



Mobilising women to fight lung cancer

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Women are hardly aware that they have become candidates for lung cancer. In the past, this cancer has mostly affected men and was considered rare in women, but it is now catching up with them. Although more men are diagnosed with lung cancer, incidence is levelling off, even decreasing in men, but alarmingly it is on the rise in women. Lung cancer is deadly, yet it is highly preventable. Generally 80-90~% of lung cancer is smoking-related – so that the most important step anyone can take to reduce the risk is to stop smoking. That applies to many other cancers, to respiratory and cardiovascular diseases and many other conditions.

In Europe lung cancer is the third most common cancer among women. The highest mortality rate is currently in Denmark, the lowest in Spain. However, in Spain young girls are very fast taking up smoking. This is why a group of committed women oncologists of SEOM, the Spanish Society of Oncology, have set up a data base covering Spanish women and lung cancer.

It is also why the European Institute of Women's Health is campaigning to step up antismoking programmes targeted at young girls and women. Unless we can stop them smoking, we will face a lung cancer epidemic in women in the future.

The development of lung cancer depends on complex genetic, hormonal, behavioural and environmental interactions. New data suggest that lung cancer in women takes a different course from in men; and that women get lung cancer sooner after they start smoking but they survive longer. However, the differences between men and women and their implications for prevention, diagnosis and treatment need to be better understood through continued basic and clinical research.

Lung cancer is the biggest cancer killer worldwide, yet research is seriously underfunded. US data show that federal funding lags behind other major cancers. For 2009, three federal agencies who support medical research allocated only \$1.249 per lung cancer death compared with \$27.480 per breast cancer death. There may be several explanations for this under-investment. Few lung cancer patients survive long enough to become advocates for increased resources. The stigma of smoking and having caused the disease may be another barrier.

The smoking gap between men and women has been narrowing in recent years. In some EU countries young girls are more likely to smoke than boys. Women damage not only their own health: their smoking also impacts on their children. Children who are exposed to passive smoking have more respiratory diseases, ear infections and other afflictions. Later they are liable to become smokers too, following the role model set in the home.

Traditionally tobacco control policies have taken a broad approach to reduce smoking. However, in order to be more effective, we need policies and interventions to be gender-sensitive and targeted at women, especially the poorer, socially disadvantaged and more vulnerable groups. WHO has recognised this in its Framework Convention on Tobacco Control: in 2010 it focused the World No Smoking Day on young girls and women.

With messages such as "smoking is ugly" the WHO aims at counteracting the insidious pictures with which the tobacco industry has beguiled young girls worldwide to take up smoking. Girls often do so out of ignorance or for appearances, to seem sophisticated, to stay slim. The glamorous images conjured up by the tobacco industry's marketing campaigns seem to lock them faster into the smoking habit.

Current tobacco control legislation implemented now in many EU countries has raised the hope that we can stem the smoking tide, yet it will always remain a challenge to reach the private sphere of the home. There we must encourage change of behaviour and provide support rather than stigmatising smokers.

The EIWH's vision is that women who have been in the forefront fighting breast cancer will soon be on the barricades against lung cancer. We need more research into this deadly disease and we need to stop young people smoking.

