2014 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	1,161	12.7	239	9.1	1,421	12.1
Esophagus	427	4.5	102	4.0	531	4.4
Stomach	474	5.2	205	8.4	690	6.0
Colon & Rectum	3,085	34.5	986	39.9	4,104	36.0
Liver	673	7.2	275	10.1	956	7.9
Gallbladder	73	0.8	50	2.2	123	1.1
Pancreas	1,072	11.7	383	15.9	1,464	12.6
Larynx	338	3.6	134	5.1	477	3.9
Lung & Bronchus	6,277	67.5	1,566	64.2	7,879	67.3
Bone	82	1.1	17	0.7	100	1.0
Soft Tissue	275	3.2	70	2.8	348	3.2
Melanoma (Skin)	2,583	29.8	35	1.5	2,717	24.3
Female Breast	7,330	157.2	2,399	164.1	9,787	160.2
Cervix Uteri	270	7.1	118	8.3	393	7.5
Corpus Uteri	1,218	25.0	396	26.7	1,628	25.5
Ovary	483	10.2	105	7.5	597	9.7
Prostate	4,142	91.7	1,825	156.8	6,197	109.2
Testes	180	5.3	22	1.9	206	4.4
Bladder	1,936	21.3	293	12.7	2,250	19.8
Kidney	1,433	16.0	409	16.0	1,856	16.1
Endocrine	1,044	13.4	268	10.1	1,323	12.5
Multiple Myeloma	546	6.0	299	12.5	864	7.5
Leukemia	1,083	12.3	217	8.8	1,333	11.9
Brain & Other CNS (includes benign brain)	1,464	17.3	386	15.3	1,871	17.0
Brain & Other CNS (excludes benign brain)	512	6.2	107	4.1	626	5.8
Hodgkin Disease	179	2.4	68	2.5	250	2.4
Non-Hodgkin Lymphoma	1,479	16.6	300	11.7	1,809	16.0
Other Cancer	2,850	32.3	747	30.4	3,647	32.5
All Cancers	41,205	458.4	11,635	456.8	53,576	465.0

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.

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)