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Title: Single-institution experience of the combined operations in management of lung cancer: Lessons learned

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Body: Background: In patients with the III stage of lung cancer (LC) performing of typical operations difficult or it is impossible. In such cases performing of combined operations that is one-stage resection of a lung with the next organs or tissues. Aims: To study results of combined operations in LC patients. Materials and methods: 4285 patients with LC were operated. The combined operations were performed in 429 patients (10%). Age varied from 40 to 60 years. M - 388 and f - 41. Squamous cell carcinoma was in 77,1% and adenocarcinoma - in 13,6% of patients. Other patients had adenokistozny cancer, sarcoma and undifferentiated cancer. The vast majority of patients operated with the III stage of LC (79,4%). All operations divided into three types: vascular-atrial, tracheo-bronchial and parietal-diaphragmatic. I type of operations was in 140 patients (32,6%), II type – 183 patients (42,7%) and III type – 106 patients (24,7%). The combined operations were accompanied by higher rates of complications and a lethality. Results: Our patients had various complications at 28,6%. Died in the postoperative period 36 patients (7,2%). More than 3 years after operation there lived 25,3%, over 5 years – 8,5%. Conclusions: The combined operations in management of LC are carried out infrequently, however application of similar interventions increases resectability and, in some cases, provides a long survival.