

Appendix A

Cigarette Restitution Fund Cancer Report Requirements

Cigarette Restitution Fund Cancer Report Requirements

The Maryland General Assembly established a Cigarette Restitution Fund (CRF) to provide for the distribution of funds from the tobacco settlement (Enrolled House Bill 1425-2000/Enrolled Senate Bill 896-2000). The law created a Tobacco Use Prevention and Cessation Program and a Cancer Prevention, Education, Screening and Treatment Program, and provides parameters on how the funds may be spent. One provision of the law requires the Maryland Department of Health and Mental Hygiene to conduct a baseline cancer survey (2000) as well as cancer surveys at least every other year thereafter.

The law requires that the survey include:

- (1) The number and percentage of individuals who have each targeted cancer, both Statewide and in each county;
- (2) The number and percentage of individuals within each minority population who have each targeted cancer, both Statewide and in each county;
- (3) The mortality rate for each targeted cancer, both Statewide and in each county;
- (4) The mortality rate for the different minority populations for each targeted cancer, both Statewide and in each county;
- (5) The number of identifiable cancers with a high incidence in the State for which there are effective methods of prevention and early detection, and treatment after detection;
- (6) Any aspect of targeted and non-targeted cancers that DHMH seeks to measure; and
- (7) Any other factor that DHMH determines to be important for measuring rates of cancer in the State or for evaluating whether the program meets its objectives.

This information is provided in this Cancer Report as follows:

<i>Required Component of the Cancer Report</i>	<i>Location of Information in this Report</i>
1. Number and percentage of individuals having each targeted cancer, both Statewide and in each jurisdiction.	Tables 1, 11, 12, 13, 16, 17, 20, 21, 22, 25, 26, 29, 30, 31, 34, 35, 38, 39, 40, 43, 44, 47, 48, 49, 52, 53, 56, 62, 65, 74-97
2. Number and percentage of individuals within each minority population having each targeted cancer, both Statewide and in each jurisdiction.	Same as above.
3. Mortality rate for each targeted cancer both Statewide and in each jurisdiction.	Tables 1, 5, 6, 9, 10, 11, 14, 15, 18, 19, 20, 23, 24, 27, 28, 29, 32, 33, 36, 37, 38, 41, 42, 45, 46, 47, 50, 51, 54, 55, 56, 59, 60, 63, 64, 65, 68, 69, 72, 73, 74-97
4. Mortality rate for the different minority populations for each targeted cancer, both Statewide and in each county.	Same as above.
5. Number of identifiable cancers with a high incidence in the State for which there are effective methods of prevention and early detection, and treatment after detection.	High incidence and effective prevention: Lung cancer: Tables 11, 12, 13, 16, 17 High incidence and effective detection: Colorectal and breast cancer: Tables 20, 21, 22, 25, 26, 29, 30, 31, 34, 35

<p>6. Other aspects of targeted and non-targeted cancers that the Department seeks to measure.</p>	<p>For cancer overall and for each targeted cancer, the report:</p> <ol style="list-style-type: none"> 1. Compares the cancer burden to that of heart disease; 2. Compares Maryland incidence and mortality rates to that of the U.S.; 3. Depicts trends by age for overall cancer incidence and mortality; 4. Delineates incidence and mortality trends by race and gender; 5. Shows 5-year mortality trends and 4-year combined data; 6. Presents 5-year combined incidence data for lung, colorectal, breast, prostate, and oral cancers; 7. Tracks stage of disease at diagnosis over a 5-year period; 8. Lists appropriate Healthy People 2010 objective(s) showing trend data for each targeted cancer and identifies where Maryland currently is in meeting the respective objective(s); 9. Describes the evidence for screening, primary prevention and chemoprevention for each targeted cancer, based on current scientific literature; and 10. Describes the recommended public health intervention for each targeted cancer based on the evidence referenced above. <p>This information is located throughout the report.</p>
<p>7. Other factors that the Department determines to be important for measuring rates of cancer in the State or for evaluating whether the program meets its objectives.</p>	<p>Same as above.</p>

Appendix B
Cancer Report Format

Cancer Report Format

1. Selection of Targeted Cancers

Under the Cigarette Restitution Fund Program, Cancer Prevention, Education, Screening and Treatment Program, the Maryland Department of Health and Mental Hygiene targeted seven cancer sites: lung and bronchus, colon and rectum, female breast, prostate, oral, melanoma of the skin, and cervix. These cancers have been targeted because they can be prevented (e.g., lung and bronchus, melanoma of the skin) or detected early and treated (e.g., colon and rectum, female breast, cervical, oral), or are a major cause of cancer death (e.g., prostate).

2. Report Format

Information provided in this report focuses on all cancer sites reported in Maryland and the seven specific cancer sites targeted by the Cancer Prevention, Education, Screening and Treatment Program.

The report begins with a graph that depicts the burden of cancer by comparing the pattern over time for mortality rates caused by cancer compared to those due to heart disease for two age groups: younger than 85 years and age 85 and older.

For each targeted cancer site and all cancer sites, the number of new cancers, cancer deaths, and age-adjusted cancer incidence and mortality rates are presented by race, gender, and jurisdiction in the chapters; however, 2002 incidence data for all cancer sites, melanoma, and cervical are not available. All rates are age-adjusted to the 2000 U.S. standard population. For each targeted cancer site, trends in incidence and mortality, race- and gender-specific incidence and mortality rates, trends in stage of disease at diagnosis, public health evidence, recommended areas for public health intervention, and Maryland screening/behavior rates compared to Healthy People 2010 screening/behavior objectives are also presented. Each section also contains 5-year combined data for incidence and 4-year combined for mortality. A section with county-specific data portrays 5-year incidence and 4-year mortality data along with Maryland and U.S. rates.

Additionally, Maryland 2002 incidence and mortality rates with 95% confidence intervals (95% C.I.) were compared to U.S. 2002 data from the Surveillance, Epidemiology and End Results (SEER) Program Cancer Statistics Review (1998-2002). Maryland rankings on 5-year SEER mortality rates by cancer site were also included in each cancer chapter. The SEER program does not provide statistics on “other” races for incidence and mortality; therefore, incidence and mortality counts and rates were not presented for the “other” race category.

Figures (graphs and maps) are also used to display data. Two “All Cancer Sites” graphs show age-specific incidence and mortality rates by gender. Graphs are further used to display data on incidence and mortality from 1998-2002 with the estimated annual percentage change (EAPC) (see Appendix D, Glossary, for more information on EAPC);

separate 5-year time-series graphs for incidence and mortality by race and gender, including EAPCs; stage of diagnosis; and cancer-related behaviors of persons in Maryland compared to persons in the U.S.

Maryland population estimates for 2002 by race and gender can be found in Appendix E. Population numbers are denominators for calculating rates. In addition, Appendix F depicts the 2000 U.S. standard population organized by age groupings. There is a listing of International Classification of Diseases for Oncology (ICD-O-3) codes for incidence along with corresponding ICD-10 codes for mortality for cancer sites included in the report (Appendix G). Maps portray Maryland incidence and mortality data compared to the U.S. for combined years 1998-2002 for incidence and 1999-2002 for mortality by geographical area. Maps denote areas with incidence and mortality grouped into five categories compared to corresponding U.S. rates (see Appendix H for map data). Appendix I shows the age-adjusted cancer incidence and mortality rates for all cancer sites and the targeted cancers for quick comparisons of rates and the estimated annual percentage change, 1998-2002, along with direction of the trend for each cancer site. Finally, Appendix J provides the percentages that depict trends in cancer stage at diagnosis for all cancer sites and the targeted cancers from 1998 to 2002.

Appendix C

2006 Cancer Report Data Sources, References, and Data Considerations

2006 Cancer Report Data Sources, References, and Data Considerations

A. Maryland Data Sources

The Maryland-specific data used in this report were supplied by offices in the Maryland Department of Health and Mental Hygiene (DHMH) including the Maryland Cancer Registry, Division of Health Statistics, Center for Preventive Health Services, Center for Health Promotion, Education and Tobacco Use Prevention, and the Center for Cancer Surveillance and Control, Surveillance and Evaluation Unit.

1. *Maryland Cancer Registry*

The Maryland Cancer Registry (MCR), Center for Cancer Surveillance and Control, DHMH, is a computerized data system that registers all new cases of reportable cancers (excluding non-genital squamous cell or basal cell carcinoma) diagnosed or treated in Maryland. Incidence rates used in this report were calculated for the year 2002, in which the most complete data were available and include all cases reported for 2002 to the MCR as of November 2004. In this publication, incidence data are presented for lung, colorectal, breast, and oral cancers. Incidence data for melanoma and cervical cancer were not available due to data problems. The omission of data for all cancer sites is due to problems with the data for melanoma and cervical cancer.

The Maryland cancer reporting law mandates the collection of cancer information from hospitals, radiation therapy centers, diagnostic laboratories (both in-State and out-of-State), freestanding ambulatory care facilities, surgical centers, and physicians whose non-hospitalized cancer patients are not otherwise reported. MCR also participates in data exchange agreements with neighboring states including Delaware, Pennsylvania, Virginia, and West Virginia as well as the District of Columbia. Information on Maryland residents diagnosed or treated for cancer in these states and the District of Columbia is included in this report.

2. *Maryland Division of Health Statistics*

The Division of Health Statistics in the Vital Statistics Administration of DHMH registers births, deaths, marriages, and divorces. Data provided from this office includes numbers of deaths and Maryland population estimates. MCR used data from the Maryland Vital Statistics Administration for calculating Maryland cancer mortality rates annually from 1998 through 2002 on graphs of incidence and mortality trends and for displaying cancer and heart disease annual mortality rates on graphs. Single-year Maryland cancer mortality data for 2002 used in this report were from the Centers for Disease Control and Prevention (CDC), CDC WONDER, a national data source.

3. *Behavioral Risk Factor Surveillance Survey*

The Maryland Behavioral Risk Factor Surveillance Survey (BRFSS) is an annual telephone survey conducted on a random sample of Maryland adult residents. This survey, managed by the Maryland DHMH, Center for Preventive Health Services, Office of Surveillance and Assessment provided risk behavior and cancer screening information for this report. Maryland data can be accessed online at <http://www.marylandbrfss.org>. In addition, both Maryland and state-aggregated

national data on health risk behavior can be obtained from the CDC Web site at:
<http://www.cdc.gov/brfss>.

4. Maryland Youth Tobacco Survey

The Maryland Youth Tobacco Survey (MYTS) was administered for the purpose of gathering attitude, usage, and exposure information regarding tobacco products for Maryland youth grades 9-12 Statewide and within each of the 23 counties and Baltimore City in Maryland. Survey results are also used in apportioning Local Tobacco Use Prevention and Cessation grants among Maryland's 24 major political subdivisions.

The most recent survey was conducted in the Fall of 2002. Over 66,000 students in eligible Maryland public middle and high schools completed MYTS questionnaires Statewide.

The MYTS is managed by the Center for Health Promotion, Education, and Tobacco Use Prevention. Complete data for the MYTS were published in 2000 and 2002. Copies of published reports are available from the Center at 410-767-1362. Reports are also available through the DHMH Web site at: <http://www.fha.state.md.us/crfp/html/stats.cfm>.

The most recent report monitors changing tobacco use behaviors in Maryland and can be found at: <http://www.mdpublichealth.org/crfp/pdf/Fall2003DataReport.pdf>.

5. Youth Risk Behavioral Surveillance System (YRBSS)

The YRBSS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the U.S., including data about tobacco use, dietary behaviors, and alcohol and drugs. The purposes of YRBSS are to determine the prevalence of health risk behaviors, to develop trends, and to evaluate progress towards meeting Healthy People (HP) 2010 objectives and similar indicators of progress.

The YRBSS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. The CDC designs the sample and conducts the national YRBSS survey, while state and local surveys are conducted by departments of health and education. These surveys are conducted every two years, usually during the spring semester and provide data representative of public high school students in each state. House Bill 358 mandated that Maryland schools conduct their own YRBS (27 schools, 2000 students, all counties). Maryland conducted a YRBS survey in the Fall of 2005. The Maryland YRBSs data report is expected in late 2006. Until then, Maryland data are available online at the CDC Web site. The following Web location enables extracting YRBS data, including the capability of querying Maryland-specific information: <http://apps.nccd.cdc.gov/yrbss>.

6. Maryland Cancer Survey

The Maryland Cancer Survey (MCS) is managed by the DHMH, Center for Cancer Surveillance and Control, Surveillance and Evaluation Unit. The purpose of the MCS was to determine cancer screening rates and to measure cancer risk behaviors among persons age 40 years and older living

in Maryland, for selected cancers targeted by DHMH. The methodology used in the MCS is similar to the BRFSS. Unlike the BRFSS, the MCS conducted in 2002 and 2004, focuses on people age 40 years and over, who have the highest risk of developing cancer. MCS data are tabulated and reported as not including missing values; all percentages are based on the number of respondents who answered the question. Missing values were excluded because there were a few non-responses for questions and for consistency of reporting all outcomes with the same sample.

7. Maryland Cancer Survey—Young Adults

The 2004 Maryland Cancer Survey—Young Adults (MCSYA) was a pilot survey, focusing on cancer risk behaviors in adults age 18-39 years residing in Maryland. This survey was performed in conjunction with the 2004 MCS, which was restricted to people 40 years of age and older. In households where there was no one age-eligible for the MCS (i.e., 40 years of age or older), a resident between the ages of 18-39 years was invited to participate in the MCSYA. This survey was not designed to be “population-based” and is not weighted back to the Maryland population; however, the respondents were sampled from all jurisdictions in Maryland and the data provide a large convenience sample from which to gain insights into risk behaviors, and yield possible directions for future research and intervention. Questions from the following areas were included in the MCSYA: sun exposure, diet and physical activity, smoking and alcohol use, and access to health care.

B. National Data Sources

Statistics for U.S. cited in this report were obtained from the federal Centers for Disease Control and Prevention (CDC), the Office of Disease Prevention and Health Promotion (U.S. Department of Health and Human Services (DHHS)), the National Center for Health Statistics (NCHS), and the National Cancer Institute (NCI). Maryland mortality statistics were obtained from CDC WONDER, a Web-based data resource sponsored by CDC.

1. CDC WONDER

Wide-ranging Online Data for Epidemiologic Research (WONDER) -- is an easy-to-use Internet system that makes information from CDC available to public health professionals and the public at large. It provides access to a wide array of public health information, including one Web resource dealing with data and information about HP 2010 targets, and a separate Web site where data, such as cancer mortality numbers and rates can be accessed using International Classification of Disease (ICD) codes. The Compressed Mortality Data Request Screen for extracting mortality rates using ICD codes is found at: <http://wonder.cdc.gov/mortICD10J.html>.

Mortality data for this report was obtained from the CDC WONDER Compressed Mortality File (CMF) 1999 – 2002. CMF is a county-level national mortality and population database spanning the years 1979-2002. The number of deaths, crude death rates, and age-adjusted death rates can be obtained by place of residence (total U.S., state, and county), age group, race (white, black, and other), gender, year of death, and underlying cause-of-death (4-digit ICD code or group of codes). Mortality data for this report used combined 1999-2002 data instead of the 1998-2002 time frame

utilized with incidence data for this report. CDC WONDER uses the 1999-2002 grouping because extensive changes in coding definitions took place with the revision of the ICD coding manual. Deaths for 1979-1998 are classified using the Ninth Revision (ICD-9); deaths for 1999 and beyond are classified using the Tenth Revision (ICD-10). The two classification schemes are different enough to make direct comparisons of cause-of-death difficult.

2. Healthy People 2010

HP 2010 is a collaboration of local and national governmental agencies and private organizations that have developed national health objectives to improve the health of Americans. There are 28 focus areas and 467 specific objectives in HP 2010. HP 2010 objectives now serve as a year 2000 baseline; beginning with the baseline year, National Health Interview Survey and other data being compared against the Healthy People 2010 objectives are age-adjusted to the 2000 U.S. population. The HP initiative is under the Office of Disease Prevention and Health Promotion, DHHS. Further information can be found on the Web site at: <http://www.healthypeople.gov/>.

3. Surveillance, Epidemiology, and End Results Program (SEER)/National Center for Health Statistics

The Surveillance, Epidemiology, and End Results (SEER) Program of the NCI is an authoritative source of information on cancer incidence, stage, and survival in the U.S. The mortality data reported by SEER are provided by NCHS. Staff of the NCI manages SEER. The SEER Program collects and publishes cancer incidence and survival data in order to assemble and report estimates of cancer incidence, survival, and mortality in the U.S. The data are collected from 14 U.S. cancer registries and three supplemental registries throughout the U.S. and are estimated to represent approximately 26% of the U.S. population. The SEER database adequately represents cancer incidence in the U.S. population with regard to race, ethnicity, age, gender, poverty, and education, and by collecting data on epidemiologically significant population subgroups. The SEER program began in 1973 and, in 1992, was expanded to increase coverage of minority populations, primarily Hispanics. The SEER program updates cancer statistics annually in a publication called the SEER Cancer Statistics Review (CSR). SEER data for specific cancers can be seen on the Web at:

http://seer.cancer.gov/csr/1975_2002/results_merged/sect_02_all_sites.pdf. Further information about SEER can also be found on the Web site at www.seer.cancer.gov. Statistics for the U.S. cited in this report were obtained from SEER.

C. References Used for Public Health Evidence and Public Health Intervention Sections

1. National Cancer Institute, Physician Data Query (NCI, PDQ)

Information provided in the chapters under the sections for "Public Health Evidence" and "Public Health Intervention" was taken primarily from the NCI, PDQ[®] Web site. When extracting PDQ information, dates for the latest cancer prevention and screening updates were determined by examining the PDQ Web page under the heading "Summary of Evidence, Changes To This Summary." Prevention and screening sections from this source provide information for health

professionals and the public on various aspects of cancer control such as prevention, screening, treatment, genetics, and clinical trials. For some cancer types, the information is reviewed by a scientific editorial board and is updated as new research becomes available. The Editorial Board has revised its procedure; a two-step process is now in place for evaluating levels of evidence: a) study design, and b) assessment of the evidence. Whereas the Board previously only considered study design (evidence from the best studies available; ranked in descending order of strength), the PDQ Editorial Board now evaluates evidence in two steps. The first step is to describe the evidence within five domains (see below); the second is an assessment of certainty--to judge the overall "level" of evidence as "solid," "fair," or "inadequate." The Board conducts the same process separately for potential benefits and potential harms of each intervention.

Step 1: Description of the Evidence

Step 1 involves evaluating the levels of evidence in five domains.

1. Study Design: study designs in order of strongest evidence to weakest evidence, are described as follows:

- a. Evidence obtained from at least one randomized controlled trial (this is considered the gold standard for scientific research);
- b. Evidence obtained from controlled trials without randomization;
- c. Evidence obtained from well-designed and conducted cohort or case-control studies, preferably from more than one center or research group;
- d. Evidence obtained from multiple time series with or without intervention; and
- e. Opinions of respected authorities based on clinical experience, descriptive studies, or reports of expert committees.

2. Internal Validity

3. Consistency (coherence)/volume of the evidence

4. Direction and magnitude of effects for health outcomes (both absolute and relative risks; as quantitative as possible; may vary for different populations)

5. External validity

Step 2: Assessment of the Evidence

Step 2 is a judgment of the level of certainty (good, fair, poor) and is based on the Board's understanding of the direction and magnitude of the health effects of widespread implementation. The assessment may also include a statement of benefits and a second statement of harms.

More information about NCI, PDQ can be accessed at:

Levels of evidence

<http://www.cancer.gov/cancertopics/pdq/screening/levels-of-evidence>

Prevention and screening/detection

<http://www.cancer.gov/cancertopics/pdq/prevention>

<http://www.cancer.gov/cancertopics/pdq/screening>

The PDQ reference is used throughout the report for consistency in interpreting the results of scientific literature and the PDQ Summary of Evidence is often quoted verbatim. This report includes the date(s) of the last update of the PDQ for each targeted cancer site accessed in September 2006. PDQ definitions are included in Appendix D (Glossary). For additional information, the Web site is: <http://www.cancer.gov/cancertopics/pdq>.

2. *Maryland Department of Health and Mental Hygiene, Medical Advisory Committees for Breast, Cervical, Colorectal, Oral, and Prostate Cancer*

The Center for Cancer Surveillance and Control has convened four Medical Advisory Committees to formulate guidelines for breast, cervical, colorectal, and prostate cancer screening, diagnosis, and treatment. The Office of Oral Health has convened a Medical Advisory Committee to formulate guidelines for oral cancer for screening, diagnosis, and treatment. The guidelines are located at: <http://www.fha.state.md.us/cancer/html/guidelines.html>.

3. *Additional Medical Literature Quoted or Cited*

Lung and Bronchus Cancer: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Best Practices for Comprehensive Tobacco Control Programs (August 1999). <http://www.cdc.gov/tobacco/bestprac.htm>.

Lung and Bronchus Cancer: U.S. Preventive Services Task Force. Lung Cancer Screening: Recommendation Statement. May 2004. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/3rduspstf/lungcancer/lungcanrs.htm>.

Lung and Bronchus Cancer: International Agency for Research on Cancer Monographs on the Evaluation of Carcinogenic Risks to Humans: Tobacco Smoke and Involuntary Smoking. 2002; 83: Section 5.2.

Colorectal Cancer: U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality, Rockville, MD. Screening for Colorectal Cancer: Recommendations and Rationale (July 2002). Originally in *Annals of Internal Medicine*, 2002;137:129-31. <http://www.ahrq.gov/clinic/3rduspstf/colorectal/colorr.htm>.

Female Breast Cancer: U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality, Rockville, MD. Screening for Breast Cancer: Recommendations and Rationale (February 2002). <http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm>.

Female Breast Cancer: U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality, Rockville, MD. Chemoprevention of Breast Cancer: Recommendations and Rationale (July 2002). <http://www.ahrq.gov/clinic/3rduspstf/breastchemo/breastchemorr.htm>.

Prostate Cancer: Robert A. Smith, Vilma Cokkinides, and Harmon J. Eyre
American Cancer Society Guidelines for the Early Detection of Cancer, 2005
CA Cancer J Clin 2005 55: 31-44. <http://caonline.amcancersoc.org/cgi/content/full/55/1/31>.

Oral Cancer: U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality, Rockville, MD. Screening for Oral Cancer: Recommendation Statement (February 2004). <http://www.ahrq.gov/clinic/3rduspstf/oralcan/oralcanrs.htm>.

Skin Cancer: U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality, Rockville, MD. Screening for Skin Cancer: Recommendations and Rationale (April 2001). Article originally in *Am J Prev Med* 2001;20(3S):44-6. <http://www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm>.

Cervical Cancer: U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality, Rockville, MD. Screening for Cervical Cancer (January 2003). Publication No. 03-515A. <http://www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanwh.htm>.

D. Data Considerations

1. Data Confidentiality

DHMH regards all data received, processed, and reported to and by the MCR and the Division of Health Statistics as confidential. Data are secured from unauthorized access and disclosure.

The MCR manages and releases cancer information in accordance with the laws, and regulations established by the State of Maryland as set forth in the Code of Maryland Regulations, COMAR 10.14.01 (Cancer Registry) and Health-General Article, § 18-203 and § 18-204, Annotated Code of Maryland.

Because incidence data and mortality data come from different sources, separate suppression procedures were employed. For incidence, number of cases collected by MCR and for the rates calculated using case and population data, the following protocols apply: In order to ensure patient confidentiality and to comply with the *MCR Data Use Policy*, cells with five or fewer cases are presented with “<6.” Cell counts that could be used to calculate the number of cases within a restricted cell are suppressed with “s.” Incidence rates based on 25 or fewer cases are presented with asterisks (***) because the rates are unstable and do not provide reliable information.

Mortality data for the report were extracted from CDC WONDER, using its Web-based data query facility. ICD codes listed in Appendix G were used for identifying type of cancer for extraction. Like DHMH and MCR, CDC WONDER also has its own set of data use restrictions. However, methods CDC WONDER uses for ensuring individual confidentiality are different from the DHMH/MCR data use policy used with incidence data presented in this report. With CDC WONDER, counts and rates for counties with year 2000 populations of less than 100,000 are suppressed if the number of deaths is five or less (presented as “<6” for counts and “***” for rates) and the death count is based on only one or two years of data. Death counts and rates are not suppressed if three or more years of data are combined. The CDC WONDER Web site location for querying data can be found at: <http://wonder.cdc.gov/mortICD10J.html>.

2. Rate Analysis

Single year incidence rates presented in this report were calculated using Maryland resident cancer cases diagnosed from January 1, 2002 through December 31, 2002, and reported to the MCR as of November 2004. The mortality data consist of deaths that occurred between January 1, 2002 and December 31, 2002. Multiple year incidence rates presented were calculated for 5-year collapsed rates using MCR 1998-2002 data. Corresponding mortality rates were extracted from CDC WONDER as 4-year combined data from 1999-2002.

Age-adjustment, also called age-standardization, is one of the tools used to control for the different and changing age distributions of the population in states, counties, etc., and to enable meaningful comparisons of vital rates over time. Age-adjusted rates do not include cancer cases on which age has not been reported. Federal agencies have adopted the year 2000 U.S. standard population as the standard for age-adjusting incidence and mortality rates, beginning with data year 1999. For consistency and ease of comparison, incidence and mortality rates in this report were calculated and age-adjusted using the 2000 U.S. population as the standard population. This latest standard replaces prior standards based on the 1940 or 1970 standard population for the nation. Additional information on age-adjustment can be found at <http://www.cdc.gov/nchs/data/statnt/statnt20.pdf>.

Incidence numbers and rates are suppressed according to the DHMH Data Use Policy and are not presented for cells having counts of 5 or fewer (displayed as “<6”). Incidence rates are not shown when based on 25 or fewer cases (presented as “***”). Rates based on numbers of this size are unstable and do not provide reliable information. Suppression for mortality data follows a separate schedule than for incidence. CDC WONDER Data Use Restrictions apply for suppressing mortality numbers and rates in this report.

Mortality numbers and rates are suppressed according to CDC WONDER data use restrictions. Single-year (2002 for this report) number of cases or number of deaths is suppressed when the year 2000 population for a particular county was less than 100,000 and the number of deaths is five or less; suppressed number or count values appear in the tables as “<6.” Similarly, single-year (2002 in this report) mortality rates are suppressed whenever a rate is based on a death count of five or less; suppressed rate values appear as “***” in the tables. Whenever collapsed data involving three or more years are used, no suppression of incidence or mortality rates takes place. This is so even for “small” counties having a population less than 100,000. For four-year combined rates as used in this report, there is no suppression--even a value of “1” is shown in the tables.

The Estimated Annual Percent Change (EAPC) was calculated for incidence and mortality trends and for tracking incidence and mortality rates by race and gender over time (from 1998 to 2002). See Appendix D, Glossary, for the definition of EAPC.

3. Confidence Intervals and Statistical Significance

A confidence interval is a range of values within which the true rate is expected to fall. Confidence intervals can be used as an indicator of the precision of a value. A small confidence

interval enables the rate as a single data point to be used in place of a confidence interval. Conversely, a small sample or population can require a large difference before the difference becomes statistically significant. Many of the tests for statistical significance used in this report are based on relatively small populations; therefore, a test of statistical significance merely serves as a benchmark for evaluating difference. Sample size is closely related to size of the confidence interval. A rate having a larger sample will have a confidence interval that is more narrow and, therefore, more precise. For additional information regarding the formula used to calculate the confidence level, refer to the SEER Web site at:
http://www.seer.cancer.gov/seerstat/WebHelp/Rate_Algorithms.htm.

All Maryland rates presented in this report were calculated at the 95 percent confidence level. For example, the 2002 U.S. SEER-reported lung cancer incidence rate was 62.1 per 100,000 population. Maryland's rate is 65.6 per 100,000. The 95% confidence interval for this rate is 63.5 to 67.9. We have, therefore, a 95% degree of certainty that the true (real) rate is between 63.5 and 67.9 per 100,000 age-adjusted population.

When data are comparable (not statistically significantly different), the terms "similar" or "same" are used in this report for describing the comparison.

4. Year 2000 U.S. Standard Population

Federal agencies have adopted the year 2000 U.S. standard population as the new standard for age-adjusting incidence and mortality rates, beginning in data year 1999 (see Appendix F). The year 2000 population standard replaces at least three different population standards used in earlier years. The use of multiple standards resulted in difficulties comparing data prepared by national and federal agencies, and caused confusion among data users and the general public. Use of the 2000 standard was recommended to promote uniformity of data among agencies, and to eliminate the need to calculate rates using more than one standard.

5. National Comparison Data

Maryland and county incidence and mortality rates are compared to 2002 U.S. SEER incidence rates and 2002 U.S. SEER mortality rates. The SEER program does not provide rates for "other" races, so comparisons between U.S. SEER rates and Maryland rates are not presented for the "other" race category.

Maryland's mortality ranking among the 50 states and the District of Columbia for all cancer sites combined and for specific targeted cancers is based on a five-year average. SEER data contained in this report is based on the average annual age-adjusted cancer death rates by state, 1998-2002. Because mortality rates describe the cancer burden better than incidence rates, only Maryland rankings for mortality are presented for each targeted cancer. Data used for Maryland cancer mortality ranking by site were extracted from:
<http://seer.cancer.gov/faststats/sites.php?site=All%20Cancer%20Sites&stat=Mortality>, then choosing tables displaying age-adjusted mortality rates for 1998-2002 by state. Data were extracted from the Web page into Excel spreadsheet format for sorting in order to create the actual ranking.

Area analysis in the report also makes comparisons against national data. For both incidence and mortality rate maps, the U.S. cancer incidence or mortality rate was used as a baseline against which Maryland jurisdictions (county and region) are compared. A ramp is used for grouping Maryland data into categories in reference to baseline. The ramp groups data into five divisions: >25% above U.S. rate; 10-25% above U.S. rate; between 10% below and 10% above U.S. rate; 10-25% below U.S. rate; >25% below U.S. rate. Note that 10-25% includes the 10 and 25%, but less than 10 and more than 25 do not include the endpoints of the range. This year, a new category has been added to the four map data groupings that appear in last year's report. The fifth cluster is the middle incidence or mortality rate category: "between 10% below and 10% above U.S."

6. Race and Ethnicity

The MCR began requiring submission of more detailed data on race and ethnicity beginning August 1998. Previously, race reported as Native American, Asian, and Pacific Islander were counted in the "other" race category. For 2002, MCR reported race in three categories: white, black, and other. The other race category now combines: a) American Indian or Alaska Native, and b) Asian or Pacific Islander. As opposed to previous years, a race-bridging algorithm for population numbers used when calculating rates was used for assigning unknowns to one of the three groups: white, black, and other. Hispanic ethnicity data is not available.

7. Healthy People 2010 Objectives/BRFSS/MCS

Risk behaviors were compared to HP 2010 objectives. Measures for cancer-related behaviors (e.g., screening tests) and the recommendations for their use may change over time. BRFSS and MCS questions that measure screening and other health behaviors are updated to reflect changes in how risk behavior needs to be measured.

No changes to the HP 2010 numerical targets for cancer and cancer-related behavior have occurred within the past year, involving data for this report. HP 2010 objectives can change over time to reflect new health-related behavior and screening recommendations. Comparisons in this report are made between the HP 2010 objectives (developed from data age-adjusted to the year 2000 U.S. standard population) and data from the Maryland BRFSS and MCS, which is weighted to the age of Maryland population in that year. Unlike U.S. data used for HP 2010, Maryland BRFSS and MCS data are both age-adjusted to the current Maryland population--not to the year 2000 U.S. standard population. Further information about specific health targets for HP 2010 can be found at: <http://wonder.cdc.gov/DATA2010/obj.htm>.

8. Appendices

Please refer to additional appendices for Cigarette Restitution Fund Program Cancer Report requirements (Appendix A), report format (Appendix B), technical terms and definitions (Appendix D), Maryland population counts (Appendix E), U.S. standard population for 2000 (Appendix F), International Classification of Diseases (ICD) codes for cancer (Appendix G), Maryland rates and confidence intervals for incidence and mortality data from 1998-2002 (Appendix H), Maryland Trend in Age-Adjusted Cancer Incidence and Mortality Rates by Cancer

Site and Year, 1998-2002 (Appendix I), and Maryland Trend in Cancer Stage of Disease at Diagnosis Year for Each Cancer Site, 1998-2002 (Appendix J).

Appendix D

Glossary

Glossary

- **Age-Adjustment:** Age is the most important risk factor for the incidence of most cancers. Cancer rates derived from populations that differ in underlying age structure are not comparable. Therefore, age-adjustment is a statistical technique that allows for the comparison of rates among populations having different age distributions by weighting the age-specific rates in each population to one standard population. Additional information on age-adjustment can be found on the following Web sites:
<http://www.cdc.gov/nchs/data/statnt/statnt20.pdf> and
<http://www.cdc.gov/nchs/dataawh/nchsdefs/ageadjustment.htm>.
- **Ascertainment:** Ascertainment refers to the quality assurance procedures Maryland Cancer Registry staff use for insuring completeness of cancer cases in the registry database. These activities include a review of disease indices from all reporting hospitals to identify possible missed cases, a random sample of records from reporting facilities, and review of death certificate data to identify cancer cases not previously reported.
- **Cancer:** A disease characterized by the uncontrolled, abnormal growth of cells in different parts of the body that can spread to other parts of the body.
- **Chemoprevention:** Chemoprevention is the use of drugs, vitamins, or other agents to try to reduce the risk of cancer or to delay the development or recurrence of cancer.
- **Estimated Annual Percentage Change (EAPC) (5-year trend data):** EAPC is measure of the annual percent increase or decrease in cancer rates over time. It is an estimated average change per year over a defined time span. For the purpose of this report, 5-year incidence and mortality trend data and corresponding EAPCs are presented for the years 1998 through 2002. In addition, EAPCs were used for analyzing trends by race and gender by establishing which trend line had the greatest change. A more detailed description of the method can be found at:
http://seer.cancer.gov/seerstat/WebHelp/seerstat.htm#EAPC_Calculation. Select Equations and Algorithms and then on Trend Algorithms.
- **Incidence:** Incidence is the number of new cases of a given cancer or other event during a defined period, usually one year. For the purpose of this report, cancer incidence refers to the number of new cases diagnosed during calendar year 2002. Cancer incidence data are also presented in aggregated form as the average annual incidence for the years 1998 through 2002.
- **Invasive cancer:** A stage of cancer in which cancer cells have spread to healthy tissue adjacent to the tumor. It may still be considered localized if it has not spread to other parts of the body. Stage data presented in this report involve a diagnosis of invasive cancer: localized, regional, or distant. A diagnosis “in situ” is noninvasive and would not be included in the staging data.

- **Morphology Code:** In cancer, a number describing the characteristic of a cell, tissue, or organ described by its shape or anatomical structure, used for evaluating whether pathology exists and its extent (e.g., staging).
- **Mortality:** Mortality refers to the number of deaths during a defined time, usually one year. For the purposes of this report, cancer mortality data are presented for calendar year 2002. Data for cancer mortality are also presented in an aggregated form as the average annual mortality for the years 1999 through 2002.
- **Primary prevention:** Primary prevention is preventing cancer before it has developed such as through avoiding carcinogens (e.g., avoiding tobacco, promoting a healthy lifestyle through exercise and diet), preventing the harmful effects of carcinogens (e.g., using sunscreen), and detecting and removing precancerous lesions (e.g., removing polyps in the colon).
- **Rate:** A rate is an estimate of the burden of a given disease on a defined population in a specified period of time. A crude rate is calculated by dividing the number of cases (events) by the population at risk during a given time period. Cancer incidence and mortality rates are usually presented per 100,000 population during a given time period. No crude rates are given in this report; all rates are age-adjusted. Incidence rate is the number of new cases during a specific period (usually one year) divided by the population at risk, standardized to a population of 100,000. Mortality rate is the number of deaths for a given period divided by the population at risk per 100,000 population. All rates presented in this report are age-adjusted to the 2000 U.S. standard population.
- **Region:** Following are definitions for the regional categories:

BALTIMORE METRO REGION

Anne Arundel, Baltimore City, Baltimore County, Carroll, Harford, Howard

Note: Baltimore Metro Region does not include Baltimore City when used in Appendix H and for the incidence and mortality maps.

EASTERN SHORE REGION

Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester

NATIONAL CAPITAL REGION

Montgomery, Prince George's

NORTHWEST REGION

Allegany, Frederick, Garrett, Washington

SOUTHERN REGION

Calvert, Charles, Saint Mary's

- **Screening:** Screening is checking for disease when there are no symptoms resulting in detection of malignancies in situ or in an early stage.
- **Stage at Diagnosis:** The extent to which the cancer has spread from the organ of origin at the time of diagnosis. The stage information used in this report is based on the SEER Summary Stage Guidelines:
 1. **In situ:** the cancerous cells have not invaded the tissue basement membrane. In situ cancers are not considered malignant (with the exception of bladder cancers) and are not included in incidence rate calculations.
 2. **Localized:** the tumor is confined to the organ of origin.
 3. **Regional:** the tumor has spread to adjacent organs or tissue. Regional lymph nodes may also be involved.
 4. **Distant:** the tumor has spread beyond the adjacent organs or tissues. Distant lymph nodes, organs and/or tissues may also be involved.
 5. **Unstaged:** the stage of disease at diagnosis was unable to be classified (often due to insufficient information) or not reported to the cancer registry.

Appendix E

Maryland Population Estimates, 2002

Maryland Population Estimates by County, 2002

	Total All Genders	Total Male	Total Female	Total White	White Male	White Female	Total Black	Black Male	Black Female
Maryland	5,458,137	2,639,040	2,819,097	3,618,687	1,774,743	1,843,944	1,564,150	732,111	832,039
Baltimore Metro	2,559,155	1,231,550	1,327,605	1,745,290	852,651	892,639	722,488	334,747	387,741
Anne Arundel County	503,388	251,015	252,373	417,999	208,405	209,594	69,641	35,150	34,491
Baltimore City	638,614	297,217	341,397	206,136	100,018	106,118	419,174	190,696	228,478
Baltimore County	770,298	365,220	405,078	571,239	272,989	298,250	169,025	77,564	91,461
Carroll County	159,025	78,606	80,419	153,091	75,531	77,560	3,863	2,082	1,781
Harford County	227,713	111,790	115,923	200,818	98,800	102,018	22,120	10,775	11,345
Howard County	260,117	127,702	132,415	196,007	96,908	99,099	38,665	18,480	20,185
Eastern Shore	408,300	199,176	209,124	336,731	164,500	172,231	66,521	32,164	34,357
Caroline County	30,300	14,801	15,499	25,765	12,679	13,086	4,188	1,950	2,238
Cecil County	90,335	44,670	45,665	85,837	42,431	43,406	3,465	1,747	1,718
Dorchester County	30,451	14,364	16,087	21,554	10,292	11,262	8,560	3,900	4,660
Kent County	19,613	9,409	10,204	16,245	7,870	8,375	3,200	1,454	1,746
Queen Anne's County	42,835	21,252	21,583	38,874	19,312	19,562	3,485	1,709	1,776
Somerset County	25,555	13,539	12,016	14,680	7,411	7,269	10,612	5,992	4,620
Talbot County	34,263	16,301	17,962	28,746	13,705	15,041	5,150	2,404	2,746
Wicomico County	86,318	41,220	45,098	64,288	30,813	33,475	20,358	9,576	10,782
Worcester County	48,630	23,620	25,010	40,742	19,987	20,755	7,503	3,432	4,071
National Capital	1,743,240	836,745	906,495	892,871	439,923	452,948	685,561	317,872	367,689
Montgomery County	910,156	437,190	472,966	645,564	313,508	332,056	139,693	64,139	75,554
Prince George's County	833,084	399,555	433,529	247,307	126,415	120,892	545,868	253,733	292,135
Northwest	447,452	223,087	224,365	411,568	201,612	209,956	28,995	18,151	10,844
Allegany County	74,203	36,825	37,378	69,689	33,441	36,248	4,038	3,139	899
Frederick County	209,125	102,843	106,282	190,290	93,514	96,776	13,954	6,968	6,986
Garrett County	29,878	14,768	15,110	29,614	14,618	14,996	173	111	62
Washington County	134,246	68,651	65,595	121,975	60,039	61,936	10,830	7,933	2,897
Southern	299,990	148,482	151,508	232,227	116,057	116,170	60,585	29,177	31,408
Calvert County	80,906	39,856	41,050	69,665	34,526	35,139	10,137	4,844	5,293
Charles County	129,040	63,228	65,812	87,108	43,247	43,861	38,017	18,206	19,811
St. Mary's County	90,044	45,398	44,646	75,454	38,284	37,170	12,431	6,127	6,304

Race groupings do not include: a) individuals who have identified themselves as belonging to an "Other" race category, and b) individuals reporting membership in more than one race at the same time.

Source: Maryland Vital Statistics Administration, Division of Health Statistics, 2002

Appendix F

U.S. Standard Population, 2000

2000 U.S. Standard Population

Age Group (years)	2000 Population
00-04	69,135
05-09	72,533
10-14	73,032
15-19	72,169
20-24	66,478
25-29	64,529
30-34	71,044
35-39	80,762
40-44	81,851
45-49	72,118
50-54	62,716
55-59	48,454
60-64	38,793
65-69	34,264
70-74	31,773
75-79	26,999
80-84	17,842
85+	15,508
Total	1,000,000

Source: National Center for Health Statistics, SEER, 2000

Appendix G

SEER Definitions (ICD Codes) of Site Categories

**International Classification of Diseases for Oncology, Third Edition (ICD-O-3) Codes
Used for Cancer Incidence and
International Classification of Diseases, 10th Revision (ICD-10) Codes
Used for Cancer Mortality**

Cancer Site	Incidence (ICD-O-3)		Mortality (ICD-10)
	Topography (Site)	Histology	
All Cancer Sites	C00.0 – C80.9	Includes all invasive cancers except basal and squamous cell skin cancers, and includes in situ cancer of the urinary bladder	C00 – C97
Lung and Bronchus	C34.0 - C34.9	Excludes codes 9590-9989	C34
Colon and Rectum	C18.0 – C20.9, C26.0	Excludes codes 9590-9989	C18 – C20, C26
Female Breast	C50.0 - C50.9 (female only)	Excludes codes 9590-9989	C50 (female only)
Prostate	C61.9	Excludes codes 9590-9989	C61
Oral Cavity and Pharynx	C00.0 - C14.8	Excludes codes 9590-9989	C00 – C14
Melanoma of the Skin	C44.0 - C44.9	Includes only codes 8720-8790	C43
Cervix	C53.0 - C53.9	Excludes codes 9590-9989	C53

Note: Most cancer mortality (ICD-10) codes are similar to cancer incidence (ICD-O-3) topography (site) codes.

Appendix H

**Maryland Cancer Incidence Rates
And Confidence Intervals, 1998-2002;
Maryland Cancer Mortality Rates
And Confidence Intervals, 1999-2002**

**All Cancer Sites Incidence
Age-Adjusted Incidence Rates
by Geographical Area, Maryland, 1998-2002**

Geographical Area	Incidence Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland			
Northwest Region			
Allegany			
Frederick			
Garrett			
Washington			
Baltimore Metropolitan Area			
Anne Arundel			
Baltimore City			
Baltimore County			
Carroll			
Harford			
Howard			
National Capital Area			
Montgomery			
Prince George's			
Southern Region			
Calvert			
Charles			
Saint Mary's			
Eastern Shore			
Caroline			
Cecil			
Dorchester			
Kent			
Queen Anne's			
Somerset			
Talbot			
Wicomico			
Worcester			

**Data not yet available
See Executive Summary
(pages 1 & 2).**

**Lung and Bronchus Incidence
Age-Adjusted Incidence Rates*
by Geographical Area, Maryland, 1998-2002**

Geographical Area	Incidence Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland	68.0	66.9	69.0
Northwest Region			
Allegany	78.3	70.6	86.8
Frederick	63.9	58.5	69.7
Garrett	64.4	53.0	77.8
Washington	69.8	63.9	76.2
Baltimore Metropolitan Area			
Anne Arundel	74.4	70.7	78.2
Baltimore City	90.5	87.3	93.9
Baltimore County	74.5	72.0	77.2
Carroll	60.5	54.8	66.7
Harford	74.0	68.6	79.8
Howard	58.1	53.0	63.6
National Capital Area			
Montgomery	42.4	40.5	44.5
Prince George's	56.2	53.4	59.1
Southern Region			
Calvert	80.6	70.5	91.8
Charles	66.9	59.3	75.3
Saint Mary's	74.6	65.7	84.5
Eastern Shore			
Caroline	78.3	65.1	93.6
Cecil	76.2	67.7	85.6
Dorchester	92.3	79.5	107.1
Kent	74.3	60.7	91.2
Queen Anne's	72.7	61.8	85.5
Somerset	99.6	83.4	118.6
Talbot	65.0	55.4	76.6
Wicomico	88.7	80.0	98.1
Worcester	93.3	83.1	104.7

* Rates are per 100,000 population and are age-adjusted to 2000 U.S. standard population

Source: Maryland Cancer Registry, 1998-2002

**Colon and Rectum Incidence
Age-Adjusted Incidence Rates*
by Geographical Area, Maryland, 1998-2002**

Geographical Area	Incidence Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland	53.3	52.2	54.0
Northwest Region			
Allegany	60.7	53.9	68.3
Frederick	60.9	55.6	66.6
Garrett	53.4	43.1	65.9
Washington	56.2	50.8	61.9
Baltimore Metropolitan Area			
Anne Arundel	53.1	50.0	56.3
Baltimore City	57.6	55.1	60.3
Baltimore County	58.1	55.8	60.4
Carroll	53.5	48.2	59.4
Harford	51.8	47.3	56.8
Howard	50.5	45.8	55.6
National Capital Area			
Montgomery	39.8	37.9	41.8
Prince George's	50.9	48.2	53.7
	57.5	53.0	62.4
Southern Region			
Calvert	56.9	48.6	66.5
Charles	51.1	44.4	58.6
Saint Mary's	66.6	58.1	76.1
Eastern Shore			
Caroline	70.2	57.7	84.7
Cecil	54.8	47.6	62.9
Dorchester	67.3	56.3	80.2
Kent	51.6	40.4	66.1
Queen Anne's	61.7	51.4	73.9
Somerset	57.5	45.3	72.6
Talbot	63.7	54.2	75.1
Wicomico	51.2	44.7	58.5
Worcester	58.7	50.7	68.1

* Rates are per 100,000 population and are age-adjusted to 2000 U.S. standard population

Source: Maryland Cancer Registry, 1998-2002

Female Breast Cancer Incidence
Age-Adjusted Incidence Rates*
by Geographical Area, Maryland, 1998-2002

Geographical Area	Incidence Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland	128.2	126.3	130.0
Northwest Region	129.5	123.1	136.2
Baltimore Metro Region**	134.7	131.5	137.9
Baltimore City	124.3	119.3	129.6
Montgomery County	129.3	124.8	134.0
Prince George's County	115.5	110.6	120.6
Southern Region	115.9	107.7	124.5
Eastern Shore Region	124.9	118.5	131.5

* Rates are per 100,000 population and are age-adjusted to 2000 U.S. standard population

** Region does not include data for Baltimore City

Source: Maryland Cancer Registry, 1998-2002

**Prostate Cancer Incidence
Age-Adjusted Incidence Rates*
by Geographical Area, Maryland, 1998-2002**

Geographical Area	Incidence Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland	179.3	176.7	181.8
Northwest Region	169.3	161.0	177.9
Baltimore Metro Region**	179.9	175.7	184.3
Baltimore City	197.4	189.9	205.3
Montgomery County	173.6	167.5	179.9
Prince George's County	190.5	182.6	198.7
Southern Region	166.3	154.7	178.8
Eastern Shore Region	154.5	146.9	162.5

* Rates are per 100,000 population and are age-adjusted to 2000 U.S. standard population

** Region does not include data for Baltimore City

Source: Maryland Cancer Registry, 1998-2002

**Oral Cancer Incidence
Age-Adjusted Incidence Rates*
by Geographical Area, Maryland, 1998-2002**

Geographical Area	Incidence Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland	10.3	9.9	10.7
Northwest Region	9.0	7.8	10.3
Baltimore Metro Region**	10.3	9.7	11.0
Baltimore City	15.7	14.3	17.1
Montgomery County	7.9	7.1	8.8
Prince George's County	8.3	7.3	9.4
Southern Region	10.7	8.9	12.8
Eastern Shore Region	11.5	10.1	13.0

* Rates are per 100,000 population and are age-adjusted to 2000 U.S. standard population

** Region does not include data for Baltimore City

Source: Maryland Cancer Registry, 1998-2002

**Melanoma Incidence
Age-Adjusted Incidence Rates
by Geographical Area, Maryland, 1998-2002**

Geographical Area	Incidence Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland			
Northwest Region			
	Data not yet available See Executive Summary (pages 1 & 2).		
Baltimore Metro Region**			
Baltimore City			
Montgomery County			
Prince George's County			
Southern Region			
Eastern Shore Region			

**Cervical Cancer Incidence
Age-Adjusted Incidence Rates
by Geographical Area, Maryland, 1998-2002**

Geographical Area	Incidence Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland			
Northwest Region	Data not yet available See Executive Summary (pages 1 & 2).		
Baltimore Metro Region**			
Baltimore City			
Montgomery County			
Prince George's County			
Southern Region			
Eastern Shore Region			

All Cancer Sites Mortality
Number of Cancer Deaths and Age-Adjusted Mortality Rates*
by Geographical Area, Maryland, 1999-2002

Geographical Area	Mortality Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland	206.0	204.0	208.0
Northwest Region			
Allegany	198.5	184.7	212.3
Frederick	193.1	182.5	203.7
Garrett	185.6	163.0	208.2
Washington	206.9	195.2	218.6
Baltimore Metropolitan Area			
Anne Arundel	213.5	206.5	220.5
Baltimore City	267.3	261.0	273.6
Baltimore County	215.4	210.5	220.3
Carroll	202.1	190.3	213.9
Harford	197.1	187.1	207.1
Howard	167.6	158.0	177.2
National Capital Area			
Montgomery	145.3	141.2	149.4
Prince George's	215.9	209.9	221.9
Southern Region			
Calvert	227.6	208.5	246.7
Charles	226.2	210.5	241.9
Saint Mary's	205.4	188.4	222.4
Eastern Shore			
Caroline	241.8	214.8	268.8
Cecil	228.9	211.9	245.9
Dorchester	239.2	215.4	263.0
Kent	189.0	163.7	214.3
Queen Anne's	209.2	187.5	230.9
Somerset	237.0	207.7	266.3
Talbot	193.3	174.5	212.1
Wicomico	229.8	213.8	245.8
Worcester	213.5	196.2	230.8

* Rates are per 100,000 population and are age-adjusted to 2000 U.S. standard population
Source: CDC WONDER, 1999-2002

Lung and Bronchus Mortality
Number of Cancer Deaths and Age-Adjusted Mortality Rates*
by Geographical Area, Maryland, 1999-2002

Geographical Area	Mortality Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland	58.1	57.0	59.2
Northwest Region			
Allegany	57.0	49.6	64.4
Frederick	50.0	44.6	55.4
Garrett	50.4	38.7	62.1
Washington	59.2	53.0	65.4
Baltimore Metropolitan Area			
Anne Arundel	63.2	59.4	67.0
Baltimore City	81.3	77.8	84.8
Baltimore County	64.0	61.3	66.7
Carroll	55.8	49.6	62.0
Harford	60.9	55.4	66.4
Howard	45.0	40.0	50.0
National Capital Area			
Montgomery	32.7	30.8	34.6
Prince George's	56.1	53.0	59.2
Southern Region			
Calvert	71.3	60.6	82.0
Charles	59.9	51.9	67.9
Saint Mary's	54.9	46.2	63.6
Eastern Shore			
Caroline	76.5	61.4	91.6
Cecil	67.9	58.8	77.0
Dorchester	76.0	62.6	89.4
Kent	58.9	44.9	72.9
Queen Anne's	59.6	48.1	71.1
Somerset	79.2	62.4	96.0
Talbot	50.1	40.6	59.6
Wicomico	72.3	63.3	81.3
Worcester	66.0	56.5	75.5

* Rates are per 100,000 population and are age-adjusted to 2000 U.S. standard population

Source: CDC WONDER, 1999-2002

**Colon and Rectum Cancer Mortality
Number of Cancer Deaths and Age-Adjusted Mortality Rates*
by Geographical Area, Maryland, 1999-2002**

Geographical Area	Mortality Rates*	95% Confidence Interval	
		Lower CI	Upper CI
Maryland	22.5	21.8	23.2
Northwest Region			
Allegany	24.1	19.4	28.8
Frederick	23.2	19.5	26.9
Garrett	26.9	18.2	35.6
Washington	22.8	18.9	26.7
Baltimore Metropolitan Area			
Anne Arundel	20.0	17.8	22.2
Baltimore City	29.1	27.0	31.2
Baltimore County	23.6	22.0	25.2
Carroll	23.2	19.2	27.2
Harford	21.5	18.1	24.9
Howard	17.4	14.2	20.6
National Capital Area			
Montgomery	14.4	13.1	15.7
Prince George's	25.8	23.7	27.9
Southern Region			
Calvert	25.3	18.8	31.8
Charles	27.0	21.5	32.5
Saint Mary's	26.5	20.4	32.6
Eastern Shore			
Caroline	31.4	21.7	41.1
Cecil	24.8	19.2	30.4
Dorchester	30.1	21.8	38.4
Kent	16.9	9.3	24.5
Queen Anne's	23.7	16.2	31.2
Somerset	20.5	11.9	29.1
Talbot	22.6	16.2	29.0
Wicomico	25.3	20.0	30.6
Worcester	23.0	17.2	28.8

* Rates are per 100,000 population and are age-adjusted to 2000 U.S. standard population
Source: CDC WONDER, 1999-2002

**Female Breast, Prostate, Oral, Melanoma, and Cervical Cancer Mortality
Number of Cancer Deaths and Age-Adjusted Mortality Rates*
by Geographical Area, Maryland, 1999-2002**

Geographical Area	Mortality Rates*				
	Female Breast	Prostate	Oral	Melanoma	Cervix
Maryland	28.2	32.1	2.9	2.6	2.6
Northwest Region					
Allegany	22.4	31.4	3.2	3.8	1.2
Frederick	24.5	26.4	1.6	2.3	4.2
Garrett	26.9	35.5	1.4	2.4	2.9
Washington	31.3	27.7	2.1	2.0	3.6
Baltimore Metropolitan Area					
Anne Arundel	30.6	26.0	3.1	3.2	2.0
Baltimore City	36.1	50.3	5.5	1.4	4.9
Baltimore County	29.0	28.2	2.9	3.0	2.1
Carroll	24.1	35.3	1.5	4.7	1.8
Harford	21.6	29.2	2.3	2.6	1.1
Howard	24.0	25.4	2.4	1.5	1.3
National Capital Area					
Montgomery	22.6	22.8	2.0	2.9	1.5
Prince George's	29.7	38.9	2.7	1.7	3.0
Southern Region					
Calvert	21.9	46.7	3.1	5.9	0.5
Charles	33.1	32.1	5.2	1.8	4.4
Saint Mary's	18.1	26.2	2.3	4.3	2.6
Eastern Shore					
Caroline	37.7	38.3	0.0	3.9	1.1
Cecil	27.9	45.1	2.4	4.0	2.8
Dorchester	22.6	48.5	3.2	0.6	6.9
Kent	17.2	25.6	4.4	6.9	0.0
Queen Anne's	27.4	23.5	4.8	4.7	1.1
Somerset	21.6	36.1	1.7	1.8	4.1
Talbot	32.7	38.6	3.3	4.3	3.3
Wicomico	40.0	36.0	1.7	2.9	3.1
Worcester	25.2	25.8	3.7	2.0	4.3

* Rates are per 100,000 population and are age-adjusted to 2000 U.S. standard population

Source: CDC WONDER, 1999-2002

Appendix I

Maryland Annual Trend in Cancer Annual Incidence and Mortality Rates 1998-2002

**Maryland Annual Trend in Cancer Annual Incidence and Mortality Rates
1998-2002**

**Table 1: Age-Adjusted Cancer Annual Incidence Rates by Cancer Site
Maryland and U.S., 1998-2002**

Cancer Site	Age-Adjusted Cancer Annual Incidence Rates							
	1998	1999	2000	2001	2002	MD % Change 1998 - 2002	MD Trend	U.S. SEER % Change 1998-2002
All Cancer Sites	484.0	476.8	486.0	444.4	NA	-2.3 (1998-2001)	↓	-0.5% (1998-2001)
Lung	72.4	71.6	71.1	62.5	65.6	-3.3%	↓	-2.1%
Colorectal	58.1	53.3	56.2	52.5	48.9	-3.5%	↓	-2.2%
Breast	139.0	137.0	133.0	121.6	120.1	-4.0%	↓	-1.4%
Prostate	169.7	185.3	187.2	170.7	187.7	1.2%	↑	0.8%
Oral	11.1	10.9	11.1	9.4	9.7	-4.1%	↓	-0.6%
Melanoma	15.2	17.5	17.2	18.6	NA	6.1 (1998-2001)	↑	3.0% (1998-2001)
Cervical	9.0	8.2	7.9	7.0	NA	-7.6 (1998-2001)	↓	-4.9% (1998-2001)

Rates are age-adjusted to 2000 U.S. standard population

NA: Data not available

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Cancer Registry, 1998-2002

SEER, National Cancer Institute, 1998-2002

**Table 2: Age-Adjusted Cancer Annual Mortality Rates by Cancer Site
Maryland and U.S., 1998-2002**

Cancer Site	Age-Adjusted Cancer Annual Mortality Rates							
	1998	1999	2000	2001	2002	MD % Change 1998 - 2002	MD Trend	U.S. SEER % Change 1998-2002
All Cancer Sites	217.5	211.7	209.1	202.2	200.9	-2.0%	↓	-1.0%
Lung	62.9	59.4	59.5	56.8	57.3	-2.3%	↓	-0.8%
Colorectal	23.9	22.5	23.9	21.6	21.0	-3.0%	↓	-1.9%
Breast	30.6	28.5	27.7	27.3	29.2	-1.4%	↓	-1.7%
Prostate	36.1	34.1	31.9	31.3	30.9	-3.9%	↓	-3.7%
Oral	3.1	3.0	3.0	2.8	3.0	-1.3%	↓	-2.1%
Melanoma	2.3	2.3	2.7	2.7	2.8	5.7%	↑	-1.1%
Cervical	2.7	2.8	2.3	2.8	2.5	-1.5%	↓	-3.9%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Division of Health Statistics, 1998-2001

CDC WONDER, 2002

SEER, National Cancer Institute, 1998-2002

**Table 3: All Cancer Sites Annual Incidence Rates by Race and Gender
Maryland, 1998-2002**

Race and Gender	Age-Adjusted Cancer Annual Incidence Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2001
White Male	534.0	538.6	553.3	512.3	NA	-1.0
Black Male	597.6	591.0	620.0	532.1	NA	-3.0
White Female	427.2	413.6	420.0	395.2	NA	-2.2
Black Female	387.5	361.6	390.7	351.2	NA	-2.2

Rates are age-adjusted to 2000 U.S. standard population

NA: Data not available

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Cancer Registry, 1998-2001

**Table 4: All Cancer Sites Annual Mortality Rates by Race and Gender
Maryland, 1998-2002**

Race and Gender	Age-Adjusted Cancer Annual Mortality Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White Male	257.4	253.5	248.6	239.8	235.2	-2.3%
Black Male	345.5	343.3	332.2	328.4	318.3	-2.1%
White Female	182.4	172.2	173.4	168.9	166.4	-2.0%
Black Female	219.0	190.6	196.4	194.2	197.8	-1.8%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Division of Health Statistics, 1998-2001

CDC WONDER, 2002

**Table 5: Lung Cancer Annual Incidence Rates by Race and Gender
Maryland, 1998-2002**

Race and Gender	Age-Adjusted Cancer Annual Incidence Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White Male	91.7	89.6	87.3	77.3	79.5	-4.2%
Black Male	103.5	104.1	110.6	87.6	87.7	-4.9%
White Female	58.9	57.5	58.4	52.8	56.5	-1.7%
Black Female	51.7	52.0	51.4	48.1	52.1	-0.6%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Cancer Registry, 1998-2002

**Table 6: Lung Cancer Annual Mortality Rates by Race and Gender
Maryland, 1998-2002**

Race and Gender	Age-Adjusted Cancer Annual Mortality Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White Male	82.2	77.7	75.7	72.5	72.2	-3.2%
Black Male	102.0	103.2	99.0	97.4	88.0	-3.5%
White Female	48.1	44.8	47.3	45.8	44.9	-1.1%
Black Female	48.9	42.2	43.5	40.5	49.0	-0.4%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Division of Health Statistics, 1998-2001

CDC WONDER, 2002

**Table 7: Colorectal Cancer Annual Incidence Rates by Race and Gender
Maryland, 1998-2002**

Race and Gender	Age-Adjusted Cancer Annual Incidence Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White Male	65.0	61.0	66.6	58.5	54.9	-3.7%
Black Male	73.3	65.3	67.7	56.0	60.9	-5.1%
White Female	47.9	42.0	43.8	46.0	41.9	-1.8%
Black Female	54.3	46.7	55.8	48.1	49.8	-1.4%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Cancer Registry, 1998-2002

**Table 8: Colorectal Cancer Annual Mortality Rates by Race and Gender
Maryland, 1998-2002**

Race and Gender	Age-Adjusted Cancer Annual Mortality Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White Male	25.6	24.9	27.6	25.1	23.7	-1.5%
Black Male	34.2	37.9	39.5	35.0	34.7	-0.5%
White Female	19.9	18.3	18.7	17.6	16.8	-3.7%
Black Female	25.1	25.0	27.5	25.3	22.6	-2.0%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Division of Health Statistics, 1998-2001

CDC WONDER, 2002

**Table 9: Female Breast Cancer Annual Incidence Rates by Race
Maryland, 1998-2002**

Race	Age-Adjusted Cancer Annual Incidence Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White	138.4	135.5	136.9	123.4	125.9	-2.8%
Black	115.9	121.3	116.6	109.4	108.7	-2.3%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Cancer Registry, 1998-2002

**Table 10: Female Breast Cancer Annual Mortality Rates by Race
Maryland, 1998-2002**

Race	Age-Adjusted Cancer Annual Mortality Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White	28.7	27.0	26.0	26.4	27.3	-1.2%
Black	39.6	33.8	34.1	33.5	36.1	-1.9%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Division of Health Statistics, 1998-2001

CDC WONDER, 2002

**Table 11: Prostate Cancer Annual Incidence Rates by Race
Maryland, 1998-2002**

Race	Age-Adjusted Cancer Annual Incidence Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White	138.4	155.2	161.3	153.0	173.2	4.4%
Black	219.7	226.1	236.5	210.0	259.7	2.6%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Cancer Registry, 1998-2002

**Table 12: Prostate Cancer Annual Mortality Rates by Race
Maryland, 1998-2002**

Race	Age-Adjusted Cancer Annual Mortality Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White	30.1	28.6	26.9	25.2	23.5	-6.0%
Black	67.1	68.1	61.4	65.3	71.4	0.8%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Division of Health Statistics, 1998-2001

CDC WONDER, 2002

**Table 13: Oral Cancer Annual Incidence Rates by Race and Gender
Maryland, 1998-2002**

Race and Gender	Age-Adjusted Cancer Annual Incidence Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White Male	15.1	15.4	15.9	12.8	15.1	-1.8%
Black Male	18.1	17.4	18.9	16.7	15.5	-3.5%
White Female	6.6	5.6	6.2	5.4	5.4	-4.3%
Black Female	6.3	6.4	4.7	5.5	4.8	-6.7%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Cancer Registry, 1998-2002

**Table 14: Oral Cancer Annual Mortality Rates by Race and Gender
Maryland, 1998-2002**

Race and Gender	Age-Adjusted Cancer Annual Mortality Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White Male	3.9	4.0	4.4	3.8	3.7	-1.6%
Black Male	8.3	7.9	9.5	8.1	6.4	-4.8%
White Female	2.0	1.7	1.1	1.1	2.0	-4.3%
Black Female	1.1	1.3	0.8	2.2	1.9	17.6%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Division of Health Statistics, 1998-2001

CDC WONDER, 2002

**Table 15: Melanoma Annual Incidence Rates by Gender
Maryland, 1998-2002**

Gender	Age-Adjusted Cancer Annual Incidence Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2001
Male	17.1	22.1	22.8	23.7	NA	10.6%
Female	9.8	14.5	13.2	14.9	NA	12.3%

Rates are age-adjusted to 2000 U.S. standard population

NA: Data not available

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Cancer Registry, 1998-2001

**Table 16: Melanoma Annual Mortality Rates by Gender
Maryland, 1998-2002**

Gender	Age-Adjusted Cancer Annual Mortality Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
Male	3.3	3.3	4.1	3.9	4.6	8.7%
Female	1.6	1.6	1.7	1.8	1.4	-1.5%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Division of Health Statistics, 1998-2001

CDC WONDER, 2002

**Table 17: Cervical Cancer Annual Incidence Rates by Race
Maryland, 1998-2002**

Race	Age-Adjusted Cancer Annual Incidence Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2001
White	7.7	6.5	6.4	5.4	NA	-10.2%
Black	10.7	10.4	10.6	8.2	NA	-7.5%

Rates are age-adjusted to 2000 U.S. standard population

NA: Data not available

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Cancer Registry, 1998-2001

**Table 18: Cervical Cancer Annual Mortality Rates by Race
Maryland, 1998-2002**

Race	Age-Adjusted Cancer Annual Mortality Rates					
	1998	1999	2000	2001	2002	% Change 1998 - 2002
White	1.9	2.4	2.1	2.4	1.7	-2.2%
Black	5.2	3.8	3.3	4.6	4.8	0.3%

Rates are age-adjusted to 2000 U.S. standard population

Percent change reflects Estimated Annual Percent Change (EAPC)

Source: Maryland Division of Health Statistics, 1998-2001

CDC WONDER, 2002

Appendix J

Maryland Trend in Cancer Stage of Disease at Diagnosis by Year for Each Cancer Site, 1998-2002

**Maryland Trend In Cancer Stage of Disease at Diagnosis by
Year for each Cancer Site, 1998-2002**

**Table 1: All Cancer Sites by Percent of Stage of Cancer at Diagnosis and Year
Maryland, 1998-2002**

Stage					
	1998	1999	2000	2001	2002
	%	%	%	%	%
Local	41.3	41.4	43.8	41.9	NA
Regional	21.9	20.8	20.9	20.6	NA
Distant	17.1	16.5	16.5	16.7	NA
Unstaged	19.7	21.4	18.8	20.8	NA

Source: Maryland Cancer Registry, 1998-2001

**Table 2: Lung Cancer by Percent of Stage of Cancer at Diagnosis and Year
Maryland, 1998-2002**

Stage					
	1998	1999	2000	2001	2002
	%	%	%	%	%
Local	22.3	21.0	22.3	19.8	18.6
Regional	27.7	26.7	26.3	28.3	26.2
Distant	35.9	35.8	35.0	36.1	37.9
Unstaged	14.1	16.6	16.4	15.7	17.3

Source: Maryland Cancer Registry, 1998-2002

**Table 3: Colorectal Cancer by Percent of Stage of Cancer at Diagnosis and Year
Maryland, 1998-2002**

Stage					
	1998	1999	2000	2001	2002
	%	%	%	%	%
Local	32.8	30.4	31.4	30.1	33.9
Regional	40.1	37.8	40.0	38.4	35.0
Distant	15.3	17.8	14.9	14.6	15.2
Unstaged	11.8	14.1	13.7	16.9	15.9

Source: Maryland Cancer Registry, 1998-2002

**Table 4: Breast Cancer by Percent of Stage of Cancer at Diagnosis and Year
Maryland, 1998-2002**

Stage					
	1998	1999	2000	2001	2002
	%	%	%	%	%
Local	59.2	58.4	57.8	56.4	59.5
Regional	26.4	26.4	28.4	28.2	27.3
Distant	4.4	3.2	3.8	3.7	3.7
Unstaged	10.0	12.0	10.1	11.7	9.5

Source: Maryland Cancer Registry, 1998-2002

Table 5: Prostate Cancer by Percent of Stage of Cancer at Diagnosis and Year Maryland, 1998-2002

Stage					
	1998	1999	2000	2001	2002
	%	%	%	%	%
Local	58.2	58.4	68.4	62.2	60.9
Regional	8.5	7.2	6.8	5.8	5.7
Distant	3.5	2.8	2.8	2.5	2.6
Unstaged	29.8	31.5	22.1	29.5	30.8

Source: Maryland Cancer Registry, 1998-2002

Table 6: Oral Cancer by Percent of Stage of Cancer at Diagnosis and Year Maryland, 1998-2002

Stage					
	1998	1999	2000	2001	2002
	%	%	%	%	%
Local	36.4	34.7	37.0	34.6	35.5
Regional	41.0	44.7	44.5	43.9	42.7
Distant	5.9	5.0	6.1	4.8	6.1
Unstaged	16.8	15.6	12.4	16.7	15.7

Source: Maryland Cancer Registry, 1998-2002

Table 7: Melanoma Cancer by Percent of Stage of Cancer at Diagnosis and Year Maryland, 1998-2002

Stage					
	1998	1999	2000	2001	2002
	%	%	%	%	%
Local	47.7	43.6	57.6	51.4	NA
Regional	6.1	7.0	4.9	5.7	NA
Distant	3.2	2.5	3.3	3.0	NA
Unstaged	43.1	47.0	34.1	40.0	NA

Source: Maryland Cancer Registry, 1998-2001

Table 8: Cervical Cancer by Percent of Stage of Cancer at Diagnosis and Year Maryland, 1998-2002

Stage					
	1998	1999	2000	2001	2002
	%	%	%	%	%
Local	51.6	40.3	46.9	42.4	NA
Regional	23.4	28.3	26.1	24.4	NA
Distant	7.7	9.7	6.6	6.8	NA
Unstaged	17.3	21.7	20.4	26.3	NA

Source: Maryland Cancer Registry, 1998-2001