



Strang Cancer Prevention Institute
Dedicated to Promote Cure by Early Detection and Research to Prevent Cancer since 1933

Prevention

Lung Cancer Awareness Month November 2018

SCREENING FOR LUNG CANCER: An Underused and Misunderstood Tool

The National Lung Cancer Screening Trial (NLCT) found that 3 yearly low-dose CT scans **reduced lung cancer mortality 20%** in current or recent (within 15 years) heavy (30 pack-years or more) smokers. The **increased sensitivity of CT** accounts for its efficacy, compared to chest X-rays, which are ineffective. However, it **amplifies overdiagnosis**, which was documented even for CXR screening. As a result, **shared decision making was mandated** for the first time for a screening modality. The objective of shared decision making is to **prepare patients for ambiguous and false positive results** but may have discouraged the use of CT screening in high-risk populations.

The **Magnitude of Benefit Equals the Benefit from Mammograms**. As the **Strang** Cancer Screening Trial has shown, women are more informed and communicate more clearly about mammograms than colorectal or lung cancer screening. While few patients in the **Strang** trial met eligibility criteria for screening, none discussed it with their doctors. Physicians may have also been reluctant to discuss screening. They reported less enthusiasm for CT screening than for other screening tests. Yet some evidence indicates that **women underutilize lung cancer screening** compared to men. Eligible women should be encouraged to consider screening for several reasons:

1. **About Half of New Lung Cancers Occur in Women.** Women will have 48% (112,350) of the estimated 234,000 lung cancers diagnosed and 46% (70,500) of the 154,000 estimated lung cancer deaths in 2018.
2. **Women Appeared to Benefit More than Men in the NLCT trial:** lung cancer mortality fell 27% in women and only 8% in men.
3. **Women's Death Rate for Lung Cancer has Fallen More Slowly than Men's** because they came to smoking later and have been slower to quit.
4. **Women are More Likely to Have a Mutation that can be Targeted, Usually with an Oral and Highly Effective Drug.** Tyrosine kinase inhibitors (TKIs) that target epidermal growth factor receptor (EGFR) mutations are taken orally and have far fewer of the toxicities associated with traditional cytotoxic chemotherapy (nausea, vomiting, alopecia, hematological). Allergic reactions, especially dermatological, are common, but are often well managed with topical medications and dose adjustments. Ongoing cancer mutations almost always lead to resistance but usually months to years later, and newer agents target many subsequent mutations.

Smoking Prevention and Cessation Remain the most Effective Approach for Reducing Lung Cancer Deaths but screening is an effective, underutilized tool.

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The Strang Cancer Prevention Cookbook

Reduce your Risk for Cancer by Eating a Healthy Diet!

Citrus Cranberry Sauce * 10 Servings

3/4 pound fresh cranberries, 1/2 cup packed brown sugar,
1 cup fresh orange juice, grated zest of 1 orange and 1 lime



In a medium saucepan combine all the ingredients. Bring to a boil, then lower the heat to simmer. Cover and cook until the cranberries burst open, about 10 minutes. Let the sauce cool and refrigerate.

Calories 70, Protein 1g, Carbohydrates 17g, Fat 0g, Cholesterol 0 mg, Dietary fiber 2g Saturated fat 1g

Major sources of Potential Cancer fighters:

Phytochemicals: plant polyphenols (flavonoids, phenolic acids), plant sterols, terpenes (carotenoids, limonene).

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