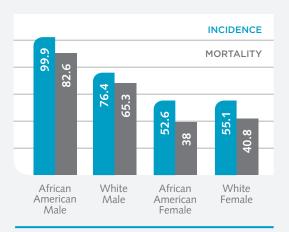




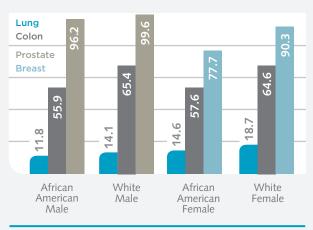
# LUNG CANCER IS THE LEADING CAUSE OF CANCER DEATHS AMONG AFRICAN AMERICANS

AFRICAN AMERICAN MEN HAVE A 33% HIGHER INCIDENCE RATE AND A 28% HIGHER MORTALITY RATE OF LUNG CANCER THAN WHITE MEN



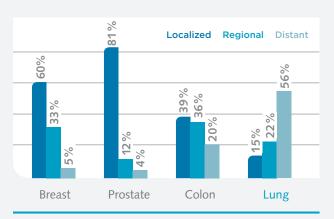
INCIDENCE AND MORTALITY RATES
2005-2009 PER 100,000 OF POPULATION

SURVIVAL RATES FOR THE THREE NEXT BIGGEST CANCERS HAVE INCREASED SIGNIFICANTLY; THE RATE FOR LUNG CANCER HAS NOT



FIVE YEAR RELATIVE SURVIVAL RATES

BECAUSE SO FEW CASES
ARE DIAGNOSED AT
EARLY STAGE WHEN
CANCER IS MOST CURABLE

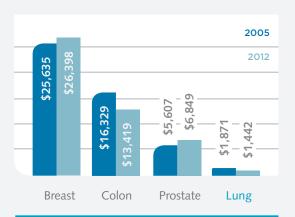


**REGIONAL:** Cancer has spread to regional lymph nodes **DISTANT:** Cancer has metastasized to other sites

### SNAPSHOT OF PEOPLE WITH LUNG CANCER

20.9% CURRENT SMOKERS 60% FORMER SMOKERS 17.9% NEVER SMOKED

# LUNG CANCER IS THE LEAST FUNDED IN DOLLARS PER DEATH OF THE LEADING CANCERS



#### FEDERAL RESEARCH FUNDING FISCAL YEAR 2012

(DOLLARS PER DEATH)

WHY IS LUNG CANCER
RESEARCH UNDERFUNDED
WHEN SO MANY PEOPLE
ARE DYING AND
SO MANY QUESTIONS
NEED TO BE ANSWERED?

- Why does lung cancer have such a profoundly higher impact on African American men?
- Is there an increased sensitivity to tobacco smoke?
- What other environmental triggers in inner cities or on the job are involved?
- How is risk related to military service and exposure to asbestos, Agent Orange, depleted uranium, battlefield toxins and other carcinogens?
- How do barriers to early detection and care exacerbate the situation?
- What about socio-economic factors, diet and medical histories?

## **RESOLUTION:**

AS THE PAST FORTY YEARS
OF SO LITTLE PROGRESS
HAVE SHOWN,
LUNG CANCER MORTALITY
WILL NOT BE SIGNIFICANTLY
REDUCED UNTIL:

- The public is made aware of the statistics
- Lung cancer is viewed with greater compassion and support
- Lung cancer mortality reduction is made a public health priority
- A comprehensive, multi-agency plan of action is developed
- Lung cancer prevention, early detection and treatment are coordinated.
- Congress provides adequate funding and holds the agencies responsible

© 2013



LUNG CANCER ALLIANCE | 888 16th Street NW Suite 150 | Washington DC 20006 | 202-463-2080 | LungCancerAlliance.org

Sources: Altekruse SF, Kosary CL, Krapcho M, Neyman N, Aminou R, Waldron W, Ruhl J, Howlader N, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Cronin K, Chen HS, Feuer EJ, Stinchcomb DG, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2007, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975\_2007/, based on November 2009 SEER data submission, posted to the SEER web site. 2010.

Prevalence Survey, Source: Centers for Disease Control and Prevention, Cigarette Smoking Among Adults - United States, 2006, Morbidity and Mortality Weekly Report, November 9,2007/56(44): 1157-1161, Table 2 Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National vital statistics reports web release; vol 58 no 19. Hyattsville, Maryland: National Center for Health Statistics. Released May, 2010.

LUNG CANCER ALLIANCE'S PROGRAMS ARE MADE
POSSIBLE BY GENEROUS SUPPORT FROM PEOPLE LIKE
YOU. PLEASE CONSIDER GIVING BACK SO THAT OTHERS
MAY CONTINUE TO RECEIVE THESE FREE SERVICES.

The Alliance is a 501  $\ \odot$  (3) non-profit organization. All donations are tax-deductible to the fully extent permitted by law.