

Maryland ranks high in lung cancer survival but rural gaps persist



Baltimore Sun photo by Kenneth K. Lam

Johns Hopkins Medicine surgeons review a patient's lung CT scans. (Baltimore Sun File)



Maryland residents can expect above-average treatment and survival rates for lung cancer, according to an American Lung Association report. However, Doctors say the results may vary depending on where you live.

The report found some areas for improvement. In Maryland, 18.7% of patients receive no treatment. While still better than the national average, this represents a 13% increase in untreated lung cancers since 2020. Latinos are also least likely to be diagnosed early, at 22.8% compared to 29.6% for white patients.

These numbers reveal that the state could improve screening for at-risk patients, said Dr. Katherine Scilla, a medical oncologist specializing in lung cancer at the University of Maryland Medical Center. Most insurance covers routine scans for patients who smoke.

“Overall, while lung cancer screening is improving, it’s still occurring in just 20% of the people who are eligible for free screening,” she said,

Getting checked out is safe, fast and effective, said Daniel Collins, spokesman for Baltimore’s Mercy Medical Center, and routine screening is recommended for anyone with a history of smoking. Modern technology combines low-dose X-rays with computer image enhancement to provide high-resolution images of a patient’s lungs while reducing radiation doses to the patient, he said. The screen only takes 60 seconds to complete and can catch signs of lung cancer long before a patient starts feeling symptoms.

The [American Cancer Society reports](#) that lung cancer is the second most common cancer in both men and women, and is the top killer. Nearly 125,000 Americans are expected to die from lung cancer this year. Routine screening and early diagnosis are critical to improving a patient's odds of survival.

Unfortunately, where you live also makes a difference, said Dr. Panagis Galiatsatos, a pulmonologist at Johns Hopkins School of Medicine.

“Overall, I think that our state should be incredibly excited with what the results show,” he said, “especially in regards to early screening, therapies and outcomes. Unfortunately, while Maryland gets a positive bias in these reports because of our successes in urban centers. In a lot of rural areas, they may not be feeling it.”

In Maryland, 25% of the population lives in rural communities, according to the [Maryland Rural Health Association](#). The state established an [Office of Rural Health](#) in 1994 to address disparities between urban and rural healthcare services, including economic, structural and physical barriers to care.

Primary care physicians in rural areas are overwhelmed due to a shortage of doctors and specialists, Galiatsatos said.

“They’re so busy dealing with diseases,” he added, “they don’t often get to preventive medicine. If you do get to the one scanner in your county, you still might not have an expert available to interpret it. Maybe we could employ more telemedicine appointments to get a specialist to look at these scan results and tell you what they mean.”

The Greenebaum Comprehensive Cancer Center works to address these disparities by collaborating among the University of Maryland Medical System's 11 member hospitals using remote virtual conferencing, said Dr. Ashutosh Sachdeva, a pulmonologist and director of the Interventional Pulmonology Program. These telemedicine conferences combine the expertise of specialists like surgeons, oncologists, and pulmonologists, whether they report to the Baltimore campus or one of the system's local hospitals.

"These multidisciplinary teams let us take a holistic approach to an individual patient's needs," he said, "allowing us to allocate resources to where they need to be."

Have a news tip? Contact Karl Hille at 443-900-7891 or khille@baltsun.com.

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