A wedge is still a cancer operation, so treat it like one!

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The important article by Yendamuri and colleagues,¹ “Impact of the Number of Lymph Nodes Examined on the Survival of Patients with Stage I Non-Small Cell Lung Cancer Undergoing Sublobar Resection,” adds to the growing body of literature demonstrating 2 important facts: (1) A sublobar resection, specifically a wedge resection, is a reasonable cancer operation in patients not fit for lobectomy; and (2) treating it like a cancer operation, with adequate lymph node evaluation, is an essential part of the operation and has a strong association with good patient outcomes. In their analysis of approximately 4000 patients with small (<2 cm), stage I non-small cell lung cancer who underwent wedge resection (82%) or segmentectomy (18%), they showed that improved overall and disease-specific survival were strongly associated with increased lymph node assessment. Furthermore, the benefit for anatomic segmentectomy over wedge resection found in univariate analysis was not seen in patients who had at least 1 lymph node assessed during their wedge resection.

This article complements other articles also demonstrating the importance of lymph node assessment in wedge resection. Sadly, their article also confirms the overall lack of good lymph node assessment occurring in patients receiving wedge resection for early-stage lung cancer. In their analysis, more than 50% of patients receiving wedge resection had 0 lymph nodes assessed and only 25% had more than 4 nodes assessed. For patients receiving segmentectomy, approximately 25% had no lymph nodes assessed. This is consistent with subgroup analysis of the American College of Surgeons Oncology Group Z4032.² Work recently published in the *Journal* by our group looked at a similar population within the National Cancer Database.³ In that cohort, 44% had no lymph nodes assessed. Similar to the results in the current study, our study found that improved lymph node assessment was associated with a significant improvement in overall survival. By comparing these 2 studies, they offer a complementary picture of the role of sublobar resection and adequate lymph node assessment. In the current analysis, Yendamuri and colleagues¹ were able to show improvements in both disease-specific

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Central Message

Sublobar resection is a viable alternative in patients not fit for lobectomy. More thorough lymph node sampling is associated with superior disease-specific and overall survival.

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survival and overall survival. Furthermore, by including only patients with tumors less than 2 cm, they show the benefit even in very small early-stage tumors. One limitation is the inability to assess upstaging and the inability to assess adjuvant chemotherapy use. In our analysis of the National Cancer Database, we found an upstaging rate of 5% for patients with lymph nodes assessed and 8% for patients who had at least 10 nodes assessed. Furthermore, of those with positive nodes, approximately 65% were offered adjuvant chemotherapy.

Additional limitations notwithstanding, this article shows that for small tumors (<2 cm), nonanatomic resection and segmentectomy are associated with equally good cancer-specific and overall survival, so long as lymph nodes are assessed. Furthermore, increased assessment of lymph nodes shows a strong linear association with improved outcomes. If we as a thoracic community are going to offer sublobar resection as a viable cancer operation, it behooves us to treat it like one and take the time and effort to assess as many lymph node stations as possible.

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