

6.05 The Potential Impact of Sublobar Resection for NSCLC Management in an Irish Setting

Rebecca Weedle¹, Jack Whooley¹, Vincent Young¹, GJ Fitzmaurice¹, Ronan Ryan¹

¹St James's Hospital, Dublin

Background: Sublobar resection is non-inferior to lobectomy in carefully-staged clinical stage 1A NSCLC based on two recent large multi-centre RCTs. These trials have been heralded as establishing sublobar resection as the standard of care for this subset of patients. Implementing these findings into practice in Ireland will require additional resources. The aim of this study was to establish what proportion of patients undergoing lung resection for NSCLC would meet the trials' radiological inclusion criteria.

Methods: A retrospective review was conducted on all patients who underwent lung resection for NSCLC in a single tertiary referral unit over a two-year period. This cohort was screened for patients who had a peripheral tumour, excluding the right middle lobe, measuring ≤ 2 cm, with a consolidation-to-tumour ratio of >0.5 , and clinically node-negative.

Results: 417 NSCLC resections were performed. 114 patients met the clinical TNM criteria. Of these, 71 patients had tumours located in the outer third of the lung. Resection was by lobectomy (n=58), segmentectomy (n=2), or wedge resection (n=11). Four patients (6%) had pre-operative invasive mediastinal staging. Six patients (8%) had nodal metastasis on final histopathology.

Conclusions: Approximately 17% of patients undergoing surgical management of NSCLC could be considered for sublobar resection if the findings of JCOG 0802 and CALGB 140503 are accepted into practice. Adequate resources and further collaboration between cardiothoracic surgery, respiratory medicine and histopathology would be required to ensure these patients are appropriately staged and selected.

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