NLCA
National Lung Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

State of the Nation Patient and Public Report 2026

Results of the National Lung Cancer Audit for people diagnosed with lung cancer in England and Wales during 2024
(Published 2026)

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Royal College of Surgeons of England

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HQIP Healthcare Quality Improvement Partnership

The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and the Welsh Government as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NATCAN delivers national audits in bowel, breast (primary and metastatic), kidney, lung, non-Hodgkin lymphoma, oesophago-gastric, ovarian, pancreatic and prostate cancers.

NDRS NATIONAL DISEASE REGISTRATION SERVICE

GIG CYMRU NHS WALES Rhwydwaith Canser Cymru Wales Cancer Network

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data is collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service.
NHS Wales is implementing a new cancer informatics system. As a result, the quality and completeness of data from Wales is likely to have been impacted due to implementation of this new system across multiple NHS organisations (Health Boards), which has resulted in data being supplied by both old and new systems. Additionally, and reflecting the uncertainty of data quality, the data submitted to the audit may not have undergone routine clinical validation prior to submission to the Wales Cancer Network (WCN), Public Health Wales.

NLCA
National Lung Cancer Audit

Summary of results for people diagnosed with lung cancer in England and Wales in 2024

Diagnosis

41,544 patients were diagnosed with lung cancer in 2024:
39,409 in England
2,135 in Wales

74 years old average age at diagnosis

Around 1 in 10 patients diagnosed had **never smoked**:
1 in 10 patients

2 in 5 patients had **late stage** (stage 4) lung cancer at the time of diagnosis

3 in 10 of patients were first diagnosed after going to an **emergency department** with symptoms:
3 in 10 patients

Lung cancer nurse specialists

9 in 10 patients were supported by a **lung cancer nurse specialist***

NLCA Target ✓ 9 in 10

*Information is missing for a third of patients in England

Treatment intending to cure lung cancer

15 in 20 patients with early stage (stage 1-2) Non-Small Cell Lung Cancer received treatment with **surgery** or **radiotherapy** intending to **cure**

NLCA Target ✗ 16 in 20

Surgery for Non-Small Cell Lung Cancer in England

1 in 5 patients with Non-Small Cell Lung Cancer had **surgery** for their lung cancer in England

NLCA Target ✓ 1 in 6

Surgery for Non-Small Cell Lung Cancer in Wales

1 in 6 patients with Non-Small Cell Lung Cancer had **surgery** for their lung cancer in Wales

NLCA Target ✓ 1 in 6

Systemic anti-cancer therapy for Small Cell Lung Cancer in England

7 in 10 patients with Small Cell Lung Cancer received treatment with **chemotherapy** in England

NLCA Target ✓ 7 in 10

Systemic anti-cancer therapy for Small Cell Lung Cancer in Wales

6 in 10 patients with Small Cell Lung Cancer received treatment with **chemotherapy** in Wales

NLCA Target ✗ 7 in 10

Systemic anti-cancer therapy for Non-Small Cell Lung Caner

6 in 10 patients with advanced Non-Small Cell Lung Cancer received **systemic anti-cancer therapy** (including targeted therapy, chemotherapy & immunotherapy)

NLCA Target ✗ 7 in 10

Survival after lung cancer diagnosis

1 in 2 patients in England
1 in 2 patients in Wales
survive 1 year after diagnosis

372 days in England
350 days in Wales
average survival after lung cancer diagnosis

Waiting times in England

81 days
Average waiting time from referral to having **surgery** for patients with early stage non-small cell lung cancer

63 days
Average time from referral to starting **Systemic anti-cancer therapy** for patients with advanced stage non-small cell lung cancer

Waiting times in Wales

91 days
Average waiting time from referral to having **surgery** for patients with early stage non-small cell lung cancer

76 days
Average time from referral to starting **Systemic anti-cancer therapy** for patients with advanced stage non-small cell lung cancer

Contents Page

1. What is the National Lung Cancer Audit (NLCA)?

Welcome to the National Lung Cancer Audit (NLCA) Patient and Public report 2026. The NLCA is delivered by the Clinical Effectiveness Unit (CEU) within the Royal College of Surgeons of England. The NLCA is part of the National Cancer Audit Collaborating Centre (NATCAN), more information can be found on the NATCAN website.

The overall aim of the NLCA is to improve the quality of care for people with lung cancer in England and Wales. This includes the experience of being diagnosed with lung cancer, having treatments including surgery for lung cancer and surviving with or after lung cancer.

Individual hospitals send information about their service to the national cancer registration database and we use this data to build a picture of what is happening in NHS lung cancer services in England and Wales. More information about the NLCA can be found on our website: natcan.org.uk/audits/lung/

We use national guidelines on the diagnosis and treatment of lung cancer when we look at what lung cancer services are providing for patients. The audit uses targets about how lung cancer patients should be cared for and we can see if lung cancer care in the NHS is getting better or worse compared to previous years.

A version of this document exists for doctors, surgeons, nurses and other healthcare professionals with more details and this can be found on our website.

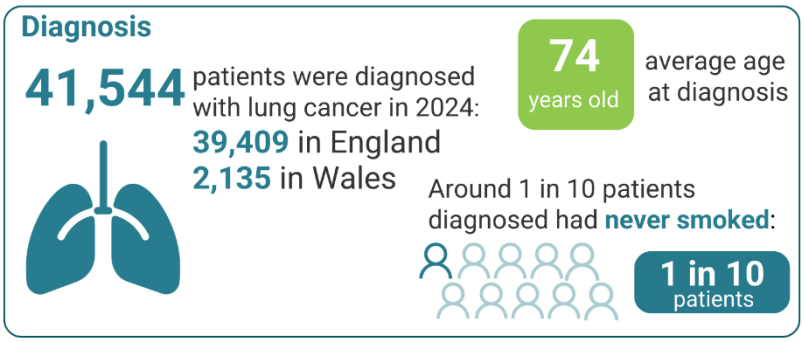
We know that medical reports can contain a lot of statistics and technical terms, which can sometimes be difficult to interpret. To help patients, carers, and members of the public make sense of the figures presented in this report, we have developed a **Guide to Statistics**. This resource explains common statistical terms and charts in plain language, using examples from lung cancer care. You can find the guide on the NLCA website here.

2. What is lung cancer?

Lung cancer is a term used to describe an abnormal growth of cells in the lungs. This is called a tumour. These abnormal cells don't work like the other lung cells and can grow and spread quickly in the lungs and then around the body. Lung cancer has many different types depending on which lung cells are abnormal.

3. Who gets lung cancer?

Lung cancer can affect anyone but people who are diagnosed with lung cancer are often over 65 years old. Lung cancer is more often found in people who are smokers or who had smoked for a long time. However, some people with lung cancer have never smoked. Other things that increase the risk of developing lung cancer include: second hand smoke, exposure to some chemicals, air pollution, and a family history of lung cancer.



In 2024, 41,544 people were diagnosed with lung cancer in England and Wales. The average age of people diagnosed was 74 years old. Around 1 in 10 people diagnosed had never smoked.

Insights from NLCA

4. What are the symptoms of lung cancer?

Symptoms of lung cancer can include feeling short of breath, chest pain, a persistent cough, coughing up blood and losing weight unintentionally. Sometimes someone with lung cancer doesn't have any symptoms, and it is diagnosed because the person is receiving healthcare for another condition or diagnosed through screening.

5. What are the types of lung cancer?

There are many different types of lung cancer but we can divide them into two main groups:

- Non-small cell lung cancer (NSCLC)
- Small cell lung cancer (SCLC)

It is important for doctors to know the type of lung cancer because each type of lung cancer is treated in different ways.

Non-small cell lung cancer

This is the most common type of lung cancer. Our audit shows around 9 out of every 10 people with lung cancer in England and Wales have NSCLC. NSCLC tend to spread less quickly than SCLC and the cancer tends to be more curable if caught at an earlier stage.

For people whose cancer is found to be a small size and contained within their lungs, treatment might involve a combination of surgery, systemic anti-cancer therapy (treatments that can work on the whole body) and radiotherapy. Systemic anti-cancer therapy (SACT) refers to treatments for cancer that travel through the

bloodstream to reach cancer cells throughout the body, rather than targeting just one specific area.

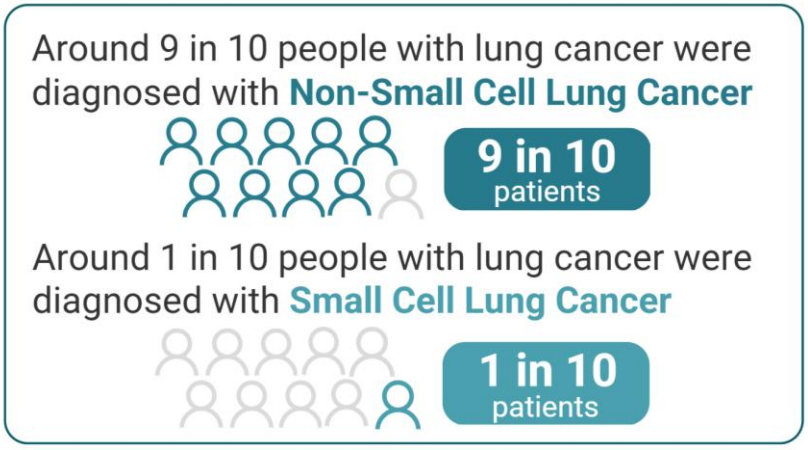
This includes treatments such as immunotherapy, chemotherapy, targeted therapies, and some hormone treatments. These medicines aim to kill cancer cells, slow their growth, or help the body's immune system recognise and attack cancer.

Because these treatments work across the whole body, they can treat cancer that has spread as well as cancer in one place.

NSCLC has several types including adenocarcinoma, squamous cell carcinoma and large cell carcinoma. Carcinoid tumours of the lung are relatively rare and are not NSCLC but we tend to treat them in a similar way to NSCLC. Carcinoid tumours are a type of tumour of the neuroendocrine system. This system is made up of special types of nerve and gland cells responsible for making hormones that are released into the bloodstream.

Small cell lung cancer

This type of lung cancer tends to grow and spread quickly. Chemotherapy (a type of systemic anti-cancer therapy) is usually the most effective treatment for these cancers.



In 2024, of the patients diagnosed with lung cancer, over 9 in 10 patients were diagnosed with Non-Small Cell Lung Cancer (NSCLC) and less than 1 in 10 patients were diagnosed with Small Cell Lung Cancer (SCLC). The proportion of patients with SCLC has been reducing over recent years.

Insights from NLCA

6. Stages of lung cancer

Doctors and nurses will talk about the stage of lung cancer and this describes the size and any spread of the disease. Knowing the stage is important for deciding which treatment an individual can receive. The disease stages are labelled from 1 to 4, with 1 and 2 being early stage and 3 and 4 being advanced stage.

Many people with early stage cancer can be offered treatments that can cure the disease. Patient outcomes are usually worse when the cancer is found at a late stage.

Stage 1 means the cancer is small and in one area of the lung only (localised).
Stage 2 or 3 means the cancer is larger and may have spread into surrounding areas. There may be cancer cells in the nearby glands or lymph nodes (locally advanced).
Stage 4 means the cancer has spread to another part of the body (secondary or metastatic cancer); stage 4 can also be called late stage.

In 2024, around 2 in 5 patients diagnosed with lung cancer were diagnosed with late stage (stage 4) lung cancer. This proportion has been reducing steadily for the last couple of years when around half of patients were diagnosed at a late stage. The proportion of patients being diagnosed at an early stage (stage 1 – 2) is getting better. In 2024, 4 in 10 patients in England and over 3 in 10 patients in Wales were diagnosed at an early stage (stage 1 – 2).

Insights from NLCA

7. How is lung cancer diagnosed?

Lung cancer may be diagnosed following:

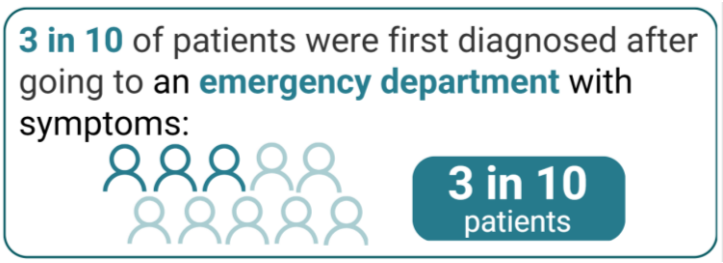
- Referral for more tests if someone has been to their general practitioner (GP) with possible symptoms
- Attending Accident & Emergency (A&E) or Emergency Department (ED) because someone has symptoms that require emergency care
- Attending the national lung cancer screening programme
- Investigation for another illness or following a CT or x-ray before surgery. This is sometimes called incidental or accidental findings.

Doctors use many different tests and scans depending on symptoms and may vary from patient to patient. Tests can include blood tests, chest x-rays, CT scans and MRI scans. Doctors will often take a biopsy of the cancer which means taking a small amount of the abnormal cells out to test them. This can be done in a variety of ways including bronchoscopy – a telescope into the airways and lungs and

percutaneous – a needle through the skin into the lungs, usually while having a CT scan. PET scans can be useful to work out the stage of the cancer.

An emergency presentation of lung cancer is when a patient is first diagnosed with lung cancer after going to Accident & Emergency (A&E) or Emergency Department (ED) with symptoms that require emergency care. Sometimes emergency presentations are unavoidable but people have better outcomes on average if they can be seen by their GP first and then referred to the lung cancer diagnosis pathway.

Lung cancer may also be found by the screening programme in England. People will be invited for lung cancer screening if they are aged between 55 and 74 and are a current or former smoker. The aim of the lung cancer screening is to find people with lung cancer as early as possible. Finding lung cancer at an early stage can make the lung cancer more treatable.

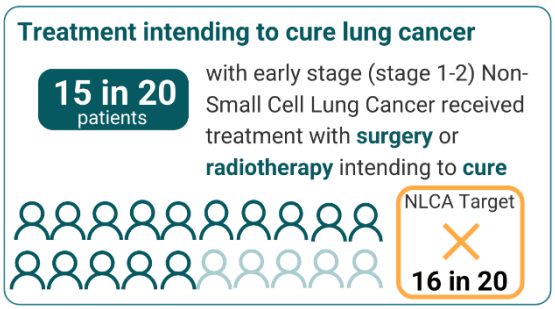


In 2023, 3 in 10 people who were diagnosed with lung cancer received their diagnosis after attending an emergency department with symptoms. This has reduced slightly since 2023.

Insights from NLCA

8. How is lung cancer treated?

Lung cancer is treated in various ways depending on its size, type, stage, and how fit the patient is. Some treatments are intended to cure the lung cancer whilst some intend to slow the spread of the cancer and reduce the impact of its symptoms.

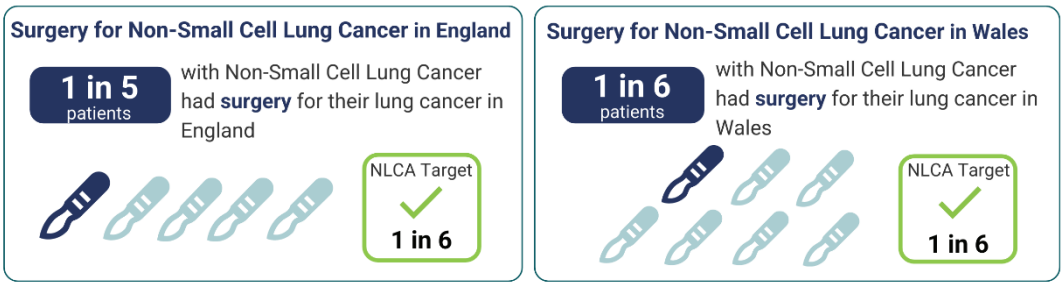


In 2024, 15 out of every 20 patients with early-stage NSCLC had treatment designed to cure the lung cancer. This has slightly reduced from 2023, when 16 out of every 20 patients with early-stage lung cancer had surgery or radiotherapy aiming to cure their lung cancer.

Insights from NLCA

Surgery

Surgery is used to remove the cancer from the lung and surrounding lymph nodes/glands. Surgery is mainly an option when a person has early stage non-small cell lung cancer.



In 2024, more surgery for lung cancer was performed than ever before in England and Wales. In England, 1 in 5 patients had surgery to remove an early stage lung cancer. In Wales, 1 in every 6 patients with early stage NSCLC had surgery. While the proportions of patients having surgery for lung cancer are stable, the overall number of surgeries happening each year has gone up.

Insights from NLCA

Radiotherapy

Radiotherapy involves aiming high energy x-rays at cancer cells to kill them. Although the x-rays are targeted to the cancer cells, nearby cells can be affected by the radiation which leads to side effects.

Systemic anti-cancer therapy

Systemic anti-cancer therapy (SACT) refers to treatments for cancer that travel through the bloodstream to reach cancer cells throughout the body, rather than targeting just one specific area. Because these treatments work across the whole body, they can treat cancer that has spread as well as cancer in one place.

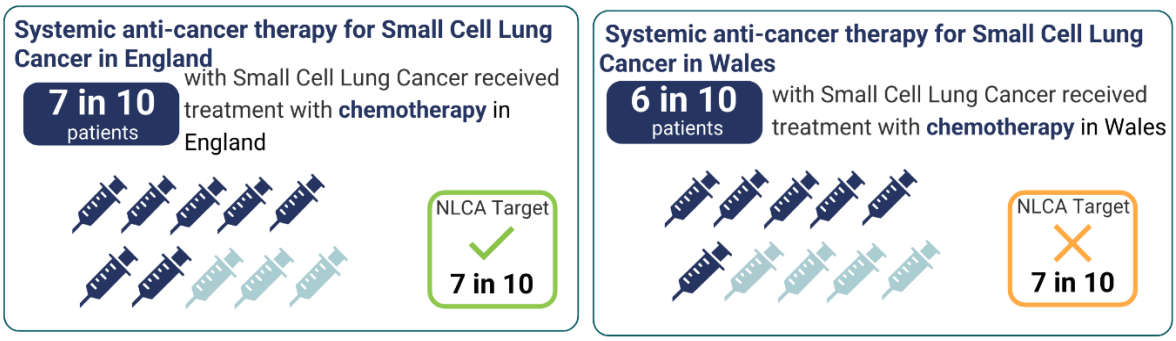
There are different types of systemic anti-cancer therapy drugs. Sometimes people with lung cancer are given one medication and sometimes a combination of medications. Systemic anti-cancer therapy may be a stand-alone treatment or for some patients it can be given before/after surgery or before/after radiotherapy.

(a) Immunotherapy

Immunotherapy uses the body's natural defences to fight cancer by improving the immune system's ability to recognise and then attack cancer cells. People who receive treatment using immunotherapy for NSCLC may receive either one drug or a combination of immunotherapy and chemotherapy. When later stage NSCLC cannot be treated with a targeted therapy (see above), immunotherapy or a combination of immunotherapy and chemotherapy is often the preferred initial treatment.

(b) Chemotherapy

Chemotherapy targets and kills any rapidly growing cells in the body so are designed to destroy rapidly growing cancer cells. Chemotherapy drugs can also affect normal cells in the body which grow rapidly like immune cells, hair cells, and cells that line the gut. This can cause a variety of side effects. Normal cells are able to repair and replenish themselves from the effects of chemotherapy drugs while cancer cells typically cannot.

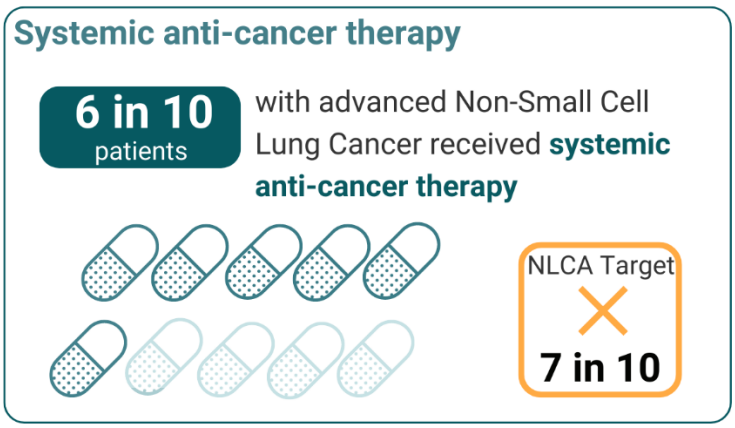


In 2024, 7 out of every 10 patients with SCLC received systemic anti-cancer therapy in England. This reaches our target of 7 out of every 10 patients. However, in Wales, only 6 out of every 10 patients with SCLC received systemic anti-cancer therapy, not reaching the target. This has worsened for both England and Wales since 2023.

Insights from NLCA

(c) Targeted Therapy

When a biopsy of a lung cancer is tested, doctors and scientists look for certain changes in the structure of the cancer cell. We call these changes mutations, the most well-known mutations are called EGFR and ALK. The tests that look for mutations are called Molecular, Genomic, Genetic or Biomarker tests. Medicines have been designed to target specific mutations in cancer cells. These targeted therapies therefore treat cancer cells with the mutation but do not have much effect on the normal cells in the rest of the body. Not all lung cancers have mutations and some known mutations don’t yet have targeted treatments, so not all patients can be offered targeted therapies.



In 2024, 6 out of 10 of patients with advanced stage NSCLC received systemic anti-cancer therapy in England and Wales. This is below the NLCA target of 7 in 10. We highlighted this as a problem for the previous couple of years but sadly we haven't seen improvements. This year we will again highlight this problem and make a recommendation for improvement. It is important that we continue to monitor this and try to understand why it is not improving.

Insights from NLCA

Supportive and Palliative Care

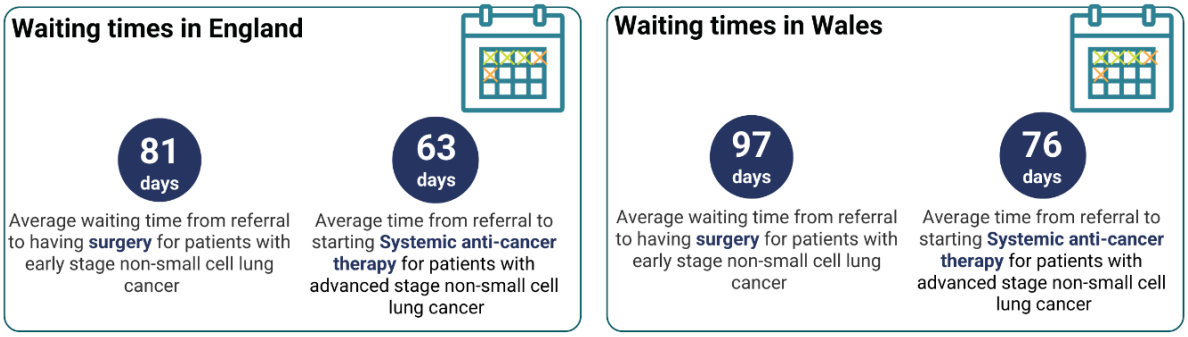
Supportive care involves a wide range of support for patients and families involving social support, psychological support and symptom control.

Palliative care is important if a person's lung cancer cannot be cured and may still involve active treatments like immunotherapy to slow the cancer progression. A focus of palliative care is maintaining a person's quality of life as well as prolonging life.

End of life care is an extremely important part of palliative care and involves care and support in the final months or year of life.

9. How long do patients wait for treatment?

It is recommended that the maximum time from first seeing a lung cancer doctor to starting treatment should be 49 days in England and 62 days in Wales. The maximum waiting time from the decision of treatment to the treatment starting should be 21 days.



In 2024, patients in England waited, on average, 81 days for surgery or 63 days to systemic anti-cancer therapy after being referred to lung cancer services.
In Wales, patients waited, on average, 97 days for surgery or 76 days to start systemic anti-cancer therapy after being referred to lung cancer services.
The average waiting times have improved very slightly since 2023 but patients are still waiting too long for treatment. These delays in lung cancer pathways still need to be improved.

Insights from NLCA

10. Who is involved in patient care?

The team of specialists who deliver lung cancer care are known as a multi-disciplinary team, or MDT for short. The members of the team involved in each patient's care can vary depending on each patient's health, care and personal situation. Usually, the team is made up of:

Lung cancer nurse specialist (LCNS)

Respiratory physicians (chest doctors)

Oncologists (cancer doctors)

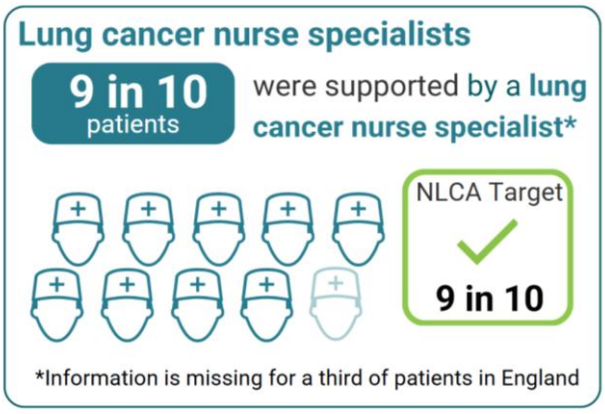
Thoracic surgeons (chest surgeons)

Radiologists (x-ray/scan doctors)

Pathologists (doctors who look at cancer biopsies under a microscope)

Enhanced supportive care team

Physiotherapists, occupational therapists, dietician, pharmacist, care of the elderly physician

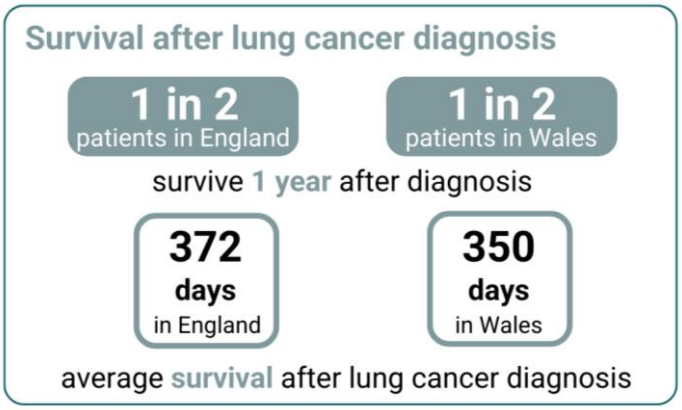


In 2024, among patient records that were not missing the required information, 9 in 10 patients had access to a lung cancer nurse specialist in both England and Wales. However, in England we are missing information for over a third of patients. The NLCA are actively trying to improve this by through a national quality improvement project, in collaboration with Lung Cancer Nursing UK. We are encouraging hospitals to fill in this information so we can be sure which patients are truly receiving support from lung cancer nurse specialists. We are also supporting hospitals to make sure all patients receive care from a lung cancer nurse specialist.

Insights from NLCA

11. What are the outcomes for patients with lung cancer?

One of the most important outcomes to measure for cancer care is how long people live for (survival) after diagnosis. One of the most important factors that affects survival is the stage of the cancer at diagnosis.



In 2024, the average survival after a lung cancer diagnosis in England was 372 days, and this has improved since 2023 when it was 358 days. Half of patients, 1 in 2 (50%) were alive one year after their diagnosis. In Wales, the average survival time for people diagnosed in 2024 was 350 days; this has improved from 301 days in 2023. Around 1 in 2 patients (49%) diagnosed with lung cancer in 2024 were alive one year later. Remember, every patient is different and these figures only describe a statistical average.

Insights from NLCA

12. What are the Key Findings from the NLCA Report 2026?

- More patients who are being diagnosed with lung cancer in England and Wales are diagnosed at an earlier stage lung cancer (stage 1 or 2) than ever before.
- The average waiting times between being referred to lung cancer services and starting treatment are too long and many patients are waiting longer than the recommended waiting time targets.
- In England and Wales, the proportion of patients with advanced stage NSCLC who are physically fit receiving systemic anti-cancer therapy is 6 in 10 patients; this is not reaching the NLCA target of 7 in 10 patients and hasn't shown improvement since 2022.
- We are continuing to see average survival times after a lung cancer diagnosis get better.

13. What are the NLCA recommendations for improvement?

The aim of the NLCA is to improve the care of patients with lung cancer. To do this, we made five recommendations for attention in the coming year.

Recommendations	Results in 2024
1. Improve the proportion of people with stage 3 Non-Small Cell Lung Cancer (NSCLC) who receive treatment intending to cure their lung cancer.	The proportion of people with stage 3 NSCLC and good overall fitness: England: 6 in 10 (59%) Wales: 6 in 10 (62%)
2. Improve the proportion of patients with advanced stage Non-Small Cell Lung Cancer (NSCLC) receiving Systemic Anti-Cancer Therapy (SACT). Such as making sure patients' fitness is well recorded.	Patients with advanced stage NSCLC having systemic anti-cancer therapy: England: 6 in 10 (63%) Wales: 6 in 10 (62%)
3. Make sure that hospitals have the capacity to perform surgery for patients with early stage Non-Small Cell Lung Cancer (NSCLC). The lung cancer screening programme will increase the number of patients having lung cancer surgery.	Patients with early stage NSCLC having surgery: England: 1 in 5 patients (22%) Wales: 1 in 6 patients (17%) In England, the average waiting times for patients from referral to surgery: 81 days In Wales, the average waiting times for patients from referral to surgery: 91 days
4. To improve the waiting times from referral to the start of Systemic Anti-Cancer Therapy (SACT), particularly	In England, the average waiting times for patients were:

for people with Small Cell Lung Cancer (SCLC).	Referral to systemic anti-cancer therapy for NSCLC: 63 days Decision to treat to systemic anti-cancer therapy for SCLC: 16 days In Wales, the average waiting times for patients were: Referral to systemic anti-cancer therapy for NSCLC: 76 days Decision to treat to systemic anti-cancer therapy for SCLC: 21 days
5. Make sure people diagnosed with stage 1 - 3 cancer are recommended regular exercise during treatment. This includes recommending preoperative exercise for patients having lung cancer surgery.	The proportion of people with stage 1-2 lung cancer having surgery decreased amongst people with poorer fitness In England: Performance Status (PS) 0=75.3%; PS 1=52.2%; PS 2=19.2% In Wales: Performance Status (PS) 0=70.5%; PS 1=54.3%; PS 2=32.9%.

14. Sources of Support

If you or someone you know has been affected by lung cancer, the following sources of support may be useful:

Macmillan Cancer Support:
Website: www.macmillan.org.uk/ Phone: 0808 808 00 00

Roy Castle Lung Cancer Foundation:
Website: www.roycastle.org/ Phone: 0333 323 7200

Cancer Research UK:
Website: www.cancerresearchuk.org/

EGFR+ UK:
Website: www.egfrpositive.org.uk/

ALK+ UK:
Website: www.alkpositive.org.uk/ Phone: 07975 623515

Ruth Strauss Foundation:
Website: www.ruthstraussfoundation.com/

15. Glossary

Advanced Stage Lung Cancer	Throughout this report, we refer to people with advanced stage lung cancer. By this, we mean people with stage 4 and some people with stage 3 lung cancers who may be undergoing treatment with systemic anti-cancer therapy.
Audit Standard	A target set by the NLCA which we compare what Is happening in real time. For example, NLCA set a target that at least 7 out of every 10 patients with SCLC should receive chemotherapy treatment.
Average	An average is a single number taken as a representative of a list of numbers.
Biomarker Testing	Biomarker testing in lung cancer helps doctors decide which type of systemic anticancer therapy to use by identifying specific genetic or protein changes in the cancer that predict response to targeted therapy or immunotherapy. Sometimes, it may also be called molecular, genetic, or genomic testing.
Biopsy	Removal of a small portion of the cancer or tumour, usually from the lung but may also be from the liver, skin or other areas to look at under the microscope. It is important for making a diagnosis.
Bronchoscopy	A thin telescope with a camera is used to look inside the airways.
CT Scan	A procedure that uses a computer linked to an x-ray machine to make a series of detailed pictures of areas inside the body including the lungs.
Cancer	Cancer is a disease in which some abnormal cells grow uncontrollably and spread to other parts of the body.
Carcinoid tumour of the lungs	Carcinoid tumours are a type of tumour of the neuroendocrine system. This system is made up of special types of nerve and gland cells responsible for making hormones that are released into the bloodstream. Carcinoid tumours can occur anywhere where there are neuroendocrine cells such as the lung and the digestive tract.
Chemotherapy	Chemotherapy is a medical treatment designed to kill fast-growing cells. It is effective against cancer cells because they grow and multiply much more quickly than most cells in the body.

Curative-intent	This is used to describe treatment that aims to remove all the cancer and therefore cure the cancer disease.
Lung cancer	An abnormal growth of abnormal cells in the lungs,
Lung Cancer Nurse Specialist (LCNS)	A nurse who has expert knowledge and experience in lung cancer. They form part of the team of healthcare professionals who provide support, information and advice during lung cancer investigations, diagnosis and treatment.
Lung cancer surgery	A range of operations to remove cancer from patients' lungs.
Lymph node	A small bean-shaped structure that is part of the body's immune system. They act like filters to collect germs and cancer cells. They are usually one of the first places cancer cells spread to from the lung.
Metastasis	The spread of cancer cells from the place where they first formed to another part of the body.
Multidisciplinary team (MDT)	A team of all the different health professionals who may be involved in the care of patients with cancer.
MRI (Magnetic Resonance Imaging)	A procedure that uses radio waves, magnets, and computers to make a series of detailed pictures of areas inside the body, including the lungs.
NATCAN (The National Cancer Audit Collaborating Centre)	The Centre commissioned to deliver the 10 national cancer audits that are part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) for England and Wales. The cancer audits to provide regular and timely information to NHS services about patterns of care to support benchmarking and local quality improvement.
National Lung Cancer Audit (NLCA)	The NLCA assess the quality of services and care provided to individuals with lung cancer in England and Wales. This is achieved by collecting clinical information about the treatment of all patients newly diagnosed with lung cancer in England and Wales and information about their outcomes.
National Lung Health Checks	A new screening programme offered in some parts of the UK to patients aged 55-74 who have ever smoked. It is a check up to see how well the lungs are working. Some patients may then be invited for a scan of their lungs. The aim is to detect very

	early stage lung cancer in patients without any symptoms.
Non-Small Cell Lung Cancer (NSCLC)	This is the most common type of lung cancer. If it is caught in an early stage, surgery to remove the cancer tumour from the lung can be an option.
Outcomes	These are the results or consequences of lung cancer care that we measure, for example, survival after lung cancer.
Percutaneous biopsy	A way of taking a tiny sample of cancer/tumour from your body, using a special needle passed through the skin into the lungs and the tumour.
Performance Status	A measure of how well a patient is able to perform ordinary tasks and carry out daily activities. The most fit score is 0 and the least fit score is 4.
PET Scan	A PET scan is an imaging test that helps doctors detect lung cancer and see if it has spread by using a small amount of radioactive sugar to highlight active cancer cells in the body.
Radiotherapy	The use of high-energy radiation from x-rays and other similar sources to kill cancer cells and shrink tumours.
Small Cell Lung Cancer (SCLC)	This is the more aggressive type of lung cancer. Usually, it is treated with chemotherapy.
Stage of Cancer	This is a way of describing the size and any spread of cancer. The stages are from 1 to 4 with 1 being early stage and 4 being late stage.
Supportive and Palliative Care	Supportive and palliative care focuses on improving the quality of life for people with serious illnesses like lung cancer by managing symptoms, relieving pain, and providing emotional and practical support for patients and their families.
Systemic Anti-Cancer Therapy	A medicine given to treat cancer. This can involve chemotherapy, immunotherapy and targeted therapies.
Targeted Therapies	These are medicines designed to target specific structural changes that only occur within with the cancer cells and not in healthy cells. Targeted therapies can include biological therapies that target specific proteins in cancer cells and immunotherapies that help the immune system target cancer cells.

Tumour	A cluster of abnormal cells