

Grand Isle County

Cancer Fact Sheet



Many people have either had cancer themselves or know someone who has. In 2016, there were approximately 39,000 adult cancer survivors in Vermont. Among Vermonters, cancer is a leading cause of death. Each year, approximately 3,700 people are diagnosed and nearly 1,400 people die from cancer. The Vermont Department of Health is working in collaboration with Vermonters Taking Action Against Cancer (VTAAC) to reduce the impact of cancer on individuals, families, and communities in Vermont.



Published August 2018

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Cancer Related Risk Factors and Preventive Behaviors

Grand Isle County and Vermont cancer related risk behavior rates are similar.

	Percent		Goal Type ^G
	Grand Isle	Vermont	
Smoke Cigarettes, Currently (Adults)*	18	18	HV, SCP
Obesity (Ages 20+)* ^D	27	28	HV, SCP
Sunburn, Past 12 Months (Youth, Grades 9-12)	63	65	SCP
Adolescent Females who are up-to-date for HPV Vaccination (Ages 13-17) ♦ ^D	63	60	SCP
Adolescent Males who are up-to-date for HPV Vaccination (Ages 13-17) ♦ ^D	50	51	SCP

Data Sources: Smoking, Obesity: BRFSS; County: 2015-2016, State: 2016. Youth Tanning: YRBS, 2015. HPV vaccination: IMR, 2016.

Cancer Incidence by Risk Factor: Newly Diagnosed Cases per Year

The incidence rates for risk factor associated cancers in Grand Isle County are similar to the Vermont rates.

	Rate per 100,000		Goal Type ^G
	Grand Isle	Vermont	
Tobacco Associated Cancers* ¹	179.0	167.6	SCP
Obesity Associated Cancers* ²	133.7	156.3	SCP
Melanoma (UV Associated Cancer)* ³	49.6	33.1	SCP
HPV Associated Cancers* ⁴	16.9	10.6	SCP

Data Source: VCR, 2011-2015. Note: Excludes basal cell and squamous cell skin cancers and in situ carcinomas, except urinary bladder.

¹ Tobacco use increases the risk of cancers of the lung, lip, oral cavity, throat, esophagus, stomach, colon and rectum, liver, pancreas, larynx (voice box), trachea, cervix, kidney, bladder, and acute myeloid leukemia.

² Excess weight increases the risk of cancers of the esophagus, stomach, colon and rectum, liver, gallbladder, pancreas, bone marrow, breast (postmenopausal), uterus, ovary, membranes surrounding the brain and spinal cord (meninges), and thyroid.

³ Ultraviolet radiation (UV) exposure increases the risk of melanoma.

⁴ Infection with the HPV virus increases the risk of cancers of the cervix, vulva, vagina, penis, anus, mouth, and throat.

Cancer Screening

Grand Isle County and Vermont cancer screening rates are similar.

	Percent		Goal Type ^G
	Grand Isle	Vermont	
Breast Cancer Screening (Females, Ages 50-74)* ^D	68	79	HV, SCP
Cervical Cancer Screening (Females, Ages 21-65)* ^{D + † †}	86	86	HV, SCP
Colorectal Cancer Screening (Males and Females, Ages 50-75)* ^D	65	72	HV, SCP

Data Source: BRFSS; County (Breast & Colorectal): 2014 and 2016, State: 2016. County (Cervical): 2012 and 2014[†]

Cancer Diagnosis: Advanced Stage^D

Grand Isle County has similar advanced stage diagnosis rates for cancers of the breast, lung and bronchus, and colon and rectum, compared to Vermont overall.

	Rate per 100,000		Goal Type ^G
	Grand Isle	Vermont	
Breast* (Females, Ages 50+)	111.7	91.8	SCP
Colorectal* (Males and Females, Ages 50+)	50.2	60.6	SCP
Lung* (Males and Females, Ages 55+)	236.2	193.6	SCP

Data Source: VCR, 2011-2015

Note: The number of advanced stage cervical cancers is too small to report by county.

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

There are approximately 600 adult cancer survivors living in Grand Isle County.

Data Source: BRFSS, 2014-2016.

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

Cancer Mortality: Deaths Due to Cancer

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

	Rate per 100,000		Goal Type ^G
	Grand Isle	Vermont	
Overall Cancer Deaths*	200.7	168.6	HV

Data Source: Vital Statistics, 2011-2015.

Technical Notes

Indicates statistically worse^D than Vermont.

Indicates statistically better^D than Vermont.

*Age adjusted to U.S. 2000 population.

† Due to a difference in how the cervical cancer questions were asked in 2016††, comparisons over time cannot be made.

†† Usually women who have had a hysterectomy are excluded from cervical cancer screening calculations. In 2016, women 45-65 were not asked whether they've had a hysterectomy, and as such the proportion meeting Pap test screening recommendations is underestimated.

‡ Rates based on 5 or fewer cases are not individually calculated.

◆ New or changed Vermont State Cancer Plan Goal

Data Sources:

BRFSS: Behavioral Risk Factor Surveillance System

VCR: Vermont Cancer Registry

YRBS: Youth Risk Behavior Survey

IMR: Immunization Registry

Vital Statistics: Vermont Vital Statistics

^DDefinitions:

•HPV Vaccination: If a patient begins the series before the age of 15, they need only 2 doses, at least 5 months apart. If a patient received two doses of HPV before age 15, but the doses were less than 5 months apart, they will need another dose to be up to date. If a patient received three doses of HPV before age 15, and there were 5 months between the first and third doses, the patient is up to date and DOES NOT need another dose. For additional details, please see the link below.

<https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>

•Advanced Stage: Includes regional and distant stages (SEER Summary Stage).

•Cancer Survivor (Prevalence): A person is considered a cancer survivor (also referred to as cancer prevalence), if they have ever been diagnosed with non-skin cancer, from the time of diagnosis through the rest of their life.

•Breast Cancer Screening: Women aged 50-74 who have had a mammogram in the past two years.

^DDefinitions (continued):

•Cervical Cancer Screening: Women aged 21-65 who have had a Pap test in the past three years.

•Colorectal Cancer Screening: Men and women aged 50-75 who have had any one of the following: a fecal occult blood test (FOBT) in the past year; a sigmoidoscopy in the past five years AND a FOBT in the past three years; or a colonoscopy in the past ten years.

•Obesity: Having a body mass index equal to or greater than 30 kg/m².

•Statistically worse/better: A range of values calculated using observed data, known as a confidence interval, was utilized to compare county and state rates. For this analysis 95% confidence intervals were used, meaning 95% of the time the true value of the estimate falls within the specified confidence interval. If the confidence intervals for the county and state do not overlap the estimates are considered to be significantly different from one another (not due to chance). Smaller populations tend to have wider confidence intervals, and therefore overlap more often when drawing comparisons. Due to small cancer population of some counties, seemingly large differences are not actual differences.

^GGoal Type:

SCP: State Cancer Plan, 2020

HV: Healthy Vermonters 2020

References:

[Cancer Home Page: http://www.healthvermont.gov/wellness/cancer](http://www.healthvermont.gov/wellness/cancer)

[Healthy Vermonters 2020: http://www.healthvermont.gov/stats/hv2020](http://www.healthvermont.gov/stats/hv2020)

[State Cancer Plan: http://www.healthvermont.gov/wellness/reports/cancer](http://www.healthvermont.gov/wellness/reports/cancer)

[VTAAC: http://vtaac.org](http://vtaac.org)

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Acknowledgement: This publication was supported by Grant/Cooperative Agreement Number NU58DP006322 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.