Impact of Lung Cancer on Michigan Populations

5,940
An estimated 5,940 men and women in Michigan will die of lung cancer in 2013.

16th
Michigan has the 16th highest lung cancer death rate in the United States.

90%
Approximately 90% of lung cancer is caused by smoking cigarettes.

- Lung cancer is the leading cause of cancer death among men and women in Michigan.
- In the United States, Michigan has the 16th highest lung cancer death rate. This year, an estimated 8,250 men and women will be newly diagnosed with lung cancer and 5,940 men and women will die from the disease.
- American Indian and African American populations in Michigan die from lung cancer at a greater rate than any other race or ethnic group.
- Until recently, there hasn’t been a widely accepted test to detect lung cancer early. The majority of lung cancer cases have been diagnosed at a later stage when the cancer is more difficult to treat which decrease chances for survival from the disease.

- Smoking is the leading risk factor for lung cancer. American Indian and African American populations have the highest smoking rates in Michigan.
- Other populations vulnerable to higher smoking rates include those with lower education and income levels, with disabilities, who are lesbian, gay, bisexual, or transgender individuals, and who have a mental illness.
- Men and women between the ages of 25 and 34 have the highest smoking rates in Michigan.
- Smoking among youth grades 9th through 12th has decreased in the past 10 years and is currently at 14.0%.

The goal of the Michigan Cancer Consortium (MCC) is to promote tobacco addiction treatment (cessation) among adults and youth as well as to reduce disparities in cancer outcomes among Michigan populations and promote equity in cancer prevention, early detection, treatment, and survivorship. MCC organizations work together and strive to achieve these goals by implementing research-based and results-oriented strategic activities and by establishing policies that support improved health outcomes.

Encourage smokers to call 1-800-QUIT-NOW for free help to quit smoking or to go to https://michigan.quitlogix.org to enroll in a free step-by-step quit program.
19.4% of lung cancer cases are diagnosed at the localized stage

54.9% of persons diagnosed with lung cancer at the localized stage will survive five years after diagnosis

50.8% of lung cancer cases are diagnosed at the distant stage

4.2% of persons diagnosed with lung cancer at the distant stage will survive five years after diagnosis

A widely accepted test to detect lung cancer early has not been available in the past. However recently, in considering new available evidence, the American Cancer Society and the Michigan Cancer Consortium resolved to support the use of annual screening low-dose spiral computed axial tomography (CT scans) for people who meet all the following criteria:

- Are either still smoking or have quit smoking within the last 15 years
- Have at least a 30 pack-year smoking history
- 55 to 74 years old
- In good health

Lung cancer screening should only be undertaken as part of a multidisciplinary care approach that offers individuals:

- Pre-screening counseling regarding the potential benefits and risks of screening, including explanation of the high false-positive rate
- Post-screening interpretation of CT findings
- Comprehensive management and/or follow-up of relevant CT findings.

Cigarette smoking is the leading risk factor for lung cancer. The risk for lung cancer among smokers is many times higher than among non-smokers. The longer you smoke and the more packs you smoke, the greater your risk.

Native American and African American populations have the **highest smoking rates** in Michigan.

### Current Smoking Rates by Race/Ethnicity, 2011

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American</td>
<td>33.4</td>
</tr>
<tr>
<td>African American</td>
<td>27.1</td>
</tr>
<tr>
<td>Other Race</td>
<td>24.5</td>
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<tr>
<td>White</td>
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<tr>
<td>Hispanic</td>
<td>20.0</td>
</tr>
<tr>
<td>Arab</td>
<td>19.2</td>
</tr>
<tr>
<td>Asian</td>
<td>6.1</td>
</tr>
<tr>
<td>Michigan Total</td>
<td>23.3</td>
</tr>
</tbody>
</table>

Source: Michigan Behavioral Risk Factor Survey

**Vulnerable populations with smoking rates that are greater than the average rate in Michigan (23.3%) are:**

- Persons with lower socioeconomic status (46.8%)
- Adults with disabilities (33.5%)
- Lesbian, gay, bisexual, or transgender individuals (35.8%)
- Persons with a mental illness (41.5%)

Sources: Michigan Behavioral Risk Factor Survey; Centers for Disease Control and Prevention

Lung Cancer Risk Factors in Never Smokers

- Older age
- Secondhand smoke
- Radon gas
- Work-related exposure to asbestos or inhaled agents
- Previous lung diseases
- Exposure to radiation


Smoking among **youth grades 9th through 12th** has decreased in the past 10 years. In 2011, 14.0% of youth reported smoking cigarettes on one or more of the past 30 days.

Source: Michigan Youth Risk Behavior Survey

### Men and women age 25 to 34 years have the highest smoking rates in Michigan

<table>
<thead>
<tr>
<th>Years</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
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<tbody>
<tr>
<td>18-24</td>
<td>24.9</td>
<td>33.4</td>
<td>26.5</td>
<td>28.8</td>
<td>21.8</td>
<td>10.9</td>
</tr>
<tr>
<td>25-34</td>
<td>25.7</td>
<td>33.4</td>
<td>26.5</td>
<td>28.8</td>
<td>21.8</td>
<td>10.9</td>
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<tr>
<td>35-44</td>
<td>25.7</td>
<td>33.4</td>
<td>26.5</td>
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<td>10.9</td>
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<tr>
<td>45-54</td>
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<td>33.4</td>
<td>26.5</td>
<td>28.8</td>
<td>21.8</td>
<td>10.9</td>
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<tr>
<td>55-64</td>
<td>25.7</td>
<td>33.4</td>
<td>26.5</td>
<td>28.8</td>
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<td>10.9</td>
</tr>
<tr>
<td>65-74</td>
<td>25.7</td>
<td>33.4</td>
<td>26.5</td>
<td>28.8</td>
<td>21.8</td>
<td>10.9</td>
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<td>75+</td>
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<td>28.8</td>
<td>21.8</td>
<td>3.5</td>
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</tbody>
</table>

Source: Michigan Behavioral Risk Factor Survey
The MCC Commitment

The goal of the MCC is to promote tobacco addiction treatment (cessation) among adults and youth as well as to reduce disparities in cancer outcomes among Michigan populations and promote equity in cancer prevention, early detection, treatment, and survivorship. In 2012, MCC organizations conducted strategic activities to help achieve these goals by:

- Implementing tobacco cessation activities tailored for minority populations and/or populations disparately affected by tobacco;
- Encouraging health professionals to screen youth about tobacco use during health care visits with referral to treatment when appropriate;
- Implementing a referral system to help patients/clients access tobacco resources and services;
- Establishing policies to provide patients/clients with advice and counseling on the harms of tobacco use and exposure during routine office visits;
- Establishing policies to assess patients/clients tobacco use as part of a written checklist or health risk assessment during routine office visits; and
- Establishing policies to assess patients/clients exposure to tobacco smoke as part of a written checklist or health risk assessment during routine office visits.

What Can You Do?

**Federal; State governments; and Michigan organizations who work to reduce tobacco use can:**

- Make stop-smoking treatments more available to people who want to quit.
- Support sustained, evidence-based tobacco control programs.
- Promote health care provider education in tobacco use assessment and treatment.
- Develop and promote prevention messages that are consistent with chronic disease partner messages.

**Health care providers can:**

- Ask their patients if they use tobacco; if they do, offer aids to help them quit.
- Offer proven quitting treatments, including tailored quit assistance, to patients who use tobacco.
- Refer patients interested in quitting to the Michigan Tobacco Quit Line at 1-800-QUIT-NOW, or at https://michigan.quitlogix.org.
- Provide more counseling, support, and stop-smoking medicines.
- Make quitting tobacco part of an overall approach to treatment and wellness.
- Discuss with eligible patients the benefits, limitations, and potential harms of lung cancer screening.