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Risk for Lung and Bronchus Cancer Higher in Women than Men in Maine

NATIONAL PROGRAM OF CANCER REGISTRIES

SUMMARY: While examining recent trends in Maine cancer incidence and mortality, MCR noted that women were not having a similar drop in lung and bronchus cancer incidence or mortality as men. Join point analysis of age-adjusted incidence 1995-2015 shows a fairly steep decline for males, as of 2004. There is no decline for females. National data was published in May 2018 suggesting that it is younger women (born since the mid-1960s), non-Hispanic whites and Hispanics, who demonstrate this reversal. This information, published in a prestigious journal, gave us a second opportunity to inform state partnerships of this new trend In Maine. MCR data (2012-2014) shows this finding in Maine women between age 40 and 54 years. This new understanding reflects a change from previous expectations and may lead to important changes in the education of students, tobacco quit campaigns, and quit line services.

CHALLENGE: Investigate why women are on a different track than men in terms of incidence for lung and bronchus cancer. Is it related to smoking initiation or cessation?

SOLUTION: Request several individuals and teams to help find where the

Notes: The Maine population is 95% non-Hispanic white. All Maine lung and bronchus cancer rates are higher than U.S. white rates.

Sources: Maine Cancer Registry, November 2017 Data Submission and 2017 Annual Report of Cancer

Jemal A, Miller KD, Ma J, et al. Higher lung cancer incidence in young women than young men in the United States. N Engl J Med 2018; 378:1999-2009. And, Letters to the Editor (9/6/2018) re Jemal et al: Speculation re causality continues including possible slower rates of smoking cessation among women. difference originates so that potential solutions can be designed and implemented. Finding the reasons in Maine for what appears to be a national phenomenon will take time. It will be essential to work with the state tobacco program, the Tobacco Help Line and Comprehensive Cancer Control program to collect data from middle and high schools, tobacco quit lines, lung cancer screening sites, and others.

RESULTS: Data from state, county, and national sources are brought to discussion at annual conferences, planning meetings and smaller conferences, e.g. board meetings, to challenge these entities to work on the project to find ways to intervene with women/girls to get them on the same downward trajectory as men (for whom the incidence of lung and bronchus cancer and mortality are steadily decreasing). Positive responses have come from most individuals and groups contacted with agreement to begin reporting all data by gender. MCR also received thanks for providing important new information.

SUSTAINING SUCCESS: Continuing the work may be challenging, in part because of staff changes: will consider appointing one person to take charge of follow through. Ideally, this would be a member of the Comprehensive Cancer Control program who knows or has worked with most of the players, including the state tobacco control program.

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