

February 21, 2006

TESTIMONY OF: Judith A Levi, Chairperson
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Good Morning. My name is Judith A Levi and I am a lung cancer survivor. I want to thank Senator Handley, Representative Sayer, and the other distinguished members of the Public Health Committee, for allowing me to testify on this important topic.

As some of you may remember I testified last year on the importance of bringing awareness to the number one cancer killer, lung cancer. I am delighted to thank you all in person for passing Substitute Senate Bill No 311, Public Act No. 06-77.

As the Chairperson of the Lung Cancer Alliance-CT, I am speaking on behalf of Connecticut citizens living with lung cancer, including Gina Sullivan who testified before you last year, those at risk for the disease, and those who have lost their battle.

As guardians of public health, I strongly urge you to support SB 1033 and implore you to make lung cancer a Connecticut public health priority. In Connecticut, approximately 2,720 people will be diagnosed with lung cancer in 2007 and 1,860 will die of the disease--more than breast, prostate and colon cancers, combined. Sadly, this is due to the large number of late stage diagnoses. Most individuals with lung cancer will die within a year.

As the landmark International Early Lung Cancer Action Project (I-ELCAP) study announced in the New England Journal of Medicine in October 2006, there is hope for those at risk of lung cancer. The study found that the earliest stage of lung cancer (Stage 1) can be detected in 85% of patients with annual CT screening. Among those patients who were treated, the 10 year survival rate was 88%.

Advances in CT screening technology now enable detection of cancers the size of a grain of rice. My annual chest x-ray did not detect my lung cancer until it was at a late stage. The same can be said for Gina Sullivan and over 50% of those diagnosed with lung cancer.

SB 1033 is groundbreaking in that it focuses on both early detection and the minority population. African American males have the highest incidence and death rates for lung cancer. The incidence rate is 51% higher in African American males than white males, and the death rate is 36% higher. Screening this high risk population will not only save lives. Linking the data from these CT scans to research programs can help to finally answer many of the questions about the disparate impact of lung cancer on African Americans.

Despite these compelling facts; lung cancer remains the most under-funded and under-researched of all major cancers. Only \$1,800 is spent on federal research per lung cancer death while breast cancer receives \$23,500 per estimated death and prostate cancer \$14,500. Why? Because of the stigma long attached to the disease, "It's your fault -- you smoked." Lung cancer -- is a disease -- not just a tobacco addiction. 60% of those diagnosed with lung cancer never smoked or quit smoking decades ago.

It is deserving of an overall plan and sense of urgency commensurate with its public health impact. Significantly more funding than presently available is necessary to uncover the basic cause of the disease, to development new treatments, to fund screening for high-risk populations and concurrent development of computer assisted diagnostic tools to make population based screening available and cost effective. We have seen this done for breast cancer, prostate cancer and colon cancer -- why not lung -- the leading cancer killer?

I stand ready to help this Committee in any way to correct this long-standing imbalance and to establish Connecticut as a leader in the fight against this lethal disease. It is the right thing to do for all our citizens at risk.

Thank you.