# Squamous cell lung cancer

Lung squamous cell carcinoma is a type of non-small cell lung cancer that begins in the flat, thin cells that line the airways of the lungs. It accounts for approximately 25% to 30% of all cases of non-small cell lung cancer.

The main cause of lung squamous cell carcinoma is smoking tobacco, either through smoking cigarettes or exposure to secondhand smoke. Other risk factors include exposure to certain chemicals, such as asbestos and radon, and a family history of lung cancer.

Symptoms of lung squamous cell carcinoma can include coughing, chest pain, wheezing, shortness of breath, hoarseness, and coughing up blood. Treatment options for lung squamous cell carcinoma depend on the stage of the cancer, but may include surgery, radiation therapy, chemotherapy, targeted therapy, and immunotherapy.

Early detection of lung cancer is important for improving outcomes, and individuals at high risk of lung cancer, such as smokers, may be candidates for screening with low-dose computed tomography (CT) scans. Quitting smoking and avoiding exposure to tobacco smoke and other lung cancer risk factors can also help reduce the risk of developing lung squamous cell carcinoma.

Squamous cell carcinoma (SCC) of the - lung, also known as squamous cell lung cancer, is a type of non-small cell lung cancer (NSCLC). Squamous cell lung tumors often occur in the central part of the lung or in the main airway, such as the left or right bronchus.

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Patients with LUSC who were diagnosed with BMs between 2000 and 2018 were reviewed in the Surveillance, Epidemiology, and End Results (SEER) database. Using the multivariate Cox regression approach, significant prognostic factors were identified and integrated. Bootstrap resampling was used to internally validate the model. An evaluation of the performance of the model was conducted by analyzing the area under the curve (AUC) and calibration curve.

Results: A total of 1812 eligible patients' clinical data was retrieved from the database. Patients' overall survival (OS) was significantly prognosticated by five clinical parameters. The nomogram achieved satisfactory discrimination capacity, with 3-, 6-, and 9-month AUC values of 0.803, 0.779, and 0.760 in the training cohort and 0.796, 0.769, and 0.743 in the validation cohort. As measured by survival rate probabilities, the calibration curve agreed well with actual observations. There was also a substantial difference in survival curves between the different prognostic groups stratified by prognostic scores. For ease of access, the model was deployed on a web-based server.

Conclusions: In this study, a nomogram and a web-based predictor were developed to assist physicians with personalized clinical decisions and treatment of patients who presented with BMs from LUSC [1)]

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Liang M, Chen M, Singh S, Singh S, Zhou C. A visualized dynamic prediction model for overall survival in patients diagnosed with brain metastases from lung squamous cell carcinoma. Clin Respir J. 2023 Apr 29. doi: 10.1111/crj.13625. Epub ahead of print. PMID: 37118997.