

# Taking A Closer Look at Lung Cancer

**Dr Anand Sachithanandan**, Consultant Cardiothoracic Surgeon at Subang Jaya Medical Centre sheds more light on lung cancer and explains how increased awareness could lead to a better chance at surviving the cancer.

Similar to most types of cancer, lung cancer occurs when a malignant tumour arises within the organ tissue, in this case in one or both lungs. As it grows, the tumour spreads beyond the lungs to other parts of the body by way of metastasis. There are two main groups of lung cancer, the more common being the Non-Small-Cell Lung Carcinoma (NSCLC), which accounts for roughly about 80 per cent of all lung cancer cases. Meanwhile, the remaining 20 per cent of cases are Small Cell Lung Carcinoma (SCLC) which is a subtype of lung cancer called Neuroendocrine Tumours (NET) and generally has a worse outcome than its more common counterpart.

## PAYING ATTENTION TO SYMPTOMS

Although much knowledge has been gained about the types of lung cancer and its markers, a lot still has to be done with regards to a crucial factor in curing cancer—catching it early.

"Unfortunately, most of the signs



and symptoms of lung cancer are non-specific and could be attributed to a number of diseases. However, one must pay attention to these symptoms, especially if its recurrent. For example, anyone who has a persistent or unexplained cough for more than 2 weeks, should immediately see a doctor. For smokers who may already have a chronic cough, even a slight change in the character of the cough warrants a visit to the General Practitioner. Other symptoms to look out for

include sudden loss of weight," shares Dr Anand.

"However, by the time a patient experiences difficulty breathing, the cancer is often at an advanced stage. Breathing becomes labored when the tumour spreads beyond its initial location, affecting the lung expansion and causing fluid to accumulate outside the lungs, a condition known as pleural effusion. Another symptom patients in advanced stages of lung cancer may complain of

Text: Esvaren Sekar

is coughing up blood. This often occurs alongside chest pain that is augmented when coughing or taking deep breaths," he adds.

According to international data, 14.1 million new cases of lung cancer are diagnosed worldwide each year. Meanwhile at home, a 2018 report called the Malaysian Study on Cancer Survival (MyScan) by the Health Ministry declared lung cancer to be the most 'worrying' cancer when compared to the other 14 prominent cancers in the country, including female breast, colon, and prostate cancers. This rapidly fatal cancer has been found to have a median survival time of only 6.8 months, which means 50 per cent of lung cancer patients only have less than 7 months to live upon diagnosis. The report also adds that the cancer at this stage could only be restrained with preventative strategies rather than cured with treatment.

## SCREENING FOR THE DISEASE

So, what are the risk groups most prone to lung cancer?

"Male smokers have long been identified as the risk group most vulnerable to lung cancer. In addition, the potential carcinogens from cigarettes may cause lung cancer in non-smokers, due to exposure to second-hand smoke whether



Dr Anand Sachithanandan

directly from the smoker or from being in an area where someone has smoked before (third hand smoke). Although not immediate, the cumulative effect of passive smoking manifests many years down the road. Also, just like other cancers, people with a family history of premature lung cancer or a personal experience with other types of cancer are also more prone to lung cancer, even if they are younger than the 45-to-75-year-old 'at risk' age group," explains Dr Anand.

Recent studies have also uncovered some surprising evidence on a risk group determined by gender and ethnicity.

"Alarming, an increasing number of non-smoking Chinese women have been diagnosed with lung cancer which could be

due to a genetic predisposition to the disease," he reveals.

At the moment, only 10 per cent of lung cancer patients are diagnosed while in Stages 1 and 2, when there is still a higher chance of being fully cured. The main curative method is surgery, as the cancer would still be confined to the lung in the initial stages. Depending on the outcome of the procedure in terms of whether there is microscopic tumour involvement of lymph nodes and if complete tumour removal has been accomplished by the surgeon, the patient may require additional therapy (e.g. chemotherapy, radiotherapy, immunotherapy or targeted therapy) for a full recovery.

On the other hand, when a lung cancer patient is diagnosed Stage 3 and Stage 4, the treatment is more palliative in nature, a bespoke way of medicating to ensure that the patient could live out the rest of their time in a comfortable manner with an emphasis on quality of life.

"The bigger picture here is to try and detect the cancer much earlier. My hope is that over the next 5 to 10 years we could achieve a significant stage migration, whereby a much larger percentage of Malaysians with lung cancer are diagnosed in the earlier stages," says Dr Anand. "Earlier detection leads to more effective treatment and vastly better survival." ■



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