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Title: Clinico-pathological prognostic factors for relapse in early stage non-small cell lung cancer after radical surgical resection

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Body: Introduction: Surgery is the first choice in treatment of early stage Non–Small Cell Lung Cancer (ES-NSCLC). Primary aim of this study was the determination of clinico-pathological prognostic factors for relapse in ES-NSCLC after radical surgical resection. Methods: The study was a retrospective / prospective trial in which we included 118 patients who underwent curative intent resection of stage T1N0 and T2N0. The follow-up period was of 4-6 years. Data included histological type, tumor size, number of removed and histologically examined lymph nodes (LN), time to the occurrence of relapse, relapse site and the number of affected organs. Results: The most common type was adenocarcinoma (51.7%) in both sexes, significantly higher in female. Both, tumor size greater than 3 cm ($p = 0.043$) and number of removed and histologically examined LN ($p = 0.054$) were identified as poor prognostic factors. Relapse was observed in 35 (29.7%) patients in period of 3 to 48 months after surgery. In 50% of patients relapse occurred within the first 20 months after operation. The most common sites of relapse were remaining lobe and contralateral lung, following by bones, brain and liver. None of the analyzed factors were identified as independent prognostic factor by Cox regression. Conclusions: Tumor size greater than 3 cm and the smaller number of removed and examined LN are identified as prognostic factors for relapse in ES- NSCLC after radical surgery. Clinico-pathological prognostic factors should be accompanied with biomarkers in prediction of tumor relapse in ES-NSCLC after radical surgery.