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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 13 year international study carried out by International Early Lung Cancer Action Program (I-ELCAP) and published in the New England Journal of Medicine last year 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 processes 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 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

2007 REPORT CARD on Lung Cancer

2007

REPORT CARD on Lung Cancer

Subject	Grade	Comments
Number of Deaths	F	No progress. Lung cancer will remain the #1 cancer killer in 2007, claiming another 161,000 lives: three times as many men as prostate cancer, nearly twice as many women as breast cancer. More people will die from lung cancer this year than breast, prostate, colon, leukemia, ovarian and cervical cancers— combined .
Five-Year-Survival-Rate	F	No progress. The most recent update showed a five year survival rate of 15% for all those diagnosed with lung cancer between the years of 1996 and 2003--still far behind the five year survival rates for those diagnosed during that same time period with breast cancer (89%), prostate cancer (99%) and colon cancer (65%).
Newly-Addicted Youth Smokers	F	Shameful. Big Tobacco's relentless multi-billion dollar campaigns to hook more young people—"replacement smokers" for those who die—took a new low in 2007 with the launch of Camel 9 's, sleek black and pink cigarettes aimed directly at young women, and most top women's magazines run the ads!
Number of Late-Stage Diagnoses	F	No progress. During the period of 1996-2003, only 16% of lung cancer was diagnosed at an early, most treatable stage. By contrast, 61% of breast cancers, 39% of colon cancers and 91% of prostate cancers were diagnosed at early stage - not surprising since screening for these cancers is strongly encouraged.
Number of New Treatment and Diagnostic Options	D+	Some progress. More research is underway on targeted drug therapies, genetic profiling, biomarkers in blood and sputum, and even vaccines. Continuing advances in imaging technologies and the ability to track minute changes in lung nodules provide a big potential boost for targeted drug development.
Federally-Supported Early Detection Programs	D-	Some progress. Congress is starting to realize how devastating the failure of the federal health policy on lung cancer has been, but most health research agencies of government are still in denial.
Overall Federal Commitment	D	Slight Improvement. This year, the U.S. Senate again passed unanimously a resolution making lung cancer a national priority with action proceeding in the House of Representatives. In addition, a new Senate bill to update the National Cancer Act of 1971 was introduced. This legislation authorizes funding for chemoprevention and pilot programs for lung cancer early detection research.

LCA'S Commitment: Better Grades

LCA's mission is to reverse decades of stigma and neglect by empowering patients, elevating awareness and changing health policy.

Advocate for Increased Research Funding

LCA will engage and educate key policy makers at the state and federal level on the public health impact of lung cancer and the urgent need for more research funding to finally begin to reduce lung cancer mortality.

National Cancer Institute (NCI)

- Make research to support lung cancer prevention, detection and treatment a top funding priority.
- Reduce lung cancer's mortality rate by 50% by 2015.
- Increase translational research funding and the number of lung cancer Specialized Programs of Research Excellence (SPORES) sites.
- Encourage more collaboration between NCI and other NIH research centers.

Centers for Disease Control and Prevention (CDC)

- Initiate programs for lung cancer research and public education.
- Relocate lung cancer to the Division of Cancer Prevention and Control.
- Improve data collection and public information on lung cancer.

Center for Medicare and Medicaid Services

- Provide coverage for all lung cancer clinical trials and treatments.
- Secure coverage for lung cancer screening for high risk seniors.

Food and Drug Administration

- Keep all drugs for late stage lung cancer accessible to all patients.
- Work with NCI to expedite chemoprevention drugs for lung cancer.
- Give FDA regulatory authority over tobacco products.

Department of Defense (DOD)

- Establish a lung cancer research program.
- Utilize technology expertise to develop advanced computer assisted diagnostic programs to enhance CT screening and reduce costs.

Department of Veterans Affairs

- Initiate a coordinated early detection screening and treatment research program for veterans at high risk for lung cancer.
- LCA will continue to strengthen strategic alliances with VSOs.

Department of Justice

- Continue to advocate for strong penalties against Big Tobacco in the U.S. Government suit against Philip Morris et al.

Department of Energy

- BRAVO! The ONLY federal agency to protect its high risk employees by offering free CT screening for lung cancer for workers in munitions plants.
- Increased funding to maintain and expand the program.

Advocate for Smoking Prevention and Cessation Programs

LCA strongly supports all efforts to dissuade children from smoking, to encourage smokers of all ages to quit, to advocate for smoke free work environments, to increase tobacco taxes, to ensure that states fund tobacco prevention and cessation programs at CDC recommended levels, to regulate tobacco products, and to encourage novel (quit) approaches, such as smoking cessation assistance tied to CT screening.

State Chapters: Organizing the Grass Roots Movement

LCA will continue to expand state chapters and build national grass roots networks. LCA is providing the support and scaffolding for patients and their families and caregivers to become part of the growing grassroots movement to take up the fight for change. Publicly funded state cancer plans across the country have ignored lung cancer. Dedicated advocates have organized in key states to take the message to their state representatives and local media: No more excuses. Lung cancer research funding—NOW.

Patient Support and Empowerment

LCA will continue to track and communicate new diagnostic and treatment options through educational materials, newsletters and E-Alerts. LCA will educate patients about clinical trials as a treatment option through LCA's clinical trials matching service. LCA will work within the support community to expand the reach and scope of the LCA Online Survivors Community, the LCA Phone Buddy program, and the LCA toll-free Information Line.

For more information visit
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Lung Cancer Alliance is a 501 (c) (3) organization.

