**Overview**

The Global Lung Cancer Coalition (GLCC) is an alliance of patient organisations committed to increasing awareness and understanding of lung cancer and campaigning to improve lung cancer outcomes for all.

The GLCC’s Patient Charter asserts the right of all lung cancer patients to: be treated with dignity and respect; be free of blame and stigma for having the disease and to have their disease de-stigmatised; have access to quality health care; informed self-determination; physical and mental integrity; and confidentiality and privacy.

In 2023, the GLCC commissioned a multi-national study to understand attitudes towards lung cancer, levels of symptom awareness among the public and views on lung cancer screening. The study was undertaken in 29 countries: Argentina, Australia, Brazil, Bulgaria, Canada, Czech Republic, Denmark, Egypt, France, Germany, Great Britain, Greece, Italy, Israel, Japan, Mexico, Netherlands, Norway, Peru, Portugal, Republic of Ireland, Slovenia, South Africa, Spain, Sweden, Switzerland, Taiwan, Turkey and USA. Responses were received from at least 1,000 adults per country.

The study looked to build on the findings from previous studies conducted in 2010, 2013, and 2017, which can be found on the GLCC website.

**Key findings: Norway**

**Symptom recognition**

- 36.06% said they did not know any symptoms of lung cancer
- Women were more likely to report not knowing any symptoms compared to men (37.07% v 34.26%)
- People aged 18-24 were most likely to report not knowing any symptoms (37.75%)
- People who have never smoked were more likely to report not knowing any symptoms compared to people who currently smoke/ have smoked (37.72% v 30.87%)

**Attitudes towards lung cancer**

- 31.77% of people agreed with the statement ‘I have less sympathy for people with lung cancer than other types of cancer’; this compares to 42.62% globally
- Men had less sympathy for people with lung cancer than women (45.40% v 24.14%)
- Sympathy increased with age, with nearly 45% of 18–24 year-olds agreeing they had less sympathy for people with lung cancer
• People who currently smoke/have smoked were less sympathetic than people who have never smoked (41.16% v 27.22%)

Views on lung cancer screening

• 81.22% people agreed there should be a national lung cancer screening programme to help people with lung cancer get diagnosed early
• Men were more likely to be supportive of lung cancer screening programmes than women (83.01% v 80.22%)
• Support grew with age, increasing from 75.90% of 18-24 year-olds to 88.54% of people aged 55 and over
• People who currently smoke/have smoked were more supportive of lung cancer screening programmes than people who have never smoked (85.21% v 80.18%)

Methodology

The GLCC commissioned the market research agency Censuswide to undertake an online survey of adults across 29 countries between 3 July 2023 – 6 July 2023. The survey samples included at least 1,000 adults (per country) and data was weighted using age, gender and region to produce a representative sample in each country. Respondents were asked the following questions:

• Q1. There are many warning signs and symptoms of lung cancer. Please list as many symptoms of lung cancer as you can think of [a tick box was provided for ‘Don't know’]
• Q2. Lung cancer is mainly caused by smoking cigarettes and other tobacco products. To what extent do you agree or disagree with the following statement: I have less sympathy for people with lung cancer than for other types of cancer
• Q3. To what extent do you agree or disagree with the following statement: There should be a national lung cancer screening programme to help people with lung cancer get diagnosed early

Further analysis

Symptom recognition

Raising awareness of lung cancer symptoms is vital because treatment is more likely to be successful if lung cancer is diagnosed early.

The study found that symptom awareness is generally poor. Within Norway, 36.06% of respondents reported not knowing any symptoms, showing far more needs to be done to support greater awareness of lung cancer symptoms.
Chart 1. Percentage of respondents who indicated they did not know any symptoms by country

South Africa: 16.80%
Peru: 24.56%
UK: 26.01%
Turkey: 26.65%
Australia: 26.68%
Portugal: 27.67%
Republic of Ireland: 28.24%
Netherlands: 30.58%
Canada: 32.90%
Taiwan: 33.37%
Mexico: 33.43%
Sweden: 33.70%
Norway: 36.06%
USA: 37.01%
Argentina: 37.22%
Greece: 37.81%
Egypt: 39.03%
Spain: 39.95%
Slovenia: 40.22%
Brazil: 42.42%
Germany: 42.56%
Switzerland: 44.90%
France: 46.08%
Denmark: 46.70%
Italy: 48.70%
Israel: 50.25%
Czech Republic: 51.38%
Bulgaria: 52.50%
Japan: 54.36%
Attitudes towards lung cancer

More than eight out of ten cases of lung cancer are linked to smoking creating stigma around the disease. This is a problem not only because thousands of people develop lung cancer who have never smoked, but also because people who have smoked may feel guilty and delay talking their doctor about potential symptoms.

The GLCC believes that everyone - no matter what the cause of their cancer - deserves to have high quality treatment and care. No one deserves to have lung cancer. If lung cancer can be picked up early then it improves people's chance of successful treatment and survival.
To understand attitudes to lung cancer, participants were told that: “Lung cancer is mainly caused by smoking cigarettes and other tobacco products”. They were then asked whether or not they have less sympathy for people with lung cancer than other types of cancer.

In Norway, 31.77% agreed with the statement that they had less sympathy for people with lung cancer.

Chart 4. Percentage of respondents who agree with the statement they have less sympathy for people with lung cancer than for other types of cancer by country
Chart 5. Percentage of respondents in Norway who agree with the statement they have less sympathy for people with lung cancer than for other types of cancer by age

Chart 6. Percentage of respondents in Norway who agree with the statement they have less sympathy for people with lung cancer than for other types of cancer by smoking status (with ‘yes’ indicating people who currently smoked/had previously smoked)

Views on lung cancer screening

A national lung cancer screening programme is a key measure to reduce the huge burden that the disease currently imposes on the individuals affected, their families and the country and healthcare system as a whole.

Lung cancer screening with a non-invasive scan of the lungs (low-dose computed tomography [LDCT]) saves lives by detecting the disease at an early stage when it is potentially curable. A large clinical trial of LDCT screening showed a 24% reduction in lung cancer mortality in men and a 33% reduction in women at 10 years of follow-up compared to no screening (de Koning 2020).
It is encouraging to see that, in Norway, there is widespread support for a national lung cancer screening programme, with 81.22% of participants responding in favour.

At present only a few countries have national lung cancer screening programmes. Given the impact they can have and the support for them globally, the GLCC calls on policymakers around the world to implement national lung cancer screening programmes to help people with lung cancer get diagnosed as early as possible.

Chart 7. Percentage of respondents who agree there should be a national lung cancer screening programme to help people with lung cancer get diagnosed early by country
Chart 8. Percentage of respondents in Norway who agree there should be a national lung cancer screening programme to help people with lung cancer get diagnosed early by age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>18-24</td>
<td>75.90%</td>
</tr>
<tr>
<td>25-34</td>
<td>78.73%</td>
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<tr>
<td>35-44</td>
<td>82.50%</td>
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<tr>
<td>45-54</td>
<td>87.84%</td>
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<tr>
<td>55+</td>
<td>88.54%</td>
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</tbody>
</table>

Chart 9. Percentage of respondents in Norway who agree there should be a national lung cancer screening programme to help people with lung cancer get diagnosed early by smoking status (with ‘yes’ indicating people who currently smoke/had previously smoked)

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've never smoked</td>
<td>78.75%</td>
</tr>
<tr>
<td>I currently smoke/used to smoke</td>
<td>83.44%</td>
</tr>
</tbody>
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More information

Established in 2001, the GLCC comprises 43 non-government patient organisations from Argentina, Australia, Brazil, Bulgaria, Canada, Czech Republic, Denmark, Egypt, France, Germany, Greece, Ireland, Israel, Italy, Japan, Mexico, Netherlands, Norway, Peru, Portugal, Russia, Slovenia, South Africa, Spain, Sweden, Switzerland, Taiwan, Turkey, UK and US.

The GLCC promotes global understanding of lung cancer and the right of patients to effective early detection, better treatment and supportive care. By serving as the international voice of lung cancer patients, the GLCC is committed to improving disease outcomes for all.
For more information about this study and the work of the GLCC please visit: www.lungcancercoalition.org or email our secretariat at: glcc@roycastle.org