

## ARBRES DECISIONNELS

### 1. Stades I et II

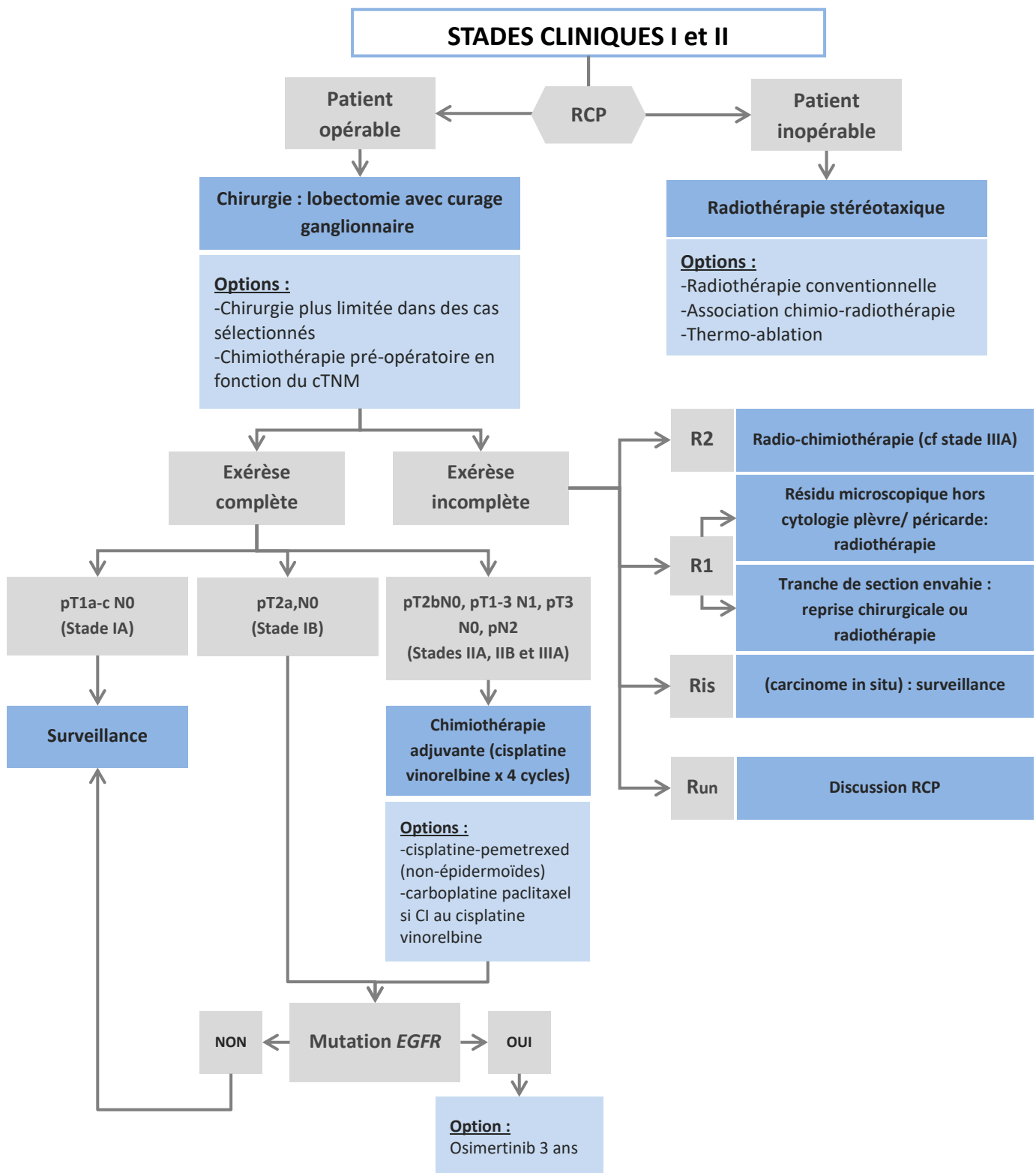


Figure 8 - Arbre décisionnel pour les stades cl et cII



2. Stades cIIIA

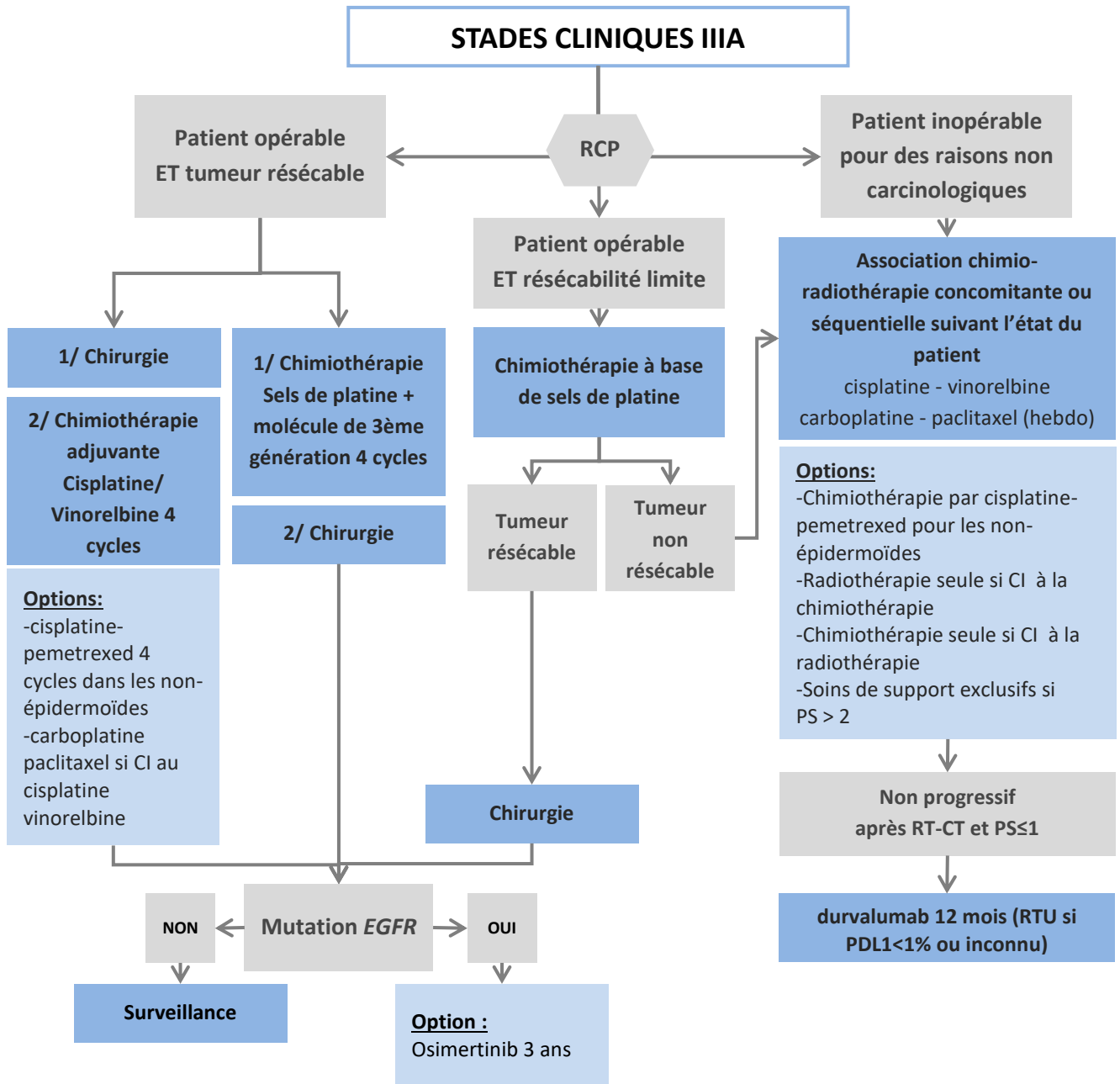


Figure 9 – Arbre décisionnel pour les stades cIIIA

3. Stades IIIB - IIIC

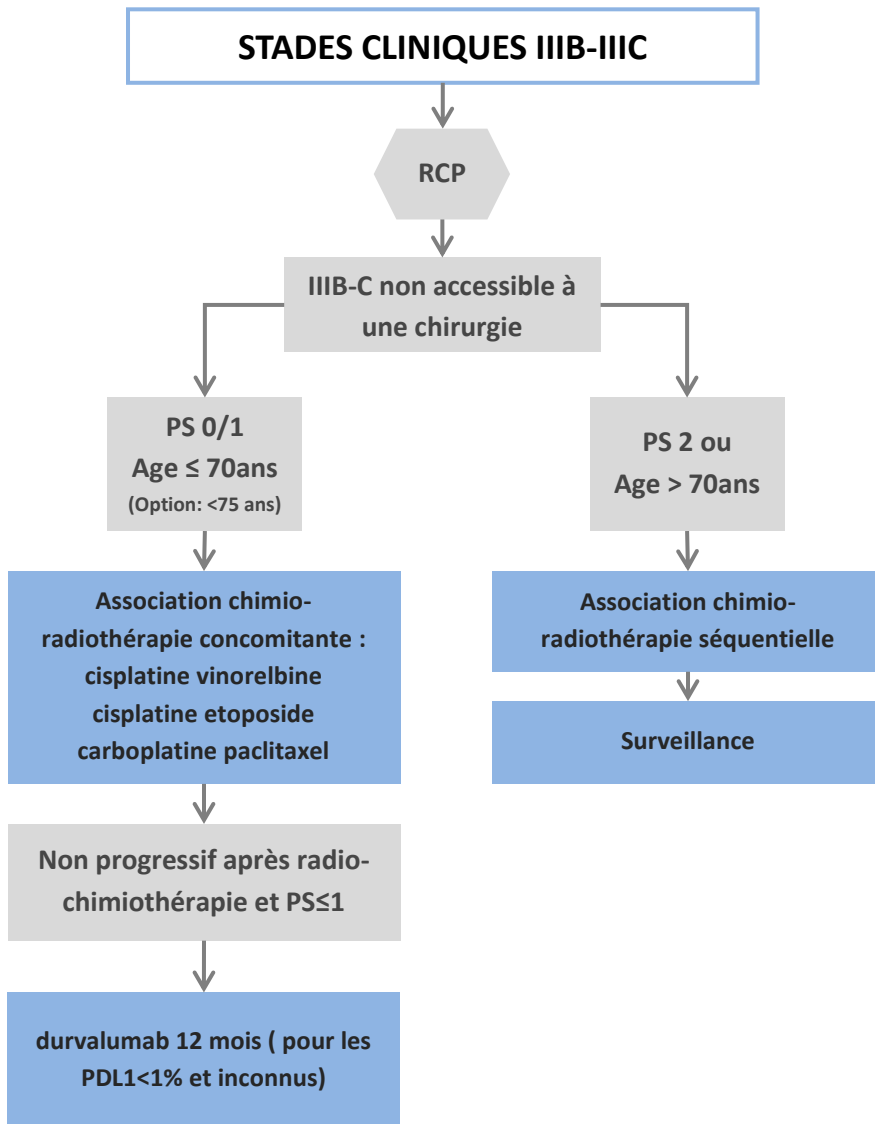


Figure 10 – Arbre décisionnel pour les stades cIIIB-IIIC

4. Tumeurs de l'apex

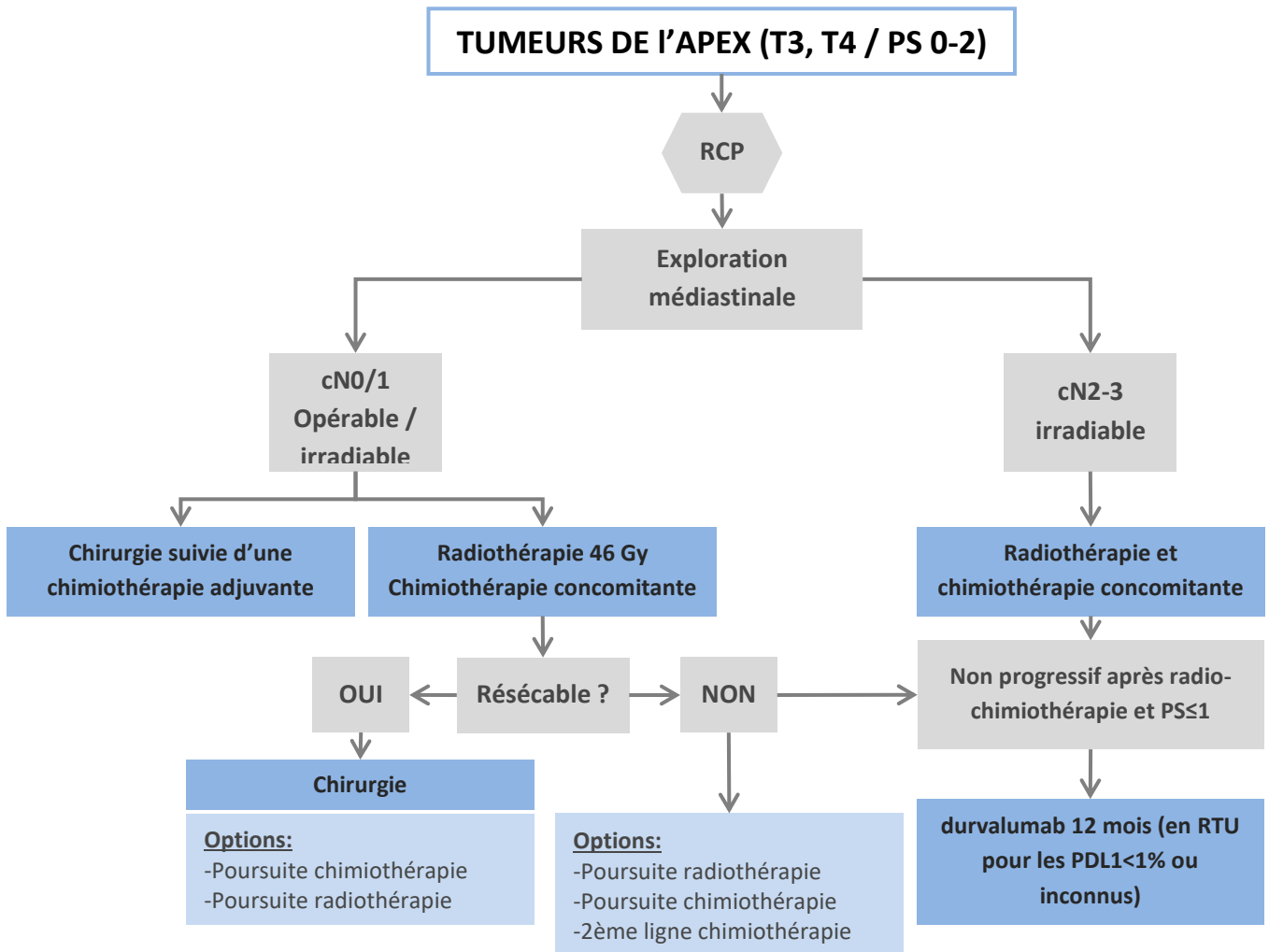


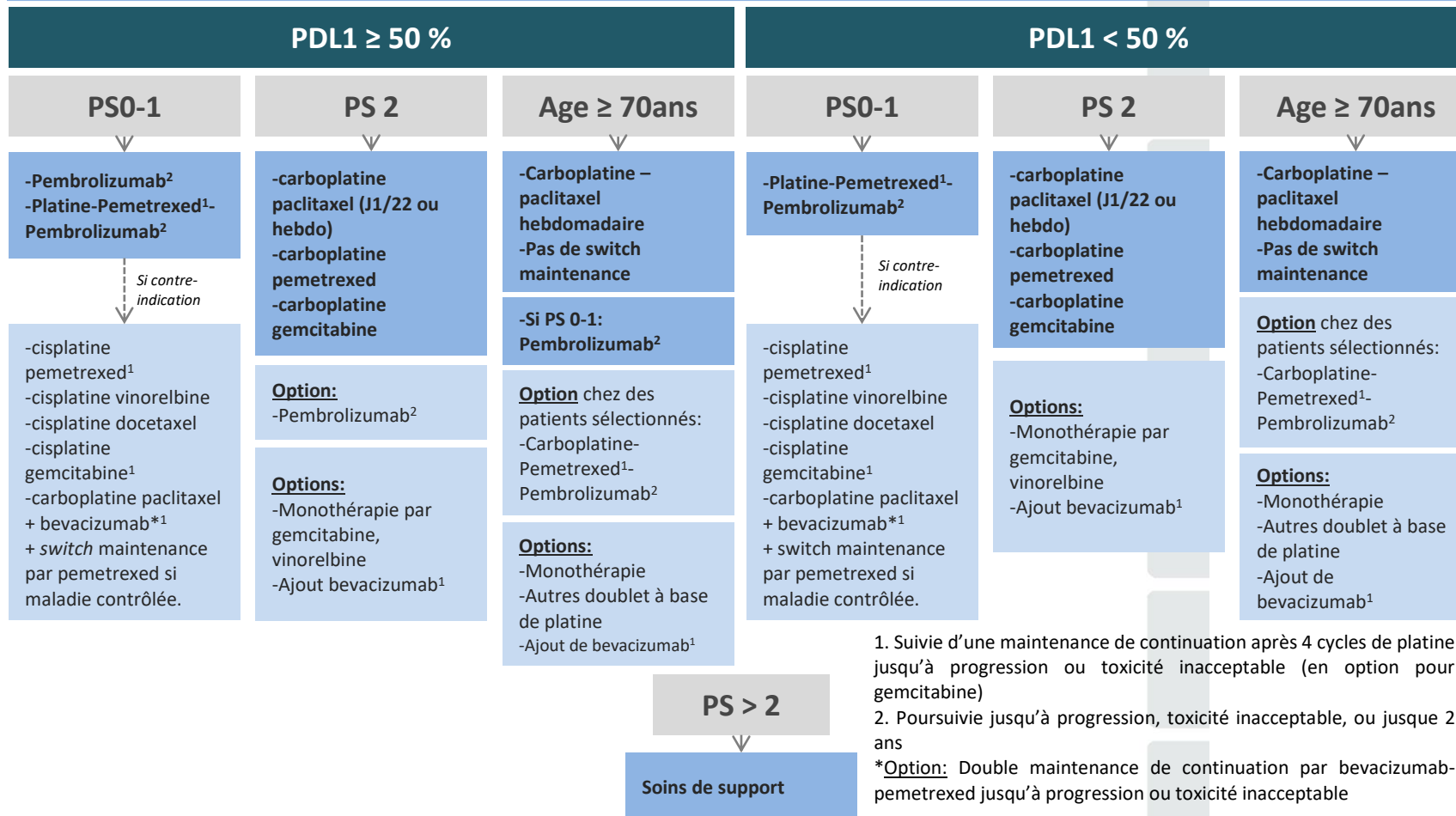
Figure 11 – Arbre décisionnel pour les tumeurs de l'apex



5. Stade IV / Carcinome NON épidermoïde / 1<sup>ère</sup> ligne

Cancer bronchiques non à petites cellules

**CANCERS NON-EPIDERMOÏDES DE STADE cIV SANS altération ciblable**



1. Suivie d’une maintenance de continuation après 4 cycles de platine jusqu’à progression ou toxicité inacceptable (en option pour gemcitabine)

2. Poursuivie jusqu’à progression, toxicité inacceptable, ou jusque 2 ans

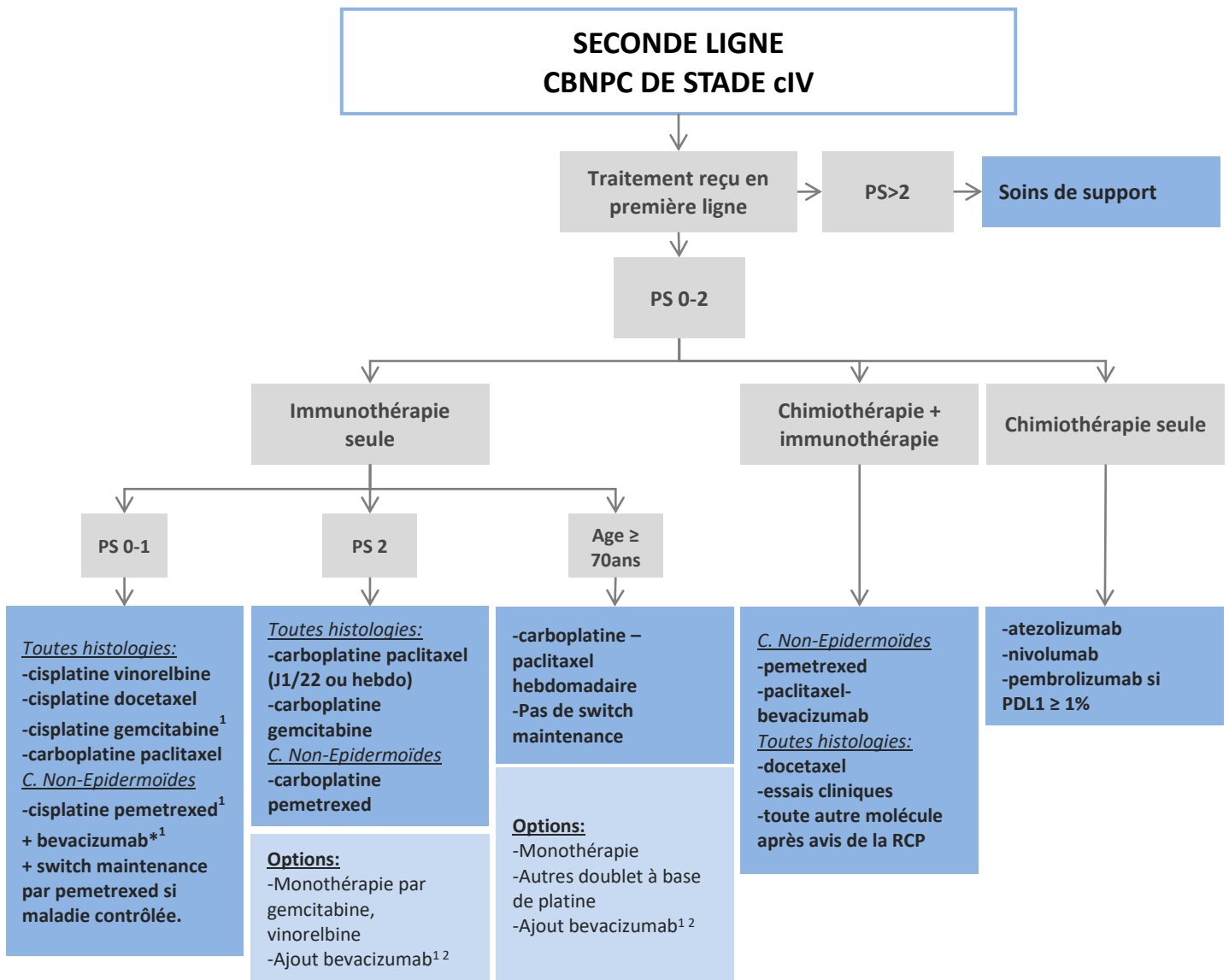
\*Option: Double maintenance de continuation par bevacizumab-pemetrexed jusqu’à progression ou toxicité inacceptable

Figure 12 – Arbre décisionnel pour les carcinomes NON épidermoïdes de stade IV.





7. Stade IV / Seconde ligne



1. Suivie d'une maintenance de continuation après 4 cycles de platine jusqu'à progression ou toxicité inacceptable (en option pour gemcitabine)

2. Uniquement dans les non-épidermoïdes

\***Option:** Double maintenance de continuation par bevacizumab-pemetrexed jusqu'à progression ou toxicité inacceptable

Figure 14 – Arbre décisionnel pour les CBNPC de stade IV en seconde ligne





Cancer bronchiques non à petites cellules

8. Mutation EGFR

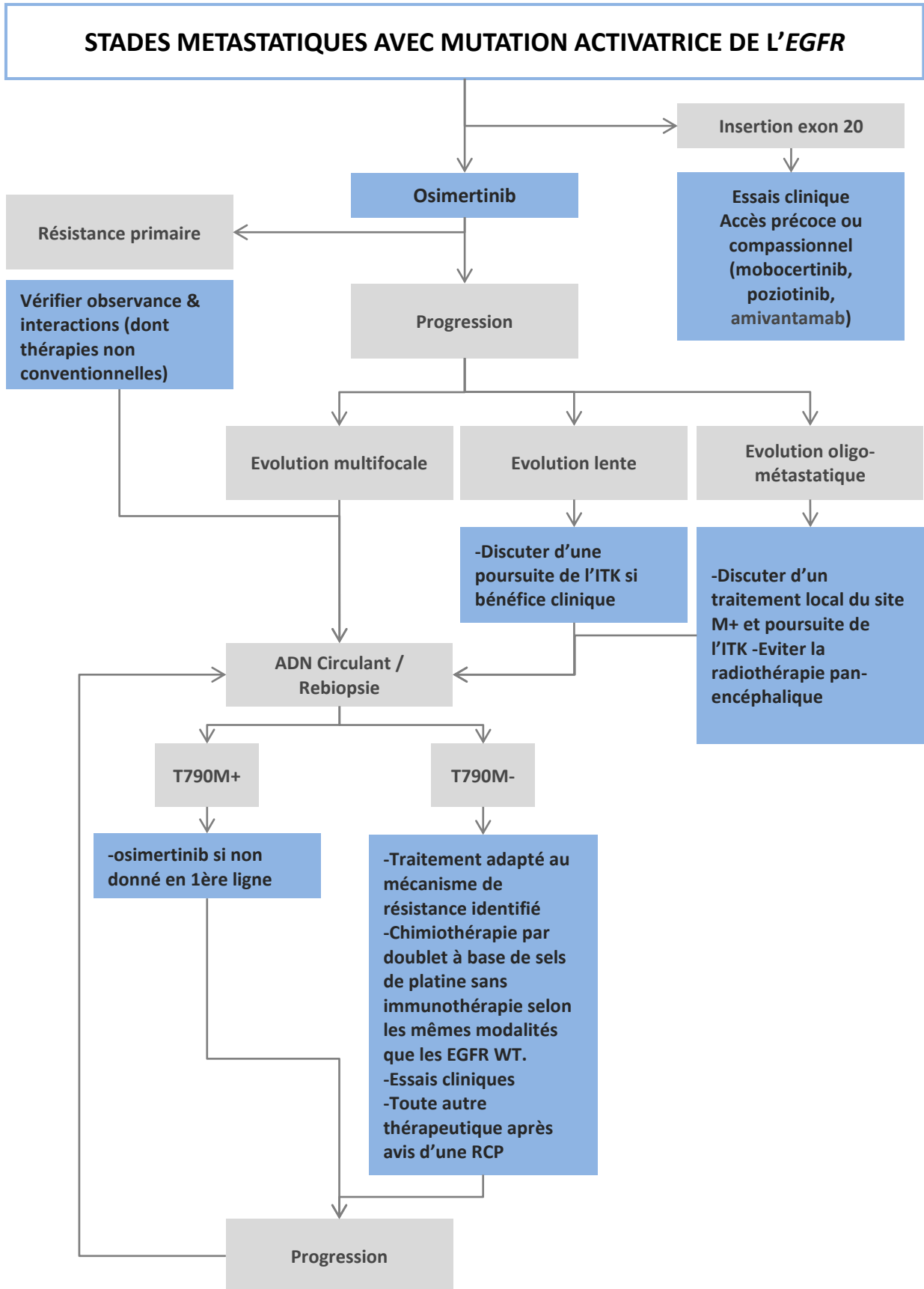


Figure 15 – Arbre décisionnel pour les cancers de stade IV avec mutation activatrice de l'EGFR



9. Réarrangement ALK

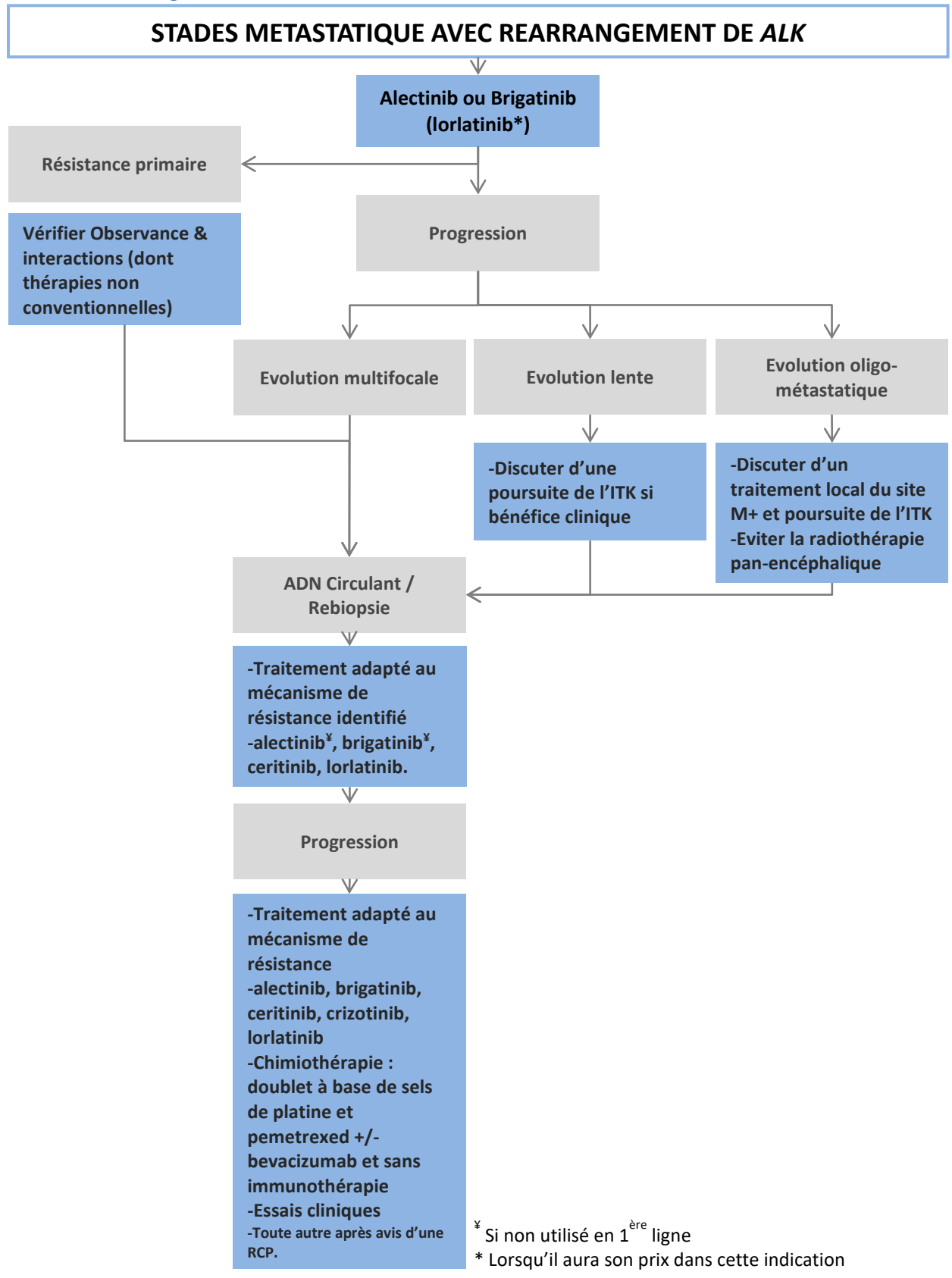


Figure 16 – Arbre décisionnel pour les cancers de stade IV avec réarrangement ALK

## ANNEXE 1 : CLASSIFICATION ANATOMO-PATHOLOGIE 2021 (5)

Types et sous-types histologiques	Code ICD-O
<b>TUMEURS EPITHELIALES</b>	
[...]	
<b>Lésions glandulaires pré-invasives</b>	
Hyperplasie adénomateuse atypique	8250/0
Adénocarcinome <i>in situ</i>	
Non mucineux	8250/2
Mucineux	8253/2
<b>Adénocarcinome</b>	
Adénocarcinome minimallement invasif	
Non-mucineux	8256/3
Mucineux	8257/3
Adénocarcinome invasif non-mucineux	
Adénocarcinome lépidique	8250/3
Adénocarcinome acinaire	8551/3
Adénocarcinome papillaire	8260/3
Adénocarcinome micro papillaire	8265/3
Adénocarcinome solide	8230/3
Adénocarcinome Invasif mucineux	8253/3
Adénocarcinome invasif mixte mucineux et non-mucineux	8254/3
Adénocarcinome colloïde	8480/3
Adénocarcinome fœtal	8333/3
Adénocarcinome entérique	8144/3
Adénocarcinome NOS	8140/3
<b>Lésions épidermoïdes pré-invasives</b>	
Carcinome épidermoïde <i>in situ</i>	8070/2
Dysplasie malpighienne légère	8077/0
Dysplasie malpighienne modérée	8077/2
Dysplasie malpighienne sévère	8077/2
<b>Carcinome malpighien (ou épidermoïde)</b>	
Carcinome malpighien NOS	8070/3
Carcinome malpighien kératinisant	8071/3
Carcinome malpighien non kératinisant	8072/3
Carcinome malpighien basaloïde	8083/3
Carcinome lymphoépithélial	8082/3
<b>Carcinome à grandes cellules</b>	
Carcinome à grandes Cellules	8012/3
<b>Carcinomes adénosquameux</b>	
Carcinome adénosquameux	8560/3
<b>Carcinomes sarcomatoïdes</b>	
Carcinome pléomorphe	8022/3
Carcinome à cellules géantes	8031/3
Carcinome à cellules fusiformes	8032/3
Blastome pulmonaire	8972/3
Carcinosarcome	8980/3
<b>Autres tumeurs épithéliales</b>	
Carcinome NUT	8023/3
Tumeur thoracique indifférenciée SMARCA4 déficiente	8044/3
<b>Tumeurs de type glandes salivaires</b>	
Adénome pléomorphe	8940/0
Carcinome adénoïde kystique	8200/3
Carcinome épithélial-myoépithélial	8562/3
Carcinome mucoépidermoïde	8430/3
Carcinome à cellules claires hyalinisant	8310/3
Myoépithéliome	8982/0
Carcinome muyoépithélial	8982/3

**TUMEURS NEUROENDOCRINES PULMONAIRES****Lésions pré-invasives**

Hyperplasie diffuse idiopathique à cellules neuroendocrines 8040/0

**Tumeurs neuroendocrines**

Tumeur carcinoïde NOS / tumeur neuroendocrine NOS 8240/3

Tumeur carcinoïde typique / tumeur neuroendocrine de grade 1 8240/3

Tumeur carcinoïde atypique / tumeur neuroendocrine de grade 2 8249/3

**Carcinomes neuroendocrines**

Carcinome à petites cellules 8041/3

Carcinome à petites cellules composite 8045/3

**Carcinome neuroendocrine à grandes cellules****8013/3**

Carcinome neuroendocrine à grandes cellules composite 8013/3

**TUMEURS MESENCHYMATEUSES SPECIFIQUES AU POUMON**

Hamartome pulmonaire 8992/0

Chondrome 9220/0

Lymphangiomatose diffuse pulmonaire 9170/3

Blastome pleuropulmonaire 8973/3

Sarcome intimal 9137/3

Tumeur myofibroblastique congénitale péri bronchique 8827/1

Sarcome myxoïde pulmonaire avec fusion EWSR1-CREB1 8842/3

**PECome**

Lymphangioliomyomatose 9174/1

PECome bénin 8714/0

PECome malin 8714/3

[...]

Terminologie sur biopsies/cytologies	Morphologies / IHC	Terminologie sur pièces opératoires
Adénocarcinome (décrire les architectures)	Morphologie d'adénocarcinome	Adénocarcinome Architecture : Lépidique Acinaire Papillaire Solide Micro papillaire
Adénocarcinome avec architecture lépidique (si pur, préciser que sur petits prélèvements, on ne peut exclure à un adénocarcinome invasif)		Adénocarcinome avec invasion minime, adénocarcinome <i>in situ</i> , adénocarcinome invasif avec architecture lépidique
Adénocarcinome invasif mucineux (décrire les architectures ; utiliser le terme d'adénocarcinome mucineux avec architecture lépidique si architecture lépidique pure sur petits prélèvements)		Adénocarcinome invasif mucineux
Adénocarcinome avec caractéristiques colloïdes		Adénocarcinome colloïde
Adénocarcinome avec caractéristiques fœtales		Adénocarcinome fœtal
Adénocarcinome avec caractéristiques entériques		Adénocarcinome de type entérique
Carcinome non à petites cellules, en faveur d'un adénocarcinome	Pas de morphologie d'adénocarcinome mais IHC spécifique évocatrice (ex: TTF1)	Adénocarcinome (l'architecture solide pourrait être juste un composant de la tumeur).
Carcinome malpighien (ou épidermoïde)	Morphologie évidente	Carcinome malpighien (ou épidermoïde)
Carcinome non à petites cellules, en faveur d'un carcinome malpighien	Pas de morphologie de carcinome épidermoïde mais IHC spécifique évocatrice (ex: P40)	Carcinome malpighien (le caractère non-kératinisant) pourrait être juste un composant de la tumeur).
Carcinome non à petites cellules sans spécification ("NSCC-NOS »)	Absence de morphologie glandulaire, malpighienne ou Neuroendocrine ; absence de caractéristiques en IHC	Carcinome à grandes cellules

**Tableau 5 – Terminologie pour les adénocarcinomes, carcinomes malpighiens et carcinomes non à petites cellules sur biopsies et cytologies en comparaison à celle sur pièces opératoires (d'après (130,131))**



Sous-type	Critères diagnostiques
<b>Adénocarcinome <i>in situ</i> (AIS)</b>	<ul style="list-style-type: none"> <li>✓ Petite tumeur ≤ 3 cm</li> <li>✓ Adénocarcinome isolé</li> <li>✓ Architecture lépidique pure</li> <li>✓ Absence d'invasion stromale, vasculaire ou pleurale</li> <li>✓ Absence d'architecture invasive (acinaire, papillaire, micro papillaire, solide, colloïde, de type intestinal, fœtal ou mucineux invasif)</li> <li>✓ Pas de dissémination endoalvéolaire</li> <li>✓ Cellules le plus souvent non mucineuses (pneumocytes type II ou cellules de Clara), rarement mucineuses (cellules cylindriques avec noyau basal et abondant mucus intracytoplasmique et parfois des aspects de cellules à gobelet)</li> <li>✓ Atypies nucléaires absentes ou discrètes</li> <li>✓ Parois alvéolaires fibreuses ou riches en fibres élastiques, notamment dans les AIS non mucineux</li> </ul>
<b>Adénocarcinome avec invasion minime (MIA)</b>	<ul style="list-style-type: none"> <li>✓ Petite tumeur ≤ 3 cm</li> <li>✓ Adénocarcinome isolé</li> <li>✓ Architecture lépidique prédominante</li> <li>✓ Invasion ≤ 0,5 cm (dans ses grandes dimensions et par foyer)</li> <li>✓ Composante invasive (à mesurer) : <ul style="list-style-type: none"> <li>○ 1) foyer d'architecture acinaire, papillaire, micro papillaire, solide, colloïde, fœtal ou mucineux invasif</li> <li>○ 2) infiltration tumorale, suscitant une réaction du stroma</li> </ul> </li> <li>✓ Diagnostic de MIA exclu si <ul style="list-style-type: none"> <li>○ 1) invasion des vaisseaux lymphatiques, sanguins ou de la plèvre</li> <li>○ 2) nécrose tumorale</li> <li>○ 3) dissémination aérienne (STAS)</li> </ul> </li> <li>✓ Cellules non mucipares (pneumocytes de type II ou cellules de Clara), plus rarement mucineux</li> </ul>

**Tableau 6 – Critères diagnostiques pour l'adénocarcinome *in situ* et l'adénocarcinome avec invasion minime (d'après (130,131))**

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