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THE NUMBER OF RESECTED LYMPH NODES IS ASSOCIATED WITH THE
LONG-TERM SURVIVAL OUTCOME IN PATIENTS WITH T2N0 NON-SMALL CELL
LUNG CANCER
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Objectives: For the patients with T2a N0 non-small cell lung cancer (NSCLC),
the extent of lymph node removal required for survival is controversial. We
purposed to clarify the correlation between the number of lymph nodes (LNs)
examined and survival for those patients.
Methods: We reviewed 549 patients pathologically confirmed as T2a stage and
lymph node negative. According to Martingale residuals of the Cox model, the
patients were classified into 4 groups by the number of examined LNs (1-2 LNs,
3-7 LNs, 8-11 LNs, and ≥12 LNs). Kaplan-Meier analysis and Cox regression
analyses were used to evaluate the association between survival and the
number of examined LNs.
Results: The five-year cancer-specific survival rate was 59.8% for patients with
one to two negative LNs, compared with 67.4%, 69.7% and 77.6% for those
with three to seven, eight to 11 and more than 11 LNs examined, respectively
(P = 0.025). There was a significant drop in mortality risk in patients with more
LNs examined. The lowest mortality risk occurred in those patients with 32 or
more LNs examined. Multivariate analysis showed that age and the number of
examined LNs were strong independent predictors of survival.
Conclusion: The number of examined LNs is a strong independent prognostic
factor. Our study demonstrated that NSCLC patients with T2a N0 should have
at least 12 LNs examined. The result might be considered as a reference for
the optimal number of resected LNs in surgical strategy for NSCLC patients in
T2aN0.
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