Abstracts
24th European Conference on General Thoracic Surgery
29 May-1 June 2016, Naples, Italy

F-082
PROGNOSTIC SIGNIFICANCE OF EXTRANODAL EXTENSION AND SIZE OF METASTATIC LYMPH NODE IN PATIENTS WITH PULMONARY ADENOCARCINOMA
Jae Hyun Jeon, D. Moon, H.C. Yang, M.S. Kim, J.M. Lee
Center for Lung Cancer, National Cancer Center, Goyang, Gyeonggi, Republic of Korea

Objectives: This study was designed to assess the prognostic significance of extranodal extension (EN) and the size of the metastatic lymph node (MLN) in patients with node-positive pulmonary adenocarcinoma.

Methods: Lymph nodes were sectioned, stained with hematoxylin and eosin, and the diameter of the largest MLN was measured. The cut-off level was defined using a maximal Chi-square method for survival data. The following potential prognostic factors for overall survival were investigated: age, gender, operation type, T stage, N stage, tumour size, visceral pleural invasion, adjuvant chemotherapy, presence of EN and the size of MLN (≤7.0 mm vs >7.0 mm).

Results: There were 202 male patients and 173 female patients with a mean age of 59.8 ± 10.5 years. Increasing MLN size was associated with large tumour size (P = 0.015), advanced N stage (P < 0.001), and presence of EN (P < 0.001). On multivariate analysis, tumour size (P < 0.001), adjuvant chemotherapy (P < 0.001), EN (P = 0.034) and the MLN size (P < 0.001) were independent prognostic factors for survival, and N stage was not significant. Patients were divided into three subgroups: Group A, MLN ≤7.0 mm/EN (-); Group B, either MLN ≤7.0 mm/EN (+) or MLN >7 mm/EN (-); Group C, MLN >7 mm/EN (+). Among N1 patients, five year overall survival rates were 73.1%, 66.9%, and 46.0% in Group A, B and C, respectively (P = 0.004). Among N2 patients, five-year overall survival rates were 71.2%, 52.9%, and 34.5% in Group A, B and C, respectively (P < 0.001).

Conclusion: The presence of extranodal extension and size of metastatic lymph node could be important prognostic factors coupled with the TNM staging system, in patients with node-positive pulmonary adenocarcinoma.

Disclosure: No significant relationships.