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Annals of Experimental Biology, 2022, 10 (2): 24-25

(http://www.scholarsresearchlibrary.com)

ISSN:2348-1935

Nomenclature and Characteristics of Primary Lung Lepidic Adenocarcinoma

Demet Castilo*

Editorial office, Annals of Experimental Biology, Uxbridge, United Kingdom

***Corresponding Author:** Dr. Demet Castilo, Editorial office, Annals of Experimental Biology, Uxbridge, United Kingdom*

E-mail: info@scholarsresearchlibrary

***Received:** 10-Mar-2022, Manuscript no. AEB-22-81929; **Editor assigned:** 12-Mar-2022, Pre QC no AEB-22-81929 (PQ); **Reviewed:** 22-Mar-2022, QC no AEB-22-81929 (Q); **Revised:** 24-Mar-2022, Manuscript no. AEB-22-81929 (R); **Published:** 29-Mar-2022*

ABSTRACT

Infrequent invasive pulmonary adenocarcinoma subtype LPA stands for lepidic adenocarcinoma (ADC). The prognostic variables and clinicopathological characteristics of LPA haven't been fully understood, nevertheless. To investigate the clinicopathological and prognostic characteristics of LPA, data from the Surveillance, Epidemiology and End Results (SEER) database of 4087 LPA patients were retrospectively evaluated and compared with non-LPA pulmonary ADC. To find independent survival variables for additional nomogram development, univariate and multivariate Cox proportional hazard models were run. In both the training and validation cohorts, the concordance index, receiver operating characteristic curves, calibration plots, decision curve analysis, and calibration plots were used to validate the nomograms. Females and elderly patients have a higher likelihood of having LPA. The clinicopathological characteristics of LPA are smaller tumor size, lower histological grade, and stage, which may suggest a positive prognosis. The created nomograms successfully forecast how long LPA patients will live.

Keywords: Lung Lepidic Adenocarcinoma

INTRODUCTION

The most frequent cancer diagnosed globally and the primary cause of cancer death is lung cancer. A rare subtype of lung Adenocarcinoma (ADC) without accurate incidence statistics is Lepidic Adenocarcinoma (LPA), also known as lepidic predominant adenocarcinoma or nonmucinous bronchioloalveolar carcinoma. LPA is characterized as an ADC with a nonmucinous lepidic predominant growth pattern, >3 cm tumour size, and/or >5 mm lymphatic, vascular, or pleural invasion. The World Health Organization (WHO) approved the criteria in 2015 after the International Association for the Study of Lung Cancer recommended it in 2011. Comparing LPA to lung adenocarcinoma, not otherwise specified, reveals that LPA possesses distinct clinicopathological characteristics, distinctive gene mutation patterns, and favorable survival outcomes. The investigation of the demographic and clinicopathological aspects as well as the factors impacting the prognosis of LPA have only been the subject of a very small number of population-based studies, nevertheless. While this is going on, it can be difficult for clinicians to precisely forecast a patient's prognosis based just on their Tumor-Node-Metastasis (TNM) stage. Therefore, techniques for calculating the likelihood of long-term survival in patients with LPA must be developed.

For clinical judgment and scientific inquiry, concise and precise prognostic prediction models for patients with cancer are crucial. The most common method for predicting survival for cancer patients is the TNM stage. The accuracy of clinical outcome prediction will, however, undoubtedly increase with the discovery of new prognostic markers and the development of a more customized model. In this study, we examined the clinical features of 4087 LPA patients and determined the risk variables for distant and lymph node metastases in LPA patients using the SEER database, a comprehensive population-based cancer registry program. Following that, we created and verified precise prognostic nomograms that accurately predicted the 1 years and 5 years OS and CSS of patients with LPA.

In conclusion, we investigated the clinical traits of LPA patients and created nomograms for each patient to predict their OS and CSS. The nomograms demonstrated good application and accuracy, which may support clinical judgment and customized prognostic prediction for LPA patients.