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Surgical Outcomes of Early Stage Small Cell Lung Cancer: A Single Center Experience

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Objectives: Small cell lung cancer is a highly aggressive and metastatic epithelial lung malignancy. It constitutes 15%–20% of lung cancers, and distant metastasis is detected in approximately 60% of patients at the time of diagnosis. A small percentage of these tumors can be detected at early stage and it may be appropriate for surgical treatment. Here we analyzed the patients with early stage small cell lung cancer who undergoing to lobectomy and mediastinal lymph node dissection.

Methods: We reviewed the data of patients who undergoing lobectomy and mediastinal lymph node dissection due to early stage small cell lung cancer in our department between January 2011 and December 2018. Patients who had increased uptake of 18-FDG at mediastinal or distant organ on their PET/CT and cases who underwent another lung resection except than lobectomy were not included in study.

Results: A total of 26 patients were included the study. The mean age was 60.9. There were 18 male (69.2%) and 6 (30.8%) female. The most common site of the tumor location was the right upper lobe. The diagnoses were achieved by intraoperative frozen section study in almost all patients (92.3%). Mean overall survival time was 58.5 months (± 6.7 range 45-71) and 5-year survival rate was 53%. We found that a statistically significant correlation between the presence lymph node metastasis on N1 or N2 station and survival. Also there was a significant relationship between N2 nodal metastasis and recurrence.

Conclusion: As stated in the current guidelines, lung lobectomy and mediastinal lymph node should be considered in early stage small cell lung cancers. Survival outcomes of surgery performed for early stage small cell lung cancer are similar with the results of non-small cell lung cancer.

Keywords: Lobectomy, small cell lung carcinoma, surgery