Introduction

Lung cancer is the most common cancer in the world with about 900,000 new cases every year **(El-Bolkainy, 2000).** It contributes 13% of total cancers in both sexes, ranking the first in males and third in female **(Athanasiou et al, 2000)**.Lung cancer is the most common cause of cancer mortality among men in Western industerlized nations.In reviewing lung cancer mortality trends in the United States between 1990 and 1994, the age-adjusted rate in men decreased by about 1.4%per year and in women increased by about 1.7% per year **(Greenle et al, 2000- Gang et al, 2001).**

The incidence of lung cancer in Egypt based on analysis of two series, one by **"National Cancer Institute (NCI)",** and the other by" **El Bolkainy**" during the period between 1991-1997 is 1.48% per total population (2.22% in male, 0.5% in female) in NCI series, and 2.26% per total population (3.4% in male, and 0.83%in female) in El bolkainy series **(El Bolkainy, 2000).**

A proportion of lung cancer is varying in various countries and geographic areas. In men in all European countries, except Portugal, lung cancer now is the leading cause of cancer death. In the USA (and in all European countries except a few Scandinavian countries), it is also the commonest tumor in terms of incidence. The range of geographical variation in lung cancer mortality in Europe is threefold in both sexes. In women, current rates in most European countries (except the UK and Ireland) are still substantially lower than in the USA, where the lung cancer is now the leading cause of cancer death in females. **(Tomatis, 1990-Charloux et al, 1997- Kreuzer et al, 1998).**

Throughout the world, the age adjusted incidence rates of lung cancer among men exceeds that among women. As , male generally start smoking cigarettes in an earlier age, smoked more cigarettes per day and for a longer duration, inhaled more deeply, and consumed cigarettes with high tar content. With increasing tobacco smoking in women after World War II, female lung cancer mortality increased. **(Travis et al, 1996- Zang et al, 1996- Ries et al, 1997).**

Many studies reported an inverse association between lung cancer mortality and socio-economic status. A twofold gradient in mortality was observed between low and high social class, as measured by occupation, income, or education. **(Novotny et al, 1989- Pierce et al, 1989- Magrath et al, 1993).**