Welcome

Claudia Henschke, PhD, MD

Welcome to the seventh issue of the COE Newsletter! In honor of Lung Cancer Awareness Month, this issue will center projects and activities within the Tisch Cancer Institute related to lung cancer.

The Mount Sinai Health System's ELCAP (Early Lung Cancer Action Program) is a leader in early lung cancer detection and research. The program's innovative use of low-dose CT screening has demonstrated that over 80% of lung cancers detected through this method are at a clinical stage I, where the cure rate is approximately 80-95%. This is a stark contrast to the 10-15% cure rate for cancers found at later stages, underscoring the critical importance of early detection.

In addition to detecting lung cancer early, the program also provides valuable prognostic information on related conditions such as emphysema, breast density, and coronary artery calcifications, offering a comprehensive approach to patient health.

Mount Sinai's I-ELCAP program is committed to reducing lung cancer disparities, particularly among underserved communities in New York City. By offering accessible and culturally sensitive screening services, I-ELCAP is not only improving survival rates but also setting the stage for future advances in lung cancer research and treatment.

In partnership with the I-ELCAP program, the COE has created a Community Patient Navigator program with the aim of improving access to lung cancer screening among underserved communities across NYC with high cancer incidence and mortality. Community Patient Navigators are trained volunteers, many of whom reside in the communities they serve, who navigate eligible community members into low-dose CT screening.

- Claudia Henschke, PhD, MD

Data

Lung cancer is one of several priority cancers at the Tisch Cancer Institute at Mount Sinai. The incidence (the number of new individuals diagnosed) and mortality (the number of people who die) of lung cancer differs across New York City. For example, areas with higher levels of poverty and higher racial/ethnic minority populations also have higher rates of incidence and mortality of lung cancer.

To show how these disparities are spread out across NYC, we created three maps with incidence and mortality rates of lung cancer in NYC by borough.
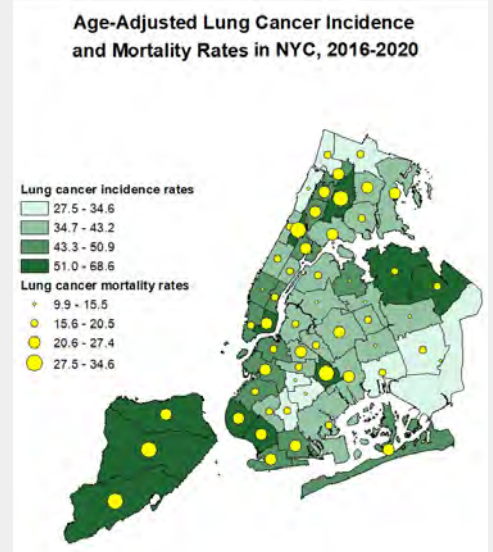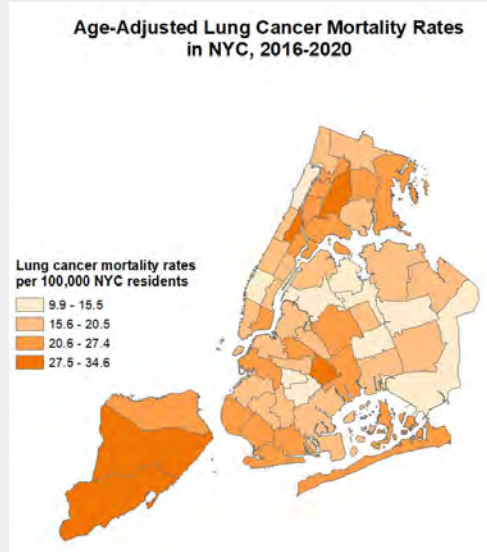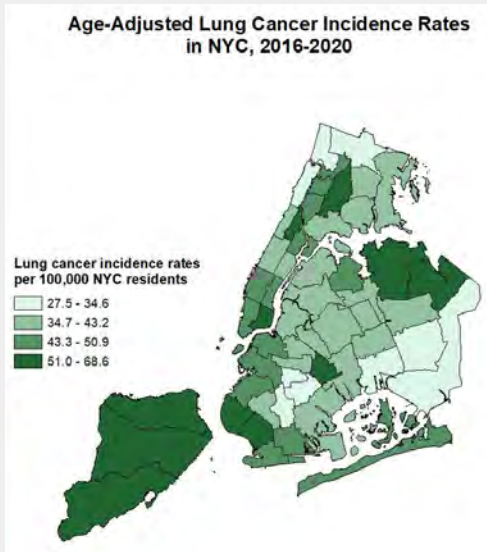
Map 1. Lung Cancer Incidence Rates in New York City by Borough, 2016-2020
On this map, areas with darker colors represent higher incidence rates of lung cancer, and areas with lighter colors represent lower incidence rates of lung cancer.

Map 2. Lung Cancer Mortality Rates in New York City by Borough, 2016-2020
On this map, areas with darker colors represent higher mortality rates of lung cancer, and areas with lighter colors represent lower mortality rates of lung cancer.

Map 3. Lung Cancer Incidence and Mortality Rates in New York City by Borough, 2016-2020
This map combines the data from Maps 1 and 2 onto a single map. On this map, areas with darker colors represent high incidence rates of lung cancer, and the larger dots represent higher mortality rates of lung cancer.

Smoking Rates in NYC

Smoking is an important risk factor for lung cancer (as well as other cancers).

The bar graph below shows smoking prevalence in New York City by borough from 2014 to 2018, based on an annual self-report telephone survey of 10,000 randomly selected adult New Yorkers.

Overall, the smoking rate in New York City has remained stable from 2014 to 2018. On average, 13.4% of NYC residents smoked during this time period. However, each borough's own smoking rates differ from one another. For example, Staten Island had the highest smoking rate out of the boroughs every year.

This kind of data helps us see where certain interventions may be needed. For example, the consistently higher rates of smoking in Staten Island indicate that this is an important area to expand smoking cessation intervention.
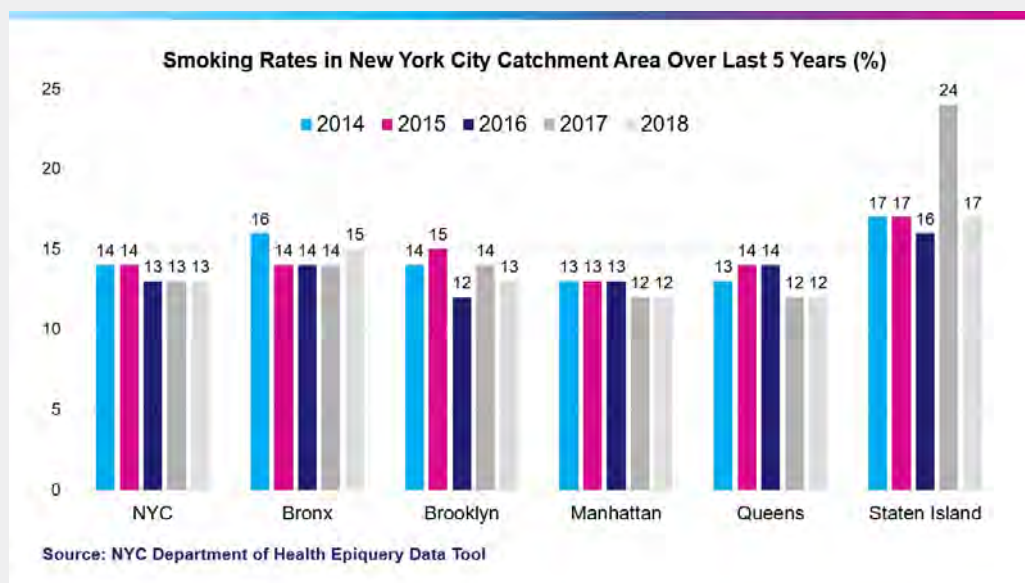

Figure 1. Smoking Rates in New York City Catchment Area, 2014-2018 (%)

Outreach

Community Partner Spotlight: LUNGevity

Written by: Angela James, MBA, LMSW, MEd, OSW-C, OPN-CG and Linda Wenger

Angela James, MBA, LMSW, MEd, OSW-C, OPN-CG, LUNGevity Associate Director of Health Equity and Community Engagement, is a member of the Tisch Community Advisory Board (CAB).

The Community Advisory Board (CAB) comprises representatives from community and faith-based organizations, federally qualified health centers, and patient advocates. Members participate in projects and activities within one of three monthly workgroups, each emphasizing outreach, education, policy, and research. Angela James is a member of the Treatment, Survivorship & Supportive Oncology Workgroup.

This workgroup focuses on the health and life of a person with cancer from diagnosis and treatment, including the physical, psychosocial, and economic issues of cancer beyond the diagnosis phase. To date, Ms. James has provided information about LUNGevity and its resources for healthcare workers to share with their patients.

The Mount Sinai Health System (Tisch Cancer Center) participated in LUNGevity's 2023 Breathe Deep TOGETHER Lung Health Resource Fair & is confirmed for October 26, 2024.

About LUNGevity

LUNGevity, the nation's leading lung cancer organization, is transforming what it means to be diagnosed and live with lung cancer. LUNGevity programs seek to have an immediate impact on quality of life and survivorship for everyone touched by the disease—while promoting health equity by addressing disparities throughout the care continuum.

The organization has a host of comprehensive resources to help healthcare providers help their patients. This includes:
- a medically vetted and patient-centric website (www.LUNGevity.org) with downloadable questions for patients to bring to their appointments as well as in-depth or in-brief booklets on staging, types of lung cancer, and

treatment options (https://www.lungevity.org/for-patients-caregivers/helpful-resources/get- educational-materials)
- Weekly Virtual Meetups for patients, survivors, caregivers, and friends and family members of people with lung cancer to virtually connect face-to-face with others across the country (https://www.lungevity.org/for-patients-caregivers/support-services/virtual-meetups)
- Online Communities (https://forums.lungevity.org/ and private Facebook groups)
- Patient Gateways with curated information on treatments, expert interviews, and links to patient communities for six specific types of lung cancer (https://gateway.lungevity.org/) the
- No One Missed Campaign to promote comprehensive biomarker testing for patients with NSCLC (www.noonemissed.org)
- a toll-free HELPLine for personalized support (844-360-864 or https://www.lungevity.org/for-patients-caregivers/support-services/lung-cancer-helpline)
- and survivor conferences that offer education, inspiration and community. and tools to find a clinical trial (https://www.lungevity.org/blogs/finding-clinical-trials-for-lung-cancer-tools-and-resources).

All LUNGevity programs are designed to help us achieve our vision—a world where no one dies of lung cancer.

Angela James, left, with a LUNGevity advocate offering resources to patients and caregivers.

American Cancer Society Lung Cancer Education and Navigation Grant

Written by: Nathalie Vieux-Gresham, MS, BS and Loreini Acevedo, MA, BA

Lung cancer is the leading cause of cancer-related deaths in the United States. Cancer-related health disparities are still higher in minority populations, notably low-income African-Americans and Latinx populations, who experience lower screening update rates, later diagnoses, and higher incidence and mortality rates.

The goal of the ACS Lung Cancer Grant is to address these health disparities by (1) delivering evidence-based educational programs on lung cancer and low-dose CT (LDCT) scans to community members at community sites; (2) train Community Patient Navigators to work one-on-one with community members; and (3) determine the eligibility of individuals for the LDCT scan and navigate them into screening.

To date, we have conducted 13 educational programs. With five additional programs scheduled, our program is on track to reach its goal of 22 programs by year's end.

You can read patient testimonies on how lung cancer screening saved their lives using the following links:
- https://www.mountsinai.org/about/patient-stories/former-smoker-cancer-detected
- https://www.mountsinai.org/about/patient-stories/former-smoker-dont-wait

UPCOMING EVENTS

Lung Cancer Care: A Personalized Approach with AI, Clinical Trials, & Coping Strategies

Join us during Lung Cancer Awareness month to learn about the Artificial Intelligence screening program. Learn about the availability and importance of clinical trials in lung cancer. Our licensed clinical social worker will also review coping strategies. Angela James, MBA, LMSW, Associate Director of Health Equity and Community Engagement, will share Lungevity resources. We hope you will join us at this free informational workshop!

Event Details:
- When: Wednesday, November 20, 2024, 3 pm-4:15 pm
- Where:
  - In-person: Hess Building, 1470 Madison Avenue,
2nd Floor, Seminar Room B
  - Online: Zoom Webinar ID: 938 4180 4552 Passcode: 033957

- To RSVP for this event or for questions, please contact us at:
  - 646-784-2388
  - cssevents@mountsinai.org

Community Science

Community Scientist Spotlight: Colette Smith

Written by: Colette Smith

On September 17, 2005, a lung cancer diagnosis turned my world topsy-turvy and changed my life for the better. I learned the true value of life – living despite challenges.

I currently attend CUNY School of Labor and Urban Studies, pursuing an Advanced Certificate Program in Leading Healthcare Change with aspirations of a master's in public health. I am passionate about healthcare advocacy and my studies will enhance the very important work I have already begun. I am a cofounder of a grassroots organization, HEALing the Bronx. Although in its infancy, it promises to be a force to be reckoned with! Our mission is to create changes around health disparities in the northeast Bronx through education, art and love.

I am inspired by Robert Nesta Marley's, So Much Things to Say. In the refrain, he sings: "When the rain falls, it don't (sic) fall on one man's house top". Brother Bob could have been precariously referring to the health disparities among

Colette Smith

his community and the rare form of skin cancer that he would ultimately succumb to. With much wider lens, this song could be a message to humanity that suffering happens globally and we should all have a hand in alleviating each other's pain.

I intentionally align myself with organizations, such as Go2 for Lung Cancer and LUNGevity, most of which are focused on improving health outcomes for lung cancer survivors. As a patient advocate, I participate on advisory boards, I evaluate and make recommendations on clinical trial consent forms, and I participate on discussion panels. As a Community Scientist at the Tisch Cancer Institute at Mount Sinai, where I am a member of a workgroup focused on community health awareness and engagement.

I was also invited to join Mount Sinai's Protocol Review and Monitoring Committee (PRMC). As a member of this committee, I comment on a study's recruitment plan, design, and consent language. I propose solutions to increase patient engagement in clinical trials.

This past April I had the opportunity of attending the inaugural African American Lung Cancer Patient & Caregiver Summit. It was a wonderfully enriching experience sponsored by the Heal Collaborative that gave me the opportunity to share my story in a most unique way. (https://www.youtube.com/watch?v=tHqVANsu7qw)

As a 9-year lung cancer survivor, I am looking to make disruption of the status quo my life's work and I hope to inspire others to do the same.

You can learn more about Colette's story here. (Video link: https://www.youtube.com/watch?v=tHqVANsu7qw)

Clinical Trials

Written by: Deborah Doroshow, MD, PhD

Almost two thirds of people diagnosed with non-small cell lung cancer (NSCLC), the most common kind of lung cancer, feel poorly enough when they are diagnosed that they may not be able to do work around the house or continue their jobs; some may feel poorly enough that they may spend more than half of the day lying down or sitting. Patients with these limitations are often described as having an Eastern Cooperative Oncology Group (ECOG) performance status (PS) of 2 or 3. A performance status score measures how much a disease affects a patient's daily life.

Patients with a PS of 2 or 3 are not well represented in clinical trials of immunotherapy, which often need participants to be feeling quite well and to be very active in their daily lives. Existing data suggests that these patients can safely receive immunotherapy, but that it may be less effective than in patients who are more fit.

Deborah Doroshow, MD, PhD

In our study, we are asking if people who receive immunotherapy right after being diagnosed with advanced NSCLC experience improved quality of life while they are on thea medication. Participants will receive pembrolizumab, which is a type of immunotherapy that is FDA approved for the treatment of advanced lung cancer. These participants will also fill out surveys at 3 of their visits to evaluate their quality of life and how it may be changing over time. The results of the study will help us better understand how standard treatments may impact the physical and psychological well-being of people with lung cancer whose symptoms cause them to be less active at the time of diagnosis.

If you are interested in learning more about this study, please contact Pamela Vaiskauskas at pamela.vaiskauskas@mssm.edu. If you are primarily Spanish speaking, please contact Melissa Osorio at (212) 241-5615.
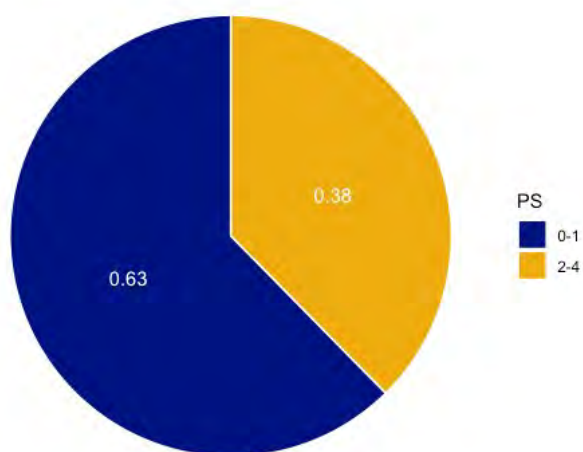
Although a large number of patients who are diagnosed with cancer that is advanced or that has returned (and therefore cannot be removed through surgery) fall into the category of having a poor physical condition (ECOG performance status of 2 or higher), they are often not well represented in clinical trials. (Image adapted from Kawaguchi et al., *JTO*, 2010)

COMMUNITY OUTREACH AND ENGAGEMENT PROGRAM

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