



LUNG CANCER ALLIANCE

TURNING A MINORITY INTO A MAJORITY:

How psychosocial professionals can address lung cancer disparities and help increase survival rates

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BACKGROUND

Only a minority (17%) of lung cancer patients diagnosed today will live 5 years. This low survival rate can be attributed to many factors, including mostly late stage diagnoses and chronic underfunding of research.

However, other factors also impact lung cancer's low survival rates. It is a disease that disproportionately affects already marginalized groups including:

- Smokers
- The less educated
- Those of lower socioeconomic status
- African Americans
- The elderly

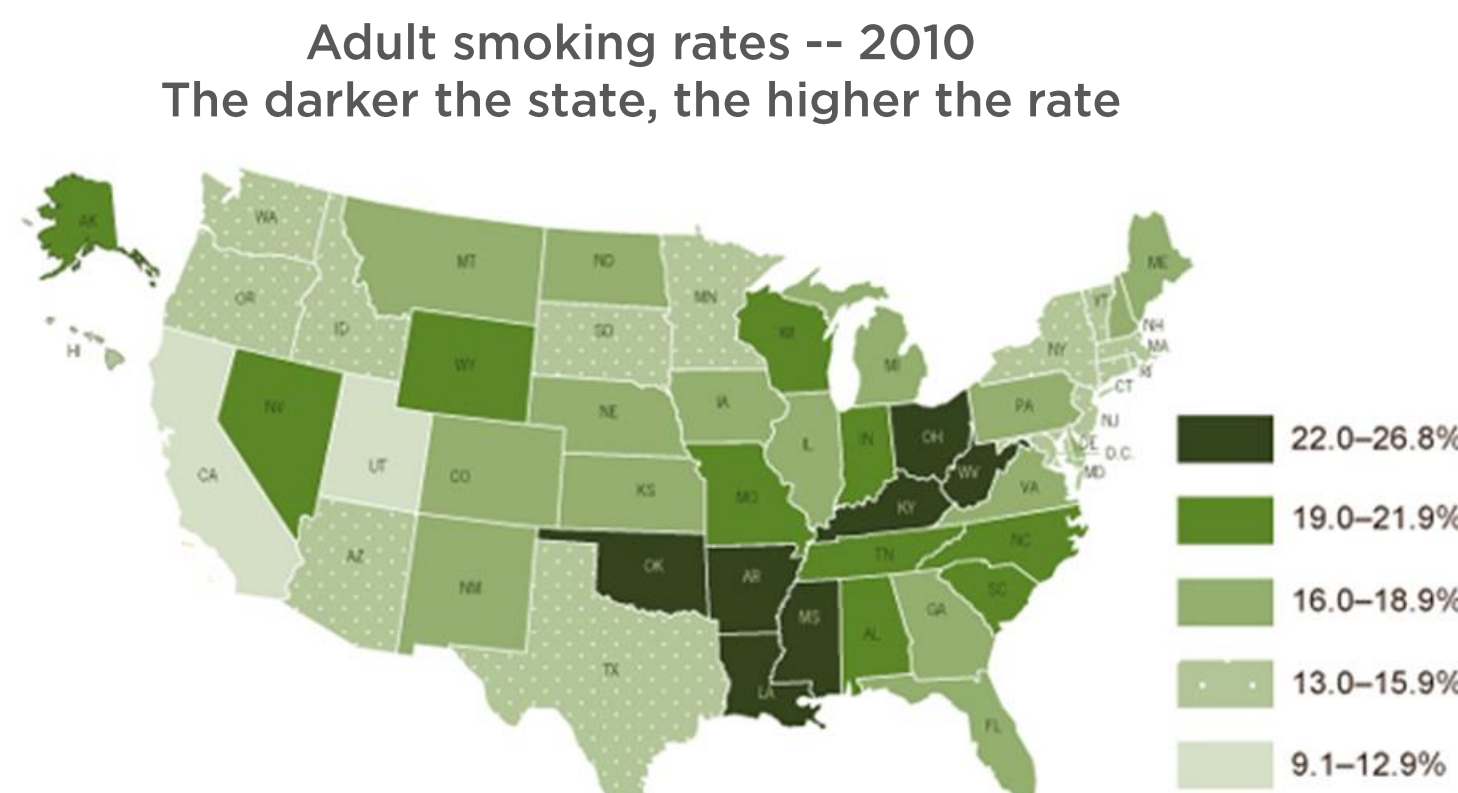
Many of those diagnosed are in multiple categories. These groups also face higher mortality from the disease, in particular current smokers, African American men and Caucasian women.

While this complicated maze of cause and effect is not unique to lung cancer, as the leading cause of cancer deaths for decades, those diagnosed do warrant particular focus and attention.

Lung cancer screening and recent advances in treatment bring hope but these approaches will take time to impact survival rates.

Through recognizing and addressing the unique disparities of lung cancer, can psychosocial professionals lessen their impact and possibly improve an individual patient's chances of surviving? Here are but a few ideas that may help.

SMOKING

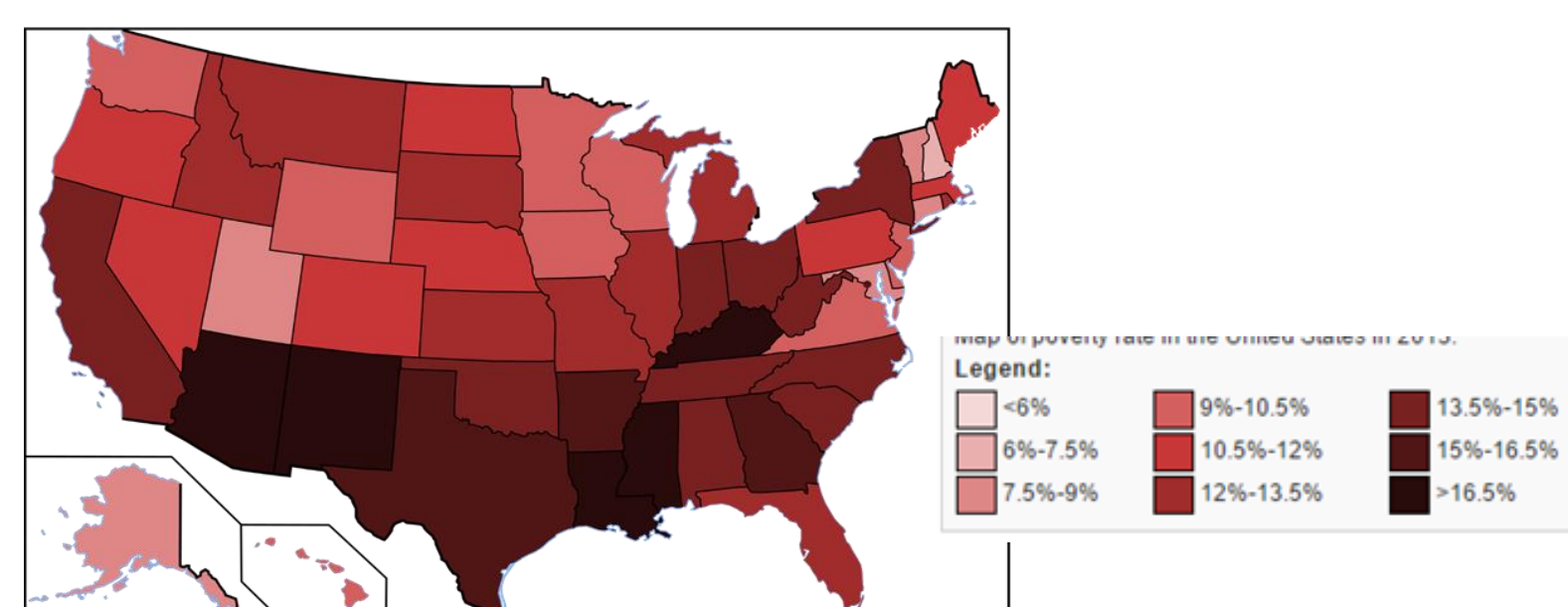


At 5 years, the mortality rate for people who continue to smoke after diagnosis may be more than twice that of those who quit.

INCREASE CHANCE OF SURVIVAL by helping smokers quit. In one study, those who quit between diagnosis and treatment had a 45% higher survival rate. And be aware some former smokers start again after diagnosis.

SOCIOECONOMIC STATUS

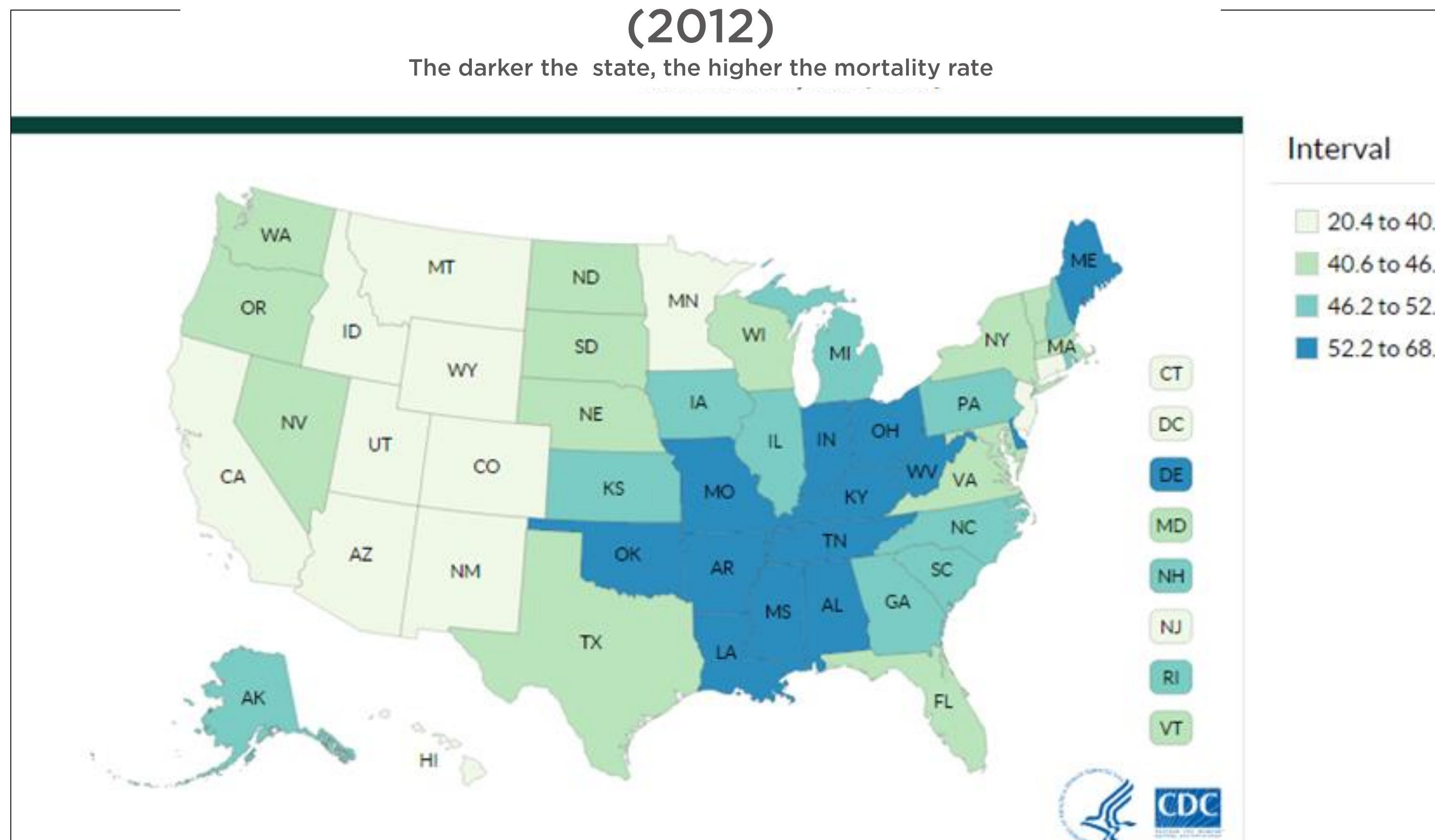
Poverty rate 2013
The darker the state, the higher the poverty level



At 5 years, people in the bottom 10% income level had mortality rates nearly twice that of those at the upper end of the scale.

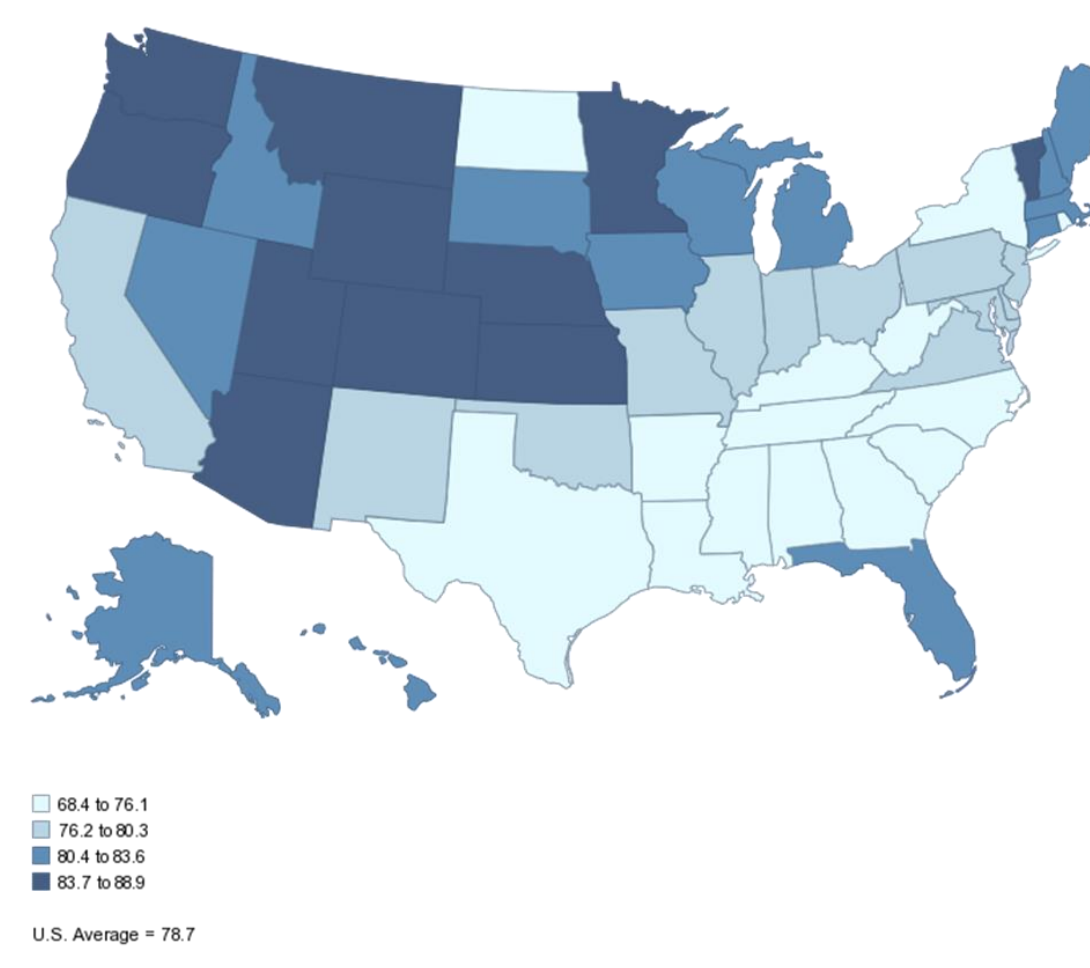
INCREASE CHANCE OF SURVIVAL by recognizing increased need for assistance. Refer to all available resources, including transportation and other financial assistance. Provide help obtaining insurance and entitlement navigation.

LUNG CANCER MORTALITY BY STATE (2012)



EDUCATION LEVEL

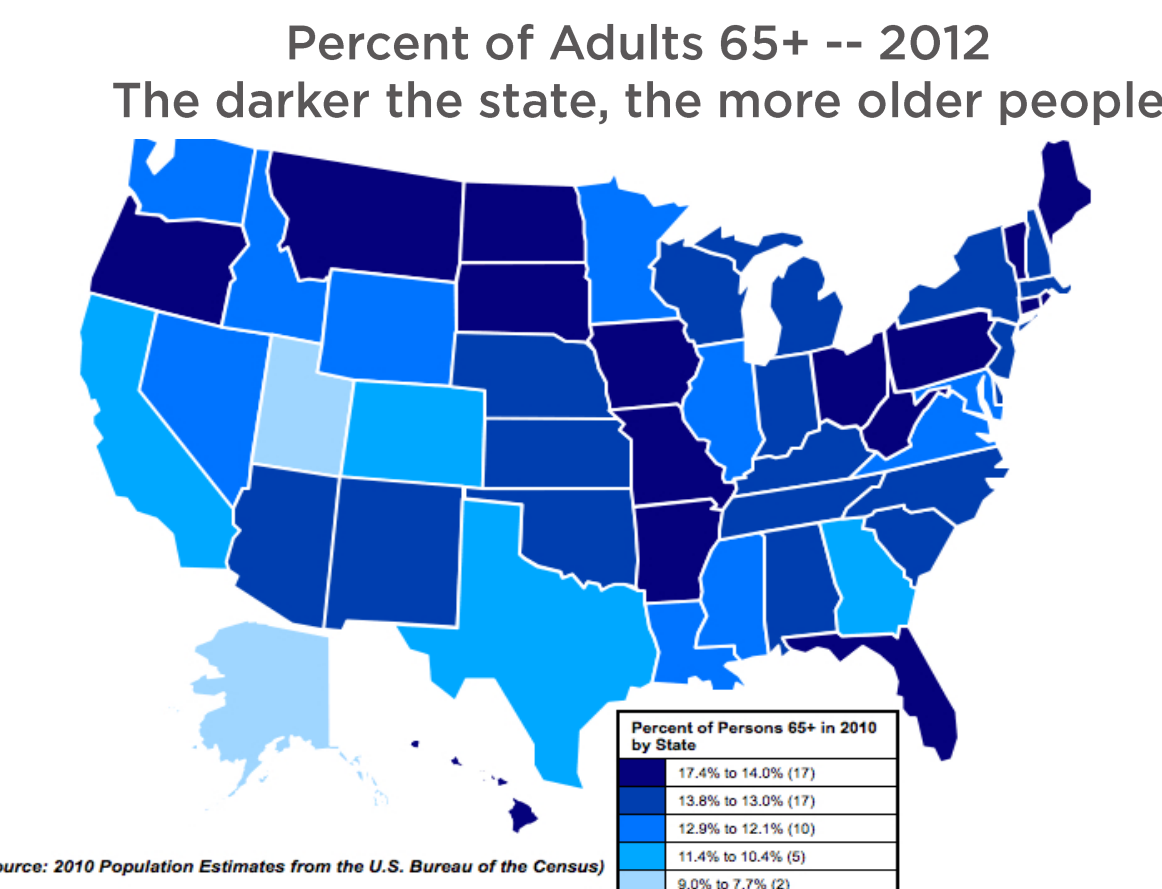
Percent of Adults 65 and Older with a High School Diploma - 2011
The lighter the state, the lower the education level



One study showed white men with 0-8 years of education had 9x higher mortality rates than those with 12+. For African American with less than a 12th grade education, the increase was 3x and for AA and white women, roughly 2x higher.

INCREASE CHANCE OF SURVIVAL by assessing for literacy and numeracy skills. Make no assumptions that information has been understood and repeat key points and clarify often. Be prepared to spend additional time and offer low literacy materials (8th grade and lower) that use pictures, diagrams and graphics. Engage in shared decision-making.

AGE

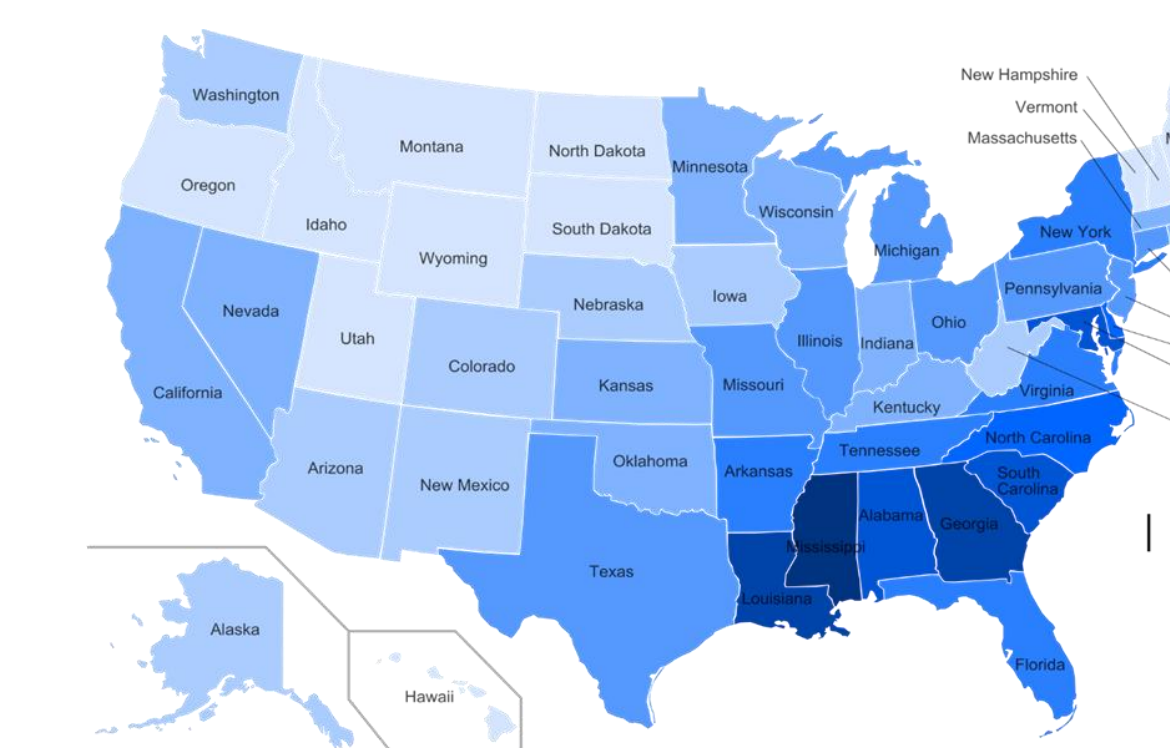


Healthy older patients may be treated at lower rates younger patients with severe comorbidity.

INCREASE CHANCE OF SURVIVAL by educating on new treatment approaches and the need for performance-based, not age-based, treatment recommendations.

AFRICAN AMERICANS

Percentage of population self-reported as African-American - 2010
The darker the state, the more African Americans



AA men in particular have a 20% higher mortality rate, regardless of smoking status.

INCREASE CHANGE OF SURVIVAL by addressing inequities in treatment and potential misconceptions, particularly about the effectiveness of surgery and the option of clinical trials.

Sensitivity and trust are the foundation of all strategies to ensure the patient feels comfortable sharing smoking status, lack of understanding or financial struggles.