http://jmscr.igmpublication.org/home/ ISSN (e)-2347-176x ISSN (p) 2455-0450 crossref DOI: https://dx.doi.org/10.18535/jmscr/v8i4.39



Journal Of Medical Science And Clinical Research

Change in trends in incidence and histopathology of lung carcinoma in a tertiary care centre in Kerala

Authors

Subitha Kandamuthan¹, Sheeja Sainulabdeen², Usha Poothiode³, Sankar Sundaram⁴, M Kandamuthan⁵

¹Associate Professor of Pathology, Government Medical College Thrissur, Kerala
 ²Associate professor of Pathology, Government Medical College, Kottayam, Kerala
 ³Professor of Pathology, M.O.S.C Medical College, Kolenchery, Kerala
 ⁴Professor of Pathology, Government Medical College, Kottayam, Kerala
 ⁵Professor of Biostatistics (Retired), DMWIMS Medical College, Wayanad, Kerala

Abstract

Patterns of histological types of lung cancer have changed over time. In the United States, adenocarcinoma has become the most commonly diagnosed type of lung cancer. By contrast, in Europe squamous cell carcinoma remains the most predominant cell type. Since changes in histological type of lung cancers may be indicative of changes in causal factors, it is important to identify whether any changes in histological subtypes are real or artefactual. Present study is done to analyse the change in trends in incidence and histopathology patterns of lung carcinoma in a tertiary care hospital in Kerala over a span of 10 years.

Aims and Objectives: Changes occurred in the frequency of lung carcinoma in Kerala over a period of 10 years from 2004 was observed. Histological pattern distribution according to demographic variables were analysed.

Material and Methods: Retrospective cohort study conducted in a tertiary care hospital during the period of 10 years from 2002. Comparison of cases of lung tumors diagnosed in the Department of Pathology, Government Medical College Kottayam in India during the period of 3 years from January 2002 to December 2004 to January 2012 to December 2014 was done. Age and gender distribution changes in occurrence and histopathology patterns was studied using the registers and histopathology slides available in the department.

Statistical Analysis: Data was analysed using SPSS. Descriptive statistics used to evaluate the changes in the histological pattern

Results: *Of the 50 malignant tumours studied in 2002, 50% were Squamous cell carcinoma, whereas it was 35.8 % in the 80 cases studied in 2012. 30% of the tumors were Adenocarcinoma in 2002-2004 and 30.9 % in 2012-2014. 90% cases were males and 10% females in both the study period. Highest percentage of squamous cell carcinoma (64%) was seen in the 51-70 year age group and 46.7% of adeno carcinoma was found in the age group of 61-70 in the year 2002-2004. Age distribution of squamous cell carcinoma was found highest in the 51-60 years (42.9%) and adenocarcinoma prevalence was found high (52%) in the 61-70 year age group in 2014.*

Keywords: Changes, histopathology, lung cancer.

Introduction

Lung cancer is one among the top three killers in India.^[1] The highest incidence rates have been reported in Karunagappally (19.4/100000 males).^[2,3,4] The mortality rate of lung cancer was 8/100000 men and 2.5/1000000 among women in 1998.^[5]

Lung carcinoma is the most common type of tumour throughout the world^[6] and is the leading cause of cancer death in India.^[7] Data from population-based registry under National cancer Registry Programme indicate that the common sites of cancer are oral cavity, lungs, esophagus and stomach among men and cervix, breast and oral cavity among women.^[7] Malignant lung tumour was the most common cancer in males and fifth most common cancer in females, responsible for 50% of all cancer deaths in India^[7].

Patterns of histological types of lung cancer have changed over time. In the United States, adenocarcinoma has become the most commonly diagnosed type of lung cancer. ^[8] By contrast, in Europe squamous cell carcinoma remains the most predominant cell type.^[9] Present study was done to analyse the change in trends in incidence and histopathology patterns of lung carcinoma in a tertiary care hospital in Kerala over a span of 10 years.

Material and Methods

A retrospective cohort study was conducted in a tertiary care hospital during the period of 10 years from 2002. Comparison of cases of lung tumors diagnosed in the Department of Pathology, Government Medical College Kottayam in India during the period of 3 years from January 2002 to December 2004 to January 2012 to December 2014 was done. The specimens included pneumonectomies, lobectomies and segmentectomies. Histopathological typing was done. Data was analysed using SPSS. Descriptive statistics was used to evaluate the changes in the histological pattern. Age and gender distribution changes in occurrence and histopathology patterns was studied using the registers and histopathology slides available in the department.

Observations

The incidence of malignant lung tumours during the period of 3 years is shown in Table -1.It is seen that squamous cell carcinoma formed 56% of the malignant lung tumours during the period 2002-2004 and during 2012-2014, 35.8 % of the malignant lung tumours were Squamous cell carcinoma. Adenocarcinoma accounted for 30 5% of the tumours during 2002-2005 and 30.9 % of the tumours during 2012-2015.

Epithelial tumours	helial tumours 2002-		Epithelial tumours	2012-	
1	2004		1	2014	
	No.	%		No.	%
Squamous cell carcinoma	25	50	Squamous cell carcinoma	29	35.8
Small cell carcinoma	5	10	Small cell carcinoma	-	-
Adeno carcinoma	15	30	Adeno carcinoma	25	30.9
Large cell carcinoma	1	2	Large cell carcinoma	1	1.2
Pleomorphic carcinoma	1	2	Pleomorphic carcinoma	4	4.9
Carcinoid	2	4	Carcinoid	2	2.5
Melanoma	1	2	Malignant melanoma	-	-
			Adenoid cystic carcinoma	3	3.7
			Adenosquamous	2	2.5
			Atypical carcinoid	4	4.9
			Chondroid hamartoma	1	1.2
			Mets from GCT	1	1.2
			Mucinous cystadenoma	1	1.2
			PDCA	7	8.6
			PDCA METS	1	1.2
Total	50	100.0		81	100.0

Table 1: Histological classification of Malignant Lung Tumours during 2002 and 2012

2020

Gender Distribution

Of the 50 cases of lung cancer during 2002-2004 period, 90% were found to be males and 10% females [Table 2]. Of the 25 cases of Squamous cell carcinoma, 92 % were males and 8 % females. Out of 15 Adenocarcinoma cases, 93.3 %

Table 2: Gender Distribution of tumours

were males and 6.7% females. Of the 81 cases during 2012-2015 period, 90% were males 10% females. Out of 29 cases of Squamous cell carcinoma 97 % were males whereas 84 % of cases of Adenocarcinoma were males. 16 % were females.

Tumours (2002-2004)	Male	Female	Tumours (2012-2014)	Male	Female
	No. %	No. %		No. %	No. %
Squamous cell carcinoma	23 92	2 8	Squamous cell carcinoma	28 97	1 3
Small cell carcinoma	4 80	1 20	Small cell carcinoma	-	-
Adenocarcinoma	14 93.3	1 6.7	Adenocarcinoma	21 84	4 16
Large cell carcinoma	1 100	0 0	Large cell carcinoma	1 100	0 0
Pleomorphic carcinoma	1 100	0 0	Pleomorphic carcinoma	3 75	1 25
Carcinoid	1 50	1 50	Carcinoid	2 100	0 0
Malignant melanoma	1 100	0 0	Malignant melanoma	0 0	0 0
Synchronous	1 100	0 0	Adenoid cystic carcinoma	2 67	1 33
			Adenosquamous	1 50	1 50
Total	45 90	5 10	Atypical carcinoid	4 100	0 0
			Chondroid hamartoma	1 100	0 0
			Mets from GCT	1 100	0 0
			Mucinous cystadenoma	1 100	0 0
			PDCA	7 100	0 0
			PDCA METS	1 100	0 0
	54	5	All	73 90	8 10

Age

It is noted from Table 3 that in the 2002-2004 study 60% of the cases are in the age group of 51-70 yrs. Highest proportion (64%) of Squamous cell carcinoma occurred the age group of 51-70 yrs. It was also observed that 28% of the cases were in the age group less than 50 years. **Table 3a-**Age distribution 2002-2004

Adenocarcinoma was most frequently seen (46.7%) in the age group of 61-70 years.

Whereas in the 2012-2015 study 63.8% cases are in the age group of 51-70 yrs. 42.9 % of Squamous cell carcinoma cases were seen in 51-60 years age group and 52% of Adenocarcinoma cases were seen in age group of 61-70 years.

Histology	Age group							
	21-30	31-40	41-50	51-60	61-70	71-80	81-90	Total
SCC	0	1	6	8	8	2	0	25
%	0	4	24	32	32	8	0	100
Adeno	0	3	0	4	7	1	0	15
%.	0	20	0	26.7	46.7	6.7	0	100
Small cell	1	0	1	1	1	1	0	5
%	20	0	20	20	20	20	0	100
Carcinoid	1	0	0	0	1	0	0	2
%	50	0	0	0	50	0	0	100
Large cell	0	0	1	0	0	0	0	1
%	0	0	100	0	0	0	0	100
Malignant								
Melanoma	0	0	0	0	0	0	1	1
%	0	0	0	0	0	0	100	100
Pheomorphic								
Ca	0	1	0	0	0	0	0	1
%	0	100	0	0	0	0	0	100
Syncromous								
	0	0	0	0	1	0	0	1
%	0	0	0	0	100	0	0	100
All	2	5	8	13	17	4	1	50
%	4	10	16	26	34	8	2	100

Table 3b: Age distribution 2012-201	4
-------------------------------------	---

Histology	Age							
		21-30	31-40	41-50	51-60	61-70	71-80	Total
Squamous cell carcinon	na No.	0	1	6	12	9	0	28
	%	.0	3.6	21.4	42.9	32.1	.0	100
ADENO CA	No.	0	1	0	7	13	4	25
	%	.0	4	.0	28	52	16	100
PDCA	No.	0	0	2	2	2	1	7
	%	.0	.0	28.6	28.6	28.6	14.3	100
PLEOMORPHIC CA	No.	0	1	1	1	0	1	4
	%	.0	25	25	25	.0	25	100
Atypical carcinoid	No.	0	0	2	1	1	0	4
	%	.0	.0	50	25	25	.0	100
ADENOIDCYSTIC C	A No.	0	1	2	0	0	0	3
	%	.0	33.3	66.7	.0	.0	.0	100
ADENOSQUAMOUS	No.	0	1	0	0	1	0	2
	%	.0	50	.0	.0	50	.0	100
Carcinoid	No.	1	1	0	0	0	0	2
	%	50	50	.0	.0	.0	.0	100
Chondroid hamartoma	No.	0	0	0	1	0	0	1
	%	.0	.0	.0	100	.0	.0	100
LARGE CELL CA	No.	0	0	0	0	0	1	1
	%	.0	.0	.0	.0	.0	100	100
MUCINOUS CYSTAD	ENOMA No.	0	0	0	0	1	0	1
	%	.0	.0	.0	.0	100	.0	100
Mets from GCT	No.	1	0	0	0	0	0	1
	%	100.	.0	.0	.0	.0	.0	100
PDCA METS	No.	0	0	0	0	0	1	1
	%	.0	.0	.0	.0	.0	100	100
All	No.	2	6	13	24	27	8	80
	%	2.5	7.5	16.2	30	33.8	10	100

Discussion

The main histological types of lung cancer diagnosed in the present study were squamous cell carcinoma and adenocarcinoma during both the study periods of 2002-2004 and 2012 -2014. This pattern is similar to the types of cancers reported from Finland and other European countries.^[10] were 5 cases of small cell carcinoma There during the study period 2002-2004 but not a single case of small cell carcinoma was diagnosed during the study period 2012-2014. The reason must be that current treatment for small cell carcinoma diagnosed by bronchoscopic biopsies is radiotherapy and chemotherapy. Since our study included only pneumonectomies and lobectomies small cell carcinoma was not seen. Squamous cell carcinoma was found in highest frequency in both the periods of study (50 & 35.8%). This observation is in conformity with studies from

Europe.^[11,12,13,14] The pattern of occurrence of adenocarcinoma in the present study is exactly similar to that of USA as it accounts for 30% of all lung cancers.^[15] Though the incidence of adenocarcinoma was found to be more among females than males in Finland there is a male predominance for the incidence of this type of tumor in this study.^[16] Regarding the gender wise distribution of cases, incidence of squamous cell carcinoma among males and females are higher than the figures reported from Finland.^[10] The incidence of squamous cell carcinoma is higher among males than that of females in the present study which is in conformity with the reports from Finland.^[10] Adenocarcinoma incidence is more among males than that of Finland whereas the incidence among females is lower in the present study than that of Finland.^[10] These results show that the most frequent type of cancer in this study

is Squamous cell carcinoma and their occurrences are higher among males and females when compared to the figures reported from Europe and USA.^[17] This study clearly indicates that the incidence of squamous cell carcinoma is more frequent in men than in women, which is in conformity with reports from Finland, USA and the Metro Health System.^[17]

The results of the present study during both the periods show that majority (60%) of the lung cancer cases have occurred in the age group of 51-70 years similar to case reports from Finland.^[10]

The total number of lung tumors during the period of 3 years from 2002 to 2005 was 50 whereas the number of lung tumors during the period 2012 to 2015 was 81.There was an increase in the number of cases from 2002 to 2012. In 2002 - 2005 period it is seen that 50 percent of the malignant lung tumors were squamous cell carcinoma. There was a decrease in number of squamous cell carcinoma cases from 2004 to 2014.

Several investigators have reported on time trends. Vincent *et al* found adenocarcinoma and squamous cell carcinoma to be the more common histologic types among lung cancer patients presenting to the thoracic surgery department of Roswell Park Memorial Institute between 1962 and 1975. ^[19] There was an increase in cases of Adenocarcinoma from 17.6 percent of the total cases in 1962 to 29.8 percent by 1975, while squamous cell carcinoma decreased to 25.5 percent in 1975 from 48.6 percent in 1962.

Devesa et al., reported on changing patterns of lung cancer by histologic type for the period 1969-1986.^[17]

In this study Squamous cell carcinoma is still the most common type among men. However, adenocarcinoma is the most common histological type in women.^[17]

Travis et al reported analyses of Surveillance, Epidemiology, and End Results (SEER) Program data on lung cancer for the period 1973-1987.^[31] The percentage of Adenocarcinoma (32 %) surpassed Squamous cell carcinoma making it the most frequently occurring histologic type. Squamous cell carcinoma, however, continues to constitute a large proportion (29 percent) of lung tumors.^[13]

Conclusion

Squamous cell carcinoma and adenocarcinoma are the most frequent types of lung carcinoma in this study of which Squamous cell carcinoma is the most common histological type. This was in agreement with most of the studies reported worldwide. Incidence of lung carcinoma is significantly higher among males than females. Though the highest occurrence of lung carcinoma is seen in the age group of 51-70 years, a good percentage of lung carcinoma are seen in the young age group of less than 50 years. Incidence of squamous cell carcinoma among males and females are higher than the figures reported from European countries. A number of studies have shown an increase in incidence of adenocarcinoma but in our study Squamous cell carcinoma was the common histological type even after a time gap of 10 years.

Most lung tumors can be classified by light microscopic criteria. But therapy has changed over time with molecular testing of lung cancer playing a significant role and targeted therapy being effective in management of lung cancer.

References

- 1. Jain DK. National Cancer Registry Programme biennial report, 1988–89. New Delhi: NCRP Scientific Publication. 1992.
- Nandakumar A. Consolidated report of the population based cancer registries 1990-96, Supplement: Year-wise tabulation of incident cancers and rates by site and gender. In National Cancer Registry Programme, Indian Council of Medical Research 2001 (pp. 88-116). Co-ordinating unit, NCRP (ICMR) Bangalore.
- 3. Mathew A, Vijayaprasad B. Cancer incidence and mortality in Trivandrum (1998–1999), population based cancer

registry. Regional Cancer Centre, Trivandrum. 2002.

- Gangadharan P, Jayalekshmi O, Binu VS, Sreekumar MR. Cancer morbidity and mortality in Karunagappally, 1993–2001. Natural Background Radiation Cancer Registry. Trivandrum: Regional Cancer Center. 2004.
- Kavarana NM, Kamat MR, Kurkure AP, Yeole BB, Methar SK. Cancer Morbidity and Mortality in Greater Mumbai. Mumbai, India: Indian Cancer Society. 1999.
- Hammar SP. Common neoplasms. In Pulmonary pathology 1994 (pp. 1123-1278). Springer, New York, NY.
- Rao YN, Gupta S, Agarwal SP. National cancer control programme: current status and strategies. Fifty Years of Cancer Control In India. Dir Gen of Health Services, MOHFW, Government of India. 2002:41-7.
- Vincent RG, Pickren JW, Lane WW, Bross I, Takita H, Houten L, Gutierrez AC, Rzepka T. The changing histopathology of lung cancer. A review of 1682 cases. Cancer. 1977 Apr;39(4):1647-55.
- Harkness EF, Brewster DH, Kerr KM, Fergusson RJ, MacFarlane GJ. Changing trends in incidence of lung cancer by histologic type in Scotland. International journal of cancer. 2002 Nov 10;102(2):179-83.
- W. Dickman P, Hakulinen T, Luostarinen T, Pukkala E, Sankila R, Söderman B, Teppo L. Survival of cancer patients in Finland 1955-1994. Acta Oncologica. 1999 Jan 1;38(12):1-03.

- El- Torky M, El- Zeky F, Hall C. Significant changes in the distribution of histologic types of lung cancer a review of 4928 cases. Cancer. 1990 May 15;65(10):2361-7.
- 12. Parkin DM, Sankaranarayanan R. Overview on small cell lung cancer in the world: industrialized countries, Third World, eastern Europe. Anticancer research. 1994;14(1B):277-82.
- 13. Travis WD, Travis LB. devesa SS. Lung cancer. Cancer. 1995;75:191-202.
- 14. Charloux A, Quoix E, Wolkove N, Small D, Pauli G, Kreisman H. The increasing incidence of lung adenocarcinoma: reality or artefact? A review of the epidemiology of lung adenocarcinoma. International journal of epidemiology. 1997 Feb 1;26(1):14-23.
- 15. American Cancer Society. Cancer facts & figures. The Society; 2003.
- Eerola AK. Apoptosis and apoptosis regulating proteins and factors in small and large cell lung carcinoma. Oulun yliopisto; 1999.
- 17. Devesa SS, Shaw GL, Blot WJ. Changing patterns of lung cancer incidence by histological type. Cancer Epidemiology and Prevention Biomarkers. 1991 Nov 1;1(1):29-34.
- The Metrohealth System (2004).Pathology of Lung Cancer, Cancer Care Center, Cleveland, Ohio.
- 19. Vincent RG, Pickren JW, Lane WW, Bross I, Takita H, Houten L, Gutierrez AC, Rzepka T. The changing histopathology of lung cancer. A review of 1682 cases. Cancer. 1977 Apr;39 (4):1647-55.