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Title: The prognostic significance of metastasis to aortopulmonary lymph nodes in completely resected left lung tumors

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Body: Introduction. The mediastinal staging is the most important prognostic factor in NSCLC without distant metastasis. We investigated the prognostic effect of nodal metastasis in resected NSCLC of the left upper lobe. Methods. Between 1998-2010, 181 patients with proven left lung carcinoma underwent complete resection were retrospectively analysed. The patients were divided into five groups according to N status; N0 (n=68, 37.5%), N1^{single} (n=49, 27.1%), N1^{multiple} (n=15, 8.3%), N2^{5,6+} (only metastasized to #5 and/or #6, n=36, 19.9%), N2⁷⁺ (only metastasized to #7, n=13, 7.2%). Results. The overall 5-year and 10-year survival rates were 55.1% and 35.2%, respectively. The 5-year survivals were as 76.1% for N0, 54.3% for N1 (60.1% for N1^{single}, 36.6% for N1^{multiple}), 20.7% for N2 (24.3% for N2^{5,6+}). N2 were the worse prognostic factor when compared with N0/1 (p<0.0001). Patients with N0 had a significantly better survival than those patients with N1 (p=0.006). N1^{single} patients were found to have statistically significant better survival rates with when compared to both N1^{multiple} and N2^{5,6+} (p=0.02, p=0.008, respectively). Patients having involvement of subcarinal lymph nodes had a significantly worse prognosis than those patients with metastases only to aortopulmonary lymph nodes (stations 5 and/or 6) (p=0.02). Conclusion. The metastasis to mediastinal lymph nodes in completely resected left upper lobe NSCLC has a worse prognostic effect on survival. The patients with N0 and N1^{single} were found to have better prognostic rates in comparison with N1^{multiple} and N2^{5,6+}. The presence of aortopulmonary lymph nodes have a worse effect on survival.