



LUNG CANCER PREVENTION AND SCREENING

Cancer Prevention Series 6

Lung cancer is a malignant tumour which results from abnormal growth of cells in the lungs.

Lung cancer is the most common cancer and the leading cause of cancer death in Hong Kong.

Am I at risk of lung cancer?

Cigarette smoking is the most important risk factor for lung cancer.

Other risk factors include:

- Increasing age
- Exposure to secondhand smoke
- Air pollution, including outdoor and indoor
- Occupational exposure to certain carcinogens (e.g. radon, asbestos, etc.)
- Previous lung diseases (e.g. chronic obstructive pulmonary disease)
- Family history of lung cancer, especially with a first-degree relative

What are the common symptoms of lung cancer?

The symptoms of lung cancer may not be easily noticed at an early stage. Common symptoms include:

- Persistent cough
- Coughing up blood
- Repeated chest infections
- Shortness of breath
- Hoarseness
- Chest pain
- Unexplained tiredness and weight loss

You should consult a doctor as soon as possible if you develop any of the above symptoms.

How to reduce the chance of getting lung cancer?

- Quit smoking or never start smoking
- Avoid secondhand smoke
- Minimise occupational exposure of carcinogenic substances by adhering to occupational safety and health rules (e.g. use of protective gear)



Department of Health

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What is lung cancer screening?

The purpose of lung cancer screening is to detect lung cancer before it gives rise to symptoms, so that early treatment can be initiated.

Should I get screened?

Smoking is the major risk factor for lung cancer. **Current smokers should quit smoking** and **non-smokers should never start smoking**.

For asymptomatic population at average risk

- Routine screening for lung cancer (including chest X-ray, sputum cytology or LDCT) is **not recommended**.

For asymptomatic persons at increased risk

- There is currently insufficient data to assess the benefit vs harm and cost-effectiveness of LDCT screening and its associated criteria such as target groups and optimal screening protocol in the local setting. Based on overseas literature, asymptomatic persons with heavy smoking history (i.e., more than 20-30 pack-year* and who either currently smoke or have quit for not more than 10-15 years) that put them at increased risk of lung cancer may benefit from LDCT screening. In the majority of overseas recommendations, the usual starting and finishing age for screening is 50-55 years and 74-80 years respectively, and screening is most commonly performed annually or biennially. Since the local applicability of these criteria has not been sufficiently characterised, **persons with heavy smoking history are advised to discuss with their doctors the benefits and harms** (including false-positive findings and potential follow up investigations) **of LDCT screening before making an informed and individualised decision**.
- Screening for lung cancer with chest X-ray or sputum cytology is **not recommended**.

*pack-year = multiply number of packs of cigarettes per day by number of years smoked

