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Colorectal Cancer Incidence, Late Stage, and Mortality

March is National Colorectal Cancer Awareness Month

In recognition of March being National Colorectal Cancer Awareness Month, the following statistics were assembled to show the burden of colorectal cancer across Pennsylvania. From 2004 to 2008, the incidence and mortality rates for colorectal cancer have been decreasing among residents of Pennsylvania.

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Cervical Cancer Incidence and Mortality in Pennsylvania

January is National Cervical Cancer Awareness Month

In recognition of January being National Cervical Cancer Awareness Month, the following statistics were assembled to show the burden of cervical cancer in Pennsylvania. From 2004 to 2008, the incidence and mortality rates for cervical cancer remained fairly steady.

Cervical Cancer Incidence

The age-adjusted incidence rate for cervical cancer among all Pennsylvania females has fluctuated slightly each year between 2004 and 2008, most recently being 7.8 per 100,000 in 2008 (see Chart 1). The highest rate reported during that time was 8.4 per 100,000 in 2007. Rates for White females have remained consistently just under the overall rate for all females during this five-year period. The age-adjusted rate for White females increased from 7.1 to 8.0 from 2004 to 2007, before dropping to 7.3 in 2008. From 2004 to 2006, the rate for Black females decreased, but then increased from in 2007 and 2008, with the highest rate (12.6 per 100,000) being reported in 2008. Over this five year period, the incidence rate for Asian females has been up and down, with a rate of 10.5 per 100,000 in 2008. The highest rate reported was 14.3 per 100,000 in 2006. The rate for Hispanic females fluctuated greatly during this period. In 2005, the incidence rate was the highest at 15.3; in 2007, it was the lowest at 7.1. In 2008, the rate fell in the middle of this range at 11.1 per 100,000.

Cervical Cancer Mortality

The age-adjusted death rate for cervical cancer among all Pennsylvania females has remained fairly consistent between the years 2004 and 2008, being 2.3 per 100,000 in both of those years (see Chart 2). The highest rate reported was 2.6 per 100,000 in 2006. Rates for White females have remained mostly consistent with the rate for all females overall during this time. The age-adjusted rate for White females increased, overall, from 1.9 to 2.2 per 100,000 from 2004 to 2008. From 2004 to 2008, the rates for Black females were consistently higher than the rates for White females, but were generally decreasing over this

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Chart 1
Cervical Cancer Incidence Rates* in Pennsylvania
All Incidences and by Race and Hispanic Origin**

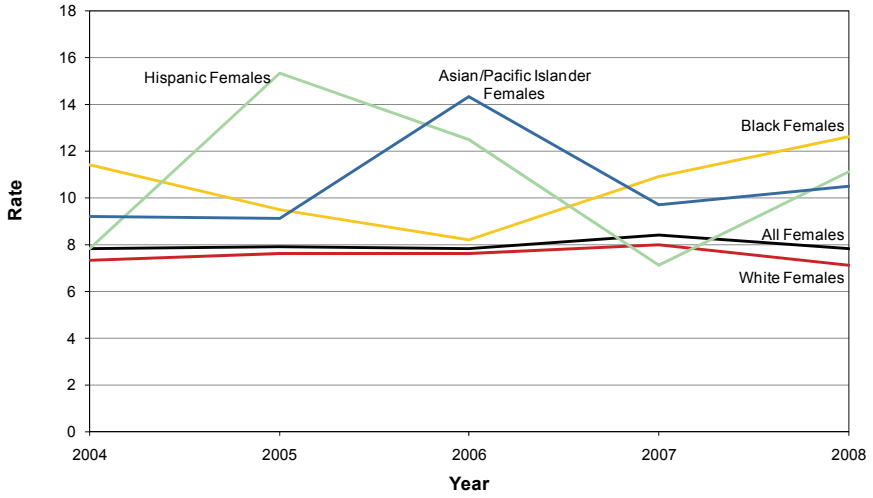
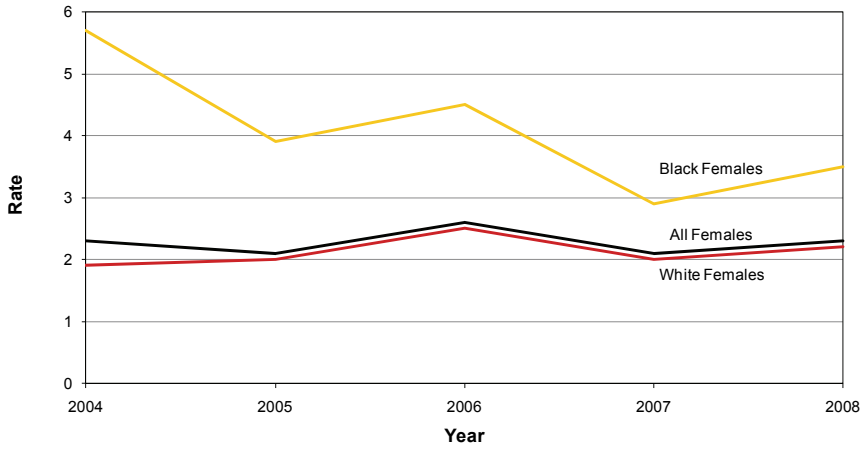


Chart 2
Cervical Cancer Death Rates* in Pennsylvania
All Deaths and by Race



* per 100,000 age-adjusted to the 2000 U.S. standard million population.
** Hispanics can be of any race.

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Cervical Cancer Incidence and Mortality in Pennsylvania

timeframe. For Black females, the cervical cancer mortality rate decreased from 5.7 per 100,000 in 2004 to a low of 2.9 in 2007, and then 3.5 in 2008.

Pennsylvania Program Works to Fight Breast and Cervical Cancer in PA

In 2008, among cancers that affect females in Pennsylvania, breast and cervical cancer accounted for almost 29 percent of all cancer cases and 16 percent of all cancer deaths. Pennsylvania's HealthyWoman Program (HWP) provides free breast and cervical cancer screening, diagnostic, and treatment referral services thanks to funding from the Centers for Disease Control and Prevention (CDC) and the state. Women must be ages 40-64, uninsured or underinsured, and have household incomes that are 250 percent or less of the federal poverty level. HWP clients who have a positive diagnosis for cancer or a pre-cancerous condition are eligible for medical coverage under the state's Breast and Cervical Cancer Prevention and Treatment Program. Since 1994, the program has screened over 83,000 women for breast and cervical cancer. Thanks to these screenings, over 2,500 breast cancers and 128 cervical cancers have been detected. According to the National Cancer Institute, 1 in 147 women will be diagnosed with cancer of the cervix during their lifetime. With programs like HealthyWoman, and yearly reminders like National Cervical Cancer Awareness Month, we have hope that the number of cervical cancer cases and deaths will decrease in both Pennsylvania and the United States.

If you have any questions about this article, please contact the Bureau of Health Statistics and Research at 717-783-2548. Additional cancer statistics for Pennsylvania can be obtained from the Cancer Statistics web page. Pennsylvania cancer statistics are also available on EpiQMS, our online, interactive data dissemination tool.

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2009 Top Ten Baby Names and Other Birth Fast Facts

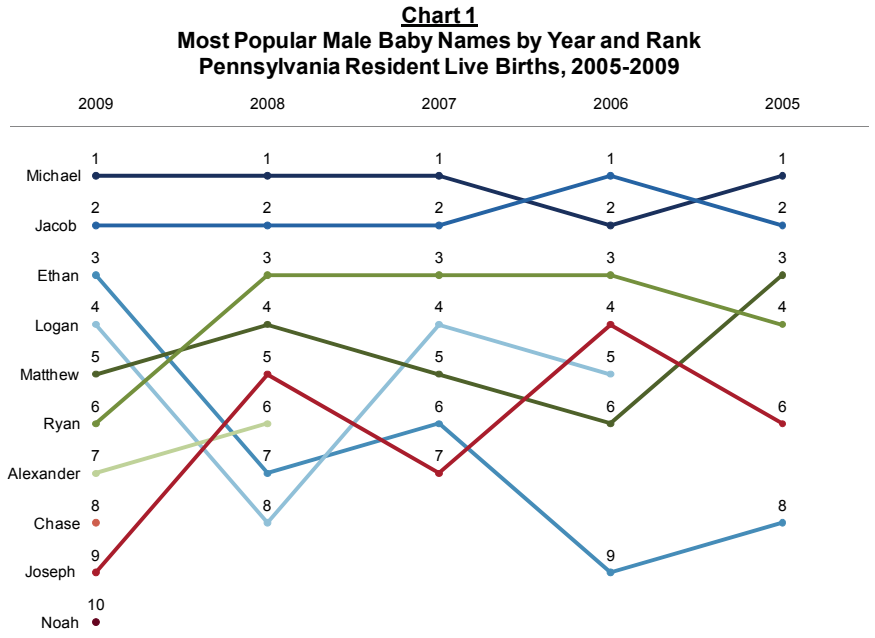
Top Baby Names in 2009 - Isabella and Michael

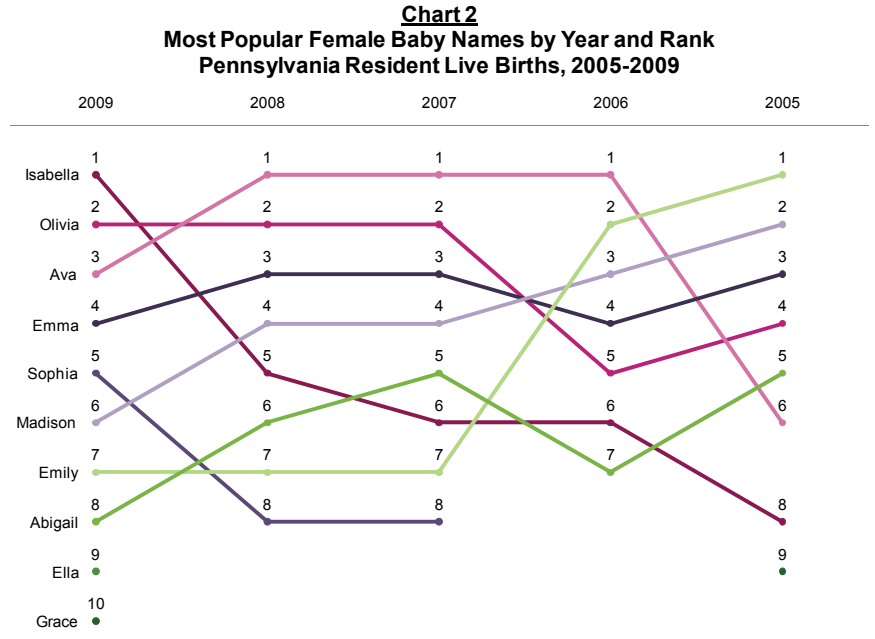
In 2009, a baby was born to a Pennsylvania resident every 3 minutes and 37 seconds. There were 145,472 babies born in 2009, down 2.3 percent from 2008. In fact, this was the second consecutive annual decline, down almost 5,000 births compared to 2007. So what were the most popular baby names in 2009? Isabella jumped up four spots to top the list for baby girls. Meanwhile, Michael held strong, taking the top spot for baby boys for the third year in a row.

2009 Top Ten Baby Names

Overall, there were 10,739 different names given to baby boys in 2009. From 2005 to 2009, Michael held the top spot every year, except in 2006, when Jacob took a momentary jump to the top of the list (see Chart 1). Jacob was the second most popular name in 2009. Taking over spots three and four on the list were Ethan and Logan, respectively, both of which jumped up four spots in popularity. Matthew, Ryan, and Alexander took spots five, six, and seven, respectively. Meanwhile, Chase entered the top ten for the first time, coming in as the eighth most popular name for baby boys (making the impressive jump from number 24 in 2008). Joseph continued with a general decline over the past five years, taking a four spot drop down to number nine, while Noah made a grand entrance to the top ten, rounding out the list for 2009.

There was more variety in baby girl names in 2009, with 14,777 unique names. Isabella topped out as the most popular name for baby girls in 2009, followed by Olivia, which held the second place spot for the third year in a row (see Chart 2). Ava, which held the top spot from 2006 to 2008, dropped down to third in popularity in 2009. Meanwhile, Emma took fourth, Sophia jumped up three spots to number five, and Madison was in sixth place. Emily was the seventh most popular name, for the third year in a row, and Abigail fell down to eighth place. Ella, in spot nine, entered the top ten for





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2009 Top Ten Baby Names and Other Birth Fast Facts

the first time in 2009, while Grace, as the tenth most popular name, reentered the top ten list for the first time since 2005, when it was the ninth most popular name.

Now that we have covered the most *popular* names in 2009, it's time to take a look at some of the more unique names. The list of baby boy names included: Cashmere, Dare, Envy, Handsome, History, Jaeger, Kindness, Knowledge, Righteous, and Tank. Some of the more unique baby girl names were: Au'Dacity, Costanza, Cricket, Dimple, Dingle, Hunny, Jazzle, Pennsylvania, Physics, and Velocity.

Table 1
Fast Facts for Resident Live Births
Pennsylvania, 2009

2009 Total Resident Live Births:	145,472
Date Most Births Occurred:	September 9 (554 births)
Date Fewest Births Occurred:	April 5 (233 births)
Month Most Births Occurred:	July (12,994 births)
Month Fewest Births Occurred:	February (11,123 births)
Median Age of Mothers:	28 years (8,829)
County with Most Live Births:	Philadelphia (23,431 births)
County with Fewest Live Births:	Forest (36 births)
Median Birth Weight:	7 lbs. 5 oz. (3,450 births)

2009 Resident Live Births Fast Facts

There were a total of 145,472 resident live births in Pennsylvania in 2009 (see Table 1). Of those births, 74,261 were male and 71,206 were female (note: there were five births where gender of the baby is unknown). The county with the most resident live births was Philadelphia (23,431) and the county with the least resident live births was Forest (36). Of the 145,472 births, the median birth weight was 7 lbs. 5 oz., with 3,450 births of exactly that weight.

The month during which most births occurred was July (12,994 births) and the month which the fewest births occurred was February (11,123 births). The day of the year when most births occurred was September 9 (554 births) and the day the fewest births occurred was April 5 (233 births). The median age of the mothers was 28, with 8,829 births.

If you have any questions about this article, please contact the Bureau of Health Statistics and Research at 717-783-2548. Additional birth statistics for Pennsylvania, including complete lists of 2009 baby names (in order by frequency) by sex, can be obtained from the 'Birth, Death and Other Vital Statistics' web page or from EpiQMS, our online, interactive data dissemination tool.

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Prenatal Care Calculation Revised

Distributions by Trimester Are Now More Accurate

Changes have been made to the calculation used to determine the trimester of each mother's first prenatal care visit. With the revised methodology, the complete dates for the first prenatal care visit and the last normal menses are used in the calculation in order to provide a more accurate determination of the trimester of the first prenatal care visit. The trimester is determined, utilizing the following definition from the National Center for Health Statistics: 1st Trimester is less than 92 days elapsed; 2nd Trimester is between 92 and 182 days elapsed; and 3rd Trimester is between 183 and 304 days elapsed. If the number of days elapsed is more than 304 days, the trimester of first prenatal care visit is categorized as unknown. Additionally, if the month of the last normal menses is unknown and the obstetric estimate of gestation is known, then the first day of the last normal menses is estimated to be the date of birth minus the obstetric estimate of gestation.

Beginning with the reporting of 2003 live births, Pennsylvania implemented the latest revision of the U.S. Standard Certificate of Live Birth. Prior to 2003, the Certificate of Live Birth collected the month prenatal care began. Beginning in 2003, the Certificate of Live Birth was revised to collect the exact dates (month/day/year) of the first and the last prenatal visits. Despite this change, the calculation and reporting for trimester of the first prenatal care visit did NOT change. This was done in order to make Pennsylvania data comparable with national data and with previous years. However, since there are now adequate data available using the revised Certificate of Live Birth, the trimester of first prenatal care visit calculation is being updated to utilize the last normal menses date and the date of the first prenatal care visit. As a result, the newly implemented methodology is in line with the recent modifications of the National Center for Health Statistics' methods for determining the trimester of the first prenatal care visit, allowing for Pennsylvania vs. U.S. comparisons.

The result of the change in calculation is a large decrease in births that fall into the unknown category for trimester of the first prenatal care visit. As determined by the revised calculation, many of the previously unknown trimester births have transferred to the second and third trimesters. This not only affects the distribution counts in each category, but it also affects the percentages since the number of births with an unknown trimester of first prenatal care visit are removed from all calculations.

Based on the revised calculation, the increase in the number of records in the second and third trimesters from the unknown category resulted in a decrease in the percentage of births receiving care in the first trimester. This occurred because to determine the percentage each trimester accounts for, you take the total number for the trimester (this is the numerator), and divide by the total number of births minus the unknown trimester total (this is the denominator). As stated previously, the total number of unknown trimester births decreased, which means that there was an increase in the denominator, thus decreasing the percent of women receiving prenatal care in the first trimester. Table 1 shows a breakdown of the impact made using the revised methodology with the 2008 birth data.

The changes have been implemented, retroactively, back to 2003 in EpiQMS and in the annual birth standard output tables. The changes will also be found in the next release of the Healthy People and Family Health Statistics reports (late summer, 2011). Any other prenatal care statistics are using the previous method of calculation. Starting with 2009 birth data, all occurrences of prenatal care statistics are calculated using the revised methodology.

Table 1
Resident Live Births by Trimester of First Prenatal Visit
Pennsylvania, 2008

	Previous Calculation		Revised Calculation	
	Number	Percent*	Number	Percent*
Total Births	148,934		148,934	
1st Trimester	98,657	79.4	97,224	70.5
2nd Trimester	19,432	15.6	31,079	22.6
3rd Trimester	4,293	3.5	7,609	5.5
No Prenatal Visits	1,909	1.5	1,909	1.4
Unknown	24,643		11,113	

*Unknowns removed from calculations.

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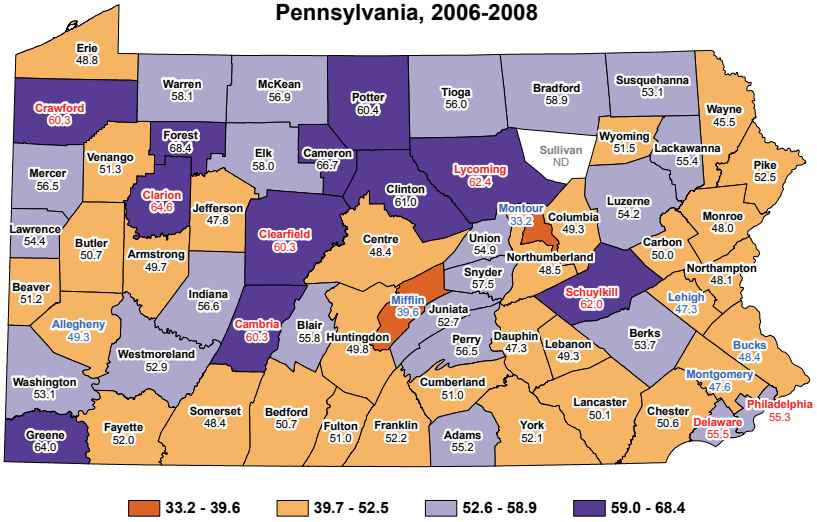
Colorectal Cancer Incidence, Late Stage, and Mortality

March is National Colorectal Cancer Awareness Month

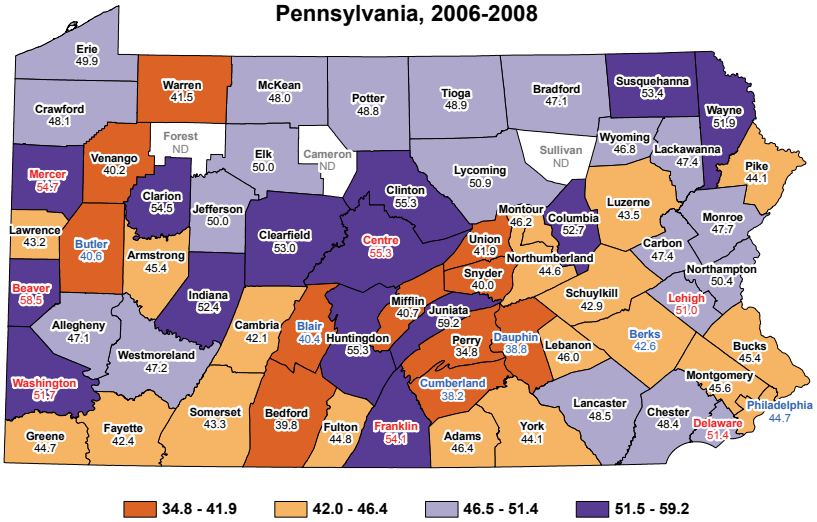
In recognition of March being National Colorectal Cancer Awareness Month, the following statistics were assembled to show the burden of colorectal cancer across Pennsylvania. From 2004 to 2008, the incidence and mortality rates for colorectal cancer have been decreasing among residents of Pennsylvania. On the three maps which accompany this article, counties with statistically significant differences from the state rate/percent (at the 95% confidence level) have their names and rates/percents shown in color. Values shown in red are significantly higher, while values in blue are significantly lower. Counties that are white have values shown in gray since rates/percents were not determined (ND) due to there being too few cases to calculate a reliable rate/percent.

Map 1
Colorectal Cancer Incidence Rates*
Pennsylvania, 2006-2008



* per 100,000 age-adjusted to the 2000 U.S. standard million population.

Map 2
Colorectal Cancer Late Stage Percents
Pennsylvania, 2006-2008



Colorectal Cancer Incidence

The age-adjusted incidence rate for colorectal cancer among all Pennsylvania residents has decreased each year over the last five reported years. The state rate for the most recent three year period, 2006-2008, was 51.9 per 100,000. The five highest rates among Pennsylvania's counties in 2006-2008 were in Forest, Cameron, Clarion, Greene, and Lycoming Counties (see Map 1). The five lowest rates were in Montour, Mifflin, Wayne, Lehigh, and Dauphin Counties. Eight counties had rates which were statistically significantly higher than the state rate at the 95% confidence level, and six had rates which were statistically significantly lower. Clarion and Lycoming Counties were both among the counties with the highest rates, which were also significantly higher than the state rate. Montour, Mifflin, and Lehigh were among those with the lowest rates that were also significantly lower than the state rate.

Late Stage Colorectal Cancer

The late stage percent for colorectal cancer among Pennsylvanians has remained fairly steady over the last five years. The percent of late stage colorectal cancer cases for the most recent three year period for the state, 2006-2008, was 46.6 percent. The five counties with the highest percents of late stage colorectal cancer

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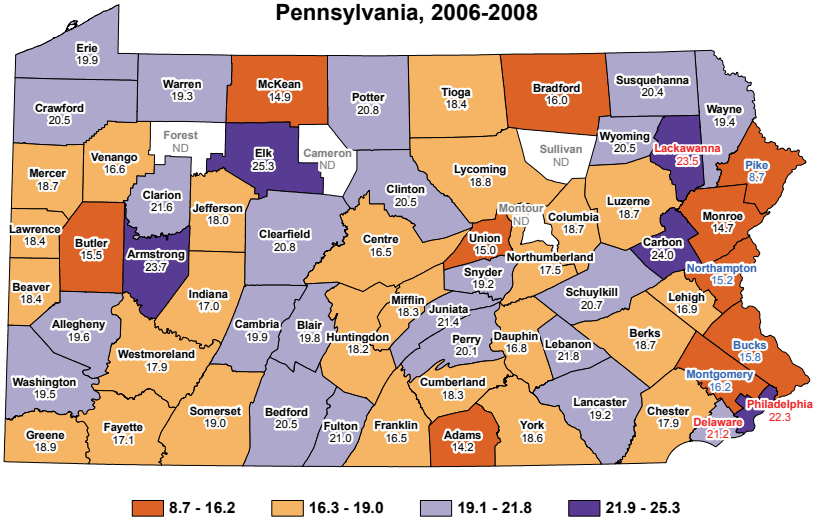
Colorectal Cancer Incidence, Late Stage, and Mortality

in 2006-2008 were Juniata, Beaver, Centre, Clinton, and Huntingdon Counties (see Map 2, previous page). The five counties with the lowest percents of late stage colorectal cancer were Perry, Cumberland, Dauphin, Bedford, and Snyder Counties. Seven counties had late stage percents which were statistically significantly higher than the state percent; six had percents which were statistically significantly lower than the state percent. Beaver and Centre counties were both among the counties with the highest percents, which were also significantly higher than the state percent. Cumberland and Dauphin were among those with the lowest late stage percents that were also significantly lower than the state percent.

Map 3
Colorectal Cancer Mortality Rates
Pennsylvania, 2006-2008



Colorectal Cancer Mortality

The age-adjusted mortality rate for colorectal cancer among Pennsylvania residents has been decreasing over the last five reported years. The state rate for the most recent three year period, 2006-2008, was 18.7 per 100,000. The five highest rates among Pennsylvania's counties in 2006-2008 were in Elk, Carbon, Armstrong, Lackawanna, and Philadelphia Counties (see Map 3). The five lowest rates were in Pike, Adams, Monroe, McKean, and Union Counties. Three counties had statistically significantly higher rates, at the 95% confidence level, than the state rate; four had rates which were statistically significantly lower than the state rate. Lackawanna and Philadelphia Counties were both among the counties with the highest rates, which were also significantly higher than the state rate. Pike County was the only county among the lowest rates that was also significantly lower than the state rate.

Department of Health Teams Up With CDC to Fight Colorectal Cancer in Pennsylvania

Among cancers that affect both males and females, incidence of colorectal cancer is the fourth leading cancer and the second leading cause of cancer-related death in both Pennsylvania and the United States. In an effort to increase colorectal cancer screening, the Centers for Disease Control and Prevention (CDC) has launched the Colorectal Cancer Control Program (CRCCP). By providing funding to select states and tribes, including Pennsylvania, the CRCCP aims to increase colorectal cancer screening among men and women, aged 50 years and older, from about 64 percent to 80 percent by 2014. An aspect of the program in Pennsylvania is a public and provider education effort to increase the screening rate, which is expected to reduce illness and death caused by colorectal cancer. Screening tests can find precancerous polyps, so that, they can be removed before they turn into actual cancer. According to the CDC, if everyone ages 50 and older were to be screened regularly for colorectal cancer, approximately 60 percent of deaths from this cancer could be avoided. For more information on the CRCCP, visit their website.

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