E6. The IASLC staging project: A surgeon's perspective

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The present version of UICC staging system for lung cancer was promulgated in 1997, which appeared in the 5th edition of TNM classification of malignant tumours In this version, the Stages I and II were divided into subcategories A and B, respectively, and T3N0N0 tumours were transferred from Stage IIIA to IIB Furthermore, tumours of T4 category were defined to include those with satellite intrapulmonary metastasis within the same lobe The future revision of the TNM staging system is scheduled in 2007, or some years later The issues of the present system need to be addressed based on the database of the large volume of patients

So far as the surgeons are concerned, the problems are seen in the resectable tumors categorized as stage IB, IIA, and IIB In 2001, two major Japanese societies dealing with lung cancer, the Japan Lung Cancer Society and the Japanese Association for Chest Surgery, sent a questionnaire to 320 Japanese institutions on the prognosis and clinicopathological profiles of patients who underwent the resection for primary lung neoplasms in 1994 (data on submission) The data forms of 7408 patients from 303 institutions (94 7%) were compiled Among these, 6644 patients had non-small cell histology The 5-year survival rate of the entire group was 52 6% The 5-year survival rates by clinical (c-) stage were as follows 72 1% for IA (n=2423), 49 9% for IB (n=1542), 48 7% for IIA (n=150), 40 6% for IIB (n=746), 35 8% for IIIA (n=1270), 28 0% for IIIB (n=366), and 20 8% for IV (n=147) The 5-year survival rates by pathological (p-) stage were as follows 79 5% for IA (n=2009), 60 1% for IB (n=1418), 59 9% for IIA (n=232), 42 2% for IIB (n=757), 29 8% for IIIA (n=1250), 19 3% for IIIB (n=719), and 20 0% for IV (n=259) Both for c- and p-settings, the prognostic difference between neighboring stages was significant except for between IB and IIA and between IIIB and IV The survival curves of stages IB and IIA were completely superimposed

Based on these, at least the present Stages IB and IIA should be merged into the same stage category These findings clearly indicate that there is a need to revise the stage grouping The current Stages IB and IIA should be merged together into the same group as a new Stage IB or IIA In the former case, the current Stage IIB is called new Stage II without a subcategory In the latter case, the current Stage IA is to be called new Stage I without a subcategory Otherwise, the division of Stage IB may generate two categories with two different prognoses The better IB subcategory is defined as new Stage IB, and the worse IB subcategory is defined as a new Stage IIA, together with the current IIA The sub categorization of the current IB according to a tumour diameter of 5 cm might be one idea, as has been described previously Otherwise, the present TNM staging system seemed to well characterize the stage-specific prognoses in non-small cell lung cancer

For the scheduled revision of the TNM staging system, the large-scaled, worldwide, data accumulation should be warranted