natureoutlook

LUNG CANCER

11 September 2014 / Vol 513 / Issue No 7517



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ung cancer occupies a peculiar place in the public mind. It takes the lives of more people than any other cancer (page S2), yet, because the disease is so closely associated with the lifestyle choice of cigarette smoking, sympathy for its victims tends to be mixed with blame.

But neither lung cancer's inevitable end nor its attachment to cigarettes are accurate portrayals. There are embers of hope for new therapeutics. Some of the most promising developments come from therapies that turn the body's immune system against the disease (S10). On another front, drugs that target the genetics of particular tumours are emerging from the laboratory (S8). Screening technology can pick up tiny lung nodules when they are more easily treatable, although putting such screening into widespread use faces economic and institutional obstacles (S4 and S7).

The link between smoking and lung cancer has been firmly established for decades. And although most lung cancer can be attributed to direct inhalation of tobacco smoke, about one quarter of lung-cancer cases worldwide occur in people who have never smoked (S12) and who have arrived at their fate through some unlucky combination of genetics and environmental factors. Evidence is mounting that outdoor air pollution can cause lung cancer — findings that ought to spur action on reducing emissions, especially of particulates (S14). In Asia, lung cancer is alarmingly common in non-smoking women — apparently as a result of heavy use of indoor cooking stoves in unventilated homes (S16). In short, avoiding cigarettes, while still a wise health choice, is no guarantee against lung cancer.

This Outlook was produced with the support of Boehringer Ingelheim and Cancer Research UK. As always, *Nature* retains sole responsibility for all editorial content.

Herb Brody

Supplements Editor

Nature Outlooks are sponsored supplements that aim to stimulate interest and debate around a subject of interest to the sponsor, while satisfying the editorial values of Nature and our readers' expectations. The boundaries of sponsor involvement are clearly delineated in the Nature Outlook Editorial guidelines available at go.nature.com/e4dwzw

CITING THE OUTLOOK

Cite as a supplement to *Nature*, for example, Nature **Vol. XXX**, No. XXXX Suppl., Sxx–Sxx (2014).

VISIT THE OUTLOOK ONLINE

The Nature Outlook Lung Cancer supplement can be found at http://www.nature.com/nature/outlook/lungcancer It features all newly commissioned content as well as a selection of relevant previously published material.

All featured articles will be freely available for 6 months.

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