



# Lung Cancer in South Dakota



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## Lung Cancer Estimates<sup>1</sup>

In 2015, South Dakota expects 570 new lung and bronchus cancer cases and 450 deaths due to this cancer. During the same time an estimated 221,200 lung and bronchus cancer cases and 158,040 lung and bronchus cancer deaths are projected for the United States.

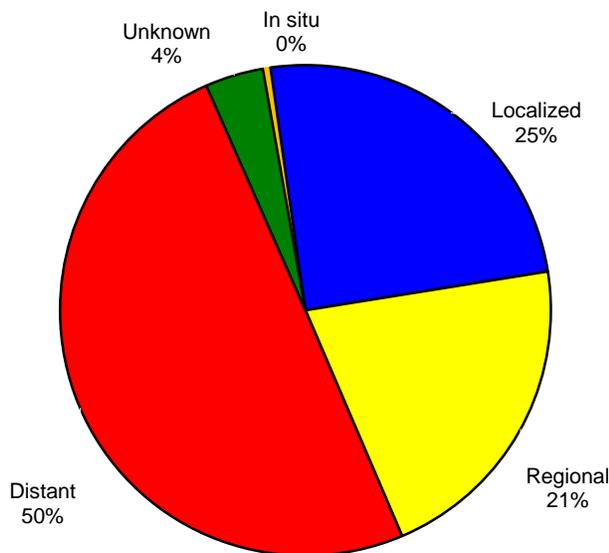
## Incidence and Mortality

During 2009-2013, there was an average of 559 (298 men and 261 women) new cases of lung and bronchus cancer diagnosed among South Dakota residents per year. Of those cases, the white population averaged 517 cases and the American Indian population 38 cases.

In South Dakota, an average of 425 people died annually from lung cancer spanning the years from 2009 to 2013. Of that number, 396 were white and 26 were American Indian.

Incidence 2013		Mortality 2013	
Number of cases		Number of deaths	
Total	599	Total	416
Males	310	Males	239
Females	289	Females	177
White	561	White	289
American Indian	34	American Indian	24
Median age at diagnosis	71 yrs	Median age at death	74 yrs
Mode	72 yrs	Mode	83 yrs
Age range at diagnosis	34-94 yrs	Age range at death	17-96 yrs
SD age-adjusted incidence rate	59.5	SD age-adjusted death rate	40.9
US SEER age-adjusted incidence rate (2012)	55.1*	US SEER age-adjusted death rate (2012)	45.0*

Rates per 100,000 U.S. 2000 Standard Population / \*2013 US SEER age-adjusted rates not available / Source: South Dakota Department of Health



Source: South Dakota Department of Health

## Figure 1 SEER Summary Stage

Lung cancer stage at diagnosis,  
South Dakota, 2013

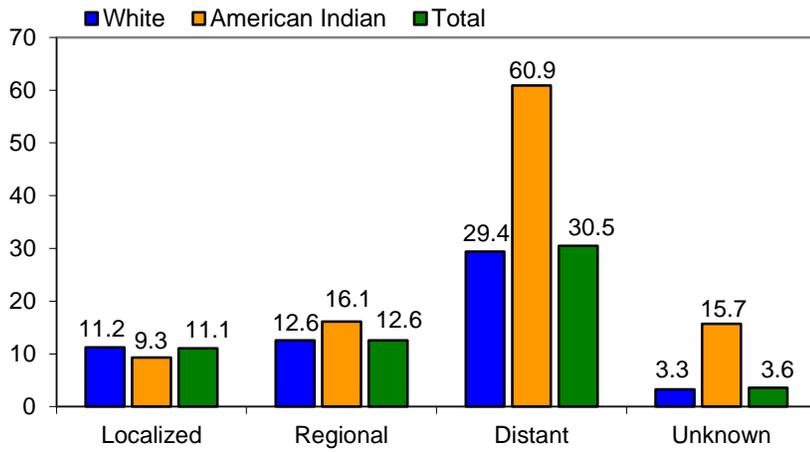
*Half of the 2013 lung cases were diagnosed at the more advanced stage of distant. Prognosis is best for lung cancers diagnosed at an earlier stage.*

## 5-Year Relative Survival for Lung and Bronchus Cancer, U.S.

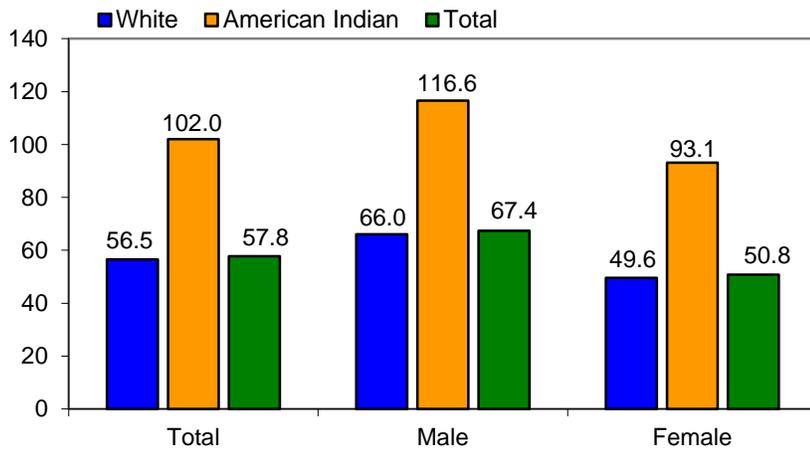
Stage at Diagnosis	5-Year Relative Survival, 2005-2011
Localized	54.8%
Regional	27.4%
Distant	4.2%
Unknown	7.5%

Source: SEER Program [www.seer.cancer.gov](http://www.seer.cancer.gov)

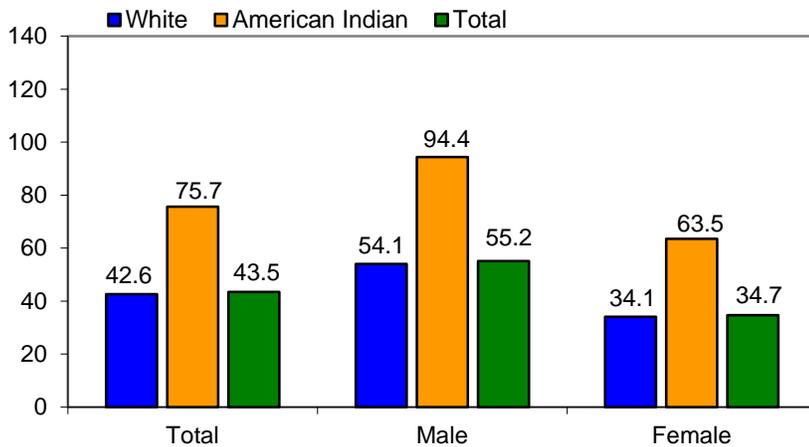
<sup>1</sup>Source: *Cancer Facts and Figures 2015*. American Cancer Society



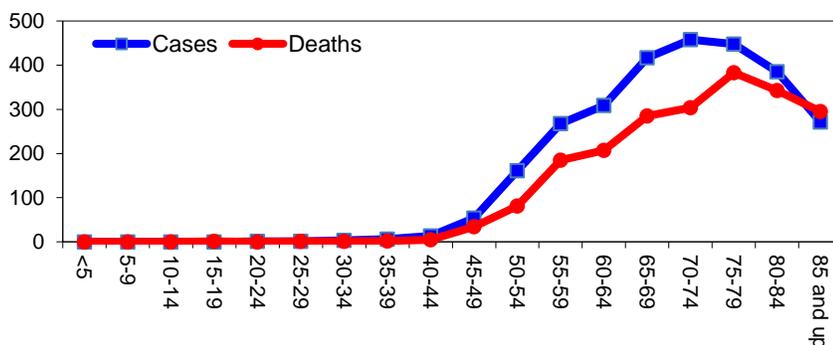
**Figure 2**  
**Age-adjusted Lung Cancer Rate**  
 Age-adjusted incidence rate for lung cancer cases at stage of diagnosis by race, South Dakota, 2009-2013



**Figure 3**  
**Age-adjusted Lung Cancer Rate**  
 Age-adjusted incidence rate for lung cancer cases by race and gender, South Dakota, 2009-2013



**Figure 4**  
**Age-adjusted Lung Cancer Rate**  
 Average annual, lung cancer age-adjusted death rates by race and gender, South Dakota 2009-2013



**Figure 5**  
**Lung Cancer Cases & Deaths**  
 Lung cancer cases and deaths by age, South Dakota, 2009-2013

Rates per 100,000 U.S. 2000 Standard Population  
 Source: South Dakota Department of Health

## The *AAR* of Tobacco → *Ask, Advise, Refer.*

Lung cancer is the leading cause of cancer deaths. The number one cause of lung cancer is smoking and exposure to secondhand smoke.

Health care providers and facilities are key to cessation efforts and the improvement of outcomes for tobacco users. Listed are five ways to have a major impact on the reduction of lung cancer and related deaths.

1. **Ask. Advise. Refer.** Research shows that when providers are involved in helping patients quit, patient success increases substantially.

**Ask.** Simply ask the questions. Do you use tobacco? Would you like to quit?

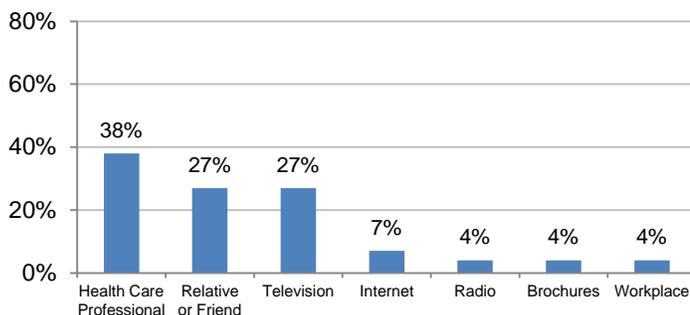
**Advise.** Offer help. Half of the people who try to quit tobacco fail because the help they need is not received.

**Refer.** Make the appropriate referral. Tools are available to those who are ready to quit and for those who aren't. Patients can call the South Dakota QuitLine at 1-866-SD QUIT (1-866-737-8487) or visit the website at [SDQuitLine.com](http://SDQuitLine.com). Healthcare providers can send a fax or electronic health record referral. The referral form is available at [SDQuitLine.com/providers](http://SDQuitLine.com/providers).



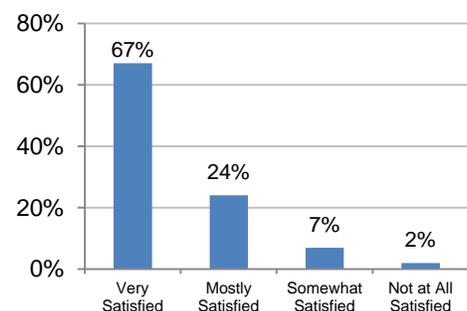
2. **Get Trained.** The South Dakota QuitLine offers training on a number of topics that can be helpful to health professionals who interact with tobacco users. Visit [SDQuitLine.com/training](http://SDQuitLine.com/training) to learn more.
3. **Make Cessation a Priority.** Don't allow a tobacco user to miss out on a quit attempt. To help make cessation a priority and institutionalize the AAR, download the Healthcare System Strategies for Tobacco Cessation at [goodandhealthysd.org/healthcare/practice-guidelines](http://goodandhealthysd.org/healthcare/practice-guidelines).
4. **Implement Policy.** Policies affect how to make changes environmentally and individually. To access the Healthcare System Model policy visit [goodandhealthysd.org/healthcare/practice-guidelines](http://goodandhealthysd.org/healthcare/practice-guidelines).
5. **Promote.** Free QuitLine materials are available including posters, magnets, brochures, business cards and more at the Department of Health website at [doh.sd.gov/catalog](http://doh.sd.gov/catalog).

**How Callers Learned About SD QuitLine Services \***



\* Not equal to 100% since more than one can be selected. Source: South Dakota Department of Health

**Satisfaction with SD QuitLine Services**



In 2014, the SD QuitLine had a 41.8% quit rate which is considerably higher than the US rate of 31.6%. More health care professional referrals equal more quitters. **Ask. Advise. Refer.**

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