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# **Lung Adenocarcinoma: Screening and Surgical Treatment**

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# **Message from the Guest Editors**

While male incidence and fatality rates have decreased marginally in recent years, female rates continue to grow. Disseminated illness, including nodal and distant metastases, outnumbers localized disease by more than threefold. Due to the predictive significance of the tumor stage at diagnosis, a high prevalence of advanced tumor stages at diagnosis contributes to lung cancer's high mortality.

Recent therapy advances, such as checkpoint inhibitors or immunotherapy, have the potential to increase survival. Despite this, they only cure a minority of patients, and long-term survivors of metastatic illness are uncommon. The stage of the tumor continues to have the most significant impact on overall and cancer-specific survival. To truly enhance survival, patients must be detected early in the course of the disease. The results of lung cancer screening trials are encouraging, indicating that individuals with lung cancer have an improved survival rate, owing primarily to a shift in tumor stages at the time of discovery. Increased lung nodules for histopathologic examination and early tumor stages result in increased patient volume and workload for thoracic surgical units.













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## **Message from the Editor-in-Chief**

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