

The webinar ***Stigma in Cancer Survivors with a Smoking History*** was aired on November 20, 2019, and addressed the impacts of stigma on conversations with survivors with a smoking history.

This document summarizes key takeaways and resources from the webinar. You can access the webinar at <https://youtu.be/5OijXo0hDXw>.

The *American Cancer Society* **Comprehensive Cancer Control (ACS CCC)** team hosted the webinar. The ACS CCC team seeks to build the capacity of grant recipients in the *Centers for Disease Control and Prevention* **National Comprehensive Cancer Control Program** to implement policy, systems, and environmental change approaches and evidence-based promising practices in cancer prevention, screening, diagnostic follow-up, and survivorship.

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This program is supported through funding from the Centers for Disease Control and Prevention Cooperative Agreement #6NU58DP006450. The report's content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

In lung cancer, innovations are occurring at every point along the care continuum, including in the steps of prevention/risk reduction, early detection, diagnosis, treatment, and survivorship.

- For prevention, more aggressive tobacco treatment interventions are available, including education, testing, and mitigation efforts for radon, the second leading cause of lung cancer.
- For early detection, data from the National Lung Screening Trial helps to implement evidence-based lung cancer screening and early detection.
- For diagnosis, new ways of diagnosing lung cancer and stratifying individuals help patients to get the most effective treatments.
- For treatment, new surgical procedures, new radiation oncology strategies, immunotherapies, and targeted therapies enable new treatments for individuals.
- For survivorship, palliative care interventions have been shown to consistently improve the quality and extent of life.

Cultural and community stigmas about lung cancer pervade our society. These beliefs can reduce the achievement of desirable outcomes for patients. People may not seek early detection strategies because they do not feel like they deserve them. Somewhere between 15% - 30% of individuals diagnosed with lung cancer do not ever receive a single treatment.

What is Stigma?

Stigma can be defined as:

- A mark of shame or discredit
- A mark of disgrace associated with a circumstance, quality, or person
- An attribute that is deeply discrediting that turns an individual from a whole and normal person to a tainted, discounted one (Goffman 1963)
- Anything that makes other people feel separate and unworthy of compassion

Different kinds of stigmas are:

- *Perceived Stigma*: Recognition of negative appraisal and devaluation from others
- *Enacted Stigma (Bias)*: Overt acts of discrimination from others
- *Internalized Stigma (Self-blame)*: Belief that negative attributions are true and deserved

- *Constrained Disclosure*: Reduced willingness to discuss diagnosis, restricted support options

(Source: Dr. Heidi Hamman)

Human Stigma Biases

The lung cancer project led by Dr. Joan Schiller examined some of the human biases about individuals diagnosed with lung cancer. Testing showed that three out of four individuals have a negative bias towards people diagnosed with lung cancer.

- 75% of people associate hopelessness with lung cancer.
- 74% of people associate stigma with lung cancer.
- 67% of people associate shame with lung cancer.

Enacted Lung Cancer Stigma in Funding

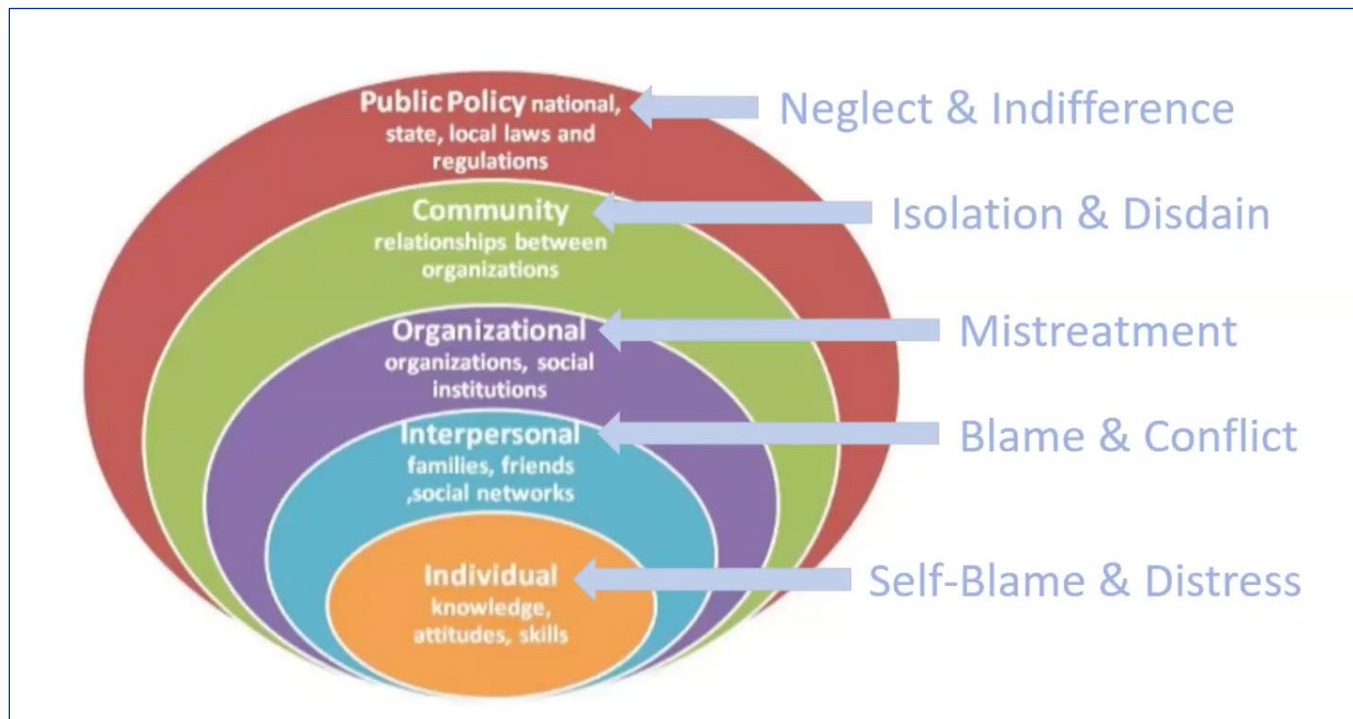
Allocations for funding within the Department of Defense research portfolio show that lung cancer has the lowest funding, but the highest projected deaths, of the six cancers in the table below.

CDMRP/DOD 2019 Proposed Funding

TYPE of CANCER		Projected Deaths	Projected Incidence	Research \$\$ by Death	Research \$\$ by Incidence
Breast Cancer + Semipostal	\$130,600,000	42,260	268,600	\$3,090.39	\$486.22
Melanoma	\$10,000,000	7,230	96,480	\$1,383.13	\$103.65
Ovarian Cancer	\$20,000,000	13,980	22,530	\$1,430.62	\$887.71
Prostate Cancer	\$100,000,000	31,620	174,650	\$3,162.56	\$572.57
Kidney Cancer	\$20,000,000	14,770	73,820	\$1,354.10	\$270.93
Lung Cancer	\$14,000,000	142,670	228,150	\$98.13	\$61.36

Lung Cancer Stigma and the Social Ecological Model

Stigma and its consequences are present in all levels of the social-ecological model.



Sources of Stigma

Stigma has been linked with a variety of inner beliefs and feelings:

- High disease mortality
- Perceived futility of treatment
- Lack of survivor visibility
- Heightened fear
- Need to distance self from the perceived risk
- Association with smoking, which is seen as self-induced
- Association with smoking which is intensified by the effectiveness of hard-hitting tobacco control public health campaigns

(Source: Carter-Harris (2015) Lung cancer screening: what do long-term smokers know and believe; Health Expectations)

Addressing Lung Cancer Stigma

Regardless of your role as a clinician, advocate, researcher, caregiver, organizer, or other, it is worthwhile to reflect on your personal thoughts, attitudes, and actions related to tobacco and lung cancer.

Here are some ideas for countering stigma in yourself or others. Countering stigma requires self-reflection, empathy, vigilance, and preparation.

- **Self-reflection.** Consider how you think, feel, and interact with those who have lung cancer.
- **Empathy.** Try to be aware of, and understand, the other person's feelings.
- **Vigilance.** Do not let stigma creep into your thoughts; find new ways to interact without stigma.
- **Preparation.** Prepare strategies and interventions for situations where you see low levels of support and the presence of stigma.
- **Person-first.** Use person-first language that avoids labeling individuals as "smokers/former smokers." Refer to individuals who use cigarettes or individuals with a tobacco use history.

Stigma-Free Principles for Implementing & Delivering Health Care Services

Lung cancer stigma can be addressed, reduced, and eliminated with wisely applied data, compassion, and persistence. Here are some questions to consider when thinking about how to address stigma in various contexts.

- How can we interact with the lung cancer community to inform care pathways, train clinicians, design clinics and hospitals, and guide community outreach and education efforts?
- Can we develop a stigma-free lexicon for how to talk about tobacco, lung cancer, lung cancer risk, and other aspects of lung cancer care?
- How can we guide awareness in media campaigns, train providers, create health education efforts, and communicate with patients and survivors?

The Contact Hypothesis or Intergroup Contact Theory

Under certain conditions, interpersonal contact can be an effective way to reduce prejudice among groups and group members that have disparate views and biases. Intergroup contact theory calls for creating the following things in the group to reduce prejudices and improve group functioning:

- Equal status – all group members have equal status
- Common goals – group members have a common goal
- Intergroup cooperation – group members can cooperate to reach goals
- Acknowledge authority – group members recognize some common authority

Designing projects and interactions in accordance with the above principles can help people to reconceptualize their groups and memberships and reduce generalizations and prejudices.

(Source: Gordon Allport, 1954)

Here are three steps to put the model into practice:

- *Care* - with compassion and embrace lung cancer survivors during their care.
- *Champion* - lung cancer survivors throughout their survivorship.
- *Create* - easy opportunities for lung cancer survivors to engage in advocacy activities.

Resources

- Find information about lung cancer and online support communities through the American Cancer Society. <https://www.cancer.org/cancer/lung-cancer.html>
- National Lung Cancer Roundtable. <https://nlcrt.org/>
- Multilevel Opportunities to Address Lung Cancer Stigma across the Cancer Control Continuum. [https://www.jto.org/article/S1556-0864\(18\)30627-0/fulltext](https://www.jto.org/article/S1556-0864(18)30627-0/fulltext)
- Lung Cancer Screening: What Do Long-Term Smokers Know and Believe? <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4919238/>