



New Hampshire Cancer Report Card

April 2009



The purpose of this report card is to present the results of the cancer incidence mortality and behaviors related to cancer in New Hampshire and how they compare with national standards. Cancer is currently the second leading cause of death in New Hampshire. But, as deaths from heart disease continue to decline and as New Hampshire median age increases, cancer will likely become the number one cause of death. Despite continued declines in new cancer cases, population trends over the next thirty years will increase the absolute number of cancer patients. With continued improvement in treatment and screening, the number of survivors—persons living with cancer—will also increase.

This report card identifies key indicators for cancer in New Hampshire. The report has five sections: New Cases, Deaths, Prevention, Screening, and Treatment. Within each section, the report examines cancer sites or factors that contribute to cancer's burden. In addition to all cancers combined, the focus is on six cancer sites: bladder, breast (female), colon-rectum, lung-bronchus, melanoma of skin, and prostate. These six cancers account for the majority of New Hampshire's cancer deaths and new cases. Some of these sites also are associated with screening and/or preventive behaviors that can reduce cancer death and/or new cancer cases.

Data and Methods:

Data were obtained from publicly available sources including: the NH State Cancer Registry, State Cancer Profiles, the Behavioral Risk Factor Surveillance Survey (both US/CDC, and NH), the National Cancer Database, and the National Youth Tobacco Survey. When possible, this report presents NH's rank among the 50 states and the District of Columbia, as well as data for the US as a whole. New Hampshire's initial goal is to rank among the top (or best) quarter of all states reporting. Color coding indicates NH's current ranking: **Green** = Good (top or best 25% of states); **Gold** = Average (top 26%–50% of states); **Blue** = Below Average (51% to 75% of states); **Red** = Poor (bottom or worst 25% of states); and **Lavender** = When ranking is not available or not applicable.

Cancer Incidence and Mortality

New Hampshire has a mixed report card. For new cancer cases, the State performed poorly, ranking among the worst 25% of states for all cancers, bladder, breast, and melanoma of skin. The State received a below average rating for colorectal, lung -bronchus, and prostate cancers.

New Hampshire ranked slightly better in cancer deaths. The State ranked average for breast, melanoma of skin, and prostate cancers, below average for all cancers, colorectal and lung - bronchus cancers, and poor (worst) only for bladder cancer. Overall deaths due to cancer in New Hampshire ranked below average compared with all other states.

The one explanation for this mixed report card could be the aging of New Hampshire.

New Cancer Cases per 100,000

	Rank	NH	US
All cancers	47	498.0 (486.1, 510.1)	458.2 (457.4, 459.0)
Bladder	47	27.4 (24.7, 30.4)	21.3 (21.1, 21.5)
Breast (Female)	44	127.9 (119.8, 136.4)	117.7 (117.2, 118.2)
Colorectal	27	50.1 (46.3, 54.1)	49.5 (49.3, 49.8)
Lung-bronchus	31	70.9 (66.4, 75.6)	67.4 (67.1, 67.7)
Melanoma of Skin	49	28.0 (25.2, 31.0)	17.1 (17.0, 17.3)
Prostate	36	158.0 (148.1, 168.4)	145.3 (144.6, 145.9)

Cancer Deaths Per 100,000

	Rank	NH	US
All cancers	29	186.9 (179.7, 194.4)	184.0 (183.5, 184.5)
Bladder	38	4.9 (3.8, 6.3)	4.3 (4.3, 4.4)
Breast (Female)	22	23.4 (20.1, 27.1)	24.0 (23.8, 24.2)
Colorectal	27	18.0 (15.8, 20.4)	17.4 (17.2, 17.5)
Lung-bronchus	27	53.8 (50.0, 57.9)	52.8 (52.5, 53.0)
Melanoma of Skin	19	2.8 (2.0, 3.9)	2.7 (2.7, 2.8)
Prostate	17	23.8 (19.6, 28.4)	24.6 (24.4, 24.9)

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Prevention

The State ranks in the top 50% of states for several self-reported preventive behaviors (adult smoking, physical activity, and maintaining a healthy weight). The data were obtained from Behavioral Risk Factor Surveillance System (BRFSS) and National Youth Tobacco Survey (NYTS) and New Hampshire Youth Tobacco Survey. Even though New Hampshire's lung cancer death rate is higher than the national rate and ranks 27th among all states, the State's adult smoking rate is better than the national rate and ranks 18th among states. The percentage of New Hampshire's high school students who report using tobacco during the previous month is also much lower than the national rate.

	Rank	NH	US
Tobacco Use			
Percentage of adults 18 years and above who are current smokers	18	18.7 (17.4, 20.0)	20
Percentage of high school students who used tobacco during the previous 30 days	n/a	16.8	25.6
Percentage of middle school students who used tobacco during the previous 30 days	n/a	3.2	9.5
Diet			
Percentage of adults ≥18 years consuming five or more fruits or vegetables each day	3	28.5 (27.1-29.9)	24.3
Physical Activity			
Percentage of adults ≥18 years with no leisure-time physical activity in past month	10	19.6 (18.5, 20.9)	23
Percentage of adults ≥18 years engaging in moderate or vigorous physical activity during the past month	n/a	54	49.2
Weight			
Percentage of adults ≥18 years who are overweight or obese (body mass index greater than or equal to 25.0 kg/m ²)	17	60.7 (59.0, 62.3)	61.6

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Cancer Screening

New Hampshire ranks relatively well (higher) in colon cancer screening (in the top 50%); however, nationally, screening rates for colon cancer are low and should increase to reduce the mortality and incidence of colon cancer. NH also ranks in the top 50% of states in screening for cervical, breast, and colon cancers. Melanoma rates (incidence) in NH are high. We know that sun exposure is a risk factor for melanoma; however, we are not able to capture the risk behavior in NH because there have been no survey questions related to sun protection in NH. New Hampshire also has a rate lower than the national average of men accessing PSA testing for prostate cancer. The data were obtained from the Behavioral Risk Factor Surveillance System (BRFSS).

	Rank	NH	US
Breast Cancer			
Women aged 40+ who had a clinical breast exam in past 2 years	5	85.6 (84.1, 87.0)	n/a
Women aged 40+ who have had a mammogram within the past two years	14	79.0 (77.2, 80.7)	76.5
Cervical Cancer			
Women aged 18+ who had a pap smear in past 3 years	4	88.0 (86.1, 89.7)	84
Colorectal Cancer			
People aged 50 + who have used home blood stool test in past 2 years	5	30.5 (28.7, 32.4)	24.1
People aged 50+ who had a home blood stool test in past year or a sigmoidoscopy or colonoscopy in past 5 years	9	62.3 (60.3, 64.3)	n/a
People aged 50 + who ever had a sigmoidoscopy or colonoscopy	15	63.6 (61.6, 65.5)	57.1
Prostate Cancer			
Men aged 40+ who have had a PSA test within the past two years	n/a	50.2(47.4-53.0)	53.8

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Cancer Treatment

New Hampshire also does well on the benchmarks for the treatment of breast and colon cancer when compared with the national averages. Data for initial treatment are obtained from the American College of Surgeons' National Cancer Database Benchmark (NCDB).

	Rank	NH	US
Breast cancer ; stage I: Among women who had breast-conserving surgery (partial mastectomy), % receiving Adjuvant Radiation Therapy	n/a	80.9	73.9
Colon cancer ; stage III: Percentage receiving Adjuvant Chemotherapy	n/a	57.5	54.3

Conclusion

This report surveys key areas and indicators for measuring progress in reducing New Hampshire's cancer burden. New Hampshire must improve many areas in the cancer continuum of care to become a leader in cancer prevention and control. By focusing attention on key areas and indicators, this report will help New Hampshire sustain and enhance its effectiveness in addressing the cancer problem.

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Data Sources

1. Data through 2004-2005 New Hampshire State Cancer Registry; accessed 01/30/2009 and 02/02/09.
2. Data through 2004, From National Cancer Institute (NCI) – State Cancer Profiles –New Cases (<http://statecancerprofiles.cancer.gov>); accessed 01/30/2009 and 02/02/09.
3. Data through 2005, From National Cancer Institute (NCI) – State Cancer Profiles – Deaths (<http://statecancerprofiles.cancer.gov>); accessed 01/30/2009 and 02/02/09.
4. Data through 2006, From National Cancer Institute (NCI) – State Cancer Profiles – Screening and Risk Factors (<http://statecancerprofiles.cancer.gov>); accessed 01/30/2009 and 02/02/09.
5. Data through 2006-2007 from Behavioral Risk Factor Surveillance System (BRFSS) Prevalence Data, States and DC (<http://apps.nccd.cdc.gov/brfss>); accessed 02/02/09 and 02/02/09.
6. Data from National Youth Tobacco Survey (NYTS) – 2006 (<http://www.cdc.gov/tobacco/NYTS/CorrectionNotice.htm>); accessed 02/16/07.
7. New Hampshire Youth Tobacco Survey—2007: Detailed Summary Tables – Statewide.
8. Data for initial treatment are from the American College of Surgeons’ National Cancer Database (NCDB) Benchmark
9. Reports (<http://web.facs.org/ncdbbmr/ncdbbenchmarks.cfm>); accessed 2/2/09. For 2006, Breast Cancer NCDB included data from 9 hospitals in New Hampshire and ~1312 hospitals nationwide. Colon Cancer: NCDB included data from 9 hospitals in New Hampshire and ~1276 hospitals nationwide.
10. US figure represents median for all states reporting.
11. n/a – data are not available or applicable.
12. Rates are age-adjusted for 2000 US Population.

Contact Information

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