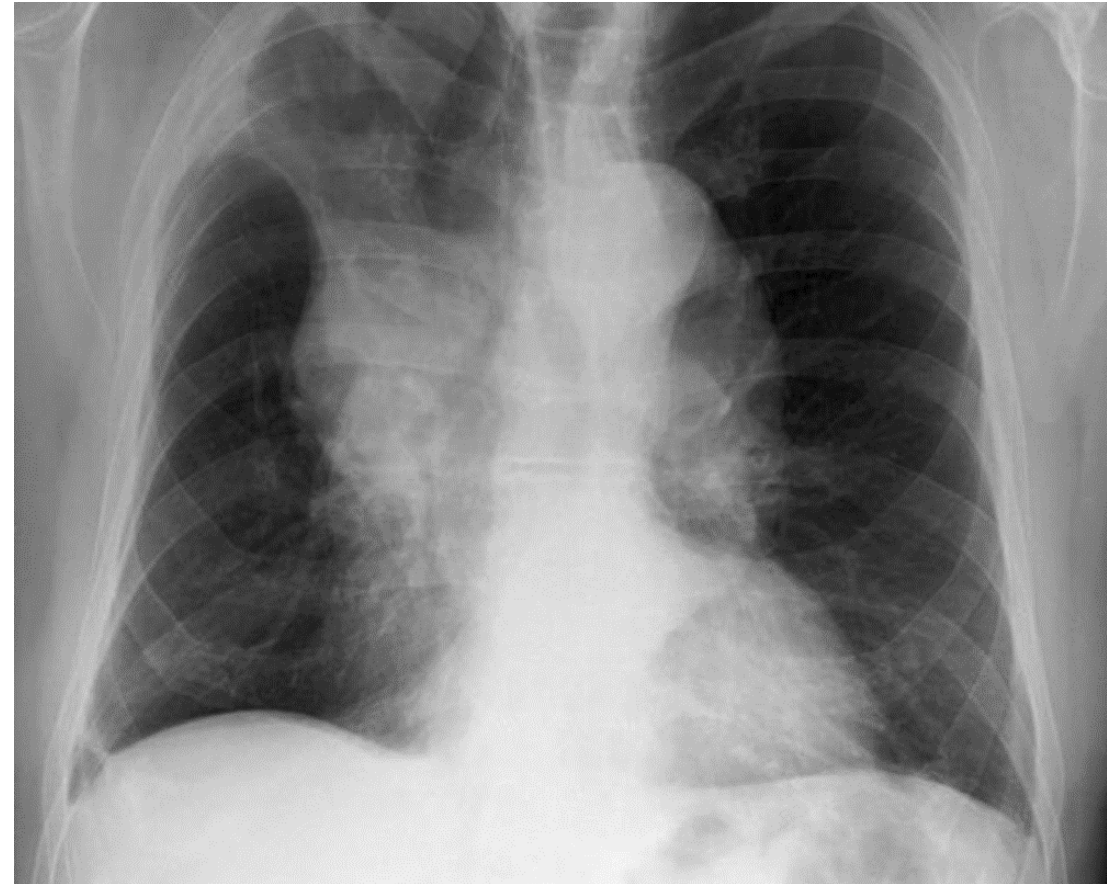


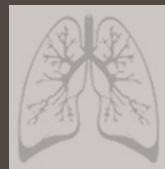


THE CHALLENGES OF LUNG CANCER SURGERY IN SA

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SA Heart
October 2018



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Overview Lung Cancer Stats

- Cancer is the 2nd leading cause of death after CVD
- Lung CA is the commonest cause of cancer mortality at 1.4 million worldwide deaths pa. (18% of cancer deaths).
- 55% of these deaths occur in the developing world.
- Strong association with low SDI (GBD – income, education and fertility).
- New cases of cancer increased globally by 33% between 2005 and 2015.
- Trends SA - 2010 to 2025
Predict increase in incidence in males and more in females, with highest mortality in Asian population group and lowest in Black population group.
(BMJOpen 2015;5c006993)

Overview SA Lung Cancer Stats - 2015

Sartorius,(KZN), Global BOD Collaboration

JAMA Oncol DOI 10.1001/jamaoncol.2018.2706

114,091 new cancer cases and 58 237 deaths recorded in SA in 2015

Cancer Deaths	2015 stats SA
Lung	8515 (18% = 10,482) (↓20%)
Cervix cancer deaths	5406
Oesophagus cancer deaths	5239
Breast cancer deaths	5180
Prostate cancer deaths	4638
Colorectal cancer deaths	4348

Burden of disease – Surgery

Bello et al. BMC Public Health 2011, 11:209

A. Linegar PhD 2008

Global BOD Collab JAMA Oncol DOI 10.1001/jamaoncol.2018.2706

Lung CA 2006	ASIR	15.4 / 100,000
	Incidence	7600 new cases/year
	Deaths per year	7173
	LR @ 10% of new cases	760 lung resections SA 108/ unit / yr
Lung CA 2015	ASIR	24 / 100,000 (increase 50%)
	Incidence	9366 cases / year

Less than 100 lung (2014 n = 46) resections per annum in SA training units
One specialist thoracic surgeon in state practice (part time)
Lack of energy to develop results in systemic stagnation
Skills are lost, certainly not grown,
Registrars are inadequately trained to meet needs at an acceptable standard

Evolution 1990 – 2018

Diagnosis & Staging



CT screening /
detection rate
nodules and GGO

CT & PET

EBUS

Staging advances

8th edition of IASLC staging

Greater prognostic accuracy

Recognises heterogeneity within
previously defined descriptors

Based on better data

Role PET

SLR vs Lobectomy

- 2 RCTS USA and Japan – North America, Alliance/CALGB 140503,3 and the other
 - Individual cohort studies and M-As suffer heterogeneity, selection, variable in results and are inconclusive. Interpret with caution.
 - RCTs for SBRT in medically operable patients had problems with accrual.
 - Medical operable patients who refuse surgery
 - Central tumours – evolving
 - Dose and fractionating evolving
4. Lobectomy and SND in fit patients (Gold standard)
 5. Look to other means of local control in selected patients

Challenges in treating lung cancer in SA

Performance gap

Low Pt numbers

Poor detection

Especially early detection

Healthcare policy

Insufficient facilities

Prioritisation of healthcare and funds

Prioritisation of research

Costs of modern

Challenge:

1. How to stay relevant in the face of the above (locally / internationally)
2. How to stay abreast of newer better treatments with such low patient numbers
3. How to make sense of this

