Leukemia

A Fact Sheet from the North Carolina Central Cancer Registry, State Center for Health Statistics

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Leukemia was the 12th most frequently occurring and the 6th leading cause of cancer death in North Carolina from 2004 to 2008. It is anticipated that 1,202 people (687 males and 515 females) in North Carolina will be diagnosed with and 710 people (420 males and 290 females) will die of leukemia in 2011.

Incidence

The percentage of cases of leukemia from 2004 to 2008 is displayed by age group in Figure 1. Nearly 9 percent of leukemia cases were diagnosed in people under age 20.

Between 2004 and 2008, the age-adjusted incidence rate for leukemia in North Carolina was 11.8 per 100,000 persons per year (Figure 2). Men were more likely to be diagnosed with leukemia than women.

From 1995 to 2008, leukemia incidence rates have remained stable for men and women (Figure 3).
Mortality
Less than 3 percent of deaths occurred in children ages 0 to 19. Figure 5 shows the percentage of deaths that occurred between 2004 and 2008 displayed by age group.

The age-adjusted mortality rate of leukemia from 2004 to 2008 was 6.9 per 100,000 persons per year (Figure 5). Men were more likely to die from leukemia than women.

From 1995 to 2008, leukemia mortality rates have remained fairly stable for men and have decreased for women (Figure 6).

Data Sources and Methods
Data on North Carolina cases were obtained from the North Carolina Central Cancer Registry (CCR). Hospitals are the primary source of data. The CCR supplements hospital data with reports from physicians who diagnose cases in a non-hospital setting. The CCR also collects data from pathology laboratories and freestanding treatment centers. Data on cancer deaths were obtained from Statistical Services in the State Center for Health Statistics. Population data from the National Center for Health Statistics were used in the denominators of the rates, which are expressed per 100,000 persons. Rates were age-adjusted using the 2000 United States Census data. To examine trends, three-year overlapping rates were used to improve stability over time. Stage at diagnosis was defined according to Surveillance Epidemiology and End Results Summary Stage guidelines as in situ, localized, regional, distant, and unknown/NA. For further information about the NC CCR, please visit www.schs.state.nc.us/SCHS/CCR.