

# Lung Cancer

- 3rd most common cancer
- Leading cause of cancer-related mortality in USA
- Majority of patients present with symptoms of locally advanced or metastatic disease
- Primary risk factors include patient age and smoking history
- Additional risk factors
  - Emphysema, lung fibrosis
  - Occupational exposure to asbestos or coal smoke
  - High levels of radon exposure
  - Family history of lung cancer or personal history of cancer
  - Extensive secondhand smoke exposure
  - Previous thoracic radiation therapy
- Early stage non-small cell lung cancer (NSCLC) has better prognosis and is potentially curable
- Prevention with smoking cessation is best strategy for reducing lung cancer risk

# SCREENING

- 55-77 years of age
- $\geq 30$  pack/year smoking history
- Current smoker or quit within past 15 years
- LDCT
  - Average radiation dose of 1.5 mSv (8 mSv with standard chest CT)
  - Multidetector helical technique ( $\geq 16$  detectors) in single breath hold
  - Protocol should be reviewed & updated annually
- Small Cell Carcinoma
  - Generally locally advanced or metastatic at time of presentation
  - Screening does not generally impact mortality for small cell carcinoma

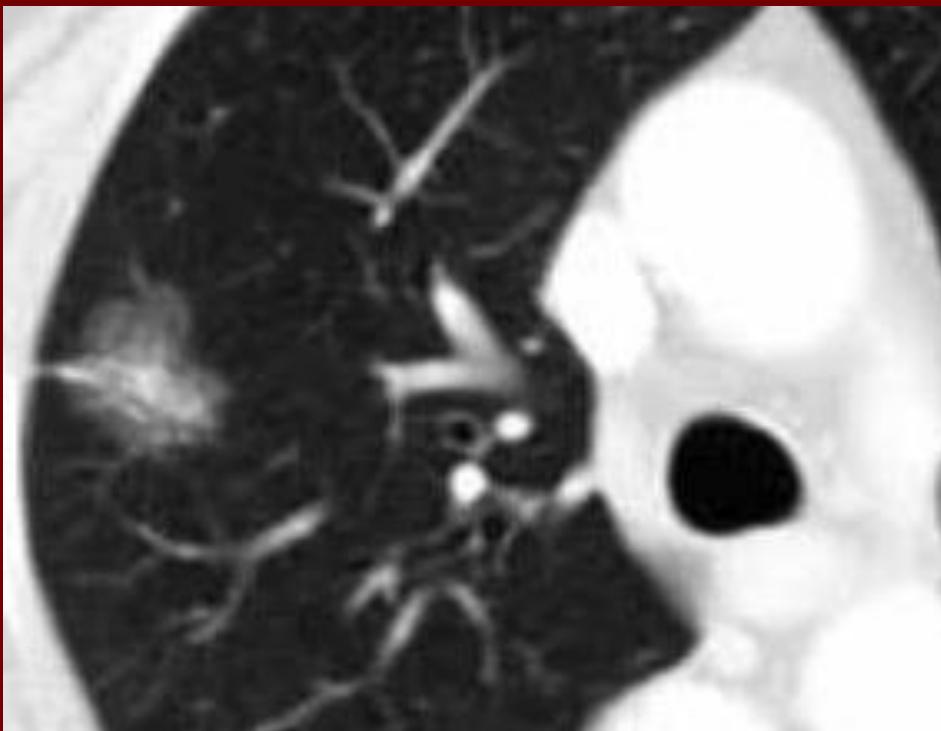
# Non-Small Cell (80%)

- Adenocarcinoma (35%)
  - most common cell type overall
  - most common in women
  - most common cell type in non-smokers but still most patients are smokers
  - Peripheral
- Squamous cell carcinoma (30%)
  - strongly associated with smoking
  - most common carcinoma to cavitate
  - Tend to be central
  - poor prognosis
- Large-cell carcinoma (15%)
  - peripherally located
  - very large, usually more than 4 cm

# Small Cell Carcinoma

- Almost always in smokers
- Metastasizes early
- most common primary lung malignancy to cause paraneoplastic syndromes and SVC obstruction
- Tend to be central
- Worst prognosis

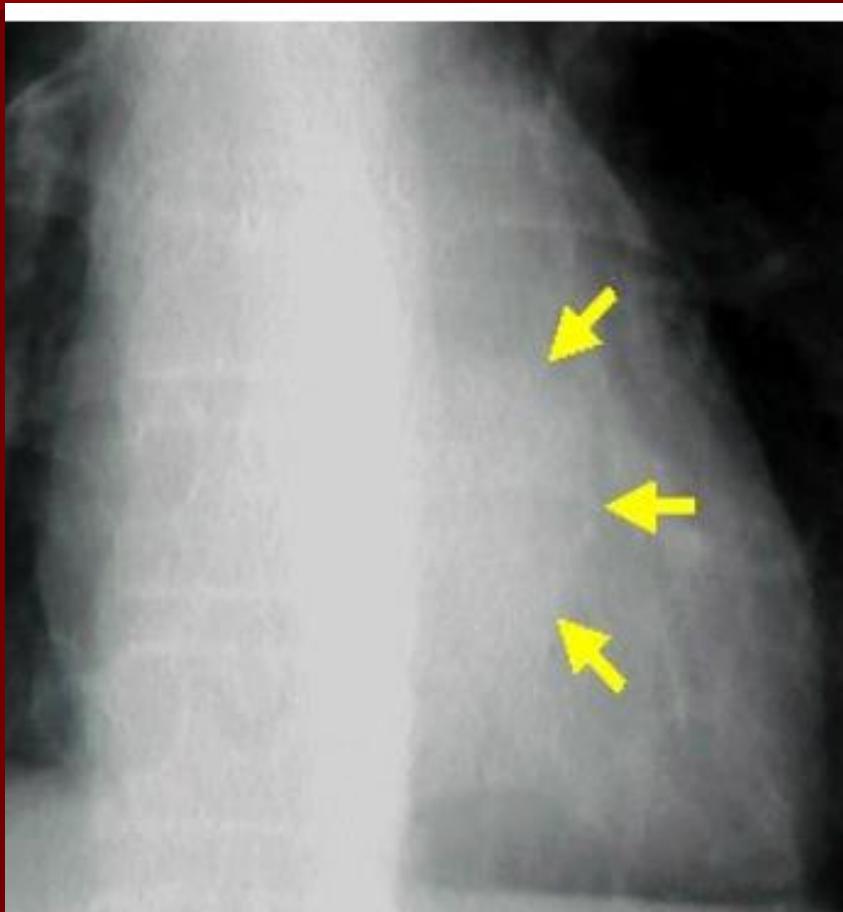
# Brochogenic carcinoma



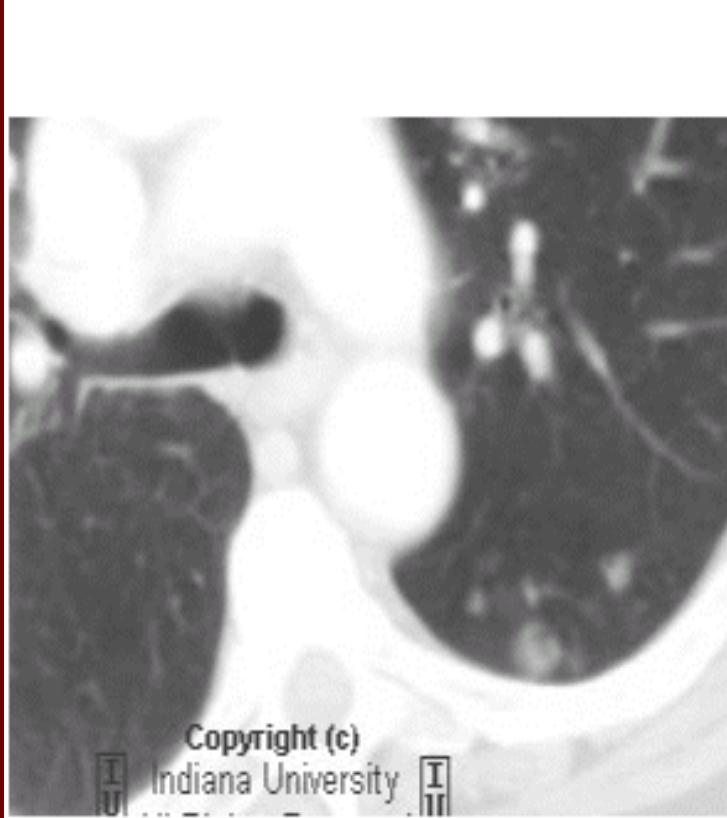
## ■ *Types*

- **adenocarcinoma** (35%) (tend peripheral lesions ), **includes BAC**
- **squamous cell carcinoma** (30%) ((tend central))
- **small cell carcinoma** (tend central)
- **undifferentiated large cell**: aggressive, metastases early; only 20% resectable at dx (tend peripheral lesions)

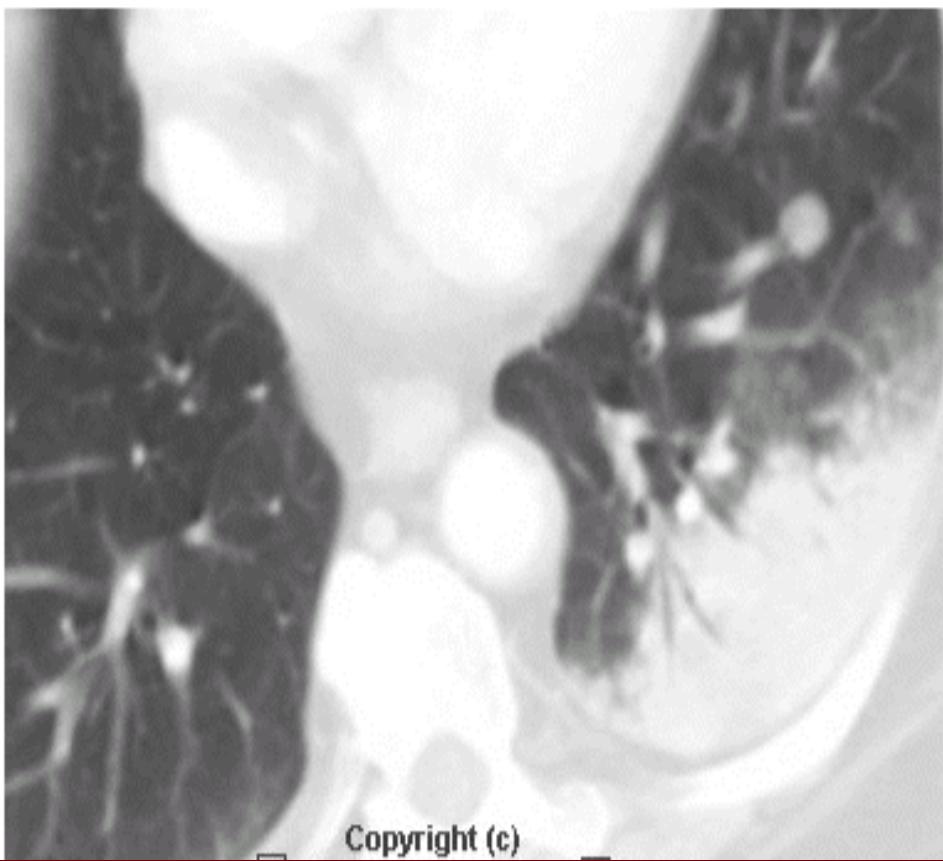
# Brochogenic carcinoma



# Bronchoalveolar cell carcinoma

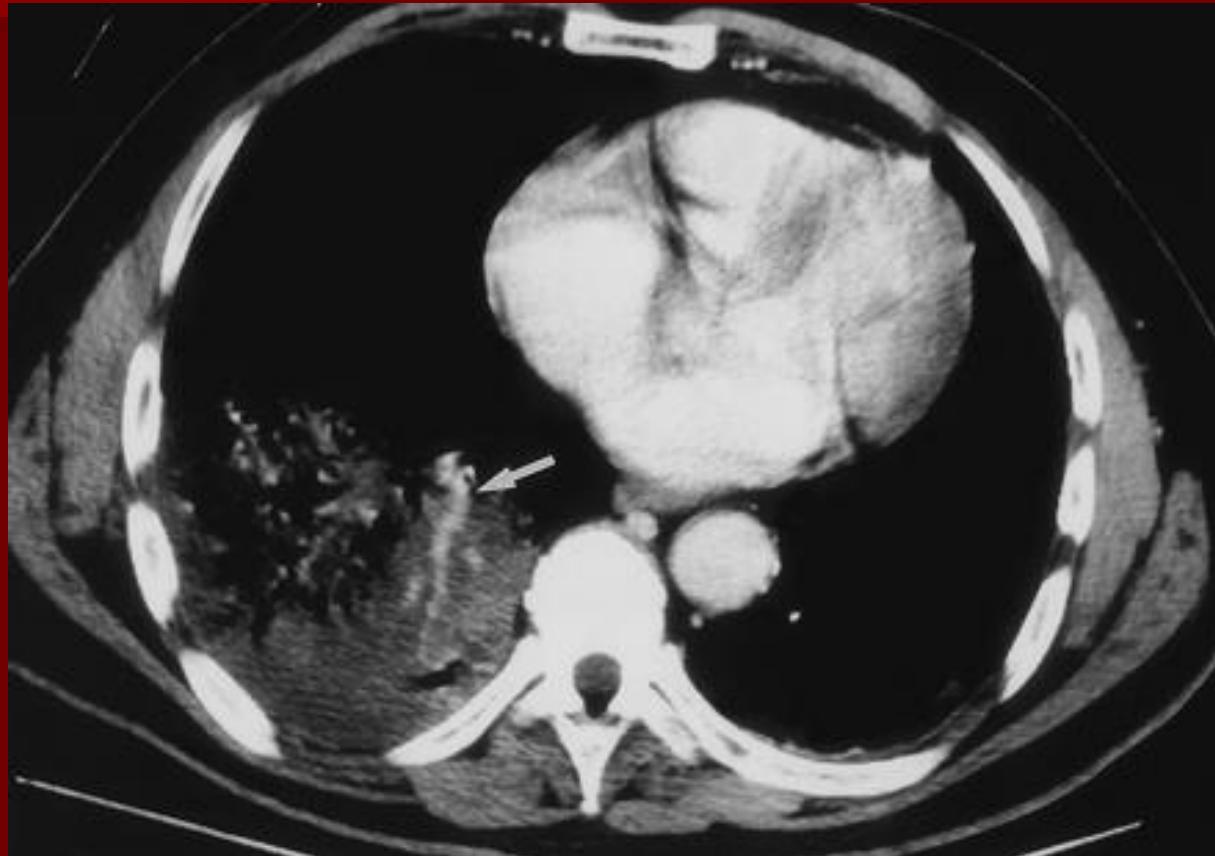


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# BAC “CT angiogram sign”



May suggest BAC,  
but no longer  
specific

Can have  
bronchorhea

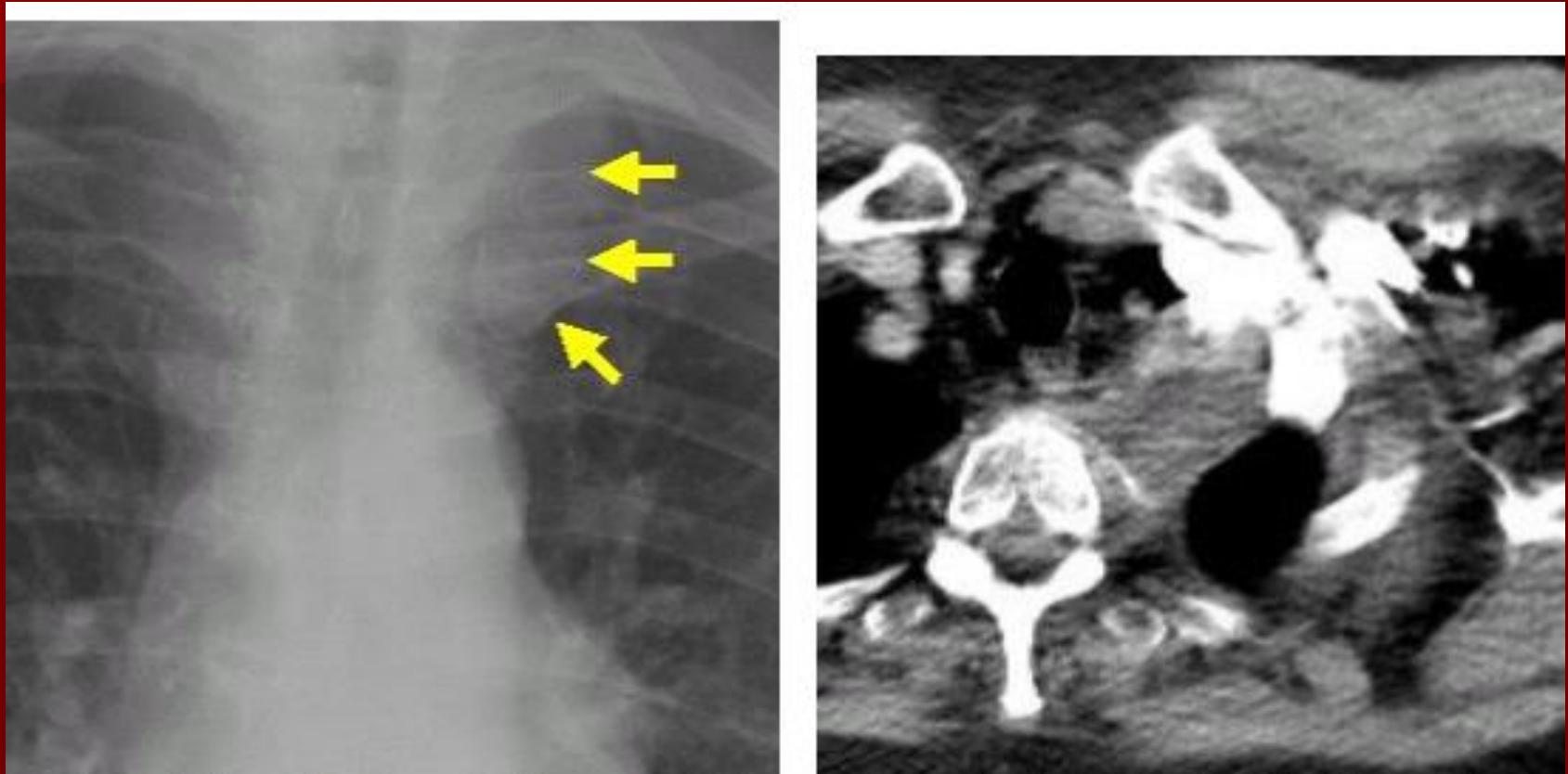
# Bronchoalveolar cell carcinoma

(Click/Drag to Move. Double-Click to Close) X

## Bronchioloalveolar cell carcinoma

- Bronchioloalveolar cell carcinoma (BAC) is subgroup of adenocarcinoma
  - spreading along the framework of normal lung parenchyma
  - source: type II pneumocytes walls of alveoli
  - malignant cells which grow along existing alveolar walls
  - least assoc with smoking of all lung Ca
  - but increased with interstitial lung disease
  - peripheral, non-bronchogenic origin
  - three radiologic patterns: a solitary nodule (43%); consolidation (30%), or diffuse disease (27%).
  - bubble like lucencies or pseudocavitation - intact bronchi / spared acini
- DDx chronic airspace consolidation:
  - BAC
  - lymphoma
  - lipoid pneumonia
  - round atelectasis
  - chronic fungal infection

# Pancoast tumor



Most commonly is squamous cell type

If trachea deviated toward apical density, think  
TB/infection

# Lung CA Staging

- T1
  - $\leq 3$  cm
- T2
  - $> 3$  cm
  - $> 2$  cm from carina
- T3
  - Any size
  - If in bronchus but  $< 2$  cm of carina
  - Atelectasis of Entire lung
  - Invades Chest wall, Parietal Pleura, Mediastinal Pleura, Diaphragm, Pericardium
  - Chest wall Pain is best predictor of T3!
- T4 (nonresectable)
  - Any size
  - Invades Major mediastinal structures
    - eg anything you can't resect
    - Heart, Great Vessels, Trachea, Gus, Vertebra, Brachial Plexus
  - Malignant Effusion
  - Satellite Nodule in SAME LOBE
- N1
  - Ipsilateral HILAR
- N2
  - Ipsilateral MEDIASTINAL or
  - Subcarinal
- N3 (nonresectable)!
  - CONTRALATERAL Hilar or Mediastinal
- M1
  - Positive mets
  - Satellite nodule in different lobe

# Lung CA Staging

- Stage 1
  - T1-2 N0M0
- Stage 2
  - IIA T1N1M0
  - IIB T2N1M0, T3N0M0
- Stage 3
  - A
    - Sometimes resectable
    - T3,N1,M0
    - Any T,N2,M0
  - B (Key)
    - Unresectable
    - (Any T)N3M0, T4(any N)M0
- Stage 4
  - Mets

## ■ Unresectable

- T4
- N3
- M1

