



Community Cancer Needs Assessment

Cycle: CY20 - CY22

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The Community Cancer Needs Assessment report was prepared by the Union Hospital Oncology Director with assistance from the Union Hospital Cancer Committee, the Union Hospital Cancer Program, the Union Hospital Breast Health Center and the Cecil County Health Department. Union Hospital leadership would like to extend special thanks to everyone who assisted with the development of this assessment.

For local data regarding cancer in Cecil County, please visit the Cancer Dashboard at <https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/>

Executive Summary

Cancer Needs Assessment

The purpose of the Community Cancer Needs Assessment is two-fold:

1. To establish the cancer profile of Cecil County, including cancer-related health disparities; and
2. To use the Community Cancer Needs Assessment to create a strategic plan that will be operational for the three-year time frame of 2020-2022. The plan would support cancer patients in the community through targeted outreach efforts and community resource connections to improve access to cancer treatment and improve quality of life.

Data Limitations

Availability and measurement period constraints of primary and secondary data presented some analysis limitations. Additionally, it was difficult to capture case mix data for patients who chose to receive their cancer care in other counties in Maryland and/or across state lines in Delaware and Pennsylvania.

CANCER IN CECIL COUNTY

Population Characteristics

Cecil County is located in the upper northeast corner of Maryland, adjacent to the Delaware and Pennsylvania state lines. Cecil County has both rural and urban landscapes. Cecil County is home to 103,001 people, with most of the population residing in the towns of Elkton and North East. Union Hospital is the only hospital in Cecil County and provides most healthcare services to the county, including cancer care. Table 1 shows the estimated 2019 demographic makeup of Cecil County.

Table 1. 2019 Cecil County Demographic Estimates

Population by Race	County: Cecil	
	Persons	% of Population
White	89,588	86.98%
Black/African American	7,262	7.05%
American Indian/Alaskan Native	365	0.35%
Asian	1,413	1.37%
Native Hawaiian/Pacific Islander	65	0.06%
Some Other Race	1,433	1.39%
2+ Races	2,875	2.79%
Median Household Income by Race/Ethnicity	County: Cecil	
	Value	
All	\$78,473	
White	\$82,378	
Black/African American	\$50,422	
American Indian/Alaskan Native	\$42,826	
Asian	\$66,146	
Native Hawaiian/Pacific Islander	\$66,447	
Some Other Race	\$52,351	
2+ Races	\$66,139	
Hispanic/Latino	\$60,919	
Non-Hispanic/Latino	\$79,021	
Population 25+ by Educational Attainment		
Population 25+ by Educational Attainment	County: Cecil	
	Persons	% of Population Age 25+
Some High School, But No Diploma	1,860	2.62%
High School Graduate	6,216	8.75%
Bachelor's Degree	4,485	6.31%
Master's Degree	9,729	13.69%

Population by Race	County: Cecil	
	Persons	% of Population
Professional Degree	5,032	7.08%
Doctorate Degree	764	1.07%
Poverty	Number of Families	%
All Families	1,972	7.22%
Families with related children under 5 years and 5-17 years	1,495	5%
Unemployment		
	Age 16+	5.01%

Cancers Impact in Cecil County

One of the top contributors to poor health outcomes in Cecil County is cancer. Cecil County's cancer mortality rate was 187.4 per 100,000 population in 2016, exceeding that of the state (160.3 deaths/100,000 population) and the United States (161 deaths/100,000 population)¹. Yet over time, rates have continued to decrease (Table 2A). However, Cecil County is still among the top five counties with the highest cancer death rates in the state (see Table 2B).

Table 2A.

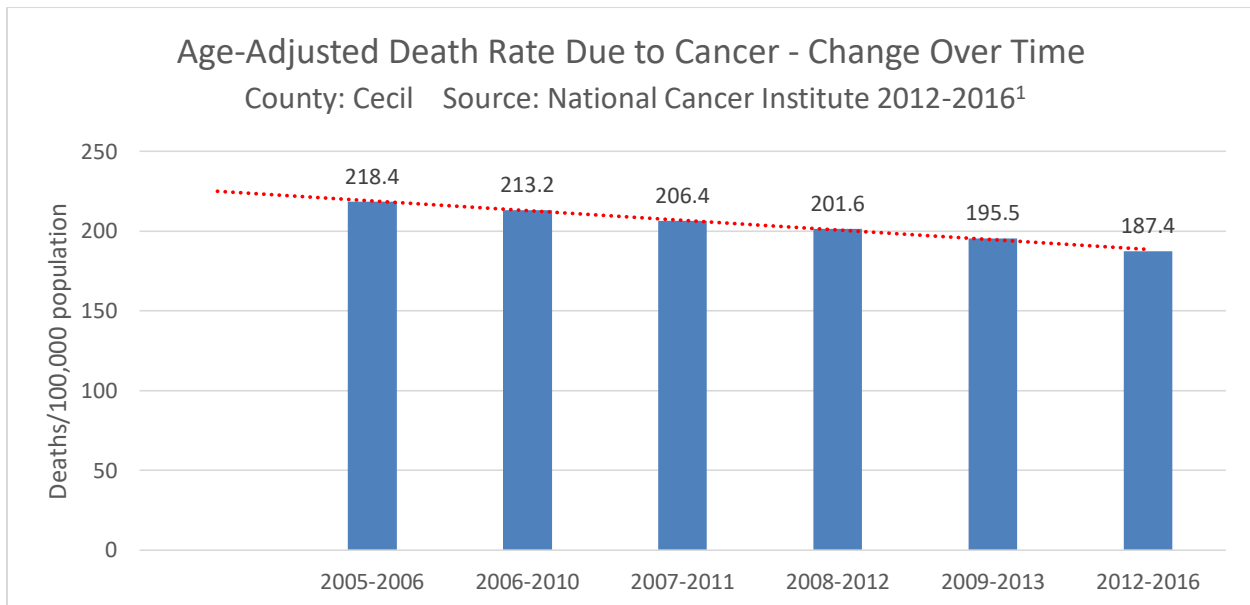
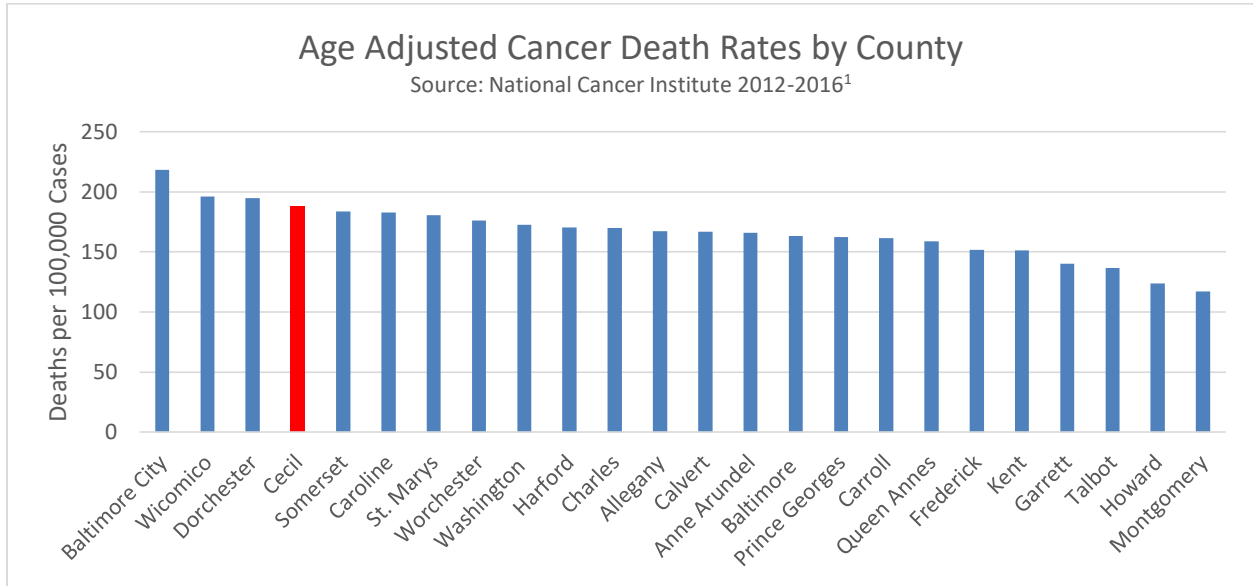
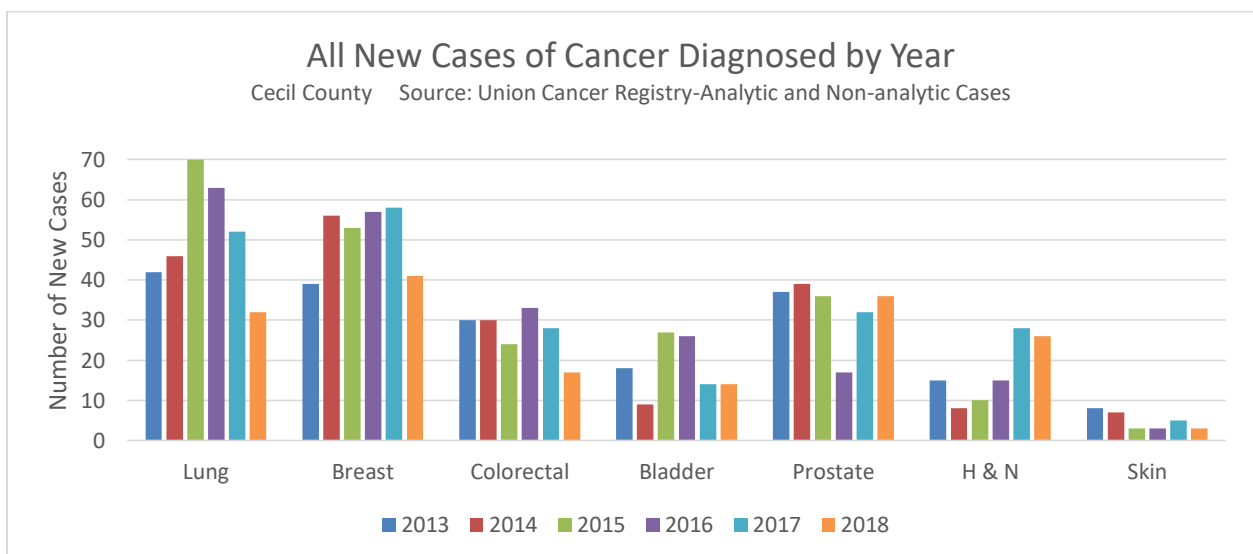


Table 2B.



While cancer mortality in Cecil County appears to be decreasing over time, the rate and number of new cancer cases are growing. For example, Union Hospital case mix data has been provided to show how many new cancer cases are reported each year in Cecil County (Table 3). Incidence rates by cancer type are discussed further in the sections below. The hospital case mix data represents patients who were diagnosed and treated at Union Hospital, as well as those who were diagnosed at the hospital but treated elsewhere. Cancers with the highest incidence in Cecil County, tracked from 2013-2018, include lung, breast, colorectal, bladder, prostate, head and neck, and skin cancer.

Table 3.

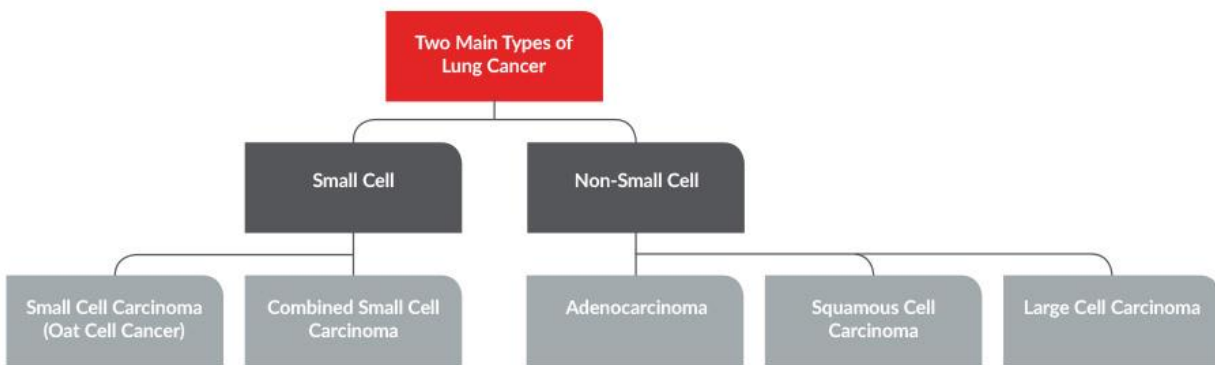


Data Analysis

The following sections provide cancer profiles for the top cancers impacting Cecil County. Educating communities, clinicians and leadership about the different types of cancer that impact the Cecil County community can build the foundations needed to innovate for enhanced cancer treatments (specified research, clinical trials and tailored drug therapies), as well as justify the need for cancer screenings, clinical affiliations and partnerships, and targeted community outreach.

Lung Cancer

There are two main types of lung cancer: small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC). A third, less common type of lung cancer is called carcinoid.



NSCLC is the most common type of lung cancer – about 85% of all lung cancers are diagnosed as NSCLC; about 10-15% of all lung cancers are diagnosed as SCLC. Fewer than 5% of all lung cancers are diagnosed as lung carcinoid tumors.²

This secondary data analysis includes NSCLC and SCLC data only, as these are the leading causes of cancer deaths in both men and women in the United States. Figures 6A and 6B provide comparative data for CY 2016, CY 2017 and CY 2018, showing the number of Union Hospital NSCLC and SCLC cases diagnosed by stage.

Figure 6A.

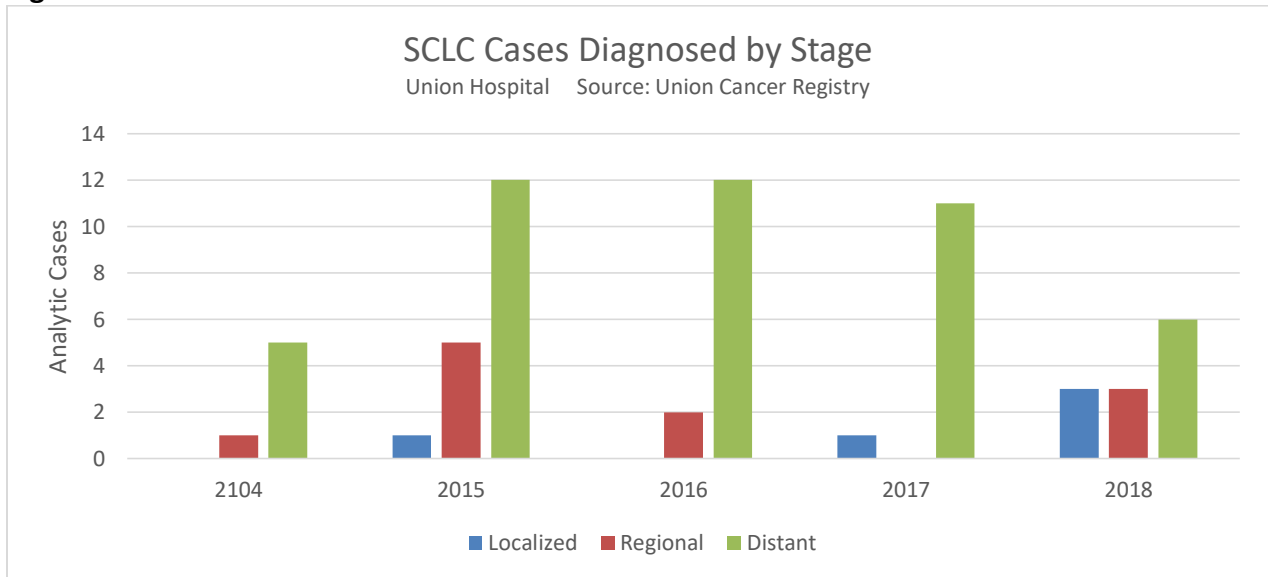
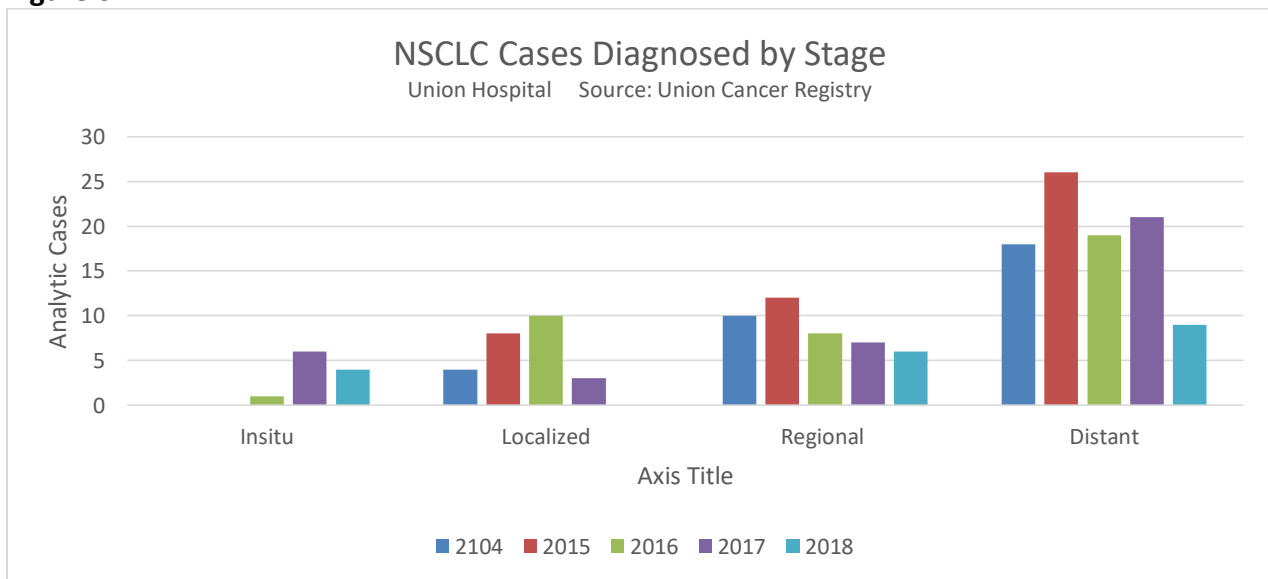
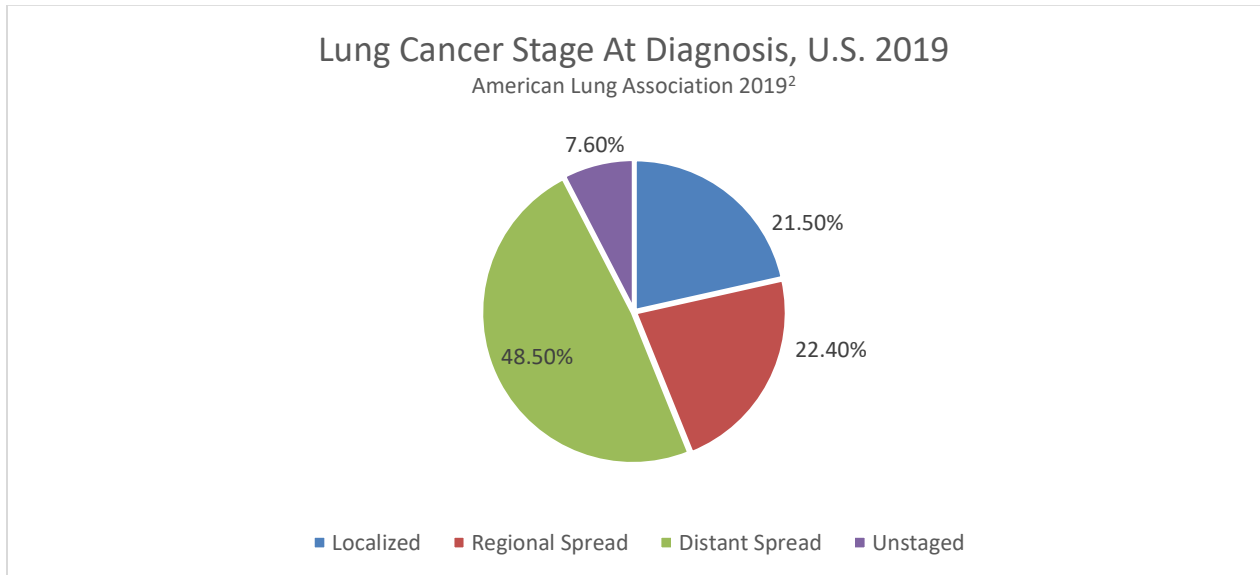


Figure 6B.



Figures 6A and 6B show that more lung cancers were diagnosed at the Distant stage (cancer spread to distant parts of the body) in all calendar years when compared to the rest of the stages. Figure 7 shows the percentage of lung and bronchus cancers in the U.S. by stage from 2006-2012. Though the data is from a different time period, it shows that in the U.S. there were more lung cancers diagnosed at the Distant stage (48.5%), as well, when compared to the rest of the stages.

Figure 7.



The American Lung Association’s “State of Lung Cancer” report in 2019 stated that only 21.5% of all cases nationally are caught early, when the five-year survival rate is much higher (57.7%). Unfortunately, most cases (48.5%) are not caught until a late stage when the cancer has spread to other organs, treatment options are less likely to be curative and the survival rate is only 6%.

Cecil County’s death rate from 2012-2016 was 61.6 lung cancer deaths/100,000 population.

Figure 8.

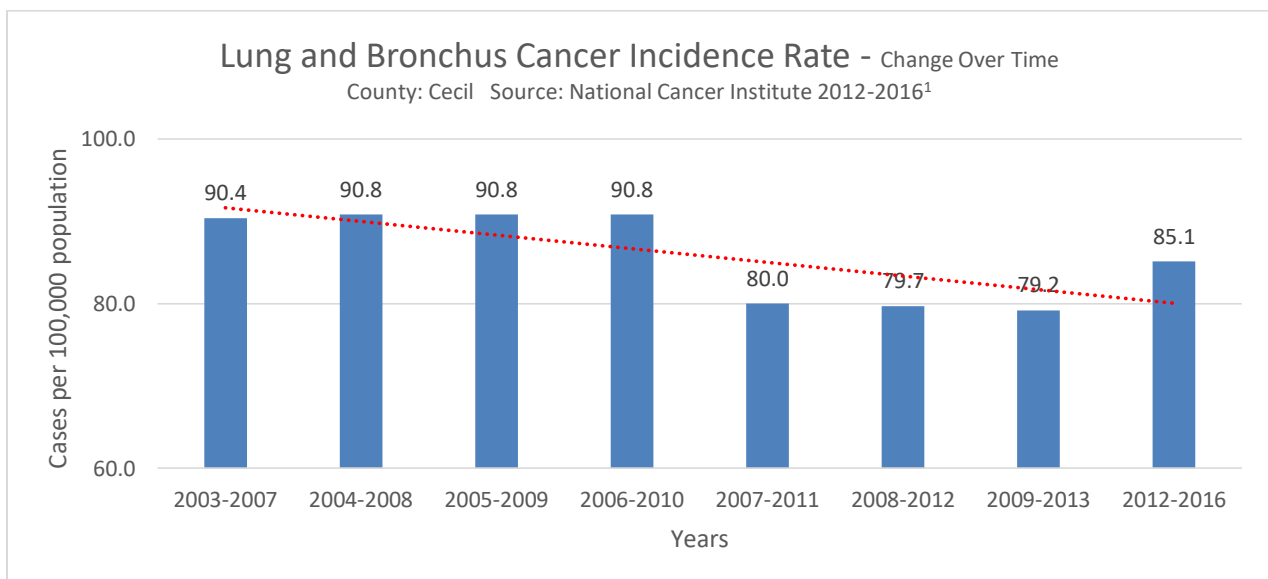
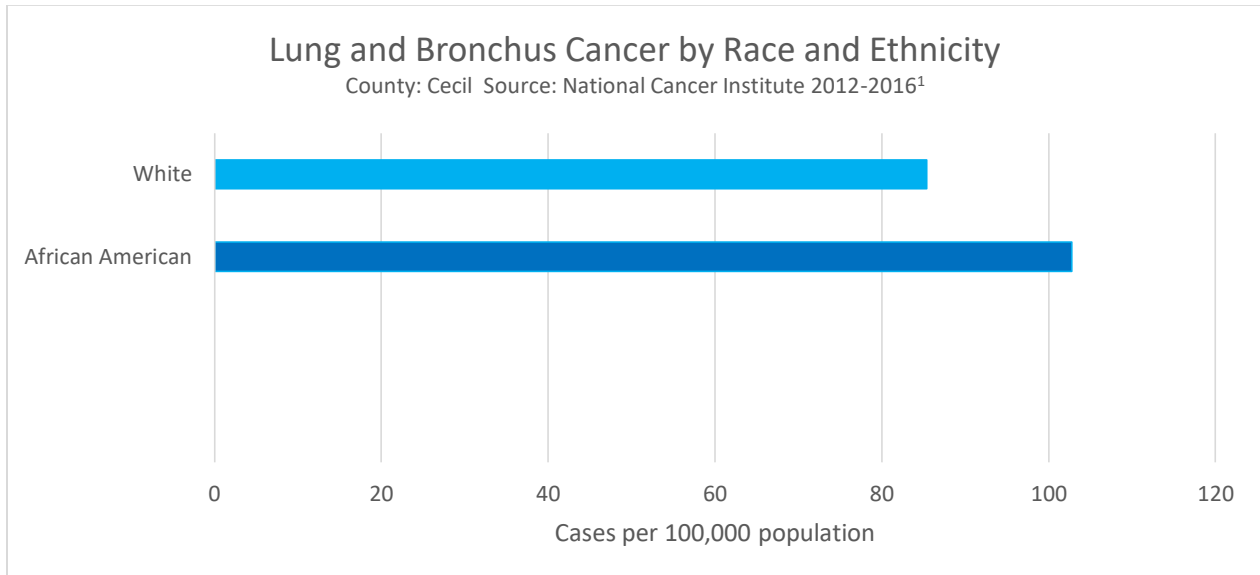


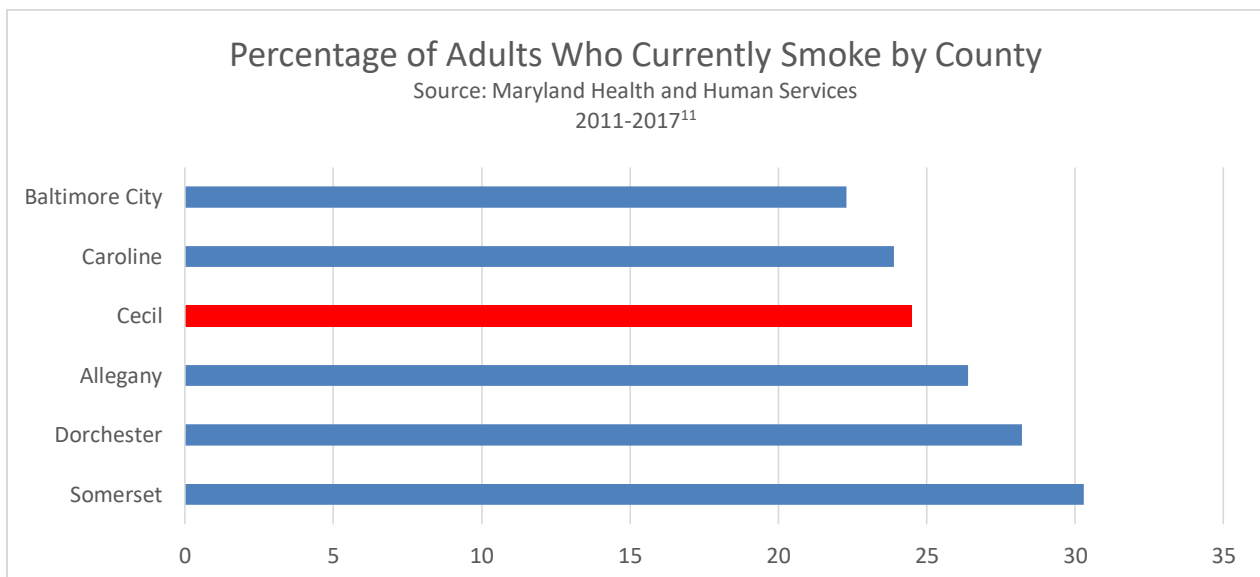
Figure 9 shows the racial disparity between African American and white lung cancer incidence rate changes over time in Cecil County. This disparity exists in the U.S. data as well.

Figure 9.



In Figure 10, the graph shows the percentage of adults who currently smoke in the top six smoking rates in the state. About 7,500 adults in Maryland die each year due to tobacco-related causes, and 150,000 more suffer from tobacco-related diseases such as COPD, emphysema and cancers. Non-smokers – especially young children (and even pets) – are also affected by tobacco through exposure to the toxins found in second-hand smoke. Smoking cessation and lung cancer detection continue to be areas of focus for prevention and screening for the community.

Figure 10.



Breast Cancer

The American Cancer Society reports that currently the average risk of a woman in the U.S. developing breast cancer sometime in her life is about 13%. This means there is a 1-in-8 chance she will develop breast cancer. This also means there is a 7-in-8 chance she will never have the disease.

Breast cancer is the second-leading cause of cancer death in women (only lung cancer kills more women each year). The chance that a woman will die from breast cancer is about 1 in 38 (about 2.6%). Death rates from female breast cancer dropped 40% from 1989 to 2016. Since 2007, breast cancer death rates have been steady in women younger than 50 but have continued to decrease in older women.⁴

Statistics for Cecil County are comparable to the downward trend for the U.S. For the measurement periods of 2003-2007 through 2012-2016 (a 14-year time frame), there has been a moderate decrease in the rate of breast cancer deaths (see Figure 10A). The breast cancer incidence rate increased in the 2012-2016 measurement period and is attributed to earlier screening practices (see Figure 10B). For the measurement period of 2012-2016, the breast cancer death rate was 19.3 deaths/100,000 females,² and the incidence rate was 128.1 cases/100,000 females.¹

Figure 10A.

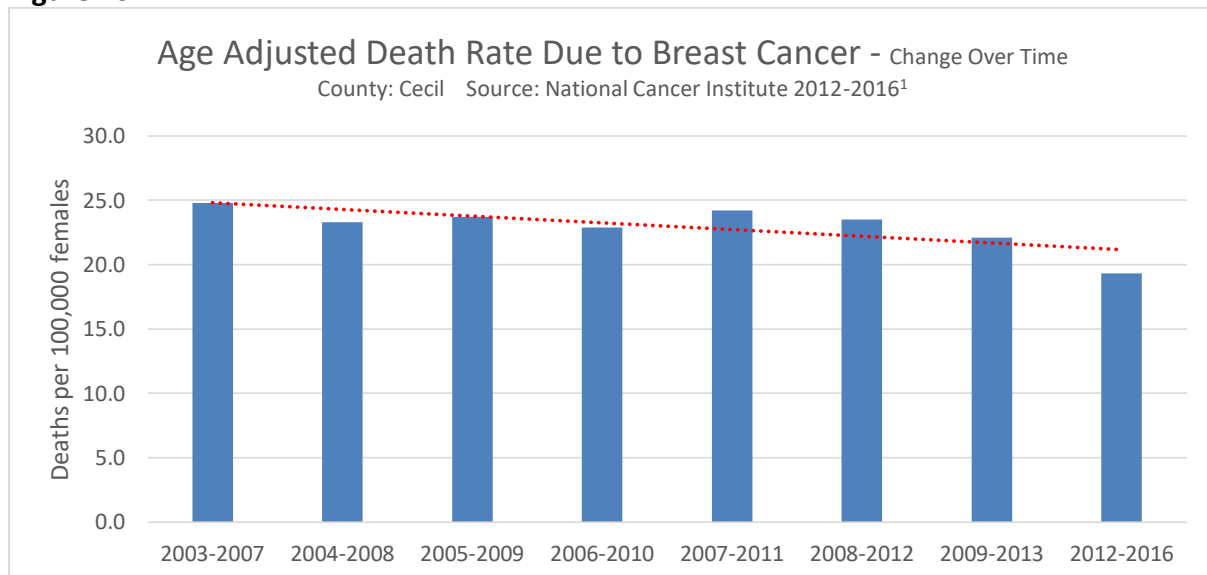
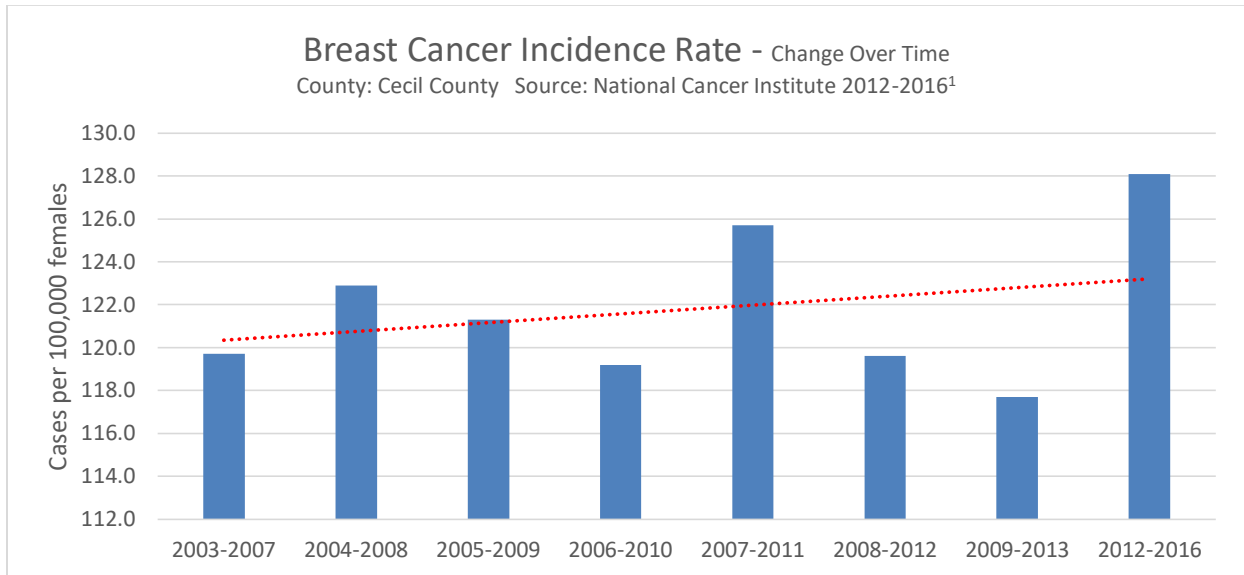
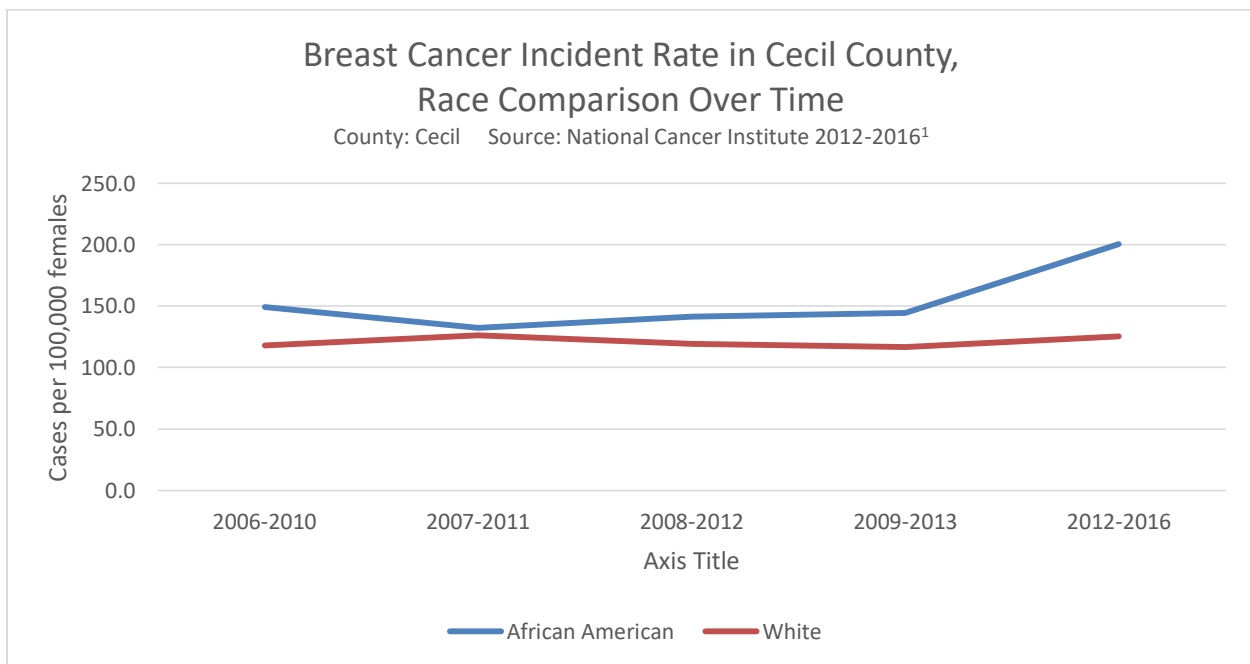


Figure 10B.



Unfortunately, the incidence rate for African American females in Cecil County shows a steady increase in the number of new cases reported compared to white women for the measurement periods of 2006-2010 through 2012-2016¹ (race data was not available for measurement periods prior to 2006-2010). (See Figure 11)

Figure 11.



Union Hospital has a dedicated breast center. With the work being done in the community regarding screening and education, the breast center’s staff feels that they are detecting breast cancers and getting patients to treatment earlier, which is also affecting mortality rate.

Colorectal Cancer

Colorectal cancer is the third most diagnosed cancer in the U.S. for both men and women. Overall, the lifetime risk of developing colorectal cancer is about 1 in 22 (4.49%) for men and 1 in 24 (4.15%) for women. This risk is slightly lower in women than in men.⁵ In Cecil County, incidence for colorectal cancer has been steadily declining over the last nine years (see Figure 13A). Recent data also shows that there is not a significant difference between the incidence for men and women during the same time frame (See Figure 13B).

Figure 13A.

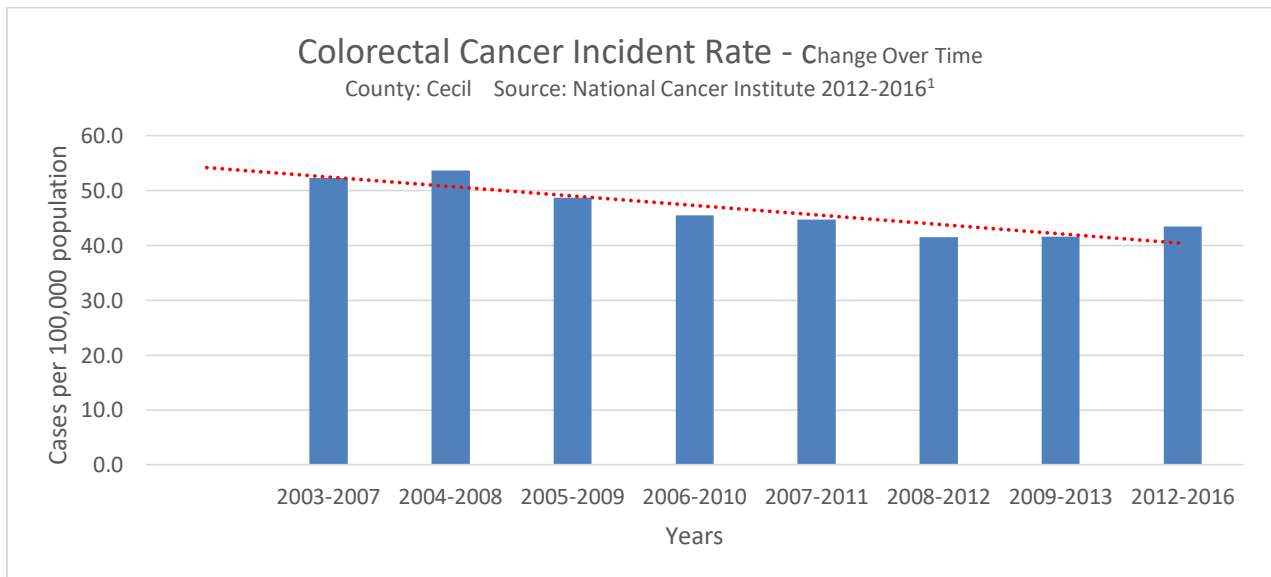
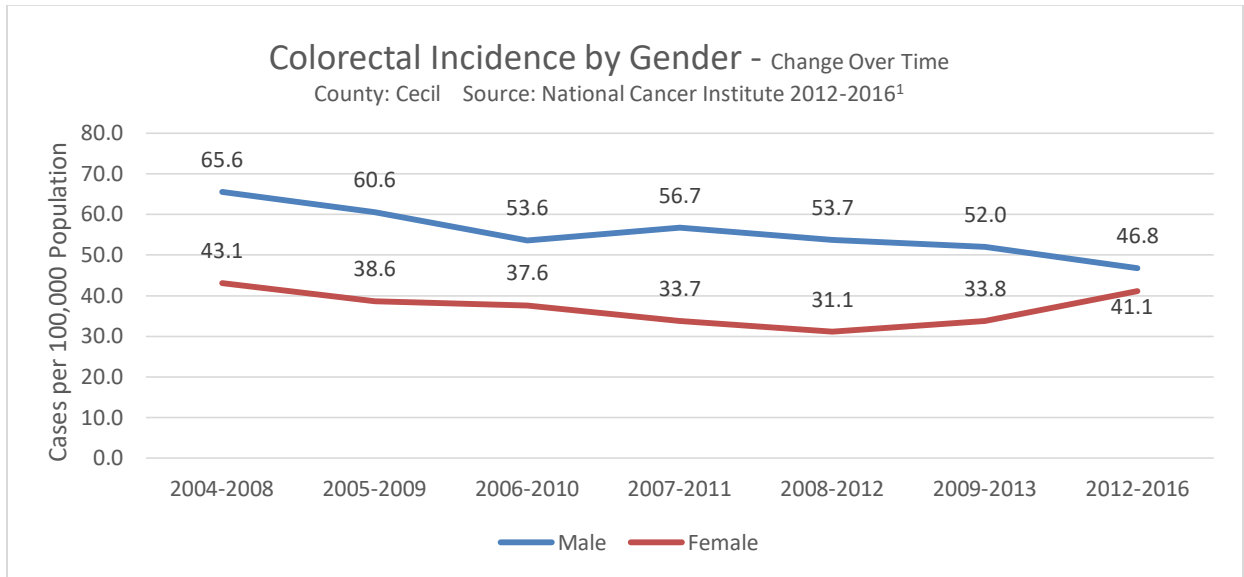


Figure 13B.



Colorectal cancer deaths in Cecil County also are declining (see Figure 14A). Over the last two measurement periods, the mortality gap is closing between genders. However, there are still more deaths for men than women (see Figure 14B).²

Figure 14A.

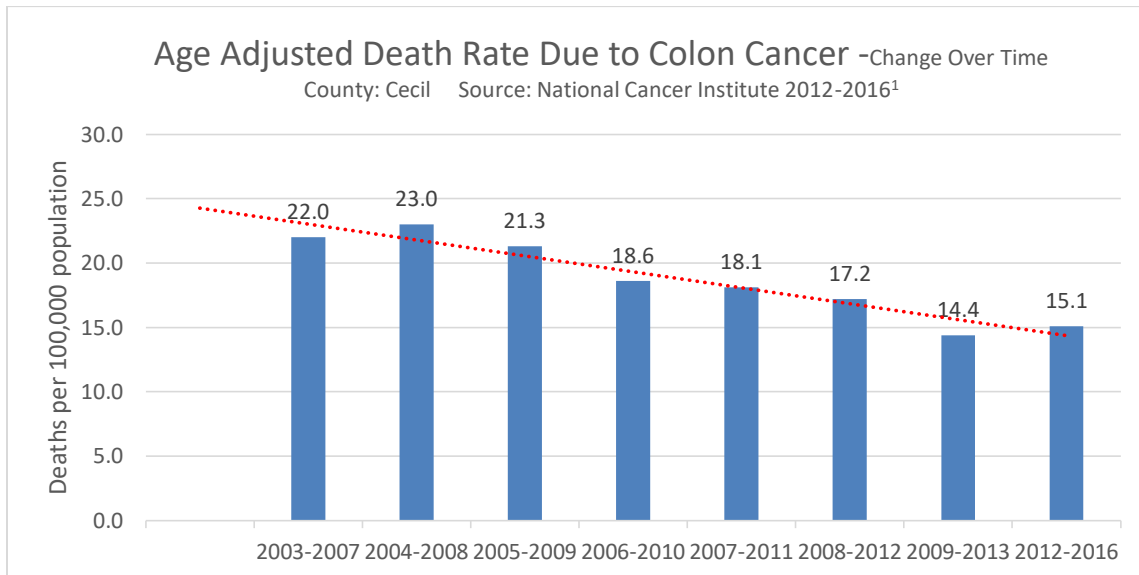
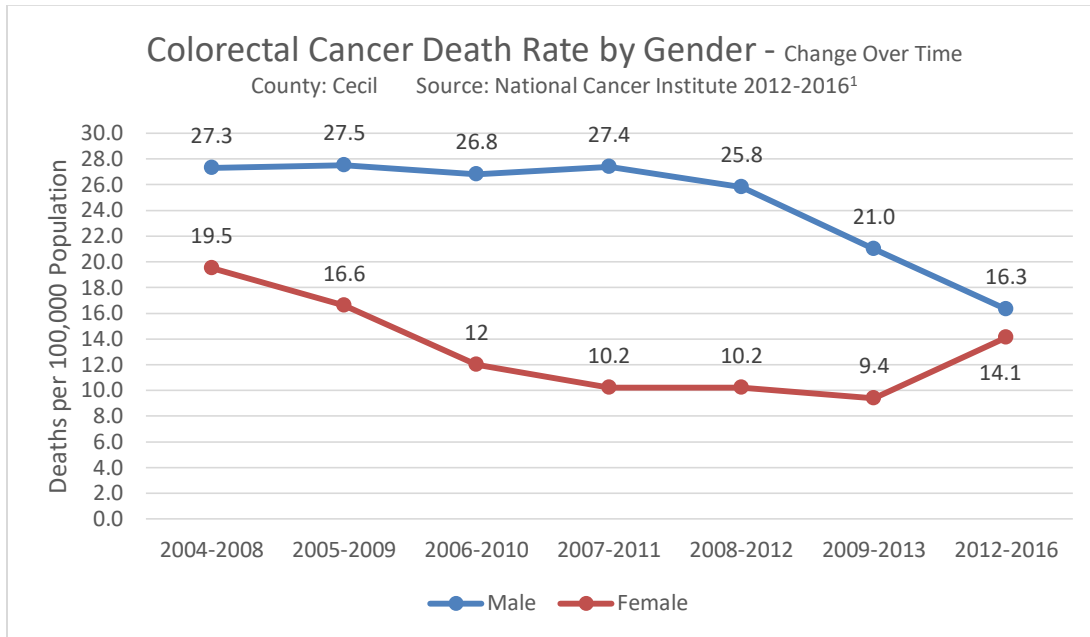


Figure 14B.



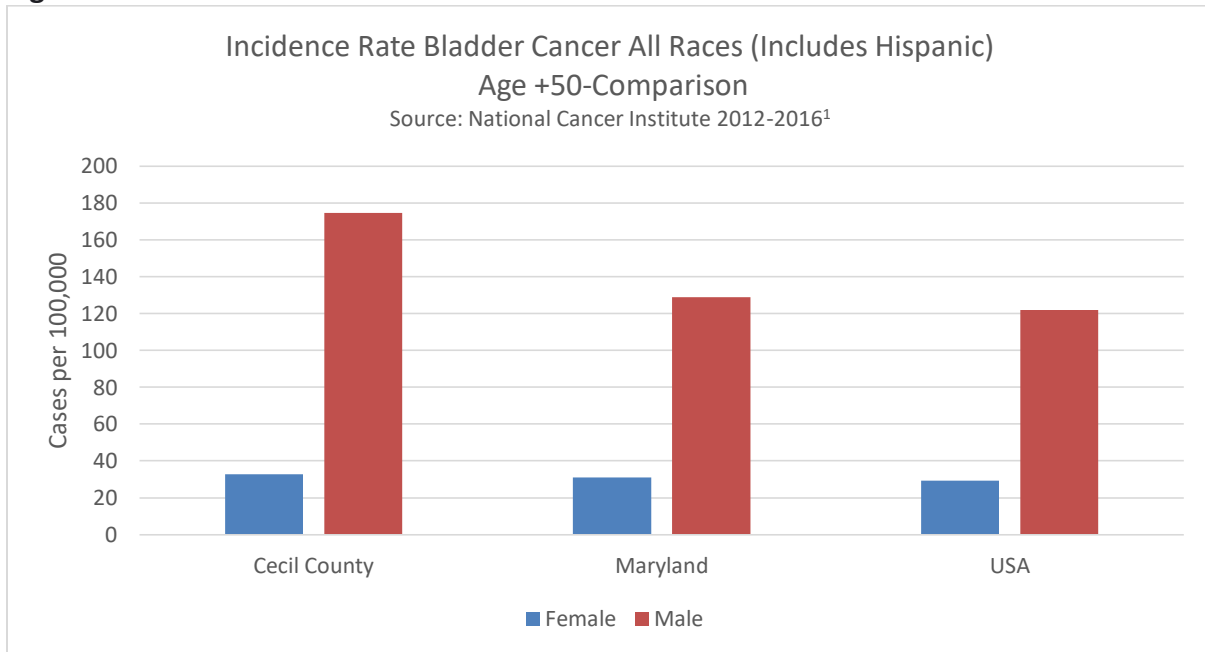
The U.S. Preventative Services Task Force (USPSTF) recommends that adults get screened starting at age 50 with continued screenings through age 70. The recommendation is to get stool-based tests every year (can be done at home or at provider’s office) or direct visualization tests every 5-10 years based on type (colonoscopy: 10 years; CT colonography: 5 years; and flexible sigmoidoscopy: 5 years). Colon cancer screening continues to be a focus for Union Hospital. In 2019 the program and colorectal surgery group organized a Saturday event to make screening available to patients who might be working during the week. At this event, they were successfully able to screen eight patients.

Bladder Cancer

Bladder cancer accounts for 5% of new cancers in the U.S. According to the American Cancer Society, bladder cancer is the fourth most common cancer among white men over the age of 55 years. About 1 in 27 men will get bladder cancer, compared to 1 in 89 women³. Most bladder cancers are diagnosed as non-invasive or confined to the inner layer of the bladder lining, and they rarely spread to areas outside the bladder lining, even if diagnosed as invasive. While incidence is more prominent among white men, mortality is more prominent in African American men due to diagnosis at a later stage.⁶

Figure 17 shows a comparison for bladder cancer incidence in Cecil County between two cohorts: 1) White males and females (50+ years), and 2) Males and females of all races (50+ years) measured during the period of 2009-2013.

Figure 17.



Cecil County had a higher incidence of bladder cancer in the male cohort. Although this is higher comparatively with the state and country, this is consistent with the trend for higher bladder cancer incidence among males in the U.S.⁵ A mortality comparison could not be made between 50+ year old white and African American males because data was suppressed for African American males (white males: 41.9% deaths/100,000 population).⁶

There are several behaviors or risk factors that people can change that can impact whether they develop bladder cancer. These include:

- Smoking, which leads to 50% of bladder cancers in men and women
- Not drinking enough fluids, which causes a build-up of chemicals in the bladder
- Workplace chemical exposure, such as aromatic amines, hair dyes, diesel fumes and exposure to rubber, leather, textiles and paint products
- Dietary supplements, such as herbs from the Aristolochia family

Uncontrollable risk factors that can lead to bladder cancer include: gender, age, ethnicity, race, chronic bladder infections and irritations, genetics, personal and family history, bladder birth defects, having had radiation to the pelvic region, and taking the chemotherapy drug Cytoxan for extended periods of time.⁶

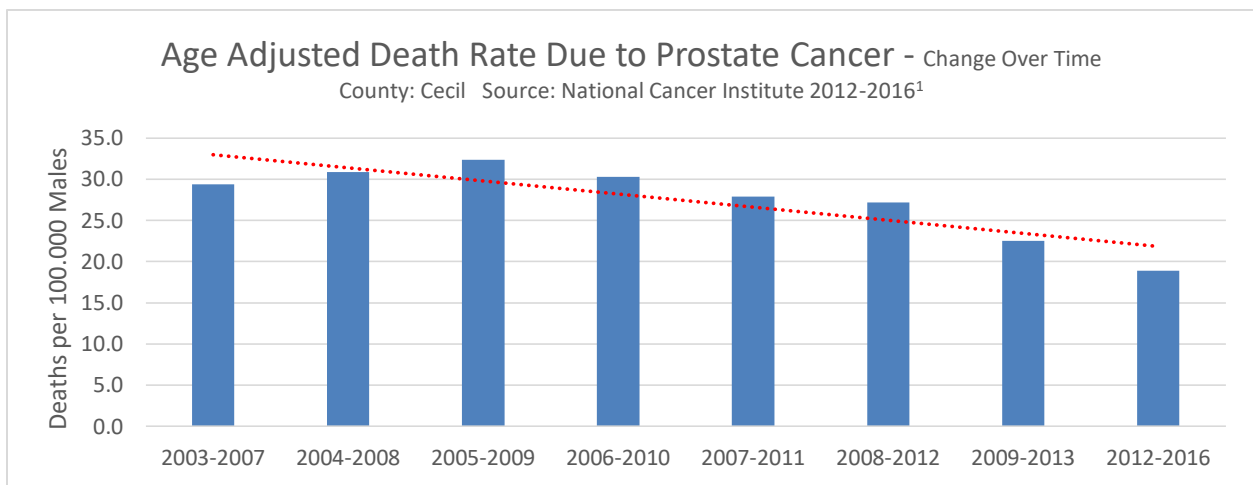
In this report, we previously reviewed the high incidence of smoking in Cecil County. The correlation could be made between the percentages of smokers and the higher incidence of bladder cancer in Cecil County. Smoking cessation is an ongoing focus of the cancer committee.

Prostate Cancer

Prostate cancer is the leading cause of cancer death in men in the U.S. The American Cancer Society states that 1 in 9 men will be diagnosed with prostate cancer and 1 in 41 men will die from it. Men over the age of 65 and men of African American descent possess the highest risk for prostate cancer.⁷

Figure 18 shows the steady decline in the prostate cancer death rate for all males in Cecil County for measurement periods 2005-2009 through 2012-2016 (an 11-year time frame).

Figure 18.



In addition, for the same measurement periods, there was a significant decrease in the incidence rate of prostate cancer in both cohorts of men of all races and African American men in Cecil County (see Figure 19A and 19B).

Figure 19A.

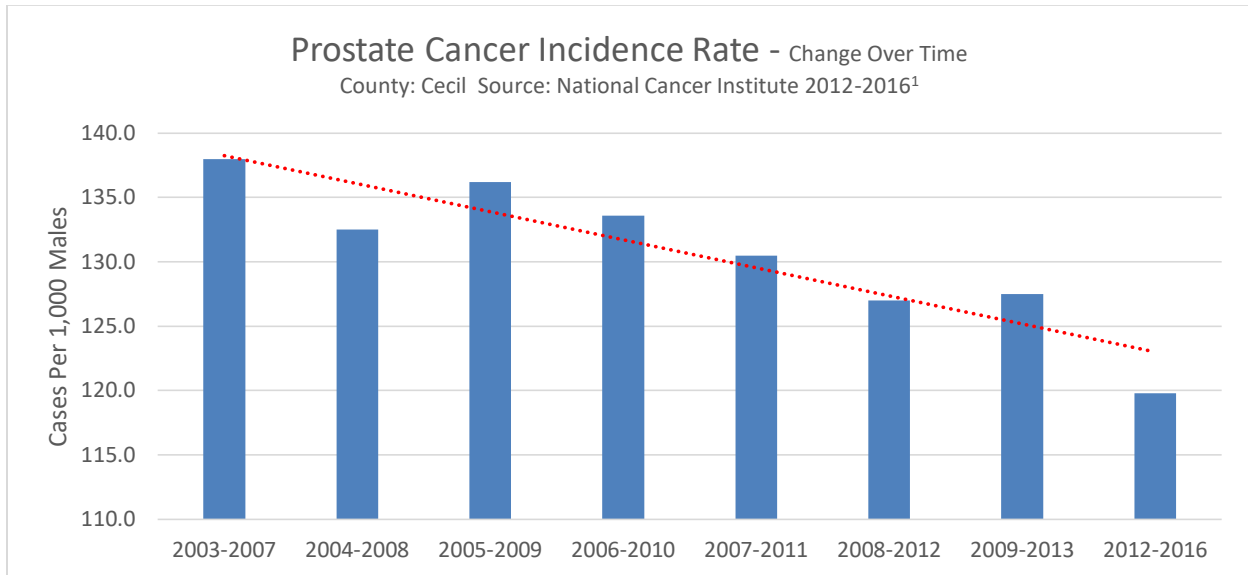
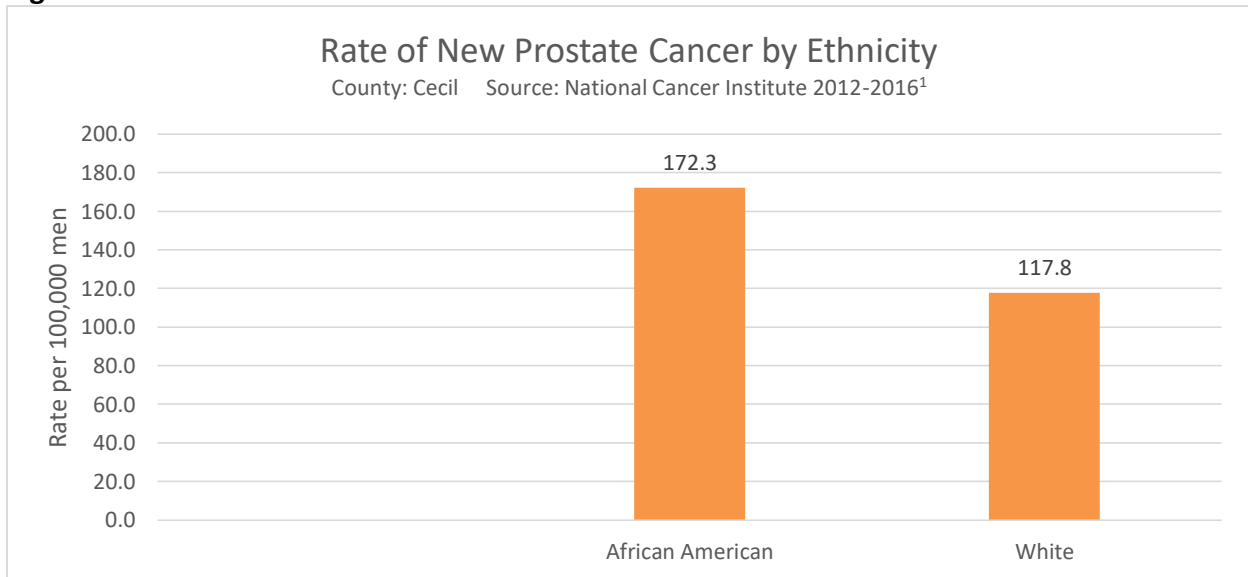


Figure 19B.



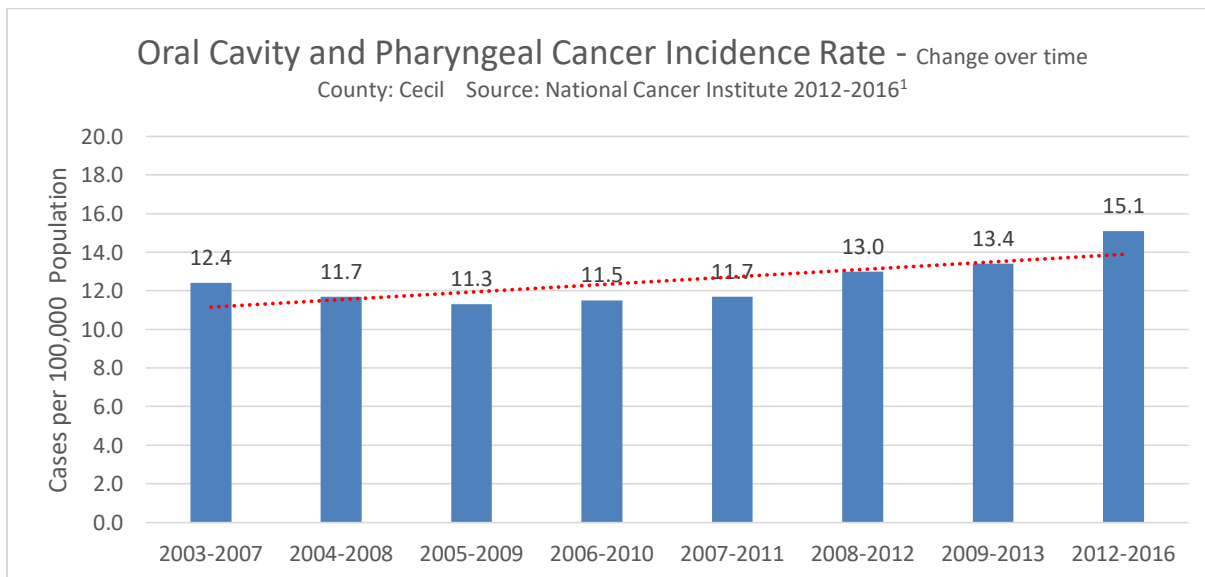
Prostate cancer screening and detection continues to be a focus of the cancer program. In 2019 there were two screening events in the community led by Union Hospital, and 17 patients were screened. Four patients were given a urology referral for further evaluation based on screening results.

Head & Neck Cancers

Head and neck cancers are those that occur in the mouth (oral cavity and salivary glands), throat (larynx and pharynx), the nasal cavity and the sinuses. In recent years, the overall rate of new cases of human papillomavirus (HPV)-negative oral cavity and oropharyngeal cancers has been dropping. But there has been an ongoing rise in cases of oropharyngeal cancer linked to HPV infection in both men and women. The average age of most people diagnosed with these cancers is 62, but they can occur in young people. They are rare in children, but a little more than one-quarter occur in patients younger than 55.⁸

Cecil County's incidence rate for oral cavity and pharynx cancers (15.1 case/100,000 population) exceeds that of Maryland (10.9 cases) and the U.S. (11.7 cases).¹ Figure 20 shows the change in incidence rates over time for oral cavity and pharynx cancers in Cecil County. For the period 2012-2016, Cecil County's mortality rate of 2.5 cases/100,000 population exceeded Maryland's rate (2.4 cases/100,000) and matched the U.S. rate.²

Figure 20.



There were not enough reported cases for other races, including Hispanics, to make a comparison between whites and other races for both sexes. However, National Cancer Institute data for Cecil County does show higher incidence rates for people of all races who are over 50 years old (45.9 cases/100,000 population) and over 65 years old (54.3 cases/100,000 population).¹

Although the rates from the Health Department do not mirror the oral cancer rates by county (Figure 21), the correlation exists between tobacco and head and neck cancer. Cecil County is

ranked number two in the top 12 counties for incidence rate of head and neck cancer (Figure 10).

Figure 21.

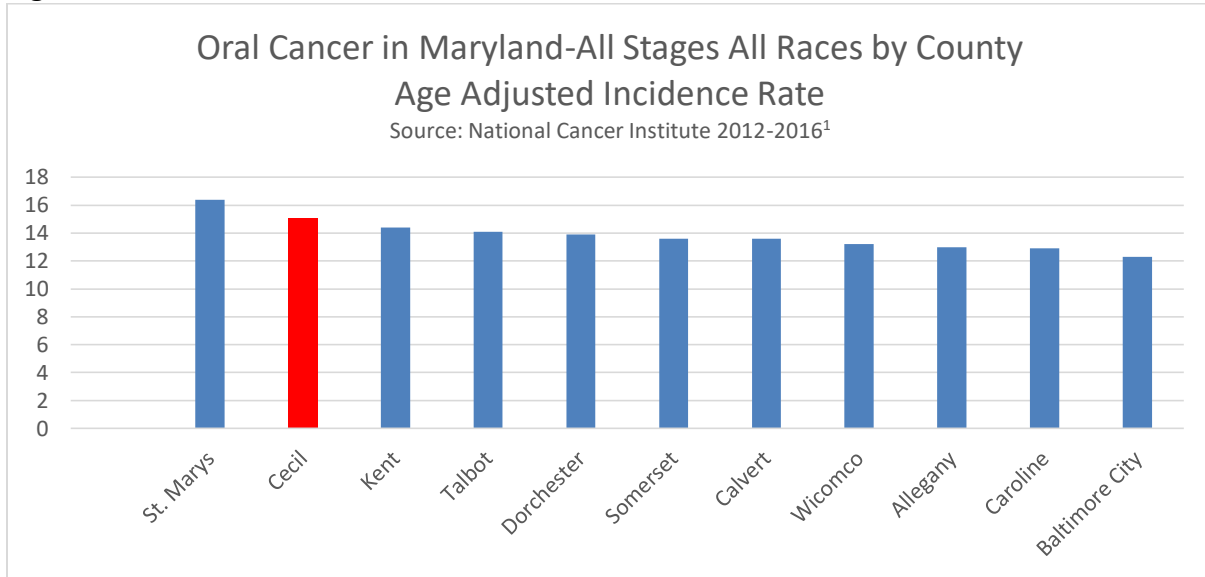
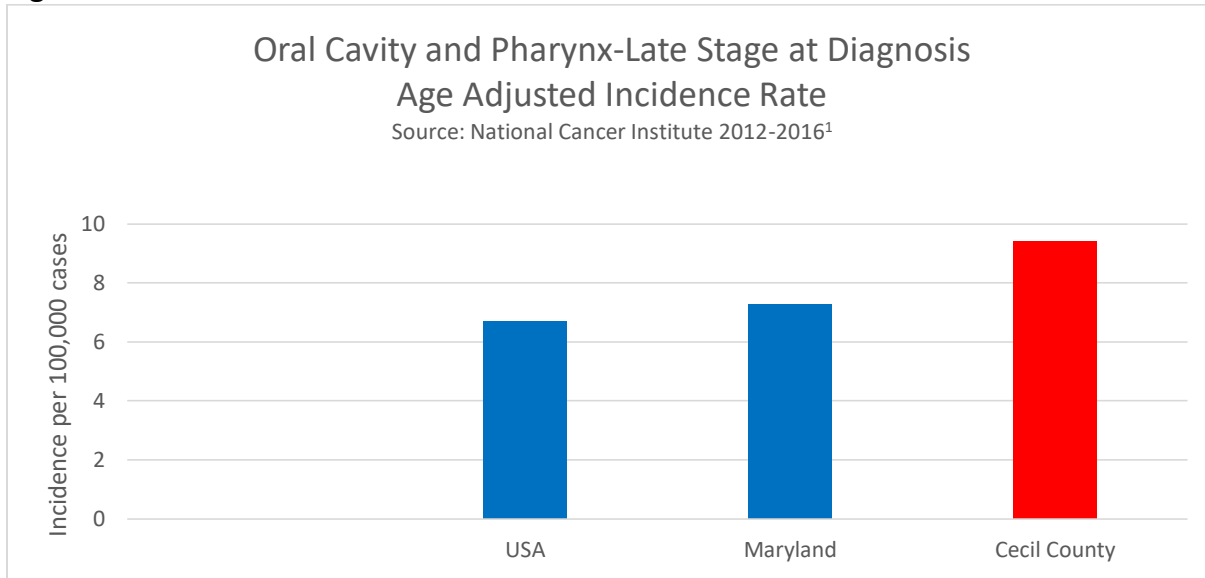


Figure 22.

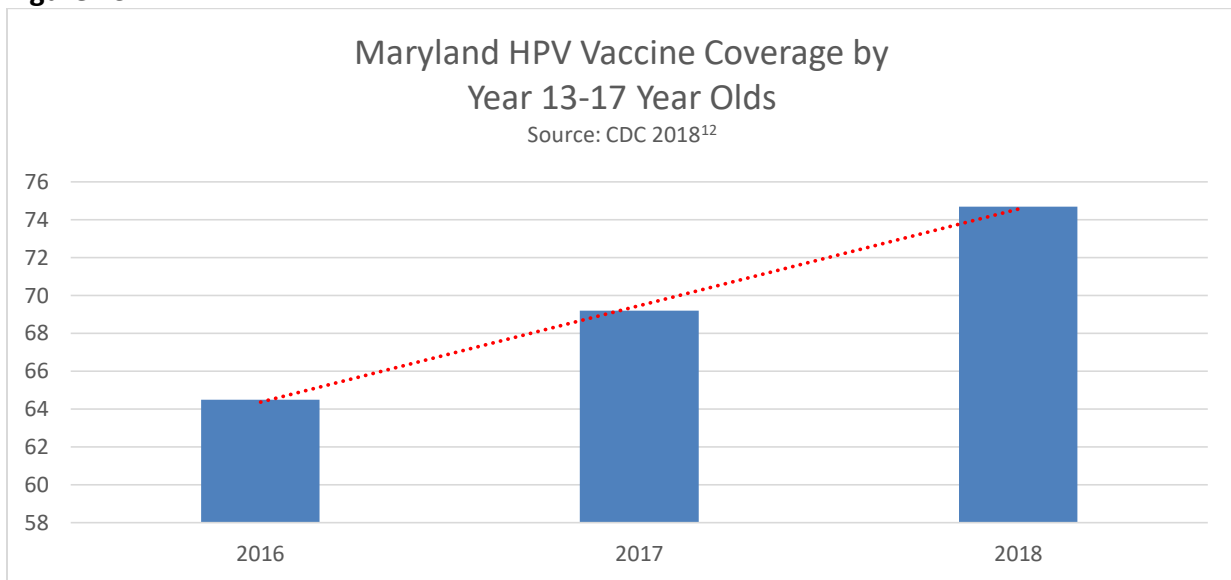


Late-stage diagnosis of oral cavity and pharynx cancer continues to be a concern in Cecil County compared to the state of Maryland and U.S. rates (Figures 21 and 22). This will need to be a focused area for screening along with prevention in the community.

HPV is the most common sexually transmitted infection (STI). HPV is a different virus than HIV and HSV (herpes). Approximately 79 million Americans, most in their late teens and

early 20s, are infected with HPV. There are many different types of HPV. Some types can cause health problems including genital warts and cancers. But there are vaccines that can stop these health problems from happening.¹³ Data from the CDC shows vaccine coverage of the three recommended vaccines in the HPV vaccine series has increased since 2016 (Figure 23). Data limitation as county data is not available. Education about HPV will need to continue to be a community focus.

Figure 23.



Head and Neck Cancer Screening

While getting the HPV vaccine can assist in preventing both head and neck cancers and cervical cancers, the HPV screening can only detect abnormalities for cervical cancer. Head and neck cancer screenings can be performed by a physician who examines the nose (nasal passages), mouth and tongue (oral cavity), throat and feels the lymph nodes in the neck. In addition, more invasive testing can be done if abnormalities are found on examination and/or if the person has several risk factors, including a family history of head and neck cancer.

Skin Cancer

Skin cancer is the most common cancer in the U.S. There are three main types of skin cancer: basal cell, squamous cell and melanoma.^{8,9} Basal and squamous cell are common skin cancers found on parts of the body frequently exposed to the sun (head, neck and arms).⁸ Incidence for these types of skin cancer has increased over time due to more exposure to the sun and advanced methods of early detection, but mortality is uncommon.⁸ Melanomas develop from the cells that make the brown pigment in the skin (melanocytes). Melanomas can occur

anywhere on the body but often start on the chest and back for men and the legs for women. Melanomas are not as common as basal and squamous cell skin cancers, but they are more serious and more likely to spread throughout the body.⁹

Approximately 2.3% of all men and women will be diagnosed with melanoma at some point during their lifetime, based on 2014-2016 data. The risk of getting melanoma increases with age (average age at diagnosis is 63 years⁹). Figure 24 shows the incidence and mortality of melanoma for Cecil County compared with Maryland and the U.S.

Figure 24.

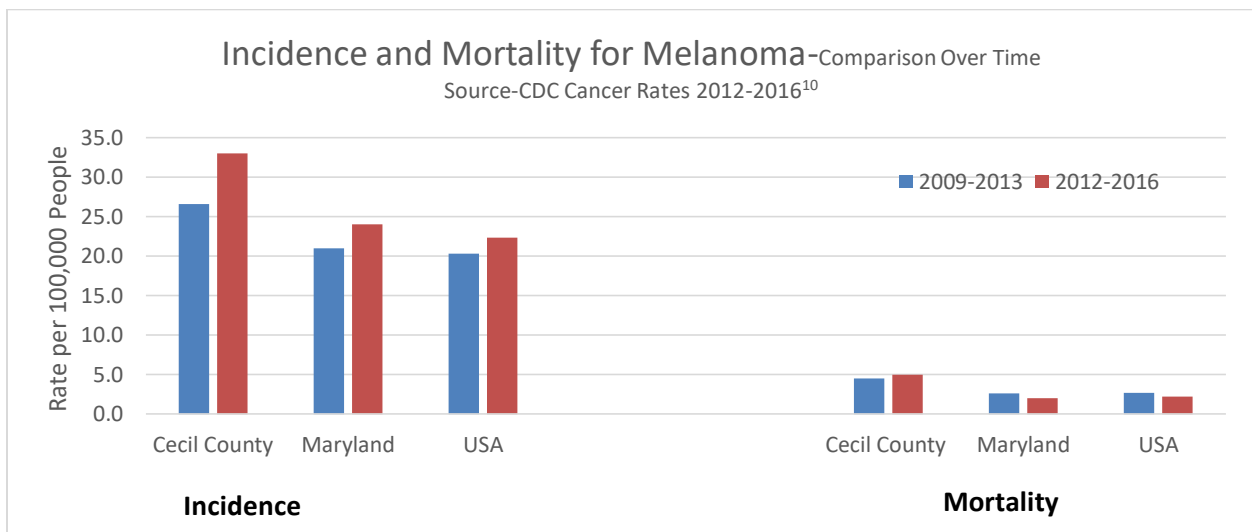
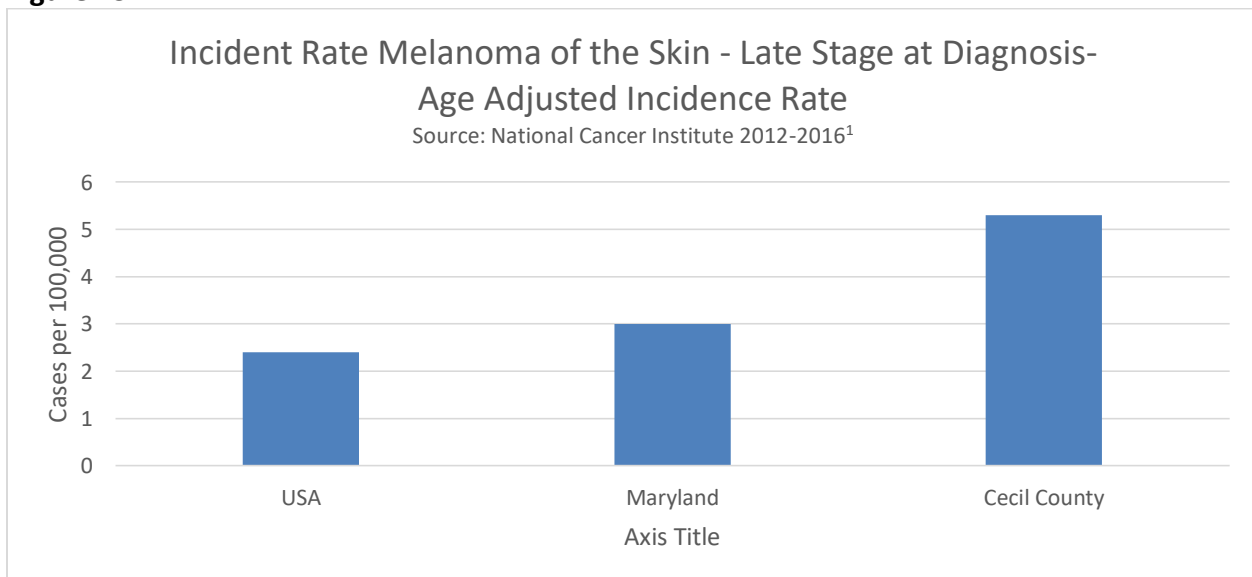


Figure 25.



The data in Figure 25 reveals the ongoing issue of people seeking access to care for treatment late in the disease. The issue of late stage melanoma at diagnosis enforces the need for an ongoing focus on skin cancer screening in the community and education about sun safety.

Cancer Patient Resources

Union Hospital has the following inpatient and outpatient resources available to patients with cancer:

Guidance

Navigation services are available to cancer patients to provide emotional support and education during the cancer journey. Union Hospital has two Breast Navigators and one Hematology/Medical Oncology Navigator.

Psychosocial Support

Patients with cancer are assessed for psychosocial distress on admission and in the outpatient areas. Referrals are made to the program navigator, licensed social worker and pastoral care based on distress scores and patients' stated needs/concerns.

Union Behavioral Health Services is available by referral

"I Can Cope" is an onsite support group that is available to patients and meets monthly.

Our "Breast Cancer Support Group" for patients who are newly diagnosed or undergoing therapy meets monthly.

Physical Symptom Management

The palliative care team is available to help patients manage symptoms related to cancer and other diseases.

"Healing Touch Therapy" is available through the palliative care office by referral.

Spiritual Comfort

Pastoral services are available to patients and do not require an order. Arrangements can be made to get a spiritual leader from the patient's religious preference, if requested.

Financial and Transitional Care

Case managers and social workers cover every unit and help patients with finding the resources needed for discharge planning. The Oncology Social Worker collaborates with navigators and hospital and community agencies to tap into funding based on patient qualification and fund availability to support patient and family needs during the cancer journey.

Additional Multidisciplinary Cancer Related Resources

- Dieticians are available for inpatient and outpatient consultations.
- The inpatient medical unit has chemotherapy certified nursing staff to support inpatient therapy administration.
- Genetic counselling is provided through an onsite tele-genetics program.
- Multidisciplinary Tumor Board conferences are held weekly to review cases.
- Physical therapy is available by referral.

Diagnostic and Screening Exams

Screening programs:

- Low-dose CT for lung cancer screening
- 3D mammography
- Colonoscopy for colorectal cancer screening
- Skin cancer screening
- Head and neck cancer screening
- Prostate cancer screening

Diagnostic tests:

- Endoscopy
- Imaging including CT, MRI, PET, ultrasound and diagnostic breast mammography
- Bone density

Procedures and Treatment

- Breast biopsy
- CT and ultrasound guided biopsy
- Chemotherapy/immunotherapy (inpatient and outpatient)
- Radiation therapy
- Surgical procedures

Medical Specialties

Union Hospital is diverse in medical specialists who treat and diagnose cancers and cancer-related problems, including:

- Medical Oncology

- Radiation Oncology
- Breast Surgery
- Gynecology
- Neurology
- Endocrinology
- Colorectal Surgery
- Head and Neck Surgery
- Orthopedic Surgery
- Gastroenterology
- Pulmonology
- Urology
- Nephrology
- Psychiatry
- Interventional and Diagnostic Radiology

Resources for Non-English-Speaking Patients

There is a 24-hour access to a translation phone line to assist staff with communicating with non-English speaking patients and families. An interpreter can be requested onsite if needed.

Patient Education

Patient education is available through nurse navigators and online resources, including the American Cancer Society and National Cancer Institute.

Volunteers keep the Cancer Resource Center in the professional building stocked with cancer guides, magazines and educational resource materials.

Cancer Resource Center

Inside the professional building, there is a dedicated Cancer Resource Center. The center is open for educational support and resource information, and staff can provide a limited number of wigs and scarves. Volunteers keep the center stocked with cancer guides, magazines and educational resource materials. The Resource Center staff coordinates the Road to Recovery program to support patients that have transportation needs.

Community Outreach

Union Hospital sponsors and participates in community events throughout the year to promote wellness and cancer awareness. The hospital partners with the Cecil County Health Department to coordinate events that will benefit the local community.

Conclusion and Plan

The Cancer Committee approved action around the identified disparity of modifiable health behaviors that contribute to the many types of Cancer in Cecil County. The focus will be on the particular risk factors of smoking and tobacco product use. The committee will also focus efforts on early detection screening for lung cancer, head and neck cancer, colon cancer, prostate cancer and skin cancer. The goal is to promote wellness/prevention by educating the community on these modifiable risk factors and give individuals the tools to help them change risky behaviors. The following is the action plan:

1. The Cancer Program will participate in at least one education and one screening community event each year. The community will be notified with the assistance of the marketing department and social media.
2. Key members of Union Hospital's multidisciplinary team will participate to help educate the participants about major risk factors, how to decrease them and when to get screened for certain cancers. Members include but are not limited to oncology nurse navigators, dieticians, social workers and oncologists.
3. We will create a subcommittee to include the American Cancer Society representative, oncology nurse navigators, dieticians and oncologists.
4. Outcomes will be measured by survey or questionnaire to assess learning and willingness to change behaviors.

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