

**2013 NORTH CAROLINA CANCER INCIDENCE BY GENDER  
PER 100,000 POPULATION  
AGE-ADJUSTED TO THE 2000 US CENSUS**

SITE	All Males		All Females		Total	
	Cases	Rate	Cases	Rate	Cases	Rate
Oral Cavity	998	18.7	423	6.8	1,421	12.3
Esophagus	401	7.8	112	1.8	513	4.5
Stomach	435	8.7	286	4.6	722	6.4
Colon & Rectum	2,163	43.6	1,973	32.3	4,136	37.2
Liver	722	13.3	267	4.2	989	8.4
Gallbladder	47	1.0	65	1.0	112	1.0
Pancreas	733	14.6	756	12.1	1,489	13.2
Larynx	348	6.5	115	1.9	463	4.0
Lung & Bronchus	4,381	88.1	3,575	57.2	7,956	70.4
Bone	45	0.9	46	0.9	91	0.9
Soft Tissue	154	3.1	152	2.7	306	2.9
Melanoma (Skin)	1,620	33.1	1,072	18.5	2,692	24.7
Female Breast	.	.	9,481	158.3	9,481	158.3
Cervix Uteri	.	.	362	6.8	362	6.8
Corpus Uteri	.	.	1,462	23.1	1,462	23.1
Ovary	.	.	683	11.5	683	11.5
Prostate	6,227	114.5	.	.	6,227	114.5
Testes	235	5.0	.	.	235	5.0
Bladder	1,612	33.9	556	8.9	2,168	19.6
Kidney	1,201	23.4	722	12.0	1,923	17.2
Endocrine	381	7.8	1,060	19.4	1,441	13.8
Multiple Myeloma	410	8.3	400	6.5	811	7.3
Leukemia	770	16.0	557	9.3	1,327	12.2
Brain & Other CNS (includes benign brain)	785	15.7	1,189	20.4	1,974	18.1
Brain & Other CNS (excludes benign brain)	363	7.3	317	5.5	680	6.3
Hodgkin Disease	146	3.0	121	2.3	267	2.7
Non-Hodgkin Lymphoma	1,027	21.1	862	14.2	1,889	17.2
Other Cancer	1,851	39.0	1,814	29.8	3,665	33.6
<b>All Cancers</b>	<b>26,270</b>	<b>518.6</b>	<b>27,239</b>	<b>451.8</b>	<b>53,511</b>	<b>477.1</b>

Produced by the NC Central Cancer Registry, 12/2016.

Numbers are subject to change as files are updated.

Cases may not sum to totals due to unknown or other values.

Cancers of the urinary bladder and female breast include in situ cases.

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](http://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)