

COMPdata Monthly Monitor - Montana
August 2005
Lung Cancer

INTRODUCTION

Lung cancer is now the leading cause of cancer mortality in the U.S. for both men and women.¹ It is estimated that as much as 90% of all lung cancer is caused by some form of tobacco smoking, including active cigarette smoking, pipe and cigar smoking, and exposure to second-hand smoke.² On "World No Tobacco Day 2005," the U.S. Surgeon General reported that smoking-related illnesses are the most preventable cause of death in the U.S.³ In an August, 2005 announcement the Surgeon General noted that the economic toll due to smoking in the U.S. exceeds \$167 billion each year.⁴ The momentum to eliminate second-hand smoke is growing as several states and dozens of municipalities have passed laws prohibiting smoking in nearly all workplaces, restaurants, and bars.

While therapies and surgical techniques are slowly improving lung cancer survival rates, clearly the focus must be on prevention. Hospitals are often leaders in the development and implementation of smoking cessation programs. They are also in the unique position to be a strong voice in the community against tobacco use in all its forms.

Refer to the Appendix for many more statistics on lung cancer as a disease and resources for additional information for both hospitals and patients.

LUNG CANCER INPATIENTS IN MONTANA HOSPITALS

(Note: All of the following inpatient statistics exclude newborns and obstetric cases – Major Diagnostic Categories 14 and 15.)

Table 1 - Total Montana Inpatients

Excludes MDCs 14&15

	2001	2004	% Change 2001 to 2004
	Discharges	Discharges	
Total Montana Patients	81,510	81,839	0.4

Table 2 - All Lung Cancer Inpatients

ICD-9 diagnosis codes 1622-1629, 1970, 2312 (Excludes MDCs 14&15)

	2001		2004		% Change 2001 to 2004
	Discharges	% of All Discharges	Discharges	% of All Discharges	
All Diagnoses	1,433	1.8	1,282	1.6	-10.5
Principal Diagnosis	500	0.6	449	0.5	-10.2
Other Diagnoses	951	1.2	852	1.0	-10.4

Tables 1-2 provide 2001 and 2004 utilization statistics for all Montana and all lung cancer inpatients. Some key findings in these tables are:

- While the number of Montana inpatients increased 0.4% from 2001 to 2004, the overall number of lung cancer patients decreased 10.5%.
- The decrease in all lung cancer patients was similar whether it was a principal diagnosis, -10.2%, or as an other diagnosis, -10.4.

Table 3 - Patients with a Principal Diagnosis of Lung Cancer vs. All Cancers

2004 Inpatient Discharges - (Excludes MDCs 14&15)
ICD-9 diagnosis codes for Lung Cancer: 1622-1629, 1970, 2312
ICD-9 diagnosis codes for All Cancers: 140-2089, 230-2349

Table 3 – Part I		Lung Cancer	All Cancers
Admission and Discharge Patterns		Total N = 449 (%)	Total N = 3,358 (%)
Admission Source	Physician Referral	67.3	77.8
	Emergency Room	28.9	18.2
	Other	3.8	4.0
Admission Type	Emergency	24.9	15.2
	Urgent	32.3	26.8
	Elective	42.5	57.8
	Other	0.2	0.1
Discharge Status	Routine to Home	58.4	73.0
	To Skilled Nursing	8.9	7.1
	To Home Health	6.2	5.5
	Expired	17.6	7.2
	Hospice	4.5	3.8
	Other	4.4	3.4
Hospital Location	Other Urban	52.8	51.9
	Rural	47.2	48.1

Table 3 – Part II Patient Characteristics		Lung Cancer	All Cancers
		Total N = 449 (%)	Total N = 3,538 (%)
Gender	Female	49.2	49.0
	Male	50.8	51.0
Primary Payer	Medicare	59.2	49.5
	Commercial Ins	16.7	24.9
	Medicaid	4.0	3.6
	Other	20.1	22.0
Age	Less than 45 years	1.1	6.8
	45 to 64 Years	26.9	34.4
	65 Years or More	71.9	58.8
	Average Age	69.7	66.5
Avg Length of Stay		6.6	5.5
Avg Total Charge		\$21,631	\$17,896

Table 3 (Parts I & II) provides statistics that explore in more detail the characteristics of those patients who were discharged in 2004 and had any type of lung cancer as a principal diagnosis versus those who had any type of cancer as a principal diagnosis. As a principal diagnosis in Montana hospitals, there were 449 lung cancer patients out of 3,538 patients with any type of cancer or 12.7%. Some additional highlights found in Table 3 are:

- Lung cancer patients were more likely to be admitted through the emergency room compared to all cancer patients.
- Only 58.4% of lung cancer patients were routine discharges to home. Almost 20% were discharged to a skilled nursing facility, home care, or hospice.
- More than 17% of lung cancer patients died in the hospital.
- Both the average length of stay for lung cancer patients was greater than that for all cancer patients.

MONTANA STATISTICS FROM COMPdata

All of the Montana patient statistics were derived from MHA's COMPdata. We encourage you to use COMPdata to examine your hospital community area(s) regarding lung cancer patients so that you might better understand the impact of these patients on your care and treatment of your patient population and the resources needed to diagnose, treat, and manage the lung cancer population.

The COMPdata graphing feature can be utilized to examine in a pictorial fashion trends in your state and hospital community area(s) regarding lung cancer. Click here to obtain a pie chart that illustrates the distribution of patients with lung cancer (as a principal diagnosis) by discharge status: <http://www.ihatoday.org/compdata/illungcagraph.pdf>.

ADDITIONAL INFORMATION

If you would like to develop the COMPdata reports that will provide similar statistics for your hospital or community, a training tool is available to guide you through the process. The training tool may be requested by e-mailing compdata@ihastaff.org. For additional assistance on using the COMPdata system, contact the COMPdata Hotline at compdata@ihastaff.org.

COMPdata Monthly Monitor - Montana August 2005 Lung Cancer

APPENDIX

More than 163,000 Americans are expected to die from lung cancer in 2005.⁵ The table below provides additional statistics on incidence and death rates for lung cancer in the U.S. versus Montana.

Lung Cancer Incidence and Age-Adjusted Death Rates¹ (Rates per 100,000)

	United States			Montana		
	Male	Female	Total	Male	Female	Total
Incidence (New Cases), 2001	90,363	65,606	155,960	355	323	678
Age-Adjusted Incidence Rate, 2001	87.7	53.2	n/a	80.6	61.5	n/a
Age-Adjusted Death Rate, 2002	73.2	41.6	54.9	64.6	44.5	53.0
Age-Adjusted Death Rate Attributable To Smoking, 1997-2001	n/a	n/a	88.2	n/a	n/a	86.0

The good news is that over the past 30 years smoking rates have decreased as have lung cancer incidence and mortality rates.⁵ This evidence illustrates the continued importance of smoking cessation programs and an increase in the number of smoke-free places including public buildings, worksites, restaurants, and day care centers. In August, 2005, the Surgeon General congratulated the announcement by Pizza Hut and KFC restaurants to ban smoking in their restaurants across the country.

As of January 1, 2005,

- ✓ 46 states had laws restricting smoking in public places
- ✓ 47 states had laws restricting smoking in government buildings
- ✓ 29 states had laws restricting smoking in private workplaces.⁶

To counter the opposition of smoke-free ordinances, research is growing that shows that smoking bans do not have a negative impact on restaurant and bar revenues.⁷

Despite the progress that's being made in many arenas, hospitals will continue to see too many patients with lung cancer as a primary reason for admission. Even more patients will be admitted with lung cancer as a comorbidity. Sadly, the 5-year survival rate for all stages of lung cancer combined is just 15%.

RESOURCES FOR ADDITIONAL INFORMATION

For Hospitals

A complete Tobacco Cessation Guideline is found at the Surgeon General's web site (<http://www.surgeongeneral.gov/tobacco/default.htm>). There are links to valuable information for both consumers and clinicians. Among the clinician materials is a clinical practice guideline for treating tobacco use and dependence.

The National Cancer Institute's "Tobacco Intervention Research Clinic" was established to study behavioral and pharmacological tobacco-use treatment interventions in clinical patient populations. For more information go to: <http://cancercontrol.cancer.gov/tcrb/factsheet.html>.

To learn more about the epidemiology of lung cancer in your own hospital's community go to the National Cancer Institute's "State Cancer Profiles" at <http://statecancerprofiles.cancer.gov>. Information is available for populations at the state and county level.

For Patients and the Community

"Help for Smokers: Ideas to Help You Quit" is a general overview of key topics in smoking cessation along with contact information and links for additional information. Among the first recommendations is for smokers to check with their health care provider on the best way to stop smoking. Go to: <http://ahrq.gov/consumer/helpsmok.htm> for more information.

"You Can Quit Smoking" is an information kit for smokers that includes a wide variety of guides and tools including a 5-day countdown guide, a pocket card, a hospital card entitled "You Can Heal Faster" and more. All materials are available in Spanish. These can be found at <http://www.ahrq.gov/consumer/tobacco/>.

A host of information on lung cancer and smoking for patients, the community, and hospitals can be found on the web sites of the American Cancer Society (<http://www.cancer.org>) and the American Lung Association (<http://www.lungusa.org>).

REFERENCES

- ¹ American Lung Association. Epidemiology & Statistics Unit, Research and Program Services. *Trends in Lung Cancer Morbidity and Mortality*. May 2005. (<http://www.lungusa.org>)
- ² Annual report to the nation on the status of cancer, 1973-1996, with a special section on lung cancer and tobacco smoking. *Journal of the National Cancer Institute*, Vol. 91, No. 8, April 21, 1999. (<http://www.cancer.gov/newscenter/pressreleases/ReportNation2004release>)
- ³ U.S. Surgeon General Celebrates "World No Tobacco Day 2005" as Part of "The Year of the Healthy Child." Press release May 31, 2005. (<http://www.surgeongeneral.gov/pressreleases/sq05312005.html>)

- ⁴ Statement by Richard H. Carmona, M.D., M.P.H., FACS U.S. Surgeon General on the Announcement by Pizza Hut and KFC Restaurants to Ban Smoking. Press release August 12, 2005. (<http://www.surgeongeneral.gov/pressreleases/sq08122005.html>)
- ⁵ American Cancer Society. "Cancer Facts and Figures 2005." Atlanta: American Cancer Society; 2005. (http://www.cancer.org/docroot/STT/stt_0.asp)
- ⁶ American Lung Association. "State Legislated Actions on Tobacco Issues 2004." (<http://slati.lungusa.org/>)
- ⁷ Impact of a smoking ban on restaurant and bar revenues – El Paso, Texas, 2002. MMWR Weekly, February 27, 2004. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5307a2.htm>)