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Title: Improved results after preoperative concurrent chemotherapy and high dose radiation therapy in selected cases with stage III N2 lung cancer?

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Body: **OBJECTIVE:** Optimal management of stage IIIA-N2 non-small cell lung cancer remains controversial. The use of neoadjuvant chemoradiotherapy can present challenges in the perioperative management of patients undergoing lung resection for non-small cell lung cancer. Preoperative chemoradiotherapy may reduce pulmonary function, and can result in significant fibrosis around key anatomic structures, making dissection difficult and hazardous. **METHODS:** This is a retrospective study of 40 consecutive patients with T1-3 N2 M0 lung cancer who underwent induction chemoradiation before surgical intervention from January 2005 through December 2011. Induction chemotherapy consisted of cisplatin, and etoposide; and concurrent radiotherapy to a mean of 59.3 Gy. Lung resection was performed within 6 weeks of completion of chemoradiation. **RESULTS:** Twenty-five patients were submitted to pneumonectomy, simple or intrapericardial one, 10 to lobectomies and 5 either to segmentectomies or atypical resection. R0 resection was achieved in all cases. The overall operative mortality rate was 2.5% (one died in the lobectomy group). No important morbidity was noted and the overall hospital stay ranged from 7 to 14 days. **CONCLUSION:** Chemoradiation before pulmonary resection in carefully selected patients with surgically resectable stage IIIA (N2) non-small cell lung cancer can be performed with low mortality and morbidity and might lead to improved overall and disease-free survival.