Accurate lung cancer staging depends on quality nodal exam

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(HealthDay)—The prognostic value of pathologic nodal (pN)

stratification depends on the thoroughness of nodal examination in the staging of non-small-cell lung cancer, according to a study published online Sept. 28 in *JAMA Oncology*.

Matthew P. Smeltzer, Ph.D., from the University of Memphis in Tennessee, and colleagues used data from 2,047 consecutive patients (51.1 percent male) who underwent surgical resection from Jan. 1, 2009, through Jan. 25, 2016 at 11 hospitals with annual lung cancer resection volumes of at least five. Eight sequentially more stringent pN staging quality strata were used.

The researchers found that sequential improvement in the N category-stratified five-year survival of pN0 and pN1 tumors was found from the least stringent group (0.63 for pN0 versus 0.46 for pN1) to the most stringent group (0.71 for pN0 versus 0.6 for pN1). The pN1 cohorts with three or more mediastinal nodal stations examined had the most striking survival improvements. For patients with pN1 and pN2 tumors, more stringently defined mediastinal nodal examination was associated with better separation in survival curves.

"The prognostic value of pN stratification depends on the thoroughness of examination. Differences in thoroughness of nodal staging may explain a large proportion of intercontinental survival differences," conclude the authors.

One author disclosed financial ties to the pharmaceutical industry as well as a patent application for a surgical specimen collection kit.

More information: Abstract/Full Text