ABSTRACT

**Background:** Despite the improved screening and treatment modalities, lung cancer is the second leading cause of cancer and accounts for 27% of all cancer deaths in the United States. Survivors of lung cancer experience physical, social, and particularly psychological challenges. Lung cancer stigma is a formidable barrier for survivors of lung cancer which complicates their physical, psychological and social wellbeing.

Cataldo Lung Cancer Stigma Scale is the first instrument adapted to measure lung cancer stigma. This instrument was adapted from Berger’s HIV Stigma Scale. HIV and lung cancer stigmas reflect behaviors that are associated with the development of a debilitating disease and where those who partake in this behavior bear responsible for the development of the disease. In previous studies, CLCSS reported very good reliability and construct validity was confirmed. However, these studies lack adequate African American representation.

African Americans experience a significant disparity in lung cancer incidence and survival rates. In South Carolina, African American men have a higher incidence rates and lower survival rates in comparison to their Caucasian counterparts. Whereas, African American women have a lower incidence rate and lower survival rate compared to Caucasian women. This disparity is concerning and warrants investigation of the possible factors that contribute to the disparate rate.

**Methods:** This mixed method study evaluated the reliability and construct validity of the CLCSS among a purposive sample (equal representation of African American and Caucasian) survivors of lung cancer in South Carolina. Secondly, lung cancer stigma, depression and QOL was evaluated by the calculation and comparison of means among demographic characteristics. Thirdly, the relationship between lung cancer stigma and race adjusting for demographic
characteristics was evaluated. And lastly, the experience of living with lung cancer and the interpretation of the CLCSS was explored among African American participants.

**Findings:** This study displayed very good reliability and construct validity of the CLCSS among Caucasian and African Americans participants. There was a statistically significant positive correlation between lung cancer stigma and depression and statistically significant negative correlation between lung cancer stigma and QOL. Race had a strong relationship with lung cancer stigma adjusting for demographic characteristics.

**Conclusions:** Lung cancer stigma affect many aspects of the lives of lung cancer survivors. It is vital that health professional acknowledge and are aware of the negative impact stigma imposes on survivors of lung cancer. Research focus should include the development of interventions that will decrease the adverse effect stigma has on physical, psychological and social challenges.