

Lung Cancer Screening in Pennsylvania

Joanna P. Stoms MPA, RRT

Cancer Plan Manager

Division of Cancer Prevention and Control

Pennsylvania Department of Health

jstoms@pa.gov

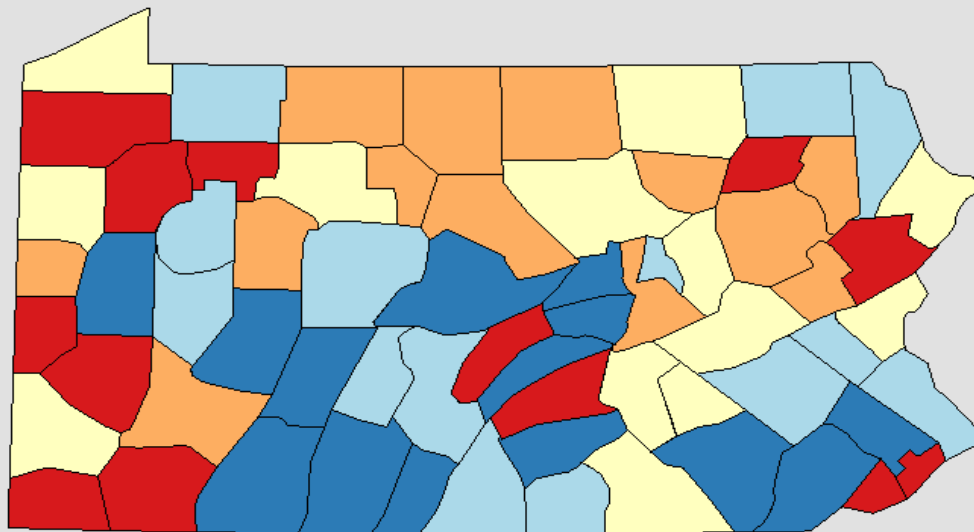
Lung Cancer in Pennsylvania

- Responsible for 10,600 cancer cases in Pennsylvania
- Responsible for over 7,500 cancer deaths in men and women in Pennsylvania
- Responsible for over 6,900 hospital admissions
- Responsible for over \$306 million in hospitalization charges to Medicare

Source: *The Burden of Cancer in Pennsylvania Report 2014*
Pennsylvania Bureau of Health Statistics and Research 2014

Incidence Rates for Lung Cancer by County

Incidence Rates[†] for Pennsylvania Lung & Bronchus, 2008 - 2012 All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

[Quantile Interval](#)

- 50.1 to 58.7
- 58.7 to 64.0
- 64.0 to 68.6
- 68.6 to 72.2
- 72.2 to 81.8

US (SEER + NPCR)
Rate (95% C.I.)
63.7 (63.6 - 63.8)

Pennsylvania
Rate (95% C.I.)
67.1 (66.5 - 67.6)

Notes:

Created by statecancerprofiles.cancer.gov on 05/31/2016 3:49 pm.

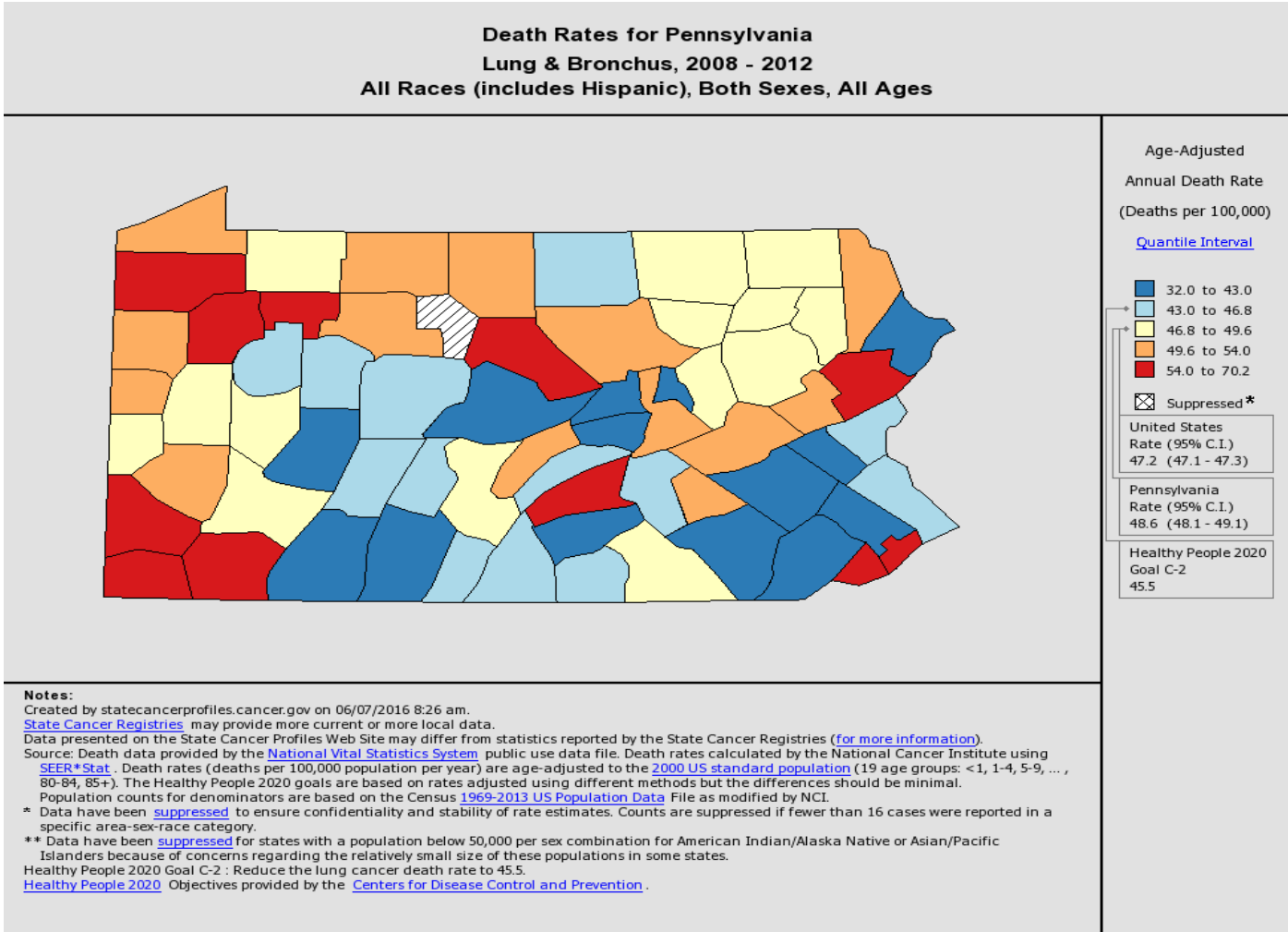
Data for the United States does not include data from Nevada.

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [1969-2013 US Population Data](#) File is used for SEER and NPCR incidence rates.

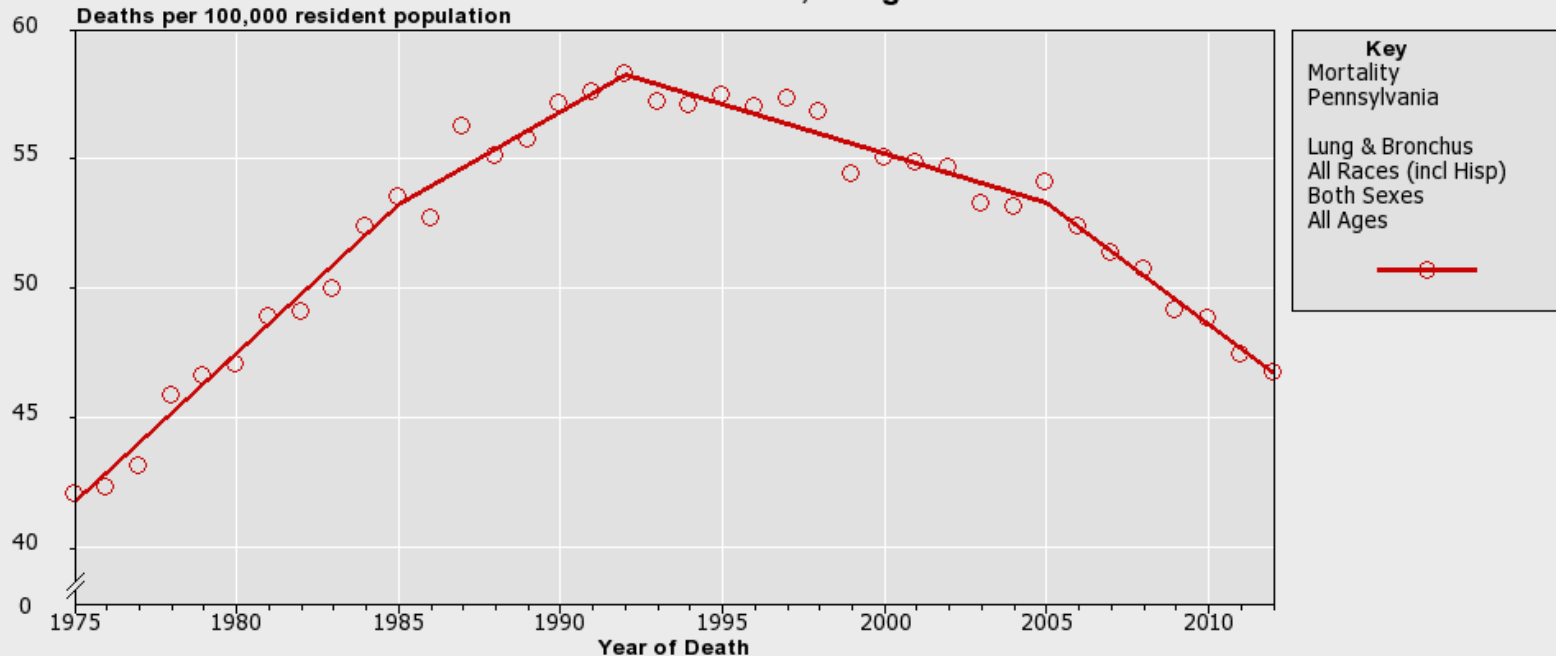
Mortality Rates for Lung Cancer by County



Mortality Rates for Lung Cancer

Historical Trends (1975-2012)

Mortality, Pennsylvania Lung & Bronchus, All Races (incl Hisp) Both Sexes, All Ages



Notes:

Created by statecancerprofiles.cancer.gov on 05/31/2016 3:46 pm.
Regression lines calculated using the Joinpoint Regression Program (Version 4.2).

Source: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat. Death rates (deaths per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: (<1, 1-4, 5-9, ..., 80-84, 85+). Population counts for denominators are based on Census populations as modified by NCI. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita for 62 counties and parishes in Alabama, Mississippi, Louisiana, and Texas. 1969-2013 US Population Data File is used with mortality data.

Lung Cancer Screening in Pennsylvania

Implement the 2013-2018 Pennsylvania Cancer Control Plan

- To decrease the incidence and mortality
- To increase awareness of lung cancer screening, treatment and prevention.
- Use cancer surveillance data to target program interventions.

What did we do?

- Partnered with the Division of Tobacco Control and Prevention and the American Lung Association (ALA) of Mid-Atlantic.
- Provided funding to the Regional Primary Tobacco Contractors.

Lung Cancer Screening Activities

- Lung Cancer Screening Toolkit for Primary Care Practitioners.
- Integrated a lung cancer screening program into a hospital based tobacco cessation program

Lung Cancer Screening Activities

Integration Model

- Community Hospital in Southeastern Pennsylvania
- Serves a lower SES population
- Higher than average Black population
- Successful tobacco cessation program
- Staff willing to submit data and implement program

Lung Cancer Screening Activities

- Distribute ALA High Risk screening tool.
- Participants that qualify for Low Dose Computed Tomography (LDCT) to meet with program facilitator.
- Arrange for informed decision making visit at facility.
- Refer participants to lung cancer screening.

Lung Cancer Screening Activities

- Report the following data monthly:
 - Which participants were referred for LDCT
 - Total number of participants completed LDCT after referral.

Next Steps

- Promote Lung Cancer Screening Toolkit statewide
- Collect preliminary data from Integration Pilot
- Identify Barriers
- Implement Solutions
- Collect additional data
- Replicate program if successful

Questions?

Joanna Stoms MPA, RRT
Cancer Plan Manager
Division of Cancer Prevention & Control
Pennsylvania Department of Health
jstoms@pa.gov
717-547-3213