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IS PARAMETER T STAGING INFLUENCED BY TUMOR BEHAVIOR?

To the Editor:

We read with interest the article by Hattori and colleagues¹ about the prognostic value of the ground glass opacity (GGO) component on prognosis and its effect on parameter T in non-small cell lung cancer staging. This is an extremely current and meaningful topic. In an extension of their previous article in 2016,² the authors did a good job, and the article is well designed and written. Its central message is that if a nodule presents with a partial GGO feature, survival will be different from the same T stage pure solid tumor in early non-small cell lung cancer (N0, M0). In the last 5 years, different studies have warned thoracic surgeons that in case of subsolid tumors, the prognosis was not determined by the whole tumor size, supporting the idea that parameter T should be downstaged in accordance with the solid part size exclusively. In 2015, this criterion was accepted in the 8th TNM classification edition. Hattori and colleagues¹ introduce new advice that GGO presence could improve the prognosis in itself. This proposal is innovative because it basically introduces tumor behavior in parameter T assessment, in contrast with usual criteria based on tumor dimension and parenchyma position. A possible explanation to their findings is the different natural genetic history between tumors with and without the GGO component.

With a focus on clinical daily practice, this novel factor in preoperative T staging could influence decision making in pulmonary resection extension (wedge resection vs segmentectomy vs lobectomy). Indeed, it has been accepted that pure GGO deserves nonanatomic resection without nodal dissection, whereas pure solid tumors require lobectomy when feasible.³ Now the question is if even partial solid nodules could spare lobectomy and lymphadenectomy based on the GGO component presence. In our opinion, this is an important topic because

GGOs are often multiple and bilateral. Therefore, the possibility to save pulmonary parenchyma by segmentectomy, instead of lobectomy, should allow the patient to undergo further future resections in case of consolidation or increase in size of the other nodules.

We congratulate Hattori and colleagues¹ for their outstanding article and encourage them to continue their studies on GGO management.

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NEW ERA DEFINING A NOVEL CLINICAL T STAGING IN NON-SMALL CELL LUNG CANCER

Reply to the Editor:

We are grateful for the letter of Baisi et al¹ regarding our recent study in the *Journal*.²

In that article, we focused on the prognostic value of the ground glass opacity (GGO) component and its effect on clinical T classification in non-small cell lung cancer (NSCLC) staging. Our results suggest that simple presence of a GGO component has the ability to distinguish survival differences even for the same clinical T stage in early-stage NSCLC. In other words, clinicopathologic and oncologic outcomes are disparate between part-solid and pure-solid tumors on the basis of a GGO presence in the same clinical T category of the eighth edition of the American Joint Commission on Cancer TNM staging system.

Recently, many thoracic surgeons revealed that consolidation tumor ratio, or solid component size on thin-section computed tomography, has been considered more prognostic than maximum tumor size for NSCLC. This finding was extremely important in the history of

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