key points

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Lung cancer is the leading cause of cancer mortality in the UK resulting in more than 33,500 deaths in 2008, 4,000 more than for bowel and breast cancer combined. Five-year survival figures are poor but have recently improved from around 5% to 7.5% in men and 8.5% in women.

The key recommendations in the updated NICE guideline seek to ensure that: all multidisciplinary teams apply efficient and appropriate methods to diagnose and stage patients accurately; fitness assessment is an objective process; as many patients as possible are offered treatment with curative intent; patients receive information and support throughout the pathway; patients with small cell lung cancer are offered the most effective treatment; and patients are referred early for endobronchial treatment when appropriate. There are potentially more important and more difficult challenges for primary and integrated care. Almost three quarters of patients with lung cancer have advanced disease at presentation, and many of these have had symptoms for many months. Early diagnosis, awareness of warning symptoms and prompt referral are therefore major priorities.

If we are to improve outcomes in lung cancer, more patients need to be sent for chest X-ray and referred urgently, where appropriate. If the chest X-ray is normal but there is a high suspicion of lung cancer the patient should still be referred urgently. For primary and integrated care the challenges are to promote public awareness and respond promptly to warning symptoms, particularly persistent cough, extending this to include more patients and resulting in greater numbers of referrals for imaging or rapid access clinic assessments.

To ensure that all patients have the best chance of being offered curative treatment, patients should be re-assessed by the surgeon and/or radiation oncologist after any optimisation. Patients should be encouraged to stop smoking, as this reduces postoperative complications, but surgery should not be postponed. Surgery that minimises loss of lung tissue is recommended. The latest radiotherapy techniques such as stereotactic body radiotherapy that minimise dose to normal lung are encouraged.

Small cell lung cancer is an aggressive form of lung cancer and can progress quickly, reducing performance status and making successful treatment less likely. Assessment by a thoracic oncologist should be arranged within a week of deciding to offer treatment.