

– NEWS RELEASE –

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ONTARIO'S LEADING CAUSE OF CANCER DEATH NEEDS PRIORITY ATTENTION

*Lung cancer patients need coordinated approach for early detection
and multidisciplinary care*

TORONTO, ON – At least 16 people will die of lung cancer in Ontario today.

The Cancer Advocacy Coalition of Canada (CACC) today urges Ontario MPPs to give lung cancer the attention it needs in order to improve survival rates. Lung cancer is the leading cause of cancer deaths in this province but lacks a coordinated strategy for early detection and multidisciplinary care, including research, referral protocols, best practices and education for physicians and patients.

“Nobody deserves to suffer from such a devastating illness without access to the same standards of health care provided to patients of other cancers,” said Pat Kelly, chair of the CACC, a grassroots advocacy group.

The CACC is meeting with MPPs today to outline their concerns about lung cancer treatment in Ontario. Lung cancer is the leading cause of cancer death in Ontario and in Canada. In 2002, approximately 6,100 people will die from lung cancer in Ontario.

“Lung cancer is a major health problem in our society,” says Dr. Peter Ellis, Staff Medical Oncologist at Hamilton Regional Cancer Centre. “There are a number of things the government can do to help improve the survival of patients with lung cancer. I think the government can try to promote efforts to investigate screening technologies that may diagnose lung cancer at an earlier stage. They can try and ensure that patients get timely and adequate access to specialists that treat lung cancer. That’s likely going to involve putting more money into the system and training more doctors specifically to treat lung cancer.”

With an 85 per cent fatality rate, lung cancer patients don’t live long enough to become advocates for better care, which is why the CACC is speaking out on their behalf.

“Our Members of Provincial Parliament have a job to do,” says Kelly. “They can serve the people in their communities by making sure people with lung cancer have access to state-of-the-art treatment. It’s here in Ontario – we need to make sure the people who need it, get it.”

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Kelly describes a coordinated strategy for early detection and multidisciplinary care that would be characterized by:

- province-wide implementation of well-structured, evidence-based programs of timely medical referral and early diagnosis;
- a full spectrum of treatment options that are based on best practices; and
- an environment that allows patients to be free of blame and stigma for having the disease.

“Survival rates among sufferers of lung cancer fall far behind those of other common cancers – and the reason why is simple. Far too often, lung cancer is diagnosed too late, treatment options are often limited and treatment occurs too late,” explains Kelly. “We believe the Ontario government has a duty to support early referral and diagnosis of lung cancer with an investment in proportion to the scope of the problem.”

Dr. Charles Chan, a Toronto respirologist, agrees that lung cancer deserves more attention in Ontario. “So far, it hasn’t received the same kind of public attention, outcry or the focus it deserves from the politicians and the health care providers. For those of us who are at the front lines of dealing with cancer, especially lung cancer, on a day-to-day basis, we know that it is becoming very common. We are struggling just to stay ahead of the situation, and we definitely need more support and resources.”

Kelly believes it is unfortunate that the leading cause of death in Ontario is highly stigmatized due to its association with smoking. “There is a lot of stigma attached to the disease. Some people with lung cancer think they are not deserving of treatment. They are a lot quieter than people with HIV/AIDS. They are a lot quieter than women with breast cancer. And I think this is a deadly silence.”

“If Ontario were completely smoke-free starting today, the province’s health system would still be dealing with lung cancer for 20 years. That means 20 more years of a diagnosis that comes too late, leaving only 15 per cent of the victims alive,” says Kelly.

“We are meeting with MPPs and government officials to send a very clear and simple message. Lung cancer patients deserve the same quality of health care as every other patient in Ontario’s health system. This cancer needs an appropriate allocation of health care funding dedicated to well-structured, evidence-based programs of early detection, timely referral and effective medical treatment.”

The CACC is a national, grassroots, non-profit advocacy organization with a mandate to make comprehensive, evidence-based cancer care a national priority. The CACC has focused efforts on increasing accountability and transparency in all aspects of cancer control, through periodic publications and public forums.

For more information about the CACC, visit: www.canceradvocacycoalition.com/lungcancer or call 1-877-472-3436.

Lung Cancer Fact Sheet

What is lung cancer?

Lung cancer is a growth of abnormal cells inside the lung. These cells reproduce at a much faster rate than normal cells, growing out of control to form a mass called a tumour. When the abnormal growth begins in the lung, this is known as a primary lung tumour.

What are the two major types of lung cancer?

Cancers that begin in the lungs are divided into two major types - non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC) - depending on how the cells look under a microscope. NSCLC generally spreads to distant organs at a slower rate than SCLC. NSCLC is the most common type of lung cancer, accounting for almost 80 per cent of all lung cancers.

Some statistics:

- Lung cancer is the leading cause of cancer death in Ontario for both men and women. In 2002, there will be approximately 6,100 deaths from lung cancer in Ontario: 2,700 women and 3,400 men. (Canadian Cancer Society 2002 Statistics)
- In 2002, there will be more than 18,000 deaths from lung cancer in Canada. (Canadian Cancer Statistics 2002)
- On average, lung cancer, the most preventable of all cancers, killed 113 people a week in Ontario last year and will kill 117 people every week this year. (Canadian Cancer Society Statistics 2001 and 2002)
- Based on current estimates from Canadian Cancer Statistics for 2002, lung cancer is now taking a life in Ontario every hour and a half.
- In Canada in 2002, nearly 21,000 people will be diagnosed with lung cancer. An estimated 85 per cent of these people will die within five years of their diagnosis. (Canadian Cancer Statistics 2002)
- Almost one-third of the cancer deaths in men and almost one-quarter in women are due to lung cancer alone. Up to 45 per cent of all lung cancer deaths occur among those under the age of 69. (Canadian Cancer Statistics 2002)
- Canadian men have a one in 11 chance of developing lung cancer during their lifetime, and a one in 12 chance of dying from it. Canadian women have a one in 19 chance of developing lung cancer, and a one in 22 chance of dying from it. (Canadian Cancer Statistics 2002)
- Lung cancer mortality rates among women continue to escalate and are now almost four times as high as rates in 1972, and rates for lung cancer incidence and mortality and men are much higher still. (Canadian Cancer Statistics 2002)
- Every 30 seconds, someone, somewhere in the world dies of lung cancer. (Global Lung Cancer Coalition)
- In 2002, lung cancer will kill more people world-wide than breast, prostate and colon cancer combined. (Global Lung Cancer Coalition)

What are the risk factors for lung cancer?

- Lung cancer trends are directly linked to smoking prevalence, with a lag time of about 20 years (Health Canada)
- Workers exposed to industrial substances such as asbestos, radon, chromium compounds, arsenic, polycyclic hydrocarbons and chloromethyl have a significantly higher risk of developing lung cancer. (Health Canada)
- Research demonstrates the link between passive smoking (second hand smoke) and lung cancer. Three hundred Canadians die from the effects of second-hand smoke every year. (Health Canada)
- Recent studies indicate that women are more susceptible to developing lung cancer than men. Women smokers are twice as likely to develop lung cancer than male smokers. Even among non-smokers, a woman's risk of developing lung cancer is higher than men. (Global Lung Cancer Coalition)
- Women also have a more difficult time overcoming nicotine addiction than men. (Global Lung Cancer Coalition)

Symptoms and Early Detection

- Lung cancer can only be detected by a lung cancer specialist. Symptoms are often vague and can look like a number of other ailments. Early referral to a specialist is the only reliable way to ensure early detection of lung cancer.
- Common symptoms include:
 - A new or changing cough, along with hoarseness or shortness of breath or increased shortness of breath during exertion.
 - Recurring episodes of lung infection, weight loss and swelling of the face or arms.

What are the treatment options for lung cancer?

- The type of treatment provided is contingent upon many factors, including:
- The type of cancer
- Where the cancer first began growing in the body
- What the cancer cells look like under a microscope
- How far the cancer cells have spread, if at all
- The general health of a patient.

In general, the three options are: surgery, radiotherapy and chemotherapy – depending upon the staging of the cancer and the advice of the physician.

Incidence is improved by prevention: survival is improved by early detection

If everyone in Ontario quit smoking today, the province's health system would still be dealing with lung cancer for 20 years. That means 20 more years of a diagnosis that comes too late, leaving only 15 per cent of the victims alive.

The leading cause of cancer deaths in Ontario needs some priority attention. Like other diseases, lung cancer needs a coordinated strategy for early detection and multidisciplinary care, including research, best practices and education for physicians and patients.