Commentary: Knowing where to look is half the battle: Nodal dissection for the “screening” era

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Central Message: Nodal dissection is key to the optimal treatment of lung cancer but for smaller part solid tumors it can be minimized which will improve the outcome of surgery and minimize problems

Central Picture Legend: Scott J. Swanson, MD

The paper by Maniwa (1), on behalf of the JCOG and WOG, which presents a post-hoc analysis of the seminal segmentectomy versus lobectomy trial for small peripheral lung cancer is another key step in our march towards the best operation for these tumors. For those tumors in their study that were part-solid, mediastinal node dissection is unnecessary as is dissection of non-adjacent segmental nodes. Since 5% of the patients with solid tumors had mediastinal node involvement, a mediastinal node dissection is necessary for these tumors. Regarding systematic versus selective node dissection, the recommendations are more nuanced. For S6 tumors a full dissection is needed, for others it is not as clear but it appears a selective dissection is reasonable.

Before we generalize these results we must be sure they work for Western tumors and the associated histological differences seen. But such modification of how we perform our surgery will increase the safety, efficiency and accuracy of our operations. These efforts facilitate multimodal care that is the hallmark of our unceasing march towards cure. Also, these features underline the differences between our surgical approach from non-operative treatments such as SBRT or ablation. Outpatient segmentectomy with selective or limited node dissection is coming soon and will be a patient-focused advance that appeals to all.

References
