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Using Biomarkers Serum Prognostic Factors For Non-Small Cell Lung Cancer: A Surgical Perspective

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To the Editor:

We read with interest the paper by Seder et al. (1) in which Authors explored a fascinating and important topic that nowadays is current. In these years lung cancer screening programs have been progressively developed and this increases the possibility to discover diseases earlier, offering surgery as the best treatment and improving oncologic outcomes. Despite this, several patients who undergo lung resections for early stage cancer will present recurrences in few years. The point is to focus the attention on the possibility to predict it in the less invasive way, and the Authors clinical aim was to find out how to identify patients with surgical stage I who should be submitted to adjuvant therapy, changing the current treatment paradigm. Their results are interesting and we would like to add our surgical viewpoint on their study.

They reported, in accordance with our experience (2), that lobectomies presented lower rate of relapse than wedge resection. Moreover, wedge resection relapses were almost in the residual lobe, despite clear and wide margins. We think that this is a meaningful point. In our feeling, the spreading of malignant cell to the mediastinum or different lobes should be considered as metastatic disease not yet identified at clinical staging. Obviously, surgical resection could not address them. Whereas, malignant cells in same lobe of the main tumor are theoretically treated when the anatomical resection is performed. This is still a hot topic in decision-making between lobectomy vs segmentectomy or wedge resection in early stage non-small cell lung cancer. Usually, subanatomic resection is indicated in patients not suitable for lobectomy or in case of indolent tumor behavior as ground glass opacities. We think that the possibility to predict cases more likely to be affected by relapses could influence also the choice for the best surgical approach.

We would like to ask the Authors if, in their opinion, in the future, the serum-based biomarkers panel to risk stratify patients for recurrences could be a successful tool not only to