Living beyond lung adenocarcinoma: Coping strategies and support.

Karl Karlan*

Department of Medicine, Baylor College of Medicine, Houston, USA

Abstract

Lung adenocarcinoma is a type of lung cancer that begins in the cells that line the alveoli or air sacs in the lungs. It is one of the most common types of lung cancer, accounting for about 40% of all lung cancer cases. Lung adenocarcinoma is more common in women than in men, and it is also more likely to occur in non-smokers than in smokers.

Keywords: Lung, Carcinogen cells, Adenocarcinoma.

Introduction

Lung adenocarcinoma is often asymptomatic in its early stages, which makes it difficult to detect. As the cancer progresses, however, it can cause symptoms such as coughing, shortness of breath, chest pain, fatigue, weight loss, and loss of appetite. If lung adenocarcinoma is suspected, a doctor may order imaging tests such as a chest X-ray, CT scan, or MRI, as well as a biopsy to confirm the diagnosis. The exact cause of lung adenocarcinoma is not known, but it is believed to be linked to genetic mutations and exposure to certain environmental factors, such as second-hand smoke, air pollution, and radon gas. Treatment options for lung adenocarcinoma depend on the stage of the cancer and may include surgery, radiation therapy, chemotherapy, targeted therapy, or immunotherapy [1].

Lung adenocarcinoma is a type of Non-Small Cell Lung Cancer (NSCLC) that arises from the glandular cells in the lining of the lungs. It is the most common type of lung cancer, accounting for about 40% of all lung cancer cases. Adenocarcinoma is more common in non-smokers and is also more likely to occur in women than men. Lung adenocarcinoma can develop in people of all ages but is most frequently diagnosed in individuals who are 65 years or older. The condition is associated with several risk factors, including smoking, exposure to air pollution or second-hand smoke, and a family history of lung cancer. Lung adenocarcinoma often presents with nonspecific symptoms, including persistent cough, shortness of breath, and chest pain. In some cases, there may be no symptoms at all. Because of the lack of specific symptoms, the cancer is often diagnosed in later stages when it has already spread to other parts of the body, making treatment more challenging. Diagnosis of lung adenocarcinoma typically involves a combination of imaging tests, such as a chest X-ray or CT scan, and a biopsy, which involves the removal of a small sample of lung tissue for examination under a microscope [2].

Treatment options for lung adenocarcinoma depend on several factors, including the stage of cancer, the individual's overall

health, and the tumour's size and location. Surgery to remove the affected portion of the lung is a common treatment for early-stage lung adenocarcinoma. Other treatment options may include chemotherapy, radiation therapy, or targeted therapy, which involves drugs that specifically target the cancer cells' unique features. The prognosis for lung adenocarcinoma varies depending on the stage of cancer at diagnosis and the individual's overall health. In general, early-stage lung adenocarcinoma has a better prognosis than later-stage cancer. However, treatment options have advanced significantly in recent years, and many individuals with lung adenocarcinoma are able to manage their condition effectively with appropriate treatment and ongoing medical care [3, 4].

Symptoms of lung adenocarcinoma

Cough shortness of breath, chest pain, fatigue, and weight loss. However, many people with early-stage lung adenocarcinoma may not experience any symptoms, which make early detection and diagnosis difficult. Treatment for lung adenocarcinoma may involve surgery, radiation therapy, chemotherapy, targeted therapy, or a combination of these approaches, depending on the stage and extent of the cancer, as well as the patient's overall health. It's important to note that the prognosis for lung adenocarcinoma can vary widely depending on the stage of the cancer at the time of diagnosis and other factors, such as the patient's age and overall health. Prognosis for lung adenocarcinoma can vary depending on the stage at which it is diagnosed and the patient's overall health. Early detection and treatment can improve the chances of a successful outcome. However, advanced stages of lung adenocarcinoma are often difficult to treat, and the prognosis may be poor [5].

Conclusion

Lung adenocarcinoma is a common type of lung cancer that can be difficult to detect in its early stages. It is important to be aware of the risk factors and symptoms associated with lung

Citation: Karlan K. Living beyond lung adenocarcinoma: Coping strategies and support. J Neurol Neurorehab Res. 2023;7(1):135

^{*}Correspondence to: Karl Karlan, Department of Psychiatry, Lausanne University Hospital, Lausanne, Switzerland. E-mail: karlan.k@bcm.edu *Received:* 05-Feb-2023, Manuscript No. AAJCRM-23-92346; Editor assigned: 08-Feb-2023, Pre QC No. AAJCRM-23-92346(PQ); Reviewed: 22-Feb-2023, QC No. AAJCRM-23-92346; Revised: 24-Feb-2023, Manuscript No. AAJCRM-23-92346(R); Published: 28-Feb-2023, DOI: 10.35841/aajcrm-7.1.135

cancer and to seek medical attention if any concerns arise. Early detection and treatment can improve the chances of a successful outcome, so it is crucial to maintain regular checkups and screenings for lung cancer.

Reference

- 1. Pairolero PC, Williams DE, Bergstralh EJ, et al. Postsurgical stage I bronchogenic carcinoma: morbid implications of recurrent disease. Ann Thorac Surg. 1984;38(4):331-8.
- Kaisermann MC, Trajman A, Madi K. Evolving features of lung adenocarcinoma in Rio de Janeiro, Brazil. Oncol Rep. 2001;8(1):189-281.
- 3. Ichinose Y, Hara N, Ohta M, et al. Is T factor of the TNM staging system a predominant prognostic factor in pathologic stage I non-small-cell lung cancer?: A multivariate prognostic factor analysis of 151 patients. J Thorac Cardiovasc Surg. 1993;106(1):90-4.
- 4. Harpole Jr DH, Herndon JE, Wolfe WG, et al. A prognostic model of recurrence and death in stage I non-small cell lung cancer utilizing presentation, histopathology, and oncoprotein expression. Cancer Res. 1995;55(1):51-6.
- Rodenhuis S, Van de Wetering ML, Mooi WJ, et al. Mutational activation of the K-ras oncogene. N Engl J Med. 1987;317(15):929-35.