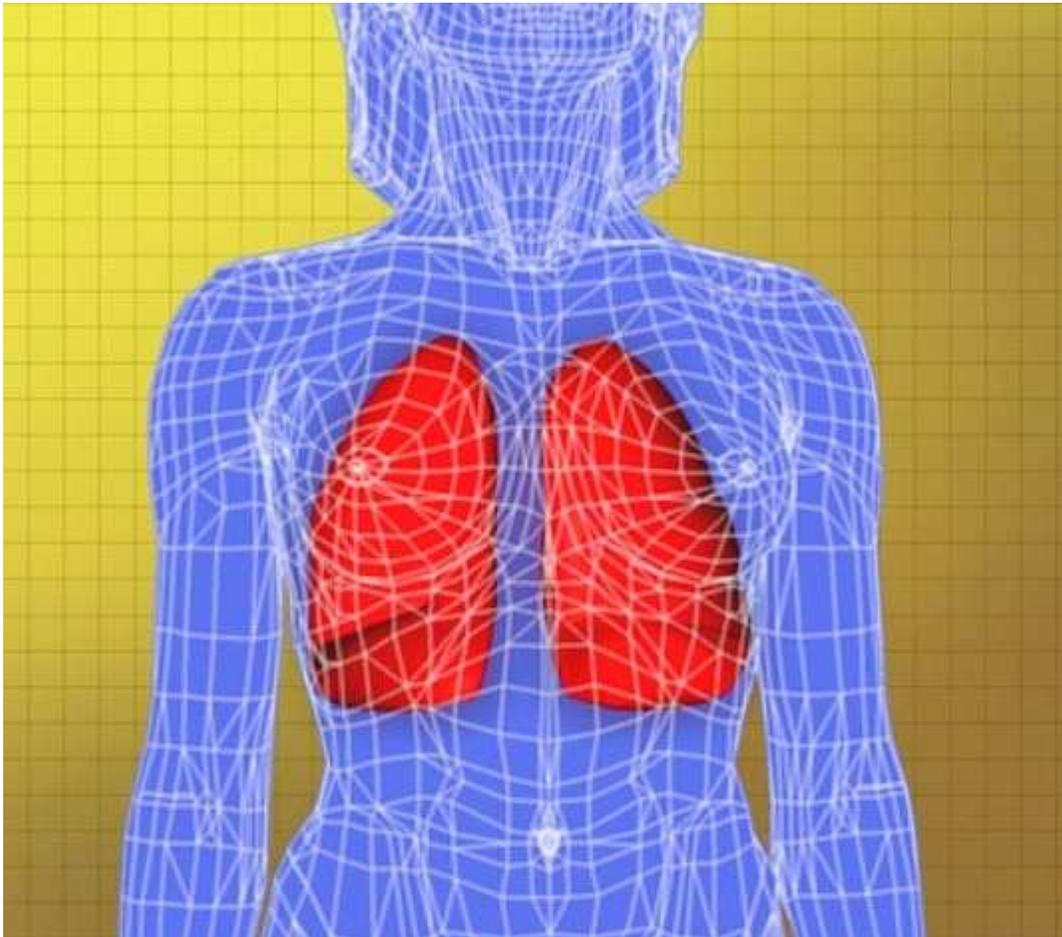


The biggest cancer killer of women (and men)

You wouldn't know it from the Get Pink'd! campaign, but lung cancer kills far more women than breast cancer

BY PETER MCKNIGHT, VANCOUVER SUN COLUMNIST OCTOBER 28, 2011 5:27 PM



Lung cancer receives only seven per cent of cancer-specific research funding, although it's responsible for 27 per cent of all cancer-related deaths.

Did you Get Pink'd! on Thursday? Whether you did or not, you probably heard about the event, which encourages people to wear pink in support of a future without breast cancer. Get Pink'd! is also just one of literally thousands of high profile events directed at raising awareness and funds to combat breast cancer.

And for good reason: Breast cancer remains the most common form of cancer diagnosed in Canadian women, as it accounts for 28 per cent of all cancer cases. According to the Canadian Cancer Society, an estimated 23,400 Canadian women will be diagnosed with breast cancer this year, and 5,100 will die from the disease.

Yet as gloomy as these statistics are, breast cancer is not the No. 1 cancer killer of Canadian women — in fact, it's not even close. That dubious distinction belongs to lung cancer, which will kill an

estimated 9,300 Canadian women this year, despite the fact that “only” an estimated 12,200 women will be diagnosed with the disease in 2011.

The situation is almost identical with men: Prostate cancer, the most common form of cancer among Canadian men, accounts for 27 per cent of all cancer cases. In 2011, an estimated 25,500 Canadian men will be diagnosed with the disease, and an estimated 4,100 will die of it. However, this pales in comparison to lung cancer, which, while “only” 13,200 new cases are expected this year, will claim the lives of an estimated 11,300 men.

Given the devastating toll lung cancer takes on both men and women, one would expect it to be among the highest profile of diseases, subject to all manner of star-studded fundraising events. Yet on the contrary, while breast and prostate cancer remain in the spotlight, lung cancer hides in the shadows, much like smokers who must now practise their deadly habit away from the prying eyes of the public.

Indeed, while lung cancer is responsible for 27 per cent of cancer-related deaths, it receives only seven per cent of cancer-specific research funding, and, even more shockingly, only 0.1 per cent of all cancer donations.

The figures are even more dramatic when one compares them to figures for popular causes like breast cancer. For example, Charity Intelligence, which assesses the effectiveness and efficiency of charities across Canada, notes that the four most lethal cancers (lung, pancreatic, stomach and colorectal cancer) receive just 15 per cent of cancer-specific research funding and 1.6 per cent of cancer-specific charity funding.

This works out to just \$63 in research funding per potential year of life lost (PYLL) and less than \$5 in charity funding per PYLL. In contrast, breast cancer receives \$575 in research funding per PYLL and \$691 in charity funding per PYLL. And this means that “Canadians donate 151 times more to breast cancer-specific charities per potential year of life lost than to the four most lethal cancers, combined.”

Now of course there is nothing wrong — and much right — with donating money to combat breast cancer. But the numbers do reveal that lung cancer receives much less attention and money than one would expect based on the toll it takes across Canada and the world.

Lung cancer’s orphan status is, no doubt, the result of the stigma surrounding the disease — a stigma that was created largely as a result of our efforts to stigmatize smoking. And while those efforts have led to a dramatic reduction in smoking — and therefore, are leading to a similar reduction in lung cancer — they have also affected the way lung cancer patients are treated by their families, friends, physicians and perhaps most importantly, by themselves.

Indeed, surveys from around the world suggest that many people see lung cancer patients as responsible for their plight, and hence as deserving of less support or sympathy. For example, according to a survey conducted for the Global Lung Cancer Coalition, between 10 per cent and 29 per cent of people in the 16 countries surveyed — and 22 per cent of Canadians — said they felt less sympathy for lung cancer patients than for those with other forms of cancer.

Surveys of lung cancer patients have suggested that patients internalize this stigma, and therefore often conceal their diagnosis, thereby leading to deleterious financial and other consequences. And perhaps most troubling of all, some studies have suggested that the stigma surrounding lung cancer negatively affects physicians' treatment decisions.

In an effort to combat this stigma, advocates emphasize that smoking is not the sole cause of lung cancer — indeed, roughly 10-15 per cent of cases involve people who have never smoked. Yet while it's important for the public to be apprised of this fact, it does tend to reinforce the notion that smokers with lung cancer somehow deserve their fate.

This is a problematic assumption, however, since lung cancer is not significantly different from many of the diseases that affect people's health and lives. Certainly, smoking, the predominant risk factor for lung cancer, is entirely avoidable. But just as certainly, there exist many other risk factors, some avoidable and some not, including exposure to second-hand smoke, asbestos fibres and radon gas, the presence of other lung diseases, and a familial (genetic) predisposition.

Lung cancer is therefore “multifactorial” in that it is the product of a combination of factors, including genetic, environmental and lifestyle factors. And frequently, unless several of these factors exist in concert, a person will not develop lung cancer — most smokers do not develop lung cancer, for example, and we all know of the committed smoker who still lived to a ripe old age, thanks, apparently, to the protective effect of certain genetic or environmental factors.

In its multifactorial nature, lung cancer differs little from most other diseases, including, notably, breast, prostate and most other forms of cancer. Yet it remains the most heavily stigmatized, and consequently one of the least funded — at least in comparison to its prevalence and death rates — of all cancers. And it therefore remains the subject of a tremendous, and continuing, injustice.

But where there is injustice there lies the opportunity to remedy that injustice. Fortunately, it is not something we must rely on governments to do — rather, every individual is capable of, and responsible for, donating to lung cancer charities or helping to de-stigmatize the disease. And given that November is lung cancer awareness month, there's never been a better time to begin doing so.

pmcknight@vancouver.sun.com

© Copyright (c) The Vancouver Sun