The Maine Cancer Surveillance Report

2009

Maine Cancer CONSORTIUM

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Acknowledgements

The Cancer Surveillance Report was produced by the Maine Cancer Consortium's Data Work Group. The Work Group comprises members from the following partner organizations:

Maine Center for Disease Control and Prevention, DHHS

- Maine Behavioral Risk Factor Surveillance System
- Maine Breast and Cervical Health Program
- Maine Cancer Registry
- Maine Comprehensive Cancer Control Program
- Maine Office of Data, Research, and Vital Statistics

Maine Center for Public Health

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Executive Summary

The National Cancer Institute (NCI) estimated that in 2008 approximately 1.4 million Americans were diagnosed with cancer, and over half a million died of cancer[1]. In Maine, roughly 8,500 individuals are diagnosed with cancer each year, and 3,000 die as a result, accounting for a quarter of total deaths in Maine[2]. Cancer has a large relative burden in Maine when compared to the rest of the nation.

Early detection of cancer before symptoms develop leads to the diagnosis of cancer at an earlier stage when treatment may improve health outcomes, including increased survival rates. Effective early detection techniques are available for breast, cervical, and colorectal cancer. Screening for the early detection of these cancers has likely influenced the reported decrease in mortality rates for these cancers.

It is estimated that 75 to 85 percent of cancers are at least partially attributable to environmental factors, many of which are preventable risk factors such as tobacco use, suboptimal diet, inadequate exercise, excessive weight, sun exposure, and alcohol use. Although Maine has shown some decrease in youth and adult smoking, other factors such as poor diet, lack of exercise, and obesity and overweight have not changed or have increased in recent years. Notably, a quarter of Maine adults are currently obese and over sixty percent of Maine adults are overweight or obese, putting them at risk not only for developing cancer, but many other preventable diseases.

Prevention Key Findings

- Tobacco use has decreased in Maine. Currently, 20 percent of adults and 14 percent of high school students report current smoking, compared to 25 percent of adults and 38 percent of high school students in 1995. Sixty percent of adults report having attempted to quit smoking in the past year, an increase from 35 percent in 1995. People who report lower levels of income or educational attainment are more likely to smoke. Young adults have the highest prevalence of smoking.
- Less than one-third of Maine adults eat the recommended amount of fruits and vegetables. Twenty-nine percent of adults and 20 percent of high school students report eating five or more servings of fruits and vegetables daily. Women are more likely to consume five or more servings daily, as are adults with higher education or income levels.
- Adult exercise has not changed over the past five years; approximately 56 percent of adults report engaging in moderate or vigorous exercise several times a week. Youth exercise has slightly decreased between 2001 and 2007, with significantly more boys compared to girls reporting vigorous exercise three times a week.

- Adult obesity prevalence has increased over the past decade, rising from 14 percent in 1995 to 20 percent in 2000 and to over 25 percent in 2007. Low income is associated with greater obesity prevalence. Youth prevalence rates for obesity and overweight have not changed significantly from 2001 to 2007. High school boys are roughly two times more likely to be obese than high school girls.
- Sunscreen use on sunny days is low in Maine, and has not changed over time. Thirty-eight percent of adults report always or almost always using sunscreen when outside for more than an hour on sunny days, while only 14 percent of high school youth report similar sunscreen use. Forty percent of adults report never using sunscreen. In adults, sunscreen use is positively associated with educational attainment, with roughly twice as many adults with more than a high school diploma using sunscreen compared to those who did not complete high school. In both adults and youth, sunscreen use is more prevalent in females than males.
- Underage alcohol consumption in Maine's youth has decreased over time. Forty percent of high school students report having at least one drink in the past 30 days, compared to over 50 percent in 1994; 23 percent report at least one episode of five drinks or more within the past 30 days, compared to 31 percent in 1995.

Early Detection Key Findings

- Colorectal cancer screening has increased in Maine. The proportion of Maine adults aged fifty and older who report ever having had a colonoscopy or sigmoidoscopy has increased significantly from 2001 (47%) to 2007 (73%). The percentage of Maine adults age fifty and older reporting either of the endoscopic screening tests in the past five years has also increased from 40 to 63 percent between 2001 and 2007.
- Breast cancer screening has also increased in Maine. Between 1994 and 2006, the percentage of Maine women age fifty and older who reported having had a mammogram and clinical breast examination in the past year increased significantly from 50 to 61 percent. In 2006, 82 percent of Maine women age forty and older reported having had a mammogram in the past two years, higher than the median U.S. state prevalence of 77 percent.
- A high proportion of Maine women have received cervical cancer screening. In 2006, 97 percent of women age eighteen and older reported ever having had a Pap test, and 89 percent reported having had a Pap test in the past three years, which is significantly higher than the U.S. prevalence (84%).

Incidence and Mortality Key Findings

- Since 1997, overall cancer incidence and mortality rates have been higher in Maine compared to the nation. In 2005, Maine's age-adjusted cancer incidence rate was 518 per 100,000 compared to 456 per 100,000 for the

U.S. total population and 466 per 100,000 for the U.S. white population.

- From 1995 to 2005, Maine age-adjusted incidence rates have increased from 476 to 518 per 100,000.
- In 2005, Maine's age-adjusted cancer mortality rate was 205 per 100,000, compared to the U.S. rate of 184 per 100,000.
- Overall cancer mortality rates have decreased in both Maine and the U.S between 1995 and 2005.
- Maine incidence and mortality rates for cancers that are not gender-specific such as lung and colorectal are significantly higher in men than women.

Lung and Bronchus Cancer

- In 2005, a total of 1,222 Maine residents were diagnosed with lung and bronchus cancer. The age-adjusted incidence rate for the same year was 78 per 100,000. Over the reporting period, the age-adjusted incidence rate of lung and bronchus cancer in Maine has been relatively stable, and significantly higher than the U.S. total population. The U.S. age-adjusted incidence rate for lung and bronchus cancer has decreased from 1998 (68 per 100,000) to 2005 (61 per 100,000). The incidence of lung and bronchus cancer is higher in men than women in both Maine and the U.S.
- In 2005, a total of 946 Maine residents died from lung and bronchus cancer, with an age-adjusted mortality rate of 60 per 100,000--the highest cancer death rate in Maine. Nationally and in Maine there has been a decreasing trend in mortality rates for lung and bronchus cancer, but the evidence for such a trend is weaker in Maine. Over time Maine has consistently had a higher mortality rate compared to the national rate.

Colon and Rectal (Colorectal) Cancer

- In 2005, a total of 849 Maine residents were diagnosed with colorectal cancer, for an age-adjusted incidence rate of 54 per 100,000. This rate has not changed significantly over the past decade. In contrast, the U.S. colorectal cancer incidence rate has declined from 54 per 100,000 in 1995 to 47 per 100,000 in 2005. The incidence of colorectal cancer is significantly higher in men than women in both Maine and the U.S.
- National data show a strong relationship between the early detection of cancer and survival rates for colorectal cancer. Close to half (47%) of colorectal cancer cases in Maine are local in stage at diagnosis. National data suggests a 90 percent chance of five-year survival when stage at diagnosis is local. A higher percentage of cases are local in stage at diagnosis in Maine (47%) compared to the nation (40%).
- From 1995 to 2005, mortality from colorectal cancer has decreased. In 2005, a total of 278 Maine residents died of colorectal cancer for an age-adjusted rate of 18 per 100,000. Maine does not differ significantly from the nation in terms of colorectal cancer mortality. Over the reporting period, colorectal cancer mortality was higher in men than women in both Maine and the U.S., however the difference was not always statistically significant in Maine.

Prostate Cancer

- Prostate cancer is the most commonly diagnosed cancer in Maine men. In 2005, a total of 1,084 men were diagnosed with prostate cancer, for an age-adjusted prostate cancer incidence rate of 151 per 100,000 men. Between 1995 and 2001, prostate cancer incidence increased from 141 to 187 per 100,000, but has since declined.
- Maine's mortality rate for prostate cancer has decreased significantly over time. In 1995, the age-adjusted mortality rate was 42 per 100,000, compared to the 2005 age-adjusted mortality rate of 26 per 100,000.

Female Breast Cancer

- Female breast cancer incidence has not changed significantly over the past decade and has been similar to the U.S. white female rate. In 2005, a total of 1,078 Maine women were diagnosed with breast cancer, for an age-adjusted incidence rate of 130 per 100,000.
- National data show a strong relationship between the stage at diagnosis of breast cancer and survival rates. In Maine and nationally, over 90 percent of breast cancer cases are diagnosed with local or regional stage versus distant or unknown stage.
- From 1995 to 2005, age-adjusted breast cancer mortality rates in Maine have decreased from 32 to 22 per 100,000 women. In 2005, a total of 198 Maine women died from breast cancer.

Bladder Cancer

- Roughly 400 Maine residents are diagnosed with bladder cancer annually, for an age-adjusted incidence rate of 28 per 100,000. The incidence rate for bladder cancer has not changed significantly over the past decade; however, Maine has consistently had higher age-adjusted incidence rates compared to the U.S. Bladder cancer incidence rates for males are more than three and one-half times higher than rates for females in both Maine and the U.S.
- For the time period 2002-2005, approximately 85 Maine residents died annually from bladder cancer. For this same time period, Maine's age-adjusted mortality rate for bladder cancer was six per 100,000, significantly higher than the rates for the U.S. age-adjusted mortality rates for bladder cancer are approximately three times higher in males than females.

Melanoma

- Maine's age-adjusted melanoma incidence rates have increased from 16 per 100,000 in 1995-1998 to 22 per 100,000 in 2002-2005. This trend is observed nationally as well. Melanoma incidence is significantly higher for males than females in both Maine and the U.S.
- The five-year survival rate is 99 percent when melanoma is diagnosed at a local stage, but drops to 65 percent when diagnosed with regional involvement. In Maine, fewer cases of melanoma are diagnosed with local stage disease (75%) compared to the U.S. (84%). Twelve percent of Maine melanoma cases were diagnosed with regional stage, with the remainder of the cases either distant or unknown stage.
- For the time period 2002-2005, 44 Maine residents died each year from melanoma, for an age-adjusted mortality rate of three per 100,000 which was similar to the U.S. white population. Mortality from melanoma is more than two times higher in males than females for both Maine and the U.S.

Oropharyngeal Cancer

- For the time period 2002-2005, about 182 Maine residents per year were diagnosed with oropharyngeal cancer, for an age-adjusted annual incidence rate of 12 per 100,000. The average 2002-2005 age-adjusted oropharyngeal cancer incidence rates for Maine men was more than two and one-half times as high as that of the incidence rate for Maine women. Nationally, a small decrease in incidence for oropharyngeal cancer has been observed, but this trend is not observed in Maine.
- About 44 Maine residents die from oropharyngeal cancer each year, for an age-adjusted mortality rate of three per 100,000. Mortality rates for oropharyngeal cancer in men are about three times higher than in women.

Cervical Cancer

- Each year, over 50 Maine women are diagnosed with cervical cancer. Maine's age-adjusted incidence rate for cervical cancer is eight per 100,000 women, compared to the U.S. white female population rate of seven per 100,000. The incidence of cervical cancer has decreased significantly over the past decade, both in Maine and the U.S.
- Early detection of cervical cancer is strongly correlated with survival. In Maine, more cases of cervical cancer are diagnosed with localized stage cancer (60%) compared to the nation (47%).
- For the time period 2002-2005, an average of 16 Maine women died of cervical cancer each year, for an average age-adjusted cervical cancer mortality rate of two per 100,000 women. Maine's age-adjusted cervical cancer mortality rate has decreased significantly over the past decade.

Introduction 1

Understanding Cancer

What is cancer?

The term "cancer" describes a group of diseases characterized by the unnecessary growth and multiplication of abnormal cells. There are over 100 types of cancer, each with its own risk factors, rate of progression, treatment, and prognosis.

Every cell in the human body has its own lifecycle. Through mitosis, or cell division, old or damaged cells are replaced with new cells and the normal cycle continues. However, sometimes a cell becomes so damaged that it does not die when it should, and this controlled pattern is broken. When these damaged cells continue to divide and multiply at their own rate, masses, or tumors, are formed. Tumors can be benign or malignant. Malignant or cancerous tumors can spread into surrounding tissue, invade nearby organs, and, in advanced stages, spread to other parts of the body. In this process of metastasis, multiple tumors form.

Some cancers take years to develop and spread, and others invade the body much more rapidly.

The earlier a cancer is detected, the easier it is to treat and in many cases cure; however, many cancers still cannot be detected or diagnosed until the tumor has grown or spread.

Who gets cancer?

Cancer develops in people of all ages, but most commonly develops in middle-aged and elderly individuals. The number of cancer cases has risen dramatically over the past 40 years, but much of this increase in cancer diagnoses may be due to increases in population, particularly in older age groups, or is a reflection of the advancement in techniques that can detect cancer in its earlier stages. On average, one in three people will be diagnosed with cancer at some point in their lifetime. Cancer is the second leading cause of death in Maine and the United States.

What causes cancer?

Just as cancer is not a single disease, most cancers do not have a single cause. Many cancers can be linked to repeated exposure to one or more carcinogens, or cancer causing agents. These agents can cause cells to become abnormal, initiating irregular cell growth and division. Carcinogens include, but are not limited to, tobacco, ultraviolet (UV) radiation from the sun, X-rays, and chemicals that may contaminate food, water, and air.

In addition to known environmental carcinogens, factors associated with modifiable lifestyle habits may also increase a person's risk for developing cancer. For example, it is estimated that 30 percent of all cancers are related to tobacco use. Nutritional factors and physical activity habits also contribute to an individual's cancer risk. A small number of cancers have genetic risk factors.

What are the most common types of cancer?

Four types of cancer account for over 50 percent of all cancer in Maine: lung (15%), female breast (14%), prostate (14%), and colorectal (11%). Bladder cancer accounts for an additional five percent of cases. According to the most recent data (2005) Maine has the second highest incidence rate for all cancers in the U.S., the fourth highest colorectal cancer rate, and the seventh highest lung cancer rate. Nationally, Maine women were 14th highest in breast cancer, and Maine men were eighth highest in prostate cancer. In 2005, Maine's cancer mortality was the eighth highest in the nation, though mortality appears to be declining in half of Maine's counties.

Recent data indicate that Maine has the second highest incidence rate for all cancers in the U.S.

Why is it important?

Cancer is the second leading cause of death in Maine and represents a substantial burden for Mainers. It is a significant public health issue in terms of personal suffering, increased medical expenses, premature deaths, and loss of productive years of life. Cancer is a costly disease. In 2004, 7,778 hospitalizations occurred in Maine as a result of cancer, with direct and indirect costs totaling nearly $700 million. The economic, psychological, and social burden of cancer on individuals, families, and communities is immense; however, this burden can be dramatically reduced if proven advances in prevention, early detection, and care are made available to and utilized by all Mainers.

Maine's Cancer Surveillance System

Public health surveillance is the ongoing and systematic collection, analysis, interpretation, and dissemination of health data for public health program planning, implementation, and evaluation[3]. Maine's cancer surveillance efforts have historically focused on cancer incidence and mortality data from the Maine Cancer Registry. In this way, cancer surveillance has differed from surveillance activities for other chronic diseases, which have included risk factor data from population-based surveys.

The goal of this report is to provide current data on cancer for the state of Maine as one comprehensive resource.

The goal of this report is to provide current data on cancer for the state of Maine as one comprehensive resource. The report expands cancer surveillance beyond incidence and mortality to include data on cancer-related risk factors and behaviors. The report covers prevention, detection, incidence, and mortality with data from state and national surveillance systems.

Maine and national surveys provide data for the prevention and detection chapters. The Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS) provide information on cancer-related risk behaviors in adults and youth, respectively. The BRFSS is an annual survey of Maine adults who are sampled randomly and interviewed over the telephone. The BRFSS asks adults about risk behaviors related to cancer, including tobacco use, physical activity, diet, and sun exposure. In addition, BRFSS asks individuals whether they have received screening tests for colorectal, breast, and cervical cancer. The Youth Risk Behavior Survey (YRBS) is a paper survey administered biennially to youth who attend publicly-funded Maine middle and high schools. The YRBS includes a similar range of risk behavior questions, excepting those on cancer screening.

Cancer incidence data were obtained from the Maine Cancer Registry (MCR) and the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. Cancer mortality data were derived from the National Vital Statistics System. We provide incidence and mortality statistics for all cancers combined, and for eight specific cancers, including the five most common cancer sites in Maine (lung and bronchus, colorectal, prostate, female breast, and bladder) and three sites where preventive measures are available (melanoma, oropharyngeal, and cervical).

Maine Cancer Consortium and the Maine Center for Disease Control and Prevention's Cancer Programs

The Maine Cancer Consortium

The Maine Cancer Consortium was created in 1999 to develop and implement Maine's comprehensive cancer control plan. The mission of the Consortium is to reduce the burden of cancer in Maine by working collaboratively to optimize quality of life by improving access to care, prevention, early detection, treatment, rehabilitation, survivorship, palliation, and end-of-life care.

Membership to the Consortium is free and open to anyone committed to furthering the mission. Representatives include those from public and private organizations involved in all aspects of cancer prevention, control, and care. Currently, there are over 130 organizations involved in the Consortium. The Consortium comprises an elected Board of Directors, nine Work Groups, and a Task Force.

The work of the Consortium is guided by *The Maine Cancer Plan 2006-2010* which captures the emerging needs and new issues in cancer prevention, detection, and care. The *Plan* builds upon Maine's existing efforts, programs and services, and serves as a blueprint for what can and should be done at the state and local levels for cancer prevention, detection, and care in Maine. Since the release of Maine's first cancer plan, there has been significant progress in the fight against cancer, including those activities initiated by the Consortium and its partners.

Maine Center for Disease Control and Prevention, DHHS

Maine Breast and Cervical Health Program

The Maine Breast and Cervical Health Program (MBCHP) is a comprehensive breast and cervical cancer early detection program funded by the National Breast and Cervical Cancer Early Detection Program, and supplemented by the State of Maine General Fund. The program coordinates the delivery of breast and cervical cancer screening and diagnostic services to underserved women through a statewide network of primary care and referral health care providers. Eligibility criteria for enrollment in the Program include: women, age 50 and older, with limited openings for women age 40-49, and symptomatic women age 35-39; household income less than or equal to 250% of the Federal Poverty Level; and no health insurance, or insufficient coverage for

breast and cervical cancer screening and diagnostic services. The Program collaborates with a variety of community-based organizations to promote the availability of the services through the Program, and works with a wide variety of partners to address services not covered by the Program. If women are diagnosed with breast and/or cervical cancer, the MBCHP coordinates the enrollment of eligible women into the Maine Treatment Act to receive full MaineCare benefits including coverage of treatment services.

Maine Cancer Registry

The Maine Cancer Registry (MCR or Registry) is a statewide population-based cancer surveillance system. The Registry has been in existence since 1983. The MCR collects information about all newly diagnosed cancers in Maine residents (except basal and squamous cell carcinoma of the skin). This information is used to monitor and evaluate cancer incidence patterns in Maine, as well as to identify areas in need of public health interventions, assist researchers--especially those who study etiology, and improve cancer prevention, screening, and treatment.

Maine Comprehensive Cancer Control Program

Comprehensive Cancer Control is an integrated and coordinated approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, treatment, rehabilitation, survivorship, and palliation. The Program provides leadership for, and coordination of, Maine's statewide comprehensive cancer control efforts and is guided by the goals and objectives delineated in the Maine Cancer Plan. The objectives of the Program are to: improve and expand the collaborative efforts already in place through the Maine Cancer Consortium among stakeholders working on cancer control in Maine; increase the use of the Maine Cancer Plan as the statewide document directing cancer control efforts; provide technical assistance to organizations working on state and local cancer control efforts; conduct collaborative public awareness and education projects; and evaluate the implementation of the Maine Cancer Plan.

Prevention 2

Studies over the past decade have demonstrated that over half of all cancers are preventable through lifestyle changes. Cancer prevention can be defined as those actions taken by individuals and communities to promote healthy lifestyles through changes in behavior, policy, and environment. Current recommendations include reducing tobacco use, increasing physical activity, controlling weight, improving diet, limiting alcohol, utilizing safer sex practices, and avoiding excessive sun exposure (Figure 2.1). Many of these cancer prevention strategies not only reduce the risk of multiple cancers, but also significantly reduce the risk of other chronic diseases.

According to the National Cancer Institute, the most common risk factors for cancers include:

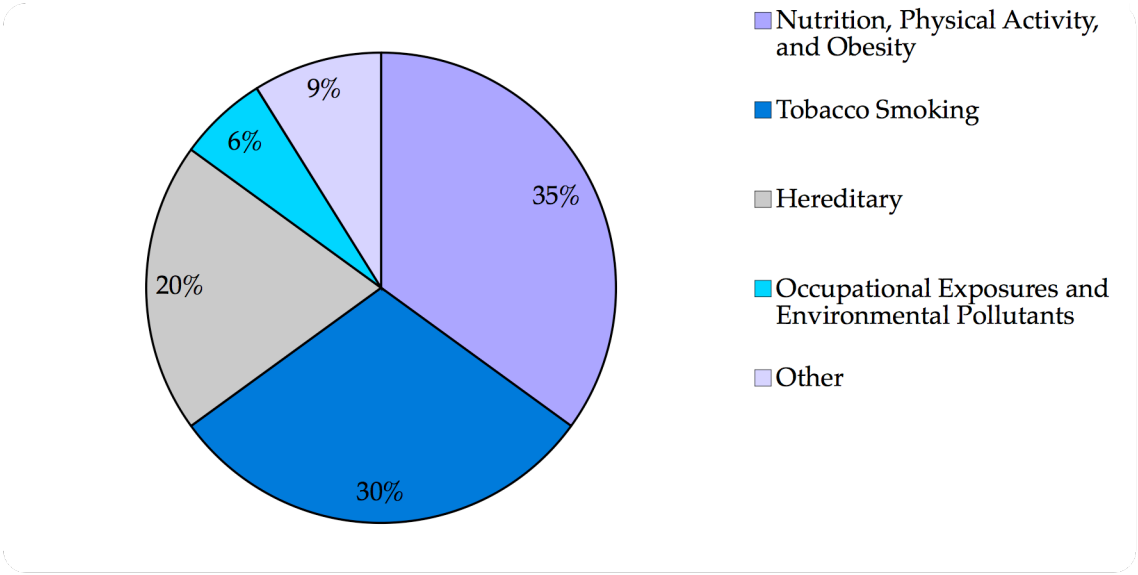
- Growing older
- Tobacco
- Sunlight
- Ionizing radiation
- Certain chemicals and other substances
- Some viruses and bacteria
- Certain hormones
- Family history of cancer
- Alcohol
- Poor diet, lack of physical activity, or being overweight

Figure 2.1. Health behaviors that can reduce the risk of specific cancers[4]

Prevention Strategy	Bladder	Breast	Cervical	Colorectal	Lung	Oral	Pancreatic	Prostate	Skin	Stomach	Uterus
Avoid tobacco	●		●	●	●	●	●			●	
Be physically active		●		●							
Maintain a healthy weight		●		●							●
Eat a healthy diet	●	●		●	●	●	●	●		●	
Limit alcohol		●		●		●					
Limit sexual partners & use condoms			●								
Get appropriate screening tests		●	●	●				●			
Avoid excessive sun exposure						●			●		

It is estimated that 70-80 percent of all cancer cases and deaths in the United States are caused by environmental risk factors, most of which can be avoided and controlled by individuals and communities[5]. Only 20 percent of cancer can be attributed to hereditary factors (Figure 2.2).

Figure 2.2. The proportion of cancer that is attributable to specific risk factors[5]



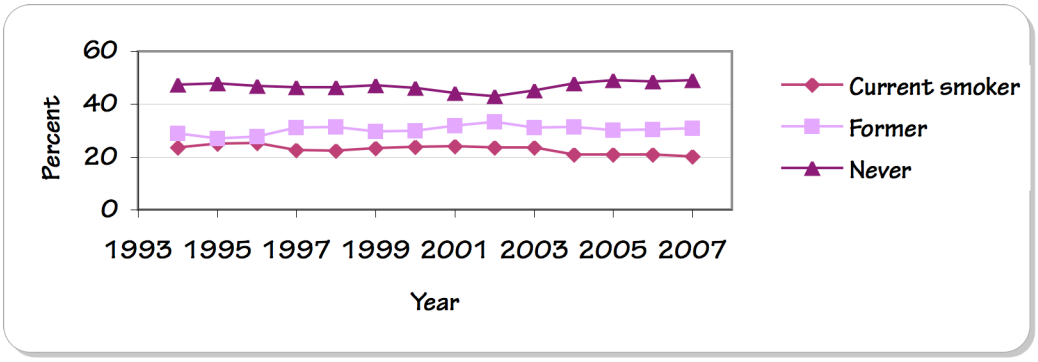
Surveillance of Behaviors Related to Cancer Prevention

Adult and youth surveys provide data on behaviors known to impact the risk of cancer. As described in the Introduction, the BRFSS and YRBS ask adult and youth respondents, respectively, to report their weight and height, physical activity, tobacco use, fruit and vegetable consumption, alcohol consumption, and sun safety behaviors. The YRBS additionally includes data on sexual activity. We limited our presentation of YRBS data to Maine high school students. Also, in 1999, Maine's YRBS did not achieve a sufficiently large overall response rate for data to be released; therefore, data from 1999 are not shown.

We present national comparison data where possible for both adults and youth; national comparisons are not available for all indicators. An independent national YRBS is conducted which allows direct calculation of national prevalence estimates. There is no nationally conducted BRFSS; the median of state-specific prevalence estimates is presented as a national comparison for BRFSS. Our determination of statistical significance for the YRBS is based on a standard assessment of overlapping confidence intervals around prevalence estimates. For BRFSS, our comparison of Maine's prevalence estimate (and 95 percent confidence interval) to the national median of state prevalence estimates includes an element of subjectivity, which should be considered when examining the data as well as when reading our interpretative comments.

Tobacco

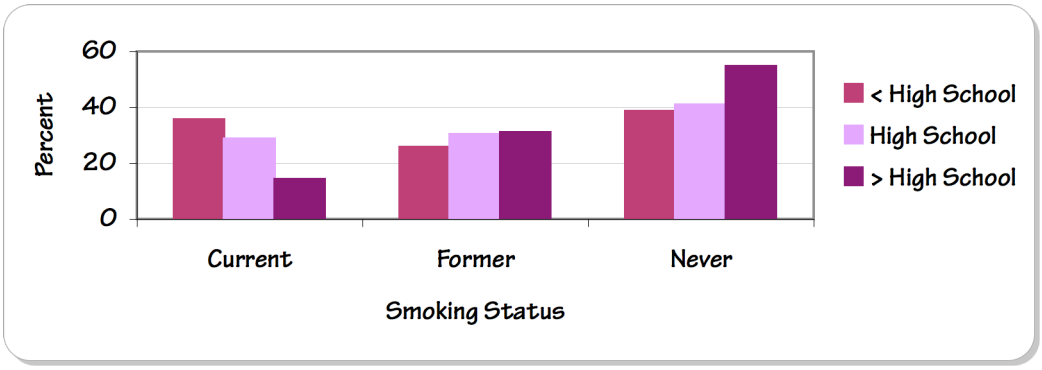
Figure 2.3a. Percent of Maine adults who report current, former, or never smoking



Data source: Maine BRFSS

In 2007, 20 percent of Maine adults reported current smoking, which is not different from the median of U.S. state prevalence estimates. Between the mid-1990s and 2007, the prevalence of current smoking declined by roughly 15-20 percent in Maine's population.

Figure 2.3b. Maine adult smoking status according to educational attainment



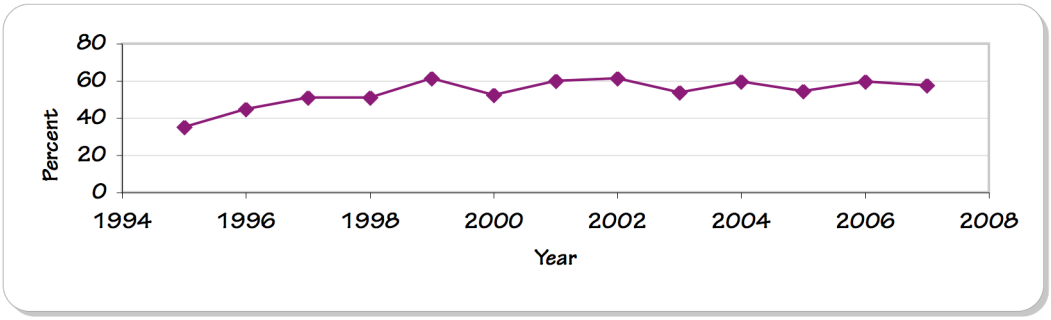
Data source: Maine BRFSS

Current smoking is inversely related to indicators of socio-economic status, such as educational attainment and income.

As shown, smoking is significantly more prevalent among individuals without a high school education (36%), compared to those who either completed high school (29%) or whose education continued beyond high school (14%).

Similarly, individuals who reported family income of less than $25,000 are more likely to smoke (31%) than those with family incomes of $25,000-$49,999 (23%) or family incomes of $50,000 or more (14%).

Figure 2.4a. Percent of Maine adult smokers who report attempting to quit within the past year

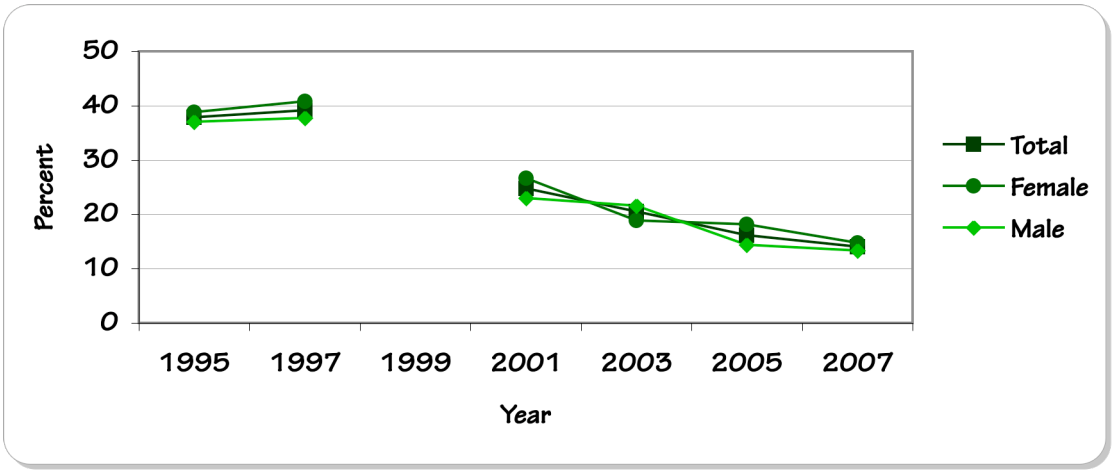


Data source: Maine BRFSS

Since the mid-1990s the percentage of current smokers who reported a quit attempt in the past year has significantly increased from 35-45 percent in 1995-96 to 55-60 percent in the most recent three years.

Current smokers with post-secondary education are more likely to report a quit attempt in the past year (61%) than those with less than a high school education (46%).

Figure 2.5. Percent of Maine high school students who report cigarette smoking within the past 30 days

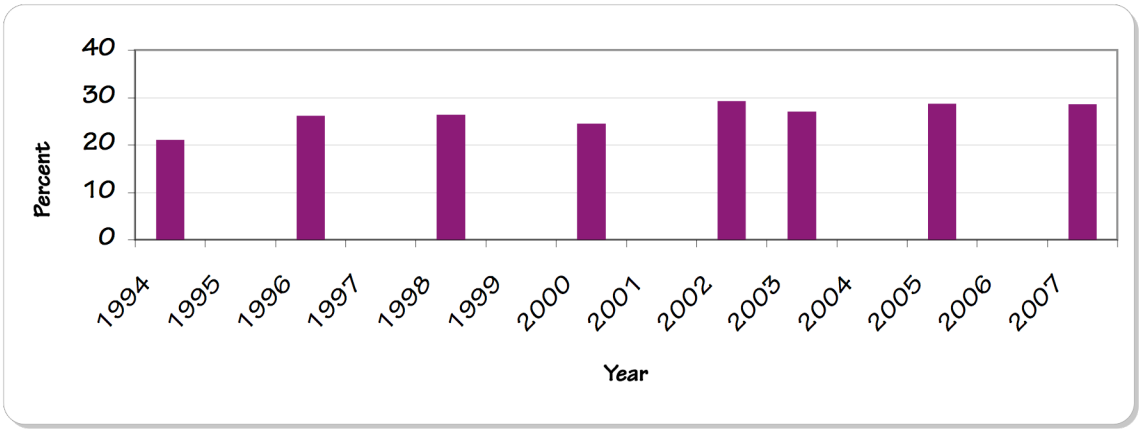


Data source: Maine YRBS

Since 1997, the prevalence of smoking among Maine high school students has declined significantly--from 39 percent in 1997 to 14 percent in 2007. Maine's decline has exceeded that of the U.S. Maine has a significantly lower prevalence (14%) compared to the U.S. (20%) .

Diet

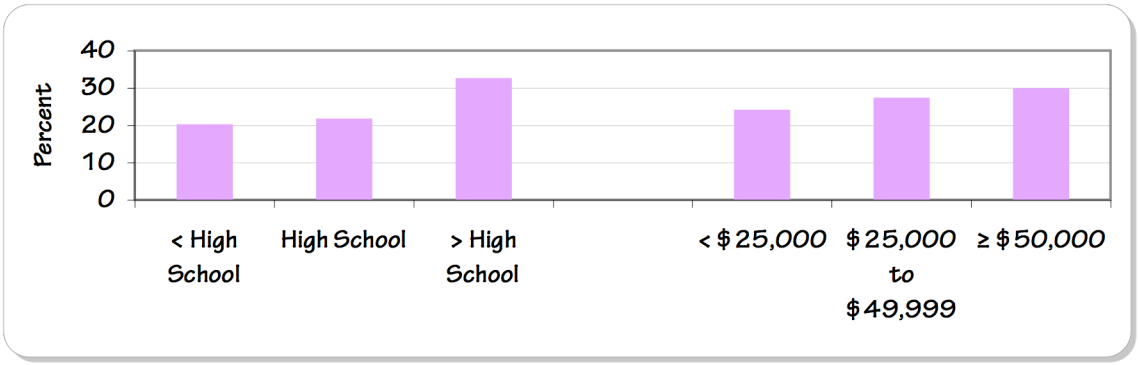
Figure 2.6a. Percent of Maine adults who report consuming five or more servings of fruits and vegetables daily



Data source: Maine BRFSS

Current data indicate that nearly 30 percent of Maine adults consume five or more servings of fruits and vegetables daily, which is the recommended amount. This is significantly higher than in 1994, when 21 percent of Maine adults reported consuming five or more servings of fruits and vegetables per day.

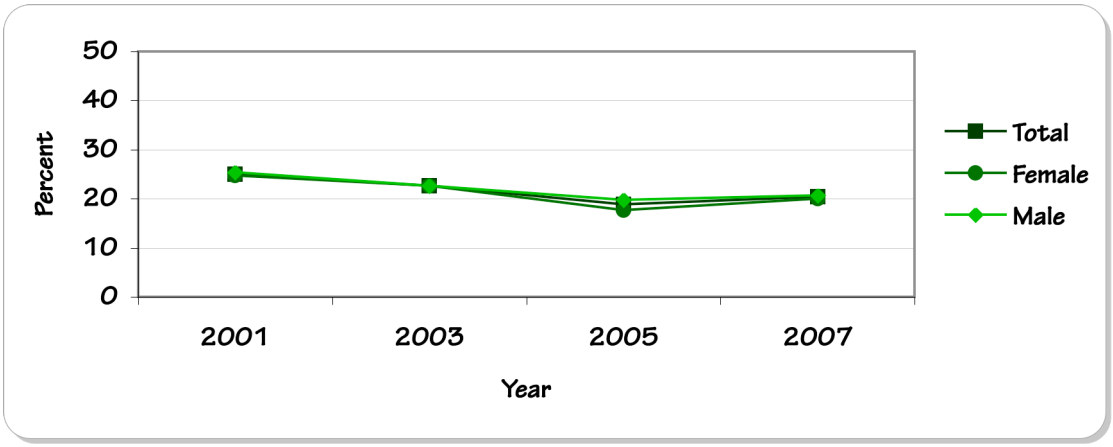
Figure 2.6b. Percent of Maine adults who report consuming five or more servings of fruits and vegetables daily according to educational attainment and family income



Data source: Maine BRFSS

Maine adults with more than a high school education were more likely to report consuming five or more servings of fruits and vegetables per day (33%), than those with a high school education (22%) or those with less than a high school education (20%). Adults who reported a family income of at least $25,000 were significantly more likely to report consuming the recommended amount of fruits and vegetables per day than those with a family income under $25,000.

Figure 2.7. Percent of Maine high school students who report consuming five or more servings of fruits and vegetables daily

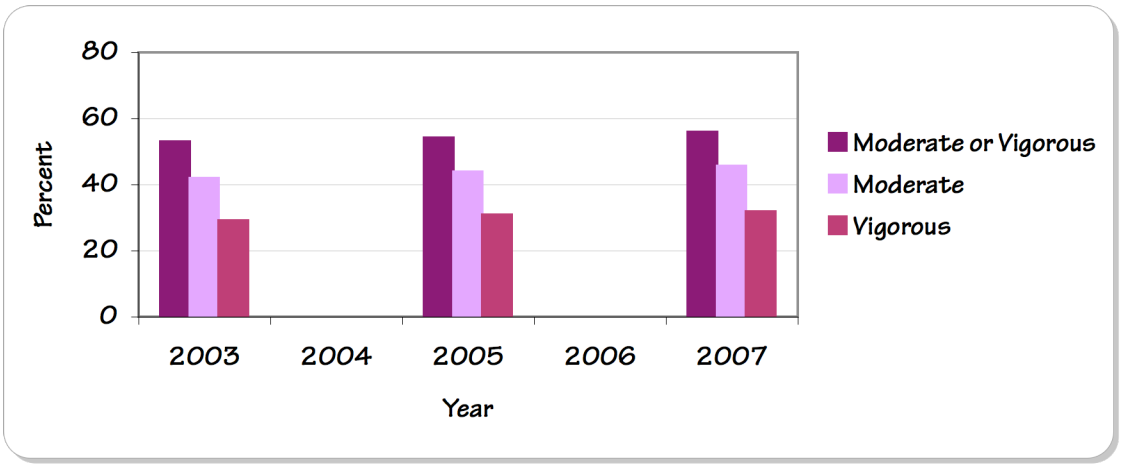


Data source: Maine YRBS

Between 2001 and 2007, the percentage of Maine high school students who reported consuming five or more servings of fruits and vegetables daily declined from 25 to 20 percent, though the change was not statistically significant. In the U.S., there was no change in fruit and vegetable consumption among youth between 2001 (21.4%) and 2007 (21.4%).

Physical Activity

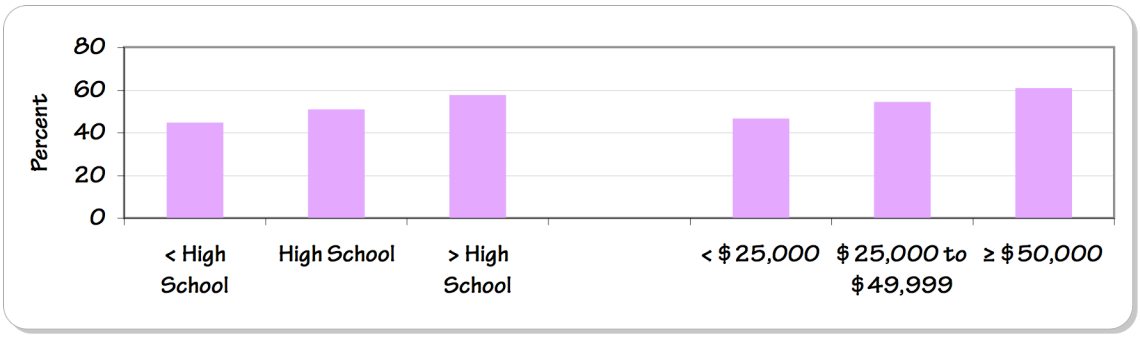
Figure 2.8a. Percent of Maine adults who report engaging in moderate or vigorous physical activity



Data source: Maine BRFSS

Physical activity has not changed significantly over the past five years in Maine or the U.S. In 2007, 56 percent of Maine adults engaged in 30 minutes of moderate physical activity five times a week, or 20 minutes of vigorous physical activity three times per week, compared to 50 percent in the U.S.

Figure 2.8b. Percent of Maine adults who report engaging in moderate or vigorous physical activity according to educational attainment and family income

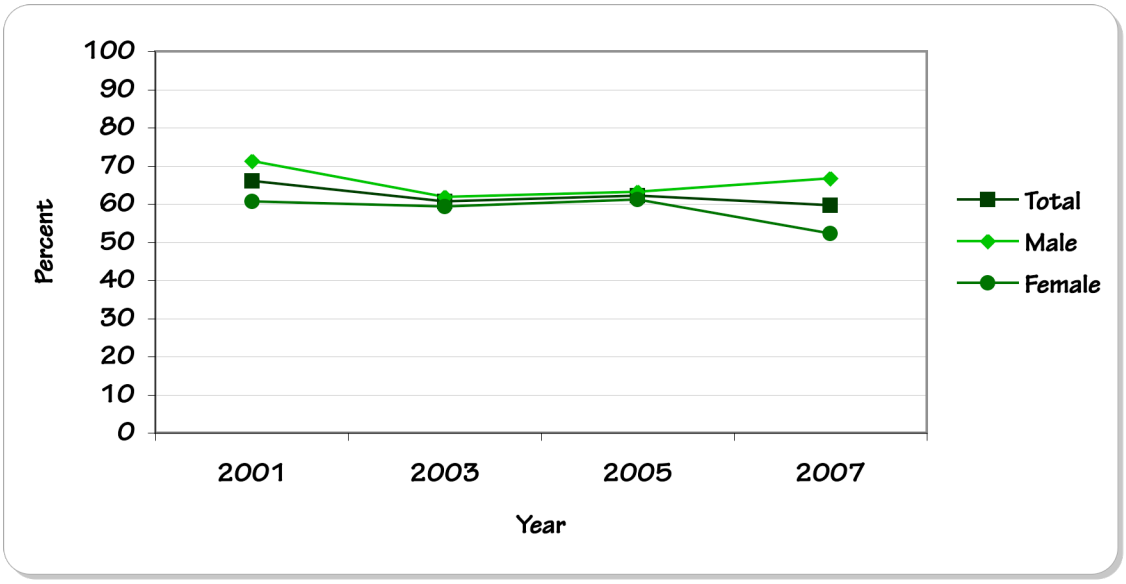


Data source: Maine BRFSS

Physical activity increases with education and income. Forty-five percent of Maine adults with less than a high school education reported engaging in moderate or vigorous activity compared to 51 percent among those with a high school degree, and 58 percent of adults with more than a high school education.

Forty-seven percent of individuals who reported a family income of less than $25,000 engaged in moderate or vigorous physical activity, compared to 55 percent of Maine adults with a family income of $25,000-49,999 and 61 percent of those with a family income of $50,000 or more.

Figure 2.9. Percent of Maine high school students who report engaging in at least 20 minutes of vigorous activity three or more times per week

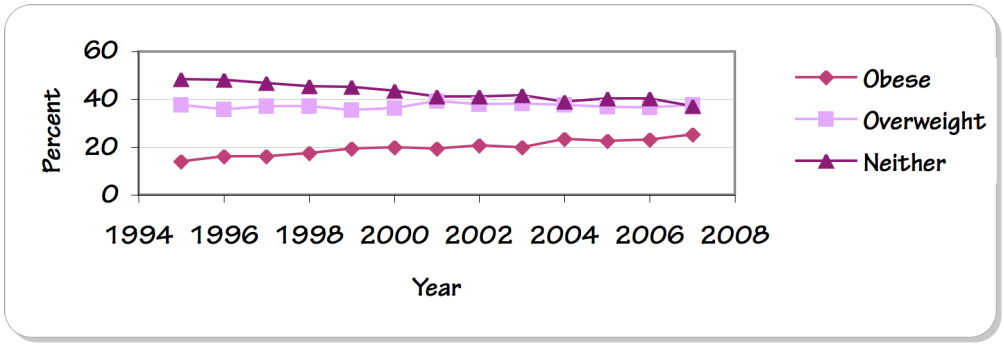


Data source: Maine YRBS

Between 2001 and 2007, the percentage of high school students who reported engaging in at least twenty minutes of vigorous activity at least three times a week decreased from 66 to 60 percent. In 2007, significantly more males (67%) than females (52%) engaged in physical activity.

Weight

Figure 2.10a. Percent of Maine adults who are overweight, obese, or neither overweight nor obese

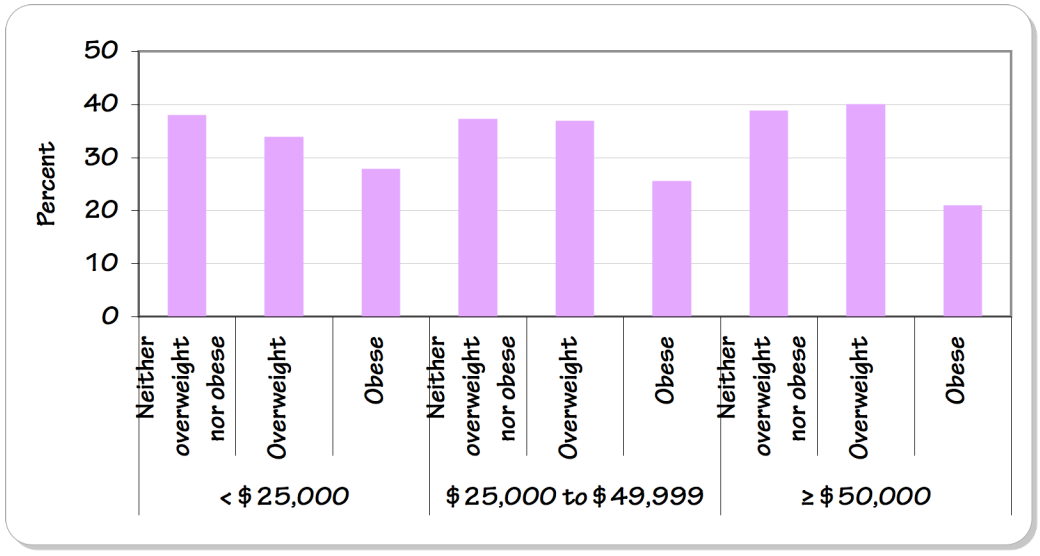


Data source: Maine BRFSS

In 2007, 25 percent of Maine adults were estimated to be obese, with an additional 38 percent overweight. The prevalence of obesity has increased since 1995, when 14 percent of Maine adults were obese.

Between 1995 and 2007, the prevalence of obesity increased in both Maine and the U.S.

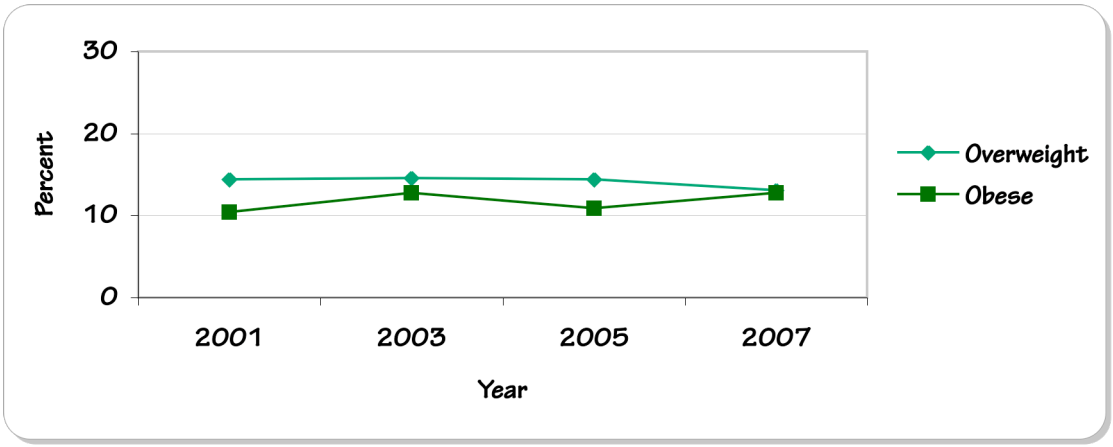
Figure 2.10b. Percent of Maine adults who report overweight, obesity, or neither according to family income



Data source: Maine BRFSS

Individuals with lower family incomes were more likely to be obese compared to those with higher incomes.

Figure 2.11. Percent of Maine high school students who are overweight or obese



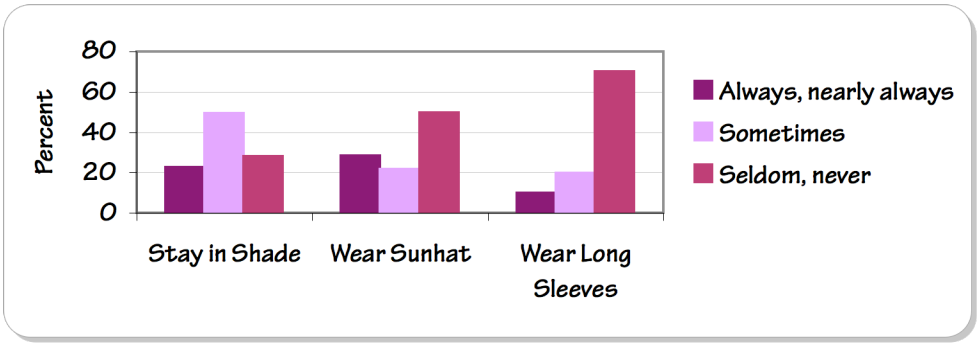
Data source: Maine YRBS

Between 2001 and 2007, youth obesity prevalence increased from 10 to 13 percent. Seventy-five percent of the high school population is neither obese nor overweight.

In both Maine and the U.S., high school males have a higher prevalence of obesity than females.

Sun Safety

Figure 2.12a. Percent of Maine adults who report specific sun safety efforts

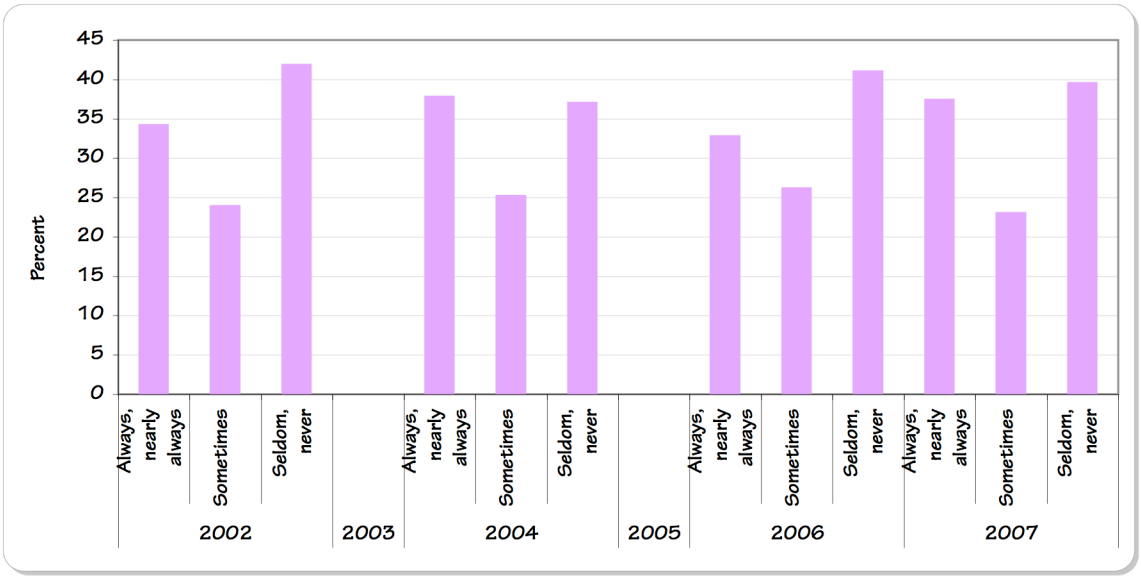


Data source: Maine BRFSS

In 2006, 23 percent of Maine adults stayed in the shade on sunny days always or nearly always and 49 percent reported doing so sometimes.

The use of hats was more prevalent than wearing long sleeve shirts to protect against sun exposure with 29 percent of Maine adults wearing a hat always or nearly always in the sun and 50 percent seldom or never wearing a hat. In contrast, 70 percent seldom or never wore long sleeves to protect against sun exposure.

Figure 2.12b. Percent of Maine adults who report using sunscreen

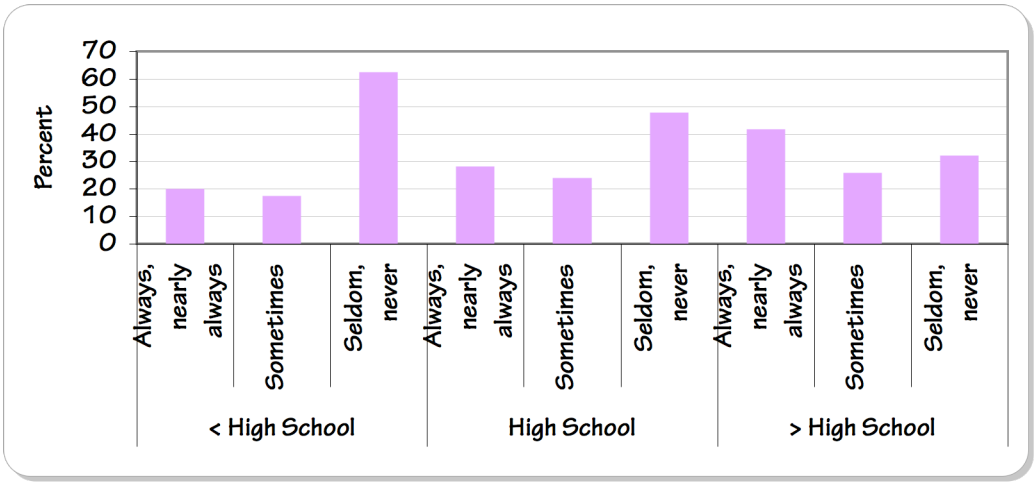


Data source: Maine BRFSS

In 2007, 37 percent of Maine adults used sunscreen always or nearly always; 40 percent reported used sunscreen seldom or never. This has not changed significantly since 2002.

Women are more likely to report using sunscreen than men.

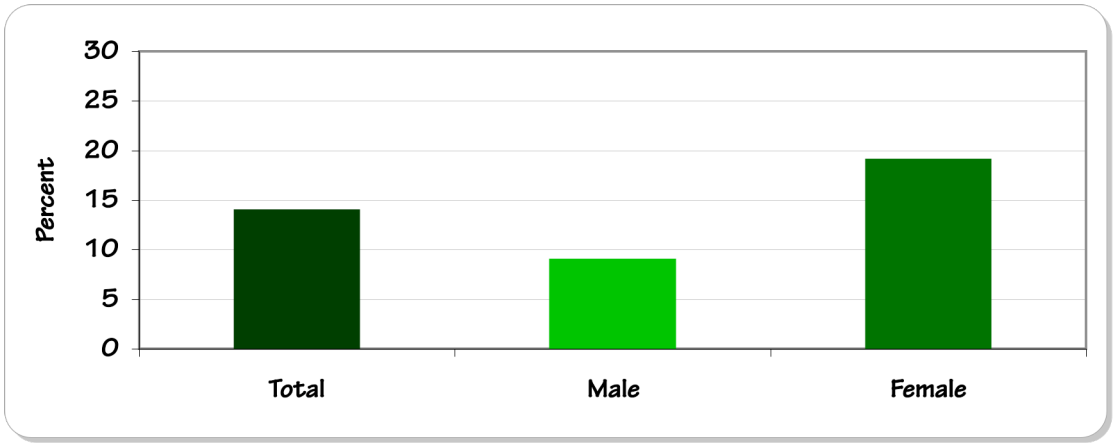
Figure 2.12c. Percent of Maine adults who report using sunscreen according to educational attainment



Data source: Maine BRFSS

The use of sunscreen is positively related to educational attainment. Sixty-three percent of Maine adults with less than a high school education seldom or never used sunscreen, compared to 48 percent of adults who graduated high school, and 32 percent among those adults with more than a high school education.

Figure 2.13. Percent of Maine high school students who report using sunscreen most or all of the time in the sun



Data source: Maine YRBS

In 2007, 14 percent of Maine high school students used sunscreen most or all of the time in the sun.

More female students (19%) used sunscreen than male students (9%).

Alcohol Consumption

Alcohol consumption in Maine adults

In 2007, 57 percent of Maine adults reported having had one or more alcoholic beverages in the last thirty days. Six percent of Maine adults reported heavy consumption, defined as more than two drinks daily for men and more than one drink daily for women. Sixteen percent of Maine adults reported binge drinking in the past month—five drinks on a single occasion for men or four for women. These trends have not changed since 2001. Maine patterns in alcohol consumption were similar to the U.S.

Alcohol consumption in Maine youth

Since 1995, alcohol consumption among high school students has decreased in Maine and the U.S. In Maine, the percentage of students who reported having had one drink or more within the past 30 days decreased significantly from 52 percent in 1995 to 39 percent in 2007. Over the same time period, the U.S. percentage declined from 51 to 45 percent.

Since 1995, binge drinking, defined on the YRBS as five or more drinks within a couple of hours, has also decreased. Among Maine high school students, binge drinking within the past month dropped from 31 percent in 1999 to 23 percent in 2007. This decrease in youth binge drinking is also found in U.S. high school students.

Historically in both Maine and the U.S., binge drinking has been higher among male high school students compared to female high school students. This gender disparity is no longer apparent in Maine or the U.S.

Sexual Behavior

Data on sexual behavior are only available for Maine high school students; the BRFSS does not collect sexual behavior data from Maine adults.

In 2007, 45 percent of high school students in Maine reported having had sexual intercourse at least once. Sexual intercourse prevalence in Maine high school students is not significantly different from the U.S. (46%), and has not changed significantly over time.

The prevalence of Maine high school students who reported using a condom during their last intercourse increased from 47 percent in 1995 to 59 percent in 2007. The increase in condom use during intercourse has also been seen in the U.S. data.

Detection 3

Some cancers can be found before they cause symptoms. Cancer screening refers to the early detection of cancer or pre-cancerous changes in individuals who do not exhibit signs or symptoms suggestive of the disease. Scientific evidence supports the use of screening for the early detection of some cancers, including breast, colorectal, and cervical[6]. For other cancers, such as prostate, the evidence for reducing mortality remains less certain[7].

Detection of cancer before symptoms develop leads to the diagnosis of cancer at an earlier stage when treatment may improve health outcomes.

An effective early detection program has six components that must be present for a program to have an impact on cancer morbidity and mortality: public and patient education, professional referral, availability of services, access to services, quality assurance, and surveillance and evaluation of early detection activities and outcomes. Several national organizations, including the United States Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS), have developed screening guidelines for several types of cancer. These guidelines set the standard for cancer screening and represent the best in scientific knowledge and evidence-based clinical practice to date.

In addition to identifying cancer in its earliest stages, and therefore reducing mortality, early detection could substantially reduce the billions of dollars spent nationally on cancer treatment each year.

Not only does cancer screening save lives by detecting breast, cervical and colorectal cancer early; it is also the first step in preventing many cases of colorectal and cervical cancers from ever developing[8-10].

Some screening tests that are widely used to check for cancers of the breast, cervix, colon and rectum, and prostate include:

Breast: A *mammogram* is the best tool doctors have to find breast cancer early. A mammogram is a picture of the breast made with x-rays. The National Cancer Institute (NCI) recommends that women in their forties and older have mammograms every one to two years. Women who are at higher-than-average risk of breast cancer should talk with their health care provider about whether to have mammograms before age forty and how often to have them. A *clinical*

breast exam (CBE) performed by a health care provider near the time of the mammogram is an additional test used to check for lumps or other changes in the breast.

Cervix: The *Pap test* (sometimes called Pap smear) is used to check cells from the uterine cervix. The health care provider scrapes a sample of cells from the cervix. A lab checks the cells for cancer or changes that may lead to cancer (including changes caused by human papillomavirus (HPV), the most important risk factor for cancer of the cervix). Women should begin having regular Pap tests three years after they begin having sexual intercourse, or when they reach age twenty-one (whichever comes first). Most women should continue to have Pap tests at least once every three years after age thirty, as long as the tests show no abnormality.

Colon and rectum: A number of screening tests are used to detect polyps (growths), cancer, and other abnormalities in the colon and rectum. Screening should begin at age fifty. People who have a higher-than-average risk of cancer of the colon or rectum should talk with their doctor about whether to begin screening tests before age fifty and how often to have them.

- *Colonoscopy* is a test in which a doctor examines inside the rectum and entire colon using a long, lighted tube called a colonoscope. The doctor can usually remove polyps through the tube. This endoscopic test should be repeated every ten years.
- *Sigmoidoscopy* is a test in which a doctor examines inside the rectum and lower part of the colon with a lighted tube called a sigmoidoscope. The doctor can usually remove polyps through the tube. This endoscopic test should be repeated every five years.
- *Fecal Occult Blood Test (FOBT)*: Polyps or cancer can sometimes bleed, and this test is used to detect tiny amounts of blood in the stool. The stool collection (multiple samples) must be done at home, and should be done on an annual basis.
- *FIT (Fecal Immunochemical Test)*: FIT is more specific for human blood than guaiac-based tests, which rely on detection of peroxidase in human blood. Like FOBT, FIT is a stool test that must be done at home and is performed on an annual basis. Recent studies indicate that FIT is more specific for lower gastrointestinal bleeding, thus improving their specificity for colorectal cancer.
- *Double-Contrast Barium Enema (DCBE)*: This procedure involves several x-rays of the colon and rectum. The patient is given an enema with a barium solution, and air is pumped into the rectum. The barium and air improve the x-ray images of the colon and rectum. DCBE should be repeated every five years, but is no longer done in many locations. It is no longer recommended by the USPSTF.
- *Digital Rectal Exam (DRE)* is a usual part of a routine physical exam; the health care provider inserts a lubricated, gloved finger into the rectum to feel for abnormal areas. A digital rectal exam allows for examination of only the lowest part of the rectum. This exam should not be used to collect stool for the FOBT.

Prostate: Tests that are commonly used to screen for prostate cancer are:

- *Digital Rectal Exam (DRE)*: A doctor or nurse will insert a gloved, lubricated finger into the rectum to feel the prostate. This allows the examiner to estimate the size of the prostate and feel for any lumps or other abnormalities.
- *Prostate Specific Antigen test (PSA)*: The PSA test is a blood test that measures the level of PSA in the blood. PSA is a substance made by the prostate. The levels of PSA in the blood can be higher in men who have prostate cancer. The PSA level may also be elevated in other conditions that affect the prostate.

The United States Preventative Task Force's (USPSTF) latest recommendation concludes that there is insufficient evidence to recommend for or against routine screening for prostate cancer using PSA or DRE.

In light of the uncertainty about the benefit of screening, the federal CDC supports informed decision-making. Informed decision making occurs when a man:

understands the nature and risk of prostate cancer,

understands the risks of, benefits of, and alternatives to screening,

participates in the decision to be screened or not at a level he desires, and

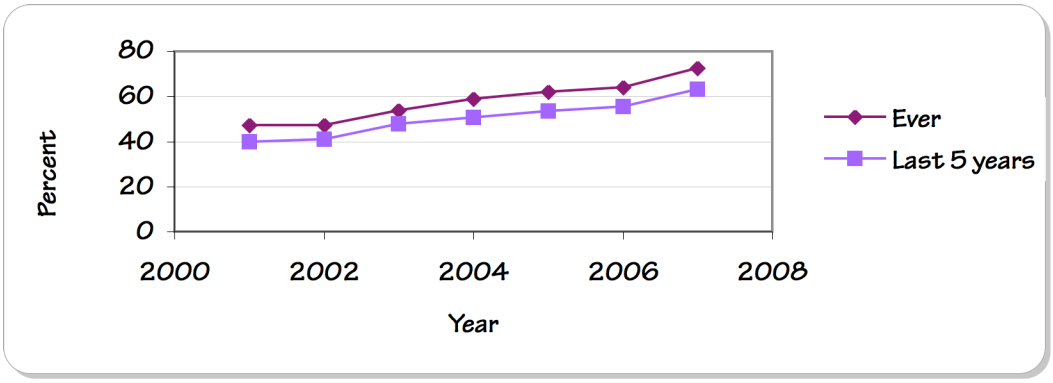
makes a decision consistent with his preferences and values.

Surveillance for Cancer Detection

Screening data presented are from the Behavioral Risk Factor Surveillance System (BRFSS). Survey participants are asked whether they have had a screening test for a specific cancer and the time frame during which they were screened. The prevalence of screening tests among Maine adults for colorectal, breast, and cervical cancers are presented. For some cancers, more than a single screening test is available; in addition, screening recommendations can differ by age. We chose to present data on a selected set of screening tests that we felt best represented scientific guidelines and current clinical practice.

Colorectal Cancer Screening

Figure 3.1a. Percent of Maine adults, age 50 and older, who report receiving a sigmoidoscopy or colonoscopy for colorectal cancer screening ever or within the last five years



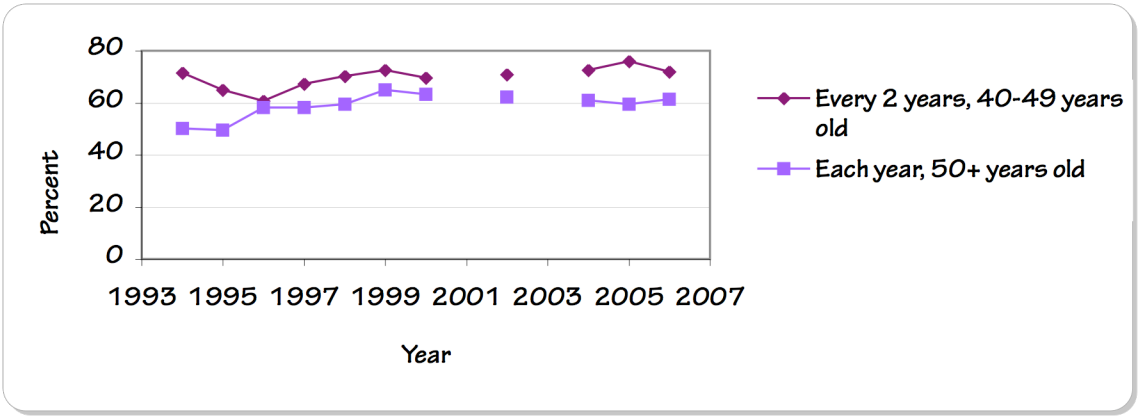
Data source: Maine BRFSS

The percentage of Maine adults age fifty and older who report ever having had a sigmoidoscopy or colonoscopy for colorectal cancer screening has significantly increased over the past seven years in both Maine and the nation. In 2001, 47 percent of Maine adults age fifty and older reported ever having had a colonoscopy or sigmoidoscopy, increasing to 73 percent in 2007. Over this time period, the percentage of Maine adults age fifty and older who reported receiving sigmoidoscopy or colonoscopy in the past five years increased from 40 to 63 percent. Nationally, a similar increase in colorectal cancer screening using sigmoidoscopy or colonoscopy in adults age fifty and older is apparent, increasing from 44 percent in 1999 to 57 percent in 2006.

In 2007, BRFSS participants who reported having had either a sigmoidoscopy or colonoscopy were asked whether they specifically received a sigmoidoscopy or colonoscopy. Ninety-two percent reported having received a colonoscopy, and eight percent reported sigmoidoscopy.

Breast Cancer Screening

Figure 3.2a. Percent of Maine women who report receiving a mammogram and Clinical Breast Exam (CBE) for breast cancer screening every two years (age 40-49 years) or every year (age 50 and older)



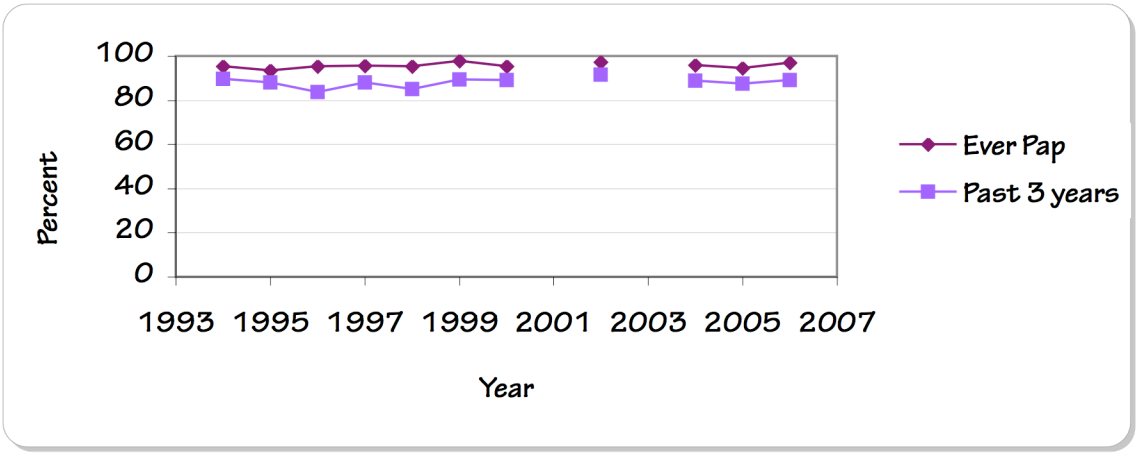
Data source: Maine BRFSS

In 2006, approximately 72 percent of Maine women age 40-49 reported having had both a mammogram and clinical breast exam (CBE) in the past two years; this has not changed significantly over the past thirteen years. The percentage of women age fifty and older who reported having had a mammogram and CBE in the past year increased significantly over the same time period, from 50 percent in 1994 to 61 percent in 2006. These data are shown in figure 3.2a.

Not shown in figure 3.2a, are the percentages of women who had mammogram irrespective of CBE. In Maine, the percentage of women age forty and older who report having had a mammogram with or without a CBE in the past two years significantly increased from 70 percent in 1995 to 80 percent in 1999, but has not increased significantly since that time. Maine and the U.S. had similar 2-year mammogram screening percentages in 1995, but in 2006, a greater percentage of Maine women age forty and older (82%) reported a mammogram in the past two years than in the U.S. (median of 77%).

Cervical Cancer Screening

Figure 3.3a. Percent of Maine women (18 and over) who report receiving a Pap test for cervical cancer screening ever or in the past three years



Data source: Maine BRFSS

The percentage of Maine women age eighteen and older who report ever having had a Pap test to screen for cervical cancer has remained stable over the past thirteen years, as has the percentage of women who report having had a Pap test in the past three years. Roughly 95 percent of Maine women report ever having had a Pap test, with 89 percent of these women, having had the test in the past three years.

In 2006, 89 percent of Maine women age 18 and older reported having had a Pap test within the past three years, significantly more than the national median of 84 percent.

Incidence and Mortality 4

In this chapter we present data on cancer incidence and mortality in Maine and for U.S. comparison populations. Maine cancer incidence data were obtained from the Maine Cancer Registry, to which physicians, hospitals, and other facilities are required by law to report diagnosed cancers. National incidence data are from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program, which compiles incidence data from several state and local registries. Mortality data were obtained from the National Center for Health Statistics' National Vital Statistics System, to which Maine and all states contribute.

Cancer incidence rates are intended to measure new cancer development in the population. In reality, incidence data measure new cancers as they are diagnosed in the population and reported to cancer registries. Therefore, improvements in the detection or reporting of cancer can lead to an apparent increase in cancer incidence, an increase that may not relate to changes in the biologic development of cancer in the population.

We present incidence and mortality statistics for cancer overall, and for eight specific cancer types: lung and bronchus, colorectal, female breast, prostate, bladder, melanoma, oropharyngeal, and cervical. Five of these cancers—lung/bronchus, colorectal, female breast, prostate, and bladder—account for a large percentage of all cancers in Maine. The remaining three cancers—melanoma, oropharyngeal, and cervical—are less common, but are included because there exist clear strategies for their prevention and detection. Year-specific rates are presented when possible—for cancer overall, lung/bronchus, colorectal, female breast, and prostate. For bladder, melanoma, oropharyngeal, and cervical we needed to combine four years of data to achieve stable rate estimates.

Cancer incidence and mortality statistics include counts, crude rates, and age-adjusted rates. Counts provide a measure of absolute cancer burden in the population, and are useful for determining the health care resources needed to detect and treat cancer. Crude rates are like counts in providing a picture of underlying burden, but adjust for differences in population size. Age-adjusted rates do not truly represent a population's disease burden, but allow comparisons over time and place by adjusting for difference in age distribution. Age-adjustment can be important because of the higher rates of cancer in older people and because the proportion of older people changes over time and differs by place.

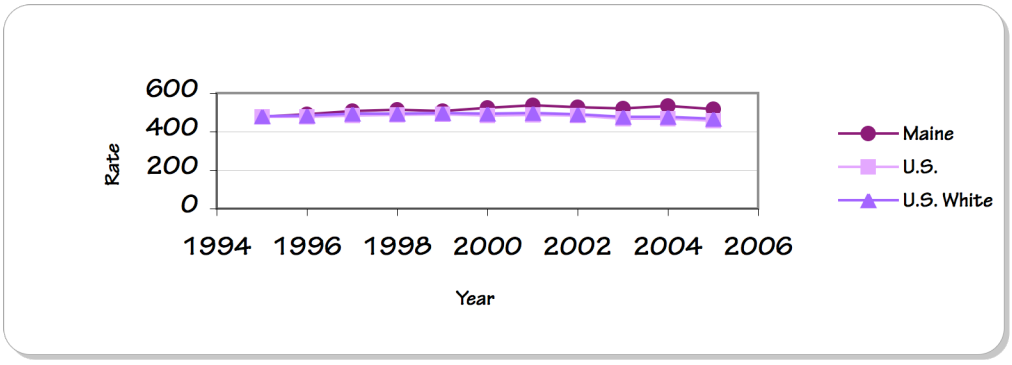
In addition to incidence and mortality statistics, we include data on stage at diagnosis for five cancers: colorectal, female breast, prostate, melanoma, and cervical. Although all cancers are staged at diagnosis, we restricted our analysis to these five because there are recommendations for screening for these five cancers.

Maine data are compared to two national comparison groups: the total U.S. population and the U.S. white population. Maine has sometimes used a white-only national comparison for Maine's relatively homogeneous racial and ethnic make-up. By comparing Maine's rates to U.S. white population rates, we minimize differences between Maine and U.S. rates that are due only to differences in racial/ethnic composition. Here, we include comparison data on both the white-only and total national population.

Differences between Maine and U.S. rates or among Maine rates over time were determined through statistical significance. Unless otherwise noted, statements about change are restricted to comparisons that are statistically significant based on non-overlapping 95 percent confidence intervals. Statistical significance should not serve as the sole determinant of relevance when reviewing the data, however. Statistical significance does not necessarily imply practical or clinical significance, and readers are encouraged to supplement the statistical interpretation with their understanding of differences that might be clinically or practically important. Confidence intervals were not available for stage at diagnosis, and statements about differences between Maine and U.S. stage distributions are based on a qualitative assessment of differences.

All Cancer Incidence

Figure 4.1a. Age-adjusted rates (per 100,000) of cancer incidence for Maine, U.S., and U.S. whites, 1995-2005



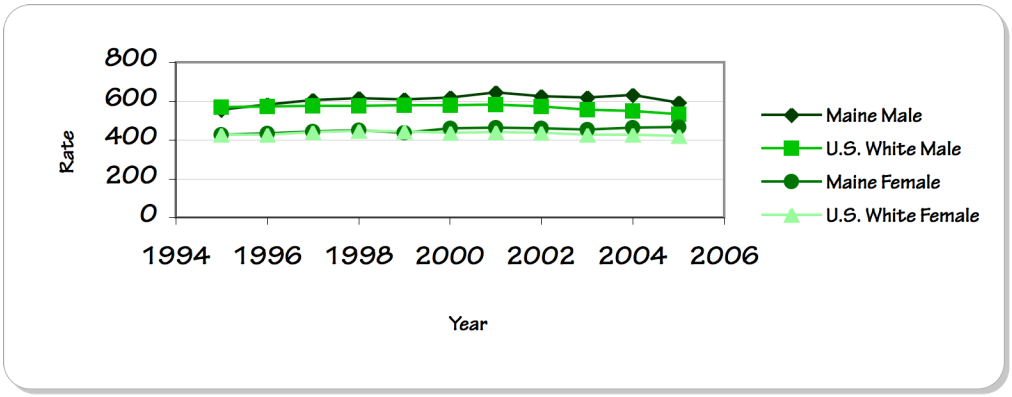
Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Roughly 8,000 Maine residents were diagnosed with cancer in 2005.

Age-adjusted cancer incidence rates have significantly increased over the past decade in Maine, to a 2005 rate of 518 per 100,000. In contrast, the U.S. 2005 rate is lower than the U.S. 1995 rate.

Since 1997, Maine's age-adjusted cancer incidence rates have been consistently higher than both U.S. total and white-only population age-adjusted rates.

Figure 4.1b. Sex-specific age-adjusted rates (per 100,000) of cancer incidence for Maine and U.S. whites, 1995-2005

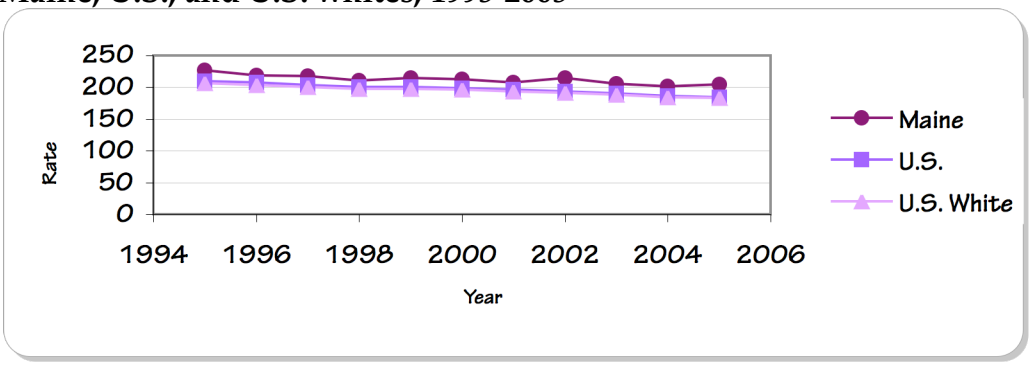


Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Sex-specific age-adjusted cancer incidence rates were slightly higher in males than females. This was observed for every year between 1995 and 2005, as well as in the U.S. white populations.

All Cancer Mortality

Figure 4.2a. Age-adjusted rates (per 100,000) of cancer mortality for Maine, U.S., and U.S. whites, 1995-2005



Data source: Death certificate data from the National Center for Health Statistics.

About 3,000 Mainers die of cancer each year.

Age-adjusted cancer death rates have declined in Maine and U.S. total and white-only populations. In 2005, Maine's age-adjusted cancer death rate was 205 per 100,000.

Maine's age-adjusted cancer mortality rates were higher than both the U.S. total and white-only populations every year between 1995 and 2005.

Figure 4.2b. Sex-specific age-adjusted rates (per 100,000) of cancer mortality for Maine and U.S. whites, 1995-2005

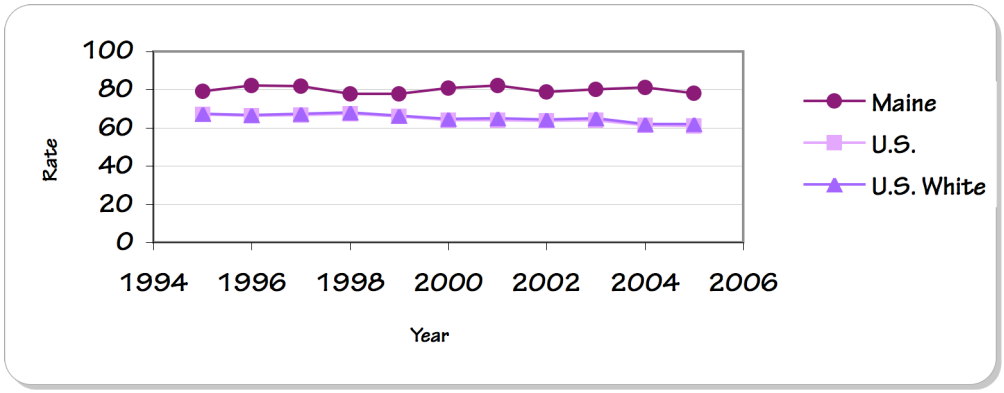
Data source: Death certificate data from the National Center for Health Statistics.

Maine's age-adjusted cancer death rates were significantly higher than the U.S. white rates for both men and women.

Age-adjusted cancer death rates have declined in both male and female populations in Maine and nationally.

Lung and Bronchus Cancer Incidence

Figure 4.3a. Age-adjusted rates (per 100,000) of lung cancer incidence for Maine, U.S., and U.S. whites, 1995-2005



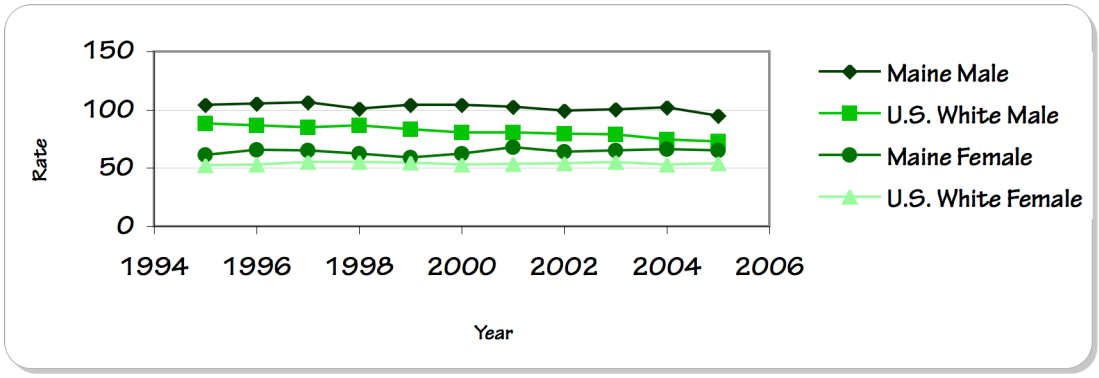
Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Each year over 1,000 people are diagnosed with lung cancer in Maine.

Maine age-adjusted lung cancer incidence rates have not changed over the past decade. In 2005, the rate was 78 per 100,000. In contrast, U.S. age-adjusted rates have declined between 1995 and 2005 for both the total and white-only populations.

Maine's age-adjusted lung cancer incidence rates are significantly higher than U.S. rates.

Figure 4.3b. Sex-specific age-adjusted rates (per 100,000) of lung cancer incidence for Maine, and U.S. whites, 1995-2005



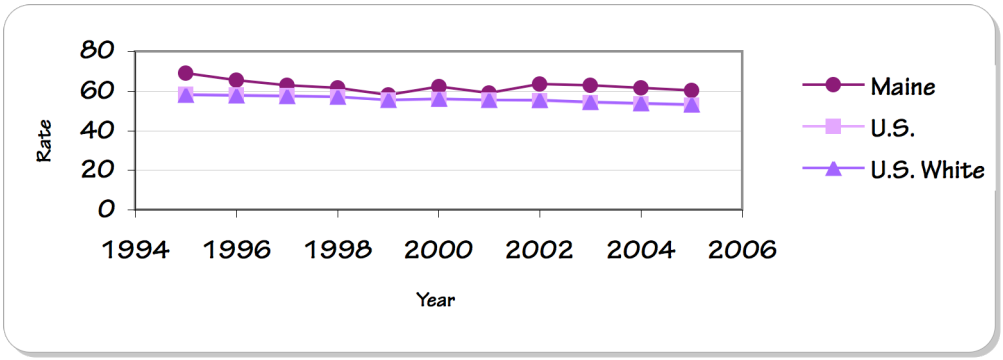
Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Men have higher lung cancer incidence rates than women. Maine's sex-specific, age-adjusted rates have remained relatively stable.

Maine men and women have higher rates than the U.S. white population.

Lung and Bronchus Cancer Mortality

Figure 4.4a. Age-adjusted rates (per 100,000) of lung cancer mortality for Maine, U.S., and U.S. whites, 1995-2005



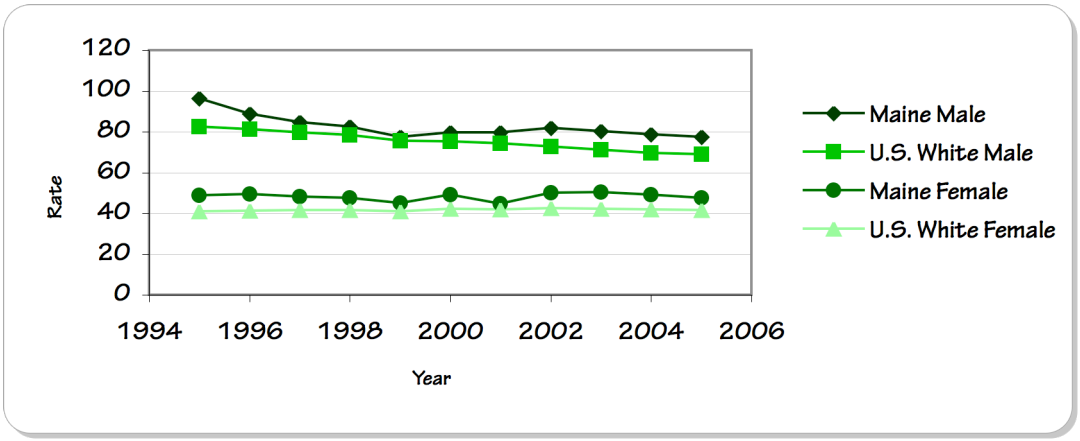
Data source: Death certificate data from the National Center for Health Statistics.

Nearly 1,000 Mainers die from lung cancer a year.

U.S. age-adjusted lung cancer death rates have declined over time. In Maine, the 2005 age-adjusted death rate (60 per 100,000) was significantly lower than in 1995, but intervening years did not display a consistent trend.

Maine's lung cancer death rates have generally been higher than U.S. rates.

Figure 4.4b. Sex-specific age-adjusted rates (per 100,000) of lung cancer mortality for Maine and U.S. whites, 1995-2005

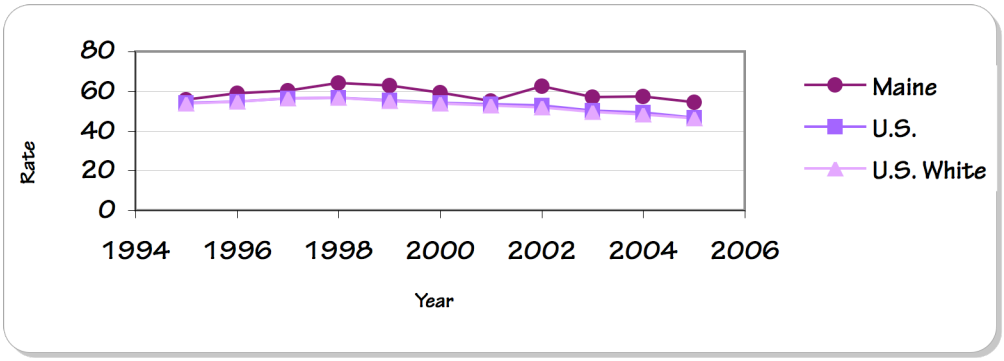


Data source: Death certificate data from the National Center for Health Statistics.

Age-adjusted lung cancer death rates are significantly higher in men than women. In Maine, the male death rate declined significantly when comparing 1995 and 2005, while there was no evidence of a change in female rates. Similarly, U.S. lung cancer death rates have declined in men, but not in women.

Colorectal Cancer Incidence

Figure 4.5a. Age-adjusted rates (per 100,000) of colorectal cancer incidence for Maine, U.S., and U.S. whites, 1995-2005



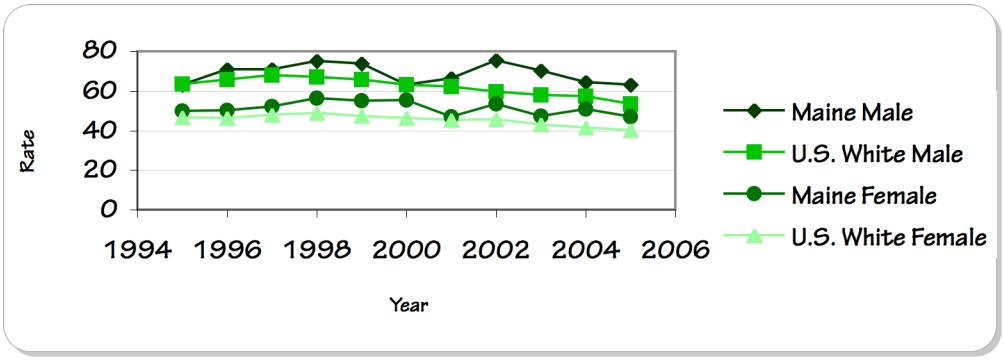
Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

In 2005, 849 Maine residents were diagnosed with colorectal cancer.

Age-adjusted colorectal cancer incidence rates have not changed between 1995 and 2005; the 2005 age-adjusted rate was 54 per 100,000.

In 1995, Maine's colorectal cancer incidence rates did not differ from U.S. rates, but by 2005, Maine's rates were significantly higher than U.S. rates due to national declines between 1995 and 2005.

Figure 4.5b. Sex-specific age-adjusted rates (per 100,000) of colorectal cancer incidence for Maine and U.S. whites, 1995-2005

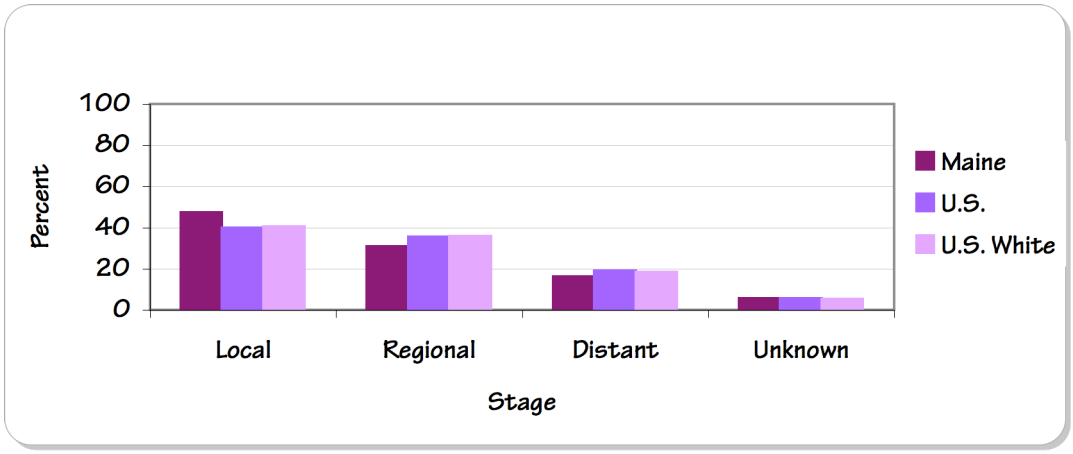


Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

In 2005, Maine men and women had higher age-adjusted colorectal cancer incidence rates than U.S. white men and women.

In both Maine and the U.S., age-adjusted colorectal cancer incidence rates are significantly higher among men than women.

Figure 4.5c. Colorectal cancer stage at diagnosis, 2004-2005



Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

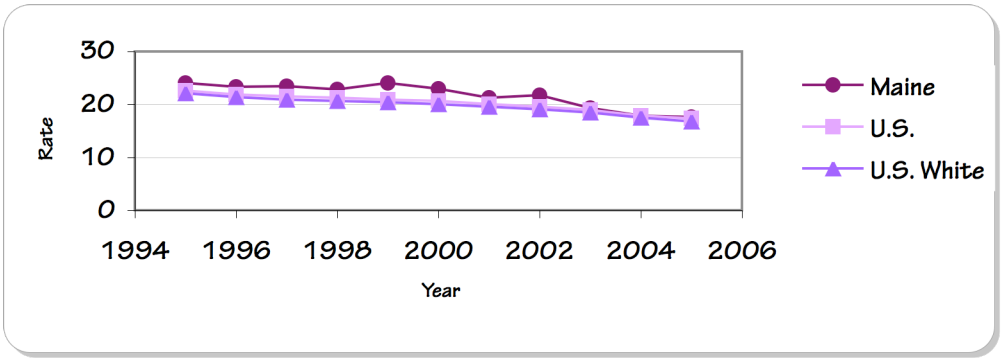
In 2004-05, 47 percent of colorectal cancer was diagnosed while the cancer was confined to the primary site (localized stage), 31 percent after the cancer had spread to regional lymphnodes or beyond the primary site, and 16 percent after the cancer had already metastasized (distant stage).

A higher percentage of colorectal cancer was diagnosed at the localized stage in Maine than in the U.S., in which 40 percent was diagnosed at the localized stage. Maine had a lower percentage diagnosed at the regional stage. Thirty six percent of U.S. colorectal cancer cases were diagnosed at the regional stage.

There is a direct relation between stage at diagnosis and survival. Between 1996 and 2004, U.S. 5-year survival rates for localized, regional, distant, and unknown stages were 90, 68, 11, and 37 percent, respectively[11].

Colorectal Cancer Mortality

Figure 4.6a. Age-adjusted rates (per 100,000) of colorectal cancer mortality for Maine, U.S., and U.S. whites, 1995-2005



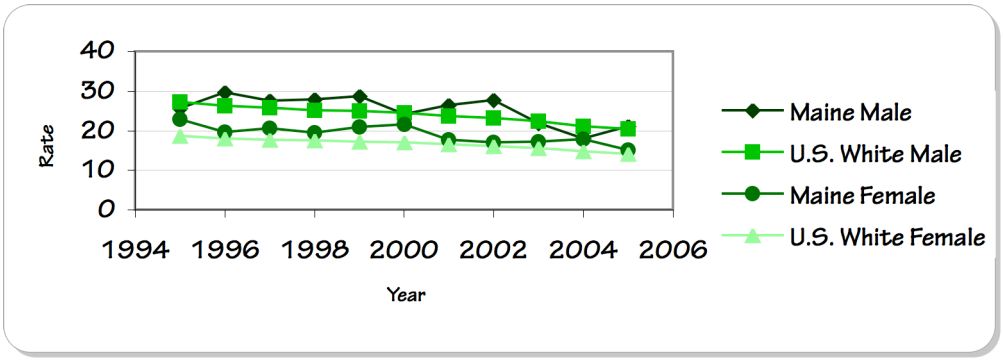
Data source: Death certificate data from the National Center for Health Statistics.

Roughly 300 Maine residents die from colorectal cancer each year.

Maine's age-adjusted colorectal cancer death rates have not tended to differ from the U.S. In 2005, Maine's age-adjusted colorectal cancer death rate was 18 per 100,000.

Nationally and in Maine, the age-adjusted colorectal cancer death rate has declined between 1995 and 2005.

Figure 4.6b. Sex-specific age-adjusted rates (per 100,000) of colorectal cancer mortality for Maine and U.S. whites, 1995-2005



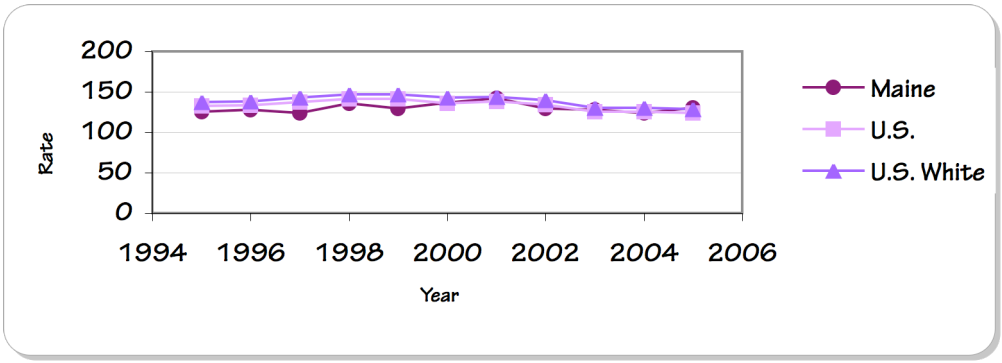
Data source: Death certificate data from the National Center for Health Statistics.

Nationally, age-adjusted incidence rates for colorectal cancer are consistently higher for men than women; in Maine, the pattern is similar but sex differences often do not achieve statistical significance.

Both men and women in Maine have age-adjusted colorectal cancer incidence rates that exceed national estimates for the white-only population.

Female Breast Cancer Incidence

Figure 4.7a. Age-adjusted rates (per 100,000) of breast cancer incidence for Maine, U.S., and U.S. whites, 1995-2005



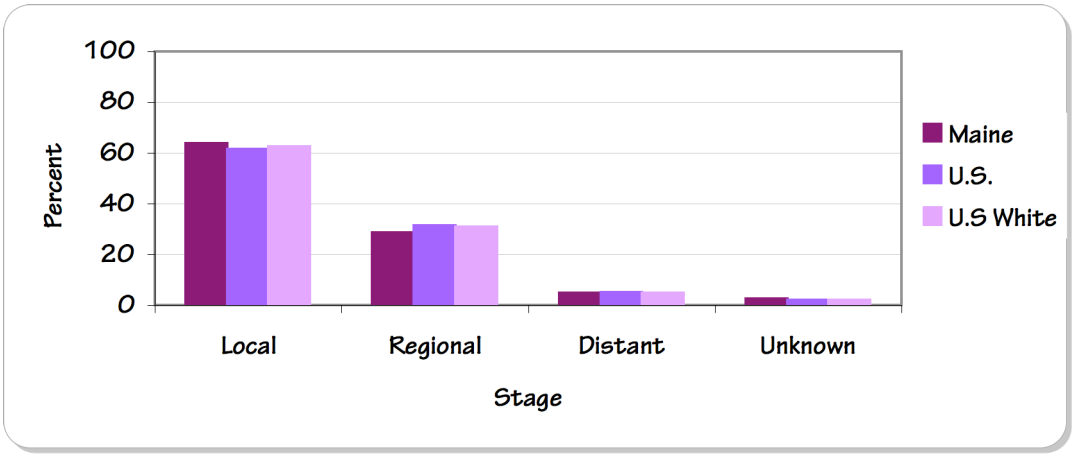
Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Each year roughly 1,000 Maine women are diagnosed with breast cancer.

In 2005, the age-adjusted rate of breast cancer in Maine women was 130 per 100,000. Maine's breast cancer incidence rates have not changed over the past decade.

Maine's rates have not differed from the U.S. rates between 1995 and 2005.

Figure 4.7b. Breast cancer stage at diagnosis, 2004-2005



Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

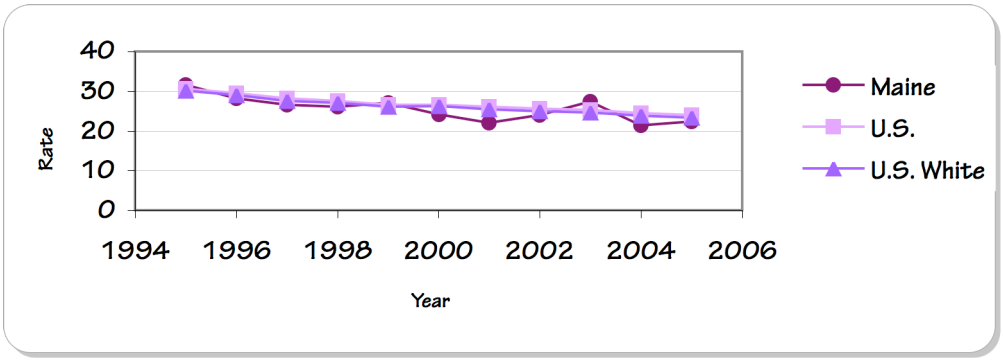
In 2004-05, 64 percent of Maine breast cancer cases were diagnosed at the localized stage, 29 percent were diagnosed at the regional stage, 5 percent were diagnosed at the distant stage, and 3 percent had an unknown stage.

Maine's stage distribution was similar to that of the U.S. population.

Five-year U.S. survival rates for localized, regional, distant, and unknown stages are 98, 84, 27, and 57 percent[12].

Female Breast Cancer Mortality

Figure 4.8a. Age-adjusted rates (per 100,000) of breast cancer mortality for Maine, U.S., and U.S. whites, 1995-2005



Data source: Death certificate data from the National Center for Health Statistics.

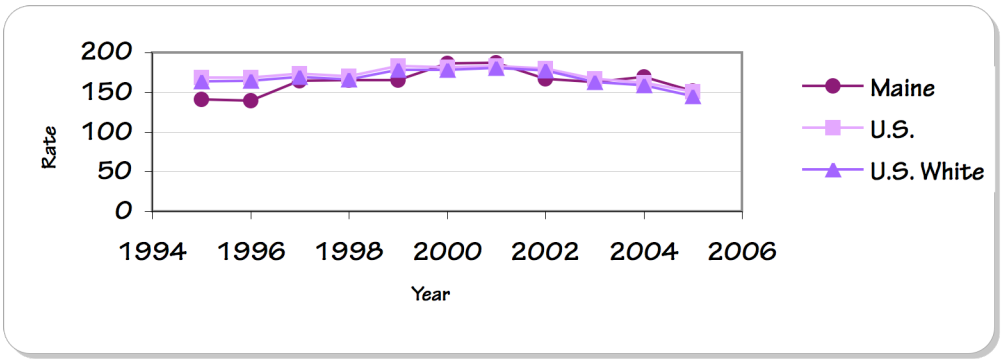
About 200 Maine women die from breast cancer annually.

Maine's age-adjusted breast cancer death rate was 22 per 100,000 women in 2005. The age-adjusted breast cancer death rate has declined in Maine and the U.S.

Maine's age-adjusted rate has not differed from national rates.

Prostate Cancer Incidence

Figure 4.9a. Age-adjusted rates (per 100,000) of prostate cancer incidence for Maine, U.S., and U.S. whites, 1995-2005



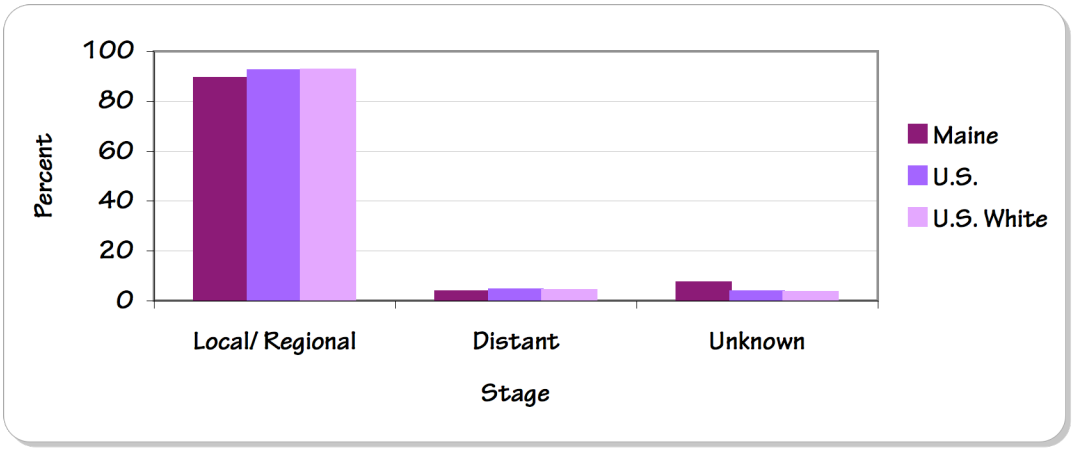
Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

In 2005, 1,084 Maine men were diagnosed with prostate cancer.

In Maine and the U.S., prostate cancer incidence rates increased between 1995 and 2001. After 2001, Maine's rate declined. Maine's 2005 age-adjusted incidence rate for prostate cancer was 151 per 100,000.

In 1995, Maine's prostate cancer incidence rate was significantly lower than the U.S., but in 2005, Maine's incidence rate did not differ from U.S. rates.

Figure 4.9b. Prostate cancer stage at diagnosis



Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

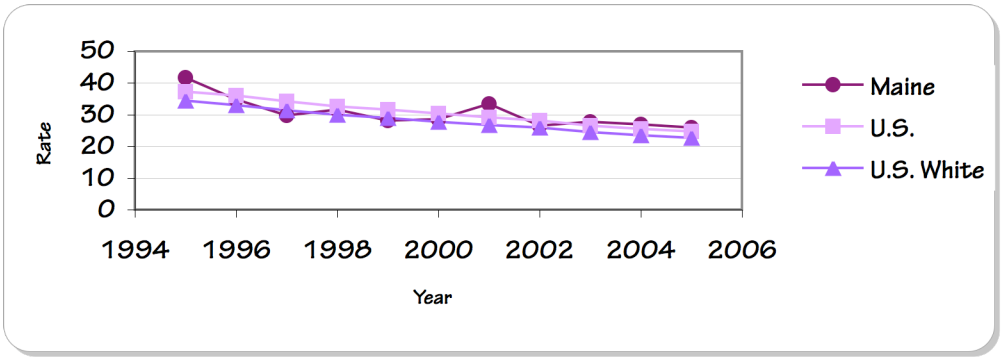
In 2004-05, 89 percent of Maine prostate cancer cases were confined to the primary site or the cancer had spread to regional lymphnodes (localized or regional stage) and 4 percent were diagnosed after the cancer had already metastasized (distant stage).

Maine's stage distribution did not differ from the U.S., though Maine did have more prostate cancers with unknown stage.

U.S. 5-year survival rates for localized/regional, distant, and unknown stages are 100, 32, and 79 percent[13].

Prostate Cancer Mortality

Figure 4.10a. Age-adjusted rates (per 100,000) of prostate cancer mortality for Maine, U.S., and U.S. whites, 1995-2005



Data source: Death certificate data from the National Center for Health Statistics.

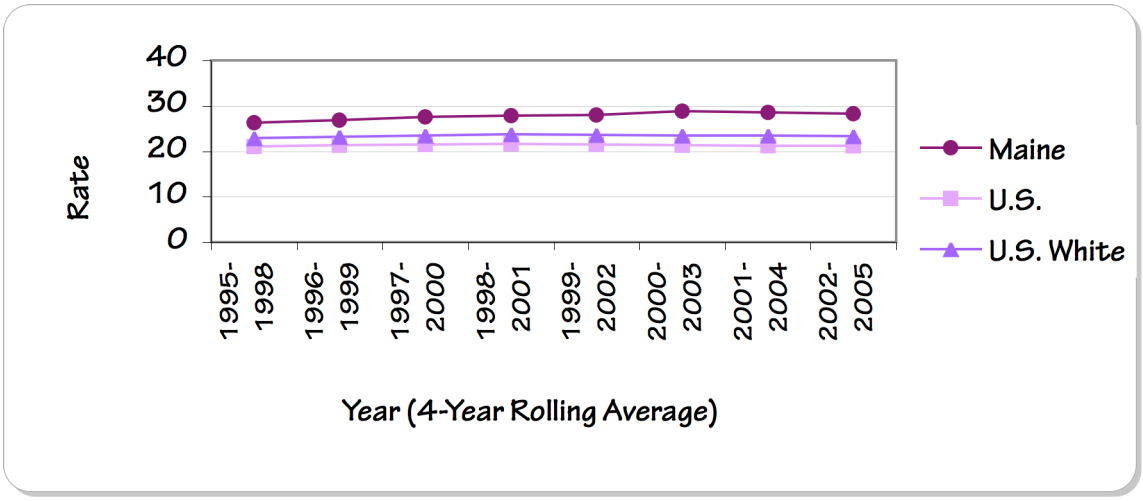
Roughly 150 to 200 Maine men died from prostate cancer each year between 1995 and 2005.

Maine's age-adjusted prostate cancer death rate declined significantly between 1995 and 2005, to a 2005 rate of 26 per 100,000.

Maine's age-adjusted death rates have not generally differed from the U.S.

Bladder Cancer Incidence

Figure 4.11a. Age-adjusted rates (per 100,000) of bladder cancer incidence for Maine, U.S., and U.S. whites, 1995-2005



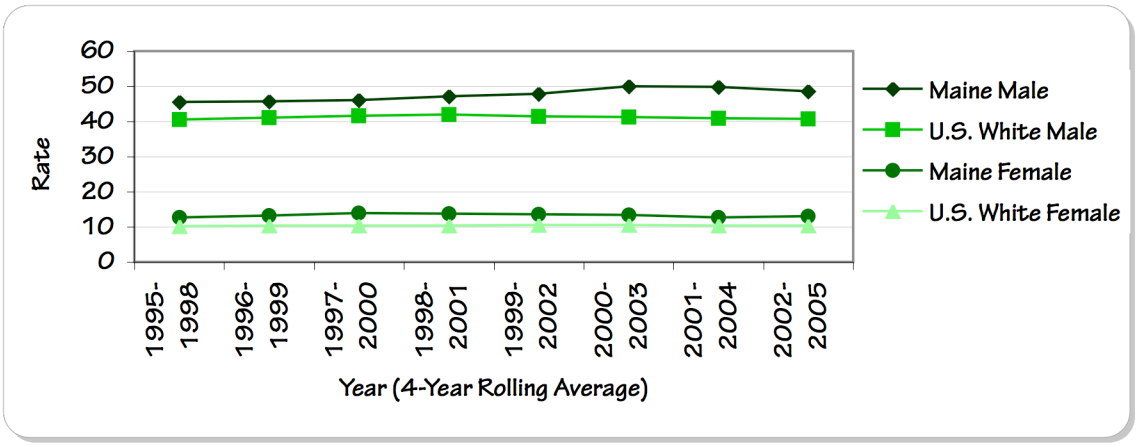
Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Roughly 400 Mainers were diagnosed with bladder cancer each year between 1995 and 2005.

In Maine and the U.S., age-adjusted bladder cancer incidence rates have not significantly changed between 1995 and 2005. Maine's 2005 bladder cancer incidence rate was 28 per 100,000.

Maine's incidence rates have been consistently higher than the U.S.

Figure 4.11b. Sex-specific age-adjusted rates (per 100,000) of bladder cancer incidence for Maine and U.S. whites, 1995-2005

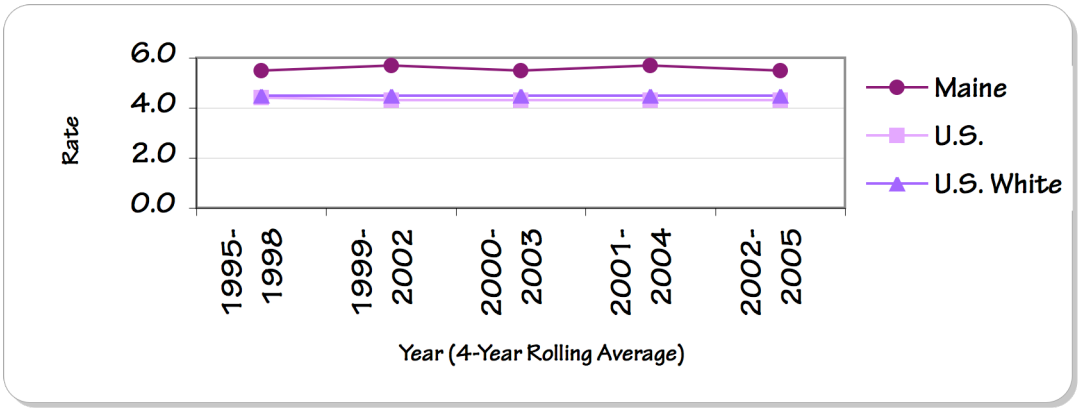


Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Men have higher bladder cancer incidence rates than women. The rate among men is 3.5 times as high as among women.

Bladder Cancer Mortality

Figure 4.12a. Age-adjusted rates (per 100,000) of bladder cancer mortality for Maine, U.S., and U.S. whites, 1995-2005



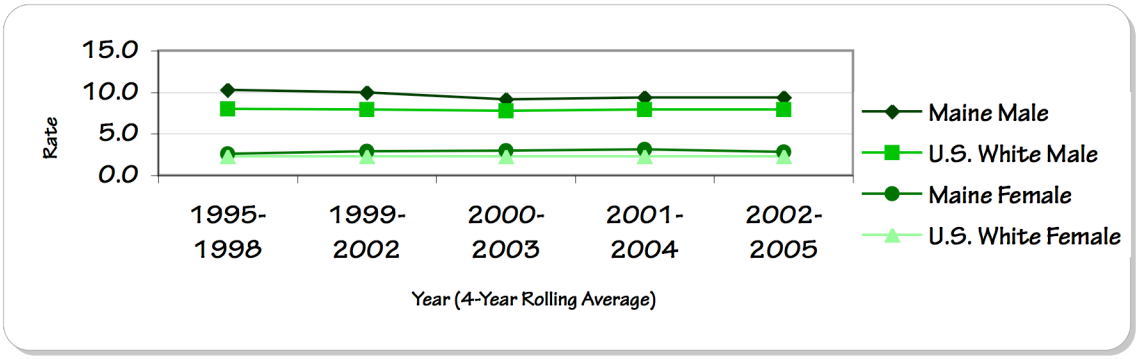
Data source: Death certificate data from the National Center for Health Statistics.

About 80 Mainers die per year from bladder cancer.

Bladder cancer death rates have not changed significantly in Maine or the U.S. In 2005, Maine's age-adjusted bladder cancer death rate was 6 per 100,000.

Maine's rate was higher than the U.S. between 1995 and 2005.

Figure 4.12b. Sex-specific age-adjusted rates (per 100,000) of bladder cancer mortality for Maine and U.S. whites, 1995-2005



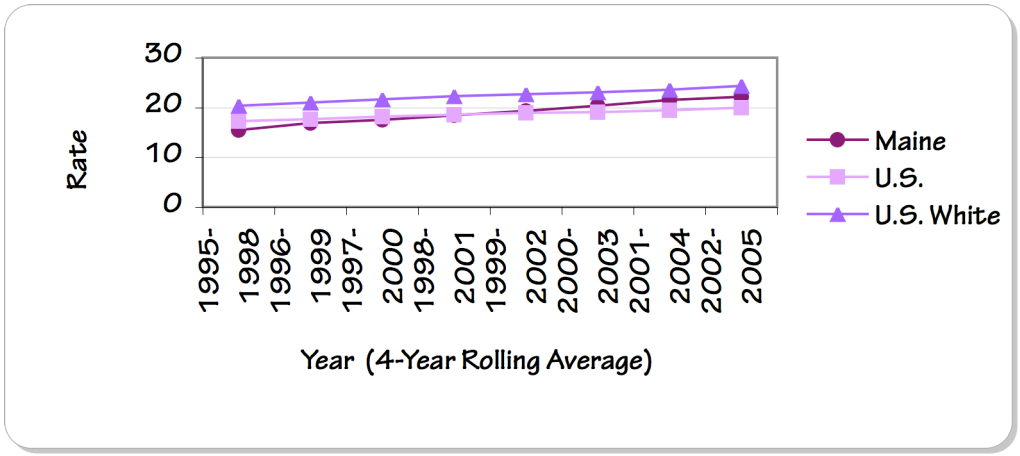
Data source: Death certificate data from the National Center for Health Statistics.

Men have significantly higher age-adjusted bladder cancer death rates than women, with rates more than 3 times as high as the female rates.

Maine men have consistently had significantly higher age-adjusted bladder cancer death rates than U.S. white men.

Melanoma Incidence

Figure 4.13a. Age-adjusted rates (per 100,000) of melanoma incidence for Maine, U.S., and U.S. whites, 1995-2005

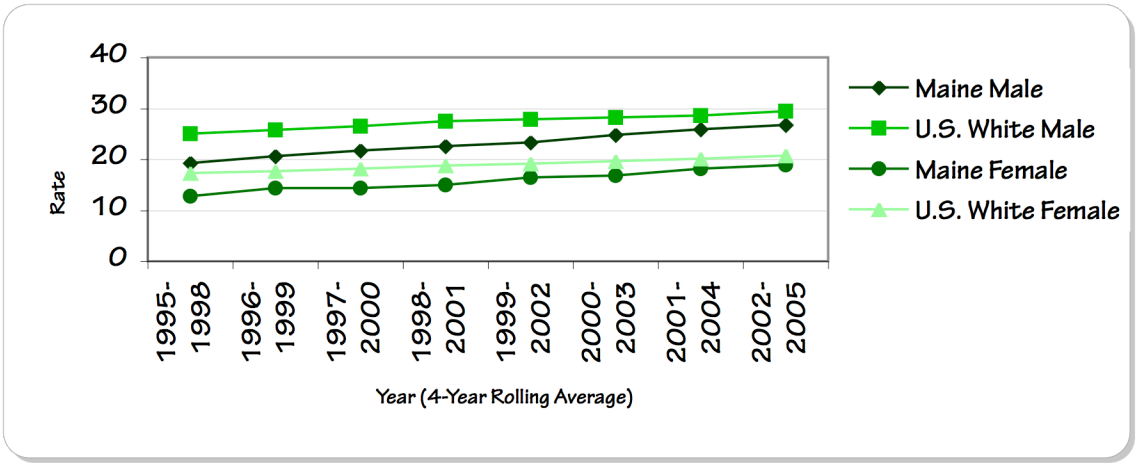


Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Roughly 300 Mainers were diagnosed with melanoma each year between 2002 and 2005.

Age-adjusted melanoma incidence rates have increased—from 16 per 100,000 in 1995-98 to 22 per 100,000 in 2002-05. Age-adjusted melanoma incidence rates have also increased in the U.S.

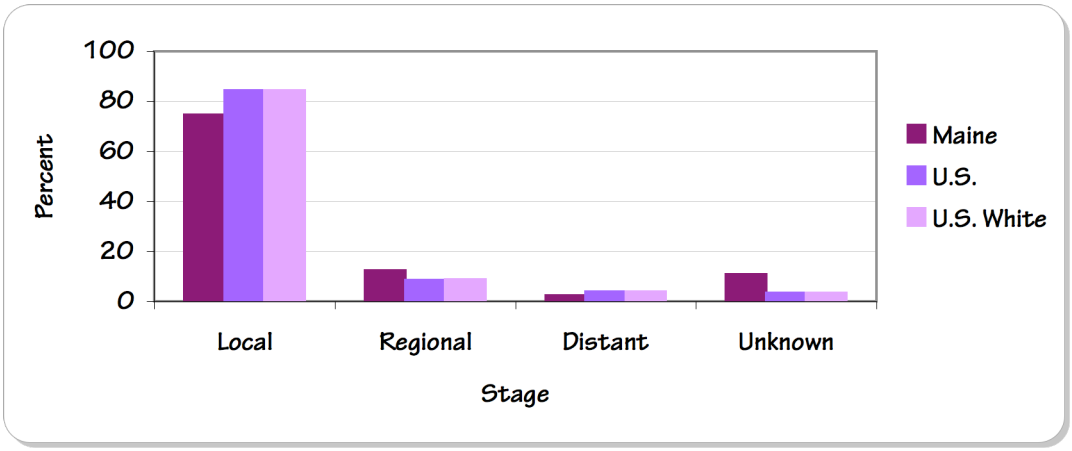
Figure 4.13b. Sex-specific age-adjusted rates (per 100,000) of melanoma cancer incidence for Maine and U.S. whites, 1995-2005



Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Melanoma incidence rates were higher in men than women, in both Maine and the U.S. In 2005, Maine men had an age-adjusted melanoma incidence rate roughly 50 percent higher than Maine women.

Figure 4.13c. Melanoma stage at diagnosis, 2004-2005



Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

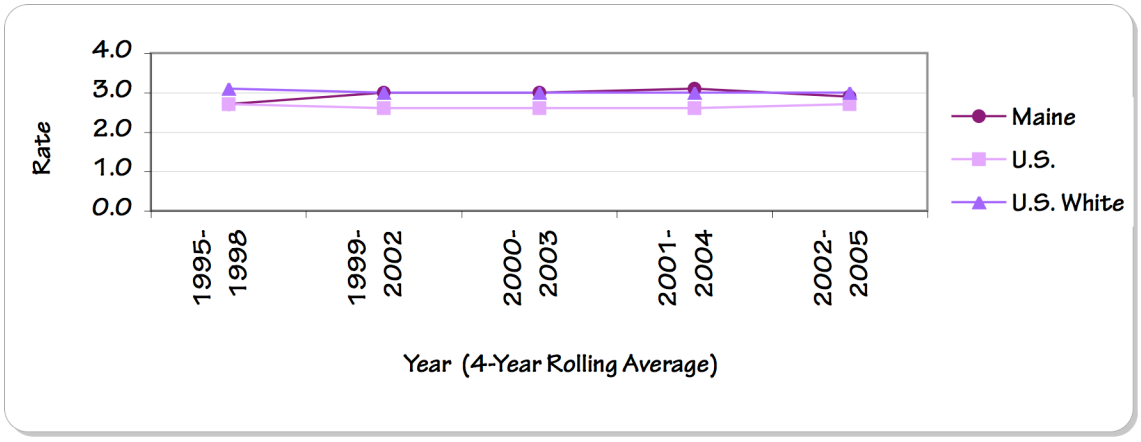
In 2004-05, 75 percent of Maine melanoma cases were diagnosed at the localized stage, 12 percent at the regional stage, 2 percent at the distant stage, and 11 percent at an unknown stage.

Compared to the U.S., Maine's stage distribution showed a lower percentage of melanoma cases diagnosed at the localized stage and higher percentages diagnosed at the regional and unknown stages.

U.S. 5-year survival rates for localized, regional, distant, and unknown stages were 99, 65, 16, and 77 percent[14].

Melanoma Mortality

Figure 4.14a. Age-adjusted rates (per 100,000) of melanoma cancer mortality for Maine, U.S., and U.S. whites, 1995-2005

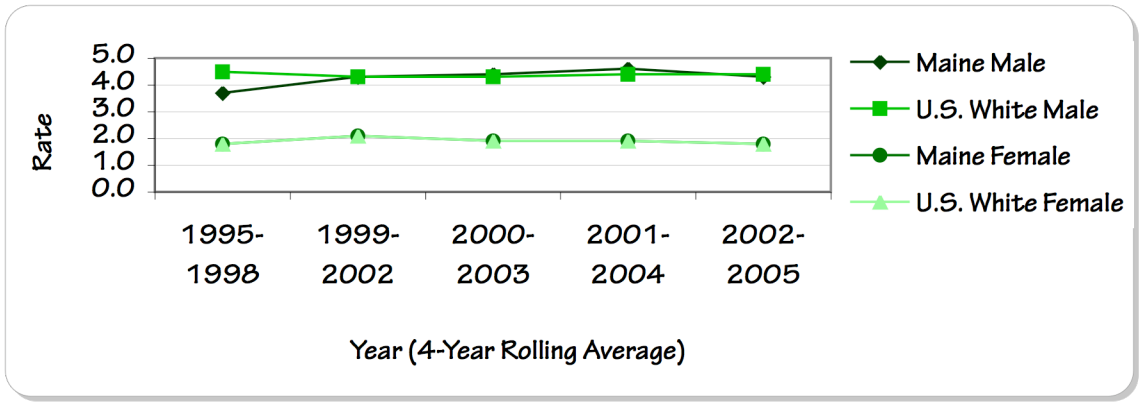


Data source: Death certificate data from the National Center for Health Statistics.

Between 2002 and 2005, 40 Mainers died of melanoma per year.

Age-adjusted melanoma death rates have not changed in Maine or the U.S. In 2002-05, Maine's age-adjusted melanoma death rate was 3 per 100,000.

Figure 4.14b. Sex-specific age-adjusted rates (per 100,000) of melanoma cancer mortality for Maine and U.S. whites, 1995-2005

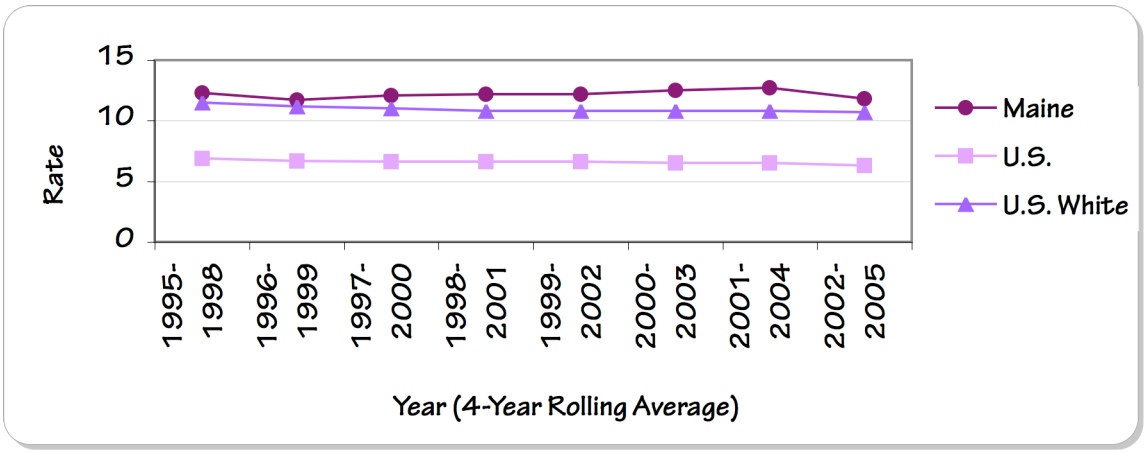


Data source: Death certificate data from the National Center for Health Statistics.

Men have significantly higher melanoma death rates than women; age-adjusted death rates are more than two times higher among men.
Maine's sex-specific melanoma death rates did not differ from the U.S. white populations.

Oropharyngeal Cancer Incidence

Figure 4.15a. Age-adjusted rates (per 100,000) of oropharyngeal cancer incidence for Maine, U.S., and U.S. whites, 1995-2005



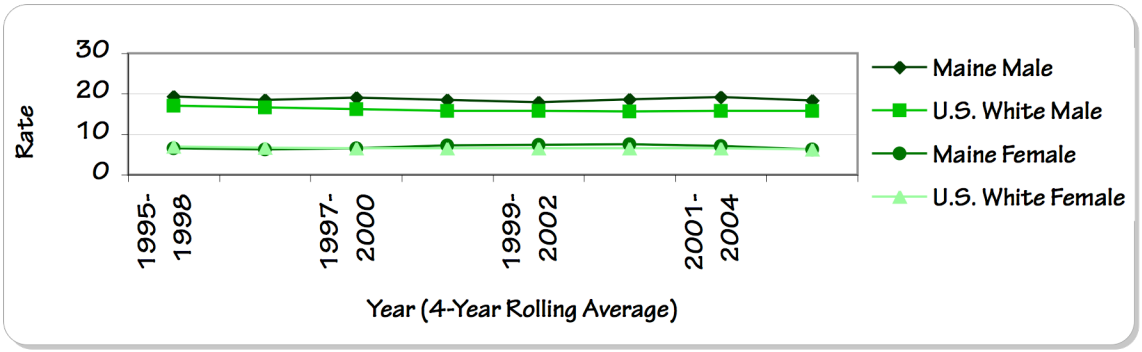
Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Roughly 75 Mainers are diagnosed with oropharyngeal cancer per year.

The age-adjusted oropharyngeal cancer incidence rate has not changed in Maine. Maine's 2005 rate was 12 per 100,000. U.S. age-adjusted rates have declined.

Since the late 1990s, Maine's age-adjusted oropharyngeal cancer incidence rates have exceeded those of the U.S.

Figure 4.15b. Sex-specific age-adjusted rates (per 100,000) of oropharyngeal cancer incidence for Maine and U.S. whites, 1995-2005



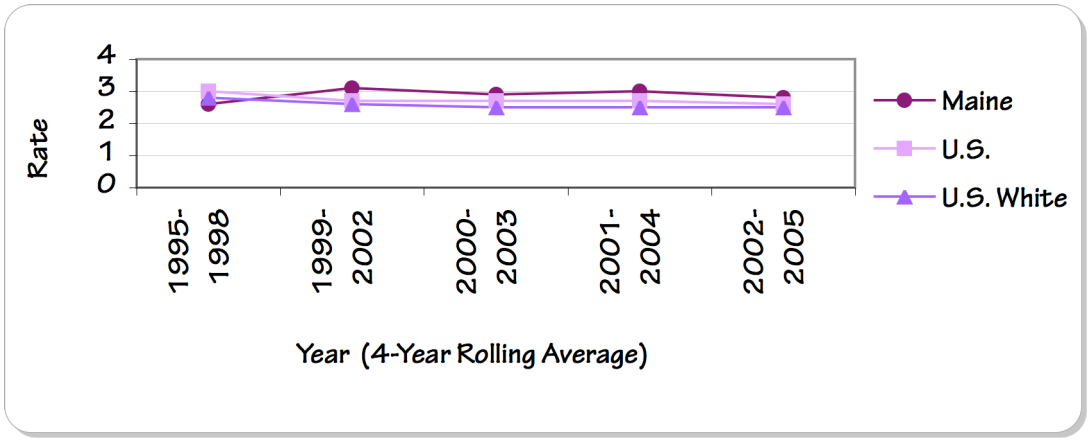
Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Men have higher oropharyngeal cancer incidence rates than women. The average 2002-05 age-adjusted oropharyngeal cancer incidence rate for Maine men was three times as high as that of Maine women.

Maine male and female oropharyngeal cancer incidence rates have not changed over time. In contrast, in U.S. men and women age-adjusted oropharyngeal cancer incidence rates have declined.

Oropharyngeal Cancer Mortality

Figure 4.16a. Age-adjusted rates (per 100,000) of oropharyngeal cancer mortality for Maine, U.S., and U.S. whites, 1995-2005



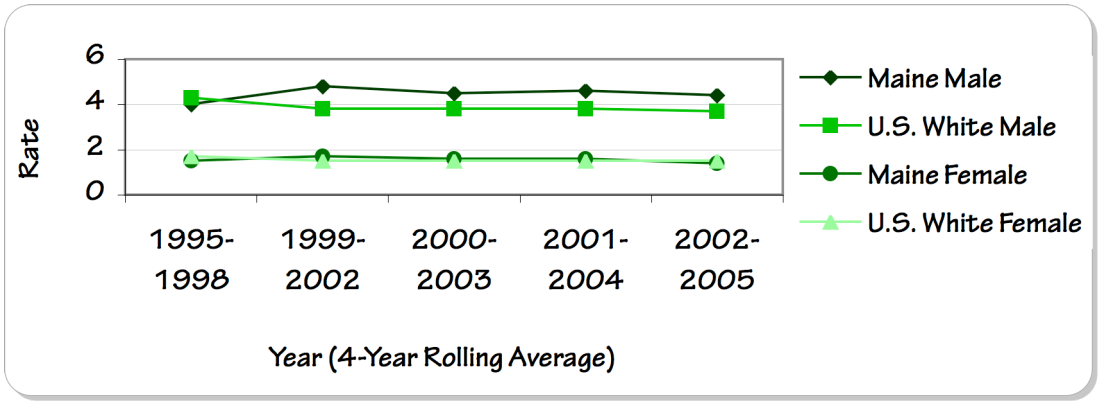
Data source: Death certificate data from the National Center for Health Statistics.

About 40 Mainers die each year from oropharyngeal cancer.

Maine's age-adjusted oropharyngeal cancer death rate has not changed over time. Maine's 2005 death rate from oropharyngeal cancer was 3 per 100,000.

Maine's rates have not differed from the U.S. between 1995 and 2005.

Figure 4.16b. Sex-specific age-adjusted rates (per 100,000) of oropharyngeal cancer mortality for Maine and U.S. whites, 1995-2005



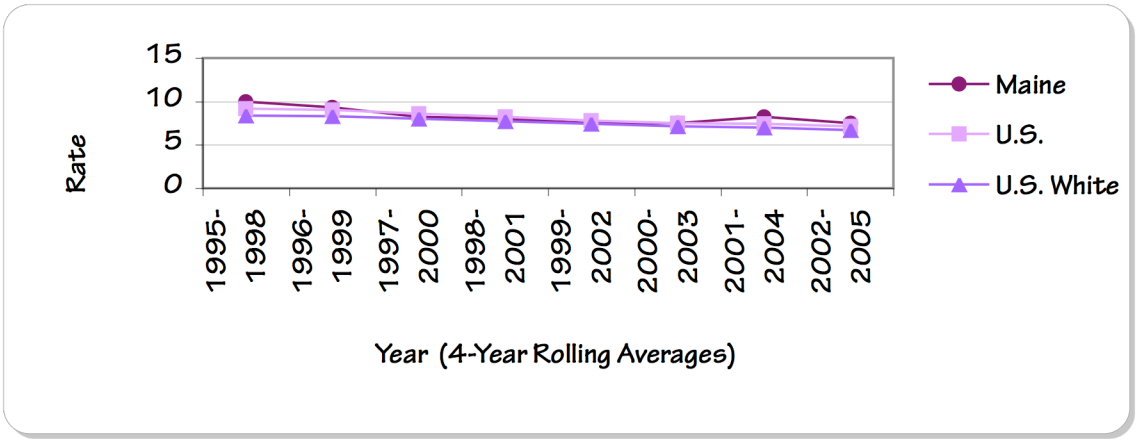
Data source: Death certificate data from the National Center for Health Statistics.

Male death rates from oropharyngeal cancer are three times higher than female rates.

Maine's sex-specific oropharyngeal cancer death rates do not differ from the U.S. white populations.

Cervical Cancer Incidence

Figure 4.17a. Age-adjusted rates (per 100,000) of cervical cancer incidence for Maine, U.S., and U.S. whites, 1995-2005

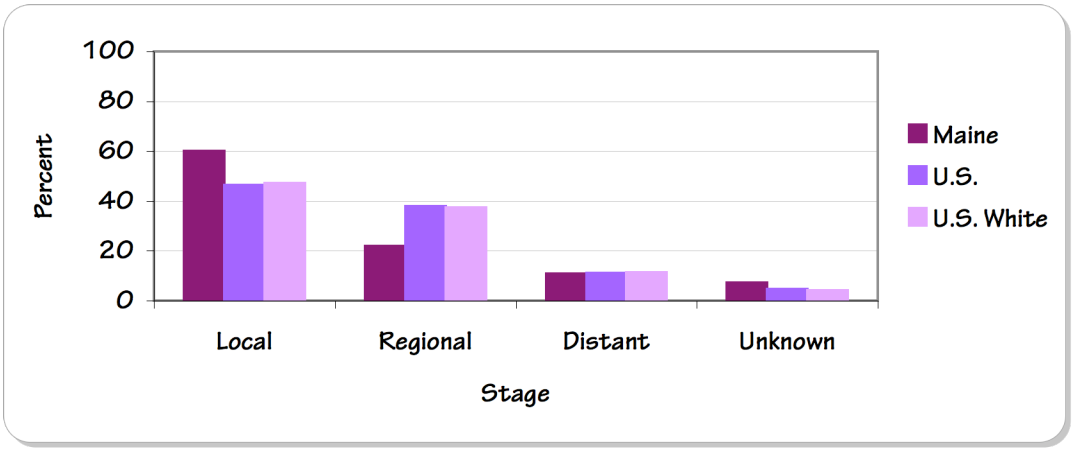


Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

Each year over 50 Maine women are diagnosed with cervical cancer.

In 2002-05, Maine's age-adjusted cervical cancer incidence rate was 8 per 100,000. Maine and U.S. incidence rates have declined between 1995-98 and 2002-05.

Figure 4.17b. Cervical cancer stage at diagnosis



Data source: Maine Cancer Registry and the national Surveillance, Epidemiology, and End Results (SEER) Program.

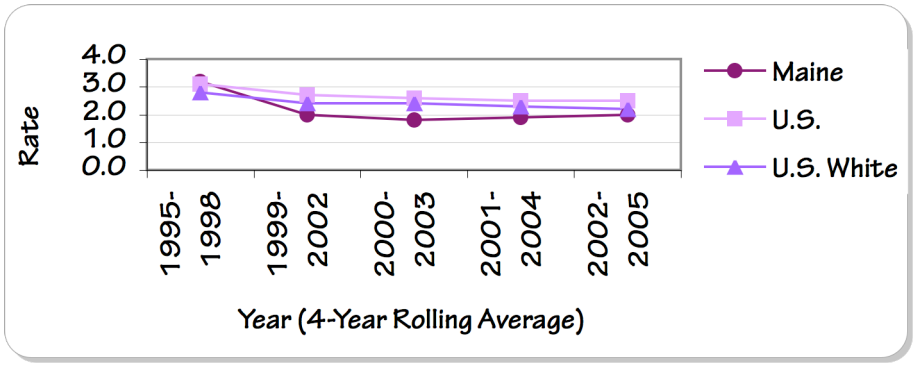
Sixty percent of cervical cancer in Maine (2004-2005) was diagnosed at a localized stage, 22 percent at a regional stage, and 11 percent at a distant stage.

Compared to the U.S., Maine had a greater percentage of cervical cancer diagnosed at a localized state and a lower percentage at a regional stage.

U.S. 5-year survival rates for localized, regional, distant, and unknown stages are 92, 56, 17, and 59 percent[15].

Cervical Cancer Mortality

Figure 4.18a. Age-adjusted rates (per 100,000) of cervical cancer mortality for Maine, U.S., and U.S. whites, 1995-2005



Data source: Death certificate data from the National Center for Health Statistics.

Between 2002 and 2005, an average of 16 Maine women died of cervical cancer annually.

Maine's age-adjusted cervical cancer death rate has declined over time, as have U.S. rates.

Conclusion 5

The Maine Cancer Surveillance Report presents comprehensive data regarding cancer prevention, detection, incidence, and mortality from Maine and the United States. We created the report to increase the understanding of cancer in the state and to aid program planning around prevention, screening and care.

Prevention

There are many preventable behavioral factors associated with increased risk of cancer, including tobacco use, certain dietary factors, sedentary behavior, excess weight, alcohol use, and sun exposure.

For the most part, we did not observe significant improvements in cancer risk factors among Maine youth and adults over the time periods examined.

A notable exception is the decline in cigarette smoking. There have been large and significant declines in youth and significant, though more modest, declines among adults. Adults also report more attempts to quit smoking now than in the past. Still, 20 percent of Maine adults and 14 percent of Maine youth currently smoke; these findings point to the importance of continued efforts in tobacco control.

Another area of success is the decline in alcohol consumption among Maine youth. Among Maine youth, monthly alcohol consumption and binge drinking have declined. Among adults, however, alcohol consumption has not changed significantly over time.

Most concerning were the findings on nutrition and physical activity-related risk factors, including weight--risk factors that are estimated to account for 35 percent of all cancer.

Fruit and vegetable consumption and exercise have not appeared to change over time in either Maine adults or youth. Only one third of adults and 20 percent of youth consume the recommended five or more servings of fruits and vegetables daily. Less than half of Maine adults and youth engage in regular, moderate or vigorous physical activity.

Further, more Mainers are overweight or obese now, as compared to the past. This finding holds for both adults and youth, and is consistent with national trends in overweight and obesity. Close to two-thirds of Maine adults are either overweight or obese, with 25 percent of them being obese. Roughly 25 percent of Maine high school students are either overweight or obese. These findings underscore the importance of public health activities around diet, physical activity and weight control.

Early Detection

The findings on cancer screening are promising. Screening for colorectal and breast cancers has increased, and a high percentage of women are screened for cervical cancer.

Screening for colorectal cancer by sigmoidoscopy or colonoscopy has significantly increased among Maine adults: those who reported ever having had sigmoidoscopy or colonoscopy increased from 47 percent in 2001 to 73 percent in 2007; those who report having received an endoscopic screening in the past five years increased from 40 percent in 2001 to 63 percent in 2007.

Similarly, breast cancer screening by mammography has increased significantly among Maine women in the past decade. In 2006 over 80 percent of women age 40 and older reported mammogram testing within the past two years.

Ninety-five percent of Maine women age eighteen and older reported ever having had a Pap test, and 89 percent reported having had a Pap test in the past three years.

Incidence and Mortality

When interpreting cancer incidence and mortality statistics it is important to remember that increasing incidence does not necessarily indicate increasing cancer occurrence, but could result from state-wide increases in early detection. Declines in mortality rates can stem from improved early detection or improvements in treatment.

Total cancer incidence increased in Maine between 1995 and 2005, while total cancer mortality in Maine declined over the same time period. During the same time frame, U.S. rates for both incidence and mortality declined significantly

For all cancers, combined, age-adjusted incidence and mortality rates were higher in Maine than the nation as a whole; this was true for total population and sex-specific rates. Incidence rates have fallen in recent years in the U.S., but have increased slightly in Maine.

Lung/bronchus cancer: Age-adjusted incidence did not change, while age-adjusted mortality declined between 1995 and 2005. Nationally, declines in both

lung cancer incidence and mortality have been observed. Maine's lung/bronchus cancer incidence and mortality rates were significantly higher than U.S. rates in 2005.

Colorectal cancer: Colorectal cancer incidence in Maine remained relatively stable between 1995 and 2005, while mortality declined over the same time period. Nationally, both colorectal cancer incidence and mortality has declined. Maine's incidence and mortality rates were higher than U.S. rates in 2005.

Breast cancer: In Maine, breast cancer incidence and mortality rates fell between 1995 and 2005. Maine's decline mirrored national declines in both incidence and mortality. Maine's rates did not differ from U.S. rates.

Prostate cancer: Nationally, there have been clear declines in prostate incidence and mortality. Maine's patterns in incidence and mortality were not strong or consistently significant, but suggest variable incidence between 1995 and 2005 and declining mortality. In 2005, Maine and the U.S. did not differ in either prostate cancer incidence or mortality.

Bladder cancer: Bladder cancer incidence and mortality have not changed in Maine between 1995 and 2005, but both remain higher in Maine than in the U.S.

Melanoma: Melanoma incidence in Maine and the U.S. increased between 1995 and 2005, but mortality did not change over the same time period. Maine's 2005 melanoma incidence and mortality rates did not differ from the U.S.

Oropharyngeal cancer: Incidence and mortality rates of oropharyngeal cancer did not change in Maine between 1995 and 2005. In contrast, U.S. rates for incidence and mortality declined over the same time period. In 2005, Maine's oropharyngeal cancer incidence rate was higher than the U.S. rate; Maine's mortality rate was not different from the U.S. rate.

Cervical cancer: In Maine and the U.S., cervical cancer incidence and mortality declined between 1995 and 2005; there were no significant differences between Maine and U.S. rates.

Disparities

In this report, we follow the legal definition of health disparities provided by United States Public Health Law 106-525:

"A population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.[16]"

Gender

In both Maine and the U.S., overall cancer incidence and mortality is higher among men than among women. Lung cancer incidence and mortality are higher in men than women, as is the case for melanoma. For oropharyngeal and bladder, incidence and mortality rates are over three times higher in men than women. Colorectal cancer incidence is higher in men, with no apparent gender disparity in mortality.

With respect to cancer risk factors, men are more commonly binge drinkers, less likely to eat the recommended daily amount of fruits and vegetables, more likely to be overweight, and less likely to report consistent use of sunscreen. Historically, men were more likely to smoke than women, though this difference no longer exists. Further, men may be more likely to experience occupational carcinogen exposure.

Socioeconomic Status

We observed strong relations between major risk factors for cancer and low socioeconomic status. Mainers who reported lower income or educational attainment on the BRFSS were more likely to report current smoking and less likely to have attempted quitting, less likely to engage in physical activity or consume five servings of fruits and vegetables daily, and less likely to have had screenings for colorectal, breast, and cervical cancers. We were unable to examine socioeconomic status with respect to cancer incidence or mortality.

Race and Ethnicity

In Maine, it can be difficult to make clear statistical statements about racial or ethnic disparities because a low proportion of Maine's total population is non-white. However, surveillance data representing more diverse populations and epidemiologic study data in the U.S. reveal racial/ethnic disparities in cancer risk factors, incidence, and mortality[17]. There are no compelling reasons to expect that these disparities would not similarly exist in Maine.

The National Cancer Institute largely attributes racial/ethnic cancer disparities to lower access to health care and socioeconomic status compared to the white population[17]. This suggests that interventions that address health care access and the effects of socioeconomic status more generally can also impact the cancer burden in non-white populations.

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Appendix I • Data Tables

Chapter 2: Cancer Prevention

Cigarette Smoking: Adults

Table 2.3a. Percent (95% CI) of Maine adults who report current, former, or never smoking and median percent from U.S. states, Maine and U.S. BRFSS, 1994-2007

	Maine Prevalence (95% CI)			U.S. States' Median Prevalence		
Year	Current	Former	Never	Current	Former	Never
1994	23.7 (21.1, 26.3)	29.0 (21.0-26.2)	47.4 (44.4-50.3)			
1995	25.1 (22.4, 27.7)	27.1 (24.5-29.6)	47.9 (44.8-51.0)	22.7	25.3	51.6
1996	25.4 (23.0, 27.7)	27.8 (25.4-30.1)	46.9 (44.2-49.6)	23.5	24.0	52.0
1997	22.7 (20.6, 24.9)	31.0 (28.6-33.5)	46.3 (43.6-49.0)	23.2	24.3	51.9
1998	22.4 (20.0, 24.8)	31.3 (28.7-33.8)	46.4 (43.6-49.2)	22.9	24.3	52.0
1999	23.3 (20.8, 25.8)	29.5 (27.1-32.0)	47.2 (44.4-50.0)	22.8	24.0	52.4
2000	23.8 (21.7, 26.0)	29.9 (27.8-32.1)	46.3 (43.8-48.7)	23.2	24.3	52.3
2001	24.0 (22.0, 26.0)	31.9 (29.8-33.9)	44.2 (42.0-46.5)	23.2	24.7	51.3
2002	23.7 (21.7, 25.6)	33.4 (31.3-35.5)	43.0 (40.8-45.3)	23.2	24.7	52.0
2003	23.7 (21.8, 25.7)	31.1 (29.0-33.2)	45.2 (42.9-47.5)	22.0	25.2	52.0
2004	21.0 (19.3, 22.7)	31.3 (29.5-33.1)	47.8 (45.8-49.7)	20.9	24.1	54.6
2005	20.8 (19.2, 22.4)	30.1 (28.5-31.8)	49.1 (47.2-51.0)	20.6	24.8	54.0
2006	20.9 (19.3, 22.6)	30.4 (28.8-32.0)	48.7 (46.8-50.6)	20.1	24.7	54.3
2007	20.2 (18.9, 21.5)	30.8 (29.4-32.1)	49.1 (47.3-50.6)	19.9	24.6	54.8

Table 2.3b. Maine adult smoking status according to age, gender, family income, and educational attainment Maine BRFSS, 2005-2007	
	Prevalence (95% CI)
Gender	
Male	21.8 (20.4, 23.2)
Female	19.6 (18.5, 20.7)
Age	
18-44	27.0 (25.3, 28.6)
45-64	19.8 (18.6, 20.9)
65-74	11.4 (9.7, 13.1)
75+	3.4 (2.4, 4.4)
Education	
<HS	35.8 (31.5, 40.0)
HS	28.8 (27.1, 30.5)
>HS	14.3 (13.3, 15.3)
Income	
< $25,000	30.7 (28.7, 32.8)
$25,000 to $49,999	23.0 (21.3, 24.7)
≥ $50,000	13.6 (12.3, 14.9)

Table 2.4a. Percent (95% CI) of Maine adult smokers who report attempting to quit within the past year, Maine BRFSS, 1995-2007	
Year	Prevalence (95% CI)
1995	35.1 (29.4, 40.8)
1996	44.9 (39.0, 50.7)
1997	51.0 (44.9, 57.2)
1998	51.2 (44.7, 57.7)
1999	61.5 (55.5, 67.5)
2000	52.3 (46.6, 58.1)
2001	60.1 (55.3, 65.0)
2002	61.3 (56.7, 65.8)
2003	53.7 (49.0, 58.4)
2004	59.6 (55.1, 64.0)
2005	54.6 (50.1, 59.0)
2006	59.5 (55.1, 63.9)
2007	57.8 (54.1, 61.5)

Table 2.4b. Quit attempts among Maine adult smokers according to age, gender, family income, and educational attainment, Maine BRFSS, 2005-2007	
	Prevalence (95% CI)
Gender	
Male	55.1 (51.4, 58.7)
Female	59.6 (56.4, 62.8)
Age	
18-44	58.8 (55.2, 62.4)
45-64	55.5 (52.2, 58.7)
65-74	54.3 (46.5, 62.1)
75+	54.5 (39.1, 69.9)
Education	
<HS	46.1 (38.6, 53.5)
HS	57.3 (53.7, 60.8)
>HS	60.8 (57.1, 64.5)
Income	
< $25,000	58.5 (54.4, 62.5)
$25,000 to $49,999	59.0 (54.8, 63.2)
≥ $50,000	55.2 (50.1, 60.4)

Cigarette Smoking: Youth

Table 2.5. Percent (95% CI) of Maine and U.S. high school students who report cigarette smoking within the past 30 days, Maine and U.S. YRBS, 1995-2007				
	Maine Prevalence (95% CI)			U.S. Prevalence (95% CI)
	Total Population	Female	Male	Total Population
1995	37.8 (33.9-41.8)	38.8 (35.4-42.2)	37.0 (31.9-42.5)	34.8 (32.5–37.2)
1997	39.2 (35.4-43.1)	40.8 (36.4-45.4)	37.7 (33.0-42.6)	36.4 (34.1–38.7)
1999*				34.8 (32.3–37.4)
2001	24.8 (20.8-29.3)	26.6 (22.5-31.2)	23.0 (17.2-30.0)	28.5 (26.4–30.6)
2003	20.5 (17.4-23.9)	18.9 (14.6-22.4)	21.6 (17.2-26.7)	21.9 (19.8–24.2)
2005	16.2 (12.8-20.4)	18.2 (14.5-22.6)	14.4 (10.8-19.0)	23.0 (20.7–25.5)
2007	14.0 (11.6-16.9)	14.7 (12.3-17.5)	13.3 (10.0-17.6)	20.0 (17.6–22.6)

*Data from 1999 were not available in Maine due to low response rates.

Fruit and Vegetable Consumption: Adults

Table 2.6a. Percent (95% CI) of Maine adults who report consuming five or more servings of fruits and vegetables daily and median percent from U.S. states, Maine and U.S. BRFSS, 1994-2007		
Year	Maine Prevalence (95% CI)	U.S. Median Prevalence
1994	21.1 (18.8, 23.4)	
1996	26.2 (23.9, 28.5)	23.7
1998	26.4 (24.0-28.9)	23.8
2000	24.6 (22.6, 26.5)	23.2
2002	29.4 (27.3, 31.4)	22.6
2003	27.1 (25.1, 29.1)	22.6
2005	28.7 (27.0, 30.4)	23.2
2007	28.6 (27.2, 30.1)	24.4

Table 2.6b. Fruit and vegetable consumption among Maine adults according to age, gender, family income, and educational attainment, Maine BRFSS, 2003, 2005, and 2007	
	Prevalence (95% CI)
Gender	
Male	21.1 (19.7, 22.5)
Female	34.7 (33.3, 36.0)
Age	
18-44	25.7 (24.0, 27.4)
45-64	28.8 (27.3, 30.2)
65-74	30.1 (27.4, 32.7)
75+	35.2 (32.1, 38.3)
Education	
<HS	20.4 (16.6, 24.1)
HS	22.0 (20.3, 23.6)
>HS	32.8 (31.5, 34.1)
Income	
< $25,000	24.3 (22.4, 26.2)
$25,000 to $49,999	27.6 (25.7, 29.4)
> $50,000	30.1 (28.4, 31.8)

Fruit and Vegetable Consumption: Youth

Table 2.7. Percent (95% CI) of Maine and U.S. high school students who report consuming five or more servings of fruits and vegetables daily, Maine and U.S. YRBS, 2001-2007				
	Maine Prevalence (95% CI)			U.S. Prevalence (95% CI)
	Total Population	Female	Male	Total Population
2001	25.0 (21.4–29.0)	24.7 (20.2–29.9)	25.4 (20.8–30.5)	21.4 (20.1–22.8)
2003	22.6 (20.2–25.0)	22.7 (20.1–25.6)	22.6 (19.6–25.8)	22.0 (20.6–23.6)
2005	18.9 (16.7–21.4)	17.7 (14.1–22.0)	19.8 (17.0–22.9)	20.1 (18.6–21.6)
2007	20.4 (17.5–23.6)	20.0 (16.6–24.0)	20.7 (16.5–25.8)	21.4 (19.8–23.1)

Physical Activity: Adults

Table 2.8a. Percent (95% CI) of Maine adults who report engaging in moderate physical activity (at least 30 minutes five or more times per week) or in vigorous physical activity (at least 20 minutes three or more times per week) and median percent from U.S. states		
	Maine	U.S.
Year	Prevalence (95% CI)	States' Median Prevalence
2003	53.1 (50.8, 55.5)	47.4
2005	54.1 (52.2, 56.1)	49.1
2007	56.0 (54.4, 57.6)	49.5

Table 2.8b. Moderate and vigorous physical activity among Maine adults according to age, gender, family income, and educational attainment, Maine BRFSS, 2003, 2005, and 2007	
	Prevalence (95% CI)
Gender	
Male	56.2 (54.4, 58.0)
Female	52.8 (51.3, 54.3)
Age	
18-44	59.5 (57.6, 61.4)
45-64	53.4 (51.8, 55.1)
65-74	49.4 (46.2, 52.5)
75+	37.1 (33.7, 40.5)
Education	
<HS	44.8 (40.1, 49.4)
HS	51.0 (48.9, 53.0)
>HS	57.7 (56.3, 59.2)
Income	
< $25,000	46.6 (44.3, 48.9)
$25,000 to $49,999	54.7 (52.5, 56.8)
≥ $50,000	60.9 (59.1, 62.8)

Physical Activity: Youth

Table 2.9. Percent (95% CI) of Maine high school students who report engaging in at least 20 minutes of vigorous activity three or more times per week, Maine YRBS, 2001-2007			
	Maine Prevalence (95% CI)		
	Total Population	Female	Male
2001	65.9 (62.5-69.4)	60.6 (55.9-65.2)	71.3 (65.5-77.1)
2003	60.6 (58.1-63.0)	59.4 (55.4-63.4)	61.9 (59.2-64.6)
2005	62.3 (56.9-67.8)	61.2 (54.4-68.0)	63.2 (56.3-70.1)
2007	59.7 (55.2-64.2)	66.8 (60.2-73.4)	52.3 (47.0-57.6)

Table 2.9.2 Percent (95% CI) of high school students with physical education class on 5 days in an average school week, Maine and U.S., YRBS, 1995-2007				
	Maine Prevalence (95% CI)			U.S. Prevalence (95% CI)
	Total Population	Female	Male	Total Population
1995	10.3 (4.9-20.4)	10.1 (4.3-22.0)	10.4 (5.1-19.7)	25.4 (16.9-36.2)
1997	7.3 (3.7-13.7)	7.8 (3.7-15.7)	6.7 (3.5-12.4)	27.4 (22.1-33.5)
1999*				29.1 (20.3-39.7)
2001	4.8 (2.2-10.4)	4.3 (1.8-10.0)	5.3 (2.2-12.3)	32.2 (27.4-37.4)
2003	8.2 (4.0-15.9)	7.5 (3.4-15.6)	8.8 (4.6-16.3)	28.4 (22.9-34.7)
2005	6.7 (3.1-13.8)	5.8 (2.4-13.6)	7.6 (3.7-15.1)	33.0 (27.8-38.6)
2007	6.7 (3.2-13.7)	6.1 (2.3-15.2)	7.3 (3.8-13.6)	30.3 (25.4-35.8)

*Data from 1999 were not available in Maine due to low response rates.

Weight: Adults

Table 2.10a. Percent (95% CI) of Maine adults who report overweight, obesity, or neither overweight nor obesity and median percent from U.S. states, Maine and U.S. BRFSS, 1994-2007

Year		Maine Prevalence (95% CI)	U.S. States' Median Prevalence
1994	Neither Overweight nor Obese	48.5 (45.4, 51.7)	
	Overweight	36.4 (33.5, 39.4)	
	Obese	15.2 (13.0, 17.4)	
1995	Neither Overweight nor Obese	48.4 (45.2, 51.5)	48.6
	Overweight	37.6 (34.5, 40.7)	35.5
	Obese	14.2 (12.0, 16.3)	15.9
1996	Neither Overweight nor Obese	48.2 (45.5, 50.9)	47.8
	Overweight	35.8 (33.2, 38.5)	35.4
	Obese	16.1 (14.2, 18.0)	16.8
1997	Neither Overweight nor Obese	46.9 (44.2, 49.6)	47.3
	Overweight	37.0 (34.4, 39.6)	36.2
	Obese	16.3 (14.2, 18.3)	16.5
1998	Neither Overweight nor Obese	45.6 (42.8, 48.5)	45.4
	Overweight	37.0 (34.2, 39.8)	36.3
	Obese	17.5 (15.4, 19.6)	18.3
1999	Neither Overweight nor Obese	45.2 (42.4, 48.1)	43.6
	Overweight	35.4 (32.8, 38.0)	36.8
	Obese	19.5 (17.3, 21.7)	19.6
2000	Neither Overweight nor Obese	43.8 (41.3, 46.3)	43.3
	Overweight	36.4 (34.0, 38.8)	36.7
	Obese	20.0 (18.0, 22.0)	20.0
2001	Neither Overweight nor Obese	41.3 (39.0, 43.6)	41.9
	Overweight	39.3 (37.0, 41.6)	37.2
	Obese	19.5 (17.7, 21.3)	20.9
2002	Neither Overweight nor Obese	41.5 (39.2, 43.7)	41.1
	Overweight	38.0 (35.7, 40.2)	37.0
	Obese	20.7 (18.9, 22.6)	21.9
2003	Neither Overweight nor Obese	41.9 (39.5, 44.2)	40.4
	Overweight	38.3 (36.0, 40.6)	36.7
	Obese	20.0 (18.1, 21.8)	22.9
2004	Neither Overweight nor Obese	39.1 (37.2, 41.1)	40.0
	Overweight	37.6 (35.7, 39.5)	36.8
	Obese	23.4 (21.7, 25.2)	23.2
2005	Neither Overweight nor Obese	40.5 (38.5, 42.4)	38.9
	Overweight	37.0 (35.1, 38.8)	36.7
	Obese	22.7 (21.1, 24.3)	24.4
2006	Neither Overweight nor Obese	40.4 (38.4, 42.3)	38.4
	Overweight	36.7 (34.8, 38.6)	36.5
	Obese	23.1 (21.6, 24.7)	25.1
2007	Neither Overweight nor Obese	37.1 (35.5, 38.6)	37.1
	Overweight	37.8 (36.3, 39.3)	36.6
	Obese	25.3 (23.9, 26.7)	26.3

Table 2.10b. Overweight, obesity, and neither overweight nor obesity among Maine adults according to age, gender, family income, and educational attainment, Maine BRFSS, 2005-2007			
	Neither Overweight nor Obese Prevalence (95% CI)	Overweight Prevalence (95% CI)	Obesity Prevalence (95% CI)
Gender			
Male	31.2 (29.7, 32.8)	44.1 (42.5, 45.7)	24.8 (23.5, 26.2)
Female	47.2 (45.8, 48.5)	30.4 (29.1, 31.6)	22.6 (21.6, 23.7)
Age			
18-44	44.1 (42.2, 46.0)	33.3 (31.6, 35.1)	22.7 (21.2, 24.2)
45-64	33.2 (31.9, 34.6)	39.4 (38.0, 40.8)	27.5 (26.2, 28.8)
65-74	32.3 (29.9, 34.8)	44.4 (41.8, 47.0)	23.4 (21.1, 25.6)
75+	46.1 (43.1, 49.1)	39.5 (36.6, 42.4)	14.6 (12.5, 16.7)
Education			
<HS	41.0 (36.5, 45.5)	32.9 (28.8, 36.9)	26.3 (22.7, 29.9)
HS	35.8 (34, 37.7)	37.3 (35.5, 39.2)	27.0 (25.4, 28.6)
>HS	41.0 (39.6, 42.3)	37.5 (36.3, 38.8)	21.6 (20.6, 22.7)
Income			
< $25,000	38.1 (35.9, 40.4)	34.0 (32.0, 36.1)	28.0 (26.1, 29.9)
$25,000 to $49,999	37.4 (35.5, 39.4)	37.0 (35.2, 38.9)	25.7 (24.0, 27.4)
≥ $50,000	39.0 (37.3, 40.7)	40.1 (38.4, 41.8)	21.1 (19.7, 22.5)

Weight: Youth

Table 2.11. Percent (95% CI) of Maine and U.S. high school students who report overweight or obesity, Maine and U.S. YRBS, 2001-2007					
		Maine Prevalence (95% CI)			U.S. Prevalence (95% CI)
		Total Population	Female	Male	Total Population
2001	Overweight	14.4 (11.6–17.6)	12.5 (9.4–16.6)	16.1 (12.7–20.1)	13.6 (12.7–14.5)
	Obese	10.4 (8.5–12.5)	5.5 (3.8–7.9)	14.8 (12.5–17.6)	10.5 (9.5–11.5)
2003	Overweight	14.6 (12.5–16.9)	15.3 (11.9–19.4)	13.9 (11.2–17.1)	14.8 (14.1–15.6)
	Obese	12.8 (10.8–15.2)	7.6 (6.2–9.2)	17.7 (14.3–21.6)	12.1 (10.8–13.6)
2005	Overweight	14.4 (12.2–17.0)	13.8 (10.6–17.9)	15.0 (12.1–18.4)	15.7 (14.7–16.7)
	Obese	10.9 (9.2–13.0)	6.3 (4.7–8.3)	15.2 (12.4–18.4)	13.1 (12.2–14.0)
2007	Overweight	13.1 (10.9–15.6)	12.3 (9.1–16.4)	13.8 (9.8–19.1)	15.8 (14.8–16.8)
	Obese	12.8 (10.4–15.7)	7.6 (5.8–9.9)	17.5 (14.1–21.6)	13.0 (11.9–14.1)

Sun Safety: Adults

Table 2.12a-b. Percent (95% CI) of Maine adults who report sun safety efforts (staying in shade, wearing sunhat, wearing long sleeves, or using sunscreen) always/nearly always, sometimes, or seldom/never, Maine BRFSS, 2002, 2004, 2006, and 2007

		Maine Prevalence (95% CI)			
Year	Frequency	Stay in Shade	Wear Sleeves	Wear Hat	Use Sunscreen
2002	Always, nearly always	26.3 (24.4, 28.3)	11.0 (9.5, 12.4)	27.7 (25.7, 29.7)	34.2 (32.1, 36.4)
	Sometimes	47.0 (44.7, 49.4)	21.5 (19.7, 23.3)	20.9 (19.0, 22.8)	24.0 (22.0, 26.0)
	Seldom, never	26.8 (24.7, 28.9)	67.7 (65.6, 69.8)	51.6 (49.3, 53.9)	41.9 (39.6, 44.2)
2004	Always, nearly always	22.8 (21.1, 24.5)	10.5 (9.3, 11.7)	31.1 (29.1, 33.0)	37.9 (35.8, 39.9)
	Sometimes	53.4 (51.2, 55.5)	20.3 (18.6, 21.9)	21.2 (19.5, 22.9)	25.2 (23.3, 27.1)
	Seldom, never	24.0 (22.1, 25.8)	69.4 (67.5, 71.3)	47.9 (45.7, 50.0)	37.1 (35.0, 39.1)
2006	Always, nearly always	22.8 (21.2, 24.4)	9.9 (8.9, 11.0)	28.5 (26.8, 30.3)	32.8 (31.0, 34.7)
	Sometimes	49.4 (47.4, 51.4)	19.9 (18.3, 21.5)	21.7 (20.1, 23.4)	26.2 (24.5, 28.0)
	Seldom, never	28.0 (26.0, 29.9)	70.3 (68.6, 72.1)	49.9 (47.9, 51.9)	41.1 (39.0, 43.1)
2007	Always, nearly always		9.3 (8.3, 10.4)	29.5 (27.7, 31.4)	37.5 (35.5, 39.5)
	Sometimes		18.0 (16.5, 19.5)	17.8 (16.3, 19.3)	23.1 (21.2, 24.9)
	Seldom, never		72.8 (71.0, 74.5)	52.8 (50.7, 54.9)	39.6 (37.5, 41.7)

Table 2.12c. Sunscreen use (SPF ≥ 15) in Maine adults according to age, gender, family income, and educational attainment, Maine BRFSS, 2004, 2006, and 2007

	Always, Nearly Always Prevalence (95% CI)	Sometimes Prevalence (95% CI)	Never Prevalence (95% CI)
Gender			
Male	24.1 (22.5, 25.6)	24.8 (23.2, 26.4)	51.3 (49.4, 53.1)
Female	47.6 (46.1, 49.2)	24.9 (23.5, 26.2)	27.7 (26.3, 29.1)
Age			
18-44	34.6 (32.7, 36.5)	25.4 (23.6, 27.2)	40.1 (38, 42.1)
45-64	37.8 (36.2, 39.4)	26.6 (25.1, 28.1)	35.7 (34.1, 37.4)
65-74	36.5 (33.7, 39.4)	19.7 (17.3, 22.1)	43.9 (40.9, 46.9)
75+	35.3 (31.8, 38.8)	19.6 (16.5, 22.6)	45.3 (41.6, 49.0)
Education			
<HS	20.1 (16.0, 24.2)	17.5 (13.2, 21.7)	62.6 (57.4, 67.7)
HS	28.2 (26.3, 30.1)	24.1 (22.3, 25.9)	47.8 (45.7, 50.0)
>HS	41.9 (40.4, 43.4)	26.0 (24.7, 27.3)	32.2 (30.8, 33.7)
Income			
< $25,000	30.0 (27.8, 32.3)	20.4 (18.3, 22.5)	49.7 (47.2, 52.3)
$25,000 to $49,999	32.8 (30.7, 34.8)	25.4 (23.5, 27.3)	42.0 (39.8, 44.2)
≥ $50,000	41.6 (39.7, 43.5)	27.0 (25.3, 28.8)	31.5 (29.7, 33.4)

Sun Safety: Youth

Table 2.13. Percent (95% CI) of Maine high school students who report using sunscreen, Maine YRBS, 2005 and 2007

	Maine Prevalence (95% CI)		
	Total Population	Female	Male
2005	12.3 (10.1-15.0)	14.1 (10.7-18.5)	10.5 (8.0-13.8)
2007	14.1 (11.6-17.0)	19.2 (15.7-23.3)	9.1 (6.9-12.1)

Alcohol Consumption: Adults

Table 2.14. Percent (95% CI) of Maine adults who report drinking at least one drink of alcohol in the past month, who report heavy drinking or binge drinking (more than two drinks per day if male or one drink per day if female), or (five or more drinks on a single occasion if male or four or more if female) and, for each, the median from U.S. states, Maine and U.S. BRFSS, 2001-2007

	Maine Prevalence (95% CI)			U.S. States' Median Prevalence		
	1+ Drink Past 30 Days	Heavy Drinking	Binge Drinking	1+ Drink Past 30 Days	Heavy Drinking	Binge Drinking
2001	55.3 (53.1-57.5)	5.5 (4.5-6.5)		55.8	5.1	
2002	58.9 (56.7-61.1)	6.6 (5.5-7.7)		58.1	5.9	
2003	61.7 (59.5-63.9)	6.7 (5.5-7.9)		59.4	5.8	
2004	59.3 (57.4-61.2)	4.5 (3.6-5.4)		57.1	4.9	
2005	58.0 (56.1-59.9)	5.5 (4.6-6.4)		56.2	4.9	
2006	58.0 (56.1-59.9)	5.7 (4.7-6.7)	16.1 (14.5-17.7)	55.4	4.9	15.4
2007	57.3 (55.7-58.9)	6.3 (5.5-7.1)	15.9 (14.5-17.3)	54.8	5.2	15.8

Alcohol Consumption: Youth

Table 2.15. Percent (95% CI) of Maine and U.S. high school students who report any drinking within the past 30 days (current drinking), Maine and U.S. YRBS, 1995-1997

	Maine Prevalence (95% CI)			U.S. Prevalence (95% CI)
	Total Population	Female	Male	Total Population
1995	52.3 (47.5–57.0)	51.6 (46.5–56.6)	53.1 (46.3–59.9)	51.6 (49.2–54.1)
1997	51.3 (47.1–55.5)	49.6 (45.8–53.4)	53.0 (47.4–58.4)	50.8 (47.9–53.6)
1999*				
2001	47.8 (42.5–53.1)	49.6 (43.1–56.1)	45.8 (39.6–52.1)	47.1 (44.8–49.3)
2003	42.2 (38.4–46.0)	41.3 (35.1–47.8)	42.8 (38.2–47.5)	44.9 (42.5–47.4)
2005	43.0 (38.5–47.7)	43.0 (36.7–49.6)	43.4 (38.0–49.0)	43.3 (40.5–46.1)
2007	39.3 (34.4–44.4)	41.6 (36.0–47.4)	37.0 (31.9–42.4)	44.7 (42.4–47.0)

*Data from 1999 were not available in Maine due to low response rates.

Table 2.16. Percent (95% CI) of Maine and U.S. high school students who report binge drinking (five or more drinks on single occasion) within past 30 days, Maine and U.S. YRBS, 1995-2007

	Maine Prevalence (95% CI)			U.S. Prevalence (95% CI)
	Total Population	Female	Male	Total Population
1995	30.9 (27.7–34.3)	28.8 (25.6–32.2)	33.1 (28.7–37.7)	32.6 (29.5–35.7)
1997	33.8 (29.4–38.4)	30.5 (25.9–35.5)	36.8 (32.1–41.8)	33.4 (31.2–35.6)
1999*				
2001	31.5 (26.6–36.9)	29.1 (23.1–36.0)	33.9 (29.0–39.1)	29.9 (27.8–32.0)
2003	27.3 (23.6–31.5)	22.6 (17.0–29.4)	31.5 (27.5–35.7)	28.3 (26.3–30.4)
2005	25.2 (21.6–29.3)	23.2 (18.9–28.1)	27.5 (23.0–32.4)	25.5 (23.3–27.9)
2007	23.3 (18.8–28.5)	22.8 (17.2–29.6)	23.6 (18.4–29.9)	26.0 (24.0–28.0)

*Data from 1999 were not available in Maine due to low response rates.

Sexual Behavior: Youth

Table 2.17. Percent (95% CI) of Maine and U.S. high school students who report ever having had sexual intercourse, Maine and U.S. YRBS, 1995-2007

	Maine Prevalence (95% CI)			U.S. Prevalence (95% CI)
	Total Population	Female	Male	Total Population
1995	49.0 (44.3–53.7)	51.0 (44.9–57.0)	47.1 (41.7–52.5)	53.1 (48.4–57.7)
1997	51.6 (47.3–55.9)	50.1 (45.6–54.6)	52.9 (47.1–58.7)	48.4 (45.2–51.6)
1999*				49.9 (46.1–53.7)
2001	46.3 (42.0–50.6)	48.7 (42.1–55.4)	43.6 (38.0–49.4)	45.6 (43.2–48.1)
2003	42.8 (36.3–49.6)	42.1 (33.1–51.7)	43.5 (38.7–48.5)	46.7 (44.0–49.4)
2005	44.8 (38.2–51.7)	46.4 (37.9–55.2)	43.0 (36.0–50.4)	46.8 (43.4–50.2)
2007	45.4 (40.8–50.0)	44.7 (38.7–50.9)	46.0 (40.1–52.1)	47.8 (45.1–50.6)

*Data from 1999 were not available in Maine due to low response rates.

Table 2.18. Percent (95% CI) of sexually active Maine and U.S. high school students who report using a condom during their last sexual intercourse, Maine and U.S. YRBS, 1995-2007

	Maine Prevalence (95% CI)			U.S. Prevalence (95% CI)
	Total Population	Female	Male	Total Population
1995	46.9 (42.8–51.1)	37.8 (32.8-42.9)	58.0 (50.0-65.5)	54.4 (50.7–58.0)
1997	50.7 (44.7–56.7)	44.8 (39.8-49.9)	56.6 (46.8-66.0)	56.8 (55.2–58.4)
1999*				58.0 (53.6–62.3)
2001	52.2 (46.1–58.2)	45.8 (39.1-52.6)	60.4 (51.8-68.4)	57.9 (55.6–60.1)
2003	57.8 (52.8–62.7)	54.4 (48.6-60.1)	62.2 (51.9-71.4)	63.0 (60.5–65.5)
2005	58.6 (51.6–65.3)	54.8 (47.0-62.5)	64.0 (53.4-73.4)	62.8 (60.6–64.9)
2007	58.9 (52.7–64.8)	50.6 (41.7-59.5)	68.8 (57.4-78.2)	61.5 (59.4–63.6)

*Data from 1999 were not available in Maine due to low response rates.

Chapter 3: Early Detection & Cancer Screening

Colorectal Cancer Screening

Table 3.1a. Percent (95% CI) of Maine adults, age 50 and older, who report receiving a sigmoidoscopy or colonoscopy for colorectal cancer screening ever or in the past five years and the median percent of U.S. states for ever screening, Maine and U.S. BRFSS, 1999-2007

Year	Maine Last 5 Years Prevalence (95% CI)	Maine Ever Prevalence (95% CI)	U.S. Ever States' Median Prevalence
1999	31.0 (27.4-34.7)	42.1 (38.2-46.0)	43.9
2001	39.8 (36.5-43.0)	47.4 (44.1-50.7)	
2002	41.0 (37.8-44.3)	47.2 (43.9-50.5)	48.6
2003	47.7 (44.5-51.0)	54.0 (50.7-57.2)	
2004	50.6 (48.0-53.2)	59.0 (56.5-61.6)	53.5
2005	53.6 (51.1-56.1)	61.9 (59.5-64.3)	
2006	55.6 (53.2-58.0)	64.0 (61.7-66.3)	57.1
2007	63.3 (61.1-65.5)	72.5 (70.5-74.5)	

Table 3.1b. Percent (95% CI) of colonoscopy, sigmoidoscopy, and "something else" among Maine adults who report having endoscopic screening for colorectal cancer, Maine BRFSS, 2007

	Prevalence (95% CI)
Colonoscopy	91.5 (90.0, 93.0)
Sigmoidoscopy	8.1 (6.7, 9.6)
Something else	0.6 (0.2, 0.9)

Breast Cancer Screening

Table 3.2a. Percent (95% CI) of Maine women who report receiving a mammogram and clinical breast exam (CBE) for breast cancer screening within the past two years (age 40-49) or within the past year (age 50 and older) and median of U.S. states for past two-year screening among women age 40 and older, Maine BRFSS, 1994-2006

	Women 40-49, Past 2 years	Women 50+, Past Year
Year	Prevalence (95% CI)	Prevalence (95% CI)
1994	71.6 (63.7, 79.6)	50.2 (44.2, 56.2)
1995	65.0 (56.5, 73.4)	49.6 (43.4, 55.9)
1996	60.8 (53.2, 68.4)	58.3 (53.5, 63.1)
1997	67.4 (60.5, 74.4)	58.3 (52.7, 64.0)
1998	70.3 (63.3, 77.3)	59.5 (54.5, 64.5)
1999	72.6 (65.6, 79.6)	65.0 (60.1, 69.9)
2000	69.6 (62.8, 76.4)	63.4 (59.1, 67.8)
2002	70.9 (65.4, 76.3)	62.3 (58.3, 66.3)
2004	72.7 (68.1, 77.2)	61.1 (57.8, 64.4)
2005	75.9 (71.7, 80.2)	59.5 (56.4, 62.6)
2006	72.0 (67.6, 76.4)	61.4 (58.5, 64.3)

Table 3.2b. Percent (95% CI) of Maine women who report receiving a mammogram for breast cancer screening within the past two years, women 40 and older and women 50 and older, Maine and U.S. BRFSS, 1995-2006

	Women 40 and older		Women 50 and older	
	Maine	U.S. States' Median	Maine	U.S. States' Median
Year	Prevalence (95% CI)	Prevalence	Prevalence (95% CI)	Prevalence
1995	70.3 (65.7-75.0)	68.6	71.9 (66.3-77.5)	70.3
1996	72.4 (68.5-76.3)	69.5	76.8 (72.5-81.1)	71.2
1997	74.9 (70.9-78.7)	70.4	77.6 (73.0-82.2)	73.7
1998	75.4 (71.8-79.0)	72.4	77.1 (72.9-81.3)	75.3
1999	79.5 (76.1-82.8)	72.8	81.8 (78.0-85.6)	76.2
2000	79.5 (76.3-82.7)	76.1	82.9 (79.5-86.3)	79.3
2002	82.2 (79.6-84.7)	76.1	84.7 (81.8-87.6)	79.7
2004	81.8 (79.7-84.0)	74.9	84.7 (82.3-87.1)	78.1
2006	81.8 (79.9-83.8)	76.5	84.3 (82.1-86.5)	80.0

Cervical Cancer Screening

Table 3.3a. Percent (95% CI) of Maine women (18 and over) who report having received a pap test for cervical cancer screening ever or in the past three years and median of U.S. states for past three year screening, Maine and U.S. BRFSS, 1994-2006

Year	Maine, Ever Prevalence (95% CI)	Maine, Past 3 Years Prevalence (95% CI)	U.S., Past 3 Years States' Median Prevalence
1994	95.5 (93.5, 97.6)	89.8 (87.0, 92.5)	
1995	93.7 (91.4, 95.9)	88.1 (85.2, 90.9)	84.6
1996	95.4 (93.4, 97.4)	83.7 (80.7, 86.8)	84.7
1997	95.8 (94.0, 97.6)	88.2 (85.5, 91.0)	84.7
1998	95.3 (93.2, 97.4)	85.1 (81.9, 88.2)	84.9
1999	97.9 (96.6, 99.3)	89.5 (87.1, 91.9)	85.5
2000	95.4 (93.6, 97.2)	89.2 (86.9, 91.5)	86.8
2002	97.3 (96.3, 98.4)	91.6 (89.8, 93.3)	87.2
2004	95.9 (94.4, 97.3)	88.8 (86.9, 90.8)	86.0
2005	94.6 (92.8, 96.5)	87.4 (85.3, 89.6)	
2006	97.0 (95.9, 98.1)	89.1 (87.5, 90.8)	84.0

Chapter 4: Cancer Incidence and Mortality

All Cancers Incidence

Table 4.1a. Counts, crude rates, and age-adjusted rates of cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	6,268	504.1 (491.7, 516.7)	476.2 (464.4, 488.2)	475.9 (473.1, 478.7)	481.1 (478.0, 484.2)
1996	6,529	522.7 (510.1, 535.5)	489.4 (477.5, 501.4)	478.0 (475.2, 480.8)	483.5 (480.5, 486.6)
1997	6,892	549.3 (536.4, 562.4)	507.7 (495.8, 519.9)	485.0 (482.2, 487.8)	492.0 (488.9, 495.1)
1998	7,070	561.5 (548.5, 574.7)	514.4 (502.5, 526.6)	486.5 (483.8, 489.3)	494.9 (491.9, 498.0)
1999	7,088	559.5 (546.6, 572.7)	505.2 (493.4, 517.1)	488.7 (486.0, 491.5)	496.4 (493.4, 499.5)
2000	7,499	587.0 (573.8, 600.5)	524.7 (512.8, 536.7)	483.4 (480.7, 486.1)	493.4 (490.4, 496.5)
2001	7,782	604.9 (591.6, 618.5)	536.7 (524.8, 548.8)	485.7 (483.0, 488.4)	496.5 (493.5, 499.5)
2002	7,790	600.7 (587.4, 614.2)	527.3 (515.6, 539.2)	481.9 (479.2, 484.5)	491.5 (488.5, 494.5)
2003	7,826	598.7 (585.5, 612.1)	521.2 (509.7, 533.0)	467.8 (465.2, 470.4)	477.6 (474.7, 480.5)
2004	8,190	623.3 (609.9, 637.0)	534.4 (522.8, 546.1)	466.2 (463.6, 468.8)	475.7 (472.8, 478.6)
2005	8,042	610.1 (596.8, 623.5)	517.7 (506.4, 529.3)	455.5 (453.0, 458.1)	466.0 (463.1, 468.8)

Table 4.1b. Sex-specific counts, crude rates, and age-adjusted rates of cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	3,169	524.3 (506.2, 542.9)	557.0 (537.5, 577.1)	570.3 (565.5, 575.0)	568.8 (563.7, 574.0)
1996	3,345	550.7 (532.2, 569.7)	581.4 (561.5, 601.7)	571.0 (566.3, 575.7)	572.1 (566.9, 577.2)
1997	3,547	581.6 (562.6, 601.0)	606.4 (586.3, 627.0)	573.7 (569.1, 578.4)	574.4 (569.3, 579.5)
1998	3,650	596.3 (577.2, 616.0)	613.6 (593.6, 634.1)	570.5 (565.9, 575.1)	573.8 (568.8, 578.9)
1999	3,705	601.3 (582.0, 620.9)	608.8 (589.1, 629.0)	578.6 (574.1, 583.3)	580.0 (575.0, 585.1)
2000	3,879	623.9 (604.5, 643.9)	619.0 (599.4, 639.0)	576.1 (571.5, 580.6)	579.4 (574.4, 584.4)
2001	4,095	653.4 (633.5, 673.7)	643.4 (623.6, 663.6)	575.2 (570.7, 579.7)	580.9 (575.9, 585.8)
2002	4,081	645.7 (626.0, 665.8)	626.2 (606.9, 645.9)	566.7 (562.3, 571.1)	572.3 (567.4, 577.2)
2003	4,113	645.2 (625.6, 665.2)	618.4 (599.4, 637.8)	549.9 (545.6, 554.2)	553.8 (549.0, 558.5)
2004	4,326	674.5 (654.5, 694.9)	630.0 (611.1, 649.3)	544.4 (540.1, 548.6)	549.4 (544.7, 554.1)
2005	4,124	640.2 (620.9, 660.1)	593.2 (575.0, 611.9)	525.9 (521.7, 530.0)	532.4 (527.8, 537.0)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	3,099	484.9 (468.0, 502.3)	427.6 (412.5, 443.2)	414.1 (410.6, 417.6)	425.2 (421.3, 429.2)
1996	3,184	496.2 (479.1, 513.7)	432.2 (417.1, 447.7)	417.1 (413.6, 420.6)	427.2 (423.3, 431.1)
1997	3,345	518.7 (501.3, 536.6)	443.8 (428.7, 459.3)	427.3 (423.8, 430.8)	439.9 (436.0, 443.9)
1998	3,420	528.5 (511.0, 546.6)	450.8 (435.6, 466.3)	432.5 (429.0, 436.0)	445.6 (441.7, 449.6)
1999	3,383	520.0 (502.6, 537.8)	437.2 (422.5, 452.4)	428.9 (425.4, 432.3)	441.9 (438.0, 445.8)
2000	3,620	552.0 (534.2, 570.3)	459.5 (444.5, 474.8)	420.0 (416.6, 423.4)	435.7 (431.9, 439.6)
2001	3,687	558.9 (541.0, 577.3)	464.0 (449.0, 479.4)	423.8 (420.4, 427.2)	439.1 (435.2, 443.0)
2002	3,709	557.9 (540.1, 576.2)	459.3 (444.5, 474.5)	423.5 (420.2, 426.9)	436.4 (432.6, 440.2)
2003	3,713	554.5 (536.8, 572.6)	452.8 (438.2, 467.8)	411.2 (407.9, 414.5)	425.7 (422.0, 429.5)
2004	3,864	574.6 (556.6, 593.0)	462.4 (447.8, 477.4)	412.0 (408.7, 415.3)	425.0 (421.2, 428.7)
2005	3,918	581.2 (563.2, 599.7)	464.9 (450.3, 479.9)	406.9 (403.6, 410.1)	420.7 (417.0, 424.4)

All Cancers Mortality

Table 4.2a. Counts, crude rates, and age-adjusted rates of cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	3,015	242.5 (233.9, 251.3)	227.2 (219.1, 235.5)	209.9 (209.3, 210.4)	206.1 (205.5, 206.7)
1996	2,952	236.3 (227.9, 245.0)	218.9 (211.0, 227.0)	207.0 (206.4, 207.6)	203.4 (202.8, 204.0)
1997	2,981	237.6 (229.1, 246.3)	217.5 (209.8, 225.5)	203.6 (203.0, 204.1)	199.9 (199.4, 200.5)
1998	2,920	231.9 (223.6, 240.5)	210.2 (202.6, 218.0)	200.8 (200.3, 201.4)	197.6 (197.0, 198.1)
1999	3,035	239.6 (231.1, 248.3)	214.4 (206.8, 222.2)	200.7 (200.2, 201.3)	197.8 (197.2, 198.3)
2000	3,070	240.3 (231.9, 249.0)	212.6 (205.2, 220.3)	198.7 (198.2, 199.2)	196.3 (195.7, 196.8)
2001	3,045	236.7 (228.4, 245.3)	207.9 (200.6, 215.5)	195.9 (195.4, 196.4)	193.6 (193.0, 194.1)
2002	3,206	247.2 (238.7, 255.9)	214.5 (207.1, 222.0)	193.7 (193.2, 194.2)	191.7 (191.2, 192.3)
2003	3,120	238.7 (230.4, 247.2)	205.3 (198.2, 212.7)	190.0 (189.5, 190.5)	188.2 (187.7, 188.8)
2004	3,124	237.8 (229.5, 246.2)	201.6 (194.6, 208.9)	185.8 (185.4, 186.3)	184.2 (183.7, 184.8)
2005	3,218	244.1 (235.8, 252.7)	204.7 (197.7, 212.0)	184.0 (183.5, 184.5)	182.7 (182.2, 183.2)

Table 4.2b. Sex-specific counts, crude rates, and age-adjusted rates of cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	1,555	257.3 (244.7, 270.4)	286.8 (272.5, 301.8)	268.5 (267.5, 269.5)	261.5 (260.4, 262.5)
1996	1,533	252.4 (239.9, 265.4)	280.1 (266.0, 294.8)	263.7 (262.8, 264.7)	256.8 (255.8, 257.9)
1997	1,537	252.0 (239.6, 264.9)	274.0 (260.2, 288.3)	258.1 (257.2, 259.1)	251.6 (250.6, 252.6)
1998	1,504	245.7 (233.5, 258.5)	265.9 (252.3, 279.9)	253.6 (252.7, 254.6)	247.6 (246.6, 248.6)
1999	1,533	248.8 (236.5, 261.6)	264.2 (250.9, 278.1)	252.8 (251.8, 253.7)	247.1 (246.2, 248.1)
2000	1,547	248.8 (236.6, 261.6)	257.6 (244.8, 271.0)	248.2 (247.3, 249.1)	243.1 (242.2, 244.1)
2001	1,609	256.7 (244.3, 269.6)	264.9 (251.9, 278.3)	244.1 (243.2, 245.0)	239.4 (238.5, 240.4)
2002	1,685	266.6 (254.0, 279.6)	269.0 (256.2, 282.4)	240.2 (239.3, 241.1)	236.3 (235.4, 237.2)
2003	1,572	246.6 (234.5, 259.1)	246.0 (233.8, 258.6)	234.1 (233.2, 235.0)	230.6 (229.7, 231.6)
2004	1,618	252.3 (240.1, 264.9)	247.4 (235.3, 259.9)	228.5 (227.7, 229.4)	225.1 (224.2, 225.9)
2005	1,692	262.7 (250.3, 275.5)	253.7 (241.6, 266.3)	226.1 (225.3, 226.9)	223.2 (222.3, 224.1)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	1,460	228.4 (216.9, 240.5)	190.8 (181.0, 201.0)	173.4 (172.7, 174.0)	171.7 (171, 172.5)
1996	1,419	221.1 (209.8, 232.9)	181.8 (172.4, 191.7)	171.2 (170.5, 171.9)	169.8 (169.1, 170.6)
1997	1,444	223.9 (212.5, 235.8)	182.4 (173.0, 192.2)	169.0 (168.3, 169.7)	167.3 (166.6, 168.0)
1998	1,416	218.8 (207.6, 230.5)	175.4 (166.2, 184.9)	166.9 (166.3, 167.6)	165.4 (164.7, 166.1)
1999	1,502	230.9 (219.3, 242.8)	185.7 (176.3, 195.5)	167.2 (166.6, 167.9)	165.9 (165.2, 166.6)
2000	1,523	232.2 (220.7, 244.2)	183.0 (173.8, 192.6)	166.6 (166.0, 167.3)	165.9 (165.2, 166.6)
2001	1,436	217.7 (206.6, 229.2)	170.7 (161.8, 179.8)	164.3 (163.7, 164.9)	163.4 (162.8, 164.1)
2002	1,521	228.8 (217.4, 240.6)	177.8 (168.9, 187.1)	162.8 (162.2, 163.5)	162.0 (161.4, 162.7)
2003	1,548	231.2 (219.8, 243.0)	179.0 (170.1, 188.2)	160.4 (159.8, 161.0)	159.7 (159.0, 160.3)
2004	1,506	223.9 (212.8, 235.5)	170.4 (161.8, 179.4)	157.0 (156.4, 157.6)	156.5 (155.8, 157.1)
2005	1,526	226.4 (215.2, 238.0)	171.2 (162.6, 180.2)	155.3 (154.8, 155.9)	154.9 (154.2, 155.5)

Lung and Bronchus Cancer Incidence

Table 4.3a. Counts, crude rates, and age-adjusted rates of lung/bronchus cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	1,052	84.6 (79.6, 89.9)	79.2 (74.5, 84.2)	66.9 (65.9, 68.0)	67.2 (66.0, 68.3)
1996	1,110	88.9 (83.7, 94.3)	82.0 (77.2, 87.0)	66.4 (65.4, 67.5)	66.8 (65.7, 68.0)
1997	1,125	89.7 (84.5, 95.1)	81.9 (77.2, 86.9)	66.6 (65.6, 67.7)	67.2 (66.1, 68.4)
1998	1,077	85.5 (80.5, 90.8)	77.7 (73.1, 82.5)	67.5 (66.5, 68.6)	68.0 (66.9, 69.2)
1999	1,098	86.7 (81.6, 92.0)	77.7 (73.1, 82.4)	65.9 (64.9, 66.9)	66.3 (65.2, 67.5)
2000	1,161	90.9 (85.7, 96.3)	80.7 (76.1, 85.5)	64.0 (63.0, 65.0)	64.6 (63.5, 65.7)
2001	1,202	93.4 (88.2, 98.9)	82.3 (77.7, 87.1)	63.9 (62.9, 64.9)	64.9 (63.8, 66.0)
2002	1,175	90.6 (85.5, 95.9)	78.9 (74.5, 83.6)	63.7 (62.7, 64.7)	64.4 (63.4, 65.5)
2003	1,210	92.6 (87.4, 97.9)	80.0 (75.5, 84.6)	64.1 (63.2, 65.1)	65.0 (63.9, 66.1)
2004	1,252	95.3 (90.1, 100.7)	81.1 (76.6, 85.7)	61.3 (60.4, 62.3)	62.0 (61.0, 63.1)
2005	1,222	92.7 (87.6, 98.0)	78.0 (73.7, 82.6)	61.0 (60.1, 62.0)	62.0 (60.9, 63.0)

Table 4.3b. Sex-specific counts, crude rates, and age-adjusted rates of lung/bronchus cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	601	99.4 (91.6, 107.7)	104.1 (95.8, 112.8)	90.0 (88.1, 91.9)	88.0 (86.0, 90.1)
1996	614	101.1 (93.3, 109.4)	105.2 (97.0, 114.0)	88.1 (86.2, 90.0)	86.8 (84.8, 88.8)
1997	627	102.8 (94.9, 111.2)	106.6 (98.3, 115.4)	86.4 (84.6, 88.2)	84.9 (83.0, 86.9)
1998	603	98.5 (90.8, 106.7)	100.9 (92.9, 109.4)	88.0 (86.2, 89.9)	86.6 (84.7, 88.6)
1999	635	103.0 (95.2, 111.4)	104.0 (96.0, 112.5)	84.7 (83.0, 86.5)	83.4 (81.5, 85.4)
2000	661	106.3 (98.4, 114.7)	104.4 (96.5, 112.8)	81.9 (80.2, 83.7)	80.7 (78.8, 82.6)
2001	652	104.0 (96.2, 112.3)	102.7 (94.9, 111.0)	81.0 (79.3, 82.7)	80.7 (78.9, 82.6)
2002	648	102.5 (94.8, 110.7)	99.2 (91.6, 107.3)	80.0 (78.3, 81.7)	79.4 (77.6, 81.3)
2003	663	104.0 (96.2, 112.2)	100.2 (92.7, 108.3)	80.2 (78.5, 81.8)	78.8 (77.0, 80.7)
2004	692	107.9 (100.0, 116.2)	102.0 (94.5, 110.0)	75.0 (73.4, 76.6)	74.3 (72.5, 76.1)
2005	660	102.5 (94.8, 110.6)	95.1 (87.9, 102.7)	73.3 (71.8, 74.9)	73.0 (71.3, 74.8)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	451	70.6 (64.2, 77.4)	61.4 (55.8, 67.4)	50.4 (49.2, 51.7)	52.4 (51.1, 53.8)
1996	496	77.3 (70.6, 84.4)	65.7 (60.0, 71.8)	51.1 (49.9, 52.3)	52.9 (51.5, 54.3)
1997	498	77.2 (70.6, 84.3)	64.9 (59.2, 70.9)	52.5 (51.3, 53.8)	54.9 (53.6, 56.3)
1998	474	73.3 (66.8, 80.2)	62.1 (56.6, 68.0)	52.9 (51.7, 54.1)	55.0 (53.6, 56.4)
1999	463	71.2 (64.8, 78.0)	58.8 (53.5, 64.5)	52.5 (51.2, 53.7)	54.4 (53.0, 55.8)
2000	500	76.2 (69.7, 83.2)	62.4 (57.0, 68.2)	51.1 (50.0, 52.3)	53.2 (51.8, 54.5)
2001	550	83.4 (76.6, 90.6)	68.1 (62.5, 74.1)	51.5 (50.3, 52.7)	53.4 (52.1, 54.8)
2002	527	79.3 (72.7, 86.3)	64.2 (58.8, 69.9)	52.1 (51.0, 53.3)	53.9 (52.6, 55.2)
2003	547	81.7 (75.0, 88.8)	65.0 (59.6, 70.7)	52.6 (51.4, 53.8)	55.2 (53.9, 56.6)
2004	560	83.3 (76.5, 90.5)	66.0 (60.6, 71.8)	51.4 (50.2, 52.5)	53.2 (51.9, 54.5)
2005	562	83.4 (76.6, 90.6)	65.3 (60.0, 71.0)	52.2 (51.0, 53.4)	54.1 (52.7, 55.4)

Lung Cancer Mortality

Table 4.4a. Counts, crude rates, and age-adjusted rates of lung/bronchus cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	916	73.7 (69.0, 78.6)	68.9 (64.5, 73.6)	58.4 (58.1, 58.7)	58.1 (57.8, 58.4)
1996	886	70.9 (66.3, 75.8)	65.3 (61.1, 69.8)	57.9 (57.6, 58.2)	57.7 (57.4, 58.0)
1997	862	68.7 (64.2, 73.4)	62.7 (58.6, 67.0)	57.5 (57.2, 57.8)	57.3 (57.0, 57.6)
1998	858	68.1 (63.7, 72.9)	61.6 (57.6, 65.9)	57.1 (56.8, 57.4)	56.9 (56.6, 57.2)
1999	822	64.9 (60.5, 69.5)	58.0 (54.1, 62.1)	55.4 (55.1, 55.7)	55.3 (55.0, 55.6)
2000	896	70.1 (65.6, 74.9)	62.2 (58.2, 66.5)	55.8 (55.6, 56.1)	56.0 (55.7, 56.3)
2001	860	66.9 (62.5, 71.5)	58.8 (55.0, 62.9)	55.3 (55.0, 55.6)	55.5 (55.2, 55.8)
2002	948	73.1 (68.5, 77.9)	63.5 (59.5, 67.7)	55.0 (54.7, 55.2)	55.3 (55.0, 55.6)
2003	951	72.8 (68.2, 77.5)	62.7 (58.7, 66.8)	54.1 (53.9, 54.4)	54.5 (54.2, 54.8)
2004	951	72.4 (67.9, 77.1)	61.6 (57.7, 65.6)	53.3 (53.1, 53.6)	53.7 (53.4, 53.9)
2005	946	71.8 (67.3, 76.5)	60.2 (56.4, 64.2)	52.8 (52.5, 53.0)	53.2 (53.0, 53.5)

Table 4.4b Sex- Specific counts, crude rates, and age-adjusted rates of lung/ bronchus cancer mortality for Maine, and age-adjusted rates for the U.S. and U. S white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	552	91.3 (83.9, 99.3)	96.5 (88.5, 105)	84.4 (83.8, 84.9)	82.6 (82.0, 83.2)
1996	504	83.0 (75.9, 90.6)	88.8 (81.1, 97.1)	82.8 (82.3, 83.4)	81.2 (80.6, 81.7)
1997	487	79.8 (72.9, 87.3)	84.7 (77.2, 92.7)	81.3 (80.8, 81.9)	79.8 (79.3, 80.4)
1998	482	78.8 (71.9, 86.1)	82.4 (75.1, 90.2)	79.9 (79.4, 80.4)	78.5 (77.9, 79.0)
1999	464	75.3 (68.6, 82.5)	77.5 (70.5, 84.9)	77.0 (76.5, 77.5)	75.7 (75.1, 76.2)
2000	499	80.3 (73.4, 87.6)	79.8 (72.9, 87.2)	76.4 (75.9, 77.0)	75.4 (74.9, 75.9)
2001	492	78.5 (71.7, 85.8)	79.6 (72.6, 87.1)	75.2 (74.7, 75.7)	74.2 (73.7, 74.8)
2002	528	83.5 (76.6, 91.0)	81.8 (74.9, 89.1)	73.5 (73.0, 74.0)	72.8 (72.3, 73.3)
2003	523	82.0 (75.2, 89.4)	80.2 (73.3, 87.4)	71.9 (71.4, 72.4)	71.2 (70.7, 71.7)
2004	524	81.7 (74.8, 89.0)	78.8 (72.1, 85.9)	70.3 (69.9, 70.8)	69.7 (69.2, 70.2)
2005	531	82.4 (75.6, 89.8)	77.5 (70.9, 84.5)	69.4 (68.9, 69.8)	69.0 (68.5, 69.5)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	364	57.0 (51.3, 63.1)	48.9 (43.9, 54.3)	40.3 (39.9, 40.6)	41.0 (40.6, 41.3)
1996	382	59.5 (53.7, 65.8)	49.5 (44.6, 54.8)	40.4 (40.1, 40.7)	41.2 (40.9, 41.6)
1997	375	58.2 (52.4, 64.3)	48.2 (43.4, 53.4)	40.8 (40.5, 41.1)	41.5 (41.2, 41.9)
1998	376	58.1 (52.4, 64.3)	47.6 (42.9, 52.7)	41.0 (40.7, 41.3)	41.7 (41.3, 42.0)
1999	358	55.0 (49.5, 61.0)	45.0 (40.4, 49.9)	40.1 (39.8, 40.5)	40.9 (40.5, 41.2)
2000	397	60.5 (54.7, 66.8)	49.0 (44.3, 54.2)	41.1 (40.8, 41.4)	42.1 (41.7, 42.4)
2001	368	55.8 (50.2, 61.8)	44.8 (40.3, 49.7)	41.0 (40.7, 41.3)	42.0 (41.7, 42.4)
2002	420	63.2 (57.3, 69.5)	50.1 (45.4, 55.2)	41.5 (41.2, 41.9)	42.6 (42.2, 42.9)
2003	428	63.9 (58.0, 70.3)	50.3 (45.6, 55.4)	41.2 (40.9, 41.5)	42.2 (41.9, 42.6)
2004	427	63.5 (57.6, 69.8)	49.2 (44.6, 54.2)	40.9 (40.6, 41.2)	41.9 (41.6, 42.2)
2005	415	61.6 (55.8, 67.8)	47.6 (43.1, 52.5)	40.6 (40.3, 40.9)	41.6 (41.2, 41.9)

Colorectal Cancer Incidence

Table 4.5a Counts, crude rates, and age-adjusted rates of colorectal cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Total Population Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	739	59.4 (55.2, 63.9)	55.6 (51.7, 59.8)	54.0 (53.1, 55.0)	53.7 (52.7, 54.7)
1996	790	63.2 (58.9, 67.8)	58.8 (54.7, 63.0)	54.7 (53.8, 55.7)	54.7 (53.7, 55.8)
1997	824	65.7 (61.3, 70.3)	60.1 (56.1, 64.4)	56.4 (55.4, 57.3)	56.4 (55.3, 57.4)
1998	889	70.6 (66.0, 75.4)	64.2 (60.0, 68.5)	56.7 (55.7, 57.6)	56.6 (55.6, 57.7)
1999	891	70.3 (65.8, 75.1)	62.9 (58.8, 67.2)	55.4 (54.5, 56.3)	55.2 (54.2, 56.2)
2000	857	67.1 (62.7, 71.7)	59.4 (55.4, 63.5)	54.0 (53.1, 54.9)	53.7 (52.7, 54.7)
2001	806	62.7 (58.4, 67.1)	54.9 (51.1, 58.8)	53.3 (52.4, 54.2)	52.7 (51.7, 53.6)
2002	934	72.0 (67.5, 76.8)	62.5 (58.6, 66.7)	52.7 (51.8, 53.6)	51.9 (50.9, 52.9)
2003	862	65.9 (61.6, 70.5)	56.9 (53.2, 60.9)	50.2 (49.3, 51.0)	49.7 (48.8, 50.7)
2004	888	67.6 (63.2, 72.2)	57.4 (53.7, 61.3)	49.1 (48.3, 50.0)	48.4 (47.4, 49.3)
2005	849	64.4 (60.1, 68.9)	54.4 (50.7, 58.2)	46.5 (45.7, 47.3)	46.2 (45.3, 47.1)

Table 4.5b. Sex-specific counts, crude rates, and age-adjusted rates of colorectal cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	350	57.9 (52.0, 64.3)	63.0 (56.5, 70.1)	63.8 (62.2, 65.4)	63.4 (61.7, 65.2)
1996	393	64.7 (58.5, 71.4)	70.9 (63.9, 78.4)	65.5 (63.9, 67.1)	65.9 (64.1, 67.7)
1997	409	67.1 (60.7, 73.9)	71.0 (64.2, 78.3)	68.0 (66.4, 69.7)	67.9 (66.1, 69.7)
1998	436	71.2 (64.7, 78.2)	75.2 (68.1, 82.7)	66.9 (65.3, 68.5)	67.1 (65.3, 68.9)
1999	442	71.7 (65.2, 78.7)	73.7 (66.9, 81.0)	65.6 (64.0, 67.2)	65.7 (64.0, 67.4)
2000	391	62.9 (56.8, 69.4)	63.3 (57.1, 69.9)	63.6 (62.0, 65.1)	63.0 (61.3, 64.7)
2001	409	65.3 (59.1, 71.9)	66.4 (60.1, 73.3)	62.5 (61.1, 64.1)	62.1 (60.5, 63.8)
2002	479	75.8 (69.1, 82.9)	75.4 (68.7, 82.5)	60.8 (59.3, 62.3)	59.6 (58.0, 61.2)
2003	456	71.5 (65.1, 78.4)	70.2 (63.8, 77.0)	58.7 (57.3, 60.2)	58.0 (56.5, 59.6)
2004	441	68.8 (62.5, 75.5)	64.3 (58.4, 70.7)	57.7 (56.3, 59.1)	57.3 (55.7, 58.8)
2005	430	66.8 (60.6, 73.4)	63.1 (57.2, 69.4)	53.5 (52.1, 54.8)	53.4 (52.0, 54.9)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	389	60.9 (55.0, 67.2)	50.0 (45.1, 55.4)	46.9 (45.8, 48.1)	46.6 (45.3, 47.9)
1996	397	61.9 (55.9, 68.3)	50.1 (45.2, 55.3)	46.7 (45.5, 47.8)	46.4 (45.2, 47.7)
1997	415	64.4 (58.3, 70.9)	52.3 (47.3, 57.6)	47.9 (46.8, 49.1)	48.0 (46.8, 49.3)
1998	453	70.0 (63.7, 76.8)	56.4 (51.3, 61.9)	49.2 (48.1, 50.4)	49.0 (47.7, 50.2)
1999	449	69.0 (62.8, 75.7)	55.0 (50.0, 60.5)	47.8 (46.7, 49.0)	47.2 (45.9, 48.4)
2000	466	71.1 (64.8, 77.8)	55.5 (50.5, 60.9)	46.6 (45.5, 47.7)	46.4 (45.1, 47.6)
2001	397	60.2 (54.4, 66.4)	46.9 (42.3, 51.8)	46.0 (44.9, 47.1)	45.2 (44.0, 46.4)
2002	455	68.4 (62.3, 75.0)	53.3 (48.5, 58.5)	46.3 (45.2, 47.4)	45.7 (44.5, 46.9)
2003	406	60.6 (54.9, 66.8)	47.3 (42.8, 52.2)	43.4 (42.3, 44.4)	43.0 (41.8, 44.2)
2004	447	66.5 (60.4, 72.9)	50.9 (46.2, 55.9)	42.5 (41.4, 43.5)	41.3 (40.2, 42.5)
2005	419	62.2 (56.3, 68.4)	47.0 (42.5, 51.8)	40.9 (39.9, 41.9)	40.3 (39.2, 41.4)

Colorectal Cancer Mortality

Table 4.6a. Counts, crude rates, and age-adjusted rates of colorectal cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	321	25.8 (23.1, 28.8)	24.1 (21.5, 26.9)	22.6 (22.4, 22.8)	22.1 (21.9, 22.3)
1996	316	25.3 (22.6, 28.2)	23.3 (20.8, 26.0)	21.9 (21.7, 22.0)	21.4 (21.2, 21.6)
1997	324	25.8 (23.1, 28.8)	23.5 (21.0, 26.2)	21.5 (21.3, 21.6)	20.9 (20.8, 21.1)
1998	319	25.3 (22.6, 28.3)	22.8 (20.4, 25.5)	21.2 (21.0, 21.4)	20.7 (20.5, 20.9)
1999	343	27.1 (24.3, 30.1)	24.1 (21.7, 26.8)	20.9 (20.8, 21.1)	20.4 (20.2, 20.6)
2000	335	26.2 (23.5, 29.2)	23.0 (20.6, 25.6)	20.6 (20.5, 20.8)	20.1 (20.0, 20.3)
2001	313	24.3 (21.7, 27.2)	21.2 (18.9, 23.7)	20.1 (19.9, 20.2)	19.5 (19.4, 19.7)
2002	326	25.1 (22.5, 28.0)	21.7 (19.4, 24.2)	19.6 (19.5, 19.8)	19.1 (19.0, 19.3)
2003	295	22.6 (20.1, 25.3)	19.3 (17.2, 21.7)	19.0 (18.8, 19.1)	18.5 (18.3, 18.6)
2004	279	21.2 (18.8, 23.9)	17.9 (15.9, 20.2)	17.9 (17.8, 18.1)	17.5 (17.3, 17.6)
2005	278	21.1 (18.7, 23.7)	17.6 (15.6, 19.9)	17.4 (17.2, 17.5)	16.8 (16.7, 17.0)

Table 4.6b. Sex-specific counts, crude rates, and age-adjusted rates of colorectal cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	134	22.2 (18.6, 26.3)	25.6 (21.4, 30.4)	27.7 (27.3, 28.0)	27.2 (26.8, 27.5)
1996	156	25.7 (21.8, 30.0)	29.6 (25.0, 34.7)	26.7 (26.4, 27.0)	26.3 (26.0, 26.6)
1997	155	25.4 (21.6, 29.7)	27.6 (23.3, 32.4)	26.2 (25.9, 26.5)	25.7 (25.4, 26.0)
1998	153	25.0 (21.2, 29.3)	27.9 (23.6, 32.8)	25.6 (25.3, 25.9)	25.1 (24.8, 25.5)
1999	166	26.9 (23.0, 31.4)	28.6 (24.4, 33.4)	25.5 (25.2, 25.8)	25.0 (24.7, 25.3)
2000	145	23.3 (19.7, 27.4)	24.2 (20.3, 28.5)	25.0 (24.8, 25.3)	24.4 (24.1, 24.7)
2001	157	25.0 (21.3, 29.3)	26.4 (22.3, 30.9)	24.2 (24.0, 24.5)	23.7 (23.4, 24.0)
2002	171	27.1 (23.2, 31.4)	27.7 (23.7, 32.2)	23.8 (23.5, 24.1)	23.2 (22.9, 23.5)
2003	140	22.0 (18.5, 25.9)	21.9 (18.4, 25.9)	23.0 (22.7, 23.2)	22.4 (22.1, 22.7)
2004	116	18.1 (14.9, 21.7)	17.9 (14.7, 21.5)	21.6 (21.3, 21.9)	21.1 (20.8, 21.4)
2005	137	21.3 (17.9, 25.1)	21.0 (17.6, 24.9)	21.0 (20.7, 21.2)	20.4 (20.1, 20.6)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	187	29.3 (25.2, 33.8)	22.9 (19.6, 26.5)	19.1 (18.9, 19.4)	18.6 (18.4, 18.9)
1996	160	24.9 (21.2, 29.1)	19.6 (16.6, 22.9)	18.5 (18.3, 18.7)	18.0 (17.8, 18.2)
1997	169	26.2 (22.4, 30.5)	20.6 (17.6, 24.0)	18.1 (17.9, 18.3)	17.6 (17.4, 17.8)
1998	166	25.7 (21.9, 29.9)	19.4 (16.5, 22.6)	18.0 (17.8, 18.2)	17.5 (17.3, 17.7)
1999	177	27.2 (23.3, 31.5)	20.9 (17.9, 24.3)	17.8 (17.5, 18.0)	17.2 (17.0, 17.4)
2000	190	29.0 (25.0, 33.4)	21.5 (18.5, 24.8)	17.5 (17.3, 17.7)	17.0 (16.8, 17.2)
2001	156	23.6 (20.1, 27.7)	17.7 (15.0, 20.7)	17.1 (16.9, 17.3)	16.5 (16.3, 16.7)
2002	155	23.3 (19.8, 27.3)	17.0 (14.4, 20.0)	16.5 (16.3, 16.7)	16.0 (15.8, 16.2)
2003	155	23.1 (19.6, 27.1)	17.2 (14.6, 20.2)	16.0 (15.9, 16.2)	15.5 (15.3, 15.7)
2004	163	24.2 (20.7, 28.3)	17.8 (15.1, 20.8)	15.2 (15.0, 15.4)	14.7 (14.5, 14.9)
2005	141	20.9 (17.6, 24.7)	15.1 (12.7, 17.9)	14.6 (14.4, 14.8)	14.1 (13.9, 14.3)

Breast Cancer Incidence

Table 4.7a. Counts, crude rates, and age-adjusted rates of breast cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	887	138.8 (129.8, 148.2)	125.7 (117.4, 134.3)	132.4 (130.4, 134.4)	137.4 (135.2, 139.7)
1996	917	142.9 (133.8, 152.5)	127.6 (119.4, 136.2)	133.4 (131.4, 135.4)	137.9 (135.7, 140.2)
1997	905	140.3 (131.3, 149.8)	123.9 (115.9, 132.3)	137.6 (135.6, 139.6)	142.5 (140.2, 144.8)
1998	1,006	155.5 (146.0, 165.4)	135.9 (127.6, 144.7)	141.1 (139.0, 143.1)	146.5 (144.3, 148.8)
1999	977	150.2 (140.9, 159.9)	129.0 (121.0, 137.5)	140.9 (138.9, 142.9)	146.6 (144.3, 148.9)
2000	1,057	161.2 (151.6, 171.2)	136.6 (128.4, 145.1)	136.0 (134.1, 138.0)	142.6 (140.4, 144.8)
2001	1,113	168.7 (159.0, 178.9)	142.3 (134.0, 150.9)	137.7 (135.8, 139.6)	143.9 (141.7, 146.2)
2002	1,029	154.8 (145.5, 164.5)	129.5 (121.6, 137.7)	134.4 (132.5, 136.3)	140.0 (137.8, 142.2)
2003	1,043	155.8 (146.4, 165.5)	128.0 (120.3, 136.1)	125.2 (123.4, 127.0)	129.9 (127.8, 132.0)
2004	1,025	152.4 (143.2, 162.0)	123.8 (116.3, 131.7)	125.7 (123.9, 127.5)	129.8 (127.7, 131.9)
2005	1,078	159.9 (150.5, 169.8)	130.0 (122.2, 138.1)	123.7 (121.9, 125.5)	128.6 (126.5, 130.6)

Breast Cancer Mortality

Table 4.8a. Counts, crude rates, and age-adjusted rates of breast cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	230	36.0 (31.5, 41.0)	31.5 (27.5, 36.0)	30.6 (30.3, 30.8)	30.1 (29.8, 30.4)
1996	209	32.6 (28.3, 37.3)	28.2 (24.4, 32.4)	29.5 (29.2, 29.8)	29.0 (28.8, 29.3)
1997	204	31.6 (27.4, 36.3)	26.6 (23.1, 30.6)	28.2 (27.9, 28.5)	27.6 (27.3, 27.9)
1998	205	31.7 (27.5, 36.3)	26.1 (22.6, 30.0)	27.5 (27.3, 27.8)	27.0 (26.7, 27.3)
1999	215	33.0 (28.8, 37.8)	27.1 (23.5, 31.0)	26.6 (26.3, 26.9)	26.0 (25.7, 26.3)
2000	197	30.0 (26.0, 34.5)	24.2 (20.9, 27.9)	26.6 (26.4, 26.9)	26.2 (25.9, 26.4)
2001	182	27.6 (23.7, 31.9)	22.0 (18.9, 25.5)	26.0 (25.7, 26.2)	25.4 (25.1, 25.7)
2002	201	30.2 (26.2, 34.7)	23.9 (20.7, 27.6)	25.6 (25.3, 25.8)	24.9 (24.7, 25.2)
2003	231	34.5 (30.2, 39.2)	27.4 (23.9, 31.3)	25.2 (24.9, 25.4)	24.6 (24.3, 24.8)
2004	185	27.5 (23.7, 31.8)	21.3 (18.3, 24.7)	24.4 (24.1, 24.6)	23.8 (23.6, 24.1)
2005	198	29.4 (25.4, 33.8)	22.4 (19.4, 25.9)	24.0 (23.8, 24.2)	23.3 (23.1, 23.6)

Prostate Cancer Incidence

Table 4.9a. Counts, crude rates, and age-adjusted rates of prostate cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	811	134.2 (125.1, 143.7)	141.2 (131.5, 151.4)	168.6 (166.0, 171.2)	163.8 (161.0, 166.6)
1996	815	134.2 (125.1, 143.7)	139.6 (130.0, 149.7)	168.7 (166.2, 171.3)	164.3 (161.5, 167.1)
1997	965	158.2 (148.4, 168.5)	164.5 (154.1, 175.3)	172.9 (170.3, 175.5)	169.2 (166.4, 172.0)
1998	990	161.7 (151.8, 172.1)	165.1 (154.8, 175.8)	169.9 (167.4, 172.4)	166.2 (163.5, 168.9)
1999	1,014	164.6 (154.6, 175.0)	164.9 (154.8, 175.5)	182.6 (180.0, 185.2)	177.9 (175.1, 180.7)
2000	1,165	187.4 (176.8, 198.5)	186.1 (175.4, 197.2)	181.6 (179.0, 184.1)	177.8 (175.0, 180.6)
2001	1,202	191.8 (181.1, 202.9)	186.8 (176.3, 197.8)	183.1 (180.5, 185.6)	180.9 (178.1, 183.6)
2002	1,102	174.4 (164.2, 185.0)	166.4 (156.6, 176.7)	179.9 (177.4, 182.4)	177.0 (174.3, 179.7)
2003	1,102	172.9 (162.8, 183.4)	162.7 (153.2, 172.8)	167.0 (164.6, 169.4)	163.1 (160.6, 165.7)
2004	1,196	186.5 (176.0, 197.3)	169.0 (159.5, 179.0)	162.2 (159.9, 164.6)	158.4 (155.9, 161.0)
2005	1,084	168.3 (158.4, 178.6)	151.1 (142.2, 160.6)	150.5 (148.3, 152.7)	144.9 (142.5, 147.3)

Prostate Cancer Mortality

Table 4.10a. Counts, crude rates, and age-adjusted rates of prostate cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995	202	33.4 (29.0, 38.4)	41.7 (36.0, 48.0)	37.3 (36.9, 37.7)	34.4 (34.0, 34.8)
1996	175	28.8 (24.7, 33.4)	34.9 (29.8, 40.5)	36.0 (35.6, 36.4)	33.0 (32.6, 33.4)
1997	150	24.6 (20.8, 28.9)	29.7 (25.0, 35.0)	34.2 (33.8, 34.5)	31.3 (31.0, 31.7)
1998	155	25.3 (21.5, 29.6)	31.6 (26.7, 37.1)	32.6 (32.3, 33.0)	29.9 (29.5, 30.3)
1999	148	24.0 (20.3, 28.2)	28.1 (23.7, 33.1)	31.6 (31.2, 31.9)	28.9 (28.6, 29.3)
2000	147	23.6 (20.0, 27.8)	28.6 (24.1, 33.6)	30.3 (30.0, 30.7)	27.7 (27.4, 28.0)
2001	184	29.4 (25.3, 33.9)	33.4 (28.7, 38.7)	29.2 (28.8, 29.5)	26.7 (26.3, 27.0)
2002	148	23.4 (19.8, 27.5)	26.5 (22.4, 31.2)	28.2 (27.9, 28.5)	25.9 (25.6, 26.2)
2003	160	25.1 (21.4, 29.3)	27.8 (23.6, 32.5)	26.6 (26.3, 26.9)	24.5 (24.2, 24.8)
2004	158	24.6 (20.9, 28.8)	26.9 (22.9, 31.5)	25.5 (25.2, 25.8)	23.5 (23.2, 23.8)
2005	156	24.2 (20.6, 28.3)	25.9 (22.0, 30.4)	24.6 (24.4, 24.9)	22.7 (22.4, 23.0)

Bladder Cancer Incidence

Table 4.11a. Counts, crude rates, and age-adjusted rates of bladder cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	1,431	28.6 (27.1, 30.1)	26.3 (25.0, 27.7)	21.0 (20.7, 21.3)	22.9 (22.6, 23.2)
1996-1999	1,481	29.4 (28.0, 31.0)	26.9 (25.5, 28.3)	21.3 (21.0, 21.6)	23.2 (22.8, 23.5)
1997-2000	1,540	30.4 (28.9, 32.0)	27.5 (26.1, 28.9)	21.5 (21.2, 21.8)	23.5 (23.1, 23.8)
1998-2001	1,585	31.1 (29.6, 32.7)	27.8 (26.5, 29.2)	21.6 (21.4, 21.9)	23.7 (23.4, 24.0)
1999-2002	1,624	31.7 (30.2, 33.3)	28.0 (26.7, 29.4)	21.5 (21.3, 21.8)	23.6 (23.3, 23.9)
2000-2003	1,709	33.1 (31.5, 34.7)	28.9 (27.6, 30.3)	21.4 (21.1, 21.7)	23.5 (23.2, 23.9)
2001-2004	1,721	33.1 (31.5, 34.7)	28.6 (27.3, 30.0)	21.2 (21.0, 21.5)	23.4 (23.1, 23.7)
2002-2005	1,736	33.2 (31.6, 34.8)	28.3 (27.0, 29.7)	21.2 (20.9, 21.4)	23.3 (22.9, 23.6)

Table 4.11b. Sex-specific counts, crude rates, and age-adjusted rates of bladder cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	1033	42.4 (39.9, 45.1)	45.6 (42.8, 48.5)	37.1 (36.5, 37.7)	40.5 (39.9, 41.2)
1996-1999	1057	43.2 (40.7, 45.9)	45.7 (42.9, 48.6)	37.6 (37.0, 38.2)	41.0 (40.4, 41.7)
1997-2000	1088	44.2 (41.6, 46.9)	46.0 (43.3, 48.9)	38.1 (37.5, 38.7)	41.6 (40.9, 42.3)
1998-2001	1139	46 .0(43.4, 48.7)	47.1 (44.4, 50.0)	38.3 (37.7, 38.9)	42.0 (41.3, 42.6)
1999-2002	1180	47.3 (44.6, 50.0)	47.8 (45.0, 50.6)	37.9 (37.3, 38.5)	41.5 (40.8, 42.2)
2000-2003	1258	50.0 (47.2, 52.8)	50.0 (47.2, 52.9)	37.6 (37.0, 38.2)	41.3 (40.6, 42.0)
2001-2004	1286	50.7 (47.9, 53.5)	49.8 (47.1, 52.7)	37.2 (36.6, 37.8)	40.9 (40.3, 41.6)
2002-2005	1276	49.9 (47.2, 52.8)	48.5 (45.8, 51.2)	37.0 (36.5, 37.6)	40.7 (40.0, 41.4)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	398	15.5 (14.0, 17.1)	12.6 (11.4, 14.0)	9.5 (9.3, 9.8)	10.2 (9.9, 10.5)
1996-1999	424	16.4 (14.9, 18.0)	13.3 (12.1, 14.7)	9.6 (9.4, 9.9)	10.3 (10.0, 10.6)
1997-2000	452	17.4 (15.8, 19.1)	14.0 (12.8, 15.4)	9.6 (9.4, 9.9)	10.3 (10.0, 10.6)
1998-2001	446	17.1 (15.5, 18.7)	13.7 (12.5, 15.1)	9.6 (9.4, 9.9)	10.4 (10.1, 10.7)
1999-2002	444	16.9 (15.3, 18.5)	13.5 (12.2, 14.8)	9.7 (9.4, 10.0)	10.5 (10.2, 10.8)
2000-2003	451	17.0 (15.5, 18.7)	13.4 (12.2, 14.7)	9.6 (9.4, 9.9)	10.5 (10.2, 10.8)
2001-2004	435	16.3 (14.8, 17.9)	12.6 (11.5, 13.9)	9.6 (9.3, 9.8)	10.4 (10.2, 10.7)
2002-2005	460	17.2 (15.6, 18.8)	13.1 (12.0, 14.4)	9.5 (9.3, 9.8)	10.3 (10.0, 10.6)

Bladder Cancer Mortality

Table 4.12a. Counts, crude rates, and age-adjusted rates of bladder cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	302	6.0 (5.4, 6.8)	5.5 (4.9, 6.2)	4.4 (4.3, 4.4)	4.5 (4.4, 4.5)
1999*-2002	334	6.5 (5.8, 7.3)	5.7 (5.1, 6.4)	4.3 (4.3, 4.4)	4.5 (4.4, 4.5)
2000-2003	327	6.3 (5.7, 7.1)	5.5 (4.9, 6.1)	4.3 (4.3, 4.4)	4.5 (4.4, 4.5)
2001-2004	344	6.6 (5.9, 7.3)	5.7 (5.1, 6.3)	4.3 (4.3, 4.4)	4.5 (4.4, 4.5)
2002-2005	338	6.5 (5.8, 7.2)	5.5 (4.9, 6.1)	4.3 (4.3, 4.4)	4.5 (4.5, 4.5)

Table 4.12b. Sex-specific counts, crude rates, and age-adjusted rates of bladder cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	212	8.7 (7.6, 10.0)	10.3 (8.9, 11.8)	7.7 (7.6, 7.8)	8 (7.9, 8.1)
1999-2002	233	9.3 (8.2, 10.6)	10.0 (8.7, 11.4)	7.6 (7.5, 7.7)	7.9 (7.8, 8)
2000-2003	219	8.7 (7.6, 9.9)	9.1 (7.9, 10.4)	7.5 (7.4, 7.6)	7.8 (7.8, 7.9)
2001-2004	232	9.1 (8.0, 10.4)	9.4 (8.2, 10.7)	7.5 (7.4, 7.6)	7.9 (7.8, 8)
2002-2005	235	9.2 (8.1, 10.5)	9.4 (8.3, 10.7)	7.5 (7.4, 7.6)	7.9 (7.8, 8)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	90	3.5 (2.8, 4.3)	2.6 (2.1, 3.2)	2.3 (2.3, 2.4)	2.3 (2.3, 2.4)
1999*-2002	101	3.8 (3.1, 4.7)	2.9 (2.3, 3.5)	2.3 (2.3, 2.3)	2.3 (2.2, 2.3)
2000-2003	108	4.1 (3.3, 4.9)	3.0 (2.5, 3.6)	2.3 (2.2, 2.3)	2.3 (2.2, 2.3)
2001-2004	112	4.2 (3.5, 5.1)	3.1 (2.5, 3.7)	2.3 (2.2, 2.3)	2.3 (2.2, 2.3)
2002-2005	103	3.8 (3.1, 4.7)	2.8 (2.2, 3.4)	2.3 (2.2, 2.3)	2.3 (2.2, 2.3)

Melanoma Incidence

Table 4.13a. Counts, crude rates, and age-adjusted rates of melanoma incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Total Population

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	817	16.3 (15.2, 17.5)	15.5 (14.5, 16.7)	17.3 (17.0, 17.6)	20.4 (20.1, 20.7)
1996-1999	904	18.0 (16.8, 19.2)	16.9 (15.8, 18.1)	17.7 (17.5, 18.0)	21.0 (20.7, 21.4)
1997-2000	952	18.8 (17.6, 20.1)	17.5 (16.4, 18.6)	18.1 (17.9, 18.4)	21.6 (21.3, 21.9)
1998-2001	1,012	19.9 (18.7, 21.1)	18.4 (17.2, 19.5)	18.6 (18.3, 18.8)	22.3 (22.0, 22.6)
1999-2002	1,088	21.2 (20.0, 22.5)	19.3 (18.2, 20.5)	18.9 (18.6, 19.1)	22.7 (22.4, 23.0)
2000-2003	1,156	22.4 (21.1, 23.7)	20.3 (19.1, 21.5)	19.1 (18.8, 19.4)	23.1 (22.8, 23.4)
2001-2004	1,241	23.8 (22.5, 25.2)	21.5 (20.3, 22.7)	19.5 (19.2, 19.7)	23.6 (23.2, 23.9)
2002-2005	1,301	24.8 (23.5, 26.2)	22.1 (20.9, 23.4)	20.0 (19.7, 20.2)	24.3 (23.9, 24.6)

Table 4.13b. Sex-specific counts, crude rates, and age-adjusted rates of melanoma incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	456	18.7 (17.1, 20.5)	19.3 (17.5, 21.1)	21.4 (21.0, 21.8)	25.0 (24.4, 25.5)
1996-1999	494	20.2 (18.5, 22.1)	20.6 (18.8, 22.6)	22.0 (21.6, 22.5)	25.8 (25.3, 26.3)
1997-2000	532	21.6 (19.8, 23.5)	21.7 (19.9, 23.7)	22.5 (22.1, 23.0)	26.5 (26.0, 27.1)
1998-2001	570	23.0 (21.2, 25.0)	22.6 (20.8, 24.6)	23.2 (22.8, 23.7)	27.5 (27.0, 28.0)
1999-2002	599	24.0 (22.1, 26.0)	23.3 (21.5, 25.3)	23.6 (23.1, 24.0)	27.9 (27.4, 28.4)
2000-2003	653	25.9 (24.0, 28.0)	24.8 (22.9, 26.8)	23.8 (23.3, 24.2)	28.2 (27.7, 28.8)
2001-2004	692	27.3 (25.3, 29.4)	25.9 (24.0, 27.9)	24.0 (23.6, 24.5)	28.6 (28.1, 29.2)
2002-2005	723	28.3 (26.3, 30.4)	26.7 (24.7, 28.7)	24.7 (24.3, 25.1)	29.5 (29.0, 30.1)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	361	14.0 (12.6, 15.6)	12.8 (11.5, 14.2)	14.4 (14.1, 14.7)	17.3 (16.9, 17.7)
1996-1999	410	15.9 (14.4, 17.5)	14.4 (13.0, 15.9)	14.7 (14.4, 15.0)	17.7 (17.3, 18.1)
1997-2000	420	16.2 (14.7, 17.8)	14.4 (13.1, 15.9)	15.0 (14.7, 15.3)	18.2 (17.8, 18.6)
1998-2001	442	16.9 (15.4, 18.6)	15.0 (13.6, 16.5)	15.3 (15.0, 15.7)	18.8 (18.4, 19.2)
1999-2002	489	18.6 (17.0, 20.3)	16.4 (15.0, 18.0)	15.6 (15.3, 15.9)	19.1 (18.7, 19.6)
2000-2003	503	19.0 (17.4, 20.7)	16.8 (15.3, 18.3)	15.9 (15.5, 16.2)	19.6 (19.2, 20.0)
2001-2004	549	20.6 (18.9, 22.4)	18.2 (16.7, 19.8)	16.3 (15.9, 16.6)	20.1 (19.7, 20.5)
2002-2005	578	21.6 (19.8, 23.4)	18.9 (17.4, 20.6)	16.7 (16.4, 17.0)	20.7 (20.2, 21.1)

Melanoma Mortality

Table 4.14a. Counts, crude rates, and age-adjusted rates of melanoma mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	142	2.8 (2.4, 3.3)	2.7 (2.2, 3.1)	2.7 (2.7, 2.8)	3.1 (3.0, 3.1)
1999*-2002	171	3.3 (2.9, 3.9)	3.0 (2.5, 3.5)	2.6 (2.6, 2.7)	3.0 (2.9, 3,0)
2000-2003	174	3.4 (2.9, 3.9)	3.0 (2.5, 3.4)	2.6 (2.6, 2.7)	3.0 (3.0, 3.0)
2001-2004	182	3.5 (3.0, 4.0)	3.1 (2.6, 3.5)	2.6 (2.6, 2.7)	3.0 (3.0, 3.0)
2002-2005	175	3.3 (2.9, 3.9)	2.9 (2.5, 3.3)	2.7 (2.6, 2.7)	3.0 (3.0, 3.1)

Table 4.14b. Sex=specific, counts, crude rates, and age-adjusted rates of melanoma mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	87	3.6 (2.9, 4.4)	3.7 (3.0, 4.6)	4.0 (3.9, 4.0)	4.5 (4.4, 4.5)
1999-2002	105	4.2 (3.4, 5.1)	4.3 (3.5, 5.2)	3.8 (3.8, 3.9)	4.3 (4.2, 4.4)
2000-2003	112	4.4 (3.7, 5.4)	4.4 (3.6, 5.3)	3.8 (3.8, 3.9)	4.3 (4.3, 4.4)
2001-2004	120	4.7 (3.9, 5.7)	4.6 (3.8, 5.5)	3.9 (3.8, 3.9)	4.4 (4.3, 4.4)
2002-2005	114	4.5 (3.7, 5.4)	4.3 (3.5, 5.2)	3.9 (3.8, 4.0)	4.4 (4.3, 4.5)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	55	2.1 (1.6, 2.8)	1.8 (1.4, 2.4)	1.8 (1.8, 1.9)	2.0 (2.0, 2.1)
1999-2002	66	2.5 (1.9, 3.2)	2.1 (1.6, 2.7)	1.8 (1.7, 1.8)	2.0 (2.0, 2.0)
2000-2003	62	2.3 (1.8, 3.0)	1.9 (1.5, 2.5)	1.8 (1.7, 1.8)	2.0 (2.0, 2.0)
2001-2004	62	2.3 (1.8, 3.0)	1.9 (1.4, 2.4)	1.7 (1.7, 1.8)	2.0 (1.9, 2.0)
2002-2005	61	2.3 (1.7, 2.9)	1.8 (1.4, 2.3)	1.7 (1.7, 1.8)	2.0 (1.9, 2.0)

Oropharyngeal Cancer Incidence

Table 4.15a. Counts, crude rates, and age-adjusted rates of oropharyngeal cancer for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Total Population

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	659	13.2 (12.2, 14.2)	12.3 (11.3, 13.2)	11.6 (11.4, 11.8)	11.5 (11.3, 11.8)
1996-1999	641	12.7 (11.8, 13.8)	11.7 (10.8, 12.7)	11.3 (11.1, 11.5)	11.2 (11.0, 11.4)
1997-2000	673	13.3 (12.3, 14.3)	12.1 (11.2, 13.0)	11.0 (10.8, 11.2)	11.0 (10.8, 11.2)
1998-2001	693	13.6 (12.6, 14.7)	12.2 (11.4, 13.2)	10.8 (10.6, 11.0)	10.8 (10.6, 11.0)
1999-2002	702	13.7 (12.7, 14.7)	12.2 (11.3, 13.1)	10.8 (10.6, 11.0)	10.8 (10.6, 11.0)
2000-2003	737	14.3 (13.3, 15.3)	12.5 (11.6, 13.5)	10.7 (10.5, 10.9)	10.8 (10.5, 11.0)
2001-2004	760	14.6 (13.6, 15.7)	12.7 (11.8, 13.6)	10.7 (10.5, 10.9)	10.8 (10.6, 11.0)
2002-2005	728	13.9 (12.9, 15.0)	11.8 (11.0, 12.7)	10.6 (10.4, 10.8)	10.7 (10.5, 10.9)

Table 4.15b. Sex-specific, counts, crude rates, and age-adjusted rates of oropharyngeal cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	461	18.9 (17.3, 20.8)	19.4 (17.6, 21.3)	17.4 (17.0, 17.8)	17.1 (16.7, 17.5)
1996-1999	449	18.4 (16.7, 20.1)	18.5 (16.8, 20.3)	16.9 (16.5, 17.3)	16.6 (16.2, 17.1)
1997-2000	472	19.2 (17.5, 21.0)	19.0 (17.3, 20.8)	16.4 (16.1, 16.8)	16.2 (15.8, 16.6)
1998-2001	471	19.0 (17.3, 20.8)	18.5 (16.9, 20.3)	15.9 (15.6, 16.3)	15.8 (15.4, 16.2)
1999-2002	471	18.9 (17.2, 20.6)	17.9 (16.3, 19.6)	15.8 (15.5, 16.2)	15.8 (15.4, 16.2)
2000-2003	500	19.9 (18.2, 21.7)	18.6 (17.0, 20.3)	15.8 (15.4, 16.1)	15.7 (15.3, 16.1)
2001-2004	531	20.9 (19.2, 22.8)	19.2 (17.0.6, 21)	15.7 (15.4, 16.1)	15.8 (15.4, 16.2)
2002-2005	518	20.3 (18.6, 22.1)	18.4 (16.8, 20.1)	15.6 (15.3, 16.0)	15.8 (15.4, 16.2)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	198	7.7 (6.7, 8.8)	6.6 (5.7, 7.6)	6.9 (6.7, 7.1)	7.0 (6.7, 7.2)
1996-1999	192	7.4 (6.4, 8.6)	6.3 (5.5, 7.3)	6.7 (6.5, 7.0)	6.7 (6.5, 7.0)
1997-2000	201	7.7 (6.7, 8.9)	6.5 (5.7, 7.5)	6.6 (6.3, 6.8)	6.6 (6.4, 6.9)
1998-2001	222	8.5 (7.4, 9.7)	7.2 (6.3, 8.2)	6.6 (6.4, 6.8)	6.6 (6.4, 6.9)
1999-2002	231	8.8 (7.7, 10.0)	7.4 (6.5, 8.5)	6.6 (6.4, 6.8)	6.6 (6.4, 6.8)
2000-2003	237	8.9 (7.8, 10.2)	7.5 (6.6, 8.5)	6.5 (6.3, 6.7)	6.5 (6.3, 6.7)
2001-2004	229	8.6 (7.5, 9.8)	7.1 (6.2, 8.1)	6.5 (6.3, 6.7)	6.5 (6.2, 6.7)
2002-2005	210	7.8 (6.8, 9.0)	6.3 (5.5, 7.3)	6.3 (6.1, 6.5)	6.3 (6.0, 6.5)

Oropharyngeal Cancer Mortality

Table 4.16a. Counts, crude rates, and age-adjusted rates of oropharyngeal cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Total Population

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	141	2.8 (2.4, 3.3)	2.6 (2.2, 3.0)	3.0 (3.0, 3.1)	2.8 (2.8, 2.9)
1999*-2002	179	3.5 (3.0, 4.0)	3.1 (2.6, 3.6)	2.7 (2.7, 2.7)	2.6 (2.5, 2.6)
2000-2003	172	3.3 (2.8, 3.9)	2.9 (2.5, 3.4)	2.7 (2.6, 2.7)	2.5 (2.5, 2.6)
2001-2004	180	3.5 (3.0, 4.0)	3.0 (2.5, 3.4)	2.7 (2.6, 2.7)	2.5 (2.5, 2.6)
2002-2005	172	3.3 (2.8, 3.8)	2.8 (2.4, 3.2)	2.6 (2.6, 2.6)	2.5 (2.5, 2.5)

Table 4.16b. Sex-specific, counts, crude rates, and age-adjusted rates of oropharyngeal cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Male

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	94	3.9 (3.1, 4.7)	4.0 (3.2, 4.9)	4.6 (4.6, 4.7)	4.3 (4.2, 4.3)
1999*-2002	121	4.8 (4.0, 5.8)	4.8 (4.0, 5.7)	4.1 (4.0, 4.2)	3.8 (3.8, 3.9)
2000-2003	117	4.6 (3.8, 5.6)	4.5 (3.7, 5.4)	4.1 (4.0, 4.1)	3.8 (3.7, 3.9)
2001-2004	122	4.8 (4.0, 5.7)	4.6 (3.8, 5.5)	4.1 (4.0, 4.1)	3.8 (3.7, 3.9)
2002-2005	120	4.7 (3.9, 5.6)	4.4 (3.6, 5.3)	4.0 (3.9, 4.0)	3.7 (3.7, 3.8)

Female

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	47	1.8 (1.3, 2.4)	1.5 (1.1, 2.0)	1.8 (1.7, 1.8)	1.7 (1.7, 1.7)
1999*-2002	58	2.2 (1.7, 2.9)	1.7 (1.3, 2.2)	1.6 (1.5, 1.6)	1.5 (1.5, 1.6)
2000-2003	55	2.1 (1.6, 2.7)	1.6 (1.2, 2.1)	1.5 (1.5, 1.6)	1.5 (1.5, 1.5)
2001-2004	58	2.2 (1.7, 2.8)	1.6 (1.2, 2.1)	1.5 (1.5, 1.5)	1.5 (1.4, 1.5)
2002-2005	52	1.9 (1.4, 2.5)	1.4 (1.1, 1.9)	1.5 (1.4, 1.5)	1.5 (1.4, 1.5)

Cervical Cancer Incidence

Table 4.17a. Counts, crude rates, and age-adjusted rates of cervical cancer incidence for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	269	10.5 (9.2, 11.8)	10.0 (8.8, 11.2)	9.2 (8.9, 9.5)	8.4 (8.1, 8.7)
1996-1999	254	9.8 (8.7, 11.1)	9.3 (8.2, 10.5)	9.0 (8.8, 9.3)	8.3 (8.1, 8.6)
1997-2000	228	8.8 (7.7, 10.0)	8.2 (7.1, 9.3)	8.6 (8.3, 8.8)	8.0 (7.7, 8.3)
1998-2001	227	8.7 (7.6, 9.9)	8.0 (7.0, 9.1)	8.2 (8.0, 8.5)	7.7 (7.5, 8.0)
1999-2002	215	8.2 (7.1, 9.3)	7.5 (6.5, 8.6)	7.8 (7.6, 8.0)	7.4 (7.1, 7.6)
2000-2003	217	8.2 (7.1, 9.4)	7.5 (6.6, 8.6)	7.5 (7.3, 7.8)	7.1 (6.9, 7.4)
2001-2004	237	8.9 (7.8, 10.1)	8.2 (7.2, 9.3)	7.4 (7.2, 7.6)	7.0 (6.7, 7.2)
2002-2005	216	8.1 (7.0, 9.2)	7.5 (6.5, 8.6)	7.1 (6.9, 7.3)	6.7 (6.5, 7.0)

Cervical Cancer Mortality

Table 4.18a. Counts, crude rates, and age-adjusted rates of cervical cancer mortality for Maine, and age-adjusted rates for the U.S. and U.S. white population, 1995-2005. Rates are per 100,000 with 95% confidence intervals

Cervical Year	Maine Count	Maine Crude Rate (95% CI)	Maine Age-Adjusted Rate (95% CI)	U.S. Age-Adjusted Rate (95% CI)	U.S. White Age-Adjusted Rate (95% CI)
1995-1998	92	3.6 (2.9, 4.4)	3.2 (2.6, 3.9)	3.1 (3.1, 3.2)	2.8 (2.7, 2.8)
1999-2002	62	2.4 (1.8, 3.0)	2.0 (1.5, 2.6)	2.7 (2.7, 2.7)	2.4 (2.4, 2.5)
2000-2003	58	2.2 (1.7, 2.8)	1.8 (1.4, 2.4)	2.6 (2.6, 2.7)	2.4 (2.3, 2.4)
2001-2004	61	2.3 (1.7, 2.9)	1.9 (1.4, 2.4)	2.5 (2.5, 2.6)	2.3 (2.2, 2.3)
2002-2005	65	2.4 (1.9, 3.1)	2.0 (1.5, 2.5)	2.5 (2.4, 2.5)	2.2 (2.2, 2.3)

Appendix II • Data Sources

BRFSS: The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing annual phone survey of a random sample of non-institutionalized adults aged 18 years and over. The Maine BRFSS is conducted by the Maine Center for Disease Control and Prevention, with funding from the national Centers for Disease Control and Prevention. Major topics related to cancer include tobacco and alcohol use, physical activity, nutrition, bodyweight, sun exposure, and screening for certain cancers. Data from the survey are used to track the health of Maine people. National BRFSS data on selected indicators are calculated from compiled state-specific survey data.

Maine Cancer Registry: The Maine Cancer Registry (MCR), a program within the Maine Center for Disease Control and Prevention, is a statewide population-based cancer surveillance system. All hospitals and health care facilities that diagnose or treat cancer are required by law to report cancer cases to the Maine Cancer Registry (Title 22, Chapter 255). The MCR collects information about all newly diagnosed and treated cancers in Maine residents (except basal and squamous cell carcinoma of the skin). This information is used to monitor and evaluate cancer incidence patterns in Maine. This information is also used to better understand cancer, identify areas in need of public health interventions, and improve cancer prevention, treatment, and control. Maine cancer incidence data, including stage at diagnosis, were obtained from the MCR.

SEER: The Surveillance, Epidemiology, and End Results (SEER) Program is a National Cancer Institute (NCI) network of population-based cancer registries that collects ongoing data on new cancer cases and patient survival rates. The national cancer incidence rates presented in this report were obtained from SEER 9 (see "SEER" in Appendix III for further details). Due to the predominately white population in Maine, SEER incidence rates for both whites only and all races are provided for comparison.

Youth Risk Behavior Survey (YRBS): The Youth Risk Behavior Survey (YRBS) is an ongoing biennial survey administered by the Maine Department of Education to a sample of Maine high school students (and, since 1999, to middle school students). The survey collects data on several topics of relevance to cancer: tobacco and alcohol use, nutrition, physical activity, bodyweight, sexual behaviors, and sun exposure. Maine's YRBS data for 1999 were not weighted, due to a low response rate (<60 percent), and are therefore not presented.

Vital Records: Mortality data for both Maine and the U.S. are provided by the National Center for Health Statistics' (NCHS) National Vital Statistics System (NVSS). The NVSS maintains mortality data for states and the U.S., which are compiled from standard death certificate reports. Due to the predominately white population in Maine, national death rates for both whites only and all races are provided for comparison.

Appendix III • Technical Notes

Age-adjustment: When populations have different age distributions, observed differences in cancer rates may be reflective of age differences alone. Age-adjustment is a statistical modification of rate or prevalence estimates that adjusts for differences in age distributions between populations or within the same population over time, allowing rates to be more easily compared across populations or time periods. An age-adjusted rate is a weighted average of age-specific rates, with weights equal to the proportion of a standard population in each corresponding age group. In this report, all age-adjusted rates are standardized to the 2000 U.S. standard population.

Rates in this report are adjusted through a process called direct standardization. In direct standardization, an age-adjusted rate is calculated by using local (Maine-specific) rates and the U.S. population in year 2000 as the standard.

The calculation of age-adjusted rates through direct standardization involves 4 steps:

1. Calculate age-specific rates for the Maine population.
2. Obtain weights for each age category for which age-specific rates were calculated. Weights represent the proportion of the overall standard population (year 2000 U.S. population) within each age-category. For example, if 40 percent of the U.S. population lies between the ages of 18 and 44, the weight for the 18-44 age-specific Maine rate would be 0.40.
3. Multiply each age-specific Maine rate by the age-specific standard population weight.
4. Sum the age-specific rate-weight products to obtain Maine's age-adjusted rate.

It is important to remember that age-adjusted rates do not apply directly to any population experience, but are calculated solely as a comparative measure.

Crude rates directly measure Maine's cancer experience. As such, they are important measures of cancer burden in the population and are especially useful for planning health care services. Comparisons of crude rates can be misleading, however, in instances where the age distribution varies over time or place.

Combined-year analysis: For several, less common, cancers, we combined four years of data to obtain more stable rate estimates over time. Data on bladder, oropharyngeal, and cervical cancers, and melanoma were grouped in this way with incidence and mortality rates presented as rolling four-year averages. As an example of how rolling four-year averages were calculated, we summed the numerators (incident cancers or cancer deaths) and population denominators for 1995, 1996, 1997, and 1998 for an average 1995-98 rate. The next time period included data from 1996 through 1999, followed by 1997 through 2000, and so on. This process increases the stability of rate estimates by pooling years of data, but can dampen apparent time trends by smoothing changes over time. Consecutive year-groups, such as 1995-98 to 1996-99, will share three years of data, with only one year of new data, thus minimizing the size of changes from year to year.

Although this is a limitation of the rolling average, we felt that the alternative of presenting single year estimates would be more hindered by random variability, which makes it difficult to interpret estimates over time.

While incidence rates are shown as continuous rolling four-year averages, the rolling average process was interrupted for presentation of mortality rates. In 1999, death coding shifted from ICD-9 to ICD-10, raising the possibility of non-comparable data before 1999 and from 1999 onwards. Deaths coded as an underlying cause of cancer under ICD-9 may not be coded as cancer under ICD-10 or vice versa. We chose to present a clear break in the data between 1998 and 1999, and did not combine data that might be non-comparable. Studies suggest that the change to ICD-10 does not greatly impact cancer coding overall, but there is a paucity of studies that have examined specific cancer subtypes. For this reason, we present interrupted rolling averages for death statistics, with rates shown for 1995-1998 and then from 1999-2002, after which rolling averages are presented.

SEER (Surveillance, Epidemiology, and End Results): The Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI) is a collection of central cancer registries in the United States that collect and submit cancer incidence, prevalence, mortality, survival, and stage at diagnosis data to the NCI. SEER currently has four combinations of population-based national samples that are used for a variety of statistical analysis:

- SEER 9 registries consist of Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah. Data are available for cases diagnosed from 1973-2006.
- SEER 11 registries consist of SEER 9 plus Los Angeles and San Jose-Monterey. Data are available for cases diagnosed from 1992 onwards.
- SEER 13 consists of SEER 11 plus Rural Georgia and the Alaska Native Tumor Registry. Data are available for cases diagnosed from 1992 onwards.
- SEER 17 registries consist of the SEER 13, plus Greater California, Kentucky, Louisiana, and New Jersey. Data are available from all cases diagnosed from 2000 onwards. Louisiana cases diagnosed from July - December 2005 are excluded.

SEER 9, SEER 11, SEER 13, and SEER 17 represent different proportions of the U.S. population. National incidence and staging data in this report are from SEER 9 and SEER 17, respectively, which represent 9.5 percent and 26.2 percent of the U.S. population. SEER incidence data are used to represent national cancer incidence data because a true nationwide cancer registry does not exist.

SEER*Stat: SEER*Stat is software that was developed by the NCI for the analysis of SEER cancer data. The software is open source and can be downloaded at http://seer.cancer.gov/seerstat/. Incidence and mortality rates, and their confidence intervals were calculated with the SEER*Stat software version 6.4.4. Rates obtained from SEER*Stat are based on denominators from the U.S. Census Bureau.

Stage at diagnosis: Stage at diagnosis is a measure of disease progression, detailing the degree to which a cancer has advanced. Historically, three methods have been used to determine cancer stage: AJCC TNM staging system is primarily used for clinical evaluation and treatment; SEER EOD is useful for clinical and epidemiologic research; and SEER Summary is a broad staging system that is commonly used by epidemiologists to measure the success of cancer control and prevention in populations. We present SEER Summary staging in this report. Collaborative staging (CS), in effect

since 2004, allows for a unified dataset to be used in assigning and deriving staging within each unique staging system.

SEER Summary staging has five main categories:

- *In situ* cancer is early cancer that is present only in the layer of cells in which it began.
- Localized cancer is cancer that is limited to the organ in which it began, without evidence of spread.
- Regional cancer is cancer that has spread beyond the original (primary) site to nearby lymph nodes or organs and tissues.
- Distant cancer is cancer that has spread from the primary site to distant organs or distant lymph nodes.
- Unstaged/unknown cancer is cancer for which there is not enough information to indicate a stage.

Statistical significance: Statistical significance is a mathematical measure of difference between two or more groups. In this report, rates or prevalence estimates are said to be statistically significant if the 95% confidence intervals (CI) for the estimates being compared do not overlap. See hypothetical example below (all rates expressed per 100,000):

- The lung cancer rate for males is 120 with a lower 95% CI of 115 and an upper 95% CI of 125.
- The lung cancer rate for females is 105 with a lower 95% CI of 100 and an upper 95% CI of 110.
- Because the two sets of confidence intervals—(115-125) for males and (100-110) for females—do not overlap, we state that the lung cancer rate for males is statistically significantly higher than the rate for females.

U.S. comparisons: We present data on two U.S. comparison populations: the total U.S. population and the U.S. white-only population. Depending on the cancer, incidence and mortality may vary within racial/ethnic groups. Maine's population is 96 percent non-Hispanic white, and a U.S. white-only population may adjust for differences between Maine and the U.S. in terms of racial/ethnic diversity.

However, there are several reasons to present the total U.S. population as well. From a methodologic perspective, the white-only analysis is not a clean comparison since the U.S. population is completely restricted with respect to race/ethnicity and Maine's population is not. Maine's population is becoming more diverse, and it will be increasingly problematic to justify comparing Maine's total population to the U.S. white-only population.

In addition, such a comparison controls for an unnatural cause of disease, unlike controlling for age. Although there are genetic differences among racial/ethnic groups that may impact disease development, genetic differences among racial/ethnic groups may pale in comparison to causes of varying socioeconomic status, discriminatory practices, and differential access to information or services–all of which can be addressed through public health programming and policy. We do not similarly attempt to control for differences between Maine and the U.S. in socioeconomic status.

Ideally, in the near future, Maine will be able to present stratum specific estimates for racial/ethnic populations.

Appendix IV • Glossary of Terms

Age-adjusted rate: A rate that has been statistically modified to adjust for differences in the age distribution among populations or within the same population over time. Rates are age-adjusted to allow rate comparisons across populations or time periods. Age-adjusted rates can be interpreted as the disease experience each population would have been expected to experience under the same age distribution. See Appendix III for more information on age-adjustment.

Age-specific rate: The rate for a specific age group.

Cancer: A group of diseases characterized by rapid, uncontrolled cell growth, with a tendency to spread throughout the body.

Cancer incidence: The number of people who develop cancer during a specified period of time in a specified population. In this report, cancer incidence is measured as cancer that is diagnosed and reported to the Maine Cancer Registry. Thus, our estimates of cancer incidence are a function of true disease development, disease detection, and disease reporting. Changes in cancer detection or reporting will result in changes in our estimate of cancer incidence, even though cancer development might not be changing in the population.

Cancer mortality: The number of people who die from cancer during a specified period of time in a specified population.

Confidence interval: Confidence intervals quantify the degree of uncertainly in rate or prevalence estimates that results from sampling or random variability. Like the margin of error presented in political polls, the confidence interval presents a range of values within which the true underlying rate or prevalence is likely to lie. The 95% confidence interval is most commonly used, and is presented in this report. In this report, we base our determination of statistical significance on whether the confidence intervals of compared estimates overlap. Non-overlapping confidence intervals are considered statistically significant. Please see Appendix III, statistical significance, for additional information.

Crude rate: A ratio of the number of people who have experienced the event of interest in a specified time period over the size of the population who were eligible to experience the event of interest during the same time period. Crude rates are unadjusted for age, and can be called an "unadjusted rate."

Death clearance: The process in which death certificates with a cause of death related to cancer are used to identify cancer cases not already reported to the Maine Cancer Registry. This quality control measure addresses the possibility that cancers may have been missed through incidence reporting alone. This process also provides vital status information for cancer cases already in the registry.

Death rate: The number of deaths from cancer during a specific period of time divided by the size of the population during that period of time. The result is often multiplied by a constant, such as 100,000, to represent the number of cancer deaths per 100,000 people.

Family history: The occurrence of cancer in a close blood relative, such as a parent or sibling, that may increase one's risk of developing cancer.

ICD-9 and ICD-10: The ninth and tenth revisions of the International Classification of Diseases, the classification system used to code and classify causes of death. ICD-9 was in use between 1979 and 1998; ICD-10 has been in use since 1999. For cancer overall, the ICD-9 and ICD-10 coding systems are comparable.

ICD-O: The International Classification of Diseases for Oncology, the standard reference for coding and classifying anatomic site and histologic type of cancer cases. The ICD-O is an extension of the ICD-10 and is specific for classifying cancer. All cancers diagnosed for this report were classified using the third edition of the ICD-0.

Incidence rate: The rate of cancer developing in the population. Incidence rates are calculated by dividing the number of new cases by the size of the population at risk of becoming a case during that period of time. The result is often multiplied by a constant, such as 100,000, to represent the number of new cancer cases per 100,000 people.

***In situ* cancer**: An early cancer that is present only in the layer of cells in which it began.

Invasive cancer: Cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues.

Prevalence: The proportion or percentage of a defined population with a specific condition, risk factor, or disease at a specified point in time. The numerator of the proportion comprises all those who have the condition, risk factor, or disease, regardless of when it was diagnosed; the denominator includes all individuals who could have been included in the numerator.

SEER (Surveillance, Epidemiology, and End Results): The Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI) is a collection of central cancer registries in the United States that collect and submit cancer incidence, prevalence, mortality, survival, stage at diagnosis data, and other statistics to the NCI. SEER currently has four combinations of population-based national samples that are used for a variety of statistical analysis: SEER 9, SEER 11, SEER 13, and SEER 17. See Appendix III for more information.

Site: The anatomical site (organ or organ system) in which the cancer started, for example, the lungs, colon, or bone marrow.

Stage at diagnosis: Stage of diagnosis describes the degree to which cancer has progressed or advanced by the time it is diagnosed. See Appendix III for further details.

Standard population: A population whose known age distribution is used to create comparable statistics (e.g., rates) for populations with different age distributions. In this report, the standard population used to produce age-adjusted rates was the total U.S. population as measured by the year 2000 Census.

Statistically significant: Statistical significance is a mathematical determination of differences between rates or prevalence estimates. In this report, rates or prevalence estimates are said to be statistically significant if there is no overlap between the 95% confidence intervals for the groups being compared. In this report, the word "significant" when describing differences implies statistical significance. There are limitations to relying on statistical significance alone to determine differences. Statistical significance is sensitive to sample sizes; large samples are more likely to produce statistically significant differences. Statistical significance is not necessarily a measure of practical or clinical significance, and important differences in the population can exist without statistical measures of significance.

Surveillance: Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of health data for public health program planning, implementation, and evaluation[3].

Surveillance data: Data that are used to monitor health status in a population. Surveillance data are systematically collected over time to detect changes. In this report, surveillance data come from the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, Maine Cancer Registry, SEER Program, and National Vital Statistics System (death certificates). These data sources enable the calculation of statistics on the prevalence of risk behaviors, including risk factors for cancer and cancer screening tests, cancer incidence and the stage at which cancers in Maine were detected, and cancer mortality.

Trend: In this report, trend refers to a significant increase or decrease in cancer incidence or mortality rates over time.

Unadjusted rate: See "crude rate" above.