

5.22 Perioperative lung cancer: To D-dimer or not to D-dimer that is the question?

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Background: Elevated D-dimers have long been used as a non-specific diagnostic tool to predict clotting (pulmonary embolism and deep vein thrombosis). Cross-linked fibrin is also linked with tumour cell angiogenesis and invasion. Elevated preoperative D-dimer (>500ng/mL) is associated with tumour stage, nodal involvement and is a prognostic indicator for recurrence and metastasis. D-dimer testing can be used as an adjunct to cancer screening and as an indicator of recurrence. Elevated levels are associated with a poor overall survival and an increased mortality risk, regardless of stage. **Methods:** D-dimer for 40 patients were collected at baseline, 1st follow up (2-4 days post-operatively) and 2nd follow up (6-8 weeks post-operatively) from patients undergoing lung cancer resection. STATA was used to evaluate statistical relevance of elevated d-dimers. **Results:** 50% of patients had an elevated pre-operative D-Dimer. Elevated baseline D-dimer (>500ng/mL) positively correlated with nodal disease (p=0.032) and size (p=0.003). 97% of patients had a D-dimer of >500ng/mL after 6-9 weeks. **Conclusion:** Elevated preoperative D-dimers are associated with tumour size and nodal involvement in our patient cohort. Elevated d-dimers were noted up to 9 weeks post-operatively in the majority of patients. **Conflict of Interest:** The authors declare that they have no conflict of interest

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