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10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection



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3rd Joint Meeting of the Spanish Society of Thoracic Surgery (SECT)



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10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection



LUNG CANCER SCREENING DURING THE FOLLOW-UP OF LIVER TRANSPLANT PATIENTS

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OBJECTIVE

Organ transplantation has emerged as an effective treatment; however, this progress has challenges. Lung cancer (LC) screening has been shown to increase the survival of diagnosed patients. The objective is to prospectively perform an annually low-dose chest CT (LDCT) to liver transplant patients who fulfill the criteria.

METHODS

Between 2009 and 2023, a total of 1143 liver transplants were documented, 482 were excluded due to co-morbidities or CT scans ruling out neoplasia and 86 LDCT were performed. The median time from liver transplant to LDCT was 7 years. All patients were on Tacrolimus monotherapy. The first LDCT was negative in 62 (72.1%), indeterminate in 16 (18.6%) and positive in 8 (9.3%). One indeterminate LDCT lesion became positive 3 months later and one positive LDCT was a false positive. Finally, only 6 underwent surgery.

RESULTS

The surgeries were performed between September 2022 and November 2023, with the locations being LSI (n=3), LID (n=2) and LSD (n=1). All patient's approach was minimally invasive but in 4 cases were converted to thoracotomy for technical reasons. The staging was IA (n=2), IB, IIA, IIB, IIIA and IV (n=2). Squamous histology predominated and after one year, two patients developed recurrences (one local and one distant).

CONCLUSIONS

Lung cancer screening with LDCT in liver transplant patients has shown a very high rate of diagnosed LC (9%) but in a more advanced stage, highlighting the importance of LC screening programs in immunocompromised patients.