

MIDDLESEX HEALTH

Cancer Center Community Health Needs Assessment

2019



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EXECUTIVE SUMMARY

The Middlesex Health Cancer Center is dedicated to improving the health, wellbeing, and quality of life of the communities we serve with respect to cancer morbidity and mortality. Conducting a cancer-specific community health needs assessment (CHNA) ensures that the most pressing cancer-related needs of our community are identified and may be addressed.

This report includes quantitative secondary data sources of key cancer indicators, benchmarked against the state of Connecticut and the United States, whenever possible. Also included are Middlesex Health cancer registry data. Key findings are summarized below by cancer site.

Breast cancer: The burden of breast cancer in Middlesex County is particularly high: Middlesex County has the highest rate among all Connecticut counties and Connecticut has the second highest rate among all US states. However, the rate of late-stage breast cancer diagnoses is relatively low, as is the mortality rate. This likely is due to a high rate of breast cancer screening.

Cervical cancer: The rates of cervical cancer, late-stage cervical cancer diagnoses, and cervical cancer mortality are all relatively low in Connecticut and Middlesex County. However, disparities exist for black women and Hispanic women. Rates of screening for cervical cancer are average for Connecticut and Middlesex County. The rate of human papillomavirus (HPV) vaccination for adolescents is relatively high, though there remains much room for improvement.

Colorectal cancers: The rate of colorectal cancers is average for Connecticut and Middlesex County. Although the rates of late-stage diagnosis and mortality are relatively low compared to other states and counties, a high proportion of diagnoses are late-stage, compared to diagnoses of other cancers at Middlesex Health. Furthermore, disparities exist for black individuals and Hispanic individuals. On a positive note, the rate of colorectal cancer screening in Connecticut is particularly high, relative to other states.

Lung and bronchus cancers: Similar to colorectal cancers, the rates of lung and bronchus cancers and late-stage lung and bronchus cancers is average for Connecticut and Middlesex County, though a relatively high proportion of diagnoses at Middlesex Health are late-stage, compared to other cancers. However, the mortality rate is relatively low. The rate of smoking in Connecticut and Middlesex County is particularly low, which suggests that other risk factors may contribute to lung cancer diagnoses.

Melanoma of the skin: Despite Connecticut having a relatively low rate of melanoma, the rate in Middlesex County is higher than the US average. Late-stage diagnoses likewise are low state-wide but are higher within Middlesex County. Despite the high rate of cancer, the mortality rate is low in Connecticut and Middlesex County.

Prostate cancer: The rate of prostate cancer is average in Connecticut and Middlesex County, but the rate of late-stage diagnoses is high. The mortality rate in Connecticut is very low, though the rate in Middlesex County is higher than the US average.

This report further includes primary data around barriers to cancer screening, diagnosis and treatment, and survivorship care, collected and analyzed through a survey developed and administered by the Middlesex Health Cancer Center. Common barriers across screening modality, diagnosis, and treatment modality include 1) fear of the test/procedure, 2) fear of the results/diagnosis, 3) having a previous bad experience with the procedure/test, 4) affordability and insurance coverage, 5) inability to make or keep an appointment, 6) lack of coordination between providers, and 7) lack of childcare coverage.

This document culminates with a listing of known community resources that are available to address potential barriers to care. It is the intention of the Middlesex Health Cancer Center to use this document to help guide identification of gaps in available resources and implementation of strategies to address such gaps and persistent barriers across the cancer care continuum.

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INTRODUCTION AND BACKGROUND

A community health needs assessment (CHNA) is an assessment that identifies key health needs and issues of a defined geographic area. This is done through systematic, comprehensive data collection and analysis. By collecting and analyzing primary and secondary data, an understanding of a community's health and well-being status is formed. This enables identification of unmet needs, gaps, and barriers to optimal health and well-being and advancing health equity.

In support of Middlesex Health's mission to provide the safest, highest-quality healthcare and the best experience possible for the community, the Middlesex Health Cancer Center is accredited by the American College of Surgeons Commission on Cancer. This commission recognizes cancer care programs for their commitment to providing comprehensive, high-quality, and multidisciplinary patient-centered care. As part of this accreditation, the Middlesex Health Cancer Center conducts a CHNA at least once every three years during the three-year accreditation cycle. This process is done in conjunction with the Middlesex Health CHNA, which is conducted every three years in compliance with Patient Protection and Affordable Care Act of 2010 requirements.

The Middlesex Health Cancer Center continues to use its CHNA as a vehicle for identifying barriers to cancer screening, diagnosis, treatment, and survivorship care, such that these barriers may be addressed to improve access to care and enhance health equity.

This document is intended to be a companion to the 2019 Middlesex Health CHNA. For additional detail such as a description of the community and its demographics, please refer to that document, which can be accessed at <https://middlesexhealth.org/middlesex-and-the-community/serving-our-community/community-health-needs-assessment>.

ABOUT THE MIDDLESEX HEALTH CANCER CENTER

The Middlesex Health Cancer Center is proud to offer the most advanced technology and techniques to prevent, diagnose, treat, and manage a variety of cancers and cancer-related conditions. Beyond clinical cancer treatment, the Middlesex Health Cancer Center offers supportive care programs, including proactive site-specific nurse navigation, licensed clinical social work services, oncology-certified dietitian services, and integrative medicine services. The Middlesex Health Cancer Center also boasts an active hereditary risk assessment program, led by licensed, board-certified genetic counselors who use the latest advances in the genetics of cancer to understand cancer risk. Additionally, the Middlesex Health Cancer Center participates in a wide variety of clinical trials. Services are conveniently available at two Cancer Center sites: Middletown and Westbrook.

The Middlesex Health Cancer Center is accredited by the American College of Surgeons Commission on Cancer and the National Accreditation Program for Breast Centers. Additionally, the Department of Radiation Oncology is accredited by the American College of Radiology and the Department of Radiology

is accredited by the American College of Radiology and is an accredited American College of Radiology Breast Imaging Center of Excellence.

COMMUNITY DESCRIPTION

Middlesex Health's service area covers twenty-four municipalities, including all of Middlesex County and several of the periphery towns. Some 163,000 people reside in Middlesex County; an additional 150,000 people reside in the periphery towns. The age distribution of Middlesex County residents largely is consistent with that of Connecticut. Middletown's racial and ethnic make-up resembles that of Connecticut, but the rest of the county is significantly more homogeneously white, non-Hispanic. Further description of the community, including extensive overview of the community's demographics and social determinants of health, is provided in the Middlesex Health CHNA.

METHODOLOGY OVERVIEW

This report includes quantitative secondary data sources of key cancer indicators, benchmarked against the state of Connecticut and the United States, whenever possible. Data were collected from the National Institutes of Health National Cancer Institute and the Centers for Disease Control and Prevention State Cancer Profiles (statecancerprofiles.cancer.gov). Also included are Middlesex Health cancer registry data. This report further includes primary data around barriers to cancer-related care, collected and analyzed through a survey developed and administered by the Middlesex Health Cancer Center.

This assessment was completed internally by the Middlesex Health Cancer Center under the direction of the Middlesex Health Cancer Committee and written by the Health Education and Grants Coordinator.

LIMITATIONS

The goal of this CHNA is to assess cancer burden and barriers to cancer-related care for the residents in the communities served by the Middlesex Health Cancer Center. The Middlesex Health Cancer Center acknowledges that there are information and data point gaps which impact the ability to thoroughly measure and assess the community's health and well-being with respect to cancer. Publically-available data sources are sometimes limited by insufficient sample size, given Middlesex County's small population size, which can limit the availability of data specific to Middlesex County. Related to cancer care barriers, convenience sampling was used for the Cancer Center-designed survey. Therefore, results are not implied to be statistically significant or necessarily representative of the entire community. In particular, the response rate was low among persons diagnosed with cancer. Thus, limited conclusions may be drawn about barriers to cancer diagnosis, treatment, and survivorship care. Additionally, the survey was available only in English. Limited English proficiency is likely a barrier to care, thus the ability to capture the burden of this barrier was limited.

NEXT STEPS

The Middlesex Health Cancer Committee will review cancer burden and barriers to cancer care on an annual basis, at minimum, guided in part by this document. As part of this process, barriers to care will be addressed through efforts led by the Cancer Committee to improve access to cancer-related care and enhance health equity.

METHODOLOGY

CANCER BURDEN DATA

Cancer burden data largely were retrieved from the National Institutes of Health National Cancer Institute and Centers for Disease Control and Prevention State Cancer Profiles repository (statecancerprofiles.cancer.gov). Whenever possible, data are presented for Middlesex County and benchmarked against the State of Connecticut and the United States. Data also are stratified by race/ethnicity, age, and gender, where possible. Also included are Middlesex Health cancer registry data for calendar year 2018, stratified by disease site, to provide a better understanding of the Middlesex Health Cancer Center population and how it compares to local, state, and national populations.

BARRIERS TO CANCER-RELATED CARE

Data pertaining to barriers to cancer-related care were collected via a survey developed and administered by the Middlesex Health Cancer Center. This survey was based on a survey originally designed by the Sanford Health Cancer Center. Questions pertaining to cancer screening were based on United States Preventive Services Task Force (USPSTF) screening recommendations for persons at average risk and therefore included breast, cervical, colorectal, and lung cancers. Slight variations in screening recommendations exist between trusted institutions. USPSTF screening recommendations were chosen for the purposes of this survey because they tend to be simple (e.g. screening timeframes do not vary by age) and therefore were the easiest to relay as part of survey questions, and because they tend to be more relaxed, relative to other recommendations (e.g. screenings recommended every other year, as opposed to annually) and therefore were less likely to count a respondent as not up-to-date if they and their provider decided to follow less stringent guidelines. One exception to USPSTF recommendations was made for the purposes of this survey. Current USPSTF recommendations are for women aged 50 to 74 years to be screened for breast cancer every two years; screening for women aged 40 to 49 years has a grade of C, which indicates that screening should not routinely be offered. However, other guidelines do suggest screening beginning at 40 and we find that most individuals are familiar with such guidelines. We therefore thought it would be more confusing to indicate ages 50 to 74, rather than 40 to 74. For all questions, participants were encouraged to select all barriers that applied to them.

Information about the assessment and a request for participation was shared with Middlesex Health Cancer Center patients via flyers posted in medical, radiation, and surgical oncology and survivorship offices. Flyers also were disseminated at other Middlesex Health facilities, health fairs and health-related events, the local soup kitchen, farmers' markets, Laundromats, public facilities such as libraries and community boards, and on social media. Because the intent of the survey was to elucidate barriers to care, targeted sampling of individuals likely to experience barriers (such as those with limited income, with no or limited insurance, who are likely to face discrimination, etc.) was performed. Convenience sampling was used; therefore, results are not implied to be statistically significant or necessarily representative of the entire community. Responses were collected between August and November 2019.

CANCER BURDEN

MIDDLESEX HEALTH CANCER REGISTRY DATA

A vital part of Middlesex Health Cancer Center operations is understanding the patient population and assessing local and national cancer trends. A significantly greater proportion of cancer cases seen at the Middlesex Health Cancer Center (analytic and non-analytic combined) are breast cancers, as compared to Connecticut and the US (**Table 1**). All other top cancer sites by volume are similar in proportion to Connecticut and the US.

Table 1 – Top cancer sites at Middlesex Health by percent of total cases, 2018 and estimated new cases for CT and US, 2019

	Middlesex Health*	CT†	US†
Breast	23.5%	15.9%	15.4%
Prostate	11.6%	9.0%	9.9%
Lung and bronchus	11.2%	11.8%	12.9%
Melanoma of the skin	6.7%	4.2%	5.5%
Colon	5.0%	7.1%‡	5.8%
Bladder	5.0%	5.3%	4.6%
Hemericatic	4.1%	3.1%	3.5%
Non-Hodgkin lymphoma	3.6%	4.3%	4.2%
Corpus uteri	3.2%	3.3%	3.5%
Rectum and rectosigmoid	3.1%	‡	2.5%
Other	23.0%	36%	32.2%

Sources: *Middlesex Health cancer registry data and

†<http://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf>

‡Cases for colon and rectum are combined

Examination of cancer registry data also can identify trends in stage at diagnosis, which is useful for informing prevention and screening efforts. For example, relatively high proportions of lung and bronchus and colon cancers are late-stage diagnoses, thus efforts to maximize early detection would likely lead to improved morbidity rates (**Table 2**).

Table 2 – Cancer sites with ten or more total cases at Middlesex Health by stage at diagnosis, 2018

	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	N/A	Total Analytic Cases	Total Cases
Breast	32	137	20	6	6	12	4	217	256
Prostate	0	11	36	11	4	4	0	66	126
Lung and bronchus	1	40	12	17	37	5	0	112	122
Melanoma of the skin	30	15	4	2	3	2	0	56	73
Bladder	20	6	6	1	3	0	0	36	55
Colon	2	10	12	13	5	4	0	46	54
Hemerratic	0	1	1	2	1	2	27	34	45
Non-Hodgkin lymphoma	0	4	4	8	6	6	0	28	39
Corpus uteri	0	20	1	6	1	2	0	30	35
Rectum and rectosigmoid	0	5	7	6	2	5	0	25	34
Pancreas	0	3	3	1	18	1	0	26	28
Kidney and renal pelvis	1	11	3	2	1	3	1	22	26
Esophagus	0	0	4	3	4	2	3	16	19
Myeloma	0	0	0	0	0	0	11	11	16
Thyroid	0	6	2	0	0	0	0	8	12
Liver	0	6	2	0	0	0	0	7	11
Ovary	0	1	0	2	2	1	0	6	10
Other	1	12	6	14	19	7	32	92	119

Source: Middlesex Health cancer registry data

BREAST CANCER

Connecticut has the second highest rate of breast cancer among all 50 states, Washington DC, and Puerto Rico (**Table 3**). Further, Middlesex County has the highest rate of breast cancer among all eight Connecticut counties and the incidence is rising, whereas the incidence is stable in all seven other counties.

Table 3 - Age-adjusted incidence rate of breast cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages			
All Races (includes Hispanic)	158	140	125
White non-Hispanic	162	144.3	130.7
Black (includes Hispanic)	124	119.1	124
Hispanic (any race)	164.6	122.6	93.9
By Age <50			
All Races (includes Hispanic)	54.2	52.1	44.7
White non-Hispanic	57.1	55	46.9
Black (includes Hispanic)	*	40	45.8
Hispanic (any race)	*	43.5	34
By Age 50+			
All Races (includes Hispanic)	433.4	370.7	338.2
White non-Hispanic	436.7	378.2	352.4
Black (includes Hispanic)	421.1	326.3	331.1
Hispanic (any race)	500.4	329.8	252.4
By Age <65			
All Races (includes Hispanic)	99.3	93.6	81.9
White non-Hispanic	103.4	96.4	85.3
Black (includes Hispanic)	66.5	79.7	84
Hispanic (any race)	87.2	84.2	63.2
By Age 65+			
All Races (includes Hispanic)	561.3	461.7	424
White non-Hispanic	567.3	475.4	444.6
Black (includes Hispanic)	*	391.6	400.7
Hispanic (any race)	*	388	305.9

Source: statecancerprofiles.cancer.gov

Early stage cancer diagnoses significantly contribute to Connecticut's cancer burden, which suggests efforts to encourage routine screening are successful. Despite having the second highest overall rate of breast cancer, Connecticut has the 37th highest rate of late-stage breast cancer (**Table 4**). Of note, however, Middlesex County has the highest rate of late-stage breast cancer among all eight Connecticut counties.

Table 4 - Age-adjusted incidence rate of late-stage breast cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages			
All Races (includes Hispanic)	44	41	42
White non-Hispanic	45.2	40.7	42.4
Black (includes Hispanic)	*	45.7	51
Hispanic (any race)	*	38	34.9
By Age <50			
All Races (includes Hispanic)	20.4	19.4	19
White non-Hispanic	23.2	19.6	19.2
Black (includes Hispanic)	*	19.8	22.5
Hispanic (any race)	*	17.6	15.7
By Age 50+			
All Races (includes Hispanic)	104.4	98.3	104
White non-Hispanic	102.7	96	104
Black (includes Hispanic)	*	113.4	126.6
Hispanic (any race)	*	91.5	86
By Age <65			
All Races (includes Hispanic)	32.8	30.9	31.3
White non-Hispanic	34.5	30.3	31.2
Black (includes Hispanic)	*	34.9	38
Hispanic (any race)	*	28.5	26.4
By Age 65+			
All Races (includes Hispanic)	118.9	112.7	118
White non-Hispanic	119	112.4	119.4
Black (includes Hispanic)	*	120	140.8
Hispanic (any race)	*	103.9	94

Source: statecancerprofiles.cancer.gov

Connecticut also performs particularly well with respect to breast cancer mortality rates; just four states out of the 50 states, Washington DC, and Puerto Rico have a lower mortality rate (**Table 5**). Middlesex County has the second lowest mortality rate of all Connecticut counties.

Table 5 - Age-adjusted mortality rate of breast cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages			
All Races (includes Hispanic)	16.3	17.9	20.6
White non-Hispanic	17.5	18.2	20.6
Black (includes Hispanic)	*	20	28.1
Hispanic (any race)	*	11.5	14.2
By Age <50			
All Races (includes Hispanic)	*	4.1	4.4
White non-Hispanic	*	3.9	4.1
Black (includes Hispanic)	*	5.8	7.4
Hispanic (any race)	*	3.8	3.4
By Age 50+			
All Races (includes Hispanic)	52.2	54.2	62.9
White non-Hispanic	55.3	55.6	63.6
Black (includes Hispanic)	*	57	82.8
Hispanic (any race)	*	31.8	42.6
By Age <65			
All Races (includes Hispanic)	8.1	8.8	10
White non-Hispanic	9	8.4	9.6
Black (includes Hispanic)	*	14.1	15.8
Hispanic (any race)	*	6.5	7.4
By Age 65+			
All Races (includes Hispanic)	73	80.9	93.5
White non-Hispanic	76.7	85.5	96.4
Black (includes Hispanic)	*	60.2	113.3
Hispanic (any race)	*	46.5	61.2

Source: statecancerprofiles.cancer.gov

Indeed, Connecticut has the fourth highest mammogram rate among all 50 states, Washington DC, and Puerto Rico (**Table 6**). Middlesex County has the third highest rate among the eight Connecticut counties. Across the United States, black women are more likely to have routine mammograms than their non-black peers, whereas Hispanic women are slightly less likely to be screened for breast cancer. However, this disparity is not evident in Connecticut.

Table 6 - Incidence rate of women aged 40 years and older who received a mammogram in the past two years

Race/Ethnicity	Middlesex County	CT	US
All Races (includes Hispanic)	81.1	79.9	72.5
White Non-Hispanic	*	80.1	71.8
Black (includes Hispanic)	*	79.5	77.3
Hispanic (any race)	*	81.1	68.5

Source: statecancerprofiles.cancer.gov

CERVICAL CANCER

Rates of cervical cancer are relatively low in Connecticut, as compared to other states; Connecticut has the 40th highest rate of the 50 states, Washington DC, and Puerto Rico (**Table 7**). Middlesex County has the second lowest rate among the eight Connecticut counties. In both Connecticut and the United States, black women and Hispanic women have a higher incidence of cervical cancers than their white non-Hispanic peers across nearly all age groups. This disparity is particularly true for older black women.

Table 7 - Age-adjusted incidence rate of cervical cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages			
All Races (includes Hispanic)	5	6.5	7.6
White non-Hispanic	5	5.9	7.1
Black (includes Hispanic)	*	6.9	8.9
Hispanic (any race)	*	11.2	9.6
By Age <50			
All Races (includes Hispanic)	*	5.4	6.3
White non-Hispanic	*	5	6.3
Black (includes Hispanic)	*	3.6	5.9
Hispanic (any race)	*	8.8	7.1
By Age 50+			
All Races (includes Hispanic)	10.3	9.6	11.2
White non-Hispanic	11.2	8.3	9.4
Black (includes Hispanic)	*	15.6	17.2
Hispanic (any race)	*	17.7	16.5
By Age <65			
All Races (includes Hispanic)	4.1	6	7.3
White non-Hispanic	*	5.5	7
Black (includes Hispanic)	*	4.5	7.5
Hispanic (any race)	*	10.2	8.7
By Age 65+			
All Races (includes Hispanic)	*	10.2	9.8
White non-Hispanic	*	8.3	7.8
Black (includes Hispanic)	*	23.3	18.4
Hispanic (any race)	*	*	16.3

Source: statecancerprofiles.cancer.gov

Connecticut has the 39th highest rate of late-stage cervical cancer among the 50 states, Washington DC, and Puerto Rico (**Table 8**). Rates tend to be higher among black women and Hispanic women relative to white non-Hispanic women.

Table 8 - Age-adjusted incidence rate of late-stage cervical cancer cases per 100,000, 2012-2016

	CT	US
All Ages		
All Races (includes Hispanic)	2.8	3.6
White non-Hispanic	2.4	3.3
Black (includes Hispanic)	4	5
Hispanic (any race)	4.9	4.9
By Age <50		
All Races (includes Hispanic)	1.6	2.5
White non-Hispanic	1.2	2.4
Black (includes Hispanic)	*	2.8
Hispanic (any race)	3	3.1
By Age 50+		
All Races (includes Hispanic)	6.2	6.7
White non-Hispanic	5.4	5.7
Black (includes Hispanic)	10.2	10.8
Hispanic (any race)	10.1	9.9
By Age <65		
All Races (includes Hispanic)	2.2	3.3
White non-Hispanic	1.8	3
Black (includes Hispanic)	2.5	3.9
Hispanic (any race)	3.8	4.1
By Age 65+		
All Races (includes Hispanic)	7.3	6.2
White non-Hispanic	6.2	4.9
Black (includes Hispanic)	14.6	12.2
Hispanic (any race)	*	10.2

Source: statecancerprofiles.cancer.gov

Similarly, Connecticut has the 43rd highest mortality rate of the 50 states, Washington DC, and Puerto Rico (**Table 9**) and mortality rates are higher among black women and Hispanic women.

Table 9 - Age-adjusted mortality rate of cervical cancer cases per 100,000, 2012-2016

	CT	US
All Ages		
All Races (includes Hispanic)	1.5	2.3
White non-Hispanic	1.3	2.1
Black (includes Hispanic)	2.2	3.5
Hispanic (any race)	2.3	2.6
By Age <50		
All Races (includes Hispanic)	0.7	1.2
White non-Hispanic	0.5	1.2
Black (includes Hispanic)	*	1.5
Hispanic (any race)	*	1.2
By Age 50+		
All Races (includes Hispanic)	3.7	5.1
White non-Hispanic	3.3	4.4
Black (includes Hispanic)	6.1	8.9
Hispanic (any race)	*	6.2
By Age <65		
All Races (includes Hispanic)	1.1	1.8
White non-Hispanic	0.9	1.7
Black (includes Hispanic)	1.5	2.4
Hispanic (any race)	1.8	1.9
By Age 65+		
All Races (includes Hispanic)	4.6	5.6
White non-Hispanic	4.1	4.7
Black (includes Hispanic)	*	11.1
Hispanic (any race)	*	7.6

Source: statecancerprofiles.cancer.gov

The low rates of late-stage diagnosis and mortality are not necessarily driven by particularly successful screening efforts. Connecticut has the 23rd highest rate of women aged 18 years and older who receive routine Pap smears (**Table 10**). Middlesex County has the fifth highest rate among the eight Connecticut counties. Across Connecticut and the United States, black women and Hispanic women are more likely to be screened for cervical cancer than their white non-Hispanic counterparts, which contrasts with their increased incidence of late-stage diagnoses and high mortality.

Table 10 - Incidence rate of women aged 18 years and older who received a Pap smear in the past three years

Race/Ethnicity	Middlesex County	CT	US
All Races (includes Hispanic)	79.3	72.3	71.9
White non-Hispanic	*	71.3	71.8
Black (includes Hispanic)	*	79.6	75.6
Hispanic (any race)	*	74.1	73.7

Source: statecancerprofiles.cancer.gov

While there is still much room for improvement, Connecticut does exhibit increased success around prevention of cancers caused by human papillomavirus (HPV), such as cervical cancer, compared to other states. Among the 50 states, Washington DC, and Puerto Rico, Connecticut has the 11th highest rate of teens aged 13-17 who received two or more doses of the HPV vaccine (**Table 11**).

Table 11 - Incidence rate of teens aged 13-17 years who received two or more doses of the HPV vaccine

Sex	CT	US
Male and Female	61.8	53.2
Male	56.8	48.8
Female	67.1	57.7

Source: statecancerprofiles.cancer.gov

COLON AND RECTUM CANCERS

The incidence of colon and rectum (colorectal) cancers in Connecticut is on par with that of the United States; Connecticut has the 38th highest rate of colorectal cancers among the 50 states, Washington DC, and Puerto Rico (**Table 12**). Middlesex County has the third highest rate of the eight Connecticut counties. In particular, the rate of colorectal cancer among individuals younger than 50 (the age at which colorectal cancer screening is typically recommended to begin) has become of increasing concern nationwide. Middlesex County has the second highest rate of colorectal cancer among individuals younger than 50 and this rate is rising. Within Middlesex County, the rates of colorectal cancer among black residents across all age groups are particularly high, compared to analogous rates in the state and US.

Table 12 - Age-adjusted incidence rate of colon and rectum cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages, Male and Female			
All Races (includes Hispanic)	38	36.6	38.7
White non-Hispanic	36.1	35.8	38.6
Black (includes Hispanic)	59	38.2	44.7
Hispanic (any race)	*	39.8	34.1
By Age <50, Male and Female			
All Races (includes Hispanic)	9	7.6	7.9
White non-Hispanic	8.8	7.5	8.3
Black (includes Hispanic)	*	7	8.4
Hispanic (any race)	*	8	5.9
By Age 50+, Male and Female			
All Races (includes Hispanic)	112.1	112.4	119.9
White non-Hispanic	107.8	110	118.1
Black (includes Hispanic)	190.5	119.9	140.3
Hispanic (any race)	*	123.3	108.1
By Age <65, Male and Female			
All Races (includes Hispanic)	18.5	17.2	18.5
White non-Hispanic	17.6	16.3	18.3
Black (includes Hispanic)	32.7	18.6	22.4
Hispanic (any race)	*	20.4	15.7
By Age 65+, Male and Female			
All Races (includes Hispanic)	168.2	170.4	178.9
White non-Hispanic	164.4	170.4	178.5
Black (includes Hispanic)	*	173.5	198.6
Hispanic (any race)	*	174	160.8
All Ages, Male			
All Races (includes Hispanic)	45.4	41.7	44
White non-Hispanic	43.7	40.8	44
Black (includes Hispanic)	*	43.8	52.6
Hispanic (any race)	*	49.4	40.8
All Ages, Female			
All Races (includes Hispanic)	31	32.3	33.9
White non-Hispanic	30.1	31.5	33.9
Black (includes Hispanic)	*	34.6	39.1
Hispanic (any race)	*	32.9	28.7

Source: statecancerprofiles.cancer.gov

Connecticut has a relatively low rate of late-stage colorectal cancer diagnoses; it has the 44th highest rate among the 50 states, Washington DC, and Puerto Rico (**Table 13**). Middlesex County has the fourth highest rate among the eight Connecticut counties. Middlesex County has particularly low rates of late-stage diagnosis among individuals aged 65 years and older, as compared to Connecticut and the US.

Table 13 - Age-adjusted incidence rate of late-stage colon and rectum cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages, Male and Female			
All Races (includes Hispanic)	19	19.2	21.5
White non-Hispanic	18.3	18.9	21.6
Black (includes Hispanic)	*	20.2	25.5
Hispanic (any race)	*	22.7	19
By Age <50, Male and Female			
All Races (includes Hispanic)	5.1	4.3	5
White non-Hispanic	5.4	4.2	5.2
Black (includes Hispanic)	*	4.4	5.4
Hispanic (any race)	*	4.3	3.7
By Age 50+, Male and Female			
All Races (includes Hispanic)	53.6	58.5	65.2
White non-Hispanic	52.1	57.3	64.5
Black (includes Hispanic)	*	61.7	77.3
Hispanic (any race)	*	70.8	59.2
By Age <65, Male and Female			
All Races (includes Hispanic)	9.5	9	10.9
White non-Hispanic	9.3	8.6	10.9
Black (includes Hispanic)	*	10.5	13.2
Hispanic (any race)	*	10.7	9.2
By Age 65+, Male and Female			
All Races (includes Hispanic)	81.2	90.1	95.4
White non-Hispanic	80	89.8	95.1
Black (includes Hispanic)	*	87.2	108.6
Hispanic (any race)	*	105.9	87.1
All Ages, Male			
All Races (includes Hispanic)	22.8	21.9	24.8
White non-Hispanic	22.3	21.6	24.6
Black (includes Hispanic)	*	23.4	29.9
Hispanic (any race)	*	25.9	22.9
All Ages, Female			
All Races (includes Hispanic)	15	17	18.8
White non-Hispanic	15.2	16.6	18.8
Black (includes Hispanic)	*	18	21.8
Hispanic (any race)	*	20.3	15.9

Source: statecancerprofiles.cancer.gov

Connecticut has the second lowest colorectal cancer mortality rate among all 50 states, Washington DC, and Puerto Rico – trailing behind only Utah (**Table 14**). However, Middlesex County has the second highest mortality rate among the eight Connecticut counties. The mortality rate tends to be higher among black individuals and lower among Hispanic individuals, relative to white non-Hispanic individuals.

Table 14 - Age-adjusted mortality rate of colon and rectum cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages, Male and Female			
All Races (includes Hispanic)	12	11.4	14.2
White non-Hispanic	12.3	11.4	14
Black (includes Hispanic)	*	13.4	18.9
Hispanic (any race)	*	9.5	11.2
By Age <50, Male and Female			
All Races (includes Hispanic)	*	1.4	1.8
White non-Hispanic	*	1.5	1.8
Black (includes Hispanic)	*	1.3	2.3
Hispanic (any race)	*	*	1.2
By Age 50+, Male and Female			
All Races (includes Hispanic)	39.1	37.6	46.7
White non-Hispanic	39	37.2	46.1
Black (includes Hispanic)	*	45.1	62.3
Hispanic (any race)	*	32.1	37.4
By Age <65, Male and Female			
All Races (includes Hispanic)	4.2	3.7	4.9
White non-Hispanic	4.4	3.7	4.8
Black (includes Hispanic)	*	5	7.1
Hispanic (any race)	*	3.2	3.6
By Age 65+, Male and Female			
All Races (includes Hispanic)	67.5	64.3	78.5
White non-Hispanic	66.8	64.5	78.1
Black (includes Hispanic)	*	71	100.6
Hispanic (any race)	*	52.7	63.6
All Ages, Male			
All Races (includes Hispanic)	17	13.3	16.9
White non-Hispanic	17.3	13.3	16.6
Black (includes Hispanic)	*	17	23.8
Hispanic (any race)	*	12.8	14.4
All Ages, Female			
All Races (includes Hispanic)	9	9.8	11.9
White non-Hispanic	8.6	9.9	11.9
Black (includes Hispanic)	*	11.2	15.5
Hispanic (any race)	*	7.1	8.8

Source: statecancerprofiles.cancer.gov

The relatively low rates of late-stage colorectal cancer diagnosis and mortality are likely due to the high rates of screening in Connecticut. Connecticut trails only Maine and Massachusetts with respect to colorectal screening (**Table 15**).

Table 15 - Incidence rate of individuals aged 50-75 years who received guideline-concordant colorectal cancer screening*

	CT	US
Male and Female		
All Races (includes Hispanic)	75.9	67.7
White Non-Hispanic	77.9	69.3
Black (includes Hispanic)	70.1	66.8
Hispanic (any race)	68.6	54.3
Male		
All Races (includes Hispanic)	74.6	65.6
White Non-Hispanic	77.9	68.4
Black (includes Hispanic)	66.9	62.1
Hispanic (any race)	65.9	50.3
Female		
All Races (includes Hispanic)	77.1	68.8
White Non-Hispanic	77.9	70.1
Black (includes Hispanic)	72.8	70.9
Hispanic (any race)	71.8	58.8

Source: statecancerprofiles.cancer.gov

*Guideline-concordant colorectal cancer screening is defined as having undergone fecal occult blood test (FOBT) in the last year and/or flexible sigmoidoscopy (flex sig) in the last five years and FOBT in the last three years and/or colonoscopy in the last ten years

LUNG AND BRONCHUS CANCERS

Connecticut has the 26th highest rate of lung and bronchus cancers of the 50 states, Washington DC, and Puerto Rico (**Table 16**). Middlesex County has the third highest rate of the eight Connecticut counties. Lung and bronchus cancer rates tend to be lower among Hispanic individuals.

Table 16 - Age-adjusted incidence rate of lung and bronchus cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages, Male and Female			
All Races (includes Hispanic)	65	59.8	59.2
White non-Hispanic	65.1	61.9	63.5
Black (includes Hispanic)	69.7	54.3	60.9
Hispanic (any race)	*	45	30.2
By Age <50, Male and Female			
All Races (includes Hispanic)	*	3.2	3.5
White non-Hispanic	*	3.4	4.1
Black (includes Hispanic)	*	3.2	3.7
Hispanic (any race)	*	2	1.5
By Age 50+, Male and Female			
All Races (includes Hispanic)	229.8	208.2	205.3
White non-Hispanic	230.2	215.2	219.2
Black (includes Hispanic)	237.3	188.3	211
Hispanic (any race)	*	157.7	105.4
By Age <65, Male and Female			
All Races (includes Hispanic)	18.9	17.5	18.8
White non-Hispanic	18.6	18.2	20.5
Black (includes Hispanic)	34	18.1	22.3
Hispanic (any race)	*	11.7	7.8
By Age 65+, Male and Female			
All Races (includes Hispanic)	383.5	352.6	338.6
White non-Hispanic	386.6	364.1	360.2
Black (includes Hispanic)	*	304.3	327.6
Hispanic (any race)	*	275	185.2
All Ages, Male			
All Races (includes Hispanic)	73.8	65.6	69.1
White non-Hispanic	73.5	66.4	72.3
Black (includes Hispanic)	82.2	72.2	80.4
Hispanic (any race)	*	55	37.8
All Ages, Female			
All Races (includes Hispanic)	58.6	55.8	51.7
White non-Hispanic	59.2	58.9	56.7
Black (includes Hispanic)	*	43.2	47.7
Hispanic (any race)	*	37.8	24.7

Source: statecancerprofiles.cancer.gov

Similarly, Connecticut has the 26th highest rate of late-stage lung and bronchus cancers of the 50 states, Washington DC, and Puerto Rico, and Middlesex County has the second highest rate among the eight Connecticut counties (**Table 17**). Rates of late-stage diagnosis remain lower among Hispanic individuals.

Table 17 - Age-adjusted incidence rate of late-stage lung and bronchus cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages, Male and Female			
All Races (includes Hispanic)	47	42.5	42.1
White non-Hispanic	46.8	43.8	44.9
Black (includes Hispanic)	63.3	40.5	45
Hispanic (any race)	*	33.1	21.4
By Age <50, Male and Female			
All Races (includes Hispanic)	*	2.4	2.8
White non-Hispanic	*	2.5	3.2
Black (includes Hispanic)	*	2.7	3
Hispanic (any race)	*	1.5	1.2
By Age 50+, Male and Female			
All Races (includes Hispanic)	166.9	147.6	145
White non-Hispanic	166.5	125	154.1
Black (includes Hispanic)	214.1	139.5	154.9
Hispanic (any race)	*	115.9	74.2
By Age <65, Male and Female			
All Races (includes Hispanic)	15.4	13.3	14.7
White non-Hispanic	14.9	13.8	16
Black (includes Hispanic)	34	14	17.8
Hispanic (any race)	*	9	6
By Age 65+, Male and Female			
All Races (includes Hispanic)	266	244.7	231
White non-Hispanic	267	251.3	244.5
Black (includes Hispanic)	*	223.7	232.4
Hispanic (any race)	*	199.8	127.2
All Ages, Male			
All Races (includes Hispanic)	53.4	48	50.1
White non-Hispanic	52.8	48.4	52.1
Black (includes Hispanic)	78.1	54.9	59.9
Hispanic (any race)	*	40.5	27.6
All Ages, Female			
All Races (includes Hispanic)	42.6	38.6	35.8
White non-Hispanic	42.7	40.4	39.2
Black (includes Hispanic)	*	31.7	34.6
Hispanic (any race)	*	27.8	16.8

Source: statecancerprofiles.cancer.gov

However, Connecticut has a relatively low mortality rate, with the 42nd highest rate of the 50 states, Washington DC, and Puerto Rico (**Table 18**). Middlesex County has the fourth highest rate among the eight Connecticut counties. The mortality rate is significantly lower among Hispanic individuals.

Table 18 - Age-adjusted mortality rate of lung and bronchus cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages, Male and Female			
All Races (includes Hispanic)	37.2	35.8	41.9
White non-Hispanic	36.9	37.5	45
Black (includes Hispanic)	49.8	32.1	44.3
Hispanic (any race)	*	19.7	18.3
By Age <50, Male and Female			
All Races (includes Hispanic)	*	1.5	1.9
White non-Hispanic	*	1.6	2.2
Black (includes Hispanic)	*	1.4	2.1
Hispanic (any race)	*	*	0.7
By Age 50+, Male and Female			
All Races (includes Hispanic)	131.5	125.6	146.6
White non-Hispanic	131.3	131.6	157.3
Black (includes Hispanic)	157.5	112.5	155.1
Hispanic (any race)	*	69.1	64.3
By Age <65, Male and Female			
All Races (includes Hispanic)	10.6	8.9	11.5
White non-Hispanic	10.5	9.4	12.7
Black (includes Hispanic)	*	9.3	14.3
Hispanic (any race)	*	4.3	3.8
By Age 65+, Male and Female			
All Races (includes Hispanic)	220.6	221.9	251.6
White non-Hispanic	219.3	231.8	268.8
Black (includes Hispanic)	*	189.4	252.3
Hispanic (any race)	*	125.7	117.9
All Ages, Male			
All Races (includes Hispanic)	40.4	41.5	51.6
White non-Hispanic	39.8	42.4	54.1
Black (includes Hispanic)	*	45.2	62.1
Hispanic (any race)	*	27.5	25.3
All Ages, Female			
All Races (includes Hispanic)	35.2	31.6	34.4
White non-Hispanic	35.2	34	38
Black (includes Hispanic)	*	24	32.4
Hispanic (any race)	*	14	13.1

Source: statecancerprofiles.cancer.gov

Rates of smoking are low within Connecticut and Middlesex County; Connecticut has the 49th highest rate of the 50 states, Washington DC, and Puerto Rico, and Middlesex County has the sixth highest rate among the eight Connecticut counties (**Table 19**). Of note, smoking is a risk factor for virtually all cancers and its inclusion in this section of the report is not meant to imply that its effects are limited to lung and bronchus cancers. It is seemingly contradictory that Connecticut would have such a low rate of smoking but a higher rate of lung and bronchus cancer, relative to other states. This suggests that people living in Connecticut may have higher exposures to other risk factors besides smoking, such as radon and air pollution.

Table 19 - Incidence rate of individuals aged 18 and older who are current smokers

	Middlesex County	CT	US
Male and Female			
All Races (includes Hispanic)	18	12.7	17.1
White non-Hispanic	*	14.1	16.9
Black (includes Hispanic)	*	14.6	19.7
Hispanic (any race)	*	16.3	14.5
Male			
All Races (includes Hispanic)	18.1	14.1	18.4
White non-Hispanic	*	13	18
Black (includes Hispanic)	*	14.6	22.8
Hispanic (any race)	*	19.3	19.2
Female			
All Races (includes Hispanic)	15	11.5	14.7
White non-Hispanic	*	11.1	15.7
Black (includes Hispanic)	*	14.7	16.8
Hispanic (any race)	*	13	10.5

Source: statecancerprofiles.cancer.gov

MELANOMA OF THE SKIN

Connecticut has the 37th highest rate of melanoma of the skin among the 50 states, Washington DC, and Puerto Rico (**Table 20**). However, Middlesex County has the highest rate of the eight Connecticut counties and its rate is higher than the US average. Sufficient data were not available for black individuals and therefore are not presented in the table below.

Table 20 - Age-adjusted incidence rate of melanoma of the skin cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages, Male and Female			
All Races (includes Hispanic)	23.5	20.5	21.8
White non-Hispanic	24.5	24.1	28
Hispanic (any race)	*	6	4.6
By Age <50, Male and Female			
All Races (includes Hispanic)	8.7	6	7.4
White non-Hispanic	9.7	8.4	11
Hispanic (any race)	*	1.3	1.4
By Age 50+, Male and Female			
All Races (includes Hispanic)	62	58.5	59.6
White non-Hispanic	63.2	64.9	72.8
Hispanic (any race)	*	18.6	12.8
By Age <65, Male and Female			
All Races (includes Hispanic)	14.3	11	12.4
White non-Hispanic	15.4	13.9	17.2
Hispanic (any race)	*	2.9	2.5
By Age 65+, Male and Female			
All Races (includes Hispanic)	86.6	86.8	86.2
White non-Hispanic	87.6	94.4	102.6
Hispanic (any race)	*	2.9	2.5
All Ages, Male			
All Races (includes Hispanic)	25.4	26.5	27.9
White non-Hispanic	25.6	30.4	34.9
Hispanic (any race)	*	7	5
All Ages, Female			
All Races (includes Hispanic)	22.7	16.2	17.2
White non-Hispanic	24.5	19.4	22.8
Hispanic (any race)	*	5.6	4.4

Source: statecancerprofiles.cancer.gov

Connecticut has the 43rd highest rate of late-stage melanoma of the skin of the 50 states, Washington DC, and Puerto Rico (**Table 21**). Middlesex County has the second highest rate of late-stage diagnoses of the eight Connecticut counties. Late-stage melanoma of the skin diagnoses are more prevalent among men. Data for black and Hispanic individuals were available only on a national level and therefore are not presented in the table below.

Table 21 - Age-adjusted incidence rate of late-stage melanoma of the skin cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages, Male and Female			
All Races (includes Hispanic)	3.3	2.6	3
White non-Hispanic	3.4	3	3.9
By Age <50, Male and Female			
All Races (includes Hispanic)	*	0.7	1
White non-Hispanic	*	1	1.5
By Age 50+, Male and Female			
All Races (includes Hispanic)	8.4	7.5	8.3
White non-Hispanic	8.2	8.3	10.2
By Age <65, Male and Female			
All Races (includes Hispanic)	2.1	1.3	1.7
White non-Hispanic	2.3	1.6	2.4
By Age 65+, Male and Female			
All Races (includes Hispanic)	11.7	11.4	12.1
White non-Hispanic	11.3	12.5	14.5
All Ages, Male			
All Races (includes Hispanic)	5.2	3.8	4.2
White non-Hispanic	5	4.5	5.4
All Ages, Female			
All Races (includes Hispanic)	*	1.6	2
White non-Hispanic	*	1.8	2.6

Source: statecancerprofiles.cancer.gov

Connecticut has the 45th highest melanoma of the skin mortality rate among the 50 states, Washington DC, and Puerto Rico (**Table 22**). Considering the high rate of melanoma of the skin diagnoses in Middlesex County, the mortality rate is relatively low. Middlesex County has the fourth highest rate among the eight Connecticut counties, and the rate is lower than that of the US average. As with late-stage diagnoses, the melanoma of the skin mortality rate is higher among men than among women.

Table 22 - Age-adjusted mortality rate of melanoma of the skin cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages, Male and Female			
All Races (includes Hispanic)	2.3	2.2	2.5
White non-Hispanic	2.5	2.6	3.2
By Age <50, Male and Female			
All Races (includes Hispanic)	*	0.3	0.5
White non-Hispanic	*	0.5	0.7
By Age 50+, Male and Female			
All Races (includes Hispanic)	6.1	7	7.8
White non-Hispanic	6.2	8	9.6
By Age <65, Male and Female			
All Races (includes Hispanic)	*	0.7	1
White non-Hispanic	*	1	1.4
By Age 65+, Male and Female			
All Races (includes Hispanic)	*	12	12.8
White non-Hispanic	*	13.5	15.4
All Ages, Male			
All Races (includes Hispanic)	3.3	3.2	3.7
White non-Hispanic	3.5	3.7	4.7
All Ages, Female			
All Races (includes Hispanic)	*	1.4	1.5
White non-Hispanic	*	1.7	2

Source: statecancerprofiles.cancer.gov

PROSTATE CANCER

Connecticut has the 23rd highest rate of prostate cancer of the 50 states, Washington DC, and Puerto Rico (**Table 23**). However, the rate in Middlesex County is lower than that of the US; Middlesex County has the sixth highest rate among the eight Connecticut counties. Prostate cancer tends to be more prevalent among black men and less prevalent among Hispanic men nationally, but within Connecticut the rate among Hispanic men is similar to that of all races and white non-Hispanic individuals.

Table 23 - Age-adjusted incidence rate of prostate cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages			
All Races (includes Hispanic)	101.1	108.4	104.1
White non-Hispanic	98.9	102.3	97.1
Black (includes Hispanic)	142.2	160.4	168.8
Hispanic (any race)	*	104.8	86.8
By Age <50			
All Races (includes Hispanic)	*	4.1	4.3
White non-Hispanic	*	3.7	3.8
Black (includes Hispanic)	*	8.7	10.3
Hispanic (any race)	*	2.5	2.5
By Age 50+			
All Races (includes Hispanic)	360.6	381.5	365.4
White non-Hispanic	353.7	360.6	341.6
Black (includes Hispanic)	481.9	557.8	584.4
Hispanic (any race)	*	372.8	307.7
By Age <65			
All Races (includes Hispanic)	37.5	45.1	42.9
White non-Hispanic	36.5	41.5	39.3
Black (includes Hispanic)	74	74.7	79.7
Hispanic (any race)	*	41.3	29.4
By Age 65+			
All Races (includes Hispanic)	541.2	545.4	527.1
White non-Hispanic	530.2	522.6	496.1
Black (includes Hispanic)	614.9	752.6	785
Hispanic (any race)	*	543.8	483.4

Source: statecancerprofiles.cancer.gov

Despite the relatively average rate of overall prostate cancer diagnoses in Connecticut, Connecticut has the seventh highest rate of late-stage prostate cancer diagnoses among the 50 states, Washington DC, and Puerto Rico (**Table 24**). Middlesex County has the sixth highest rate among the eight Connecticut counties. The late-stage diagnosis rate among black individuals tends to be higher than among non-black individuals.

Table 24 - Age-adjusted incidence rate of late-stage prostate cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages			
All Races (includes Hispanic)	22.5	23.7	20.1
White non-Hispanic	22.6	23.1	19.5
Black (includes Hispanic)	*	29.6	30.8
Hispanic (any race)	*	25.3	17.1
By Age <50			
All Races (includes Hispanic)	*	1	0.8
White non-Hispanic	*	0.9	0.8
Black (includes Hispanic)	*	*	1.9
Hispanic (any race)	*	*	0.5
By Age 50+			
All Races (includes Hispanic)	78.8	83.3	70.7
White non-Hispanic	78.9	81.2	68.5
Black (includes Hispanic)	*	102.8	106.4
Hispanic (any race)	*	89.7	60.7
By Age <65			
All Races (includes Hispanic)	9.4	10.3	8.6
White non-Hispanic	9.6	9.9	8.3
Black (includes Hispanic)	*	14.3	14.9
Hispanic (any race)	*	9.8	6.3
By Age 65+			
All Races (includes Hispanic)	112.7	116.3	99.7
White non-Hispanic	112.4	114.1	97.1
Black (includes Hispanic)	*	135.3	140.3
Hispanic (any race)	*	132.6	92.2

Source: statecancerprofiles.cancer.gov

The prostate cancer mortality rate in Connecticut likewise is very low, relative to the incidence rate. Connecticut has the 48th highest rate among the 50 states, Washington DC, and Puerto Rico (**Table 25**). However, Middlesex County has the highest prostate cancer mortality rate of the eight Connecticut counties and its rate is higher than the US average. Data for men aged less than 50 years were available only at the national level and therefore is not presented in the table below.

Table 25 - Age-adjusted mortality rate of prostate cancer cases per 100,000, 2012-2016

	Middlesex County	CT	US
All Ages			
All Races (includes Hispanic)	21.7	17.5	19.2
White non-Hispanic	22	16.8	18.1
Black (includes Hispanic)	*	31.2	38.9
Hispanic (any race)	*	14.5	15.8
By Age 50+			
All Races (includes Hispanic)	76.8	63	69.4
White non-Hispanic	77.6	60.8	65.1
Black (includes Hispanic)	*	112.7	140
Hispanic (any race)	*	52.4	57.1
By Age <65			
All Races (includes Hispanic)	*	1.3	1.7
White non-Hispanic	*	1.1	1.4
Black (includes Hispanic)	*	3.4	4
Hispanic (any race)	*	*	1.3
By Age 65+			
All Races (includes Hispanic)	155.8	129.1	140.7
White non-Hispanic	158.9	125.3	133
Black (includes Hispanic)	*	224	280.1
Hispanic (any race)	*	106.9	116.3

Source: statecancerprofiles.cancer.gov

BARRIERS TO CANCER-RELATED CARE

DEMOGRAPHICS

In total, 111 individuals responded to this survey. Of these, 90 (81.1%) identified as cisgender females (assigned female at birth and identify as female), 16 (14.4 %) as cisgender males, one (0.9%) as transgender male (assigned female at birth but identify as male), one (0.9%) as non-binary, and three (2.7%) preferred not to say or declined to respond to this question.

Some 101 (91.0%) identify as non-Hispanic or Latino; eight (7.2%) identify as Hispanic or Latino, and two (1.8%) preferred not to say. Some 97 (87.4%) identify as white, six (5.4%) as black or African American, one (0.9%) as Asian, 1 (0.9%) as Native Hawaiian/Pacific Islander, one (0.9%) as Puerto Rican, and 5 (4.5%) preferred not to say or declined to respond to this question.

With respect to age, three (2.7%) individuals were 21-24 years, 14 (12.6%) 25-34 years, 26 (23.4%) 35-44, 20 (18.0%) 45-54 years, 30 (27.0%) 55-64 years, 12 (10.8%) 66-74 years, four (3.6%) 75-84 years, and two (1.8%) preferred not to say or declined to respond to this question.

Some 71 (64.0%) individuals were married, 17 (15.3%) single but previously married, 14 (12.6%) single and never married, four (3.6%) widowed, two (1.8%) in a long-term partnership but not legally married, one (0.9%) separated, and two (1.8%) preferred not to say.

Some 77 (69.4%) individuals reported living with their spouse or significant other, 37 (33.3%) live with children under the age of 18 years, 17 (15.3%) live alone, 12 (10.8%) live with children over the age of 18 years, six (5.4%) live with one or both parents, two (1.8%) live with other relatives, and three (2.7%) preferred not to say or declined to respond to this question. By far, the greatest percentage of respondents lives in Middletown (34 individuals or 30.6%); other zip codes were reported by between one and six individuals and 12 (10.8%) declined to respond to this question.

With respect to employment, 67 (60.4%) reported being employed full-time, 14 (12.6%) employed part-time, 11 (9.9%) retired, eight (7.2%) full-time homemaker, two (1.8%) self-employed, two (1.8%) unemployed, two (1.8%) disabled, two (1.8%) student, one (0.9%) temping, and two (1.8%) preferred not to say.

Some 42 (37.8%) have a graduate/postgraduate degree, 35 (31.5%) Bachelor's degree, 13 (11.7%) Associate degree, ten (9.0%) some college but no degree, eight (7.2%) high school graduate/GED, one (0.9%) less than high school, and two (1.8%) preferred not to say.

Some 42 (37.8%) reported a total household income of \$100,000 or more, 12 (10.8%) \$80,000-\$99,999, 14 (12.6%) \$60,000-\$79,999, ten (9.0%) \$40,000-\$59,999, nine (8.1%) \$20,000-\$39,999, five (4.5%) less than \$20,000, and 18 (16.2%) preferred not to say.

With respect to current health insurance coverage, 82 (73.9%) individuals reported having private coverage through an employer, 13 (11.7%) Medicare, nine (8.1%) military health care/VA coverage, seven (6.3%) Medicaid, two (1.8%) private insurance not through an employer, one (0.9%) Cobra, one (0.9%) no health insurance, and four (3.6%) preferred not to say or declined to respond to this question.

All but one respondent (99.1%) reported English as their primary/preferred language; one (0.9%) preferred not to say.

BREAST CANCER SCREENING

Of the 60 females and transgender males who are aged 40 to 74 years and eligible for breast cancer screening (e.g. no double mastectomy), 53 (88.3%) had a mammogram in the past two years, 3 (5.0%) had a mammogram more than two years ago, and 4 (6.7%) never had a mammogram.

Identified barriers are outlined below (**Table 26**).

Table 26 - Barriers to breast cancer screening

Barrier	Count
I was afraid to have the mammogram (e.g. pain, did not want to be exposed)	3
I was afraid to know the results of the mammogram (i.e. I did not want to find something bad)	1
I had a bad experience with a previous mammogram	1
I could not afford a mammogram	1
No insurance coverage	1
The hours are inconvenient	1
I did not know I needed a mammogram	1
I was not able to make or keep an appointment	2

Additional barriers identified by write-in responses included the following:

- I do not believe in mammograms and won't have them even when I turn 40. They have been proven to increase the likelihood of getting breast cancer. There are better methods of screening.
- I avoid radiation.
- I asked if I needed to get mammograms based on a family history of breast cancer and was told I'm too young.
- When I turn 40 I likely will not get mammograms as family members have told me it's painful.

CERVICAL CANCER SCREENING

Of the 90 females and transgender males who are aged 21 to 65 years and eligible for cervical cancer screening (e.g. no hysterectomy), 82 (91.1%) had a Pap smear in the last three years, 7 (7.8%) had a Pap smear more than three years ago, and 1 (1.1%) was not sure whether their last Pap smear was within three years.

Identified barriers are outlined below (**Table 27**).

Table 27 - Barriers to cervical cancer screening

Barrier	Count
I was afraid to have the test (e.g. pain, the test is invasive)	2
I was afraid to know the results of the test (i.e. I did not want to find something bad)	2
I could not afford the test	1
No insurance coverage	2
I was not able to get time off of work	1
The hours are inconvenient	1
I was not able to make or keep an appointment	1

Additional barriers identified by write-in responses included the following:

- I owe the gynecologist's office money.
- There is a long wait for an appointment at my preferred gynecologist's office.

COLON AND RECTUM CANCER SCREENING

Of the 63 individuals who are aged 50 to 75 years, 56 (88.9%) had guideline-concordant colorectal cancer screening, two (3.2%) had colorectal cancer screening but outside of the recommended timeframe, and five (7.9%) never had colorectal cancer screening. Guideline-concordant colorectal cancer screening was defined as having a colonoscopy in the past ten years, or a stool-based test done at home and mailed in (such as Cologuard) within the past three years, or a stool-based test done in the doctor's office within the past year, or another approved colorectal cancer screening.

Identified barriers are outlined below (**Table 28**).

Table 28 - Barriers to colorectal cancer screening

Barrier	Count
Other disabilities or health issues needed attention	1
I did not want to do the colonoscopy prep	2
I was afraid to have the colonoscopy (e.g. pain, the test is invasive)	2
I was afraid to know the results of the test (i.e. I did not want to find something bad)	1
I had a bad experience with a previous colonoscopy	1
I could not afford the test	2
No insurance coverage	2
I did not know I needed this	1

Additional barriers identified by write-in responses included the following:

- I was not regularly seeing a primary care provider who was practicing traditional medicine.
- I have not scheduled the procedure yet; I am waiting for a referral from my doctor.

LUNG CANCER SCREENING

Of the 111 respondents, 22 (19.8%) currently smoke or quit smoking within the past 15 years, 87 (78.4%) never smoked or quit more than 15 years ago, and two (1.8%) were unsure of their smoking history or preferred not to say. Of the 22 respondents who currently or recently smoked, six (27.3%) smoked at least 30 pack-years 15 (68.2%) smoked less than 30 pack-years, and one (4.5%) was unsure or preferred not to say. Of the six respondents with significant smoking history, two were not aged 55 to 77 years and thus were not eligible for lung cancer screening. Half of the four eligible respondents had a low-dose CT scan to screen for lung cancer within the past year and half never had lung cancer screening.

Identified barriers are outlined below (**Table 29**).

Table 29 - Barriers to lung cancer screening

Barrier	Count
I was afraid to know the results of the test (i.e. I did not want to find something bad)	1
I could not afford the test	1
No insurance coverage	1
I did not know lung cancer screening was recommended for me	2

Additional barriers identified by write-in responses included the following:

- My primary care provider did not remind me to get an annual lung scan after my first one in 2015. I recently got a new primary care provider and she reminded me that it was due.

ADDITIONAL BARRIERS TO SCREENING

Additional barriers to cancer screenings were identified through write-in responses. Some responses may be specific to one or more screening type but it was unclear for which type the response was intended; other responses may apply to screenings of all types. Responses included:

- Some places do not allow young children in the exam room and I do not have a babysitter.
- I practice alternative medicine.
- I am hard of hearing and setting up appointments is difficult.
- Booking time is hard if you are working poor and have to hold down multiple jobs just to pay bills. More night and weekend times are needed. The working poor are treated differently.
- Medicare will not pay for annual screening.
- My doctor won't give referrals and insurance won't cover without a referral.

DELAYS IN CANCER DIAGNOSIS

Of the 111 respondents, 86 (77.5%) have never been diagnosed with cancer, 21 (18.9%) have been diagnosed with cancer, and four (3.6%) were unsure or preferred not to say. Of those who have been diagnosed with cancer, the following factors were identified as reasons for which individuals delayed seeing a doctor after their symptoms first started (**Table 30**):

Table 30 - Barriers to seeking care after symptoms first started

Barrier	Count
I was afraid to know about a possible cancer diagnosis	2
I was worried about the cost of cancer care	1
I was waiting for insurance coverage (i.e. starting a new insurance plan soon)	1
I don't trust doctors/the medical system	1
I was unsure of which doctor I should see	1

Additional barriers identified by write-in responses included the following:

- I wanted to avoid the invasive procedure.

Some ten (47.6%) individuals reported seeing a provider soon after their symptoms started or soon after the cancer was detected by imaging or pathology.

CANCER TREATMENT

Of the 21 individuals who have been diagnosed with cancer, 13 (61.9%) started or finished treatment with Middlesex Health, six (28.6%) started or finished treatment at a non-Middlesex Health facility, and two (9.5%) were recently diagnosed and have not yet started treatment. Of the 21 individuals diagnosed with cancer, 14 shared the type of cancer with which they were diagnosed: one (7.1%) bladder, six (42.9%) breast, one (7.1%) colorectal, one (7.1%) endometrial, one (7.1%) lymphoma, one (7.1%) melanoma, one (7.1%) ovarian, and two (14.3%) prostate. All individuals who were treated at a Middlesex facility received treatment at the Middletown location; none received treatment at the Westbrook location. Of the 19 individuals who received treatment, 12 (63.2%) had private health insurance through an employer at the time of treatment; one (5.3%) had Medicare, two (10.5%) had military health care/VA coverage, and five (26.3%) preferred not to say or did not respond to this question.

BARRIERS TO SURGICAL ONCOLOGY CARE

Some 13 individuals had surgery at a Middlesex Health facility as part of their oncology care. Identified barriers to receiving surgical oncology care included (**Table 31**):

Table 31 - Barriers to surgical oncology treatment

Barrier	Count
I was afraid of having surgery	2
I did not have enough doctors to choose from	1
I could not get a doctor of my preferred gender	1
It was hard to navigate the medical system (e.g. you weren't sure who to call, different doctors did not seem to talk to each other, etc.)	1

Additional barriers identified by write-in responses included the following:

- The portal system is for people who are comfortable with information being available and some offices want the client to use that method, replacing the choice to talk to a human. Plus, this system can be hacked into.

BARRIERS TO RADIATION ONCOLOGY CARE

Some seven individuals had radiation at a Middlesex Health facility as part of their oncology care. No barriers specific to radiation oncology were identified by respondents.

BARRIERS TO MEDICAL ONCOLOGY CARE

Some eight individuals had chemotherapy, immunotherapy, and/or hormone therapy at a Connecticut Oncology Group facility as part of their oncology care. Connecticut Oncology Group is closely linked with Middlesex Health for the provision of medical oncology care. Respondents did not select any of the barriers specified within the survey specific to medical oncology. However, the following barriers were identified by write-in response:

- I was totally turned off by the facility for chemotherapy and the process itself. I felt I was being completely locked into a particular treatment plan; it was like jumping onto a conveyor belt.
- Transportation and ongoing care at home during treatment were barriers for me. I live alone with no local support system.

SURVIVORSHIP

Some 12 individuals completed their cancer treatment (or their only ongoing treatment is long-term hormone therapy). Of these, four (33.3%) met with a survivorship coordinator to discuss a survivorship care plan, one (8.3%) recalled being offered a survivorship visit but declined, six (50.0%) did not recall being offered a survivorship visit, and one (8.3%) discontinued treatment with Middlesex Health prior to completing treatment. All 12 individuals reported feeling informed about how best to stay healthy and

monitor their health (such as through cancer screenings) following cancer treatment. Identified barriers to receiving survivorship care, such as follow-up screenings, included no childcare/caregiver coverage.

RESOURCES

AVAILABLE RESOURCES

These resources represent assets for cancer-related needs and may be used to address barriers to care such that individuals receive optimal cancer-related screening, diagnosis and treatment, and survivorship care. For a listing of community resources available to address general health and wellness needs, including health-related social needs such as food and transportation, please see the Middlesex Health Community Needs Assessment 2019. This document is available at <https://middlesexhealth.org/middlesex-and-the-community/serving-our-community/community-health-needs-assessment>. Please note that this list is not exhaustive and additional resources may be available.

Cancer Center and Middlesex Health Resources

Resource	Brief Description
Care at Home (860) 358-5600 https://middlesexhealth.org/care-at-home	Comprehensive in-home services include skilled nursing, rehabilitation (physical, occupational, and speech), home health aides, social work, palliative care, and hospice care.
Classes and Events https://middlesexhealth.org/news/classes-and-events	Visit our calendar to stay up-to-date on health and wellness programs, classes, and events.
Clinical Trials and Research (860) 358-2000 https://middlesexhealth.org/cancer-center/clinical-trials-and-research-oncology	Participation in clinical trials and research enables our patients to receive cutting-edge, innovative treatment options. It also allows us to contribute to tests of the effectiveness of new drugs and treatments to find better ways to treat cancer and improve quality of life for our patients.
Community Outreach (860) 358-2023	Experts are available for community outreach activities such as health fairs and presentations.
Hereditary Risk Assessment (860) 358-2000 https://middlesexhealth.org/cancer-center/hereditary-risk-assessment-program	This program addresses concerns regarding the risk of developing cancer due to genetic factors. Our comprehensive services are provided by licensed, board-certified genetic counselors who use the latest advancements in the genetics of cancer to understand cancer risk.
Integrative Medicine (860) 358-2000 https://middlesexhealth.org/cancer-center/supportive-care-programs/integrative-medicine	Available therapies include acupuncture, hypnotherapy, massage, reflexology, and Reiki.
Look Good Feel Better www.lookgoodfeelbetter.org	This program is for women who are diagnosed with cancer. Volunteer beauty professionals help with skin care and makeup application; tips on wig selection and wig care; dry skin and discolored nails; scarves, turbans, and hats; and style tips.
Mayo Clinic eConsults (860) 358-2000	Middlesex Health is a member of the Mayo Clinic Care Network. This allows our oncologists to collaborate with some of the top cancer specialists in the world. An eConsult is an electronic consultation from Mayo Clinic physician specialists that offers patients additional piece of mind, while allowing them to stay close to home. Discuss this option with your provider for more information.

Nurse Navigators (860) 358-2000 https://middlesexhealth.org/cancer-center/supportive-care-programs/nurse-navigators-cancer-center	Nurse navigators are specialized Registered Nurses who help guide patients through their cancer journey. Every Middlesex Health Cancer Center patient has access to an expert nurse navigator free of charge.
Nutrition Services (860) 358-2000 https://middlesexhealth.org/cancer-center/supportive-care-programs/nutrition-services	Certified oncology dietitians are experts in nutrition for cancer care and are available at our Middletown and Westbrook locations.
Palliative Care (860) 358-4770 https://middlesexhealth.org/palliative-care	A specialized, interdisciplinary team provides care focused on the pain, symptoms, and stress of serious illness. Services are available on an inpatient and outpatient basis.
Rehabilitation Services (860) 358-2700 https://middlesexhealth.org/cancer-center/supportive-care-programs/rehabilitation-services	Programs and services include the Center for Oncology Rehabilitation Excellence, lymphedema management and rehabilitation, and pelvic health and incontinence rehabilitation.
Social Work (860) 358-2000 https://middlesexhealth.org/cancer-center/supportive-care-programs/social-work	Licensed clinical social workers provide comprehensive, compassionate support for patients and their loved ones as they cope with practical, social, emotional, and spiritual concerns and are available at our Middletown and Westbrook locations.
Survivorship Care (860) 358-2000 https://middlesexhealth.org/cancer-center/supportive-care-programs/survivorship	Our expert team helps guide individuals through the transition to life after active cancer treatment.
Tobacco Cessation Middlesex Health Center for Chronic Care Management (860) 358-5420	This tobacco cessation program provides individual and group counseling, follow-up calls for one year, a supportive environment, explanations of treatment options, preparation for quitting, and help staying quit.
Wigs and Hats (860) 358-2000 https://middlesexhealth.org/cancer-center/supportive-care-programs/wigs-and-hats	A dedicated consultant will facilitate selection of wigs and hats. This service is available free of charge to our patients at our Middletown and Westbrook locations.

Financial Resources

Resource	Brief Description
Middlesex Health Financial Assistance Services 534 Saybrook Road Middletown, CT 06457 (860) 358-2402 https://middlesexhealth.org/patients-and-visitors/financial-assistance-services	Financial assistance may be available for individuals who are unable to pay all or part of their bills.
Pink Aid http://pinkaid.org/pa/pink-aid-pink-purse/	Financial aid for individuals who are diagnosed with breast cancer.
Project Purple www.projectpurple.org	Financial aid for individuals who are diagnosed with pancreatic cancer.

Breast Prosthesis

Resource		
Boutique at the Gray Cancer Center 85 Retreat Avenue Hartford, CT 06106 (860) 972-4968	Cingari Family Boutique 20 York Street New Haven, CT 05610 (203) 200-2273	Contessa Shop 66 Lasalle Road West Hartford, CT 06105 (860) 236-5380

Essentials 54 Hartford Turnpike Vernon, CT 06066 (860) 647-6996	Harvest Medical 461 N. Main Street Southington, CT 06489 (860) 621-9166	Irene's Lingerie Shop 333 East Street Plainville, CT 06062 (860) 747-9500
Lady Olga's 3490 Whitney Avenue Hamden, CT 06518 (203) 288-1133	Lighthouse Medical Equipment, LLC 246 Terryville Road Bristol, CT 06010 (860) 845-8400	Nordstrom 600 Westfarms Mall Farmington, CT 06032 (860) 521-9090 x1249 for appointment
Northeast Medical Products, Inc. 520 Boston Post Road Old Saybrook, CT 06475 (860) 388-1437 or (800) 878-5549	Princess Corset and Lingerie Shop 900 Straits Turnpike Suite 1G Middlebury, CT 06762 (203) 755-3640	Saxon-Kent Lingerie 185 Boston Post Road Orange, CT 06477 (203) 795-3682
The Pink Mermaid 1313 Gold Star Highway Groton, CT 06340 (860) 865-0825		

Reproductive Resources

Resource	Brief Description
The Center for Advanced Reproductive Services (860) 679-6548 www.oncofertility.uconnfertility.com	This group of researchers gives male and female patients access to fertility preserving options, participates in the latest clinical research, expands current knowledge of all issues related to cancer treatments and fertility, and is on the forefront of discovering new technologies and methods that successfully preserve fertility.

Support Groups

Resource	Brief Description
General Cancer	
Cancer Care www.cancercare.org/support_groups	A variety of online support groups are available via message board format (i.e. not live chat). Groups are held for 15 weeks at a time and groups members must register to join.
Blood Cancers	
Leukemia, Lymphoma, Multiple Myeloma Support Group Middlesex Health Cancer Center 536 Saybrook Road Middletown, CT 06457	Provides support for patients and their loved ones affected by a blood cancer. Meets monthly on the first Thursday 5:30 PM – 7:00 PM.
Breast Cancer	
Breast Cancer Network of Strength Support Group DeQuattro Cancer Center 100 Haynes Street Manchester, CT 06040 (860) 533-2929	Meets twice each month on Mondays at 5:30 PM.
Bosom Buddies 435 Lewis Avenue Horowitz Conference Room Meriden, CT 06451 (203) 694-8463	
Sisters' Journey St. Luke's Church 111 Whalley Avenue New Haven, CT 06511 (203) 288-3556	Meets every third Tuesday of the month 5:30 PM – 7:00 PM.

Colorectal Cancer	
Ostomy support groups www.ostomy.org/support-group-finder	Find a local support group for people who have or will have surgery and their caregivers.
Lung Cancer	
LUNGevery www.LUNGevery.org	LUNGevery provides support and survivorship programs for individuals who are diagnosed with lung cancer and their caregivers.
Free to Breathe www.freetobreathe.org	Online support group for individuals who are diagnosed with lung cancer.

Online Resources

Resource	Brief Description
General Cancer	
American Cancer Society www.cancer.org	Provides information about cancer research, patient services, early detection, treatment, and education.
Association of Cancer Online Resources www.acor.org	A unique collection of online cancer communities that is designed to provide timely and accurate information in a supportive environment.
Cancer Care (800) 813-4673 www.cancercare.org	This national nonprofit organization provides free cancer information, teleconferences, and online support groups for patients and caregivers.
Cancer Support Community (888) 793-9355 www.cancersupportcommunity.org	Connects patients to free support services and administers a toll-free helpline.
Cancer.Net www.cancer.net	Provides trusted, compassionate information for people with cancer and their families and caregivers from the American Society of Clinical Oncology.
MedlinePlus www.medlineplus.gov	This is the National Library of Medicine's top choice for Internet sites.
National Cancer Institute www.cancer.gov	Provides information about treatment, clinical trials, and research related to various cancers.
National Comprehensive Cancer Network www.nccn.org	Provides guidelines for treatment and supportive care for various cancers.
Breast Cancer	
AdvancedBC.org www.advancedbc.org	Lists website links to treatment and support groups for women with advanced breast cancer.
Inflammatory Breast Cancer Foundation www.eraseibc.org	Provides information about inflammatory breast cancer.
John W. Nick Foundation www.malebreastcancer.org	Provides information and support for men with breast cancer.
Living Beyond Breast Cancer www.lbcc.org	Provides information about breast cancer.
Susan Love, MD www.susanlovemd.com	Provides short answers to frequently asked questions about breast cancer.
Triple Negative Breast Cancer Foundation www.tnbcfoundation.org	Provides information and support for individuals who are diagnosed with triple negative breast cancer.
Young Survival Coalition www.youngsurvival.com	Addresses the unique concerns of women under 40 with breast cancer.
Colorectal Cancer	
American Society of Colon and Rectal Surgeons www.fascrs.org	National organization of medical professionals recognized as an authority on conditions and diseases of the colon, rectum, and anus.
Colon Cancer Alliance (877) 422-2030 www.ccalliance.org	Resources include financial assistance, support groups, education, and clinical trial matching services.

Head and Neck Cancers	
Head and Neck Cancer Alliance (866) 792-4622 www.headandneck.org	Seeks to advance prevention, detection, treatment, and rehabilitation of oral, head, and neck cancers through public awareness, research, advocacy, and survivorship.
Support for People with Oral and Head and Neck Cancer (800) 3770928 www.spohnc.org	Dedicated to raising awareness and meeting the needs of oral and head and neck cancer patients through resources and publications.
The Oral Cancer Foundation (949) 732-4400 www.oralcancerfoundation.org	Provides information, support, advocacy, and research opportunities related to oral cancer.

GAPS IN RESOURCES

Identification of gaps in available resources is a continuous process. Consistent and/or pervasive gaps include the following:

- Lack of funding available for screening exams: In particular, the Connecticut Breast and Cervical Cancer Early Detection Program (EDP) previously supported breast and cervical cancer screening of qualifying women through a grant managed at the Community Health Center, Inc. As of January 1, 2019, this funding was not renewed for the Community Health Center. There is no longer an EDP grantee in Middlesex County. Likewise, no such screening program exists for other cancer types.
- Limited financial and other assistance available through foundations and other sources to patients with cancers other than breast cancer
- Lack of free or low-cost, reliable, and convenient transportation options, particularly for those with disabilities