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.

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.

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

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

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

\[
= 0.000211 \times 100,000\text{ people}
\]

\[
= 21.1 \text{ cases of pertussis per 100,000 people} – \text{Gives more context.}
\]
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.

![Figure 6-1](image-url) The epidemiologist’s bathtub
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
- 93.3% White Non-Hispanic
- Cancer Incidence
  - 461.2 per 100,000
  - ~3,600 cases per year
  - Statistically higher than U.S.
- Cancer Mortality
  - 166.1 per 100,000
  - ~1,300 deaths per year
  - Leading cause of death in Vermont
- Vermont Adults Living with Cancer
  - 8% or about 40,000

Data Sources:
- Annual Estimates of Resident Population, U.S. Census Bureau, June 2017
- Vermont Cancer Registry 2010-2014
- Vermont Vital Statistics 2010-2014
- Vermont BRFSS 2016
Chronic Disease Prevalence

Chronic Disease Prevalence, Adult (18+) Males and Females, 2016

* Excluding skin cancers.
Data Source: Behavioral Risk Factor Surveillance System, 2016
3 > 4 > 50
3 BEHAVIORS
Lack of physical activity, poor diet, and tobacco use lead...

4 CHRONIC DISEASES
Cancer, heart disease and stroke, type 2 diabetes, and lung disease result in more than...

50% OF ALL DEATHS IN VERMONT

Vermonters are more likely to die from chronic diseases than all other causes of death combined.

3% INFECTIOUS DISEASES
8% ACCIDENTS OR INJURIES
12% OTHER CAUSES
77% ALL CHRONIC DISEASES

Source: Vermont Vital Statistics, 2015 (preliminary)

http://www.healthvermont.gov/3-4-50
3-4-50 Deaths Account for Majority of All Deaths

- Other Deaths: 43%
- 3-4-50 Deaths: 57%

26% of deaths from Cancer

3 Behaviors are Leading Causes of Cancer

- Tobacco Use: 30%
- Poor Diet/Obesity/Lack of Exercise: 30%
- Other: 40%

Data Sources: 2014 Vermont Vital Statistics (Provisional)
Leading Cancer Sites

Leading Cancer Sites, Vermont Males, All Ages, 2010-2014

- Prostate: 22%
- Lung and Bronchus: 15%
- All Other Sites: 40%
- Colon and Rectum: 8%
- Melanoma of the Skin: 8%
- Urinary Bladder: 8%

Leading Cancer Sites, Vermont Females, All Ages, 2010-2014

- Breast: 29%
- Lung and Bronchus: 14%
- All Other Sites: 35%
- Colon and Rectum: 8%
- Melanoma of the Skin: 6%
- Uterus: 8%

Note: Tobacco Associated Red - Obesity Associated Blue - Both Purple

Data Sources: Vermont Cancer Registry, 2010-2014
Leading Cancer Cause of Death

Leading Cancer Deaths, Vermont Males, All Ages, 2010-2014
- Lung and Bronchus 28%
- Prostate 10%
- Colon and Rectum 8%
- Leukemia 4%
- Pancreas 6%
- All Other Sites...

Leading Cancer Deaths, Vermont Females, All Ages, 2010-2014
- Lung and Bronchus 28%
- Breast 13%
- Colon and Rectum 9%
- Ovary 5%
- Pancreas 7%
- All Other Sites...

Note: Tobacco Associated Red - Obesity Associated Blue - Both Purple

Data Sources: Vermont Vital Statistics, 2010-2014
Cancer Stage at Diagnosis

Cancer Stage at Diagnosis
% of total cases of cancer, by type, according to stage at diagnosis, 2010-2014

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, 2010-2014.
Survival

- Five Year Age-Standardized Relative Survival Ratios (RSR) for Cancers Diagnosed 2007-2013, All Sites, All races.
  - VT Males and Females: 66.0 ▲ (U.S. 64.3)
  - VT Males: 65.4 ▲ (U.S. 64.1)
  - VT Females: 66.2 ▲ (U.S. 64.0)

Note: Five Year Age-Standardized Relative Survival Ratios (RSR) for Cancers Diagnosed 2007-2013 Complete Method, Follow-Up Through 2013 by Registry, All Races, All Sites.

# Cancer Screening Guide

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.

<table>
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<tr>
<th>Cancer Type</th>
<th>Age</th>
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| Breast      | 21–29 years | Ask your medical provider about your risk. 
|             | 30–39 years | Mammogram every 2 years (until age 74) 
|             | 40–49 years | 
|             | 50–65 years | 
|             | 66+ years | 
| Cervical    | Pap test every 3 years | Pap test every 3 years or Pap test with HPV test every 5 years 
| Colorectal  | Colonscopy every 10 years or Stool test every 1 to 3 years or Sigmoidoscopy every 5 years (or 10 years with annual stool test) or CT Colonography every 5 years (until age 75) | 
| Men & Women | 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. 

* 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](http://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:**
  - 533 Vermont cases per year.
  - VT: 130.2 per 100,000 (U.S. 123.5 per 100,000)
  - 54 Rutland County cases per year.
  - Rutland County: 123.4 per 100,000

- **Late Stage (regional and distant, age 50+):**
  - VT: 94.4 per 100,000 (U.S. 105.5 per 100,000)
  - Rutland County: 111.6 per 100,000

*Note:* Incidence rates exclude in situ carcinomas.

Breast Cancer Stage and Survival

Distribution of Breast Cancer (Vermont. 2009-2013) and 5-year Relative Survival (U.S., 2006-2012) by Stage

- All Stages: 100% (Vermont Stage), 90% (5-Year Survival)
- In Situ: 21% (Vermont Stage), 100% (5-Year Survival)
- Localized: 55% (Vermont Stage), 99% (5-Year Survival)
- Regional: 20% (Vermont Stage), 85% (5-Year Survival)
- Distant: 3% (Vermont Stage), 26% (5-Year Survival)

Breast Cancer Screening Trend

Meet Breast Cancer Screening Recommendations*
Vermont Women, Ages 50-74, 2002-2016

84% 84% 80% 84% 84% 83% 83% 82% 79% 79%


*All data on this page is age adjusted to the U.S. 2000 population, except that broken down by age.
[Note: This measure is a Healthy Vermonter 2020 goal.]

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.
Meet breast cancer screening recommendations, Vermont Women, age 50-74, 2016

- U.S.: 78%
- Vermont: 79%
- Low (<$25K): 71%
- Middle ($25K-$50K): 75%
- High ($50K-$75K): 80%
- Highest ($75K+): 88%

Prostate Cancer
Prostate Cancer Statistics

- **Incidence:**
  - 399 Vermont cases per year.
  - VT: 98.7 per 100,000 ▼ (U.S. 114.8 per 100,000)
  - 41 Rutland County cases per year.
  - Rutland County: 91.9 per 100,000 (▼ than U.S.)

- **Late Stage (regional and distant, age 50+):**
  - VT: 76.7 per 100,000 ▲ (U.S. 67.8 per 100,000)
  - Rutland County: 50.8 per 100,000.

Lung Cancer
Lung Cancer Statistics – Males

- **Incidence:**
  - 266 Vermont male cases per year.
  - VT: 72.0 per 100,000 (U.S. 72.6 per 100,000)
  - 30 Rutland County cases per year.
  - Rutland County: 73.7 per 100,000

- **Late Stage (regional and distant, age 55+):**
  - VT: 227.5 per 100,000 (U.S. 224.6 per 100,000)
  - Rutland County: 240.1 per 100,000

Lung Cancer Statistics - Females

- **Incidence:**
  - 257 Vermont female cases per year.
  - VT: 59.9 per 100,000 ▲ (U.S. 52.6 per 100,000)
  - 32 Rutland County cases per year.
  - Rutland County: 69.3 per 100,000 (▲ than U.S.)

- **Late Stage (regional and distant, age 55+):**
  - VT: 172.4 per 100,000 ▲ (U.S. 150.9 per 100,000)
  - Rutland County: 227.8 per 100,000 ▲

Colorectal Cancer
Colorectal Cancer Statistics – Males

- **Incidence:**
  - 144 Vermont male cases per year.
  - VT: 39.4 per 100,000 ▼ (U.S. 45.8 per 100,000)
  - 16 Rutland County cases per year.
  - Rutland County: 41.7 per 100,000

- **Late Stage (regional and distant, age 50+):**
  - VT: 65.9 per 100,000 ▼ (U.S. 77.7 per 100,000)
  - Rutland County: 80.6 per 100,000

Colorectal Cancer Statistics - Females

- **Incidence:**
  - 143 Vermont female cases per year.
  - VT: 33.1 per 100,000  (U.S. 34.8 per 100,000)
  - **17 Rutland County cases per year.**
  - Rutland County: 36.2 per 100,000

- **Late Stage (regional and distant, age 50+):**
  - VT: 59.9 per 100,000  (U.S. 57.9 per 100,000)
  - **Rutland County: 51.6 per 100,000**

Colorectal Screening Trend in Vermont

Meet Colorectal Cancer Screening Recommendations*
Vermont Adults, 50-75, 2008-2016

70%  72%  72%  71%  72%

*All data on this page is age adjusted to the U.S. 2000 population, except that broken down by age.
[Note: This measure is a Healthy Vermonter 2020 goal.]

Source: BRFSS, 2008-2016

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

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

Data Source: BRFSS, Statewide 2014, Counties 2012 and 2014
Melanoma
Melanoma Statistics – Trend

- Third most commonly diagnosed cancer among cancers that affect both sexes.
- Vermont males and females have significantly higher rates of melanoma (31.5 per 100,000) compared to the U.S. rates (20.7 per 100,000).
- The incidence of melanoma has increased significantly in both Vermont and the U.S.

Melanoma Statistics - Males

- **Incidence Rankings by State:** Vermont is #2.

- **Incidence:**
  - 143 Vermont male cases per year.
  - VT: 39.6 per 100,000 (U.S. 26.6 per 100,000)
  - 11 Rutland County cases per year.
  - Rutland County: 29.2 per 100,000

Melanoma Statistics – Females

- Incidence Rankings by State: Vermont is #5.

- Incidence:
  - 94 Vermont female cases per year.
  - VT: 25.2 per 100,000 ▲ (U.S. 16.4 per 100,000)
  - 7 Rutland County cases per year.
  - Rutland County: 15.9 per 100,000 ▼


Cancer Incidence in Rutland: Understanding the Risks, October 11, 2017
Cervical Cancer
Cervical Cancer Statistics

- **Incidence:**
  - 16 Vermont cases per year.
  - VT: 4.6 per 100,000 ▼ (U.S. 7.5 per 100,000)
  - 2 Rutland County cases per year.
  - Rutland County: 6.3 per 100,000

- **Late Stage (regional and distant, age 20+):**
  - VT: 1.8 per 100,000 ▼ (U.S. 5.1 per 100,000)
  - Rutland County: -- Not Available

Cervical Cancer Screening Trend

Meet PAP Test Screening Recommendations*
Vermont Women Ages 21 to 65, 2002-2016

*All data on this page is age adjusted to the U.S. 2000 population, except that broken down by age.
[Note: This measure is a Healthy Vermonters 2020 goal.
**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.

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

Estimated Percentage of Cancer Attributable by Risk Factor

Tobacco Associated Cancers
Tobacco Associated Diseases

- Tobacco use causes more than 480,000 U.S. deaths each year.
- Smoking (and secondhand smoking) can cause cancer almost anywhere in the body but also contributes to many other diseases including:
  - Heart Disease
  - Respiratory Illness
  - Stroke
  - Diabetes
  - Reproductive Health
  - Dental Health
  - Preterm birth, low birth weight, still birth, birth defects, SIDS

**DISEASES RELATED TO SMOKING**

**DISEASES**
- Stroke
- Diseases of the Eye: Blindness, Cataracts, Age-related macular degeneration
- Periodontitis
- Peripheral atherosclerosis
- Aortic aneurysm
- Coronary heart disease
- Diseases of the Lung: Pneumonia, Chronic obstructive pulmonary disease, Asthma
- Diabetes
- Reproductive Diseases: Eclampsia, Ectopic pregnancy, Tracheal and bronchial
- Hip fractures
- Rheumatoid arthritis
- Other Problems: Reduced immune function, Overall reduced health

**CANCERS**
- Oropharyngeal
- Esophageal
- Laryngeal
- Myeloid leukemia
- Tracheal and bronchial
- Lung
- Liver
- Stomach
- Kidney and ureteral
- Pancreatic
- Colorectal
- Cervical
- Bladder

Data Source: Centers for Disease Control and Prevention.
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.

- **Incidence:**
  - VT: 190.7 per 100,000
  - Rutland County: 206.8 per 100,000

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

*Data Source: VCR, 2010-2014*
Cancer Related Risk Factors – Smoking

- Eighteen percent of Vermonters reported being current smokers in 2016; this is similar to the national rate (17%) in 2016.

- In 2012 and 2014 Rutland County had similar smoking rates (21%) to the state as a whole.

**Current Smoking**
Vermont Adult Residents 2007-2016

*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.
[Note: This measure is a Healthy Vermonters 2020 goal.]

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

Data Source: BRFSS, VT: Statewide 2007-2016, County 2012 and 2014
Obesity Associated Cancers
Obesity is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide.

- Contributes to diabetes, heart disease, stroke, and cancer.
- Associated with an increased risk of at least 13 different types of cancer.
- *These cancers make up 40% of all cancers diagnosed.*

Data Source: Centers for Disease Control and Prevention. [https://www.cdc.gov/vitalsigns/obesity-cancer/](https://www.cdc.gov/vitalsigns/obesity-cancer/)
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](image)

Data Source: BRFSS, 2013

Cancer Incidence in Rutland: Understanding the Risks, October 11, 2017
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).

- Also increase risk for meningioma (usually noncancerous tumor that arises from the membranes surrounding the brain and spinal cord).

- **Incidence:**
  - VT: 201.5 per 100,000
  - Rutland County: 205.5 per 100,000

*Notes: All rates are age adjusted to the 2000 U.S. standard population. Rates do not include meningioma (brain and CNS).*

*Data Source: VCR, 2010-2014, CDC, Vital Signs, October 2017*
Cancer Related Risk Factors – Obesity

- In 2016, more than a quarter (28%) of Vermont adults reported being obese, with an additional 34% were overweight.

- In 2012 and 2014 Rutland County had similar obesity rates (21%) to the state as a whole.

*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.*

[Note: This measure is a Healthy Vermonter 2020 goal.]

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

Data Source: BRFSS, VT: Statewide 2007-2016, County 2012 and 2014
UV 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.
Cancer Related Risk Factors – Youth UV Exposure

- Only 16% percent of Vermont high school students, and 27% of Vermont middle school students, reported regularly using sunscreen in the past year.

- 65% of Vermont high school students, and 54% of Vermont middle school students, reported having had at least one sunburn in the last year.

Data Source: Youth Risk Behavior Survey (YRBS), 2013 and 2015.
Changes in indoor tanning among VT youth – 2001 to 2015

Percent of Vermont high school students who used an indoor tanning device
By year, sex and grade level (Data Source: VT YRBS 2011, 2015)

- Indoor tanned (1+ times in last year)
- Indoor tanned frequently (10+ times in last year)

Data Source: Youth Risk Behavior Survey (YRBS), 2011 and 2015.
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 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 SURVEILLANCE AND REPORTING

The Center for Health Statistics conducts surveillance of cancer among Vermonters and creates data products to assist in making data driven decisions for cancer prevention and control.

› Cancer in Vermont
› 3-4-50: Prevent Chronic Disease
› Cancer Data and Statistics – Reports

OVERVIEW

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<td>CANCER DATA PAGES</td>
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RISK FACTORS AND ASSOCIATED CANCERS

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http://healthvermont.gov/cancer
> Cancer Data and Statistics

Cancer Incidence in Rutland: Understanding the Risks, October 11, 2017
Accessing Data – County Cancer Fact Sheets

Cancer Incidence by Risk Factor: Newly Diagnosed Cases per Year
The incidence rate for tobacco associated cancers is worse in Rutland County than Vermont overall. Other risk factor associated cancer incidence rates in Rutland County are similar to the Vermont rates.

| Rate per 100,000 People | Rutland | Vermont | Goal Type
|-------------------------|---------|---------|------------|
| TobaccoAssociatedCancers | 236.0   | 213.5   | SCP
| ObesityAssociatedCancers| 212.8   | 204.8   | SCP
| Melanoma (UV Associated)| 23.9    | 29.0    | SCP
| HPV AssociatedCancers   | 12.3    | 10.4    | SCP

Data Source: VCR, 2009-2012
Note: Excludes basal cell and squamous cell skin cancers and in situ carcinomas, except urinary bladder.

Cancer Screening
The Rutland County colorectal cancer screening rate is worse than Vermont overall. Other screening rates are similar to state rates.

| Cancer Screening | Rutland | Vermont | Goal Type
|------------------|---------|---------|------------|
| Breast Screening (Females, Ages 50-74) | 75      | 79      | HV, SCP
| Cervical Screening (Females, Ages 21-65) | 87      | 88      | HV, SCP
| Colorectal Screening (Males and Females, Ages 50-75) | 64      | 71      | HV, SCP


Cancer Diagnosis: Advanced Stage
Rutland 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 People | Rutland | Vermont | Goal Type
|-------------------------|---------|---------|------------|
| Breast (Females, Ages 50+) | 112.0   | 96.5    | SCP
| Colorectal (Males and Females, Ages 60+) | 72.8    | 62.4    | SCP
| Lung (Males and Females, Ages 65+) | 251.9   | 210.0   | SCP

Data Source: VCR, 2009-2012
Note: The number of advanced stage cervical cancers is too small to report by county.

Cancer Survivors (Prevalence)
There are approximately 3,500 adult cancer survivors living in Rutland County.

Data Source: BRFSS, 2012-2014
Note: Cancer prevalence excludes those whose only cancer was a skin cancer.

Cancer Mortality: Deaths Due to Cancer
The cancer death rate in Rutland County is similar to the Vermont rate.

| Rate per 100,000 People | Rutland | Vermont | Goal Type
|-------------------------|---------|---------|------------|
| Overall Cancer Deaths   | 181.7   | 173.4   | HV


Rutland County Cancer Fact Sheet - Published February 2016

Indicates statistically worse or indicates statistically better than Vermont.
ENVIRONMENTAL PUBLIC HEALTH TRACKING

The Vermont Environmental Public Health Tracking Program brings together environmental and public health data in one place. The Vermont Tracking portal provides data in maps, charts, and tables as a part of the State’s continuing effort to help Vermonters better understand the relationship between their environment and their health.

Check out the list of topics and data measures found on the Tracking portal.

Explore Vermont Data

http://healthvermont.gov/tracking

WHAT’S NEW WITH VERMONT TRACKING?
Accessing Data – Vermont Cancer Incidence Maps

**Lung and Bronchus Cancer SiRs 2004-2013**

Source: Vermont Cancer Registry

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<thead>
<tr>
<th>Area</th>
<th>Observed Cases</th>
<th>Expected Cases</th>
<th>SIR</th>
<th>Statistically Compared to State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutland City - Downtown</td>
<td>48</td>
<td>31.5</td>
<td>1.57</td>
<td>Statistically Higher</td>
</tr>
<tr>
<td>Rutland City - NE</td>
<td>44</td>
<td>43.0</td>
<td>1.00</td>
<td>Not Different</td>
</tr>
<tr>
<td>Rutland City - NW</td>
<td>51</td>
<td>25.0</td>
<td>2.04</td>
<td>Not Different</td>
</tr>
<tr>
<td>Rutland City - South</td>
<td>74</td>
<td>56.0</td>
<td>1.32</td>
<td>Not Different</td>
</tr>
<tr>
<td>Rutland County Central</td>
<td>61</td>
<td>61.6</td>
<td>0.99</td>
<td>Not Different</td>
</tr>
<tr>
<td>Rutland County NE</td>
<td>58</td>
<td>58.6</td>
<td>0.99</td>
<td>Not Different</td>
</tr>
</tbody>
</table>

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

**SIRs by Area**
http://www.healthvermont.gov/wellness/reports/cancer
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.
- 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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