

Written Testimony of the **Caring Ambassadors Lung Cancer Program**  
Lorren Sandt, Executive Director  
PO Box 1748  
Oregon City, OR 97045

Senate Health Care and Human Services Committee  
Public Hearing  
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HCR 17

I. INTRODUCTION

The Caring Ambassadors Program is a national, nonprofit, advocacy organization based in Oregon City, Oregon. We respectfully submit our written testimony herein in support of HCR 17, which would make lung cancer a public health priority by supporting advocacy work on behalf of lung cancer patients, those at risk for the disease, and those in our communities who are affected by lung cancer. Anyone can get lung cancer – smokers, former smokers, and never smokers. The stigma associated with the disease places barriers for awareness and understanding for those diagnosed, it must stop!

II. LUNG CANCER

Lung cancer continues to be the leading cause of cancer death in both men and women. An estimated 159,480 deaths, accounting for 27% of all cancer deaths, are expected to occur in 2013.<sup>1</sup> In 2013, 2,860 Oregonians will be diagnosed with lung cancer, sadly 2,110 will lose their lives to the disease.

Lung cancer is classified as small cell (15%) or non-small cell (84%) for the purposes of treatment. Based on type and stage of cancer, treatments include surgery, radiation therapy, chemotherapy, and targeted therapies. For localized non-small cell lung cancers, surgery is usually the treatment of choice, for most of these patients survival is improved when chemotherapy is given after surgery. Because the disease has usually spread by the time it is discovered, radiation therapy and chemotherapy are often used, sometimes in combination with surgery. Advanced stage non-small cell lung cancer usually treated with chemotherapy, targeted drugs, or some combination of the two. Chemotherapy alone or combined with radiation is the usual treatment for small cell lung cancer.<sup>2</sup>

**Stage Distribution and 5-year Relative Survival by Stage at Diagnosis for  
2002-2008, All Races, Both Sexes**

Stage at Diagnosis	Stage Distribution (%)	5-year Relative Survival (%)
Localized (confined to primary site)	15	52.2
Regional (spread to regional lymphnodes)	22	25.1
Distant (cancer has metastasized)	56	3.7
Unknown (unstaged)	6	7.9

The 1-year relative survival for lung cancer increased from 37% in 1975-1979 to 2005-2008, largely due to improvements in surgical techniques and combined therapies; however, the 5-year survival rate for all stages combined is only 16%. Only 15% of lung cancer is diagnosed at a localized stage, for which the 5-year survival rate is 52%. The 5-year survival for small cell lung cancer (6%) is lower than that for non-small cell (18%).<sup>1</sup>

### III. EARLY DETECTION CAN SAVES LIVES

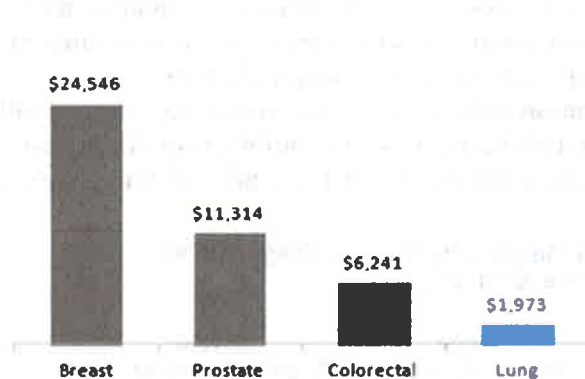
Annual screening with chest x-ray has not been shown to reduce lung cancer mortality. Results from the National Lung Screening Trial (NLST), a clinical trial designed to determine the effectiveness of lung cancer screening in high-risk individuals, showed 20% few lung cancer deaths among current and former heavy smokers who were screened with spiral CT compared to standard chest x-ray.

The American Cancer Society (ACS), the National Comprehensive Cancer Network (NCCN), the American College of Chest Physicians (ACCP), and the American Society of Clinical Oncology (ASCO) have all issued initial lung cancer screening guideline. The ACS, ACCP, and ASCO have endorsed shared decision making with a clinician for adults who meet the eligibility criteria for participation in the NLST, i.e., current and former smokers (quit within previous 15 years) ages 55-74 in good health with at least a 30-year pack history of smoking.<sup>1</sup>

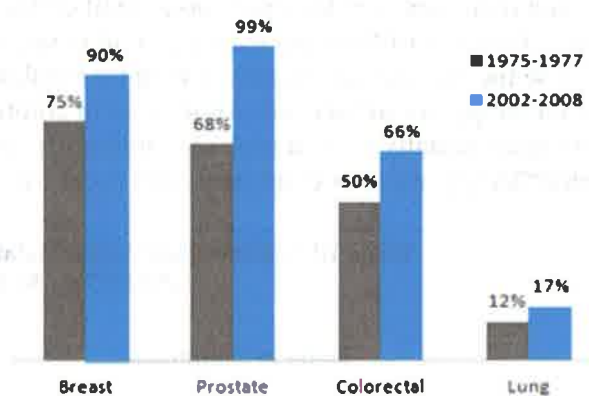
### IV. RESEARCH

While the government spends a large amount of money on cancer research, it has invested relatively little specifically on lung cancer, and the survival rates show it. Quitting smoking is not going to cure lung cancer; research dollars will.

**Estimated FY 2011 Federal Research Dollars Per Cancer Death**



**Five-Year Survival Rates ... Little Progress for Lung Cancer**



*(Estimated federal spending from the combined FY2011 research dollars of the National Cancer Institute, Department of Defense, and Centers for Disease Control and Prevention. Estimated cancer deaths from the American Cancer Society: Cancer Facts and Figures 2011. 5-year survival rates by year of diagnosis from the SEER Cancer Statistics Review 1975-2009, posted in 2012.)*

#### IV. CONCLUSION

If you have lungs, you can get lung cancer. Lung cancer is everyone's disease. Oregonians living with lung cancer are citizens just like you, me, our family members, and friends.

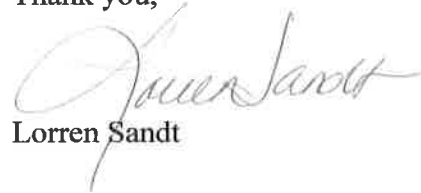
Those who are diagnosed with lung cancer experience more embarrassment than those with prostate cancer or breast cancer, and individuals tend to feel stigmatized whether they smoked or not. Some people have even concealed their diagnosis leading to negative financial consequences and lack of social support.

Sadly, even though lung cancer kills more people than breast cancer, prostate cancer and colon cancer combined, federal funding lags behind. Funding from the private sector also pales in comparison to fund-raising efforts for some other cancers.

Clearly, lung cancer carries a stigma that extends from the government down to the individual. That said, we won't move forward by pointing the finger and blaming ourselves, physicians, the public and the government. Each of us can make a difference by supporting those with lung cancer as we would support someone with any other form of cancer. Whether you are a lung cancer survivor, the loved one of someone living with lung cancer or a professional working with those with lung cancer, we need to raise awareness. Those living with lung cancer need and deserve our care and support, not an evaluation of the possible causes.<sup>3</sup>

No one deserves lung cancer! Commit to making lung cancer a public health priority by supporting advocacy work on behalf of lung cancer patients, those at risk for the disease and those in our community affected by lung cancer.

Thank you,



Lorren Sandt

#### RESOURCES:

1. American Cancer Society (ACS) Cancer Facts and Figures 2013
2. Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). SEER Cancer Statistics Review, 1975-2009 (Vintage 2009 Populations), National Cancer Institute. Bethesda, MD, [http://seer.cancer.gov/csr/1975\\_2009\\_pops09/](http://seer.cancer.gov/csr/1975_2009_pops09/), based on November 2011 SEER data submission, posted to the SEER web site, 2012.
3. The Stigma of Lung Cancer - Why Are Lung Cancer Patients Treated Differently Than Other Cancer Patients? Lynne Eldridge, MD

