

INTRODUCTION

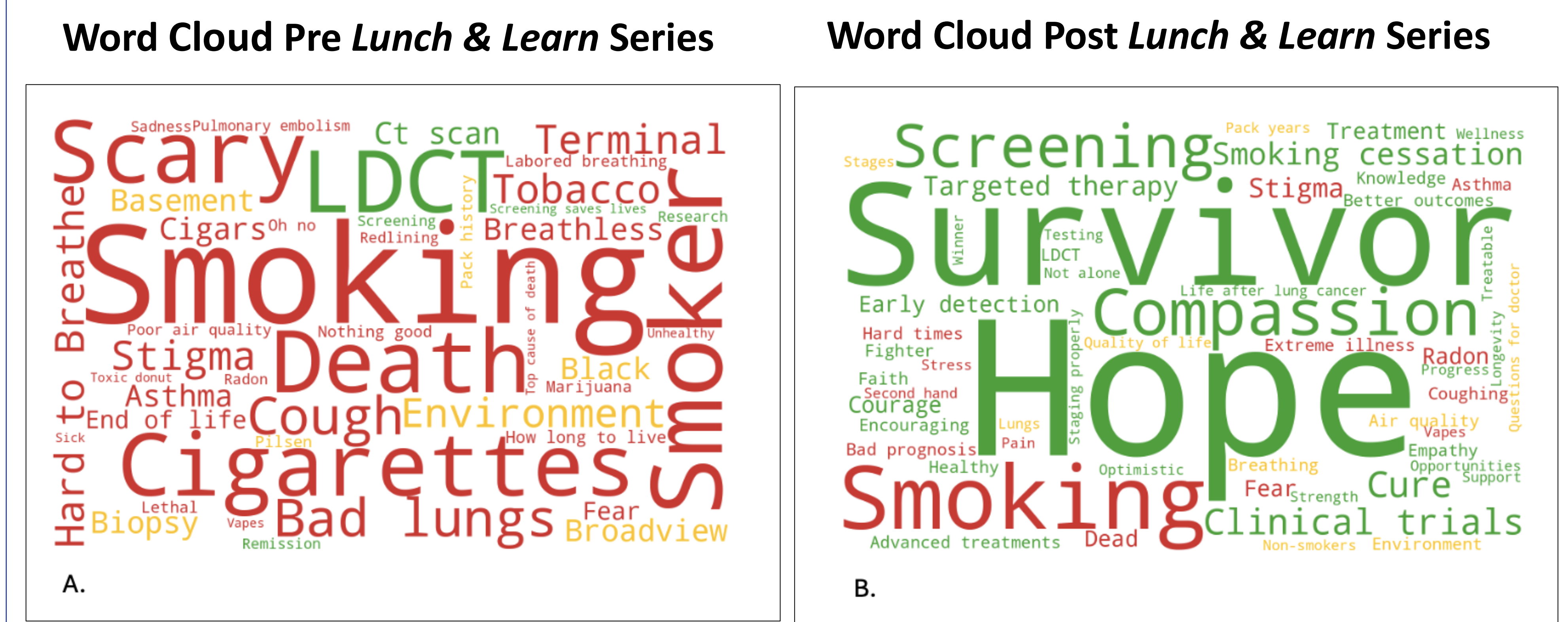
Lung cancer (LC) is the leading cause of cancer death worldwide. Despite advances in screening and treatment, public awareness remains limited, misconceptions persist, and LC continues to be highly stigmatized. These factors may create barriers to screening, treatment, and supportive care. To address these challenges, we piloted a **Lunch & Learn** educational series for community health workers, navigators, and community health partners that provided accurate, up-to-date information on key LC topics.

METHODS

- Three **Lunch & Learn** series were conducted in 2024–2025.
- Each series included four weekly, 1-hour sessions with 10–20 participants.
- Medical professionals, guest experts, and advocates discussed LC risk factors, screening, stigma, tobacco treatment, treatment, clinical trials, and survivorship.
- Before the first and after the final session, participants were asked to list words that come to mind when they hear the words "Lung Cancer"
- Word-cloud responses were categorized and color coded: as positive (green), negative (red), or neutral (neutral)
- Pre/post surveys assessed knowledge and perceived ability to discuss LC topics.
- Analyses: Stuart–Maxwell test for word responses and paired t test for survey scores.

RESULTS

Question: What words come to mind when you hear the words "Lung Cancer"?



Pre/post surveys assessed knowledge and perceived ability to discuss LC topics.

Statements	Pre Mean (SD)	Post Mean (SD)	p-value
Ability to understand basic components of lung health and lung screening	3.90 (1.51)	4.95 (1.16)	0.0016
Ability to understand basic components of lung cancer diagnosis and treatment	3.67 (1.71)	4.76 (1.34)	0.0015
Ability to educate others about lung health, lung screening, lung cancer risk	3.43 (1.63)	4.52 (1.47)	0.0015
Ability to educate others about lung cancer diagnosis and treatment	3.24 (1.87)	4.19 (1.54)	0.0022
Ability to address stigma related to smoking, lung cancer and promote use of non-stigmatizing language	3.33 (1.74)	4.57 (1.40)	0.0018
Ability to identify individuals who are eligible for lung screening and connect them to a lung cancer screening program	3.71 (2.05)	5.05 (1.24)	0.0035
Ability to identify medical resources for recently diagnosed lung cancer patients	3.67 (1.88)	4.48 (1.36)	0.0227
Ability to do overall assessment of client needs for smoking cessation and lung screening	3.43 (1.91)	3.43 (1.91)	0.0282

RESULTS

- KEY FINDINGS
- 3 cohorts; approximately 40 participants
 - 101 word-cloud responses collected
 - Positive responses to the word cloud question increased from 13.33% to 58.93% (p<0.0001)
 - Knowledge and confidence improved across all six assessed abilities related to LC (all p<0.01)

DISCUSSION AND CONCLUSION

The Lunch & Learn series improved LC knowledge and significantly shifted participants’ perceptions. Structured, community-based education can equip trusted partners to address misconceptions, use non-stigmatizing language, discuss screening and treatment, and connect eligible individuals with screening programs and care.

ACKNOWLEDGEMENTS

We thank the Coleman Foundation for funding this work. We also want to thank the community health workers, navigators, community partners, medical professionals, guest experts, and advocates who participated in and supported the Lunch & Learn series.



**SEPTEMBER 12 – 15, 2026
SEOUL, REPUBLIC OF KOREA**

2. EGFR Resisters, Deerfield, Illinois

RESULTS

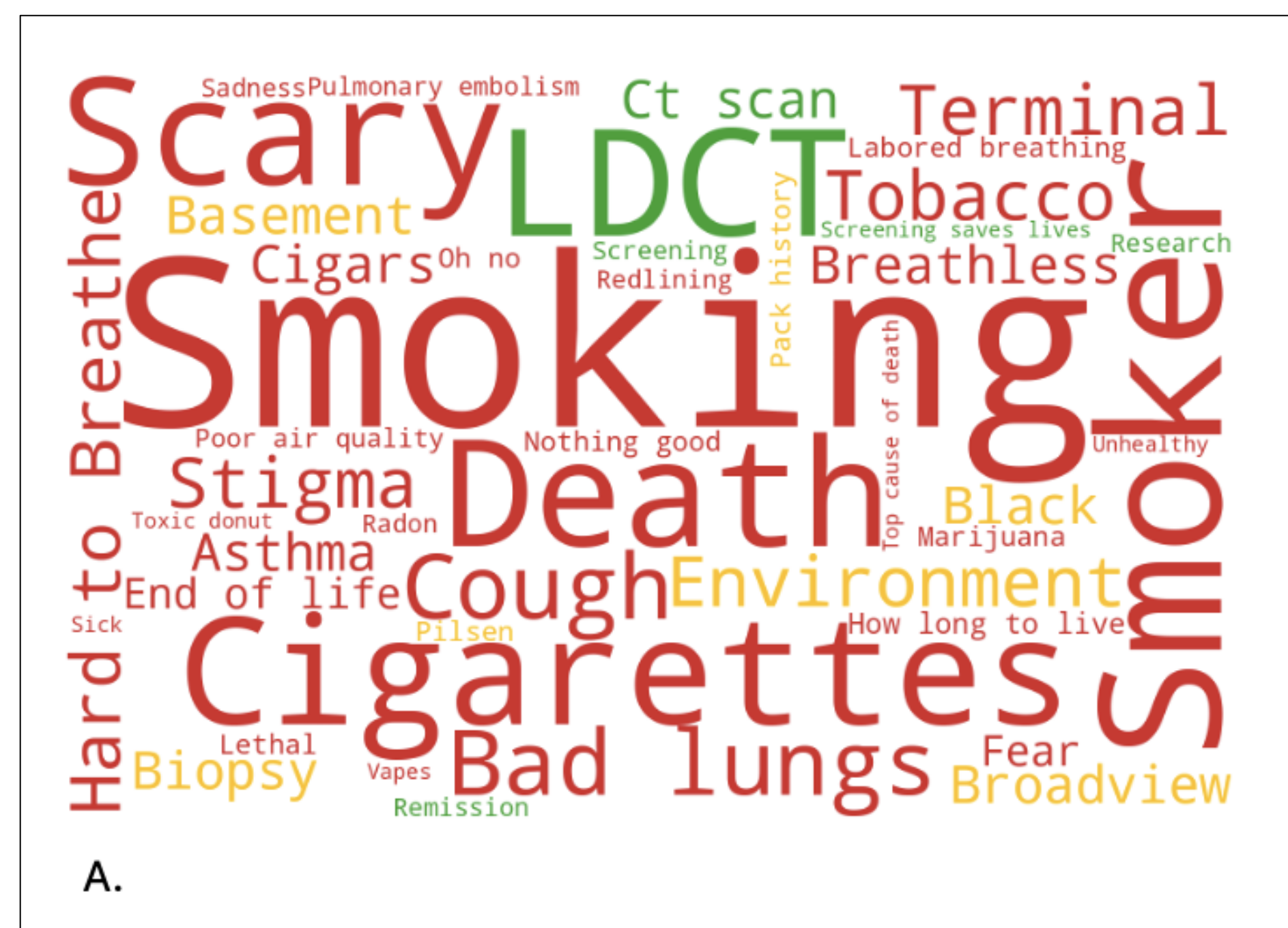
Lung cancer (LC) remains highly stigmatized compared to other cancers. Educational interventions are essential for raising awareness and addressing misconceptions about LC. We piloted a ***Lunch & Learn* education series** designed for community health workers, navigators, and community health partners to provide accurate, up-to-date information on key LC topics.

METHODS

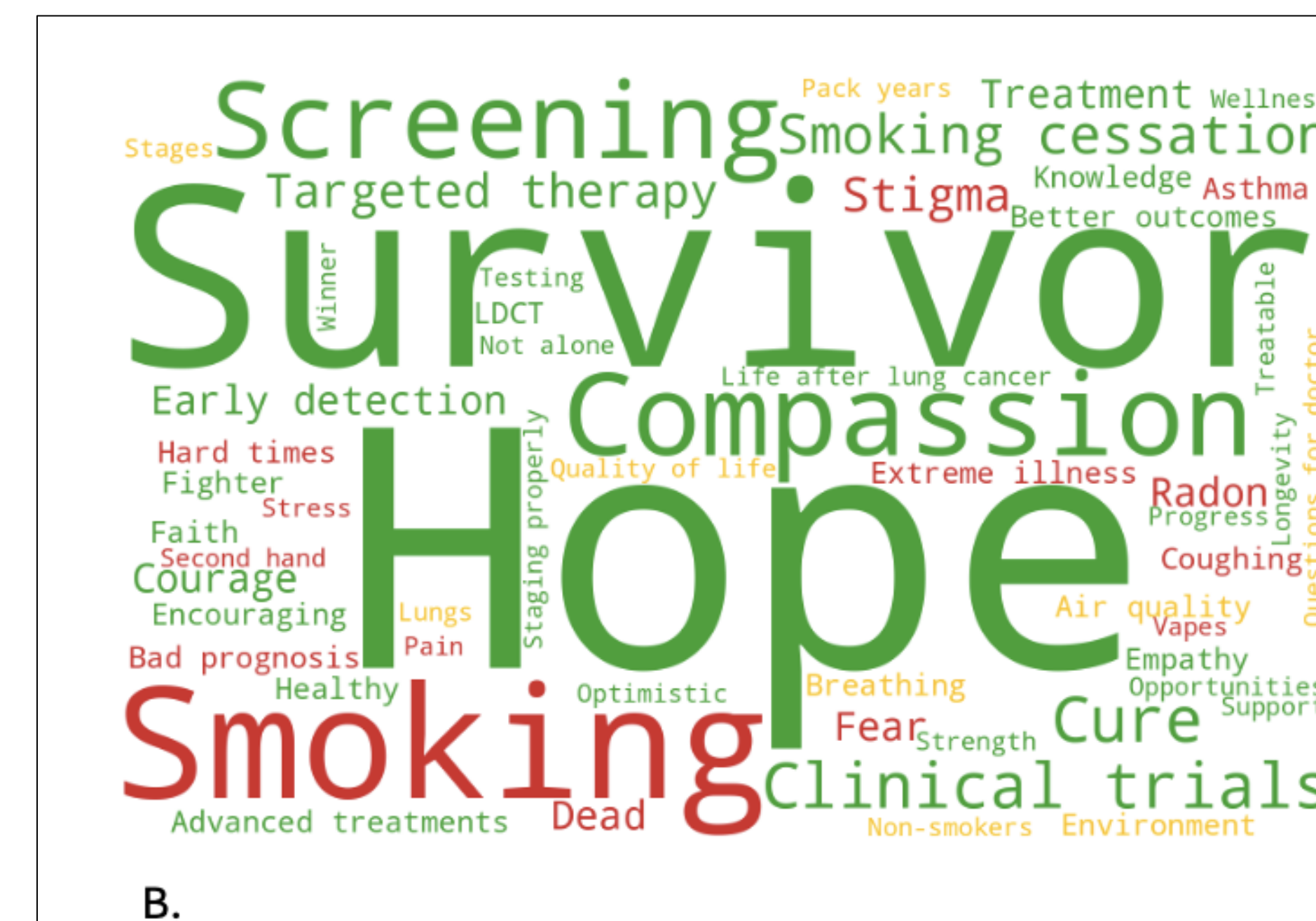
- Three Lunch & Learn series were conducted in 2024–2025.
- Each series included four weekly, 1-hour sessions with 10–20 participants.
- Medical professionals, guest experts, and advocates discussed LC risk factors, screening, stigma, tobacco treatment, treatment, clinical trials, and survivorship.
- Before the first and after the final session, participants were asked to list words that come to mind when they hear the words "Lung Cancer"
- Word-cloud responses were categorized and color coded: as positive (green), negative (red) , or neutral (neutral)
- Pre/post surveys assessed knowledge and perceived ability to discuss LC topics.
- Analyses: Stuart–Maxwell test for word responses and paired t test for survey scores.

Question: What words come to mind when you hear the words "Lung Cancer"

Word Cloud Pre *Lunch & Learn* Series



Word Cloud Post *Lunch & Learn* Series



Pre/post surveys assessed knowledge and perceived ability to discuss LC topics.

Statements	Pre Mean (SD)	Post Mean (SD)	p-value
Ability to understand basic components of lung health and lung screening	3.90 (1.51)	4.95 (1.16)	0.0016
Ability to understand basic components of lung cancer diagnosis and treatment	3.67 (1.71)	4.76 (1.34)	0.0015
Ability to educate others about lung health, lung screening, lung cancer risk	3.43 (1.63)	4.52 (1.47)	0.0015
Ability to educate others about lung cancer diagnosis and treatment	3.24 (1.87)	4.19 (1.54)	0.0022
Ability to address stigma related to smoking, lung cancer and promote use of non-stigmatizing language	3.33 (1.74)	4.57 (1.40)	0.0018
Ability to identify individuals who are eligible for lung screening and connect them to a lung cancer screening program	3.71 (2.05)	5.05 (1.24)	0.0035
Ability to identify medical resources for recently diagnosed lung cancer patients	3.67 (1.88)	4.48 (1.36)	0.0227
Ability to do overall assessment of client needs for smoking cessation and lung screening	3.43 (1.91)	3.43 (1.91)	0.0282

KEY FINDINGS

- 3 cohorts; approximately 40 participants
- 101 word-cloud responses collected
- Positive perceptions increased from 13.33% to 58.93% ($p < 0.0001$)
- Knowledge and confidence improved across all six assessed abilities (all $p < 0.01$)

DISCUSSION AND CONCLUSION

The Lunch & Learn series improved LC knowledge and significantly shifted participants' perceptions. Structured, community-based education can equip trusted partners to address misconceptions, use non-stigmatizing language, discuss screening and treatment, and connect eligible individuals with screening programs and care.

ACKNOWLEDGEMENTS

We thank the Coleman Foundation for funding this work. We also want to thank the community health workers, navigators, community partners, medical professionals, guest experts, and advocates who participated in and supported the Lunch & Learn series.