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**Title:** Lung cancer in patient with chronic obstructive pulmonary disease (comorbidity by smokers-a cumulative effect of exogenic and endogenic factors? Part II)

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**Body:** Airway obstruction and smoking have been associated with lung cancer, but are not clear the clinical and risk factors for the development of lung cancer in patients with Chronic obstructive pulmonary disease (COPD). The aim of the study was to explain the risk factors associated with lung cancer development in patients with COPD. We observed 170 smokers with lung cancer of them 120 with COPD (Group1) and 50 Pts without airflow obstruction (Group2). For control group we used 50 health smokers (Ctr). We analyzed the number of smoked cigarettes, beginning of tobacco smoke and histologic type of lung carcinoma. Group2 mean age (52±3.1 yrs) was lower compared to Group1(57±2.4yrs, p<0.05) and Ctr (58±2.2 yrs, p<0.05). We found a significantly increased number a smoked cigarettes per day in Group1 (27.00 ±0.83) and in Group2 (35.00±0.8) as compared to Ctr 23.6±0.98 (p<0.01). Group2 have started smoking younger (15.73 yrs ±0.31) than Ctr (19.86 yrs-±0.40) (p<0.01). There was no difference in onset of tobacco smoke between Group1 (19.73 yrs±0.82) and Ctr (19.86 yrs±0.40)(p>0.05). We observed in 85% of Group1 non-small cell carcinoma of them squamous cell carcinoma was 60%. In Group2 the incidence of non-small cell carcinoma was 90 % of them squamous cell carcinoma was 56%. These data suggest: 1. Lung cancer develops about to 5 years older Pts with COPD than subjects without airway obsruction, 2. Pts without airflow obstruction and lung cancer started smoking 4 years earlier than controls and 3. Squamous cell carcinoma is the most frequent histologic type found in a population of smokers with/without COPD.