

Cancer Data in the Commonwealth: Spotlight on Lung Cancer: Notes and Next Steps:

140 people registered - 85 participated (or logged on)

What can you do?

- Join the Kentucky Cancer Consortium's Lung Cancer Network. To join, contact Jennifer Redmond Knight at jredknight@kycancerc.org
- Implement strategies from the Kentucky Cancer Action Plan, <https://www.kycancerc.org/cancer-plans/kentucky-cancer-action-plan-cap/>
- Tobacco Treatment
 - Health Professionals
 - [FAQ](#) re: Implementing legislation reducing barriers to tobacco treatment
 - Certified Tobacco Treatment Specialist training. [UK BREATHE](#)
 - Consumers
 - Counseling with Certified Tobacco Treatment Specialists, Nicotine Replacement or Medications, QuitNow Kentucky 1-800-QUITNOW or <https://www.quitnowkentucky.org/en-US/>, Classes and more!
- Reduce exposure to secondhand smoke
 - Support comprehensive tobacco-free and smoke-free policies
 - Talk with your patients or clients about the importance of reducing exposure to secondhand smoke
 - Make your home or car smoke-free and vape-free
- Radon Prevention
 - Talk with your patients or clients about the importance of radon prevention
 - Have your home tested for radon
 - If levels are high, have the home mitigated by a certified radon professional
- Lung Cancer Screening
 - Health Professionals
 - Conduct shared decision making discussing benefits, harms, unknowns with patients
 - Provide evidence-based tobacco treatment in conjunction with lung cancer screening
 - Implement high-quality lung cancer screening programs – Learn more about KY LEADS Collaborative, Drs. Jamie Studts (Jamie.Studts@uky.edu) , Timothy

Mullett (timothy.mullett@uky.edu) or Jennifer Knight (jredknight@kycancerc.org)

- Check out the Lung Cancer Alliance (now GO2 Foundation for Lung Cancer) Centers of Excellence. <https://lungcanceralliance.org/risk-early-detection/screening-centers/>
- Consumers
 - Ask your doctor if lung cancer screening is right for you.

Cancer Data and Screening Presentations:

- **Discussion on cancer data in KY with a focus on Lung Cancer:**
 - Continue to follow Appalachian females and cancer rates
 - Continue to follow black males – cancer rates and smoking rates
- Lung Cancer screening – how can we get all states to support adding the module?
- How does KY compare to other states? According to the ACR registry, Kentucky has conducted the 6th most lung cancer screening scans across all states, even though we are only the 25th most populous state.
- Learning more about the KY lung cancer screening-related data as it's available

UK BREATHE Team – Radon and Smoke-free Policy Presentations:

- KY Radon Data by County: <https://www.uky.edu/breathe/radon/radon-data-county>
- BREATHE Radon CE: <https://www.uky.edu/breathe/radon/radon-ce>
- Continue to follow Radon legislation such as HB420
- Continue discussion on radon test kits – obtaining kits and instructions for use
 - Clay Hardwick (Clay.Hardwick@ky.gov) – State Radon Program can assist with getting kits. Many local health department also provide free kits.
- KY Smoke-free map:
<https://www.uky.edu/breathe/sites/breathe.uky.edu/files/Map%20of%20Comprehensive%20nly%20040119%20REV.png>
- BREATHE Website for more information on Tobacco Policy:
<https://www.uky.edu/breathe/tobacco-policy/smoke-free-communities>
- Continue to follow the 24/7 Tobacco Free School Legislation and what it means for communities
- BREATHE Certified Tobacco Treatment Specialist Training:
<http://www.uky.edu/breathe/tobacco-treatment/tobacco-treatment-specialist-training>

Tobacco Policy in KY. Thank you UK BREATHE for providing follow up on talking points, information on 24/7 tobacco free schools legislation and Tobacco 21:

Key talking points:

- 8 new comprehensive smoke-free laws enacted and implemented in 2018.
- Comprehensive smoke-free laws, covering all workplaces with few exceptions, are the gold standard.
- Juul sales in the U.S. drastically increased in the past year, 24% to 75%.

- House Bill 11-although it has exemptions, we need to encourage schools to adopt best practice 24/7 tobacco-free campus policies as the bill allows.
- Senate Bill 249-T21 bill to raise the minimum age of legal sale of tobacco products to 21 years. The tobacco industry pushed for this bill in the hope that a weak ineffective bill would pass.

Screening Guideline Crosswalk:

| Cancer Screening Guidelines | American Cancer Society (ACS): | United States Preventive Services Task Force (USPSTF): |
|------------------------------------|--|---|
| Breast | <ul style="list-style-type: none"> • 40-44 – have the option • 45-54 – screened every year • 55+ - transition to every two years or have option to be screened every year as long as life expectancy is 10 years or more | <ul style="list-style-type: none"> • 50-74 – screened every other year (Grade B) • 40-49 – individual decision among women younger than age 50. Those who place a higher value on the potential benefit than the potential harms may choose to start screening every other year. (Grade C) |
| Cervical | <ul style="list-style-type: none"> • 21-29 – every three years Pap test • 30-65 – every five years with HPV test and Pap test or every 3 years Pap test alone • 66+ - stop if 3 or more consecutive negative Pap tests or 2 or more negative Pap and HPV tests within 10 years with most recent in last 5 years • Stop if total hysterectomy | <ul style="list-style-type: none"> • 21-29 – every three years Pap test (Grade A) • 30-65 – every 3 years Pap test alone or every 5 years with HrHPV (high-risk HPV) test and Pap test (Grade A) • +65 – recommends against screening who have had normal previous screenings and are not at high risk for cervical cancer (Grade D) |

| Cancer Screening Guidelines | American Cancer Society (ACS) | United States Preventive Services Task Force (USPSTF) |
|-----------------------------|---|---|
| Colorectal | 45-75 (average risk) choose one: <ul style="list-style-type: none"> • Every year FIT or gFOBT • Every 3 years Multi-targeted stool DNA • Every 10 years colonoscopy • Every 5 years CT Colonography (virtual) • Every 5 years flexible sigmoidoscopy | Under Review. 2016 version was: <ul style="list-style-type: none"> • 50-74 (average risk) - Recommends screening. Risks and benefits vary for different types of tests (Grade A) • 76-85 – Individual decision based on patient’s overall health and prior screening history (Grade C) |
| Lung | Must meet all criteria <ul style="list-style-type: none"> • 55-74 • 30 pack year smoking history • Current smoker or previous smoker who has quit within the past 15 years • Informed and shared decision making re: benefits, limitations and harms | Under Review: December 2013 version: <ul style="list-style-type: none"> • Must meet all criteria (Grade B) • 55-80 • 30 pack year smoking history • Current smoker or previous smoker who has quit within the past 15 years • Does not have a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery • Shared decision making re: benefits, limitations and harms |

USPSTF Recommendations

| Grade | Definition | Suggestions for Practice |
|-----------------------|--|---|
| A | The USPSTF recommends the service. There is high certainty that the net benefit is substantial. | Offer or provide this service. |
| B | The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. | Offer or provide this service. |
| C | The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small. | Offer or provide this service for selected patients depending on individual circumstances. |
| D | The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. | Discourage the use of this service. |
| I Statement | The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined. | Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms. |

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