



Vermont Cancer Surveillance

Data Pages

Division of Health Statistics and Informatics

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Introduction

About Cancer:

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

Cancers often have different causes, rates of occurrence and survival. Therefore, cancers in a community or workplace do not necessarily have the same cause.

Although different cancers have distinct causes, it's still important to examine overall cancer incidence and mortality to understand the general cancer burden in a community.

The purpose of this document is to present the most current and relevant data related to cancer, cancer prevention and risk factors that can elevate the risk of cancer among Vermonters. The data pages use multiple data sources, including:

- 2018-2022 Vermont Cancer Registry (VCR)
- 2024 Vermont Vital Statistics
- 2023 Behavioral Risk Factor Surveillance System (BRFSS)
- 2025 Vermont Immunization Registry (IMR)

For a description of these data sources, see the **Data Sources** section ([pg. 95](#)) at the end of this document.

For questions or assistance understanding cancer data or this report, please email our data team at: AHS.VDHHPDAnalytics@vermont.gov.

How to Read This Document

Statistical Comparisons

Throughout this report, comparisons labeled “higher,” “lower,” “larger,” “smaller,” “better,” “worse,” or “significantly different” are considered statistically significant. In charts and visualizations, statistical differences are noted using an asterisk (*).

Statistical differences are generally assessed by comparing the **95% confidence intervals** of different groups unless otherwise stated. When confidence intervals overlap, we report that the differences between groups of comparison are similar or not statistically significant. When confidence intervals do not overlap, we report that differences between groups of comparison are statistically significantly different.

Confidence Intervals

When we analyze any set of data, there is always some amount of uncertainty. A confidence interval is a method by which we can say that we are 95% confident that the true value of the data that is being examined falls within the confidence interval range.

How to Read This Document

Incidence vs. Prevalence

Two terms often used when describing diseases in a population are incidence and prevalence. While similar, they measure two different things.

Incidence is the number of newly diagnosed cases in a period of time. In this report, it is asking, “How many new cases of cancer are diagnosed?”

Prevalence is the measure of new *and* pre-existing cases among people alive on a certain date. In this report, it is asking, “How many people are living with cancer, currently or as a survivor?”

Age Adjustment and Age-Adjusted Rates

When comparing different geographic areas, like counties or states, we notice that not all populations are the same and can vary widely in terms of size and age.

To provide the best possible comparison between different regions, we can use a statistical technique called age adjustment. This allows us to control differences in the ages between two populations, which is important for diseases like cancer where age is a significant risk factor.

How to Read This Document

Annual Percent Change (APC) or Average Annual Percent Change (AAPC)

Annual percent change is a method for characterizing rates over time, in which cancer rates are assumed to change by a constant percentage relative to the previous year.

APC and AAPC are calculated through a weighted least squares regression technique that fits a regression line to the natural logarithm of rates using the calendar year as a regressor value.

In charts displaying APC or AAPC, points represent the rate was the actual, observed rate for that year, while solid lines represent the regression line, or where we would expect the rate for that year to fall had it perfectly followed the trend.

When the change over time is best represented by a single trend line, the APC is reported.

When different and distinct changes over time are detected, for instance when there is a decrease over a certain number of years followed by an increase over a certain number of years, the AAPC is reported.

Data Acknowledgement

The Vermont Department of Health recognizes the many social, economic and environmental inequities which drive the data in this report. We are working to incorporate data reflective of these lived experiences among all Vermonters.

For this report, demographic and population characteristic data, such as race/ethnicity, disability status, rurality, etc., was collected from a variety of different data sources. These categories are defined on the next page.

This publication was supported by Grant/Cooperative Agreement Number NU58DP007149 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.

Definitions

Indicator	Definition
Disability	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.
Rurality	<p>Measured by Rural-Urban and Commuting Area Codes (RUCA). This report uses the RUCA C classifications which combines large rural cities, small rural towns and isolated rural towns into a single “rural” category.</p> <p>RUCA C Urban Grouping: Urban areas are commuting areas with more than 49,999 people where 30-50% of commuting occurs in similarly sized, densely populated areas.</p> <p>RUCA C Rural Groupings: Large Rural City/Town, or a micropolitan, are smaller than urban commuting areas containing between 10,000-49,999 people, where 30-50% of commuting occurs in similarly sized, densely populated areas. Small Rural Town are low population areas containing 2,500-9,999 people where 30-50% of commuting primarily occurs in similar sized areas of higher population. Isolated Rural Town are sparsely populated areas with less than 2,500 people and travel mainly occurs between similar sized areas.</p>
Race/Ethnicity	<p>White, Non-Hispanic: Self reported race of white with an ethnicity of not Hispanic.</p> <p>Black, Indigenous and People of Color (BIPOC): Self reported 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 and/or Alaska Native, Asian, Pacific Islander</p>

Definitions

Indicator	Definition
Sexual/Gender Diversity	<p>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 LGBTQ+ when discussing findings from these data sources, while also acknowledging that these data may not fully represent the LGBTQ+ community.</p> <p>Cisgendered, heterosexual: Self reported sexual orientation reported as straight and transgender identity reported as cisgendered.</p> <p>LGBTQ+: Self reported sexual orientation reported as not straight (ex. gay, lesbian, bisexual) or transgender identity reported as other than cisgendered.</p>
Physical Activity Recommendations	<p>The CDC physical activity recommendations for adults are defined as 150 of moderate activity or 75 minutes of vigorous activity per week. In this report, physical activity is a self-reported measure of an individual's typical physical activity in a week.</p> <p>In this report, adults who report that they meet these recommendations are considered physically active.</p>

Key Findings

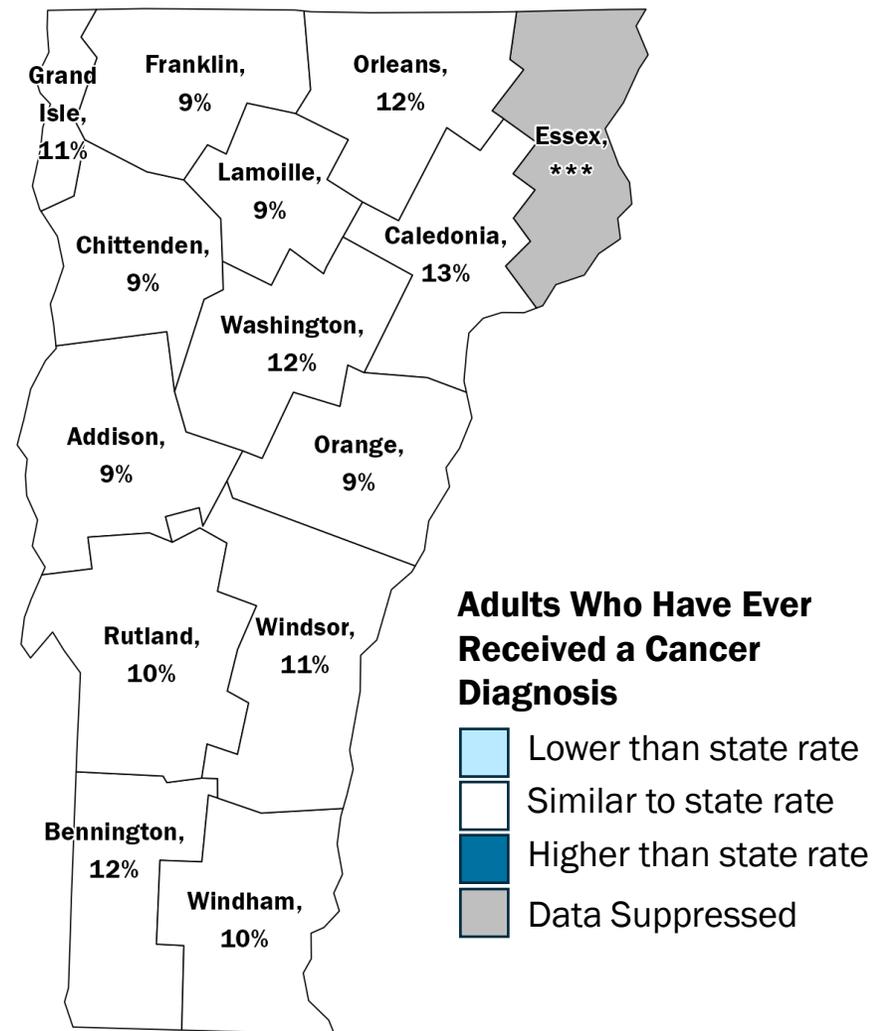
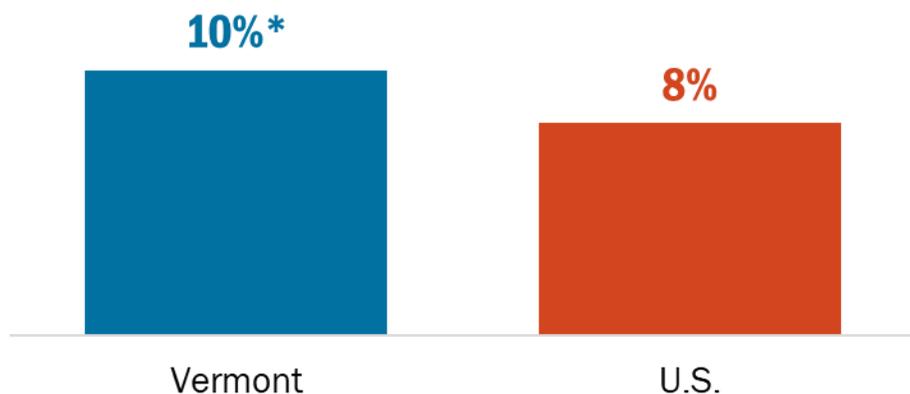
- Cancer is a leading cause of morbidity and mortality across the United States and Vermont. There are approximately 54,700 cancer survivors in Vermont. From 2018-2022, lung cancer was the leading cause of cancer incidence and mortality among all Vermonters.
- While incidence and mortality rates for cancer have been declining over the past 20 years, Vermont's incidence, mortality and prevalence of cancer all remain higher in Vermont than the U.S.
- From 2018-2022, among male Vermonters alone, prostate cancer was the leading type of new cancer diagnoses. Among female Vermonters alone, breast cancer was the leading cause of new cancer diagnoses.
- Overall, cancer incidence and mortality have been steadily decreasing in Vermont at a statistically significant rate over the last two decades.
- The lung cancer screening rate (23%) remains low in Vermont compared to other recommended cancer screenings, like breast cancer screening (75%) and colorectal cancer screening (70%).

Cancer in Vermont

Cancer Prevalence

One-in-ten of Vermont adults (10%), or an estimated 54,700 people, live with a **current or past diagnosis** of cancer. All counties have a cancer prevalence similar to the overall Vermont prevalence.

The prevalence of adults with a cancer diagnosis is **higher** among Vermont adults than it is among all U.S. adults.



Source: VT BRFSS, 2023
Vermont Department of Health

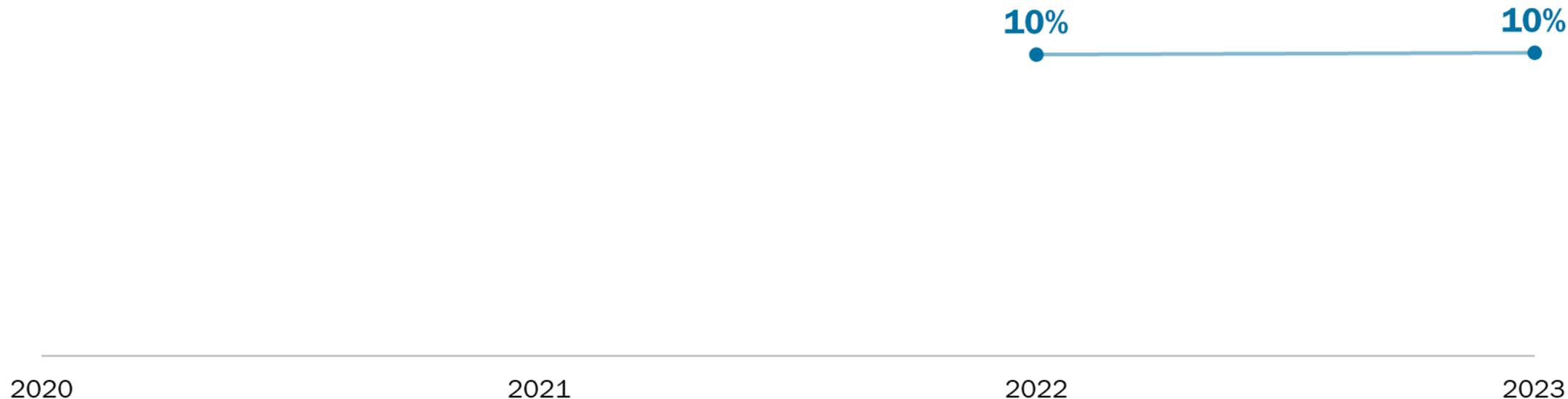
Source: VT BRFSS, 2022-2023

***: Value suppressed because sample size too small or relative standard error is > 30.

Cancer Prevalence - Trends

The prevalence of cancer among Vermont adults remained **stable** between 2022 and 2023.

Please note: Due to changes to the survey question on cancer rates starting in 2022, comparisons with prior years' data cannot be made.

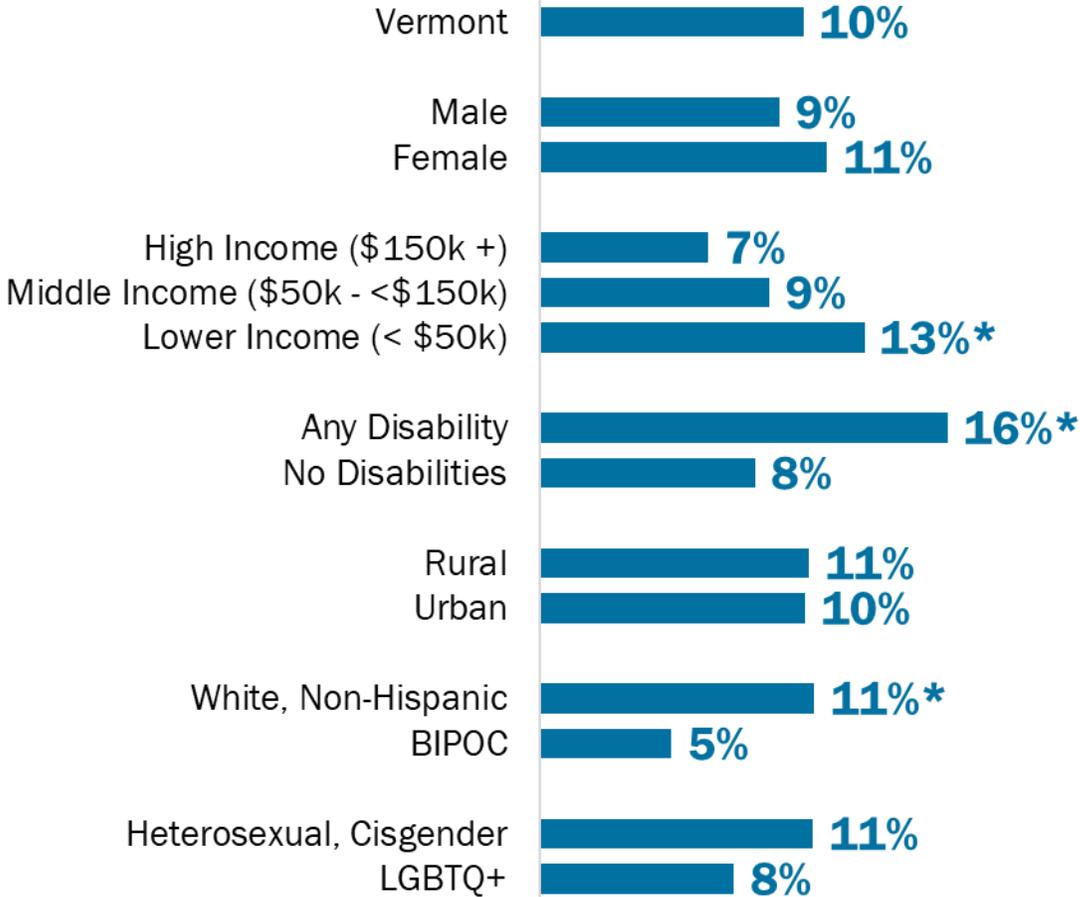


Cancer Prevalence - Demographics

Among the one-in-ten Vermont adults who live with a current or past diagnosis of cancer, certain populations are **significantly more likely** to have ever received a cancer diagnosis, including:

- People in households with lower annual incomes (less than \$50,000) compared to middle- and high-income households.
- White, non-Hispanic adults.
- Adults with any disability.

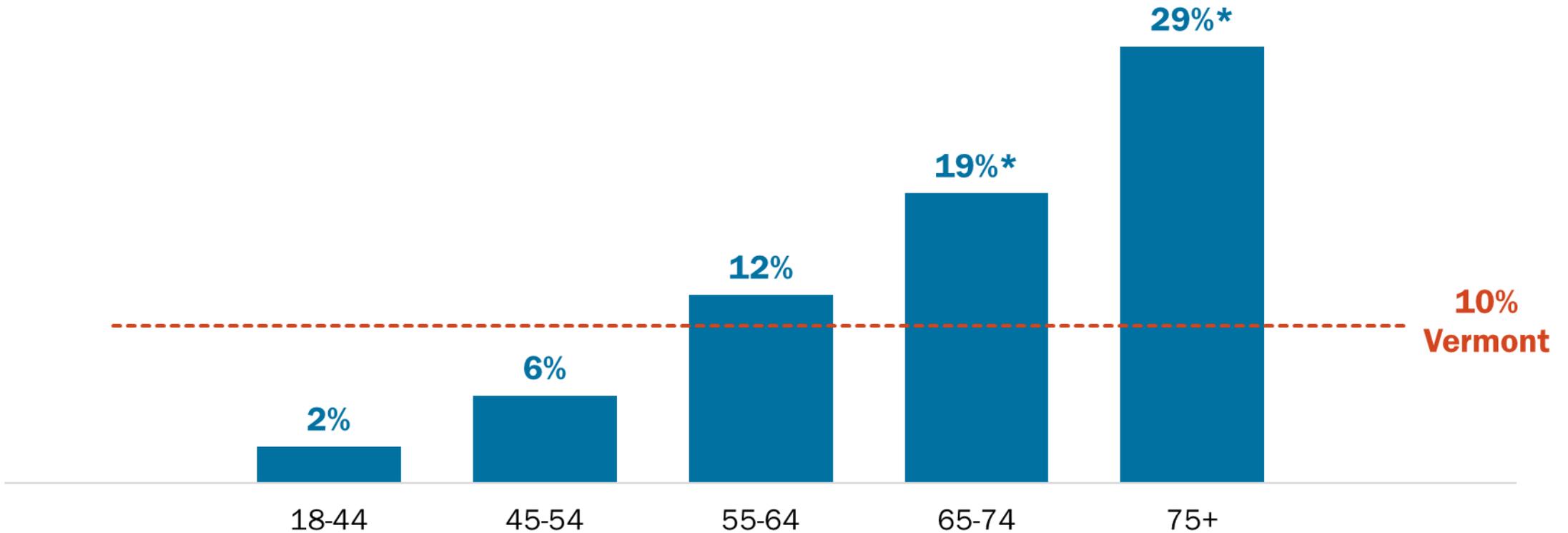
Prevalence of Adults Ever Diagnosed with Cancer



Source: VT BRFSS, 2023
 Vermont Department of Health

Cancer Prevalence - Demographics

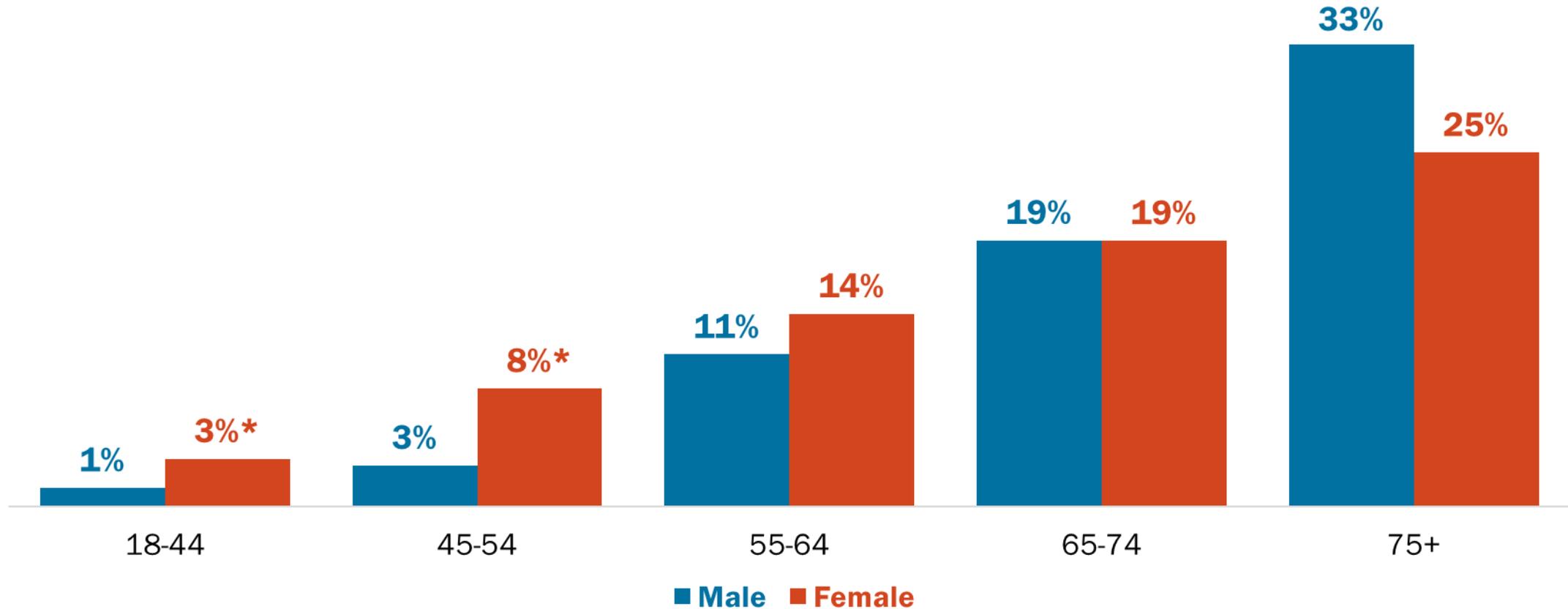
Age is a major risk factor for the development of cancer, and as age increases, so does cancer prevalence. Vermont adults 65 and older are **significantly more likely** to have ever had a cancer diagnosis than younger Vermonters and compared to the overall Vermont population.



Source: VT BRFSS, 2023
Vermont Department of Health

Cancer Prevalence - Demographics

While the overall prevalence of cancer is similar among male and female Vermonters, the prevalence of cancer is **higher** among younger female Vermont adults, ages 18-44 and 45-54, compared to males of the same age. All other age groups report a similar prevalence of cancer for both male and female Vermonters.

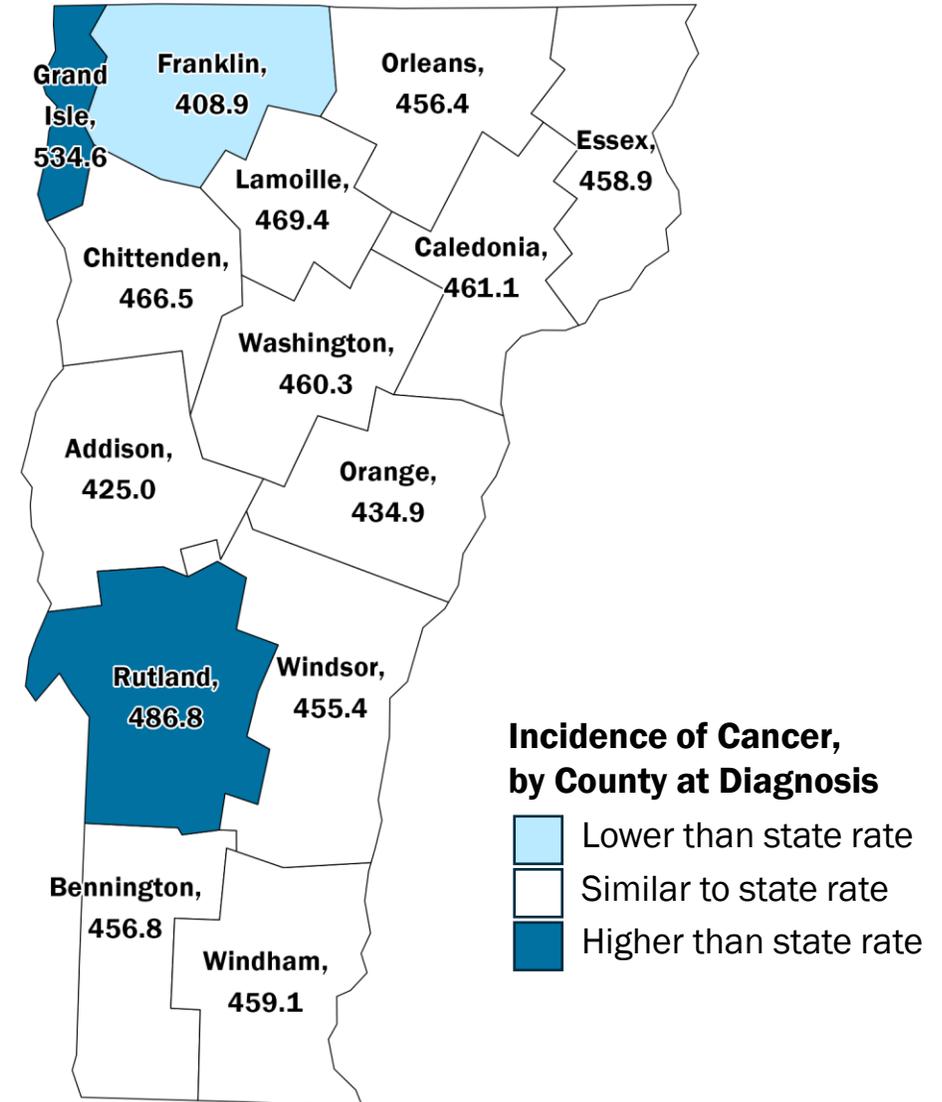
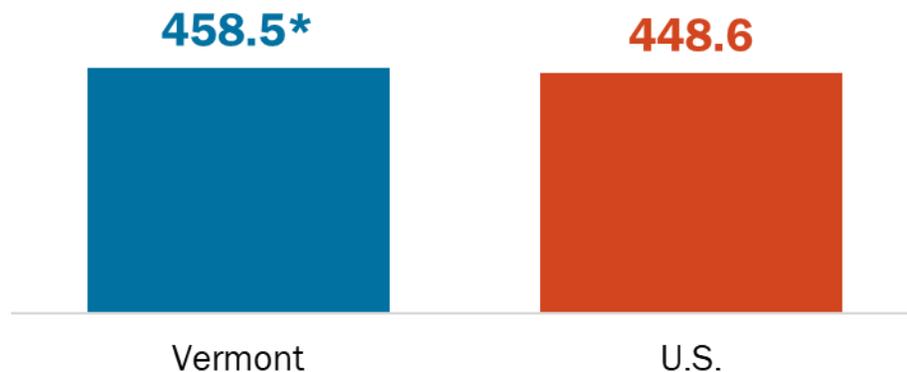


Cancer Incidence – Estimates for New Cancers

Each year, there are roughly **4,100 new cases of cancer diagnosed** among male and female Vermonters. **Grand Isle** and **Rutland Counties** report **higher rates** of new cancer diagnoses than the state, while **Franklin County** reports a **lower rate**.

For every 100,000 people, 458.5 new cancer cases were diagnosed in Vermont, a rate **higher** than the general U.S. population.

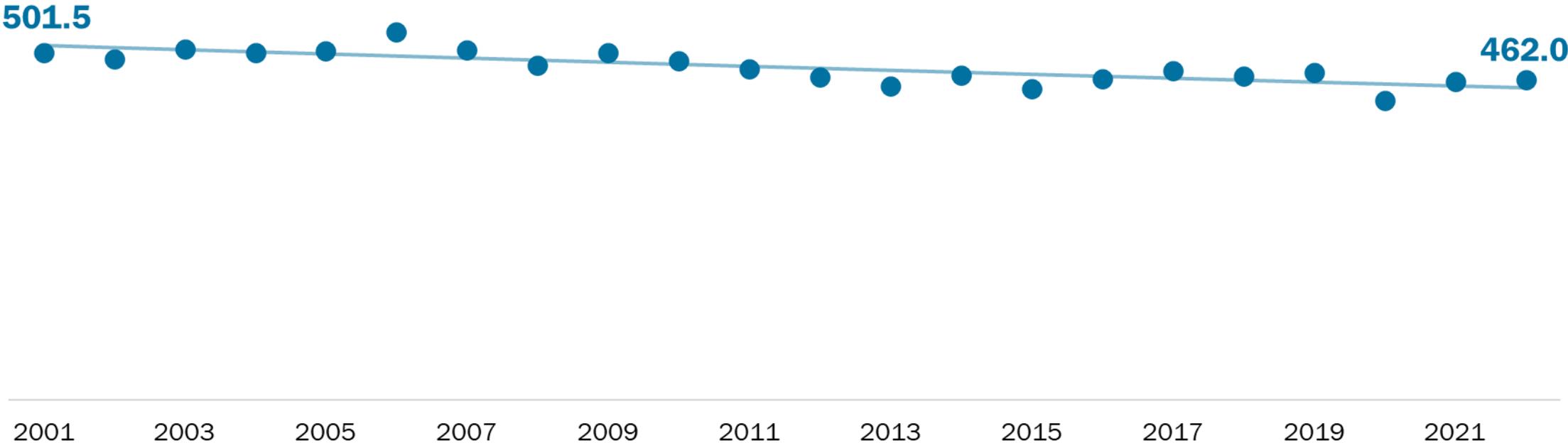
Rate per 100,000 population



Source: VCR, 2018-2022
 All rates are age-adjusted to the 2000 U.S. standard population
 Vermont Department of Health

Cancer Incidence – Trends

The incidence of new cancer among all cancer types combined has **decreased significantly** in Vermont. From 2001-2022, the rate of cancers diagnosed decreased by a total percent change of 8%, decreasing from 501.5 per 100,000 Vermonters in 2001 to 462.0 per 100,000 in 2022. Over this period, the annual percent change of cancer incidence decreased by 0.6% per year.



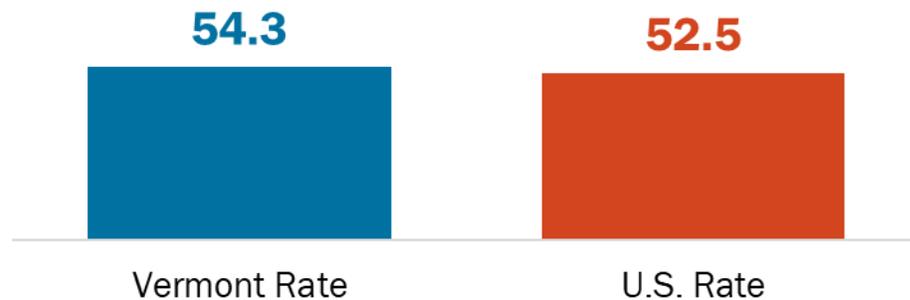
Rates per 100,000 Vermonters
Source: VCR, 2001-2022
All rates are age-adjusted to the 2000 U.S. standard population
Vermont Department of Health

Cancer Incidence – Lung and Bronchus Cancer

Lung and bronchus cancers are the **most commonly diagnosed** type of new cancer among male and female Vermonters. Each year over 500 Vermonters are newly diagnosed with these cancers. All counties have similar rates as the state overall.

For every 100,000 people, 54.3 new lung and bronchus cancers were diagnosed in Vermont, a rate **similar** to the general U.S. population.

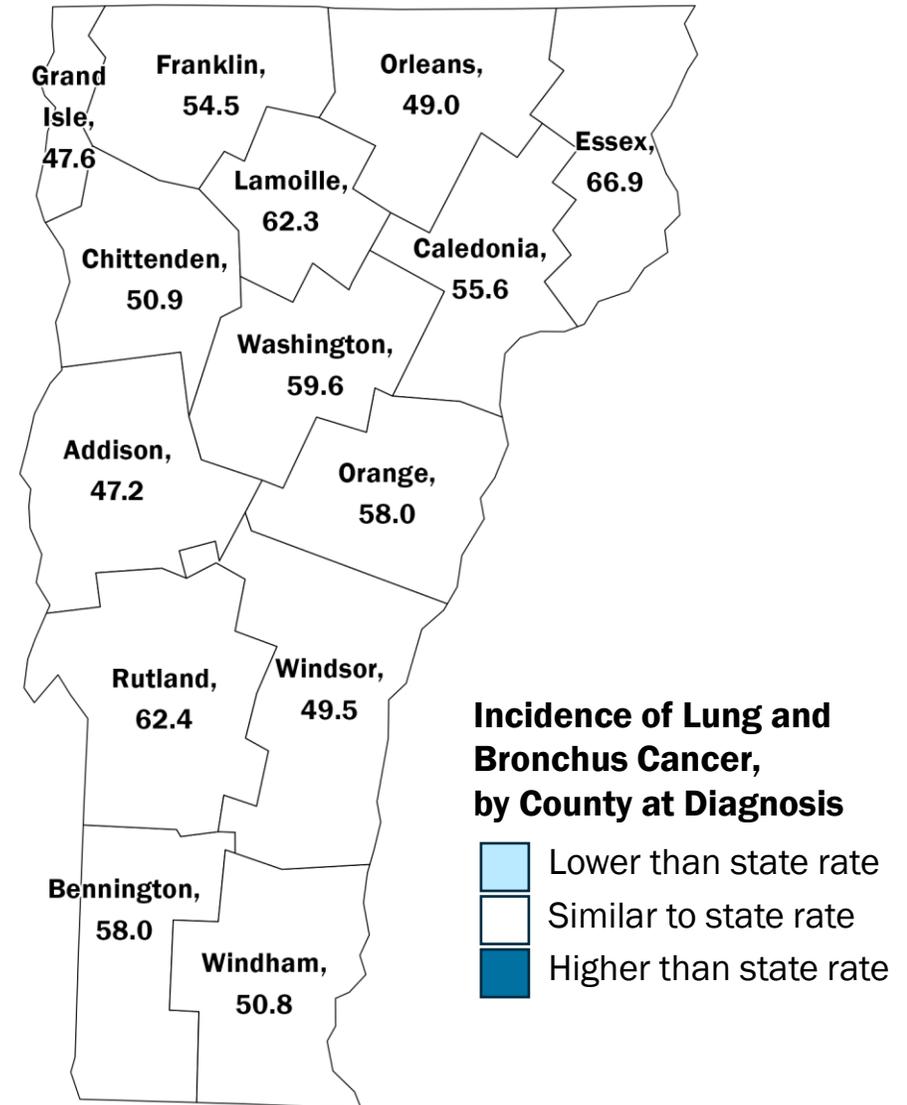
Rate per 100,000 population



Source: VCR, 2018-2022

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

Vermont Department of Health

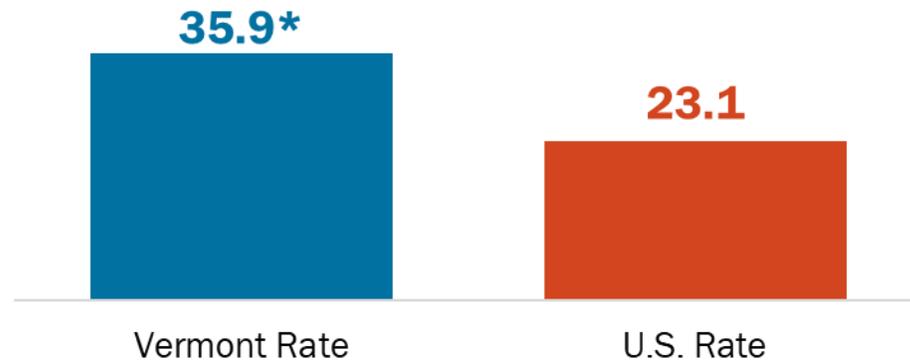


Cancer Incidence – Melanoma of the Skin

Melanomas of the skin are the **second leading cause** of new cancer diagnoses among male and female Vermonters. Each year more than 300 Vermonters are newly diagnosed with these cancers. All counties have similar rates as the state overall.

For every 100,000 people, 35.9 new melanomas were diagnosed in Vermont, a rate **higher** than the general U.S. population.

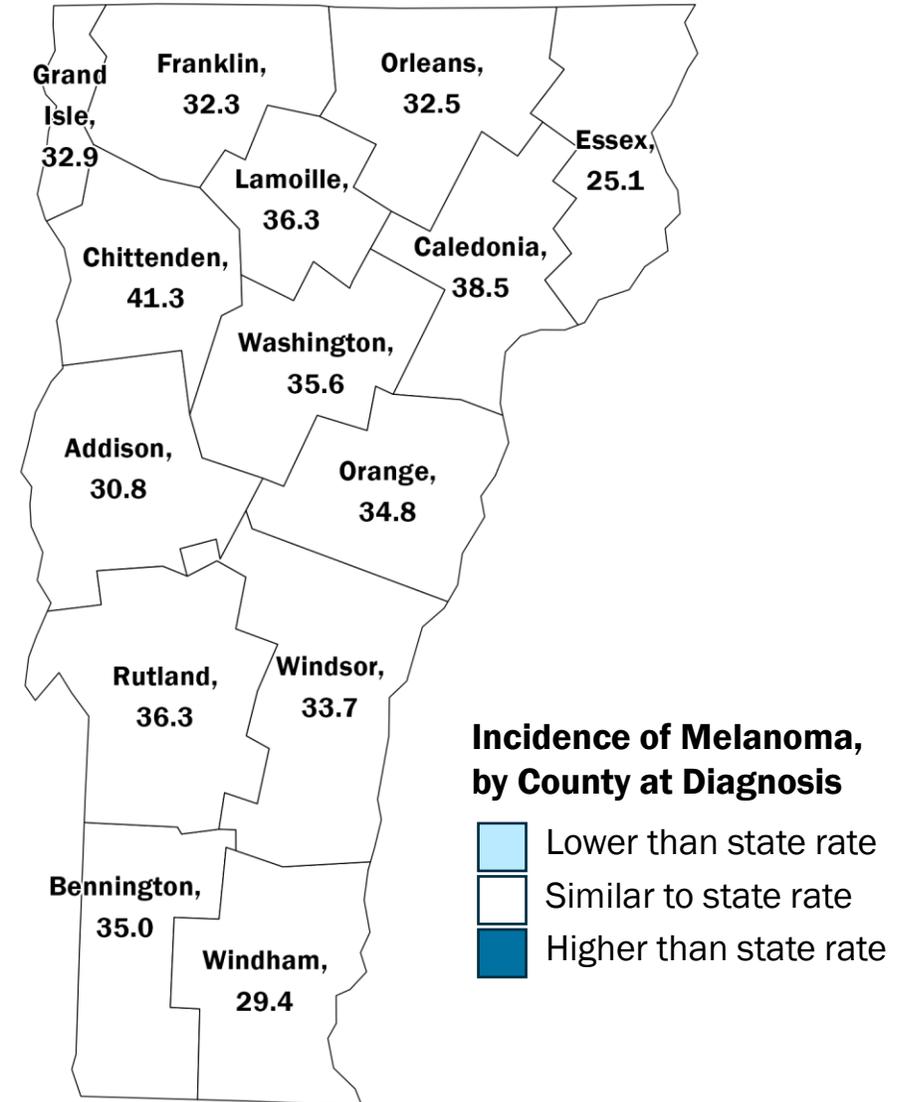
Rate per 100,000 population



Source: VCR, 2018-2022

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

Vermont Department of Health

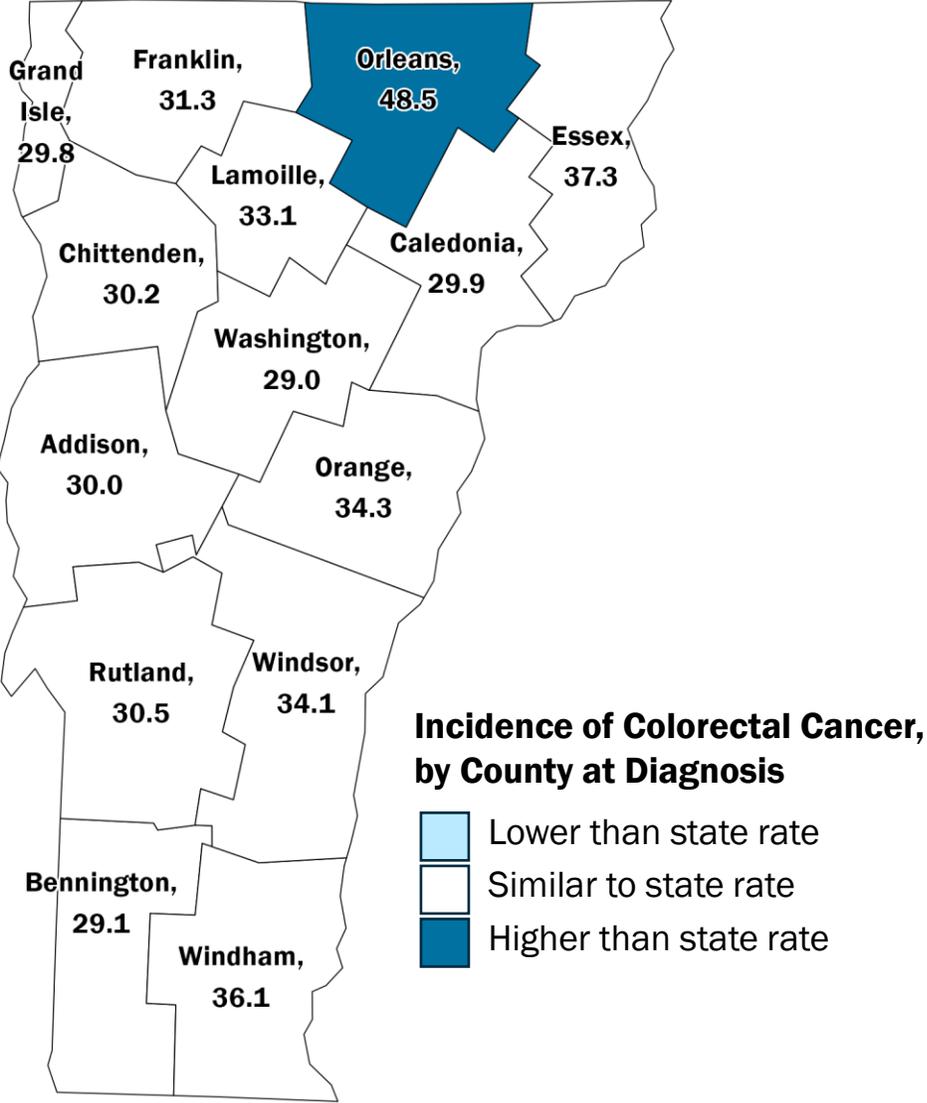


Cancer Incidence – Colorectal Cancer

Colorectal cancers (CRC) are the **third leading cause** of new cancer diagnosis among male and female Vermonter. Each year, about 300 Vermonters are newly diagnosed with these cancers. **Orleans County** has a **higher** incidence of new colorectal cancer cases than the state rate.

For every 100,000 people, 32.2 new CRC cases were diagnosed in Vermont, a rate **lower** than the rate found in the general U.S. population.

Rate per 100,000 population



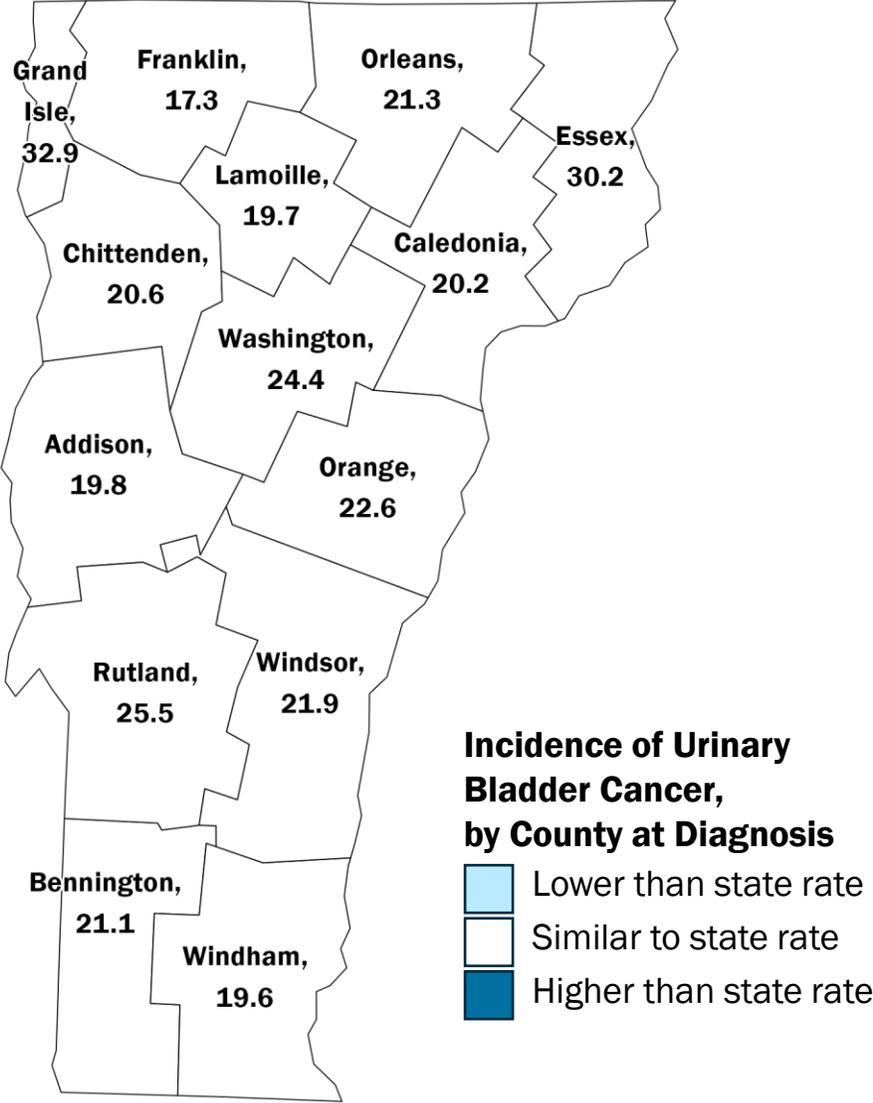
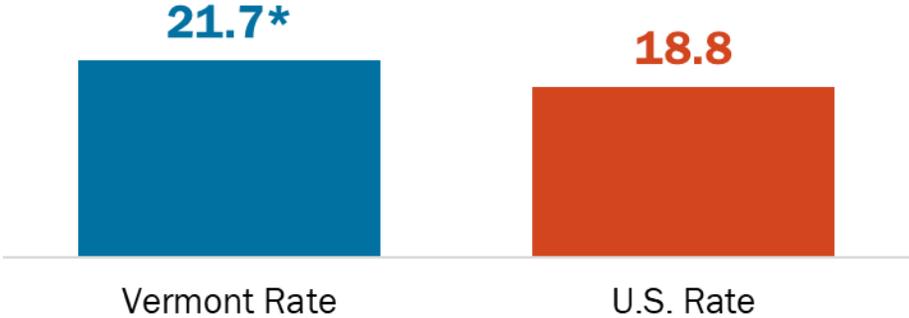
Source: VCR, 2018-2022
 All rates are age-adjusted to the 2000 U.S. standard population
 Vermont Department of Health

Cancer Incidence – Urinary Bladder

Urinary bladder cancers are the **fourth leading cause** of new cancer diagnoses in Vermont. Each year, about 200 Vermonters are diagnosed with these cancers. All counties have similar rates as the overall state rate.

For every 100,000 people, 21.7 new urinary bladder cancers were diagnosed in Vermont, a rate **higher** than the rate found in the general U.S. population.

Rate per 100,000 population



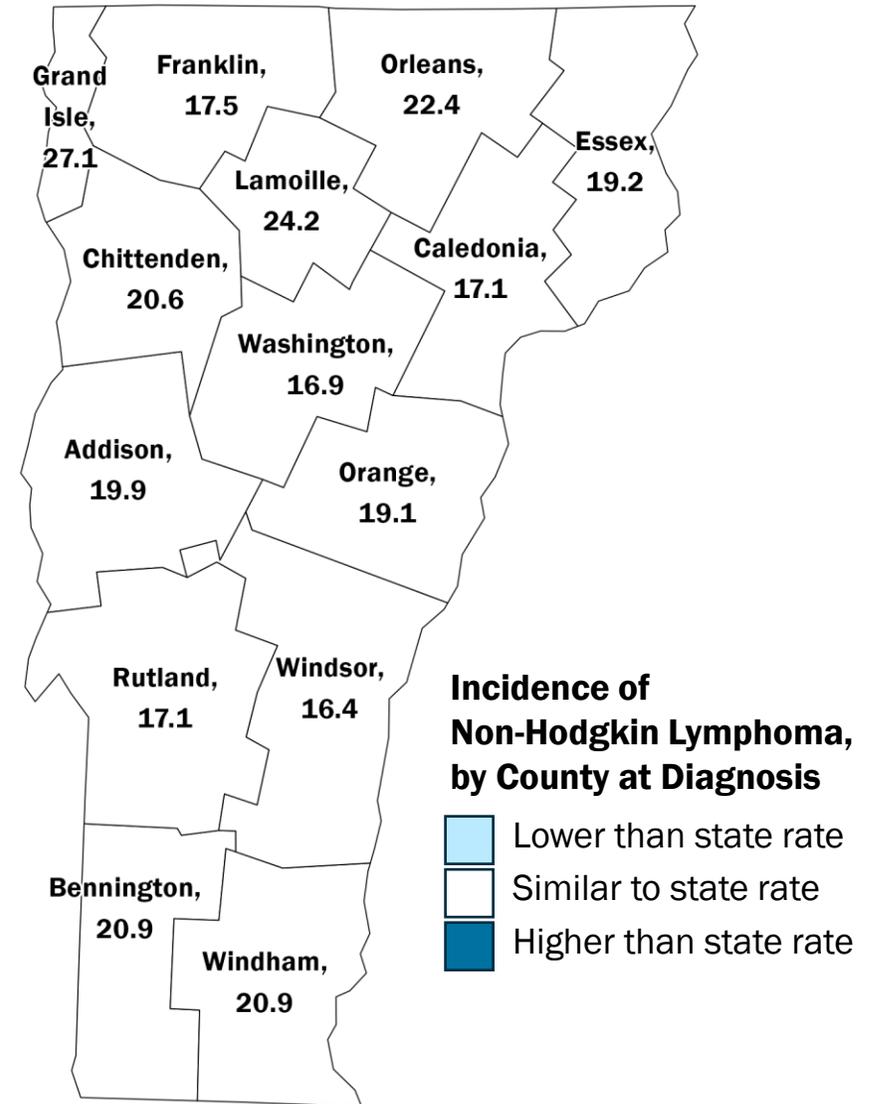
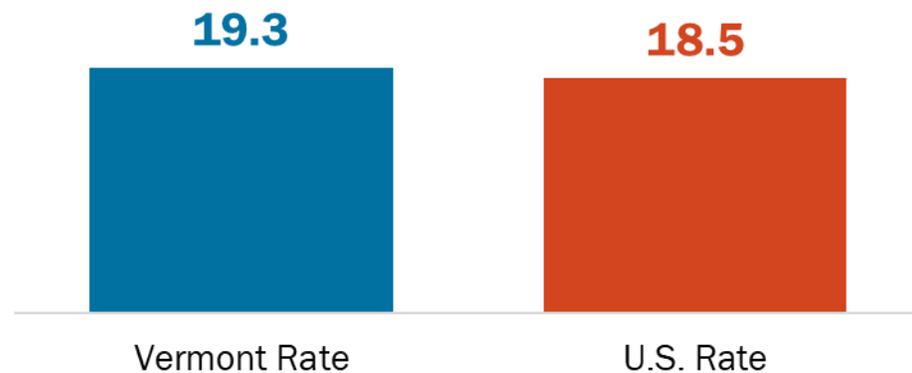
Source: VCR, 2018-2022
 All rates are age-adjusted to the 2000 U.S. standard population
 Vermont Department of Health

Cancer Incidence – Non-Hodgkin Lymphoma

Non-Hodgkin Lymphoma is the **fifth leading cause** of new cancer diagnoses among male and female Vermonters. Each year roughly 200 Vermonters are diagnosed with these cancers. All counties have similar rates as the overall state rate.

For every 100,000 people, 19.3 new Non-Hodgkin Lymphoma cases were diagnosed in Vermont. This rate is **similar to** the rate found in the general U.S. population.

Rate per 100,000 population



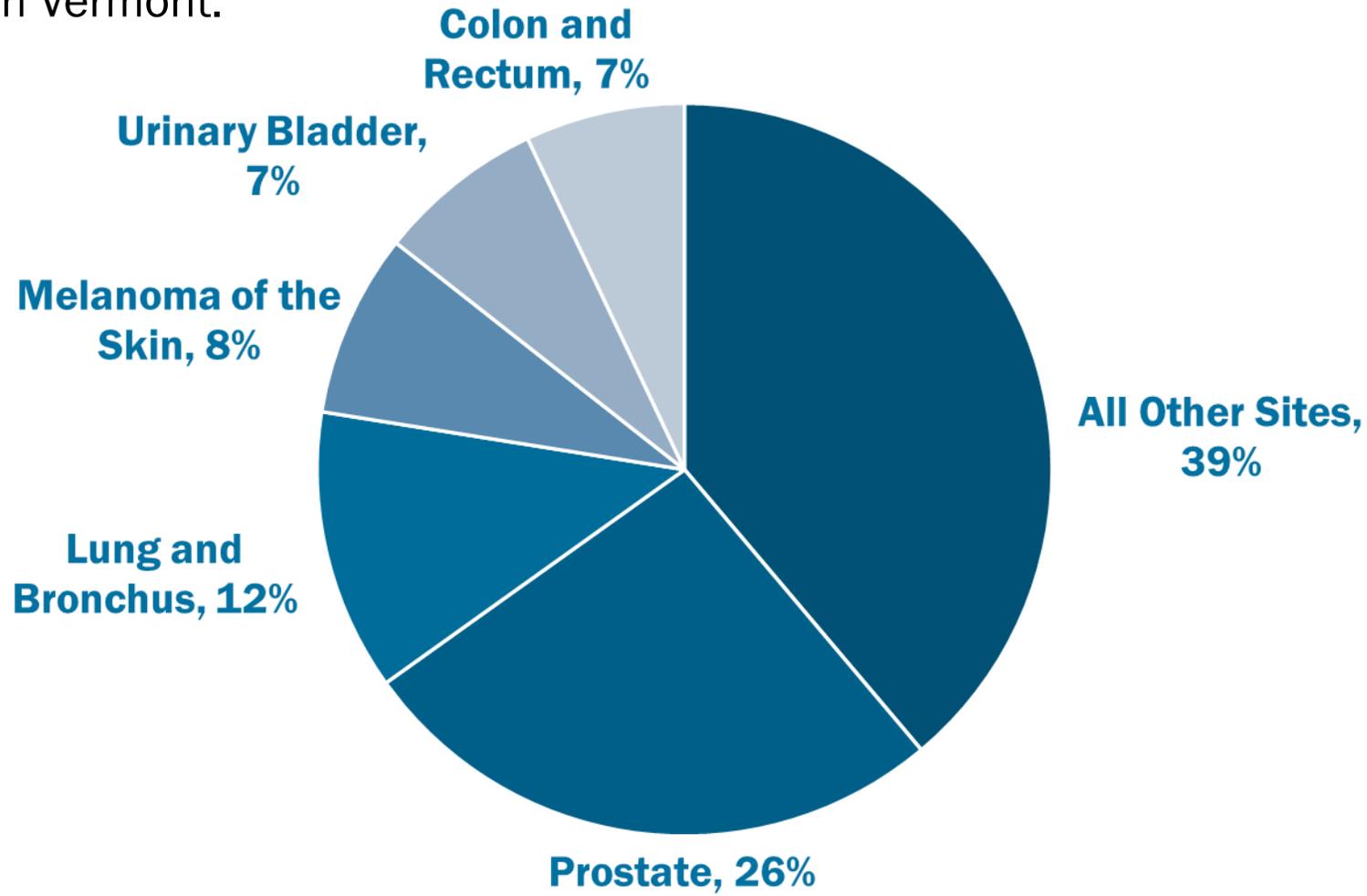
Source: VCR, 2018-2022

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

Vermont Department of Health

Cancer Incidence – Male Vermonters Leading Cancer Sites

Prostate and **Lung and Bronchus** cancers are the most common cancers to be diagnosed among men in Vermont.



Source: VCR, 2018-2022

Note: Due to rounding, percentages may not equal 100%

Vermont Department of Health

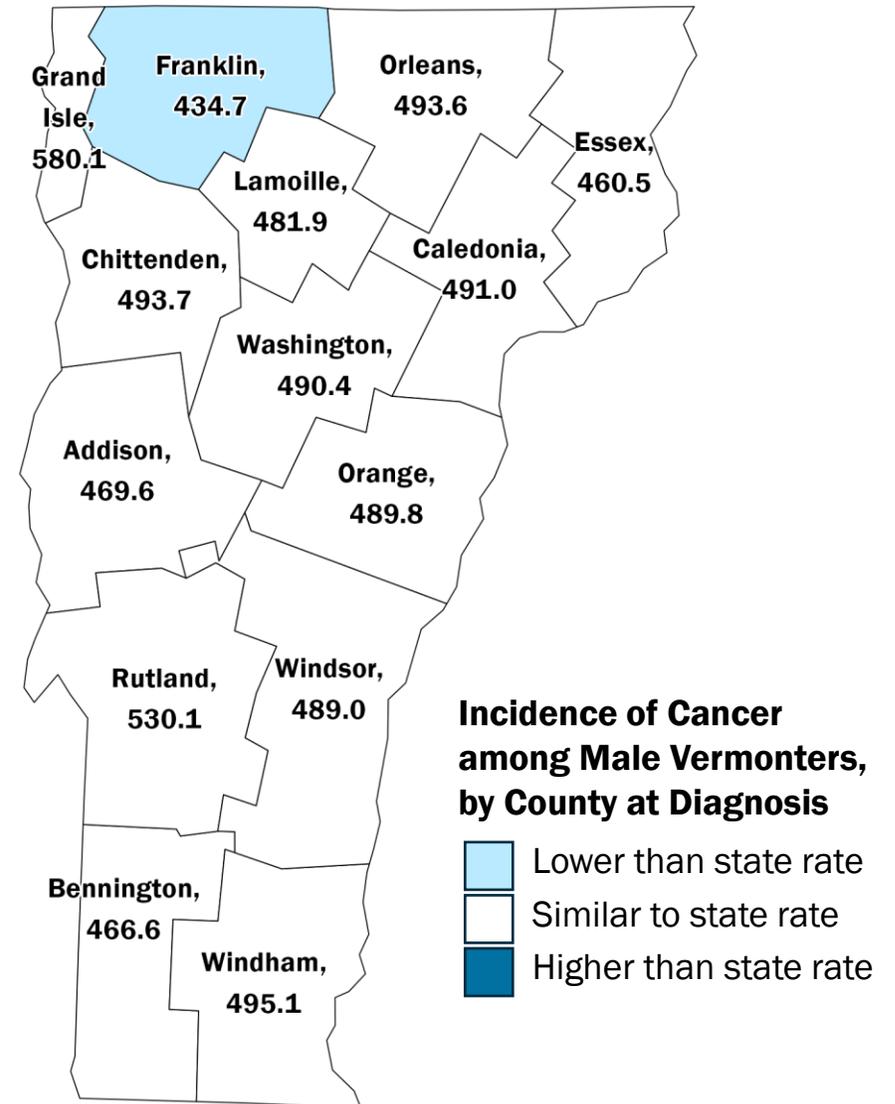
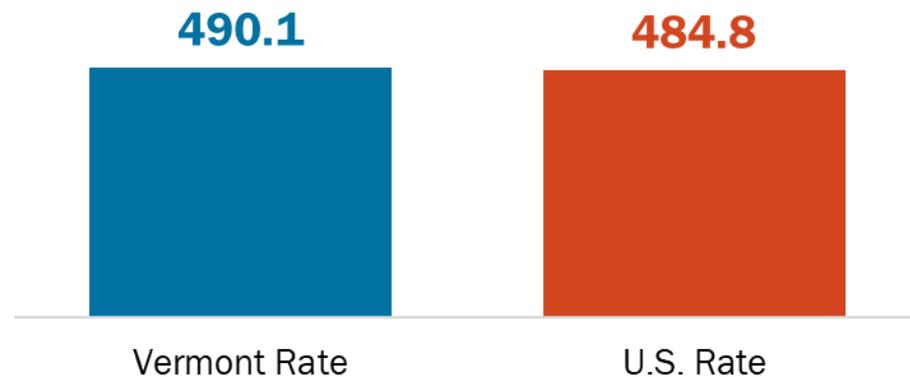
Cancer Incidence – Male Vermonters

Each year, there are roughly **2,200 new cases of cancer diagnosed** among male Vermonters.

Franklin County reported **lower** rates of new cancer diagnoses among males than the overall male state rate.

For every 100,000 men, 490.1 new cancer cases were diagnosed in Vermont males, a rate **similar** the rate found in the general U.S. male population.

Rate per 100,000 male population



Source: VCR, 2018-2022

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

Vermont Department of Health

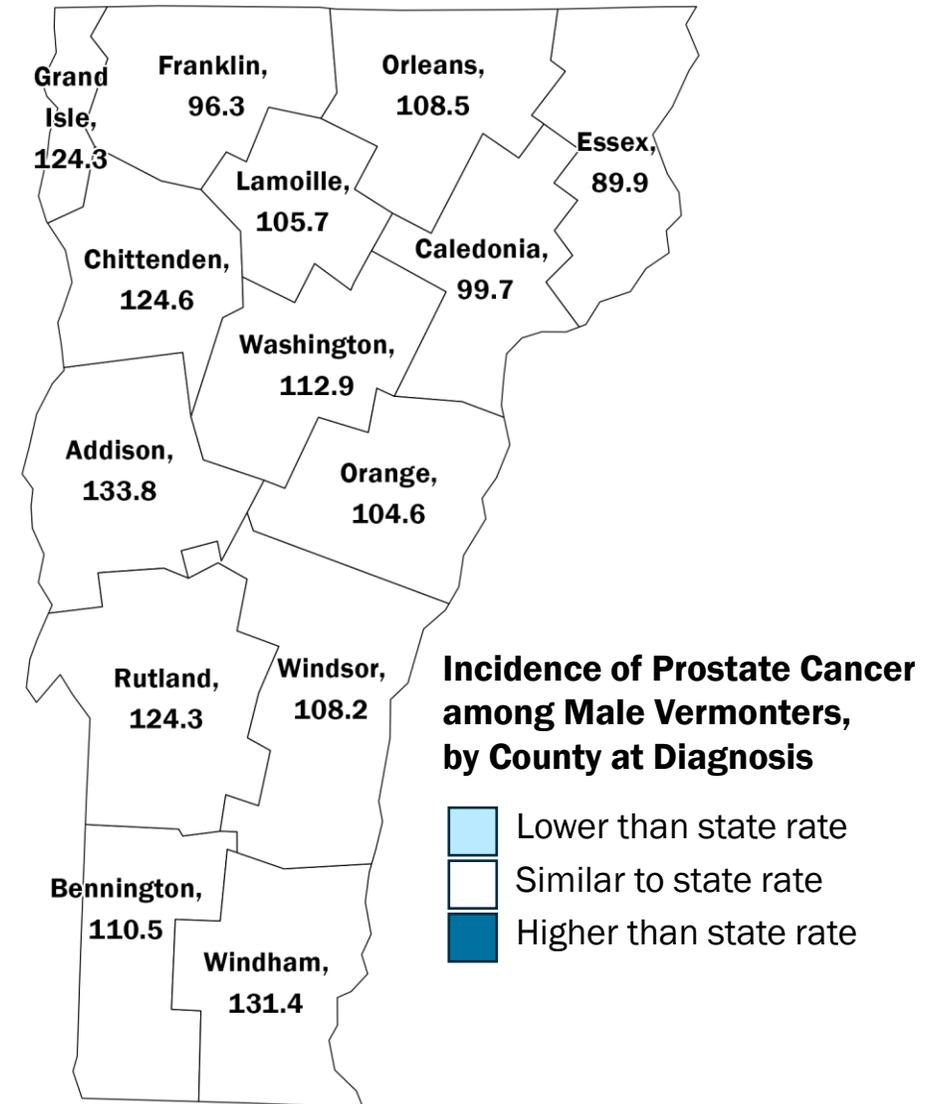
Cancer Incidence – Prostate Cancer

Prostate cancer is the **leading site** of new cancers among male Vermonters. Each year there are roughly **600 new cases of prostate cancer diagnosed** among male Vermonters. All counties have similar rates as the state overall.

For every 100,000 men, 115.9 new prostate cancers were diagnosed among Vermont males, a rate **similar** the rate found in the general U.S. male population.
Rate per 100,000 male population

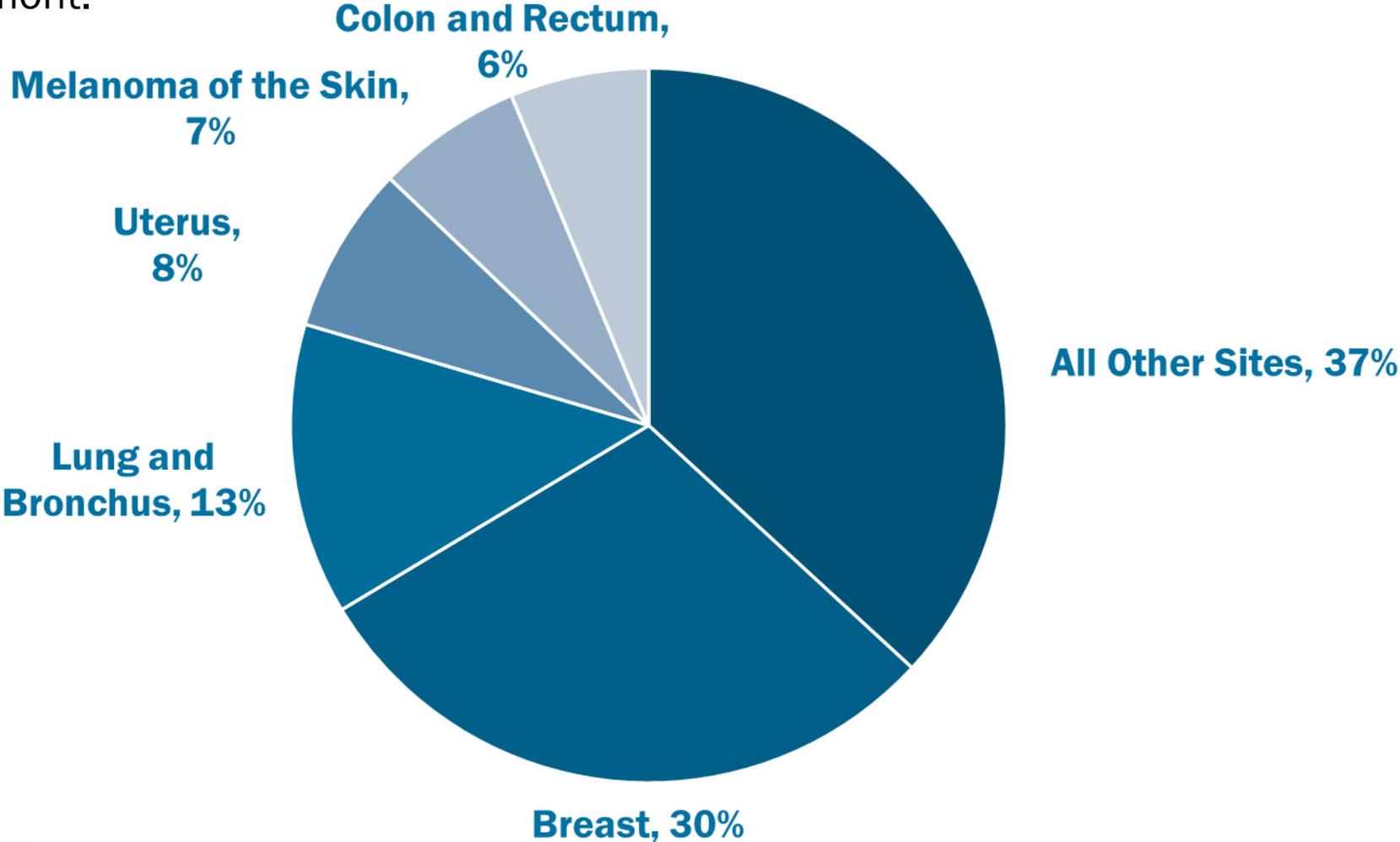


Source: VCR, 2018-2022
All rates are age-adjusted to the 2000 U.S. standard population
Vermont Department of Health



Cancer Incidence – Female Vermonters Leading Cancer Sites

Breast and Lung and Bronchus cancers are the most common cancers to be diagnosed among women in Vermont.



Source: VCR, 2018-2022

Note: Due to rounding, percentages may not equal 100%

Vermont Department of Health

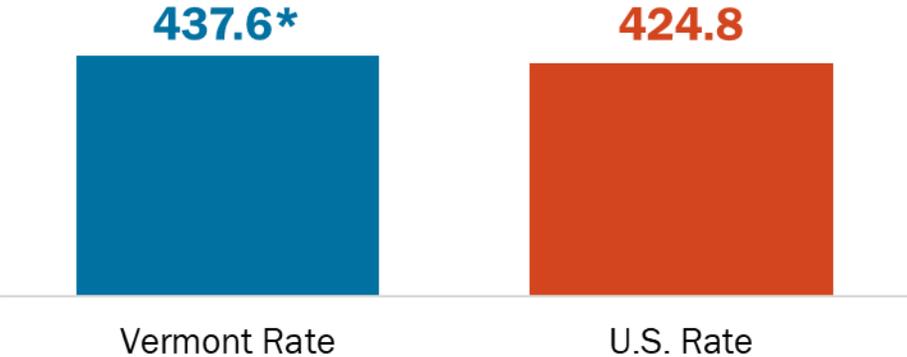
Cancer Incidence – Female Vermonters

Each year, there are roughly **2,000 new cases of cancer diagnosed** among female Vermonters.

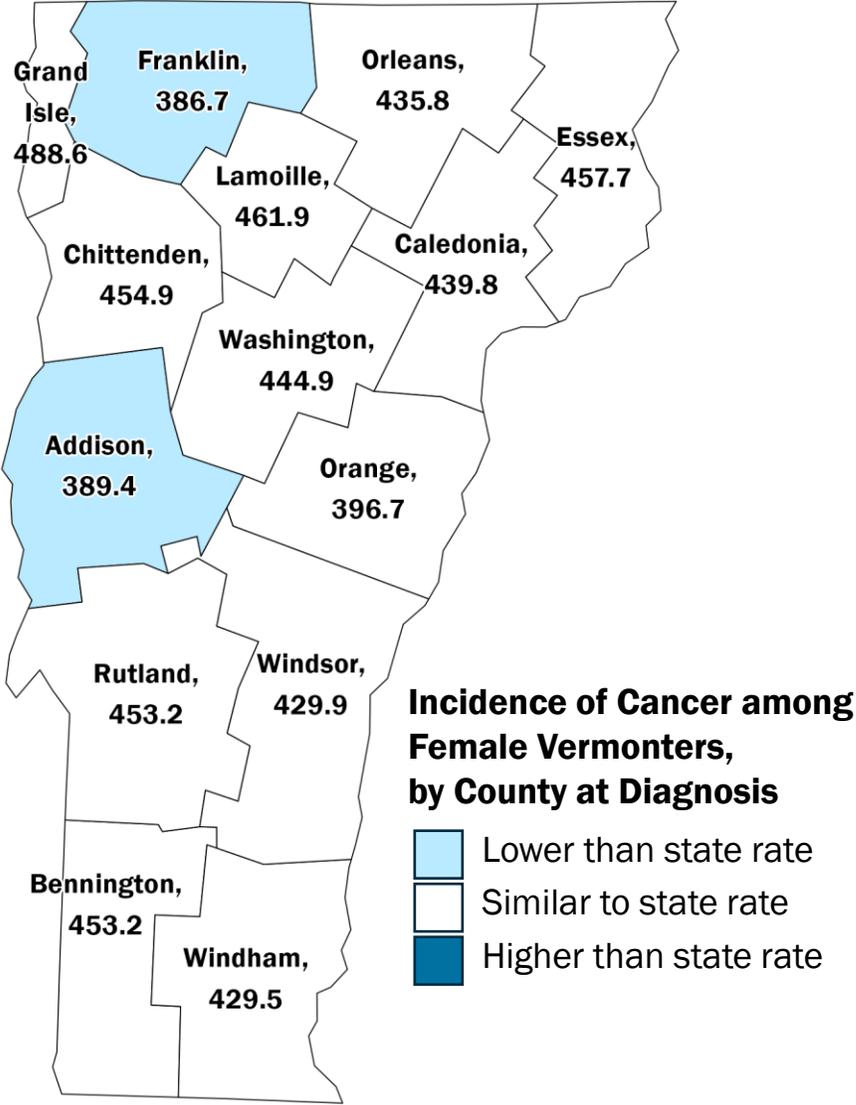
Franklin and **Addison Counties** reported **lower rates** of new cancers diagnosed among Vermont females than the state rate.

For every 100,000 women, 437.6 new cancer cases were diagnosed among Vermont females, a rate **higher** than the rate found in the general U.S. female population.

Rate per 100,000 female population



Source: VCR, 2018-2022
 All rates are age-adjusted to the 2000 U.S. standard population
 Vermont Department of Health



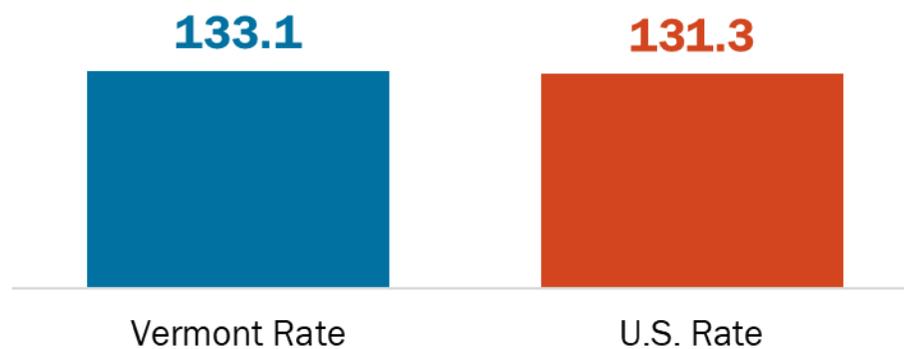
Cancer Incidence – Breast Cancer

Breast cancer is the leading site of new cancers for female Vermonters. Each year there are roughly **600 new cases of breast cancer diagnosed**.

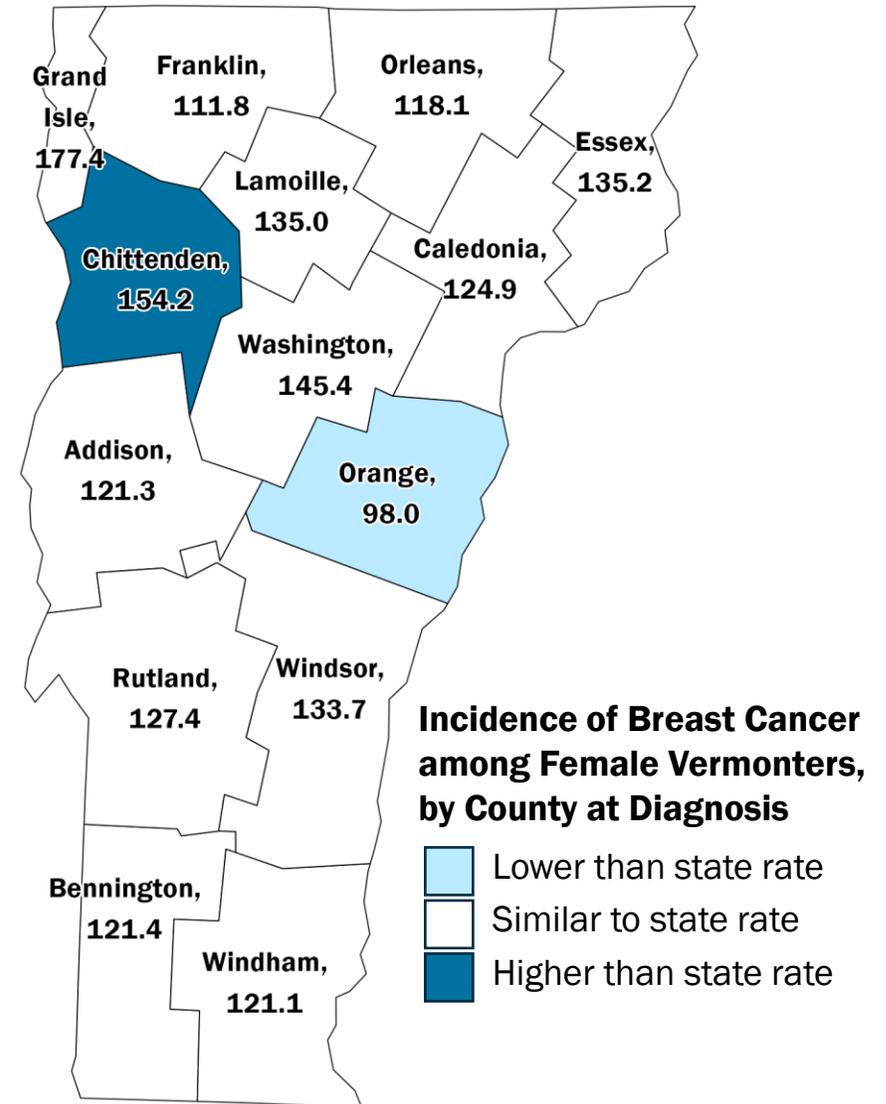
Chittenden County reports a **higher rate** of new female breast cancer cases than the state, while **Orange County** reports a **lower rate**.

For every 100,000 women, 133.1 new breast cancers were diagnosed among Vermont females, a rate **similar** to the general U.S. female population.

Rate per 100,000 female population



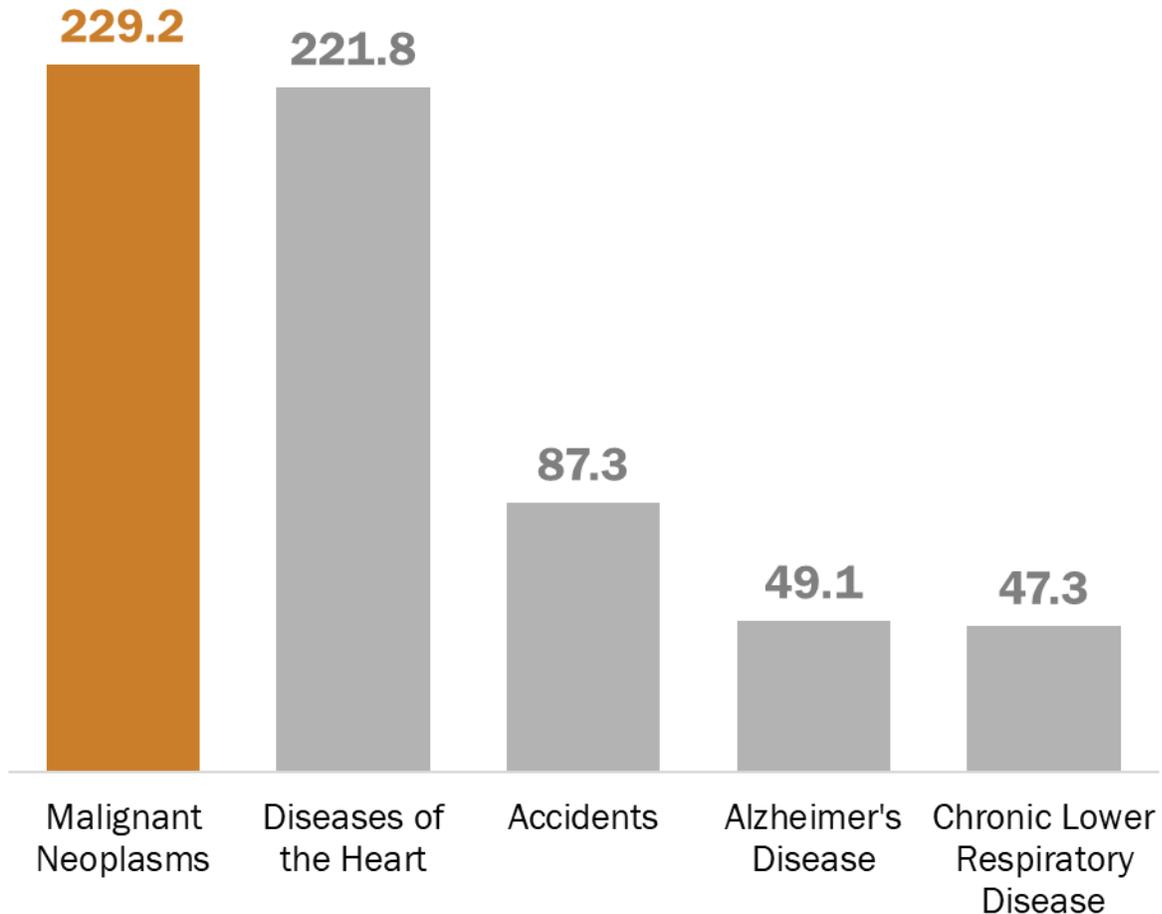
Source: VCR, 2018-2022
 All rates are age-adjusted to the 2000 U.S. standard population
 Vermont Department of Health



Cancer Mortality

Cancer Mortality

Mortality Rate of Leading Causes of Death Among Vermont Residents, 2023



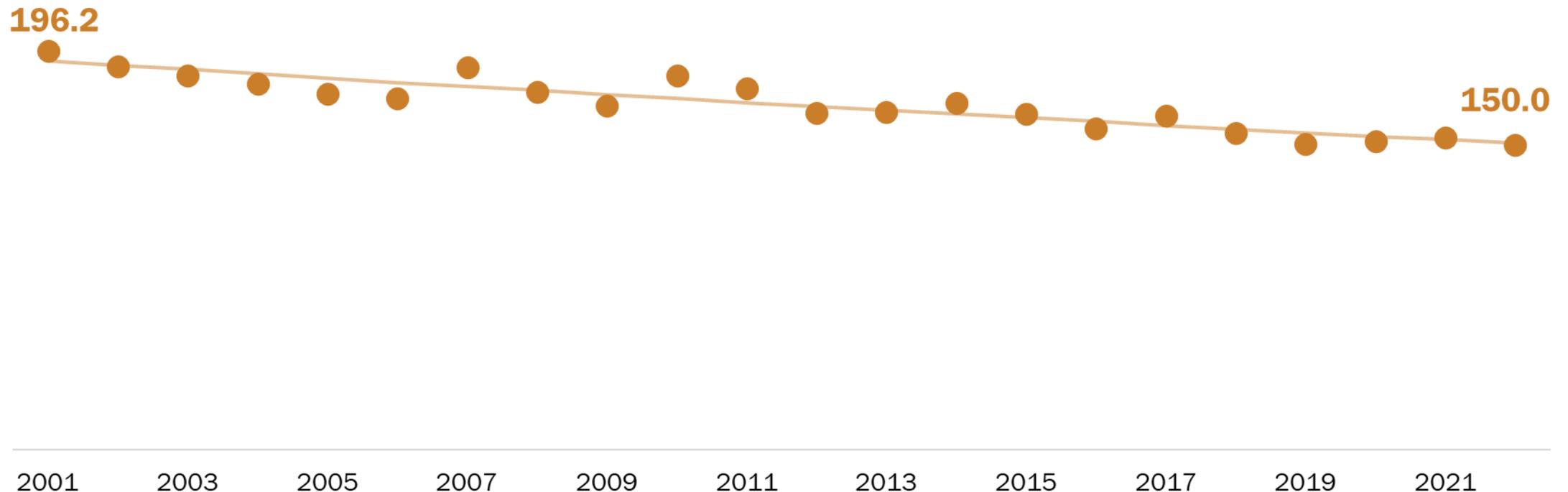
Rates per 100,000 Vermonters
Source: Vermont Vital Statistics, 2023
Vermont Department of Health

Cancer and diseases of the heart have been leading causes of death in Vermont since the 1960's with these two disease groups accounting for 43.1% of deaths in 2023.

From 2007 to 2019, cancer was the leading cause of death in Vermont before diseases of the heart became the leading cause of death from 2020 to 2022. In 2023, cancer was the leading cause of death in Vermont again.

Cancer Mortality Trends

The overall rate of cancer mortality has **significantly decreased** in Vermont. From 2001-2022, the mortality rate of cancer decreased by a total of 23.5%, from a rate of 196.2 per 100,000 Vermonters in 2001 to 150.0 per 100,000 Vermonters in 2022. Over this period, the annual percent change of cancer mortality decreased by 1.1% per year.



Rates per 100,000 Vermonters

Source: VCR, 2001-2022

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

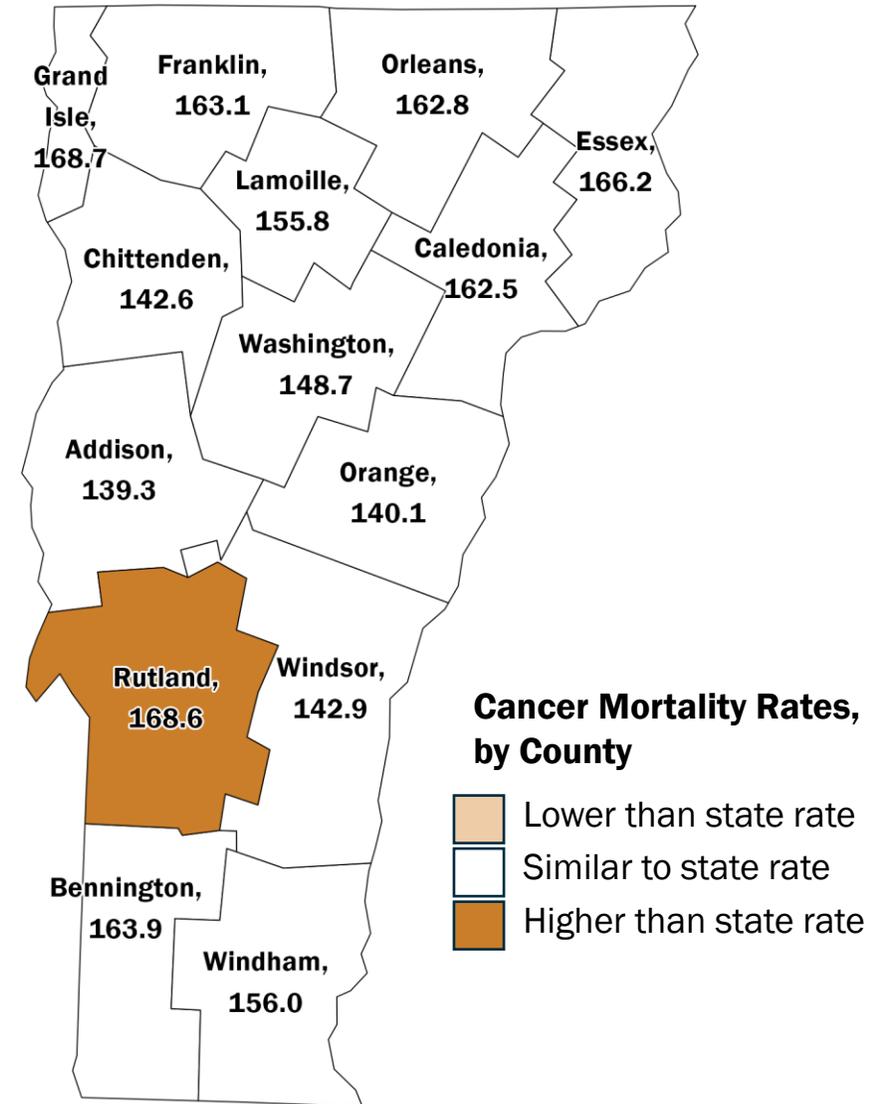
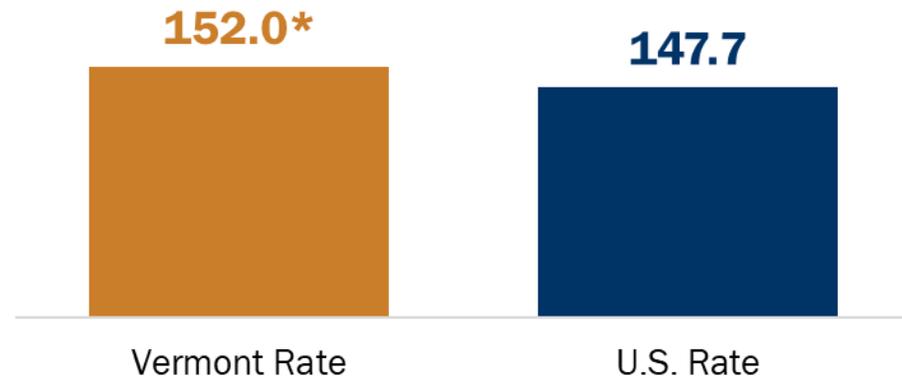
Vermont Department of Health

Cancer Mortality – Male & Female Vermonters

Each year roughly **1,400** male and female Vermonters pass away from cancer. Rutland County has a **higher** mortality rate than the state.

For every 100,000 people, 152.0 pass away from cancer in Vermont, a rate **higher than** the general U.S. population.

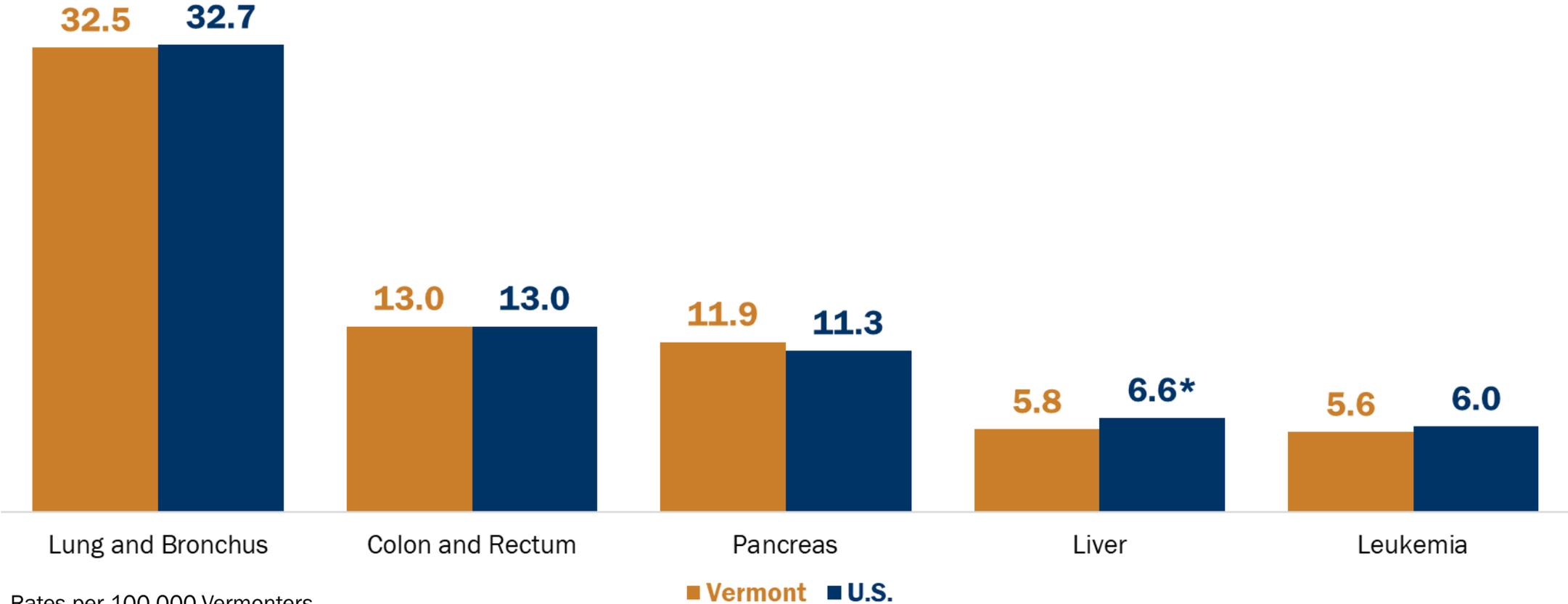
Rate per 100,000 population



Source: VCR, 2018-2022
 All rates are age-adjusted to the 2000 U.S. standard population
 Vermont Department of Health

Cancer Mortality – Male & Female Vermonters

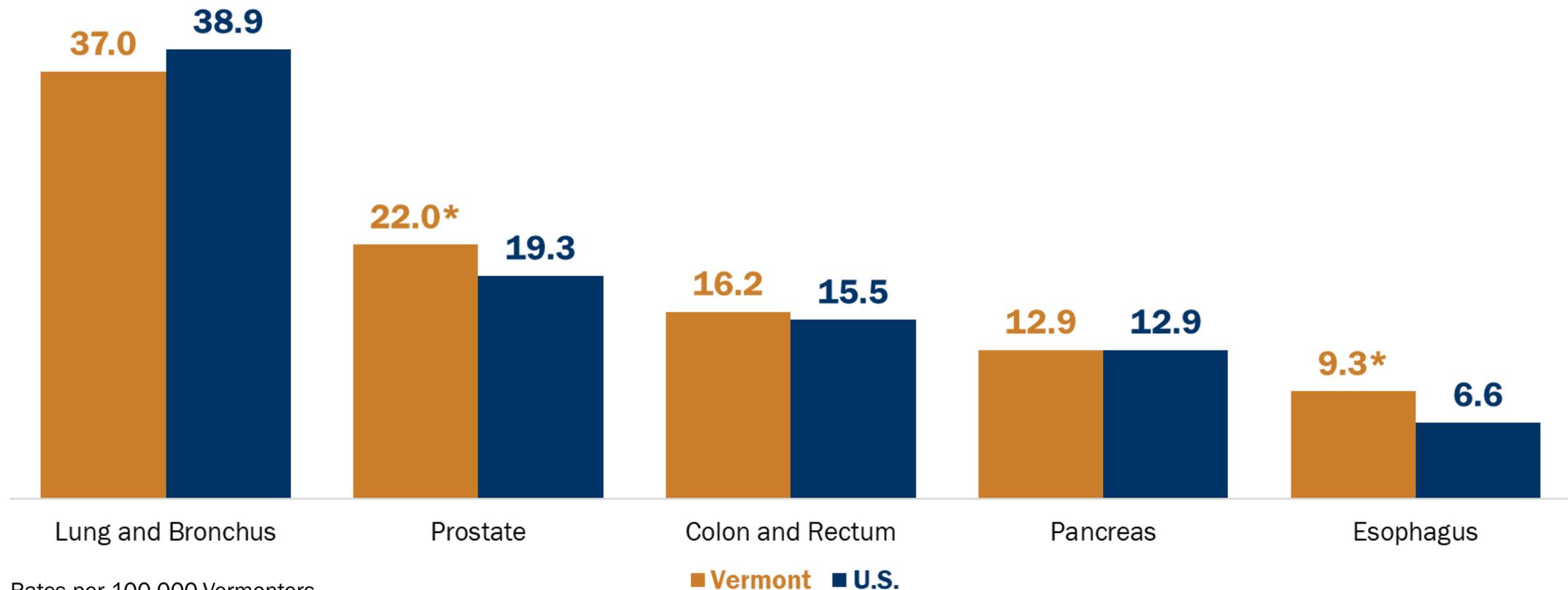
Among the leading types of cancer mortality, Vermont males and females have a **lower** mortality rate of **liver cancer** than U.S. males and females. All other leading sites of cancer mortality have similar rates to U.S. male and females.



Rates per 100,000 Vermonters
All rates are age-adjusted to the 2000 U.S. standard population
Source: VCR, 2018-2022
Vermont Department of Health

Cancer Mortality – Male Vermonters

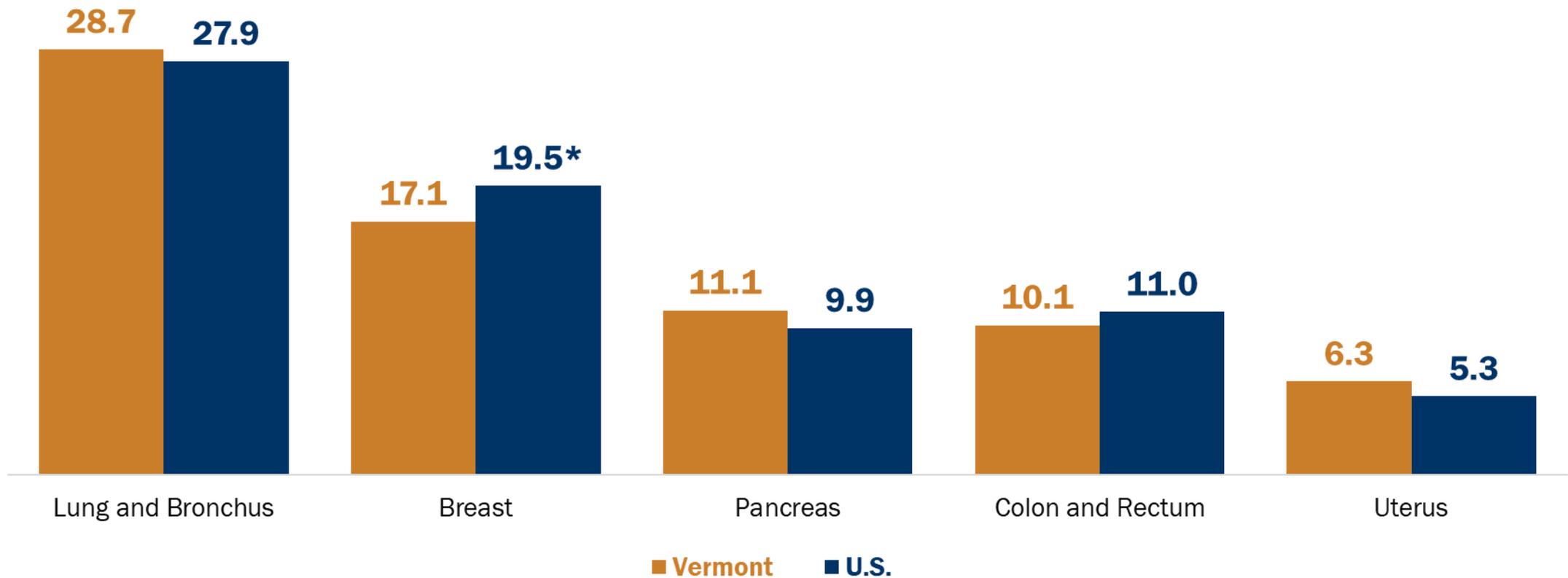
Among the leading types of cancer mortality, Vermont males have a **higher** mortality rate of **prostate** and **esophagus cancers** than U.S. males. All other leading sites of cancer mortality have similar rates to U.S. males.



Rates per 100,000 Vermonters
All rates are age-adjusted to the 2000 U.S. standard population
Source: VCR, 2018-2022
Vermont Department of Health

Cancer Mortality – Female Vermonters

Among the leading types of cancer mortality, Vermont females have a **lower** mortality rate of breast cancer than U.S. females. All other leading sites of cancer mortality have similar rates to U.S. females.



Rates per 100,000 Vermonters
All rates are age-adjusted to the 2000 U.S. standard population
Source: VCR, 2018-2022
Vermont Department of Health

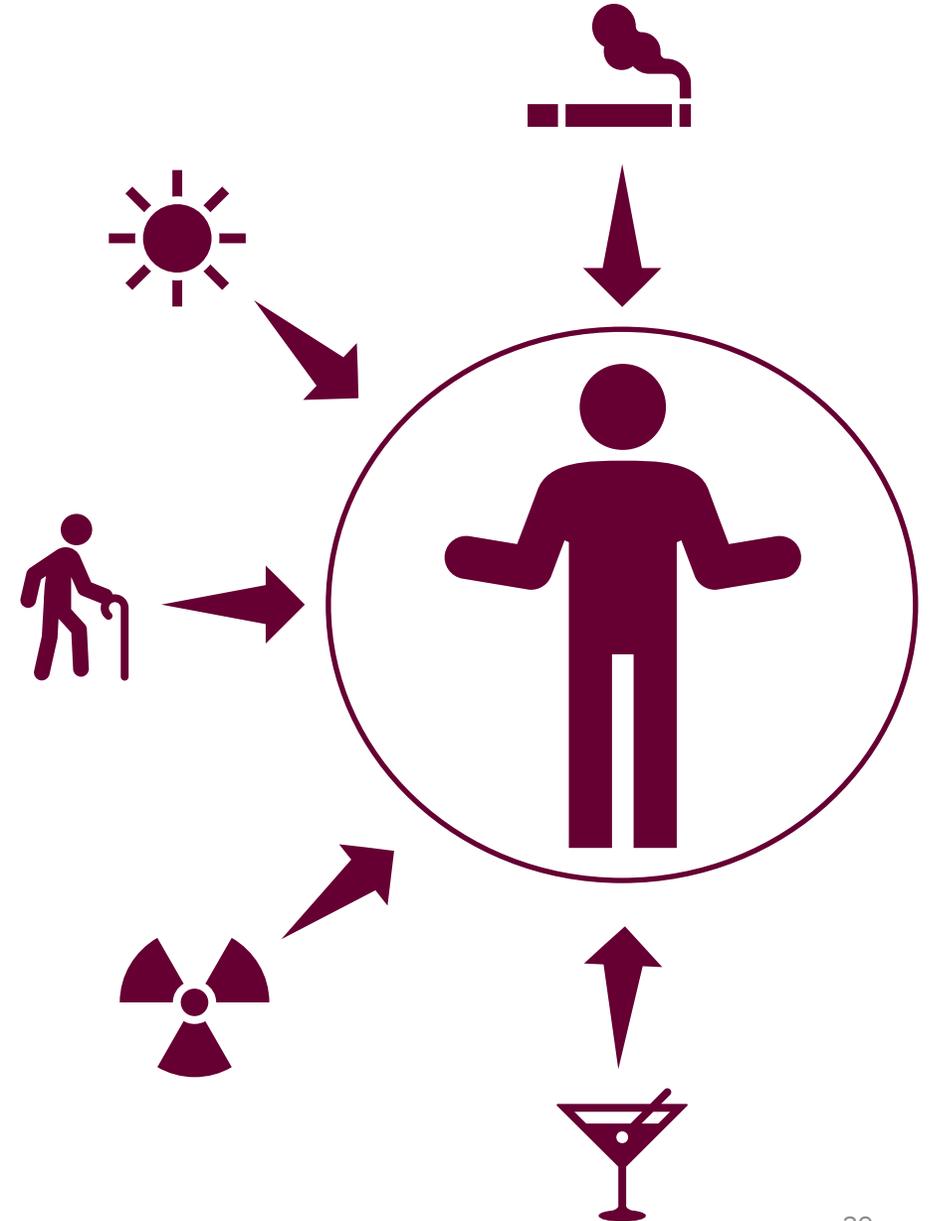
Risk Factors and Prevention

What is a Risk Factor?

While cancer is a broad category, representing many different diseases, research has shown that there is evidence that links certain risk factors with an increased risk of developing cancer.

There are some risk factors we have no agency to change and are called **non-modifiable risk factors**. These include things like age, genetics or a family history of cancer.

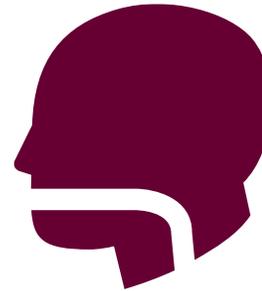
For other risk factors, we do have some amount of agency to change and are called **modifiable risk factors**. These include tobacco and alcohol use, human papillomavirus (HPV) infection, obesity, physical inactivity and UV exposure.



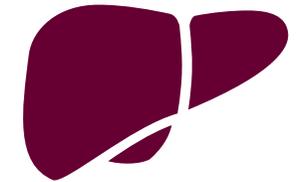
Alcohol-Associated Cancers¹



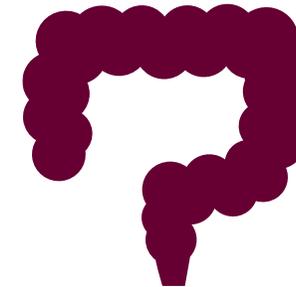
Female Breast Cancer



**Lip, oral cavity and pharynx
Esophagus
Larynx**



Liver



Colon and rectum

1. [CDC, Definitions of Risk-Associated Cancers](#)

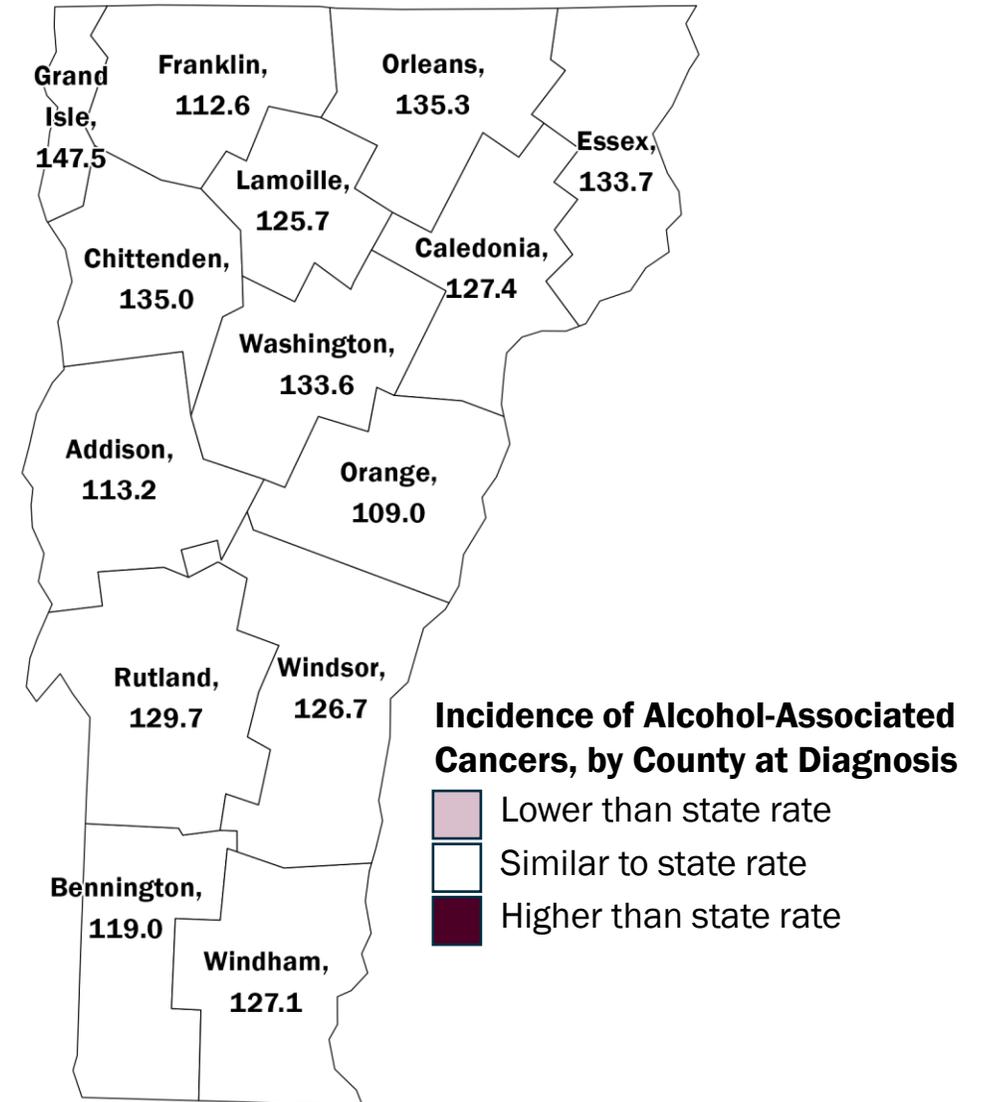
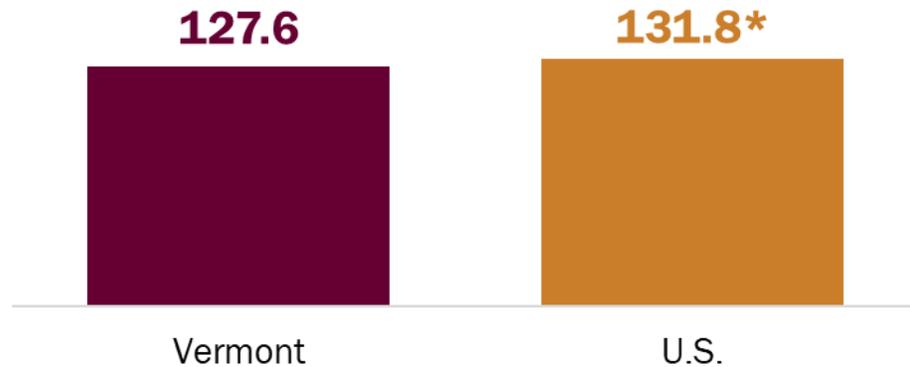


Incidence of Alcohol-Associated Cancers

Each year there are roughly **1,100 new cases of cancer associated with alcohol use diagnosed** in Vermont. All counties have similar rates of alcohol-associated cancers as the state.

For every 100,000 people, 127.6 Vermonters are diagnosed with an alcohol-associated cancer, at a rate **lower than** the general U.S. population.

Rate per 100,000 population



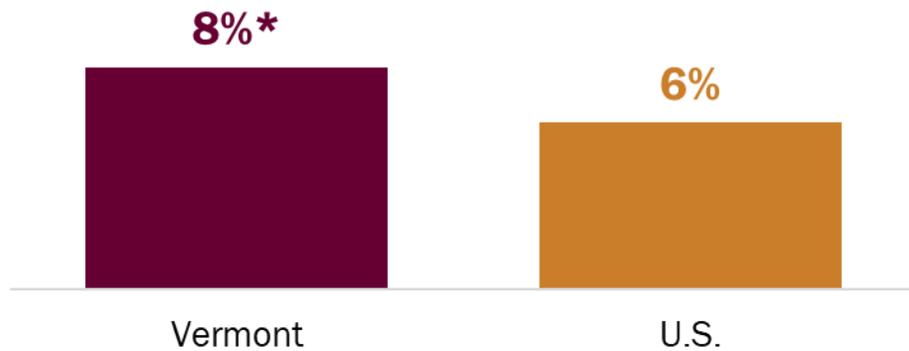
Source: VCR, 2018-2022
All rates are age-adjusted to the 2000 U.S. standard population
Vermont Department of Health



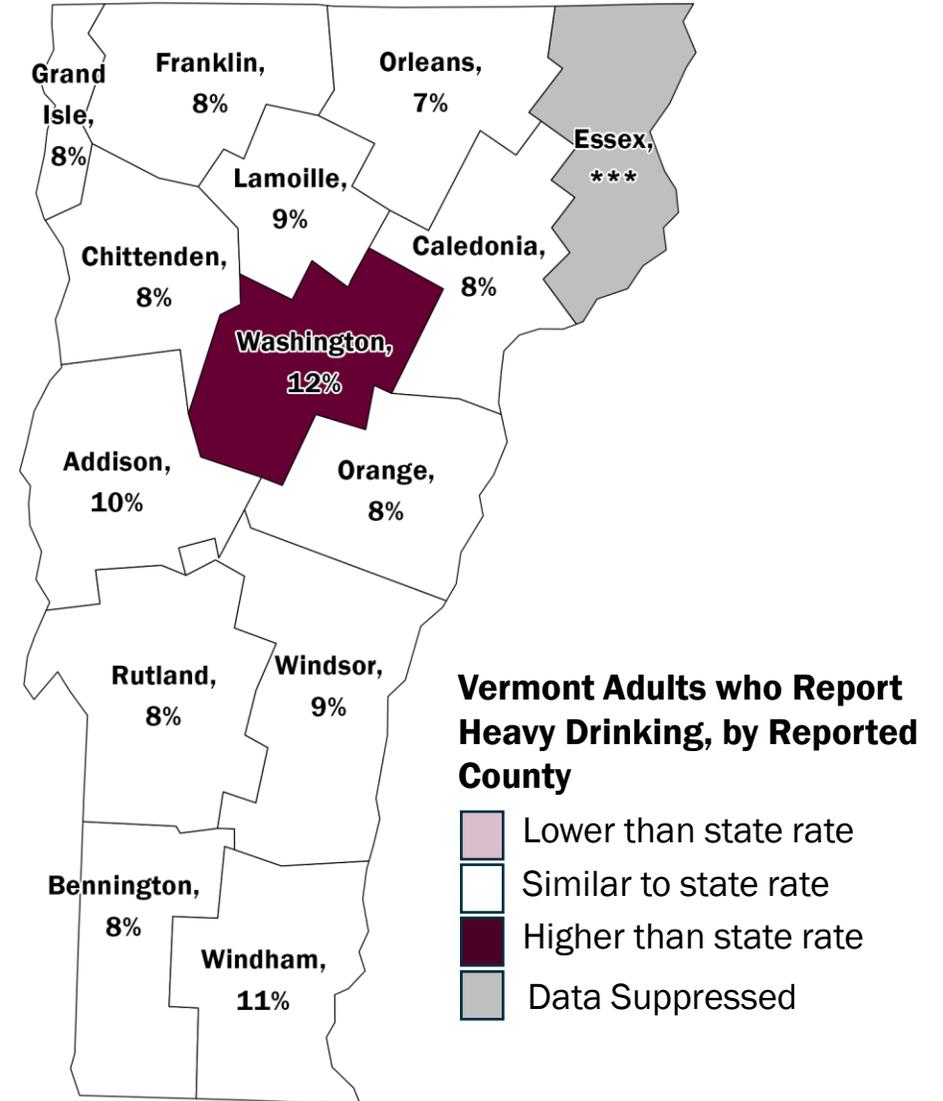
Prevalence of Heavy Drinking

Heavy drinking is defined as two or more drinks per day for males and more than one for females. In Vermont, eight percent of adults report heavy drinking. **Washington County** reports a higher rate of heavy drinking that the state.

Eight percent of Vermont adults report drinking heavily in the past month, **higher than** the six percent of all U.S. adults.



Source: VT BRFSS, 2023
Vermont Department of Health



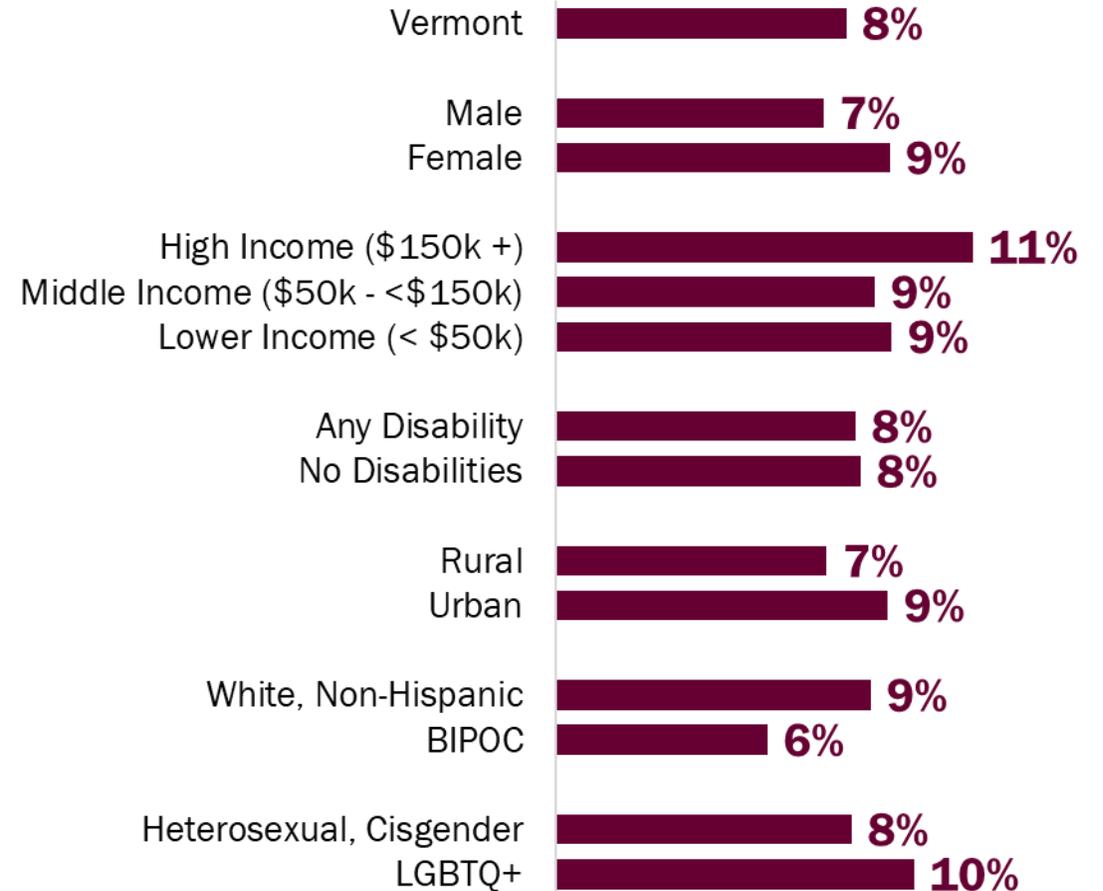
Source: VT BRFSS, 2022-2023
***: Value suppressed because sample size too small or relative standard error is > 30.



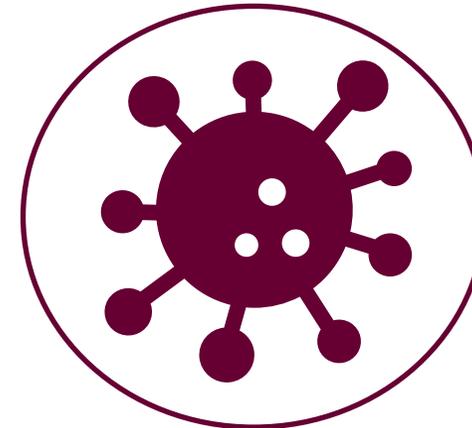
Heavy Drinking Demographics

The rate of heavy drinking is similar between sex, household income, disability status, rurality, race and ethnicity, and sexual orientation and gender identity.

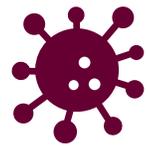
Prevalence of Heavy Drinking Among Adults



Human papillomavirus (HPV)-Associated Cancers¹



1. [CDC, Definitions of Risk-Associated Cancers](#)

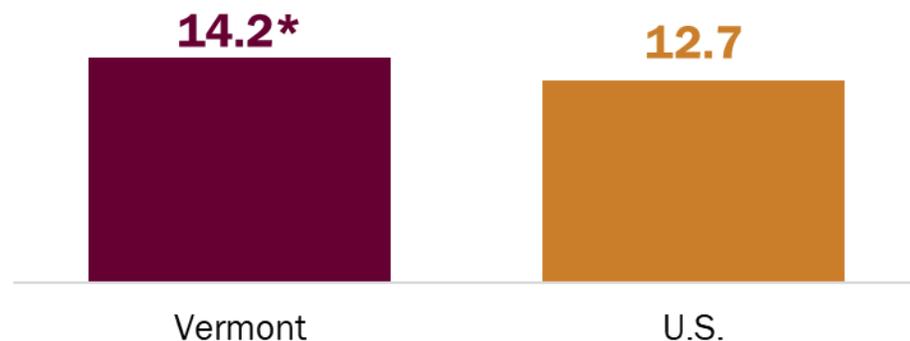


Incidence of HPV-Associated Cancers

Each year there are over 100 new cases of cancer associated with an HPV infection diagnosed in Vermont. All counties report a similar rate of alcohol-associated cancers as the state.

For every 100,000 people, 14.2 Vermonters are diagnosed with an HPV-associated cancer, a rate higher than the general U.S. population.

Rate per 100,000 population

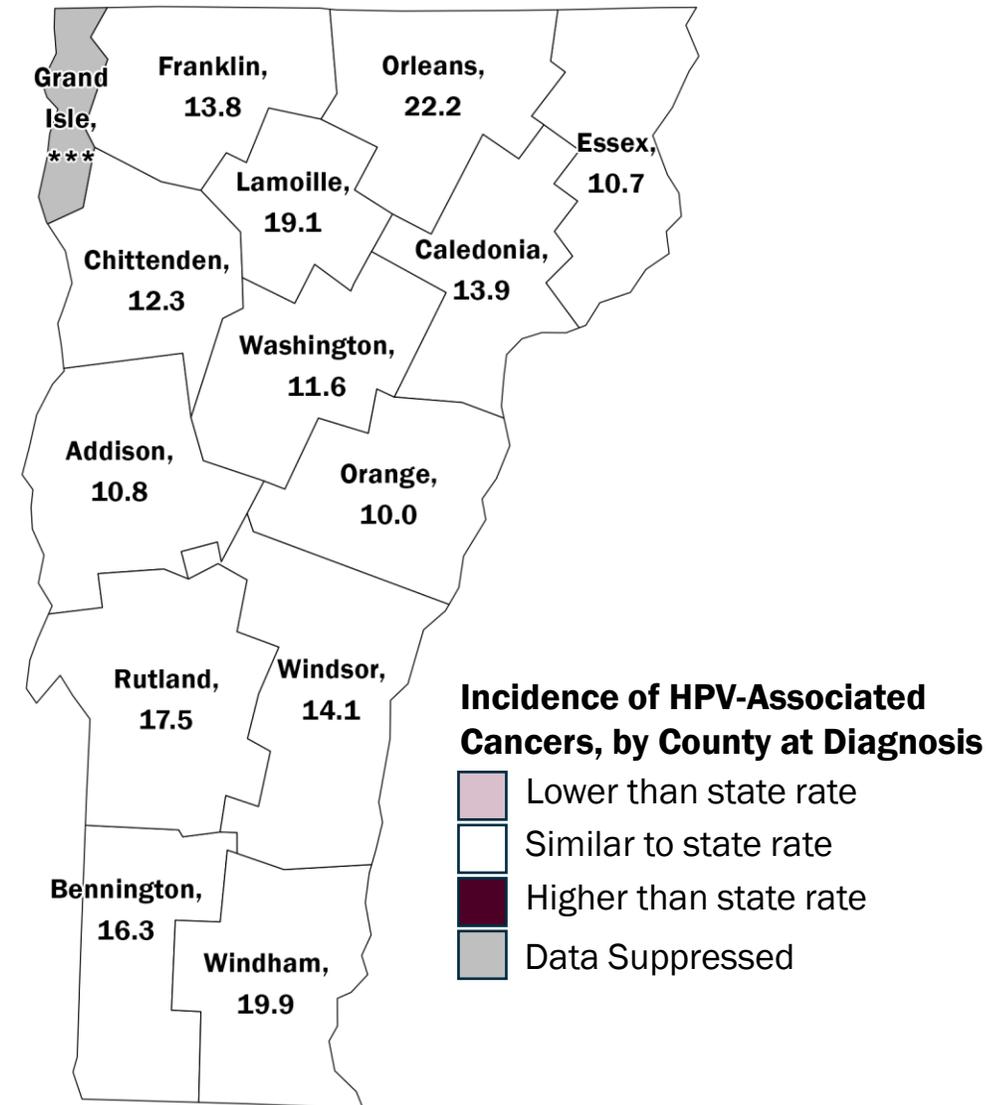


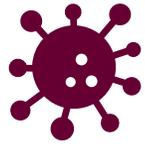
Source: VCR, 2018-2022

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

***: Value suppressed because sample size too small.

Vermont Department of Health

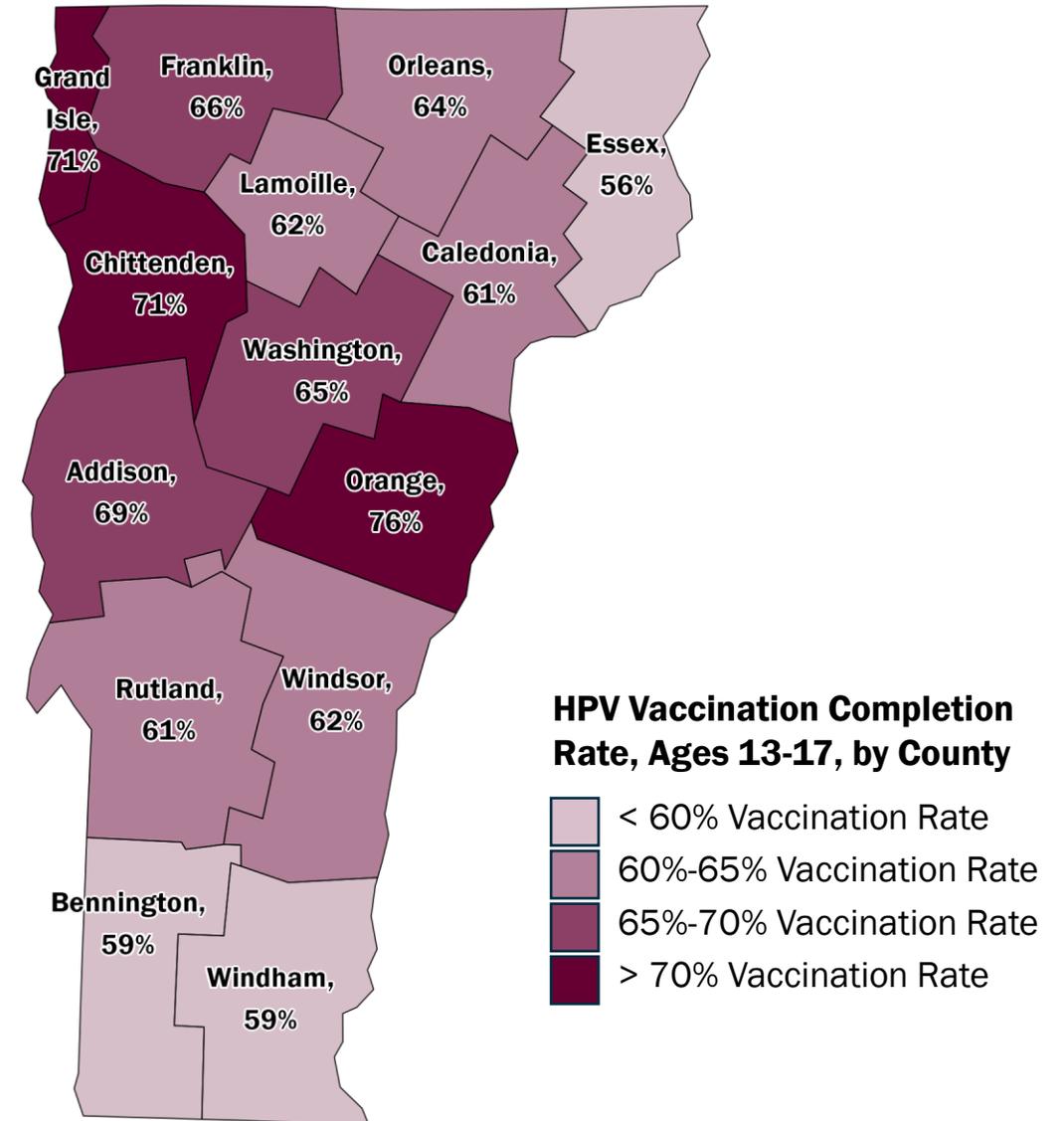




HPV Vaccination Rates

Almost seven-in-ten (66%) of Vermont's youth, ages 13-17, have completed the HPV vaccine series.

Having completed the HPV vaccine series requires adolescents who received the first dose before their 15th birthday to receive two doses, and those that received the first dose after their 15th birthday to receive 3 doses.

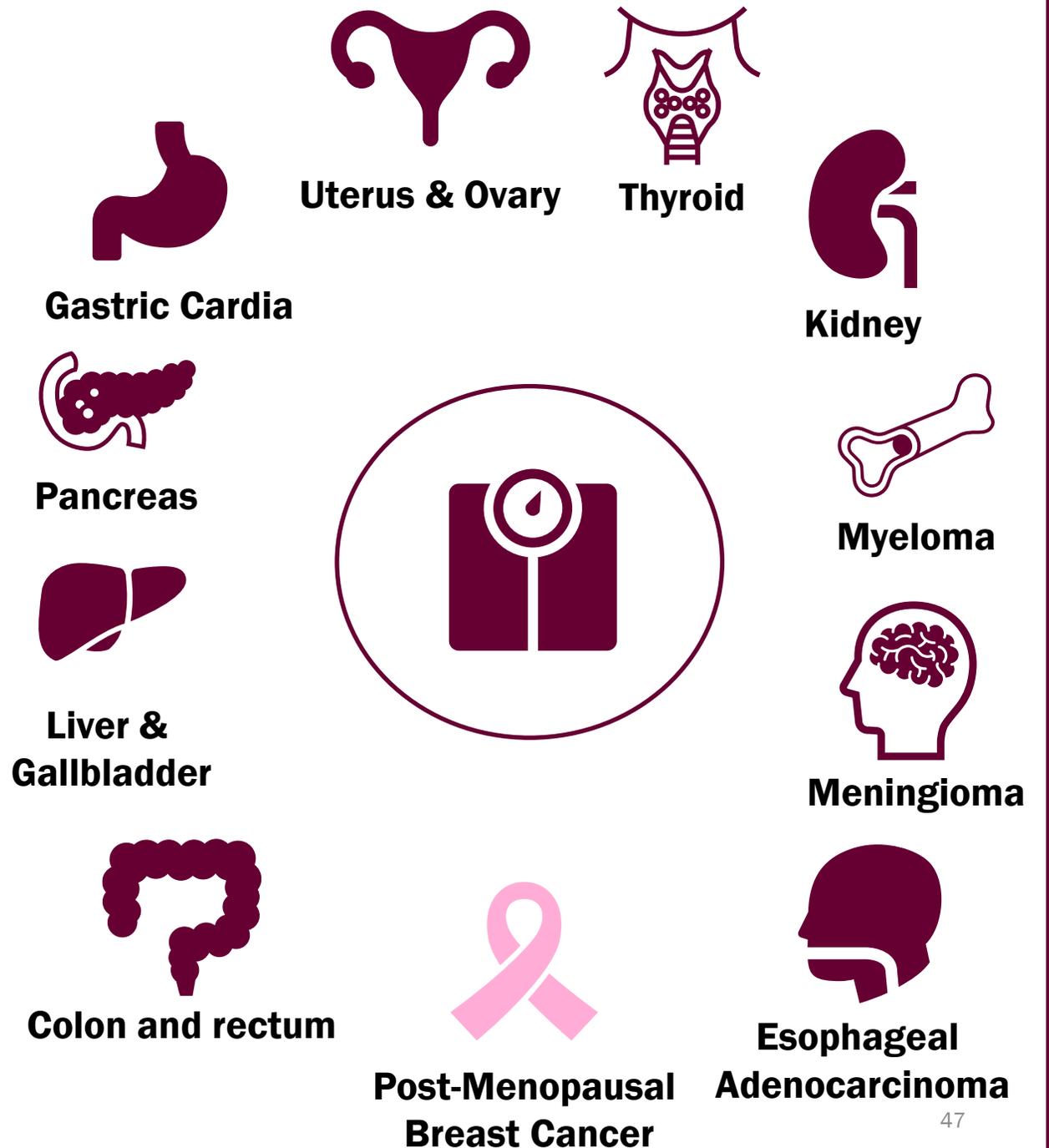


Obesity-Associated Cancers¹

In this section, obesity is defined using the body mass index (BMI) which defines obesity as a BMI of 30 or greater.

BMI is a singular, indirect measure of body fat meant to identify weight-related health risk. Though useful at a population level, BMI is limited in its utility at the individual level.

1. [CDC, Definitions of Risk-Associated Cancers](#)



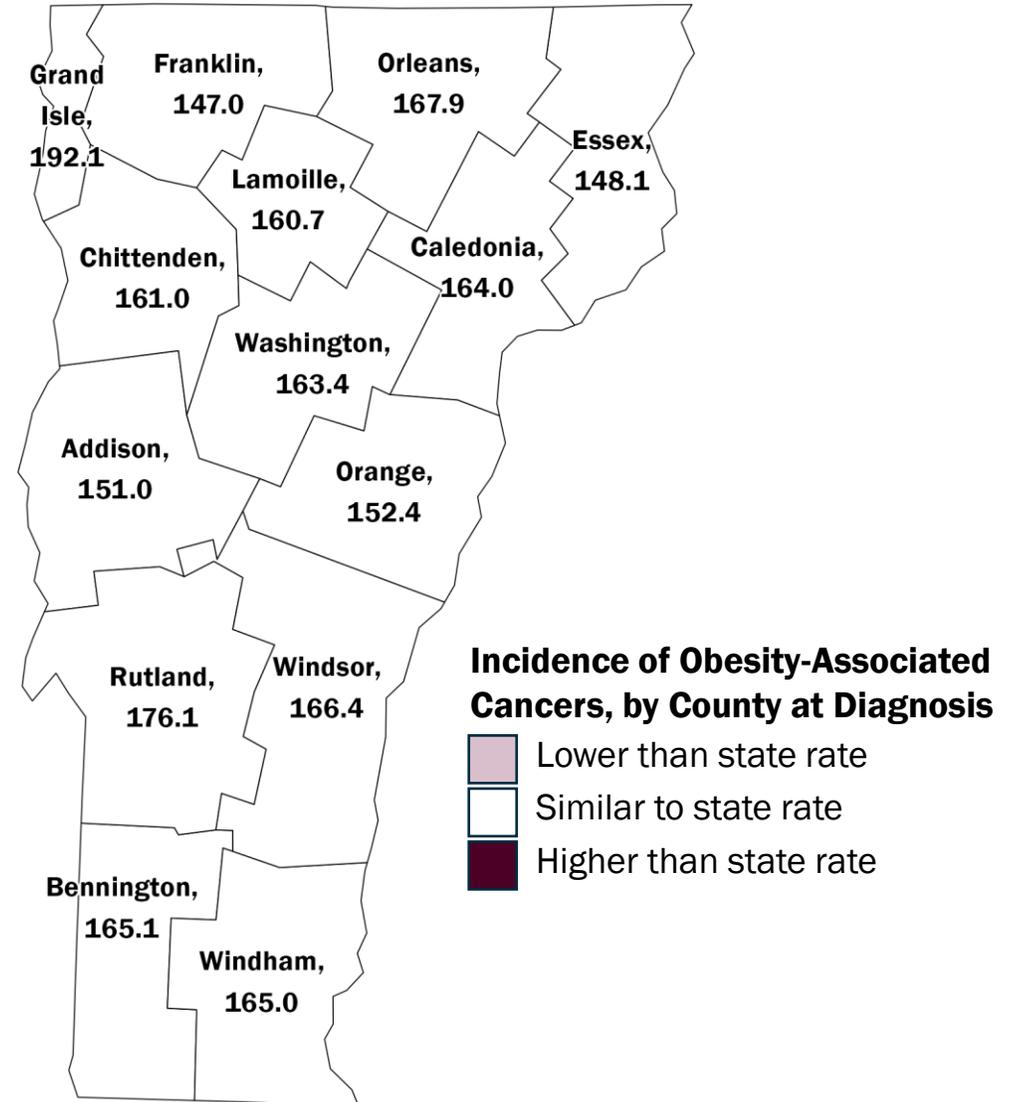
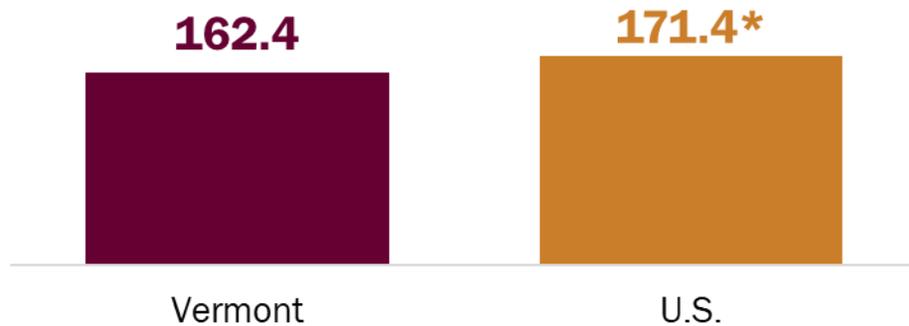


Incidence of Obesity-Associated Cancers

Each year there are roughly **1,500 new cases of cancer associated with obesity** diagnosed in Vermont. All counties report a similar rate of obesity-associated cancers as the state.

For every 100,000 people, 162.4 Vermonters are diagnosed with an obesity-associated cancer, a rate **lower than** the general U.S. population.

Rate per 100,000 population



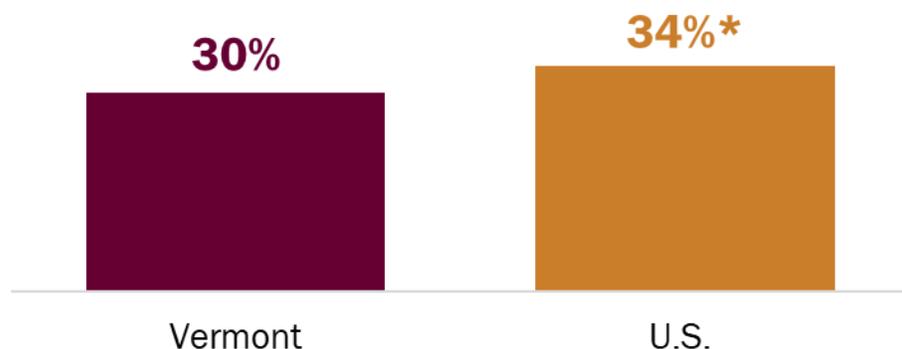
Source: VCR, 2018-2022
All rates are age-adjusted to the 2000 U.S. standard population
Vermont Department of Health



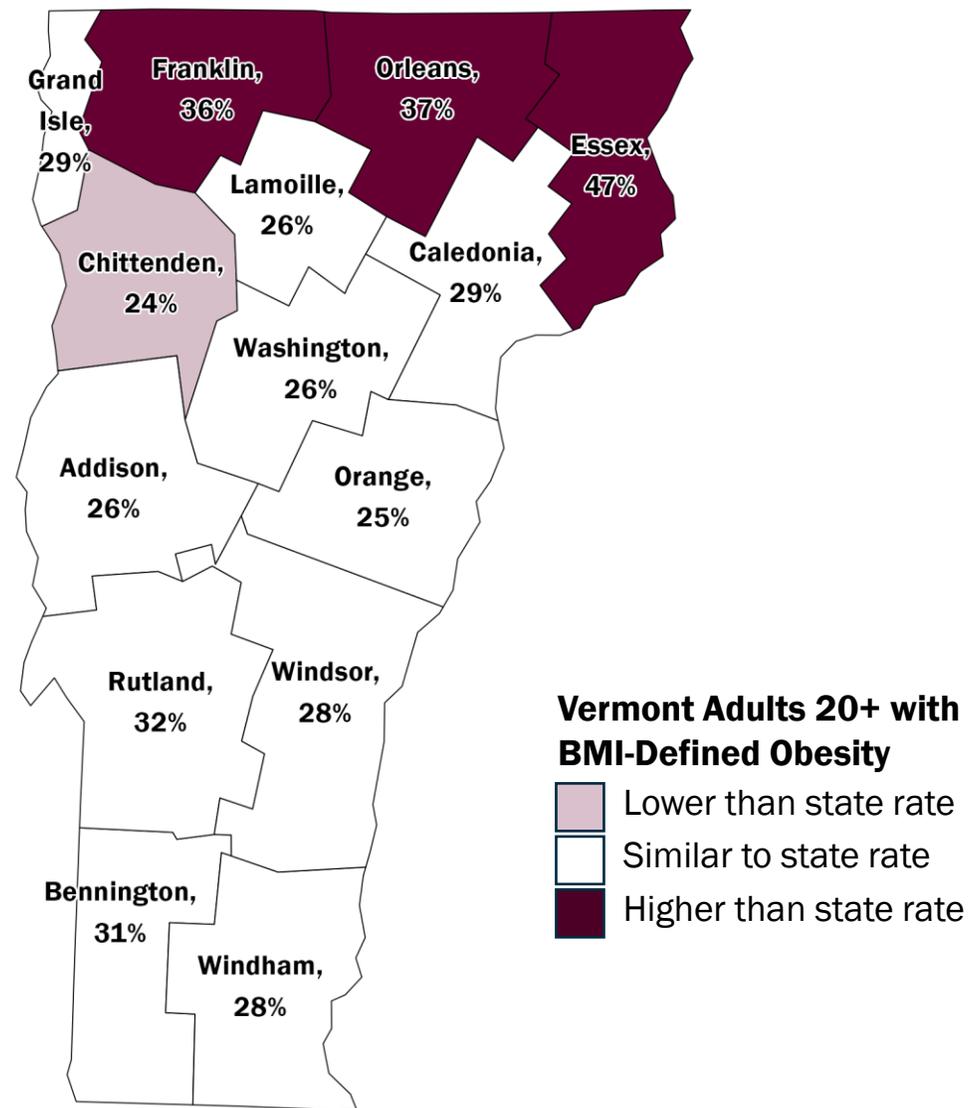
BMI-Defined Obesity Prevalence

Essex, Orleans and Franklin Counties report a **higher prevalence** of BMI-defined obesity than the state, while **Chittenden County** reports a **lower prevalence**.

Three-in-ten (30%) Vermont adults ages 20+ have BMI-defined obesity, a rate that is **lower than** the rate found in U.S. adults.



Source: VT BRFSS, 2023
Vermont Department of Health



Source: VT BRFSS, 2022-2023

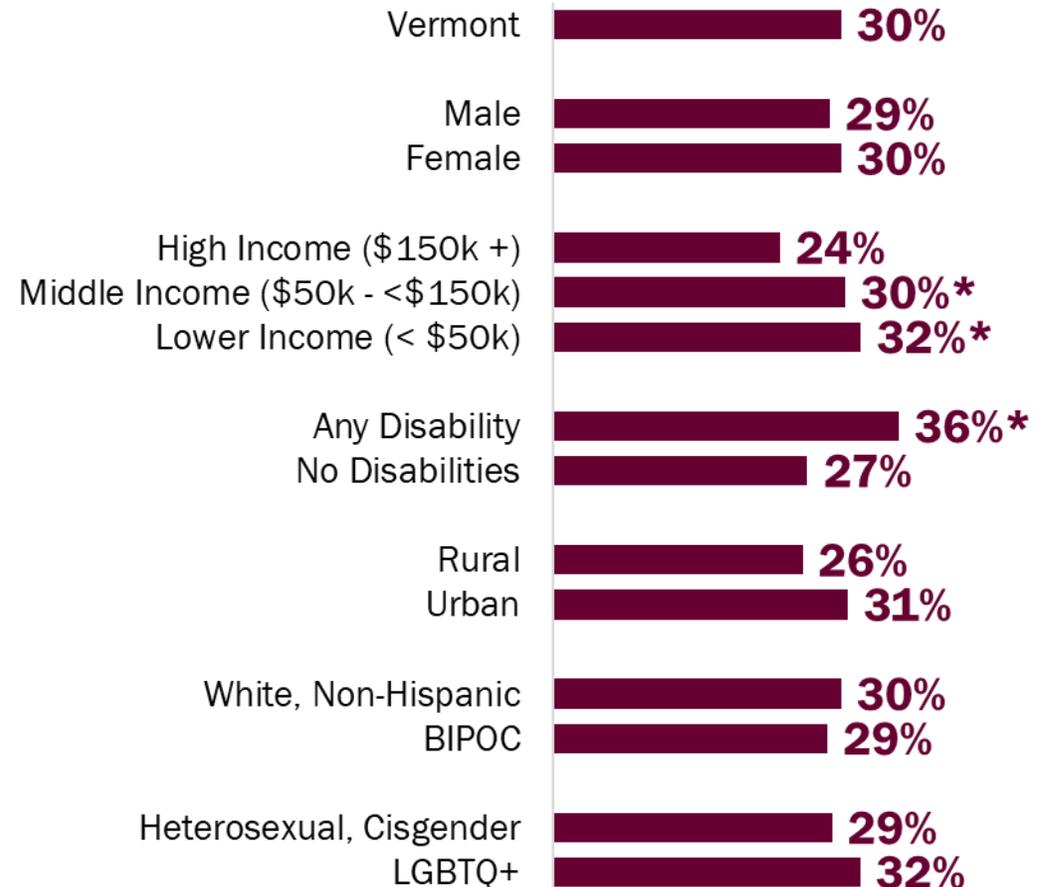


BMI-Defined Obesity Demographics

Among the 30% of Vermont adults with a BMI defined as obese, certain populations are more likely to fit this definition:

- Adults in homes with middle or lower annual household incomes
- Adults with disabilities

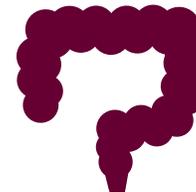
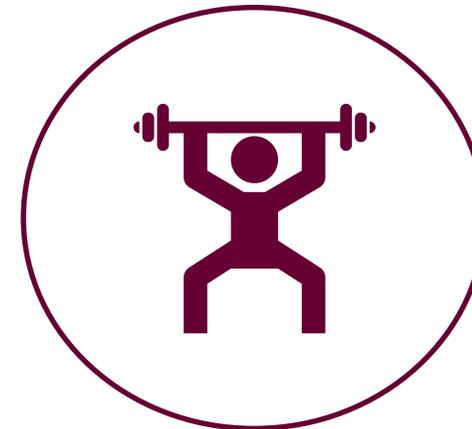
Prevalence of BMI-Defined Obesity Among Adults, Ages 20+



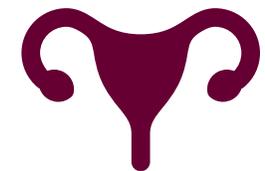
Physical Inactivity-Associated Cancers¹



**Post-Menopausal
Breast Cancer**



Colon



Uterus

1. [CDC, Definitions of Risk-Associated Cancers](#)

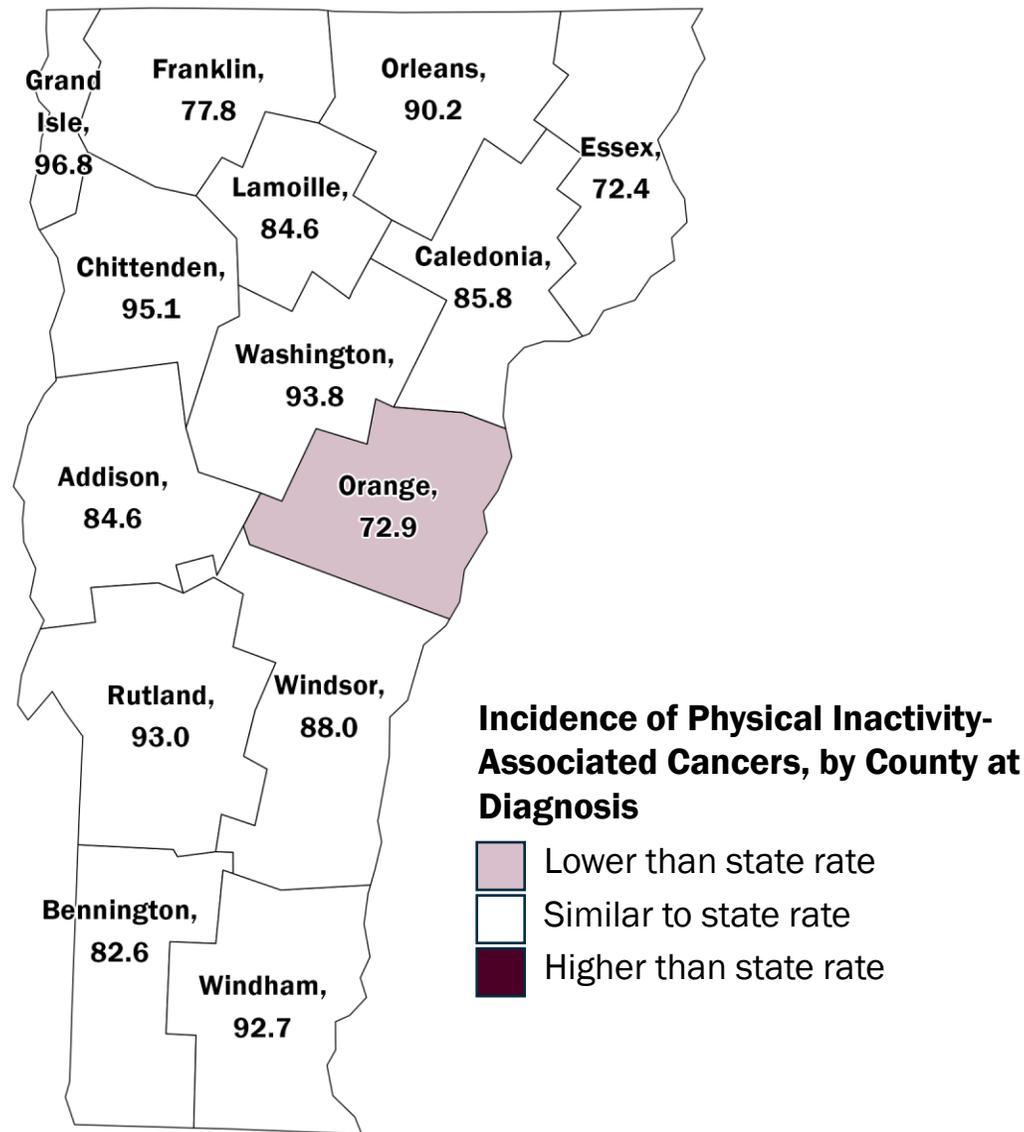
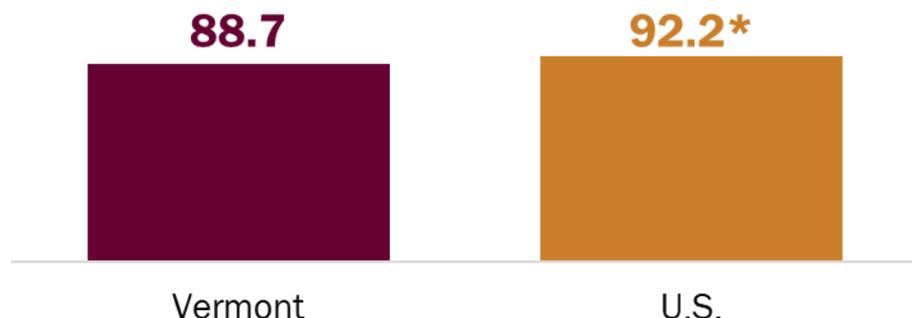


Incidence of Physical Inactivity-Associated Cancers

Each year there are more than 800 new cases of cancers associated with physical inactivity diagnosed in Vermont. **Orange County** has a lower rate of these cancers than the state.

For every 100,000 people, 88.7 Vermonters are diagnosed with physical inactivity-associated cancer, a rate **lower than** the general U.S. population.

Rate per 100,000 population



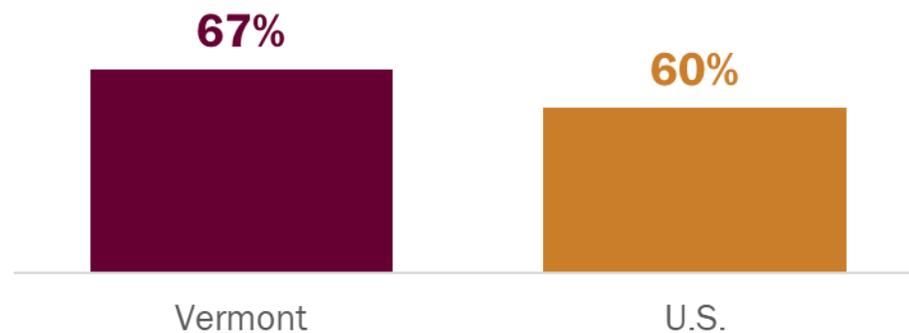
Source: VCR, 2018-2022
All rates are age-adjusted to the 2000 U.S. standard population
Vermont Department of Health



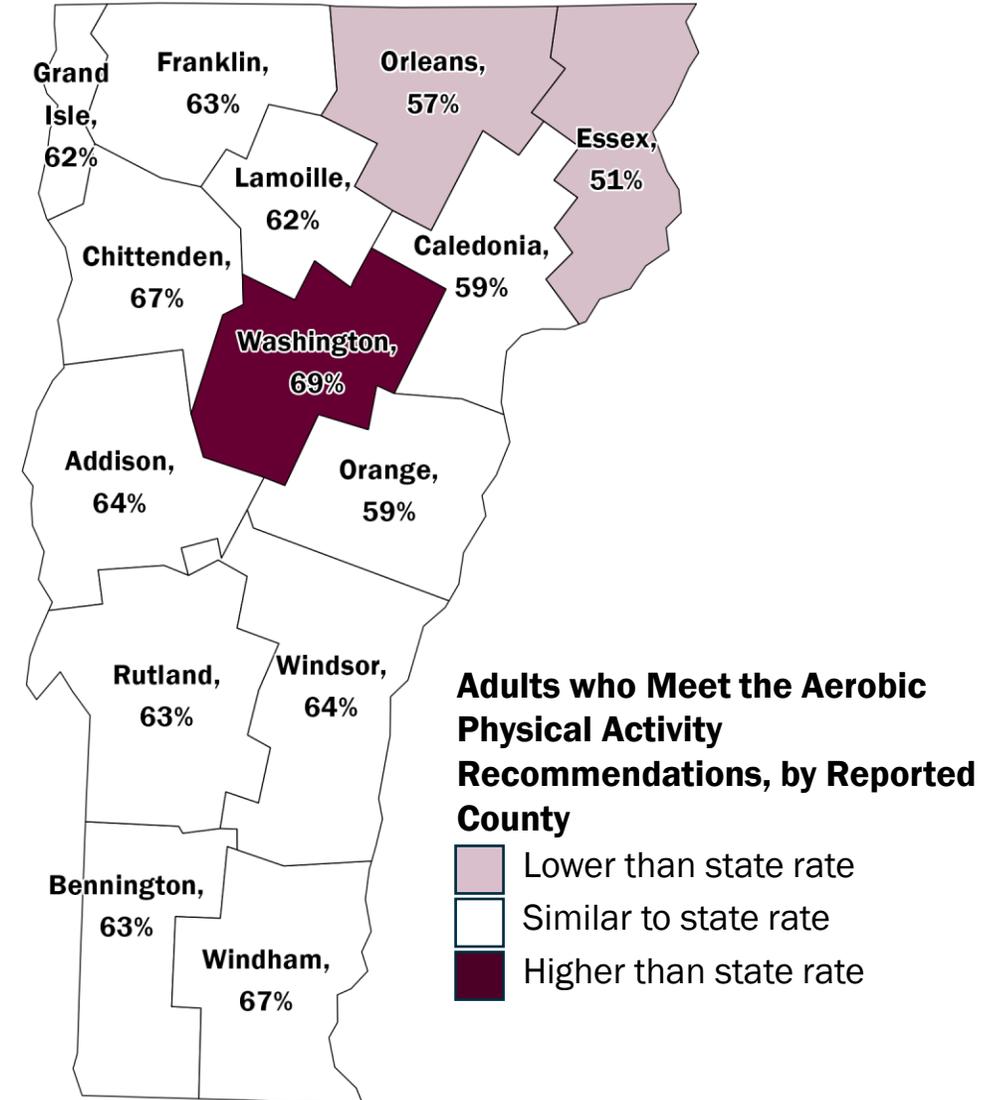
Adults Meeting Physical Activity Recommendations

Almost seven-in-ten Vermont adults meet the aerobic physical activity recommendations. Adults in **Washington County** meet these requirements at a higher rate than the state, while adults in **Orleans** and **Essex Counties** meet these requirements at a lower rate.

Almost seven-in-ten (67%) Vermont adults meet the aerobic physical activity recommendations, **higher than U.S. adults.**



Source: VT BRFSS, 2023
Vermont Department of Health



Source: VT BRFSS, 2019, 2023

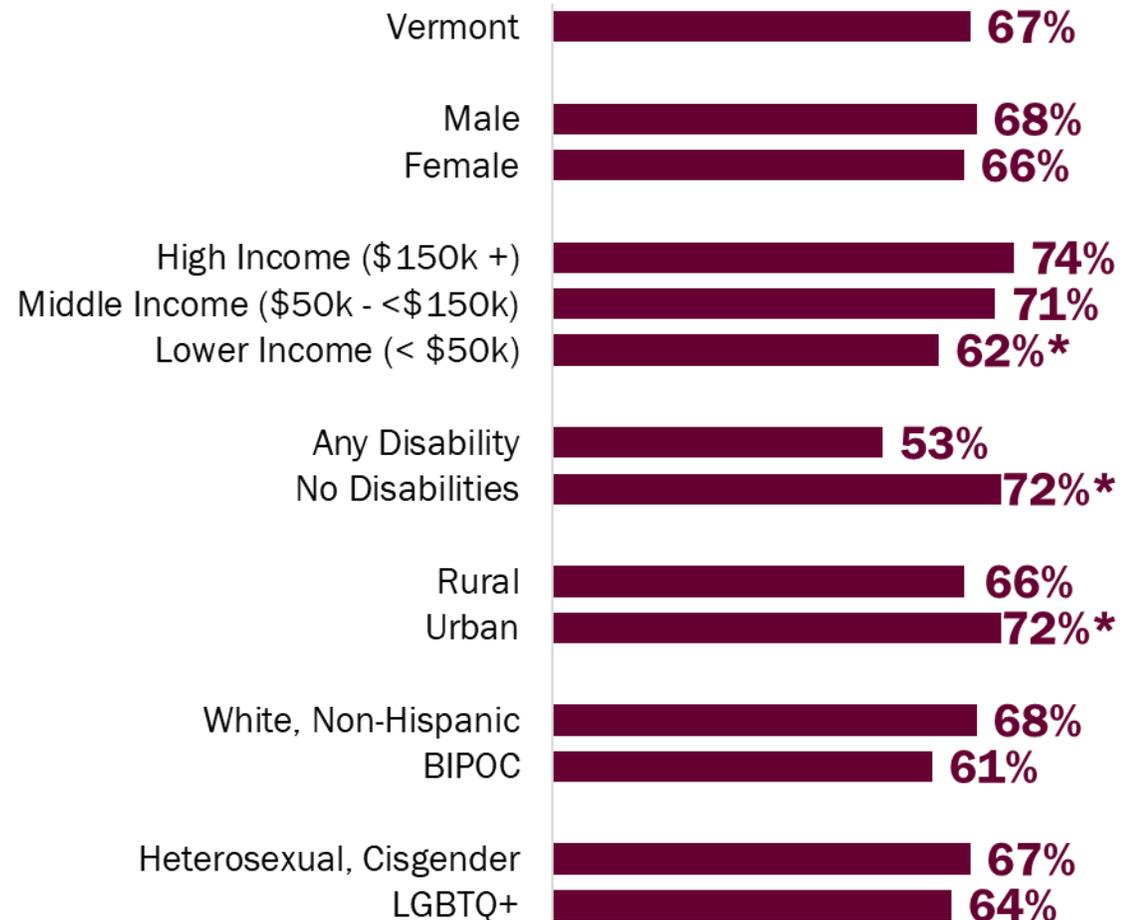


Adults Meeting Physical Activity Recommendations

While 67% of Vermont adults meet the CDC's aerobic physical activity recommendations, certain populations are less likely to do so, including:

- Adults in households with lower annual incomes.
- Adults with a disability.
- Adults in rural communities.

Prevalence of Adults Who Meet the Aerobic Physical Activity Recommendations

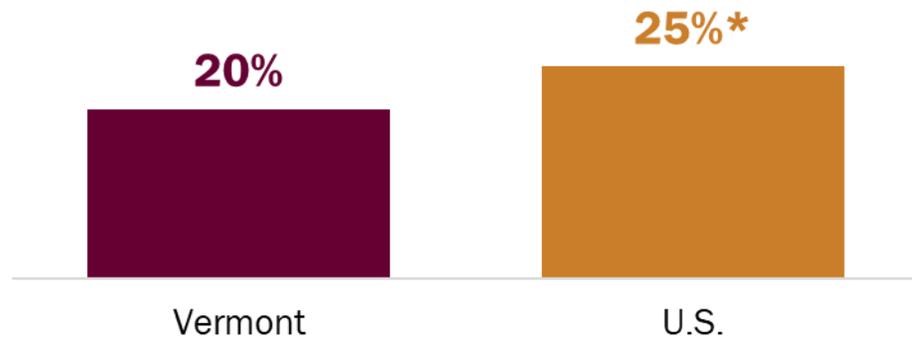




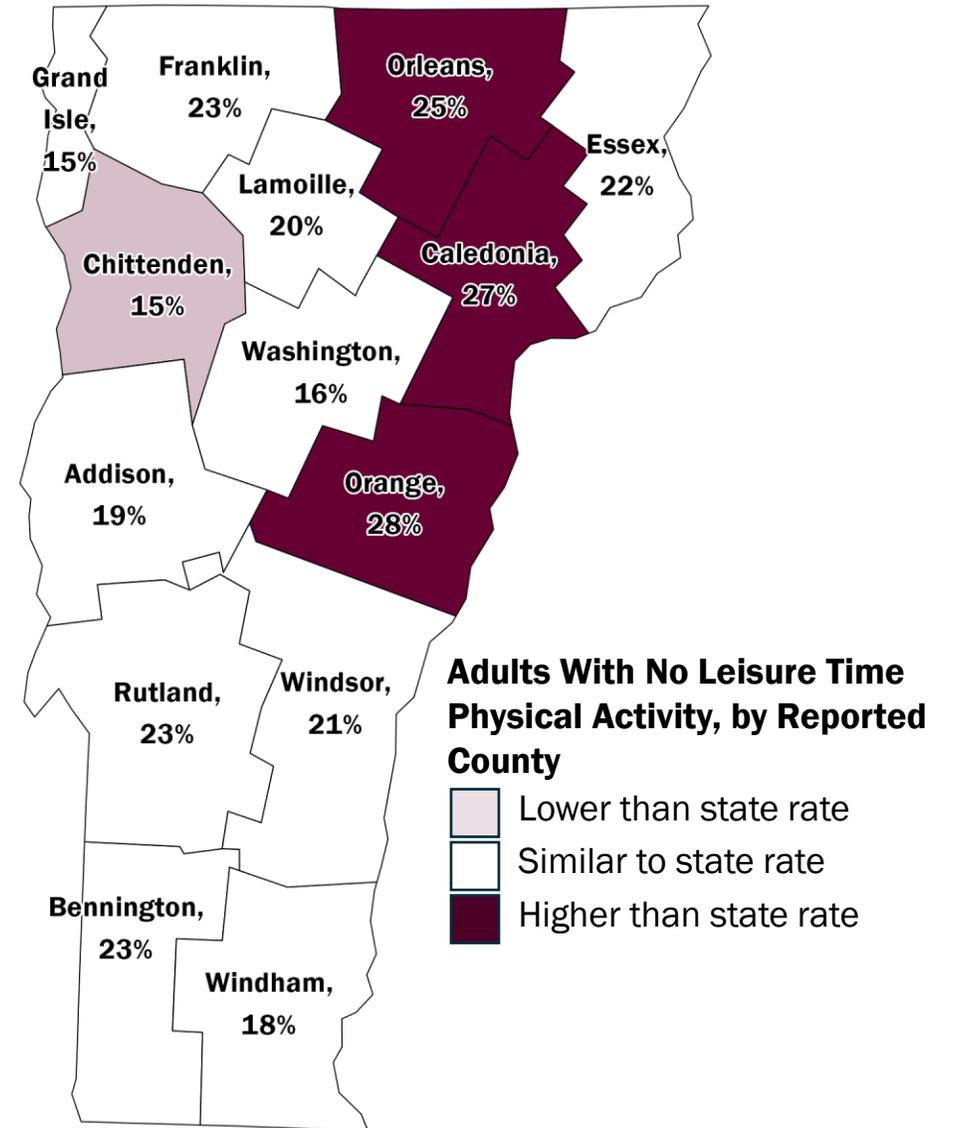
Adults with No Leisure Time Physical Activity

Almost 20% of Vermont adults report not participating in any form of leisure time physical activity. Adults in **Orleans, Caledonia** and **Orange Counties** are more likely to not participate in these activities than the state, while adults in **Chittenden County** are less likely.

Two out-of-ten Vermont adults report not participating in any kind of leisure time physical activity, **less than** U.S. adults.



Source: VT BRFSS, 2023
Vermont Department of Health



Source: VT BRFSS, 2022-2023



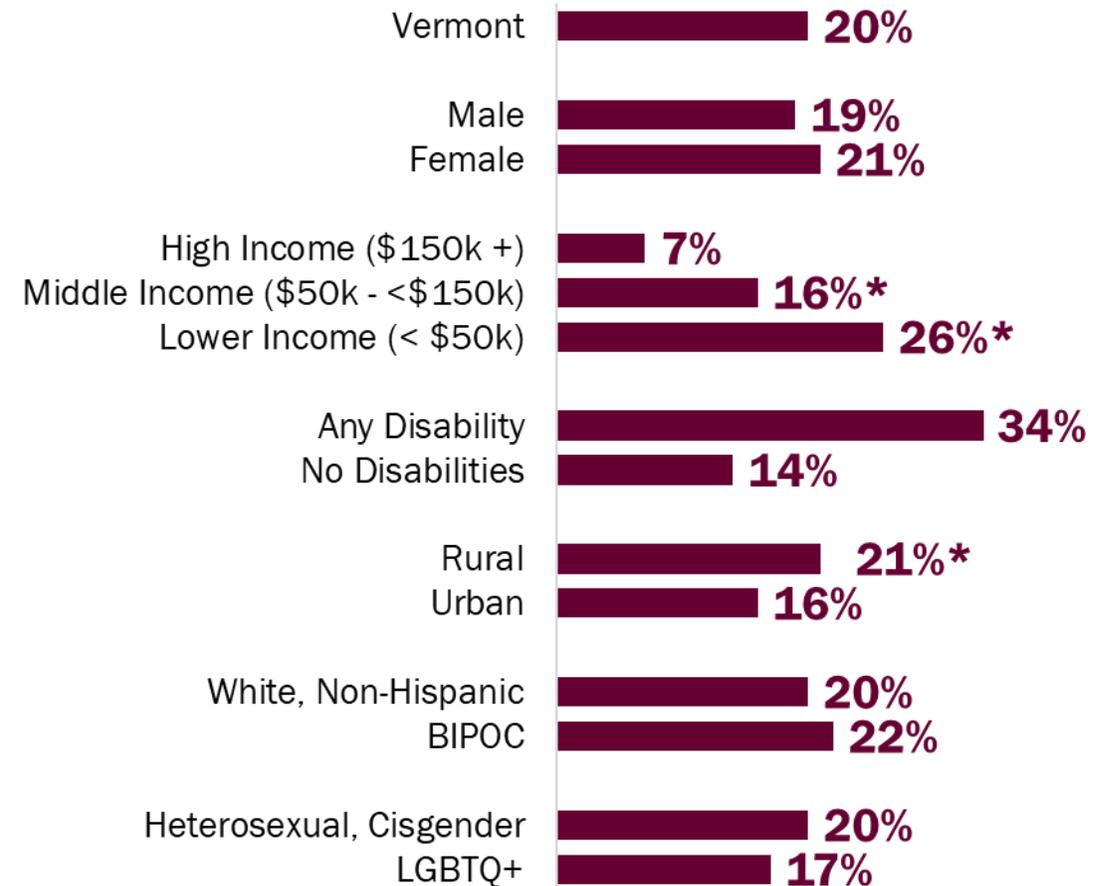
Adults with No Leisure Time Physical Activity

One in five (20%) Vermont adults report not participating in any leisure time physical activity.

Certain Groups are more likely to report no leisure time physical activity:

- As household incomes decreases, less adults report participating in leisure time physical activities.
- Adults with a disability are over twice as unlikely to participate in any leisure time physical activity.
- Adults in rural communities.

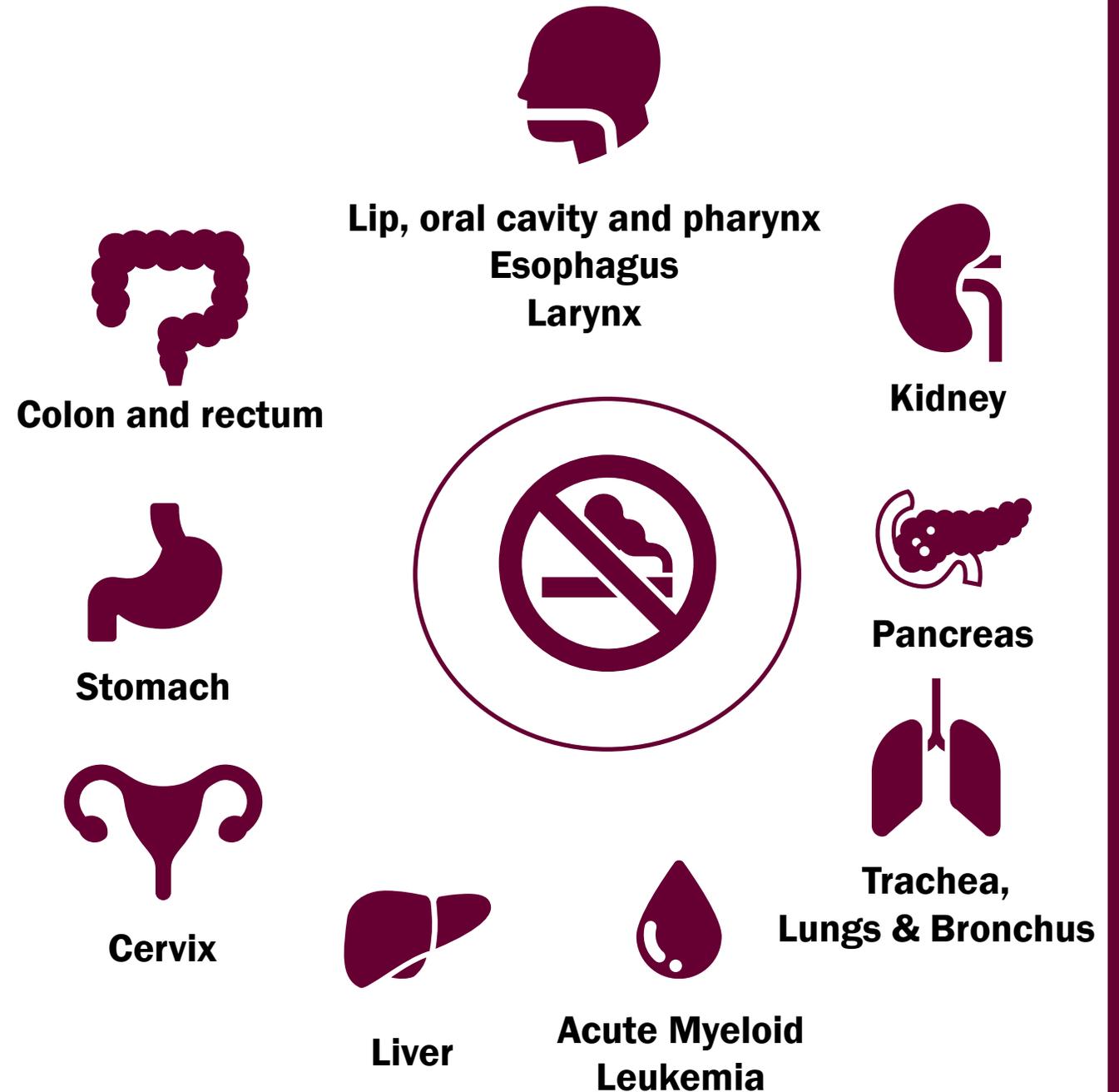
Prevalence of Adults Not Participating in Any Leisure Time Physical Activity



Source: VT BRFSS, 2023

Vermont Department of Health

Tobacco-Associated Cancers¹



1. [CDC, Definitions of Risk-Associated Cancers](#)

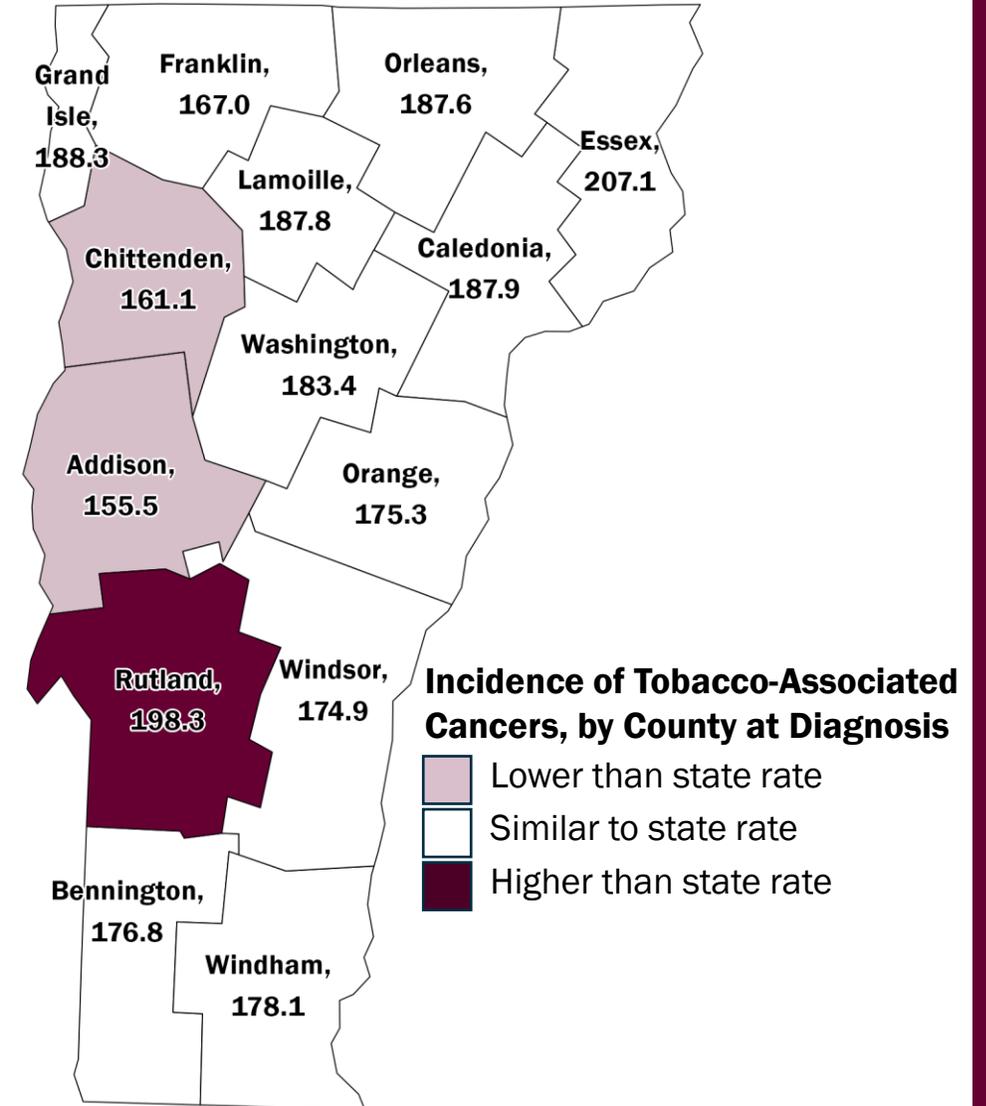
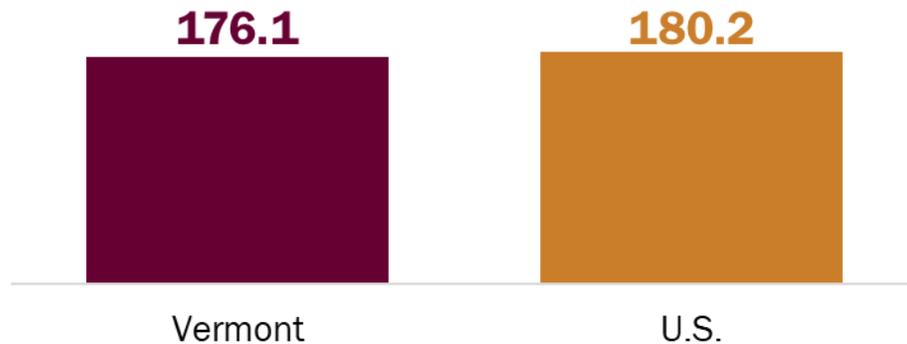


Incidence of Tobacco-Associated Cancers

Each year there are roughly 1,600 new cases of cancer associated with tobacco use diagnosed in Vermont. **Rutland County** reports a higher rate of these cancers than the state, while **Chittenden** and **Orange Counties** report lower rates.

For every 100,000 people, 176.1 Vermonters are diagnosed with a tobacco-associated cancer, a rate similar to the general U.S. population.

Rate per 100,000 population



Source: VCR, 2018-2022
All rates are age-adjusted to the 2000 U.S. standard population
Vermont Department of Health



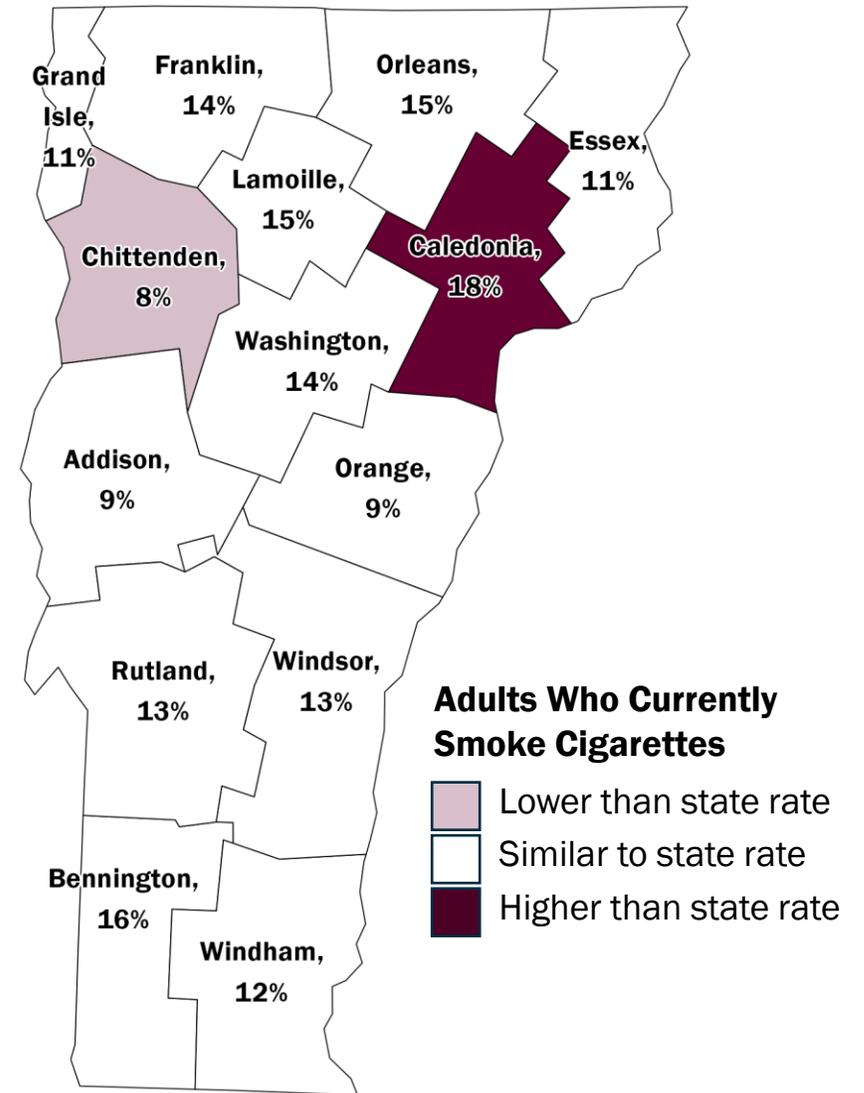
Tobacco Use – Prevalence of Cigarette Smoking

Adults in **Caledonia County** smoke cigarettes at a higher rate than the state, while **Chittenden County** adults smoke at a lower rate.

About one-in-ten (11%) Vermont adults smoke cigarettes at a similar rate as the general adult population in the U.S.



Source: VT BRFSS, 2023
Vermont Department of Health



Source: VT BRFSS, 2022-2023

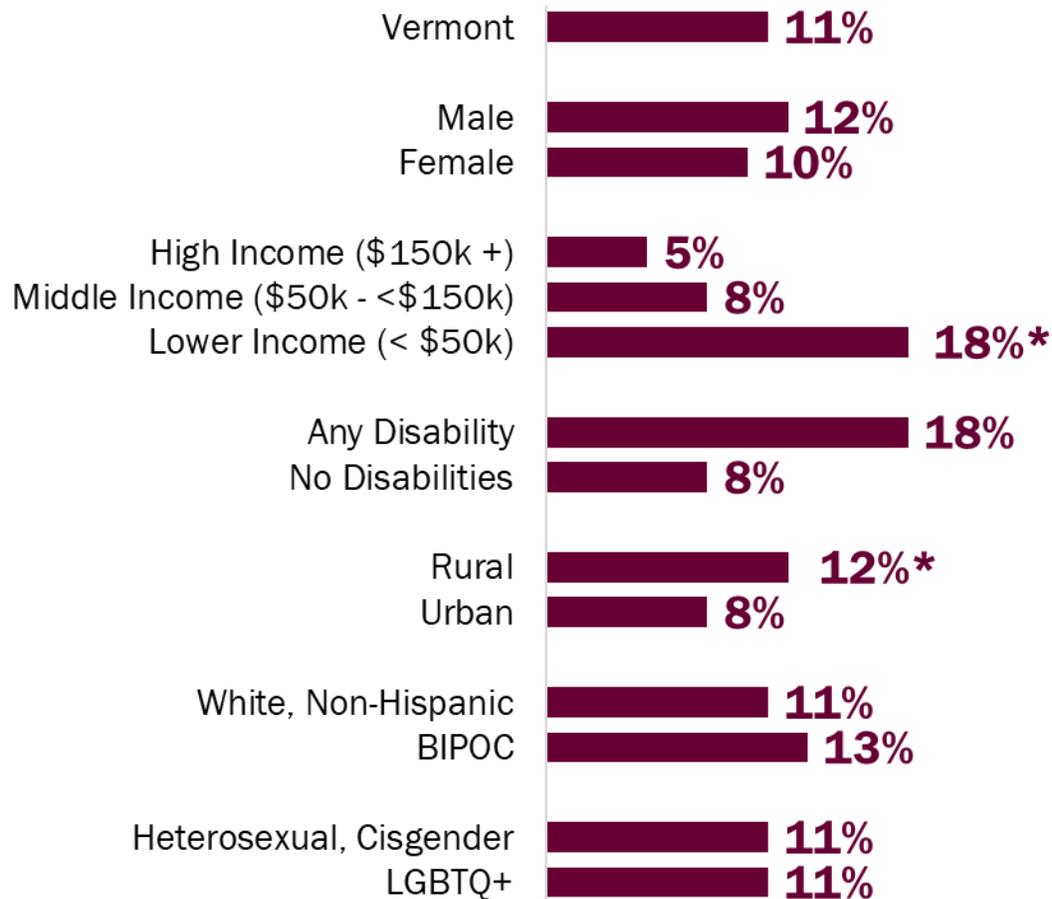


Cigarette Smoking Use Demographics

Among the 11% of Vermont adults who smoke cigarettes, certain populations are more likely to smoke than others:

- As household income increases, the prevalence of cigarette smoking decreases. Adults in lower income households smoke at a rate 2-3 times higher than adults in middle- and high-income households.
- Adults in rural community's smoke at a higher rate than those in urban communities.

Prevalence of Adults Who Smoke Cigarettes

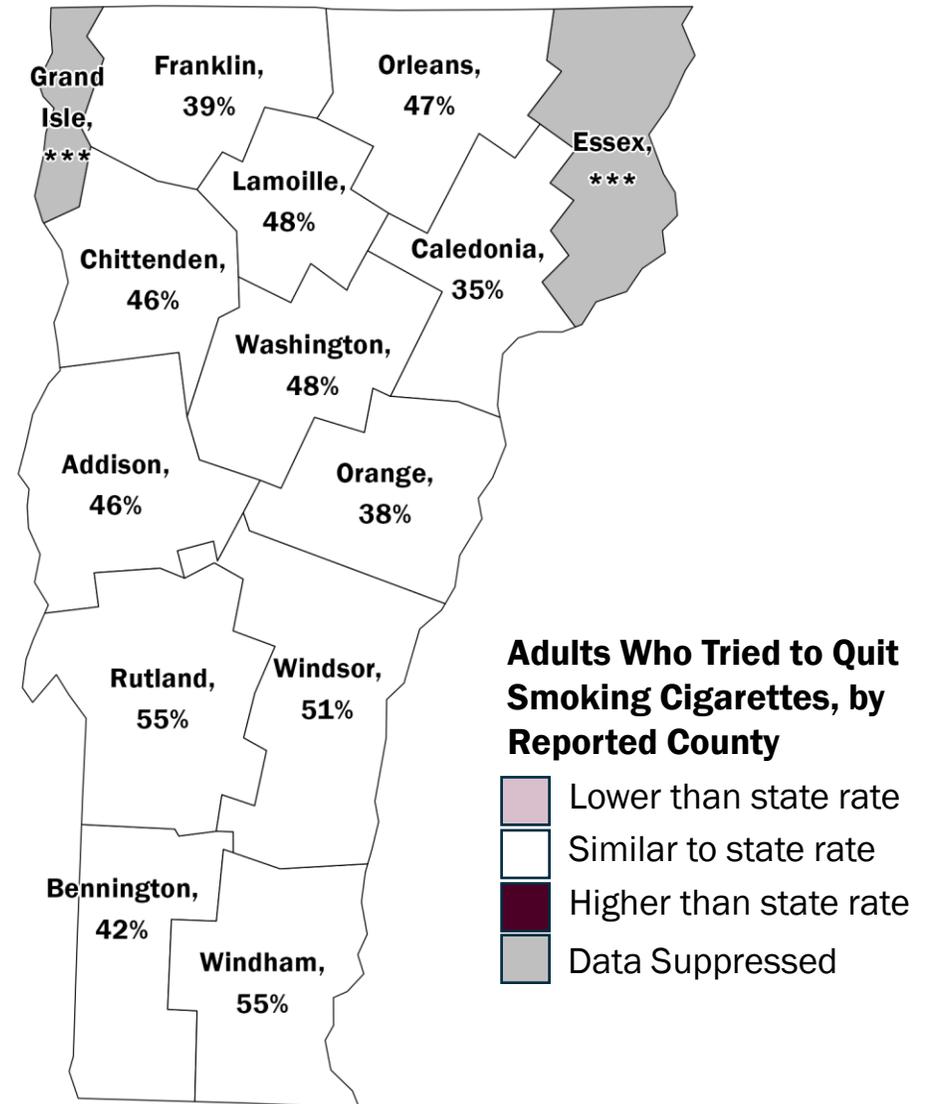




Tobacco Use – Cigarette Smoking Quit Attempts

About 47% percent of Vermont adults who smoke have tried to quit smoking in the past year. All counties report a similar percent of adults who have tried to quit smoking when compared to the state overall.

Please note: No national data estimate available.



Source: VT BRFSS, 2022-2023

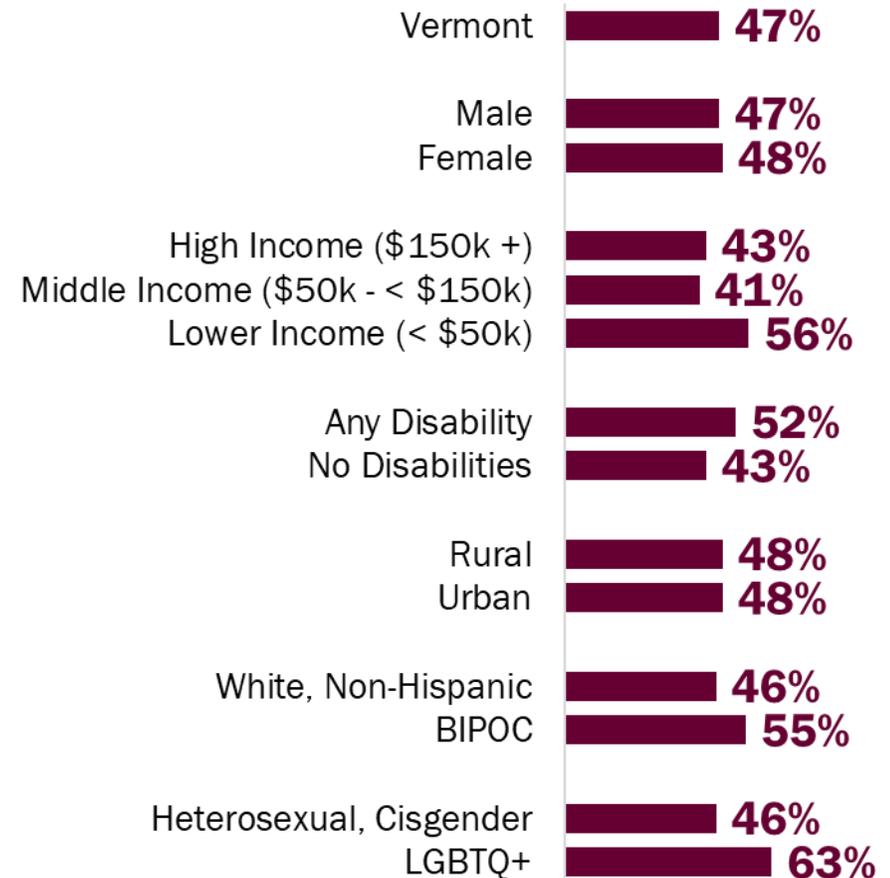
***: Value suppressed because sample size too small or relative standard error is > 30.



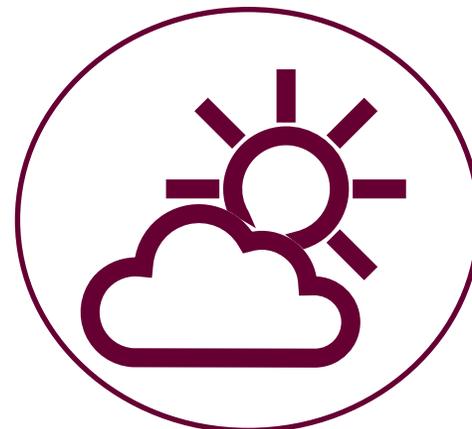
Tobacco Use – Cigarette Smoking Quit Attempts

The rate of adults who attempt to quit smoking cigarettes is statistically similar among all demographic groups.

Prevalence of Adults Who Have Attempted to Quit Smoking in the Past Year



Ultraviolet (UV) Radiation-Associated Cancers¹



1. [CDC, Definitions of Risk-Associated Cancers](#)

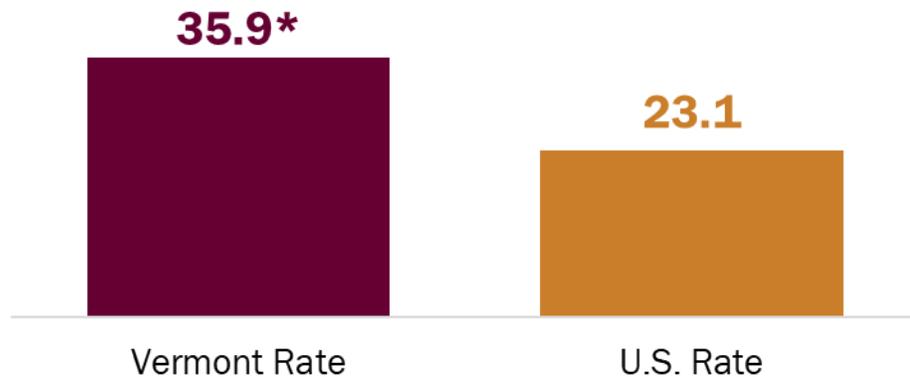


Melanoma Incidence

Melanomas of the skin are the **second** leading cause of new cancer diagnosis in Vermont. Each year **about 300 Vermonters are diagnosed with these cancers**. All counties have similar rates as the overall state.

For every 100,000 people, 35.9 Vermonters are diagnosed with melanoma, a rate **higher than** the general U.S. population.

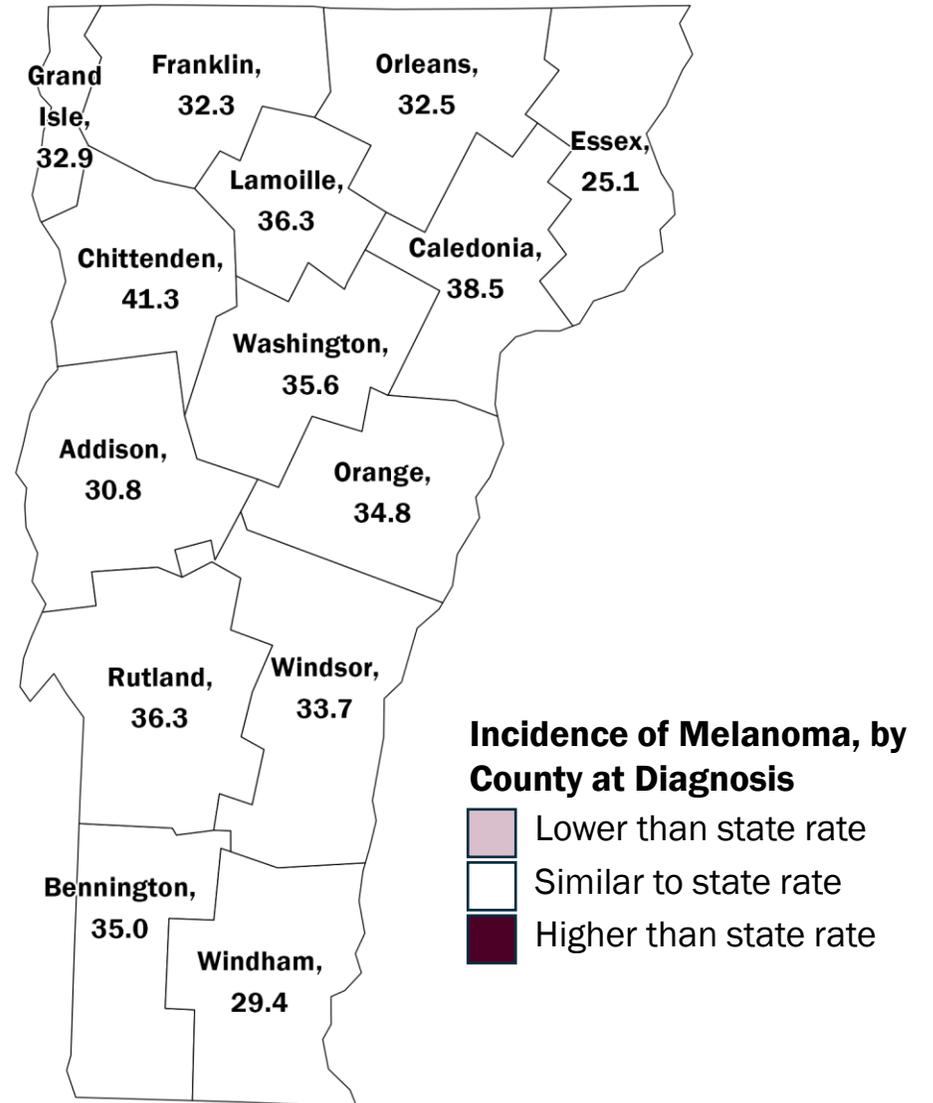
Rate per 100,000 population



Source: VCR, 2018-2022

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

Vermont Department of Health

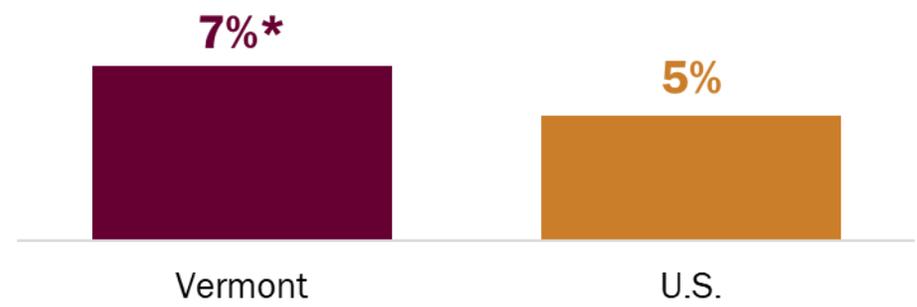




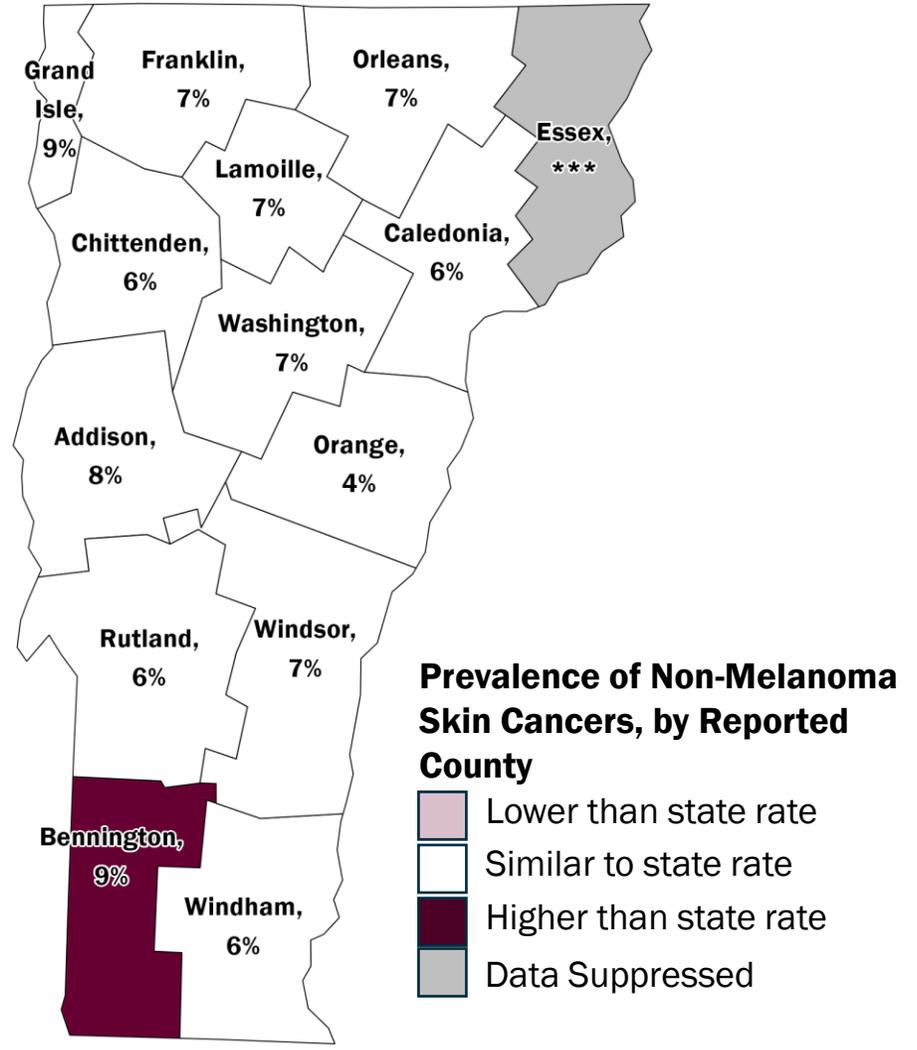
Prevalence Non-Melanoma Skin Cancer

Adults in **Bennington County** report a higher prevalence of non-melanoma skin cancers than the overall state prevalence.

The prevalence of non-melanoma skin cancers is **higher** among Vermont adults than it is among all U.S. adults.



Source: VT BRFSS, 2023
Vermont Department of Health



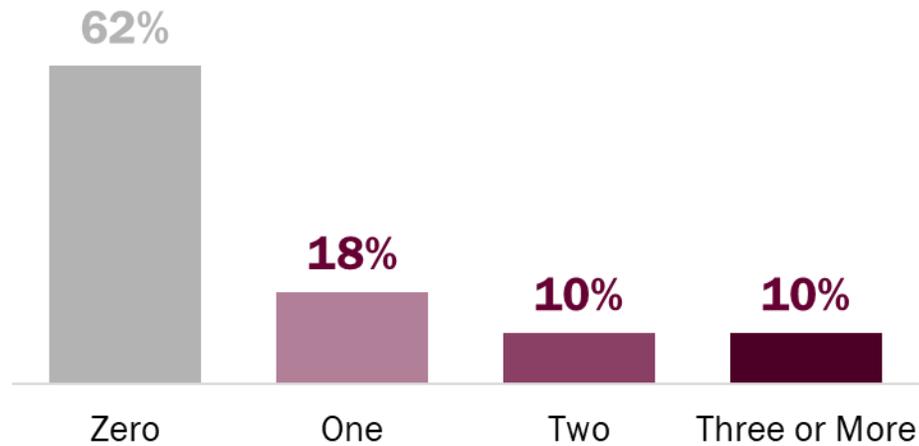
Source: VT BRFSS, 2022-2023
***: Value suppressed because sample size too small or relative standard error is > 30.



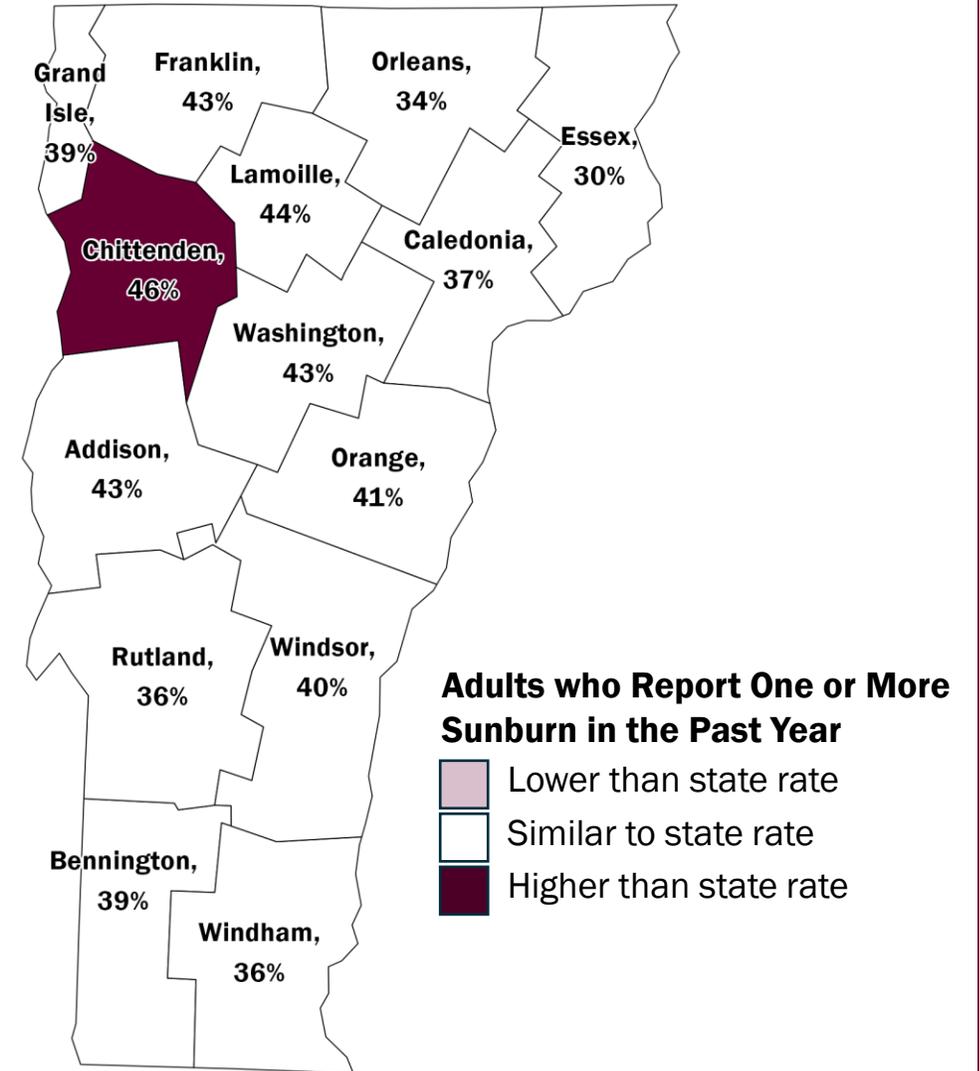
Sunburns

Nearly half of adults in Vermont report that they had at least one sunburn in the past year. Adults in **Chittenden County** report a higher prevalence of sunburns than the state overall.

38% of Vermont adults report having had at least one sunburn in the past year.



Source: VT BRFSS, 2023
Vermont Department of Health



Source: VT BRFSS, 2019, 2023

Cancer Screening

What is a Cancer Stage?

A **cancer's stage at diagnosis** describes how far the disease has progressed at the time of diagnosis.

Stage is an important measure because cancers detected at an earlier stage are generally more treatable and associated with better survival, long-term outcomes, and quality of life.

While there are many ways to categorize cancer stages, this chapter uses the Surveillance, Epidemiology and End Results (SEER) Summary Stage system to define the stage at which a cancer was diagnosed.

These stages include:

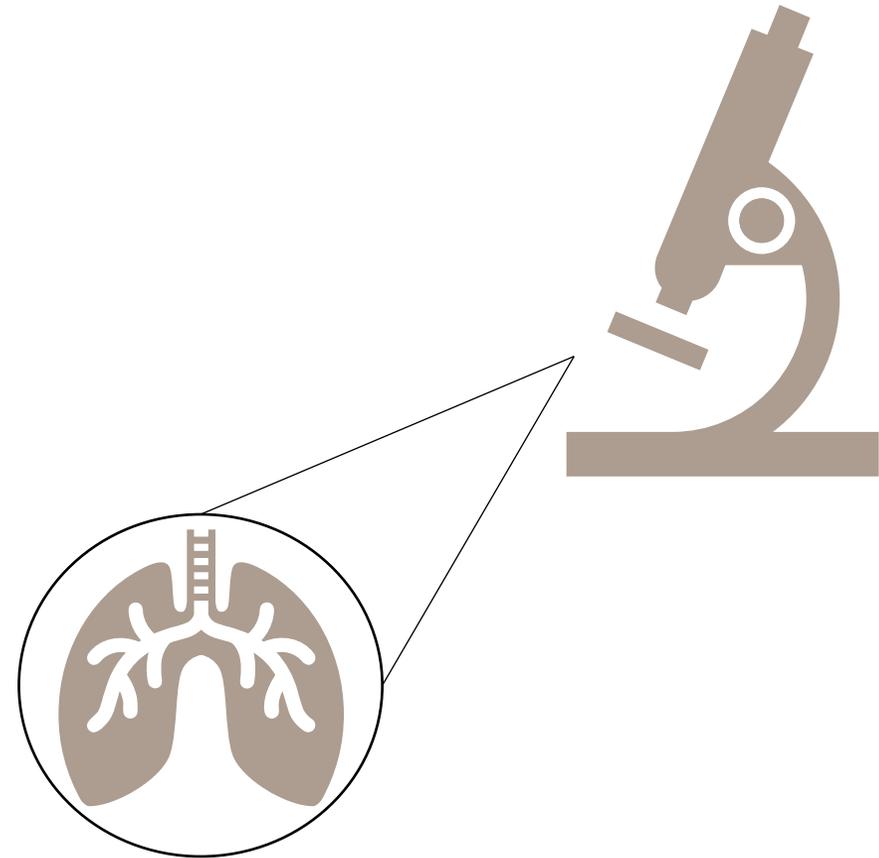
- **In situ:** the stage at which abnormal cells are present but have not spread to nearby tissue.
- **Localized:** the stage at which cancer cells are present in the body, however, these cells have not spread beyond the organ where they started.
- **Regional:** the stage when cancer cells have spread to nearby/surrounding tissues, organs and lymph nodes.
- **Distant:** the stage when cancer cells have begun to spread to distant parts of the body, organs and distant lymph nodes.

This chapter will also refer to “**advanced stage**” cancers, which are both regional and distant cancers combined.

What is Cancer Screening?

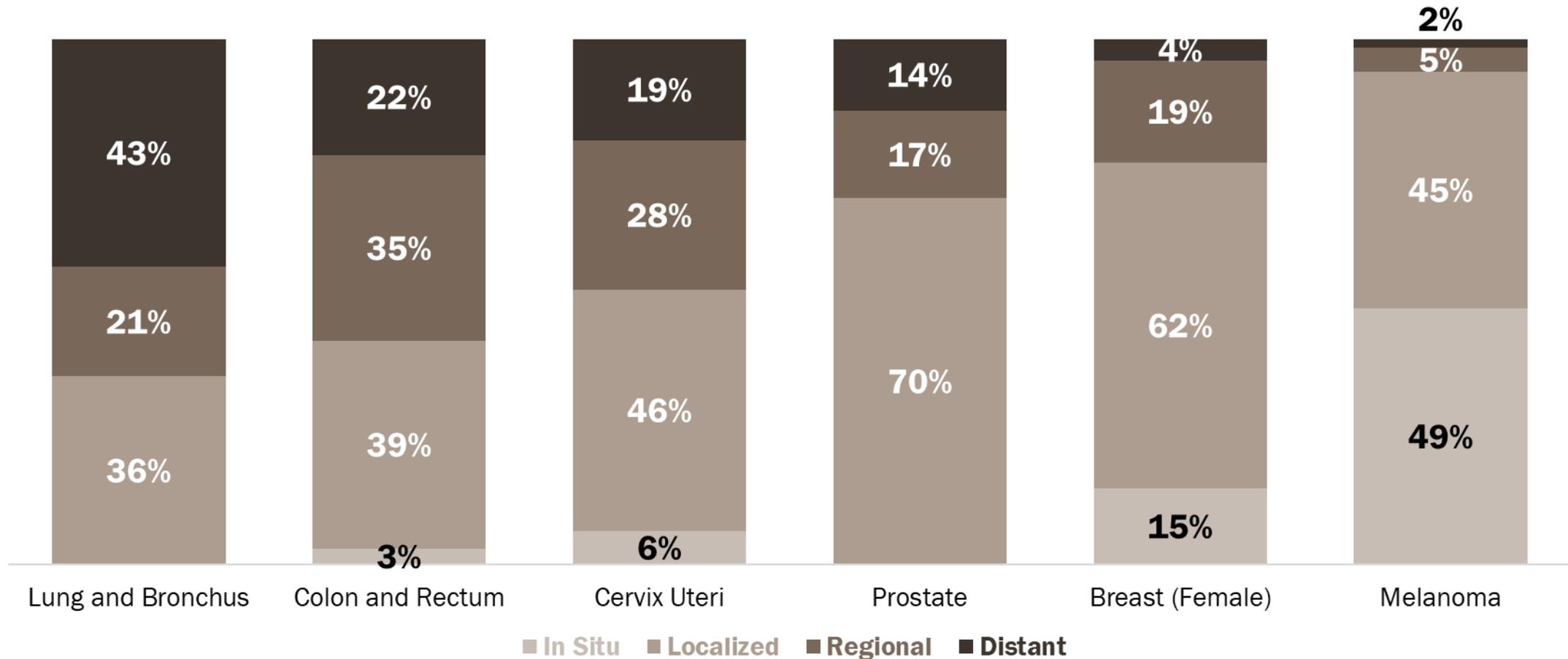
Screening amenable cancers are cancers with screening tests developed to detect whether cancer cells are present in the body and the tests have been found beneficial with respect to reducing the number of cancer-related deaths.

Currently, the United States Preventive Services Taskforce (USPSTF) recommends cancer screenings for: breast, cervical, colorectal, prostate and lung cancers.



Screening Amenable Cancers

Among the screening amenable cancers, **lung** and **colorectal cancers** are the cancers most likely to be to be diagnosed at a distant stage.



Source: VCR, 2018-2022

Note: Due to rounding, percentages may not equal 100%

Vermont Department of Health

Breast Cancer Screening¹

Who should consider screening?

The United States Preventive Services Taskforce (USPSTF) recommends that women aged 40-74 years receive biennial screening mammography to screen for breast cancer.^{1^}

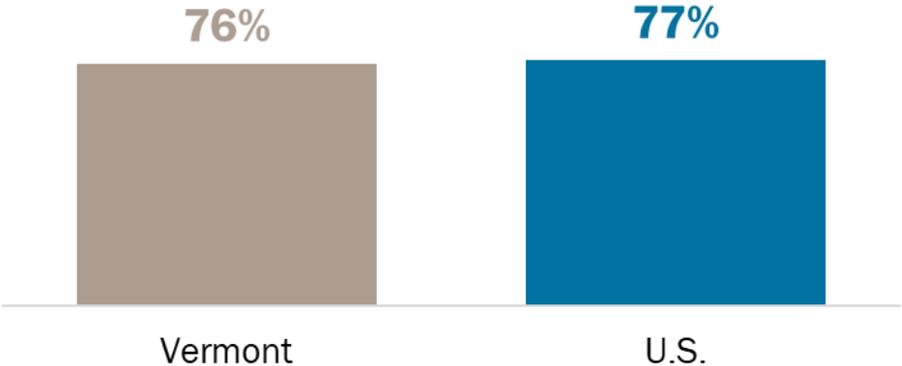
^Please note: Questions related to cancer screening behavior are asked in even year in the BRFSS survey. The last year of available data for breast cancer screening data at the time of publication from 2022 was collected prior to the current USPSTF breast cancer screening recommendations published in 2024, which lowered the recommended age for receiving a mammogram from 50 to 40 years old. Because of this, this section still displays data based the previous recommendations.

1. [USPSTF Breast Cancer Screening Recommendations](#)

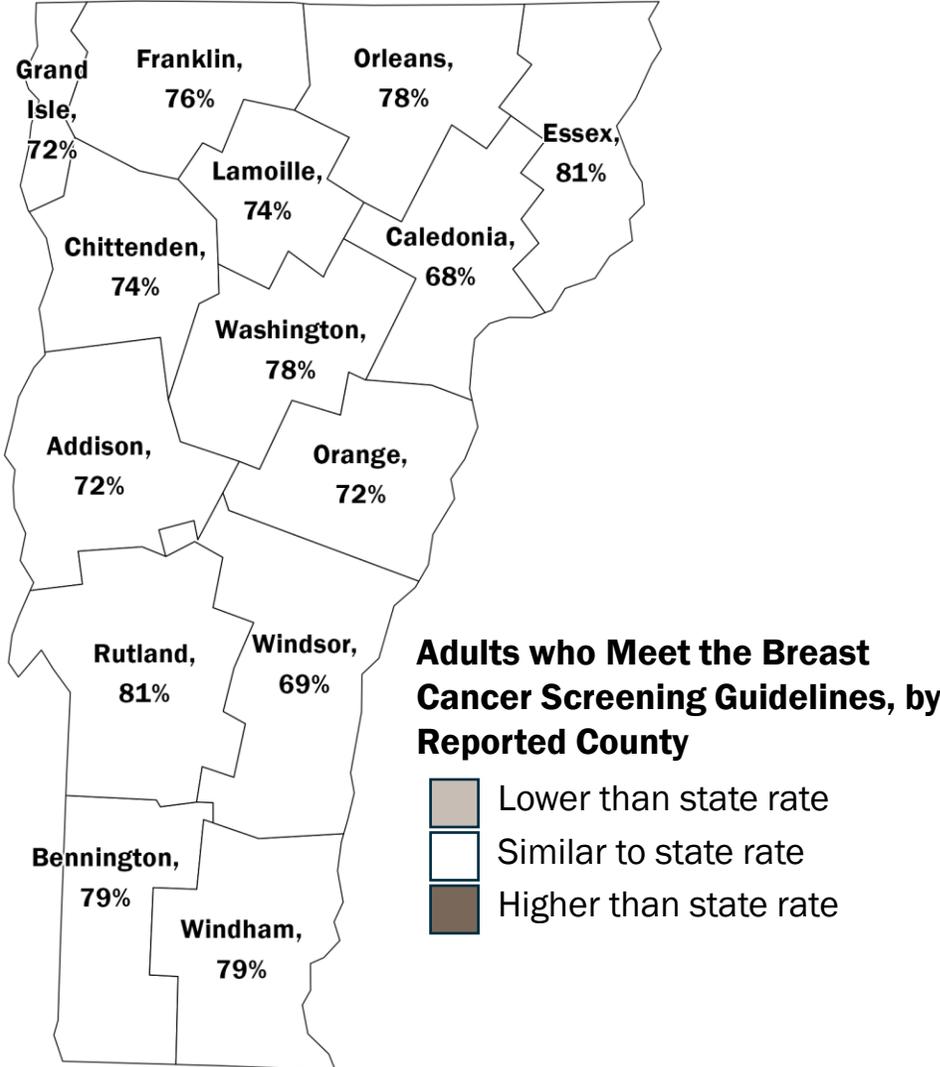
Breast Cancer Screening (USPSTF 2016 Recommendations)

Roughly three quarters of Vermont adults, or 75,000 people, meet the breast cancer screening recommendations. All counties report a similar rate of adults meeting these recommendations.

Vermont adults meet the breast cancer screening recommendations at a similar rates as the overall U.S. population.



Source: VT BRFSS, 2022
Vermont Department of Health



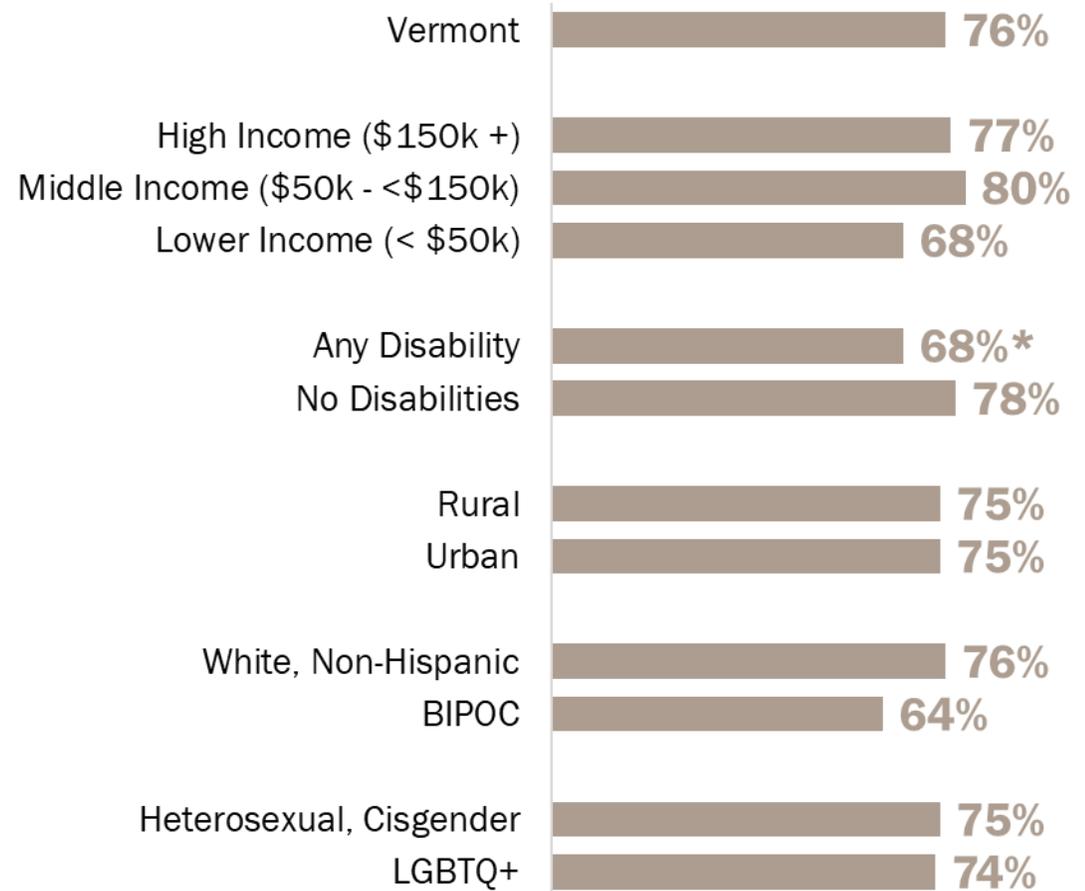
Source: VT BRFSS, 2020, 2022

Breast Cancer Screening (USPSTF 2016 Recommendations)

Prevalence of Eligible Adults Who Meet Breast Cancer Screening Recommendations

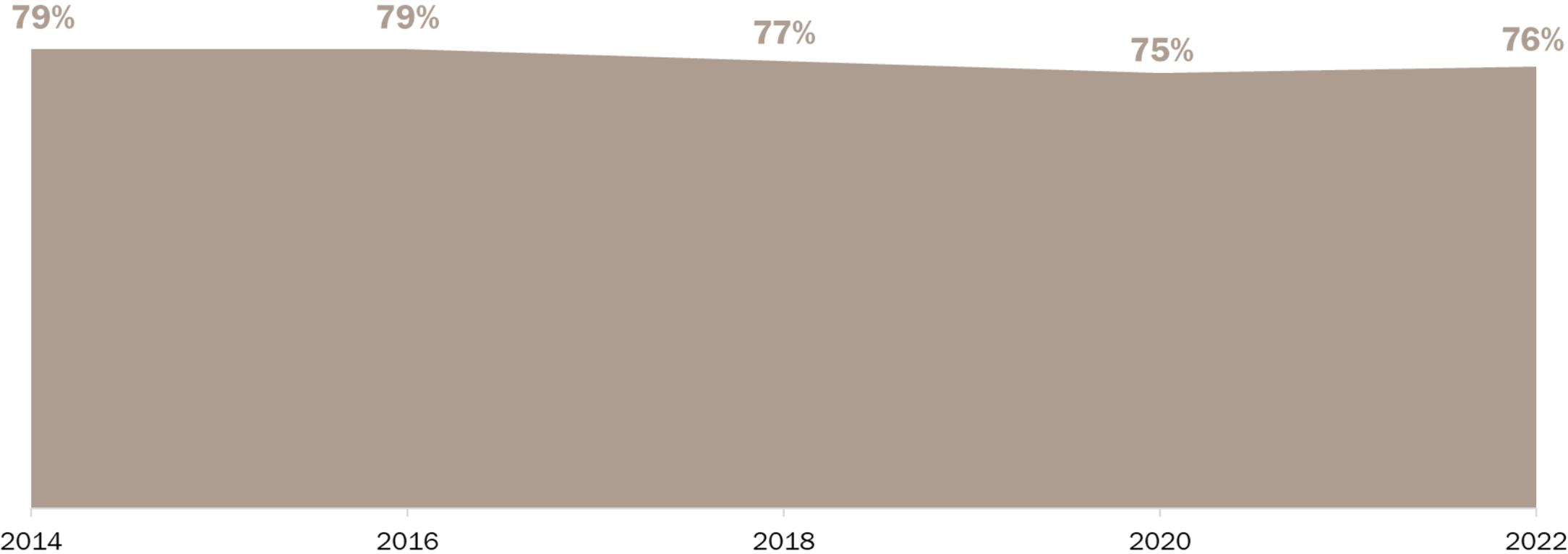
While three quarters of Vermonters eligible for breast cancer screening meet the current recommendations, certain populations are less likely to receive this care, including:

- Vermonters who report having any disability.



Breast Cancer Screening Trends (USPSTF 2016 Recommendations)

The percent of female Vermonters, aged 50-74, screened for breast cancer declined from 2016 to 2020, but the rate is similar to the 2014 rate.



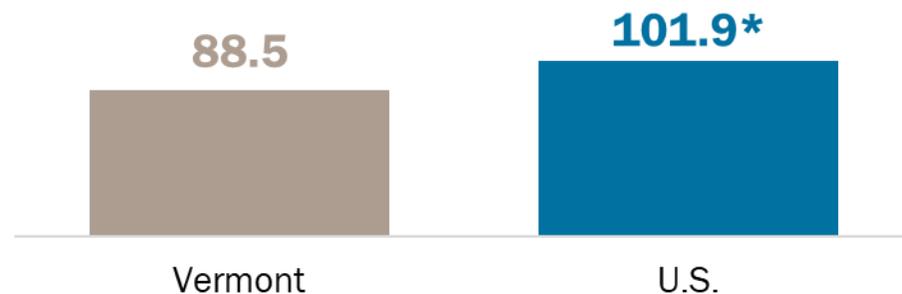
Source: VT BRFSS, 2018-2022
Vermont Department of Health

Advanced Stage Diagnosis: Breast Cancer, Ages 50+ (USPSTF 2016 Recommendations)

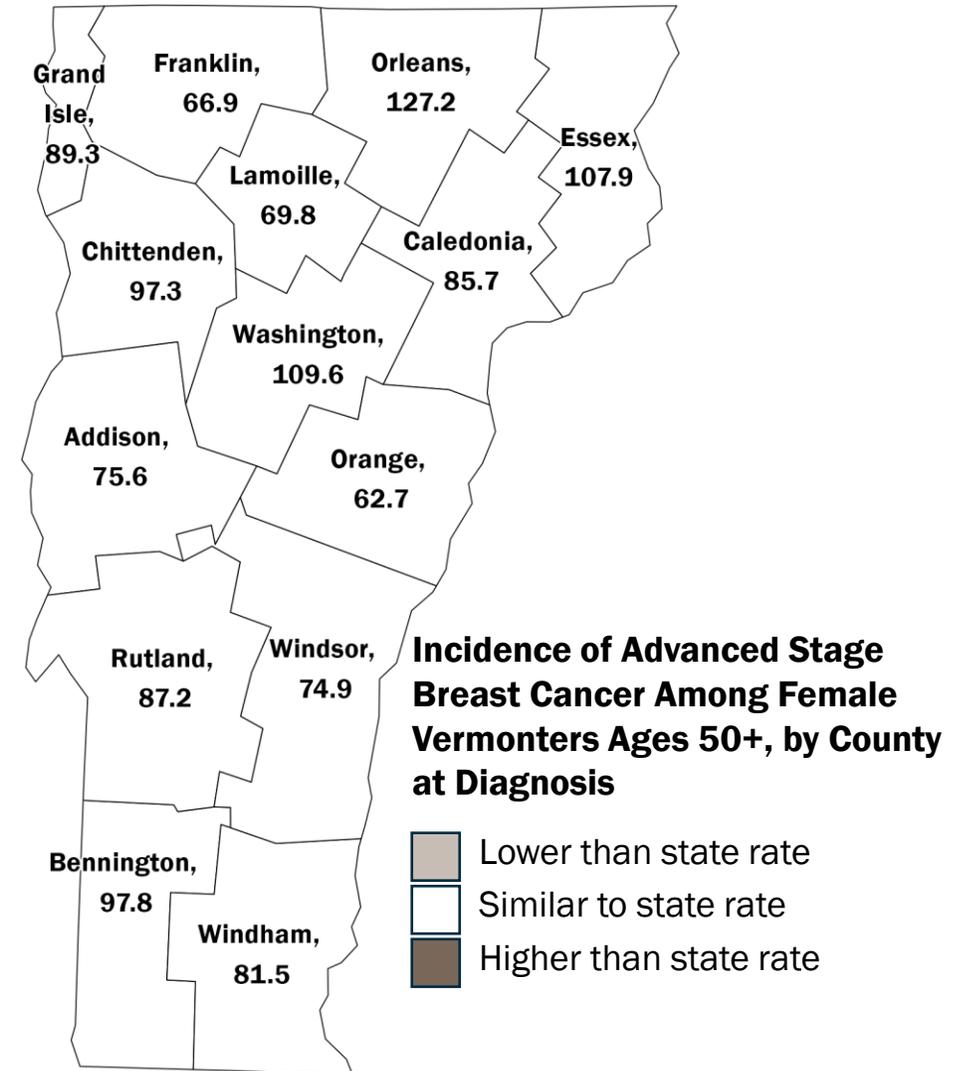
Each year, roughly 125 female Vermonters, ages 50+, are diagnosed with breast cancer at an advanced stage. All counties have **similar** rates of advanced stage breast cancers among this demographic as the state.

For every 100,000 women ages 50+, 88.5 new cases of advanced stage breast cancer were diagnosed in Vermont, a rate **lower** than the rate found in the general U.S. population.

Rate per 100,000 female population



Source: VCR, 2018-2022
All rates are age-adjusted to the 2000 U.S. standard population
Vermont Department of Health



Colorectal Cancer Screening¹

Who should consider screening?

The United States Preventive Services Taskforce (USPSTF) recommends screening all adults ages 45 to 75 for colorectal cancer and selective screening among adults ages 76-85.

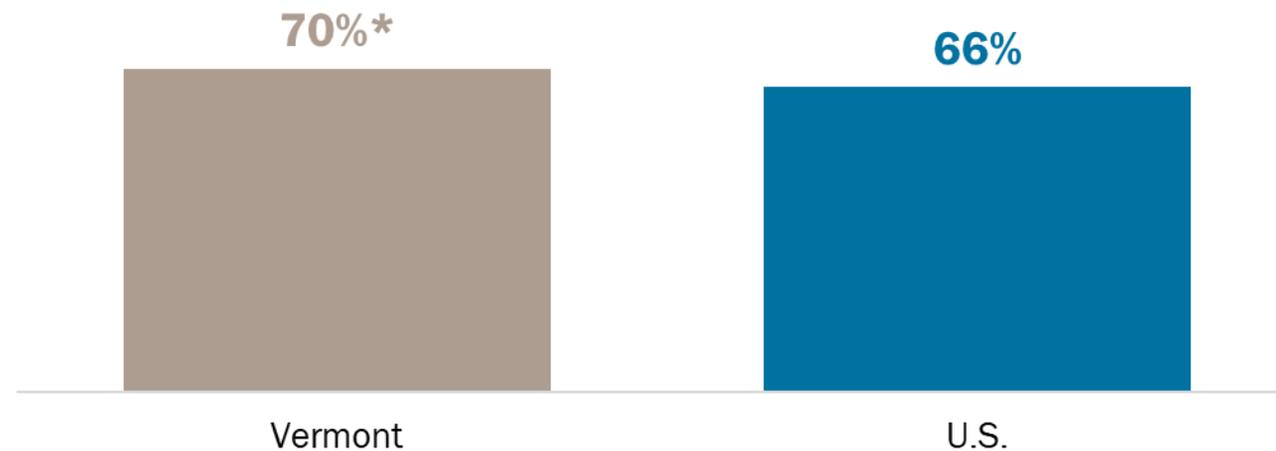
Recommended screening strategies include:

- High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year
- Stool DNA-FIT every 1-3 years
- CT colonography every 5 years
- Flexible sigmoidoscopy every 5 years
- Flexible sigmoidoscopy every 10 + annual FIT
- Colonoscopy screening every 10 years

1. [USPSTF Colorectal Cancer Screening Recommendations](#)

Colorectal Cancer Screening

Vermonters meet colorectal cancer screening recommendations at a **higher rate** than the U.S. population.



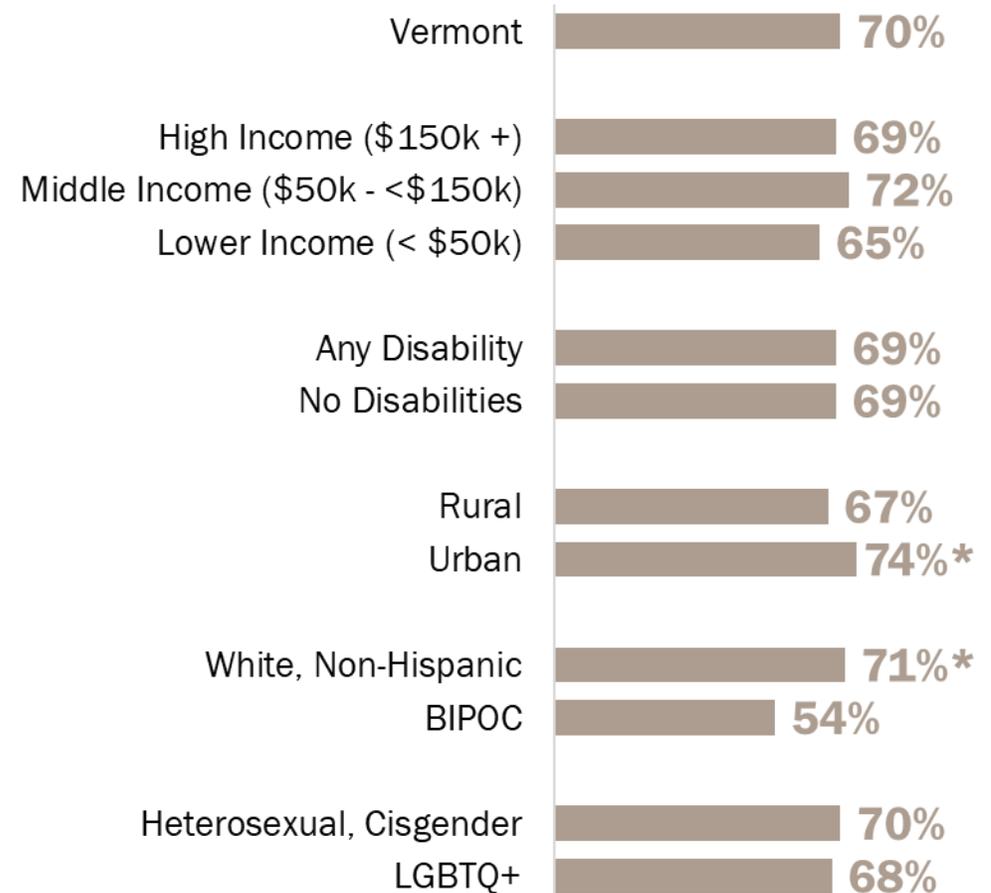
2022 is the first-year data were collected for this measure among adults ages 45-75, so county-level data are not available.

Colorectal Cancer Screening

While seven-in-ten Vermonters (70%) who are eligible for CRC screening meet the current recommendations, certain populations are less likely to receive this care, including:

- Adults living in rural areas
- BIPOC adults

Prevalence of Eligible Adults Who Meet the Colorectal Cancer Screening Recommendations



Colorectal Cancer Screening

Most Vermonters who meet the colorectal cancer screening recommendations received a colonoscopy within the past ten years.



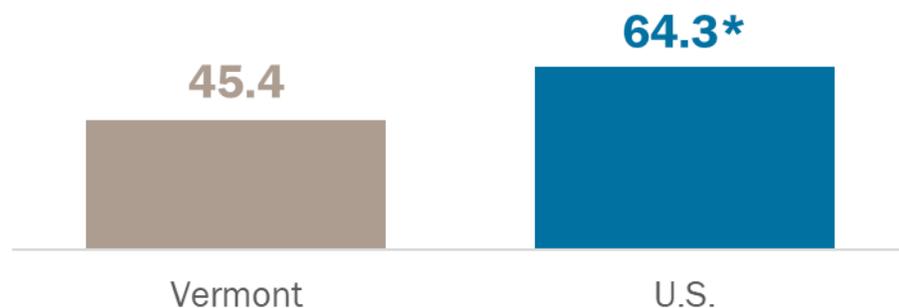
Source: VT BRFSS, 2022
Vermont Department of Health

Advanced Stage Diagnosis: Colorectal Cancer (Ages 45+)

Each year, roughly 145 Vermonters ages 45+ are diagnosed with colorectal cancer at an advanced stage. All counties have **similar** rates of advanced stage colorectal cancers among this demographic as the state.

For every 100,000 people, 45.4 new cases of advanced stage CRC cases were diagnosed in Vermont, a rate **lower** than the rate found in the general U.S. population.

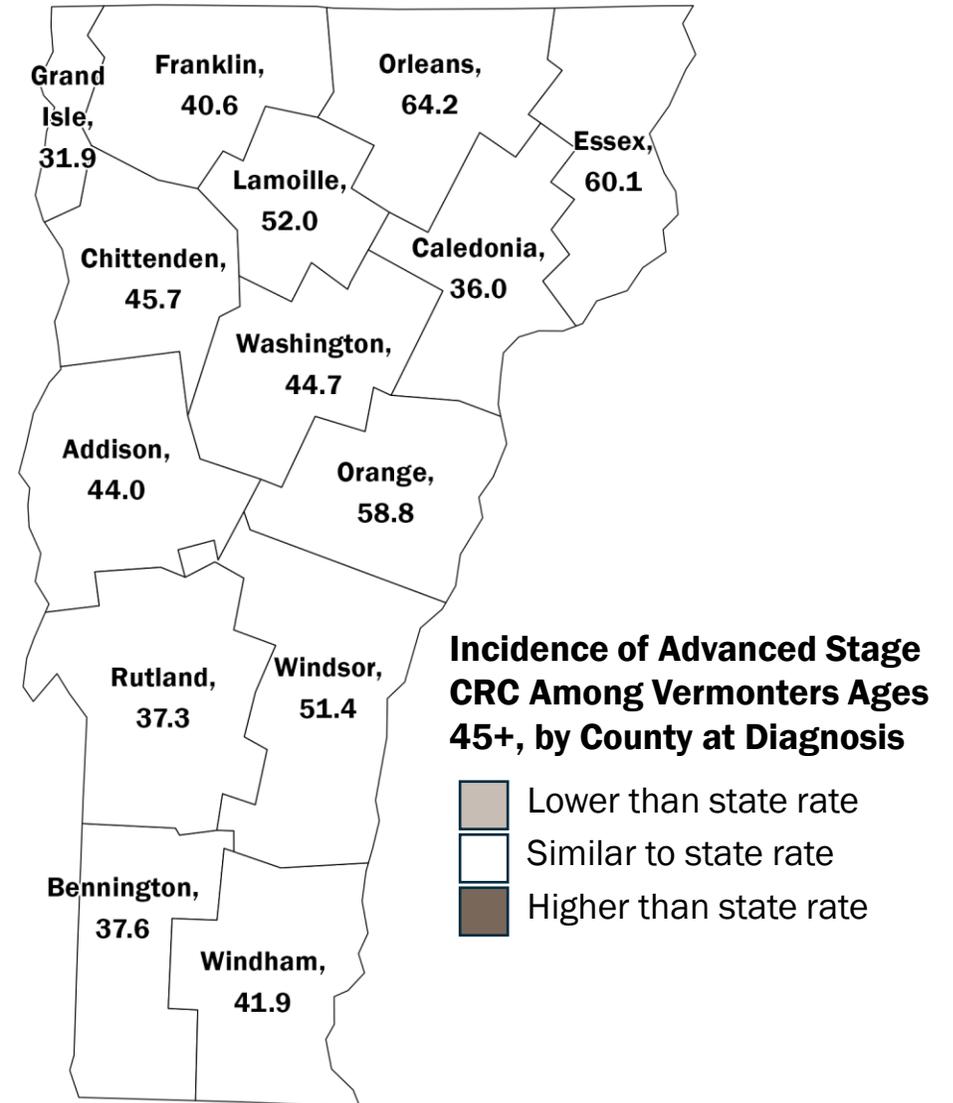
Rate per 100,000 population



Source: VCR, 2018-2022

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

Vermont Department of Health



Lung Cancer Screening¹

Who should consider screening?

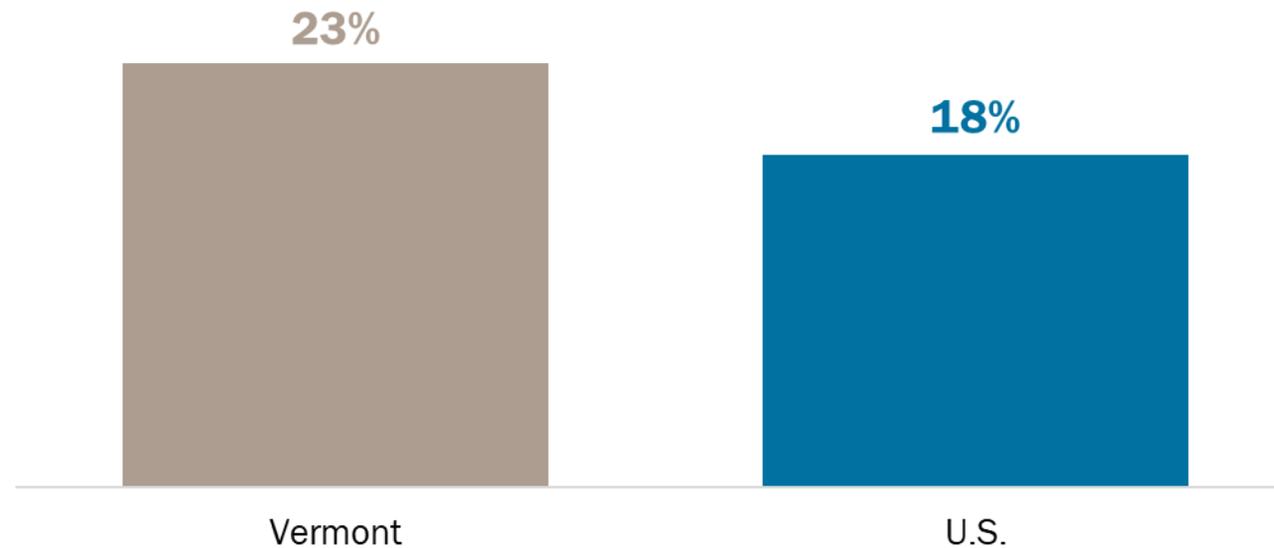
The United States Preventive Services Taskforce (USPSTF) recommends adults ages 50 to 80 who have a 20 pack-year smoking history and currently smoke or who have quit within the past 15 years receive annual low-dose CT scans to screen for lung cancer.

It is recommended that screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability to have curative lung surgery.

1. [USPSTF Lung Cancer Screening Recommendations](#)

Lung Cancer Screening

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

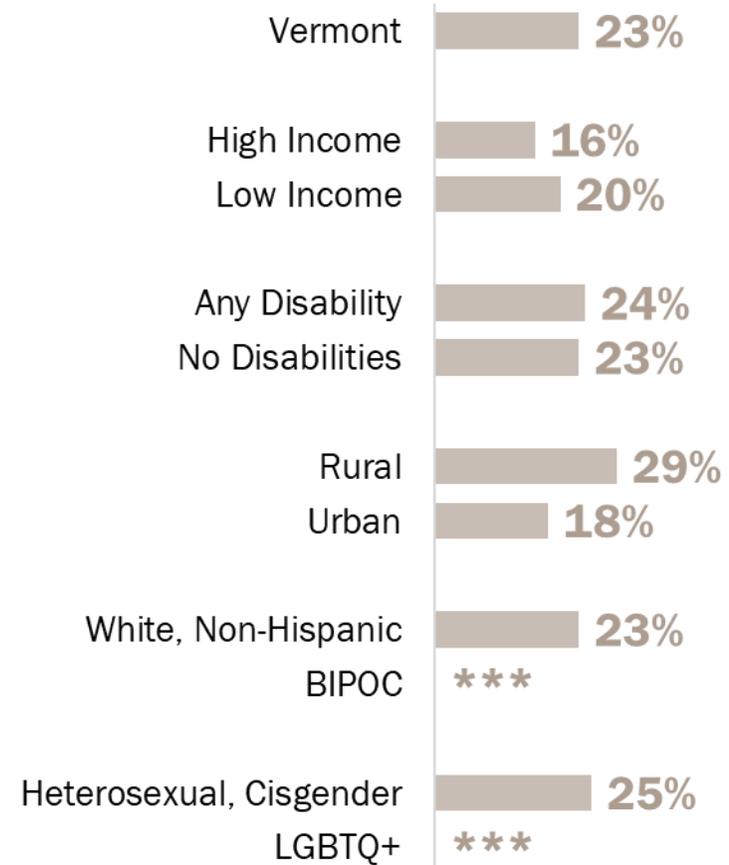


2022 was the first-year data were collected for this measure based on the 2021 USPSTF recommendations, so county-level data are not yet available.

Lung Cancer Screening

Differences between groups meeting lung cancer screening recommendations are not statistically significant.

Prevalence of Eligible Adults Who Meet the Lung Cancer Screening Recommendations



Source: VT BRFSS, 2022

***: Value suppressed because sample size too small or relative standard error is > 30.

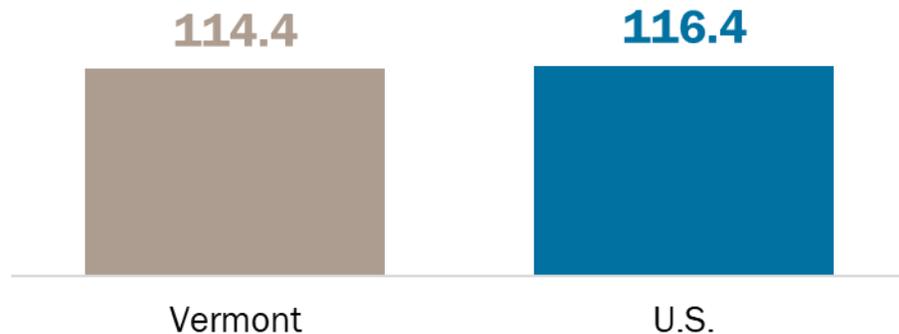
Vermont Department of Health

Advanced Stage Diagnosis: Lung Cancer (Ages 50+)

Each year, roughly 320 Vermonters, ages 50+, are diagnosed with lung cancer at an advanced stage. **Rutland County** has a **higher rate** of advanced stage lung cancers among this demographic than the state.

For every 100,000 people, 114.4 new cases of advanced stage lung cancer cases were diagnosed among Vermonters over the age of 50, a rate **similar** to the rate found in the general U.S. population.

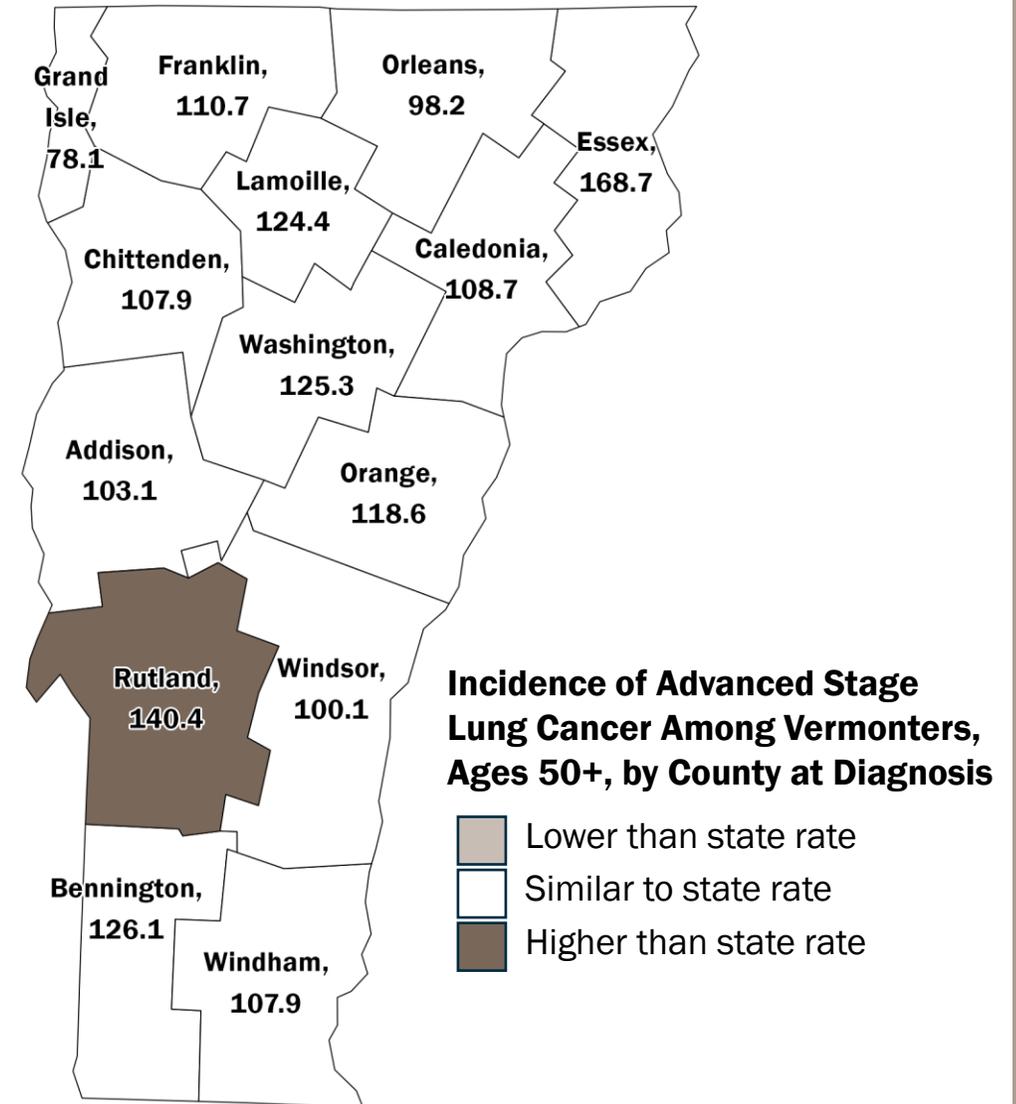
Rate per 100,000 population



Source: VCR, 2018-2022

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

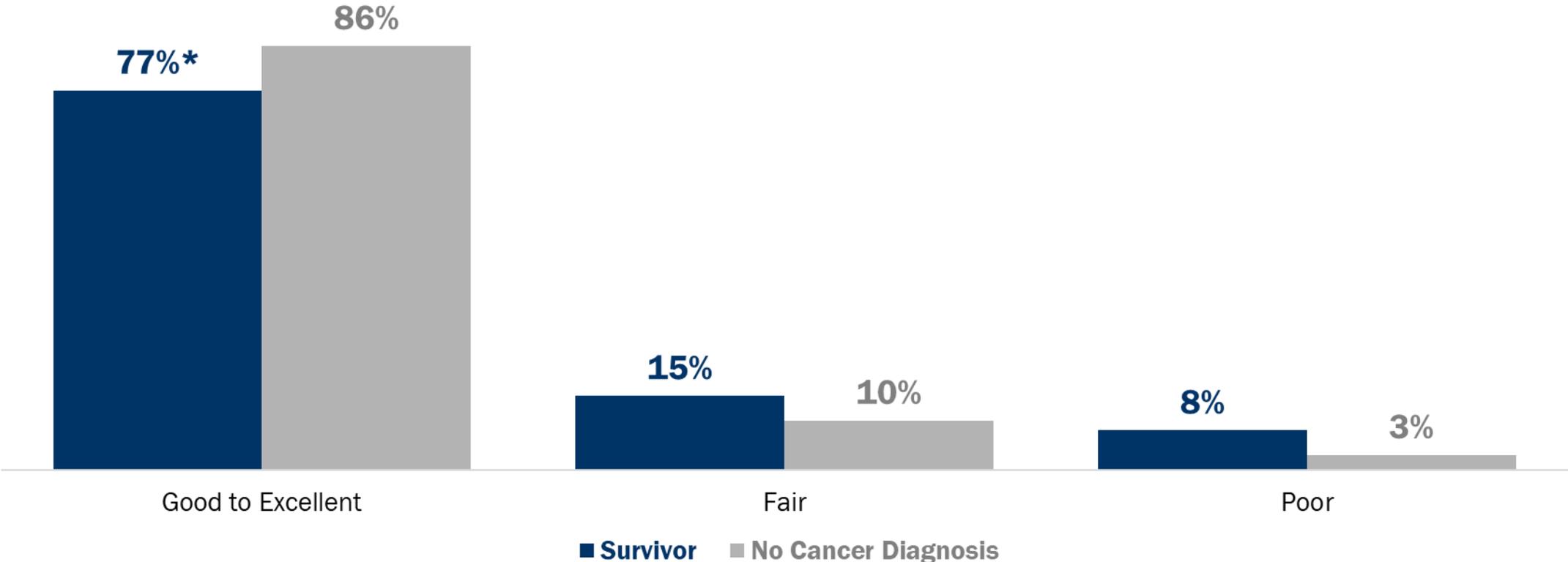
Vermont Department of Health



Cancer Survivorship

General Health

Cancer survivors report good to excellent health less often than those without a cancer diagnosis, while reporting poor and fair health more often.



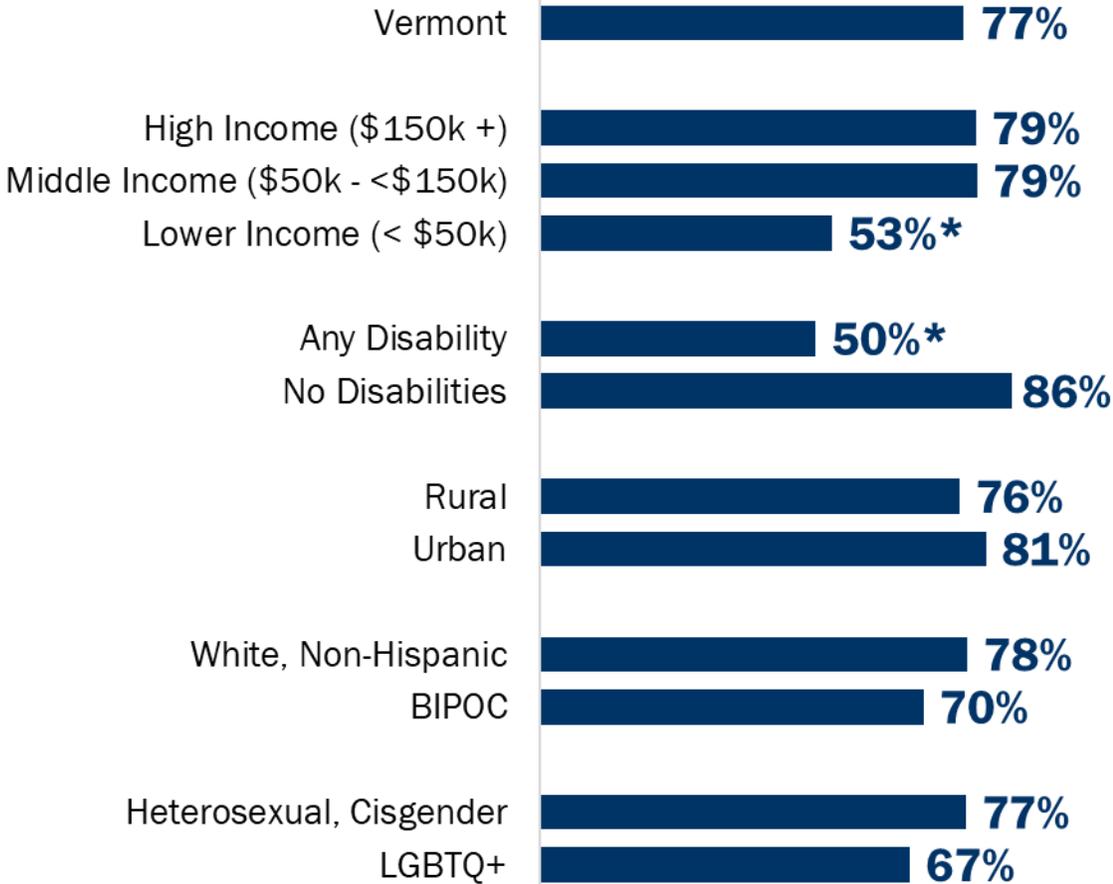
Source: VT BRFSS, 2023
Vermont Department of Health

General Health

Among cancer survivors, certain populations who have been received a cancer diagnosis are **less likely** to report good to excellent general health, including:

- Adults in lower income households when compared to medium and high-income households
- Adults with any disability

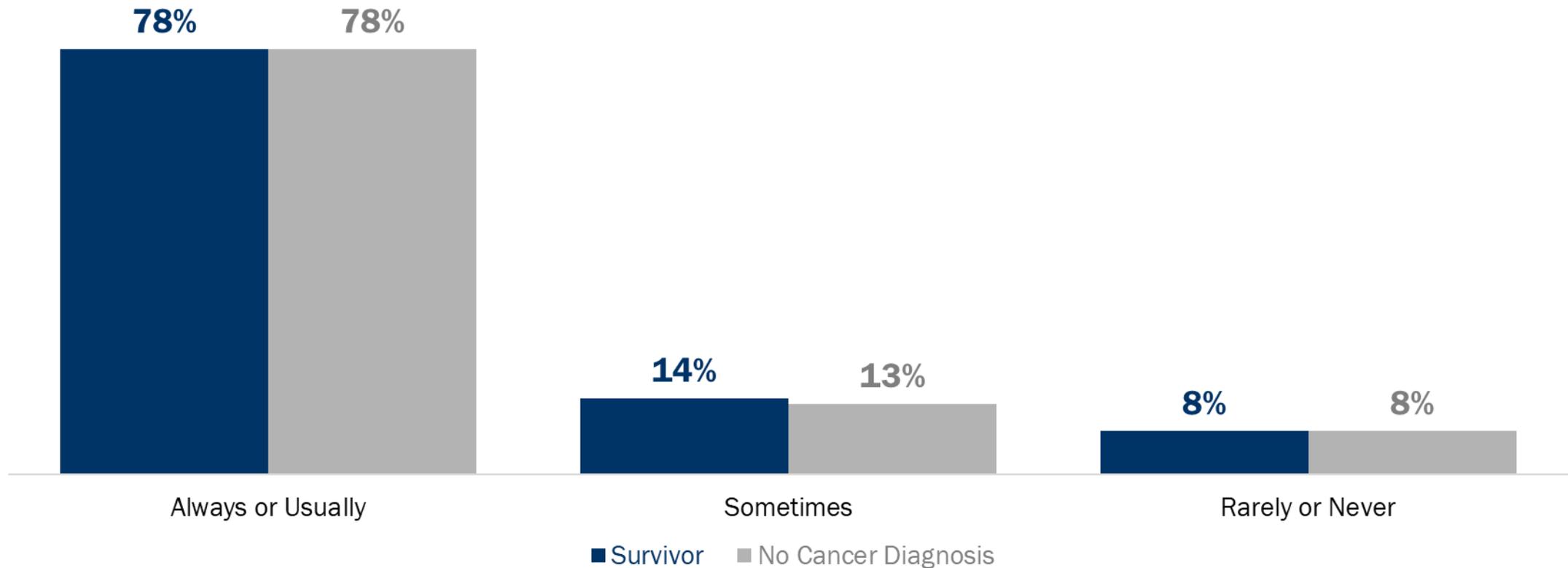
Prevalence of Cancer Survivors who Report Good or Excellent Health



Source: VT BRFSS, 2023
Vermont Department of Health

Emotional and Social Support

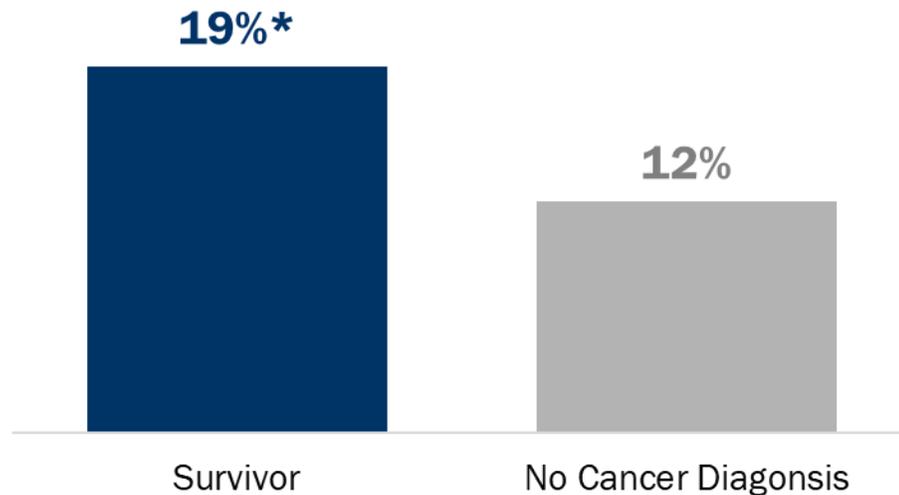
Cancer survivors receive emotional and social support at a similar rate as those who have never received a cancer diagnosis.



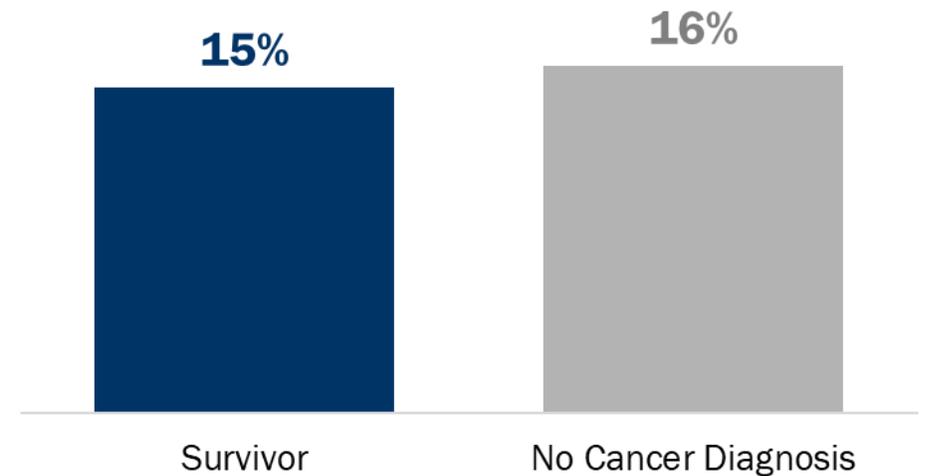
Poor Physical and Mental Health



Cancer survivors are more likely to report poor physical health for more than 13 days a month than those never diagnosed with cancer.



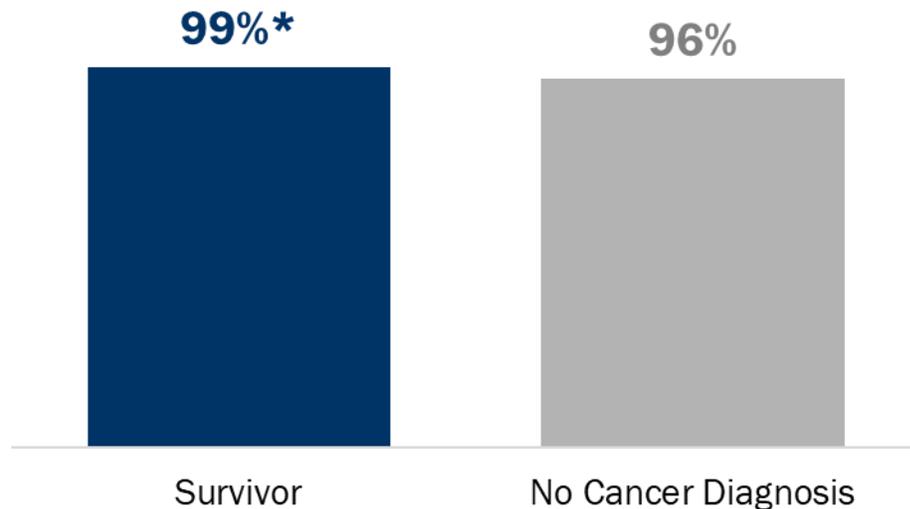
Cancer survivors and those never diagnosed with cancer report poor mental health for more than 13 days a month at a similar rate.



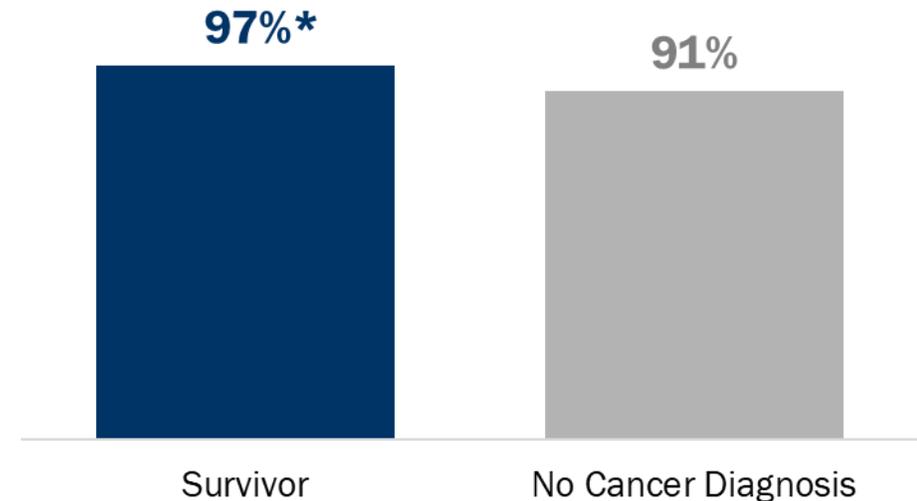
Access to Healthcare

Cancer survivors are more likely to access health systems than those never diagnosed with cancer.

Cancer survivors are more likely to have health coverage than those never diagnosed with cancer.



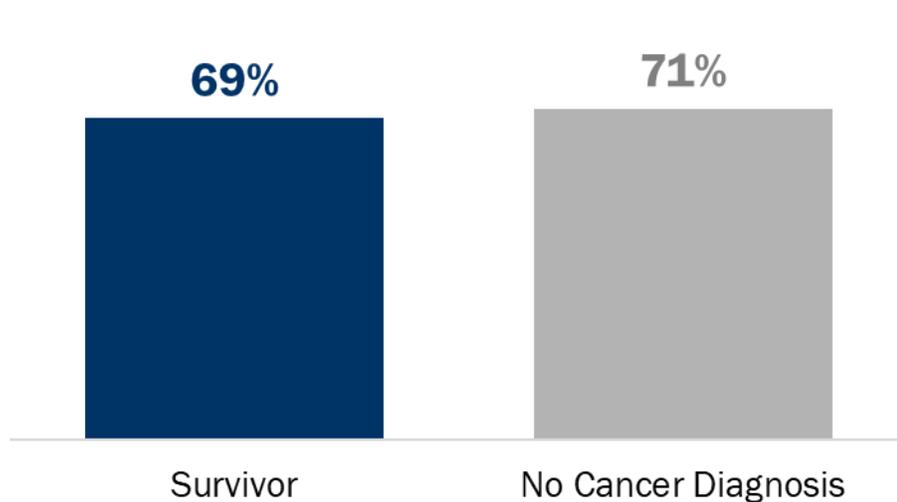
Cancer survivors are more likely to have a primary care provider than those never diagnosed with cancer.



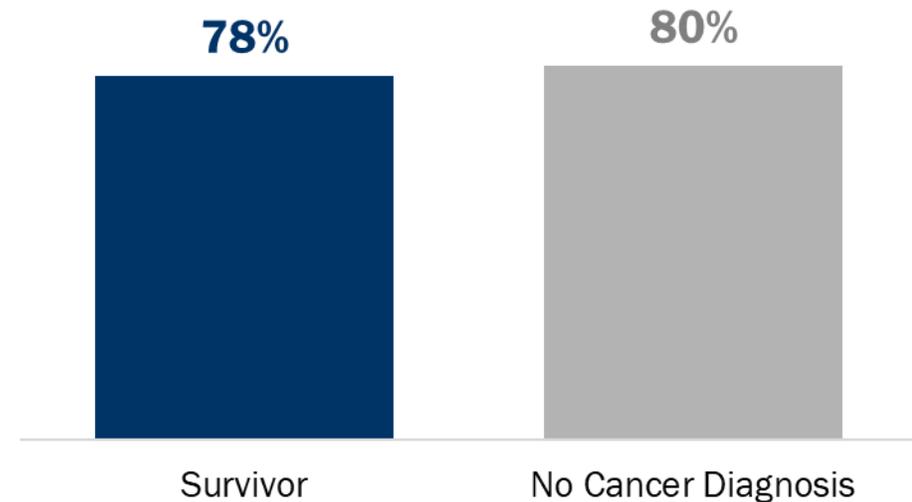
Prevention



Cancer survivors sleep seven or more hours a night at a similar rate as those never diagnosed with cancer.



Cancer survivors participate in leisure-time physical activity at a similar rate as those never diagnosed with cancer.



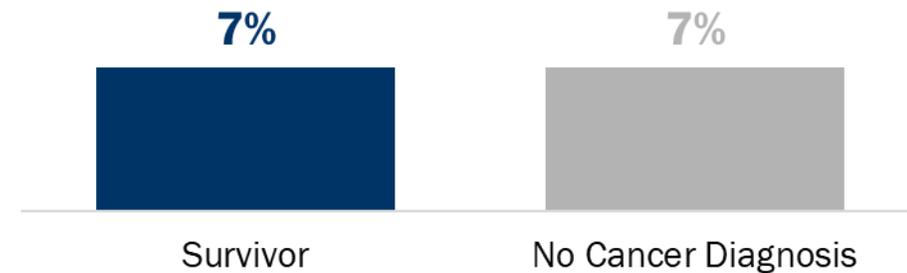
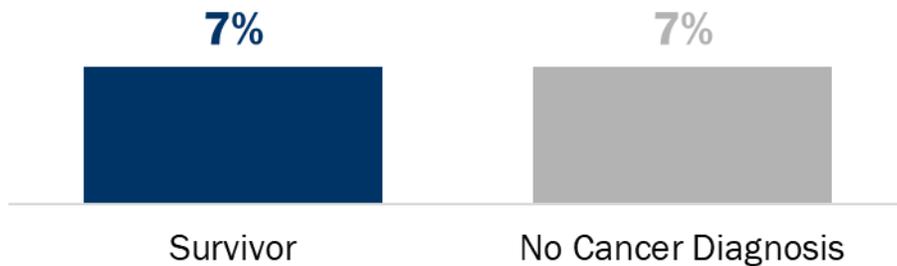
Social Determinants of Health



Cancer survivors and those with no cancer diagnosis report not having enough food in the past month at the same rate.

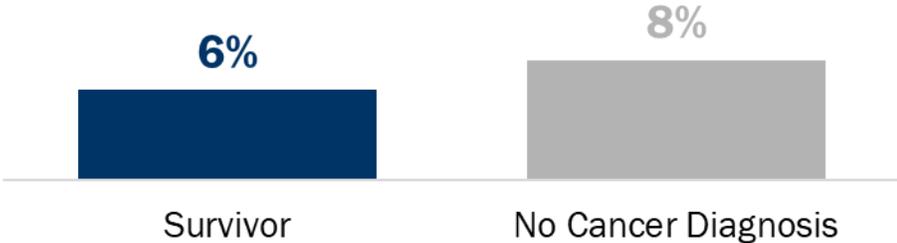


Cancer survivors and those with no cancer diagnosis report housing insecurity in the past month at the same rate.

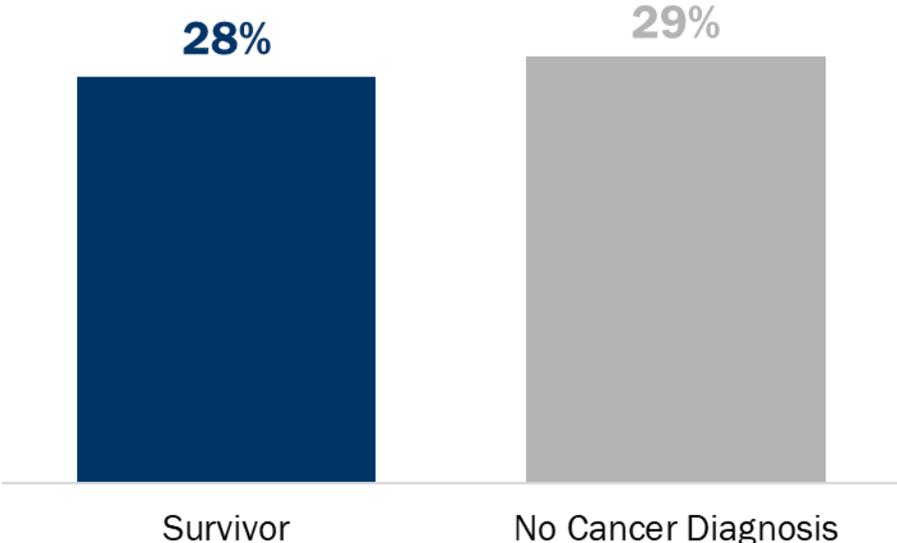


Risk Factors: Drinking and Obesity

Cancer survivors and those with no cancer diagnosis drink heavily at similar rates.



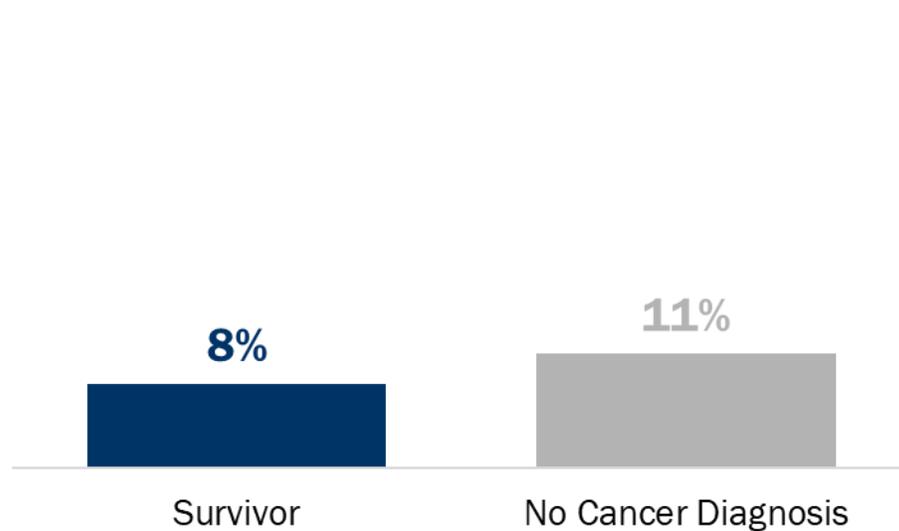
Cancer survivors and those with no cancer diagnosis have BMI-defined obesity at a similar rate.



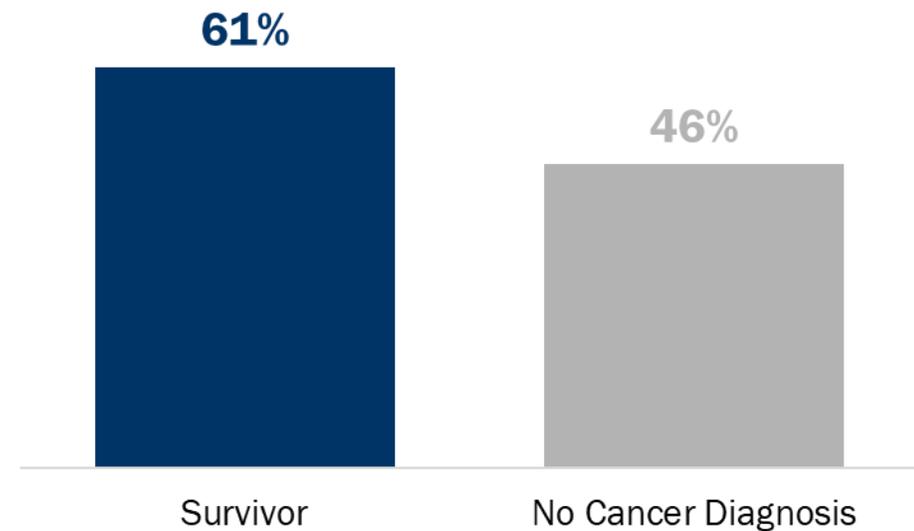
Source: VT BRFSS, 2023
Vermont Department of Health

Risk Factors: Tobacco-Use

Cancer survivors and those with no cancer diagnosis smoke cigarettes at a similar rate.



Cancer survivors and those with no cancer diagnosis who smoke cigarettes have attempted to quit smoking at a similar rate.



Data Sources

Data Sources

- **Vermont Cancer Registry:** The Vermont Cancer Registry (VCR) is Vermont's statewide population-based cancer surveillance system. The registry collects information about all cancers (except non-melanoma skin cancers and carcinoma in situ of the cervix) and all benign brain tumors diagnosed in Vermont. All statistics exclude in situ carcinomas except urinary bladder, unless indicated otherwise. Vermont cases include Vermont residents only.
- **Vermont Vital Statistics System:** The Vermont Department of Health vital statistics system tracks the following vital events that occur in Vermont: births, deaths, marriages, divorces and dissolutions, fetal deaths, and abortions. The Department of Health also receives abstracts for Vermont resident births and deaths that occur in other states which allows the Department to do statistical analyses of vital events involving Vermont residents, including those events which occurred outside of the state. The Vermont and the U.S. mortality rates are based on the Vermont Vital Statistics System, Vermont Department of Health (1994-2022) and the SEER Program Mortality - Aggregated Total U.S. (1990- 2022). Mortality data were coded using the International Classification of Disease Tenth Revision (ICD-10) coding system. Vermont deaths include Vermont residents only.
- **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.
- **NPCR and SEER Incidence 1999-2022 Database (NPCR & SEER):** The U.S. incidence rates are based on the National Program of Cancer Registries (NPCR) and the Surveillance, Epidemiology, and End Results (SEER) Program Incidence State Restricted Access Data File (1999-2022).