



32nd ESTS MEETING

26 - 28 MAY 2024 • BARCELONA, SPAIN

“Barcelona 2024 - ESTS, more than a Society!”



EUROPEAN CONFERENCE
ON GENERAL THORACIC SURGERY

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ABSTRACTS



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PREDICTIVE SCORE FOR LOCAL RELAPSE AFTER PULMONARY METASTASECTOMY

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OBJECTIVES

Curative-intent pulmonary metastasectomy (PM) is a valuable treatment option for patients with limited metastatic disease. Accurate selection of surgical candidates is crucial to maximize survival and reduce postoperative morbidity. Particularly, local relapse after PM remains



high (~50%), bringing into question the appropriateness and ultimate efficacy of this surgical approach. Common patient eligibility criteria do not include estimations of risk for local relapse due to a lack of evidence.

This study aimed to build a predictive score for local relapse after PM.

METHODS

Multicentre retrospective analysis on patients ≥ 18 years who underwent PM (01/2010-12/2018). Exclusion criteria were: previous metastasectomy, pneumonectomy, non-curative intent, extrapulmonary relapse at the time of PM.

Local relapse was defined as any relapse occurring in the lungs, hilar-mediastinal lymph nodes, and/or pleurae.

The model was built on a derivation set of independent predictors of relapse. Potential predictors of relapse were analysed using multivariable logistic regression. The significant independent predictors were employed to construct a predictive score, based on natural logs of multivariable analyses ORs. A ROC was employed to determine an appropriate score cut-off.

RESULTS

1,647 patients were included. 676 (41%) developed local relapse after PM.

Number of metastases, diameter of largest metastasis, and induction therapy (before PM) were identified as independent predictors of local relapse within 1 year.

Based on these factors, the following simplified predictive scoring system for relapse was developed: $1.7 * [\text{metastases number}] + 0.8 * [\text{diameter of largest metastasis}] + 1.4 * [\text{induction therapy}]$. With a ROC=0.60 [95% CI: 0.58-0.63] (Figure), a cut-off point > 6 indicated an increased probability of relapse within 1 year.

CONCLUSIONS

This predictive model is a valuable support for multidisciplinary teams to stratify surgical candidates before PM. External validation is necessary to assess the reproducibility of the model.

Disclosure: No significant relationships.

Keywords: Lung Metastases, Pulmonary Metastasectomy, Relapse.