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- Point/Counterpoint** 13 **POINT: Clinical stage IA non–small cell lung cancer determined by computed tomography and positron emission tomography is frequently not pathologic IA non–small cell lung cancer: The problem of understaging**
Brendon M. Stiles, MD, Elliot L. Servais, MD, Paul C. Lee, MD, Jeffrey L. Port, MD, Subroto Paul, MD, and Nasser K. Altorki, MD, New York, NY
- Clinical stage IA lung cancer determined preoperatively by the combination of CT and PET scan is frequently understaged. Of 266 patients identified, lung cancer was correctly staged in only 65%. Size greater than 2 cm and PET positivity are risk factors for understaging. Limited resection should be undertaken with caution in such patients.
- 20 **COUNTERPOINT: Despite staging inaccuracies, patients with non–small cell lung cancer are best served by having integrated positron emission tomography/computed tomography before therapy ▲**
Robert J. Cerfolio, MD, FACS, FCCP, Birmingham, Ala
- Although integrated PET/CT suffers from false negative and false positive results, if biopsy tissue is obtained from all suspicious sites and assumptions are not made, PET provides the best staging and treatment for patients with NSCLC. If thoracotomy, lung palpation, pulmonary resection, and lymphadenectomy are performed, PET misstaging is probably irrelevant.
-
- General Thoracic Surgery (GTS)** 23 **The effect of volume on esophageal cancer resections: What constitutes acceptable resection volumes for centers of excellence? ▲**
Robert A. Meguid, MD, MPH, Eric S. Weiss, MD, David C. Chang, PhD, MPH, MBA, Malcolm V. Brock, MD, and Steven C. Yang, MD, Baltimore, Md
- Volume–outcome relationships for esophageal cancer resection have been well described, but no consensus exists for what constitutes a “high-volume” center. On statistical determination of an appropriate volume optimized for outcome, we have determined that volume cutoff alone is insufficient for defining centers of excellence.

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30 A thoracic surgery clinic dedicated to indeterminate pulmonary nodules: Too many scans and too little pathology?

Nirmal K. Veeramachaneni, MD, Traves D. Crabtree, MD, Daniel Kreisel, MD, PhD, Jennifer B. Zoole, BSN, Joanne F. Musick, BSN, Nicole G. Taylor, APRN, Alexander S. Krupnick, MD, David S. Gierada, MD, G. Alexander Patterson, MD, and Bryan F. Meyers, MD, MPH, St Louis, Mo

The creation of a clinic dedicated to the evaluation of patients with indeterminate nodules resulted in few diagnoses of malignancy. Very few patients were treated for cancer, and many patients required continued follow-up for development of new nodules.

36 Health-related quality of life in esophageal cancer: Effect of neoadjuvant chemoradiotherapy followed by surgical intervention

Najib Safieddine, MD, Wei Xu, PhD, Sayed Mohammed Quadri, MD, FRCSC, Jennifer J. Knox, MD, FRCP, Jennifer Hornby, BSc, CCRP, Joanne Sulman, MSW, Rebecca Wong, MD, FRCP, Maha Guindi, MD, FRCP, Shaf Keshavjee, MD, MSc, FRCSC, FACS, and Gail Darling, MD, FRCSC, FACS, Toronto, Ontario, Vancouver, and British Columbia, Canada

Neoadjuvant chemoradiotherapy followed by surgical intervention for esophageal cancer has a significant effect on health-related quality of life (HRQOL). This effect, however, is transient, and patients' HRQOL scores return to baseline within 3 months postoperatively. Increasing Functional Assessment of Cancer Therapy–Esophageal scores postoperatively over time were predictive of improved survival.

43 Fluorodeoxyglucose positron emission tomography and tumor marker expression in non-small cell lung cancer

Matthew D. Taylor, MD, Philip W. Smith, MD, William K. Brix, MD, Mark R. Wick, MD, Nicholas Theodosakis, Brian R. Swenson, MD, MS, Benjamin D. Kozower, MD, Christine L. Lau, MD, and David R. Jones, MD, Charlottesville, Va

FDG–PET SUVmax correlates with an increased expression of GLUT-1 and p53 in adenocarcinoma and EGFR in all NSCLC samples. GLUT-1 expression in NSCLC is significantly greater in regional node–positive disease. SUVmax was significantly greater in patients with nodal disease associated with tumor expression of GLUT-1, p53, or cyclin D1.

49 Salvage esophagectomy after high-dose chemoradiotherapy for esophageal squamous cell carcinoma

Yuji Tachimori, MD, Norio Kanamori, MD, Norihisa Uemura, MD, Norikazu Hokamura, MD, Hiroyasu Igaki, MD, and Hoichi Kato, MD, Tokyo, Japan

Morbidity and mortality rates are increased in patients who undergo salvage esophagectomy after definitive high-dose chemoradiotherapy. Tracheobronchial necrosis and gastric conduit necrosis are highly lethal complications after salvage esophagectomy. The 3-year postoperative survival of 38% would nevertheless be acceptable relative to the potential long-term survival after salvage esophagectomy.

55 Factors predictive of prognosis after esophagectomy for squamous cell cancer

Houhuai Li, MD, PhD, Qingzhen Zhang, Lin Xu, MD, Yijiang Chen, Yongxiang Wei, and Guoren Zhou, MS, Nanjing, China

Several pathologic characteristics of the primary tumor are correlated with the outcome of esophagectomy for SCC of the thoracic esophagus. Patients with fewer than 2 metastatic nodes after curative esophagectomy have a better prognosis than those with multiple involved nodes (>2). To stratify patients appropriately for prognosis, it is necessary to refine the current 6th edition TNM staging system.

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