Since 2006, lung cancer mortality has significantly decreased by 3.2%. The decrease among females began later in 2006, and mortality among males has decreased by 3.8% annually since 2004. The decrease significantly decreased by 3.2%. The decrease has been attributed to reductions in tobacco use due to tobacco control policies and education. The U.S. Preventive Services Task Force (USPSTF) recommends low-dose computed tomography (LDCT) to screen adults at high risk for lung cancer.

Subtypes

Lung cancer in Connecticut is grouped into 2 main histologic types; small cell (SCLC) and non-small cell (NSCLC). SCLC grows rapidly and is the least common type of lung cancer. The majority (63%) of newly diagnosed lung cancers are NSCLC. NSCLC is further divided into 5 subtypes: adenocarcinoma (30%), squamous cell carcinoma (20%), large cell carcinoma (12%), small cell (11%), and other (3%).

Stage of Diagnosis

86% of lung cancer stage at diagnosis are localized, and only 12% are at regional stage, and only 2% are at distant stage.

Using recently diagnosed lung cancer cases in Connecticut as an example, the majority of newly diagnosed lung cancer cases in Connecticut are adenocarcinoma, which account for 30% of newly diagnosed lung cancer cases. SCLC accounts for 11% of newly diagnosed lung cancer cases. In 2017, 2,669 new lung cancer cases were diagnosed in Connecticut. Lung cancer is the 2nd most commonly diagnosed cancer.

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

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