

Video-assisted thoracic surgery valuable tool in lung cancer screening

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The most recent research released in June's *Journal of Thoracic Oncology* says video assisted thoracic surgery (VATS) is a valuable tool in managing lesions detected in a lung cancer screening program. The primary objective of lung cancer screening with low dose computer tomography (CT) is to detect lung cancer at an early stage and thus amenable to a complete surgical resection, the only established cure for lung cancer. Lung cancer currently has no standard screening program and less than one third of lung cancer patients present with early stage disease amenable to cure. One of the concerns regarding lung cancer screening is how to manage detected lung nodules, the majority of which are benign.

The Danish study, presented in the June 2012 issue of the International Association for the Study of Lung Cancer's (IASLC) [Journal of Thoracic Oncology](#), evaluated the role of VATS resection in a CT screened (2,052) versus unscreened (2,052) high risk Danish population from the Danish [Lung Cancer Screening](#) Trial. The study is a randomized clinically controlled trial comparing 5 annual [CT screening](#) rounds with no screening in 4104 individuals. Sixty-eight (3.3%) lung cancers were detected in the screened population versus 24 (1.2%) in the unscreened population. Fifty-one of the 68 patients with lung cancer in the screened group were candidates for surgery for cure and 84 percent of these had VATS versus 50 percent in the unscreened group. Eight patients in the screened group had lesions highly suspicious for cancer that proved to be benign once removed by VATS.

Although the comparison groups were too small to detect a difference in this study, previous studies have found VATS to confer advantages over thoracotomy with respect to reduced post-operative pain, shorter hospital stay, more rapid resumption of normal daily activities, less impairment in pulmonary function, less impairment in shoulder function, reduced cytokine release, decreased time to initiation of adjuvant chemotherapy, lower incidence of complications and economic advantages. Thus, the ability to perform VATS, compared to thoracotomy, more frequently in the screened versus unscreened population, is potentially a very significant finding.

"We believe that it is of utmost importance for future low dose CT screening trials to have thoracic surgeons involved in the early detection program and that the thoracic surgeons should have a dedicated VATS program," the authors say.

Provided by International Association for the Study of Lung Cancer

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