



## Lung cancer

# GPs urged to be more alert in diagnosing lung cancer in non-smokers

Charities launch campaign to prompt family doctors not to neglect UK's eighth deadliest cancer



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Cancer charities are urging GPs to save lives by getting better at spotting the symptoms of one of Britain's most lethal forms of the disease - lung cancer in non-smokers.

Macmillan Cancer Support and Cancer Research UK are among the groups to back a new campaign that launches this week intended to prompt family doctors to consider lung cancer as a likely diagnosis even in people who have never smoked.

The disease is closely linked to smoking, but around 6,000 non-smokers a year die of it, more than the death toll of 5,300 from cervical cancer, 4,500 from leukaemia and 4,200 from ovarian cancer. It is the UK's eighth biggest cancer killer and the seventh commonest cause of cancer death worldwide.

Sufferers often visit their GP several times before being referred to hospital and diagnosed, by which time most are too late to undergo treatment that may cure them. Doctors are puzzled by why those who do not use cigarettes contract the “smokers’ disease”. They believe genetic factors and growing up in a household where one or both parents smoke are among the reasons.

“Lung cancer in never-smokers can be challenging to diagnose, but the incidence of lung cancer in people who have never smoked is increasing and the fact that so many are diagnosed with late-stage disease suggest that it is under-recognised by GPs”, said Jenny Abbott, the chair of EGFR Positive UK, one of the three lung-cancer charities behind the campaign. ALK Positive UK and the Ruth Strauss Foundation - set up by the former England cricket captain Andrew Strauss after his wife died of non-smoking related lung cancer in 2018 - are also involved.

“I was diagnosed with advanced stage lung cancer in 2018 and my diagnosis was a terrible shock,” Abbott said. “As a never-smoker I did not think I could get lung cancer.”

The campaign is using portraits of nine patients by the photographer Rankin, all of whom were found to be incurable, and eight of whom are non-smokers. One of them - Faye, an NHS student midwife who has never smoked - was 28 when she was diagnosed. Her disease was detected in A&E almost five months after she began to have symptoms.

Many non-smokers with lung cancer miss out on potentially life-saving treatment because, despite visiting their GP several times with symptoms such as a persistent cough, breathlessness or recurrent chest infections, they are not referred for an X-ray or scan.

Dr Jodie Moffatt, Cancer Research UK’s head of early diagnosis, said: “Lung cancer can be difficult to spot so it’s important that GPs are alert to their patients experiencing chest-related symptoms, and are making full use of tests to work out who might need further investigation.”

The charity is funding a research study to explore whether diagnosing the disease may be different in non-smokers to smokers.

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Advertisements featuring the nine patients will run in specialist media for GPs, such as GP Online and the British Journal of General Practice, and on Facebook and LinkedIn.

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Dr Alison Cook, the British Lung Foundation's director of external affairs, said: "A lot of people don't realise that it's not just smokers who get cancer in their lungs. In fact **one in six people dying of lung cancer are not smokers**. It's crucial that a more streamlined, faster process is put in place for diagnosing lung disease."

Prof Martin Marshall, the chair of the Royal College of GPs, said family doctors were good at diagnosing cancer, but added: "Lung cancer can be a difficult cancer to identify in primary care, particularly if patients aren't smokers, one of the well-recognised red flag for the disease.

"The symptoms, principally a prolonged cough, can be signs of other more common, less serious, conditions. This puts GPs in a difficult position as to whether to refer patients, because it would not be appropriate to urgently refer every patient who presents with a cough for specialist assessment.

"GPs need better access to diagnostic tests in the community and training to use them appropriately and in a timely way and interpret the results so that our decision to refer can be as informed as it possibly can be".