

Client Advisory Services Executive Summary

Prepared For:

City of Manchester

Prepared By:

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Meeting Date: October 29, 2010

Reporting Periods Reviewed:

Incurred from: July 1, 2009-June 30, 2010

Paid from: July 1, 2009- August 31, 2010



Data Definitions (Paid View)

Reporting Period

- For this analysis we used **claims incurred during the current period of July 1, 2009 through June 30, 2010, and paid during the period of July 1, 2009 and August 31, 2010**

Comparison

- We used **benchmark** comparison data we have for the Anthem NH Book of Business and a Like Industry Norm .

PMPM

- PMPM cost is the metric we've used throughout this analysis to understand cost trends by individual plan participant (per member) over the duration of the plan period (per month)
- We define **members** as all participants in the plan including **subscribers, spouses, and dependents.**

Outliers

- High dollar claimants are defined as those members with cumulative claims **greater than \$50,000** during the reporting period

Settings

- Cost and utilization are broken down into the following settings: **inpatient facility, outpatient facility, professional and pharmacy**

City of Manchester -Strategic Questions and Observations



How has the plan performed?

- Only one years worth of data; difficult to predict with certainty
- Professional expenditures are the primary driver of the current period's plan costs, contributing to 36.9% of total spend
- Annual cost per member is 11.5% higher than the Anthem NH Norm

What are the conditions impacting my costs?

- Orthopedics
- Gastroenterology
- Endocrinology
- Cardiology
- Hematology
- Behavioral Health
- *Malignant Neoplasms (Cancers)*

What are my opportunities?

- Ongoing promotion of preventive screenings and routine office visits
- Focus on young members to stress importance of practicing healthy lifestyle behaviors that will continue throughout all phases of life
- Promote *Future Moms* program enrollment and participation
- Encourage use of the 24/7 NurseLine to impact Emergency Department costs and utilization
- Advertise all 360° Health Programs to encourage enrollment, engagement and active participation
- Promotion of Employee Assistance Program to impact behavioral health spend
- Adjust cost share to reflect greater member responsibility
- Explore Emergency Dept copay increase to encourage appropriate setting for less acute conditions
- **Target initiatives around daily exercise, good nutritional habits, maintaining a healthy weight and smoking cessation**

What forces will continue to impact my costs?

- Chronic conditions— Joint Degeneration, Asthma, COPD, Heart Disease, Diabetes, Rheumatoid Arthritis and Multiple Sclerosis
- Greatest concentration of members in the 40-59 age band ; yet highest PMPM costs exist within the 60+ age bands
- An aging population —over 47.6% of the membership is over age 40; however average age of membership is 34.5 years
- Cancer costs-potential for long term costs, STD, LTD, absenteeism, decreases in productivity and presenteeism as well as costly interventions
- High cost claimants-with the potential to be progressive or lifelong
- Technological advances to treat various conditions
- New pharmaceutical agents to treat complex conditions
- Mental Health and Addiction Equity Act
- Impact of Health Care Reform implementation

Financial Analysis – Plan Expenditures



	July'09 To June'10	Anthem NH Norm	Like Industry Norm (Public Sector #1)	Like Industry Norm (Public Sector #2)	Private Sector Comparison #1	Private Sector Comparison #2
Claims Total-Employer Paid	\$17,516,871					
Claims Total- Member Paid	\$601,011					
Catastrophic Claims Paid	\$3,778,707					
% of Total	21.6%	26.2%	19.2% (15.5%)	24.9% (20.9%)	36.1% (28.5%)	36.3% (12.1%)
Top 1% of Claimants	21.6%	27.1%	18.3%	26.1%	26.9%	34.1%
Average Cost Per Paid Claim	\$5,158	\$4,084	\$5,125	\$4,559	\$3,931	\$3,639
% of Members with No Claims	4.5%	13.3%	5.6%	6.1%	9.9%	14.7%
Cost Share By Employer/Member	96.7%/3.3%	90.9%/9.1%	95.7%/4.3%	91.4%/8.6%	87.6%/12.4%	83.7%/16.3%
Annual cost per employee	\$12,883		\$12,164	\$8,997	\$8,482	\$7,615
Annual cost per member	\$5,177		\$5,179	\$4,701	\$4,166	\$4,252
Member Cost Share PEPM	\$36.84		\$45.02	\$70.98	\$99.80	\$123.70
Member Cost Share PMPM	\$14.80		\$19.17	\$37.09	\$49.02	\$69.06
Inpatient Costs	13.0%	18.2%	15.2%	25.1%	29.9%	18.6%
Outpatient Costs	31.0%	36.3%	30.3%	24.6%	26.9%	39.1%
Professional Costs	36.9%	33.0%	34.5%	39.7%	31.3%	29.3%
Pharmacy costs	19.1%	12.6%	20.0%	10.6%	12.0%	13.0%

Financial Analysis – Plan Expenditures

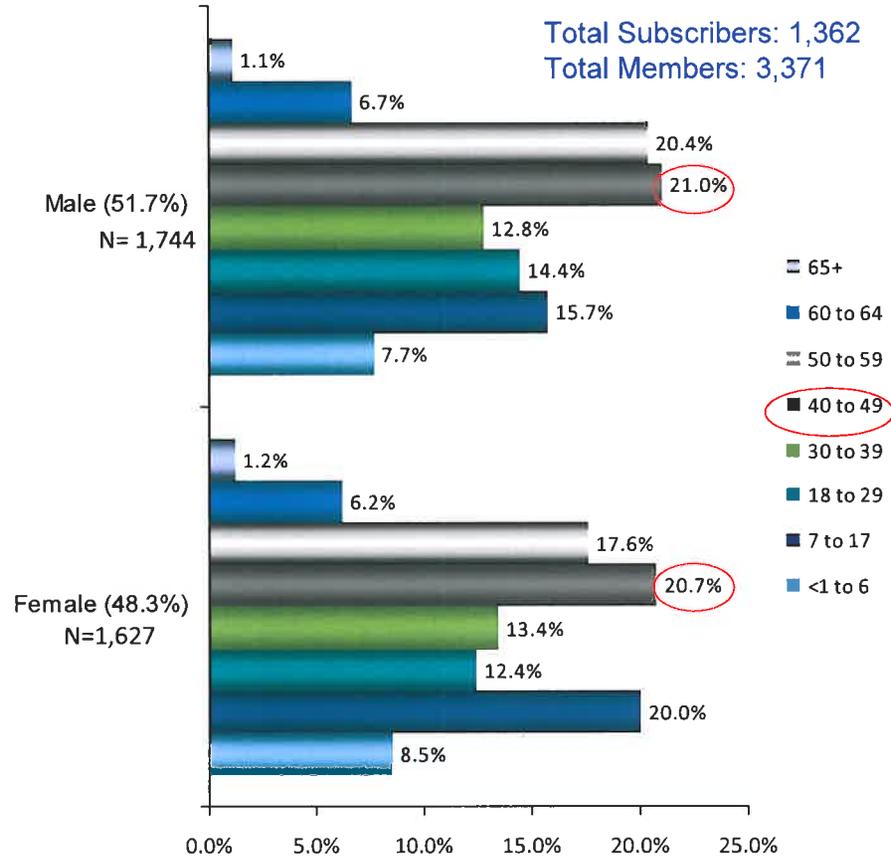


	July'09 To June'10	Social Service Comparison #1	Social Service Comparison #2	Healthcare System Comparison #1	Healthcare System Comparison #2	Education Comparison #1	Education Comparison #2
Claims Total-Employer Paid	\$17,516,871						
Claims Total- Member Paid	\$601,011						
Catastrophic Claims Paid	\$3,778,707						
% of Total	21.6%	7.7% (8.5%)	22.2% (N/A)	26.6% (28.0%)	24.3% (16.5%)	24.5% (26.8%)	25.0% (21.8%)
Top 1% of Claimants	21.6%	13.2%	20.4%	25.8%	23.9%	23.6%	22.8%
Average Cost Per Paid Claim	\$5,158	\$3,758	\$4,164	\$5,384	\$4,413	\$4,941	\$5,553
% of Members with No Claims	4.5%	8.1%	11.9%	5.6%	8.7%	6.2%	4.2%
Cost Share By Employer/Member	96.7%/3.3%	82.8%/17.2%	82.8%/17.2%	89.7%/10.3%	87.3%/12.7%	94.1%/5.9%	96.3%/3.7%
Annual cost per employee	\$12,883	\$7,244	\$7,295	\$12,513	\$10,456	\$12,042	\$13,165
Annual cost per member	\$5,177	\$4,069	\$4,300	\$5,777	\$4,692	\$5,037	\$5,846
Member Cost Share PEPM	\$36.84	\$125.25	\$126.18	\$119.76	\$126.23	\$62.70	\$42.46
Member Cost Share PMPM	\$14.80	\$70.36	\$74.37	\$55.29	\$56.65	\$26.23	\$18.86
Inpatient Costs	13.0%	20.8%	15.9%	15.0%	18.7%	13.9%	17.6%
Outpatient Costs	31.0%	34.0%	36.6%	33.7%	33.6%	33.2%	28.7%
Professional Costs	36.9%	25.5%	29.0%	30.0%	30.0%	34.6%	33.7%
Pharmacy costs	19.1%	19.6%	18.4%	21.4%	17.7%	18.2%	20.1%

Demographic Overview



City of Manchester-P1
Total Member Distribution By Age and Gender



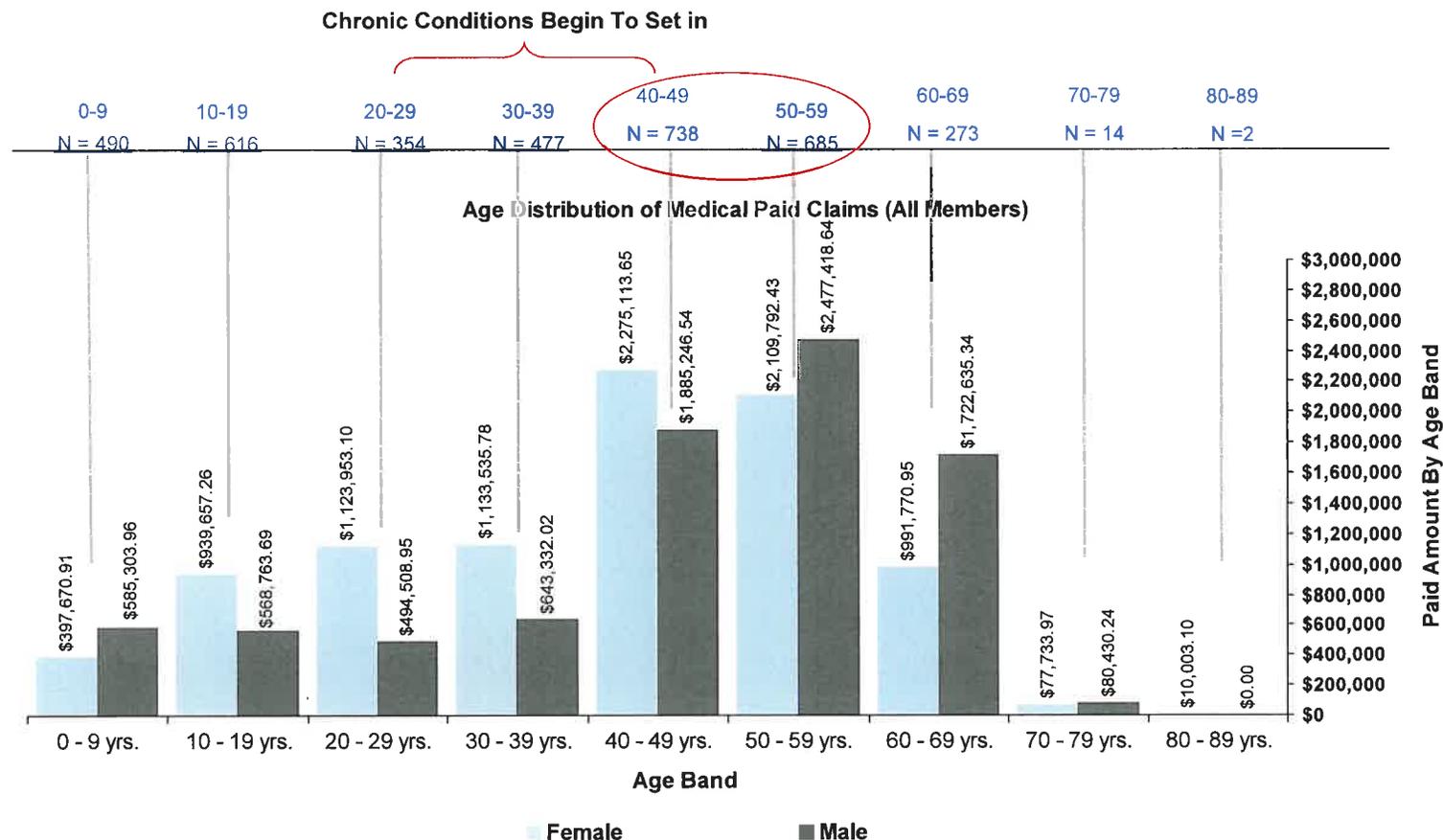
City Of Manchester	July 09- June 10	Anthem NH Norm	Public sector #1
Avg Contract Size	2.5	2.0	2.3
Average Age	34.5	36.7	36.6
Female Members	48.3%	52.0%	52.6%
Male Members	51.7%	48.0%	47.4%
% Members >40 YO	47.6%	50.2%	50.7%
% Members >50 YO	26.7%	31.5%	33.6%
% Members >60 YO	7.6%	11.1%	12.3%

Demographic Impact On Plan Expenditures



Female members are the key driver of claims up to age 49, then males assume the lead

- Members in the 40-59 age band account for \$8,747,571 or 49.9% of total spend
- Members in the 60+ age band account for \$2,882,574 or 16.5% of total spend



Utilization by Setting – Top 5 Health Conditions



Inpatient costs represent \$2,281,776 total claims paid and 13.0% of total claims

- Like Industry Norm 15.%, Anthem NH Norm 18.2%
- Medical, surgical, maternity and behavioral health admits
- Joint degeneration, leukemia, asthma, bacterial lung infection, pregnancy, cardiac infection and CAD
- These 5 health conditions represent **56.6%** of all inpatient costs

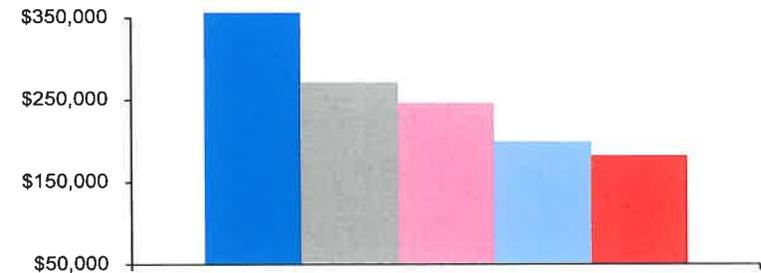
Outpatient costs represent \$5,423,728 and 31.0% of total claims

- Like industry Norm 30.3%, Anthem NH Norm 36.3%
- Outpatient surgery, radiology, emergency department, lab/pathology
 - chemotherapy and radiation therapy, colonoscopy and endoscopy
- These 5 health conditions represent **54.5%** of all outpatient costs

Professional costs represent \$6,462,404 and 36.9% of total claims

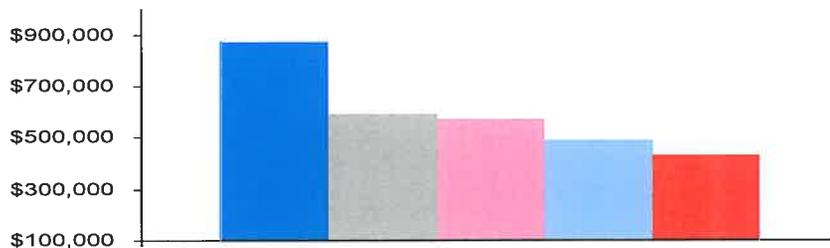
- Like industry Norm 34.5% Anthem NH Norm 33.0%
- Office and OP visits, OP surgery, other and radiology
- These 5 health conditions represent **49.2%** of all professional costs

Inpatient Top Five Health Conditions



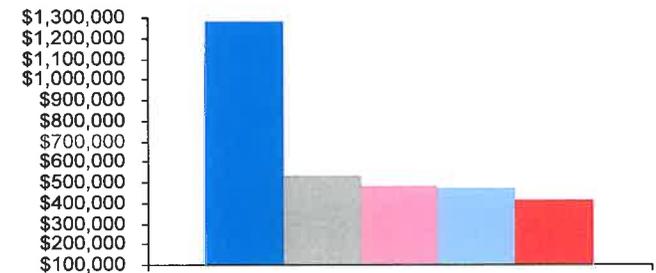
Orthopedics	\$391,403
Hematology	\$271,354
Pulmonology	\$246,283
Obstetrics	\$199,520
Cardiology	\$182,142

Outpatient Top Five Health Conditions



Orthopedics	\$871,323
Cardiology	\$592,293
Hematology	\$572,796
Gastroenterology	\$486,768
Malignant Neoplasm	\$433,448

Professional Top Five Health Conditions



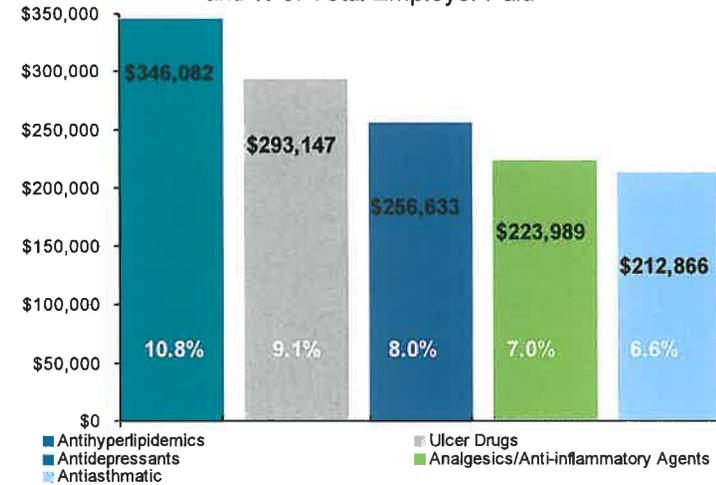
Orthopedics	\$1,280,922
Preventive and Administrative	\$533,060
Malignant Neoplasm	\$481,137
Otolaryngology	\$470,982
Behavioral Health	\$411,498

Pharmacy Overview

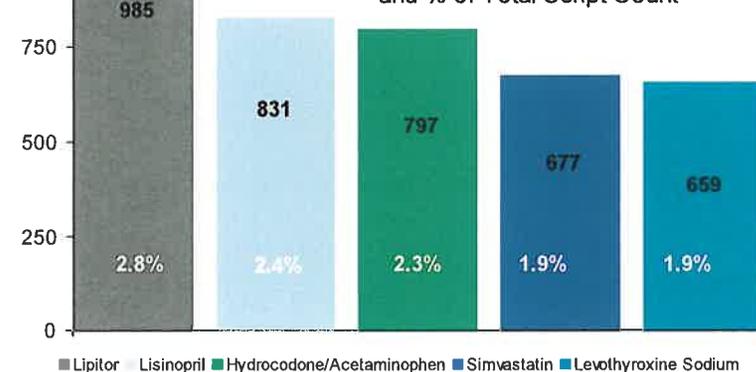


- Pharmacy costs represent \$3,348,962 and 19.1% of the total claims
 - Like Industry Norm is 20%; Anthem NH Norm is 12.6%
 - Cost/Rx is \$100.93, which is **17.5% higher** than the State Norm (\$85.89)
 - Utilization is **0.7% lower** than State Norm (*City of Manchester PMPY 10.4 vs State Norm PMPY 10.5*)
 - Generic Dispense rate is 66.1%, which is lower than the State Norm of 68.9%
-
- The top 5 therapeutic categories of drugs were for the treatment of high cholesterol, ulcer (GERD), depression, pain control and respiratory problems accounting for 41.5% of total employer paid dollars
 - Opportunities exist for education on OTC medications for the treatment of GERD as well as for generic options for the treatment of depression and cholesterol lowering drugs
 - Lipitor costs \$183 /script compared to Simvastatin at \$27/script
 - Lexapro costs \$99/script and Effexor costs \$187/script compared to Sertraline at \$25/script
 - Nexium costs \$269/script and Prevacid \$274/script compared to Pantoprazole Sodium at \$143/script or OTC options

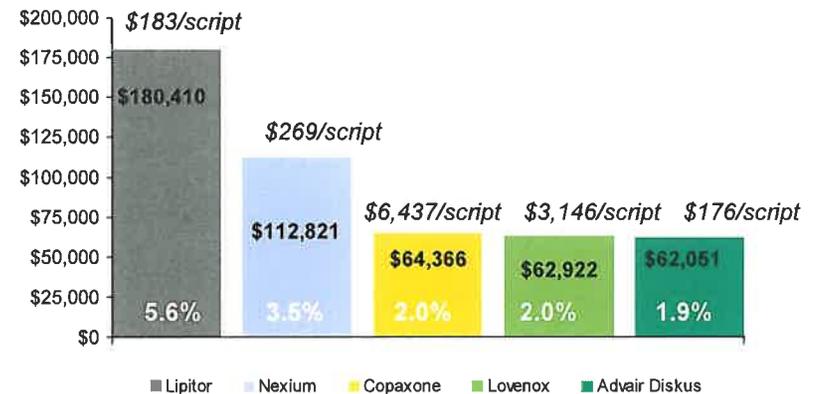
Top Five Therapeutic Categories by Total Paid and % of Total Employer Paid



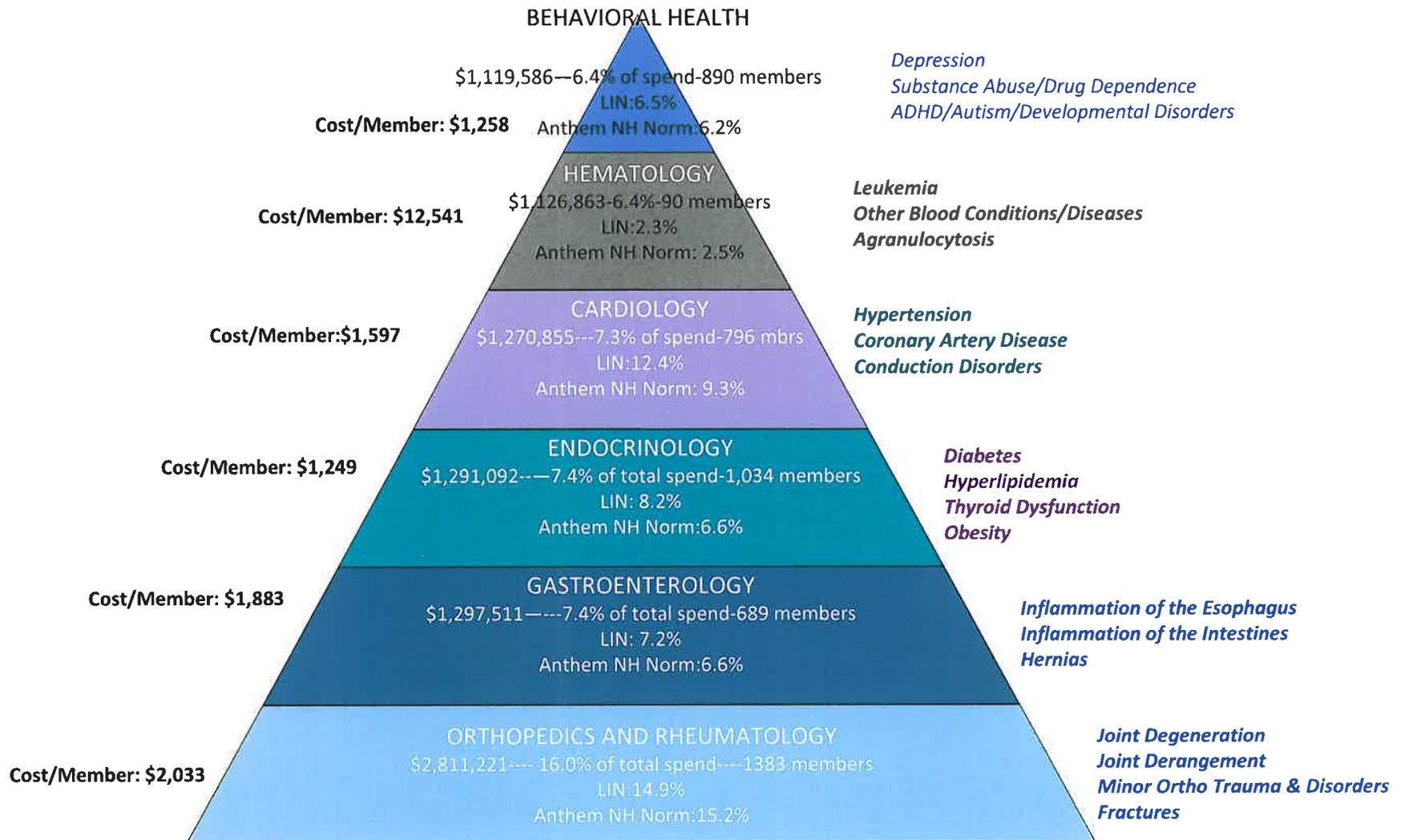
Top Five Drugs by Total Scripts (Volume) and % of Total Script Count



Top Five Drugs By Employer Paid and % of Total Employer Paid



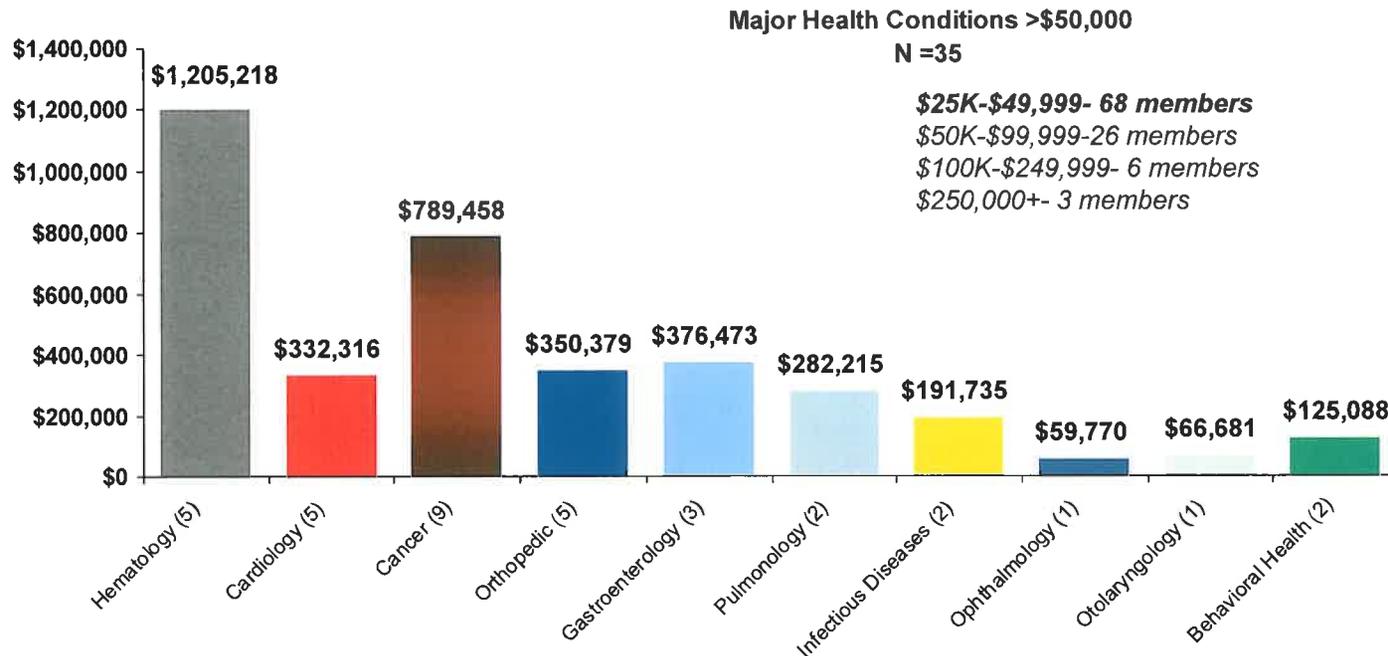
Top Six Major Practice Categories by Claims Paid



High Cost Claimants by Major Health Conditions



- City of Manchester had 35 claimants with claims paid in excess of \$50,000 from July 1, 2009-June 30, 2010
- This represents a total paid amount of \$3,778,707 or 21.6% of total spend, (Anthem NH Norm is 26.2%)
- Cancer** is the top major practice category represented, hematology conditions represent the greatest cost driver
- Total Spend by Relationship: Subscriber 65.7% (23 members) Spouse 22.9% (8 members) Child 11.4% (4 members)
- As of June 30, 2010 there were 33 active members. Two members have termed

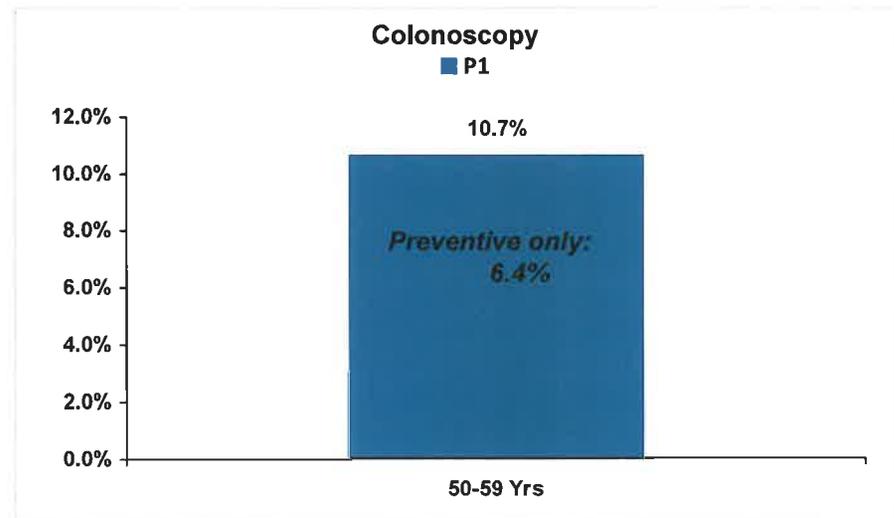
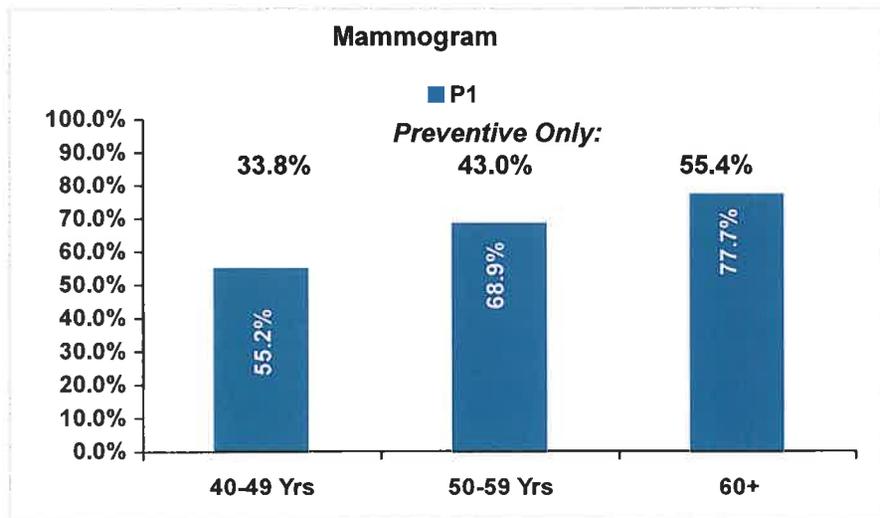


Preventive Screenings



Indicator	P1
General Preventive Screening	699 members -28.0% of eligible members
Preventive Well Women	768 members- 66.0% of eligible members
Preventive Well Man	638 members- 47.8% of eligible members
Routine Adult Preventive Immunizations	618 members
Routine Well Child Preventive Immunizations	589 members

Continued promotion of preventive visits, routine blood work and x-rays, mammograms and colonoscopies, will help to identify health issues earlier with the goal for improved health quality outcomes, lower health care costs, and lower utilization of services.



360° Disease Management Activity Summary



This graph demonstrates disease prevalence rates for July 1, 2009 through June 2010, compared to the Anthem NH prevalence rates.

For City of Manchester, the prevalence rates are above the Anthem prevalence norms in NH for Asthma and Chronic Obstructive Pulmonary Disease

During the most report period, **399** members were under management, and as of June 30, 2010, 372 remained under management

- The total prevalence rate of 11.2% is comparable to the 11.1% total Anthem reference population prevalence rate

As of 06-30-10, total under management by ConditionCare Program:

- Asthma: 154
- CAD: 51
- Heart Failure: 7
- COPD: 41
- Diabetes: 119

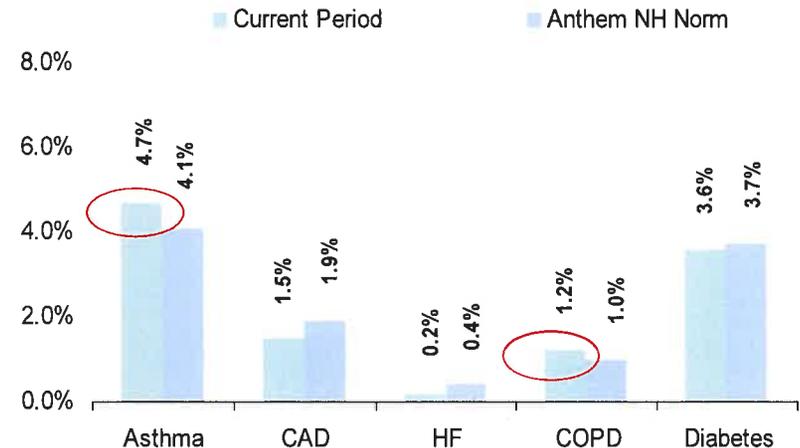
Case Activity

- A total of 308 alerts were generated to members regarding actions needed to be taken.
 - *Of these, 94.2% were for overdue testing*
- A total of 712 outbound phone calls were placed to members. Of the total call activity, 58.4% were related to the need for clinical intervention; 41.6% for purposes of enrollment
 - *50% of call referrals were for consultations with a Pharmacist, 12.5% were for Dieticians, and 12.5% for Exercise Physiologists*

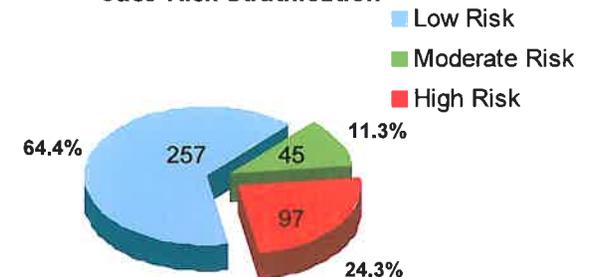
Case Risk Stratification:

- Low Risk identified members represent 64.4%, which is lower than the Anthem Reference of 75.0% - However, the High risk prevalence-24.3% (97 members) is higher than the Anthem Reference of 11.7%

ConditionCare Programs - Prevalence



Case Risk Stratification



Anthem Reference Population:
 High Risk = 11.7%
 Moderate Risk = 13.3%
 Low Risk = 75.0%

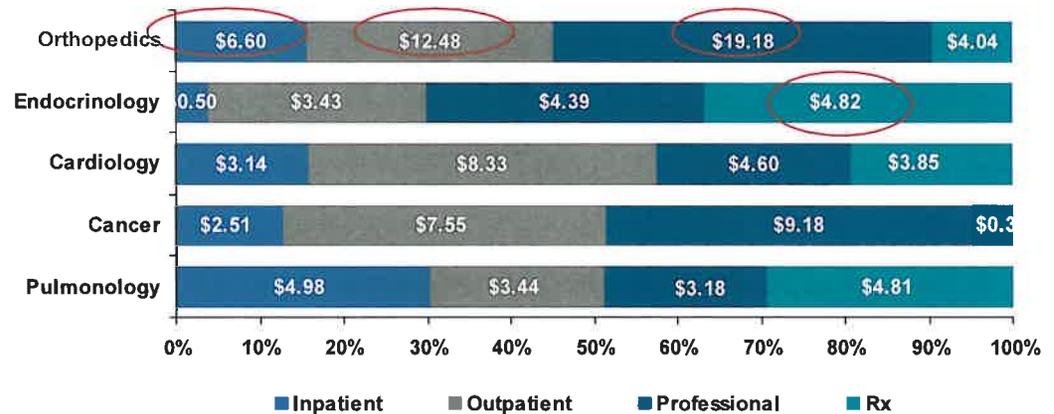
Potentially Lifestyle Related Paid Claims By MPC and Setting:



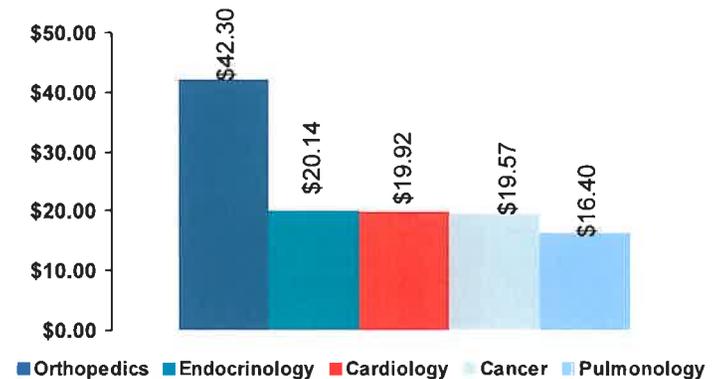
Potentially Lifestyle Related Paid Claims = Potential for Impact by Lifestyle Related Changes

- The overall % of *potentially Lifestyle related claims paid* for the current period is
 - 49.2% or \$8,609,626 of total expenditures
- The subscriber contributes to 58.0% and the spouse contributes to 34.5 % of the potentially lifestyle related claims
- The PMPM for these top five MPC paid claims was \$118.33 or 65.0% of the total P1 Potentially Lifestyle Related PMPM of \$182.14

P1 Potentially Lifestyle Related Paid Claims By MPC and PMPM



Top Five MPC by PMPM



Appendix

Clinical Fast Facts

- Orthopedics
- Trends in Physical Activity
- Heart Disease
- Diabetes
- Obesity
- Cancer



Orthopedics : Clinical Fast Facts



- *Musculoskeletal disorders* account for nearly 70 million physician office visits in the United States annually and an estimated 130 million total health care encounters including outpatient, hospital, and emergency room visits. In 1999, nearly 1 million people took time away from work to treat and recover from work-related musculoskeletal pain or impairment of function in the low back or upper extremities. Conservative estimates of the economic burden imposed, as measured by compensation costs, lost wages, and lost productivity, are between \$45 and \$54 billion annually. *Panel on Musculoskeletal Disorders and the Workplace Commission on Behavioral and Social Sciences and Education National Research Council and Institute of Medicine*
- *Low back pain*, one of the most frequent of musculoskeletal disorders, affects up to 80 percent of people sometime in their lives, and in any given month 20 to 30 percent of adults have an episode. Generally, the pain is in the lower back on one or both sides, occasionally extending into the buttocks or thighs. In most persons the cause of back pain is unknown. It may arise from any number of pain-sensitive structures in the lumbar spinal column, including joints, ligaments, muscles, and soft tissues.
- *Persons at high risk of low back pain* include those between age twenty and forty, and those whose jobs involve physical labor—especially lifting, pushing, or pulling heavy objects, or twisting during lifting. Truck drivers are the occupational group who experience the most back pain. Another risk factor for low back pain is cigarette smoking and poor physical fitness may also contribute to its occurrence.
- www.Healthline.com

Trends in Physical Activity



- The **World Health Organization** estimates that 1.9 million deaths worldwide are attributable to physical inactivity
- Chronic diseases associated with physical inactivity include cancer, diabetes and coronary heart disease, obesity and joint degeneration
- Currently, more than 22% of adult Americans do not engage in any physical activity
- 60% of adults are not sufficiently active to achieve health benefits
- Benefits include: Increases muscle and bone strength, increases lean muscle and helps decrease body fat, enhances psychological wellbeing and may even reduce the risk of depression, appears to reduce symptoms of depression and anxiety and helps to improve mood, aids in weight control and is a key part of any weight loss effort
- Physical inactivity accounts for about 16% of all deaths in both women and men
- Physically inactive people are twice as likely to develop coronary artery disease as regularly as active people
- Health care costs for sedentary patients compared with physically active patients are \$1500 more per year
- Studies suggest that moderate to high levels of physical activity substantially reduce, or even eliminate, the mortality risk of obesity
- More than half of adults report that they do not participate in the CDC's recommended level of activity
- Nationwide, less than 1/3 of all children ages 6-17 engage in vigorous activity, defined as participating in physical activity for at least 20 minutes that made the child sweat and breath hard

Heart Disease : Clinical Fast Facts



- **Heart disease** is a broad term that can refer to any condition that affects the heart; however, it usually refers to Coronary Artery Disease (CAD). CAD is a chronic disease in which the coronary arteries gradually harden and narrow (a process known as atherosclerosis)
- While many people with heart disease have symptoms such as chest pain and fatigue, as many as 50 percent have no symptoms until a heart attack occurs
- Heart disease can lead to heart attack, congestive heart failure, sudden cardiac death, angina and abnormal heart rhythm
- Physically inactive people are twice as likely to develop coronary heart disease as regularly active people.
- CAD is the most common form of cardiovascular disease in the United States and the leading cause of heart attacks
- Cardiovascular disease is the leading killer of American women, causing almost 500,000 deaths every year
- Heart disease and stroke account for more than 40% of all deaths each year
- Obesity is a leading cause of cardiac related diseases, with nearly 66% of Americans age 20 or older being obese or severely overweight-this is one of the most preventable diseases
- One in 3 adults has high blood pressure. Roughly 30% of cases of hypertension can be attributed to obesity, and in men under 45 years of age, that figure may be as high as 60%
- According to the American Heart Association (AHA), CAD is the leading killer of American men and women, responsible for more than one of every five deaths in 2001
- *About 84 percent of people who die as a result of CAD are 65 or older*
- Beyond age 45, a greater percentage of women than men have high cholesterol levels. High cholesterol is one of the major causes of heart disease

<http://www.healthypeople.gov> <http://www.cdc.gov-Heart Disease Facts and Statistics> <http://yourtotalhealth.ivillage.com/heart-disease-fast-facts.html>

Diabetes : Clinical Fast Facts



Diabetes is the 7th leading cause of death in the United States

- 23.6 million children and adults in the US, or 7.8% of the population have diabetes
 - 17.9 million have been diagnosed; 5.7 million are undiagnosed
 - 57 million people are considered pre-diabetics; 1.6 million new cases of diabetes are diagnosed in people aged 20 years and older each year.
- Age 20 years or older: 23.5 million, or 10.7% of all people in this age group have diabetes
- Age 60 years or older: 12.2 million, or 23.1% of all people in this age group have diabetes
- Approximately 1/3 of all men and women over age 20 have diabetes , but do not know it!

- Diabetes affects some racial/ethnic groups more than others
 - Non-Hispanic whites: 14.9 million (9.8% of all non-Hispanic whites 20 years old or older have diabetes)
 - Non-Hispanic blacks: 3.7 million (14.7% of non-Hispanic blacks 20 years old or older have diabetes)

- Estimated cost of diabetes in 2007 was **\$174 billion annually**, including \$116 billion in excess medical expenditures (direct medical costs) and \$58 billion in indirect costs (disability, work loss, premature mortality and reduced productivity)
 - Type 2 Diabetes accounts for nearly all of the expenditures; obesity is greatest risk factor
- Complications:
 - Heart disease and stroke-risk is 2-4 times higher for people with diabetes
 - Hypertension-75% of adults with diabetes had blood pressure greater than 130/80 or used medication for hypertension
 - Blindness-diabetes is the leading cause of new cases of blindness for adults 20-74 years. Diabetic retinopathy causes 12K-24K new cases of blindness each year
 - Kidney Disease-diabetes is the leading cause of kidney failure
 - Nervous System disease-60-70% of diabetics have mild to severe forms of nervous system damage
 - Amputation-more than 60% of non-traumatic limb amputations occur in diabetics

- Diabetes costs have **increased by 32 percent since 2002**
 - Medical costs attributed to diabetes include \$27 billion for care directly to treat diabetes, \$58 billion to treat the portion of diabetes-related chronic complications, and \$31 billion in excess general medical costs

Diabetes: Clinical Fast Facts *continued*



- An estimated 1 out of 3 diabetics (**33%**) have **one complication**; 1 out of 10 (**10.3%**) have **two complications**; 1 out of 15 (**6.7%**) have **three complications** and 1 out of 13 (**7.6%**) have **4 or more complications**
 - *Complications included in this analysis are heart attacks (9.8% of diabetics) stroke (6.6% of diabetics), coronary artery disease (9.1% of diabetics), congestive heart failure (7.9% of diabetics), chest pain (9.5% of diabetics), chronic kidney disease (27.8% of diabetics), eye damage (18.9% of diabetics) and foot problems (22.9% of diabetics)*
- The largest components of medical expenditures attributed to diabetes are:
 - Hospital inpatient care (50% of total costs), diabetes medication and supplies (12%), retail prescriptions to treat complications of diabetes (11%), and physician office visits (9%)
 - People with diagnosed diabetes incur average **expenditures of \$11,744 per year**, of which **\$6,649 is attributed to diabetes**
 - People with diagnosed diabetes have, on average, medical expenditures that are **2.3 times higher** than what expenditures would be in the absence of diabetes
- Indirect costs include increased absenteeism (\$2.6 billion) and reduced productivity while at work (\$20.0 billion) for the employed population, reduced productivity for those not in the labor force (\$0.8 billion), unemployment from disease-related disability (\$7.9 billion) and lost productive capacity due to early mortality (\$26.9 billion).

Sources: American Diabetes Association <http://www.diabetes.org>

"The Economic Costs of Diabetes in the US in 2007" The Lewin Group <http://care.diabetesjournals.org/misc/econcosts.pdf>

American Association of Diabetic Educators- Diabetes Fact Sheet

CDC-Dept of Health and Human services-National Diabetes Fact Sheet 2007

<http://www.mcareol.com/factshts/factdiabetes.htm>

Obesity- The Economic Costs



- Obesity costs the nation \$75 billion in direct costs each year, while the cost of obesity, including indirect costs, is as high as \$139 billion per year
- Indirect costs often fall most heavily on employers in the form of increased absenteeism, disability, presenteeism and workers compensation
- Obesity related annual costs for treating children more than tripled between 1979 and 1999
- Projections for health care costs attributable to obesity and overweight are that they will more than double each decade.
- By 2030, health care costs attributable to obesity and overweight could range from \$860 billion to \$956 billion, which would account for 15.8 to 17.6 % of total health care costs, or 1 in every 6 dollars spent on health care
- Obese employees cost private employers approximately \$45 billion a year as a result of medical expenses and excessive absenteeism
- Obese people pay 36% more for health care and 77% for medication when compared to normal weight people- these costs are higher than the costs associated with smoking and drinking
- Obese workers had 183.63 lost workdays per 100 FT employees, compared with normal weight workers who had 14.19 lost workdays per 100 full time employees
- A 2004 study concluded that excessive weight and physical inactivity negatively impact the quality of work performed, the quantity of work performed and overall job performance among obese, sedentary individuals
- Higher health care costs for obese and sedentary workers signals overall poorer health among these individuals. And given poorer health, lower worker productivity and increases absenteeism are more likely among obese and physically inactive employees
- Several studies have shown that obese workers have higher workers compensation claims

www.healthyamericans.org-ObesityFacts July 2009

Cancer- Clinical Fast Facts



Cancer is the second leading cause of death in the United States, killing more than half a million people each year.

Healthy People 2010: The Cornerstone for Prevention

<http://www.healthypeople.gov/Publications/Cornerstone.pdf>

In its new [Cancer Facts & Figures 2009](#), the American Cancer Society says that an estimated 650,000 deaths have been avoided over the last 15 years because of a decline in overall cancer rates. The 2009 report says that cancer death rates in 2005 compared with those in 1990 in men and in 1991 in women decreased by 19.2% and 11.4%, respectively .

Though men are more likely to be diagnosed with prostate cancer than any other type of cancer and women more likely to be diagnosed with breast cancer, neither is the leading cause of cancer death. For both men and women, the leading cancer killer is lung and bronchial cancer. There is no routine screening considered effective for detecting lung cancer.

[Cancer Statistics 2009](#), released in May, is the most recent update on the state of cancer in the United States.

The report estimated that this year:

- * 1,479,350 people will be diagnosed with cancer -- 766,130 men and 713,220 women, up from 745,180 and 692,000, respectively, in 2008.
- * 562,340 will die of the disease -- 292,540 men, and 269,800 women, down from 294,120 and 271,530 in 2008.
- * The disease, almost half of which will be lung, colon, prostate and breast cancers, will kill almost 1,500 a day.
- * The most common cancer diagnoses in men will be prostate, lung and colon, with prostate accounting for one-fourth of new cases.
- * The most common cancer diagnoses in women will be breast, lung and colon, with breast accounting for about 27% of new cases.
- * About one-third of the expected cancer deaths will be linked to behavior-related factors such as obesity, physical inactivity and poor nutrition. There will also be more than 1 million skin cancers diagnosed, many of which are caused by indoor tanning and overexposure to the sun.