

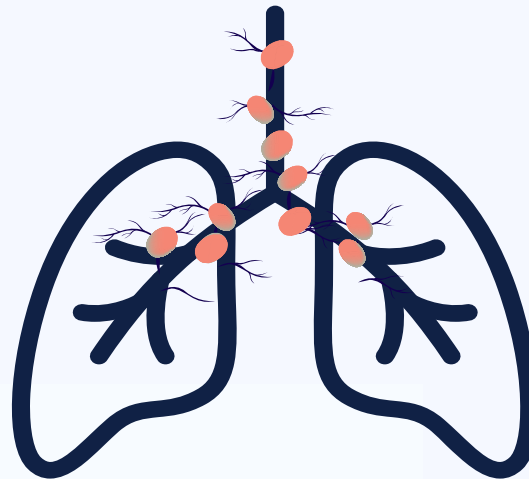
# ACS Cancer Conference 2025

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## Lymph Node Sampling by Lung Cancer Resection Type: Exploring Trends Preceding CoC Standard 5.8

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# Disclosures



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# High-quality lymph node evaluations are critical to the surgical management of lung cancer

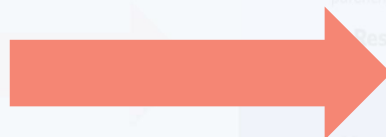


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# CoC Standard 5.8 marks a shift from a count-based lymph node sampling strategy to a station-based strategy

## Count-Based

**$\geq 10$  lymph nodes**

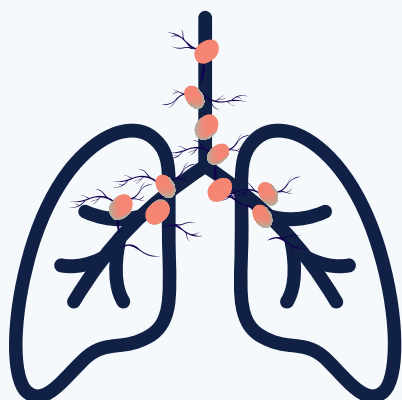


## Station-Based

**$\geq 3$  mediastinal stations &  $\geq 1$  hilar station**

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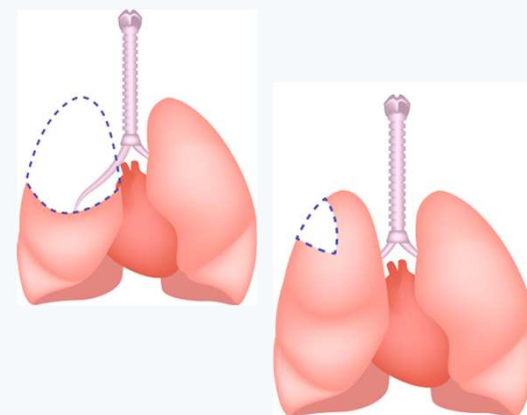
# We evaluated early-stage NSCLC patients who underwent surgery in an integrated healthcare network (2009-2019)



**Characterized lymph node sampling strategy**  
( $\geq 10$  nodes or 3+1 stations)

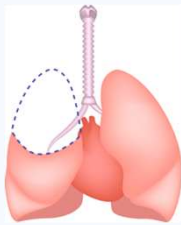
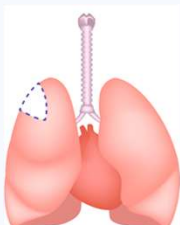


**Identified associations with 1-year recurrence & 5-year mortality**



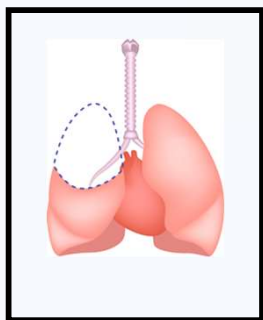
**Stratified outcomes by surgical resection type**  
(Lobar or sublobar)

**A total of 2,482 patients were identified. Both sampling criteria were more commonly met in lobectomy patients.**

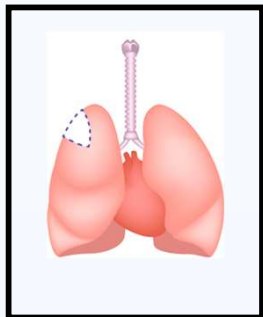
|                                |  <b>Lobectomy</b><br>(n=2096, 84%) |  <b>Sublobar</b><br>(n=386, 16%) |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>≥10 lymph node sampling</b> | <b>36%</b>                                                                                                          | <b>14%</b>                                                                                                          |

*Note: P < 0.001 for the comparison of lymph node sampling between lobectomy and sublobar groups.*

# Benefits were associated with each sampling strategy but varied by surgical resection type



**Lobectomy patients had reduced 5-year mortality with  $\geq 10$  lymph node sampling (HR 0.86, 95% CI 0.75-0.99)**



**Sublobar patients had reduced 1-year NSCLC recurrence with 3+1 sampling (HR 0.63, 95% CI 0.41-0.97)**

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Emphasized by the implementation of CoC Standard 5.8, there is a significant need to improve the quality of lymph node evaluation

**Thank you!**

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More lymph nodes are  
clearly better

Potential need to modify  
surgeon practices

Investigate the impact of  
Standard 5.8 and the  
optimal sampling strategy