A predictive model of lymph node disease for patients with clinical stage T1aN0-2M0 non-small cell lung cancer (NSCLC)

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Objective: To evaluate the relationship between the clinical variables and lymph node disease, and develop the predictive model for lymph node involvement.

Methods: We reviewed the clinical information of 474 patients with clinical stage T1aN0-2M0 NSCLC. Logistic regression analysis of the clinical characteristics was used to estimate the independent predictors of lymph node metastasis. A prediction model was developed and validated.

Results: 82 patients were diagnosed with positive lymph nodes (17.3%) and 4 independent predictors of lymph node disease were identified: central tumor location, abnormal status of tumor-marker, consolidation size, and clinical N1-2 stage (P<0.05). The model showed good calibration (Hosmer-Lemeshow goodness fit, P=0.766) with an area under the receiver operating characteristics curve (AUC) of 0.842 (95% confidence interval 0.797-0.886). For the validation group, the AUC was 0.810 (95% confidence interval 0.731-0.889).

Conclusions: The predictive model can assess the probability of lymph node involvement for patients with clinical stage T1aN0-2M0 NSCLC, enable clinicians perform an individualized prediction preoperatively and assist the clinical decision-making procedure.

Improving quality of life (Qol) and sexual life in survivors of prostate cancer (PCa) undergoing radical prostatectomy (RP)

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Upon receiving the diagnosis by the physician, each patient was referred to the psychologist and offered group psychotherapy. Thirty patients undergoing RP were evaluated for erectile function (IIEF), Qol (SF-36 short form); and a questionnaire developed by the researchers evaluating aspects of satisfaction of intimacy with a partner and satisfaction with sex life. The evaluation was taken before surgery and after the 12 weekly sessions post-surgery. The same psychologist administered group psychotherapy in weekly sessions, 90 minutes duration, with 2 meetings before RP and 12 after. Cognitive restructuring was applied using facilitative conditions such as empathy, respect and concreteness. The therapeutic setting has emphasis on the here and now, emotions, feelings, perception of one’s body. Identification of patient’s own needs, managing themselves in search of a better Qol within their own limitations, despite the erectile dysfunction. Trust and respect among the participants was constantly emphasized, the development of positive coping mechanisms and the reinterpretation of the illness. The educational and informative part consists of aspects related to the disease and treatment. The doubts and myths are clarified, making room for expression and affective contact. The material of each session involves aspects of the previous one, and new cognitive and emotional material in this session itself. Guidance on recommended physical activity and diet was discussed each week.

Despite urinary incontinency still affecting most of the patients, and not having a good erectile function, the survivors present a good result in Qol and a good satisfaction in life in general and sexual life after group psychotherapy. The therapy provides the expression of feelings and anxiety from the treatment, facilitating the entire therapeutic process, both physical as emotional.