



The current and future revolution in lung cancer screening and management

As guest editors, we are thrilled to present this specially curated issue of *precision cancer medicine (PCM)*, wherein we have invited leading experts from around the globe to discuss currently evolving paradigms and controversies in the field of lung cancer.

Lung cancer has the highest mortality rate of all cancers. The time of diagnosis is directly translated to survival, with a high survival variability depending on the stage of the disease. Crucially, lung cancer screening with low-dose computed tomography (LDCT) showed a reduction in mortality by 26% in males and 40% in female compared to conventional chest radiography. Currently, most international guidelines recommend LDCT based screening for lung cancer among high-risk individuals.

The recent decade was rich with novel targeted therapies that increased the survival of NSCLC patients who harbor a driver mutation such as in *EGFR*, *ALK* or *ROS1* gene. Later, immune checkpoint inhibitors (ICIs) has greatly impacted in those patients who do not harbor those mutations. ICIs became a landscape in first-line treatment in advanced NSCLC regardless of PD-L1 expression, as a single agent or in combination with chemotherapy. likewise, ICI became standard of care in stage III disease with an improved overall survival.

The current issue will explore the current recommendations in NSCLC, the mode of resistant to ICI, and further debates in targeted therapies, including of 1st line choice for EGFR and ALK arenas.

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