



# Non-Hodgkin Lymphoma

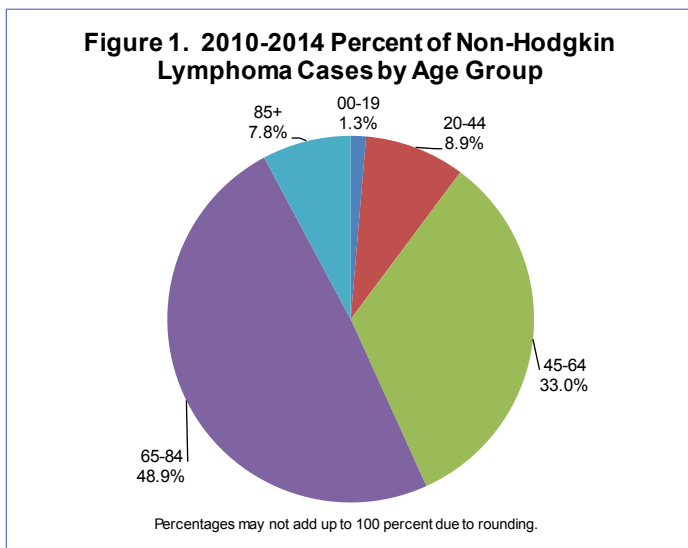
A Fact Sheet from the North Carolina Central Cancer Registry, State Center for Health Statistics

August 2017

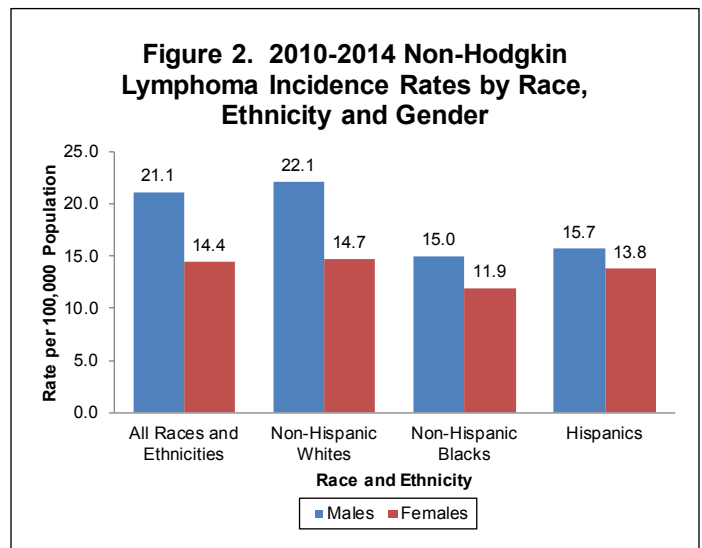
Non-Hodgkin lymphoma was the seventh most frequently occurring and the eighth leading cause of cancer death in North Carolina from 2010 to 2014. It is anticipated that 2,082 people (1,132 males and 950 females) in North Carolina will be diagnosed with and 677 people (373 males and 304 females) will die of non-Hodgkin lymphoma in 2017.

## Incidence

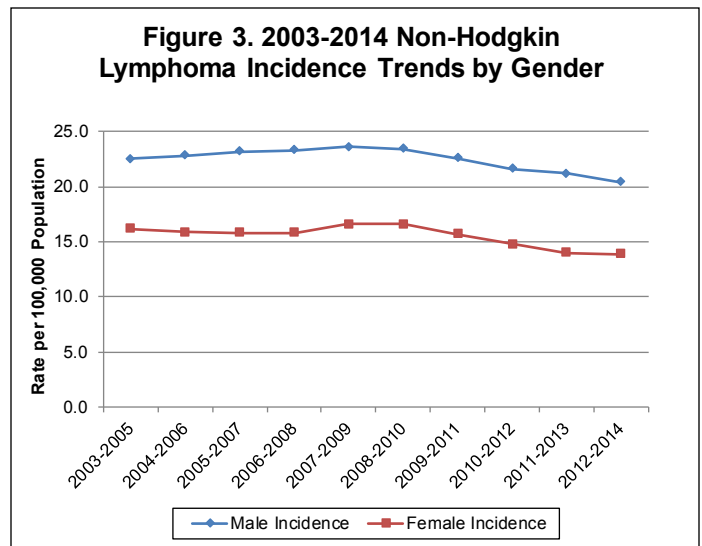
The percentage of cases of non-Hodgkin lymphoma from 2010 to 2014 is displayed by age group in Figure 1. Just over 80 percent of non-Hodgkin lymphoma cases were diagnosed in people ages 45 to 84.



Between 2010 and 2014, the age-adjusted incidence rate for non-Hodgkin lymphoma in North Carolina was 17.3 per 100,000 persons per year. In all races, men are more likely to be diagnosed with non-Hodgkin lymphoma than women (Figure 2).

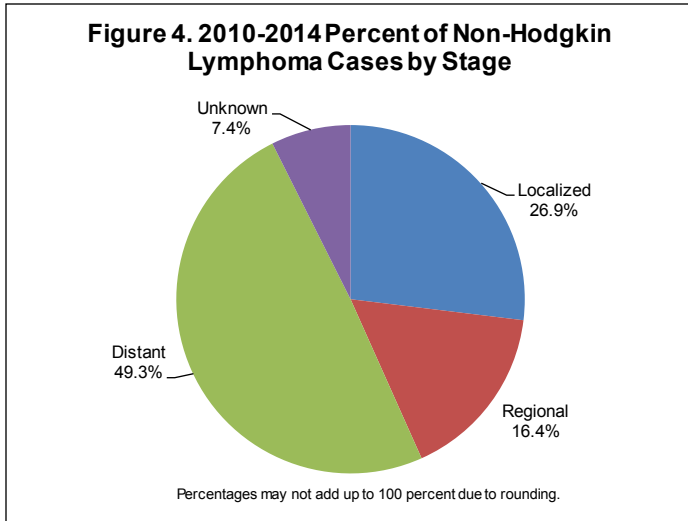


From 2003 to 2014, non-Hodgkin lymphoma incidence rates have remained stable for men and women (Figure 3).

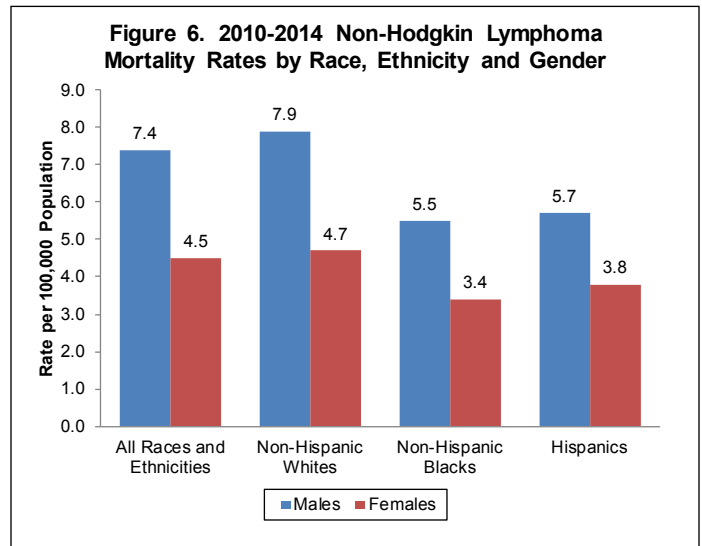


## Stage at Diagnosis\*

Figure 4 shows the stage distribution of non-Hodgkin lymphoma cases diagnosed between 2010 and 2014. About half of non-Hodgkin lymphoma cases were diagnosed at the distant stage.

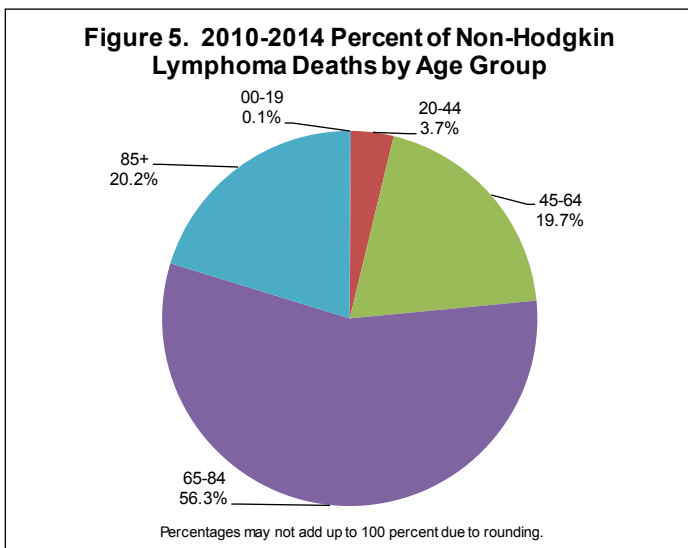


The age-adjusted mortality rate of non-Hodgkin lymphoma from 2010 to 2014 was 5.7 per 100,000 persons per year. Men are more likely to die from non-Hodgkin lymphoma than women (Figure 6).

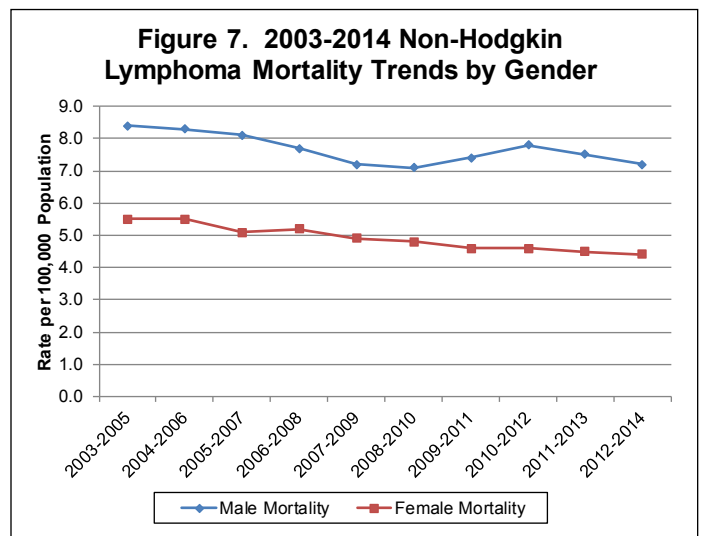


## Mortality

Between 2010 and 2014, the percentage of non-Hodgkin lymphoma deaths is displayed by age group in Figure 5. Over 56 percent of deaths occurred in people ages 65 to 84.



From 2003 to 2014, non-Hodgkin lymphoma mortality rates have slightly decreased for men and women (Figure 7).



## 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](http://www.schs.state.nc.us/units/ccr).

\* According to the National Cancer Institute (NCI), "many cancer registries, such as NCI's Surveillance, Epidemiology, and End Results Program (SEER), use summary staging. This system is used for all types of cancer. It groups cancer cases into five main categories: **In situ**—Abnormal cells are present only in the layer of cells in which they developed. **Localized**—Cancer is limited to the organ in which it began, without evidence of spread. **Regional**—Cancer has spread beyond the primary site to nearby lymph nodes or organs and tissues. **Distant**—Cancer has spread from the primary site to distant organs or distant lymph nodes. **Unknown**—There is not enough information to determine the stage." Additional information on staging can be found at [www.cancer.gov/cancertopics/factsheet/detection/staging](http://www.cancer.gov/cancertopics/factsheet/detection/staging).