

UC Irvine

UC Irvine Previously Published Works

Title

A2-06: Survival differences for non-Bronchioloalveolar Carcinoma (BAC) non-small-cell lung cancer (NSCLC) cases with ipsilateral intrapulmonary metastasis at diagnosis

Permalink

<https://escholarship.org/uc/item/32w5k8s9>

Journal

Journal of Thoracic Oncology, 2(8)

ISSN

1556-0864

Authors

Zell, Jason A
Ou, Sai-Hong-Ignatius
Ziogas, Argyrios
[et al.](#)

Publication Date

2007-08-01

DOI

10.1097/01.jto.0000283102.62761.6d

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

A2-06

Imaging - Prognostic Determinants, Mon, 13:45 - 15:30

Survival differences for non-Bronchioloalveolar Carcinoma (BAC) non-small-cell lung cancer (NSCLC) cases with ipsilateral intrapulmonary metastasis at diagnosis

Zell, Jason A.; Ou, Sai-Hong-Ignatius; Ziogas, Argyrios; Anton-Culver, Hoda

University of California, Irvine, CA, USA

Background: Survival advantages have been demonstrated for advanced BAC patients with ipsilateral intrapulmonary metastasis at diagnosis, but it is not known whether these differences manifest in non-BAC NSCLC patients.

Methods: We conducted a case-only analysis of U.S. Surveillance, Epidemiology, and End Results (SEER) data (1999-2003). Overall survival (OS) and lung cancer-specific survival (LCSS) univariate analyses were conducted using the Kaplan-Meier method. Multivariate survival analyses were performed using Cox proportional hazards ratios.

Results: 46,169 incident cases of histologically-confirmed non-BAC NSCLC with complete TNM staging information available were identified, including large cell carcinoma (LCC, n=1826, or 6.7%), squamous cell carcinoma (SqCC, n=5956, or 21.7%), undifferentiated carcinoma (n=8754, or 31.9%), and adenocarcinoma (n=10,899, or 39.7%). The majority of these NSCLC cases had advanced stage at presentation (stage I, n=11,106; stage II, n=1908; stage IIIa, n=5720; stage IIIb, n=7845; stage IV, n=19,590). Cases with stage IIIB non-BAC-NSCLC due to multiple lesions in the same lobe (n=633) had significantly improved median OS (21 m) and LCSS (31m) compared to other stage IIIB NSCLC cases (n=7212; OS = 8 m, LCSS =9 m) ($P < 0.0001$ for both OS and LCSS comparisons) (Figure 1). Among stage IV NSCLC cases, those with intrapulmonary metastasis (n=3010) had significantly improved median OS (9m) and LCSS (11m) compared to those with distant metastasis (n=16,580; OS = 5m, LCSS = 6m) ($P < 0.0001$ for both comparisons) (Figure 2). These survival differences persisted after

Figure 1. Overall survival for stage IIIB NSCLC, U.S. SEER data 1999-2003 (n=7845).

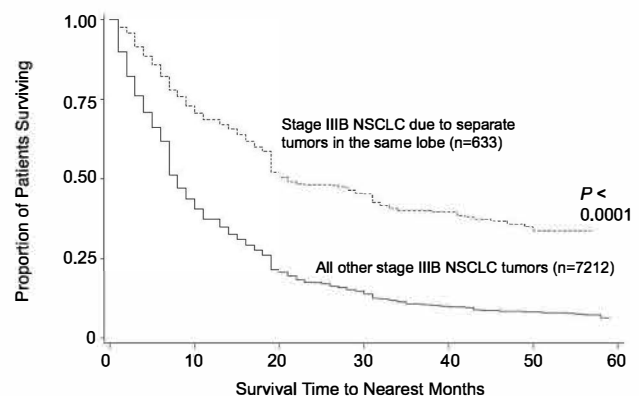
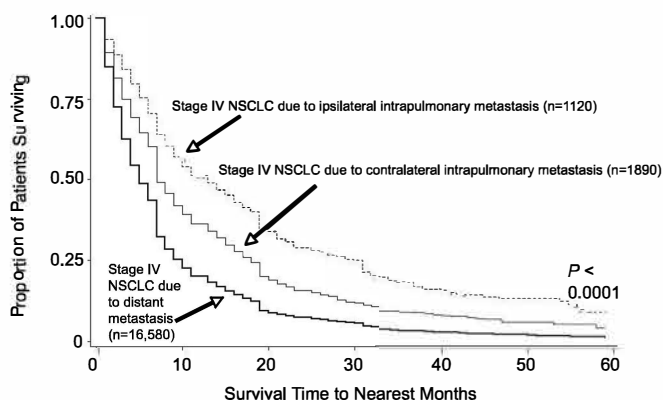


Figure 2. Overall survival for stage IV NSCLC, U.S. SEER data 1999-2003 (n=19,590).



adjustment for age, gender, ethnicity, and surgical treatment. Among stage IV NSCLC cases, those with ipsilateral intrapulmonary metastasis (n=1120) had improved OS (13m) compared to those with bilateral intrapulmonary metastasis (n=1890; OS=7m) ($P < 0.0001$) (Figure 2).

Conclusions: Among stage IIIB and IV NSCLC cases, those presenting with ipsilateral intrapulmonary metastasis have improved survival outcomes. Our results add further support for modification to the current non-small-cell lung cancer staging system.