



**KALC 2022**

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# Sleeve Lobectomy in Routine Clinical Practice: Single Cancer Centre Experience

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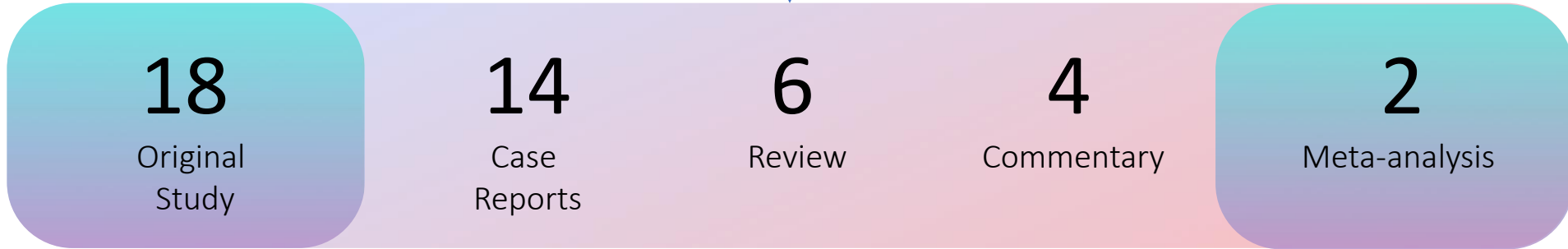
# Introduction

# 61

Publication for sleeve lobectomy in 2022

# 17

Excluded (not relevant)



67  
61

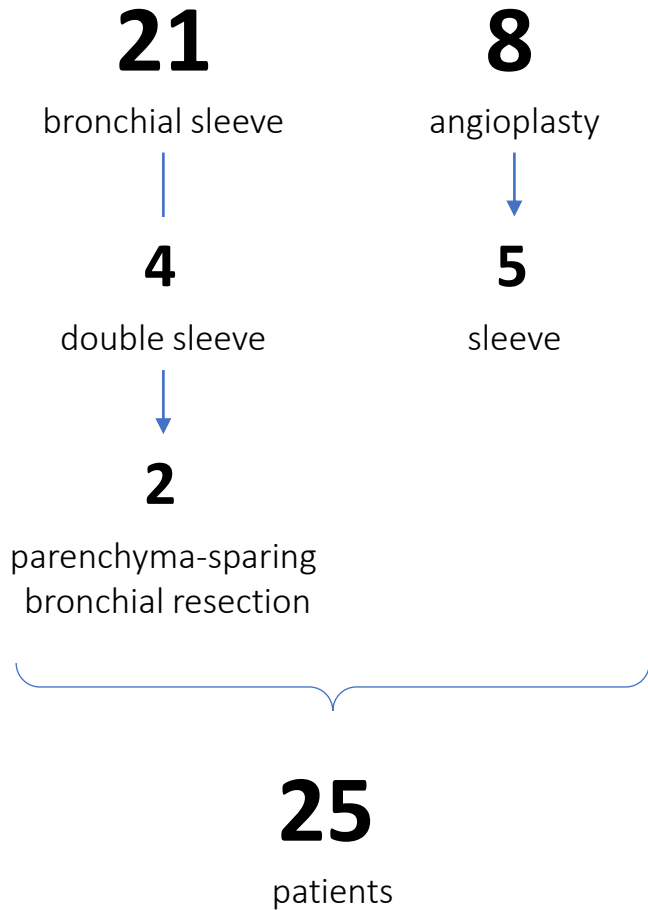
2022

1959

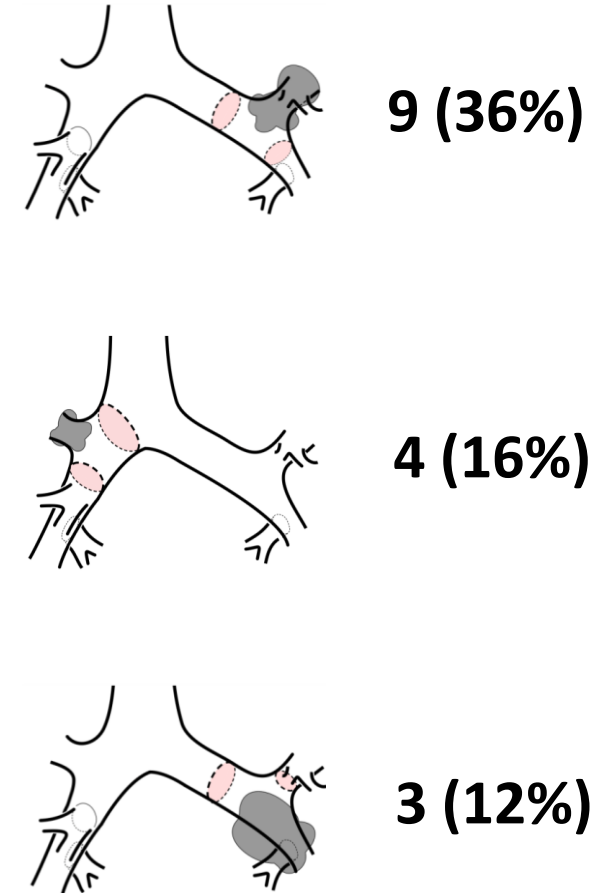


## Material and methods

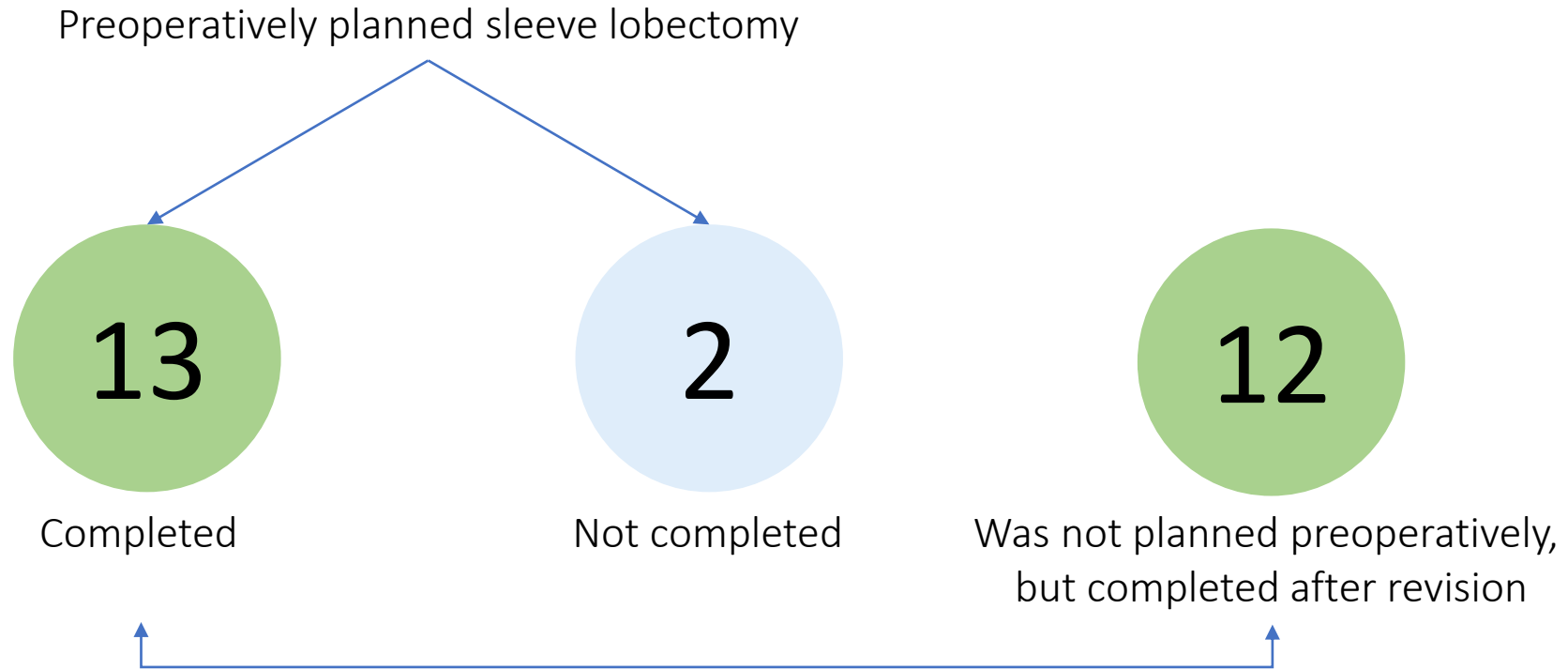
### Sleeve lobectomies in a single thoracic department for 2022



Variable	n = 25	
	Абс. число	%
Age, years, Me ± SD	54 ± 13	...
Menat tumour size, mm, Me ± SD	41 ± 23	...
Stage IIb	9	36
Stage IIIa	5	20
Stage Ia2	3	12
Stage Ia3	3	12
Stage Ia1	1	4
Stage Ib	1	4
Stage IIIb	1	4
Squamous cell carcinoma	12	48
Carcinoid	10	40
Sarcoma	2	8

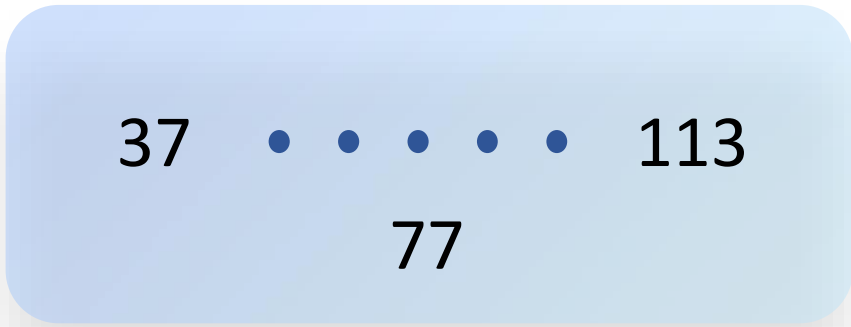


# Results



Results  
n = 25

FEV1, %



92%  
R0



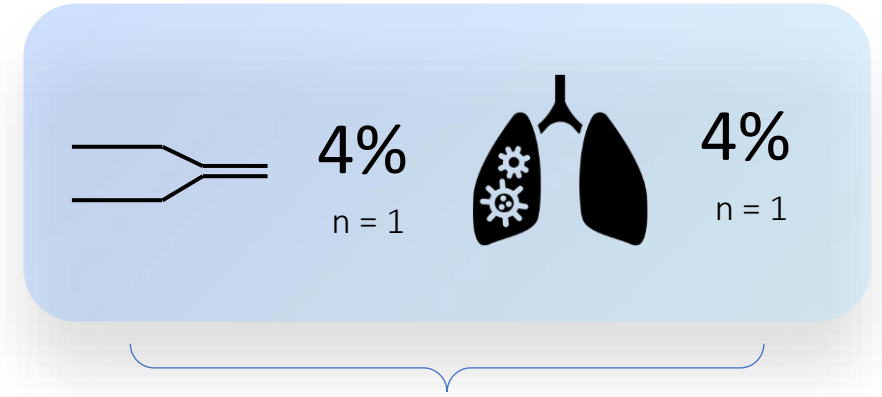
217  
min

8%  
R1



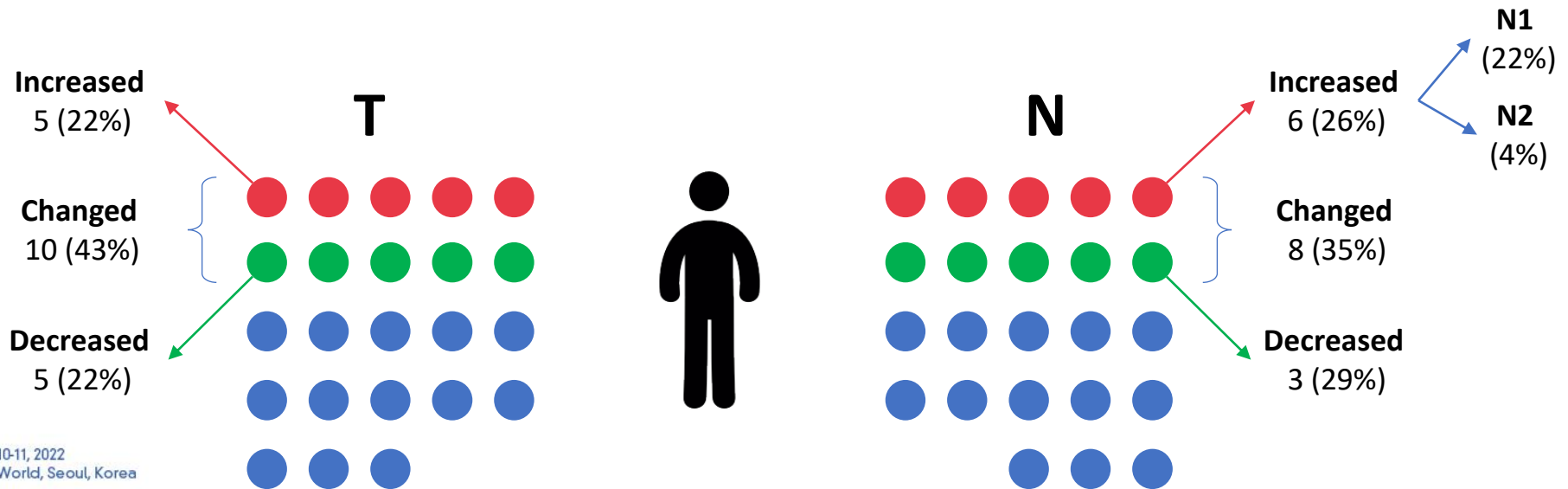
300  
ml

Morbidity



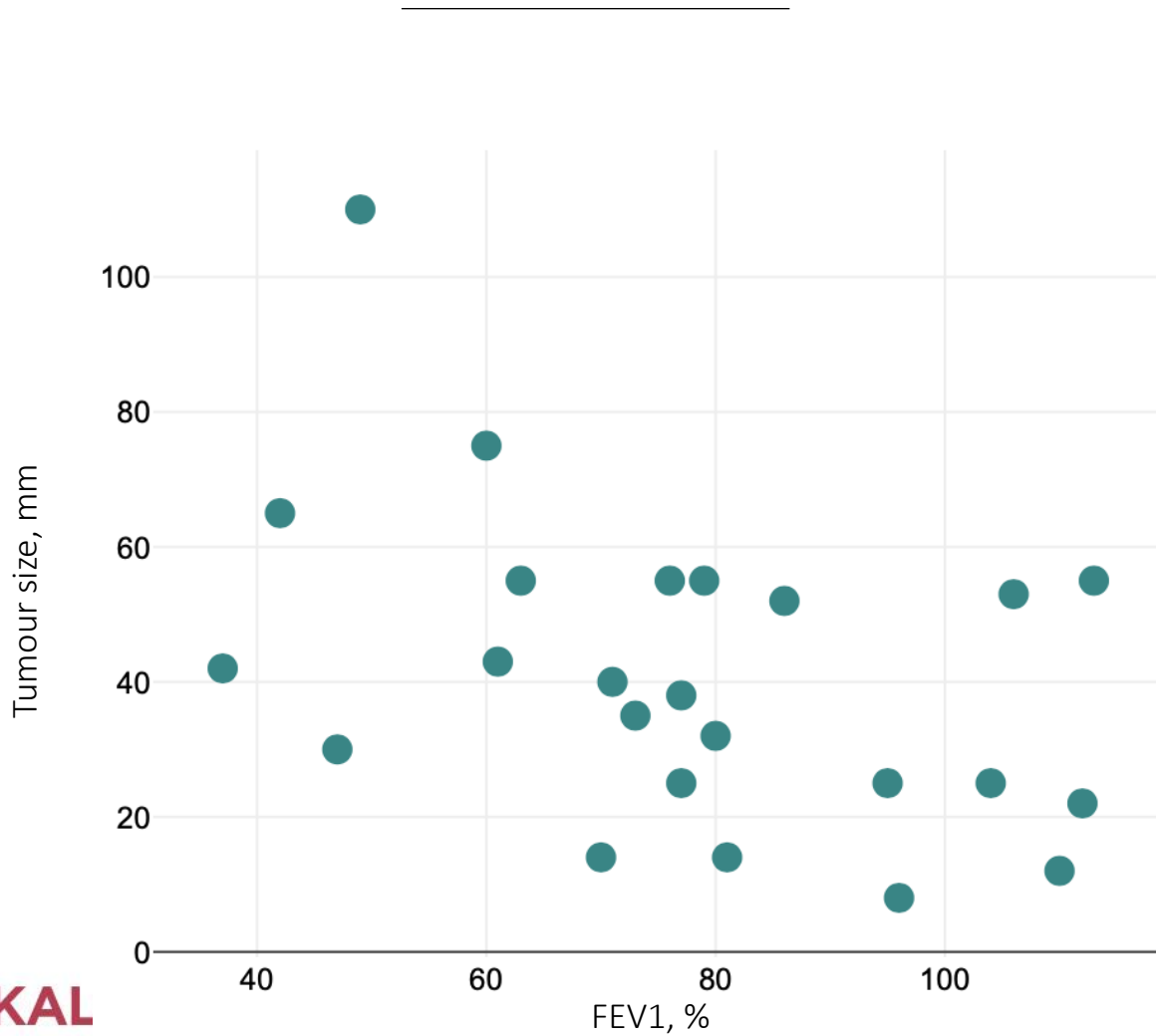
8%

### Discrepancies between cTNM and pTNM

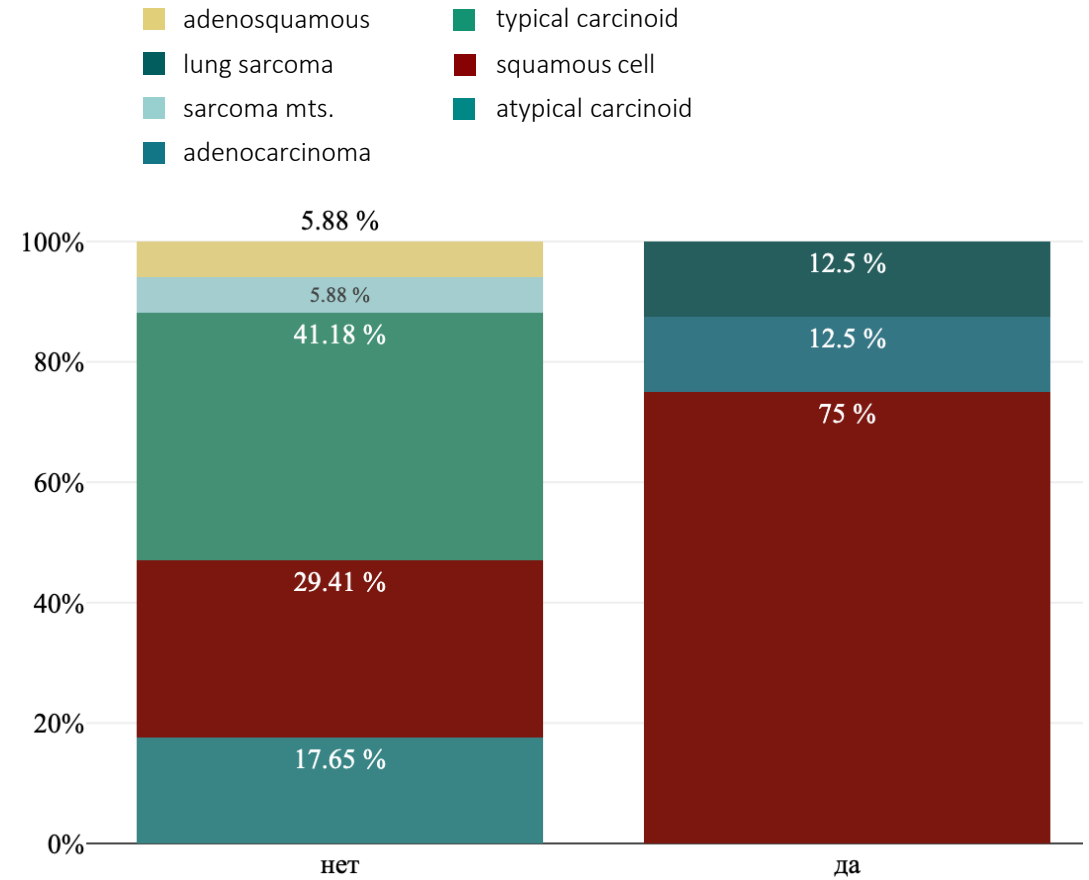


# Results

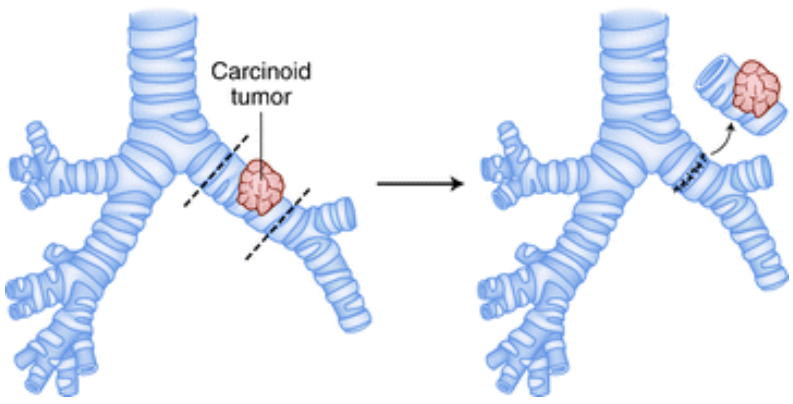
The lesser FEV1, % the bigger is the tumour  
 (r(22) = -0.44, p = .031)



Most common scenario for angioplasty – left lung squamous cell cancer  
 ( $\chi^2(2) = 6.9$ , p = .032, Cramér's V = 0.53)



# Parenchyma-sparing bronchial sleeve resection



1st stage (80%) – endoscopic resection of a central tumour

Recanalization

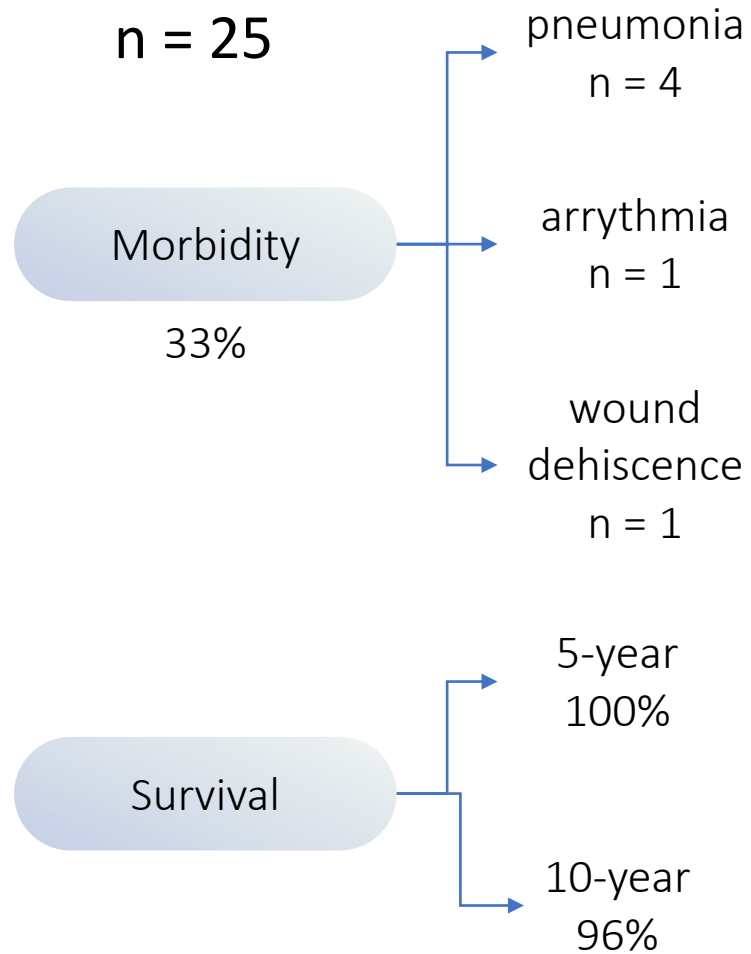
Assessment of  
peribronchial component

Histology

2nd stage – surgery

Thoracotomy? VATS?

Mediastinal lymphadenectomy



Parenchyma preservation not at the expense of radicality

Safe and effective alternative to pneumonectomy

Mediastinal lymphadenectomy is mandatory