Micrometastasis and skip metastasis as predictive factors in non-small-cell lung cancer staging

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We have read with interest the article by Anami et al. [1], which focused on skip micrometastasis in left lung cancer. The authors report their retrospective experience with 19 patients who underwent bilateral thoracoscopic mediastinal nodal dissection (BMD) compared with 25 unilateral dissection (UMD).

Considering that the unsatisfactory survival observed in Stage I, left-sided, non-small-cell lung cancer (NSCLC) is most likely related to a higher incidence of occult controlateral nodal involvement (N3), many authors have suggested complete clinical staging with right nodal biopsies. We routinely sample right paratracheal nodes in left upper NSCLC with mediastinoscopy since this allows us to turn the patient just once intraoperatively, avoiding the need for bilateral chest tubes. However, we congratulate the authors because there were no significant differences between the groups regardless of the bilateral approach used.

The authors have reported on two topics already separately focused on skip micrometastasis in left lung cancer. The authors did not report if N3 skip micrometastases involved one or multiple nodes [5] and if patients underwent adjuvant therapy. These limitations and the small population of the study do not allow for conclusions to be made, however, their data encourage better investigation of some topics. Does N3 skip micrometastases detection guarantee a more efficient preoperative prognostic staging? Does an N3 micrometastatic finding contraindicate surgery or should nodal dissection be considered therapeutic? We congratulate the authors for this interesting paper giving the cue for further studies.

REFERENCES


