



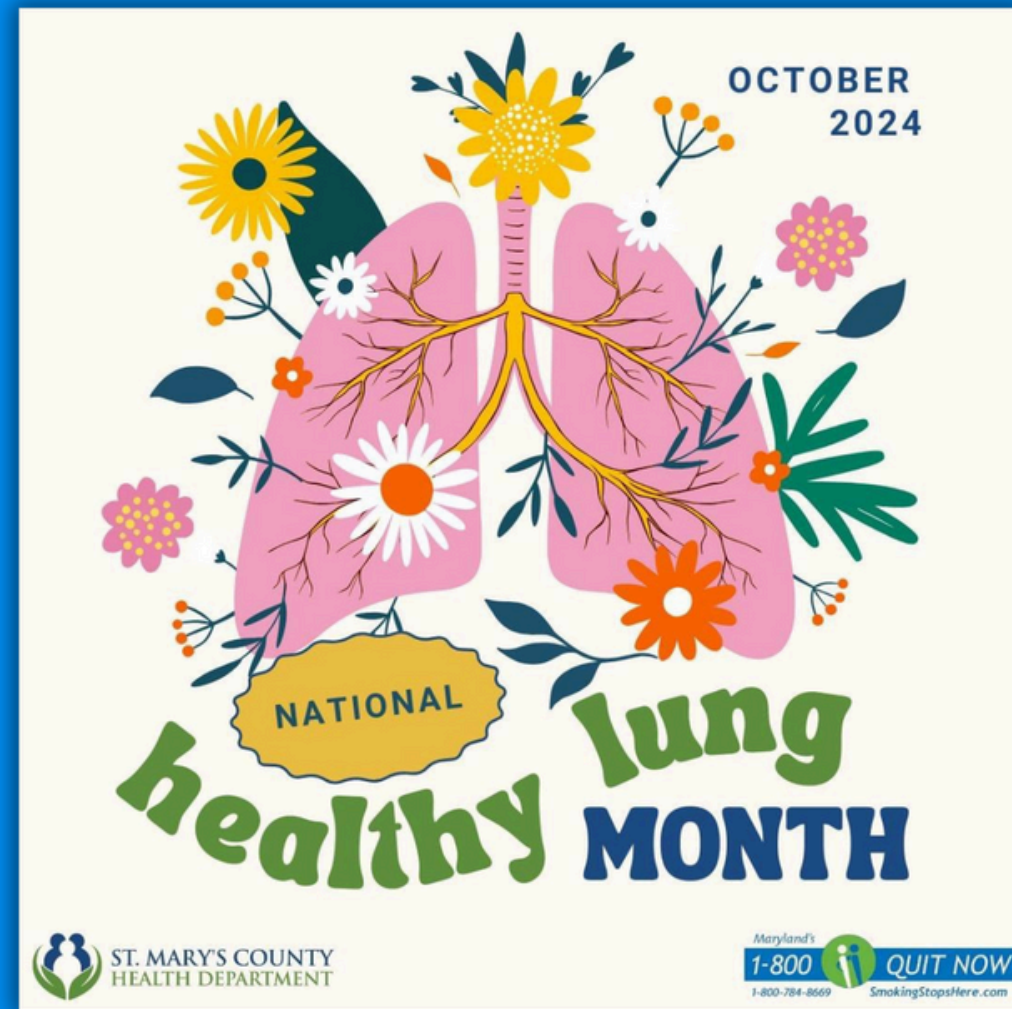
NOVEMBER WAS LUNG CANCER  
AWARENESS MONTH

# Lung Cancer Screenings



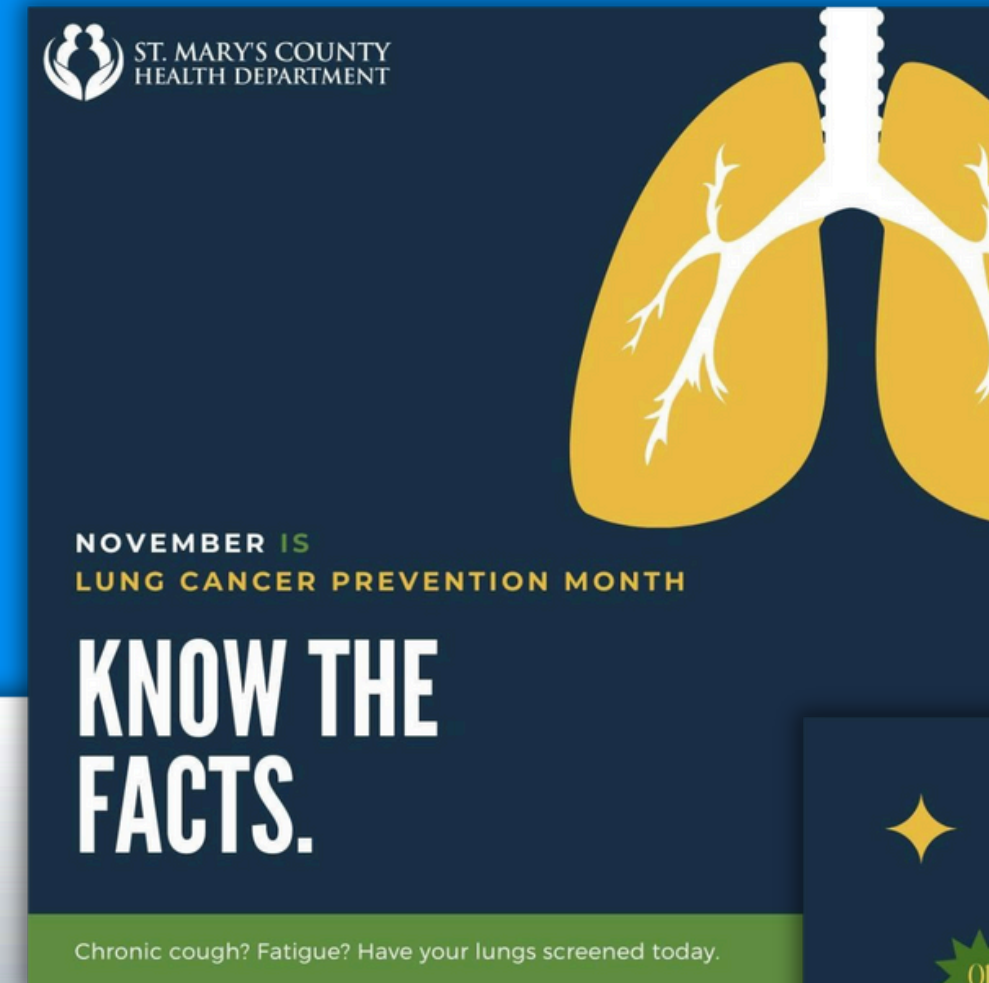
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# ICYMI!



October was Healthy Lung Month

November was Lung Cancer Prevention Month



### Lung Cancer By The Numbers

- 01 Racial/Ethnic Differences**  
Black men are more likely to develop lung cancer than White men. White women are more likely to get lung cancer than Black women.
- 02 Gender Differences**  
About 1 in 16 men and 1 in 17 women will be diagnosed with lung cancer in their lifetime.
- 03 Burden of Illness**  
Lung cancer is the number one cause of cancer death for both men and women in the United States. About 1 in 5 cancer deaths are because of lung cancer.

# Introduction

Lung cancer is a disease in which cells in the lungs grow out of control. The two main types of lung cancer are:

1. **Non-small cell lung cancer (NSCLC).** This is the most common type, making up almost 90% of lung cancer cases. NSCLC usually grows slower than other types. There are three main kinds of NSCLC: adenocarcinoma, squamous cell carcinoma, and large cell carcinoma.
2. **Small cell lung cancer (SCLC).** This type is less common but is more aggressive, meaning it grows and spreads faster than NSCLC.

The most common cause of lung cancer is smoking. However, people who don't smoke can still get lung cancer from things like radon gas, secondhand smoke, air pollution, or harmful materials like asbestos.

# Signs & Symptoms



Not everyone has the same symptoms. Most people don't even notice symptoms until the cancer is advanced. Some people have problems related to their lungs. Others might feel symptoms in other parts of their body if the cancer has spread. Some people may just feel unwell.

Some symptoms are:

- Cough that gets worse or does not go away
- Coughing up blood or rust-colored spit or phlegm
- Chest pain that is often worse with deep breathing, coughing, or laughing
- Shortness of breath, wheezing, or hoarseness
- Unexplained weight loss or loss of appetite
- Feeling tired or weak all the time
- Infections like bronchitis and pneumonia that keep coming back

# Risk Factors

- **Smoking.** Smoking cigarettes is the main cause of lung cancer.
- **Radon gas.** Radon is a naturally occurring gas that can build up in homes or buildings and increase the risk of lung cancer. It is the second leading cause of lung cancer in the U.S.
- **Secondhand smoke.** Breathing in smoke from other people's cigarettes can also cause lung cancer, even for a person who doesn't smoke.
- **Asbestos and other harmful chemicals.** Things like asbestos (found in some old buildings), arsenic, chromium, and nickel can raise the risk.
- **Air pollution.** Breathing polluted air over a long time can increase the risk of lung cancer.
- **Personal or family history.** A person with a history of lung cancer is at higher risk of developing another lung cancer. If a close family member (like a parent, sibling, or child) has had lung cancer, this may increase risk, even for a person who doesn't smoke.
- **Personal history of lung disease.** Having lung diseases like chronic obstructive pulmonary disease (COPD) or pulmonary fibrosis can make an individual more likely to get lung cancer.
- **Previous exposure to radiation therapy.** Cancer survivors who received radiation therapy to the chest may be at a higher risk of lung cancer.

# Why is Lung Cancer Screening Important?

Lung cancer screening can help find cancer early, often before you see or feel any signs or symptoms.

## EARLY DETECTION

Screening can help find lung cancer at an early stage when it is most treatable. This can improve the chances of survival.

## REDUCED MORTALITY

Regular screening has been shown to lower the risk of dying from lung cancer.

## MORE TREATMENT OPTIONS

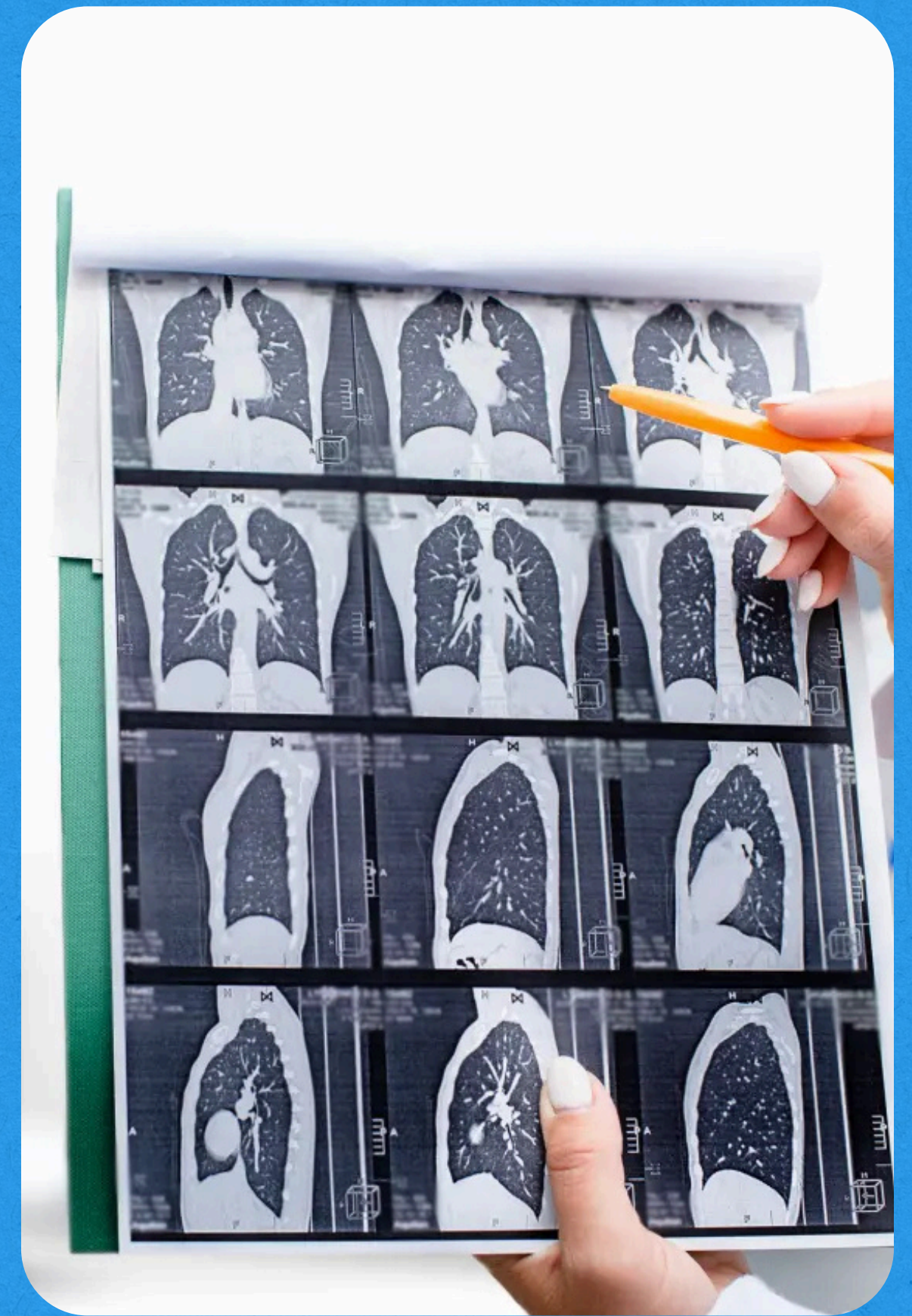
Finding cancer early often allows doctors to use more treatment options that might be less aggressive and more effective.

# Low-dose Computed Tomography

**Low-dose computed tomography (LDCT)** is the recommended lung cancer screening test.

This is a special kind of x-ray that takes a series of pictures as you lie on a table that slides in and out of a machine.

A computer then combines these images into a detailed picture of your lungs.



# USPSTF Screening Guidelines

U.S. Preventive Services Task Force (USPSTF)	American Cancer Society (ACS)	National Comprehensive Cancer Network (NCCN)
Annual screening for lung cancer with low-dose computed tomography (LDCT)		
Ages 50 to 80 years who		Ages 50 and over who
Have a 20 pack-year smoking history <u>AND</u> Currently smoke or have quit within the past 15 years	Have at least a 20 pack-year smoking history	
Individuals should engage in shared decision-making with a healthcare provider on whether to get screened. This should involve a discussion of how its done, its potential benefits, risks, and limitations. If the individual currently smokes, they should receive smoking cessation interventions.		
Individuals should not be screened if they have a serious health problem that may limit how long they will live, or if they won't be able to or won't want to get curative treatment if lung cancer is found.		

## Pack Year Calculation

Number of packs per day x years of smoking = pack-years  
(about 20 cigarettes/pack)

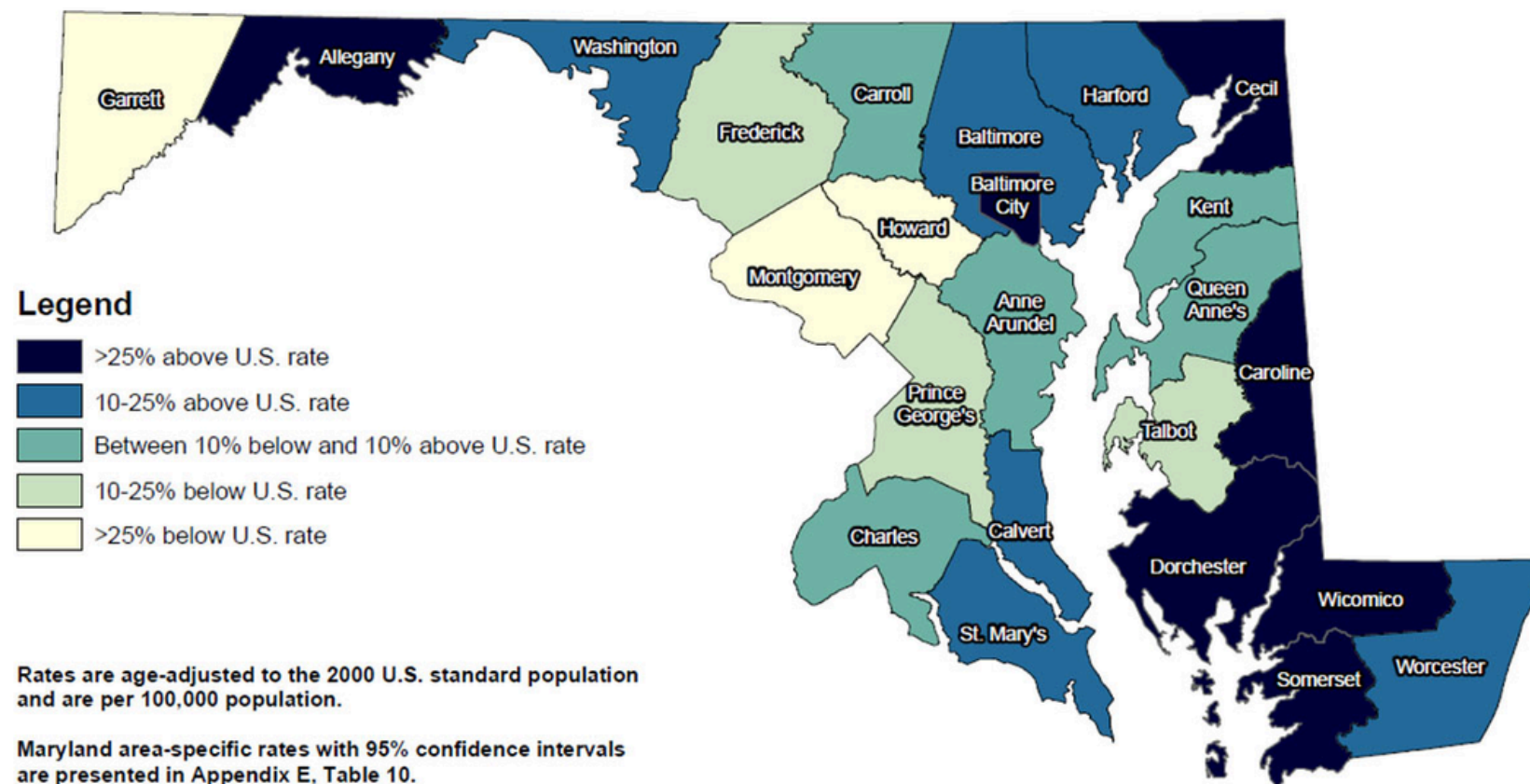
### Examples:

Smoking 1 pack per day x 1 year = 1 pack-year

Smoking 1 pack per day x 20 years = 20 pack-years

Smoking 2 packs per day x 10 years = 20 pack-years

## Maryland Lung Cancer Mortality Rates by Geographical Area: Comparison to U.S. Rate, 2016-2020



### Legend

- >25% above U.S. rate
- 10-25% above U.S. rate
- Between 10% below and 10% above U.S. rate
- 10-25% below U.S. rate
- >25% below U.S. rate

Rates are age-adjusted to the 2000 U.S. standard population and are per 100,000 population.

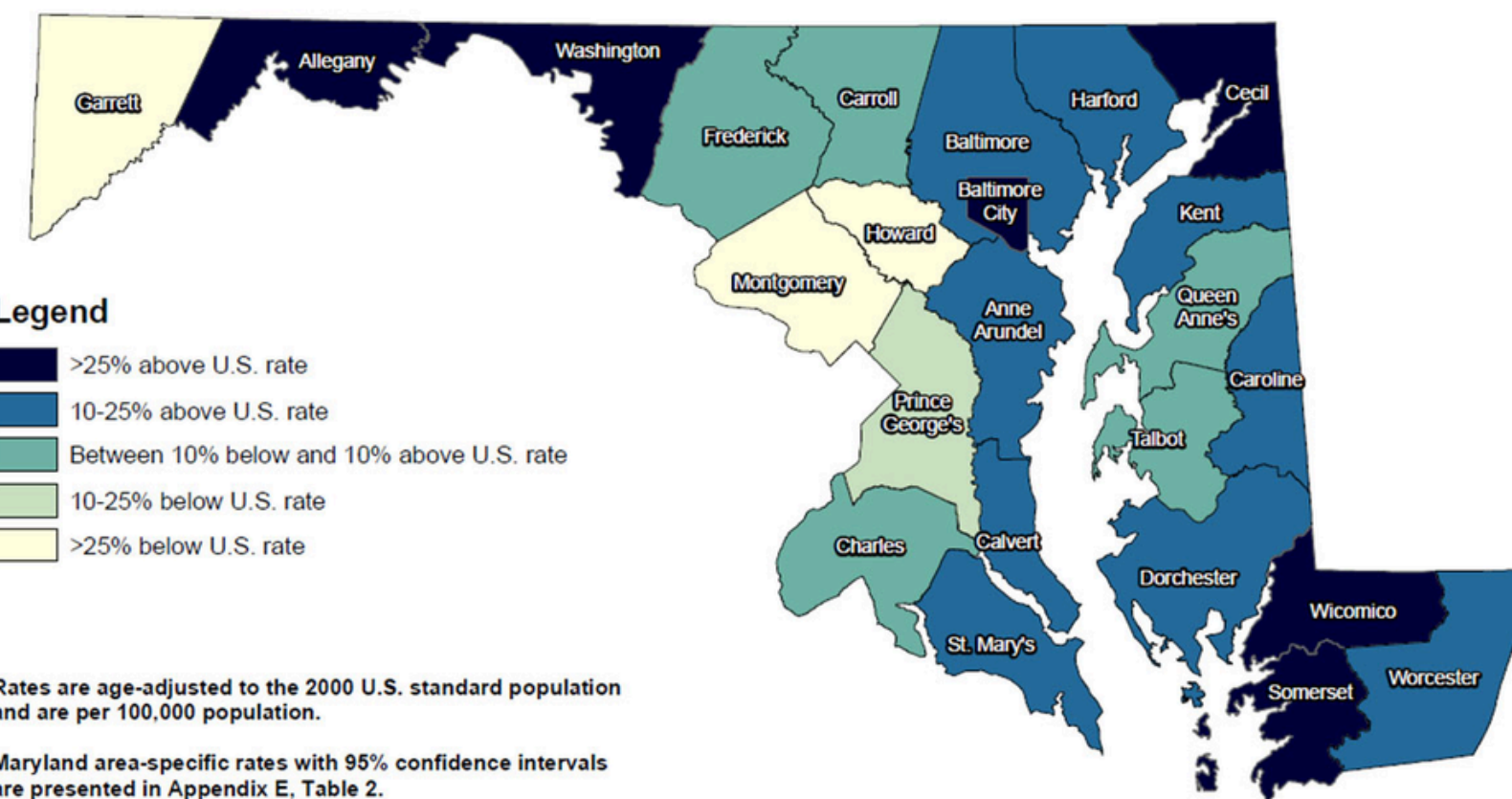
Maryland area-specific rates with 95% confidence intervals are presented in Appendix E, Table 10.

U.S. lung cancer mortality rate, 2016-2020: 35.0 / 100,000

Maryland lung cancer mortality rate, 2016-2020: 33.4 / 100,000

Sources: CDC WONDER  
U.S. SEER, Cancer Statistics Review

## Maryland Lung Cancer Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2016-2020



### Legend

- >25% above U.S. rate
- 10-25% above U.S. rate
- Between 10% below and 10% above U.S. rate
- 10-25% below U.S. rate
- >25% below U.S. rate

Rates are age-adjusted to the 2000 U.S. standard population and are per 100,000 population.

Maryland area-specific rates with 95% confidence intervals are presented in Appendix E, Table 2.

U.S. lung cancer incidence rate, 2016-2020: 50.0 / 100,000

Maryland lung cancer incidence rate, 2016-2020: 50.9 / 100,000

Sources: Maryland Cancer Registry  
U.S. SEER, SEER\* Stat Database

Lung cancer is the leading cause of cancer death for both men and women in Maryland, making up **20.7% of the 10,799 cancer deaths** in 2020 based on preliminary data.

Smoking rates among Maryland adults continue to decline. In 2022, **9.6% of adults ages 18 years and older** were current smokers.

In 2020, based on preliminary data, there were **3,450 new cases of lung and bronchus cancer** and **2,234 lung cancer deaths** among Maryland residents.

# How to Encourage Screenings

## **1. Be encouraging, non-judgmental, and empathetic.**

It can be scary for someone with a smoking history to think about being screened for lung cancer. Many smokers start young, before they knew the full health risks. Remind your loved ones that you will support them no matter what and that you are not judging their smoking history.

## **2. Focus on the potential benefits.**

Even though finding lung cancer is scary, it doesn't have to mean a death sentence. Educate your loved ones on how screening helps find lung cancer early when it's easier to treat. There are more lung cancer treatment options available today than ever before.

## **3. Break down barriers.**

The cost of the screening test can be a major concern. Remind your loved ones that screening is available without out-of-pocket costs for individuals who meet the high-risk criteria. Offer to help set up the appointment especially if your loved one has not seen a healthcare provider in a while. It will help ease the stress.

## **4. Remind them you care.**

Reassure your loved one that you are having this conversation because you want them to stick around for a long time!

## **5. Let the information sink in.**

Let them think over the information before they make a decision. Share resources that are available to answer questions they may have. Encourage them to talk to their healthcare provider. If they still don't want to get screened, revisit this conversation in a few months. Their perspective may change after some time to think.



### **American Cancer Society (ACS)**

<https://www.cancer.org/cancer/types/lung-cancer.html>

### **American College of Radiology**

<https://www.acr.org/Clinical-Resources/Lung-Cancer-Screening-Resources>

### **American Lung Association (ALA)**

<http://www.lung.org/our-initiatives/saved-bythe-scan/>

### **Community Preventative Services Task Force (CPSTF)**

<https://www.thecommunityguide.org/pages/task-force-findings-tobacco.html#18>

### **Centers for Disease Control and Prevention**

<https://www.cdc.gov/lung-cancer/>

### **The US Cancer Statistics (USCS) also provides data visualization tools**

<https://gis.cdc.gov/Cancer/USCS/#/StateCountyTerritory/>

### **Maryland Tobacco Quitline**

The Quitline provides a variety of free and confidential services and information for Marylanders. There are specific services for teens and young adults, adults, parents and expectant parents, individuals with behavioral health conditions, and healthcare providers on tobacco cessation, including on vaping. There is phone, text, and web support.  
<http://smokingstopshere.com/>

### **Virtual Nicotine Cessation Class**

Begins Tuesday January 7th

5:30-6:30pm

7 weeks

100% FREE!

### **MedStar Hospital System**

LDCT Lung Cancer Screenings

Low-cost or free

Info:

<https://www.medstarhealth.org/services/lung-cancer-screening>



# Contact



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[smchd.org/tobacco](https://smchd.org/tobacco)



St. Mary's County Health Department

