## **Unit II – Problem 7 – Clinical + Radiology: Lung Cancer**

- Bronchogenic carcinoma is the leading cause of death because of malignancy in men and women. The 5-year survival rate for small cell cancer is 5% and non-small cell cancer is 8%.
- **Etiology**: 90% of cases of lung cancer are due to cigarette smoking in both males and females. The occasional nonsmoker who has lung cancer develops adenocarcinoma. Active smokers have a 10X greater risk compared with nonsmokers. The risk related to the number of pack-years. Asbestos exposure also increases the risk.
- Pathology:
  - The most common lung cancers are adenocarcinoma and squamous cell carcinoma:
    - ✓ Adenocarcinoma:
      - Peripheral.
      - ❖ Asbestos exposure can be underlying causative agent.
      - ❖ Adenocarcinoma is associated with pleural effusions that have high hyaluronidase levels.
      - Diagnosis: thoracotomy with pleural biopsy.
    - ✓ Squamous cell carcinoma:
      - Central.
      - ❖ It is associated with cavitary lesions.
      - ❖ Metastasizes by direct extension into the hilar node and mediastinum.
      - ❖ It is associated with hypercalcemia from the secretion of a parathyroid hormone-like substance.
      - ❖ Histology: characterized by the presence of keratin pearls.
    - ✓ Small cell carcinoma:
      - **❖** Central.
      - \* Rapidly growing.
      - **Early** distant metastasis to extrathoracic sites.
      - ❖ Associated with Eaton-Lambert syndrome (autoimmune disease characterized by muscle weakness due to antibodies against voltagegated calcium channels) and syndrome of inappropriate antidiuretic hormone.
      - ❖ Small cell carcinoma is also the most common cause of venocaval obstruction syndrome.
    - ✓ Large cell carcinoma:
      - Peripheral.
      - ❖ Associated with cavitation.
- Clinical presentation:
  - Cough (in 74% of patients).
  - Weight loss.
  - Dyspnea (58% of patients).
  - Hemoptysis.
- Diagnosis:
  - Bronchoscopy is the best choice for centrally located lesions.
  - If there is a high degree of suspicion for carcinoma and the bronchoscopy results are non-specific, a biopsy must be requested.
- **Treatment:** 
  - Symptoms which suggest that lesion is unresectable are:
    - ✓ Weight loss > 10%.
    - ✓ Bone pain or other extrathoracic metastases.
    - ✓ Superior Vena Cava Syndrome.
    - ✓ Hoarseness.
    - ✓ Tumor involving the trachea, esophagus, pericardium or chest wall.

• Small cell carcinoma are treated with chemotherapy (etoposide + platinum). Notice that prognosis is poorest for small cell carcinoma.

## Radiology:







