Lung cancer is the second most common type of cancer diagnosed among men and the third most common among women in Pennsylvania. In 1997, there were 9,860 cases of invasive lung and bronchus cancer diagnosed among residents, for an age-adjusted incidence rate of 59.6 per 100,000. In 1987, there were 7,935 cases reported for a rate of 53.4. Total numbers and rates have increased since 1987. The incidence rates for males have remained unchanged while the rates for females have increased since 1987.

Pennsylvania’s age-adjusted incidence rate for all cases of invasive lung and bronchus cancer was slightly higher than the United States rate in 1997. However, Pennsylvania’s rate for males was much higher than the United States rate. Among females, the state’s 1997 rate was only slightly higher than the United States rate. Pennsylvania’s male rate was 16.9 percent higher; the state’s female rate, only 2.6 percent higher.

Lung cancer is the most common cause of cancer deaths among both men and women in Pennsylvania. In 1998, there were 8,194 deaths due to lung and bronchus cancer among Pennsylvania residents, for an age-adjusted mortality rate of 47.4 per 100,000. In 1988, there were 7,360 deaths reported for a rate of 48.2. Annual age-adjusted mortality rates have generally been on the decline since 1993. Rates have also declined for males but have been on the increase for females.

Pennsylvania’s age-adjusted mortality rates for lung and bronchus cancer were lower than the United States rates for all cases and females but slightly higher for males in 1997. In recent years, Pennsylvania’s rates have usually been lower than United States rates. In 1997, Pennsylvania’s rates for all deaths were 1.0 percent lower; and, for females, 4.1 percent lower than the United States rates. The state’s male rate was 2.3 percent higher.
ALL LUNG and BRONCHUS CANCER – (NOTE: Unfortunately, there are no early detection methods for lung cancer. In situ diagnoses are rare and are usually incidental findings. Therefore, data on in situ diagnoses of lung cancer are not shown here.) Localized tumors were discovered for 23.4 percent of the 1997 lung cancer cases. The 1987 percentage was higher – 28.5. The percent of regional stage diagnoses increased slightly between 1987 and 1997, from 26.2 to 27.8. Also, distant metastases increased from 45.0 percent in 1987 to 48.7 percent in 1997.

MALES – Local stage diagnoses declined between 1987 and 1997 from 27.6 percent to 22.0 percent. However, there was an increase in regional diagnoses, from 26.5 percent in 1987 to 28.4 percent in 1997. Distant stage diagnoses increased. In 1987, they accounted for 45.5 percent of male cases. By 1997, the percentage was up to 49.6.

FEMALES – Among females, there were similar staging patterns (compared to males) between 1987 and 1997. The percentage of local diagnoses decreased while there were higher percentages of regional and distant stage diagnoses. In 1997, local diagnoses accounted for 25.5 percent (down from 30.2 in 1987); regional diagnoses, for 27.0 percent (up from 25.6 in 1987); and, distant stage diagnoses, for 47.5 percent (up from 44.1 in 1987).

Cigarette smoking is recognized, by far, as the most important risk factor in the development of lung and bronchus cancer.

SMOKERS – According to 1998 results obtained from the statewide sample telephone survey conducted by the Pennsylvania Department of Health’s Behavioral Risk Factor Surveillance System (BRFSS), 24 percent of Pennsylvania adults aged 18 and older could be considered cigarette smokers. Among adult males, 24 percent were smokers and, among adult females, 23 percent. The national year 2000 objective is to decrease the percentage of adult smokers to 15 percent. Pennsylvania’s figures for 1998 are well above that goal.

SMOKERS WHO QUIT – Results from the 1998 BRFSS survey showed that 44 percent of Pennsylvania smokers aged 18 and older had quit for one day or longer within the past year. Among males, the percentage was 43; among females, 46 percent. The U.S. Public Health Service adopted a national year 2000 objective to increase to at least 50 percent the proportion of people aged 18 and older who have quit for one day or longer during the preceding year. 1998 data showed residents to be below the goal for the third time since 1991 when such data were first collected.