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Opinion

## **Stigma of lung cancer stymies research funds**

**Little if any revenue from two bills that target tobacco with taxes will go toward detection or cure.**

By Kim Norris

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Two bills making their way through the Legislature have the support of many Californians as a legitimate way to help ease the state's budget crisis while also discouraging smoking. One would raise the tobacco tax by \$1.50 a pack, and the other would increase it by \$2.10.

The justification for the tax increase is the negative effect smoking has on public health. I do not object to a tobacco tax. Yet little, if any, of the revenue generated under these bills would actually go toward lung cancer research for early detection and a cure.

Under one bill, 85% of the revenue would go to the state's general fund to help with the current fiscal disaster. The remaining 15% would go to a "tobacco tax and health protection fund" that would be used to offset decreases in state funding for various healthcare and school programs -- such as the California Children and Families First Trust Fund, the Hospital Services Account and the Breast Cancer Fund. The other bill calls for revenue to go into a newly created account in the general fund, with money to be allocated for lung cancer research, among other needs, but without specifying how much.

Lung cancer, the leading cause of cancer deaths in the United States, kills more people than breast, prostate, colon and pancreatic cancers combined and is considered one of the most significant effects of tobacco use on public health. Yet lung cancer remains the most under-funded and under-researched cancer, resulting in an overall 15% five-year survival rate that has remained virtually unchanged for 40 years, according to the Lung Cancer Alliance. This staggeringly small number becomes amplified when compared with the progress made with other cancers. The overall five-year survival rate for breast cancer, for example, is 88%, and for prostate cancer, it is 99%, according to the American Cancer Society.

Because lung cancer still carries the stigma that somehow you brought the disease on yourself, tobacco taxes rather than direct funding remain the perennially popular government source of funding to make up for the shortfalls in general spending.

The bottom line is that all cancer victims should be treated equally regardless of personal habits; all cancers are the direct result of genetics, environment and behavior. Do colon cancer patients deserve their disease because they did not get enough fiber in their diet? Should singer Natalie Cole have been denied her new kidney because her old one was damaged by her previous drug use?

Of new lung cancer diagnoses, 60% are in nonsmokers, a combination of people who have never smoked and former smokers, many of whom quit decades ago. The former smokers did the right thing for themselves and for society -- they quit. But they are still at risk for lung cancer, and just like lung cancer victims who have never smoked, they will be shocked to discover how few treatment options are available to them.

Because of the stigma associated with lung cancer, and because there are relatively few survivors to fight for a cure, lung cancer is one of the least-funded cancers for research in the public and private sectors. In fact, in terms of federal research dollars, lung cancer receives only \$1,553 per death. Compare that with \$14,400 per breast cancer death, according to the National Cancer Institute. In fact, the NCI has reduced the amount of lung cancer research dollars by 71% since 2005 while increasing breast cancer research dollars by 4% during that same period.

I am not suggesting that breast cancer should be denied those research dollars. In fact, the breast cancer community's success is a wonderful example of effective grass-roots advocacy.

The Lung Cancer Foundation of America was founded for the purpose of increasing funding for lung cancer research. We support increasing tobacco taxes as long as a fair share of the money, commensurate with lung cancer's effect on public health, is used for lung cancer research.

Current public and private funding mostly focuses on prevention, which is only one part of the equation. Early detection and treatment are just as critical, especially because it is estimated that in this year more than 214,000 people in this country will be diagnosed with lung cancer and more than 157,000 will die from it. There are currently no officially agreed-on early detection methods. Once lung cancer becomes symptomatic, it is usually in its late stages, making treatment nearly impossible.

What makes lung cancer so insidious is its long incubation period. Even if we were to ban tobacco today but did not develop early detection methods or effective treatments, we would not see a corresponding reduction in lung cancer mortality for another 30 to 40 years. That is too long to wait for lung cancer to receive the attention it so desperately needs.

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