A timely treatment of patients with malignancies generally portends better clinical outcomes—a finding which has been consistently replicated for both systemic and local therapies. In this regard, studies conducted in patients with bladder and esophageal tumors have shown that a prolonged time from diagnosis to surgery can yield to pathological upstaging (1,2). Similarly, a delay in radiotherapy has been associated with an increased risk of local recurrence in head and neck malignancies (3).

However, the consequences of waiting for surgery in patients with lung tumors remain controversial. In a single-center study, Quarterman et al. have previously reported that time to surgery does not significantly affect survival in early-stage lung cancer (4). In an analysis of a nationwide data set, Aragoneses et al. examined the prognostic impact of different surgical waiting times (categorized in intervals) and—similarly—did not find any significant difference even between extreme categories (i.e., 1–20 waiting days versus >60 waiting days) (5). Contrary to these findings, Samson and coworkers have shown that longer delays for lung cancer surgery increase the risk of upstaging and adversely affect prognosis (6). Two potential explanations for these apparent discrepancies may be offered. First, an unequivocal definition of delayed surgery is still lacking, with the term “delay” indicating different time periods across studies. Second, lung cancer is a heterogeneous disease—ranging from indolent, slow-growing adenocarcinomas [presenting as ground-glass opacities (GGOs)] to highly aggressive small cell carcinomas that tend to metastasize early (7).

Using the National Cancer Data Base, the recent work by Yang et al. makes a remarkable attempt to shed more light on the prognostic impact of wait times for lobectomy in stage Ia squamous cell carcinoma of the lung (8). Owing to the large number of cases included in this data set, the authors were able to focus on (I) a particular patient subgroup (i.e., those with stage Ia squamous cell carcinoma of the lung); and (II) a specific surgical procedure (i.e., lobectomy). As a consequence, several potential sources of confounding (e.g., the inclusion of different histology types, disease stages, and/or surgical approaches) were ultimately removed. Another methodological strength is the exclusion of patients who underwent surgery on the same day of diagnosis (who may differ significantly in terms of general characteristics from those who had not been immediately operated).

In this well-designed retrospective study, a highly homogeneous cohort of 4,984 patients was followed-up for a median of 32 months. Using a cutoff value of 38 days to distinguish between early (<38 days from diagnosis) and late (≥38 days from diagnosis) surgical interventions, the authors found that early surgery was associated with a more favorable overall survival (OS). Notably, late
Wu and Chao. Waiting time for lobectomy and OS in lung cancer

References


Cite this article as: Wu CF, Chao YK. Saving time is saving lives: a delayed lobectomy predicts poorer overall survival in patients with clinical stage IA squamous cell carcinoma of the lung. J Thorac Dis 2018;10(Suppl 26):S3147-S3148. doi: 10.21037/jtd.2018.07.115

Acknowledgements

None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.