Table 4 Long-term surgical outcomes in patients with limited pulmonary reserve

 Ordered by stage, and decreasing pulmonary reserve

1 st author, year (reference)	Study characteristics					% Local recurrence			% 5-year OS		
	n	Years	Source	Stage ^a	Criteria	W	Seg	Lobe	W	Seg	Lobe
Fernando 2014 (107)	222	2006-10	PrCT	cIA	ACOSOG high risk ^b	15 -		59		-	
Taylor 2014 (79)	206	1999-11	US ×1	pl-III	ACOSOG high risk ^b	-	-	-	-	-	60
Puri 2014 (80)	194	2000-10	US ×1	cl-IIA	ACOSOG high risk ^b	_	-	-	-	-	60 °
Sancheti 2016 (83)	180	2009-13	US ×1	cl-ll	ACOSOG high risk ^b	-	-	-	-	[57] ^d	[59] ^d
Hattori 2017 (82)	164	2008-13	Japan ×1	cl-IIA	ACOSOG high risk ^{b,e}	-	-	-	79		69
Wang 2013 (76)	26	2000-11	China ×1	pl-IIA	GOLD 3,4 (mean FEV1 38%)	-	-	-	-	-	49
Magdeleinat 2005 (92)	57	1983-03	France ×1	pl-IIA	FEV1 or FVC ≤50%	-	-	-	-	-	42 °
Taylor 2014 (79)	131	1999-11	US ×1	pl-III	ppoFEV1 or DLCO ≤40%	-	-	-	-	-	64
Lau 2010 (78)	84	1997-09	UK ×1	I-IIIA	ppoFEV1 ≤40%	-	16	8	-	40	34
Martin-Ucar 2005 (89)	34 ^f	1997-04	UK ×1	cl-IIA	ppoDLCO ≤40%	-	-	-	-	70	64
Paul 2013 (81)	27	1995-13	US ×1	pl-llA	ppoDLCO ≤40%	-	-	-	-	-	78
Paul 2013 (81)	18	1995-13	US ×1	pllB	ppoDLCO ≤40%	-	-	-	-	_	50

Inclusion criteria: studies 2000–2021 of resection in patients with poor pulmonary reserve involving ≥25 patients total. Red font highlights accrual occurring primarily before 2000.

^a, 8th edition stage; ^b, ACOSOG high risk: FEV1 or DLCO <50%, or 2 minor criteria including age \geq 75, FEV1 or DLCO 51–60%; ^c, predominantly (fitting in the listed category, i.e., Lobectomy, segmentectomy or wedge); ^d, 3-year survival (shown in brackets because it is not comparable to 5-year OS); ^e, or patients with \geq 3 major comorbidities; ^f, matched pairs.

ACOSOG, American College of Surgeons Oncology Group; DLCO, diffusing capacity of the lung for carbon monoxide; FEV1, forced expiratory volume in 1 second; FVC, forced vital capacity; GOLD, global initiative for chronic obstructive lung disease; Lobe, lobectomy; OS, overall survival; ppo, predicted postoperative; PrCT, prospective controlled trial; Seg, segmentectomy; W, wedge resection.