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Joint Meeting on
**THORACIC
SURGERY**
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11th International Meeting on General Thoracic Surgery



Hospital
Universitari
Sagrat Cor

10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



5th 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)



3rd Joint Meeting of the Spanish Society of
Thoracic Surgery (SECT)



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30th Congress of the "Asociación Iberoamericana
de Cirugía Torácica" AIACT



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BEYOND TNM: THE RELEVANCE OF PROGNOSTIC GROUPS

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A standard complaint is that anatomic tumor extent (TNM) only partially predicts patients' prognosis. Yet it is unclear exactly what would fill this need. Prognosis depends on tumor-, patient-, setting-, and treatment-related factors. Trying to capture all of these in one schema is impractical. Furthermore, there are inherent differences between a stage nomenclature and a prognostic model: a nomenclature must remain relatively stable and be universally applicable; a prognostic model must be responsive to ongoing changes and apply to an individual and their setting. In clinical care for individual patients, we routinely describe TNM, non-anatomic tumor characteristics and patient-related characteristics, and consider them relative to a treatment and the setting. So, what do we need? A classification of non-anatomic tumor characteristics would facilitate database analyses and definition of the prognostic impact of these factors, which could contribute to filling a perceived need.