Original Article

Preoperative peak expiratory flow (PEF) for predicting postoperative pulmonary complications after lung cancer lobectomy: a prospective study with 725 cases

Yutian Lai*, Xin Wang*, Pengfei Li, Jue Li, Kun Zhou, Guowei Che

Department of Thoracic Surgery, West China Hospital, Sichuan University, Chengdu 610041, China

Contributions: (I) Conception and design: G Che, Y Lai; (II) Administrative support: Y Lai, X Wang; (III) Provision of study materials or patients: P Li, J Li; (IV) Collection and assembly of data: P Li, J Li; (V) Data analysis and interpretation: K Zhou; (VI) Manuscript writing: All authors; (VII) Final approval of manuscript: All authors.

Correspondence to: Guowei Che. Department of Thoracic Surgery, West China Hospital, Sichuan University, No. 37 Guoxue Road, Wuhou Area, Chengdu 610041, China. Email: cheguowei_hx@aliyun.com.

Lobectomy;肺葉部分切除術

^{*}These authors contributed equally to this work.

Background: The study aimed to investigate the correlation between peak expiratory flow (PEF) and postoperative pulmonary complications (PPCs) for lung cancer patients undergoing lobectomy.

Methods: Patients who were diagnosed with resected non-small cell lung cancer (NSCLC) (n=725) were prospectively analyzed and the relationship between the preoperative PEF and PPCs was evaluated based on patients' basic characteristics and clinical data in hospital

Results: Among the 725 included patients, 144 of them were presented PPCs in 30 days after lobectomy, which were divided into PPCs group. PEF value (294.2±85.1 vs. 344.7±89.6 L/min; P<0.001) were found lower in PPCs group, compared with non-PPCs group; PEF (OR, 0.984, 95% CI: 0.980–0.987, P<0.001) was a significant independent predictor for the occurrence of PPCs; based on an receiver operating characteristic (ROC) curve, with the consideration of balancing the sensitivity and specificity, a cutoff value of 300 (L/min) (Youden index: 0.484, sensitivity: 69.4%, specificity: 79.0%) was selected and a PEF ≤300 L/min indicated a 8-fold increase in odds of having PPCs after lung surgery (OR, 8.551, 95% CI: 5.692-12.845, P<0.001). With regard to PPCs rate, patients with PEF value ≤300 L/min had high PPCs rate than those with PEF >300 L/min (45.0%, 100/222 vs. 8.7%, 44/503, P<0.001); Meanwhile, pneumonia (24.8%, 55/222 vs. 6.4%, 32/503, P<0.001), atelectasis (9.5%, 21/222 vs. 4.0%, 20/503, P=0.003) and mechanical ventilation >48 h (5.4%, 12/222 vs. 2.4%, 12/503, P=0.036) were higher in the group with PEF value ≤300 L/min. **Conclusions:** The presented study revealed a significant correlation between a low PEF value and PPCs in surgical lung cancer patients receiving lobectomy, indicating the potential of a low PEF as an independent risk factor for the occurrence of PPCs and a PPC-guided (PEF value ≤300 L/min) risk assessment could be meaningful for the perioperative management of lung cancer candidates waiting for surgery.

Table 1 Baseline and clinical characteristics between the PPCs groups and non-PPCs group

Variables	PPCs group (N=144)	Non-PPCs group (N=581)	P value	
Age, mean ± SD	62.6±8.3	61.2±8.9	0.078	
Gender (n, %)			0.502	
Male	86 (59.7)	329 (56.6)		
Female	58 (40.3)	252 (43.4)		
Smoking status (n, %)			0.362	
Current smoking	48 (33.3)	171 (29.4)		
Ex- or non-smokers	96 (66.7)	410 (70.6)		
Cardio-pulmonary function, mean ± SD				
FEV1 (L)	1.83±0.57	2.00±0.69	0.007	
FVC (L)	2.88±0.60	2.89±0.66	0.884	
PEF (L/min)	294.2±85.1	344.7±89.6	<0.001	
Comorbidities (n, %)				
COPD	32 (22.2)	82 (14.1)	0.018	
Diabetes mellitus	48 (33.3)	147 (25.3)	0.053	
Hypertension	16 (11.1)	56 (9.6)	0.597	
Coronary heart disease	20 (13.9)	56 (9.6)	0.138	
Pathological stage (n, %)			0.066	
Stage I	74 (51.4)	332 (57.1)		
> Stage I	70 (48.6)	249 (42.9)		
Surgical approach (n, %)			0.306	
VATS	99 (68.7)	373 (64.2)		
Open	45 (31.3)	208 (35.8)		
Amount of blood loss (mL)	106.3±225.6	80.7±98.5	0.057	
Operation time (min)	113.8±63.4	106.4±47.8	0.121	
Length of stay, mean ± SD				
Total	13.77±5.29	9.71±4.41	<0.001	
Preoperative	5.59±1.84	5.55±3.52	0.0509	
Postoperative	7.82±4.83	4.16±2.50	<0.001	
In-hospital expense (¥), mean ± SD				
Total	51,143.1±12,293.2	48,603.6±12,636.0	0.030	
Material cost	22,470.0±7,614.8	23,501.5±7,088.8	0.124	
Drug cost	9,959.6±3,966.1	8,086.7±4,484.8	<0.001	

Data are presented as mean ± SD, median (range) or n (%). PEF, peak expiratory flow; FEV1, forced expiratory volume in 1 s; COPD, chronic obstructive pulmonary disease; FVC, forced vital capacity.

Table 2 Relationships between postoperative pulmonary complications and clinical characteristics

Variables	Description	Univariate analysis		Multivariate analysis			
		OR	P value	95% CI	OR	P value	95% CI
Age	Per 1 year increase	1.019	0.078	0.998–1.042	0.990	0.427	0.965–1.015
Gender (M)	Yes	1.136	0.502	0.784–1.646	-	-	-
Smoking status	Yes	1.199	0.362	0.812-1.770	-	-	-
Hypertension	Yes	1.172	0.597	0.651-2.110	-	-	-
Diabetes mellitus	Yes	1.476	0.053	0.996–2.188	1.525	0.082	0.948-2.455
COPD	Yes	1.739	0.018	1.101–2.746	1.584	0.099	0.917–2.737
CHD	Yes	1.512	0.138	0.875–2.612	0.970	0.928	0.498-1.888
FVC	Per unit decrease	0.979	0.884	0.739–1.298	-	-	-
FEV1	Per unit decrease	0.673	0.007	0.506-0.896	0.978	0.904	0.687-1.393
PEF	Per unit decrease	0.993	<0.001	0.991-0.995	0.984	<0.001	0.980-0.987
Blood loss	Per unit increase	1.001	0.057	1.000-1.002	1.001	0.175	1.000-1.002
Operation time	Per unit increase	1.003	0.121	0.999–1.006	1.000	0.942	0.996-1.005
VATS procedure	Yes	0.815	0.306	0.551-1.205	-	_	-

PEF, peak expiratory flow; FEV1, forced expiratory volume in 1 s; COPD, chronic obstructive pulmonary disease; FVC, forced vital capacity; CHD, coronary heart disease.

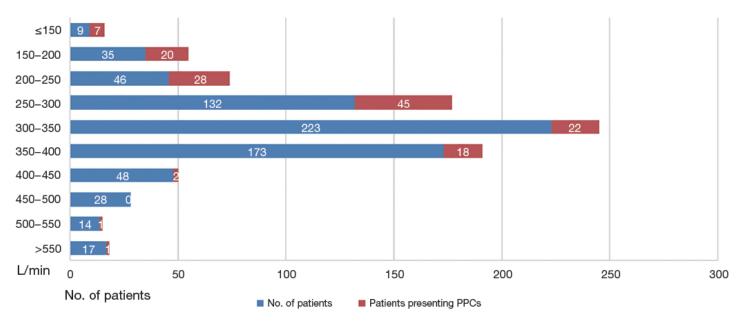


Figure 1 The distribution of peak expiratory flow (PEF) in patients with and without postoperative complications (PPCs).

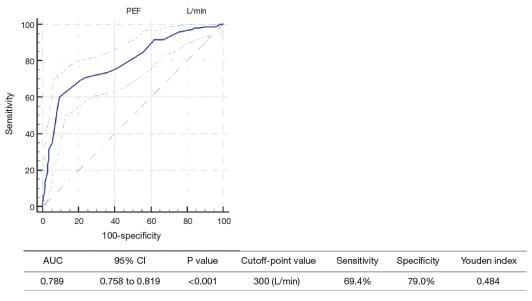


Figure 2 Area under the receiver operating characteristics (ROC) curves for the risk of postoperative pulmonary complications as determined by peak expiratory flow (PEF).

Table 5 Categories of PPCs between group with PEF ≤300 and PEF >300

Categories	PEF ≤300 (N=222)	PEF >300 (N=503)	Total (N=725)	P value
Pneumonia	55 (24.8)	32 (6.4)	87 (12.0)	<0.001
Atelectasis	21 (9.5)	20 (4.0)	41 (5.7)	0.003
Pulmonary embolism	2 (0.9)	2 (0.4)	4 (<1.0)	0.590
Air leak	14 (6.3)	23 (4.6)	37 (5.1)	0.328
Mechanical ventilation >48 h	12 (5.4)	12 (2.4)	24 (3.3)	0.036
Empyema	6 (2.7)	8 (1.6)	14 (1.9)	0.380
Chylothorax/bronchopleural fistula	4 (1.8)	4 (0.8)	8 (1.1)	0.257
Respiratory/heart failure or ADRS	7 (3.2)	9 (1.8)	16 (2.2)	0.249
Re-intubation	2 (0.9)	2 (0.4)	4 (<1.0)	0.590
Back to ICU or needing tracheotomy	4 (1.8)	7 (1.4)	11 (1.5)	0.744

Data are presented as n (%). PPC, postoperative pulmonary complication; PEF, peak expiratory flow.

肺葉部分切除術の患者さんに対して、PEFが 300L/mi. (当院のば場合5L/sec.) あるか否かは必ずチェックしましょう!!