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Title: Completion pneumonectomy for lung cancer relapse after surgery- What is a real benefit?

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Body: Objective: the role of surgery for lung cancer relapse treatment is still unclear. The aim of the study is to assess the oncological benefit and potential risk of this type of surgery. Methods: retrospective study including patients who underwent completion pneumonectomy after previous complete lung resection with curative intent in a recent 7-years period. Operative morbidity (30 days), outcome of the treatment and quality of life was registered in all patients. Results: in the analysed period, 16 patients underwent a completion pneumonectomy 12 right-sided, 4 left-sided, M:F 4.1, 6-22 months after previous operation. In 14 patients, previous lobectomy was done, (in one patient after induction, in 4 pts. after adjuvant CT). In one patient anastomosis between the trachea and left main bronchus was done for relapse exclusively at the carinal level without major mediastinal spread. After the first operation, N0, N1 and N2 lesions existed in 4, 2 and 10 patients respectively. 3- year and 5-year survival was : 43.7% and 25% respectively. Bronchopleural fistula occurred in two patients (13.3%) - in one patient aged >65 years with generalized disease that was unrecognized at the time of surgery and in another younger patient operated after previous chemotherapy, in whom extrapleural lung liberation and excessive peribronchial dissection were done. Two patients (13.3%) died within the first 6 postoperative months due to disease progression. The quality of life of the rest of patients was comparable with patients after standard pneumonectomy. Conclusion: completion pneumonectomy can be an option for relapse treatment only in patients in good general condition, provided distant spread is excluded.