

Alberta Lung Cancer Continuum Consensus Forum: Primary Prevention & Lung Cancer Screening Pillar Information

Purpose of the Alberta Lung Cancer Forum

- To support a reduction in the burden of lung cancer in Alberta by bringing together multi-sectoral stakeholders to explore issues impacting lung cancer; and,
- To develop a consensus regarding recommendations.

Goal: To seek agreement and support for pillar-specific lung cancer continuum recommendations

Process for Discussions at the Lung Cancer Forum

At the Forum, ***each attendee will select one of three pillars*** to participate in during the day.

1. Primary Prevention, Screening and Diagnostics
2. Supportive Care and Improved Quality of Life
3. Diagnosis, Treatment, Research and Innovation

After the Opening Remarks and Keynote Presentation, pillar discussions will consist of:

- Morning session: Expert Presenters, Question and Answer time, and initial facilitated discussion
- Afternoon session: facilitated discussions to develop consensus around the recommendations

Expert presenters and topic

- Dr. Aaron Goodarzi: radon reduction exposure
- Les Hagen: commercial tobacco use reduction
- Dr. Cheryl Peters: occupational and environmental carcinogen exposure reduction
- Dr. Eric Bédard: lung cancer screening

Primary prevention & Lung Cancer Screening pillar gaps, barriers and recommendations

Radon exposure reduction

Gaps and barriers:

- Lack of research related to causes and mitigation, modifiable behaviours, genetic factors (biomarkers) and emerging areas
- Lack of best practice setting change approaches to mitigation. No policies on mitigation currently in place
- Inadequate funding for research and mitigation implementation

Suggested recommendations:

1. Develop multi-stakeholder education and awareness initiatives regarding radon risk factors and mitigation. Increase stakeholder engagement including the development of resources and tools to support collaboration in mitigation efforts
2. Develop government engagement initiatives regarding the implementation of Bill 209
3. Develop processes to support the integration of radon testing. Explore health care integration of radon testing modality.
4. Support equitable access to mitigation with a focus on high risk populations and settings including workplaces and communities (schools, childcare facilities and public housing)

Commercial tobacco use reduction**Gaps and barriers:**

- Inadequate setting change approaches and product standards not fully implemented
- Inadequate per-capita funding for full and robust implementation of comprehensive best practices with poor surveillance
- Disease vector interference ongoing with inadequate controls
- Tobacco use disproportionately concentrated within the least-privileged population groups in our province and vulnerable and at-risk population prevention practices inadequate and unimplemented
- Inadequate denormalization de-stigmatization processes in place

Suggested recommendations:

5. Support implementation of best practices focusing on reducing tobacco use health disparities
6. Develop and implement denormalization strategies with a lens of reducing stigmatization. Further refine industry denormalization strategies
7. Continue to encourage the Alberta government to fully proclaim and implement all sections of the *Tobacco & Smoking Reduction Act* as well as all components of the Alberta Tobacco Reduction Strategy. This includes the implementation of diverse funding options to support sustainability with a focus on prevention

Occupational and environmental carcinogen exposure reduction**Gaps and barriers identified:**

- The repository of occupational exposure measurement data in Canada (CWED, or Canadian Workplace Exposure Database) only contains historical data, so we actually don't know current levels of exposure to occupational lung carcinogens

- Except for a few exposures, we do not understand the impact of combined exposure to lung carcinogens, which occurs for many workers (most prominently in the construction industry where asbestos, diesel exhaust, crystalline silica, second hand smoke, and several metals are commonly present). This also applies to the general environment, where people may be regularly exposed to air pollution, radon, and other environmental carcinogens
- There is a lack of awareness among workers and health and safety representatives surrounding lung cancer risks beyond smoking, and that some exposures exacerbate the carcinogenic potential of tobacco smoke. Again, this applies to the general environment as well, where radon exposure exacerbates the impact of smoking
- Inequities in risk exist for occupational and environmental lung carcinogen exposures, such that those with lower socioeconomic status are more likely to be exposed at their place of work and near their homes

Suggested recommendations:

8. Create a mechanism to house new occupational exposure data in the CWED, so that current exposure levels to lung carcinogens can be documented
9. Support the development of an occupational exposure limit for diesel engine exhaust
10. Increase awareness of the combined impact of occupational and environmental exposures, and how they can exacerbate the cancer-related effects of smoking
11. Develop strategies to address the inequitable distribution of lung cancer risk
12. Increase prevention research funding to study the impact of combined exposures, and new and emerging carcinogens

Lung Cancer Screening**Gaps and barriers:**

- There is currently no population-based lung cancer screening system in Alberta
- No foreseeable investment by government and/or the health system into effective lung cancer screening processes

Suggested recommendations:

13. Develop and implement process to encourage funding and implementation of population-based lung cancer screening program. Ensure at-risk groups are focus of screening initiatives
14. Develop and implement population-based lung cancer screening program funding procurement process through AHS and Alberta Health
15. Support the development of robust surveillance and knowledge-to-action processes on lung cancer screening outcomes