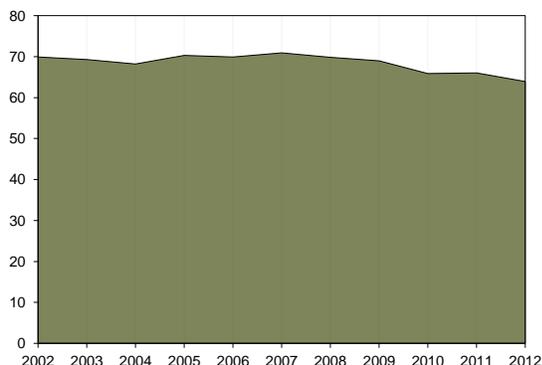


# Lung Cancer

## in Pennsylvania

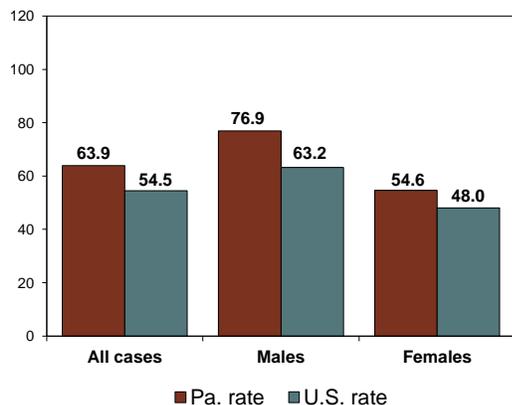
### INCIDENCE:

Age-Adjusted Incidence Rates, Invasive Lung Cancer  
Pennsylvania Residents, 2002-2012



In 2012, lung and bronchus cancer was the most common cancer diagnosed among Pennsylvania residents, accounting for about 14 percent of all invasive cancers diagnosed in the state. During that year, there were 10,419 cases of invasive lung and bronchus cancer diagnosed for an age-adjusted incidence rate of 63.9 per 100,000. By comparison, there were 10,280 invasive cases reported in 2002 for a rate of 70.0. The 2012 rate was approximately nine percent lower than the 2002 rate.

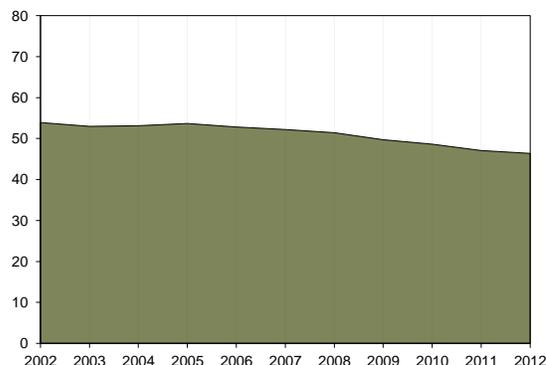
Age-Adjusted Incidence Rates, Invasive Lung Cancer  
United States and Pennsylvania Residents by Sex, 2012



Pennsylvania's age-adjusted incidence rates for invasive lung and bronchus cancer were higher than the United States rates in 2012 for all cases, males and females. Pennsylvania's male rate was 21.7 percent higher than the United States rate, while the state's female rate was only 13.8 percent higher. Male incidence rates for lung and bronchus cancer were dramatically higher than female rates in both Pennsylvania and the United States.

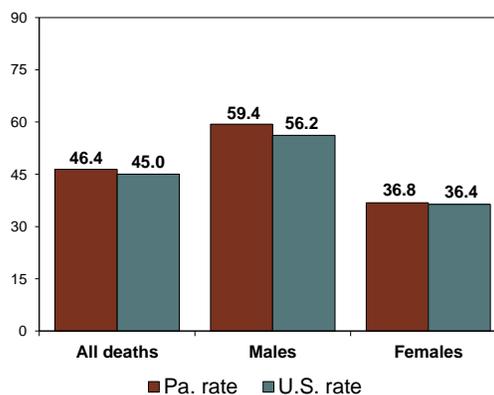
### MORTALITY:

Age-Adjusted Mortality Rates, Lung Cancer  
Pennsylvania Residents, 2002-2012



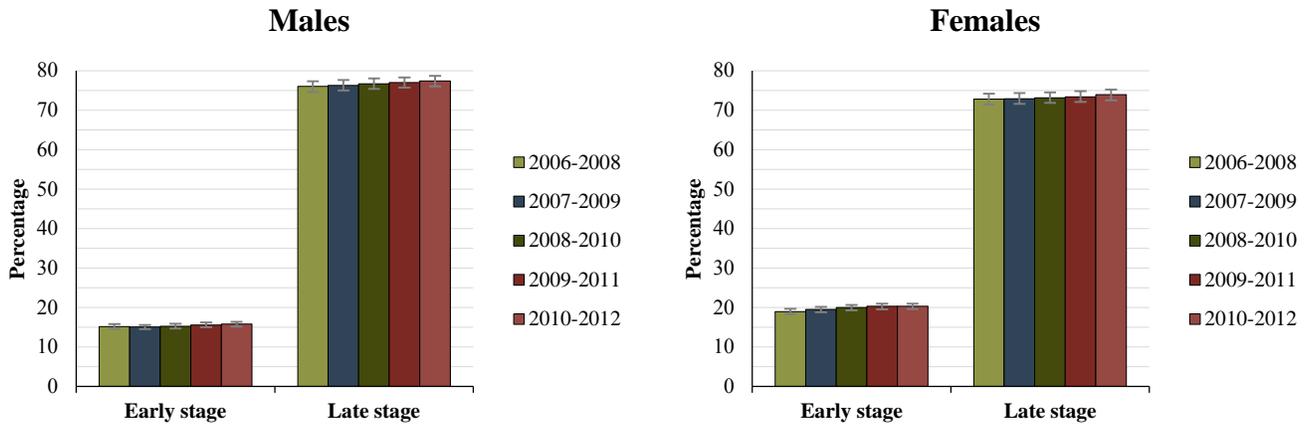
In 2012, lung and bronchus cancer was the most common type of cancer death among Pennsylvania residents, accounting for about 27 percent of all cancer deaths. During that year, lung and bronchus cancer resulted in 7,639 deaths for an age-adjusted rate of 46.4 per 100,000. By comparison, there were 7,987 deaths reported in 2002 for a rate of 53.9. The 2012 rate was 14 percent lower than the rate for 2002. The decrease for age-adjusted mortality rates of lung and bronchus cancer was largely due to decreasing rates among males.

Age-Adjusted Mortality Rates, Lung Cancer  
United States and Pennsylvania Residents by Sex, 2012



Pennsylvania's age-adjusted mortality rates for lung and bronchus cancer were higher than the United States rates for all deaths, males and females in 2012. Compared to the United States in 2012, Pennsylvania's rate for all deaths was 3.1 percent higher. Death rates due to lung and bronchus cancer among males were much higher than females in both Pennsylvania and the United States.

# STAGE of DISEASE at Time of Diagnosis by Sex, 2006-2012

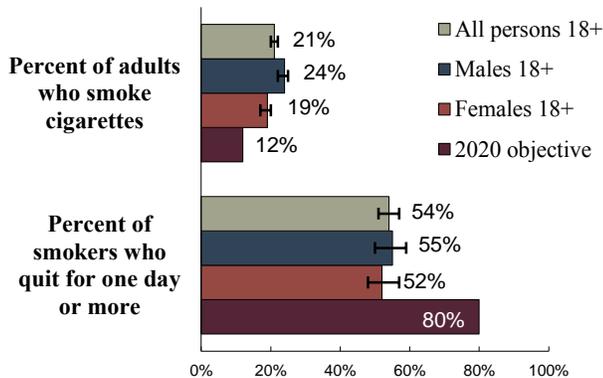


Note: Early stage is the combination of both in situ and local stages; late stage is the combination of both regional and distant stages. Unknown stage is not shown. The symbol represents the 95% confidence interval.

**MALES** - The percentage of lung and bronchus cancers diagnosed at the early stage increased slightly from 15.6 in the three-year period 2009-2011 to 15.8 in 2010-2012. Early stage percentage has remained stable from 2006-2012, fluctuating around half of a percentage point, between 15.2 and 15.8 percent. A significantly higher percentage of lung cancer cases among males was detected at the late stage than at the early stage. The late stage percentage increased slightly from 77.0 in 2009-2011 to 77.4 in 2010-2012.

**FEMALES** - Among female residents, the percentage of early stage lung and bronchus cancers increased in each successive three-year period from 2006-2008 to 2009-2011, rising from 19.0 in 2006-2008 to 20.3 in 2009-2011. The percentage remained constant at 20.3 in 2010-2012. A significantly higher percentage of lung cancer cases among females was detected at the late stage. Late stage cases have remained fairly stable. In fact, the 2010-2012 rate of 73.9 percent is only about one percentage point higher than the rate in 2006-2008.

## BEHAVIORAL RISK FACTORS for Lung Cancer by Sex Pennsylvania Adults, 2013



NOTE: The symbol represents the 95% confidence interval. Percentages are age-adjusted to 2000 standard population.

NOTES: This pamphlet was produced by the Division of Health Informatics, Pennsylvania Department of Health. The Division can be contacted by FAX (717-783-3695) or in writing (2150 Herr St., 2nd Floor, Harrisburg, PA 17103). Website is at [www.statistics.health.pa.gov](http://www.statistics.health.pa.gov). The department is an equal opportunity provider of grants, contracts, services and employment. Call the department toll free at 1-877-PA-HEALTH. All the age-adjusted rates that appear here were calculated by the direct method using the 2000 United States standard million population. United States incidence rates are based on data collected by the SEER (Surveillance, Epidemiology, and End Results) program of the National Cancer Institute from nine cancer registries throughout the country that are considered to be reasonably representative subsets of the United States population.

Cigarette smoking is recognized, by far, as the most important risk factor in the development of lung cancer. For help quitting, call the Pennsylvania Free Quitline: 1-800-QUIT-NOW (1-800-784-8669).

**SMOKERS** - Results obtained from the 2013 statewide sample telephone survey, conducted by the Pennsylvania Department of Health's Behavioral Risk Factor Surveillance System (BRFSS), indicate that the age-adjusted percentage of Pennsylvania adults who were cigarette smokers was 21 percent. Among them, 24 percent of men and 19 percent of women were smokers. The national Healthy People 2020 objective is to decrease the percentage of adult smokers to 12 percent. As of 2013, Pennsylvania's figures were well above that goal.

**SMOKERS WHO QUIT** - Results from the 2013 BRFSS survey showed that 54 percent (age-adjusted) of adult smokers in Pennsylvania had quit smoking for one day or longer within the past year. The age-adjusted percentage of male and female residents who quit smoking for at least one day in the past year was similar at 55 and 52 percent, respectively. The U.S. Public Health Service adopted a national Healthy People 2020 objective to increase the proportion of people aged 18 and older who have quit smoking for one day or longer during the preceding year to 80 percent. Pennsylvania's percentages from the 2013 BRFSS data were well below the national goal.

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