

Ontologies Classes Object Properties Data Properties Annotation Properties Individuals Datatypes Clouds

Class: Cultural_Beliefs_and_Perceptions

Annotations (2)

- rdfs:comment** "4.1. Chinese American high-risk smokers' health beliefs toward lung cancer screening This qualitative study explored Chinese American high-risk smokers' perceptions and beliefs toward lung cancer screening with low dose CT based on the Health Belief Model. This is one of the first studies focusing on Chinese Americans' perceptions of lung cancer screening. Findings from this study could benefit both health care providers and high-risk Chinese American smokers by helping them to identify the barriers and facilitators for lung cancer screening, thus sensitive intervention programs could be designed and implemented to increase the uptake rate of lung cancer screening among Chinese Americans. In the study, although all participants were able to identify the risk factors of lung cancer; however, some confusions around the risk of lung cancer were also noticed. The relationship between smoking and lung cancer was not clear among the participants. Witnessed by the evidence from smokers who did not get lung cancer and non-smokers who did get lung cancer, most participants thought their risk of lung cancer was not definitely high. Furthermore, by underlining other protective factors to health, such as a regular work and life schedule, quitting smoking in the past 15 years, not drinking, doing exercise and so on, the participants further refused their risk of lung cancer, although they smoked more than 20 package-year previously. This should be an important point to initiate in-depth conversations about lung cancer screening with Chinese Americans at high-risk for lung cancer. Health education focusing on the aggressive factors and defensive factors of lung cancer should be taught to the high-risk smokers. Explanations about the relationship between smoking and lung cancer should be delivered to smokers to raise their awareness of their risk of lung cancer. Knowledge about smoking's consequences on lung cancer should be clarified by mentioning other risk factors such as secondhand smoking and polluted air, which may lead to non-smokers getting lung cancer [24]. In addition, smokers not getting lung cancer should be clarified with the fact that multiple diseases could be caused by smoking (e.g., cardiovascular diseases, stroke, diabetes, and other sites of cancers, etc.) [31]; smokers may not be able to develop or discover lung cancer prior to the other kinds of diseases' symptoms occur. Given the low survival rate of lung cancer, all the participants agreed lung cancer would have a huge impact on their life, from the aspects of health, emotion, finance and social interactions with the family members and someone else. Although most of the participants were able to identify the consequences caused by lung cancer disease, understanding toward the cause of lung cancer and the consequence mentioned by one participant was inaccurate. Thinking lung cancer was a contagious disease and it could transmit to others made the participant think a lung cancer diagnosis could bring discrimination/stigma/shame to the smokers. Going from this, additional health education on the pathology of lung cancer should be delivered to high-risk smokers. It was necessary to let smokers know that more than 60 known carcinogens had been detected in cigarette smoke [32]. All the carcinogens played a crucial role in tumorigenesis [32], which activated smokers' DNA that evoked genetic mutations and epigenetic reprogramming [32], and eventually led to uncontrollable cell mutation. Clarification should be made on the non-contagious characteristic of lung cancer. Instead of bacteria or viruses which could be contagious, the auto-cellular variation caused by the carcinogens in cigarette smoke should be emphasized as the reason for lung cancer, thus the perception of the consequence of transmitting lung cancer disease to others, and feeling discriminated/stigmatized/shame from others could be changed. Regarding the perceived benefits of lung cancer screening, although all the participants agreed that screening for lung cancer could help to detect and treat lung cancer earlier, a misunderstanding of the benefits of lung cancer was noticed in the individual conversations with four participants who thought screening can help to prevent lung cancer. Although lung cancer screening with low dose CT is a secondary prevention method for lung cancer, by screening with low dose CT, lung cancer can be detected and treated at an earlier stage before the appearance of signs or symptoms [33]; however, screening cannot change the fact that lung cancer is developing or occurred. Smoking cessation is the optimal method for smokers to prevent lung cancer. As the primary prevention method for lung cancer, smoking cessation is found to be cost-effective both yielding immediate and long-term benefits to the health of lung cancer patients, including decreased risk of disease, increased survival time, decreased postoperative complications, increased efficacy of chemotherapy, decreased radiation therapy complications, and improved quality of life [34]. Thus, when a conversation about lung cancer screening is initiated with high-risk smokers, emphasis should be put both on screening and smoking cessation. In addition, some participants realized the benefits of lung cancer screening on smoking cessation. They stated that screening for lung cancer could raise smokers' concern about their health and increase their perceived risk and severity toward lung cancer. Particularly, a bad lung situation would help smokers to quit smoking, which is also supported by the evidence that three of the participants in this study quit smoking in the past 15 years due to their fear of the "black and messy lungs" in the chest image exam. In the study, barriers to screening for lung cancer existed at participants', physicians', and institutional levels. Efforts should be put to help high-risk smokers to overcome those barriers. Promotion programs focusing on the propaganda of lung cancer screening related knowledge should be implemented both among physicians and high-risk smokers. Attention should be raised

to help physicians and high-risk smokers to realize their roles in preventing lung cancer. Information on the free cost, low radiation, and performing procedures should be delivered to the eligible high-risk smokers to ease their fear/worry/shame toward lung cancer screening. Flexible and convenient screening schedules with mandarin language services should be provided to help Chinese American high-risk smokers to get access to the services. Health education on disease prevention and health promotion should be delivered both to high-risk smokers and their significant others. Emotional care such as encouraging high-risk smokers to talk about what they were going through, to be strong, to maintain a positive environment and normalcy, and to use spirituality as a source of strength to help them change their negative fatalism attitude to a positive one [35]. When talking about the self-efficacy of lung cancer screening, most of the participants were not confident enough. They needed help with screening either from health care providers or family members. In addition, some of the participants were not ready to deal with the result of screening, and all the participants endorsed an emotional change upon getting a lung cancer diagnosis. Furthermore, the negative expectation of the treatment and confusion around the result of screening were also noticed in the study. To increase high-risk smokers' self-efficacy in screening for lung cancer, one-on-one shared decision-making conversations should be initiated to help them better understand the benefits and harms of screening for lung cancer [36]. Explanations around the false negative and false positive results of screening and the possible consequences (e.g., missing detection of lung cancer, and following-up invasive procedures such as diagnostic needle biopsy, bronchoscopy, and thoracic surgery, etc.) should be informed to the high-risk smokers [37]. Also, mental health support following screening should be prepared to help this vulnerable population get through their life change. When it is necessary, palliative care should be provided at patients' request after a comprehensive evaluation of patients' quality of life and the disease progress. Regarding the cues to action, disseminating information on lung cancer screening is an important external cue that could change high-risk smokers' attitude toward lung cancer screening. Clarification on the low dose of CT and the difference between screening and normal CT for diagnosis should be provided to help high-risk smokers differentiate the concepts of screening and diagnosis. Easy understandable culturally sensitive Chinese text information flyers or pamphlets with pictures should be designed and distributed to high-risk smokers. Support from health care providers (by giving recommendations), family members, relatives, and friends (by providing suggestions), and social media (by increasing awareness and sharing knowledge) should be maintained to remind eligible high-risk smokers to screen for lung cancer annually. When it is necessary, an active request by eligible high-risk smokers to screen for lung cancer could be combined to the physicians' recommendation of lung cancer screening. Working along both with high-risk smokers and physicians could ensure an increasing uptake rate of lung cancer screening among Chinese American smokers. In the study, findings about Chinese American high-risk smokers' health beliefs toward lung cancer screening are consistent with those reported in the US population. According to the focus group interview study conducted by Carter-Harris et al. [13], long term US smokers perceived insufficient association of long-term smoking with lung cancer risk. Their perceived benefits of screening included finding lung cancer early, giving peace of mind, and motivation to quit smoking. Their perceived barriers to screening included inconvenience, distrust, and stigma. These findings are echoed by the results from this study. However, it is noticeable that some of the Chinese American high-risk smokers' health beliefs toward lung cancer screening are unique, e.g., protective factors to health are over emphasized in the population thus long-term smoking history is ignored by the Chinese American high-risk smokers. Given their unique aspects of health beliefs toward lung cancer screening, special attention should be paid to educate the high-risk Chinese American smokers to establish correct health beliefs toward lung cancer screening.

4.2. Strengths and limitations

This study explored Chinese American high-risk smokers' health beliefs toward lung cancer screening for the first time. Findings from this study could help healthcare providers to identify the barriers/facilitators for Chinese American high-risk smokers to screening for lung cancer. Further actions/intervention programs could be implemented to help Chinese American high-risk smokers overcome the barriers to screening for lung cancer. This study has some limitations. First, although we intended to recruit Chinese American high-risk smokers across the United States, most of the participants ($n = 8$) in this study resided in the Los Angeles area; thus, some of our findings may be not relevant to the high-risk Chinese American smokers who reside in other areas. However, given the cultural elements are mostly in common across Chinese Americans residing in different areas within the United States, the findings of this study could still mirror some issues related to Chinese American high-risk smokers' health beliefs toward lung cancer screening and provide useful information to increase their awareness to screening for lung cancer. Secondly, same as in other qualitative studies, participants' recall-bias and self-reflection may bring bias to the study. By recalling their past experiences and answering questions from their personal perceptions, individual opinions may deviate the results of the study. However, by triangulating and constantly comprising the significant and meaningful themes that emerged in the transcripts, bias brought up by individual participants could be reduced to an acceptable level.

4.3. Future directions for research and practice

Findings from this study indicate several directions for future research and clinical practice. First, culturally sensitive Chinese language education programs which focus on lung cancer screening need to be implemented among high-risk smokers and health care facilities. Health education tools such as flyers and pamphlets should be disseminated among this population to help them increase their knowledge level of lung cancer screening. Second, one-on-one pre-screening shared decision-making conversations and post-screening mental health support should be implemented in the clinical practice. Involving high-risk smokers' family members and friends in the screening process could help

to promote and remind high-risk smokers to screen for lung cancer. Third, smoking cessation education and lung cancer screening promotion should go hand in hand among current high-risk smokers. Without quitting smoking, by screening for lung cancer solely, current high-risk smokers' risk of getting lung cancer is still at a high level. Supporting methods for quitting smoking such as language sensitive quitting smoking line and nicotine patch should be informed and promoted among current high-risk smokers. Go to: 5. Conclusions Guided by the Health Belief Model, high-risk Chinese American Smokers' health beliefs toward lung cancer screening with low dose CT were explored in this study. Findings from this study enable us to understand Chinese Americans' lung cancer screening behaviors and suggest various strategies to increase lung cancer screening among this population. Given the prevalent smoking rate but low uptake rate of lung cancer screening among this population, we suggested that smoking cessation and lung cancer screening should be emphasized together for this population in the shared decision-making conversations with health care professionals; mental support should be provided to counter the effect of fatalism and negative emotion in this population; and support should be obtained from high-risk Chinese American smokers' family members and friends. By using the Health Belief Model, targeted interventions could be designed and utilized more efficiently to deal with the barriers to screening for lung cancer among this population, and eventually, increase their self-efficacy in screening for lung cancer."

- **rdfs:comment** "Studies have shown that minorities with lung cancer are more likely than nonminorities to be diagnosed at advanced stages, less likely to undergo treatment, and consequently have higher mortality rates (3, 4, 9). Even after controlling for potential confounders, we found that blacks were less likely than nonminorities to have received stage-appropriate treatment. Blacks were more likely than nonminorities to harbor negative treatment beliefs, fatalism, and medical mistrust, and mediational analyses suggested that these cultural factors partially explained the observed racial disparities. Conversely, we did not find these treatment inequalities for Hispanics. These findings suggest that attention to certain cultural factors may help improve lung cancer treatment rates among minorities while other mechanisms for the persistent disparities are investigated. Black men have the highest incidence of and mortality due to lung cancer and do not receive the same lung cancer treatment as whites (25). Patients with early-stage lung cancer may achieve relatively good long-term survival if treated with surgery (26). However, blacks with early-stage lung cancer receive invasive staging less often and do not have surgery at the same rate as whites do (9, 27). Blacks with advanced-stage lung cancer also undergo chemotherapy and radiation less frequently than whites (3). Studies show that such disparities have persisted despite increasing awareness of them among physicians and policymakers (3, 7, 28). These patterns translate into worse outcomes for minorities and highlight the need for a better understanding of their underlying mechanisms. Similarly to previous studies, we found that blacks were less likely than nonminorities to receive stage-appropriate treatment (2, 3, 7, 9, 27). Conversely, we did not observe treatment disparities among Hispanic patients. There are a few possible explanations for these findings. Hispanics who agreed to participate in our study may have been more engaged with and/or may have had better access to care. However, this potential bias should also apply to blacks because we enrolled all patients from the same hospitals. The urban hospitals from which we recruited serve communities with large numbers of Hispanics. There may have been greater availability of services to provide culturally sensitive care for Hispanics, which may have attenuated disparities in treatment among this group. Prior data show that disparities in lung cancer care may not be as pronounced among Hispanics as among blacks, which may contribute to our null findings (29). Most Hispanics in our patient sample were of Puerto Rican or Dominican origin. Thus, our findings may not represent the care received by other prevalent U.S. Hispanic groups, such as Mexicans or Central Americans. These findings highlight the complex factors leading to cancer care disparities among different minority populations. Underuse of surgical resection among blacks with early-stage disease is particularly worrisome, given that two-thirds of these patients could achieve 5-year disease-free survival with surgery (26). Blacks are both less likely to be recommended for and to accept surgical treatment for lung cancer than nonminorities (25, 27, 30). Doubts about surgical effectiveness or beliefs that exposure to air during surgery can cause cancer spread may explain these findings (22, 31). We also found that blacks were more likely than nonminorities to believe that surgery can cause cancer spread; however, our adjusted models showed that these beliefs did not explain treatment disparities and suggested that there are other factors driving decreased rates of surgical treatment among black patients. Other cultural factors, such as fatalistic beliefs and medical mistrust, may result in lower rates of follow-up with providers, adherence to staging workup or preoperative testing, or higher treatment refusal rates. Fatalism has been found to be negatively associated with cancer screening (21). Similarly, lung cancer patients who have more negative perceptions of postsurgical prognosis are more likely to refuse surgery (28). Medical mistrust has also been associated with lower breast cancer treatment rates (32, 33). Structural equation modeling suggested that cultural beliefs explained 30% of the treatment disparities. These cultural beliefs may influence patients' care-seeking behaviors or treatment decisions. Clinicians should be aware of these belief differences and consider addressing them with their minority patients. Further investigation is needed to determine whether other cultural factors contribute to lung cancer care disparities. Our study has some limitations. Although our patients had diverse racial/ethnic backgrounds, we recruited them from one urban area. Early-stage lung cancer was also overrepresented in our sample. Therefore, our results may not be generalizable to other clinical settings. Although we attempted to recruit patients early in their disease course (median time from diagnosis to enrollment was 3 mo), some patients may have been interviewed during their treatment course. Thus, we cannot establish a causal link between patient beliefs and treatment

received. We also did not measure provider-related factors, such as potential bias or provider beliefs, that may have contributed to the observed disparities. Furthermore, our sample size may not have been sufficient to detect cultural factors with weaker associations with treatment. Compared with nonminorities, we found that blacks with lung cancer were less likely to receive stage-appropriate treatment, whereas we did not observe such differences among Hispanics. Cultural factors such as negative surgical beliefs, fatalism, and medical mistrust are found more commonly among minorities than among nonminorities and may influence minority patients' care-seeking behaviors or decisions to undergo treatment, and these factors may partially explain racial disparities in lung cancer care. Clinicians should be aware of these cultural belief differences and address them to reduce gaps in cancer care among minorities."

Superclasses (1)

- Cultural_LC

Disjoints (689)

'\Abraxane_(Paclitaxel_Albumin-stabilized_Nanoparticle_Formulation)_\'', '\Afinitor_(Everolimus)_\'', '\Afinitor_Disperz_(Everolimus)_\'', '\Alecensa_(Alectinib)_\'', '\Alimta_(Pemetrexed_Disodium)_\'', '\Alunbrig_(Brigatinib)_\'', '\Alymsys_(Bevacizumab)_\'', '\Avastin_(Bevacizumab)_\'', '\Cyramza_(Ramucirumab)_\'', '\Enhertu_(Fam-Trastuzumab_Deruxtecan-nxki)_\'', '\Etopophos_(Etoposide_Phosphate)_\'', '\Exkivity_(Mobocertinib_Succinate)_\'', '\Gavreto_(Pralsetinib)_\'', '\Gemzar_(Gemcitabine_Hydrochloride)_\'', '\Gilotrif_(Afatinib_Dimaleate)_\'', '\Hycamtin_(Topotecan_Hydrochloride)_\'', '\Imfinzi_(Durvalumab)_\'', '\Imjudo_(Tremelimumab-actl)_\'', '\Infugem_(Gemcitabine_Hydrochloride)_\'', '\Iressa_(Gefitinib)_\'', '\Keytruda_(Pembrolizumab)_\'', '\Krazati_(Adagrasib)_\'', '\Libtayo_(Cemiplimab-rwlc)_\'', '\Lorbrena_(Lorlatinib)_\'', '\Lumakras_(Sotorasib)_\'', '\Mekinist_(Trametinib_Dimethyl_Sulfoxide)_\'', '\Mvasi_(Bevacizumab)_\'', '\Opdivo_(Nivolumab)_\'', '\Portrazza_(Necitumumab)_\'', '\Retevmo_(Selpercatinib)_\'', '\Rozlytrek_(Entrectinib)_\'', '\Rybrevant_(Amivantamab-vmjw)_\'', '\Tabrecta_(Capmatinib_Hydrochloride)_\'', '\Tafinlar_(Dabrafenib_Mesylate)_\'', '\Tagrisso_(Osimertinib_Mesylate)_\'', '\Taxotere_(Docetaxel)_\'', '\Tecentriq_(Atezolizumab)_\'', '\Tepmetko_(Tepotinib_Hydrochloride)_\'', '\Trexall_(Methotrexate_Sodium)_\'', '\Vizimpro_(Dacomitinib)_\'', '\Xalkori_(Crizotinib)_\'', '\Yervoy_(Ipilimumab)_\'', '\Zirabev_(Bevacizumab)_\'', '\Zykadia_(Ceritinib)_\'', 4A_NSCLC, 4B_NSCLC, Adagrasib_, Adherence_Based_on_Socioeconomics_LC, Adherence_Factors_LC, Adverse_Reactions_ABRAX, Adverse_Reactions_ADAGR, Adverse_Reactions_AFATI, Adverse_Reactions_AFINI, Adverse_Reactions_AFINIT, Adverse_Reactions_ALECE, Adverse_Reactions_ALIMT, Adverse_Reactions_ALUNB, Adverse_Reactions_ALYMS, Adverse_Reactions_AMIVA, Adverse_Reactions_ATEZO, Adverse_Reactions_AVAST, Adverse_Reactions_BRIGA, Adverse_Reactions_CAPMA, Adverse_Reactions_CEMIP, Adverse_Reactions_CYRAM, Adverse_Reactions_DOXOR, Adverse_Reactions_DURVA, Adverse_Reactions_ENHER, Adverse_Reactions_ENTRE, Adverse_Reactions_ERLOT, Adverse_Reactions_ETOP, Adverse_Reactions_ETOPO, Adverse_Reactions_EXKIV, Adverse_Reactions_GAVRE, Adverse_Reactions_GEFIT, Adverse_Reactions_GEMZA, Adverse_Reactions_GILOT, Adverse_Reactions_HYCAM, Adverse_Reactions_IMFIN, Adverse_Reactions_IMJUD, Adverse_Reactions_INFUG, Adverse_Reactions_IRESS, Adverse_Reactions_KEYTR, Adverse_Reactions_KRAZA, Adverse_Reactions_LIBTA, Adverse_Reactions_LORBR, Adverse_Reactions_LUMAK, Adverse_Reactions_LURB, Adverse_Reactions_MEKIN, Adverse_Reactions_METH, Adverse_Reactions_MVASI, Adverse_Reactions_OPDIV, Adverse_Reactions_PORTR, Adverse_Reactions_RAMUC, Adverse_Reactions_RETEV, Adverse_Reactions_ROZLY, Adverse_Reactions_RYBRE, Adverse_Reactions_SELPE, Adverse_Reactions_SOTOR, Adverse_Reactions_TABRE, Adverse_Reactions_TAFIN, Adverse_Reactions_TAGRIS, Adverse_Reactions_TAXOT, Adverse_Reactions_TECEN, Adverse_Reactions_TEPME, Adverse_Reactions_TOPO, Adverse_Reactions_TRAME, Adverse_Reactions_TREME, Adverse_Reactions_TREXA, Adverse_Reactions_VINOR, Adverse_Reactions_VIZIM, Adverse_Reactions_XALKO, Adverse_Reactions_YERVO, Adverse_Reactions_ZIRAB, Adverse_Reactions_ZYKAD, Afatinib_Dimaleate_, Age, Air_Pollution, Amivantamab-vmjw_, Atezolizumab_, Behavioral_Factors_LC, Beta_Carotene_Supplements_LC, Bio_Sensors_LC, Biological_Effects_LC, Breathalyzer_LC, Breathing_LC, Brigatinib_, Capmatinib_Hydrochloride_, Causes_and_Risks_LC, Cemiplimab-rwlc_, Chemical_Sensors_LC, Choosing_Quality_of_Life_-_Reasons_People_Forego_Treatment, Choosing_Survival_-_Deciding_to_Undergo_Treatment, Clinical_Factors_LC, Complications_LC, Contraindications_ABRAX, Contraindications_ADAGR, Contraindications_AFATI, Contraindications_AFINI, Contraindications_AFINIT, Contraindications_ALECE, Contraindications_ALIMT, Contraindications_ALUNB, Contraindications_ALYMS, Contraindications_AMIVA, Contraindications_ATEZO, Contraindications_AVAST, Contraindications_BRIGA, Contraindications_CAPMA, Contraindications_CEMIP, Contraindications_CYRAM, Contraindications_DOXOR, Contraindications_DURVA, Contraindications_ENHER, Contraindications_ENTRE, Contraindications_ERLOT, Contraindications_ETOP, Contraindications_ETOPO, Contraindications_EXKIV, Contraindications_GAVRE, Contraindications_GEFIT, Contraindications_GEMZA, Contraindications_GILOT, Contraindications_HYCAM, Contraindications_IMFIN, Contraindications_IMJUD, Contraindications_INFUG, Contraindications_IRESS,

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 Drug_Interactions_DURVA, Drug_Interactions_ENHER, Drug_Interactions_ENTRE, Drug_Interactions_ERLOT,
 Drug_Interactions_ETOP, Drug_Interactions_ETOPO, Drug_Interactions_EXKIV, Drug_Interactions_GAVRE,
 Drug_Interactions_GEFIT, Drug_Interactions_GEMZA, Drug_Interactions_GILOT, Drug_Interactions_HYCAM,
 Drug_Interactions_IMFIN, Drug_Interactions_IMJUD, Drug_Interactions_INFUG, Drug_Interactions_IRESS,
 Drug_Interactions_KEYTR, Drug_Interactions_KRAZA, Drug_Interactions_LIBTA, Drug_Interactions_LORBR,
 Drug_Interactions_LUMAK, Drug_Interactions_LURB, Drug_Interactions_MEKIN, Drug_Interactions_METH,
 Drug_Interactions_MVASI, Drug_Interactions_OPDIV, Drug_Interactions_PORTR, Drug_Interactions_RAMUC,
 Drug_Interactions_RETEV, Drug_Interactions_ROZLY, Drug_Interactions_RYBRE, Drug_Interactions_SELPE,
 Drug_Interactions_SOTOR, Drug_Interactions_TABRE, Drug_Interactions_TAFIN, Drug_Interactions_TAGRIS,
 Drug_Interactions_TAXOT, Drug_Interactions_TECEN, Drug_Interactions_TEPME, Drug_Interactions_TOPO,
 Drug_Interactions_TRAME, Drug_Interactions_TREME, Drug_Interactions_TREXA, Drug_Interactions_VINOR,
 Drug_Interactions_VIZIM, Drug_Interactions_XALKO, Drug_Interactions_YERVO, Drug_Interactions_ZIRAB,
 Drug_Interactions_ZYKAD, Durvalumab_, E-Cigarettes_LC, Electronic_Sensors_LC, Emotions_LC,
 End_of_Life_Decisions, Entrectinib_, Environmental_Factors_LC, Enzymatic_Sensors_LC,
 Erlotinib_Hydrochloride_, Etoposide_, Exercise_LC, Extensive_Stage_SCLC, Family_History_LC, Gefitinib_,
 Genomic_Sequencing_LC, Geographical_Location, Habits_LC, HIV_Infection_LC, Immunosensors_LC,
 Increased_Susceptibility_LC, Indications_and_Usage_ABRAX, Indications_and_Usage_ADAGR,
 Indications_and_Usage_AFATI, Indications_and_Usage_AFINI, Indications_and_Usage_AFINIT,
 Indications_and_Usage_ALECE, Indications_and_Usage_ALIMT, Indications_and_Usage_ALUNB,
 Indications_and_Usage_ALLYMS, Indications_and_Usage_AMIVA, Indications_and_Usage_ATEZO,
 Indications_and_Usage_AVAST, Indications_and_Usage_BRIGA, Indications_and_Usage_CAPMA,
 Indications_and_Usage_CEMIP, Indications_and_Usage_CYRAM, Indications_and_Usage_DOXOR,
 Indications_and_Usage_DURVA, Indications_and_Usage_ENHER, Indications_and_Usage_ENTRE,
 Indications_and_Usage_ERLOT, Indications_and_Usage_ETOP, Indications_and_Usage_ETOPO,
 Indications_and_Usage_EXKIV, Indications_and_Usage_GAVRE, Indications_and_Usage_GEFIT,
 Indications_and_Usage_GEMZA, Indications_and_Usage_GILOT, Indications_and_Usage_HYCAM,
 Indications_and_Usage_IMFIN, Indications_and_Usage_IMJUD, Indications_and_Usage_INFUG,
 Indications_and_Usage_IRESS, Indications_and_Usage_KEYTR, Indications_and_Usage_KRAZA,
 Indications_and_Usage_LIBTA, Indications_and_Usage_LORBR, Indications_and_Usage_LUMAK,
 Indications_and_Usage_LURB, Indications_and_Usage_MEKIN, Indications_and_Usage_METH,
 Indications_and_Usage_MVASI, Indications_and_Usage_OPDIV, Indications_and_Usage_PORTR,
 Indications_and_Usage_RAMUC, Indications_and_Usage_RETEV, Indications_and_Usage_ROZLY,
 Indications_and_Usage_RYBRE, Indications_and_Usage_SELPE, Indications_and_Usage_SOTOR,
 Indications_and_Usage_TABRE, Indications_and_Usage_TAFIN, Indications_and_Usage_TAGRIS,
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 Indications_and_Usage_TOPO, Indications_and_Usage_TRAME, Indications_and_Usage_TREME,
 Indications_and_Usage_TREXA, Indications_and_Usage_VINOR, Indications_and_Usage_VIZIM,
 Indications_and_Usage_XALKO, Indications_and_Usage_YERVO, Indications_and_Usage_ZIRAB,
 Indications_and_Usage_ZYKAD, Limited_Stage_SCLC, Living_with_LC_LC, Location_LC, Lurbinectedin_,
 Marijuana_Smoking_LC, Medications_LC, Methotrexate_Sodium_, Never-Smokers_LC, Non-Small_Cell_LC, Non-
 Small_Cell_LC_NSCLC, Non-Small_Cell_Lung_Cancer, Non-Small_Cell_Medication_LC_, Non-Smokers_LC, Non-
 Smokers_NSCLC, Non-Smokers_SCLC, Nutrition_LC, Occupational_Exposure,
 Physical_Activity_For_Mitigation_of_LC, Physical_Activity_For_Prevention_Of_LC, Preventative_habits_LC,
 Quitting/Not_Smoking_LC, Radiation_Exposure_LC, Ramucirumab_, Recurring_LC_NSCLC, Recurring_LC_SCLC,
 Rural_LC, Second-hand_Smoke_LC, Secondhand_Smoke_LC, Selpercatinib_, Sensor_Factors_LC,
 Size_of_the_community_LC, Sleep_LC, Small_Cell_LC, Small_Cell_LC_SCLC, Small_Cell_Lung_Cancer,
 Small_Cell_Medication_LC_, Smoke_LC, Smokers_LC, Smokers_NSCLC, Smokers_SCLC, Smoking_LC,
 Smoking_Marijuana_LC, Smoking_Other_Drugs_LC, Smoking_Tobacco_LC, Sotorasib_, Stage_0_NSCLC,
 Stage_1_NSCLC, Stage_1_SCLC, Stage_2_NSCLC, Stage_3A_NSCLC, Stage_3B_NSCLC, Stage_4_NSCLC,
 Support_Groups_LC, Symptoms_and_Tests_LC, Symptoms_NSC, Symptoms_SC, Tests_NSC, Tests_SC,
 Tobacco_Smoking, Tobacco_Smoking_LC, Topotecan_Hydrochloride_, Tramentinib_Dimethyl_Sulfoxide,
 Treatment_Regimens_LC, Treatments_LC, Tremelimumab-actl_, Urban_LC,
 Use_in_Specific_Populations_ABRAX, Use_in_Specific_Populations_ADAGR, Use_in_Specific_Populations_AFATI,
 Use_in_Specific_Populations_AFINI, Use_in_Specific_Populations_AFINIT, Use_in_Specific_Populations_ALECE,
 Use_in_Specific_Populations_ALIMT, Use_in_Specific_Populations_ALUNB, Use_in_Specific_Populations_ALLYMS,
 Use_in_Specific_Populations_AMIVA, Use_in_Specific_Populations_ATEZO, Use_in_Specific_Populations_AVAST,
 Use_in_Specific_Populations_BRIGA, Use_in_Specific_Populations_CAPMA, Use_in_Specific_Populations_CEMIP,
 Use_in_Specific_Populations_CYRAM, Use_in_Specific_Populations_DOXOR,
 Use_in_Specific_Populations_DURVA, Use_in_Specific_Populations_ENHER,
 Use_in_Specific_Populations_ENTRE, Use_in_Specific_Populations_ERLOT, Use_in_Specific_Populations_ETOP,
 Use_in_Specific_Populations_ETOPO, Use_in_Specific_Populations_EXKIV, Use_in_Specific_Populations_GAVRE,

Use_in_Specific_Populations_GEFIT, Use_in_Specific_Populations_GEMZA, Use_in_Specific_Populations_GILOT,
 Use_in_Specific_Populations_HYCAM, Use_in_Specific_Populations_IMFIN, Use_in_Specific_Populations_IMJUD,
 Use_in_Specific_Populations_INFUG, Use_in_Specific_Populations_IRESS, Use_in_Specific_Populations_KEYTR,
 Use_in_Specific_Populations_KRAZA, Use_in_Specific_Populations_LIBTA, Use_in_Specific_Populations_LORBR,
 Use_in_Specific_Populations_LUMAK, Use_in_Specific_Populations_LURB, Use_in_Specific_Populations_MEKIN,
 Use_in_Specific_Populations_METH, Use_in_Specific_Populations_MVASI, Use_in_Specific_Populations_OPDIV,
 Use_in_Specific_Populations_PORTR, Use_in_Specific_Populations_RAMUC, Use_in_Specific_Populations_RETEV,
 Use_in_Specific_Populations_ROZLY, Use_in_Specific_Populations_RYBRE, Use_in_Specific_Populations_SELPE,
 Use_in_Specific_Populations_SOTOR, Use_in_Specific_Populations_TABRE, Use_in_Specific_Populations_TAFIN,
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 Use_in_Specific_Populations_TECEN, Use_in_Specific_Populations_TEPME, Use_in_Specific_Populations_TOPO,
 Use_in_Specific_Populations_TRAME, Use_in_Specific_Populations_TREME, Use_in_Specific_Populations_TREXA,
 Use_in_Specific_Populations_VINOR, Use_in_Specific_Populations_VIZIM, Use_in_Specific_Populations_XALKO,
 Use_in_Specific_Populations_YERVO, Use_in_Specific_Populations_ZIRAB, Use_in_Specific_Populations_ZYKAD,
 Vinorelbine_Tartrate_, Warnings_and_Precautions_ABRAX, Warnings_and_Precautions_ADAGR,
 Warnings_and_Precautions_AFATI, Warnings_and_Precautions_AFINI, Warnings_and_Precautions_AFINIT,
 Warnings_and_Precautions_ALECE, Warnings_and_Precautions_ALIMT, Warnings_and_Precautions_ALUNB,
 Warnings_and_Precautions_ALYMS, Warnings_and_Precautions_AMIVA, Warnings_and_Precautions_ATEZO,
 Warnings_and_Precautions_AVAST, Warnings_and_Precautions_BRIGA, Warnings_and_Precautions_CAPMA,
 Warnings_and_Precautions_CEMIP, Warnings_and_Precautions_CYRAM, Warnings_and_Precautions_DOXOR,
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 Warnings_and_Precautions_XALKO, Warnings_and_Precautions_YERVO, Warnings_and_Precautions_ZIRAB,
 Warnings_and_Precautions_ZYKAD

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