

Limited resection generally not equivalent in stage IA NSCLC

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1.36] for wedge resection and segmentectomy, respectively).

"Our study showed that limited resection is not equivalent to [lobectomy](#) when used to treat [older patients](#) with invasive adenocarcinoma or [squamous cell carcinoma](#)," the authors write.

Several authors disclosed financial ties to the pharmaceutical and biotechnology industries.

More information: [Abstract](#)

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(HealthDay)—For older patients with invasive, stage IA non-small-cell lung cancer, limited resection is generally not equivalent to lobectomy, according to a study published online Aug. 3 in the *Journal of Clinical Oncology*.

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Rajwanth R. Veluswamy, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues compared patient survival with limited resection (wedge or segmentectomy) versus lobectomy. Data were included for participants older than 65 years with stage IA invasive adenocarcinoma or squamous cell carcinoma ≥ 2 cm. If the upper 95th percentile of the hazard ratio (HR) for limited resection was ≤ 1.25 , the treatments were considered equivalent.

In survival analyses, the researchers found that limited resection was not equivalent to lobectomy in patients with adenocarcinoma (HR, 1.21; upper 95 percent confidence interval [CI], 1.34) or squamous cell carcinoma (HR, 1.21; upper 95 percent CI, 1.39) after adjustment for propensity score. Compared to lobectomy, survival rates were equivalent for patients with adenocarcinoma treated with segmentectomy (HR, 0.97; upper 95 percent CI, 1.07) but not for those treated with wedge resection (HR, 1.29; upper 95 percent CI, 1.42). For those with squamous cell carcinoma, neither treatment was equivalent (HRs, 1.34 [upper 95 percent CI, 1.53] and 1.19 [upper 95 percent CI,

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