2009-2013 NORTH CAROLINA CANCER INCIDENCE RATES BY RACE AND ETHNICITY
PER 100,000 POPULATION
AGE-ADJUSTED TO THE 2000 CENSUS

SITE	Non-Hispanic Whites		Non-Hispanic African Americans		Non-Hispanic American Indians		Non-Hispanic Other Races		Hispanics		All Races and Ethnicities	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Oral Cavity	5,253	12.8	1,220	11.8	46	8.4	130	16.6	93	6.5	6,742	12.4
Esophagus	1,862	4.4	470	4.6	9	2.1	33	5.2	35	3.1	2,409	4.4
Stomach	2,149	5.2	998	10.9	38	7.1	96	13.3	151	11.5	3,432	6.5
Colon & Rectum	15,078	37.4	4,518	47.1	139	27.4	373	50.2	360	25.6	20,468	38.9
Liver	2,854	6.8	931	8.5	46	7.8	116	14.1	147	10.7	4,094	7.4
Gallbladder	343	0.8	150	1.6	6	1.1	13	2.8	14	1.5	526	1.0
Pancreas	4,771	11.5	1,442	15.6	52	10.3	91	14.1	112	9.2	6,468	12.2
Larynx	1,702	4.0	562	5.5	15	2.5	17	3.0	29	2.4	2,325	4.2
Lung & Bronchus	30,508	73.2	6,636	69.9	291	56.4	386	60.2	346	32.6	38,167	71.5
Bone	330	1.0	93	0.9	*	*	6	0.7	29	0.8	460	0.9
Soft Tissue	1,239	3.3	358	3.6	*	*	40	4.5	76	3.5	1,716	3.4
Melanoma (Skin)	11,743	30.6	105	1.1	20	4.8	315	41.5	95	5.7	12,278	23.8
Female Breast	34,211	160.8	9,177	161.9	297	97.6	801	167.3	944	109.0	45,430	158.9
Cervix Uteri	1,142	6.5	470	8.5	18	6.5	49	8.8	143	11.5	1,822	7.1
Corpus Uteri	5,400	24.2	1,445	25.4	53	18.1	132	28.6	172	20.6	7,202	24.2
Ovary	2,574	12.0	547	9.8	19	6.2	59	11.6	90	9.2	3,289	11.5
Prostate	23,352	117.5	8,802	207.0	310	122.0	1,048	351.2	472	85.9	33,984	134.3
Testes	942	6.4	84	1.8	7	2.4	19	2.8	87	3.1	1,139	5.0
Bladder	9,353	22.7	1,101	12.2	46	10.7	169	29.6	101	10.3	10,770	20.6
Kidney	6,769	16.8	1,949	19.7	73	13.5	86	11.7	218	13.0	9,095	17.1
Endocrine	5,186	14.7	1,078	10.6	46	7.9	221	20.2	306	10.7	6,837	13.6
Multiple Myeloma	2,408	5.9	1,322	14.1	16	2.9	97	16.3	76	6.2	3,919	7.4
Leukemia	5,181	13.1	941	10.1	41	7.0	294	41.5	182	9.6	6,639	12.8
Brain & Other CNS (includes benign brain)	7,486	19.9	1,662	17.3	56	9.8	207	24.7	292	14.3	9,703	18.9
Brain & Other CNS (excludes benign brain)	2,772	7.5	438	4.4	26	4.5	64	7.0	134	5.2	3,434	6.7
Hodgkin Disease	909	2.8	298	2.9	8	1.4	32	3.0	46	1.6	1,293	2.7
Non-Hodgkin Lymphoma	7,539	18.9	1,332	13.7	50	9.6	230	33.1	244	15.3	9,395	18.1
Other Cancer	13,624	34.2	3,054	32.8	96	19.3	383	58.4	419	26.5	17,576	33.9
All Cancers	199,194	492.9	49,521	506.2	1,773	331.5	5,300	720.8	5,121	328.5	260,909	490.9

Produced by the NC Central Cancer Registry, 12/2016.
Numbers are subject to change as files are updated.
*Counts less than five are suppressed.
Rates based on counts less than 16 are unstable. Use with caution.
Cases may not sum to totals due to unknown or other values.
Cancers of the urinary bladder and female breast include in situ cases.

Hispanic ethnicity is independent of race. Hispanic ethnicity is determined by self-report and the National Hispanic Identification Algorithm available online at www.naaccr.org/LinkClick.aspx?fileticket=iTvgbzLrx8I%3d&tabid=118&mid=458.

Approximately 17 percent of patients of American Indian race are reported as a different race. Therefore, cancer incidence for American Indians is assumed to be underestimate (Yankaskas BC, Knight K, Fleg A, Rao, C. Misclassification of American Indian Race in State Cancer Data among Non-federally Recognized Indians in North Carolina. Journal of Registry Management. 2009;36(1):7-11.).

Rates are calculated using the bridged-race population estimates obtained from the National Center for Health Statistics available online at www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2015.

The widespread use of prostate-specific antigen (PSA) testing has dramatically changed the epidemiology of prostate cancer. According to the American Cancer Society, incidence rates for prostate cancer spiked dramatically in the United States in the late 1980s and early 1990s, in large part because of increased use of the PSA blood test for screening. Since then, rates have been steadily declining. From 2007 to 2011, incidence rates were stable in men younger than 65 and decreased by 2.8% per year in those 65 and older (1). SEER has reported similar findings. Using statistical models for analysis, rates for new prostate cancer cases have been falling on average 2.4% each year over the last 10 years (2).

The decline in rates may represent the effect of screening anticipation: incidence has become lower than expected as cases that were bound to present have already been diagnosed through screening. The decline in the incidence rate observed in North Carolina is consistent with that found in the national statistics and may suggest that the PSA screening prevalence effect is starting to subside. For more information on the PSA Test, see http://www.cancer.gov/cancertopics/factsheet/detection/PSA.

(1) American Cancer Society. *Cancer Facts & Figures 2015* . Atlanta: American Cancer Society; 2015.

(2) http://seer.cancer.gov/statistics/summaries.html (accessed 1/26/2015)