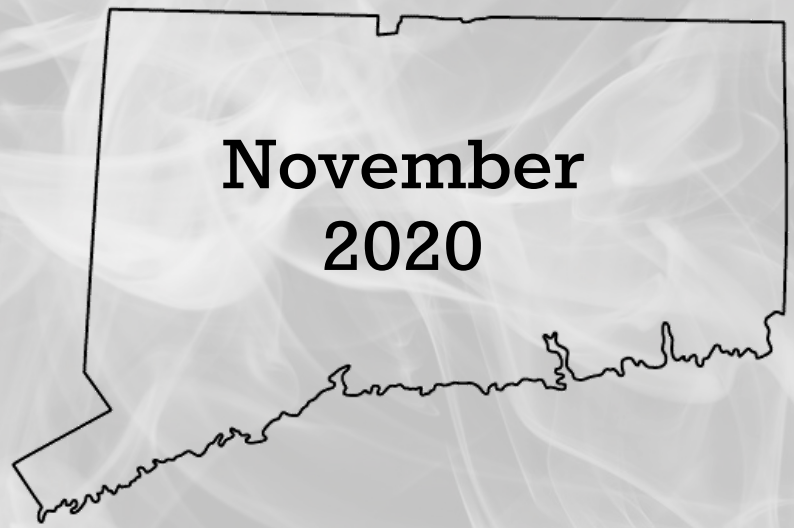
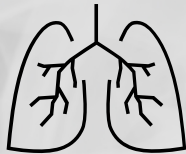


Lung Cancer in Connecticut



Incidence

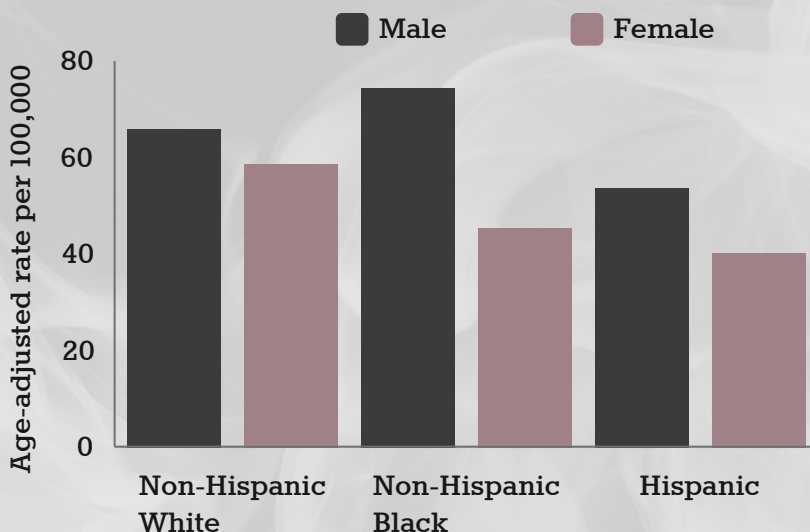
2,669



In 2017, 2,669 new lung cancers were diagnosed in Connecticut. Lung cancer is the 2nd most commonly diagnosed cancer.

Since 2006, the incidence of lung cancer has significantly decreased by 1.6%, largely due to tobacco control policies and education. The incidence among males has decreased by 1.7% annually since 1990. The incidence among females has decreased only recently, and only decreased by 1.1% annually since 2006.

New Cases of Lung & Bronchus Cancer per 100,000, by Sex and Race/Ethnicity, 2013-2017



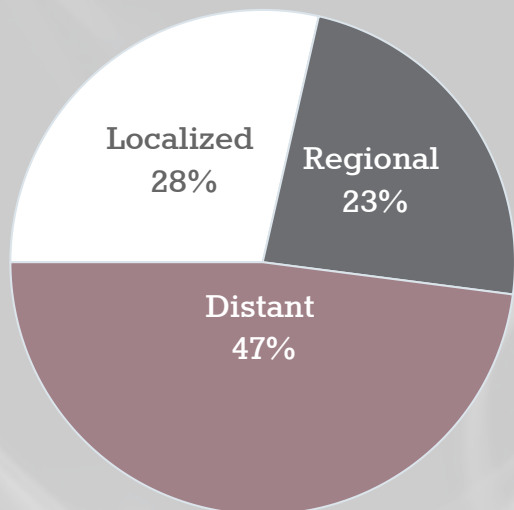
Non-Hispanic black men have the highest five-year incidence rate* of lung & bronchus cancer, with 74.6 new cases per 100,000, 2013-2017.

Hispanic women have the lowest five-year incidence rate* with 40.3 new cases per 100,000.

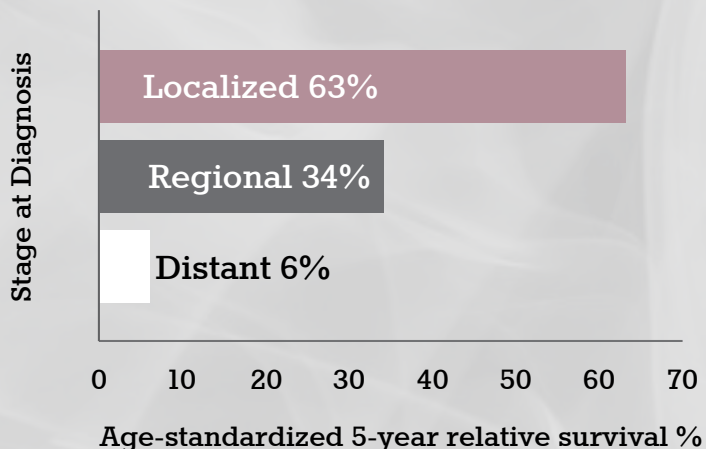
* Rates are age-adjusted to account for differences in age distribution in the underlying populations.

Stage at Diagnosis

The majority of new lung cancers were diagnosed at distant stage (47%), where the cancer has spread to a distant site.



Patients diagnosed with lung cancer at distant stage have lower five-year relative survival rates of only 6% as compared to 63% when diagnosed early.



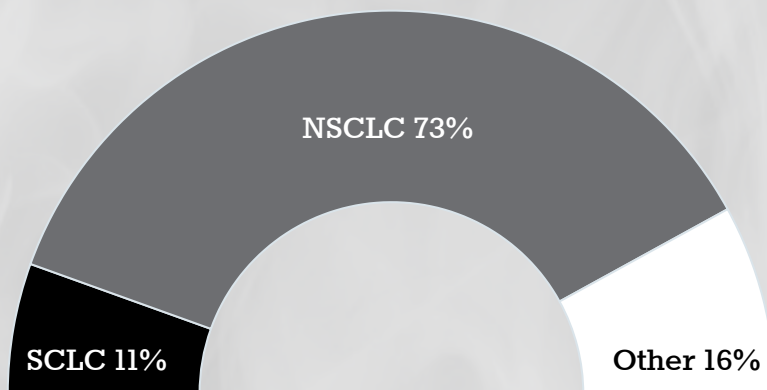
Subtypes



Lung cancer is typically grouped into 2 main histologic types; small cell (SCLC) and non-small cell (NSCLC), accounting for 84% of all cases.

SCLC grows rapidly and is the most aggressive type of lung cancer. The majority of SCLCs are not discovered until they have metastasized to distant anatomic sites.

11% of newly diagnosed lung cancer cases in Connecticut are SCLC.

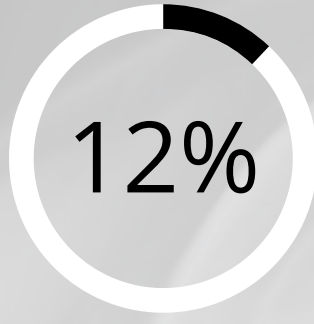
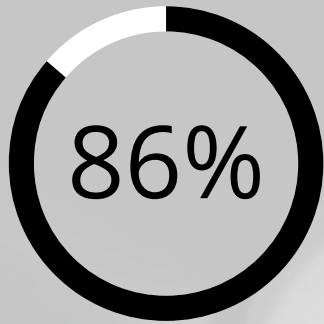


73% of newly diagnosed lung cancer cases in Connecticut are NSCLC.

Prevention and Screening

86% of lung cancers can be attributed to smoking*.

12% of Connecticut residents are current smokers^.



The U.S. Preventive Services Task Force (USPSTF) recommends low-dose computed tomography (LDCT) to screen adults at high risk for lung cancer.

Among non-smokers, the leading cause of lung cancer is exposure to radon, a naturally occurring radioactive gas.



If high radon levels are detected in your home or at work, several steps can be taken to reduce exposure. Please visit the DPH Radon Program website for more information:

www.ct.gov/dph/radon



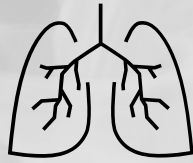
High risk adults are those aged 55 to 80 years with a 30 pack-year smoking history who currently smoke or have quit within the past 15 years.

* Based on methodology in: Islami F, Goding Sauer A, Miller KD, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. *CA Cancer J Clin.* 2018 Jan;68(1):31-54.

^ Data from: Connecticut Behavioral Risk Factor Survey, Prevalence Estimates for Risk Factors and Health Indicators Selected Summary Tables, 2018

Mortality

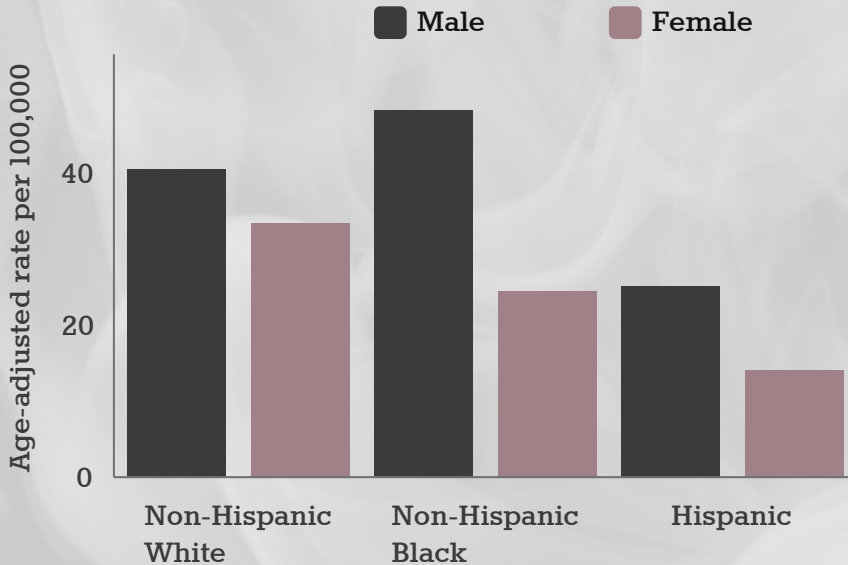
1,508



In 2017, 1,508 Connecticut residents died from lung cancer, making it the leading cause of cancer death.

Since 2005, lung cancer mortality has significantly decreased by 3.2%. The mortality among males has decreased by 3.8% annually since 2004. The decrease among females began later in 2006, and only decreased by 2.8% annually.

Lung & Bronchus Cancer Deaths per 100,000, by Sex and Race/Ethnicity, 2013-2017



Non-Hispanic black men have the highest five-year mortality rate* of lung & bronchus cancer, with 48 deaths per 100,000, 2013-2017.

Hispanic women have the lowest five-year mortality rate* with 14 deaths per 100,000.

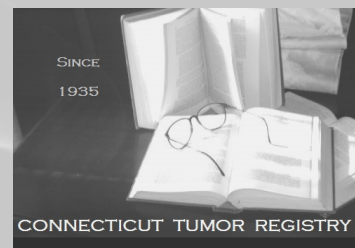
* Rates are age-adjusted to account for differences in age distribution in the underlying populations.

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