Authors have nothing to disclose with regard to commercial support.

LYMPH NODE SAMPLING AT THE TIME OF SUBLOBAR RESECTION—WE MUST LEARN TO WALK BEFORE WE CAN RUN

Reply to the Editor:

Thank you for the opportunity to respond to the thoughtful letter to the Editor recently submitted by Liu and colleagues¹ regarding lymph node dissection at the time of sublobar resection for non-small cell lung carcinoma (NSCLC). We agree with Liu and colleagues¹ that the impact of lymphadenectomy on patients with early-stage NSCLC is a critical clinical problem facing thoracic surgeons, and as the number of lymph nodes examined increases at the time of surgical resection, the likelihood of understaging decreases. Liu and colleagues¹ propose that a minimum of 16 lymph nodes should be examined at the time of sublobar resection for invasive NSCLC.

Although patients with at least 9 sampled lymph nodes benefited most in our study, we do not advocate for sampling 9 lymph nodes as a target number for appropriate staging at the time of sublobar resection. The results from our analysis showed that as the number of lymph nodes examined increases, the potential benefit increases.² The benefit of lymph node sampling is a continuum, not a cutoff. Given that such a high percentage of patients (40%-70%) do not even have a single lymph node examined at the time of

sublobar resection, and that this is even worse with wedge resection, we disagree with the premise that systematic lymph node sampling is the most common choice among clinicians surgically treating NSCLC. Unfortunately, it appears no lymph node sampling is the most common choice.

Despite the results of the study of Liang and colleagues³ published in the *Journal of Clinical Oncology* demonstrating that 16 lymph nodes is the appropriate number for adequate staging, there is clearly a disconnect between what is accepted to be beneficial and what is actually being performed in clinical practice. Acknowledging this disconnect between what is ideal and what is reality, the overall message of our findings is to at least sample 1 lymph node at the time of sublobar resection. If you do, you are benefiting your patient.

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<https://doi.org/10.1016/j.jtcvs.2018.11.085>