

Bronchopulmonary Carcinoid Tumors

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Busceddu et al. retrospectively analysed their single-centre surgical experience in treating patients with bronchopulmonary carcinoid tumors over a 23-year period (1). Comparison between typical carcinoids (n=66) and atypical carcinoids (n=25) revealed a significant difference in long-term overall survival, which is consistent with the current literature. This case-series represents one of the larger studies on bronchopulmonary carcinoid tumors in recent years.

Although generally indolent in nature, carcinoid tumors are defined as malignant cancers, with the potential to metastasize to the liver, the lung, regional lymph nodes and other organs. Since the first histological differentiation between typical and atypical bronchopulmonary carcinoid tumours was described by Arrigoni et al. in 1972 (2), the identification of numerous microscopic, morphologic and immunologic features of these two subtypes have highlighted differences in their biological behaviour, pathological characteristic and clinical prognosis. In the 2004 World Health Organization categorization of pulmonary neuroendocrine tumors, typical and atypical carcinoids were defined as low-grade and intermediate-grade, respectively (3).

More recently, nearly two thousand surgical managed patients with bronchopulmonary carcinoid tumors from the International Association for the Study of Lung Cancer (IASLC) and the National Cancer Institute Surveillance Epidemiology and End Results (SEER) databases were extracted to assess the applicability of the upcoming 7th edition of the TNM classification system for lung cancers. The authors of this large retrospective study concluded that the new TNM classification could be justifiably applied to patients with bronchopulmonary carcinoids (4). Significant changes to the new staging system include additional cut-offs to tumour size, reclassifying pleural effusion as an M descriptor, and the modification of stages for patients with T2b N0 M0, T2a N1 M0 and T4 N0-1 M0 disease (5). With more accurate staging, patients with this rare but potentially fatal cancer may benefit considerably in their surgical outcomes.

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