Lymph node assessment during lung cancer surgery in the 2000's

The last 20 years brought a lot of innovation in surgeon's clinical practice, especially with the introduction of minimally invasive techniques that reduced the impact of the surgical act on the patient, improving the quality of life and the short term postoperative outcome.

In particular, video-assisted thoracic surgery (VATS) and robot-assisted thoracic surgery (RATS) may lead to amazing results in terms of morbidity, chest tube duration and length of stay, with the possibility to perform surgery through a single small surgical incision.

Conversely, despite these important innovation advantages, the goal of the surgical resection is to ensure the best and appropriate treatment for every stage of disease, especially in terms of cure, radical resection and intraoperative staging. Regarding this last point, lymphadenectomy remains the most important parameters during surgery to assess the correct stage, considering the not negligible risk of occult nodal involvement and the benefit of adjuvant therapy administration in case of node positive patients. Moreover, the survival advantage of adjuvant therapy is clear in patients with unexpected mediastinal involvement. For this reason, guidelines on lymphadenectomy in terms of number of mediastinal stations and number of resected lymph nodes are indicated by all the study groups on lung cancer.

With this special series, we aim to give a look on the actual indication and outcome of nodal assessment during surgery for non-small lung cancer, focusing on the role of minimally invasive techniques.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Video-Assisted Thoracic Surgery* for the series "Lymphadenectomy During VATS and RATS: State of the Art". The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at https://vats.amegroups.com/article/view/10.21037/vats-22-40/coif). The series "Lymphadenectomy During VATS and RATS: State of the Art" was commissioned by the editorial office without any funding or sponsorship. Both authors served as the unpaid Guest Editors of the series. MC serves as an unpaid editorial board member of *Video-Assisted Thoracic Surgery* from June 2020 to May 2022. The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Received: 09 September 2022; Accepted: 31 October 2022; Published: 30 December 2022.
doi: 10.21037/vats-22-40
View this article at: https://dx.doi.org/10.21037/vats-22-40

doi: 10.21037/vats-22-40
Cite this article as: Chiappetta M, Facciolo F. Lymph node assessment during lung cancer surgery in the 2000's. Video-assist Thorac Surg 2022;7:19.