

Metastasis in Lung Cancer

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Abstract

Brain metastases are common complication in a wide range of cancers, but they are particularly common among patients with lung cancer. Approximately 10 percent of newly diagnosed patients with advanced non-small cell lung cancer NSCLC have brain metastases.

Keywords: Brain metastases, Lung cancer

Introduction

The incidence of approximately 170,000 to 200,000 in Untied States [1]. brain metastasis occurs in stage 4 lung cancer. Once NSCLC is this advanced the prognosis is poor, with life expectancy usually being under year.

majority of brain metastases 80% generally occur in cerebral hemispheres, 15% in the cerebellum, and 5% in the brainstem [2].

The incidence of brain metastases at presentation may be estimated based on age, histology, tumor size, tumor grade and lymph node involvement.

Most common symptom of brain metastases:

- Decrease in memory, attention and reasoning
- Headache caused by swelling in the brain
- Weakness
- Nausea and vomiting
- Unsteadiness
- Difficulty speaking
- Tingling sensations
- Seizures
- Muscle spasms and vision changes, including loss of vision or double vision

To diagnosis brain metastases, by

1. Neurological exam (which may include checking your vision, hearing, balance, coordination, strength, and reflexes).
2. Magnetic resonance imaging MRI
3. Positron Emission Tomography (PET) and Computerized Tomography (CT) scan
4. A biopsy may be done to confirm a diagnosis and help determine the best course of treatment

Essentially, treatment Patients with brain metastases from lung cancer are not considered possible cures. The aim to reduce pain and

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increase how long patient live with lung cancer that has spread to the brain. However, that doesn't mean that they cannot make a significant. Treatment of intracranial disease in this setting is multimodal and can include systemic therapy, surgery, Stereotactic Radio Surgery (SRS), Whole Brain Radiotherapy (WBRT) is the standard of care for patients with brain metastasis secondary to SCLC [3], and/or supportive care. Chemotherapy for treatment of brain metastases has been limited because of a presumed lack of effectiveness due to the blood-brain barrier reduced penetration of chemotherapy agents and compromised efficacy. However, for patients with microscopic metastases there is often disruption of the blood-brain barrier and neovascularization, which allows exposure of the brain metastases to therapeutic agent. A combination of local therapies and systemic chemotherapy may increase survival in NSCLC patients with brain metastases [4].

Difference, studies show that people who treated with appropriate therapy (ALK-positive lung cancer (related to a specific gene mutation) with brain metastasis for example, have survival rate of 6.8 years [5].

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