

EVALUACIJA HISTOLOSKOG TIPRA, POLA I STAROSTI KOD KARCINOMA PLUCA U POSLEDNJIH 20 GODINA

THE EVALUATION OF HISTOLOGICAL TYPE, SEX AND AGE OF LUNG CANCER IN LAST 20 YEARS

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SAŽETAK

Epidemiologija karcinoma pluća (LC) se menja. LC je kod muškaraca prvi, a kod žena treći uzrok smrti od maligniteta u Srbiji. Cilj ove studije je bio da analizira promene u epidemiologiji LC od 1985. do 2005. Histološka dijagnoza LC je načinjena na tkivnim isecima dobijenim bronhoskopijom ili perkutanom biopsijom iglom. LC je dijagnostikovano kod 5145 (83.1%) muškaraca i 1050 (16.9%) žena. Ukupni odnos obolelih muškaraca/žena je bio 4.9:1, varirajući od 5.55:1 u 1985. do 3.13:1 u 2005. LC je dijagnostikovano najčešće u šestoj (39.0%) i sedmoj deceniji života (34.7%), sa značajnom razlikom između obolelih muškaraca i žena (40.3% muškaraca u šestoj i 34.7% žena u sedmoj deceniji). Tri glavna histološka tipa LC su dijagnostikovana: skvamocelularni (SCC), sitnocelijski (SCLC) i adenokarcinom (AC). Kod naših pacijenata (pts.) SCC je bio najčešći tip (57.5%), SCLC kod 24.8% pts., AC kod 15.7% pts. i drugi, retki tipovi LC kod 2.0% pts. Broj obolelih žena od SCC je porastao od 37.2% u 1985. na 51.0% u 2005, zbog povećanog broja žena pušaca. Broj obolelih od AC je porasla od 15.7% u 1985. na 19.7% u 2005 u oba pola. Porast broja AC je zbog napredovalih dijagnostičkih procedura perifernih tumora, a kod žena i zbog hormonalnih promena u menopauzi. SCLC je bio najvise u oba pola u vreme lošeg ekonomskog stanja u zemlji. Naši rezultati se ne razlikuju od onih u drugim centrima sirom sveta. Nacionalna strategija za protiv LC bi morala da bude prevencija i odvikavanje od pušenja, kao vodećeg faktora rizika.

KLjučne reči: LC, epidemiologija

SUMMARY

The epidemiology of lung cancer (LC) is changing. LC is the first in men and the third in women cause of death from malignancy in Serbia. The aim of our study was to analyse epidemiological changes of LC between 1985. and 2005. Histological diagnosis of LC was made on tissue samples obtained on bronchoscopy and percutaneous needle biopsy. LC was diagnosed in 5145 (83.1%) males and 1050 (16.9%) female. Total male/female ratio was 4.9:1, varied from 5.55:1 in 1985. to 3.13:1 in 2005. LC was most frequently diagnosed in sixth (39.0%) and seventh life decade (34.7%), with significant difference between men and women (40.3% males in sixth and 34.7% females in seventh decade). Three major histological types of LC were diagnosed: squamous cell carcinoma (SCC), small cell carcinoma (SCLC) and adenocarcinoma (AC). In our patients SCC was predominant type (57.5%), SCLC in 24.8%, AC in 15.7%; the other rare types in 2.0%. In female SCC increased from 37.2% in 1985. to 51.0% in 2005 because of increased number of smoker habitants. The frequency of AC increased from 15.7% in 1985. to 19.7% in 2005. Increased number of AC is because of advanced diagnostic procedures of peripheral tumors and in women is because hormonal changes in menopause. of SCC in females is SCLC was highest in both sexes during the period of low economy in our country. Our results don't differ from those in worldwide centers. The national strategy against LC have to be smoking prevention and cessation, as the leading risk factor.

Key words: lung cancer, epidemiology