

Table 5. Clinicopathological characteristics of an independent set of 91 lung adenocarcinomas with known status of 14q13.3 amplicon.

High-level amplification at 14q13.3 <i>n</i>	17
Low-level and wide chromosomal gain at 14q13.3 <i>n</i>	12
Gender <i>n</i>	
Male	41
Female	50
Stage <i>n</i>	
I	53
II	20
III	18
Tobacco use <i>n</i>	
Never smoker	17
Smoker	70
Unknown status	4
<i>KRAS</i> mutation status <i>n</i>	
Mutant	11
Wild-type	80
<i>EGFR</i> mutation status <i>n</i>	
Mutant	15
Wild-type	76
<i>TP53</i> mutation status <i>n</i>	
Mutant	25
Wild-type	66
Recurrence <i>n</i>	
Yes	40
No	51
Overall survival <i>n</i>	
Alive	64
Dead	27

Additional known parameters not listed: age, race, interval between surgery and recurrence, TNM index, patient status at most recent followup (classified into four groups: alive with disease, dead of disease, no evidence of disease, and dead of other causes), Ki67 index, tumor size, tumor grade, and caspase-3 activity index. Seventeen samples contain focal amplification at 14q13.3 (< 5 Mb). Additional 12 samples harbor low-level DNA gain at 14q13. Of the 17 samples with focal amplicon, eight were considered highly amplified (i.e., log₂ of segmented DNA copy number > 0.8). The averaged pack-year of smokers is 49.