2010-2014 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	5,376	12.8	1,193	11.1	46	8.4	152	18.4	97	6.2	6,864	12.3
Esophagus	1,914	4.4	462	4.4	11	2.2	34	5.1	37	2.9	2,458	4.4
Stomach	2,225	5.3	982	10.3	39	7.0	103	13.0	157	10.5	3,506	6.5
Colon & Rectum	15,038	36.5	4,436	44.6	148	28.2	414	51.9	371	24.7	20,407	37.7
Liver	3,042	7.1	1,000	8.8	58	9.3	119	13.4	157	11.1	4,376	7.7
Gallbladder	323	0.8	167	1.8	5	1.0	16	2.9	17	1.6	528	1.0
Pancreas	4,966	11.7	1,558	16.1	49	9.6	101	14.5	124	9.4	6,798	12.4
Larynx	1,680	3.9	580	5.5	13	1.9	24	3.5	35	2.6	2,332	4.1
Lung & Bronchus	30,679	71.6	6,744	68.4	322	59.5	431	59.9	363	31.6	38,539	70.0
Bone	353	1.0	88	0.8	*	*	11	1.0	28	0.7	481	1.0
Soft Tissue	1,253	3.3	343	3.3	5	1.2	38	4.0	86	3.9	1,725	3.3
Melanoma (Skin)	11,958	30.4	105	1.1	20	5.0	344	42.1	98	4.7	12,525	23.6
Female Breast	34,560	159.5	9,642	164.4	313	99.2	930	180.4	975	106.2	46,420	158.4
Cervix Uteri	1,190	6.8	469	8.2	14	5.0	58	9.9	138	10.8	1,869	7.2
Corpus Uteri	5,540	24.3	1,516	25.5	53	17.8	150	31.1	200	22.5	7,459	24.4
Ovary	2,495	11.4	530	9.3	22	7.2	64	12.3	90	8.6	3,201	10.9
Prostate	22,420	109.1	8,548	191.0	303	113.5	1,110	337.2	497	83.4	32,878	125.0
Testes	898	6.1	86	1.8	8	2.7	21	2.9	84	3.0	1,097	4.7
Bladder	9,349	22.1	1,138	12.1	50	10.9	176	29.3	114	10.6	10,827	20.1
Kidney	6,786	16.6	1,965	19.2	80	14.3	95	12.4	235	13.4	9,161	16.7
Endocrine	5,181	14.5	1,094	10.5	45	7.9	207	17.1	329	11.0	6,856	13.3
Multiple Myeloma	2,494	5.9	1,363	14.0	21	3.7	116	18.5	80	5.7	4,074	7.5
Leukemia	5,156	12.7	942	9.7	38	6.5	266	34.9	158	8.5	6,560	12.3
Brain & Other CNS (includes benign brain)	7,391	19.3	1,678	16.9	46	7.9	231	26.2	307	13.8	9,653	18.3
Brain & Other CNS (excludes benign brain)	2,712	7.2	436	4.3	21	3.6	74	7.6	139	5.1	3,382	6.5
Hodgkin Disease	904	2.7	294	2.7	6	1.0	30	2.6	45	1.4	1,279	2.6
Non-Hodgkin Lymphoma	7,374	18.0	1,325	13.2	49	9.2	248	32.9	255	14.8	9,251	17.3
Other Cancer	13,819	34.0	3,118	32.2	104	20.0	431	61.6	476	27.4	17,948	33.7
All Cancers	199,685	482.7	50,124	493.2	1,844	333.5	5,763	723.9	5,385	323.5	262,801	480.4

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 underestimated (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)

The cases and rates for non-hispanic other races are significantly higher for all years because more individuals were classified as unknown race in the current submission file.