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DOES THE HISTOLOGICAL SUBTYPE OF ADENOCARCINOMA INFLUENCE
THE EXTENT OF RESECTION IN PATIENTS WITH CLINICAL STAGE IA
ADENOCARCINOMA?
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Objectives: We aimed to identify whether histological subtype according to
the new IASLC/ATS/ERS lung adenocarcinoma (AD) classification influences the
recurrence after complete resection for patients with clinical stage IA adenocarcinoma, especially in terms of extent of resection.

Methods: The clinicopathological data of 357 patients with clinical stage IA adenocarcinoma were retrospectively analyzed.

Results: Median follow-up period was 38.9 months. One hundred and ninety-two patients underwent lobectomies (LO) and sublobar resections (limited resection, LR) were done in 155 patients (56 segmental resections, 99 wedge resections). The distribution of the histological subtype was adenocarcinoma in situ (AIS) in 56 patients (16.1%), minimally invasive (MIA) in 15 (4.3%), lepidic in 109 (31.4%), papillary in 70 (20.2%), acinar in 61 (17.6%), solid in 30 (8.6%) and micropapillary in 6 (1.7%). Thirty-two patients recurred; 17 in local, 12 in distant and 3 in both. The 5-year disease-free survival (5-year DFS) rates according to the histological subtype were 100% for AIS and MIA, 99.1% for lepidic, 82.4% for papillary, 80.8% for acinar, 73.6% for solid and 33.3% for micropapillary. The 5-year DFS in LO and LR were 100% and 100% for AIS and MIA, 99.1% and 100% for lepidic, 83.9% and 77.8% for papillary, 81.3% and 74.3% for acinar, 71.2% and 87.5% for solid, and 75.0% and 0% for micropapillary, respectively.

While the survival rate in patients with AIS + MIA and lepidic adenocarcinoma was significantly better than those for the other histological subtypes, micropapillary adenocarcinoma had significantly worse prognoses than the other histological subtypes. Lymph node metastasis was found in 1.9% for lepidic, 15.7% for papillary, 8.2% for acinar, 6.7% for solid and 33.3% for micropapillary.

Conclusions: While patients with AIS, MIA and lepidic adenocarcinoma can be cured either by LO or by LR, the possibility of lymph node metastasis should be kept in mind to perform LR for patients with the other subtypes.

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