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www.lungcanceralliance.org

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 our commitment to those with lung cancer, 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-Massachusetts

2008 LCA-MA REPORT CARD on Lung Cancer

2nd Edition



Subject	Grade	Comments
Number of Deaths	F	Remains Unacceptable. This year alone, 4,930 more people in Massachusetts will be diagnosed with lung cancer and 3,600 will die—more than the combined total deaths from breast cancer (860), ovarian cancer (360), prostate cancer (530), colon cancer (1100) and leukemia (480).
Five-Year Survival	F	Still No Progress. For nearly 40 years, there has been virtually no improvement in lung cancer's 15% five year survival rate. Meanwhile, breast cancer's 5-year survival rate has increased to over 88% and prostate cancer over 99%.
Number of Late Stage Diagnoses	F	Must Improve. Over 70 % of lung cancer patients are diagnosed in the late stages of the disease when it is not curable. Most die from disease within the first year of diagnosis. We must shift to earlier detection, diagnosis, and treatment if we hope to improve overall survival.
Tobacco Stigma	F	Too much blame. The stigma associated with a lung cancer diagnosis remains at an all time high. Lung cancer patients continue to be blamed regardless of whether they smoked or not. Ignoring the addictive properties of tobacco has contributed to the lack of compassion and support for patients among the general public and has dampened research funding. No one deserves lung cancer—this stigma must be reversed.
Number of Newly Addicted Youth	F	Still Shameful. Over 7,000 new Massachusetts “daily” smokers under the age of 18 are addicted each year. Over 14 million packs of cigarettes are bought or smoked by Massachusetts youth each year. Over 17% of Massachusetts high school students smoke cigarettes. Big Tobacco continues its multi-billion dollar campaign targeted at young adults.
State-Supported Research	D	Some Progress. LCA-MA's top priority to secure legislative support for increased lung cancer research funding was advanced with the introduction of first ever legislation, S2454 that provides funding for lung cancer early detection and treatment research. Unfortunately, though it received backing from 80 State Legislators, it failed to be signed into law. But, an overall plan and commitment to address lung cancer comprehensively is lacking.
State Cancer Plan Commitment	D	Promising But Needs Improvement. The MA Comprehensive Cancer Control Coalition's plan for 2006-2011 includes strong support for tobacco cessation programs and sets a timeline for achieving cessation goals, but fails to support any funding for lung cancer research or early detection. A comprehensive plan must include all three components if lives are to be saved.

Lung Cancer Alliance-Massachusetts: Our Commitment to Improving Failing Grades

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

LCA-MA INTENDS TO DO THE FOLLOWING:

Advocate for increased research funding in Massachusetts

LCA-MA commits to continuing to work with Senator Susan Fargo, author of S.2454, and key members of the MA Legislature to build sufficient support for enactment of new lung cancer research and early detection programs within the state. LCA-MA will also encourage federal elected officials to support and increase funding for the newly established lung cancer research program within the Department of Defense.

Strengthen strategic alliances

LCA-MA commits to further strengthening its partnerships with the Massachusetts Department of Public Health, the Massachusetts

Comprehensive Cancer Control Coalition, Boston Properties and Partners Healthcare while exploring new partnerships with American Lung Association of New England, accredited research facilities throughout the state and all other public and private organizations who share common goals with LCA-MA.

Enhance patient support

LCA-MA will continue to educate and support Massachusetts lung cancer patients, survivors, caregivers and family members by providing the most comprehensive and current information on all lung cancer treatment, including clinical trials and support options.

Educate the public

LCA-MA commits to organizing grassroots efforts and public awareness campaigns to educate all citizens in the state for the need to increase funding for research and support for early detection. Such initiatives include Report Card on lung cancer and observance of November as Lung Cancer Awareness Month in Massachusetts and Shine a Light on Lung Cancer, an annual candlelight vigil held in Boston.

LCA-MA Chapter

LCA-MA will continue to expand and provide the support and scaffolding for patients, their families and caregivers 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.

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

