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Title: The impact of neuroendocrine differentiation in the prognosis of non-small cell lung cancer

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Body: Introduction: Large cell carcinomas with neuroendocrine differentiation (LCNEC) consist a distinct subcategory and represent 2-3% of lung cancers. Retrospective studies have shown prognosis similar to this of patients with SCLC and worse prognosis after surgical resection in comparison to surgical resection in NSCLC. There are data showing that perioperative chemotherapy, especially platinum based combinations, improves survival. Aim: Examine the overall survival (OS) between patients with LCNEC and NSCLC with neuroendocrine differentiation and the progression free survival (PFS) according to the stage and the therapy applied. Method: Data of patients with LCNEC and NSCLC with neuroendocrine differentiation were collected from June 2005 to December 2010. Results: Data from 26 patients were collected, 21 men, median age 62 years old. 15 had LCNEC and 11 NSCLC with neuroendocrine differentiation, 16 at stage I-III and 10 at stage IV. The majority were confronted with multimodality therapy (surgery, radiotherapy, chemotherapy). The median OS was 15 months for LCNEC and 15.5 months for NSCLC with neuroendocrine differentiation (95% CI). There was found no difference in OS between LCNEC and NSCLC with neuroendocrine differentiation for stages I-III ($p=0.814$) and IV ($p=0.563$) respectively. The median OS for all patients was 3.5 months and the median PFS 2.5 months (95% CI). Totally, 12 patients received systematically sandostatin-LAR and 14 didn't receive without difference found in OS ($p=0.140$). Conclusions: Randomised trials are needed in order to be proved which therapeutic intervention is the most proper and which chemotherapeutic combination is the best for lung cancer with neuroendocrine differentiation.