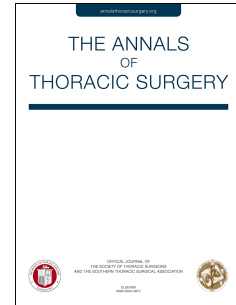


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Comparison of Wedge vs. Lobar Resection for Stage 1 NSCLC Patients: A SEER-Medicare Analysis (Reply)

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Comparison of Wedge vs. Lobar Resection for Stage 1 NSCLC Patients: A**SEER-Medicare Analysis (Reply)**

Reply to the Editor:

We thank Tuminello and colleagues for their interest [1] in our study [2]. Tuminello et al [1] attempted to compare the outcomes of wedge resection vs. lobectomy for stage I non-small cell lung cancer (NSCLC). They found that wedge resection and lobectomy had comparable long term outcomes for stage I NSCLC ≤ 2 cm. This study seemed to expand the choice for wedge resection compare to our research. For lack of the information regarding comorbidities, patients who undergo wedge resection tend to have worse comorbidities at baseline, so our results may be conservative. However, wedge resection was less likely if the tumor was > 1 cm in Tuminello and colleagues' research. In our study, we compared the oncologic outcomes of wedge resection and lobectomy in patients with the eighth edition of the tumor, node, metastasis (TNM) classification [3] stratified on the basis of tumor ≤ 1.0 cm and >1 to 2 cm. We found that wedge resection provides an equivalent survival rates to that of lobectomy for tumors ≤ 1 cm but showed worse survival rates to that of lobectomy for tumors >1 to 2 cm. The results were verified by the statistical power analysis.

In clinical practice, wedge resection is always performed in a highly selected group of patients, such as elderly patients, patients with small peripheral ground glass nodules, or patients with multiple comorbidities or poor lung function who may not tolerate a more extensive operation. Majority of the articles pointed out that wedge resection was associated with inferior survival rates compared to lobectomy or

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