

2019 NPCR MARYLAND SUCCESS STORY

Maryland Cancer Registry: Cindy Domingo and Kimberly Stern

Collaboration to Prioritize Lung Cancer Screening in Maryland

NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

SUMMARY: Because lung cancer has the highest mortality rate in Maryland compared to other cancers, the Cigarette Restitution Fund (CRF) Programs Unit at the Maryland Department of Health (MDH) implemented a pilot project to increase access to lung cancer screening among uninsured, high risk individuals in five local jurisdictions. In Fiscal Year 2019, the CRF Program Unit partnered with the Maryland Cancer Registry (MCR) and other MDH cancer programs to use data to inform an expansion of the lung cancer screening pilot to other jurisdictions and to develop a statewide strategy to increase lung cancer screening uptake.

CHALLENGE: In 2016, the lung cancer mortality rate in Maryland exceeded mortality rates of the next three leading cancers combined, including female breast, prostate, and colon and rectum cancer.[1] Those diagnosed with lung cancer in the U.S. have a 19.4% five-year survival rate, which is low compared to other cancers (89.9% for female breast, 65.8% for cervical, 98.0% for prostate, 64.4% for colorectal, 92.2% for melanoma). [2] With early detection, the national five-year survival rate for lung cancer increases to 57.4%.[2] Despite recommendations and guidelines recommending low-dose computed tomography (LDCT) as a lung cancer screening standard for high risk individuals by the U.S. Preventive Services Task Force, Centers for Medicare and Medicaid Services, American Cancer Society, and National Comprehensive Cancer Network, national lung cancer screening rates remain low (3.9% in 2015).[3]

In 2017, MDH launched a two-year lung cancer screening pilot program in five jurisdictions to promote LDCT screening among eligible uninsured populations. Local programs were funded to set up contracts to reimburse providers to provide lung cancer screening services and to successfully case manage clients through screening. In Fiscal Year 2019, MDH began planning to expand the lung cancer screening program to additional jurisdictions. MDH also began exploring ways to engage providers and other partners in the development of a statewide strategy to increase early detection of lung cancer.

MDH identified the need for state and local data to demonstrate the importance of lung cancer screening as a public health priority. Additionally, data were needed to drive programmatic decision making and strategic planning. MDH consulted other states, national leaders, and experts to identify potential data sources and the feasibility of accessing data.

SOURCES

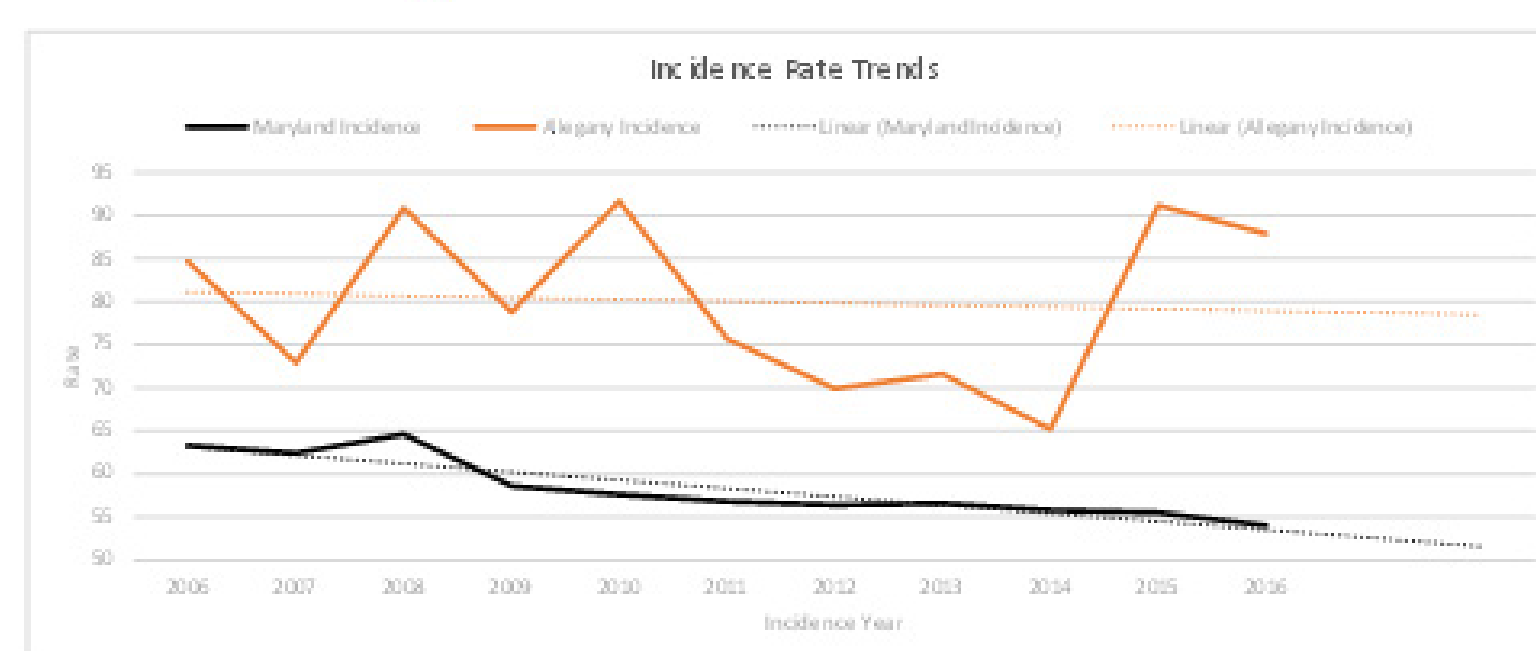
1. CDC WONDER
2. National Cancer Institute (2019). Cancer Stat Facts: Lung and Bronchus Cancer. <https://seer.cancer.gov/statfacts/html/lungb.html>
3. American Cancer Society (2017). Lung Cancer Screening Rates Remain Low. <http://www.cancer.org/latest-news/lung-cancer-screening-rates-remain-low.html>

SOLUTION: In Fiscal Year 2019, the CRF Programs Unit held regular internal meetings with staff from other programs in the MDH Center for Cancer Prevention and Control, including the MCR, to collaborate on the development of a work plan to increase lung cancer screening uptake statewide. The team conducted exploratory meetings with subject matter experts to determine relevant data sources. MCR staff provided data on lung cancer mortality, incidence, and staging by local jurisdiction. The CRF Programs Unit staff also shared maps of the local level data provided by the MCR with interested CRF Programs Unit funded grantees during a training related to the lung cancer screening program expansion.

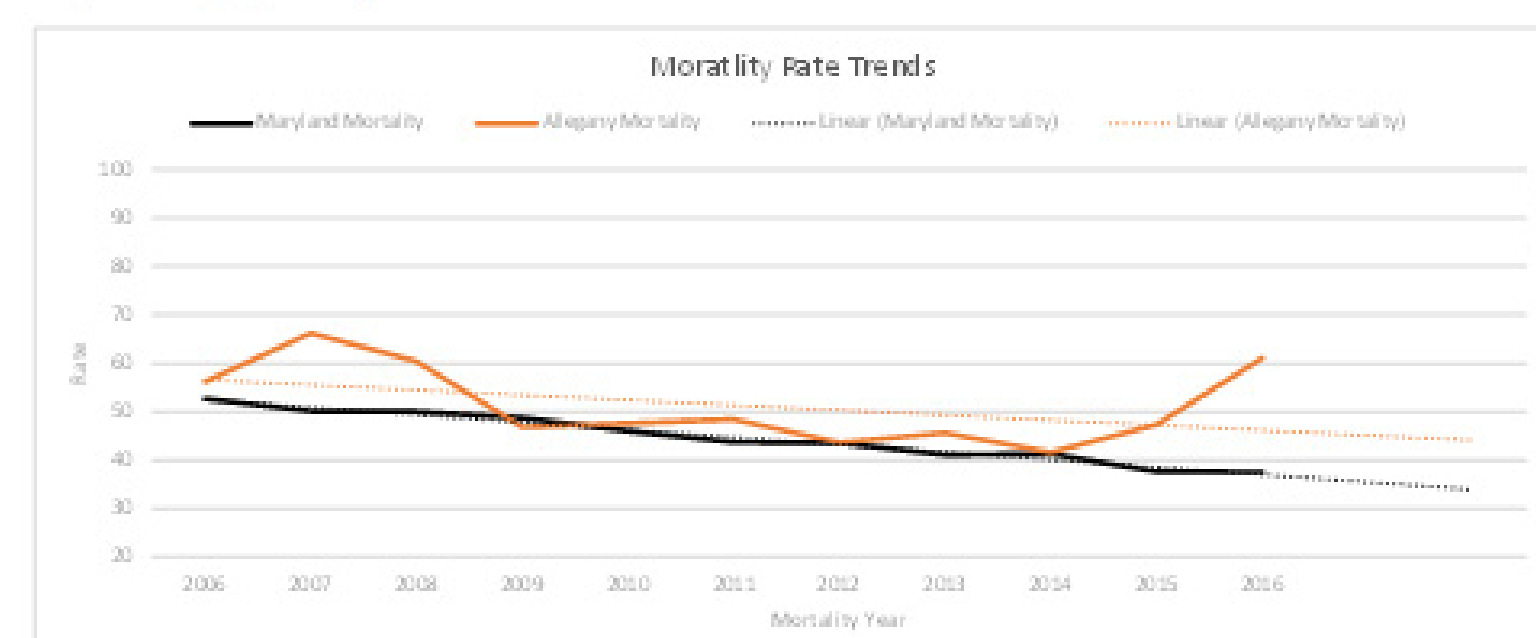
The CRF Programs Unit and MCR program managers continue to collaborate in Fiscal Year 2020 to use data to engage providers and other partners in the ongoing development of a statewide strategy to increase lung cancer screening efforts. Additionally, the MCR staff drafted a one-page lung and bronchus cancer data sheet template (attached) that will be populated with data for each jurisdiction in Maryland, and disseminated to increase lung cancer awareness, inform state and local efforts to increase lung cancer screening uptake, and engage partners in lung cancer screening efforts.

RESULTS: Through collaboration, the MDH Center for Cancer Prevention and Control programs, including the MCR, began drafting a statewide lung cancer screening program work plan. Preliminary data provided by the MCR were used to identify trends, needs, and gaps specific to each jurisdiction. Plans for ongoing data analysis and the development of county/city level lung cancer data sheets may help CRF Programs Unit-funded grantees, healthcare providers, and other stakeholders identify and promote lung cancer awareness as a public health priority. Data will also allow MDH and partners to evaluate state and local efforts to address lung cancer screening by providing a baseline. Finally, data will be used to engage partners in collaboration with MDH on statewide strategies to address lung cancer screening in Maryland.

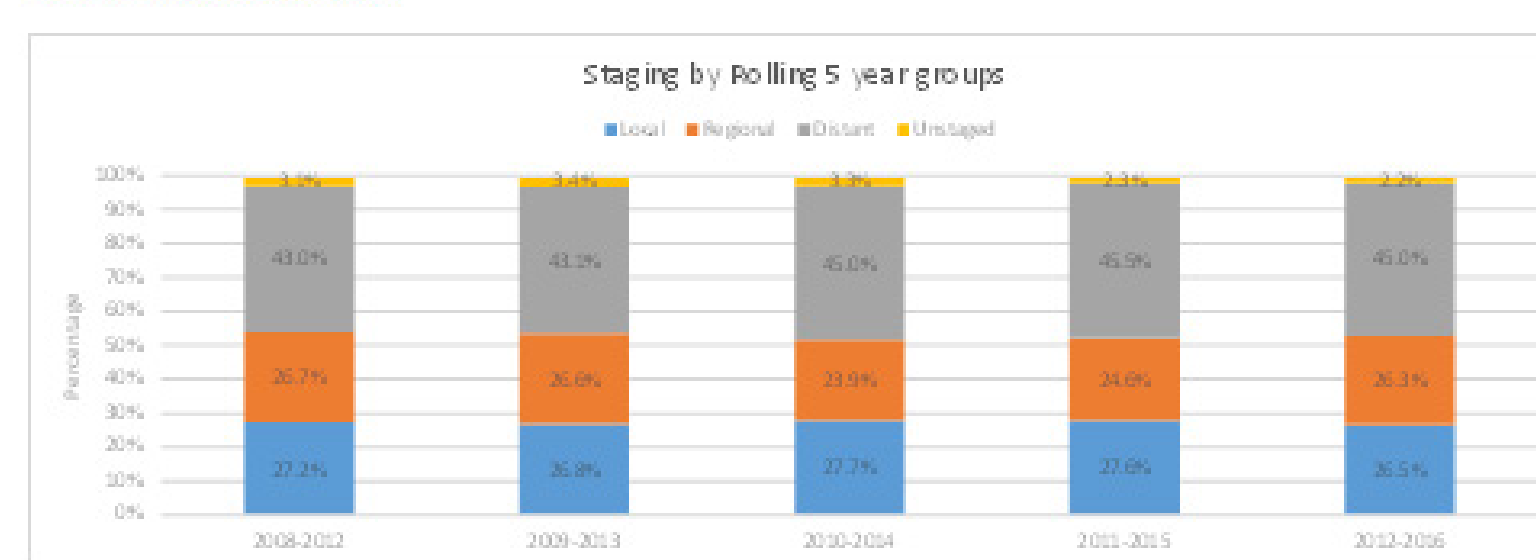
Lung and Bronchus Cancer Data



Maryland Cancer Registry, CRF reports



Maryland Cancer Registry, CRF reports



Maryland Cancer Registry, Incidence and Mortality Reports

SUSTAINING SUCCESS: The one-page data sheets developed by the MCR will initially serve to increase awareness about the lung cancer burden in Maryland and assist MDH and partners in prioritizing strategies to improve the uptake of lung cancer screening. MDH will also work to add lung cancer screening rates and related data. Through a collaborative and data-driven statewide strategy, MDH hopes to increase lung cancer screening, decrease lung cancer mortality and late stage diagnoses, and increase the five-year survival rate for lung cancer. MDH will continue to monitor these indicators to inform and evaluate lung cancer screening efforts in Maryland.

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https://phpa.health.maryland.gov/cancer/Pages/mcr_home.aspx



Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion