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## Extended resections for lung cancer: Can they be justified?

**Abdulhadi Almutairi**

King Fahad Specialist Hospital, Saudi Arabia

Surgical resection remains a critical component of multidisciplinary therapy for locally advanced lung cancers. However, extended resection for treating locally advanced lung cancer is surrounded by intense debate. The advancements in novel chemotherapy and targeted therapy have influenced our decisions on treating these cases by radical surgical intervention that carries a significant morbidity and mortality. Long-term survival is limited to retrospective and anecdotal data. Moreover, in the era of patient-centered care, the patient decision to go for neoadjuvant or definitive systemic therapy remains critical and may alter the landscape of surgical scene. Historically, thoracic surgeons (thoracic surgeons with enormous surgical experience) have fought locally advanced lung cancer with extended resection that entails lobectomy or pneumonectomy en bloc with adjacent involved structure in order to achieve complete surgical resection and negative margins. This may on itself and by itself improve survival in highly selected patients. The magnitude of this benefit is very difficult to quantify largely because the data is limited to small patient sample and high volume centers. Nevertheless, this improvement, albeit modest cannot be ignored or rejected. In this talk, we aim to dissect the current literature regarding this important matter and shed some light on the techniques that have been refined over the years in order to serve a well defined subsets of patients with locally advanced lung cancer who may be offered this type of radical surgery knowing the amount of risk taking is massive and the expected results remain a matter of speculation.

### Biography

Abdulhadi Almutairi has graduated from College of Medicine, King Saud University, Saudi Arabia in 2000. He completed his Surgical Residency at King Faisal Specialist Hospital, Saudi Arabia. His passion for thoracic surgery has led him to join a Clinical Thoracic Surgery Fellowship in a world-renowned thoracic surgery program at McMaster University, Hamilton, Ontario. Throughout his career, he has developed a strong interest in thoracic oncology in general and lung cancer specifically. Beside lung cancer surgery, he is also interested in tracheal surgery, mediastinal surgery and chest wall primary tumors. He is an active Member of the Society of Thoracic Surgeons (STS), International Thymic Malignancy Interest group (ITMIG) and Chest Wall International group (CWIG). He has over 20 publications and currently working on Editing a Surgery Textbook. He is a strong Advocate of Quality in Surgical Education and is the Program Director of Surgery Residency training program.

[hadimutairi@mail.com](mailto:hadimutairi@mail.com)

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