Aster 3

The value of surgical mediastinal staging in clinical N1 lung cancer.

This is the trial summary as assessed on clinicaltrials.gov on 02/10/2014.

Minor changes in the protocol may occur. You can check this on this direct link:

https://clinicaltrials.gov/ct2/show/NCT02222194?term=aster+3&rank=1

Trial Design

In case of PET or CT based cN1 (suspected) NSCLC, ESTS guidelines propose mediastinal staging by echo-endoscopy OR mediastinoscopy. Recent data show a sensitivity of less than 50% for echo-endoscopy to detect N2 disease in cN1 NSCLC patients, while prevalence of mediastinal nodal disease was 24% (unpublished data Aster II).2 The investigators plan to perform a prospective multicentric observational study to measure the sensitivity of mediastinal staging by video-assisted mediastinoscopy (VAM) in cN1 operable and resectable (suspected) NSCLC patients.

Inclusion criteria :

(Suspected) NSCLC
Medical operable and surgical resectable
cT1, cT2
selected cT3 (i.e. intraparenchymal tumour >7cm, T3 chest wall, or T3 based on additional nodule in the lobe of the primary tumour)
cN1 based on CT **or** PET
18 years or older
Informed Consent

Exclusion criteria :

History of mediastinoscopy
No integrated FDG PET/CT available
No videomediastinoscopy available
EBUS/EUS for mediastinal staging of present N1 disease
cN2: mediastinal nodes enlarged on CT **or** Pet positive
invasion of mediastinal pleura
invasion of phrenic nerve
invasion of parietal pericardium
tumour in main bronchus less than 2cm form the main carina
cT4
cM1
former therapy for lung cancer (chemotherapy, radiotherapy, surgery)
technical contraindication for videomediastinoscopy (eg extreme kyphosis, cutaneous tracheostomy, extreme goiter)
pregnancy
inability to consent