

Importance of Detecting Lung Cancer Early

With more time spent at home during COVID-19, many people have taken on new home improvement projects, experimented with dinner recipes, and found new ways to enjoy the great outdoors, among other initiatives. But one thing that may not have been tackled with the same focus was their health.

In 2020, many Americans delayed seeing their doctors due to the pandemic. As a result, important tests, like lung cancer screenings, declined by more than 50% from the previous year.¹ Those who delayed screenings and are diagnosed with lung cancer at a late stage could potentially have a lower 5-year survival rate.²

It's important that people recognize the signs of lung cancer and visit their doctors to discuss their symptoms. An unexplained, persistent cough lasting more than 3 weeks is an example of a symptom of lung cancer that people should be aware of.³ With lung cancer being the deadliest cancer for both men and women,⁴ reinforcing the importance of regular doctor checkups and screenings can help increase the chance of survival.

Early Detection of Lung Cancer Is Important

When diagnosed at an early stage, lung cancer has a relative 5-year survival rate of nearly 60%, but when diagnosed at a late stage, the relative 5-year survival rate decreases to only 6%.² Delays in screenings can lead to lung cancer being diagnosed at a late stage when it's harder to treat.

Symptoms and Risk Factors

Some of the most common symptoms of lung cancer include an unexplained, persistent cough that lasts more than 3 weeks or shortness of breath.³ While anyone can get lung cancer, a person's risk goes up if they are aged 50 years or older with one or more of the following⁵:

- Currently smoke or smoked in the past⁵
- Have been around secondhand smoke⁵
- Have a family history of the disease, such as a parent or sibling⁶

The above list does not include all risk factors for lung cancer.

US Preventive Services Task Force Recommendations⁵

The US Preventive Services Task Force recommends an annual screening for lung cancer with low-dose computed tomography for adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

It's important to stay consistent with national guidelines as you encourage your employees to take note of their health.

Why Lung Cancer Screening Matters

- Prevention and early detection are likely to increase worker productivity and reduce the costs associated with absenteeism.⁷
- Screening can lead to early detection of lung cancer.²
- 23% of lung cancer cases are detected early.²
- 47% of lung cancer cases are not diagnosed until they are advanced.²

Encourage your employees to resume doctor visits, including screenings for lung cancer.

- Educate employees on routine health care and encourage appointments and screenings that may have been missed due to COVID-19. Please consider the latest US Preventive Services Task Force lung cancer screening guidelines.
- Ensure your employees know the signs and symptoms of lung cancer and are able to discuss any concerns with their health care provider.
- Educate your employees about lung cancer risk factors:
 - Aged 50 years or older⁵
 - Currently smoke or smoked in the past⁵
 - Have been around secondhand smoke⁵
 - Have a family history of the disease, such as a parent or sibling⁶

To learn more about lung cancer and lung cancer screenings, including recognizing symptoms and factors that raise risk, visit the resources below.

▶ [Lung Cancer Foundation of America \(LCFA\)](#)

▶ [GO₂ Foundation for Lung Cancer](#)

▶ [Lung Cancer Research Foundation \(LCRF\)](#)

References:

1. Patt D, Gordan L, Diaz M, et al. The impact of COVID-19 on cancer care: how the pandemic is delaying cancer diagnosis and treatment for American seniors. *JCO Clinical Cancer Informatics*. doi: 10.1200/CCI.20.00134 2. American Lung Association. State of lung cancer 2020 key findings. November 17, 2020. Accessed June 23, 2021. <https://www.lung.org/research/state-of-lung-cancer/key-findings> 3. Global Lung Cancer Coalition. COVID-19 and lung cancer symptoms – know the difference. January 2021. Accessed March 22, 2021. http://www.lungcancercoalition.org/uploads/news/GLCC%20Lung%20cancer%20and%20Covid-19%20Factsheet%20Final_EN.pdf 4. American Cancer Society. *Cancer Facts & Figures 2021*. Accessed April 29, 2021. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf> 5. US Preventive Services Task Force. Lung cancer: screening. March 9, 2021. Accessed June 1, 2021. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening> 6. American Cancer Society. Lung cancer risk factors. October 1, 2019. Accessed January 6, 2021. <https://www.cancer.org/cancer/lung-cancer/prevention-and-early-detection/risk-factors.html> 7. Tangka FK, Trogdon JG, Nwaise I, Ekwueme DU, Guy GP Jr, Orenstein D. State-level estimates of cancer-related absenteeism costs. *J Occup Environ Med*. 2013;55:1015–1020.

