Cancer Death Rates Continue to Decline

In a *Report to the Nation on the Status of Cancer (1975–2012),* released online on March 9 before publication in *Cancer*, described a continuing decline for all cancers combined, as well as for most cancer sites for men and women of all major racial and ethnic populations. The overall cancer death rates for both sexes decreased by 1.5% per year from 2003 to 2012. Incidence rates—new cancer cases diagnosed per 100,000 people in the United States—decreased among men and remained stable for women in that time period. This is the 18th year in which the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC), the National Cancer Institute, and the North American Association of Central Cancer Registries have collaborated to develop data and interpret results for this annual report. The ongoing drop in cancer incidence in most racial and ethnic groups was attributed to progress in prevention and early detection. Lower mortality from cancer in those same groups may also reflect better treatments. Tobacco control efforts were cited as contributing to lower rates of lung cancer as well other types of cancer.

One exception to these declines was in liver cancer, for which both incidence and mortality rates have increased significantly. "The latest data show many cancer prevention programs are working and saving lives," said CDC Director Tom Frieden, MD, MPH. "But the growing burden of liver cancer is troublesome. We need to do more work promoting hepatitis testing, treatment, and vaccination." Among the report's key findings on liver cancer:

- From 2008 to 2012, liver cancer incidence increased an average of 2.3% per year overall, and the liver cancer–related death rate increased by an average of 2.8% per year among men and 3.4% per year among women.
- In all racial and ethnic populations, about twice as many men as women were diagnosed with liver cancer.
- Between 2008 and 2012, liver cancer incidence rates were highest among non-Hispanic American Indian/Alaska Native men, followed by non-Hispanic Asian/Pacific Islander men.
- Hepatitis C virus (HCV) and liver cancer–associated death rates were highest among those born between 1945 and 1965; these also represent the majority of Americans with HCV infection.

"We have the knowledge and tools available to slow the epidemic of liver cancer in the United States, including testing and treatment for HCV, hepatitis B vaccination, and lowering obesity rates," said Otis W. Brawley, MD, chief medical officer of the ACS. "We hope that this report will help focus needed attention and resources on liver cancer."

The full report is available at: http://onlinelibrary.wiley.com/doi/10.1002/cncr.29936/full.

Interactive Mapping of Medicare Disparities

The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) released on March 9 a new interactive map to increase understanding of geographic disparities in chronic disease among Medicare beneficiaries. The Mapping Medicare Disparities (MMD) Tool identifies differences in health outcomes, utilization, and spending by race, ethnicity, and geographic location. CMS has indicated that an enhanced understanding of geographic differences in disparities is important in informing policy decisions and targeting populations and areas for interventions. "Our commitment to health equity begins with properly measuring the care people get and having an honest dialogue on how and where we need to improve," said CMS Acting Administrator Andy Slavitt, MBA. "Today's tool aims to make it harder for disparities to go unaddressed." The tool is freely available, with features that include:

- A dynamic interface with data on the prevalence of 18 chronic conditions, end-stage renal disease, and disabilities; Medicare spending; hospital and emergency department utilization; preventable hospitalizations; readmissions; and mortality rates.
- The ability to sort by state or county of residence, sex, age, dual eligibility for Medicare and Medicaid, and race and ethnicity.
- Built-in benchmarking features to investigate disparities within counties, across racial and ethnic groups, and within racial and ethnic groups across counties.

The MMD Tool was developed in collaboration with KPMG LLP and NORC at the University of Chicago (IL) as part of the CMS Equity Plan for Improving Quality in Medicare. "It's not enough to improve average health care quality in the U.S.," said CMS OMH Director Cara James, PhD. "As the CMS Equity Plan lays out, we must identify gaps in quality of care at all levels of the health care system to address disparities. We are excited to share this new tool, which allows us to pinpoint disparities in healthcare outcomes by population and condition."

The tool is accessible at: https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities.html.