Maine
Cancer Surveillance Report
2014

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Paul R. LePage, Governor — Mary C. Mayhew, Commissioner

Maine Center for Disease Control and Prevention

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Maine Cancer Surveillance Report 2014

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Acronyms

BRFSS	Behavioral Risk Factor Surveillance System
CDC	Center(s) for Disease Control and Prevention
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
FOBT	Fecal Occult Blood Test
FIT	Fecal Immunochemical Test
ICD	International Classification of Disease
MCR	Maine Cancer Registry
MIYHS	Maine Integrated Youth Health Survey
NCHS	National Center for Health Statistics
NPCR	National Program of Cancer Registries
PHQ-2	Patient Health Questionnaire-2
PSA	Prostate-Specific Antigen
SEER	Surveillance, Epidemiology, and End Results
SPF	Sun Protection Factor
UV	Ultraviolet
WHO	World Health Organization
YPLL	Years of Potential Life Lost
YRBS	Youth Risk Behavior Survey

Executive Summary

Cancer, also known as malignant neoplasm, is a group of diseases characterized by the uncontrolled growth of abnormal cells with the potential to spread to other parts of the body. In Maine, cancer is the leading cause of death as well as the leading cause of potential life lost before age 75. While cancer rates in both Maine and the U.S. have steadily declined over time, Maine's cancer death rates have remained consistently higher than U.S. rates. In 2010, nearly 8,300 Maine residents were diagnosed with cancer, and 3,247 people in Maine died from cancer.

For both youth and adults, there are a number of factors that can contribute to an increased risk of developing cancer. Although cancer risk generally increases with age, health behaviors and lifestyle choices such as tobacco and alcohol use, excess body weight, poor diet, physical inactivity, and excessive exposure to ultraviolet light are all known to increase an individual's risk of being diagnosed with cancer. Environmental factors, such as exposure to elevated levels of radon in indoor air, can also contribute to the risk of developing certain types of cancer.

The early detection of cancer through routine screening can help diagnose cancer early when treatment is more likely to be successful. Currently, population-level screening guidelines are available for breast, cervical, and colorectal cancers, along with lung cancer screening guidelines for high-risk individuals. Detecting cancer at an early stage can prevent or reduce the risk of illness or death and result in greater quality of life.

State and national data were analyzed and compared to understand the impact of cancer in Maine, including incidence and stage at diagnosis, mortality, cancer-related risk factors, screening rates, and survivorship. The key findings of this report are described below.

Key Findings

Incidence and Mortality

All Cancer

- During 2008-2010, an average of 8,321 new cancer cases were diagnosed per year. During this time, Maine's age-adjusted incidence cancer rate (496.8 per 100,000) was significantly higher than the overall U.S. SEER rate (467.1 per 100,000) and U.S. SEER white rate (475.8 per 100,000).

- From 2000 to 2010, the age-adjusted cancer incidence rates in Maine were consistently higher than the U.S. SEER overall rate and U.S. SEER white rate; these differences were statistically significant. Over this time, cancer incidence

rates in both Maine and the U.S. have significantly decreased, but Maine's rates are declining at a faster pace than U.S. rates.

- During 2008-2010, the age-adjusted cancer incidence rate among Maine males (558.7 per 100,000) was 23% higher than among females (452.6 per 100,000). From 2000 to 2010, Maine males had significantly higher cancer incidence rates than females; however, incidence rates among males are declining at a faster pace compared to females.

- Cancer is the leading cause of death in Maine. In 2010, cancer accounted for 3,247 deaths (34% of all deaths) in the state.

- In 2010, cancer was the leading cause of years of potential life lost before age 75 years in Maine, causing 23,202 years of potential life lost, with an estimated 28% of Maine's total years of potential life lost due to cancer.

- In 2010, Maine's age-adjusted all cancer death rate (186.6 per 100,000) was significantly higher than both the U.S. rate (171.8 per 100,000) and the U.S. white rate (171.4 per 100,000).

- From 2000 to 2010, the all cancer death rates in Maine and the U.S. have steadily declined, but Maine's rates were consistently higher than rates for the U.S. overall and U.S. whites.

- In 2010, the age-adjusted cancer death rate among Maine males (226.0 per 100,000) was 43% higher than the cancer death rate among females. (158.5 per 100,000). Maine males had significantly higher cancer death rates than females from 2000 to 2010, but over this time, death rates among males were declining at a similar (not significantly different) pace as the rate among females.

Bladder Cancer

- During 2008-2010, an average of 461 Mainers per year were diagnosed with bladder cancer. During this time, Maine's age-adjusted incidence rate for bladder cancer (27.3 per 100,000) was 29% higher than the U.S. SEER overall rate (21.1 per 100,000) and 18% higher than the U.S. SEER white rate (23.2 per 100,000); these were significant differences.

- From 2000 to 2010, the age-adjusted bladder cancer incidence rates in Maine were consistently and significantly higher than the U.S. SEER overall rate and U.S. SEER white rate.

- During 2008-2010, Maine's bladder cancer incidence rate among males (46.4 per 100,000) was almost 4 times the bladder cancer incidence rate among females (12.5 per 100,000). From 2000 to 2010, bladder cancer incidence rates among Maine females and males did not significantly change.

- In 2010, 106 Mainers died from bladder cancer. That year, Maine's age-adjusted bladder cancer death rate (6.1 per 100,000) was significantly higher than the U.S. overall rate (4.4 per 100,000) and U.S. whites (4.6 per 100,000). Bladder cancer death rates in Maine have been fairly constant between 2000 and 2010.

- In 2010, the age-adjusted bladder cancer death rate among Maine males (11.6 per 100,000) was 5 times the bladder cancer death rate among females (2.2 per 100,000). Bladder cancer death rates have not changed significantly among either Maine males or females between 2000 and 2010.

Breast Cancer (female only)

- During 2008-2010, an average of 1,105 females were diagnosed with breast cancer in Maine each year. During this time, Maine's age-adjusted incidence rate for breast cancer of 124.5 per 100,000 was similar to (not significantly different from) the overall U.S. SEER rate (128.0 per 100,000); however, Maine's rate was significantly lower (5.2%) than the U.S. SEER white rate (131.4 per 100,000).

- In Maine, breast cancer incidence rates significantly decreased from 137.2 per 100,000 during 2000-2002 to 124.5 per 100,000 during 2008-2010, with a 9% decrease and an annual average decline of 1.2% over this period, which was similar to the decline for the U.S. SEER overall and U.S. SEER white females.

- During 2008-2010, 73.6% of new breast cancer cases were diagnosed at an early stage. Maine females were diagnosed with breast cancer at early, late and unknown stages at similar proportions as U.S. SEER females and U.S. SEER white females, with most females being diagnosed for breast cancer at an early stage.

- In 2010, 195 Maine females died from breast cancer. In that year, Maine's age-adjusted death rate for breast cancer (20.1 per 100,000) was similar to (not significantly different from) the rate for all U.S. females (21.9 per 100,000) and U.S. white females (21.3 per 100,000), but the difference was not significant. Maine's age-adjusted breast cancer death rates have decreased slightly, but not significantly, from 2000 to 2010.

Cervical Cancer

- During 2008-2010, an average of 47 new cervical cancer cases were diagnosed in Maine each year. During this time, Maine's age-adjusted cervical cancer incidence rate (6.4 per 100,000) was similar to the rate among the U.S. SEER overall (6.8 per 100,000) and U.S. SEER whites (6.6 per 100,000). This was not a significant difference.

- From 2000 to 2010, the age-adjusted cervical cancer incidence rates in Maine were similar to (not significantly different from) the U.S. SEER rate and the U.S. SEER white rate.

- During 2008-2010, less than half of all new cervical cancer cases were diagnosed at an early stage (45.8%). There was no significant difference in cervical cancer diagnosis at early or late stage for Maine and U.S. females.

- Thirteen Maine females died from cervical cancer in 2010. In that year, the age-adjusted cervical cancer death rate in Maine (1.4 per 100,000) was slightly, but not significantly, lower than the rate among the U.S. overall and U.S. whites (2.3 and 2.1 per 100,000, respectively). Although the relatively small number of cervical cancer deaths between 2000 and 2010 makes it difficult to determine if a trend exists, Maine's cervical cancer death rates appear to have remained fairly constant over the past decade.

Colorectal Cancer

- During 2008-2010, an average of 724 Maine adults were diagnosed with colorectal cancer each year. The age-adjusted colorectal cancer incidence rate in Maine (43.1 per 100,000) was not significantly different from the U.S. SEER overall rate (42.9 per 100,000) or the U.S. SEER white rate (41.8 per 100,000) over this period.

- From 2000 to 2010, Maine's age-adjusted colorectal cancer incidence rates were significantly higher than the rates for U.S. SEER overall except in 2007-2009 and 2008-2010, and the rates for U.S. SEER whites except in 2008-2010.

- During 2008-2010, the age-adjusted colorectal cancer incidence rate among Maine males (48.8 per 100,000) was 28% higher than the incidence rate among females (38.1 per 100,000). Colorectal incidence rates among both Maine males and females have significantly declined between 2000 and 2010, but rates among females are declining more slowly than males.

- During 2008-2010, new colorectal cancer cases were significantly more likely to be diagnosed at a late stage (49.2%) than an early stage (44.7%) in Maine, which is similar to the pattern in the U.S.

- In 2010, 209 Maine adults died from colorectal cancer. The age-adjusted colorectal cancer death rate in Maine (16.4 per 100,000) was similar to (not significantly different from) the U.S. overall rate (15.5 per 100,000) and the U.S. white rate (15.0 per 100,000). From 2000 to 2010, colorectal cancer death rate in Maine has declined significantly from 23.0 per 100,000 in 2000 to 16.4 per 100,000 in 2010.

- In 2010, the age-adjusted colorectal cancer death rate among Maine males (20.9 per 100,000) was 60% higher than the death rate among females (13.1 per 100,000). Colorectal cancer death rates were consistently higher among Maine males than females from 2000 to 2010, and the death rates have declined more slowly among males than females.

Lung Cancer

- During 2008-2010, an average of 1,294 adults were diagnosed with lung cancer in Maine each year. Maine's age-adjusted lung cancer incidence rate (76.3 per 100,000) was significantly higher than the U.S. SEER overall rate (58.9 per 100,000; 30% higher) and the U.S. SEER white rate (59.7 per 100,000; 28% higher) over this 3-year period.

- Maine's age-adjusted lung cancer incidence rate did not change significantly from 2000 to 2010, but the rates do appear to have consistently declined between 2003-2005 and 2008-2010. There was a significant decrease in lung cancer incidence rates from 2000 to 2010 for both U.S. SEER overall and U.S. SEER whites with about an 8% total decrease and an annual average decline of 1.0%.

- During 2008-2010, the lung cancer incidence rate among Maine males (88.4 per 100,000) was significantly higher (31%) than the rate among females (67.5 per 100,000). Lung cancer incidence rates have declined among Maine males, but not among Maine females.

- In Maine, 75.2% (57.1 per 100,000) of lung cancers occurred at a late stage during 2008-2010. The proportion of lung cancer cases diagnosed at an early, late, or unknown stage in Maine is similar to those the U.S. overall and U.S. whites. Maine females are more likely to have lung cancer diagnosed at an early stage than males.

- Lung cancer has the highest cancer death rate in Maine. In 2010, a total of 957 Mainers died from lung cancer. Maine's age-adjusted lung cancer death rate decreased significantly from 63.5 per 100,000 in 2002 to 55.1 per 100,000 in 2010; this was a 13.2% decrease over the 9-year period, and an average annual decline of 1.7%, which was similar to the decline for U.S overall and U.S. whites. Since 2002, there has been a significant decline in lung cancer death rates in Maine, but Maine's rates remain significantly higher than U.S. rates during this period.

- In 2010, the age-adjusted lung cancer death rate among Maine males (66.1 per 100,000) was 40% higher than the rate among females (47.0 per 100,000). From 2000 to 2010, lung cancer death rates have significantly declined among Maine males, but not Maine females.

Melanoma

- During 2008-2010, an average of 355 Mainers were diagnosed with melanoma each year. During this time, Maine's age-adjusted melanoma incidence rate (21.9 per 100,000) was similar to, and not significantly different from, the overall U.S. SEER rate (23.2 per 100,000), but significantly lower than the U.S. SEER white rate.

- In Maine, melanoma age-adjusted incidence rates significantly increased from 2000-2002 (19.8 per 100,000) to 2003-2005 (22.7 per 100,000), and then stabilized through 2008-2010. In contrast, U.S. SEER white rates steadily increased and were consistently higher than Maine's rates from 2000-2002 to 2008-2010.

- During 2008-2010, the age-adjusted melanoma incidence rate among Maine males (26.6 per 100,000) was 45% higher than the rate among females (18.4 per 100,000. From 2000 to 2010, Maine males had consistently higher melanoma incidence rates than females.

- In 2010, 54 Mainers died from melanoma. In 2010, Maine's age-adjusted melanoma death rate (3.1 per 100,000) was similar to (not significantly different from) the overall U.S. rate (2.7 per 100,000) and the U.S. white rate (3.2 per 100,000). Melanoma death rates have remained steady in Maine between 2000 and 2010.

- In 2010, the melanoma death rate among Maine males (4.9 per 100,000) was more than twice the death rate among females (1.8 per 100,000). Melanoma cancer death rates did not change significantly among Maine males from 2000 to 2010.

Prostate Cancer

- An average of 1,061 Maine males were diagnosed with prostate cancer each year during 2008-2010. Maine's age-adjusted prostate cancer incidence rate has significantly decreased from 181.2 per 100,000 during 2000-2002 to 129.4 per 100,000 during 2008-2010, a 28.6% decline and an average annual decline of 4.0%.

- During the first part of the 2000-2010 decade, the age-adjusted prostate cancer incidence rates in Maine were similar to rates among the U.S. SEER overall and U.S. SEER white males. Maine's prostate cancer incidence rates have declined faster than the U.S. SEER rates in recent years; however, Maine's rates during 2007-2009 and 2008-2010 were significantly lower than the U.S. SEER and SEER white rates.

- In Maine, nearly 80% (77.9%) of new prostate cancer cases were diagnosed at an early stage. Maine males are less likely to have prostate cancer diagnosed at an early stage compared to U.S. SEER males and U.S. SEER white males.

- In 2010, 144 Maine males died from prostate cancer. In that year, the age-adjusted prostate cancer death rate among Maine males was 21.0 per 100,000, which is similar to the rate for all U.S. males and U.S. white males. From 2000 to 2010, prostate cancer death rates have significantly decreased among Maine males, with an average annual decrease of 4.8%.

Tobacco-related Cancer (excluding lung)

- During 2008-2010, an average of 1,526 Maine adults were diagnosed with tobacco-related cancer each year. During this time, the age-adjusted tobacco-related cancer incidence rate in Maine was 90.4 per 100,000, significantly higher than the U.S. SEER overall rate of 82.1 per 100,000 and U.S. SEER white rate of 83.4 per 100,000.

- The age-adjusted tobacco-related cancer incidence rates in Maine remained steady between 2000 and 2010, and none of the rates were significantly different across this period. In contrast, U.S. SEER overall tobacco-incidence rates have increased significantly over the 2000-2010 decade, though the absolute changes are relatively small.

- During 2008-2010, the age-adjusted tobacco-related cancer incidence rate among Maine males (131.6 per 100,000) was twice the rate among females (57.4 per 100,000); this difference was statistically significant. Tobacco-related

incidence rates have not changed consistently or significantly among either Maine males or females from 2000 to 2010.

- In 2010, 646 Maine residents died from tobacco-related cancer. That year, Maine's age-adjusted tobacco-related cancer death rate (37.3 per 100,000) was slightly, but not significantly, higher than the rate for U.S overall (34.6 per 100,000) and U.S. whites (34.4 per 100,000). Maine's age-adjusted tobacco-related cancer death rates have not significantly declined from 2000 to 2010.

- In 2010, the age-adjusted death rate from tobacco-related cancer among Maine males (53.6 per 100,000) was twice the death rate among females (24.3 per 100,000). Tobacco-related death rates have not declined consistently or significantly among either Maine males or females from 2000 to 2010.

Risk Factors

Adults

- In 2011, 26.1% of Maine adults currently used any type of tobacco product including smokeless tobacco. In 2012, 48.6% of Maine adults had never smoked, 31.1% were former smokers and 20.3% were current smokers. The prevalence of current smoking is similar in Maine and the U.S., while the prevalence of former smokers is higher among Maine adults than the U.S. adults.

- In 2012, over one-third (34.8%) of Mainers were at a healthy weight, while 36.4% were overweight and 28.8% were obese. There were no significant differences in prevalence rates between Maine and U.S. adults.

- Only 20.6% of Maine adults adhered to weekly aerobic and muscle strengthening activities according to U.S. CDC recommendations in 2011; this percentage was not significantly different for U.S. adults.

- The prevalence of Maine adults who were heavy drinkers was 6.7% in 2012, which was not statistically different than the prevalence among U.S. adults.

- Maine adults consume one fruit and two vegetables each day, which is similar to the amount of fruit and vegetables consumed by U.S. adults daily.

- During 2011-2012, 5.4% of Maine adults used artificial sources of ultraviolet light for tanning purposes, with the highest prevalence among females (7.9%) and young adults (8.3%).

- In 2010, 33.1% of Maine adults routinely used sunblock when outside on a sunny summer day for more than an hour and the trend has not significantly changed from 2000 to 2010.

- Among Maine adults, 40.9% routinely used at least one protective measure (i.e., wearing a hat to shade face, ears, or neck against the sun, wearing a long-sleeved shirt, or staying in the shade) against sun exposure when outside on a sunny summer day for more than one hour in 2010. A significantly lower percentage of Maine females (34.3%) to routinely use at least one protective measure against sun exposure compared to males (47.6%).

Youth

- In 2013, 18.2% of Maine high school students and 3.8% of Maine middle school students had used any type of tobacco products in the past 30 days. Maine high school students were significantly less likely to use any tobacco product than U.S. high school students.

- Nearly 70% (69.7%) of Maine high school students and 65.7% of Maine middle students were at a healthy weight, while 28.7% of high school students and 31.7% of middle school students were either overweight or obese in 2013. The prevalence of overweight and obese was similar among Maine and U.S. high school students.

- In Maine, high school students (22.4%) were significantly less likely to engage in at least 60 minutes of physical activity compared to middle school students (28.7%). Maine high school students were less likely to participate in daily physical activity than U.S. high school students (27.1%).

- In 2013, Maine high school students (16.8%) were significantly less likely to consume fruits and/or vegetables 5 or more times per day compared to middle school students (19.3%).

- A significantly higher percentage of Maine high school students (15.0%) used an indoor tanning device at least once in the past 12 months compared to middle school students (6.1%) in 2013.

- Maine's middle school students (28.7%) were significantly more likely to routinely use sunscreen compared to high school students (19.7%) in 2013. Maine high school students had a higher prevalence of routine sunscreen use compared to U.S. high school students (10.1%).

Environmental

- Nearly one-third (31.4%) of Maine homes were tested for radon in indoor air in 2012. Since 2009, the prevalence of radon testing in Maine homes has remained relatively constant.

- Among the Maine homes tested for radon in 2012, 16.3% had elevated radon levels in indoor air.

- In 2012, among Maine homes with elevated radon levels in indoor air, the majority (78.4%) of these homes had radon levels mitigated.

Screening

- Breast cancer screening is higher among Maine females than U.S. females. In 2012, among Maine females ages 40 years and older, 79.6% had a mammogram within the past two years compared to 77.0% of U.S. females. Among Maine females ages 50 years and older, 82.1% had a mammogram within the past two years compared to 74.0% of U.S. females.

- In 2012, nearly 90% (88.0%) of Maine females ages 21−65 years with an intact cervix reported having a Pap test within the past three years. The prevalence of cervical cancer screening remained constant in Maine between 2002 and 2010.

- In 2012, the prevalence rate of up-to-date colorectal cancer screening among Maine adults ages 50 years and older was 72.2%. Colorectal cancer screening prevalence rates in Maine have stayed constant since 2008.

- More than one-third of Maine adults report having oral cancer screening. From 2011 to 2012, the prevalence of oral cancer screening among Maine adults ages 18 years and older significantly increased from 26.9% to 34.8%.

- Nearly half of Maine males report having prostate cancer screening. In 2012, 49.6% of Maine males ages 50 years and older had a PSA test for prostate cancer screening within the past two years.

Survivors

- During 2011-2012, an estimated 125,944 (12.0%) of Maine adults were cancer survivors.

- Compared to other Maine adults, cancer survivors in Maine were more likely to be female, older, have at least a college education, and have lower household income.

- Maine cancer survivors were more likely to have health insurance than other Maine adults and were more likely to have Medicare.

- Compared to Maine adults without a history of cancer, cancer survivors have a significantly higher prevalence of chronic disease including coronary heart disease or stroke, current asthma, diabetes, and chronic obstructive pulmonary disease.

- Sixteen percent of cancer survivors in Maine have two or more chronic diseases compared to 7.0% of other Maine adults.

Introduction

Every year, more than 8,000 Mainers are diagnosed with cancer and more than 3,000 die due to cancer. Cancer is the leading cause of death in Maine, and Maine's cancer incidence and mortality rates are significantly higher than national rates. The Maine Center for Disease Control and Prevention (Maine CDC) is committed to reducing the burden of cancer in Maine through programs that promote healthy behaviors, improve access to preventative services, and enhance use of surveillance data to monitor and evaluate statewide patterns in cancer incidence (new cases) and deaths to support targeted public health interventions and improve cancer prevention, treatment and control planning.

The *Maine Cancer Surveillance Report 2014* was produced through a collaboration of the Maine CDC Cancer Prevention and Control Programs (Breast and Cervical Health Program, Comprehensive Cancer Control Program, Colorectal Cancer Control Program and Maine Cancer Registry) and the University of Southern Maine Chronic Disease Epidemiology staff. The *Report* provides a comprehensive source of current cancer data for the state of Maine, including incidence and mortality data collected from 2000-2010 for all cancers combined, as well as for nine specific cancers, including the six most common cancer sites in Maine: lung and bronchus, tobacco-related cancer (excluding lung), colorectal, female breast, prostate and bladder. Current data for two cancers where preventive measures are available (cervical and melanoma) are also provided. The *Report* expands on cancer surveillance beyond incidence and mortality to include data on cancer-related risk factors and behaviors, cancer screening, and cancer survivorship, reporting data from state and national surveillance systems.

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.

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 leading cause of death in Maine and the second most common cause of death in the United States.[1]

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 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 also increase a person's risk for developing cancer. For example, it is estimated that 30% of all cancers are related to tobacco use. Nutritional factors and physical activity habits also contribute to an individual's cancer risk. Overweight and obesity are associated with increased risk for developing a number of cancers, increased risk of cancer recurrence in survivors, and decreased survival rates for several cancers. In 2003, overweight and obesity were identified as contributing factors to 14% to 20% of cancer-related mortality. A small number of cancers have genetic risk factors.

Maine's Cancer Surveillance System

This report was developed utilizing the *Maine Cancer Surveillance Plan 2013,* which provides a framework for the Maine CDC's routine analysis, interpretation, and use of cancer surveillance data.[2] The *Plan* outlines the selected indicators related to surveillance efforts in cancer screening, prevention and survivorship, as well as available data sources and intended analysis for each measure. Data on environmental risk factors, as well as adult health risk behaviors, cancer screening and cancer survivorship is collected through the Maine Behavioral Risk Factor Surveillance System. Data on youth behavioral risk factors is collected through the Maine Integrated Youth Health Survey.

Cancer incidence data are obtained from the Maine Cancer Registry (MCR) and the National Cancer Institute's Surveillance, Epidemiology, and End Results Program. Cancer mortality data were derived from the National Vital Statistics System. Each year, the

MCR produces the *Maine Annual Cancer Report*, containing Maine's most recent cancer incidence and mortality data.[3]

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Cancer Incidence

This chapter examines cancer incidence (new cases) among Maine residents. We examine the stage of cancer at time of diagnosis, which is a measure of how early or late in the growth process the cancer is commonly diagnosed in Maine. This data provides us with information about whether specific cancers are being diagnosed at an early stage, when treatment can be most beneficial. We also compare Maine incidence and stage at diagnosis data with U.S. and U.S. white comparison data.

This chapter is divided into two main sections:

Section I: Incidence
Section II: Stage at Diagnosis

We present incidence data and statistics for all cancers combined, and for eight specific cancer types, presented in alphabetical order as follows:

- Bladder cancer
- Breast cancer (female only)
- Cervical cancer
- Colorectal cancer
- Lung cancer (including bronchus)
- Melanoma
- Prostate cancer
- Tobacco-related cancer (excluding lung cancer)

Of the cancers listed, five cancers account for the largest percentage of new cancer cases in Maine each year (in order) — lung, tobacco-related (excluding lung), colorectal cancer, and breast cancer among women and prostate cancer among men. Other cancers presented (e.g., bladder, cervical, and melanoma) contribute to fewer new cancer cases in Maine, but are included because they are of interest to statewide stakeholders and partners in cancer prevention and control.

For some cancers, the number of new cases in a one-year period is too small to calculate reliable rate estimates. In this chapter, we combined data for all cancers into 3-year aggregate (e.g., 2000-2002) data to obtain stable rate estimates for interpretation.

Maine incidence data are from the Maine CDC Cancer Registry, a statewide population-based surveillance system of cancer diagnoses. Incidence data used for U.S. comparisons are obtained from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program, which aggregates incidence data from multiple state and local cancer registries to provide a more generalized perspective of cancer incidence in the U.S. population. In this report, we used data from SEER 9, which

includes registries from Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah. The SEER 9 registry represents 9.4% of U.S. population, so the number of new cases represents only a fraction of the total number of new cancer cases diagnosed in the entire U.S. in that specific time frame. See Appendix IV for more information about SEER registries.

Section I: Incidence

All cancer

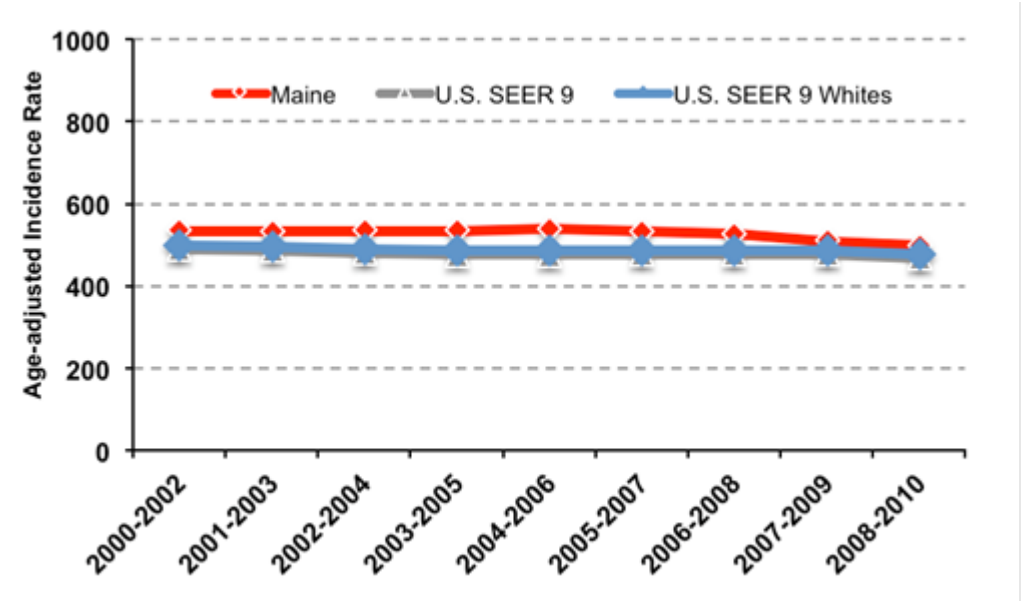
This section focuses on incidence from all types of cancer combined. In this section, "cancer incidence" and "cancer incidence rates" means incidence and incidence rates for all types of cancer combined.

How do cancer incidence rates in Maine compare to those of the U.S.?

Cancer rates in Maine are significantly higher than U.S. rates.

- From 2000 to 2010, the age-adjusted cancer incidence rates in Maine were consistently higher than the U.S. SEER overall rate and U.S. SEER whites rate; these differences were statistically significant (*Table 2.1, Figure 2.1)*.

Figure 2.1. All Cancer Incidence Rates by 3-Year Period, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Rates are calculated using SEER*Stat Version 8.1.5.
All cancer: SEER Site Recode: 20010-37000 (which include ICD-O-3 codes: C00-C97).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, Maine's age-adjusted incidence cancer rate (496.8 per 100,000) was significantly higher than the overall U.S. SEER rate (467.1 per 100,000) and U.S. SEER whites rate (475.8 per 100,000; *Table 2.1, Figure 2.1*).

- In Maine, the age-adjusted cancer incidence rate among males (558.7 per 100,000) was significantly higher (4%) than the rate for both U.S. SEER males (533.3 per 100,000) and U.S. SEER white males (536.6 per 100,000) during 2008-2010. The rate for Maine females (452.6 per 100,000) was significantly higher than the rate of U.S. SEER females (420.1 per 100,000; 8% higher) and U.S. SEER white females (432.9 per 100,000; 4% higher; *Table 2.2*).

What are the trends in cancer incidence rates in Maine?

Cancer incidence rates in both Maine and the U.S. are decreasing. Maine's cancer incidence rates have remained consistently higher than U.S. rates, but are declining at a faster pace than U.S. rates.

- During 2008-2010, an average of 8,321 new cancer cases were diagnosed per year (*Table 2.1*).

- Maine's age-adjusted cancer incidence rate significantly decreased (7.0%) from 534.3 per 100,000 during 2000-2002 to 496.8 per 100,000 during 2008-2010; most of this decline has occurred since 2004-2006 (*Table 2.1*; *Figure 2.1*).

- The average annual decline in Maine's cancer incidence rate (0.9%) indicates a faster decline in the rate of new cancer cases in the state compared to the average decline in the U.S. SEER overall rate (0.5%) and U.S. SEER whites rate (0.6%) from 2000 to 2010 (*Table 2.1*; *Figure 2.1*).

Are there differences in cancer incidence rates by sex in Maine?

Maine males have significantly higher cancer incidence rates than females, but rates among males are declining at a faster pace than among females.

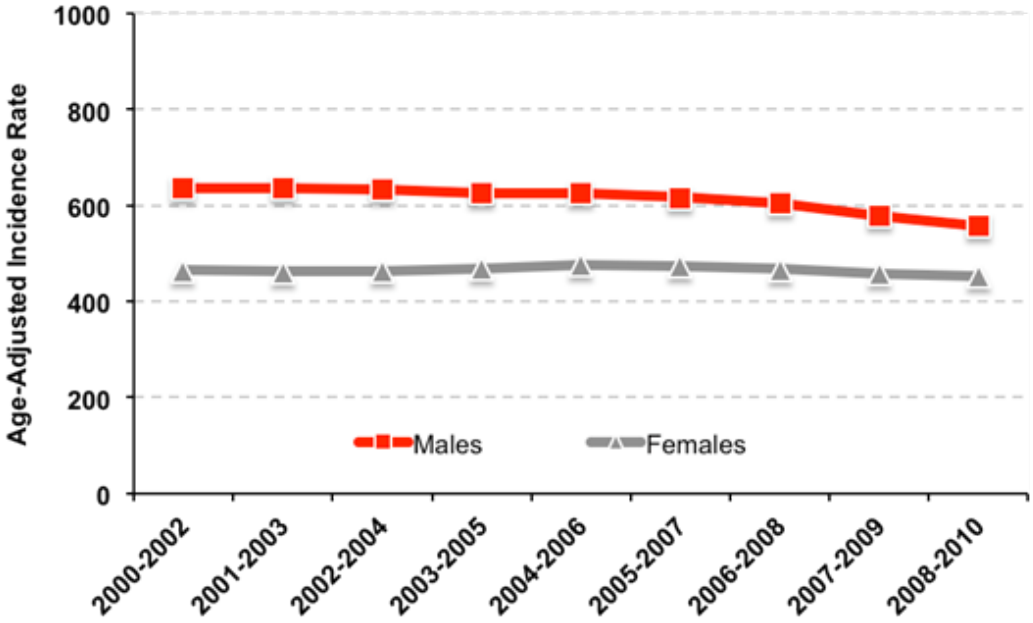
- In Maine, males had significantly higher cancer incidence rates than females from 2000 to 2010 (*Table 2.2*; *Figure 2.2*).

- During 2008-2010, the age-adjusted cancer incidence rate among Maine males (558.7 per 100,000) was 23% higher than that among females (452.6 per 100,000; *Table 2.2*; *Figure 2.2*).

- From 2000 to 2010, males had significantly higher cancer incidence rates than females in Maine; however, incidence rates among males were declining at a

faster pace (average annual decline: 1.6%) compared to females (average annual decline: 0.3%) over this period (*Table 2.2*; *Figure 2.2*).

Figure 2.2. All Cancer Incidence Rates by 3-Year Period and Sex, Maine, 2000-2010



Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). Rates are calculated using SEER*Stat Version 8.1.5.
All cancer: SEER Site Recode: 20010-37000 (which include ICD-O-3 codes: C00-C97).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Are there differences in cancer incidence rates by age group in Maine?

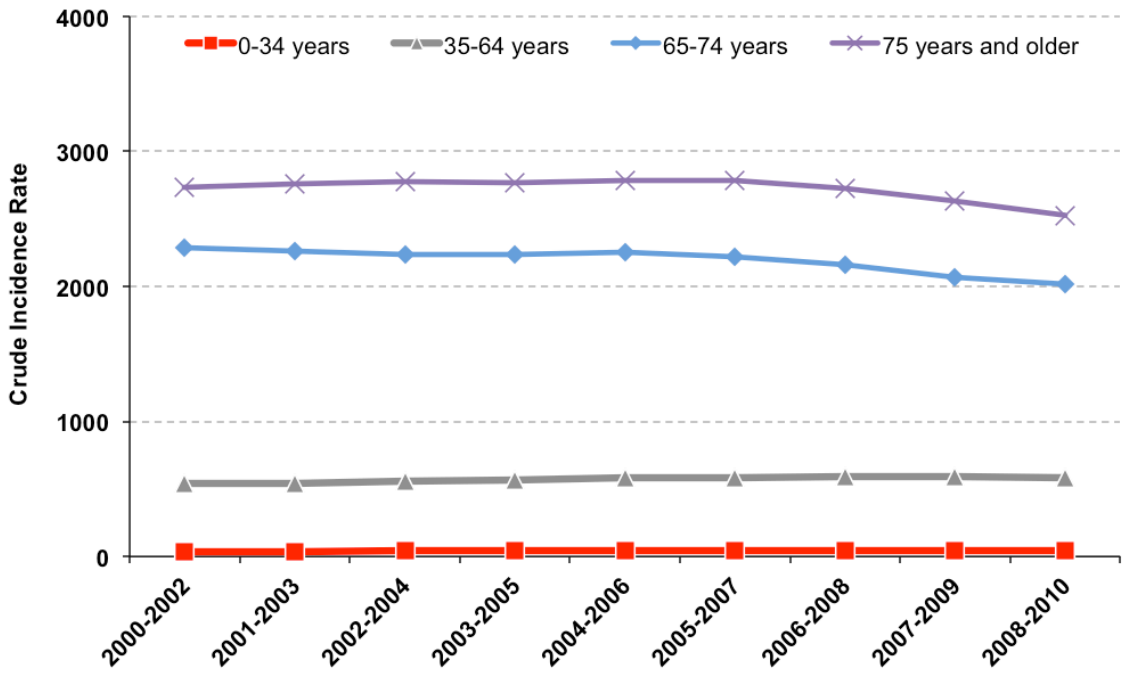
In Maine, cancer incidence rates increase with increasing age.

- In Maine, cancer incidence rates increased with age during 2000 to 2010, which was similar to the age pattern observed for the U.S. SEER overall and U.S. SEER whites (*Table 2.3*).

- Cancer incidence rates among Mainers ages 75 and older vary from year to year during 2000 to 2010, but only rates in 2007-2009 and 2008-2010 were significantly lower than previous years. From 2000 to 2010, cancer incidence rates among Mainers ages 65−74 years were steady until the latter part of the decade; rates in 2006-2008, 2007-2009, and 2008-2010 were significantly lower than the 2000-2002 rate. Annual cancer incidence rates among Mainers ages 35−64 years significantly increased in the middle of the decade; rates from 2004-2006 and later years were significantly higher than the 2000-2002 rate. Among Mainers ages 0−34 years, the cancer incidence rates were fairly constant during

2000 to 2010; only the rate in 2002-2004 was significantly higher than the 2000-2002 rate (*Table 2.3, Figure 2.2*).

Figure 2.3. All Cancer Incidence Rates by 3-Year Period and Age Group, Maine, 2000-2010



Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). Rates are calculated using SEER*Stat Version 8.1.5.
All cancer: SEER Site Recode: 20010-37000 (which include ICD-O-3 codes: C00-C97).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, the crude cancer incidence rate among Mainers ages 75 years and older (2,527.2 per 100,000) was 1.3 times the rate of those ages 65–74 years (2,016.1 per 100,000), 4.3 times the rate of those ages 35–64 years (586.2 per 100,000), and 62.4 times the rate of those 0–34 years (40.5 per 100,000); these differences were statistically significant (*Table 2.3*; *Figure 2.3*).

Are there differences in cancer incidence rates by geography?

Counties and public health districts with the highest cancer incidence rates tend to be in eastern and western Maine.

- Oxford, Penobscot, and Washington counties had highest age-adjusted cancer incidence rates in Maine, but only Penobscot County's rate (547.3 per 100,000) was significantly higher (7%) than the state rate (511.0 per 100,000) during 2006-2010 (*Table 2.4*; *Map 2.1*).

- During 2006-2010, the age-adjusted cancer incidence rate in Penobscot County, the highest county rate in Maine (547.3 per 100,000), was significantly higher (18%) than the rate in Lincoln County, the lowest county rate in Maine (464.9 per 100,000; *Table 2.4*; *Map 2.1*).

- Penquis District had the highest age-adjusted cancer incidence rate among public health districts rate in the state (539.8 per 100,000), significantly higher (6%) than the state rate (511.0 per 100,000) and the rates of several other Maine districts (*Table 2.4, Map 2.2).*

See maps at the end of the chapter.

Bladder cancer

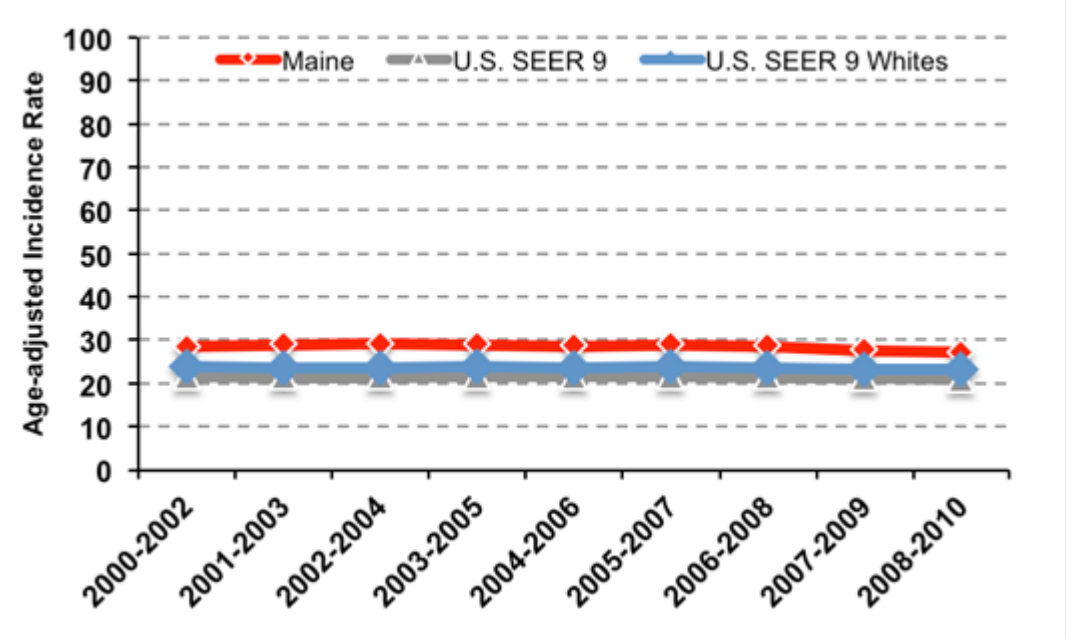
Bladder cancer in this section refers to urinary bladder cancer.

How do bladder cancer incidence rates in Maine compare to those of the U.S.?

Maine's bladder cancer incidence rates are consistently and significantly higher than the U.S. rates. Bladder cancer incidence rates are significantly higher in Maine females and males than U.S. counterparts.

- From 2000 to 2010, the age-adjusted bladder cancer incidence rates in Maine were consistently and significantly higher than the U.S. SEER overall rate and U.S. SEER white rate (*Table 2.5, Figure 2.4)*.

Figure 2.4. Bladder Cancer Incidence Rates by 3-Year Period, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Bladder cancer: SEER Site Recode ICD-O-3: 29010 (which include ICD-O-3 code: C670-C679).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, Maine's age-adjusted incidence rate for bladder cancer (27.3 per 100,000) was 29% higher than the U.S. SEER overall rate (21.1 per 100,000) and 18% higher than the U.S. SEER white rate (23.2 per 100,000); these are significant differences (*Table 2.5, Figure 2.4)*.

- During 2008-2010, the age-adjusted bladder cancer incidence rate among Maine males (46.4 per 100,000) was 25% higher than the rate among U.S. SEER males (37.2 per 100,000) and 14% higher than the rate among U.S. SEER white males

(40.7 per 100,000); these differences are statistically significant. A similar, significant pattern was observed for Maine females. The rate for Maine females during this 3-year period (12.5 per 100,000) was 37% higher than the rate of U.S. SEER females (9.1 per 100,000) and 28% higher than the rate for U.S. SEER white females (9.8 per 100,000; *Table 2.6*).

What are the trends in bladder cancer incidence rates in Maine?

Bladder cancer incidence rates in Maine have stayed constant since 2000.

- During 2008-2010, an average of 461 Mainers per year were diagnosed with bladder cancer (*Table 2.5)*.

- Between 2000 and 2010, Maine's age-adjusted bladder cancer incidence rate remained steady (28.5 vs. 27.3 per 100,000), with no significant change over time period. Likewise, bladder cancer incidence rates for U.S SEER overall and U.S. SEER whites have not significantly changed over this time period (*Table 2.5, Figure 2.4)*.

Are there differences in bladder cancer incidence rates by sex in Maine?

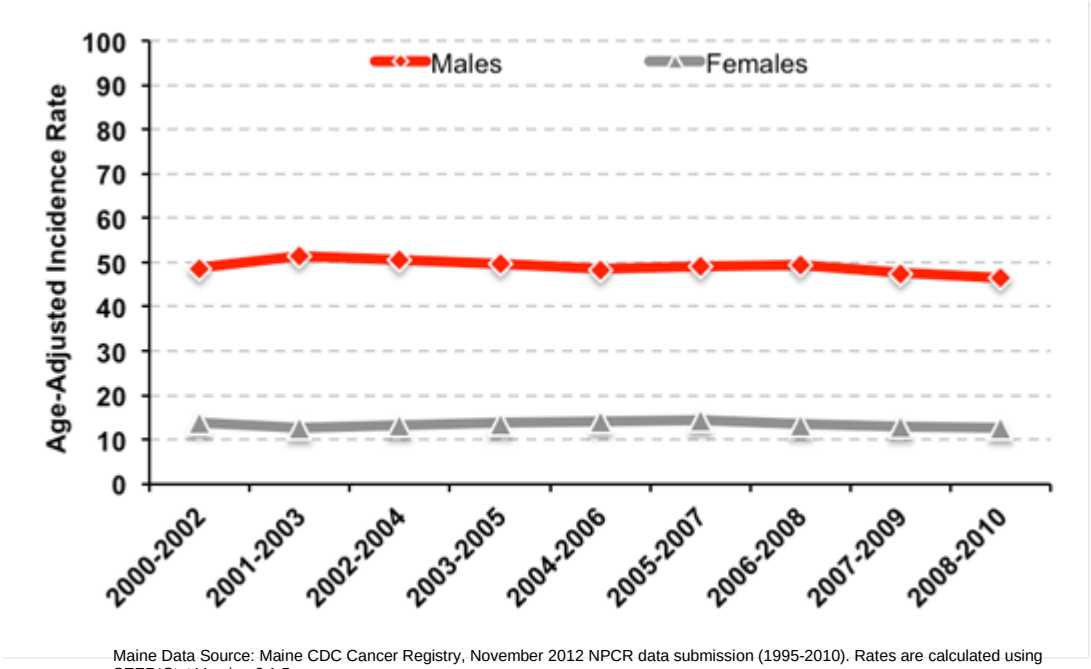
Maine males have significantly higher bladder cancer incidence rates than Maine females. Bladder cancer incidence rates have stayed constant from 2000 to 2010 for both males and females in Maine.

- Maine males had significantly higher bladder cancer incidence rates than females from 2000 to 2010 (*Table 2.6, Figure 2.5)*.

- During 2008-2010, Maine's age-adjusted bladder cancer incidence rate among males (46.4 per 100,000) was almost 4 times the bladder cancer incidence rate among females (12.5 per 100,000; *Table 2.6, Figure 2.5)*.

- During 2000 to 2010, bladder cancer incidence rates among Maine females and males have fluctuated from year to year, but there have been no significant changes in the rates over this period for either sex (*Table 2.6, Figure 2.5)*.

Figure 2.5. Bladder Cancer Incidence Rates by 3-Year Period and Sex, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Bladder cancer: SEER Site Recode ICD-O-3: 29010 (which include ICD-O-3 code: C670-C679).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Are there differences in bladder cancer incidence rates by age group in Maine?

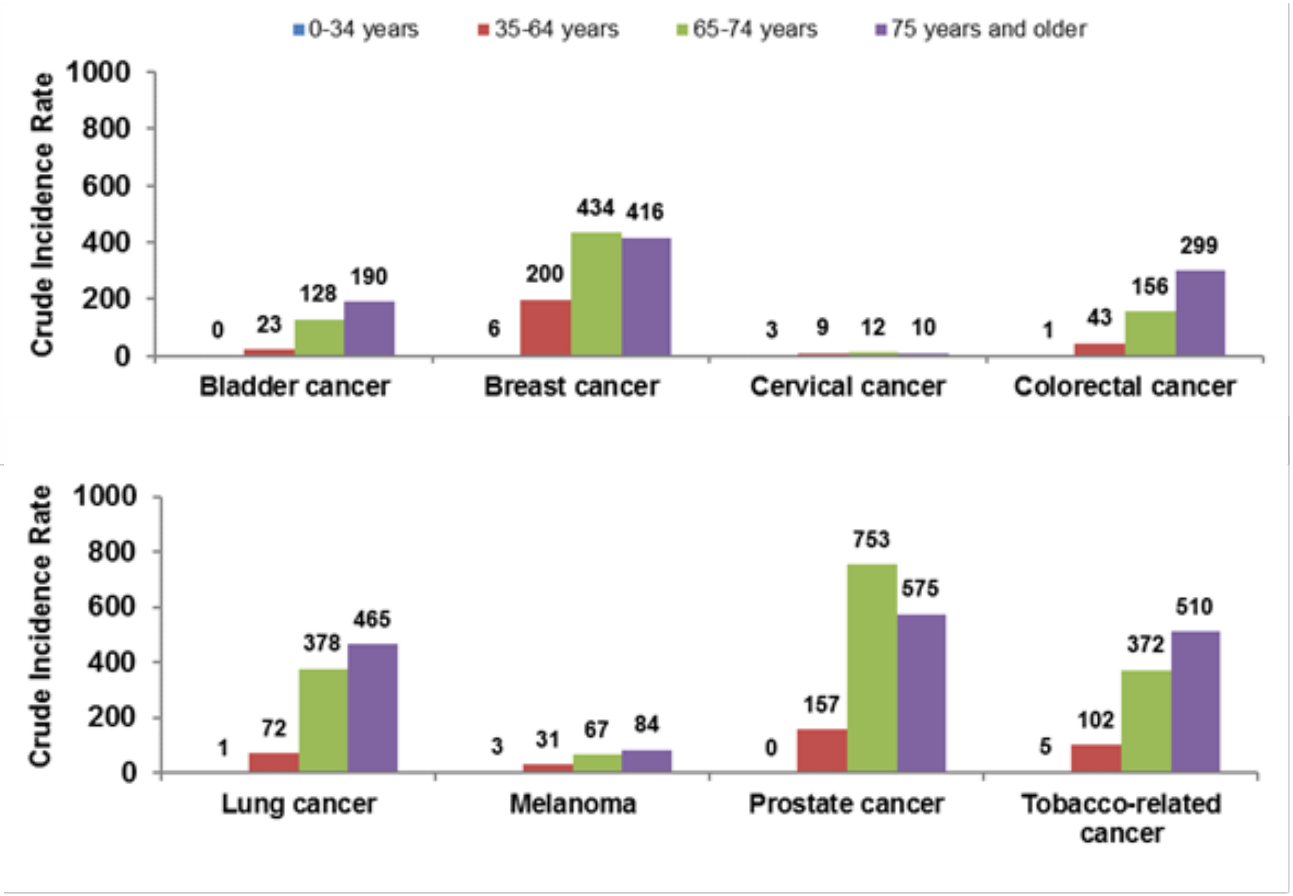
Bladder cancer incidence rates in Maine increase with age.

- In Maine, bladder cancer incidence rates increased with age during 2000 to 2010. Similarly, this age pattern was observed for the U.S. SEER overall and U.S. SEER whites (*Table 2.7*).

- During 2008-2010, the crude bladder cancer incidence rate among Mainers ages 75 years and older (189.7 per 100,000) was 1.5 times the rate of those ages 65–74 years (128.4 per 100,000), 8 times the rate of those ages 35–64 years (22.7 per 100,000), and 632 times the rate of those ages 0–34 years (0.3 per 100,000); these differences were statistically significant (*Table 2.7, Figure 2.6)*.

- While bladder cancer incidence rates appear to vary from year to year within each age group, none of these rates significantly differ over time within any of the age groups (*Table 2.7*).

Figure 2.6. Crude Incidence Rates by Type of Cancer and Age Group, Maine, 2008-2010



Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). Rates are calculated using SEER*Stat Version 8.1.5. Rates are new cases per 100,000 population.

Are there differences in bladder cancer incidence rates by geography?

Bladder cancer incidence rates do not vary greatly by county or public health district of residence in Maine.

- Although Androscoggin, Franklin, and York counties had the highest age-adjusted bladder cancer incidence rates in the state during 2006-2010, none of these rates were significantly higher than the overall Maine rate (*Table 2.8, Map 2.3)*.

- During 2006-2010, the age-adjusted bladder cancer rate in Waldo County (20.0 per 100,000) was significantly lower than the state rate (28.3 per 100,000) and the rates of Androscoggin and York counties (31.9 and 31.4 per 100,000, respectively; *Table 2.8, Map 2.3).*

- While York District had the highest age-adjusted bladder cancer incidence rate of the public health districts in the state during 2006-2010 at 31.4 per 100,000, its

rate was not significantly different from the overall Maine rate or the rate of any other district (*Table 2.8, Map 2.4)*.

See maps at the end of the chapter.

Breast cancer (female only)

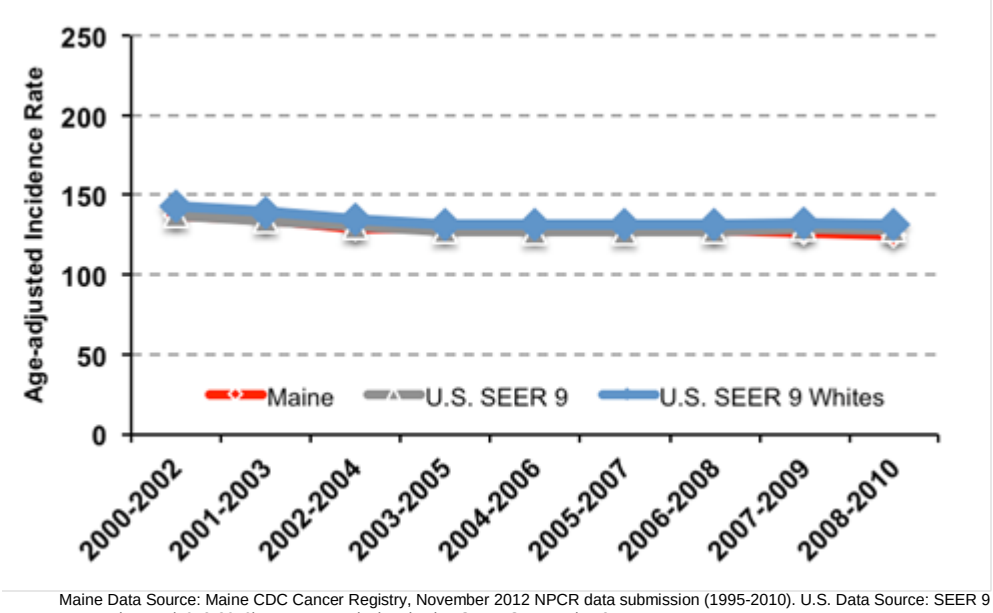
While breast cancer does occur among males, this section focuses on female breast cancer incidence. In this section, "breast cancer incidence" and "breast cancer incidence rates" means incidence and incidence rates for female breast cancer.

How do breast cancer incidence rates in Maine compare to those of the U.S.?

Breast cancer incidence rates in Maine are similar to U.S. rates, and significantly lower than U.S. white rates.

- From 2000 to 2010, the age-adjusted breast cancer incidence rates in Maine were similar to (and not significantly different from) the U.S. SEER overall rate. For most of the decade, Maine's breast cancer incidence rates were similar to the rates of U.S. SEER whites, except during 2007-2009 and 2008-2010 when Maine's rates were significantly lower than U.S. SEER white rates (*Table 2.9, Figure 2.7)*.

Figure 2.7. Female Breast Cancer Incidence Rates by 3-Year Period, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Breast Cancer: SEER Site Recode ICD-O-3: 26000 (which include ICD-O-3/WHO 2008 code: C500-C509).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, Maine's age-adjusted incidence rate for breast cancer of 124.5 per 100,000 was similar to (not significantly different from) the overall U.S. SEER rate (128.0 per 100,000), and was significantly lower (5.2%) than the U.S. SEER white rate (131.4 per 100,000; *Table 2.9, Figure 2.7*).

What are the trends in breast cancer incidence rates in Maine?

Breast cancer incidence rates are decreasing in Maine.

- During 2008-2010, an average of 1,105 females were diagnosed with breast cancer in Maine each year (*Table 2.9*).

- In Maine, age-adjusted breast cancer incidence rates significantly decreased from 137.2 per 100,000 during 2000-2002 to 124.5 per 100,000 during 2008-2010, with a 9% decrease and an annual average decline of 1.2% over this period (*Table 2.9, Figure 2.7)*.

- Similarly, age-adjusted breast cancer incidence rates declined significantly over this time period for the U.S. SEER overall and U.S. SEER whites. Maine's average annual decline (1.2%) was similar to the decline for U.S. SEER overall (0.8%) and U.S. SEER whites (1.0%; *Table 2.9, Figure 2.7*).

Are there differences in breast cancer incidence rates by age group in Maine?

Breast cancer incidence rates are highest among Maine females ages 65 years and older.

- During 2000 to 2010, breast cancer incidence rates were significantly higher among Maine females in the 65–74 and 75 years and older age groups compared to those in younger age groups (*Table 2.10*).

- Although Maine females ages 65–74 years appeared to have a higher crude breast cancer incidence rate (434.1 per 100,000) than those ages 75 years and older (415.7 per 100,000) during 2008-2010, there was no significant difference in the rates between these groups. However, during this time, the breast cancer incidence rates among Maine females ages 65–74 years and 75 years and older (434.1 and 415.7 per 100,000, respectively) were more than twice the rate of those ages 35–64 years (199.6 per 100,000), and more than 70 times the rate of those ages 0–34 years (5.7 per 100,000); these differences were statistically significant (*Table 2.10, Figure 2.6)*.

- Unlike Maine's age pattern, among U.S. SEER overall and white populations in 2008-2010, breast cancer incidence rates among females ages 65–74 years were significantly higher than females ages 75 years and older (*Table 2.10*).

- In Maine, breast cancer incidence rates within age groups younger than 75 years fluctuate a lot from year to year and tended to have large confidence intervals, making it difficult to statistically detect a trend if one existed. From 2000 to

2010, annual breast cancer incidence rates among Maine females in the 75 years and older age group suggest there is a declining trend, but there was no significant difference in the rates across this time period (*Table 2.10*).

Are there differences in breast cancer incidence rates by geography?

Breast cancer incidence rates do not vary greatly by county and public health district in Maine.

- While Kennebec, Hancock, Piscataquis and Waldo counties had the highest age-adjusted breast cancer incidence rates during 2006-2010, these rates were not significantly higher than Maine's overall rate (*Table 2.11, Map 2.5).*

- The breast cancer incidence rate in Kennebec County, the highest county rate in the state (age-adjusted rate: 137.1 per 100,000) was significantly higher (30%) than the rate in Aroostook County, the lowest county rate in the state (age-adjusted rate: 105.7 per 100,000; *Table 2.11, Map 2.5)*.

- During 2006-2010, only the rate in Aroostook (as a county and a public health district) at 105.7 per 100,000 was significantly lower (16%) than the state rate (126.4 per 100,000; *Table 2.11, Map 2.5 and Map 2.6).*

See maps at the end of the chapter.

Cervical cancer

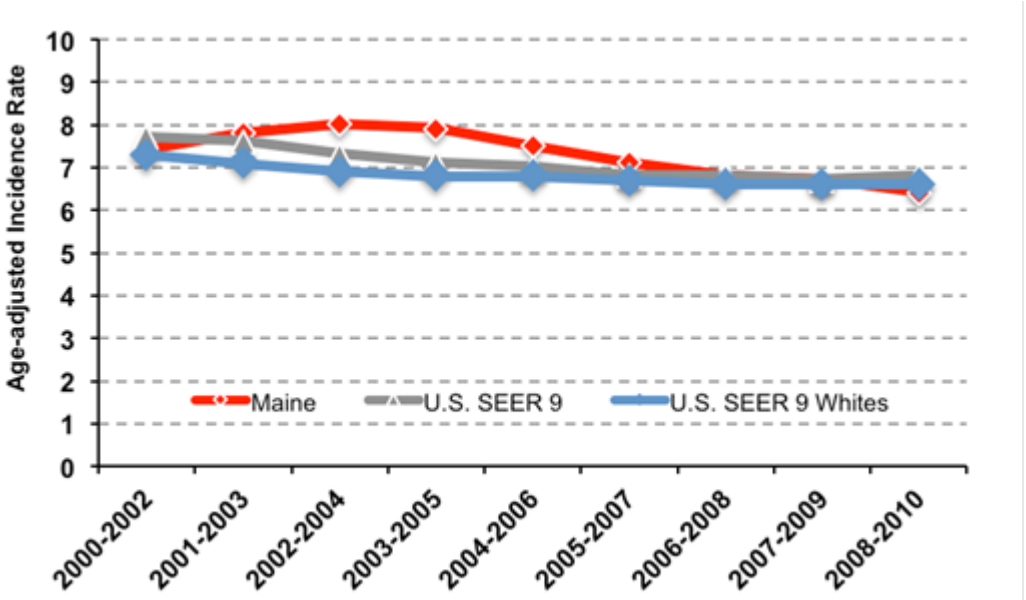
How do cervical cancer incidence rates in Maine compare to those of the U.S.?

Cervical cancer incidence rates in Maine are similar to rates for the U.S. overall and U.S. whites.

- From 2000 to 2010, the age-adjusted cervical cancer incidence rates in Maine were similar to (not significantly different from) the U.S. SEER rate and the U.S. SEER whites rate (*Table 2.12, Figure 2.8*).

- During 2008-2010, Maine's age-adjusted cervical cancer incidence rate (6.4 per 100,000) was similar to the rate among the U.S. SEER overall (6.8 per 100,000) and U.S. SEER whites (6.6 per 100,000). This was not a significant difference (*Table 2.12, Figure 2.8*).

Figure 2.8. Cervical Cancer Incidence Rates by 3-Year Period, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Cervical cancer: SEER Site Recode ICD-O-3: 27010 (which include ICD-O-3 code: C530-C539).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

What are the trends in cervical cancer incidence rates in Maine?

In Maine, cervical cancer incidence rates remained constant over the past decade.

- During 2008-2010, an average of 47 new cervical cancer cases were diagnosed in Maine each year (*Table 2.12*).

- While Maine's cervical cancer incidence rate appears to decrease from 2000-2002 to 2008-2010, the rates did not change significantly during this period (*Table 2.12, Figure 2.8)*.

- Unlike Maine, cervical cancer incidence rates among the U.S. SEER population were significantly lower in the latter part of the decade (2004-2006 through 2008-2010) compared to 2000-2002 and 2001-2003 rates. U.S. SEER whites also had a significant decrease in cervical cancer incidence rates during 2006-2008, 2007-2009, and 2008-2010 compared to the 2000-2002 rate (*Table 2.12, Figure 2.8)*.

Are there differences in cervical cancer incidence rates by age group in Maine?

Cervical cancer incidence rates among Maine females increase with age from 0–34 years to 35–64 years, and then stay constant across older age groups.

- Among Maine females, during 2000 to 2010, cervical cancer incidence rates significantly increased with age from the 0–34 years to age groups of 35 years and older. Cervical cancer incidence rates were similar among the 35–64, 65–74, and 75 years and older age groups (*Table 2.13*).

- Unlike Maine's age pattern, for the overall U.S. SEER and SEER white population, cervical cancer incidence rates significantly increased from the 0–34 years age group to the 35–64 and 65–74 age groups, but then significantly decreased in the 75 years and older age group (*Table 2.13*).

- During 2008-2010, the crude cervical cancer incidence rate among Maine females in the 35–64, 65–74, and 75 years and older (9.4, 11.6, and 9.5 per 100,000, respectively) age groups were 3.6, 4.5, and 3.7 times higher respectively, than the rate of those ages 0–34 years (2.6 per 100,000; *Table 2.13, Figure 2.6)*.

Are there differences in cervical cancer incidence rates by geography?

The number of cervical cancer incidence rates by Maine county and public health district in 2006-2010 were too small to assess geographic differences.

The relatively small number of cervical cancer incidences at the county and public health district level in Maine during 2006-2010 make it difficult to assess geographic differences (*Table 2.14*).

Colorectal cancer

How do colorectal cancer incidence rates in Maine compare to those of the U.S.?

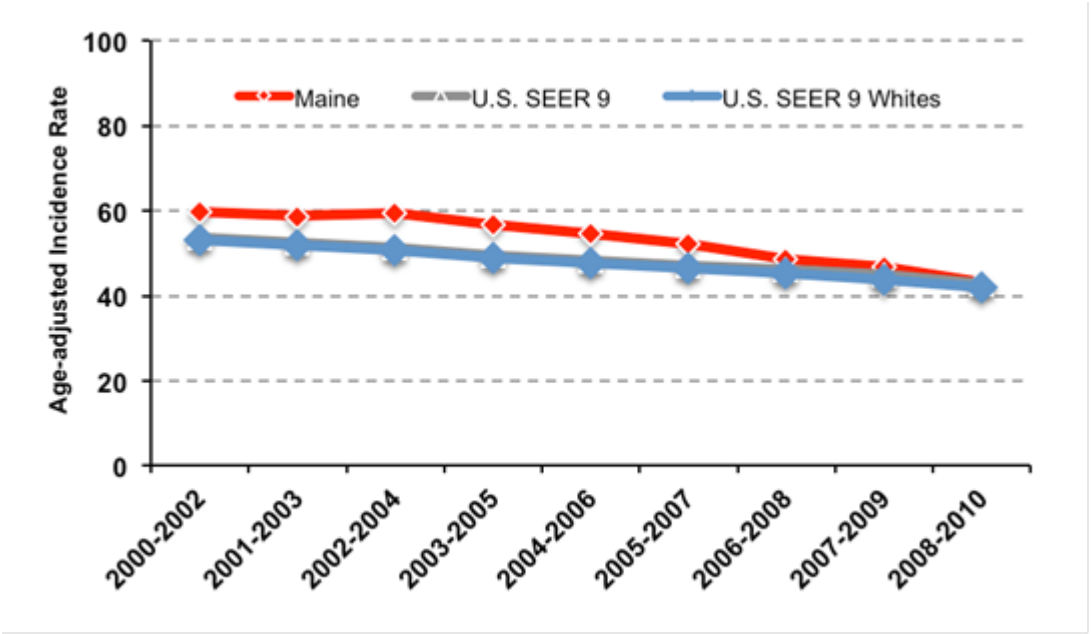
In Maine, colorectal cancer incidence rates were consistently higher than those of the U.S. over most of the past decade; however, since 2008, Maine's rates were similar to U.S. rates.

- From 2000 to 2010, Maine's age-adjusted colorectal cancer rates were significantly higher than the rates for U.S. SEER overall except in 2007-2009 and 2008-2010, and rates for U.S. SEER whites except in 2008-2010 (*Table 2.15, Figure 2.9)*.

- During 2008-2010, the age-adjusted colorectal cancer incidence rate in Maine (43.1 per 100,000) was not significantly different from the U.S. SEER overall rate (42.9 per 100,000) or the U.S. SEER white rate (41.8 per 100,000; *Table 2.15, Figure 2.9)*.

- During 2008-2010, the age-adjusted colorectal cancer incidence rates for both Maine males and females were not significantly different from rates for U.S. SEER overall and U.S. SEER white rates for both sexes (*Table 2.16*).

Figure 2.9. Colorectal Cancer Incidence Rates by 3-Year Period, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Colorectal Cancer: SEER Site Recode ICD-O-3: 21041-21049, 21051, 21052 (which include ICD-O-3 codes: C180-C189, C260, C199, C209).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

What are the trends in colorectal cancer incidence rates in Maine?

From 2000 to 2010, colorectal cancer incidence rates in Maine significantly decreased, and at a faster pace than the decline among U.S. populations.

- During 2008-2010, an average of 724 Maine adults were diagnosed with colorectal cancer each year (*Table 2.15*).

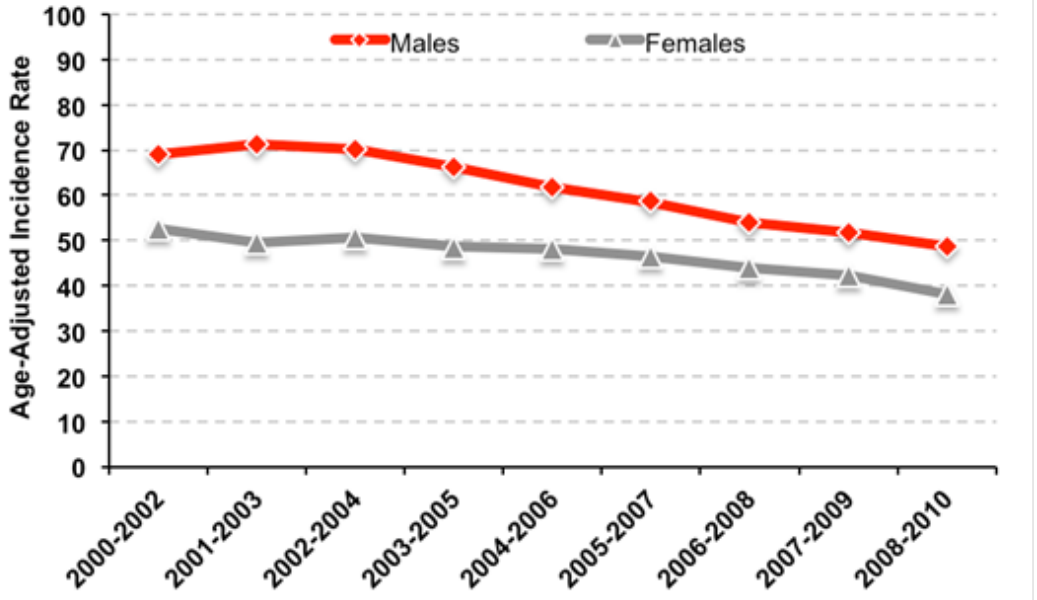
- In Maine, the age-adjusted colorectal cancer incidence rate decreased significantly from 59.5 per 100,000 during 2000-2002 to 43.1 per 100,000 during 2008-2010, representing a 27.6% decline (average annual decline: 3.9%) over this period. This rate of decline was higher in Maine than for the U.S. SEER overall and for U.S. SEER whites, with average annual decline of 2.7% and 2.9%, respectively (*Table 2.15, Figure 2.9)*.

Are there differences in colorectal cancer incidence rates by sex in Maine?

Maine males have consistently and significantly higher colorectal cancer incidence rates than Maine females. Colorectal cancer incidence rates among females declined more slowly than rates among males in Maine.

- Maine males had consistently and significantly higher colorectal cancer incidence rates than females. A similar pattern was observed in U.S. SEER overall and U.S. SEER whites populations, in which males had significantly higher colorectal cancer rates than females (*Table 2.16, Figure 2.10)*.

Figure 2.10. Colorectal Cancer Incidence Rates by 3-Year Period and Sex, Maine, 2000-2010



Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Colorectal Cancer: SEER Site Recode ICD-O-3: 21041-21049, 21051, 21052 (which include ICD-O-3 codes: C180-C189, C260, C199, C209).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- The age-adjusted colorectal cancer incidence rate among Maine males (48.8 per 100,000) was 28% higher than the incidence rate among females (38.1 per 100,000) during 2008-2010 (*Table 2.16, Figure 2.10)*.

- Among Maine males, the age-adjusted colorectal cancer incidence rates declined significantly (29.4%) from 2000-2002 to 2008-2010 (69.1 to 48.8 per 100,000). For Maine females, age-adjusted colorectal cancer incidence rates also declined significantly (27.4%) from 2000-2002 to 2008-2010 (52.5 to 38.1 per 100,000). Between 2000 and 2010, the average annual decline was slower for females at 3.9% compared to the average annual decline for males at 4.2% (*Table 2.16, Figure 2.10)*.

Are there differences in colorectal cancer incidence rates by age group in Maine?

In Maine, colorectal cancer incidence rates increase significantly with increasing age, with the highest incidence rate in the oldest age group.

- During 2000 to 2010, colorectal cancer incidence rates in Maine increased with age in Maine, which was similar to the age pattern observed for U.S. SEER overall and U.S. SEER whites (*Table 2.17*).

- During 2008-2010, the crude colorectal cancer incidence rate among Mainers ages 75 years and older (299.3 per 100,000) was almost twice the rate for those ages 65−74 years (156.1 per 100,000), 7 times the rate for those ages 35−64 years (43.4 per 100,000), and 230 times the rate for those ages 0−34 years (1.3 per 100,000; *Table 2.17, Figure 2.6)*.

- Between 2000 and 2010, colorectal cancer incidence rates among Mainers ages 65−74 years and 75 years and older decreased significantly (65−74 years: 38.2% total decline, 5.8% average annual decline; 75 years and older: 32.2% total decline, 4.7% average annual decline). For Mainers ages 0−34 years and 35−64 years, colorectal cancer incidence rates did not change significantly over this period (*Table 2.17*).

Are there differences in colorectal cancer incidence rates by geography?

Counties and public health districts with the highest colorectal cancer incidence rates tend to be located in northern Maine.

- Aroostook, Franklin, Penobscot, and Washington counties had the highest age-adjusted colorectal cancer incidence rates during 2006-2010, but only the rates in Aroostook and Penobscot counties (57.6 and 53.2 per 100,000, respectively)

were significantly higher than the overall Maine rate (45.9 per 100,000) and the rates of several other counties (*Table 2.18, Map 2.7*).

- From 2006-2010, the age-adjusted colorectal cancer incidence rate in Aroostook County, the highest county rate in Maine (57.6 per 100,000), was significantly higher (58%) than the rate in Knox County, the lowest county rate in the state (36.4 per 100,000; *Table 2.18, Map 2.7*).

- Aroostook and Penquis districts had the highest age-adjusted colorectal cancer incidence rates among public health districts in the Maine, and the rates for both districts (57.6 and 52.5 per 100,000, respectively) were significantly higher than the overall Maine rate (45.9 per 100,000; *Table 2.18, Map 2.8*).

- The age-adjusted colorectal cancer incidence rate in Aroostook District, the highest district rate in Maine (57.6 per 100,000) was significantly higher (42%) than the rate of the Midcoast District, the lowest district rate in Maine (40.6 per 100,000; *Table 2.18, Map 2.8*).

See maps at the end of the chapter.

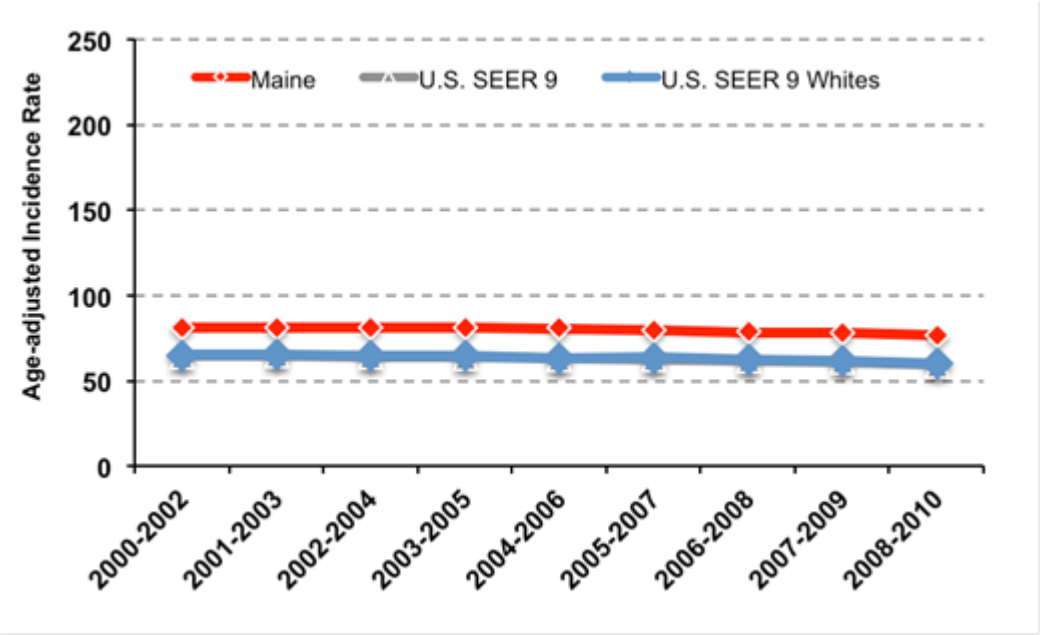
Lung cancer

How do lung cancer incidence rates in Maine compare to those of the U.S.?

In Maine, lung cancer incidence rates are consistently and significantly higher than U.S. rates. Maine females and males tend to have significantly higher lung cancer incidence rates compared to their U.S. counterparts.

- From 2000 to 2010, the age-adjusted lung cancer incidence rates in Maine were consistently and significantly higher than the rates among U.S. SEER overall and the U.S. SEER whites (*Table 2.19, Figure 2.11*).

Figure 2.11. Lung Cancer Incidence Rates by 3-Year Period, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Lung cancer: SEER Site Recode ICD-O-3: 22030 (which include ICD-O-3 code: C340-C349).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, the age-adjusted lung cancer incidence rate in Maine (76.3 per 100,000) was significantly higher than the U.S. SEER overall rate (58.9 per 100,000; 30% higher) and the U.S. SEER white rate (59.7 per 100,000; 28% higher; *Table 2.19, Figure 2.11*).

- During 2008-2010, the age-adjusted lung cancer incidence rate among Maine males (88.4 per 100,000) was significantly higher (28%) than the rate among both U.S. SEER males (69.8 per 100,000) and U.S. SEER white males (69.0 per 100,000). For Maine females during this time period, the age-adjusted rate of lung cancer incidence (67.5 per 100,000) was 33% higher than the rate among U.S. females (50.9 per 100,000) and 27% higher than the rate of U.S. white

females (53.0 per 100,000); these were statistically significant differences (*Table 2.20*).

What are the trends in lung cancer incidence rates in Maine?

Since 2000, lung cancer incidence rates have declined, but not significantly, among Mainers.

- During 2008-2010, an average of 1,294 adults were diagnosed with lung cancer in Maine each year (*Table 2.19*).

- Maine's age-adjusted lung cancer incidence rate did not change significantly from 2000 to 2010, but the rates do appear to have consistently declined between 2003-2005 and 2008-2010. There was a significant decrease in lung cancer incidence rates from 2000 to 2010 for both U.S. SEER overall and U.S. SEER whites with about an 8% total decrease and an annual average decline of 1.0% (*Table 2.19, Figure 2.11*).

Are there differences in lung cancer incidence rates by sex in Maine?

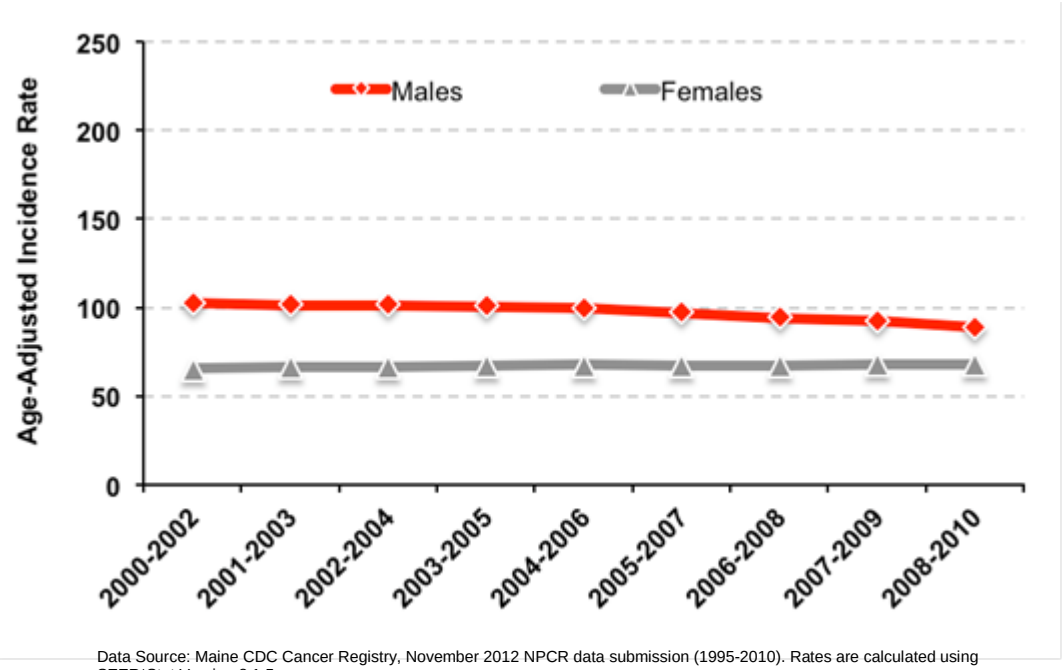
In Maine, lung cancer incidence rates are significantly higher among males than females. Lung cancer incidence rates have declined among Maine males, but not Maine females.

- From 2000 to 2010, age-adjusted lung cancer incidence rates among Maine males were significantly higher than those among Maine females in all years between 2000 and 2010 (*Table 2.20, Figure 2.12*).

- During 2008-2010, the age-adjusted lung cancer incidence rate among Maine males (88.4 per 100,000) was significantly higher (31%) than the rate among females (67.5 per 100,000; *Table 2.20, Figure 2.12*).

- Age-adjusted lung cancer incidence rates among Maine males declined significantly between 2000-2002 (102.8 per 100,000) and 2008-2010 (88.4 per 100,000). In contrast, lung cancer incidence rates among Maine females have not declined during this period (*Table 2.20, Figure 2.12*).

Figure 2.12. Lung Cancer Incidence Rates by 3-Year Period and Sex, Maine, 2000-2010



Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Lung cancer: SEER Site Recode ICD-O-3: 22030 (which include ICD-O-3 code: C340-C349).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Are there differences in lung cancer incidence rates by age group in Maine?

As for many cancers, the lung cancer incidence rate in Maine increases with age.

- In Maine, lung cancer incidence rates increased with age during 2000 to 2010, which was similar to the age pattern for U.S. SEER overall and U.S. SEER whites (*Table 2.21*).

- During 2008-2010, the crude incidence rate for lung cancer among Mainers ages 75 years and older (464.8 per 100,000) was 1.2 times the rate for those ages 65−74 years (378.0 per 100,000), 6.4 times the rate for those ages 35−64 years (72.2 per 100,000), and 775 times the rate for those ages 0−34 years (0.6 per 100,000); these differences were statistically significant (*Table 2.21, Figure 2.6*).

- Lung cancer incidence rates among Mainers ages 0−34 years and 35−64 years have not changed significantly between 2000 and 2010. Lung cancer incidence rates among those ages 65−74 years declined consistently, though not significantly, between 2000 and 2010. Among those ages 75 years and older, lung cancer incidence rates suggested an increase from 2000-2002 to 2005-2007, and then a decrease from 2006-2008 to 2008-2010; however, there was not a significant difference in the rates over this time period (*Table 2.21*).

Are there differences in lung cancer incidence rates by geography?

Counties and public health districts with the highest lung cancer incidence rates tend to be in northern and eastern Maine.

- Androscoggin, Aroostook, Penobscot, and Washington counties had the highest age-adjusted lung cancer incidence rates during 2006-2010, but only the rates in Androscoggin, Penobscot and Washington counties (87.1, 92.8, and 92.4 per 100,000, respectively) were significantly higher than the overall Maine rate (77.5 per 100,000; *Table 2.22, Map 2.9).*

- The lung cancer incidence rate in Penobscot counties (age-adjusted rate: 92.8 per 100,000), the highest county rate in Maine, was significantly higher (69%) than the rate in Lincoln County, the lowest county rate in the state (age-adjusted rate: 54.9 per 100,000; *Table 2.22, Map 2.9)*.

- Aroostook, Penquis and Western districts had the highest age-adjusted lung cancer incidence rates among the public health districts in Maine, but only Penquis District's rate (90.1 per 100,000) was significantly higher than the overall Maine rate (77.5 per 100,000; *Table 2.22, Map 2.10)*.

- The lung cancer incidence rates in Cumberland, Midcoast, and York districts (age-adjusted rates: 70.3, 67.6, and 70.9 per 100,000, respectively) were significantly lower than those in Aroostook, Penquis, and Western districts (*Table 2.22, Map 2.10).*

See maps at the end of the chapter.

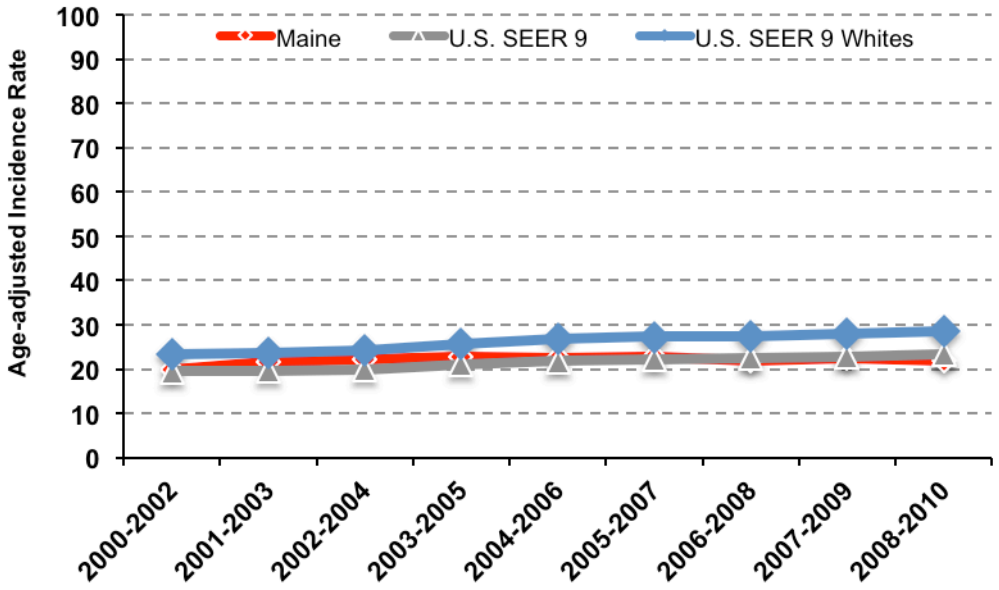
Melanoma

How do melanoma incidence rates in Maine compare to those of the U.S.?

Melanoma incidence rates in Maine are similar to overall U.S. rates, but lower than rates for U.S. whites.

- From 2000 to 2010, the age-adjusted melanoma incidence rates in Maine were similar to U.S. SEER rates, and were only significantly higher than the overall U.S. SEER rates during 2001-2003, 2002-2004, and 2003-2005. However, Maine's melanoma incidence rates were consistently and significantly lower than the rates for U.S. SEER whites over this time period (*Table 2.23, Figure 2.13*).

Figure 2.13. Melanoma Incidence Rates by 3-Year Period, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Melanoma: SEER Site Recode ICD-O-3: 25010 (which include ICD-O-3 code: C440-C449).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, the Maine age-adjusted melanoma incidence rate (21.9 per 100,000) was similar to, and not significantly different from, the overall U.S. SEER rate (23.2 per 100,000), but significantly lower than the U.S. SEER white rate (28.5 per 100,000; *Table 2.23, Figure 2.13*).

- Melanoma incidence rates among Maine females and males were similar to those of the U.S SEER population, but significantly lower the U.S. SEER white population (*Table 2.24, Figure 2.14*).

What are the trends in melanoma incidence rates in Maine?

In Maine, melanoma incidence rates stayed consistent from 2000 to 2010.

- During 2008-2010, an average of 355 Mainers were diagnosed with melanoma each year (*Table 2.23*).

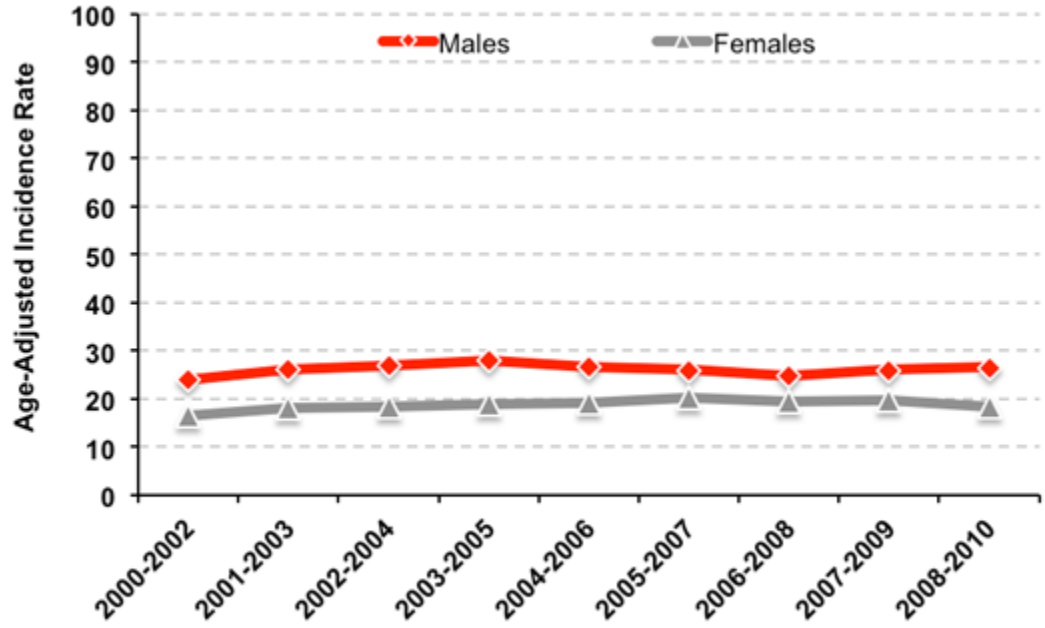
- In Maine, melanoma age-adjusted incidence rates significantly increased from 2000-2002 (19.8 per 100,000) to 2003-2005 (22.7 per 100,000), and then stabilized through 2008-2010. In contrast, U.S. SEER white rates steadily increased and were consistently higher than Maine's rates from 2000-2002 to 2008-2010 (*Table 2.23, Figure 2.13*).

Are there differences in melanoma incidence rates by sex in Maine?

In Maine, males have consistently higher melanoma incidence rates than females.

- From 2000 and 2010, Maine males had consistently higher melanoma incidence rates than females (*Table 2.24, Figure 2.14*).

Figure 2.14. Melanoma Incidence Rates by 3-Year Period and Sex, Maine and U.S., 2000-2010



Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Melanoma: SEER Site Recode ICD-O-3: 25010 (which include ICD-O-3 code: C440-C449).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, the age-adjusted melanoma incidence rate among Maine males (26.6 per 100,000) was 45% higher than the rate among females (18.4 per 100,000). A similar, significant pattern was observed between males and females for U.S. SEER overall and U.S. SEER whites (*Table 2.24, Figure 2.14*).

- Among Maine males, the age-adjusted melanoma incidence rates varied slightly from year to year, but did not significantly change between 2000 and 2010. For Maine females, melanoma incidence rates also did not show substantial change over this period; the only significant difference was between the time periods of 2000-2002 at 16.5 per 100,000 and 2005-2007 at 20.3 per 100,000 (*Table 2.24, Figure 2.14)*.

Are there differences in melanoma incidence rates by age group in Maine?

In Maine, melanoma incidence rates are highest in those ages 65 years and older.

- Melanoma incidence rates were significantly higher among Mainers in the 65–74 years and 75 years and older age groups compared to younger age groups during 2008-2010; the rates between the older age groups were not significantly different. Similar to Maine's observed age pattern, melanoma incidence rates increased with age in the U.S. SEER overall and white populations during this time (*Table 2.25*).

- During 2008-2010, the melanoma incidence rate among Mainers ages 75 years and older (84.4 per 100,000) appeared to be higher than the rate for those ages 65–74 years (66.5 per 100,000), but these rates were not statistically different. Melanoma incidence rates among Mainers ages 75 years and older was 2.7 times the rate for those ages 35–64 years (31.1 per 100,000), and 25.6 times the rate for those ages 0–34 years (3.3 per 100,000). These differences were statistically significant (*Table 2.25, Figure 2.6)*.

- From 2000 to 2010, there was no significant difference over time in melanoma incidence rates among Mainers ages 0–34 years. Annual melanoma incidence rates appear to increase over time among Mainers in the 35–64, 65–74 and the 75 years and older age groups, but these differences were not statistically significant (*Table 2.25*).

Are there differences in melanoma incidence rates by geography?

Counties and public health districts with the highest melanoma incidence rates tend to be in southern Maine.

- Although Cumberland, Knox, Sagadahoc and York counties had the highest age-adjusted melanoma incidence rates in Maine during 2006-2010, only the rates in Cumberland, Knox, and York counties (28.0, 36.1, and 26.7 per 100,000, respectively) were significantly higher the overall Maine rate (22.1 per 100,000; *Table 2.26, Map 2.11).*

- The melanoma incidence rate in Knox County, the highest county rate in Maine (36.1 per 100,000) was 3 times the rate in Franklin County, the lowest county rate in the state (11.5 per 100,000); this difference was statistically significant (*Table 2.26, Map 2.11)*.

- Cumberland, Midcoast, and York districts had the highest age-adjusted melanoma incidence rates in the state during 2006-2010, and these rates (28.0, 26.6, 26.7 per 100,000, respectively) were significantly higher than the overall Maine rate (22.1 per 100,000; *Table 2.26, Map 2.12).*

- During 2006-2010, Cumberland District's age-adjusted melanoma incidence rate, the highest district rate in the state at 28.0 per 100,000, was twice the rate in Aroostook District, the lowest district rate in the state (12.5 per 100,000; *Table 2.26, Map 2.12).*

See maps at the end of the chapter.

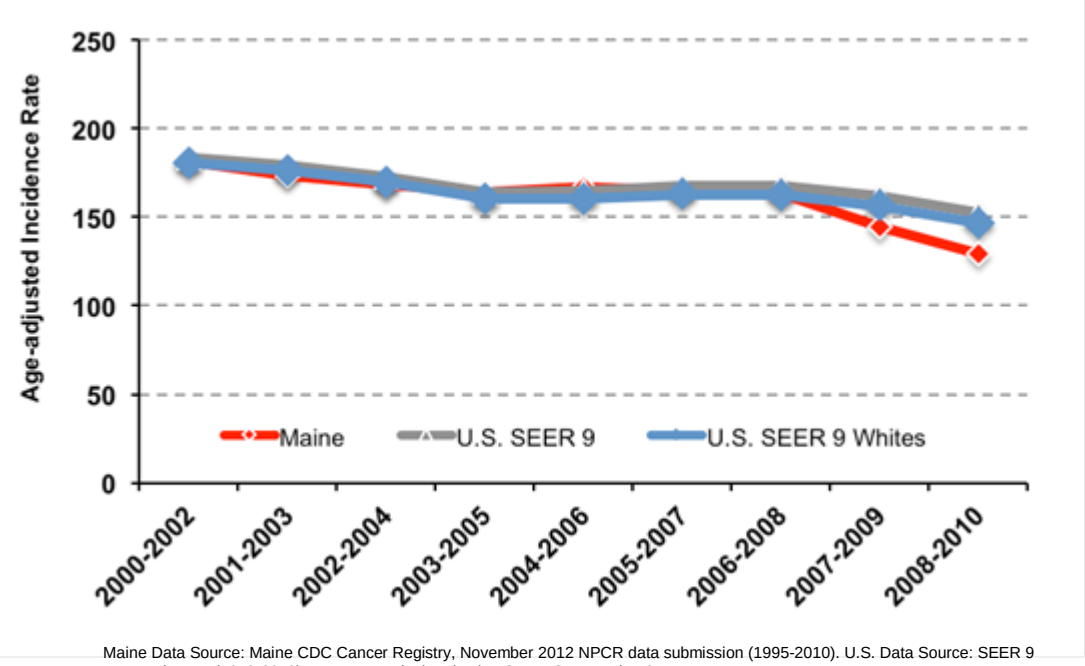
Prostate cancer

How do prostate cancer incidence rates in Maine compare to those of the U.S.?

Prostate cancer incidence rates in Maine are similar to U.S. rates in the early 2000s, but are significantly lower than U.S. rates in the latter part of the decade.

- During the first part of the 2000-2010 decade, the age-adjusted prostate cancer incidence rates in Maine were similar to rates among the U.S. SEER overall and U.S. SEER white males. Maine's prostate cancer incidence rates have declined faster than the U.S. SEER rates in recent years such that Maine's rates during 2007-2009 and 2008-2010 were significantly lower than the U.S. SEER and SEER white rates (*Table 2.27, Figure 2.15)*.

Figure 2.15. Prostate Cancer Incidence Rates by 3-Year Period, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Prostate cancer: SEER Site Recode ICD-O-3: 28010 (which include ICD-O-3 code: C619).
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, the age-adjusted prostate cancer incidence rate in Maine (129.4 per 100,000) was significantly lower than the overall U.S. SEER rate (151.9 per 100,000) and the rate for U.S. SEER white males (146.2 per 100,000; *Table 2.27, Figure 2.15*).

What are the trends in prostate cancer incidence rates in Maine?

Prostate cancer incidence rates in Maine are decreasing more rapidly than U.S rates.

- An average of 1,061 Maine males were diagnosed with prostate cancer each year during 2008-2010 (*Table 2.27*).

- In Maine, the age-adjusted prostate cancer incidence rate has significantly decreased from 181.2 per 100,000 during 2000-2002 to 129.4 per 100,000 during 2008-2010, a 28.6% overall decline and an average annual decline of 4.0% (*Table 2.27, Figure 2.15)*.

- From 2000 to 2010, prostate cancer incidence rates among Maine males were declining at a faster pace (average annual decline: 4.0%) compared to males in the U.S. SEER overall (average annual decline: 2.3%) and U.S. SEER whites (average annual decline: 2.6%; *Table 2.27, Figure 2.15)*.

Are there differences in prostate cancer incidence rates by age group in Maine?

In Maine, prostate cancer incidence rates are highest among males ages 65-74 years.

- During 2000 to 2010, prostate cancer incidence rates were significantly higher among Maine males in the 65–74 age group compared to those in the 0–34 and 35–64 age groups. Prostate cancer incidence rates among males ages 65–74 years were significantly higher than rates among males ages 75 years and older during most of this decade, except in 2000-2002 and 2001-2003. This age pattern was similar for the U.S. SEER overall and U.S. SEER white population (*Table 2.28*).

- During 2008-2010, the crude prostate cancer incidence rate among Maine males ages 65–74 years (753.1 per 100,000) was 1.3 times the rate for those ages 75 years and older and 4.8 times the rate for those ages 35–64 years (156.5 per 100,000); these differences were statistically significant. During this time period, very few prostate cancer cases were diagnosed in the 0–34 age group in Maine (*Table 2.28, Figure 2.6)*.

- From 2000 to 2010, there was a significant decrease in prostate cancer incidence rates among Maine males ages 65–74 years and 75 years and older. Among Maine males ages 35–64 years, prostate cancer incidence rates significantly increased between 2000-2002 and 2006-2008, but have since decreased significantly. Over this time, very few prostate cancer cases were diagnosed among Maine males ages 0–34 years (*Table 2.28*).

Are there differences in prostate cancer incidence rates by geography?

Counties and public health districts with the highest prostate cancer incidence rates tend to be in southern and eastern Maine.

- Although Androscoggin, Knox, Washington, and York counties had the highest age-adjusted prostate cancer incidence rates in Maine during 2006-2010, these rates were not significantly higher than the overall Maine rate (*Table 2.29, Map 2.13).*

- The prostate cancer incidence rate in York County, the highest county rate in Maine (age-adjusted rate: 156.8 per 100,000) during 2006-2010, was significantly higher than rates in Aroostook and Piscataquis counties in Maine, the lowest county rates in Maine (age-adjusted rates: 108.0 and 100.4 per 100,000, respectively; *Table 2.29, Map 2.13).*

- Although Downeast and York districts had the highest age-adjusted prostate cancer incidence rates in the state, these rates were not significantly higher than the overall Maine rate (*Table 2.29, Map 2.14)*

- Aroostook District has the lowest prostate cancer incidence rate in the state (age-adjusted rate: 108.0 per 100,000), significantly lower than the Maine overall rate (age-adjusted rate: 144.8 per 100,000) and all other Maine districts (*Table 2.29, Map 2.14).*

See maps at the end of the chapter.

Tobacco-related cancer (excluding lung cancer)

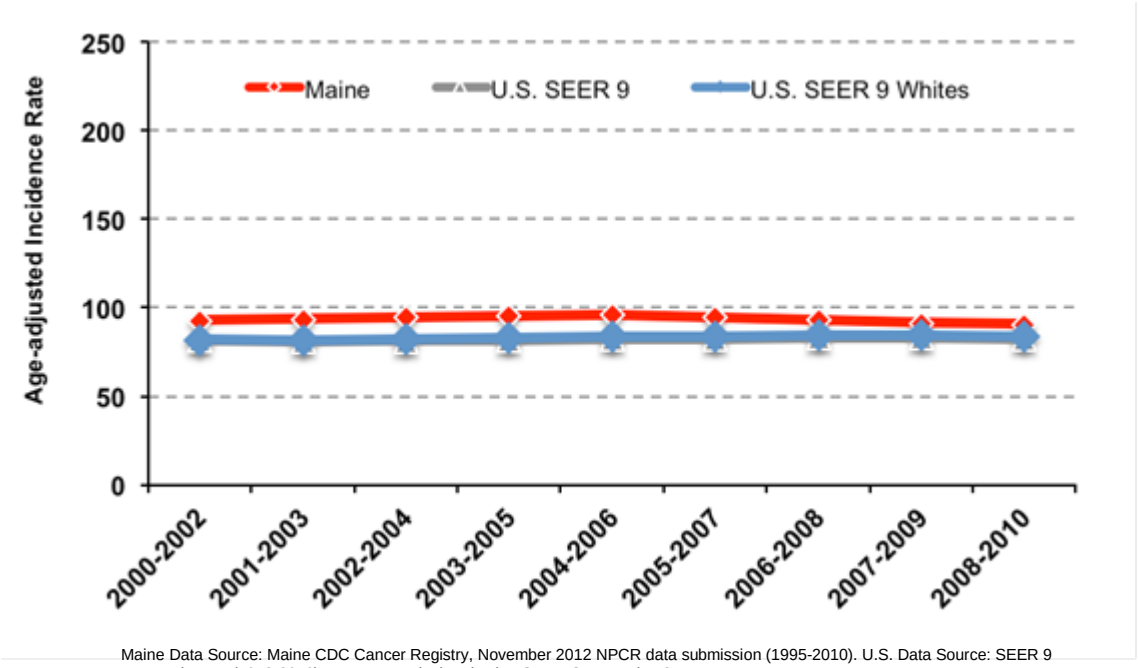
This section examines tobacco-related cancers other than lung cancer. Tobacco-related cancers are those that the U.S. Surgeon General has determined have a direct causal link to tobacco use. Tobacco-related (excluding lung) cancers include laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, and cervical cancers, and acute myeloid leukemia.

How do tobacco-related cancer incidence rates in Maine compare to those of the U.S.?

In Maine, males have significantly higher tobacco-related cancer incidence rates than U.S. males, while tobacco-related cancer incidence rates among Maine and U.S. females are similar. Tobacco-related cancer incidence rates in Maine are significantly higher than U.S. rates.

- From 2000 to 2010, the age-adjusted tobacco-related cancer incidence rates in Maine were consistently and significantly higher than the rates for U.S. SEER overall and U.S. SEER whites (*Table 2.30, Figure 2.16*).

Figure 2.16. Tobacco-Related Cancer Incidence Rates by 3-Year Period, Maine and U.S., 2000-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Tobacco-related cancers (excluding lung) include the following: laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, cervical cancers, and acute myeloid leukemia. Please see Appendix II for SEER and ICD-O-3 codes.
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, the age-adjusted tobacco-related cancer incidence rate in Maine was 90.4 per 100,000, significantly higher than the U.S. SEER overall rate

of 82.1 per 100,000 and U.S. SEER white rate of 83.4 per 100,000 (*Table 2.30, Figure 2.16*).

- During 2008-2010, the age-adjusted tobacco-related cancer incidence rate among Maine males (131.6 per 100,000) was 13% higher than U.S. SEER males overall (116.9 per 100,000) and 10% higher than U.S. white males (119.9 per 100,000); these differences were statistically significant. The rate for Maine females in this period (57.4 per 100,000) was similar to (and not significantly different from) that of U.S. SEER females (55.0 per 100,000) and U.S. SEER white females (54.3 per 100,000; *Table 2.30*).

What are the trends in tobacco-related cancer incidence rates in Maine?

In Maine, tobacco-related cancer incidence rates have stayed constant over the past decade.

- During 2008-2010, an average of 1,526 Maine adults were diagnosed with tobacco-related cancer each year (*Table 2.30*).

- The age-adjusted tobacco-related cancer incidence rates in Maine remained steady between 2000 and 2010, and none of the rates were significantly different across this period (*Table 2.30, Figure 2.16*).

- In contrast to Maine, U.S. SEER overall tobacco-incidence rates have increased significantly over the 2000-2010 decade, though the absolute changes are relatively small (*Table 2.30, Figure 2.16*).

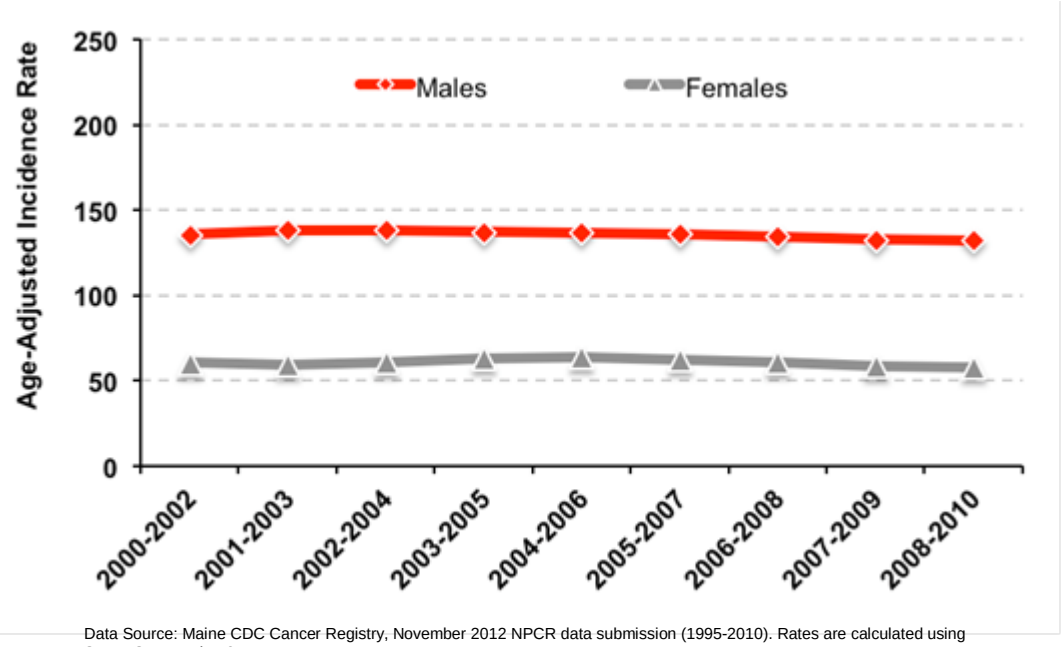
- Among U.S. SEER whites, tobacco-related cancer incidence rates were significantly higher in the latter years of the decade (2004 to 2010) compared to rates in earlier years (2000-2002 and 2001 -2003; *Table 2.30, Figure 2.16*).

Are there differences in tobacco-related cancer incidence rates by sex in Maine?

In Maine, tobacco-related cancer incidence rates are significantly higher among males than females.

- In Maine, between 2000 and 2010, the age-adjusted tobacco-related cancer incidence rates among males were significantly higher than females (*Table 2.31, Figure 2.17*).

Figure 2.17. Tobacco-Related Cancer Incidence Rates by 3-Year Period and Sex, Maine and U.S., 2000-2010



Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). Rates are calculated using SEER*Stat Version 8.1.5.
Tobacco-related cancers (excluding lung) include the following: laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, cervical cancers, and acute myeloid leukemia. Please see Appendix II for SEER and ICD-O-3 codes.
Age adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

- During 2008-2010, the age-adjusted tobacco-related cancer incidence rate among Maine males (131.6 per 100,000) was twice the rate among females (57.4 per 100,000); this difference was statistically significant. A similar, significant pattern was observed between males and females for U.S. SEER overall and U.S. SEER whites (*Table 2.31, Figure 2.17*).

- Tobacco-related cancer incidence rates have not changed consistently or significantly among either Maine males or females from 2000 to 2010 (*Table 2.31, Figure 2.17*).

Are there differences in tobacco-related cancer incidence rates by age group in Maine?

In Maine, the tobacco-related cancer incidence rate increases with age and is significantly higher in the oldest age group (75 years and older).

- During 2000 to 2010, tobacco-related cancer incidence rates in Maine increased with age. This age pattern was similar for the U.S. SEER overall and U.S. SEER whites (*Table 2.32*).

- During 2008-2010, the crude tobacco-related cancer incidence rate among Maine adults ages 75 years and older (510.4 per 100,000) was 1.4 times the rate

for those ages 65–74 years (372.0 per 100,000), 5 times the rate for those ages 35–64 years (102.0 per 100,000), and 113 times the rate for those ages 0–34 (4.5 per 100,000); these differences were statistically significant (*Table 2.32, Figure 2.6*).

- In Maine, tobacco-related cancer incidence rates were stable over time within each age group from 2000 to 2010, and there were no significant changes in over time in any age group during this period (*Table 2.32*).

Are there differences in tobacco-related cancer incidence rates by geography?

Tobacco-related cancer incidence rates do not vary substantially by county or district in Maine.

- Androscoggin, Oxford, Penobscot and York counties had the highest age-adjusted tobacco-related cancer incidence rates in Maine (100.8, 99.2, 94.7, 95.7 per 100,000, respectively) during 2006-2010, but none of these rates were significantly higher than the overall state rate (91.9 per 100,000) or any other Maine county (*Table 2.33, Map 2.15).*

- Western and York districts had the highest age-adjusted tobacco-related cancer incidence rates among public health districts in the state during 2006-2010, but neither was significantly different from the overall Maine rate or any other Maine district (*Table 2.33, Map 2.16)*.

See maps at the end of the chapter.

Section II: Stage at Diagnosis

When a person is newly diagnosed with cancer, it is critical to determine the stage (or progression) of the cancer. Knowing the stage at diagnosis helps to estimate the patient's prognosis for survival, plan optimal treatment, and decide whether the patient is eligible for a clinical trial.

Staging is based on knowing how a cancer progresses.[1] Different cancers behave in different ways. For most cancers, determining the stage at diagnosis is based on three main criteria:

1) Site of the primary tumor and type of cancer cell
2) Tumor size and extension
3) Metastasis (spread) of cancer cells to lymph nodes (nearby or more distant) or to other organs in the body and brain

Using these criteria, health professionals can determine whether the cancer is at an early stage (*in situ* or localized) or late stage (regional or distant); see Appendix IV for details. In some circumstances, there might not be enough information to define the extent of tumor growth, so the stage at cancer diagnosis is considered unknown. Detecting the cancer at an early stage increases the likelihood that treatment will be effective for essentially all cancers, thus possibly improving the patient's prognosis and chances for survival.

In this section, data on stage at diagnosis are provided by the Maine CDC Cancer Registry for one 3-year period (2008-2010). For cancer types presented, stage at diagnosis is categorized as early-stage cancer, late-stage cancer, and unknown. For simplicity and ease of interpretation, only percentage of cancer diagnosed at each stage are presented in the figures; however, their associated age-adjusted rates are in the data tables (see Appendix I).

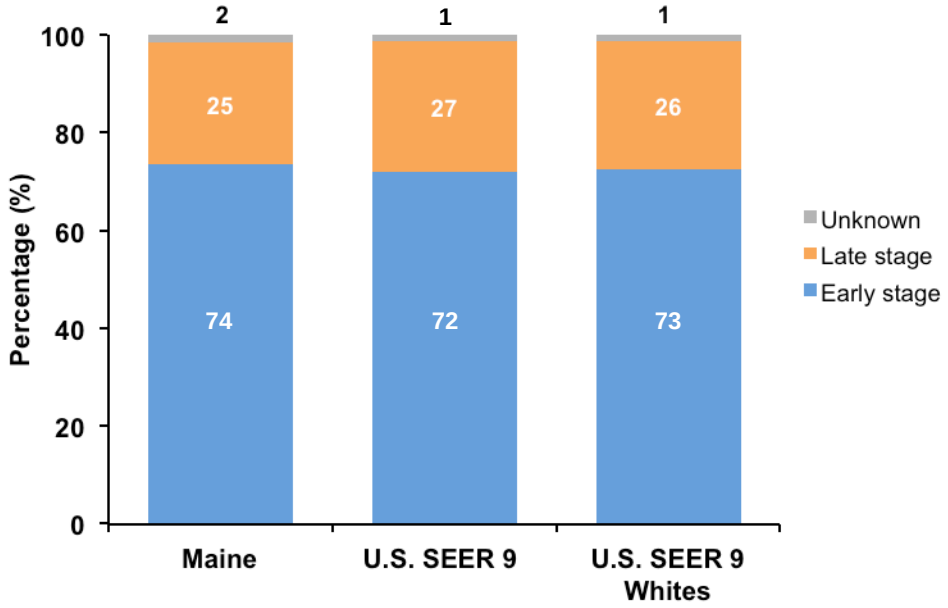
Breast cancer (females only)

At what stages are new breast cancer cases commonly diagnosed among Maine females?

Among Maine females, almost three-fourths of new breast cancer cases are diagnosed at an early stage.

- During 2008-2010, 73.6% of new breast cancer cases were diagnosed at an early stage (age-adjusted rate: 117.2 per 100,000), 24.8% at a late stage (40.6 per 100,000), and 1.6% had an unknown stage at diagnosis (2.3 per 100,000; *Table 2.34, Figure 2.18*).

Figure 2.18. Incident Female Breast Cancer at Stage of Diagnosis, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010).
U.S. Data Source: SEER 9 Research Data (1973-2010). Percentages are calculated using SEER*Stat Version 8.1.5.
Breast Cancer: SEER Site Recode ICD-O-3: 26000 (which include ICD-O-3/WHO 2008 code: C500-C509).
Stage at diagnosis is determined when the cancer was first diagnosed and has been summarized as early stage (*in situ* and localized), late stage (regional and distant), or unknown.

How does stage at breast cancer diagnosis among Maine females compare to the U.S. females?

Stage at diagnosis for breast cancer follows a similar pattern in Maine as in the U.S.

- The percentage and age-adjusted rate of early-stage breast cancer diagnosis among Maine females (73.6%, 117.2 per 100,000) was similar to those among females in the U.S. SEER overall (71.9%; 117.8 per 100,000) and U.S. SEER white females (72.6%; 121.6 per 100,000) during 2008-2010 (*Table 2.34, Figure 2.18*).

- Maine females were diagnosed with breast cancer at early, late and unknown stages at similar proportion as U.S. SEER females and U.S. SEER white females, with most females being diagnosed with breast cancer at an early stage (*Table 2.34, Figure 2.18*).

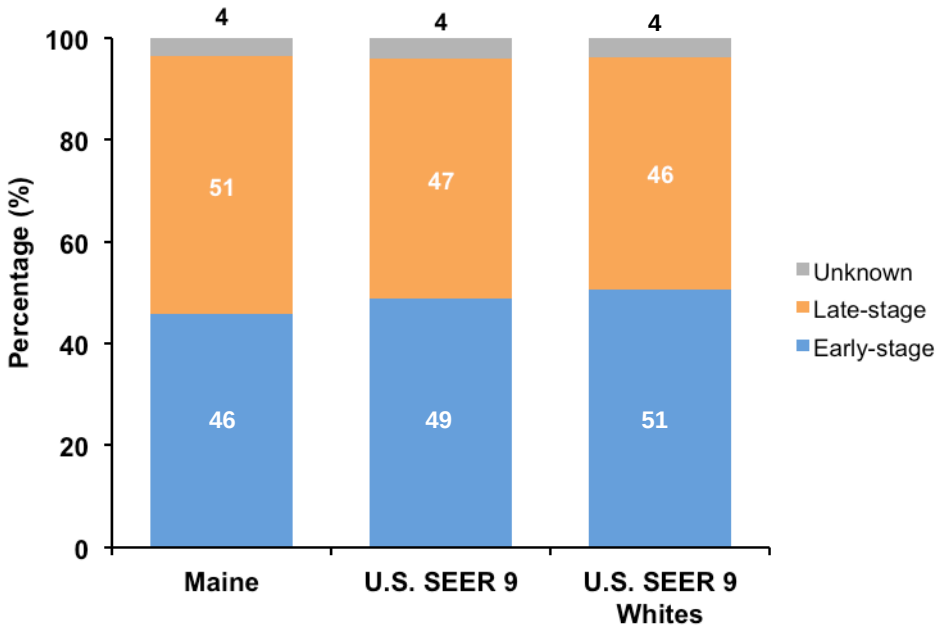
Cervical cancer

At what stages are new cervical cancer cases commonly diagnosed among Maine females?

Less than half of all new cervical cancer cases among Maine females are diagnosed at an early stage.

- During 2008-2010, 45.8% of new cervical cancer cases were diagnosed at an early stage (age-adjusted rate: 3.4 per 100,000), 50.7% at a late stage (2.8 per 100,000), and 3.5% were diagnosed at an unknown stage (0.2 per 100,000; *Table 2.35, Figure 2.19*).

Figure 2.19. Incident Cervical Cancer at Stage of Diagnosis, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010).
U.S. Data Source: SEER 9 Research Data (1973-2010). Percentages are calculated using SEER*Stat Version 8.1.5.
Cervical Cancer: SEER Site Recode ICD-O-3: 27010 (which include ICD-O-3/WHO 2008 code: C530-C539).
Stage at diagnosis is determined when the cancer was first diagnosed and has been summarized as early stage (*in situ* and localized), late stage (regional and distant), or unknown.

How does stage at cervical cancer diagnosis among Maine females compare to the U.S. females?

There is no significant difference in cervical cancer diagnosis at early or late stage for Maine and U.S. females.

- During 2008-2010, among Maine females, the proportion and rate of early-stage cervical cancer diagnosis (45.8%; 3.4 per 100,000) was similar to (and not significantly different from) those among U.S. SEER females (48.8%; 3.4 per 100,000) and U.S. SEER white females (50.6%; 3.5 per 100,000; *Table 2.35, Figure 2.19*).

- In Maine, the proportion of females diagnosed with cervical cancer at early, late and unknown stages followed a similar pattern to that of U.S. SEER females and U.S. SEER white females, with equal proportions of females being diagnosed for cervical cancer at an early and late stages (*Table 2.35, Figure 2.19*).

Colorectal cancer

At what stages are new colorectal cancer cases commonly diagnosed in Maine?

In Maine, nearly 50% of new colorectal cancer cases are diagnosed at a late stage.

- During 2008-2010, 44.7% of colorectal cancer cases were diagnosed at an early stage (age-adjusted rate: 20.2 per 100,000), 49.2% at a late stage (22.5 per 100,000), and for 6.1% (2.7 per 100,000) the stage at diagnosis was unknown (*Table 2.36, Figure 2.20*).

- During 2008-2010, new colorectal cancer cases were significantly more likely to be diagnosed at a late stage (49.2%) than an early stage (44.7%) in Maine (*Table 2.36, Figure 2.20*).

How does stage at colorectal cancer diagnosis in Maine compare to the U.S.?

New colorectal cancer cases tend to be diagnosed at a late stage both in Maine and the U.S. Maine has a higher proportion of new colorectal cancer cases with an unknown stage at diagnosis than the U.S.

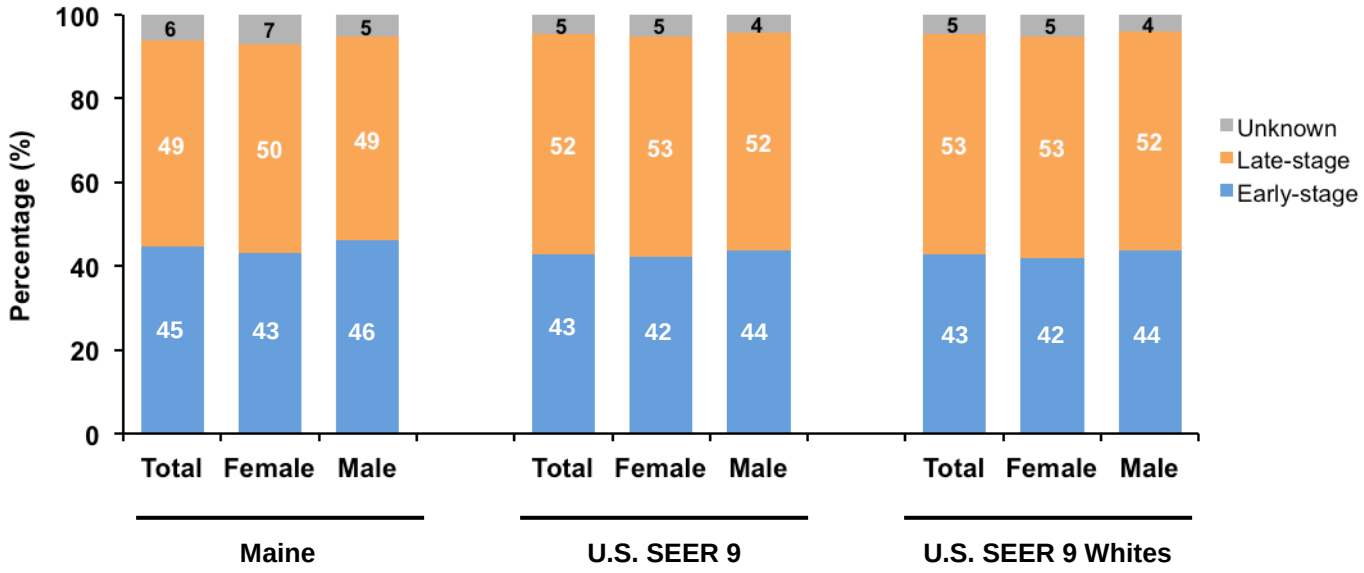
- During 2008-2010, the percentage and age-adjusted rate of early-stage colorectal cancer diagnosis among Mainers (44.7%; 20.2 per 100,000) was similar to (and not significantly different from) those among the U.S. SEER overall

(43.0%; 19.1 per 100,000) and U.S. SEER whites (42.9%; 18.5 per 100,000; *Table 2.36, Figure 2.20*).

- In Maine, a significantly higher proportion of new colorectal cancer cases had an unknown stage at diagnosis (6.1%) compared to U.S. SEER overall (4.7%) and U.S. SEER whites (4.5%) during 2008-2010 (*Table 2.36, Figure 2.20*).

- During 2008-2010, the proportion of Maine males and females diagnosed with colorectal cancer at early, late and unknown stages followed a similar pattern to that of the U.S. SEER overall and U.S. SEER whites, with new cases more commonly diagnosed at a late stage (*Table 2.37, Figure 2.20*).

Figure 2.20. Incident Colorectal Cancer at Stage of Diagnosis by Sex, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Percentages are calculated using SEER*Stat Version 8.1.5.
Colorectal Cancer: SEER Site Recode ICD-O-3: 21041-21049, 21051, 21052 (which include ICD-O-3 codes: C180-C189, C260, C199, C209).
Stage at diagnosis is determined when the cancer was first diagnosed and has been summarized as early stage (in situ and localized), late stage (regional and distant), or unknown.

Are there sex differences in stage at diagnosis among new colorectal cancer cases in Maine?

Late-stage colorectal cancer diagnosis is common among both Maine males and females. Maine females tend to be more likely to have colorectal cancer with an unknown stage at diagnosis than U.S. females.

- During 2008-2010, Maine males had significantly higher colorectal cancer rates at all stages at diagnosis compared to females, but the proportion of colorectal

cancer diagnosed at each stage was not statistically different between males and females (*Table 2.37, Figure 2.20*).

- In Maine, both females and males were significantly more likely to have colorectal cancer diagnosed at a late stage (49.9% and 48.6%, respectively) compared to early stage (43.1% and 46.1%, respectively) during 2008-2010. There was no significant difference between females and males in the proportion of colorectal cancer cases diagnosed with an unknown stage (7.0% and 5.3%, respectively; *Table 2.37, Figure 2.20*).

- There was no significant difference in early- or late-stage colorectal cancer diagnosis among Maine males and females compared those in the U.S. SEER overall and U.S. SEER whites (*Table 2.37, Figure 2.20*).

- The proportion of new colorectal cancer cases diagnosed among Maine females at an unknown stage (7.0%) was significantly higher than those among U.S. SEER females (5.2%) and U.S. SEER white females (5.1%; *Table 2.37, Figure 2.20*).

Lung cancer

At what stages are new lung cancer cases commonly diagnosed in Maine?

Almost 75% of new lung cancers are diagnosed at a late stage in Maine.

- During 2008-2010, among Mainers, 19.3% (age-adjusted rate: 14.6 per 100,000) of lung cancer diagnosis occurred at early-stage, 75.2% (57.1 per 100,000) occurred at a late stage, and in 5.5% (4.2 per 100,000) the stage at diagnosis was unknown (*Table 2.38, Figure 2.21*).

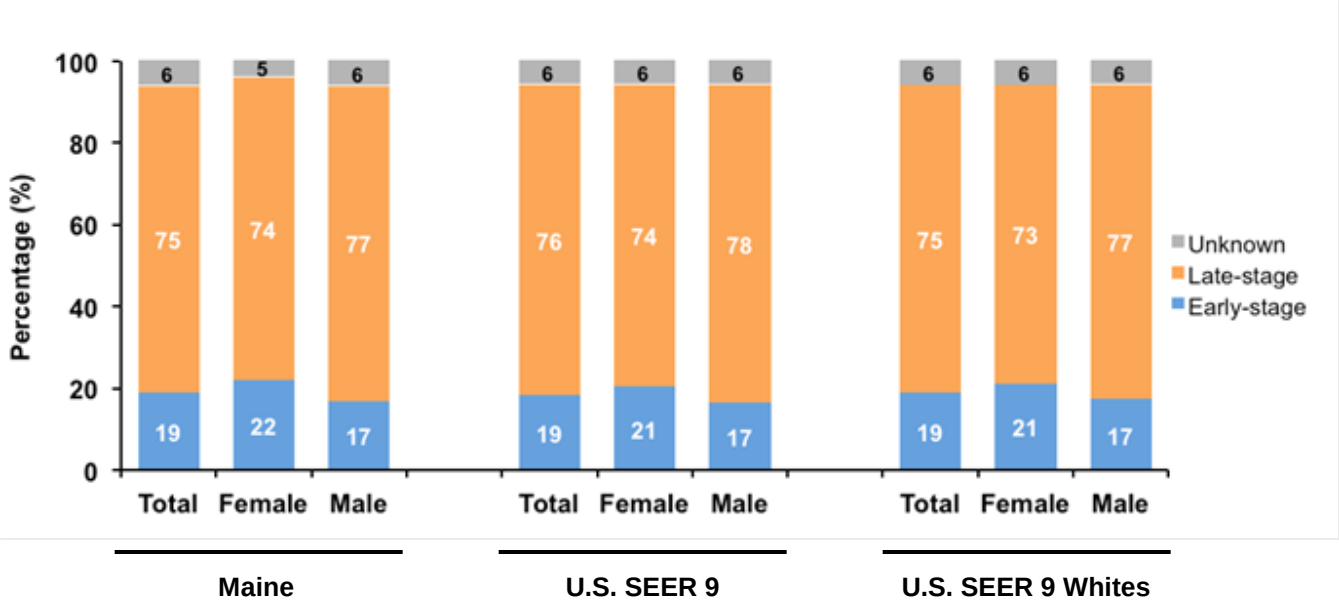
- New lung cancer cases in Maine were significantly more likely to be diagnosed at a late stage (75.2%) than an early stage (19.3%) during 2008-2010 (*Table 2.38, Figure 2.21*).

How does stage at lung cancer diagnosis in Maine compare to the U.S.?

The proportion of lung cancer cases diagnosed at an early, late, or unknown stage in Maine is similar to those in the U.S. overall and U.S. whites.

- During 2008-2010, the percentage and age-adjusted rate of late-stage lung cancer diagnosis among Mainers (75.2%; 57.1 per 100,000) was similar to (and not significantly different from) those among the U.S. SEER overall (75.7%; 44.4 per 100,000) and U.S. SEER whites (74.9%; 44.6 per 100,000; *Table 2.38, Figure 2.21*).

Figure 2.21. Incident Lung Cancer at Stage of Diagnosis by Sex, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010). Percentages are calculated using SEER*Stat Version 8.1.5.
Lung cancer: SEER Site Recode ICD-O-3: 22030 (which include ICD-O-3 code: C340-C349).
Stage at diagnosis is determined when the cancer was first diagnosed and has been summarized as early stage (in situ and localized), late stage (regional and distant), or unknown.

- The proportion of new lung cancer cases among Mainers that had an unknown stage at diagnosis (5.5%) was similar to the proportion among U.S. SEER overall (5.8%) and U.S. SEER whites (5.9%) during 2008-2010 (*Table 2.38, Figure 2.21*).

- In Maine, the proportion of males and females diagnosed with lung cancer at early, late and unknown stages was similar to that of the U.S. SEER overall and U.S. SEER whites, with most new lung cancer cases being diagnosed at late stage during 2008-2010 (*Table 2.38, Figure 2.21*).

Are there sex differences in stage at diagnosis among new lung cancer cases in Maine?

Maine males and females tend to have lung cancer diagnosed at a late stage. Maine females are more likely to have lung cancer diagnosed at an early stage than males.

- During 2008-2010, both Maine females and males were significantly more likely to have lung cancer to be diagnosed at a late stage (73.5% and 76.7%, respectively) compared to early stage (21.6% and 17.2%, respectively). The proportion of lung cancer cases diagnosed with an unknown stage was not significantly different between females and males (4.9% and 6.0%, respectively; *Table 2.39, Figure 2.21*).

- Maine females were significantly more likely to have lung cancer diagnosed at an early stage (21.6%) than males (17.2%), but there was no significant difference between females and males in diagnosis at late stage or having an unknown stage at diagnosis. Among U.S. SEER and U.S. SEER whites, females were significantly more likely to have lung cancer diagnosed at an early stage and significantly less likely to have lung cancer diagnosed as a late stage compared to males (*Table 2.39, Figure 2.21*).

- There was no significant difference in lung cancer diagnosis at any stage among Maine males and females compared those in the U.S. SEER overall and U.S. SEER whites (*Table 2.39, Figure 2.21*).

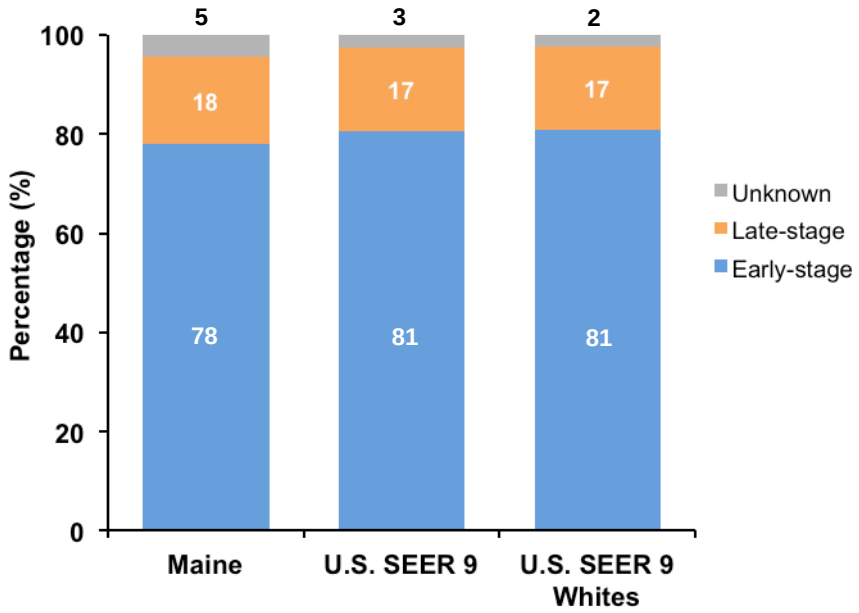
Prostate cancer

At what stages are new prostate cancer cases commonly diagnosed among Maine males?

In Maine, nearly 80% of new prostate cancer cases are diagnosed at an early stage.

- During 2008-2010, 77.9% of new prostate cancer cases were diagnosed at an early stage (age-adjusted rate: 99.9 per 100,000), 17.7% at a late stage (22.7 per 100,000), and 4.5% were diagnosed at an unknown stage (6.8 per 100,000; *Table 2.40, Figure 2.22*).

Figure 2.22. Incident Prostate Cancer at Stage of Diagnosis, Maine, U.S. SEER 9 and U.S. SEER 9 White, 2008-2010



Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010).
U.S. Data Source: SEER 9 Research Data (1973-2010). Percentages are calculated using SEER*Stat Version 8.1.5.
Prostate cancer: SEER Site Recode ICD-O-3: 28010 (which include ICD-O-3 code: C619).
Stage at diagnosis is determined when the cancer was first diagnosed and has been summarized as early stage (*in situ* and localized), late stage (regional and distant), or unknown.

How does stage at prostate cancer diagnosis in Maine compare to the U.S.?

Maine males are less likely to have prostate cancer diagnosed at an early stage compared to U.S. males. Males in Maine are also more likely to have prostate cancer diagnosed at an unknown stage than U.S. males.

- During 2008-2010, Maine males were significantly less likely to have prostate cancer diagnosed at an early stage (77.9%, 99.9 per 100,000) compared to U.S. SEER males (80.7%; 122.8 per 100,000) and U.S. SEER white males (80.8%; 118.4 per 100,000; *Table 2.40, Figure 2.22*).

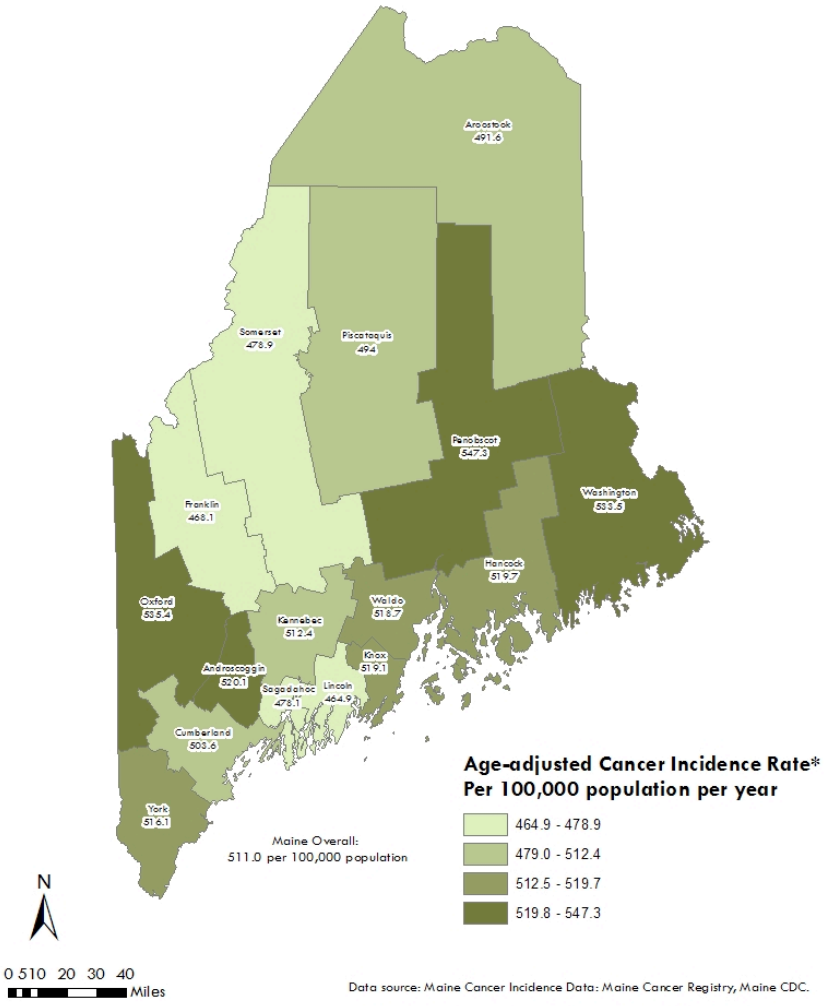
- In Maine, the proportion of males diagnosed with prostate cancer at a late stage was similar to that of U.S. SEER males and U.S. SEER white males (*Table 2.40, Figure 2.22*).

- Maine males were significantly more likely to be diagnosed with prostate cancer at an unknown stage (4.5%; 6.8 per 100,000) than U.S. SEER males (2.7%; 4.6 per 100,000) and U.S. SEER white males (2.2%; 3.7 per 100,000). U.S. SEER males are also more likely to have prostate cancer diagnosed at an unknown stage than U.S. SEER white males (*Table 2.40, Figure 2.22*).

References

1. National Cancer Institute. Cancer Staging. Available at: http://www.cancer.gov/cancertopics/factsheet/detection/staging. Accessed on September 22, 2014.

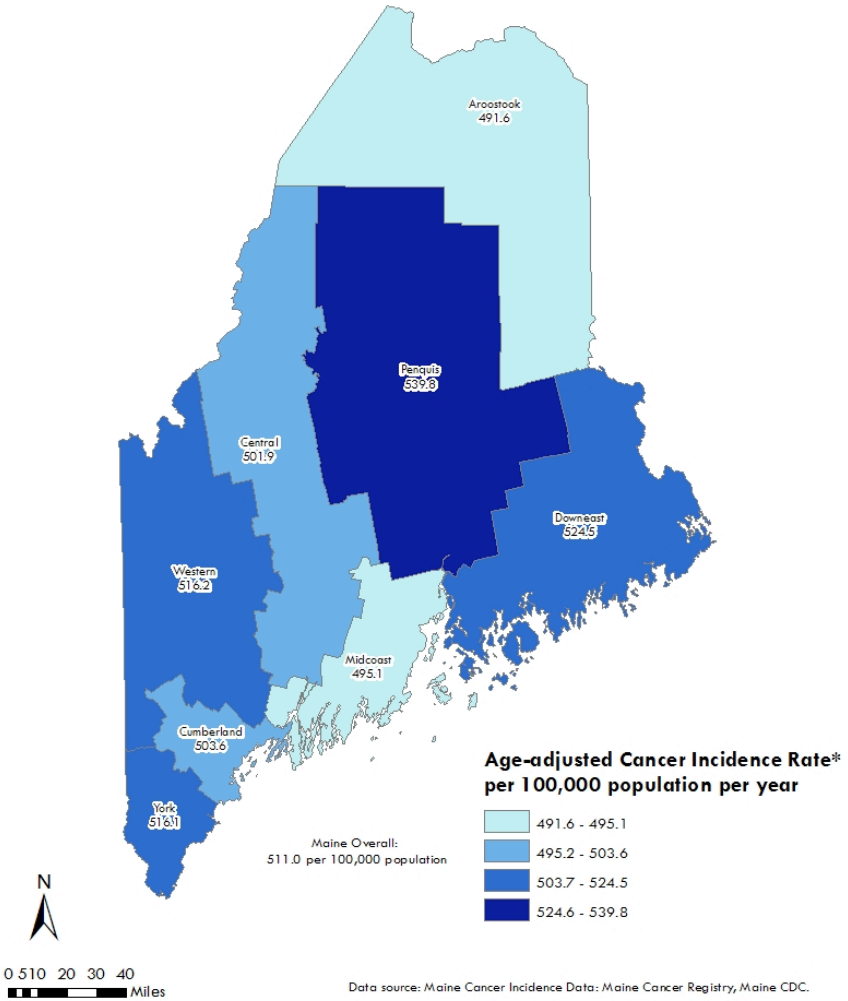
Map 2.1. Cancer Incidence Rate for All Sites Combined by County, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

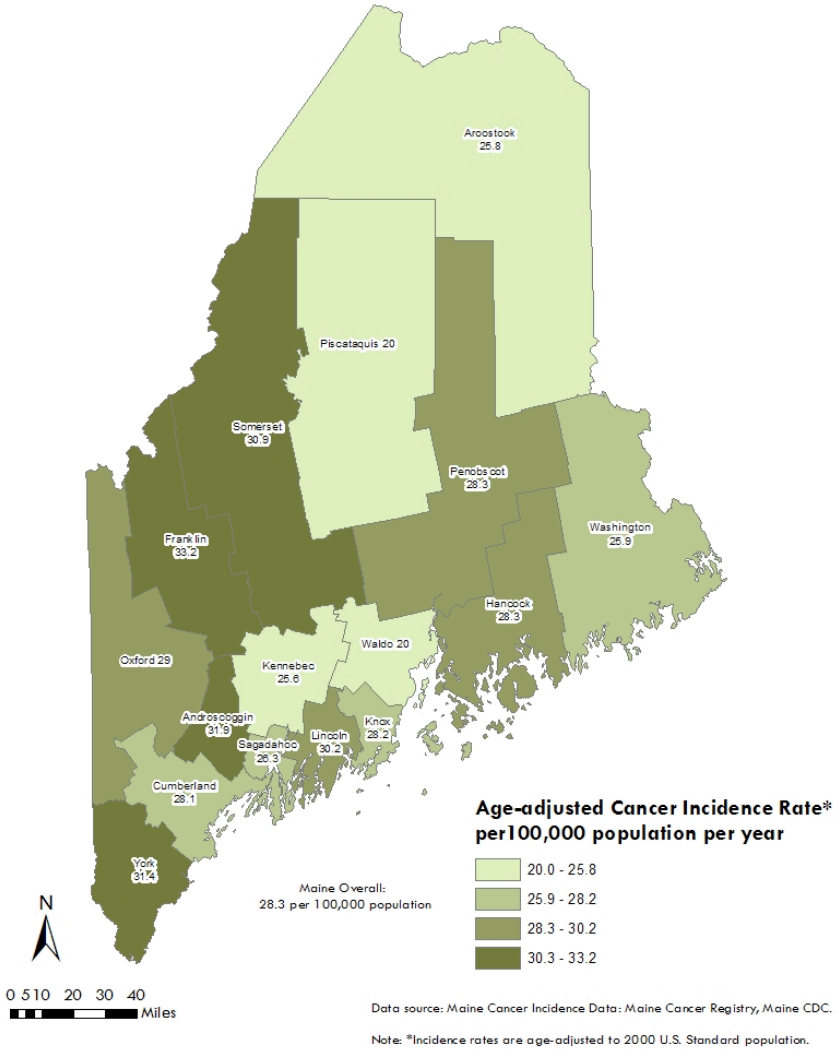
Map 2.2. Cancer Incidence Rate for All Sites Combined by Public Health District, Maine, 2006-2010



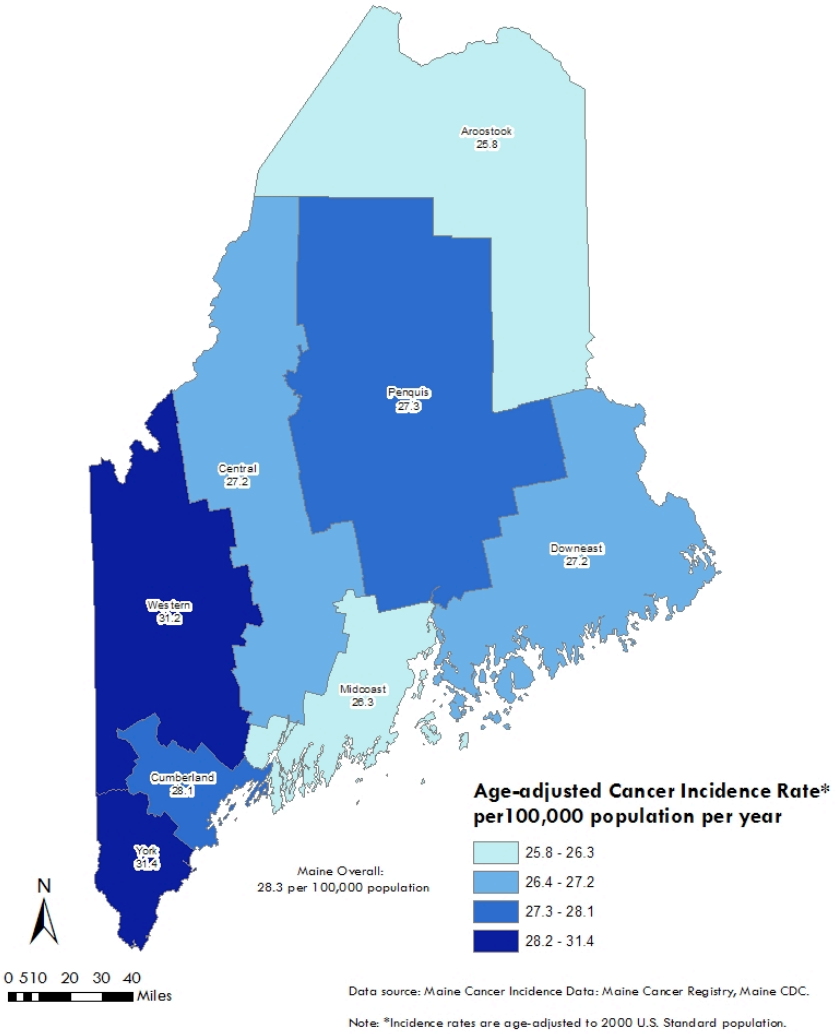
Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

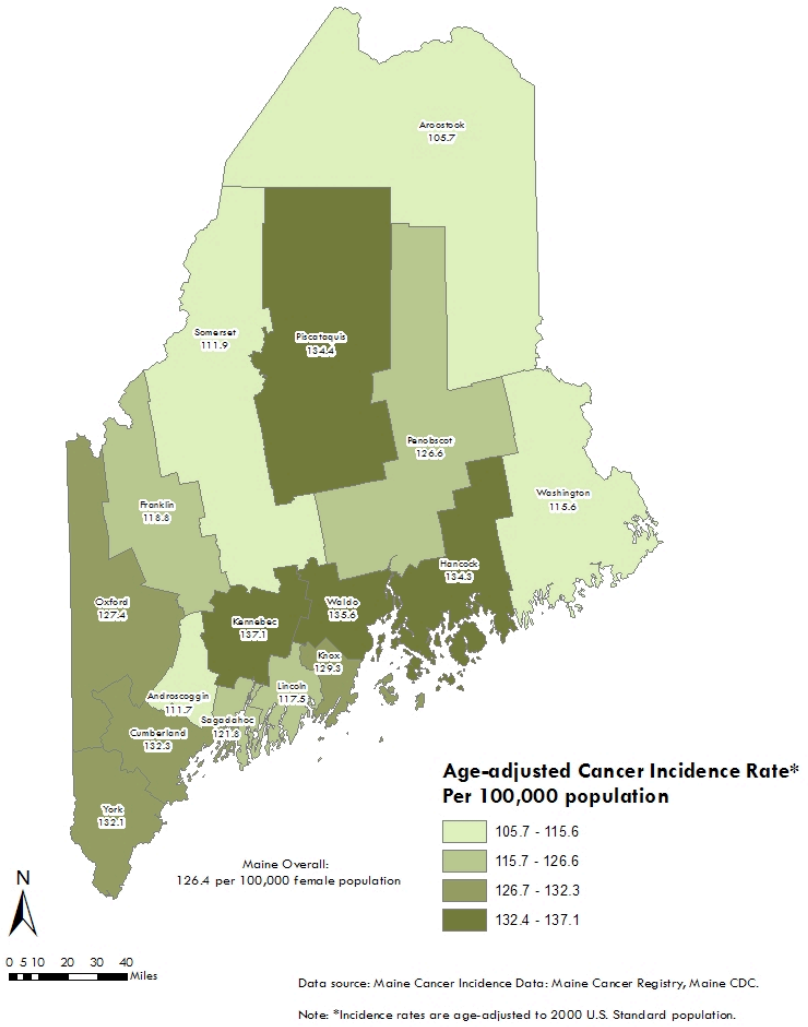
Map 2.3. Bladder Cancer Incidence Rate by County, Maine, 2006-2010



Map 2.4 Bladder Cancer Incidence Rate by Public Health District, Maine 2006-2010



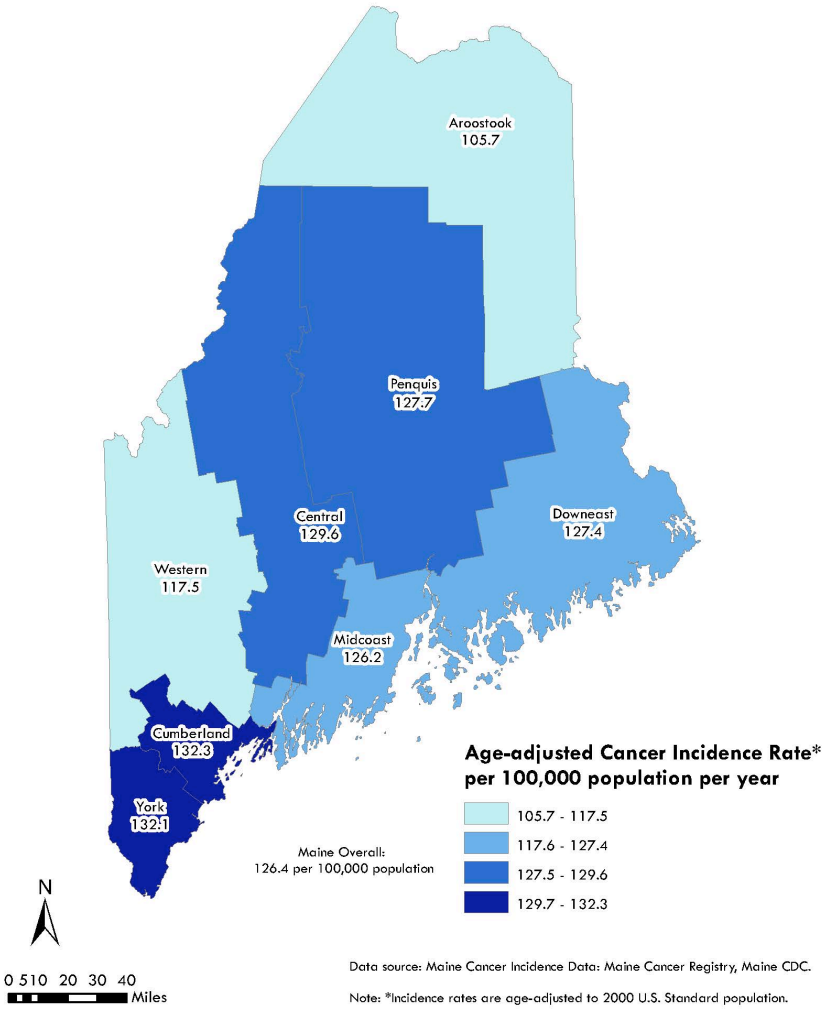
Map 2.5. Female Breast Cancer Incidence Rate by County, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

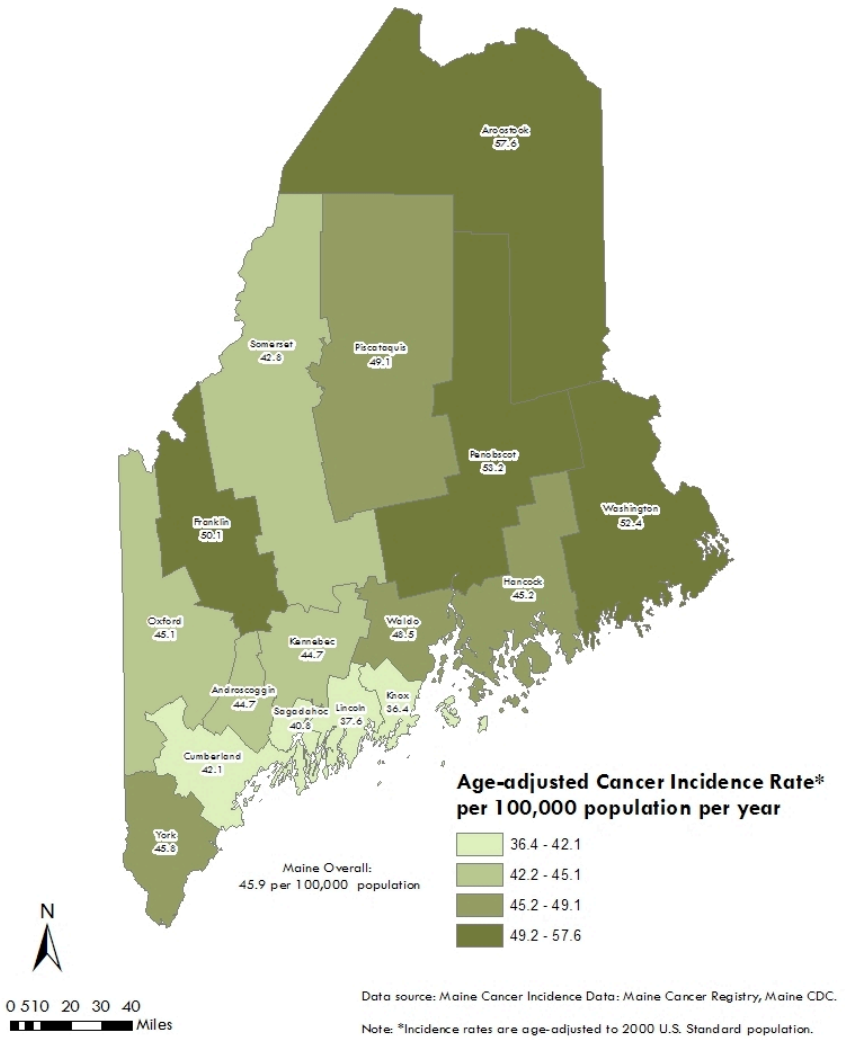
Map 2.6. Female Breast Cancer Incidence Rate by Public Health District, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

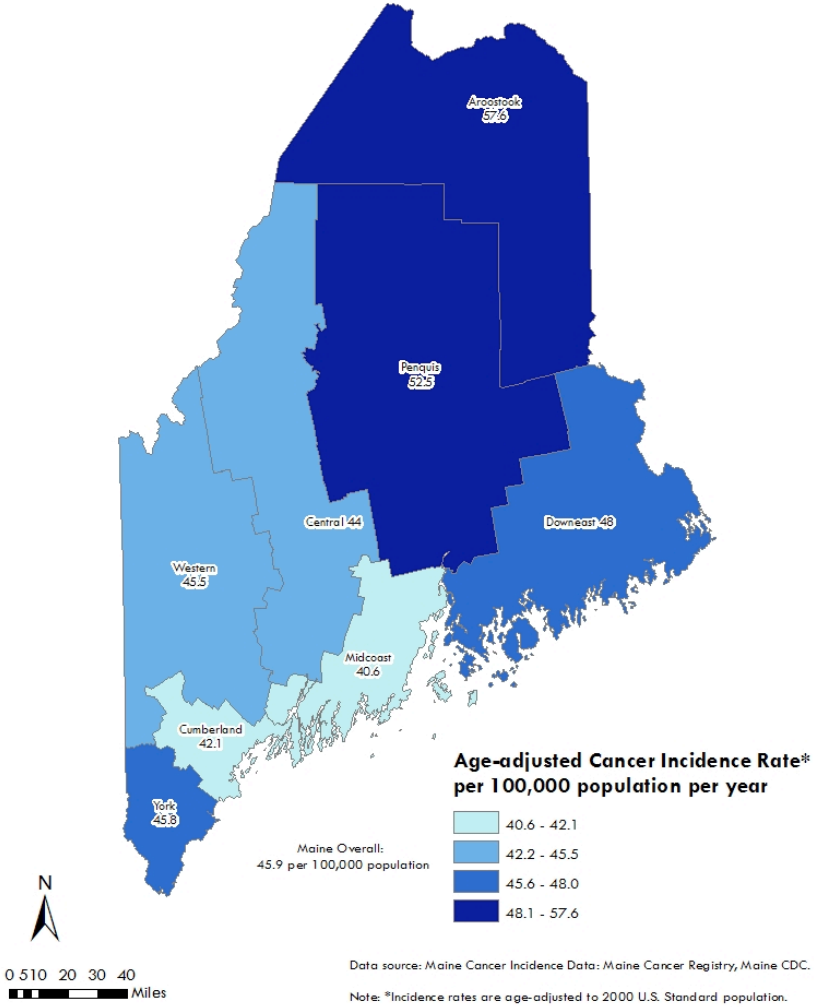
Map 2.7. Colorectal Cancer Incidence Rate by County, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

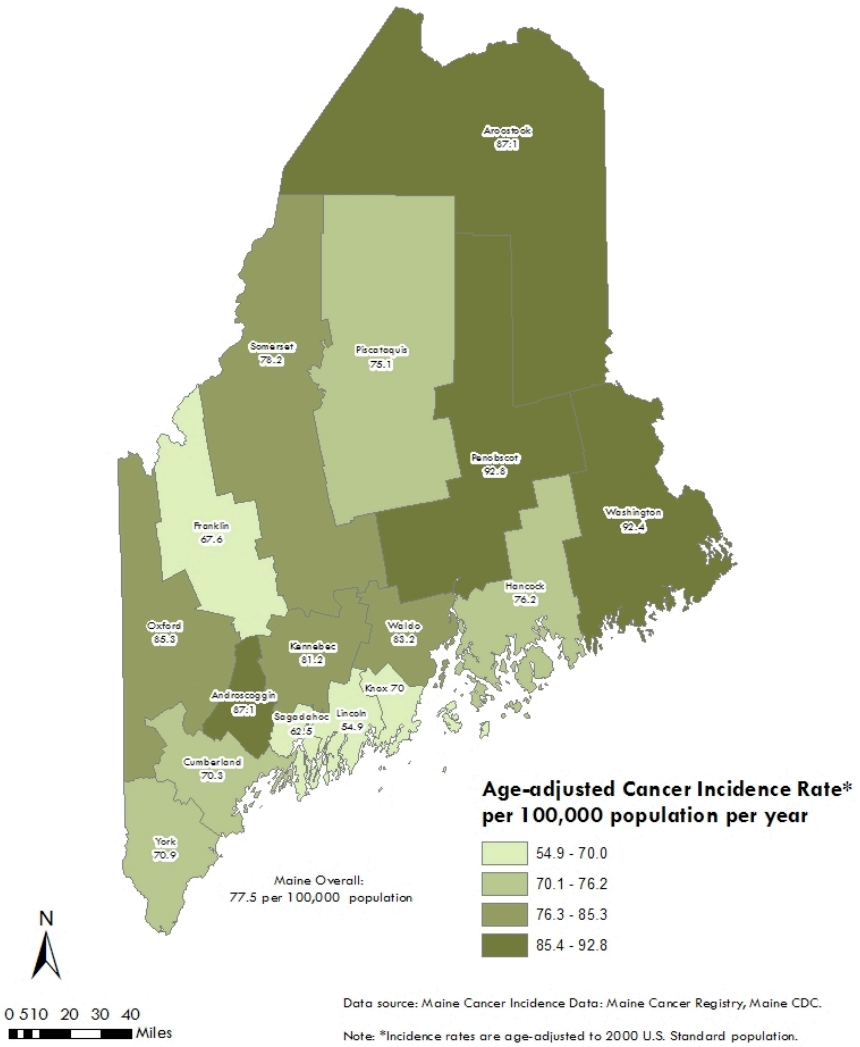
Map 2.8. Colorectal Cancer Incidence Rate by Public Health District, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

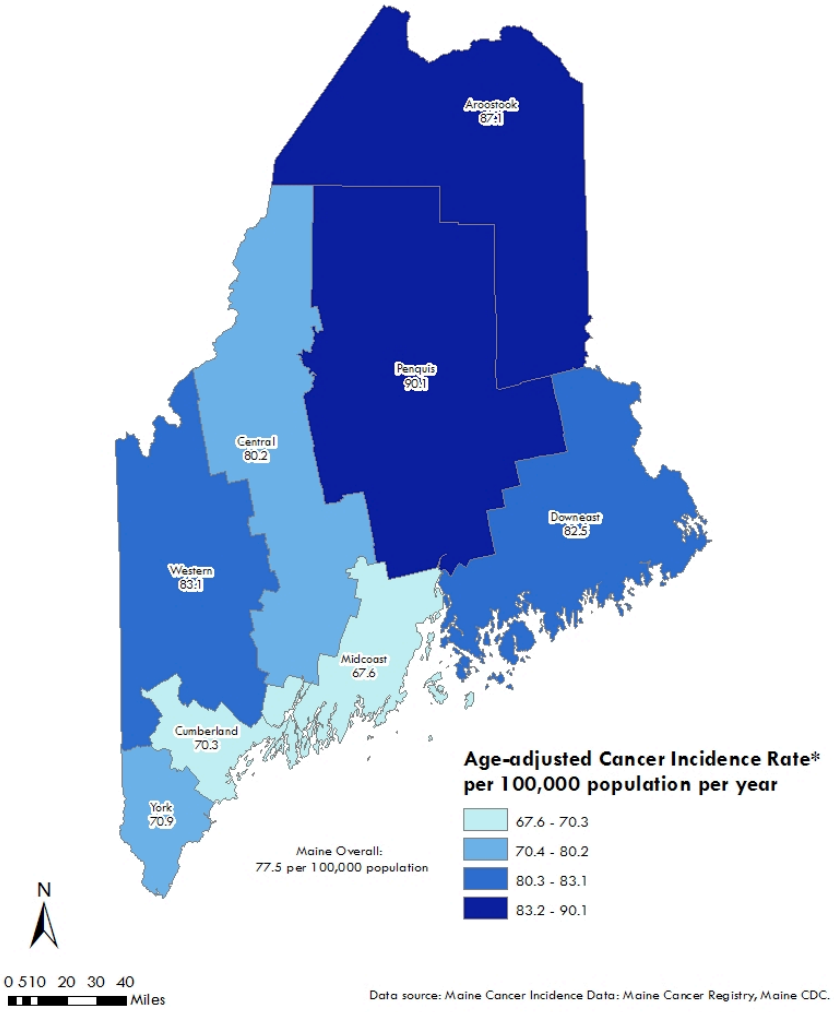
Map 2.9. Lung Cancer Incidence Rate by County, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

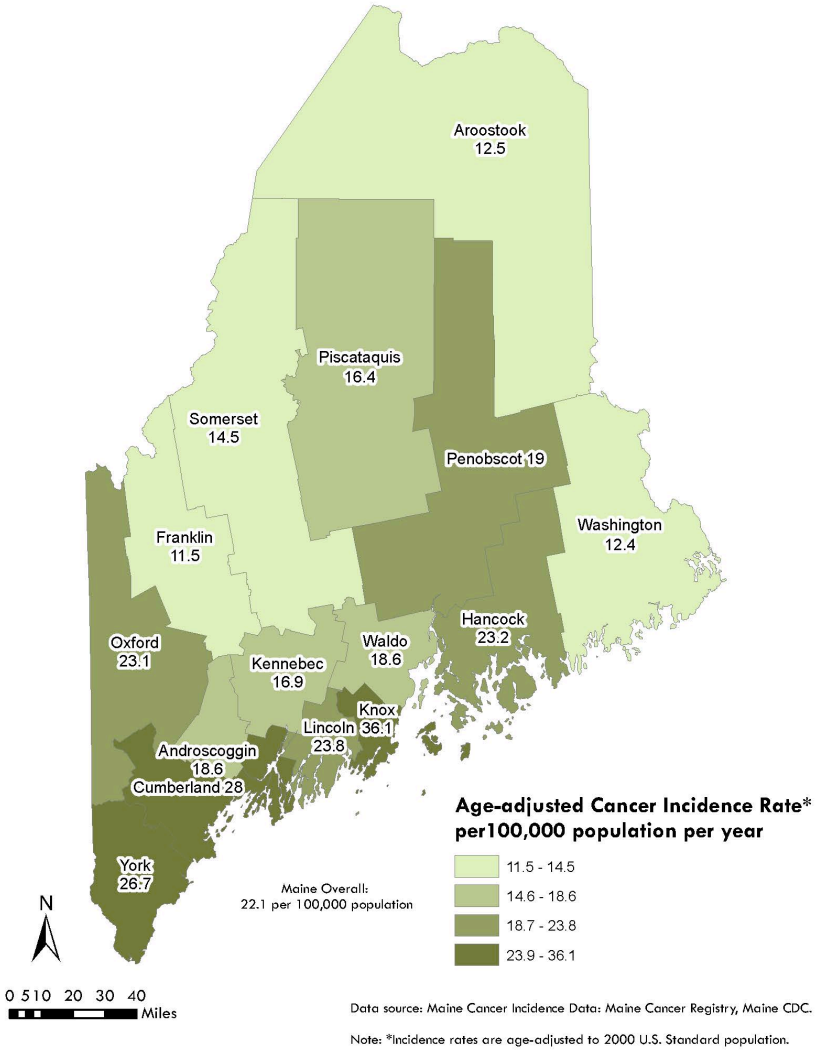
Map 2.10. Lung Cancer Incidence Rate by Public Health District, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

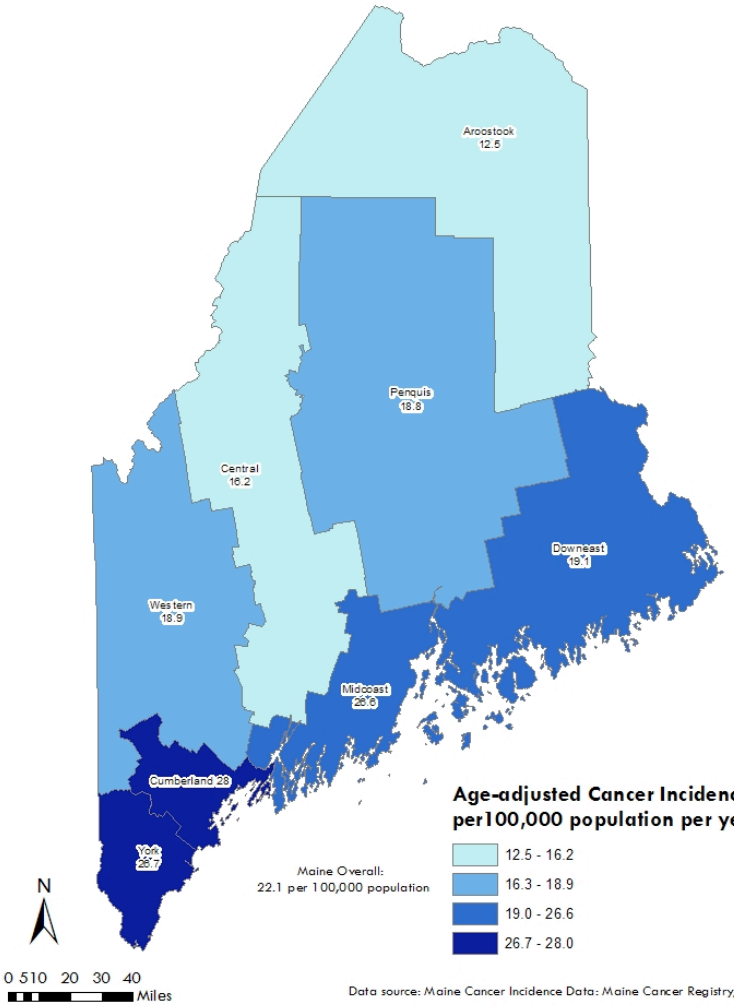
Map 2.11. Melanoma Incidence Rate by County, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

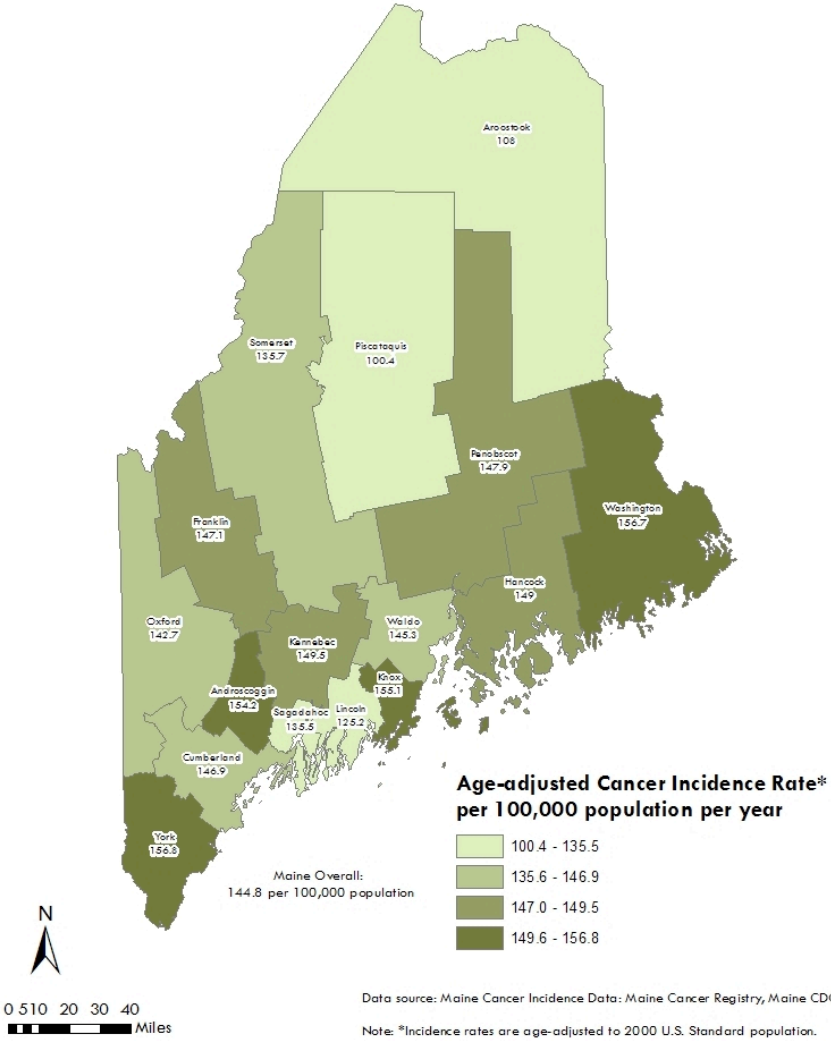
Map 2.12. Melanoma Incidence Rate by Public Health District, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

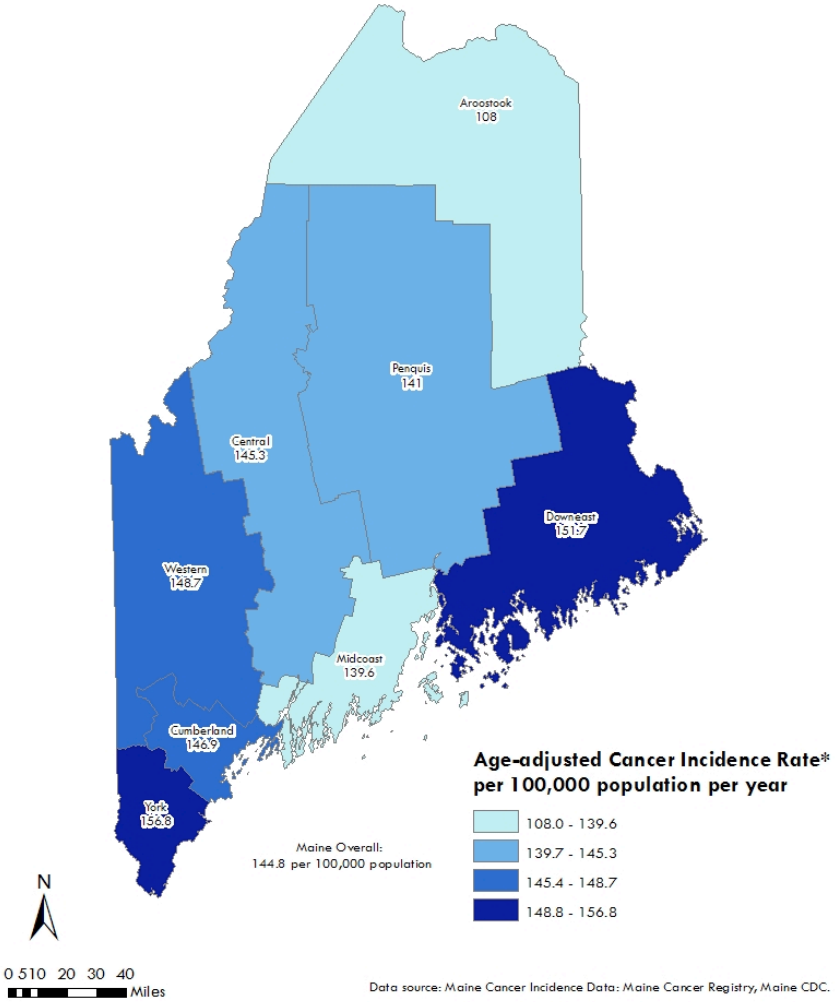
Map 2.13. Prostate Cancer Incidence Rate by County, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CD

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

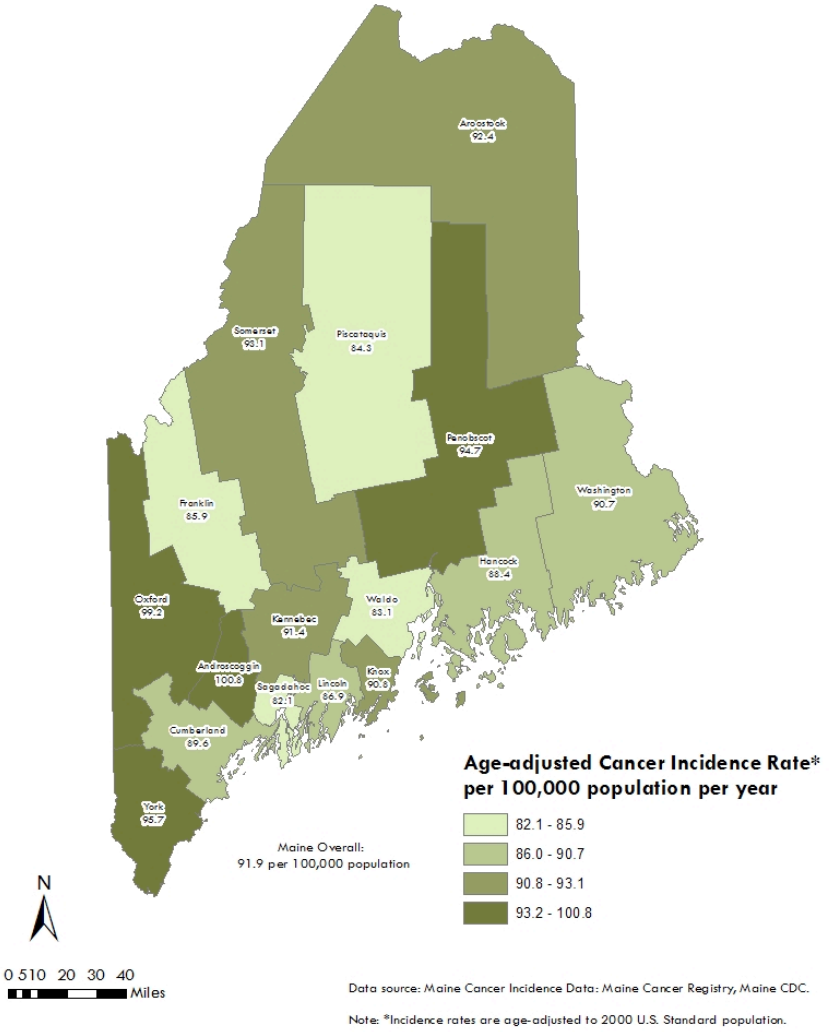
Map 2.14. Prostate Cancer Incidence Rate by Public Health District, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

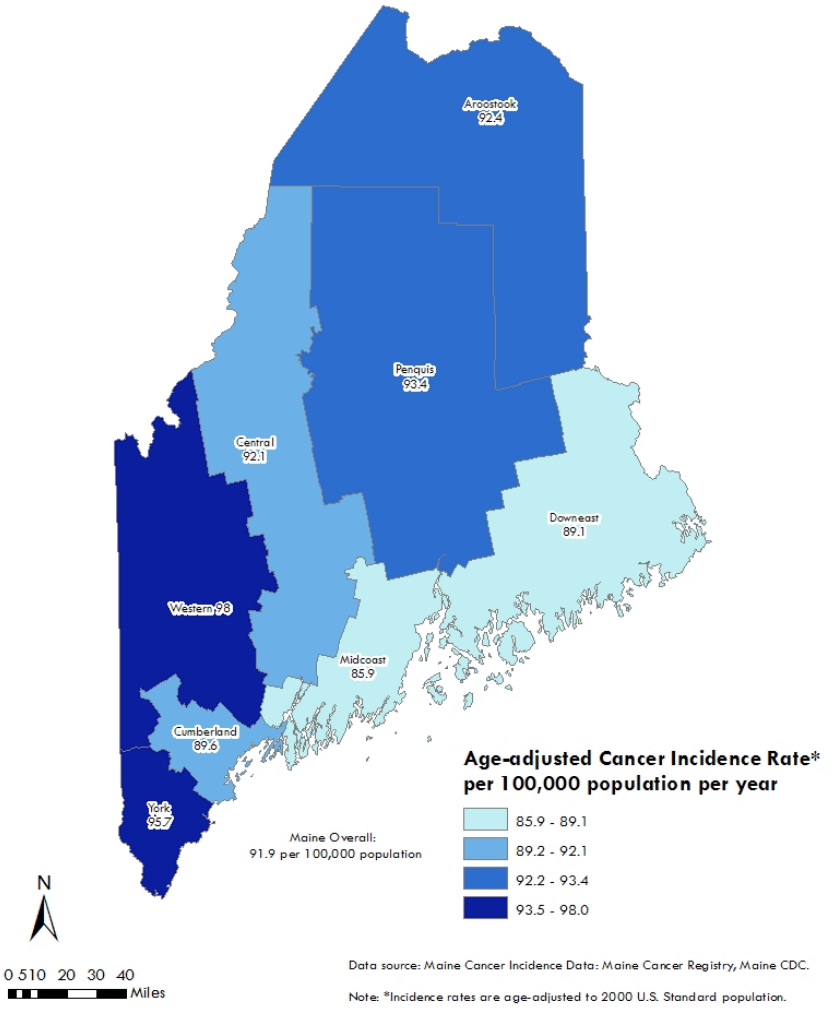
Map 2.15. Tobacco-related Cancer Incidence Rate by County, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

Map 2.16. Tobacco Cancer Incidence Rate by Public Health District, Maine, 2006-2010



Data source: Maine Cancer Incidence Data: Maine Cancer Registry, Maine CDC.

Note: *Incidence rates are age-adjusted to 2000 U.S. Standard population.

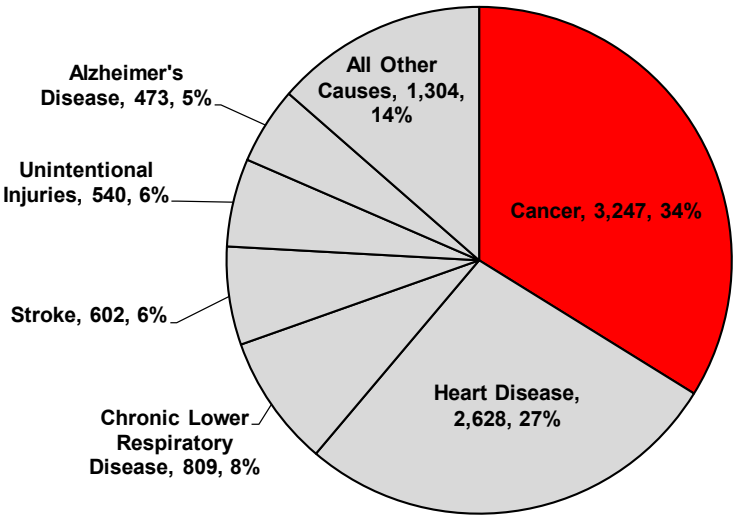
Cancer Mortality

In this chapter, we examine cancer deaths and death rates in Maine, and compare Maine data to overall U.S. and U.S. white populations to identify state-specific differences. We present death data and statistics for all cancers combined, and for eight specific cancer types, presented in alphabetical order as follows:

- Bladder cancer
- Breast cancer (female only)
- Cervical cancer
- Colorectal cancer
- Lung cancer (including bronchus)
- Melanoma
- Prostate cancer
- Tobacco-related cancer (excluding lung cancer)

Of these, five cancers account for most cancer deaths in Maine — lung, tobacco-related (excluding lung), colorectal cancer, and breast cancer among women and prostate cancer among men. Although the remaining three cancers — bladder, cervical, and melanoma — are less common, they were included because they are of interest to stakeholders in cancer prevention and control in Maine.

Figure 3.1. Leading Causes of Death, Maine, 2010



Data Source: Maine Mortality Data; Data, Research and Vital Statistics, Maine CDC.

Note: The disease is listed first, followed by the total number of deaths, then the percent of total deaths. ICD-10 codes: Cancer C00-C97; Heart Disease I00-I09, I11, I13, I20-I51; Stroke I60-I69; Chronic Lower Respiratory Disease J40-J47; Unintentional InjuriesV01-X59,Y85-Y86; Alzheimer's Disease G30.

All cancer

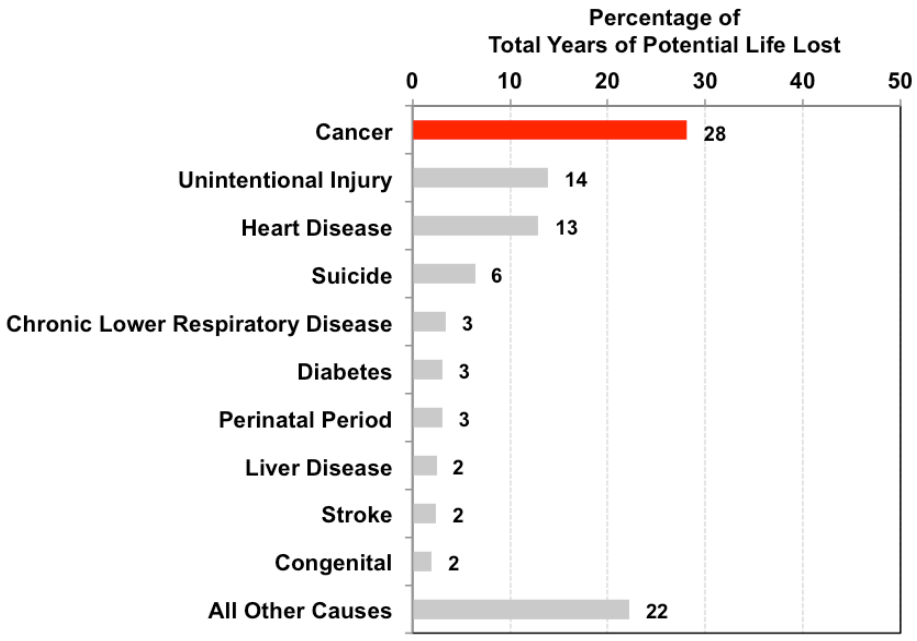
This section focuses on deaths from all types of cancer combined. In this section, "cancer deaths" and "cancer death rates" means deaths and death rates for all types of cancer combined.

How common are deaths from cancer in Maine and the U.S.?

Cancer is the leading cause of death in Maine and the second leading cause of death among all Americans.

- In 2010, cancer was the leading cause of death in Maine, causing 3,247 deaths (34% of all deaths; *Figure 3.1*).
- In 2010, cancer was the second leading cause of death in the U.S (after heart disease), with more than 574,000 cancer deaths (23% of all deaths) in the U.S. in that year.[1]
- On average, 9 Mainers die from cancer each day (*Table 3.1*).
- In 2010, cancer was the leading cause of years of potential life lost before age 75 years in Maine, causing 23,202 years of potential life lost, with an estimated 28% of Maine's total years of potential life lost due to cancer (*Figure 3.2*).[2]

Figure 3.2. Leading Causes of Years of Potential Life Lost Before Age 75, Maine, 2010



Data Source: WISQARS System; National Center for Health Statistics Vital Statistics System. Accessed December 20, 2013.

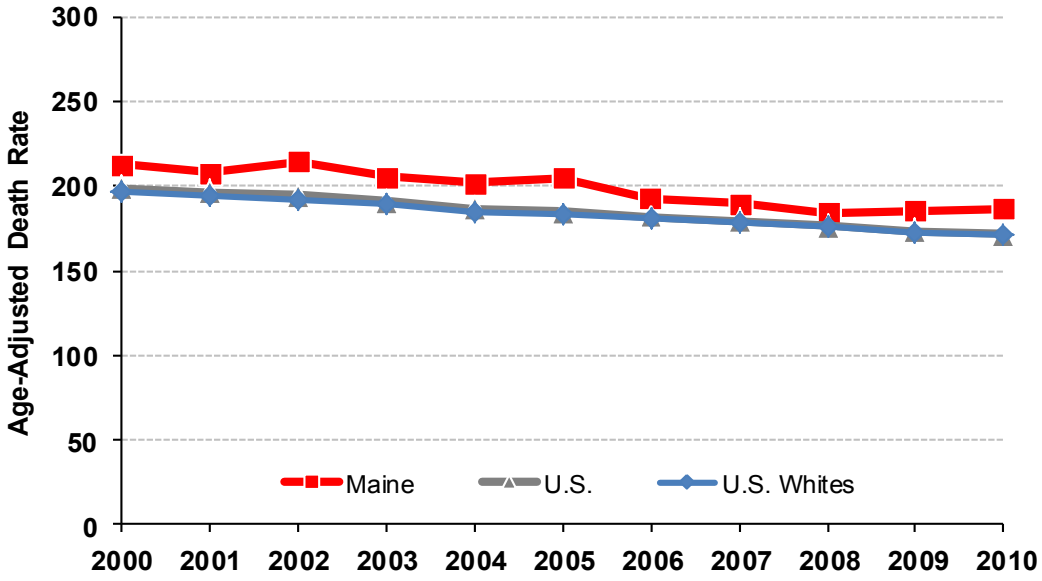
How do cancer death rates in Maine compare to those of the U.S.?

The cancer death rate in Maine is significantly higher than the overall U.S. rate and is the highest rate among New England states.

- From 2000 to 2010, the age-adjusted cancer death rates in Maine were consistently higher than both the U.S. rate and the U.S. white rate (*Table 3.1, Figure 3.3*).

- In 2010, the age-adjusted cancer death rate in Maine (186.6 per 100,000) was significantly higher (9%) than both the U.S. rate (171.8 per 100,000) and the U.S. white rate (171.4 per 100,000, *Table 3.1, Figure 3.3*).

Figure 3.3. All Cancer Death Rates by Year, Maine and U.S., 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
All cancer: SEER Cause of Death Recode: 20010-37000 (which include ICD-10 codes: C00-C97) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

- In 2010, Maine had the 11th highest cancer death rate among the 50 states and the District of Columbia.[3]

- Among the six New England states, Maine had the highest cancer death rate in 2010.[3]

What are the trends in cancer death rates in Maine and the U.S.?

While cancer death rates in both Maine and the U.S. have steadily declined over time, Maine's cancer death rates have remained consistently higher than U.S. rates.

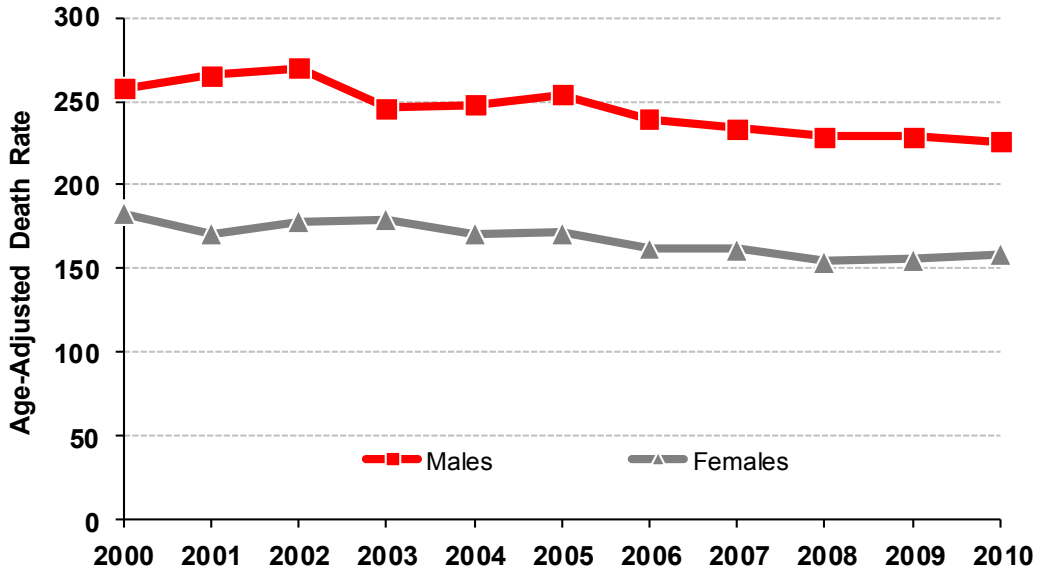
- Since 2000, cancer death rates have steadily and significantly declined in both Maine and the U.S. (*Table 3.1, Figure 3.3*).
- Maine's age-adjusted cancer death rate declined 12.3% from 212.8 per 100,000 in 2000 to 186.6 per 100,000 in 2010 (*Table 3.1, Figure 3.3*).
- From 2000 to 2010, the average annual decline in Maine's cancer death rate was 1.4%, which is similar to the average decline in the U.S. of 1.3% (*Table 3.1, Figure 3.3*).

Are there differences in cancer death rates by sex in Maine?

In Maine, males have significantly higher cancer death rates than females.

- There is a sex disparity in cancer death rates in Maine, with males having significantly higher death rates than females from 2000 to 2010 (*Table 3.2, Figure 3.4*).

Figure 3.4. All Cancer Death Rates by Year and Sex, Maine, 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
All cancer: SEER Cause of Death Recode: 20010-37000 (which include ICD-10 codes: C00-C97) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

- In 2010, the age-adjusted cancer death rate among Maine males (226.0 per 100,000) was 43% higher than females (age-adjusted rate: 158.5 per 100,000; *Table 3.2, Figure 3.4*).

- Maine males had significantly higher cancer death rates than females from 2000 to 2010, but over this time, death rates among males were declining at a similar (not significantly different) pace as rates among females (*Table 3.2, Figure 3.4*).

- In 2010, cancer death rates among Maine males and females were also significantly higher than those of males and females for U.S. overall and U.S. whites (*Table 3.2*).

Are there differences in cancer death rates by age group in Maine?

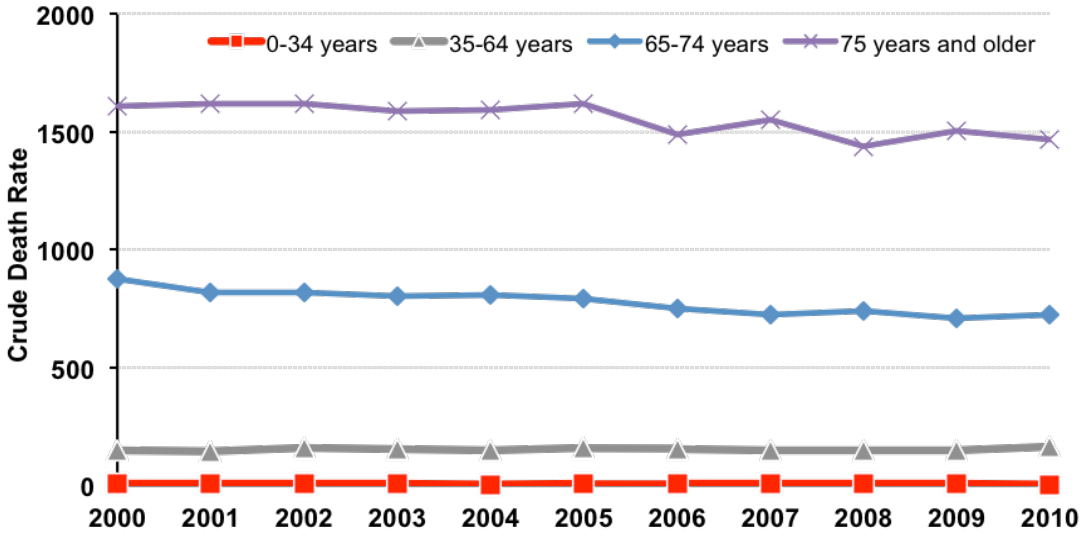
In Maine, cancer death rates are significantly higher in older age groups than younger age groups.

- From 2000 to 2010, cancer death rates increased with age, and were low among Mainers under 35 years of age. This age pattern is similar for the U.S. overall and U.S. whites (*Table 3.3*).

- Cancer death rates among Mainers ages 0−34 years and 75 and older have not changed significantly from 2000 to 2010. Annual cancer death rates among Mainers ages 65−74 years suggests there may be a declining trend; rates in 2007, 2008, 2009, and 2010 were significantly lower than rates in 2000 and 2002. The 2010 cancer death rate among Mainers ages 35−64 years appears higher than previous years, and is significantly higher than the 2001 rate, but additional years of data are needed to determine whether or not this is an increasing trend (*Table 3.3, Figure 3.5*).

- In 2010, the cancer death rate among Mainers ages 75 years and older (1,469.3 per 100,000) was twice the rate of those ages 65−74 years (723.5 per 100,000) and 9 times the rate of those ages 35−64 years (165.2 per 100,000); these differences were statistically significant. The annual number of cancer deaths among Mainers ages 0−34 years in 2010 was too low to provide statistically reliable rates in this age group (*Table 3.3, Figure 3.5*).

Figure 3.5. All Cancer Death Rates by Year and Age Group, Maine, 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
All cancer: SEER Cause of Death Recode: 20010-37000 (which include ICD-10 codes: C00-C97) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Are there differences in cancer death rates by geography?

Counties and public health districts with the highest cancer death rates tend to be in northern, northeastern, and western Maine.

- Kennebec and Washington counties had significantly higher age-adjusted cancer death rates than Maine overall (187.7 per 100,000) during 2006-2010 (*Table 3.4, Map 3.1).*

- The cancer death rate in Washington County, the highest county rate in Maine (age-adjusted rate: 209.3 per 100,000), was 25% higher than the rate in Lincoln County, the lowest county rate in Maine (age-adjusted rate: 168.1 per 100,000); this difference was statistically significant (*Table 3.4, Map 3.1).*

- Central District had the highest age-adjusted cancer death rate (203.3 per 100,000) among public health districts in the state, which was significantly higher (9%) than the state rate (187.7 per 100,000; *Table 3.4, Map 3.2).*

- The cancer death rate in Central District (203.3 per 100,000), the highest district rate in the state, was 15% higher than the rate in Midcoast District, the lowest district rate in the state (age-adjusted rate: 176.5 per 100,000); this difference was statistically significant (*Table 3.4, Map 3.2*).

See maps at the end of the chapter.

Bladder cancer

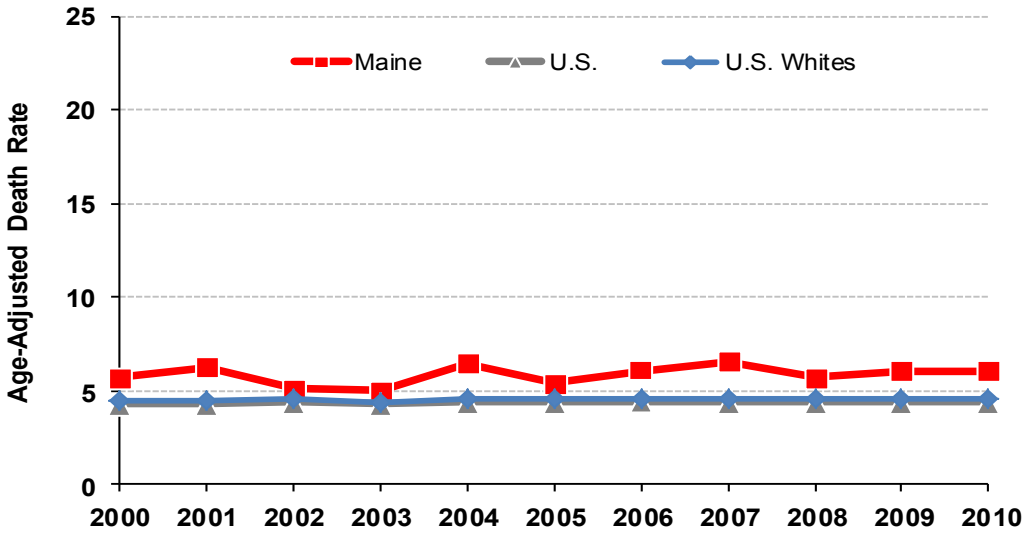
Bladder cancer in this section refers to urinary bladder cancer.

How do bladder cancer death rates in Maine compare to those of the U.S.?

Maine has consistently higher bladder cancer death rates compared to the U.S. Bladder cancer death rates are significantly higher in Maine males compared to U.S. males, but rates among Maine females are similar to those of U.S. females.

- From 2000 to 2010, Maine's age-adjusted bladder cancer death rates were consistently higher than the U.S. rate (significantly higher in all years except 2005), and higher than the U.S. white rate in most, but not all, years (*Table 3.5, Figure 3.6*).

Figure 3.6. Bladder Cancer Death Rates by Year, Maine and U.S., 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Bladder cancer: SEER Cause of Death Recode: 29010 (which include ICD-10 code: C67) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

- In 2010, Maine's age-adjusted death rate for bladder cancer (6.1 per 100,000) was 39% higher than the U.S. rate (4.4 per 100,000) and 33% higher than the U.S. white rate (4.6 per 100,000); these differences were statistically significant (*Table 3.5, Figure 3.6*).

- In 2010, the age-adjusted bladder cancer death rate among Maine males (11.6 per 100,000) was 51% higher than the rate among U.S. males (7.7 per 100,000) and 43% higher than the rate among U.S. white males (8.1 per 100,000); these

differences were statistically significant. The rate for Maine females in this year (2.2 per 100,000) was similar to that of U.S. females (2.2 per 100,000) and U.S. white females (2.2 per 100,000; *Table 3.6*).

What are the trends in bladder cancer death rates in Maine?

Since 2000, bladder cancer death rates in Maine have remained fairly constant.

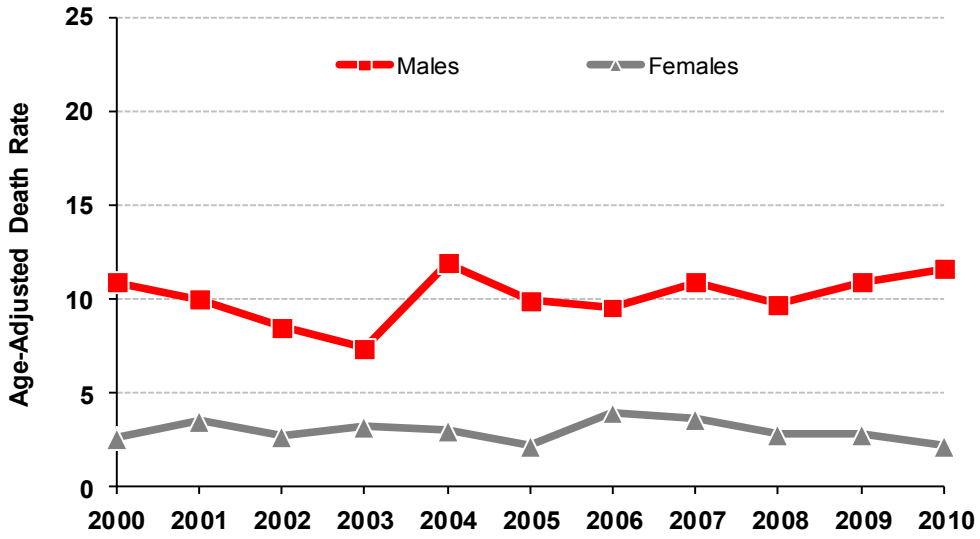
- In 2010, 106 Mainers died due to bladder cancer (*Table 3.5, Figure 3.6*).
- The age-adjusted bladder cancer death rate in Maine remained fairly constant from 2000 to 2010 (5.7 vs. 6.1 per 100,000) and there has been no significant change over time. Similarly, bladder cancer death rates for U.S overall and U.S. whites were steady over this time (*Table 3.5, Figure 3.6*).

Are there differences in bladder cancer death rates by sex in Maine?

Maine males have significantly higher bladder cancer death rates than Maine females.

- From 2000 to 2010, Maine males had significantly higher bladder cancer death rates than females (*Table 3.6, Figure 3.7*).
- In 2010, the age-adjusted bladder cancer death rate among Maine males (11.6 per 100,000) was 5 times the bladder cancer death rate among females (2.2 per 100,000; *Table 3.6, Figure 3.7*).
- Although bladder cancer death rates among Maine males appear to have increased in the past few years, this change was not statistically significant. Bladder cancer death rates did not change significantly among either Maine males or females between 2000 and 2010 (*Table 3.6, Figure 3.7*).

Figure 3.7. Bladder Cancer Death Rates by Year and Sex, Maine, 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Bladder cancer: SEER Cause of Death Recode: 29010 (which include ICD-10 code: C67) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Are there differences in bladder cancer death rates by age group in Maine?

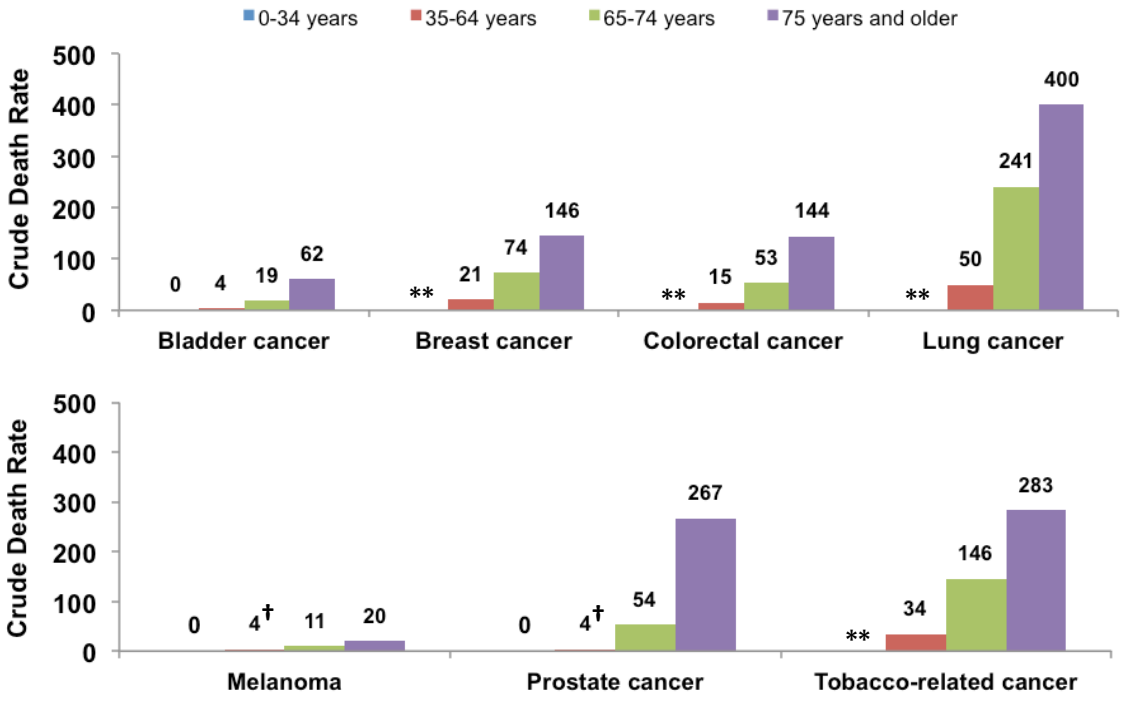
As for many cancers, bladder cancer death rates in Maine increase with age.

- In Maine, bladder cancer death rates increased with age during 2000 to 2010. This age pattern is similar for the U.S. overall and U.S. whites (*Table 3.7*).

- In 2010, the bladder cancer death rate among Mainers ages 75 years and older (61.8 per 100,000) was 3 times the rate of those ages 65–74 years (19.4 per 100,000) and 15 times the rate of those ages 35–64 years (4.0 per 100,000); these differences were statistically significant. The annual number of bladder cancer deaths among Mainers ages 0–34 years was too low to provide statistically reliable rates (*Table 3.7, Figure 3.8*).

- Although bladder cancer death rates appear to vary from year to year within each age group, none of these differences were statistically significant in any of the age groups (*Table 3.7*).

Figure 3.8. Crude Death Rates by Type of Cancer and Age Group, Maine, 2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Rates are deaths per 100,000 population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
†Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.
**Data are suppressed by SEER*Stat to protect privacy due to small numbers.

Are there differences in bladder cancer death rates by geography?

Bladder cancer death rates do not vary significantly by county or public health district of residence in Maine.

- While Androscoggin, Lincoln, and Washington counties had the highest age-adjusted bladder cancer death rates in the state during 2006-2010, these rates were not significantly higher than the overall Maine rate or the rate of any other Maine county (*Table 3.8, Map 3.3).*

- Although Western District had the highest bladder cancer death rate of all the public health districts in the state during 2006-2010 (age-adjusted rate: 7.1 per 100,000), this was not significantly higher than the state rate or the rate of any other Maine district (*Table 3.8, Map 3.4).*

See maps at the end of the chapter.

Breast cancer (females only)

While breast cancer does occur among males, this section focuses on female breast cancer deaths. In this section, "breast cancer deaths" and "breast cancer death rates" means deaths and death rates among females.

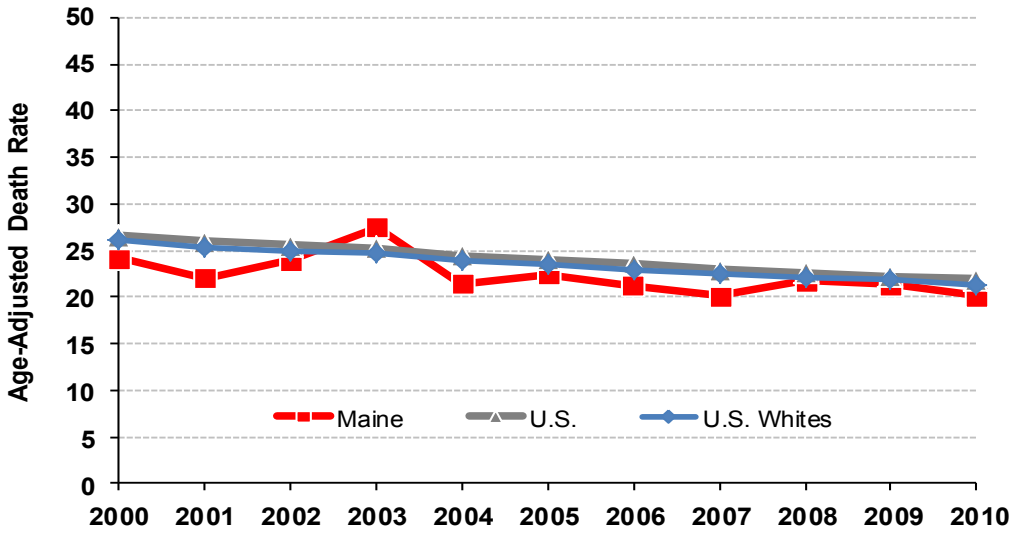
How do breast cancer death rates in Maine compare to those of the U.S.?

Breast cancer death rates in Maine are not significantly different than U.S. rates.

- Although breast cancer death rates in Maine appear to be lower than U.S. rates during the 2000 to 2010 period, only in 2001 was Maine's breast cancer death rate significantly lower than the U.S. rates; Maine's rate was not significantly different from the U.S. rates in any other year (*Table 3.9, Figure 3.9*).

- In 2010, the Maine age-adjusted death rate for breast cancer (20.1 per 100,000) was similar to (not significantly different from) the overall U.S. rate (21.9 per 100,000) and U.S. white female rate (21.3 per 100,000; *Table 3.9, Figure 3.9*).

Figure 3.9. Female Breast Cancer Death Rates by Year, Maine and U.S., 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Female breast cancer: SEER Cause of Death Recode: 26000 (which include ICD-10 code: C50) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

What are the trends in breast cancer death rates in Maine?

Breast cancer death rates are decreasing slightly, but not significantly, in Maine.

- In 2010, 195 females died from breast cancer in Maine (*Table 3.9*).
- The age-adjusted breast cancer death rates have decreased slightly in Maine from 24.2 per 100,000 in 2000 to 20.1 per 100,000 in 2010, but there has been no consistent or significant decline over time. While the breast cancer death rate was highest in 2003, significantly higher than several recent years, rates have remained stable since 2004 (*Table 3.9, Figure 3.9)*.
- There was a consistent and significant decline in age-adjusted breast cancer death rates for both U.S. overall and U.S. white females at about 18% over the 11-year period, and an annual average decline of 2.0% (*Table 3.9, Figure 3.9)*.

Are there differences in breast cancer death rates by age group in Maine?

In Maine, breast cancer death rates increase with age.

- In Maine, breast cancer death rates increased with age during 2000 to 2010. This age pattern is similar for the U.S. overall and U.S. whites (*Table 3.10*)
- In 2010, Maine females ages 75 years and older had breast cancer death rates (145.7 per 100,000) twice the rate of those ages 65–74 years (74.2 per 100,000) and 5 times the rate of those ages 35–64 years (21.3 per 100,000); these differences were statistically significant. The annual number of breast cancer deaths among Maine females ages 0–34 years was too low to provide statistically reliable rates (*Table 3.10, Figure 3.8*).
- Breast cancer rates within age groups in Maine fluctuate from year to year and have large confidence intervals, making it difficult to statistically detect a trend, if one existed. From 2000 to 2010, breast cancer death rates in Maine did not consistently or significantly change within any of the age groups (*Table 3.10*).

Are there differences in breast cancer death rates by geography?

Breast cancer death rates do not vary significantly by county or public health district of residence in Maine.

- While Kennebec, Knox and Oxford counties had the highest age-adjusted breast cancer death rates during 2006-2010, these rates were not significantly higher

than the overall Maine rate or the rate of any other Maine county (*Table 3.11, Map 3.5).*

- Although Aroostook, Central, and Downeast districts had the highest age-adjusted breast cancer death rates among public health districts in the state during 2006-2010, these rates were not significant differently than the overall Maine rate or the rate of any other Maine district (*Table 3.11, Map 3.6)*.

See maps at the end of the chapter.

Cervical cancer

How do cervical cancer death rates in Maine compare to those of the U.S.?

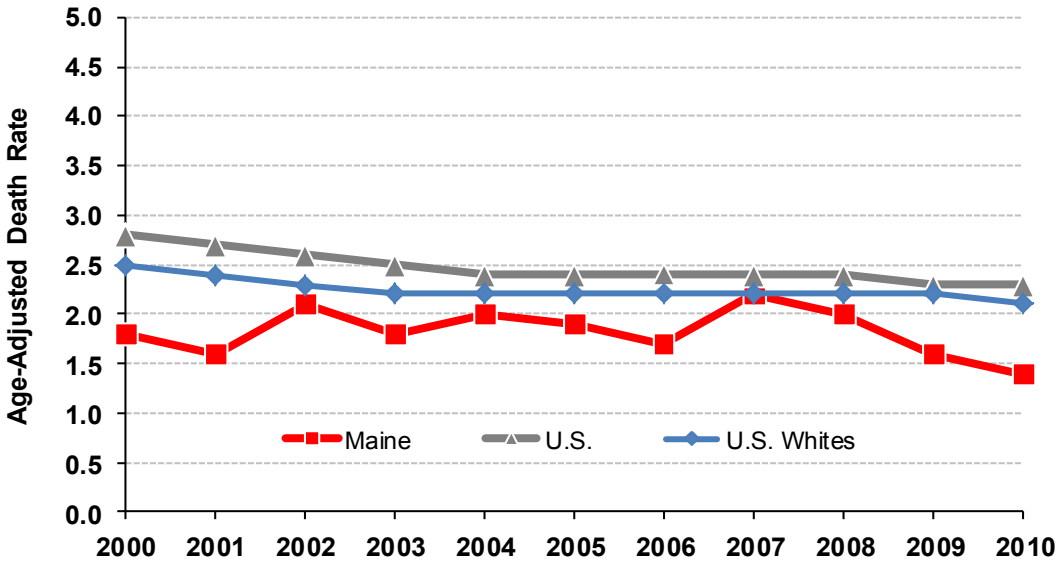
Cervical cancer death rates in Maine are slightly, but not significantly, lower than U.S. rates.

- Annual cervical cancer death rates in Maine are based upon fewer than 20 deaths, which means that they may be statistically unreliable (for instance, they may vary from year to year due purely to statistical variability) and should be interpreted with caution.

- From 2000 to 2010, the age-adjusted cervical cancer death rates in Maine were similar to the U.S. rate and the U.S. white rate (*Table 3.12, Figure 3.10*).

- In 2010, the age-adjusted cervical cancer death rate in Maine (1.4 per 100,000) was slightly, but not significantly, lower than the rate among the U.S. overall and U.S. whites (2.3 and 2.1 per 100,000, respectively; *Table 3.12, Figure 3.10*).

Figure 3.10. Cervical Cancer Death Rates by Year, Maine and U.S., 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Cervical cancer: SEER Cause of Death Recode: 27010 (which include ICD-10 code: C53) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

What are the trends in cervical cancer death rates in Maine?

Cervical cancer death rates in Maine have remained steady over the past decade.

- In 2010, 13 Maine females died due to cervical cancer (*Table 3.12*).
- The relatively small number (<20) of cervical cancer deaths each year in Maine result in relatively large confidence intervals and make it difficult to statistically detect a trend if one existed. Although the age-adjusted cervical cancer death rates in Maine fluctuated from year to year between 2000 and 2010, and rates appear to have consistently declined between 2007 and 2010; none of these changes were statistically significant (*Table 3.12, Figure 3.10*).
- Over this same period, 2000 to 2010, age-adjusted cervical cancer death rates declined significantly in the U.S. overall and U.S. whites (*Table 3.12, Figure 3.10*).

Are there differences in cervical cancer death rates by age group in Maine?

The annual numbers of cervical cancer deaths within age groups in Maine are too small to assess differences by age group. In the U.S., cervical cancer death rates increase significantly with increasing age.

- The number of cervical cancer deaths among Maine females is too low to provide reliable rates by age group (*Table 3.13*).
- Cervical cancer death rates did increase significantly with increasing age among U.S. females overall and among U.S. white females (*Table 3.13*).
- In 2010, for the U.S. overall, cervical cancer death rates increased from 3.9 per 100,000 in the 35–64 year age group to 5.2 in the 65–74 year age group and 6.1 in the 75 years and older age group. Among U.S. whites, cervical cancer death rates increased from 3.7 per 100,000 in the 35–64 year age group to 4.6 in the 65–74 year age group and 5.3 in the 75 years and older age group (*Table 3.13*).

Are there differences in cervical cancer death rates by geography?

The number of cervical cancer death rates by Maine county and public health district in 2006 to 2010 were too small to assess geographic differences.

- The relatively small number of cervical cancer deaths at the county and public health district level in Maine during 2006-2010 result in most county and district rates being suppressed to protect privacy or flagged as statistically unreliable, making it difficult to assess geographic differences (*Table 3.14)*.

Colorectal cancer

How do colorectal cancer death rates in Maine compare to those of the U.S.?

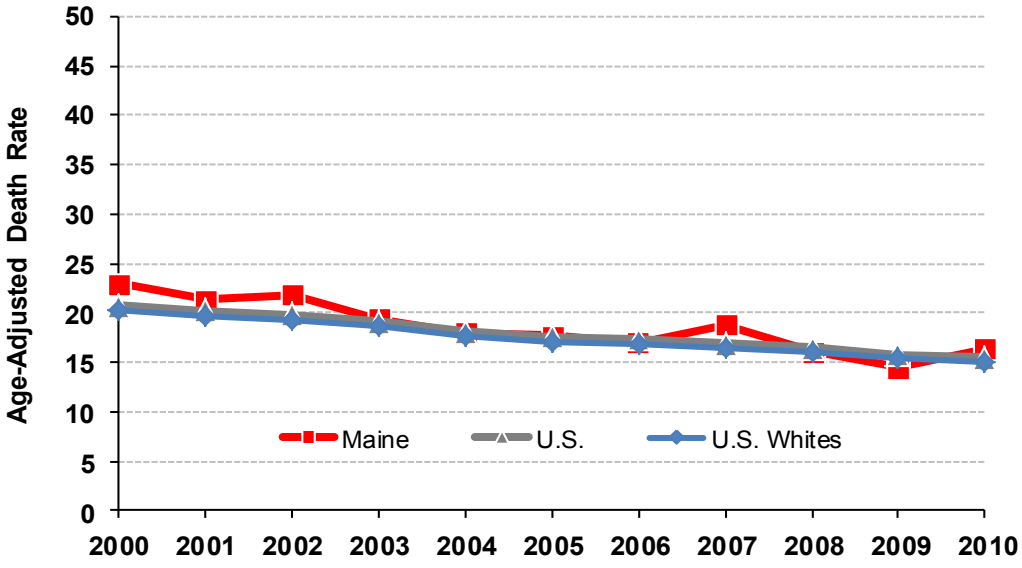
Colorectal cancer death rates in Maine are similar to those of the U.S.

- From 2000 to 2010, the age-adjusted colorectal cancer death rates in Maine were similar to (and not significantly different from) the overall U.S. rates. Maine colorectal cancer rates were significantly higher than the rates for U.S. whites in 2000, 2002, and 2007 only; Maine and U.S. white rates were not significantly different in any of the other years from 2000 to 2010 (*Table 3.15, Figure 3.11*).

- In 2010, the age-adjusted colorectal cancer death rate in Maine (16.4 per 100,000) was similar to (and not significantly different from) the U.S. rate (15.5 per 100,000) and U.S. white rate (15.0 per 100,000; *Table 3.15, Figure 3.11)*.

- In 2010, the age-adjusted colorectal cancer death rates for both Maine males and females were not significantly different from rates for U.S. and U.S. white rates for both sexes (*Table 3.15*).

Figure 3.11. Colorectal Cancer Death Rates by Year, Maine and U.S., 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Colorectal cancer: SEER Cause of Death Recode: 21041-21049, 21051, 21052 (which include ICD-10 codes: C180-C189, C260, C199, C209) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

What are the trends in colorectal cancer death rates in Maine?

Colorectal cancer death rates in Maine declined significantly between 2000 and 2010.

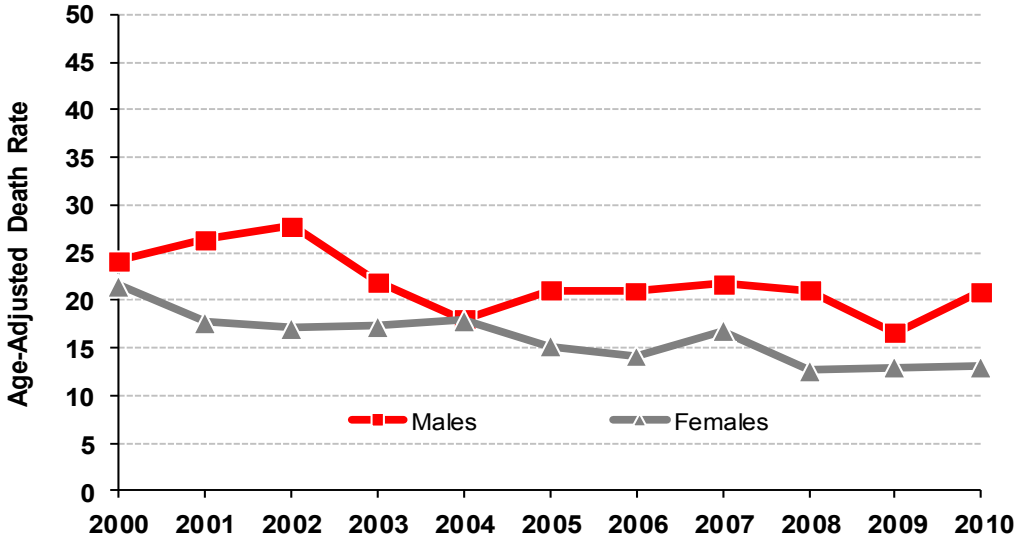
- In 2010, 290 Mainers died from colorectal cancer (*Table 3.15*).
- Maine's age-adjusted colorectal cancer death rate declined significantly from 23.0 per 100,000 in 2000 to 16.4 per 100,000 in 2010. This represents a 28.7% decline over the 11-year period, and an average annual decline of 2.9%. This rate of decline was similar for U.S. overall and U.S. whites (*Table 3.15, Figure 3.11*).
- Although Maine's age-adjusted colorectal cancer death rate appears to increase between 2009 and 2010; this change was not statistically significant (*Table 3.15, Figure 3.11).*

Are there differences in colorectal cancer death rates by sex in Maine?

Maine males have consistently higher colorectal cancer death rates than Maine females. Colorectal cancer death rates among Maine males declined more slowly than rates among Maine females.

- From 2000 to 2010, Maine males had consistently higher colorectal cancer death rates than Maine females, though this difference was not statistically significant in all years. This was similar to the pattern in the U.S. overall, where males had significantly higher colorectal cancer rates than females (*Table 3.16, Figure 3.12*).

Figure 3.12. Colorectal Cancer Death Rates by Year and Sex, Maine, 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Colorectal cancer: SEER Cause of Death Recode: 21041-21049, 21051, 21052 (which include ICD-10 codes: C180-C189, C260, C199, C209) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

- In 2010, the age-adjusted colorectal death rate among Maine males (20.9 per 100,000) was 60% higher than the death rate among females (age-adjusted rate: 13.1 per 100,000; *Table 3.16, Figure 3.12*).

- Colorectal cancer death rates among Maine males declined significantly between 2002 and 2004 (27.8 to 18.0 per 100,000), but have not changed significantly since. Age-adjusted colorectal cancer death rates among females declined significantly (26.8%) from 17.9 per 100,000 in 2004 to 13.1 per 100,000 in 2010. Between 2000 and 2010, the average annual decline for females was 4.1%, while the average annual decline for males was only 0.3% (*Table 3.16, Figure 3.12*).

Are there differences in colorectal cancer death rates by age group in Maine?

Colorectal cancer death rates in Maine are higher in older age groups than younger age groups.

- In Maine, colorectal cancer death rates increased with age during 2000 to 2010. This age pattern was similar for the U.S. overall and U.S. whites (*Table 3.17*).

- In 2010, the colorectal cancer death rate among Mainers ages 75 years and older (143.9 per 100,000) was 3 times the rate for those ages 65−74 years (52.9 per 100,000) and 10 times the rate for those ages 35−64 years (15.0 per 100,000); these differences were statistically significant. The number of colorectal cancer deaths among Mainers ages 0−34 years was too low to provide statistically reliable rates (*Table 3.17, Figure 3.8*).

- Colorectal cancer death rates among Mainers ages 75 years and older declined significantly between 2000 and 2010 (30.3% decline and 2.4% average annual decline). Annual colorectal cancer death rates among Mainers ages 65−74 years suggests there may be a declining trend, but only the 2008 and 2010 rates were significantly lower than the 2002 rate. Colorectal cancer death rates among Mainers ages 35−64 years have not changed significantly (*Table 3.17*).

Are there differences in colorectal cancer death rates by geography?

Counties and public health districts with the highest colorectal cancer death rates tend to be in northern Maine.

- Aroostook, Franklin, Piscataquis, and Somerset counties had the highest age-adjusted colorectal cancer death rates during 2006-2010, but only Franklin County's rate (27.5 per 100,000) was significantly higher than the overall Maine rate (16.5 per 100,000) and the rates of several other counties (*Table 3.18, Map 3.7*).

- The colorectal cancer death rate in Franklin County, the highest county rate in Maine (age-adjusted rate: 27.5 per 100,000), was more than twice as high as the rate in Hancock County, the lowest county rate in the state (age-adjusted rate: 11.8 per 100,000); this difference was statistically significant (*Table 3.18, Map 3.7*).

- Aroostook and Central districts had the highest age-adjusted colorectal cancer death rates among public health districts in the state, but these were not significantly higher than the overall state rate (*Table 3.18, Map 3.8*).

- The colorectal cancer death rates in Aroostook and Central districts, the two highest district rates in Maine (age-adjusted rate: 20.8 and 19.2 per 100,000, respectively) were significantly higher than the rates of Downeast and Midcoast districts, the two lowest district rates in Maine (age-adjusted rate: 12.4 and 13.8 per 100,000, respectively; *Table 3.18, Map 3.8*).

See maps at the end of the chapter.

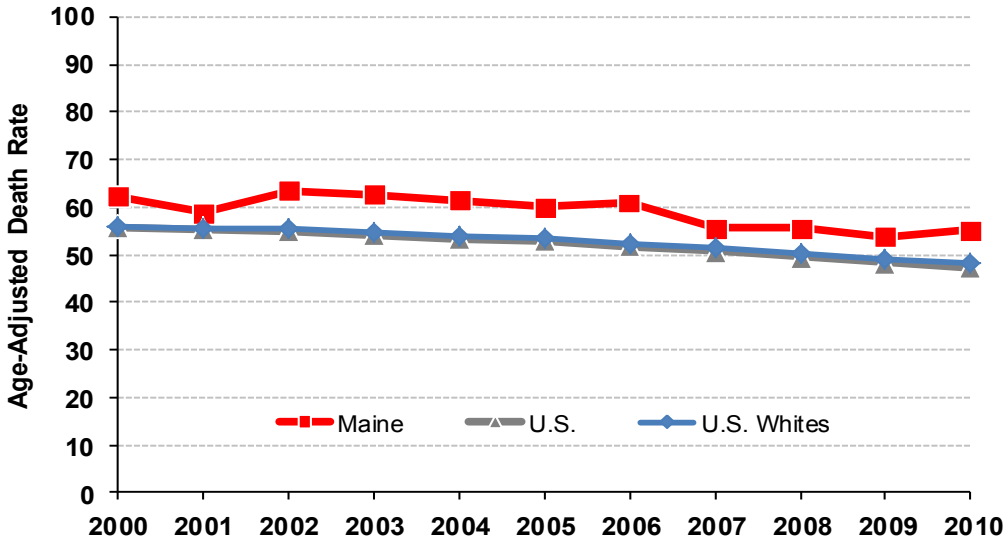
Lung cancer

How do lung cancer death rates in Maine compare to those of the U.S.?

Lung cancer death rates in Maine are consistently higher than U.S. rates. Maine females have significantly higher lung cancer death rates compared to U.S. females.

- From 2000 to 2010, the age-adjusted lung cancer death rates in Maine were consistently higher than the U.S. rate and the U.S. white rate. Maine's rates were significantly higher than the U.S. rates in all years except 2001 (*Table 3.19, Figure 3.13*).

Figure 3.13. Lung Cancer Death Rates by Year, Maine and U.S., 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Lung cancer: SEER Cause of Death Recode: 22030 (which include ICD-10 code: C34) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

- In 2010, the age-adjusted lung cancer death rate in Maine (55.1 per 100,000) was 15% higher than the U.S. rate (47.4 per 100,000) and the U.S. white rate (48.1 per 100,000); these differences were statistically significant (*Table 3.19, Figure 3.13*).

- In 2010, the age-adjusted lung cancer death rate among Maine males (66.1 per 100,000) was similar to (and not significantly different from) the rate among U.S. males (60.1 per 100,000) and U.S. white males (59.9 per 100,000). The rate for Maine females in this year (47.0 per 100,000) was 24% higher than the rate among U.S. females (37.9 per 100,000) and 20% higher than the rate of U.S. white females (39.2 per 100,000); these differences were statistically significant (*Table 3.20*).

What are the trends in lung cancer death rates in Maine?

Lung cancer death rates have declined significantly in Maine since 2002.

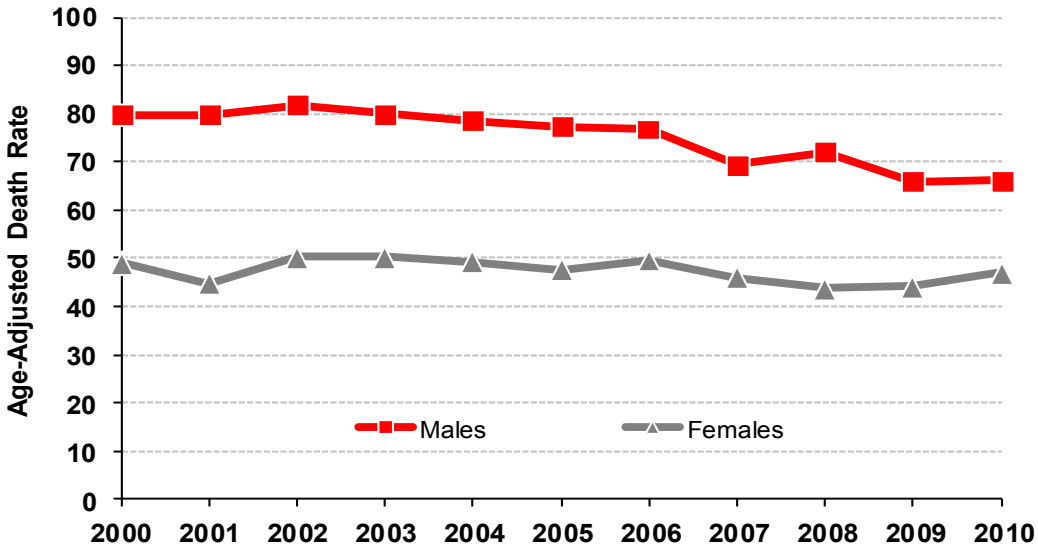
- In 2010, 957 adults died due to lung cancer in Maine (*Table 3.19*).
- Maine's age-adjusted lung cancer death rate decreased significantly from 63.5 per 100,000 in 2002 to 55.1 per 100,000 in 2010; this was a 13.2% decrease over the 9-year period, and an average annual decline of 1.7%. Maine's average annual decline was similar to that for U.S. overall (1.8%) and U.S. whites (1.7%; *Table 3.19, Figure 3.13*).
- Although Maine's age-adjusted lung cancer death rate appears to have increased slightly between 2009 and 2010, this change was not statistically significant.

Are there differences in lung cancer death rates by sex in Maine?

Lung cancer death rates are significantly higher among Maine males than Maine females. Lung cancer death rates have declined among Maine males, but not Maine females.

- Age-adjusted lung cancer death rates among Maine males were significantly higher than those among Maine females in all years between 2000 and 2010 (*Table 3.20, Figure 3.14*).

Figure 3.14. Lung Cancer Death Rates by Year and Sex, Maine, 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Lung cancer: SEER Cause of Death Recode: 22030 (which include ICD-10 code: C34) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

- In 2010, the age-adjusted lung cancer death rate among Maine males (66.1 per 100,000) was 40% higher than the rate among females (47.0 per 100,000); this difference was statistically significant (*Table 3.20, Figure 3.14*).

- Age-adjusted lung cancer death rates among Maine males declined significantly between 2002 and 2009 (81.8 to 66.0 per 100,000). During this same time period, lung cancer death rates did not change significantly among Maine females (*Table 3.20, Figure 3.14*).

Are there differences in lung cancer death rates by age group in Maine?

Maine's lung cancer death rate increases with age.

- In Maine, lung cancer death rates increased with age during 2000 to 2010. This age pattern is similar for the U.S. overall and U.S. whites (*Table 3.21*).

- In 2010, the lung cancer death rate among Mainers ages 75 years and older (400.3 per 100,000) was almost twice the rate for those ages 65−74 years (240.9 per 100,000) and 8 times the rate for those ages 35−64 years (49.6 per 100,000); these differences were statistically significant. The annual number of lung cancer deaths among Mainers ages 0−34 years was too low to provide statistically reliable rates (*Table 3.21, Figure 3.8*).

- Lung cancer death rates among Mainers ages 35−64 and 75 years and older have not changed significantly between 2000 and 2010. Annual lung cancer death rates among Mainers ages 65−74 years suggests there may be a declining trend, with generally lower rates during the last half of the decade and generally higher rates during the first half of the decade, but only the 2007 and 2010 rates were significantly lower than the 2000 and 2002 rates (*Table 3.21*).

Are there differences in lung cancer death rates by geography?

Counties with the highest lung cancer death rates tend to be in the mid-section of Maine, and the public health districts with the highest lung cancer death rates tend to be in northern and western Maine.

- Penobscot, Somerset, and Washington counties had the highest age-adjusted lung cancer death rates during 2006-2010, but only Penobscot County's rate (age-adjusted rate: 63.2 per 100,000) was significantly higher (15%) than the overall Maine rate (56.1 per 100,000; *Table 3.22, Map 3.9).*

- Lung cancer death rates in Androscoggin, Kennebec, and Penobscot counties (60.8, 60.2, and 63.2 per 100,000, respectively) were significantly higher than the

rate in Lincoln County, the lowest county rate in the state (age-adjusted rate: 45.3 per 100,000; *Table 3.22, Map 3.9)*.

- Aroostook, Central, Penquis and Western districts had the highest age-adjusted lung cancer death rates among the public health districts in Maine, but these rates were not significantly higher than the overall Maine rate (*Table 3.22, Map 3.10)*.

- The lung cancer death rates in Central, Penquis, and Western districts (age-adjusted rates: 60.4, 62.0, and 60.4 per 100,000, respectively) were significantly higher than those in Cumberland and York districts (51.6 and 51.2 per 100,000, respectively; *Table 3.22, Map 3.10).*

See maps at the end of the chapter.

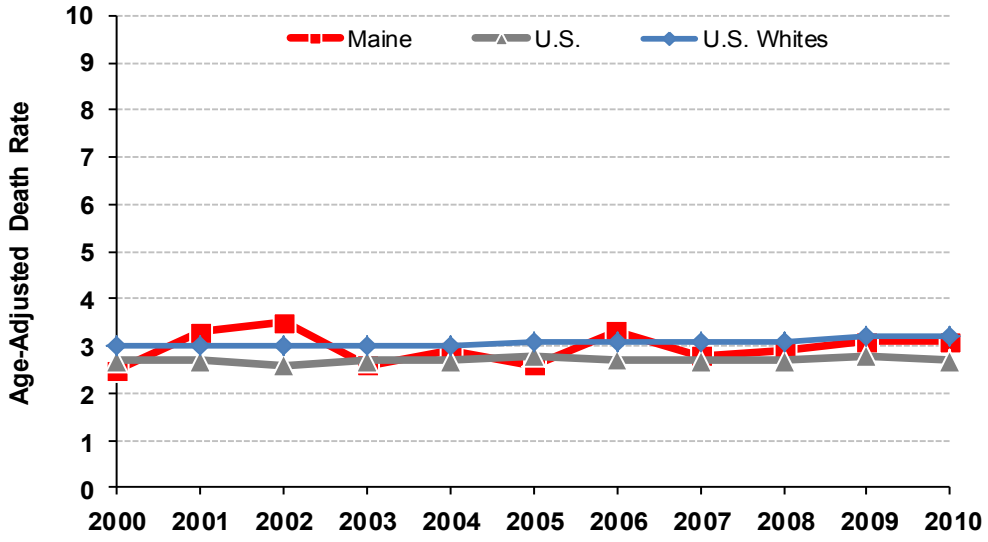
Melanoma

How do melanoma death rates in Maine compare to those of the U.S.?

In Maine, melanoma death rates are similar to overall U.S. rates and the rate for U.S. whites.

- From 2000 to 2010, the age-adjusted melanoma death rates in Maine were similar to (not significantly different from) the overall U.S. rates and the rates for U.S. whites (*Table 3.23, Figure 3.15*).

Figure 3.15. Melanoma Death Rates by Year, Maine and U.S., 2000-2010

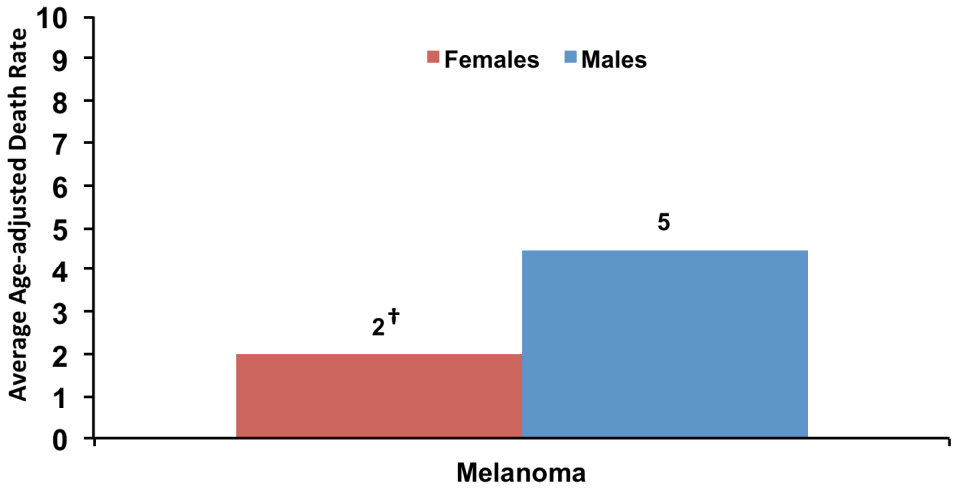


Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Melanoma: SEER Cause of Death Recode: 25010 (which include ICD-10 code: C43) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

- In 2010, the Maine age-adjusted melanoma death rate of 3.1 per 100,000 was similar to (not significantly different from) the overall U.S. rate (2.7 per 100,000) and the U.S. white rate (3.2 per 100,000; *Table 3.23, Figure 3.15*).

- There was no difference in melanoma death rates by sex among Maine females and males compared to males and females for U.S overall and U.S. whites (*Table 3.24, Figure 3.16*).

Figure 3.16. Average Melanoma Death Rates by Sex, Maine, 2006-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Melanoma: SEER Cause of Death Recode: 25010 (which include ICD-10 code: C43) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
†Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

What are the trends in melanoma death rates in Maine?

Melanoma death rates in Maine have remained steady between 2000 and 2010.

- In 2010, 54 Mainers died from melanoma (*Table 3.23*).
- Melanoma death rates have remained steady, with no statistically significant changes, in Maine between 2000 and 2010, which was similar to the pattern seen for U.S. rates (*Table 3.23, Figure 3.15*).

Are there differences in melanoma death rates by sex in Maine?

Maine males have consistently higher melanoma death rates than females.

- In Maine, males had consistently higher melanoma death rates than females between 2000 and 2010, although the difference was statistically significant only in 2002, 2009, and 2010 (*Table 3.24, Figure 3.16*).
- In 2010, the age-adjusted melanoma death rate among Maine males (4.9 per 100,000) was more than twice the rate among females (1.8 per 100,000). Melanoma death rates among Maine females might be statistically unreliable because of the relatively low annual number of melanoma deaths (*Table 3.24, Figure 3.16*).

- Age-adjusted melanoma death rates among Maine males fluctuated from year to year, but did not change significantly between 2000 and 2010. Melanoma death rates among Maine females also did not change significantly over this time period, but might be statistically unreliable because of the relatively low annual number of melanoma deaths (*Table 3.24, Figure 3.16*).

Are there differences in melanoma death rates by age group in Maine?

Melanoma death rates are higher in older age groups than younger age groups.

- In 2010, melanoma death rates appeared to increase with increasing age, although the differences are not statistically significant. The U.S. melanoma death rates also increase with increasing age. Melanoma death rates among Mainers ages 0–34 years, 65–74 years, and 75 years and older may be unreliable due to the relatively small number of annual melanoma deaths in these age groups (*Table 3.25, Figure 3.8*).

- Melanoma death rates did not change significantly from 2000 to 2010 within any of the age groups in Maine, but the relatively low numbers of annual melanoma deaths in each age group make it difficult to assess age-specific trends over time (*Table 3.25*).

Are there differences in melanoma death rates by geography?

Melanoma death rates do not vary significantly by public health district in Maine.

- The relatively small number of melanoma deaths at the county level in Maine during 2006-2010 result in most county rates being suppressed to protect privacy, or flagged as statistically unreliable, making it difficult to assess geographic differences (*Table 3.26).*

- Although York and Downeast districts had the highest age-adjusted melanoma death rates in the state, these rates were not significantly higher than the overall Maine rate or the rate of any other Maine district (*Table 3.26, Map 3.11).*

See map at the end of the chapter.

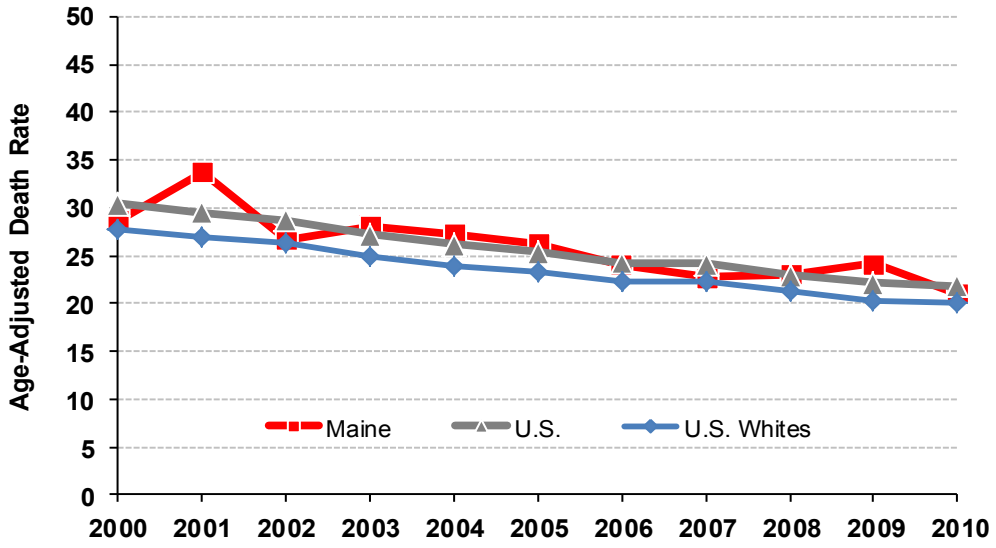
Prostate cancer

How do prostate cancer death rates in Maine compare to those of the U.S.?

Prostate cancer death rates in Maine are similar to U.S. rates.

- From 2000 to 2010, the age-adjusted prostate cancer death rates in Maine were similar to rates among the U.S. overall and U.S. white males; only in 2001 was Maine's rate significantly higher than the U.S. white rate (*Table 3.27, Figure 3.17*).

Figure 3.17. Prostate Death Rates by Year, Maine and U.S., 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Prostate cancer: SEER Cause of Death Recode: 28010 (which include ICD-10 code: C61) as the underlying cause of death.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

- In 2010, the age-adjusted prostate cancer death rate in Maine (21.0 per 100,000) was similar to (not significantly different from) the overall U.S. rate of 21.8 per 100,000 and the rate for U.S. white males of 20.1 per 100,000 (*Table 3.27, Figure 3.17*).

What are the trends in prostate cancer death rates in Maine?

Among Maine males, prostate cancer death rates are steadily decreasing.

- In 2010, 144 males in Maine died from prostate cancer (*Table 3.27*).

- Maine's age-adjusted prostate cancer death rate has significantly decreased from 33.7 per 100,000 in 2001 to 21.0 per 100,000 in 2010, a 37.7% decline over the 10-year period, and an average annual decline of 4.8% (*Table 3.27, Figure 3.17*).

- Similarly, prostate cancer death rates declined significantly over this time period for the U.S. overall and U.S. whites. Maine's average annual decline (4.8%) was slightly greater than the decline for U.S. overall (3.3%) and U.S. whites (3.2%; *Table 3.27, Figure 3.17*).

Are there differences in prostate cancer death rates by age group in Maine?

Prostate cancer death rates in Maine increase with age.

- In Maine, prostate cancer death rates increased with age during 2000 and 2010. This age pattern is similar for the U.S. overall and U.S. whites (*Table 3.28*).

- In 2010, the prostate cancer death rate among Mainers ages 75 years and older (266.9 per 100,000) was 5 times the rate for those ages 65–74 years (53.7 per 100,000) and almost 70 times the rate for those ages 35–64 years (3.9 per 100,000); these differences were statistically significant. The prostate cancer death rate among males ages 0–34 years and 35–64 years might be unreliable because of the relatively low number of prostate cancer deaths in these age groups (*Table 3.28, Figure 3.8*).

- From 2000 to 2010, prostate cancer death rates did not change significantly in any age group of Maine males; however, the annual rates vary considerably and have large confidence intervals, which make it difficult to assess trends over time (*Table 3.28*).

Are there differences in prostate cancer death rates by geography?

Counties and public health districts with the highest prostate cancer death rates tend to be in central and eastern Maine.

- Although Franklin, Hancock, Kennebec, and Sagadahoc counties had the highest age-adjusted prostate cancer death rates in Maine during 2006-2010, these rates were not significantly higher than the overall Maine rate (*Table 3.29, Map 3.12).*

- The prostate cancer death rate in Hancock County, the highest county rate in Maine (age-adjusted rate: 30.6 per 100,000) during 2006-2010, was twice as high as the rate in Aroostook County, the lowest county rate in Maine (age-adjusted

rate: 14.0 per 100,000); this difference was statistically significant (*Table 3.29, Map 3.12).*

- Although Central and Downeast districts had the highest age-adjusted prostate cancer death rates in the state, these rates were not significantly higher than the overall Maine rate (*Table 3.29, Map 3.13)*

- Prostate cancer death rates in Central, Cumberland, Downeast, and Midcoast districts (25.4, 24.6, 28.1, and 25.2 per 100,000, respectively) were significantly higher than in Aroostook District, the lowest district rate in Maine (age-adjusted rate: 14.0 per 100,000; *Table 3.29, Map 3.13).*

See maps at the end of the chapter.

Tobacco-related cancer (excluding lung cancer)

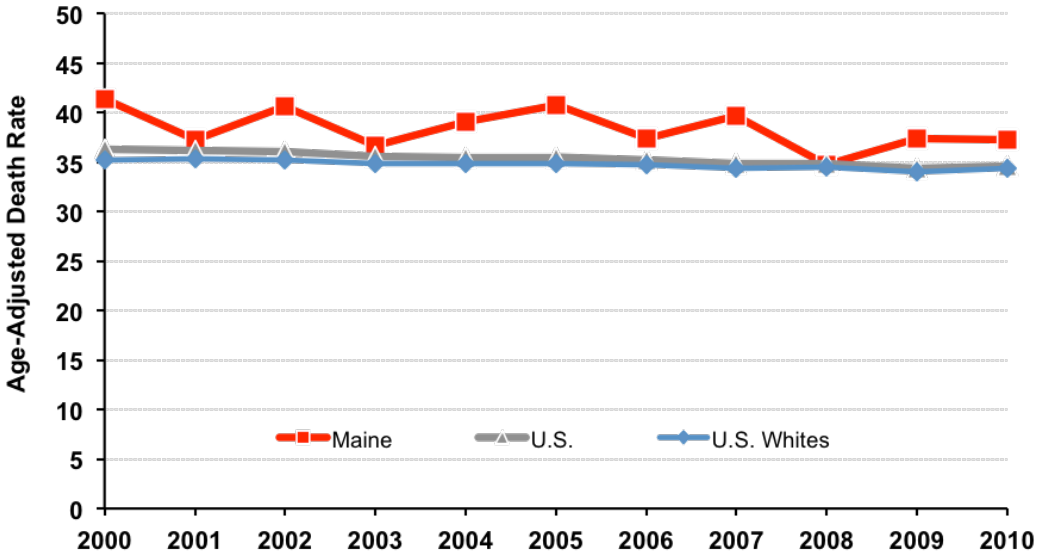
This section examines tobacco-related cancers other than lung cancer. Tobacco-related cancers are those that the U.S. Surgeon General has determined have a direct causal link to tobacco use. Tobacco-related (excluding lung) cancers include laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, and cervical cancers, and acute myeloid leukemia.

How do tobacco-related cancer death rates in Maine compare to those of the U.S.?

Maine males have significantly higher tobacco-related cancer death rates than U.S. males, while tobacco-related cancer death rates among U.S. females and Maine females are similar. Overall, tobacco-related cancer death rates in Maine are slightly higher than U.S. rates.

- From 2000 to 2010, the age-adjusted tobacco-related cancer death rates in Maine were consistently higher than the rates for U.S. and U.S. whites, although these differences were not statistically significant in all years (*Table 3.30, Figure 3.18*).

Figure 3.18. Tobacco-related Cancer Death Rates by Year, Maine and U.S., 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Tobacco-related cancers (excluding lung) include the following: laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, cervical cancers, and acute myeloid leukemia as the underlying cause of death. Please see Appendix II for SEER and ICD-10 codes.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

- In 2010, the age-adjusted tobacco-related cancer death rate in Maine was 37.3 per 100,000, which was slightly, but not significantly, higher than the U.S. rate of

34.6 per 100,000 and U.S. white rate of 34.4 per 100,000 (*Table 3.30, Figure 3.18*).

- In 2010, the age-adjusted tobacco-related cancer death rate among Maine males (53.6 per 100,000) was 12% higher than those of both U.S. males (47.7 per 100,000) and U.S. white males (47.8 per 100,000); these differences were statistically significant. The rate for Maine females in this year (24.3 per 100,000) was similar to that of U.S. females (24.6 per 100,000) and U.S. white females (24.1 per 100,000; *Table 3.31*).

What are the trends in tobacco-related cancer death rates in Maine?

Tobacco-related cancer death rates in Maine have remained steady over time.

- In 2010, 646 Mainers died due to tobacco-related cancer (*Table 3.30*).

- While Maine's age-adjusted tobacco-related cancer death rates fluctuated some from year to year between 2000 and 2010, only the 2008 rate (34.7 per 100,000) was significantly lower (16.2%) than the 2000 rate (41.4 per 100,000; *Table 3.30, Figure 3.18*).

- Although tobacco-related cancer death rates have not changed significantly in Maine, age-adjusted U.S. rates have declined significantly from 36.3 per 100,000 in 2000 to 34.6 per 100,000 in 2010; a 4.7% overall decrease with an average annual decline of 0.4%. Tobacco-related cancer death rates among U.S. whites were significantly lower in the latter part of the decade (2006 to 2010) compared to 2000 and 2001 rates (*Table 3.30, Figure 3.18*).

Are there differences in tobacco-related cancer death rates by sex in Maine?

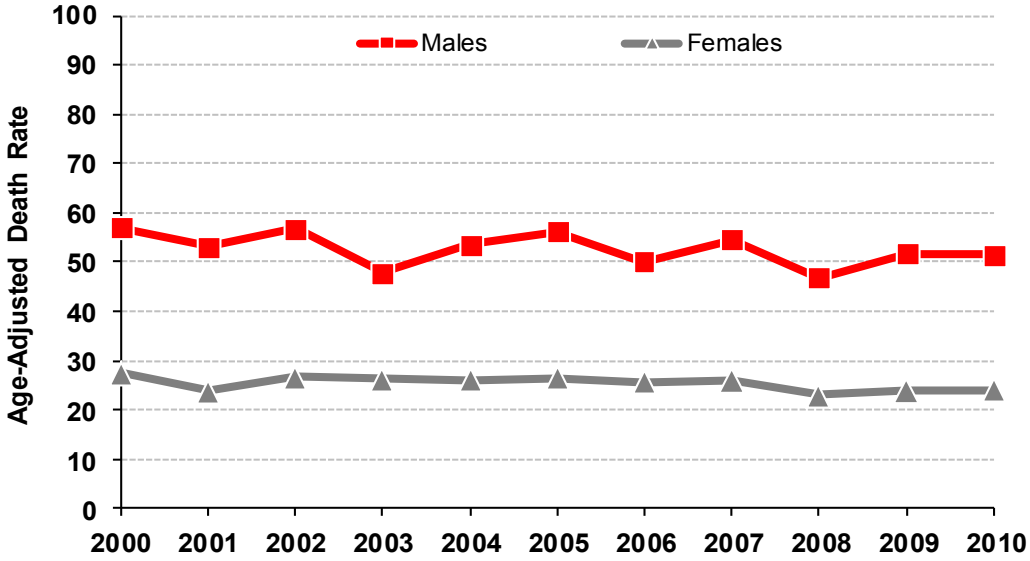
Tobacco-related cancer death rates are significantly higher among Maine males than females.

- Maine males had significantly higher age-adjusted tobacco-related cancer death rates than females between 2000 and 2010 (*Table 3.31, Figure 3.19*).

- In 2010, the age-adjusted tobacco-related cancer death rate among Maine males (53.6 per 100,000) was twice the death rate among females (24.3 per 100,000); this difference was statistically significant (*Table 3.31, Figure 3.19*).

- Tobacco-related deaths rates have not declined consistently or significantly among either Maine males or females from 2000 to 2010 (*Table 3.31, Figure 3.19*).

Figure 3.19. Tobacco-related Cancer Death Rates by Year and Sex, Maine, 2000-2010



Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
Tobacco-related cancers (excluding lung) include the following: laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, cervical cancers, and acute myeloid leukemia as the underlying cause of death. Please see Appendix II for SEER and ICD-10 codes.
Age adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Are there differences in tobacco-related cancer death rates by age group in Maine?

Tobacco-related cancer death rate in Maine is significantly higher in older age groups.

- In Maine, tobacco-related cancer death rates increased with age during 2000 to 2010. This age pattern is similar for the U.S. overall and U.S. whites (*Table 3.32*).

- In 2010, the tobacco-related cancer death rate among Mainers ages 75 years and older (282.7 per 100,000) was almost twice the rate for those ages 65–74 years (145.6 per 100,000) and 74 times the rate for those ages 35–64 years (34.1 per 100,000); these differences were statistically significant. The annual number of tobacco-related cancer deaths among Mainers ages 0–34 years was too low to provide statistically reliable rates (*Table 3.32, Figure 3.8*).

- Tobacco-related cancer death rates remained steady in Maine within each age group from 2000 to 2010, with no significant changes over time (*Table 3.32*).

Are there differences in tobacco-related cancer death rates by geography?

Counties with the highest tobacco-related cancer death rates are located in western and eastern Maine. Public health districts with the highest tobacco-related cancer death rates are located in western Maine.

- Androscoggin, Oxford, Kennebec, and Washington counties had the highest age-adjusted tobacco-related cancer death rates in Maine during 2006-2010, but only the rate in Oxford County (44.1 per 100,000) was significantly higher (22%) than the overall Maine rate (36.0 per 100,000; *Table 3.33, Map 3.14).*

- The tobacco-related cancer death rate in Oxford County, the highest county rate in the state (44.1 per 100,000) during 2006-2010, was significantly higher (49%) than the rate in Hancock County, the lowest county rate in the state (29.6 per 100,000; *Table 3.33, Map 3.14)*.

- Central and Western districts had the highest age-adjusted tobacco-related cancer death rates among public health districts in the state during 2006-2010, but only the rate in Western District (age-adjusted rate: 41.5 per 100,000) was significantly higher (15%) than the overall state rate (36.0 per 100,000; *Table 3.33, Map 3.15)*.

- The tobacco-related cancer death rate in Western District, the highest district rate in the state (41.5 per 100,000), was significantly higher than in Cumberland, Midcoast, and Penquis districts (34.2, 32.9, and 33.9 per 100,000, respectively; *Table 3.33, Map 3.15)*.

See maps at the end of the chapter.

References

1. Heron, M. Deaths: Leading causes for 2010. National vital statistics reports; Vol. 62, No. 6. Hyattsville, MD: National Center for Health Statistics; 2013. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_06.pdf. Accessed on July 14, 2014.
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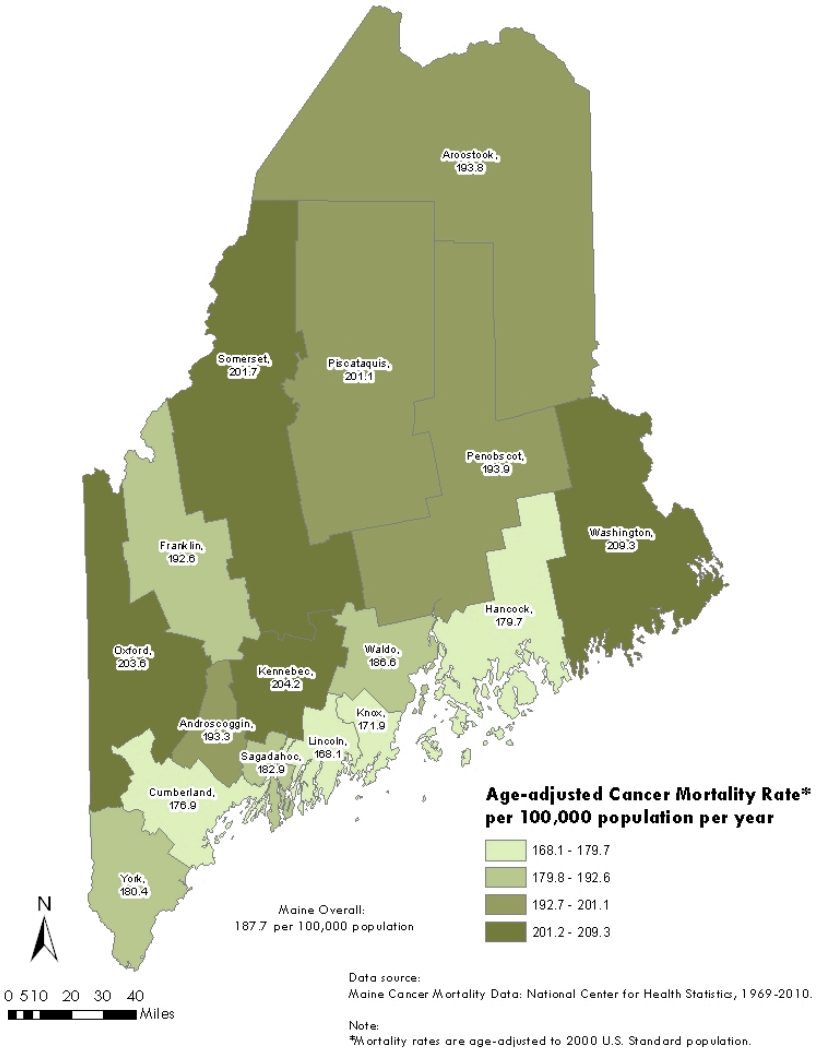
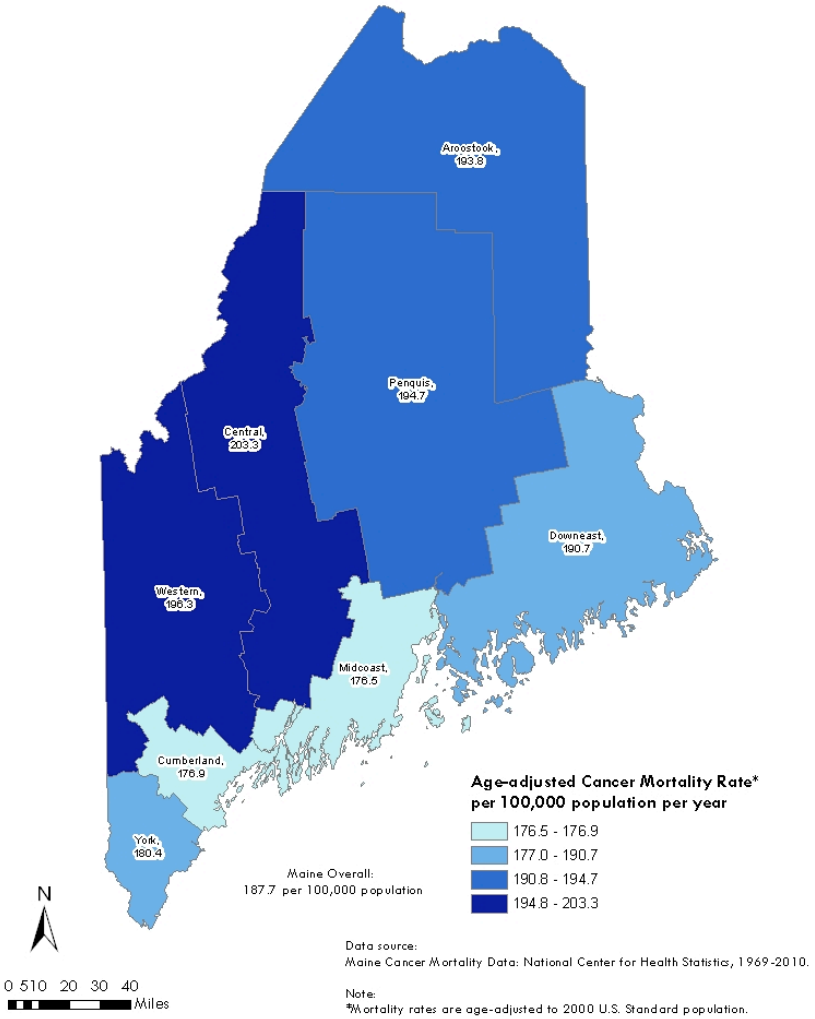
3. U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2010 Incidence and Mortality Web-based Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2013. Available at: www.cdc.gov/uscs. Accessed on May 21, 2014.

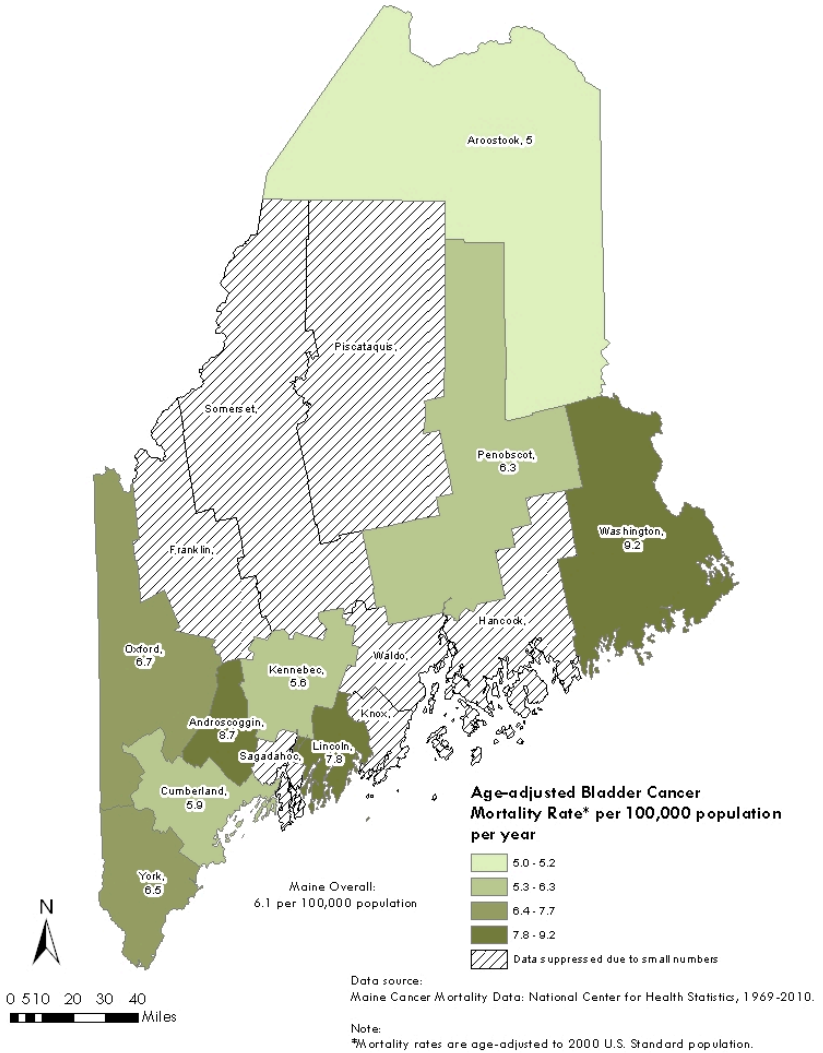
Map 3.1. Cancer Mortality Rate for All Sites Combined by County, Maine, 2006-2010



Map 3.2. Cancer Mortality Rate for All Sites Combined by Public Health District, Maine, 2006-2010



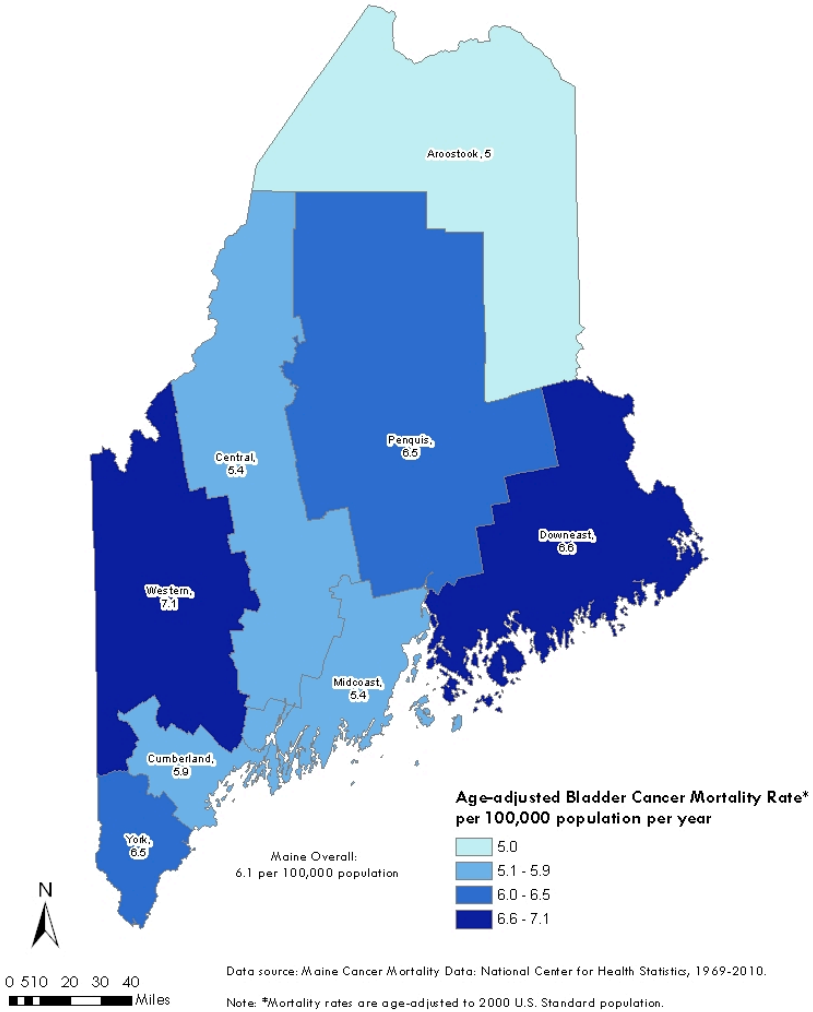
Map 3.3. Bladder Cancer Mortality Rate by County, Maine, 2006-2010



Data source:
Maine Cancer Mortality Data: National Center for Health Statistics, 1969-2010.

Note:
*Mortality rates are age-adjusted to 2000 U.S. Standard population.

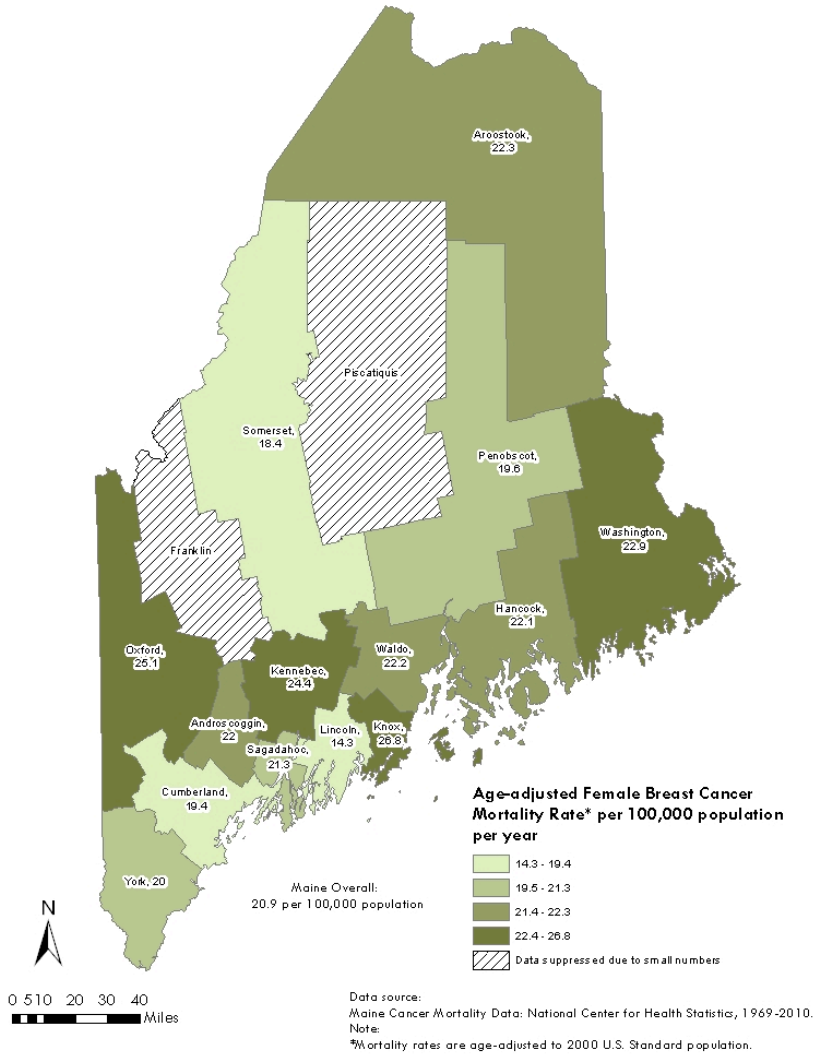
Map 3.4. Bladder Cancer Mortality Rate by Public Health District, Maine, 2006-2010



Data source: Maine Cancer Mortality Data: National Center for Health Statistics, 1969-2010.

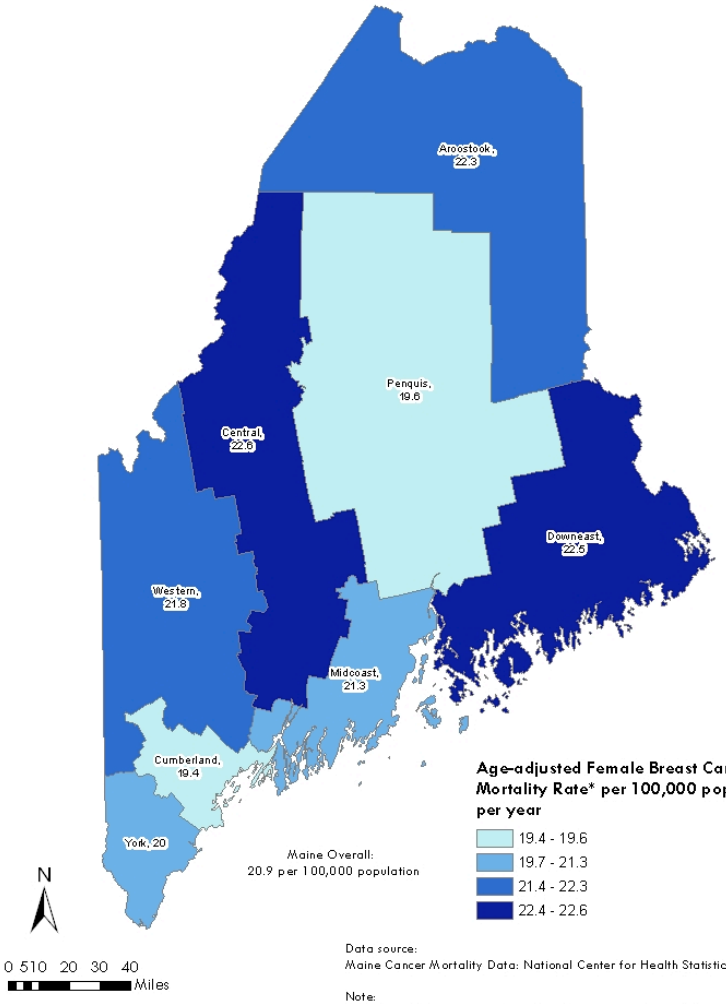
Note: *Mortality rates are age-adjusted to 2000 U.S. Standard population.

Map 3.5. Female Breast Cancer Mortality Rate by County, Maine, 2006-2010



Data source:
Maine Cancer Mortality Data: National Center for Health Statistics, 1969-2010.
Note:
*Mortality rates are age-adjusted to 2000 U.S. Standard population.

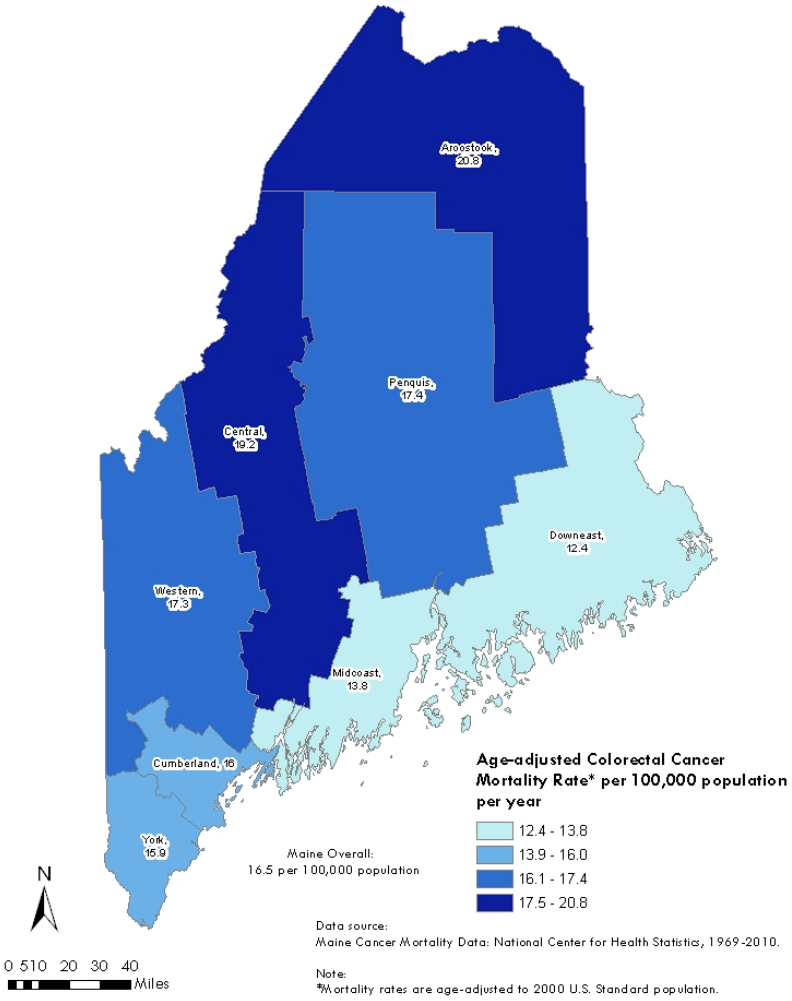
Map 3.6. Female Breast Cancer Mortality Rate by Public Health District, Maine, 2006-2010



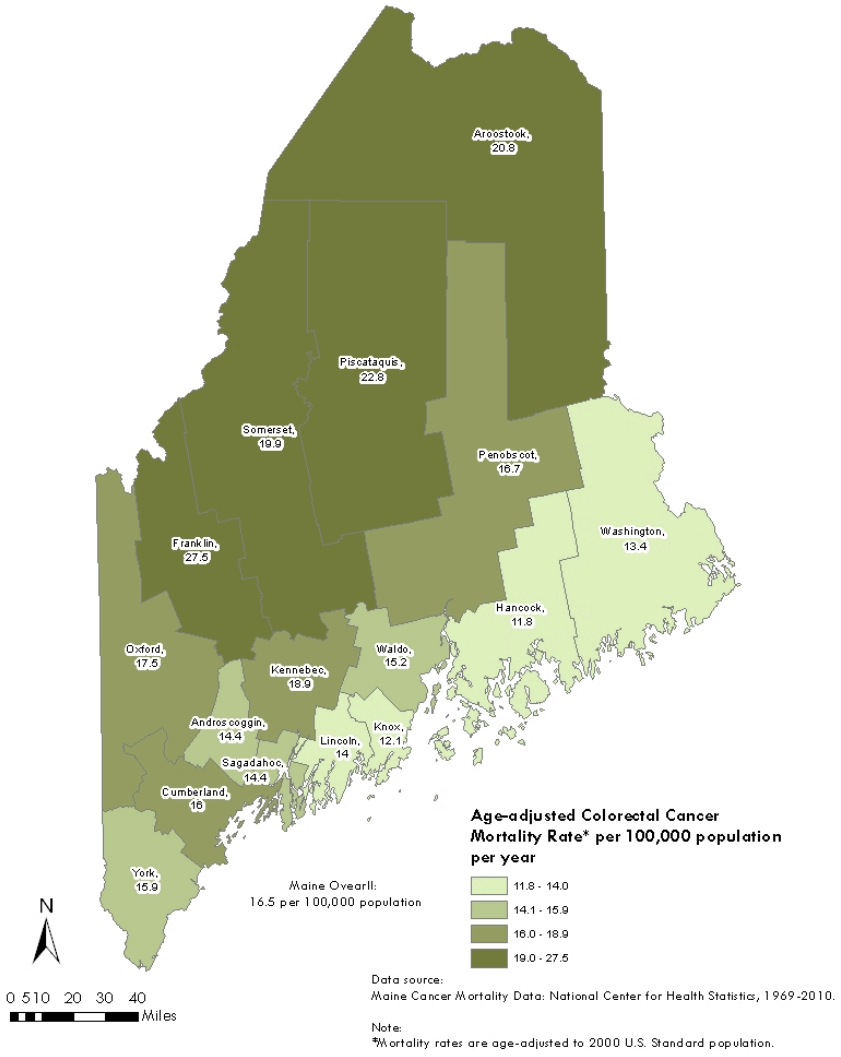
Data source:
Maine Cancer Mortality Data: National Center for Health Statistics, 1969-2010.

Note:
*Mortality rates are age-adjusted to 2000 U.S. Standard population.

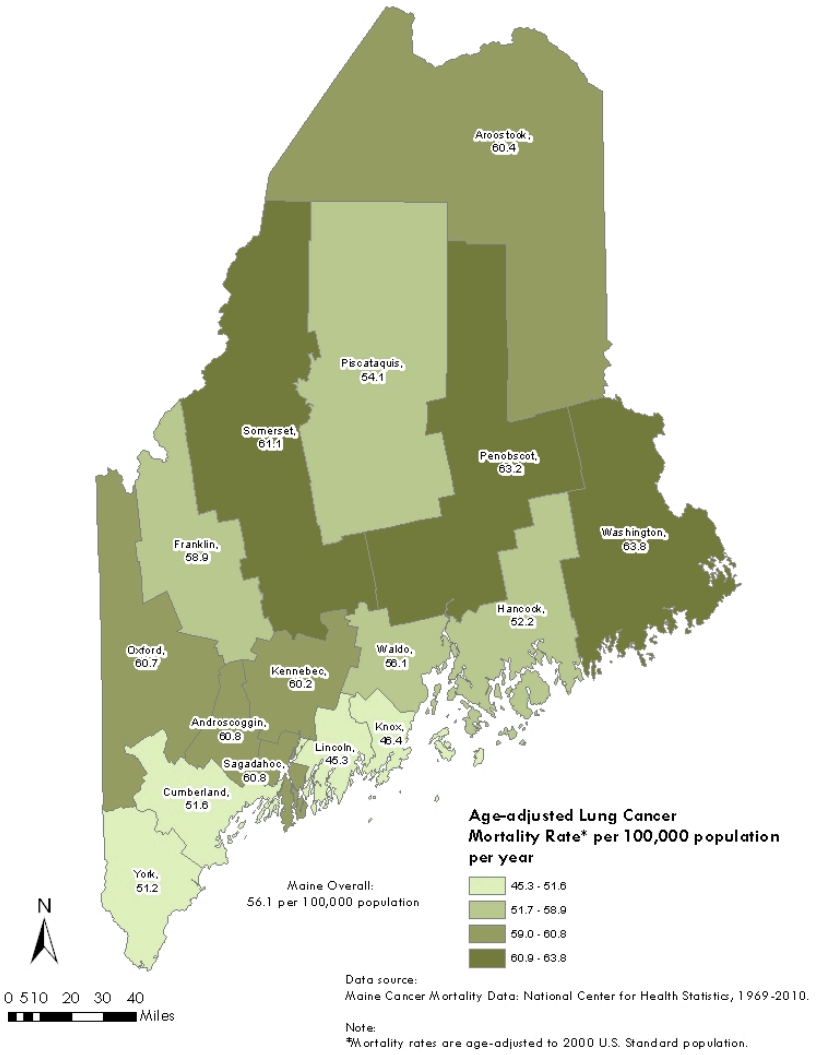
Map 3.8. Colorectal Cancer Mortality Rate by Public Health District, Maine, 2006-2010



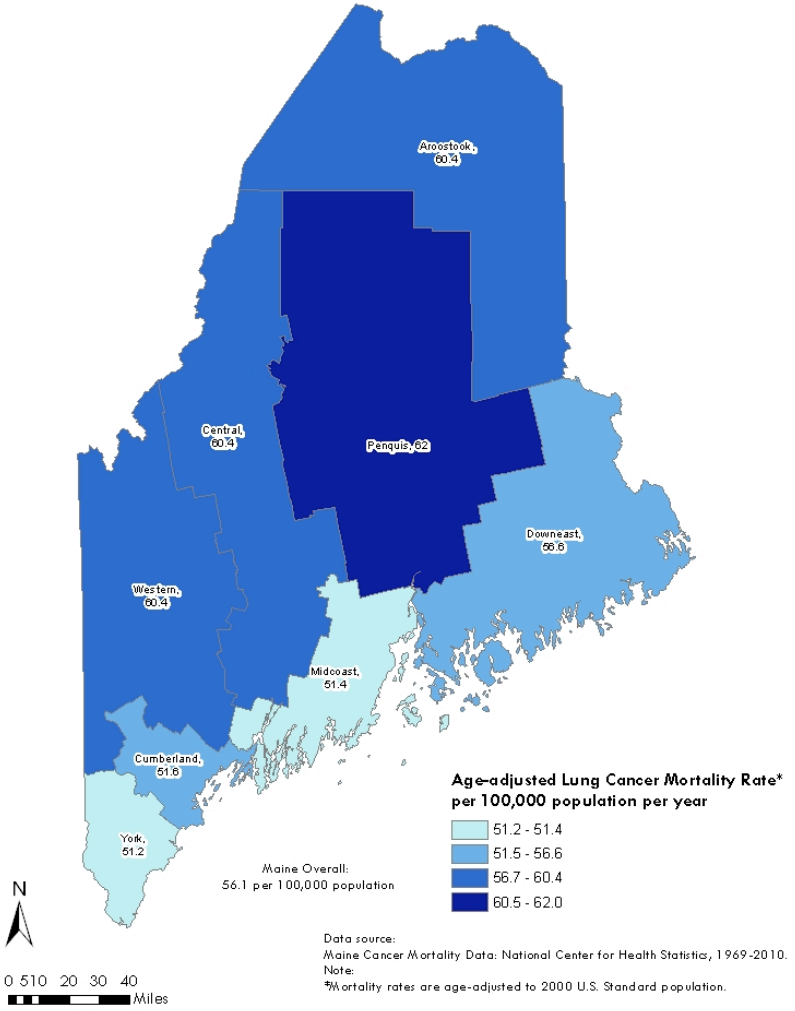
Map 3.7. Colorectal Cancer Mortality Rate by County, Maine, 2006-2010



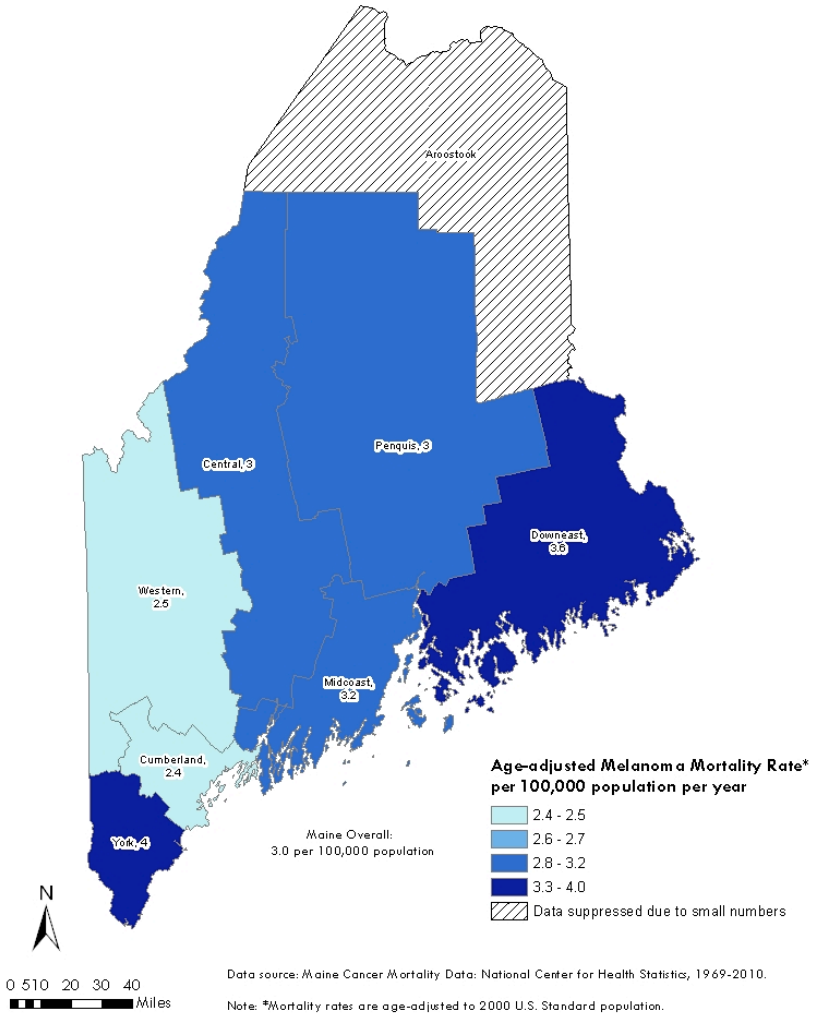
Map 3.9. Lung Cancer Mortality Rate by County, Maine, 2006-2010



Map 3.10. Lung Cancer Mortality Rate by Public Health District, Maine, 2006-2010



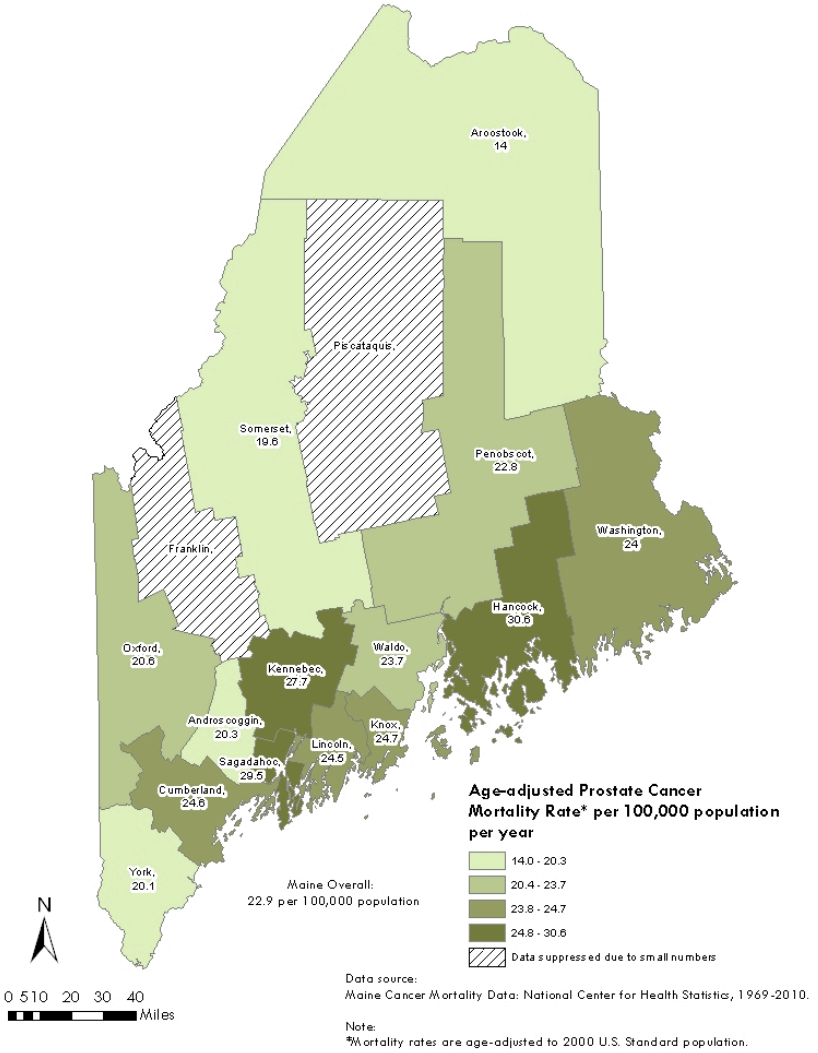
Map 3.11. Melanoma Mortality Rate by Public Health District, Maine, 2006-2010



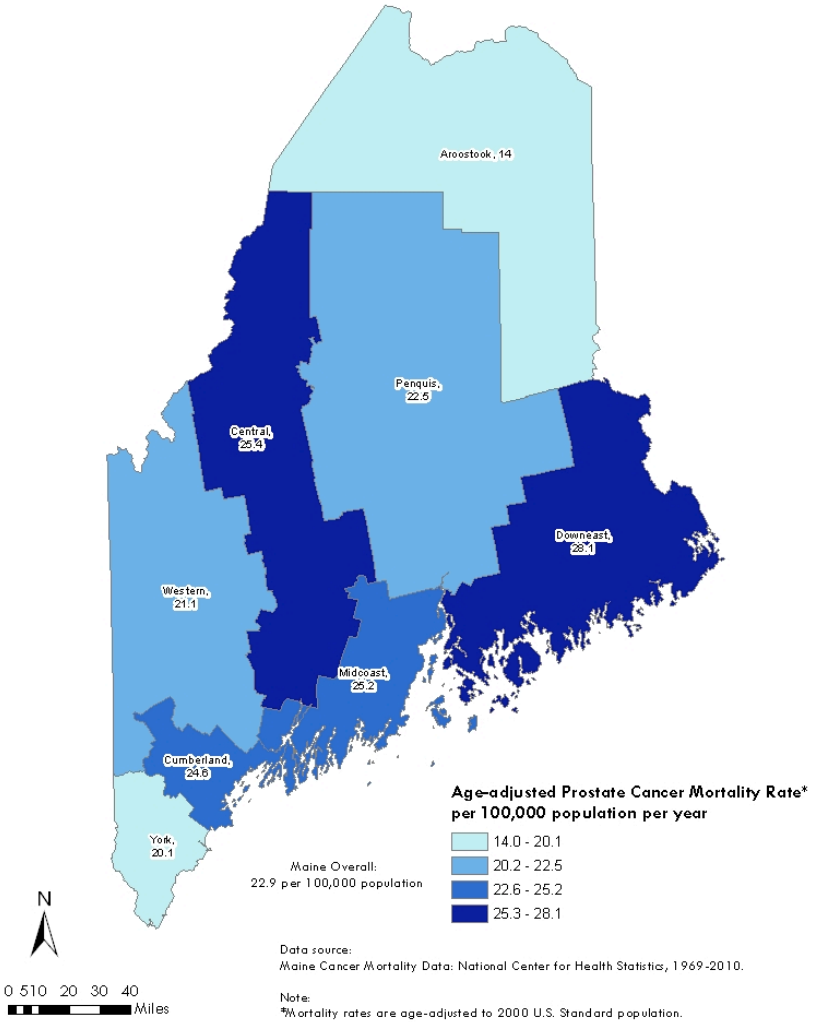
Data source: Maine Cancer Mortality Data: National Center for Health Statistics, 1969-2010.

Note: *Mortality rates are age-adjusted to 2000 U.S. Standard population.

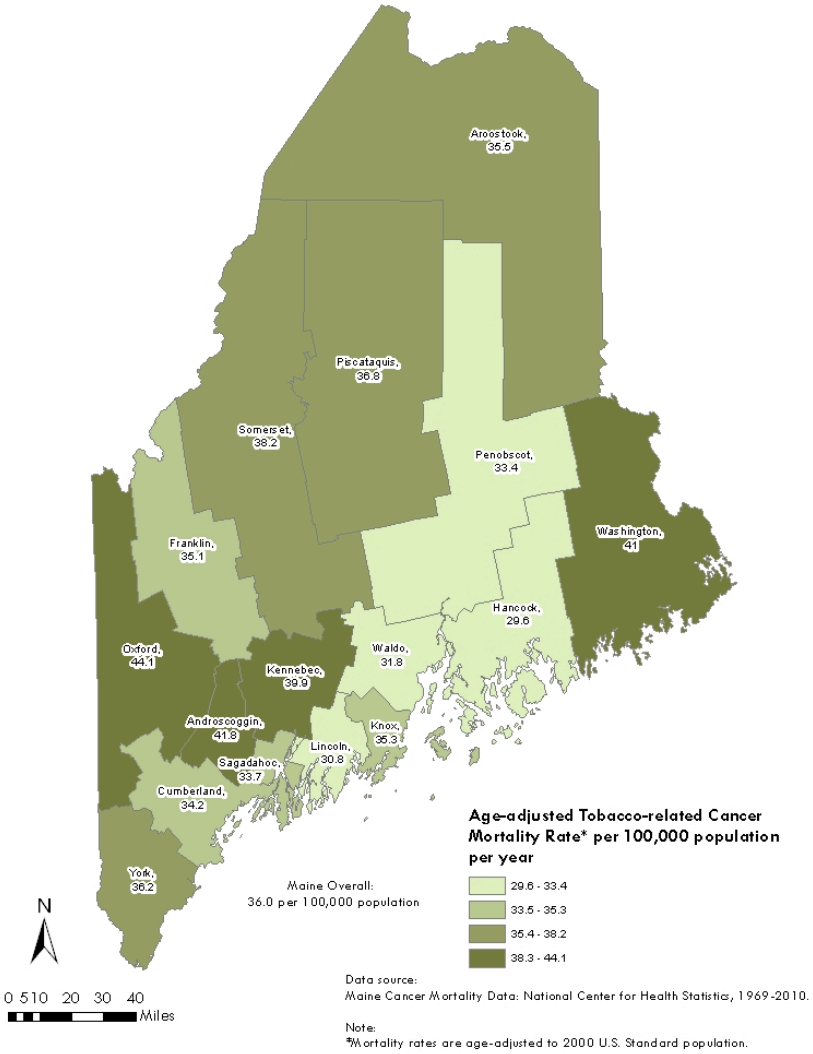
Map 3.12. Prostate Cancer Mortality Rate by County, Maine, 2006-2010



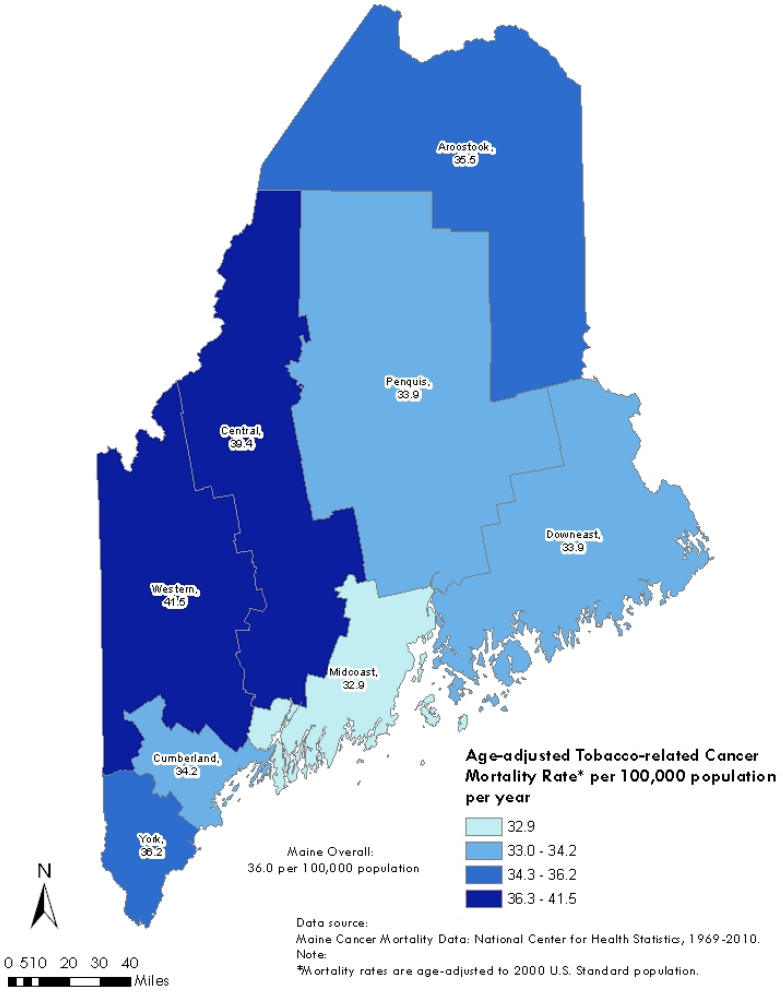
Map 3.13. Prostate Cancer Mortality Rate by Public Health District, Maine, 2006-2010



3.14. Tobacco-related Cancer Mortality Rate by County, Maine, 2006-2010



Map 3.15. Tobacco-related Cancer Mortality Rate by Public Health District, Maine, 2006-2010



Cancer Risk Factors

Many factors including certain behaviors, diet, and environmental exposures can contribute to an increased risk of developing cancer. In this chapter, we examine the prevalence of factors associated with cancer risk among Maine adults and youth as well as radon exposure as an environmental risk factor.

This chapter is divided into three main sections:

Section I: Adult Risk Factors
Section II: Youth Risk Factors
Section III: Environmental Risk Factors

Sections I and II are further divided into subsections to address general risk factors associated with different types of cancer (i.e., any tobacco use, weight status, physical activity, heavy drinking [adults only], and fruit and vegetable consumption) and melanoma-specific risk factors (i.e., use of artificial sources of ultraviolet light or an indoor tanning device, routine use of sunblock or sunscreen, and routine use of at least one protective measure against prolonged sun exposure). Section III focuses primarily on radon exposure and testing in Maine homes.

Section I: Adult Risk Factors

Cancer risk in adults generally increases with age; however, there are a number of lifestyle and health behaviors that are known to increase an individual's risk for being diagnosed with cancer. Tobacco use - namely, cigarette smoking - is the leading cause of preventable death in the U.S. as well as a leading cause of cancer.[1] It is estimated that, in 2014, approximately 30% of all cancer deaths will be caused by tobacco use.[2] Heavy or regular alcohol use has also been linked to a variety of cancers and the risks increase with the amount of alcohol consumed. Additionally, the cancer risks of using both tobacco and alcohol are greater than would be expected from the individual risks associated with alcohol and tobacco use.[3] There is increasing evidence that diet and physical activity may affect cancer risk in adults. It is estimated that nearly one-third of cancer cases in the U.S. can be attributed to excess body weight, physical inactivity, and/or poor nutrition and could be prevented through healthier lifestyle choices.[2] Adults may also reduce cancer risk through protective behaviors. Melanoma (or skin cancer), the most common cancer in the U.S., may be prevented by avoiding indoor tanning and excessive sun exposure.

In this section, data related to cancer risk among Maine and U.S. adults are from the Behavioral Risk Factor Surveillance System (BRFSS).

A. General Risk Factors

Any Tobacco Use

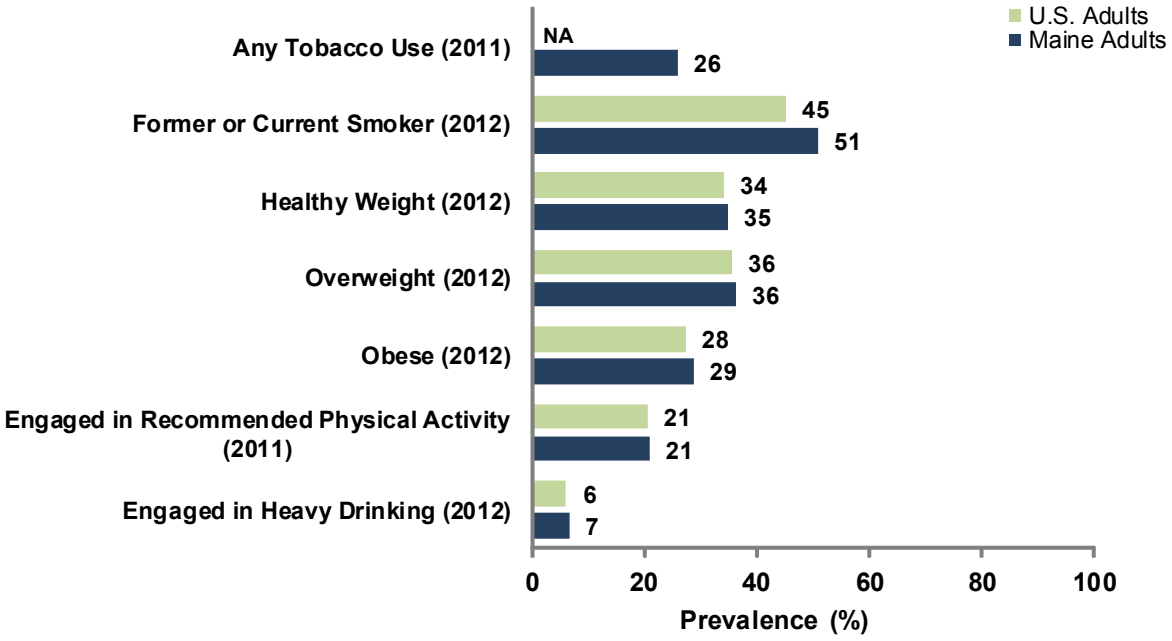
'Any tobacco use' is defined as current use of any tobacco product including cigarettes, cigars, flavored cigars (small and large size), chewing tobacco, and snuff.

How does the prevalence of tobacco use among Maine adults compare to U.S. adults?

One in five Maine adults are current cigarette smokers, and one in four currently use any tobacco product. Nearly 50% of adults in Maine are former or current cigarette smokers. The percentage of former smokers among Maine adults is higher than among U.S. adults, but the percentage of current smokers is similar in Maine and U.S. adults.

- In 2011, 26.1% of Maine adults currently used any type of tobacco product including smokeless tobacco (*Table 4.1, Figure 4.1*).
- In 2012, 48.6% of Maine adults never smoked cigarettes, 31.1% were former cigarette smokers and 20.3% were current cigarette smokers (*Table 4.1*).

Figure 4.1. Prevalence of Cancer Risk Factors among Adults, Maine and U.S., 2011-2012



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Any tobacco use = Current use of any tobacco product including cigarettes, cigars, flavored cigars (small and large size), chewing tobacco, and snuff.
Recommended physical activity = Percentage of Maine adults ages 18 years and older who reported meeting current CDC recommendations for aerobic exercise and muscle strengthening (participating in ≥150 minutes of aerobic exercise and muscle strengthening on two or more days per week).
Heavy drinking = Percentage of Maine adults ages 18 years and older who reported having more than two drinks per day for males and more than one drink per day for females.
U.S. median of 50 states and the District of Columbia.
NA: Data for U.S. adults not available.

- In 2012, the proportion of former smokers among Maine adults was higher than among U.S. adults (31.1% vs. 25.6%, respectively) and the proportion of adults who never smoked was lower among Maine adults than U.S. adults (48.5% vs. 54.4%, respectively. The proportion of current smokers between Maine and U.S. adults was similar at 20.3% and 19.6%, respectively (*Table 4.1, Figure 4.1*).

Weight Status

'Weight status' for adults has three categories: having a body mass index (BMI) ≥18.5 and <25.0 kg/m^2 (healthy weight), a BMI ≥25.0 and <30.0 kg/m^2 (overweight), or a BMI ≥30.0 kg/m^2 (obese) based on self-reported weight and height measurements.

How does the prevalence of healthy weight, overweight or obesity among Maine adults compare to U.S. adults?

About one-third of Maine adults are at a healthy weight. There is no significant difference in the prevalence of healthy weight, overweight or obesity between Maine and U.S. adults.

- In 2012, 34.8% of Maine adults were at a healthy weight, 36.4% were overweight, and 28.8% were obese (*Table 4.1, Figure 4.1*).

- The prevalence of healthy weight, overweight or obesity among Maine adults was similar to (not significantly different from) from U.S adults (*Table 4.1, Figure 4.1*).

Recommended Physical Activity

The U.S. CDC recommends that adults engage in at least 150 minutes of moderate-intensity aerobic activity every week and muscle strengthening activities at least two days a week.[4]

'Recommended physical activity' is defined as meeting current CDC recommendations for aerobic exercise and muscle strengthening.

What is the prevalence of recommended physical activity among Maine adults compared to U.S. adults?

Only one in five Maine adults engage in weekly physical activity according to U.S. CDC recommendations. There is no significant difference in the percentage of Maine and U.S adults who engage in recommended physical activity.

- In 2011, 20.6% of Maine adults adhered to weekly aerobic and muscle strengthening activities according to U.S. CDC recommendations (*Table 4.1, Figure 4.1*).

- Although the proportion of Maine adults who met U.S CDC recommendations for physical activity was only 20.6% in 2011, it was not significantly different from the proportion of U.S. adults who met recommended physical activity guidelines (21.0%; *Table 4.1, Figure 4.1*).

Heavy Drinking

'Heavy drinking' is defined as having more than two drinks per day for males and more than one drink per day for females.

How does the prevalence of heavy drinking compare between Maine and U.S. adults?

Less than 10% of Maine adults are heavy drinkers. The prevalence of heavy drinking is similar among Maine and U.S. adults.

- In 2012, the percentage of Maine adults who were heavy drinkers was 6.7% (*Table 4.1, Figure 4.1*).

- The proportion of heavy drinkers among Maine adults was not statistically different from U.S. adults (6.7% vs. 6.1%, respectively; *Table 4.1, Figure 4.1*).

Fruit and Vegetable Consumption

The U.S. CDC recommends adults calculate how many fruits and vegetables they should be eating each day based on age, sex, and level of physical activity, and provides an online calculator.[5] *National data on the median of daily fruit and vegetable consumption was taken from the U.S. CDC's State Indicator Report on Fruits and Vegetables, 2013.*[6]

'Fruit and vegetable consumption' is defined the median number of fruits and vegetables consumed daily.

What is the prevalence of fruit and vegetable consumption among Maine adults compared to U.S. adults?

Maine adults tend consume about one fruit and two vegetables per day, which is similar to the amount of fruit and vegetables consumed by U.S. adults daily.

- According the U.S. CDC, the median fruit consumption among Maine adults was 1.2 times daily, which was similar to the median of 1.1 times among U.S. adults (*Table 4.1*).

- The median vegetable consumption among Maine adults was 1.7 times daily, which was also similar to the median of 1.6 times among U.S. adults (*Table 4.1*).

B. Melanoma-specific Risk Factors

Artificial Sources of Ultraviolet Light Use

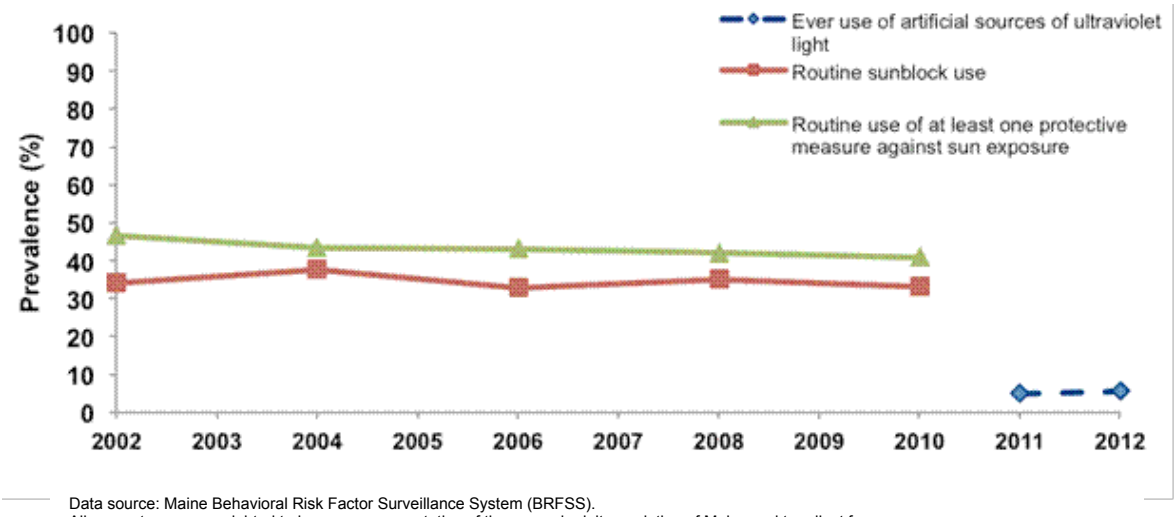
'Artificial sources of ultraviolet light use' is defined as ever use of artificial sources of ultraviolet light such as sunlamps or tanning booths.

What is the prevalence of artificial ultraviolet light source use among Maine adults?

Roughly 6% of Maine adults use artificial sources of ultraviolet light.

- In 2012, 5.7% of Maine adults ever used artificial sources of ultraviolet light for tanning purposes (*Table 4.2, Figure 4.2*).

Figure 4.2. Ultraviolet Light Exposure-Related Cancer Risk Factors among Adults by Year, Maine, 2002-2012



Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Ever use of artificial sources of ultraviolet light = Percentage of Maine adults ages 18 years and older who reported using artificial sources of ultraviolet light such as sunlamps or tanning booths; Routine sunblock use = Percentage of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour; Routine use of at least one protective measures against sun exposure = Percentage of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Change in BRFSS survey methodology represented by break in graph line. Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

What are the trends in artificial ultraviolet light source use among adults in Maine?

The prevalence of artificial ultraviolet light source use did not change from 2011 to 2012.

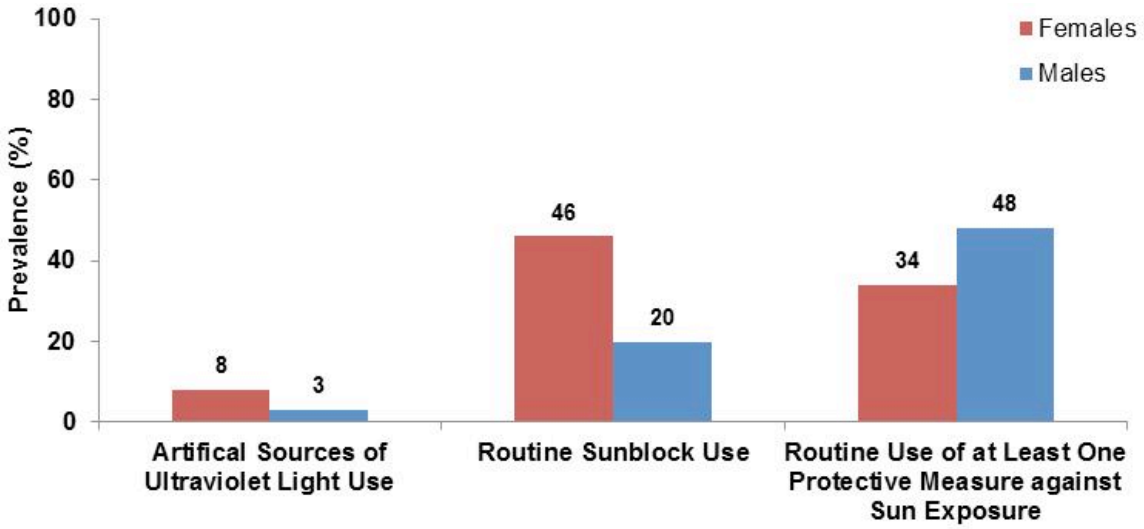
- The proportion of Maine adults that ever used artificial ultraviolet light sources for tanning slightly increased from 5.0% in 2011 to 5.7% in 2012, but this change was not statistically significant (*Table 4.2, Figure 4.2*).

Are there differences in artificial ultraviolet light source use among Maine adults by demographic factors?

The prevalence of artificial ultraviolet light source use is highest among females, young adults, and those with any lifetime diagnosis of depression or anxiety.

- During 2011-2012, Maine females were significantly more likely to use artificial sources of ultraviolet light (7.9%) compared to males (2.7%; *Table 4.3*, *Figure 4.3*).

Figure 4.3. Ultraviolet Light Exposure-Related Cancer Risk Factors among Adults by Sex, Maine, 2010-2012*



Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Artificial sources of ultraviolet light use = Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths; Routine sunblock use or routine use of at least one protective measure against sun exposure = Use of sunblock or protective measures (i.e., wearing a hat, wearing a long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
*Regular use of sunblock or at least one protective measure against sun exposure is from 2010 BRFSS data; data for 2010 is the most current data available for these indicators. Data on artificial sources of ultraviolet light use is from 2011 and 2012 BRFSS.
†Use with caution. Estimates based on n<50 might be unstable.

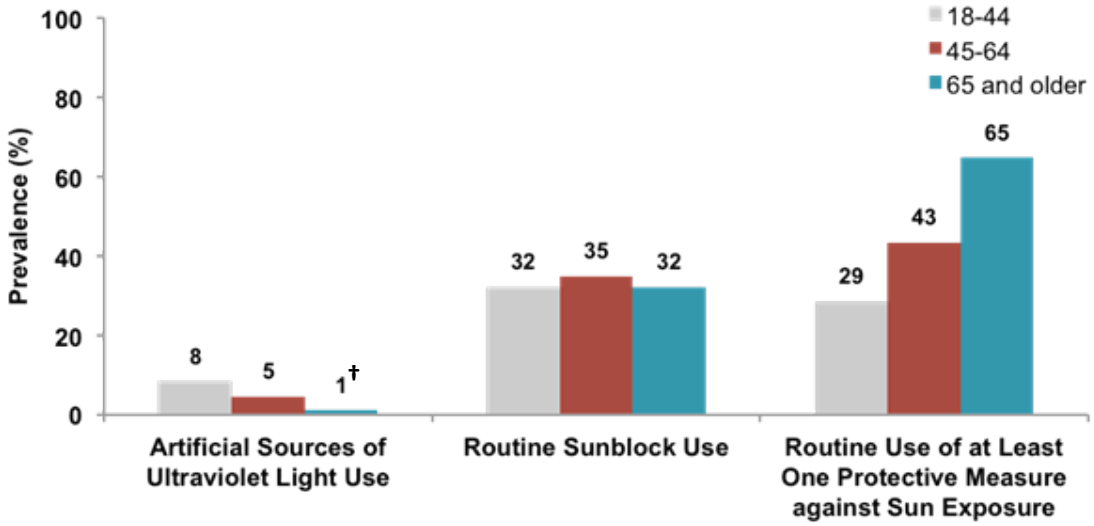
- Mainers ages 18−44 years were significantly more likely to use artificial sources of ultraviolet light for tanning (8.3%) than those ages 45−64 years (4.6%). The number of Mainers ages 65 years and older was too small to reliably estimate use of artificial ultraviolet light sources (*Table 4.3, Figure 4.4*).

- The percentage of Maine adults who ever used artificial sources of ultraviolet light was significantly higher among those with some college education (7.2%) compared to those with a Bachelor's degree or higher (3.6%; *Table 4.3, Figure 4.5*).

- During 2011-2012, the number of Maine adults with an annual household income less than $50,000 was too low to reliably estimate the proportion of who ever used of artificial sources of ultraviolet light by income. However, among Maine adults in the highest household income group ($50,000 or more), 7.1% used artificial ultraviolet light sources for tanning (*Table 4.3, Figure 4.6*).

- During 2011-2012, 6.1% of Maine adults with private insurance had ever used artificial ultraviolet light sources for tanning. The number of Mainers with Medicare, Medicaid (MaineCare) or other insurance was too low to assess differences in use of artificial sources of ultraviolet light by type of health insurance coverage (*Table 4.3, Figure 4.7*).

Figure 4.4. Ultraviolet Light Exposure-Related Cancer Risk Factors among Adults by Age, Maine, 2010-2012*



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Artificial sources of ultraviolet light use = Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths; Routine sunblock use or routine use of at least one protective measure against sun exposure = Use of sunblock or protective measures (i.e., wearing a hat, wearing a long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
*Routine sunblock use or routine use of at least one protective measure against sun exposure is from 2010 BRFSS data; data for 2010 is the most current data available for these indicators. Data on artificial sources of ultraviolet light use is from 2011 and 2012 BRFSS.
†Use with caution. Estimates based on n<50 might be unstable.

- The number of Mainers with current depression was too small to reliably estimate the percentage who ever used artificial ultraviolet light sources for tanning. Among adults without current depression, the percentage of adults ever used artificial ultraviolet light sources was 5.4% (*Table 4.3, Figure 4.8*).

- A significantly higher percentage of Mainers with any lifetime diagnosis of depression or anxiety (7.6%) used artificial sources of ultraviolet light compared to those without any lifetime diagnosis (4.4%; *Table 4.3, Figure 4.9*).

- Among Maine adults, 5.5% of whites and 5.4% of non-Hispanics ever used artificial sources of ultraviolet light. The number of non-white or Hispanic Maine adults was too small to determine if there were differences in the prevalence of artificial ultraviolet light source use by race or ethnicity (*Table 4.4*).

Are there differences in artificial ultraviolet light source use among Maine adults by geography?

The number of Maine adults who reported use of artificial sources of ultraviolet light source was too small to assess geographic differences.

- During 2011-2012, the relatively small number of adults who used artificial sources of ultraviolet light at the county and public health district level in Maine result in most county and district prevalence rates being suppressed or flagged as statistically unreliable, making it difficult to assess geographic differences (*Table 4.5*).

Routine Sunblock Use

'Routine sunblock use' is defined as using a sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.

Data on routine sunblock use from the 2010 BRFSS is the most recent data available.

What is the prevalence of routine sunblock use among adults in Maine?

One-third of Maine adults routinely use sunblock.

- In 2010, 33.1% of Maine adults routinely used sunblock when outside on a sunny summer day for more than an hour (*Table 4.2, Figure 4.2*).

What are the trends in routine sunblock use among Maine adults?

From 2000 to 2010, routine sunblock use among adults in Maine has stayed consistent.

- Although routine sunblock use has varied among Mainers from 2002 to 2010 and use is higher in some years than others, there is no significant trend (*Table 4.2, Figure 4.2*).

Are there differences in routine sunblock use among Maine adults by demographic factors?

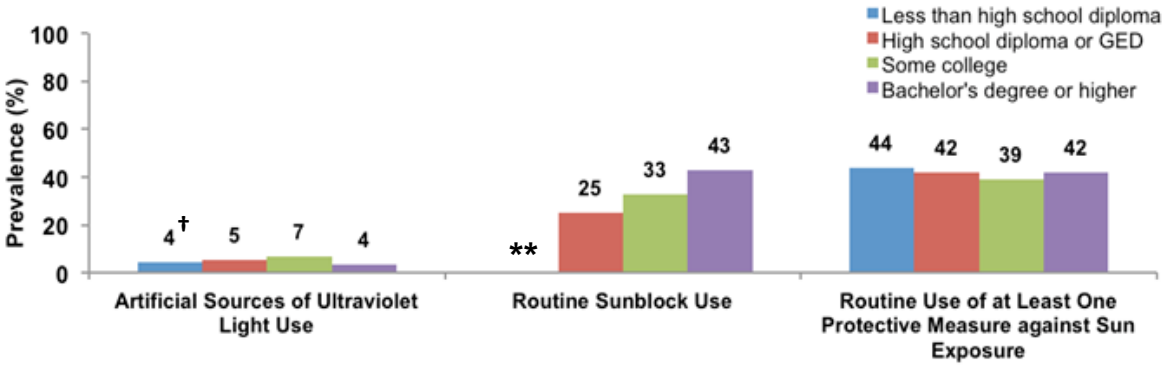
Routine sunblock use is lowest among males, those with less education, those with lower household incomes, those with certain types of health insurance coverage (Medicare and Medicaid [MaineCare]), and those with current depression.

- A significantly lower percentage of Maine males routinely use sunblock (20.4%) compared to Maine females (45.6%; *Table 4.6*, *Figure 4.3*).

- There was no significant difference in the prevalence of routine sunblock use between Maine adults ages 18−44 years (32.0%), ages 45−64 years (34.9%), and ages 65 and older (32.0%; *Table 4.6*, *Figure 4.4*).

- Maine adults with a high school education were significantly less likely to routinely use sunblock (25.2%) compared to those with some college education (33.2%), and those with a Bachelor's degree or higher (42.7%). The number of adults with less than a high school education was too small to provide a reliable estimate of routine sunblock use in this group (*Table 4.6*, *Figure 4.5*).

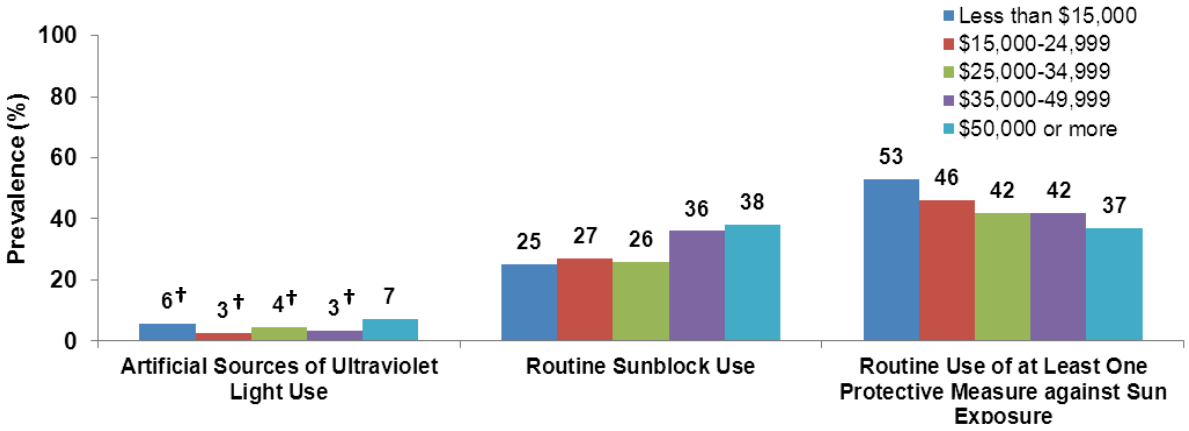
Figure 4.5. Use of Artifical Sources of Ultraviolet Light and Protective Measures against Sun Exposure among Adults by Level of Education, Maine, 2010-2012*



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Artificial sources of ultraviolet light use = Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths; Routine sunblock use or routine use of at least one protective measure against sun exposure = Use of sunblock or protective measures (i.e., wearing a hat, wearing a long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
*Routine use of sunblock or at least one protective measure against sun exposure is from 2010 BRFSS data; data for 2010 is the most current data available for these indicators. Data on artificial sources of ultraviolet light use is from 2011 and 2012 BRFSS.
**Data statistically unreliable; total respondents < 50 or 95% CI half-width is >10.
†Use with caution. Estimates based on n<50 might be unstable.

- The percentages of Maine adults with an annual household income less than $15,000 who routinely used sunblock (24.5%), $15,000-24,999 (27.2%), and $25,000-34,999 (26.3%) were significantly lower than those with an income of $50,000 or more (38.3%; *Table 4.6*, *Figure 4.6*).

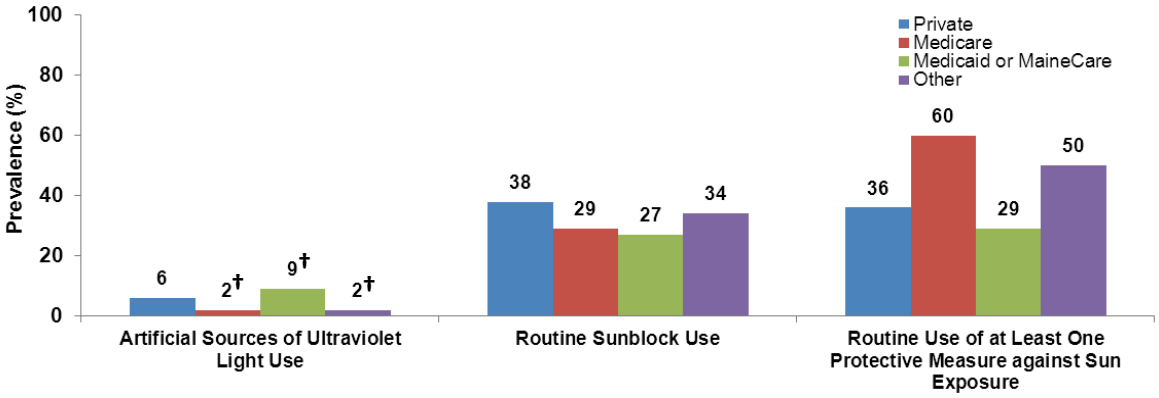
Figure 4.6. Use of Artifical Sources of Ultraviolet Light and Protective Measures against Sun Exposure among Adults by Annual Household Income, Maine, 2010-2012*



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Artificial sources of ultraviolet light use = Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths; Routine sunblock use or routine use of at least one protective measure against sun exposure = Use of sunblock or protective measures (i.e., wearing a hat, wearing a long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
*Routine use of sunblock or at least one protective measure against sun exposure is from 2010 BRFSS data; data for 2010 is the most current data available for these indicators. Data on artificial sources of ultraviolet light use is from 2011 and 2012 BRFSS.
†Use with caution. Estimates based on n<50 might be unstable.

- Maine adults with Medicare (29.2%), Medicaid or MaineCare (26.5%) were significantly less likely to routinely use sunblock compared to those with private health insurance (38.1%). There was no significant difference between those with private insurance and other types of insurance (33.7%). The number of uninsured individuals was too small to provide a reliable estimate of routine sunblock use in this group (*Table 4.6, Figure 4.7*).

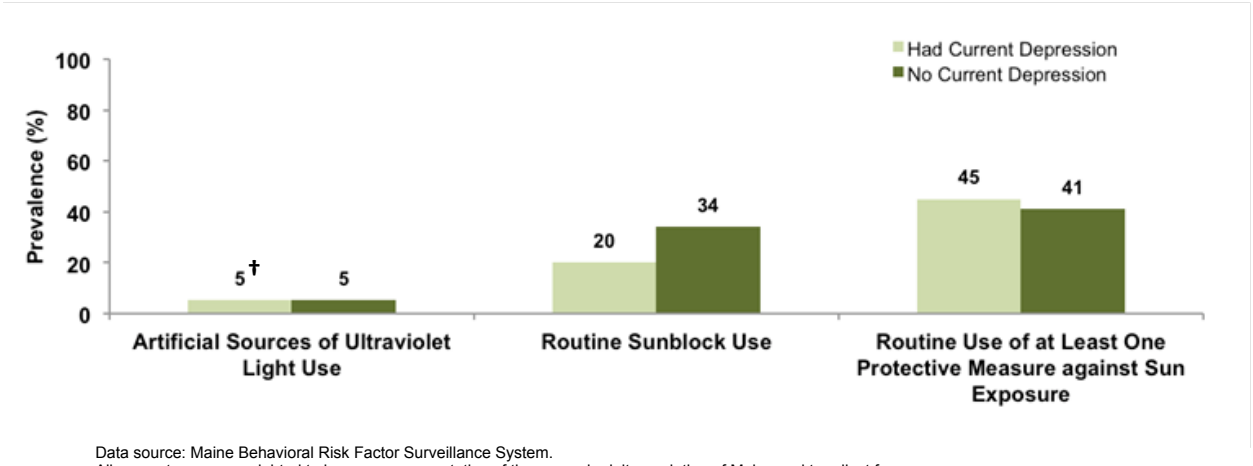
Figure 4.7. Use of Artifical Sources of Ultraviolet Light and Protective Measures against Sun Exposure among Adults by Type of Health Insurance Coverage, Maine, 2010-2012*,‡



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Artificial sources of ultraviolet light use = Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths; Routine sunblock use or routine use of at least one protective measure against sun exposure = Use of sunblock or protective measures (i.e., wearing a hat, wearing a long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
*Routine use of sunblock or at least one protective measure against sun exposure is from 2010 BRFSS data; data for 2010 is the most current data available for these indicators. Data on artificial sources of ultraviolet light use is from 2011 and 2012 BRFSS.
†Use with caution. Estimates based on n<50 might be unstable.
‡Sample size was too small to represent the uninsured population of Maine adults.

- The prevalence of routine sunblock use was significantly lower among Maine adults with current depression (19.5%) than adults without current depression (34.3%; *Table 4.6, Figure 4.8*).

Figure 4.8. Use of Artifical Sources of Ultraviolet Light and Protective Measures against Sun Exposure among Adults by Current Depression, Maine, 2010-2012*



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Artificial sources of ultraviolet light use = Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths; Routine sunblock use or routine use of at least one protective measure against sun exposure = Use of sunblock or protective measures (i.e., wearing a hat, wearing a long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Current depression = Self-reported symptoms of current depression based on PHQ-2 depression scale.
*Routine use of sunblock or at least one protective measure against sun exposure is from 2010 BRFSS data; data for 2010 is the most current data available for these indicators. Data on artificial sources of ultraviolet light use is from 2011 and 2012 BRFSS.
†Use with caution. Estimates based on n<50 might be unstable.

- There was no significant difference in the prevalence of routine sunblock use among Maine adults with any lifetime diagnosis of depression or anxiety (30.2%) compared to those without any lifetime diagnosis (34.3%; *Table 4.6, Figure 4.9*).

- Among Maine adults, 33.5% of whites and 33.2% of non-Hispanics routinely used sunblock. The number of non-white or Hispanic Maine adults was too small to determine if there were differences in the prevalence of routine sunblock use by race or ethnicity (*Table 4.7*).

Are there differences in the prevalence of routine sunblock use among Maine adults by geography?

Counties and public health districts with the lowest prevalence of routine sunblock use are located in northern and eastern Maine.

- In 2010, Aroostook, Hancock, and Waldo counties had the lowest prevalence of routine sunblock use in Maine, but only Aroostook County's prevalence (22.2%) was significantly lower than Maine overall (33.1%; *Table 4.8, Map 4.1*).

- Aroostook County had the lowest prevalence of routine sunblock use in the state (22.2%), significantly lower than Lincoln County, the highest prevalence in the Maine (43.1%; *Table 4.8, Map 4.1*).

- Although Aroostook and Downeast districts had the lowest prevalence of routine sunblock use in the state in 2010 at 22.2% and 26.7% respectively, only the prevalence in Aroostook District was significantly lower than the Maine overall (33.1%; *Table 4.8, Map 4.2*).

- Aroostook District had a significantly lower prevalence of routine sunblock use (22.2%) than Cumberland District (43.0%), which had the highest prevalence in the state (*Table 4.8, Map 4.2*).

See maps at the end of the chapter.

Routine Use of At Least One Protective Measure Against Sun Exposure

'Routine use of at least one protective measure against sun exposure' is defined as wearing a hat to shade face, ears, or neck, wearing a long-sleeved shirt, or staying in the shade against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.

Data on routine use of sun protective measures from the 2010 BRFSS are the most recent data available.

What is the prevalence of routine use of at least one sun protective measure among Maine adults?

In Maine, four in ten adults routinely use at least one sun protective measure.

- In 2010, 40.9% of Maine adults routinely used at least one protective measure against sun exposure when outside on a sunny summer day for more than one hour (*Table 4.2, Figure 4.2*).

What are the trends in routine use of at least one sun protective measure among Maine adults?

From 2002 to 2010, the percentage of Maine adults who routinely use at least one sun protective measure declined.

- The prevalence of routine use of at least one sun protective measure among Maine declined significantly from 46.8% in 2002 to 40.9% in 2010 (*Table 4.2, Figure 4.2*).

Are there differences in the prevalence of routine use of at least one sun protective measure among Maine adults by demographic factors?

The prevalence of Maine adults who routinely use of at least one sun protective measure is lowest among females, young adults, those with higher household income, and those with private insurance or Medicaid (MaineCare).

- From 2010, Maine females were significantly less likely to routinely use at least one protective measure against sun exposure (34.3%) compared to males (47.6%; *Table 4.9*, *Figure 4.3*).

- Maine adults ages 18−44 years were significantly less likely to routinely use at least one protective measure against sun exposure (28.5%) than those ages 45−64 years (43.4%) and those ages 65 years and older (64.7%; *Table 4.8, Figure 4.4*).

- The percentage of Maine adults who routinely use at least one protective measure against sun exposure was similar (and not significantly different) between those with a less than a high school education (44.3%), those with a high school diploma (41.5%), those with some college education (39.3%), and those with a Bachelor's degree or higher (41.6%; *Table 4.9, Figure 4.5*).

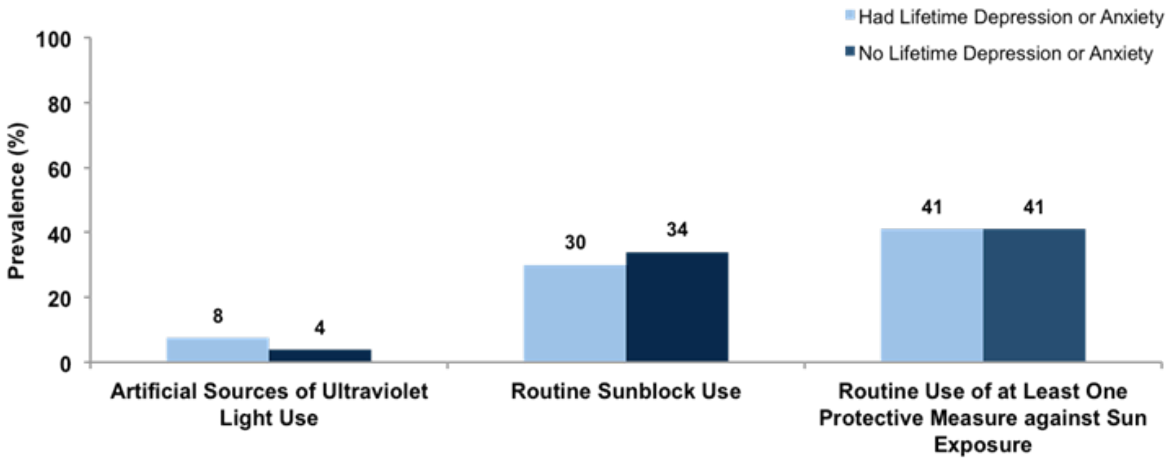
- Mainers with an annual household income of $50,000 or more were significantly less likely to routinely use at least one protective measure against sun exposure (36.8%) compared to those with an income of less than $15,000 (53.4%) and $15,000-24,999 (46.1%; *Table 4.9, Figure 4.6*).

- A significantly lower percentage of Maine adults with private insurance and Medicaid (MaineCare) routinely use at least one protective measure against sun exposure (36.1% and 29.2%, respectively) compared to those with Medicare (59.6%) and other insurance types (50.4%; *Table 4.9, Figure 4.7*).

- In Maine, 45.2% of adults with current depression routinely use at least one protective measure against sun exposure compared to 40.5% of those without current depression; this was not a significant difference (*Table 4.9, Figure 4.8*).

- There was no significant difference in the proportion of Mainers with any lifetime diagnosis of depression or anxiety (41.3%) who routinely use at least one protective measure against sun exposure compared to those without any lifetime diagnosis (40.8%; *Table 4.9, Figure 4.9*).

Figure 4.9. Use of Ultraviolet Light and Protective Measures against Sun Exposure among Adults by Lifetime Depression or Anxiety, Maine, 2010-2012*



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Artificial sources of ultraviolet light use = Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths; Routine sunblock use or routine use of at least one protective measure against sun exposure = Use of sunblock or protective measures (i.e., wearing a hat, wearing a long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Lifetime depression or anxiety = Current depression or any lifetime diagnosis of depression or anxiety.
*Routine use of sunblock or at least one protective measure against sun exposure is from 2010 BRFSS data; data for 2010 is the most current data available for these indicators. Data on artificial sources of ultraviolet light use is from 2011 and 2012 BRFSS.

- Among Maine adults, 41.0% of whites and 40.8% of non-Hispanics reported routine use at least one protective measure against sun exposure. The number of non-white or Hispanic Maine adults was too small to determine if there were differences in the prevalence of routine use at least one protective measure against sun exposure by race or ethnicity (*Table 4.10*).

Are there differences in routine use at least one protective measure against sun exposure among Maine adults by geography?

Routine use of at least one protective measure against sun exposure does not vary significantly by county or public health district in Maine.

- Although Hancock, Penobscot, and York counties had the lowest prevalence of routine use of at least one protective measure against sun exposure in 2010, none were significantly lower than the prevalence of Maine overall or of any other Maine county (*Table 4.11, Map 4.3*).

- The prevalence of routine use of at least one protective measure against sun exposure in Downeast and York districts, the lowest in the state, was not significantly different from the prevalence in Maine oveall or of any other Maine district (*Table 4.11, Map 4.4*).

See maps at the end of the chapter.

Section II: Youth Risk Factors

Risk behaviors that develop in youth can later affect adult health, including cancer risk. Adolescence is an optimal time to intervene on behavioral risk factors to prevent cancer or reduce cancer risk. During this time, it is important to identify and reduce harmful exposures linked to cancer and promote protective behaviors.[7]

Data on factors linked to cancer risk among Maine youth were collected from middle school students (grades seven and 8) and high school students (grades 9-12) by the Maine Integrated Youth Health Survey (MIYHS). National data from high school students came from the Youth Risk Behavior Survey (YRBS).[8] For more information about these data sources, please see 'Data Sources' in Appendix III.

A. General Risk Factors

Any Current Tobacco Use

'Any current tobacco use' is defined as use of any tobacco product including cigarettes, cigars, cigarillos, little cigars, and smokeless tobacco in the past 30 days before the survey.

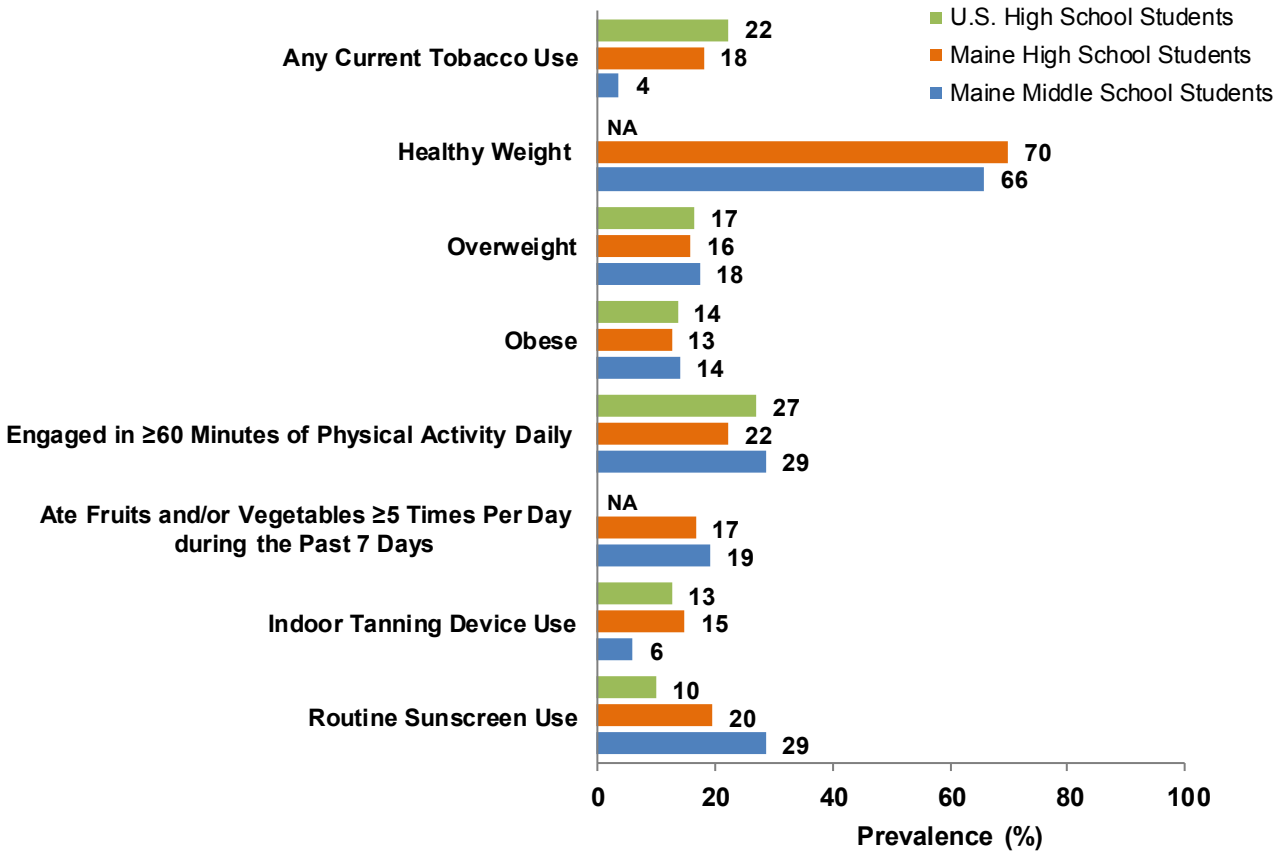
How does the prevalence of current tobacco use among Maine youth compare to U.S. youth?

In Maine, high school students have a higher prevalence of current tobacco use compared to middle school students. The prevalence of current tobacco use was lower among Maine high school students than U.S. high school students.

- In 2013, a significantly higher percentage of Maine high school students (18.2%) used any type of tobacco product in the past 30 days compared to middle school students (3.8%; *Table 4.12, Figure 4.10*).

- In 2013, 18.2% of Maine high school students currently used any tobacco product, significantly lower than the 22.4% of U.S. high school students. National data on any tobacco use among middle school students was not available (*Table 4.12, Figure 4.10*).

Figure 4.10. Prevalence of Cancer Risk Factors among Middle School and High School Students, Maine and U.S., 2013*



Maine data source: 2013 Maine Integrated Youth Health Survey. U.S. data source: 2013 Youth Risk Behavior Survey.
All percentages are weighted to be more representative of the student population of Maine and to adjust for non-response.
*Data for U.S. high school students taken from the 2013 Youth Risk Behavior Survey.
NA: Data for U.S. high school students not available.

Weight Status

'Weight status' for youth has three categories: having a body mass index (BMI) of <5th percentile but <85th percentile (healthy weight), a BMI of ≥85th percentile but <95th percentile (overweight), or a BMI ≥95th percentile (obese) for youth of the same age and sex according to standard growth charts. Weight status was calculated from self-reported weight and height measurements from the MIYHS for Maine youth and YRBS for U.S. youth.

How does the prevalence of healthy weight, overweight or obesity among Maine youth compare to U.S. youth?

Nearly 70% of Maine middle and high school students are at a healthy weight. Maine high school students are more likely to be at a healthy weight than Maine middle school students. The prevalence of overweight or obesity among Maine high school students is similar to U.S. high school students.

- In 2013, 69.7% of Maine high school students and 65.7% of Maine middle students were at a healthy weight, while 28.7% of high school students and 31.7% of middle school students were either overweight or obese (*Table 4.12, Figure 4.10*).

- Maine high school students were significantly more likely to be at a healthy weight (69.7%) compared to Maine middle school students (65.7%), but there were not significant differences in the prevalence of overweight or obesity (*Table 4.12, Figure 4.10*).

- In 2013, Maine high school students had similar prevalence rates of overweight and obesity (16.0% and 12.7%, respectively) as U.S. high school students (16.6% and 13.7%, respectively). Data on overweight or obesity among U.S. middle school students or healthy weight among U.S. high school students were not available (*Table 4.12, Figure 4.10*).

Daily Physical Activity

The U.S. CDC recommends that youth engage in physical activity at least 60 minutes per day, including muscle strengthening and/or bone strengthening activities at least 3 days a week.[9]

'Daily physical activity' is defined as engaging in at least 60 minutes of physical activity per day on all seven days before the survey.

How does the prevalence of daily physical activity among Maine youth compare to U.S. youth?

In Maine, high school students are less likely to engage in daily physical activity than middle school students. Maine high school students have a lower prevalence of daily physical activity than U.S. high school students.

- In Maine, high school students (22.4%) were significantly less likely to engage in at least 60 minutes of daily physical activity compared to middle school students (28.7%; *Table 4.12, Figure 4.10*).

- Maine high school students (22.4%) were less likely to participate in daily physical activity than U.S. high school students (27.1%). National data on daily physical activity among middle school students was not available (*Table 4.12, Figure 4.10*).

Fruit and Vegetable Consumption

Similar to adults, the U.S. CDC recommends calculating how many fruits and vegetables youth should eat each day based on age, sex, and level of physical activity.[5]

'Fruit and vegetable consumption' is defined as eating fruits and/or vegetables five or more times per day during the past seven days before the survey.

What is the prevalence of fruit and vegetable consumption among youth in Maine?

High school students had a lower prevalence of fruit and vegetable consumption than middle school students in Maine.

- In 2013, a significantly lower percentage of Maine high school students (16.8%) consumed fruits and/or vegetables five or more times per day compared to middle school students (19.3%). Data on the consumption of fruits and/or vegetables five or more times per day among U.S. youth was not available in YRBS (*Table 4.12, Figure 4.10*).

B. Melanoma-specific Risk Factors

Indoor Tanning Device Use

'Indoor tanning device use' is defined as use of an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time during the past 12 months.

How does the prevalence of indoor tanning device use among Maine youth compare to U.S. youth?

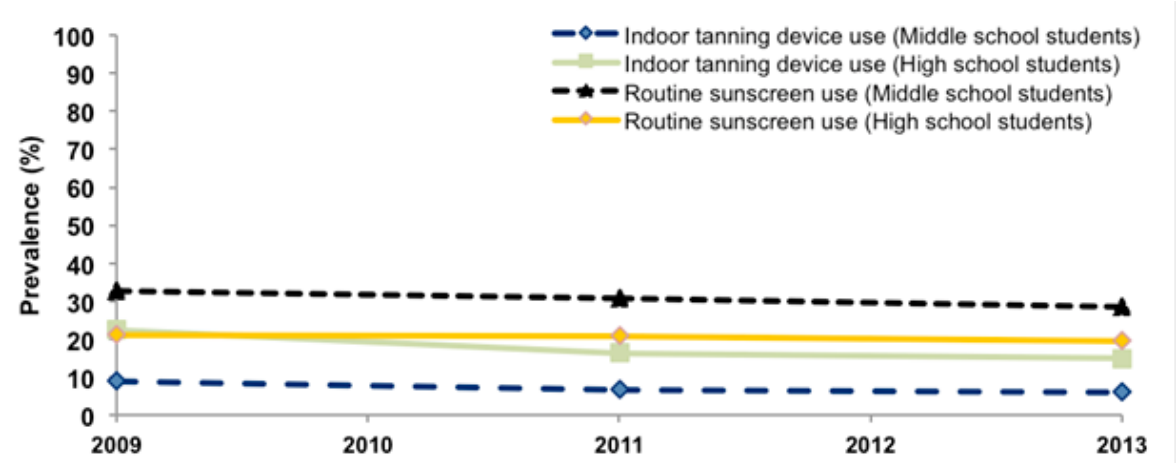
In Maine, high school students are significantly more likely to use an indoor tanning device than middle school students. The prevalence of indoor tanning device use was similar between Maine and U.S. high school students.

- In 2013, a significantly higher percentage of Maine high school students (15.0%) used an indoor tanning device at least once in the past year compared to middle school students (6.1%; *Table 4.12, Figure 4.11*).

- In 2013, a similar percentage of high school students in Maine (15.0%) and U.S. (12.8%) used an indoor tanning device. Data on indoor tanning device use U.S. middle school students was not available in YRBS (*Table 4.12*).

- From 2009 to 2013, high school students consistently used indoor tanning devices more than middle school students; these differences were significant (*Table 4.13, Figure 4.11*).

Figure 4.11. Ultraviolet Light Exposure-Related Cancer Risk Factors among Middle and High School Students by Year, Maine, 2009-2013



Data source: Maine Integrated Youth Health Survey.
All percentages are weighted to be more representative of the general student population of Maine and to adjust for non-response.
Definition: Use of an indoor tanning device = Percentage of Maine middle and high school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months; Regular use of sunscreen = Percentage of Maine middle and high school students who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.

What are the trends in indoor tanning device use among youth in Maine?

Among Maine middle and high school students, use of indoor tanning devices has significantly declined from 2009 to 2013.

- A significantly higher percentage of high school students in Maine used an indoor tanning device in 2009 (22.5%) compared to 2011 (16.4%) and 2013 (15.0%). The same (and significant) trend was observed among middle school students with 9.2% in 2009 compared to 6.8% in 2011 and 6.1% in 2013 (*Table 4.13, Figure 4.11*).

- Among Maine high school students, use of indoor tanning devices significantly declined from 22.5% in 2009 to 15.0% in 2013 (*Table 4.13, Figure 4.11*).

- Use of indoor tanning devices followed a similar trend among Maine middle school students, declining significantly from 9.2% in 2009 to 6.1% in 2013 (*Table 4.13, Figure 4.11*).

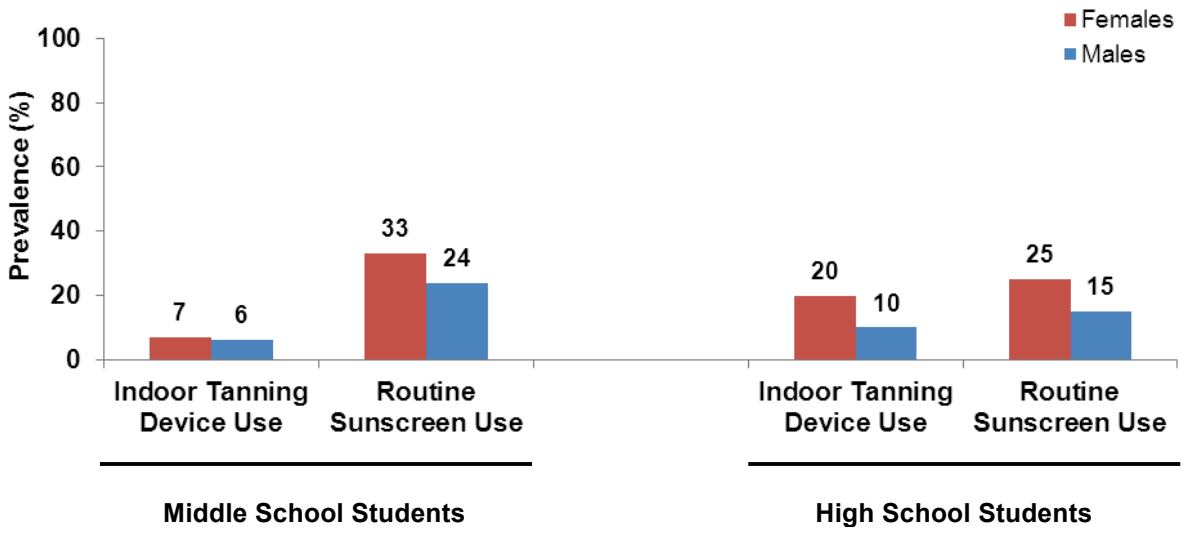
Are there differences in indoor tanning device use among youth by demographic factors?

Among middle school students in Maine, there were no significant differences in use of indoor tanning devices by sex, age, or grade. Among high school students, use of indoor tanning devices was highest among females, those in older age groups, those in the higher grade levels, and Hispanics.

- In 2013, Maine high school females were significantly more likely to use indoor tanning devices (19.9%) compared to males (10.0%). There was no significant difference in the use of indoor tanning devices by sex among middle school students in Maine (*Table 4.14 and Table 4.15, Figure 4.12*).

- Among Maine high school students, use of indoor tanning devices tended to rise with increasing age. High school students 16 years old (14.5%), 17 years old (18.6%) and 18 years old (21.8%) were significantly more likely to use indoor tanning devices than those 15 years old (10.7%) or 14 years or younger (10.5%). Among middle school students in Maine, there was no significant difference in use of indoor tanning devices by age group (*Table 4.14 and Table 4.15*).

Figure 4.12. Ultraviolet Light Exposure-Related Cancer Risk Factors among Middle and High School Students by Sex, Maine, 2013

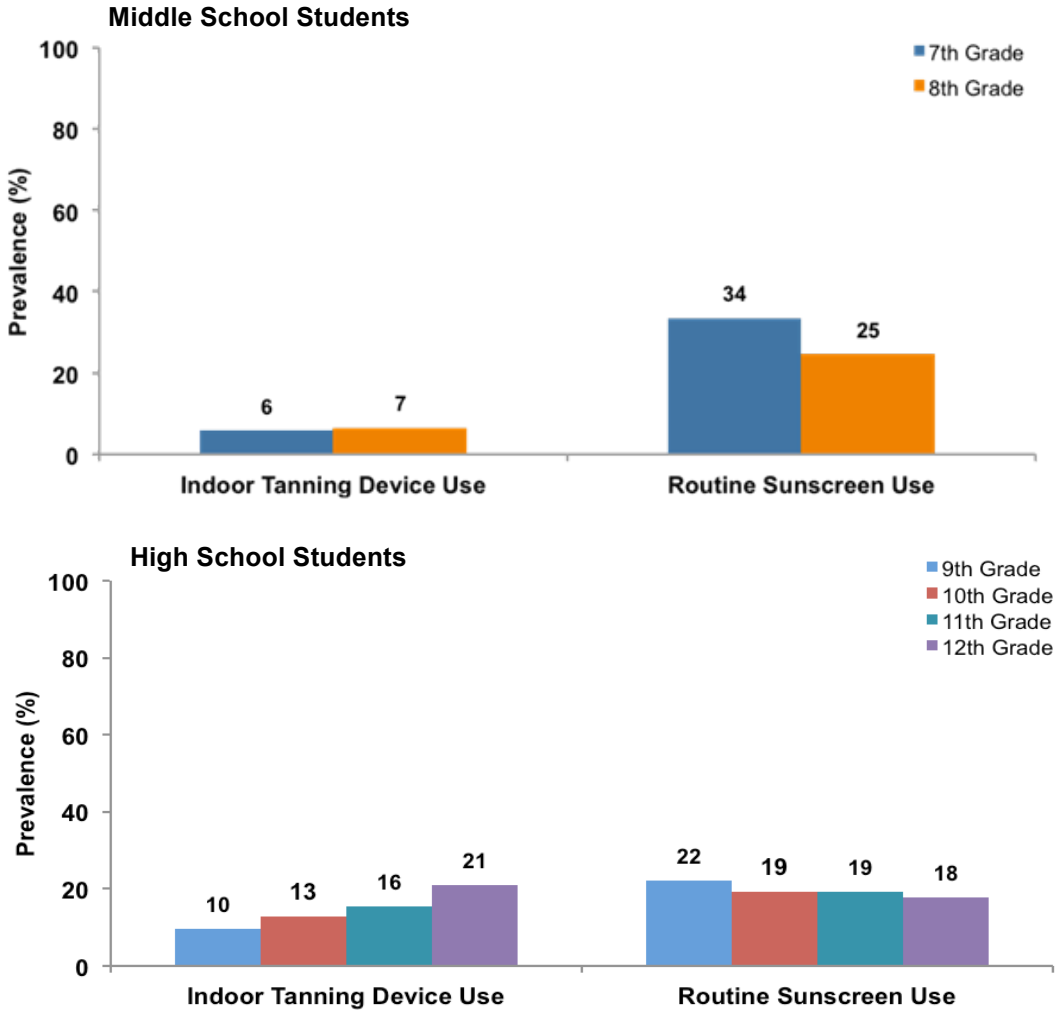


Data source: Maine Integrated Youth Health Survey.
All percentages are weighted to be more representative of the general student population of Maine and to adjust for non-response.
Definition: Indoor tanning device use = Percentage of Maine middle and high school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months; Routine sunscreen use = Percentage of Maine middle and high school students who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.

- Likewise, a significantly higher percentage of Maine high school students in 11th grade and 12th grade (15.5% and 21.1%, respectively) used an indoor tanning device in the past 12 months compared to those in 9th grade and 10th grade (9.7% and 12.8%, respectively). There was no statistically significant difference in the use of indoor tanning devices by grade level among Maine middle school students (*Table 4.14 and Table 4.15*, *Figure 4.13*).

- In Maine, 5.6% of non-Hispanic white middle school students and 14.5% of non-Hispanic white high school students used an indoor tanning device during the past 12 months. The numbers of Hispanic middle school students and non-white students were too low to determine if there were differences in the prevalence of indoor tanning device use by race or ethnicity (*Table 4.14 and Table 4.15*).

Figure 4.13. Ultraviolet Light Exposure-Related Cancer Risk Factors among Middle and High School Students by Grade, Maine, 2013



Data source: Maine Integrated Youth Health Survey.
All percentages are weighted to be more representative of the general student population of Maine and to adjust for non-response.
Definition: Indoor tanning device use = Percentage of Maine middle and high school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months; Routine sunscreen use = Percentage of Maine middle and high school students who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.

- Hispanic middle school students were more likely to have used an indoor tanning device (16.7%) compared to non-Hispanic white middle school students (5.6%; *Table 4.14*).

- A significantly higher percentage of Hispanic high school students used an indoor tanning device during the past 12 months (23.1%) compared to non-Hispanic white high school students (14.5%; *Table 4.15*).

- Among Maine high school students, homosexual (gay or lesbian) students were more likely to use an indoor tanning device during the past 12 months compared to heterosexual (straight) students (14.9%), bisexual students (13.7%), and students unsure of their sexuality (14.%; *Table 4.15*).

Routine Sunscreen Use

'Routine sunscreen use' is defined as using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.

How does the prevalence of routine sunscreen use among Maine youth compare to U.S. youth?

Middle school students have a higher prevalence of routine sunscreen use than high school students in Maine. A greater percentage of Maine high school students routinely use sunscreen than U.S. high school students.

- In 2013, a significantly higher percentage of middle school students (28.7%) routinely used sunscreen compared to high school students (19.7%) in Maine (*Table 4.12, Figure 4.11*).

- In 2013, Maine high school students (19.7%) had a higher prevalence of routine sunscreen use compared to U.S. high school students (10.1%). National data on routine sunscreen use among U.S. middle school students was not available in YRBS (*Table 4.12).*

- From 2009 to 2013, routine sunscreen use was consistently and significantly higher among middle school students compared to high school students (*Table 4.13, Figure 4.11*).

What are the trends in routine sunscreen use among youth in Maine?

The prevalence of middle and high school students who routinely use sunscreen has stayed consistent since 2009.

- In Maine, the proportion of middle and high school students who routinely use sunscreen did not change significantly between 2009 (33.0% and 21.4%, respectively) and 2013 (28.7% and 19.7%, respectively; *Table 4.13, Figure 4.11*).

Are there differences in routine sunscreen use among youth by demographic factors?

In Maine, the percentage of middle and high school students who routinely use sunscreen is lowest among males, those in the oldest age groups, and those in the higher grade levels. Among Maine high school and middle school students, non-Hispanic white students were more likely to routinely use sunscreen than Hispanics and most other race groups.

- In 2013, middle school and high schools males in Maine were significantly less likely to routinely use sunscreen (23.9% and 14.5%, respectively) compared to females (33.4% and 24.9%, respectively; *Table 4.16 and Table 4.17*, *Figure 4.12*).

- Among middle school students in Maine, a significantly lower percentage of those ages 14 and older (21.1%) routinely used sunscreen compared to those 13 years old (29.6%) and ages 12 or younger (35.0%). A similar pattern was observed among high school students showing a decline in routine sunscreen use with increasing age, but only those age 17 years (18.0%) had a significantly lower rate than those ages 14 years or younger (23.5%; *Table 4.16 and Table 4.17*).

- For Maine middle school students, those in the 8th grade were significantly less likely to routinely used sunscreen (24.6%) compared to those in the 7th grade (33.5%). Although routine sunscreen use appeared to decrease by grade among high school students, there was no statistically significant difference (*Table 4.16 and Table 4.17*, *Figure 4.13).*

- In Maine, 29.5% of non-Hispanic white students in middle school and 20.0% of white non-Hispanic students in high school routinely used sunscreen. The number of Hispanic middle school students and non-white students was too small to determine if there were differences in the prevalence of routine sunscreen use by race or ethnicity (*Table 4.16 and Table 4.17*).

- Non-Hispanic white middle school students were more likely to routinely use sunscreen (29.5%) than Hispanic , black, and American Indian or Alaska Native students (20.0%, 14.1%, and 19.8,%, respectively (*Table 4.17*).

- Likewise, non-Hispanic white high school students were more likely to routinely use sunscreen (20.0%) than Hispanic and black students (14.6% and 7.9%, respectively; *Table 4.17*).

- Among Maine high school students, there was no significant difference in routine use of sunscreen by sexual orientation (*Table 4.17*).

Section III: Environmental Risk Factors

Radon is the second leading cause of lung cancer in the U.S. after tobacco use.[10] Radon is a colorless, odorless, and tasteless radioactive gas that naturally occurs in rocks and soils. Although radon can be found throughout the U.S., the rocks and soils in Maine generate more radon than most other states. Radon can be released from soil or groundwater into the indoor air of a house, and then get trapped inside. Exposure to elevated levels of radon in indoor air increases the risk of lung cancer. Testing for radon is the only way to determine if a house has elevated levels of radon in indoor air.

In this section, data on radon testing were taken from the Maine BRFSS. Prevalence estimates were calculated based on the number of households (not individuals) surveyed in Maine.

Radon Testing in Indoor Air in Maine Homes

What is the prevalence of household radon testing of indoor air in Maine?

Nearly one-third of Maine homes have been tested for radon in indoor air.

- In 2012, 31.4% of Maine homes had been tested for radon in indoor air (*Table 4.18*).

What are the trends in household radon testing of indoor air in Maine?

Household testing of radon in indoor air has stayed consistent since 2009.

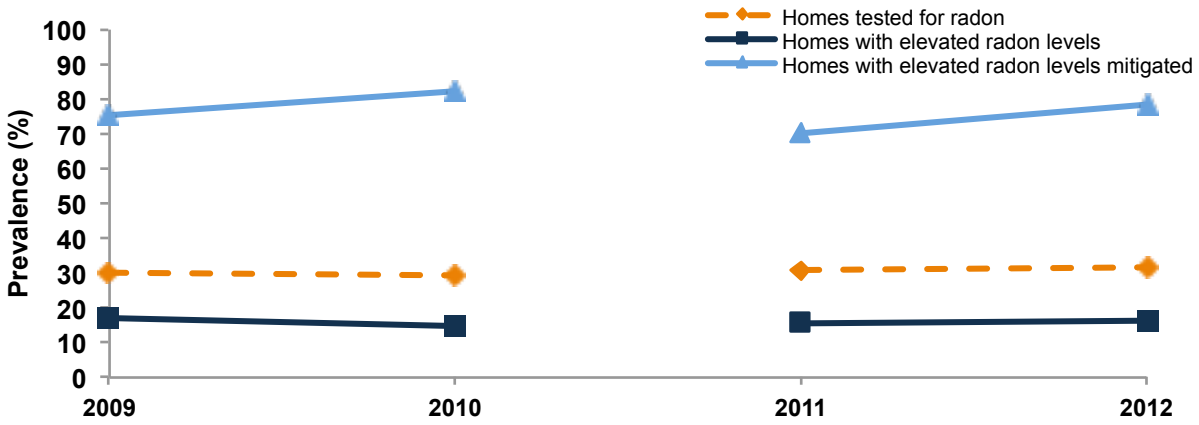
- The percentage of Maine homes testing for radon in indoor air has remained relatively constant at 30.1% in 2009, 29.0% in 2010, 30.8% in 2011, and 31.4% in 2012 (*Table 4.18, Figure 4.14*).

Are there differences in household radon testing of indoor air by household income?

The prevalence of Maine homes tested for radon was highest among those with a household income of $50,000 or more.

- Maine homes with an annual household income of $50,000 or more were significantly more likely to have had indoor air tested for radon (42.3%) compared to homes with an income of less than $15,000 (24.8%), $15,000-24,999 (19.1%), $25,000-34,999 (23.5%), and $35,000-49,999 (23.5%; *Table 4.19*).

Figure 4.14. Homes with Radon Testing of Indoor Air by Year, Maine, 2009-2012



Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine households that reported indoor air was tested for radon, households with elevated radon levels, and households with elevated radon levels mitigated.
Change in BRFSS survey methodology represented by break in graph line. Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Are there differences in household radon testing of indoor air by geography?

Counties and public health districts with the highest prevalence of Maine homes tested for radon in indoor air are located in southern and midcoast region in Maine.

- In 2012, Cumberland, Lincoln, Sagadahoc, and York counties had the highest prevalence of Maine homes with indoor air tested for radon in Maine, but only Cumberland County's prevalence (44.7%) was significantly higher than Maine overall (31.4%; *Table 4.20, Map 4.5).*

- Although Cumberland, Midcoast, and York districts had the highest prevalence of homes tested for radon in indoor air in the state, only Cumberland District's prevalence (44.7%) was significantly higher than the state overall (31.4%) and every other district in the state except York District (36.3%; *Table 4.20, Map 4.6).*

See maps at the end of the chapter.

Elevated Levels of Radon in Maine Homes

Among Maine homes tested for radon in indoor air, what is the prevalence of elevated radon levels in those homes?

Less than 20% of Maine homes tested had elevated radon levels in indoor air.

- In 2012, among the 31.4% of Maine homes tested for radon, 16.3% had elevated radon levels in indoor air (*Table 4.18*).

Among Maine homes tested for radon in indoor air, what are the trends in elevated radon levels in those homes?

The prevalence of elevated radon levels in tested Maine homes has not significantly changed.

- The proportion of tested Maine homes that had elevated radon levels in indoor air has stayed fairly consistent at 16.9% in 2009, 14.8% in 2010, 15.8% in 2011, and 16.3% in 2012 (*Table 4.18, Figure 4.14*).

Are there differences in Maine homes with elevated radon levels by income group?

The number of homes with elevated radon levels was too small to assess differences by income group.

- In 2012, the number of tested Maine homes was too low to reliably estimate elevated radon levels by income (*Table 4.19*).

Are there differences in Maine homes with elevated radon levels by geography?

The number of homes with elevated radon levels by Maine county and public health district in 2012 were too small to assess geographic differences.

- In 2012, the relatively low number of homes with elevated radon levels at the county and public health district level in Maine result in most county and district prevalence rates being suppressed or flagged as statistically unreliable, making it difficult to assess geographic differences.

Mitigation of Elevated Radon Levels in Maine Homes

Among tested Maine homes with elevated radon levels in indoor air, percentage of these tested levels reduced or fixed (mitigated)?

Almost 80% of Maine homes with elevated radon levels in indoor air had these levels mitigated.

- In 2012, among the tested Maine homes that had elevated levels of radon in indoor air, 78.4% of homes had these levels mitigated (*Table 4.18*).

Among tested Maine homes with elevated radon levels in indoor air, what are the trends in having elevated radon levels mitigated?

In Maine, the percentage of tested Maine homes in which elevated radon levels were mitigated remained fairly constant.

- Although the percentage of Maine homes with elevated radon levels in indoor air that were fixed appears to rise from 70.2% in 2011 to 78.4% in 2012, this difference was not significant. The prevalence of homes with radon levels mitigated also appeared to increase from 2009 (75.3%) to 2010 (82.1%), but this difference was not signficant (*Table 4.19*).

Are there differences in the percentage of Maine homes with elevated radon levels mitigated by income group?

The number of Maine homes with elevated radon levels that were mitigated was too small to examine differences by income group.

- In 2012, the number of Maine homes with elevated levels mitigated was too low to assess differences by income group (*Table 4.20*).

Are there differences in the percentage of Maine homes with elevated radon levels mitigated by geography?

The number of homes with elevated radon levels that were mitigated were too small to assess differences by geography.

- The low number of homes with elevated radon levels that were mitigated at the county and public health level in Maine in 2012 result in most county and district prevalence rates being suppressed or flagged as statistically unreliable, making it was difficult to assess geographic differences.

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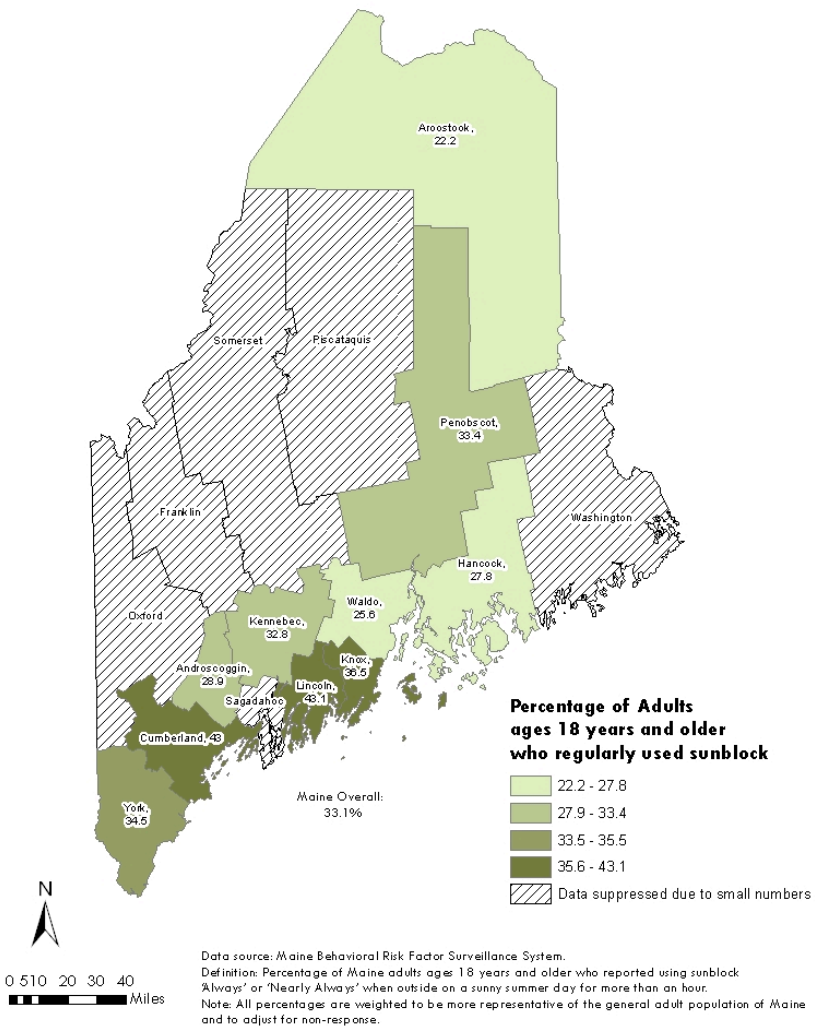
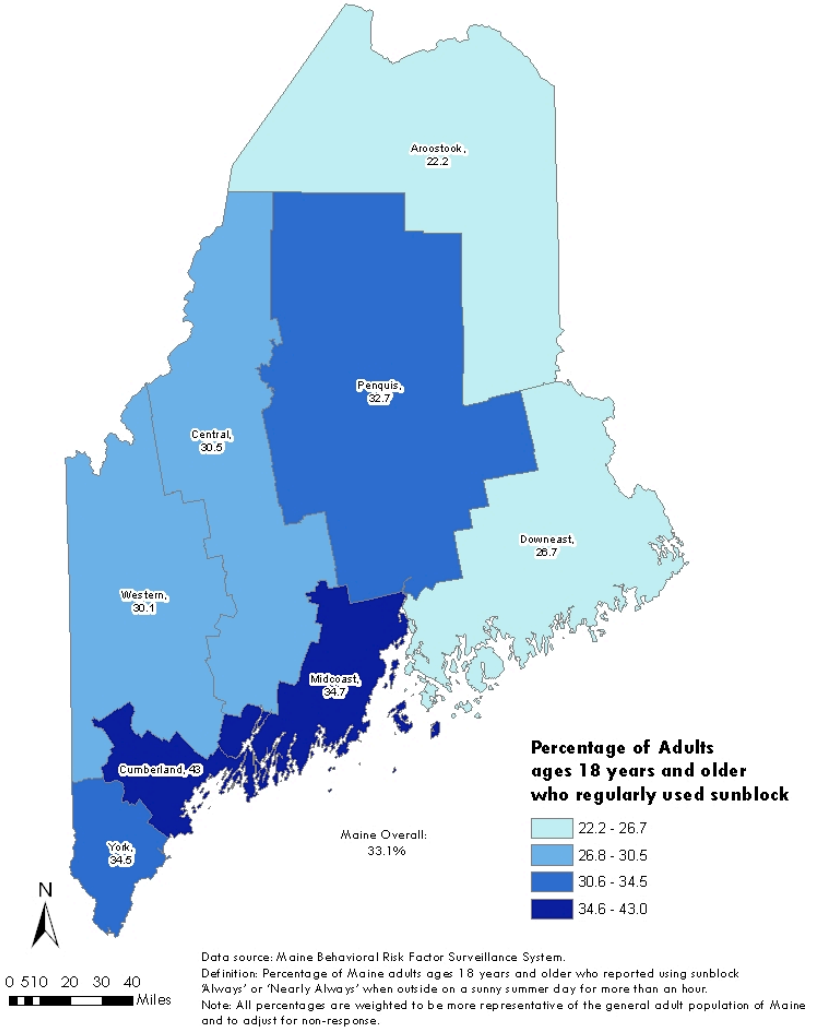
Map 4.1. Adults Ages 18 Years and Older Who Regularly Used Sunblock by County, Maine, 2010



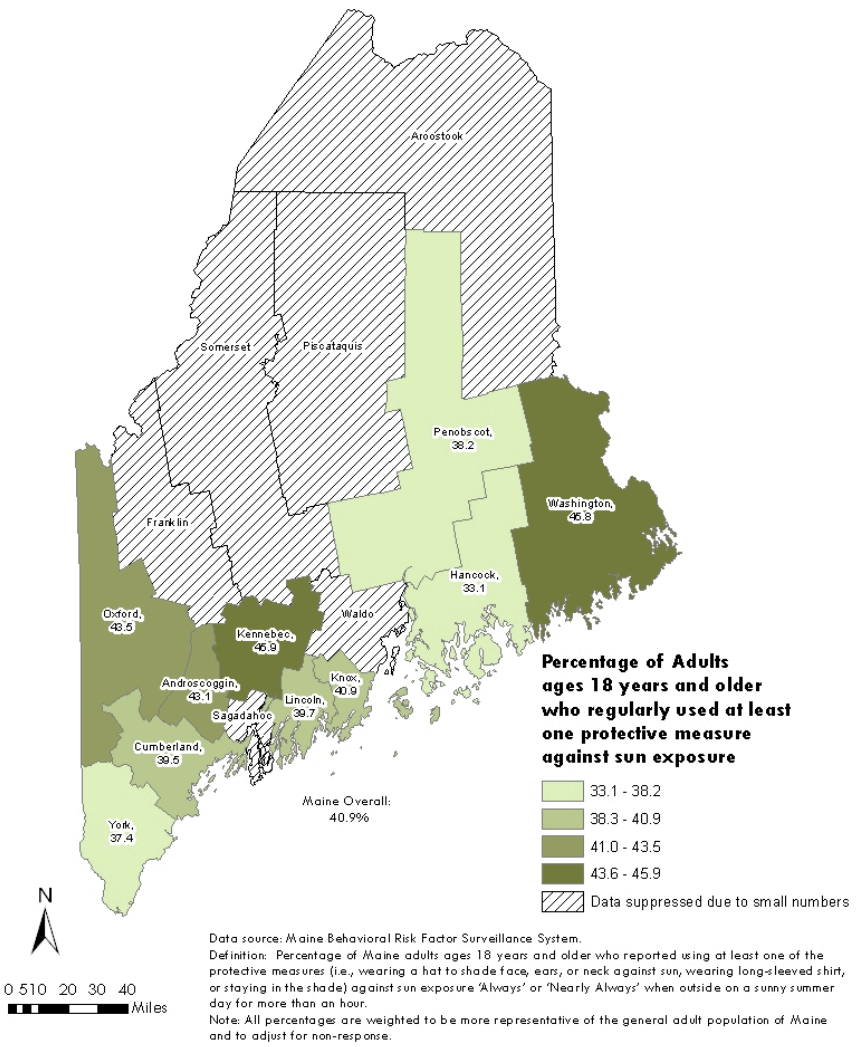
Data source: Maine Behavioral Risk Factor Surveillance System.
Definition: Percentage of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Map 4.2. Adults Ages 18 Years and Older Who Routinely Used Sunblock by Public Health District, Maine, 2010



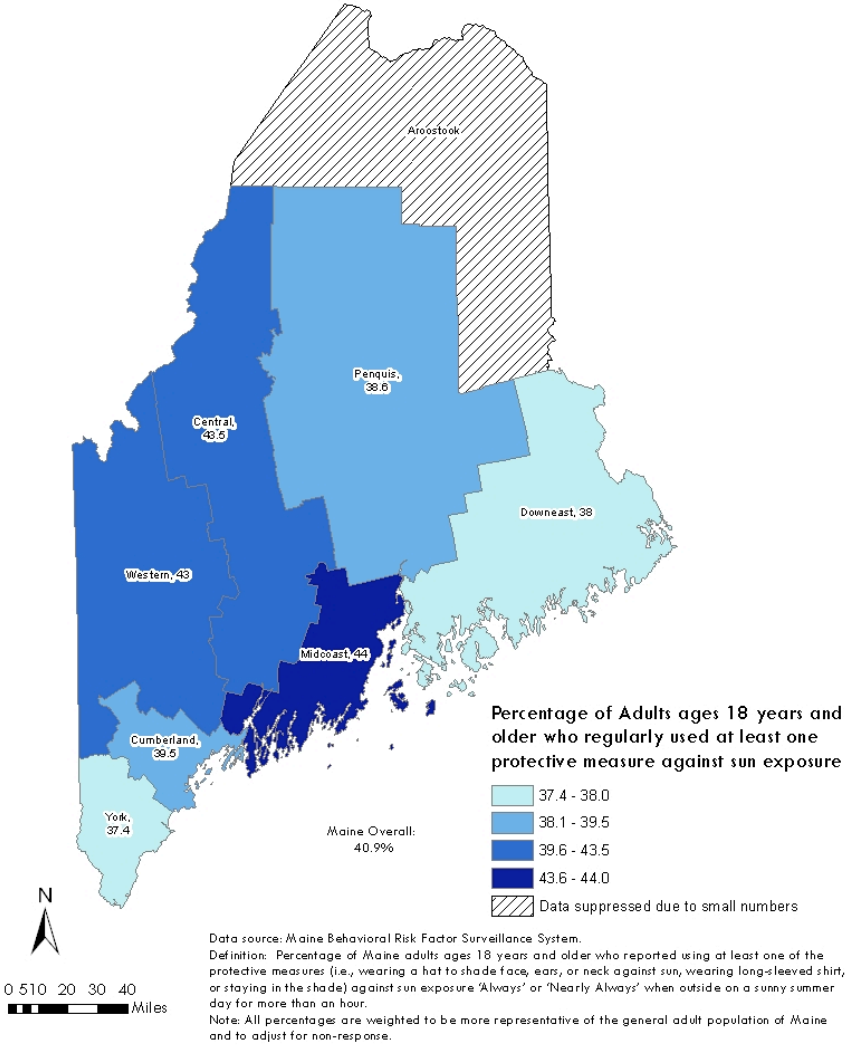
Data source: Maine Behavioral Risk Factor Surveillance System.
Definition: Percentage of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Map 4.3. Adults Ages 18 Years and Older Who Routinely Used At Least One Protective Measure against Sun Exposure by County, Maine, 2010



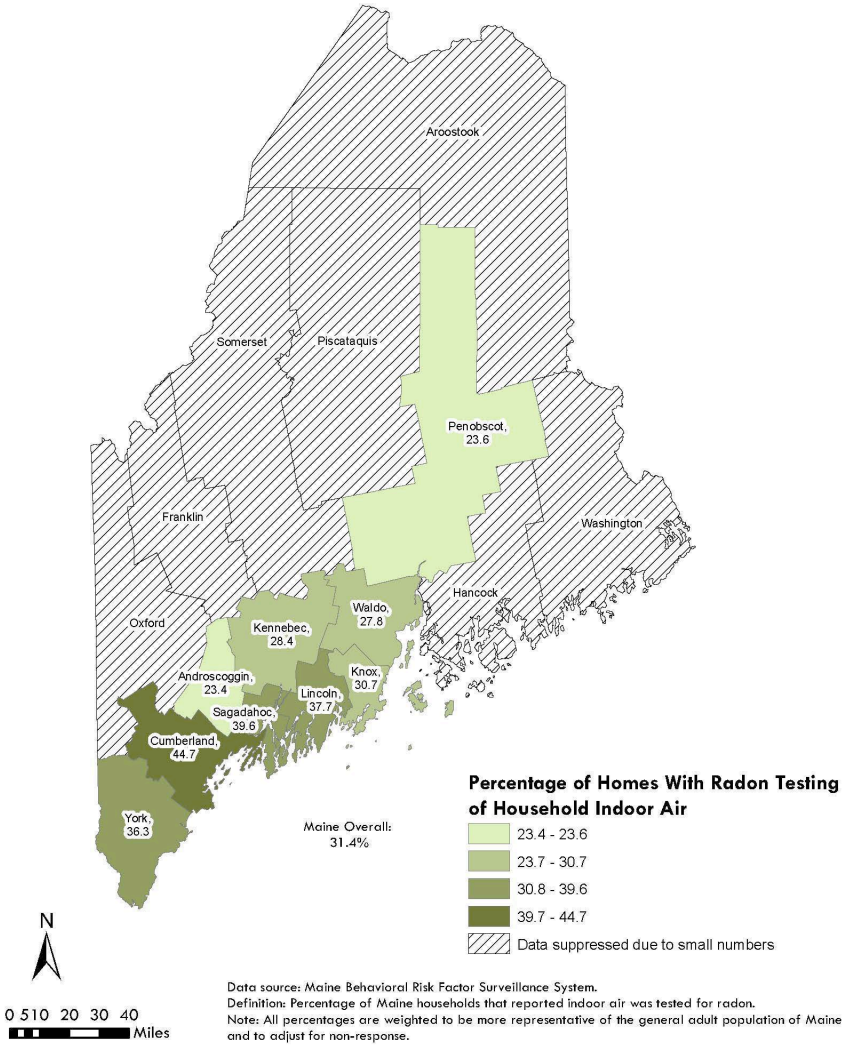
Data source: Maine Behavioral Risk Factor Surveillance System.
Definition: Percentage of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Map 4.4. Adults Ages 18 Years and Older Who Routinely Used At Least One Protective Measure against Sun Exposure by Public Health District, Maine, 2010



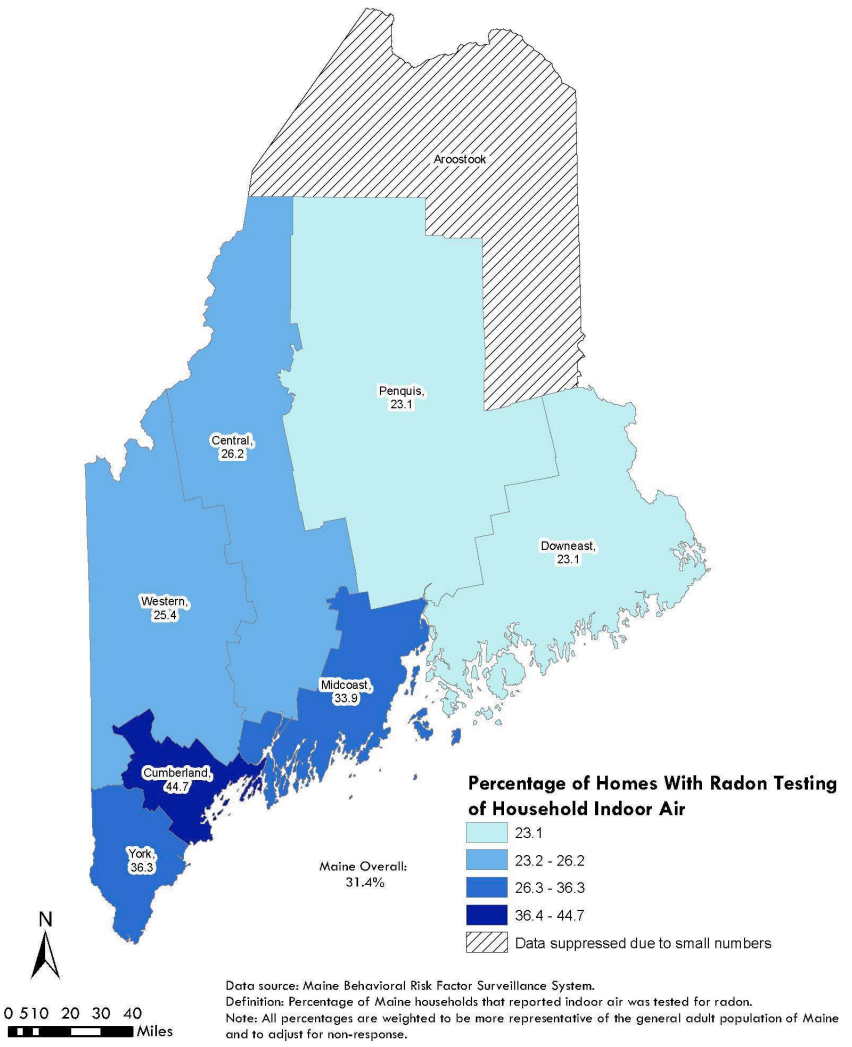
Data source: Maine Behavioral Risk Factor Surveillance System.
Definition: Percentage of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Map 4.5. Homes With Radon Testing of Household Indoor Air by County, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.
Definition: Percentage of Maine households that reported indoor air was tested for radon.
Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Map 4.6. Homes With Radon Testing of Household Indoor Air by Public Health District, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.
Definition: Percentage of Maine households that reported indoor air was tested for radon.
Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Cancer Screening

What is cancer screening?

Cancer screening is used to detect cancer (or conditions that cause cancer) in a person before symptoms appear. For some cancers like cervical and colorectal, screening tests can find abnormal cells that can be removed to prevent the development of cancer. For other cancers like breast, screening tests can help find cancer at an early stage when treatment is more likely to improve health outcomes.

Why is cancer screening an important public health topic?

Cancer screening is important because it can lead to the prevention or early detection of certain types of cancer. Detecting cancer at an early stage reduces the risk of death and illness, as well as dollars spent on treatment, lost productivity, and improves quality of life.

Population-based screening for breast, cervical and colorectal cancers can reduce cancer-related deaths.[1-4] In December 2013, the U.S. Preventive Services Task Force issued new screening recommendations for lung cancer, but limited recommendations to heavy smokers or former smokers.[5] For other cancers, such as oral and prostate, the benefits of screening in reducing incidence and mortality have not been proven.

What should Maine adults know about cancer screening?

There are a variety of tests used to screen for different types of cancer. It is important to know when and how often to be screened for different cancers as well as the benefits and potential risks of screening. National recommendations for cancer screening have been developed by organizations including the American Cancer Society, American College of Obstetrics and Gynecology, and the U.S. Preventive Services Task Force. These recommendations provide standard guidelines for cancer screening based on current scientific evidence and clinical best practices.

Breast cancer screening

Breast cancer is the most common cancer among women in Maine. With the exception of skin cancer, it is also the most common cancer among American women. Having routine screening for breast cancer is important to lower the risk of dying from the disease. In this section, breast cancer screening will be examined among females in age groups of 40 years and older and 50 years and older based on national recommendations from different organizations.

National recommendations

Guidelines for screening vary by national organization as shown below:

The American Cancer Society recommends[1]	*The U.S. Preventive Service Task Force recommends*[2]
Mammogram every year starting at age 40.	Mammogram every two years from ages 50–74 or screening earlier than age 50 based on informed decisions about individual benefits and risks. Women who are at higher risk, such as family history or genetic predisposition for breast cancer, should discuss with their healthcare provider to determine how early and how often to get screened.

In this section, breast cancer screening is defined as having received a mammogram within the past two years, and is reported among women 40 years and older and also 50 years and older.

How does the prevalence of breast cancer screening in Maine compare to the U.S.?

Maine females have a higher prevalence of breast cancer screening compared to U.S. females.

- From 2002 to 2010, the prevalence of breast cancer screening (receiving a mammogram within the past two years) was consistently higher among Maine females than U.S. females (*Table 5.1, Figure 5.1*).

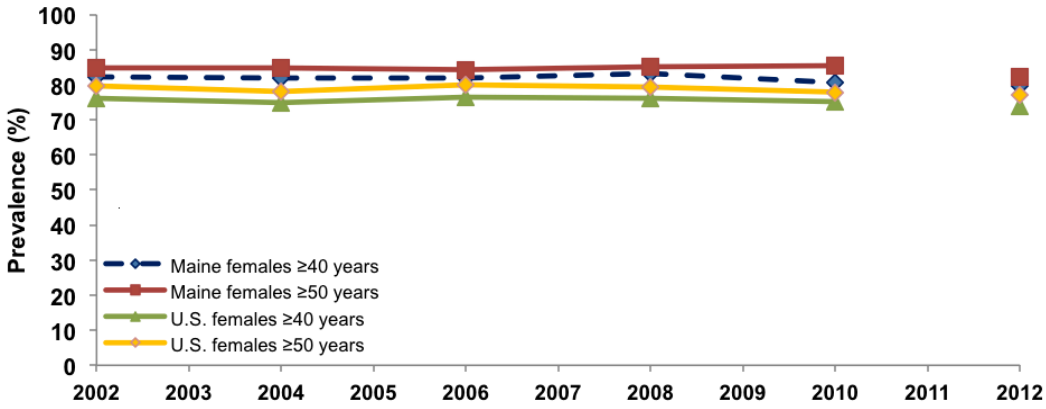
What are the trends in breast cancer screening in Maine?

The prevalence of breast cancer screening in Maine has remained consistent over the past decade.

- In 2012, 79.6% of Maine females ages 40 years and older had a mammogram within the past two years compared to 77.0% of U.S. females. Among Maine females ages 50 years and older, 82.1% had a mammogram within the past two years compared to 74.0% of U.S. females (*Table 5.1, Figure 5.1*).

- The proportion of Maine and U.S. females who had breast cancer screening has not changed significantly between 2002 and 2010 (*Table 5.1, Figure 5.1*).

Figure 5.1. Breast Cancer Screening by Year, Maine and U.S., 2002-2012



Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine and U.S. females who reported they had a mammogram within the past two years.
Change in BRFSS survey methodology represented by break in graph line. Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

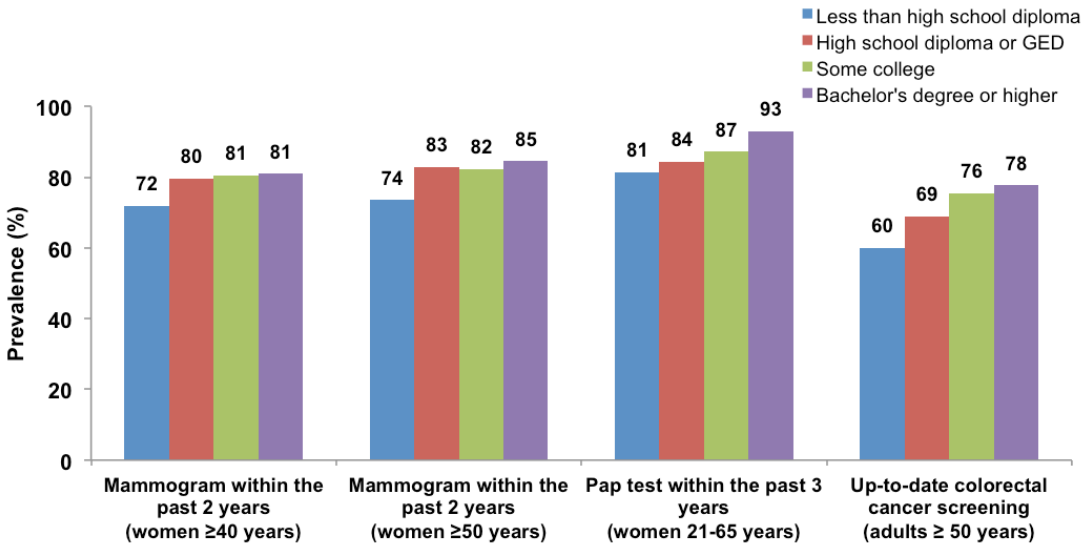
Are there differences in the prevalence of breast cancer screening by demographic factors?

In Maine, the prevalence of breast cancer screening is lowest in the youngest (40–49 years) and oldest (75 years and older) age groups. Lower education, lower household income, and having current depression are associated with a lower prevalence of breast cancer screening among Maine females.

- In 2012, among Maine females ages 40 years and older, a significantly lower percentage of those ages 40–49 years (71.9%) had breast cancer screening compared to those ages 50–64 years (83.3%) and 65–74 years (84.4%). Among females ages 50 years and older, a significantly lower percentage of those ages 75 years and older (76.5%) had breast cancer screening compared to those ages 50–64 years (83.3%) and 65–74 years (84.4%; *Table 5.2, Table 5.5*).

- For Maine females ages 40 years and older, those with less than a high school education were significantly less likely to have mammogram within the past two years (71.9%) compared to those with a Bachelor's degree or higher (81.0%). For females ages 50 and over, there was a similar, significant pattern among those with less than a high school education (73.5%) compared to those with a Bachelor's degree or higher (84.5%; *Table 5.2, Table 5.5, Figure 5.2.a*).

Figure 5.2.a. Breast, Cervical, and Colorectal Cancer Screening among Maine Adults by Level of Education, 2012

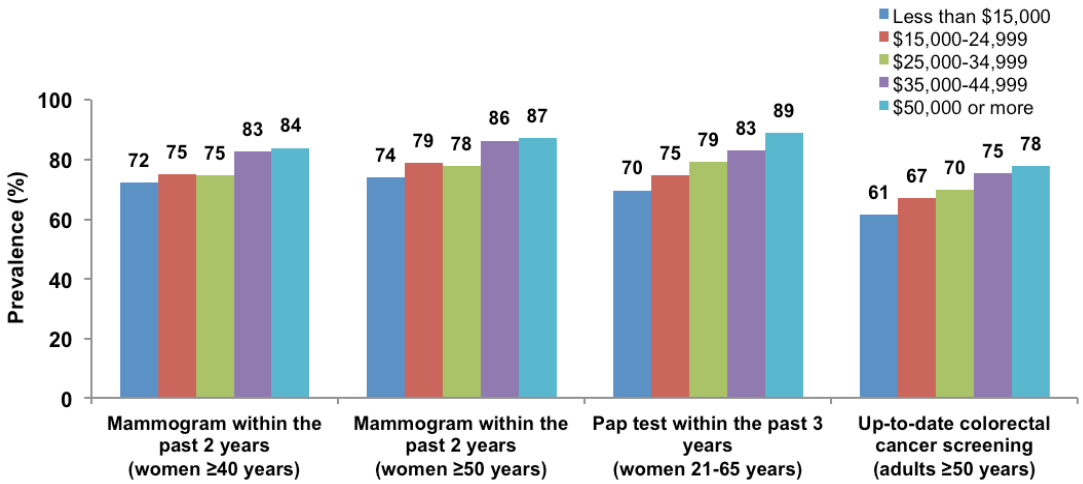


Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Up-to-Date Colorectal Cancer Screening = Percentage of Maine adults ages 50 years and over who reported that they had a sigmoidoscopy within the past five years and a home blood stool test (e.g., FOBT, FIT) within the past three years, a home blood stool test within the past year, or a colonoscopy within the past 10 years.

- For Maine females ages 40 years and older, those with an annual household income of less than $15,000 (72.3%) had a significantly lower prevalence of breast cancer screening compared to those with an income of $35,000-49,000 (82.8%) and $50,000 or more (83.9%). For females ages 50 years and older, a similar, significant pattern was observed among those with an annual household income of less $15,000 (74.0%) compared to those with an income of $35,000-49,000 (86.3%) and $50,000 or more (87.3%; *Table 5.2, Table 5.5, Figure 5.3.a*).

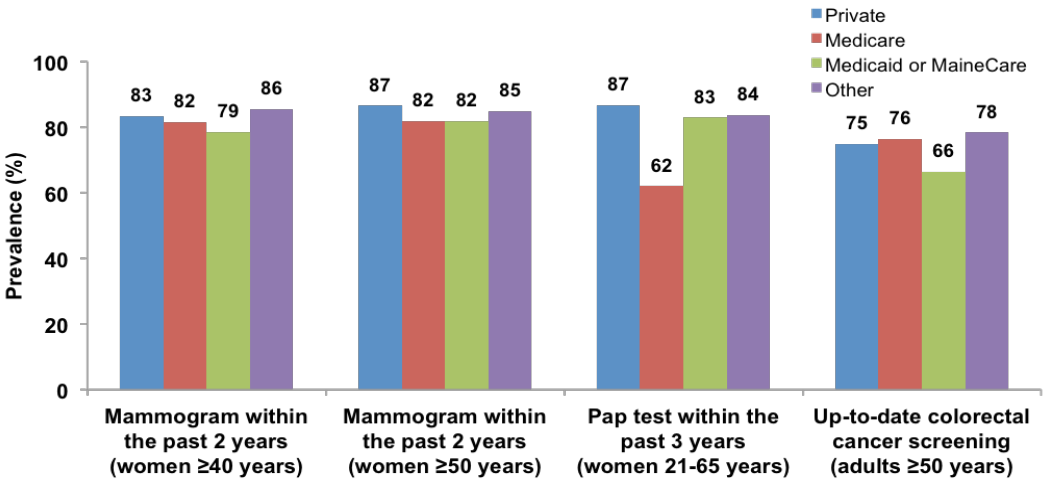
- There was no significant difference in the prevalence of breast cancer screening by type of health insurance coverage among Maine females ages 40 years and older. This non-significant pattern was similar among females ages 50 years and older. For both age groups, the number of uninsured adults was too small to provide a reliable estimate of breast cancer screening in this group (*Table 5.2, Table 5.5, Figure 5.4.a*).

Figure 5.3.a. Breast, Cervical, and Colorectal Cancer Screening among Maine Adults by Level of Annual Household Income, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Up-to-Date Colorectal Cancer Screening = Percentage of Maine adults ages 50 years and over who reported that they had a sigmoidoscopy within the past five years and a home blood stool test (e.g., FOBT, FIT) within the past three years, a home blood stool test within the past year, or a colonoscopy within the past 10 years.

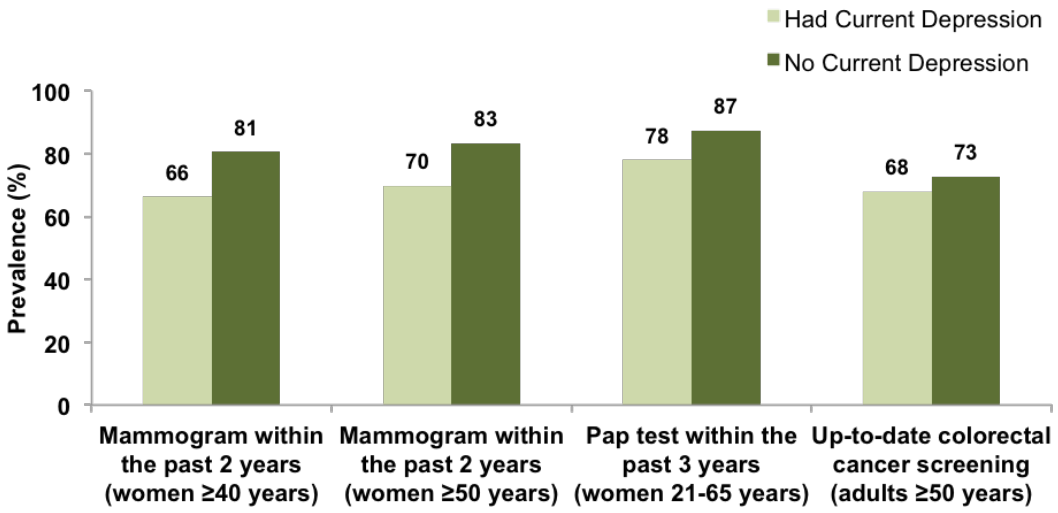
Figure 5.4.a. Breast, Cervical, and Colorectal Cancer Screening among Maine Adults by Type of Health Insurance Coverage, 2012*



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Up-to-Date Colorectal Cancer Screening = Percentage of Maine adults ages 50 years and over who reported that they had a sigmoidoscopy within the past five years and a home blood stool test (e.g., FOBT, FIT) within the past three years, a home blood stool test within the past year, or a colonoscopy within the past 10 years.
*Sample size was too small to provide reliable estimates for the uninsured population of Maine adults.

- For Maine females ages 40 years and older, those with current depression were significantly less likely to have a mammogram within the past two years (66.3%) compared to those without current depression (80.6%). For females ages 50 years and older, there was a similar, significant pattern at 69.7% and 83.3%, respectively (*Table 5.2, Table 5.5, Figure 5.5.a*).

Figure 5.5.a. Breast, Cervical, and Colorectal Cancer Screening among Maine Adults by Current Depression, 2012

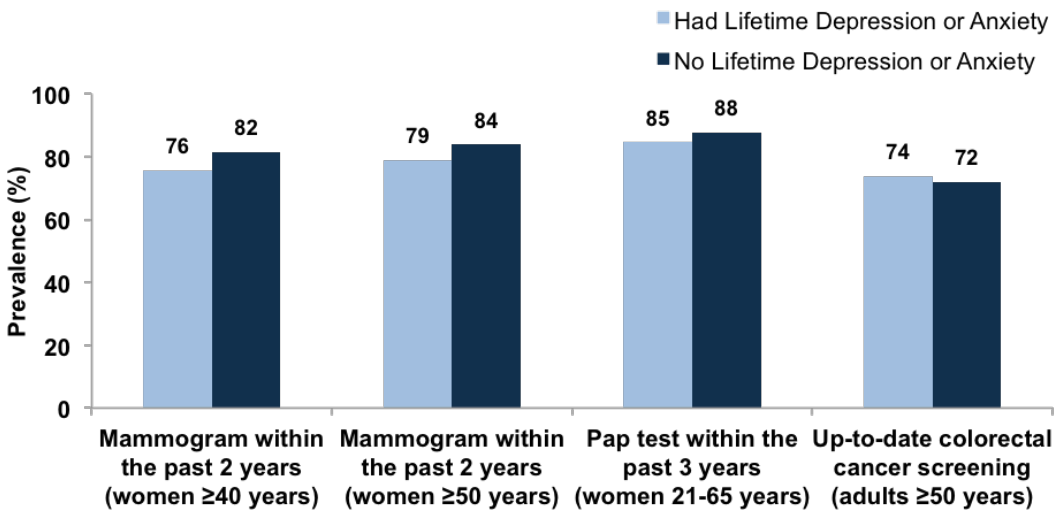


Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Up-to-Date Colorectal Cancer Screening = Percentage of Maine adults ages 50 years and over who reported that they had a sigmoidoscopy within the past five years and a home blood stool test (e.g., FOBT, FIT) within the past three years, a home blood stool test within the past year, or a colonoscopy within the past 10 years.
Current depression = Self-reported symptoms of current depression based on PHQ-2 depression scale.

- For Maine females ages 40 years and older, the prevalence of breast cancer screening among those with any lifetime diagnosis of depression or anxiety (75.6%) was slightly, but not significantly, lower compared to those without any lifetime diagnosis (81.5%). A similar, non-significant pattern was observed among females ages 50 years and older at 79.0% and 83.9%, respectively (*Table 5.2, Table 5.5, Figure 5.6.a*).

- Among Maine females ages 40 years and older, 79.8% of whites and 79.6% of non-Hispanics had breast cancer screening. For females ages 50 years and older, the prevalence was slightly higher, but not significantly, at 82.2% for both whites and non-Hispanics. For both age groups, the number of non-white or Hispanic females was too small to determine differences in the prevalence of breast cancer screening by race or ethnicity (*Table 5.3, Table 5.6*).

Figure 5.6.a. Breast, Cervical, and Colorectal Cancer Screening among Maine Adults by Lifetime Depression or Anxiety, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Up-to-Date Colorectal Cancer Screening = Percentage of Maine adults ages 50 years and over who reported that they had a sigmoidoscopy within the past five years and a home blood stool test (e.g., FOBT, FIT) within the past three years, a home blood stool test within the past year, or a colonoscopy within the past 10 years.
Lifetime depression or anxiety = Current depression or any lifetime diagnosis of depression or anxiety.

Are there differences in the prevalence of breast cancer screening by geography?

Counties and public health districts with the lowest prevalence of breast cancer screening are located in eastern Maine.

- During 2012, Waldo and Washington counties had the lowest prevalence rates of breast cancer screening in the state for females in both age groups (ages 40 years and older and 50 years and older). For both age groups, Washington County's prevalence (67.6% and 70.0%, respectively) was significantly lower than Maine overall (79.6% and 82.1%, respectively; *Table 5.4, Table 5.7, Map 5.1, Map 5.3*).

- Penobscot County had the highest prevalence rates of breast cancer screening in the state for females ages 40 years and older and ages 50 years and older. Penobscot County's prevalence (83.0%) was not significantly higher than the state overall, but was significantly higher than Washington County's prevalence (67.6%; *Table 5.4, Table 5.7, Map 5.1, Map 5.3*).

- During 2012, Downeast and Midcoast districts had the lowest prevalence of breast cancer screening in the state for females ages 40 years and older and 50 years and older. However, for females ages 40 years and older, only Midcoast District's rate (73.9%) was significantly lower than the overall Maine rate (82.1%). For females ages 50 years and older, no district rates were significantly

lower than the state overall or any other Maine district (*Table 5.4, Table 5.7, Map 5.2, Map 5.4*).

- Penquis District had the highest prevalence of breast cancer screening for females ages 40 years and older, while Penquis and Aroostook districts had the highest prevalence for females ages 50 years and older. For both age groups, no district had a significantly higher breast cancer screening prevalence than the state or any other Maine district (*Table 5.4, Table 5.7, Map 5.2, Map 5.4*).

See maps at the end of the chapter.

Cervical cancer screening

Cervical cancer used to be the leading cause of cancer death for American women. In the past 40 years, there has been a significant decline in the cervical cancer incidence and mortality because more women have Pap tests to screen for cervical cancer.[2] Cervical cancer is highly preventable when pre-cancerous lesions are found early through screening.

National recommendations

The U.S. Preventive Services Task Force recommends[3]

- Do not screen with Pap test for women younger than age 21
- Screen with Pap test every three years for women ages 21−65
- Screen with Pap test and human papillomavirus (HPV) test (co-testing) every five years for women ages 30−65

In this section, cervical cancer screening is defined as having received a Pap test within the past three years, and is reported among women ages 21-65 years with an intact cervix.

What is the prevalence of cervical cancer screening in Maine?

Nearly 90% of Maine females ages 21−65 years with an intact cervix had a Pap test within the past three years.

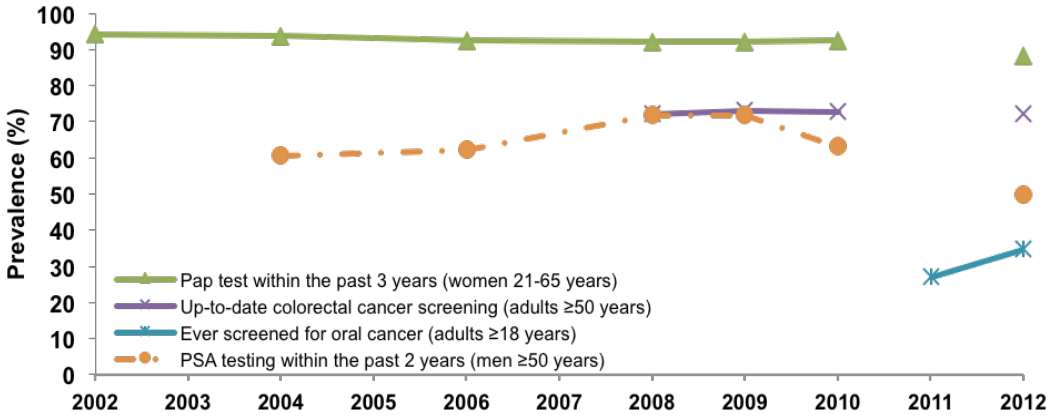
- In 2012, 88.0% of Maine females ages 21−65 years with an intact cervix had a Pap test within the past three years (*Table 5.8*).

What are the trends in cervical cancer screening prevalence in Maine?

From 2002 to 2010, the prevalence of cervical cancer screening in Maine remained constant.

- The percentage of females who had cervical cancer screening remained constant from 2002 (94.0%) to 2010 (92.1%; *Table 5.8, Figure 5.7*).

Figure 5.7. Cancer Screening among Maine Adults by Year, 2002-2012



Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Change in BRFSS survey methodology represented by break in graph line. Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Are there differences in the prevalence of cervical cancer screening by demographic factors?

The prevalence of cervical cancer screening is lowest among Maine females with less education and lower household income.

- In 2012, the prevalence of Pap testing was slightly, but not significantly, lower among Maine females ages 55-65 (84.6%) compared to those ages 21−39 years (88.6%) and 40−54 years (89.4%; *Table 5.9*).

- Maine females with less than a high school diploma had a significantly lower prevalence of Pap testing (81.4%) compared to those with a Bachelor's degree or higher (93.0%; *Table 5.9, Figure 5.2.a*).

- Maine females with an annual household income less than $15,000 were significantly less likely to report receiving a Pap test within the past three years (80.7%) compared to females with an annual household income of $50,000 or more (92.5%; *Table 5.9, Figure 5.3.a*).

- Although Maine females with Medicare appear to be less likely to report receiving a Pap test within the past three years (85.9%) compared to those with private health insurance (91.3%); however, this difference was not statistically significant. The number of uninsured females was too small to provide a reliable estimate of cervical cancer screening in this group (*Table 5.9, Figure 5.4.a*).

- The percentage of Maine females with current depression who had Pap testing (78.0%) was lower (but not significantly different from) those without current depression (87.4%; *Table 5.9, Figure 5.5.a*).

- There was no significant difference in the prevalence of Pap testing among Maine females with any lifetime diagnosis of depression or anxiety (84.6%) compared to those without any lifetime diagnosis (87.6%; *Table 5.9, Figure 5.6.a*).

- Among Maine females, 88.7% of whites and 88.0% of non-Hispanics had a Pap test within the past three years. The number of non-white or Hispanic females was too small to determine differences in the prevalence of Pap testing by race or ethnicity (*Table 5.10*).

Are there differences in the prevalence of cervical cancer screening by geography?

Counties with the lowest prevalence of cervical cancer screening tend to be located in eastern and western Maine, while public health districts with the prevalence of lowest cervical cancer screening are located in eastern Maine.

- While Franklin, Hancock, Oxford, and Washington counties had the lowest prevalence rates of cervical cancer screening in the state in 2012, none were significantly lower than Maine overall (*Table 5.11, Map 5.5*).

- The prevalence of cervical cancer screening in Androscoggin County, the highest county in the state (94.3%) was significantly higher than the prevalence in Hancock County, the lowest county in the state (79.0%; *Table 5.11, Map 5.5*).

- During 2012, Downeast District had the lowest prevalence of cervical cancer screening in the state (80.5%), which was significantly lower than the prevalence in Cumberland District, the highest district in the state (91.6%), but not the state prevalence (*Table 5.11, Map 5.6*).

See maps at the end of the chapter.

Colorectal cancer screening

Colorectal cancer is the third leading cause of cancer-related death in Maine, and the second leading cause of cancer-related death nationally. Screening for colorectal cancer can help prevent the disease by detecting precancerous cells or growths (polyps) in the colon and rectum, so they can be removed. It also can detect colorectal cancer at an early stage, when treatment is most successful in lowering the risk of dying from the cancer. There are several screening tests for the early detection and prevention of colorectal cancer.

National recommendations

For all adults starting at age 50, the U.S. Preventive Services Task Force recommends the following for up-to-date colorectal cancer screening[4]*:*

- Colonoscopy every 10 years, or
- Sigmoidoscopy every five years, when done in combination with a home blood stool test (e.g., fecal occult blood test [FOBT], fecal immunochemical test [FIT]), the home stool blood test should be done every three years, or
- Home blood stool test every year

Adults who have a family history of colorectal cancer, genetic tendency, or disease of the colon or rectum (e.g., inflammatory bowel disease) are at higher risk for colorectal cancer. High-risk individuals should discuss with their healthcare provider if screening is suggested before age 50.

In this section, being up-to-date with colorectal cancer screening is defined as having received a home blood stool test (e.g., FOBT or FIT) within the past year, or a sigmoidoscopy within the past five years and a home blood stool test within the past three years, or a colonoscopy within the past 10 years, and is reported among adults ages 50 years and older.

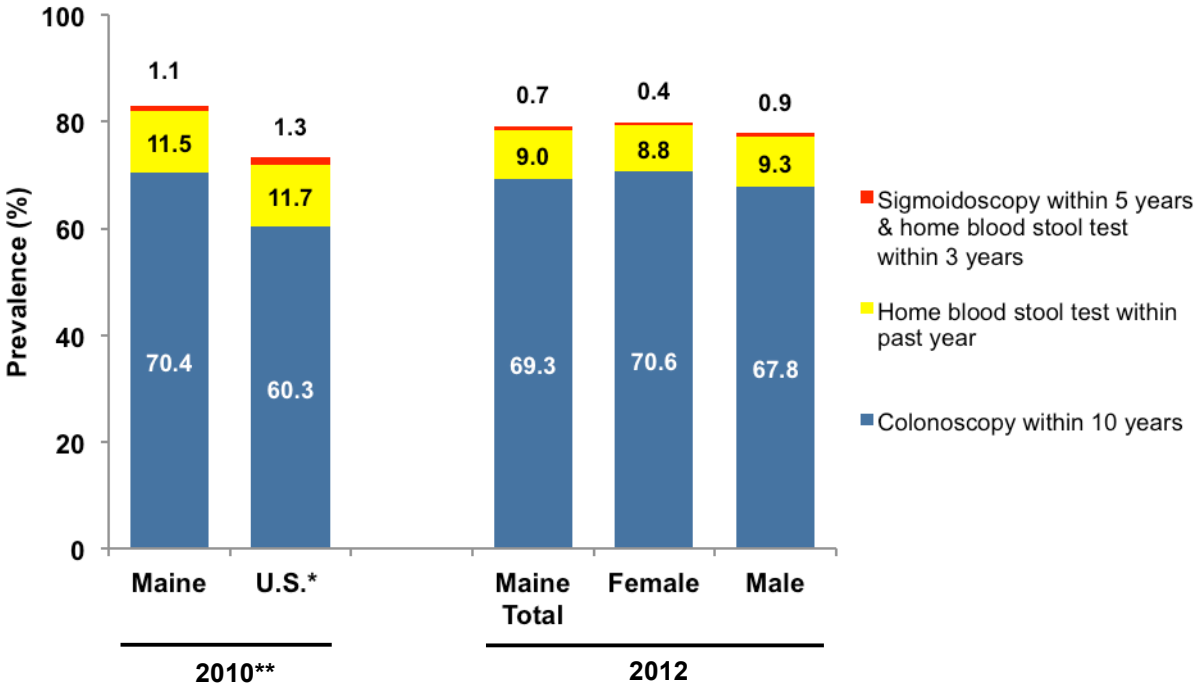
What is the prevalence of colorectal cancer screening in Maine?

Over 70% of adults ages 50 years and older are up-to-date with colorectal cancer screening in Maine.

- In 2012, the prevalence of up-to-date colorectal cancer screening among Maine adults ages 50 years and older was 72.2% (*Table 5.8*).

- Among adults ages 50 years and older:
    - 69.3% had a colonoscopy within the past 10 years;
    - 0.7% had a sigmoidoscopy within the past five years and a home blood stool test within the past three years;
    - 9.0% had a home blood stool test within the past year (*Figure 5.7*).
- In 2010, among adults ages 50–75 years, the age-adjusted prevalence of up-to-date colorectal cancer screening in Maine was 75.4% compared to 64.5% in U.S. adults (*Figure 5.8*).[6]

Figure 5.8. Adults Who Were Up-to-Date with Colorectal Cancer Screening by Type of Screening Method, Maine and U.S., 2010-2012



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Up-to-Date with Colorectal Cancer Screening = Percentage of Maine adults ages 50 years and over who reported that they had a sigmoidoscopy within the past five years and a home blood stool test (e.g., FOBT, FIT) within the past three years, a home blood stool test within the past year, or a colonoscopy within the past 10 years.
*The 2010 U.S. estimate is a median estimate for all 50 states and the District of Columbia.
**Data for 2010 Maine and median U.S. estimate is age-adjusted to 2010 BRFSS population.

What are the trends in colorectal cancer screening prevalence in Maine?

In Maine, the prevalence of colorectal cancer screening remained fairly constant since 2008.

- The percentage of Maine adults who were up-to-date with colorectal cancer screening has remained consistent at 72.1% in 2008, 73.2% in 2009, and 72.8% in 2010 (*Table 5.8, Figure 5.7*).

Are there differences in the prevalence in colorectal screening by demographic factors?

The prevalence of up-to-date colorectal cancer screening is lowest among certain age groups and those with less education and lower household income.

- Although the prevalence of up-to-date colorectal cancer screening appears higher among females (73.3%) than males (70.9%), this was not a significant difference (*Table 5.12*).

- A significantly lower percentage of Maine adults ages 50−64 years (69.3%) and ages 75 and older (71.5%) had up-to-date colorectal cancer screening compared to adults ages 65−74 years (79.8%; *Table 5.12*).

- Maine adults with less than a high school education were significantly less likely to have up-to-date colorectal cancer screening (60.0%) compared to those with a high school diploma (68.9%), some college education (75.5%), and those with a Bachelor's degree or higher (77.7%; *Table 5.12, Figure 5.2.a*).

- The percentage of Maine adults with an annual household income less than $15,000 who had up-to-date colorectal cancer screening (61.4%) was significantly lower than those with an income of $35,000-49,000 (75.4%) and $50,000 or more (77.9%; *Table 5.12, Figure 5.3.a*).

- There was no significant difference in the prevalence in colorectal cancer screening between Maine adults with private health insurance (74.8%), Medicare (76.3%), Medicaid or MaineCare (66.4%), or other types of health insurance (78.3%). The number of uninsured individuals was too small to provide a reliable estimate of up-to-date colorectal cancer screening in this group (*Table 5.12, Figure 5.4.a*).

- While the prevalence of up-to-date colorectal cancer screening was lower among Maine adults with current depression (67.8%) compared to those without

current depression (72.8%), this was not a significant difference (*Table 5.12, Figure 5.5.a*).

- There was no significant difference in the prevalence of up-to-date colorectal cancer screening among Maine adults with any lifetime diagnosis of depression or anxiety (73.9%) compared to those without any lifetime diagnosis (71.9%; *Table 5.12, Figure 5.6.a*).

- Among Maine adults, 72.7% of whites and 72.5% of non-Hispanics had up-to-date colorectal cancer screening. The number of non-white or Hispanic Maine adults was too small to determine if there were differences in the prevalence of up-to-date screening by race or ethnicity (*Table 5.13*).

Are there differences in the prevalence of colorectal cancer screening by geography?

Counties with the lowest prevalence of up-to-date colorectal cancer screening are located in northwestern and eastern Maine. There are no significant differences in the prevalence of up-to-date colorectal cancer screening among Maine public health districts.

- While Franklin, Knox, Somerset, Waldo, and Washington counties had the lowest prevalence rates of up-to-date colorectal cancer screening in the state during 2012, only Waldo County's prevalence (61.2%) was significantly lower than the state overall (72.2%; *Table 5.14, Map 5.7).*

- During 2012, Kennebec, Lincoln, and Oxford counties had the highest colorectal cancer screening prevalence rates in the state, but none were significantly higher than Maine overall. Kennebec and Lincoln counties did have significantly higher colorectal cancer screening prevalence rates (both 77.7%) than Waldo County (61.2%; *Table 5.14, Map 5.7).*

- Although Downeast and Midcoast districts had the lowest prevalence of up-to-date colorectal cancer screening in the state (70.1% and 69.6% respectively), neither were significantly different than the state prevalence or the prevalence of any other Maine district (*Table 5.14, Map 5.8).*

See maps at the end of the chapter.

Oral cancer screening

The term "oral cancer" refers to any cancers of the oral cavity and the pharynx. In the U.S., the number of people who have been diagnosed with or who have died from cancer of the oral cavity and pharynx has declined over the last several decades. This decline can be attributed to declines in risk factors, and to earlier diagnosis and improved treatment. People who use tobacco products, including cigarettes and snuff, and those with heavy alcohol use are at higher risk for oral cancer, and might benefit from oral cancer screening.

National recommendations

There is no standard recommendation for routine oral cancer screening at this time. However, screening guidelines have been offered by organizations to promote oral cancer awareness, which include:

- Discussing oral cancer screening with your dentist or healthcare provider
- Having periodic oral exams during routine dental visits

In this section, oral cancer screening is defined as having ever received an oral cancer screening, and is reported among all adults ages 18 and older. These data are based on self-report, and although the exam is described in the survey question, respondents may or may not accurately remember and report whether they received an oral cancer screening, as it may be done as a routine part of a dental exam.

What is the prevalence of oral cancer screening in Maine?

About one-third of Maine adults report ever having oral cancer screening.

- In 2012, 34.8% of Maine adults ages 18 years and over were ever screened for oral cancer (*Table 5.15*).

What are the trends in oral cancer screening prevalence in Maine?

Oral cancer screening among Maine adults increased from 2011 to 2012.

- From 2011 to 2012, the prevalence of oral cancer screening significantly increased from 26.9% to 34.8% (*Table 5.15, Figure 5.7*).

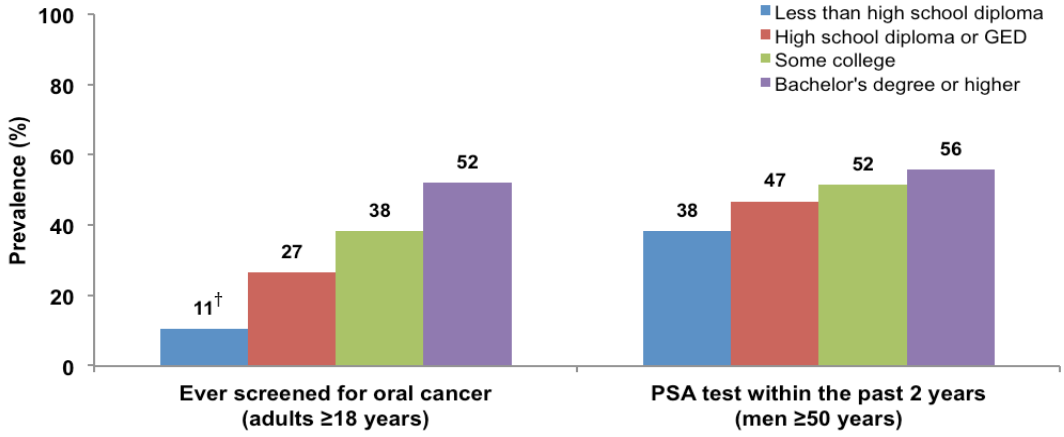
Are there differences in the prevalence of oral cancer screening by demographic factors?

In Maine, the prevalence of oral cancer screening is lowest among males, those with less education and household income, and those with Medicaid or MaineCare. Oral cancer screening is also lowest among Maine adults with current depression or any lifetime diagnosis of depression or anxiety.

- Maine males were significantly less likely to have oral cancer screening than females at 31.7% and 37.8%, respectively (*Table 5.16*).

- The percentage of Mainers who had oral cancer screening significantly increased with increasing education levels, from 10.5% among those with less than a high school diploma to 52.1% among those with at least a bachelor's degree (*Table 5.16, Figure 5.2.b*).

Figure 5.2.b. Oral and Prostate Cancer Screening among Maine Adults by Level of Education, 2012



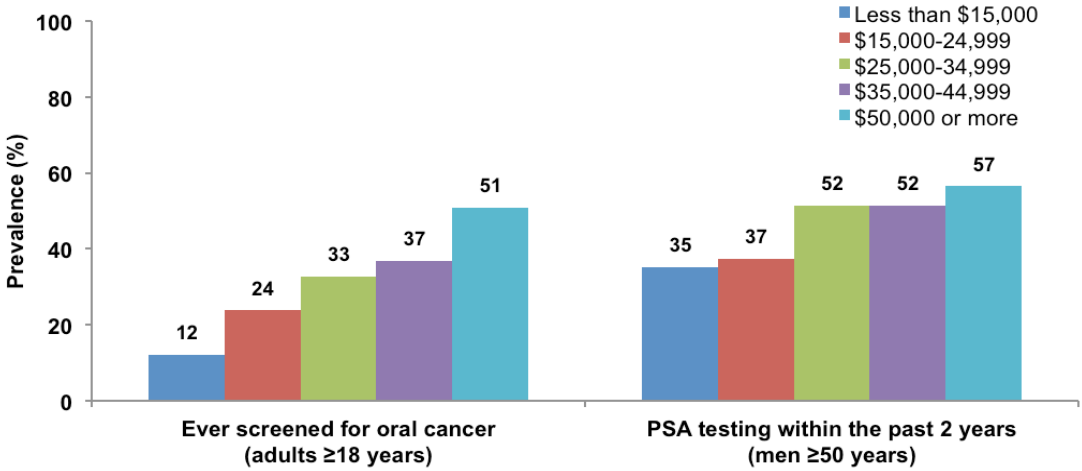
Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
†Use with caution. Estimates based on n<50 might be unstable.

- Maine adults with an annual household income less than $15,000 were significantly less likely to have oral cancer screening (12.2%) compared to those with an income of $15,000-$24,999 (23.8%), $25,000-$34,999 (32.7%), $35,000-$9,999 (36.8%), and $50,000 and more (50.9%; *Table 5.16, Figure 5.3.b*).

- The prevalence of oral cancer screening was significantly lower among Maine adults with Medicaid or MaineCare (13.1%) compared to those with private health insurance (45.1%), Medicare (34.4%), and other types of health insurance (42.4%). The prevalence of oral cancer screening was significantly higher among

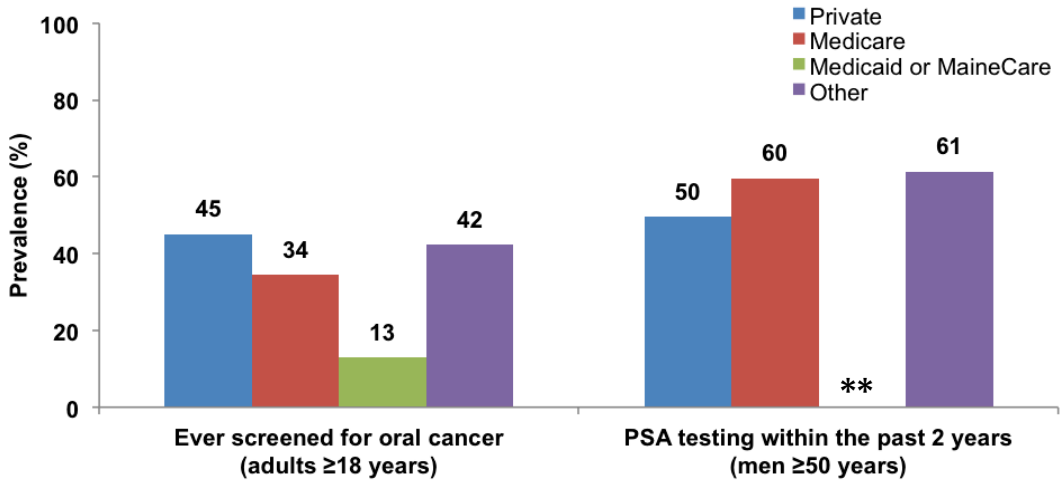
Maine adults with private insurance compared to those with Medicaid or MaineCare or with Medicare. The number of uninsured adults was too small to provide a reliable estimate of oral cancer screening in this group (*Table 5.16, Figure 5.4.b*).

Figure 5.3.b. Oral and Prostate Cancer Screening among Maine Adults by Level of Annual Household Income, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

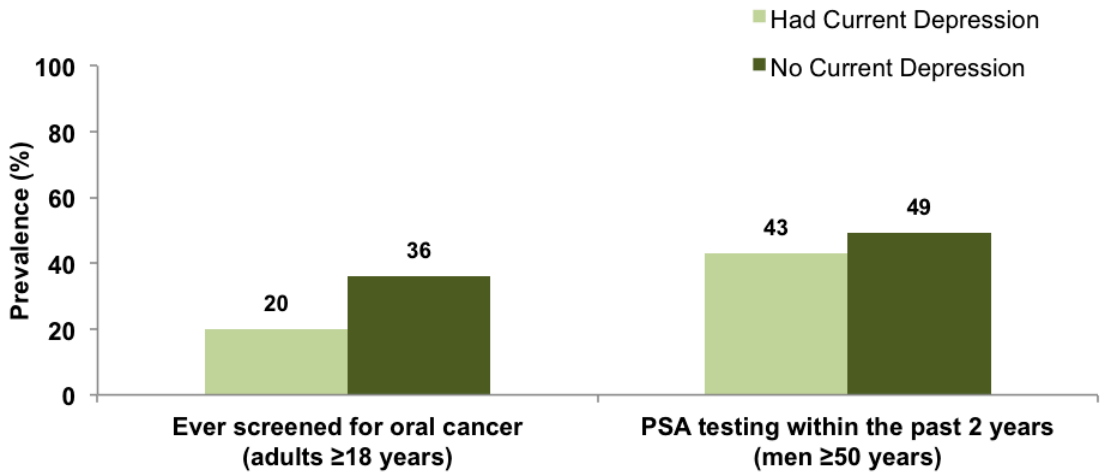
Figure 5.4.b. Oral and Prostate Cancer Screening among Maine Adults by Type of Health Insurance Coverage, 2012*



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
*Sample size was too small to provide reliable estimates for the uninsured population of Maine adults.
**Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.

- A significantly lower percentage of Maine adults who had current depression had oral cancer screening (20.0%) compared to adults without current depression (36.2%; *Table 5.16, Figure 5.5.b*).

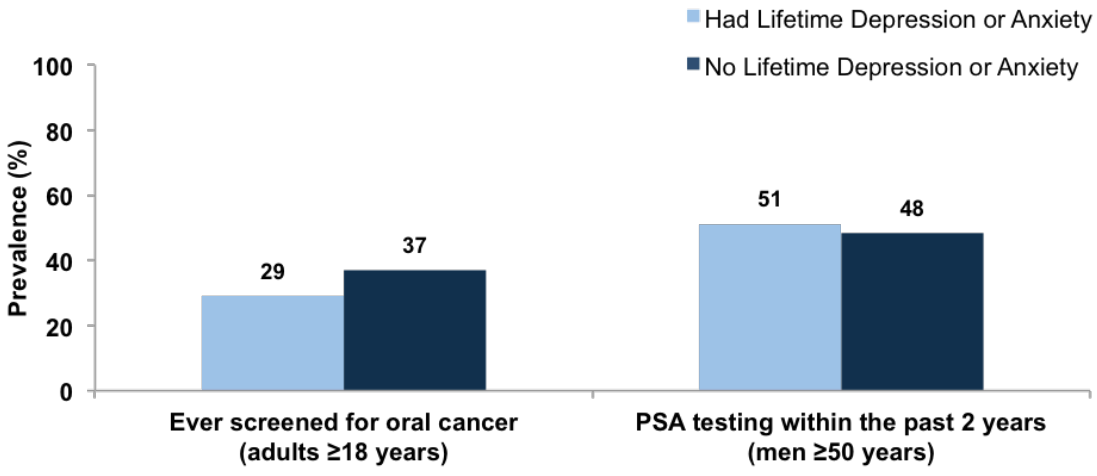
Figure 5.5.b. Oral and Prostate Cancer Screening among Maine Adults by Current Depression, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Current depression = Self-reported symptoms of current depression based on PHQ-2 depression scale.

- Maine adults with any lifetime diagnosis of depression or anxiety (29.0%) were significantly less likely to report oral cancer screening compared to those without any lifetime diagnosis (37.3%; *Table 5.16, Figure 5.6.b*).

Figure 5.6.b. Oral and Prostate Cancer Screening among Maine Adults by Lifetime Depression or Anxiety, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Lifetime depression or anxiety = Current depression or any lifetime diagnosis of depression or anxiety.

- Among Maine adults, 35.1% whites and 34.7% of non-Hispanics had oral cancer screening. The number of non-white or Hispanic adults was too small to determine if there were differences in the prevalence of oral cancer screening by race or ethnicity (*Table 5.17*).

Are there differences in the prevalence of oral cancer screening by geography?

Counties and public health districts with the lowest oral cancer screening prevalence rates tend to be located in northern and western Maine.

- During 2012, Aroostook and Oxford, counties had the lowest prevalence rates in the state, but only Aroostook County's prevalence (19.9%) was significantly lower than Maine overall (34.8%) and the prevalence in Cumberland (46.3%), Knox (41.2%), Penobscot (35.9%), Sagadahoc (43.2%), and York (45.6%) counties. (*Table 5.18, Map 5.9*).

- Cumberland and York counties (46.3% and 45.6%, respectively) had a significantly higher percentage of adults who had oral cancer screening compared to the state overall (34.8%; *Table 5.18, Map 5.9*).

- During 2012, Aroostook District (19.9%) had a significantly lower prevalence of oral cancer screening than Maine overall (34.8%) and the prevalence rates in Cumberland (46.3%), Downeast (39.2%), Midcoast (36.5%), Penquis (33.5%), and York (45.6%) districts (*Table 5.18, Map 5.10)*.

- Cumberland and York districts (46.3% and 45.6%, respectively) had the highest prevalence of oral cancer screening in the state, and were significantly higher than the state prevalence (34.8%; *Table 5.18, Map 5.10*).

See maps at the end of the chapter.

Prostate cancer screening

Prostate cancer is the most common cancer among men in Maine and, with the exception of skin cancer, nationwide. Cancers in the male prostate tend to grow slowly or show no signs of growth at all, and do not cause health problems in most men.

National recommendations

- Discussing prostate cancer screening with your health care provider starting at age 50. Men at higher risk of prostate cancer should receive information about screening before age 50.

- Learn more about their prostate cancer risk to determine if screening is necessary.

- Learn more about the risks of, benefits of, and alternatives to screening.

The U.S. Preventive Services Task Force recommends against PSA testing for prostate cancer screening because current evidence shows that the benefits do not outweigh the harms. The task force recognizes, however, that PSA screening has become common, and that some men will continue to request it and some doctors will continue to offer it to their patients. Because of this, the task force recommends that decisions regarding PSA testing should be based on a discussion between the doctor and patient on the possible benefits and harms of testing and an informed choice by patients.[7]

In this section, prostate cancer screening is defined as having received a PSA test within the past two years, and is reported among men ages 50 years and older.

What is the prevalence of prostate cancer screening in Maine?

Almost half of Maine males ages 50 years and older report having prostate cancer screening.

- In 2012, 49.6% of Maine males ages 50 years and older had a PSA test for prostate cancer screening within the past two years (*Table 5.19).*

What are the trends in prostate cancer screening prevalence in Maine?

The prevalence of prostate cancer screening increased from 2004 to 2008, but declined significantly from 2008 to 2010.

- The percentage of Maine males ages 50 years and older who had a PSA test in the past two years significantly increased from 60.6% in 2004 to 71.9% in 2008, and then significantly decreased to 63.0% in 2010 (*Table 5.19, Figure 5.7*).

- Although the prevalence of prostate cancer screening in 2012 looks quite a bit lower than in 2010, these prevalence rates cannot be directly compared; this appearance of a decline may be due to the major change in survey method in 2011. Trends in prostate cancer screening from 2012 onward will be assessed once more recent data is available.

Are there differences in the prevalence of prostate cancer screening by demographic factors?

Among Maine males ages 50 years and older, those in the youngest (50–64 years) and oldest (75 years and older) age groups, those with lower education or household income, and those with private health insurance have the lowest prevalence of prostate cancer screening.

- Maine males ages 50–64 years and 75 years and older were significantly less likely to have a PSA test within the past two years (43.4% and 50.4%, respectively) compared to males ages 65–74 years (64.2%; *Table 5.19*).

- A significantly lower percentage of Maine males with less than a high school education and those with a high school education (38.2% and 46.7%, respectively) had PSA testing compared to those with a Bachelor's degree or higher (55.8%; *Table 5.19, Figure 5.2.b*).

- Males with an income less than $15,000 (35.1%) and those with an income of $15,000-$24,999 (37.4%) were significantly less likely to have PSA testing than those with an income of $25,000-34,999 (51.5%) and higher income levels (*Table 5.19, Figure 5.3.b*).

- Maine males with private health insurance were significantly less likely to have a PSA test within the past two years (49.5%) compared to males with Medicare (59.6%) or other types of health insurance (61.4%). The number of males with Medicaid or MaineCare or who were uninsured was too small to provide a reliable estimate of prostate cancer screening in these groups (*Table 5.19, Figure 5.4.b*).

- There was no significant difference in the prevalence of prostate cancer screening among Maine males with current depression (42.9%) or any lifetime diagnosis of depression or anxiety (50.6%) compared to those without current depression (49.4%) or any lifetime diagnosis (48.4%; *Table 5.19, Figure 5.5.b, Figure 5.6.b*).

- Among Maine males, 49.8% of white and 49.7% of non-Hispanic had PSA testing in Maine. The number of non-white or Hispanic Maine males was too small to

determine if there were differences in the prevalence of PSA testing by race or ethnicity (*Table 5.20*).

Are there differences in prostate cancer screening prevalence rates by geography?

Public health districts in Maine with the lowest prostate cancer screening prevalence rates tend to be located in the mid-section of Maine. The county-level numbers of males 50 years and older in the survey in 2012 were too small to assess county differences.

- During 2012, the relatively small county-level numbers of men 50 years and older in the survey resulted in most county PSA testing prevalence rates being suppressed due to statistical unreliability, making it difficult to assess geographic differences by county (*Table 5.21*).

- While Midcoast and Penquis districts had the lowest prevalence rates of PSA testing in the state in 2012, these rates were not significantly different from the Maine overall rate (*Table 5.21, Map 5.11*).

- The prevalence of PSA testing in Aroostook District, the highest rate in the state (59.2%), was significantly higher than the prevalence in Midcoast District, the lowest rate in the state (42.1%; *Table 5.21, Map 5.11*).

See maps at the end of the chapter.

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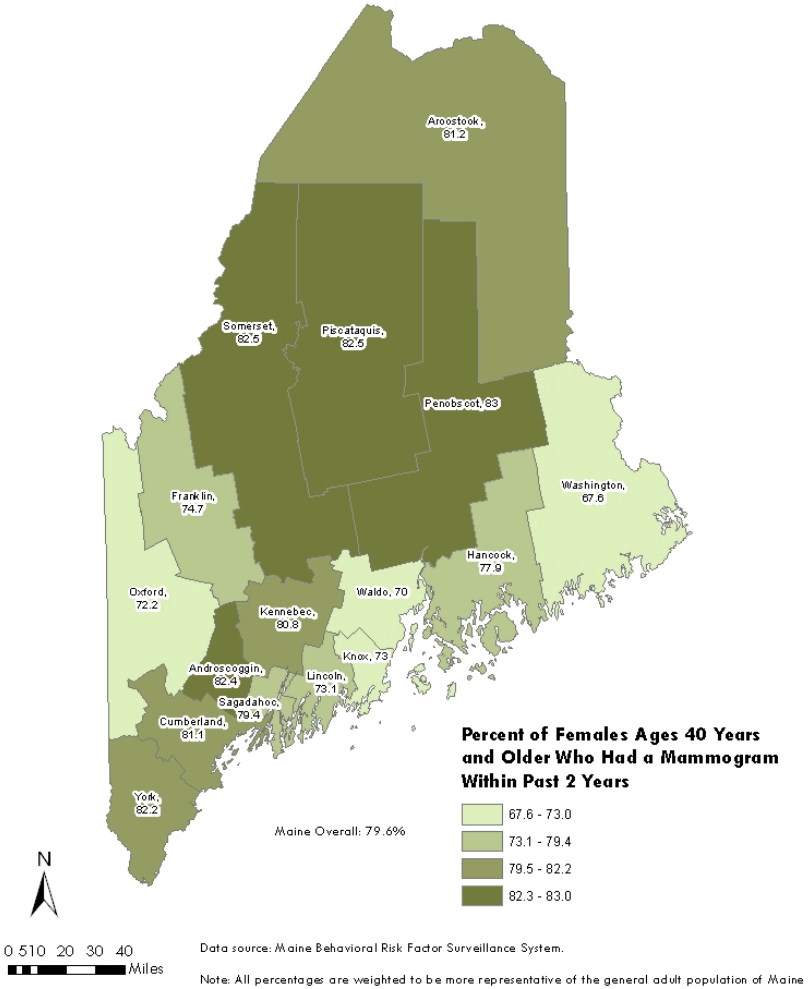
7. U.S. Preventive Services Task Force. Screening for prostate cancer: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med* 2012; 157:120–134.

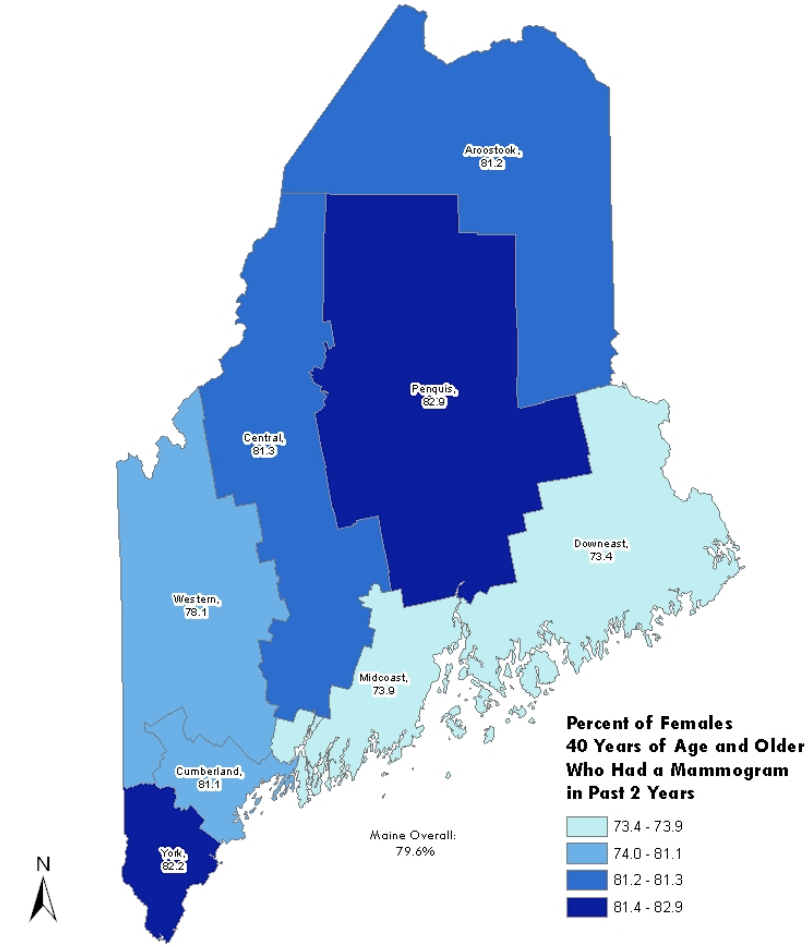
Map 5.1. Females Ages 40 Years and Older Who Had a Mammogram Within the Past 2 Years by County, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

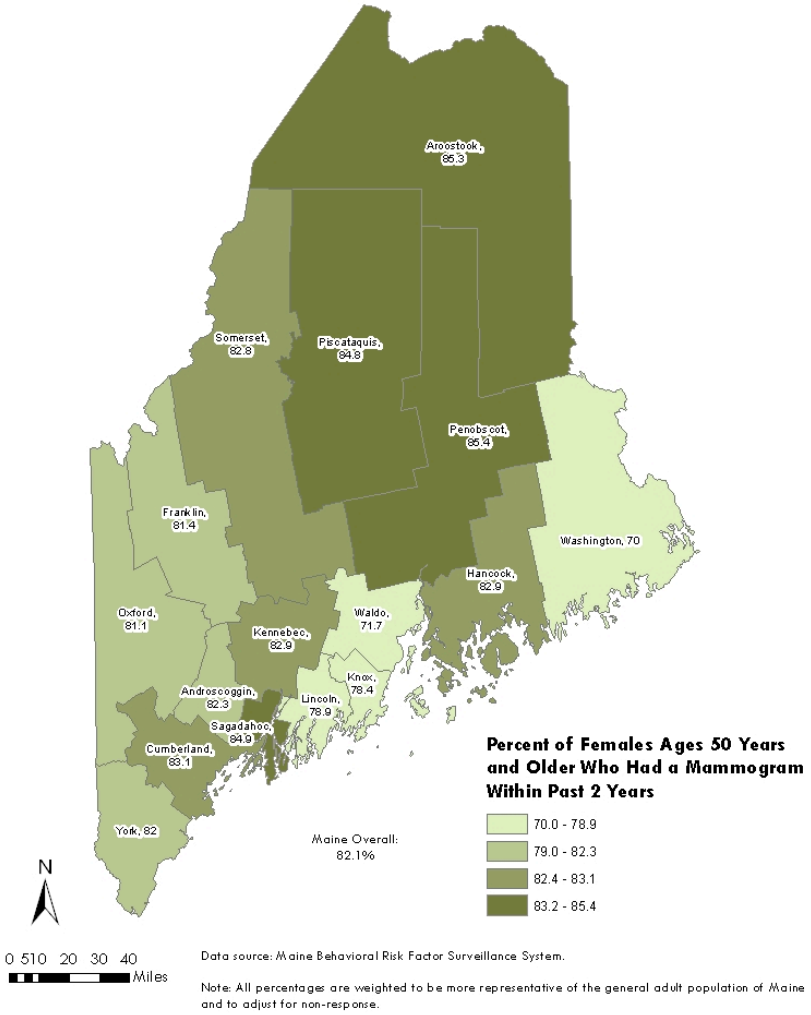
Map 5.2. Females Ages 40 Years and Older Who Had a Mammogram Within the Past 2 Years by Public Health District, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

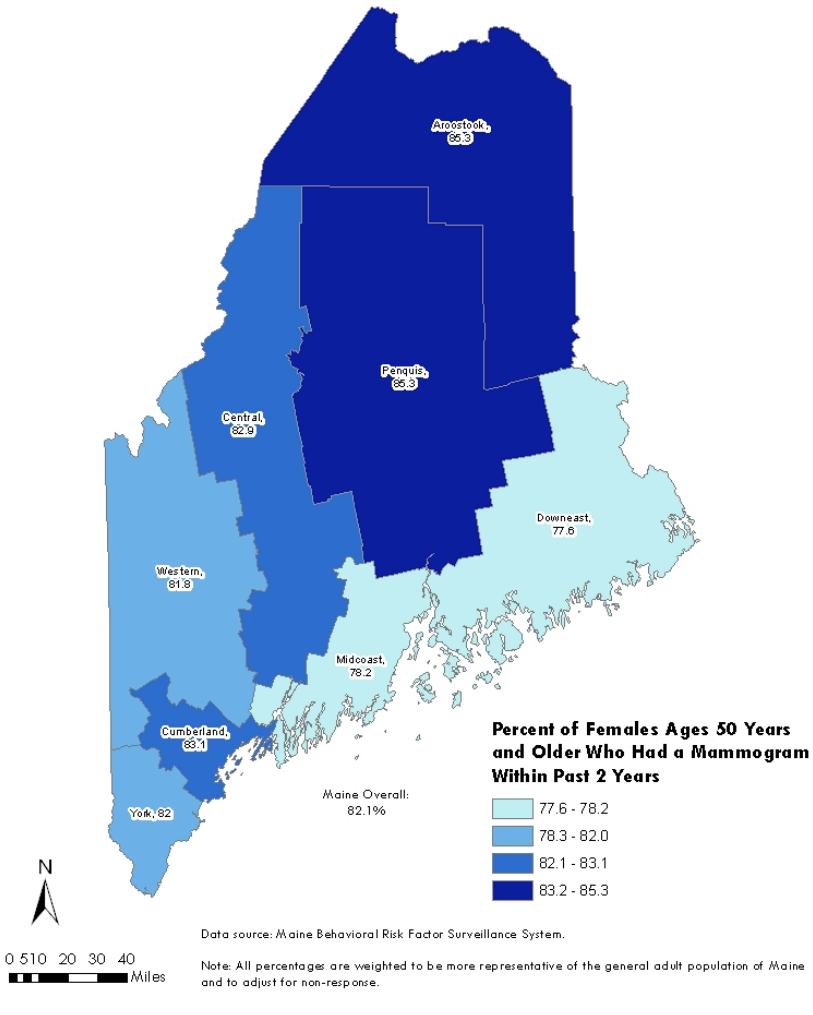
Map 5.3. Females Ages 50 Years and Older Who Had a Mammogram Within the Past 2 Years by County, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

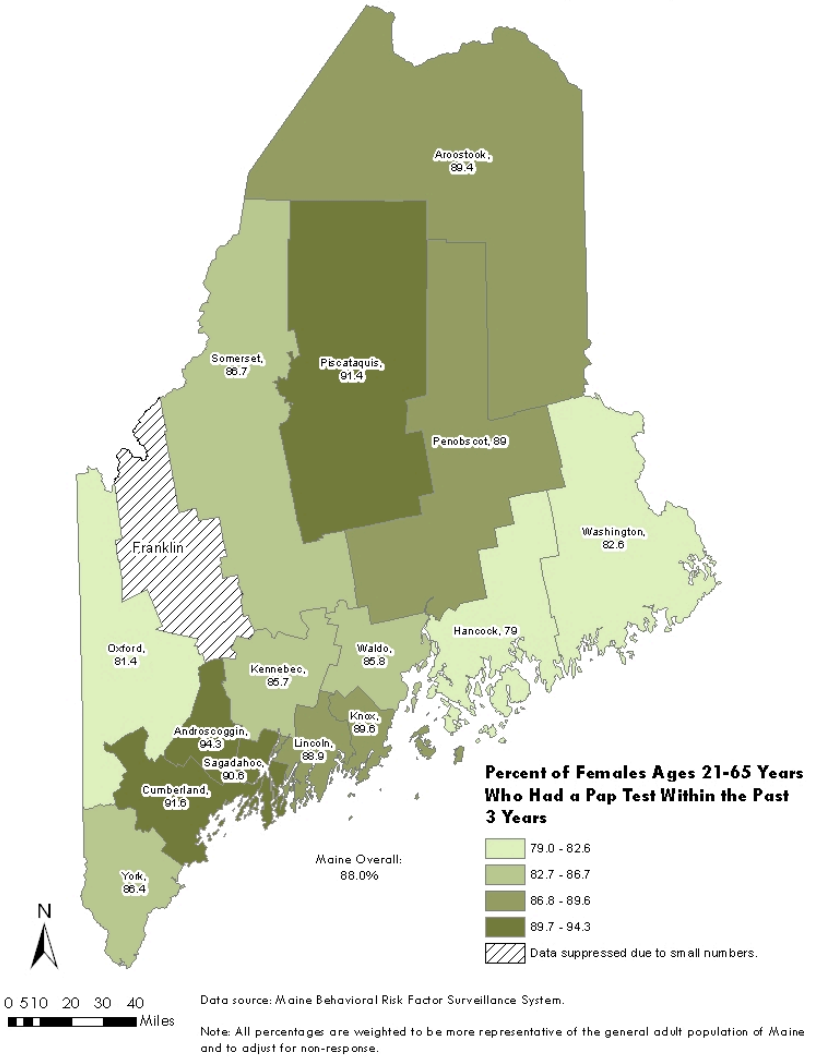
Map 5.4. Females Ages 50 Years and Older Who Had a Mammogram Within the Past 2 Years by Public Health District, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

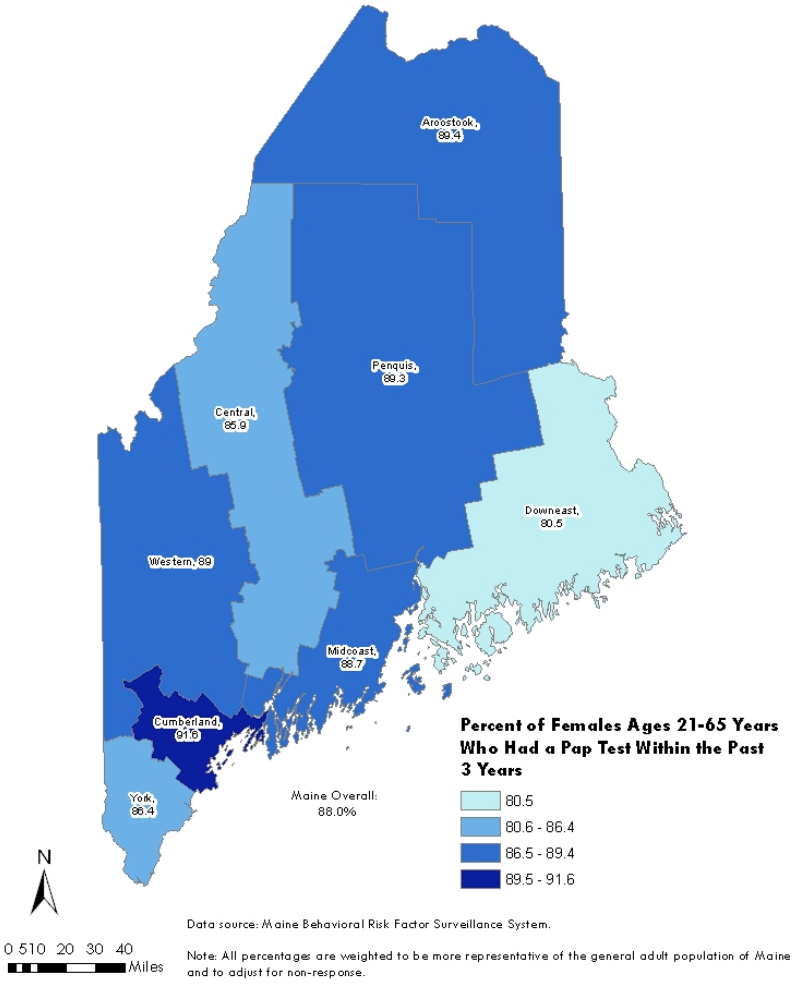
Map 5.5. Females Ages 21-65 Years Who Had a Pap Test Within the Past 3 Years by County, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

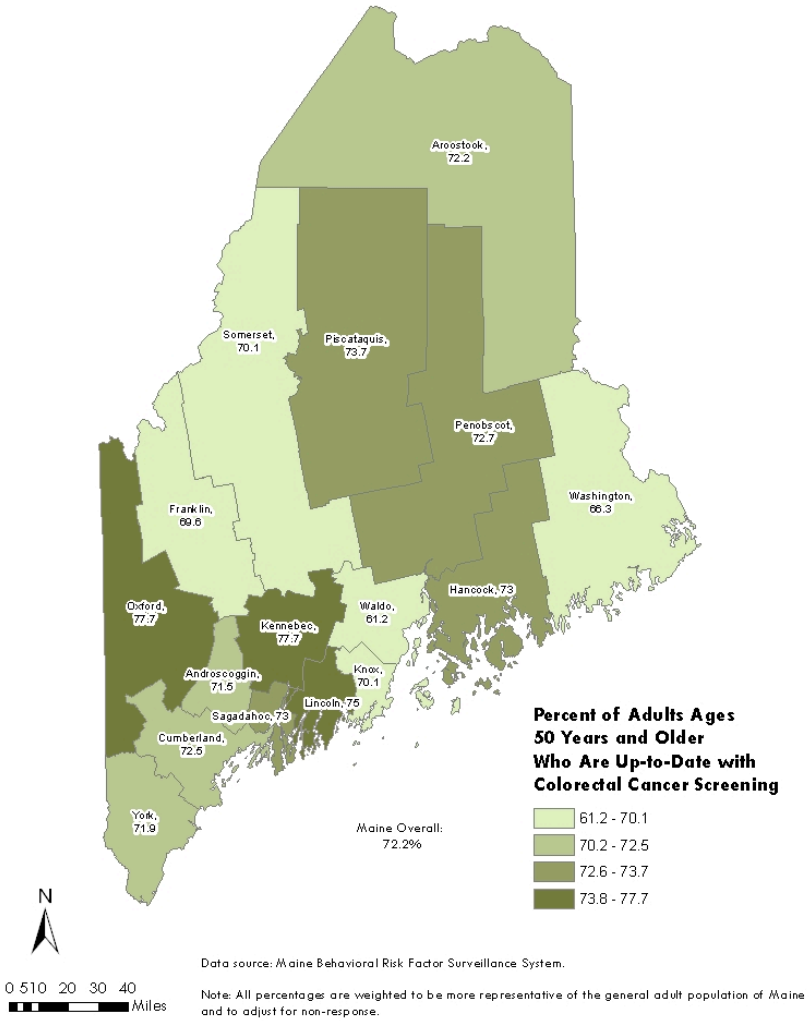
Map 5.6. Females Ages 21-65 Years Who Had a Pap Test Within the Past 3 Years by Public Health District, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

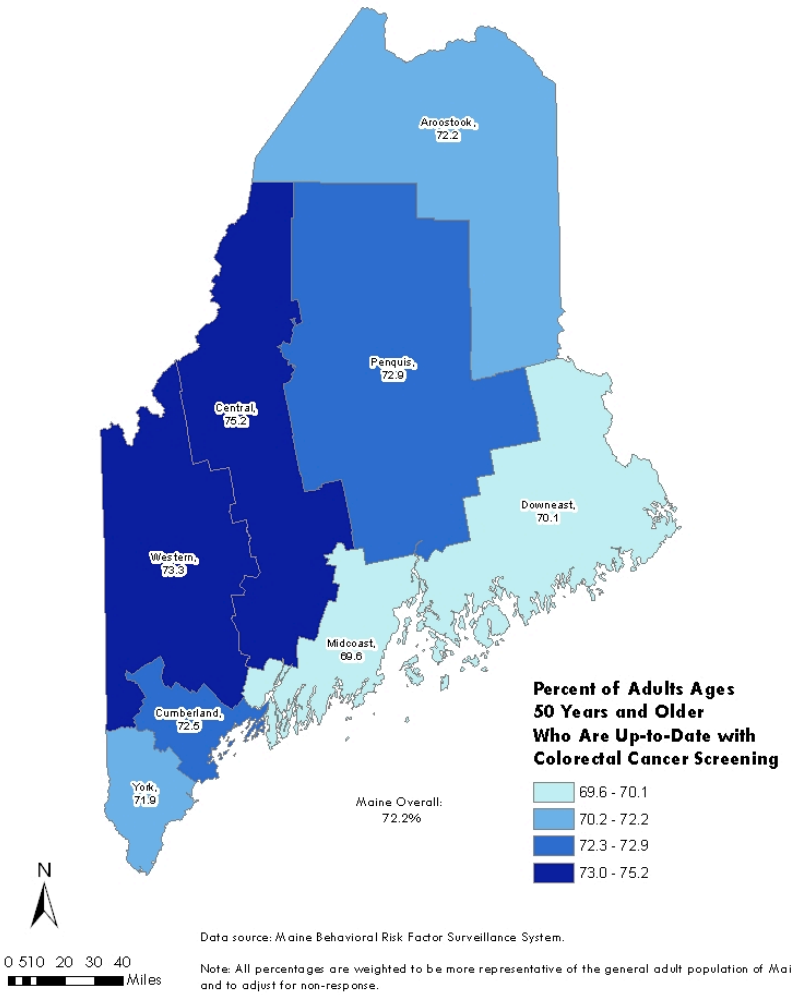
Map 5.7. Adults Ages 50 Years And Older Who Are Up-to-Date with Colorectal Cancer Screening by County, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

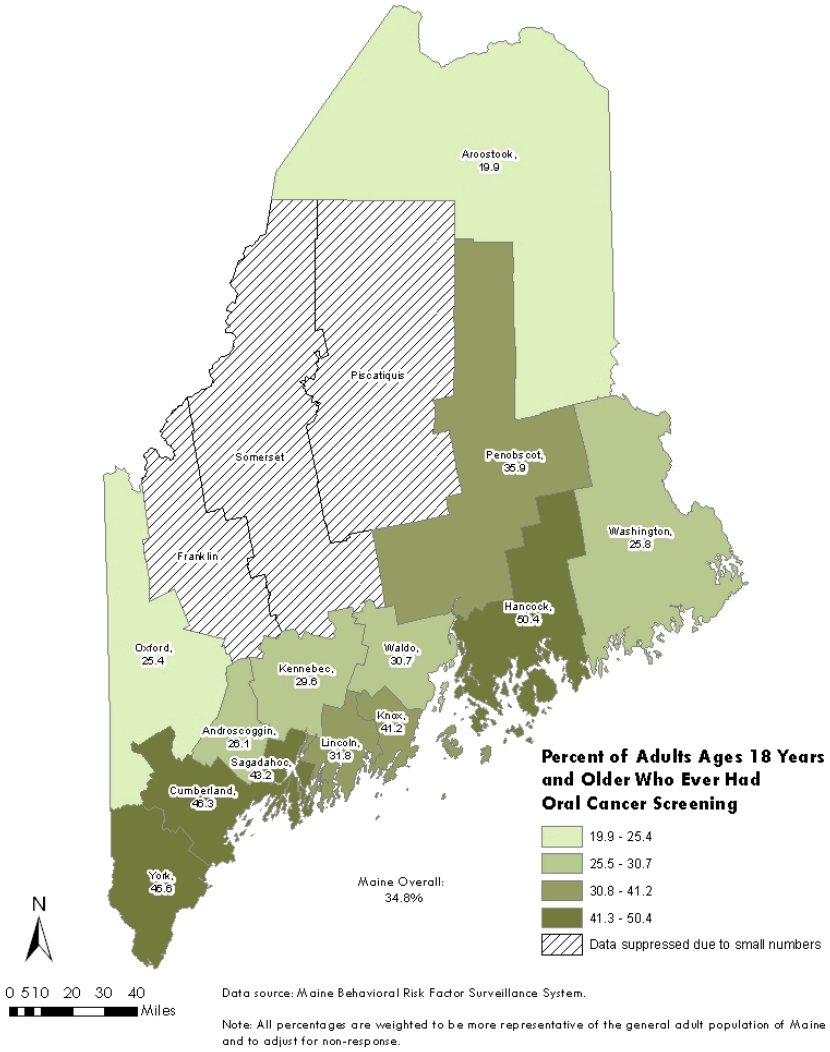
Map 5.8. Adults Ages 50 Years and Older Who Are Up-to-Date with Colorectal Cancer Screening by Public Health District, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

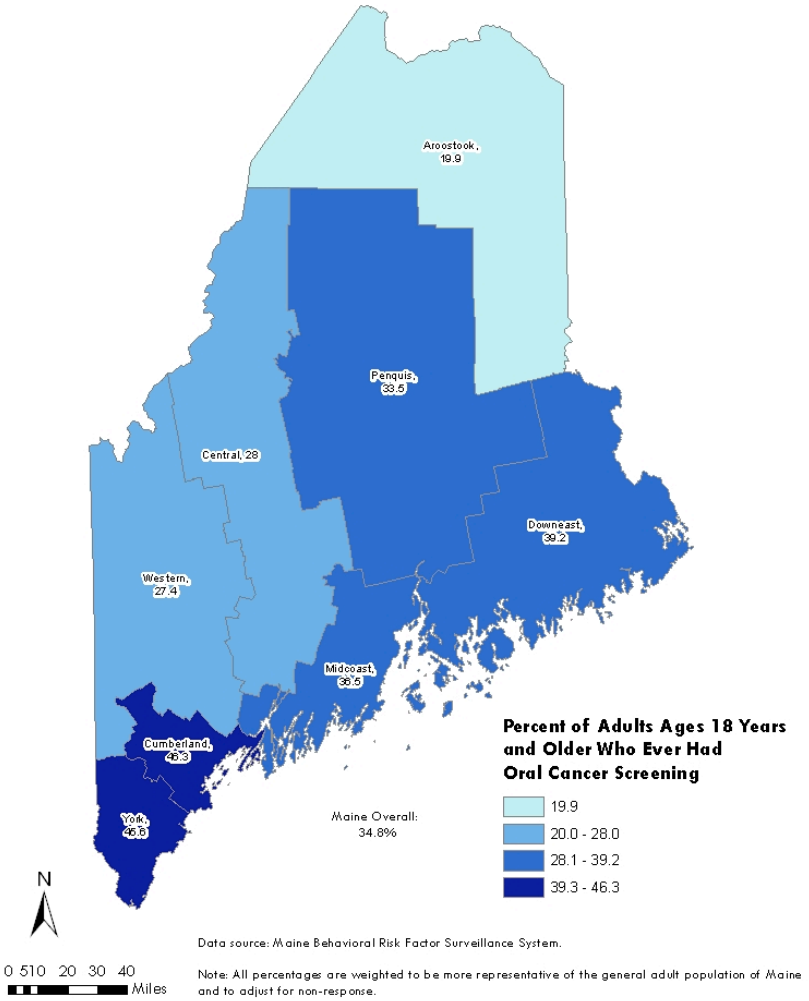
Map 5.9. Adults Ages 18 Years and Older Who Ever Had Oral Cancer Screening by County, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

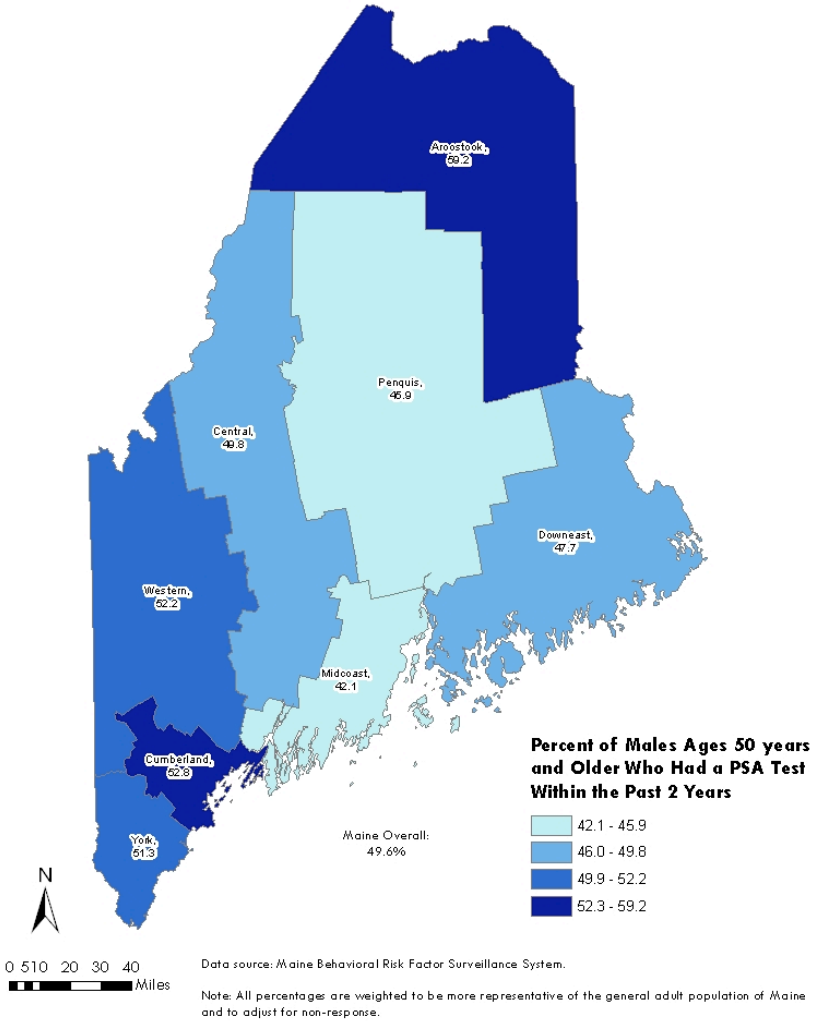
Map 5.10. Adults Ages 18 Years and Older Who Ever Had Oral Cancer Screening by Public Health District, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Map 5.11. Males Ages 50 Years and Older Who Had a PSA Test Within the Past 2 Years by Public Health District, Maine, 2012



Data source: Maine Behavioral Risk Factor Surveillance System.

Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Cancer Survivors

Over the past three decades, improvements in early detection and treatment have resulted in people living longer after being diagnosed with cancer. In 2011, nearly 14 million Americans were living after a cancer diagnosis.[1,2] It is estimated that 67% of people diagnosed with cancer will live at least five years after diagnosis.[2] With the aging of the U.S. population, the number of people with cancer diagnoses is expected to continually increase.[3] Like other U.S. states, Maine's population is becoming increasing older.

Previous chapters addressed Maine's cancer incidence rates and mortality rates for selected cancer types, and screening rates for detectable cancers. The intent of the *Cancer Survivors* chapter is to provide the demographic characteristics of Maine residents who have been diagnosed with cancer at some point in their life. Data was obtained from the Maine Behavioral Risk Factor Surveillance System (BRFSS) in 2011 and 2012 in response to the question: "Has a doctor, nurse, or other health professional ever told you that you had any of the following: (Ever told) you had skin cancer? (Ever told) you had other types of cancer?" Maine adults who responded "yes" to either question were considered as having a history of cancer and were included in this analysis.

In this chapter, "cancer survivors" are defined as "Maine adults with any cancer history", and "other Maine adults" are defined as "Maine adults without any cancer history".

What is the prevalence of Maine adults with any cancer history?

Nearly 126,000 Maine adults have a history of cancer.

- During 2011-2012, an estimated 125,944 (12.0%) Maine adults had any cancer history (*Table 6.1*).

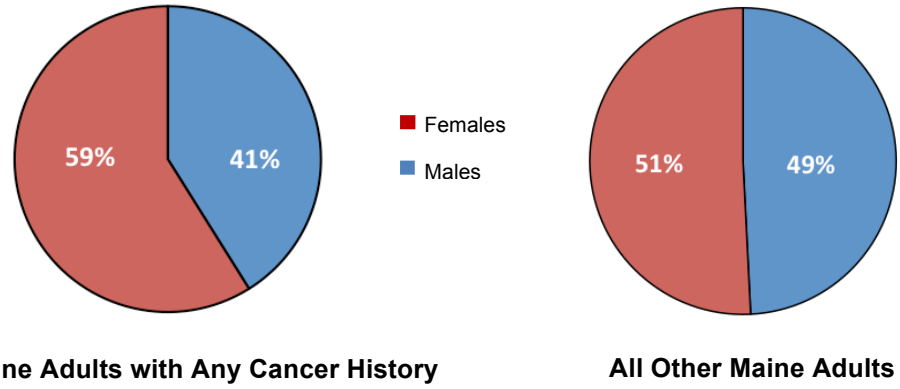
Are there differences in the sex distribution by cancer history among Maine adults?

Maine cancer survivors are more likely to be female.

- During 2011-2012, a significantly greater proportion of Maine cancer survivors were female (58.9%) than male (41.1%; *Table 6.1, Figure 6.1*).

- Maine cancer survivors are more likely to be female (58.9%) compared to other Maine adults (50.8%; *Table 6.1, Figure 6.1*).

Figure 6.1. Sex Distribution among Maine Adults with Any Cancer History, 2011-2012



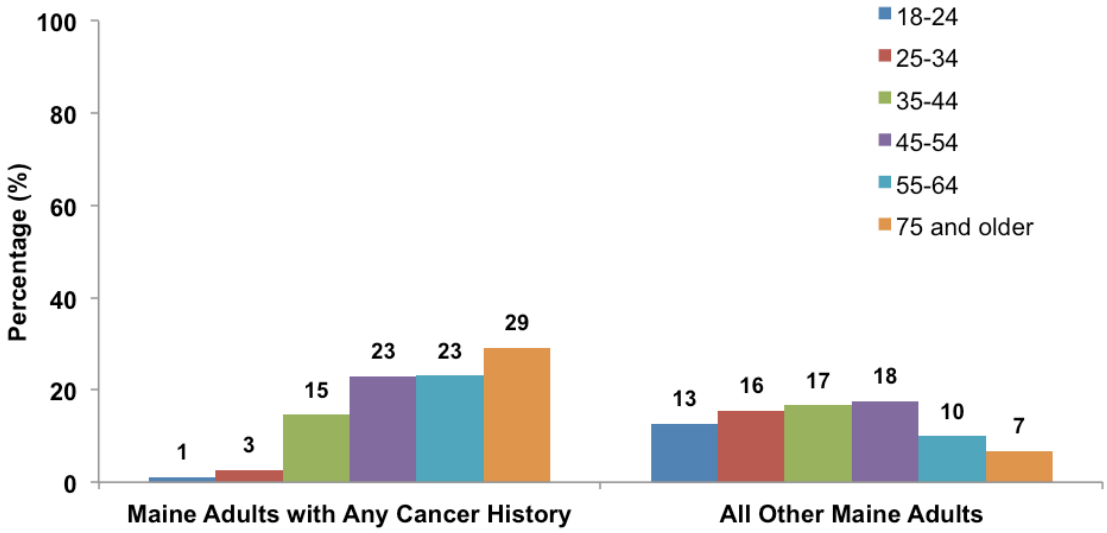
Data source: Maine Behavioral Risk Factor Surveillance System.
Any cancer history includes a history of skin cancer.
'All Other Maine Adults' are defined as those without a self-reported history of cancer.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Are there differences in the age distribution by cancer history among Maine adults?

Maine cancer survivors tend to be older than other Maine adults.

- During 2011-2012, more than half (52.2%) of Maine cancer survivors were over the age of 65 years, 44.1% were ages 35−64 years, and less than 4% (3.8%) were under 35 years of age (*Table 6.1, Figure 6.2*).

Figure 6.2. Age Distribution among Maine Adults with Any Cancer History, 2011-2012



Data source: Maine Behavioral Risk Factor Surveillance System.
Any cancer history includes a history of skin cancer.
Age distribution is defined in years.
'All Other Maine Adults' are defined as those without a self-reported history of cancer.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

- Maine cancer survivors were significantly older compared to the age distribution of other Maine adults (*Table 6.1, Figure 6.2*).

- Maine cancer survivors were significantly more likely to be in the 55−64 years (22.9%), 65−74 years (23.1%), and 75 years and older (29.1%) age groups compared to other Maine adults (17.6%, 10.0%, and 6.8%, respectively; *Table 6.1, Figure 6.2*).

Are there differences in the education and income distributions by cancer history among Maine adults?

Maine cancer survivors were more likely to have at least a college education than other Maine adults. Maine cancer survivors tend to have lower annual household income than other Maine adults.

- During 2011-2012, 10.8% of Maine cancer survivors had less than a high school education, 33.5% had a high school education, 28.6% had some college education, and 27.0% had a Bachelor's degree or higher (*Table 6.1*).

- Maine cancer survivors were significantly more likely to have a Bachelor's degree or higher education (27.0%) compared to other Maine adults (24.5%); the percentages in other education groups were similar between Maine cancer survivors and other Maine adults (*Table 6.1*).

- During 2011-2012, more than one-third (35.3%) of Maine cancer survivors had an annual household income of less than $25,000, more than one-fourth (28.7%) had an income of $25,000-$49,999, and more than one-third (36.0%) had an income of $50,000 or more (*Table 6.1*).

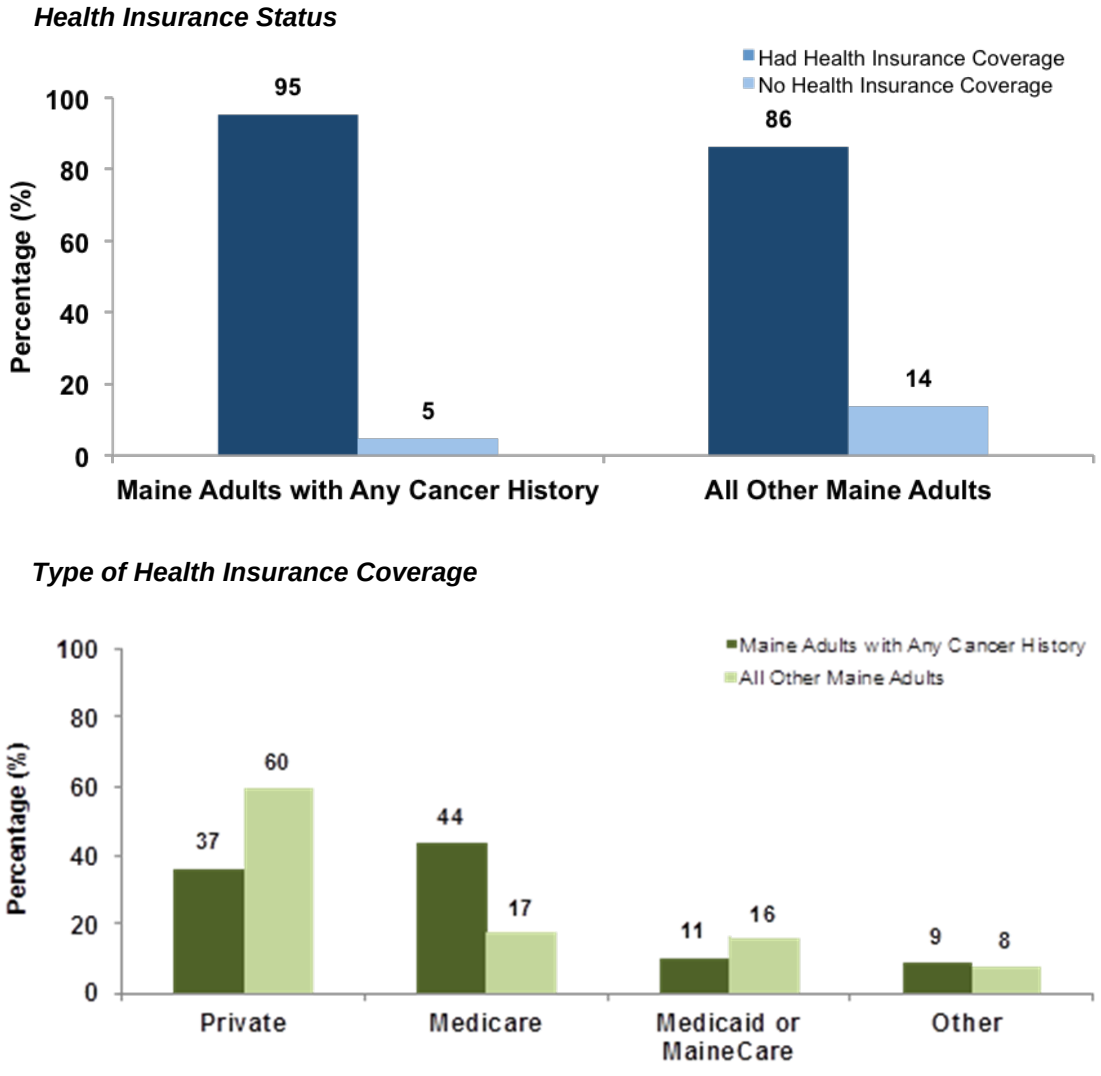
- Maine cancer survivors tended to have lower annual household incomes than other Maine adults. Maine cancer survivors were significantly more likely to be in the $15,000-$29,999 income group (21.6%) than other Maine adults (18.6%), and they were significantly less likely to be in the $50,000 or more income group (36.0%) compared to other Maine adults (40.2%; *Table 6.1*).

Are there differences in health insurance status by cancer history among Maine adults?

In Maine, cancer survivors tend to have health insurance and most have private insurance or Medicare. Maine cancer survivors are more likely to have health insurance and more likely to have Medicare than other Maine adults.

- Maine cancer survivors were significantly more likely to have health insurance (95.2%) compared to other Maine adults during 2011-2012 (86.2%; *Table 6.1, Figure 6.3*).

Figure 6.3. Health Insurance Coverage among Maine Adults with Any Cancer History, 2011-2012*



Data source: Maine Behavioral Risk Factor Surveillance System.
Any cancer history includes a history of skin cancer.
'All Other Maine Adults' are defined as those without a self-reported history of cancer.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
*Sample size was too small to represent the uninsured population of Maine adults.

- During 2011-2012, the most common type of health insurance among Maine cancer survivors was Medicare (43.9%), followed by private health insurance (36.5%), then Medicaid (MaineCare) (10.6%), and other insurance (9.0%; *Table 6.1, Figure 6.3*).

- A significantly lower percentage of Maine cancer survivors had private health insurance (36.5%) or Medicaid (MaineCare) (10.6%) compared to other Maine adults (59.5% and 15.6%, respectively). A higher proportion of Maine cancer survivors had Medicare (43.9%) compared to other Maine adults (17.3%; *Table 6.1, Figure 6.3*).

Are there differences in the prevalence of depression and anxiety by cancer history among Maine adults?

Maine cancer survivors had similar prevalence rates of current depression and any lifetime depression or anxiety as other Maine adults.

- During 2011-2012, the percentage of Maine cancer survivors with current depression was 11.9%. The prevalence of current depression was similar, and not significantly different, among cancer survivors and other Maine adults (11.6%; *Table 6.1*).

- Among Maine cancer survivors, 36.1% had a lifetime diagnosis of depression or anxiety. This was similar to (not significantly different from) the prevalence among other Maine adults (32.5%; *Table 6.1*).

Are there differences in the prevalence of other chronic diseases by cancer history among Maine adults?

Maine cancer survivors have higher prevalence of other chronic diseases compared to other Maine adults.

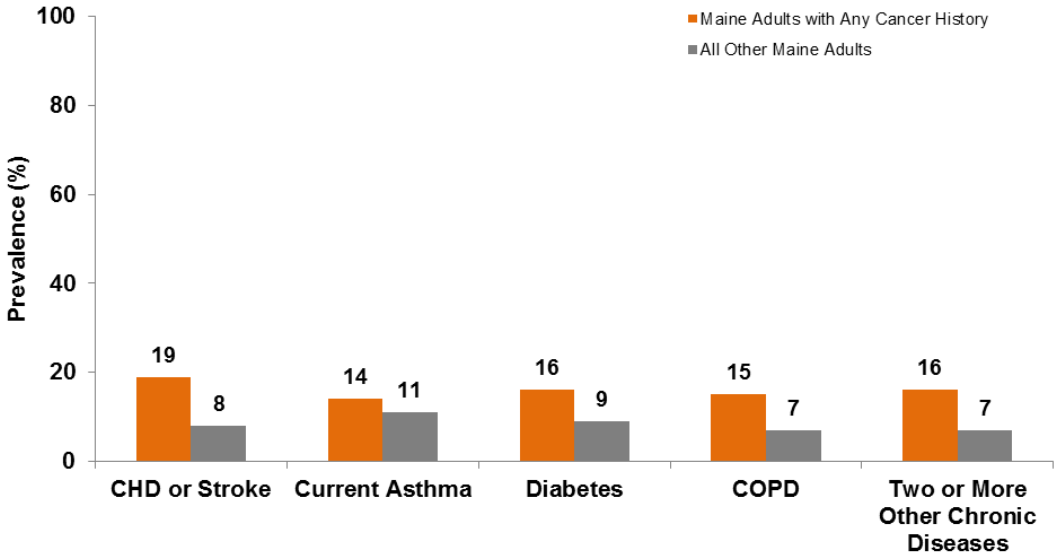
- Maine cancer survivors were significantly more likely to have a history of coronary heart disease (CHD) or stroke (18.8%) compared to other Maine adults (8.1%; *Table 6.1, Figure 6.4*).

- Maine cancer survivors were significantly more likely to have current asthma (13.6%) compared to other Maine adults (11.3%; *Table 6.1, Figure 6.4*).

- During 2011-2012, 16.3% of Maine cancer survivors had diabetes compared to 8.7% of other Maine adults; this was a significant difference (*Table 6.1, Figure 6.4*).

- Maine cancer survivors were significantly more likely to have chronic obstructive pulmonary disease (COPD) than other Maine adults (14.7% vs. 6.8%; *Table 6.1, Figure 6.4*).

Figure 6.4. Chronic Disease Status among Maine Adults with Any Cancer History, 2011-2012



Data source: Maine Behavioral Risk Factor Surveillance System.
Abbreviations: CHD, Coronary Heart Disease; COPD, Chronic Obstructive Pulmonary Disease
Any cancer history includes a history of skin cancer.
'All Other Maine Adults' are defined as those without a self-reported history of cancer.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

- A significantly greater percentage of Maine cancer survivors reported having two or more chronic diseases (16.1%) compared to other Maine adults (7.0%; *Table 6.1, Figure 6.4*).

Are there differences in the distribution of race and ethnic groups by cancer history among Maine adults?

Maine cancer survivors were more likely to be non-Hispanic and white than other Maine adults, though the difference in percentages were small.

- Among Maine cancer survivors, 97.7% were white and 99.5% were non-Hispanic. The number of non-white and Hispanic individuals was too low to provide reliable estimates (*Table 6.2*).

- Although Maine cancer survivors were more likely to be white (97.7%) and non-Hispanic (99.5%) than other Maine adults (96.3% and 98.8%, respectively), the percentage point differences were small (less than two percentage points; *Table 6.2*).

Are there differences in the county or public health district of residence by cancer history among Maine adults?

The distribution of county and public health districts of residence among Maine cancer survivors tends to match the general population distribution, with most cancer survivors living in the most populous counties and districts. Cancer survivors were more likely to live in the Midcoast region of Maine compared to other Maine adults.

- During 2011-2012, more than one-third (34.0%) of Maine cancer survivors lived in Maine's most populous counties, Cumberland and York, and another 10.1% lived in the third most populous county, Penobscot County (*Table 6.3, Map 6.1*).

- Compared to other Maine adults, Maine cancer survivors were significantly less likely to live in Androscoggin (8.4% vs. 6.0%, respectively) and Hancock (4.4% vs. 3.9%) counties, and were significantly more likely to live in Knox (2.9% vs. 3.8%) and Lincoln (2.8% vs. 3.9%) counties (*Table 6.3, Map 6.1*).

- During 2011-2012, more than one-third (34.0%) of Maine cancer survivors lived in Maine's most populous public health districts, Cumberland and York (*Table 6.3, Map 6.2*).

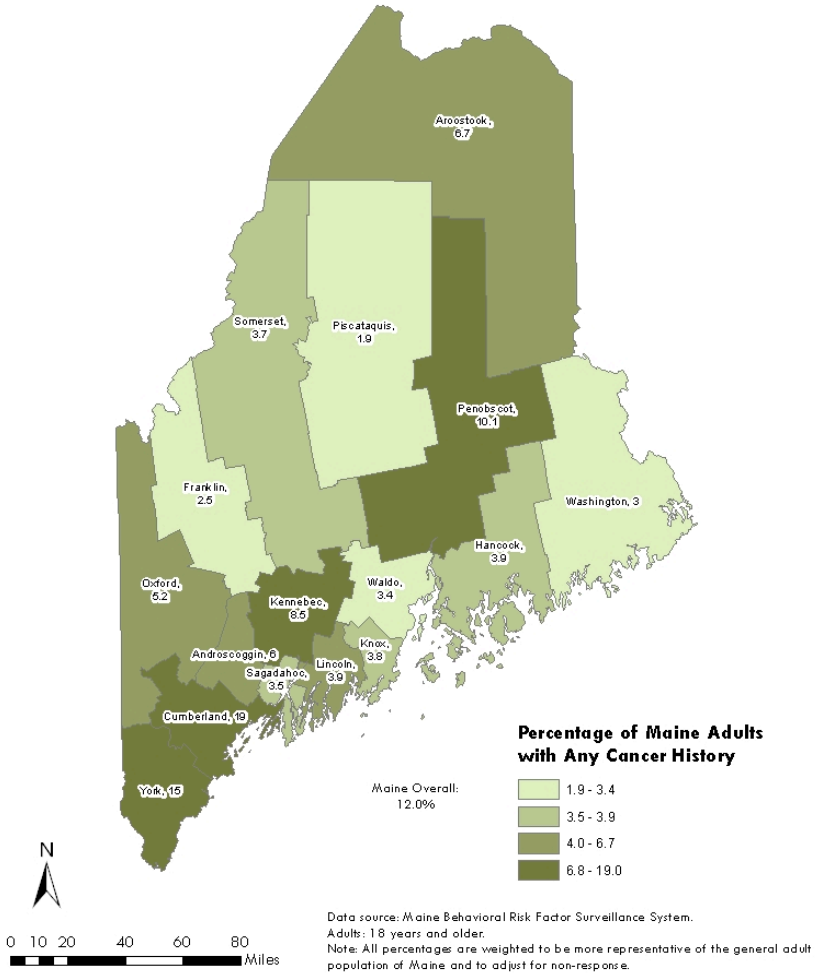
- Compared to other Maine adults, Maine cancer survivors were significantly less likely to live in Central (14.5% vs. 12.2%, respectively) and Western (15.9% vs. 13.7%) districts, and were significantly more likely to live in Midcoast district (11.5% vs. 14.6%; *Table 6.3, Map 6.2*).

See maps at the end of the chapter.

References

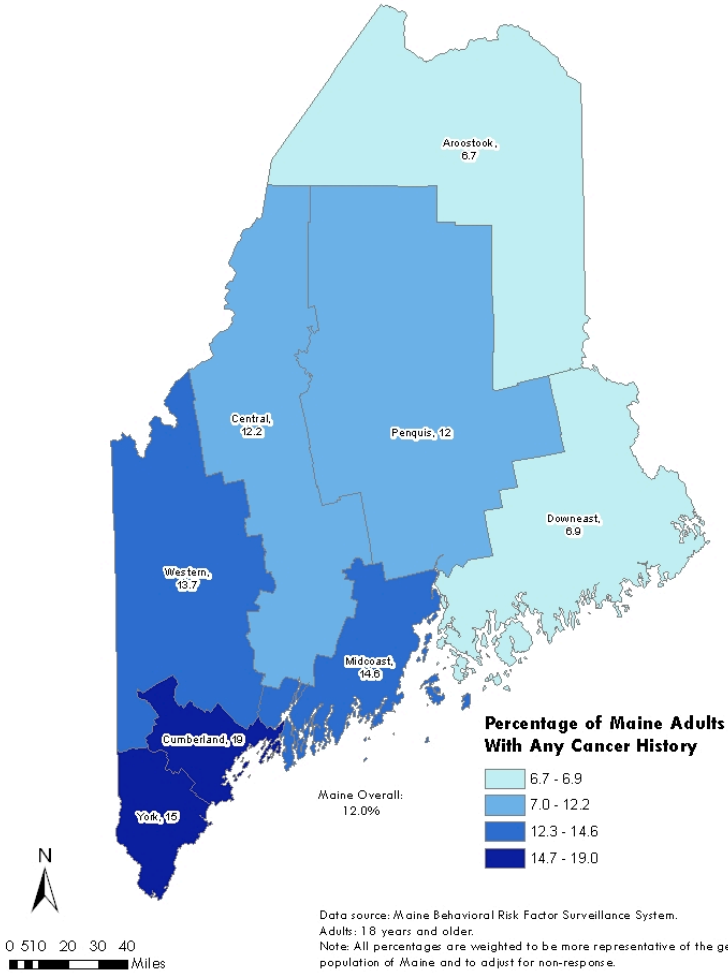
1. Centers for Disease Control and Prevention. Basic information about cancer survivorship. Atlanta, GA: Centers for Disease Control and Prevention; 2011. Available at: http://www.cdc.gov/cancer/survivorship/basic_info/. Accessed July 27, 2014.
2. Howlander N, Noone AM, Krapcho M, et al., eds. SEER cancer statistics review, 1975–2011. Bethesda, MD: National Cancer Institute; 2014. Available at: http://seer.cancer.gov/statfacts/html/all.html. Accessed July 27, 2014.
3. De Moor JS, Mariotto AB, Parry C, et al. Cancer survivors in the United States: prevalence across the survivorship trajectory and implications for care. *Cancer Epidemiol Biomarkers Prev* 2013; 22:561–70.

Map 6.1. Percentage of Maine Adults with Any Cancer History Who Live in Each Maine County, 2011-2012



Data source: Maine Behavioral Risk Factor Surveillance System.
Adults: 18 years and older.
Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Map 6.2. Percentage of Maine Adults with Any Cancer History Who Live in Each Maine Public Health District, 2011-2012



Data source: Maine Behavioral Risk Factor Surveillance System.
Adults: 18 years and older.
Note: All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Appendix I: Data Tables

Table 2.1. All cancer incidence by 3-year period, Maine, U.S. SEER 9 and U.S. SEER 9 whites, 2000-2010.

	Maine Overall					U.S. SEER 9*			U.S. SEER 9 Whites*		
	Average Annual	Crude		Age-adjusted		Average Annual	Age-adjusted		Average Annual	Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Number	Rate	95%CI
2000-2002	7,759	603.3	595.5 - 611.1	**534.3**	527.4 - 541.2	125,481	**487.8**	486.3 - 489.4	104,461	**498.0**	496.3 - 499.8
2001-2003	7,874	607.6	599.8 - 615.4	**533.3**	526.5 - 540.2	126,494	**484.2**	482.7 - 485.8	104,914	**494.6**	492.9 - 496.3
2002-2004	8,034	615.4	607.7 - 623.2	**534.5**	527.7 - 541.3	127,400	**479.8**	478.3 - 481.3	105,188	**489.9**	488.2 - 491.6
2003-2005	8,169	622.1	614.4 - 630.0	**534.3**	527.5 - 541.0	128,221	**474.7**	473.2 - 476.3	105,580	**485.4**	483.7 - 487.1
2004-2006	8,400	637.0	629.1 - 644.9	**539.3**	532.6 - 546.1	130,538	**474.5**	473.0 - 476.0	107,095	**485.3**	483.6 - 487.0
2005-2007	8,462	639.5	631.7 - 647.4	**533.4**	526.7- 540.0	133,558	**476.0**	474.5 - 477.5	109,133	**486.9**	485.2 - 488.6
2006-2008	8,509	641.2	633.4 - 649.1	**525.5**	519.0 - 532.1	136,451	**476.4**	474.9 - 477.9	110,905	**486.6**	484.9 - 488.3
2007-2009	8,399	631.9	624.2 - 639.8	**509.4**	503.0 - 515.8	138,990	**474.9**	473.4 - 476.3	112,329	**484.3**	482.7 - 486.0
2008-2010	8,321	626.0	618.3 - 633.8	**496.8**	490.5 - 503.1	139,759	**467.1**	465.7 - 468.6	112,351	**475.8**	474.2 - 477.4

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data 1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

All cancer: SEER Site Recode: 20010-37000 (which include ICD-O-3 codes: C00-C797).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Table 2.2. All cancer incidence by 3-year period and sex, Maine, 2000-2010.

	Maine Overall					Females					Males				
	Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000-2002	7,759	603.3	595.5 - 611.1	**534.3**	527.4 - 541.2	3,704	561.4	551.0 - 571.9	**465.1**	456.4 - 473.9	4,055	647.4	635.9 - 659.0	**635.9**	624.5 - 647.5
2001-2003	7,874	607.6	599.8 - 615.4	**533.3**	526.5 - 540.2	3,732	561.9	551.6 - 572.4	**462.5**	453.9 - 471.2	4,142	655.5	644.0 - 667.1	**636.6**	625.3 - 648.0
2002-2004	8,034	615.4	607.7 - 623.2	**534.5**	527.7 - 541.3	3,807	569.7	559.3 - 580.2	**464.0**	455.4 - 472.7	4,227	663.4	651.9 - 675.0	**633.2**	622.1 - 644.5
2003-2005	8,169	622.1	614.4 - 630.0	**534.3**	527.5 - 541.0	3,897	580.3	569.8 - 590.9	**468.4**	459.8 - 477.1	4,272	665.9	654.5 - 677.6	**625.9**	614.9 - 637.0
2004-2006	8,400	637.0	629.1 - 644.9	**539.3**	532.6 - 546.1	4,025	597.1	586.5 - 607.8	**476.5**	467.9 - 485.2	4,375	678.7	667.1 - 690.4	**626.4**	615.5 - 637.4
2005-2007	8,462	639.5	631.7 - 647.4	**533.4**	526.7 – 540.0	4,058	600.2	589.6 - 611.0	**474.0**	465.4 - 482.6	4,404	680.5	669.0 - 692.2	**617.1**	606.4 - 627.9
2006-2008	8,509	641.2	633.4 - 649.1	**525.5**	519.0 - 532.1	4,070	600.5	589.9 - 611.2	**467.9**	459.5 - 476.5	4,439	683.7	672.1 - 695.4	**605.6**	595.2 - 616.2
2007-2009	8,399	631.9	624.2 - 639.8	**509.4**	503.0 - 515.8	4,046	596.1	585.6 - 606.8	**458.3**	450.0 - 466.7	4,353	669.3	657.8 - 680.8	**580.1**	570.0 - 590.4
2008-2010	8,321	626.0	618.3 - 633.8	**496.8**	490.5 - 503.1	4,038	595.0	584.5 - 605.7	**452.6**	444.3 - 461.0	4,283	658.3	647.0 - 669.8	**558.7**	548.8 - 568.7
U.S. SEER 9 2008-2010*	139,759	485.9	484.5 - 487.4	**467.1**	465.7 - 468.6	67,928	465.3	463.3 - 467.3	**420.1**	418.3 - 422.0	71,832	507.2	505.0 - 509.3	**533.3**	531.0 - 535.6
U.S. SEER 9 Whites 2008-2010*	112,351	527.5	525.7 - 529.2	**475.8**	474.2 - 477.4	54,456	508.5	506.0 - 511.0	**432.9**	430.7 - 435.0	57,896	546.6	544.1 - 549.2	**536.6**	534.1 - 539.2

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

All cancer: SEER Site Recode: 20010-37000 (which include ICD-O-3 codes: C00-C797).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Table 2.3. All cancer incidence by 3-year period and age group, Maine, 2000-2010.

	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
3-Year Period	Average Annual Number	Rate	95% CI	Average Annual Number	Rate	95% CI	Average Annual Number	Rate	95% CI	Average Annual Number	Rate	95% CI
2000-2002	195	**34.7**	32.0 - 37.6	2,917	**540.0**	528.7 - 551.4	2,197	**2,283.9**	2,229.1 - 2,339.7	2,450	**2,753.7**	2,691.1 - 2,817.4
2001-2003	215	**38.5**	35.6 - 41.5	2,985	**543.3**	532.1 - 554.6	2,180	**2,260.9**	2,206.5 - 2,316.4	2,494	**2,762.7**	2,700.5 - 2,826.0
2002-2004	232	**41.4**	38.4 - 44.6	3,113	**557.9**	546.6 - 569.3	2,151	**2,224.0**	2,170.1 - 2,278.9	2,538	**2,773.5**	2,711.6 - 2,836.5
2003-2005	226	**40.6**	37.6 - 43.8	3,202	**566.0**	554.8 - 577.5	2,177	**2,239.2**	2,185.2 - 2,294.2	2,563	**2,768.2**	2,706.7 - 2,830.8
2004-2006	224	**40.5**	37.5 - 43.7	3,353	**585.6**	574.2 - 597.1	2,208	**2,249.9**	2,196.1 - 2,304.8	2,614	**2,788.4**	2,727.1 - 2,850.9
2005-2007	220	**39.9**	36.9 - 43.1	3,383	**584.9**	573.6 - 596.4	2,213	**2,222.3**	2,169.1 - 2,276.4	2,646	**2,784.9**	2,724.0 - 2,846.9
2006-2008	220	**40.3**	37.2 - 43.4	3,453	**593.4**	582.0 - 604.9	2,210	**2,160.2**	2,108.5 - 2,212.8	2,626	**2,727.2**	2,667.3 - 2,788.1
2007-2009	216	**39.7**	36.7 - 42.9	3,432	**588.6**	577.3 - 600.1	2,190	**2,068.6**	2,018.9 - 2,119.3	2,561	**2,636.1**	2,577.5 - 2,695.8
2008-2010	218	**40.5**	37.5 - 43.7	3,415	**586.2**	574.9 - 597.7	2,213	**2,016.1**	1,967.9 - 2,065.2	2,474	**2,527.2**	2,470.0 - 2,585.4
U.S. SEER 9 2008-2010*	5,224	**38.1**	37.5 - 38.7	61,100	**529.2**	526.8 - 531.7	34,626	**1,886.6**	1,875.1 - 1,898.1	38,810	**2,336.0**	2,322.6 - 2,349.4
U.S. SEER 9 Whites 2008-2010*	4,007	**41.0**	40.3 - 41.8	47,342	**544.3**	541.4 - 547.1	28,150	**1,920.8**	1,907.9 - 1,933.8	32,852	**2,391.5**	2,376.6 - 2,406.5

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
All cancer: SEER Site Recode: 20010-37000 (which include ICD-O-3 codes: C00-C797).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.

Table 2.4. All cancer incidence by county and public health district, Maine, 2006-2010.

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	8,413	633.7	627.7 - 639.8	**511.0**	506.0 - 516.0
County					
Androscoggin	637	590.0	569.7 - 610.9	**520.1**	502.0 - 538.7
Aroostook	496	684.4	657.7 - 711.9	**491.6**	471.8 - 511.9
Cumberland	1,629	581.9	569.3 - 594.7	**503.6**	492.5 - 514.9
Franklin	181	591.8	553.9 - 631.6	**468.1**	437.4 - 500.5
Hancock	387	713.3	681.9 - 745.8	**519.7**	496.1 - 544.3
Kennebec	769	630.9	611.1 - 651.2	**512.4**	496.0 - 529.2
Knox	295	734.9	697.9 - 773.4	**519.1**	492.0 - 547.4
Lincoln	245	706.3	667.3 - 747.0	**464.9**	438.0 - 493.3
Oxford	402	694.4	664.3 - 725.4	**535.4**	511.7 - 559.9
Penobscot	962	628.9	611.3 - 646.9	**547.3**	531.7 - 563.2
Piscataquis	128	731.5	676.0 - 790.3	**494.0**	455.1 - 535.9
Sagadahoc	209	586.8	551.8 - 623.5	**478.1**	448.9 - 508.9
Somerset	318	608.5	578.9 - 639.1	**478.9**	455.2 - 503.5
Waldo	255	658.2	622.6 - 695.4	**518.7**	489.7 - 549.0
Washington	252	761.3	719.9 - 804.5	**533.5**	503.6 - 565.0
York	1,244	630.0	614.4 - 645.8	**516.1**	503.1 - 529.3
Public health district					
Aroostook	496	684.4	657.7 - 711.9	**491.6**	471.8 - 511.9
Central	1,087	624.2	607.7 - 641.0	**501.9**	488.4 - 515.7
Cumberland	1,629	581.9	569.3 - 594.7	**503.6**	492.5 - 514.9
Downeast	640	731.5	706.4 - 757.3	**524.5**	505.9 - 543.6
Midcoast	1,004	673.0	654.5 - 691.8	**495.1**	481.1 - 509.5
Penquis	1,090	639.5	622.6 - 656.7	**539.8**	525.4 - 554.6
Western	1,220	621.0	605.6 - 636.8	**516.2**	503.2 - 529.5
York	1,244	630.0	614.4 - 645.8	**516.1**	503.1 - 529.3

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
All cancer: SEER Site Recode: 20010-37000 (which include ICD-O-3 codes: C00-C797).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.

Table 2.5. Bladder cancer incidence by 3-year period, Maine, U.S. SEER 9 and U.S. SEER 9 whites, 2000-2010.

	Maine Overall					U.S. SEER 9*			U.S. SEER 9 Whites*		
	Average Annual	Crude		Age-adjusted		Average Annual	Age-adjusted		Average Annual	Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Number	Rate	95%CI
2000-2002	417	32.4	30.7 - 34.3	**28.5**	27.0 - 30.2	5,494	**21.6**	21.3 - 22.0	4,991	**23.8**	23.4 - 24.2
2001-2003	434	33.5	31.7 - 35.4	**29.1**	27.6 - 30.8	5,551	**21.5**	21.2 - 21.9	5,038	**23.7**	23.4 - 24.1
2002-2004	444	34.0	32.2 - 35.9	**29.3**	27.7 - 30.9	5,613	**21.5**	21.1 - 21.8	5,071	**23.6**	23.2 - 24.0
2003-2005	449	34.2	32.4 - 36.1	**29.1**	27.5 - 30.7	5,766	**21.7**	21.4 - 22.0	5,186	**23.8**	23.5 - 24.2
2004-2006	455	34.5	32.7 - 36.4	**28.8**	27.3 - 30.4	5,841	**21.6**	21.3 - 21.9	5,231	**23.7**	23.4 - 24.1
2005-2007	468	35.4	33.6 - 37.3	**29.1**	27.6 - 30.6	5,991	**21.7**	21.4 - 22.1	5,351	**23.9**	23.5 - 24.3
2006-2008	471	35.5	33.7 - 37.4	**28.8**	27.3 - 30.3	6,039	**21.5**	21.2 - 21.9	5,380	**23.7**	23.3 - 24.1
2007-2009	463	34.9	33.1 - 36.7	**27.8**	26.3 - 29.3	6,118	**21.3**	21.0 - 21.6	5,421	**23.4**	23.1 - 23.8
2008-2010	461	34.7	32.9 - 36.5	**27.3**	25.9 - 28.8	6,173	**21.1**	20.8 - 21.4	5,458	**23.2**	22.8 - 23.6

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Bladder cancer: SEER Site Recode: 29010 (which includes ICD-O-3 codes: C670-C679).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Table 2.6. Bladder cancer incidence by 3-year period and sex, Maine, 2000-2010.

	Maine Overall					Females					Males				
	Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000-2002	417	32.4	30.7 - 34.3	**28.5**	27.0 - 30.2	115	17.4	15.6 - 19.3	**13.8**	12.4 - 15.4	303	48.3	45.2 - 51.6	**48.6**	45.5 - 52.0
2001-2003	434	33.5	31.7 - 35.4	**29.1**	27.6 - 30.8	108	16.2	14.5 - 18.1	**12.6**	11.2 - 14.1	326	51.6	48.5 - 55.0	**51.3**	48.1 - 54.7
2002-2004	444	34.0	32.2 - 35.9	**29.3**	27.7 - 30.9	113	17.0	15.2 - 18.9	**13.1**	11.7 - 14.6	330	51.8	48.7 - 55.2	**50.5**	47.4 - 53.8
2003-2005	449	34.2	32.4 - 36.1	**29.1**	27.5 - 30.7	119	17.8	16.0 - 19.7	**13.6**	12.2 - 15.1	330	51.4	48.2 - 54.7	**49.7**	46.6 - 52.9
2004-2006	455	34.5	32.7 - 36.4	**28.8**	27.3 - 30.4	125	18.6	16.8 - 20.6	**14.1**	12.7 - 15.6	329	51.1	48.0 - 54.4	**48.3**	45.3 - 51.5
2005-2007	468	35.4	33.6 - 37.3	**29.1**	27.6 - 30.6	130	19.2	17.3 - 21.2	**14.3**	12.9 - 15.8	339	52.3	49.2 - 55.7	**48.9**	45.9 - 52.0
2006-2008	471	35.5	33.7 - 37.4	**28.8**	27.3 - 30.3	122	18.0	16.2 - 20.0	**13.3**	12.0 - 14.8	349	53.7	50.5 - 57.1	**49.2**	46.2 - 52.3
2007-2009	463	34.9	33.1 - 36.7	**27.8**	26.3 - 29.3	119	17.5	15.7 - 19.4	**12.8**	11.5 - 14.3	345	53.0	49.8 - 56.3	**47.4**	44.5 - 50.4
2008-2010	461	34.7	32.9 - 36.5	**27.3**	25.9 - 28.8	116	17.1	15.4 - 19.0	**12.5**	11.2 - 13.9	344	52.9	49.8 - 56.3	**46.4**	43.6 - 49.4
U.S. SEER 9 2008-2010*	6,173	21.5	21.2 - 21.8	**21.1**	20.8 - 21.4	1,500	10.3	10.0 - 10.6	**9.1**	8.8 - 9.3	4,673	33.0	32.5 - 33.5	**37.2**	36.6 - 37.8
U.S. SEER 9 Whites 2008-2010*	5,458	25.6	25.2 – 26.0	**23.2**	22.8 - 23.6	1,289	12.0	11.7 - 12.4	**9.8**	9.5 - 10.1	4,169	39.4	38.7 - 40.1	**40.7**	40.0 - 41.4

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Bladder cancer: SEER Site Recode: 29010 (which includes ICD-O-3 codes: C670-C679).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Table 2.7. Bladder cancer incidence by 3-year period and age group, Maine, 2000-2010.

	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
3-Year Period	Average Annual Number	Rate	95% CI	Average Annual Number	Rate	95% CI	Average Annual Number	Rate	95% CI	Average Annual Number	Rate	95% CI
2000-2002	3	**0.5**	0.2 - 1.0	121	**22.5**	20.2 - 24.9	123	**127.8**	115.1 - 141.6	170	**191.1**	174.8 - 208.4
2001-2003	2	**0.4**	0.2 - 0.9	116	**21.2**	19.0 - 23.5	131	**135.9**	122.8 - 150.0	184	**204.2**	187.5 - 221.9
2002-2004	1	**0.2**	0.1 - 0.6	120	**21.4**	19.3 - 23.8	132	**136.5**	123.4 - 150.6	191	**208.3**	191.6 - 226.1
2003-2005	1	**0.2**	0.0 - 0.5	124	**22.0**	19.8 - 24.3	130	**133.7**	120.8 - 147.7	194	**209.2**	192.5 - 226.9
2004-2006	2	**0.3**	0.1 - 0.7	132	**23.1**	20.9 - 25.5	128	**130.5**	117.7 - 144.2	193	**205.5**	189.1 - 223.0
2005-2007	2	**0.4**	0.1 - 0.8	136	**23.5**	21.2 - 25.9	132	**132.9**	120.1 - 146.6	198	**208.7**	192.3 - 226.2
2006-2008	2	**0.4**	0.2 - 0.9	131	**22.5**	20.3 - 24.8	139	**136.2**	123.4 - 149.9	199	**206.3**	190.1 - 223.6
2007-2009	1	**0.2**	0.1 - 0.6	131	**22.4**	20.2 - 24.7	145	**137.3**	124.7 - 150.8	186	**191.5**	175.9 - 208.0
2008-2010	2	**0.3**	0.1 - 0.7	132	**22.7**	20.5 - 25.1	141	**128.4**	116.5 - 141.3	186	**189.7**	174.2 - 206.1
U.S. SEER 9 2008-2010*	30	**0.2**	0.2 - 0.3	1,673	**14.5**	14.1 - 14.9	1,681	**91.6**	89.1 - 94.1	2,789	**167.9**	164.3 - 171.5
U.S. SEER 9 Whites 2008-2010*	26	**0.3**	0.2 - 0.3	1,437	**16.5**	16.0 - 17.0	1,488	**101.5**	98.6 - 104.6	2,507	**182.5**	178.4 - 186.7

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Bladder cancer: SEER Site Recode: 29010 (which includes ICD-O-3 codes: C670-C679).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.

Table 2.8. Bladder cancer incidence by county and public health district, Maine, 2006-2010.

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	471	35.5	34.0 - 36.9	**28.3**	27.1 - 29.5
County					
Androscoggin	40	36.7	31.8 - 42.2	**31.9**	27.6 - 36.7
Aroostook	27	37.3	31.3 - 44.1	**25.8**	21.6 - 30.7
Cumberland	90	32.3	29.4 - 35.4	**28.1**	25.5 - 30.9
Franklin	13	41.8	32.2 - 53.3	**33.2**	25.5 - 42.8
Hancock	21	39.0	32.0 - 47.2	**28.3**	23.0 - 34.4
Kennebec	39	31.7	27.4 - 36.5	**25.6**	22.0 - 29.5
Knox	16	40.4	32.1 - 50.2	**28.2**	22.3 - 35.3
Lincoln	17	47.8	38.1 - 59.3	**30.2**	24.0 - 37.9
Oxford	23	39.1	32.2 - 47.0	**29.0**	23.8 - 35.0
Penobscot	50	32.7	28.8 - 37.0	**28.3**	24.9 - 32.1
Piscataquis	5	29.6	19.4 - 43.4	**20.0**	13.0 - 30.2
Sagadahoc	11	31.4	23.7 - 40.8	**26.3**	19.7 - 34.4
Somerset	20	38.7	31.5 - 47.0	**30.9**	25.1 - 37.7
Waldo	10	26.3	19.6 - 34.6	**20.0**	14.8 - 26.7
Washington	13	39.8	30.8 - 50.7	**25.9**	20.0 - 33.4
York	76	38.3	34.5 - 42.4	**31.4**	28.3 - 34.8
Public health district					
Aroostook	27	37.3	31.3 - 44.1	**25.8**	21.6 - 30.7
Central	59	33.8	30.0 - 37.8	**27.2**	24.2 - 30.6
Cumberland	90	32.3	29.4 - 35.4	**28.1**	25.5 - 30.9
Downeast	34	39.3	33.7 - 45.7	**27.2**	23.3 - 31.8
Midcoast	54	36.3	32.1 - 40.9	**26.3**	23.2 - 29.7
Penquis	55	32.4	28.7 - 36.4	**27.3**	24.1 - 30.8
Western	75	38.2	34.4 - 42.3	**31.2**	28.1 - 34.6
York	76	38.3	34.5 - 42.4	**31.4**	28.3 - 34.8

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Bladder cancer: SEER Site Recode: 29010 (which includes ICD-O-3 codes: C670-C679).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.

Table 2.9. Female breast cancer incidence by 3-year period, Maine, U.S. SEER 9 and U.S. SEER 9 whites, 2000-2010.

	Maine Overall					U.S. SEER 9*			U.S. SEER 9 Whites*		
	Average Annual	Crude		Age-adjusted		Average Annual	Age-adjusted		Average Annual	Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Number	Rate	95%CI
2000-2002	1,074	162.8	157.2 - 168.5	**137.2**	132.4 - 142.0	19,306	**136.9**	135.8 – 138.0	16,185	**142.9**	141.7 - 144.2
2001-2003	1,071	161.2	155.7 - 166.9	**134.4**	129.8 - 139.2	19,140	**133.6**	132.6 - 134.7	15,926	**139.2**	137.9 - 140.5
2002-2004	1,047	156.7	151.3 - 162.3	**129.0**	124.5 - 133.6	18,925	**130.1**	129.0 - 131.2	15,608	**134.9**	133.7 - 136.2
2003-2005	1,069	159.2	153.8 - 164.8	**129.8**	125.3 - 134.5	18,784	**127.1**	126.1 - 128.2	15,404	**131.7**	130.5 – 133.0
2004-2006	1,084	160.8	155.3 - 166.4	**129.6**	125.1 - 134.2	19,065	**126.8**	125.8 - 127.9	15,528	**131.1**	129.9 - 132.3
2005-2007	1,109	164.1	158.6 - 169.8	**130.6**	126.2 - 135.2	19,392	**126.8**	125.7 - 127.8	15,725	**131.1**	129.9 - 132.3
2006-2008	1,114	164.3	158.8 - 170.0	**128.5**	124.1 - 133.0	19,802	**127.3**	126.2 - 128.3	15,920	**131.1**	129.9 - 132.3
2007-2009	1,108	163.3	157.8 - 168.9	**126.4**	122.1 - 130.9	20,376	**128.7**	127.7 - 129.8	16,285	**132.2**	131.0 - 133.4
2008-2010	1,105	162.8	157.3 - 168.4	**124.5**	120.2 - 128.9	20,634	**128.0**	127.0 - 129.1	16,408	**131.4**	130.2 - 132.6

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Breast cancer: SEER Site Recode: 26000 (which includes ICD-O-3 codes: C500-C509).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Table 2.10. Female breast cancer incidence by 3-year period and age group, Maine, 2000-2010.

	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
3-Year Period	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI
2000-2002	14	**5.2**	3.7 - 7.0	562	**204.9**	195.2 - 214.9	234	**453.0**	420.1 - 487.7	263	**468.1**	436.0 - 502.0
2001-2003	14	**5.2**	3.8 - 7.0	569	**203.6**	194.0 - 213.5	222	**430.9**	398.8 - 464.9	266	**468.2**	436.2 - 501.8
2002-2004	16	**5.9**	4.4 - 7.8	561	**197.7**	188.3 - 207.3	211	**409.2**	377.9 - 442.3	259	**453.0**	421.8 - 486.0
2003-2005	14	**5.0**	3.6 - 6.8	574	**199.7**	190.4 - 209.4	220	**424.9**	393.0 - 458.6	262	**454.1**	422.9 - 487.0
2004-2006	14	**5.1**	3.7 - 6.9	583	**200.3**	191.0 - 209.9	235	**452.5**	419.8 - 487.2	252	**433.6**	403.2 - 465.6
2005-2007	15	**5.7**	4.1 - 7.6	592	**201.3**	192.1 - 210.9	248	**471.6**	438.3 - 506.7	254	**433.4**	403.2 - 465.3
2006-2008	17	**6.2**	4.6 - 8.2	601	**203.1**	193.8 - 212.7	239	**443.6**	411.8 - 477.3	257	**434.6**	404.4 - 466.3
2007-2009	16	**6.0**	4.4 - 7.9	600	**202.2**	192.9 - 211.7	236	**424.3**	393.6 - 456.7	256	**431.2**	401.2 - 462.8
2008-2010	15	**5.7**	4.1 - 7.6	592	**199.6**	190.4 - 209.1	250	**434.1**	403.6 - 466.3	248	**415.7**	386.4 - 446.7
U.S. SEER 9 2008-2010*	367	**5.4**	5.1 - 5.8	11,779	**200.8**	198.7 - 202.9	4,268	**434.8**	427.3 - 442.4	4,221	**416.0**	408.8 - 423.3
U.S. SEER 9 Whites 2008-2010*	248	**5.2**	4.8 - 5.6	9,053	**208.2**	205.8 - 210.7	3,495	**451.2**	442.7 - 460.0	3,613	**432.8**	424.7 - 441.0

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Female breast cancer: SEER Site Recode: 26000 (which includes ICD-O-3 codes: C500-C509).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.

Table 2.11. Female breast cancer incidence by county and public health district, Maine, 2006-2010.

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	1,108	163.4	159.1 - 167.7	**126.4**	123.0 - 129.8
County					
Androscoggin	74	133.7	120.4 - 148.0	**111.7**	100.4 - 124.0
Aroostook	54	147.9	130.9 - 166.6	**105.7**	92.9 - 119.8
Cumberland	235	163.3	154.1 - 172.9	**132.3**	124.7 - 140.3
Franklin	24	155.9	129.4 - 186.1	**118.8**	98.2 - 142.9
Hancock	53	192.8	170.4 - 217.4	**134.3**	118.1 - 152.3
Kennebec	110	176.1	161.7 - 191.5	**137.1**	125.7 - 149.4
Knox	37	183.2	157.8 - 211.5	**129.3**	110.5 - 150.8
Lincoln	33	184.1	156.9 - 214.6	**117.5**	99.3 - 138.6
Oxford	49	169.0	148.6 - 191.5	**127.4**	111.6 - 145.0
Penobscot	118	152.3	140.2 - 165.1	**126.6**	116.4 - 137.5
Piscataquis	18	204.7	164.8 - 251.3	**134.4**	107.1 - 167.5
Sagadahoc	28	150.4	126.4 - 177.7	**121.8**	101.8 - 144.8
Somerset	39	148.4	128.3 - 170.7	**111.9**	96.6 - 129.2
Waldo	35	176.1	150.9 - 204.3	**135.6**	115.5 - 158.5
Washington	27	162.7	136.6 - 192.4	**115.6**	96.3 - 138.1
York	172	170.0	158.9 - 181.8	**132.1**	123.2 - 141.5
Public health district					
Aroostook	54	147.9	130.9 - 166.6	**105.7**	92.9 - 119.8
Central	149	167.9	156.1 - 180.4	**129.6**	120.2 - 139.4
Cumberland	235	163.3	154.1 - 172.9	**132.3**	124.7 - 140.3
Downeast	81	181.4	164.2 - 200.0	**127.4**	114.8 - 141.1
Midcoast	132	173.7	160.7 - 187.4	**126.2**	116.4 - 136.6
Penquis	136	157.7	146.1 - 170.0	**127.7**	118.1 - 137.9
Western	147	147.5	137.0 - 158.5	**117.5**	109.0 - 126.5
York	172	170.0	158.9 - 181.8	**132.1**	123.2 - 141.5

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Female breast cancer: SEER Site Recode: 26000 (which includes ICD-O-3 codes: C500-C509).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.

Table 2.12. Cervical cancer incidence by 3-year period, Maine, U.S. SEER 9 and U.S. SEER 9 whites, 2000-2010.

	Maine Overall					U.S. SEER 9*			U.S. SEER 9 Whites*		
	Average Annual	Crude		Age-adjusted		Average Annual	Age-adjusted		Average Annual	Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Number	Rate	95%CI
2000-2002	53	8.1	6.9 - 9.4	**7.4**	6.3 - 8.7	1,078	**7.7**	7.4 - 8.0	789	**7.3**	7.0 - 7.6
2001-2003	57	8.5	7.3 - 9.9	**7.8**	6.7 - 9.1	1,066	**7.6**	7.3 - 7.8	768	**7.1**	6.8 - 7.4
2002-2004	58	8.6	7.4 - 10	**8.0**	6.8 - 9.3	1,037	**7.3**	7.0 - 7.6	749	**6.9**	6.6 - 7.2
2003-2005	57	8.4	7.2 - 9.8	**7.9**	6.8 - 9.2	1,015	**7.1**	6.9 - 7.4	734	**6.8**	6.5 - 7.1
2004-2006	54	8.0	6.8 - 9.3	**7.5**	6.4 - 8.8	1,005	**7.0**	6.7 - 7.2	736	**6.8**	6.5 - 7.1
2005-2007	50	7.4	6.3 - 8.7	**7.1**	5.9 - 8.3	988	**6.8**	6.6 - 7.1	723	**6.7**	6.4 - 7.0
2006-2008	50	7.4	6.2 - 8.7	**6.8**	5.7 - 8.0	992	**6.8**	6.5 - 7.0	721	**6.6**	6.3 - 6.9
2007-2009	50	7.4	6.2 - 8.6	**6.7**	5.7 - 8.0	999	**6.7**	6.5 - 7.0	722	**6.6**	6.3 - 6.9
2008-2010	47	7.0	5.9 - 8.2	**6.4**	5.3 - 7.5	1,015	**6.8**	6.5 - 7.0	730	**6.6**	6.3 - 6.9

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Cervical cancer: SEER Site Recode 27010: (which includes ICD-O-3 codes: C530-C539).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Table 2.13. Cervical cancer incidence by 3-year period and age group, Maine, 2000-2010.

	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
3-Year Period	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI
2000-2002	6	**2.3**	1.4 - 3.6	35	**12.8**	10.4 - 15.4	6	**12.2**	7.4 - 19.1	6	**10.1**	5.9 - 16.1
2001-2003	7	**2.5**	1.6 - 3.9	37	**13.2**	10.9 - 16.0	6	**11.6**	6.9 - 18.4	7	**11.7**	7.2 - 18.1
2002-2004	8	**3.0**	2.0 - 4.5	36	**12.6**	10.3 - 15.2	8	**14.9**	9.4 - 22.3	6	**10.5**	6.2 - 16.6
2003-2005	8	**3.0**	2.0 - 4.5	34	**11.7**	9.5 - 14.2	8	**14.8**	9.4 - 22.2	7	**12.1**	7.5 - 18.6
2004-2006	8	**2.8**	1.8 - 4.2	33	**11.3**	9.2 - 13.8	8	**15.4**	9.9 - 22.9	5	**9.2**	5.2 - 14.9
2005-2007	7	**2.7**	1.7 - 4.1	32	**10.9**	8.8 - 13.3	7	**13.9**	8.7 - 21.1	4	**6.2**	3.1 - 11.2
2006-2008	7	**2.6**	1.6 - 4.0	32	**10.8**	8.8 - 13.2	6	**11.8**	7.1 - 18.4	5	**7.9**	4.3 - 13.2
2007-2009	7	**2.7**	1.7 - 4.2	30	**10.2**	8.2 - 12.6	7	**12.0**	7.3 - 18.5	6	**9.5**	5.6 - 15.3
2008-2010	7	**2.6**	1.6 - 4.0	28	**9.4**	7.5 - 11.7	7	**11.6**	7.1 - 17.9	6	**9.5**	5.5 - 15.2
U.S. SEER 9 2008-2010*	153	**2.3**	2.1 - 2.5	666	**11.4**	10.9 - 11.9	111	**11.3**	10.1 - 12.6	85	**8.4**	7.4 - 9.5
U.S. SEER 9 Whites 2008-2010*	119	**2.5**	2.3 - 2.8	475	**10.9**	10.4 - 11.5	77	9.9	8.7 - 11.3	59	**7.1**	6.1 - 8.2

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Cervical cancer: SEER Site Recode: 27010 (which includes ICD-O-3 codes: C530-C539).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.

Table 2.14. Cervical cancer incidence by county and public health district, Maine, 2006-2010.

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	49	7.3	6.4 - 8.2	**6.6**	5.8 - 7.6
County					
Androscoggin	4	8.0	5.0 - 12.1	**7.6**	4.7 - 11.5
Aroostook	3	8.2	4.6 - 13.5	**7.1**	3.8 - 12.2
Cumberland	10	7.1	5.3 - 9.3	**6.7**	4.9 - 8.8
Franklin	2	11.5	5.3 - 21.8	**9.6**	4.1 - 19.1
Hancock	2	7.2	3.5 - 13.3	**5.9**	2.7 - 11.5
Kennebec	6	9.9	6.7 - 14.1	**9.2**	6.2 - 13.3
Knox	DSP	DSP	DSP	**DSP**	DSP
Lincoln	1	6.8	2.5 - 14.7	**5.9**	1.8 - 14.0
Oxford	DSP	DSP	DSP	**DSP**	DSP
Penobscot	4	4.9	2.9 - 7.6	**4.6**	2.7 - 7.3
Piscataquis	DSP	DSP	DSP	**DSP**	DSP
Sagadahoc	1	6.5	2.4 - 14.2	**6.2**	2.2 - 13.9
Somerset	3	11.4	6.4 - 18.7	**10.1**	5.5 - 17.1
Waldo	3	14.2	7.7 - 23.8	**12.5**	6.5 - 21.7
Washington	1	8.3	3.3 - 17.1	**8.2**	3.1 - 17.6
York	6	5.9	4.0 - 8.5	**5.5**	3.7 - 8.0
Public health district					
Aroostook	3	8.2	4.6 - 13.5	**7.1**	3.8 - 12.2
Central	9	10.3	7.6 - 13.8	**9.4**	6.8 - 12.7
Cumberland	10	7.1	5.3 - 9.3	**6.7**	4.9 - 8.8
Downeast	3	7.6	4.4 - 12.2	**6.8**	3.8 - 11.2
Midcoast	6	8.1	5.5 - 11.6	**7.3**	4.8 - 10.6
Penquis	4	4.6	2.8 - 7.1	**4.3**	2.6 - 6.7
Western	7	7.2	5.0 - 10.0	**6.6**	4.6 - 9.2
York	6	5.9	4.0 - 8.5	**5.5**	3.7 - 8.0

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

95% CI: 95% confidence interval of the rate.

DSP: Data suppressed to protect privacy where count <6 for 5-year period.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Cervical cancer: SEER Site Recode: 27010 (which includes ICD-O-3 codes: C530-C539).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Table 2.15. Colorectal cancer incidence by 3-year period, Maine, U.S. SEER 9 and U.S. SEER 9 whites, 2000-2010.

	Maine Overall					U.S. SEER 9*			U.S. SEER 9 Whites*		
	Average Annual	Crude		Age-adjusted		Average Annual	Age-adjusted		Average Annual	Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Number	Rate	95%CI
2000-2002	873	67.9	65.3 - 70.5	**59.5**	57.2 - 61.8	13,691	**53.6**	53.1 - 54.1	11,170	**53.0**	52.4 - 53.6
2001-2003	872	67.3	64.7 - 69.9	**58.5**	56.3 - 60.8	13,624	**52.5**	52.0 - 53.0	11,049	**51.8**	51.2 - 52.3
2002-2004	897	68.7	66.2 - 71.4	**59.2**	56.9 - 61.4	13,530	**51.2**	50.7 - 51.8	10,909	**50.5**	49.9 - 51.0
2003-2005	870	66.3	63.7 - 68.9	**56.5**	54.3 - 58.7	13,299	**49.5**	49.0 - 50.0	10,703	**48.9**	48.4 - 49.4
2004-2006	854	64.8	62.3 - 67.3	**54.4**	52.3 - 56.6	13,177	**48.1**	47.7 - 48.6	10,539	**47.5**	47.0 - 48.0
2005-2007	830	62.8	60.3 - 65.3	**52.0**	49.9 - 54.1	13,118	**46.9**	46.5 - 47.4	10,431	**46.3**	45.7 - 46.8
2006-2008	792	59.7	57.3 - 62.1	**48.5**	46.6 - 50.5	13,128	**46.0**	45.6 - 46.5	10,367	**45.3**	44.8 - 45.8
2007-2009	775	58.3	55.9 - 60.7	**46.7**	44.8 - 48.7	13,063	**44.8**	44.3 - 45.2	10,217	**43.8**	43.3 - 44.3
2008-2010	724	54.5	52.2 - 56.8	**43.1**	41.3 - 45.0	12,791	**42.9**	42.4 - 43.3	9,903	**41.8**	41.3 - 42.2

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Colorectal cancer: SEER Site Recode: 21041-21049, 21051, 21052 (which include ICD-O-3 codes: C180-C189, C260, C199, C209).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Table 2.16. Colorectal cancer incidence by 3-year period and sex, Maine, 2000-2010.

	Maine Overall					Females					Males				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
3-Year Period	Average Annual Number	Rate	95%CI	Rate	95% CI	Average Annual Number	Rate	95%CI	Rate	95%CI	Average Annual Number	Rate	95%CI	Rate	95%CI
2000-2002	873	67.9	65.3 - 70.5	**59.5**	57.2 - 61.8	444	67.3	63.7 - 71.0	**52.5**	49.6 - 55.4	429	68.5	64.8 - 72.3	**69.1**	65.4 - 73.1
2001-2003	872	67.3	64.7 - 69.9	**58.5**	56.3 - 60.8	422	63.5	60.0 - 67.1	**49.4**	46.7 - 52.2	450	71.3	67.5 - 75.2	**71.3**	67.5 - 75.3
2002-2004	897	68.7	66.2 - 71.4	**59.2**	56.9 - 61.4	438	65.5	62.0 - 69.2	**50.6**	47.9 - 53.5	459	72.1	68.3 - 76.0	**70.2**	66.5 - 74.1
2003-2005	870	66.3	63.7 - 68.9	**56.5**	54.3 - 58.7	425	63.3	59.9 - 66.9	**48.5**	45.8 - 51.3	445	69.3	65.7 - 73.1	**66.2**	62.7 - 69.9
2004-2006	854	64.8	62.3 - 67.3	**54.4**	52.3 - 56.6	427	63.3	59.9 - 66.9	**48.0**	45.4 - 50.8	427	66.3	62.7 - 70.0	**61.9**	58.5 - 65.5
2005-2007	830	62.8	60.3 - 65.3	**52.0**	49.9 - 54.1	420	62.1	58.7 - 65.6	**46.5**	44.0 - 49.2	411	63.5	60.0 - 67.1	**58.6**	55.3 - 62.0
2006-2008	792	59.7	57.3 - 62.1	**48.5**	46.6 - 50.5	402	59.3	56.0 - 62.8	**43.9**	41.4 - 46.5	390	60.1	56.7 - 63.6	**54.0**	50.9 - 57.3
2007-2009	775	58.3	55.9 - 60.7	**46.7**	44.8 - 48.7	393	58.0	54.7 - 61.4	**42.3**	39.9 - 44.9	381	58.6	55.3 - 62.1	**51.7**	48.7 - 54.9
2008-2010	724	54.5	52.2 - 56.8	**43.1**	41.3 - 45.0	356	52.4	49.3 - 55.7	**38.1**	35.8 - 40.6	368	56.6	53.3 - 60.1	**48.8**	45.9 - 51.8
U.S. SEER 9 2008-2010*	12,791	44.5	44.0 - 44.9	**42.9**	42.4 - 43.3	6,287	43.1	42.5 - 43.7	**38.0**	37.4 - 38.5	6,504	45.9	45.3 - 46.6	**48.9**	48.2 - 49.6
U.S. SEER 9 Whites 2008-2010*	9,903	46.5	46.0 – 47.0	**41.8**	41.3 - 42.2	4,843	45.2	44.5 – 46.0	**36.9**	36.3 - 37.5	5,060	47.8	47.0 - 48.5	**47.5**	46.8 - 48.3

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Colorectal cancer: SEER Site Recode: 21041-21049, 21051, 21052 (which include ICD-O-3 codes: C180-C189, C260, C199, C209).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Table 2.17. Colorectal cancer incidence by 3-year period and age group, Maine, 2000-2010.

	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
3-Year Period	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI
2000-2002	4	**0.7**	0.4 - 1.2	233	**43.2**	40.0 - 46.5	243	**252.6**	234.6 - 271.6	393	**441.3**	416.5 - 467.3
2001-2003	7	**1.3**	0.8 - 2.0	242	**44.0**	40.9 - 47.4	235	**243.8**	226.1 - 262.4	388	**429.4**	405.1 - 454.8
2002-2004	8	**1.5**	1.0 - 2.2	269	**48.3**	45.0 - 51.7	232	**239.5**	222.0 - 258.0	388	**424.0**	399.9 - 449.0
2003-2005	9	**1.6**	1.0 - 2.3	269	**47.6**	44.4 - 51.0	230	**236.9**	219.6 - 255.3	362	**390.6**	367.7 - 414.6
2004-2006	5	**1.0**	0.6 - 1.6	273	**47.7**	44.5 - 51.1	220	**223.9**	207.1 - 241.6	356	**379.7**	357.3 - 403.2
2005-2007	5	**0.8**	0.5 - 1.4	265	**45.8**	42.6 - 49.1	207	**208.2**	192.1 - 225.2	354	**372.2**	350.2 - 395.3
2006-2008	6	**1.1**	0.7 - 1.7	262	**45.1**	42.0 - 48.3	186	**181.5**	166.7 - 197.2	338	**351.0**	329.7 - 373.3
2007-2009	7	**1.3**	0.8 - 2.0	260	**44.6**	41.5 - 47.8	181	**171.3**	157.2 - 186.3	326	**336.0**	315.2 - 357.7
2008-2010	7	**1.3**	0.8 - 2.0	253	**43.4**	40.3 - 46.6	171	**156.1**	142.9 - 170.2	293	**299.3**	279.8 - 319.8
U.S. SEER 9 2008-2010*	175	**1.3**	1.2 - 1.4	4,988	**43.2**	42.5 - 43.9	2,940	**160.2**	156.8 - 163.5	4,689	**282.2**	277.6 - 286.9
U.S. SEER 9 Whites 2008-2010*	130	**1.3**	1.2 - 1.5	3,566	**41.0**	40.2 - 41.8	2,277	**155.3**	151.7 - 159.1	3,930	**286.1**	281.0 - 291.3

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Colorectal cancer: SEER Site Recode: 21041-21049, 21051, 21052 (which include ICD-O-3 codes: C180-C189, C260, C199, C209).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.

Table 2.18. Colorectal cancer incidence by county and public health district, Maine, 2006-2010.

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	761	57.3	55.5 - 59.2	**45.9**	44.5 - 47.4
County					
Androscoggin	55	50.8	45.0 - 57.2	**44.7**	39.5 - 50.4
Aroostook	59	82.0	73.0 - 91.9	**57.6**	51.1 - 64.8
Cumberland	136	48.7	45.1 - 52.5	**42.1**	38.9 - 45.4
Franklin	19	61.3	49.6 - 75.1	**50.1**	40.3 - 61.7
Hancock	35	64.8	55.6 - 75.1	**45.2**	38.7 - 52.8
Kennebec	67	54.8	49.1 - 61.0	**44.7**	39.9 - 49.8
Knox	22	54.3	44.6 - 65.6	**36.4**	29.8 - 44.4
Lincoln	21	59.9	49.0 - 72.6	**37.6**	30.5 - 46.1
Oxford	34	59.1	50.6 - 68.7	**45.1**	38.6 - 52.6
Penobscot	93	60.9	55.5 - 66.7	**53.2**	48.4 - 58.3
Piscataquis	13	71.8	55.2 - 91.8	**49.1**	37.4 - 64.0
Sagadahoc	18	51.0	41.1 - 62.6	**40.8**	32.6 - 50.4
Somerset	28	53.2	44.7 - 62.8	**42.8**	35.9 - 50.7
Waldo	24	62.5	51.8 - 74.6	**48.5**	40.0 - 58.4
Washington	26	78.4	65.5 - 93.1	**52.4**	43.6 - 62.6
York	111	56.0	51.4 - 60.9	**45.8**	42.1 - 49.9
Public health district					
Aroostook	59	82.0	73.0 - 91.9	**57.6**	51.1 - 64.8
Central	95	54.3	49.5 - 59.4	**44.0**	40.1 - 48.3
Cumberland	136	48.7	45.1 - 52.5	**42.1**	38.9 - 45.4
Downeast	61	70.0	62.4 - 78.3	**48.0**	42.6 - 53.9
Midcoast	85	57.0	51.7 - 62.6	**40.6**	36.7 - 44.8
Penquis	106	62.1	56.9 - 67.6	**52.5**	48.1 - 57.3
Western	108	54.9	50.3 - 59.7	**45.5**	41.7 - 49.6
York	111	56.0	51.4 - 60.9	**45.8**	42.1 - 49.9

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Colorectal cancer: SEER Site Recode: 21041-21049, 21051, 21052 (which include ICD-O-3 codes: C180-C189, C260, C199, C209).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.

Table 2.19. Lung cancer incidence by 3-year period, Maine, U.S. SEER 9 and U.S. SEER 9 whites, 2000-2010.

	Maine Overall					U.S. SEER 9*			U.S. SEER 9 Whites*		
	Average Annual	Crude		Age-adjusted		Average Annual	Age-adjusted		Average Annual	Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Number	Rate	95%CI
2000-2002	1,185	92.2	89.2 - 95.2	**81.0**	78.4 - 83.7	16,241	**64.1**	63.5 - 64.7	13,501	**64.8**	64.2 - 65.5
2001-2003	1,203	92.8	89.8 - 95.9	**80.9**	78.3 - 83.6	16,529	**64.3**	63.8 - 64.9	13,705	**65.1**	64.5 - 65.8
2002-2004	1,226	93.9	90.9 - 97.0	**80.9**	78.3 - 83.6	16,608	**63.7**	63.1 - 64.3	13,705	**64.4**	63.8 - 65.0
2003-2005	1,252	95.4	92.4 - 98.5	**81.2**	78.6 - 83.9	16,784	**63.4**	62.8 - 63.9	13,823	**64.2**	63.5 - 64.8
2004-2006	1,269	96.3	93.2 - 99.4	**80.8**	78.3 - 83.5	16,842	**62.5**	62.0 - 63.1	13,810	**63.2**	62.6 - 63.8
2005-2007	1,276	96.4	93.4 - 99.5	**79.7**	77.2 - 82.3	17,133	**62.4**	61.8 - 62.9	14,041	**63.3**	62.7 - 63.9
2006-2008	1,280	96.5	93.5 - 99.6	**78.5**	76.1 - 81.1	17,215	**61.5**	60.9 - 62.0	14,044	**62.3**	61.7 - 62.9
2007-2009	1,301	97.9	94.8 - 101.0	**78.2**	75.7 - 80.7	17,347	**60.6**	60.1 - 61.1	14,111	**61.5**	60.9 - 62.1
2008-2010	1,294	97.4	94.3 - 100.5	**76.3**	73.9 - 78.8	17,211	**58.9**	58.3 - 59.4	13,957	**59.7**	59.1 - 60.3

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Lung cancer: SEER Site Recode: 22030 (which includes ICD-O-3 codes: C340-C349).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Table 2.20. Lung cancer incidence by 3-year period and sex, Maine, 2000-2010.

	Maine Overall					Females					Males				
	Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000-2002	1,185	92.2	89.2 - 95.2	**81.0**	78.4 - 83.7	528	80.1	76.2 - 84.1	**65.2**	62.0 - 68.5	657	104.9	100.3 - 109.6	**102.8**	98.3 - 107.5
2001-2003	1,203	92.8	89.8 - 95.9	**80.9**	78.3 - 83.6	545	82.0	78.1 - 86.1	**66.1**	62.9 - 69.4	659	104.2	99.7 - 108.9	**101.4**	96.9 - 106.0
2002-2004	1,226	93.9	90.9 - 97.0	**80.9**	78.3 - 83.6	552	82.6	78.7 - 86.7	**66.0**	62.9 - 69.3	674	105.7	101.2 - 110.4	**101.5**	97.1 - 106.1
2003-2005	1,252	95.4	92.4 - 98.5	**81.2**	78.6 - 83.9	568	84.5	80.6 - 88.6	**66.8**	63.6 - 70.1	685	106.7	102.2 - 111.5	**100.9**	96.6 - 105.5
2004-2006	1,269	96.3	93.2 - 99.4	**80.8**	78.3 - 83.5	580	86.0	82.0 - 90.1	**67.3**	64.1 - 70.6	690	107.0	102.4 - 111.7	**99.7**	95.4 - 104.2
2005-2007	1,276	96.4	93.4 - 99.5	**79.7**	77.2 - 82.3	588	86.9	82.9 - 91.1	**66.9**	63.8 - 70.2	688	106.4	101.8 - 111.1	**97.2**	93.0 - 101.6
2006-2008	1,280	96.5	93.5 - 99.6	**78.5**	76.1 - 81.1	597	88.0	84.0 - 92.2	**67.0**	63.9 - 70.3	684	105.3	100.8 - 110.0	**94.3**	90.2 - 98.5
2007-2009	1,301	97.9	94.8 - 101.0	**78.2**	75.7 - 80.7	613	90.3	86.2 - 94.6	**67.5**	64.4 - 70.7	688	105.7	101.2 - 110.4	**92.6**	88.5 - 96.7
2008-2010	1,294	97.4	94.3 - 100.5	**76.3**	73.9 - 78.8	621	91.6	87.4 - 95.8	**67.5**	64.5 - 70.7	673	103.4	98.9 - 108.0	**88.4**	84.5 - 92.4
U.S SEER 9 2008-2010*	17,211	59.8	59.3 - 60.4	**58.9**	58.3 - 59.4	8,256	56.6	55.9 - 57.3	**50.9**	50.3 - 51.5	8,956	63.2	62.5 – 64.0	**69.8**	68.9 - 70.6
U.S. SEER 9 Whites 2008-2010*	13,957	65.5	64.9 - 66.2	**59.7**	59.1 - 60.3	6,805	63.5	62.7 - 64.4	**53.0**	52.3 - 53.7	7,152	67.5	66.6 - 68.4	**69.0**	68.0 - 69.9

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Lung cancer: SEER Site Recode: 22030 (which includes ICD-O-3 codes: C340-C349).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Table 2.21. Lung cancer incidence by 3-year period and age group, Maine, 2000-2010.

	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
3-Year Period	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI
2000-2002	2	**0.4**	0.1 - 0.8	386	**71.4**	67.4 - 75.7	405	**421.3**	397.9 - 445.7	392	**440.6**	415.8 - 466.5
2001-2003	2	**0.3**	0.1 - 0.7	388	**70.7**	66.7 - 74.9	404	**418.7**	395.5 - 443.0	410	**453.7**	428.7 - 479.8
2002-2004	2	**0.4**	0.2 - 0.9	401	**71.8**	67.8 - 76.0	399	**412.2**	389.2 - 436.2	424	**463.3**	438.2 - 489.5
2003-2005	3	**0.5**	0.2 - 0.9	403	**71.2**	67.3 - 75.4	399	**410.1**	387.1 - 434.0	448	**483.9**	458.3 - 510.5
2004-2006	3	**0.5**	0.2 - 1.0	406	**70.8**	66.9 - 74.9	393	**400.2**	377.7 - 423.7	468	**499.2**	473.4 - 526.0
2005-2007	3	**0.5**	0.2 - 1.0	402	**69.5**	65.6 - 73.5	387	**388.6**	366.5 - 411.6	484	**509.8**	483.9 - 536.7
2006-2008	5	**0.9**	0.5 - 1.4	406	**69.7**	65.9 - 73.7	394	**384.8**	363.2 - 407.4	476	**494.7**	469.4 - 521.0
2007-2009	4	**0.7**	0.4 - 1.3	419	**71.8**	67.9 - 75.9	405	**382.9**	361.7 - 405.0	473	**486.6**	461.6 - 512.6
2008-2010	3	**0.6**	0.3 - 1.1	421	**72.2**	68.3 - 76.3	415	**378.0**	357.3 - 399.6	455	**464.8**	440.5 - 490.1
U.S. SEER 9 2008-2010*	50	**0.4**	0.3 - 0.4	5,244	**45.4**	44.7 - 46.1	5,270	**287.1**	282.7 - 291.7	6,648	**400.1**	394.6 - 405.7
U.S. SEER 9 Whites 2008-2010*	35	**0.4**	0.3 - 0.4	3,976	**45.7**	44.9 - 46.5	4,330	**295.5**	290.4 - 300.6	5,616	**408.8**	402.7 - 415.1

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Lung cancer: SEER Site Recode: 22030 (which includes ICD-O-3 codes: C340-C349).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.

Table 2.22. Lung cancer incidence by county and public health district, Maine, 2006-2010.

		Crude		Age-Adjusted	
	Average Annual Number	Rate	95% CI	Rate	95% CI
Maine total	1,289	97.1	94.7 - 99.5	**77.5**	75.6 - 79.5
County					
Androscoggin	107	99.0	90.8 - 107.8	**87.1**	79.8 - 94.9
Aroostook	92	126.8	115.4 - 138.9	**87.1**	79.2 - 95.6
Cumberland	224	80.1	75.5 - 84.9	**70.3**	66.2 - 74.6
Franklin	26	84.8	70.9 - 100.7	**67.6**	56.3 - 80.6
Hancock	57	105.0	93.1 - 117.9	**76.2**	67.5 - 85.9
Kennebec	122	99.9	92.1 - 108.2	**81.2**	74.8 - 88.0
Knox	41	103.2	89.6 - 118.3	**70.0**	60.6 - 80.7
Lincoln	31	89.9	76.3 - 105.1	**54.9**	46.5 - 64.7
Oxford	66	113.7	101.8 - 126.7	**85.3**	76.2 - 95.2
Penobscot	165	107.9	100.7 - 115.5	**92.8**	86.5 - 99.4
Piscataquis	20	113.9	92.7 - 138.6	**75.1**	60.8 - 92.4
Sagadahoc	27	76.8	64.5 - 90.8	**62.5**	52.3 - 74.3
Somerset	53	101.4	89.6 - 114.4	**78.2**	69.0 - 88.5
Waldo	41	105.8	91.8 - 121.4	**83.2**	72.0 - 95.8
Washington	45	136.3	119.1 - 155.3	**92.4**	80.5 - 105.7
York	172	86.9	81.2 - 92.9	**70.9**	66.2 - 75.9
Public health district					
Aroostook	92	126.8	115.4 - 138.9	**87.1**	79.2 - 95.6
Central	175	100.4	93.8 - 107.2	**80.2**	74.9 - 85.8
Cumberland	224	80.1	75.5 - 84.9	**70.3**	66.2 - 74.6
Downeast	102	116.9	106.9 - 127.4	**82.5**	75.3 - 90.1
Midcoast	141	94.5	87.6 - 101.7	**67.6**	62.6 - 72.9
Penquis	185	108.5	101.6 - 115.7	**90.1**	84.4 - 96.2
Western	199	101.1	94.9 - 107.6	**83.1**	77.9 - 88.5
York	172	86.9	81.2 - 92.9	**70.9**	66.2 - 75.9

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Lung cancer: SEER Site Recode: 22030 (which includes ICD-O-3 codes: C340-C349).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.

Table 2.23. Melanoma incidence by 3-year period, Maine, U.S. SEER 9 and U.S. SEER 9 whites, 2000-2010.

	Maine Overall					U.S. SEER 9*			U.S. SEER 9 Whites*		
	Average Annual	Crude		Age-adjusted		Average Annual	Age-adjusted		Average Annual	Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Number	Rate	95%CI
2000-2002	280	21.8	20.3 - 23.3	**19.8**	18.5 - 21.2	5,087	**19.3**	19.0 - 19.6	4,928	**23.3**	23.0 - 23.7
2001-2003	307	23.7	22.2 - 25.3	**21.5**	20.2 - 23.0	5,205	**19.5**	19.2 - 19.8	5,037	**23.7**	23.3 - 24.1
2002-2004	321	24.6	23.0 - 26.2	**22.0**	20.6 - 23.5	5,360	**19.8**	19.5 - 20.2	5,179	**24.1**	23.8 - 24.5
2003-2005	336	25.6	24.1 - 27.2	**22.7**	21.3 - 24.2	5,721	**20.9**	20.6 - 21.2	5,544	**25.6**	25.2 - 26.0
2004-2006	339	25.7	24.2 - 27.3	**22.4**	21.0 - 23.9	6,051	**21.7**	21.4 - 22.1	5,858	**26.7**	26.3 - 27.1
2005-2007	346	26.2	24.6 - 27.8	**22.7**	21.3 - 24.2	6,253	**22.1**	21.8 - 22.4	6,049	**27.2**	26.8 - 27.6
2006-2008	340	25.6	24.1 - 27.3	**21.8**	20.5 - 23.3	6,423	**22.3**	22.0 - 22.6	6,194	**27.4**	27.1 - 27.9
2007-2009	355	26.7	25.1 - 28.4	**22.4**	21.0 - 23.8	6,610	**22.6**	22.3 - 22.9	6,354	**27.8**	27.4 - 28.2
2008-2010	355	26.7	25.1 - 28.3	**21.9**	20.6 - 23.3	6,914	**23.2**	22.9 - 23.5	6,611	**28.5**	28.1 - 28.9

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Melanoma: SEER Site Recode: 25010 (which includes ICD-O-3 codes: C440-C449).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Table 2.24. Melanoma incidence by 3-year period and sex, Maine, 2000-2010.

	Maine Overall					Females					Males				
	Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000-2002	280	21.8	20.3 - 23.3	**19.8**	18.5 - 21.2	123	18.7	16.8 - 20.7	**16.5**	14.8 - 18.3	157	25.1	22.8 - 27.4	**24.0**	21.9 - 26.3
2001-2003	307	23.7	22.2 - 25.3	**21.5**	20.2 – 23.0	135	20.3	18.3 - 22.4	**18.1**	16.3 - 19.9	173	27.3	25.0 - 29.8	**26.1**	23.9 - 28.5
2002-2004	321	24.6	23.0 - 26.2	**22.0**	20.6 - 23.5	139	20.8	18.9 - 22.9	**18.5**	16.7 - 20.4	182	28.5	26.2 - 31.0	**27.0**	24.8 - 29.4
2003-2005	336	25.6	24.1 - 27.2	**22.7**	21.3 - 24.2	144	21.4	19.5 - 23.6	**18.9**	17.1 - 20.8	192	30.0	27.6 - 32.5	**28.0**	25.7 - 30.4
2004-2006	339	25.7	24.2 - 27.3	**22.4**	21.0 - 23.9	151	22.4	20.4 - 24.6	**19.3**	17.5 - 21.2	188	29.2	26.8 - 31.7	**26.7**	24.5 - 29.0
2005-2007	346	26.2	24.6 - 27.8	**22.7**	21.3 - 24.2	160	23.7	21.6 - 25.9	**20.3**	18.5 - 22.3	186	28.8	26.5 - 31.3	**26.0**	23.9 - 28.3
2006-2008	340	25.6	24.1 - 27.3	**21.8**	20.5 - 23.3	156	23.0	21.0 - 25.2	**19.5**	17.8 - 21.5	184	28.4	26.1 - 30.9	**24.9**	22.8 - 27.1
2007-2009	355	26.7	25.1 - 28.4	**22.4**	21.0 - 23.8	160	23.5	21.5 - 25.7	**19.8**	18.0 - 21.7	195	30.0	27.6 - 32.6	**26.0**	23.9 - 28.3
2008-2010	355	26.7	25.1 - 28.3	**21.9**	20.6 - 23.3	153	22.5	20.5 - 24.7	**18.4**	16.7 - 20.3	202	31.1	28.6 - 33.6	**26.6**	24.5 - 28.9
U.S. SEER 9 2008-2010*	6,914	24.0	23.7 - 24.4	**23.2**	22.9 - 23.5	2,958	20.3	19.8 - 20.7	**18.8**	18.4 - 19.2	3,956	27.9	27.4 - 28.4	**29.4**	28.8 - 29.9
U.S. SEER 9 Whites 2008-2010*	6,611	31.0	30.6 - 31.5	**28.5**	28.1 - 28.9	2,813	26.3	25.7 - 26.8	**23.6**	23.1 - 24.2	3,798	35.9	35.2 - 36.5	**35.3**	34.6 - 36.7

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Melanoma: SEER Site Recode: 25010 (which includes ICD-O-3 codes: C440-C449).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Table 2.25. Melanoma incidence by 3-year period and age group, Maine, 2000-2010.

	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
3-Year Period	Average Annual Number	Rate	95% CI	Average Annual Number	Rate	95% CI	Average Annual Number	Rate	95% CI	Average Annual Number	Rate	95% CI
2000-2002	22	**3.9**	3.0 - 4.9	143	**26.5**	24.1 - 29.2	55	**57.5**	49.1 - 67.0	60	**67.4**	57.9 - 78.0
2001-2003	28	**5.0**	4.0 - 6.2	155	**28.1**	25.6 - 30.8	61	**63.6**	54.8 - 73.5	63	**70.1**	60.5 - 80.9
2002-2004	28	**5.1**	4.0 - 6.3	161	**28.9**	26.3 - 31.5	65	**66.9**	57.8 - 77.0	67	**72.8**	63.1 - 83.7
2003-2005	28	**5.1**	4.1 - 6.3	173	**30.5**	27.9 - 33.3	64	**66.2**	57.2 - 76.2	71	**76.7**	66.7 - 87.7
2004-2006	23	**4.1**	3.2 - 5.2	177	**30.8**	28.3 - 33.6	65	**66.2**	57.3 - 76.2	75	**79.6**	69.6 - 90.8
2005-2007	23	**4.2**	3.3 - 5.4	179	**31.0**	28.4 - 33.7	69	**68.9**	59.8 - 79.0	75	**79.3**	69.3 - 90.3
2006-2008	20	**3.6**	2.7 - 4.6	175	**30.1**	27.6 - 32.8	67	**65.8**	57.1 - 75.5	78	**81.0**	71.0 - 92.1
2007-2009	22	**4.1**	3.1 - 5.2	185	**31.8**	29.2 - 34.5	71	**67.1**	58.4 - 76.7	77	**78.9**	69.1 - 89.8
2008-2010	18	**3.3**	2.5 - 4.3	181	**31.1**	28.6 - 33.9	73	**66.5**	58.0 - 75.9	83	**84.4**	74.3 - 95.6
U.S. SEER 9 2008-2010*	521	**3.8**	3.6 - 4.0	3,461	**30.0**	29.4 - 30.6	1,353	**73.7**	71.5 - 76.0	1,580	**95.1**	92.4 - 97.8
U.S. SEER 9 Whites 2008-2010*	488	**5.0**	4.7 - 5.3	3,294	**37.9**	37.1 - 38.6	1,299	**88.6**	85.9 - 91.4	1,530	**111.4**	108.2 - 114.6

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Melanoma: SEER Site Recode: 25010 (which includes ICD-O-3 codes: C440-C449).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.

Table 2.26. Melanoma incidence by county and public health district, Maine, 2006-2010.

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	350	26.4	25.1 - 27.6	**22.1**	21.1 - 23.2
County					
Androscoggin	22	20.4	16.8 - 24.6	**18.6**	15.3 - 22.5
Aroostook	12	16.3	12.4 - 21.0	**12.5**	9.4 - 16.4
Cumberland	89	31.7	28.8 - 34.8	**28.0**	25.4 - 30.8
Franklin	4	13.7	8.5 - 20.9	**11.5**	7.0 - 18.0
Hancock	16	29.5	23.4 - 36.7	**23.2**	18.2 - 29.2
Kennebec	25	20.5	17.1 - 24.4	**16.9**	14.0 - 20.2
Knox	19	46.9	37.9 - 57.4	**36.1**	28.8 - 44.8
Lincoln	12	35.1	26.9 - 45.1	**23.8**	17.9 - 31.3
Oxford	16	27.7	21.9 - 34.4	**23.1**	18.2 - 29.1
Penobscot	31	20.1	17.1 - 23.6	**19.0**	16.1 - 22.3
Piscataquis	4	22.8	13.9 - 35.2	**16.4**	9.7 - 26.5
Sagadahoc	12	32.5	24.7 - 42.0	**27.1**	20.4 - 35.4
Somerset	9	16.8	12.2 - 22.6	**14.5**	10.4 - 19.7
Waldo	9	23.2	16.9 - 31.1	**18.6**	13.3 - 25.3
Washington	6	18.1	12.2 - 25.8	**12.4**	8.2 - 18.2
York	64	32.4	29.0 - 36.2	**26.7**	23.8 - 29.9
Public health district					
Aroostook	12	16.3	12.4 - 21.0	**12.5**	9.4 - 16.4
Central	34	19.4	16.6 - 22.6	**16.2**	13.8 - 18.9
Cumberland	89	31.7	28.8 - 34.8	**28.0**	25.4 - 30.8
Downeast	22	25.2	20.7 - 30.3	**19.1**	15.6 - 23.3
Midcoast	52	34.6	30.5 - 39.1	**26.6**	23.4 - 30.3
Penquis	35	20.4	17.5 - 23.7	**18.8**	16.0 - 21.9
Western	42	21.5	18.7 - 24.6	**18.9**	16.4 - 21.7
York	64	32.4	29.0 - 36.2	**26.7**	23.8 - 29.9

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Melanoma: SEER Site Recode: 25010 (which includes ICD-O-3 codes: C440-C449).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.

Table 2.27. Prostate cancer incidence by 3-year period, Maine, U.S. SEER 9 and U.S. SEER 9 whites, 2000-2010.

	Maine Overall					U.S. SEER 9*			U.S. SEER 9 Whites*		
	Average Annual	Crude		Age-adjusted		Average Annual	Age-adjusted		Average Annual	Age-adjusted	
3-Year Period	Number	Rate	95% CI	Rate	95% CI	Number	Rate	95% CI	Number	Rate	95% CI
2000-2002	1,169	186.6	180.4 - 192.8	**181.2**	175.1 - 187.3	20,363	**183.5**	182.0 - 185.0	16,584	**180.7**	179.1 - 182.3
2001-2003	1,149	181.8	175.8 - 188.0	**173.5**	167.7 - 179.5	20,298	**179.0**	177.6 - 180.5	16,470	**176.3**	174.7 - 177.9
2002-2004	1,151	180.7	174.7 - 186.8	**168.5**	162.9 - 174.3	20,049	**172.7**	171.3 - 174.1	16,164	**169.5**	168.0 - 171.0
2003-2005	1,150	179.3	173.4 - 185.4	**163.7**	158.2 - 169.4	19,525	**164.1**	162.8 - 165.5	15,598	**160.2**	158.7 - 161.7
2004-2006	1,205	186.9	180.8 - 193.1	**166.6**	161.1 - 172.2	20,127	**164.8**	163.5 - 166.1	16,001	**160.5**	159.1 - 162.0
2005-2007	1,224	189.1	183.0 - 195.3	**164.8**	159.4 - 170.3	21,082	**167.8**	166.4 - 169.1	16,644	**162.9**	161.5 - 164.4
2006-2008	1,253	192.9	186.8 - 199.2	**163.1**	157.8 - 168.5	21,762	**167.6**	166.3 - 168.9	17,114	**162.6**	161.2 - 164.0
2007-2009	1,144	175.9	170.1 - 181.9	**144.0**	139.1 - 149.0	21,733	**161.6**	160.4 - 162.9	16,982	**156.3**	154.9 - 157.7
2008-2010	1,061	163.1	157.5 - 168.9	**129.4**	124.8 - 134.1	21,166	**151.9**	150.7 - 153.1	16,416	**146.2**	144.9 - 147.6

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Prostate cancer: SEER Site Recode: 28010 (which includes ICD-O-3 codes: C619).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Table 2.28. Prostate cancer incidence by 3-year period and age group, Maine, 2000-2010.

	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
3-Year Period	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI
2000-2002	0	**0.0**	0.0 - 0.4	364	**137.0**	129.0 - 145.3	464	**1,043.1**	989.1 - 1,099.4	341	**1,038.9**	976.2 - 1,104.6
2001-2003	0	**0.0**	0.0 - 0.4	369	**136.7**	128.8 - 145.0	455	**1,014.7**	961.6 - 1,070.0	325	**969.1**	909.2 - 1,031.8
2002-2004	0	**0.0**	0.0 - 0.4	403	**147.0**	138.9 - 155.6	447	**990.8**	938.5 - 1,045.2	300	**876.2**	819.9 - 935.3
2003-2005	0	**0.0**	0.0 - 0.4	426	**153.3**	145.0 - 161.9	433	**951.2**	900.2 - 1,004.4	291	**832.3**	778.0 - 889.4
2004-2006	0	**0.0**	0.0 - 0.4	476	**169.0**	160.3 - 178.0	437	**946.8**	896.2 - 999.5	292	**819.3**	766.0 - 875.4
2005-2007	0	**0.0**	0.0 - 0.4	487	**171.1**	162.4 - 180.1	441	**938.9**	889.0 - 990.9	296	**813.9**	761.2 - 869.3
2006-2008	0	**0.0**	0.0 - 0.4	514	**179.8**	170.9 - 189.0	451	**931.2**	882.2 - 982.2	287	**775.0**	724.1 - 828.5
2007-2009	0	**0.0**	0.0 - 0.4	480	**167.4**	158.9 - 176.3	411	**818.7**	773.7 - 865.7	253	**672.2**	625.2 - 721.7
2008-2010	0	**0.0**	0.0 - 0.4	448	**156.5**	148.3 - 165.1	393	**753.1**	710.7 - 797.3	220	**575.0**	532.0 - 620.5
U.S. SEER 9 2008-2010*	3	**0.0**	0.0 - 0.1	9,375	**165.1**	163.1 - 167.0	7,563	**885.7**	874.2 - 897.3	4,225	**653.4**	642.0 - 664.8
U.S. SEER 9 Whites 2008-2010*	2	**0.0**	0.0 - 0.1	7,079	**162.7**	160.5 - 164.9	5,963	**862.8**	850.3 - 875.6	3,371	**625.4**	613.2 - 637.7

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Prostate cancer: SEER Site Recode: 28010 (which includes ICD-O-3 codes: C619).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.

Table 2.29. Prostate cancer incidence by county and public health district, Maine, 2006-2010.

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	1,148	176.7	172.1 - 181.3	**144.8**	141.0 - 148.7
County					
Androscoggin	87	164.3	149.2 - 180.5	**154.2**	139.8 - 169.8
Aroostook	55	154.9	137.2 - 174.3	**108.0**	95.4 - 121.9
Cumberland	220	161.7	152.3 - 171.6	**146.9**	138.1 - 156.1
Franklin	28	188.0	158.3 - 221.7	**147.1**	123.1 - 174.8
Hancock	55	208.2	184.4 - 234.2	**149.0**	131.5 - 168.3
Kennebec	108	181.3	166.3 - 197.3	**149.5**	136.9 - 163.1
Knox	43	219.1	190.9 - 250.3	**155.1**	134.8 - 177.9
Lincoln	34	199.9	171.0 - 232.3	**125.2**	106.8 - 146.5
Oxford	55	190.7	168.7 - 214.7	**142.7**	126.0 - 161.2
Penobscot	123	163.6	150.9 - 177.0	**147.9**	136.2 - 160.3
Piscataquis	14	157.0	121.9 - 199.0	**100.4**	77.4 - 129.5
Sagadahoc	30	173.1	146.5 - 203.1	**135.5**	114.2 - 160.0
Somerset	45	173.3	151.4 - 197.6	**135.7**	118.1 - 155.3
Waldo	35	182.3	156.1 - 211.6	**145.3**	123.4 - 170.0
Washington	37	225.5	194.1 - 260.6	**156.7**	134.4 - 182.0
York	179	185.9	173.9 - 198.5	**156.8**	146.5 - 167.7
Public health district					
Aroostook	55	154.9	137.2 - 174.3	**108.0**	95.4 - 121.9
Central	152	178.9	166.4 - 192.1	**145.3**	135.0 - 156.3
Cumberland	220	161.7	152.3 - 171.6	**146.9**	138.1 - 156.1
Downeast	92	214.8	195.6 - 235.3	**151.7**	137.8 - 166.7
Midcoast	142	194.2	180.1 - 209.0	**139.6**	129.3 - 150.6
Penquis	137	162.9	150.9 - 175.6	**141.0**	130.4 - 152.2
Western	170	175.8	164.2 - 188.1	**148.7**	138.7 - 159.3
York	179	185.9	173.9 - 198.5	**156.8**	146.5 - 167.7

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Prostate cancer: SEER Site Recode: 28010 (which includes ICD-O-3 codes: C619).
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.

Table 2.30. Tobacco-related cancer incidence by 3-year period, Maine, U.S. SEER 9 and U.S. SEER 9 whites, 2000-2010.

	Maine Overall					U.S. SEER 9*			U.S. SEER 9 Whites*		
	Average Annual	Crude		Age-adjusted		Average Annual	Age-adjusted		Average Annual	Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Number	Rate	95%CI
2000-2002	1,347	104.7	101.5 - 108.0	**92.5**	89.7 - 95.4	20,830	**81.1**	80.5 - 81.7	17,177	**81.7**	81.0 - 82.4
2001-2003	1,382	106.7	103.4 - 110.0	**93.1**	90.3 - 96.0	21,069	**80.8**	80.1 - 81.4	17,357	**81.6**	80.9 - 82.3
2002-2004	1,426	109.2	106.0 - 112.5	**94.3**	91.5 - 97.2	21,483	**81.0**	80.4 - 81.6	17,691	**82.2**	81.5 - 82.9
2003-2005	1,461	111.3	108.0 - 114.6	**95.1**	92.3 - 97.9	21,909	**81.3**	80.7 - 81.9	17,998	**82.5**	81.8 - 83.2
2004-2006	1,496	113.4	110.2 - 116.8	**95.6**	92.8 - 98.5	22,441	**81.8**	81.2 - 82.4	18,416	**83.2**	82.5 - 83.9
2005-2007	1,504	113.6	110.4 - 117.0	**94.3**	91.5 - 97.1	22,980	**82.1**	81.5 - 82.8	18,789	**83.6**	82.9 - 84.3
2006-2008	1,514	114.1	110.8 - 117.5	**93.0**	90.3 - 95.8	23,608	**82.7**	82.1 - 83.3	19,233	**84.2**	83.5 - 84.9
2007-2009	1,510	113.6	110.3 - 116.9	**91.0**	88.3 - 93.7	24,126	**82.7**	82.1 - 83.3	19,556	**84.1**	83.4 - 84.8
2008-2010	1,526	114.8	111.5 - 118.2	**90.4**	87.8 - 93.2	24,477	**82.1**	81.5 - 82.7	19,748	**83.4**	82.8 - 84.1

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Tobacco-related cancers (excluding lung) include the following: laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, cervical cancers, and acute myeloid leukemia. Please see Appendix II for SEER and ICD-O-3 codes.

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Table 2.31. Tobacco-related cancer incidence by 3-year period and sex, Maine, 2000-2010.

	Maine Overall					Females					Males				
	Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted		Average Annual	Crude		Age-adjusted	
3-Year Period	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000-2002	1,347	104.7	101.5 - 108.0	**92.5**	89.7 - 95.4	484	73.4	69.7 - 77.3	**60.2**	57.1 - 63.4	863	137.8	132.5 - 143.2	**135.0**	129.8 - 140.4
2001-2003	1,382	106.7	103.4 - 110.0	**93.1**	90.3 - 96.0	482	72.5	68.8 - 76.4	**59.1**	56.1 - 62.3	901	142.5	137.2 - 148.0	**137.6**	132.4 - 143.0
2002-2004	1,426	109.2	106.0 - 112.5	**94.3**	91.5 - 97.2	501	75.0	71.2 - 78.9	**60.5**	57.4 - 63.7	925	145.1	139.8 - 150.6	**137.6**	132.5 - 142.9
2003-2005	1,461	111.3	108.0 - 114.6	**95.1**	92.3 - 97.9	527	78.4	74.6 - 82.4	**62.8**	59.7 - 66.0	935	145.7	140.4 - 151.2	**136.6**	131.5 - 141.8
2004-2006	1,496	113.4	110.2 - 116.8	**95.6**	92.8 - 98.5	540	80.1	76.3 - 84.1	**63.5**	60.4 - 66.7	956	148.3	142.9 - 153.8	**136.4**	131.4 - 141.6
2005-2007	1,504	113.6	110.4 - 117.0	**94.3**	91.5 - 97.1	537	79.5	75.7 - 83.5	**62.1**	59.1 - 65.3	966	149.3	143.9 - 154.9	**135.5**	130.6 - 140.7
2006-2008	1,514	114.1	110.8 - 117.5	**93.0**	90.3 - 95.8	533	78.6	74.8 - 82.5	**60.6**	57.6 - 63.7	982	151.2	145.8 - 156.8	**134.2**	129.3 - 139.2
2007-2009	1,510	113.6	110.3 - 116.9	**91.0**	88.3 - 93.7	519	76.5	72.8 - 80.4	**58.3**	55.4 - 61.3	990	152.3	146.8 - 157.8	**132.3**	127.5 - 137.3
2008-2010	1,526	114.8	111.5 - 118.2	**90.4**	87.8 - 93.2	517	76.2	72.5 - 80.1	**57.4**	54.5 - 60.5	1,009	155.1	149.6 - 160.7	**131.6**	126.9 - 136.5
U.S. SEER 9 2008-2010*	24,477	85.1	84.5 - 85.7	**82.1**	81.5 - 82.7	8,933	61.2	60.5 - 61.9	**55.0**	54.3 - 55.7	15,544	109.7	108.8 - 110.7	**116.9**	115.8 - 118.0
U.S. SEER 9 Whites 2008-2010*	19,748	92.7	92.0 - 93.5	**83.4**	82.8 - 84.1	6,925	64.7	63.8 - 65.5	**54.3**	53.6 - 55.1	12,823	121.1	119.9 - 122.3	**119.9**	118.7 - 121.1

Maine Data Source: Maine Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

95% CI: 95% confidence interval of the rate.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Tobacco-related cancers (excluding lung) include the following: laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, cervical cancers, and acute myeloid leukemia. Please see Appendix II for SEER and ICD-O-3 codes.

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Table 2.32. Tobacco-related cancer (excluding lung cancer) incidence by 3-year period and age group, Maine, 2000-2010.

	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
3-Year Period	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI	Average Annual Number	Rate	95%CI
2000-2002	22	**3.9**	3.0 - 5.0	500	**92.6**	88.0 - 97.4	380	**394.6**	372.0 - 418.2	445	**500.5**	474.1 - 528.1
2001-2003	23	**4.1**	3.2 - 5.2	519	**94.5**	89.9 - 99.3	385	**399.7**	377.0 - 423.4	455	**503.6**	477.2 - 531.0
2002-2004	27	**4.9**	3.9 - 6.1	546	**97.8**	93.1 - 102.7	379	**392.2**	369.7 - 415.7	473	**517.2**	490.6 - 544.8
2003-2005	27	**4.8**	3.8 - 6.0	562	**99.3**	94.6 - 104.1	386	**396.7**	374.2 - 420.2	487	**526.0**	499.4 - 553.7
2004-2006	26	**4.8**	3.8 - 5.9	580	**101.3**	96.6 - 106.2	396	**403.6**	381.0 - 427.2	493	**526.2**	499.7 - 553.7
2005-2007	24	**4.4**	3.4 - 5.5	578	**99.9**	95.2 - 104.7	398	**399.9**	377.6 - 423.3	504	**530.1**	503.7 - 557.5
2006-2008	23	**4.1**	3.2 - 5.3	582	**100.0**	95.4 - 104.8	406	**397.2**	375.2 - 420.1	503	**522.7**	496.7 - 549.8
2007-2009	23	**4.2**	3.3 - 5.4	579	**99.3**	94.7 - 104.1	409	**386.0**	364.7 - 408.2	499	**513.7**	488.0 - 540.4
2008-2010	24	**4.5**	3.5 - 5.7	594	**102.0**	97.3 - 106.8	408	**372.0**	351.4 - 393.4	500	**510.4**	484.9 - 536.9
U.S. SEER 9 2008-2010*	594	**4.3**	4.1 - 4.5	9,831	**85.1**	84.2 - 86.1	6,024	**328.2**	323.4 - 333.0	8,028	**483.2**	477.1 - 489.4
U.S. SEER 9 Whites 2008-2010*	426	**4.4**	4.1 - 4.6	7,623	**87.6**	86.5 - 88.8	4,919	**325.1**	317.0 - 333.3	6,780	**493.5**	486.8 - 500.4

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Tobacco-related cancers (excluding lung) include the following: laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, cervical cancers, and acute myeloid leukemia. Please see Appendix II for SEER and ICD-O-3 codes.
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.

Table 2.33. Tobacco-related cancer (excluding lung cancer) incidence by county and public health district, Maine, 2006-2010.

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	1,524	114.8	112.2 - 117.4	**91.9**	89.8 - 94.0
County					
Androscoggin	125	115.5	106.6 - 124.9	**100.8**	93.0 - 109.1
Aroostook	94	129.5	118.1 - 141.8	**92.4**	84.0 - 101.4
Cumberland	291	103.9	98.6 - 109.3	**89.6**	85.0 - 94.4
Franklin	34	109.6	93.7 - 127.5	**85.9**	73.2 - 100.4
Hancock	66	122.3	109.5 - 136.2	**88.4**	78.9 - 98.9
Kennebec	137	112.2	104.0 - 120.9	**91.4**	84.6 - 98.7
Knox	51	128.1	112.9 - 144.8	**90.8**	79.7 - 103.1
Lincoln	46	133.1	116.5 - 151.4	**86.9**	75.6 - 99.7
Oxford	76	132.0	119.1 - 146.0	**99.2**	89.4 - 109.9
Penobscot	168	109.7	102.4 - 117.4	**94.7**	88.3 - 101.5
Piscataquis	22	126.5	104.0 - 152.3	**84.3**	68.9 - 102.6
Sagadahoc	36	100.9	86.7 - 116.8	**82.1**	70.3 - 95.4
Somerset	62	118.3	105.4 - 132.2	**93.1**	82.9 - 104.4
Waldo	40	103.8	89.9 - 119.1	**83.1**	71.6 - 95.9
Washington	44	132.7	115.8 - 151.5	**90.7**	78.8 - 104.1
York	232	117.4	110.7 - 124.4	**95.7**	90.2 - 101.4
Public health district					
Aroostook	94	129.5	118.1 - 141.8	**92.4**	84.0 - 101.4
Central	199	114.0	107.0 - 121.3	**92.1**	86.4 - 98.1
Cumberland	291	103.9	98.6 - 109.3	**89.6**	85.0 - 94.4
Downeast	110	126.2	115.9 - 137.2	**89.1**	81.6 - 97.2
Midcoast	174	116.4	108.8 - 124.5	**85.9**	80.1 - 92.0
Penquis	190	111.4	104.5 - 118.8	**93.4**	87.5 - 99.7
Western	235	119.4	112.7 - 126.5	**98.0**	92.4 - 103.9
York	232	117.4	110.7 - 124.4	**95.7**	90.2 - 101.4

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).
95% CI: 95% confidence interval of the rate.
Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.
Tobacco-related cancers (excluding lung) include the following: laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, cervical cancers, and acute myeloid leukemia. Please see Appendix II for SEER and ICD-O-3 codes.
Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Crude Rates are new cases per 100,000 population.
Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.

Table 2.34. Female breast cancer incidence by stage at diagnosis, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010.

3-Year Period	Average Annual Number	Crude		Age-adjusted		Proportion	
		Rate	95% CI	Rate	95% CI	% of Total	95% CI
Maine							
Early-stage	1,042	153.5	148.2 - 159.0	**117.2**	113.0 - 121.5	**73.6**	72.2 - 74.9
Late-stage	351	51.8	48.7 - 55.0	**40.6**	38.1 - 43.3	**24.8**	23.5 - 26.1
Unknown	23	3.4	2.6 - 4.3	**2.3**	1.8 - 3.0	**1.6**	1.3 - 2.0
Overall	1,416	208.7	202.5 - 215.1	**160.2**	155.2 - 165.2	**100**	---
U.S. SEER 9*							
Early-stage	18,960	129.9	128.8 - 131.0	**117.8**	116.8 - 118.7	**71.9**	71.5 - 72.2
Late-stage	7,092	48.6	47.9 - 49.2	**44.3**	43.6 - 44.9	**26.9**	26.6 - 27.2
Unknown	334	2.3	2.2 - 2.4	**1.9**	1.8 - 2.1	**1.3**	1.2 - 1.3
Overall	26,387	180.8	179.5 - 182.0	**164.0**	162.8 - 165.1	**100.0**	---
U.S. SEER 9 Whites*							
Early-stage	15,156	141.5	140.2 - 142.8	**121.6**	120.5 - 122.8	**72.6**	72.2 - 72.9
Late-stage	5,476	51.1	50.4 - 51.9	**44.4**	43.7 - 45.1	**26.2**	25.9 - 26.6
Unknown	252	2.4	2.2 - 2.5	**1.8**	1.7 - 1.9	**1.2**	1.1 - 1.3
Overall	20,884	195.0	193.5 - 196.5	**167.8**	166.4 - 169.1	**100.0**	---

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate or proportion.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Female breast cancer: SEER Site Recode: 26000 (which includes ICD-O-3 codes: C500-C509).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Definition: Stage at diagnosis = Summary of stage variable derived from the Collaborative Stage system. “Early-stage”: *in situ* or localized cancers, “Late-stage”: regional or distant cancers, and “Unknown”: unknown or unstaged cancers.

Table 2.35. Cervical cancer incidence by stage at diagnosis, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010.

3-Year Period	Average Annual Number	Crude		Age-adjusted		Proportion	
		Rate	95% CI	Rate	95% CI	% of Total	95% CI
Maine							
Early-stage	21	3.2	2.5 - 4.1	**3.4**	2.6 - 4.4	**45.8**	37.8 - 54.0
Late-stage	24	3.5	2.8 - 4.5	**2.8**	2.2 - 3.5	**50.7**	42.6 - 58.8
Unknown	1	0.2	0.1 - 0.6	**0.2**	0.1 - 0.4	**3.5**	1.5 - 8.0
Overall	47	7.0	5.9 - 8.2	**6.4**	5.3 - 7.5	**100.0**	---
U.S. SEER 9*							
Early-stage	495	3.4	3.2 - 3.6	**3.4**	3.2 - 3.6	**48.8**	47.0 - 50.5
Late-stage	478	3.3	3.1 - 3.5	**3.1**	2.9 - 3.3	**47.2**	45.4 - 48.9
Unknown	41	0.3	0.2 - 0.3	**0.3**	0.2 - 0.3	**4.1**	3.4 - 4.8
Overall	1,015	7.0	6.7 - 7.2	**6.8**	6.5 - 7.0	**100**	---
U.S. SEER 9 Whites*							
Early-stage	369	3.5	3.3 - 3.7	**3.5**	3.3 - 3.7	**50.6**	48.5 - 52.7
Late-stage	334	3.1	2.9 - 3.3	**2.9**	2.7 - 3.1	**45.8**	43.7 - 47.9
Unknown	26	0.2	0.2 - 0.3	**0.2**	0.2 - 0.3	**3.6**	2.9 - 4.5
Overall	730	6.8	6.5 - 7.1	**6.6**	6.3 - 6.9	**100**	---

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate or proportion.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Cervical cancer: SEER Site Recode: 27010 (which includes ICD-O-3 codes: C530-C539).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Definition: Stage at diagnosis = Summary of stage variable derived from the Collaborative Stage system. “Early-stage”: *in situ* or localized cancers, “Late-stage”: regional or distant cancers, and “Unknown”: unknown or unstaged cancers.

Table 2.36. Colorectal cancer incidence by stage at diagnosis, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010.

3-Year Period	Average Annual Number	Crude		Age-adjusted		Proportion	
		Rate	95% CI	Rate	95% CI	% of Total	95% CI
Maine							
Early-stage	341	25.7	24.1 - 27.3	**20.2**	18.9 - 21.5	**44.7**	42.6 - 46.7
Late-stage	376	28.3	26.7 - 30.0	**22.5**	21.2 - 23.9	**49.2**	47.2 - 51.3
Unknown	47	3.5	3.0 - 4.1	**2.7**	2.2 - 3.2	**6.1**	5.2 - 7.2
Overall	764	57.5	55.1 - 59.9	**45.4**	43.5 - 47.3	**100.0**	---
U.S. SEER 9*							
Early-stage	5,686	19.8	19.5 - 20.1	**19.1**	18.8 - 19.4	**43.0**	42.5 - 43.5
Late-stage	6,916	24.0	23.7 - 24.4	**23.2**	22.9 - 23.5	**52.3**	51.8 - 52.8
Unknown	622	2.2	2.1 - 2.3	**2.0**	1.9 - 2.1	**4.7**	4.5 - 4.9
Overall	13,223	46.0	45.5 - 46.4	**44.3**	43.9 - 44.8	**100.0**	**---**
U.S. SEER 9 Whites*							
Early-stage	4,381	20.6	20.2 - 20.9	**18.5**	18.2 - 18.8	**42.9**	42.3 - 43.4
Late-stage	5,378	25.2	24.9 - 25.6	**22.7**	22.4 - 23.1	**52.6**	52.1 - 53.2
Unknown	460	2.2	2.0 - 2.3	**1.8**	1.7 - 1.9	**4.5**	4.3 - 4.7
Overall	10,219	48.0	47.4 - 48.5	**43.1**	42.6 - 43.6	**100.0**	---

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate or proportion.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Colorectal cancer: SEER Site Recode: 21041-21049, 21051, 21052 (which include ICD-O-3 codes: C180-C189, C260, C199, C209).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Definition: Stage at diagnosis = Summary of stage variable derived from the Collaborative Stage system. “Early-stage”: *in situ* or localized cancers, “Late-stage”: regional or distant cancers, and “Unknown”: unknown or unstaged cancers.

Table 2.37. Colorectal cancer incidence by stage at diagnosis by sex, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010.

	Females							Males						
	Average Annual Number	Crude		Age-adjusted		Proportion		Average Annual Number	Crude		Age-adjusted		Proportion	
3-Year Period		Rate	95% CI	Rate	95% CI	% of Total	95% CI		Rate	95% CI	Rate	95% CI	% of Total	95% CI
Maine														
Early-stage	160	23.6	21.6 - 25.8	**17.2**	15.7 - 18.9	**43.1**	40.2 - 46.0	180	27.8	25.5 - 30.2	**23.6**	21.6 - 25.8	**46.1**	43.3 - 49.0
Late-stage	185	27.4	25.1 - 29.7	**20.2**	18.5 - 22.0	**49.9**	47.0 - 52.8	190	29.3	26.9 - 31.8	**25.2**	23.1 - 27.4	**48.6**	45.7 - 51.5
Unknown	26	3.8	3.0 - 4.8	**2.5**	2.0 - 3.1	**7.0**	5.6 - 8.6	20	3.2	2.4 - 4.1	**2.8**	2.1 - 3.6	**5.3**	4.1 - 6.7
Overall	372	54.8	51.6 - 58.1	**39.9**	37.5 - 42.4	**100.0**	---	391	60.2	56.8 - 63.8	**51.6**	48.6 - 54.7	**100.0**	---
U.S. SEER 9*														
Early-stage	2,730	18.7	18.3 - 19.1	**16.6**	16.2 - 17.0	**42.2**	41.5 - 42.8	2,955	20.9	20.4 - 21.3	**22.1**	21.6 - 22.6	**43.8**	43.1 - 44.5
Late-stage	3,410	23.4	22.9 - 23.8	**20.7**	20.3 - 21.1	**52.6**	51.9 - 53.3	3,505	24.8	24.3 - 25.2	**26.3**	25.8 - 26.8	**52.0**	51.3 - 52.7
Unknown	337	2.3	2.2 - 2.5	**1.8**	1.7 - 2.0	**5.2**	4.9 - 5.5	284	2.0	1.9 - 2.1	**2.3**	2.1 - 2.4	**4.2**	3.9 - 4.5
Overall	6,478	44.4	43.8 - 45.0	**39.1**	38.6 - 39.7	**100.0**	---	6,745	47.6	47.0 - 48.3	**50.6**	49.9 - 51.3	**100.0**	---
U.S. SEER 9 Whites*														
Early-stage	2,084	19.5	19.0 - 20.0	**16.0**	15.6 - 16.5	**41.9**	41.1 - 42.6	2,297	21.7	21.2 - 22.2	**21.5**	21.0 - 22.0	**43.8**	43.1 - 44.6
Late-stage	2,640	24.7	24.1 - 25.2	**20.2**	19.8 - 20.7	**53.0**	52.2 - 53.8	2,737	25.8	25.3 - 26.4	**25.6**	25.1 - 26.2	**52.2**	51.5 - 53.0
Unknown	255	2.4	2.2 - 2.6	**1.7**	1.6 - 1.8	**5.1**	4.8 - 5.5	204	1.9	1.8 - 2.1	**2.0**	1.9 - 2.2	**3.9**	3.6 - 4.2
Overall	4,979	46.5	45.8 - 47.2	**38.0**	37.4 - 38.6	**100.0**	---	5,239	49.5	48.7 - 50.2	**49.2**	48.4 - 49.9	**100.0**	---

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate or proportion.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Colorectal cancer: SEER Site Recode: 21041-21049, 21051, 21052 (which include ICD-O-3 codes: C180-C189, C260, C199, C209).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Definition: Stage at diagnosis = Summary of stage variable derived from the Collaborative Stage system. “Early-stage”: *in situ* or localized cancers, “Late-stage”: regional or distant cancers, and “Unknown”: unknown or unstaged cancers.

Table 2.38. Lung cancer incidence by stage at diagnosis, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010.

3-Year Period	Average Annual Number	Crude		Age-adjusted		Proportion	
		Rate	95% CI	Rate	95% CI	% of Total	95% CI
Maine							
Early-stage	250	18.8	17.5 - 20.2	**15.1**	14.0 - 16.3	**19.3**	18.1 - 20.6
Late-stage	973	73.2	70.6 - 75.9	**57.1**	55.0 - 59.2	**75.2**	73.8 - 76.5
Unknown	71	5.3	4.6 - 6.1	**4.2**	3.6 - 4.8	**5.5**	4.8 - 6.2
Overall	1,294	97.4	94.3 - 100.5	**76.4**	73.9 - 78.8	**100.0**	---
U.S. SEER 9*							
Early-stage	3,188	11.1	10.9 - 11.3	**11.1**	10.9 - 11.3	**18.5**	18.2 - 18.8
Late-stage	13,049	45.4	44.9 - 45.8	**44.4**	44.0 - 44.9	**75.7**	75.4 - 76.1
Unknown	991	3.4	3.3 - 3.6	**3.4**	3.3 - 3.5	**5.8**	5.6 - 6.0
Overall	17,228	59.9	59.4 - 60.4	**58.9**	58.4 - 59.4	**100.0**	---
U.S. SEER 9 Whites*							
Early-stage	2,689	12.6	12.3 - 12.9	**11.7**	11.5 - 12.0	**19.2**	18.9 - 19.6
Late-stage	10,464	49.1	48.6 - 49.7	**44.6**	44.1 - 45.1	**74.9**	74.5 - 75.3
Unknown	819	3.8	3.7 - 4.0	**3.4**	3.3 - 3.6	**5.9**	5.6 - 6.1
Overall	13,971	65.6	65.0 - 66.2	**59.8**	59.2 - 60.4	**100.0**	---

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate or proportion.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Lung cancer: SEER Site Recode: 22030 (which includes ICD-O-3 codes: C340-C349).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Definition: Stage at diagnosis = Summary of stage variable derived from the Collaborative Stage system. “Early-stage”: *in situ* or localized cancers, “Late-stage”: regional or distant cancers, and “Unknown”: unknown or unstaged cancers.

Table 2.39. Lung cancer incidence by stage at diagnosis by sex, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010.

	Females							Males						
	Average Annual Number	Crude		Age-adjusted		Proportion		Average Annual Number	Crude		Age-adjusted		Proportion	
3-Year Period		Rate	95% CI	Rate	95% CI	% of Total	95% CI		Rate	95% CI	Rate	95% CI	% of Total	95% CI
Maine														
Early-stage	134	19.8	17.9 - 21.8	**14.8**	13.4 - 16.4	**21.6**	19.8 - 23.5	116	17.8	16.0 - 19.8	**16.0**	14.4 - 17.8	**17.2**	15.7 - 19.0
Late-stage	457	67.3	63.8 - 71.0	**49.7**	47.1 - 52.5	**73.5**	71.5 - 75.5	516	79.3	75.4 - 83.4	**66.6**	63.3 - 70.1	**76.7**	74.8 - 78.5
Unknown	30	4.5	3.6 - 5.5	**3.0**	2.4 - 3.7	**4.9**	4.0 - 6.0	40	6.3	5.2 - 7.5	**5.8**	4.8 - 6.9	**6.0**	5.1 - 7.2
Overall	621	91.6	87.5 - 95.9	**67.6**	64.5 - 70.8	**100.0**	---	672	103.4	98.9 - 108.0	**88.4**	84.5 - 92.4	**100.0**	---
U.S. SEER 9*														
Early-stage	1,697	11.6	11.3 - 11.9	**10.6**	10.3 - 10.9	**20.5**	20.0 - 21.0	1,490	10.5	10.2 - 10.8	**12.0**	11.6 - 12.3	**16.6**	16.2 - 17.1
Late-stage	6,091	41.7	41.1 - 42.3	**37.6**	37.0 - 38.1	**73.7**	73.2 - 74.3	6,958	49.1	48.5 - 49.8	**53.6**	52.9 - 54.4	**77.6**	77.1 - 78.1
Unknown	475	3.3	3.1 - 3.4	**2.8**	2.6 - 2.9	**5.8**	5.5 - 6.1	515	3.6	3.5 - 3.8	**4.2**	4.0 - 4.5	**5.8**	5.5 - 6.0
Overall	8,263	56.6	55.9 - 57.3	**50.9**	50.3 - 51.6	**100.0**	---	8,964	63.3	62.5 - 64.1	**69.8**	69.0 - 70.7	**100.0**	---
U.S. SEER 9 Whites*														
Early-stage	1,441	13.5	13.1 - 13.9	**11.4**	11.1 - 11.8	**21.2**	20.6 - 21.7	1,247	11.8	11.4 - 12.2	**12.3**	11.9 - 12.7	**17.4**	16.9 - 17.9
Late-stage	4,966	46.4	45.6 - 47.1	**38.7**	38.1 - 39.4	**72.9**	72.3 - 73.5	5,497	51.9	51.1 - 52.7	**52.5**	51.7 - 53.3	**76.8**	76.2 - 77.3
Unknown	403	3.8	3.6 - 4.0	**2.9**	2.7 - 3.1	**5.9**	5.6 - 6.3	415	3.9	3.7 - 4.1	**4.2**	3.9 - 4.4	**5.8**	5.5 - 6.1
Overall	6,811	63.6	62.7 - 64.5	**53.0**	52.3 - 53.8	**100.0**	---	7,159	67.6	66.7 - 68.5	**69.0**	68.1 - 70.0	**100.0**	---

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate or proportion.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Lung cancer: SEER Site Recode: 22030 (which includes ICD-O-3 codes: C340-C349).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Definition: Stage at diagnosis = Summary of stage variable derived from the Collaborative Stage system. “Early-stage”: *in situ* or localized cancers, “Late-stage”: regional or distant cancers, and “Unknown”: unknown or unstaged cancers.

Table 2.40. Prostate cancer incidence by stage at diagnosis, Maine, U.S. SEER 9 and U.S. SEER 9 Whites, 2008-2010.

3-Year Period	Average Annual Number	Crude		Age-adjusted		Proportion	
		Rate	95% CI	Rate	95% CI	% of Total	95% CI
Maine							
Early-stage	826	127.0	122.1 - 132.1	**99.9**	95.9 - 104.0	**77.9**	76.4 - 79.3
Late-stage	187	28.8	26.5 - 31.3	**22.7**	20.8 - 24.7	**17.7**	16.4 - 19.0
Unknown	47	7.3	6.2 - 8.6	**6.8**	5.7 - 8.1	**4.5**	3.8 - 5.3
Overall	1,061	163.1	157.5 - 168.9	**129.5**	124.9 - 134.1	**100.0**	---
U.S. SEER 9*							
Early-stage	17,091	120.7	119.6 - 121.7	**122.8**	121.7 - 123.9	**80.7**	80.4 - 81.0
Late-stage	3,518	24.8	24.4 - 25.3	**24.5**	24.1 - 25.0	**16.6**	16.3 - 16.9
Unknown	560	4.0	3.8 - 4.1	**4.6**	4.4 - 4.9	**2.7**	2.5 - 2.8
Overall	21,170	149.5	148.3 - 150.6	**151.9**	150.7 - 153.2	**100.0**	---
U.S. SEER 9 Whites*							
Early-stage	13,269	125.3	124.1 - 126.5	**118.4**	117.3 - 119.6	**80.8**	80.5 - 81.2
Late-stage	2,786	26.3	25.7 - 26.9	**24.2**	23.6 - 24.7	**17.0**	16.6 - 17.3
Unknown	362	3.4	3.2 - 3.6	**3.7**	3.4 - 3.9	**2.2**	2.1 - 2.3
Overall	16,418	155.0	153.7 - 156.4	**146.3**	144.9 - 147.6	**100.0**	---

Maine Data Source: Maine CDC Cancer Registry, November 2012 NPCR data submission (1995-2010). U.S. Data Source: SEER 9 Research Data (1973-2010).

*The SEER 9 registries are Atlanta, Connecticut, Detroit, Hawaii, Iowa, New Mexico, San Francisco-Oakland, Seattle-Puget Sound, and Utah and represent 9.4% of U.S. population.

95% CI: 95% confidence interval of the rate or proportion.

Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population.

Prostate cancer: SEER Site Recode: 28010 (which includes ICD-O-3 codes: C619).

Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

Crude Rates are new cases per 100,000 population.

Age-adjusted rates are new cases per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

Definition: Stage at diagnosis = Summary of stage variable derived from the Collaborative Stage system. “Early-stage”: *in situ* or localized cancers, “Late-stage”: regional or distant cancers, and “Unknown”: unknown or unstaged cancers.

Table 3.1. All cancer deaths by year, Maine, U.S. and U.S. whites, 2000-2010.*

	Maine					U.S.					U.S. Whites				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	3,070	240.4	232.0 - 249.1	**212.8**	205.3 - 220.4	553,080	196.0	195.5 - 196.5	**198.8**	198.3 - 199.3	480,004	208.3	207.7 - 208.9	**196.4**	195.8 - 196.9
2001	3,045	236.8	228.5 - 245.4	**208.1**	200.8 - 215.6	553,760	194.3	193.8 - 194.8	**196.3**	195.8 - 196.8	479,647	206.6	206.0 - 207.2	**194.0**	193.4 - 194.5
2002	3,206	247.4	238.9 - 256.1	**214.8**	207.4 - 222.3	557,264	193.7	193.2 - 194.3	**194.4**	193.8 - 194.9	482,477	206.5	205.9 - 207.1	**192.4**	191.8 - 192.9
2003	3,120	238.8	230.5 - 247.3	**205.6**	198.5 - 213.0	556,890	192.0	191.5 - 192.5	**190.9**	190.4 - 191.4	481,545	204.9	204.3 - 205.4	**189.1**	188.6 - 189.6
2004	3,124	237.8	229.5 - 246.3	**202.1**	195.1 - 209.4	553,880	189.2	188.7 - 189.7	**186.8**	186.3 - 187.3	478,128	202.1	201.5 - 202.7	**185.2**	184.7 - 185.7
2005	3,218	244.0	235.7 - 252.6	**204.8**	197.7 - 212.0	559,303	189.3	188.8 - 189.8	**185.2**	184.7 - 185.7	482,127	202.5	201.9 - 203.1	**183.9**	183.4 - 184.4
2006	3,089	233.4	225.2 - 241.8	**192.8**	186.0 - 199.8	559,880	187.6	187.1 - 188.1	**182.0**	181.6 - 182.5	482,569	201.3	200.7 - 201.9	**181.1**	180.6 - 181.6
2007	3,112	234.5	226.3 - 242.9	**189.8**	183.2 - 196.7	562,867	186.9	186.4 - 187.3	**179.3**	178.8 - 179.7	483,935	200.5	200.0 - 201.1	**178.3**	177.8 - 178.8
2008	3,093	232.5	224.3 - 240.8	**184.6**	178.0 - 191.3	565,460	185.9	185.5 - 186.4	**176.3**	175.9 - 176.8	485,886	200.0	199.5 - 200.6	**175.7**	175.2 - 176.2
2009	3,133	235.6	227.5 - 244.0	**185.4**	178.9 - 192.1	567,614	185.0	184.5 - 185.5	**173.4**	172.9 - 173.9	486,987	199.3	198.8 - 199.9	**173.0**	172.5 - 173.5
2010*	3,247	244.6	236.3 - 253.2	**186.6**	180.2 - 193.3	574,738	185.8	185.3 - 186.3	**171.8**	171.3 - 172.2	491,682	200.1	199.6 - 200.7	**171.4**	170.9 - 171.8

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

All cancer: SEER Cause of Death Recode: 20010-37000 (which include ICD-10 codes: C00-C97).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

*Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.2. All cancer deaths by year and sex, Maine, 2000-2010.*

	Maine Overall					Females					Males				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	3,070	240.4	232.0 - 249.1	**212.8**	205.3 - 220.4	1,523	232.3	220.8 - 244.3	**183.1**	173.9 - 192.7	1,547	248.9	236.7 - 261.6	**257.9**	245.0 - 271.3
2001	3,045	236.8	228.5 - 245.4	**208.1**	200.8 - 215.6	1,436	217.7	206.6 - 229.2	**170.8**	162.0 - 180.0	1,609	257.0	244.6 - 269.9	**265.6**	252.5 - 279.1
2002	3,206	247.4	238.9 - 256.1	**214.8**	207.4 - 222.3	1,521	229.0	217.6 - 240.8	**178.1**	169.2 - 187.4	1,685	266.7	254.1 - 279.8	**269.7**	256.8 - 283.1
2003	3,120	238.8	230.5 - 247.3	**205.6**	198.5 - 213.0	1,548	231.5	220.1 - 243.3	**179.4**	170.5 - 188.7	1,572	246.5	234.4 - 259.0	**246.4**	234.2 - 259.1
2004	3,124	237.8	229.5 - 246.3	**202.1**	195.1 - 209.4	1,506	224.2	213.0 - 235.8	**171.1**	162.5 - 180.1	1,618	252.1	240.0 - 264.7	**247.9**	235.8 - 260.5
2005	3,218	244.0	235.7 - 252.6	**204.8**	197.7 - 212.0	1,526	226.4	215.2 - 238.0	**171.5**	162.9 - 180.4	1,692	262.5	250.1 - 275.3	**254.0**	241.8 - 266.6
2006	3,089	233.4	225.2 - 241.8	**192.8**	186.0 - 199.8	1,461	216.1	205.1 - 227.4	**161.9**	153.6 - 170.5	1,628	251.4	239.4 - 264.0	**238.8**	227.1 - 250.9
2007	3,112	234.5	226.3 - 242.9	**189.8**	183.2 - 196.7	1,496	220.7	209.7 - 232.2	**162.1**	153.9 - 170.7	1,616	248.9	236.9 - 261.3	**233.6**	222.1 - 245.5
2008	3,093	232.5	224.3 - 240.8	**184.6**	178.0 - 191.3	1,448	213.1	202.3 - 224.4	**154.3**	146.3 - 162.7	1,645	252.7	240.6 - 265.2	**229.2**	218.0 - 240.7
2009	3,133	235.6	227.5 - 244.0	**185.4**	178.9 - 192.1	1,472	216.9	205.9 - 228.3	**155.4**	147.4 - 163.8	1,661	255.2	243.1 - 267.8	**229.0**	217.9 - 240.6
2010*	3,247	244.6	236.3 - 253.2	**186.6**	180.2 - 193.3	1,530	225.7	214.6 - 237.3	**158.5**	150.5 - 166.9	1,717	264.3	252.0 - 277.1	**226.0**	215.2 - 237.3
U.S. 2010	574,738	185.8	185.3 - 186.3	**171.8**	171.3 - 172.2	273,706	174.1	173.4 - 174.7	**145.7**	145.2 - 146.3	301,032	197.9	197.2 - 198.6	**208.8**	208.0 - 209.6
U.S. Whites 2010	491,682	200.1	199.6 - 200.7	**171.4**	170.9 - 171.8	233,414	188.0	187.3 - 188.8	**145.9**	145.3 - 146.5	258,268	212.5	211.6 - 213.3	**207.1**	206.3 - 207.9

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

All cancer: SEER Cause of Death Recode: 20010-37000 (which include ICD-10 codes: C00-C97).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

*Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.3. All cancer deaths by year and age group, Maine, 2000-2010.[*,†]

Year	Age 0–34 years			Age 35–64 years			Age 65–74 years			Age 75 years and older		
	Crude			Crude			Crude			Crude		
	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI
2000	33	**5.9**	4.0 - 8.2	786	**148.1**	137.9 - 158.8	842	**876.5**	818.3 - 937.7	1,409	**1,607.6**	1,524.7 - 1,693.8
2001	32	**5.7**	3.9 - 8.1	780	**144.3**	134.4 - 154.8	790	**821.0**	764.7 - 880.3	1,443	**1,622.4**	1,539.7 - 1,708.3
2002	35	**6.3**	4.4 - 8.7	869	**158.1**	147.8 - 169.0	840	**871.9**	813.9 - 932.9	1,462	**1,618.7**	1,536.7 - 1,703.8
2003	24	**4.3**	2.7 - 6.4	862	**154.4**	144.3 - 165.0	777	**803.9**	748.4 - 862.5	1,457	**1,590.8**	1,510.1 - 1,674.6
2004	23	**4.1**	2.6 - 6.2	840	**148.4**	138.6 - 158.8	786	**809.0**	753.4 - 867.6	1,475	**1,592.1**	1,511.9 - 1,675.5
2005	25	**4.5**	2.9 - 6.7	901	**157.2**	147.1 - 167.9	778	**795.0**	740.1 - 852.9	1,514	**1,618.9**	1,538.3 - 1,702.5
2006	23	**4.2**	2.7 - 6.3	903	**155.9**	145.9 - 166.4	745	**749.9**	697.0 - 805.7	1,418	**1,491.1**	1,414.5 - 1,570.7
2007	25	**4.6**	3.0 - 6.8	856	**146.9**	137.2 - 157.1	735	**723.5**	672.1 - 777.8	1,496	**1,551.6**	1,474.0 - 1,632.3
2008	28	**5.2**	3.4 - 7.4	880	**150.7**	140.9 - 161.0	784	**739.7**	688.9 - 793.4	1,401	**1,439.0**	1,364.7 - 1,516.4
2009	29	**5.4**	3.6 - 7.7	853	**146.4**	136.7 - 156.5	780	**708.9**	660.0 - 760.4	1,471	**1,506.5**	1,430.5 - 1,585.5
2010[*]	17	**3.2**[†]	1.9 - 5.1[†]	960	**165.2**	154.9 - 176.0	820	**723.5**	674.9 - 774.8	1,450	**1,469.3**	1,394.6 - 1,546.9
U.S. 2010	6,547	**4.5**	4.4 - 4.6	171,521	**139.7**	139.1 - 140.4	144,635	**661.8**	658.4 - 665.2	252,035	**1,353.5**	1,348.2 - 1,358.7
U.S. Whites 2010	5,056	**4.5**	4.4 - 4.7	138,258	**139.6**	138.8 - 140.3	123,807	**662.7**	659.0 - 666.4	224,561	**1,365.6**	1,360.0 - 1,371.3

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
All cancer: SEER Cause of Death Recode: 20010-37000 (which include ICD-10 codes: C00-C97).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.
[*] Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
[†] Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.4. All cancer deaths by county and public health district of residence, Maine, 2006-2010.*

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	3,135	236.1	232.4 - 239.8	**187.7**	184.8 - 190.7
County					
Androscoggin	241	223.2	210.8 - 236.2	**193.3**	182.5 - 204.7
Aroostook	203	279.8	262.8 - 297.6	**193.8**	181.9 - 206.4
Cumberland	581	207.7	200.2 - 215.3	**176.9**	170.5 - 183.6
Franklin	74	240.8	216.8 - 266.6	**192.6**	173.1 - 213.8
Hancock	137	253.0	234.4 - 272.6	**179.7**	166.4 - 194.0
Kennebec	306	251.3	238.9 - 264.2	**204.2**	194.0 - 214.9
Knox	104	258.8	237.0 - 282.0	**171.9**	157.2 - 187.8
Lincoln	94	269.6	245.7 - 295.2	**168.1**	152.9 - 184.7
Oxford	157	270.6	252.0 - 290.3	**203.6**	189.5 - 218.7
Penobscot	342	223.9	213.4 - 234.8	**193.9**	184.7 - 203.4
Piscataquis	53	303.1	267.7 - 341.8	**201.1**	177.1 - 227.9
Sagadahoc	81	225.9	204.4 - 249.0	**182.9**	165.2 - 202.1
Somerset	134	256.8	237.7 - 277.0	**201.7**	186.6 - 217.9
Waldo	91	234.4	213.3 - 257.0	**186.6**	169.5 - 205.0
Washington	101	304.7	278.7 - 332.4	**209.3**	191.1 - 228.9
York	436	220.9	211.7 - 230.4	**180.4**	172.9 - 188.3
Public Health District					
Aroostook	203	279.8	262.8 - 297.6	**193.8**	181.9 - 206.4
Central	441	253.0	242.5 - 263.7	**203.3**	194.8 - 212.0
Cumberland	581	207.7	200.2 - 215.3	**176.9**	170.5 - 183.6
Downeast	238	272.6	257.3 - 288.5	**190.7**	179.9 - 202.1
Midcoast	369	247.1	235.9 - 258.6	**176.5**	168.4 - 184.9
Penquis	396	232.0	221.9 - 242.5	**194.7**	186.1 - 203.5
Western	471	239.9	230.3 - 249.8	**196.3**	188.4 - 204.5
York	436	220.9	211.7 - 230.4	**180.4**	172.9 - 188.3

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
All cancer: SEER Cause of Death Recode: 20010-37000 (which include ICD-10 codes: C00-C97).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.
*Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.5. Bladder cancer deaths by year, Maine, U.S. and U.S. whites, 2000-2010.[*]

	Maine					U.S.					U.S. Whites				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	83	6.5	5.2 - 8.1	**5.7**	4.5 - 7.1	12,002	4.3	4.2 - 4.3	**4.3**	4.2 - 4.4	11,036	4.8	4.7 - 4.9	**4.5**	4.4 - 4.6
2001	92	7.2	5.8 - 8.8	**6.3**	5.1 - 7.7	12,225	4.3	4.2 - 4.4	**4.3**	4.3 - 4.4	11,180	4.8	4.7 - 4.9	**4.5**	4.4 - 4.6
2002	76	5.9	4.6 - 7.3	**5.1**	4.0 - 6.4	12,627	4.4	4.3 - 4.5	**4.4**	4.4 - 4.5	11,511	4.9	4.8 - 5.0	**4.6**	4.5 - 4.6
2003	76	5.8	4.6 - 7.3	**5.0**	4.0 - 6.3	12,483	4.3	4.2 - 4.4	**4.3**	4.2 - 4.4	11,409	4.9	4.8 - 4.9	**4.4**	4.4 - 4.5
2004	100	7.6	6.2 - 9.3	**6.5**	5.3 - 7.9	13,030	4.5	4.4 - 4.5	**4.4**	4.3 - 4.5	11,957	5.1	5.0 - 5.1	**4.6**	4.5 - 4.7
2005	86	6.5	5.2 - 8.1	**5.4**	4.3 - 6.7	13,253	4.5	4.4 - 4.6	**4.4**	4.3 - 4.5	12,100	5.1	5.0 - 5.2	**4.6**	4.5 - 4.7
2006	99	7.5	6.1 - 9.1	**6.1**	5.0 - 7.5	13,474	4.5	4.4 - 4.6	**4.4**	4.3 - 4.5	12,286	5.1	5.0 - 5.2	**4.6**	4.5 - 4.7
2007	109	8.2	6.7 - 9.9	**6.6**	5.4 - 8.0	13,843	4.6	4.5 - 4.7	**4.4**	4.4 - 4.5	12,620	5.2	5.1 - 5.3	**4.6**	4.5 - 4.7
2008	94	7.1	5.7 - 8.6	**5.7**	4.6 - 7.0	14,036	4.6	4.5 - 4.7	**4.4**	4.3 - 4.5	12,853	5.3	5.2 - 5.4	**4.6**	4.5 - 4.7
2009	102	7.7	6.3 - 9.3	**6.1**	5.0 - 7.4	14,201	4.6	4.6 - 4.7	**4.4**	4.3 - 4.4	12,948	5.3	5.2 - 5.4	**4.6**	4.5 - 4.6
2010[*]	106	8.0	6.5 - 9.7	**6.1**	5.0 - 7.5	14,730	4.8	4.7 - 4.8	**4.4**	4.4 - 4.5	13,403	5.5	5.4 - 5.5	**4.6**	4.6 - 4.7

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Bladder cancer: SEER Cause of Death Recode: 29010 (which include ICD-10 code: C67).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.6. Bladder cancer deaths by year and sex, Maine, 2000-2010.[*]

	Maine Overall					Females					Males				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	83	6.5	5.2 - 8.1	**5.7**	4.5 - 7.1	23	3.5	2.2 - 5.3	**2.6**	1.6 - 3.9	60	9.7	7.4 - 12.4	**10.9**	8.3 - 14.1
2001	92	7.2	5.8 - 8.8	**6.3**	5.1 - 7.7	31	4.7	3.2 - 6.7	**3.5**	2.4 - 5.1	61	9.7	7.5 - 12.5	**10.0**	7.6 - 12.9
2002	76	5.9	4.6 - 7.3	**5.1**	4.0 - 6.4	24	3.6	2.3 - 5.4	**2.7**	1.7 - 4.1	52	8.2	6.1 - 10.8	**8.5**	6.3 - 11.2
2003	76	5.8	4.6 - 7.3	**5.0**	4.0 - 6.3	30	4.5	3.0 - 6.4	**3.2**	2.1 - 4.6	46	7.2	5.3 - 9.6	**7.4**	5.4 - 10.0
2004	100	7.6	6.2 - 9.3	**6.5**	5.3 - 7.9	27	4.0	2.6 - 5.8	**3.0**	1.9 - 4.4	73	11.4	8.9 - 14.3	**11.9**	9.3 - 15.0
2005	86	6.5	5.2 - 8.1	**5.4**	4.3 - 6.7	22	3.3	2.0 - 4.9	**2.2**	1.4 - 3.4	64	9.9	7.6 - 12.7	**9.9**	7.6 - 12.7
2006	99	7.5	6.1 - 9.1	**6.1**	5.0 - 7.5	37	5.5	3.9 - 7.5	**3.9**	2.7 - 5.4	62	9.6	7.3 - 12.3	**9.5**	7.2 - 12.2
2007	109	8.2	6.7 - 9.9	**6.6**	5.4 - 8.0	35	5.2	3.6 - 7.2	**3.6**	2.5 - 5.1	74	11.4	8.9 - 14.3	**10.9**	8.5 - 13.8
2008	94	7.1	5.7 - 8.6	**5.7**	4.6 - 7.0	27	4.0	2.6 - 5.8	**2.8**	1.8 - 4.1	67	10.3	8.0 - 13.1	**9.7**	7.5 - 12.3
2009	102	7.7	6.3 - 9.3	**6.1**	5.0 - 7.4	28	4.1	2.7 - 6.0	**2.8**	1.9 - 4.2	74	11.4	8.9 - 14.3	**10.9**	8.5 - 13.8
2010[*]	106	8.0	6.5 - 9.7	**6.1**	5.0 - 7.5	22	3.2	2.0 - 4.9	**2.2**	1.3 - 3.4	84	12.9	10.3 - 16.0	**11.6**	9.2 - 14.4
U.S. 2010	14,730	4.8	4.7 - 4.8	**4.4**	4.4 - 4.5	4,302	2.7	2.7 - 2.8	**2.2**	2.1 - 2.3	10,428	6.9	6.7 - 7.0	**7.7**	7.6 - 7.9
U.S. Whites 2010	13,403	5.5	5.4 - 5.5	**4.6**	4.6 - 4.7	3,757	3.0	2.9 - 3.1	**2.2**	2.1 - 2.3	9,646	7.9	7.8 - 8.1	**8.1**	8.0 - 8.3

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Urinary bladder cancer: SEER Cause of Death Recode: 29010 (which include ICD-10 code: C67).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.7. Bladder cancer deaths by year and age group, Maine, 2000-2010.[*,†]

Year	Age 0–34 years			Age 35–64 years			Age 65–74 years			Age 75 years and older		
	Crude			Crude			Crude			Crude		
	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI
2000	DSP	**DSP**	DSP	11	**2.1**[†]	1.0 - 3.7[†]	24	**25.0**	16.0 - 37.2	47	**53.6**	39.4 - 71.3
2001	DSP	**DSP**	DSP	15	**2.8**[†]	1.6 - 4.6[†]	32	**33.3**	22.7 - 46.9	43	**48.3**	35.0 - 65.1
2002	0	**0.0**[†]	0.0 - 0.7[†]	13	**2.4**[†]	1.3 - 4.0[†]	20	**20.8**	12.7 - 32.1	43	**47.6**	34.5 - 64.1
2003	0	**0.0**[†]	0.0 - 0.7[†]	13	**2.3**[†]	1.2 - 4.0[†]	16	**16.6**[†]	9.5 - 26.9[†]	47	**51.3**[†]	37.7 - 68.2[†]
2004	DSP	**DSP**	DSP	14	**2.5**[†]	1.4 - 4.2[†]	23	**23.7**	15.0 - 35.5	62	**66.9**	51.3 - 85.8
2005	0	**0.0**[†]	0.0 - 0.7[†]	15	**2.6**[†]	1.5 - 4.3[†]	18	**18.4**[†]	10.9 - 29.1[†]	53	**56.7**[†]	42.5 - 74.1[†]
2006	0	**0.0**[†]	0.0 - 0.7[†]	20	**3.5**	2.1 - 5.3	14	**14.1**[†]	7.7 - 23.6[†]	65	**68.3**[†]	52.8 - 87.1[†]
2007	0	**0.0**[†]	0.0 - 0.7[†]	18	**3.1**[†]	1.8 - 4.9[†]	21	**20.7**	12.8 - 31.6	70	**72.6**	56.6 - 91.7
2008	0	**0.0**[†]	0.0 - 0.7[†]	12	**2.1**[†]	1.1 - 3.6[†]	26	**24.5**	16.0 - 35.9	56	**57.5**	43.5 - 74.7
2009	0	**0.0**[†]	0.0 - 0.7[†]	12	**2.1**[†]	1.1 - 3.6[†]	22	**20.0**	12.5 - 30.3	68	**69.6**	54.1 - 88.3
2010[*]	0	**0.0**[†]	0.0 - 0.7[†]	23	**4.0**	2.5 - 5.9	22	**19.4**	12.2 - 29.4	61	**61.8**	47.3 - 79.4
U.S. 2010	17	**0.0**[†]	0.0 - 0.0[†]	2,423	**2.0**	1.9 - 2.1	3,019	**13.8**	13.3 - 14.3	9,271	**49.8**	48.8 - 50.8
U.S. Whites 2010	12	**0.0**[†]	0.0 - 0.0[†]	2,106	**2.1**	2.0 - 2.2	2,733	**14.6**	14.1 - 15.2	8,552	**52.0**	50.9 - 53.1

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Bladder cancer: SEER Cause of Death Recode: 29010 (which include ICD-10 code: C67).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.
[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
[†]Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.8. Bladder cancer deaths by county and public health district of residence, Maine, 2006-2010.[*,†]

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	102	7.7	7.0 - 8.4	**6.1**	5.6 - 6.7
County					
Androscoggin	11	10.2	7.7 - 13.3	**8.7**	6.5 - 11.4
Aroostook	5	7.2	4.7 - 10.5	**5.0**	3.3 - 7.5
Cumberland	20	7.0	5.7 - 8.5	**5.9**	4.8 - 7.2
Franklin	DSP	DSP	DSP	**DSP**	DSP
Hancock	4	7.0[†]	4.2 - 10.9[†]	**5.1[†]**	3.0 - 8.1[†]
Kennebec	8	6.9	5.0 - 9.3	**5.6**	4.0 - 7.6
Knox	3	8.5[†]	4.9 - 13.6[†]	**5.6[†]**	3.2 - 9.3[†]
Lincoln	4	12.7	7.9 - 19.2	**7.8**	4.8 - 12.3
Oxford	5	9.0	5.9 - 13.2	**6.7**	4.4 - 10.0
Penobscot	11	7.3	5.5 - 9.5	**6.3**	4.8 - 8.3
Piscataquis	2	11.4[†]	5.5 - 21.0[†]	**7.7[†]**	3.7 - 15.1[†]
Sagadahoc	2	5.6[†]	2.7 - 10.3[†]	**5.0[†]**	2.4 - 9.4[†]
Somerset	3	6.5[†]	3.8 - 10.4[†]	**5.2[†]**	3.0 - 8.5[†]
Waldo	DSP	DSP	DSP	**DSP**	DSP
Washington	4	13.3	8.3 - 20.1	**9.2**	5.7 - 14.3
York	16	7.9	6.2 - 9.9	**6.5**	5.2 - 8.2
Public Health District					
Aroostook	5	7.2	4.7 - 10.5	**5.0**	3.3 - 7.5
Central	12	6.8	5.2 - 8.7	**5.4**	4.1 - 7.1
Cumberland	20	7.0	5.7 - 8.5	**5.9**	4.8 - 7.2
Downeast	8	9.4	6.7 - 12.7	**6.6**	4.7 - 9.1
Midcoast	11	7.5	5.7 - 9.7	**5.4**	4.1 - 7.1
Penquis	13	7.7	6.0 - 9.9	**6.5**	5.0 - 8.3
Western	17	8.8	7.0 - 10.8	**7.1**	5.7 - 8.8
York	16	7.9	6.2 - 9.9	**6.5**	5.2 - 8.2

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Bladder cancer: SEER Cause of Death Recode: 29010 (which include ICD-10 code: C67).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

[†]Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.9. Female breast cancer deaths by year, Maine, U.S. and U.S. whites, 2000-2010.*

	Maine					U.S.					U.S. Whites				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	197	30.1	26.0 - 34.6	**24.2**	20.9 - 27.9	41,872	29.1	28.9 - 29.4	**26.6**	26.4 - 26.9	35,767	30.6	30.3 - 30.9	**26.2**	25.9 - 26.4
2001	182	27.6	23.7 - 31.9	**22.0**	18.9 - 25.5	41,394	28.5	28.3 - 28.8	**26.0**	25.8 - 26.3	35,078	29.8	29.5 - 30.1	**25.4**	25.2 - 25.7
2002	201	30.3	26.2 - 34.7	**24.0**	20.8 - 27.6	41,514	28.4	28.1 - 28.6	**25.6**	25.4 - 25.9	35,082	29.7	29.3 - 30.0	**25.0**	24.8 - 25.3
2003	231	34.5	30.2 - 39.3	**27.5**	24.0 - 31.3	41,619	28.2	27.9 - 28.5	**25.3**	25.0 - 25.5	35,032	29.4	29.1 - 29.7	**24.7**	24.4 - 24.9
2004	185	27.5	23.7 - 31.8	**21.4**	18.4 - 24.8	40,954	27.5	27.2 - 27.8	**24.5**	24.3 - 24.7	34,458	28.8	28.5 - 29.1	**23.9**	23.7 - 24.2
2005	198	29.4	25.4 - 33.8	**22.4**	19.4 - 25.9	41,116	27.4	27.1 - 27.6	**24.1**	23.9 - 24.4	34,352	28.5	28.2 - 28.8	**23.5**	23.2 - 23.7
2006	193	28.5	24.7 - 32.9	**21.2**	18.3 - 24.6	40,820	26.9	26.6 - 27.2	**23.6**	23.3 - 23.8	34,137	28.2	27.9 - 28.5	**23.0**	22.8 - 23.3
2007	184	27.1	23.4 - 31.4	**20.1**	17.3 - 23.3	40,598	26.5	26.2 - 26.8	**23.0**	22.7 - 23.2	33,845	27.7	27.4 - 28.0	**22.4**	22.2 - 22.6
2008	199	29.3	25.4 - 33.7	**21.7**	18.7 - 25.0	40,589	26.3	26.0 - 26.5	**22.6**	22.3 - 22.8	33,705	27.5	27.2 - 27.8	**22.0**	21.7 - 22.2
2009	195	28.7	24.8 - 33.1	**21.3**	18.4 - 24.7	40,676	26.1	25.8 - 26.3	**22.2**	22.0 - 22.5	33,780	27.4	27.1 - 27.7	**21.8**	21.5 - 22.0
2010*	195	28.8	24.9 - 33.1	**20.1**	17.3 - 23.2	40,996	26.1	25.8 - 26.3	**21.9**	21.7 - 22.1	33,834	27.3	27.0 - 27.5	**21.3**	21.1 - 21.6

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Female breast cancer: SEER Cause of Death Recode: 26000 (which include ICD-10 code: C50).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

*Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.10. Female breast cancer deaths by year and age group, Maine, 2000-2010.[*,†]

Year	Age 0–34 years			Age 35–64 years			Age 65–74 years			Age 75 years and older		
	Crude			Crude			Crude			Crude		
	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI
2000	DSP	**DSP**	DSP	72	**26.7**	20.9 - 33.6	35	**67.4**	46.9 - 93.7	86	**154.8**	123.8 - 191.1
2001	0	**0.0**[†]	0.0 - 1.3[†]	59	**21.5**	16.4 - 27.7	44	**85.0**	61.8 - 114.2	79	**140.7**	111.4 - 175.3
2002	DSP	**DSP**	DSP	73	**26.1**	20.5 - 32.9	38	**73.8**	52.2 - 101.3	87	**153.1**	122.7 - 188.9
2003	DSP	**DSP**	DSP	98	**34.5**	28.0 - 42.1	43	**83.4**	60.4 - 112.4	87	**151.9**	121.7 - 187.4
2004	DSP	**DSP**	DSP	72	**25.0**	19.6 - 31.5	31	**60.0**	40.8 - 85.2	79	**137.0**	108.5 - 170.8
2005	DSP	**DSP**	DSP	82	**28.2**	22.4 - 35.0	38	**73.2**	51.8 - 100.5	77	**132.9**	104.9 - 166.1
2006	0	**0.0**[†]	0.0 - 1.4[†]	81	**27.5**	21.9 - 34.2	33	**62.9**	43.3 - 88.4	79	**134.5**	106.5 - 167.6
2007	DSP	**DSP**	DSP	88	**29.7**	23.8 - 36.6	30	**56.2**	37.9 - 80.2	65	**109.5**	84.5 - 139.6
2008	DSP	**DSP**	DSP	85	**28.6**	22.9 - 35.4	45	**80.7**	58.9 - 108.0	67	**112.5**	87.2 - 142.9
2009	DSP	**DSP**	DSP	77	**26.0**	20.5 - 32.4	41	**71.0**	51.0 - 96.4	75	**126.2**	99.2 - 158.1
2010[*]	DSP	**DSP**	DSP	63	**21.3**	16.3 - 27.2	44	**74.2**	53.9 - 99.6	87	**145.7**	116.7 - 179.7
U.S. 2010	328	**0.5**	0.4 - 0.5	16,923	**27.1**	26.7 - 27.5	8,590	**73.5**	71.9 - 75.1	15,155	**133.9**	131.8 - 136.1
U.S. Whites 2010	216	**0.4**	0.3 - 0.5	12,939	**25.9**	25.5 - 26.4	7,213	**72.9**	71.2 - 74.6	13,466	**135.6**	133.3 - 137.9

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Female breast cancer: SEER Cause of Death Recode: 26000 (which include ICD-10 code: C50).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.
[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
[†]Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.11. Female breast cancer deaths by county and public health district of residence, Maine, 2006-2010.[*,†]

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	193	28.5	26.7 - 30.4	**20.9**	19.5 - 22.3
County					
Androscoggin	15	27.6	21.7 - 34.6	**22.0**	17.2 - 27.7
Aroostook	12	33.2	25.4 - 42.6	**22.3**	16.9 - 29.1
Cumberland	37	25.7	22.1 - 29.7	**19.4**	16.7 - 22.6
Franklin	3	21.7[†]	12.7 - 34.8[†]	**15.3**[†]	8.8 - 25.3[†]
Hancock	9	32.5	23.7 - 43.5	**22.1**	16.0 - 30.2
Kennebec	20	31.3	25.4 - 38.2	**24.4**	19.7 - 30.0
Knox	9	43.3	31.5 - 58.2	**26.8**	19.1 - 37.0
Lincoln	4	24.8	15.6 - 37.6	**14.3**	8.9 - 22.9
Oxford	11	36.3	27.2 - 47.4	**25.1**	18.7 - 33.2
Penobscot	19	24.7	20.0 - 30.2	**19.6**	15.8 - 24.0
Piscataquis	3	33.7[†]	18.9 - 55.6[†]	**19.5**[†]	10.9 - 34.4[†]
Sagadahoc	5	27.3	17.6 - 40.2	**21.3**	13.7 - 32.1
Somerset	7	25.7	17.8 - 36.0	**18.4**	12.7 - 26.1
Waldo	6	30.4	20.5 - 43.4	**22.2**	14.8 - 32.3
Washington	6	35.6	24.0 - 50.9	**22.9**	15.2 - 33.9
York	27	26.7	22.4 - 31.6	**20.0**	16.7 - 23.8
Public Health District					
Aroostook	12	33.2	25.4 - 42.6	**22.3**	16.9 - 29.1
Central	26	29.7	24.8 - 35.2	**22.6**	18.8 - 26.9
Cumberland	37	25.7	22.1 - 29.7	**19.4**	16.7 - 22.6
Downeast	15	33.7	26.5 - 42.2	**22.5**	17.6 - 28.7
Midcoast	24	31.8	26.4 - 38.0	**21.3**	17.5 - 25.7
Penquis	22	25.7	21.1 - 30.9	**19.6**	16.1 - 23.8
Western	29	29.2	24.7 - 34.4	**21.8**	18.4 - 25.8
York	27	26.7	22.4 - 31.6	**20.0**	16.7 - 23.8

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Female breast cancer: SEER Cause of Death Recode: 26000 (which include ICD-10 code: C50).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

[†]Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.12. Cervical cancer deaths by year, Maine, U.S. and U.S. whites, 2000-2010.[*,†]

	Maine					U.S.					U.S. Whites				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	14	2.1[†]	1.2 - 3.6[†]	**1.8**[†]	1.0 - 3.1[†]	4,200	2.9	2.8 - 3.0	**2.8**	2.7 - 2.9	3,158	2.7	2.6 - 2.8	**2.5**	2.4 - 2.6
2001	12	1.8[†]	0.9 - 3.2[†]	**1.6**[†]	0.8 - 2.8[†]	4,092	2.8	2.7 - 2.9	**2.7**	2.6 - 2.8	3,136	2.7	2.6 - 2.8	**2.4**	2.3 - 2.5
2002	17	2.6[†]	1.5 - 4.1[†]	**2.1**[†]	1.2 - 3.5[†]	3,952	2.7	2.6 - 2.8	**2.6**	2.5 - 2.6	2,967	2.5	2.4 - 2.6	**2.3**	2.2 - 2.4
2003	15	2.2[†]	1.3 - 3.7[†]	**1.8**[†]	1.0 - 3.0[†]	3,919	2.7	2.6 - 2.7	**2.5**	2.4 - 2.6	2,953	2.5	2.4 - 2.6	**2.2**	2.2 - 2.3
2004	17	2.5[†]	1.5 - 4.1[†]	**2.0**[†]	1.2 - 3.3[†]	3,850	2.6	2.5 - 2.7	**2.4**	2.3 - 2.5	2,899	2.4	2.3 - 2.5	**2.2**	2.1 - 2.3
2005	16	2.4[†]	1.4 - 3.9[†]	**1.9**[†]	1.1 - 3.2[†]	3,924	2.6	2.5 - 2.7	**2.4**	2.3 - 2.5	2,982	2.5	2.4 - 2.6	**2.2**	2.1 - 2.3
2006	14	2.1[†]	1.1 - 3.5[†]	**1.7**[†]	0.9 - 2.9[†]	3,976	2.6	2.5 - 2.7	**2.4**	2.3 - 2.5	3,014	2.5	2.4 - 2.6	**2.2**	2.1 - 2.3
2007	19	2.8[†]	1.7 - 4.4[†]	**2.2**[†]	1.3 - 3.5[†]	4,021	2.6	2.5 - 2.7	**2.4**	2.3 - 2.5	3,037	2.5	2.4 - 2.6	**2.2**	2.1 - 2.3
2008	17	2.5[†]	1.5 - 4.0[†]	**2.0**[†]	1.2 - 3.3[†]	4,008	2.6	2.5 - 2.7	**2.4**	2.3 - 2.4	3,018	2.5	2.4 - 2.5	**2.2**	2.1 - 2.2
2009	15	2.2[†]	1.2 - 3.6[†]	**1.6**[†]	0.9 - 2.8[†]	3,909	2.5	2.4 - 2.6	**2.3**	2.2 - 2.4	2,912	2.4	2.3 - 2.4	**2.1**	2.0 - 2.2
2010[*]	13	1.9[†]	1.0 - 3.3[†]	**1.4**[†]	0.7 - 2.5[†]	3,939	2.5	2.4 - 2.6	**2.3**	2.2 - 2.3	2,970	2.4	2.3 - 2.5	**2.1**	2.0 - 2.2

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Cervical cancer: SEER Cause of Death Recode: 27010 (which include ICD-10 code: C53).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

[†]Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.13. Cervical cancer deaths by year and age group, Maine, 2000-2010.[*,†]

Year	Age 0–34 years			Age 35–64 years			Age 65–74 years			Age 75 years and older		
	Crude			Crude			Crude			Crude		
	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI
2000	0	**0.0**[†]	0.0 - 1.3[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2001	0	**0.0**[†]	0.0 - 1.3[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2002	0	**0.0**[†]	0.0 - 1.3[†]	11	**3.9**[†]	2.0 - 7.0[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2003	0	**0.0**[†]	0.0 - 1.3[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2004	0	**0.0**[†]	0.0 - 1.3[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2005	0	**0.0**[†]	0.0 - 1.4[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2006	0	**0.0**[†]	0.0 - 1.4[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2007	0	**0.0**[†]	0.0 - 1.4[†]	11	**3.7**[†]	1.9 - 6.6[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2008	DSP	**DSP**	DSP	DSP	**DSP**	DSP	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2009	DSP	**DSP**	DSP	10	**3.4**[†]	1.6 - 6.2[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP
2010[*]	0	**0.0**[†]	0.0 - 1.4[†]	DSP	**DSP**	DSP	DSP	**DSP**	DSP	DSP	**DSP**	DSP
U.S. 2010	203	**0.3**	0.2 - 0.3	2,436	**3.9**	3.7 - 4.1	606	**5.2**	4.8 - 5.6	694	**6.1**	5.7 - 6.6
U.S. Whites 2010	155	**0.3**	0.2 - 0.3	1,829	**3.7**	3.5 - 3.8	459	**4.6**	4.2 - 5.1	527	**5.3**	4.9 - 5.8

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Cervical cancer: SEER Cause of Death Recode: 27010 (which include ICD-10 code: C53).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.
[*] Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
[†] Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.14. Cervical cancer deaths by county and public health district of residence, Maine, 2006-2010.[*,†]

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	16	2.3	1.8 - 2.9	**1.8**	1.4 - 2.2
County					
Androscoggin	DSP	DSP	DSP	**DSP**	DSP
Aroostook	DSP	DSP	DSP	**DSP**	DSP
Cumberland	3	2.1[†]	1.2 - 3.4[†]	**1.7[†]**	0.9 - 2.9[†]
Franklin	DSP	DSP	DSP	**DSP**	DSP
Hancock	DSP	DSP	DSP	**DSP**	DSP
Kennebec	DSP	DSP	DSP	**DSP**	DSP
Knox	DSP	DSP	DSP	**DSP**	DSP
Lincoln	DSP	DSP	DSP	**DSP**	DSP
Oxford	DSP	DSP	DSP	**DSP**	DSP
Penobscot	2	2.8[†]	1.4 - 5.1[†]	**2.3[†]**	**1.1 - 4.2[†]**
Piscataquis	0	0.0[†]	0.0 - 8.3[†]	**0.0[†]**	**0.0 - 9.4[†]**
Sagadahoc	0	0.0[†]	0.0 - 4.0[†]	**0.0[†]**	**0.0 - 4.2[†]**
Somerset	DSP	DSP	DSP	**DSP**	DSP
Waldo	DSP	DSP	DSP	**DSP**	DSP
Washington	DSP	DSP	DSP	**DSP**	DSP
York	DSP	DSP	DSP	**DSP**	DSP
Public Health District					
Aroostook	DSP	DSP	DSP	**DSP**	DSP
Central	3	3.6[†]	2.1 - 5.8[†]	**2.8[†]**	1.6 - 4.6[†]
Cumberland	3	2.1[†]	1.2 - 3.4[†]	**1.7[†]**	0.9 - 2.9[†]
Downeast	DSP	DSP	DSP	**DSP**	DSP
Midcoast	DSP	DSP	DSP	**DSP**	DSP
Penquis	2	2.5[†]	1.3 - 4.6[†]	**2.0[†]**	1.0 - 3.7[†]
Western	3	2.8[†]	1.5 - 4.7[†]	**2.4[†]**	1.3 - 4.1[†]
York	DSP	DSP	DSP	**DSP**	DSP

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Cervical cancer: SEER Cause of Death Recode: 27010 (which include ICD-10 code: C53).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

[†]Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.15. Colorectal cancer deaths by year, Maine, U.S. and U.S. whites, 2000-2010.[*]

	Maine					U.S.					U.S. Whites				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	335	26.2	23.5 - 29.2	**23.0**	20.6 - 25.6	57,434	20.4	20.2 - 20.5	**20.7**	20.5 - 20.8	49,462	21.5	21.3 - 21.7	**20.2**	20.0 - 20.3
2001	313	24.3	21.7 - 27.2	**21.3**	19.0 - 23.8	56,808	19.9	19.8 - 20.1	**20.2**	20.0 - 20.3	48,677	21.0	20.8 - 21.2	**19.6**	19.4 - 19.8
2002	326	25.2	22.5 - 28.0	**21.8**	19.5 - 24.3	56,603	19.7	19.5 - 19.8	**19.8**	19.6 - 19.9	48,434	20.7	20.5 - 20.9	**19.2**	19.1 - 19.4
2003	295	22.6	20.1 - 25.3	**19.4**	17.2 - 21.7	55,783	19.2	19.1 - 19.4	**19.1**	19.0 - 19.3	47,572	20.2	20.1 - 20.4	**18.6**	18.4 - 18.8
2004	279	21.2	18.8 - 23.9	**18.0**	16.0 - 20.3	53,580	18.3	18.1 - 18.5	**18.1**	17.9 - 18.2	45,662	19.3	19.1 - 19.5	**17.6**	17.5 - 17.8
2005	278	21.1	18.7 - 23.7	**17.7**	15.7 - 19.9	53,005	17.9	17.8 - 18.1	**17.6**	17.4 - 17.7	44,777	18.8	18.6 - 19.0	**17.0**	16.8 - 17.2
2006	275	20.8	18.4 - 23.4	**17.0**	15.0 - 19.2	53,196	17.8	17.7 - 18.0	**17.3**	17.1 - 17.4	44,940	18.7	18.6 - 18.9	**16.8**	16.6 - 16.9
2007	313	23.6	21.0 - 26.3	**18.8**	16.8 - 21.1	53,219	17.7	17.5 - 17.8	**16.9**	16.8 - 17.1	44,852	18.6	18.4 - 18.8	**16.4**	16.3 - 16.6
2008	270	20.3	17.9 - 22.9	**16.1**	14.2 - 18.2	52,857	17.4	17.2 - 17.5	**16.5**	16.3 - 16.6	44,356	18.3	18.1 - 18.4	**16.0**	15.8 - 16.1
2009	240	18.1	15.8 - 20.5	**14.5**	12.7 - 16.5	51,848	16.9	16.8 - 17.0	**15.8**	15.7 - 15.9	43,488	17.8	17.6 - 18.0	**15.4**	15.2 - 15.5
2010[*]	290	21.8	19.4 - 24.5	**16.4**	14.5 - 18.4	52,045	16.8	16.7 - 17.0	**15.5**	15.4 - 15.6	43,364	17.6	17.5 - 17.8	**15.0**	14.9 - 15.2

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Colorectal cancer: SEER Cause of Death Recode: 21041-21049, 21051, 21052 (which include ICD-10 codes: C180-C189, C260, C199, C209).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.16. Colorectal cancer deaths by year and sex, Maine, 2000-2010.[*]

	Maine Overall					Females					Males				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	335	26.2	23.5 - 29.2	**23.0**	20.6 - 25.6	190	29.0	25.0 - 33.4	**21.5**	18.5 - 24.9	145	23.3	19.7 - 27.5	**24.2**	20.4 - 28.6
2001	313	24.3	21.7 - 27.2	**21.3**	19.0 - 23.8	156	23.6	20.1 - 27.7	**17.7**	15.0 - 20.8	157	25.1	21.3 - 29.3	**26.4**	22.4 - 31.0
2002	326	25.2	22.5 - 28.0	**21.8**	19.5 - 24.3	155	23.3	19.8 - 27.3	**17.1**	14.4 - 20.0	171	27.1	23.2 - 31.4	**27.8**	23.7 - 32.4
2003	295	22.6	20.1 - 25.3	**19.4**	17.2 - 21.7	155	23.2	19.7 - 27.1	**17.3**	14.6 - 20.3	140	21.9	18.5 - 25.9	**21.9**	18.4 - 25.9
2004	279	21.2	18.8 - 23.9	**18.0**	16.0 - 20.3	163	24.3	20.7 - 28.3	**17.9**	15.2 - 21.0	116	18.1	14.9 - 21.7	**18.0**	14.8 - 21.7
2005	278	21.1	18.7 - 23.7	**17.7**	15.7 - 19.9	141	20.9	17.6 - 24.7	**15.2**	12.8 - 18.0	137	21.3	17.8 - 25.1	**21.0**	17.6 - 24.9
2006	275	20.8	18.4 - 23.4	**17.0**	15.0 - 19.2	134	19.8	16.6 - 23.5	**14.1**	11.8 - 16.8	141	21.8	18.3 - 25.7	**20.9**	17.5 - 24.7
2007	313	23.6	21.0 - 26.3	**18.8**	16.8 - 21.1	162	23.9	20.4 - 27.9	**16.8**	14.3 - 19.8	151	23.3	19.7 - 27.3	**21.7**	18.3 - 25.6
2008	270	20.3	17.9 - 22.9	**16.1**	14.2 - 18.2	125	18.4	15.3 - 21.9	**12.7**	10.5 - 15.2	145	22.3	18.8 - 26.2	**21.0**	17.7 - 24.8
2009	240	18.1	15.8 - 20.5	**14.5**	12.7 - 16.5	121	17.8	14.8 - 21.3	**13.0**	10.8 - 15.7	119	18.3	15.1 - 21.9	**16.6**	13.7 - 20.0
2010[*]	290	21.8	19.4 - 24.5	**16.4**	14.5 - 18.4	132	19.5	16.3 - 23.1	**13.1**	10.9 - 15.6	158	24.3	20.7 - 28.4	**20.9**	17.7 - 24.6
U.S. 2010	52,045	16.8	16.7 - 17.0	**15.5**	15.4 - 15.6	24,972	15.9	15.7 - 16.1	**13.0**	12.8 - 13.2	27,073	17.8	17.6 - 18.0	**18.7**	18.5 - 19.0
U.S. Whites 2010	43,364	17.6	17.5 - 17.8	**15.0**	14.9 - 15.2	20,753	16.7	16.5 - 16.9	**12.6**	12.4 - 12.8	22,611	18.6	18.4 - 18.8	**18.1**	17.9 - 18.4

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Colorectal cancer: SEER Cause of Death Recode: 21041-21049, 21051, 21052 (which include ICD-10 codes: C180-C189, C260, C199, C209).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.17. Colorectal cancer deaths by year and age group, Maine, 2000-2010.[*,†]

Year	Age 0–34 years			Age 35–64 years			Age 65–74 years			Age 75 years and older		
	Crude			Crude			Crude			Crude		
	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI
2000	DSP	**DSP**	DSP	73	**13.8**	10.8 - 17.3	80	**83.3**	66.0 - 103.6	181	**206.5**	177.5 - 238.9
2001	DSP	**DSP**	DSP	64	**11.8**	9.1 - 15.1	66	**68.6**	53.0 - 87.3	181	**203.5**	174.9 - 235.4
2002	0	**0.0**[†]	0.0 - 0.7[†]	56	**10.2**	7.7 - 13.2	89	**92.4**	74.2 - 113.7	181	**200.4**	172.3 - 231.8
2003	DSP	**DSP**	DSP	71	**12.7**	9.9 - 16.0	64	**66.2**	51.0 - 84.6	159	**173.6**	147.7 - 202.8
2004	DSP	**DSP**	DSP	64	**11.3**	8.7 - 14.4	65	**66.9**	51.6 - 85.3	149	**160.8**	136.0 - 188.8
2005	DSP	**DSP**	DSP	63	**11.0**	8.4 - 14.1	49	**50.1**	37.0 - 66.2	164	**175.4**	149.5 - 204.3
2006	DSP	**DSP**	DSP	73	**12.6**	9.9 - 15.8	57	**57.4**	43.5 - 74.3	144	**151.4**	127.7 - 178.3
2007	0	**0.0**[†]	0.0 - 0.7[†]	80	**13.7**	10.9 - 17.1	62	**61.0**	46.8 - 78.2	171	**177.4**	151.8 - 206.0
2008	DSP	**DSP**	DSP	61	**10.4**	8.0 - 13.4	57	**53.8**	40.7 - 69.7	151	**155.1**	131.3 - 181.9
2009	DSP	**DSP**	DSP	62	**10.6**	8.2 - 13.6	66	**60.0**	46.4 - 76.3	111	**113.7**	93.5 - 136.9
2010[*]	DSP	**DSP**	DSP	87	**15.0**	12.0 - 18.5	60	**52.9**	40.4 - 68.1	142	**143.9**	121.2 - 169.6
U.S. 2010	365	**0.2**	0.2 - 0.3	15,487	**12.6**	12.4 - 12.8	11,363	**52.0**	51.0 - 53.0	24,830	**133.3**	131.7 - 135.0
U.S. Whites 2010	262	**0.2**	0.2 - 0.3	11,956	**12.1**	11.9 - 12.3	9,405	**50.3**	49.3 - 51.4	21,741	**132.2**	130.5 - 134.0

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Colorectal cancer: SEER Cause of Death Recode: 21041-21049, 21051, 21052 (which include ICD-10 codes: C180-C189, C260, C199, C209).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.
[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
[†]Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.18. Colorectal cancer deaths by county and public health district of residence, Maine, 2006-2010.[*]

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	278	20.9	19.8 - 22.0	**16.5**	15.7 - 17.4
County					
Androscoggin	18	16.7	13.4 - 20.5	**14.4**	11.6 - 17.8
Aroostook	22	30.4	25.0 - 36.6	**20.8**	17.1 - 25.2
Cumberland	53	19.0	16.8 - 21.4	**16.0**	14.1 - 18.1
Franklin	10	32.0	23.7 - 42.3	**27.5**	20.2 - 36.7
Hancock	9	16.9	12.4 - 22.6	**11.8**	8.6 - 16.0
Kennebec	29	23.6	19.9 - 27.8	**18.9**	15.9 - 22.3
Knox	8	18.9	13.4 - 26.0	**12.1**	8.5 - 16.9
Lincoln	8	23.0	16.5 - 31.4	**14.0**	9.9 - 19.5
Oxford	13	22.8	17.6 - 29.0	**17.5**	13.5 - 22.4
Penobscot	30	19.4	16.4 - 22.7	**16.7**	14.1 - 19.6
Piscataquis	6	33.0	22.1 - 47.5	**22.8**	15.1 - 33.7
Sagadahoc	7	18.5	12.7 - 26.0	**14.4**	9.8 - 20.5
Somerset	13	24.9	19.2 - 31.7	**19.9**	15.4 - 25.6
Waldo	8	19.6	13.9 - 26.9	**15.2**	10.7 - 21.1
Washington	6	19.3	13.2 - 27.3	**13.4**	9.1 - 19.3
York	39	19.7	17.0 - 22.6	**15.9**	13.7 - 18.3
Public Health District					
Aroostook	22	30.4	25.0 - 36.6	**20.8**	17.1 - 25.2
Central	42	24.0	20.9 - 27.5	**19.2**	16.7 - 22.0
Cumberland	53	19.0	16.8 - 21.4	**16.0**	14.1 - 18.1
Downeast	16	17.8	14.1 - 22.3	**12.4**	9.8 - 15.6
Midcoast	30	20.0	16.9 - 23.4	**13.8**	11.7 - 16.3
Penquis	35	20.8	17.8 - 24.1	**17.4**	14.9 - 20.2
Western	41	20.9	18.1 - 23.9	**17.3**	15.0 - 19.9
York	39	19.7	17.0 - 22.6	**15.9**	13.7 - 18.3

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Colorectal cancer: SEER Cause of Death Recode: 21041-21049, 21051, 21052 (which include ICD-10 codes: C180-C189, C260, C199, C209).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.19. Lung cancer deaths by year, Maine, U.S. and U.S. whites, 2000-2010.[*]

	Maine					U.S.					U.S. Whites				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	896	70.2	65.6 - 74.9	**62.2**	58.2 - 66.5	155,426	55.1	54.8 - 55.4	**55.8**	55.6 - 56.1	136,833	59.4	59.1 - 59.7	**56.0**	55.7 - 56.3
2001	860	66.9	62.5 - 71.5	**58.8**	54.9 - 62.9	155,969	54.7	54.5 - 55.0	**55.3**	55.0 - 55.6	137,205	59.1	58.8 - 59.4	**55.5**	55.3 - 55.8
2002	948	73.2	68.6 - 78.0	**63.5**	59.5 - 67.6	157,630	54.8	54.5 - 55.1	**55.0**	54.7 - 55.3	138,590	59.3	59.0 - 59.6	**55.3**	55.0 - 55.6
2003	951	72.8	68.2 - 77.6	**62.7**	58.7 - 66.8	157,990	54.5	54.2 - 54.7	**54.2**	53.9 - 54.5	138,654	59.0	58.7 - 59.3	**54.5**	54.2 - 54.8
2004	951	72.4	67.9 - 77.1	**61.5**	57.7 - 65.6	158,006	54.0	53.7 - 54.2	**53.4**	53.1 - 53.6	138,352	58.5	58.2 - 58.8	**53.7**	53.4 - 54.0
2005	946	71.7	67.2 - 76.5	**60.0**	56.2 - 64.0	159,217	53.9	53.6 - 54.1	**52.9**	52.6 - 53.1	139,380	58.5	58.2 - 58.8	**53.3**	53.0 - 53.6
2006	971	73.4	68.8 - 78.1	**60.8**	57.0 - 64.8	158,599	53.2	52.9 - 53.4	**51.7**	51.5 - 52.0	138,758	57.9	57.6 - 58.2	**52.3**	52.0 - 52.5
2007	913	68.8	64.4 - 73.4	**55.6**	52.0 - 59.4	158,683	52.7	52.4 - 52.9	**50.7**	50.5 - 51.0	138,662	57.5	57.2 - 57.8	**51.3**	51.0 - 51.6
2008	931	70.0	65.6 - 74.6	**55.6**	52.1 - 59.4	158,592	52.2	51.9 - 52.4	**49.6**	49.3 - 49.8	138,666	57.1	56.8 - 57.4	**50.3**	50.0 - 50.5
2009	912	68.6	64.2 - 73.2	**53.7**	50.2 - 57.4	158,081	51.5	51.3 - 51.8	**48.4**	48.2 - 48.7	138,046	56.5	56.2 - 56.8	**49.2**	48.9 - 49.4
2010[*]	957	72.1	67.6 - 76.8	**55.1**	51.6 - 58.8	158,248	51.2	50.9 - 51.4	**47.4**	47.2 - 47.7	137,638	56.0	55.7 - 56.3	**48.1**	47.9 - 48.4

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Lung cancer: SEER Cause of Death Recode: 22030 (which include ICD-10 code: C34).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.20. Lung cancer deaths by year and sex, Maine, 2000-2010.*

	Maine Overall					Females					Males				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	896	70.2	65.6 - 74.9	**62.2**	58.2 - 66.5	397	60.6	54.7 - 66.8	**49.0**	44.3 - 54.2	499	80.3	73.4 - 87.6	**79.9**	72.9 - 87.3
2001	860	66.9	62.5 - 71.5	**58.8**	54.9 - 62.9	368	55.8	50.2 - 61.8	**44.8**	40.3 - 49.7	492	78.6	71.8 - 85.9	**79.7**	72.7 - 87.2
2002	948	73.2	68.6 - 78.0	**63.5**	59.5 - 67.6	420	63.2	57.3 - 69.6	**50.2**	45.5 - 55.3	528	83.6	76.6 - 91.0	**81.8**	74.9 - 89.2
2003	951	72.8	68.2 - 77.6	**62.7**	58.7 - 66.8	428	64.0	58.1 - 70.4	**50.3**	45.7 - 55.4	523	82.0	75.1 - 89.3	**80.1**	73.3 - 87.4
2004	951	72.4	67.9 - 77.1	**61.5**	57.7 - 65.6	427	63.6	57.7 - 69.9	**49.3**	44.7 - 54.3	524	81.6	74.8 - 88.9	**78.6**	72.0 - 85.8
2005	946	71.7	67.2 - 76.5	**60.0**	56.2 - 64.0	415	61.6	55.8 - 67.8	**47.6**	43.1 - 52.5	531	82.4	75.5 - 89.7	**77.3**	70.7 - 84.3
2006	971	73.4	68.8 - 78.1	**60.8**	57.0 - 64.8	439	64.9	59.0 - 71.3	**49.5**	44.9 - 54.4	532	82.2	75.3 - 89.5	**76.7**	70.3 - 83.7
2007	913	68.8	64.4 - 73.4	**55.6**	52.0 - 59.4	421	62.1	56.3 - 68.3	**46.0**	41.6 - 50.7	492	75.8	69.2 - 82.8	**69.5**	63.4 - 76.0
2008	931	70.0	65.6 - 74.6	**55.6**	52.1 - 59.4	403	59.3	53.7 - 65.4	**43.7**	39.4 - 48.2	528	81.1	74.3 - 88.3	**72.0**	65.9 - 78.5
2009	912	68.6	64.2 - 73.2	**53.7**	50.2 - 57.4	414	61.0	55.3 - 67.2	**44.2**	40.0 - 48.8	498	76.5	69.9 - 83.5	**66.0**	60.2 - 72.2
2010*	957	72.1	67.6 - 76.8	**55.1**	51.6 - 58.8	444	65.5	59.6 - 71.9	**47.0**	42.7 - 51.7	513	79.0	72.3 - 86.1	**66.1**	60.4 - 72.3
U.S. 2010	158,248	51.2	50.9 - 51.4	**47.4**	47.2 - 47.7	70,550	44.9	44.5 - 45.2	**37.9**	37.7 - 38.2	87,698	57.7	57.3 - 58.0	**60.1**	59.7 - 60.5
U.S. Whites 2010	137,638	56.0	55.7 - 56.3	**48.1**	47.9 - 48.4	61,997	49.9	49.6 - 50.3	**39.2**	38.9 - 39.5	75,641	62.2	61.8 - 62.7	**59.9**	59.5 - 60.4

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Lung cancer: SEER Cause of Death Recode: 22030 (which include ICD-10 code: C34).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

*Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.21. Lung cancer deaths by year and age group, Maine, 2000-2010.[*,†]

Year	Age 0–34 years			Age 35–64 years			Age 65–74 years			Age 75 years and older		
	Crude			Crude			Crude			Crude		
	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI
2000	DSP	**DSP**	DSP	259	**48.8**	43.0 - 55.1	296	**308.1**	274.0 - 345.3	339	**386.8**	346.7 - 430.2
2001	DSP	**DSP**	DSP	241	**44.6**	39.1 - 50.6	261	**271.2**	239.3 - 306.2	356	**400.3**	359.8 - 444.1
2002	DSP	**DSP**	DSP	278	**50.6**	44.8 - 56.9	306	**317.6**	283.0 - 355.3	362	**400.8**	360.6 - 444.3
2003	0	**0.0**	0.0 - 0.7[†]	271	**48.5**	42.9 - 54.7	292	**302.1**	268.5 - 338.8	388	**423.6**	382.5 - 467.9
2004	DSP	**DSP**	DSP	268	**47.4**	41.9 - 53.4	281	**289.2**	256.4 - 325.1	401	**432.8**	391.5 - 477.3
2005	0	**0.0**	0.0 - 0.7[†]	295	**51.5**	45.8 - 57.7	272	**278.0**	245.9 - 313.0	379	**405.3**	365.5 - 448.2
2006	DSP	**DSP**	DSP	270	**46.6**	41.2 - 52.5	267	**268.8**	237.5 - 303.0	432	**454.3**	412.4 - 499.2
2007	0	**0.0**	0.0 - 0.7[†]	270	**46.3**	41.0 - 52.2	232	**228.4**	199.9 - 259.7	411	**426.3**	386.1 - 469.6
2008	DSP	**DSP**	DSP	257	**44.0**	38.8 - 49.7	273	**257.6**	227.9 - 290.0	400	**410.9**	371.6 - 453.2
2009	0	**0.0**	0.0 - 0.7[†]	256	**43.9**	38.7 - 49.7	287	**260.8**	231.5 - 292.8	369	**377.9**	340.3 - 418.5
2010[*]	DSP	**DSP**	DSP	288	**49.6**	44.0 - 55.6	273	**240.9**	213.2 - 271.2	395	**400.3**	361.7 - 441.7
U.S. 2010	199	**0.1**	0.1 - 0.2	44,567	**36.3**	36.0 - 36.6	48,584	**222.3**	220.3 - 224.3	64,898	**348.5**	345.8 - 351.2
U.S. Whites 2010	154	**0.1**	0.1 - 0.2	36,626	**37.0**	36.6 - 37.4	42,484	**227.4**	225.2 - 229.6	58,374	**355.0**	352.1 - 357.9

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Lung cancer: SEER Cause of Death Recode: 22030 (which include ICD-10 code: C34).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.
[*] Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
[†] Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.22. Lung cancer deaths by county and public health district of residence, Maine, 2006-2010.[*]

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	937	70.6	68.6 - 72.6	**56.1**	54.5 - 57.8
County					
Androscoggin	75	69.9	63.0 - 77.3	**60.8**	54.8 - 67.3
Aroostook	64	88.9	79.5 - 99.2	**60.4**	54.0 - 67.6
Cumberland	166	59.4	55.4 - 63.5	**51.6**	48.1 - 55.3
Franklin	23	75.0	61.9 - 90.1	**58.9**	48.5 - 71.1
Hancock	39	72.5	62.8 - 83.4	**52.2**	45.1 - 60.3
Kennebec	90	74.0	67.3 - 81.1	**60.2**	54.7 - 66.1
Knox	28	69.3	58.3 - 81.8	**46.4**	38.9 - 55.1
Lincoln	26	73.7	61.5 - 87.7	**45.3**	37.6 - 54.3
Oxford	47	81.6	71.5 - 92.7	**60.7**	53.1 - 69.1
Penobscot	112	73.5	67.5 - 79.8	**63.2**	58.1 - 68.7
Piscataquis	15	83.2	65.2 - 104.6	**54.1**	42.3 - 68.9
Sagadahoc	27	75.1	62.9 - 89.0	**60.8**	50.8 - 72.3
Somerset	41	78.8	68.4 - 90.4	**61.1**	52.9 - 70.2
Waldo	27	70.7	59.4 - 83.6	**56.1**	47.0 - 66.6
Washington	32	95.3	81.0 - 111.4	**63.8**	54.1 - 75.0
York	124	62.6	57.8 - 67.7	**51.2**	47.2 - 55.5
Public Health District					
Aroostook	64	88.9	79.5 - 99.2	**60.4**	54.0 - 67.6
Central	131	75.4	69.8 - 81.4	**60.4**	55.8 - 65.2
Cumberland	166	59.4	55.4 - 63.5	**51.6**	48.1 - 55.3
Downeast	71	81.2	73.0 - 90.1	**56.6**	50.8 - 63.0
Midcoast	108	72.1	66.1 - 78.4	**51.4**	47.1 - 56.1
Penquis	127	74.5	68.8 - 80.5	**62.0**	57.2 - 67.0
Western	146	74.1	68.8 - 79.7	**60.4**	56.0 - 65.0
York	124	62.6	57.8 - 67.7	**51.2**	47.2 - 55.5

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Lung cancer: SEER Cause of Death Recode: 22030 (which include ICD-10 code: C34).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.23. Melanoma deaths by year, Maine, U.S. and U.S. whites, 2000-2010.[*]

	Maine					U.S.					U.S. Whites				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	36	2.8	2.0 - 3.9	**2.5**	1.8 - 3.5	7,420	2.6	2.6 - 2.7	**2.7**	2.6 - 2.7	7,245	3.1	3.1 - 3.2	**3.0**	2.9 - 3.1
2001	48	3.7	2.8 - 4.9	**3.3**	2.5 - 4.4	7,542	2.6	2.6 - 2.7	**2.7**	2.6 - 2.7	7,403	3.2	3.1 - 3.3	**3.0**	3.0 - 3.1
2002	52	4.0	3.0 - 5.3	**3.5**	2.6 - 4.6	7,513	2.6	2.6 - 2.7	**2.6**	2.6 - 2.7	7,352	3.1	3.1 - 3.2	**3.0**	2.9 - 3.0
2003	38	2.9	2.1 - 4.0	**2.6**	1.8 - 3.5	7,818	2.7	2.6 - 2.8	**2.7**	2.6 - 2.7	7,648	3.3	3.2 - 3.3	**3.0**	3.0 - 3.1
2004	44	3.3	2.4 - 4.5	**2.9**	2.1 - 3.9	7,952	2.7	2.7 - 2.8	**2.7**	2.6 - 2.7	7,801	3.3	3.2 - 3.4	**3.0**	3.0 - 3.1
2005	41	3.1	2.2 - 4.2	**2.6**	1.9 - 3.6	8,345	2.8	2.8 - 2.9	**2.8**	2.7 - 2.8	8,146	3.4	3.3 - 3.5	**3.1**	3.1 - 3.2
2006	51	3.9	2.9 - 5.1	**3.3**	2.4 - 4.3	8,441	2.8	2.8 - 2.9	**2.7**	2.7 - 2.8	8,250	3.4	3.4 - 3.5	**3.1**	3.1 - 3.2
2007	44	3.3	2.4 - 4.5	**2.8**	2.0 - 3.8	8,461	2.8	2.7 - 2.9	**2.7**	2.6 - 2.7	8,258	3.4	3.3 - 3.5	**3.1**	3.0 - 3.1
2008	50	3.8	2.8 - 5.0	**2.9**	2.2 - 3.9	8,623	2.8	2.8 - 2.9	**2.7**	2.6 - 2.7	8,450	3.5	3.4 - 3.6	**3.1**	3.0 - 3.1
2009	50	3.8	2.8 - 5.0	**3.1**	2.3 - 4.2	9,199	3.0	2.9 - 3.1	**2.8**	2.8 - 2.9	9,000	3.7	3.6 - 3.8	**3.2**	3.2 - 3.3
2010[*]	54	4.1	3.1 - 5.3	**3.1**	2.3 - 4.0	9,154	3.0	2.9 - 3.0	**2.7**	2.7 - 2.8	8,944	3.6	3.6 - 3.7	**3.2**	3.1 - 3.2

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Melanoma: SEER Cause of Death Recode: 25010 (which include ICD-10 code: C43).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.24. Melanoma deaths by year and sex, Maine, 2000-2010.[*,†]

	Maine Overall					Females					Males				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	36	2.8	2.0 - 3.9	**2.5**	1.8 - 3.5	16	2.4[†]	1.4 - 4.0[†]	**2.1**[†]	1.2 - 3.5	20	3.2	2.0 - 5.0	**3.4**	2.0 - 5.3
2001	48	3.7	2.8 - 4.9	**3.3**	2.5 - 4.4	18	2.7[†]	1.6 - 4.3[†]	**2.2**[†]	1.3 - 3.5	30	4.8	3.2 - 6.8	**4.8**	3.2 - 6.9
2002	52	4.0	3.0 - 5.3	**3.5**	2.6 - 4.6	14	2.1[†]	1.2 - 3.5[†]	**1.7**[†]	0.9 - 3.0	38	6.0	4.3 - 8.3	**5.9**	4.2 - 8.2
2003	38	2.9	2.1 - 4.0	**2.6**	1.8 - 3.5	14	2.1[†]	1.1 - 3.5[†]	**1.7**[†]	0.9 - 2.9	24	3.8	2.4 - 5.6	**3.6**	2.3 - 5.5
2004	44	3.3	2.4 - 4.5	**2.9**	2.1 - 3.9	16	2.4[†]	1.4 - 3.9[†]	**1.8**[†]	1.0 - 3.1	28	4.4	2.9 - 6.3	**4.1**	2.7 - 6.0
2005	41	3.1	2.2 - 4.2	**2.6**	1.9 - 3.6	17	2.5[†]	1.5 - 4.0[†]	**1.9**[†]	1.1 - 3.1	24	3.7	2.4 - 5.5	**3.6**	2.3 - 5.4
2006	51	3.9	2.9 - 5.1	**3.3**	2.4 - 4.3	19	2.8[†]	1.7 - 4.4[†]	**2.3**[†]	1.4 - 3.6	32	4.9	3.4 - 7.0	**4.7**	3.2 - 6.6
2007	44	3.3	2.4 - 4.5	**2.8**	2.0 - 3.8	15	2.2[†]	1.2 - 3.7[†]	**1.8**[†]	1.0 - 3.0	29	4.5	3.0 - 6.4	**4.1**	2.7 - 6.0
2008	50	3.8	2.8 - 5.0	**2.9**	2.2 - 3.9	23	3.4	2.1 - 5.1	**2.5**	1.5 - 3.8	27	4.1	2.7 - 6.0	**3.5**	2.3 - 5.1
2009	50	3.8	2.8 - 5.0	**3.1**	2.3 - 4.2	15	2.2[†]	1.2 - 3.6[†]	**1.7**[†]	0.9 - 2.8	35	5.4	3.7 - 7.5	**5.1**	3.5 - 7.2
2010[*]	54	4.1	3.1 - 5.3	**3.1**	2.3 - 4.0	16	2.4[†]	1.3 - 3.8[†]	**1.8**[†]	1.0 - 3.0	38	5.8	4.1 - 8.0	**4.9**	3.4 - 6.8
U.S. 2010	9,154	3.0	2.9 - 3.0	**2.7**	2.7 - 2.8	3,152	2.0	1.9 - 2.1	**1.7**	1.6 - 1.8	6,002	3.9	3.8 - 4.0	**4.1**	4.0 - 4.2
U.S. Whites 2010	8,944	3.6	3.6 - 3.7	**3.2**	3.1 - 3.2	3,039	2.4	2.4 - 2.5	**2.0**	1.9 – 2.0	5,905	4.9	4.7 – 5.0	**4.7**	4.6 - 4.8

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Melanoma: SEER Cause of Death Recode: 25010 (which include ICD-10 code: C43).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.
Subgroup counts might not sum to Maine total due to missing data.
[*] Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
[†] Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.25. Melanoma deaths by year and age group, Maine, 2000-2010.[*,†]

Year	Age 0–34 years			Age 35–64 years			Age 65–74 years			Age 75 years and older		
	Crude			Crude			Crude			Crude		
	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI
2000	DSP	**DSP**	DSP	14	**2.6**[†]	1.4 - 4.4[†]	DSP	**DSP**	DSP	17	**19.4**	**11.3 - 31.1**
2001	DSP	**DSP**	DSP	17	**3.1**[†]	1.8 - 5.0[†]	DSP	**DSP**	DSP	20	**22.5**	**13.7 - 34.7**
2002	0	**0.0**	0.0 - 0.7[†]	22	**4.0**	2.5 - 6.1	11	**11.4**[†]	5.7 - 20.4[†]	19	**21.0**[†]	**12.7 - 32.9**[†]
2003	DSP	**DSP**	DSP	19	**3.4**[†]	2.0 - 5.3[†]	DSP	**DSP**	DSP	13	**14.2**	**7.6 - 24.3**
2004	DSP	**DSP**	DSP	15	**2.7**[†]	1.5 - 4.4[†]	11	**11.3**[†]	5.7 - 20.3[†]	16	**17.3**[†]	**9.9 - 28.0**[†]
2005	DSP	**DSP**	DSP	15	**2.6**[†]	1.5 - 4.3[†]	DSP	**DSP**	DSP	16	**17.1**	**9.8 - 27.8**
2006	DSP	**DSP**	DSP	16	**2.8**[†]	1.6 - 4.5[†]	20	**20.1**	12.3 - 31.1	14	**14.7**	**8.0 - 24.7**
2007	0	**0.0**	0.0 - 0.7[†]	20	**3.4**	2.1 - 5.3	10	**9.8**[†]	4.7 - 18.1[†]	14	**14.5**[†]	**7.9 - 24.4**[†]
2008	0	**0.0**	0.0 - 0.7[†]	15	**2.6**[†]	1.4 - 4.2[†]	16	**15.1**[†]	8.6 - 24.5[†]	19	**19.5**[†]	**11.7 - 30.5**[†]
2009	DSP	**DSP**	DSP	20	**3.4**	2.1 - 5.3	DSP	**DSP**	DSP	18	**18.4**	**10.9 - 29.1**
2010[*]	0	**0.0**	0.0 - 0.7[†]	22	**3.8**	2.4 - 5.7	12	**10.6**[†]	5.5 - 18.5[†]	20	**20.3**[†]	**12.4 - 31.3**[†]
U.S. 2010	211	**0.1**	0.1 - 0.2	3,473	**2.8**	2.7 - 2.9	2,063	**9.4**	9.0 - 9.9	3,407	**18.3**	**17.7 - 18.9**
U.S. Whites 2010	204	**0.2**	0.2 - 0.2	3,392	**3.4**	3.3 - 3.5	2,010	**10.8**	10.3 - 11.2	3,338	**20.3**	**19.6 - 21.0**

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Melanoma: SEER Cause of Death Recode: 25010 (which include ICD-10 code: C43).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.
[*] Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
[†] Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.26. Melanoma deaths by county and public health district of residence, Maine, 2006-2010.[*,†]

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	50	3.8	3.3 - 4.2	**3.0**	2.7 - 3.4
County					
Androscoggin	4	3.9	2.4 - 6.0	**3.4**	2.1 - 5.2
Aroostook	3	3.6[†]	1.9 - 6.1[†]	**2.7**[†]	1.4 - 4.9[†]
Cumberland	8	2.8	2.0 - 3.8	**2.4**	1.7 - 3.4
Franklin	DSP	DSP	DSP	**DSP**	DSP
Hancock	3	6.3[†]	3.6 - 10.0[†]	**4.4**[†]	2.6 - 7.4[†]
Kennebec	5	4.3	2.8 - 6.2	**3.4**	2.2 - 5.0
Knox	DSP	DSP	DSP	**DSP**	DSP
Lincoln	3	7.5[†]	4.0 - 12.8[†]	**4.5**[†]	2.4 - 8.3[†]
Oxford	DSP	DSP	DSP	**DSP**	DSP
Penobscot	5	3.3	2.1 - 4.8	**3.0**	1.9 - 4.5
Piscataquis	DSP	DSP	DSP	**DSP**	DSP
Sagadahoc	DSP	DSP	DSP	**DSP**	DSP
Somerset	DSP	DSP	DSP	**DSP**	DSP
Waldo	DSP	DSP	DSP	**DSP**	DSP
Washington	DSP	DSP	DSP	**DSP**	DSP
York	10	5.0	3.7 - 6.6	**4.0**	3.0 - 5.4
Public Health District					
Aroostook	3	3.6[†]	1.9 - 6.1[†]	**2.7**[†]	1.4 - 4.9[†]
Central	7	3.8	2.6 - 5.3	**3.0**	2.0 - 4.2
Cumberland	8	2.8	2.0 - 3.8	**2.4**	1.7 - 3.4
Downeast	5	5.3	3.3 - 7.9	**3.6**	2.3 - 5.5
Midcoast	7	4.6	3.2 - 6.4	**3.2**	2.2 - 4.6
Penquis	6	3.4	2.3 - 4.9	**3.0**	2.0 - 4.4
Western	6	3.0	2.0 - 4.2	**2.5**	1.7 - 3.6
York	10	5.0	3.7 - 6.6	**4.0**	3.0 - 5.4

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Melanoma: SEER Cause of Death Recode: 25010 (which include ICD-10 code: C43).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

[†]Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.27. Prostate cancer deaths by year, Maine, U.S. and U.S. whites, 2000-2010.[*]

	Maine					U.S.					U.S. Whites				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	147	23.7	20.0 - 27.8	**28.7**	24.1 - 33.7	31,078	22.4	22.2 - 22.7	**30.4**	30.1 - 30.7	25,340	22.3	22.0 - 22.6	**27.8**	27.4 - 28.1
2001	184	29.4	25.3 - 34.0	**33.7**	28.9 - 39.0	30,719	22.0	21.7 - 22.2	**29.5**	29.2 - 29.9	25,066	21.9	21.6 - 22.2	**27.0**	26.6 - 27.3
2002	148	23.4	19.8 - 27.5	**26.7**	22.5 - 31.4	30,446	21.6	21.3 - 21.8	**28.7**	28.4 - 29.0	24,918	21.6	21.3 - 21.9	**26.4**	26.0 - 26.7
2003	160	25.1	21.3 - 29.3	**28.1**	23.9 - 32.9	29,554	20.8	20.5 - 21.0	**27.2**	26.9 - 27.5	24,232	20.9	20.6 - 21.1	**25.0**	24.7 - 25.3
2004	158	24.6	20.9 - 28.8	**27.3**	23.2 - 32.0	29,002	20.2	19.9 - 20.4	**26.2**	25.9 - 26.5	23,726	20.3	20.0 - 20.6	**24.0**	23.7 - 24.4
2005	156	24.2	20.5 - 28.3	**26.3**	22.3 - 30.8	28,905	19.9	19.7 - 20.1	**25.4**	25.1 - 25.7	23,597	20.1	19.8 - 20.3	**23.3**	23.0 - 23.6
2006	148	22.9	19.3 - 26.9	**24.0**	20.2 - 28.2	28,372	19.3	19.1 - 19.6	**24.2**	24.0 - 24.5	23,202	19.6	19.3 - 19.8	**22.3**	22.0 - 22.6
2007	138	21.3	17.9 - 25.1	**22.7**	19.0 - 26.8	29,093	19.6	19.4 - 19.9	**24.2**	24.0 - 24.5	23,666	19.8	19.6 - 20.1	**22.2**	21.9 - 22.5
2008	150	23.0	19.5 - 27.0	**23.1**	19.5 - 27.1	28,471	19.0	18.8 - 19.3	**23.0**	22.7 - 23.3	23,362	19.4	19.2 - 19.7	**21.3**	21.1 - 21.6
2009	158	24.3	20.6 - 28.4	**24.2**	20.5 - 28.3	28,088	18.6	18.4 - 18.8	**22.1**	21.9 - 22.4	22,777	18.8	18.6 - 19.1	**20.3**	20.1 - 20.6
2010[*]	144	22.2	18.7 - 26.1	**21.0**	17.6 - 24.7	28,560	18.8	18.6 - 19.0	**21.8**	21.6 - 22.1	23,172	19.1	18.8 - 19.3	**20.1**	19.8 - 20.4

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Prostate cancer: SEER Cause of Death Recode: 28010 (which include ICD-10 code: C61).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.28. Prostate cancer deaths by year and age group, Maine, 2000-2010.[*,†]

Year	Age 0–34 years			Age 35–64 years			Age 65–74 years			Age 75 years and older		
	Crude			Crude			Crude			Crude		
	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI
2000	0	**0.0**[†]	0.0 - 1.3[†]	DSP	**DSP**	DSP	18	**40.8**[†]	24.2 - 64.5[†]	120	**374.1**	310.1 - 447.3
2001	0	**0.0**[†]	0.0 - 1.3[†]	13	**4.9**[†]	2.6 - 8.4[†]	36	**80.9**	56.7 - 112.0	135	**411.8**	345.3 - 487.4
2002	0	**0.0**[†]	0.0 - 1.3[†]	DSP	**DSP**	DSP	27	**60.2**	39.7 - 87.6	113	**337.2**	277.9 - 405.4
2003	0	**0.0**[†]	0.0 - 1.3[†]	11	**4.0**[†]	2.0 - 7.2[†]	27	**59.9**	39.5 - 87.1	122	**355.4**	295.2 - 424.4
2004	0	**0.0**[†]	0.0 - 1.3[†]	12	**4.3**[†]	2.2 - 7.5[†]	24	**52.7**	33.8 - 78.5	122	**348.6**	289.5 - 416.2
2005	0	**0.0**[†]	0.0 - 1.3[†]	18	**6.4**[†]	3.8 - 10.1[†]	27	**58.8**	38.7 - 85.5	111	**312.1**	256.7 - 375.8
2006	0	**0.0**[†]	0.0 - 1.3[†]	12	**4.2**[†]	2.2 - 7.4[†]	29	**61.8**	41.4 - 88.8	107	**294.4**	241.2 - 355.7
2007	0	**0.0**[†]	0.0 - 1.3[†]	DSP	**DSP**	DSP	29	**60.2**	40.3 - 86.5	104	**280.6**	229.3 - 340.0
2008	0	**0.0**[†]	0.0 - 1.3[†]	11	**3.8**[†]	1.9 - 6.9[†]	28	**55.8**	37.0 - 80.6	111	**293.5**	241.5 - 353.5
2009	0	**0.0**[†]	0.0 - 1.3[†]	11	**3.8**[†]	1.9 - 6.9[†]	26	**49.7**	32.5 - 72.8	121	**316.8**	262.9 - 378.6
2010[*]	0	**0.0**[†]	0.0 - 1.4[†]	11	**3.9**[†]	1.9 - 6.9[†]	29	**53.7**	36.0 - 77.1	104	**266.9**	218.1 - 323.4
U.S. 2010	DSP	**DSP**	DSP	3,068	**5.1**	4.9 - 5.3	5,866	**57.7**	56.2 - 59.2	19,623	**268.7**	264.9 - 272.4
U.S. Whites 2010	DSP	**DSP**	DSP	2,201	**4.5**	4.3 - 4.7	4,501	**51.3**	49.8 - 52.8	16,468	**252.9**	249.1 - 256.8

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Prostate cancer: SEER Cause of Death Recode: 28010 (which include ICD-10 code: C61).
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.
[*] Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.
[†] Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.29. Prostate cancer deaths by county and public health district of residence, Maine, 2006-2010.[*,†]

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	148	22.7	21.1 - 24.4	**22.9**	21.3 - 24.7
County					
Androscoggin	10	18.2	13.4 - 24.1	**20.3**	14.9 - 27.0
Aroostook	6	15.7	10.4 - 22.7	**14.0**	9.2 - 20.5
Cumberland	30	22.2	18.8 - 26.0	**24.6**	20.8 - 28.9
Franklin	4	25.3[†]	15.3 - 39.6[†]	**25.3[†]**	14.9 - 40.2[†]
Hancock	9	34.6	25.3 - 46.1	**30.6**	22.3 - 41.1
Kennebec	16	27.3	21.7 - 33.9	**27.7**	21.9 - 34.4
Knox	6	31.3	21.3 - 44.4	**24.7**	16.7 - 35.5
Lincoln	6	32.9	21.9 - 47.6	**24.5**	16.2 - 36.0
Oxford	6	22.4	15.3 - 31.6	**20.6**	14.0 - 29.3
Penobscot	15	20.4	16.1 - 25.6	**22.8**	17.9 - 28.6
Piscataquis	2	25.4[†]	12.7 - 45.4[†]	**20.8[†]**	10.3 - 38.7[†]
Sagadahoc	5	27.7	17.7 - 41.2	**29.5**	18.7 - 44.0
Somerset	5	20.1	13.1 - 29.5	**19.6**	12.7 - 29.0
Waldo	4	23.2	14.5 - 35.1	**23.7**	14.6 - 36.4
Washington	5	29.4	18.8 - 43.8	**24.0**	15.3 - 36.2
York	18	18.7	15.0 - 23.0	**20.1**	16.1 - 24.7
Public Health District					
Aroostook	6	15.7	10.4 - 22.7	**14.0**	9.2 - 20.5
Central	21	25.1	20.6 - 30.4	**25.4**	20.8 - 30.8
Cumberland	30	22.2	18.8 - 26.0	**24.6**	20.8 - 28.9
Downeast	14	32.6	25.4 - 41.2	**28.1**	21.8 - 35.7
Midcoast	21	28.7	23.5 - 34.8	**25.2**	20.6 - 30.6
Penquis	18	21.0	16.8 - 25.8	**22.5**	18.0 - 27.8
Western	20	20.5	16.7 - 25.0	**21.1**	17.1 - 25.8
York	18	18.7	15.0 - 23.0	**20.1**	16.1 - 24.7

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Prostate cancer: SEER Cause of Death Recode: 28010 (which include ICD-10 code: C61).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

[†]Rates are flagged as unreliable when the rate is calculated with a numerator less than 20.

Table 3.30. Tobacco-related cancer (excluding lung cancer) deaths by year, Maine, U.S. and U.S. whites, 2000-2010.[*]

	Maine					U.S.					U.S. Whites				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	599	46.9	43.2 - 50.8	**41.4**	38.2 - 44.9	100,912	35.8	35.5 - 36.0	**36.3**	36.0 - 36.5	85,995	37.3	37.1 - 37.6	**35.2**	35.0 - 35.4
2001	546	42.5	39.0 - 46.2	**37.3**	34.2 - 40.6	102,292	35.9	35.7 - 36.1	**36.2**	36.0 - 36.5	87,318	37.6	37.4 - 37.9	**35.3**	35.1 - 35.5
2002	607	46.8	43.2 - 50.7	**40.6**	37.4 - 44.0	103,278	35.9	35.7 - 36.1	**36.0**	35.8 - 36.2	88,173	37.7	37.5 - 38.0	**35.2**	34.9 - 35.4
2003	556	42.6	39.1 - 46.2	**36.7**	33.7 - 39.9	104,129	35.9	35.7 - 36.1	**35.6**	35.4 - 35.9	88,810	37.8	37.5 - 38.0	**34.8**	34.6 - 35.1
2004	607	46.2	42.6 - 50.0	**39.0**	35.9 - 42.2	105,554	36.0	35.8 - 36.3	**35.5**	35.3 - 35.7	90,169	38.1	37.9 - 38.4	**34.9**	34.6 - 35.1
2005	644	48.8	45.1 - 52.8	**40.8**	37.7 - 44.1	107,302	36.3	36.1 - 36.5	**35.5**	35.3 - 35.7	91,666	38.5	38.2 - 38.7	**34.9**	34.7 - 35.1
2006	600	45.3	41.8 - 49.1	**37.4**	34.4 - 40.5	108,393	36.3	36.1 - 36.5	**35.2**	35.0 - 35.4	92,650	38.6	38.4 - 38.9	**34.7**	34.5 - 34.9
2007	653	49.2	45.5 - 53.1	**39.7**	36.7 - 42.9	109,933	36.5	36.3 - 36.7	**34.9**	34.7 - 35.1	93,584	38.8	38.5 - 39.0	**34.4**	34.2 - 34.6
2008	582	43.7	40.3 - 47.4	**34.7**	31.9 - 37.7	111,980	36.8	36.6 - 37.0	**34.8**	34.6 - 35.0	95,584	39.4	39.1 - 39.6	**34.5**	34.3 - 34.7
2009	637	47.9	44.3 - 51.8	**37.4**	34.5 - 40.4	112,600	36.7	36.5 - 36.9	**34.3**	34.1 - 34.5	96,016	39.3	39.1 - 39.5	**34.0**	33.8 - 34.2
2010[*]	646	48.7	45.0 - 52.6	**37.3**	34.4 - 40.3	115,971	37.5	37.3 - 37.7	**34.6**	34.4 - 34.8	99,035	40.3	40.1 - 40.6	**34.4**	34.2 - 34.6

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Tobacco-related cancer (excluding lung cancer): SEER Cause of Death Recode: 20010, 20020, 20030, 20040, 20050, 20060, 20070, 20080, 20090, 20100, 21010, 21020, 21100, 22020, 27010, 29010, 29020, 35021 (which include ICD-10 codes: C00-C14, C15, C16, C25, C32, C53, C67, C92.0, C92.4-C92.5, C94.0, C94.2).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.31. Tobacco-related cancer (excluding lung cancer) deaths by year and sex, Maine, 2000-2010.[*]

	Maine Overall					Females					Males				
		Crude		Age-adjusted			Crude		Age-adjusted			Crude		Age-adjusted	
Year	Number	Rate	95%CI	Rate	95% CI	Number	Rate	95%CI	Rate	95%CI	Number	Rate	95%CI	Rate	95%CI
2000	599	46.9	43.2 - 50.8	**41.4**	38.2 - 44.9	239	36.5	32.0 - 41.4	**28.4**	24.9 - 32.3	360	57.9	52.1 - 64.2	**59.7**	53.6 - 66.3
2001	546	42.5	39.0 - 46.2	**37.3**	34.2 - 40.6	204	30.9	26.8 - 35.5	**24.1**	20.9 - 27.7	342	54.6	49.0 - 60.7	**54.9**	49.2 - 61.2
2002	607	46.8	43.2 - 50.7	**40.6**	37.4 - 44.0	236	35.5	31.1 - 40.4	**27.3**	23.9 - 31.1	371	58.7	52.9 - 65.0	**58.1**	52.2 - 64.4
2003	556	42.6	39.1 - 46.2	**36.7**	33.7 - 39.9	231	34.5	30.2 - 39.3	**26.6**	23.3 - 30.4	325	51.0	45.6 - 56.8	**49.8**	44.4 - 55.6
2004	607	46.2	42.6 - 50.0	**39.0**	35.9 - 42.2	233	34.7	30.4 - 39.4	**26.2**	22.9 - 29.9	374	58.3	52.5 - 64.5	**55.6**	50.0 - 61.7
2005	644	48.8	45.1 - 52.8	**40.8**	37.7 - 44.1	243	36.0	31.7 - 40.9	**27.1**	23.8 - 30.8	401	62.2	56.3 - 68.6	**58.3**	52.6 - 64.4
2006	600	45.3	41.8 - 49.1	**37.4**	34.4 - 40.5	236	34.9	30.6 - 39.7	**25.8**	22.6 - 29.4	364	56.2	50.6 - 62.3	**52.4**	47.0 - 58.1
2007	653	49.2	45.5 - 53.1	**39.7**	36.7 - 42.9	252	37.2	32.7 - 42.1	**27.0**	23.7 - 30.6	401	61.8	55.9 - 68.1	**56.9**	51.3 - 62.8
2008	582	43.7	40.3 - 47.4	**34.7**	31.9 - 37.7	222	32.7	28.5 - 37.3	**23.4**	20.4 - 26.9	360	55.3	49.7 - 61.3	**49.1**	44.1 - 54.6
2009	637	47.9	44.3 - 51.8	**37.4**	34.5 - 40.4	237	34.9	30.6 - 39.7	**24.4**	21.4 - 27.9	400	61.5	55.6 - 67.8	**53.9**	48.6 - 59.6
2010[*]	646	48.7	45.0 - 52.6	**37.3**	34.4 - 40.3	233	34.4	30.1 - 39.1	**24.3**	21.2 - 27.8	413	63.6	57.6 - 70.0	**53.6**	48.4 - 59.2
U.S. 2010	115,971	37.5	37.3 - 37.7	**34.6**	34.4 - 34.8	46,332	29.5	29.2 - 29.7	**24.6**	24.4 - 24.9	69,639	45.8	45.4 - 46.1	**47.7**	47.3 - 48.0
U.S. Whites 2010	99,035	40.3	40.1 - 40.6	**34.4**	34.2 - 34.6	38,715	31.2	30.9 - 31.5	**24.1**	23.9 - 24.4	60,320	49.6	49.2 – 50.0	**47.8**	47.4 - 48.2

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Tobacco-related cancer (excluding lung cancer): SEER Cause of Death Recode: 20010, 20020, 20030, 20040, 20050, 20060, 20070, 20080, 20090, 20100, 21010, 21020, 21100, 22020, 27010, 29010, 29020, 35021 (which include ICD-10 codes: C00-C14, C15, C16, C25, C32, C53, C67, C92.0, C92.4-C92.5, C94.0, C94.2).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.32. Tobacco-related cancer (excluding lung cancer) deaths by year and age group, Maine, 2000-2010.[*]

Year	Ages 0–34 years			Ages 35–64 years			Ages 65–74 years			Ages 75 years and older		
	Crude			Crude			Crude			Crude		
	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI	Number	Rate	95%CI
2000	DSP	**DSP**	DSP	143	**26.9**	22.7 - 31.7	187	**194.7**	167.8 - 224.6	264	**301.2**	266.0 - 339.8
2001	DSP	**DSP**	DSP	148	**27.4**	23.2 - 32.2	159	**165.2**	140.6 - 193.0	234	**263.1**	230.5 - 299.0
2002	DSP	**DSP**	DSP	170	**30.9**	26.5 - 35.9	158	**164.0**	139.4 - 191.7	276	**305.6**	270.6 - 343.8
2003	DSP	**DSP**	DSP	163	**29.2**	24.9 - 34.0	143	**148.0**	124.7 - 174.3	243	**265.3**	233.0 - 300.8
2004	DSP	**DSP**	DSP	184	**32.5**	28.0 - 37.6	152	**156.4**	132.6 - 183.4	269	**290.4**	256.7 - 327.2
2005	DSP	**DSP**	DSP	203	**35.4**	30.7 - 40.6	161	**164.5**	140.1 - 192.0	277	**296.2**	262.3 - 333.2
2006	DSP	**DSP**	DSP	194	**33.5**	29.0 - 38.6	145	**146.0**	123.2 - 171.7	256	**269.2**	237.2 - 304.3
2007	DSP	**DSP**	DSP	187	**32.1**	27.7 - 37.0	159	**156.5**	133.1 - 182.8	305	**316.3**	281.8 - 353.9
2008	DSP	**DSP**	DSP	180	**30.8**	26.5 - 35.7	145	**136.8**	115.5 - 161.0	252	**258.8**	227.9 - 292.9
2009	DSP	**DSP**	DSP	177	**30.4**	26.1 - 35.2	173	**157.2**	134.7 - 182.5	282	**288.8**	256.1 - 324.6
2010[*]	DSP	**DSP**	DSP	198	**34.1**	29.5 - 39.2	165	**145.6**	124.2 - 169.6	279	**282.7**	250.5 - 317.9
U.S. 2010	1,137	**0.8**	0.7 - 0.8	36,408	**29.7**	29.4 - 30.0	28,590	**130.8**	129.3 - 132.3	49,836	**267.6**	265.3 - 270.0
U.S. Whites 2010	858	**0.8**	0.7 - 0.8	29,578	**29.9**	29.5 - 30.2	24,358	**130.4**	128.7 - 132.0	44,241	**269.0**	266.5 - 271.6

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.
95% CI: 95% confidence interval of the rate.
DSP: Data were suppressed by SEER*Stat to protect privacy due to small numbers.
Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Tobacco-related cancers (excluding lung) include the following: laryngeal, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, cervical cancers, and acute myeloid leukemia. Please see Appendix II for SEER and ICD-10 codes.
Crude Rates are deaths per 100,000 population.
Age-adjusted rates are not calculated for age-specific groups.
[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 3.33. Tobacco-related cancer (excluding lung cancer) deaths by county and public health district of residence, Maine, 2006-2010.[*]

	Average Annual Number	Crude		Age-Adjusted	
		Rate	95% CI	Rate	95% CI
Maine total	602	45.4	43.8 - 47.0	**36.0**	34.7 - 37.3
County					
Androscoggin	52	48.2	42.5 - 54.4	**41.8**	36.9 - 47.3
Aroostook	37	50.5	43.5 - 58.4	**35.5**	30.4 - 41.2
Cumberland	113	40.4	37.1 - 43.8	**34.2**	31.4 - 37.2
Franklin	14	45.0	35.0 - 57.0	**35.1**	27.2 - 44.7
Hancock	23	42.0	34.6 - 50.4	**29.6**	24.4 - 35.9
Kennebec	59	48.7	43.3 - 54.6	**39.9**	35.4 - 44.8
Knox	21	52.4	42.8 - 63.4	**35.3**	28.8 - 43.1
Lincoln	17	50.1	40.1 - 61.8	**30.8**	24.6 - 38.4
Oxford	34	58.4	49.9 - 67.9	**44.1**	37.7 - 51.5
Penobscot	59	38.6	34.3 - 43.2	**33.4**	29.7 - 37.5
Piscataquis	10	57.0	42.3 - 75.1	**36.8**	27.2 - 49.5
Sagadahoc	15	40.9	32.1 - 51.4	**33.7**	26.3 - 42.7
Somerset	25	48.2	40.2 - 57.4	**38.2**	31.8 - 45.6
Waldo	16	40.8	32.3 - 50.8	**31.8**	25.1 - 40.0
Washington	20	59.7	48.5 - 72.7	**41.0**	33.2 - 50.4
York	88	44.6	40.5 - 48.9	**36.2**	32.9 - 39.8
Public Health District					
Aroostook	37	50.5	43.5 - 58.4	**35.5**	30.4 - 41.2
Central	85	48.6	44.1 - 53.4	**39.4**	35.7 - 43.4
Cumberland	113	40.4	37.1 - 43.8	**34.2**	31.4 - 37.2
Downeast	43	48.7	42.4 - 55.7	**33.9**	29.5 - 39.0
Midcoast	69	46.1	41.4 - 51.2	**32.9**	29.5 - 36.7
Penquis	69	40.5	36.3 - 45.0	**33.9**	30.4 - 37.7
Western	100	50.7	46.4 - 55.4	**41.5**	37.9 - 45.3
York	88	44.6	40.5 - 48.9	**36.2**	32.9 - 39.8

Data Source: Underlying mortality data provided by National Center for Health Statistics. Rates are calculated using SEER*Stat Version 8.1.5.

95% CI: 95% confidence interval of the rate.

Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

Tobacco-related cancer (excluding lung cancer): SEER Cause of Death Recode: 20010, 20020, 20030, 20040, 20050, 20060, 20070, 20080, 20090, 20100, 21010, 21020, 21100, 22020, 27010, 29010, 29020, 35021 (which include ICD-10 codes: C00-C14, C15, C16, C25, C32, C53, C67, C92.0, C92.4-C92.5, C94.0, C94.2).

Crude Rates are deaths per 100,000 population.

Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data.

[*]Counts and rates might be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010.

Table 4.1. Prevalence of cancer risk factors among Maine adults, 2011-2012.

	Maine					U.S. Median	
	Total Respondents	n	N	%	95% CI	Number of States*	%
Any Tobacco Use (2011)	3,748						
Yes		648	**256,912**	**26.1**	23.7-28.6	NA	**NA**
No		3,100	**728,465**	**73.9**	71.5-76.3	NA	**NA**
Cigarette Smoking Status (2012)	9,810						
Never		4801	**508,071**	**48.6**	47.3-49.8	51	**54.4**
Former		3407	**326,178**	**31.1**	30.0-32.2	51	**25.6**
Current		1602	**212,661**	**20.3**	19.2-21.4	51	**19.6**
Weight Status (2012)	9,374						
Healthy Weight		3,234	**347,985**	**34.8**	33.5-36.0	51	**34.2**
Overweight		3,519	**363,879**	**36.4**	35.2-37.6	51	**35.8**
Obese		2,621	**287,874**	**28.8**	27.6-30.0	51	**27.6**
Engage in ≥150 minutes of aerobic exercise per week (2011)	12,356						
Yes		7,085	**557,716**	**56.7**	55.5-57.9	51	**51.7**
No		6,455	**425,891**	**43.3**	42.1-44.5	51	**48.3**
Heavy Drinking (2012)	9,708						
Yes		632	**69,706**	**6.7**	6.1-7.4	51	**6.1**
No		9,076	**964,846**	**93.3**	92.6-93.9	51	**93.9**

	Maine	U.S. Median
Median Daily Fruit and Vegetable Consumption (2011)**		
Fruit Daily Consumption	1.2	1.1
Vegetable Daily Consumption	1.7	1.6

Data source: Maine Behavioral Risk Factor Surveillance System (2011 and 2012).
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Any tobacco use = Percentage of Maine adults ages 18 years and older who reported current use of any tobacco product including cigarettes, cigars, flavored cigars (small and large size), chewing tobacco, and snuff; Cigarette smoking status = Percentage of Maine adults ages 18 years and older who reported being a never smoker, former smoker, or current smoker; Weight status = Percentage of Maine adults ages 18 years and older who had a body mass index (BMI) ≥18.5 and <25.0 kg/m^2 (healthy weight), a BMI ≥25.0 and <30.0 kg/m^2 (overweight), or a BMI <30.0 kg/m^2 (obese) based on self-reported weight and height measurements; Heavy drinking = Percentage of Maine adults ages 18 years and older who reported having more than 2 drink per day for males or more than 1 drink per day for females.
n: Number of survey respondents ages 18 years and older who responded to questions about tobacco use, weight and height measurements, engaging in 150 minutes of aerobic exercise per week, heavy drinking, and daily fruit and vegetable consumption.
N: Estimated number of Maine adults ages 18 years and older who reported tobacco use, weight and height measurements, engaging in 150 minutes of aerobic exercise per week , heavy drinking, and daily fruit and vegetable consumption.
95% CI: 95% confidence interval.
NA: Not available.
*Of 50 states and the District of Columbia.
**Data on median daily fruit and vegetable consumption obtained from the Centers for Disease Control and Prevention *State Indicator Report on Fruits and Vegetables, 2013.*
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.2. Ultraviolet light exposure-related cancer risk factors among adults by year, Maine, 2002-2012.

Year	Artificial sources of ultraviolet light use					Routine sunblock use					Routine use of at least one protective measure against sun exposure				
	Total Respondents	n	N	%	95% CI	Total Respondents	n	N	%	95% CI	Total Respondents	n	N	%	95% CI
2002	NA	NA	**NA**	**NA**	NA	2,291	833	**318,226**	**34.2**	32.0 - 36.3	2,242	1,077	**427,309**	**46.8**	44.5 - 49.2
2003	NA	NA	**NA**	**NA**	NA	NA	NA	**NA**	**NA**	NA	NA	NA	**NA**	**NA**	NA
2004	NA	NA	**NA**	**NA**	NA	3,001	1,207	**333,031**	**37.8**	35.8 - 39.8	2,905	1,333	**369,596**	**43.3**	41.2 - 45.4
2005	NA	NA	**NA**	**NA**	NA	NA	NA	**NA**	**NA**	NA	NA	NA	**NA**	**NA**	NA
2006	NA	NA	**NA**	**NA**	NA	3,534	1,273	**303,351**	**32.8**	31.0 - 34.6	3,463	1,596	**389,974**	**43.0**	41.0 - 45.0
2007	NA	NA	**NA**	**NA**	NA	3,593	1,412	**346,350**	**37.4**	35.4 - 39.4	NA	NA	**NA**	**NA**	NA
2008	NA	NA	**NA**	**NA**	NA	3,699	1,372	**337,750**	**35.2**	33.2 - 37.1	NA	NA	**NA**	**NA**	NA
2009	NA	NA	**NA**	**NA**	NA	NA	NA	**NA**	**NA**	NA	NA	NA	**NA**	**NA**	NA
2010	NA	NA	**NA**	**NA**	NA	3,550	1,274	**308,768**	**33.1**	31.1 - 35.1	3,493	1,613	**375,792**	**40.9**	38.7 - 43.1
Change in BRFSS methods															
2011	3,824	143	**49,417**	**5.0**	3.9 - 6.1	NA	NA	**NA**	**NA**	NA	NA	NA	**NA**	**NA**	NA
2012	3,903	151	**58,857**	**5.7**	4.4 - 7.0	NA	NA	**NA**	**NA**	NA	NA	NA	**NA**	**NA**	NA

Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).

All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Definition: Artificial sources of ultraviolet light use = Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths; Routine sunblock use = Percentage of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour; Routine use of at least one protective measures against sun exposure = Percentage of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.

n: Number of survey respondents ages 18 years and older who reported ever use of artificial sources of ultraviolet light, routine sunblock use, or routine use of at least one protective measures against sun exposure.

N: Estimated number of Maine adults ages 18 years and older who reported ever use of artificial sources of ultraviolet light, routine sunblock use, or routine use of at least one protective measures against sun exposure.

NA: Not available.

95% CI: 95% confidence interval.

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.3. Adults ages 18 years and older who ever used artificial sources of ultraviolet light for tanning by selected demographics, Maine, 2011-2012.

	Total Respondents	n	Annual Average N	%	95% CI
Maine Total	7,727	294	**54,137**	**5.4**	4.5 - 6.2
Sex					
Female	4,691	226	**41,007**	**7.9**	6.5 - 9.2
Male	3,036	68	**13,130**	**2.7**	1.8 - 3.6
Age					
18-44	1,443	118	**33,974**	**8.3**	6.4 - 10.2
45-64	3,413	146	**17,708**	**4.6**	3.8 - 5.5
65 and older	2,815	28	**2,016**†	**1.0**†	0.6 - 1.4†
Education					
Less than high school diploma	445	9	**4,470**†	**4.4**†	0.9 - 7.9†
High school diploma or GED	2,516	105	**18,813**	**5.4**	4.1 - 6.7
Some college	1,929	105	**21,804**	**7.2**	5.4 - 9.1
Bachelor's degree or higher	2,826	75	**9,051**	**3.6**	2.5 - 4.6
Income					
Less than $15,000	933	34	**7,247**†	**5.7**†	3.2 - 8.1†
$15,000-24,999	1,332	27	**4,280**†	**2.5**†	1.4 - 3.7†
$25,000-34,999	871	36	**4,909**†	**4.4**†	2.5 - 6.3†
$35,000-49,999	1,106	32	**4,787**†	**3.4**†	2.1 - 4.7†
$50,000 or more	2,680	140	**24,616**	**7.1**	5.5 - 8.7
Sexual Orientation					
Heterosexual or straight	7,350	279	**52,269**	**5.5**	4.6 - 6.3
Homosexual (gay or lesbian)	114	10	**1,367**†	**8.6**†	2.5 - 14.6†
Bisexual	65	1	**40**†	**0.4**†	0.0 - 1.1†
Other	DSU	DSU	**DSU**	**DSU**	DSU
Type of Health Insurance Coverage					
Private	3,459	169	**29,083**	**6.1**	5.0 - 7.3
Medicare	2,230	28	**2,930**†	**1.6**†	0.9 - 2.3†
Medicaid or MaineCare	702	49	**12,058**†	**8.6**†	5.5 - 11.8†
Other	501	12	**1,126**†	**1.9**†	0.8 - 3.0†
Uninsured	DSU	DSU	**DSU**	**DSU**	DSU
Mental Health Status					
Current depression					
Yes	644	28	**4,984**†	**5.4**†	2.6 - 8.2†
No	7,055	266	**49,153**	**5.4**	4.5 - 6.3
Lifetime depression or anxiety					
Yes	2,323	126	**24,352**	**7.6**	5.8 - 9.5
No	5,344	168	**29,785**	**4.4**	3.5 - 5.3

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths.
n: Number of survey respondents ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths.
N: Estimated number of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths.
Annual Average N: The total N divided by the total number of years in a multi-data analysis.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
†Use with caution. Estimates based on number of n<50 might be unstable.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.4. Adults ages 18 years and older who ever used artificial sources of ultraviolet light for tanning by race and ethnicity, Maine, 2011-2012.

	Total Respondents	n	Annual Average N	%	95% CI
Maine Total	7,727	294	**54,137**	**5.4**	4.5 - 6.2
Race					
White	7,326	284	**52,020**	**5.5**	4.6 - 6.4
Black or African American	DSU	DSU	**DSU**	**DSU**	DSU
American Indian or Alaska Native	DSU	DSU	**DSU**	**DSU**	DSU
Asian or Pacific Islander	DSU	DSU	**DSU**	**DSU**	DSU
Two or more races	DSU	DSU	**DSU**	**DSU**	DSU
Other Race	DSU	DSU	**DSU**	**DSU**	DSU
Ethnicity					
Non-Hispanic	7,536	290	**53,203**	**5.4**	4.6 - 6.3
Hispanic	DSU	DSU	**DSU**	**DSU**	DSU

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths.
n: Number of survey respondents ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths.
N: Estimated number of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such a sunlamps or tanning booths.
Annual Average N: The total N divided by the total number of years in a multi-data analysis.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.5. Adults ages 18 years and older who ever used artificial sources of ultraviolet light for tanning by county and public health district, Maine, 2011-2012.

	Total Respondents	n	Annual Average N	%	95% CI
Maine Total	7,727	294	**54,137**	**5.4**	4.5 - 6.2
County					
Androscoggin	482	21	**4,012**†	**5.2**†	2.4 - 8.0†
Aroostook	435	19	**4,202**†	**5.9**†	2.4 - 9.3†
Cumberland	1,248	33	**4,876**†	**2.8**†	1.7 - 4.0†
Franklin	296	12	**1,254**†	**4.2**†	1.4 - 7.1†
Hancock	338	9	**2,100**†	**4.6**†	0.2 - 9.1†
Kennebec	581	34	**6,633**†	**7.5**†	3.9 - 11.1†
Knox	396	12	**718**†	**2.4**†	1.0 - 3.9†
Lincoln	391	12	**1,861**†	**6.3**†	1.7 - 11.0†
Oxford	331	16	**3,740**†	**6.9**†	2.8 - 11.1†
Penobscot	642	27	**5,592**†	**5.9**†	3.4 - 8.4†
Piscataquis	192	10	**1,056**†	**6.3**†	1.9 - 10.7†
Sagadahoc	312	13	**1,574**†	**5.4**†	1.7 - 9.0†
Somerset	279	16	**3,602**†	**7.8**†	3.1 - 12.5†
Waldo	389	11	**1,176**†	**3.5**†	0.5 - 6.5†
Washington	375	13	**1,400**†	**4.0**†	1.6 - 6.4†
York	884	30	**9,494**†	**7.3**†	3.8 - 10.8†
Public Health District					
Aroostook	435	19	**4,202**†	**5.9**†	2.4 - 9.3†
Central	860	50	**10,235**	**7.6**	4.8 - 10.5
Cumberland	1,248	33	**4,876**†	**2.8**†	1.7 - 4.0†
Downeast	713	22	**3,499**†	**4.4**†	1.6 - 7.1†
Midcoast	1,488	48	**5,330**†	**4.4**†	2.7 - 6.1†
Penquis	834	37	**6,647**†	**6.0**†	3.7 - 8.2†
Western	1,109	49	**9,006**†	**5.6**†	3.6 - 7.6†
York	884	30	**9,494**†	**7.3**†	3.8 - 10.8†

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths.
n: Number of survey respondents ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths.
N: Estimated number of Maine adults ages 18 years and older who reported ever using artificial sources of ultraviolet light such as sunlamps or tanning booths.
Annual Average N: The total N divided by the total number of years in a multi-data analysis.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
†Use with caution. Estimates based on number of n<50 might be unstable.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.6. Adults ages 18 years and older who routinely used sunblock by selected demographics, Maine, 2010.

	Total respondents	n	N	%	95% CI
Maine Total	3,550	1,274	**308,768**	**33.1**	31.1 - 35.1
Sex					
Female	2,121	966	**214,109**	**45.6**	42.7 - 48.4
Male	1,429	308	**94,659**	**20.4**	17.8 - 23.0
Age					
18-44	793	282	**127,087**	**32.0**	28.1 - 35.8
45-64	1,665	614	**125,508**	**34.9**	32.1 - 37.6
65 and older	1,071	370	**54,945**	**32.0**	28.9 - 35.0
Education					
Less than high school diploma	DSU	DSU	**DSU**	**DSU**	DSU
High school diploma or GED	1,166	329	**77,176**	**25.2**	21.9 - 28.5
Some college	916	329	**82,921**	**33.2**	29.2 - 37.1
Bachelor's degree or higher	1,277	579	**138,752**	**42.7**	39.3 - 46.2
Income					
Less than $15,000	359	91	**19,711**	**24.5**	17.3 - 31.6
$15,000-24,999	562	177	**35,559**	**27.2**	22.3 - 32.0
$25,000-34,999	355	111	**22,186**	**26.3**	20.8 - 31.8
$35,000-49,999	513	187	**48,352**	**36.1**	30.6 - 41.7
$50,000 or more	1,382	575	**152,573**	**38.3**	35.2 - 41.4
Sexual Orientation					
Heterosexual or straight	3,393	1,221	**297,584**	**33.2**	31.1 - 35.3
Homosexual (gay or lesbian)	DSU	DSU	**DSU**	**DSU**	DSU
Bisexual	DSU	DSU	**DSU**	**DSU**	DSU
Other	DSU	DSU	**DSU**	**DSU**	DSU
Type of Health Insurance Coverage					
Private	1,775	726	**195,249**	**38.1**	35.3 - 41.0
Medicare	824	261	**40,500**	**29.2**	25.6 - 32.8
Medicaid or MaineCare	289	90	**25,607**	**26.5**	20.3 - 32.3
Other	237	78	**19,058**	**33.7**	25.7 - 41.6
Uninsured	DSU	DSU	**DSU**	**DSU**	DSU
Mental Health Status					
Current depression					
Yes	304	65	**15,829**	**19.5**	13.4 - 25.5
No	3,232	1,204	**291,718**	**34.4**	32.2 - 36.5
Lifetime depression or anxiety					
Yes	1,105	359	**83,193**	**30.2**	36.7 - 33.7
No	2,423	907	**223,612**	**34.3**	31.8 - 36.7

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
n: Number of survey respondents ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
N: Estimated number of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.7. Adults ages 18 years and older who routinely used sunblock by race and ethnicity, Maine, 2010.

	Total Respondents	n	N	%	95% CI
Maine Total	3,550	1,274	**308,768**	**33.1**	31.1 - 35.1
Race					
White	3,380	1,223	**297,082**	**33.5**	31.4 - 35.6
Black or African American	DSU	DSU	**DSU**	**DSU**	DSU
American Indian or Alaska Native	DSU	DSU	**DSU**	**DSU**	DSU
Asian or Pacific Islander	DSU	DSU	**DSU**	**DSU**	DSU
Two or More Races	DSU	DSU	**DSU**	**DSU**	DSU
Other Race	DSU	DSU	**DSU**	**DSU**	DSU
Ethnicity					
Non-Hispanic	3,460	1,247	**302,375**	**33.2**	31.1 - 35.2
Hispanic	DSU	DSU	**DSU**	**DSU**	DSU

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
n: Number of survey respondents ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
N: Estimated number of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.8. Adults ages 18 years and older who routinely used sunblock by county and public health district, Maine, 2010.

	Total Respondents	n	N	%	95% CI
Maine Total	3,550	1,274	**308,768**	**33.1**	31.1 - 35.1
County					
Androscoggin	219	78	**19,809**	**28.9**	21.5 - 36.3
Aroostook	223	61	**15,891**	**22.2**	15.0 - 29.4
Cumberland	590	265	**72,440**	**43.0**	38.2 - 47.9
Franklin	130	38	**5,794**†	**25.7**†	16.8 - 34.6†
Hancock	183	57	**12,830**	**27.8**	20.2 - 35.4
Kennebec	267	96	**23,697**	**32.8**	25.9 - 39.7
Knox	187	73	**10,430**	**36.5**	28.5 - 44.6
Lincoln	158	71	**11,819**	**43.1**	33.3 - 52.9
Oxford	DSU	DSU	**DSU**	**DSU**	DSU
Penobscot	296	99	**30,275**	**33.4**	26.6 - 40.0
Piscataquis	DSU	DSU	**DSU**	**DSU**	DSU
Sagadahoc	DSU	DSU	**DSU**	**DSU**	DSU
Somerset	131	35	**9,514**†	**26.1**†	17.2 - 35.0†
Waldo	184	54	**8,584**	**25.6**	17.6 - 33.6
Washington	162	47	**7,175**†	**25.0**†	17.2 - 32.7†
York	395	150	**44,221**	**34.5**	28.3 - 40.7
Public Health District					
Aroostook	223	61	**15,891**	**22.2**	15.0 - 29.4
Central	398	131	**33,210**	**30.5**	25.1 - 36.0
Cumberland	590	265	**72,440**	**43.0**	38.2 - 47.9
Downeast	345	104	**20,005**	**26.7**	21.2 - 32.3
Midcoast	653	248	**40,180**	**34.7**	30.1 - 39.3
Penquis	371	118	**34,104**	**32.7**	26.5 - 38.8
Western	490	166	**40,585**	**30.1**	24.7 - 35.4
York	395	150	**44,221**	**34.5**	28.3 - 40.7

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
n: Number of survey respondents ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
N: Estimated number of Maine adults ages 18 years and older who reported using sunblock 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
†Use with caution. Estimates based on number of n<50 might be unstable.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.9. Adults ages 18 years and older who routinely used at least one protective measure against sun exposure by selected demographics, Maine, 2010.

	Total Respondents	n	N	%	95% CI
Maine Total	3,493	1,613	**375,792**	**40.9**	38.7 - 43.1
Sex					
Female	2,095	891	**159,415**	**34.3**	31.8 - 36.9
Male	1,398	722	**216,377**	**47.6**	44.1 - 51.1
Age					
18-44	784	212	**112,026**	**28.5**	24.6 - 32.4
45-64	1,648	719	**154,595**	**43.4**	40.2 - 46.5
65 and older	1,040	672	**107,738**	**64.7**	61.4 -68.0
Education					
Less than high school diploma	182	100	**22,226**	**44.3**	33.6 - 54.9
High school diploma or GED	1,143	528	**124,616**	**41.5**	37.3 - 45.7
Some college	903	576	**126,386**	**39.3**	36.0 - 42.7
Bachelor's degree or higher	1,261	406	**102,304**	**41.6**	37.3 - 45.8
Income					
Less than $15,000	353	199	**42,146**	**53.4**	44.0 - 62.8
$15,000-24,999	558	291	**59,885**	**46.1**	40.3 - 51.9
$25,000-34,999	347	172	**34,697**	**42.0**	35.4 - 48.6
$35,000-49,999	508	228	**55,662**	**42.1**	36.5 - 47.6
$50,000 or more	1,371	552	**145,385**	**36.8**	33.6 - 39.9
Sexual Orientation					
Heterosexual or straight	3,340	1,541	**361,058**	**40.9**	38.7 - 43.2
Homosexual (gay or lesbian)	DSU	DSU	**DSU**	**DSU**	DSU
Bisexual	DSU	DSU	**DSU**	**DSU**	DSU
Other	DSU	DSU	**DSU**	**DSU**	DSU
Type of Health Insurance Coverage					
Private	1,752	685	**182,383**	**36.1**	33.2 - 38.9
Medicare	804	497	**80,376**	**59.6**	55.4 - 63.8
Medicaid or MaineCare	284	114	**27,678**	**29.2**	22.5 - 35.9
Other	234	124	**28,287**	**50.4**	41.9 - 59.0
Uninsured	DSU	DSU	**DSU**	**DSU**	DSU
Mental Health Status					
Current depression					
Yes	301	148	**36,476**	**45.2**	35.5 - 54.8
No	3,181	1,461	**338,598**	**40.5**	38.3 - 42.8
Lifetime depression or anxiety					
Yes	1,098	499	**113,284**	**41.3**	37.1 - 45.6
No	2,376	1,106	**261,205**	**40.8**	38.2 - 43.3

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against the sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
n: Number of survey respondents ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
N: Estimated number of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.10. Adults ages 18 years and older who routinely used at least one protective measure against sun exposure by race and ethnicity, Maine, 2010.

	Total Respondents	n	N	%	95% CI
Maine Total	3,493	1,613	**375,792**	**40.9**	38.7 - 43.1
Race					
White	3,326	1,534	**358,247**	**41.0**	38.7 - 43.3
Black or African American	DSU	DSU	**DSU**	**DSU**	DSU
American Indian or Alaska Native	DSU	DSU	**DSU**	**DSU**	DSU
Asian or Pacific Islander	DSU	DSU	**DSU**	**DSU**	DSU
Two or More Races	DSU	DSU	**DSU**	**DSU**	DSU
Other Race	DSU	DSU	**DSU**	**DSU**	DSU
Ethnicity					
Non-Hispanic	3,407	1,570	**366,207**	**40.8**	38.5 - 43.0
Hispanic	DSU	DSU	**DSU**	**DSU**	DSU

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
n: Number of survey respondents ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
N: Estimated number of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.11. Adults ages 18 years and older who routinely used at least one protective measure against sun exposure by county and public health district, Maine, 2010.

	Total Respondents	n	N	%	95% CI
Maine Total	3,493	1,613	**375,792**	**40.9**	38.7 - 43.1
County					
Androscoggin	212	99	**28,842**	**43.1**	34.0 - 52.3
Aroostook	DSU	DSU	**DSU**	**DSU**	DSU
Cumberland	583	247	**65,424**	**39.5**	34.6 - 44.3
Franklin	DSU	DSU	**DSU**	**DSU**	DSU
Hancock	181	75	**15,135**	**33.1**	25.2 - 41.1
Kennebec	265	125	**32,603**	**45.9**	38.5 - 53.3
Knox	184	85	**11,519**	**40.9**	32.5 - 49.2
Lincoln	155	74	**10,736**	**39.7**	29.9 - 49.5
Oxford	138	73	**18,881**	**43.5**	32.6 - 54.4
Penobscot	291	133	**34,200**	**38.2**	31.3 - 45.1
Piscataquis	DSU	DSU	**DSU**	**DSU**	DSU
Sagadahoc	DSU	DSU	**DSU**	**DSU**	DSU
Somerset	DSU	DSU	**DSU**	**DSU**	DSU
Waldo	DSU	DSU	**DSU**	**DSU**	DSU
Washington	161	79	**13,135**	**45.8**	36.0 - 55.6
York	392	166	**47,581**	**37.4**	31.2 - 43.5
Public Health District					
Aroostook	DSU	DSU	**DSU**	**DSU**	DSU
Central	393	181	**46,357**	**43.5**	37.5 - 49.5
Cumberland	583	247	**65,424**	**39.5**	34.6 - 44.3
Downeast	342	154	**28,270**	**38.0**	31.8 - 44.3
Midcoast	642	311	**50,304**	**44.0**	38.9 - 49.2
Penquis	365	170	**39,673**	**38.6**	32.3 - 44.8
Western	477	235	**56,595**	**43.0**	36.9 - 49.1
York	392	166	**47,581**	**37.4**	31.2 - 43.5

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
n: Number of survey respondents ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
N: Estimated number of Maine adults ages 18 years and older who reported using at least one of the protective measures (i.e., wearing a hat to shade face, ears, or neck against sun, wearing long-sleeved shirt, or staying in the shade) against sun exposure 'Always' or 'Nearly Always' when outside on a sunny summer day for more than an hour.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
[†]Use with caution. Estimates based on number of n<50 might be unstable.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.12. Prevalence of cancer risk factors among middle and high school students, Maine and U.S., 2013.*

	Maine										U.S.	
	Middle School Students					High School Students					High School Students	
	Total Respondents	n	N	%	95% CI	Total Respondents	n	N	%	95% CI	%	95% CI
Any Current Tobacco Use	17,993					35,534						
Yes		745	**1,008**	**3.8**	3.4 - 4.2		6,324	**10,042**	**18.2**	17.3 - 19.1	**22.4**	19.9 -25.0
No		17,248	**25,493**	**96.2**	95.8 - 96.6		29,210	**45,167**	**81.8**	80.9 -82.7	**NA**	NA
Weight Status	4,331					16,279						
Healthy Weight		2,996	**14,930**	**65.7**	64.0 - 67.4		11,301	**35,496**	**69.7**	68.4 - 71.0	**NA**	NA
Overweight		761	**3,973**	**17.5**	16.5 - 18.5		2,268	**8,153**	**16.0**	15.3 - 16.7	**16.6**	15.4 - 17.8
Obese		604	**3,217**	**14.2**	12.9 - 15.4		2,086	**6,449**	**12.7**	11.8 - 13.5	**13.7**	12.6 - 14.9
Engaged in ≥60 minutes of physical activity daily	17,213					33,995						
Yes		4,940	**7,288**	**28.7**	27.6 - 29.8		7,529	**11,867**	**22.4**	21.6 - 23.2	**27.1**	25.5 - 28.8
No		12,273	**18,099**	**71.3**	70.2 - 72.4		26,466	**41,094**	**77.6**	76.8 - 78.4	**NA**	NA
Ate fruits and/or vegetables ≥5 times per day during the past 7 days	16,692					32,270						
Yes		3,292	**4,736**	**19.3**	18.1 - 20.4		5,594	**8,586**	**16.8**	16.1 - 17.6	**NA**	NA
No		13,400	**19,846**	**80.7**	79.6 - 81.9		27,126	**42,406**	**83.2**	82.4 - 83.9	**NA**	NA
Indoor Tanning Device Use	4,923					9,100						
Yes		337	**1,579**	**6.1**	5.3 - 7.0		1,394	**8,212**	**15.0**	13.6 - 16.4	**12.8**	10.6 - 15.4
No		4,586	**24,185**	**93.4**	93.0 - 94.7		7,706	**46,606**	**85.0**	83.6 - 86.4	**NA**	NA
Routine Sunscreen Use	4,912					8,957						
Yes		1,349	**7,381**	**28.7**	26.5 - 31.0		1,766	**10,628**	**19.7**	18.2 - 21.2	**10.1**	9.1 - 11.1
No		3,563	**18,302**	**71.3**	69.0 – 73.4		7,191	**43,324**	**80.3**	78.8 - 81.8	**NA**	NA

Data source: Maine Integrated Youth Health Survey.

All percentages weighted to be more representative of the general student population of Maine and to adjust for non-response.

Definition: Any current tobacco use = Percentage of Maine middle and high school students who reported use of any tobacco product including cigarettes, cigars, cigarillos, little cigars, and smokeless tobacco in the past 30 days before the survey; Weight status = Percentage of Maine middle and high school students with a body mass index (BMI) ≤5th percentile but <85th percentile (healthy weight), a BMI ≥85th percentile but <95th percentile (overweight), or a BMI ≥95th percentile (obese) by age and sex based on self-reported weight and height measurements; Indoor tanning device use = Percentage of Maine middle and high school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months; Routine sunscreen use = Percentage of Maine middle and high school students who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.

n: Number of survey respondents in middle school or high school who responded to questions about tobacco use, weight and height measurements, physical activity, fruit and vegetable consumption, indoor tanning device use, and routine sunscreen use.

N: Estimated number of Maine middle school and high school students who reported to questions about tobacco use, weight and height measurements, physical activity, fruit and vegetable consumption, indoor tanning device use, and routine sunscreen use.

95% CI: 95% confidence interval.

NA: Data not available.

*Data on U.S. high school students was obtained from the Centers for Disease Control and Prevention *Youth Risk Behavior Survey, 2013*.

Table 4.13. Ultraviolet light exposure-related cancer risk factors among middle and high school students by year, Maine, 2009-2013.

Year	Middle School Students					High School Students				
	Total Respondents	n	N	%	95% CI	Total Respondents	n	N	%	95% CI
Indoor Tanning Device Use										
2009	5,124	508	**2,530**	**9.2**	8.1 - 10.2	10,149	2,346	**13,241**	**22.5**	20.8 - 24.2
2011	4,587	336	**1,817**	**6.8**	5.9 - 7.8	8,918	1,505	**9,111**	**16.4**	15.3 - 17.5
2013	4,923	337	**1,579**	**6.1**	5.3 - 7.0	9,100	1,394	**8,212**	**15.0**	13.6 - 16.4
Routine Sunscreen Use*										
2009	5,047	1,614	**8,990**	**33.0**	31.0 - 34.9	10,075	2,104	**12,456**	**21.4**	20.2 - 22.5
2011	4,593	1,370	**8,217**	**30.8**	28.4 - 33.3	8,867	1,870	**11,630**	**21.0**	19.5 - 22.6
2013	4,912	1,349	**7,381**	**28.7**	26.5 - 31.0	8,957	1,766	**10,628**	**19.7**	18.2 - 21.2

Data source: Maine Integrated Youth Health Survey.
All percentages are weighted to be more representative of the general student population of Maine and to adjust for non-response.
Definition: Indoor tanning device use = Percentage of Maine middle and high school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months; Routine sunscreen use = Percentage of Maine middle and high school students who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.
n: Number of survey respondents in middle and high school who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months (use of an indoor tanning device) or reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour (routine sunscreen use).
N: Estimated number of Maine middle and high school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months (use of an indoor tanning device) or reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour (routine sunscreen use).
95% CI: 95% confidence interval.
*In 2009, routine sunscreen use is defined as the percentage of Maine middle and high school students who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny (summer) day for more than an hour.

Table 4.14. Middle school students who used an indoor tanning device at least one time during the past 12 months by selected demographics, Maine, 2013.

	Total Respondents	n	N	%	95% CI
Maine Total	4,923	337	**1,579**	**6.1**	5.3 - 7.0
Sex					
Female	2,493	171	**814**	**6.5**	5.4 - 7.6
Male	2,375	158	**730**	**5.6**	4.5 - 6.8
Age					
12 or younger	1,245	81	**397**	**5.9**	4.5 - 7.3
13	2,350	141	**682**	**5.5**	4.5 - 6.5
14 and older	1,304	111	**489**	**7.5**	5.9 - 9.2
Grade					
7^{th}	2,256	139	**698**	**5.7**	4.6 - 6.7
8^{th}	2,558	184	**834**	**6.5**	5.1 - 7.8
Race and Ethnicity					
White*	3,529	198	**1,184**	**5.6**	4.6 - 6.4
Black or African American*	153	16	**30**	**10.2**	5.5 - 15.0
American Indian or Alaska Native*	232	18	**36**	**7.5**	3.4 - 11.7
Asian*	102	9	**30**	**8.7**	1.6 - 15.8
Native Hawaiian or Other Pacific Islander*	13	4	**8**	**32.1**	10.6 - 53.7
Multiple Races*	191	19	**38**	**9.7**	5.2 - 14.3
Hispanic	217	37	**74**	**16.7**	10.7 - 22.7

Data source: Maine Integrated Youth Health Survey.
All percentages are weighted to be more representative of the general student population of Maine and to adjust for non-response.
Definition: Percentage of Maine middle school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months.
n: Number of survey respondents in middle school who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months.
N: Estimated number of Maine middle school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
*Non-Hispanic.

Table 4.15. High school students who used an indoor tanning device at least one time during the past 12 months by selected demographics, Maine, 2013.

	Total Respondents	n	N	%	95% CI
Maine Total	9,100	1,394	**8,212**	**15.0**	13.6 - 16.4
Sex					
Female	4,695	912	**5,301**	**19.9**	18.2 - 21.5
Male	4,308	455	**2,775**	**10.0**	8.6 - 11.5
Age					
14 or younger	1,416	162	**769**	**10.5**	8.5 - 12.5
15	2,336	1,403	**1,403**	**10.7**	8.7 - 12.6
16	2,285	346	**2,032**	**14.5**	12.7 - 16.3
17	2,038	394	**2,513**	**18.6**	16.6 - 20.6
18 and older	971	217	**1,427**	**21.8**	18.6 - 24.9
Grade					
9th	2,602	268	**1,330**	**9.7**	8.0 - 11.5
10th	2,262	302	**1,720**	**12.8**	10.7 - 14.9
11th	2,166	356	**2,101**	**15.5**	13.4 - 17.6
12th	1,949	217	**2,880**	**21.1**	18.5 - 23.8
Race and Ethnicity					
White*	6,229	1,062	**7,016**	**14.5**	13.1 - 15.9
Black or African American*	218	31	**90**	**14.4**	10.5 - 18.2
American Indian or Alaska Native*	186	34	**96**	**18.6**	13.1 - 24.1
Asian*	223	31	**98**	**13.3**	9.9 - 16.7
Native Hawaiian or Other Pacific Islander*	31	7	**23**	**25.4**	10.0 - 40.9
Multiple Races*	294	40	**109**	**13.1**	9.5 - 16.7
Hispanic	436	101	**291**	**23.1**	18.0 - 28.1
Sexual Orientation					
Heterosexual or straight	8,084	1,205	**7,305**	**14.9**	13.4 - 16.3
Homosexual (gay or lesbian)	129	33	**171**	**22.8**	16.3 - 29.4
Bisexual	379	60	**290**	**13.7**	10.6 - 16.8
Not Sure	323	58	**252**	**14.3**	11.0 - 17.7

Data source: Maine Integrated Youth Health Survey.
All percentages are weighted to be more representative of the general student population of Maine and to adjust for non-response.
Definition: Percentage of Maine high school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months.
n: Number of survey respondents in high school who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months.
N: Estimated number of Maine high school students who reported using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least one time in during the past 12 months.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
*Non-Hispanic.

Table 4.16. Middle school students who routinely used sunscreen when outside on a sunny day for more than an hour by selected demographics, Maine, 2013.

	Total Respondents	n	N	%	95% CI
Maine Total	4,912	1,349	**7,381**	**28.7**	26.5 - 31.0
Sex					
Female	2,496	790	**4,203**	**33.4**	30.2 - 36.8
Male	2,362	540	**3,076**	**23.9**	21.6 - 26.1
Age					
12 or younger	1,231	421	**2,327**	**35.0**	30.5 - 35.9
13	2,353	663	**3,672**	**29.6**	27.0 - 32.2
14 and older	1,304	263	**1,369**	**21.1**	17.7 - 24.4
Grade					
7^{th}	2,248	722	**4,068**	**33.5**	30.2 - 36.8
8^{th}	2,557	600	**3,170**	**24.6**	21.8 - 27.3
Race and Ethnicity					
White*	3,523	1,042	**6,276**	**29.5**	27.1 - 31.9
Black or African American*	152	22	**41**	**14.1**	8.3 - 20.0
American Indian or Alaska Native*	233	46	**95**	**19.8**	15.4 - 24.2
Asian*	105	12	**26**	**11.7**	5.4 - 18.0
Native Hawaiian or Other Pacific Islander*	13	5	**10**	**38.9**	8.6 - 69.2
Multiple Races*	195	42	**88**	**21.9**	16.4 - 27.3
Hispanic	214	41	**88**	**20.1**	16.4 - 23.8

Data source: Maine Integrated Youth Health Survey.
All percentages are weighted to be more representative of the general student population of Maine and to adjust for non-response.
Definition: Percentage of Maine middle school students who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.
n: Number of survey respondents in middle school who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.
N: Estimated number of Maine middle school students who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
*Non-Hispanic.

Table 4.17. High school students who routinely used sunscreen when outside on a sunny day for more than an hour by selected demographics, Maine, 2013.

	Total Respondents	n	N	%	95% CI
Maine Total	8,957	1,766	**10,628**	**19.7**	18.2 - 21.2
Sex					
Female	4,461	1,141	**6,569**	**24.9**	22.9 - 26.9
Male	3,618	603	**3,937**	**14.5**	13.0 - 16.1
Age					
14 or younger	1,396	325	**1,703**	**23.5**	20.4 - 26.7
15	2,304	475	**2,742**	**21.1**	18.8 - 23.4
16	2,260	423	**2,619**	**18.9**	16.3 - 21.5
17	1,984	364	**2,363**	**18.0**	16.3 - 19.7
18 and older	961	170	**1,149**	**17.8**	14.9 - 20.7
Grade					
9th	2,560	563	**3,009**	**22.3**	19.8 - 25.0
10th	2,254	419	**2,568**	**19.2**	16.9 - 21.5
11th	2,112	413	**2,577**	**19.4**	17.5 - 21.4
12th	1,913	343	**2,357**	**17.7**	15.4 - 20.0
Race and Ethnicity					
White*	7,189	1,479	**9,518**	**20.0**	18.4 - 21.6
Black or African American*	219	16	**50**	**7.9**	4.3 - 11.4
American Indian or Alaska Native*	183	23	**68**	**13.4**	7.7 - 19.1
Asian*	217	38	**134**	**18.9**	14.6 - 22.8
Native Hawaiian or Other Pacific Islander*	29	7	**21**	**24.8**	8.8 - 40.8
Multiple Races*	285	49	**84**	**17.1**	12.2 - 22.0
Hispanic	422	64	**179**	**14.6**	11.4 - 17.9
Sexual Orientation					
Heterosexual or straight	7,968	1,571	**9,516**	**19.6**	18.1 - 21.2
Homosexual (gay or lesbian)	122	22	**138**	**19.4**	11.9 - 27.0
Bisexual	374	66	**379**	**18.2**	13.1 - 23.3
Not Sure	312	64	**345**	**20.2**	14.7 - 25.6

Data source: Maine Integrated Youth Health Survey.
All percentages are weighted to be more representative of the general student population of Maine and to adjust for non-response.
Definition: Percentage of Maine high school students who reported using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.
n: Number of survey respondents in high school who reported using a sunscreen with a SPF of 15 or 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.
N: Estimated number of Maine high school students who using a sunscreen with a SPF of 15 or higher 'Most of the time' or 'Always' when outside on a sunny day for more than an hour.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
*Non-Hispanic.

Table 4.18. Homes with radon testing of indoor air by year, Maine, 2009-2012.

	Homes tested for radon					Homes with elevated radon levels					Homes with elevated radon levels mitigated				
Year	Total Households	n	N	%	95% CI	Total Households	n	N	%	95% CI	Total Households	n	N	%	95% CI
2009	3,495	1,030	**174,754**	**30.1**	28.5 - 31.6	986	162	**28,187**	**16.9**	14.5-19.4	148	111	**19,288**	**75.3**	68.0-82.6
2010	3,623	1,033	**173,981**	**29.0**	27.4 - 30.5	976	138	**24,460**	**14.8**	12.5-17.2	127	101	**18,614**	**82.1**	75.5-88.6
Change in BRFSS methods															
2011	3,462	1,028	**144,174**	**30.8**	29.2 - 32.4	969	143	**21,542**	**15.8**	13.3-18.3	135	97	**14,348**	**70.2**	62.0-78.5
2012	3,604	1,065	**152,499**	**31.4**	29.7 - 33.1	1,014	154	**23,727**	**16.3**	13.8-18.9	145	112	**17,515**	**78.4**	71.6-85.1

Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).

All percentages are weighted to be more representative of all households in Maine and to adjust for non-response.

Definition: Percentage of Maine households that reported indoor air was tested for radon, households with elevated radon levels, and households with elevated radon levels mitigated.

n: Number of surveyed households that reported indoor air was tested for radon, households with elevated radon levels, and households with elevated radon levels mitigated.

N: Estimated number of Maine households that reported indoor air was tested for radon, households with elevated radon levels, and households with elevated radon levels mitigated.

95% CI: 95% confidence interval

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.19. Homes with radon testing of indoor air by annual household income, Maine, 2012.

	Homes tested for radon					Homes with elevated radon levels					Homes with elevated radon levels mitigated				
	Total Households	n	N	%	95% CI	Total Households	n	N	%	95% CI	Total Households	n	N	%	95% CI
Maine Total	3,604	1,065	**152,499**	**31.4**	29.7 - 33.1	1,014	154	**23,727**	**16.3**	13.8 - 18.9	145	112	**17,515**	**78.4**	71.6 - 85.1
Income															
Less than $15,000	404	93	**11,388**	**24.8**	19.8 - 29.8	80	14	**1,441**†	**14.8**†	6.1 - 23.5†	DSU	DSU	**DSU**	**DSU**	DSU
$15,000-24,999	579	114	**10,512**	**19.1**	15.4 - 22.8	106	11	**807**†	**8.5**†	2.8 - 14.2†	DSU	DSU	**DSU**	**DSU**	DSU
$25,000-34,999	368	83	**11,443**	**23.5**	18.6 - 28.4	77	15	**2,448**†	**23.6**†	12.4 - 34.7†	DSU	DSU	**DSU**	**DSU**	DSU
$35,000-49,999	546	135	**15,988**	**23.5**	19.6 - 27.3	128	11	**1,476**†	**9.6**†	3.9 - 15.6†	DSU	DSU	**DSU**	**DSU**	DSU
$50,000 or more	1,317	543	**90,220**	**42.3**	39.5 - 45.2	533	88	**15,733**	**17.8**	14.4 - 21.3	86	70	**12,611**	**82.6**	74.8 - 90.4

Data source: Maine Behavioral Risk Factor Surveillance System.

All percentages are weighted to be more representative of all households in Maine and to adjust for non-response.

Definition: Percentage of Maine households that reported indoor air was tested for radon, households with elevated radon levels, and households with elevated radon levels mitigated.

n: Number of surveyed households that reported indoor air was tested for radon, households with elevated radon levels, and households with elevated radon levels mitigated.

N: Estimated number of Maine households that reported indoor air was tested for radon, households with elevated radon levels, and households with elevated radon levels mitigated.

Subgroup counts might not sum to Maine total due to missing data.

95% CI: 95% confidence interval.

DSU: Data statistically unreliable; total households < 50 or 95% CI half-width is > 10.

†Use with caution. Estimates based on number of n<50 might be unstable.

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 4.20. Homes with radon testing of household indoor air by county and public health district, Maine, 2012.

	Total Households	n	N	%	95% CI
Maine Total	3,604	1,065	**152,499**	**31.4**	29.7 - 33.1
County					
Androscoggin	218	50	**8,060**	**23.4**	17.2 - 29.5
Aroostook	198	42	**5,641**†	**21.2**†	15.0 - 27.5†
Cumberland	587	255	**44,164**	**44.7**	40.4 - 49.1
Franklin	136	31	**2,566**†	**23.5**†	15.8 - 31.1†
Hancock	157	43	**6,212**†	**27.7**†	20.1 - 35.2†
Kennebec	269	79	**12,098**	**28.4**	22.6 - 34.1
Knox	180	51	**4,946**	**30.7**	22.7 - 38.8
Lincoln	178	68	**5,544**	**37.7**	30.1 - 45.3
Oxford	164	45	**6,687**†	**29.4**†	21.3 - 37.5†
Penobscot	302	65	**10,558**	**23.6**	18.1 - 29.0
Piscataquis	DSU	DSU	**DSU**	**DSU**	DSU
Sagadahoc	146	56	**6,243**	**39.6**	30.3 - 48.9
Somerset	DSU	DSU	**DSU**	**DSU**	DSU
Waldo	180	48	**4,411**	**27.8**	20.6 - 35.0
Washington	DSU	DSU	**DSU**	**DSU**	DSU
York	411	139	**23,636**	**36.3**	31.2 - 41.3
Public Health District					
Aroostook	198	42	**5,641**†	**21.2**†	15.0 - 27.5†
Central	405	104	**16,349**	**26.2**	21.5 - 30.9
Cumberland	587	255	**44,164**	**44.7**	40.4 - 49.1
Downeast	330	72	**8,607**	**23.1**	18.0 - 28.2
Midcoast	684	223	**21,145**	**33.9**	29.8 - 37.9
Penquis	400	86	**12,219**	**23.1**	18.3 - 27.8
Western	518	126	**17,313**	**25.4**	21.1 - 29.7
York	411	139	**23,636**	**36.3**	31.2 - 41.3

Data source: Maine Behavioral Risk Factor Surveillance System.

All percentages are weighted to be more representative of all households in Maine and to adjust for non-response.

Definition: Percentage of Maine households that reported indoor air was tested for radon.

n: Number of surveyed households that reported indoor air was tested for radon.

N: Estimated number of Maine households that reported indoor air was tested for radon.

95% CI: 95% confidence interval.

DSU: Data statistically unreliable; total households < 50 or 95% CI half-width is > 10.

†Use with caution. Estimates based on n<50 might be unstable.

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.1. Breast cancer screening rates by year, Maine and U.S., 2002-2012.

	Maine										U.S. Median*			
	Ages ≥40 years					Ages ≥50 years					Ages ≥40 years		Ages ≥50 years	
Year	Total Respondents	n	N	%	95% CI	Total Respondents	n	N	%	95% CI	Number of States	%	Number of States	%
2002	1,008	823	**266,421**	**82.1**	79.6-84.7	684	577	**187,761**	**84.7**	81.8-87.6	51	**76.1**	51	**79.7**
2004	1,549	1,254	**281,988**	**81.8**	79.7-84.0	1,097	919	**197,438**	**84.7**	82.3-87.1	50	**74.9**	50	**78.1**
2006	1,861	1,523	**289,158**	**81.8**	79.9-83.8	1,370	1,153	**208,599**	**84.3**	82.1-86.5	51	**76.5**	51	**80.0**
2008	3,334	2,778	**299,547**	**83.3**	81.8-84.8	2,667	2,252	**220,155**	**85.1**	83.6-86.6	51	**76.0**	51	**79.5**
2010	4,159	3,379	**293,840**	**80.6**	79.1-82.0	3,374	2,799	**222,269**	**83.6**	82.1-85.0	51	**75.2**	51	**77.9**
Change in BRFSS methods														
2012	4,625	3,670	**297,219**	**79.6**	78.2-81.0	3,789	3,078	**229,676**	**82.1**	80.7-83.6	51	**74.0**	51	**77.0**

Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine and U.S. females who reported they have had a mammogram within the past 2 years.
n: Number of females survey respondents (ages 40 years and older and 50 years and older) who reported they have had a mammogram within the past 2 years.
N: Estimated number of Maine females (ages 40 years and older and 50 years and older) who reported they have had a mammogram within the past 2 years.
95% CI: 95% confidence interval
*U.S. median estimates include all 50 states and the District of Columbia.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.2. Females ages 40 years and older who had a mammogram within the past 2 years by selected demographics, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	4,625	3,670	**297,219**	**79.6**	78.2 - 81.0
Age					
40-49	836	592	**67,543**	**71.9**	68.4 - 75.5
50-64	1,895	1,572	**129,098**	**83.3**	81.3 - 85.3
65-74	1,078	903	**55,396**	**84.4**	81.8 - 87.1
75 and older	816	603	**45,182**	**76.5**	73.0 - 80.1
Education					
Less than high school diploma	241	176	**24,078**	**71.9**	65.2 - 78.7
High school diploma or GED	1,458	1,144	**99,329**	**79.6**	77.1 - 82.0
Some college	1,265	1,005	**94,054**	**80.6**	78.0 - 83.1
Bachelor's degree or higher	1,655	1,341	**79,442**	**81.0**	78.8 - 83.3
Income					
Less than $15,000	624	447	**30,103**	**72.3**	67.7 - 76.9
$15,000-24,999	846	630	**48,364**	**75.1**	71.4 - 78.8
$25,000-34,999	460	361	**28,622**	**74.8**	69.8 - 79.8
$35,000-49,999	625	524	**43,435**	**82.8**	79.0 - 86.6
$50,000 or more	1,518	1,275	**110,696**	**83.9**	81.7 - 86.0
Sexual Orientation					
Heterosexual or straight	4,376	3,479	**282,331**	**79.6**	78.2 - 81.1
Homosexual (gay or lesbian)	DSU	DSU	**DSU**	**DSU**	DSU
Bisexual	DSU	DSU	**DSU**	**DSU**	DSU
Other	DSU	DSU	**DSU**	**DSU**	DSU
Type of Health Insurance Coverage					
Private	2,084	1,737	**153,128**	**83.4**	81.5 - 85.3
Medicare	1,476	1,184	**81,274**	**81.5**	79.0 - 83.9
Medicaid or MaineCare	368	282	**24,088**	**78.5**	73.4 - 83.5
Other	249	202	**17,771**	**82.5**	77.1 - 87.9
Uninsured	DSU	DSU	**DSU**	**DSU**	DSU
Mental Health Status					
Current depression					
Yes	314	217	**20,035**	**66.3**	59.5 - 73.1
No	3,807	3,087	**271,272**	**80.6**	79.1 - 82.1
Lifetime depression or anxiety					
Yes	1,351	1,054	**97,192**	**75.6**	72.7 - 78.5
No	2,765	2,246	**194,095**	**81.5**	79.7 - 83.2

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine females ages 40 years and older who reported they had a mammogram within the past 2 years.
n: Number of female survey respondents who reported that they had a mammogram within the past 2 years.
N: Estimated number of Maine females ages 40 years and older who reported they had a mammogram within the past 2 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Current depression = Self-reported symptoms of current depression based on PHQ-2 depression scale.
Lifetime depression or anxiety = Current depression or any lifetime diagnosis of depression or anxiety.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.3. Females ages 40 years and older who had a mammogram within the past 2 years by race and ethnicity, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	4,625	3,670	**297,219**	**79.6**	78.2 - 81.0
Race					
White	4,425	3,523	**285,489**	**79.8**	78.4 - 81.3
Black or African American	DSU	DSU	**DSU**	**DSU**	DSU
American Indian or Alaska Native	DSU	DSU	**DSU**	**DSU**	DSU
Asian or Pacific Islander	DSU	DSU	**DSU**	**DSU**	DSU
Two or More Races	DSU	DSU	**DSU**	**DSU**	DSU
Other Race	DSU	DSU	**DSU**	**DSU**	DSU
Ethnicity					
Non-Hispanic	4,539	3,609	**292,060**	**79.6**	78.2 - 81.0
Hispanic	DSU	DSU	**DSU**	**DSU**	DSU

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine females ages 40 years and older who reported they had a mammogram within the past 2 years.
n: Number of female survey respondents who reported that they had a mammogram within the past 2 years.
N: Estimated number of Maine females ages 40 years and older who reported they had a mammogram within the past 2 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.4. Females ages 40 years and older who had a mammogram within the past 2 years by county and public health district, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	4,625	3,670	**297,219**	**79.6**	78.2 - 81.0
County					
Androscoggin	319	260	**26,102**	**82.4**	77.6 - 87.3
Aroostook	269	225	**20,581**	**81.2**	75.2 - 87.3
Cumberland	771	622	**55,796**	**81.1**	77.9 - 84.3
Franklin	157	118	**6,147**	**74.7**	66.5 - 82.9
Hancock	191	152	**11,003**	**77.9**	70.6 - 85.2
Kennebec	364	295	**27,175**	**80.8**	76.0 - 85.7
Knox	241	184	**8,614**	**73.0**	65.6 - 80.3
Lincoln	236	177	**8,466**	**73.1**	65.9 - 80.4
Oxford	196	148	**13,700**	**72.2**	64.7 - 79.7
Penobscot	400	325	**31,993**	**83.0**	78.7 - 87.3
Piscataquis	111	91	**5,585**	**82.5**	74.2 - 90.8
Sagadahoc	187	147	**8,955**	**79.4**	72.1 - 86.8
Somerset	155	123	**11,828**	**82.5**	76.1 - 88.8
Waldo	207	154	**8,038**	**70.0**	61.1 - 79.0
Washington	203	149	**7,360**	**67.6**	58.9 - 76.3
York	537	437	**40,079**	**82.2**	78.4 - 86.0
Public Health District					
Aroostook	269	225	**20,581**	**81.2**	75.2 - 87.3
Central	519	418	**39,004**	**81.3**	77.4 - 85.2
Cumberland	771	622	**55,796**	**81.1**	77.9 - 84.3
Downeast	394	301	**18,363**	**73.4**	67.8 - 79.1
Midcoast	871	662	**34,073**	**73.9**	70.0 - 77.8
Penquis	511	416	**37,578**	**82.9**	79.1 - 86.8
Western	672	526	**45,949**	**78.1**	74.3 - 81.8
York	537	437	**40,079**	**82.2**	78.4 - 86.0

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine females ages 40 years and older who reported they had a mammogram within the past 2 years.
n: Number of female survey respondents who reported that they had a mammogram within the past 2 years.
N: Estimated number of Maine females ages 40 years and older who reported they had a mammogram within the past 2 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.5. Females ages 50 years and older who had a mammogram within the past 2 years by selected demographics, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	3,789	3,078	**229,676**	**82.1**	80.7 - 83.6
Age					
50-64	1,895	1,572	**129,098**	**83.3**	81.3 - 85.3
65-74	1,078	903	**55,396**	**84.4**	81.8 - 87.1
75 and older	816	603	**45,182**	**76.5**	73.0 - 80.1
Education					
Less than high school diploma	223	166	**21,600**	**73.5**	66.6 - 80.4
High school diploma or GED	1,217	980	**77,940**	**82.8**	80.4 - 85.2
Some college	1,013	819	**69,440**	**82.3**	79.6 - 85.0
Bachelor's degree or higher	1,330	1,109	**60,380**	**84.5**	82.3 - 86.7
Income					
Less than $15,000	543	398	**24,865**	**74.0**	69.2 - 78.7
$15,000-24,999	731	563	**40,515**	**78.9**	75.4 - 82.5
$25,000-34,999	394	319	**23,658**	**77.8**	72.6 - 83.0
$35,000-49,999	505	431	**33,224**	**86.3**	82.8 - 89.9
$50,000 or more	1,114	971	**76,060**	**87.3**	85.0 - 89.7
Sexual Orientation					
Heterosexual or straight	3,584	2,916	**218,375**	**82.2**	80.7 - 83.7
Homosexual (gay or lesbian)	DSU	DSU	**DSU**	**DSU**	DSU
Bisexual	DSU	DSU	**DSU**	**DSU**	DSU
Other	DSU	DSU	**DSU**	**DSU**	DSU
Type of Health Insurance Coverage					
Private	1,528	1,314	**104,715**	**86.5**	84.5 - 88.6
Medicare	1,445	1,162	**78,764**	**81.8**	79.3 - 84.2
Medicaid or MaineCare	253	204	**14,623**	**81.9**	76.0 - 87.7
Other	209	175	**14,834**	**84.9**	79.4 - 90.5
Uninsured	DSU	DSU	**DSU**	**DSU**	DSU
Mental Health Status					
Current depression					
Yes	255	183	**15,005**	**69.7**	62.4 - 77.0
No	3,218	2,662	**211,310**	**83.3**	81.8 - 84.8
Lifetime depression or anxiety					
Yes	1,102	890	**72,720**	**79.0**	75.9 - 82.0
No	2,366	1,951	**153,460**	**83.9**	82.3 - 85.6

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine females ages 50 years and older who reported they had a mammogram within the past 2 years.
n: Number of female survey respondents who reported that they had a mammogram within the past 2 years.
N: Estimated number of Maine females ages 50 years and older who reported they had a mammogram within the past 2 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Current depression = Self-reported symptoms of current depression based on PHQ-2 depression scale.
Lifetime depression or anxiety = Current depression or any lifetime diagnosis of depression or anxiety.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.6. Females ages 50 years and older who had a mammogram within the past 2 years by race and ethnicity, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	3,789	3,078	**229,676**	**82.1**	80.7 - 83.6
Race					
White	3,629	2,955	**220,352**	**82.2**	80.7 - 83.7
Black or African American	DSU	DSU	**DSU**	**DSU**	DSU
American Indian or Alaska Native	DSU	DSU	**DSU**	**DSU**	DSU
Asian or Pacific Islander	DSU	DSU	**DSU**	**DSU**	DSU
Two or More Races	DSU	DSU	**DSU**	**DSU**	DSU
Other Race	DSU	DSU	**DSU**	**DSU**	DSU
Ethnicity					
Non-Hispanic	3,714	3,025	**225,373**	**82.2**	80.7 - 83.7
Hispanic	DSU	DSU	**DSU**	**DSU**	DSU

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine females ages 50 years and older who reported they had a mammogram within the past 2 years.
n: Number of female survey respondents who reported that they had a mammogram within the past 2 years.
N: Estimated number of Maine females ages 50 years and older who reported they had a mammogram within the past 2 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.7. Females ages 50 years and older who had a mammogram within the past 2 years by county and public health district, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	3,789	3,078	**229,676**	**82.1**	80.7 - 83.6
County					
Androscoggin	246	201	**18,115**	**82.3**	76.7 - 87.9
Aroostook	230	198	**17,053**	**85.3**	79.7 - 90.9
Cumberland	615	504	**42,426**	**83.1**	79.6 - 86.6
Franklin	130	104	**5,343**	**81.4**	73.6 - 89.2
Hancock	163	133	**8,974**	**82.9**	76.7 - 89.2
Kennebec	281	236	**19,184**	**82.9**	77.4 - 88.5
Knox	211	170	**7,673**	**78.4**	71.3 - 85.4
Lincoln	206	161	**7,261**	**78.9**	72.4 - 85.3
Oxford	151	122	**10,305**	**81.1**	73.8 - 88.3
Penobscot	327	268	**24,906**	**85.4**	81.3 - 89.5
Piscataquis	87	73	**4,235**	**84.8**	76.0 - 93.6
Sagadahoc	151	123	**6,785**	**84.9**	78.2 - 91.5
Somerset	126	101	**9,111**	**82.8**	75.7 - 89.9
Waldo	183	140	**6,913**	**71.7**	61.9 - 81.5
Washington	157	117	**5,363**	**70.0**	60.2 - 79.8
York	454	372	**31,409**	**82.0**	77.8 - 86.3
Public Health District					
Aroostook	230	198	**17,053**	**85.3**	79.7 - 90.9
Central	407	337	**28,295**	**82.9**	78.5 - 87.3
Cumberland	615	504	**42,426**	**83.1**	79.6 - 86.6
Downeast	320	250	**14,337**	**77.6**	72.0 - 83.2
Midcoast	751	594	**28,631**	**78.2**	74.2 - 82.1
Penquis	414	341	**29,142**	**85.3**	81.5 - 89.1
Western	527	427	**33,762**	**81.8**	77.9 - 85.7
York	454	372	**31,409**	**82.0**	77.8 - 86.3

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine females ages 50 years and older who reported they had a mammogram within the past 2 years.
n: Number of female survey respondents who reported that they had a mammogram within the past 2 years.
N: Estimated number of Maine females ages 50 years and older who reported they had a mammogram within the past 2 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.8. Screening rates for cervical and colorectal cancer by year, Maine, 2002-2012.

	Had a Pap test within the past 3 years					Up-to-date colorectal cancer screening				
Year	Total Respondents	n	N	%	95% CI	Total Respondents	n	N	%	95% CI
2002	947	885	**311,694**	**94.0**	92.4-95.6	NA	NA	NA	NA	NA
2004	1,281	1,195	**313,712**	**93.6**	92.0-95.2	NA	NA	NA	NA	NA
2006	1,462	1,337	**316,604**	**92.2**	90.6-93.8	NA	NA	NA	NA	NA
2008	2,212	2,017	**307,931**	**91.9**	90.6-93.3	4,247	3,050	**339,756**	**72.1**	70.5-73.6
2009	NA	NA	NA	NA	NA	2,594	1,880	**345,629**	**73.2**	71.2-75.2
2010	2,581	2,335	**300,552**	**92.1**	90.9-93.2	5,366	3,929	**352,336**	**72.8**	71.4-74.2
Change in BRFSS methods										
2012	3,019	2,658	**282,477**	**88.0**	86.5-89.5	6,199	4,531	**368,937**	**72.2**	70.9-73.6

Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).

All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Definition: Cervical cancer = Percentage of Maine females ages 21-65 years with an intact cervix who reported they have had a Pap test within the past 3 years; Up-to-date with colorectal cancer screening = Percentage of Maine adults ages 50 years and over who reported that they had a home blood stool test (e.g., FOBT or FIT) within the past year OR sigmoidoscopy within the past 5 years and a home stool test OR colonoscopy within the past 10 years.

n: Number of female survey respondents ages 21-65 years with an intact cervix who reported they have had a Pap test within the past 3 years (cervical cancer) or the number of survey respondents who reported that they were up-to-date with colorectal cancer screening (colorectal cancer).

N: Estimated number of Maine females ages 21-65 years with an intact cervix who reported they have had a Pap test within the past 3 years (cervical cancer) or the estimated number of Maine adults who reported that they were up-to-date with colorectal cancer screening (colorectal cancer).

95% CI: 95% confidence interval

NA: Not available

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.9. Females ages 21-65 years who had a Pap test within the past 3 years by selected demographics, Maine, 2012.

	Total respondents	n	N	%	95% CI
Maine Total	3,019	2,658	**282,477**	**88.0**	86.5 - 89.5
Age					
21-39	839	759	**113,141**	**88.6**	85.8 - 91.4
40-54	1,148	1,034	**106,368**	**89.4**	87.2 - 91.6
55 and over	1,032	865	**62,968**	**84.6**	82.0 - 87.3
Education					
Less than high school diploma	81	65	**15,017**	**81.4**	71.8 - 91.0
High school diploma or GED	758	634	**76,764**	**84.3**	81.2 - 87.4
Some college	837	729	**91,684**	**87.2**	84.3 - 90.1
Bachelor's degree or higher	1,341	1,228	**98,815**	**93.0**	91.4 - 94.6
Income					
Less than $15,000	309	246	**25,412**	**80.7**	74.8 - 86.7
$15,000-24,999	442	364	**41,635**	**82.6**	78.1 - 87.1
$25,000-34,999	268	230	**26,274**	**86.7**	81.8 - 91.5
$35,000-49,999	425	377	**38,711**	**89.0**	85.4 - 92.6
$50,000 or more	1,328	1,232	**125,714**	**92.5**	90.6 - 94.4
Sexual Orientation					
Heterosexual or straight	2,855	2,527	**268,354**	**88.6**	87.1 - 90.1
Homosexual (gay or lesbian)	DSU	DSU	**DSU**	**DSU**	DSU
Bisexual	DSU	DSU	**DSU**	**DSU**	DSU
Other	DSU	DSU	**DSU**	**DSU**	DSU
Type of Health Insurance Coverage					
Private	1,927	1,773	**179,576**	**91.3**	89.5 - 93.0
Medicare	183	156	**12,626**	**85.9**	79.1 - 92.7
Medicaid or MaineCare	384	330	**45,295**	**87.8**	84.0 - 91.6
Other	150	131	**14,461**	**88.7**	82.2 - 95.2
Uninsured	DSU	DSU	**DSU**	**DSU**	DSU
Mental Health Status					
Current depression					
Yes	186	148	**24,785**	**78.0**	68.3 - 87.8
No	2,131	1,886	**255,745**	**87.4**	85.2 - 89.6
Lifetime depression or anxiety					
Yes	821	711	**101,617**	**84.6**	80.7 - 88.4
No	1,496	1,323	**178,906**	**87.6**	84.9 - 90.2

Data source: Maine Behavioral Risk Factor Surveillance System.
Definition: Percentage of Maine females ages 21-65 years with an intact cervix who have had a Pap test within the past 3 years. All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
n: Number of female survey respondents ages 21-65 years with an intact cervix who reported that they had a Pap test within the past 3 years.
N: Estimated number of Maine females ages 21-65 years with an intact cervix who had a Pap test within the past 3 years. Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; unweighted denominator is < 50 or 95% CI half-width is > 10.
[†]Use with caution. Estimates based on n<50 might be unstable.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.10. Females ages 21-65 years who had a Pap test within the past 3 years by race and ethnicity, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	3,019	2,658	**282,477**	**88.0**	86.5 - 89.5
Race					
White	2,892	2,555	**269,513**	**88.7**	87.3 - 90.1
Black or African American	DSU	DSU	**DSU**	**DSU**	DSU
American Indian or Alaska Native	DSU	DSU	**DSU**	**DSU**	DSU
Asian or Pacific Islander	DSU	DSU	**DSU**	**DSU**	DSU
Two or More Races	DSU	DSU	**DSU**	**DSU**	DSU
Other Race	DSU	DSU	**DSU**	**DSU**	DSU
Ethnicity					
Non-Hispanic	2,980	2,626	**278,536**	**88.0**	86.5 - 89.5
Hispanic	DSU	DSU	**DSU**	**DSU**	DSU

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine females ages 21-65 years with an intact cervix who had a Pap test within the past 3 years.
n: Number of female survey respondents ages 21-65 years with an intact cervix who reported that they had a Pap test within the past 3 years.
N: Estimated number of Maine females ages 21-65 years with an intact cervix who had a Pap test within the past 3 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.11. Females ages 21-65 years who had a Pap test within the past 3 years by county and public health district, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	3,019	2,658	**282,477**	**88.0**	86.5 - 89.5
County					
Androscoggin	236	220	**30,020**	**94.3**	90.9 - 97.6
Aroostook	153	134	**15,839**	**89.4**	84.0 - 94.7
Cumberland	536	494	**54,166**	**91.6**	88.6 - 94.6
Franklin	DSU	DSU	**DSU**	**DSU**	DSU
Hancock	121	100	**9,757**	**79.0**	70.0 - 87.9
Kennebec	266	236	**27,648**	**85.7**	79.5 - 91.9
Knox	123	110	**8,052**	**89.6**	83.2 - 96.0
Lincoln	129	113	**7,396**	**88.9**	82.4 - 95.4
Oxford	121	101	**12,020**	**81.4**	73.0 - 89.8
Penobscot	277	247	**29,807**	**89.0**	84.4 - 93.6
Piscataquis	61	53	**3,676**	**91.4**	84.4 - 98.3
Sagadahoc	120	106	**8,840**	**90.6**	84.6 - 96.7
Somerset	97	83	**9,516**	**86.7**	79.2 - 94.2
Waldo	142	118	**8,542**	**85.8**	79.2 - 92.4
Washington	138	115	**7,591**	**82.6**	73.2 - 92.1
York	351	304	**36,766**	**86.4**	82.0 - 90.9
Public Health District					
Aroostook	153	134	**15,839**	**89.4**	84.0 - 94.7
Central	363	319	**37,164**	**85.9**	80.9 - 90.9
Cumberland	536	494	**54,166**	**91.6**	88.6 - 94.6
Downeast	259	215	**17,348**	**80.5**	74.0 - 87.1
Midcoast	514	447	**32,830**	**88.7**	85.5 - 91.9
Penquis	338	300	**33,483**	**89.3**	85.1 - 93.5
Western	447	395	**47,913**	**89.0**	85.5 - 92.5
York	351	304	**36,766**	**86.4**	82.0 - 90.9

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine females ages 21-65 years with an intact cervix who had a Pap test within the past 3 years.
n: Number of female survey respondents ages 21-65 years with an intact cervix who reported that they had a Pap test within the past 3 years.
N: Estimated number of Maine females ages 21-65 years with an intact cervix who had a Pap test within the past 3 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; n<6 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.12. Adults ages 50 years and older who are up-to-date with colorectal cancer screening by selected demographics, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	6,199	4,531	**368,937**	**72.2**	70.9 - 73.6
Sex					
Female	3,718	2,744	**200,952**	**73.3**	71.6 - 75.1
Male	2,481	1,787	**167,986**	**70.9**	68.7 - 73.1
Age					
50-64	3,199	2,242	**205,551**	**69.3**	67.4 - 71.2
65-74	1,787	1,424	**97,240**	**79.8**	77.5 - 82.1
75 and older	1,213	865	**66,146**	**71.5**	68.4 - 74.7
Education					
Less than high school diploma	358	208	**31,801**	**60.0**	54.0 - 66.0
High school diploma or GED	1,989	1,389	**120,618**	**68.9**	66.5 - 71.3
Some college	1,569	1,165	**110,693**	**75.5**	73.1 - 78.0
Bachelor's degree or higher	2,274	1,762	**105,229**	**77.7**	75.7 - 79.7
Income					
Less than $15,000	763	484	**32,570**	**61.4**	56.8 - 66.1
$15,000-24,999	1,091	732	**58,144**	**67.1**	63.6 - 70.7
$25,000-34,999	677	483	**40,254**	**69.9**	65.7 - 74.0
$35,000-49,999	910	699	**59,869**	**75.4**	72.0 - 78.9
$50,000 or more	2,096	1,664	**141,326**	**77.9**	75.7 - 80.0
Sexual Orientation					
Heterosexual or straight	5,878	4,323	**352,763**	**72.8**	71.4 - 74.2
Homosexual (gay or lesbian)	DSU	DSU	**DSU**	**DSU**	DSU
Bisexual	DSU	DSU	**DSU**	**DSU**	DSU
Other	DSU	DSU	**DSU**	**DSU**	DSU
Type of Health Insurance Coverage					
Private	2,502	1,893	**167,788**	**74.8**	72.7 - 76.8
Medicare	2,252	1,715	**123,643**	**76.3**	74.1 - 78.4
Medicaid or MaineCare	362	238	**19,185**	**66.4**	59.8 - 73.0
Other	472	378	**32,581**	**78.3**	73.7 - 82.9
Uninsured	DSU	DSU	**DSU**	**DSU**	DSU
Mental Health Status					
Current depression					
Yes	421	287	**28,755**	**67.8**	62.4 - 73.2
No	5,200	3,874	**338,720**	**72.8**	71.3 - 74.2
Lifetime depression or anxiety					
Yes	1,585	1,183	**109,353**	**73.9**	71.3 - 76.5
No	4,012	2,964	**257,056**	**71.9**	70.2 - 73.6

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Up-to-date with colorectal cancer screening = Percentage of Maine adults ages 50 years and older who reported that they had a home blood stool test (e.g., FOBT or FIT) within the past year OR sigmoidoscopy within the past 5 years and home blood stool test within the past 3 years OR a colonoscopy within the past 10 years.
n: Number of survey respondents who reported that they are up-to-date with colorectal cancer screening.
N: Estimated number of Maine adults ages 50 years and older who reported that they are up-to-date with colorectal cancer screening.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Current depression = Self-reported symptoms of current depression based on PHQ-2 depression scale.
Lifetime depression or anxiety = Current depression or any lifetime diagnosis of depression or anxiety.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.13. Adults ages 50 years and older who are up-to-date with colorectal cancer screening by race and ethnicity, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	6,199	4,531	**368,937**	**72.2**	70.9 - 73.6
Race					
White	5,893	4,334	**354,044**	**72.7**	71.3 - 74.1
Black or African American	DSU	DSU	**DSU**	**DSU**	DSU
American Indian or Alaska Native	DSU	DSU	**DSU**	**DSU**	DSU
Asian or Pacific Islander	DSU	DSU	**DSU**	**DSU**	DSU
Two or More Races	DSU	DSU	**DSU**	**DSU**	DSU
Other Race	DSU	DSU	**DSU**	**DSU**	DSU
Ethnicity					
Non-Hispanic	6,052	4,442	**362,372**	**72.5**	71.2 - 73.9
Hispanic	DSU	DSU	**DSU**	**DSU**	DSU

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Up-to-date with colorectal cancer screening = Percentage of Maine adults ages 50 years and older who reported that they had a home blood stool test (e.g., FOBT or FIT) within the past year OR sigmoidoscopy within the past 5 years and home blood stool test within the past 3 years OR a colonoscopy within the past 10 years.
n: Number of survey respondents who reported that they are up-to-date with colorectal cancer screening.
N: Estimated number of Maine adults ages 50 years and older who reported that they are up-to-date with colorectal cancer screening.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.14. Adults ages 50 years and older who are up-to-date with colorectal cancer screening by county and public health district, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	6,199	4,531	**368,937**	**72.2**	70.9 - 73.6
County					
Androscoggin	379	281	**25,989**	**71.5**	66.0 - 77.0
Aroostook	351	245	**23,739**	**72.2**	67.0 - 77.5
Cumberland	1,007	750	**67,008**	**72.5**	69.1 - 75.9
Franklin	217	148	**8,777**	**69.6**	62.3 - 77.0
Hancock	264	193	**14,728**	**73.0**	66.7 - 79.3
Kennebec	468	368	**34,527**	**77.7**	73.2 - 82.2
Knox	328	239	**12,184**	**70.1**	63.7 - 76.6
Lincoln	320	241	**12,107**	**75.0**	69.2 - 80.9
Oxford	269	203	**19,728**	**77.7**	72.1 - 83.3
Penobscot	537	387	**38,473**	**72.7**	68.2 - 77.3
Piscataquis	154	115	**6,676**	**73.7**	65.2 - 82.2
Sagadahoc	247	186	**11,462**	**73.0**	65.8 - 80.2
Somerset	230	161	**15,121**	**70.1**	63.4 - 76.9
Waldo	297	208	**10,961**	**61.2**	53.2 - 69.3
Washington	273	189	**10,108**	**66.3**	58.8 - 73.8
York	737	539	**50,598**	**71.9**	68.0 - 75.7
Public Health District					
Aroostook	351	245	**23,739**	**72.2**	67.0 - 77.5
Central Maine	698	529	**49,648**	**75.2**	71.5 - 79.0
Cumberland	1,007	750	**67,008**	**72.5**	69.1 - 75.9
Downeast	537	382	**24,836**	**70.1**	65.3 - 75.0
Midcoast	1,192	874	**46,713**	**69.6**	66.0 - 73.2
Penquis	691	502	**45,149**	**72.9**	68.8 - 76.9
Western Maine	865	632	**54,494**	**73.3**	69.8 - 76.8
York	737	539	**50,598**	**71.9**	68.0 - 75.7

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Up-to-date with colorectal cancer screening = Percentage of Maine adults ages 50 years and older who reported that they had a home blood stool test (e.g., FOBT or FIT) within the past year OR sigmoidoscopy within the past 5 years and home blood stool test within the past 3 years OR a colonoscopy within the past 10 years.
n: Number of survey respondents who reported that they are up-to-date with colorectal cancer screening.
N: Estimated number of Maine adults ages 50 years and older who reported that they are up-to-date with colorectal cancer screening.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.15. Screening rates for oral and prostate cancer by year, Maine, 2002-2012.

	Ever had oral cancer screening					Had a PSA test within the past 2 years				
Year	Total Respondents	n	N	%	95% CI	Total Respondents	n	N	%	95% CI
2002	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
2004	NA	NA	NA	NA	NA	672	403	**114,210**	**60.6**	56.5-64.7
2006	NA	NA	NA	NA	NA	756	470	**121,581**	**62.3**	58.5-66.2
2008	NA	NA	NA	NA	NA	1,539	1,092	**146,954**	**71.9**	69.4-74.4
2010	NA	NA	NA	NA	NA	1,964	1,264	**134,283**	**63.0**	60.5-65.5
Change in BRFSS methods										
2011	3,741	1,294	**258,233**	**26.9**	25.2-28.7	NA	NA	NA	NA	NA
2012	3,662	1,560	**337,597**	**34.8**	32.8-36.9	2,392	1,213	**113,575**	**49.6**	47.2-52.0

Data source: Maine Behavioral Risk Factor Surveillance System (BRFSS).

All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Definition: Oral Cancer = Percentage of Maine adults ages 18 years and older who reported ever having oral cancer screening; Prostate Cancer = Percentage of Maine males ages 50 years and older who reported that they had a PSA test within the past 2 years.

n: Number of survey respondents ages 18 years and older who reported ever having oral cancer screening (oral cancer) or the number of male survey respondents ages 50 years and older who reported that they had a PSA test within the past 2 years (prostate cancer).

N: Estimated number of Maine adults ages 18 years and older who reported ever having oral cancer screening (oral cancer) or the estimated number of Maine males ages 50 years and older who reported that they had a PSA test within the past 2 years (prostate cancer).

95% CI: 95% confidence interval

NA: Not available

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.16. Adults ages 18 years and older who have ever had oral cancer screening by selected demographics, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	3,662	1,560	**337,597**	**34.8**	32.8 - 36.9
Sex					
Female	2,198	998	**188,692**	**37.8**	35.0 - 40.5
Male	1,464	562	**148,905**	**31.7**	28.5 - 34.9
Age					
18-44	DSU	DSU	**DSU**	**DSU**	DSU
45-64	2,208	967	**251,197**	**35.6**	33.0 - 38.1
65 and older	1,389	577	**79,218**	**38.6**	35.8 - 41.5
Education					
Less than high school diploma	205	27	**10,443**[†]	**10.5**[†]	5.1 - 15.9[†]
High school diploma or GED	1,179	344	**88,962**	**26.5**	23.1 - 29.9
Some college	929	409	**111,939**	**38.3**	34.1 - 42.5
Bachelor's degree or higher	1,346	778	**125,331**	**52.1**	48.7 - 55.6
Income					
Less than $15,000	449	84	**14,723**	**12.2**	8.7 - 15.6
$15,000-24,999	619	190	**35,726**	**23.8**	19.2 - 28.4
$25,000-34,999	367	147	**31,689**	**32.7**	25.9 - 39.5
$35,000-49,999	537	232	**52,714**	**36.8**	31.5 - 42.1
$50,000 or more	1,286	762	**171,515**	**50.9**	47.0 - 54.8
Sexual Orientation					
Heterosexual or straight	3,476	1,496	**325,247**	**35.3**	33.1 - 37.4
Homosexual (gay or lesbian)	DSU	DSU	**DSU**	**DSU**	DSU
Bisexual	DSU	DSU	**DSU**	**DSU**	DSU
Other	DSU	DSU	**DSU**	**DSU**	DSU
Type of Health Insurance Coverage					
Private	1,613	839	**207,777**	**45.1**	41.8 - 48.3
Medicare	1,080	430	**61,584**	**34.4**	30.9 - 37.9
Medicaid or MaineCare	314	56	**17,173**	**13.1**	8.0 - 18.2
Other	243	107	**23,203**	**42.4**	33.4 - 51.4
Uninsured	DSU	DSU	**DSU**	**DSU**	DSU
Mental Health Status					
Current depression					
Yes	283	81	**17,022**	**20.0**	14.5 - 25.5
No	3,366	1,472	**319,320**	**36.2**	34.0 - 38.5
Lifetime depression or anxiety					
Yes	1,067	417	**86,912**	**29.0**	25.5 - 32.6
No	2,564	1,131	**247,702**	**37.3**	34.8 - 39.9

Data source: Maine Behavioral Risk Factor Surveillance System.

All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Definition: Percentage of Maine adults ages 18 years and older who reported ever having oral cancer screening.

n: Number of survey respondents ages 18 years and older who reported ever having oral cancer screening.

N: Estimated number of Maine adults ages 18 years and older who reported ever having oral cancer screening.

Subgroup counts might not sum to Maine total due to missing data.

95% CI: 95% confidence interval.

DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.

[†]Use with caution. Estimates based on number of survey respondents <50 might be unstable.

Current depression = Self-reported symptoms of current depression based on PHQ-2 depression scale.

Lifetime depression or anxiety = Current depression or any lifetime diagnosis of depression or anxiety.

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.17. Adults ages 18 years and older who have ever had oral cancer screening by race and ethnicity, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	3,662	1,560	**337,597**	**34.8**	32.8 - 36.9
Race					
White	3,464	1,497	**319,302**	**35.1**	33.0 - 37.3
Black or African American	DSU	DSU	**DSU**	**DSU**	DSU
American Indian or Alaska Native	DSU	DSU	**DSU**	**DSU**	DSU
Asian or Pacific Islander	DSU	DSU	**DSU**	**DSU**	DSU
Two or More Races	DSU	DSU	**DSU**	**DSU**	DSU
Other Race	DSU	DSU	**DSU**	**DSU**	DSU
Ethnicity					
Non-Hispanic	3,562	1,526	**328,386**	**34.7**	32.6 - 36.9
Hispanic	DSU	DSU	**DSU**	**DSU**	DSU

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported ever having oral cancer screening.
n: Number of survey respondents ages 18 years and older who reported ever having oral cancer screening.
N: Estimated number of Maine adults ages 18 years and older who reported ever having oral cancer screening.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.18. Adults ages 18 years and older who have ever had oral cancer screening by county and public health district, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	3,662	1,560	**337,597**	**34.8**	32.8 - 36.9
County					
Androscoggin	222	71	**20,264**	**26.1**	19.0 - 33.2
Aroostook	212	53	**13,694**	**19.9**	12.9 - 26.9
Cumberland	589	318	**75,013**	**46.3**	40.9 - 51.6
Franklin	DSU	DSU	**DSU**	**DSU**	DSU
Hancock	158	95	**18,840**	**50.4**	39.6 - 61.2
Kennebec	274	102	**23,817**	**29.6**	23.2 - 36.1
Knox	184	97	**11,709**	**41.2**	31.8 - 50.7
Lincoln	187	72	**8,644**	**31.8**	22.8 - 40.7
Oxford	167	63	**14,199**	**25.4**	17.7 - 33.2
Penobscot	308	130	**32,146**	**35.9**	29.1 - 42.7
Piscataquis	DSU	DSU	**DSU**	**DSU**	DSU
Sagadahoc	147	74	**11,517**	**43.2**	33.3 - 53.2
Somerset	DSU	DSU	**DSU**	**DSU**	DSU
Waldo	177	66	**9,949**	**30.7**	21.8 - 39.6
Washington	172	63	**8,022**	**25.8**	17.9 - 33.7
York	412	213	**55,910**	**45.6**	38.4 - 52.7
Public Health District					
Aroostook	212	53	**13,694**	**19.9**	12.9 - 26.9
Central	416	141	**36,441**	**28.0**	22.5 - 33.5
Cumberland	589	318	**75,013**	**46.3**	40.9 - 51.6
Downeast	330	158	**26,861**	**39.2**	32.1 - 46.3
Midcoast	695	309	**41,819**	**36.5**	31.8 - 41.2
Penquis	407	157	**36,101**	**33.5**	27.5 - 39.6
Western	529	190	**45,312**	**27.4**	22.4 - 32.4
York	412	213	**55,910**	**45.6**	38.4 - 52.7

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine adults ages 18 years and older who reported ever having oral cancer screening.
n: Number of survey respondents ages 18 years and older who reported ever having oral cancer screening.
N: Estimated number of Maine adults ages 18 years and older who reported ever having oral cancer screening.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; n<6 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.19. Males ages 50 years and older who had a PSA test within the past 2 years by demographics, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	2,392	1,213	**113,575**	**49.6**	47.2 - 52.0
Age					
50-64	1,268	560	**59,345**	**43.4**	40.2 - 46.6
65-74	705	451	**36,303**	**64.2**	59.9 - 68.4
75 and older	419	202	**17,927**	**50.4**	44.7 - 56.2
Education					
Less than high school diploma	142	50	**9,469**	**38.2**	28.8 - 47.5
High school diploma or GED	769	350	**37,350**	**46.7**	42.6 - 50.7
Some college	556	296	**31,794**	**51.5**	46.7 - 56.3
Bachelor's degree or higher	922	514	**34,635**	**55.8**	52.2 - 59.5
Income					
Less than $15,000	218	77	**6,889**	**35.1**	26.6 - 43.6
$15,000-24,999	365	146	**13,233**	**37.4**	31.6 - 43.3
$25,000-34,999	276	138	**13,656**	**51.5**	44.4 - 58.6
$35,000-49,999	402	210	**21,022**	**51.5**	45.7 - 57.2
$50,000 or more	956	555	**51,575**	**56.5**	52.8 - 60.1
Sexual Orientation					
Heterosexual or straight	2,262	1,162	**108,439**	**50.3**	47.8 - 52.7
Homosexual (gay or lesbian)	DSU	DSU	**DSU**	**DSU**	DSU
Bisexual	DSU	DSU	**DSU**	**DSU**	DSU
Other	DSU	DSU	**DSU**	**DSU**	DSU
Type of Health Insurance Coverage					
Private	957	478	**49,963**	**49.5**	45.9 - 53.2
Medicare	804	471	**38,908**	**59.6**	55.7 - 63.6
Medicaid or MaineCare	DSU	DSU	**DSU**	**DSU**	DSU
Other	255	152	**14,824**	**61.4**	54.3 - 68.4
Uninsured	DSU	DSU	**DSU**	**DSU**	DSU
Mental Health Status					
Current depression					
Yes	158	72	**8,363**	**42.9**	34.1 - 51.6
No	1,939	1,005	**101,093**	**49.4**	46.8 - 52.0
Lifetime depression or anxiety					
Yes	477	245	**27,275**	**50.6**	45.4 - 55.9
No	1,610	829	**81,951**	**48.4**	45.6 - 51.3

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine males ages 50 years and older who reported that they had a PSA test within the past 2 years.
n: Number of male survey respondents ages 50 years and older who reported that they had a PSA test within the past 2 years.
N: Estimated number of Maine males ages 50 years and older who reported that they had a PSA test within the past 2 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Current depression = Self-reported symptoms of current depression based on PHQ-2 depression scale.
Lifetime depression or anxiety = Current depression or any lifetime diagnosis of depression or anxiety.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.20. Males ages 50 years and older who had a PSA test within the past 2 years by race and ethnicity, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	2,392	1,213	**113,575**	**49.6**	47.2 - 52.0
Race					
White	2,242	1,149	**107,678**	**49.8**	47.4 - 52.3
Black or African American	DSU	DSU	**DSU**	**DSU**	DSU
American Indian or Alaska Native	DSU	DSU	**DSU**	**DSU**	DSU
Asian or Pacific Islander	DSU	DSU	**DSU**	**DSU**	DSU
Two or More Races	DSU	DSU	**DSU**	**DSU**	DSU
Other Race	DSU	DSU	**DSU**	**DSU**	DSU
Ethnicity					
Non-Hispanic	2,315	1,179	**110,647**	**49.7**	47.3 - 52.1
Hispanic	DSU	DSU	**DSU**	**DSU**	DSU

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine males ages 50 years and older who reported that they had a PSA test within the past 2 years.
n: Number of male survey respondents ages 50 years and older who reported that they had a PSA test within the past 2 years.
N: Estimated number of Maine males ages 50 years and older who reported that they had a PSA test within the past 2 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; total respondents < 50 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 5.21. Males ages 50 years and older who had a PSA test within the past 2 years by county and public health district, Maine, 2012.

	Total Respondents	n	N	%	95% CI
Maine Total	2,392	1,213	**113,575**	**49.6**	47.2 - 52.0
County					
Androscoggin	DSU	DSU	**DSU**	**DSU**	DSU
Aroostook	127	71	**7,905**	**59.2**	49.8 - 68.6
Cumberland	376	205	**20,894**	**52.8**	46.9 - 58.8
Franklin	DSU	DSU	**DSU**	**DSU**	DSU
Hancock	DSU	DSU	**DSU**	**DSU**	DSU
Kennebec	186	103	**11,795**	**54.3**	46.1 - 62.5
Knox	DSU	DSU	**DSU**	**DSU**	DSU
Lincoln	DSU	DSU	**DSU**	**DSU**	DSU
Oxford	DSU	DSU	**DSU**	**DSU**	DSU
Penobscot	202	96	**10,583**	**46.0**	38.1 - 53.8
Piscataquis	DSU	DSU	**DSU**	**DSU**	DSU
Sagadahoc	DSU	DSU	**DSU**	**DSU**	DSU
Somerset	DSU	DSU	**DSU**	**DSU**	DSU
Waldo	DSU	DSU	**DSU**	**DSU**	DSU
Washington	DSU	DSU	**DSU**	**DSU**	DSU
York	285	151	**16,314**	**51.3**	44.7 - 57.8
Public Health District					
Aroostook	127	71	**7,905**	**59.2**	49.8 - 68.6
Central	289	147	**15,912**	**49.8**	43.2 - 56.5
Cumberland	376	205	**20,894**	**52.8**	46.9 - 58.8
Downeast	222	114	**8,070**	**47.7**	39.6 - 55.7
Midcoast	441	205	**12,533**	**42.1**	36.4 - 47.8
Penquis	263	128	**12,382**	**45.9**	38.9 - 52.9
Western	331	170	**17,070**	**52.2**	45.8 - 58.7
York	285	151	**16,314**	**51.3**	44.7 - 57.8

Data source: Maine Behavioral Risk Factor Surveillance System.
All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.
Definition: Percentage of Maine males ages 50 years and older who reported that they had a PSA test within the past 2 years.
n: Number of male survey respondents ages 50 years and older who reported that they had a PSA test within the past 2 years.
N: Estimated number of Maine males ages 50 years and older who reported that they had a PSA test within the past 2 years.
Subgroup counts might not sum to Maine total due to missing data.
95% CI: 95% confidence interval.
DSU: Data statistically unreliable; n<6 or 95% CI half-width is > 10.
Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 6.1. Characteristics of Maine adults by cancer history, 2011-2012.

	Maine Adults with Any Cancer History (n = 3,775; 12.0% of Maine adults)					All Other Maine Adults (n = 19,271; 88.0% of Maine adults)				
	Total Respondents	n	Average Annual N	%	95% CI	Total Respondents	n	Average Annual N	%	95% CI
Total	23,046	3,775	**125,944**	**12.0**	11.5 - 12.4	23,046	19,271	**927,135**	**88.0**	87.6 - 88.5
Sex	3,775					19,271				
Female		2,426	**37,098**	**58.9**	56.9 - 60.9		11,334	**235,466**	**50.8**	49.9 - 51.7
Male		1,349	**51,749**	**41.1**	39.1 - 43.1		7,937	**228,102**	**49.2**	48.3 - 50.1
Age	3,746					19,120				
18-24		12	**686**†	**1.1**†	0.4 - 1.8†		829	**58,619**	**12.7**	11.9 - 13.6
25-34		47	**1,723**†	**2.7**†	1.8 - 3.7†		1,779	**71,353**	**15.5**	14.8 - 16.2
35-44		153	**4,105**	**6.6**	5.3 - 7.8		2,661	**76,942**	**16.7**	16.0 - 17.4
45-54		413	**9,129**	**14.6**	13.0 - 16.1		3,961	**95,128**	**20.6**	19.9 - 21.3
55-64		911	**14,328**	**22.9**	21.3 - 24.5		4,663	**81,330**	**17.6**	17.1 - 18.2
65-74		1,080	**14,452**	**23.1**	21.5 - 24.6		3,233	**46,099**	**10.0**	9.6 - 10.4
75 and older		1,130	**18,242**	**29.1**	27.3 - 30.9		1,994	**31,350**	**6.8**	6.4 - 7.2
Education	3,762					19,240				
Less than high school diploma		230	**6,793**	**10.8**	9.2 - 12.4		1,084	**47,724**	**10.3**	9.6 - 11.1
High school or GED		1,181	**21,033**	**33.5**	31.6 - 35.4		6,191	**161,534**	**34.9**	34.0 - 35.8
Some college		931	**17,987**	**28.6**	26.8 - 30.5		5,020	**140,262**	**30.3**	29.4 - 31.2
Bachelor's degree or higher		1,420	**16,977**	**27.0**	25.5 - 28.6		6,945	**113,399**	**24.5**	23.8 - 25.2
Income	3,317					17,241				
Less than $15,000		489	**7,637**	**13.7**	12.2 - 15.2		2,255	**52,288**	**12.7**	12.0 - 13.4
$15,000-24,999		723	**12,057**	**21.6**	19.8 - 23.4		3,179	**76,575**	**18.6**	17.8 - 19.4
$25,000-34,999		393	**6,607**	**11.9**	10.5 - 13.3		2,101	**50,305**	**12.2**	11.6 - 12.9
$35,000-49,999		546	**9,365**	**16.8**	15.2 - 18.4		2,744	**67,020**	**16.3**	15.6 - 17.0
$50,000 or more		1,166	**20,067**	**36.0**	34.0 - 38.0		6,962	**165,777**	**40.2**	39.3 - 41.2
Sexual Orientation	3,581					17,765				
Heterosexual or straight		3,481	**56,266**	**97.3**	96.7 - 98.0		17,217	**384,255**	**96.5**	96.1 - 96.9
Homosexual (gay or lesbian)		60	**808**	**1.4**	1.0 - 1.8		287	**6,845**	**1.7**	1.5 - 2.0
Bisexual		28	**478**†	**0.8**†	0.4 - 1.3†		181	**5,177**	**1.3**	1.0 - 1.6
Other		12	**248**†	**0.4**†	0.1 - 0.7†		80	**2,016**	**0.5**	0.4 - 0.6
Health Insurance Status	3,768					19,218				
Has Health Insurance		3,622	**59,848**	**95.2**	94.3 - 96.2		17,175	**397,566**	**86.2**	85.5 - 86.9
No Health Insurance		146	**2,987**	**4.8**	3.8 - 5.7		2,043	**63,821**	**13.8**	13.1 - 14.5
Type of Health Insurance Coverage	3,423					15,921				
Private		1,157	**21,067**	**36.5**	34.5 - 38.5		8,930	**232,685**	**59.5**	58.5 - 60.5
Medicare		1,701	**25,348**	**43.9**	41.9 - 45.9		4,105	**67,503**	**17.3**	16.6 - 17.9
Medicaid or MaineCare		269	**6,127**	**10.6**	9.1 - 12.1		1,693	**60,942**	**15.6**	14.7 - 16.5
Other		293	**5,170**	**9.0**	7.8 - 10.1		1,170	**29,475**	**7.5**	7.0 - 8.1
Uninsured		3	**35**†	**0.1**†	0.0 - 0.1†		23	**432**†	**0.1**†	0.1 - 0.2†

Table 6.1 (continued). Characteristics of Maine adults by cancer history, 2011-2012.

	Maine Adults with Any Cancer History (n = 3,775; 12.0% of Maine adults)					All Other Maine Adults (n = 19,271; 88.0% of Maine adults)				
	Total Respondents	n	Average Annual N	%	95% CI	Total Respondents	n	Average Annual N	%	95% CI
Mental Health Status										
Current depression	700					3,065				
Yes		73	**7,314**	**11.9**	8.9 - 14.8		282	**50,100**	**11.6**	9.8 - 13.4
No		627	**54,337**	**88.1**	85.2 - 91.1		2,783	**382,059**	**88.4**	86.6 - 90.2
Lifetime depression or anxiety	701					3,081				
Yes		238	**22,323**	**36.1**	31.6 - 40.7		930	**141,205**	**32.5**	30.0 - 35.0
No		463	**39,444**	**63.9**	59.3 - 68.4		2,151	**292,866**	**67.5**	65.0 - 70.0
Chronic Disease Status										
CHD or stroke	3,726					19,131				
Yes		701	**11,733**	**18.8**	17.3 - 20.4		1,935	**37,476**	**8.1**	7.7 - 8.6
No		3,025	**50,525**	**81.2**	79.6 - 82.7		17,196	**423,231**	**91.9**	91.4 - 92.3
Current asthma	3,737					19,152				
Yes		473	**8,520**	**13.6**	12.2 - 15.1		2,040	**51,951**	**11.3**	10.7 - 11.9
No		3,264	**53,951**	**86.4**	84.9 - 87.8		17,112	**408,205**	**88.7**	88.1 - 89.3
Diabetes	3,771					19,251				
Yes		608	**10,236**	**16.3**	14.8 - 17.7		2,060	**40,277**	**8.7**	8.2 - 9.2
No		3,163	**52,659**	**83.7**	82.3 - 85.2		17,191	**422,982**	**91.3**	90.8 - 91.8
COPD	3,751					19,159				
Yes		550	**9,172**	**14.7**	13.2 - 16.1		1,539	**31,480**	**6.8**	6.4 - 7.3
No		3,201	**53,431**	**85.3**	83.9 - 86.8		17,620	**429,257**	**93.2**	92.7 - 93.6
Number of other chronic diseases*	3,775					19,271				
0		2,173	**35,632**	**56.6**	54.6 - 58.6		13,772	**342,871**	**74.0**	73.2 - 74.8
1		1,009	**17,192**	**27.3**	25.5 - 29.1		3,814	**87,778**	**18.9**	18.2 - 19.7
2		419	**7,298**	**11.6**	10.3 - 12.9		1,185	**23,378**	**5.0**	4.7 - 5.4
3		130	**2,287**	**3.6**	2.9 - 4.4		398	**7,591**	**1.6**	1.4 - 1.8
4 or more		44	**564**[†]	**0.9**[†]	1.4 - 2.8[†]		102	**1,951**	**0.4**	0.3 - 0.5

Data source: Maine Behavioral Risk Factor Surveillance System.

Abbreviations: CHD, Coronary Heart Disease; COPD, Chronic Obstructive Pulmonary Disease

All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Definition: Maine adults with any cancer history = Percentage of Maine adults ages 18 years and older who responded "yes" to questions about ever being told they had skin cancer or any other types of cancer.

N: Weighted numerator, estimated number of Maine adults.

Average Annual N: The total N divided by the total number of years in a multi-year data analysis.

95% CI: 95% confidence interval.

[†]Use with caution. Estimates based on n<50 might be unstable.

Current depression = Self-reported symptoms of current depression based on PHQ-2 depression scale.

Lifetime depression or anxiety = Current depression or any lifetime diagnosis of depression or anxiety.

*Number of other chronic diseases Includes CHD, stroke, current asthma, diabetes, or COPD.

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 6.2. Race and ethnicity among Maine adults by cancer history, 2011-2012.

	Maine Adults with Any Cancer History (n = 3,775; 12.0% of Maine adults)					All Other Maine Adults (n = 19,271; 88.0% of Maine adults)				
	Total Respondents	n	Average Annual N	%	95% CI	Total Respondents	n	Average Annual N	%	95% CI
Race	3,727					19,061				
White		3,625	**60,784**	**97.7**	97.0 - 98.3		18,421	**441,922**	**96.3**	95.9 - 96.7
Black or African American		11	**142**†	**0.2**†	0.1 - 0.4†		94	**3,073**	**0.7**	0.5 - 0.8
American Indian or Alaska Native		39	**669**†	**1.1**†	0.6 - 1.5†		233	**5,742**	**1.3**	1.0 - 1.5
Two or More Races		47	**626**†	**1.0**†	0.6 - 1.4†		214	**5,586**	**1.2**	1.0 - 1.5
Other Race		5	**24**†	**0.0**†	0.0 - 0.1†		99	**2,633**	**0.6**	0.4 - 0.7
Ethnicity	3,742					19,169				
Non-Hispanic		3,720	**62,152**	**99.5**	99.3 - 99.8		18,972	**456,197**	**98.8**	98.6 - 99.1
Hispanic		22	**286**†	**0.5**†	0.2 - 0.7†		197	**5,437**	**1.2**	0.9 - 1.4

Data source: Maine Behavioral Risk Factor Surveillance System.

All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Definition: Maine adults with any cancer history = Percentage of Maine adults ages 18 years and older who responded "yes" to questions about being ever told they had skin cancer or any other types of cancer.

n: Unweighted numerator

N: Weighted numerator, estimated number of Maine adults.

Average Annual N: The total N divided by the total number of years in a multi-year data analysis.

95% CI: 95% confidence interval.

†Use with caution. Estimates based on n<50 might be unstable.

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Table 6.3. County and public health district of residence among Maine adults by cancer history, 2011-2012.

	Maine Adults with Any Cancer History (n = 3,775; 12.0% of Maine adults)					All Other Maine Adults (n = 19,271; 88.0% of Maine adults)				
	Total Respondents	n	Average Annual N	%	95% CI	Total Respondents	n	Average Annual N	%	95% CI
County	3,702					18,785				
Androscoggin		198	**3,693**	**6.0**	5.0 - 6.9		1,302	**37,538**	**8.4**	7.8 - 8.9
Aroostook		199	**4,115**	**6.7**	5.6 - 7.8		1,053	**28,128**	**6.3**	5.8 - 6.7
Cumberland		625	**11,712**	**19.0**	17.4 - 20.5		3,236	**83,254**	**18.6**	17.9 - 19.2
Franklin		124	**1,551**	**2.5**	2.0 - 3.1		709	**12,211**	**2.7**	2.4 - 3.0
Hancock		149	**2,406**	**3.9**	3.2 - 4.6		844	**19,892**	**4.4**	4.1 - 4.8
Kennebec		290	**5,225**	**8.5**	7.3 - 9.6		1,607	**45,212**	**10.1**	9.5 - 10.6
Knox		235	**2,317**	**3.8**	3.2 - 4.3		866	**12,835**	**2.9**	2.6 - 3.1
Lincoln		229	**2,432**	**3.9**	3.3 - 4.6		852	**12,685**	**2.8**	2.6 - 3.1
Oxford		152	**3,204**	**5.2**	4.3 - 6.1		806	**21,624**	**4.8**	4.4 - 5.2
Penobscot		307	**6,226**	**10.1**	8.8 - 11.4		1,747	**48,818**	**10.9**	10.3 - 11.5
Piscataquis		85	**1,187**	**1.9**	1.5 - 2.4		452	**7,928**	**1.8**	1.5 - 2.0
Sagadahoc		161	**2,162**	**3.5**	2.8 - 4.2		679	**11,933**	**2.7**	2.4 - 2.9
Somerset		121	**2,288**	**3.7**	3.0 - 4.5		706	**20,056**	**4.5**	4.1 - 4.9
Waldo		185	**2,068**	**3.4**	2.7 - 4.0		842	**14,227**	**3.2**	2.9 - 3.5
Washington		157	**1,855**	**3.0**	2.4 - 3.6		889	**12,988**	**2.9**	2.6 - 3.1
York		485	**9,232**	**15.0**	13.5 - 16.4		2,195	**59,442**	**13.2**	12.6 - 13.8
Public Health District	3,702					18,785				
Aroostook		199	**4,115**	**6.7**	5.6 - 7.8		1,053	**28,128**	**6.3**	5.8 - 6.7
Central		411	**7,513**	**12.2**	10.9 - 13.5		2,313	**65,268**	**14.5**	13.9 - 15.2
Cumberland		625	**11,712**	**19.0**	17.4 - 20.5		3,236	**83,254**	**18.6**	17.9 - 19.2
Downeast		306	**4,262**	**6.9**	6.0 - 7.8		1,733	**32,879**	**7.3**	6.9 - 7.8
Midcoast		810	**8,978**	**14.6**	13.4 - 15.8		3,239	**51,679**	**11.5**	11.0 - 12.0
Penquis		392	**7,412**	**12.0**	10.7 - 13.3		2,199	**56,746**	**12.6**	12.0 - 13.3
Western		474	**8,447**	**13.7**	12.3 - 15.1		2,817	**71,373**	**15.9**	15.2 - 16.6
York		485	**9,232**	**15.0**	13.5 - 16.4		2,195	**59,442**	**13.2**	12.6 - 13.8

Data source: Maine Behavioral Risk Factor Surveillance System.

All percentages are weighted to be more representative of the general adult population of Maine and to adjust for non-response.

Definition: Maine adults with any cancer history = Percentage of Maine adults ages 18 years and older who responded "yes" to questions about ever being told they had skin cancer or any other types of cancer.

n: Unweighted numerator

N: Weighted numerator, estimated number of Maine adults.

Average Annual N: The total N divided by the total number of years in a multi-year data analysis.

95% CI: 95% confidence interval.

[†]Use with caution. Estimates based on n<50 might be unstable.

Due to changes in survey methodology, data collected in 2011 and in subsequent years cannot be compared with data prior to 2011.

Appendix II: Case Definitions

Incidence Case Definitions

Incidence data are based on SEER site recode ICD-O-3/WHO 2008 definitions, version 2008.
Available at: http://www.seer.cancer.gov/siterecode/icdo3_dwhoheme/index.html.
Histologies consistent with Kaposi sarcoma and mesothelioma are excluded (were applicable).

Site Recode ICD-O-3/WHO 2008 Definition*,†

Site Group	ICD-O-3 Site	ICD-O-3 Histology (Type)	Recode
Oral Cavity and Pharynx			
Lip	C000-C009	excluding 9050-9055, 9140, 9590-9992	20010
Tongue	C019-C029		20020
Salivary Gland	C079-C089		20030
Floor of Mouth	C040-C049		20040
Gum and Other Mouth	C030-C039, C050-C059, C060-C069		20050
Nasopharynx	C110-C119		20060
Tonsil	C090-C099		20070
Oropharynx	C100-C109		20080
Hypopharynx	C129, C130-C139		20090
Other Oral Cavity and Pharynx	C140, C142-C148		20100
Digestive System			
Esophagus	C150-C159	excluding 9050-9055, 9140, 9590-9992	21010
Stomach	C160-C169		21020
Small Intestine	C170-C179		21030
Colon and Rectum			
Colon excluding Rectum			
Cecum	C180	excluding 9050-9055, 9140, 9590-9992	21041
Appendix	C181		21042
Ascending Colon	C182		21043
Hepatic Flexure	C183		21044
Transverse Colon	C184		21045
Splenic Flexure	C185		21046
Descending Colon	C186		21047
Sigmoid Colon	C187		21048
Large Intestine, NOS	C188-C189, C260		21049
Rectum and Rectosigmoid Junction			
Rectosigmoid Junction	C199	excluding 9050-9055, 9140, 9590-9992	21051
Rectum	C209		21052
Anus, Anal Canal and Anorectum	C210-C212, C218		21060
Liver and Intrahepatic Bile Duct			
Liver	C220	excluding 9050-9055, 9140, 9590-9992	21071
Intrahepatic Bile Duct	C221		21072
Gallbladder	C239		21080
Other Biliary	C240-C249		21090
Pancreas	C250-C259		21100

Retroperitoneum	C480		21110
Peritoneum, Omentum and Mesentery	C481-C482		21120
Other Digestive Organs	C268-C269, C488		21130
Respiratory System			
Nose, Nasal Cavity and Middle Ear	C300-C301, C310-C319	excluding 9050-9055, 9140, 9590-9992	22010
Larynx	C320-C329		22020
Lung and Bronchus	C340-C349		22030
Pleura	C384		22050
Trachea, Mediastinum and Other Respiratory Organs	C339, C381-C383, C388, C390, C398, C399		22060
Bones and Joints	C400-C419	excluding 9050-9055, 9140, 9590-9992	23000
Soft Tissue including Heart	C380, C470-C479, C490-C499	excluding 9050-9055, 9140, 9590-9992	24000
Skin excluding Basal and Squamous			
Melanoma of the Skin	C440-C449	8720-8790	25010
Other Non-Epithelial Skin	C440-C449	excluding 8000-8005, 8010-8046, 8050-8084, 8090-8110, 8720-8790, 9050-9055, 9140, 9590-9992	25020
Breast	C500-C509	excluding 9050-9055, 9140, 9590-9992	26000
Female Genital System			
Cervix Uteri	C530-C539	excluding 9050-9055, 9140, 9590-9992	27010
Corpus and Uterus, NOS			
Corpus Uteri	C540-C549	excluding 9050-9055, 9140, 9590-9992	27020
Uterus, NOS	C559		27030
Ovary	C569		27040
Vagina	C529		27050
Vulva	C510-C519		27060
Other Female Genital Organs	C570-C589		27070
Male Genital System			
Prostate	C619	excluding 9050-9055, 9140, 9590-9992	28010
Testis	C620-C629		28020
Penis	C600-C609		28030
Other Male Genital Organs	C630-C639		28040
Urinary System			
Urinary Bladder	C670-C679	excluding 9050-9055, 9140, 9590-9992	29010
Kidney and Renal Pelvis	C649, C659		29020
Ureter	C669		29030
Other Urinary Organs	C680-C689		29040
Eye and Orbit	C690-C699	excluding 9050-9055, 9140, 9590-9992	30000
Brain and Other Nervous System			
Brain	C710-C719	excluding 9050-9055, 9140, 9530-9539, 9590-9992	31010
Cranial Nerves Other Nervous System	C710-C719	9530-9539	31040
	C700-C709, C720-C729	excluding 9050-9055, 9140, 9590-9992	
Endocrine System			

Thyroid	C739	excluding 9050-9055, 9140, 9590-9992	32010
Other Endocrine including Thymus	C379, C740-C749, C750-C759		32020
Lymphoma			
Hodgkin Lymphoma			
Hodgkin - Nodal	C024, C098-C099, C111, C142, C379, C422, C770-C779	9650-9667	33011
Hodgkin - Extranodal	All other sites		33012
Non-Hodgkin Lymphoma			
NHL - Nodal	C024, C098,C099, C111,C142, C379,C422, C770-C779	9590-9597, 9670-9671, 9673, 9675, 9678-9680, 9684, 9687-9691, 9695, 9698-9702, 9705, 9708-9709, 9712, 9714-9719, 9724-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837	33041
NHL - Extranodal	All sites except C024, C098-C099, C111, C142, C379, C422, C770-C779	9590-9597, 9670-9671, 9673, 9675, 9678-9680, 9684, 9687-9691, 9695, 9698-9702, 9705, 9708-9709, 9712, 9714-9719, 9724-9729, 9735, 9737-9738	33042
	All sites except C024, C098-C099, C111, C142, C379, C420-C422, C424, C770-C779	9811-9818, 9823, 9827, 9837	
Myeloma		9731-9732, 9734	34000
Leukemia			
Lymphocytic Leukemia			
Acute Lymphocytic Leukemia		9826, 9835-9836	35011
	C420, C421, C424	9811-9818, 9837	
Chronic Lymphocytic Leukemia	C420, C421, C424	9823	35012
Other Lymphocytic Leukemia		9820, 9832-9834, 9940	35013
Myeloid and Monocytic Leukemia			
Acute Myeloid Leukemia		9840, 9861, 9865-9867, 9869, 9871-9874, 9895-9897, 9898, 9910-9911, 9920	35021
Acute Monocytic Leukemia		9891	35031
Chronic Myeloid Leukemia		9863, 9875-9876, 9945-9946	35022
Other Myeloid/Monocytic Leukemia		9860, 9930	35023
Other Leukemia			
Other Acute Leukemia		9801, 9805-9809, 9931	35041
Aleukemic, subleukemic and NOS		9733, 9742, 9800, 9831, 9870, 9948, 9963-9964	35043
	C420, C421, C424	9827	
Mesothelioma		9050-9055	36010
Kaposi Sarcoma		9140	36020
Miscellaneous		9740-9741, 9750-9769, 9950, 9960-9962, 9965-9967, 9970-9971, 9975, 9980, 9982-	37000

		9987, 9989, 9991-9992	
	C760-C768, C809	excluding 9050-9055, 9140, 9590-9992	
	C420-C424		
	C770-C779		
Invalid	Site or histology code not within valid range or site code not found in this table.		99999

* This table was updated for Hematopoietic codes based on *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues (2008)*.

†Subject to change based on evolving ICD-O-3 coding rules.

Mortality Case Definitions

Death data are based on ICD-10 codes for underlying cause of death as defined below:

Site	ICD-10 Code	Recode
All Sites	C00-C97	--
Brain and Other Nervous System	C70-C72	31010
Breast	C50	26000
Cervix Uteri	C53	27010
Colon and Rectum	C18-C20, C26.0	21040, 21050
Corpus Uterus	C54, C55	27020, 27030
Esophagus	C15	21010
Hodgkin Lymphoma	C81	33010
Kidney and Renal Pelvis	C64-C65	29020
Larynx	C32	22020
Leukemia	C90.1, C91-C95	35011, 35012, 35013, 35021, 35022, 35023, 35031, 35041, 35043
Liver and Intrahepatic Bile Duct	C22.0-C22.4, C22.7, C22.9	21071, 21072, 21080
Lung and Bronchus	C34	22030
Melanoma of the Skin	C43	25010
Myeloma	C90.0, C90.2	34000
Non-Hodgkin Lymphoma	C82-C85, C96.3	33040
Oral Cavity and Pharynx	C00-C14	20010, 20020, 20030, 20040, 20050, 20060, 20070, 20080, 20090, 20100
Ovary	C56	27040
Pancreas	C25	21100
Prostate	C61	28010
Stomach	C16	21020
Testis	C62	28020
Thyroid	C73	32010
Urinary Bladder	C67	29010

Appendix III: Data Sources

Data Sources

Incidence Data

Maine CDC Cancer Registry

Incidence data provide information about all newly diagnosed cases among Maine residents, including stage at diagnosis and initial treatment course. Individual-level incidence data provide demographic characteristics (age, sex, and race) and geography (county or public health district of residence). This data can be used to evaluate and monitor trends in cancer incidence rates in Maine. These data are collected by the Maine CDC Cancer Registry (MCR), 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 MCR, as set forth by Maine Statute Title 22: Health Warfare, Chapter 255: Cancer, §1402 (Duty of physicians and hospitals). The MCR does not collect data on basal and squamous cell carcinoma of the skin.

Surveillance, Epidemiology and End Results Program

To compare Maine and U.S. incidence data, we used data from the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program. SEER is a network of population-based cancer registries that collects ongoing data on new cancer cases with follow-up and patient survival. Due to the predominately white population in Maine, SEER incidence rates for both U.S. whites only and the overall U.S rate are provided for comparison. In this report, U.S. cancer incidence rates presented were obtained from SEER 9 (see "SEER" in Appendix IV for further details).

Mortality Data

Mortality data provide cause of death information for all deaths in Maine, including demographic characteristics (sex and age) and geography (county or public health district of residence). This data can also be used to examine trends in cancer death rates over time. For Maine, these data are collected by the Data, Research, and Vital Statistics Program at the Maine Center for Disease Control and Prevention, in accordance with the National Center for Health Statistics (NCHS) guidelines. Maine data are then reported to the NCHS, which creates a national mortality database of deaths from all states. In each state, mortality data are processed following a standard protocol and uniformly reported to NCHS. Because of this process, Maine's data can be compared to mortality data from other states and national statistics. Because Maine's population is predominantly white, U.S. white comparison rates are provided along with the overall U.S. comparison rates.

Prevalence and Percentage Data

Behavioral Risk Factor Surveillance System

We used the Behavioral Risk Factor Surveillance System (BRFSS) to obtain prevalence and percentage estimates for adults ages 18 years and older. In 1984, the U.S. Center for Disease Control and Prevention (U.S. CDC) developed the BRFSS to examine trends and patterns of state-level prevalence of specific health behaviors and outcomes in an ongoing, national surveillance system. BRFSS is an annual, cross-sectional, multi-mode survey that collects self-reported data on demographic characteristics (including geography), health behaviors, preventive health practices, and health care access. Currently, BRFSS is administered in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam, allowing for comparisons of state and national data. BRFSS excludes individuals who are institutionalized, including those in prisons, nursing homes, and college dormitories. In 2011, cell phone surveys were incorporated and the weighting methodology was changed to an improved method. Therefore, data collected in 2011 and subsequent years cannot be compared to data prior to 2011. In this report, national BRFSS data used for comparison to Maine-specific data are the median estimates of all 50 states and the District of Columbia.

In Maine, the BRFSS is conducted by the Maine Center for Disease Control and Prevention (Maine CDC) in coordination with the U.S. CDC. Surveys are conducted each month using trained interviewers who administer a standardized core questionnaire along with optional modules and state-added questions. From 2000 to 2012, an average of 6,000 Maine adults participated in this survey each year. Because of BRFSS exclusions, not all segments of Maine's population participate in the survey; however, respondent data are weighted to be representative of the entire Maine adult population.

Maine Integrated Youth Survey and the Youth Risk Behavior Survey

For state-specific prevalence estimates among youth, we used data from the Maine Integrated Youth Health Survey (MIYHS). The development and implementation of MIYHS is a collaborative effort between the Maine Department of Health and Human Services (the Maine Center for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration), and the Maine Department of Education. Established in 2009, MIYHS is a comprehensive survey of health topics and health-related behaviors administered biennially in odd-numbered years. MIYHS is composed of four surveys by grade category: 1) Kindergarten and 3rd grade, 2) 5th and 6th grades, 3) 7th and 8th grade (middle school), and 3) 9th through 12th grade (high school). Data from Kindergarten through 3rd grade students are collected from parental survey, whereas data from 5th through 12th grade are self-reported by the student.

In this report, we only present MIYHS data from middle and high school students. All eligible public middle and high schools in Maine are invited to participate in the survey. About 15,000 middle school students and 30,000 high school students participate in

MIYHS across Maine. Middle and high school surveys are comprised of four versions (Version A, Version B, Version C, and Version D). Each school is randomly assigned either version pair AB or version pair BC to ensure an equal distribution of survey versions among middle and high schools within each county. Version C contains questions taken the Maine Youth Risk Behavior Survey (YRBS).

Similar to MIYHS, YRBS provides prevalence data on health-related outcomes, behaviors and attitudes among 7th and 8th grade and 9th-12th grade students. In 2013, the YRBS was implemented at the state-level by 42 states, including Maine, and at the national level. Although some MIYHS questions – including any current tobacco use, weight status, and physical activity examined in this report - are the same as YRBS questions, due to differences in survey sampling methods, MIYHS and YRBS data may not be directly comparable. However, when interpreted with caution, comparisons between MIYHS and YRBS data can provide context for prevalence differences between Maine and U.S. youth.

Appendix IV: Technical Notes

Technical Notes

A. Data Suppression for Confidentiality and Statistical Unreliability

Maine state legislature mandates that all cancer case data reported to the Maine CDC Cancer Registry (MCR) remains confidential. The MCR manages and releases identifiable data under the review and regulations of the Maine CDC (formerly known as the Bureau of Health), as set forth by Maine Statute Title 22: Health Warfare, Chapter 255: Cancer, §1406 (Maine CDC Cancer Registry Data Review Committee).

In this report, we adhered to the Maine CDC Privacy Policy, which is used primarily in sub-state or small population analyses. This policy states if the numerator is 5 or fewer or the denominator is less than 5,000 for a particular county or public health district, the data must be suppressed.

For population data used to calculate incidence or mortality rates, we suppressed county-level and public health district-level data with non-zero counts of 5 or fewer and denoted with 'DSP' to protect privacy due to small numbers. Complementary suppression is applied to prevent back-calculation of counts of 5 or fewer.

In other cases, suppression methods were used to flag data that were considered statistically unreliable because of small numbers. We followed standard suppression guidelines of the U.S. CDC, which included:

- Mortality rates with a numerator less than 20 are flagged with a dagger (†) and the rate is considered statistically unreliable.

- Survey data from the Behavioral Risk Factor Surveillance System (BRFSS) with a denominator less than 50 (total respondents) or with a 95% confidence interval (CI) half-width greater than 10 are presented as 'DSU' because the data are statistically unreliable.

- Survey data from BRFSS with a numerator (n) less than 50 are flagged with a dagger (†) and those estimates are considered statistically unreliable, and these data should be interpreted with caution.

B. Age Adjustment

Crude rates are a direct measure of a population's disease burden. However, comparisons of crude rates can be misleading if the age distribution of the population varies over time or place. Age adjustment, also called age standardization, is a statistical method used to allow comparisons between two or more populations in one point in time or one population in two different periods of time. Age adjustment is particularly important when comparing populations where the age structures of the populations are

different. This type of adjustment accounts for differences in age distributions between populations or within the same population over time, and allows rates to be more easily compared across populations or time periods.

In this report, age-adjusted Maine-specific incidence and mortality rates were calculated with direct standardization using the U.S. population in the year 2000 as the standard (2000 U.S. standard population), which was adopted by the National Center for Health Statistics (NCHS) as the standard for age-adjusting incidence and mortality rates. For additional information, please see the 2001 NCHS report *Age Adjustment Using the Projected 2000 U.S. Population* at http://www.cdc.gov/nchs/data/statnt/statnt20.pdf.

C. Combined-Year Analysis

Some types of cancer occur less commonly in a population and require that multiple years of data are combined to obtain more stable rate estimates over time. In this report, we combined three years of incidence data for bladder, oropharyngeal, and cervical cancers, and melanoma, which are presented as rolling three-year averages.

As an example of how rolling three-year averages were calculated, we summed the numerators (incident cancers) and population denominators for 2000, 2001, and 2002 for an average 2000-2002 rate. Consecutive year-groups, such as 2000-2002 to 2001-2003, will share two years of data, with only one year of new data, thus minimizing the size of changes from year to year. This process increases the stability of rate estimates by pooling years of data, but can dampen apparent time trends by smoothing changes over time. Despite this limitation, the alternative of presenting single year estimates would be more hindered by random variability, which makes it difficult to interpret estimates over time.

D. Surveillance, Epidemiology, and End Results Data

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 incidence data are used to represent national cancer incidence data because a true nationwide cancer registry does not exist.

SEER currently has five combinations of population-based national samples that are used for a variety of statistical analysis:

1. 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 1973-2010.
2. SEER 11 registries consist of SEER 9 plus Los Angeles and San Jose-Monterey. Data are available for cases diagnosed from 1992 onwards.

3. SEER 13 consists of SEER 11 plus Rural Georgia and the Alaska Native Tumor Registry. Data are available for cases diagnosed from 1992 onwards.
4. 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 were excluded from most analyses.
5. SEER 18 registries consist of the SEER 17, as described above, plus Greater Georgia. Data are available from all cases diagnosed from 2000 and later for these registries, with the exception of adjustments for the areas impacted by Hurricanes Katrina and Rita.

SEER 9, SEER 11, SEER 13, SEER 17, and SEER 18 represent different proportions of the U.S. population. In this report, national incidence and staging data are from SEER 9, respectively, which represent 9.4% of the U.S. population. For more information, please see NCI's *About SEER Registries* website at http://seer.cancer.gov/registries/.

SEER*Stat, a software that was developed by the NCI for the analysis of SEER cancer data, was used to calculate incidence and mortality rates, and their confidence intervals. The software is open source and can be downloaded (http://seer.cancer.gov/seerstat/). In this report, we used the most current software version available (SEER*Stat Version 8.1.5) for data analysis. Rates obtained from SEER*Stat are based on denominators from the U.S. Census Bureau.

E. 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: TNM staging is primarily used for clinical evaluation and treatment; SEER Extent of Degree staging is useful for clinical and epidemiologic research; and the SEER Summary Stage is a broad staging system that is commonly used by epidemiologists to measure the success of cancer control and prevention in populations.

In this report, we used the SEER Collaborative Staging system, a comprehensive dataset that unifies elements of each of the three staging methods to standardize rules for assigning stage at diagnosis. More information about Collaborative Staging can be found at the SEER's *Collaborative Stage* website (http://seer.cancer.gov/tools/collabstaging/).

SEER Collaborative Staging has five main categories:

1. *In situ* cancer is early cancer that is present only in the layer of cells in which it began.
2. Localized cancer is cancer that is limited to the organ in which it began, without evidence of spread.

3. Regional cancer is cancer that has spread beyond the original (primary) site to nearby lymph nodes or organs and tissues.
4. Distant cancer is cancer that has spread from the primary site to distant organs or distant lymph nodes.
5. Unknown cancer is cancer for which there is not enough information to indicate a stage.

For simplicity, we used three categories to examine stage at diagnosis in this report: 1) 'Early-stage cancer' which includes *in situ* and localized cancer, 2) 'Late-stage cancer' which includes regional and distant cancer, and 3) Unknown or unstaged cancers.

F. 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 for the estimates being compared do not overlap, thus are not due to random chance. See hypothetical example below (all rates expressed per 100,000):

- The lung cancer rate for males is 120.0 with a lower 95% CI of 115.0 and an upper 95% CI of 125.0.
- The lung cancer rate for females is 105.0 with a lower 95% CI of 100.0 and an upper 95% CI of 110.0.
- Because the two sets of confidence intervals—(115.0-125.0) for males and (100.0-110.0) for females—do not overlap, we state that the lung cancer rate for males is statistically significantly higher than the rate for females.

G. U.S. Comparisons

In this report, we present data on two U.S. comparison populations: the total U.S. population and the U.S. white-only population (U.S. whites). Depending on the cancer, incidence and mortality may vary across racial and ethnic groups. Maine's population is predominantly non-Hispanic white (about 96%), and a U.S. white-only population may adjust for differences between Maine and the U.S. in terms of differences in race and ethnicity.

However, there are several reasons to present the total U.S. population as well. From a methodological perspective, the white-only analysis is not an appropriate comparison since the U.S. population is completely restricted with respect to race and/or ethnicity. Further, 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 population.

In addition, such a comparison controls for an unnatural cause of disease, unlike controlling for age. Although there are genetic differences among race and ethnic

groups that may impact disease development, genetic differences among race and ethnic groups are minimal in comparison to causes of varying socioeconomic status (i.e., employment status, household income), discriminatory practices, and disparities in access to health education or health 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. by socioeconomic status. Ideally, with the increasing diversity of Maine's population, we will be able to present stratum-specific estimates for all race and ethnic populations.

Appendix V: Glossary of Terms

Glossary of Terms

Age-adjusted rate: A rate that has been statistically adjusted for differences in the age distribution between 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 if they had the same age distribution. See Appendix IV for more information on age adjustment.

Age-specific rate: The rate for a specific age group; also called an age-specific "crude rate" (see "crude rate" below).

Average annual decline: A summary measure of the average percent change (or percent decrease) in cancer rates from year to year when analyzing trends in data. This measure is calculated by subtracting a year's rate (Y1) from the rate of the previous year (Y2), dividing by the year's rate (Y1), taking an average of the percent change, and multiplying by 100. Calculating the average annual decline provides a more accurate assessment of change in annual rates than the overall annual decline because it accounts for large and small changes in rates that might occur from year to year instead of assuming that rates change at a constant percentage each year.

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 CDC 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 uncertainty in rate or prevalence estimates that result 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 IV, 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 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.

Early-stage cancer: A stage of cancer diagnosis when a cancer or tumor is only present in the layer of cells in which it originate, has not grown deeply into nearby tissues, and has not spread to the lymph nodes or other parts of the body. This cancer is also referred to as localized or *in situ* (see "*in situ* cancer" below).

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-CM: The International Classification of Diseases, Ninth Revision, Clinical Modification, the official system of assigning codes to diagnoses and procedures associated with medical care utilization in the United States.

ICD-10: The tenth revisions of the International Classification of Diseases, the classification system used to code and classify causes of death. ICD-10 has been in use in the U.S. since 1999.

ICD-O-3: The International Classification of Diseases for Oncology, Third Revision, the standard reference for coding and classifying anatomic site and histologic type of cancer cases.

Incidence rate: The rate of new cancer cases developing in the population during a specific time. 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 stage of 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.

Late-stage cancer: A stage of cancer diagnosis when a cancer or tumor that are large in size, have grown more deeply into nearby tissue, and have spread to lymph nodes, and

possibly have spread to other organs or parts of the body. It may also be called advanced or metastatic cancer.

Metastasis: The spread of cancer (or cancer cells) from the organ where it started (the primary site) to another organ or parts of the body.

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 includes all those who have the condition, risk factor, or disease, regardless of when it was diagnosed; the denominator includes all individuals at that point in time in the population.

Prognosis: A forecast about the likely course of a disease or prospect of disease recovery.

Screening: Screening is used to detect cancer (or conditions that cause cancer) in a person before symptoms appear to increase the changes of cancer detection *in situ* or at an early stage.

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 IV 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 IV 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. See Appendix IV for more information.

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

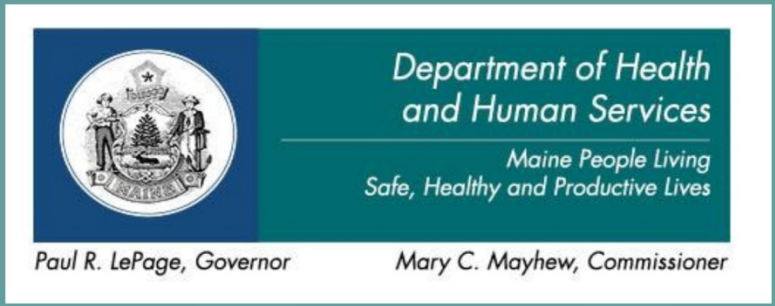
Surveillance data: Data that are used to monitor health status in a population. Surveillance data are systematically collected over time to detect changes. In this report, surveillance data come from the Behavioral Risk Factor Surveillance System, the Maine Integrated Youth Health Survey, Maine Cancer 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.

Tobacco-related cancer: Cancers that have a direct causal link to tobacco use according to the U.S. Surgeon General. Tobacco-related cancer includes cancers of the lung, larynx, oral cavity and pharynx, esophageal, stomach, pancreatic, kidney and renal pelvis, urinary bladder, and cervical cancers, and acute myeloid leukemia. In this report, tobacco-related cancers excluding lung cancer are reported. See 'Incidence Case Definitions' for more information.

Unadjusted rate: See "crude rate" above.

Years of Potential Life Lost (YPLL): A measure of the premature mortality. This report contains data on the YPLL before age 75 and is calculated by summing the total number of years not lived by people who died before age 75.



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