



Prevention

Lung Cancer Awareness Month November 2019

PREVENTING LUNG CANCER DEATHS BY INCREASING CT SCREENING

SUMMARY

Annual CT screening for 3 years **reduced lung cancer deaths by 20%** in current or recent (within 15 years) heavy (30 pack-years) smokers age 55-79, but **less than 5% of appropriate patients** have been screened. Because scans often find clinically insignificant abnormalities, **shared decision making is mandated** before screening. **Knowledge barriers** obstruct the use of new medical technology. **Socioeconomic factors**, which contribute to other health disparities, **play a role in underuse** of lung cancer screening. **Primary care providers**, who may also embrace novel technologies slowly, may **help their patients become aware** of CT screening for lung cancer, the **first step in shared decision making**. Minorities are more likely to benefit but also be uninformed.

LUNG CANCER SCREENING: Underused Test, Uninformed Patients

The National Lung Cancer Screening Trial (NLCT) found that 3 yearly low-dose CT scans reduced lung cancer deaths by 20% in current and recent heavy smokers.¹ The benefit is **approximately equal to that from mammography**. However, CT lung cancer screening is **dramatically less utilized**: reported CT screening in patients eligible for screening rose from 3.3% in 2010 to **only 3.9% in 2015** despite the US Preventive Services Task Force recommendation for screening in December 2013.² **Screening is free** as preventive care under the Affordable Care Act. However, because of the high **risk of false positive tests**, **shared decision making** is required. The number of **false positive tests per lung cancer death** prevented **ranges from 1648** in the lowest risk group (5-year risk 0.15% to 0.55% in 5 years) **to 65 in the highest risk groups** (1.24% or greater).³ The path to use of **screening begins with knowledge** of it. **Racial and socioeconomic disparities in knowledge** about a new screening test are greatest early on. Knowledge about lung cancer screening was **less in African Americans**, adjusting for other geographic and socioeconomic factors.⁴ **Gay men and women** were twice as likely as heterosexuals to meet screening requirements but no more likely to screen.⁵ We found that the few **CT screen eligible patients in the Strang Screening Trial did not discuss** it with their doctors.

REFERENCES

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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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