chemotherapy. Finally, we do not have long-term survival data available as yet due to the fact that thoracic service in our department was only recently established. It would be very informative if we could determine whether early initiation of adjuvant chemotherapy could in fact be translated to better mid- and long-term survival.

Nonetheless, our study is the first European study to contribute to the trend observed in other reported series that VATS enables early delivery of adjuvant chemotherapy, with better compliance and reduced toxicity. It is now vital for ongoing data collection and review to see how this impacts on long-term survival.

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REFERENCES


eComment. Can video-assisted thoracoscopic surgery or open thoracotomy alter the compliance to adjuvant chemotherapy and the oncologic prognosis of patients with non-small-cell lung cancer?

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We have read with great interest the article by Teh et al. The authors analyzed the impact of video-assisted thoracoscopic surgery (VATS) lobectomy and open thoracotomy for non-small cell lung cancer (NSCLC) on compliance to adjuvant chemotherapy [1]. They concluded that adjuvant chemotherapy was started significantly earlier in patients following VATS lung resections compared with open thoracotomy. However, this retrospective study includes a small number of patients. Moreover, there was a disparity between the number of patients in each pathology stage of NSCLC, i.e. preoperative pathology stage was 12.5% vs 30.8% for stage III in VATS and open group, respectively. The above led to a very weak trend towards VATS superiority. On the other hand, selection criteria for open thoracotomy imply, by definition, more advanced local disease and heavier systematic malignant burden making rehabilitation longer and carrying a greater possibility of major adverse events. In addition, fewer reports of toxicity were observed in the VATS group (12.5%) compared with the open group (39.5%). Is this phenomenon correlated with the type of procedure or with the stage of the disease?

A recent report using a larger cohort (n = 189) found no significant difference between the VATS and open thoracotomy approach for adjuvant chemotherapy compliance. On the contrary, significant factors proved to be the patient’s age, comorbidity and pathologic N status [2]. Recently, Booth et al. showed that NSCLC patients who underwent adjuvant chemotherapy beyond 10 weeks from surgery did not appear to be associated with inferior survival [3]. Besides, it should be analyzed whether the main factor responsible for early administration of adjuvant chemotherapy is the less postoperative surgical stress or the less complication rate of VATS over open thoracotomy. Future studies are needed to investigate the real impact of VATS on overall oncologic management.

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References