

HARVARD MEDICAL SCHOOL

Clinicopathologic and genomic features of patients with mucinous lung adenocarcinoma and response to systemic therapies

Alessandro Di Federico¹, Lingzhi Hong², Arielle Elkrief³, Rohit Thummalapalli³, Biagio Ricciuti¹, Joao V. Alessi¹, Pooja Gogia³, Federica Pecci¹, Malini M. Gandhi¹, Marc Ladanyi⁴, Jianjun Zhang², Don L. Gibbons², John V. Heymach², Mizuki Nishino⁵, Lynette M. Sholl⁶, Mark M. Awad¹, Kathryn C. Arbour³, Adam J. Schoenfeld³, Natalie I. Vokes², Jia Luo¹

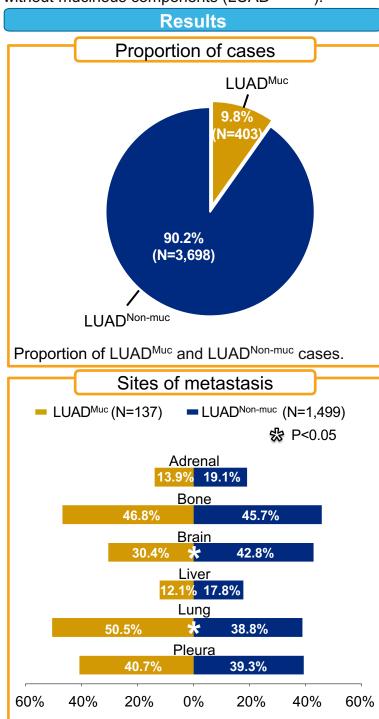
¹Lowe Center for Thoracic Oncology, Dana-Farber Cancer Institute, Boston, MA, USA; ²Department of Thoracic/Head and Neck Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA; ³Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, NY, USA; ⁴Department of Pathology, Memorial Sloan Kettering Cancer Center, New York, NY, USA; ⁵Department of Radiology, Brigham and Women's Hospital and Department of Imaging, Dana-Farber Cancer Institute; ⁶Department of Pathology, Brigham and Women's Hospital, Boston, MA, USA

Background

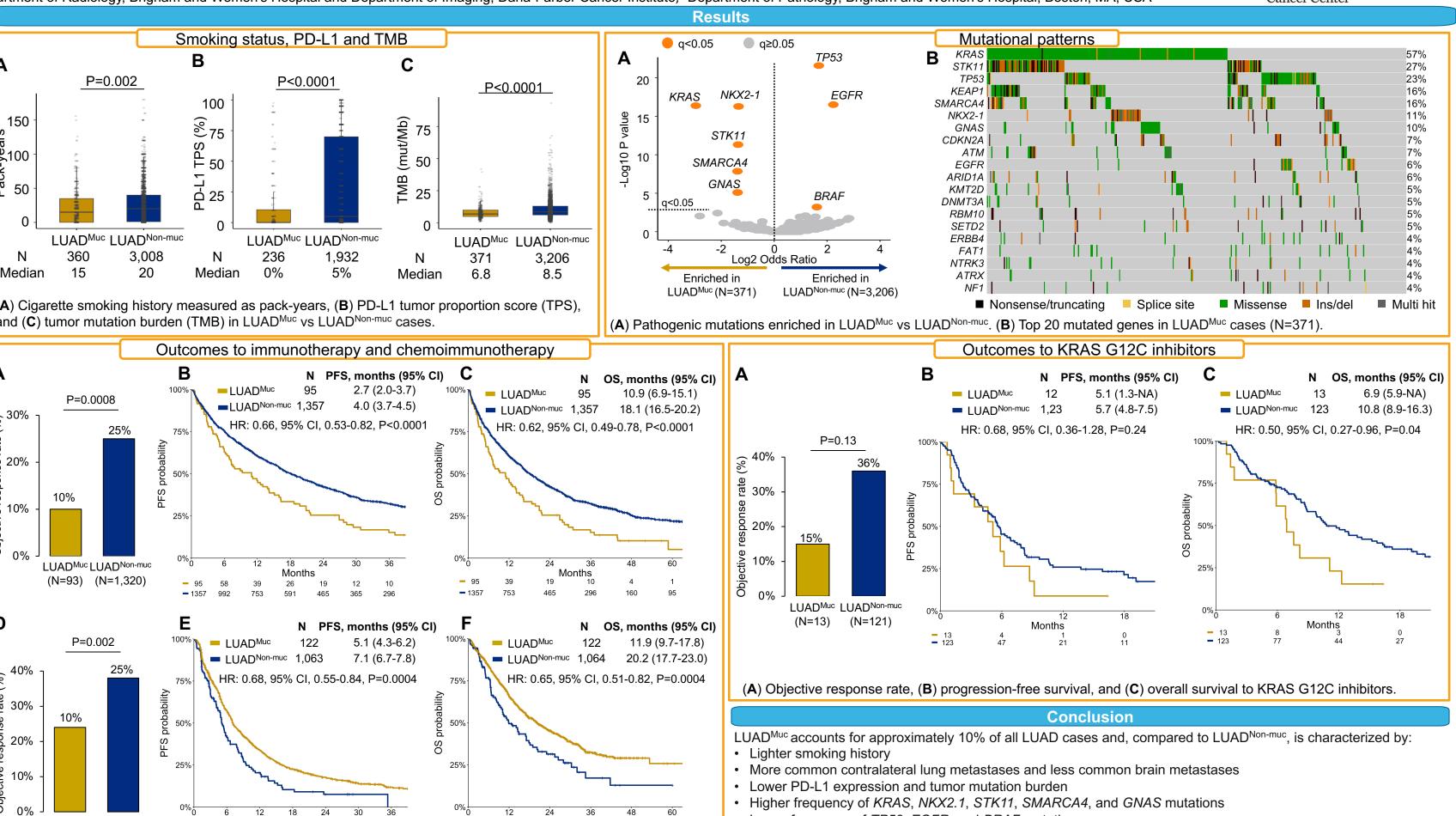
10% of lung adenocarcinomas Approximately (LUAD) have mucinous features (LUAD^{Muc}). The efficacy of immune checkpoint inhibitors (ICI), chemoimmunotherapy and KRAS inhibitors for these patients is undefined.

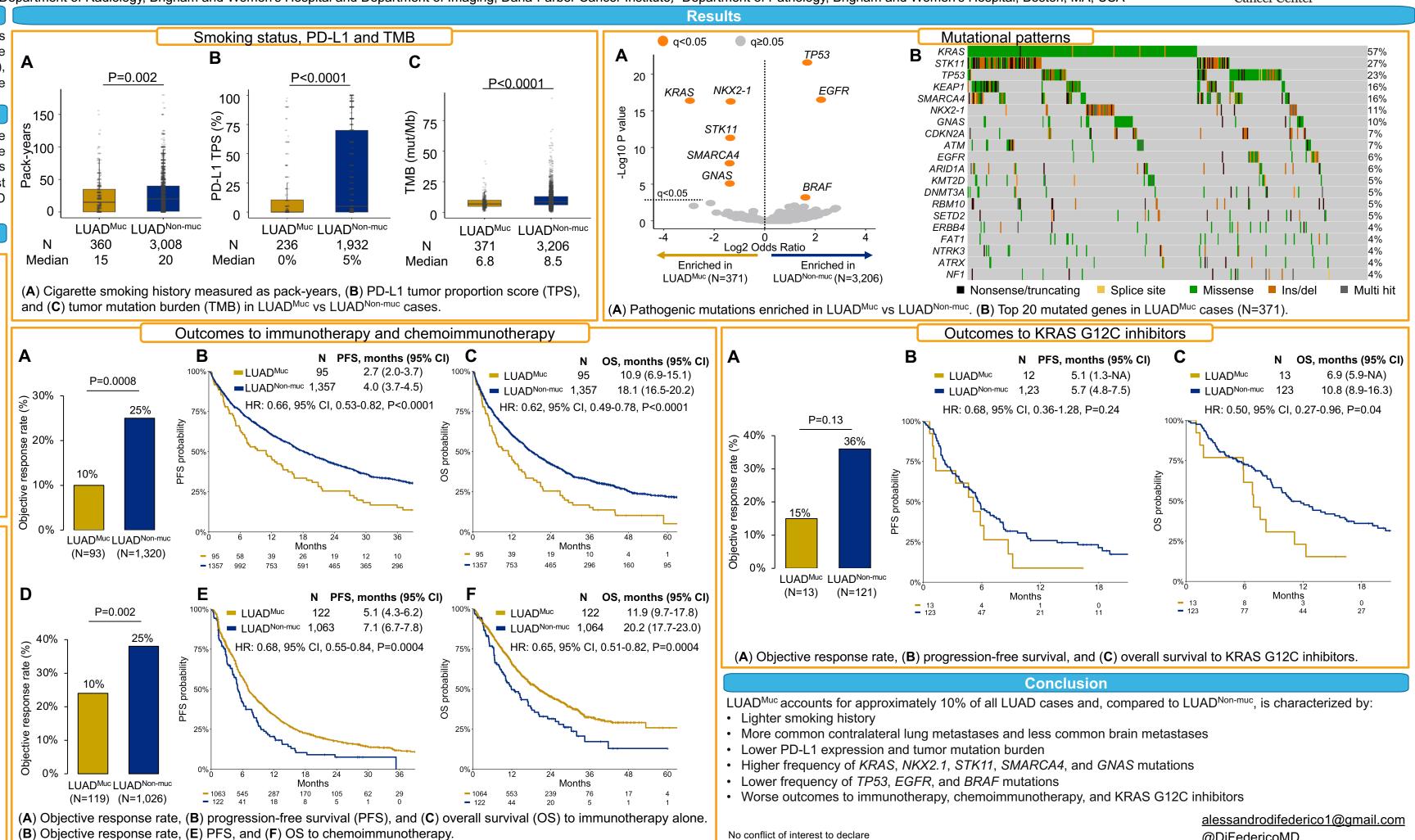
Methods

Clinicopathologic, genomic, and outcomes data were abstracted from patients with LUAD at three academic centers. LUAD with any mucinous component as assessed by a thoracic pathologist was classified as LUAD^{Muc} and compared to LUAD without mucinous components (LUAD^{Non-muc}).



Sites of metastasis at stage IV diagnosis in LUAD^{Muc} vs LUAD^{Non-muc} cases.









Memorial Sloan Kettering **Cancer Center**

No conflict of interest to declare

@DiFedericoMD