

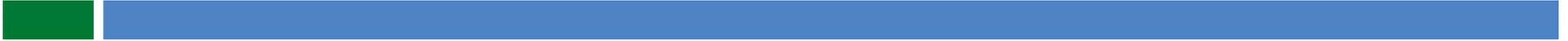


Cancer Incidence in Rutland: Understanding the Risk

Overview



- How cancer statistics are created and what they mean.
- Rutland County compared to State and U.S.
- What increases risk for developing cancer.
- Accessing cancer data.



About Cancer Data

Keep in mind...

- The numbers we present are meant to describe and enhance understanding of a subject.
- Context is necessary in order to understand the numbers
 - What is the nature of the disease?
 - What is the nature of the population at risk?
 - Is there a common thread?
- Numbers are not the be-all end-all
 - They're just one tool, really

What are data?

- Rates
 - ▣ Incidence and Mortality
- Statistical Significance
- Where do data come from?
 - ▣ Where to find data
 - ▣ Who collects data?
 - ▣ How do they collect it?



Where do numbers come from?

- Different agencies collect data
 - ▣ Primary and Secondary Reporting
 - Komen's *Vermont-New Hampshire Community Profile** used National Cancer Institute Data.
- When were the data collected?
- How representative are the data?
 - ▣ Sample.
 - ▣ Census.
- What is a 'statistic'?
 - ▣ Using a subset of the population (a sample) to understand and/or describe it.

**Community Profile Report*, Susan G. Komen for the Cure and Vermont-New Hampshire Affiliate, 2009.
<http://www.komenvtnh.org/assets/grants-documents/community-profile.pdf>

Sources of Cancer Data



- ❑ Cancer Registry
- ❑ Death Certificates
- ❑ Surveys
- ❑ Research Studies

Rates

- Frequency of a disease over a time period divided by the unit size of the population during that same time period.
- Incidence rates measure occurrence.

$$= \frac{\text{\# of NEW cases diagnosed during a period of time}}{\text{\# of the population at risk}} \times 100,000$$

- Usually expressed in the form of per some number of the population i.e. per 100,000

$$= \frac{450 \text{ new cases of pertussis}}{2,134,000 \text{ people at risk during time period}} \times 100,000$$

- = 0.000211 X 100,000 people
- = 21.1 cases of pertussis per 100,000 people – Gives more context.

Incidence and Prevalence

- **Incidence:** Number of NEW cases during a given period in a specified population.
 - ▣ Useful measure to help assess the risk of disease.

- **Prevalence:** Number of EXISTING cases during a given period in a specified population

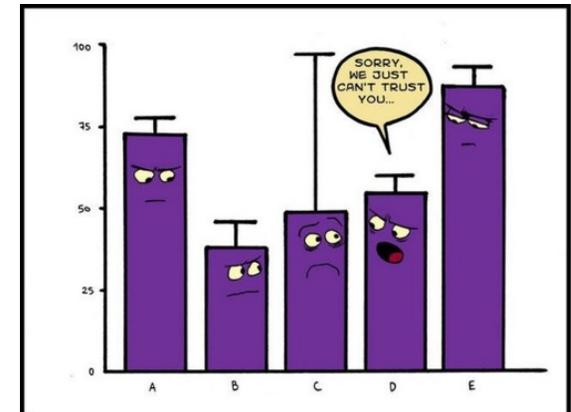
What is significance?

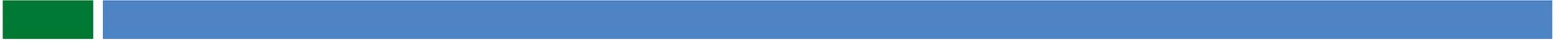
- A *statistically significant difference* indicates that there is statistical evidence that there is a difference that is unlikely to have occurred by chance alone.

- Lower ▼
- Higher ▲
- Not Different (or Similar)

Small Numbers

- Small numbers (samples) = unreliable
 - ▣ If you chose 20 people at random and asked whether they have breast cancer...
 - Would it be accurate?
 - Would it represent the entire at risk population?
 - ▣ What about 50? 100? 200,000? One million people?
- Small geographic areas
 - ▣ Towns
 - ▣ Neighborhoods
 - ▣ Vermont is small in some areas
 - Numbers are calculated over several years





Cancer Incidence and Mortality

Vermont's Cancer Landscape

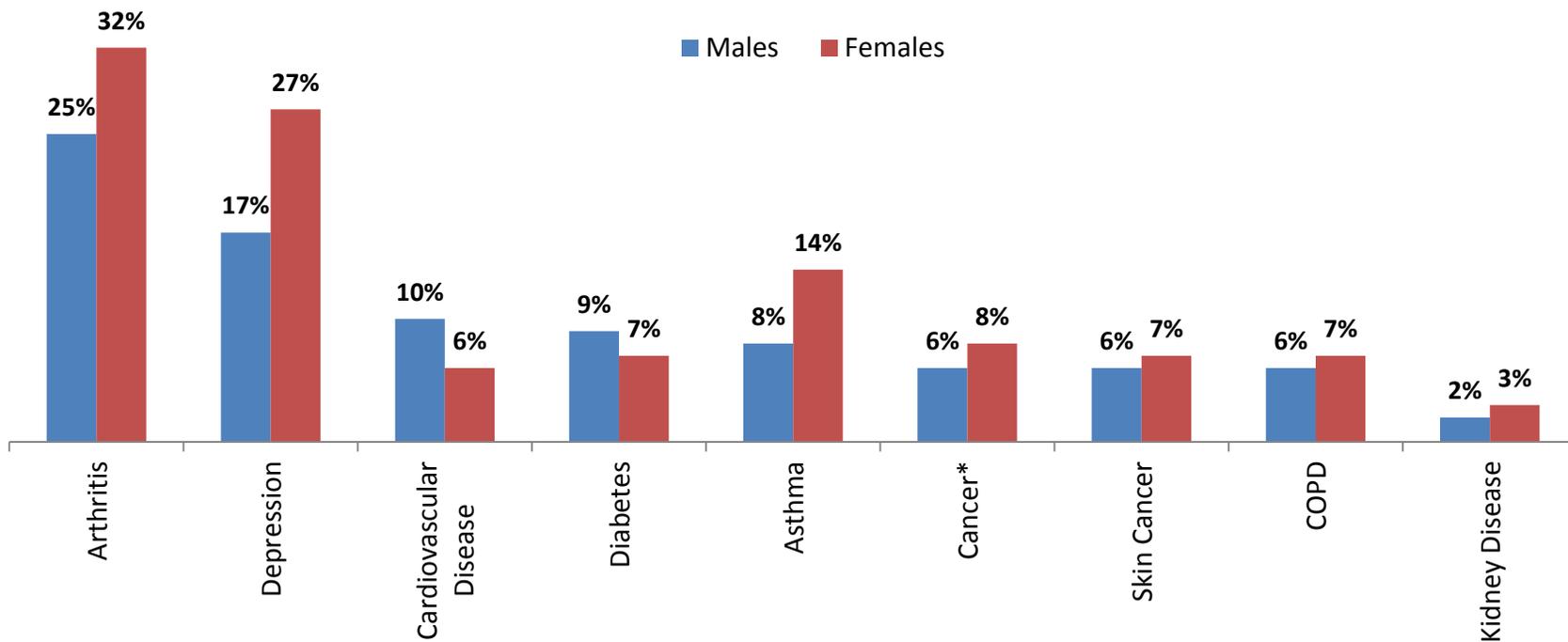
- Small, Mainly Rural (~626,000 pop.)
- Aging Population
 - ▣ 2nd oldest state
- 94.3% White Non-Hispanic
- Cancer Incidence
 - ▣ 471.9 per 100,000
 - ▣ ~3,600 cases per year
 - ▣ Statistically higher than U.S.
- Cancer Mortality
 - ▣ 173.4 per 100,000
 - ▣ ~1,300 deaths per year
 - ▣ Leading cause of death in Vermont
- Vermont Adults Living with Cancer
 - ▣ 7% or about 36,000



Data Sources:
2010 Census
Vermont Cancer Registry 2008-2012
Vermont Vital Statistics 2008-2012
NPCR and SEER 2008-2012
Vermont BRFSS 2014

Chronic Disease Prevalence

Chronic Disease Prevalence, Adult (18+) Males and Females, 2014

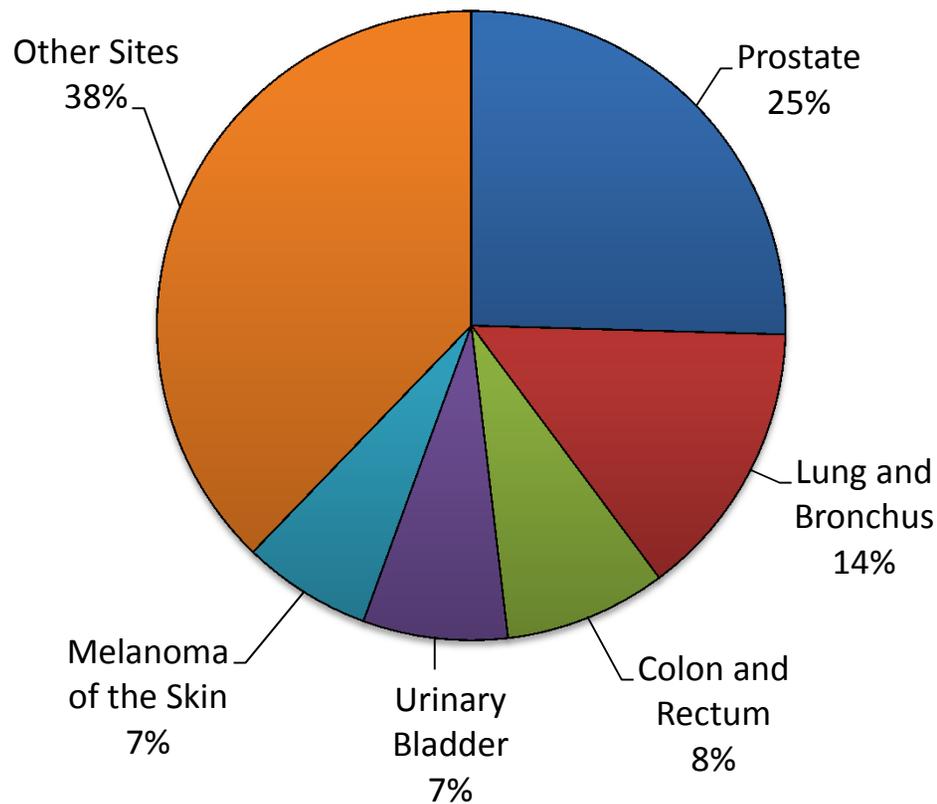


* Excluding skin cancers.

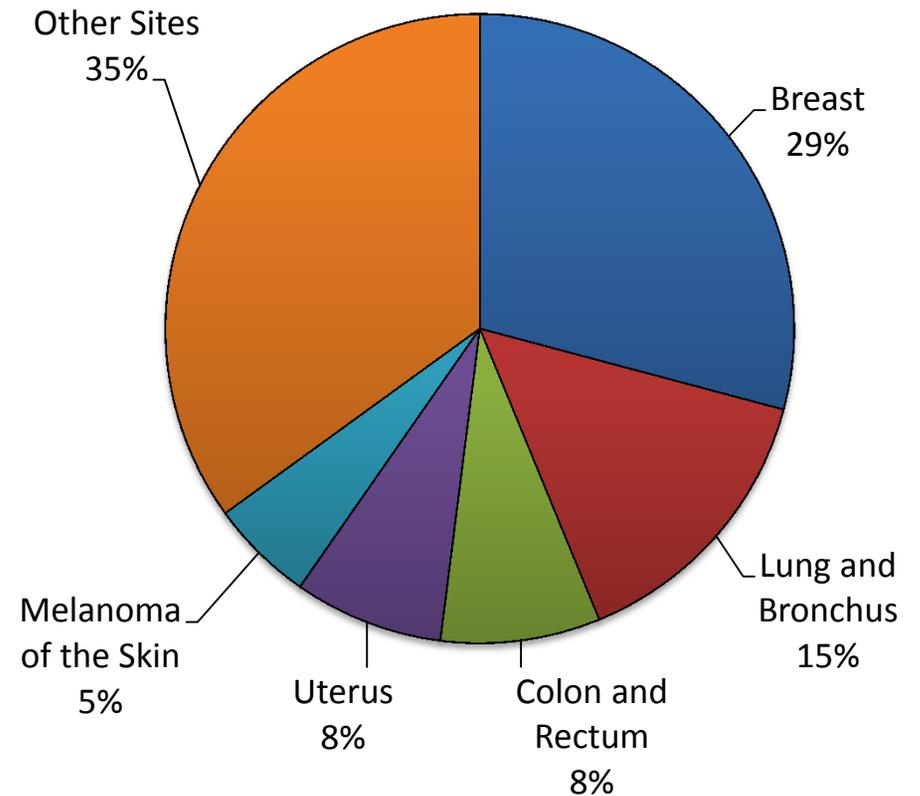
Data Source: Behavioral Risk Factor Surveillance System, 2014

Leading Cancer Sites

Leading Cancer Sites, Vermont Males, All Ages, 2008-2012



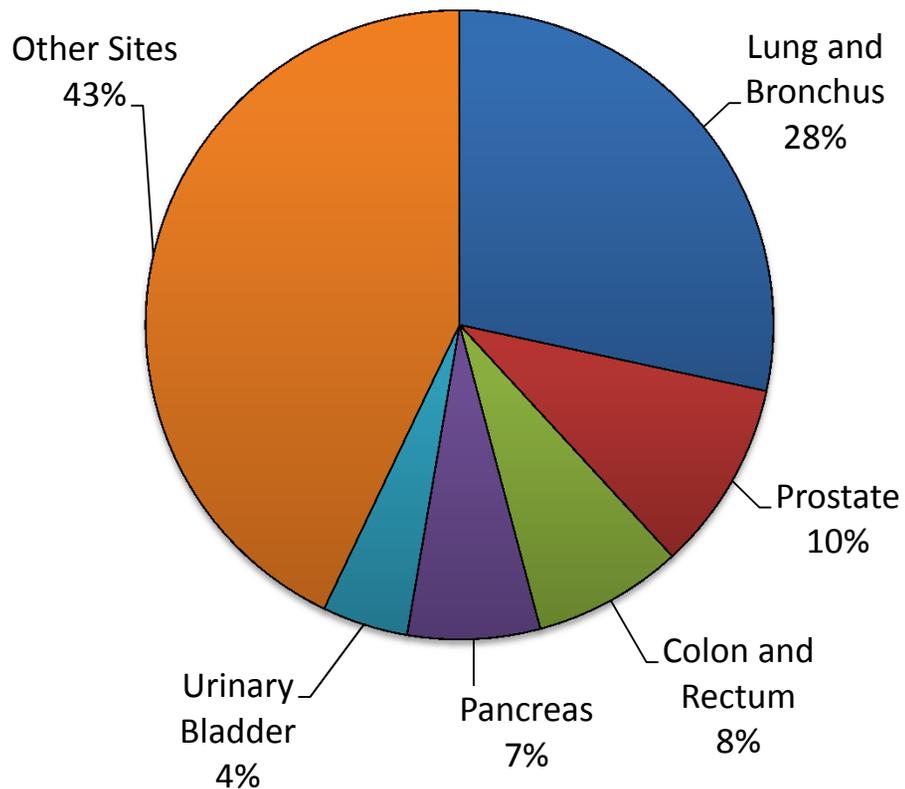
Leading Cancer Sites, Vermont Females, All Ages, 2008-2012



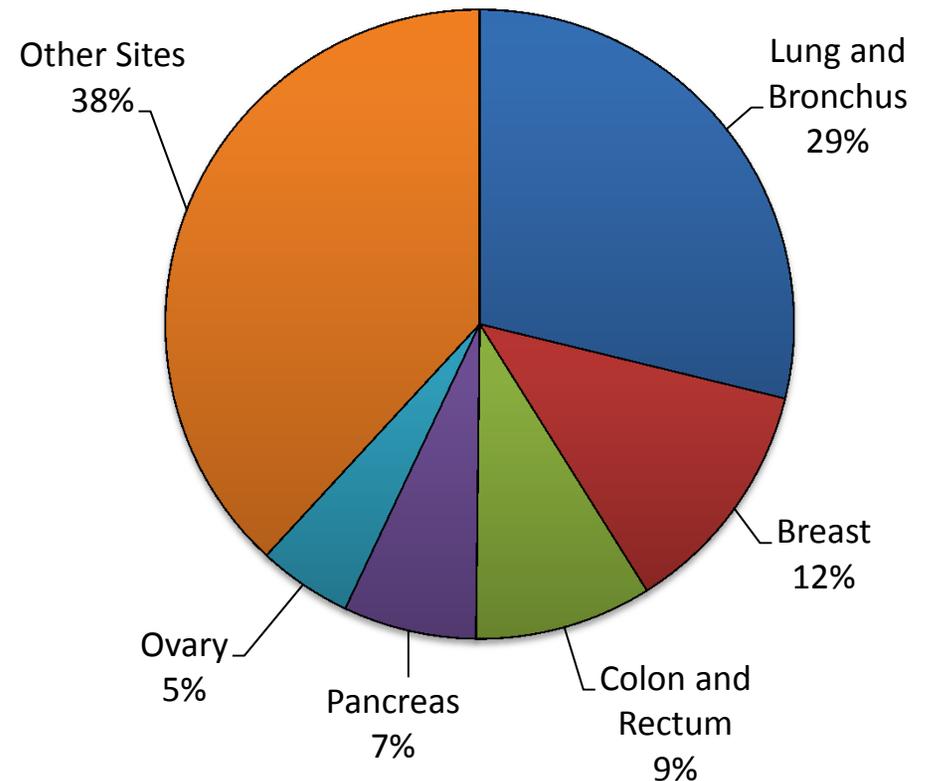
Data Sources: Vermont Cancer Registry, 2008-2012

Leading Cancer Cause of Death

**Leading Cancer Deaths, Vermont Males,
All Ages, 2008-2012**



**Leading Cancer Deaths, Vermont Females,
All Ages, 2008-2012**

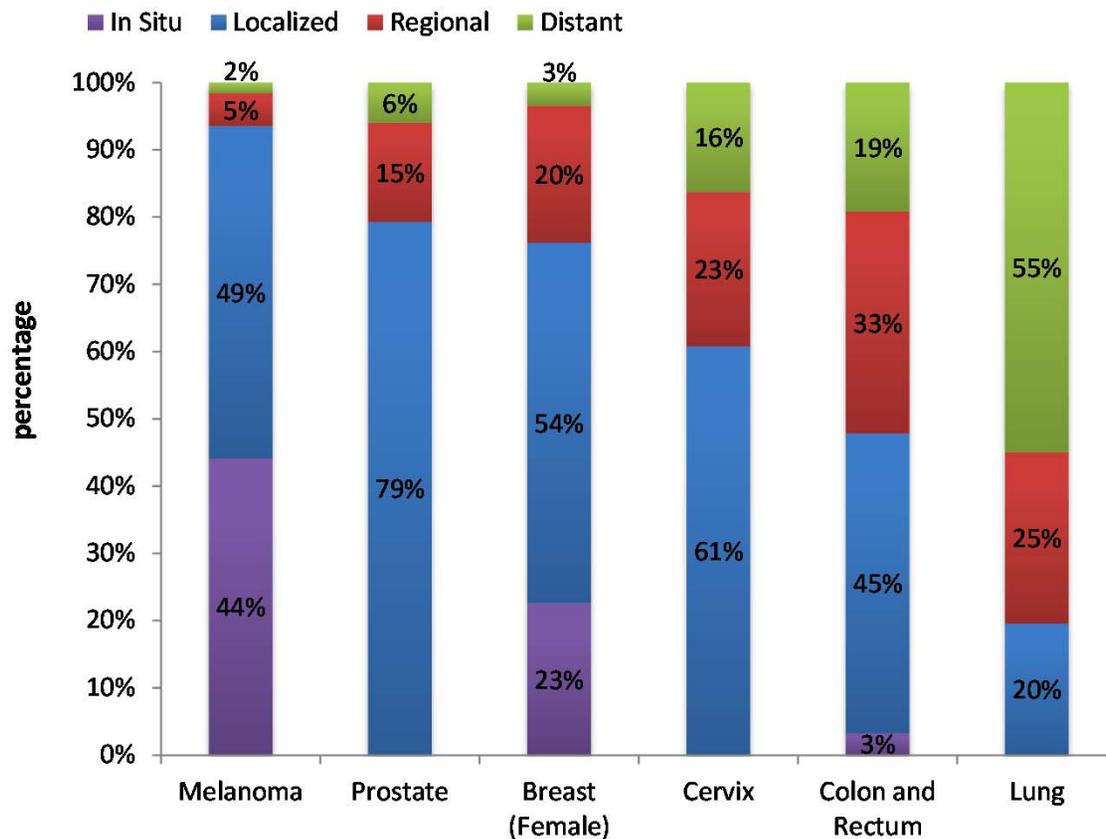


Data Sources: Vermont Vital Statistics, 2008-2012

Cancer Stage at Diagnosis

Cancer Stage at Diagnosis

% of total cases of cancer, by type, according to stage at diagnosis, 2008-2012



Note: Cervical cancers diagnosed as in situ are not reported to the Cancer Registry and are therefore not included in this chart.

Data Source: Vermont Cancer Registry, 2008-2012.

These are general guidelines for adults.
Talk with your medical provider about what screening tests you need based on your specific family and health history.

Guidelines are based on current **U.S. Preventive Services Task Force (USPSTF)*** recommendations.

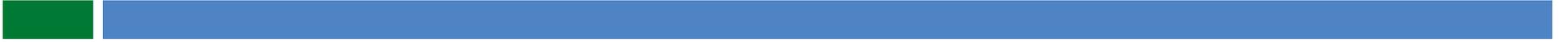
Cancer Type	Age					
	21–29 years	30–39 years	40–49 years	50–65 years	66+ years	
Women	Breast		Ask your medical provider about your risk.	Mammogram every 2 years (until age 74)		
	Cervical	Pap test every 3 years	Pap test every 3 years or Pap test with HPV test every 5 years			
Men & Women	Colorectal			Colonoscopy every 10 years or Stool test every year or Sigmoidoscopy every 5 years with stool test every 3 years (until age 75)		
	Lung			Annual imaging screening for current or former smokers** (ages 55-80)		
	Skin	Routine screening (whole body skin examination) is not recommended for all adults. Ask your medical provider about your risk.				
Men	Prostate	Prostate-Specific Antigen (PSA) screening is not recommended. Ask your medical provider about your risk.				

6/2015

* This is a summary of the current U.S. Preventive Services Task Force (USPSTF) recommendations for preventive cancer screenings. The USPSTF is an independent group of national experts in prevention and evidence-based medicine. The recommendations apply to people with **no signs or symptoms** of these diseases. More information can be found at: www.uspreventiveservicestaskforce.org

Other national organizations may have other recommendations for screening. Talk with your medical provider about what screening tests you need based on your specific family and health history.

** Current heavy smokers or those who have quit within the past 15 years are eligible. History of heavy smoking = 2 packs of cigarettes a day for 15 years, or 1 pack of cigarettes a day for 30 years, or ½ pack of cigarettes a day for 60 years.



Breast Cancer

Breast Cancer Statistics - Female

□ Incidence:

- 515 Vermont cases per year.
- VT: 128.1 per 100,000 (U.S. 123.0 per 100,000).
- **54 Rutland County cases per year.**
- **Rutland County: 126.7 per 100,000.**

□ Late Stage (regional and distant, age 50+):

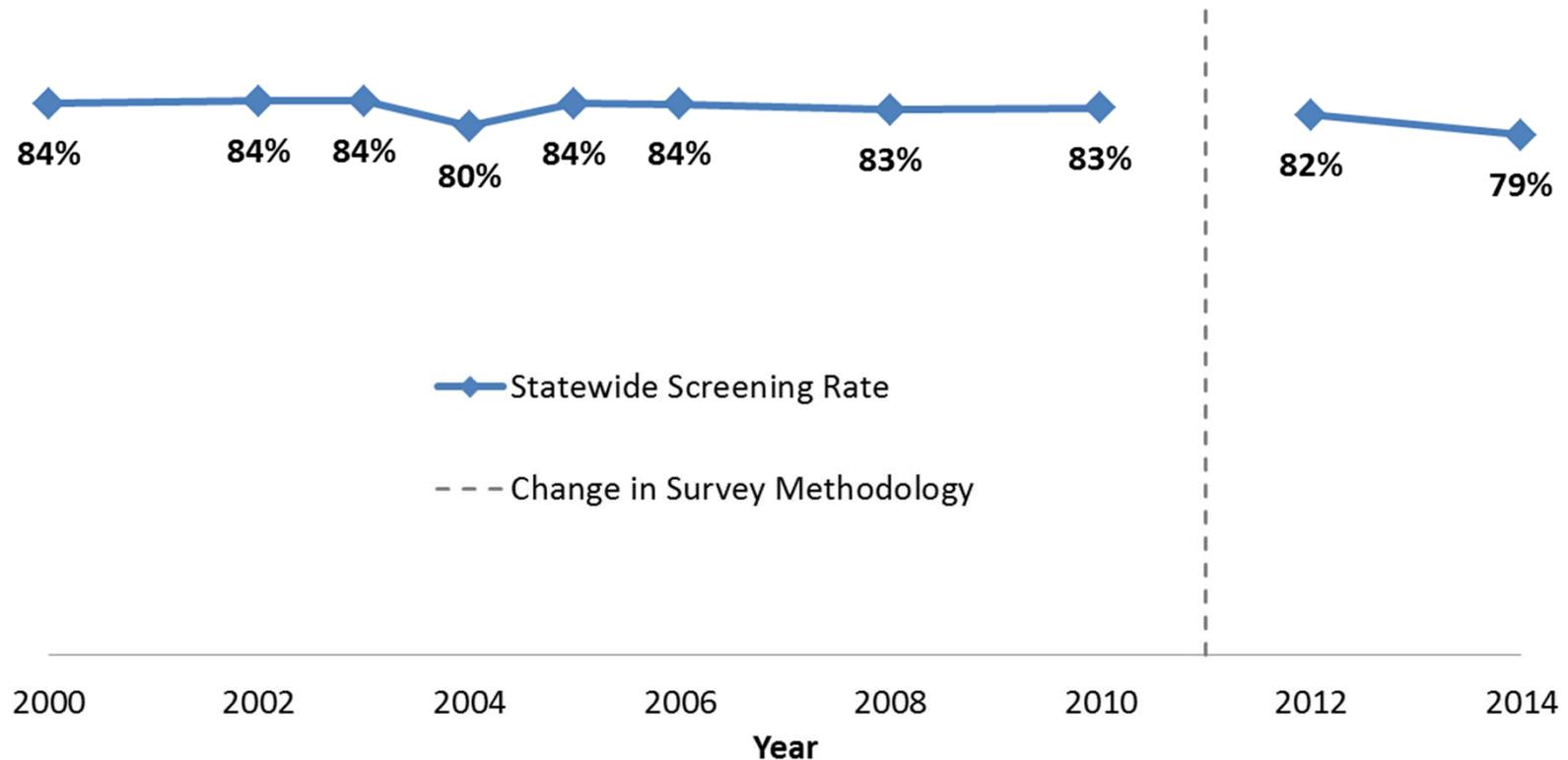
- VT: 96.5 per 100,000 ▼ (U.S. 107.4 per 100,000).
- **Rutland County: 112.9 per 100,000.**

Note: Incidence rates exclude in situ carcinomas.

Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.

Breast Cancer Screening Trend

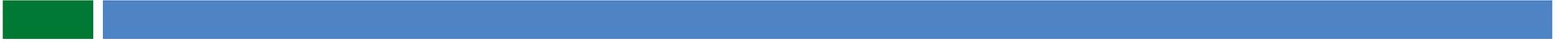
Percentage of Vermont Women Aged 50-74 Who Had a Mammogram within the Past 2 Years



Data Source: Behavioral Risk Factor Surveillance System, 2000-2014.

Note: The Behavioral Risk Factor Surveillance System (BRFSS) survey methodology changed in 2011.

As a result, caution must be used when comparing data from 2011 to prior years.



Prostate Cancer

Prostate Cancer Statistics

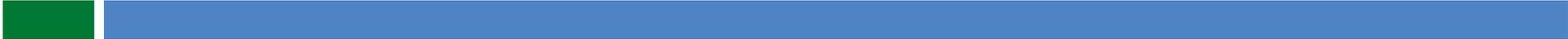
□ Incidence:

- 465 Vermont cases per year.
- VT: 121.8 per 100,000 ▼ (U.S. 131.9 per 100,000).
- **52 Rutland County cases per year.**
- **Rutland County: 122.5 per 100,000.**

□ Late Stage (regional and distant, age 50+):

- VT: 84.8 per 100,000 ▲ (U.S. 68.0 per 100,000).
- **Rutland County: 69.8 per 100,000.**

Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.



Lung Cancer

Lung Cancer Statistics – Males

□ Incidence:

- 262 Vermont male cases per year.
- VT: 75.8 per 100,000 (U.S. 76.6 per 100,000).
- **31 Rutland County cases per year.**
- **Rutland County: 81.4 per 100,000.**

□ Late Stage (regional and distant, age 55+):

- VT: 239.9 per 100,000 (U.S. 234.2 per 100,000).
- **Rutland County: 278.7 per 100,000.**

Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.

Lung Cancer Statistics - Females

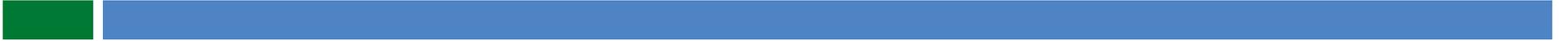
□ Incidence:

- 259 Vermont female cases per year.
- VT: 62.7 per 100,000 ▲ (U.S. 54.1 per 100,000).
- **33 Rutland County cases per year.**
- **Rutland County: 72.4 per 100,000 (▲ than U.S.).**

□ Late Stage (regional and distant, age 55+):

- VT: 188.4 per 100,000 ▲ (U.S. 153.4 per 100,000).
- **Rutland County: 239.7 per 100,000 (▲ than U.S.).**

Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.



Colorectal Cancer

Colorectal Cancer Statistics – Males

□ Incidence:

- 152 Vermont male cases per year.
- VT: 43.5 per 100,000 ▼ (U.S. 48.3 per 100,000).
- **19 Rutland County cases per year.**
- **Rutland County: 52.1 per 100,000.**

□ Late Stage (regional and distant, age 50+):

- VT: 66.3 per 100,000 ▼ (U.S. 80.6 per 100,000).
- **Rutland County: 82.4 per 100,000.**

Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.

Colorectal Cancer Statistics - Females

□ Incidence:

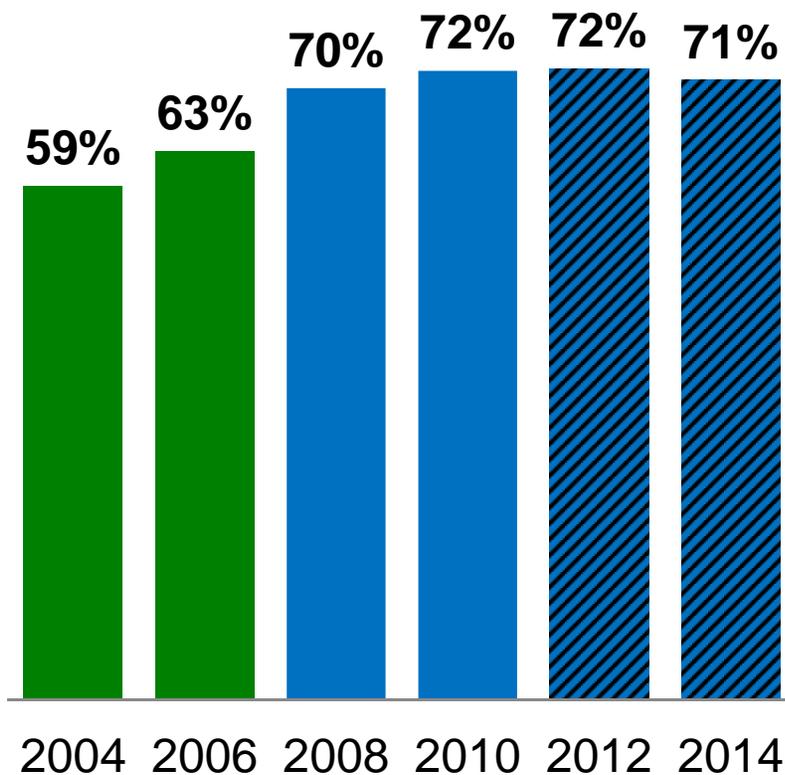
- 145 Vermont female cases per year.
- VT: 34.7 per 100,000 (U.S. 36.6 per 100,000).
- **21 Rutland County cases per year.**
- **Rutland County: 45.3 per 100,000.**

□ Late Stage (regional and distant, age 50+):

- VT: 57.2 per 100,000 (U.S. 60.6 per 100,000).
- **Rutland County: 62.9 per 100,000.**

Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.

Colorectal Screening Trend in Vermont



- 2008, 2010 & 2012 (Ages 50-75):
 - ▣ An FOBT in 1 year OR
 - ▣ A sigmoidoscopy in 5 years and an FOBT in 3 years OR
 - ▣ A colonoscopy in 10 years
- 2004 & 2006 (Ages 50+):
 - ▣ An FOBT in 1 year OR
 - ▣ A sigmoidoscopy/colonoscopy in 5 years
 - ▣ Note: These screening measures do not exactly match the guidelines that USPSTF endorsed at the time, due to limitations in survey construction.

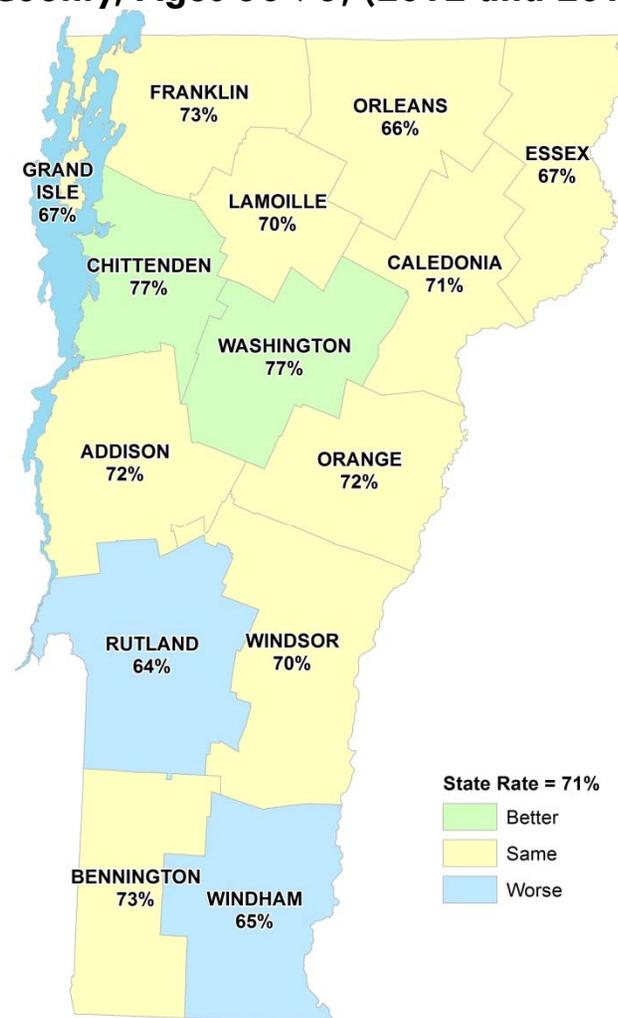
Source: BRFSS, 2004, 2006, 2008, 2010, 2012*, 2014*

Note: All rates are age adjusted to the 2000 U.S. standard population. The Behavioral Risk Factor Surveillance System (BRFSS) survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years.

Colorectal Screening Rates by County

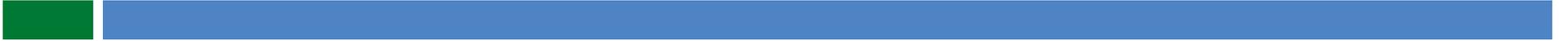
- Residents of **Rutland County** were less likely to have been screened for colorectal cancer.

Colorectal Cancer Screening Rates by County, Ages 50-75, (2012 and 2014)



Note: All rates are age adjusted to the 2000 U.S. standard population

Data Source: BRFSS, Statewide 2014, Counties 2012 and 2014

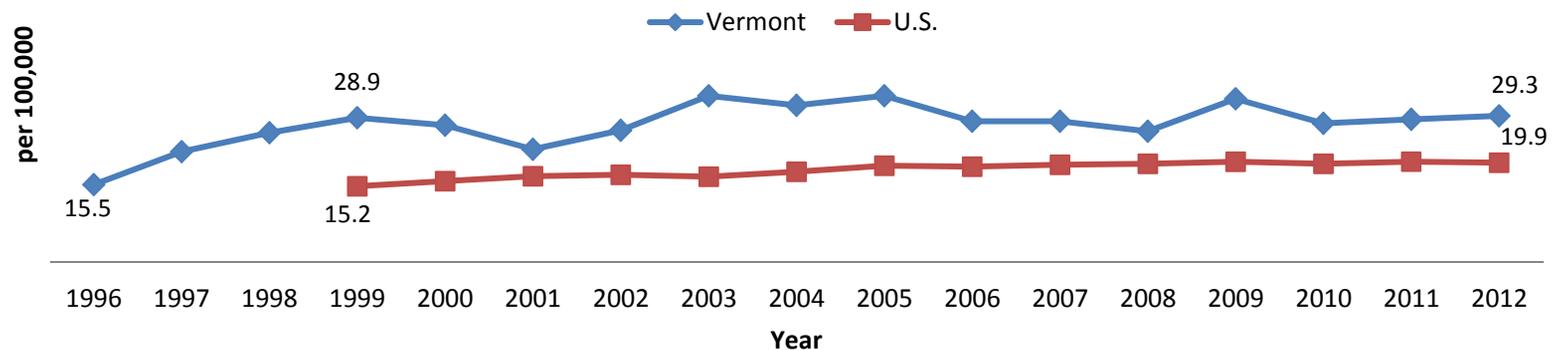


Melanoma Skin Cancer

Melanoma Statistics – Trend

- Third most commonly diagnosed cancer among cancers that affect both sexes.
- Vermont males and females have significantly higher rates of melanoma (29.0 per 100,000) compared to the U.S. rates (19.9 per 100,000).
- The incidence of melanoma has increased significantly in both Vermont and the U.S.

Incidence rates of male and female melanoma - Vermont and United States, All Ages, 1996 - 2012



Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.

Melanoma Statistics - Males

- **Incidence Rankings by State:** Vermont is #3.

- **Incidence:**
 - ▣ 121 Vermont male cases per year.
 - ▣ VT: 35.2 per 100,000 ▲ (U.S. 25.5 per 100,000).
 - ▣ **10 Rutland County cases per year.**
 - ▣ **Rutland County: 28.7 per 100,000.**

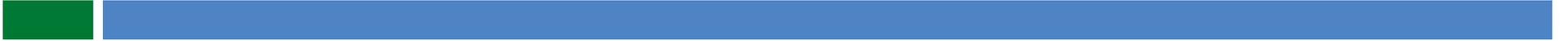
Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.

Melanoma Statistics – Females

- **Incidence Rankings by State:** Vermont is #1.

- **Incidence:**
 - ▣ 94 Vermont female cases per year.
 - ▣ VT: 24.7 per 100,000 ▲ (U.S. 16.0 per 100,000).
 - ▣ **9 Rutland County cases per year.**
 - ▣ **Rutland County: 20.8 per 100,000.**

Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.



Cervical Cancer

Cervical Cancer Statistics

□ Incidence:

- 16 Vermont cases per year.
- VT: 4.5 per 100,000 ▼ (U.S. 7.7 per 100,000).
- **2 Rutland County cases per year.**
- **Rutland County: 7.6 per 100,000 (▲ than VT) .**

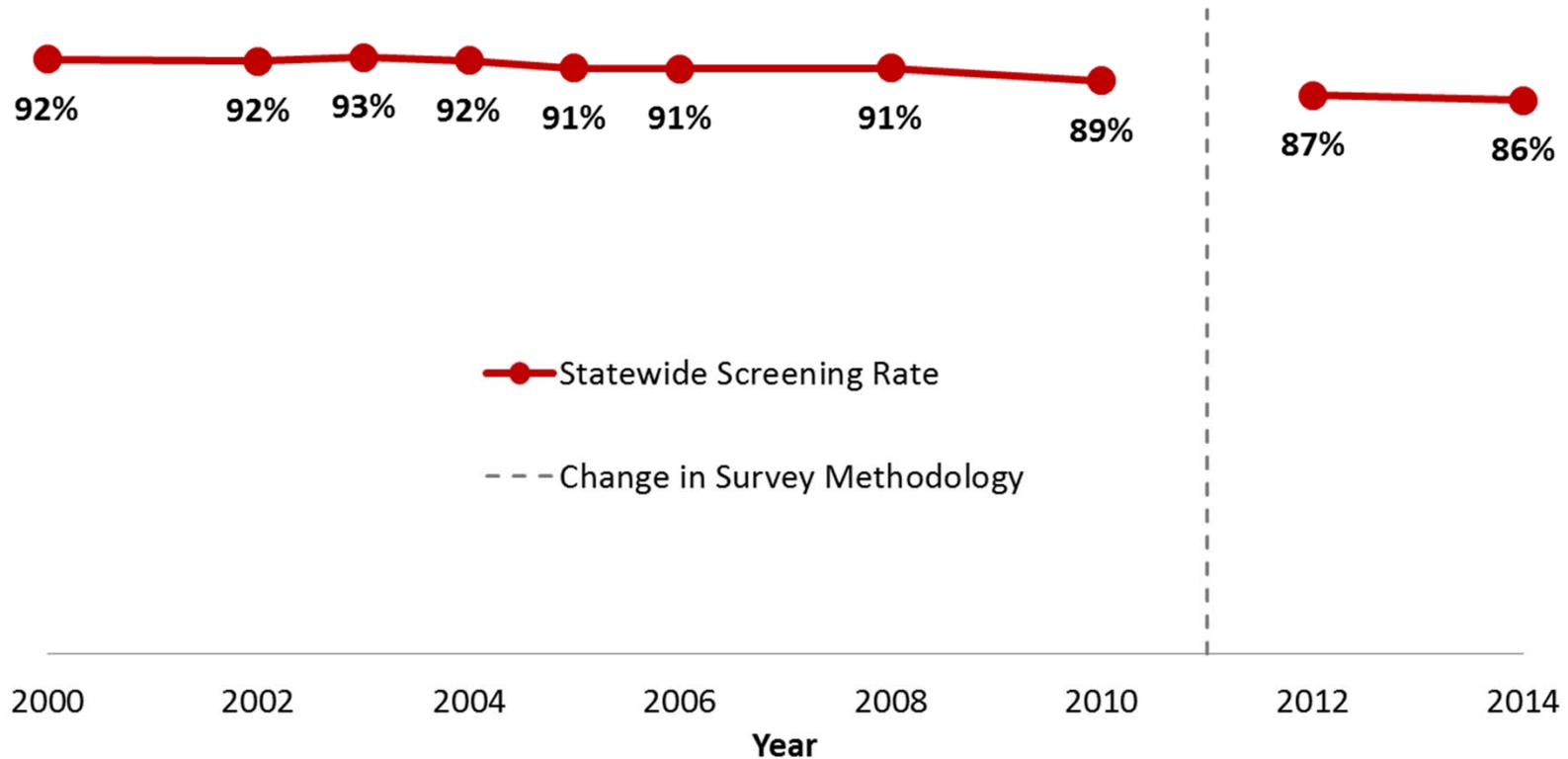
□ Late Stage (regional and distant, age 20+):

- VT: 2.0 per 100,000 ▼ (U.S. 5.1 per 100,000).
- **Rutland County: -- Not Available.**

Data Source: Vermont Cancer Registry, 2008-2012; National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012); Cancer Statistics Review, 1975-2012.

Cervical Cancer Screening Trend

Percentage of Vermont Women Aged 21-65 Who Had a Pap Smear within the Past 2 Years



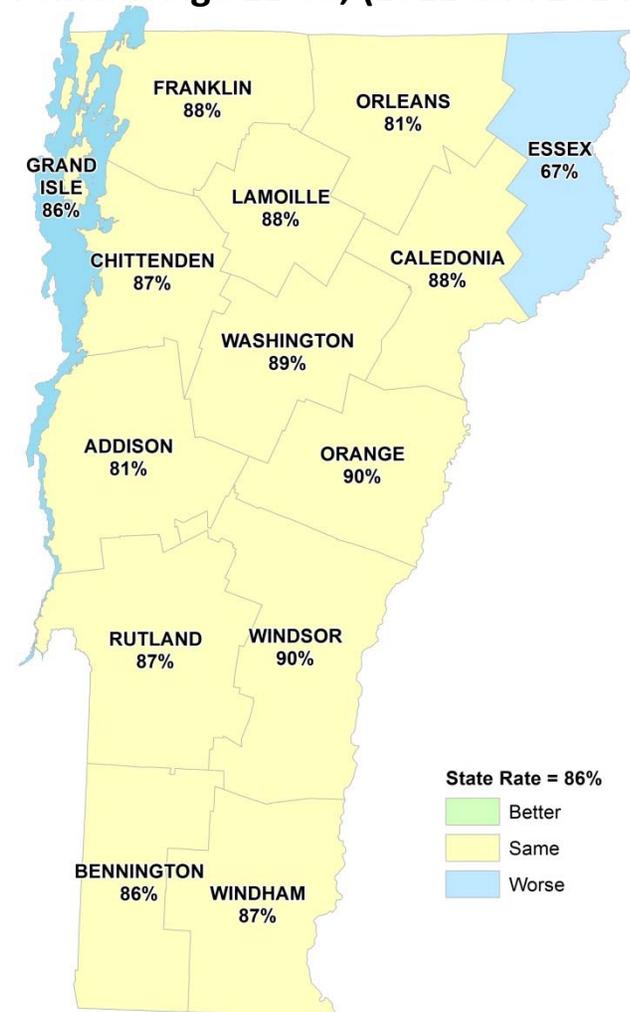
Source: Behavioral Risk Factor Surveillance System, 2000-2014.

Note: The Behavioral Risk Factor Surveillance System (BRFSS) survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years.

Cervical Cancer Screening Rates by County

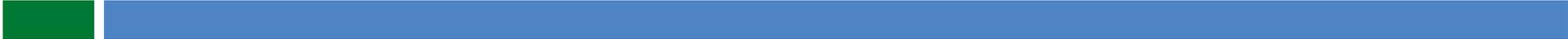
- Nationally, the cervical cancer screening rate among women aged 21-65 was 82%, which was lower than the 86% screening rate in Vermont.
- Residents of **Rutland County** had similar screening rates.

Cervical Cancer Screening Rates by County, Females Age 21-65, (2012 and 2014)



Note: All rates are age adjusted to the 2000 U.S. standard population

Data Source: BRFSS , VT: Statewide 2014, Counties 2012 and 2014



Cancer Risk

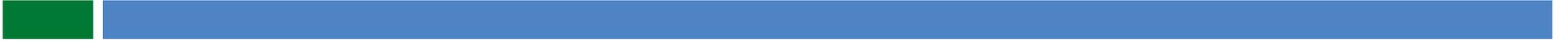
Risk for Developing Cancer

- "Cancer" is a group of more than 100 diseases characterized by uncontrolled growth and spread of abnormal cells.
 - ▣ Cancer can start in any cell in the body.
 - ▣ The cells start out as normal and then change.
 - ▣ Injuries to the cell affect how it grows, works, reproduces, and dies.
 - ▣ Cells grow and divide out of control instead of dying when they should.

- **Latency** is the time that passes between being exposed to something that can cause disease (such as radiation or a virus) and having symptoms.

Risk for Developing Cancer

- A **risk factor** is a condition, an activity, or an exposure that increases a person's chance of developing cancer.
 - ▣ People with known risk factors may never develop cancer.
 - ▣ Many people who develop cancer have none of the known risk factors.
- Cancer develops gradually as a result of a complex mix of factors related to lifestyle choices, environment and genetics.
 - ▣ Nearly **two-thirds** of cancer deaths in the U.S. can be linked to tobacco use, poor diet, obesity, and lack of exercise.

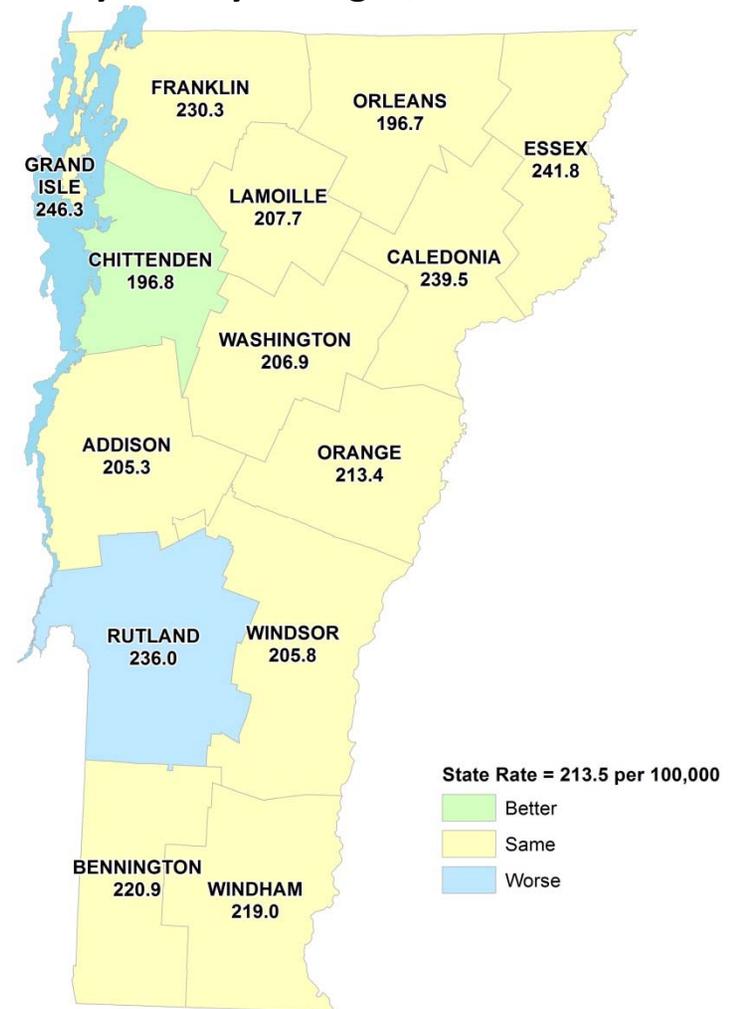


Tobacco Associated Cancers

Tobacco Associated Cancers

- Tobacco use increases the risk for many types of cancer, particularly lung cancer.
- Tobacco also increases the risk for cancers of the mouth, lips, nose and sinuses, larynx (voice box), pharynx (throat), esophagus, stomach, colon and rectum, pancreas, cervix, uterus, ovary, bladder, kidney, and acute myeloid leukemia.
- **Rutland County** had a higher rate of tobacco associated cancers.

Tobacco Associated Cancers, Incidence Rate by County, All Ages, 2008-2012



Notes: All rates are age adjusted to the 2000 U.S. standard population.

Data Source: VCR, 2008-2012

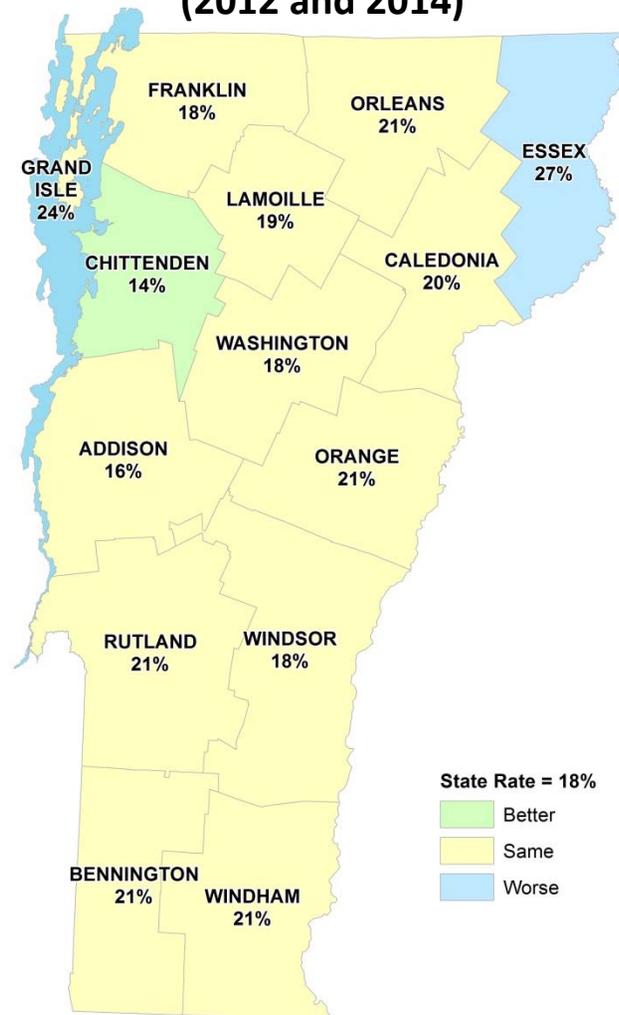
Cancer Related Risk Factors – Smoking

- Eighteen percent of Vermonters reported being current smokers in 2014; this is similar to the national rate (18%) in 2014.
- **Rutland County** had similar smoking rates to the state as a whole.
- Among current smokers in Vermont, 59% reported quitting for at least one day in the past 12 months. This was similar to the national quit attempt rate of 60%.

Notes: All rates are age adjusted to the 2000 U.S. standard population

Data Source: BRFSS, VT: Statewide 2014, Counties 2013 and 2014

Smoking Rate by County, Age 18+,
(2012 and 2014)



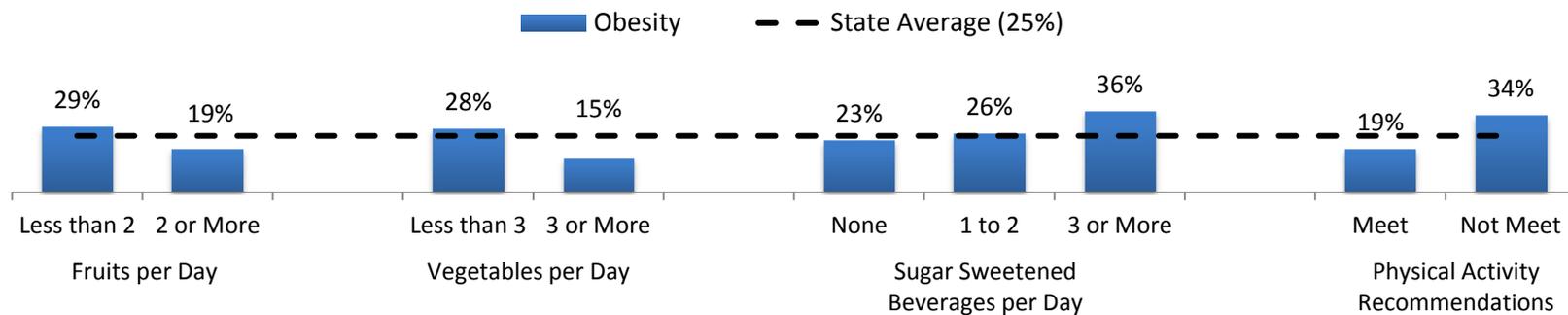


Obesity Associated Cancers

Obesity Associated Cancers

- Nutritional factors such as fruit and vegetable consumption and drinking sugar sweetened beverages can contribute to weight and body mass index.
- Participation in physical activity also can influence body weight and obesity.
- Several studies have demonstrated that weight loss reduces the risk of developing chronic diseases including diabetes and cardiovascular disease as well as some cancers.

Obesity by Nutritional Factors and Physical Activity, Age 18+, 2013



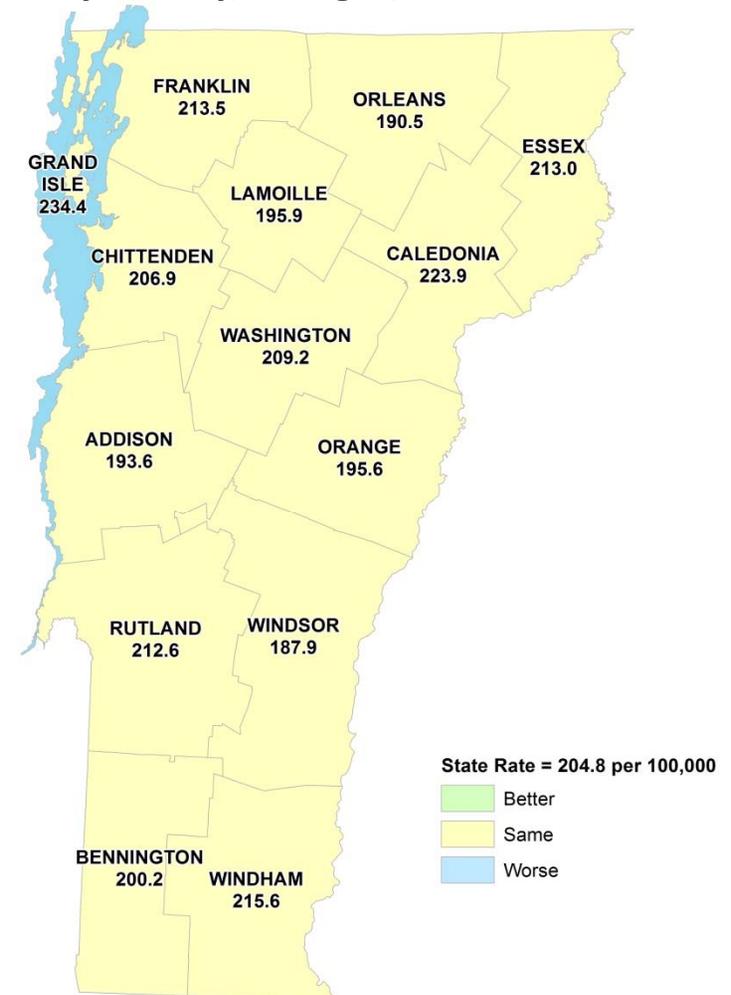
Obesity Associated Cancers

- Excess weight has been identified as a risk factor for cancers of the breast (postmenopausal), colon and rectum, uterus, esophagus, kidney, pancreas, thyroid, and gallbladder; and may also increase the risk for cancers of the ovary, cervix, liver, non-Hodgkin lymphoma, myeloma, and prostate (advanced stage).
- **Rutland County** had similar obesity associated cancer rates compared to the state rate.

Notes: All rates are age adjusted to the 2000 U.S. standard population.

Data Source: VCR, 2008-2012

Obesity Associated Cancers, Incidence Rate by County, All Ages, 2008-2012



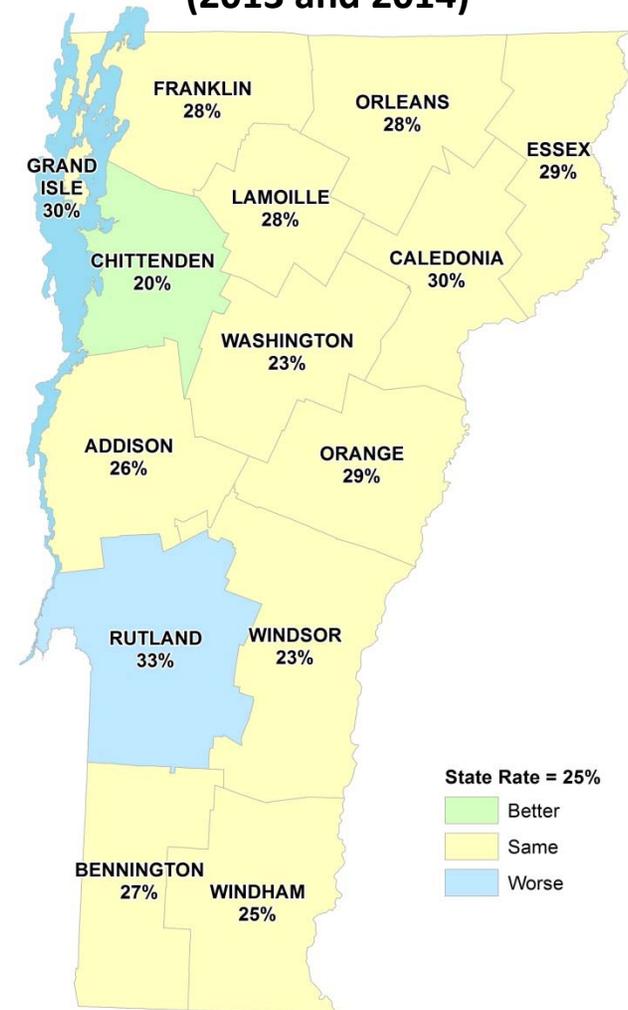
Cancer Related Risk Factors – Obesity

- In the United States, 30% of adults 20 and older are obese. In Vermont in 2014, the rate was 25%, which is lower than the national rate.
- While most Vermont counties have obesity rates that are similar to the state as a whole, **Rutland County** had a higher obesity rate (33%).

Notes: All rates are age adjusted to the 2000 U.S. standard population. Obesity rates include adults, age 20 and over, with a Body Mass Index (BMI) classified as obese (BMI of 30+).

Data Source: BRFSS, VT: Statewide 2014, Counties 2013 and 2014

Obesity Rates by County, Ages 20+, (2013 and 2014)



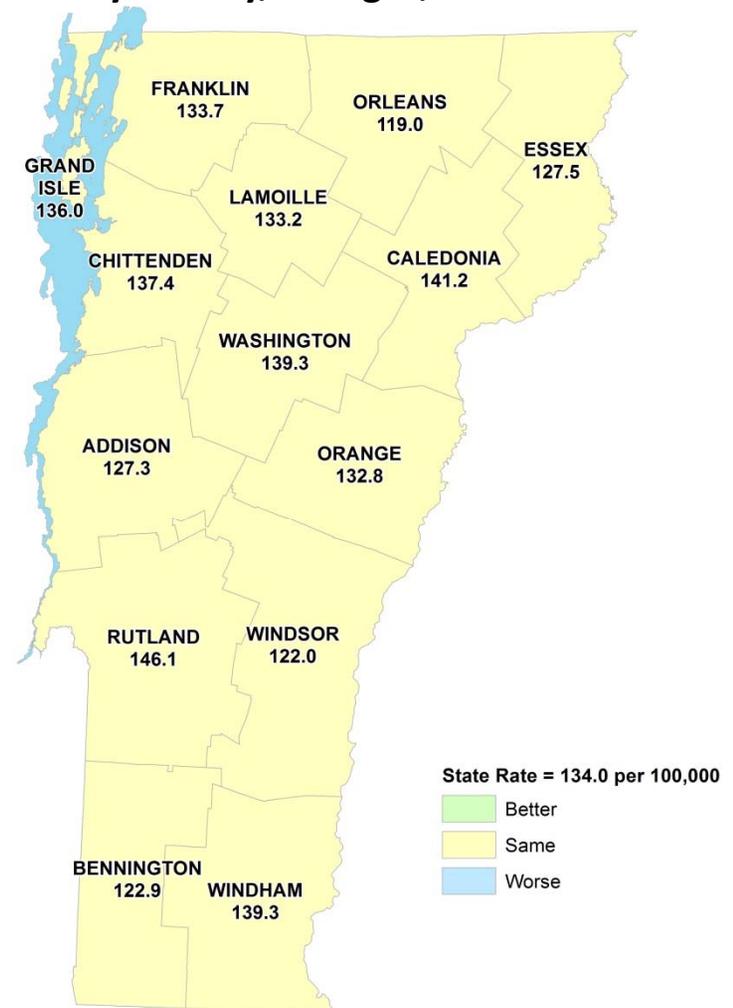


Alcohol Associated Cancers

Alcohol Associated Cancers

- Consumption of alcohol increases the risk of head and neck cancers, esophageal cancer, liver cancer, breast cancer, and colorectal cancer.
- **Rutland County** had a similar rate of alcohol associated cancers.

Alcohol Associated Cancers, Incidence Rate, by County, All Ages, 2008-2012



Notes: All rates are age adjusted to the 2000 U.S. standard population.

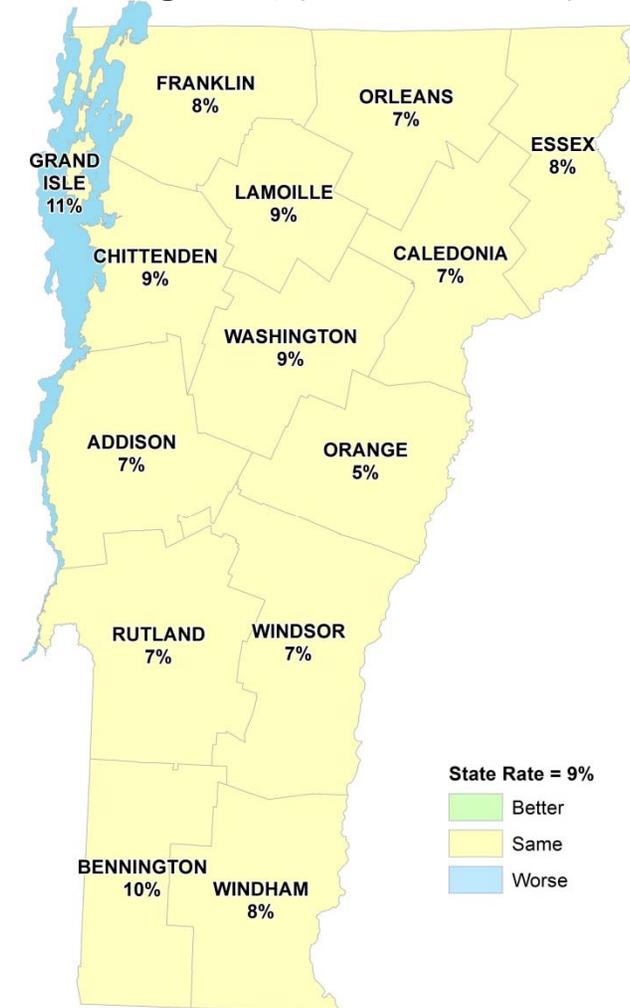
Data Source: VCR, 2008-2012

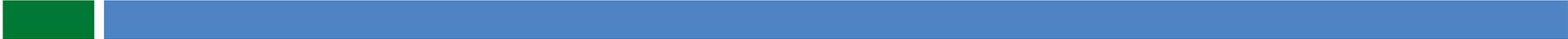
Cancer Related Risk Factors – Heavy Alcohol Use

- Heavy alcohol use is defined as: an average of more than two drinks per day for men, and an average of more than one drink per day for women.
- In Vermont, 9% of the adult population reported heavy drinking in 2014. This rate was higher than the 6% rate of heavy drinking reported nationwide.
- **Rutland County** had similar rates of heavy drinking when compared to the state overall.

Data Source: BRFSS ,VT: Statewide 2014, Counties 2013 and 2014

Rates of Heavy Alcohol Use by County, Age 18+, (2013 and 2014)



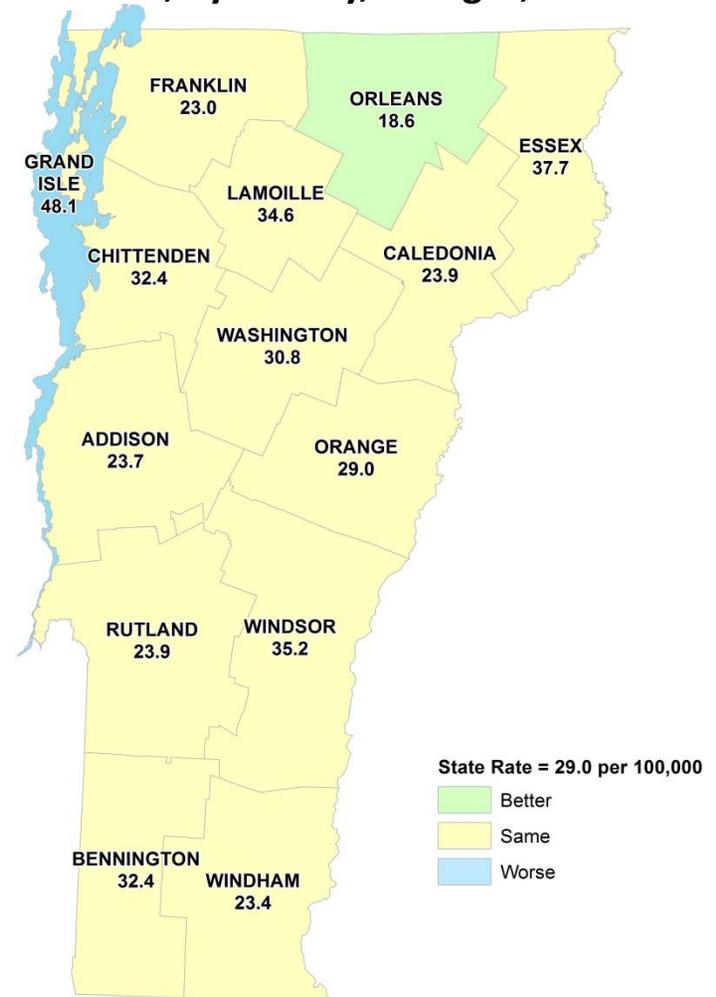


UV Exposure

Melanoma, UV Associated Cancers

- Most skin cancers are strongly associated with ultraviolet radiation (UV) exposure.
- As much as 90 percent of melanomas are estimated to be caused by UV exposure, the most preventable risk factor.
- **Rutland County** had a similar rate of UV associated cancers.

Melanoma, UV Exposure Associated Cancer, Incidence Rate, by County, All Ages, 2008-2012



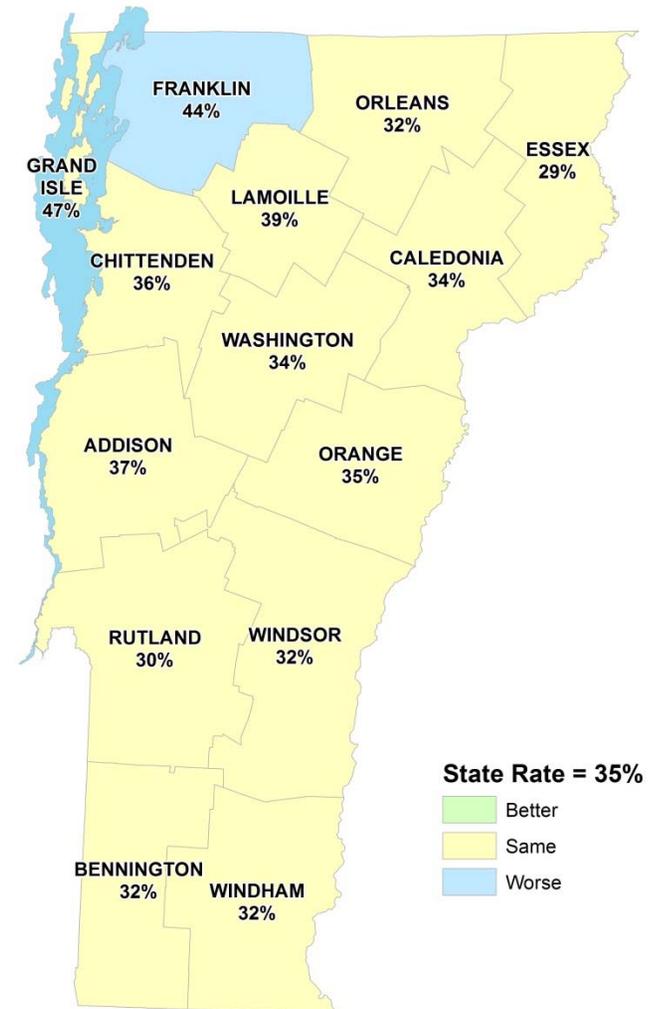
Notes: All rates are age adjusted to the 2000 U.S. standard population.

Data Source: VCR, 2008-2012

Cancer Related Risk Factors – Sun Exposure

- Among Vermont adults, 35% reported having one or more sunburns in the past year.
- Sunburn rates in **Rutland County** were similar to the state.

Sunburn Rate by County, Age 18+, 2013



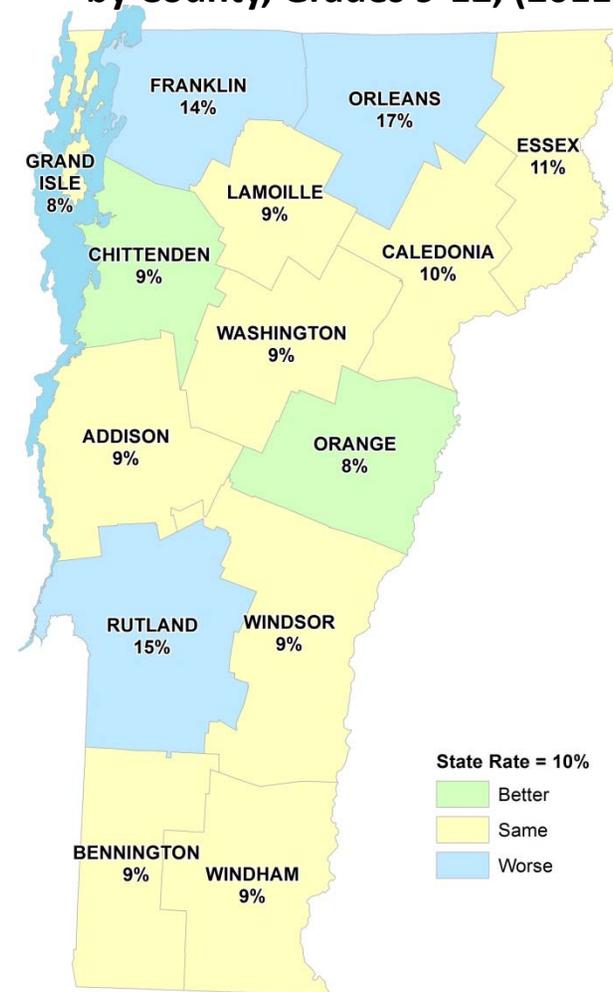
Data Source: BRFSS, 2013

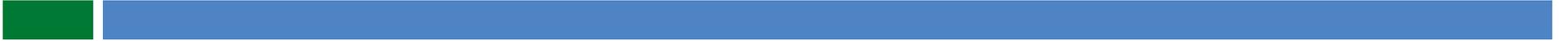
Cancer Related Risk Factors – Sun Exposure

- Statewide 10% of Vermont high school students reported using a tanning booth or sun lamp in the past year.
- Youth tanning booth or sun lamp usage rates were higher in **Rutland County** (15%) than the state overall.
- **The use of tanning devices before age 35 years increase melanoma risk by as much as 75 percent.**

Data Source: YRBS, 2011

Youth Tanning Booth/Sun Lamp Use, by County, Grades 9-12, (2011)





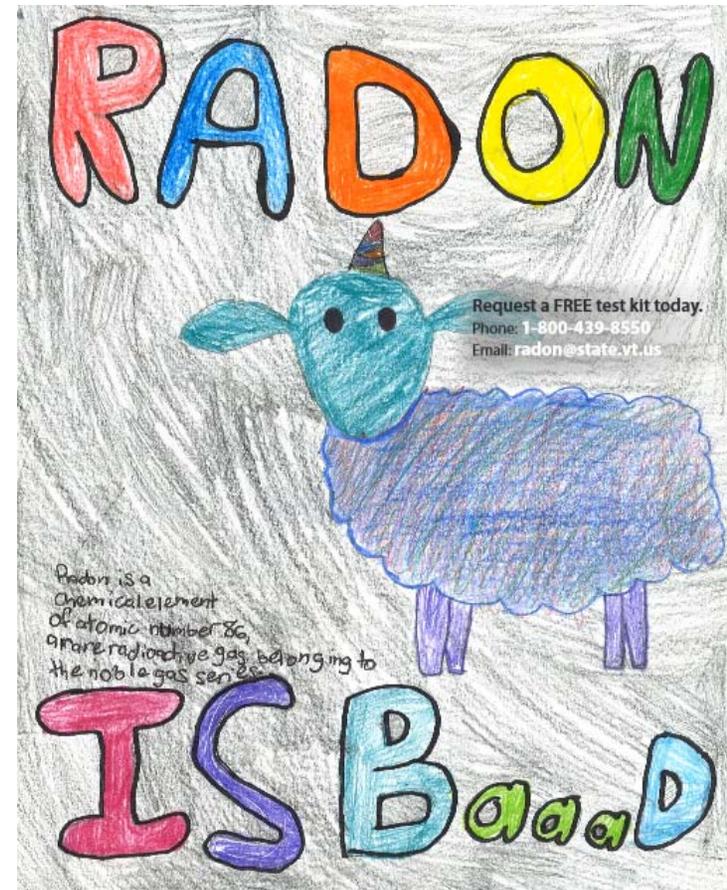
Water and Radon

Water and Radon Testing

- Environmental agents are estimated to account for roughly four percent of cancer cases.
- The Vermont Department of Health does make some recommendations for water and radon testing.

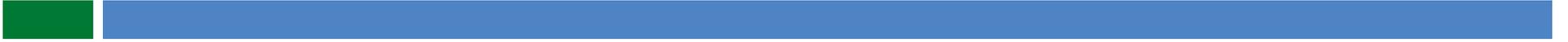
Radon

- ❑ Radon is a naturally occurring radioactive gas that is present in soil, air, and water.
- ❑ Radon increases a person's risk of developing lung cancer.
- ❑ Unless you test for it, there is no way of knowing if radon is present in your home.
- ❑ Testing is free!
 - ❑ Radon@vermont.gov or 1-800-439-8550.



Water

- If you pay a bill for your water your water comes from a **public water supply**.
 - Public water supplies must be tested regularly for bacteria, nonorganic chemicals, naturally occurring radioactivity, and naturally occurring compounds.
 - Public water supply test results for a specific system can be obtained from the water company upon request.
- For **private water systems** the health department recommends periodic testing by homeowners:
 - ▣ Coliform bacteria (Kit A) once a year.
 - ▣ Inorganic chemicals, including arsenic (Kit C) every five years.
 - ▣ Mineral radioactivity (Kit RA) every five years.
 - ▣ **Request a test kit by phone at 1-800-660-9997.**



Accessing Cancer Data

Accessing Data – Vermont Department of Health

Cancer Data and Statistics

Reports

- Thyroid Cancer
- Age Adjusted Incidence and Mortality Rates
- 2014 State Cancer Plan Status Report
- Living with Cancer in Vermont
- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Lung Cancer
- Melanoma
- Non-Hodgkin Lymphoma
- Prostate Cancer

Data Briefs

- Data Brief: Melanoma
- Data Brief: Obesity Associated Cancers
- Data Brief: Cancer Survivorship
- Data Brief: Tobacco Associated Cancers

County Level Cancer Fact Sheets

- Addison
- Bennington
- Caledonia
- Chittenden
- Essex
- Franklin
- Grand Isle
- Lamoille
- Orange
- Orleans
- Rutland
- Washington
- Windham
- Windsor

<http://healthvermont.gov/cancer>

Accessing Data – County Cancer Fact Sheets

Cancer Incidence: Newly Diagnosed Cases per Year

The rates for the five most commonly diagnosed cancers in Rutland County are similar to the Vermont rates.

	Rate per 100,000 People	
	Rutland	Vermont
<i>Males</i>		
All Sites*	564.6	533.2
Prostate*	143.0	134.7
Lung and Bronchus*	86.6	77.6
Colon and Rectum*	49.8	43.6
Bladder*	49.2	40.1
Melanoma of the Skin*	31.8	35.6
<i>Females</i>		
All Sites*	440.8	442.7
Breast*	115.8	129.2
Lung and Bronchus*	75.8	64.3
Colon and Rectum*	46.6	36.1
Uterus*	29.6	30.9
Melanoma of the Skin*	20.5	23.9

Data Source: VCR, 2007-2011

Note: Excludes basal cell and squamous cell skin cancers and in situ carcinomas, except urinary bladder.

Cancer Diagnosis: Advanced Stage^o

Rutland County has similar rates of breast, cervical, and colorectal cancer advanced stage diagnosis rates, compared to Vermont overall.

	Rate per 100,000 People		Goal Type ^o
	Rutland	Vermont	
Breast* (Females, Ages 50+)	105.6	97.3	SCP
Colorectal* (Males and Females, Ages 50+)	74.4	62.7	SCP
Cervical* (Females, Ages 20+)	4.4	2.0	SCP

Data Source: VCR, 2007-2011

Cancer Mortality: Deaths Due to Cancer

The cancer death rate in Rutland County is similar to the Vermont rate.

	Rate per 100,000 People		Goal Type ^o
	Rutland	Vermont	
Overall Cancer Deaths*	190.4	178.2	HV

Data Source: Vital Statistics, 2007-2011

Rutland County Cancer Fact Sheet- Published February 2015

Cancer Survivors (Prevalence)^o: Ever Diagnosed with Cancer

There are approximately 3,500 adult cancer survivors living in Rutland County, and the prevalence rate is similar to Vermont overall.

	Percent	
	Rutland	Vermont
Cancer Survivors (Adults) ^o	7	7

Data Source: BRFSS, County Years: 2012-2013; Statewide Year: 2013

Note: Cancer prevalence excludes those whose only cancer was a skin cancer.

Cancer Screening

Rutland County and Vermont cancer screening rates are similar.

	Percent		Goal Type ^o
	Rutland	Vermont	
Breast Cancer Screening (Females, Ages 50-74)* ^o	76	82	HV, SCP
Cervical Cancer Screening (Females, Ages 21-65)* ^o	87	87	HV, SCP
Colorectal Cancer Screening (Males and Females, Ages 50-75)* ^o	69	72	HV, SCP

Data Source: BRFSS, 2012

Cancer Related Risk Factors and Preventative Behaviors

Rutland County rates for adult obesity and youth tanning in the past 12 months are worse than Vermont overall. Other cancer related risk behavior rates are similar.

	Percent		Goal Type ^o
	Rutland	Vermont	
Smoke Cigarettes, Currently (Adults)*	19	18	HV
Obesity (Ages 20+)* ^o	32	25	HV
2+ Daily Fruit Servings (Adults)*	36	35	HV
3+ Daily Vegetable Servings (Adults)*	15	18	HV
Met Aerobic Physical Activity Guideline (Adults)*	58	59	HV
One or More Sunburns, Past 12 Months (Adults)	30	35	SCP
Tanning, Past 12 Months (Youth, Grades 9-12)	15	10	SCP

Data Source: BRFSS; Smoking and Obesity County Years: 2012-2013; Smoking and Obesity Statewide Year: 2013; Fruit and Vegetable, Physical Activity County Years: 2011, 2013; Fruit and Vegetable, Physical Activity Statewide Year: 2013; Sunburn County and Statewide Year: 2013; Youth Tanning County and Statewide Year: 2011.

■ Indicates statistically worse or ■ indicates statistically better than Vermont.

Accessing Data – Environmental Public Health Tracking



Environmental Public Health Tracking
Making the connection between health and environment



View Data
Create maps, charts and tables

Environmental Topics
Air Quality

Health Topics
Asthma

How clean is Vermont's air? What health problems could be linked to the water we drink? What relationships may exist between environmental exposures and cancer?

Vermont's Environmental Public Health Tracking Program will help you, policymakers, health professionals, scientists, researchers and others answer questions such as these.

Tracking brings together environmental and public health data in one place. Funded by the Centers for Disease Control and Prevention as part of the **National Environmental Public Health Tracking Program**, Vermont's Tracking program also links you to comparable information from **other states** and to national data. [Learn more about Tracking in Vermont.](#)

<http://healthvermont.gov/tracking>

Ask Tracking
1-800-439-8550



Accessing Data – Vermont Cancer Incidence Maps

Lung and Bronchus Cancer SIRs 2002-2011

Source: Vermont Cancer Registry



[View in new window](#)

Data Notes

Share

Print

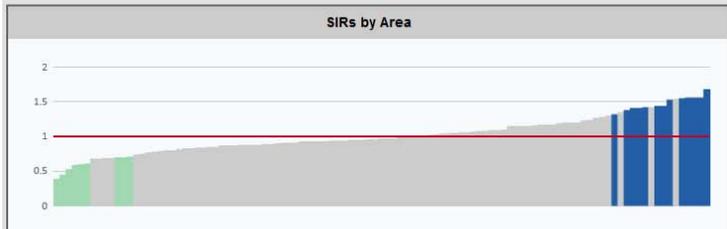
Standardized Incidence Ratio (SIR) = Observed Cases/Expected Cases

Area	Observed Cases	Expected Cases	SIR	Statistically Compared to State
Addison County Central	48	54.1	0.89	Not Different
Addison County East	22	20.7	1.06	Not Different
Addison County North	58	58.4	0.99	Not Different
Addison County West	40	47.3	0.85	Not Different
Barre City	96	80.6	1.19	Not Different
Barre Town	52	67.7	0.77	Not Different

Clear X Filter X

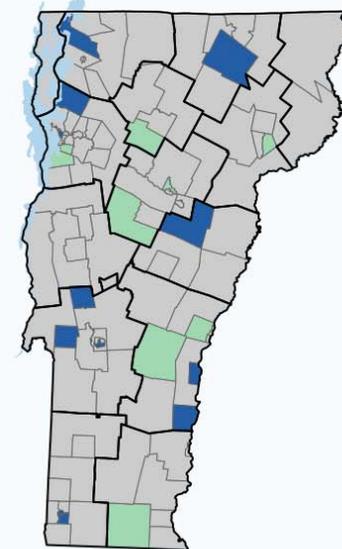
Statewide	SIR	Observed Cases
VERMONT	1.00	19,488

*Data not shown in areas with fewer than 6 observed cases. Statistical comparisons to state based on multiple comparisons correction.



- Sub-County Geographic Areas
- Statistically Lower
- Statistically Higher
- Not Different
- < 6 Cases
- Vermont Counties
- Vermont Towns (Click to see town boundaries)

SIRs by Area



Wrap Up

- ❑ There are many types of cancer statistics and data sources.
- ❑ Rutland County compares similarly to Vermont for cancer risk factors and cancer diagnosis.
- ❑ Excess weight and tobacco use contribute to more cancers than environmental pollutants do.
- ❑ The most current cancer data for Rutland County are available at healthvermont.gov.

Any Questions?

Contact information for questions or for a copy of this presentation:

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