



LUNG CANCER AWARENESS MONTH NOVEMBER 2024 | QUICK FACTS

- **The American Cancer Society estimates 2,110 Nevadans will be diagnosed with lung cancer in 2024 and 1,050 will die of the disease.**
- Lung cancer is the #1 cancer killer in Nevada by far, taking the lives of more people each year than colorectal and breast cancer combined.
- Deaths from lung cancer have declined consistently for more than a decade thanks to increased prevention and treatment innovations, but screening for lung cancer remains extremely low with Nevada ranking among the bottom tier of all states for screening those at high risk for the disease.
- Lung cancer is more common in rural communities, mostly due to higher rates of tobacco use and less access to lung cancer screening.
- Rural patients are also more likely to die of lung cancer than their urban counterparts. Researchers point to lower healthcare access, missed appointments, lower quality of care, and later stage diagnosis due to timeliness of cancer screening all as contributors to these poorer outcomes.
- Those living in persistent poverty have a 16.5% higher mortality rate from lung cancer. Communities with persistent poverty are more likely to have higher cancer risk factors, including cigarette smoking, less access to health care including cancer screening, less formal education, higher unemployment and larger populations of racial/ethnic minorities.

SCREENING / EARLY DETECTION

- Adults ages 50-80, with a 20 pack-year smoking history, who currently smoke or have quit within the past 15 years, should be screened with low-dose CT (LDCT) annually.
 - 1 pack a day for 20 years = 20 pack years
 - 2 packs a day for 10 years = 20 pack years
- A person will be offered cessation resources as part of the screening eligibility process, but does not have to quit smoking to be screened.
- **Only 1.4% of Nevadans at high risk received lung cancer screening last year.**
- Screening with LDCT helps to find lung cancers earlier when they're easier to treat. If lung cancer is found before it spreads, the likelihood of surviving 5 years or more improves to nearly 64%.
- Some people do not get screened for lung cancer, or do not get treatment after diagnosis, because of the stigma associated with lung cancer. Reducing stigma is essential to improving early detection and reducing deaths from lung cancer. You can reduce stigma by reducing imagery or conversation about smoking when promoting lung cancer screening and survivorship.

PREVENTION

- Tobacco use is the leading cause of lung cancer—smoking and secondhand smoke exposure both cause the disease. Those who smoke should quit, and those who can avoid secondhand smoke

exposure should. Many people may not be able to avoid smoke exposure in their places of work. Workplace protections should be considered for these communities.

- People of color and those in the LGBTQ+ community have long been targeted by tobacco industry marketing but are less likely to receive timely screening for lung cancer, or be screened at all.
- Nevada offers free tobacco quit assistance at 1-800-QUIT-NOW or <https://nevada.quitlogix.org/en-US/>.
- Radon, a colorless and odorless gas that can seep into homes and buildings through the ground. Is the second leading cause of lung cancer. People can test homes, schools, offices and other buildings for radon and install devices to lower elevated radon levels.
- Air pollution, such as long-term exposure to outdoor particle pollution, can also cause lung cancer.