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Citation: *The American Surgeon*, “Videoscopic Assisted Pulmonary Resection in Octogenarians”

HIGHLIGHTS:

While some patients, including the elderly, may not be good candidates for the physical demands of open chest surgery, a new study suggests that even those between the ages of 80 and 94 may benefit from video-assisted thoracoscopic surgery (VATS) for early stage, localized, non-small cell lung cancer.

MINIMALLY INVASIVE SURGERY MAY INCREASE OPTIONS FOR OCTOGENARIANS WITH SOME LUNG CANCERS

LOS ANGELES (Dec. 5, 2005) – Like their younger counterparts, some elderly patients who have early stage non-small cell lung cancer can benefit from a minimally invasive surgical procedure to remove part or all of a lung, according to a study conducted by thoracic surgeons at Cedars-Sinai Medical Center and described in *The American Surgeon*, the journal of the Southeastern Surgical Congress and the Southern California Chapter of the American College of Surgeons.

When non-small cell lung cancers (NSCLC) are detected at an early, localized stage, surgical removal of the affected area often can prevent metastasis to other tissues and organs. But while some patients, including the elderly, might not be good candidates for the physical demands of open chest surgery, this study of 159 patients between ages 80 and 94 suggests that video-assisted thoracoscopic surgery should be considered a viable option.

“Some patients and their doctors wonder why a person that age should bother to go through any major pulmonary surgery. The reason is that whether the patient is 80 or 95, if they are in reasonably good physical condition without any other major medical problems that are imminently life threatening, the odds are that the cancer is going to progress and the patient will live long enough to go through several unpleasant months with widespread cancer,” said Robert McKenna Jr., M.D., thoracic surgeon, surgical director of the Center for Chest Diseases and chief of Thoracic Surgery and Trauma at Cedars-Sinai.

“Our study shows that we can do a standard, complete lung cancer surgery in people over 80 with very low risk and good success so that older patients with lung cancer do not have to suffer the consequences of widespread cancer,” said McKenna, senior author of the journal article.

According to previous studies, the average 80-year-old can expect to live another 8.6 years, but the average life expectancy of a patient with untreated or palliated early-stage NSCLC is only 1.5 years.

“If you knew that you could get several additional years to live by having a procedure with low risk and good success in preventing widespread cancer, you might want the option of putting up with the short-term inconvenience of having that operation,” McKenna said.

In the study, there were no surgery-related deaths and relatively few complications. “Compared to the

(more)

percentage of people who experience any type of complication after a major pulmonary resection, our numbers were low, and especially low for patients in this age range,” said McKenna.

Open surgery – accomplished through an eight- to 10-inch incision – continues to be used in about 95 percent of lobectomies nationally. McKenna and his colleagues at Cedars-Sinai, however, use the minimally invasive approach in 89 percent of their cases. VATS requires only several small incisions through which instruments and a thoracoscope are inserted. A camera lens at the tip of the scope feeds high-resolution images to a video monitor, giving the surgeon a detailed, magnified view.

“We have been doing minimally invasive lung cancer surgery for a long time and have the largest experience in the world,” said McKenna, a pioneer in the development and use of the technology who has performed VATS procedures since 1989. “We follow our patients carefully and have shown that this is the standard cancer operation with the same survival rates as with invasive surgery, but it has tremendous advantages for patients. The stay in the hospital is less and the complication rate is less. It is not pain-free, but patients are able to recover more quickly and get back to their regular activities much more quickly with this operation.”

The term non-small cell lung cancer includes several types of lung cancer that when detected at an early and localized stage may be cured with surgical resection. NSCLC accounts for about 75 percent of all lung cancers.

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