

## APÉNDICE III: Tipos de repetición

TABLA 1. Detección de posibles instancias de cohesión léxica

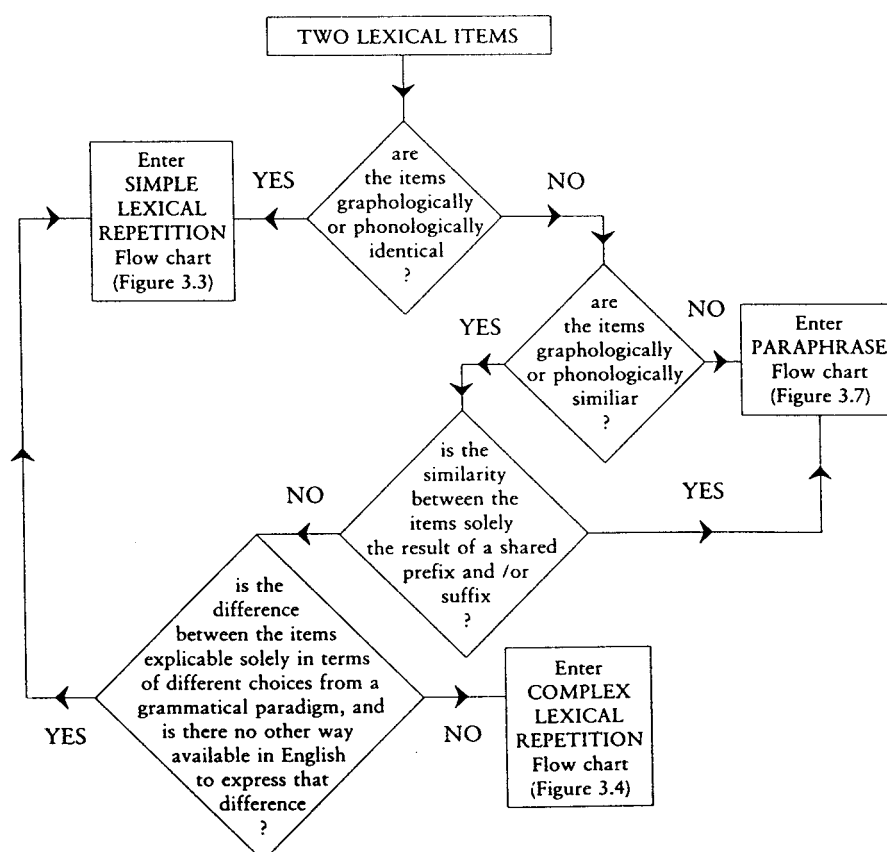


TABLA 2: Repetición léxica simple

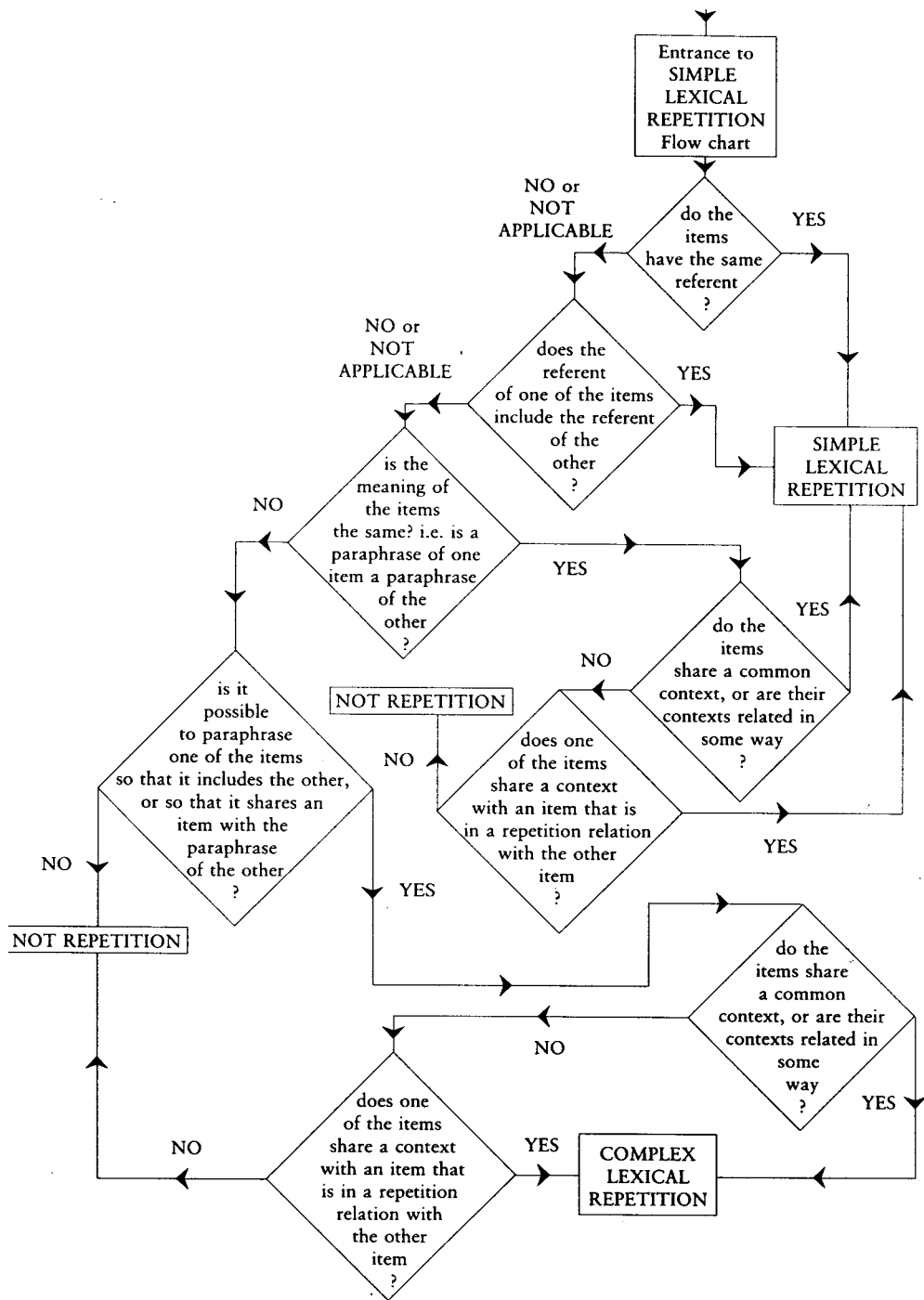


TABLA 3: Repetición léxica compleja

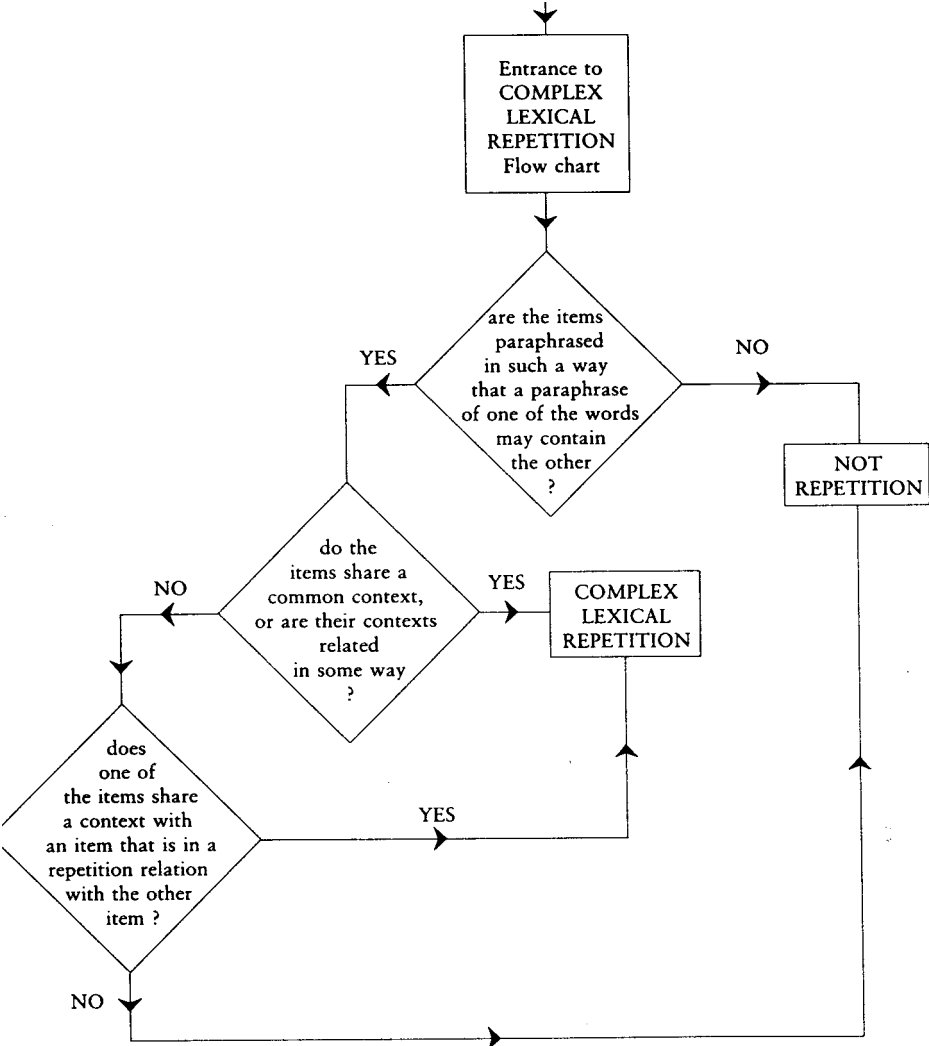
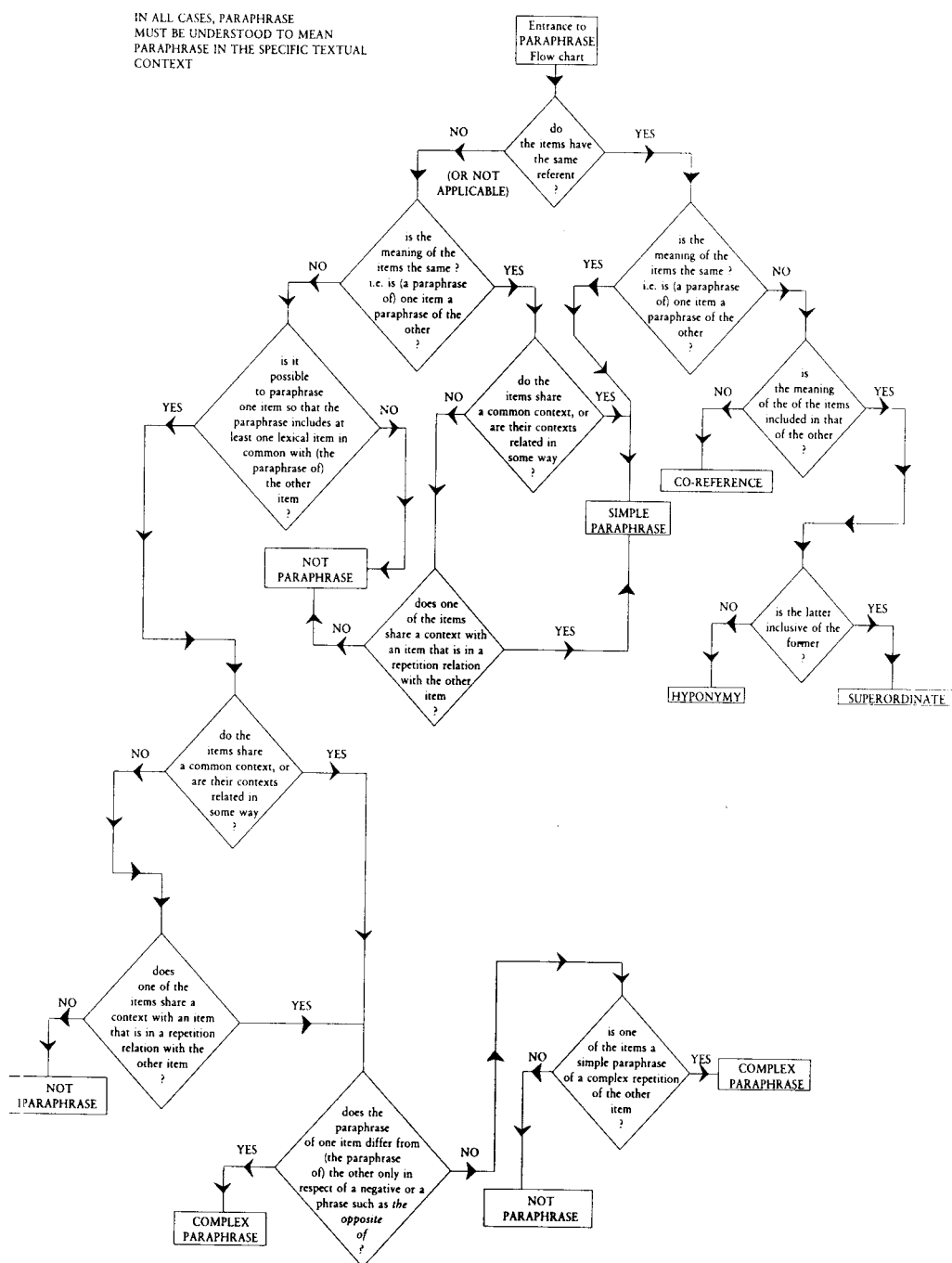


TABLA 4: Paráfrasis



**APÉNDICE IV: Fragmento inicial de *Masters of Political Thought* (en Hoey 1991: 246-247)**

1 What is attempted in the following volume is to present to the reader a series of actual excerpts from the writings of the greatest political theorists of the past; selected and arranged so as to show the mutual coherence of various parts of an author's thought and his historical relation to his predecessors or successors; and accompanied by introductory notes and intervening comments designed to assist the understanding of the meaning and importance of the doctrine quoted. 2 The book does not purport to be a history of political theory, with quotations interspersed to illustrate the history. 3 It is rather a collection of texts, to which I have endeavoured to supply a commentary. 4 I have tried rather to render the work of Aristotle, Augustine, and the rest accessible to the student, than to write a book about them; and the main object of this work will have been achieved if it serves not as a substitute for a further study of the actual works of these authors, but as an incentive to undertake it.

5 Nor does the commentary make any pretension of being exhaustive. 6 Very often after a long passage has been quoted a single point only has been selected for comment; and sometimes this point has been selected not because it was the most important, but because it was one on which I had something to say. 7 I have not tried to cover all the ground, and shall have done my part if the reader is stimulated, by the samples which I have offered, to complete a commentary of his own.

8 The selection has been confined to a few authors, for reasons not only of space, or of limitations of my own knowledge (though either of these reasons would have been sufficient), but because it is part of the plan of the book to concentrate attention upon the most important works. 9 A knowledge of Plato's *Republic*, of Aristotle's *Politics*, of parts of Augustine's *City of God*, belongs to a general education. 10 The works of lesser writers, or the lesser works of these writers, are doubtless worth reading; but a man who is not a specialist may ignore them without reproach.

11 If the commentary is secondary to the text, still more so must be any introductory remarks which I make here. 12 In commending the writings which follow to the reader's attention, I will indeed stake my credit on the assertion that the study of them will correct the judgment and enlighten the understanding upon matters in which it is important to be enlightened and correct. 13 But if a proof of this assertion is demanded, there is no proof except that of asking the inquirer to make the experiment. 14 The introducer may suggest lines of reasoning, he may try to convey certain lights which he has himself derived from the study, but in doing this he must be tentative and not dogmatic, and in the last resort he must say to the reader, "Go and read for yourself, and try whether this is confirmed by your experience." 15 In this respect his position is like that of the critic of a work of art. 16 However useful the critic's remarks may be in preparing an approach to the work, they can never dispense the reader from the necessity of studying the work itself, nor deprive him of the right, on the basis of this study, of turning critic himself and standing in judgment on the reasonings by which he was led to it in the first place.

## **APÉNDICE V: Matriz de repetición del texto del Apéndice IV**

TABLA 1. Desarrollo de la primera línea de la matriz de repetición en Tabla 2 (Hoey 1991: 88-89)

	(1)	attempted following volume present reader actual writings political theorists selected author's historical introductory notes intervening comments importance quoted excerpt
(2)	sr cr cr cr smp spp	book political theory history interspersed quotations
(3)	cr spp	endeavoured commentary
(4)	sr sr smp spp spp	tried book actual works author
(5)	cr	commentary
(6)	sr cr smp	comment quoted passage
(7)	sr cr smp spp	tried offered reader commentary
(8)	sr cr cr smp spp	book words 'politics' selection author important
(9)	cr	reading writers
(10)	cr cr	
(11)	sr* cr spp*	introductory remarks commentary
(12)	sr sr cr cr*	follow reader writings important
(13)		
(14)	cr cr* spp	try read introducer
(15)		
(16)	sr	reader

TABLA 2. Matriz de repetición del texto del Apéndice IV (Hoey 1991: 86-87)

[illegible]



**APÉNDICE VI: Matrices de repetición en forma de pares de coordenadas para las oraciones 3-12 del texto 6 del apéndice II.**

**COHESIÓN CON RESPECTO A LA  
TERCERA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 3)	Véase (3, 1)
(2, 3)	Véase (3, 2)
(4, 3)	55. Spontaneous chromosome aberrations 56. Peripheral blood lymphocytes (PLBs) / PLBs 57. Lung carcinoma / lung carcinoma patients
(5, 3)	58. Authors 59. Spontaneous chromosome aberrations / chromosome aberrations 60. Lung carcinoma / cancer
(6, 3)	61. Spontaneous chromosome aberrations / spontaneous aberrations
(7, 3)	62. Lung carcinoma / cancer
(8, 3)	63. Spontaneous chromosome aberrations / chromosome 9 aberrations Significant / significantly 64. Lung carcinoma / cancer
(9, 3)	65. Lung carcinoma 66. Spontaneous chromosome aberrations / chromosome 9 aberrations
(10, 3)	67. Spontaneous chromosome aberrations 68. Lung carcinoma / cancer
(11, 3)	69. Spontaneous chromosome aberrations / chromosome 9 aberration 70. Lung carcinoma / smoking
(12, 3)	71. Spontaneous chromosome aberrations / chromosome 9 aberrations 72. Lung carcinoma / cancer

**COHESIÓN CON RESPECTO A LA  
CUARTA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 4)	Véase (4, 1)
(2, 4)	Véase (4, 2)
(3, 4)	Véase (4, 3)
(5, 4)	73. Spontaneous chromosome aberrations / chromosome aberrations 74. Patients / individuals 75. self-reported / report 76. Family history of cancer
(6, 4)	77. Patients / individual 78. Family history of cancer / family history 79. Spontaneous chromosome aberrations / spontaneous aberrations
(7, 4)	80. Lung carcinoma patients / patients 81. Cancer
(8, 4)	82. Spontaneous chromosome aberrations / chromosome 9 aberrations 83. Cancer
(9, 4)	84. Family history of cancer 85. Lung carcinoma
(10, 4)	86. Spontaneous chromosome aberrations 87. Family history of cancer 88. Evaluated
(11, 4)	89. Spontaneous chromosome aberrations / chromosome 9 aberrations profile 90. Cancer / smoking
(12, 4)	91. Spontaneous chromosome aberrations / chromosome 9 aberrations 92. Family history of cancer / familial aggregation of cancer 93. Study

**COHESIÓN CON RESPECTO A LA  
QUINTA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 5)	Véase (5, 1)
(2, 5)	Véase (5, 2)
(3, 5)	Véase (5, 3)
(4, 5)	Véase (5, 4)
(6, 5)	94. Individuals / individual 95. Family history of cancer / family history 96. Chromosome aberrations / spontaneous aberrations
(7, 5)	97. Individuals / patients 98. Family / relatives 99. Cancer

(8, 5)	100. Chromosome aberrations / Chromosome 9 aberrations 101. Family history of cancer / first-degree relative with cancer
(9, 5)	102. Family history of cancer 103. Chromosome aberrations / chromosomal aberrations
(10, 5)	104. Chromosome aberrations / spontaneous chromosome aberrations 105. Family history of cancer
(11, 5)	106. Chromosome aberrations / Chromosome 9 aberration (profile) 107. Cancer / smoking
(12, 5)	108. Chromosome aberrations / Chromosome 9 aberrations 109. Family history of cancer / familial aggregation of cancer

**COHESIÓN CON RESPECTO A LA  
SEXTA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 6)	Véase (6, 1)
(2, 6)	Véase (6, 2)
(3, 6)	Véase (6, 3)
(4, 6)	Véase (6, 4)
(5, 6)	Véase (6, 5)
(7, 6)	110. Individual / patients 111. Family / relatives
(8, 6)	112. Spontaneous aberrations/ Chromosome 9 aberrations 113. Family / relative

(9, 6)	114. Family history / family history of cancer 115. Spontaneous aberrations/ Chromosomal aberrations
(10, 6)	116. Spontaneous aberrations/ Spontaneous chromosome aberrations 117. Family history / family history of cancer
(11, 6)	118. Spontaneous aberrations/ chromosome 9 aberration (profile)
(12, 6)	119. Spontaneous aberrations/ chromosome 9 aberrations 120. Family history / familial aggregation of cancer

**COHESIÓN CON RESPECTO A LA  
SÉPTIMA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 7)	Véase (7, 1)
(2, 7)	Véase (7, 2)
(3, 7)	Véase (7, 3)
(4, 7)	Véase (7, 4)
(5, 7)	Véase (7, 5)
(6, 7)	Véase (7, 6)
(8, 7)	121. First-degree relatives with cancer / first degree relative with cancer
(9, 7)	122. First-degree relatives with cancer / family history of cancer
(10, 7)	123. First-degree relatives with cancer / family history of cancer
(11, 7)	124. Cancer / smoking
(12, 7)	125. First-degree relatives with cancer / familial aggregation of cancer

**COHESIÓN CON RESPECTO A LA  
OCTAVA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 8)	Véase (8, 1)
(2, 8)	Véase (8, 2)
(3, 8)	Véase (8, 3)
(4, 8)	Véase (8, 4)
(5, 8)	Véase (8, 5)
(6, 8)	Véase (8, 6)
(7, 8)	Véase (8, 7)
(9, 8)	126. Relative / family 127. Chromosome 9 aberrations chromosomal aberrations 128. Cancer / cancers
(10, 8)	129. Chromosome 9 aberrations 130. First-degree relative with cancer / Family history of cancer
(11, 8)	131. Chromosome 9 aberrations / Chromosome 9 aberration (profile) 132. Cancer / smoking
(12, 8)	133. Chromosome 9 aberrations 134. First-degree relative with cancer / Familial aggregation of cancer

**COHESIÓN CON RESPECTO A LA  
NOVENA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 9)	Véase (9, 1)
(2, 9)	Véase (9, 2)
(3, 9)	Véase (9, 3)
(4, 9)	Véase (9, 4)
(5, 9)	Véase (9, 5)
(6, 9)	Véase (9, 6)
(7, 9)	Véase (9, 7)
(8, 9)	Véase (9, 8)

(10, 9)	135. Family history of cancer 136. Chromosomal aberrations / Chromosome 9 aberrations 137. Associated / associations
(11, 9)	138. Cancers / smoking 139. Associated / associations 140. Chromosomal aberrations / Chromosome 9 aberration (profile)
(12, 9)	141. Family history of cancer / familial aggregation of cancer 142. Chromosomal aberrations / Chromosome 9 aberrations 143. Associated 144. Cancers / cancer (Adj)

**COHESIÓN CON RESPECTO A LA  
DÉCIMA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 10)	Véase (10, 1)
(2, 10)	Véase (10, 2)
(3, 10)	Véase (10, 3)
(4, 10)	Véase (10, 4)
(5, 10)	Véase (10, 5)
(6, 10)	Véase (10, 6)
(7, 10)	Véase (10, 7)
(8, 10)	Véase (10, 8)
(9, 10)	Véase (10, 9)
(11, 10)	145. Chromosome 9 aberrations/ chromosome 9 aberration (profile) 146. Associations 147. Cancer smoking
(12, 10)	148. Chromosome 9 aberrations 149. Family history of cancer / familial aggregation of cancer 150. Associations / associated

**COHESIÓN CON RESPECTO A LA  
UNDÉCIMA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 11)	Véase (11, 1)
(2, 11)	Véase (11, 2)
(3, 11)	Véase (11, 3)
(4, 11)	Véase (11, 4)
(5, 11)	Véase (11, 5)
(6, 11)	Véase (11, 6)

(7, 11)	Véase (11, 7)
(8, 11)	Véase (11, 8)
(9, 11)	Véase (11, 9)
(10, 11)	Véase (11, 10)
(12, 11)	151. Chromosome 9 aberration (profile) / Chromosome 9 aberrations 152. Associations /associated 153. Smoking / cancer

**COHESIÓN CON RESPECTO A LA  
DUODÉCIMA ORACIÓN (TABLA A)**

PAR COHESIVO	UNIDAD LÉXICA EN ORAC. PRECEDENTE / EN ORACIÓN POSTERIOR
(1, 12)	Véase casillas correspondientes
(2, 12)	
(3, 12)	
(4, 12)	
(5, 12)	
(6, 12)	
(7, 12)	
(8, 12)	
(9, 12)	
(10, 12)	
(11, 12)	

## **APÉNDICE VII: Resultados de *Hesperus***

**VII a:** Perspectiva general de los 36 textos del *PDQ* (*Cancer Treatment Information summaries, Supportive Care and Advocacy Issues*)

**VII b:** Perfil del texto QDT2 (TEXTO 10)

**VII c:** Versión de QDT2 con hipervínculos hacia las cadenas léxicas

**VII d:** Representación de la cadena 1 del texto QDT2

**VII e:** Representación tabular de las cadenas reconocidas por *Hesperus*.

## APÉNDICE VII a: Perspectiva general de los 36 textos del *PDQ*

QDT: Cancer Treatment Information Summaries for Health Professionals

QPT: Cancer Treatment Information Summaries for Patients

QDC: Supportive Care and Advocacy Issues for Health Professionals

QPC: Supportive Care and Advocacy Issues for Patients

Case: 35

[QDT1.txt](#) 1.00 (505 words, 10536 total)

([Chains](#), [Profile](#))

Case: 34

[QDCOra.txt](#) 0.21 (2180 words, 40659 total)

([Chains](#), [Profile](#))

Case: 33

[QDT2.txt](#) 0.20 (2470 words, 46217 total)

([Chains](#), [Profile](#))

Case: 32

[QDCPos.txt](#) 0.19 (1824 words, 23812 total)

([Chains](#), [Profile](#))

Case: 31

[QDCCons.txt](#) 0.19 (2159 words, 58349 total)

([Chains](#), [Profile](#))

Case: 30

[QDCNut.txt](#) 0.19 (2272 words, 55327 total)

([Chains](#), [Profile](#))

Case: 29

[QPCLos.txt](#) 0.18 (2039 words, 46469 total)

([Chains](#), [Profile](#))

Case: 28

[QDCPru.txt](#) 0.18 (1758 words, 42276 total)

([Chains](#), [Profile](#))

Case: 27

[QDT3.txt](#) 0.17 (1648 words, 30223 total)

([Chains](#), [Profile](#))

Case: 26

[QDCHyp.txt](#) 0.17 (3025 words, 63480 total)

([Chains](#), [Profile](#))

Case: 25

[QDCAnx.txt](#) 0.17 (1489 words, 35427 total)

([Chains](#), [Profile](#))

Case: 24  
[QDCTra.txt](#) 0.16 (1412 words, 30701 total)  
([Chains](#), [Profile](#))

Case: 23  
[QDCNau.txt](#) 0.16 (2333 words, 38513 total)  
([Chains](#), [Profile](#))

Case: 22  
[QPCNau.txt](#) 0.15 (707 words, 17882 total)  
([Chains](#), [Profile](#))

Case: 21  
[QPCFat.txt](#) 0.15 (1198 words, 26372 total)  
([Chains](#), [Profile](#))

Case: 20  
[QDCSle.txt](#) 0.15 (1554 words, 38774 total)  
([Chains](#), [Profile](#))

Case: 19  
[QPCOra.txt](#) 0.15 (1415 words, 29522 total)  
([Chains](#), [Profile](#))

Case: 18  
[QDCLos.txt](#) 0.14 (2871 words, 63084 total)  
([Chains](#), [Profile](#))

Case: 17  
[QPCAnx.txt](#) 0.14 (931 words, 24276 total)  
([Chains](#), [Profile](#))

Case: 16  
[QDCFat.txt](#) 0.14 (1987 words, 44515 total)  
([Chains](#), [Profile](#))

Case: 15  
[QPT1.txt](#) 0.14 (704 words, 17351 total)  
([Chains](#), [Profile](#))

Case: 14  
[QPCHyp.txt](#) 0.13 (990 words, 20224 total)  
([Chains](#), [Profile](#))

Case: 13  
[QPT3.txt](#) 0.12 (562 words, 15327 total)  
([Chains](#), [Profile](#))

Case: 12  
[QDCLym.txt](#) 0.11 (1717 words, 33784 total)  
([Chains](#), [Profile](#))



Case: 11  
[QPClym.txt](#) 0.11 (1075 words, 24054 total)  
([Chains](#), [Profile](#))

Case: 10  
[QPT2.txt](#) 0.11 (553 words, 17424 total)  
([Chains](#), [Profile](#))

Case: 9  
[QPCNut.txt](#) 0.09 (1406 words, 41744 total)  
([Chains](#), [Profile](#))

Case: 8  
[QPCPos.txt](#) 0.08 (911 words, 17791 total)  
([Chains](#), [Profile](#))

Case: 7  
[QDCFev.txt](#) 0.08 (838 words, 18657 total)  
([Chains](#), [Profile](#))

Case: 6  
[QDCFev.txt](#) 0.08 (512 words, 16160 total)  
([Chains](#), [Profile](#))

Case: 5  
[QDCDel.txt](#) 0.07 (759 words, 13805 total)  
([Chains](#), [Profile](#))

Case: 4  
[QPCTra.txt](#) 0.07 (1530 words, 38419 total)  
([Chains](#), [Profile](#))

Case: 3  
[QPCCon.txt](#) 0.07 (679 words, 18391 total)  
([Chains](#), [Profile](#))

Case: 2  
[QPCDel.txt](#) 0.05 (339 words, 9490 total)  
([Chains](#), [Profile](#))

Case: 1  
[QPCPru.txt](#) 0.05 (476 words, 13136 total)  
([Chains](#), [Profile](#))

Case: 0  
[QPCSle.txt](#) 0.03 (323 words, 9852 total)  
([Chains](#), [Profile](#))

## Apéndice VII b: Perfil del texto QDT2

Document Profile: No file name (default), Score 0.00000, 196 Features,  
Total 46217 (0)

therapy_658_4268_n Percent: 21.07,	Value: 9737
sick-person_651_4202_n Percent: 7.02,	Value: 3246
show_522_3381_v Percent: 5.69,	Value: 2628
minuteness_196_1271_n Percent: 3.46,	Value: 1600
surgery_658_4267_n Percent: 3.02,	Value: 1396
medical_658_4274_a Percent: 2.72,	Value: 1255
experiment_461_2959_n Percent: 2.64,	Value: 1220
cancer_651_4195_n Percent: 2.56,	Value: 1183
respiratory-disease_651_4192_n Percent: 1.90,	Value: 880
piece_53_370_n Percent: 1.84,	Value: 850
existence_1_1_n Percent: 1.73,	Value: 799
fundamental_156_978_a Percent: 1.67,	Value: 770
remedial_658_4273_a Percent: 1.66,	Value: 769
durability_113_697_n Percent: 1.62,	Value: 750
swelling_253_1658_n Percent: 1.56,	Value: 721
transference_272_1809_n Percent: 1.50,	Value: 692
quantity_26_160_n Percent: 1.23,	Value: 567
time_108_672_n Percent: 1.20,	Value: 553
small_33_224_a Percent: 1.15,	Value: 533
medical-art_658_4266_n Percent: 1.11,	Value: 514
part_53_366_n Percent: 1.09,	Value: 504
limit_236_1565_n Percent: 1.08,	Value: 500
diagnostic_658_4258_n Percent: 0.97,	Value: 449
medicine_658_4257_n Percent: 0.94,	Value: 433
scission_46_315_n Percent: 0.88,	Value: 405
sick_651_4205_a Percent: 0.87,	Value: 402
effect_157_982_n Percent: 0.84,	Value: 388
distant_199_1297_a Percent: 0.84,	Value: 386
lateral_239_1582_a Percent: 0.76,	Value: 351
disease_651_4187_n Percent: 0.69,	Value: 317
blood_335_2239_n Percent: 0.68,	Value: 314
union_45_297_n Percent: 0.65,	Value: 301
attempting_671_4357_a Percent: 0.65,	Value: 300
regularity_81_541_n Percent: 0.65,	Value: 300
surveillance_457_2921_n Percent: 0.65,	Value: 300
party_708_4561_n Percent: 0.65,	Value: 300
be-near_200_1307_v Percent: 0.65,	Value: 300
careful_457_2922_a Percent: 0.57,	Value: 265
dramaturgy_594_3804_n Percent: 0.53,	Value: 245
remedy_658_4275_v Percent: 0.52,	Value: 242
ulcer_651_4198_n Percent: 0.51,	Value: 237
superior_34_235_a Percent: 0.49,	Value: 225
composition_56_391_n Percent: 0.48,	Value: 223
literal_558_3619_a Percent: 0.47,	Value: 216
date_108_674_n Percent: 0.43,	Value: 200
evidence_466_2993_n Percent: 0.43,	Value: 200
dissimilar_19_118_a Percent: 0.39,	Value: 182
production_164_1050_n Percent: 0.38,	Value: 175
speech_579_3706_n Percent: 0.38,	Value: 175
illness_651_4186_n Percent: 0.37,	Value: 172
pathology_651_4203_n Percent: 0.36,	Value: 168

important_638_4094_a	Percent: 0.36,	Value: 166
different_15_94_a	Percent: 0.35,	Value: 164
hanging-object_217_1409_n	Percent: 0.33,	Value: 154
separate_46_317_a	Percent: 0.32,	Value: 150
long-duration_113_696_n	Percent: 0.32,	Value: 150
be_1_6_v	Percent: 0.32,	Value: 150
useful_640_4108_a	Percent: 0.32,	Value: 150
towards_281_1902_r	Percent: 0.32,	Value: 150
age_131_818_n	Percent: 0.32,	Value: 150
set-apart_46_321_v	Percent: 0.32,	Value: 150
exhibit_522_3375_n	Percent: 0.29,	Value: 134
study_536_3481_n	Percent: 0.28,	Value: 131
circumstance_8_48_n	Percent: 0.26,	Value: 122
head_213_1386_n	Percent: 0.26,	Value: 120
require_627_4030_v	Percent: 0.26,	Value: 120
great_32_202_a	Percent: 0.26,	Value: 119
arrangement_62_427_n	Percent: 0.26,	Value: 119
cause_156_979_v	Percent: 0.23,	Value: 108
produce_164_1056_v	Percent: 0.22,	Value: 103
near_200_1309_r	Percent: 0.22,	Value: 102
mark_547_3559_v	Percent: 0.22,	Value: 100
electricity_160_1008_n	Percent: 0.22,	Value: 100
partition_231_1540_n	Percent: 0.22,	Value: 100
sanguineous_335_2241_a	Percent: 0.22,	Value: 100
be-situated_186_1172_v	Percent: 0.22,	Value: 100
undisguised_522_3378_a	Percent: 0.21,	Value: 99
causal_156_977_a	Percent: 0.21,	Value: 96
small-quantity_33_220_n	Percent: 0.21,	Value: 95
chosen_605_3885_a	Percent: 0.18,	Value: 84
classification_77_510_n	Percent: 0.18,	Value: 83
remainder_41_273_n	Percent: 0.18,	Value: 83
degree_27_165_n	Percent: 0.18,	Value: 83
unit_88_591_n	Percent: 0.17,	Value: 80
universal_79_525_a	Percent: 0.16,	Value: 76
comparison_462_2968_n	Percent: 0.16,	Value: 75
wound_655_4234_n	Percent: 0.16,	Value: 75
fluid_335_2238_n	Percent: 0.16,	Value: 75
instrument_628_4033_n	Percent: 0.16,	Value: 75
businesslike_622_3990_a	Percent: 0.16,	Value: 75
manifestation_522_3374_n	Percent: 0.16,	Value: 74
source_156_973_n	Percent: 0.15,	Value: 68
hard_326_2204_a	Percent: 0.13,	Value: 60
retinue_67_453_n	Percent: 0.13,	Value: 60
receipt_807_5142_n	Percent: 0.13,	Value: 60
cause_156_972_n	Percent: 0.13,	Value: 60
utility_640_4107_n	Percent: 0.12,	Value: 55
situation_186_1169_n	Percent: 0.11,	Value: 53
retreat_192_1225_n	Percent: 0.11,	Value: 53
literature_557_3611_n	Percent: 0.11,	Value: 50
excited_820_5223_a	Percent: 0.11,	Value: 50
modality_7_44_n	Percent: 0.11,	Value: 50
lasting_113_699_a	Percent: 0.11,	Value: 50
cardiovascular-disease_651_4193_n	Percent: 0.11,	Value: 50
unprosperous_731_4742_a	Percent: 0.11,	Value: 50

Total Percent: 97.47

## Apéndice VII c: Versión de QDT2 con hipervínculos hacia las cadenas léxicas

----- NON- [small<sup>3</sup> cell lung-cancer<sup>1</sup>](#) CANCER -----

### \*\*\*\*\* GENERAL INFORMATION

Non- [small cell lung-cancer](#) cancer (NSCLC) is a heterogeneous aggregate of at least three distinct histologies of [lung-cancer](#) cancer including epidermoid or squamous [carcinoma](#), adenocarcinoma, and [large cell carcinoma](#). These histologies are often classified together because, when localized, all have the potential for [cure<sup>0</sup>](#) with [surgical](#) resection. Systemic [chemotherapy](#) can [produce<sup>2</sup>](#) objective [partial<sup>13</sup>](#) [responses](#) and palliation of [symptoms](#) for [short](#) durations. Local control can be achieved with radiation in a large number of [patients](#) with unresectable [disease](#), but [cure](#) is seen only in a [small](#) minority of [patients](#).

At [diagnosis](#), [patients](#) with NSCLC can be divided into three [groups](#) that [reflect](#) the extent of [disease](#) and [treatment](#) approach. The first [group](#) of [patients](#) has tumors that are [surgically](#) resectable (generally [stages](#) I and II). This is the [group](#) with the best [prognosis](#), depending on a [variety](#) of tumor and host factors. [patients](#) with resectable [disease](#) who have [medical](#) contraindications to surgery can be [considered<sup>9</sup>](#) for [curative radiotherapy](#). The second [group](#) [includes](#) [patients](#) with either locally (T -T ) or regionally (N -N ) advanced [lung-cancer](#) cancer who have a diverse natural history. This [group](#) is [treated](#) with [radiotherapy](#) or with [radiotherapy](#) in [combination](#) with other [therapy](#) modalities. Selected [patients](#) with T or N [disease](#) can be [treated effectively](#) with [surgical](#) resection alone. The [final](#) [group](#) of [patients](#) have [distant<sup>10</sup>](#) metastases (M ) [found](#) at the time of [diagnosis](#). This [group](#) can be [treated](#) with [radiotherapy](#) or [chemotherapy](#) for palliation of [symptoms](#) from the [primary](#) tumor. [patients](#) with good [performance](#) status, women, and [patients](#) with [distant](#) metastases [confined](#) to a [single](#) site appear to live longer than others [ ]. Cisplatin-based [chemotherapy](#) has been associated with short-term palliation of [symptoms](#) and a [small](#) survival advantage. Currently no [single chemotherapy regimen](#) can be recommended for routine use.

For [operable](#) [patients](#), [prognosis](#) is adversely influenced by the presence of pulmonary [symptoms](#), [large](#) tumor size ( centimeters), and presence of the erbB- oncoprotein [ - ]. Other factors that have been identified as adverse prognostic factors in some series of [patients](#) with resectable non- [small cell lung-cancer](#) cancer [include](#) mutation of the K-ras gene, vascular invasion, and increased numbers of [blood<sup>8</sup>](#) vessels in the tumor [specimen](#) [ , , ].

Since [treatment](#) is not satisfactory for almost all [patients](#) with NSCLC, with the possible exception of a [subset](#) of pathologic [stage](#) I (T , N , M ) [patients treated surgically](#), eligible [patients](#) should be [considered](#) for [clinical](#) trials.

### \*\*\*\*\* CELLULAR [classification](#)

Prior to [initiating treatment](#) of any [patient](#) with [lung-cancer](#) cancer, a [review](#) of pathologic material by an experienced [lung-cancer](#) cancer [pathologist](#) is [critical](#) since some [cases](#) of [small cell lung-cancer](#) cancer (which responds well to [chemotherapy](#)) can be [confused](#) on [microscopic](#) examination with non- [small cell carcinoma](#) [ ]. Nonsquamous [cell cancers](#) may be more likely to recur after [surgical](#) resection of early stage I tumors than other types of non- [small cell lung cancers](#) [ ]. Bronchoalveolar [carcinoma](#) [represents](#) %- % of adenocarcinomas and sometimes has a distinct [presentation](#) and biologic behavior [ - ]. Bronchoalveolar [cancer](#) may [present](#) as a more diffuse [lesion](#) than other types of [cancer](#); %- % of [patients](#) undergoing an attempt at [surgical](#) resection [present](#) with an infiltrate on their chest [radiograph](#). Bronchoalveolar [cancer](#) is more common in women and in [patients](#) who do not smoke cigarettes than other histologic types of [lung-cancer](#) cancer.

Histologic [classification](#) of non- [small cell lung-cancer](#) cancer:

squamous [cell](#) (epidermoid) [carcinoma](#) / spindle [cell](#) variant / adenocarcinoma / acinar / papillary / bronchoalveolar [ , ] / solid tumor with mucin / [large cell carcinoma](#) / [giant cell](#) / clear [cell](#) / adenosquamous [carcinoma](#) / undifferentiated [carcinoma](#)

### \*\*\*\*\* [stage](#) INFORMATION

Since determination of [stage](#) has [important therapeutic](#) and prognostic implications, [careful initial diagnostic](#) evaluation to define location and extent of [primary](#) and metastatic tumor involvement is [critical](#) for the appropriate care of [patients](#).

stage has a **critical role** in the selection of **therapy**. The **stage** of **disease** is based on a **combination** of **clinical** (physical examination, radiologic, and laboratory studies) and pathologic (**biopsy** of **lymph** nodes, **bronchoscopy**, mediastinoscopy, or anterior mediastinotomy [ ]. The distinction between **clinical stage** and pathologic **stage** should be **considered** when evaluating reports of survival **outcome**. **surgical staging** of the mediastinum is **considered** standard if **accurate** evaluation of the nodal status is needed to **determine therapy**. The **radiology diagnostic oncology group** reported that the sensitivity and specificity of **computerized tomography** (CT) **scanning** is only % and %, respectively [ ]. Magnetic resonance **imaging** (MRI) does not appear to improve the accuracy of **staging** [ ]. Early evaluation of the **role** of positron emission **tomography** (PET) suggests that the **combination** of CT and PET may have greater sensitivity and specificity than CT alone [ ]. A report evaluating the **staging** of , **patients** undergoing tumor resection **found** that **clinical staging** by radiologic studies accurately assessed the T **stage** in % of **patients** and the N **stage** in only % of **patients**. **errors in clinical staging** were equally divided between overstaging and understaging [ ].

----- The Revised International **staging** System for **lung-cancer** Cancer

The Revised International System for **staging lung-cancer** Cancer was adopted in by the American Joint Committee on **cancer** and the Union Internationale Contre le **cancer** [ ]. These revisions were **made** to provide greater specificity for **patient groups**. **stage** I is divided into two **categories** by the size of the tumor; IA, T N M and IB, T N M . **stage** II is divided into two **categories** by the size of the tumor and by the nodal status; IIA, T N M and IIB, T N M . T N has been moved from **stage** IIIA in the version of the **staging** system to **stage** IIB. The other change has been to clarify the **classification** of multiple tumor **nodules**<sup>4</sup>. Satellite tumor **nodules** in the same lobe as the **primary lesion** that are not **lymph nodes** should be classified as T **lesions**. Intrapulmonary ipsilateral metastasis in a lobe other than the lobe containing the **primary lesions** should be classified as an M **lesion** (**stage** IV). The American **joint**<sup>11</sup> **committee** on **cancer** (AJCC) has designated **staging** by TNM **classification** [ ].

----- TNM definitions **primary** tumor (T)

TX: **primary** tumor cannot be assessed, or tumor proven by the presence of malignant **cells** in sputum or **bronchial** washings but not visualized by **imaging** or **bronchoscopy**. T : No **evidence** of **primary** tumor. **tis carcinoma** in situ. T : A tumor that is cm or less in greatest dimension, surrounded by lung or visceral pleura, and without bronchoscopic **evidence** of invasion more proximal than the lobar bronchus (i.e, not in the main bronchus)\*. T : A tumor with any of the following features of size or extent: More than cm in greatest dimension **involves** the main bronchus, cm or more **distal** to the carina Invades the visceral pleura Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not **involve** the entire lung. T : A tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal **pleura**<sup>12</sup>, **parietal** pericardium; or tumor in the main bronchus less than cm **distal** to the carina but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung. T : A tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, **vertebral** body, carina; or separate tumor **nodules** in the same lobe; or tumor with a malignant **pleural** effusion \*\*.

\*Note: The uncommon **superficial** tumor of any size with its invasive **component limited** to the **bronchial wall**, which may extend proximal to the main bronchus, is also classified as T . \*\*Note: Most **pleural** effusions associated with **lung-cancer** cancer are **due-to** tumor. However, there are a few **patients** in whom multiple cytopathologic examinations of **pleural fluid** are **negative** for tumor. In these **cases**, **fluid** is non- **bloody** and is not an exudate. When these elements and **clinical** judgement dictate that the effusion is not related to the tumor, the effusion should be excluded as a **staging element** and the **patient** should be staged as T , T , or T .

Regional **lymph nodes** (N)

NX: Regional **lymph nodes** cannot be assessed. N : No regional **lymph node metastasis**<sup>5</sup>. N : **metastasis** to ipsilateral peribronchial and/or ipsilateral hilar **lymph nodes**, and intrapulmonary **nodes** including **involvement** by direct extension of the **primary** tumor. N : **metastasis** to ipsilateral mediastinal and/or subcarinal **lymph node(s)**. N : **metastasis** to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular **lymph node(s)**.

**distant metastasis** (M)

MX: **distant metastasis** cannot be assessed. M : No **distant metastasis**. M : **distant metastasis present**.

Note: M **includes** separate tumor **nodule(s)** in a different lobe (ipsilateral or contralateral).

Specify sites according to the following notations:

BRA = brain / eye = eye / HEP = hepatic / LYM = lymph nodes / MAR = bone marrow / OSS = osseous OTH = other / OVR = ovary / PER = peritoneal PLE = pleura / PUL = pulmonary / SKI = skin

----- AJCC stage groupings

Occult carcinoma TX, N, M / stage : tis, N, M / stage IA: T, N, M / stage IB: T, N, M / stage IIA: T, N, M / stage IIB: T, N, M / T, N, M stage IIIA: T, N, M / T, N, M / T, N, M / T, N, M stage IIIB: Any T, N, M / T, Any N, M stage IV: Any T, Any N, M.

#### \*\*\*\*\* treatment OPTION OVERVIEW

In non- small cell lung-cancer cancer (NSCLC), results of standard treatment are poor in all but the most localized cancers. All newly diagnosed patients with NSCLC are potential candidates for studies evaluating new forms of treatment. surgery is the major potentially curative therapeutic option for this disease; radiotherapy can produce cure in a small minority and palliation in the majority of patients. In advanced- stage disease, chemotherapy offers modest improvements in median survival although overall survival is poor [ , ]. Where studied, chemotherapy has been reported to produce short-term improvement in disease-related symptoms. In one study, symptomatic relief with combination chemotherapy was significant but independent of objective response [ , ]. The impact of chemotherapy on quality of life requires more study.

Current areas under evaluation include combining local ( surgery), regional ( radiotherapy), and systemic ( chemotherapy and immunotherapy) treatments and developing more effective systemic therapy. Several new agents, including paclitaxel (Taxol), docetaxel (Taxotere), topotecan, irinotecan, vinorelbine, and gemcitabine have been shown to be active in the treatment of advanced NSCLC. Chemoprevention of second primary cancers of the upper aerodigestive tract is also under active investigation in early-stage lung-cancer cancer [ ].

The designations in PDQ that treatments are "standard" or "under clinical evaluation" are not to be used as a basis for reimbursement determinations.

#### \*\*\*\*\* OCCULT NON- small cell lung-cancer CANCER

----- TX, N, M In occult lung-cancer cancer, a diagnostic evaluation often includes chest x- ray and selective bronchoscopy with close follow-up (e.g, computed tomography scan), when needed, to define the site and nature of the primary tumor; tumors discovered in this fashion are generally early stage and curable by surgery. After discovery of the primary tumor, treatment is determined by establishing the stage of the patient's tumor. therapy is identical to that recommended for other non- small cell lung-cancer cancer patients with similar stage disease-----

#### stage NON- small cell lung-cancer CANCER

----- tis, N, M stage non- small cell lung-cancer cancer (NSCLC) is the same as carcinoma in situ of the lung. Because these tumors are by definition noninvasive and incapable of metastasizing, they should be curable with surgical resection; however, there is a high incidence of second primary cancers, many of which are unresectable. Endoscopic phototherapy with a hematoporphyrin derivative has been described as an alternative to surgical resection in carefully selected patients [ - ]. This investigational treatment seems to be most effective for very early central tumors that extend less than centimeter within the bronchus [ ]. Efficacy of this treatment modality in the management of early NSCLC remains to be proven.

#### treatment options:

surgical resection using the least extensive technique possible (segmentectomy or wedge resection) to preserve maximum normal pulmonary tissue since these patients are at high risk for second lung cancers.

Endoscopic photodynamic therapy [ , ].

#### \*\*\*\*\* stage I NON- small cell lung-cancer CANCER

----- T, N, M or T, N, M surgery is the treatment of choice for patients with stage I non- small cell lung-cancer cancer (NSCLC). careful preoperative assessment of the patient's overall medical condition, especially the patient's pulmonary reserve, is critical in considering the benefits of surgery. The immediate postoperative mortality rate is

age-related, but %-% with lobectomy can be expected [ ]. **patients** with impaired pulmonary function may be considered for *segmental* or **wedge** resection of the **primary** tumor; the **lung-cancer** Cancer Study Group has conducted a randomized **study** (LCSG- ) to *compare* lobectomy with limited resection for **patients** with **stage I cancer** of the lung. The results of this **study** show a reduction in **local** recurrence for **patients** *treated* with lobectomy compared with those *treated* with **limited** excision but no significant difference in overall survival [ ]. Similar results have been reported from a nonrandomized comparison of anatomic segmentectomy and lobectomy [ ]. A survival advantage was noted with lobectomy for **patients** with tumors greater than centimeters, but not for those with tumors smaller than centimeters. However, the rate of local/regional recurrence was significantly less after lobectomy, regardless of **primary** tumor size. Another study of **stage I patients** showed that those *treated* with wedge or segment resections had a local recurrence rate of % ( of ) despite having undergone complete resections [ ]. Exercise testing may aid in the selection of **patients** with impaired pulmonary function who can tolerate lung resection [ ]. The availability of video-assisted thoracoscopic wedge resection permits **limited** resections in **patients** with poor pulmonary function who are not usually **considered** candidates for lobectomy [ ].

**inoperable patients** with **stage I disease** and with sufficient pulmonary reserve may be **considered** for **radiotherapy** with **curative** intent. In one report of **patients** older than years of age who had resectable lesions smaller than centimeters but who were medically inoperable or who refused **surgery**, survival at years following **radiotherapy** with **curative** intent was comparable to a historical control group of **patients** of similar age resected with **curative** intent [ ]. In the two largest *retrospective radiotherapy* series, **inoperable patients** *treated* with definitive **radiotherapy** achieved -year survival rates of % and %. Both series found that **patients** with T , N tumors had better outcomes, with -year survival rates of % and % in this subgroup [ , ].

**primary radiotherapy** should consist-of of approximately , cGy delivered with megavoltage equipment to the midplane of the known tumor volume using conventional fractionation. A boost to the cone-down field of the **primary** tumor is frequently used to further enhance local control. **careful treatment planning** with precise definition of target volume and avoidance of **critical** normal structures to the extent possible is needed for optimal results and requires the use of a simulator.

Many **patients** *treated surgically* subsequently develop regional or distant metastases [ ]. Therefore, **patients** should be considered for entry into **clinical** trials evaluating adjuvant **treatment** with chemotherapy or **radiotherapy** following **surgery**. Trials of adjuvant **chemotherapy regimens** have failed to demonstrate a consistent benefit. **smokers** who undergo complete resection of **stage I NSCLC** are also at risk for second malignant tumors. In the **lung-cancer** Cancer Study Group trial of **stage T , N** resected **patients**, the rate of nonpulmonary second **cancers** was . % per year and . % per year for new lung **cancers** [ ]. Others have reported even higher risks of second tumors in long-term survivors, including rates of % for second lung **cancers** and % for all second **cancers** [ ]. A randomized trial of vitamin A versus observation in resected **stage I patients** showed a trend toward decreased second **primary cancers** in the vitamin A arm with no difference in overall survival rates [ ]. An ongoing intergroup **clinical** trial will evaluate the role of isotretinoin in the chemoprevention of second **cancers** in **patients** resected for **stage I NSCLC** [ ].

**treatment** options:

Lobectomy or segmental, wedge, or sleeve resection as appropriate.

**radiotherapy** with **curative** intent (for potentially resectable **patients** who have **medical** contraindications to **surgery**).

**clinical** trials of adjuvant **chemotherapy** following resection [ , ].

Adjuvant chemoprevention trials [ , ].

Endoscopic photodynamic **therapy** (under **clinical** evaluation in highly selected T , N , M **patients**) [ ].

\*\*\*\*\* **stage II NON- small cell lung-cancer** CANCER

----- T , N , M or T , N , M or T , N , M **surgery** is the **treatment** of choice for **patients** with **stage II non- small cell lung-cancer** cancer (NSCLC). Careful preoperative assessment of the **patient's** overall **medical condition**, especially the **patient's** pulmonary reserve, is **critical** in considering the benefits of **surgery**. The immediate postoperative mortality rate is age-related, but up to %-% with pneumonectomy or %-% with lobectomy can be expected.

**inoperable patients** with **stage II disease** and with sufficient pulmonary reserve may be considered for **radiotherapy** with **curative** intent [ ]. Among **patients** with excellent performance status, up to a % -year survival



rate may be expected if a course of **radiotherapy** with **curative** intent can be completed. In the largest **retrospective** series reported to date, **patients** with **medically inoperable** NSCLC **treated** with definitive **radiotherapy** achieved a -year overall survival rate of %; however, the **patients** with T tumors achieved an actuarial **disease-free** survival rate of %. This **retrospective** study also suggested that improved **disease-free** survival was obtained with **radiotherapy doses** greater than , cGy [ ]. **primary radiotherapy** should **consist-of** of **approximately** , cGy delivered with megavoltage equipment to the midplane of the volume of known tumor using conventional fractionation. A boost to the cone-down field of the **primary** tumor is frequently used to further **enhance** local control. Careful **treatment planning** with precise definition of target volume and avoidance of **critical** normal **structures** to the extent possible is needed for optimal results and requires the use of a simulator.

Many **patients treated surgically** subsequently **develop** regional or distant metastases [ ]. Therefore, **patients** should be considered for entry into **clinical** trials evaluating the use of adjuvant **treatment** with **chemotherapy** or **radiotherapy** following **surgery** [ ]. One controlled trial has failed to **demonstrate** an overall survival benefit for **patients** with carefully staged squamous **cell carcinoma** receiving postoperative irradiation, although local recurrences were significantly **reduced** [ ]. In two controlled trials in carefully staged, **surgically** resected **patients**, adjuvant **combination chemotherapy** with cisplatin, doxorubicin, and cyclophosphamide **produced modestly** increased **disease-free** survival and a trend toward improved overall survival, especially in the first year after **surgery** [ , ]. Based on these data, participation in **clinical** trials evaluating adjuvant **chemotherapy** after **surgical** resection should be **encouraged**.

**treatment** options:

Lobectomy, pneumonectomy, or segmental, wedge, or sleeve resection as appropriate.

**radiotherapy** with **curative** intent (for potentially **operable patients** who have **medical** contraindications to **surgery**).

**radiotherapy** combined with **curative surgery** [ ].

Adjuvant **chemotherapy** combined with other modalities [ , - ].

\*\*\*\*\* **stage IIIA NON- small cell lung-cancer** CANCER

Some **citations** in the text of this section are followed by a level of **evidence**. The PDQ editorial boards use a formal ranking system to help the reader **judge** the strength of **evidence** linked to the reported results of a **therapeutic** strategy. Refer to the PDQ levels of **evidence** summary for more information.

----- T , N , M or T , N , M or T , N , M or T , N , M Depending on **clinical** circumstances, the principal forms of **treatment** that are considered for **patients** with **stage III non- small cell lung-cancer** cancer (NSCLC) are **radiotherapy**, **chemotherapy**, **surgery**, and combinations of these modalities. Although the majority of these **patients** do not **achieve** a complete response to **radiotherapy**, there is a reproducible long-term survival benefit in %- % of **patients treated** with standard **fractionation** to , cGy, and significant palliation often results. **patients** with excellent **performance** status and those who require a thoracotomy to prove that **surgically** unresectable tumor is **present** are most likely to benefit from **radiotherapy** [ ]. Because of the poor long-term results, these **patients** should be considered for **clinical trials**<sup>6</sup>. **trials** examining **fractionation** schedules, endobronchial laser **therapy**, brachytherapy, and combined modality approaches may **lead-to** improvement in the control of this regional **disease** [ ]. One prospective randomized **clinical** study **showed** that **radiotherapy** given as three daily **fractions** improved overall survival compared to **radiotherapy** given as one daily **fraction** [ ].[Level of **evidence** iiA].

The addition of **chemotherapy** to **radiotherapy** has been reported to improve survival in prospective **clinical** studies that have used modern cisplatin- **based chemotherapy regimens** [ - ]. A meta-analysis of **patient** data from randomized **clinical** trials **showed** that cisplatin- **based** combinations plus **radiotherapy** **resulted** in % reduction in the risk of death compared with **radiotherapy** alone [ ]. The optimal sequencing of modalities and schedule of **drug** administration remains to be determined and is under study in ongoing **clinical** trials [ ].

**patients** with N **disease apparent** on chest **radiograph** and documented by **biopsy** or discovered by prethoracotomy exploration have a -year survival rate of only about %. The use of preoperative (neoadjuvant) **chemotherapy** has been **shown** to be **effective** in these **clinical** situations in two **small** randomized studies of a total of **patients** with **stage IIIa NSCLC** [ , ]. The **patients** randomized to three cycles of cisplatin- **based chemotherapy** followed by **surgery** had a **median** survival more than three times as long as **patients treated** with **surgery** but no **chemotherapy** in both these studies. Two additional single-arm studies have evaluated either two to four cycles of **combination**



**chemotherapy** or **combination chemotherapy** plus chest irradiation for **patients** with histologically confirmed N stage IIIa NSCLC [ ]. Sixty-five percent to % of **patients** were able to have a resection of their **cancer**, and %- % were alive at years. These results are encouraging, and combined-modality therapy with neoadjuvant **chemotherapy** with **surgery** and/or chest **radiotherapy** should be considered for **patients** with good **performance** status who have stage IIIa NSCLC.

Although most **retrospective** studies suggest that postoperative **radiotherapy** can improve local control for node-positive **patients** whose tumors were resected, it remains controversial whether it can improve survival [ , ]. One controlled trial in **patients** with completely resected **stage** II or III squamous **cell lung-cancer** failed to **demonstrate** a survival benefit for **patients** who received postoperative irradiation, although local recurrences were significantly **reduced** [ ]. In two controlled trials with carefully staged **surgically** resected **patients**, adjuvant **combination chemotherapy** with cisplatin, doxorubicin, and cyclophosphamide **produced modestly** increased **disease-free** survival and a trend toward improved survival, especially in the first year after **surgery** [ - ]. Based on these data, participation in **clinical** trials evaluating adjuvant **chemotherapy** after **surgical** resection should be **encouraged**.

No consistent benefit from any **form** of **immunotherapy** has been demonstrated thus far in the **treatment** of NSCLC.

**treatment** options: **surgery** alone in highly selected **cases** [ - ].

**chemotherapy** combined with other modalities [ - , - ].

**surgery** and postoperative **radiotherapy** [ , , ].

**radiotherapy** alone [ , ].

----- Superior sulcus tumor (T , N or N , M ) Another category that merits a special approach is that of superior sulcus tumors, a locally invasive problem usually with a **reduced** tendency for distant metastases. Consequently, local **therapy** has **curative** potential, especially for T , N **disease**. **radiotherapy** alone, **radiotherapy** preceded or followed by **surgery**, or **surgery** alone (in highly selected **cases**) may be **curative** in some **patients**, with a -year survival rate of % or more in some studies [ ]. **patients** with more invasive tumors of this area, or true Pancoast tumors, have a worse **prognosis** and generally do not benefit from **primary surgical** management. Follow-up **surgery** may be used to verify complete response in the **radiotherapy** field and to resect necrotic tissue.

**treatment** options:

**radiotherapy** and **surgery**.

**radiotherapy** alone.

**surgery** alone (selected **cases**).

**chemotherapy** combined with other modalities.

Brachytherapy [ ].

**clinical** trials of combined modality **therapy** [ ].

----- Chest wall tumor (T , N or N , M ) Selected **patients** with bulky **primary** tumors that directly invade the chest wall can obtain long-term survival with **surgical** management provided that their tumor is completely resected.

**treatment** options:

**surgery** [ , ].

**surgery** and **radiotherapy**.

**radiotherapy** alone.

**chemotherapy** combined with other modalities.

\*\*\*\*\* stage IIIB NON- small cell lung-cancer CANCER

patients with stage IIIB non- small cell lung-cancer cancer (NSCLC) do not benefit from surgery alone and are best managed by initial chemotherapy, chemotherapy plus radiotherapy, or radiotherapy alone, depending on sites of tumor involvement and performance status. Most patients with excellent performance status should be considered for combined modality therapy. However, patients with malignant pleural effusion are rarely candidates for radiotherapy, and should generally be treated similarly to stage IV patients (see separate section of this summary on treatment of stage IV disease). Many randomized studies of unresectable patients with stage III NSCLC show that treatment with neoadjuvant or concurrent cisplatin- based chemotherapy and chest irradiation is associated with improved survival compared to treatment with radiotherapy alone [ - ]. A meta-analysis of patient data from randomized clinical trials showed that cisplatin- based combinations plus radiotherapy resulted in % reduction in the risk of death compared with radiotherapy alone [ ].

patients with stage IIIB disease with poor performance status are candidates for chest irradiation to palliate pulmonary symptoms (e.g., cough, shortness of breath, or local chest-pain pain). No consistent benefit from any form of immunotherapy has been demonstrated thus far.

----- T or N , M An occasional patient with supraclavicular node involvement who is otherwise a good candidate for irradiation with curative intent will survive years. Although the majority of these patients do not achieve a complete response to radiotherapy, significant palliation often results. patients with excellent performance status and those who are found to have advanced- stage disease at the time of resection are most likely to benefit from radiotherapy [ ]. Adjuvant systemic chemotherapy with radiotherapy has been tested in randomized trials for patients with inoperable or unresectable locoregional NSCLC [ - , ]. Some patients have shown a modest survival advantage with adjuvant chemotherapy. The addition of chemotherapy to radiotherapy has been reported to improve long-term survival in some, [ , , ], but not all, [ ]. prospective clinical studies. A meta-analysis of patient data from randomized clinical trials showed an absolute survival benefit of % at years with the addition of cisplatin- based chemotherapy to radiotherapy [ ]. One study showed improvement in local control and survival when cisplatin was given daily with concurrent radiotherapy but not when it was given weekly [ ]. It is not yet clear whether the schedule of drug administration is responsible for the variation in results; the optimal sequencing of modalities remains to be determined and is under study in ongoing clinical trials [ ].

Because of the poor overall results, these patients should be considered for clinical trials<sup>7</sup>; trials examining fractionation schedules, radiosensitizers, radiolabeled antibodies, and combined modality approaches may lead-to to improvement in the control of regional disease.

patients with NSCLC can present with superior vena cava syndrome. Refer to the PDQ supportive care summary on superior vena cava syndrome for more information. Regardless of stage, this problem should generally be managed with radiotherapy with or without chemotherapy.

treatment options:

radiotherapy alone.

chemotherapy combined with radiotherapy [ - , ].

chemotherapy and concurrent radiotherapy followed by resection [ , ].

chemotherapy alone.

\*\*\*\*\* stage IV NON- small cell lung-cancer CANCER

----- Any T, any N, M Cisplatin-containing and carboplatin-containing combination chemotherapy regimens produce objective response rates (including a few complete responses) that are higher than those achieved with single- agent chemotherapy. Although toxic effects may vary, outcome is similar with most cisplatin-containing regimens; a randomized trial comparing five cisplatin-containing regimens showed no significant difference in response, duration of response, or survival [ ]. patients with good performance status and a limited number of sites of distant metastases have superior response and survival when given chemotherapy when compared to other patients [ ]. A prospective randomized comparison of vinorelbine plus cisplatin versus vindesine plus cisplatin versus single agent vinorelbine has reported improved response rate ( %) and median survival ( weeks) with the vinorelbine plus cisplatin regimen [ ]. Two small phase II studies reported that paclitaxel (Taxol) has single- agent activity in stage IV patients, with response rates in the range of %- % [ , ]. Reports of paclitaxel combinations have shown relatively

high response rates, significant year survival, and palliation of **lung-cancer** cancer **symptoms** [ ]. With the paclitaxel plus carboplatin **regimen**, response rates have been in the range of %- % with -year survival rates of %- % [ , ]. The combination of cisplatin and paclitaxel was **shown** to have a higher response rate and higher year survival rate than the combination of cisplatin and etoposide [ ]. Additional **clinical** studies should better define the role of these newer combination **chemotherapy regimens** in the **treatment** of advanced non- **small cell lung-cancer** cancer [ ]. Meta-analyses have **shown** that **chemotherapy produces modest** benefits in short-term survival compared to supportive care alone in **patients** with **inoperable stages** IIIb and IV **disease** [ - ].

Although these results support further evaluation of chemotherapeutic approaches for both metastatic and locally advanced non- **small cell lung-cancer** cancer (NSCLC), efficacy of current programs is such that no **specific regimen** can be regarded as standard **therapy**. Appropriate **patients** should be **encouraged** to participate in **clinical** trials. Outside of a **clinical** trial setting, **chemotherapy** should be given only to **patients** with good **performance** status and evaluable tumor **lesions** who desire such **treatment** after being fully informed of its anticipated risks and **limited** benefits.

**radiotherapy** may be **effective** in palliating symptomatic local involvement with NSCLC such as tracheal, esophageal, or **bronchial compression**, bone or brain metastases, **pain**, vocal cord paralysis, hemoptysis, or superior vena cava **syndrome**. In some **cases**, endobronchial laser **therapy** and/or brachytherapy has been used to alleviate proximal obstructing **lesions** [ ]. Such **therapeutic** intervention may be **critical** in the prolongation of an acceptable lifestyle in an otherwise functional **patient**. In the **rare patient** with synchronous **presentation** of a resectable **primary** tumor in the lung and a single brain metastasis, **surgical** resection of the solitary brain **lesion** is indicated with resection of the **primary** tumor and appropriate postoperative **chemotherapy** and/or irradiation of the **primary** tumor site and with postoperative whole-brain irradiation delivered in daily **fractions** of - cGy to avoid long-term **toxic** effects to normal brain tissue [ , ].

In asymptomatic **patients** kept under close observation, **treatment** may often be appropriately deferred until **symptoms** or **signs** of progressive tumor **develop**.

**treatment** options:

External-beam **radiotherapy**, primarily for **palliative** relief of local symptomatic tumor **growth**.

**chemotherapy**. The following **regimens produce** similar survival outcomes: cisplatin plus vinblastine [ ]. cisplatin plus vinblastine plus mitomycin [ ]. cisplatin plus vinorelbine [ ]. cisplatin plus vindesine [ ]. cisplatin plus paclitaxel [ , ]. carboplatin plus paclitaxel [ , ].

**clinical** trials evaluating the role of new **chemotherapy regimens**. Refer to the **clinical** trials section of PDQ for a list of **clinical** trials. The **clinical** trials in PDQ are also available on CancerNet (<http://cancernet.nci.nih.gov>).

Endobronchial laser **therapy** and/or brachytherapy for obstructing **lesions** [ ].

#### \*\*\*\*\* RECURRENT NON- **small cell lung-cancer** CANCER

Many **patients** with recurrent non- **small cell lung-cancer** cancer (NSCLC) are eligible for **clinical** trials.

**radiotherapy** may provide excellent palliation of **symptoms** from a localized tumor mass.

**patients** who **present** with a solitary cerebral metastasis after resection of a **primary** NSCLC **lesion** and who have no **evidence** of extracranial tumor can **achieve** prolonged **disease-free** survival with **surgical** excision of the brain metastasis and postoperative whole-brain irradiation [ , ]. Unresectable brain metastases in this setting may be **treated** radiosurgically [ ]. Because of the **small** potential for long-term survival, **radiotherapy** should be delivered by conventional methods in daily **doses** of - cGy, while higher daily **doses** over a **shorter** period of time (hypofractionated schemes) should be avoided because of the high risk of **toxic** effects observed with such **treatments** [ ]. Most **patients** not suitable for **surgical** resection should receive conventional whole-brain **radiotherapy**. Selected **patients** with good **performance** status and **small** metastases can be considered for stereotactic radiosurgery [ ].

**approximately** one half of **patients treated** with resection and postoperative **radiotherapy** will **develop** recurrence in the brain; some of these **patients** will be suitable for additional **treatment** [ ]. In those selected **patients** with good **performance** status and without progressive metastases outside of the brain, **treatment** options include reoperation or stereotactic radiosurgery [ , ]. For most **patients**, conventional **radiotherapy** can be considered; however, the **palliative** benefit of this **treatment** is **limited** [ ].

A solitary pulmonary metastasis from an initially resected bronchogenic **carcinoma** is unusual. The lung is frequently the site of second **primary** malignancies in **patients** with **primary** lung **cancers**. **determining** whether the new **lesion**

is a new **primary cancer** or a metastasis may be difficult. Studies have indicated that in the majority of **patients** the new **lesion** is a second **primary** tumor, and following resection some **patients** may **achieve** long-term survival. Thus, if the first **primary** tumor has been controlled, the second **primary** tumor should be resected if possible [ , ].

The use of **chemotherapy** has **produced** objective responses and **small** improvement in survival for **patients** with metastatic **disease** [ ]. In studies that have examined symptomatic response, improvement in subjective **symptoms** has been reported to occur more frequently than objective response [ , ]. Informed **patients** with good **performance** status and symptomatic recurrence can be offered **treatment** with a cisplatin- *based chemotherapy regimen* for palliation of **symptoms**.

**treatment** options:

**palliative radiotherapy**.

**chemotherapy** alone.

**surgical** resection of isolated cerebral metastasis (highly selected **patients**) [ ].

Laser **therapy** or interstitial **radiotherapy** for endobronchial **lesions** [ ].

Stereotactic radiosurgery (highly selected **patients**) [ , , ].

## Apéndice VII d: Representación de la cadena 1 del texto QDT2

lung-cancer, lung-cancer, lung-cancer, carcinoma, carcinoma, symptoms, patients, disease, patients, diagnosis, patients, disease, patients, prognosis, patients, disease, patients, lung-cancer, patients, disease, patients, diagnosis, symptoms, patients, patients, confined, symptoms, patients, prognosis, symptoms, patients, lung-cancer, patients, patients, patient, lung-cancer, lung-cancer, critical, cases, lung-cancer, carcinoma, cancers, cancers, carcinoma, cancer, lesion, cancer, patients, cancer, patients, lung-cancer, lung-cancer, carcinoma, carcinoma, carcinoma, carcinoma, critical, patients, critical, disease, patients, patients, patients, lung-cancer, lung-cancer, cancer, cancer, patient, lesion, lesions, lesions, lesion, cancer, bronchial, carcinoma, bronchial, lung-cancer, patients, cases, patient, carcinoma, lung-cancer, cancers, patients, disease, patients, disease, disease, cancers, lung-cancer, lung-cancer, lung-cancer, patient, lung-cancer, patients, disease, lung-cancer, lung-cancer, carcinoma, cancers, patients, patients, cancers, lung-cancer, patients, lung-cancer, patient, condition, patient, critical, patients, lung-cancer, patients, cancer, patients, patients, patients, patients, patients, inoperable, patients, disease, patients, inoperable, patients, inoperable, patients, patients, critical, patients, patients, smokers, lung-cancer, patients, cancers, cancers, cancers, cancers, patients, cancers, cancers, patients, patients, patients, lung-cancer, patients, lung-cancer, patient, condition, patient, critical, inoperable, patients, disease, patients, patients, inoperable, patients, disease, disease, critical, patients, patients, patients, carcinoma, patients, disease, patients, lung-cancer, patients, lung-cancer, patients, patients, patients, patients, disease, patient, patients, disease, patients, patients, patients, cancer, patients, patients, patients, lung-cancer, patients, patients, disease, cases, disease, cases, patients, patients, cases, patients, lung-cancer, patients, lung-cancer, patients, patients, patients, disease, patients, patient, patients, disease, cough, chest-pain, patient, patients, patients, disease, patients, inoperable, patients, patient, patients, disease, patients, lung-cancer, toxic, patients, patients, patients, lung-cancer, lung-cancer, patients, inoperable, disease, lung-cancer, patients, patients, lesions, bronchial, pain, cases, lesions, critical, patient, patient, lesion, toxic, patients, lesions, lung-cancer, patients, lung-cancer, patients, lesion, disease, toxic, patients, patients, patients, patients, patients, patients, carcinoma, patients, cancers, lesion, cancer, patients, lesion, patients, patients, disease, patients, patients, lesions, patients,

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:lung-cancer      :Wd  4, Sent  1, Para  1, ???->  0, Value 0
    respiratory-disease 651 4192 n
:lung-cancer      :Wd 11, Sent  1, Para  3, ID->  4, Value 0
    respiratory-disease 651 4192 n
:lung-cancer      :Wd 25, Sent  1, Para  3, ID-> 11, Value 0
    respiratory-disease 651 4192 n
:carcinoma         :Wd 31, Sent  1, Para  3, GRP-> 25, Value 0
    cancer 651 4195 n
:carcinoma         :Wd 36, Sent  1, Para  3, ID-> 31, Value 0
    cancer 651 4195 n
:symptoms          :Wd 65, Sent  1, Para  3, GRP-> 36, Value 0
    illness 651 4186 n
:patients          :Wd 81, Sent  1, Para  3, GRP-> 65, Value 0
    sick-person 651 4202 n
:disease           :Wd 84, Sent  1, Para  3, GRP-> 81, Value 0
    disease 651 4187 n
:patients          :Wd 95, Sent  1, Para  4, ID-> 81, Value 0
    sick-person 651 4202 n
:diagnosis         :Wd 97, Sent  1, Para  4, GRP-> 95, Value 0
    pathology 651 4203 n
:patients          :Wd 98, Sent  1, Para  4, ID-> 95, Value 0
    sick-person 651 4202 n
:disease           :Wd 112, Sent  1, Para  4, ID-> 84, Value 0
    disease 651 4187 n
:patients          :Wd 120, Sent  1, Para  4, ID-> 98, Value 0
    sick-person 651 4202 n
:prognosis         :Wd 139, Sent  1, Para  4, CAT-> 97, Value 0
    pathology 651 4203 n
:patients          :Wd 149, Sent  1, Para  4, ID->120, Value 0
    sick-person 651 4202 n
:disease           :Wd 152, Sent  1, Para  4, ID->112, Value 0
    disease 651 4187 n
:patients          :Wd 169, Sent  1, Para  4, ID->149, Value 0
    sick-person 651 4202 n
```

:lung-cancer :Wd 180, Sent 1, Para 4, ID-> 25, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 204, Sent 1, Para 4, ID->169, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 209, Sent 1, Para 4, ID->152, Value 0  
[disease 651 4187 n](#)

:patients :Wd 222, Sent 1, Para 4, ID->204, Value 0  
[sick-person 651 4202 n](#)

:diagnosis :Wd 232, Sent 1, Para 4, ID-> 97, Value 0  
[pathology 651 4203 n](#)

:symptoms :Wd 245, Sent 1, Para 4, ID-> 65, Value 0  
[illness 651 4186 n](#)

:patients :Wd 250, Sent 1, Para 4, ID->222, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 258, Sent 1, Para 4, ID->250, Value 0  
[sick-person 651 4202 n](#)

:confined :Wd 262, Sent 1, Para 4, GRP->258, Value 0  
[sick 651 4205 a](#)

:symptoms :Wd 286, Sent 1, Para 4, ID->245, Value 0  
[illness 651 4186 n](#)

:patients :Wd 305, Sent 1, Para 5, ID->258, Value 0  
[sick-person 651 4202 n](#)

:prognosis :Wd 306, Sent 1, Para 5, ID->139, Value 0  
[pathology 651 4203 n](#)

:symptoms :Wd 315, Sent 1, Para 5, ID->286, Value 0  
[illness 651 4186 n](#)

:patients :Wd 343, Sent 1, Para 5, ID->305, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 349, Sent 1, Para 5, ID->180, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 380, Sent 1, Para 6, ID->343, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 397, Sent 1, Para 6, ID->380, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 401, Sent 1, Para 6, ID->397, Value 0  
[sick-person 651 4202 n](#)

:patient :Wd 417, Sent 1, Para 9, CAT->401, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 419, Sent 1, Para 9, ID->349, Value 0  
[respiratory-disease 651 4192 n](#)

:lung-cancer :Wd 429, Sent 1, Para 9, ID->419, Value 0  
[respiratory-disease 651 4192 n](#)

:critical :Wd 433, Sent 1, Para 9, CAT->262, Value 0  
[sick 651 4205 a](#)

:cases :Wd 436, Sent 1, Para 9, CAT->417, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 440, Sent 1, Para 9, ID->429, Value 0  
[respiratory-disease 651 4192 n](#)

:carcinoma :Wd 457, Sent 1, Para 9, ID-> 36, Value 0  
[cancer 651 4195 n](#)

:cancers :Wd 462, Sent 1, Para 9, CAT->457, Value 0  
[cancer 651 4195 n](#)

:cancers :Wd 485, Sent 1, Para 9, ID->462, Value 0  
[cancer 651 4195 n](#)

:carcinoma :Wd 489, Sent 1, Para 9, ID->457, Value 0  
[cancer 651 4195 n](#)

:cancer :Wd 505, Sent 1, Para 9, CAT->489, Value 0  
[cancer 651 4195 n](#)

:lesion :Wd 512, Sent 1, Para 9, GRP->505, Value 0  
[ulcer 651 4198 n](#)

:cancer :Wd 517, Sent 1, Para 9, ID->505, Value 0  
[cancer 651 4195 n](#)

:patients :Wd 519, Sent 1, Para 9, ID->401, Value 0  
[sick-person 651 4202 n](#)  
:cancer :Wd 535, Sent 1, Para 9, ID->517, Value 0  
[cancer 651 4195 n](#)  
:patients :Wd 543, Sent 1, Para 9, ID->519, Value 0  
[sick-person 651 4202 n](#)  
:lung-cancer :Wd 554, Sent 1, Para 9, ID->440, Value 0  
[respiratory-disease 651 4192 n](#)  
:lung-cancer :Wd 562, Sent 1, Para 10, ID->554, Value 0  
[respiratory-disease 651 4192 n](#)  
:carcinoma :Wd 567, Sent 2, Para 11, ID->489, Value 0  
[cancer 651 4195 n](#)  
:carcinoma :Wd 590, Sent 2, Para 11, ID->567, Value 0  
[cancer 651 4195 n](#)  
:carcinoma :Wd 599, Sent 2, Para 11, ID->590, Value 0  
[cancer 651 4195 n](#)  
:carcinoma :Wd 602, Sent 2, Para 12, ID->599, Value 0  
[cancer 651 4195 n](#)  
:critical :Wd 632, Sent 2, Para 14, ID->433, Value 0  
[sick 651 4205 a](#)  
:patients :Wd 638, Sent 2, Para 15, ID->543, Value 0  
[sick-person 651 4202 n](#)  
:critical :Wd 642, Sent 2, Para 15, ID->632, Value 0  
[sick 651 4205 a](#)  
:disease :Wd 652, Sent 2, Para 15, ID->209, Value 0  
[disease 651 4187 n](#)  
:patients :Wd 788, Sent 2, Para 15, ID->638, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 806, Sent 2, Para 15, ID->788, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 814, Sent 2, Para 15, ID->806, Value 0  
[sick-person 651 4202 n](#)  
:lung-cancer :Wd 834, Sent 2, Para 16, ID->562, Value 0  
[respiratory-disease 651 4192 n](#)  
:lung-cancer :Wd 842, Sent 2, Para 17, ID->834, Value 0  
[respiratory-disease 651 4192 n](#)  
:cancer :Wd 853, Sent 2, Para 17, ID->535, Value 0  
[cancer 651 4195 n](#)  
:cancer :Wd 860, Sent 2, Para 17, ID->853, Value 0  
[cancer 651 4195 n](#)  
:patient :Wd 872, Sent 2, Para 17, ID->417, Value 0  
[sick-person 651 4202 n](#)  
:lesion :Wd 964, Sent 2, Para 17, ID->512, Value 0  
[ulcer 651 4198 n](#)  
:lesions :Wd 975, Sent 2, Para 17, CAT->964, Value 0  
[ulcer 651 4198 n](#)  
:lesions :Wd 989, Sent 2, Para 17, ID->975, Value 0  
[ulcer 651 4198 n](#)  
:lesion :Wd 996, Sent 2, Para 17, ID->964, Value 0  
[ulcer 651 4198 n](#)  
:cancer :Wd 1004, Sent 2, Para 18, ID->860, Value 0  
[cancer 651 4195 n](#)  
:bronchial :Wd 1037, Sent 3, Para 20, GRP->1004, Value 0  
[diseased 651 4206 a](#)  
:carcinoma :Wd 1054, Sent 5, Para 20, ID->602, Value 0  
[cancer 651 4195 n](#)  
:bronchial :Wd 1254, Sent 13, Para 21, ID->1037, Value 0  
[diseased 651 4206 a](#)  
:lung-cancer :Wd 1275, Sent 14, Para 21, ID->842, Value 0  
[respiratory-disease 651 4192 n](#)  
:patients :Wd 1286, Sent 14, Para 21, ID->814, Value 0  
[sick-person 651 4202 n](#)

:cases :Wd 1301, Sent 14, Para 21, CAT->1286, Value 0  
[sick-person 651 4202 n](#)

:patient :Wd 1338, Sent 14, Para 21, ID->872, Value 0  
[sick-person 651 4202 n](#)

:carcinoma :Wd 1507, Sent 25, Para 30, ID->1054, Value 0  
[cancer 651 4195 n](#)

:lung-cancer :Wd 1587, Sent 33, Para 33, ID->1275, Value 0  
[respiratory-disease 651 4192 n](#)

:cancers :Wd 1602, Sent 33, Para 33, CAT->1507, Value 0  
[cancer 651 4195 n](#)

:patients :Wd 1606, Sent 33, Para 33, ID->1286, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 1629, Sent 33, Para 33, GRP->1606, Value 0  
[disease 651 4187 n](#)

:patients :Wd 1644, Sent 33, Para 33, ID->1606, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 1648, Sent 33, Para 33, ID->1629, Value 0  
[disease 651 4187 n](#)

:disease :Wd 1675, Sent 33, Para 33, ID->1648, Value 0  
[disease 651 4187 n](#)

:cancers :Wd 1757, Sent 33, Para 34, ID->1602, Value 0  
[cancer 651 4195 n](#)

:lung-cancer :Wd 1771, Sent 33, Para 34, ID->1587, Value 0  
[respiratory-disease 651 4192 n](#)

:lung-cancer :Wd 1803, Sent 33, Para 37, ID->1771, Value 0  
[respiratory-disease 651 4192 n](#)

:lung-cancer :Wd 1810, Sent 33, Para 38, ID->1803, Value 0  
[respiratory-disease 651 4192 n](#)

:patient :Wd 1872, Sent 33, Para 38, ID->1338, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 1886, Sent 33, Para 38, ID->1810, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 1888, Sent 33, Para 38, ID->1644, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 1892, Sent 33, Para 39, ID->1675, Value 0  
[disease 651 4187 n](#)

:lung-cancer :Wd 1897, Sent 33, Para 39, ID->1886, Value 0  
[respiratory-disease 651 4192 n](#)

:lung-cancer :Wd 1906, Sent 33, Para 40, ID->1897, Value 0  
[respiratory-disease 651 4192 n](#)

:carcinoma :Wd 1913, Sent 33, Para 40, ID->1507, Value 0  
[cancer 651 4195 n](#)

:cancers :Wd 1946, Sent 33, Para 40, ID->1757, Value 0  
[cancer 651 4195 n](#)

:patients :Wd 1970, Sent 33, Para 40, ID->1888, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2033, Sent 34, Para 42, ID->1970, Value 0  
[sick-person 651 4202 n](#)

:cancers :Wd 2041, Sent 34, Para 43, ID->1946, Value 0  
[cancer 651 4195 n](#)

:lung-cancer :Wd 2053, Sent 34, Para 45, ID->1906, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 2069, Sent 34, Para 46, ID->2033, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 2076, Sent 34, Para 46, ID->2053, Value 0  
[respiratory-disease 651 4192 n](#)

:patient :Wd 2084, Sent 34, Para 46, ID->1872, Value 0  
[sick-person 651 4202 n](#)

:condition :Wd 2088, Sent 34, Para 46, GRP->2084, Value 0  
[illness 651 4186 n](#)

:patient :Wd 2091, Sent 34, Para 46, ID->2084, Value 0  
[sick-person 651 4202 n](#)



:critical :Wd 2096, Sent 34, Para 46, GRP->2091, Value 0  
[sick 651 4205 a](#)

:patients :Wd 2119, Sent 34, Para 46, ID->2069, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 2137, Sent 34, Para 46, ID->2076, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 2154, Sent 34, Para 46, ID->2119, Value 0  
[sick-person 651 4202 n](#)

:cancer :Wd 2158, Sent 34, Para 46, CAT->2041, Value 0  
[cancer 651 4195 n](#)

:patients :Wd 2174, Sent 34, Para 46, ID->2154, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2219, Sent 34, Para 46, ID->2174, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2255, Sent 34, Para 46, ID->2219, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2287, Sent 34, Para 46, ID->2255, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2311, Sent 34, Para 46, ID->2287, Value 0  
[sick-person 651 4202 n](#)

:inoperable :Wd 2326, Sent 34, Para 47, CAT->2096, Value 0  
[sick 651 4205 a](#)

:patients :Wd 2327, Sent 34, Para 47, ID->2311, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 2331, Sent 34, Para 47, ID->1892, Value 0  
[disease 651 4187 n](#)

:patients :Wd 2349, Sent 34, Para 47, ID->2327, Value 0  
[sick-person 651 4202 n](#)

:inoperable :Wd 2366, Sent 34, Para 47, ID->2326, Value 0  
[sick 651 4205 a](#)

:patients :Wd 2387, Sent 34, Para 47, ID->2349, Value 0  
[sick-person 651 4202 n](#)

:inoperable :Wd 2404, Sent 34, Para 47, ID->2366, Value 0  
[sick 651 4205 a](#)

:patients :Wd 2405, Sent 34, Para 47, ID->2387, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2420, Sent 34, Para 47, ID->2405, Value 0  
[sick-person 651 4202 n](#)

:critical :Wd 2492, Sent 34, Para 48, ID->2096, Value 0  
[sick 651 4205 a](#)

:patients :Wd 2512, Sent 34, Para 49, ID->2420, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2524, Sent 34, Para 49, ID->2512, Value 0  
[sick-person 651 4202 n](#)

:smokers :Wd 2554, Sent 34, Para 49, CAT->2137, Value 0  
[respiratory-disease 651 4192 n](#)

:lung-cancer :Wd 2573, Sent 34, Para 49, ID->2137, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 2583, Sent 34, Para 49, ID->2524, Value 0  
[sick-person 651 4202 n](#)

:cancers :Wd 2589, Sent 34, Para 49, ID->2041, Value 0  
[cancer 651 4195 n](#)

:cancers :Wd 2599, Sent 34, Para 49, ID->2589, Value 0  
[cancer 651 4195 n](#)

:cancers :Wd 2621, Sent 34, Para 49, ID->2599, Value 0  
[cancer 651 4195 n](#)

:cancers :Wd 2626, Sent 34, Para 49, ID->2621, Value 0  
[cancer 651 4195 n](#)

:patients :Wd 2641, Sent 34, Para 49, ID->2583, Value 0  
[sick-person 651 4202 n](#)

:cancers :Wd 2649, Sent 34, Para 49, ID->2626, Value 0  
[cancer 651 4195 n](#)

:cancers :Wd 2681, Sent 34, Para 49, ID->2649, Value 0  
[cancer 651 4195 n](#)

:patients :Wd 2683, Sent 34, Para 49, ID->2641, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2709, Sent 35, Para 52, ID->2683, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2742, Sent 35, Para 55, ID->2709, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 2751, Sent 35, Para 57, ID->2573, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 2771, Sent 35, Para 58, ID->2742, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 2778, Sent 35, Para 58, ID->2751, Value 0  
[respiratory-disease 651 4192 n](#)

:patient :Wd 2786, Sent 35, Para 58, ID->2091, Value 0  
[sick-person 651 4202 n](#)

:condition :Wd 2790, Sent 35, Para 58, ID->2088, Value 0  
[illness 651 4186 n](#)

:patient :Wd 2793, Sent 35, Para 58, ID->2786, Value 0  
[sick-person 651 4202 n](#)

:critical :Wd 2798, Sent 35, Para 58, ID->2492, Value 0  
[sick 651 4205 a](#)

:inoperable :Wd 2824, Sent 35, Para 59, ID->2404, Value 0  
[sick 651 4205 a](#)

:patients :Wd 2825, Sent 35, Para 59, ID->2771, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 2829, Sent 35, Para 59, ID->2331, Value 0  
[disease 651 4187 n](#)

:patients :Wd 2846, Sent 35, Para 59, ID->2825, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 2879, Sent 35, Para 59, ID->2846, Value 0  
[sick-person 651 4202 n](#)

:inoperable :Wd 2882, Sent 35, Para 59, ID->2824, Value 0  
[sick 651 4205 a](#)

:patients :Wd 2897, Sent 35, Para 59, ID->2879, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 2904, Sent 35, Para 59, ID->2829, Value 0  
[disease 651 4187 n](#)

:disease :Wd 2916, Sent 35, Para 59, ID->2904, Value 0  
[disease 651 4187 n](#)

:critical :Wd 2984, Sent 35, Para 59, ID->2798, Value 0  
[sick 651 4205 a](#)

:patients :Wd 3004, Sent 35, Para 60, ID->2897, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 3016, Sent 35, Para 60, ID->3004, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 3051, Sent 35, Para 60, ID->3016, Value 0  
[sick-person 651 4202 n](#)

:carcinoma :Wd 3057, Sent 35, Para 60, CAT->2681, Value 0  
[cancer 651 4195 n](#)

:patients :Wd 3078, Sent 35, Para 60, ID->3051, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 3090, Sent 35, Para 60, ID->2916, Value 0  
[disease 651 4187 n](#)

:patients :Wd 3145, Sent 36, Para 63, ID->3078, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 3173, Sent 36, Para 67, ID->2778, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 3256, Sent 36, Para 69, ID->3145, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 3263, Sent 36, Para 69, ID->3173, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 3280, Sent 36, Para 69, ID->3256, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3299, Sent 36, Para 69, ID->3280, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3311, Sent 36, Para 69, ID->3299, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3347, Sent 36, Para 69, ID->3311, Value 0  
[sick-person 651 4202 n](#)  
:disease :Wd 3376, Sent 36, Para 69, ID->3090, Value 0  
[disease 651 4187 n](#)  
:patient :Wd 3439, Sent 37, Para 70, ID->2793, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3490, Sent 37, Para 71, ID->3347, Value 0  
[sick-person 651 4202 n](#)  
:disease :Wd 3493, Sent 37, Para 71, ID->3376, Value 0  
[disease 651 4187 n](#)  
:patients :Wd 3540, Sent 37, Para 71, ID->3490, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3548, Sent 37, Para 71, ID->3540, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3571, Sent 37, Para 71, ID->3548, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3604, Sent 37, Para 71, ID->3571, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3619, Sent 37, Para 71, ID->3604, Value 0  
[sick-person 651 4202 n](#)  
:cancer :Wd 3628, Sent 37, Para 71, CAT->3493, Value 0  
[disease 651 4187 n](#)  
:patients :Wd 3655, Sent 37, Para 71, ID->3619, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3680, Sent 37, Para 72, ID->3655, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3699, Sent 37, Para 72, ID->3680, Value 0  
[sick-person 651 4202 n](#)  
:lung-cancer :Wd 3709, Sent 37, Para 72, ID->3263, Value 0  
[respiratory-disease 651 4192 n](#)  
:patients :Wd 3718, Sent 37, Para 72, ID->3699, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3740, Sent 37, Para 72, ID->3718, Value 0  
[sick-person 651 4202 n](#)  
:disease :Wd 3752, Sent 37, Para 72, ID->3493, Value 0  
[disease 651 4187 n](#)  
:cases :Wd 3812, Sent 38, Para 74, CAT->3740, Value 0  
[sick-person 651 4202 n](#)  
:disease :Wd 3875, Sent 38, Para 78, ID->3752, Value 0  
[disease 651 4187 n](#)  
:cases :Wd 3890, Sent 38, Para 78, ID->3812, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3896, Sent 38, Para 78, ID->3740, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3910, Sent 38, Para 78, ID->3896, Value 0  
[sick-person 651 4202 n](#)  
:cases :Wd 3964, Sent 39, Para 83, ID->3890, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 3990, Sent 39, Para 86, ID->3910, Value 0  
[sick-person 651 4202 n](#)  
:lung-cancer :Wd 4037, Sent 40, Para 93, ID->3709, Value 0  
[respiratory-disease 651 4192 n](#)  
:patients :Wd 4039, Sent 40, Para 94, ID->3990, Value 0  
[sick-person 651 4202 n](#)  
:lung-cancer :Wd 4046, Sent 40, Para 94, ID->4037, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 4078, Sent 40, Para 94, ID->4039, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 4091, Sent 40, Para 94, ID->4078, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 4110, Sent 40, Para 94, ID->4091, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 4122, Sent 40, Para 94, ID->3875, Value 0  
[disease 651 4187 n](#)

:patients :Wd 4128, Sent 40, Para 94, ID->4110, Value 0  
[sick-person 651 4202 n](#)

:patient :Wd 4163, Sent 40, Para 94, ID->3439, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 4190, Sent 40, Para 95, ID->4128, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 4194, Sent 40, Para 95, ID->4122, Value 0  
[disease 651 4187 n](#)

:cough :Wd 4210, Sent 40, Para 95, CAT->4046, Value 0  
[respiratory-disease 651 4192 n](#)

:chest-pain :Wd 4216, Sent 40, Para 95, GRP->4210, Value 0  
[cardiovascular-disease 651 4193 n](#)

:patient :Wd 4237, Sent 40, Para 96, ID->4163, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 4261, Sent 40, Para 96, ID->4190, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 4274, Sent 40, Para 96, ID->4261, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 4288, Sent 40, Para 96, ID->4194, Value 0  
[disease 651 4187 n](#)

:patients :Wd 4315, Sent 40, Para 96, ID->4274, Value 0  
[sick-person 651 4202 n](#)

:inoperable :Wd 4317, Sent 40, Para 96, GRP->4315, Value 0  
[sick 651 4205 a](#)

:patients :Wd 4325, Sent 40, Para 96, ID->4315, Value 0  
[sick-person 651 4202 n](#)

:patient :Wd 4365, Sent 40, Para 96, ID->4237, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 4461, Sent 40, Para 97, ID->4325, Value 0  
[sick-person 651 4202 n](#)

:disease :Wd 4488, Sent 40, Para 98, ID->4288, Value 0  
[disease 651 4187 n](#)

:patients :Wd 4489, Sent 40, Para 98, ID->4461, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 4556, Sent 41, Para 105, ID->4046, Value 0  
[respiratory-disease 651 4192 n](#)

:toxic :Wd 4591, Sent 41, Para 106, GRP->4556, Value 0  
[diseased 651 4206 a](#)

:patients :Wd 4624, Sent 41, Para 106, ID->4489, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 4650, Sent 41, Para 106, ID->4624, Value 0  
[sick-person 651 4202 n](#)

:patients :Wd 4702, Sent 41, Para 106, ID->4650, Value 0  
[sick-person 651 4202 n](#)

:lung-cancer :Wd 4728, Sent 41, Para 106, ID->4556, Value 0  
[respiratory-disease 651 4192 n](#)

:lung-cancer :Wd 4804, Sent 41, Para 106, ID->4728, Value 0  
[respiratory-disease 651 4192 n](#)

:patients :Wd 4827, Sent 41, Para 106, ID->4702, Value 0  
[sick-person 651 4202 n](#)

:inoperable :Wd 4829, Sent 41, Para 106, ID->4317, Value 0  
[sick 651 4205 a](#)

:disease :Wd 4834, Sent 41, Para 106, ID->4488, Value 0  
[disease 651 4187 n](#)

:lung-cancer :Wd 4855, Sent 41, Para 107, ID->4804, Value 0  
[respiratory-disease 651 4192 n](#)  
:patients :Wd 4875, Sent 41, Para 107, ID->4827, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 4896, Sent 41, Para 107, ID->4875, Value 0  
[sick-person 651 4202 n](#)  
:lesions :Wd 4904, Sent 41, Para 107, GRP->4896, Value 0  
[ulcer 651 4198 n](#)  
:bronchial :Wd 4936, Sent 41, Para 108, CAT->4591, Value 0  
[diseased 651 4206 a](#)  
:pain :Wd 4942, Sent 41, Para 108, GRP->4936, Value 0  
[illness 651 4186 n](#)  
:cases :Wd 4954, Sent 41, Para 108, CAT->4896, Value 0  
[sick-person 651 4202 n](#)  
:lesions :Wd 4967, Sent 41, Para 108, ID->4904, Value 0  
[ulcer 651 4198 n](#)  
:critical :Wd 4975, Sent 41, Para 108, CAT->4829, Value 0  
[sick 651 4205 a](#)  
:patient :Wd 4987, Sent 41, Para 108, ID->4365, Value 0  
[sick-person 651 4202 n](#)  
:patient :Wd 4991, Sent 41, Para 108, ID->4987, Value 0  
[sick-person 651 4202 n](#)  
:lesion :Wd 5014, Sent 41, Para 108, CAT->4967, Value 0  
[ulcer 651 4198 n](#)  
:toxic :Wd 5050, Sent 41, Para 108, ID->4591, Value 0  
[diseased 651 4206 a](#)  
:patients :Wd 5060, Sent 41, Para 109, ID->4896, Value 0  
[sick-person 651 4202 n](#)  
:lesions :Wd 5177, Sent 43, Para 114, ID->4967, Value 0  
[ulcer 651 4198 n](#)  
:lung-cancer :Wd 5185, Sent 43, Para 116, ID->4855, Value 0  
[respiratory-disease 651 4192 n](#)  
:patients :Wd 5188, Sent 43, Para 117, ID->5060, Value 0  
[sick-person 651 4202 n](#)  
:lung-cancer :Wd 5194, Sent 43, Para 117, ID->5185, Value 0  
[respiratory-disease 651 4192 n](#)  
:patients :Wd 5214, Sent 43, Para 118, ID->5188, Value 0  
[sick-person 651 4202 n](#)  
:lesion :Wd 5228, Sent 43, Para 118, ID->5014, Value 0  
[ulcer 651 4198 n](#)  
:disease :Wd 5240, Sent 43, Para 118, ID->4834, Value 0  
[disease 651 4187 n](#)  
:toxic :Wd 5311, Sent 43, Para 118, ID->5050, Value 0  
[diseased 651 4206 a](#)  
:patients :Wd 5320, Sent 43, Para 118, ID->5214, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 5333, Sent 43, Para 118, ID->5320, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 5353, Sent 43, Para 119, ID->5333, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 5369, Sent 43, Para 119, ID->5353, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 5381, Sent 43, Para 119, ID->5369, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 5405, Sent 43, Para 119, ID->5381, Value 0  
[sick-person 651 4202 n](#)  
:carcinoma :Wd 5431, Sent 43, Para 120, GRP->5405, Value 0  
[cancer 651 4195 n](#)  
:patients :Wd 5445, Sent 43, Para 120, ID->5405, Value 0  
[sick-person 651 4202 n](#)  
:cancers :Wd 5449, Sent 43, Para 120, CAT->5431, Value 0  
[cancer 651 4195 n](#)

:lesion :Wd 5454, Sent 43, Para 120, ID->5228, Value 0  
[ulcer 651 4198 n](#)  
:cancer :Wd 5459, Sent 43, Para 120, CAT->5449, Value 0  
[cancer 651 4195 n](#)  
:patients :Wd 5474, Sent 43, Para 120, ID->5445, Value 0  
[sick-person 651 4202 n](#)  
:lesion :Wd 5477, Sent 43, Para 120, ID->5454, Value 0  
[ulcer 651 4198 n](#)  
:patients :Wd 5487, Sent 43, Para 120, ID->5474, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 5527, Sent 43, Para 121, ID->5487, Value 0  
[sick-person 651 4202 n](#)  
:disease :Wd 5530, Sent 43, Para 121, ID->5240, Value 0  
[disease 651 4187 n](#)  
:patients :Wd 5557, Sent 43, Para 121, ID->5527, Value 0  
[sick-person 651 4202 n](#)  
:patients :Wd 5593, Sent 44, Para 125, ID->5557, Value 0  
[sick-person 651 4202 n](#)  
:lesions :Wd 5603, Sent 44, Para 126, ID->5177, Value 0  
[ulcer 651 4198 n](#)  
:patients :Wd 5610, Sent 44, Para 127, ID->5593, Value 0  
[sick-person 651 4202 n](#)

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**APÉNDICE VIIe: Representación tabular de las cadenas reconocidas por *Hesperus***

**TREATMENT SUMMARIES FOR HEALTH PROFESSIONALS**

**MALIGNANT MESOTHELIOMA (QDT1): 15 CHAINS**

**H 0: Experiment (5, 1)**

TRIALS	5
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**H 1: Treatment, diagnosis, pathology of malignat mesothelioma (96, 29)**

DISEASE	13
PATIENTS	12
CLINICAL	9
SURGICAL	8
THERAPY	8
CHEMOTHERAPY	5
PALLIATIVE	5
TREATED	5
<b>PROGNOSIS</b>	3
SURGERY	3
CARCINOMAS	2
CURE	2
DIAGNOSIS	2
PAIN	2
REGIMENS	2

SYMPTOMS	2
ANAPLASTIC	1
BIOPSY	1
CAPSULE	1
CARCINOMA	1
CASES	1
CONFINED	1
CURATIVE	1
DIAGNOSTIC	1
HISTORY-OF	1
LESIONS	1
SYMPTOM	1
TOXICITY	1
TREATMENTS	1

**H 2: ? (23, 7)**

**2 a: Staging (18, 3)**

STAGE (stand n)	12
STAGES (stand n)	3
STAGING (frame n)	3
TOTAL	18

**2 b: Improvement (5, 4)**

IMPROVED (restored a)	2
<b>FOUND</b> (restored a)	1
PROVIDE (support v)	1

RELIEF (recuperation n)	1
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**H 3: ? (17, 5)****3 a: Treatment (12, 1)**

TREATMENT	12
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**3 b: Change (5, 4)**

STAINS	2
INTERPRETATION	1
MODIFICATION	1
<b>VARIABILITY</b>	1

**H 4: Survival (15, 3)**

SURVIVAL	11
<b>LONG-TERM</b>	3
PROLONGED	1

**H 5: Pleura (10, 3)**

<b>PLEURAL</b>	6
PLEURA	3
PARIETAL	1

**H 6: ? (20, 13)**

<b>DIFFICULT</b> (puzzling a, moot a)	3
PROPOSED (moot a)	3
ACID (sullen a)	2
HIGHER (exam n)	2
INFORMATION (enquiry n)	2
CANDIDATES (exam n)	1
DISCUSSION (enquiry n)	1

EXAMINATION (enquiry n)	1
INVOLVEMENT (difficulty n)	1
OPERATIVE (secret-service n)	1
PROBLEMS (difficulty n)	1
UNCLEAR (puzzling a)	1
UNKNOWN (unintelligible a)	1

**H 7: Risk factor (2,2)**



<b>ASBESTOS</b> (incombustibility n)	1
EXPOSURE (refrigeration n)	1

## H 8: Tests (2, 2)

<b>ELECTRON</b>	1
MICROSCOPY	1

## H 9: Time (5, 4)

TIME	2
<b>PERIOD</b>	1
PERIODIC	1
TEMPORARY	1

## H 10: ? (11, 8)

MARGINS (edition n)	2
NEGATIVE (numerical a)	2
<b>SERIES</b> (edition n)	2
DESCRIPTION (reading-matter n)	1
DESCRIPTIONS	1

(reading-matter n)	
FACTOR (numerical element n)	1
POSITIVE (numerical a)	1
SELECTION (textbook n)	1

## H 11: ? (15, 10)

AGENT (intermediary n)	3
DIAPHRAGM (middle n)	3
SPECIMENS (example n)	2
ADEQUATE (middling n)	1
AGENTS (intermediary n)	1
HEART (middle n)	1

INSTANCES (example n)	1
INTERVENTION (interjacency n)	1
<b>MEDIAN</b> (middling n)	1
WALL (partition n)	1

## H 12: Size, increase, importance (18, 17)

IMPORTANT (great a)	2
ADDITION (increase n)	1
EXTENSION (increase n)	1
EXTENSIVE	1
GENERALLY (greatly r)	1
<b>GREAT</b> (large a)	1
GROSS (consummate a)	1
GROWS (grow v)	1

HIGH (great a)	1
IMPROVE (grow v)	1
INTEREST (increment n)	1
LARGE (great a)	1
MAJOR (great a)	1
PRODUCE (increment)	1
PROGRESSION (increase n)	1
VALUABLE (great a)	1

WIDE (great a)	1
----------------	---

### H 13: Part-whole, composition (16, 10)

COMBINATION (union n)	3
<b>INCLUDE</b> (add / join v)	3
INCLUDING (in-addition r)	2
NODES (joint n)	2
COMBINED (joined a)	1
COMPOSED-OF	1

(composing a)	
IMPACT (affix v)	1
MAKING (composing a)	1
NATURE (composition n)	1
NODE (joint n)	1

### H 14: Order, categorization (10, 8)

SYSTEM (arrangement n)	3
ADMINISTRATION (arrangement n)	1
<b>CLASSIFICATION</b> (arrangement n)	1
GROUP (arrangement n)	1

LIMITED (comparative a)	1
MAJORITY (degree n)	1
SIZE (degree n)	1
STRUCTURES (structure n)	1
SYSTEMS (arrangement n)	1

## NON-SMALL CELL LUNG CANCER (QDT2): 13 CHAINS

### H 0: Treatment (369, 39)

RADIOTHERAPY	65
CHEMOTHERAPY	54
TREATMENT	37
CLINICAL	35
SURGERY	29
SURGICAL	16
TREATED	16
THERAPY	15
CURATIVE	13
REGIMENS	8
SURGICALLY	7
SYMPTOMS	7
MEDICAL	5
REGIMEN	5
THERAPEUTIC	4
BRONCHOSCOPY	3
<b>CURE</b>	3
DIAGNOSTIC	3
DOSES	3
IMMUNOTHERAPY	3
PALLIATIVE	3
PROGNOSIS	3

SYNDROME	3
TOMOGRAPHY	3
TREATMENTS	3
BIOPSY	2
DIAGNOSIS	2
DRUG	2
MEDICALLY	2
PROGNOSIS	2
OPERABLE	2
RADIOGRAPH	2
AID	1
ANTIBODIES	1
ONCOLOGY	1
PALLIATE	1
PATHOLOGIST	1
PHOTOTHERAPY	1
RADIOLOGY	1
SCANNING	1
SPECIFIC	1
TOTAL	369

## H 1: Pathology of lung cancer (276, 23)

### Pathology of lung cancer

LUNG-CANCER	37
DISEASE	25
CANCERS	13
CARCINOMA	13
CANCER	9
CRITICAL	8
INOPERABLE	7
LESION	7
LESIONS	6
SYMPTOMS	4

BRONCHIAL	3
TOXIC	3
CONDITION	2
DIAGNOSIS	2
PROGNOSIS	2
CHEST-PAIN	1
CONFINED	1
PAIN	1
TOTAL	144

### Patient

PATIENTS	110
PATIENT	14
CASES	6

### Smoking

COUGH	1
SMOKERS	1

## H 2: ? (261, 76)

### 2 a: Staging (71, 4)

STAGE (show v)	56
STAGING (dramaturgy n)	10
TIS (produce v)	3
STAGES (show v)	2
TOTAL	71

### 2 b: Cause and effect, evidence, importance (193, 73)

#### Cause and effect, evidence

PERFORMANCE (production n)	12
SHOWED (show v)	8
BASED (source n)	7
COMBINATION (composition n)	7
EVIDENCE (exhibit n)	7
PRESENT (show v)	6
SHOWN (shown a)	6
FREE (undisguised a)	5

PRODUCE (cause v)	5
ACHIEVE (produce v)	4
DEVELOP (manifest v)	4
EFFECTIVE (causal a)	4
FOUND (cause v)	4
RETROSPECTIVE (exhibit n)	4
AGENT (producer n)	3
DEMONSTRATE (show v)	3
ENCOURAGED (conduce v)	3

INCLUDES (contain v)	3
PRODUCED (shown a)	3
COMPARISON (manifestation n)	2
CONSIST-OF (contain v)	2
ENHANCE (manifest v)	2
FORM (produce v)	2
IMAGING (show v)	2
INCLUDE (contain v)	2
LEAD-TO (conduce v)	2
PLANNING (production n)	2
PRESENTATION (manifestation n)	2
RESULTED (product n)	2
ROLE (acting n)	2
SHOW (show v)	2
STRUCTURES (production n)	2
AGENTS (cause n)	1
APPARENT (manifest a)	1
BASIS (reason-why n)	1
CITATIONS (exhibit n)	1
CLEAR (manifest a)	1
COMPUTERIZED (productive a)	1
DERIVATIVE (effect n)	1
DETERMINE (cause v)	1
DETERMINING (cause v)	1

DISCOVERY (manifestation n)	1
DUE-TO (caused a)	1
EFFECTIVELY (causal a)	1
ESTABLISHING (produce v)	1
FASHION (produce v)	1
FINAL (causal a)	1
GROWTH (production n)	1
INITIATING (cause v)	1
INVOLVE (contain v)	1
INVOLVES (contain v)	1
JUDGE (cause v)	1
MADE (produced a)	1
OUTCOME (effect n)	1
OUTCOMES (effect n)	1
PRODUCES (produce v)	1
REFLECT (show v)	1
REPRESENTS (show v)	1
RESPONSE (effect n)	1
RESPONSES (effect n)	1
RESPONSIBLE (causal a)	1
REVIEW (stage-show n)	1
SIGNS (manifestation n)	1
SPECIMEN (exhibit n)	1
VARIETY (stage-show n)	1
TOTAL	261

### Importance

PRIMARY (fundamental a)	31
CENTRAL (fundamental a)	1
IMPORTANT (fundamental a)	1

### H 3: Minuteness / quantity / size (108, 24)

CELL	34
<b>SMALL</b> (21 in non-small cell lung cancer)	33
LIMITED	6
APPROXIMATELY	3
FRACTIONATION	3
LARGE	3
MODEST	3
REDUCED	3
FRACTIONS	2
MEDIAN	2

MODESTLY	2
SMALLER	2
BREATH	1
CELLS	1
COMPRESSION	1
FRACTION	1
INITIAL	1
MICROSCOPIC	1
RARE	1
RAY	1
SHORT	1
SHORTER	1

SHORTNESS	1
SUPERFICIAL	1

TOTAL	108
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#### H 4: Hard body parts (18, 7)

NODES	7
NODE	4
<b>NODULES</b>	3
BONE	1
CHEST	1

NODULE	1
OSSEOUS	1
TOTAL	18

#### H 5: Transference (26, 3)

<b>METASTASIS</b>	15
METASTASES	10
REQUIRES	1

#### H 6: Research, experimentation (34, 2)

<b>TRIALS</b>	27
TRIAL	7
TOTAL	34

#### H 7: Body fluids (26, 13)

LYMPH	9
CLASSIFICATION	4
CATEGORIES	2
FLUID	2
<b>BLOOD</b>	1
BLOODY	1
DESIGNATIONS	1
FIELD	1

GROUP	1
LIFE	1
NATURE	1
QUALITY	1
SUBSET	1
TOTAL	26

#### H 8: ? (14, 5)

CONSIDERED (careful a)	7
<b>CAREFUL</b> (careful a)	3
EYE (surveillance n)	2
ACCURATE (careful a)	1

CAREFULLY (carefully r)	1
TOTAL	14

#### H 9: Distance (12, 5)

<b>DISTANT</b>	6
DISTAL	2

SINGLE	2
CONFUSED	1

GIANT	1
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# **H 10: ? (20, 15)**

TOTAL	12
-------	----

STUDY (retreat n)	4
LOCAL (tavern n)	2
WEDGE (affix v)	2
CLOSE (housing n)	1
COMBINATION	1
COMMITTEE	1
COMPARE (join v)	1
IMPACT	1
INDEPENDENT	1

(political.-party n)	
INVOLVEMENT (union n)	1
<b>JOINT</b> (tavern n)	1
MARROW (vegetable n)	1
RELIEF (relief n)	1
VERTEBRAL (supporting a)	1
WALL (prop n)	1
TOTAL	20

# **H 11: Pleura (9, 3)**

<b>PLEURA</b>	4
PLEURAL	4
PARIETAL	1
TOTAL	9

# **H 12: ? (21, 12)**

12 a: Part / whole

<b>GROUP</b>	7
GROUPS	2
MINORITY	2
CHOICE	1
COMPONENT	1
ELEMENT	1

MAJORITY	1
PARTIAL	1
SEGMENTAL	1
TOTAL	17

12 b: Imperfection

POOR	2
NEGATIVE	1
ERRORS	1
TOTAL	4

# **H 13: Survival (75, 11)**

<b>SURVIVAL</b>	45
LONG-TERM	8
YEAR	6
YEARS	5
REMAINS	4

DEATH	2
LIFE	1
OCCUR	1
PROLONGED	1
SURVIVE	1

SURVIVORS	1
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TOTAL	75
-------	----

## SMALL CELL LUNG CANCER (QDT3): 8 CHAINS

### H 0: Treatment and diagnosis (225, 27)

CHEMOTHERAPY	51
<b>TREATMENT</b>	35
REGIMENS	23
RADIOTHERAPY	21
TREATED	18
THERAPY	14
CLINICAL	13
DRUG	11
SURGICAL	8
DOSES	5
PALLIATIVE	4
PROGNOSIS	3
SYMPTOMS	3
DOSE	2
PROPHYLACTIC	2

BRONCHOSCOPE	1
CURE	1
MEDICAL	1
MEDICALLY	1
PALLIATED	1
PATHOLOGIST	1
PHYSICIANS	1
REGIMEN	1
THERAPEUTIC	1
TRANSPLANT	1
TRANSPLANTS	1
TREATMENTS	1
TOTAL	225

### H 1: Minuteness / Size (192, 39)

<b>SMALL</b>	59
CELL	56
LIMITED	19
MEDIAN	6
DECLINE	4
POOR	4
DECLINING	2
IMPAIRED	2
IMPAIRMENT	2
LOW	2
MICROSCOPY	2
MINIMAL	2
RARE	2
REDUCED	2
TYPE	2
TYPES	2
YIELD	2
APPROXIMATELY	1
COMPRESSION	1
DETAIL	1
ELECTRON	1

FAILING	1
FEMALE	1
FOLD	1
FRACTIONATION	1
GRANULES	1
LIGHT	1
MIXED	1
MODERATE	1
MODERATELY	1
MODEST	1
OBSTRUCTING	1
POORLY	1
REQUIRES	1
SIMPLE	1
SUGGESTION	1
TOLERABLE	1
UNSATISFACTORY	1
YIELDS	1
TOTAL	192

## H 2: Pathology of lung cancer (201, 23)

### Pathology of lung cancer

<b>LUNG-CANCER</b>	43
DISEASE	21
CARCINOMA	13
DIAGNOSIS	9
PROGNOSIS	6
CANCER	5
CONFINED	4
CARCINOMAS	3
AFFECTED	2
BRONCHIAL	2
LESIONS	2

MORBIDITY	2
SYNDROME	2
TOXICITY	2
CANCERS	1
CASES	1
DYING	1
PATHOLOGICALLY	1
POORLY	1
SYMPTOMS	1
TOXIC	1
TOTAL	123

### Patient

PATIENTS	75
PATIENT	3
TOTAL	78

## H 3: ? (133, 40)

### 3 a: Staging (41, 2)

<b>STAGE</b> (dramatize v)	36
STAGING (dramaturgy n)	5
TOTAL	41

### 3b: ? (92, 38)

### Increase

<b>ADDITIONAL</b> (increasing a)	6
INCREASED (increasing a)	3
ADDITION (increase n)	2
CONTRIBUTE-TO (augment v)	2
EXCEEDS (grow v)	2
ADDING (increase n)	1
INCREASING (increasing a)	1
INTENSIVE (increasing a)	1
MATURE (grow v)	1

PROGRESSED (increase n)	1
PROGRESSIVE (increasing a)	1
PROLONGATION (increase n)	1
PROLONGS (augment v)	1
SPREAD (increase n)	1
TOTAL	24



## Improvement

<b>IMPROVEMENT</b> (increase n)	7
IMPROVE (grow v)	3
IMPROVEMENTS (increase n)	2

PERFORMANCE (dramaturgy n)	2
LIVE (dramatic a)	1
TOTAL	15

## Evidence

<b>SHOWN</b> (dramatic a)	8
PRESENT (dramatize v)	4
SHOWED (dramatize v)	2
PRESENTING (dramatize v)	1

SHOWING (dramatic a)	1
TOTAL	16

## Part-whole

COMBINATION (composition n)	12
<b>INCLUDE</b> (contain v)	6
COMPOSED-OF (composing a)	1
INCLUSION (composition n)	1

INCORPORATION (composition n)	1
PERIOD (composition n)	1
TOTAL	22

## Cause

<b>PRODUCE</b> (dramatize v)	6
PRODUCES (dramatize v)	2

## Research, categorization

<b>REVIEW</b> (stage-show n)	2
ART (composition n)	1
MODELS (composition n)	1

ROLE (acting n)	1
TOTAL	5

## Change

VARIETY (stage-show n)	1
------------------------	---

## Miscelanea

CYCLE (stage-play n)	1
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#### H 4: Existence, survival, time (55, 17)

SURVIVAL	32
ORIGIN	3
YEARS	3
CONTINUE	2
<b>LONG-TERM</b>	2
OBTAIN	2
ENTITY	1
OCCUR	1
OCCURRED	1

OCCURS	1
POSSIBLY	1
PRESENCE	1
REMAIN	1
REPRESENT	1
SERIES	1
SURVIVALS	1
SURVIVORS	1
TOTAL	55

#### H 5: Importance, body parts (53, 19)

##### 5 a: Body parts

CHEST	17
ABDOMEN	1
CAV	1
INTRAVENOUS	1

<b>LIVER</b>	1
MARROW	1
TOTAL	22

##### 5b: Importance

<b>CENTRAL</b>	10
SIGNIFICANT	4
IMPORTANT	3
CORNERSTONE	2
HIGH	2
PRIMARILY	2
PRIMARY	2
CONSIDERABLE	1

HIGHLY	1
INTRINSIC	1
MAJOR	1
MATERIAL	1
SIGNIFICANTLY	1
TOTAL	31

#### H 6: Largeness, large quantity (56, 26)

EXTENSIVE	11
COMPLETE	8
MAJORITY	5
SUPERIOR	4
RARELY	3
AREAS	2
EXTREME	2
<b>GREATER</b>	2
PROLONGED	2
CLEAR	1
EXCEEDINGLY	1

EXCELLENT	1
EXTENSIVELY	1
EXTREMELY	1
GREATLY	1
HIGHLY	1
LONG	1
MASSIVE	1
POSITIVE	1
STRONGLY	1
SUBSTANTIAL	1
TOTAL	1

UNEQUIVOCALLY	1
UNIVERSALLY	1
UNUSUAL	1

WIDESPREAD	1
TOTAL	56

### H 7: Smoking (3, 3)

<b>CIGARETTE</b>	1
JOINT	1
SMOKERS	1

## TREATMENT SUMMARIES FOR PATIENTS

MESOTHELIOMA (QPT1): 7 CHAINS

### H 0: Disease, death, harm, badness (81, 5)

CANCER	52
MALIGNANT	18
KILL	5
DISEASE	3

PAIN	3
TOTAL	81

### H 1: Treatment and diagnosis, hospital (74, 23)

CLINICAL	16
SURGERY	13
CHEMOTHERAPY	11
DRUGS	5
SYMPTOMS	5
TEST	4
DRUG	3
HOSPITAL	2
ANSWER	1
ANSWERS	1
BIOPSIES	1
BIOPSY	1
DOSE	1

HOSPITALS	1
INJECTED	1
PILL	1
PROGNOSIS	1
<b>SCREENING</b>	1
SHRINK	1
SPECIALIST	1
TESTING	1
TESTS	1
TREAT	1
TOTAL	74

### H 2: Body parts (54, 11)

CHEST	24
ABDOMEN	14
PLEURA	6
CAVITY	2

CELLS	2
ABDOMINAL	1
CASES	1
DRAIN	1

OPENING	1
<b>SAC</b>	1
SWELLING	1

TOTAL	54
-------	----

### H 3: Treatment, agency (47, 10)

#### Treatment

<b>TREATMENT</b>	27
TREATMENTS	7
TREATED	3
TREAT	1
TOTAL	38

#### Agency

SERVICE	4
EFFECTIVENESS	1
JOBS	1
OPERATION	1
WORK	1
WORKED	1
TOTAL	10

### H 4: Therapy, dispersion (28, 6)

<b>RADIATION</b>	11
THERAPY	11
RAYs	3
SPREAD	1
TYPE	1
X-RAY	1
TOTAL	28

### H 5: Knowledge, instruction (32, 9)

<b>INFORMATION</b>	14
LEARN	6
CURRENT	4
PROFESSIONALS	3
DETECTION	1
DISCOVERED	1

EXPERTS	1
STUDY	1
TRAINED	1
TOTAL	32

## H 6: ? (51, 18)

CELLS (party n)	11
BODY (corporation n)	7
STAGE (rostrum n)	8
FOUND (produce v)	5
STAGES (rostrum n)	4
ENERGY (causal-means n)	2
<b>INSTITUTE</b> (Corporation n)	2
MADE (produced a)	2
ENTERS (join-a-party v)	1
EXPLANATION (reason-why n)	1

FORM (produce v)	1
LABORATORY (classroom n)	1
MACHINE (causal-means n)	1
MEANS (causal-means n)	1
PLAN (produce v)	1
PRODUCE (produce v)	1
START (start n)	1
TOOL (causal-means n)	1
TOTAL	51

## NON-SMALL CELL LUNG CANCER (QPT2): 4 CHAINS

### H 0: Learn (1, 1)

LEARN	1
-------	---

### H 1: Treatment and diagnosis (130, 27)

THERAPY	34
CHEMOTHERAPY	18
TREATMENT	17
SURGERY	16
CLINICAL	6
OPERATED	5
<b>TREATED</b>	5
OPERATION	3
TREAT	3
CURE	2
DOCTOR	2
DRUGS	2
TESTS	2
TREATMENTS	2
BRAIN-SURGERY	1

CURED	1
DISCUSSED	1
DOSE	1
DRUG	1
FOCUSED	1
HEALTH	1
MEDICAL	1
PUTTING	1
RADIOTHERAPY	1
SHRINK	1
SYMPTOMS	1
TOP	1
TOTAL	130

### H 2: Pathology of lung cancer (85, 10)

<b>LUNG-CANCER</b>	35
CANCER	20
PATIENTS	13
CARCINOMA	6
CANCERS	3
PATIENT	3

DISEASE	2
DIAGNOSIS	1
PAIN	1
PROGNOSIS	1
TOTAL	85

### H 3: Size, minuteness (70, 11)

CELL	25
<b>SMALL</b>	24
CELLS	12
LIGHT	2
COMMON	1
LARGE	1
NARROW	1

NECK	1
SIDE	1
THIN	1
VEIN	1
TOTAL	70

## SMALL CELL LUNG CANCER (QPT3): 9 CHAINS

### H 0: Learn (2, 2)

LEARN	2
-------	---

### H 1: Drugs (6, 2)

<b>DRUGS</b>	4
DRUG	2
TOTAL	6

### H 2: Experiment (15, 4)

TRIALS	6
TESTING	4
<b>TEST</b>	3
TRIAL	2
TOTAL	15

### H 3: Treatment, diagnosis and medicine (105, 23)

RADIATION	15
THERAPY	15
TREATMENT	13
CHEMOTHERAPY	10
CLINICAL	8
SURGERY	8
IRRADIATION	5
PROPHYLACTIC	5
TREATMENTS	4
SYMPTOMS	3
TEST	3
BIOPSY	2

BRONCHOSCOPE	2
RAYs	2
TREATED	2
<b>BRONCHOSCOPY</b>	1
DOSE	1
HOSPITAL	1
PILL	1
SURGICAL	1
TESTS	1
THERAPIES	1
TREAT	1

TOTAL	105
-------	-----

#### H 4: Minuteness, size (73, 13)

<b>SMALL</b>	24
CELL	21
CELLS	14
MICROSCOPE	3
CUT	2
LIMITED	2
BEAN	1
BREATH	1

NECK	1
PIECES	1
PRESSURE	1
SHORTNESS	1
VEIN	1
TOTAL	73

#### H 5: Pathology of lung cancer (78, 13)

<b>LUNG-CANCER</b>	27
CANCER	20
PATIENT	9
KILL	5
DISEASE	4
PATIENTS	4
PAIN	2
SYMPTOMS	2

CHEST-PAIN	1
CONDITION	1
COUGH	1
PROGNOSIS	1
SWELLING	1
TOTAL	78

#### H 6: Health care (17, 6)

DOCTOR (preserve v)	9
HIGH (pungent a)	3
SERVICE (preserve v)	1

STORE (preserve v)	1
TOTAL	14

#### H 7: Staging, location (21, 6)

STAGE (serial-place n)	10
STAGES (serial-place n)	4
REMOVES (serial-place n)	3
PLACES (serial-place n)	2

PLACE (serial-place n)	1
<b>REMOVE</b> (serial-place n)	1
TOTAL	21

#### H 8: Respiratory tract (26, 10)

<b>LUNGS</b>	8
CALLED	7
CHEST	3
INSIDE	2
BREATHING	1

CALL	1
COUGHING	1
SKIN	1
SOUND	1
WHEEZING	1

	TOTAL	26
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**H 9: Smoking**

<b>SMOKE</b> (preserve v)	2
CIGARETTES (tobacco n)	1



**APÉNDICE VIII: Lista de frecuencia del Corpus *Brown* con los 75 lexemas más frecuentes**

N	Word	Freq.	%
1	THE	69.459	5.80
2	OF	36.214	3.02
3	AND	28.793	2.40
4	TO	26.069	2.18
5	A	23.385	1.95
6	IN	21.306	1.78
7	THAT	10.534	0.88
8	IS	10.004	0.84
9	WAS	9.762	0.81
10	HE	9.494	0.79
11	FOR	9.450	0.79
12	IT	8.703	0.73
13	WITH	7.250	0.61
14	AS	7.215	0.60
15	HIS	6.960	0.58
16	ON	6.719	0.56
17	BE	6.339	0.53
18	AT	5.358	0.45
19	BY	5.317	0.44
20	I	5.155	0.43
21	HAD	5.120	0.43
22	THIS	5.120	0.43
23	NOT	4.570	0.38
24	ARE	4.360	0.36
25	BUT	4.358	0.36

26	FROM	4.356	0.36
27	OR	4.197	0.35
28	HAVE	3.910	0.33
29	AN	3.723	0.31
30	THEY	3.594	0.30
31	WHICH	3.543	0.30
32	ONE	3.411	0.28
33	WERE	3.274	0.27
34	YOU	3.234	0.27
35	ALL	3.053	0.25
36	HER	3.009	0.25
37	SHE	2.848	0.24
38	WOULD	2.711	0.23
39	THERE	2.710	0.23
40	THEIR	2.653	0.22
41	WE	2.635	0.22
42	HIM	2.591	0.22
43	BEEN	2.467	0.21
44	HAS	2.425	0.20
45	WHEN	2.320	0.19
46	WHO	2.235	0.19
47	WILL	2.230	0.19
48	MORE	2.206	0.18
49	NO	2.203	0.18
50	IF	2.170	0.18
51	OUT	2.151	0.18

52	SO	2.014	0.17
53	UP	1.958	0.16
54	SAID	1.955	0.16
55	WHAT	1.881	0.16
56	ITS	1.845	0.15
57	ABOUT	1.810	0.15
58	THAN	1.789	0.15
59	INTO	1.785	0.15
60	THEM	1.770	0.15
61	CAN	1.751	0.15
62	ONLY	1.732	0.14
63	OTHER	1.698	0.14
64	TIME	1.681	0.14
65	NEW	1.620	0.14
66	SOME	1.611	0.13
67	COULD	1.588	0.13
68	THESE	1.568	0.13
69	TWO	1.508	0.13
70	MAY	1.392	0.12
71	FIRST	1.376	0.11
72	THEN	1.363	0.11
73	DO	1.340	0.11
74	ANY	1.336	0.11
75	LIKE	1.331	0.11

**APÉNDICE IX: Lista de frecuencia del *Corpus de Referencia del Español Actual*  
(CREA) con los 75 lexemas más frecuentes**

N	Word	Freq.	%
1	De	5928345	6.30%
2	La	3777244	4.02%
3	Que	2898840	3.08%
4	El	2761603	2.94%
5	Y	2546060	2.71%
6	En	2516211	2.68%
7	A	2020396	2.15%
8	Los	1570946	1.67%
9	Se	1238281	1.32%
10	Del	1104825	1.17%
11	Un	1017524	1.08%
12	Las	1004783	1.07%
13	No	958539	1.02%
14	Por	953044	1.01%
15	Con	897848	0.95%
16	Una	818491	0.87%
17	Su	687024	0.73%
18	Para	625239	0.66%
19	Es	616943	0.66%
20	Al	585384	0.62%
21	Lo	558611	0.59%
22	Como	470893	0.50%
23	Más	405955	0.43%
24	O	312528	0.33%
25	Pero	295166	0.31%

26	Sus	282465	0.30%
27	Le	279818	0.30%
28	Me	269732	0.29%
29	Ha	229444	0.24%
30	Si	209953	0.22%
31	Sin	188452	0.20%
32	Ya	178428	0.19%
33	Sobre	173505	0.18%
34	Este	163004	0.17%
35	Cuando	162628	0.17%
36	Todo	159026	0.17%
37	Entre	157071	0.17%
38	Había	153421	0.16%
39	Era	151182	0.16%
40	Ser	140578	0.15%
41	Fue	138728	0.15%
42	Esta	138687	0.15%
43	También	137531	0.15%
44	Dos	137506	0.15%
45	Mi	134097	0.14%
46	Son	133919	0.14%
47	Qué	132312	0.14%
48	Muy	131185	0.14%
49	Hasta	127222	0.14%
50	Yo	124131	0.13%
51	Porque	121062	0.13%

52	Está	119724	0.13%
53	Desde	119708	0.13%
54	Años	118669	0.13%
55	Sólo	108952	0.12%
56	Vez	104113	0.11%
57	Hay	103509	0.11%
58	Ni	103241	0.11%
59	Han	99838	0.11%
60	Todos	97723	0.10%
61	Así	95947	0.10%
62	Nos	95667	0.10%
63	Puede	94966	0.10%
64	Él	92429	0.10%
65	Tiene	89504	0.10%
66	Te	89196	0.09%
67	Parte	86854	0.09%
68	Ahora	84038	0.09%
69	Bien	84022	0.09%
70	Uno	83832	0.09%
71	Ese	83582	0.09%
72	Mismo	81683	0.09%
73	Tiempo	81177	0.09%
74	Donde	80151	0.09%
75	Eso	77931	0.08%

**Apéndice X: Palabras clave identificadas con la aplicación *Keywords* de *Wordsmith Tools* en los textos sobre tratamiento para profesionales de la salud del PDQ (QDT).**

N	WORD	FREQ.	DTREAT.LST %	FREQ.	PCARE.LST %	KEYNESS	P
1	STAGE	103	1.03	17	0.03	312.4	0.000000
2	LUNG	101	1.01	17	0.03	305.1	0.000000
3	RADIOTHERAPY	86	0.86	5		301.0	0.000000
4	SURVIVAL	89	0.89	12	0.02	280.0	0.000000
5	CELL	91	0.91	26	0.04	241.7	0.000000
6	CHEMOTHERAPY	110	1.10	91	0.15	183.2	0.000000
7	SMALL	69	0.69	31	0.05	156.7	0.000000
8	TUMOR	77	0.77	50	0.08	147.5	0.000000
9	PATIENTS	197	1.97	398	0.65	139.7	0.000000
10	RESECTION	38	0.38	5		119.9	0.000000
11	TRIALS	41	0.41	12	0.02	108.0	0.000000
12	NON-SMALL	26	0.26	0		102.1	0.000000
13	NSCLC	26	0.26	0		102.1	0.000000
14	CLINICAL	57	0.57	45	0.07	97.6	0.000000
15	CHEST	30	0.30	7	0.01	84.0	0.000000
16	REGIMENS	33	0.33	14	0.02	76.6	0.000000
17	TREATED	39	0.39	26	0.04	73.6	0.000000
18	CARCINOMA	27	0.27	8	0.01	70.8	0.000000
19	SURGICAL	32	0.32	18	0.03	65.8	0.000000
20	STAGING	18	0.18	1		63.1	0.000000
21	METASTASES	23	0.23	7	0.01	59.8	0.000000
22	MESOTHELIOMA	14	0.14	0		55.0	0.000000
23	DISTANT	13	0.13	0		51.0	0.000000
24	PULMONARY	18	0.18	4		51.0	0.000000
25	SURGERY	34	0.34	35	0.06	48.5	0.000000
26	METASTASIS	15	0.15	2		47.2	0.000000
27	PCI	12	0.12	0		47.1	0.000000
28	LIMITED	27	0.27	21	0.03	46.6	0.000000
29	BENEFIT	18	0.18	6		45.5	0.000000
30	PRIMARY	33	0.33	36	0.06	45.0	0.000000
31	RANDOMIZED	17	0.17	5		44.7	0.000000
32	CISPLATIN	21	0.21	11	0.02	44.6	0.000000
33	STANDARD	19	0.19	8	0.01	44.2	0.000000
34	PALLIATION	14	0.14	2		43.5	0.000000
35	ADJUVANT	14	0.14	2		43.5	0.000000
36	PLEURAL	11	0.11	0		43.2	0.000000
37	RESECTED	11	0.11	0		43.2	0.000000
38	IRRADIATION	24	0.24	19	0.03	41.0	0.000000
39	SECOND	15	0.15	4		40.5	0.000000
40	II	13	0.13	2		39.9	0.000000
41	LOBECTOMY	10	0.10	0		39.3	0.000000
42	PROGNOSIS	15	0.15	5		37.9	0.000000
43	SELECTED	15	0.15	5		37.9	0.000000
44	OVERALL	15	0.15	5		37.9	0.000000

45	CURATIVE	14	0.14	4		37.1	0.000000
46	ETOPOSIDE	12	0.12	2		36.2	0.000000
47	PERFORMANCE	18	0.18	11	0.02	35.5	0.000000
48	REGIONAL	9	0.09	0		35.3	0.000000
49	PROSPECTIVE	9	0.09	0		35.3	0.000000
50	ENDOBRONCHIAL	9	0.09	0		35.3	0.000000
51	STUDIES	30	0.30	40	0.07	34.3	0.000000
52	COMBINED	17	0.17	10	0.02	34.2	0.000000
53	NODES	13	0.13	4		33.7	0.000000
54	EXTENSIVE	13	0.13	4		33.7	0.000000
55	COMBINATION	27	0.27	35	0.06	31.7	0.000000
56	IPSILATERAL	8	0.08	0		31.4	0.000000
57	RETROSPECTIVE	8	0.08	0		31.4	0.000000
58	CISPLATIN-BASED	8	0.08	0		31.4	0.000000
59	LONG-TERM	16	0.16	10	0.02	31.2	0.000000
60	RATES	17	0.17	12	0.02	31.0	0.000000
61	LYMPH	14	0.14	7	0.01	30.4	0.000000
62	PALLIATIVE	12	0.12	4		30.3	0.000000
63	CGY	11	0.11	3		29.5	0.000000
64	LOCAL	20	0.20	20	0.03	29.1	0.000000
65	SHOWED	10	0.10	2		29.1	0.000000
66	CONSIDERED	22	0.22	25	0.04	29.0	0.000000
67	CARE	3	0.03	167	0.27	32.2	0.000000