

la Segmentectomie

Intérêt en Chirurgie Thoracique Carcinologique
CBNPC

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Gold standard: Lobectomie
associée à un curage
ganglionnaire CBNPC T1N0M0

Patient opérable: fonction respiratoire/bilan cardiaque

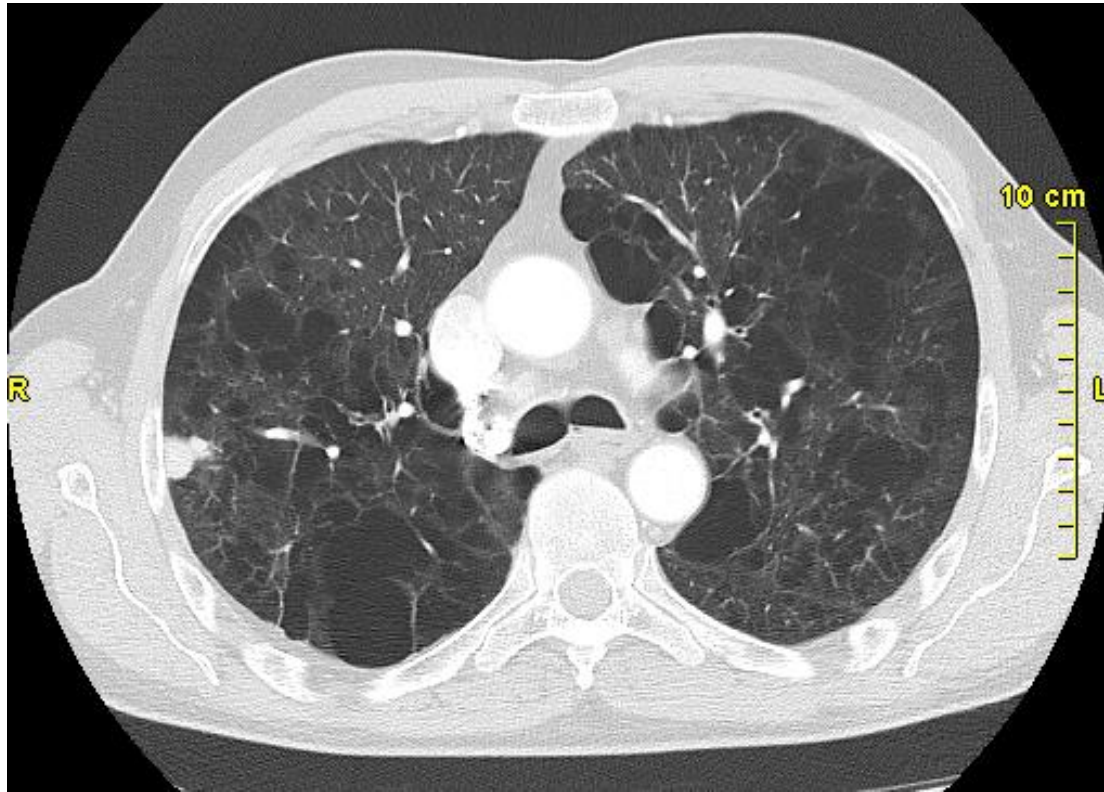
Survie à 5 ans > 80 %

- Etude randomisée menée par **Ginsburg et al** en 1995 ayant montré la supériorité des lobectomies par rapports aux résections sub-lobaires en terme de survie et de récidence
- Résection sub-lobaire classiquement non recommandée en chirurgie carcinologique

Eligibilité

- CBNPC
- Stade cT1N0M0
- Tumeur périphérique de petite taille < 1 cm ou 2 cm selon les études
- Intérêt +++ chez les patients ayant une fonction respiratoire altérée ou de multiples co-morbidités ?

Lobectomie ou segmentectomie ?



- Tumeur < 2cm
- Périphérique
- N0
- Bilan extension négatif
- Poumon pathologique

Lobectomie ou segmentectomie ?



- Tumeur < 2 cm
- Périphérique
- N0
- Bilan d'extension négatif
- Carcinome bronchique primitif gauche opéré



Depuis quelques années, plusieurs études ont suggéré la non infériorité des segmentectomies avec comme avantages:

l'épargne parenchymateuse

Et une morbidité post opératoire moindre

- Principalement des études japonaises
- Études cohortes
- 02 essais prospectifs randomisés de phase III

Segmentectomy versus lobectomy in small-sized peripheral non-small-cell lung cancer (JCOG0802/WJOG4607L): a multicentre, open-label, phase 3, randomised, controlled, non-inferiority trial



Hisashi Saji, Morihito Okada, Masahiro Tsuboi, Ryu Nakajima, Kenji Suzuki, Keiju Aokage, Tadashi Aoki, Jiro Okami, Ichiro Yoshino, Hiroyuki Ito, Norihito Okumura, Masafumi Yamaguchi, Norihiko Ikeda, Masashi Wakabayashi, Kenichi Nakamura, Haruhiko Fukuda, Shinichiro Nakamura, Tetsuya Mitsudomi, Shun-Ichi Watanabe, Hisao Asamura, on behalf of the West Japan Oncology Group and Japan Clinical Oncology Group*

Summary

Background Lobectomy is the standard of care for early-stage non-small-cell lung cancer (NSCLC). The survival and clinical benefits of segmentectomy have not been investigated in a randomised trial setting. We aimed to investigate if segmentectomy was non-inferior to lobectomy in patients with small-sized peripheral NSCLC.

Methods We conducted this randomised, controlled, non-inferiority trial at 70 institutions in Japan. Patients with clinical stage IA NSCLC (tumour diameter ≤ 2 cm; consolidation-to-tumour ratio >0.5) were randomly assigned 1:1 to receive either lobectomy or segmentectomy. Randomisation was done via the minimisation method, with balancing for the institution, histological type, sex, age, and thin-section CT findings. Treatment allocation was not concealed from investigators and patients. The primary endpoint was overall survival for all randomly assigned patients. The secondary endpoints were postoperative respiratory function (6 months and 12 months), relapse-free survival, progression-free survival, and quality of life (6 months and 12 months).

Lancet 2022; 399: 1607–17

See [Comment](#) page 1574

*Members are listed in the appendix (pp 17–18)

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02 essais prospectifs randomisés de phase III

- 1^{er} essai Japonais JCOG0802 publié en 2022
1106 patients sur 70 centres Tm <20mm périphérique
lobectomie n=554 segmentectomie n=552

Curage ganglionnaire , marges de résection

Survie est meilleure après segmentectomie

Un deuxième geste chirurgicale est possible après segmentectomie

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Lobar or Sublobar Resection for Peripheral Stage IA Non–Small-Cell Lung Cancer

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ABSTRACT

2eme essai Nord américain CALGB 140503 publié en 2023
697 patients / 83 centres (USA, canada, et Australie)

02 eme essais prospectifs randomisés de phase III

Wedge, segmentectomie = lobectomie : survie sans maladie (DFS)

Survie globale était similaire

Pas de donnée sur le curage

Table 2. Patterns of Recurrence.

Type of Recurrence	Sublobar Resection (N=336)	Lobar Resection (N=351)	Difference (95% CI)*
	<i>number (percent)</i>		<i>percentage points</i>
Overall	102 (30.4)	103 (29.3)	1.0 (−5.8 to 7.9)
Locoregional recurrence	45 (13.4)	35 (10.0)	3.4 (1.0 to 8.3)
Regional recurrence only	6 (1.8)	9 (2.6)	−0.8 (−3.2 to 1.6)
Any distant recurrence	51 (15.2)	59 (16.8)	−1.6 (−7.1 to 3.9)
New primary lung cancer	60 (17.9)	52 (14.8)	3.0 (−2.5 to 8.6)

* The widths of the confidence intervals have not been adjusted for multiplicity and may not be used in place of hypothesis testing.

pling of major hilar and two mediastinal nodal tory flow after sublobar resection than after lo-

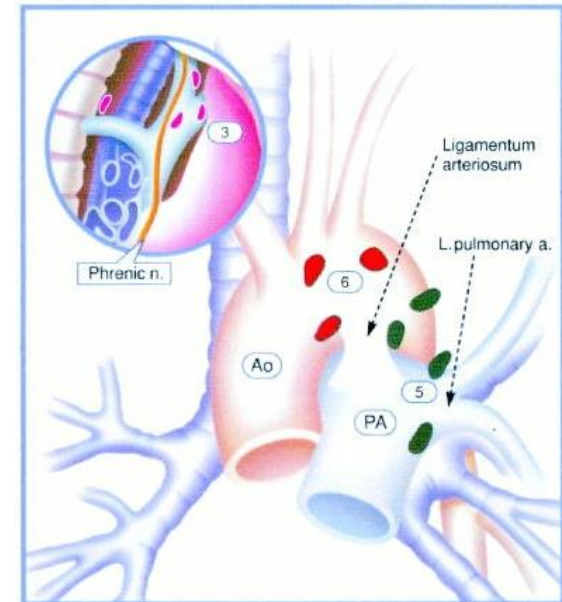
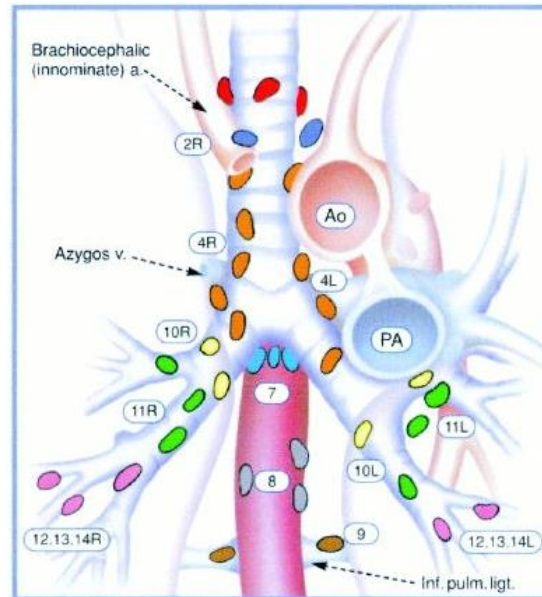
Critères qualité des segmentectomies R0

- Marge de résection < 10mm Récidive

Rapport marge/diamètre < 1

Éssai CALGB extempo marge si envahissement recoupe

- Curage ganglionnaire



Critères qualité des segmentectomies R0

Dissémination tumorale endoalvéolaire STAS 15% des patients

Facteur de récurrence local

Recommandations européennes lobectomie si STAS

Autres critères de qualité

Expérience du chirurgien centre expert

Real-world outcomes of lobectomy, segmentectomy and wedge resection for the treatment of stage c-IA lung carcinoma

Pascal Alexandre Thomas ^{a,✉}, Agathe Seguin-Givelet ^a, Pierre-Benoît Pages ^c, Marco Alifano ^d, Laurent Brouchet ^e, Pierre-Emmanuel Falcoz ^f, Jean-Marc Baste ^{† g}, Matthieu Glorion ^h, Yaniss Belaroussi ⁱ, Marc Filaire ^j, Maxime Heyndrickx ^k, Anderson Loundou ^l, Alex Fourdrain ^a, Marcel Dahan ^e and Laurent Boyer ^l, on behalf of the EPITHOR working group

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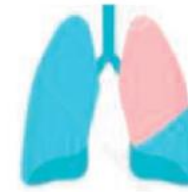
<https://doi.org/10.1093/ejcts/ezae251> Advance Access publication 25 June 2024

Real-world outcomes of lobectomy, segmentectomy, and wedge resection for the treatment of stage c-IA lung carcinoma

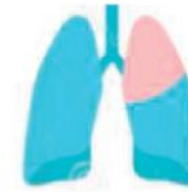
Summary

In this population-based cohort study, it was observed that:

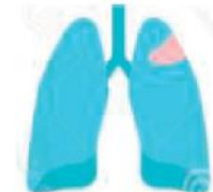
- 1) Wedge resection was associated with a poorer long-term survival when compared with lobectomy,
- 2) Segmentectomy and lobectomy seemed to share similar outcomes.



Lobectomy
N=14047 (72.2%)



Segmentectomy
N=4188 (21.5%)



Wedge
N=1217 (6.3%)

SAFETY (90-day mortality) $P=0.10$

1.6%

1.2%

1.1%

EFFICACY (5-year overall survival) $P<0.0001$

80% (79-81)

78% (76-80)

70% (66-73)

FINAL PROPORTIONAL HAZARDS MODELS

90-day Mortality

Wedge vs. Lobectomy

Adjusted HR: 0.55; 95%CI: 0.31-0.98;
 $P=0.042$

Segmentectomy vs. Lobectomy

Adjusted HR: 0.88; 95%CI: 0.64-1.22;
 $P=0.453$

5-year overall
survival

Wedge vs. Lobectomy

Adjusted HR: 1.23; 95%CI: 1.03-1.47;
 $P=0.021$

Segmentectomy vs. Lobectomy

Adjusted HR: 1.08; 95%CI: 0.97-1.20;
 $P=0.162$

Legend: EPITHOR French Registry - 19 452 patients with stage c IA lung carcinoma from 2016 to 2022

La Chirurgie Robot assistée

Curage hilaire et médiastinale

