Clinical features and prognosis of eighty-five patients with primary pulmonary lymphoepithelioma-like carcinoma

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Background: Pulmonary lymphoepithelioma-like carcinoma (PLELC) is a rare subtype of lung cancer that is less reported and not well understood around the world.

Methods: A retrospective analysis of clinical features for 85 patients was conducted to determine the prognostic factors in terms of age, gender, radiographic features, serum tumor markers, TNM stages, pathological features, treatment and prognosis.

Results: PLELC preferentially affects the young (< 60 years old: 71.8%) nonsmokers (72.9%), without significant difference in gender. The median follow-up time was 15 months (1-37 months) for the whole group and most patients were in the early stage with opportunity of operation (50.6%). For the advanced stage group, patients mainly received chemotherapies and radiotherapies, the 0.5-year and 1.5-year PFS rates were 61% and 29%, respectively. The TNM stage (P = 0.014) and performance status (PS) (P = 0.040) were associated with PFS significantly in the univariate analysis, while TNM stage was an independent prognostic factor in multivariate analysis (P = 0.026).

In the subtype analysis, patients in the advanced stage receiving Gemcitabine plus platinum (GP group) or Paclitaxel plus platinum (TP group) had better PFS than Pemetrexed plus platinum (PP group) (P = 0.005).

Conclusions: PLELC had a better prognosis compared with other types of non-small cell lung cancer (NSCLC) and was sensitive to radiotherapy and chemotherapy. The current results recommended that the GP and TP should be used as first-line treatment of PLELC. The TNM stage and PS were predictive in prognosis of PLELC patients.
I.V. Deriusheva achieved), in the control group - 51.6%, median DFS - 34 months (HR: 2.56, 95% CI: 

gression was observed in 6 patients (19.4%), in the control group - 15 patients (48.4%). 
The follow-up period was 4 - 76 months. In the main group, the disease pro-

markers for chemosensitivity are monoresistance genes such as BRCA1, RRM1, 
markers of chemosensitivity is a new way to treat patients with NSCLC. Promising 
Individual chemotherapy based on the determination of molecular bio-

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We enrolled and analyzed 62 patients with stage III NSCLC. All the patients 

surgery. Then patients were randomly assigned (1:1 ratio) to either the personalized adju-

have received 2 courses of neoadjuvant chemotherapy vinorelbine/carboplatin and sur-

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Patients with IIIA-pN2 non-small cell lung cancer (NSCLC) are a hetero-

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