

## **Media Facts**

### **Bringing lung cancer out of the shadow**

#### **Lung cancer – the disease**

##### **The UK's deadliest cancer**

Lung cancer is the UK's biggest cancer killer<sup>1</sup>; it kills over 34,000 people each year.<sup>1</sup> This is more than breast cancer, prostate cancer, bladder cancer and leukaemia combined.<sup>2</sup>

##### **How many people are affected by lung cancer in the UK?**

Around 22,200 men and 16,300 women are diagnosed with lung cancer each year.<sup>3</sup> The disease accounts for one in 14 (7%) of all deaths in the UK,<sup>1</sup> one in six of all cancer cases and one in four of all cancer deaths.<sup>4</sup> It is reported that four people die from lung cancer in the UK every hour.<sup>1</sup>

##### **Who is at risk?**

The majority of lung cancer cases are among smokers (nine out of ten)<sup>5</sup> although one in eight of all lung cancer deaths are among people who have never smoked.<sup>6</sup>

The number of lung cancer deaths in never-smokers is higher than the number of people who die from many other cancers including cervical cancer, and cancer of the kidney, liver, womb and bone.<sup>2,7</sup>

Passive smoking (second-hand smoking), exposure to radon gas, asbestos and other chemicals, together with diet and family history can all increase the risk of developing the disease.<sup>5</sup>

More women die from lung cancer than breast cancer<sup>2</sup> and women smokers are twice as likely to develop the disease than men who smoke.<sup>8</sup> Even among non-smokers, women's risk of developing lung cancer is higher than men – this is thought to be due to genetic factors.<sup>8</sup>

Lung cancer incidence and mortality rates are strongly associated with deprivation. Lung cancer is two and half times more common in deprived groups than it is affluent ones.<sup>4</sup>

In terms of geography, Scotland and the North of England have the highest number of lung cancer deaths.<sup>4</sup>

### **What is the average survival of someone diagnosed with lung cancer in the UK?**

Half of all lung cancer patients die within six months of diagnosis.<sup>9</sup> Currently, a quarter of people with lung cancer in England (25%) will live for a year and less than one in ten (7% in England) are still alive five years after diagnosis.<sup>10</sup>

You are four times more likely to survive from lung cancer in Chelsea, Stockport and Solihull than you are in Northumberland, Rotherham or Sunderland<sup>11</sup> – a result of both socioeconomic and health provision factors.

### **How does this compare with other countries?**

UK survival rates compare poorly with the rest of Europe and United States. According to the Eurocare 4 Study, average five year survival in the UK is an 8.95 percent [England (8.6%), Scotland (8.0%), N Ireland (10.2%) and Wales (9.0%)] compared to 12.3% average in Europe<sup>12</sup> and a 15 percent average in the United States.<sup>13</sup>

## **Why is lung cancer survival in the UK so poor?**

Poor survival from lung cancer is a result of a wide variety of factors. These are as follows:

- uncertainty among people as to when to seek help, not recognizing the symptoms and not seeking help until it is 'too late';
- reluctance to seek help due to the symptoms thought to be due just to smoking
- difficulty amongst GPs in identifying suspicious symptoms early enough;
- time taken to progress from first appointment through to diagnostic tests onto treatment is too lengthy in some areas;
- a variation in quality and provision of cancer services across the country - as a result, not all patients are receiving the optimal treatment; for example, the proportion of patients who are treated by surgery varies from around 4% to nearly 20% between different areas of the UK.<sup>13</sup>
- decades of under-investment in people and equipment. Whilst many aspects of these problems have been addressed over the last 10 years, there is still limited capacity for specialist surgery, specialist oncology and specialist nursing in many areas.
- lack of screening programmes. Many other cancers have benefited from the development of screening programmes. Research into lung cancer screening has been very slow to be supported in the UK but we are delighted that a pilot study is about to begin.
- patients in the UK may be generally less healthy, with more co-existing illnesses, and therefore less likely to be fit for such things as major surgery.

-ends-

### Note to editors:

In addition to sponsorship and grants from its constituent organisations, including charities, core funding for the UKLCC is obtained from membership fees received from pharmaceutical companies.

## References:

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