Lung adenocarcinoma architecture predicts survival

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(HealthDay) -- A new method of classifying invasive pulmonary adenocarcinomas, based on the predominant architecture developed by the International Association for the Study of Lung Cancer (IASLC)/American Thoracic Society (ATS)/European Respiratory Society (ERS), is a stage-independent predictor of survival, according to research published online March 5 in the *Journal of Clinical Oncology*.

To evaluate the prognostic impact of the new IASLC/ATS/ERS adenocarcinoma classification system, Arne Warth, M.D., of the University Hospital Heidelberg in Germany, and colleagues conducted a retrospective study utilizing data regarding the predominant architecture and histomorphology of resected adenocarcinomas from 500 patients.

The researchers found that the overall survival of patients with each type of adenocarcinoma architecture was significantly different: 78.5 months for lepidic, 67.3 for acinar, 58.1 for solid, 48.9 for papillary, and 44.9 for micropapillary. When the patterns were grouped, the differences were more pronounced: pattern groups 1, 2, and 3 had survival of 78.5, 67.3, and 57.2 months, respectively. Similar between-group differences were observed for patient disease-specific, disease-free, and overall survival. The prognostic value of these pattern groups was independent of adenocarcinoma stage and therapy used, but was influenced by adjuvant chemoradiotherapy. There was a close association between the predominant pattern and the risk of developing nodal metastases.

"Besides all recent molecular progress, architectural grading of pulmonary adenocarcinomas according to the novel IASLC/ATS/ERS scheme is a rapid, straightforward, and efficient discriminator for patient prognosis and may support patient stratification for adjuvant chemoradiotherapy," the authors write.

More information: Abstract
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Editorial

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