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| **Discordance between clinical and pathological staging in Early Stage Lung Cancer** |
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| **Introduction/Aim:**  Thoracic surgery is the gold standard curative treatment of early stage and oligometastatic lung cancer. Clinical under-staging and delays in receiving thoracic surgery could lead to inappropriate surgical treatment.. Currently no data exists on the accuracy of clinical staging in New Zealand. We aimed to investigate the clinical, radiological and pathological diagnosis prior to thoracic surgery and correlate this with post-operative results. We also aimed to investigate factors that may contribute to a discordance, including ethnicity, and to analyse mortality with and without discordance.  **Methods:**  We performed a retrospective audit of 237 patients with early stage lung cancer between 2018–2022, who were reviewed at Waikato Lung Cancer Multidisciplinary Meeting (MDM) and had curative surgery. We collected data on demographics, smoking status, lung function, timing of investigations, biopsy results, type of surgery performed and post-operative tumour characteristics from the MDM records.  **Results:**  137 females and 100 males were included with a mean age of 67. The median time between CT and surgery (82 days), PET and surgery (58 days), percutaneous and/or endobronchial ultrasound (EBUS) biopsy and surgery (54 and 59 days, respectively indicated that New Zealand Guidelines of < 62days from referral to treatment were no met in majority of cases. 94% patients had PET-CT prior to surgery and 38% had pre-operative EBUS nodal sampling.  Discordance between clinical and pathological TNM staging was 28%, including 20% of total cases being under-staged pre-operatively. Performing PET-CT as part of TNM staging reduced the risk of discordance. Demographics were not associated with discordance. A change in staging had no effect on mortality.  **Conclusion:**  National cancer guidelines were not met in the diagnosis of early stage lung cancer. Discordance between clinical and pathological staging remains an issue. The implications for patients with clinical under-staging could mean inappropriate surgery or not receiving neoadjuvant therapy.  **Grant Support:**  Dr Ha Nguyen was funded by an HRC Equitable Cancer Fund |