**<Insert State>’s Commitment to Improving Lung Cancer**

November is Lung Cancer Awareness Month, a time to raise awareness of lung cancer, how to prevent it and detect it early, and the effects of lung cancer on our communities.

There is some good news: Lung cancer incidence and mortality rates are declining across the country. However, lung and bronchus cancers (grouped together as lung cancer) are still the most common causes of cancer deaths for both men and women in the United States.1

Lung cancer rates vary greatly by state, county, zip code, census tract, ultimately in communities. In <insert state>, an estimated <xx> people will be diagnosed with lung cancer and <xx> people will die from lung cancer in 2022.And most current reports indicate that approximately {xx} adults are diagnosed with lung cancer. {include state specific data}

According to the most recent report: *Annual Report to the Nation on the Status of Cancer*,

lung cancer is the leading cause of cancer death in every racial/ethnic group among male adults, with colorectal and prostate cancer rating second or third, except in Asian Pacific Islander males, among whom liver cancer ranked second.2

In <insert state>, an estimated <xx> male adults are diagnosed with lung cancer compared to {xx} female adults.

In <insert state>, the most current lung cancer mortality rate among male and female adults is as follows: {insert state specific data}

To improve lung cancer prevention among populations in <insert state>, especially adults with lower levels of income, education or uninsured, we are:

[Please insert 1-2 examples of state, county, or local programmatic strategies, partnerships, collaborations, policy-related initiatives, health system interventions, community engagement activities, activities to address social determinants of health, social media campaigns or other activities to support Lung Cancer Awareness Month.]

The National Cancer Institute estimates that 236,740—over a quarter of a million— people will be diagnosed with lung cancer in the United States in 2022. Routine screening, early detection and treatment are essential to reducing the advanced state or late-stage lung cancer and improving cancer survivorship. And according to the National Cancer Institute (NCI) most recent data, most lung and bronchus cancers are diagnosed during the later stages.3

* **Localized (19%)**
Confined to Primary Site
* **Regional (22%)**
Spread to Regional Lymph Nodes
* **Distant (55%)**
Cancer Has Metastasized or Spread

Lung cancer is one of the most difficult-to-treat cancers, as a result; the 5-year survival rate is much lower when detected during the late or advanced stages.3  These are additional reasons why it is so important to prevent lung cancer or to detect it early, when treatments can work better.

On the horizon are collective efforts to reduce late-stage or advanced stage lung cancer, such as the upcoming “National Lung Cancer Screening” Day on November 12, 2022 and sponsored by the National Lung Cancer Roundtable (involving Radiological Society of North America, American College of Radiology, Radiology Health Equity Coalition, Radiological Society of North America).

To improve lung cancer screening among populations in {insert state}, including low-income populations, and communities, we are:

[Please insert 1-2 examples of state, county, or local programmatic strategies, partnerships, collaborations, policy-related initiatives, health system interventions, community engagement activities, activities to address social determinants of health, or social media campaigns to support Lung Cancer Awareness Month.]

**Lung Cancer and Low Socioeconomic Status Risk Factors**

Lung cancer, like other cancers, disproportionately affects populations with low-socioeconomic status (SES) characteristics, such as low-income, low levels of education, uninsured and underinsured (inadequate comprehensive health insurance coverage).4 Advanced state or late-stage cancers are associated with high mortality rates. Lung cancer mortality rates are higher among populations with low socioeconomic status (SES) characteristics.5

Here is more good news: Most lung cancer deaths are preventable. Several factors contribute to the onset of lung cancer including tobacco use, radon exposure, secondhand smoke exposure and environmental exposures at home, work or in other environments.

An estimated 80% of lung cancer deaths are caused by smoking.6 In the United States, 14% of people smoke. However, the proportion of people with low-socioeconomic status (SES) characteristics who use commercial tobacco products is even higher. In <insert state specific data>, <%> of all adults use commercial tobacco products, while <%> of adults with lower levels of education smoke or use commercial tobacco products. Most people who smoke or use commercial tobacco products want to quit.

Quitting reduces a person’s risk of acquiring a tobacco-related cancer. Tobacco cessation is also beneficial for cancer survivors, especially when considering reducing risks associated with cancer recurrence. Improving access to tobacco cessation resources, especially for people with low-SES characteristics, can greatly reduce lung cancer disparities. Lung cancer screening is recommended for some people who smoke or have recently quit smoking.7 Increasing cancer screening resources among low-income populations and other populations with low socioeconomic status characteristics can improve lung cancer outcomes by detecting and treating lung cancer early nationwide.

Exposure to radon or secondhand tobacco smoke, two environmental hazards that disproportionately affect populations with lower levels of income, can also increase lung cancer risk Policies focused on reducing environmental exposures will help protect communities comprised of populations with low socioeconomic status (SES) from lung cancer.8

To improve lung cancer survivorship among populations in {insert state}, including low-income populations, we are: [Please insert 1-2 examples of state, county, or local programmatic strategies, partnerships, collaborations, policy-related initiatives, health system interventions, community engagement activities, activities to address social determinants of health, or social media campaigns to support Lung Cancer Awareness Month.]

In <insert state>, we are committed to improving lung cancer prevention, screening, and treatment, as well as cancer survivorship; especially among low-income populations where they live, work, play, learn and receive healthcare services.

**Resources (National):**

1. National Lung Cancer Roundtable’s [National Lung Cancer Screening Day](https://nlcrt.org/lung-cancer-screening-day/)
2. SelfMade Health Network’s [Healthier Nation Fact Sheet Series](http://selfmadehealth.org/educate/determinants-of-health-fact-sheets/)
3. National Cancer Institute’s [Cancer Support Services Directory](https://supportorgs.cancer.gov/home.aspx)
4. National Football League and American Cancer Society’s [Crucial Catch Initiative](https://www.nfl.com/causes/crucial-catch/)
5. Centers for Disease Control and Prevention Tips for Former Smokers Resources (1-800-QUIT-NOW) [Quitlines](https://www.cdc.gov/tobacco/patient-care/quitlines-other/index.html)
6. SmokeFree.gov’s free [Quit Smoking Resources](https://smokefree.gov/)

**Resources (State/Local):**

* [May list free resources: state specific, multi-county or county specific, resources funded by the private sector, non-profit organizations, foundations, community-based organizations, etc. State Quitlines and state tobacco cessation resources can also go here]

**References:**

1. American Cancer Society. Cancer Facts & Figures 2022. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>
2. Cronin KA, Scott S, Firth AU, et al. Annual Report to the Nation on the Status of Cancer, Part 1: National Cancer Statistics. Cancer. October 27, 2022. DOI: 10.1002/cncr.34479.
3. National Cancer Institute. Cancer Stat Facts: Lung and Bronchus Cancer. Accessed October 21, 2022. <https://seer.cancer.gov/statfacts/html/lungb.html>
4. Singh GK, Jehmal A. 2017. Socioeconomic and Racial/Ethnic Disparities in Cancer Mortality, Incidence, and Survival in the United States, 1950–2014: Over Six Decades of Changing Patterns and Widening Inequalities. Journal of Environmental and Public Health.
5. CDC. “People with Low Socioeconomic Status and Commercial Tobacco: Health Disparities and Ways to Advance Health Equity.” Updated June 27, 2022. Accessed October 21, 2022. <https://www.cdc.gov/tobacco/health-equity/low-ses/index.htm>
6. CDC What Are Risk Factors For Lung Cancer https://www.cdc.gov/cancer/lung/basic\_info/risk\_factors.htm#:~:text=Cigarette%20smoking%20is%20the%20number,the%20risk%20for%20lung%20cancer.
7. U.S. Preventive Services Task Force. “Lung Cancer: Screening.” Published March 9, 2021. Accessed October 25, 2022. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>
8. American Lung Association. “Disparities in the Impact of Air Pollution.” Updated April 20, 2020. Accessed October 31, 2022. <https://www.lung.org/clean-air/outdoors/who-is-at-risk/disparities>