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Title: Do elderly lung cancer patients profit from radical mediastinal lymphadenectomy?

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Body: **OBJECTIVE:** The therapeutic impact of a radical mediastinal lymphadenectomy (RLA) associated with a pulmonary resection for lung cancer remains controversial. Our objective is to investigate the impact of radical lymphadenectomy compared to the sampling on the overall survival for elderly lung cancer patients and assess whether the non-performance of an RLA could be justified in the surgical treatment for this group. **MATERIAL:** We analysed the records of 60 patients aged 75 years and older (41 males, 19 females) who underwent surgery for non-small-cell lung cancer. They were divided into two groups, according to the type of intra-operative mediastinal lymphadenectomy, the radical systematic lymphadenectomy (RLA Group, n = 36) and the Sampling (SLN group, n = 24) groups. A Cox proportional hazards model and the Kaplan-Meier method were used for the survival analyses. **RESULTS:** RLAs had no protective effect on mortality; the hazard ratio for the RLA group in comparison to the SLN group was 0.93 in the multivariate analysis. The 3-year survival for the SLN group, was marginally better than that of the RLA group. There was no significant difference in the overall survival between the two groups (p >0.05). **CONCLUSIONS:** There was no survival benefit for the Radical Lymphadenectomy. Although in some reports a systematic mediastinal lymphadenectomy is recommended for correct staging, a pulmonary resection with non-performance of radical lymphadenectomy could be an acceptable surgical treatment for the increasing number of elderly lung cancer patients.