



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

Barcelona - 20<sup>th</sup>, 21<sup>st</sup> and 22<sup>nd</sup> November 2024  
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



## **CRITICAL APPRAISAL: THE VALUE OF LUNG RESECTION WITH PERSISTENT N2**

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The emergence of immunotherapy (IO) in addition to chemotherapy as neoadjuvant treatment has rejuvenated the debate about the role of surgery with persistent N2 after neoadjuvant therapy. While there is data regarding outcomes for persistent N2 after chemotherapy, it is lacking for N2 after chemo-IO. A framework for clinical judgment is to consider 3 things: what is the likelihood that effective local therapy will affect the patient's long-term survival, what is the likelihood that surgery will accomplish local control, and how high is the perioperative mortality? These points need to be considered relative to the alternatives: 1) definitive radiotherapy in the face of persistent N2 or 2) transition to a non-curative intent management strategy in the face of persistent N2 after neoadjuvant treatment. This framework can highlight the factors in an individual patient that have the greatest uncertainty or questionable impact and thus indicate the key aspects to focus on in arriving at a decision.