

Lung Cancer:

Awareness, Stigma, Inequality

MSD/Marie Keating Foundation



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Marie Keating
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LUNG CANCER
AWARENESS MONTH



Lung Cancer Europe

“Do we spend more time talking about the causes of lung cancer than the disease itself?”

That was the question posed by GP Dr. Nina Byrnes at a recent event held in Dublin to mark Lung Cancer Awareness Month, and discuss health and social inequalities in Irish lung cancer treatment.



The event “Lung Cancer: Awareness, Stigma, Inequality” was hosted by MSD Ireland in association with the Marie Keating Foundation, and highlighted new research commissioned by the two organisations which showed a significant knowledge gap amongst the general public when it comes to the disease.

Why is lung cancer so low-key? Although about 2,300 Irish people are diagnosed with lung cancer every year and more Irish men and woman die from this disease than any other type of cancer, lung cancer remains out of the spotlight, Ger Brennan, MSD’s managing director, told the audience of health professionals, policymakers, and patient advocates. Yet despite stark statistics such as these, awareness of lung cancer remains poor relative to other cancers. For many conditions, there are particular challenges in relation to early diagnosis, investment, and access to innovative medicines, and such issues are particularly acute in lung cancer, asserted Brennan.

He explained that the research, which involved surveying over 1,000 people, provided “tangible evidence to ignite and sustain the conversation around lung cancer diagnosis and treatment.” Awareness, or lack thereof, was immediately evident from the findings; for example, just seven per cent of those questioned recognised lung cancer as the single biggest cancer killer of women in Ireland. Meanwhile almost six out of 10 Irish adults, or 57%, believed that breast cancer was the leading cause of cancer deaths in Ireland of women, while nearly a quarter (24%) identified cervical cancer. This demonstrates the high level of awareness around both conditions compared with lung cancer, noted Brennan.

Equal access to early diagnosis and treatment will be even more critical into the future, as the National Cancer Registry is predicting that lung cancer rates in women will increase by as much as 136% by 2040.

The research also honed in on health inequalities, and here the general public were spot on – they correctly identified that rates of lung cancer are 60% higher in socially deprived areas in Ireland versus more affluent areas. In fact, a worrying 10% of the population believed the rates of lung cancer to be 80% higher in these areas.

The event also served to launch the new lung cancer awareness campaign by the Marie Keating Foundation, “Listen to your Lungs”. The Foundation are known for their successful awareness

campaigns in the areas of breast and prostate cancer, but the new multimedia campaign marks their first large-scale effort in lung cancer, explained CEO Liz Yeates. While the charity’s efforts heretofore have been through their nursing service and centred mainly on smoking cessation, this campaign will instead focus on education and awareness of the disease itself and early detection, with a particular emphasis on at-risk populations. Promotion of the key messages will take place through social media, as well as radio advertising and other press activity, she added. “We want people to know that a persistent cough could be a sign of lung cancer, so listen to your lungs and go to the GP to get checked if you are concerned.”

Acknowledging lung cancer as the “Cinderella of cancers”, despite being one of the most common invasive cancers, Yeates reiterated that it disproportionately affects those from socially disadvantaged backgrounds: “Your risk of developing lung cancer and your chances of surviving it, depends on where you live in the country, your education level, if you work, and whether you are male or female. If you are from a deprived area, you are 25% more likely to die from lung cancer than someone from a more affluent area.”

With smoking and lung cancer so inextricably linked, there is very much a stigma associated with the disease, explained Dr. Anne-Marie Baird, a senior research fellow at St James’s Hospital who works with Lung Cancer Europe.

“A lot of patients with a history of smoking who develop worrying symptoms perhaps feel they can’t complain, because the perception that it is just a ‘smoker’s cough’. The stigma is further perpetuated when they receive a diagnosis, because one of the first questions a person with lung cancer is asked is: ‘Were you a smoker?’ You don’t find that with any other cancer type.”

According to Dr. Baird, this may mean that the support which is so forthcoming to patients with other cancer, is not always so evident in lung cancer. “We need to tackle that stigma and that will go a long way towards starting the conversation around the disease.”

Consultant medical oncologist and former senator Professor John Crown, from St Vincent’s University Hospital, was at the meeting to discuss the remarkable developments in lung cancer treatment.

“Lung cancer treatment has changed beyond all recognition and this change has occurred entirely due to research,” he told the audience. “Lung cancer is now an exciting disease as oncologists can now give people a chance, with hope, and the prospect of living for years and even to be cured. This is hugely rewarding for us.”

The professor strongly emphasised that the key route to reducing lung cancer rates is smoking cessation: “The impact of getting people to stop smoking will be vastly, vastly bigger than any impact based on early diagnosis. It will also be vastly bigger than any impact based on treatment, though both are important. If everybody stopped smoking, in 30 years time lung cancer would go down by three quarters.”

Professor Crown explained that developments in lung cancer treatment have been made possible with the advent of immunotherapies, and specifically the new generation of these drugs, which have shown efficacy across a wide range of common cancers. He highlighted the “stunning, striking results” of the KEYNOTE-240 trial that looked at such an agent, pembrolizumab, versus the use of chemotherapy in patients who are newly diagnosed with a particular form of incurable lung cancer known as PD-L1-positive non-small-cell lung cancer. “In this very important study, we saw huge difference in outcomes in terms of the percentage of patients whose disease is controlled and this translates into improved survival.”

While it is clear that the dramatic improvements are “here now” in lung cancer, the challenge now lies in making sure these drugs reach patients, as issues with reimbursement and lack of access to ground-breaking therapies persist in Ireland, asserted Professor Crown.

“I am aware of some very forward-thinking pricing strategies that many companies have advanced to make these drugs cheaper and more available and I salute them for it. But the Government needs to show greater flexibility. Our access to drugs is now amongst the poorest in Europe, our approval plans are amongst the longest, and I think this is wrong.”

Professor Crown was followed by consultant respiratory physician at Beaumont Hospital Dr. Ross Morgan, who is also the incoming President of the Irish Thoracic Society. He acknowledged that smoking rates have fallen dramatically in Ireland over the last number of years, but said the “lag effect” means lung cancer prevalence remains high. “More than half of our patients are ex-smokers but we are still seeing the effects of the high smoking rates of the 1960s, especially among women, and now again in young women who are taking up smoking. It is really important that people have both the perception of the risk and also the ability to identify the symptoms associated with it.”

Yet widespread screening for the disease (typically with CT scanning) remains a topic of considerable international debate, despite evidence supporting its benefits, explained Dr. Morgan. About a third of people who present with symptoms indicative of lung cancer are diagnosed with the disease – this contrasts with five per cent of women presenting at symptomatic breast cancer services who will receive an eventual diagnosis, he noted “Unfortunately with lung cancer, by the time a patient has symptoms, the disease is more likely to be at an advanced stage. We know that in a proper screening programme, you get about a 20% reduction in lung cancer mortality. So lung cancer screening works. I would be a big fan of lung cancer screening, within the right programme, which would better identify the susceptible person.”

Smoking cessation is the first pillar in any strategy to cut lung cancer rates, and at the meeting the speakers discussed novel strategies for smoking cessation, such as incentive schemes and tobacco substitutes. Yet as Ireland continues to deal with the fallout of our previously high smoking rates, increasing awareness of lung cancer signs and symptoms is crucial. Widespread screening may also form part of our national strategy against the condition in the future. And while effective new drug therapies have changed the face of lung cancer treatment, patients will not see the benefits if they cannot access them.

Patients should not be denied the opportunity to avail of these potentially lifesaving drugs, Professor Crown concluded.

“If we never discover one new thing about lung cancer – if we apply what we know now, we have in our grasp the potential to decrease the burden, the suffering, death, and illness from lung cancer.”