



Multiple Myeloma

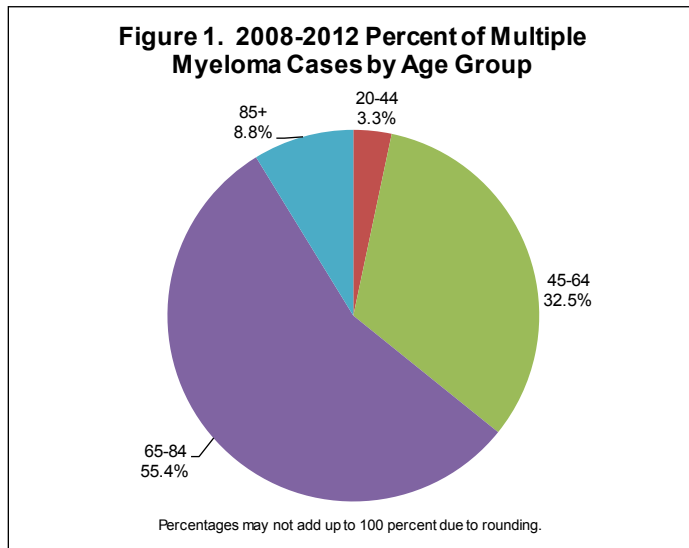
A Fact Sheet from the North Carolina Central Cancer Registry, State Center for Health Statistics

August 2017

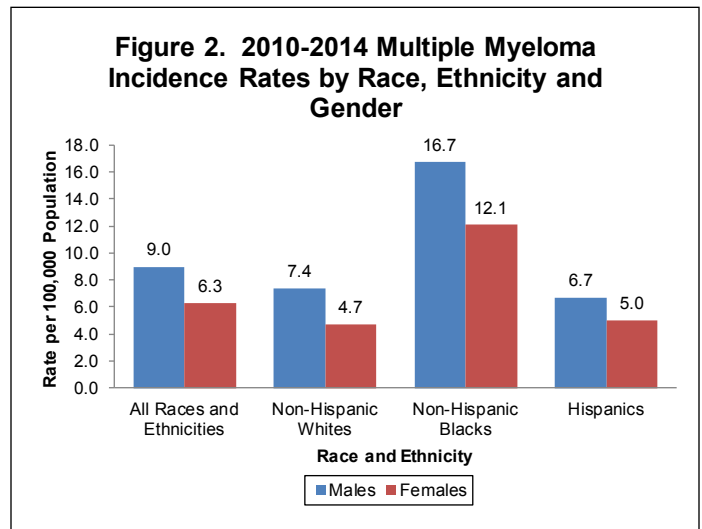
Multiple myeloma was the 15th most frequently occurring and the 14th leading cause of death in North Carolina from 2010 to 2014. It is anticipated that 934 people (501 males and 433 females) in North Carolina will be diagnosed with and 461 people (232 males and 229 females) will die of multiple myeloma in 2017.

Incidence

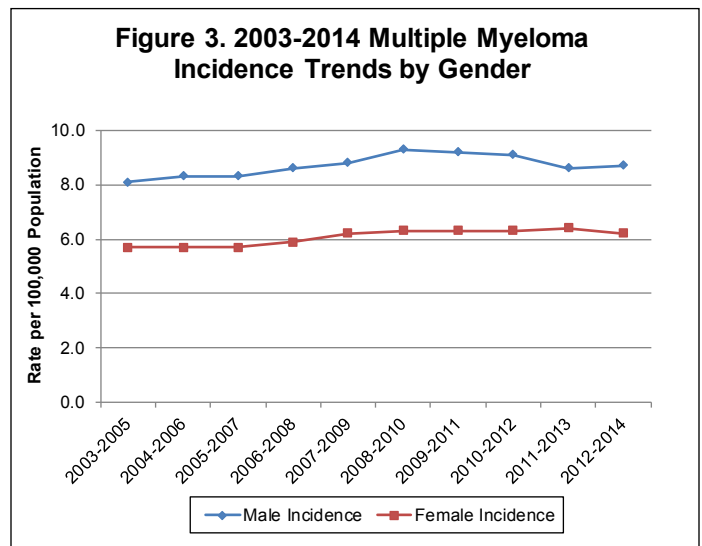
The percentage of cases of multiple myeloma from 2010 to 2014 is displayed by age group in Figure 1. Over half of multiple myeloma cases were diagnosed in people ages 65 to 84.



Between 2010 and 2014, the age-adjusted incidence rate for multiple myeloma in North Carolina was 7.5 per 100,000 persons per year. In all races, men were more likely to be diagnosed with multiple myeloma than women (Figure 2).

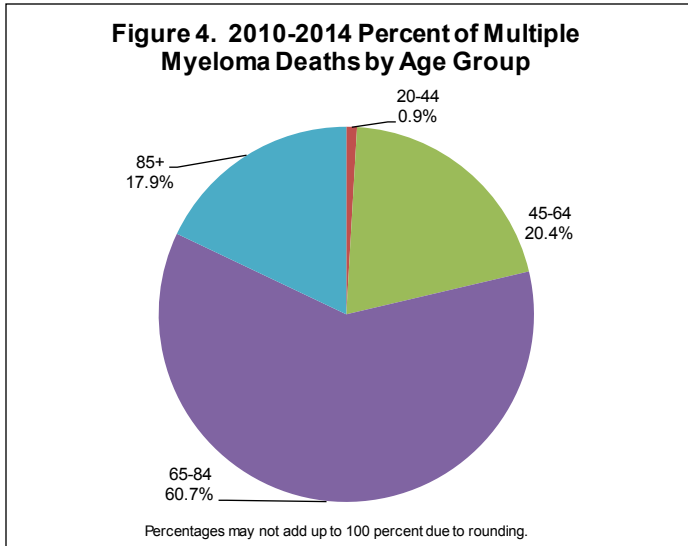


From 2003 to 2014, multiple myeloma incidence rates have remained stable for men and women (Figure 3).

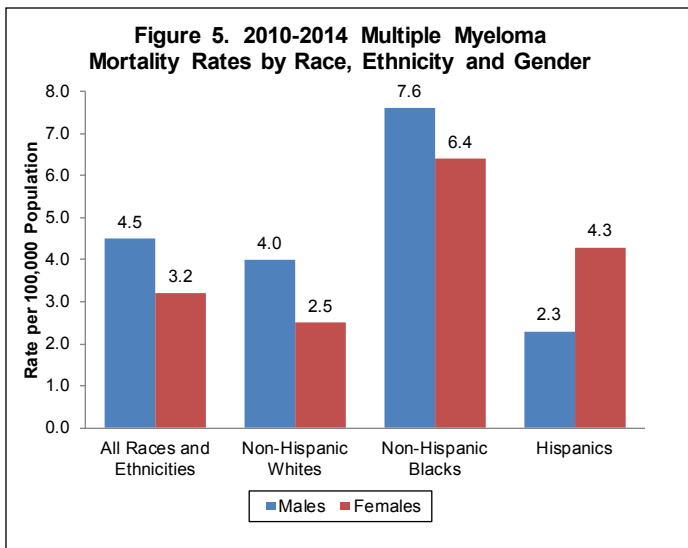


Mortality

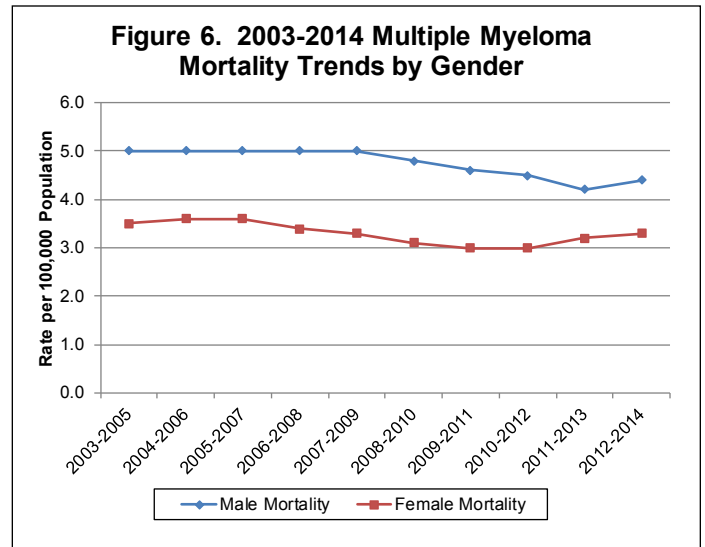
Between 2010 and 2014, the percentage of multiple myeloma deaths is displayed by age group in Figure 4. Over 60 percent of deaths occurred in people ages 65 to 84.



The age-adjusted mortality rate of multiple myeloma from 2010 to 2014 was 3.7 per 100,000 persons per year. In all non-Hispanic races, men were more likely to die from multiple myeloma than women while Hispanic women were more likely to die from multiple myeloma than Hispanic men (Figure 5).



From 2003 to 2014, multiple myeloma mortality rates have remained stable for both men and 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 North Carolina CCR, please visit www.schs.state.nc.us/units/ccr.