

# Lung cancer surgery can be beneficial for high-risk patients with early stage disease

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Surgical lung resection, in which part of a lung is removed, can be a safe and effective treatment option for high-risk patients with early stage lung cancer, according to an article posted online by the *Annals of Thoracic Surgery*.

## Key Points:

- Surgical lung resection can safely be used as a [treatment option](#) with good results for patients with [lung cancer](#) who have been identified as high-risk for [surgery](#).
- Overall length of [hospital stay](#) was longer for high-risk patients compared to standard-risk patients, but there was no difference among the two groups in post-operative mortality.
- The researchers emphasize the importance of a multidisciplinary approach to determine the best treatment plan for each individual lung cancer patient.

Previous research has shown that most patients with lung cancer who undergo pulmonary resection are age 60 years or older, have a significant smoking history, and have numerous other conditions—such as [lung disease](#) or heart disease—that could lead to higher rates of complications or death following lung surgery.

"Consequently, one in five patients with stage I [non-small-cell lung cancer](#) is deemed inoperable or at high-risk for surgery," said Manu S. Sancheti, MD, from Emory University in Atlanta. "Our research shows

these patients should not be denied surgery, because they may benefit from it."

Dr. Sancheti led a research team that identified 490 patients who underwent surgical resection for [early stage](#) lung cancer at Emory from 2009 through 2013. Patients were classified as standard risk (310 patients) or high risk (180 patients), based on previously published criteria from the American College of Surgery Oncology Group.

The researchers evaluated patient outcomes and survival following surgery and found that overall length of hospital stay was longer for high-risk patients (5 days) compared to standard-risk patients (4 days), but there was no difference among the two groups in post-operative mortality (2% for high-risk patients; 1% for standard-risk patients).

"Importantly, we found that about 20% of our patients had cancer that had spread to their lymph nodes, a finding that was unexpected based on the pre-operative imaging tests," said Dr. Sancheti. "This group of patients was able to undergo chemotherapy, which is an important adjunct treatment for their cancer stage. This spread of cancer to the lymph nodes would not have been discovered and accordingly treated through a non-surgical approach."

At 3-years post-surgery, the researchers found that 59% of high-risk patients were still alive, and 76% of standard-risk patients had survived.

"Our results show that surgical resection is an acceptable treatment option with good results for patients with early stage lung cancer who have been identified as high-risk for surgery," said Dr. Sancheti. "High-risk patients have a new treatment avenue that previously may have been denied to them. A multidisciplinary team should review each case to determine the best treatment plan for individual lung cancer [patients](#)."

**More information:** Manu S. Sancheti et al. Outcomes After Surgery in High-Risk Patients With Early Stage Lung Cancer, *The Annals of Thoracic Surgery* (2015). [DOI: 10.1016/j.athoracsur.2015.08.088](https://doi.org/10.1016/j.athoracsur.2015.08.088)

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