



Multidisciplinary Management Of Non-Small Cell Lung Cancer And Small Cell Lung Cancer- A Review

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ABSTRACT

The smoking is the most significant aetiological factor, exactly 4000 of these cases happen in never smokers. In general, the visualization is poor, to a great extent in light of the fact that around 80% of patients have privately progressed or metastatic sickness at analysis. One purpose behind this is the vague idea of a considerable lot of the side effects and clinicians need to have a low edge for mentioning chest X-beams. Patients ought to be alluded earnestly to a quick access centre run by a pro lung malignant growth multidisciplinary group. Examination can be unpredictable. CT output ought to as a rule be completed before further examination. Little cell lung malignancy is best made do with platinum-based blend chemotherapy in addition to radiotherapy in patients with restricted malady. Great radiological and clinical reaction is the standard, yet backslide is normal and there is just a little extent of long-haul survivors. In this review we discussed about the management of NSCLC and SCLC. The administration of non-little cell lung malignancy (NSCLC) is exceptionally organize subordinate and close to 20% of patients have carefully resectable tumors. The patients is less in case of SCLC when compared to NSCLC. The treatment was chemo-radiotherapy is of demonstrated an incentive in certain patients with privately progressed NSCLC however for those with further developed and metastatic ailment of good execution status, mix chemotherapy is the primary line of treatment. Right now, advantage is humble, more up to date biological specialists are demonstrating guarantee in NSCLC and SCLC

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INTRODUCTION

Lung cancer, also known as carcinoma of the lung or pulmonary carcinoma, is a malignant lung tumour characterized by uncontrolled cell growth in tissues of the lung. If left nontreated, these growths can spread beyond the lung by process of metastasis into nearby tissue or other vital organ of the body [1]. Most tumours are begins on lung, known as essential lung malignancies, are carcinomas that get from epithelial cells. The fundamental two kinds of essential cell are little cell lung carcinoma (SCLC) and non-little cell lung carcinoma (NSCLC) [2]. Most basic manifestations of lung tumours are hacking (counting hacking up blood), weight reduction, brevity of breath, and chest torments. The wide dominant part (80-90%) of instances of lung malignant growth are because of long haul prologue to tobacco Smoke. Around 10-15% of cases happen in individuals who have never smoked. These cases are regularly brought about by a mix of hereditary factors and presenting to radon gas, asbestos, or different types of air contamination, including recycled smoke. Lung disease might be seen on chest radiographs and figured tomography (CT) checks.

The determination is affirmed by biopsy which is normally performed by bronchoscopy or CT-control. Treatment and long-haul results rely upon the assortment of malignant growth, the stage (level of spread), and the individual's general wellbeing, determined by execution status. Regular medications contain medical procedure, chemotherapy and radiotherapy.

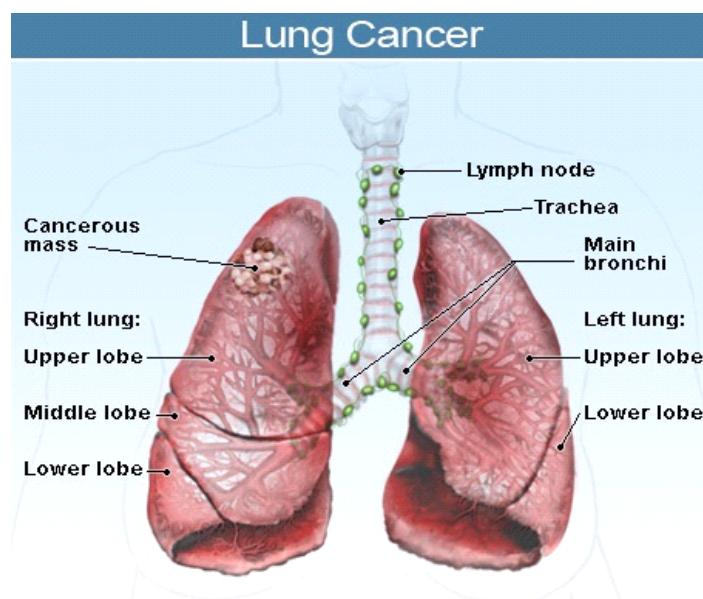


Fig 1: A chest X-ray showing a tumour in the lung (marked by arrow)

NSCLC is now and then treated with medical procedure, though SOLO as a rule reacts better to chemotherapy and radiotherapy. Generally, 16.8% of individuals in the United States determined to have lung malignant growth endure five years after the determination, while results all things considered are more awful in the creating scene. Around the world, lung malignancy is the most widely recognized wellspring of disease related passing in people, and was liable for 1.56 million passing every year, starting at 2012 [3].

What is non-small cell lung cancer?

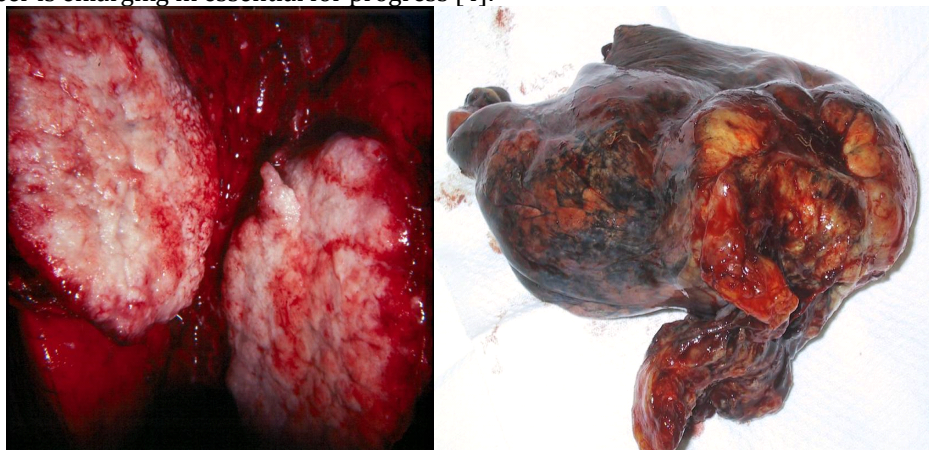
Approximately 80 to 85 percent of lung cancer cases are NSCLC. There are three types of NSCLC: Adenocarcinoma is a slow-growing lung cancer usually discovered in an outer area of the lung, often before it has a chance to spread. It occurs more often in smokers, but it's the most common form of lung cancer in non-smokers as well. Squamous cell carcinoma generally occurs in the centre of the lung. It tends to develop in smokers. Large cell carcinoma occurs anywhere in the lung, and it usually grows and spreads at a rapid rate.

What is small cell lung cancer?

Approximately 10 to 15 percent of lung cancer cases are SCLC. SCLC usually starts near the centre of the chest in the bronchi. It's a fast-growing form of cancer that tends to spread in its early stages. It tends to grow and spread much faster than NSCLC. SCLC is rare in non-smokers.

MANAGEMENT

Treatment for lung cancer rely on the cancers particular cell type, how distant it has spread, the persons attainment status. Common involve care surgery, chemotherapy and radiation therapy. Objective therapy of lung cancer is enlarging in essential for progress [4].



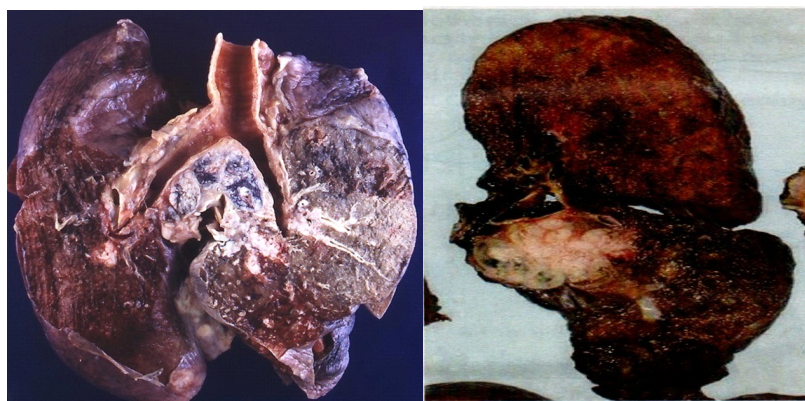


Fig 2: Pneumonectomy specimen containing squamous cell carcinoma, seen as a white area near the bronchi

If research certify NSCLC, the stage is evaluated to persistent the disease is localized and governable to surgery or if it has propagated to the 'point where it cannot be curative surgically. CT scan and positron emission tomography are purpose for this persistaention. If mediastinal lymph, node participation is disputable, mediastinoscopy may be benefit to sample the nodes and attention staging. Tests and pulmonary function testing are benefit to evaluate whether a person is well enough for surgery. In most cases of ahead-stage NSCLC, put off of a lobe of lung is the surgical treatment of choice. In people who are unsuited for full lobectomy, a smaller sub lobar destruction may be attained. However thrust resection has a higher risk of recrudescence besides lobectomy. Radioactive iodine brachytherapy at the borders of thrust excision may decrease the risk of recurrence rarely, putt off of a complete lung is completion [5]. Video-assisted thoracoscopic surgery and lobectomy purpose a minimally invasive attain to lung cancer surgery. Video-assisted thoracoscopic surgery lobectomy evenly forcible compared to established open lobectomy, along less relating illness. In SCLC, chemotherapy / radiotherapy is regular purposed. However, the provine of surgery in SCLC is being readdressed. Surgery might better conclusion when added to chemotherapy and radiation in finial-stage SCLC.

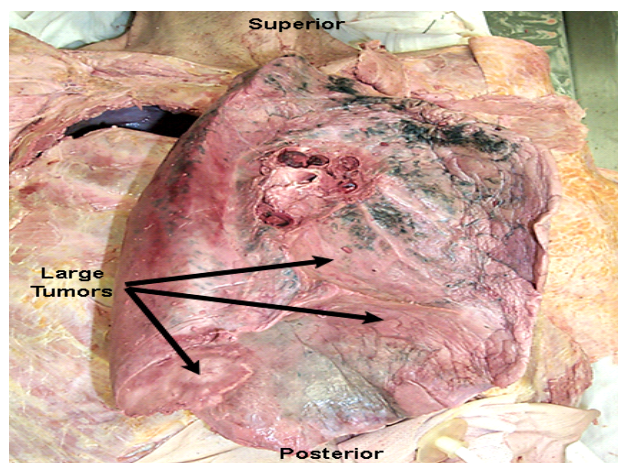


Fig 3: Final stage

Radiotherapy

The board Treatment for lung malignant growth depends on the diseases specific cell type, how far off it has spread, the people accomplishment status. Normal includes care medical procedure, chemotherapy and radiation treatment. Target treatment of lung disease is developed in basic for dynamic lung malignant growth. In the event that examination guarantee NSCLC, the stage is assessing to relentless the infection is limited and manageable to medical procedure or in the event that it has proliferate to 'where it can't be corrective carefully. CT output and positron emanation tomography are reason for this persistaention.

In the event that mediastinal lymph, hub investment is disputable, mediastinoscopy might be advantage to test the hubs and consideration arranging. Tests and aspiratory work testing are advantage to assess whether an individual is all around ok for medical procedure. Much of the time of ahead-organize NSCLC, put off of a flap of lung is the careful treatment of decision [6]. In individuals who are unsuited for full lobectomy, a littler sub lobar demolition might be achieved. Anyway, push resection has a higher danger of recrudescence other than lobectomy. Radioactive iodine brachy therapy at the outskirts of push extraction may diminish the danger of repeat seldom, putt off of a total lung is fulfilment. Video-assisted thoracoscopic surgery and lobectomy purpose a minimally invasive attain to lung cancer surgery. Video-assisted thoracoscopic surgery lobectomy evenly forcible compared to established open lobectomy, along less relating illness. In SCLC, chemotherapy / radiotherapy is regular purposed. However, the provine of surgery in SCLC is being readdressed.

Medical procedure may better end when added to chemotherapy and radiation in inial-organize SCLC. Radiotherapy is much of the time given all the while with chemotherapy, might be purposed along remedial article in individuals along Non-small-cell lung carcinoma(NSCLC)who are unfit for medical procedure. This type of raised force radiotherapy is called radical radiotherapy. A human progress of this strategy is consistent hyper division whisk radiotherapy, in which a high portion of radiotherapy is given will be given in object medical procedure for NSCLC. A few people with mediastinal N2 lymph hub taking an interest may reason from relating radiotherapy. For approval remedial SCLC cases, chest radiotherapy is regularly endorsed notwithstanding chemotherapy. In the event that disease improvement hinderancea short area of bronchus, brachytherapy might be expressed educate inside the aviation route to open the path. Liken to outer shaft radiotherapy, brachytherapy licenses a decline in treatment time and decrease radiation disclosure to human services staff [7]. Prophylactic cranial illumination is a strategy for radiotherapy to the cerebrum, advantage to diminish the danger of metastasis. PCI is incredibly useful in SCLC.

In characterized arrange ailment, PCI expands multiyear endurance from 15%-20%; in considerable infection, one-year endurance raised from 13%-27%. Novel upgrade in desire and imaging have prompted improvement of stereotactic radiation in the treatment of starting stage lung malignant growth [8]. In this type of radiotherapy, high dosages are safeguarded over ah conference purposing stereotactic goal techniques. Its motivation is considerably who are not a careful competitor attributable to restorative simultaneous. For both NSCLC and SCLC patients, littler dosages of radiation to the chest might be advantage for indication control.

Chemotherapy

Chemotherapy before surgery in NSCLC than can be abolish surgically to better conclusions. Chemotherapy may be composite with palliative care in the treatment of NSCLC. In the progressive cases, suitable chemotherapy develops moderate survival over sympathetic care alone, as well as developing quality of lie [9]. With acceptable physical fitness sustaining chemotherapy while lung cancer palliation offers 1.5-3 months of continuation of survival, symptomatic relief, developing in life quality, with improve conclusions seen with advanced agents. The NSCLC Meta-Analyses Collaborative Group prescribes if the receiver needs and can endure treatment, then chemotherapy should be deliberate in progressive NSCLC.

Targeted therapy

Various drugs that destination molecular routes in lung cancer are applicable, particullary treatment of progressive disease. Erlotinib, gefitinib and afatinib reduces tyrosine kinaseat epidermal growth factor receptor. Denosumab is a monoclonal antibody directed against receptor activator of nuclear factor kappa-B ligand [10]. It may be purposeful in the treatment of bone metastases.

Palliative care

Palliative care when combined to usual cancer care uses people even when they are still accepting chemotherapy. These proceed towards additional discussion of treatment choices and given choices to come at well-considered decisions. Palliative care may avert unhelpful but lavish care not only at the end of life, but also throughout the course of the illness; For peculiar who more progressive disease,⁷ hospice care may also be suitable.

PROGNOSIS**Table: 1- conclusions in lung cancer according to clinical stage [11]**

Clinical stage	Five-year survival (%)	
	Non-small cell lung carcinoma	Small-cell lung carcinoma
IA	50	38
IB	47	21
IIA	36	38
IIB	26	18
IIIA	19	13
IIIB	7	9
IV	2	1

Of all people with lung cancer in US, 16.8% endurance for at least five years later diagnosis. In England, between 2005 and 2009, overall five-year survival for lung cancer was reduced 10%. Conclusions are generally poor in the blooming world. Stage is frequent progressive at the are stage 4. Survival for lung cancer decreases as the stage at diagnosis turns into added more progressed: the English data indicate the surrounding 70% of the patients live at lowest a year when diagnosed at the foremost stage, but this reduces to just 14% for those diagnosed with the most progressive disease [12].

Prediction factors in NSCLC entail presence or absence of pulmonary symptoms, size of tumour, type of cell, degree of spread and metastases to numerous lymph nodes, vascular invasion. For people with inoperable disease, results are poor in those with worse attainment status and weight loss of supernumerary 10%. Prognostic factors in small cell lung cancer contain attainment status, gender, stage of disease and participation of central nervous system or liver at the time of diagnosis. meant for NSCLC, the best prospect is realized with whole surgical resection of stage 1A disease, with up to 70% five-year survival. For SCLC, the general five-year endurance is about 5%. Individuals with significant stage SCLC have a moderate five-year endurance pace of under 1%. The moderate endurance time for confined stage malady is 20 months, with a five-year endurance pace of 20% [12]. Resembling to information arrangement by the National Cancer Institute, the analysis of lung malignancy in the United States is seventy years, the demise is 72 years. In the US, individuals with therapeutic protection are incredible better end.

The rate, mortality and endurance, England 1971-2011 Globally lung malignant growth is the most widely recognized disease among men as far as together rate and mortality and among ladies has the third most noteworthy frequency, and is second after bosom malignancy in mortality. In 2012, there were 1.82 million new cases around the world, and 1.56 million passing because of lung malignancy, speaking to 19.4% of all passing from disease [13]. The most elevated sums are in North America, Europe and East Asia, with over 33% of new cases in 2012 in China. Rates in Africa and South Asia are a lot of lower. The populace portion destined to create lung malignant growth is individuals old more than 50 years who have a background marked by smoking. As opposed to the death rate in men, which started declining over 20 years back [14], ladies' lung malignancy death rates have been expanding in the course of the most recent decades, and are simply as of late balancing out. In the USA, the lifetime danger of creating lung malignancy is 8% in men and 6% in ladies.

For each 3-4 million cigarettes smoked, one lung disease passing happens. The impact of "Large Tobacco" assumes a noteworthy job in the smoking society. Youthful non-smokers who see tobacco commercials are bound to take up smoking. The job of detached smoking is expanding being perceived as a hazard factor for lung malignancy, prompting arrangement mediations to diminish undesired presentation of non-smokers to others' tobacco smoke. Emanations from cars, industrial facilities, and force plants additionally present potential dangers.

Eastern Europe has the most noteworthy lung disease demise alongside men, while northern Europe and the US have the most noteworthy passing alongside ladies. In the United States, dark people have a higher frequency. Lung malignant growth rates are as of now lower in creating nations, with expanded smoking in creating nations, the rates are relied upon to increment in the following barely any years, remarkably in China and India. Lung malignant growth is the second most regular disease in the UK (around 43,500 individuals were determined to have the sickness in 2011), and it is the most widely recognized reason for disease demise (around 35,400 individuals kicked the bucket in 2012) [15]. From the 1960s, the paces of lung adenocarcinoma began to rise connection to different kinds of lung malignant growth. This is mostly because of the start of channel cigarettes. The utilization of channels expels bigger particles from tobacco smoke, in this way diminishing statement in bigger aviation routes. In any case, the smoker needs to breathe in more profoundly to get the equivalent amount of nicotine, expanding molecule affidavit in

little aviation routes where adenocarcinoma will in general emerge, the rate of lung adenocarcinoma keeps on rising. The study of disease transmission Lung malignant grow.

RESEARCH DIRECTIONS

Present research directions for lung malignancy treatment comprise of immunotherapy, which consoles the body's invulnerable framework to attack the tumor cells, epigenetic, and new composites of chemotherapy and radiotherapy, either all alone or simultaneously [16].

A significant number of these new medications work across resistant checkpoint barricade, disturbing malignant growth's capacity to evade the invulnerable framework. [17]. Ipilimumab deterrent motioning over a receptor on T cells known as CTLA-4 which drops down the resistant framework. It has been authorize by the U.S. Nourishment and Drug Administration (FDA) for treatment of melanoma and is experience clinical preliminaries for both non-little cell lung malignancy (NSCLC) and little cell lung disease (SCLC) [18]. Other immunotherapy medications hinder with the unavoidable of processed cell passing 1 (PD-1) protein with its ligand PD-1 ligand 1 (PD-L1).Alerting across PD-1 inactivates T cells. Some cancer cells be seen to utilize this by explicating PD-L1 in order to switch off T cells that might acknowledge them as an imminence. Monoclonal antibodies destination both PD-1 and PD-L1, such as pembrolizumab and nivolumabare currently in clinical trials for treatment for lung cancer [19].

Epigenetic is the investigation of little, regularly heritable, atomic changes or 'labels'- that quandary DNA and alter quality articulation levels. Destinating these 'labels' with medications can slaughter disease cells. Introductory stage inquiries about in NSCLC purosing drugs focused at epigenetic changes shows that thwarting more than one of these 'labels' can slaughter disease cells with less symptoms [20]. Concentrates likewise show that giving patients these medications before standard treatment can build up its efficacious. Clinical preliminaries are started to gauge how well these medications execute lung malignant growth cells in people. Different medications that among epigenetic components are being developed. Histone deacetylase inhibitors in progress involvevalproic corrosive, vorinostat, belinostat, panobinostat, entinostat, and romidepsin. DNA methyltransferase inhibitors in progress involvedecitabine, azacytidine, and hydralazine [21].

The TRACERX venture is examine at how NSCLC improves and develop, and how these tumors become antagonistic to treatment. ⁽²²⁾ The venture will see tumor tests from 850 NSCLC patients at a few phases including conclusion, ⁽²³⁾ after first treatment, posttreatment, and backslide. by considering tests at various purposes of tumor improvement, the specialists would like to perceive the modifies that drive tumor development and resistivity to treatment [24]. The results of this undertaking will support researchers and specialists accomplish an incredible comprehension of NSCLC and approval prime to the improvement of new medicines contradicted the illness [25]. For lung malignancy cases that improve resistivity to epidermal development factor receptor (EGFR) and anaplastic lymphoma kinase (ALK) tyrosine kinase inhibitors, new medications are being developed [26]. New EGFR inhibitors involvedafatinib and dacomitinib. An elective flagging courses, c-Met, can be decreased by tivantinib and onartuzumab [27].

Drugs Approved for Lung Cancer

New ALK inhibitors involvescrizotihib and ceritinib. Medications Approved for Lung Cancer This page records cancer drugs acknowledged by the Food and Drug Administration (FDA)⁽²⁸⁾ for. lung disease. The rundown includes conventional names, brand names, and basic medication blends, which are appeared in capital letters. The medication names connect to NCI's Cancer Drug Information synopses.⁽²⁹⁾ There might be drugs used to treat lung malignant growth that are not recorded here.

On this page:

- Drugs Approved for Non-Small Cell Lung Cancer
- Drug Combinations Used to Treat Non-Small Cell Lung Cancer
- Drugs Approved for Small Cell Lung Cancer

Drugs Approved for Non-Small Cell Lung Cancer [30]	Drugs Approved for Small Cell Lung Cancer. [32]	Drug Combinations Used to Treat Non-Small Cell Lung Cancer [31]
Abitrexate (Methotrexate) Abraxane AfatinibDimaleate. (Pemetrexed Disodium) Avastin Bevacizumab Carboplatin Ceritinib Cisplatin CrizotinibCymaza Docetaxel Erlotinib Hydrochloride Folex (Methotrexate) Folex PFS (Methotrexate) Gefitinib Gilotrif (AfatinibDimaleate) Gemcitabine Hydrochloride Gemzar (Gemcitabine Hydrochloride) Iressa (Gefitinib) Mechlorethamine Hydrochloride Methotrexat Methotrexate LPF (Methotrexate) Mexate (Methotrexate) Mexate-AQ (Methotrexate) Mustargen (Mechlorethamine Hydrochloride) Navelbine (Vinorelbine Tartrate Nivolumab Opdivo Paclitaxel Paraplat (Carboplatin Paraplatin (Carboplatin) Pemetrexed Disodium Platinol (Cisplatin Platinol-AQ (Cisplatin) Ramucirumab Tarceva (Erlotinib Hydrochloride) Taxol (Paclitaxel) Taxotere (Docetaxel) Vinorelbine Tartrate Xalkori (Crizotinib) Zykadia (Ceritinib)	Abitrexate (Methotrexate) Doxorubicin Hydrochloride Etopophos (Etoposide Phosphate) Etoposide Etoposide Phosphate Folex (Methotrexate) Folex PFS (Methotrexate) Hycamtin (Topotecan Hydrochloride) Mechlorethamine Hydrochloride Methotrexate Methotrexate LPF (Methotrexate) Mexate (Methotrexate) Mexate-AQ (Methotrexate) Mustargen (Mechlorethamine Hydrochloride) Toposar (Etoposide) Topotecan Hydrochloride VePesid (Etoposide)	carboplatin-taxol gemcitabine-cisplatin

CONCLUSION

Worldwide investigation is currently going on looking for lung disease particles from different sources, which could fix lungs after damage. In spite of the critical prominence of a few medications by and large and for lung illnesses specifically, they have not become adequate treatment modalities for lung sicknesses. The constraining variables that add to this projection are Lack of institutionalization of medications and absence of distinguishing proof of this dynamic fixing. Absence of randomized controlled

clinical trials Lack of toxicological evaluation are decreasing in the treatment of lung cancer especially in NSCLC and SCLC.

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