

LUNG AND BRONCHUS

Table 19: Lung and Bronchus Incidence and Mortality Summary, 2012

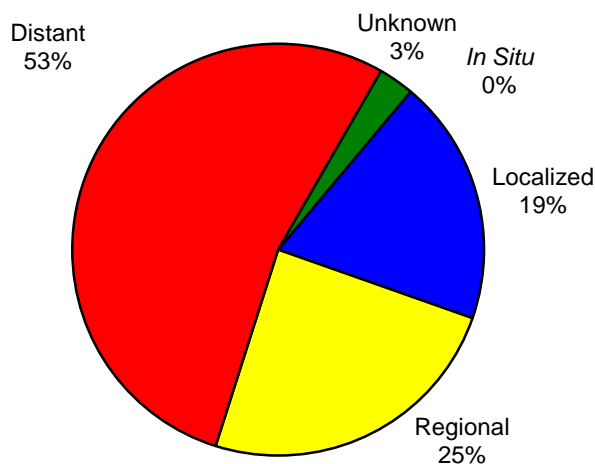
Lung & Bronchus Cancer			Incidence			Mortality		
			Total	Male	Female	Total	Male	Female
South Dakota	Total	# Cases / Deaths Age Adjusted Rate	539 54.6	300 65.8	239 45.8	433 43.3	251 55.4	182 34.2
	White	# Cases / Deaths Age Adjusted Rate	500 53.8	282 65.4	218 44.7	398 42.1	236 54.9	162 32.5
	American Indian	# Cases / Deaths Age Adjusted Rate	34 83.8	15 70.2	19 89.3	33 97.1	14 82.3	19 102.3
United States	Total	Age Adjusted Rate	* 55.9	* 66.2	* 48.2	* 46.0	* 57.9	* 37.0
	White	Age Adjusted Rate	* 57.5	* 66.4	* 50.8	* 46.7	* 57.8	* 38.2
	American Indian	Age Adjusted Rate	* 37.3	* 40.4	* 34.9	* 37.4	* 47.4	* 30.0

Rates per 100,000 age-adjusted to 2000 US standard population and 2012 SD estimated population.

* US Mortality rates are from 2011, the 2012 rate is not available at this time. US rates www.seer.cancer.gov

Source: South Dakota Department of Health

Figure 42: Lung and Bronchus Cancer Stage at Diagnosis, South Dakota, 2012



Source: South Dakota Department of Health

Descriptive Epidemiology

Stage at Diagnosis: The presentation of lung cancer is extremely variable and depends on local manifestations of the tumor, distant metastases or associated paraneoplastic syndromes. In 2012, 25% of lung cancer patients were diagnosed at localized stage. The more advanced the stage, the poorer the prognosis is for the patient. In 2012, 288 (53%) cases were diagnosed when disease had progressed beyond the lung and metastasized to a distant location. Approximately 78% of cases in 2012 were diagnosed after the disease had progressed beyond the lung to lymph nodes, regional areas, or distant sites, such as brain or bone.

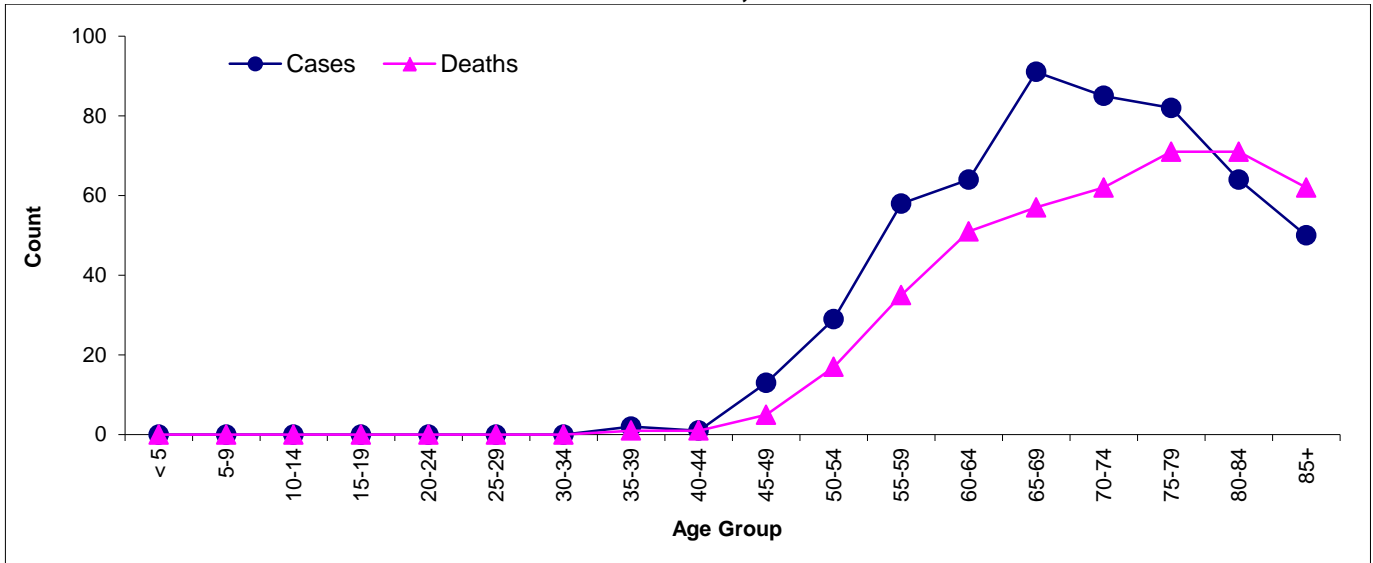
Incidence: Lung cancer is a major public health concern, with an estimated 226,160 new cases in the United States in 2012. Despite the well documented link between tobacco product use and respiratory diseases, including cancer, the outcomes of such efforts to curb the use of tobacco products have been mixed. In South Dakota, there were 539 new invasive lung cancer cases diagnosed in 2012.

Mortality: There were 433 lung cancer deaths in South Dakota in 2012. Incidence and mortality rates have significantly increased during the last century. Lung cancer accounts for approximately 27.5% of all United States deaths attributed to cancer. In South Dakota, lung cancer accounts for 26.1% of deaths from cancer. Lung cancer is the leading cause of cancer deaths in both men and women.

Risk and Associated Factors: Cigarette smoking is by far the most important risk factor for lung cancer. Approximately 90% of lung cancers in men and 80% in women are attributed to cigarette smoking. The lifetime risk of lung cancer in nonsmokers is estimated to be less than 1%. Other risk factors include second hand smoke and occupational or environmental exposures to substances such as arsenic, benzene, and asbestos.

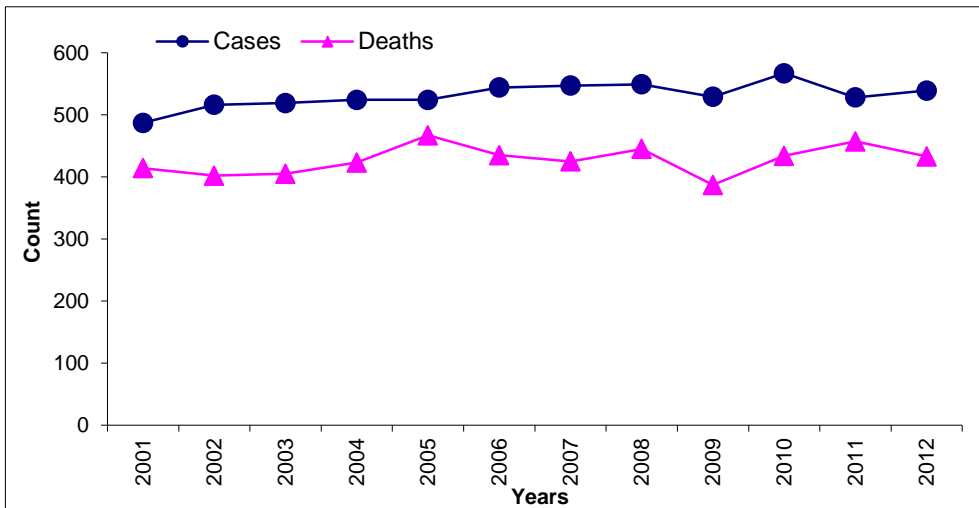
Prevention and Early Detection: Efforts at early detection by screening have not been effective in reducing mortality rates significantly. Chest x-ray, analysis of cells in sputum and bronchial fiber optic examination are methods used in early diagnosis and detection. The best prevention of lung cancer is to stop smoking or never smoke.

Figure 43: Lung and Bronchus Cancer Number of Cases and Deaths by Age, South Dakota, 2012



Source: South Dakota Department of Health

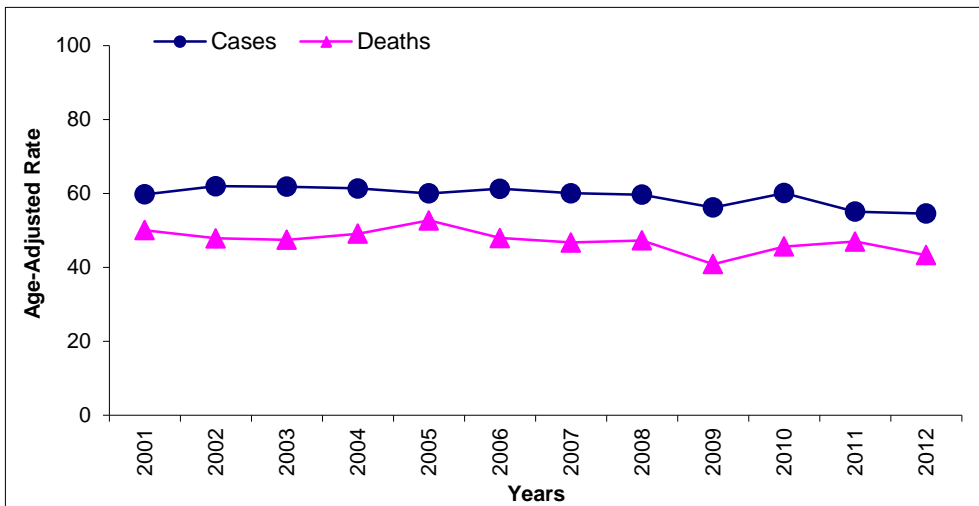
Figure 44: Lung and Bronchus Cancer Cases and Deaths by Year, South Dakota, 2001 - 2012



Source: South Dakota Department of Health

The number of cases and deaths associated with lung and bronchus cancer remain constant.

Figure 45: Lung and Bronchus Cancer Age-Adjusted Rates, Cases, and Deaths by Year, South Dakota, 2001 - 2012



Rates per 100,000 age-adjusted to 2000 US standard population and SD estimated populations.
Source: South Dakota Department of Health