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| **Resection rates in early-stage lung cancer in a regional tertiary center** |
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| **Introduction/Aim:**  The optimal resection rate for Stage I-IIIa lung cancer is not known and there is marked heterogeneity in resection rates between districts. Single-centre data suggests that in the majority of technically resectable patients considered unfit for surgery, mortality was secondary to lung cancer progression rather than the comorbidities precluding surgery1. This study evaluates the surgical resection rate at a regional Australian centre, the outcomes of early-stage lung cancer patients and factors predictive of resection.  **Methods:**  This retrospective study evaluates the outcomes of Stage I-IIIa lung cancer patients reviewed in the lung cancer clinic at a single tertiary centre between January 2018 and December 2020. Data was extracted from medical records and included patient demographics, cancer stage, patient comorbidities and outcome (resection vs alternative treatment), including reason for not proceeding to surgery, if relevant.  **Results:**  Of 2477 presentations, 299 patients were eligible for inclusion in the study. The mean age was 69.8 ± 10 years, with 157 (52.5%) patients being female. 137 (46%) patients proceeded to lung resection, while 162 (54%) patients did not undergo surgery. The reasons for not proceeding to surgery were comorbidities (118 patients, 73%), surgical inoperability (13 patients, 8%) and patient preference (7 patients, 4%). At the censor date with a minimum of 3 years follow up, 129 patients (43%) were deceased. 103 (79.8%) of these patients were from the non-resected group. In both the resected and non-resected groups, the main cause of death was lung cancer progression, 16 (62%) and 70 (68%) patients, respectively.  **Conclusion:**  The overall lung cancer resection rate was low. The most common cause of death in patients who did not undergo surgery was lung cancer progression rather than their comorbidities. We suggest a national database to standardise and compare resection rates between centres and to better define an optimal resection rate.  1Belcher et al, BMJ Open Resp Res, 2021, 8.1, 1-6 |