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Results of Surgical Treatment in Patients with Synchronous Extrapulmonary Oligometastatic Non-Small Cell Lung Cancer

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Objectives: Patients with metastatic non-small cell lung cancer (NSCLC) have a 5-year survival of less than 1% and median survival of 8-11 months. Radical interventions yield positive results on survival in oligometastatic disease, a special subgroup within this group. The aim of this study is to examine the factors that influence survival in patients with operated oligometastatic NSCLC.

Methods: We retrospectively reviewed the cases of oligometastatic non-small cell lung cancer that were operated in our clinic between January 2012 and December 2017. Survival analyses of 35 patients included in the study were performed according to the demographic characteristics, metastasis sites, metastasis treatments, pT (pathologic T) stage, pN (pathologic N) stage, metastasis type, location of primary tumor and type of tumor histology.

Results: This study included 35 patients (4 females and 31 males). Mean age was 60.0±8.3 years. 26 patients had brain, 6 had adrenal, 2 had spleen, and 1 had ocular metastasis. Seven of 26 patients with brain metastases had SBRT (stereotactic body radiation therapy) and 19 had lung resection after cranial surgery. Surgical metastasectomy was performed after lung resection in 6 cases with adrenal metastasis, 2 cases with splenic metastasis and 1 case with metastasis to the eye which makes a total of 9 cases. According to pathology results 25 patients had adenocarcinoma, 9 patients had squamous cell carcinoma, and 1 patient had large-cell carcinoma. Mean follow-up period of the patients was 20.1±18.4 months. Median survival was 40.4±6.8 months, and 5-year survival was 36.8%. In the study, cell type, resection type applied for the primary tumor, method for metastasis treatment, pathologic lymph node involvement, and pathologic T stage (pT) were not found to be associated with survival (p>0.05). Survival was significantly less in patients with brain metastases than other metastatic cases (p=0.016).

Conclusion: In accordance with the literature, positive effect of curative treatment of metastases on survival in cases with oligometastatic NSCLC was found. We suggest that metastasectomy should be performed in selected oligometastatic diseases.

Keywords: Non-small cell lung cancer, oligometastasis, synchronous metastasis, solitary extrathoracic metastasis