

Canceling Cancer Culture

The Louisiana Campaign
for Tobacco-Free Living

Empowering People
and Communities
Series

Welcome.

We're happy you're joining us today.

TFL

THE LOUISIANA CAMPAIGN FOR
**TOBACCO-FREE
LIVING**
A Program of the Louisiana Cancer Research Center
and the Louisiana Public Health Institute

About TFL's Empowering People and Communities Series

"Equitably bringing health education, resources and hope to people, populations, and communities in Louisiana."

Today's Facilitator

Mitzi LaSalle, BS

**Regional Manager, Region 6 & St
Landry Parish**

**The Louisiana Campaign for Tobacco
Free Living funded by the LA Cancer
Research Center**





Dr. Constance Blunt
*Hematology Medical Oncology,
Mary Bird Perkins Cancer Center*

Today's Presenters



Dr. Konstanin "Kos" Kovtun
*Radiation Oncology, Mary Bird
Perkins Cancer Center*



Dr. Shantel Hebert-Magee
CMO Medicaid, Louisiana Dept of Health

Learning Objectives:

- 1) Discuss the various types of cancer screenings available, who should be screened, and how often screenings should be done.
- 2) Identify the risk factors that affect who should be screened for what types of cancer.
- 3) Explain the process to follow when Medicaid or Medicare is one's payor source.
- 4) Describe resources available to minority populations for better prevention, early detection, and treatment of cancers to increase survivorship outcomes.

WHY IS THIS TOPIC IMPORTANT

- Cancer Screenings play a vital role in the early detection of cancer. Sharing information about cancer screenings that should be done, when they should be done, and who should have which screenings is this webinar's focus.
- Those who use tobacco are at higher risks for many forms of cancer. Tobacco use is a leading cause of cancer diagnosis, especially Lung Cancer, but it is not the only cause of cancer. There are also disparities along the cancer continuum for minorities including tobacco use, but also regarding screening, treatment, and survivorship.
- TFL's aim is to decrease tobacco use and tobacco related disease such as cancer, especially within our priority populations.



**Dr. Constance
Blunt,**
*Hematology
Medical
Oncology*

Overview

What is lung cancer?

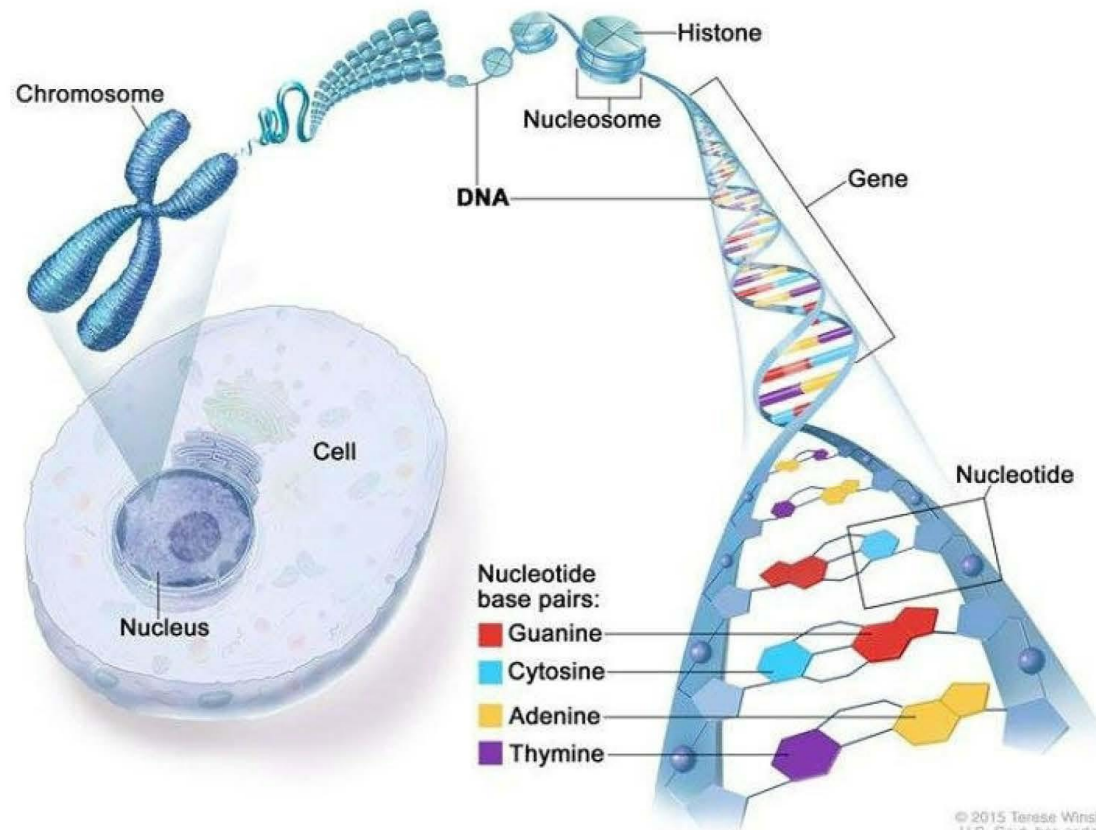
How to reduce the risk of lung cancer

What are the risk factors?

What are the symptoms of lung cancer?

Treatment

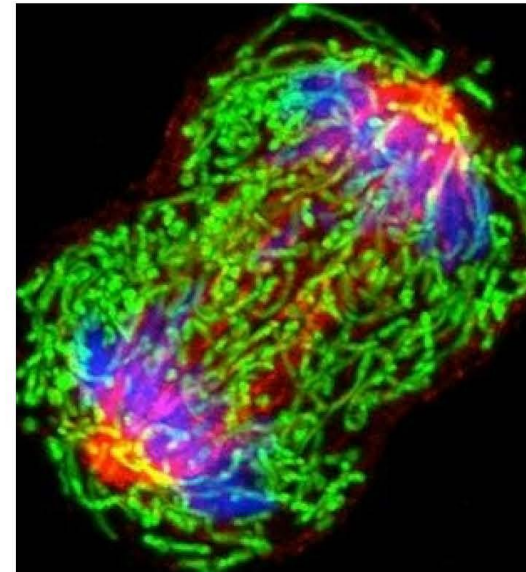
What is Cancer?



- Cancer is a disease in which the bodies cells grow uncontrollably
- It is a genetic disease caused by changes to genes that control the way our cells function, especially how they grow and divide

What is Cancer?

- Cancer can start almost anywhere in the human body, which is made up of trillions of cells.
- Cancerous tumors spread into, or invade, nearby tissues and can travel to distant places in the body to form new tumors (a process called metastasis).
- Cancerous tumors may also be called malignant tumors. Many cancers form solid tumors, but cancers of the blood, such as leukemia, generally do not.

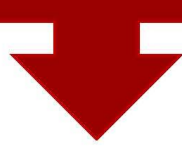


What is cancer? National Cancer Institute. (n.d.). Retrieved June 20, 2022, from *****.cancer.gov/about-cancer/understanding/what-is-cancer#definition

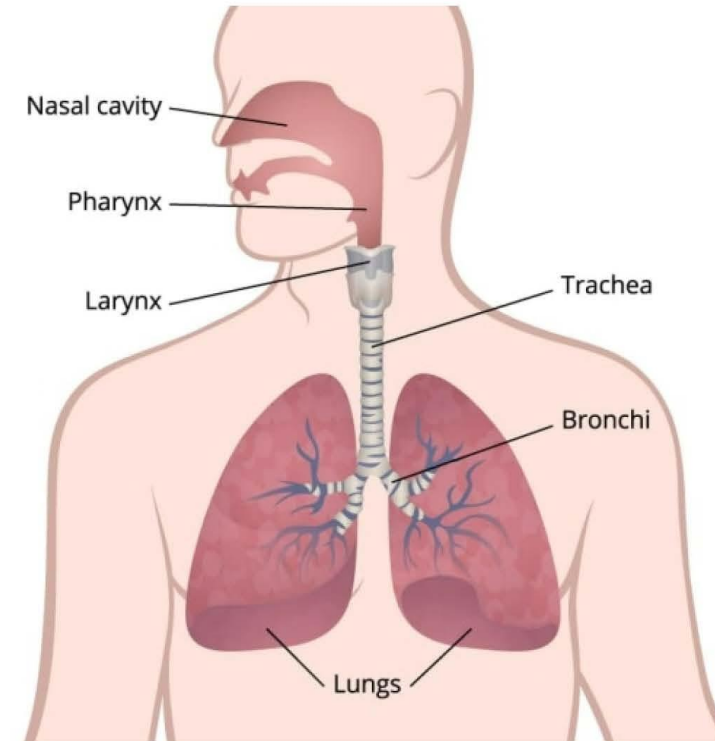
 **MARY BIRD PERKINS**
CANCER CENTER™

What is lung cancer?

Normal lung cells grow out of control



Lung cancer begins in the lungs and may spread to lymph nodes or other organs in the body



Lung Cancer



Small
cell

Non-small cell

Adenocarcinoma

Squamous cell

Large cell

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Lung Cancer

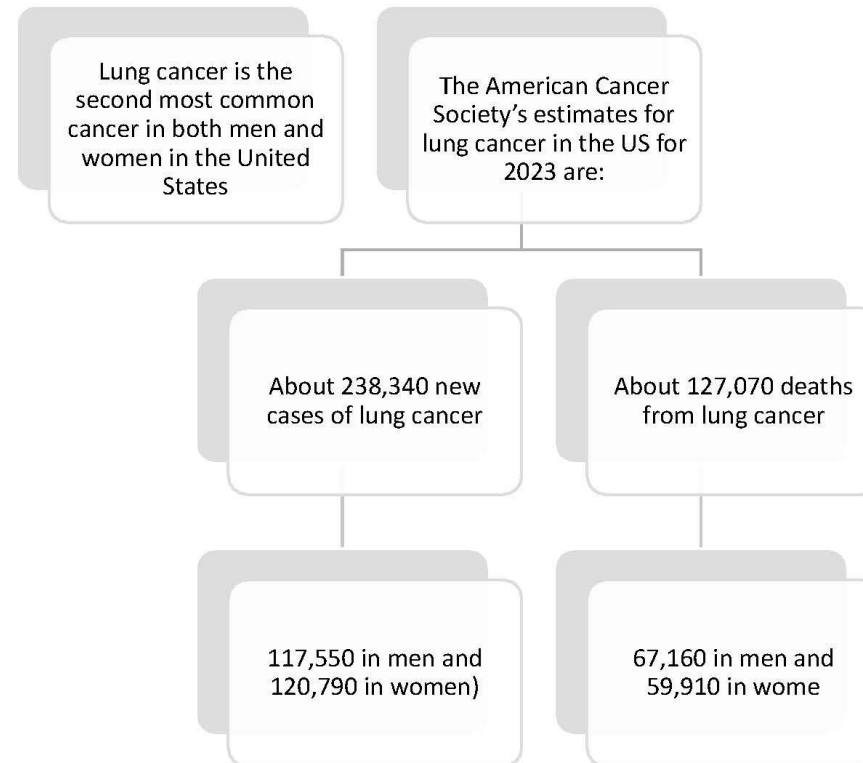


Risk Factors:

- Risk factors for lung cancer include smoking (secondhand smoke), radon and asbestos exposure, and pollution
- In addition, family history, cancer history and history of COPD or Pulmonary Fibrosis could put you at greater risk



How common is lung cancer?



Signs and symptoms of lung cancer

Most Common

- A cough that does not go away or gets worse
- Coughing up blood or rust-colored sputum (spit or phlegm)
- Chest pain that is often worse with deep breathing, coughing, or laughing
- Hoarseness
- Loss of appetite
- Unexplained weight loss
- Shortness of breath
- Feeling tired or weak
- Infections such as bronchitis and pneumonia that don't go away or keep coming back
- New onset of wheezing

Metastatic Disease

- Bone pain
- Nervous system changes (such as headache, weakness or numbness of an arm or leg, dizziness, balance problems, or seizures), from cancer spread to the brain
- Yellowing of the skin and eyes (jaundice), from cancer spread to the liver
- Swelling of lymph nodes (collection of immune system cells) such as those in the neck or above the collarbone



Risk Reduction

- Not smoking
- Quitting smoking
- Lower exposure to workplace or environmental risk factors



Advances in lung cancer treatment

- Treatment options for lung cancer:
- Surgery
- Chemotherapy
 - Targeted Drugs
 - Immunotherapy
- Radiation



Durvalumab

Non-small cell lung cancer:

- Alone in patients with stage III cancer that cannot be removed by surgery but has not worsened after platinum-based chemotherapy and radiation therapy.
- With tremelimumab-actl and platinum-based chemotherapy in patients with cancer that has spread to other parts of the body and does not have an abnormal *EGFR* gene or *ALK* gene.



Durvalumab



Small cell lung cancer

- It is used with etoposide and either carboplatin or cisplatin as the first treatment in patients with extensive-stage cancer.

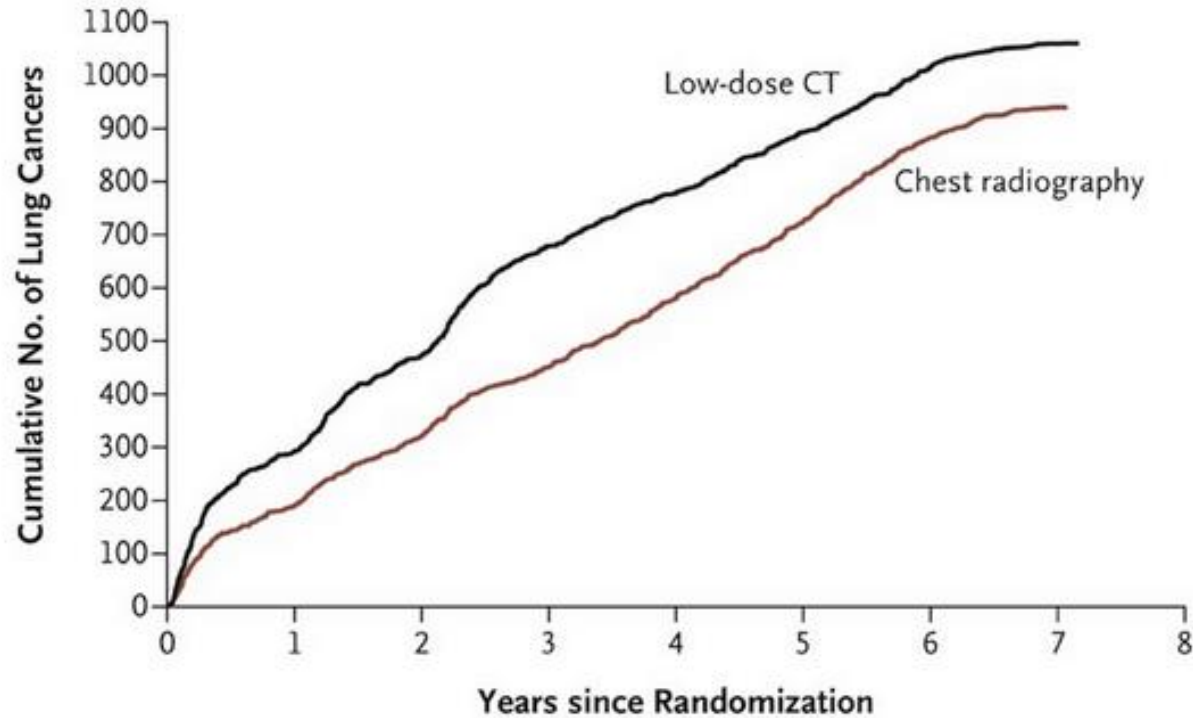


Dr. Konstantin “Kos” Kovtun, Radiation Oncology

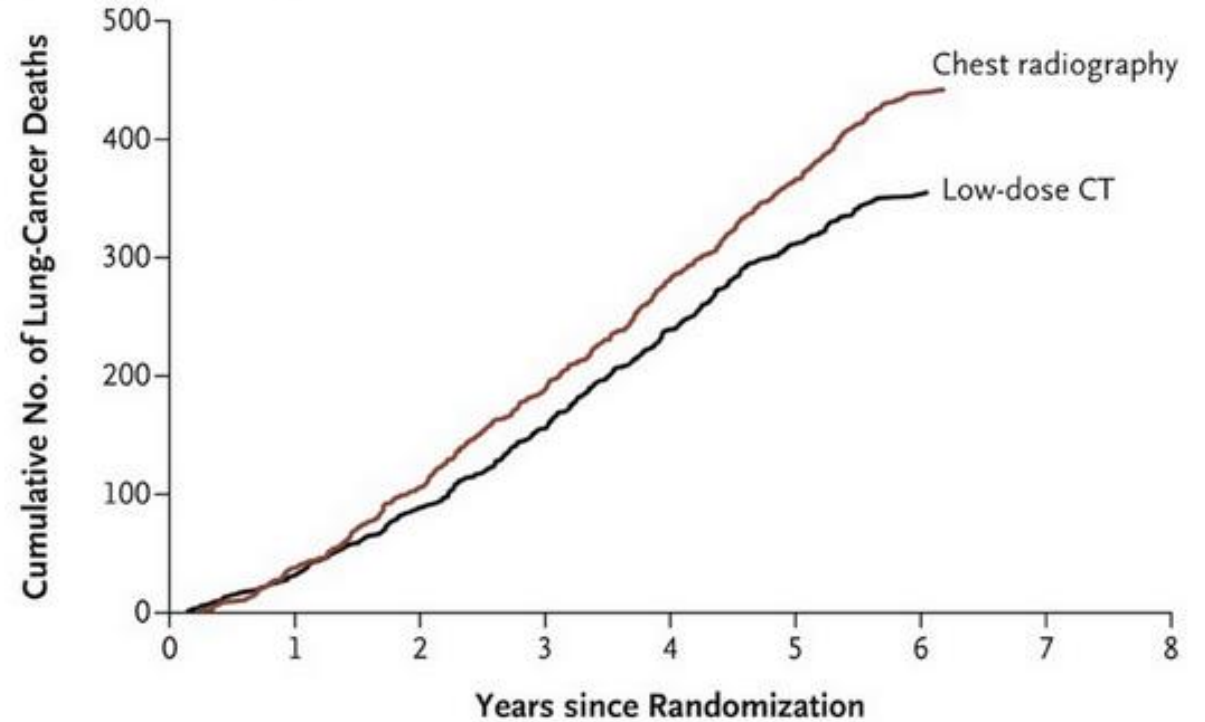
	NLST	NELSON
AGE	55-74	50-75
Pack years	30, current or within 15 years	15, current or within 10 years
Exclusions	Weight loss, hemoptysis, CT	Mod-severe health problems, Inability to climb 2 flights, previous CA's, CT
CT intervals	Baseline, 1 & 2 years	Baseline, 1, 3 & 5.5
n	53,454	15,789
Relative Mortality Reduction (%)	20	24 (men) 48 (women)
All cause mortality (%)	6.7%	Not significant

National Lung Screening Trial

A Lung Cancer



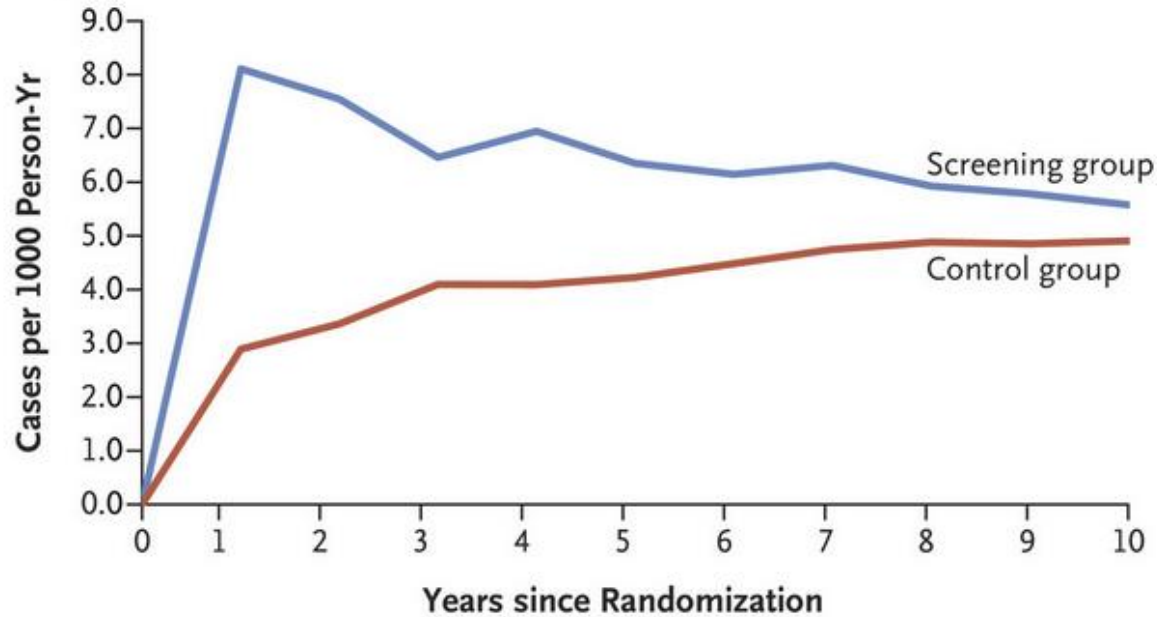
B Death from Lung Cancer



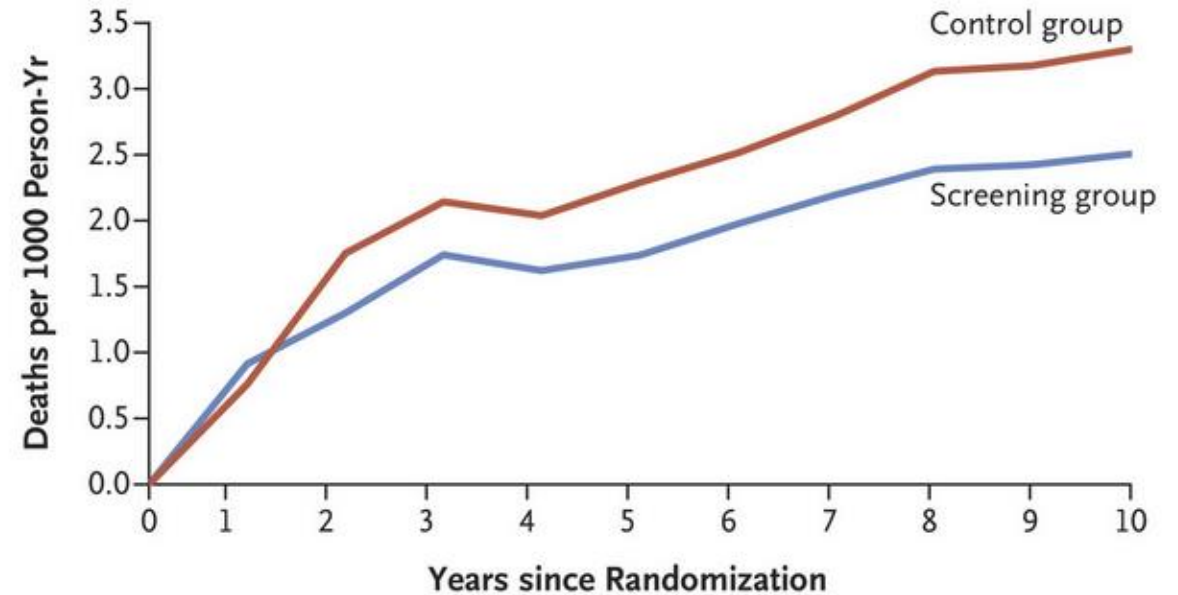
<https://www.nejm.org/doi/full/10.1056/nejmoa1102873>

NELSON Trial

A Lung-Cancer Incidence



B Lung-Cancer Mortality



<https://www.nejm.org/doi/full/10.1056/nejmoa1911793>

Potential Harms

25% of screened have abnormal finding; 11% of these led to invasive procedure (2.8%)



National
Comprehensive
Cancer
Network®

NCCN Guidelines Version 1.2023 Lung Cancer Screening

[NCCN Guidelines Index](#)
[Table of Contents](#)
[Discussion](#)

RISKS/BENEFITS OF LUNG CANCER SCREENING^{1,2}

RISKS

- Futile detection of indolent disease
- Quality of life
 - Anxiety about test findings
- Physical complications from diagnostic workup
- False-positive results
- False-negative results
- Unnecessary testing and procedures
- Radiation exposure
- Cost
- Incidental lesions

BENEFITS

- Decreased lung cancer mortality³⁻⁵
- Quality of life
 - Reduction in disease-related morbidity
 - Reduction in treatment-related morbidity
 - Improvement in healthy lifestyles
 - Reduction in anxiety/psychosocial burden
- Discovery of other significant occult health risks (eg, thyroid nodule, severe but silent coronary artery disease, early renal cancer in upper pole of kidney, aortic aneurysm, breast cancer)

Comparing Number Need to Screen

- Number needed to screen to prevent one lung cancer death ~ **256-320**
- Breast CA (Mammogram) ~ 500
- Colorectal CA (Colonoscopy) ~ 600
- Prostate CA (PSA) ~ 1,000

US Preventative Task For Recommendation

Population	Recommendation	Grade
<p>Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years</p>	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>	<p>B</p>

RISK ASSESSMENT^{a,b,c}

RISK STATUS

SCREENING

- Cigarette smoking history^d
- Radon exposure^e
- Occupational exposure^f
- Cancer history^g
- Family history of lung cancer in first-degree relatives
- Disease history (chronic obstructive pulmonary disease [COPD] or pulmonary fibrosis)
- Cigarette smoking exposure^h (second-hand smoke)
- Risk calculator to enhance determination of risk status^{i,j}

- Patients not eligible for lung cancer screening:
- Symptoms of lung cancer (see [NCCN Guidelines for Non-Small Cell Lung Cancer](#))
 - Previous lung cancer (see [Surveillance in the NCCN Guidelines for Non-Small Cell Lung Cancer](#))
 - Functional status and/or comorbidity that would prohibit curative intent treatment^k (see [Principles of Surgery in the NCCN Guidelines for Non-Small Cell Lung Cancer](#))

High risk^{i,l,m}

- Age ≥50 y (category 1) and
- ≥20 pack-year history of smoking cigarettes (category 1)

In candidates for screening, shared patient/provider decision-making is recommended, including a discussion of benefits/risks^{c,j}

Low-dose CT (LDCT)ⁿ (category 1)

[See Screening Findings \(LCS-2\)](#)

Low risk

- Age <50 y and/or
- <20 pack-year history of smoking cigarettes

Lung cancer screening not recommended

Multidisciplinary Lung Screening Program

- The potential of screening to detect early cancers may both increase the overall cure rate and allow more options to achieve cure (surgery or stereotactic body radiation therapy) vs chemoRT or palliative only options later
- However, screening may not accomplish these goals unless it takes place in the context of a multidisciplinary program to ensure that screening is properly performed and results properly interpreted, and followed up, and that disease, when detected, is managed appropriately.

Multidisciplinary Lung Screening Program

- Radiology
- Pulmonology
- Thoracic Surgery
- Radiation Oncology
- Medical Oncology
- Care Coordination/Navigation
- Nursing
- Tobacco cessation

Lung-RADS® Version 1.1

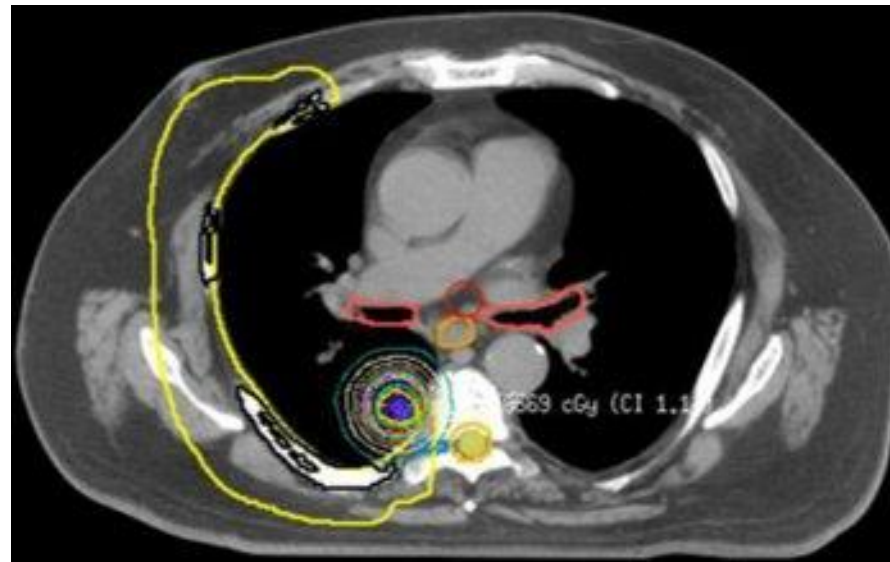
Assessment Categories Release date: 2019

Category Descriptor	Lung-RADS Score	Findings	Management	Risk of Malignancy	Est. Population Prevalence
Incomplete	0	Prior chest CT examination(s) being located for comparison Part or all of lungs cannot be evaluated	Additional lung cancer screening CT images and/or comparison to prior chest CT examinations is needed	n/a	1%
Negative No nodules and definitely benign nodules	1	No lung nodules Nodule(s) with specific calcifications: complete, central, popcorn, concentric rings and fat containing nodules	Continue annual screening with LDCT in 12 months	< 1%	90%
Benign Appearance or Behavior Nodules with a very low likelihood of becoming a clinically active cancer due to size or lack of growth	2	Perifissural nodule(s) (See Footnote 11) < 10 mm (524 mm ³)			
		Solid nodule(s): < 6 mm (< 113 mm ³) new < 4 mm (< 34 mm ³)			
		Part solid nodule(s): < 6 mm total diameter (< 113 mm ³) on baseline screening			
		Non solid nodule(s) (GGN): <30 mm (<14137 mm ³) OR ≥ 30 mm (≥ 14137 mm ³) and unchanged or slowly growing			
		Category 3 or 4 nodules unchanged for ≥ 3 months			

Probably Benign Probably benign finding(s) - short term follow up suggested; includes nodules with a low likelihood of becoming a clinically active cancer	3	Solid nodule(s): ≥ 6 to < 8 mm (≥ 113 to < 268 mm ³) at baseline OR new 4 mm to < 6 mm (34 to < 113 mm ³)	6 month LDCT	1-2%	5%
		Part solid nodule(s) ≥ 6 mm total diameter (≥ 113 mm ³) with solid component < 6 mm (< 113 mm ³) OR new < 6 mm total diameter (< 113 mm ³)			
		Non solid nodule(s) (GGN) ≥ 30 mm (≥ 14137 mm ³) on baseline CT or new			
Suspicious Findings for which additional diagnostic testing is recommended	4A	Solid nodule(s): ≥ 8 to < 15 mm (≥ 268 to < 1767 mm ³) at baseline OR growing < 8 mm (< 268 mm ³) OR new 6 to < 8 mm (113 to < 268 mm ³)	3 month LDCT; PET/CT may be used when there is a ≥ 8 mm (≥ 268 mm ³) solid component	5-15%	2%
		Part solid nodule(s): ≥ 6 mm (≥ 113 mm ³) with solid component ≥ 6 mm to < 8 mm (≥ 113 to < 268 mm ³) OR with a new or growing < 4 mm (< 34 mm ³) solid component			
		Endobronchial nodule			
Very Suspicious Findings for which additional diagnostic testing and/or tissue sampling is recommended	4B	Solid nodule(s) ≥ 15 mm (≥ 1767 mm ³) OR new or growing, and ≥ 8 mm (≥ 268 mm ³)	Chest CT with or without contrast, PET/CT and/or tissue sampling depending on the *probability of malignancy and comorbidities. PET/CT may be used when there is a ≥ 8 mm (≥ 268 mm ³) solid component. <i>For new large nodules that develop on an annual repeat screening CT, a 1 month LDCT may be recommended to address potentially infectious or inflammatory conditions</i>	> 15%	2%
	4B	Part solid nodule(s) with: a solid component ≥ 8 mm (≥ 268 mm ³) OR a new or growing ≥ 4 mm (≥ 34 mm ³) solid component			
	4X	Category 3 or 4 nodules with additional features or imaging findings that increases the suspicion of malignancy			

Key Options for High Risk Cases

- Repeat LDCT at 6 week, 3m, 6m or 12m interval
- PET
- Biopsy (Bronchoscopy vs CT guided)
- MultiD discussion about empiric stereotactic body radiation therapy (SBRT) if risk of malignancy high, patient frail or refuses pathologic confirmation



Non Operative Patients Have Excellent Curative Options – Potentially Even w/o Biopsy

Solitary Pulmonary Nodule (SPN) Malignancy Risk Score (Mayo Clinic Model)



Predicts malignancy risk in solitary lung nodules on chest x-ray.

INSTRUCTIONS

Do not use in patients with prior lung cancer diagnosis or with history of extrathoracic cancer diagnosed within 5 years of nodule presentation.

When to Use ▾

Age years

Nodule diameter mm

Current or former smoker 0 +1

Extrathoracic cancer diagnosis ≥5 years prior 0 +1

Upper lobe location of tumor 0 +1

Nodule spiculation 0 +1

FDG-PET

Optional, if performed

PET not performed
 No uptake
 Faint uptake
 Moderate uptake
 Intense uptake

76.6 %

Probability of malignancy

One study suggests watchful waiting only at very low post-test probabilities (<2%), biopsy at "lower" post-test probabilities (2% to 20%), and surgery at higher post-test probabilities (>70%). See Next Steps.

Copy Results 📄

Next Steps >>>

Table 1 Benefits of pathology-proven and empiric SBRT

Benefits of pathology-proven SBRT

Benefits of empiric SBRT

Confirmation of malignancy

Avoid CT-guided transthoracic needle biopsy which for peripheral tumor which can be non-diagnostic in 5–35% of cases

Pathology for guidance of systemic therapy (i.e., small cell carcinoma or future therapies)

No risk of pneumothorax

If transbronchial biopsy is an option (i.e., central disease), EBUS nodal evaluation can be performed simultaneously

Safer than biopsy in patients on blood thinners, with tumors in difficult to biopsy locations, with numerous comorbidities

Avoid unnecessary SBRT if pathology is negative for malignancy

Biopsy can be obtained at relapse if needed

Increased cost-effectiveness (avoiding overtreatment of benign nodules)

–

- 1-5 noninvasive outpatient treatments of radiation (about 20 min each)
- Toxicity very low, rare to impact pulm function
- 3 year control rates 90-95%, 5 years 85-90%



**Dr. Shantel
Hebert-Magee,
*CMO Medicaid,
Louisiana Dept
of Health***

Louisiana Medicaid's Role in Canceling Cancer Culture

- Louisiana struggles with higher rates of chronic conditions like cancer, in comparison to the rest of the country.
- Louisiana Medicaid is moving the dial on many of these conditions, providing access to healthcare that is making measurable, positive impacts.

States with the Highest Cancer Rates

Average U.S. National Cancer Rate = 436



Average annual new cancer cases per 100,000 people					
1	Kentucky	503.4	6	Nebraska	477.7
2	Louisiana	486.6	7	Iowa	475.7
3	Arkansas	486.4	8	New York	472.2
4	West Virginia	484.3	9	Mississippi	471.4
5	New Jersey	479.9	10	Maine	465.8

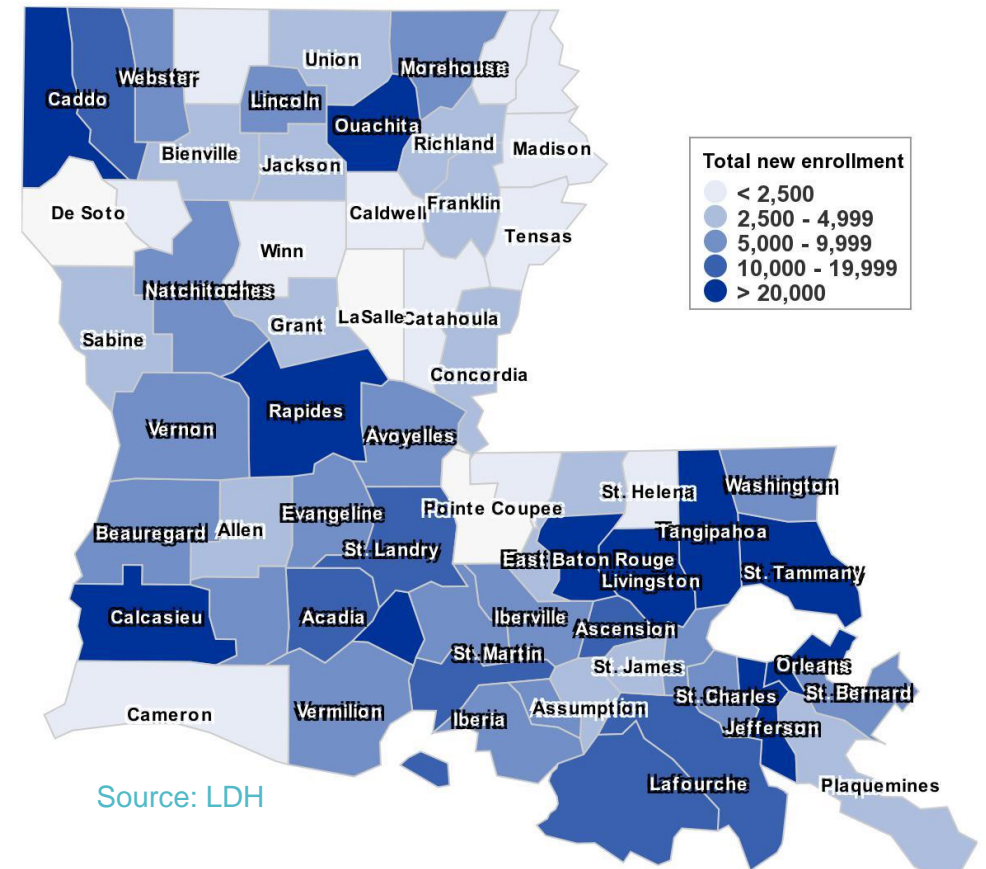
Source: The Mesothelioma Center

Louisiana Medicaid – Making an Impact

- The uninsured rate among Louisiana adults dropped from 22.7% in 2015 to 9.4% in 2022 with the expansion of Medicaid.
- The percentage of people in our state without health insurance is less than HALF of what it was only 7 years ago.

Expansion Enrollment by Parish

As of Mar 2, 2023



Medicaid Enrollment Increases

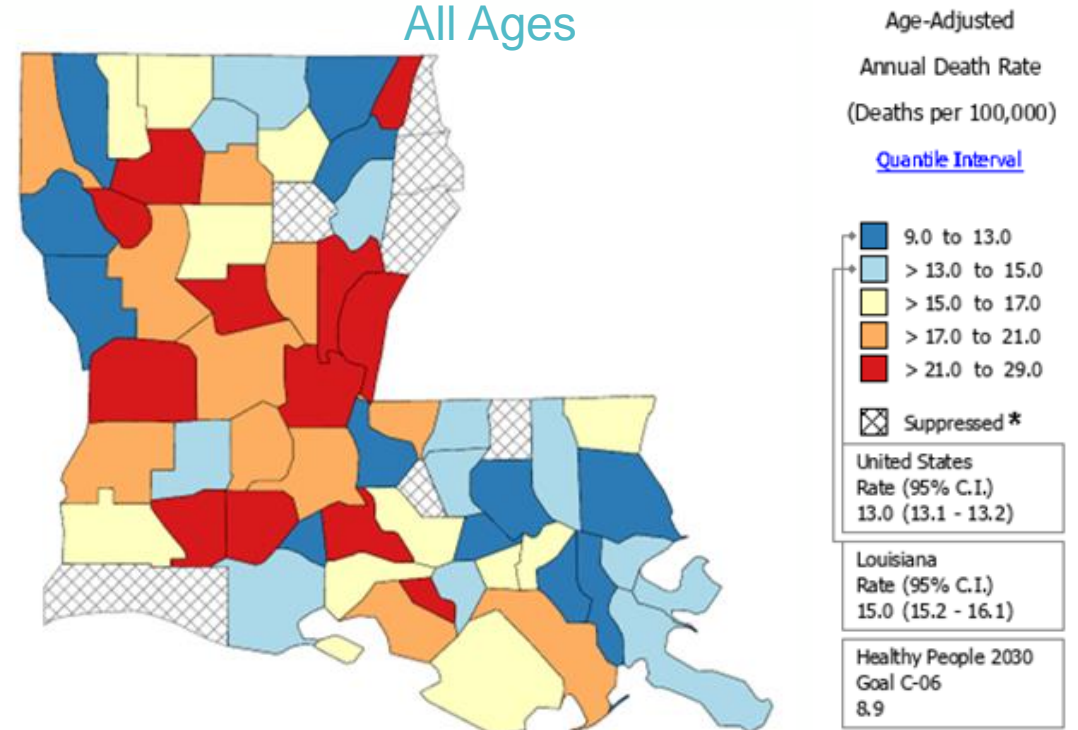
- During state fiscal year 2021, more than 1.9 million people — or about 42% of Louisiana’s population of more than 4.6 million—were enrolled in the Medicaid program.
 - This represents an increase by 3.7% from the previous year.
- Our current enrollment is well over 2 million members.
- This increase is attributable to the COVID-19 public health emergency.

Colorectal Cancer

LDH has identified colorectal cancer as an area of focus because the number of cases and mortality rates are higher on average in Louisiana than the national average.

- In Louisiana, there are 45.1 colorectal cancer cases per 100,000; in the U.S., that number is 38 per 100,000.
- Mortality rates are higher for Louisianans (15.9 per 100,000) than national averages (13.0 per 100,000).

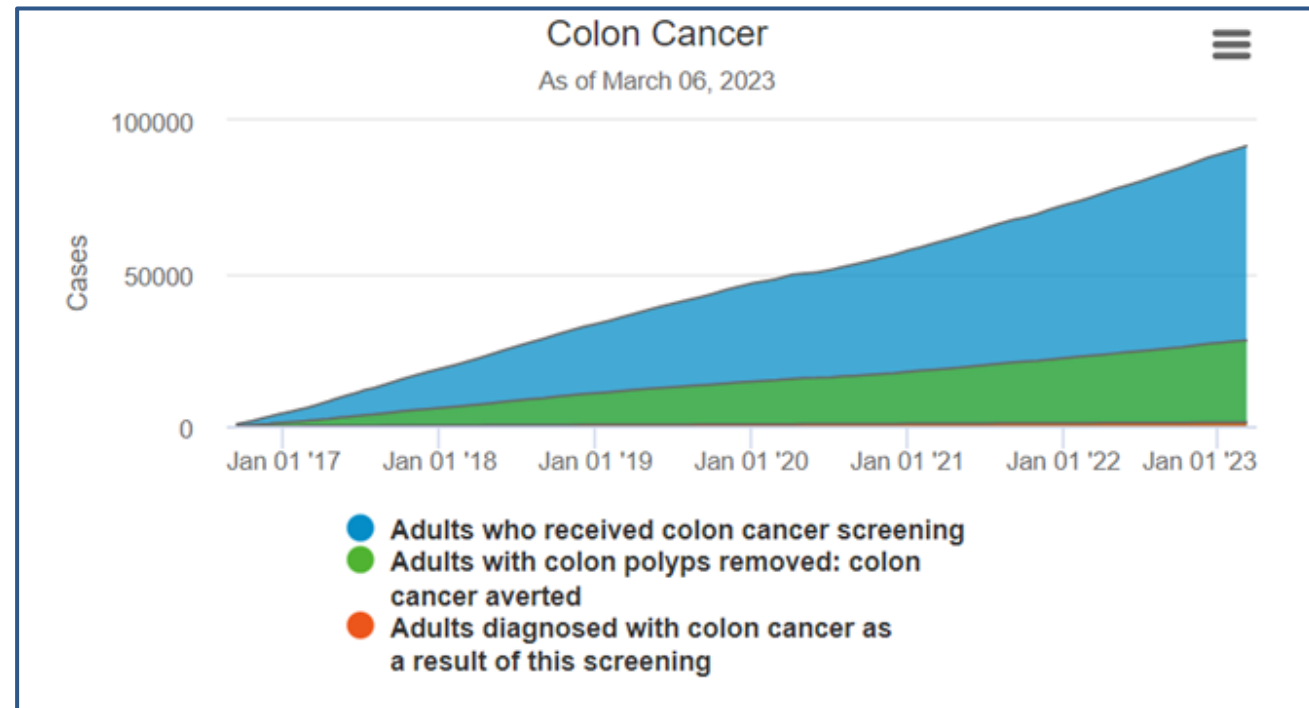
Death Rates in Louisiana by Parish
Colon & Rectum Cancer, 2016-2020
All Races (includes Hispanic), Both Sexes,
All Ages



Source: NIH, CDC, HHS, National Cancer Institute

Investment in Colorectal Cancer Prevention

- Through Medicaid expansion, more than 87,000 adults have received colon cancer screenings, and nearly 27,000 people with colon polyps have had them removed, which can prevent colon cancer in the future.
- Of those screened, roughly 1,200 were diagnosed with colon cancer, one of the most treatable forms of cancer when caught early.

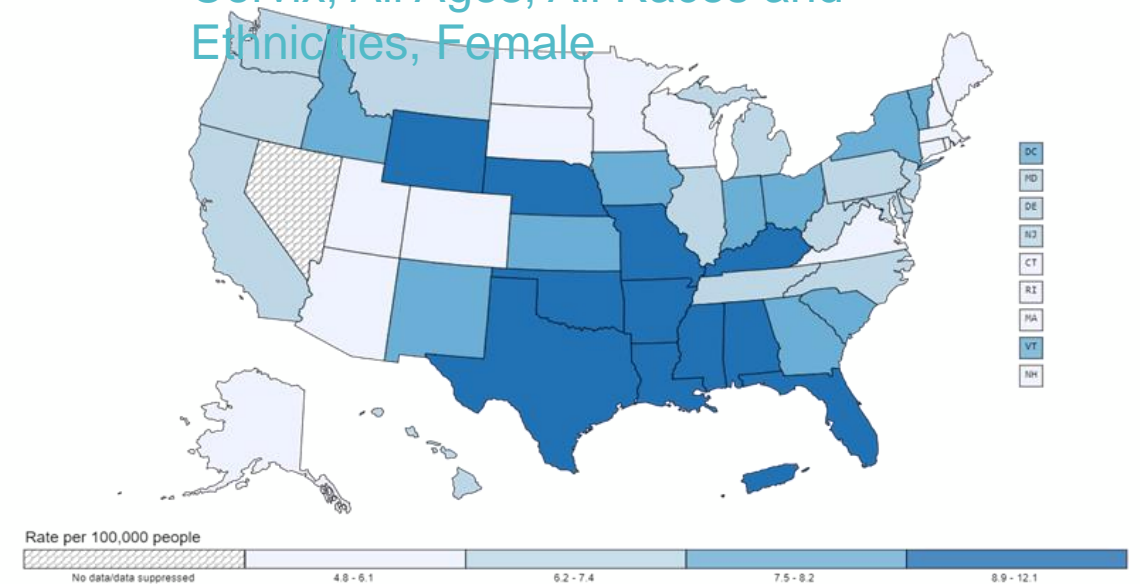


Cervical Cancer

- Long-lasting infection from certain types of HPV is the main cause of cervical cancer.
- According to The Louisiana Cancer Registry, 742 Louisianans are diagnosed with HPV related cancers annually.

Rate of New Cancers in the United States, 2019

Cervix, All Ages, All Races and Ethnicities, Female

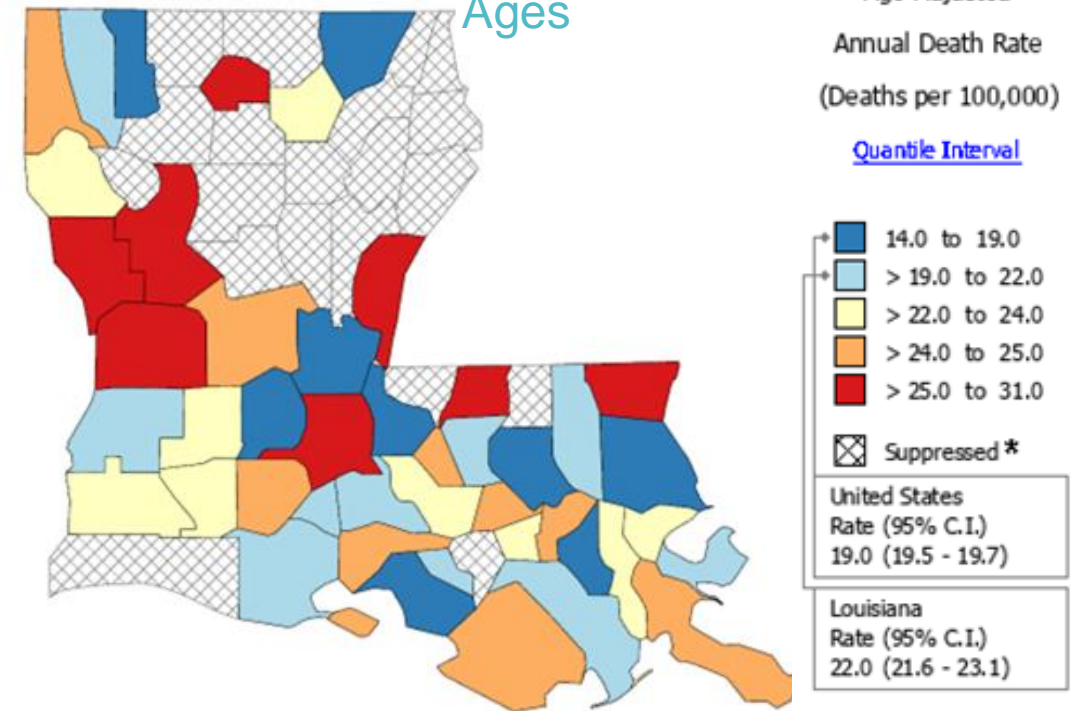


Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999-2019): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in November 2022.

Breast Cancer

- Louisiana has the 4th highest breast cancer death rate in the country. With regular screening, breast cancer can often be found and stopped early.
- The main reason women die from breast cancer is lack of regular screening.

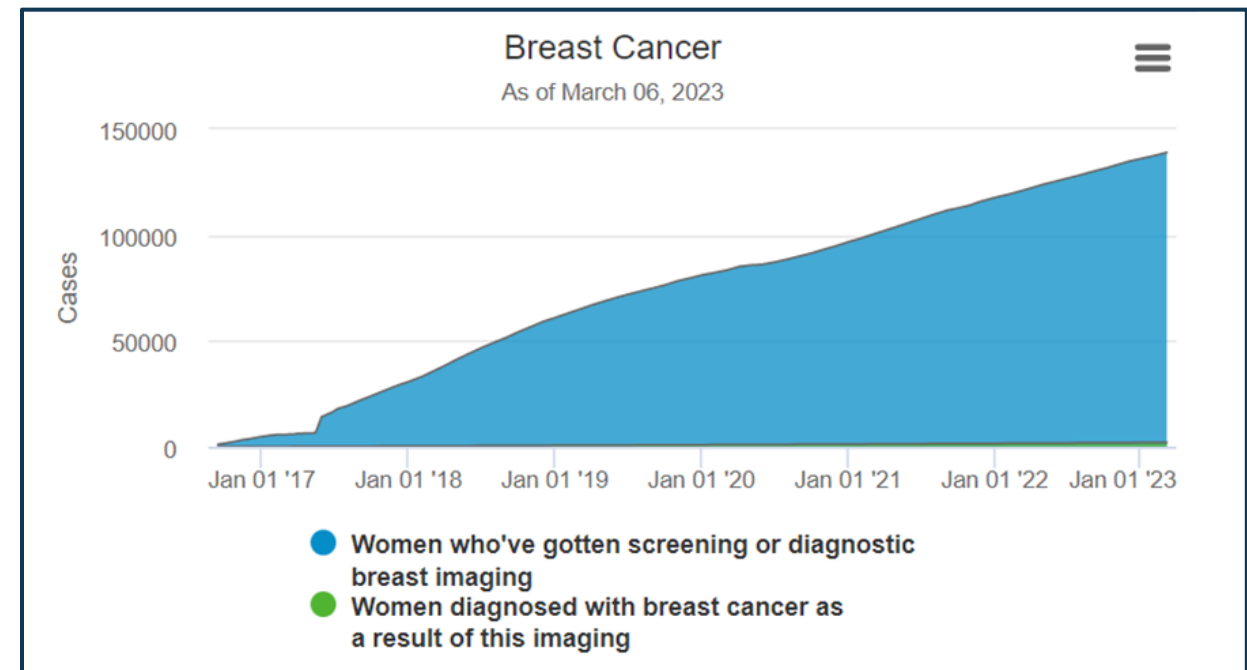
Death Rates in Louisiana by Parish
Breast Cancer, 2016-2020
All Races (includes Hispanic), Female, All
Age-Adjusted
Ages



Source: NIH, CDC, HHS, National Cancer Institute

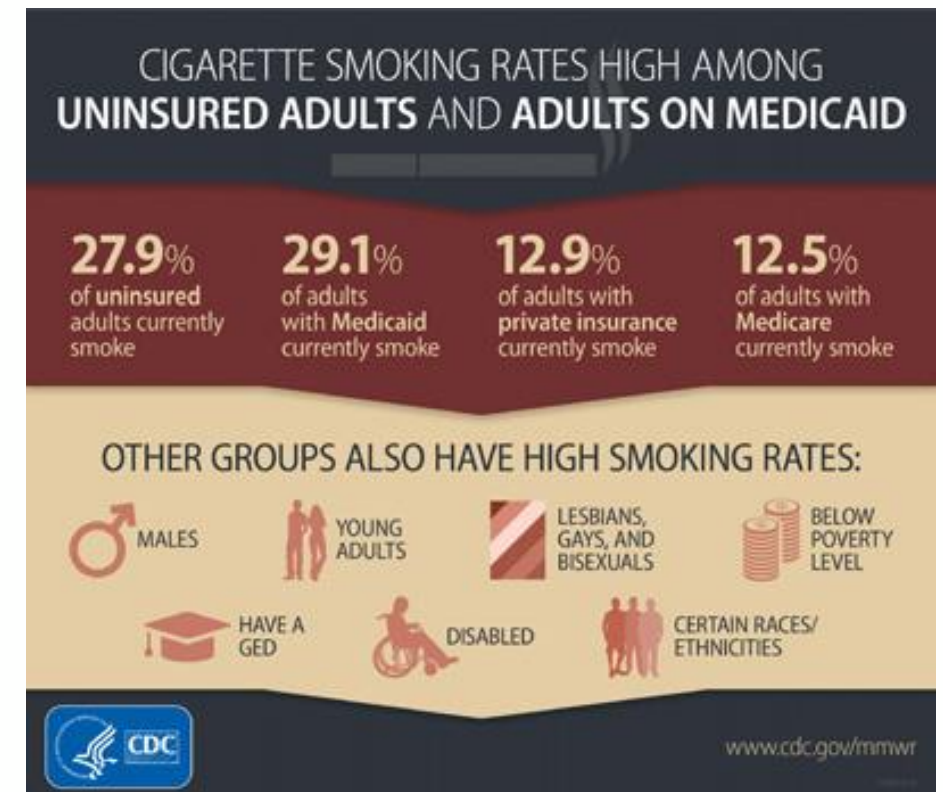
Investment in Breast & Cervical Cancer Prevention

- Coverage for screenings and treatment is available through Louisiana Medicaid .
 - Nearly 140,000 women have gotten screening or diagnostic breast imaging through Medicaid expansion.
 - As a result of this imaging, over 2,000 women were diagnosed with breast cancer.
- The Louisiana Breast and Cervical Health Program (LBCHP), provides no-cost breast and cervical cancer screenings.
- Women screened through LBCHP and who are in need of treatment for breast or cervical cancer, or a pre-cancerous condition, have access to no-cost healthcare coverage, known as BCC Medicaid.



Lung Cancer

- Tobacco use is the leading cause of preventable death in the United States. According to the American Cancer Society, smoking is the cause of 80% of lung cancer deaths nationwide (ACS, 2021)
- The smoking rate in LA is 22% compared with the national rate of 15% (American Lung Association, 2019).
- The Medicaid population smokes at a rate almost two and a half times higher than the private insurance population.



Lung Cancer Prevention

- All state Medicaid programs cover some cessation treatments for all state Medicaid enrollees
- One of the goals of the 2023 LDH business plan is to increase coverage of tobacco cessation counseling to all Medicaid enrollees.

Types of Counseling Recommended by the US Public Health Service and FDA-Approved Cessation Medications



Source: CDC

Elements that Support Medicaid's Endeavors

- Examples of value add services
 - Gift care incentives for wellness visits, diabetes screening, health assessments, flu shots,
 - Diabetes screening 21 years of age and older: \$50
 - Afterschool programs: \$50 credit toward afterschool program
 - Cell phone services for select members
 - GED test preparation assistance and job placement and readiness
 - Asthma environmental remediation benefit up to \$200 annually to cover carpet cleaning, air purifiers; and/or allergen-free bedding
 - 14 delivered post hospital discharge meals, up to 4 discharges 14 delivered meals post governor declared disaster: hurricane and tornado only

A comparison chart of all MCOs value add services effective 1/1/23 can be found at the link below:

https://www.myplan.healthy.la.gov/content/dam/digital/united-states/louisiana/la-eb/language-masters/en/pdf/488390_LAEB-HP-COMP-E-0822_Hires_Final%20Approved.pdf

SILOS IN HEALTHCARE





THANK YOU



Q&A Session

Let's start a conversation.

Takeaway and Resource

 <h2>Resources</h2> 	
<h3>Cancer Disparities-From Diagnosis to Treatment</h3>	
Free Early Detection Cancer Screenings	https://marybird.org/services/get-screened/
Louisiana Tumor Registry website	https://sph.lsuhscc.edu/louisiana-tumor-registry/
Data Visualization	https://sph.lsuhscc.edu/louisiana-tumor-registry/data-usestatistics/louisiana-data-interactive-statistics/louisiana-cancer-data-visualization/
Risk Factor Dashboard	https://sph.lsuhscc.edu/louisiana-tumor-registry/data-usestatistics/louisiana-data-interactive-statistics/risk-factor-dashboard/
Cancer One-Pagers	https://sph.lsuhscc.edu/louisiana-tumor-registry/data-usestatistics/cancer-one-pagers/
QUIT Resources	https://quitwithusla.org/
TFL EPCS	https://tobaccofreeliving.org/empower
Mary Bird Perkins Cancer Center	https://marybird.org/ and marybird.org/lung
What You Need to Know About Lung Cancer & Screenings	4 Questions Louisianans Should Ask About Lung Cancer & Screenings Mary Bird Perkins Cancer Center
LCRC	Clinical Trials (louisianacancercenter.org)
LPHI	https://lphi.org/
Join the Healthier Air for All Movement	ACT LOCAL Healthier Air for All
Join the Louisiana Healthy Communities Coalition (LHCC)	Healthylouisiana.org

Conclusion

Let's recap.

Thank you.

We look forward to seeing you again.

TFL

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A Program of the Louisiana Cancer Research Center
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