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Lung Cancer: Still a Major Health Issue

Lung cancer remains the leading cause of cancer deaths in Canada. In men, the mortality rate is 47.2 per 100,000, which is more than prostate cancer and colorectal cancer combined.¹ In women, the mortality rate is 35.6 per 100,000, more than breast cancer and colorectal cancer combined. The lifetime risk of developing lung cancer is 8.6% in men and 7.0% in women.¹ But not all persons are at equal risk, as smoking remains the single most important risk factor for the development of lung cancer (as well as for other cancers).²

In this issue of the *CJGIM* there are two articles of relevance to this important health issue. The article by Bouchard and Agulnik summarizes new interventions from lung cancer screening to lung cancer management, fields that have evolved over the past decade. The second article by Nahn and colleagues discusses the therapeutic options that involve combination therapies to assist smokers to quit.

Bouchard and Agulnik discuss the benefits of screening patients at increased risk for lung cancers associated with smoking. Benefits are attained, but not without a considerable consumption of health care resources. An NNT of 327 patients must be screened with low-dose CT scans yearly for three consecutive years (compared to chest X-ray only) to prevent one death from lung cancer. The article also identifies a number of tumour-specific advances in the treatment of late stage cancers, but we are informed that the benefits are limited to 1–5 months of increased life. In the article by Nahn and others, we are first reminded of the rather disappointing success rate for smoking cessation therapies and then, through a systematic review, we see that trying to improve smoking cessation with combination therapies is similarly disappointing.

Overall, these articles might generate a somewhat pessimistic vision for curtailing the morbidity and mortality associated with lung cancer. But to offer some optimism on the subject, mortality has decreased in men over the past two decades, and this has been attributed to the success of campaigns and policies to reduce cigarette smoking. It would appear the best solution to the problem of lung cancer is to prevent individuals from starting to smoke in the first place. While physicians in their encounters with patients can certainly reinforce that message where possible, it will continue to be extremely important that policy makers implement smoking prevention programs that impact the population in the second and third decades of life, when smoking begins. In 2012, the smoking prevalence for Canadians aged 15 years and over was 16.1%,³ so society still has plenty of work to do.

Mitch Levine

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