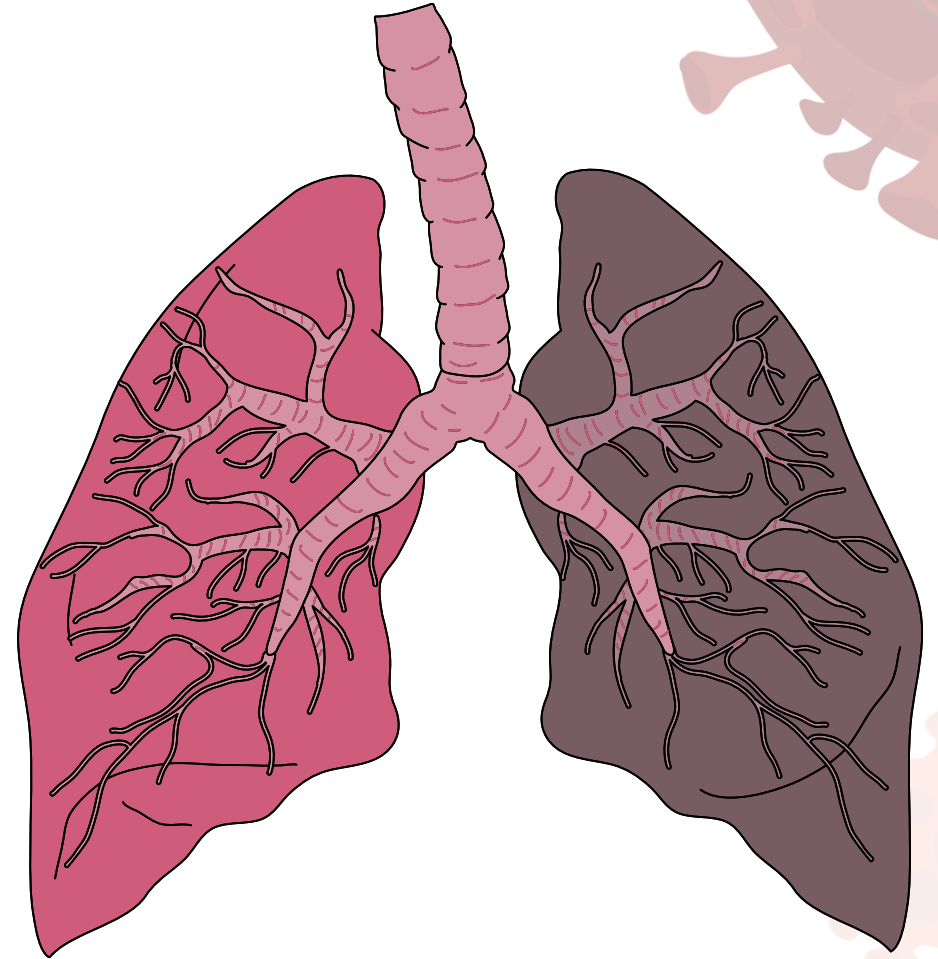


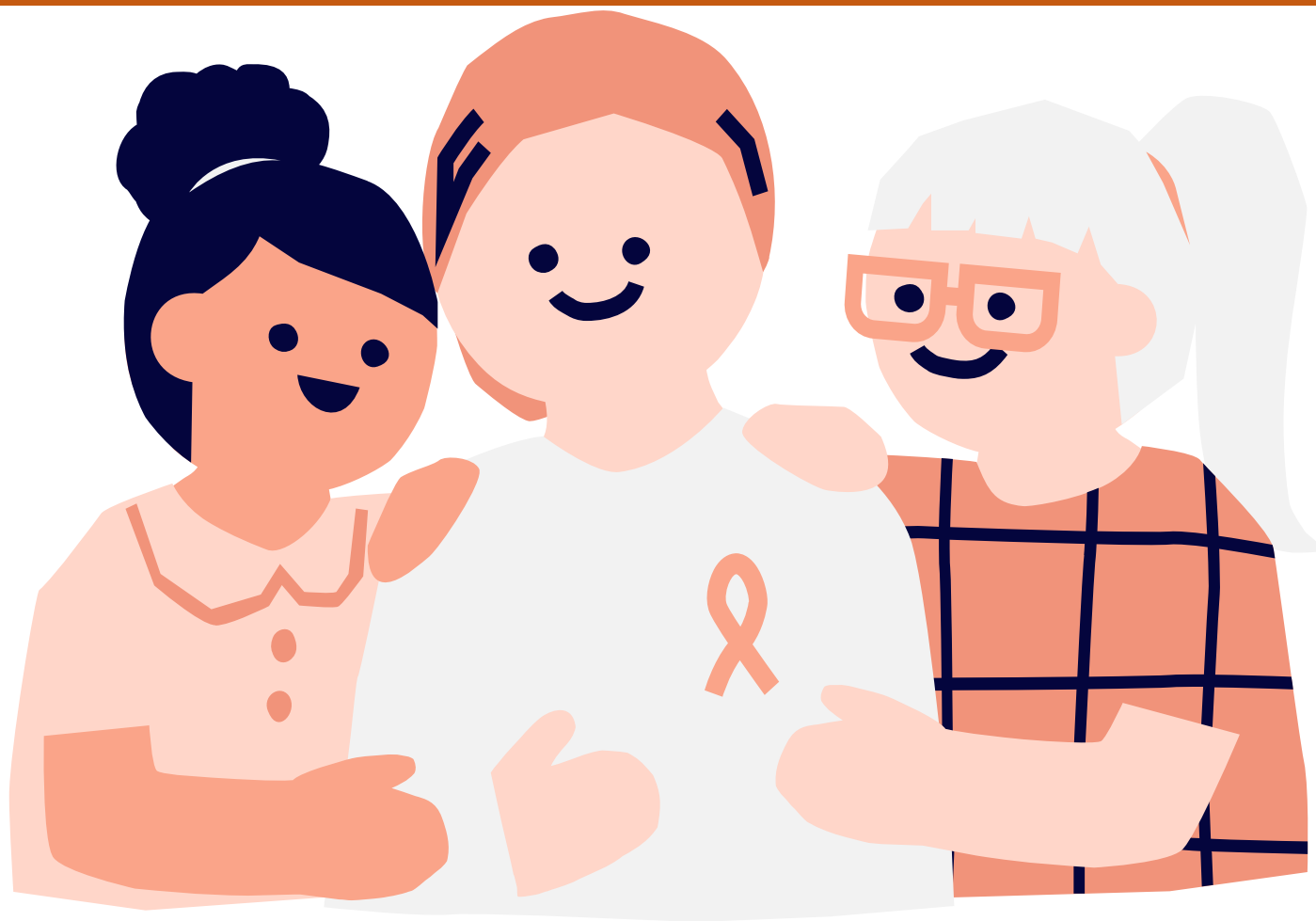
FIGHTING LUNG CANCER

While Providing Care And
Support For Patients

Presented by Kossy Ochie



WHY ARE WE HERE



LEARNING CONTENT

The Nigerian reality

Symptoms & causes

Diagnosis and Staging

Treatment

Get Involved

RISK FACTORS

**Tobacco
smoking (60-
70%),**

**Secondhand
smoke**

Air pollution

Radon gas

**Occupational
exposure**

**Workplace
chemicals**

Asbestos

Family history

Lung diseases

MAJOR TYPES

- NSCLC (85%),
- SCLC: less common, more aggressive.



COMMON SYMPTOMS

Persistent
cough

Chest pain

Hemoptysis

Fatigue

Recurring lung
infections

Weight loss of
no known
cause

Hoarseness

New wheezing

DIAGNOSIS

- ❖ Physical examination
- ❖ Imaging (chest X-ray, CT scan, MRI)
- ❖ Histopathology
- ❖ Molecular testing

STAGING

- ❖ NSCLC : TNM 0-4
- ❖ SCLC: Limited stage
 Extensive stage

Treatment



Surgery,



**Radio
therapy**



**Chemo
therapy,**



**Targeted
therapy,**



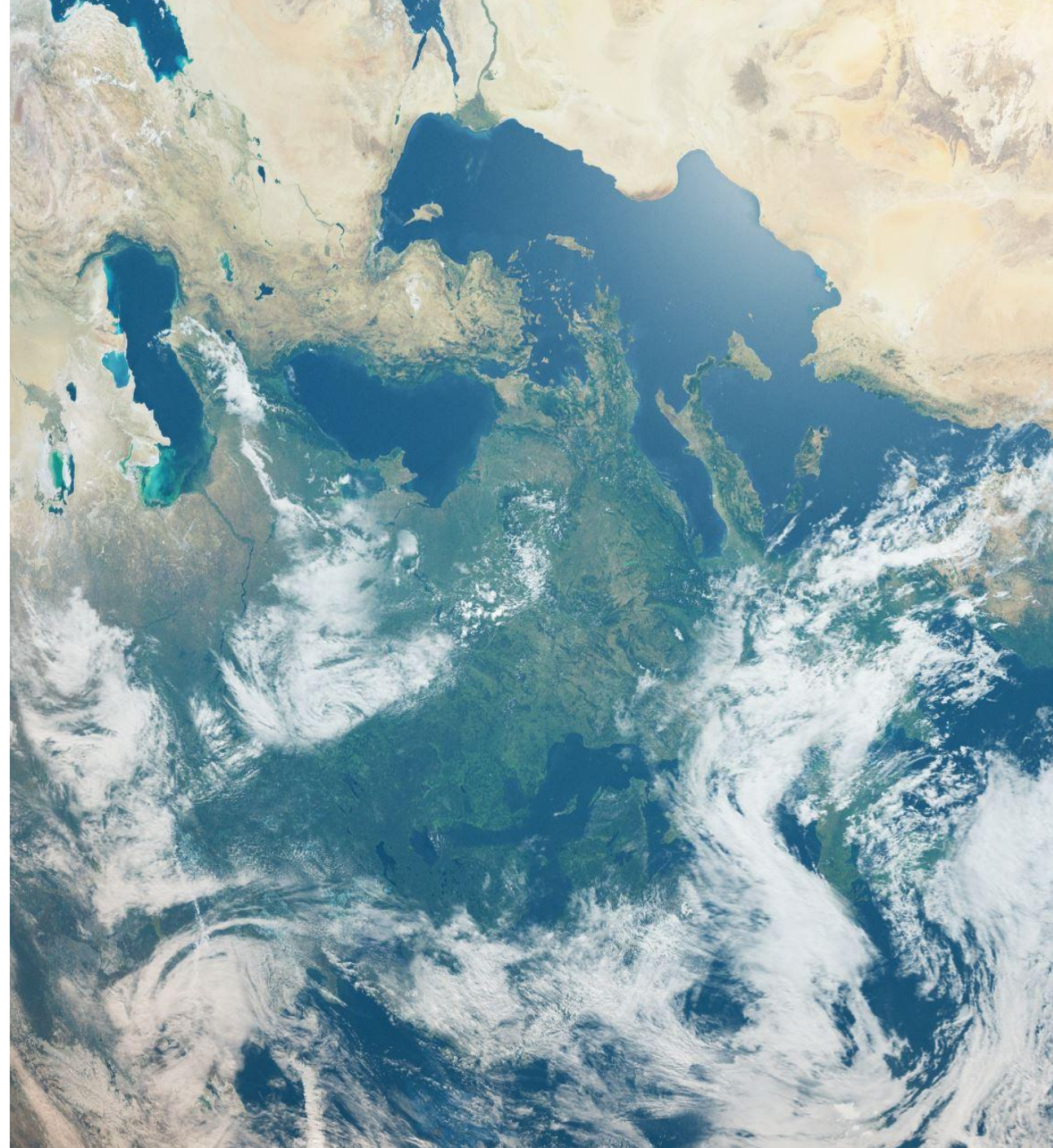
**Immuno
therapy**



The best treatment depends on the stage, tumor, and patient factors

The Global Picture

- Leading cause of cancer cases and deaths globally
- 2.5 Million New cases worldwide
- 1.8 Million Deaths worldwide in 2022.
- Projected rise to 4.6M new cases by 2050
- Global economic cost: \$3.9 trillion between 2020 and 2050.



THE NIGERIAN REALITY

1,789 New cases and 1,643 deaths each year, 2.1% of cancer deaths

Possible poor association with smoking

Plagued by disjointed reporting and limited data management

150% increased incidence predicted by 2050

Lack of local clinical practice guidelines

Lung cancer not prioritized in the national cancer control plan

THE NIGERIAN REALITY

- Misdiagnosis
- Diagnostic delay
- Few radiotherapy centers
- Resource concentration
- High out-of-pocket cost
- Advanced unresectable disease at diagnosis (83-90%)
- Rising tobacco and nicotine use among youths
- Shortages of specialized thoracic surgeons, pulmonologists, and oncologists

GET INVOLVED

Medication
therapy
management

Palliative care
and pain
control

Expanded
Pharmacovigila
nce

Community
education and
Outreach

screening and
early referral

Policy and
professional
advocacy

Research



GET INVOLVED

- Alternative/complementary medication management
- Volunteering
- Donation
- Connection to clinical trials



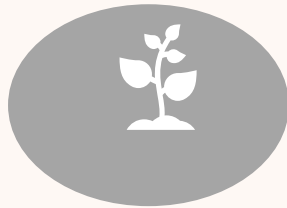
MEDICATION THERAPY MANAGEMENT

- Comprehensive medication review
- Drug therapy problem identification
- Supportive care and side effects management
- Adherence counselling

ALTERNATIVE/COMPLEMENTARY MEDICINE MANAGEMENT



**Herbal
Medicine:
Soursop
Leaves,
Aloe Vera**



**Faith and
Spiritual
Therapy**



**Mindfulness/
Meditation**



**Commercial
Dietary
Supplements**



**Dietary and
Nutritional
Changes**

COMMUNITY OUTREACH AND EDUCATION PROGRAMS

- Primary Risk Reduction
- Symptom Awareness Education
- De-stigmatization
- Digital Health and Mass Media Campaigns



SCREENING AND EARLY REFERRAL



**Risk factor
screening**



**TB treatment
failures**



**NGO and support
network handoffs**

POLICY AND ADVOCACY



**Expansion Of National Health Financing: Cancer
Health Fund**



**Prioritize
Lung Cancer**

Volunteering and Donation

- Medicaid Cancer Foundation
- Cancer Aware Nigeria
- Cancer Centers: funds, patient support companion
- AACG/RACE



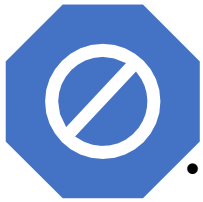
CORE CANCER CENTERS

- Federal Teaching Hospital, Kastina
- University of Benin Teaching Hospital
- Jos University Teaching Hospital
- Ahmadu Bello University Teaching Hospital
- Lagos University Teaching Hospital
- University of Nigeria Teaching Hospital



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- WHO. (2026). Lung Cancer. <https://www.who.int/news-room/fact-sheets/detail/lung-cancer>





**TOGETHER, WE CAN MAKE A
DIFFERENCE**



**Every timely referral, educated patient and
compassionate healthcare professional brings us
one step closer to changing the story.**