***Moving Cancer Moonshot Forward:***

***Changing the Trajectory of Lung Cancer and Other Tobacco-Related Conditions in*** *[Name of State]*

Some of the nation’s leading and costly chronic diseases include: heart disease, cancer, diabetes, and other conditions exacerbated by tobacco use such as: chronic obstructive pulmonary disease (COPD).1 [may include data such as: state specific cancer incidence, prevalence, hospitalization and/or mortality rates here]. According to the American Cancer Society’s most recent statistics, approximately 5,250 Americans are diagnosed with cancer (new cases) and approximately 1,670 Americans lose their lives to cancer each day.2

In our state, lung cancer impacts counties, parishes, cities, rural towns, and communities. [insert state specific **lung cancer** incidence, prevalence, hospitalization and/or mortality rates here or lung cancer data stratified by gender] However, every day is an opportunity to fundamentally change the trajectory of cancer, and we are excited that the [Cancer Moonshot](https://www.whitehouse.gov/cancermoonshot/) relaunch can help us do just that. The Cancer Moonshot is a multi-sector, national initiative with new national goals aimed at “reducing the cancer mortality rate by at least 50 percent over the next 25 years and improving the experience of cancer survivors and their families, in hopes of ending cancer as we know it today.”3

Key findings from the 2022 American Association for Cancer Research (AACR) report revealed that nearly 10 million Americans missed their cancer screenings during the COVID-19 pandemic with projected increases in patients diagnosed with advanced or late-stage metastatic or inoperable cancers and cancer treatment delays.4 [The 2022 President’s Cancer Panel report](https://prescancerpanel.cancer.gov/report/cancerscreening/) notes the effects of these delays: “Gaps in cancer screening mean too many people in the United States are unnecessarily enduring aggressive treatment or dying from cancers that could have been prevented or detected earlier during easily treated stages.” 5

Further, the COVID-19 pandemic has “shone a spotlight on health disparities, created an opportunity to address the causes underlying these inequities, and presents a window of opportunity for achieving greater equity in the healthcare of all vulnerable populations.” 6 The National Cancer Institute (NCI) defines cancer disparities as significant or persistent differences in not only screening rates, stage of diagnosis, and survivorship, but also includes differences in the financial burden of cancer, new and existing cancer cases as well as cancer-related complications, including hospitalizations.7 The causes of cancer disparities are complex and multi-factorial, however socioeconomic status characteristics, including lower levels of educational attainment, income, inadequate health insurance coverage, and the presence of co-morbid medical conditions (including chronic diseases), appear to exacerbate underlying shared risks for some cancers and COVID-19 disparities.

And every day is an opportunity to change the trajectory of lung cancer by improving health outcomes associated with cancer health equity, especially among low-income and other vulnerable populations. Vulnerable populations with low socioeconomic status (SES) characteristics include: populations with lower levels of income, education, health literacy, uninsured, unemployed, as well as populations with no source of regular of routine medical care, populations residing in medically underserved areas (MUAs)-rural and metropolitan and other socioeconomically disadvantaged communities, communities with limited broadband access. As noted in the American Medical Association Article *Addressing Social Determinants of Health: Beyond the Clinic Walls*, the lack of broadband internet access is a social determinant of health (SDoH). The absence of broadband internet access and digital literacy have the potential to worsen existing health disparities among populations already disproportionately affected (including low-income populations) because it results in minimal access to credible scientific information and health-promoting resources or services.8

The priority areas outlined in the Cancer Moonshot national initiative provide a roadmap to envisioning a state with better cancer health throughout neighboring counties and communities. Within our state, every day is an opportunity to fundamentally change the trajectory of cancer by “closing gaps” in lung cancer prevention, screening, early detection, treatment, and survivorship by [insert examples of plans, goals/objectives, current activities, partnerships to support Cancer Moonshot initiative and/or you may choose from any examples listed below]

* Plan to expand reach by collaborating with subject matter experts (SMEs) from a variety of organizations and sectors to identify lung cancer prevention, screening, treatment, and survivorship barriers (multi-level) or gaps experienced by vulnerable populations disproportionately impacted by cancer disparities.
* Plan to expand partnerships or collaborations with organizations or sectors in medically underserved areas (MUAs) or other low-income communities (rural and metropolitan) to expand awareness about the availability of comprehensive tobacco cessation coverage and evidence-based tobacco cessation services (state quitline) as part of the CDC’s Tips from Former Smokers Campaign resources at: <https://www.cdc.gov/tobacco/campaign/tips/index.html>

**And as our state aims to change the fundamental trajectory of lung cancer, we hope that all sectors in every county become equally excited. [link audience by inserting state program website address here].**

***References:***

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4 American Association for Cancer Research. AACR Report on the Impact of COVID-19 on Cancer Research and Patient Care. <https://www.AACR.org/COVIDReport> Published February 9, 2022. Accessed April 1, 2022.

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8 Bennett NM, Brown MT, Green T, Hall LL, Winkler AM. [Addressing social determinants of health (SDOH): beyond the clinic walls.](https://edhub.ama-assn.org/steps-forward/module/2702762) 2018.