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Research Article

**INCIDENCE OF LUNG CANCER DUE TO TOBACCO  
SMOKING AND PATIENTS SURVIVAL DURATION****Dr Ahmed Arslan, Dr Rao Shakeel Ahmad, Dr Syed Mubashir Abbas Rizvi**  
POFs Hospital Wah Cantt.**Article Received:** March 2020**Accepted:** April 2020**Published:** May 2020**Abstract:**

*Smoking abeyance is vital to reduce risk of lung cancer and premature deadlines of life. Mayo hospital in Lahore has given an approval that due to the screening of lung cancer most of the persons get healthy life due to screening of lung cancer, most of the people was in the age of 50-80 years, who use 30 packs of cigarettes in a year. Many research centers and health care centers of Lahore make a research about use of tobacco and nicotine. They place a research that the screening is very effective for the patients to leave tobacco smoking and use of nicotine, and gave an idea to use screening of lung cancer to cure the patients suffering from lung cancer. But it was a bad luck that the participants of lung cancer were in scanty when these guidelines have written that's why the researchers abstract the affirmation about the benefits of smoking cessation auspices for those adductors whose ages are in between 60-80 years, and give them treatment to cure lung cancer. The smokers who was going to quit smoking taking comments full of encouragement and motivational lecture to help them to quit smoking. By giving them some safety precautions and motivational speeches and lecture enable them to make strength to quit smoking. The people/smokers who was not showing agreement to quit smoking will be appreciated to quit smoking and get a valuable and healthy life.*

**Corresponding author:****Dr Ahmed Arslan,**

POFs Hospital Wah Cantt.

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**INTRODUCTION:**

Lung cancer usually occurs at the later age in both sexes. Cigarette smoking causes death in humans. The main cause of lung cancer is cigarette smoking. In America approximately 18-20% are people addicted with smoking is their youth<sup>1-2</sup>. To avoid these types of bad addictions that causes lung cancer and at the end it causes death, some health care centers place a strategy to reduce the use of cigarette and reduce the death cases due to lung cancer. With this technology we can detect the significances of lung cancer in humans and help them to cure at the early age, in this way we can reduce the death cases due to lung cancer<sup>3</sup>. The used the term Low dose computed tomography, by taking X-ray of addicted people they will be able to detect that either person is suffering from lung cancer or not. They are he/she will have any symptom of lung cancer then they will be able him/her at early stage and will save their life<sup>4</sup>.

Some medical health care centers start counseling of those people who is addicted with tobacco smoking and want to leave that habit they also do counseling of those people who are suffering from lung cancer due to tobacco smoking<sup>5</sup>. In these sessions they tell them about the importance of life and help them to come back towards normal life. Usually at the age of 60-80 years people addicted with smoking causes death<sup>6</sup>. So, they give them guideline about the effects of tobacco smoking, some of them are asymptomatic and they will be in middle of the age and smoke 30 packs per year. Some of them will be those who left the smoking before 10-15 years of their lives<sup>7</sup>.

The main purpose of this report is to guide the people suffering from lung cancer and tell them about life without smoking and live calm and relaxes and gets rid of this habit<sup>8</sup>. By motivating these types of people who is suffering from these types of disease they will be able to come back towards their normal life and fight with their disease.

**EFFECTS OF SMOKING CESSATION:**

In the community medicine and Pulmonology department Jinnah Hospital Lahore for one-year duration from July 2018 to June 2019. The main purpose of this article is to introduce the effects of tobacco smoking among the age of 55-75. If they will take sessions of smoking for longer period, they will be able to increase 4-5 years of their lives. At the age of 80+ the chance of death due to tobacco smoking will increase. If he will quit smoking, he will be able to increase few years of their lives. By quitting smoking they will be able to

get safe from harmful diseases. They will improve their daily life routine by leaving habit of smoking. In the disease of lung cancer, the main cause of lung cancer is smoking and by the sessions of smoking cessations, the risk of lung cancer will be reduced. The people left smoking will show 20-90% reduction in the risk of lung cancer and current smokers can also safe their life by smoking cessations for longer period of time and also by leave smoking. The level of survival from lung cancer in quitters and smokers will 63% and 30%. By motivation to the people suffering from lung cancer will be beneficial but for adults because people above the age of 64 years, they will not pay attention to quit smoke, they will think that they will think that they will get only few years of life by quitting smoking. In some states of US, after an experiment of motivation 40% people was reported who was not agree to quit smoking but approx. 60% people was agree to quit smoking. By treating them with different therapies they make them able to quit smoking habits.

By taking an overview, cancer screening patients have low motivation signs of to quit smoking, lung cancer screening provide an opportunity to reduce the risk of cancer.

**DISCUSSION:**

When doctors make a link between both of these lung cancer screening and smoking behavior, the results were approximately equal. LCDT RCTs show some results that there will be no effect on smoking behavior due to lung cancer screening. The results were similar to quitting of smoking and lung cancer screening. During the period of 3-5 years, the ratio of quitting out the smoking will be increased gradually. If a person is showing more positive significances to quit smoking as compared to that who have fewer positive significances of smoking symptoms.

After some trials of lung cancer screening, motivational lectures or low usage of cigarettes will increase the ratio of quitting smoking. Due to some sessions of smoking cessations treatment, the adductors will reduce their smoking consistency. The patients who received sessions to quit smoking and well-motivated to turn back toward their lives will increase the graph of quit out smoking among the patients.

There was some other factors effecting the people and motivate them to quit smoking, as there is person suffering from lung cancer and also in older age ,by motivational sessions they will quit smoking quickly as soon as possible .If their lungs will be damaged due to tobacco smoking we will show them the stage of their lungs and will ask them to safe their life and quit smoking.

**RESULTS:**

After the 12<sup>th</sup> week sessions of smoking cessation treatment, most of the patients do promise to quit smoking<sup>9</sup>. Counseling given to the patients also on telephones and through therapies, after CT scan most of the patients whose treatment has started before the scanning show results of approx. 34% quitting of smoking just in 3-4 months and approx. 21% was those who quit smoking after the scanning<sup>10</sup>. One of them was agree to quit smoking just in a day. With the help of smoking cessation treatment, we can save a lot of lives, and the people whose ages are above or in middle of 60-80% they can be cure with both methods as with the motivational sessions and with the medication<sup>11</sup>. Some health care centers give them proper care and treatment to make them healthy. By taking some steps for smokers as to treat them well and give them proper cessation treatment sessions, by motivation and also by the help of medicines, a lot of smokers will show agreement to quit smoking and the ratio of smokers will be decreased<sup>12-13</sup>. In the start the graph of smokers who want to quit smoking will be low but after some sessions it will increase rapidly<sup>14</sup>. As subsample 80% smokers will quit smoking and about 30% will stop smoking on temporary basis but 10% smokers who are still not agree to quit smoking, will be given them motivational sessions again and again as repeatedly to quit smoking and save your life<sup>15</sup>.

**CONCLUSION:**

Smoking is the most highlighted factor for lung cancer. There is a term named as LDCT detect early stage of lung cancer, the screening and cessation will be beneficial for smokers, to quit smoking after counseling. But unfortunately, there is no proper guideline about the screening and treatment of tobacco. Only US health care center had pay attention towards the smoke and do them counseling and sessions to help them to get rid of smoking. Aim is not just to reduce the lung cancer disease but the patients suffering from the cancer, motivate them and help them to quit smoking and get good health very soon. Smoking cessation interventions are approximately well established to help the people but the proper tobacco treatment is still not found. The treatment of lung cancer screening based on the facilities provided through medication and self-enhancing people will try to quit smoking. It will also depend on the seriousness of disease or their stage of the cancer. Either patient suffering from the cancer in an early age will treated easily and will need some sessions to quit smoking but if it's cancer will be on end stage of the patient will be of old age, then more sessions will be needed to cure them. Different form of sessions will be provided the patient as clinical sessions, telephonic or medical sessions.

Research on the treatment or on the curing sessions will be limited but there is much more need to establish that mechanism of cessation and treat the patients.

**REFERENCES:**

1. World Health Organization. *Don't let tobacco take your breath away: choose health, not tobacco: 31 May, World tobacco day*. No. WHO/NMH/PND/2019.3. World Health Organization, 2019.
2. de Groot, Patricia M., Carol C. Wu, Brett W. Carter, and Reginald F. Munden. "The epidemiology of lung cancer." *Translational lung cancer research* 7, no. 3 (2018): 220.
3. Zeng, Linmiao, Xiaolian Yu, Tingting Yu, Jianhong Xiao, and Yushan Huang. "Interventions for smoking cessation in people diagnosed with lung cancer." *Cochrane Database of Systematic Reviews* 6 (2019).
4. Norum, Jan, and Carsten Nieder. "Tobacco smoking and cessation and PD-L1 inhibitors in non-small cell lung cancer (NSCLC): a review of the literature." *ESMO open* 3, no. 6 (2018): e000406.
5. Gnagnarella, Patrizia, Saverio Caini, Patrick Maisonneuve, and Sara Gandini. "Carcinogenicity of high consumption of meat and lung cancer risk among non-smokers: a comprehensive meta-analysis." *Nutrition and cancer* 70, no. 1 (2018): 1-13.
6. Herbst, Roy S., Daniel Morgensztern, and Chris Boshoff. "The biology and management of non-small cell lung cancer." *Nature* 553, no. 7689 (2018): 446-454.
7. Desrichard, Alexis, Fengshen Kuo, Diego Chowell, Ken-Wing Lee, Nadeem Riaz, Richard J. Wong, Timothy A. Chan, and Luc GT Morris. "Tobacco smoking-associated alterations in the immune microenvironment of squamous cell carcinomas." *JNCI: Journal of the National Cancer Institute* 110, no. 12 (2018): 1386-1392.
8. Tseng, Chien-Hua, Ben-Jei Tsuang, Chun-Ju Chiang, Kai-Chen Ku, Jeng-Sen Tseng, Tsung-Ying Yang, Kuo-Hsuan Hsu et al. "The relationship between air pollution and lung cancer in nonsmokers in Taiwan." *Journal of Thoracic Oncology* 14, no. 5 (2019): 784-792.
9. Elfo, J., Q. Crowley, R. Scanlon, J. Hodgson, and L. Zgaga. "Estimation of residential radon exposure and definition of Radon Priority Areas based on expected lung cancer incidence." *Environment international* 114 (2018): 69-76.
10. Mons, Ute, Thomas Gredner, Gundula Behrens, Christian Stock, and Hermann Brenner. "Cancers due to smoking and high alcohol consumption: estimation of the

- attributable cancer burden in Germany." *Deutsches Ärzteblatt International* 115, no. 35-36 (2018): 571.
11. Yang, Jae Jeong, Danxia Yu, Wanqing Wen, Xiao-Ou Shu, Eiko Saito, Shafiur Rahman, Prakash C. Gupta et al. "Tobacco smoking and mortality in Asia: a pooled meta-analysis." *JAMA network open* 2, no. 3 (2019): e191474-e191474.
  12. Parascandola, Mark. "Ambient air pollution and lung cancer in Poland: research findings and gaps." *Journal of Health Inequalities* 4, no. 1 (2018): 3-8.
  13. Pacitto, A., L. Stabile, M. Scungio, V. Rizza, and G. Buonanno. "Characterization of airborne particles emitted by an electrically heated tobacco smoking system." *Environmental Pollution* 240 (2018): 248-254.
  14. Jeon, Jihyoun, Theodore R. Holford, David T. Levy, Eric J. Feuer, Pianpian Cao, Jamie Tam, Lauren Clarke, John Clarke, Chung Yin Kong, and Rafael Meza. "Smoking and lung cancer mortality in the United States from 2015 to 2065: A comparative modeling approach." *Annals of internal medicine* 169, no. 10 (2018): 684-693.
  15. Pakkala, Suchita, and Suresh S. Ramalingam. "Personalized therapy for lung cancer: striking a moving target." *JCI insight* 3, no. 15 (2018).