

PRESS RELEASE

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Social Stigma Burdens Innovative Lung Cancer-Therapies, Study Says

Social stigma towards diseases such as lung cancer can hinder patients to seek treatment and negatively affects the diffusion of innovative therapies, according to a recently published study.

“Lung cancer carries a unique social stigma due to its association with cigarette smoking, and hence is often seen as a smoker’s disease, self-inflicted, and preventable,” researchers at the University of Mannheim and the McGill University in Montreal wrote in the paper.

In Canada, 22 percent of the population admitted to have less sympathy for a person with lung cancer than people with other tumours, a 2010 survey by the Global Lung Cancer Coalition stated.

Compared with patients affected by cancers with similar survival chances, lung cancer patients accessed treatment to a significantly lesser extent, authors Laura Grigolon and Laura Lasio said.

Treatment rates are around 25 percent for metastatic lung cancer, but reach 60 percent for colorectal cancer patients. Moreover, while lung cancer is responsible for 32 percent of cancer deaths in the US, it receives only 10 percent of cancer research funding, other research showed.

To assess the repercussions of social stigma, the study used administrative data on the population of patients diagnosed with advanced lung cancer in Ontario, Canada, over the last decade. It exploited the unique level of geographic detail to incorporate social stigma in a model of patient’s utility from pursuing treatment.

Stigma is defined as a form of endogenous social effect and measured as the share of patients in the neighbourhood who were diagnosed in the past and did not receive treatment.

While patient’s socio-demographic characteristics such as income, age and health status play a key role in treatment participation, social stigma is an additional “substantial” barrier to access treatment, the authors said.

The authors find no role for social stigma on treatment participation for colorectal cancer patients, which is similar to lung cancer in terms of treatment and prognosis when left untreated, but does not carry the same stigma.

“All in all, the results provide strong evidence that the patients face accessibility problems linked to stigma, which in turn slows down the adoption of innovative treatments and are likely to lower the incentives to invest in research and development.”

Conversely, removing social stigma would increase treatment rates and result in a four percent increase in the use of innovative therapies, with benefits in survival outweighing the additional treatment costs, according to the paper.

Hence, social stigma “should be taken into account by policy makers when designing policies to mitigate disparities in access to care,” Grigolon and Lasio argue.

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Laura Grigolon is member of the Collaborative Research Center Transregio 224 EPoS. The presented discussion paper is a publication without peer review of the Collaborative Research Center Transregio 224 EPoS. Click [here](#) for the full discussion paper. Or have a look at the [list of all discussion papers](#) of the research group.

Established in 2018, the Collaborative Research Center Transregio 224 EPoS, a cooperation of the universities Bonn and Mannheim, is a long-term research institution funded by the German Research Foundation (Deutsche Forschungsgemeinschaft, DFG). EPoS addresses three key societal challenges: how to promote equality of opportunity; how to regulate markets in light of the internationalization and digitalization of economic activity; and how to safeguard the stability of the financial system.

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