NLCA

National Lung Cancer Audit

State of the Nation Patient and Public Report 2025

Results of the National Lung Cancer Audit for people diagnosed with lung cancer in England and Wales during 2023

(Published April 2025)

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NATCAN National Cancer Audit Collaborating Centre

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.

Royal College of Surgeons of England

The Royal College of Surgeons of England is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports Audit and the evaluation of clinical effectiveness for surgery. Registered Charity no: 212808

British Thoracic Oncology Group BTOG

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

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

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). Access to the data was facilitated by the NHS Digital 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

NLCA
National Lung Cancer Audit

Summary of results for people diagnosed with lung cancer in England and Wales in 2023

Diagnosis

40,084 patients were diagnosed with lung cancer in 2023:
37,750 in England
2,334 in Wales

74 years old average age at diagnosis

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

Just under half of patients had **late stage** (stage 4) lung cancer at the time of diagnosis:
9 in 20 patients

3 in 10 of patients were first diagnosed after going to an **emergency department** with symptoms:
3 in 10 patients

Lung cancer nurse specialists

9 in 10 patients were supported by a **lung cancer nurse specialist***

NLCA Target ✓ 9 in 10

*Information is missing for a third of patients in England

Treatment intending to cure lung cancer

8 in 10 patients with early stage (stage 1/2) Non-Small Cell Lung Cancer received treatment with **surgery** or **radiotherapy** intending to **cure**

NLCA Target ✓ 8 in 10

Surgery for Non-Small Cell Lung Cancer in England

1 in 5 patients with 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 6 patients with Non-Small Cell Lung Cancer had **surgery** for their lung cancer in Wales

NLCA Target ✓ 1 in 6

Chemotherapy for Small Cell Lung Cancer in England

14 in 20 patients with Small Cell Lung Cancer received treatment with **chemotherapy** in England

NLCA Target ✓ 14 in 20

Chemotherapy for Small Cell Lung Cancer in Wales

13 in 20 patients with Small Cell Lung Cancer received treatment with **chemotherapy** in Wales

NLCA Target ✗ 14 in 20

Systemic anti-cancer therapy

6 in 10 patients with advanced Non-Small Cell Lung Cancer received **systemic anti-cancer therapy** (including targeted therapy, chemotherapy & immunotherapy)

NLCA Target ✗ 7 in 10

Survival after lung cancer diagnosis

10 in 20 patients in England survive **1 year** after diagnosis
9 in 20 patients in Wales survive **1 year** after diagnosis

358 days in England
301 days in Wales
average **survival** after lung cancer diagnosis

Waiting times in England

83 days — Average waiting time from referral to having **surgery** for patients with early stage non-small cell lung cancer

66 days — Average time from referral to starting **Systemic anti-cancer therapy** for patients with advanced stage non-small cell lung cancer

Waiting times in Wales

97 days — Average waiting time from referral to having **surgery** for patients with early stage non-small cell lung cancer

78 days — Average time from referral to starting **Systemic anti-cancer therapy** for patients with advanced stage non-small cell lung cancer

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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 2025. The NLCA is delivered by the Clinical Effectiveness Unit (CEU) within the Royal College of Surgeons of England. The NLCA is part of the National Cancer Audit Collaborating Centre (NATCAN), more information can be found on the NATCAN website.

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.

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.

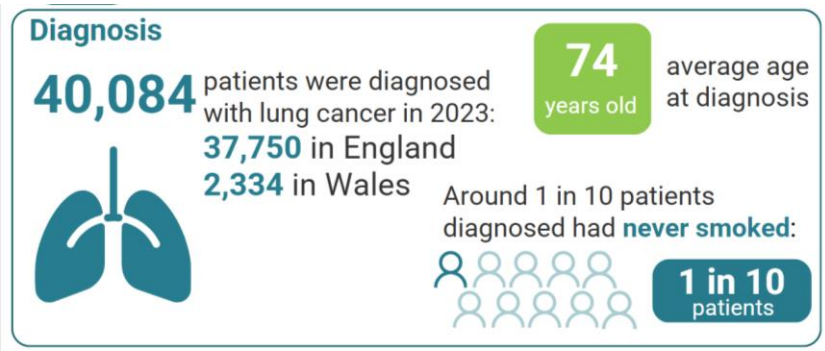
A version of this document exists for doctors, surgeons, nurses and other healthcare professionals with more details and this can be found on our website.

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?

Lung cancer can affect anyone but 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 have 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.



In 2023, 40,084 people were diagnosed with lung cancer in England and Wales. The average age of people diagnosed was 74 years old. Around 1 in 10 people diagnosed had never smoked.

Insights from NLCA

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 have any symptoms, and it is diagnosed because the person is receiving healthcare for another condition or diagnosed through screening.

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.

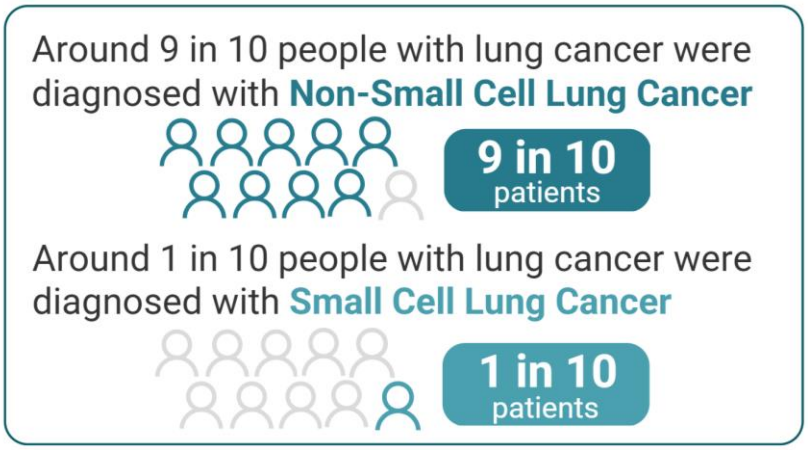
For people whose cancer is found to be small and contained within their lungs, treatment might involve a combination of surgery, systemic anti-cancer therapy and radiotherapy. Systemic anti-cancer therapy includes chemotherapy, targeted therapies and immunotherapy.

For people whose lung cancer has spread to other parts of the body, treatment may involve systemic anti-cancer therapy and other types of care to manage the symptoms of the disease.

NSCLC has several types including adenocarcinoma, squamous cell carcinoma and large cell carcinoma. Carcinoid tumours of the lung are relatively rare and are not NSCLC but we tend to treat them in a similar way to NSCLC. Carcinoid tumours are a type of tumour of the neuroendocrine system. This system is made up of special types of nerve and gland cells responsible for making hormones that are released into the bloodstream.

Small cell lung cancer

This type of lung cancer tends to grow and spread quickly. Chemotherapy (a type of systemic anti-cancer therapy) is usually the most effective treatment for these cancers.



In 2023, of the patients diagnosed with lung cancer, over 9 in 10 patients were diagnosed with Non-Small Cell Lung Cancer (NSCLC) and less than 1 in 10 patients were diagnosed with Small Cell Lung Cancer (SCLC). The proportion of patients with SCLC has been reducing over recent years.

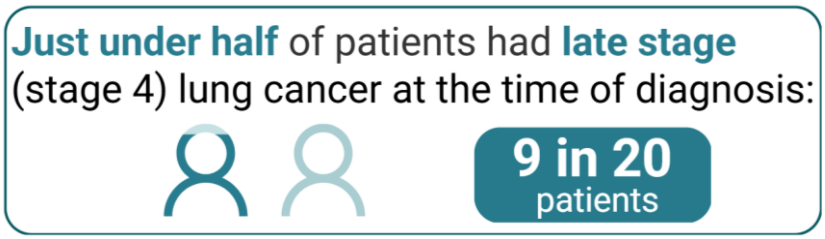
Insights from NLCA

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 and 2 being early stage and 3 and 4 being advanced stage.

Many people with early stage cancer can be offered treatments that can cure the disease. Patient outcomes are usually 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 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.



In 2023, 9 in 20 patients diagnosed with lung cancer were diagnosed with late stage (stage 4) lung cancer. This proportion has reduced from 2022, when it was 10 in 20 (or half) of people diagnosed with lung cancer were diagnosed at stage 4.

In 2023, the proportion of people being diagnosed at an early stage was getting better, with between 3 out of 10 patients in Wales being diagnosed at early stage and 4 out of 10 patients in England.

Insights from NLCA

7. How is lung cancer diagnosed?

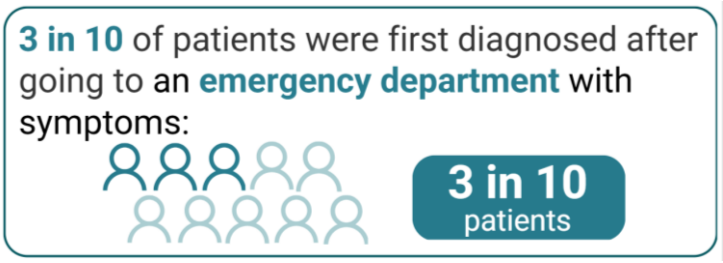
Lung cancer may be diagnosed following:

- 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 the national lung cancer screening programme
- 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, usually while having a CT scan. PET scans can be useful to work out the stage of the cancer.

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. People will be invited for a Lung Health Check if they are aged between 55 and 74 and are a current or former smoker. The aim of the 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.

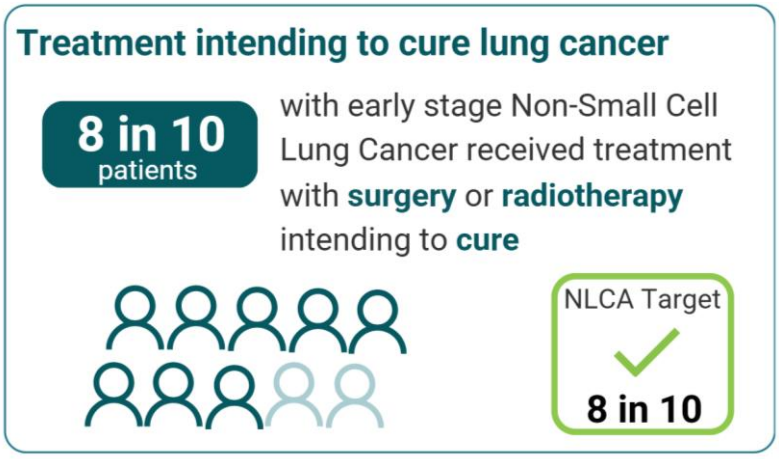


In 2023, 3 in 10 people who were diagnosed with lung cancer received their diagnosis after attending an emergency department with symptoms. This has reduced slightly since 2022.

Insights from NLCA

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.

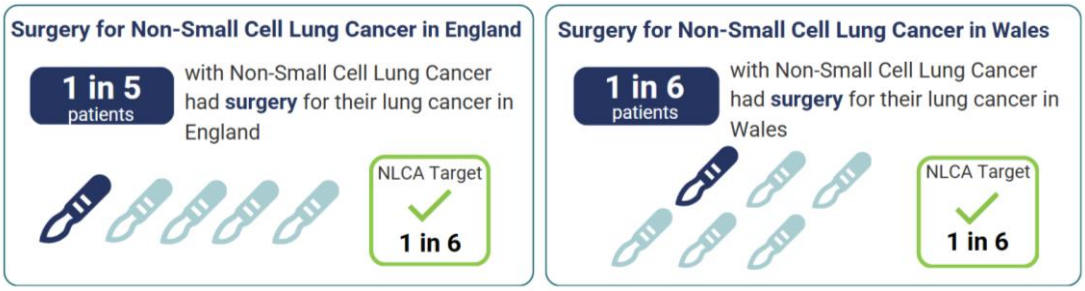


In 2023, 8 out of every 10 patients with early stage NSCLC had treatment designed to cure the lung cancer. This has been slowly improving since the pandemic and in 2023, the NLCA target (of 8 in 10 patients) was reached.

Insights from NLCA

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.



In 2023, more surgery for lung cancer was performed than ever before in England and Wales. In England, 1 in 5 patients had surgery to remove an early stage lung cancer. In Wales, 1 in every 6 patients with early stage NSCLC had surgery. It is very encouraging that in 2023, both England and Wales passed the NLCA target for lung cancer surgery.

Insights from NLCA

Radiotherapy

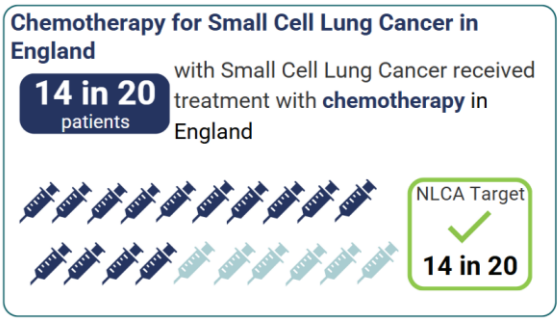
Radiotherapy involves aiming high energy x-rays at cancer cells to kill them. Although the x-rays are targeted to the cancer cells, nearby cells can be affected by the radiation which leads to side effects.

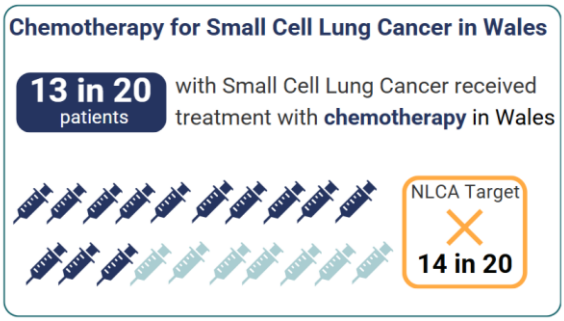
Systemic anti-cancer therapy

There are different type of systemic anti-cancer therapy drugs. Sometimes people with lung cancer are given one medication and sometimes a combination of medications. Systemic anti-cancer therapy maybe a stand-alone treatment or for some patients it can be given before/after surgery or before/after radiotherapy.

(a) Chemotherapy

Chemotherapy targets and kills any rapidly growing cells in the body so are designed to destroy rapidly growing cancer cells. Chemotherapy drugs can also affect normal cells in the body which grow rapidly like 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 from the effects of chemotherapy drugs while cancer cells typically cannot.





In 2023, 15 out of every 20 patients with SCLC received chemotherapy treatment in England. This reaches our target of 14 out of every 20 patients. However, in Wales, only 13 out of every 20 patients with SCLC received chemotherapy, not reaching the target. This has worsened since 2022, when 14 out of 20 patients with SCLC in Wales received chemotherapy.

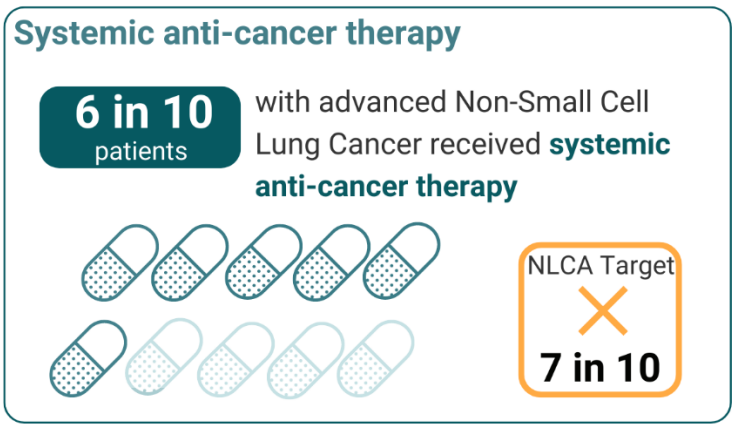
Insights from NLCA

(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, the most well-known mutations are called EGFR and ALK. The tests that look for mutations are called Molecular, Genomic, Genetic or Biomarker tests. Medicines have been designed to target specific mutations in cancer cells. These targeted therapies therefore treat cancer cells with the mutation but do not have much effect on the normal cells in the rest of the body. Not all lung cancers have 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.



In 2023, 6 out of 10 of patients with advanced stage NSCLC received systemic anti-cancer therapy in England and Wales. This is below the NLCA target of 7 in 10. In last year's report we highlighted this as a problem but sadly we haven't seen improvements. This year we will again highlight this problem and make a recommendation for improvement. It is important that we continue to monitor this and try to understand why it is not improving.

Insights from NLCA

Supportive and Palliative Care

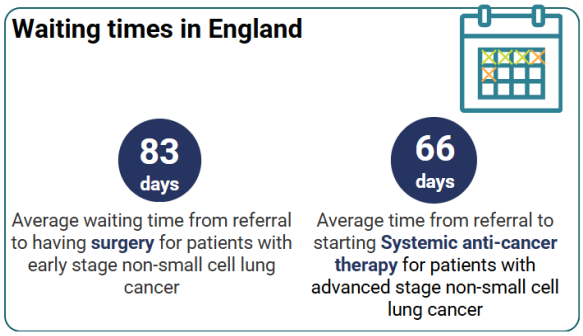
Supportive care involves a wide range of support for patients and families involving social support, psychological support and symptom control.

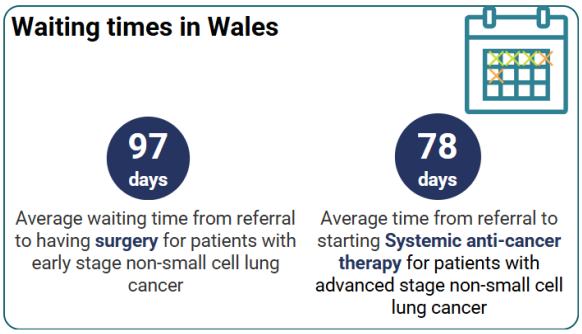
Palliative care is important if a person's lung cancer cannot be cured and may still involve active treatments like immunotherapy to slow the cancer progression. A focus of palliative care is maintaining a person's quality of life as well as prolonging life.

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.

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 in England and 62 days in Wales. The maximum waiting time from the decision of treatment to the treatment starting should be 21 days.





In 2023, patients in England waited, on average, 83 days for surgery or 66 days to systemic anti-cancer therapy after being referred to lung cancer services.
In Wales, patients waited, on average, 97 days for surgery or 78 days to start systemic anti-cancer therapy after being referred to lung cancer services.
The average waiting times have been lengthening year on year. This means that patients are waiting too long for treatment and there are delays in lung cancer pathways which need to be improved.

Insights from NLCA

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)

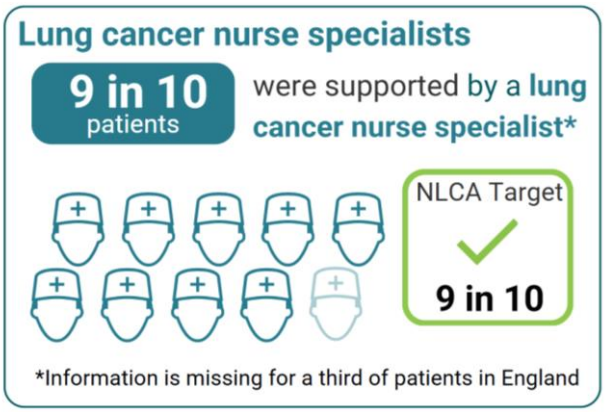
Thoracic surgeons (chest surgeons)

Radiologists (x-ray/scan doctors)

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

Enhanced supportive care team

Physio, OT, dietician, pharmacist, care of the elderly physician

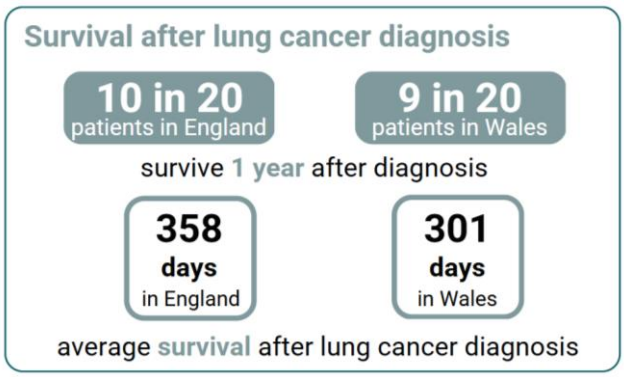


In 2023, among patient records that were not missing the required information, 9 in 10 patients had access to a lung cancer nurse specialist in both England and Wales. However, in England we are missing information for a third of patients. NLCA is actively trying to improve this by encouraging hospitals to fill in this information so we can be sure which patients are truly receiving support from lung cancer nurse specialists.

Insights from NLCA

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.



In 2023, the average survival after a lung cancer diagnosis in England was 358 days, and this has improved since 2022 when it was 281 days. Half of patients, 10 out of 20 (50%) were alive one year after their diagnosis. In Wales, the average survival time for people diagnosed in 2023 was 301 days; this has improved from 262 days in 2022. Around 9 in 20 patients (46%) diagnosed with lung cancer in 2023 were alive one year later. Remember, every patient is different and these figures only describe a statistical average.

Insights from NLCA

12. What are the Key Findings from the NLCA Report 2025?

- More patients who are being diagnosed with lung cancer in England and Wales are diagnosed at an earlier stage lung cancer (stage I or 2) than ever before.
- The proportion of patients with early stage NSCLC having surgery aiming to cure their cancer is improving and there were more lung cancer surgery operations in 2023 than ever before. We expect that more and more patients will have lung cancer surgery in the next few years.
- The average waiting times between being referred to lung cancer services and starting treatment have been getting longer and many patients are waiting longer than the recommended waiting time targets.
- 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 and hasn't shown improvement since 2022.

13. 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 2023
1. Maximise the uptake of lung cancer screening for people aged 55 to 74 who are at high risk of lung cancer. 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: 4 in 10 (37%) Wales: 3 in 10 (34%)
2. Make sure that hospitals have the capacity to perform surgery for patients with early stage NSCLC. The targeted lung health checks will increase the number of patients having lung cancer surgery.	Patients with early stage NSCLC having surgery: England: 1 in 5 patients (20%) Wales: 1 in 6 patients (17%)
3. Find ways to improve the proportion of patients with advanced stage non-small cell lung cancer receiving systemic anti-cancer therapy. Such as helping people keep their fitness throughout the care pathway.	Patients with advanced stage NSCLC having systemic anti-cancer therapy: England: 6 in 10 (62%) Wales: 6 in 10 (55%)
4. To improve the waiting times from referral to lung cancer services to the start lung cancer treatment.	In England, the average waiting times for patients were: Referral to surgery: 83 days Referral to systemic anti-cancer therapy: 66 days

	In Wales, the average waiting times for patients were: Referral to surgery: 97 days Referral to systemic anti-cancer therapy: 78 days
5. Make sure that genetic/biomarker/molecular test results are ready within 14 calendar days of the biopsy being taken.	

14. Sources of Support

If you or someone you know has been affected by lung cancer, the following sources of support may be useful:

Macmillan Cancer Support:
Website: www.macmillan.org.uk/ Phone: 0808 808 00 00

Roy Castle Lung Cancer Foundation:
Website: www.roycastle.org/ Phone: 0333 323 7200

Cancer Research UK:
Website: www.cancerresearchuk.org/

EGFR+ UK:
Website: www.egfrpositive.org.uk/

ALK+ UK:
Website: www.alkpositive.org.uk/ Phone: 07975 623515

Ruth Strauss Foundation:
Website: www.ruthstraussfoundation.com/

15. Glossary

Advanced Stage Lung Cancer	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.
Audit Standard	A target set by the NLCA which we 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.

Average	An average is a single number taken as a representative of a list of numbers.
Biomarker Testing	Biomarker testing in lung cancer helps doctors decide which type of systemic anticancer therapy to use by identifying specific genetic or protein changes in the cancer that predict response to targeted therapy or immunotherapy. Sometimes, it may also be called molecular, genetic, or genomic testing.
Biopsy	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.
Bronchoscopy	A thin telescope with a camera is used to look inside the airways.
CT Scan	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.
Cancer	Cancer is a disease in which some abnormal cells grow uncontrollably and spread to other parts of the body.
Carcinoid tumour of the lungs	Carcinoid tumours are a type of tumour of the neuroendocrine system. This system is made up of special types of nerve and gland cells responsible for making hormones that are released into the bloodstream. Carcinoid tumours can occur anywhere where there are neuroendocrine cells such as the lung and the digestive tract.
Chemotherapy	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.
Curative-intent	This is used to describe treatment that aims to remove all the cancer and therefore cure the cancer disease.
Lung cancer	An abnormal growth of abnormal cells in the lungs,
Lung Cancer Nurse Specialist (LCNS)	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.

Lung cancer surgery	A range of operations to remove cancer from patients' lungs.
Lymph node	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.
Metastasis	The spread of cancer cells from the place where they first formed to another part of the body.
Multidisciplinary team (MDT)	A team of all the different health professionals who may be involved in the care of patients with cancer.
MRI (Magnetic Resonance Imaging)	A procedure that uses radio waves, magnets, and computers to make a series of detailed pictures of areas inside the body, including the lungs.
National Lung Cancer Audit (NLCA)	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.
National Lung Health Checks	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.
Non-Small Cell Lung Cancer (NSCLC)	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.
Outcomes	These are the results or consequences of lung cancer care that we measure, for example, survival after lung cancer.
Percutaneous biopsy	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.
Performance Status	A measure of how well a patient is able to perform ordinary tasks and carry out daily activities.
PET Scan	A PET scan is an imaging test that helps doctors detect lung cancer and see if it has spread by using

	a small amount of radioactive sugar to highlight active cancer cells in the body.
Radiotherapy	The use of high-energy radiation from x-rays and other similar sources to kill cancer cells and shrink tumours.
Small Cell Lung Cancer (SCLC)	This is the more aggressive type of lung cancer. Usually it is treatment with chemotherapy.
Stage of Cancer	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.
Supportive and Palliative Care	Supportive and palliative care focuses on improving the quality of life for people with serious illnesses like lung cancer by managing symptoms, relieving pain, and providing emotional and practical support for patients and their families.
Systemic Anti-Cancer Therapy	A medicine given to treat cancer. This can involve chemotherapy, immunotherapy and target therapies.
Targeted Therapies	These are medicines designed to target specific structural changes that only occur within with 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.
Tumour	A cluster of abnormal cells