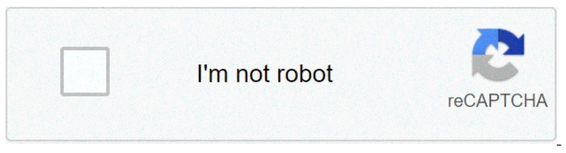

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Extensive lung cancer

Small cell lung cancer is the least common type of lung cancer, but it spreads faster than non-small cell lung cancer. Early lung cancer screenings can detect small cell lung cancer before it spreads, when the disease is most treatable by methods like radiation therapy, immunotherapy and chemotherapy. Small Cell Lung Cancer Small cell lung cancer is fast-growing lung cancer that develops in the tissues of the lungs. By the time a person gets a diagnosis, small cell lung cancer has typically spread (metastasized) outside of the lungs. This cancer is also more likely than other types of lung cancer to come back after treatment. Small cell lung cancer is sometimes, but not often, called oat cell cancer because the small, oval-shaped cells look like oat grains under a microscope. What are the types of lung cancer? Small cell lung cancer is the least common type of lung cancer. More people who have lung cancer — an estimated eight out of 10 — develop non-small cell lung cancer (NSCLC). Compared to NSCLC, small cell lung cancer grows faster and is more likely to spread. What are the types of small cell lung cancer? There are two types of small cell lung cancer. Cancer cells grow and spread differently depending on the type. Doctors named the types for the kinds of cells in the cancer and how they look under a microscope: Small cell carcinoma. Combined small cell carcinoma. How common is small cell lung cancer? An estimated 15% of people diagnosed with lung cancer have small cell lung cancer. Who might have small cell lung cancer? Smokers, people with a history of smoking and nonsmokers are all at risk for lung cancer. However, small cell lung cancer almost always develops in people who have a long history of tobacco use. While anyone can get lung cancer, current and former smokers are most at risk for small cell lung cancer. Other risk factors include: Secondhand smoke. Radiation exposure via cancer treatments, home radon or diagnostic imaging scans. Family history of lung cancer. Human immunodeficiency virus (HIV). Workplace exposure to asbestos, arsenic, nickel, tar or other chemicals. Air pollution. Advanced age. What are the symptoms of small cell lung cancer? Early-stage small cell lung cancer that hasn’t spread rarely causes symptoms. As the disease progresses, you may experience: Chest X-rays are typically the first step to screen for any type of lung cancer. If images show suspicious spots on a lung, your healthcare provider may order one or more of these diagnostic tests: Imaging scans: Computed tomography (CT) and positron emission tomography (PET) scans detect lung tumors. These tests also can help gauge cancer spread. CT scans are the primary way to diagnose lung cancer. Sputum cytology: This test checks for cancer cells in sputum, mucus coughed up from the lungs. Biopsy: A needle biopsy removes tissue samples from the lungs. Lab pathologists check the biopsy for cancer cells. Bronchoscopy: Using a bronchoscope, your provider looks inside the lung’s airways for tumors. At the same time, providers can remove tissue samples to biopsy. What are the stages of small cell lung cancer? Healthcare providers use a two-stage system to diagnose the spread of small cell lung cancer. This information also helps guide treatment. The two stages of small cell lung cancer are: Limited: Cancer is confined to one lung and nearby lymph nodes. (Lymph nodes are part of the lymphatic system that help filter out diseased cells.) Extensive: Cancer has spread to the other lung and lymph nodes. It also may have spread to bones, the brain and other organs. Metastasis, or cancer spread, is a top concern for people who have small cell lung cancer. Small cell lung cancer can grow quickly and affect the brain, bones and liver and adrenal glands . Small cell lung cancer that spreads is treatable but generally isn’t curable. Other complications include: Pleural effusion (fluid buildup in the area outside of the lungs). Cancer recurrence (return) after treatment, often in the central nervous system (brain or spine) or chest. Pain. Shortness of breath. How is small cell lung cancer managed or treated? Treatment depends on many factors including your age, overall health and cancer stage. Treatment options include: Radiation therapy: External radiation therapy uses a machine to deliver strong X-ray beams directly to the tumor. In addition to killing cancer cells, this therapy can relieve symptoms. Chemotherapy: Your provider may combine chemotherapy drugs with other treatments to kill lingering cancer cells. Immunotherapy: This treatment engages your body’s immune system to fight and destroy cancer cells. Immune checkpoint inhibitors are a type of immunotherapy that treats advanced small cell lung cancer. Surgery: About one in 20 people with small cell lung cancer have a localized form that hasn’t spread outside of the lung. For this select group, surgery can remove part or all of the diseased lung. Once cancer spreads, surgery is no longer an option. Because tobacco use is the top cause of small cell lung cancer, not smoking is the best way to protect your health. When you quit smoking — regardless of your age or years of tobacco use — your lungs start to heal, and cancer risk diminishes. These steps may also help: Eat a nutritious diet. Exercise regularly. Maintain a healthy weight. Test your home for radon, a natural, odorless, radioactive gas. Install a mitigation system to remove radon from your home, if needed. Protect yourself from cancer-causing chemicals (arsenic, asbestos, nickel) at work. How can I detect small cell lung cancer sooner? Regular low-dose CT scans can help detect lung cancer early, before it has a chance to spread. Radiation exposure, including during screening tests, is a concern if you’re at high risk for lung cancer. Low-dose CT scanners use about five times less radiation than traditional CT scanners. The Centers for Disease Control and Prevention recommends yearly lung cancer screenings using low-dose CT scans for those who meet all of these criteria: Heavy smoker (defined as 30 pack years, or the equivalent of one pack per day for 30 years, two packs per day for 15 years, or three packs per day for 10 years). Current or former smoker (last used tobacco within the past 15 years). Between the ages of 55 and 70. Lung cancer claims the lives of more Americans every year than any other cancer. Symptoms often don’t appear until the cancer spreads. Once small cell lung cancer advances, it’s treatable but not curable. Detecting the cancer early through regular cancer screenings offers the best chance for improved survival. The overall five-year survival rate for people with limited-stage small cell lung cancer is about 20%. That number drops to 3% for extensive-stage small cell lung cancer. You should call your healthcare provider if you have small cell lung cancer and experience: Difficulty breathing. Chest pain. Bone pain. Seizures. What questions should I ask my doctor? If you have small cell lung cancer, you may want to ask your healthcare provider: Why did I get small cell lung cancer? What stage is the lung cancer? What does this mean for my prognosis?' What is the best treatment for the small cell lung cancer I have? What are the treatment risks and side effects? What type of follow-up care do I need after treatment? How can I stop smoking? Should I look out for signs of complications? A note from Cleveland Clinic Early cancer screenings and treatment advancements are helping people with small cell lung cancer live longer. If you’re at high risk for small cell lung cancer due to a history of smoking, talk to your healthcare provider about getting annual lung cancer screenings. These screenings can catch cancer early, when it’s most treatable. It’s never too late to gain health benefits when you stop smoking — even if you already have lung cancer. Your provider can help you quit. Last reviewed by a Cleveland Clinic medical professional on 10/12/2020. References Get useful, helpful and relevant health + wellness information enews Cleveland Clinic is a non-profit academic medical center. Advertising on our site helps support our mission. We do not endorse non-Cleveland Clinic products or services. Policy Cleveland Clinic is a non-profit academic medical center. Advertising on our site helps support our mission. We do not endorse non-Cleveland Clinic products or services. Policy ON THIS PAGE: You will learn about how doctors describe a cancer’s growth or spread. This is called the stage. Use the menu to see other pages. Staging is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. Doctors use diagnostic tests to find out the cancer’s stage, so staging may not be complete until all of the tests are finished. Knowing the stage helps the doctor recommend what kind of treatment is best and can help predict a patient’s prognosis, which is the chance of recovery. There are different stage descriptions for different types of cancer. In general, a lower number stage of SCLC is linked with a better outcome. However, no doctor can predict how long a patient will live with SCLC based only on the stage of disease because it is different in each person, and treatment works differently for each tumor. Cancer stage grouping The most common way doctors stage SCLC is by classifying the disease as limited stage or extensive stage. Limited stage. Limited stage means that the cancer is only in 1 part of the chest and radiation therapy could be a treatment option. About 1 out of 3 people with SCLC have limited stage disease when first diagnosed. Extensive stage. Extensive stage is used to describe SCLC that has spread to other parts of the body such as the opposite lung, bone, brain, or bone marrow. Many doctors consider SCLC that has spread to the fluid around the lung to be extensive stage as well. About 2 out of 3 people with SCLC have extensive disease when the cancer is first found. SCLC is often staged in this way because it helps doctors decide if a patient might benefit from more aggressive treatments. Learn more about treatment options for SCLC. There is another, more formal system – called the TNM system – to describe the different stages of lung cancer, but SCLC is almost always staged as limited stage or extensive stage, as described above. The TNM system for SCLC is much less commonly used in practice. For SCLC, the TNM staging system gives a stage using a number, 0 through 4 (or using Roman numerals 0 to IV), based on whether the tumor can be completely removed by a surgeon. Less than 5% of people have early-stage lung cancer (stage 0, stage 1 or I, and stage 2 or II disease). About 25% of people have stage 3 (III) disease when first diagnosed. Stage 0 to stage 3 are considered limited stage. Most patients with SCLC have extensive stage, also called stage 4 (IV) disease, when first diagnosed. TNM information used with permission of the American College of Surgeons, Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Prognosis The stage of SCLC and the patient’s overall health influence prognosis. Although SCLC is treatable at any stage, only some people with certain stages of SCLC can be cured. Your doctor may use an index known as "performance status" to guide your treatment and determine your prognosis. This index measures a person's general strength and health. People who are strong enough to continue daily activities without assistance can safely receive chemotherapy, radiation therapy, or surgery. For people with bone or liver metastases from lung cancer, excessive weight loss, ongoing tobacco use, or pre-existing medical conditions, such as heart disease or emphysema, treatment may not be as effective. It is important to note that a patient’s age has never been useful in predicting whether a patient will benefit from treatment. The average age of patients with SCLC in the United States is 71. A patient’s age should never be used as the only reason for deciding what treatment is best, especially for older patients who are otherwise physically fit and have no medical problems besides SCLC. Learn more about cancer and aging in another section of this website. Information about the cancer’s stage will help the doctor recommend a specific treatment plan. The next section in this guide is Types of Treatment. Use the menu to choose a different section to read in this guide. After someone is diagnosed with small cell lung cancer (SCLC), doctors will try to figure out if it has spread, and if so, how far. This process is called staging. The stage of a cancer describes how much cancer is in the body. It helps determine how serious the cancer is and how best to treat it. Doctors also use a cancer's stage when talking about survival statistics. The stage of SCLC is based on the results of physical exams, biopsies, imaging tests, and any other tests that have been done (as described in Tests for Lung Cancer). Limited versus extensive stage For treatment purposes, most doctors use a 2-stage system that divides SCLC into limited stage and extensive stage. For limited stage cancer, a person might benefit from more aggressive treatments such as chemotherapy combined with radiation therapy to try to cure the cancer. For extensive stage disease, chemotherapy alone is likely to be a better option to control (not cure) the cancer. Limited stage This means that the cancer is only on one side of the chest and can be treated with a single radiation field. This generally includes cancers that are only in one lung (unless tumors are widespread throughout the lung), and that might also have reached the lymph nodes on the same side of the chest. Cancer in lymph nodes above the collarbone (called supraclavicular nodes) might still be considered limited stage as long as they are on the same side of the chest as the cancer. Some doctors also include lymph nodes at the center of the chest (mediastinal lymph nodes) even when they are closer to the other side of the chest. What is important is that the cancer is confined to an area that is small enough to be treated with radiation therapy in one “port” or one treatment area. Only about 1 out of 3 people with SCLC have limited stage cancer when it is first found. Extensive stage This describes cancers that have spread widely throughout the lung, to the other lung, to lymph nodes on the other side of the chest, or to other parts of the body (including the bone marrow). Many doctors consider SCLC that has spread to the fluid around the lung to be extensive stage as well. About 2 out of 3 people with SCLC have extensive disease when their cancer is first found. The TNM staging system A more formal system to describe the growth and spread of lung cancer is the American Joint Committee on Cancer (AJCC) TNM staging system, which is based on 3 key pieces of information: The size and extent of the main tumor (T): How large is the tumor? Has it grown into nearby structures or organs? The spread to nearby (regional) lymph nodes (N): Has the cancer spread to nearby lymph nodes? The spread (metastasis) (M) to other organs of the body: Has the cancer spread to distant organs such as the brain, bones, adrenal glands, liver, or the other lung? Numbers or letters appear after T, N, and M to provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once the T, N, and M categories have been determined, this information is combined in a process called stage grouping, to assign an overall stage. For more information, see Cancer Staging. In the TNM system, the earliest stage is stage 0 (also called carcinoma in situ, or CIS). The other main stages range from I (1) through IV (4). Some of these stages are broken down further with letters or numbers. As a rule, the lower the stage number, the less the cancer has spread. A higher number, such as stage IV, means cancer has spread more. And within a stage, an earlier letter (or number) means a lower stage. The same TNM staging system is used for both SCLC and non-small cell lung cancer (NSCLC), although it’s generally not as important for SCLC. For more detailed information about this system, see Non-Small Cell Lung Cancer Stages. Staging with the TNM system can be complex, so if your health care team is using it, ask them to explain it to you in a way you understand.

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