



Contact: Jeff Wolf
IASLC Director of Communications
Jeff.Wolf@IASLC.org | 720-325-2952

Becky Bunn
IASLC Projects Specialist
Becky.Bunn@IASLC.org | 720-325-2946

2015 LUNG CANCER FACT SHEET IASLC Highlights Promising Advances

WHAT: Lung Cancer Awareness Month

WHEN: November 1-30, 2015

THE REALITY:

- Lung cancer is the leading cause of cancer deaths worldwide. Every year, lung cancer causes more than 1.6 million deaths; more than breast, colon and prostate cancers combined.
- On a per death basis, lung cancer receives 7 percent of the funding breast cancer receives in the U.S., and this is representative of the rest of the world.¹
- Funding for lung cancer research is critical due to the disease's prominence and because doctors often find lung cancer in later stages, when it is less treatable. New advances hold great promise for screening, early detection and personalized therapies, but need financial support.
- Not only smokers get lung cancer. For example, in the U.S., about 31,000 people die each year from non-smoking-related lung cancer (about the same number as die from prostate cancer).
- Other causes of lung cancer include radon gas in homes (20,000 deaths/year), workplace exposure, second-hand smoke, cancer treatments and genetics.²
- Lung cancer does not have to be fatal. Groundbreaking new treatments dramatically alter lung cancer survival rates every day.
- In 2012, the tobacco industry spent over 40 times more on tobacco advertising and promotion in the U.S. than the NIH spent on lung cancer research (\$9.6 billion tobacco industry versus \$233 million NIH research).³

RESEARCH AND PROMISING DEVELOPMENTS:

- New immunotherapy (using the body's own immune cells to attack cancer cells) shows great promise for patients with advanced, non-small cell lung cancer (NSCLC).
- Personalized medicine is providing hope by treating a patient already diagnosed with lung cancer with drugs that are effective based on specific characteristics of their tumor.
- [Evidence](#) suggests that quitting smoking measurably improves patient survival.
 - [Read IASLC's complete 2015 Statement on Tobacco Control and Smoking Cessation.](#)
- Screening with low-dose CT can reduce lung cancer deaths by 20 percent compared to standard chest X-ray among adults with a 30 pack-a-year smoking history who were current smokers or had quit within 15 years.⁴

-more-



www.iaslc.org

REGIONAL SPOTLIGHT – LATIN & SOUTH AMERICA:

- Young people aged 13-15 years old in Latin and South America smoke more than adults in many countries. Female adolescents are smoking more than males in Brazil, Chile, Mexico, Uruguay and Argentina. In Brazil, 58 percent of children between 13 and 15 years old have tried smoking, showing the high exposure rates of tobacco in this age.⁵
- If smoking rates do not decrease, many anticipate lung cancer will emerge as the main cause of death in the region.⁶
- Most regional governments tend to focus on addressing health challenges related to infectious disease and infant mortality, largely ignoring the evolution of diseases like lung cancer.⁶
- Early detection programs and molecular marker testing are not widely available, so many earlier stages and more treatable lung cancer cases go undetected.⁶

WHAT YOU CAN DO:

- Education is critical; people need to know to ask their doctors about screening if they have risk factors. They need to know about smoking cessation programs, clinical trials and new developments that promise hope for lung cancer treatment.
- Changing the perception of lung cancer can lead to greater support and funding which will increase survival rates and help turn lung cancer into a manageable, chronic disease.

For more information, visit www.iaslc.org/lcam. To speak with an expert from any region across the globe, please reach out to IASLC Director of Communications [Jeff Wolf](#) or Projects Specialist [Becky Bunn](#).

About the IASLC:

The International Association for the Study of Lung Cancer (IASLC) is the only global organization dedicated to the study of lung cancer. Founded in 1974, the association's membership includes more than 4,000 lung cancer specialists in over 90 countries. The IASLC brings together leading clinicians and scientists from around the world to engage international collaboration and to share best practices in the fight against lung cancer. Just in the past year, the IASLC helped develop a Staging and Classification System used by doctors worldwide to more effectively stage and treat lung cancer. Visit www.iaslc.org for more information.

¹LCSM Lung Cancer Facts. Access Date: Oct. 7, 2015: http://lcschat.com/lung-cancer-facts/#_edn12.

²U.S. Environmental Protection Agency. Radon. Access Date: Sept 26,2015: <http://www.epa.gov/radon/>.

³Federal Trade Commission Cigarette Report for 2012. Federal Trade Commission (2015). Access Date: Sept. 30, 2015: <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2012/150327-2012cigaretterpt.pdf>
And NIH Estimates of Funding for Various Research, Condition, and Disease Categories (RCDC). Access Date: Sept. 30, 2015: http://report.nih.gov/categorical_spending.aspx.

⁴New England Journal of Medicine, Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening. Access Date: Sept. 30, 2015: <http://www.nejm.org/doi/full/10.1056/NEJMoa1102873>.

⁵Personal communication from Nise Yamaguchi, MD, PhD, Executive Director, Institute of Advances in Medicine, Sao Paulo, Brazil.

⁶Personal communication from Luis Raez, MD, FACP, FCCP, Medical Director of Memorial Cancer Institute, Hollywood, Florida.

###



www.iaslc.org