

# Annual Community Outreach Activity Summary

NCH Healthcare System is committed to improving the health and well-being of people across Southwest Florida. To achieve this important goal, we first launched our very successful Blue Zones Project that focuses on permanent environmental and policy changes that will make the healthy choice the easy choice. The Cancer Committee of NCH is continuing to work on this goal by providing targeted activities to reduce the incidence and mortality of lung cancer in our community.

## Lung Cancer Screening

The lung cancer death rate among Collier County residents, as well as Florida residents as a whole, has been decreasing. Despite the fact that the actual age-adjusted death rate per 100,000 in Collier County is 28.8 which is well below the healthy people objective of 45.5, lung cancer continues to be a devastating disease that is typically diagnosed at an advanced stage. NCH data from the past five years shows the percentage of Stage IV lung cancer has increased from 36% in 2013 to 54% in 2017. The NCH Cancer Committee decided more of an emphasis on screening and early detection of lung cancer was needed.

Discovering and diagnosing cancer early is the goal with all cancer types, which is why screening for specific types of cancer before patients have any symptoms of their cancer is so vital. The United States Preventative Services Task Force recommends an annual screening for lung cancer with low-dose computed tomography (LDCT), for those patients at greatest risk of developing lung cancer.

Our goal is to screen those community members who are at the greatest risk and to identify the lung cancer at an early stage so that it can be successfully treated. NCH provides this screening at no cost to our community members. The screening test used to detect lung cancer is low-dose computed tomography (also called a low-dose CT scan, or LDCT). In this test, an x-ray machine scans the body and uses low doses of radiation to make a series of detailed pictures of the lungs.

These pictures are then reviewed by a radiologist and assigned to a risk category one through four. The risk category for each lung screening participant is communicated to them by our Lung Navigator. Those participants with a level four risk category are considered to have a positive result. Those participants will be presented at the Lung Conference for recommendations that are then communicated back to the patient's primary care physician and pulmonologist. This follow up process ensures that each patient and their provider are aware of their risk for lung cancer and have an appropriate follow up plan.

In 2018, 156 patients participated in low-dose CT screening for lung cancer and continue to be followed at appropriate intervals. Those patients diagnosed at NCH with lung cancer as a result of being screened were diagnosed at an earlier stage with a much better prognosis.

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## **Lung Cancer Prevention**

The incidence of lung cancer in Collier County is decreasing, but it continues to remain one of the most frequently diagnosed cancers at NCH. According to the American Cancer Society quitting smoking is not easy and to have the best chance of quitting and staying quit; smokers need to know what they're up against, what their options are, and where to go for help.

On November 15, 2018 NCH held a "Great American Smoke-Out" program, which offered education on both lung cancer screening and prevention to 136 community participants.

The 16 participants who identified themselves as current smokers were asked after the education program if they would "commit to quit" by signing an American Cancer Society Great American Smoke-Out card agreeing to start their journey toward a smoke-free life. Fourteen of those sixteen participants (87.5%) did agree to start their journey with this personal commitment to change their behavior.

### *Data Sources:*

*Incidence data are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), Centers for Disease Control and Prevention and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program.*