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## LCA's Position on Screening

As an organization whose mission is to advocate for those with and at risk for lung cancer, we would like to share our position on the issue of lung cancer screening.

Lung cancer is the most deadly of all the cancers and it is the only major cancer that does not have a widely accepted screening test. Mammograms, PSA tests and colonoscopies have helped raise the 5 year survival rates for breast cancer to 88%, for prostate cancer to 99% and colon cancer to 65%. Lung cancer is a stealthy, slow growing cancer that rarely exhibits obvious symptoms until late stage. Only 16% of lung cancer is being diagnosed at an early, localized, and most treatable stage. Not surprisingly, the five year survival rate for lung cancer is only 15%. Most die within a year.

Research, ongoing for years and strongly supported by LCA, to screen for lung cancer with a simple blood, sputum or genetic test, has not yet yielded results. But the rapidly

developing field of computed tomography (CT) imaging has finally offered an option to those at high risk. Everyone agrees that CT scans can detect lung cancer at its earliest stage and that this technology continues to advance at an incredible pace.

Proponents say the 14 year international study carried out by International Early Lung Cancer Action Program (I-ELCAP) and published in the New England Journal of Medicine in 2006 has demonstrated that CT screening can boost lung cancer's 5 year survival rates as high as other screened cancers. Data continues to build both nationally and internationally in support of the I-ELCAP findings and an increasing number of people at high risk for lung cancer are making the decision to be screened.

Opponents claim that many lung cancers found by CT scans would not have been fatal, that biopsies and surgeries are risky, that the scanning process causes undue anxiety and that screening a large population would cost too much.

Similar arguments were used to forestall other now widely used screening tests. Despite decades of debate, there is still enormous controversy over the efficacy of mammograms for women under 50 and the high number of false positives and overdiagnoses from PSA testing.

Given the lethality of lung cancer, and AND those at risk for lung cancer, Lung Cancer Alliance stands firmly behind the patient's right to choose. LCA recommends that those at high risk for lung cancer should discuss the risks and benefits of CT screening with their doctors. LCA also strongly advises that screening should only be done at facilities that have a proven track record of lung cancer screening experience, that have a multi-disciplinary team of doctors to review the scans and that follow the I-ELCAP protocol or a screening regimen as rigorous and thorough as the I-ELCAP protocol. Please visit our websites for more information.

Issued by Lung Cancer Alliance-California

# 2008 LCA-CA REPORT CARD on Lung Cancer

1st Edition



Subject	Grade	Comments
<b>Number of Deaths</b>	<b>F</b>	<b>Unacceptable.</b> Lung cancer is the number one cause of cancer death nationally and among California men and women. During 2008 an estimated 4,150 Californians will die of colon cancer, 4,150 of breast cancer, 3,400 of prostate cancer, and <b>13,100 of lung cancer.</b>
<b>Five-Year Survival</b>	<b>F</b>	<b>No progress.</b> In 1971 when Congress passed the War on Cancer Act, 12% of lung cancer patients survived for five years or more. Today that number is only 15%. Yet the five year survival rates for breast, prostate and colon cancers have risen to 88%, 99% and 65%—reflective of the higher amounts of research and early detection funding these other cancers receive.
<b>Newly-Addicted Young Smokers</b>	<b>F</b>	<b>Shameful.</b> Over 15% of high school students in California smoke and tobacco companies continue to develop new campaigns specifically designed to addict young people, and most recently launched a “Purse Pack” campaign targeting young women.
<b>State-Supported Research</b>	<b>F</b>	<b>Illogical.</b> California took a national lead on tobacco cessation programs but misses the opportunity to follow through with early detection and treatment research even though 50% of new cases are being diagnosed in former smokers and another 15% in never smokers.
<b>State-Supported Early Detection Program</b>	<b>F</b>	<b>Non-existent.</b> Only one in seven lung cancer patients will be diagnosed at an early, curable stage. Most will be diagnosed at such late stage that they will die within a year.
<b>State-Supported Cancer Plan</b>	<b>F</b>	<b>Unconscionable.</b> The California State Cancer Plan contains only four objectives for lung cancer, three of which relate to tobacco control. The fourth objective—“To double the percentage of lung cancers diagnosed at Stage 1A by 2010”—has not been acted on and bills encouraging early detection have NOT been supported by the Governor, his administration or a majority of the state legislature.

## Lung Cancer Alliance-California’s Commitment: Better Grades

LCA-CA’s mission is to lead the movement in California to reverse decades of stigma and neglect by empowering those with or at risk for the disease, elevating awareness and changing public health policy.

### LCA-CA INTENDS TO DO THE FOLLOWING:

#### Advocate for Increased State and Federal Support for Lung Cancer Research Funding.

LCA-CA commits to continuing to urge the Governor, State Legislature and federal officials to increase federal and state research funding for lung cancer prevention, detection and treatment. Specifically at the federal level LCA-CA will continue to support the comprehensive lung cancer mortality reduction program proposed this year by Senator Diane Feinstein, and at the state level, LCA-CA will continue to press for a new CA lung cancer research programs as proposed in SB 458 by Senator Tom Torlakson.

#### Advocate for Earlier Disease Intervention.

LCA-CA commits to pursuing funding for lung cancer early detection pilot initiatives for those at high risk using the latest technology and best practices to ensure the highest level of care is provided. LCA-CA stands firmly behind a patient’s right to choose and advocates that those at high

risk for lung cancer discuss risks and benefits of CT screening with their doctors.

#### Strengthen Strategic Alliances

LCA-CA commits to strengthening relationships and partnerships with public and private organizations who are committed to improving the care and treatment of lung cancer patients and those at risk for the disease such as the Bonnie J. Addario Lung Cancer Foundation and Breathe California.

#### Enhance Patient Support

LCA-CA commits to educating and supporting California patients, survivors, caregivers and families by providing information on the best and latest treatment and support options. LCA-CA will inform patients and caregivers about clinical trials as treatment options and expand its patient support literature to locations around the state. The lung cancer community needs to know that there is a place to go for compassion, support and hope.

#### Educate the Public

LCA-CA recognizes the critical importance of expanding media coverage on the impact of lung cancer and the important role of the press in disseminating accurate information. LCA-CA commits to continuing its outreach to the media and to increasing the public’s knowledge of lung cancer, its public health impact and the need for state agencies to

collaborate on lung cancer initiatives. LCA-CA commits to building a more diverse grassroots network, to producing an annual Report Card on Lung Cancer and to expanding our e-alerts used to inform legislators, medical professionals, and the public generally on issues pertaining to the disease.

#### LCA-CA Chapter

LCA-CA will continue to expand and provide the support and scaffolding for patients, their families, care givers and friends to become strategic parts of the growing national movement to reverse decades of stigma and neglect.

**For more information or to make a donation, visit [www.lungcanceralliance.org](http://www.lungcanceralliance.org).**

LCA-CA is an affiliate of the national organization, Lung Cancer Alliance, a 501(c)(3) non-profit organization.

