CANCER INCIDENCE AND MORTALITY IN DELAWARE, 2013-2017

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Overview

- All-site cancer rates
- Eight site-specific cancers
- Top four cancer sites: female breast, prostate, lung, and colorectal
- Plus: cervical, kidney and renal pelvis, leukemia, and oral cavity and pharynx cancers.
- Special section on breast cancer and Delaware initiatives
- Census tract-level analysis compendium
 - Census-tract data previously included in the I&M report were moved to a separate compendium
 - Includes all-site cancer incidence rates and maps

ALL-SITE CANCER INCIDENCE

All-site Cancer Incidence, Delaware, 2013-2017



- 28,938 cancer cases
 - o average of 5,788 per year
- By sex
 - Male 51%
 - o Female 49%
- By race/ethnicity
 - Non-Hispanic Caucasian 78%
 - Non-Hispanic African American 17%
 - o Hispanic − 3%

All-Site Cancer Incidence, Delaware vs. U.S., 2013-2017

Delaware: 484.3 per 100,000 Statistically significantly higher than U.S. (435.0 per 100,000)

• Unchanged - 2013-2017 rank: 2nd; 2012-2016 rank: 2nd

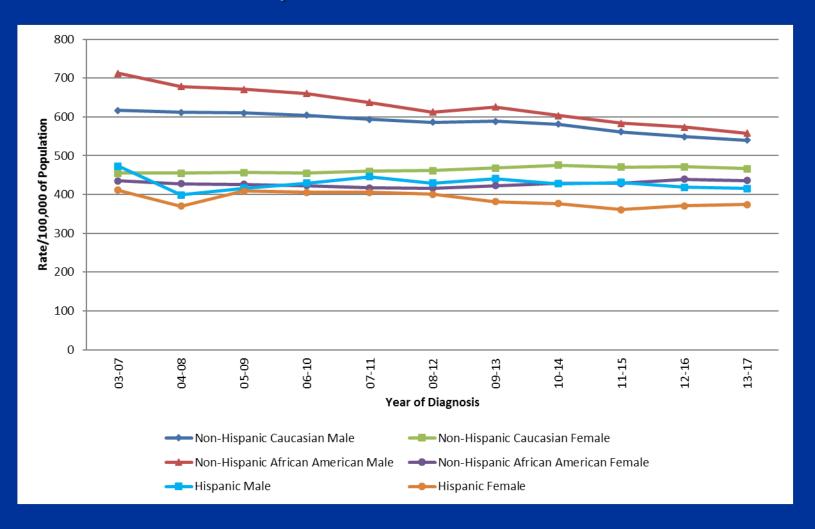
Delaware males: 531.5 per 100,000 Statistically significantly higher than male U.S. (472.9 per 100,000)

• Improved - 2013-2017 rank: 4th; 2012-2016 rank: 3rd

Delaware females: 450.8 per 100,000 Statistically significantly higher than U.S. (410.5 per 100,000)

• Improved - 2013-2017 rank: 9th; 2012-2016 rank: 5th

Five-Year Average Age-Adjusted All-Site Cancer Incidence Rates by Sex and Race/Ethnicity; Delaware, 2003-2007 to 2013-2017

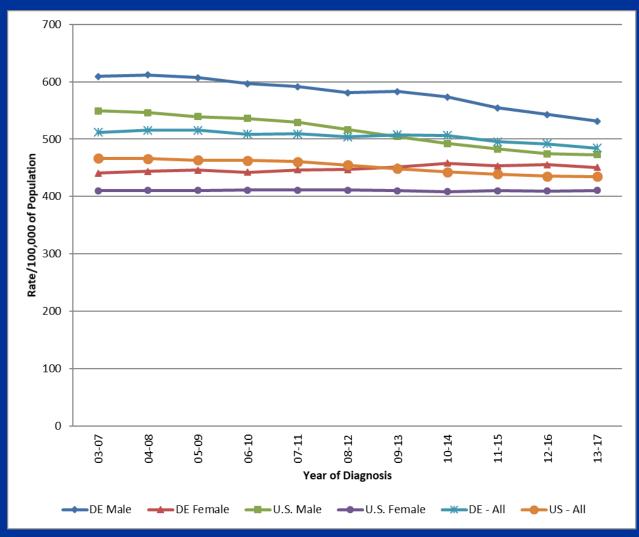


Most Commonly Diagnosed Cancers by Sex in Delaware, 2013-2017

MALES		
Site	Rate	% of cases
1. Prostate	125.5	26%
2. Lung	75.7	14%
3. Colorectal	44.3	8%
4. Urinary bladder	42.3	8%
5. Melanoma	38.9	7%
6. NHL	24.6	4%
7. Kidney	23.6	4%
8. Oral	19.7	4%
9. Leukemia	17.3	3%
10. Pancreas	16.9	3%

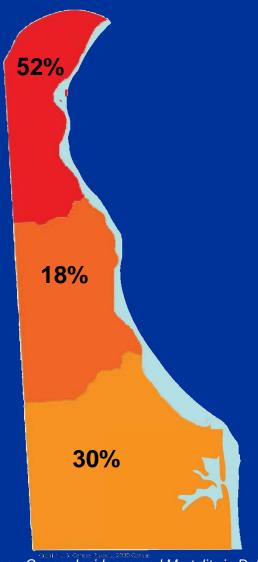
FEMALES			
Site	Rate	% of cases	
1. Breast	135.4	30%	
2. Lung	61.3	15%	
3. Colorectal	32.9	7%	
4. Uterine	30.7	7%	
5. Thyroid	25.4	5%	
6. Melanoma	22.5	5%	
7. NHL	17.0	4%	
8. Pancreas	12.1	3%	
9. Kidney	11.8	3%	
10. Ovary	11.0	2%	

Five-Year Average Age-Adjusted All-Site Cancer Incidence Rates by Sex; U.S. and Delaware, 2003-2007 to 2013-2017



ALL-SITE CANCER MORTALITY

All-site Cancer Mortality, Delaware, 2013-2017



- 10,096 deaths from cancer
 - o average of 2,019 per year
- By sex
 - o Male 53%
 - o Female 47%
- By race/ethnicity
 - Non-Hispanic Caucasian 80%
 - Non-Hispanic African American 17%
 - Hispanic 2%

All-Site Cancer Mortality, Delaware vs. U.S., 2013-2017

Delaware: 171.0 per 100,000 Statistically significantly higher than U.S. (158.3 per 100,000)

• *Unchanged* - 2013-2017 rank: 15th; 2012-2016 rank: 15th

Delaware males: 204.1 per 100,000 Statistically significantly higher than male U.S. (189.5 per 100,000)

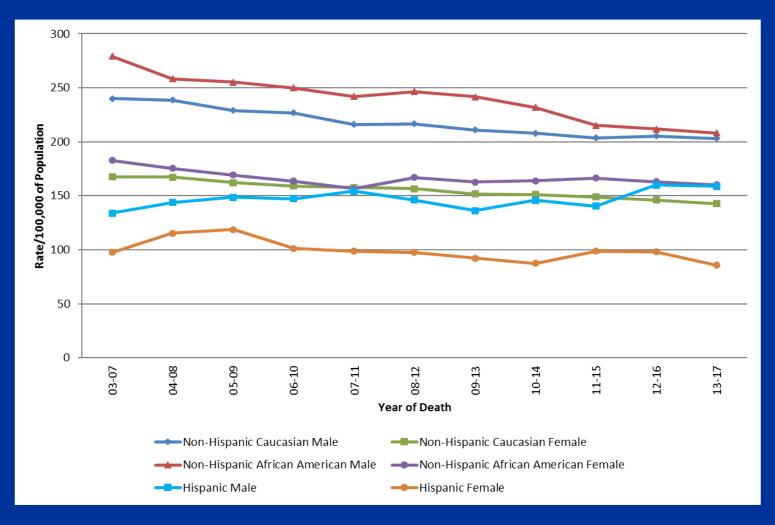
• Worsened - 2013-2017 rank: 17th; 2012-2016 rank: 18th

Delaware females: 146.3 per 100,000 Statistically significantly higher than U.S. (135.7 per 100,000)

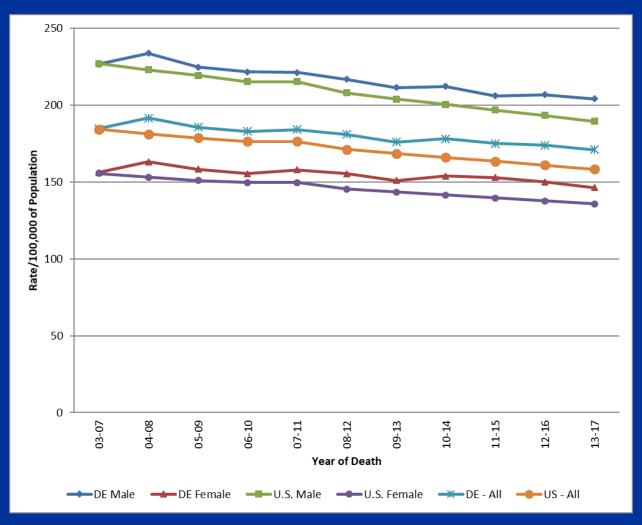
• Improved - 2013-2017 rank: 17th; 2012-2016 rank: 14th

Non-Hispanic Caucasians in Delaware had a statistically significantly higher mortality rate than non-Hispanic Caucasians in the U.S.

Five-Year Average Age-Adjusted All-Site Cancer Mortality Rates by Sex and Race/Ethnicity; Delaware, 2003-2007 to 2013-2017



Five-Year Average Age-Adjusted All-Site Cancer Mortality Rates by Sex; U.S. and Delaware, 2003-2007 to 2013-2017



NOTABLE SITE-SPECIFIC CANCER DETAILS

Improvements by Cancer Site, Delaware, 2003-2007 to 2013-2017

Breast

 Between 2003-2007 and 2013-2017, mortality rates for female breast cancer decreased by 2% in Delaware and 15% in the U.S.

Colorectal

- Between 2003-2007 and 2013-2017, incidence rates for colorectal cancer decreased by 26% in Delaware and 21% in the U.S.
- Between 2003-2007 and 2013-2017, mortality rates for colorectal cancer decreased by 21% both in Delaware and in the U.S.

Improvements by Cancer Site, Delaware, 2003-2007 to 2013-2017

Lung

- Between 2003-2007 and 2013-2017, incidence rates for lung cancer decreased by 17% in Delaware and 18% in the U.S.
- Between 2003-2007 and 2013-2017, mortality rates for lung cancer decreased by 20% in Delaware and 23% in the U.S.
- A larger percentage of lung cancers were diagnosed at local stage in Delaware (26%) than in the U.S. (22%).

Prostate

- Between 2003-2007 and 2013-2017, incidence rates for prostate cancer decreased by 30% in Delaware and 33% in the U.S.
- o Between 2003-2007 and 2013-2017, mortality rates for prostate cancer decreased by 31% in Delaware and 24% in the U.S.

Delaware Cancers Sites with Statistically Significant Differences from the U.S. vs. Cancer Sites with no Statistically Significant Differences, 2013-2017

Delaware Incidence
Rate Statistically
Significantly Higher than
U.S.

All-site

Female breast

Lung/bronchus

Prostate

Oral cavity

Delaware Incidence Rate Not Statistically Significantly Different from U.S.

Colorectal

Kidney and renal pelvis

Cervical

Leukemia

Cancer Sites with Large Increases in Incidence, Delaware, 2003-2007 to 2013-2017

Cancer Site	Delaware Percent change 2003-2007 to 2013-2017	U.S. Percent change 2003-2007 to 2013-2017
Leukemia	+19	+8
Oral Cavity	+18	+7

Cancer Sites with Dramatic Decreases in Incidence, Delaware, 2003-2007 to 2013-2017

Cancer Site	Delaware Percent change 2003-2007 to 2013-2017	U.S. Percent change 2003-2007 to 2013-2017
Colorectal	-26	-21
Prostate	-30	-33

Cancer Sites with Dramatic Increases in Mortality, Delaware, 2003-2007 to 2013-2017

Cancer Site	Delaware Percent change 2003-2007 to 2013-2017	U.S. Percent change 2003-2007 to 2013-2017
Cervical	+30	-4

Cancer Sites with Dramatic Decreases in Mortality, Delaware, 2003-2007 to 2013-2017

Cancer Site	Delaware Percent change 2003-2007 to 2013-2017	U.S. Percent change 2003-2007 to 2013-2017
Colorectal	-21	-21
Lung/bronchus	-20	-23
Prostate	-31	-24

Breast Cancer and Delaware Initiatives

- From 2003-2007 to 2013-2017, Delaware's breast cancer incidence rate increased by 8%.
- During the same time period, Delaware's breast cancer mortality rate decreased 2%.
- It is likely that improvements in the early detection of breast cancer contributed to Delaware's progress in reduced breast cancer mortality.

Breast Cancer and Delaware Initiatives

- Delaware has implemented several evidence-based interventions designed to increase breast cancer screenings among priority populations. This includes:
 - Reducing out of pocket expenses for underserved communities
 - Patient navigation
 - Provider and patient reminders
 - Provider education
 - Community outreach
 - Marketing

Cancer Screening

- The Behavioral Risk Factor Survey (BRFS) collects information on cancer screening.
- Breast cancer Delaware ranks 17th nationally for mammography.
 - 73% of Delaware females 40 and older were screened for breast cancer in the previous 2 years compared to 72% nationally
- Colorectal cancer Delaware ranks 10th nationally for meeting USPSTF colorectal cancer screening.
 - 78% of Delawareans met the USPSTF recommendations compared to
 74% nationally
- Prostate cancer Delaware ranks 15th for PSA tests.
 - 33% of Delaware males 40 and older has a PSA test in the past 2 years compared to 32% nationally

Cancer Prevention

- Tobacco use is the leading risk factor.
 - o In 2020, 15% of Delawareans were current smokers, almost the same as nationally (16%).
 - Contributes to many cancers including lung, esophagus, kidney, urinary bladder, stomach, and pancreas
- Lack of physical activity and unhealthy eating are associated with increased risk of multiple cancers.
- Alcohol abuse is a risk factor for many cancers.
- Excessive sun exposure is a risk factor for melanoma.

Summary

Delaware continues to:

- Have the second highest cancer incidence in the nation even though incidence rates are declining.
- Rank 15th nationally for cancer mortality.

Cancer screening rates continue to be high in Delaware:

- An increasing number of cancers are diagnosed at earlier, more treatable stages.
- Delaware has several initiatives in place to help increase breast cancer screenings for improvements in early detection.

There need to be continued efforts to:

 Improve and enhance not only cancer screening, but also cancer prevention in Delaware by addressing behavioral risk factors and social determinants of health.

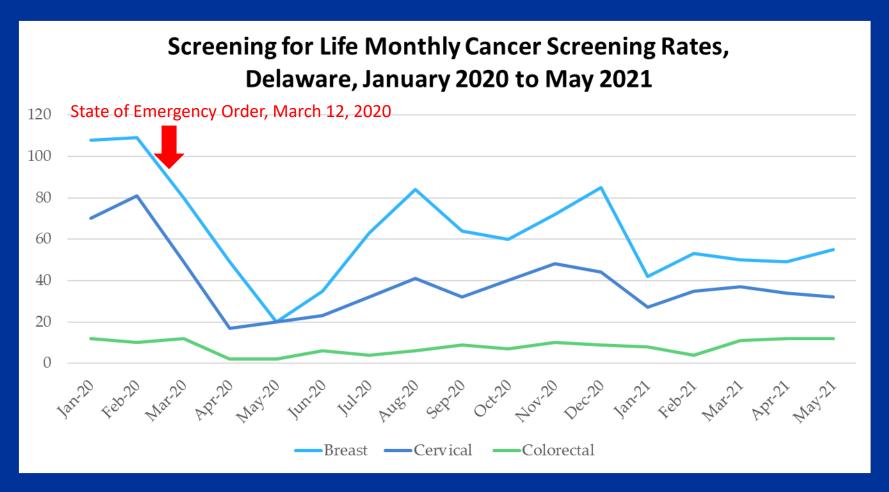
The full reports can be found at

http://dhss.delaware.gov/dph/dpc/cancer.html

Discussion/Wrap Up

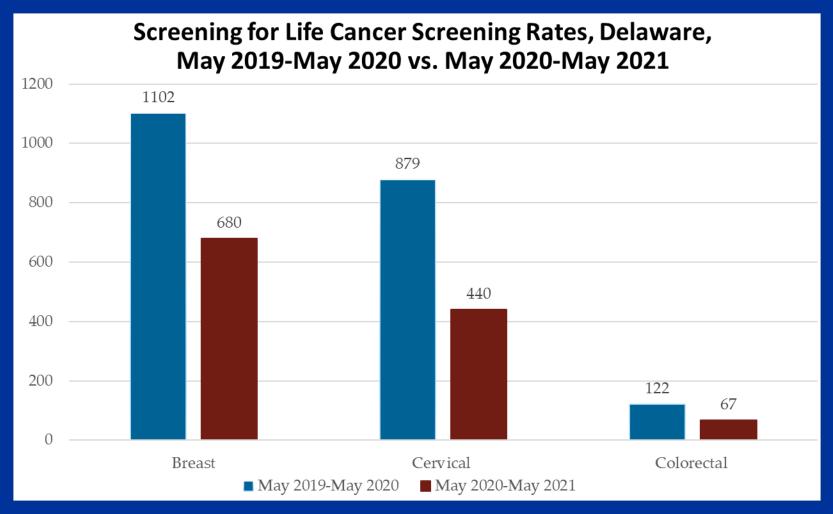
Karyl Rattay, MD, MS Director Division of Public Health

Impact of COVID-19 Pandemic on Cancer Screening Rates in Delaware



Source: Delaware Department of Health and Social Services, Division of Public Health, Screening For Life (SFL) program, August 2021

Changes in Cancer Screenings



Source: Delaware Department of Health and Social Services, Division of Public Health, Screening For Life (SFL) program, August 2021

COVID-19 and Cancer

- COVID-19 highlighted inequalities in health care access.
 - Populations with low socioeconomic status, including African American, Hispanic, and Native American people, have a disproportionate burden of chronic disease, SARS-CoV-2 infection, hospitalization, and mortality.
 - The pandemic intensified already existing inequalities. It will take an approach utilizing Social Determinants of Health (SDoH) to address chronic disease concerns.
- Achieving health equity is a priority across HHS and DPH
 - CDC is shifting funding to address SDoH and emphasize health equity.
 - DPH is focused on SDoH and equity across the Division.

Healthy Communities Delaware (HCD)

- Goal: To improve health, well-being and equity in low-wealth Delaware communities through alignment, investment and impact
- A network of partners, managed as a collaboration among:
 - Delaware Division of Public Health
 - o University of Delaware Partnership for Healthy Communities
 - o Delaware Community Foundation
- Long-term initiative to advance healthy, safe and vibrant communities
- Work in partnership with communities on resident-driven priorities related to the social determinants of health

\$1.4m Investment in Vital Conditions/SDOH





Thriving People & Places

Outcomes: Leveraged and Aligned Funding

- Investment through HCD: \$1.4 million
- Aligned Funding: Over \$3.3 million
 - o DHSS CARES Act funding
 - o DPH PANO
 - o DPH Health Equity
 - o Partnership for Healthy Communities MPH students
- Leveraged due to HCD: Over \$2 million
 - o Nemours
 - Cornerstone West
 - o Central Baptist CDC
 - o Be Ready CDC
 - La Esperanza



Leveraged Funding Outcome Example 2020-21

La Esperanza (Georgetown, Western Sussex County)

- Resource Navigation and Family Coaching to provide bi-lingual services (funding for staff)
- HCD Funding: \$48,000
- Funding Leveraged: \$350,000
- Direct financial support to immigrants who do not have access to other resources.
- La Esperanza community guides screened clients for self-sufficiency, provided relevant referrals, and connected them with the financial resources.
- Having staff in place, both at La Esperanza and in the community in Georgetown, Seaford and Bridgeville (soon to be Milford and Laurel), made these resources more accessible to a wider range of families.



Dover Communities

NCALL Research, Inc.

Community-driven priorities identified

- o Community Need Assessment and Action Plan
 - Derby Estates, Manchester Square & Willis Rd. Commons





Eastside, Wilmington

Central Baptist CDC & Habitat for Humanity of

NCC

Increased food security and increased access to healthy food

- 8,136 home deliveries of fresh produce to low-income families (NCC)
- 1 Food Access Initiative Business Plan

Increased affordable housing 1 Housing Market Analysis

Increased community and home safety

272 revitalization services for 152 residents (e.g., AC/furnace tune-ups, video doorbell installation, gutter cleaning, etc.)

Increased access to safe spaces that support wellbeing/health

1 Architectural plan for community center

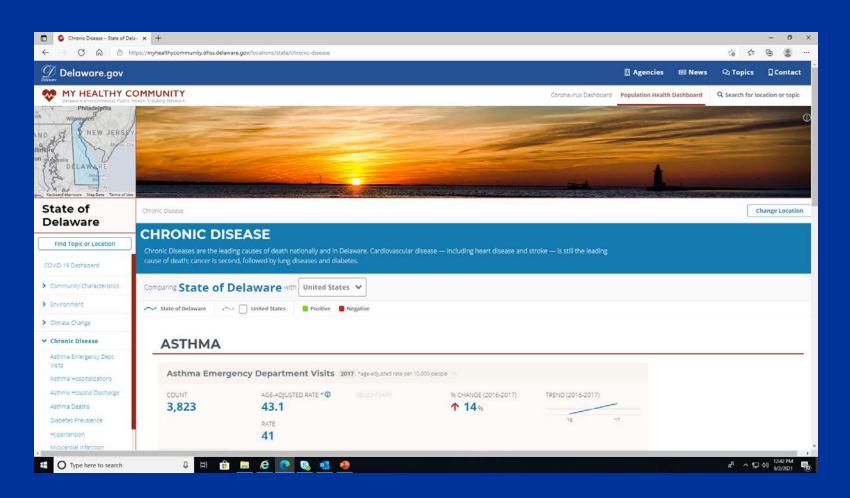
Increased capacity to support community change 2 Staff members employed to support community change





My Healthy Community portal

https://myhealthycommunity.dhss.delaware.gov/



Thank You!

For more information:

Division of Public Health
Comprehensive Cancer Program
https://www.dhss.delaware.gov/dhss/dph/dpc/cancer.html
302-744-1020

