Non-Small-cell lung cancer classification

Staged with typical TNM system

It is typically classified into several subtypes based on the specific cell type involved and the presence of certain genetic mutations or biomarkers. The primary subtypes of NSCLC are as follows:

Lung Adenocarcinoma: Adenocarcinoma is the most common subtype of NSCLC. It arises from the cells that line the air sacs in the lungs (alveoli) and tends to develop in the outer areas of the lung. Adenocarcinoma is more common in non-smokers and is often associated with specific genetic mutations, such as EGFR (epidermal growth factor receptor) mutations or ALK (anaplastic lymphoma kinase) rearrangements.

Squamous cell lung cancer (SCC): Squamous cell carcinoma originates from the flat, squamous cells that line the airways in the lungs. It tends to develop in the central part of the lung, including the bronchi. SCC is often linked to a history of smoking.

Large Cell Carcinoma: Large cell carcinoma is a less common subtype and is characterized by the presence of large, abnormal-looking cells. It can occur in any part of the lung and is often diagnosed when the cancer does not fit into the other NSCLC categories.

In addition to these histological subtypes, NSCLC can also be classified based on specific genetic mutations and biomarkers, which can help guide treatment decisions:

ROS1 Rearrangement: ROS1 rearrangements are another genetic alteration that can be found in NSCLC. ROS1 inhibitors are used to treat NSCLC with ROS1 rearrangements.

KRAS Mutation: KRAS mutations are common in NSCLC, and researchers are working on targeted therapies for this mutation.

BRAF Mutation: Some NSCLC tumors carry BRAF mutations, and BRAF inhibitors may be used in treatment.

It's important to note that the classification and treatment of NSCLC are continually evolving as researchers discover new genetic mutations and develop targeted therapies. The choice of treatment for an individual patient depends on factors such as the subtype of NSCLC, the stage of the cancer, the patient's overall health, and the presence of specific genetic mutations or biomarkers. Treatment plans are typically determined by a multidisciplinary team of healthcare professionals.

Oncogene addicted non-Small-cell lung cancer

Pulmonary polymorphic carcinoma

EGFR-Mutant Non-Small-Cell Lung Cancer

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Anaplastic lymphoma kinase non-Small-cell lung cancer

see Anaplastic lymphoma kinase non-Small-cell lung cancer.

KRAS-mutant non-small-cell lung cancer

KRAS-mutant non-small-cell lung cancer.