

Lung cancer is the leading cause of cancer deaths in the United States, comprising approximately 13 percent of new cancer cases diagnosed in 2015 (just over 221,000 cases). Approximately 158,000 Americans will die from lung cancer in 2015.

It's a disease that lacks the fanfare and support of other cancers – there are fewer walks and 5ks, fewer support groups, and unfortunately, fewer educational materials distributed to patients, even though approximately 6.6 percent of men and women will be diagnosed with lung and bronchus cancer at some point during their lifetime.

And lung cancer patients face a stigma that other cancer patients don't. Because of its strong causal tie to smoking, lung cancer patients often are asked to explain why they got cancer, even if they've never smoked a cigarette.

Our physicians have assembled this guide to help you understand prevention, diagnosis, treatment, and living beyond lung cancer. It's your right to know the facts about lung cancer, and it's our job to share as much knowledge as we can.

Prevention and Detection

As with all cancers, early detection is the No. 1 way to decrease your chance of dying from lung cancer. Recent studies have shown that CT scans are saving lives by detecting lung cancer at early stages in patients who are at high risk, mainly heavy smokers. The recent [National Lung Screening Trial](#) found that participants had a 20 percent lower risk of dying of lung cancer if they were screened with CT scans rather than chest X-rays.

If you are age 55 to 80 and quit smoking less than 15 years ago, or are a current smoker, you should consider getting screened. Once you get screened, if there are no abnormalities, you should be screened every year for a total of three years.

In terms of prevention, the most important thing you can do is to quit smoking, or never start. [Tobacco smoking](#) is the most common cause of lung cancer. Smokers who quit can extend their lives by four to 10 years. Quitting smoking also will benefit your health in other ways, including reducing your risk for [heart attack](#) and [stroke](#). Clinical trial researchers continually study new ways to prevent lung cancer. We have a [Nicotine Cessation Program](#) to help you stop smoking.

Unfortunately, never-smokers can get lung cancer. Lung cancer can be caused by mutations in DNA, even in patients who have never smoked. These mutations are not inherited – they cannot be passed from one generation to another.

If You Are Diagnosed

One of the most important factors in your health after diagnosis is the opportunity to work with lung cancer specialists who study, research, and treat only lung cancer. This approach allows physicians to stay vigilant about new technologies and treatment options.

After diagnosis, you may need to meet with medical, surgical, and radiation oncologists, and it's important to meet with all of these specialists during the same visit to fully understand your diagnosis and treatment options. We work together to provide the level of care you'd expect from a National Cancer Institute-designated [Comprehensive Cancer Center](#).

Unfortunately, lung cancer is unique in that it carries the stigma of being a “dirty disease” caused by unhealthy behaviors. But most of our lung cancer patients have either never smoked or did the right thing and quit. Only about 1/3 of lung cancer patients today are active smokers.

Nonetheless the stigma persists. Often, patients are asked to explain why they got cancer. If you never smoked, and even if you quit smoking years ago, a lung cancer diagnosis can be embarrassing and can make you feel ashamed, guilty, angry, depressed, and defensive. Being constantly asked if you are a smoker can cause you to internalize the lung cancer stigma, and may even cause you to avoid screening, medical appointments, or discussing your health concerns with your doctor.

But emotional support is available for lung cancer patients. There is a national advocacy group called [Free to Breathe](#) that conducts walks and races to support lung cancer patients. The group also provides educational materials for patients. We recommend that our lung cancer patients – smokers, past smokers, or never-smokers – look into Free to Breathe. These are people who understand what you and your family are going through, and the emotional support they can provide is invaluable.

Treatment Options

Not all patients are the same – likewise, not all lung cancers can be treated the same way. We'll take the time to answer all your questions about your condition, no matter what they may be.

There currently is no cure for cancer, but [advanced treatment options](#) are improving outcomes for lung cancer patients every day. As with all cancers, treatment depends on the stage of the disease at diagnosis:

- If it's an early stage and the cancer hasn't spread, we typically recommend surgery to remove part or all of the affected lung.
- If your cancer is larger and has spread to the lymph nodes, we will likely recommend a combined treatment: chemotherapy and surgery, or chemotherapy and radiation.
- If your cancer has spread beyond the point where it can be controlled with surgery, we consider using a systemic form of therapy, such as chemotherapy.

In the past, chemotherapy was the only tool we had to fight metastatic cancer. But now, we are starting to develop [different types of systemic approaches](#):

- [Immunotherapy](#) is one of the newest types of lung cancer treatment. Immunotherapy boosts the immune system to attack the cancer regardless of whether the patient has a targetable mutation. It's effective for all sorts of different cancers, including lung cancer.
- [Targeted therapy](#) refers to a set of cancer drugs that particularly target unique mutations that cause lung cancer. People who have never smoked but develop lung cancer often have these types of mutations. These mutations are not inherited, and we don't fully understand what causes them, but they are relatively common in patients who have never smoked.
- [Clinical trials](#) are available for lung cancer patients at any stage, which means you can receive drugs that might not be available elsewhere. During a clinical trial, you will receive no less than the best standard of care, along with additional treatment that may further benefit you.

Life Beyond Cancer

We understand that your cancer story doesn't end with your last treatment. Surviving lung cancer is no small undertaking. Physical and nutritional support can be a great benefit to you after treatment, and emotional support can help you and your family adjust to [life beyond cancer](#).

Ultimately, you are your best advocate for your cancer care. Ask the tough questions. Ask for help when you need it. Don't let the stigma of lung cancer keep you from getting the care and support you need.

Join us in our initiative to [Call Out Cancer](#), and [talk to your doctor](#) about prevention, treatment, and survivorship. Together, we will help you achieve the most positive outcome for your lung cancer.