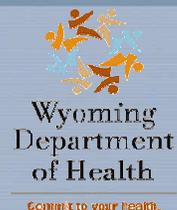


# Cancer in Wyoming: Men



# **State of Wyoming Department of Health**

## **Cancer in Wyoming Men Data Brief**

The “Cancer in Wyoming Men” data brief is published by the  
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# CANCER IN WYOMING MEN

## INTRODUCTION

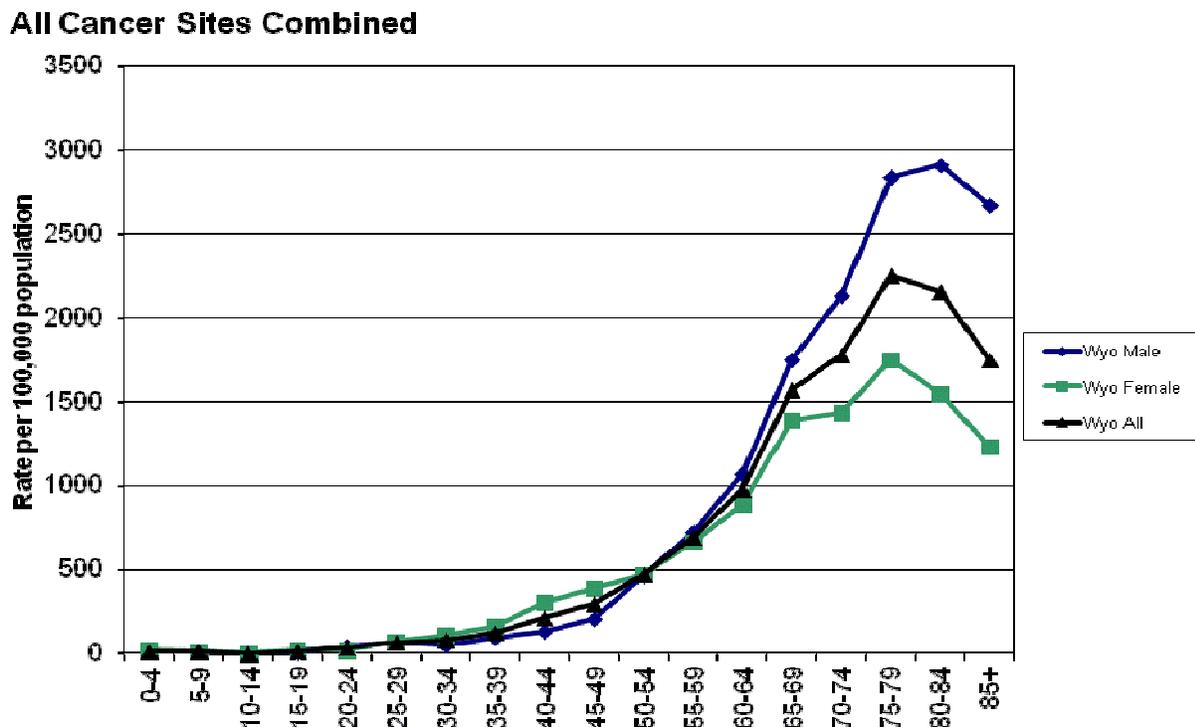
According to the National Cancer Institute (NCI), one out of every two men in the United States will develop cancer at some point in his life. This does not mean that all these men will die as a result of cancer. With all the advances in screening and treatment over the last twenty to thirty years, more people are surviving cancer than ever before.

However, all men need to understand their risk of cancer and the steps they can take to reduce their risk. This document will discuss the incidence and mortality of cancer in Wyoming men, both overall and by specific cancer site. Additionally, information on risk factors and the utilization of cancer screening services will be examined in relation to Wyoming males.

## ALL CANCER SITES

In 2011, the incidence rate for cancer in Wyoming men was 451.2/100,000 with 1,432 men diagnosed with some form of cancer. While the rate for men was higher than the rate for Wyoming women (369.1/100,000), it was significantly lower than the national rate for men in the United States (508.1/100,000). This does not mean that any particular Wyoming man is any less likely to develop cancer than men in other states, but overall Wyoming has less cancer in the male population than compared to the nation as a whole. The mortality rate for Wyoming men in 2011 was 189.7/100,000 with 520 Wyoming men dying as a result of cancer. As with the incidence rate, the mortality rate for men was higher than the mortality rate for Wyoming women (129.3/100,000), but less than the national mortality rate for men (207.1/100,000). Figure 1 shows how the incidence rates for men and women in Wyoming start off very similar, but then increase more rapidly for men starting between the ages of 60 and 64. Both rates decrease in the 85 years of age and older population but the rates for males remain higher than the rates for females.

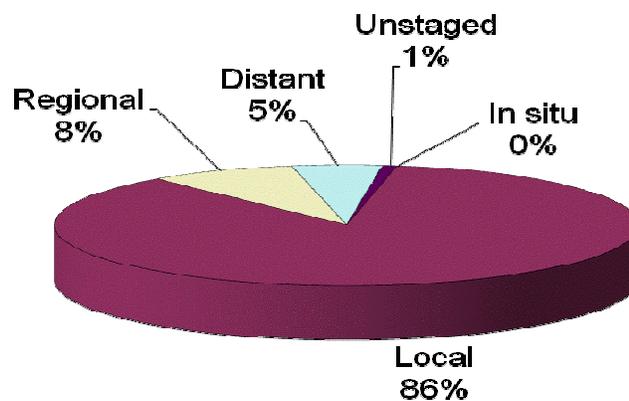
Figure 1 – Incidence Rate by Age – 2011



## PROSTATE CANCER

Prostate cancer is the most commonly diagnosed cancer in Wyoming and the United States. In 2011, 379 Wyoming men were diagnosed with prostate cancer; however, only 47 men died from the disease. There are many reasons for this divergence between incidence and mortality, including the slow growth of the tumor in older men, advances in treatment, and screening. While screening for prostate cancer remains controversial, especially the prostate specific antigen (PSA) test, Figure 2 shows that in 2011, 86% of the cases diagnosed in Wyoming were found at the local or early stage of development. Detecting any cancer at an early stage (e.g., in situ, local) increases the chances of curing the disease and most times is less costly. With early detection and treatment, the five-year survival rate for Wyoming men diagnosed with prostate cancer is essentially 100%. According to the 2012 Wyoming Behavioral Risk Factor Surveillance System (BRFSS) survey, Wyoming had one of the highest rates in the nation of men over 40 years of age who had ever received a PSA test (65.4%).

Figure 2 – Stage at Diagnosis – Prostate – 2011

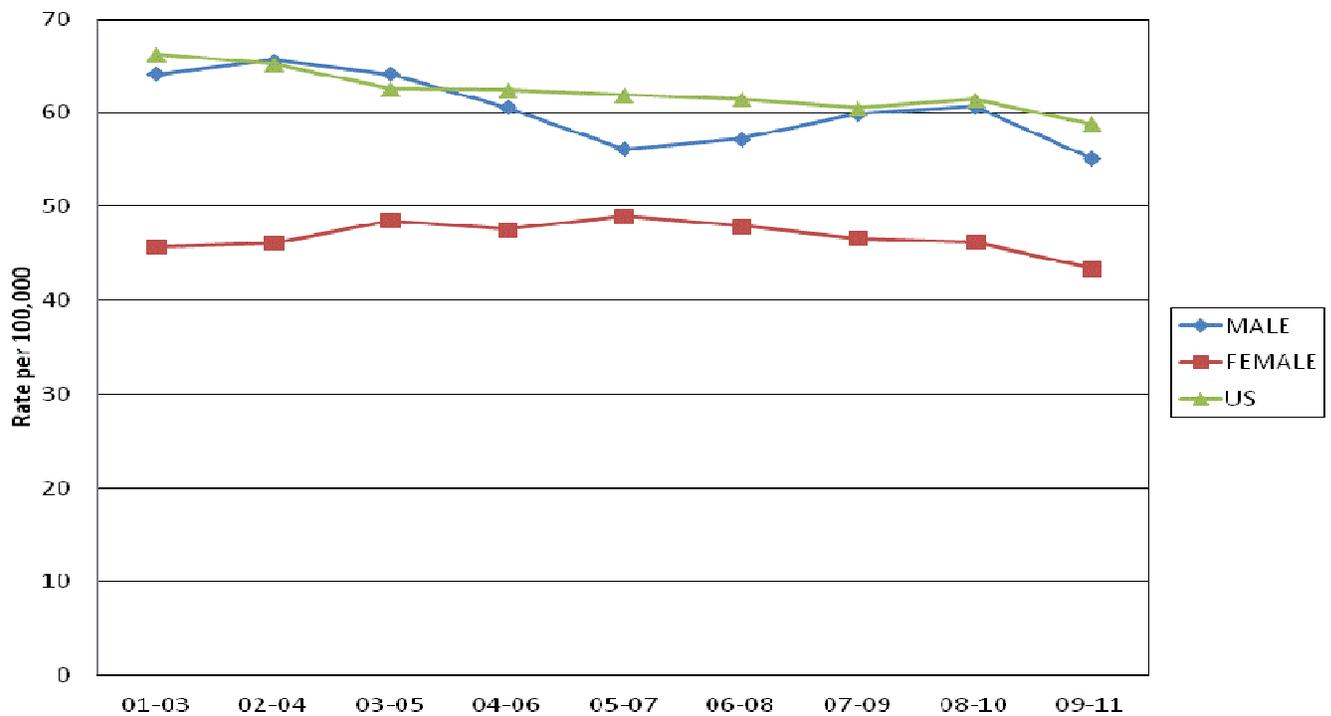


According to the NCI, research has identified age, race, family history and diet as risk factors that increase men's chances of getting prostate cancer. Having one or more of these risk factors does not mean a man will get prostate cancer, but risk of the disease is greater. Knowledge of family history and risk factors will support Wyoming men in making informed decisions when talking with health care providers about risks and potential benefits of prostate cancer screening and testing before it is undertaken.

## LUNG & BRONCHUS CANCER

Lung cancer is the second most common cancer in Wyoming men, with 130 men being diagnosed in 2011 alone. In terms of cancer mortality, lung cancer is by far the leading cause of cancer death in both men and women in Wyoming, with 133 men dying from lung cancer in 2011. Cigarette smoking is the leading cause of lung cancer as well as a host of other chronic diseases including heart disease, chronic obstructive pulmonary disease (COPD), emphysema, and diabetes. Nearly one in four (24.2%) Wyoming men are current smokers and more than half (53.8%) report ever smoking. Figure 3 shows the trend for Wyoming males, females, and the United States for lung cancer incidence from 2001-2011. The incidence for Wyoming males is higher and more closely resembles the national trend than the trend for Wyoming females. The five-year relative survival rate for lung cancer in Wyoming is 15.70%. Wyoming men diagnosed with lung cancer have only a 14% chance of living five years past diagnosis.

Figure 3 – Wyoming Lung Cancer Incidence Trend

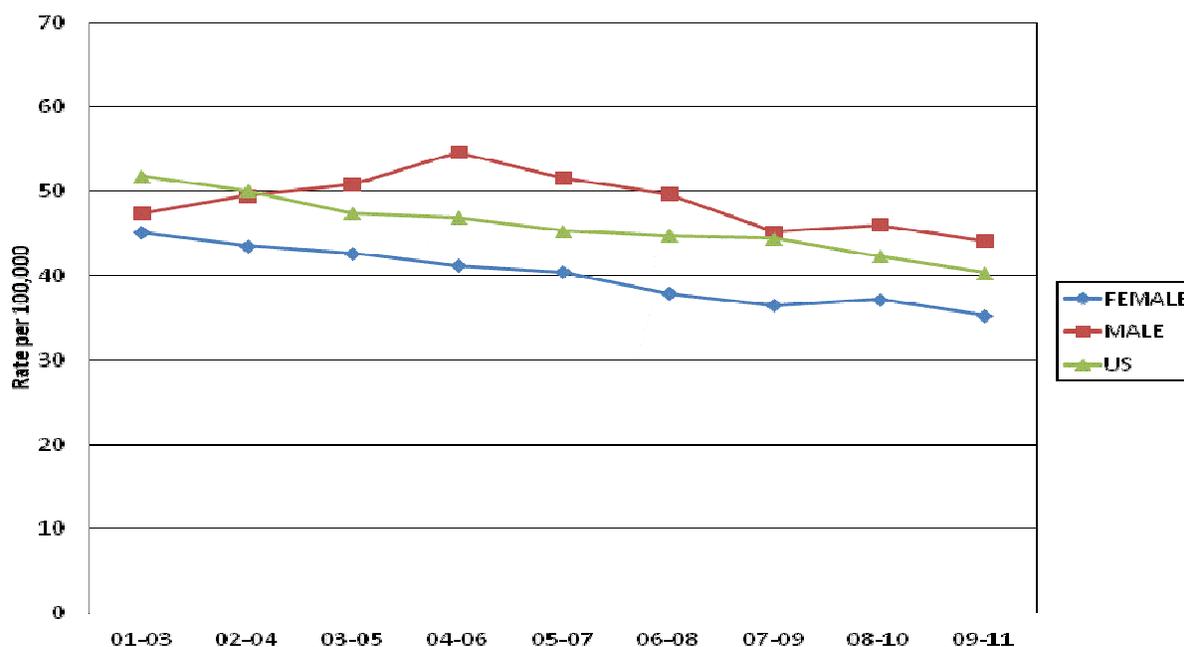


The NCI has linked smoking with increased risk of at least 15 types of cancer, including lung and bronchus cancers. Giving up tobacco can and will have a positive impact on the health and well-being of men who smoke. The Wyoming Quit Tobacco Program is a free online service available to eligible Wyoming residents. It offers free coaching and low cost quitting medications. For more information, call 1-800-QUIT-NOW or go to [www.quitwyo.org](http://www.quitwyo.org)

## COLORECTAL CANCER

Cancer of the colon is the third most common cancer in Wyoming men with 114 cases diagnosed in 2011. It was the second leading cause of cancer death in Wyoming men in 2011, with 57 deaths. Figure 4 shows that while trends are decreasing, the incidence rate for Wyoming remains higher than the national rate. One of the main reasons that Wyoming males have a higher incidence rate is their reluctance to undergo colon cancer screening procedures after the age of 50.

Figure 4 – Wyoming Colorectal Cancer Incidence Trend



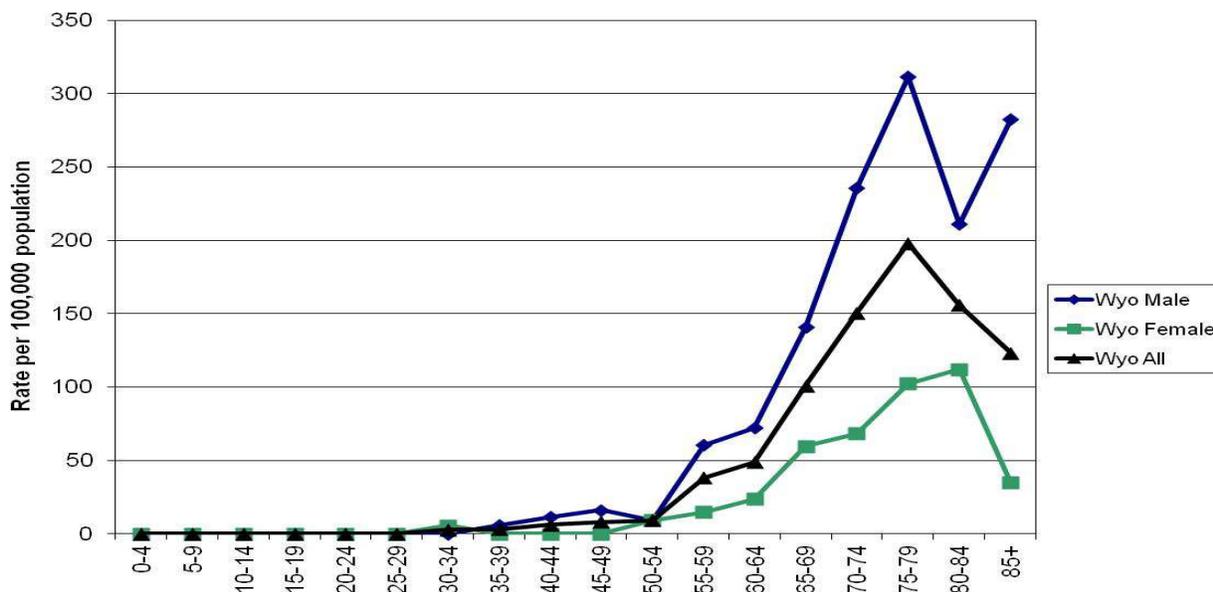
According to the 2012 BRFSS, Wyoming males have some of the nation's lowest rates for undergoing any type of colon cancer screening including fecal occult blood test (FOBT), sigmoidoscopy, or colonoscopy. In 2012, only 56% of Wyoming males over the age of fifty reported having any type of colon cancer screening in the last five years. While there are many barriers to screening (cost, time, embarrassment, etc.), it is a fact that screening and the removal of precancerous polyps of the colon significantly reduces the risk of developing cancer. While the overall five-year relative survival rate for colorectal cancer is good (60.20%), it is even better when the cancer is discovered at the in situ (85%) or local (84.5%) stage.

The Wyoming Colorectal Cancer Screening Program was established to help eliminate the cost barriers to screening and provides free colonoscopies for eligible Wyoming residents. For more information, call 1-866-205-5292.

## BLADDER CANCER (including In situ)

Cancer of the bladder (including in situ cases) was the fourth most diagnosed cancer in Wyoming men in 2011. It is also one of the few non-gender related cancers that appears significantly more in males than in females. Of the 140 new cases diagnosed in 2011, 107 were in men and of the 29 deaths that year, 20 were males. As shown in Figure 5, Wyoming males have a much higher rate of bladder cancer than females, regardless of age. One of the leading causes of bladder cancer is tobacco use, both regular and smokeless tobacco. According to the 2012 BRFSS, Wyoming males have the highest rate of smokeless tobacco use in the United States (15%). The relative survival rate for bladder cancer in Wyoming males is very good with 78.0% of those diagnosed living at least five years.

Figure 5 – Incidence Rate by Age – 2011

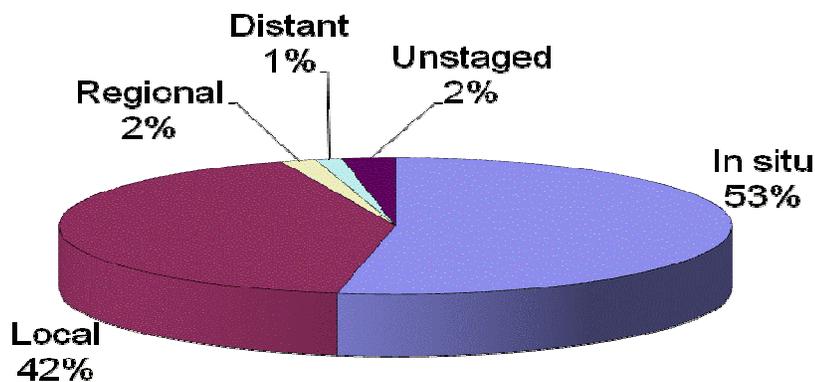


According to the NCI, smoking tobacco is the most important risk factor for bladder cancer. Smoking causes most of the cases of bladder cancer and people who have smoked for many years have a higher risk than nonsmokers or those who smoke for a short time. For men who are smoking, the Wyoming Quit Tobacco Program is available to help them quit.

## MELANOMA

Melanoma is one of three common types of skin cancer. The other two are basal cell and squamous cell, which are named for the type of cells that become cancerous. Melanoma is the most dangerous form of skin cancer because, if not detected early and treated, it can spread to internal organs and can cause serious illness and death. In 2011, 68 Wyoming men were diagnosed with melanoma and 12 men died from this cancer. The main risk factor for melanoma is skin damage from UVA and UVB radiation from the sun. In 2010, 54.2% of men reported having had a sunburn in the past 12 months according to the Wyoming BRFSS. There are almost always warning signs for melanoma which can be used to detect this skin cancer at an early stage where it can be treated before it becomes life-threatening. Figure 6 shows the melanoma cases diagnosed in 2011, where almost all (95%) were diagnosed at an early stage (In situ or Local).

Figure 6 – Melanoma by Stage of Diagnosis – 2011



The ability to detect melanoma has resulted in a very good relative survival rate, with 89.3% of those diagnosed surviving five years. However, Wyoming men and women are at increased risk simply because they live in Wyoming. This is due to the fact that the earth's atmosphere is thinner at higher elevations thus resulting in more UVA and UVB radiation reaching the earth. Specifically, for every 1,000 feet increase in elevation above sea level, there is an associated 5% increase in the amount of UVA and UVB radiation that reaches the earth. Wyoming has the second highest average elevation in the United States, with an average elevation of 6,700 feet. Wyoming residents are exposed to approximately 33.5% more UVA and UVB radiation than if they lived at sea level.

The Centers for Disease Control and Prevention has identified exposure to UV radiation as the most important and avoidable risk factor for skin cancer. Other risk factors, both avoidable (behavioral) and unavoidable (genetic) include: fair skin; blue, green or hazel eyes; light colored hair; freckles; tendency to burn rather than tan; history of severe sunburn; have more than 50 moles; work outdoors; or a personal or family history of skin cancer.

Skin cancer prevention measures include using sunscreen that blocks both UVA and UVB rays and has an SPF of 15 or higher and reapplying every two hours; seeking shade, especially during mid-day hours; wearing dark colored, loose-fitting long-sleeved shirts and long pants; wearing a wide-brimmed hat to shade the face, head, ears and neck; and wearing sunglasses to reduce the risk of cataracts.

Monthly skin examinations by men can increase the chance of finding skin cancer early. These changes should be reported to a physician. Regular skin checks by a physician are important for men who have already had skin cancer.

## Definitions

Incidence: the number of newly diagnosed cancer cases that occur in the population per unit of time, usually one year.

Mortality: the number of deaths that occur in the population per unit of time, usually one year.

Rate: the proportion of the population affected during a specified time period (e.g., year) usually defined as per 100,000 persons in a population.

The cancer staging terms used in this report as follows:

In situ: cancer has not invaded the organ.

Local: cancer has invaded the organ of origin.

Regional: cancer has invaded beyond the organ of origin by direct extension to adjacent organs and/or tissues and/or regional lymph nodes.

Distant: direct extension beyond adjacent organs or tissues or metastases to distant site(s) or distant lymph nodes.

Unstaged: the extent of disease or primary site cannot be determined.