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Title: Long-term outcomes and prognostic factors for neuroendocrine G1 and G2 lung tumors

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Body: Background: Bronchial neuroendocrine G1 and G2 tumors show a favorable outcome. However, survival depends on several prognostic factors such as histological sub-type, nodal involvement and other predictors. Objectives: The presented study aimed to evaluate the long-term outcomes, survival rates and prognostic factors after resection of G1 and G2 neuroendocrine lung tumors according to the 7th edition of the TNM staging system. Patients and methods: We conducted a retrospective review of 246 consecutive patients who underwent surgical treatment for G1 and G2 neuroendocrine tumors of the lung between 1998-2010. Results: 246 patients (61% women) with G1 and G2 neuroendocrine lung tumor underwent thoracotomy. G1 tumors were found in 205 (83%) patients, while 41 (17%) had G2 disease. Follow-up was 65.9±40.3 months. In the total study cohort we analysed 5- and 10-year survival: G1 bronchopulmonary tumor (survival 96% and 94%) was significantly different ($p < 0.001$) from G2 bronchopulmonary tumor (survival 87% and 46%), stage I (survival 94% and 85%) was significantly different ($p = 0.02$) from stage >I (survival 86% and 59%), nodal involvement (survival 83% and 57%) was significantly different ($p = 0.02$) in comparison to patients without nodal involvement (survival 94% and 84%), distant metastases (survival 80% and 27%) was significantly different ($p = 0.001$) compared to patients without distant metastases (survival 94% and 84%), occurrence of symptoms before operation (survival 96% and 84%) was significantly different from patients presenting no symptoms before operation (survival 86% and 67%). Conclusion: Prognosis was influenced by histological subtype, stage of disease, occurrence of symptoms before operation, lymph node involvement and distant metastases.