Lung Cancer Screening in Pennsylvania

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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

Pennsylvania Bureau of Health Statistics and Research 2014
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% CI)
63.7 (63.6 - 63.8)

Pennsylvania Rate (95% CI)
67.1 (66.5 - 67.8)

Notes:
Created by statecancerprofiles.cancer.gov on 06/31/2016 3:46 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 1990-2012 US Population Data File is used for SEER and NPCR incidence rates.
Death Rates for Pennsylvania
Lung & Bronchus, 2008 - 2012
All Races (includes Hispanic), Both Sexes, All Ages

Notes:
- Created by statecancerprofiles.cancer.gov on 06/07/2016 8:26 am.
- 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).
- 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+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal.
- Population counts for denominators are based on the Census 1969-2013 US Population Data File as modified by NCI.

* Data have been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 10 cases were reported in a specific area-sex-race category.
** Data have been suppressed for states with a population below 50,000 per sex combination for American Indian/Alaska Native or Asian/Pacific Islanders because of concerns regarding the relatively small size of these populations in some states.
Healthy People 2020 Goal C-2: Reduce the lung cancer death rate to 45.5
Healthy People 2020 Objectives provided by the Centers for Disease Control and Prevention.
Mortality Rates for Lung Cancer

Historical Trends (1975-2012)

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

Deaths per 100,000 resident population

Year of Death


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?

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