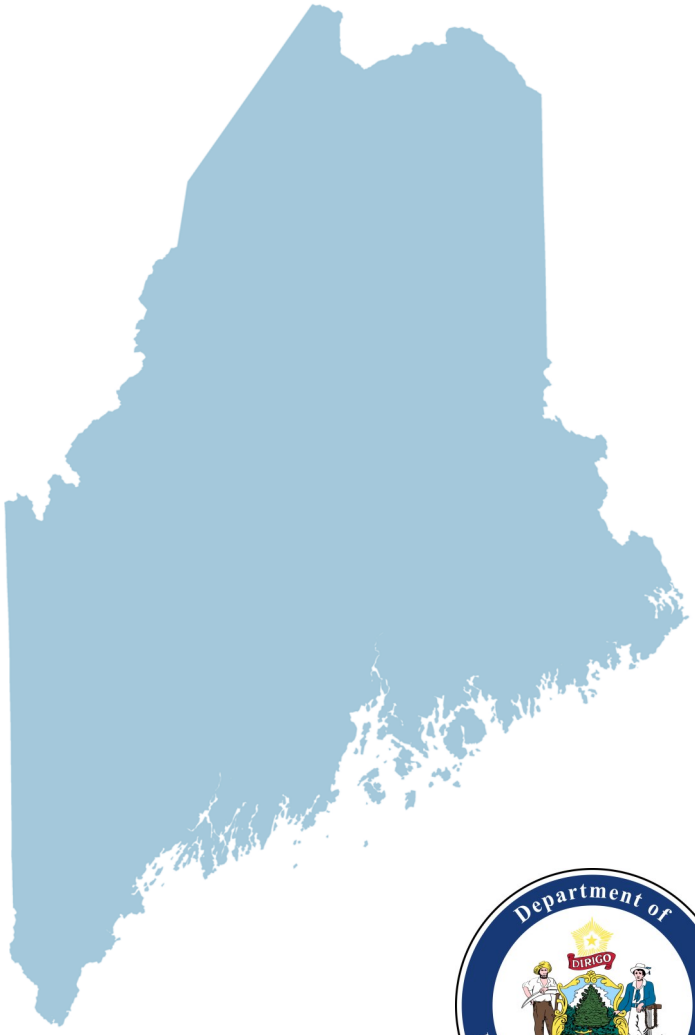
2022 Maine Cancer Snapshot

A REPORT OF THE MAINE CANCER REGISTRY

TABLE OF CONTENTS

Key Findings……..2
Incidence……..3
Mortality……..6
Special Topic ……..10
Technical Notes……..16



Maine Cancer Registry
Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

220 Capitol Street
11 State House Station
Augusta, Maine 04333
Tel (207)287-5272
TTY users call Maine relay 711

Key Findings

FROM THE 2022 MAINE CANCER SNAPSHOT

In 2019*, 9,600 new malignant cancer cases were identified among Maine residents and there were 3,413 cancer deaths to Maine residents.

- The overall cancer age-adjusted incidence rate for Maine is 478.5 per 100,000 compared with 439.8 for the U.S.
- Over the past 20 years, the overall cancer incidence rate in Maine has been decreasing yet remains higher than the U.S. Over that same time period , the gap between the male and female rates has also narrowed, though the male rate remains higher.
- The four most common newly diagnosed cancers in Maine are lung and bronchus, female breast, prostate, and colon and rectum.
- Cancer incidence rates differ across Maine. Piscataquis, Penobscot, and Hancock counties have higher cancer incidence rates compared to the state rate.

- The 2019 age-adjusted cancer mortality rate in Maine is 163.7 which is significantly higher than the U.S. cancer mortality rate in 2019 (147.3).
- The overall cancer mortality rate has been decreasing in Maine over the past 20 years yet remains higher than the U.S. rate.
- The leading causes of cancer mortality are lung and bronchus, colon and rectum, pancreas, female breast, and prostate cancer.
- Cancer mortality rates differ across Maine. Piscataquis, Somerset, and Washington counties have significantly higher cancer mortality rates compared to the state rate.

*The 2022 Maine Cancer Snapshot is based on new cancer cases diagnosed in 2019 (cancer incidence) and cancer deaths occurring in 2019 (cancer mortality). This time-lag is consistent with reporting standards used throughout the U.S. to ensure high quality data. The process requires time for a state cancer registry to receive cancer cases from multiple reporting sources (including vital records, hospital reporters, physician offices, and pathology labs), time for follow up and data corrections, as well as time to consolidate state data and perform quality control and analysis.

Acknowledgements

Prepared by: Denise Yob[1], Kim Haggan[2], Carolyn Bancroft[2], Sara L. Huston[1], Alison Green-Parsons[1], Finn Teach[1], Jessica Cross[1], and Becky Pearce[3].

[1]University of Southern Maine [2] Maine Department of Health and Human Services, Maine Cancer Registry [3]Maine Department of Health and Human Services, Maine Comprehensive Cancer Control Program

Suggested Citation: 2022 Maine Cancer Snapshot. 2022. Maine Department of Health and Human Services, Maine Cancer Registry.

The Maine Cancer Registry wishes to thank the cancer registrars and reporters at hospitals and physician offices throughout Maine as well as our staff Kathy Boris and Jacqueline Neas.

Support for this report was provided in part by National Program of Cancer Registries, Centers for Disease Control and Prevention, Cooperative Agreement number 1 NU58DP007113-01-00 and by the Maine Department of Health and Human Services.

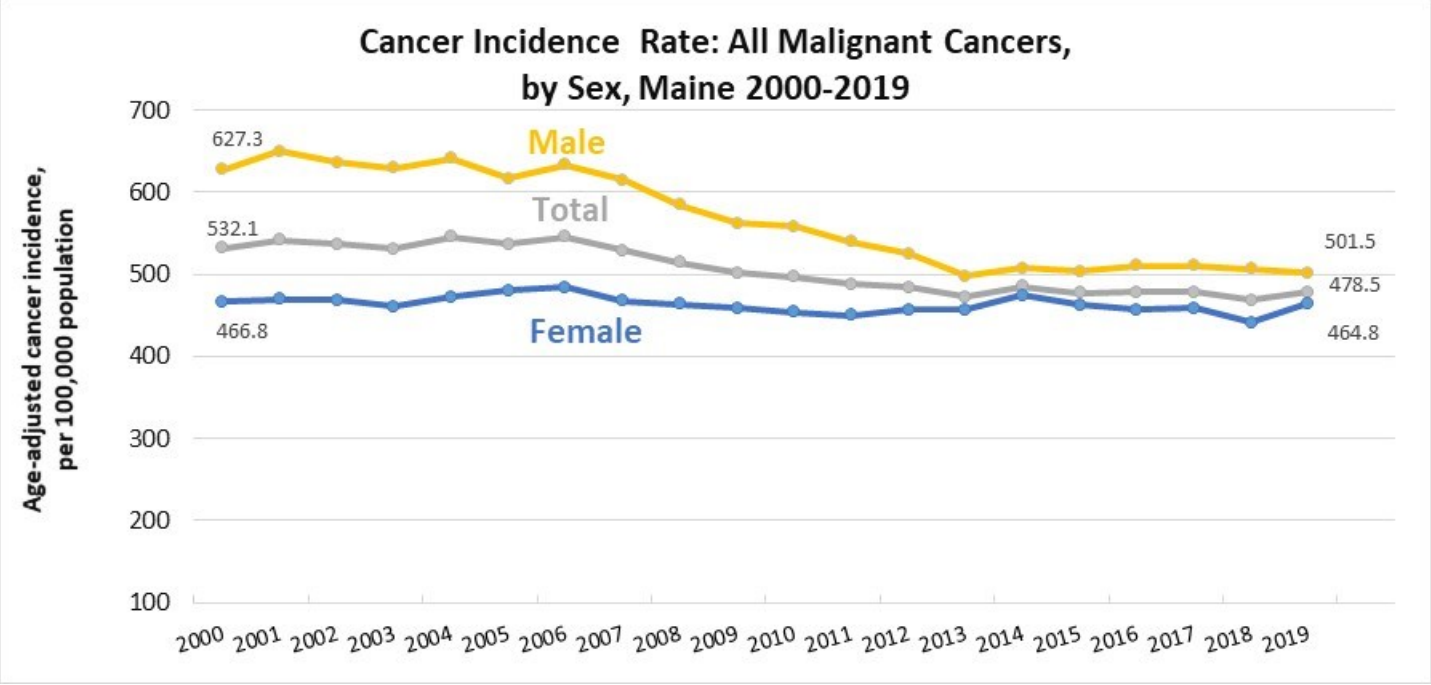
Cancer Incidence

2022 MAINE CANCER SNAPSHOT

Cancer Incidence Key Findings

- Over the past 20 years, the overall cancer incidence rate in Maine has decreased, yet Maine's rate has remained higher than the U.S. Over that same time period the gap between the male and female rates has also narrowed, with the male rate remaining higher.
- In Maine, rates of lung and bronchus, urinary bladder, and uterine cancer are significantly higher than the U.S.
- Cancer incidence rates differ across the state of Maine. Piscataquis, Penobscot, and Hancock counties have higher cancer incidence compared to the state overall. Cumberland county has a lower rate compared to the state overall.

Trends by Sex



Rates are per 100,000 population, age-adjusted to the Year 2000 U.S. standard population.
Data source: Maine Cancer Registry, based on November 2021 NPCR-CSS data submission.

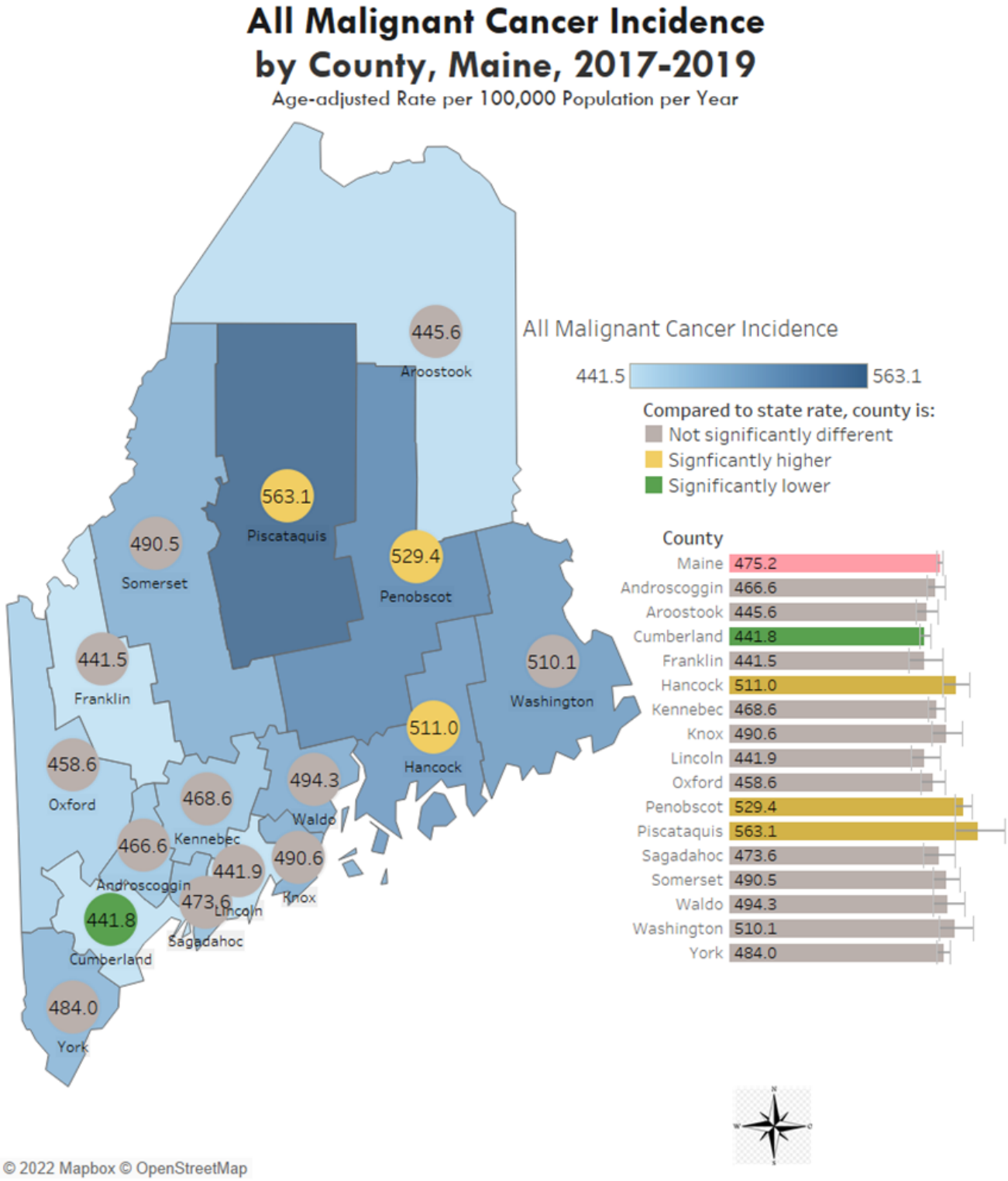
Incidence: Top 10 Cancers, Maine 2019

Red Rate= ME is significantly higher than U.S.

Cancer Type	Maine (all sexes)				U.S. White*		
	Count	AA Rate	AA Lower 95% CL	AA Upper 95% CL	AA Rate	AA Lower 95% CL	AA Upper 95% CL
All Sites	9,600	**478.5**	468.4	488.7	**439.8**	439.1	440.6
Lung and Bronchus	1,458	**67.5**	64.0	71.2	**53.8**	53.5	54.0
Female Breast	1,331	**133.6**	125.9	141.6	**130.4**	129.9	131.0
Prostate	1,149	**107.3**	101.1	114.0	**102.0**	101.5	102.5
Colon and Rectum	698	**36.5**	33.7	39.5	**35.7**	35.5	35.9
Urinary Bladder	563	**26.6**	24.4	29.0	**19.6**	19.4	19.7
Melanoma of the skin	474	**24.9**	22.6	27.4	**25.8**	25.6	26.0
Non-Hodgkin Lymphoma	378	**18.8**	16.8	20.9	**18.7**	18.5	18.9
Kidney and Renal Pelvis	346	**17.3**	15.4	19.4	**17.3**	17.2	17.5
Uterus (Corpus Uteri and Uterus, NOS)	342	**33.2**	29.5	37.2	**27.6**	27.3	27.9
Pancreas	297	**14.3**	12.7	16.1	**13.0**	12.9	13.1
	Maine Females				**U.S. White* Females**		
All Sites	4,728	**464.8**	450.7	479.3	**420.7**	419.6	421.7
Female Breast	1,331	**133.6**	125.9	141.6	**130.4**	129.9	131.0
Lung and Bronchus	729	**63.7**	59.0	68.7	**49.8**	49.5	50.1
Colon and Rectum	353	**34.3**	30.6	38.4	**31.4**	31.1	31.7
Uterus (Corpus Uteri and Uterus, NOS)	342	**33.2**	29.5	37.2	**27.6**	27.3	27.9
Melanoma of the skin	211	**23.0**	19.8	26.7	**21.1**	20.8	21.3
Thyroid	173	**23.7**	20.0	27.8	**19.7**	19.5	20.0
Non-Hodgkin Lymphoma	155	**14.9**	12.5	17.6	**15.4**	15.2	15.6
Urinary Bladder	138	**12.2**	10.2	14.6	**8.4**	8.3	8.6
Pancreas	138	**12.4**	10.3	14.8	**11.4**	11.2	11.5
Kidney and Renal Pelvis	114	**11.1**	9.0	13.6	**11.9**	11.7	12.1
	Maine Males				**U.S. White* Males**		
All Sites	4,872	**501.5**	486.8	516.4	**469.5**	468.4	470.6
Prostate	1,149	**107.3**	101.1	114.0	**102.0**	101.5	102.5
Lung and Bronchus	729	**72.3**	67.0	78.0	**59.0**	58.6	59.4
Urinary Bladder	425	**44.2**	40.0	48.8	**33.3**	33.0	33.6
Colon and Rectum	345	**38.8**	34.6	43.4	**40.6**	40.2	40.9
Melanoma of the skin	263	**27.9**	24.5	31.7	**32.0**	31.7	32.3
Kidney and Renal Pelvis	232	**24.4**	21.2	28.0	**23.4**	23.2	23.7
Non-Hodgkin Lymphoma	223	**23.5**	20.4	27.1	**22.5**	22.3	22.8
Oral Cavity and Pharynx	201	**21.0**	18.1	24.4	**18.7**	18.5	19.0
Leukemia	172	**18.9**	16.0	22.2	**17.3**	17.1	17.5
Pancreas	159	**16.8**	14.2	19.8	**14.9**	14.7	15.1

Leading causes of cancer are ordered by descending Maine incidence counts.
AA: Age-adjusted to the Year 2000 U.S. standard population. Rates are per 100,000. 95% CL: 95% Confidence Limit.
*U.S. White, based on the CiNA (Cancer in North America) Analytic File, 2010-2019. See technical notes for a full definition.
Data sources: Maine data: Maine Cancer Registry; U.S data: NAACCR Incidence data; CiNA (Cancer in North America) Analytic File.

Incidence by County



Data Source: Maine Cancer Registry, based on November 2021 NPCR-CSS data submission. Rates are calculated per 100,000 population and age-adjusted to the year 2000 U.S. standard population. Map was created using Tableau and rates were mapped using quantiles method with 4 categories. Error bars on bar chart depict 95% confidence intervals.

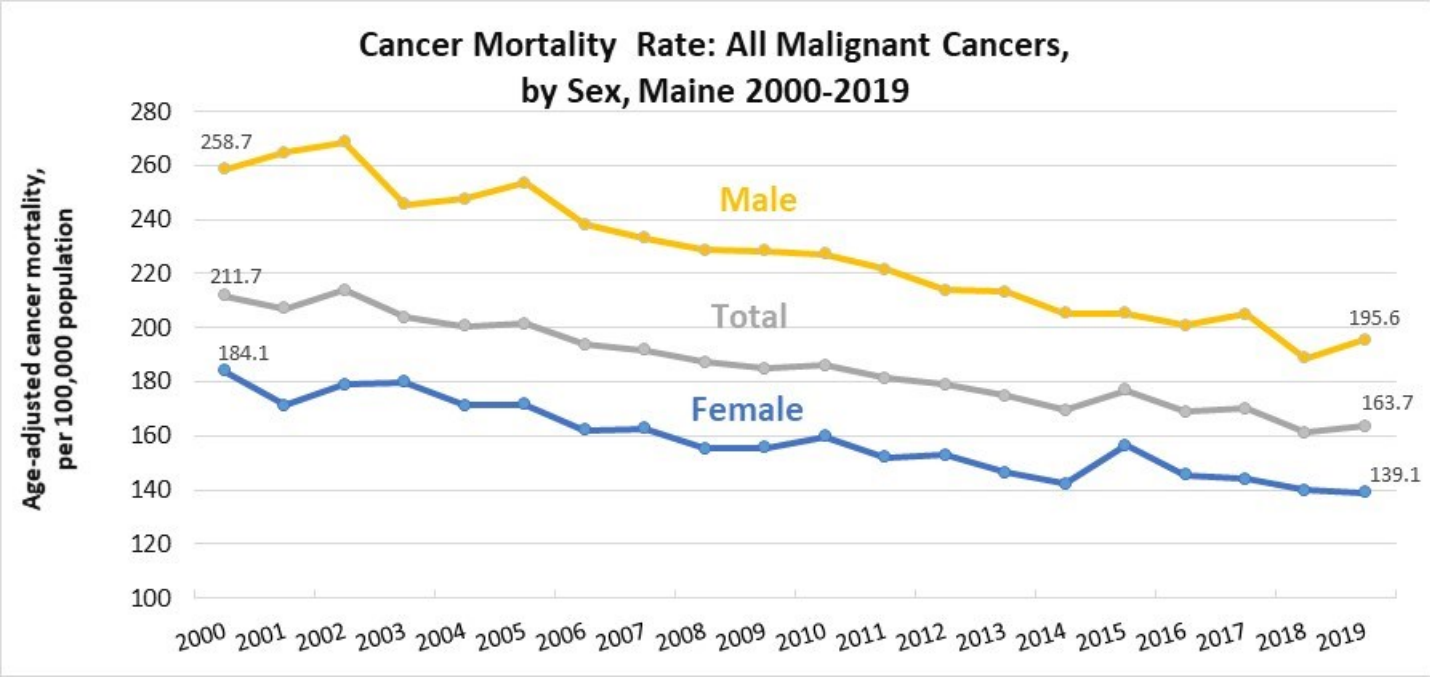
Cancer Mortality

2022 MAINE CANCER SNAPSHOT

Cancer Mortality Key Findings

- In 2019 there were 3,413 cancer deaths to Maine residents. The 2019 age-adjusted cancer mortality rate in Maine is 163.7 per 100,000, which is significantly higher than the U.S. cancer mortality rate (147.3).
- The overall cancer mortality rate has decreased from 211.7 per 100,000 to 163.7 in Maine over the past 20 years, yet the Maine rate remains significantly higher than the U.S. rate.
- Similar to incidence, males have a significantly higher mortality rate than females.
- The rate of lung and bronchus cancer mortality in Maine is significantly higher than the U.S. for both males and females.
- Piscataquis, Somerset, and Washington counties have a significantly higher cancer mortality rate compared to the state overall. Cumberland county has a lower rate compared to the state overall.

Trends by Sex



Data source: Maine Center for Disease Prevention. Data, Research, and Vital Statistics. 2021. Cancer deaths were identified using underlying cause-of-death codes C00-C97 (malignant neoplasms).

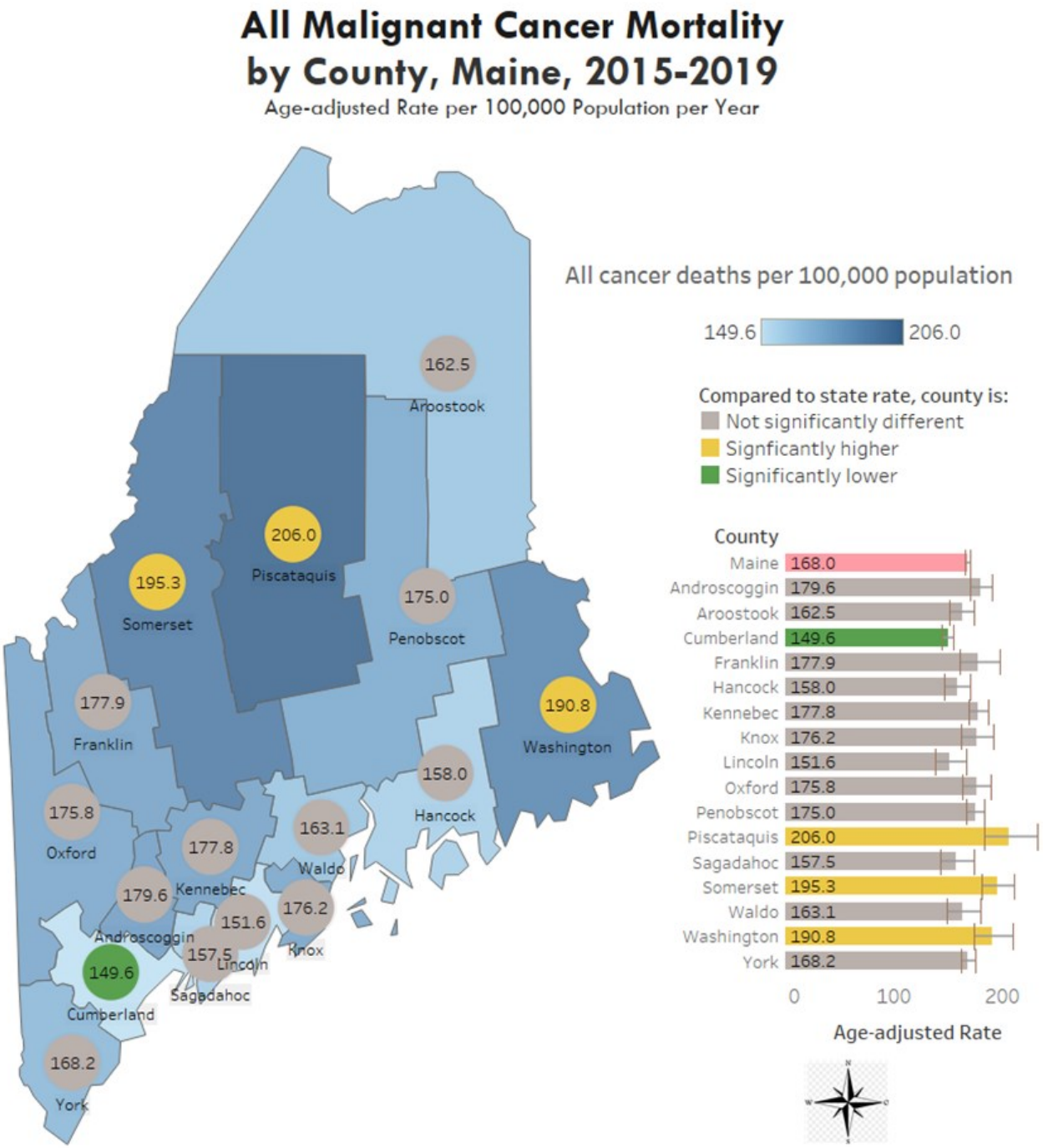
Mortality: Top 10 Cancers, Maine 2019

Red Rate= ME is significantly higher than U.S.

Cancer Type	Maine (all sexes)				U.S. White		
	Count	AA Rate	AA Lower 95% CL	AA Upper 95% CL	AA Rate	AA Lower 95% CL	AA Upper 95% CL
All Sites	3,413	**163.7**	158.0	169.5	**147.3**	146.9	147.7
Lung and Bronchus	897	**42.0**	39.2	45.0	**34.2**	34.0	34.4
Colon and Rectum	250	**12.6**	11.0	14.4	**12.7**	12.5	12.8
Pancreas	234	**11.1**	9.7	12.8	**11.0**	10.9	11.1
Female Breast	192	**17.6**	15.1	20.6	**18.9**	18.7	19.1
Prostate	162	**17.9**	15.2	21.1	**17.2**	17.0	17.4
Esophagus	140	**6.7**	5.6	8.1	**4.1**	4.0	4.2
Leukemia	129	**6.4**	5.3	7.7	**6.1**	6.0	6.2
Urinary Bladder	127	**5.8**	4.8	7.0	**4.3**	4.3	4.4
Non-Hodgkin Lymphoma	117	**5.5**	4.5	6.7	**5.2**	5.2	5.3
Liver and Intrahepatic Bile Duct	116	**5.3**	4.3	6.4	**6.3**	6.2	6.4
	Maine Females				**U.S. White Females**		
All Sites	1575	**139.1**	132.0	146.6	**127.2**	126.7	127.7
Lung and Bronchus	421	**37.0**	33.4	40.9	**29.4**	29.1	29.6
Female Breast	192	**17.6**	15.1	20.6	**18.9**	18.7	19.1
Colon and Rectum	111	**9.9**	8.1	12.2	**10.6**	10.5	10.8
Pancreas	110	**9.6**	7.8	11.8	**9.5**	9.4	9.7
Uterus (Corpus Uteri and Uterus, NOS)	68	**5.6**	4.3	7.3	**2.8**	2.7	2.8
Ovary	59	**5.2**	3.9	6.9	**6.2**	6.1	6.4
Non-Hodgkin Lymphoma	54	**4.4**	3.3	5.9	**4.0**	3.9	4.1
Leukemia	48	**4.4**	3.2	6.0	**4.5**	4.4	4.6
Brain and Other Nervous System	43	**4.6**	3.2	6.5	**3.8**	3.7	3.9
Liver and Intrahepatic Bile Duct	35	**3.2**	2.2	4.7	**3.9**	3.8	4.0
	Maine Males				**U.S. White Males**		
All Sites	1838	**195.6**	186.5	205.2	**173.9**	173.2	174.5
Lung and Bronchus	476	**48.5**	44.1	53.3	**40.3**	40.0	40.6
Prostate	162	**17.9**	15.2	21.1	**17.2**	17.0	17.4
Colon and Rectum	139	**15.6**	13.0	18.7	**14.9**	14.7	15.1
Pancreas	124	**13.0**	10.7	15.7	**12.7**	12.5	12.9
Esophagus	113	**11.9**	9.7	14.6	**7.3**	7.2	7.5
Urinary Bladder	95	**10.1**	8.1	12.6	**7.4**	7.3	7.5
Leukemia	81	**9.0**	7.1	11.4	**8.2**	8.0	8.3
Liver and Intrahepatic Bile Duct	81	**7.8**	6.2	9.9	**9.0**	8.9	9.2
Non-Hodgkin Lymphoma	63	**6.8**	5.2	9.0	**6.7**	6.6	6.9
Brain and Other Nervous System	54	**6.3**	4.7	8.5	**5.8**	5.7	5.9

Leading causes of cancer mortality rates are ordered by descending Maine counts.
AA: Age-adjusted to the Year 2000 U.S. standard population. Rates are per 100,000. 95% CL: 95% Confidence Limit.
Data source: Maine Center for Disease Prevention. Data, Research, and Vital Statistics. 2021. Cancer deaths were identified using underlying cause-of-death codes C00-C97 (malignant neoplasms). Erratum= Calculation Error; Urinary Bladder added to leading cause August 2023.

Mortality by County



Data Source: Maine Mortality: Maine CDC's Data, Research, and Vital Statistics. Rates are calculated per 100,000 population and age-adjusted to the year 2000 U.S. standard population. Map was created using Tableau and rates were mapped using quantiles method with 4 categories. Error bars on bar chart depict 95% confidence intervals.

© 2022 Mapbox © OpenStreetMap

Additional Incidence and Mortality Data for Maine

The following Maine CDC and U.S. dashboards provide additional options for detailed queries by cancer site. Click on headings below for more information.

Maine Shared Community Health Needs Assessment Dashboard

This interactive dashboard shows Maine data for a variety of health behaviors, chronic diseases, and social determinants of health. Data are available for many demographic groups (sex, age, race) and subpopulations (rural residents, veterans), by county and public health district, and major cities.

U.S. Cancer Statistics (USCS) Data Visualizations Tool

This tool provides incidence and death counts, rates, and trend data; survival and prevalence estimates; and state, county, and congressional district data in a user-driven format. Cancer incidence and mortality trend data are presented from 1999 through 2019.

Maine Cancer Registry (MCR) Website

This website provides additional information about the MCR, available reports, procedures for requesting data and resources related to cancer reporting in Maine.

Maine Cancer Plan

A five-year agenda for cancer prevention, screening, diagnosis, treatment, palliative, and end-of-life care in Maine. From the Maine's Impact Cancer Network (the state's cancer coalition).

Maine Environmental Health Tracking

- This portal allows users to view health and environmental data by geographic region in Maine.
- Users can compare data across age groups, genders, regions, and time periods and make and download their own customized tables, charts, and maps.

North American Association of Central Cancer Registries (NAACCR) On-Line Cancer Data

- NAACCR Cancer Maps (historically called CiNA+ on-line) is an interactive mapping tool for U.S. and Canadian cancer incidence statistics for the most current 5 years of data available.
- NAACCR CiNA Explorer Stats is an interactive, data visualization tool for quick access to key U.S. and Canadian cancer statistics for major cancer sites by age, sex, stage, race/ethnicity, registry and data type for the most current 5 years of available data.

Special Topic: Shared Metrics

2022 MAINE CANCER SNAPSHOT

Maine Cancer Plan 2021-2025

Performance Measures

The Maine CDC Comprehensive Cancer Control Program and Maine's Impact Cancer Network (the statewide cancer coalition) released the Maine Cancer Plan 2021-2025 on July 1, 2021. The plan builds on a strong foundation of work that began in 1999 by a group of cancer partners and stakeholders focused on the common goal of reducing cancer in Maine. More than 75 cancer stakeholders representing medical staff, non-profit organizations, the business community, people with lived experience, and government agencies from across Maine offered their expertise and assistance in creating the plan. This is the fifth iteration of the cancer plan and is a culmination of 20 years of stakeholder work to reduce the burden of cancer in the state.

The plan has Specific, Measurable, Actionable, Realistic, and Timebound (SMART) objectives that will be tracked. The Cancer Coalition Data Team and subject matter teams selected baseline measures and targets for each objective using the best available data sources. Where no data were available, the plan has action steps to find suitable tracking measures. The subject matter teams set targets for improvement over the 5-year plan. As new data emerge or if the method for collecting data changes, the plan will be revised to reflect the changes.

The following table presents the Maine Cancer Plan 2021-2025 Metrics.

- These metrics draw from a variety of data sources including health surveys, Maine Cancer Registry, and Maine CDC's immunization program.
- The following tables are updated with additional data on baselines, targets, and annual progress that have become available since the initial publication of the plan.
- Some metrics were not updated this year because updated data are not yet available.
- Maine's Comprehensive Cancer Control Program, Maine Cancer Registry, and partners with-in the Maine Impact Cancer Network will continue to review and report on progress toward these objectives in the coming years.

Maine Cancer Plan 2021-2025 Metrics

Maine Cancer Plan 2021-2025 Performance Measures Progress			Baseline in 2021	Follow-up 1	Follow-up 2	Follow-up 3	Target for 2025	Data Source
GOAL 1: PREVENTION – Reduce Cancer Risk Through Evidence-Based Strategies								
Tobacco Objectives								
1.1	Reduce the percentage of Maine youth that smoke cigarettes:	A. Middle school students	**1.5%** (1.2-1.7) 2019	**1.4%** (1.2-1.6) 2021			**1.4%**	MIYHS
		B. High school students	**7.1%** (6.6-7.5) 2019	**5.5%** (4.9-6.1) 2021			**6.4%**	
1.2	Reduce the percentage of Maine youth that smoked cigarettes and/or cigars and/or used chewing tobacco, snuff, dip, dissolvable tobacco product or an electronic vaping product on one or more of the past 30 days:	A. Middle school students	**7.6%** (6.9-8.3) 2019	**5.7%** (4.8-6.5) 2021			**6.8%**	MIYHS
		B. High school students	**29.6%** (28.4-30.8) 2019	**18.6%** (17.5-19.8) 2021			**26.6%**	
1.3	Reduce the percentage of Maine youth that are exposed to environmental tobacco smoke:	A. Middle school students	**22.1%** (20.8-23.3) 2019	**17.8%** (16.5-19.0) 2021			**19.9%**	MIYHS
		B. High school students	**27.0%** (25.4-28.6) 2019	**19.6%** (18.3-21.0) 2021			**24.3%**	
1.4	Reduce the percentage of Maine adults that smoke cigarettes.		**17.6%** (16.4-18.8) 2019	**16.5%** (15.3-17.7) 2020			**15.8%**	BRFSS
1.5	Reduce the percentage of Maine adults that report currently using any tobacco products (cigarettes, smokeless tobacco, e-cigarettes, or other tobacco products).		**23.5%** (21.2-25.8) 2015	**24.0 %** (21.6-26.3) 2017	**24.3%** (22.1-26.5) 2018	**24.7%** (22.6-26.7) 2019	**21.2%**	BRFSS
1.6	Reduce the percentage of Maine adults that indicate that someone (including themselves) had smoked cigarettes, cigars or pipes anywhere inside their home in the past 30 days.		**8.5%** (7.2-9.8) 2017	**9.9%** (8.3-11.5) 2018	**9.6%** (8.3-10.9) 2019		**7.7%**	BRFSS

Performance Measures Table Definitions

Baseline – established using the most recent data available and will be updated in subsequent updates of the plan.

BRFSS – Behavioral Risk Factor Surveillance System
CAPC Survey – Center to Advance Palliative Care
ImmPact - Maine Immunization Information System
MIYHS – Maine Integrated Youth Health Survey
MRP – Maine Radon Program
NSDUH – National Survey on Drug Use and Health
SEOW – State Epidemiological Outcomes Workgroup
USPSTF -- U.S. Preventive Services Task Force

Maine Cancer Plan 2021-2025 Metrics

Maine Cancer Plan 2021-2025 Performance Measures Progress			Baseline in 2021	Follow-up 1	Follow-up 2	Follow-up 3	Target for 2025	Data Source
GOAL 1: PREVENTION – Reduce Cancer Risk Through Evidence-Based Strategies								
Obesity Objectives								
1.7	Increase healthy eating and physical activity among Maine youth.							MIYHS
	A. Youth who consume fruits and/or vegetables five or more times a day:	1. Grade 5-6 students	**46.6%** (44.5-48.6) 2019	**30.8%** (28.3-33.4) 2021			**51.3%**	
		2. Middle school students	**20.9%** (19.9-21.8) 2019	**13.9**% (12.8-15.1) 2021			**23.0%**	
		3. High school students	**15.2%** (14.3-16.0) 2019	**10.3%** (9.5-11.2) 2021			**16.7%**	
	B. Youth who are physically active for at least one hour per day:	1. Middle school students	**25.5%** (24.6-26.3) 2019	**31.5%** (30.1-32.9) 2021			**28.1%**	
		2. High school students	**20.9%** (20.1-21.7) 2019	**25.2%** (24.1-26.3) 2021			**23.0%**	
1.8	Increase healthy eating and physical activity among Maine adults.							BRFSS
	A. Adults who consume fruits or vegetables one or more times per day:	1. Fruits	**63.9%** (62.0-65.8) 2019				**70.3%**	
		2. Vegetables	**87.1%** (85.7-88.5) 2019				**95.8%**	
	B. Adults who participate in enough physical activity to meet guidelines.		**20.6%** (18.9-22.2) 2019				**22.7%**	
Alcohol Objectives								
1.9	Decrease past 30-day alcohol use in high school students.		**22.9%** (21.8-24.0) 2019	**19.0%** (17.8-20.2) 2021			**20.6%**	MIYHS
1.10	Decrease past 30-day alcohol use by 18-25 year-olds.		**63.4%** (59.2-67.4) 2017-2018	**60.1%** (55.8-64.2) 2018-2019	**57.3%** (51.8-63.2) 2019-2020		**57.0%**	SEOW NSDUH
Radon and Arsenic Objectives								
1.11	Increase radon testing in:							BRFSS
	A. Owner-occupied structures.		**35.3%** (33.9-36.8) 2015-2016				**38.8%**	
	B. Non-seasonal residential rental properties.		**32.5%** (29.5-35.4) 2015-2016				**35.8%**	
1.12	Increase the number of households that install a radon mitigation system when they receive a high radon test result.		**2,281** 2019	**2,125** 2020	**2,681** 2021		**2,510**	MRP
1.13	Increase the proportion of private wells tested for arsenic.		**55.5%** (52.8-58.3) 2017	**50.6%** (47.8-53.5) 2018	**52.0%** (49.1-54.8) 2019		**65.0%**	BRFSS

Maine Cancer Plan 2021-2025 Metrics

Maine Cancer Plan 2021-2025 Performance Measures Progress			Baseline in 2021	Follow-up 1	Follow-up 2	Follow-up 3	Target for 2025	Data Source
GOAL 1: PREVENTION – Reduce Cancer Risk Through Evidence-Based Strategies								
HPV Objective								
1.14	Increase the completion rate of HPV vaccination among male and female 13-year-olds.		**44.8%** December 2019	**36.0%** December 2020	**35.7%** December 2021		**49.3%**	ImmPact
Ultraviolet Radiation Objectives								
1.15	Increase the proportion of youth that use a SPF of 15 or higher when outside for more than one hour on a sunny day:	A. Grade 5 & 6	**48.5%** (45.4-51.7) 2019	**37.8%** (35.6-40.0) 2021			**53.4%**	MIYHS
		B. Middle school students	**32.2%** (30.0-34.4) 2019	**24.6%** (22.4-26.8) 2021			**35.5%**	
		C. High school students	**23.6%** (22.0-25.1) 2019	**15.8%** (14.6-17.0) 2021			**26.0%**	
1.16	Reduce the proportion of youth who use indoor tanning devices:	A. Middle school students	**4.0%** (3.3-4.7) 2019	**2.5%** (1.9-3.1) 2021			**2.0%**	MIYHS
		B. High school students	**8.1%** (7.1-9.1) 2019	**4.7%** (4.0-5.3) 2021			**4.1%**	
GOAL 2: SCREENING - Increase evidence-based screening for all Mainers								
Breast Screening Objectives								
2.1	Increase the percentage of Maine women ages 50-74 who had a mammogram in the past two years.		**80.9%** (78.6-82.9) 2018	**82.6%** (80.6-84.6) 2020			**81.5%**	BRFSS
2.2	Reduce the rate of new cases of female breast cancer diagnosed as late stage.		**38.9** per 100,000 (36.4-41.5) 2016-2018	**39.2** per 100,000 (36.8-41.8) 2017-2019			**35.0** per 100,000	Maine Cancer Registry
Cervical Screening Objectives								
2.3	Maintain the percentage of Maine women ages 21-65 years old who had a Pap test within the past 3 years.		**81.9%** (79.5-84.4) 2018	**80.3%** (77.9-82.7) 2020			**81.9%**	BRFSS
2.4	Rate of new cases of cervical cancer diagnosed as late stage is lower than (or does not exceed) current rate.		**2.3** per 100,000 (1.7-3.0) 2016-2018	**2.4** per 100,000 (1.7-3.1) 2017-2019			**2.3** per 100,000	Maine Cancer Registry
Colorectal Screening Objectives								
2.5	Increase colorectal cancer screening among eligible adults based on current U.S. Preventive Services Task Force guidelines (including stool-based test, colonoscopy, sigmoidoscopy, or CT colonography). *Note: USPSTF recommended screening test options increased between 2018 and 2020.*		**75.8%** (74.2-77.5) 2018	**81.2%** (79.7-82.7) 2020			**83.4%**	BRFSS
2.6	Reduce the rate of new cases of colorectal cancer diagnosed as late stage.		**20.4** per 100,000 (19.1-21.6) 2016-2018	**20.8** per 100,000 (19.6-22.1) 2017-2019			**18.4** Per 100,000	Maine Cancer Registry

Maine Cancer Plan 2021-2025 Metrics

Maine Cancer Plan 2021-2025 Performance Measures Progress			Baseline in 2021	Follow-up 1	Follow-up 2	Follow-up 3	Target for 2025	Data Source
GOAL 2: SCREENING-Increase evidence-based screening for all Mainers								
Lung Screening Objectives								
2.7	Increase lung cancer screening among eligible adults based on current U.S . Preventive Services Task Force guidelines.		**12.5%** (10.8-15.0) 2018-2019				**TBD**	BRFSS
2.8	Increase the rate of shared decision making among adults who have received low dose CT screening.		**Data Pending** 2019				**TBD**	BRFSS
2.9	Reduce the rate of new cases of late stage lung cancer.		**48.4** per 100,000 (46.6-50.2) 2016-2018	**46.6** per 100,000 (44.8-48.3) 2017-2019			**43.6** Per 100,000	Maine Cancer Registry
2.10	Reduce the proportion of late stage lung cancer.		**68.2%** (66.8-69.6) 2016-2018	**67.3%** (65.9-68.7) 2017-2019			**61.4%**	Maine Cancer Registry
Prostate Screening Objectives								
2.11	Increase evidence-based prostate specific antigen (PSA) screening: (Screening rates by age categories are determined by the USPSTF.)	A. Among men aged 40 to 54	**11.3%** (8.6-13.9) 2016	**7.8%** (5.2-10.5) 2018			**TBD**	BRFSS
		B. Among men aged 55-69	**37.3%** (33.9-40.8) 2016	**35.6%** (32.0-39.2) 2018			**TBD**	
		C. Among men over 70	**42.2%** (37.9-46.5) 2016	**42.3%** (38.5-46.1) 2018			**TBD**	
2.12	Reduce the rate of new cases of late stage prostate cancer.		**23.9** per 100,000 (22.2-25.9) 2016-2018	**25.8** per 100,000 (24.0-27.7) 2017-2019			**21.5** per 100,000	Maine Cancer Registry
GOAL 3: TREATMENT - Increase timely, high-quality, and evidence-based cancer treatment for all Mainers								
3.1	Establish a baseline and monitor the number of patients treated at Commission on Cancer accredited hospitals in Maine.		**83.3%** 2019				**TBD**	Maine Cancer Registry
3.2	Increase the percentage of Mainers that participate in clinical trials as part of cancer treatment.		**7.6%** (5.3-9.9) 2012				**8.4%**	BRFSS

Maine Cancer Plan 2021-2025 Metrics

Maine Cancer Plan 2021-2025 Performance Measures Progress			Baseline in 2021	Follow-up 1	Follow-up 2	Follow-up 3	Target for 2025	Data Source
GOAL 4: SURVIVORSHIP - Improve the quality of life for cancer survivors in Maine								
4.1	Increase the percentage of Maine cancer survivors who receive a holistic/comprehensive survivorship care plan which includes a treatment summary, surveillance, recommendations for health promotion, and risk reduction.		**Baseline Pending** 2020				**TBD**	BRFSS
4.2	Improve the following health outcomes for Maine cancer survivors:							
	A. Reduce the percentage of survivors using tobacco.		**15.1%** (12.5-17.7) 2018	**12.4%** (10.1-14.6) 2019	**10.8%** (8.7-13.0) 2020		**13.6%**	
	B. Increase the percentage of survivors who consume:	1. Fruits one or more times per day	**69.5%** (66.0-73.1) 2017	**67.5%** (64.4-70.6) 2019			**76.5%**	
		2. Vegetables one or more times per day	**88.4%** (86.0-90.9) 2017	**88.0%** (85.7-90.4) 2019			**97.2%**	
	C. Increase the percentage of survivors who engage in physical activity.		**20.8%** (18.0-23.7) 2017	**19.3%** (16.8-21.9) 2019			**22.9%**	
	D. Reduce the percentage of survivors with poor mental health days (past month >13 days).		**15.0%** (12.4-17.6) 2018	**13.5%** (11.3-15.8) 2019	**11.9%** (9.7-14.0) 2020		**13.5%**	
	E. Reduce the percentage of survivors who have poor physical health days (past month >13 days).		**23.8%** (20.8-27.1) 2018	**22.8%** (20.3-25.3) 2019	**15.7%** (13.3-18.0) 2020		**21.5%**	
GOAL 5: PALLIATIVE CARE - Ensure all patients have comprehensive, high-quality palliative care throughout their cancer diagnosis and treatment								
5.1	Increase utilization of palliative care services in Maine.		**76.9/B Grade** 2019					CAPC Survey
GOAL 6: END-OF-LIFE - Ensure timely, high quality end-of-life support for cancer patients								
6.1	Increase awareness/utilization of quality hospice care in Maine.		**Baseline Pending**				**TBD**	Medicare Utilization Hospice Compare

Technical Notes

Maine Incidence and Mortality

Case Definitions: Incidence data presented in this report are based on the Surveillance, Epidemiology, and End Results (SEER) Program site recode ICD-O-3/WHO 2008 definitions, version 2008 and are determined by primary site and histology. The primary site reported is the site of origin and not the metastatic site. Incidence rates do not include recurrences. The number of cancers may include multiple primary cancers occurring in one patient.

Mortality case definitions for single cancers and "all sites" are based on the primary cancer site listed in in the underlying cause of death and coded using the International Classification of Diseases, Tenth Edition (ICD-10).

Malignant Behavior Coding: To align with SEER methodology, the MCR now uses "Behavior code ICD-O-3" rather than the "Behavior recode for analysis" field in SEER*Stat and any published statistics.

Rates: Incidence and mortality rates were calculated per 100,000 population. The year 2000 U.S. standard population was used for age adjustment. Incidence counts and rates presented in this report were produced using the Surveillance, Epidemiology, and End Results (SEER) Program, Surveillance Research Program, National Cancer Institute, SEER*Stat 8.4.0 software. Maine mortality counts and rates were produced using SAS 9.4. U.S. mortality data were retrieved from the Centers for Disease Control and Prevention, National Center for Health Statistics using the CDC WONDER Online Database, Underlying Cause of Death 1999-2019, released in 2020.

Confidence Intervals and Statistical Significance: Ninety-five percent confidence intervals are provided for all rates (except for tables in the Special Topic Section). If the 95 percent confidence intervals for two rates overlapped, the incidence rates were considered similar. If the confidence intervals did not overlap, the rates were considered to be significantly different. Maine rates that are significantly higher than the national rate and county rates that are significantly higher than the Maine rate are highlighted. All statistical comparisons in this report involving national estimates are based on rates for U.S. whites due to the predominantly white population in Maine.

Rates by County: The number of new cancer cases reported in a county varies from year to year, and some of this variation is due to chance. County level cancer rates are more likely to vary on an annual basis than state level rates. In addition, counties with smaller populations tend to have greater variation between time periods. In general, when there are less than 30 cancer cases per year in a geographic entity, it can be difficult to distinguish between normal variation and meaningful changes in cancer rates. In this report, multiple years of data are combined when producing the county rates. Although combining years can make the rates more reliable, caution must still be used when interpreting county rates because of small populations.

Beginning in 2022, the MCR uses the SEER field "County at DX Analysis", the county of the patient's residence at the time of diagnosis, derived from geocoded county data when available, instead of "County at DX".

The Department of Health and Human Services ("DHHS") does not discriminate on the basis of disability, race, color, sex, gender, sexual orientation, age, national origin, religious or political belief, ancestry, familial or marital status, genetic information, association, previous assertion of a claim or right, or whistleblower activity, in admission or access to, or the operation of its policies, programs, services, or activities, or in hiring or employment practices. This notice is provided as required by and in accordance with Title II of the Americans with Disabilities Act of 1990 ("ADA"); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Age Discrimination Act of 1975; Title IX of the Education Amendments of 1972; Section 1557 of the Affordable Care Act; the Maine Human Rights Act; Executive Order Regarding State of Maine Contracts for Services; and all other laws and regulations prohibiting such discrimination. Questions, concerns, complaints or requests for additional information regarding the ADA and ***hiring or employment practices*** may be forwarded to the DHHS ADA/EEO Coordinators at 11 State House Station, Augusta, Maine 04333-0011; 207-287-4289 (V); 207-287-1871(V); or Maine Relay 711 (TTY). Questions, concerns, complaints or requests for additional information regarding the ADA and ***programs, services, or activities*** may be forwarded to the DHHS ADA/Civil Rights Coordinator, at 11 State House Station, Augusta, Maine 04333-0011; 207-287-5014 (V); Maine Relay 711 (TTY); or ADA-CivilRights.DHHS@maine.gov. Civil rights complaints may also be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, by phone at 800-368-1019 or 800-537-7697 (TDD); by mail to 200 Independence Avenue, SW, Room 509, HHS Building, Washington, D.C. 20201; or electronically at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA/Civil Rights Coordinator. This notice is available in alternate formats, upon request.