Preface

Extended resections for locally advanced diseases

Lung cancer is the most common cause of cancer death in men. More than ⅓ of the lung cancer patients are diagnosed in advanced stages. Locally advanced disease requires combination of radio and chemotherapy alone or in combination with surgery. By this way we may provide improvements in terms of long-term survival and control of symptoms. Surgical treatment still has an important role in the treatment of advanced non-small cell lung cancer (NSCLC). I believe, patients in advanced stages lung cancer require customized treatments. The best customized treatment is a high-quality surgery. In this issue of the journal *SHC*, we asked experts to write reviews, with focusing on the role of surgical interventions in patients with locally advanced NSCLC based on their experience. Authors reviewed case series, institutional reports, metaanalyse if any and selected case reports for the infrequent conditions of extended operations including the spine, large thoracic vessels, carinal invasions and some certain conditions requiring neoadjuvant treatments.

Accurate mediastinal lymph node staging is essential in patients with potentially resectable locally advanced disease is of paramount importance. Invasive mediastinal staging either by fine needle aspiration using EBUS-EUS or by tissue sampling by video mediastinoscopy may accomplish this task in up to 90% of cases. However, the surgical treatment could be customized depending on the time, on the number of affected lymph node stations and on the relationship and distance to the primary tumor. The resection of tumor and invaded organ requires specific skills and recently developed technics. I am sure that this issue would help in understanding these conditions to the readers.

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