

First population-based study finds state-level lung cancer screening rates not aligned with lung cancer burden in US

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A new study reports that state-level lung cancer screening rates were not aligned with lung cancer burden. The report, appearing in *JNCI: The Journal of the National Cancer Institute*, provides the first population-

based state-level screening data for all 50 states and finds lung cancer screening rates varied geographically by state.

Lung cancer continues to be the leading cause of cancer-related [death](#) in the United States, with an estimated 135,720 deaths expected in 2020. Lung cancer screening with low-dose CT (LDCT) has the potential to reduce cancer death and has been recommended for people with a heavy smoking history since 2013. However, previous studies show it is underutilized. For this study, investigators led by the American Cancer Society's Dr. Stacey Fedewa, and co-authored by members of the National Lung Cancer Roundtable, examined lung cancer screening with LDCT rates and growth in all 50 states, including Washington D.C., from 2016 to 2018. They also looked at how states' lung cancer screening rates correlated with lung cancer burden, sociodemographic status, and access to lung cancer screening.

"The increasing but low utilization of lung cancer screening reflects both ongoing efforts to screening eligible adults, and the many challenges to do so," said Dr. Fedewa. "Kentucky, which has supported screening implementation efforts, is unique as its screening rates are over twice the national average and four times that of other high lung cancer burden states like West Virginia and Arkansas."

Results show that several Northeastern states with lower lung cancer burden (e.g. Massachusetts, Vermont, New Hampshire with 50 lung cancer deaths per 100,000) had lower screening rates (

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