



# Sixth International Joint Meeting on **THORACIC SURGERY**

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Auditorio Foment del Treball Nacional, Barcelona (Spain)

11<sup>th</sup> International Meeting on General Thoracic Surgery



Hospital  
Universitari  
Sagrat Cor

10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



5<sup>th</sup> Meeting of the Thoracic Oncology, Thoracic  
Surgery, Techniques & Transplant, Respiratory Nursing  
and Respiratory Physiotherapy Areas of the Spanish  
Society of Pneumology and Thoracic Surgery (SEPAR)



3<sup>rd</sup> Joint Meeting of the Spanish Society of  
Thoracic Surgery (SECT)



30<sup>th</sup> Congress of the "Asociación Iberoamericana  
de Cirugía Torácica" AIACT



10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



## **SEGMENTAL COLLECTECTOMY VERSUS LOBECTOMY IN SMALL-SIZED PERIPHERAL NSCLC: RESULTS FROM JCOG0802/WJOG4607: THE IMBALANCE OF DEATHS FROM OTHER CANCERS AND THEIR IMPACT SURVIVAL**

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Recently the novel results of the two important prospective studies by JCOG and CALGB which compared the prognosis and pulmonary function became available. Both of two studies were conducted for the small-sized peripheral NSCLC. The JCOG trial was designed in a non inferiority setting with the combination of two crucial endpoints of survival and postoperative pulmonary function. On the other hand, the CALGB study was performed only with the endpoint of survival.

The JCOG study demonstrated unexpected results regarding the survival and pulmonary function. The JCOG trial demonstrated not only the superiority of segmentectomy over lobectomy with regard to the survival (unexpected result ONE), but also no difference in postoperative pulmonary function and other perioperative parameters such as FEV1.0, operative time, postoperative air leakage, and local recurrence rate. (unexpected result TWO). These results of the JCOG trial need to be carefully interpreted to optimize the indication of segmentectomy. Especially the high local recurrence rate at 10.4% should not be ignored. Looking back at these results, my impression is the indication of segmentectomy even for the small-sized tumors should be carefully determined according to the relative merit of this lesser resection (segmentectomy) based upon the present recognition that there is no reasonable mechanism that the lesser resection ensures the better survival.