Maryland Department of Health & Mental Hygiene

Annual Cancer Report

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

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Dear Fellow Marylanders:

Cancer is the second leading cause of death in Maryland and in the nation. Over 23,000 Marylanders were diagnosed with cancer in the year 2001, and more than 10,000 died from this disease. Maryland ranks thirteenth in the nation in cancer mortality. Recent updates in technology have led to earlier diagnosis and better treatment of most cancers. As a result, more people diagnosed with cancer are living and surviving each year.

The Cigarette Restitution Fund (CRF) Program is an important component and is one of my highest priorities for the Maryland Department of Health and Mental Hygiene. The program includes the Cancer Prevention, Education, Screening and Treatment Program whose primary goal is to reduce the morbidity associated with cancer and to decrease health disparities. We are coordinating efforts through various partnerships in order to eliminate the burden of cancer.

The enclosed 2004 Annual Cancer Report of the Cigarette Restitution Fund Program focuses on all cancer sites combined as well as 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 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).

On behalf of the Maryland Department of Health and Mental Hygiene, I appreciate your efforts in the battle to control cancer in Maryland.

Sincerely,

S. Anthony McCann
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Dedication

We dedicate this report to all persons who have ever been diagnosed with cancer and their families in Maryland. We hope that by the efforts of the Department, including the Cigarette Restitution Fund Program and other programs, cancer survivors (people diagnosed with cancer) and people in their lives who are affected by the diagnosis can cope with 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) Annual Cancer Report for 2004. The purpose of the Annual 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) to 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 $30 million in 2004 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 this 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 in this report. 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 uninsured individuals and medically underserved populations.

The Annual 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 as compared to the Healthy People 2010 screening behaviors objectives.
B. Major Highlights of the Report

1. Major findings for all cancer sites:
   - 23,038 cases of cancer were reported in Maryland in 2001 (excluding non-melanoma skin cancer). Overall cancer incidence is decreasing 29% per year.
   - The all cancer sites incidence rate is lower among Hispanics than whites or blacks. In 2001, there were a total of 352 cancer cases among individuals of Hispanic ethnicity.
   - Cancer is the second leading cause of death in Maryland, responsible for 24% of all deaths. 10,179 cancer deaths occurred in 2001. Cancer mortality in Maryland decreased 2.0% per year from 1997-2001.
   - The 2001 cancer mortality rate for Maryland is statistically significantly higher than the U.S. rate.
   - Blacks have a statistically significantly higher mortality rate than whites for all cancer sites combined.
   - Cancer incidence and mortality rates increase with increasing age for both males and females. Males have a statistically significantly higher mortality rate than females for all cancer sites combined and for all ages after age 49 years.

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% 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.
   - The percent of Maryland adults receiving colonoscopy or sigmoidoscopy increased 11.5% between 2001 and 2002.
   - 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 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.

5. Major findings for prostate cancer:

- Prostate cancer is the most common reportable cancer among men and the third leading cause of cancer death among men after lung cancer and colorectal cancer.
- Prostate cancer incidence and mortality rates are statistically significantly higher among black men than 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:

- Incidence and mortality rates of melanoma are statistically significantly higher among males than females and among whites than blacks.
- Melanoma cancer incidence rates are continuing to increase at the same time cancer incidence rates for all sites combined and for major cancer sites are declining.
- The recommended public health intervention for skin cancer is reduction of exposure to ultraviolet 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 ultraviolet light (e.g., tanning booths).

8. Major findings for cervical cancer:

- The invasive cervical cancer incidence rate is decreasing at a faster rate than any of the targeted cancers.
- 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.
C. Major Changes to this Report from the 2003 Annual Cancer Report

- The all cancer sites chapter now has two new graphs showing age-specific cancer incidence and mortality rates by gender.
- Each chapter has a new format for depicting staging; stage data for each targeted cancer are now shown as a trend over a 6-year period, 1996-2001.
- Cancer-related behavior (e.g., smoking, screening, etc.) for the chapters is now tracked over time for recent years when data are available, and results are compared against the appropriate Healthy People objective.
- A set of cancer incidence maps have been added in each chapter.
- A revised method for representing the geographic distribution of rates for cancer incidence and cancer mortality was applied to the maps. Each county or region’s rate was compared to the U.S. rate. The rates are shown in four categories: >25% above the U.S. rate, 1-25% above the U.S. rate, 0-25% below the U.S. rate, and >25% below the U.S. rate. The new approach replaces the previous method of showing statistical difference from the U.S. rate.
- The new Appendix I combines the Maryland cancer incidence rates and mortality rates for the years 1997-2001 and the annual percent change for this period from each chapter.
- Similarly, the new Appendix J provides the percent of each stage at diagnosis for all cancer sites and the targeted cancers for the years 1996 through 2001.