Primary Pulmonary Carcinoid Tumors: A Single Institution Retrospective Review: Topic: Medical Oncology

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Primary Pulmonary Carcinoid Tumors: A Single Institution Retrospective Review

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BACKGROUND

Pulmonary carcinoid tumors account for 1–2% of all invasive lung malignancies. They generally occur between the fourth and the sixth decade of life. Most pulmonary carcinoid tumors are well differentiated, have < 2 mitoses/10 HPF and < 3% Ki67 index (typical carcinoid). A small percentage are aggressive, have 2-20 mitoses/10 HPF and 3-20% Ki67 index (atypical carcinoid). Because of their rarity, there are very few large studies on pulmonary carcinoid and most of them are retrospective in nature. We present a retrospective analysis of the clinico-pathologic features of patients diagnosed with pulmonary carcinoid tumors at our institution over a ten year period.

METHODS

After approval by the institutional review board, we identify all patients with pulmonary carcinoid tumors diagnosed or treated at the Lehigh Valley Hospital between 2005 and 2015. We performed a retrospective review of the records of all biopsy-confirmed patients with pulmonary carcinoid tumor. Collected data included clinical presentation, demographics, pathology, treatment modalities, pattern of metastases and recurrence. All analyses were conducted using SAS version 9.3. Kaplan-Meier method was used for overall survival calculation.

RESULTS

This study though retrospective in nature nevertheless add to the clinico-pathologic features known of pulmonary carcinoid tumor. It is more common in women and occur mostly in the 5th to 6th decades of life. While most tumors are incidental findings on imaging, the common presenting symptoms are cough, dyspnea, chest pain, pneumonia and hemoptysis. Surgery is the mainstay of treatment. Chemotherapy and radiation therapy are rarely used except in the metastatic setting. Keeping with the indolent nature of the disease, most patients that died during the study period died of causes other than pulmonary carcinoid, and disease recurrence was rare.

CONCLUSIONS

This study though retrospective in nature nevertheless add to the clinico-pathologic features known of pulmonary carcinoid tumor. It is more common in women and occur mostly in the 5th to 6th decades of life. While most tumors are incidental findings on imaging, the common presenting symptoms are cough, dyspnea, chest pain, pneumonia and hemoptysis. Surgery is the mainstay of treatment. Chemotherapy and radiation therapy are rarely used except in the metastatic setting. Keeping with the indolent nature of the disease, most patients that died during the study period died of causes other than pulmonary carcinoid, and disease recurrence was rare.

References: