

Cancer Research UK Lung Cancer screening project – 2022

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Supported by ScottishPower



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Background

- This report presents the data from the 2022 Lung Cancer Screening survey, conducted by YouGov and with the costs of the project covered by ScottishPower*.
- This piece of research aims to inform Cancer Research UK (CRUK)'s work in the lung cancer space. This may include taking action to support possible widespread introduction of targeted lung cancer screening by the NHS. It could also include work to mitigate any unintended consequences of targeted lung screening – such as impact on perceptions of the risk of lung cancer amongst people who have never smoked.

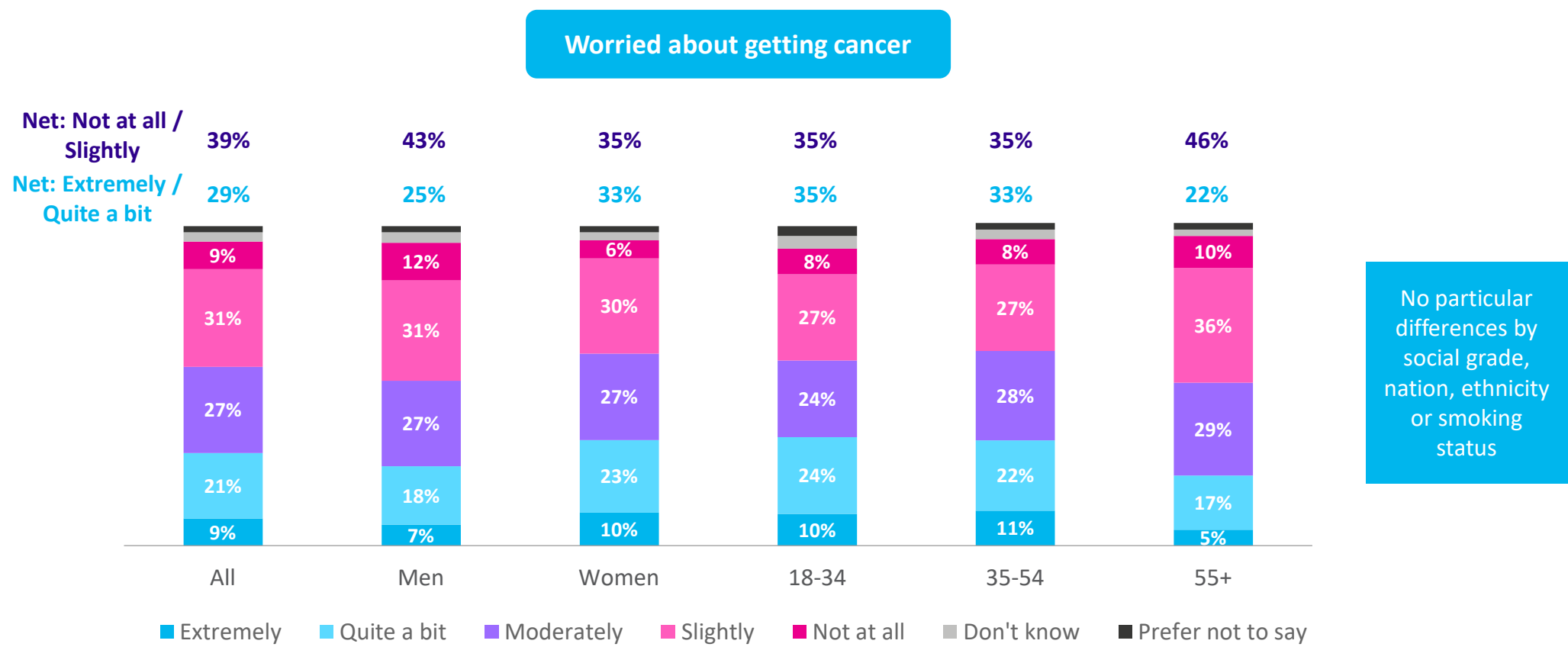
*Funding support source had no influence on research aims, design or results

Approach and method

- A bespoke survey was conducted to explore public perceptions around lung cancer and its risks, as well as knowledge and perceptions of screening, including eligibility and the impact of screening. This project built on previous work conducted by CRUK in order to optimise development of targeted lung cancer screening and ensure success of any future programme with minimised unintended consequences.
- A quantitative Lung Cancer Screening survey was conducted via YouGov's online panel from 21st February to 3rd March 2022.
- A total of 4,158 people completed the survey and results have been weighted by age, gender, social grade, region and The sample included current smokers (n=572), former smokers (n=1287), and never smokers (n=2299). The sample is nationally representative of all UK adults 18 and above.

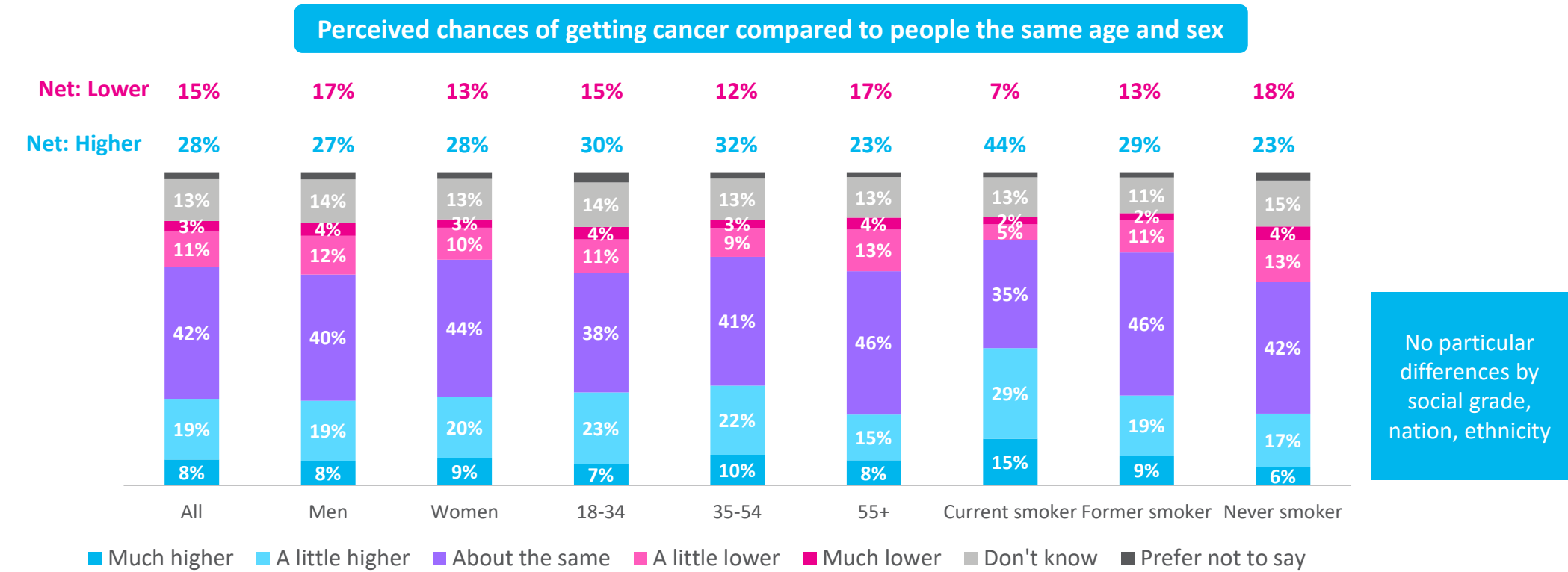
Cancer in general

The majority worry to some extent about getting cancer. Men are less likely than women to worry about getting cancer.



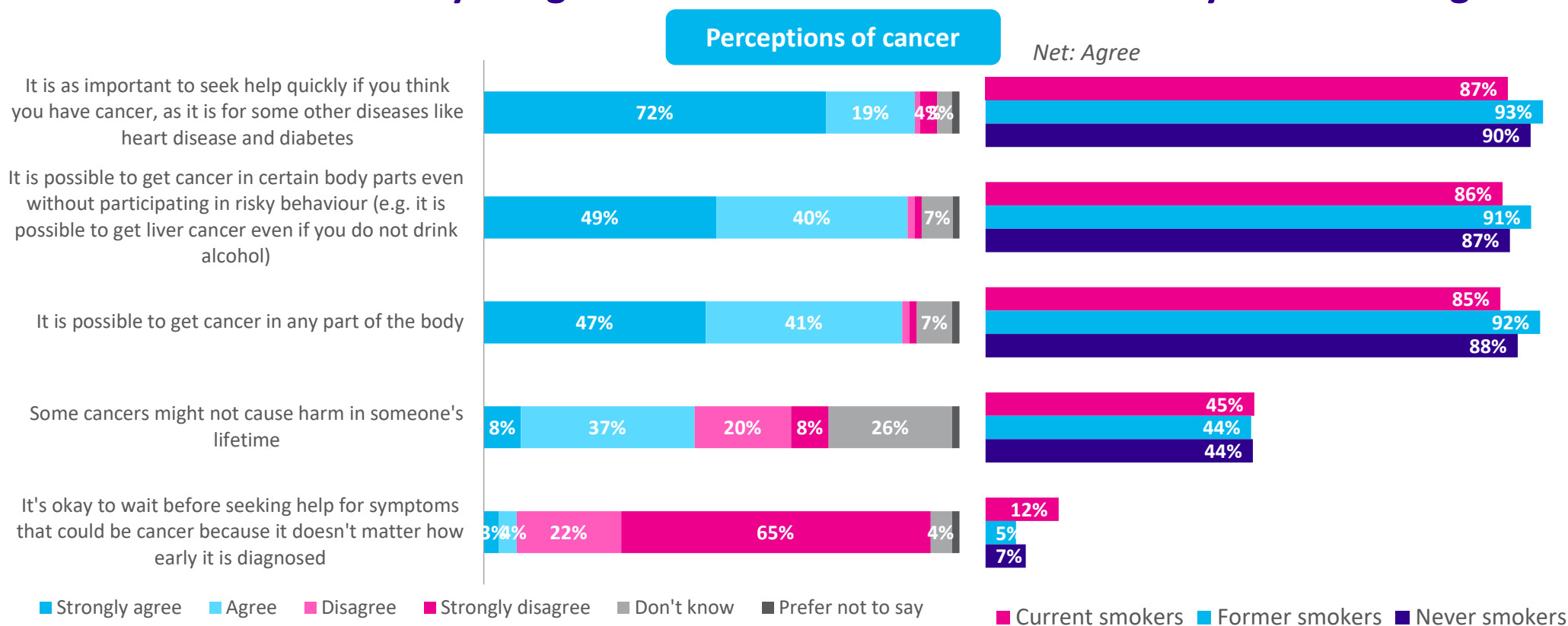
Q10. Do you worry about getting cancer in your lifetime? Base: All (n=4,158).

People are more likely to think they have a higher chance of getting cancer compared to others, than a lower chance, and this is particularly true for younger adults. Smokers tend to recognise that they have a higher chance than others.



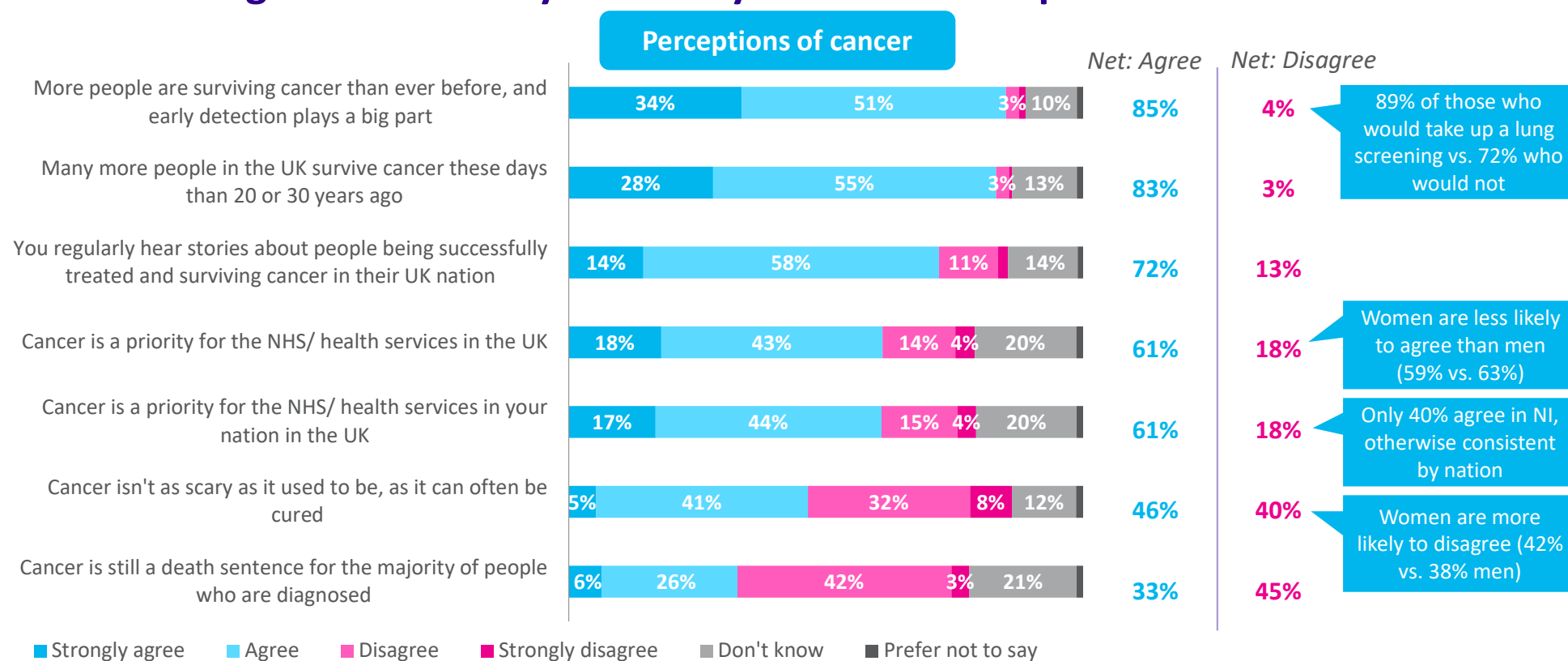
Q11. Compared to other people your age and sex, what do you think your chance of getting cancer in your lifetime is? Base: All (n=4,158).

There is widespread recognition of the importance of early help-seeking for cancer. Most also understand that cancer can occur even without risky lifestyle factors. Current smokers are more likely to agree that it does not matter how early cancer is diagnosed.



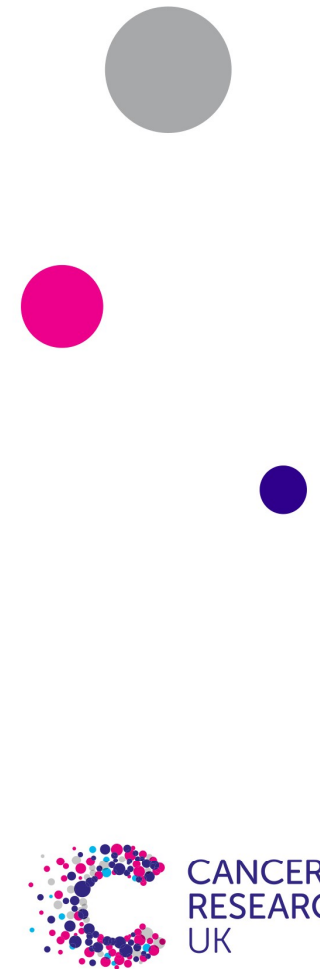
Q12. To what extent do you agree or disagree with the following statements? Base: All (n=4,158).

The vast majority recognise that more people are surviving cancer than before, but a third think cancer is generally still a death sentence. Those who would accept a lung cancer screening are more likely that early detection is important.



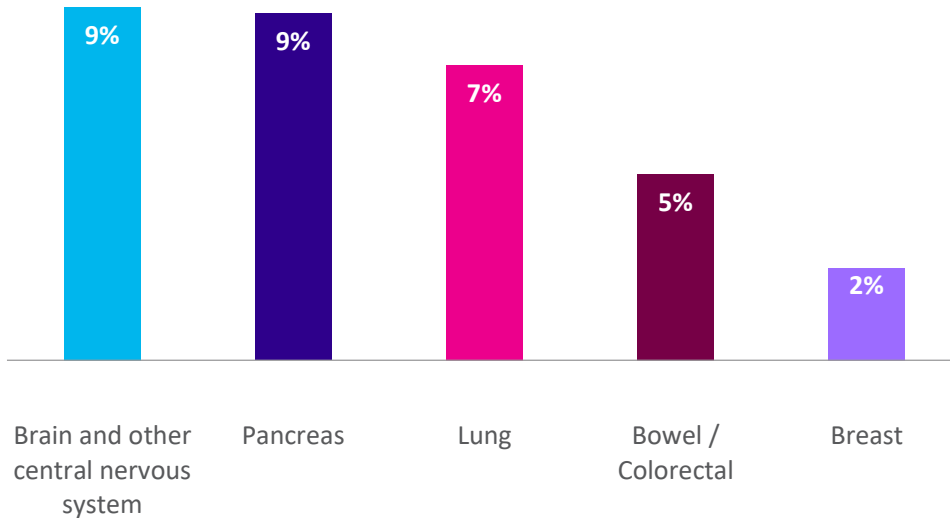
Q13. To what extent do you agree or disagree with the following statements? Base: All (n=4,158).

Lung cancer – understanding and perceptions

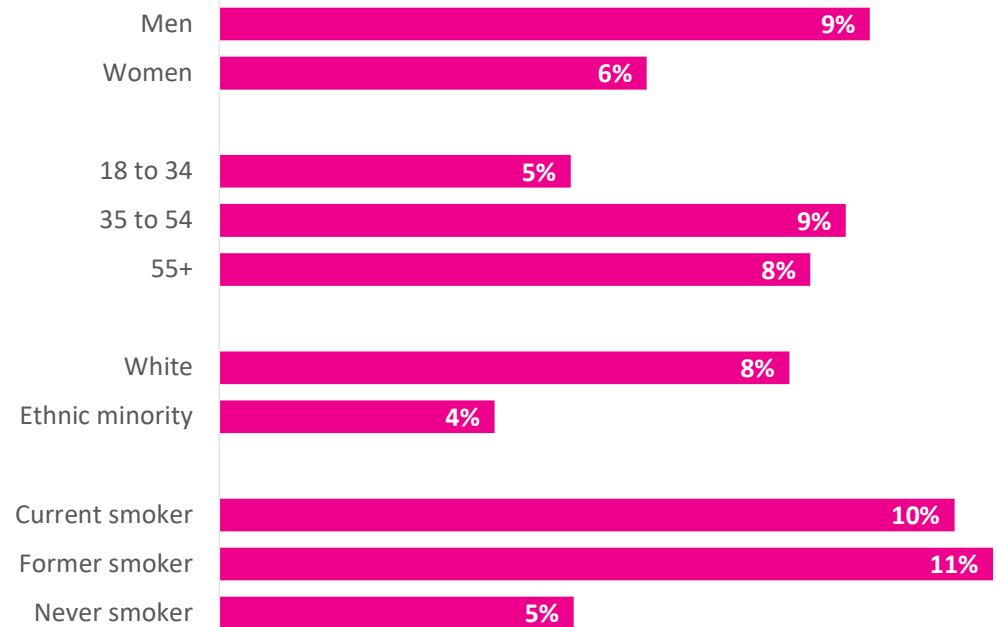


Lung cancer is third highest on the list of cancers people would least like to be diagnosed with. The results suggest some awareness of the relative mortality of different cancers. People who have never smoked are less likely to say lung cancer than current and former smokers.

Which cancer would people least like to be diagnosed with (unprompted). Top 5.

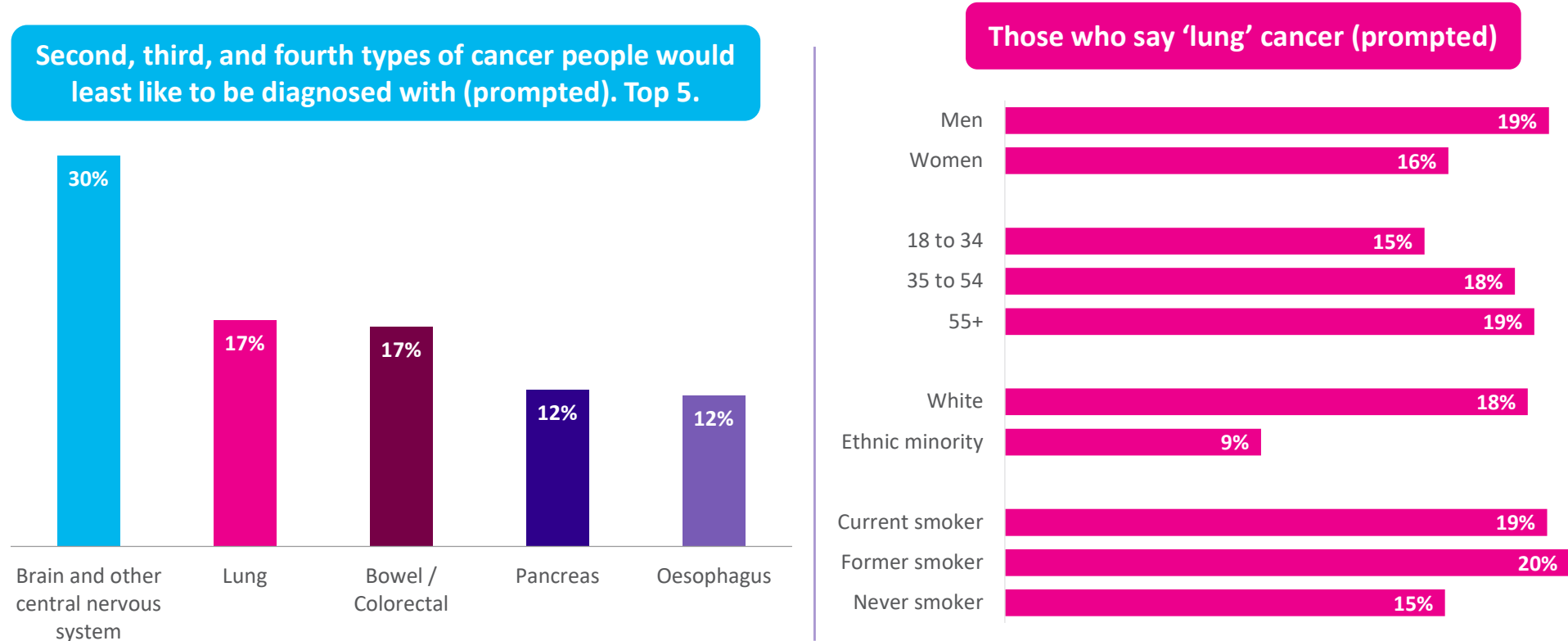


Those who say 'lung' cancer



Q14. Which cancer type, if any, would you least like to be diagnosed with? Base: All (n=4,157).

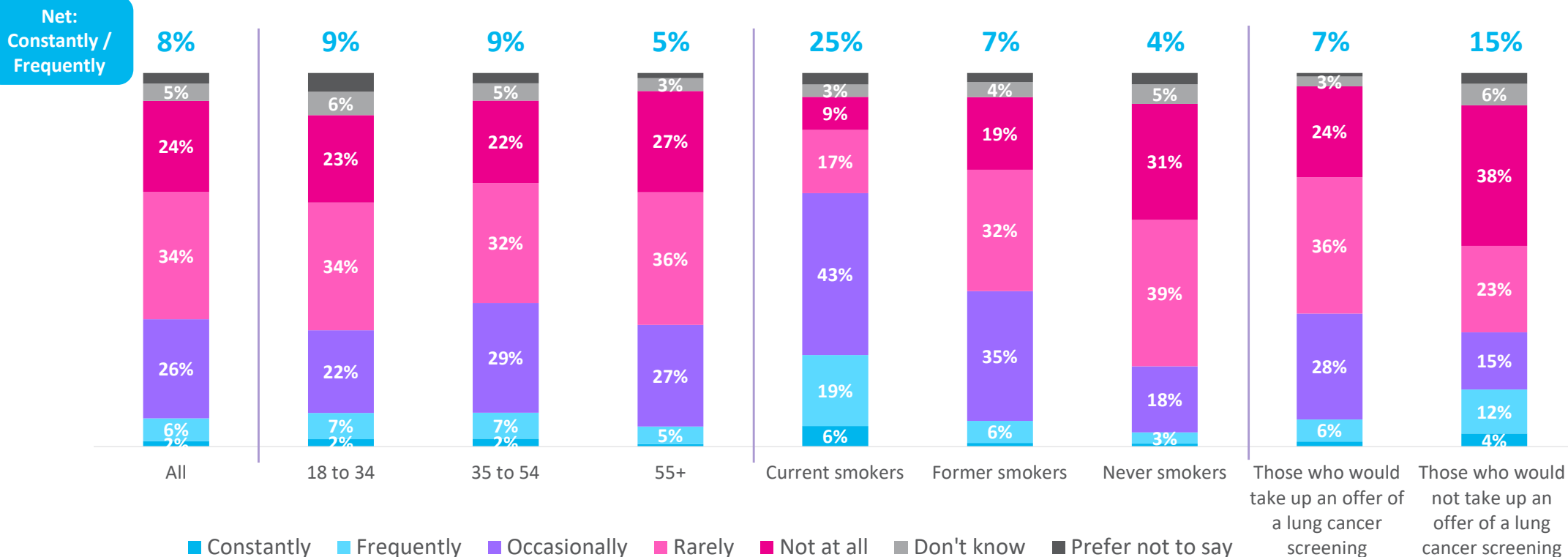
Lung cancer is third highest on the list of cancers people would 2nd, 3rd and 4th least like to be diagnosed with. Those with an ethnic minority background are half as likely to say lung cancer than white people.



Q15. Other than the one you listed above, which three cancer types, if any, would you least like to be diagnosed with? Please select three options. Base: All (n=4,158)

The majority of current smokers worry at least occasionally about getting lung cancer and are more than three times as likely to worry constantly/frequently than former smokers.

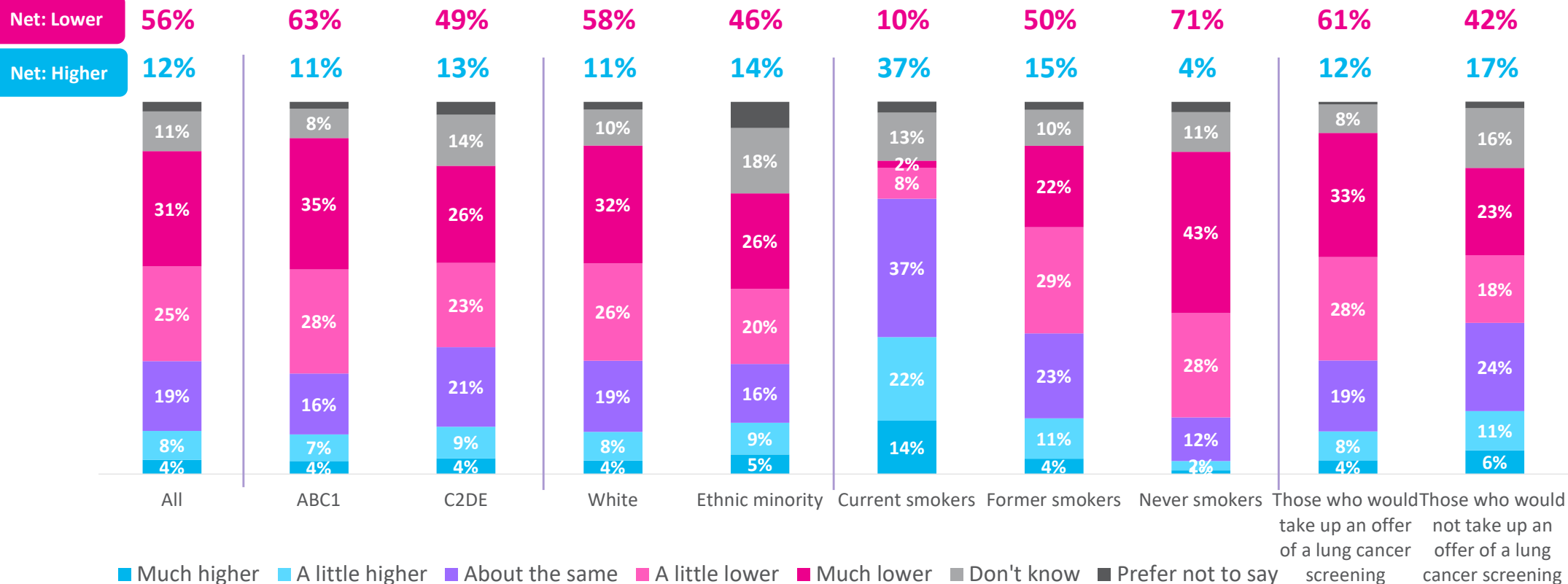
How often people worry about getting lung cancer



Q16. Do you worry about getting lung cancer? Base: All (n=4,158).

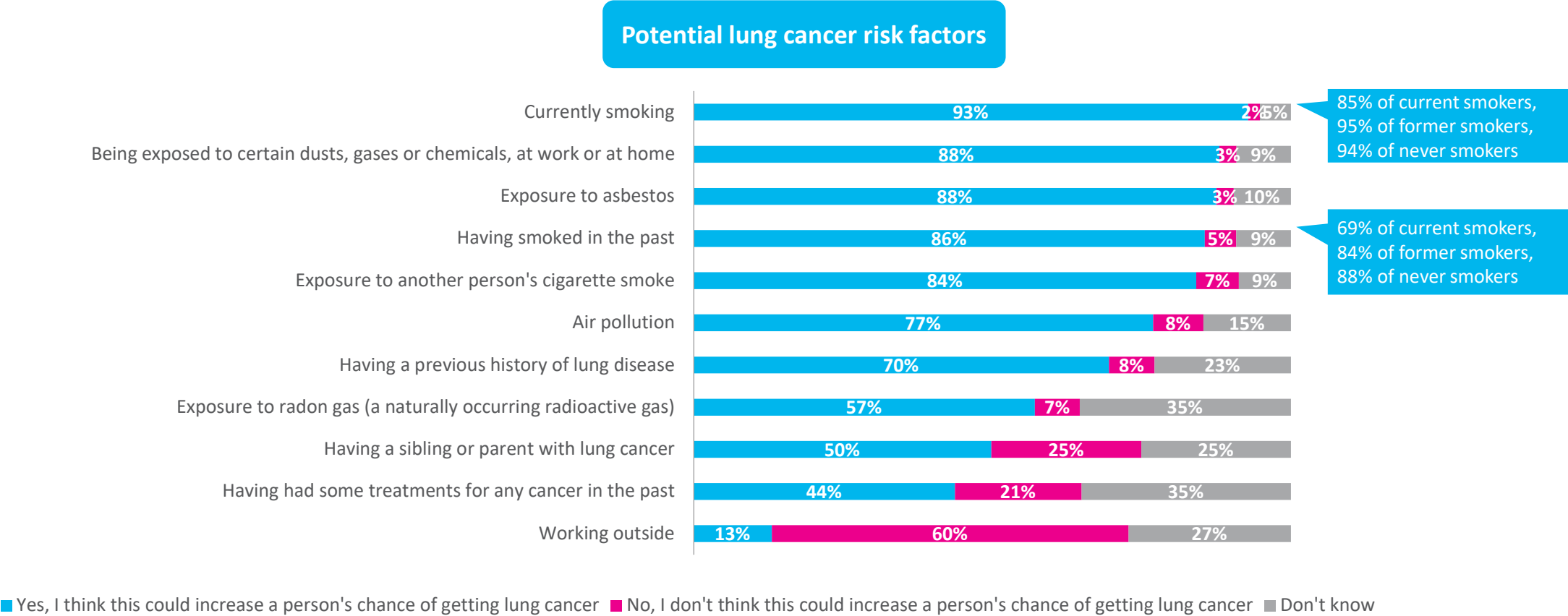
Over a third of current smokers think they are at higher risk than other smokers of the same age and sex.

Perceived chances of getting lung cancer compared to people the same age and sex who smoke



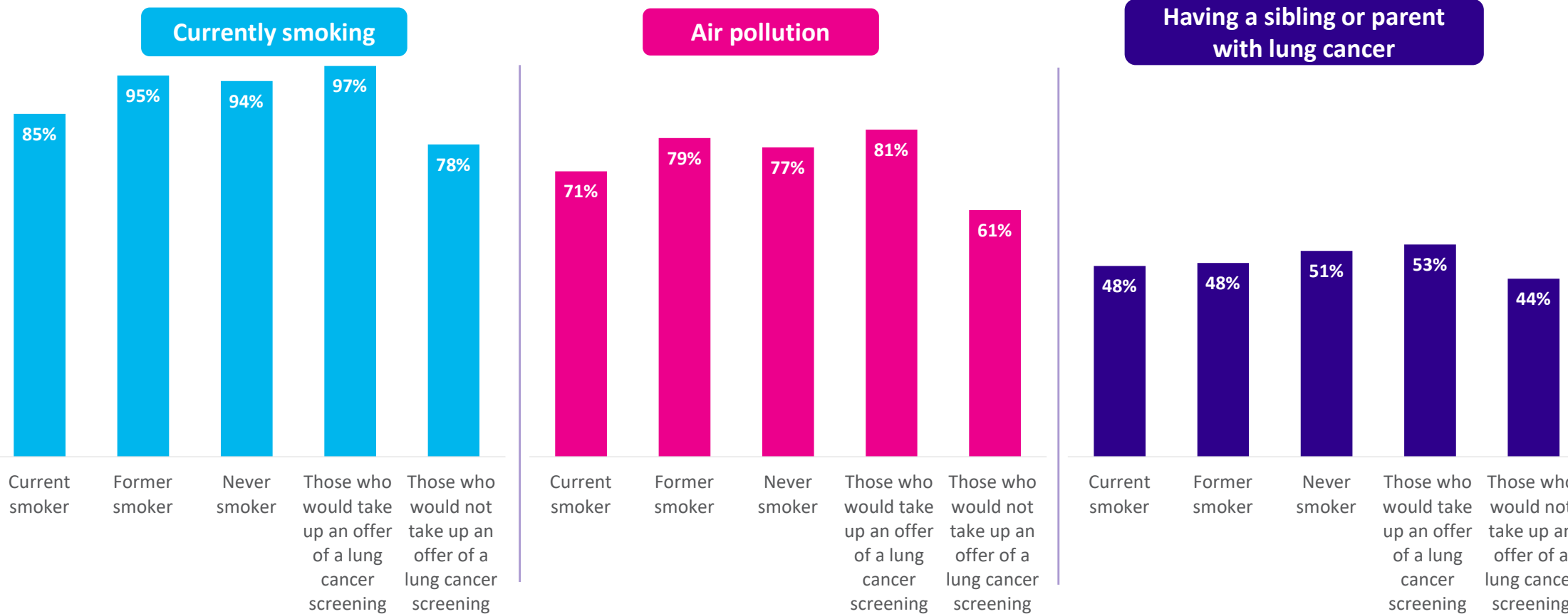
Q17. Compared to people your age and sex who smoke, what do you think is your chance of getting lung cancer in your lifetime? Base: All (n=4,158).

Smoking has the highest awareness as a risk factor for lung cancer, but most risk factors are recognised by a majority of adults.



Q18. Which of the following, if any, do you think could increase a person's chance of getting lung cancer? Base: All (n=4,158).

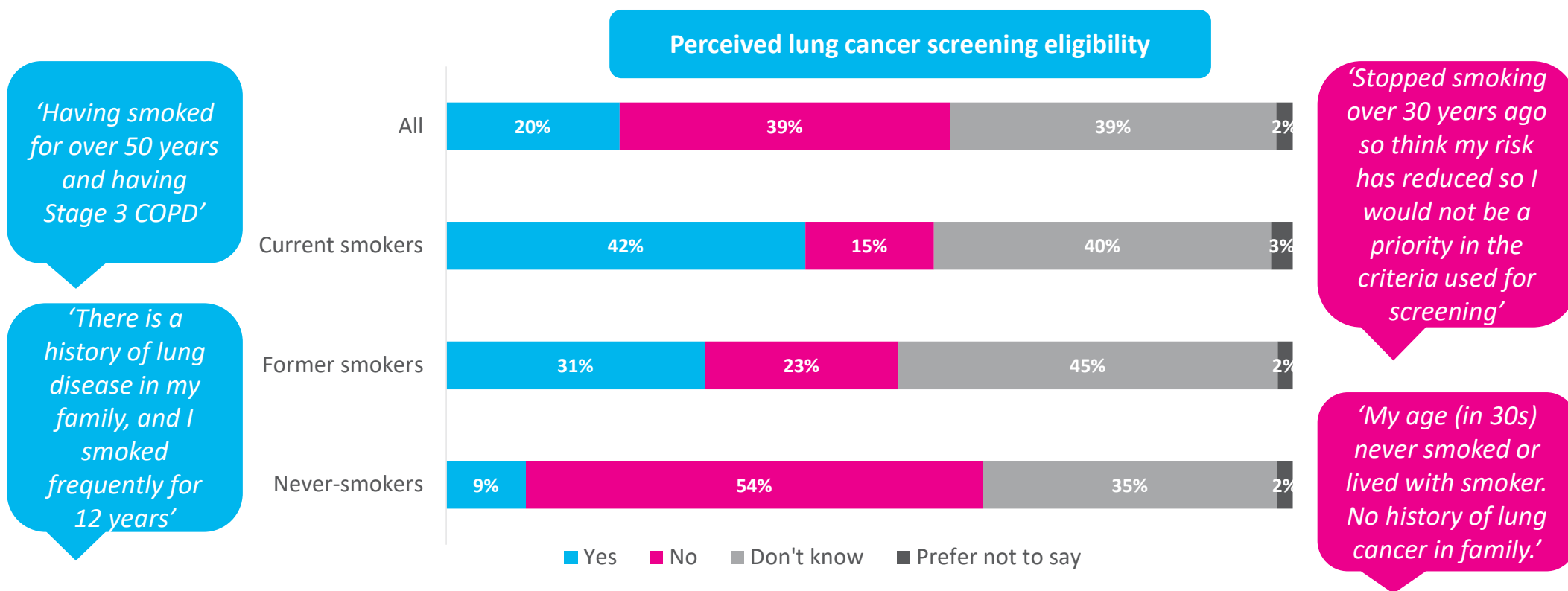
Those who would not accept the offer of a lung cancer screening are less likely to agree that currently smoking, air pollution, and family history are risk factors of lung cancer.



Q18. Which of the following, if any, do you think could increase a person's chance of getting lung cancer? (Yes, I think this could increase a person's chance of getting lung cancer) Base: All (n=4,158).

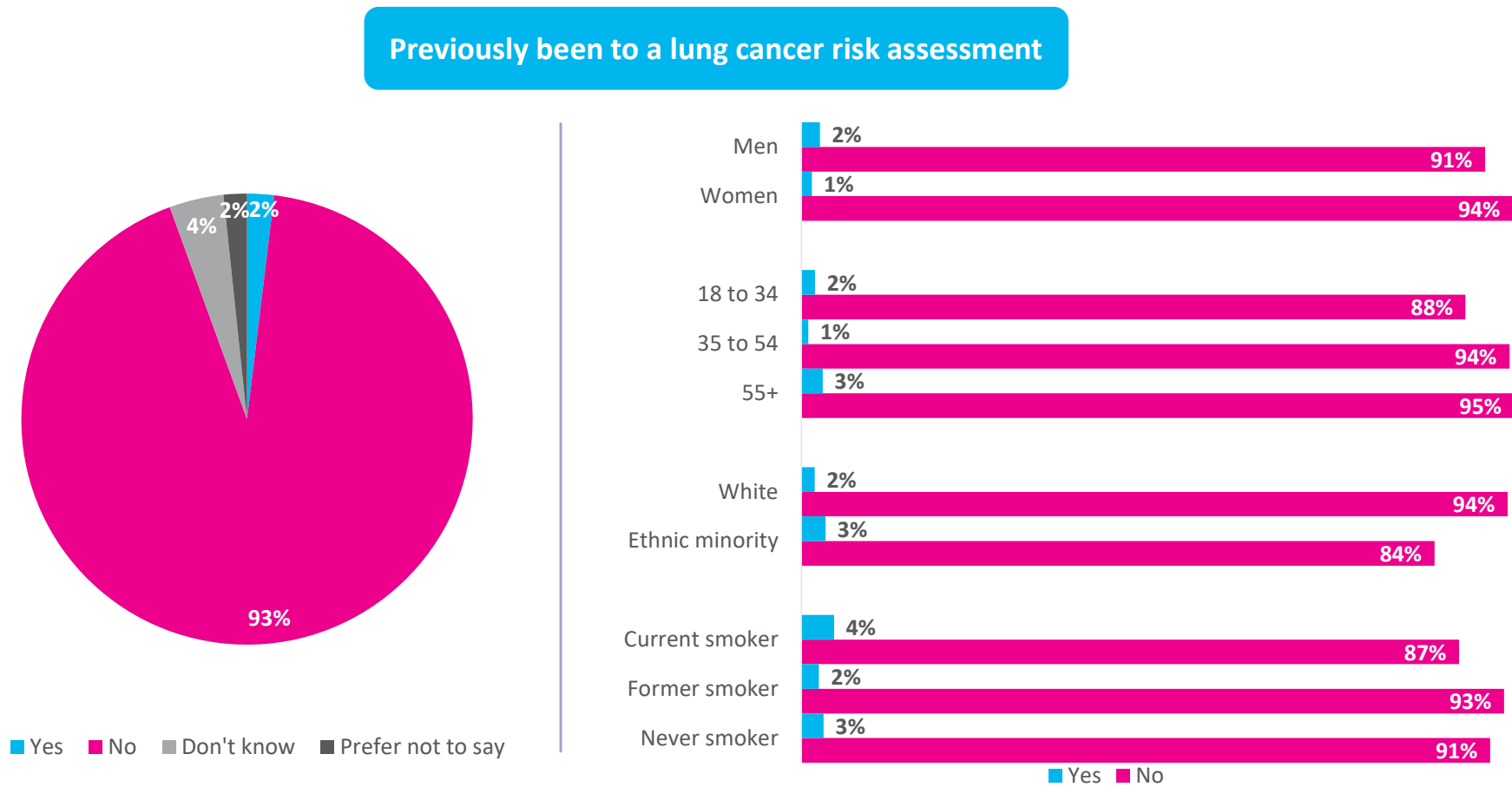
Lung cancer screening

Two-fifths of current smokers think they would be eligible for lung cancer screening, along with 31% of ex smokers. A large proportion do not know.



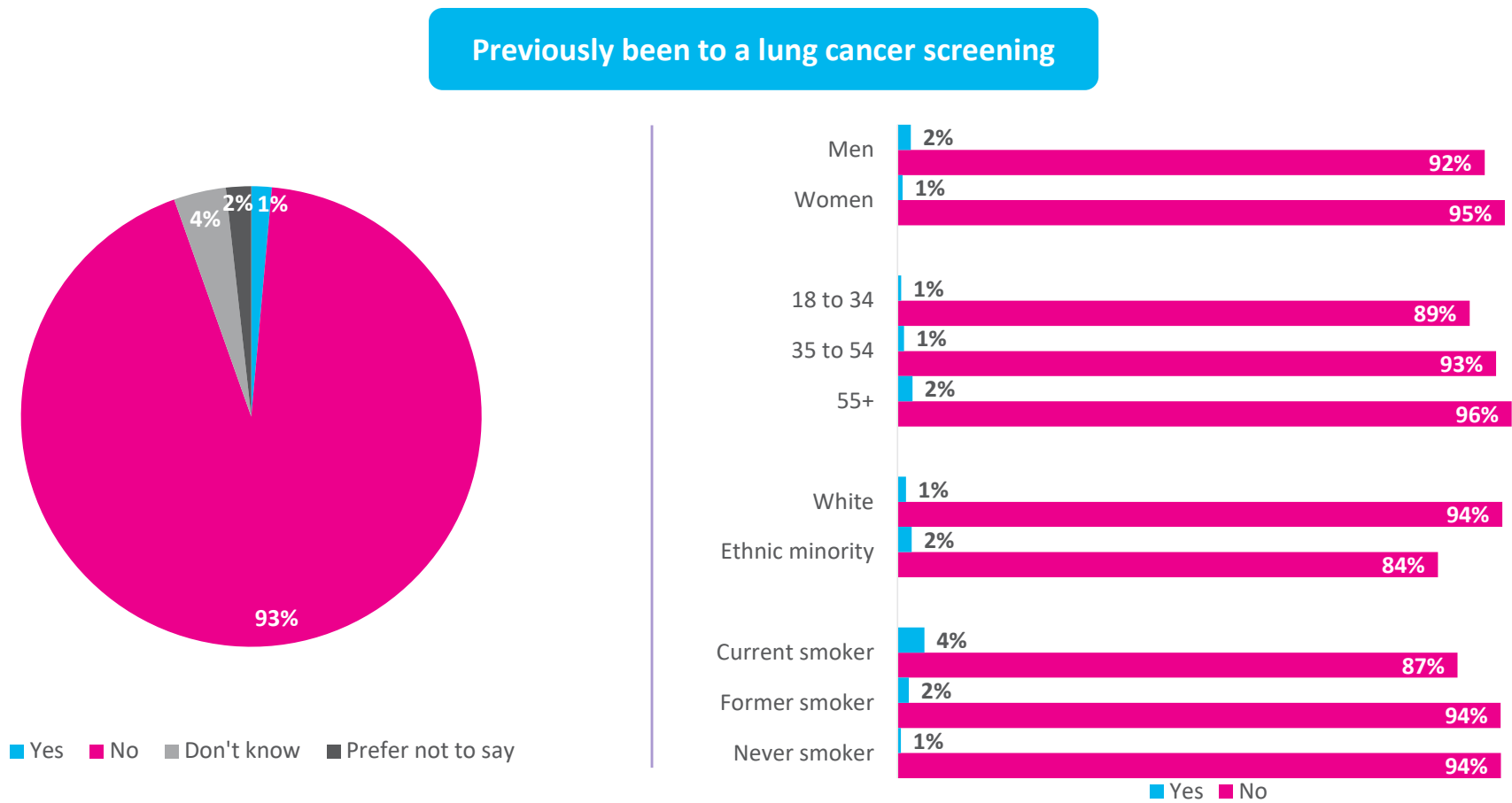
Q20. Do you think you would be eligible for lung cancer screening? Base: All (n=4,158).

Very few say they have been for a lung cancer risk assessment so far.



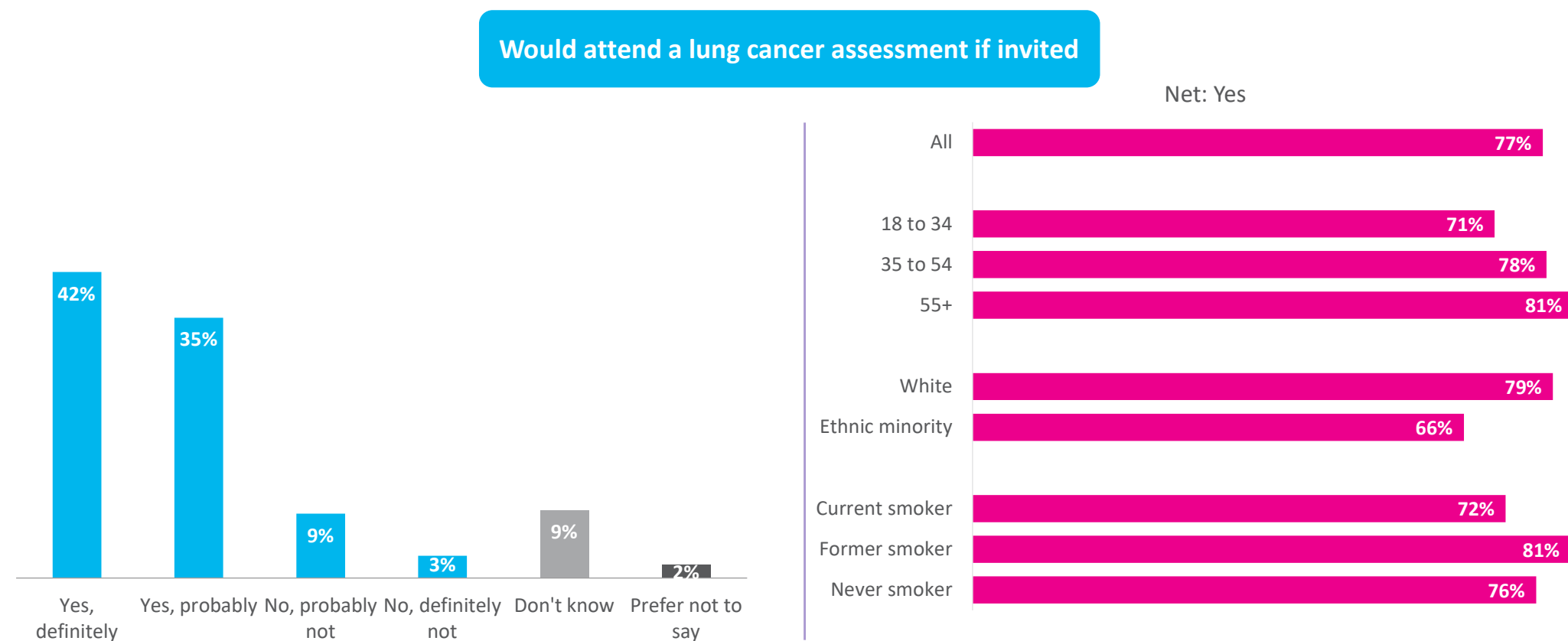
Q21. Have you previously had a lung cancer risk assessment (i.e. a face to face or telephone conversation with your nurse or GP, where you were asked various questions to assess your risk of getting lung cancer)? Base: All (n=4,158).

And as expected, very few report having been to a lung cancer screening.



Q22. And have you previously been to a lung cancer screening, where you've had a CT scan after you've been assessed as having an increased risk of lung cancer? Base: All (n=4,158).

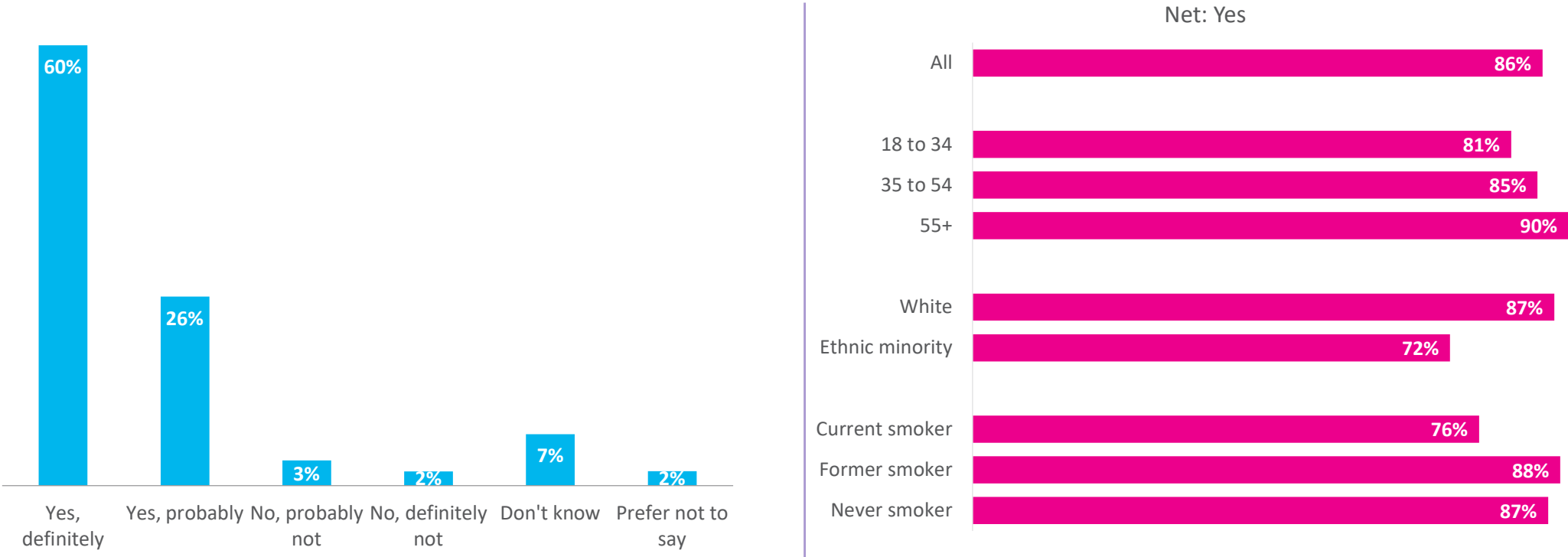
Only one-tenth would *not* attend a lung cancer assessment if invited. Current smokers are less likely to report they would say yes.



Q23. If you were invited to take part in a lung cancer risk assessment (i.e. a face to face or telephone conversation with your nurse or GP, where you are asked various questions to assess your risk of getting lung cancer), would you take up the offer? Base: All (n=4,158).

Less than one-tenth would decline to attend a lung cancer screening after being deemed higher risk. Again, current smokers are less likely to report they would take up the offer a lung cancer screening.

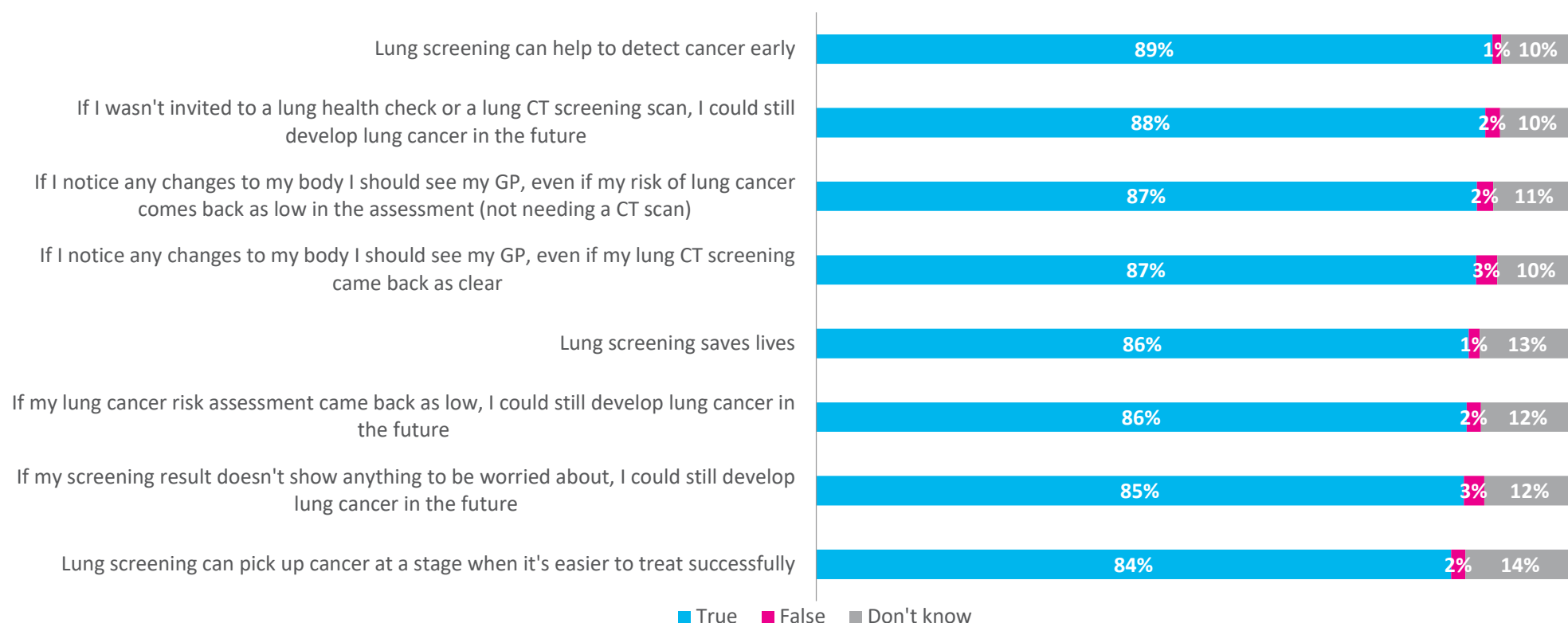
If deemed high risk in an assessment would attend a lung screening



Q24. If you were deemed to be at high risk in the assessment, and invited to take part in lung cancer screening, where you have a CT scan, would you take up the offer? Base: All (n=4,158).

The vast majority believe all the statements about lung cancer screening are true, with ‘lung screening can help to detect cancer early’ most likely to be seen as true.

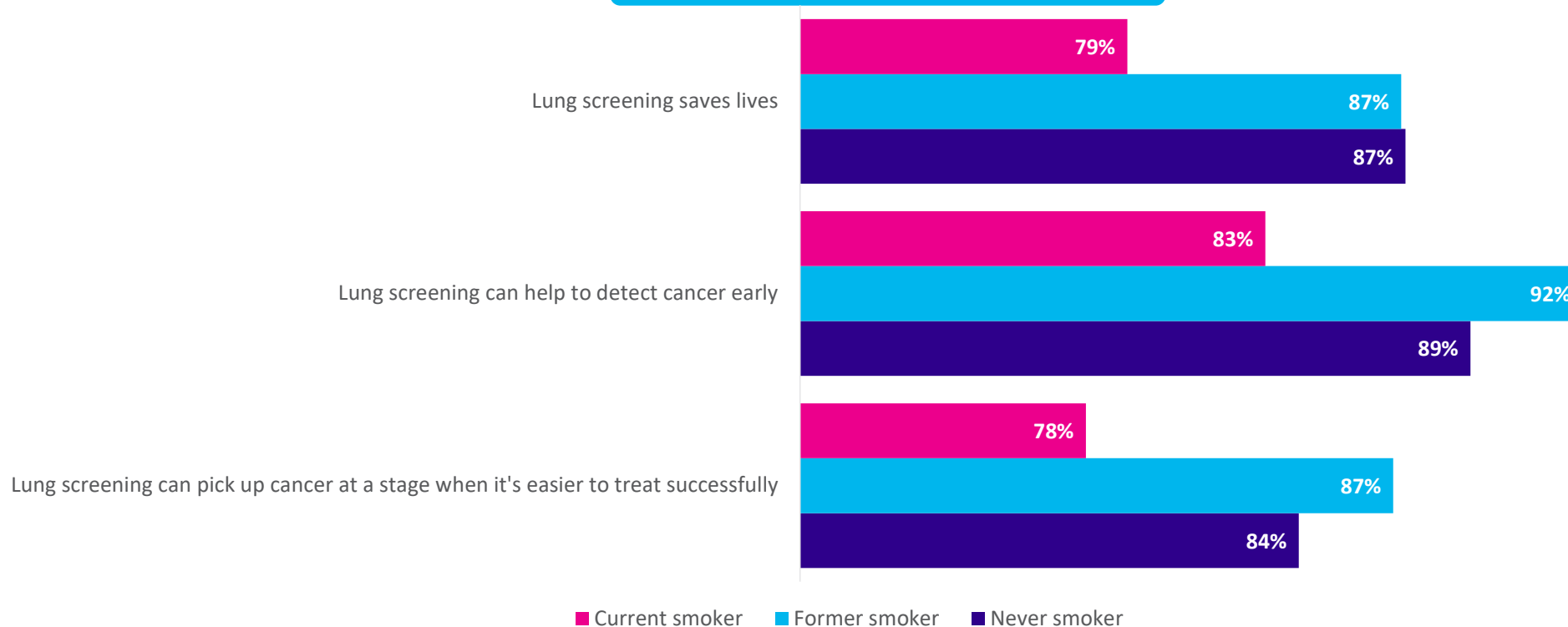
Statements about lung cancer screening



Q25. For each of the following statements about lung cancer screening, please say if you think they are true or false. Base: All (n=4,158).

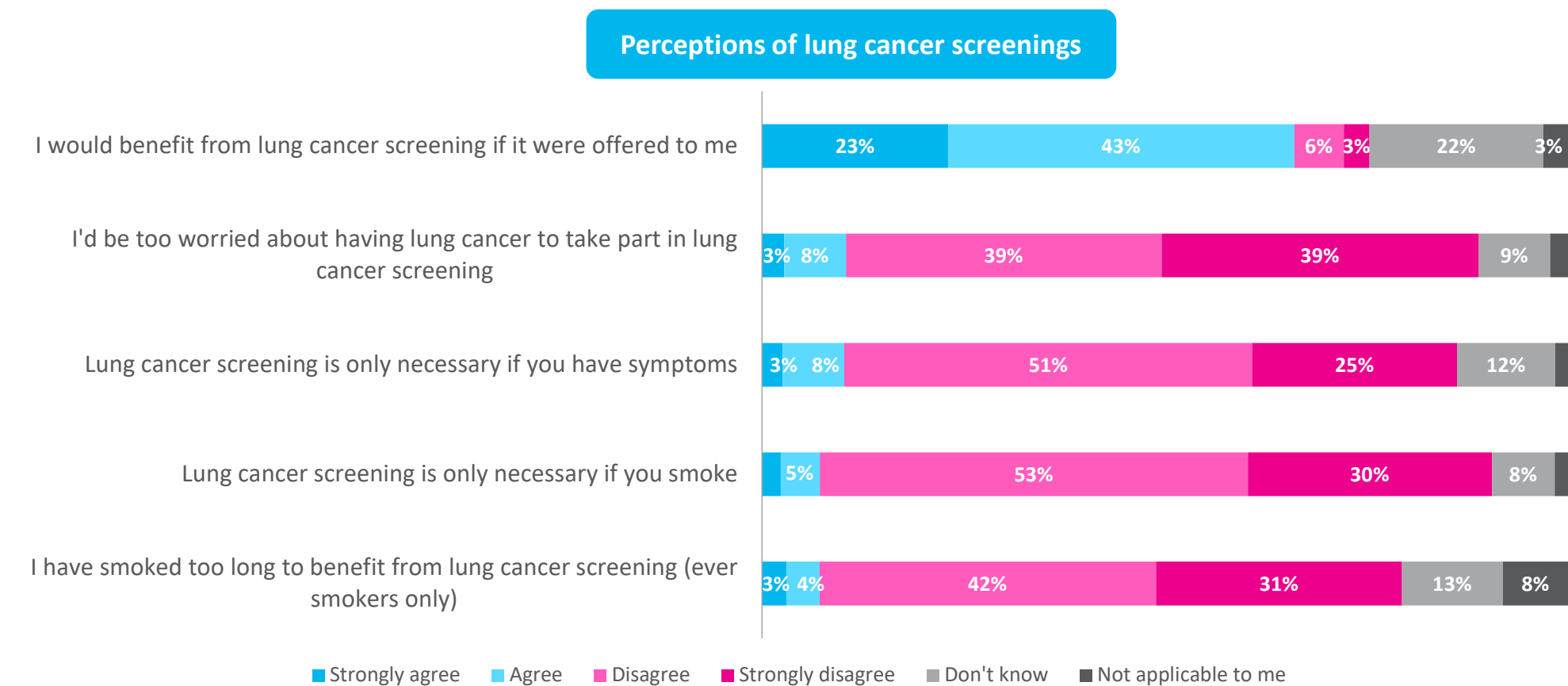
Current smokers are less likely than former or never smokers to believe that lung cancer screening saves lives, can help detect cancer early, and that detecting cancer in its early stages improves the chances of treatment being a success.

Statements about lung cancer screening



Q25. For each of the following statements about lung cancer screening, please say if you think they are true or false. (True) Base: All (n=4,158).

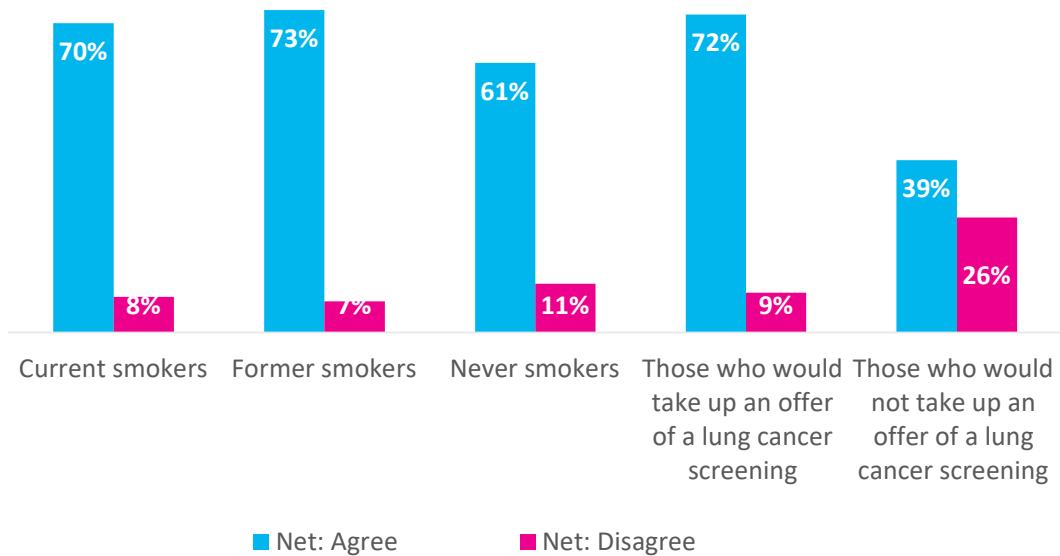
Most people feel they would benefit from screening, and most do *not* agree that screening is only necessary if you smoke



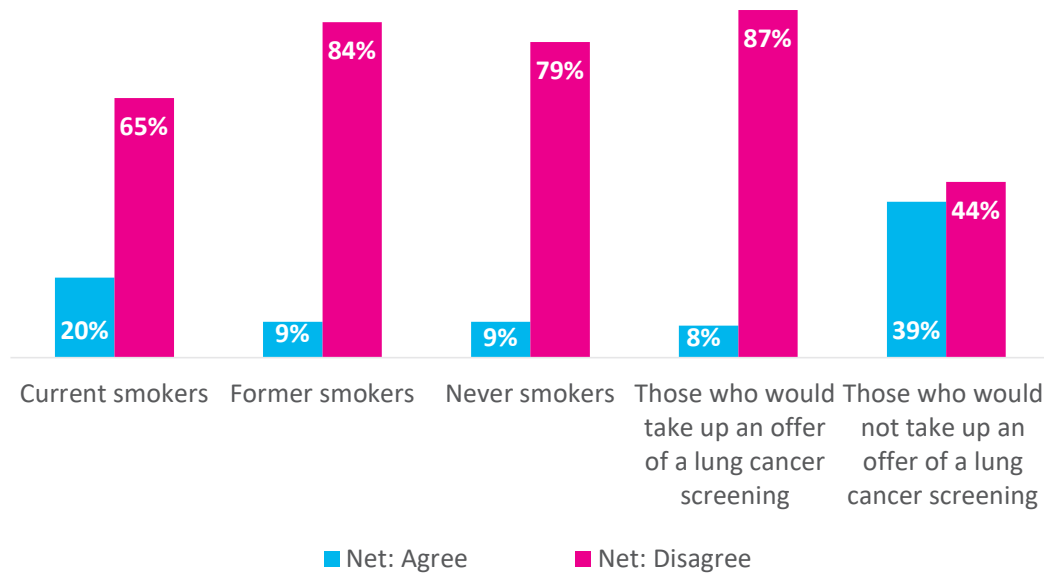
Q26. To what extent do you agree or disagree with the following statements? Base: All, Current and former smokers (n=1,858 to 4,158).

Those who would not take up the offer of a screening are more likely to agree they would not benefit. Furthermore, this group are even more likely to agree they would be too worried about having lung cancer to take part.

I would benefit from lung cancer screening if it were offered to me

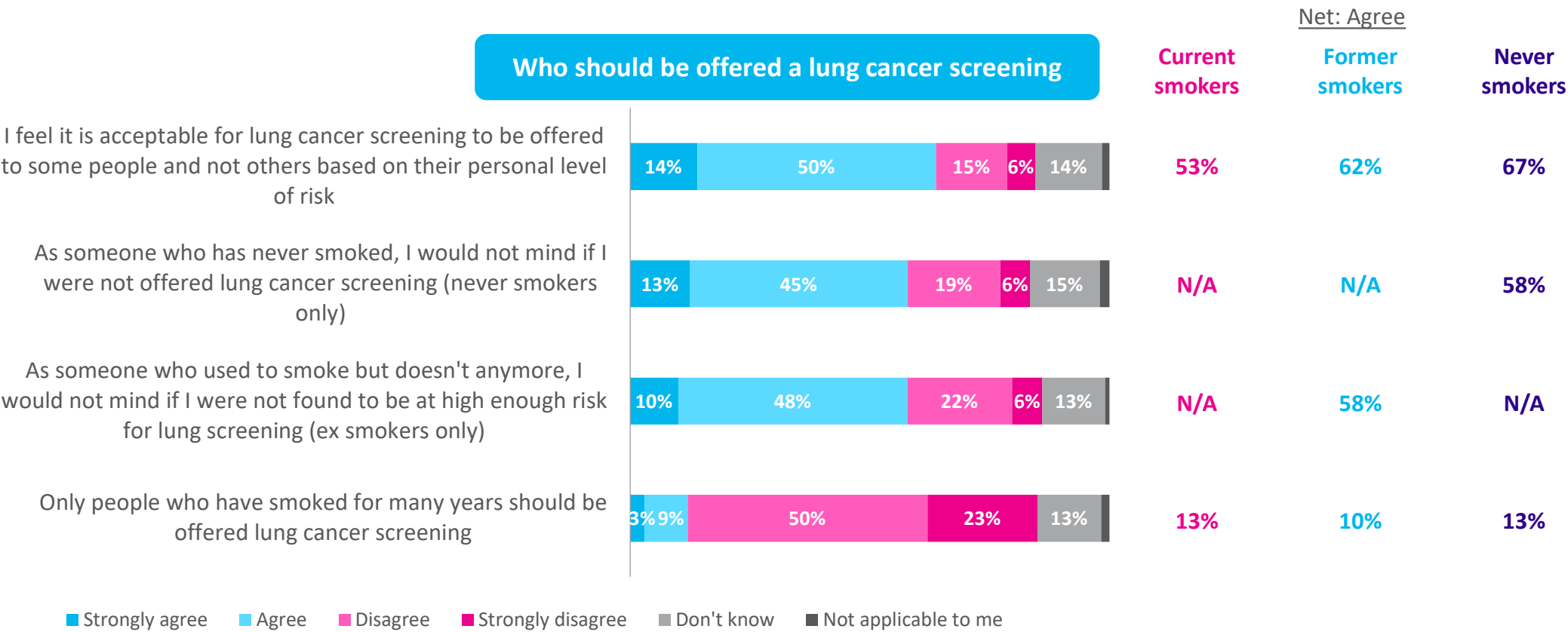


I'd be too worried about having lung cancer to take part in lung cancer screening



Q26. To what extent do you agree or disagree with the following statements? Base: All, Current and former smokers (n=1,858 to 4,158).

The majority agree that it is acceptable for eligibility to be based on risk level, but around a quarter of ex and never smokers would mind not being included in screening.



Q27. To what extent do you agree or disagree with the following statements? Base: All, Former smokers, Never smokers (n=1,301 to 4,158).

Deep dives:

Fatalistic smokers

Non-smokers who would mind not being offered or prioritised for lung cancer screening

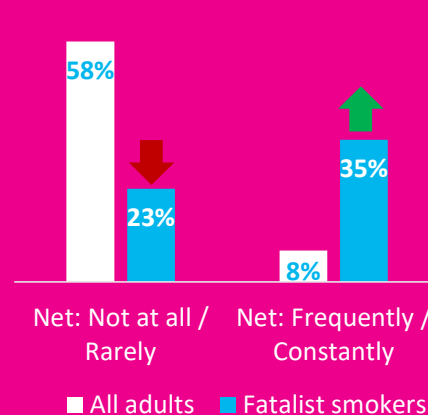
Fatalist smokers

For the purpose of this study, 'fatalistic smokers' are those who currently smoke, and who agree they have smoked for too long to benefit from lung screening OR agree they would be too worried about having lung cancer to take part in lung cancer screening.

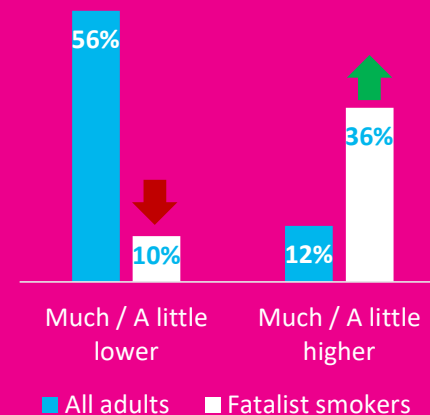


Whether statistically different from the total sample.  

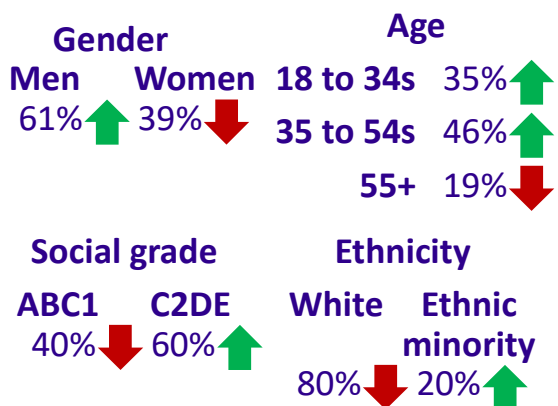
How often people worry about getting lung cancer



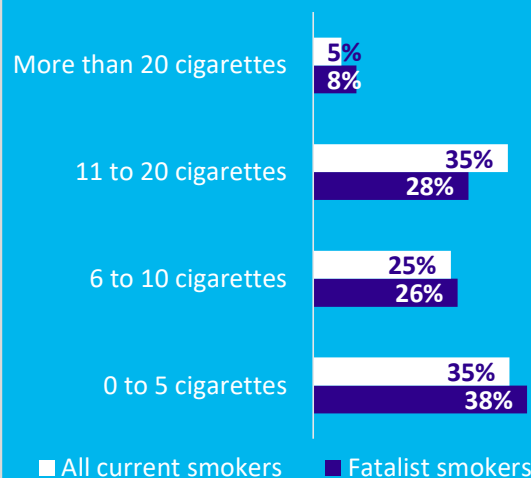
Perceived chances of getting lung cancer compared to people the same age and sex who smoke



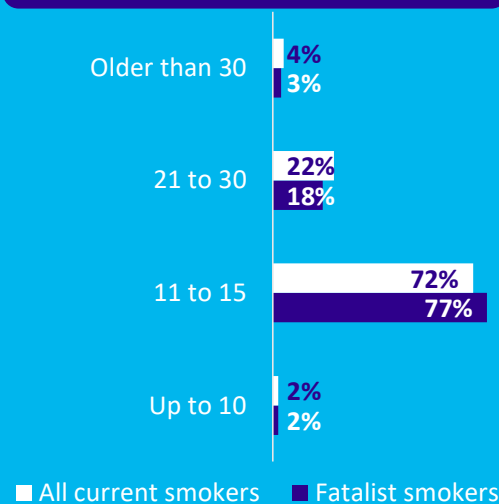
Demographics



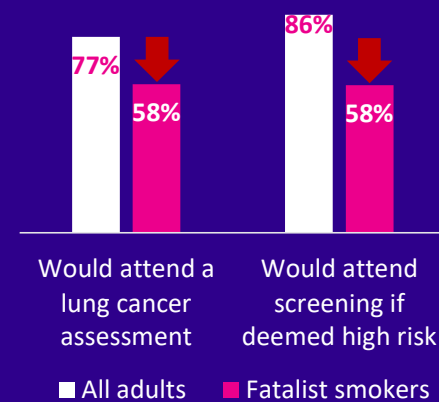
Number of cigarettes they smoke per day



Age first started smoking



Would attend lung risk assessment/screening



Non-smokers who would mind not being offered or prioritised for lung cancer screening

For the purpose of this study this group is made up of never smokers who would mind not being offered a lung cancer screening and former smokers who would mind if they were not found to be at high enough risk for lung screening.

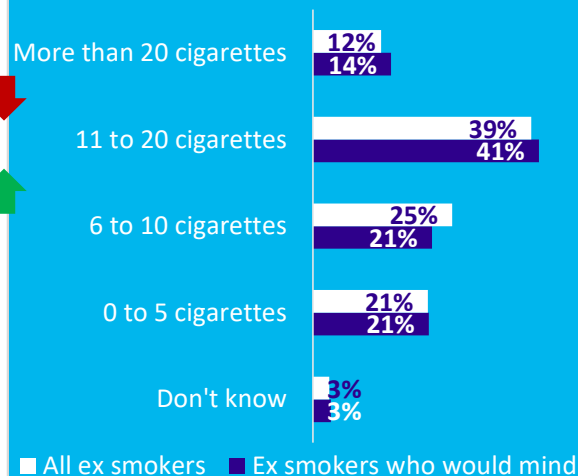
Whether statistically different from the total sample.  



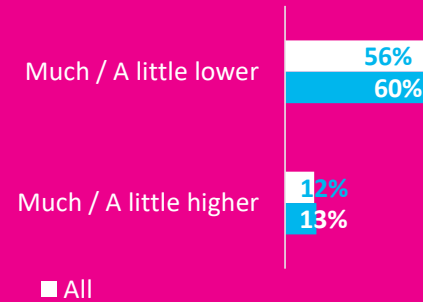
Demographics

Gender		Age	
Men	Women	18 to 34s	21%
51%	49%	35 to 54s	31%
		55+	48%
Social grade		Ethnicity	
ABC1	C2DE	White	Ethnic minority
56%	44%	89%	11%

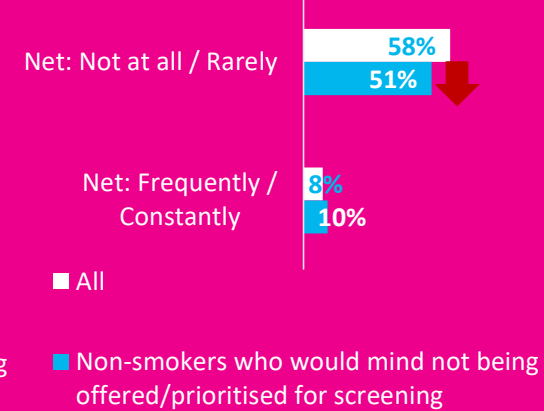
Number of cigarettes they used to smoke daily (ex smokers)



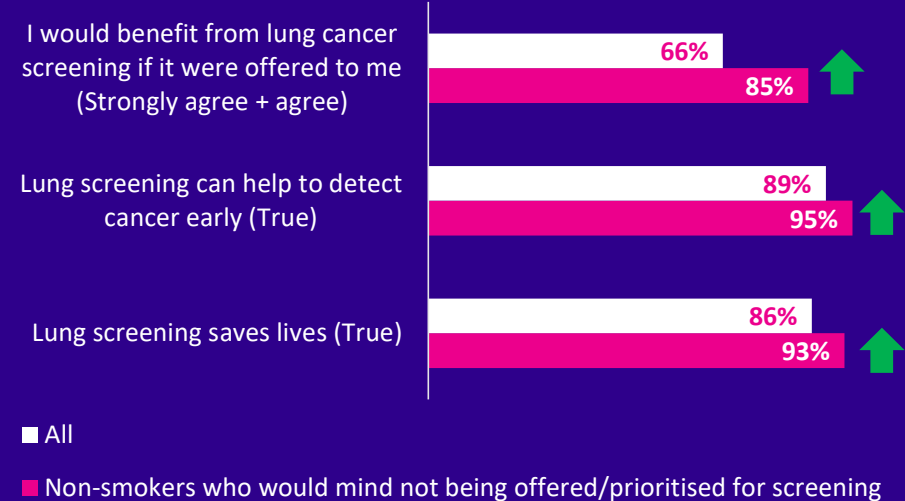
Perceived chances of getting lung cancer compared to people the same age and sex who smoke



How often people worry about getting lung cancer



Perceptions of lung cancer screening



Summary of key findings

Key findings

Cancer in general

- The majority worry to some extent about getting cancer, and people tend to be pessimistic about their own chances relative to others. However, older people appear to be less pessimistic than younger people. Smokers tend to recognise that they are at higher risk.
- There is widespread recognition of the importance of early help-seeking for cancer, and most also understand that cancer can occur even without risky lifestyle factors. There is lower awareness of the fact that some cancers may not cause harm in the person's lifetime. Current smokers are more likely, although still at low levels, to think that it does not matter how early some gets diagnosed.
- The vast majority recognise that more people are surviving cancer than before, but a third think cancer is generally still a death sentence.

Lung cancer

- Lung cancer is the third most common people mention when asked which cancer they would least like to have. While current and former smokers are more likely to say lung cancer than any other form for cancer. The results suggest some awareness of relative mortality/outcomes of different cancers – those mentioned are typically ones with a worse prognosis. The majority of smokers worry at least occasionally about getting lung cancer, while never-smokers do not generally worry. Over a third of smokers think they are at higher risk than other smokers of the same age and sex.
- Most risk factors for lung cancer are recognised by a majority of adults, with smoking the most recognised. However, current smokers appear less aware than former none and smokers of risks factors including smoking.

Key findings

Lung cancer screening

- There is strong appetite in the general population for lung cancer assessments or screenings. The vast majority (77%) would attend an assessment if invited but this is lower among 18 to 34s, current smokers, and especially those with an ethnic minority background. Even more (86%) would attend a screening if deemed to be at higher risk however similarly to lung cancer assessments the aforementioned three demographic groups are less likely to attend. Most adults feel they would benefit from screening, and most do not agree that screening is only necessary if you smoke.
- The majority agree that it is acceptable for eligibility to be based on risk level, but around a quarter of ex and never smokers would mind not being included in screening.
- Current smokers are less likely to say they would attend an assessment/screening than ex or never smokers. 20% of smokers also agree that they would be too worried about lung cancer to take part in a screening. Taken together, these results suggest a degree of denial or fatalism among smokers.

Fatalist smokers

- Fatalist smokers are defined as those who currently smoke and would be too worried about attending a lung cancer screening in case they have lung cancer or think they have smoked for too long to benefit from a screening.
- This group are disproportionately made up of men (61%). A majority of them are white however there is a higher occurrence of people from an ethnic minority background than average (20%). They are more likely to have a lower social grade (60%). This group are more likely under age 55, and most likely to be in the 34 to 54 age range.
- This group is far less likely to attend a lung cancer assessment (58%) and screening (58%) than the average.

Non-smokers who would mind not being offered or prioritised for lung cancer screening

- Those who would mind not being offered lung cancer screening are similar to the overall population in terms of social grade, sex and ethnicity. However, they are more likely to be in the 55+ age group than average.
- This group is less slightly likely to worry not at all/rarely about getting lung cancer. They are also more likely than average to understand that lung cancer screening saves lives (93%) and that it helps detect cancer early (95%). Lastly this group are more likely to believe that they would benefit from a lung cancer screening (85%).

Acknowledgements

- We would like to thank ScottishPower for covering the costs of this project and making this research possible.
- We would like to acknowledge the contributions of Samantha Quaife and Evangelos Katsampouris, from Queen Mary University of London, to the survey design stages of this work.
- We would also like to acknowledge the contributions of colleagues from the Behavioural Science and Evaluation team as well as the Health Information team to various stages of this work.

Thank you!

For more information, or if you would like to use results of this research, please contact the Behavioural Science and Evaluation team:

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Together we will beat cancer