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Foreword from
HON TONY RYALL,
MINISTER OF HEALTH

Being diagnosed with lung cancer is devastating and life changing.

Often the prognosis is not good - only 10% of people diagnosed with lung cancer will survive beyond five years.

Lung cancer is the biggest cause of cancer deaths in New Zealand. Every year almost 2000 people are diagnosed with the disease and more than 1600 people die from it. There is a real will to reduce the impact of lung cancer through prevention, early diagnosis and timely treatment.

Smoking is undeniably the major cause. About 85% of people who die from lung cancer are smokers and a big proportion of the remainder are likely to have been exposed to second-hand smoke.

In fact, tobacco products kill about 5000 New Zealanders each year, and each of these deaths is preventable. Stopping smoking is the best thing a person can do for their health.

That is why this Government is committed to reducing smoking and making tobacco less attractive and less visible. We currently spend more than $40 million a year on tobacco control activities, including cessation, promotion, media information campaigns and research.

These activities will help us achieve our goal of being essentially a smokefree nation by 2025.

Our Better help for smokers to quit health target ensures patients seen by hospitals and GPs are offered advice and support to stop smoking.

We have removed tobacco displays from shops and raised fines for retailers who sell tobacco products to people under the age of 18. We are regularly increasing excise tax on these products and are progressing ‘plain packaging’ legislation that will see branding stripped from cigarette packs and other tobacco products.

On the treatment front, we now have national standards that improve the way care is delivered to lung cancer patients. The standards will ensure that over time, people can access the same high quality care, no matter where they live.

We are focused on providing faster tests and cancer treatment. The Shorter waits for cancer treatment health target has improved treatment times so patients needing radiotherapy or chemotherapy receive it within four weeks.

These initiatives are paying dividends – New Zealand smoking rates are at a record low and the number of people who smoke every day has dropped to around 15 percent. However we cannot afford to be complacent.

It is important to raise awareness of lung cancer so that people fully understand the risk factors and can recognise the symptoms. This publication is a welcome addition to the library of information resources available to consumers.

Hon Tony Ryall
Minister of Health
A message from Melissa McGregor, Managing Director Pfizer New Zealand

IF IT DOESN’T FEEL RIGHT, IT PROBABLY ISN’T

Having personal experience of supporting my sister through a cancer diagnosis and into palliative care, I understand first-hand the strain it puts on family. My sister had a feeling something wasn’t quite right. She went to her local doctor and returned again when her symptoms didn’t improve. Her perseverance and knowing her own body helped ensure she got a diagnosis. It also helped give us more time with her through treatment and into care.

If we can help prevent other families going through the same process then this report has been a success. We need to encourage people to change their behaviours by acting early on symptoms, addressing their tobacco use and busting community misconceptions about lung cancer.

Lung cancer is often fatal but can be treated if caught early on. The best treatment is prevention – and with lung cancer we know that up to 9 out of 10 diagnoses in New Zealand are former or current smokers. Smoking cessation programmes and treatments are an important tool in reducing the incidence of smoking across all age groups. While we are making good progress, we recognise there is still more work to do, particularly with Māori and Pacific New Zealanders to ensure they get to spend more time with their families.

This Lung Cancer Health Report highlights an important and perhaps unrecognised problem in New Zealand. Few people are talking to their GP about their lung health, and few people recognise the symptoms of lung cancer. This is perhaps no surprise. As Dr Esela Natano says in the Report, the symptoms of lung cancer can also be attributed to other conditions. The best way to rule out cancer is to see your GP. Dr Richard Sullivan also makes it very clear that when lung cancer is found early it may be treatable and curable. New Zealanders tend to ignore or brush off symptoms which means our late stage of diagnosis sees too many Kiwis dying of lung cancer each year.

Helping people quit smoking is a big part of what we do at Pfizer. So is supporting efforts to research and develop cancer treatments. Both are essential to improving the quality of life for cancer patients and their families. Through this Lung Cancer Health Report we are bringing together these twin passions, and hopefully giving Kiwis helpful information about their lung health.
Foreword from Dalton Kelly, CEO Cancer Society of New Zealand

IT’S EASY TO TAKE OUR LUNGS FOR GRANTED

We breathe in and out anywhere from 15 to 25 times per minute without even realising it. When we exercise, our breathing rate goes up without us needing to think about it. We breathe so automatically that it is easy to take our lungs for granted.

The lungs are complex organs. They take a gas the body needs to get rid of (carbon dioxide) and exchange it for a gas that the body needs (oxygen). The oxygen is transferred to the blood which nourishes all the organs of the body. Our lungs are vital to life, so any disease which affects their functioning is very serious. Lung cancer is such a disease.

Back in history, lung cancer was uncommon, so rare the medical profession deemed it an ‘oddity.’ It was not recognised medically until the 18th century. However, by the 1940s and 1950s lung cancer was a global epidemic, and today the situation is no better. In fact lung cancer is the leading cause of cancer-related death worldwide, accounting for 1.59 million deaths every year.⁹

The situation in New Zealand is no different. The tragedy is that the overwhelming majority of the deaths are entirely preventable. Lung cancer is primarily caused by tobacco smoke, which is why the disease was quite rare prior to the 20th century. However, while smoking is the single biggest risk factor, non-smokers can also contract lung cancer. As a community, we need to be aware of the disease and not only recognise the signs and symptoms but take action and see a medical professional straight away. The visit could be life-saving.

A large part of the Cancer Society’s work involves raising awareness through providing information and promoting healthy lifestyles. We do this in no small measure, with a particular focus on communities with high smoking rates including Māori. Māori females have a lung cancer registration rate four times that of non-Māori females and the relative disparity between Māori and non-Māori females is similar for lung cancer deaths. The Māori female lung cancer mortality is over four times that of non-Māori females.¹⁰

And of course there is an urgency to reduce children’s exposure to tobacco smoke to ensure they grow up with healthy lungs, and most importantly don’t take up the habit.

Together, we can raise awareness, educate, and take action when something isn’t quite right. If we act in a timely manner we may make a difference to the families who may lose a loved one to this terrible disease.

We welcome any support for our work. The publication of this report is part of a wider opportunity to inform the New Zealand public about lung cancer.
About this report

The Lung Cancer Health Report is designed to be an important resource for anyone interested in their own lung health and the lung health of their Whānau. The Report looks at our perceptions and the realities of lung cancer in New Zealand. It aims to raise awareness of both the symptoms of lung cancer, and how we as a community can fight together to reduce the incidence of the disease in our country.

Research into our awareness and attitudes to lung cancer, and the causes was conducted by Pfizer New Zealand, and consisted of a telephone poll of 1507 New Zealanders. To ensure that the survey is representative of the New Zealand adult population, results have been weighted by gender, age, ethnicity, household income and area. This sample size gives an approximate confidence level in the results of 95% plus or minus 2.5%.

This Report does not discuss the merits of diagnosis or treatment, or recommend methods for quitting smoking. These matters need to be discussed with your doctor or healthcare professional, and we encourage you to do just that.

HOW COMMON DO WE THINK LUNG CANCER IS?

Recent Ministry of Health statistics show that lung cancer is the most common cause of death from cancer for New Zealand men and women.\(^2\)

In New Zealand lung cancer accounts for around 19% of cancer deaths (almost 1650 people per year) and around 2000 people are diagnosed with the disease each year.\(^2\)

Our Lung Cancer Health Report research shows that of those surveyed only a quarter of New Zealanders could correctly identify lung cancer as the leading cause of cancer deaths in this country. Most thought that breast cancer was the biggest killer. There was however, a significant gender split with over a third of men citing lung cancer as the deadliest form of cancer, whereas only a fifth of women thought that it was.\(^11\)

These perceptions suggest that the higher profile campaigns for breast, prostate and melanoma cancers could lead to higher awareness of those diseases among the general population, and the belief that those same cancers are the major causes of death from cancer.\(^11\)

In terms of the overall awareness of cancers, 50% of women surveyed say they have a high knowledge of breast cancer, 35% of men say they have a high knowledge of prostate cancer, and 43% of adults say they have a high knowledge of melanomas. Only 27% of those surveyed say they have a high knowledge of lung cancer.\(^11\)
HOW DO WE COMPARE?

Survival from lung cancer in New Zealand, especially for Māori, is poor compared with many other countries. The 5-year survival rate from lung cancer is around 10% in New Zealand for the total population and only 7% for Māori. However in some other countries, such as Australia and the USA, the survival rate is as high as 12-16%. New Zealand Medical Oncologist Dr Richard Sullivan suggests that poor survival from lung cancer is largely due to late diagnosis.

“Many patients have advanced disease by the time they are diagnosed, and so a cure is no longer possible. People diagnosed early have the greatest chance of cure. Early diagnosis combined with timely cancer care has the potential to improve survival outcomes for all New Zealand patients with lung cancer,” Dr Sullivan said.
LUNG CANCER AND MĀORI AND PACIFIC NEW ZEALANDERS

Lung cancer has a disproportionate impact on Māori and Pacific peoples, and their higher disease rates are a source of increasing health inequality between ethnic groups in NZ. 13

Māori are not only more likely to develop lung cancer than non-Māori, but once they have it, they are more likely to die from it. The higher case-fatality ratio for Māori suggests that there may be differences between Māori and non-Māori in the stage of disease at diagnosis, and/or differences in the health care received. 12,13

The situation is similar for Pacific people. Pacific men are both more likely to develop lung cancer and to die from it than the general population. Although Pacific women are not more likely to develop lung cancer, once they have it, those older than 65 are more likely to die from it. 13,14

Lung cancer incidence and mortality increases with age. About 70% of people with lung cancer are aged over 65. Older people who are former or current smokers are more likely to be diagnosed with lung cancer. An aging population means that the future trends of potential lung cancer incidence are quite dramatic so early diagnosis and care is critical. 13

There is also a strong association between lung cancer and socioeconomic deprivation in New Zealand. Those living in the most deprived socioeconomic areas have over twice the incidence and mortality rates from lung cancer compared to those in the least deprived areas. 12,13

Associate Professor Chris Atkinson, Oncologist and Cancer Society Medical Director, sees this on a regular basis. “A lot of Māori and Pacific lung cancer patients don’t have GPs and are at the more disadvantaged end of us Kiwis. They present late, don’t have a GP, and don’t have support or relevant access to primary care in a Māori or Pacific environment – this means a lot of these patients feel very alone.”

“The majority of South Auckland lung cancer patients, for example, present to A & E with blood in their spit, whereas the average person from a higher socio-economic area is probably going to go to their local GP with a cough they think needs to be checked out, and then an x-ray may find something that can be cut out and cured.”

There is hope, with earlier detection more likely when a local facility for GP care is available.

Chris Atkinson notes that “In more remote parts of New Zealand having Māori based primary health care facilities will increase lung cancer detection. When you put a couple of GPs at a local marae for a low cost then you start to get real differences in outcomes and can pick things up earlier.”
UNDERSTANDING YOUR LUNGS AND HOW WE BREATHE

The lungs are the body’s organs for getting oxygen into the body. Two lungs sit inside the chest and are protected by the ribcage. The lungs don’t move on their own: the muscles between the ribs and the diaphragm make the chest expand and contract, pulling and pushing air into and out of the lungs.\textsuperscript{15}

UNDERSTANDING LUNG CANCER

Lung cancer is cancer of some of the cells in part of your lung, usually beginning in the lining of the bronchus or bronchioles. A medical term for cancer that arises in the cells lining an organ is carcinoma.\textsuperscript{8,15}

There are different types of lung cancer. The two main types are: small cell lung cancer and non-small cell lung cancer.\textsuperscript{8,15} Small cell lung cancers account for around 20\% of lung cancers. Active and passive smoking is the main cause of small cell lung cancer but this type of lung cancer can affect anyone.\textsuperscript{8,15}

The most common types of lung cancers affect the cells that line the main bronchi. As these tumours enlarge they can block off the bronchi and reduce the air flow into parts of the lung. They commonly spread to the local lymph nodes and occasionally may invade the chest wall, causing pain. Squamous cell carcinoma has a lower rate of spread to other parts of the body than other types of lung cancer. If it is discovered early, it may result in a better prognosis following treatment. Adenocarcinoma is a cancer of the glandular cells of the lung.\textsuperscript{8,15}
Of those surveyed for the Lung Cancer Health Report, 91% of adults said that smoking causes lung cancers. Other causes were identified by much smaller numbers of people – 17% identified air pollution, 14% asbestos and 10% identified second hand smoke as a potential cause of lung cancer. The reality is that up to 9 out of 10 lung cancers are caused by smoking. Lung cancer occurs most often in adults between the ages of 40 and 70 who have smoked cigarettes for at least 20 years. They are also likely to have started smoking as teenagers.

The reason why smoking leads to lung cancer is fairly simple. “Chronic irritation from smoking changes the lining of the airways, so often this creates more abnormal cells in our bodies and that in turn overwhelms your immune radar that would normally detect them” says Chris Atkinson.

He advises that “everyone who is a smoker needs to have a GP and understand that lung cancer could happen to them. They need to know the symptoms and they need to ask their GP for at least an x-ray if they show any of the symptoms.”

Second-hand smoking (passive smoking) may also cause lung cancer. However the causal relationship isn’t nearly as strong as for a direct smoker – and there may be other health factors that contribute to lung cancer in non-smokers.

Occupational exposure to asbestos is associated with an increased risk of asbestosis, mesothelioma and lung cancer. For people with asbestosis, their risk of developing lung cancer is doubled. If the person also smokes, then the risk is increased yet again.

There is a small group of non-smokers who get lung cancer related to a genetic mutation or lack of an enzyme. Chris Atkinson explains: “There is an increase in adenocarcinoma of the lung which is a little more common in women who are non-smokers and that is a worldwide trend.”
DO WE KNOW WHAT THE SYMPTOMS ARE?

Of the 1507 people surveyed, few could identify a common potential symptom of lung cancer. Only 29% identified a persistent cough as a potential symptom, and as few as 17% identified shortness of breath and chest pains as potential symptoms. Almost two thirds of those surveyed could not identify any of the common symptoms.\(^\text{11}\)

Chris Atkinson suggests that we still have a lot of work to do to raise the profile of lung cancer and its symptoms. “People are less likely to act and go see their doctor if they are unaware of what any of the symptoms might be.”

Chris Atkinson is concerned by the low numbers of New Zealanders who understand lung cancer “I think it is very concerning given the impact lung cancer still has in New Zealand. It means that three out of four people don’t know enough about lung cancer. It is especially concerning that smokers don’t go to their GP with symptoms. For some it could be they fear they will be blamed by society. We shouldn’t be blaming people for being addicted.”

THE COMMON SYMPTOMS OF LUNG CANCER

The most common symptoms of lung cancer are:\(^\text{15}\)

- a cough that does not go away
- hoarseness or loss of voice
- repeated bouts of pneumonia or bronchitis
- shortness of breath or increased breathlessness
- noisy breathing
- pain in the chest, upper back or ribs
- coughing up blood
- low energy levels
- neck and arm swelling and swollen veins

Some of these symptoms are common to other illnesses but you should still get checked out by your GP.

Having any of these symptoms does not necessarily mean you have cancer but it is important to get your health care professional to check you out.\(^\text{15}\)

Some people have no symptoms, but find out that they have lung cancer when it shows up as a mass or lump on a chest x-ray. Others realise that something is wrong when symptoms appear or a chest infection fails to get better quickly.\(^\text{15}\)

If you are worried, see your GP – even if you have only one of the above symptoms.
ACT EARLY

Dr Richard Sullivan, who works at Auckland Hospital, says “Don’t ignore lung cancer symptoms – survival rates are high if it is found early enough.”

While he acknowledges that lung cancer is currently the cancer most likely to end in death, Dr Sullivan says many people don’t realise lung cancer is treatable. “There is an 80% survival rate if lung cancer is detected early. Recognising the symptoms and seeking medical help as soon as possible gives you the best chance of staying well for your family.”

“If you have any lung cancer symptoms then see your GP without delay.”

Dr Sullivan says he has lost patients to lung cancer who could still be alive if their cancer had been detected earlier. “These patients should still have decades of life ahead, but instead left behind family and friends. In many cases, they could have been saved if they had seen their GP when they first noticed symptoms.”

“If you or someone close to you has symptoms of lung cancer, seeing a health professional straight away could be the difference between life and death.”

“GIVE UP THE SMOKES”

Dr Esela Natano runs a general practice in Porirua. He believes there’s one simple way to reduce New Zealand’s high rate of lung cancer deaths and that is for Kiwis to ‘give up the smokes’ or never start smoking. The tough part is that smoking has often been a part of a family’s life for generations. It is hard for one person to give up smoking and then go back into their family environment where they are surrounded by other family members who are still smoking.

“I find that the most successful smoking cessation occurs when we treat the whole family, not just an individual. The local anti-smoking advocates do an outstanding job of going into people’s homes and communities to help address the wider factors that may make it tough to give up,” Dr Natano said.

The Lung Cancer Health Report survey found that 69% of former smokers gave up by going ‘cold turkey’. Dr Natano says that going cold turkey isn’t the only way to do it and a visit to your local GP can help you come up with a plan to give up smoking. Your GP may suggest behavioural support programs such as Quitline, medicines to help you quit, and other tips and support to help you give up the smokes for good.
TALK TO YOUR GP FOR EARLY DETECTION

Dr Natano would like to see more New Zealanders acting early, especially in the Māori and Pacific populations.

“We don’t see a lot of lung cancer diagnoses at the general practice level and partly that is because people ignore the symptoms,” says Dr Natano. “When presented with someone who has the symptoms I have a low threshold for getting them to have an x-ray. Much of the time an x-ray can tell me if there is something suspicious going on that could be cancer or it could be another condition like tuberculosis or pneumonia. Either way, if we catch it early we can keep families together for longer.”

While 83% of adults surveyed said they would see a doctor if they had a persistent cough lasting more than a month, many of those surveyed said they would consider a persistent cough as too trivial to see a doctor. Dr Natano said that the best course of action is to use your GP’s experience and knowledge.

Dr Natano was not surprised that the Lung Cancer Health Report survey found that only 37% of adults have ever talked to their doctor about the health of their lungs. Even amongst smokers, only four out of ten have talked to their doctors about the health of their lungs, and 26% of smokers have never had a doctor listen to their lungs, compared with 17% of non-smokers and 12% of those who have formerly smoked.

“My biggest concern is the smokers, as we know that there is a direct relationship between smoking and lung cancer. Even if you’ve given up you still have a chance of developing lung cancer. If you have your GP check your lungs regularly then any changes can be investigated early,” Dr Natano said.

If your GP suspects lung cancer or a similar condition may be present, they can use several tests to identify the issue. The most common is a simple, non-invasive x-ray.

Your GP will also ask you a few questions about your previous and current health, whether you have ever smoked, where you have worked and do a physical examination. They may then suggest you have further tests to check for lung cancer, including a biopsy.
TREATING THE WHOLE PERSON, NOT JUST THE BIOLOGY – Chris Atkinson, Oncologist

Chris Atkinson specialises in the treatment of lung cancer patients. “A typical care plan might include surgery if it is caught early. If staging suggests the cancer is localised and potentially operable then the next question is whether the patient is well enough to have an operation to remove the cancer.”

Chris Atkinson says there is a team approach to the treatment of lung cancer patients as so many go from diagnosis to treatment and to end-of-life care in a short timeframe.

“It is also important to address the psychological and emotional needs of the patient and their family because often they’ve gone from having general symptoms to being told they have lung cancer that may kill them. So they’ve gone from being blissfully unaware to being very aware of it and the fear of an uncertain outcome. For some patients this affects their ability to work or provide for their family or they feel inadequate. There’s a huge impact on the carers too. Suddenly you can go from being a wife to being a pseudo-nurse and they are difficult roles to juggle. There’ll also be other health professionals involved such as physiotherapists and nutritionists and early introduction to palliative care, to end of life decisions as well.”

“These issues often have to be addressed early on alongside the awful discussion that someone’s life expectancy even with treatment might be as short as a few months or many months. Some people will get to their second year after diagnosis and the odd person to their third year. Trying to get your head around what that really means is a biggie for any patient and their family.”

“The challenging part of lung cancer care is recognising not many of your patients are going to make it.”

A number of patients juggle co-morbidities (such as emphysema and heart disease alongside the cancer), so the ability for a patient to tolerate treatment is heavily impacted by heart and lung function. Another complicating factor is the level of health knowledge the patient may have or previous experiences they have encountered within the wider health system.

Chris Atkinson believes that Māori, Pacific New Zealanders and immigrants are overrepresented in this country. “Working through the complexities of a largely hospital based environment is hard for many patients and their families. The Lung Cancer Nurse Co-ordinators make a huge difference by helping patients navigate through the system and increase individuals’ health literacy.”
PERCEPTIONS OF PEOPLE WITH LUNG CANCER

New Zealanders overwhelmingly associate smoking with the likelihood of developing lung cancer.

Almost two thirds of adults believe that people feel less sympathetic towards someone who has lung cancer as opposed to another type of cancer, agreeing with the statement that people with lung cancer are partly responsible for developing it. ¹¹

People’s attitudes towards lung cancer patients is influenced by whether they are a smoker themselves. Non-smokers were more likely to agree that people are less sympathetic to those with lung cancer, with 63% agreeing compared with 55% for smokers and former smokers. ¹¹

Chris Atkinson believes that lung cancer suffers from a perception issue where many in the general population believe that the patient ‘caused’ the cancer through their addiction to nicotine in tobacco. “If a woman gets breast cancer it is considered bad luck by those around her; whereas lung cancer has a stigma that the majority are smokers and therefore seen to have caused it. It is seen especially in the non-smoking lung cancer patient as the patient feels looked down upon or unsupported because of concern that having lung cancer means they must have been a smoker and not looked after themselves.”

He continues: “We know that early detection makes a difference to how treatable lung cancer can be. We need to address negative perceptions of those who develop lung cancer so that more people seek help early if they have any symptoms of lung cancer. The reality is that many of those diagnosed with lung cancer started smoking more than thirty years ago when the harmful effects of tobacco and the addictive nature of nicotine were not well known. These people need support, care and treatment in exactly the same way as other cancer patients.”

Almost two thirds of adults believe that people feel less sympathetic toward someone who has lung cancer as opposed to another type of cancer.
WHAT DO WE THINK ABOUT TREATMENTS FOR LUNG CANCER?

Nine out of 10 adults surveyed support New Zealand cancer patients having access to personalised medicine tests for better targeted cancer treatments, and almost 8 out of 10 adults supported the Government spending money on medicines that treat and extend the life of people with cancer.¹¹

New targeted medicine and treatment plans are playing an increasing role in cancer care. These targeted medicines work differently from standard chemotherapy medicines. They sometimes work when chemo medicines don’t, and they often have different (and less severe) side effects. At this time, they are most often used for advanced lung cancers, either along with chemo or by themselves.¹⁶

An analysis conducted in the U.S. in 2011 showed that on average, innovative cancer medicines introduced over the past 30 years have increased the life expectancy of patients with cancer by almost one year. Some of these newer medicines cause fewer unpleasant side effects for patients than traditional chemotherapy so patients may also have greater quality of life through their treatment.¹⁷

Chris Atkinson believes “the future of treatment will be to detect cancers earlier. There have been some studies looking at patients who have been smokers having an annual scan and when you look at cost effectiveness it is probably a little marginal, but you don’t actually have to prevent many hospitalisations for it to suddenly become economic.”

There are opportunities in clinical trials although access to them can be limited. Chris Atkinson explains research is ongoing. “New drugs are being developed that will slow or treat various gene rearrangements allowing for better defined and targeted therapies,” he said.

“If we can reduce the number of people diagnosed at a late stage then we significantly address New Zealand’s ‘cancer burden’. Innovative treatments and medicines also give cancer specialists more tools in the toolbox to fight lung cancer so that patients may get more time with their loved ones.”
Most people know that smoking causes cancer, but may not realise how many non-smokers get lung cancer.

The perception that lung cancer is caused only by smoking means that most non-smokers would not see their doctor if they showed any of the symptoms we’ve listed.

Researchers have made a lot of progress over the past decade in understanding some of the causes of lung cancer in non-smokers and how to treat it. Women seem particularly susceptible as specialists worldwide are seeing more female patients who have never smoked being diagnosed with lung cancer.¹⁸

What causes the disease in non-smokers is not fully known, but researchers suspect a genetic susceptibility, combined with exposure to cancer-causing substances such as asbestos, the gas radon (found naturally in the environment), solvents, diesel exhaust fumes – and other people’s tobacco smoke. ¹⁸
Mark’s Story

“I FELT LIKE A LUMP OF LEAD; I JUST WENT NUMB.”

Mark Gordon looks like a fit and healthy 56 year old man. Mark’s always been very active, watches what he eats and has a successful business career. He’s a husband, a dad and a grandad.

Mark also has lung cancer.

“I was absolutely flawed by the diagnosis. I felt like a lump of lead. I just went numb,” says Mark, who is now two years on from first being told he had lung cancer.

“I really didn’t think that non-smokers could get lung cancer.”

Mark had just come back from the Coast to Coast race and was sitting at his desk at work. He’d had a bit of a cough for a couple of days but became worried when he coughed blood into his hand. Mark acted quickly, seeing his GP the next day.

“My GP at first thought it might be related to the race the week before especially since it had been very wet. She sent me for an x-ray and gave me a form for some blood tests. After the x-ray, I started walking down to the area where they do blood testing. My GP called me on my mobile and asked me to come back straight away.”

“She sat me down and told me that the x-ray showed I had some sort of tumour on my lung.”

Over the next two days Mark had a biopsy to confirm that he had lung cancer. From there he was referred to Oncologist, Dr Richard Sullivan.

“Richard told me I may have as little as five months to live. That was shocking. Richard helped us work through the options for my treatment. Some options weren’t financially viable but we settled on six rounds of targeted treatment to shrink the tumour to a more manageable size.”

Mark then started taking a personalised maintenance medicine to slow the progress of the cancer. However, in January 2014 he found out that the medicine was no longer working so has been looking for other options through trials and other treatments.

Today, two years on from his diagnosis, he’s still going strong, and remaining positive. He’s slowed a little and has only recently given up his regular Crossfit training due to back and side pain. “I am certain that my fitness and diet have helped me fight lung cancer so far,” he adds.

Mark is waiting to hear what his next treatment step might be.
“THEY’VE MISSED SO MUCH”

Musician Sid Diamond – ‘Young Sid’ should have been celebrating the success of his group Smashproof’s single while it was riding at the top of the NZ music charts.

Instead, he was dealing with the diagnosis of his Mum, Victoria, with lung cancer. Sid talks about his Mum with great pride and love. “She was a great lady, a hard worker, and she raised five kids pretty much on her own.”
Victoria was a smoker, starting when she was around 12 years old. Sid says she was always a smoker. “Mum was still smoking when diagnosed. Even when she was on chemo she still wouldn’t stop it. She was addicted, massively addicted.”

Sid is passionate about encouraging young Māori and Pacific New Zealanders to stay away from smoking – to not get addicted early. “Don’t start smoking because you could die from it. No one can stop it but you. Know the consequences to your health. I think people think ‘it hasn’t happened to me yet’ or ‘I haven’t got any symptoms yet so who cares’. Then they get lung cancer and then they’re like ‘Oh, I should have known.’

“Some of it is understanding that smoking is an addiction, it’s not their fault once they’ve been hooked in.”

One of Sid’s tracks, ‘Here Then Gone’, relates to his mother’s cancer diagnosis and brave but unsuccessful battle against the disease.

The emotion of the lyrics and the pain in Sid’s voice often bring listeners to tears, and the song has helped young cancer patients (and their friends) through a similar diagnosis.

“I wrote the song when I was at my lowest, and I didn’t feel any happiness or joy that the others in Smashproof felt when we hit the top of the charts, because my mum was on her way out.”

Sid’s Mum, Victoria, was only 50 when she was diagnosed and ‘passed on’ within a year.

“She’s missed my little sister’s 21st. I have a baby on the way. She’s had three brothers and sisters diagnosed with lung cancer. They’ve all died. All smokers. We miss them all and they’ve missed so much.”

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**Here Then Gone — lyrics by Sid Diamond**

I found out through a text from my little sis, while I was sitting in a taxi on my way to a gig, my soul began to freeze on me... couldn’t breathe for a minute, had to read the message five times before I could get it, my mind frame wasn’t present either, I couldn’t even reply, can’t imagine how I was feeling inside, I felt the salt water build up in both of my eyes, cab was packed so I cracked a joke as a disguise, I couldn’t cry in front of the guys, show weak emotion, even though we close I don’t want them to see me broken, and total opposite of what I was showing laughing with ‘em acting calm, but really my heart was near shattered, searching for some answers like why it gotta happen to somebody in my family, is it God tryna smash us? we’ve been struggling since forever and now this, my mother... diagnosed with lung cancer.
HOW DO PEOPLE QUIT SMOKING?

The last seven years has seen a decline in the number of people smoking in New Zealand. The smoking population has decreased from 597,000 adults in 2006 to 463,000 adults in 2013. This represents a decrease from 20.7% prevalence in 2006, to 15.1% in 2013.6

The Lung Cancer Health Report survey found that 86% of smokers surveyed said they want to quit smoking. Men want to quit more than women (92% vs. 83%). Over 60 year olds want to quit smoking more than those aged under 30 (94% vs. 76%).11

Of smokers who want to quit, more than half (58%) have tried to quit at least three times.11

69% of former smokers said they quit by just going cold turkey, and 9% cited using medicines to quit.11

The most common reasons why a former smoker stopped smoking was their general health (36%) followed by pregnancy or having a baby (21%), and pressure from family and friends (18%).11

It’s OK to ask for help to quit

SMOKING BY THE NUMBERS

Of the 1507 people surveyed, 9% were current smokers, 30% were former smokers and 61% had never smoked. The Lung Cancer Health Report research showed that of those surveyed, the smoking rate in women (11%) is almost double that of men (6%).11

> 76% of those under 30 were non-smokers compared with 51% of over 60s.11

> Smoking appears to be more prevalent in provincial cities (12%) and towns (13%) than in large cities such as Auckland (6%) and Wellington (4%).11

> Of those surveyed, 9% of Europeans said they smoke compared with 14% of Māori. Overall 61% of Europeans had never smoked and just 41% of Māori.11

> 81% of smokers said they smoked regularly (every day) and 19% occasionally. Older smokers were more likely to be regular smokers.11

AND WHAT DO WE THINK ABOUT PEOPLE WHO SMOKE?

Around half of smokers say non-smokers treat them differently because they smoke, with one fifth saying ‘a lot differently’. 66% of male smokers say they are treated differently compared with 41% of female smokers.11

Smokers in the higher household incomes are more likely to be treated differently than those in the lower income brackets. Also 60% of European smokers say they are treated differently compared with a quarter of Māori smokers.11

Smokers said the most common way non-smokers treat them differently is being looked down on (56%) and not socialising with them (36%).11

in partnership with Cancer Society New Zealand
The Māori Affairs Select Committee’s report was clear that the term ‘smokefree’ was intended to communicate an aspirational goal and not a commitment to the banning of smoking altogether by 2025. On that basis, the Government agreed with the goal of reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smokefree nation by 2025.

Chris Atkinson believes that a Smokefree New Zealand by 2025 is one of the most important steps we can take to fight lung cancer in New Zealand. “The biggest difference that we can make to lung cancer incidence would be a tobacco free New Zealand by 2025. I know that sounds Utopian but it would make a significant difference for future generations. We have children now who can’t understand why adults smoke so we know we can change the perception toward smoking very quickly. We still have young Māori women taking up smoking at similar rates as in the past, whereas Māori men are either giving up or not smoking to the same degree as they did previously. There’s more work to do.”

Achieving a Smokefree 2025

The Government, working with health professionals and non-governmental organisations, is determined to reduce the burden of death and disease caused by smoking. A Smokefree New Zealand by 2025 will be achieved by:
- protecting children from exposure to tobacco marketing and promotion
- reducing the supply of, and demand for tobacco
- providing the best possible support for quitting.

Better help for smokers to quit

The Ministry’s health target ‘Better help for smokers to quit’ is a driver towards the aspirational goal of Smokefree 2025. This target is designed to prompt health providers to routinely ask about smoking status and then to provide brief advice and offer quit support to current smokers.

Staying on track

The Government has set a long-term goal of reducing smoking prevalence and tobacco availability to minimal levels, and making New Zealand essentially a smokefree country by 2025. To achieve the long-term Smokefree 2025 goal, by 2018 the goal is to ensure:
- daily smoking prevalence has fallen by 10%
- Māori and Pacific smoking rates should have halved from their 2011 levels.

Help make New Zealand smokefree

Some ways you can help include:
- not smoking around children
- making your car and house smokefree
- talking to children about not starting smoking
- encouraging others to quit
- encouraging your local marae, sports club or other community group to be totally smokefree.
USEFUL INFORMATION ABOUT LUNG HEALTH, LUNG CANCER AND GIVING UP SMOKING

Talk to your GP, nurse or pharmacist

Talk to Quitline
An organisation committed to helping all New Zealanders quit smoking, with a particular focus on Māori, Pacific peoples and pregnant woman. Smokers can access Quitline support via phone 0800 778 778, text or online at www.quit.org.nz.

Talk to the Cancer Society
on the Cancer Information Helpline
0800 CANCER (226 237).

Check out the Cancer Society’s website for lots of information about identifying symptoms and general information about cancer and support.

Your local Cancer Society provides confidential information and support. The Cancer Information Service is a Cancer Society service where you can talk about your concerns and needs with trained nurses. Call your local Cancer Society or phone the Cancer Information Helpline 0800 CANCER (226 237).

Local Cancer Society centres offer a range of services for people with cancer and their family/whānau. These may include:
- volunteer drivers providing transport to treatment
- accommodation
- support and education groups
- volunteer support visitors.

The range of services offered differs in each region so contact your local centre to find out what is available in your area.

If you would like to request copies of the Pfizer Health Report: Lung Cancer, please email: contactus.newzealand@pfizer.com or free phone 0800 699 276.

About the research

The Lung Cancer Health Report survey was carried out by Curia research using a quantitative permission-based phone poll of 1,507 New Zealand adults aged 18 years and over. To ensure that the survey is representative of the New Zealand adult population, results are weighted by gender, age, ethnicity, household income and area. This sample size gives an approximate confidence level in the results of 95% plus or minus 2.5%.
REFERENCES
6. Statistics New Zealand Census. Data Tables: Quitting and not starting – smoking in New Zealand decreases; Cigarette Smoking Behaviour, Table 8 2006 Census and Table 5 2013 Census.
17. Pfizer The Value of Oncology Medicines, Pfizer website www.pfizer.com.