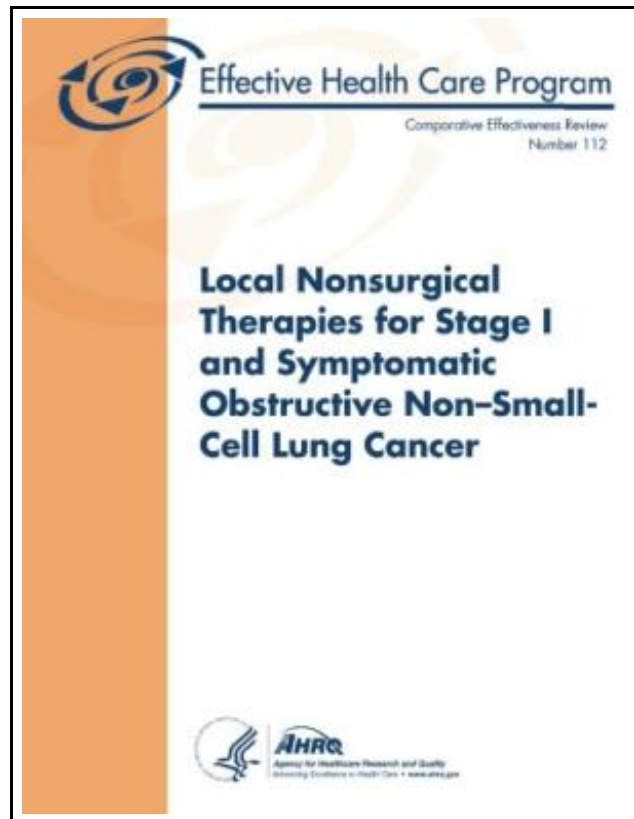


# Local Nonsurgical Therapies for Stage I and Symptomatic Obstructive Non-Small-Cell Lung Cancer: Comparative Effectiveness Review Number 112



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## LOCAL NONSURGICAL THERAPIES FOR STAGE I AND SYMPTOMATIC OBSTRUCTIVE NON-SMALL-CELL LUNG CANCER: COMPARATIVE EFFECTIVENESS REVIEW NUMBER 112

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CreateSpace Independent Publishing Platform. Paperback. Book Condition: New. This item is printed on demand. Paperback. 308 pages. Dimensions: 11.0in. x 8.5in. x 0.7in. Nonsmall-cell lung cancer (NSCLC) refers to any type of epithelial lung cancer other than small-cell lung cancer. The disease arises from epithelial cells of the lung, from the central bronchi to terminal alveoli. The histological type correlates with site of origin, reflecting the variation in respiratory tract epithelium by location. The most common types of NSCLC are adenocarcinoma, squamous cell carcinoma, and large cell carcinoma. Several other types occur less frequently; all can occur in unusual histological variants. Squamous cell carcinoma typically originates near a central bronchus. Adenocarcinoma and adenocarcinoma in situ (formerly called bronchioalveolar carcinoma) usually arise in peripheral lung tissue. Adenocarcinomas are frequently associated with cigarette smoke but may also occur in patients who have never smoked. NSCLC may be symptomatic at presentation or it may be incidentally discovered at a routine chest imaging examination. The most common symptoms at presentation are progressive cough or chest pain. Other presenting symptoms include hemoptysis, malaise, weight loss, dyspnea, and hoarseness. Symptoms may result from local invasion or compression of adjacent thoracic structures, such as compression of the esophagus causing dysphagia, compression of the laryngeal nerves causing hoarseness, or compression involving the superior vena cava causing facial edema and distension of the superficial veins of the head and neck. Symptoms from distant metastases may also be present and include neurological defect or personality change from brain metastases or pain from bone metastases. Physical examination may identify enlarged supraclavicular lymphadenopathy, pleural effusion or lobar collapse, unresolved pneumonia, or signs of associated disease, such as chronic obstructive pulmonary disease or pulmonary fibrosis. The prognosis of an NSCLC patient and the subsequent treatment plan are a function of disease stage. NSCLC stage...



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