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# State of the Nation Patient and Public Report 2024

Results of the National Lung Cancer Audit for  
patients in England and Wales during 2022

(Published April 2024)





# NLCA

National Lung  
Cancer Audit

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**This report was prepared by members of the NLCA project team**

Neal Navani, Senior Clinical Lead

John Conibear, Oncology Lead,  
Royal College of Radiologists

Doug West, Thoracic Surgical Lead,  
Society for Cardiothoracic Surgery

**Clinical Effectiveness Unit, RCS England**

Ella Barber, NLCA Data Scientist

Joanne Boudour, NLCA Senior Project Manager

Adrian Cook, NLCA Senior Statistician

David Cromwell, NLCA Methodologist

Lauren Dixon, NLCA Clinical Fellow

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**The National Cancer Audit Collaborating Centre (NATCAN)** is a national centre of excellence to evaluate cancer care in England and Wales. It is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and is funded by NHS England and the Welsh Government.

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**Royal College  
of Surgeons  
of England**

ADVANCING SURGICAL CARE

**The Royal College of Surgeons of England (RCS)** is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. The Project Team based in the Clinical Effectiveness Unit (CEU) at the RCS carried out the analysis of the data for the State of the Nation report 2024.

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The British Thoracic Oncology Group (BTOG) is the multi-disciplinary group for healthcare professionals involved with thoracic malignancies throughout the UK. Registered Charity no: 1166012



**Society for Cardiothoracic Surgery**  
in Great Britain and Ireland

The SCTS is the representative body for cardiothoracic surgery in Great Britain & Ireland. Registered Charity no: 1113536

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**HQIP**

Healthcare Quality  
Improvement Partnership

The NLCA is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, and the Royal College of Nursing. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. <https://www.hqip.org.uk/national-programmes>

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**Cancer Registration in England and Wales**

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data is collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service.

For patients diagnosed in Wales, the NLCA dataset is captured through a national system, Cancer Information System for Wales (CaNISC), after identification by hospital cancer services and uploaded via electronic MDT data collection systems to the Wales Cancer Network (WCN), Public Health Wales.

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Diagnosis

39,097

patients were diagnosed with lung cancer in 2022 :

36,886 in England  
2,211 in Wales



74

years old

average age at diagnosis

Around 1 in 10 patients diagnosed had **never smoked**:



1 in 10 patients

Half of patients had **late stage** (stage 4) lung cancer at the time of diagnosis:



1 in 2 patients

A **third** of patients were first diagnosed after going to an **emergency department** with symptoms:



1 in 3 patients

Around 9 in 10 patients with lung cancer were diagnosed with **Non-Small Cell Lung Cancer**



9 in 10 patients

Around 1 in 10 patients with lung cancer were diagnosed with **Small Cell Lung Cancer**



1 in 10 patients

Waiting times

41 days

in England

52 days

in Wales



average **waiting times** for patients to start treatment after a lung cancer diagnosis

NLCA Target  
21 days

Surgery for Non-Small Cell Lung Cancer in England

1 in 5 patients

with early stage Non-Small Cell Lung Cancer had **surgery** for their lung cancer in England



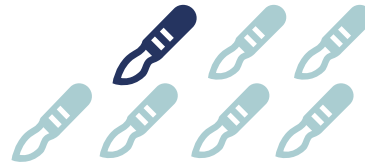
NLCA Target

1 in 6

Surgery for Non-Small Cell Lung Cancer in Wales

1 in 7 patients

with early stage Non-Small Cell Lung Cancer had **surgery** for their lung cancer in Wales



NLCA Target

1 in 6

Treatment intending to cure lung cancer

15 in 20 patients

with early Non-Small Cell Lung Cancer received treatment with **surgery** or **radiotherapy** intending to **cure**



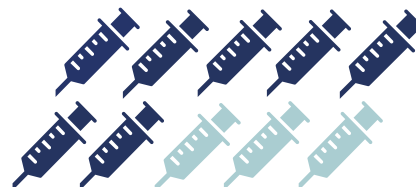
NLCA Target

16 in 20

Chemotherapy for Small Cell Lung Cancer

7 in 10 patients

with Small Cell Lung Cancer received treatment with **chemotherapy**



NLCA Target

7 in 10

Systemic anti-cancer therapy

6 in 10 patients

with advanced Non-Small Cell Lung Cancer received **systemic anti-cancer therapy**



NLCA Target

7 in 10

Survival after lung cancer diagnosis

10 in 20 patients in England

9 in 20 patients in Wales

survive 1 year after diagnosis

327 days

in England

262 days

in Wales

average **survival** after lung cancer diagnosis

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## 1. What is the National Lung Cancer Audit (NLCA)?

Welcome to the National Lung Cancer Audit (NLCA) Patient and Public report 2024. The NLCA is delivered by the Clinical Effectiveness Unit (CEU) within the Royal College of Surgeons of England.

The overall aim of the NCLA is to improve the quality of care for people with lung cancer in England and Wales. This includes the experience of being diagnosed with lung cancer, having treatments including surgery for lung cancer and surviving lung cancer.

Individual lung cancer centres send information about their service to the national cancer registration databases and we use this data to build a picture of what is happening in NHS lung cancer services in England and Wales. More information about the NLCA can be found on our website: [lungcanceraudit.org.uk](https://lungcanceraudit.org.uk).

We use national guidelines on the diagnosis and treatment of lung cancer when we look at what lung cancer services are providing for patients. The audit uses targets about how lung cancer patients should be cared for and we can see if lung cancer care in the NHS is getting better or worse compared to previous years.

A version of this document exists for doctors, surgeons, nurses and other healthcare professionals with more details and this can be found on our website.

## 2. What is lung cancer ?

Lung cancer is a term used to describe an abnormal growth of cells in the lungs. This is called a tumour. These abnormal cells don't work like the other lung cells and can grow and spread quickly in the lungs and then around the body. Lung cancer has many different types depending on which lung cells are abnormal.

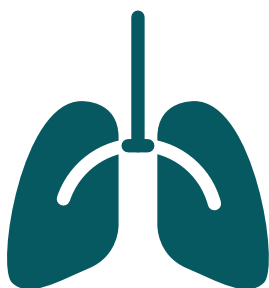
## 3. Who gets lung cancer?

People who are diagnosed with lung cancer are often over 65 years old. Lung cancer is more often found in people who are smokers or who had smoked for a long time. However, some people with lung cancer never smoked. Other things that increase the risk of developing lung cancer include: second hand smoke, exposure to some chemicals, air pollution, and a family history of lung cancer.

### Diagnosis

**39,097**

patients were diagnosed with lung cancer in 2022:  
**36,886** in England  
**2,211** in Wales



**74**  
years old

average age at diagnosis

Around 1 in 10 patients diagnosed had **never smoked:**



**1 in 10**  
patients



Insights from  
NLCA 2022

In 2022, 39,097 patients were diagnosed with lung cancer. The average age of patients diagnosed was 74 years old. The age range of patient diagnosed with lung cancer ranged from 18 to 103 years. Around 1 in 10 patients had never smoked.

#### 4. What are the symptoms of lung cancer?

Symptoms of lung cancer can include feeling short of breath, chest pain, a persistent cough, coughing up blood and losing weight unintentionally. Sometimes someone with lung cancer doesn't notice any symptoms, and it is diagnosed because the person is receiving healthcare for another condition.

#### 5. What are the types of lung cancer?

There are many different types of lung cancer but we can divide them into two main groups:

Non-small cell lung cancer (NSCLC)

Small cell lung cancer (SCLC)

It is important for doctors to know the type of lung cancer because each type of lung cancer is treated in different ways.

#### Non-small cell lung cancer

This is the most common type of lung cancer. Our audit shows around 9 out of every 10 people with lung cancer in England and Wales have NSCLC. NSCLC tend to spread less quickly than SCLC and the cancer tends to be more curable if caught at an earlier stage. For people whose cancer is found to be small and contained within their lungs, treatment might involve a combination of surgery, systemic therapy and radiotherapy. Systemic therapy includes chemotherapy, targeted therapies and immunotherapy. For people whose lung cancer has spread to other parts of the body, treatment may involve systemic therapy and other types of care to manage the symptoms of the disease.

#### Small cell lung cancer

This type of lung cancer tends to grow and spread quickly. Chemotherapy is the most effective treatment for these cancers.

Around 9 in 10 patients with lung cancer were diagnosed with **Non-Small Cell Lung Cancer**



**9 in 10**  
patients

Around 1 in 10 patients with lung cancer were diagnosed with **Small Cell Lung Cancer**



**1 in 10**  
patients



Insights from  
NLCA 2022

In 2022, of the patients diagnosed with lung cancer, around 9 in 10 patients were diagnosed with Non-Small Cell Lung Cancer (NSCLC) and around 1 in 10 patients were diagnosed with Small Cell Lung Cancer (SCLC). The proportion of patients with SCLC has been reducing over recent years.

## 6. Stages of lung cancer

Doctors and nurses will talk about the stage of lung cancer and this describes the size and any spread of the disease. Knowing the stage is important for deciding which treatment an individual can receive. The disease stages are labelled from 1 to 4, with 1 being early stage and 4 being late stage.

Many people with early stage cancer can be offered treatments that can cure the disease. Patient outcomes are usually much worse when the cancer is found at a late stage.

Stage 1 means the cancer is small and in one area of the lung only (localised); stage 1 can also be called early stage.

Stage 2 or 3 means the cancer is larger and may have spread into surrounding areas. There may be cancer cells in the nearby glands or lymph nodes (locally advanced).

Stage 4 means the cancer has spread to another part of the body (secondary or metastatic cancer); stage 4 can also be called late stage.

**Half** of patients had **late stage** (stage 4) lung cancer at the time of diagnosis



**1 in 2**  
patients



Insights from  
NLCA 2022

**In 2022, around half of patients diagnosed with lung cancer were diagnosed with late stage (stage 4) lung cancer**

## 7. How is lung cancer diagnosed?

Lung cancer may be diagnosed following:

- Referral for more tests if someone has been to their primary care doctor with possible symptoms
- Attending Accident & Emergency (A&E) or Emergency Department (ED) because someone has symptoms that require emergency care
- Attending screening, such as the Targeted Lung Health Checks
- Investigation for another illness or following a CT or x-ray before surgery. This is sometimes called incidental or accidental findings.

Doctors use many different tests and scans depending on symptoms and may vary from patient to patient. Tests can include blood tests, chest x-rays, CT scans and MRI scans. Doctors will often take a biopsy of the cancer which means taking a small amount of the abnormal cells out to test them. This can be done in a variety of ways including bronchoscopy – a telescope into the airways and lungs and percutaneous – a needle through the skin into the lungs and tumour.

An emergency presentation of lung cancer is when a patient is first diagnosed with lung cancer after going to Accident & Emergency (A&E) or Emergency Department (ED) with symptoms that require emergency care. Sometimes emergency presentations are unavoidable but people have

better outcomes on average if they can be seen by their GP first and then referred to the lung cancer diagnosis pathway.

Lung cancer may also be found by the screening programme – Targeted Lung Health Checks. People will be invited for a Targeted Lung Health Check if they are aged between 55 and 74 and are a current or former smoker. The aim of the Targeted Lung Health Checks is to find people with lung cancer as early as possible. Finding lung cancer at an early stage can make the lung cancer more treatable.



**1 in 3**  
patients

A **third** of patients were first diagnosed after going to an **emergency department** with symptoms

**In 2022, 1 in 3 patients who were diagnosed with lung cancer received their diagnosis after attending an emergency department with symptoms.**



Insights from  
NLCA 2022

## 8. How is lung cancer treated?

Lung cancer is treated in various ways depending on its size, type, stage, and how fit the patient is. Some treatments are intended to cure the lung cancer whilst some intend to slow the spread of the cancer and reduce the impact of its symptoms.

### Treatment intending to cure lung cancer

**15 in 20**  
patients

with early Non-Small Cell Lung Cancer received treatment with **surgery** or **radiotherapy** intending to cure



NLCA Target



**16 in 20**



Insights from  
NLCA 2022

In 2022, out of every 20 patients with early stage NSCLC, around 15 patients had treatment designed to cure the lung cancer. This has returned to similar levels to before the COVID-19 pandemic. However, we are not reaching the target of 16 out of every 20 patients.

### Surgery

Surgery is used to remove the cancer from the lung and surrounding lymph nodes/glands. Surgery is mainly an option when a person has early stage non-small cell lung cancer.

#### Surgery for Non-Small Cell Lung Cancer in England

**1 in 5**  
patients

with early stage Non-Small Cell Lung Cancer had **surgery** for their lung cancer in England



NLCA Target

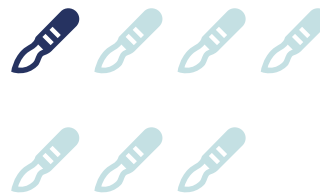


**1 in 6**

#### Surgery for Non-Small Cell Lung Cancer in Wales

**1 in 7**  
patients

with early stage Non-Small Cell Lung Cancer had **surgery** for their lung cancer in Wales



NLCA Target



**1 in 6**



Insights from  
NLCA 2022

In 2022, more surgery for lung cancer was performed than ever before in England and Wales. In England, 1 in 5 patients with early stage NSCLC had surgery to remove the lung cancer. This passed the NLCA target. In Wales, only 1 in every 7 patients with early stage NSCLC had surgery which doesn't meet the target.



## Radiotherapy

Radiotherapy involves aiming high energy x-rays at cancer cells to kill them. Although the x-rays are targeted to the cancer cells, nearby cells can be affected by the radiation which leads to side effects.

## Systemic therapy

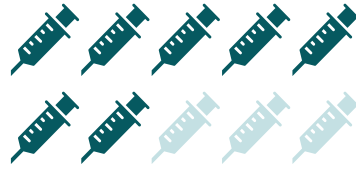
### (a) Chemotherapy

Chemotherapy targets and kills any rapidly growing cells in the body. The chemotherapy drugs are designed to destroy the cancer cells but the drugs can also affect immune cells, hair cells, and cells that line the gut. This can cause a variety of side effects. Normal cells are able to repair and replenish themselves while the cancer cells cannot.

#### Chemotherapy for Small Cell Lung Cancer

**7 in 10**  
patients

with Small Cell Lung Cancer received treatment with **Chemotherapy**



NLCA Target



**7 in 10**



Insights from  
NLCA 2022

In 2022, around 7 in 10 patients with SCLC in England and Wales had chemotherapy, this reaches our target.

### (b) Targeted Therapy

When a biopsy of a lung cancer is tested, doctors and scientists look for certain changes in the structure of the cancer cell. We call these changes mutations. Medicines have been designed to target specific mutations in cancer cells. These targeted therapies therefore treat cancer cells but do not have much effect on the normal cells in the rest of the body. Not all lung cancers have specific mutations and some known mutations don't yet have targeted treatments, so not all patients can be offered targeted therapies.

### (c) Immunotherapy

Immunotherapy uses the body's natural defences to fight cancer by improving the immune system's ability to recognise and then attack cancer cells. People who receive treatment using immunotherapy for NSCLC may receive either one drug or a combination of immunotherapy and chemotherapy. When later stage NSCLC cannot be treated with a targeted therapy (see above), immunotherapy or a combination of immunotherapy and chemotherapy is often the preferred initial treatment.

#### Systemic anti-cancer therapy

**6 in 10**  
patients

with advanced Non-Small Cell Lung Cancer received **systemic anti-cancer therapy**



NLCA Target



**7 in 10**



Insights from  
NLCA 2022

In 2022, 6 out of 10 of patients with advanced stage NSCLC received systemic anti-cancer therapy. The figure has been improving year on year, but it has not reached the NLCA target of 7 in 10.

We have noticed a lot of difference between the places people are treated, either the hospital or cancer centre. It is important that we continue to monitor this and encourage hospitals to share good practice. One way to help is by making sure that all hospitals can properly test patients' lung cancers to guide which type of systemic anti-cancer therapy will be the most effective.

## Supportive and Palliative Care

Supportive care involves a wide range of support for patients and families involving social support, psychological support and symptom control.

Palliative care is important if a person's lung cancer cannot be cured and may still involve active treatments like immunotherapy to slow the cancer progression. A focus of palliative care is maintaining a person's quality of life as well as prolonging life. End of life care is an extremely important part of palliative care and involves care and support in the final months or year of life.

End of life care is an extremely important part of palliative care and involves care and support in the final year of life.

## 9. How long do patients wait for treatment?

It is recommended that the maximum time from first seeing a lung cancer doctor to starting treatment should be 49 days. The maximum interval from the decision to give treatment to the treatment starting should be 21 days.

### Waiting times

**41**  
days

in England

**52**  
days

in Wales

**average** waiting times for patients to start treatment after a lung cancer diagnosis

NLCA Target



**21 days**



Insights from  
NLCA 2022

In 2022, the average time from a diagnosis of advanced lung cancer to the start of treatment was 41 days in England and 52 days in Wales and the average waiting time has been lengthening year on year. This means that the care given to many patients does not meet the 21 day target. This means there are delays in lung cancer pathways which need to be improved.

## 10. Who is involved in patient care?

The team of specialists who deliver lung cancer care are known as a multi-disciplinary team, or MDT for short. The members of the team involved in each patient's care can vary depending on each patient's health, care and personal situation. Usually, the team is made up of:

Lung cancer nurse specialist (LCNS)

Respiratory physicians (chest doctors)

Oncologists (cancer doctors)

Thoracic surgeons (chest surgeons)

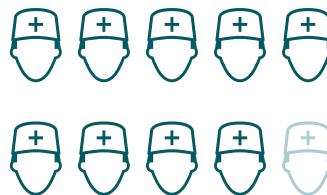
Radiologists (x-ray/scan doctors)

Pathologists (doctors who look at cancer biopsies under a microscope)

### Lung cancer nurse specialists

**9 in 10**  
patients

were supported by a  
**lung cancer nurse specialist**



NLCA Target



**9 in 10**

In 2022, among patient records that were not missing the required information, 9 in 10 patients had access to a lung cancer nurse specialist. This is a great improvement because during the COVID-19 pandemic, the number of patients who had access to a LCNS was lower than usual. We have been reaching the target for the last 2 years.

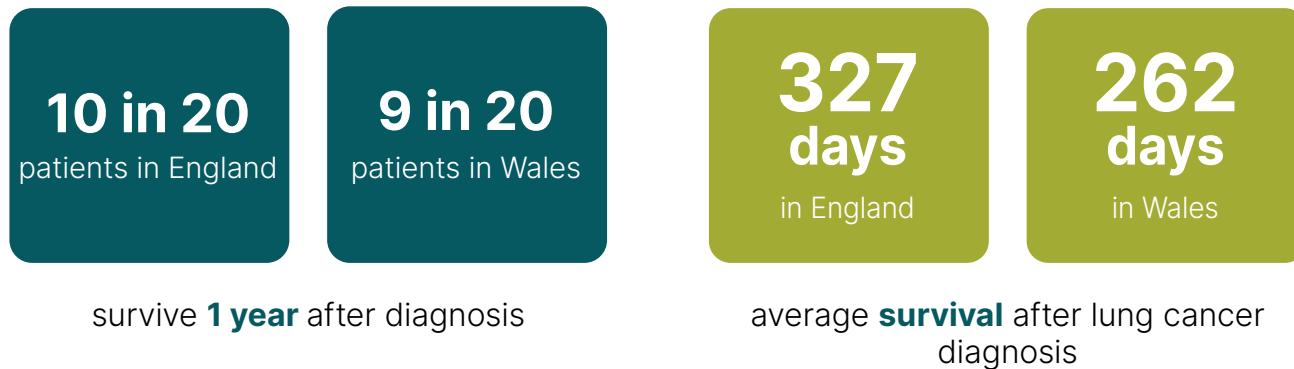


Insights from  
NLCA 2022

## 11. What are the outcomes for patients with lung cancer?

One of the most important outcomes to measure for cancer care is how long people live for (survival) after diagnosis. One of the most important factors that affects survival is the stage of the cancer at diagnosis.

### Survival after lung cancer diagnosis



Insights from  
NLCA 2022

In 2022, the average survival after a lung cancer diagnosis in England was 327 days, and this has improved since 2021 when it was 280 days. Around a half of patients, 10 out of 20 (48%) were still alive one year after their diagnosis. In Wales, the average survival time for people diagnosed in 2022 was 262 days; this has improved from 222 days in 2021. Around 9 in 10 patients (43%) diagnosed with lung cancer in 2022 were alive one year later. Remember, every patient is different and these figures only describe a statistical average.

## 12. What are the NLCA recommendations for improvement?

The aim of the NLCA is to improve the care of patients with lung cancer. To do this, we made five recommendations for attention in the coming year.

Recommendations	Results in 2022	Results in 2021
<b>1. Make sure that people aged 55 to 74 who are at high risk of lung cancer are having targeted lung health checks.</b> This should help us to diagnose lung cancer at an early stage.	The proportion of people diagnosed with early stage (stage 1 or 2) NSCLC: England: 1 in 3 (34%) Wales: 1 in 3 (30%)	The proportion of people diagnosed with early stage (stage 1 or 2) NSCLC: England: 1 in 3 (31%) Wales: 1 in 4 (24%)
<b>2. Make sure that hospitals have the capacity to perform surgery for patients with early stage NSCLC.</b> The targeted lung health checks will increase the demand for surgery.	Patients with early stage NSCLC having surgery: England: 1 in 5 patients (18%) Wales: 1 in 7 patients (14%)	Patients with early stage NSCLC having surgery: England: 1 in 6 patients (17%) Wales: 1 in 8 patients (13%)
<b>3. To improve the waiting time from diagnosis of lung cancer treatment of lung cancer.</b>	For patients with advanced stage NSCLC, the average waiting time was: England: 43 days Wales: 52 days  For patients with SCLC, the average waiting time was: England: 17 days Wales: 21 days	For patients with advanced stage NSCLC, the average waiting time was: England: 35 days Wales: 47 days  For patients with SCLC, the average waiting time was: England: 15 days Wales: 16 days
<b>4. Ensure at least 7 in 10 people with advanced stage non-small cell lung cancer who are fit and well enough receive systemic anti-cancer therapy.</b>	England: 6 in 10 patients (60%) Wales: 6 in 10 patients (60%)	England: 6 in 10 patients (63%) Wales: 6 in 10 patients (57%)
<b>5. Make sure that important information is recorded for patients with lung cancer including:</b>  <ul style="list-style-type: none"> <li>Lung cancer nurse specialist (LCNS) involvement at diagnosis</li> <li>If patients smoke or not</li> </ul>	Information recorded for patients seen by LCNS: England: 6 in 10 patients (60%) Wales: 10 in 10 patients (98-100%)  Information recorded for patients smoking history: England: 1 in 2 patients (48%)	Information recorded for patients seen by LCNS: England: 6 in 10 patients (59%) Wales: 10 in 10 patients (97-100%)  Information recorded for patients smoking history: England: 1 in 2 patients (49%)

## 13. What are the Key Findings from the NLCA Report 2024?

- More patients who are being diagnosed with lung cancer in England and Wales are diagnosed at an earlier stage lung cancer (stage 1 or 2) than ever before.
- The proportion of patients with early stage NSCLC having surgery aiming to cure their cancer is improving but it has not yet returned to where it was before the pandemic. In Wales, the target of 1 in 6 patients with NSCLC having surgery to remove the cancer is not being reached.
- The average waiting times between being diagnosed with lung cancer and starting treatment have been getting longer and many patients are waiting longer than the recommended waiting time targets. This situation needs to be urgently improved.
- In England and Wales, the proportion of patients with advanced stage NSCLC who are physically fit receiving systemic anti-cancer therapy is 6 in 10 patients; this is not reaching the NLCA target of 7 in 10 patients.



## 14. Glossary

<b>Advanced Stage Lung Cancer</b>	Throughout this report, we refer to people with advanced stage lung cancer. By this, we mean people with stage 4 and some people with stage 3 lung cancers who may be undergoing treatment with systemic anti-cancer therapy.
<b>Audit Standard</b>	A target set by the NLCA which we use to compare what is happening in real time. For example, NLCA set a target that at least 7 out of every 10 patients with SCLC should receive chemotherapy treatment.
<b>Average</b>	An average is a single number taken as a representative of a list of numbers.
<b>Biopsy</b>	Removal of a small portion of the cancer or tumour, usually from the lung but may also be from the liver, skin or other areas to look at under the microscope. It is important for making a diagnosis.
<b>Bronchoscopy</b>	A thin telescope with a camera is used to look inside the airways.
<b>CT Scan</b>	A procedure that uses a computer linked to an x-ray machine to make a series of detailed pictures of areas inside the body including the lungs.
<b>Cancer</b>	Cancer is a disease in which some abnormal cells grow uncontrollably and spread to other parts of the body.
<b>Chemotherapy</b>	Chemotherapy is a medical treatment designed to kill fast-growing cells. It is effective against cancer cells because they grow and multiply much more quickly than most cells in the body.
<b>Curative-intent</b>	This is used to describe treatment that aims to remove all the cancer and therefore cure the cancer disease.
<b>Lung cancer</b>	An abnormal growth of abnormal cells in the lungs.
<b>Lung Cancer Nurse Specialist (LCNS)</b>	A nurse who has expert knowledge and experience in lung cancer. They form part of the team of healthcare professionals who provide support, information and advice during lung cancer investigations, diagnosis and treatment.
<b>Lung cancer surgery</b>	A range of operations to remove cancer from patients' lungs.
<b>Lymph node</b>	A small bean-shaped structure that is part of the body's immune system. They act like filters to collect germs and cancer cells. They are usually one of the first places cancer cells spread to from the lung.
<b>Metastasis</b>	The spread of cancer cells from the place where they first formed to another part of the body.
<b>Multidisciplinary team (MDT)</b>	A team of all the different health professionals who may be involved in the care of patients with cancer.
<b>MRI (Magnetic Resonance Imaging)</b>	A procedure that uses radio waves, magnets, and computers to make a series of detailed pictures of areas inside the body, including the lungs.
<b>National Lung Cancer Audit (NLCA)</b>	The NLCA assess the quality of services and care provided to individuals with lung cancer in England and Wales. This is achieved by collecting clinical information about the treatment of all patients newly diagnosed with lung cancer in England and Wales and information about their outcomes.
<b>National Lung Health Checks</b>	A new screening programme offered in some parts of the UK to patients aged 55-74 who have ever smoked. It is a check up to see how well the lungs are working. Some patients may then be invited for a scan of their lungs. The aim is to detect very early stage lung cancer in patients without any symptoms.
<b>Non-Small Cell Lung Cancer (NSCLC)</b>	This is the most common type of lung cancer. If it is caught in an early stage, surgery to remove the cancer tumour from the lung can be an option.
<b>Outcomes</b>	These are the results or consequences of lung cancer care that we measure, for example, survival after lung cancer.
<b>Percutaneous biopsy</b>	A way of taking a tiny sample of cancer/tumour from your body, using a special needle passed through the skin into the lungs and the tumour.
<b>Performance Status</b>	A measure of how well a patient is able to perform ordinary tasks and carry out daily activities.
<b>Radiotherapy</b>	The use of high-energy radiation from x-rays and other similar sources to kill cancer cells and shrink tumours.
<b>Small Cell Lung Cancer (SCLC)</b>	This is the more aggressive type of lung cancer. Usually it is treated with chemotherapy.
<b>Stage of Cancer</b>	This is a way of describing the size and any spread of cancer. The stages are from 1 to 4 with 1 being early stage and 4 being late stage.
<b>Systemic Anti-cancer Therapies</b>	A medicine given to treat cancer. This can involve chemotherapy, immunotherapy and targeted therapies.
<b>Targeted Therapies</b>	These are medicines designed to target specific structural changes that only occur within the cancer cells and not in healthy cells. Targeted therapies can include biological therapies that target specific proteins in cancer cells and immunotherapies that help the immune system target cancer cells.
<b>Tumour</b>	A cluster of abnormal cells