

Finding Lung Cancer

Early detection is a cause worth fighting for to save lives.



Screening is a controversial issue because no data currently exist to support any method as the best screening tool.

AS THE LEADING CAUSE of cancer death for both men and women, lung cancer kills more people than breast, prostate, colon and pancreatic cancers combined. Fifty percent of those diagnosed with the disease this year will have quit smoking decades ago, as was the case for the late Peter Jennings. Newly diagnosed Dana Reeve, widow of Christopher Reeve, never smoked at all. In fact, smokers, current and former, should note that early detection is about you. Carcinogenesis can occur after very little smoking, and detecting cancer as early as possible can save lives.

Lung cancer is a disease with staggering rates of mortality. Yet when diagnosed early, the survival rates for stage 1 lung cancer can top 70 percent. But early detection has been difficult because lung cancer usually is asymptomatic until it reaches an advanced stage.

There is no “gold standard” for early lung cancer detection. And screening is a controversial issue because no data currently exist to support any method as the best screening tool. But clinical trials currently under way are making great progress, breaking into new territory without a lot of clinical practice support.

The Lung Cancer Alliance believes late-stage diagnosis is a lethal diagnosis, and finding new ways to diagnose lung cancer earlier is an urgent need. We strongly advocate for increased research dollars to expedite the review of screening technology and immediate research into safe and cost-effective treatment. Screening methods for lung cancer currently include chest X-ray, sputum (saliva) cytology, computed tomography (CT) and computerized molecular analysis of airway cell markers.

Early detection of cancer allows more choices for treatment and management of the disease. The Lung Cancer Alliance prioritizes the urgent need for methods of early detection of lung cancer and population-based

screening. The key to making the screening decision is for patients to be well informed about state-of-the-art screening with regard to a risk-benefit ratio. Patients can become informed by speaking with their doctor about the risks and benefits of various types of screening.

At the Lung Cancer Alliance we are following the progress of several major studies, including the International Early Lung Cancer Action Program (I-ELCAP, www.ielcap.org) and the National Lung Screening Trial sponsored by the National Cancer Institute.

At the 12th International Conference on Screening for Lung Cancer in April, participants discussed data on more than 48,000 baseline and follow-up CT scans that had been performed under the I-ELCAP study. I-ELCAP is a single-arm trial that is finding best practices for early detection with new practices incorporated as the study progresses. Data presented at the conference showed that more than 80 percent of diagnoses were detected in stage 1 using spiral CT. In today’s environment, only about 15 percent of lung cancer cases are diagnosed early. I-ELCAP researchers estimate that more than 80 percent of lung cancer deaths could be prevented by early intervention under CT screening, although this has not yet been proven.

The National Lung Screening Trial (www.cancer.gov/nlst) has enrolled 50,000 patients and seeks to determine whether spiral CT scan or standard chest X-ray screening saves lives from lung cancer. The data are expected to be available in 2009. **C**

The Lung Cancer Alliance is a national nonprofit organization that advocates for lung cancer patients, survivors, families and caregivers. For more information, call 800-298-2436 or visit www.lungcanceralliance.org. To read more about lung cancer screening options, see page 13.