

Personal Health News ▶ Research and Innovations ▶ Comprehensive Screening Programs Could Transform Lung Patients' Lives

Comprehensive Screening Programs Could Transform Lung Patients' Lives

RESEARCH AND INNOVATIONS Lung cancer is a killer. In fact, it's the number one cancer killer in Canada, accounting for more than one out of four cancer deaths.

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Patient undergoing LDCT screening.

Yet there's a lack of awareness around the impact of lung cancer and it is seriously underfunded, receiving only seven percent of cancer-specific government research funding, according to *The Faces of Lung Cancer: Fighting Disease, Fighting Disparity*, put out by Lung Cancer Canada.

As well, comprehensive screening programs that could provide early detection in at-risk Canadians are lacking in this country. It's predicted that 1,200 Canadian lives could be saved every year if a comprehensive program of low-dose computed tomography (LDCT) screening was put in place. Much of the improvement seen in survival for cancers such as breast, colorectal, and cervical has been due to early detection through regular testing.

Most lung cancer detected in late stages

Sadly, almost half of lung cancer diagnoses are made when the cancer is at stage 4 (when it has spread outside the lung) and more than a quarter of cases are diagnosed at stage 3. Only cancers diagnosed at early stages remain potentially curable. "Treating



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Personalized medicine

In addition to LDCT screening, Lung Cancer Canada stresses the need for “personalized medicine” — molecular analysis of the lung cancer cells to determine the optimal drug treatment regime for that particular patient.

Despite tremendous strides that have identified several major genetic markers in non-small lung cancer — the predominant type of lung cancer — not all patients have access to tests and timely results, notes the report. All Canadian should have “the same access to gold standard therapies, including life saving drugs or modern surgical and radiotherapy technologies,” says Dr. Paul Wheatley-Price, Medical Oncologist and Chair of Lung Cancer Canada’s Medical Advisory Committee.

The report points out that both the five-year survival rate and the incidence of lung cancer vary significantly depending upon where a cancer patient lives. (For example, the incidence rate for men in British Columbia is 46 for every 100,000 people, while in Quebec it’s 77.)

Women hit harder

Another disparity is the way lung cancer affects women versus men. Over the past 30 years, lung cancer incidence and mortality rates have been declining for Canadian men, but have steadily risen in women. In fact, lung cancer death rates of Canadian women are almost twice as high as the 34-country average noted in a 2013 report from the Canadian Institute for Health Information. At the same time, only 11 percent of Canadian women identified lung cancer as the top cancer killer of women.

Along with lack of awareness, lung cancer has a stigma not associated with other cancers. Patients are sometimes blamed for causing their disease by smoking, and this can add an emotional burden on top of an already trying situation. Undeniably smoking is linked to this cancer, still some lung cancer patients have never smoked in their lives and some have quit years ago.

Although smoking is far and away the leading cause of non-small cell lung cancers, other risk factors include second-hand smoke, exposure to asbestos fibers, air pollution, and a family history of lung cancer.

According to the Canadian Cancer Society, signs and symptoms of lung cancer include a cough that worsens or doesn’t go away, constant chest pain, blood-stained sputum (mucus coughed up from the lungs), shortness of breath, wheezing, and frequent chest infections.

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