Why Don’t More Smokers Get Potentially Lifesaving Lung Cancer Screenings?

Only 18% of eligible smokers had lung cancer screenings, yet rates for breast and colorectal cancer screenings are four times higher.

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Most adults with a history of smoking who are recommended to get lung cancer screenings do not get the potentially lifesaving tests, according to study findings published in JAMA, the Journal of the American Medical Association. In fact, only 18% of eligible smokers received screenings in 2022.

The same cannot be said of groups at risk for other cancers. Researchers noted that 65% of people recommended to be screened for breast and colorectal cancer followed through with the screenings. That’s four times more than smokers got screened for lung cancer. Why the discrepancy?

The American Society recommends that more people should be screened for lung cancer. Its updated recommendation, which calls for annual CT screening starting at age 50 for people who have a smoking history of 20 pack-years or more, regardless of when they quit, is expected to make 5 million more people eligible. The biggest change is that screening is now recommended even for people who quit smoking many years ago.

As the study is based on older screening guidelines, the percentage of people not getting screened for lung cancer is likely even higher than 18%.

“Many individuals eligible for lung cancer screenings are open to receiving preventive care services,” said lead author Alexandra Potter, a researcher with Massachusetts General Hospital in Boston, in a news release. “The data suggest that these individuals aren’t necessarily resistant to receiving cancer screenings—other factors are likely driving low rates of lung cancer screening.”

Potter offers further context: “In contrast to breast and colorectal cancer screening eligibility

criteria, which are based on age alone, lung cancer screening eligibility criteria are more complex and include both age and multiple smoking history requirements," he said. "Challenges accessing lung cancer screening clinics are also likely an important factor driving low rates."

Lung cancer screening with annual low-dose computed tomography (CT) scans can reduce the lung cancer death rate by up to 20% by detecting tumors at early stages when the cancer is more easily treated and likely to be curable, according to the American Lung Association.

Lung cancer is by far the leading cause of cancer death in the United States, accounting for about one in five of all cancer deaths. This year, the American Cancer Society estimates that about 226,650 people will be diagnosed with lung cancer, and about 124,730 people will die of the malignancy.

Researchers emphasize the need for interventions to raise lung cancer screening awareness and eliminate some of the barriers preventing high-risk individuals from undergoing lung cancer screening.

For the study, researchers utilized data from the Centers for Disease Control and Prevention (CDC) on almost 28,500 between 50 and 70 years old who were eligible for lung cancer screening.

Smoking cigarettes is the leading risk factor for lung cancer. Smoking cigars, pipes, low-tar cigarettes and menthol cigarettes can raise lung cancer risk as much as smoking regular cigarettes.

Nearly half of people diagnosed with cancer in 2023 had a history of smoking and 15% were smokers at the time of their diagnosis, according to a study led by the Yale Cancer Center.

What's more, inhaling cigarette smoke secondhand can also cause lung cancer. In fact, 7,300 people who never smoked die of lung cancer due to secondhand smoke each year, according to the CDC.

To learn more, click #Lung Cancer or read Cancer Health's Basics on Lung Cancer. It reads in part:

What is lung cancer?

Cancer develops when cells grow out of control. Lung cancer begins in the lungs and can spread to the lymph nodes and elsewhere in the body, a process known as metastasis. Lung cancer is often diagnosed late and is difficult to treat.

There are three main types of lung cancer: non-small-cell lung cancer (NSCLC), small-cell lung cancer (SCLC) and lung carcinoid tumor. About 80% to 85% of lung cancers are NSCLC, which can be further broken down into adenocarcinomas, squamous cell carcinomas and large-cell (undifferentiated) carcinomas.

What are the risk factors for lung cancer?

A variety of factors increase the likelihood of developing lung cancer, such as:

- Tobacco smoke: Smoking cigarettes is the leading risk factor for lung cancer. Smoking cigars, pipes, low-tar cigarettes and menthol cigarettes can increase lung cancer risk as much as smoking regular cigarettes. In addition, inhaling secondhand smoke from someone else's cigarette can also cause lung cancer. According to the Centers for Disease Control and Prevention, 7,300 people who never smoked die of lung cancer due to secondhand smoke each year.
- Personal or family history: Lung cancer survivors are at risk of developing another lung cancer, especially if they smoke. A person's risk of lung cancer is also higher if a relative had the disease.
- Exposure to radon: Exposure to radon gas, which forms naturally from the decay of radioactive elements in rocks and soil and can get trapped in houses and buildings, can cause lung cancer.
