Survey Finds Significant Racial Differences in Lung Cancer Beliefs

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A new survey finds that while both whites and African Americans know and think little about lung cancer, African Americans are more likely to hold beliefs and perceptions about the disease that could interfere with prevention and treatment. Published early online in CANCER, a peer-reviewed journal of the American Cancer Society, the report indicates that public health messages regarding lung cancer should be targeted to all communities.

Lung cancer is the leading cause of cancer deaths in the United States, and while African Americans have the highest incidence of the disease, they are less likely to receive treatment for lung cancer. Researchers have wondered whether potential differences in how lung cancer is perceived by different racial and ethnic groups might play a role in these disparities. To find out, researchers led by Christopher Lathan, MD, MS, MPH, of the Dana-Farber Cancer Institute in Boston examined results of the 2005 Health Information National Trends Survey (HINTS), which was conducted in individuals without cancer and included questions about lung cancer. The survey was conducted on a nationally representative sample using random-digit dialing of listed telephone exchanges in the United States. A total of 1,530 individuals answered questions related to lung cancer and provided enough information to be included in the analysis.

The survey asked participants if they agreed or disagreed that: (1) there’s not much you can do to lower your chances of getting lung cancer; (2) there are so many different recommendations about preventing lung cancer that it’s hard to know which ones to follow; (3) lung cancer is often caused by a person's behavior or lifestyle; (4) you are reluctant to get checked for lung cancer because you fear you may have it; (5) getting checked regularly increases chances of finding lung cancer when it is easy to treat; and (6) people with lung cancer have pain or other symptoms prior to diagnosis. Survey participants were also asked their thoughts on how likely they were to develop lung cancer when compared with the average person and what percentage of people who develop lung cancer survive at least five years.

The investigators found that both African Americans and whites grossly underestimated the lethality of lung cancer. Most respondents indicated that they did not place themselves at high risk for lung cancer, and both groups overestimated the survival of lung cancer dramatically. Most of the survey questions were answered similarly, but there were a few replies that differed by race. African Americans were more likely than whites to agree that there were too many recommendations for preventing lung cancer (53 percent vs 37 percent), to be reluctant to be checked for lung cancer (22 percent vs 9 percent), and to expect symptoms prior to a diagnosis of lung cancer (51 percent vs 32 percent). African Americans were also less likely than whites to agree that lung cancer is caused by behavior or lifestyles (73 percent vs 85 percent). The differences observed indicate that clinicians and health officials must better communicate information about lung cancer to the public.

The authors say their research does not suggest that patient perceptions and beliefs are the only reason treatment differences exist by race, but they could play a role. Perceptions and beliefs could keep patients from seeking appropriate medical care and could negatively affect physician-patient interactions. “Racial disparities in health are multifactorial, with access to care, patient factors such as lifestyle choice and lifetime exposures, and physician factors all having some impact,” the authors write.