

# Utah Health Status Update:

## Cancer Staging in Utah

June 2009

Utah Department of Health

### Colorectal Cancer Staging in Utah

Colorectal cancer is one of the most commonly occurring cancers and is the second leading cause of cancer deaths in Utah. In 2008, an estimated 750 new cases of colorectal cancer were diagnosed and 250 deaths resulted from this disease in Utah.<sup>1</sup> Morbidity and mortality from colorectal cancer can be substantially reduced when precancerous polyps are detected early and removed. According to the American Cancer Society, when colorectal cancer is diagnosed at the early, localized stage, 90% of patients survive at least five years.<sup>1</sup> Nationally only 39.1% of colorectal cancers were diagnosed at this stage in 2002–2006. In Utah, 45.0% of colorectal cancers were diagnosed at the localized stage, while the remainder (55.0%) were diagnosed at late stage (see Table 1).

Utahns aged 50 and older are more likely to report ever having a colonoscopy or sigmoidoscopy when compared to national rates. This likely contributes to Utah's lower incidence and mortality rates as well as a lower rate of late stage cancer diagnosis. When screening rates were examined by local health departments, lower screening rates were associated with a higher percentage of cancers diagnosed with late stage disease in both Utah County and TriCounty.

Between 2002 and 2006, Utah had a lower colorectal cancer incidence rate than the U.S. When incidence rates are examined by local health district, Central and Tooele had the high-

est incidence rates in the state. Only Utah County had a significantly lower incidence rate when compare with the state rate.

Utah's colorectal cancer mortality rate has been consistently lower than the U.S.<sup>2</sup> Between 2003 and 2007, Utah's age-adjusted mortality rate was 13.1 per 100,000. During the same time period, Tooele and Utah County had mortality rates higher than the state. Both of these health districts had significantly higher rates of colorectal cancers diagnosed at late stage. Conversely, Southwest local health district had the lowest mortality rate and the lowest percentage of cancers diagnosed at late stage in the state.

### Breast Cancer Staging in Utah

Breast cancer is the most commonly occurring cancer in U.S. women (excluding basal and squamous cell skin cancers) and a leading cause of female cancer deaths in both Utah and the U.S. Although lung cancer is the leading cause of cancer death nationally, breast cancer is the leading cause of cancer death among Utah women. Deaths from breast cancer can be substantially reduced if discovered at an early stage. Utah's age-adjusted female breast cancer incidence rate between 2002 and 2006

### Colorectal Cancer Statistics

Table 1. Average annual colorectal cancer incidence rates, mortality rates, percent of cases diagnosed at late stage, and screening rates, U.S., Utah, and local health districts

	Colorectal Cancer Screening Rates 2004–2008 <sup>1,2</sup>			Incidence (New Cases) 2002–2006 <sup>3</sup>			Mortality (Deaths) 2003–2007 <sup>4,5</sup>			% New Cancers Diagnosed With Late Stage Disease 2002–2006 <sup>6,7</sup>		
	%	CI		Rate	CI		Rate	CI		%	CI	
U.S. (SEER)	59.2%	59.0%	59.5%	50.7	50.5	50.9	19.0	18.9	19.0	60.9%	60.3%	61.6%
Utah	63.5%	62.4%	64.5%	40.5	39.4	41.6	13.1	12.5	13.8	55.0%	50.6%	59.3%
Bear River	62.3%	58.0%	66.4%	41.3	36.7	46.0	14.1	11.4	16.8	60.4%	42.8%	78.0%
Central Utah	51.0%	46.8%	55.2%	56.4	48.6	64.2	14.0	10.1	17.9	42.6%	14.4%	70.7%
Davis County	64.7%	61.3%	68.1%	39.6	36.2	43.0	16.1	14.0	18.2	49.6%	35.1%	64.0%
Salt Lake Valley	67.3%	65.6%	69.0%	39.8	38.0	41.6	12.2	11.2	13.2	53.6%	47.0%	60.1%
Southeastern Utah	53.2%	49.2%	57.1%	39.3	31.8	46.9	12.7	8.4	17.0	66.8%	38.8%	94.8%
Southwest Utah	60.9%	56.9%	64.8%	38.6	34.5	42.7	10.7	8.6	12.8	32.8%	10.9%	54.8%
Summit County	65.2%	60.3%	69.8%	36.4	27.5	45.4	17.3	11.2	23.4	49.3%	16.9%	81.7%
Tooele County	62.5%	57.7%	67.0%	50.7	42.0	59.5	18.8	13.5	24.0	84.8%	80.5%	89.1%
TriCounty	51.3%	46.9%	55.6%	40.1	31.6	48.6	15.4	10.1	20.6	88.7%	84.5%	92.8%
Utah County	57.4%	54.1%	60.6%	38.0	35.4	40.5	14.8	13.2	16.4	65.0%	55.5%	74.5%
Wasatch County	66.5%	61.5%	71.1%	40.1	27.5	52.7	**	**	**	**	**	**
Weber-Morgan	67.1%	63.7%	70.4%	42.2	38.3	46.0	15.0	12.7	17.3	52.8%	38.4%	67.1%

Source: Utah Cancer Registry; SEER Database; Utah Department of Health, Office of Vital Records and Statistics; BRFSS

1 Age-adjusted percentage of adults 50+ that reported ever having a colonoscopy or sigmoidoscopy

2 U.S. rate includes data from years 2004, 2006, and 2008.

3 Average annual age-adjusted incidence rates per 100,000 population (2000 US standard)

4 Average annual age-adjusted mortality rates per 100,000 population (2000 U.S. standard)

5 U.S. rate was calculated using 2001–2005 data, the most recent data available through SEER

6 Age-adjusted percentage of cancers diagnosed with late stage disease

7 Late stage defined as regional and distant, as a percent of all invasive cancer diagnoses, excluding unknowns

\*\*Data did not meet the UDOH standard for reliability

(110.1 per 100,000 women) was lower than the U.S. rate (123.8 per 100,000). While incidence rates are significantly lower for Utah, mortality rates are only slightly lower than the national rate (23.1 vs 25.0 per 100,000 women). A higher percentage of female breast cancers in Utah are diagnosed at late stage, which likely contributes to increased mortality rates (see Figure 1).

In order to prevent late stage diagnosis and decrease female breast cancer deaths, the Utah Cancer Control Program (UCCP) provides free and low cost clinical breast exams and mammograms to women who meet age and income guidelines. Eligible women with abnormal screening exams are offered diagnostic evaluation by participating providers. Since July 1, 2001, the UCCP has been able to enroll qualifying Utah women in need of treatment for breast cancer through the Medicaid Breast and Cervical Cancer Treatment Act (MBCCTA), where they receive full Medicaid benefits.

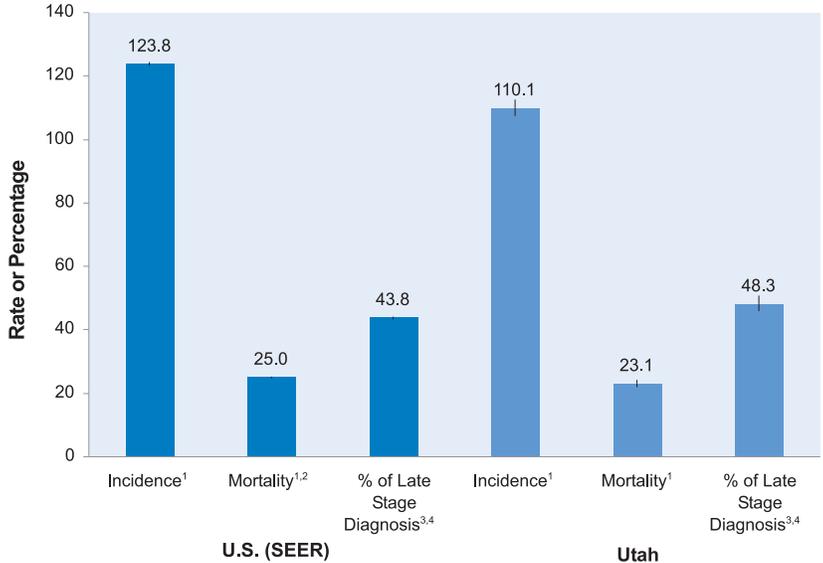
In order to evaluate the effectiveness of the UCCP in detecting breast cancer at earlier stages, data on MBCCTA clients initially screened and diagnosed by the UCCP (n=190) were compared with data on MBCCTA clients referred to the UCCP after diagnosis (n=276). Stage at diagnosis for all invasive breast cancers detected among women in these two groups was compared. Among MBCCTA breast cancer clients screened and diagnosed by the UCCP between July 2001 and June 2008, more than one-quarter of clients with invasive cancer (26.8%) were diagnosed with Stage I cancer, and only 8.9% were diagnosed at Stage IV cancer. In contrast, among MBCCTA clients referred to the UCCP after diagnosis of invasive breast cancer, 18.1% had been diagnosed with Stage I cancer, and 23.6% had been diagnosed with Stage IV. Women screened and diagnosed through the UCCP were more likely to report having received a mammogram and the time since their previous mammogram was less when compared to women referred to the UCCP after diagnosis (see Figure 2).

**References:**

1. American Cancer Society. *Cancer Facts & Figures 2008*. Atlanta: American Cancer Society; 2008.
2. Indicator Profile of Colorectal Cancer Deaths. Retrieved on April 30, 2009 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: <http://ibis.health.utah.gov/>.

**Breast Cancer: Utah vs. U.S.**

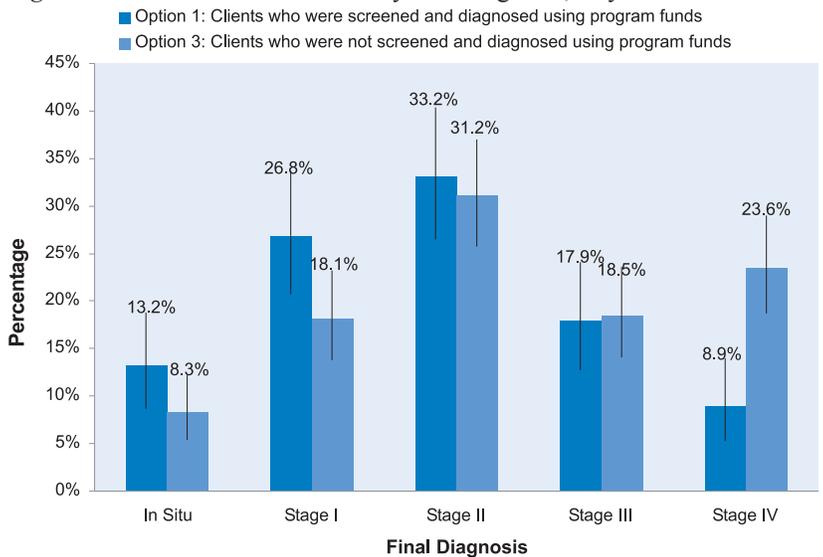
Figure 1. Average annual breast cancer incidence rates, mortality rates, and percent of cases diagnosed at late stage, U.S. and Utah, 2002–2006



Source: Utah Department of Health, Office of Vital Records and Statistics; Utah Cancer Registry; SEER Database; 1 Average annual age-adjusted incidence and mortality rates per 100,000 population (2000 U.S. standard). 2 U.S. mortality rate was calculated using 2001-2005 data, the most recent data available through SEER. 3 Utah mortality rate was calculated using 2003-2007 data. 4 Age-adjusted percentage of cancers diagnosed with late stage disease. 5 Late stage defined as regional and distant, as a percent of all invasive cancer diagnoses, excluding unknowns.

**Medicaid Breast and Cervical Cancer Treatment Act**

Figure 2. MBCCTA breast cancers by final diagnosis, July 2001 to June 2008



Source: Utah Cancer Control Program Data

**May 2009 Utah Health Status Update**

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## Breaking News, May 2009

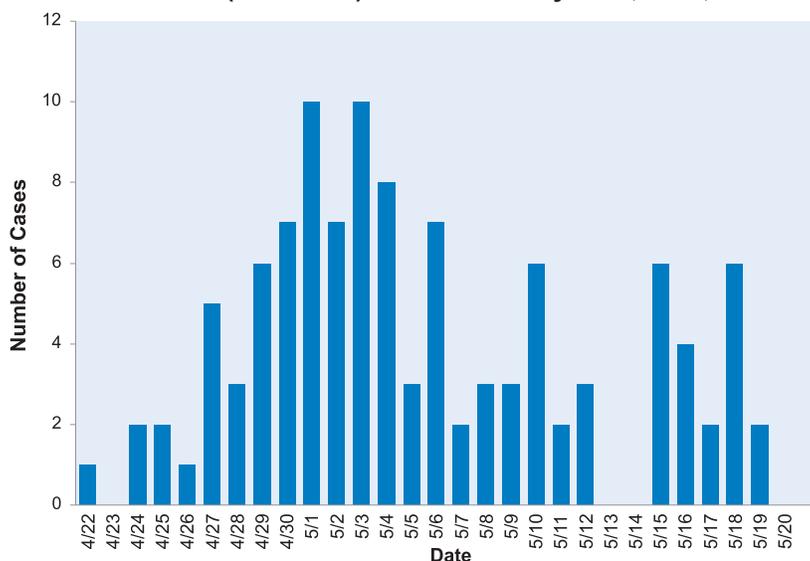
### Preparedness Assessment

In April 2009, the first human cases of Novel Influenza A (H1N1) virus infection were identified in San Diego County and Imperial County, California as well as in San Antonio, Texas. The Centers for Disease Control and Prevention (CDC) began working closely with state and local officials to investigate cases and provide public health guidance to those areas identified with cases. The Utah Department of Health activated the Department Operations Center and Incident Command Staff to coordinate response efforts throughout the state on April 30, 2009. Epidemiology and preparedness staffs from across the state have been engaged in community, hospital, and laboratory surveillance and reporting since that time. The first case of influenza A (H1N1) in Utah was identified on May 2, 2009 in a Summit County resident. The first Utah death associated with the virus was on May 20, 2009.

Utah Public Health Laboratory (UPHL) received suspected patient samples at the onset of the outbreak and initially sent samples to CDC for further subtyping and confirmation of H1N1. UPHL has had the capacity to perform in-house testing of suspected H1N1 cases since May 6. UPHL continues to actively test patient samples for the novel virus strain.

To date, infections have been identified in 9 of 12 local health districts, with most cases in Summit and Salt Lake counties. Surveillance reports are generated daily to track the spread and virulence of the disease and identify any developing trends – see [www.health.utah.gov/H1N1](http://www.health.utah.gov/H1N1)

**H1N1 Influenza A (Swine Flu) Case Counts by Date, Utah, 2009**

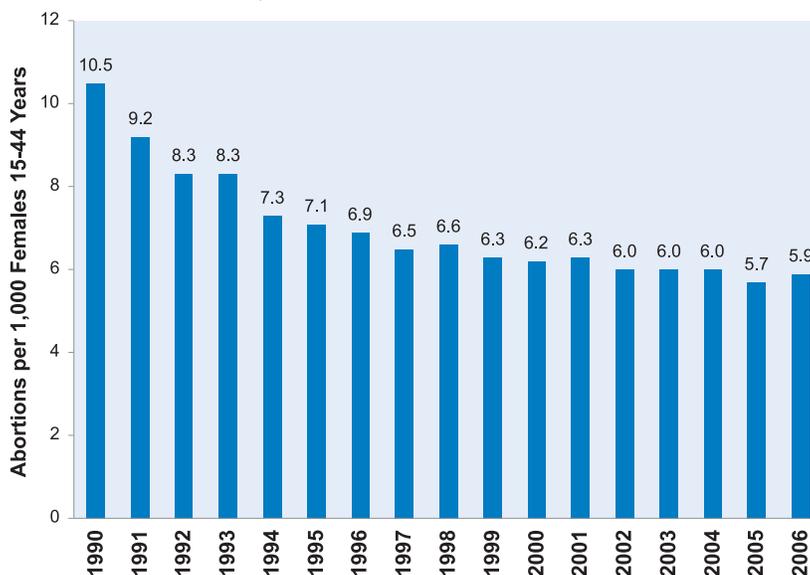


## Community Health Indicators Spotlight, May 2009

### Trends in Abortion in Utah

This brief report summarizes the trends in legal induced abortion in Utah. CDC defines legal induced abortion as a procedure, performed by a licensed physician or someone acting under the supervision of a licensed physician, that was intended to terminate a suspected or known intrauterine pregnancy and to produce a nonviable fetus at any gestational age.<sup>1</sup> During 1990–2005, the abortion rate has declined. The abortion rate is defined as the number of abortions per 1,000 women aged 15–44 years. The rate dropped significantly from 10.5 in 1990 to 5.7 in 2005, representing a 46% decrease. The abortion rate remained relatively stable during 1999–2004. The 2005 rate of 5.7 was the lowest ever since 1990. However, the rate increased slightly in 2006 to 5.9. Public health agencies use abortion surveillance data to identify trends and characteristics of women who are at high risk for unintended pregnancy. This information is utilized to develop interventions to prevent unintended pregnancies and to assess the effectiveness of family planning programs.<sup>2</sup>

**Utah Abortion Rates, 1990–2006**



Source: Office of Vital Records and Statistics, Abortion 2006. Technical Report No. 259. January 2008. UDOH

1. CDC. Abortion Surveillance, 1977. Atlanta, GA: U.S. Department of Health, Education, and Welfare, Public Health Service, CDC; 1979.  
 2. CDC. Abortion Surveillance – United States, 2004. In: Surveillance Summaries, November 23, 2007. MMWR 2007; 56 (SS09).

# Monthly Health Indicators Report

(Data Through April 2009)

Monthly Report of Notifiable Diseases, April 2009	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	15	27	59	78	0.8
Enterotoxigenic Escherichia coli (E. coli)	1	4	8	12	0.7
Hepatitis A (infectious hepatitis)	0	1	3	8	0.4
Hepatitis B (serum hepatitis)	0	3	4	9	0.5
Influenza†	Weekly updates at <a href="http://health.utah.gov/epi/diseases/flu">http://health.utah.gov/epi/diseases/flu</a>				
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	1	1	4	0.3
Norovirus	1	1	6	8	0.8
Pertussis (Whooping Cough)	6	39	94	145	0.6
Salmonellosis (Salmonella)	18	23	87	74	1.2
Shigellosis (Shigella)	3	2	10	11	0.9
Varicella (Chickenpox)	45	72	236	352	0.7
Viral Meningitis	0	5	11	18	0.6

Notifiable Diseases Reported Quarterly, 1st Qtr 2009	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	22	21	22	21	1.1
AIDS	13	10	13	10	1.3
Chlamydia	1,654	1,267	1,654	1,267	1.3
Gonorrhea	82	179	82	179	0.5
Tuberculosis	9	9	9	9	1.0

Program Enrollment for the Month of April 2009	Current Month	Previous Month	% Change <sup>s</sup> From Previous Month	1 Year Ago	% Change <sup>s</sup> From 1 Year Ago
Medicaid	189,015	184,341	+2.5%	163,459	+15.6%
PCN (Primary Care Network)	18,520	14,702	+26.0%	19,013	-2.6%
CHIP (Children's Health Ins. Plan)	37,926	37,841	+0.2%	33,633	+12.8%

Medicaid Expenditures (in Millions) for the Month of April 2009	Current Month	Expected/Budgeted for Month <sup>x</sup>	Fiscal YTD	Budgeted Fiscal YTD <sup>y</sup>	Variance - over - (under) budget <sup>z</sup>
Capitated Mental Health	\$ 3.7	N/A	\$ 84.6	N/A	N/A
Inpatient Hospital	\$ 19.3	N/A	\$ 179.0	N/A	N/A
Outpatient Hospital	\$ 10.7	N/A	\$ 77.6	N/A	N/A
Long Term Care	\$ 14.8	N/A	\$ 148.2	N/A	N/A
Pharmacy	\$ 10.1	N/A	\$ 103.1	N/A	N/A
Physician/Osteo Services <sup>‡</sup>	\$ 6.3	N/A	\$ 62.8	N/A	N/A
TOTAL HCF MEDICAID	\$ 153.9	N/A	\$ 1,256.4	N/A	N/A

Health Care System Measures	Number of Events	Rate per 100 Population	% Change <sup>s</sup> From Previous Year	Total Charges in Millions	% Change <sup>s</sup> From Previous Year
Overall Hospitalizations (2007)	278,952	9.7%	-0.7%	\$ 4,265.9	+10.1%
Non-maternity Hospitalizations (2007)	164,659	5.6%	-0.9%	\$ 3,554.6	+9.9%
Emergency Department Encounters (2007)	682,122	24.0%	-1.3%	\$ 781.0	+17.1%
Outpatient Surgery (2006)	304,511	11.3%	-3.1%	\$ 1,020.9	+7.7%

Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percent/Rate	% Change <sup>s</sup> From Previous Year
Overweight and Obesity (Adults 18+)	2008	1,924,274	1,119,500	58.2%	+0.5%
Cigarette Smoking (Adults 18+)	2008	1,924,274	179,200	9.3%	-20.4%
Influenza Immunization (Adults 65+)	2008	237,275	173,900	73.3%	-3.8%
Health Insurance Coverage (Uninsured)	2008	2,781,954	298,200	10.7%	+0.7%
Motor Vehicle Crash Injury Deaths	2007	2,699,554	269	10.0 / 100,000	-12.0%
Suicide Deaths	2007	2,699,554	368	13.6 / 100,000	-0.1%
Diabetes Prevalence	2008	2,781,954	129,500	4.7%	-1.0%
Coronary Heart Disease Deaths	2007	2,699,554	1,531	56.7 / 100,000	-5.1%
All Cancer Deaths	2007	2,699,554	2,547	94.3 / 100,000	-5.1%
Births to Adolescents (Ages 15-17)	2007	61,060	1,133	18.6 / 1,000	+13.5%
Early Prenatal Care	2007	55,063	43,728	79.4%	+0.5%
Infant Mortality	2007	55,063	284	5.2 / 1,000	+2.5%
Childhood Immunization (4:3:1:3:3:1)	2007	51,449	40,200	78.1%	+14.7%

† Influenza activity is local in Utah. Influenza-like illness activity is below baseline statewide. As of May 20, 2009, 241 seasonal influenza-associated hospitalizations and 122 cases of novel influenza have been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/flu>.

§ % Change could be due to random variation.

× The April budget amounts and budgeted fiscal YTD numbers are still under review due to changes involved with the 2nd Special Session budget changes and the FY 2009 incentive unemployment assumptions.

‡ Medicaid payments reported under Physician/Osteo Services do not include enhanced physician payments.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile virus has ended until the 2009 season.