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The Stigma of Lung Cancer

BY KATY HUMAN

Important reasons exist today for a doctor to ask a newly diagnosed lung cancer patient if he or she smokes or ever smoked. The main reason: Tumors of people who never smoked are more likely to respond to certain types of drugs.

But lung cancer patients say that question is usually the first asked by everyone, from friends and family to strangers—and it speaks volumes about the politics and psychology of lung cancer.

“The suggestion is, ‘Oh, I deserve it then?’” says lung cancer survivor Angie Lee-Ow. She didn’t smoke, but runs a lung cancer support group for smokers and never-smokers alike, and “we don’t ask that question,” she says.

When news anchor Peter Jennings, who died of lung cancer in August 2005, told audiences that he brought cancer on himself through his weakness—smoking—Heather Wakelee, MD, an oncologist at Stanford Comprehensive Cancer Center, says she “cringed.”

“I try very hard to talk with patients to take that shame away, but it’s still there,” Dr. Wakelee says. “There isn’t much funding for lung cancer at all, and part of that has to do with the stigma of lung cancer and its association with smoking.”

That stigma can make the first few weeks or months after diagnosis especially hard for never-smokers.

“I did feel defensive,” says Nancy Rackear, who never smoked and was diagnosed with lung cancer five years ago. “Honestly, I didn’t feel I related with the support group.” Rackear says she didn’t want to associate herself with smoking, and it took a long time—longer than it should have—to realize it’s not about smoking.

“Lung cancer is just another cancer. It can happen to anybody,” she says. “Everyone in the world could stop smoking and it might not have saved me from my diagnosis.”

Deborah Morosini, MD, sister of the late Dana Reeve and board member for the Lung Cancer Alliance, talks about the social impact of lung cancer in never-smokers in this issue’s [Speaking Out](#).

