LUNG TUMORS

Type	Location	Mutations*	Histological features	Risk factor / prognosis/ Symptoms
Adenocarcinoma	Peripheral	•Tyrosine kinase: (EGFR in nonsmoker W) •KRAS	4 types (acinar ,papillary ,mucinous , solid type) Precursor : AAH* (KRAS) •Proliferation <5 mm ➡ AAH •Proliferation <3 cm ➡ in situ •Invasion<5cm ➡ minimally inv •Invasion >5 cm ➡ invasive adenocarcinoma	—/ more favorable than SCLC/—
Squamous cell carcinoma	Central	——	NECROSIS + CAVITATION (as TB) 1-Squamous metaplasia/ dysplasia 2-Carcinoma in situ 3-Squamous cell carcinoma **(keratin pearls+intercellular bridges)**	Smoking / More favorable than SCLC/ Bronchi obstruction
Large cell carcinoma	Central or peripheral	——	Undifferentiated Large Nuclie	
Small cell carcinoma (neuroendocrine carcinoma)	Central	——	Salt and pepper Mitosis + Necrosis Crush artifact Nuclear molding	—/ Poor prognosis , median survival is 1 year /—
Carcinoid tumor (neuroendocrine carcinoma)	Central	TP53 (Atypical)	2 types : •Typical : Regular nuclei with salt and pepper chromatin •Atypical : High mitotic rate, necrotic foci,higher L.N. metastasis TP53 mutation	Associated with MEN1 syndrome/ Resectable/ RARELY (Diarrhea, flushing, cyanosis)
Pancoast tumor	Apical	——	Invade brachial or cervical sympathetic plexus	—/ —/ •Brachial ➡ pain in ulnar N distribution •Cervical ➡ Horner syndrome*

*Mutation : short arm of. chromosome 3 (3p)

*AAH : atypical adenomatous hyperplasia

*Horner syndrome : ipsilateral enophthalmos, ptosis, miosis, anhydrosis