

AB006. Surgical result of non-small cell lung cancer patients who presented as ground glass opacity predominant lesion that less than 2 cm: anatomic versus wedge resection

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Background: Characteristics of computed tomography (CT) image, including tumor size and components are correlated to survival. Small ground round glass opacity lesions were correlated to less risk of N1 lymph nodes metastases and showed excellent survival. However, it is difficult to confirmed diagnosis preoperatively for the unsolid lesion because of its tiny size. In addition, these were still limitations in intra-operative frozen accuracy. In clinical practice, still patients need reoperation in order to achieve anatomic resection after diagnosis was confirmed. The aim of this study was to analyze the treatment result between anatomic and wedge resection for non-small cell

lung cancer patients who presented as small ground glass opacity (GGO) predominant lesion in pre-operation CT.

Methods: From January 2010 to May 2014, 500 non-small cell lung cancer patients who underwent tumor resection for were included. Only 46 patients who presented small GGO predominant lesion in pre-operation CT were included and medical records were reviewed retrospectively. The correlation between operation method and survival was analyzed.

Results: A total of 37 patients received anatomic resection (group A) and others received wedge resection (group B). Patients who received wedge resection had less staple usage ($P=0.01$) and blood loss ($P=0.02$). Both groups showed similar pathologic presentation, except group B showed less N1 dissected lymph nodes. There were no statistic differences in disease free and overall survival in both groups.

Conclusions: Wedge resection may provide similar survival result for non-small cell lung cancer patients who presented as small GGO predominant lesion in pre-operation CT.

Keywords: Anatomic resection; wedge resection; ground glass opacity (GGO); tumor size; lung cancer

doi: 10.21037/jtd.2017.s006

Cite this abstract as: Wu CY, Wu CF, Wen CT, Wan YL, Liu YH, Hsieh MJ, Wu YC, Fu JY. Surgical result of non-small cell lung cancer patients who presented as ground glass opacity predominant lesion that less than 2 cm: anatomic versus wedge resection. *J Thorac Dis* 2017;9(Suppl 14):AB006. doi: 10.21037/jtd.2017.s006