



# Cancer Data Pages

## Chapter 2: Cancer Screening

Department of Health Surveillance  
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# Table of Contents

<b>Topic</b>	<b>Page</b>
<a href="#">Breast Cancer Screening</a> .....	5
<a href="#">Cervical Cancer Screening</a> .....	7
<a href="#">Colorectal Cancer Screening</a> .....	9
<a href="#">Lung Cancer Screening Eligibility</a> .....	12
<a href="#">Lung Cancer Screening</a> .....	15
<a href="#">Data Sources and Notes</a> .....	17

# Introduction: Cancer Screening

Cancer is a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environmental, social and genetic factors.

Screening provides an opportunity to find and treat cancers early, leading to a decrease in overall cancer mortality. Lung, cervical, breast, and colorectal cancers all have established screening guidelines, where the benefits of screening have been determined to outweigh any potential harms.

Screening data were analyzed using the following methods:

**Breast Cancer Screening:** Based on 2016 U.S. Preventative Services Task Force (USPSTF) recommendations. These calculations include women ages 50-74 years who had a mammogram in the past 2 years.

**Cervical Cancer Screening:** Based on 2018 USPSTF recommendations. These calculations include women who did not have a hysterectomy or were not pregnant, and who were either (1) ages 21-65 years and received a Pap test in the past 3 years or (2) ages 30-65 and received an HPV test within the past 5 years.

**Colorectal Cancer Screening:** Based on 2016 USPSTF recommendations. Because of limitations on the number of questions in the BRFSS survey, not all tests that are recommended for the detection of colorectal cancer are included here. The calculations used in this document include adults ages 50-75 who received (1) a fecal occult blood test or fecal immunochemical test within the past year, (2) a colonoscopy within the past 10 years or (3) a sigmoidoscopy within the past 5 years.

**Lung Cancer Screening:** Based on 2013 USPSTF recommendations. These calculations include adults ages 55-80 who have a smoking history of 30 pack-years or more and who currently smoke or have quit within the past 15 years.

# Vermont Health Equity Priority Populations

The Vermont Department of Health recognizes that some individuals are more likely to be affected by cancer than others due to social, environmental and economic disadvantages.

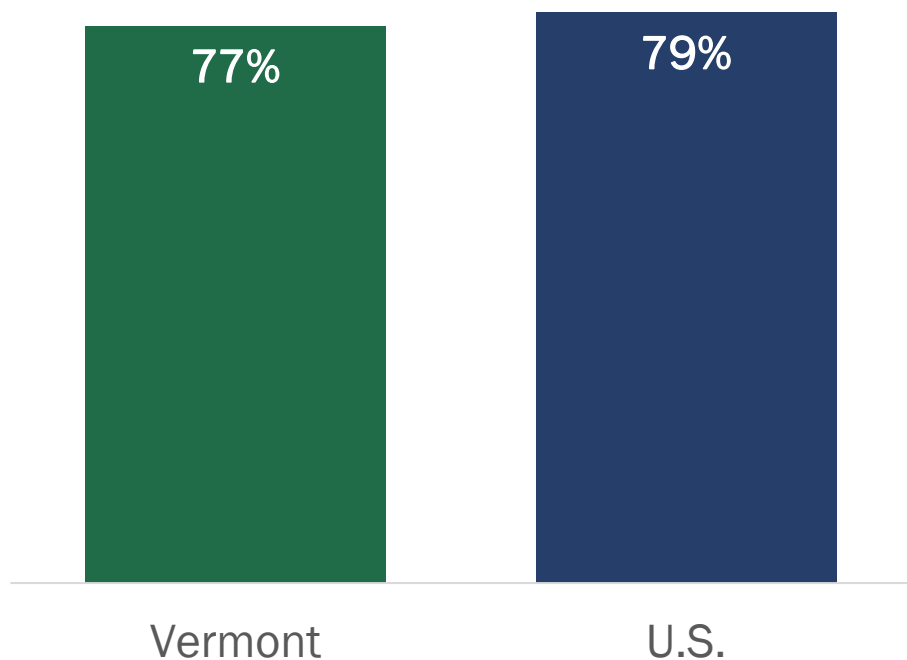
In developing the [2025 Vermont Cancer Plan](#), four populations of focus were chosen to track to assess disparities in health behaviors and outcomes. These four populations are highlighted in these data pages as well to support work focusing on decreasing disparities.

The four populations of focus are defined in the following ways, based on data available from VDH's data sources:

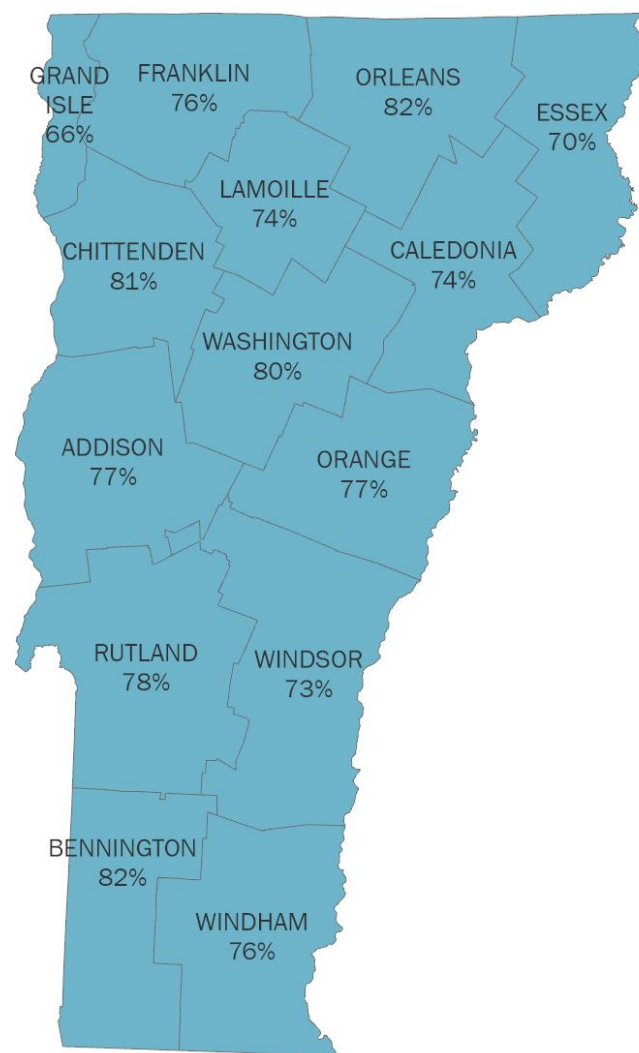
- **Black, Indigenous and people of color (BIPOC):** Individuals who self-identified that they were of Hispanic, Latino/a, or Spanish origin, and/or responded that their race is one or more of the following: Black or African American, American Indian or Alaska Native, Asian, Pacific Islander.
- **Lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters:** Data sources only ask respondents to self-identify if they are lesbian, gay, bisexual and/or transgender. To best represent the available data therefore, we use **LGBT** when discussing findings from these data sources.
- **Vermonters living with disabilities:** Individuals who self-identified as having one or more of the following conditions: sight impairment, being deaf or having serious difficulty hearing, difficulty walking, difficulty making decisions, difficulty doing errands alone, difficulty getting dressed alone.
- **Low-income Vermonters:** Individuals who have a household income that is 250% or less of the federal poverty limit.

# Breast Cancer Screening

Vermonters meet breast cancer screening recommendations at a similar rate as the U.S. population.



Estimates are age-adjusted to the 2000 U.S. standard population



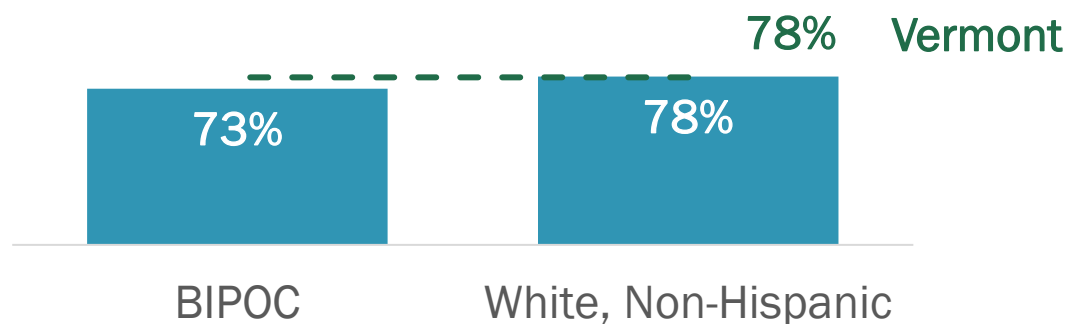
The percent of adults who meet breast cancer screening recommendations in each county is like that of Vermont in general.

Same as state rate

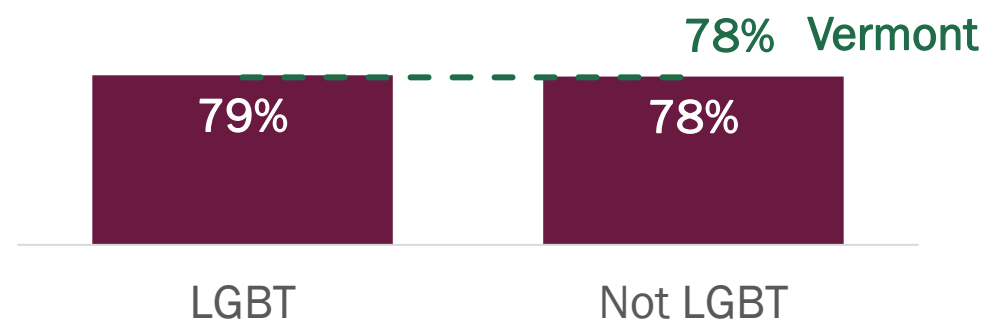


# Breast Cancer Screening

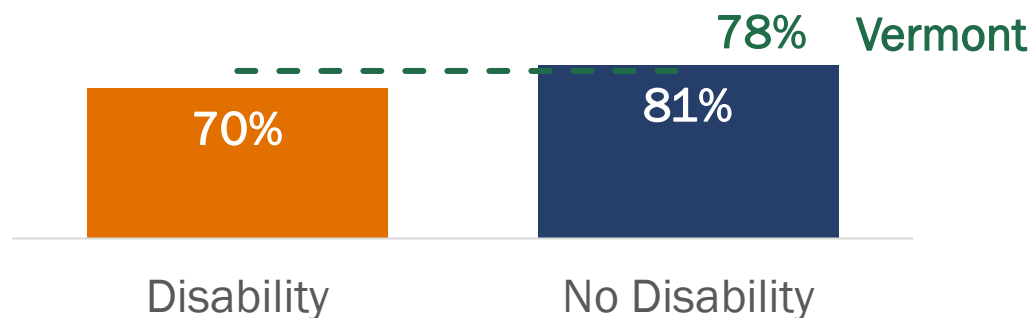
BIPOC and White, Non-Hispanic adults meet breast cancer screening recommendations at a similar rate.



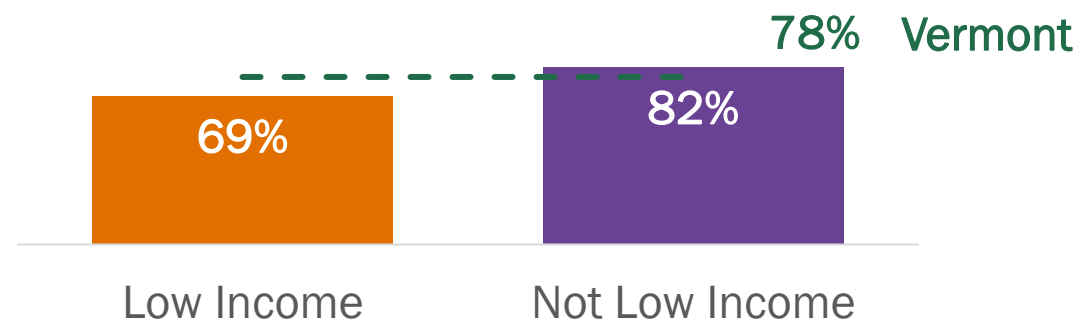
LGBT and non-LGBT adults meet breast cancer screening recommendations at a similar rate.



Adults with a disability meet breast cancer screening recommendations less than those without a disability.



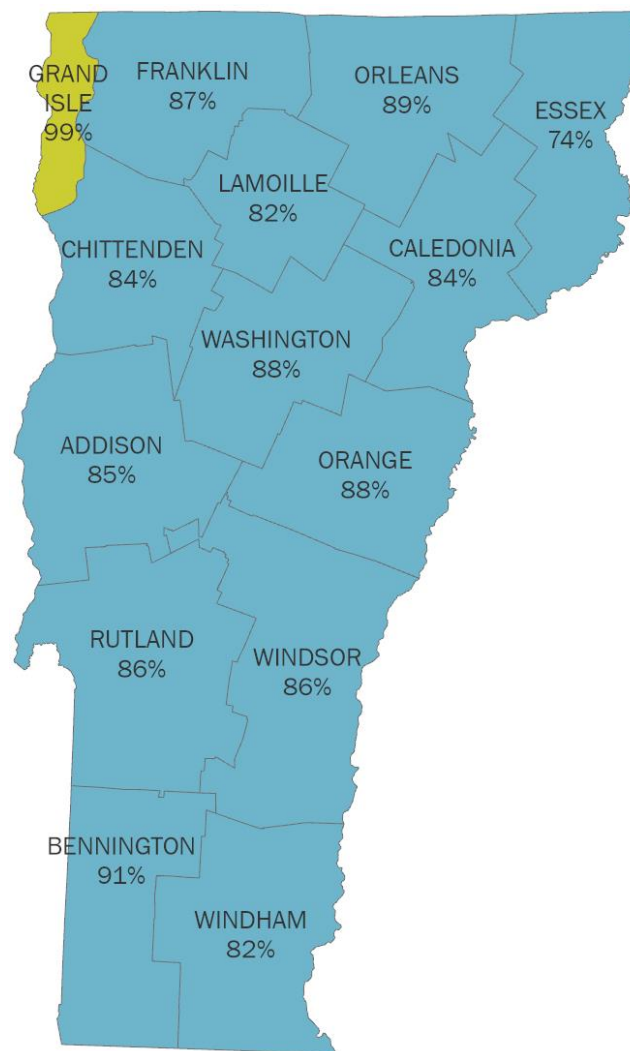
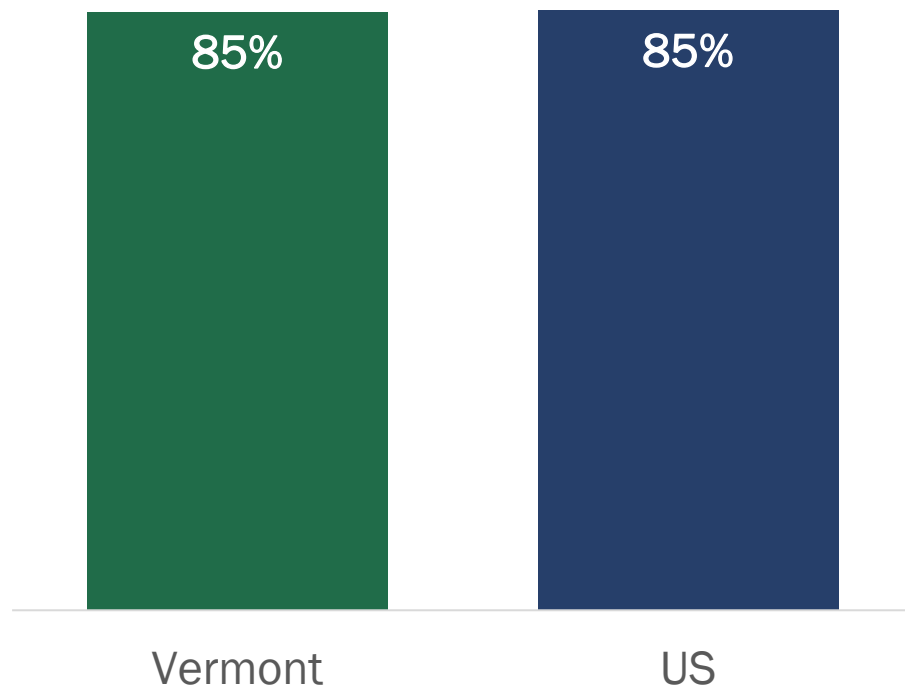
Adults with a low income meet breast cancer screening recommendations less than those without a low income.



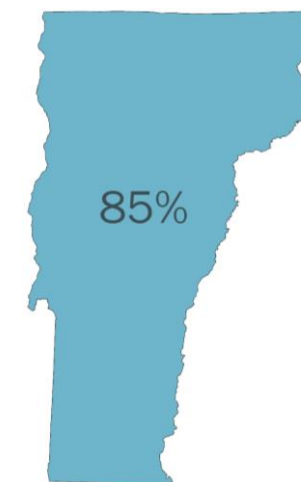
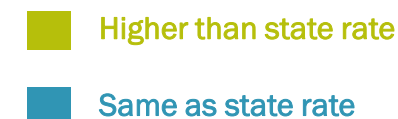


# Cervical Cancer Screening

Vermonters meet cervical cancer screening recommendations at the same rate as the U.S. population.

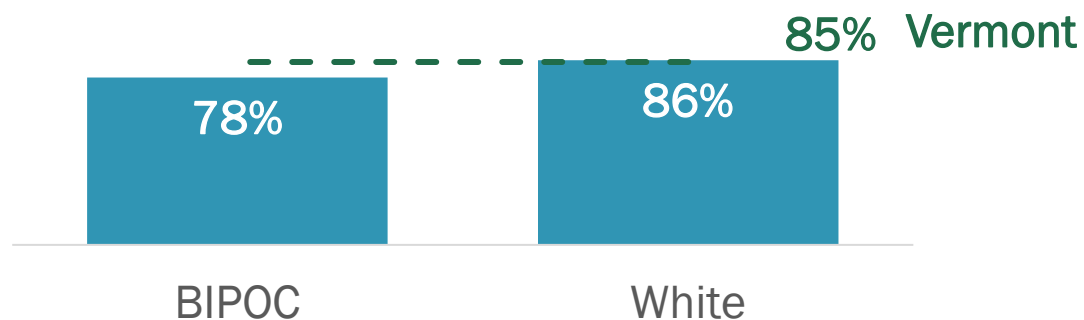


Adults in **Grand Isle** meet cervical cancer screening recommendations more than Vermonters in general.

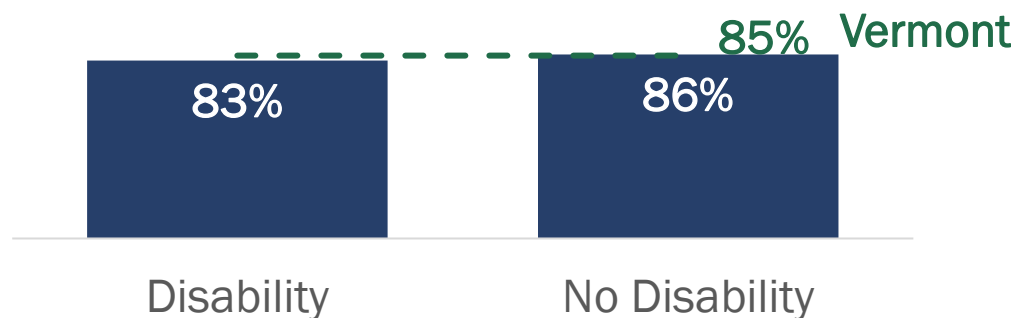


# Cervical Cancer Screening

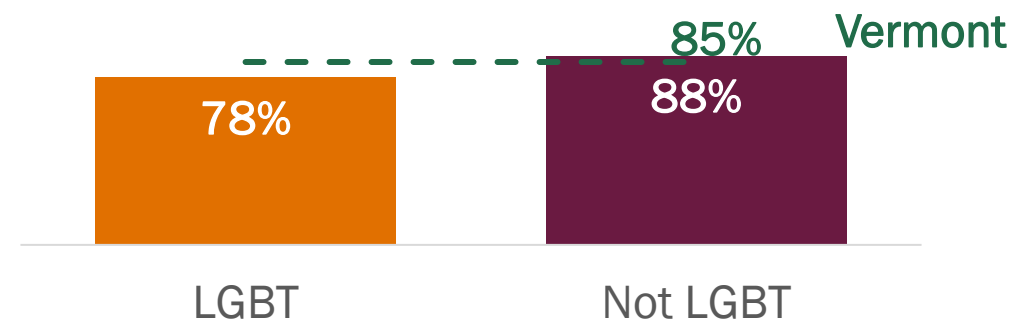
BIPOC and White, Non-Hispanic adults meet cervical cancer screening recommendations at a similar rate.



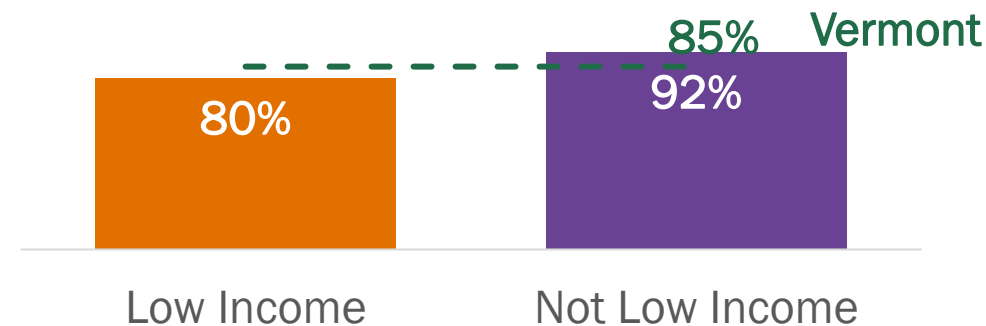
Adults with and without a disability meet cervical cancer screening recommendations at a similar rate.



LGBT adults meet cervical cancer screening recommendations less than non-LGBT adults.



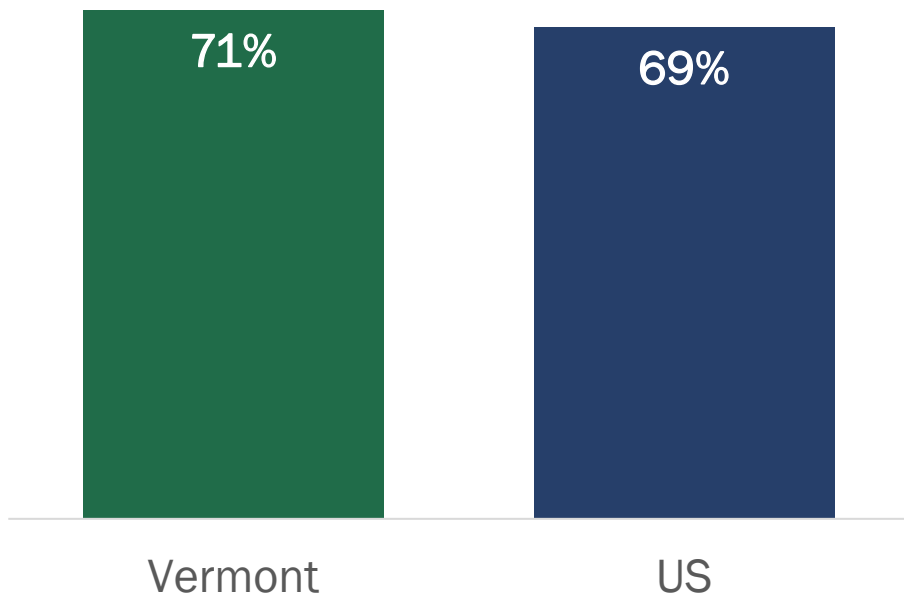
Adults with a low income meet cervical cancer screening recommendations less than those without a low income.



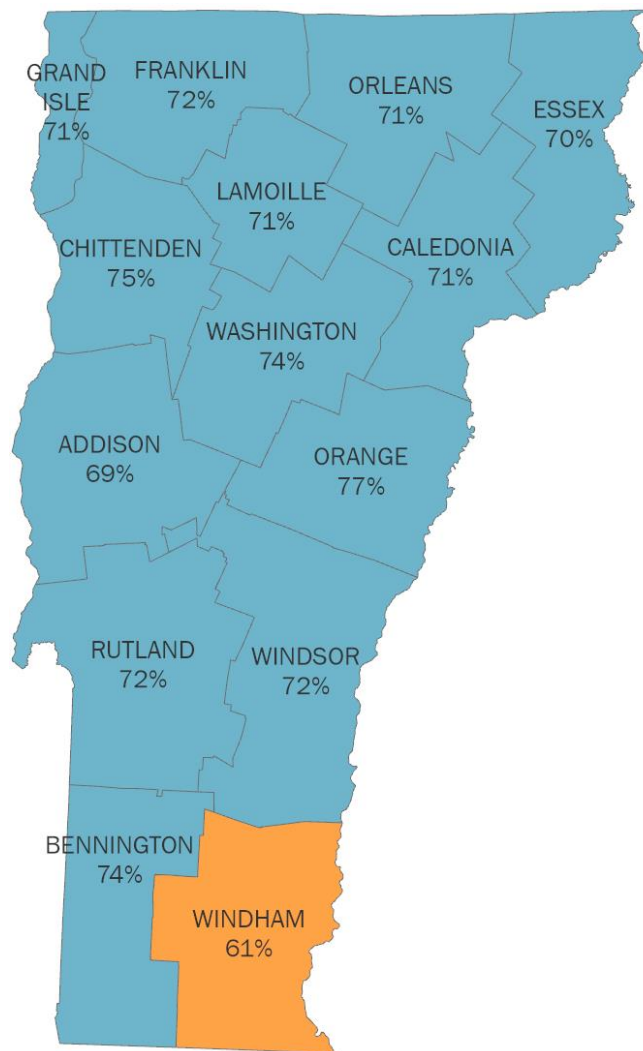


# Colorectal Cancer Screening

**Vermonters** meet colorectal cancer screening recommendations at a similar rate as the US population.

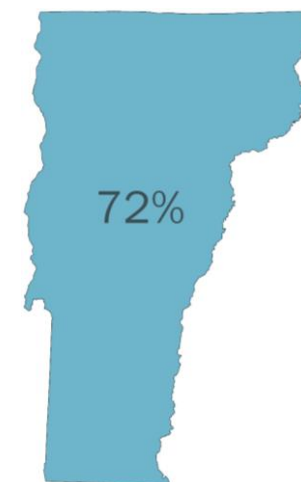


Estimates are age-adjusted to the 2000 U.S. standard population



**Adults in Windham County** meet colorectal cancer screening recommendations less than Vermonters in general.

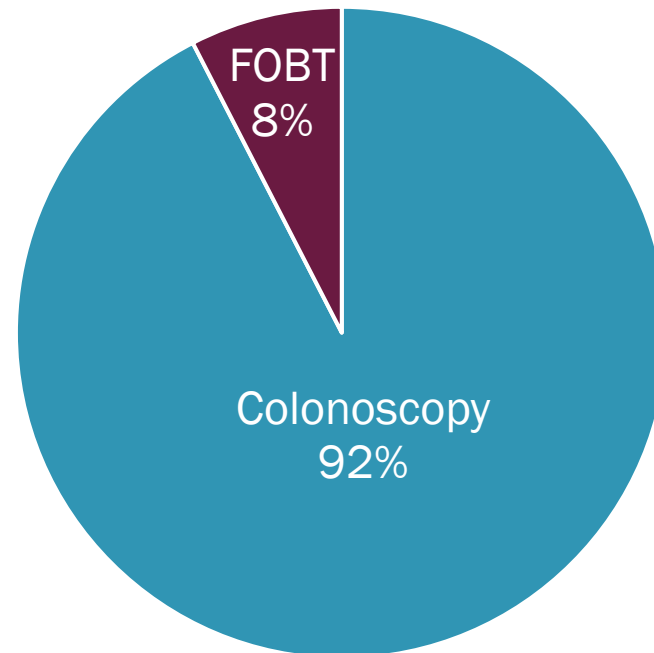
- Same as state rate
- Lower than state rate



# Colorectal Cancer Screening

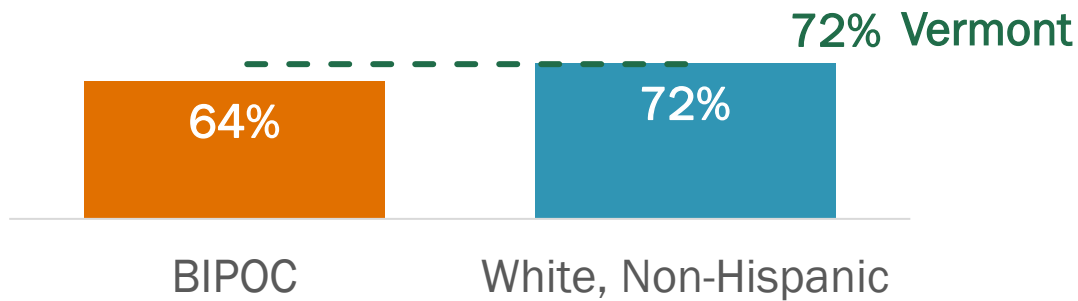
Most Vermonters who meet the colorectal cancer screening recommendations received a **colonoscopy** in the past 10 years.

Only 8% received a Fecal Occult Blood Test, and almost no Vermonters received a sigmoidoscopy.

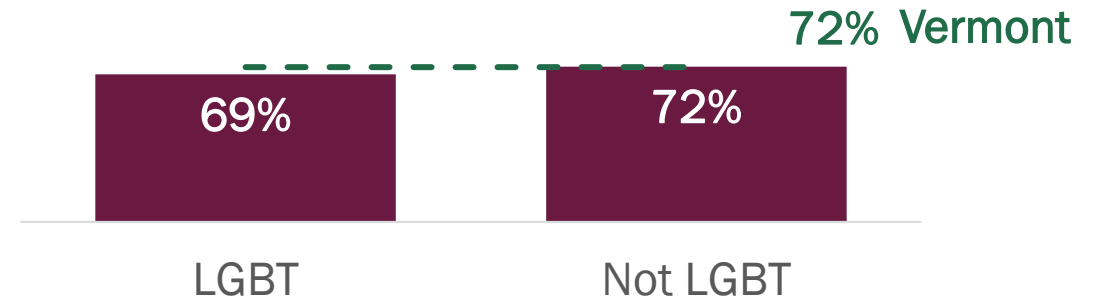



# Colorectal Cancer Screening

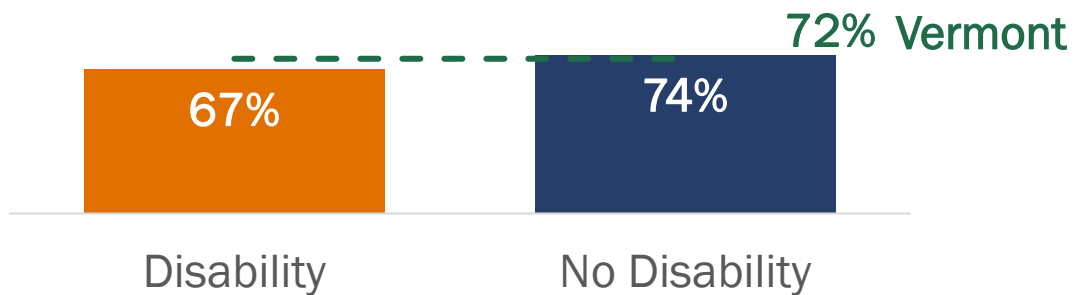
 BIPOC adults meet colorectal cancer screening recommendations less than White, Non-Hispanic adults.




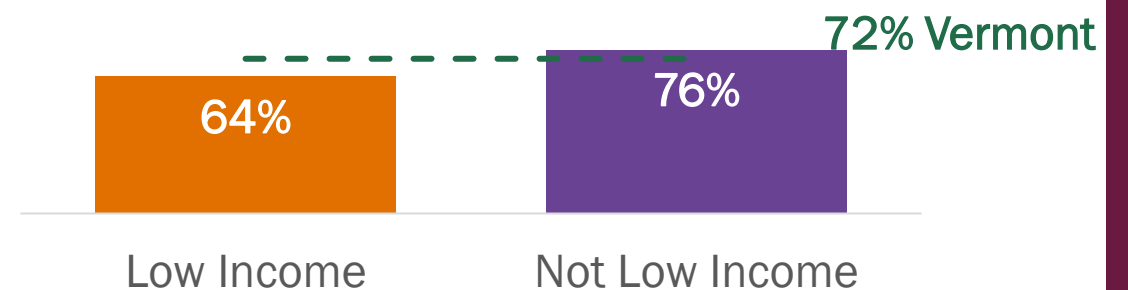
LGBT and non-LGBT adults meet colorectal cancer screening recommendations at a similar rate.



 Adults with a disability meet colorectal cancer screening recommendations less than those without a disability.



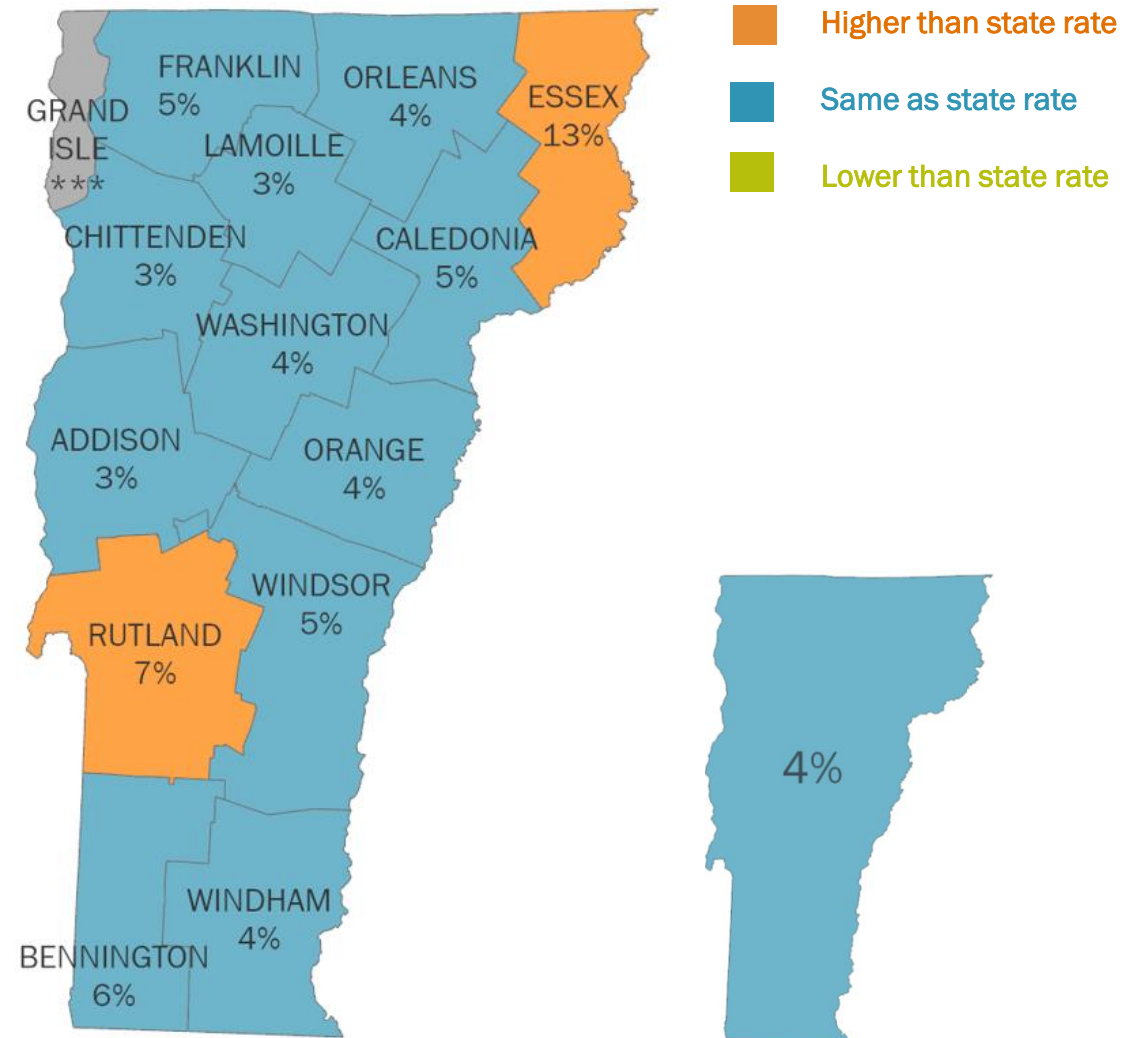
 Adults with a low income meet colorectal cancer screening recommendations less than those without a low income.



# Eligibility for Lung Cancer Screening: Percent of Population

**Adults in Essex and Rutland Counties are more likely to be eligible for lung cancer screening than Vermonters in general.**

USPSTF recommends annual lung cancer screening for adults ages 55-80 who (1) have a smoking history of 30 pack-years or more and (2) who currently smoke or have quit within the past 15 years.

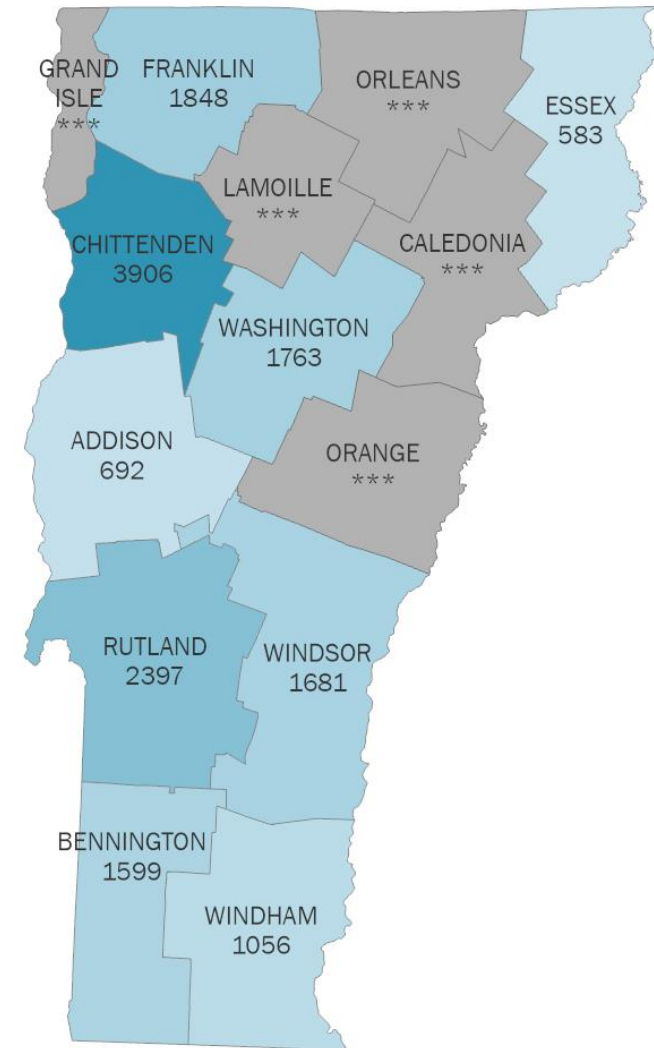


\*\*\* Sample size too small to report

# Eligibility for Lung Cancer Screening: Estimated Numbers

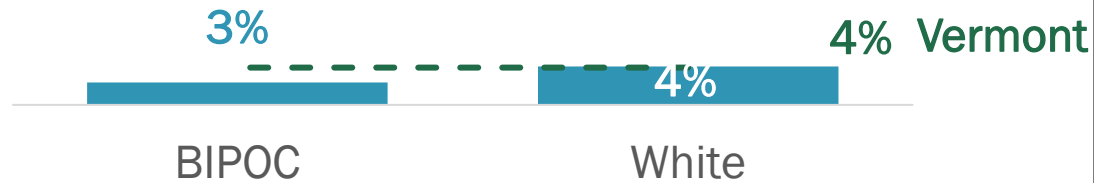
**Chittenden and Rutland Counties have the highest estimated number of adults eligible for lung cancer screening in the state.**

USPSTF recommends annual lung cancer screening for adults ages 55-80 who (1) have a smoking history of 30 pack-years or more and (2) who currently smoke or have quit within the past 15 years.

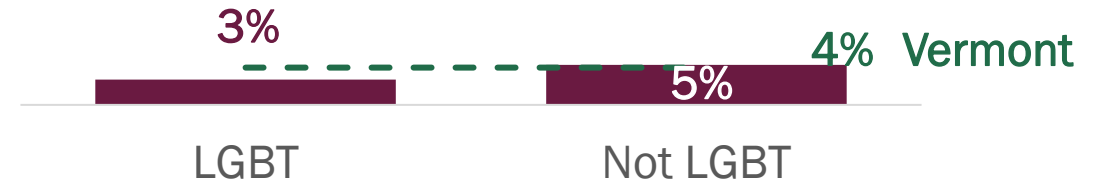


# Lung Cancer Screening Eligibility

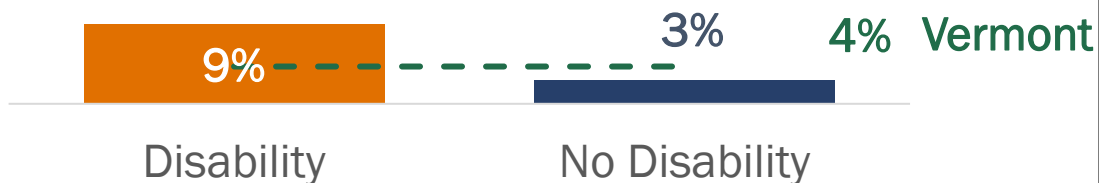
BIPOC and White, Non-Hispanic adults are eligible for lung cancer screening at a similar rate.



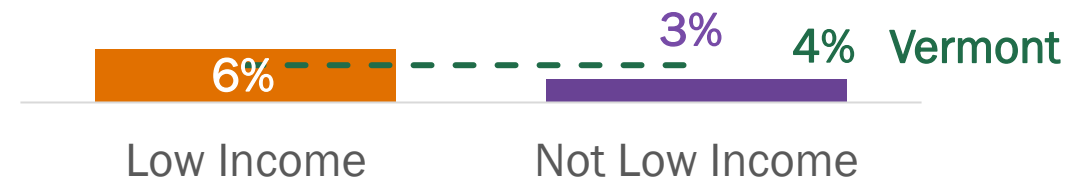
LGBT and non-LGBT adults are eligible for lung cancer screening at a similar rate.



Adults with a disability are more likely to be eligible for lung cancer screening than those without a disability.

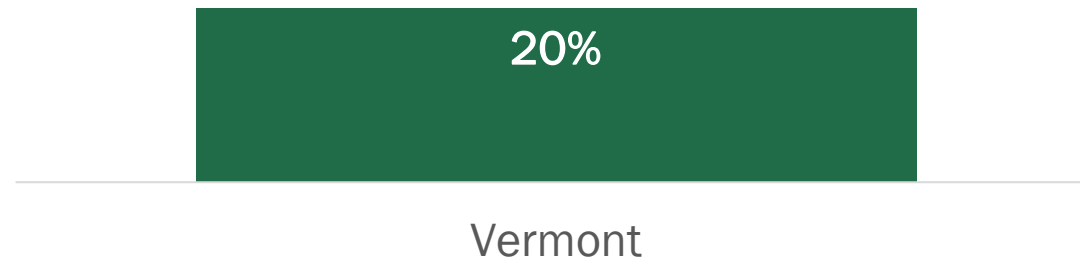


Adults with a low income are more likely to be eligible for lung cancer screening than those without a low income.



# Lung Cancer Screening: Meets Recommendations

**1 in 5 Vermonters eligible for lung cancer screening meet screening recommendations.**



USPSTF recommends annual lung cancer screening for adults ages 55-80 who (1) have a smoking history of 30 pack-years or more and (2) who currently smoke or have quit within the past 15 years.

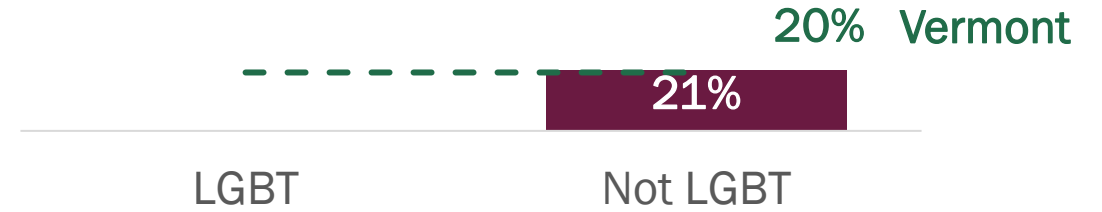


# Lung Cancer Screening

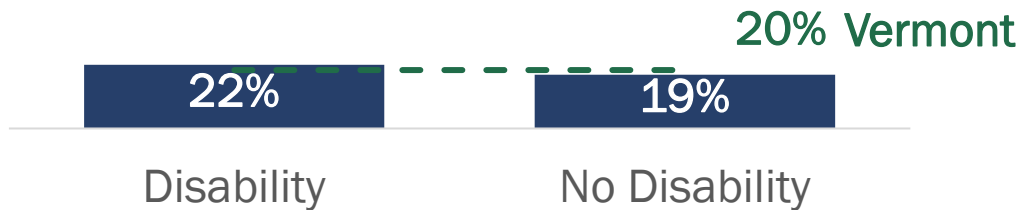
**White, Non-Hispanic adults receive lung cancer screening at a similar rate as Vermont adults.**  
 The % for BIPOC adults is not reportable due to statistically unreliable sample size.



**Non-LGBT adults receive lung cancer screening at a similar rate as Vermont adults.**  
 The % for LGBT adults is not reportable due to statistically unreliable sample size.



**Adults with and without a disability meet lung cancer screening recommendations at a similar rate.**



**Adults with and without a low income meet lung cancer screening recommendations at a similar rate.**



# Data Notes

**Behavioral Risk Factor Surveillance System (BRFSS):** Vermont tracks risk behaviors using this telephone survey of adults. The results are used to plan, support, and evaluate health promotion and disease prevention programs. Vermont, along with the 49 other states and three territories, has participated in the BRFSS with the Centers for Disease Control and Prevention (CDC) since 1990. An adult (18 or older) in the household is asked a uniform set of questions. The results are weighted to represent the adult population of the state.

**Age Adjustment:** Many measures throughout this document are age adjusted. Age adjustment eliminates variation that results from differences in a populations' age distributions. Measures from BRFSS are adjusted for age only if they are Healthy Vermonters 2020 goals. Age adjustment groupings come from those determined by Healthy People 2020.

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