Healthy lungs: A "train and equip" method for cancer education for middle school teachers

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EDITORIAL

Tobacco use, which is linked to an increased risk of lung, oral cavity, laryngeal, and emphysema cancers, should be targeted at middle school-aged children, as this is when most children begin to experiment with tobacco use. Because their teachers are ill-prepared and ill-equipped to teach this normal and cancer-related content, millions of children do not receive proper education about the biological science of the human respiratory system, as well as the impact of tobacco use at the cell, tissue, and organ levels of biological organization.

Two sponges form the lungs, which are cone-shaped. The right lung is much larger than the left one. The lungs' tissue is responsible for delivering oxygen to the bloodstream.

Lung cancer is a disease in which abnormal cells multiply and grow into tumours. Cancer cells can travel via the bloodstream and leave the lungs. When a cancer cell leaves its original site and travels through the bloodstream to a lymph node or another part of the body, this is known as metastasis.

With a five-year survival rate of 15%, lung cancer is the leading cause of cancer-related death in the United States. Small cell carcinoma (SCC) and non–small cell carcinoma (NSC) are the two kinds of lung cancer (e.g., adenocarcinoma, squamous cell carcinoma, large cell carcinoma). These categories are used to make treatment and prognosis decisions. The signs and symptoms will vary depending on the type of tumour and the number of metastases. The diagnostic approach for patients with suspected lung cancer includes tissue diagnosis, a full staging work-up, including examination of metastases, and a functional patient evaluation. Sputum cytology, thoracentesis, accessible lymph node biopsy, bronchoscopy, transthoracic needle aspiration, video-assisted thoracoscopy, and thoracotomy are all options for obtaining a histologic diagnosis. Patient history and physical examination, laboratory testing, chest computed tomography, positron emission tomography, and tissue confirmation of mediastinal involvement are all used in the initial assessment of metastatic disease.

Exposure to asbestos is the most prevalent occupational risk factor for lung cancer; the RR for smokers exposed to asbestos exceeds 60. Exposure to radon, arsenic, chromium, nickel, vinyl chloride, and ionising radiation are among the other common occupational and environmental causes of lung cancer. Nonmalignant lung conditions such chronic obstructive pulmonary disease, idiopathic pulmonary fibrosis, and tuberculosis have also been linked to a higher risk of lung cancer.

Treatment varies depending on the histologic type of cancer, the stage of the disease at the time of diagnosis, and the patient's functional status. For patients with stage I to IIIA non-small cell carcinoma, surgery is the preferred therapy option. Preoperative chemotherapy appears to enhance survival in individuals with non-small cell carcinoma, according to recent research. Adjuvant chemotherapy is standard for patients who have had a full resection with no prior treatment. The topic of preoperative vs postoperative adjuvant treatment should be addressed in randomised controlled trials.

Radiotherapy and chemotherapy may be used in the treatment of unresectable non–small cell carcinoma. Targeted medicines, particularly antivascular therapies, have a role to play.

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