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International Association for the Study of Lung Cancer

Study shows partial lung removal favorable over full removal as treatment for lung cancer

Results tout less invasive procedure beneficial for patients with sufficient lung function

Research published in the April edition of the *Journal of Thoracic Oncology* sought to compare the outcomes of a sleeve lobectomy and a pneumonectomy procedure, in order to determine which is a more acceptable standard treatment for patients with non-small cell lung cancer. A pneumonectomy treatment involves removing one entire lung, whereas a sleeve lobectomy removes only a section of the lung that contains the tumor. The sleeve lobectomy was first introduced for patients with lung cancer who were unable to tolerate a pneumonectomy due to compromised lung function. Initially, the sleeve lobectomy was considered by surgeons as an alternative procedure, because of the complex surgical technique and the possibility of not removing all of the tumor compared with the pneumonectomy. This newly released study investigated whether the sleeve lobectomy can be accepted as a favorable alternative procedure to pneumonectomy in patients with sufficient pulmonary function.

Researchers in South Korea analyzed 210 lung cancer patients who underwent either a sleeve lobectomy or pneumonectomy from 1996 to 2005 and compared mortality, morbidity, survival, recurrence and postoperative pulmonary function rates related to the surgical treatment used. The results indicated that patients in the pneumonectomy group had poorer survival than those in the sleeve lobectomy group – 41.8 percent 3-year survival and 32.14 percent 5-year survival for those who underwent a pneumonectomy versus 71.4 percent and 58.43 percent with a sleeve lobectomy, respectively. Overall, the study results show that a sleeve lobectomy can be performed with low operative risk and may offer superior survival and better postoperative pulmonary function compared with the pneumonectomy in selected patients.

	Mortality	Morbidity	3-year survival	5-year survival
Sleeve Lobectomy	1.0%	33.4%	71.4%	58.43%
Pneumonectomy	8.6%	29.5%	41.8%	32.14%

"Initially, the sleeve lobectomy was introduced for patients with lung cancer who were unable to tolerate a full pneumonectomy," stated the study's lead investigator, Yong Soo Choi, MD. "The results of our study indicate that a sleeve lobectomy is a safe and effective operation. If anatomically feasible, a sleeve lobectomy is recommended as a favorable alternative to pneumonectomy in patients even with good pulmonary function."

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Journal of Thoracic Oncology (JTO) – (journals.lww.com/jto)

The *JTO* is a prized resource for medical specialists and scientists who focus on the detection, prevention, diagnosis and treatment of lung cancer. The *JTO* is the official monthly journal of the International Association for the Study of Lung Cancer ([IASLC.org](http://iaslc.org)) and emphasizes a multidisciplinary approach, including original research (clinical trials and translational or basic research), reviews and opinion pieces.
