

Lung Cancer Screening Trials...and Tribulations

By Andrew Holtz

When lung cancers are diagnosed, only about one case out of seven is localized. It is appealing to hope that detecting suspected tumors earlier would improve survival rates. However, the Lung Cancer Progress Review Group report noted that "the benefits of lung cancer screening and early detection are mired in controversy."

Two large clinical trials now under way are intended to add new data to the discussion: the NCI's National Lung Screening Trial (NLST) and the New York Early Lung Cancer Action Program (NY-ELCAP).

Both trials employ spiral computed tomography (spiral CT). Smaller studies by researchers including Claudia I. Henschke, MD at Weill Cornell Medical Center in New York City indicate that spiral CT detects lesions that are much smaller than those seen on conventional chest x-ray films.

However, the designs of these trials

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reveal sharply divergent views of the best way to evaluate lung cancer screening technologies.

The NLST (www.cancer.gov/nlst) includes 50,000 current or former smokers in a trial that is expected to last almost a decade and cost about \$200 million. The trial randomly assigns participants to screening with either spiral CT or chest x-ray.

Dorothy Sullivan, the trial's assistant project officer, notes, "Some people are assuming that spiral CT would be a good screening mechanism, but it's never been proven, so that's what we are trying to find out, before it does become general practice."

The NLST is designed to detect a 20% drop in lung cancer mortality from using spiral CT compared with chest x-ray. "For screening, you are looking at healthy, maybe high risk, but generally healthy with no symptoms, so it takes longer for the disease to appear," she said.

"Although lung cancer is prevalent in smokers, and a large percentage of people who develop lung cancer are smokers, not all smokers develop lung cancer, so it still takes a long time and a lot of people to find the disease and then to track the endpoint."

But a supporter of NY-ELCAP harshly criticizes the NLST approach. "The study is poorly designed. It is damaging to patients, because they are only being detected, but not properly diagnosed. I think it's criminal, what they are doing with this study. They should be directing people to, and supporting, Claudia's [Henschke] study [NY-ELCAP]; where they can get good care, be diagnosed and taken care of," said Margaret McCarthy, who founded ALCASE, but the organization itself does not take a position on the trials.

While the screening trials go on, other important questions are left hanging.

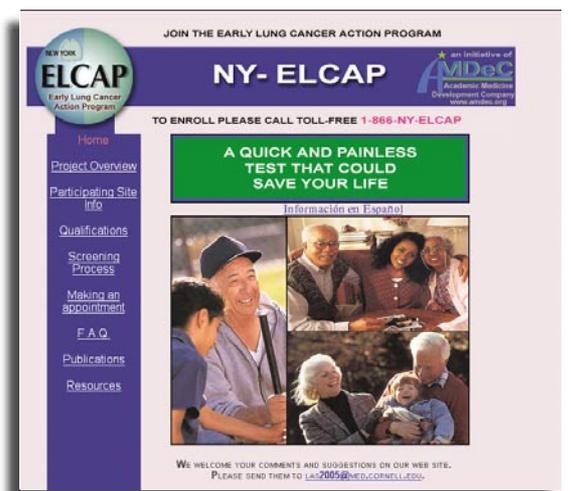
The NY-ELCAP trial will enroll up to 10,000 current and former smokers. The Web site of the study (www.nyelcap.org) says the trial is intended to deter-

mine whether spiral CT is an effective screening technique to detect lung cancer in its earliest stages for people at high risk for the disease.

The study will not compare individuals who receive spiral CT with those who do not. All the participants in NY-ELCAP will receive spiral CT screening.

Meanwhile, John C. Ruckdeschel, MD, President of the Barbara Ann Karmanos Cancer Institute, says that while the screening trials go on, other important questions are left hanging.

"We don't know what to do with these lesions surgically," he said. "Do we do a smaller operation? Do we do a standard lobectomy? Can they be treated with radiation alone? What size do we do? What's the algorithm for when we operate and when we don't operate? Do they get chemo afterwards? None of this stuff is known." 



Celebrities

continued from page 19

and widespread."

During the last year of his life, Warren Zevon recorded a new album and made a few appearances, but he did not rail in public against lung cancer or cry out for more research or better treatment.

On the David Letterman show, Zevon joked that he "might have made a tactical error by not going to a physician for 20 years." And in a documentary that aired on the VH1 cable channel this summer, he displayed a stoic and contemplative attitude toward his fate.

"I'd be an idiot if I was not less than pleased about being doomed, but I feel lucky or blessed to be around for so long, and I still love every day," he said on the program.

The Katie Couric Effect

Researchers at the University of Michigan School of Medicine recently documented the power of celebrities to

influence health attitudes and behaviors.

In a paper in the July 14 *Archives of Internal Medicine* (2003;163:1601-1605), the researchers reported what they termed the "Katie Couric effect." The study measured a jump in colonoscopy rates after the NBC host underwent a live, on-air colonoscopy on the "Today Show" in March 2000.

Lung cancer has not received that

kind of star billing. "The first consequence of not having celebrity involvement is the lack of media coverage of lung cancer, distinct from tobacco and smoking," Ms. Healy noted.

"The media just doesn't get the extent of this disease. And if they do, they are likely to make an immediate connection with tobacco and smoking and stop there.

"I think once you bring a celebrity on the scene, all sorts of addi-

tional press interest is possible. You get into the family, you personalize the lung cancer stories, and you have a chance to bring in the issues that have not yet been covered."

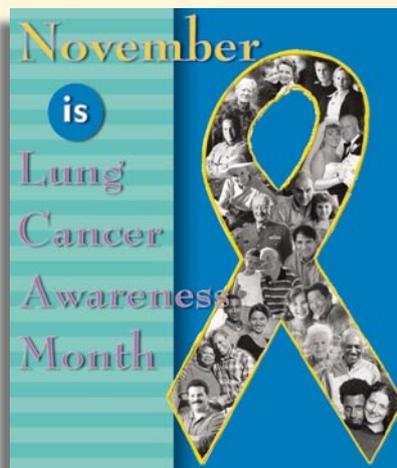
Study Documents Lack of Coverage & Absence of Celebrity Advocacy about Lung Cancer

An analysis of 600 randomly selected media stories about cancer, presented in a poster session at the 2001 ASCO annual meeting, documented the lack of coverage and the absence of celebrity advocacy about lung cancer.

Diane Blum, MSW, Executive Director of Cancer Care, reported that most of the stories were about breast cancer and less than one in five was about lung cancer.

In contrast to stories about other common cancers, none of the lung cancer stories mentioned celebrities. The stories about lung cancer were dominated by tobacco and devoid of substantive information about medical research, she found.

Even public relations experts who
(continued on page 25)



Lung Cancer Awareness Month

This is part of a poster from ALCASE, the Alliance for Lung Cancer Advocacy, Support, and Education (www.alcase.org, 500 W. 8th St., Suite 240, Vancouver, WA 98660, 800-298-2436). "The poster celebrates hope," notes Janet M. Healy, Senior Program Manager, "and makes the point that no one deserves lung cancer."