Histological type, invasive mediastinal staging, and prognosis in patients with lung cancer

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In the recently published study by Kim et al.,[1] the authors conducted a retrospective cohort study that included patients with non-small cell lung cancer radiologically classified as clinical (c) N0 and compared the 5-year overall survival (OS) rate between patients who underwent invasive mediastinal nodal staging and those who underwent upfront resection. After propensity score matching between both groups, the authors found no significant differences in 5-year OS. Although the description of the population is very detailed and includes baseline characteristics and confounding preoperative variables that are demonstrated to be prognostic factors (age, sex, tumor size, central location etc.) we miss the description of the histological type in the population and its distribution between both groups. In the recently published proposals for the revision of the N categories in the forthcoming ninth edition of the tumor, node and metastasis classification for lung cancer,[2] the 5-year OS for cN0 tumors was 61% for squamous cell carcinoma and 80% for non-squamous cell carcinoma; in patients with cN > 0 differences in survival were not so significant. Since all patients in the study of Kim et al. were cN0, and most (72.8% (1262 out of 1732 patients)) were pN0, we consider that the histological subtype distribution of both populations should have been described and included in the Cox proportional hazard regression model to confer more robustness to their results.

Contributors

José Sanz-Santos and Ramón Rami-Porta wrote the initial draft. Bruno García-Cabo and Sergi Call revised the original text. All authors revised and approved the final version.

Declaration of interests

All authors declare no competing interests.

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