

# Lifelines

from the National Cancer Institute



## Lung Cancer and Hispanics: Questions and Answers

*By the National Cancer Institute*

November is Lung Cancer Awareness Month. Lung cancer is the leading cause of cancer death among all Americans, including Hispanic men, and is the second-leading cause among Hispanic women. The good news is that treatment possibilities for those with the disease are expanding. Targeted medicines guided by powerful new screening technologies have the potential to significantly improve lung cancer treatment.

[Christopher S. Lathan](#), MD, of the Dana-Farber Cancer Institute, who treats patients with the disease, discusses lung cancer among Hispanics.

*Are Hispanics less likely to develop lung cancer than other groups?*

The rate of lung cancer among people who identify themselves as Hispanic is lower than that of whites in the United States. However, some Hispanics who develop lung cancer may have difficulty getting the appropriate health care. Like other ethnic minorities, many Hispanics face obstacles to care, such as language barriers and the lack of health insurance.

*What causes lung cancer?*

The main risk factor for lung cancer is cigarette smoking. However, smoking does not explain all cases of the disease. About 15 percent of cases occur in nonsmokers. More research is needed to understand the role of risk factors other than smoking.

*Is lung cancer always fatal?*

No. When detected at an early stage, lung cancer can be treated by surgery, radiation and chemotherapy. Unfortunately, the disease is frequently found at more advanced stages, when it cannot be cured. This is a tough disease to treat—we're curing only about 15 percent of people with lung cancer.

*What should the public know about smoking and lung cancer?*

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We stress two messages. First, if you smoke, the best thing you can do for your overall health is to stop. You don't have to quit on your own—help is available (such as the toll-free quitline 1-877-44U-QUIT). Second, if you smoke now or smoked in the past, talk to your doctor about whether you should be [screened for lung cancer](#) based on your age and smoking history.

*Have treatments for lung cancer expanded in recent years?*

We now live in an age of personalized medicine. We can identify subgroups of patients with lung cancer who are likely to respond to new treatments. These new therapies are often better at controlling cancer and have fewer side effects than traditional chemotherapy.

*Are you optimistic about our ability to combat lung cancer in the future?*

I am. In the future, we're going to detect more lung cancers at earlier stages, when they may be treatable. We're also making progress in treating lung cancer that has spread to other parts of the body. And, finally, fewer people smoke today than in the past. All of these things make me hopeful that things are going to get better with this disease. We just have a ways to go.

*NCI leads the National Cancer Program and the NIH effort to dramatically reduce the prevalence of cancer and improve the lives of cancer patients and their families, through research into prevention and cancer biology, the development of new interventions, and the training and mentoring of new researchers. For more information about cancer, please visit the NCI web site at [www.cancer.gov/espanol](http://www.cancer.gov/espanol) or call NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237). More articles and videos in the culturally relevant Lifelines series are available at [www.cancer.gov/lifelines](http://www.cancer.gov/lifelines).*