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PNEUMONECTOMY IN MODERATE AND SEVERE STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENTS WITH NON-SMALL-CELL LUNG CANCER: IS IT REASONABLE AND SAFE?
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Objectives: Considering the prominent decreases in quality of life after pneumonectomy, most surgeons tend to avoid the indication of pneumonectomy whenever possible. There are guidelines for selection of patients who can undergo pneumonectomy with an acceptable mortality and morbidity. We hypothesized that, patients meeting classification criteria for ‘moderate and severe chronic obstructive pulmonary disease (COPD)’ have similar outcomes compared to patients without ‘mild’ stage COPD.

Methods: Review of prospectively maintained institutional database.

Results: Between January 2002 and May 2012, 88 patients (81 men, 7 women) underwent pneumonectomy for non-small-cell lung cancer. Of these, 31 (35.2%) met GOLD ‘moderate’ (FEV1/FVC <0.70, 50% <= FEV1 < 80%), 6 (6.8%) met ‘severe’ (FEV1/FVC <0.70, 30% <= FEV1 <50%). There were no difference in gender, biochemical parameters and age between ‘moderate’ COPD patients and patients with ‘mild’ or no COPD. However, mean number of smoked cigarettes and mean tumour diameter were higher in ‘moderate’ COPD patients (P = 0.008 and P = 0.026). ‘Moderate’ COPD patients had a slightly higher postoperative complication rate than that of patients with mild or no COPD and patients with ‘mild’ or no COPD (any complication: 9/31, 29.0% vs 9/51, 17.6%, P = 0.175). Patients with moderate-stage COPD experienced higher but statistically insignificant 30-day mortality (5/31, 16.6% vs 3/51, 5.9%, P = 0.107). There was no death in patients with severe COPD. Hospital stays were similar between the patients with moderate COPD and patients with mild or no COPD. There were no differences in the incidence of postoperative respiratory failure, bronchopleural fistula, severe Dysrhythmia , T factor, FVC and additional comorbidity were found to be not predictive factors for morbidity (P > 0.05).

Conclusions: Postoperative outcomes did not differ among patients with moderate COPD and patients with mild or no COPD. Recent algorithms help to overide the importance of moderate and severe COPD in order to select correct patients who can undergo pneumonectomy safely.

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