

Lung cancer and nursing

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Lung cancer has been named the second leading killer of American women second to heart disease. It is estimated that 20% of deaths among women occur from lung cancer (medinet. com). According to the American cancer society, lung cancer accounts for up to 28 % of mortality rates among men. The risk factors associated to lung cancer are smoking of cigarettes, marijuana, exposure to talcum and radioactive gases and asbestos and so on. These compounds are said to trigger growth of malignant cells thus causing cancer (medinet. com).

Melissa Conrad Stoppler, MD a board certified Anatomic pathologist based in US in her article lung cancer (medicine Net. com) points out that lung cancer is a life threatening cancer that spreads very fast to other parts of the body and is a very difficult cancer to treat. She clears up the myth that lung cancer only occurs among smokers. Non-smokers are also prone to developing lung cancer and of the 170, 000 lung cancer deaths in America, 10% of them are non-smokers.

Of these deaths among non-smokers, not all the cases can be traced to any identifiable risk factors but dominantly, passive smoking can be underpinned to be the major causal factor for lung cancer among non-smokers. Melissa also tries to shed light on the group that is most prone to suffer from lung cancer. She purports that smokers, Asbestos workers, the elderly, passive smokers, people exposed to workplace chemicals and residents of air pollution prone zones.

According to the American cancer society, 70% of people suffering from cancer are elderly say over 65 years and only 3% under 45 years. Melissa

points out that in the 1930, lung cancer was a rare disease however, with the rise of tobacco smoking and pollution, the disease cases have increased unprecedented. The number of deaths among tobacco smokers is highest among cigarette smoker as opposed to cigar and pipe smokers.

The risk getting lung cancer further compounds with each increase of cigarette smoked. Defined in medical terms as pack-years (the number to packs of cigarette smoked per day in a year), Melissa suggest that the higher the number of pack years, the higher the risk of developing lung cancer. To be precise she elaborates that out of seven people who smoke 2 to 3 packs of cigarettes in a day, one will die of lung cancer. (medicineNet. com).

This is because cigarette contains carcinogenic compounds that trigger abnormal cell growth in the lungs and thus cancer. It then seems that lung cancer is a disease for smokers, or at least that is according to common misconceptions. Melissa in her article submits that research findings indicates people who share living space or work stations have a 24% higher chance of developing cancer as evidence by 3000 lung cancer deaths pinned to passive smoking.

Further, she brings to mind that other risk factors associated with lung cancer are rare but combined with smoking, (passive or active) the risk of developing cancer is further compounded. Evidence shows that Asbestos workers who smoke had a 50 to 90 times possibility of developing lung cancer in preference to the five times possibility accrued to non-smokers. The case is the same for workers exposed to radon gas and radioactive compounds.

Although there is insufficient evidence to support claims that genetic predisposition increase individuals vulnerability to developing lung cancer, the possibility cannot be totally ignored. Residents of air-polluted zones have contributed 1% of all lung cancer cases and clearly, cigarette smoking or passive smoking complicates the problem. The US government has paid noteworthy attention to the increase of lung cancer deaths among Americans.

According to the National cancer institute, 213, 389 new cases of lung cancer cases have so far been reported and out of those cases, 160, 390 deaths have occurred in 2007 alone. The magnitude of cancer problem is profound leading the government to respond investing a handsome chunk of money to cancer research each year.

The author of the article is a well-educated pathologist and she uses a lot of medical jargon in her article. However, she makes efforts of clearly explaining important terms so that her audience can understand. Her piece is well researched and developed giving it a smooth flow. She starts from the basics and develops the topics to complex aspects.

For instance, definition of lung cancer, commonality of the disease, causes, types of cancer, signs and symptoms, how it is diagnosed, treatment options, prognosis and prevention. However, for a nonprofessional some of the content may be confusing or too technical to understand. Although she does try to explain in simple language, it is possible to get lost in the maze of medical terminology and information overload. The argument does seem logical, supported by statistics from reliable sources. She also builds her

article from previous medical researches and from her own professional experience.

The author's argument regarding smoking and its role in increasing risk of developing cancer among cancer prone population is well supported. She mentions the various causal factors of lung cancer and relates them to smoking. For instance, the fact that 12% of lung cancer deaths are attributable to radon gas exposure and concomitant smoking bringing the number to up to 15, 000 deaths per year.

I believe this article is most appropriate to Melissa's target audience because it rolls out facts supported by statistics which I think makes the article believable and reliable. It is unlikely that an individual, who smokes or is exposed to the risk factors mentioned in the article, would take the recommendations lightly. Moreover, after reading her article, misconceptions about passive smoking are cleared. The word that evoked a strong response in me is prognosis of lung cancer.

Prognosis of lung cancer refers to the chance of recovery from lung cancer. Melissa sheds light on the possibility of recovery among lung cancer patients. She submits that recovery is dependant on the localization and size of tumor type of cancer and overall health status of the patient. This gets me thinking because; I always thought cancer was the same. She fills in the readers on the two types of lung cancers, which are the i. e. small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC).

SCLC is the most aggressive and survival time ranges from about 4 to 6 months after diagnosis, if untreated. However, the SCLC is the most responsive to radiation and chemotherapy. At this point, I feel enlightened. Further, she points out treatments like surgical removal of tumors and local chemotherapy as the most effective treatment. Although there is, only 5%-10% chances of survival if lung cancer is untreated, good treatment can prolong cancer patient with SCLC types of lung cancer, to up to 5 times more than the untreated cases.

Overall I think the article is well researched and accurate and gives a clear take home message i. e. prevention is better than cure since prognosis of lung cancer is poor compared to other cancers. Thus, smokers and passive smokers are best advised to avoid cigarette in order to minimize susceptibility to lung cancer.

References

1. Conrad M. S ed. Marks, J. W. Lung Cancer. Available at http://www.medicinenet.com/lung_cancer/page7.htm Accessed on September 18, 2007.