

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

SITE	All Whites		All Minorities		Total	
	Cases	Rate	Cases	Rate	Cases	Rate
Oral Cavity	1,123	12.5	279	10.8	1,421	12.3
Esophagus	406	4.5	105	4.4	513	4.5
Stomach	460	5.2	256	11.0	722	6.4
Colon & Rectum	3,095	35.5	997	41.5	4,136	37.2
Liver	722	7.9	261	9.6	989	8.4
Gallbladder	74	0.8	38	1.7	112	1.0
Pancreas	1,095	12.1	384	17.0	1,489	13.2
Larynx	352	3.9	107	4.1	463	4.0
Lung & Bronchus	6,448	71.7	1,473	62.7	7,956	70.4
Bone	67	0.9	24	0.9	91	0.9
Soft Tissue	225	2.7	76	3.0	306	2.9
Melanoma (Skin)	2,575	30.4	37	1.5	2,692	24.7
Female Breast	7,218	157.6	2,205	156.3	9,481	158.3
Cervix Uteri	246	6.4	111	8.0	362	6.8
Corpus Uteri	1,118	23.1	335	23.0	1,462	23.1
Ovary	563	12.3	117	8.6	683	11.5
Prostate	4,284	98.4	1,728	158.3	6,227	114.5
Testes	207	6.1	25	2.0	235	5.0
Bladder	1,908	21.5	239	10.7	2,168	19.6
Kidney	1,443	16.6	473	19.1	1,923	17.2
Endocrine	1,118	14.3	300	11.8	1,441	13.8
Multiple Myeloma	492	5.5	305	13.6	811	7.3
Leukemia	1,038	12.1	227	9.7	1,327	12.2
Brain & Other CNS (includes benign brain)	1,551	18.4	407	17.0	1,974	18.1
Brain & Other CNS (excludes benign brain)	564	6.8	115	4.7	680	6.3
Hodgkin Disease	200	2.7	61	2.3	267	2.7
Non-Hodgkin Lymphoma	1,507	17.4	346	14.2	1,889	17.2
Other Cancer	2,896	33.4	710	30.6	3,665	33.6
<b>All Cancers</b>	<b>41,444</b>	<b>471.9</b>	<b>11,334</b>	<b>464.0</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)