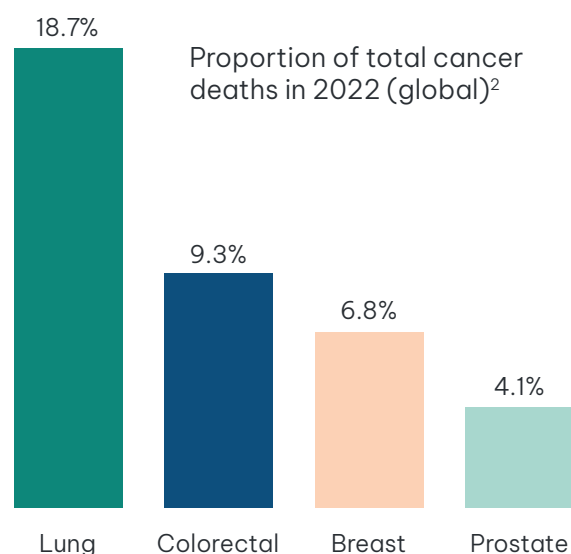


Reducing deaths from lung cancer is essential to strengthening overall cancer control

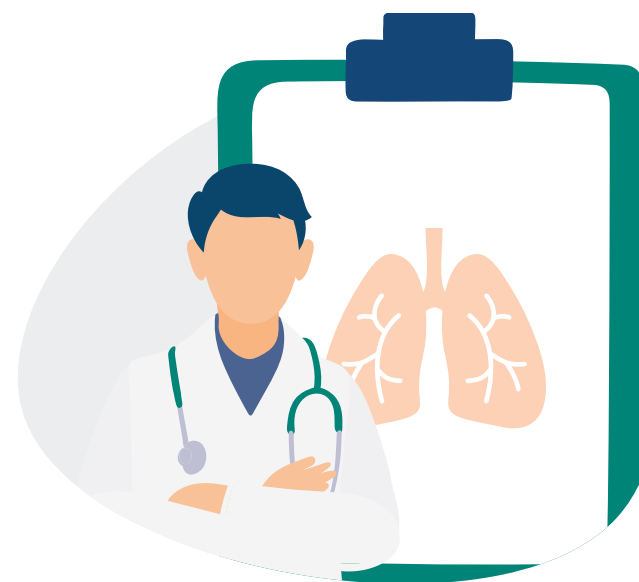
Improving poor rates of survival is a public health imperative



Globally, in 2022, cancer caused nearly **10 million deaths**; lung cancer accounted for **almost 2 million – or almost one fifth – of those deaths**.¹ It carries the highest mortality rate of all cancer types.²

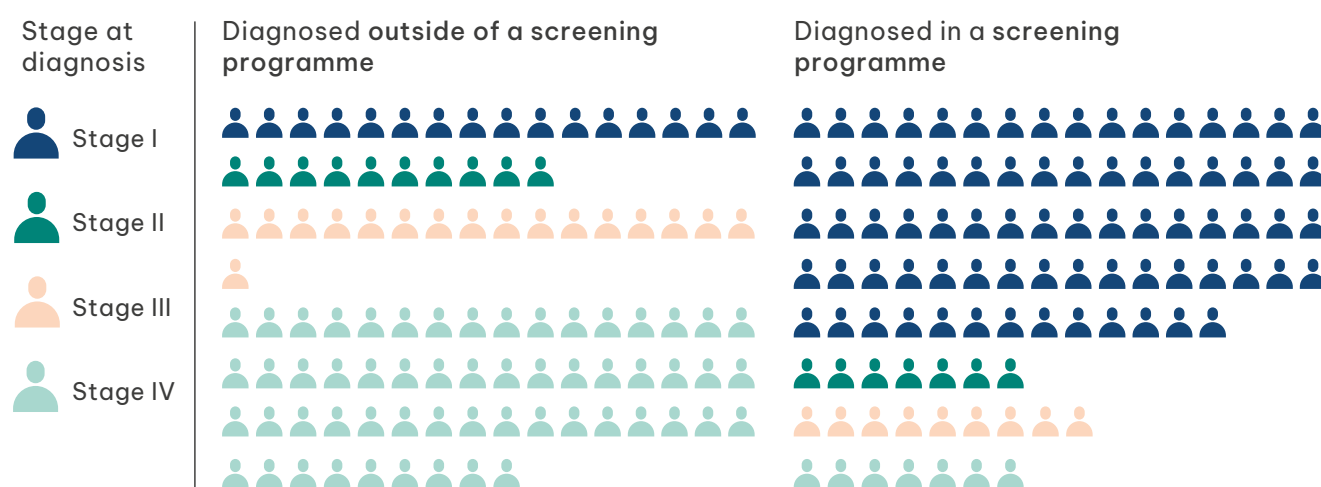
Unlike other common cancers, lung cancer is frequently diagnosed at an advanced stage, when survival is poorest.^{3,4}

Detecting lung cancer earlier via targeted low-dose computed tomography (LDCT) screening enables access to potentially curative treatments, including surgery.⁵



If diagnosed early (stage I), five-year survival increases to over 80%, compared with 7–18% when diagnosed late (stage IV)³

Clinical and real world-evidence suggest that LDCT screening is the most effective strategy to reduce lung cancer mortality.⁶ People diagnosed at stage I via LDCT screening can experience **survival rates of 87%** even 20 years after diagnosis.⁷



Data from Sands *et al.* (2021).⁸ Reproduced under the Creative Commons [CC-BY-NC-ND](https://creativecommons.org/licenses/by-nc-nd/4.0/) licence. The figure was visually adapted to match the factsheet's design.

Lung cancer will remain a significant public health challenge – but screening can help

 The risk of developing lung cancer is 22 times higher for people who smoke; tobacco use is linked to approximately 80% of lung cancer cases.^{9–11} Even 15–20 years after smoking cessation, lung cancer mortality rates in people who formerly smoked are nearly five times higher than in those who never smoked.¹²

 Other risk factors for lung cancer include family history and exposure to air pollution (including household air pollution), asbestos or radon.¹³

 To ensure people at high risk of developing lung cancer are included in lung cancer screening programmes, policymakers must develop risk eligibility criteria tailored to local contexts and informed by local data.^{14,15}

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