Lung Cancer Worldwide

Alex A. Adjei, MD, PhD*

Global cancer statistics indicate that the top five most common cancers in 2018 were lung (2.09 million cases), breast (2.09 million cases), colorectal (1.80 million cases), prostate (1.28 million cases), and skin cancer (non-melanoma) (1.04 million cases). The top five causes of cancer deaths were lung (1.76 million deaths), colorectal (862,000 deaths), stomach (783,000 deaths), liver (782,000 deaths), and breast (627,000 deaths).1 Thus, lung cancer has the unenviable distinction of being the most common cancer as well as the leading cause of cancer deaths worldwide. And yet, a unique feature of lung cancer is that more than 75% of cases can be prevented by the elimination of tobacco carcinogens. In addition, low-dose computed tomography screening has been shown to be as effective in reducing lung cancer deaths as screening programs for diseases such as colorectal and breast cancer. Thus, smoking cessation and screening can reduce the incidence and improve the mortality rates of lung cancer. Among the most common cancers, lung cancer is probably the one disease with the most dramatic advances in early detection, diagnostic procedures, and therapy over the last decade. Endobronchial ultrasound and navigational bronchoscopy have revolutionized the clinical staging of lung cancer. Minimally invasive surgical approaches such as video-assisted thoracic surgery have significantly decreased the morbidity and mortality from surgery. New radiation therapy methods for external beam radiotherapy and stereotactic body radiotherapy as well as gamma knife radiosurgery for brain metastases have increased the efficacy of treatments while reducing toxicity. The advances in systemic therapy over the last 10 years have been astounding. The treatment paradigms of advanced disease have changed with the use of kinase inhibitors of protein products of oncogenes and immune checkpoint inhibitors. However, these advances are either highly technology driven or use irrationally expensive medications. Thus, all lung cancer patients across the globe do not get the opportunity to receive these cutting-edge procedures and therapies. This is amply shown in the statistics above indicating that there are 1.76 million deaths annually of 2.09 million cases (84% mortality). Most of these deaths are in low- to middle-income countries. As the official journal of the International Association for the Study of Lung Cancer (IASLC), whose mission is to “conquer thoracic malignancies worldwide,” we see it as our duty to inform society members, our readers, and health practitioners about the epidemiology, screening, prevention, and treatment of lung cancer all over the globe.

Starting with this issue, we are launching a feature we are calling “Lung Cancer Worldwide.” We will be bringing our readers a synopsis of lung cancer epidemiology, screening, prevention, diagnosis, and therapy in different countries all over the world. The inaugural article is from Dr. Abdul-Rahman Jazieh and his colleagues and discusses lung cancer in the Kingdom of Saudi Arabia. This will be followed next month by Dr. Cheryl Ho and her colleagues’ overview of lung cancer in Canada. We are hoping our readers will find this series informative, educational, and valuable. In particular, we hope the information garnered from this series will be used by the various IASLC committees and all individuals and organizations that strategize to improve lung cancer care across the globe.

Reference


*Corresponding author.
Mayo Clinic, Rochester, Minnesota.

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Address for correspondence: Alex A. Adjei, MD, PhD, Mayo Clinic, 200 First Street SW, Rochester, Minnesota 55905. E-mail: adjei.alex@mayo.edu

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