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**Title:** Possible indication for surgical resection of lung cancer associated with combined pulmonary fibrosis and emphysema (CPFE)

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**Body:** Background: The clinical characteristics of CPFE are complicated because impairing %DLco and oxygen desaturation on exertion while %VC and FEV1.0% are almost normally maintained as well as complex lung imaging with fibrosis and emphysema. In addition, CPFE complicates lung cancer at high incidence. However, its indication for surgical resection of the lung cancer and the prognosis after surgery are not assessed. The aim of this study was to clarify the clinical course and prognosis after the surgical resection of lung cancer complicated with CPFE. Methods and Results: We conducted a retrospective study of 28 patients (31 specimens) with surgical resection of lung cancer with CPFE in our hospital from April 2010 to September 2012. The age range was 60-83 years old, and 27 were men, one was woman. In the histological types of 31 specimens, 16 were adenocarcinomata, 11 were squamous cell carcinomata, two were small cell carcinoma, one was adenosquamous carcinoma and one was spindle cell carcinoma. In the preoperative pulmonary function tests, %VC was  $99.1 \pm 17.9\%$ , FEV1.0% was  $71.5 \pm 12.4\%$ , %DLco was  $73.9 \pm 19.9\%$ , A-aDO<sub>2</sub> was  $19.8 \pm 9.9$  Torr. The prevalence of acute exacerbation of interstitial pneumonia following operation occurred in two of 28 cases, one case survived and one case died. Two of 27 survived cases required domiciliary oxygen therapy by hypoxemia in one year after surgery. There were no patients died with pulmonary insufficiency by surgery. Conclusion: In the lung cancer patients with CPFE, indication of the surgical resection of lung cancer with CPFE is possible because outcomes of surgery and the prognosis were acceptable.