The Nodes Know Best

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Hilar nodes = N1 nodes = 10,11,12 nodes
Lymph nodes as a Quality Measure

- “At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC”
- “Surveillance” measure
Rationale for a Minimum Number of Lymph Nodes Removed with Non-Small Cell Lung Cancer Resection: Correlating the Number of Nodes Removed with Survival in 98,970 Patients

Stage Migration Bias (aka Will Roger’s Phenomenon)

- “When the Okies left Oklahoma and moved to California, they raised the average intelligence level in both states.”
Randomized trial of mediastinal lymph node sampling versus complete lymphadenectomy during pulmonary resection in the patient with N0 or N1 (less than hilar) non–small cell carcinoma: Results of the American College of Surgery Oncology Group Z0030 Trial
Other issues

• How to count nodes?
  – Fragments should **not** be counted as individual nodes

• Center dependent differences in pathologic review?
A reasonable alternative . . .

- Sample of set lymph nodes stations
  - Avoids counting problems
  - “One surgeon’s 4R is another’s 10R”
- Why four lymph nodes stations?
- New COC requirements
So what do we do?

- Set an institutional standard agreed upon by surgeons and pathologists
  - Differentiate fragments from nodes
  - Can surgeons count in OR?
  - Send each node in separate container?
- Identify a Surgeon Champion to assist
Nirvana Fallacy

- The informal fallacy of comparing actual things with unrealized, idealized alternatives.
  - Perfect Solution Fallacy

- What must we do: Find the best solution, document the process and be open to guidance on future improvements
Questions? Comments? Complaints? Concerns?