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## **Does Lung Cancer Curable??**

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Lung cancer is the second most common cancer in both men and women in the United States. The two main types of lung cancer are non-small cell lung cancer and small cell lung cancer. They differ in the look and biology of the cancer cells, and how they spread and respond to treatment. Mesothelioma is another cancer that can start in the lungs but is not lung cancer.

## Signs and Symptoms

Common signs and symptoms of lung cancer include:

- Chest pain
- Cough that worsens or does not go away
- Coughing up blood or mucus
- Fatigue
- Hoarseness
- Loss of appetite
- Shortness of breath
- Unexplained weight loss

## Screening

The goal of screening is to look for disease in people who do not yet have symptoms. Lung cancer screening (in the form of a CT scan) is recommended people at high risk. It has been shown to reduce deaths from lung cancer. The U.S. Services Task Force recommends screening for:

 People ages 50-80 who have a history of smoking more than 20 pack years: A pack year is based on the number of cigarettes and the years of smoking. For example, 20 pack years could be one pack per day for 20 years or two packs per day for 10 years. People who currently smoke and those who have quit within the last 15 years may be eligible. If you think you may be at risk for lung cancer, find a screening program that follows these guidelines and uses low-dose CT scans. Remember, the goal of lung cancer screening is to find cancer earlier. People who have never smoked or smoked fewer than 30 pack years can still get lung cancer. Doctors do not recommend routine screening for these groups. Talk to your doctor if you feel that you have an increased risk for lung cancer and are not eligible for screening under current guidelines.

**Samples of tissue, blood, or mucus** – A sample of tissue or fluid will be needed to confirm cancer and identify its type and stage. There are many ways to obtain a sample. Common ones include:

- Needle biopsy A small piece of tissue is removed and looked at under a microscope. This may be taken from the lung or a part of the body where the cancer has spread.
- Sputum cytology A sample of sputum (mucus produced by a cough) is collected and looked at under a microscope.
- Thoracentesis If there is fluid build-up around the lungs (called pleural effusion), a doctor can use a needle to remove some of the fluid. This can help you breathe better by expanding your lungs. A sample of the fluid can be sent to a lab to be tested for cancer cells.
- Bronchoscopy A bronchoscope (a thin, lighted tube) is used to view the airways into the lungs and to collect tissue samples. Local anesthesia and mild sedation are generally used.
- Navigational bronchoscopy This new technology uses a bronchoscope to provide a 3-D virtual "roadmap." It is used to biopsy hard-to-reach parts of the lungs.
- Liquid biopsy This new technology helps detect tumor DNA in your blood. It is still being studied and is best not used alone (without other types of biopsy) because it is not as sensitive as other types of biopsies.

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