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Mediastinum and Systematic Nodal Dissection



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10th International Workshop on Surgical Exploration of the
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FEASIBILITY OF MINIMAL INVASIVE SURGERY IN STAGE III NON SMALL CELL LUNG CANCER AFTER NEOADJUVANT CHEMOIMMUNOTHERAPY

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OBJECTIVES

Neoadjuvant chemoimmunotherapy (ChIT) is being established as an optimal treatment for advanced stage III non-small cell lung cancer (NSCLC) patients. In the last decades, minimally invasive surgery (MIS) has established itself as the surgical technique of choice in the treatment of lung cancer. Our goal is to demonstrate the feasibility and safety of MIS in these cases compared with neoadjuvant chemotherapy treatment (QT).

METHODS

A retrospective, unicenter study was carried out. Patients treated with neoadjuvant therapy between January 2018 and December 2023 were included, divided into: patients treated with ChT (ChTG) and with ChIT (ChITG). The main objective is to compare surgery technique, the conversion rate to open surgery, complications and postoperative outcomes. The chi-squared test was chosen for categorical variables and the student's t-test for continuous variables after the normality was proven with the Shapiro-Wilk test

RESULTS

Thirty-two patients were included in the study: 15 (46.9%) in the ChITG and 17 (53.1%) in the ChTG. No differences were observed between groups in MIS, type of resection, conversion to open surgery, ICU, hospitalization length of stay or radical resection (R0). ChTG presented more surgical revisions due to postoperative bleeding (23.5% vs. 0.0%, $p=0.04$) and ChITG showed an increase in the percentage of >5days air leaks (26.7% vs. 0%, $p=0.022$). No differences were observed in pathological stages.

CONCLUSIONS

Our study shows that minimally invasive surgery is a safe and viable technique for surgical salvage in locally advanced stages after chemoimmunotherapy neoadjuvant