Lung Cancer

28

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28.1 Introduction

Lung cancer is the leading cause of cancer incidence and mortality in European countries, accounting for about 21% of all cancer cases in men. In the United States, it is the leading cause of cancer mortality in men and women. Globally, lung cancer incidence is increasing at a rate of 0.5% per year. In very few countries, the incidence is declining due to antismoking policy [1].

Lung cancer is divided into two major groups: non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). In this chapter, we will deal only with NSCLC.

Patients with advanced disease who receive chemotherapy plus biological agents survive between 12 and 15 months. A small portion of patients, especially with targetable adenocarcinoma, who receive targeted agents, may live longer. Patients with localized non-operable stage treated with chemoradiotherapy may survive 16–22 months.

On the contrary, lung cancer patients with early operable disease can enjoy long life or even be cured.

Therefore, early diagnosis, accurate staging, response evaluation, and follow-up studies are absolutely mandatory for this group of patients for cure or for better and longer life. Especially, staging is of paramount importance for the decision-making process.

The rapid evolution in imaging techniques and the accumulated experience has introduced new promising standards for early diagnosis, staging, prediction of response, and follow-up for patients with lung cancer.

Reference

1. Brodowitz T, Ciuleanu T, Crawford J et al (2012) Third CECOG consensus on the systemic treatment of non-small cell lung cancer. Ann Oncol 23:1223–1229

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