

Breathe Easy:

Good News About Lung Cancer Screening

A Guide for Black Americans



Jesse Owens, 1913 – 1980

Olympic gold medalist, 1936
Summer Games in Berlin
later a lung cancer patient



African Methodist Episcopal
(AME) Church



**LUNG CANCER
RESEARCH
FOUNDATION**
Living. Breathing. Science.™

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Introduction

There's good news on the lung cancer front. Over the past 40 years, deaths from lung cancer have been declining among Black Americans.

More good news: when lung cancer is found and treated in its earliest stages, it can be cured much of the time. Today, more options than ever are available for treating advanced lung cancer.

However, lung cancer is still a very serious problem. It's the leading cause of all cancer-related deaths in the U.S.

That's not-so-good news for Black Americans. Compared with other groups, Black Americans get lung cancer more often, at an earlier age, and from smoking fewer packs per year. Put another way, Black American smokers get lung cancer at least 20% more often than other people who smoke.

Scientists are doing something about that. Equally important, **you** can do something about it!



Lung cancer by the numbers:

Some smokers and nonsmokers of all ethnicities

1 in 15 men and **1 in 17** women

will develop lung cancer in their lifetime.

For smokers, the risk is much higher.

1 in 6 smokers eventually develops lung cancer.

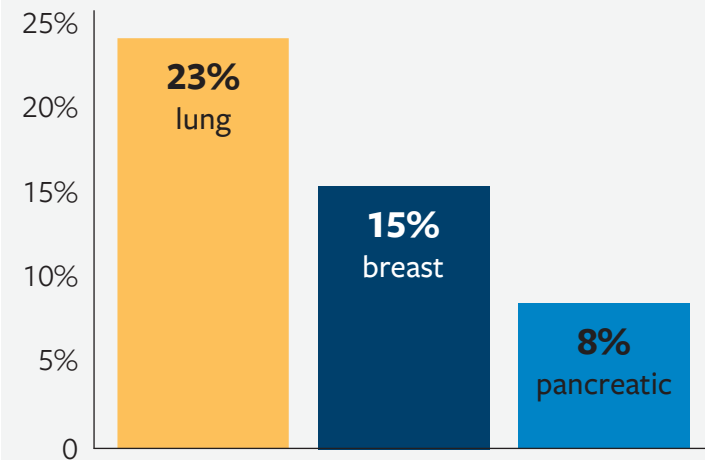
Lung cancer remains the leading cause of cancer-related death in Black men and women, regardless of their education, income, or occupation.

This booklet explains:

- Risk factors for lung cancer
- How lung cancer differs in Black Americans
- The importance of early screening
- Next steps after screening
- Lifestyle choices to reduce the risk of getting lung cancer

Cancer Deaths in the U.S.

(2020 statistics, American Cancer Society)



Lung cancer causes about as many deaths as breast and pancreatic cancer combined.



What is lung cancer?

“Cancer” describes a group of cells that become abnormal and behave differently than healthy cells do. Cancer cells multiply faster and live longer than normal cells. Cancer cells resist attack from the body’s immune system. Cancer may travel to and invade other tissues.

Lung cells that become abnormal and grow out of control are called lung cancer. The main way lung cells become abnormal is from chemicals in tobacco that damage the cells’ DNA (genetic code).

Types of lung cancer

The two main groups of lung cancer are non-small-cell lung cancer (NSCLC) and small-cell lung cancer (SCLC). They differ by what the cells look like and how fast the cancer grows. Almost 90% of all lung cancers are NSCLC.

Am I likely to get lung cancer? (risk factors)

Anyone can get lung cancer. But certain things greatly increase your risk.

Smoking is the biggest risk factor for getting lung cancer. That’s true whether you smoke cigarettes, cigars, or pipe tobacco. Their smoke contains at least 70 chemicals that cause cancer.

The risk of lung cancer also increases with age.

Other factors increase lung cancer risk.

Environmental factors

Harmful chemicals, fumes, and dusts exist in certain work and home environments:

- Radon (found in mines and some homes)
- Industrial pollution
- Diesel exhaust and bus fumes
- Heavy metals from mining (arsenic, beryllium, cadmium, chromium, nickel)
- Silica (from sandblasting or foundry work, including the steel industry)
- Coal mining and production of coal gas as fuel
- Asbestos

Next to smoking, radon exposure is the second biggest risk factor for lung cancer. All these environmental factors multiply the risk of lung cancer when a person also smokes.

Genetics

- Family history of lung cancer
- Certain genes

Other health conditions

- Diabetes
- Infection, especially human immunodeficiency virus (HIV)
- Chronic obstructive pulmonary disease (COPD)

Diet (what you eat most often)

- A diet high in saturated fat and processed meat adds to lung cancer risk.

But I don't smoke!

About 15% of people who get lung cancer don't smoke.

Nonsmokers can get lung cancer from secondhand smoke.

A never-smoker who lives with a smoker is 25–35% more likely to get lung cancer. Other risk factors, like genes and chemical exposures, increase the risk of lung cancer in nonsmokers.

Even people with no known risk factors can sometimes get lung cancer.

- **Never-smoker:** someone who has never smoked
- **Non-smoker:** someone who smoked in the past but does not now
- **Current smoker:** someone currently using tobacco

How lung cancer differs in Black Americans

Compared with white Americans and other ethnicities, Black Americans:

- Have higher rates of lung cancer
- Get lung cancer at a younger age
- Are diagnosed later, when the disease is advanced
- Are more often still smoking when diagnosed
- Have the highest death rate from lung cancer—even though they smoke fewer cigarettes per day

White American male smokers consume 30–40% more cigarettes than their Black counterparts, but Black American male smokers are 34% more likely to develop lung cancer.

You can do something about that! Some risk factors such as family history are beyond your control, but you can do a lot to reduce your risk.

Why does lung cancer hit Black Americans so hard?

The answer is complex. In addition to risk factors, there are personal factors:

- **Distrust:** I don't have faith in the medical system.
- **Denial:** My lifestyle choices don't affect lung cancer risk.
- **Delay:** I'll get screened later.

People also don't realize that factors besides smoking increase risk.



Symptoms of lung cancer

Often none! That's why screening is so important.

Common symptoms of lung cancer:

- B**lood when you cough or spit
- R**ecurring respiratory infections
- E**nduring cough that is new or different
- A**che/pain in shoulder, back, or chest
- T**rouble breathing
- H**oarseness or wheezing
- E**xhaustion, weakness, loss of appetite

Sometimes a person may just feel like they have the flu, but it lasts longer than usual. People tend to ignore vague symptoms.

Report new symptoms

Tell your doctor about any new symptom, such as tiredness or weakness that doesn't go away or pneumonia that keeps coming back. Sharing this information helps your doctor diagnose you faster—whether for lung cancer or anything else.

About 57% of lung cancers are diagnosed *after* the cancer has already invaded other parts of the body. Advanced lung cancer is difficult to treat.

On the other hand, 16% of lung cancers are found when the disease is still confined to one part of the lung. Those cancers are highly treatable and often can be cured.

Why get screened (and why people don't)

Just like any other kind of routine check-up, lung cancer screening can find a health issue before it becomes a problem. The screening is a simple scan.

Many people don't get screened for lung cancer when they should.

Screening guidelines now more fully reflect risks to Black Americans. Yet many people still don't get screened. In fact, Black Americans have the lowest rate for getting screened, even when they have a referral from their doctor. Common concerns include ...

Concern / Misperception	Fact
I need to stop smoking before I get screened.	Not true. But any day is a good day to stop smoking!
I don't have a cough, so I don't need to be screened.	Lung cancer often doesn't have any symptoms until its late stages.
Lung cancer is always fatal.	Screening checks for something before there's a problem. Many lung cancers can be cured—especially when caught early.
Radiation from the screening will hurt me.	An extremely low amount of radiation is used for medical imaging.
People will judge or blame me for being a smoker.	Smoking is not a judge of character. Most people will respect you for making the healthy choice to get screened.
Insurance won't pay for the screening. Insurance won't pay for follow-up testing if it needs to be done.	Medicare and most other insurance plans pay for the screening and follow-up tests.




Concern / Misperception	Fact
If my screen is negative, then it's OK for me to keep smoking.	A normal CT scan simply means you probably don't have lung cancer right now. Smoking is the single biggest risk factor for lung cancer, so periodic screenings are very important.
Smoking doesn't increase my chances of getting sick very much.	One in 6 smokers eventually gets lung cancer. Smoking also increases the risk of heart disease and other lung diseases.
My lifestyle doesn't affect my lung cancer risk.	Yes, it may. Habits besides smoking can affect your risk in a big way.
I haven't smoked for years. I don't need to be screened.	See the next chart to confirm whether you should be screened.
I want to quit smoking, but I can't afford the cost of a program.	Talk with your doctor, pharmacist, a community counselor, or other provider you trust regarding affordable quit options.
I don't know where to get help to quit smoking.	This booklet and its list of Resources at the end can help.







U.S. Preventive Services Taskforce 2021 guidelines

Level of Risk:  High

Risk Factors:

-  Age 50 to 80
-  20 pack-years of smoking
-  Currently smoke or have quit within the last 15 years

Additional Risk Factors: (any of the following):

-  Secondhand smoke
-  Exposure to chemicals and air pollution
-  Health conditions such as diabetes or chronic lung disease
-  First-degree family relative (parents, their children) with lung cancer

Get Screened?  Yes*

Notes: **Pack-years:** (# cigarettes per day / 20)
x (# of years smoked)

Screening frequency* Recommendations vary on screening intervals (annually for several years, or less frequently over a longer time). Your doctor's discretion and your medical history determines whether, or how often, you should be screened.

Should I get screened?

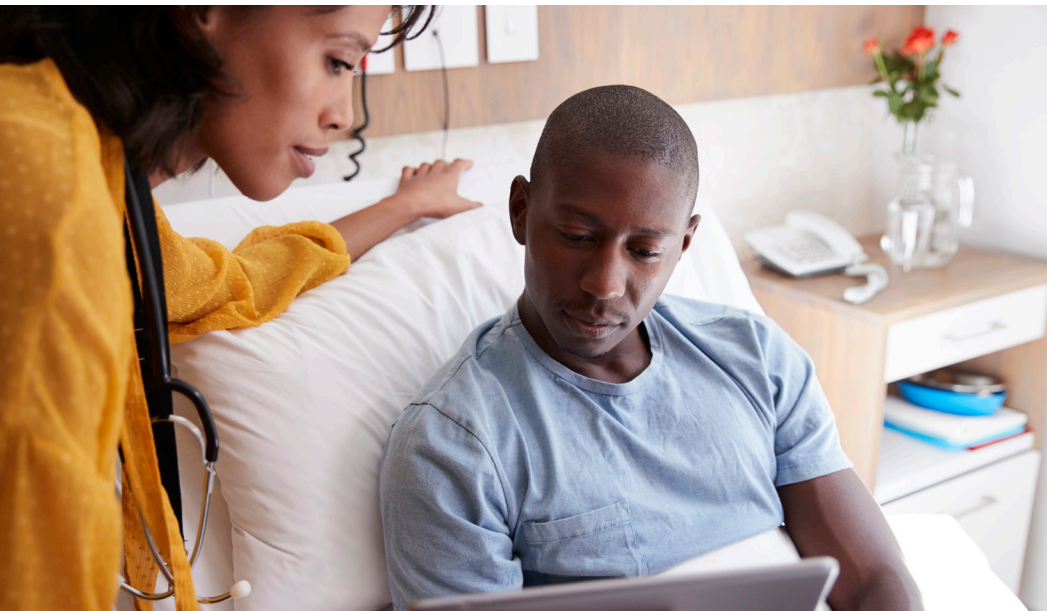
In general, people at high risk of lung cancer should be screened. The definition of “high risk” has changed recently. In 2020, the National Comprehensive Cancer Network added a category that included risk factors often found in Black Americans. In March 2021, the U.S. Preventive Services Taskforce published a similar but more sweeping recommendation of who should be screened. The net result: a broader age range and a lower number of pack-years of smoking are now included in the high-risk category.

In general, if you never smoked, haven't smoked for at least 15 years, or are older than 80 or younger than 50, you likely don't need to be screened unless your doctor suggests it. (For example, 10–15% of people with lung cancer have never smoked but have other major risk factors.)

The screening uses a piece of equipment called *low-dose computed tomography*, or LDCT. It takes a detailed 3D picture of your lungs.

Since LDCT started to be used for screening, it has reduced cancer deaths by 20%. And it has reduced deaths from other causes by almost 7%.

You have everything to gain and nothing to lose by getting screened!



How do I get screened?

- Talk with your doctor or other healthcare provider (like a nurse practitioner) to see if you should be screened.
- Get a prescription from your provider for the test.
- Your provider will tell you which clinic or hospital has the right equipment for the screening.

What is screening like?

Simple!

You don't need to prepare for it. No one will poke you with a needle. There's nothing to drink beforehand. Metal affects the way LDCT takes pictures, so wear clothes that don't contain metal (no metal buttons, studs, buckles, zippers). You can remove earrings, piercings, and other metal objects right before the test.

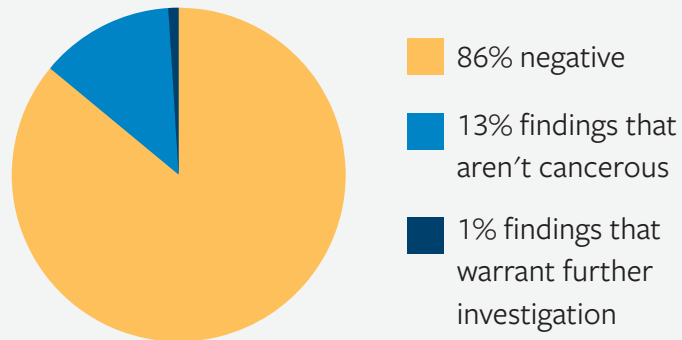
Then you just lie on your back on a cushioned table. The table moves you into the machine, and the equipment takes pictures of your lungs. You don't feel anything during the scan. It's finished in a few minutes. The machine makes some noise as it takes pictures, but that's it.

What if I get a positive result?

Like mammograms, lung cancer screening sometimes finds spots that are not cancer. That happens around 13% of the time.

Most of those findings are not a concern. Scar tissue or a past infection may look like a white spot or nodule on the scan. Those findings usually don't look like cancer tumors.

Lung cancer screening results



Occasionally the scan may find a non-cancerous condition that is easily treated. That's another benefit of a lung scan.

A doctor will read the scan and decide whether anything needs a closer look. She or he may recommend:

- A repeat scan in six months (to see if anything has changed)
- A different kind of scan
- A biopsy (in rare cases—to analyze a small amount of lung cells microscopically)



Getting one scan is a great start. But **comparing scans from year to year lets your doctor look for changes.** Only about 18% of Black Americans return for a follow-up scan a year after their baseline scan, even if it is negative. A negative scan simply means there's no sign of lung cancer right now. If your doctor recommends an annual scan, for the sake of your health, please make the scan a priority and keep the appointment!

Staging

If a scan or biopsy shows abnormal cells, then more tests are done to see what kinds of cells they are, where they come from, and whether they are cancerous or not. That helps clinicians classify what they see. The method of classification, described with letters and numbers, is called *staging*. Staging tells clinicians at a glance many things about a tumor. Staging describes tumor characteristics: its size, whether it originated in that spot, whether it's grown into other tissues, whether lymph glands are involved, and so on. The lower the stage number, the less advanced the cancer is, and the better the outcome is likely to be.



Treatments for lung cancer

Many treatments are available for lung cancer.

A person's general health, the extent of the cancer, and other factors determine which treatments are selected. Some must be given in a hospital or clinic because specialized equipment and staff are needed for the treatment. Examples are radiation therapy and intravenous (IV) treatments. Other treatments such as pills (oral medicine) may be taken at home.

Surgery

Surgery is the best treatment for the earliest stage of lung cancer. Surgery removes the part of the lung that contains cancer tissue. Your lungs contain sections called *lobes*. Surgery removes part or all of one lobe. The surgeon also checks nearby lymph nodes to make sure the cancer hasn't spread.

Radiation

Radiation therapy is any type of high-energy beam that kills cancer cells. Focused radiation is aimed at only the tumors. Radiation therapy can come from a machine or from a tiny pellet implanted near the tumor.

Chemotherapy

Cancer cells grow and divide faster than normal cells. Chemotherapy damages the cells so they can't grow. Chemotherapy can be given as a pill or an IV; it may be given alone or with other drugs. Chemotherapy goes all through the body, so it affects some healthy cells, too. Although it's more commonly given for later-stage lung cancer, it is also being used with earlier-stage lung cancer, such as after surgery or radiation therapy.

Immunotherapy

Cancer can sneak undetected past your immune cells by “flipping a switch” that shuts them off. That keeps your cells from noticing the cancer as “foreign” or “bad.” Immunotherapy (also called checkpoint inhibitors) resets that switch so your body knows to attack cancer cells.

Targeted therapy

A targeted therapy is aimed specifically at certain gene mutations or other features about cancer that help it survive. Many kinds of targeted therapies exist. Some of them block cancer cells' ability to grow, spread, or create new ways to nourish the tumor. Other targeted therapies block signals that can cause tumors to become resistant to treatments.

Complementary medicine

This realm of medicine uses natural treatments **in addition** to the ones already mentioned. They can help reduce side effects from cancer or its treatments. But complementary medicine is not meant to be a cure or a substitute for treatment prescribed by your doctor.

Forms of complementary medicine that have been studied for easing the effects of cancer or its treatments include:

- Yoga
- Tai Chi
- Meditation
- Biofeedback
- Acupuncture
- Guided imagery
- Music therapy
- Walking

Complementary medicine modalities can reduce inflammation, improve mood, and boost the immune system. Additionally, acupuncture can also decrease fatigue, nausea/vomiting, hot flashes, and shortness of breath.

Complementary medicine may interfere with cancer treatments. It's important to talk with everyone on the treatment team to know the right time to use such treatments.



Notes:

Complementary medicine is **not** the same as alternative medicine. Alternative medicine greatly increases the risk of lung cancer death. Treatments, including “natural” ones, come with a risk of side effects or toxic reactions. Do not self-medicate. Consult your care team before taking any medication.



Palliative care

Palliative care is treatment for symptoms related to side effects from cancer or its treatment. Palliative care relieves nausea, pain, tiredness, anxiety, shortness of breath, and other symptoms. It helps any stage of illness.

Note: This is not the same as hospice (end-of-life) care!

Clinical trials

A clinical trial tests a new treatment to see if it's safe and effective. All new drugs are developed through the process of clinical trials. Insurance companies may cover part or all the cost of being in a clinical trial. Not nearly enough Black Americans take part in clinical trials! Sometimes that is because people don't know they exist. Transportation may be an issue. Whatever the reason, if your doctor suggests a clinical trial, he or she can help you find the right one.

Prevention: Wellness strategies

Quit smoking

Smoking puts you at risk for *all* cancers—not just lung cancer. It also increases your risk for other diseases.

It's never too late to quit smoking—even if you've tried before without success.

When a person quits smoking before middle age, their lung cancer risk from smoking drops by as much as 90%.

Smoking is a form of addiction. It changes chemicals in your brain to make you crave nicotine. That makes it hard to quit. But you can do it. It's your choice—for your life! The back of this booklet lists in-person programs, websites, apps, and more that can help you quit. Choose the option that gives you the support you need through the quit process.

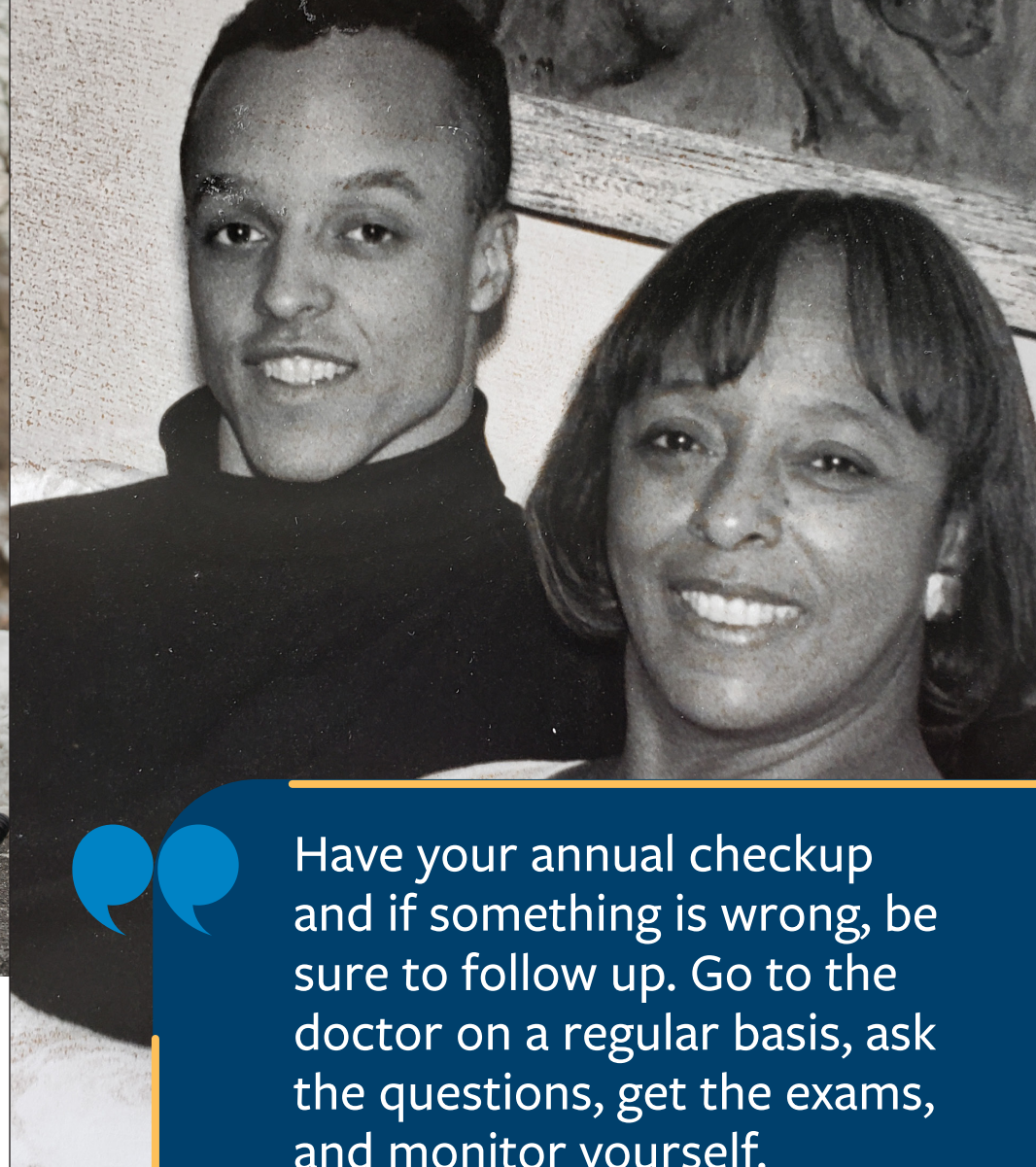
What about e-cigarettes?

The vapor in e-cigarettes does not contain the same chemicals as tobacco smoke. But e-cigarettes do contain other chemicals that hurt the lungs. E-cigarettes might help some smokers who are trying to quit, but the products are not considered safe for youth, young adults, pregnant women, and people who have never smoked.



Exercise

Physical activity can lower lung cancer risk by 20–50%. Walking 20–30 minutes per day, at least several days per week, can reduce the risk of lung cancer and many other health conditions.



Have your annual checkup and if something is wrong, be sure to follow up. Go to the doctor on a regular basis, ask the questions, get the exams, and monitor yourself.

Marlene Owens Rankin
daughter of Jesse Owens

*pictured with her son, **Stuart Rankin***



Living life to the fullest if you have lung cancer

Living with lung cancer is a personal and group effort—one of personal choices and getting support from others.

You alone can choose a mindset to adopt, and a healthy lifestyle to follow.

Mindset



Take one day at a time. Focus on the present.



Break down tasks into smaller pieces.
(You don't have to sort, wash, fold, and put laundry away all in the same day.)



Be kind to yourself if you can't do everything you want to do.



If you are a spiritual person or a person of faith, lean into that.



Focus on what you can do to stay as healthy as possible.

Diet

Eating the right foods is very important, especially when you have lung cancer. Healthy food choices help maintain your weight and muscle mass.

Lung cancer treatments can cause diarrhea or constipation, sores in your mouth, and other side effects that may affect eating. The disease can change your appetite and how well you digest food. Tell your care team about all these issues; they are just as important as your treatment regimen.

It's also important to drink enough liquids to stay hydrated. Coconut water, diluted juice, and filtered water are some good choices.

Links to more tips on healthy eating appear in the back of this booklet.



Support

- Find a doctor who will truly partner with you in your cancer journey.
- It's important to trust the person who recommends your treatments. If needed, get a second opinion. Insurance usually covers your visit for a second opinion.
- Ask if your doctor's office has a nurse navigator. That person can coordinate your care and help you make informed decisions. That can conserve your strength and reduce your stress.
- Write your thoughts in a journal to help you sort through your feelings.
- Find a support group that understands your situation. Many in-person and online groups are available. Also, a social worker can connect you with resources that best fit your needs.
- Be around people who can help you think about things other than cancer. For example, find a walking partner who is fine with walking two blocks or ten with you.

Questions for your healthcare provider

Talking with healthcare providers about lung cancer can be scary. But don't be afraid to ask questions! Asking questions is an important part of being actively involved in your health. You are a key member of your health team!

When providers talk about things you don't know much about, it's hard to remember everything they say. Make the most of your appointment by coming prepared. Write questions beforehand. Take notes during the appointment. And don't be afraid to say, "I don't understand what ____ means. Could you explain that in simple terms?"

The following pages give you space to write questions and notes during your visit. We'll say it again: write down your questions in advance and take notes! (Or bring someone who will take notes for you.) If you want to record the visit on your phone, ask your provider if it's OK to do that.

Notes

[illegible][illegible]

Glossary

Checkpoint inhibitor

A type of immunotherapy that blocks cancer cells' ability to avoid being detected

Chemotherapy

Treatment that kills fast-growing cells in the body so they can't grow or multiply

Complementary medicine

Treatments given in addition to conventional medicine

Immunotherapy

Treatment that stimulates the body's immune response to fight cancer

Low-dose computed tomography (LDCT)

A scanning technology that combines special x-ray equipment with sophisticated computers to produce 3D images of the inside of the body

Non-small-cell lung cancer (NSCLC)

Cancer that starts in the outer region of the lung, in cells that make a liquid to coat and protect the lungs' airway. A less common form of NSCLC called squamous cell lung cancer can start in the airways.

Radiation therapy (radiotherapy)

Cancer treatment that uses high doses of energy (radiation) to kill cancer cells

Small-cell lung cancer (SCLC)

A fast-growing cancer that starts in the bronchi (main breathing tubes of the chest) or the more central lung tissue. This type of cancer grows faster than NSCLC.

Targeted therapy

Cancer treatments that selectively identify and attack cancer cells, with less harm to normal cells

Resources

Cancer facts and figures for Black Americans (2019–2021)

→ www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf

Information about lung cancer risks, causes, and prevention

→ www.cancer.org/cancer/lung-cancer/causes-risks-prevention.html

Lung cancer in African-American men

→ www.cdc.gov/cancer/lung/basic_info/african-american-infographic.htm

Lung cancer screening guidelines

- **NCCN:** www.nccn.org/patients/guidelines/content/PDF/lung_screening-patient.pdf
- **USPSTF:** uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening

Help to quit smoking

- www.quitassist.com/helpful-resources.htm?gclid=EAlaIqObChMli5b6u_OA7wIVGx6tBh0nkQChEAAyAIAAEgJX2fD_BwE
- smokefree.gov
- betobaccofree.hhs.gov

Where to get support

- www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/
- www.lung.org/help-support
- www.cancer.org/treatment/support-programs-and-services.html
- www.lungcancerresearchfoundation.org/for-patients/how-we-can-help/

Lung cancer treatments

All forms of standard treatments

- www.lvng.com/treatments.html

Clinical trials for NSCLC

- www.cancer.gov/about-cancer/treatment/clinical-trials/disease/non-small-cell-lung/treatment

Clinical trials for SCLC

- www.cancer.gov/about-cancer/treatment/clinical-trials/disease/small-cell-lung-cancer/treatment

Natural supplements

- www.acam.org/search/all.asp?bst=lung+cancer

Herbs relevant to lung cancer

- www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine/herbs/search?keys=Lung%20Cancer&letter=

Complementary medicine

- www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/patients/treatment/types-of-treatment/complementary-and-alternative
- www.nccih.nih.gov/health/cancer-in-depth

Healthy eating and the Mediterranean diet

- www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/mediterranean-diet/art-20047801

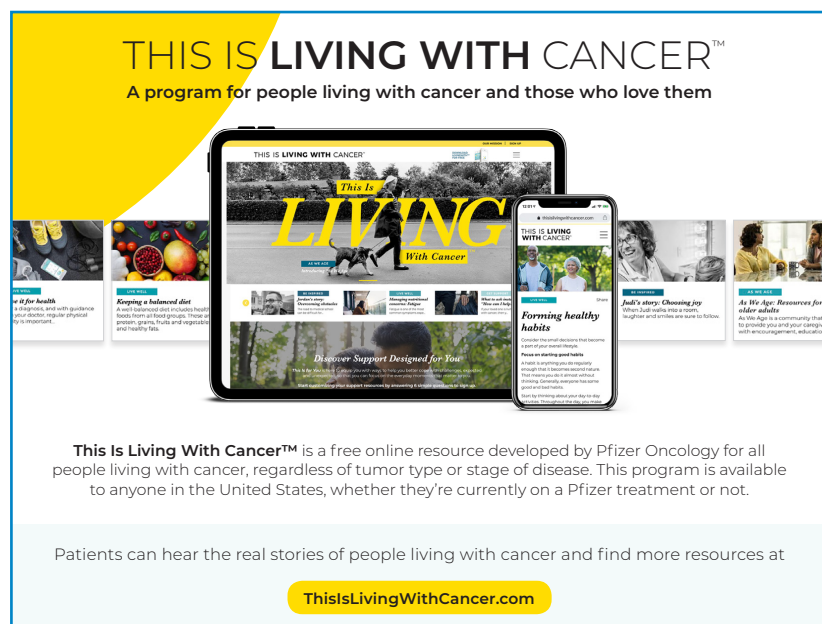
Living with lung cancer

- www.lungcancerresearchfoundation.org/for-patients/how-we-can-help/
- www.cdc.gov/cancer/lung/living/index.htm
(This site also links to Livestrong, Lungevity, the National Cancer Institute, American Lung Association, and more sites.)

Special Thanks to the Lung Cancer Research Foundation's Patient Education Review Committee

Disclaimer

The Lung Cancer Research Foundation (LCRF); program funders Bristol Myers Squibb, Novartis, Pfizer, Lilly, AstraZeneca, and Genentech; producers Conrad & Associates LLC and Alan Weiss Productions, scriptwriter Deborah Gobble, and guidebook author Lana Christian, have used reasonable efforts to include timely and accurate information in this guidebook and companion video. LCRF, the funders, the producers, and the writers make no representations or warranties, express or implied, regarding the accuracy or completeness of the information provided herein and specifically disclaim any liability, express or implied, in connection therewith.



THIS IS LIVING WITH CANCER™
A program for people living with cancer and those who love them

It is for health
A program, with guidance and advice, regular physical activity is important.

Keeping a balanced diet
A well-balanced diet is important. Foods from all food groups, (fruits, vegetables, grains, protein, and healthy fats).

Forming healthy habits
A good place to start is by forming healthy habits. It's about making choices that support your health and well-being. This includes things like eating a healthy diet, getting regular exercise, and avoiding tobacco and alcohol.

Discover Support Designed for You
The Lung Cancer Research Foundation (LCRF) is a nonprofit organization that provides support and resources for people living with cancer and their loved ones. LCRF's mission is to improve lung cancer outcomes by funding research for the prevention, diagnosis, treatment, and cure of lung cancer.

Julie's story: Choosing joy
When Julie was diagnosed with cancer, she knew she had to choose joy. She knew she had to choose to live. She knew she had to choose to love. She knew she had to choose to hope. She knew she had to choose to believe. She knew she had to choose to fight. She knew she had to choose to win.

As We Age: Resources for older adults
As we age, we face many challenges. It's important to have resources that can help us navigate these challenges. LCRF's mission is to improve lung cancer outcomes by funding research for the prevention, diagnosis, treatment, and cure of lung cancer.

This Is Living With Cancer™ is a free online resource developed by Pfizer Oncology for all people living with cancer, regardless of tumor type or stage of disease. This program is available to anyone in the United States, whether they're currently on a Pfizer treatment or not.

Patients can hear the real stories of people living with cancer and find more resources at

[ThisIsLivingWithCancer.com](https://www.thisislivingwithcancer.com)

Program Presenter



The Lung Cancer Research Foundation

The Lung Cancer Research Foundation® (LCRF) is the leading nonprofit organization focused on funding innovative, high-reward research with the potential to extend survival and improve quality of life for people with lung cancer. LCRF's mission is to improve lung cancer outcomes by funding research for the prevention, diagnosis, treatment, and cure of lung cancer.

Despite being the leading cause of cancer mortality, lung cancer receives far less research funding than any other cancer, which is why funding from nongovernmental organizations is so critical. LCRF plays a pivotal role in this funding landscape, supporting early-career investigators who, if not for LCRF's funding, may not receive funding at all.

Our philosophy is simple: scientific discoveries lead to improved outcomes. LCRF provides critical seed funding to the best and brightest investigators, helping establish proof-of-concept evidence to pave the way for follow-on funding.

To date, LCRF has funded almost 400 research grants totaling nearly \$36 million, the highest amount provided by a nonprofit organization dedicated to funding lung cancer research.

For more information, visit [LCRF.org/KnowYourRisk](https://www.lcrf.org/KnowYourRisk).

Program Distribution Partner



African Methodist Episcopal (AME) Church

The African Methodist Episcopal (AME) Church is the first major religious denomination in the Western world to originate from sociological, rather than theological, beliefs. The AME Church grew out of the Free African Society (FAS), which Richard Allen, Absalom Jones, and others established in Philadelphia in 1787. When officials at St. George's Methodist Episcopal Church pulled Blacks off their knees while praying, FAS members experienced the enforcement of racial discrimination against African Americans and decided to create a new Wesleyan denomination, the AME.

The AME Church has grown to include 20 Episcopal Districts and more than 2.5 million members in 30 countries. The AME Church strives to minister to the spiritual, intellectual, physical, emotional, and environmental needs of all people.

The AME Church is aided in that mission by its own International Health Commission (IHC), which has the duty and responsibility to address health, wellness, education, and prevention. The IHC serves, among other tasks, to help the denomination understand health as an integral part of the faith of the Christian Church, to seek to make our denomination a healing faith community, and to promote the health concerns of its members. IHC's motto is **A Ministry That Cares Always, Helps and Assists Those in Need Through Prevention, Prayer and Education.**

For more information, please visit amehealth.org

Program Funders



This program is funded in part by Bristol Myers Squibb, as part of its initiative to address racial inequities in healthcare.

Additional support is provided by grants from:





LUNG CANCER RESEARCH FOUNDATION

Living. Breathing. Science.®

We can accomplish more together than one of us can alone.
lungcancerresearchfoundation.org



Scan this QR code to access a 12-minute documentary video featuring oncologist Dr. Marjory Charlot of UNC Chapel Hill, two Black lung cancer patients' stories of their journeys, and two members of Jesse Owens' family: his daughter, Marlene Owens Rankin, and her son, Stuart Rankin.

The documentary, this guidebook PDF, and other materials are available free of charge online at **LCRF.org/KnowYourRisk**.