Lung Cancer Pattern Predicts Recurrence

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For patients with early-stage lung adenocarcinomas, the histological pattern of the tumor predicts the risk of recurrence and might help guide surgical decisions, researchers reported.

In a retrospective study, recurrence was significantly increased among patients who had a tumor resection if five percent or more of the cancer had micropapillary morphology, according to Prasad Adusumilli, MD, of Memorial Sloan-Kettering Cancer Center [1] in New York City, and colleagues.

Knowing what proportion of the tumor has micropapillary morphology could help doctors and patients decide whether to resect the tumor or to remove the lobe, Adusumilli and colleagues reported in the Aug. 20 issue of the Journal of the National Cancer Institute *[2]*.

The finding is likely to "carry increasing importance" in the next few years as the number of cases of early-stage lung cancer rises as a result of the National Lung Screening Trial [3], the researchers argued.

Lobectomy is the current gold standard for surgical treatment of early-stage lung cancer, but some physicians have suggested resecting the tumor might yield similar outcomes, with the advantage of preserving lung function, Adusumilli and colleagues noted.

But there is currently no evidence to help physicians and their patients decide which way to go, Adusumilli and colleagues reported.

They analyzed the prognostic significance of recent lung adenocarcinoma subtype classifications, [4] applying them to a retrospective cohort of 734 patients with tumors no larger than 2 cm.

Of those, 258 had a lung resection and 476 had lobectomy, they reported.

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