

Therapy Guide

Lung Cancer

GKA.

The GKA Difference

GKA has unrivalled experience in the field, regularly carrying out studies on lung cancer using a range of methodologies. We have built a strong panel of oncologists and oncology nurses. Study samples routinely include clinical oncologists that initiate both radiotherapy and chemotherapy for patients with lung cancer as well as medical oncologists whose main focus is chemotherapy and surgery to manage the disease. Strong relationships with national support groups, gives us access to a wide range of patients and caregivers.



The Lowdown

Lung cancer is a malignant tumour characterised by uncontrolled cell growth in tissues of the lung. There are two main types of primary lung cancer, which behave and respond to treatment differently.

Less than one-fifth of cases are small cell lung cancer, so called because when the cancer cells are looked at under a microscope they are very small. It's sometimes called oat cell cancer. Small cell lung cancer is usually caused by smoking and it's rare for someone who has never smoked to develop this type of lung cancer. Small cell lung cancer is often fast-growing and can spread quickly.

More than 80% of cases are non-small-cell lung cancer, again subdivided into three main types, although it is not always possible to tell which type someone has. The most common type of lung cancer, squamous cell carcinoma, develops in the cells that line the airways and is often caused by smoking. Adenocarcinoma develops from the cells that produce mucus in the lining of the airways and is becoming more common. The third type, large cell carcinoma, gets its name from the large rounded cells seen under a microscope and is sometimes known as undifferentiated carcinoma.

A less common type of cancer that affects the covering of the lungs (the pleura) is called mesothelioma and often occurs in people exposed to asbestos⁶. The outlook for people diagnosed with lung cancer is not as good as many other types of cancer. This is because lung cancer does not usually cause noticeable symptoms until it has spread through much of the lungs or into other parts of the body. Overall, 1 in 3 people with the condition will live for at least a year after diagnosis, but fewer than 1 in 10 will live at least five years¹.

Some facts about Lung Cancer



70-74 years
are the ages most affected¹



2/3 patients
only diagnosed at late stage²



Smoking
is the main cause of lung
cancer¹



Low survival outcomes
Lung cancer is the UK's biggest
cancer killer³

Understanding Lung Cancer

A person's risk of developing lung cancer depends on many factors, including age, genetics, and exposure to risk factors. Smoking is the main avoidable risk factor for lung cancer, linked to an estimated 86% of lung cancer cases in the UK, including a small proportion caused by exposure to second-hand smoke (passive smoking). A diet high in fruit and vegetables may protect against lung cancer – insufficient fruit and vegetables intake is linked to an estimated 9% of lung cancer cases in the UK².

Risk factors



Stopping smoking reduces the risk of lung cancer – it's never too late to quit. The more you smoke, the more likely you are to get lung cancer, but the length of time you have been a smoker is even more important than how many cigarettes you smoke a day. Other risk factors include exposure to radon gas and certain chemicals, air pollution, previous lung disease, a family history of lung cancer, past cancer treatment, previous smoking related cancers and lowered immunity⁴.

Symptoms



People are advised to consult a doctor if they experience any of the below symptoms:

- A cough that lasts for three weeks or more.
- A change in a cough you have had for a long time.
- A chest infection that doesn't get better, or repeated chest infections.
- Feeling breathless for no reason.
- Coughing up blood.
- A hoarse voice that lasts for three weeks or more.
- Pain in your chest or shoulder that doesn't get better.
- Feeling more tired than usual for some time⁵.



Diagnosis

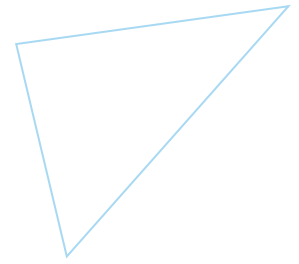


For patients exhibiting symptoms, healthcare professionals may use a device called a spirometer to measure the function of the lungs and a blood test to rule out other causes. A chest X-ray is usually the first test used to diagnose lung cancer, where a tumour shows up as a white-grey mass. Doctors may also use a computerised tomography (CT) scan or a bronchoscopy or other biopsy to remove a small sample of cells from inside the lungs⁶.

References

- 1- <http://www.nhs.uk/Conditions/Cancer-of-the-lung/Pages/Introduction.aspx>
- 2 - <http://www.uklcc.org.uk/patient-information/facts-about-lung-cancer>
- 3- <http://www.cancerresearchuk.org/cancer-info/cancerstats/keyfacts/lung-cancer>
- 4 - <http://www.cancerresearchuk.org/about-cancer/type/lung-cancer/about/lung-cancer-risks-and-causes>
- 5 - <http://be.macmillan.org.uk/Downloads/CancerInformation/CancerTypes/MAC13693LUNG.pdf>
- 6 - <http://www.nhs.uk/Conditions/Cancer-of-the-lung/Pages/Diagnosis.aspx>
- 7 - <http://www.cancerresearchuk.org/about-cancer/type/lung-cancer/treatment/which-treatment-for-lung-cancer>

Treating Lung Cancer



Treatment depends on the type of lung cancer. For small cell lung cancer, chemotherapy is the primary treatment although surgery is suitable if there are no signs that the cancer has spread to the lymph glands in the centre of the chest (the mediastinal lymph glands). Radiotherapy may also be used.

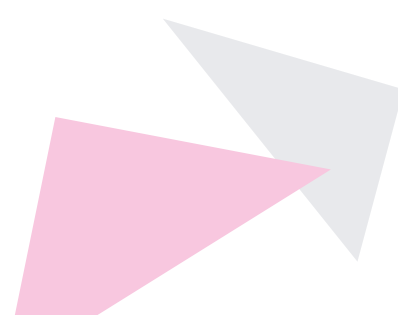
Non-small-cell lung cancer is treated with surgery, chemotherapy, radiotherapy, targeted cancer drugs and immunotherapy. A combination of the different treatments will be used depending on the stage of the cancer.

Stage 1 cancer is where it is contained within the lung. Treatment normally involves surgery to remove part of the lung or an entire lung. You may then have chemotherapy or radiotherapy to reduce the chance of the cancer returning.

Stage 2 cancer is where there can be signs of spreading outside of the lung. Treatment may involve surgery followed by chemotherapy which aims to lower the risk of the cancer returning, although radiotherapy may also be recommended where the surgeon was unable to remove the entire tumour.

Patients diagnosed with Stage 3 have cancer that has spread to the lymph nodes. These patients may have surgery, but where scans show cancer cells in the mediastinum, radiotherapy may be advised instead. Where scans show signs of cancer in the lymph nodes on the opposite side of the chest, surgery is not possible and a course of chemotherapy and/or radiotherapy may be advised.

Stage 4 means the cancer has spread outside of the lung and can be found in other parts of the body such as liver or bones. Treatment for Stage 4 aims to control the cancer for as long as possible, shrinking the tumour to reduce symptoms. Patients can be treated with a combination of chemotherapy, targeted drugs and immunotherapy⁷.





We are GKA.

If you have been asked to carry out a healthcare market research study surrounding Lung Cancer or one of the related conditions, why not give us a call today?

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