

LUNG CANCER is the most commonly diagnosed cancer in the world. In the UK, it is the second most-frequently occurring cancer, accounting for 1 in 7 new cases.

In the Thames Valley in the period 1999-2001, there was an average of about 1000 new cases of lung cancer diagnosed each year about 600 (62.5%) in males and nearly 350 (37.5%) in females - twice as many in men than women.

Lung cancer is the most common cause of death from cancer for males and the second most common for females.

Lung cancer is uncommon before the age of 40, but increases with age. Only about 1 case in 100 is diagnosed in people younger than 40. The great majority of cases occur in people over the age of 60, and unfortunately the majority of cases cannot be cured.

Recently, there has been a decrease in the incidence in men, but lung cancer is now rising in women in many countries - this is directly related to changing smoking habits.

With lung cancer the likely outcome depends very much on the type of lung cancer. The statistics for small cell lung cancer are different from the statistics for non-small cell lung cancer. **Overall, only about 20 out of every 100 people will live for at least 1 year after diagnosis.** About 6 out of every 100 people diagnosed will live for at least 5 years after diagnosis. And about 5 out of every 100 will live for at least 10 years.

Symptoms

The key symptom of lung cancer is a **persistent cough** that gradually gets worse. Other symptoms include:

- shortness of breath
- drop in ability to exercise
- persistent chest pain
- persistent cough or coughing up blood
- loss of appetite, weight loss and general fatigue

At present there is no effective screening test for lung cancer. In order to exclude the chance of lung cancer, a doctor will order a chest X-ray, which may show shadowy areas on the lungs. This will then lead to seeing a specialist and everyone with suspected lung cancer is entitled to see a specialist within two weeks of their GP deciding that they need to be seen urgently and requesting an appointment. Locally, Heatherwood & Wexham Pak Hospitals Trust have a direct referral system when in certain cases; an abnormal Chest X-Ray will generate a specialist appointment without seeing the GP, thereby avoiding delay

In many cases, this will be followed by a bronchoscopy, which means that a thin flexible telescope is put down the airways of your lungs, after which a biopsy of any suspicious area is performed; specialized CT scans may also be performed

Causes - Most (87%) of lung cancer cases are caused by smoking cigarettes, and the longer period over which the patient smokes, the higher the risks. While some people who have never smoked do still get lung cancer, this appears to be due to a combination of genetic factors and exposure to secondhand smoke. Breathing in other carcinogens in the workplace, for example asbestos, and Radon gas, can also trigger cancer. Asbestos can also cause cancer of the pleura (lung cavity lining), called Mesothelioma (which is different from lung cancer).

Treatments - Treatment depends on the type of lung cancer and the state or extent of the disease.

If the cancer has not spread, it may be possible to remove it by surgery but only in a very small percentage of cases. Chemotherapy and radiotherapy will also be considered and in many cases, the treatment given will be to prolong life as far as possible - and relieve symptoms.

Dr Anant Sachdev
General Practitioner,
Cancer & Palliative Care Specialist,
Ringmead Medical Practice

Useful support organizations:

Macmillan Cancer Support 0808 808 2020
Cancer BACUP Helpline: 0808 800 1234
British Lung Foundation Helpline: 08458 50 50 20
Roy Castle Lung Cancer Foundation: 0800 358 7200
NHS Smoking Helpline 0800 169 0169

www.macmillan.org.uk
www.cancerbacup.org.uk
www.lunguk.org
www.roycastle.org