Ten Best Readings Relating to Lung Cancer


Screening is a complex interplay of selection (a population with sufficient risk and few serious comorbidities), the value of the screening test, the interval between screening tests, the availability of effective treatment, the risk of complications or harms as a result of screening, and the degree with which the screened individuals comply with screening and treatment recommendations. Screening with low-dose computed tomography of appropriate individuals in the context of a structured process is associated with a significant reduction in the number of lung cancer deaths in the screened population. Given the complex interplay of factors inherent in screening, many questions remain on how to effectively implement screening on a broader scale.


Strong evidence shows that low-dose computed tomography screening can reduce lung cancer and all-cause mortality. The harms associated with screening must be balanced with the benefits.


The authors discuss the reach and limits of endoscopic ultrasonography in the precise delineation and approach of the intrathoracic lymph nodes according to the lymph node map for the seventh edition of the tumor, node, and metastasis classification for lung cancer.


Case volume for robotic pulmonary resections has increased significantly during the study period, and thoracic surgeons have been able to adopt therobotic approach safely. Robotic resection appears to be an appropriate alternative to video-assisted thoracic surgery and is associated with improved outcomes compared with open thoracotomy.


The epidermal growth factor receptor-tyrosine kinase inhibitor (EGFR-TKI) regimen significantly prolonged progression-free survival and increased overall response rate when compared with platinum-based doublet chemotherapy in the previously untreated advanced non–small-cell lung cancer patients with EGFR mutation. As EGFR mutations are predictor of benefit from TKIs, prospective EGFR mutation should be routinely tested before the initiation of treatment in advanced non–small-cell lung cancer patients.


Postoperative cisplatin-based chemotherapy significantly improves survival in patients with non–small-cell lung cancer.


These guidelines address symptom management for lung cancer patients throughout the lung cancer trajectory. Physical and psychosocial issues are addressed, with many excellent resources referenced.


Anti-programmed cell death 1 (PD-1) antibody produced objective responses in approximately 1 in 4 to 1 in 5 patients with non–small-cell lung cancer, melanoma, or renal-cell cancer; the adverse-event profile does not appear to preclude its use. Preliminary data suggest a relationship between PD-L1 expression on tumor cells and objective response.

This review summarizes the evolution, early success, current status, challenges, and opportunities for clinical application of genotyping and genomic tests in therapeutic decision making for non–small-cell lung cancer.


The advent of novel therapeutics that specifically target signaling pathways activated by genetic alterations has revolutionized the way patients with lung cancer are treated. The authors have summarized these developments into 6 conceptual paradigms that illustrate the transition from empirical cancer medicine to mechanistically based individualized oncology.