

Maryland Department of Health & Mental Hygiene

Cancer Report 2006

Cigarette Restitution Fund Program Cancer Prevention, Education, Screening and Treatment Program

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State of Maryland

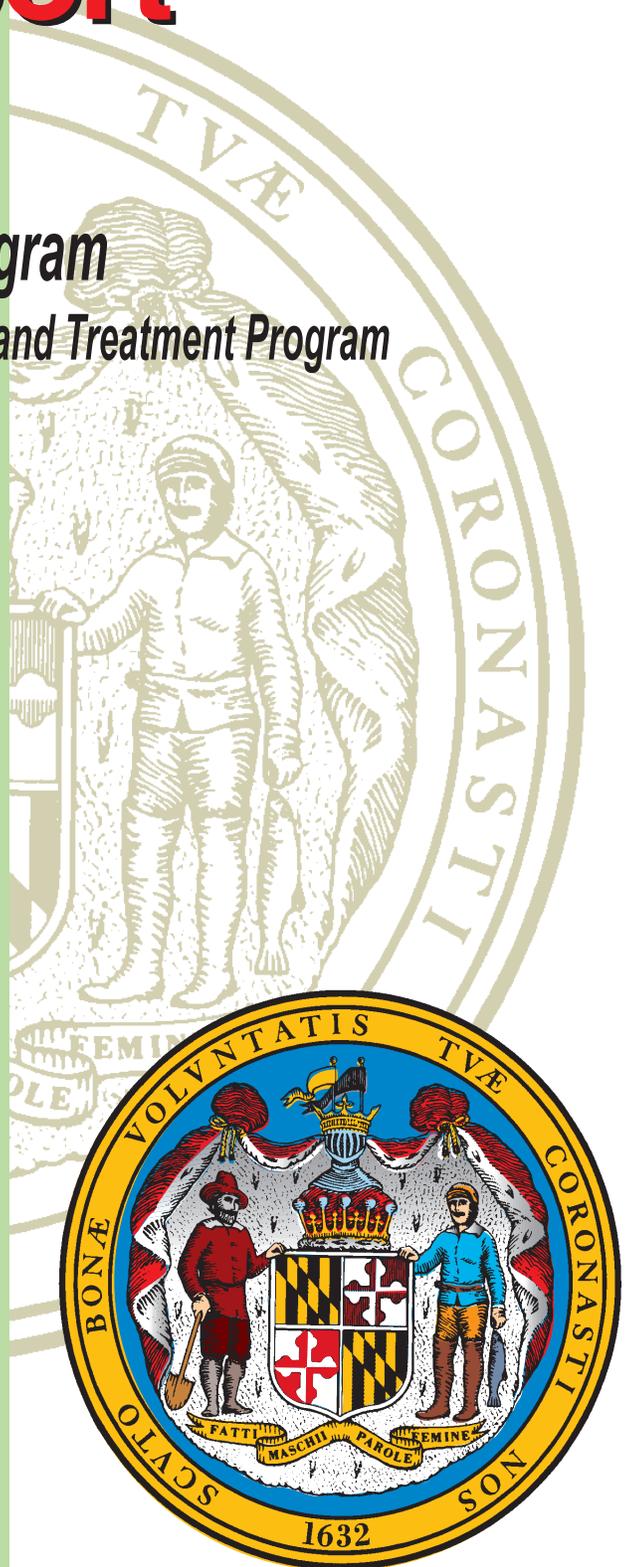
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STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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Robert L. Ehrlich, Jr., Governor - Michael S. Steele, Lt. Governor - S. Anthony McCann, Secretary

Dear Fellow Marylanders:

Cancer is the second leading cause of death in Maryland and in the nation. Over 26,000 Marylanders were diagnosed with cancer in the year 2002, and more than 10,000 died from this disease. Maryland ranks fifteenth in the nation in cancer mortality. Technical advances and improving resources have led to earlier diagnosis and better treatment of most cancers. As a result, more people diagnosed with cancer are surviving each year.

The Cigarette Restitution Fund (CRF) Program is among the highest priorities for the Maryland Department of Health and Mental Hygiene. The CRF Program includes the Cancer Prevention, Education, Screening and Treatment Program. The primary goals are to reduce cancer mortality and to decrease health disparities in cancer. The Department is coordinating efforts of the CRF Program through local health departments and other partnerships in order to reduce the burden of cancer.

The enclosed 2006 Cancer Report of the Cigarette Restitution Fund Program reviews total cancers and the seven specific cancer sites targeted by the Cancer Prevention, Education, Screening and Treatment Program: lung and bronchus, colon and rectum, female breast, prostate, oral, melanoma of the skin, and cervix. These cancers were selected for review based on the capacity for prevention (e.g., lung and bronchus, melanoma of the skin), early detection and treatment (e.g., colon and rectum, female breast, cervix, oral cavity), or on the impact on incidence and mortality (e.g., prostate).

Cancer prevention and control is the result of awareness and proactive behavior of all Marylanders. On behalf of the Maryland Department of Health and Mental Hygiene, I appreciate your efforts to control cancer in our great State.

Sincerely,

S. Anthony McCann
Secretary

2006 Cancer Report

Cigarette Restitution Fund Program
Cancer Prevention, Education, Screening and Treatment Program

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Dedication

We dedicate this report to all persons whose lives have been touched by cancer.

While this publication reflects numbers and statistics, we recognize that the focus is on individuals and the devastating impact that a cancer diagnosis places on an individual and their significant others, such as families and friends. We hope to make a difference for cancer survivors and people in their lives so they can face the many challenges and aspects related to cancer diagnosis and treatment.



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I. Executive Summary

A. Introduction

This publication is the Cigarette Restitution Fund Program's (CRFP) 2006 Cancer Report. The primary purpose of the Cancer Report is to assist local health departments and local community health coalitions under the CRFP in planning and implementing comprehensive cancer prevention, education, screening, and treatment programs. The data and the "Public Health Intervention" recommendations are intended to provide guidance to local health departments, Statewide academic health centers, community health coalitions, and other community organizations as they decide how to allocate limited resources (e.g., staff time, funding) for the maximum benefit, with the goal of reducing cancer mortality.

The CRFP was established to provide for the distribution of funds as a result of multi-state litigation against the tobacco industry. This program provided approximately \$28.4 million in 2005 to combat cancer. The CRFP law established the Cancer Prevention, Education, Screening and Treatment (CPEST) Program within the Maryland Department of Health and Mental Hygiene (DHMH). The primary goal of the CPEST Program is to reduce cancer mortality in the State of Maryland.

The CRFP law requires DHMH to identify the types of cancers that may be targeted under the CPEST Program. In addition to overall cancers presented in this report, DHMH has selected seven targeted cancers that are examined individually. The seven targeted cancers are: lung and bronchus, colon and rectum, female breast, prostate, oral, melanoma of the skin, and cervix. These cancers were selected because they can be prevented (e.g., lung and bronchus, melanoma) or detected and treated early (e.g., colon and rectum, female breast, cervix, oral cavity), or because of their impact on incidence and mortality (e.g., prostate).

Additionally, the CRFP law requires counties to develop plans to: 1) eliminate the higher incidence and mortality rates of cancer in minority populations (as defined in the CRFP law as women, or individuals of African, Hispanic, Native American, and Asian descent) and the higher rates in rural areas, and 2) increase availability of and access to health care services for medically underserved populations and uninsured individuals.

The Cancer Report provides information on cancer incidence, mortality, stage of disease at diagnosis, public health evidence, recommended areas for public health intervention, and Maryland screening behaviors compared to the Healthy People 2010 objectives for screening behaviors.

DHMH discovered some problems with the incidence and stage of disease data in the Maryland Cancer Registry (MCR) for the years 2002 and 2003, especially data relating to cervical cancer and melanoma skin cancer. For this reason, incidence data for these two cancer sites and for all cancer sites for 2002 have not been included in this report. Cancer incidence data for 2002 are only presented for lung, colorectal, breast, prostate, and oral

cancers. In addition, incidence data for 2003 are not included in this report. DHMH is actively taking steps to correct the data in the MCR and expects to have this data available in early 2007. Future cancer reports will include the data for these years and these cancer sites.

B. Major Highlights of the Report

1. Major findings for **all cancer sites**:

- Beginning in 1991, cancer mortality rates began exceeding those from heart disease for Maryland residents under age 85 years.
- For persons 85 years and older, mortality rates due to cancer have either leveled off or are increasing slightly, while corresponding rates for heart disease continue to decline.
- Cancer is the second leading cause of death in Maryland, responsible in 2002 for 23.6% of all deaths; 10,395 cancer deaths occurred in 2002. Cancer mortality in Maryland decreased 2.0% per year from 1998-2002.
- Maryland is ranked 15th among states and the District of Columbia in total cancer mortality for the time period 1998-2002, dropping from 13th (from 1997-2001) and 11th (from 1996-2000).
- The 2002 cancer mortality rate for Maryland is statistically significantly higher than the corresponding U.S. rate.
- Cancer mortality rates increase with increasing age for both males and females.
- Males generally have higher incidence and mortality rates than females.
- White males, black males, white females, and black females showed decreasing cancer mortality rates. The largest decline in mortality rate was for white males, having an average annual decrease of 2.3% per year from 1998 to 2002.
- Black males have the highest mortality rates, white females the lowest.

2. Major findings for **lung and bronchus** cancer:

- Lung cancer is the leading cause of cancer death in both men and women in Maryland, accounting for 28.5% of all cancer deaths.
- Tobacco use is the primary cause of lung cancer; tobacco smoking causes 90% of lung cancer in males and 78% of lung cancer in females.
- The public health intervention for lung cancer is the prevention and cessation of tobacco use.
- In 2002, Maryland for the first time surpassed the Healthy People 2010 goal to reduce the current use of tobacco products by youth.

3. Major findings for **colon and rectum** cancer:

- Colorectal cancer is the second leading cause of cancer death in Maryland.
- The recommended public health intervention for colorectal cancer is early detection through screening colonoscopy or fecal occult blood testing with flexible sigmoidoscopy.

- Maryland's rank in colorectal cancer mortality dropped from 5th highest (1997-2001) to 12th highest (1998-2002).
- The percentage of Maryland adults age 50 years and older receiving colonoscopy or sigmoidoscopy increased 8.4% between 2002 and 2004; in 2004, 63.1% had a colonoscopy or sigmoidoscopy.
- Maryland continues to surpass the Healthy People 2010 objective to increase the percent of adults receiving a colonoscopy or sigmoidoscopy.

4. Major findings for **female breast** cancer:

- Breast cancer is the most common reportable cancer among women and the second leading cause of cancer death among women after lung cancer.
- The recommended public health intervention for breast cancer is early detection using mammography and clinical breast examination by a health care professional.
- Maryland has exceeded the Healthy People 2010 objective for mammography screening in 1998, 1999, 2000, 2002, and 2004.

5. Major findings for **prostate** cancer:

- Prostate cancer is the most common reportable cancer among men and the second leading cause of cancer death among men after lung cancer.
- Black men consistently experienced prostate incidence rates above those of white men. Rates for both white and black men have been increasing; the fastest increase was for white males.
- Prostate cancer mortality rates for black men consistently exceeded corresponding rates for white men from 1998 to 2002.
- Mortality rates for black men have been increasing at an average annual rate of 0.8% compared to a decrease of 6.0% for white men.
- Clinicians should discuss with their patients the potential benefits and uncertainties regarding prostate cancer detection and treatment, consider individual patient preferences, and individualize the decision to screen.

6. Major findings for **oral** cancer:

- There is extensive evidence that tobacco use causes oral cancer.
- The recommended public health interventions for oral cancer are avoidance and cessation of tobacco use, avoidance and reduction of alcohol consumption, avoidance of sun and use of ultraviolet (UV) light-blocking lip balm, and screening for oral cancer targeted to individuals 40 years of age and older.

7. Major findings for **melanoma** skin cancer:

- When tracked over time, males had a pattern of higher melanoma incidence rates than females; both male and female incidence rates have been increasing.

- From 1998 to 2002, male mortality rates have been increasing at an annual rate of 8.7%, while corresponding female rates have been declining an average of 1.5% per year.
- The recommended public health intervention for skin cancer is reduction of exposure to UV light by: 1) avoiding the sun between 10 a.m. and 4 p.m., 2) wearing sun protective clothing when exposed to sunlight, 3) using sunscreens with a SPF of 15 or higher, and 4) avoiding artificial sources of UV light (e.g., tanning booths).

8. Major findings for **cervical** cancer:

- The recommended public health intervention for cervical cancer is early detection using the Pap test for women beginning at the onset of sexual activity or by age 21 if not sexually active.
- The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends the human papilloma virus vaccine as a means for preventing cervical cancer. ACIP recommends the vaccine, Gardasil, be given routinely to girls when they are age 11-12 years. The ACIP recommendation also allows for vaccination of girls beginning at age nine years as well as vaccination of girls and women, age 13-26 years.

C. Major Changes to this Report from the 2004 Annual Cancer Report

- Incidence data for all cancer sites, melanoma, and cervical cancer are not presented.
- The all cancer sites chapter now has two new graphs comparing cancer mortality rates with those caused by heart disease for persons below age 85 years and 85 years and older.
- DHMH used CDC WONDER as the primary source for Maryland mortality data; specifically, it was used for single year (2002) and aggregate year (1999-2002) data.
- A revised method for representing the geographic distribution of rates for cancer incidence and cancer mortality was applied to the maps. Previously, a ramp of four rate groupings was used based on the percentage above or below the U.S. rate. Now there are five categories. 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.