Approximately one-third of patients with lung cancer will develop a malignant airway obstruction (MAO) and these patients usually have advanced disease.

The treatment of MAO is often a multimodality approach, including bronchoscopic therapy and external beam radiation, and is usually performed for palliation of symptoms in advanced lung cancer.

Bronchoscopic therapies are available through rigid and flexible bronchoscopy and include immediate effect and delayed effect therapies.

Removal of MAO is associated with improvement in symptoms, quality of life, and lung function. Patient selection should exclude patients with short life expectancy, limited symptoms, and an inability to visualize beyond the obstruction.

Improvement in patient symptoms is often immediate and satisfactory for both patient and bronchoscopist alike, however, the decision to treat should be made with consideration of other modalities, such as external beam radiation in a multidisciplinary setting.