

African American Health Disparities in Lung Cancer

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Lung cancer is a leading cause of cancer-related deaths in the United States and globally. African Americans experience significant differences in lung cancer incidence and mortality. Smoking is the single greatest risk for lung cancer, making smoking cessation programs a potentially fruitful approach for reducing the risk of lung cancer. Despite clinical practice guidelines that prompt nurses to advise patients to quit smoking, only a small percentage of nurses do so. Minority patients are less likely than Whites to receive smoking cessation advice. This article discusses recent findings on the pathophysiology and risks for lung cancer. The literature on smoking cessation research is examined to determine the features of successful cessation interventions. Recommendations are offered for enhancing tobacco cessation efforts in nursing practice, education, and research.

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Global statistics on lung cancer report 1.6 million new cases each year (Jemal et al., 2011). Lung cancer is the most common cancer and the leading cause of cancer-related death in men worldwide (Jemal et al., 2011). In the United States, lung cancer is the second most common type of cancer among men and women, with more than 228,160 new cases estimated in 2013, and the leading cause of cancer-related death (Siegel, Naishadham, & Jemal, 2013). The incidence of lung cancer varies with age, peaking from age 70–79 years (Centers for Disease Control and Prevention [CDC], 2010a). African Americans experience a higher incidence and mortality from lung cancer than other racial or ethnic groups. Smoking is a major contributor to the high incidence of lung cancer among African Americans, and tobacco smoking is the leading preventable cause of death (U.S. Department of Health and Human Services [USDHHS], 2006). Evidence exists to support the effectiveness of treatment of tobacco dependence (Fiore et al., 2008), and greater efforts are needed to prevent smoking and treat tobacco dependence. Smoking cessation is important even for those with a diagnosis of early-stage lung cancer as preliminary evidence indicates it may improve prognostic outcomes (Parsons, Daley, Begh, & Aveyard, 2010).

Lung cancer represents a public health burden and a research challenge, yet lung cancer research receives the lowest level

of funding of all prevalent cancers (American College of Chest Physicians, 2010). Recommendations from the latest clinical practice guidelines on treating tobacco dependence call for more research on treatment options among racial and ethnic minorities. However, the number of nurse researchers involved in the study of lung cancer remains limited (Sarna, 2012). In their roles as advocates, nurses support all efforts to promote health and reduce differences in cancer incidence, mortality, and health outcomes linked to race, ethnicity, and socioeconomic status. Less than optimal research funding will reduce the number of studies focused on minorities and lung cancer, which, in turn, will widen existing inequalities. In that respect, lung cancer in African Americans is an area particularly ripe for nurses to examine the impact of health disparities and develop interventions aimed at prevention, treatment, and smoking cessation.

Background

African Americans have a higher incidence of lung cancer (76.1 per 100,000) compared to Whites (69.7 per 100,000) (CDC, 2010a). African Americans are more susceptible to smoking-induced lung cancer (Mechanic et al., 2007; Zhang et al., 2006) and have less access to healthcare services than do Whites (CDC, 2011c). Research using national data demonstrated racial and