

Vermont Cancer Data Pages

Chapter 5: Cancer Mortality

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Introduction: Cancer Mortality

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

Cancer mortality is the number of deaths from cancer occurring in a population during a year. Each year, more than 1,350 Vermonters die of cancer (Vermont Vital Statistics 2015-2019).

Five types of cancer make up the majority of new cancer diagnoses or cancer-related deaths. The sites in the body where these cancers occur are different for males and females. More commonly diagnosed cancers, such as melanoma, are not leading causes of cancer deaths because the chances of survival are higher. In contrast, certain cancers, such as pancreatic cancer, are less commonly diagnosed but much more likely to cause death.

Note: Throughout this report, data comparisons presented as "higher," "lower," "larger," "smaller," "better," "worse," or as "significantly different" are **all considered statistically significant differences**. Statistical significance is assessed by comparing the confidence intervals of different groups.

Vermont Health Equity Priority Populations

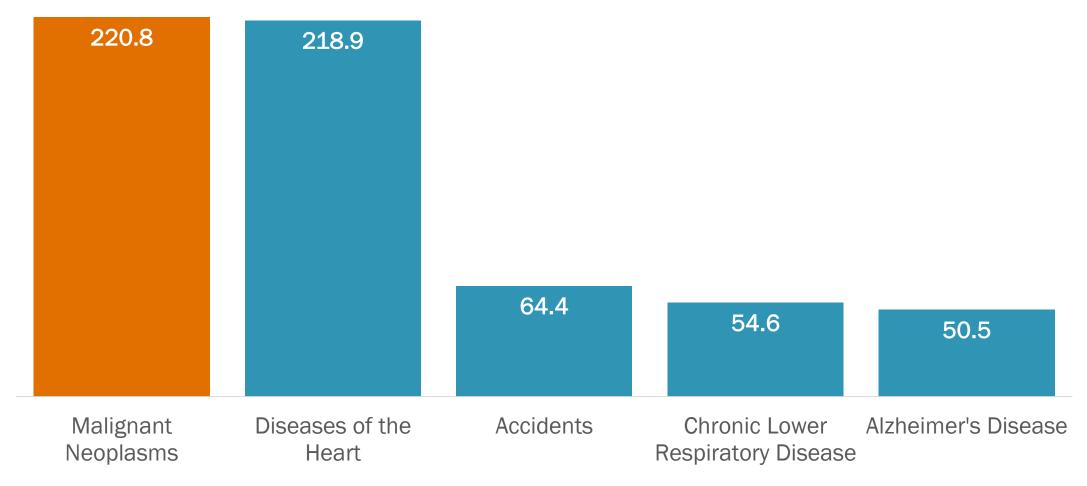
The Vermont Department of Health (VDH) recognizes that some individuals are more likely to be affected by cancer than others due to social, environmental and economic disadvantages.

In developing the <u>2025 Vermont Cancer Plan</u>, **four populations of focus** were chosen to track to assess disparities in health behaviors and outcomes. The four populations of focus are defined in the following ways, based on VDH's main data sources:

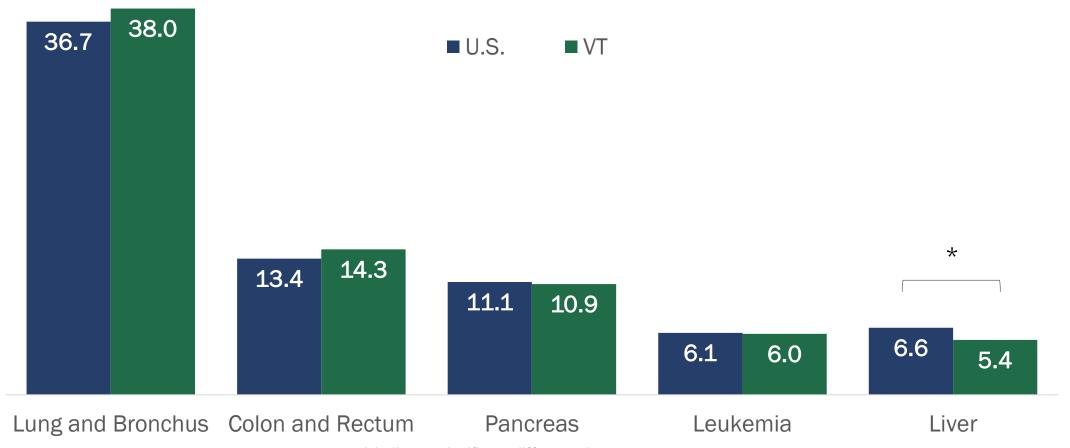
- Black, Indigenous and people of color (BIPOC): Individuals who self-identified that they were of Hispanic, Latino/a, or Spanish origin, and/or responded that their race is one or more of the following: Black or African American, American Indian and/or Alaska Native, Asian, Pacific Islander.
- Lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters: Data sources only ask respondents to self-identify if they are lesbian, gay, bisexual and/or transgender. To best represent the available data therefore, we use LGBT when discussing findings from these data sources, while also acknowledging that these data do not fully represent the LGBTQ+ community.
- **Vermonters living with disabilities:** Individuals who self-identified as having <u>one or more</u> of the following conditions: sight impairment, being deaf or having serious difficulty hearing, difficulty walking, difficulty making decisions, difficulty doing errands alone, difficulty getting dressed alone.
- Low-income Vermonters: Individuals who have a household income that is 250% or less of the federal poverty level.

The data sources utilized in this chapter do not yet collect enough demographic information to allow a subpopulation analysis of these four populations. See chapters 1, 3 and 4 for data highlighting these groups.

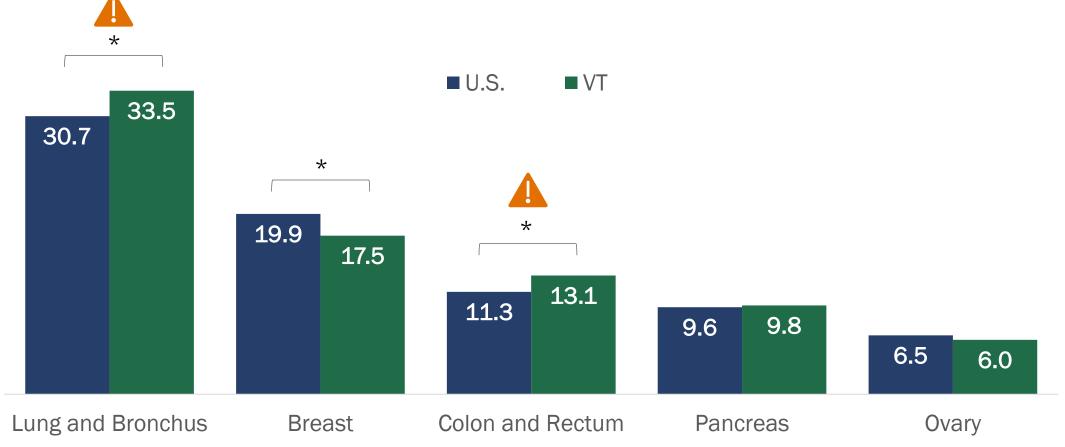
Cancer is a leading cause of death in Vermont. Rates per 100,000 persons



Vermont males and females have a <u>lower</u> liver cancer mortality rate than the **U.S. population**. **Rates per 100,000 persons**

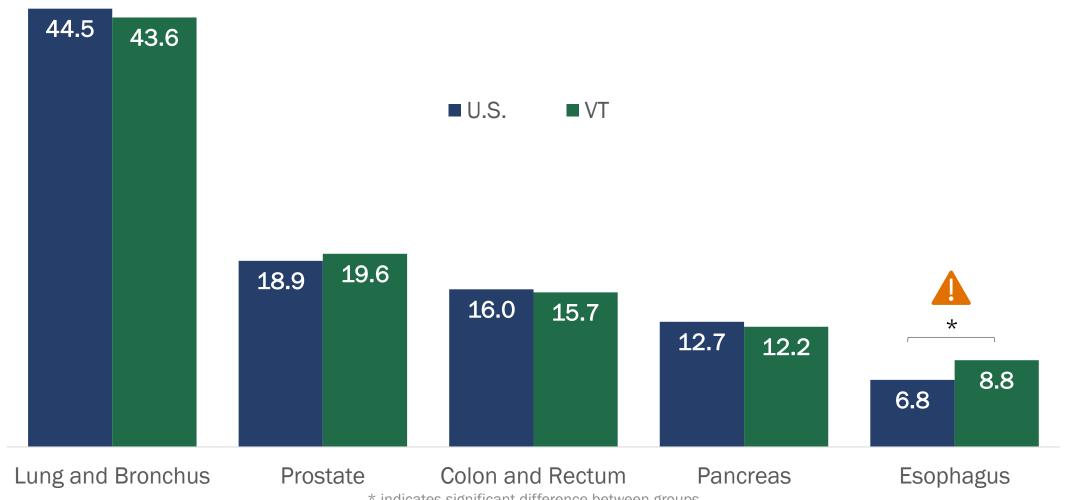


Vermont females have a <u>higher</u> mortality rate of lung and bronchus and colon and rectum cancers than **U.S. females**. **Vermont females have a <u>lower</u> mortality rate of breast cancer. Rates per 100,000 persons**



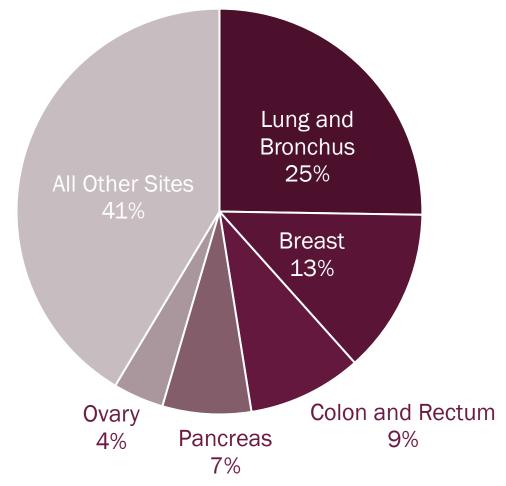
Vermont males have a <u>higher</u> mortality rate of esophagus cancer than **U.S. males**.

Rates per 100,000 persons



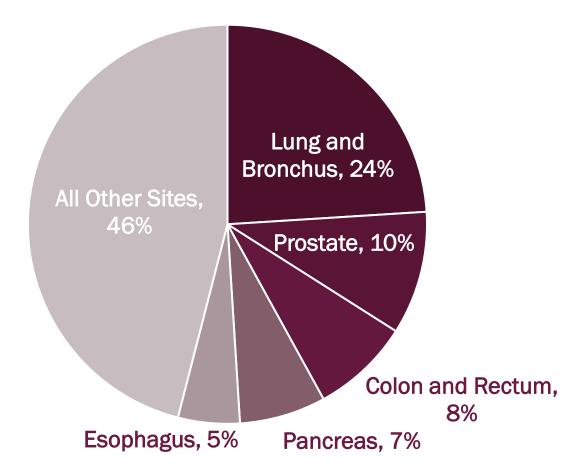
Lung cancer is the leading cause of cancer death for Vermont females.

Breast cancer is the second leading cause of cancer death for Vermont females.



Lung cancer is the leading cause of cancer death for Vermont males.

Prostate cancer is the second leading cause of cancer death for Vermont males.



Data Sources and Notes

Vermont Cancer Registry (VCR): 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.

NPCR and SEER Incidence 1999-2019 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 (1999-2014).

Vermont Vital Statistics: 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 (1994-2019) and the SEER Program Mortality - Aggregated Total U.S. (1990- 2019). Mortality data were coded using the International Classification of Disease Tenth Revision (ICD-10) coding system. Vermont deaths include Vermont residents only.

Age Adjustment: Many measures throughout this document are age adjusted. Age adjustment eliminates variation that results from differences in a population's age distributions.

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Learn more about cancer in Vermont:

Vermont Cancer Program:

www.healthvermont.gov/wellness/cancer

Vermont Cancer Surveillance:

www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/cancer

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