CANCER IN IDAHO - 2004

A Publication of the
Cancer Data Registry of Idaho

CANCER DATA REGISTRY OF IDAHO

A Program of the
Idaho Hospital Association

IDAHO HOSPITAL ASSOCIATION

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April 2006

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PREFACE

Cancer in Idaho - 2004, the twenty-eighth annual report of the Cancer Data Registry of Idaho (CDRI), contains data on cancer cases diagnosed during 2004 among Idaho residents. These data can be used by public health officials, hospital administrators, physicians, and others to effectively plan services, prioritize health resource allocations, develop and measure prevention and intervention strategies, and identify high risk populations within the state of Idaho.

ACKNOWLEDGMENTS

The Idaho Hospital Association (IHA) contracts with, and receives funding from, the Idaho Department of Health and Welfare, Division of Health, to provide a statewide cancer surveillance system.

The statewide cancer registry database is a product of collaboration among many report sources including hospitals, physicians, surgery centers, pathology laboratories, and other states in which Idaho residents are diagnosed and/or treated for cancer. Their cooperation in reporting timely, accurate, and complete cancer data is acknowledged and sincerely appreciated.

CDRI would also like to thank the Idaho Bureau of Health Policy and Vital Statistics, the Bureau of Clinical and Preventive Services, the Bureau of Community and Environmental Health, and the Office of Epidemiology and Food Protection of the Idaho Department of Health and Welfare, Division of Health, for their continued partnership in using CDRI data as a tool in cancer control and prevention.

This publication was supported by Cooperative Agreement Number U55/CCU021915 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

SUGGESTED CITATION:
Johnson CJ, Carson SL. *Cancer in Idaho, 2004*. Boise, ID: Cancer Data Registry of Idaho; April 2006.

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BACKGROUND

Introduction to the Cancer Data Registry of Idaho (CDRI)

Purpose of the Registry

Population-based cancer registries are essential for assessing the extent of cancer burden in a specified geographic area. The Cancer Data Registry of Idaho (CDRI) is a population-based cancer registry that collects incidence and survival data on all cancer patients who reside in the state of Idaho or who are diagnosed and/or treated for cancer in the state of Idaho. The goals of the CDRI are to:

- determine the incidence of cancer in the state of Idaho with respect to geographic, demographic, and social characteristics;
- monitor trends and patterns of cancer incidence over time;
- identify high risk populations;
- provide a database and serve as a resource in conducting epidemiologic studies; and
- provide data to assist public health officials, hospital administrators, and physicians to effectively plan services, prioritize health resource allocations, and develop and measure prevention and intervention strategies.

History and Funding of the Registry

CDRI was established in 1969 and became population-based in 1971. The Idaho State Legislature has provided guidelines for the establishment, requirements, and funding of the statewide cancer registry. The operations of the registry are mandated by Idaho Code 57-1703 through 57-1707. Funding is appropriated in Idaho Code 57-1701 and 63-2520, which delineates a portion (less than one percent) of the cigarette tax to be dedicated to fund the statewide cancer registry. Additional funding has been awarded to CDRI from the Centers for Disease Control and Prevention (CDC) to enhance timely, complete and accurate data collection, computerization, and reporting of reliable data.

Collection of Data

Each Idaho hospital, outpatient surgery center, and pathology laboratory is responsible for the complete ascertainment of all data on cancer diagnoses and treatments provided in its facility within six months of diagnosis. Sources for identifying eligible cases include:

- hospitals,
- outpatient surgery centers,
- private pathology laboratories,
- free-standing radiation centers,
- physicians (for patients not receiving cancer diagnoses and/or treatment in the above sources),
- death certificates, and
- other state cancer registries reporting an Idaho resident with cancer (as negotiated).

When a cancer case is reported from more than one source, the information is consolidated into one record.

Reported cases contain the following data:

- patient demographics (including geographic place of residence at time of cancer diagnosis);
- description of cancer (including date of diagnosis, primary site, metastatic sites, histology, extent of disease, etc.);
- first course treatment; and
- follow-up data for purposes of calculating survival rates.

Primary site, behavior, grade, and histology were coded according to the "International Classification of Diseases for Oncology, 3rd edition."[1] Stage of disease variables were coded using SEER's Summary Staging Manual 2000, the AJCC Manual for Staging of Cancer, 6th edition, and the Collaborative Staging Manual, Version 1.0.[2,3,16] SEER Summary Stage was coded using the SEER manual, not derived from Collaborative Staging variables. All other variables were coded following the rules of the North American Association of Central Cancer Registries (NAACCR), the National Cancer Institute's SEER program, and the American College of Surgeons Commission on Cancer.[4-6]

Reportable Cases

All in-situ or malignant neoplasms are reportable to CDRI. The database includes all cases of carcinoma, sarcoma, melanoma, lymphoma, and leukemia, diagnosed by histology/cytology, radiology, laboratory testing, clinical observation, and autopsy.

Also reportable are benign tumors of the brain, meninges, pineal gland, and pituitary gland.

Basal and squamous cell carcinomas of the skin are excluded except when occurring on a mucous membrane or if the AJCC stage group is II, III, or IV.

Under Idaho Code and as recommended by NAACCR, cervix in-situ cases are not currently reportable.

Confidentiality of Data

Idaho state law ensures the protection of confidential data and restricts the release of identifying data. Only aggregate data are published. The same law protects report sources from any liability for reporting confidential data to CDRI. Persons with access to confidential data are required to sign a pledge of confidentiality and are subject to penalty if they, through negligence or willful misconduct, disclose confidential data.

Quality Assurance

To assure validity and reliability of data presented, CDRI has many mechanisms in place to check data for quality and completeness. CDRI uses EDITS software which has standard edits using algorithms that check the content of data fields against an encoded set of acceptable possible contents and flags the acceptability of coded data. Edits include field edits, inter-field edits, and inter-record edits. Edits check for unlikely sex/site, site/histology, or site/age combinations. In addition to computerized edits, each case is manually reviewed for errors.

Records are also routinely checked for duplicate entries. Duplicate case checking is performed both manually and electronically using various methodologies.

Idaho data have qualified for inclusion in all volumes of NAACCR's publication of "Cancer Incidence in North America." In order to be included, states must meet standards for quality and completeness.

Executive Summary

Data Presentation

This report is comprised of seven sections. Section I focuses on the 23 most common cancer sites and all sites combined and presents age-adjusted incidence rates, numbers of cases, numbers of deaths, counts by county, stage of disease at time of diagnosis, risk factors, special notes, age-adjusted incidence rate comparisons by health district, and age-specific rates by gender. New for *Cancer in Idaho, 2004* is a subsection on non-malignant brain and other central nervous system tumors. While these cases have been reportable to CDRI since its inception, they have not been reportable to the North American Association of Central Cancer Registries or the National Program of Cancer Registries until the 2004 diagnosis year. Section II depicts incidence data by site and gender for invasive and in-situ cases. Section III depicts mortality data by site and gender. Section IV contains a table of age-specific cancer rates, per 100,000, by site and gender. Section V contains a table of observed versus expected numbers of cancer cases by health district. For more detailed statistics by county, see CDRI's "County Cancer Profiles" at www.idcancer.org. Section VI contains tables of age-specific risks of developing and dying from cancer for males and females. Section VII shows cancer incidence trends in Idaho for the period 1975-2004. This is the first year that detailed cancer incidence trends have been included in the *Cancer in Idaho* annual report series.

Descriptive Summary by Gender and Race and Ethnicity

The data presented in this report cover cancer cases diagnosed among Idaho residents between January 1, 2004, and December 31, 2004. In this time frame, there were 6,384 cases of in-situ and invasive cancer diagnosed among Idaho residents (3,342 among males and 3,042 among females). By race and ethnicity, there were 6,129 cases among non-Hispanic whites, 179 among Hispanic whites, 12 cases among Blacks, 36 cases among Native Americans, 18 cases among Asians/Pacific Islanders, and 5 cases among other races. Race was missing for 5 cases. The number of cancer cases treated in outpatient settings and reported only by pathology laboratories has increased over the last several years. For 2004, CDRI changed the procedures for data collection for cases reported only by pathology laboratories. This resulted in a large reduction in the number of such cases reported with missing race and/or ethnicity. CDRI has conducted matches with the Indian Health Service and Northwest Portland Area Indian Health Board to improve the accuracy of race information collected on Native Americans, and uses the NAACCR Hispanic Identification Algorithm to identify Hispanics by birthplace/race/surname. For more detailed statistics by race and ethnicity, see *Cancer in Idaho by Race and Ethnicity: 1990-2001*.[15]

Trends

There was a 3% increase in the number of reported cases from 2003 to 2004 (an increase of 197 cases from 2003 to 2004 as of one year after close of calendar year), but a slight decrease (0.6%) in the age-adjusted cancer incidence rate. Cancer sites with notable decreases from 2003 to 2004 were Hodgkin lymphoma and larynx. Cancer sites with notable increases from 2003 to 2004 were endometrium, liver, multiple myeloma, and testis. See Section VII for more detailed long term trends in cancer incidence.

Population Description

The population of the state of Idaho on July 1, 2004, was estimated to be 1,393,262 (698,624 males and 694,638 females). Population estimates were obtained from the U.S. Bureau of the Census.[7] Idaho is comprised of 44 counties grouped into seven health districts. The composition of the health districts and their population estimates by gender as used in this report are shown below:

Health District	Counties	Male	Female
District 1	Benewah, Bonner, Boundary, Kootenai, Shoshone	96,696	97,710
District 2	Clearwater, Latah, Lewis, Idaho, Nez Perce	51,189	49,565
District 3	Adams, Canyon, Gem, Owyhee, Payette, Washington	109,917	110,179
District 4	Ada, Boise, Elmore, Valley	190,989	185,744
District 5	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls	84,521	84,103
District 6	Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, Power	78,911	80,165
District 7	Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton	86,401	87,172

SUMMARY MEASURES OF CANCER BURDEN IN IDAHO - 2004

Primary Site	Incident Cases	Deaths	Median Age at Diagnosis	Median Age at Death	Estimated Prevalence Count	Total Number of YPLL Before Age 75	Average Number of YPLL per Death, Persons Aged Less than 75 Years	% Change Incidence Rate 2003 to 2004
All Sites	5,901	2,225	67.0	73.0	39,061	15,975	12.8	-0.6%
Bladder	277	48	73.0	77.5	1,862	146	8.1	8.9%
Brain	93	72	55.0	55.5	393	1,347	23.2	6.0%
Breast	754	161	63.0	72.0	8,501	1,495	15.6	-9.5%
Cervix	38	10	47.0	61.0	640	171	24.4	-12.3%
Colorectal	575	194	72.0	77.5	3,633	1,056	11.9	-3.1%
Endometrium	151	10	63.0	74.5	1,864	63	12.5	23.2%
Esophagus	62	51	70.0	64.0	90	571	14.3	2.8%
Hodgkin Lymphoma	30	6	40.5	63.0	586	82	16.3	-35.5%
Kidney	176	56	63.0	68.0	871	455	12.6	3.8%
Larynx	33	8	65.0	66.5	316	78	13.0	-25.0%
Leukemia	167	116	66.0	74.0	870	1,113	16.6	-14.4%
Liver	56	47	65.0	68.0	38	467	13.0	43.7%
Lung	742	537	70.0	72.0	1,118	3,301	9.7	-1.4%
Melanoma of Skin	335	46	59.0	70.5	2,555	461	17.1	6.0%
Myeloma	75	67	71.0	76.0	198	294	9.8	58.2%
Non-Hodgkin Lymphoma	257	105	71.0	77.0	1,434	645	14.7	8.0%
Oral Cavity and Pharynx	142	31	61.0	70.0	1,092	235	13.1	-2.1%
Ovary	74	65	67.0	74.0	684	494	14.5	-3.3%
Pancreas	161	150	72.0	74.5	121	868	11.0	8.4%
Prostate	964	154	68.0	81.0	8,046	255	5.7	-1.7%
Stomach	63	46	66.0	68.5	190	461	14.9	-17.6%
Testis	53	3	36.0	19.0	695	147	48.8	32.1%
Thyroid	133	3	47.0	66.0	1,386	21	6.8	-0.3%

Notes:

Incident cases include all invasive and bladder in situ cases newly diagnosed among Idaho residents in 2004.

Cancer prevalence is the number of people alive today who have been diagnosed with cancer. This includes individuals who were newly diagnosed, are in active treatment, have completed active treatment, and those living with progressive symptoms of their disease. Limited-duration prevalence was estimated from long-term incidence and survival rates from 1970 to 2004 but underestimates complete prevalence due to an unknown number of live cases diagnosed prior to 1970.

Years of potential life lost (YPLL) is a statistic used to measure the number of years of life lost in a population when persons in that population die prematurely (standard of 75 years of age used for this table).

Technical Notes

Age-adjusted Incidence Rates

Age-adjusted incidence rates published within this report were adjusted using the direct method and standardized to the age distribution of the 2000 U.S. population (see Appendix B for the 2000 U.S. standard population). Incidence rates represent the average number of new cases diagnosed annually per 100,000 persons. Age adjustment allows rates from one geographic area or time period to be compared with rates from other geographic areas or time periods that may have differences in age distributions. Any observed differences in age-adjusted incidence rates between populations are not due to differing age structures.

Because the 2000 U.S. standard population was used to age-adjust rates, the age-adjusted rates published in this report are not comparable with age-adjusted rates published in CDRI annual reports for incident years prior to 1999.

The computation of rates requires reliable estimates of the population at risk by five-year age groups and gender during the time period being studied. Population figures used in this report were obtained from the U.S. Bureau of the Census (see Appendix C).[7]

In conformity with the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program guidelines, the incidence rates excluded the following:

- in-situ cases, except bladder;
- basal and squamous cell skin cancers;
- cases with unknown age; and
- cases with unknown gender.

Of the total number of invasive and in-situ cases for 2004 (6,384), a total of 5,901 cases (5,741 invasive and 160 bladder in-situ) were used for calculating age-adjusted incidence rates. Of the 5,901 cases, 3,185 occurred among males and 2,716 occurred among females.

Age-specific Incidence Rates

Age-specific rates are calculated by dividing the number of cases for a given age group by the total population of that age group and are expressed as an average annual rate per 100,000 population by age group. Age-specific rates exclude the same types of cases that are excluded from age-adjusted incidence rates.

Observed vs. Expected Numbers of Cases

The expected numbers of cases were calculated using the indirect method of age-adjustment. For each health district, the expected numbers of cases were calculated using rates for the remainder of Idaho. The observed and expected numbers exclude in-situ cases (except bladder), basal and squamous cell skin cancers, and cases with unknown age or sex. Cases with unknown county of residence were not included in the observed numbers of cases. Statistically significant differences between observed and expected cases (standardized incidence ratios) were marked (+) for $p <= 0.05$ and (*) for $p <= 0.01$. Statistical significance does not necessarily imply that concern is warranted, since differences can occur as a result of multiple factors.

Risk and Associated Factors

The "risk and associated factors" subsections in Section I were developed from extracts of "Cancer Epidemiology and Prevention," the American Cancer Society's "Clinical Oncology," and the U.S. Department of Health and Human Services 11th Report on Carcinogens.[8-10] Socio-economic status is abbreviated as SES in Section I text.

Mean/Median/Mode

Measures of central tendency are helpful to describe a group of individual values in a simple and concise manner.

Mean also known as the arithmetic average, is the sum of all observations divided by the number of observations.

Median is the middle value when the observations are ranked in order from the smallest to the largest.

Mode is the value which occurs most frequently in a group of observed values.

Confidence Intervals

An estimated range of values within which the true population value lies with given probability is the confidence interval.

Cancer Case Definition

A "cancer case" is defined as a primary cancer site (where the cancer started), not a metastatic cancer site (where the cancer spread to). Since an individual can have more than one primary cancer site during their lifetime, the number of incident cancer cases is greater than the number of persons who are diagnosed with cancer.

Limitations to Data Interpretation and Comparison

Rates based on population estimates: In non-census years, state and county population figures are estimates. Errors in the estimates will impact the rates.

Rate comparisons: Age-adjusted incidence rates and age-specific rates based on small numbers of cases (fewer than 10 cases) may be unstable. In comparing rates among geographic areas (counties, health districts, or states), factors such as the absolute numbers of cases and differences in demographics should be considered. Interpretations without consideration of these factors may be misleading or inaccurate.

Racial misclassification: Many source documents used to report cancer do not specify race of the patient, or misclassify race. For more detailed statistics by race and ethnicity, see *Cancer in Idaho by Race and Ethnicity: 1990-2001*.[15]

Standard Site Analyses Categories

To facilitate interpretation of data and comparisons across registries, CDRI uses standardized groupings of site analysis categories. These groupings are consistent with the National Cancer Institute's SEER Program and are adopted by NAACCR.[4,5] Most neoplasms are grouped by the organ where they occur. Neoplasms of the lymphatic, hematopoietic, and reticuloendothelial systems are grouped by their histologies (leukemias, lymphomas, etc.), and not by the anatomic site where they occurred. Melanoma of the skin is a combination of both anatomic site and histologic type. See Appendix A for groupings of codes.

SEER

Part of the National Cancer Institute, the Surveillance, Epidemiology, and End Results (SEER) program consists of several population-based cancer registries throughout the U.S. SEER cancer statistics are designed to be representative of the U.S. population, and are included for reference in Section I of this report. SEER rates for Section I were calculated using SEER*Stat.[11]

Stage at Time of Diagnosis

Staging measures the extent of disease at the time of initial diagnosis. Summary staging attempts to group cases with similar prognoses into categories of:

- in-situ (non-invasive),
- localized (cancer confined to the primary site),
- regional (direct extensive of tumor to adjacent organs, and/or lymph nodes),
- distant (metastasis to tissues or lymph nodes remote from the primary site), or
- unstaged.

Limited-Duration Prevalence

Limited-duration prevalence represents the number of people alive on a certain day who had a diagnosis of the disease within the past x years. SEER*Stat's prevalence calculations use the counting method to estimate prevalence from incidence and follow-up data. The counting method estimates prevalence by counting the number of persons who are known to be alive at a specific calendar time and adjusting for those lost to follow-up.

Risks of Developing and Dying from Cancer

Cancer incidence and mortality risks were estimated using DEVCAN Version 6.0.1 software.[12] DEVCAN was used to calculate the probability of developing or dying of cancer using Idaho-specific cancer incidence and mortality data for the years 2000-2004. The estimates generated are similar to estimates derived using incidence data from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, mortality data from the National Center for Health Statistics, and population estimates from census data. DEVCAN was developed by Information Management Services, Inc. in consultation with the Applied Research Branch of the National Cancer Institute. DEVCAN uses a standard multiple decrement life table.

Trend Analyses

Joinpoint Version 3.0 software[17] was used to model trends in age-adjusted cancer incidence rates. For each joinpoint time segment, the estimated annual percent change (EAPC) was calculated by fitting a least squares regression line to the natural logarithm of the rates using calendar year as a covariate. Heteroscedastic errors in annual rates were incorporated into the models based on the standard errors for the rates by primary site category and year. The software used a grid search to find the maximum likelihood estimates of the joinpoints for multiple models (0 to 3 joinpoints) per primary site category and sex. Model selection was performed using Monte Carlo methods.

SECTION I

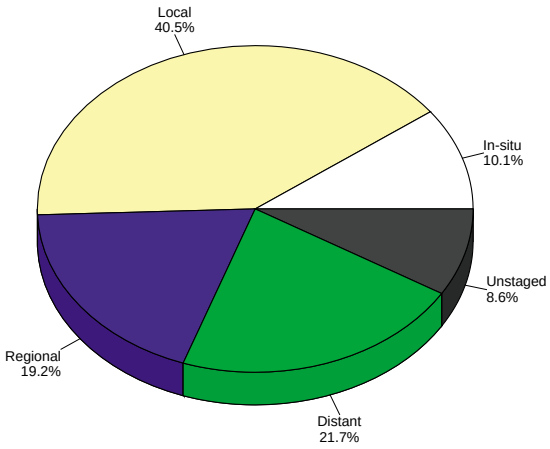
2004 SUMMARY ON ALL SITES COMBINED
AND
23 MOST COMMON SITES

ALL SITES

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	443.8	521.6	383.1
# of new invasive cases	5,741	3,070	2,671
# of new in-situ cases	643	272	371
# of deaths	2,225	1,173	1,052

Stage at Diagnosis - All Sites



Total Cases By County

Ada	1,513	Cassia	83	Lewis	40
Adams	33	Clark	2	Lincoln	21
Bannock	254	Clearwater	57	Madison	64
Bear Lake	16	Custer	28	Minidoka	87
Benewah	48	Elmore	111	Nez Perce	229
Bingham	118	Franklin	23	Oneida	14
Blaine	82	Fremont	45	Owyhee	54
Boise	36	Gem	81	Payette	93
Bonner	232	Gooding	82	Power	13
Bonneville	324	Idaho	87	Shoshone	102
Boundary	46	Jefferson	70	Teton	31
Butte	18	Jerome	76	Twin Falls	333
Camas	7	Kootenai	684	Valley	53
Canyon	697	Latah	104	Washington	64
Caribou	25	Lemhi	43		

Risk and Associated Factors

Age Rates usually increase steadily with age. Most cases are adults in mid-life or older.

Gender Males have a higher incidence than females for most cancer types.

Race & SES Rates are higher for African Americans than for Caucasians and other ethnic groups. Rates are generally higher among lower income groups.

Occupation Risk for cancer is greater with some kinds of workplace exposures, such as some chemicals, asbestos, and radiation.

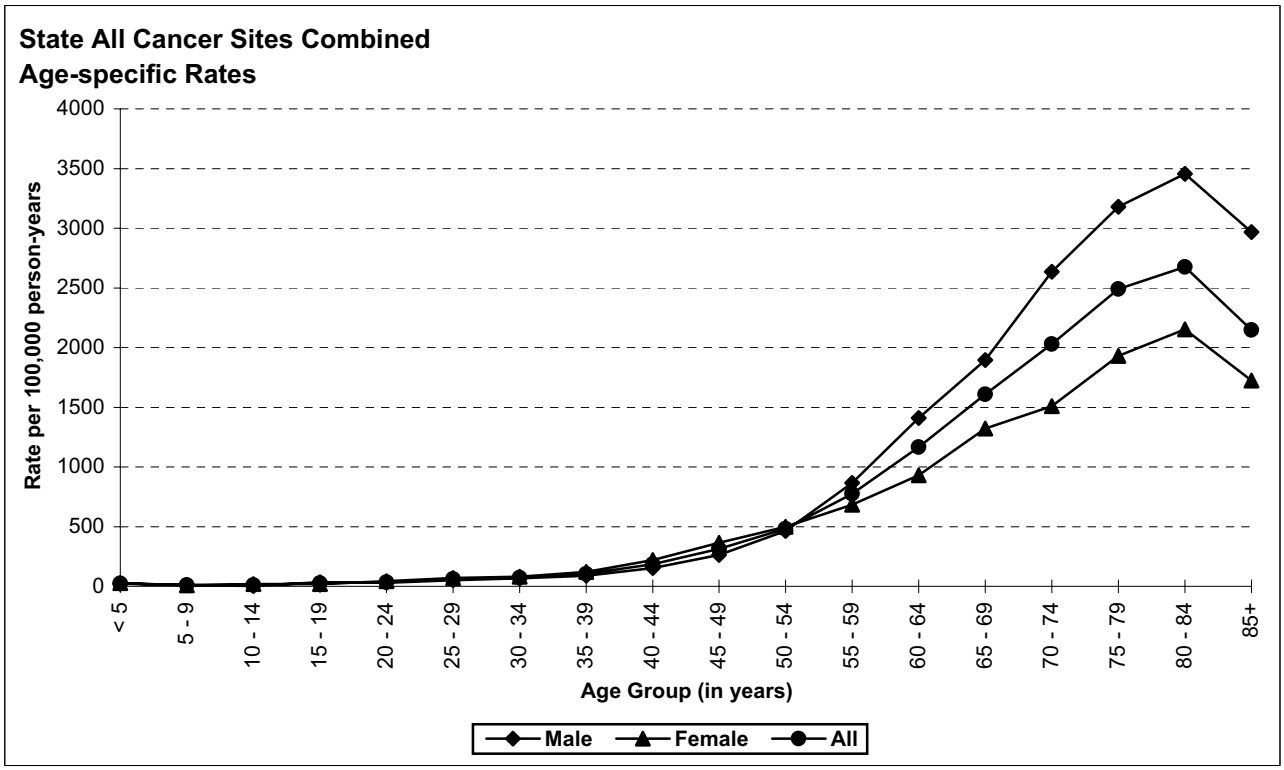
Diet Diets that are low in fresh fruits and vegetables have been associated with increased incidence of several cancers.

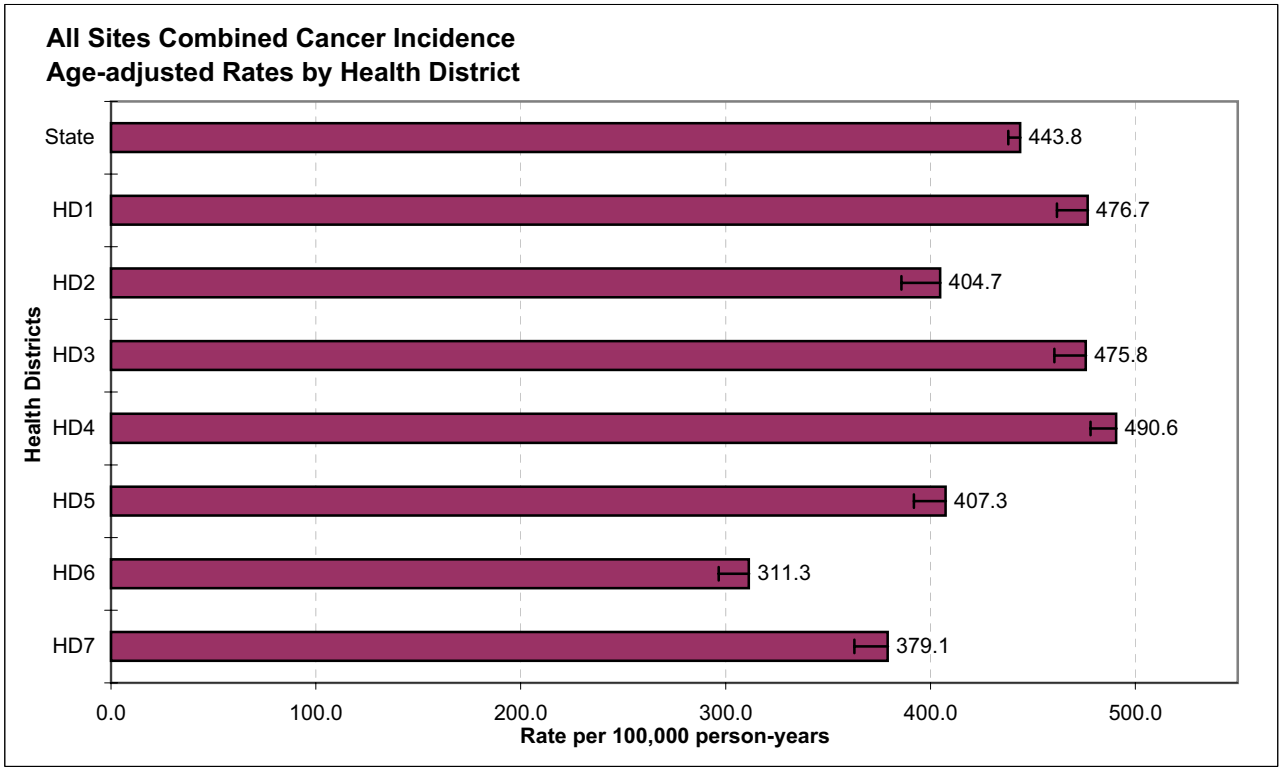
Other Tobacco use is the single most important risk factor for cancer incidence and mortality. Most cancers manifest a tendency to aggregate in families - close relatives of a cancer patient can be considered to have increased risk of that neoplasm, but not all forms of cancer. Excess risk is usually 2-3 times baseline, but in some (rare) families may be hundreds-fold.

Special Notes

Mean age-adjusted incidence rate across health districts:	420.8
95% confidence interval on the mean age-adjusted incidence rate:	372.8 - 468.8
Median age-adjusted incidence rate of health districts:	407.3
Range of age-adjusted incidence rate for health districts:	311.3 - 490.6
SEER rate (2002, Whites):	466.9

The incidence rates for all cancers combined were similar for males and females in Idaho until approximately age 55-59, after which rates for males rose dramatically. The highest rates for both males and females were observed in age groups after age 70, peaking in the age group 80-84 for males and females. Health Districts 1, 3 and 4 had statistically significantly more cases of cancer than expected based upon rates for the remainder of Idaho, and Health Districts 2, 5, 6 and 7 had statistically significantly fewer cases than expected.


State All Cancer Sites Combined
Age-specific Rates
Rate per 100,000 person-years
4000
3500
3000
2500
2000
1500
1000
500
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

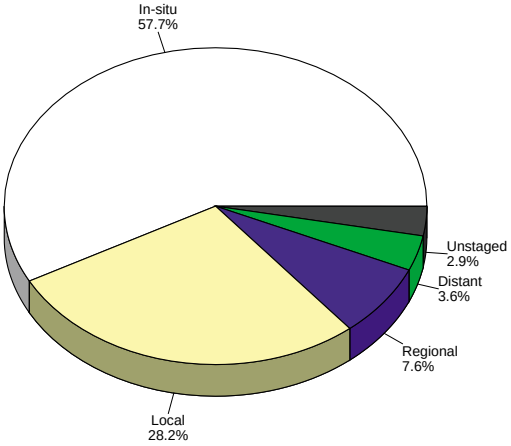

All Sites Combined Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
443.8
476.7
404.7
475.8
490.6
407.3
311.3
379.1
0.0
100.0
200.0
300.0
400.0
500.0
Rate per 100,000 person-years

BLADDER

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	21.1	34.8	10.6
# of new invasive cases	117	84	33
# of new in-situ cases	160	115	45
# of deaths	48	37	11

Stage at Diagnosis - Bladder



Total Cases By County

Ada	65	Cassia	5	Lewis	4
Adams	3	Clark	-	Lincoln	1
Bannock	11	Clearwater	4	Madison	1
Bear Lake	2	Custer	-	Minidoka	5
Benewah	-	Elmore	5	Nez Perce	9
Bingham	5	Franklin	1	Oneida	-
Blaine	6	Fremont	-	Owyhee	2
Boise	3	Gem	1	Payette	4
Bonner	7	Gooding	1	Power	1
Bonneville	12	Idaho	2	Shoshone	3
Boundary	4	Jefferson	5	Teton	1
Butte	1	Jerome	3	Twin Falls	9
Camas	-	Kootenai	39	Valley	3
Canyon	36	Latah	7	Washington	4
Caribou	1	Lemhi	1		

Risk and Associated Factors

Age Rates usually increase steadily with age.

Gender Males have substantially higher rates than females.

Race Incidence rates are higher in Caucasians.

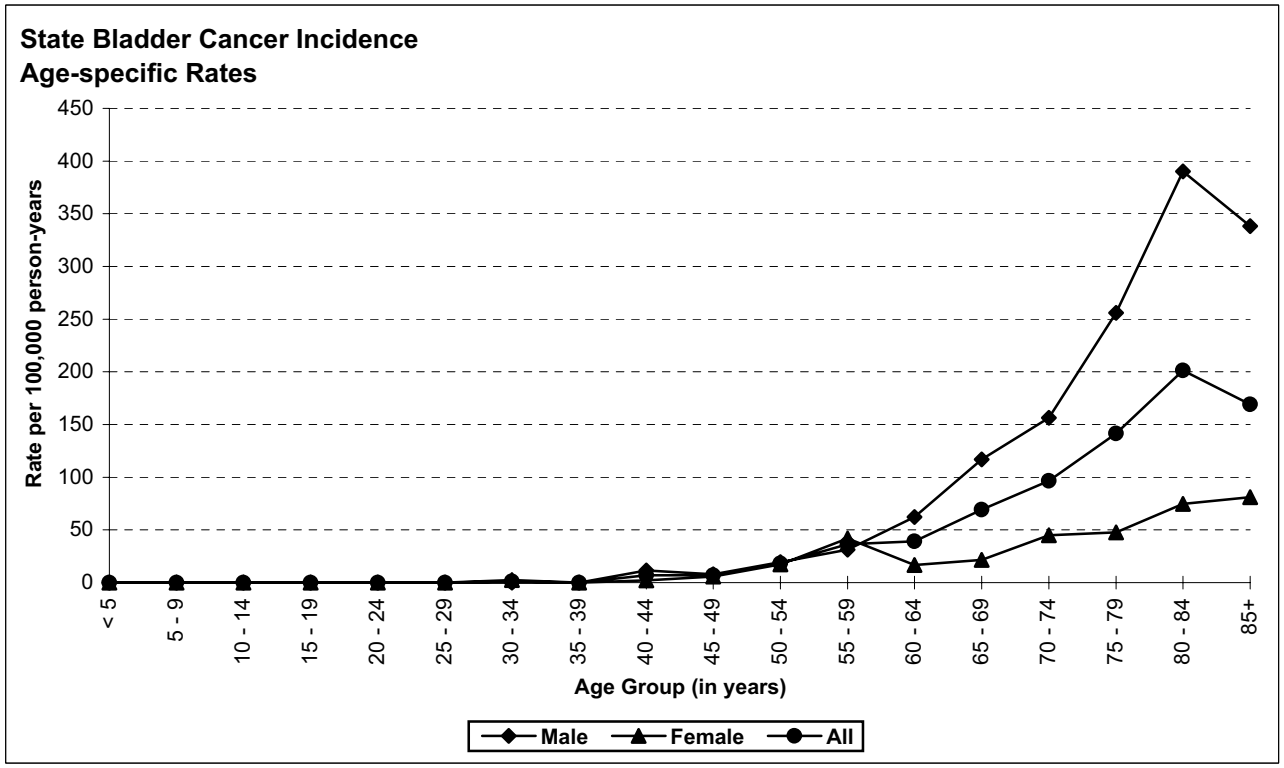
Occupation Truck drivers, likely via exposure to motor exhaust, are at increased risk. Occupational exposures, including manufacturers of certain dyes, painters, and aluminum, rubber, cable, and leather workers, have been shown to increase risk of bladder cancer. Exposure to permanent hair dyes may increase risk.

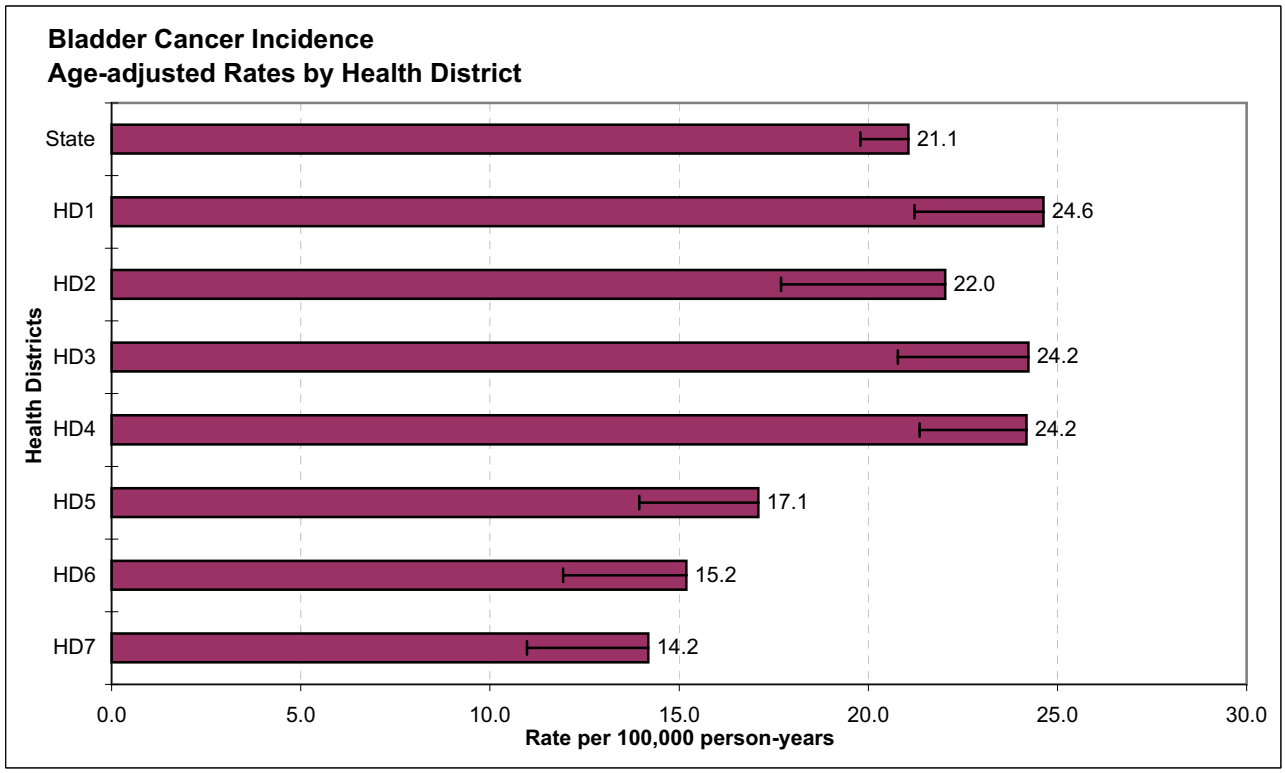
Other Tobacco consumption has been associated with a 2- to 5-fold higher incidence of bladder tumor and is attributable for a greater number of cases than other risk factors. Cyclophosphamide, a chemotherapeutic agent, and 4-amino-diphenyl are known human bladder carcinogens. Schistosoma hematobium may cause bladder tumors. Nitrate and arsenic in drinking water, and chlorinated surface water as a source for drinking water, have each been shown to increase the risk of bladder cancer.

Special Notes

Mean age-adjusted incidence rate across health districts:	20.2
95% confidence interval on the mean age-adjusted incidence rate:	16.8 - 23.6
Median age-adjusted incidence rate of health districts:	22.0
Range of age-adjusted incidence rate for health districts:	14.2 - 24.6
SEER rate (2002, Whites):	21.8

There were few cases of bladder cancer among persons aged less than 50 years. Bladder cancer incidence rates increased with age, peaking in the age group 80-84 for males and 85+ for females. Health District 7 had statistically significantly fewer cases than expected based upon rates for the remainder of Idaho.


State Bladder Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
450
400
350
300
250
200
150
100
50
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

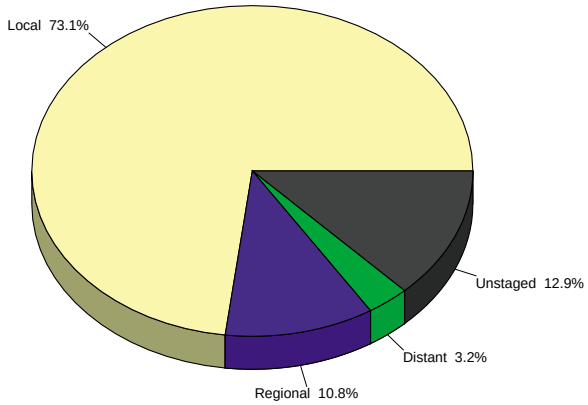

Bladder Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
21.1
24.6
22.0
24.2
24.2
17.1
15.2
14.2
0.0
5.0
10.0
15.0
20.0
25.0
30.0
Rate per 100,000 person-years

BRAIN

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	6.9	7.9	5.9
# of new invasive cases	93	51	42
# of new in-situ cases	0	0	0
# of deaths	72	38	34

Stage at Diagnosis - Brain



Total Cases By County

Ada	23	Cassia	-	Lewis	1
Adams	1	Clark	-	Lincoln	1
Bannock	4	Clearwater	-	Madison	1
Bear Lake	1	Custer	1	Minidoka	-
Benewah	-	Elmore	3	Nez Perce	1
Bingham	2	Franklin	-	Oneida	1
Blaine	-	Fremont	-	Owyhee	-
Boise	-	Gem	3	Payette	2
Bonner	2	Gooding	3	Power	-
Bonneville	5	Idaho	3	Shoshone	3
Boundary	1	Jefferson	-	Teton	-
Butte	-	Jerome	2	Twin Falls	2
Camas	-	Kootenai	10	Valley	1
Canyon	10	Latah	3	Washington	2
Caribou	1	Lemhi	-		

Risk and Associated Factors

Age This is the second most common cancer among children, following leukemia. Adult malignant brain tumors are most common after age 60.

Gender Males have higher rates than females.

Race & SES The incidence rate is higher in Caucasians and higher social classes.

Genetics Certain genetic factors may cause an increased risk of some malignant brain tumors, including gliomas, but the proportion of brain tumors attributable to inheritance is likely no more than 4%. Molecular tests that may be useful in screening for recurrences are being developed.

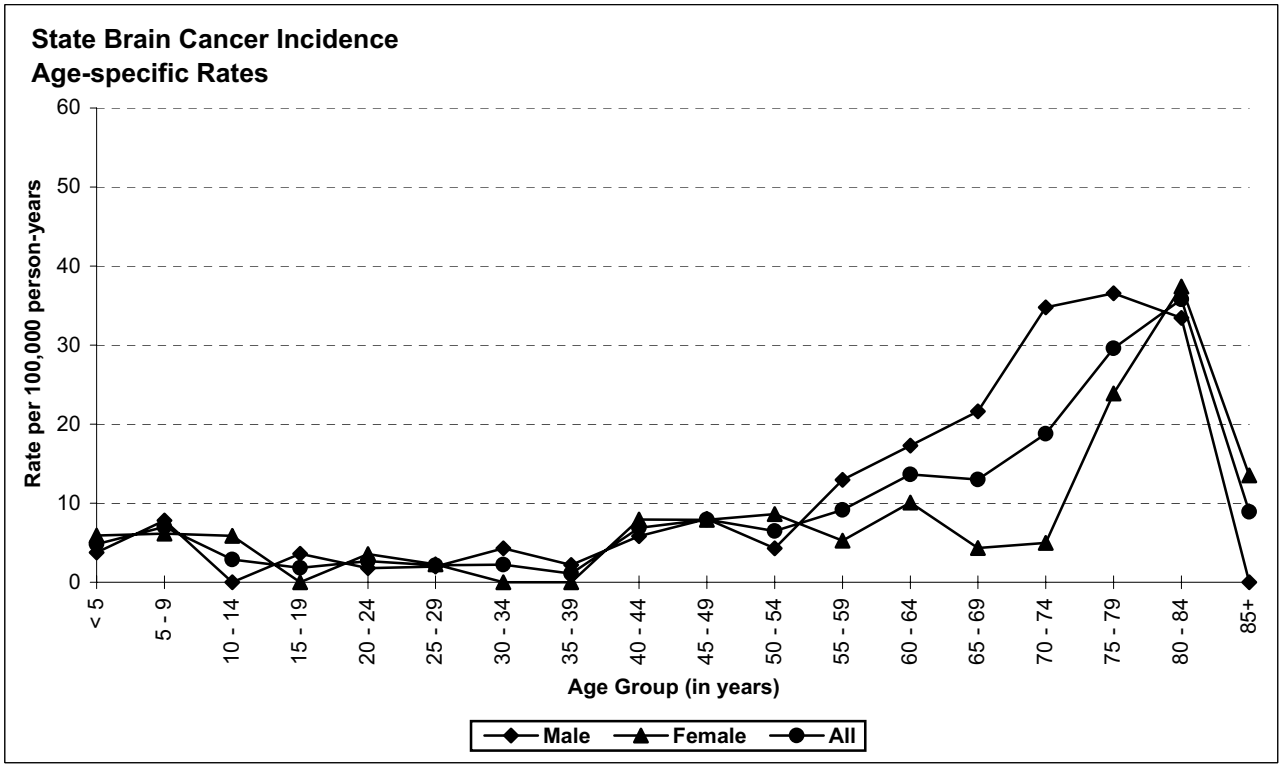
Occupation Vinyl chloride and ionizing radiation exposure are risk factors. Many occupational and environmental exposures have shown suggestive associations with elevated rates of brain cancer. Roofers, sheet metal workers, and rubber and plastic workers may be at elevated risk. Specific exposures underlying these associations have been suggested but not established.

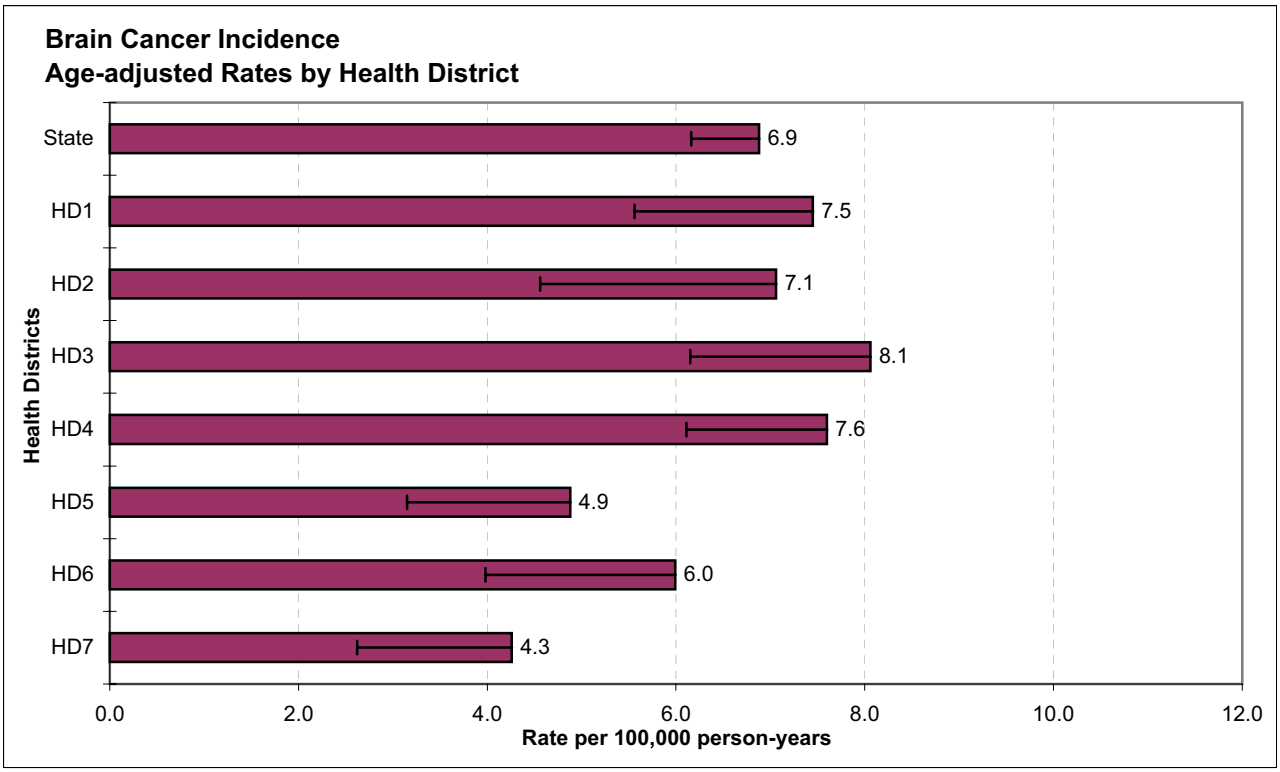
Other Human Immunodeficiency Virus (HIV) infected individuals and organ transplant recipients have an increased risk of developing brain lymphoma.

Special Notes

Mean age-adjusted incidence rate across health districts:	6.5	
95% confidence interval on the mean age-adjusted incidence rate:	5.4 -	7.6
Median age-adjusted incidence rate of health districts:	7.1	
Range of age-adjusted incidence rate for health districts:	4.3 -	8.1
SEER rate (2002, Whites):	6.6	

The age-related incidence of brain cancer is typically bimodal, usually with a peak in infancy and childhood, a gradual rise in young adulthood, and a broader, sustained peak during the fifth to eighth decade of life. This trend is difficult to discern in Idaho's population due to the relatively small number of cases observed annually, which increases the variability in age-specific rates. No health districts had statistically significantly more, or fewer, cases than expected based upon rates for the remainder of Idaho.


State Brain Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
60
50
40
30
20
10
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All


Brain Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
6.9
7.5
7.1
8.1
7.6
4.9
6.0
4.3
0.0
2.0
4.0
6.0
8.0
10.0
12.0
Rate per 100,000 person-years

BRAIN AND OTHER CNS NON-MALIGNANT

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	8.1	5.7	10.4
# of new cases	109	37	72
# of new in-situ cases	-	-	-
# of deaths	-	-	-

Total Cases By County

Ada	25	Cassia	3	Lewis	4
Adams	3	Clark	-	Lincoln	-
Bannock	3	Clearwater	-	Madison	1
Bear Lake	-	Custer	1	Minidoka	-
Benewah	1	Elmore	3	Nez Perce	3
Bingham	5	Franklin	2	Oneida	1
Blaine	-	Fremont	-	Owyhee	1
Boise	-	Gem	1	Payette	3
Bonner	2	Gooding	-	Power	-
Bonneville	7	Idaho	1	Shoshone	1
Boundary	-	Jefferson	-	Teton	-
Butte	-	Jerome	1	Twin Falls	7
Camas	-	Kootenai	14	Valley	-
Canyon	9	Latah	3	Washington	2
Caribou	-	Lemhi	2		

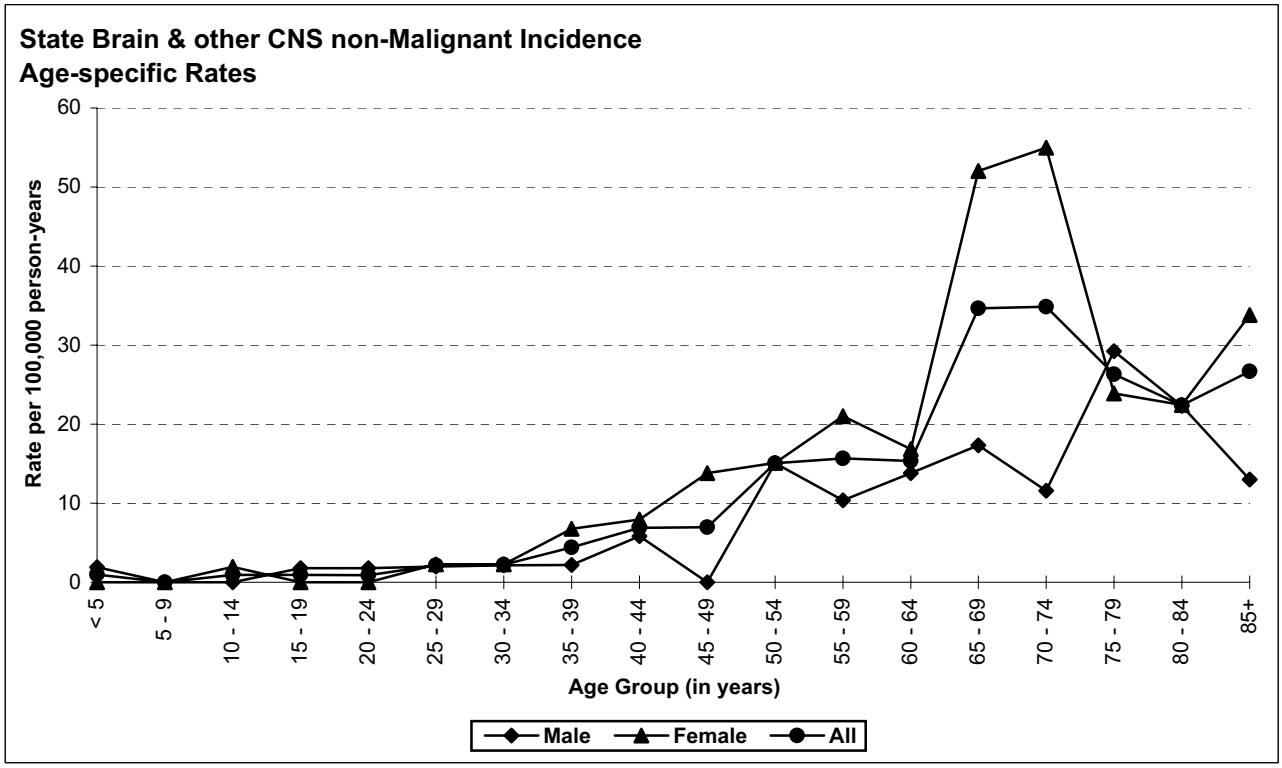
Background

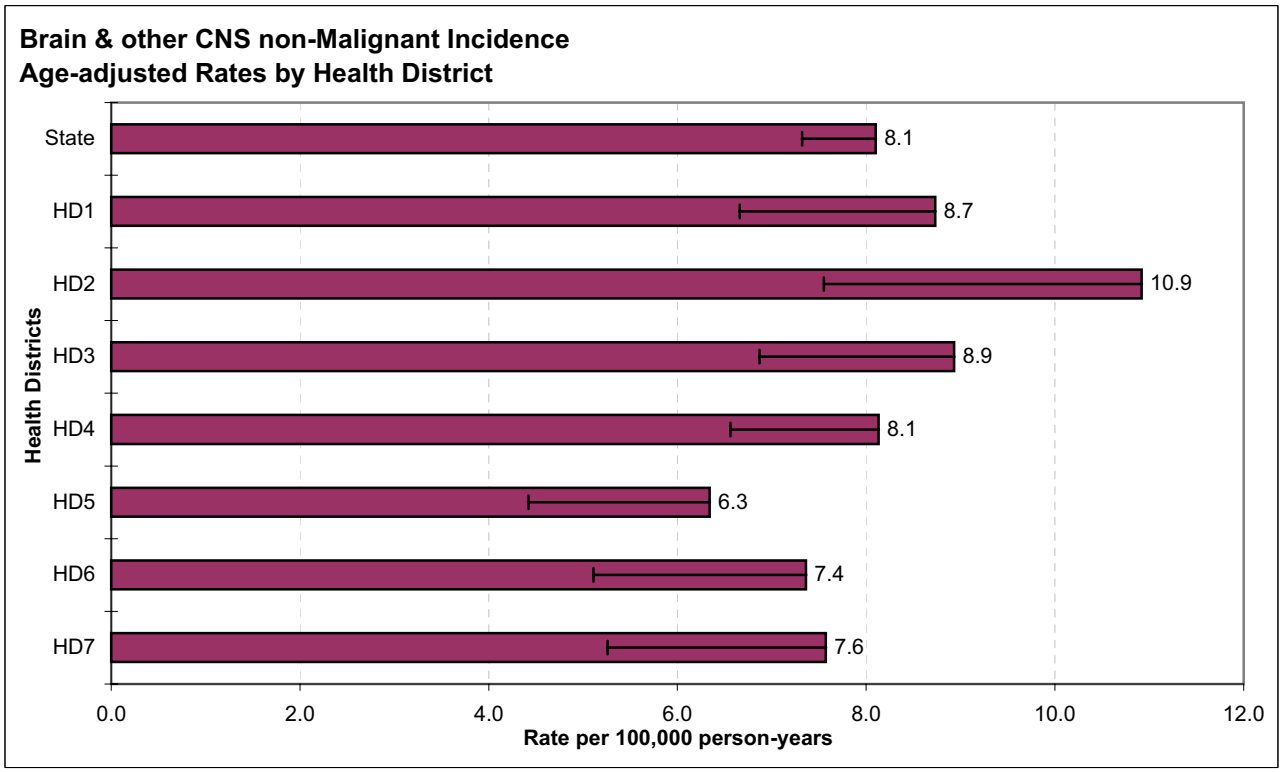
In 2007, as a result of Public Law 107-260, the publication United States Cancer Statistics 2004 Incidence and Mortality will include tables for non-malignant brain tumors. Until that time, the only reference data are from the Central Brain Tumor Registry of the United States (CBTRUS), which has reported on data submitted from eighteen state central cancer registries, including Idaho. The aggregated CBTRUS rate for the latest reporting period, 1998-2002, was 7.4 cases of non-malignant brain and central nervous system tumors per 100,000 population.

Special Notes

Mean age-adjusted incidence rate across health districts:	8.3	
95% confidence interval on the mean age-adjusted incidence rate:	7.2 -	9.4
Median age-adjusted incidence rate of health districts:	8.1	
Range of age-adjusted incidence rate for health districts:	6.3 -	10.9
CBTRUS rate (1998-2002, all races):	7.4	

No health districts had statistically significantly more, or fewer, cases than expected based upon rates for the remainder of Idaho.


State Brain & other CNS non-Malignant Incidence
Age-specific Rates
Rate per 100,000 person-years
60
50
40
30
20
10
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

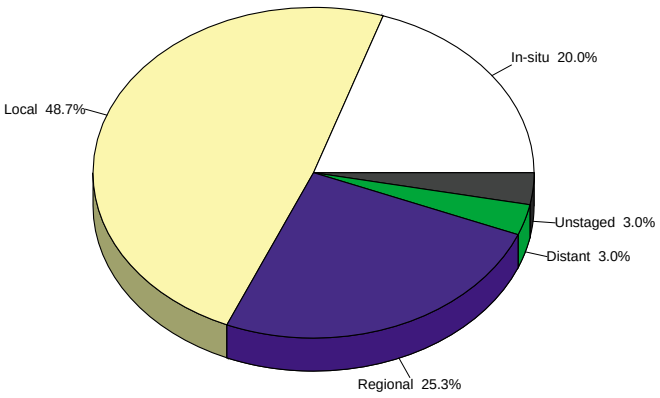

Brain & other CNS non-Malignant Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
8.1
8.7
10.9
8.9
8.1
6.3
7.4
7.6
0.0
2.0
4.0
6.0
8.0
10.0
12.0
Rate per 100,000 person-years

BREAST

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	56.1	2.2	104.8
# of new invasive cases	754	13	741
# of new in-situ cases	190	3	187
# of deaths	161	0	161

Stage at Diagnosis - Breast



Total Cases By County

Ada	258	Cassia	13	Lewis	5
Adams	6	Clark	-	Lincoln	3
Bannock	45	Clearwater	12	Madison	10
Bear Lake	1	Custer	2	Minidoka	16
Benewah	6	Elmore	10	Nez Perce	42
Bingham	16	Franklin	5	Oneida	3
Blaine	11	Fremont	11	Owyhee	3
Boise	8	Gem	8	Payette	10
Bonner	43	Gooding	7	Power	1
Bonneville	51	Idaho	12	Shoshone	14
Boundary	8	Jefferson	15	Teton	3
Butte	1	Jerome	15	Twin Falls	41
Camas	4	Kootenai	87	Valley	6
Canyon	75	Latah	27	Washington	6
Caribou	-	Lemhi	4		

Risk and Associated Factors

Age Rates increase steadily with age. Age is the single most important risk factor for breast cancer. A 60-year-old white American woman's risk of developing breast cancer is fourteen times that of a 30-year-old American woman.

Race & SES Caucasians have higher incidence rates, as do women in higher income groups.

Genetics Specific genes associated with breast cancers have been identified and are being studied. Identical twins of women with breast cancer have triple the risk of getting the disease themselves.

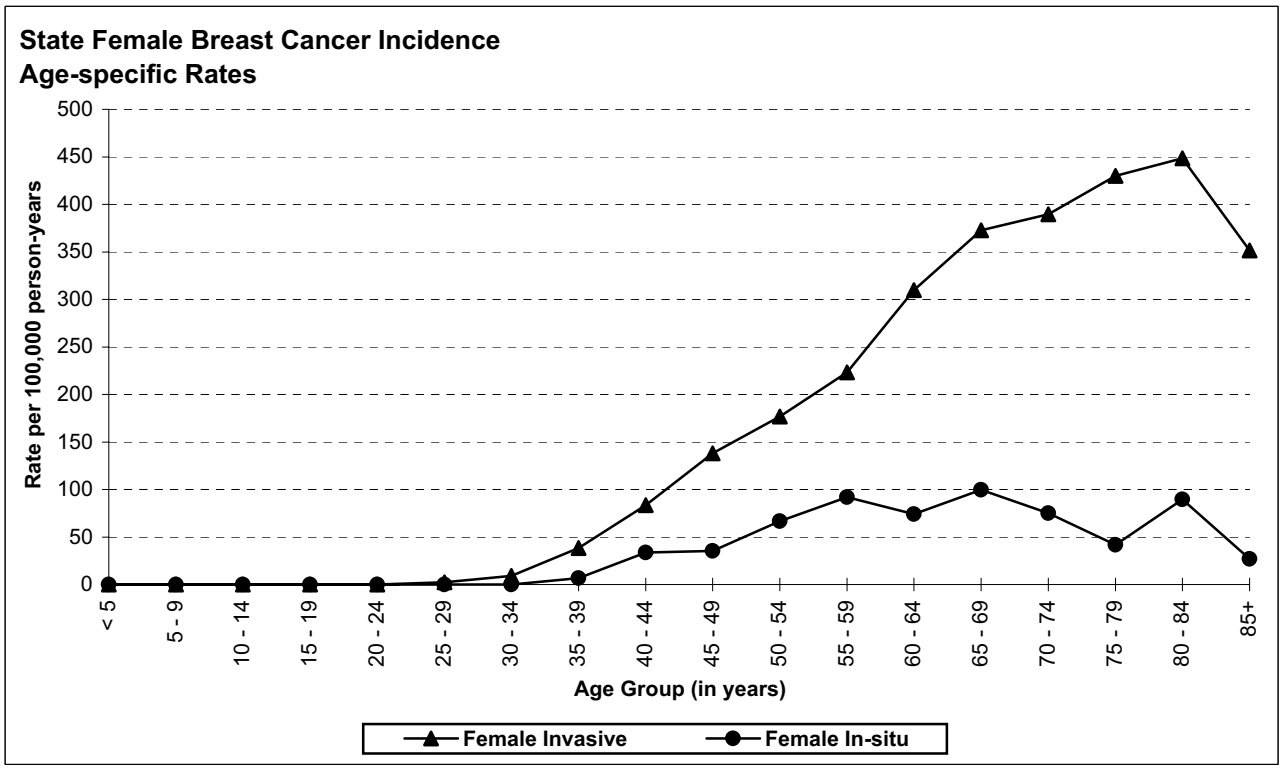
Hormonal There is evidence of hormonal influence in the risk of developing breast cancer. Longer intervals of menarche to the first full-term pregnancy and menarche to menopause, as well as menarche before age 13, have been associated with higher risks of breast cancer. Cumulative estrogen exposure, including use of hormone replacement therapy, increases breast cancer risk.

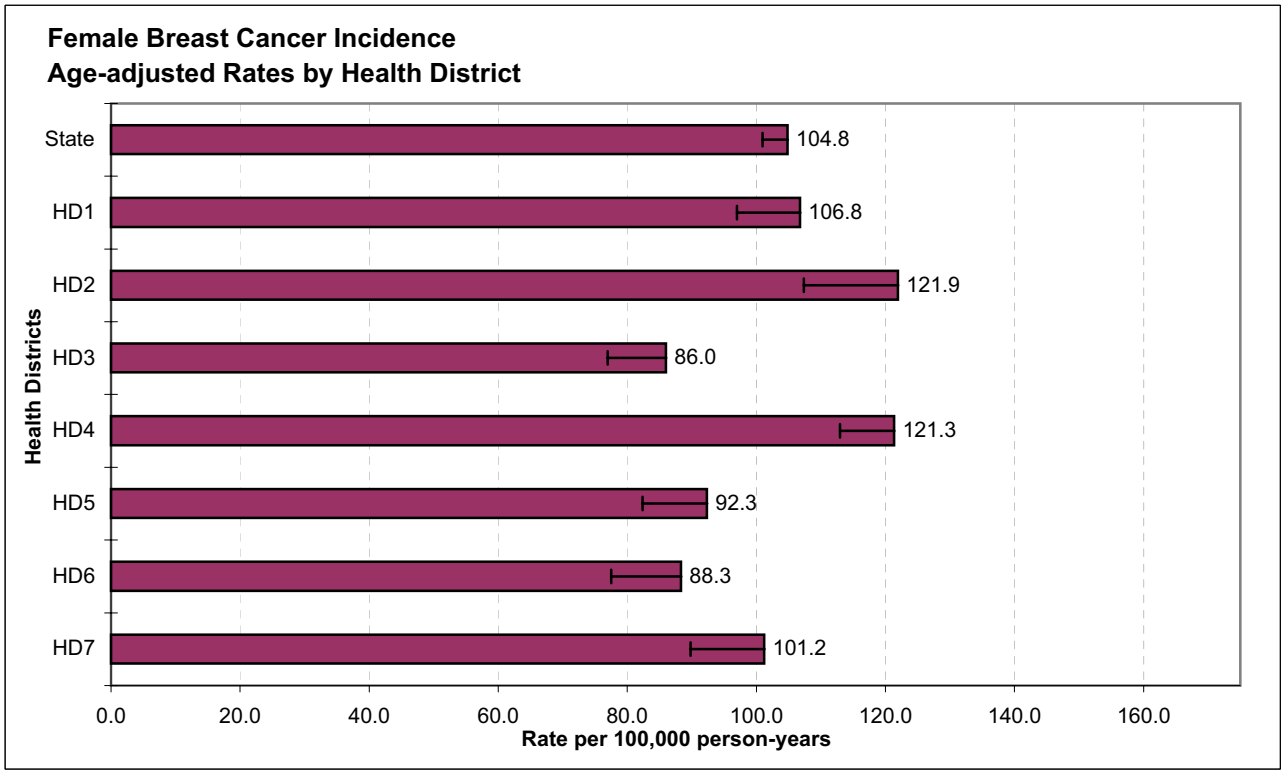
Other Alcohol consumption, high dietary fat intake, obesity (in postmenopausal women), sedentary life-style, and having a mother or sister with breast cancer have all been implicated as associated risk factors. Epstein-Barr virus may increase the risk of metastasis.

Special Notes

Mean age-adjusted incidence rate across health districts:	102.6
95% confidence interval on the mean age-adjusted incidence rate:	91.5 - 113.6
Median age-adjusted incidence rate of health districts:	101.2
Range of age-adjusted incidence rate for health districts:	86.0 - 121.9
SEER rate (2000, White females):	135.8

The vast majority of breast cancer cases occur among females. In Idaho during the year 2004, there were thirteen cases of invasive breast cancer among males. The age-specific incidence rates of female breast cancer in Idaho in 2004 increased with age, peaking in the age group 80-84 for invasive cases and 55-59 for in situ. No cases were observed in women less than 25 years of age. Health District 4 had statistically significantly more cases of invasive female breast cancer than expected based upon rates for the remainder of Idaho, and Health District 3 had statistically significantly fewer cases than expected.


State Female Breast Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
500
450
400
350
300
250
200
150
100
50
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Female Invasive
Female In-situ


Female Breast Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
104.8
106.8
121.9
86.0
121.3
92.3
88.3
101.2
0.0
20.0
40.0
60.0
80.0
100.0
120.0
140.0
160.0
Rate per 100,000 person-years

CERVIX

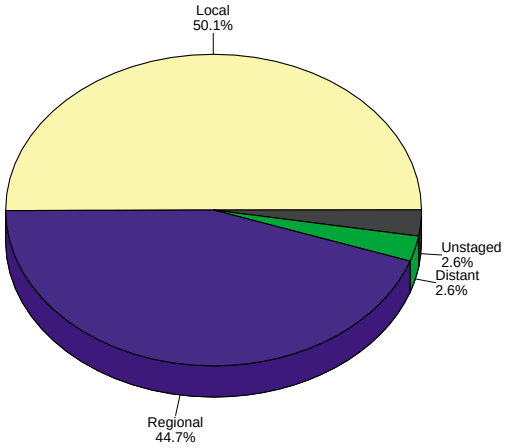
Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	-	-	5.7
# of new invasive cases	-	-	38
# of new in-situ cases	-	-	n/a
# of deaths	-	-	10

Total Cases By County

Ada	10	Cassia	-	Lewis	3
Adams	-	Clark	-	Lincoln	-
Bannock	2	Clearwater	-	Madison	1
Bear Lake	-	Custer	-	Minidoka	-
Benewah	-	Elmore	-	Nez Perce	-
Bingham	1	Franklin	-	Oneida	-
Blaine	-	Fremont	-	Owyhee	2
Boise	-	Gem	-	Payette	3
Bonner	1	Gooding	-	Power	1
Bonneville	1	Idaho	-	Shoshone	2
Boundary	-	Jefferson	-	Teton	-
Butte	-	Jerome	1	Twin Falls	1
Camas	-	Kootenai	1	Valley	-
Canyon	4	Latah	2	Washington	-
Caribou	2	Lemhi	-		

Stage at Diagnosis - Cervix



(cervix in-situ not reported)

Risk and Associated Factors

Age Cervical cancer occurs in adult women of any age. However, the majority of invasive cases are diagnosed in older women.

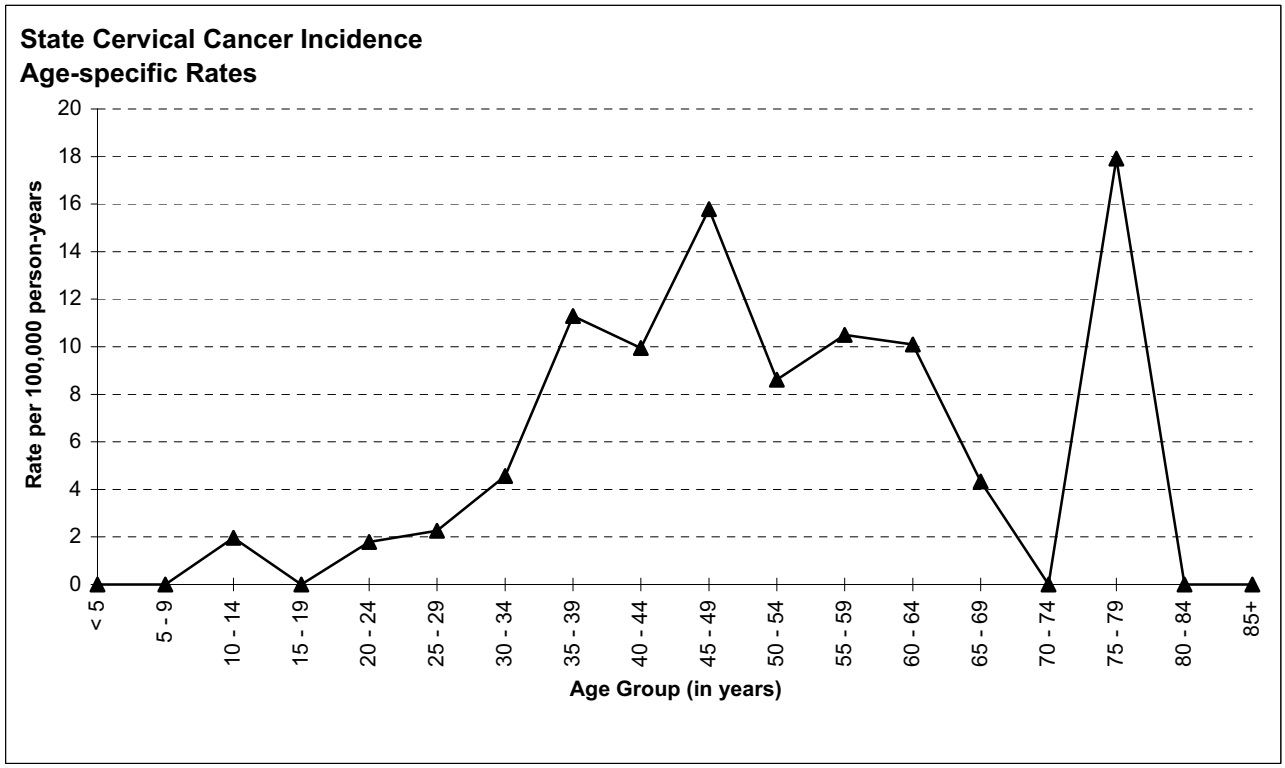
Race & SES African American females, as well as women in lower income groups, have been shown to experience higher rates.

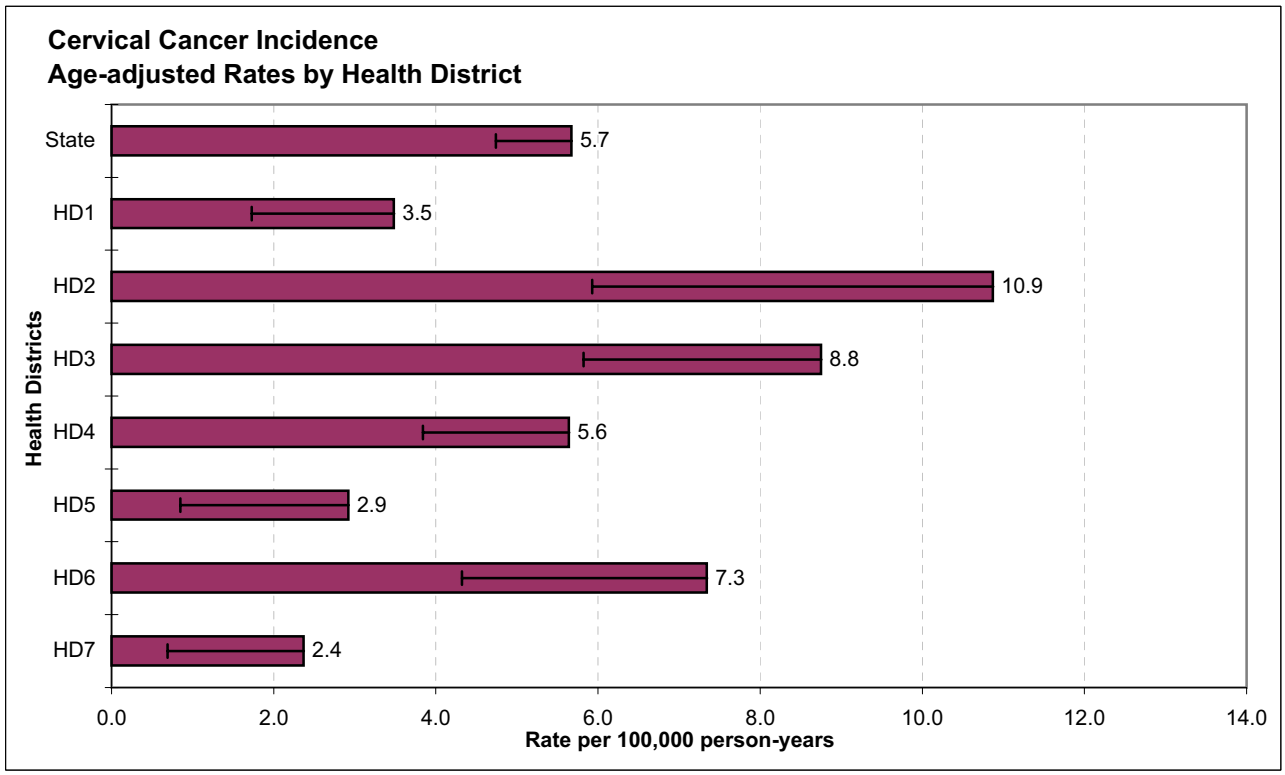
Other The large majority of cervical cancer cases worldwide can be attributed to human papilloma virus (HPV) infection. Of the at least 70 types of HPV known, types 16 and 18 are most closely associated with malignancy. Other risk factors that may be correlates, cofactors, or independent risk factors of HPV infection include: early age at first intercourse (less than 16 years old), a history of multiple sexual partners, a large number of pregnancies, oral contraceptive use, a history of other sexually transmitted diseases, and the presence of other genital tract neoplasia. Exposure to cigarette smoke is also a known risk factor, although by unknown mechanisms. Diethylstilbestrol use during pregnancy increased clear-cell adenocarcinoma in daughters exposed in utero.

Special Notes

Mean age-adjusted incidence rate across health districts:	5.9
95% confidence interval on the mean age-adjusted incidence rate:	3.5 - 8.3
Median age-adjusted incidence rate of health districts:	5.6
Range of age-adjusted incidence rate for health districts:	2.4 - 10.9
SEER rate (2002, Whites):	8.1

Increased screening with routine Pap tests, particularly among older and low-income women, has increased diagnostic rates and helped to reduce the incidence of invasive disease. Today, the vast majority of cases in younger women is diagnosed before the invasive stage, with cure rates approaching 100%. These pre-invasive cases are not included in this report. No health district had statistically significantly more, or fewer, cases than expected based upon rates for the remainder of Idaho.


State Cervical Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
20
18
16
14
12
10
8
6
4
2
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)

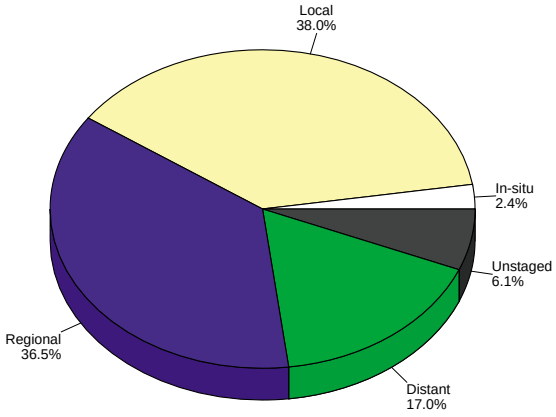

Cervical Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
5.7
3.5
10.9
8.8
5.6
2.9
7.3
2.4
0.0
2.0
4.0
6.0
8.0
10.0
12.0
14.0
Rate per 100,000 person-years

COLORECTAL

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	43.8	49.7	39.0
# of new invasive cases	575	296	279
# of new in-situ cases	14	7	7
# of deaths	194	98	96

Stage at Diagnosis - Colorectal



Total Cases By County

Ada	128	Cassia	9	Lewis	1
Adams	6	Clark	-	Lincoln	3
Bannock	12	Clearwater	4	Madison	6
Bear Lake	2	Custer	4	Minidoka	11
Benewah	11	Elmore	8	Nez Perce	22
Bingham	9	Franklin	2	Oneida	1
Blaine	13	Fremont	6	Owyhee	5
Boise	5	Gem	5	Payette	13
Bonner	23	Gooding	5	Power	1
Bonneville	33	Idaho	12	Shoshone	14
Boundary	-	Jefferson	12	Teton	1
Butte	2	Jerome	3	Twin Falls	31
Camas	-	Kootenai	53	Valley	5
Canyon	80	Latah	7	Washington	5
Caribou	4	Lemhi	7		

Risk and Associated Factors

Age Rates increase with age; the vast majority of cases occur after age 50.

Gender Incidence rates are slightly higher in males.

Genetics Specific genetic alterations have been recognized in several hereditary conditions with high risk of colon cancer, such as familial polyposis. These conditions account for about six percent of colon cancer cases.

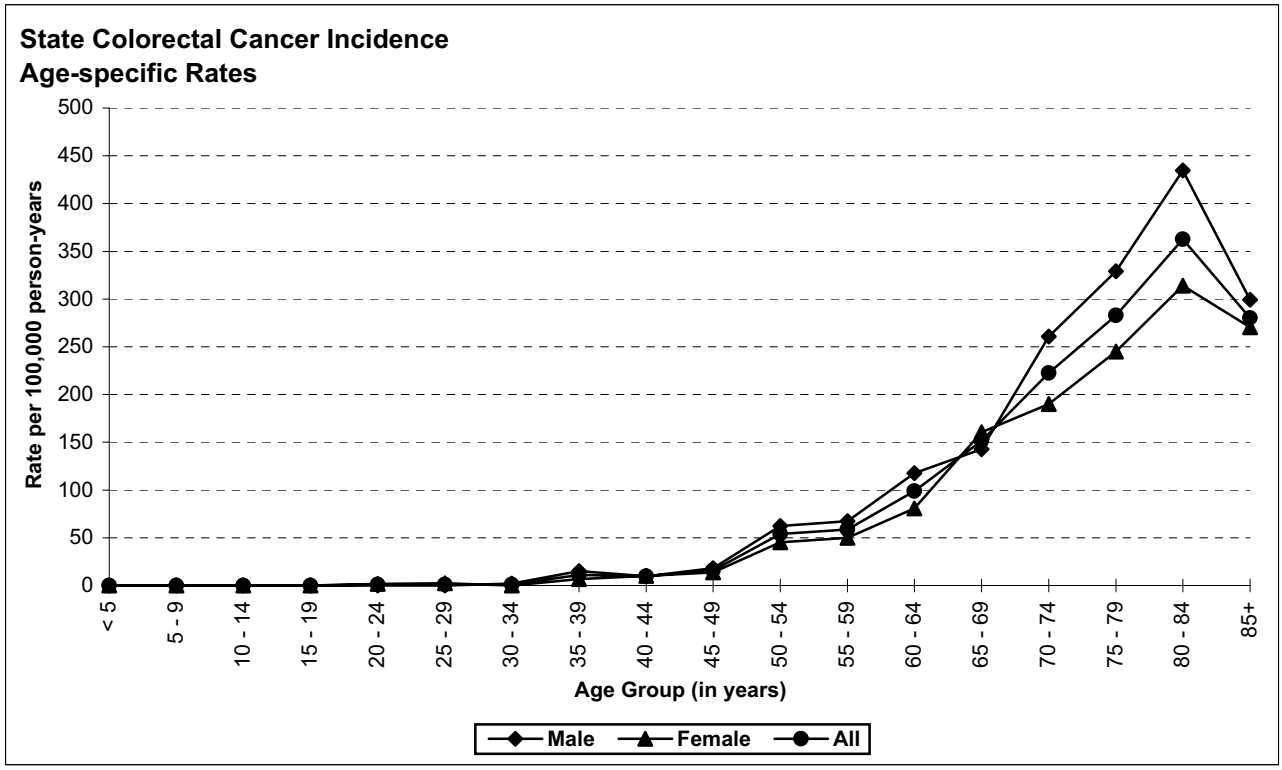
Diet Strong evidence that high calorie diets and diets high in fat and low in fiber contribute to increased risk of colon cancer has been shown.

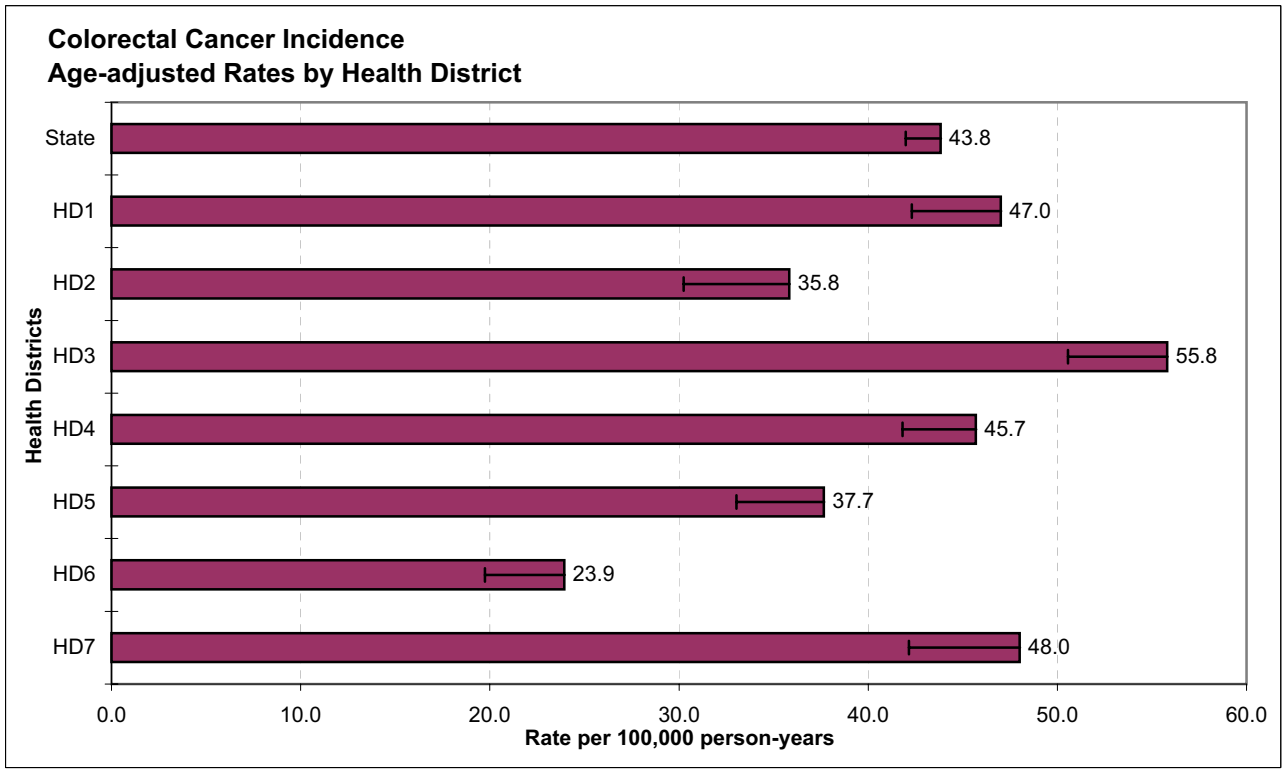
Other Individuals with a close family history of this cancer and those with a personal history of certain other cancers are at increased risk. Regular, moderate physical activity is associated with lower rates of this cancer. The use of NSAIDs, including aspirin, may help prevent colon cancer. Inflammatory bowel disease confers a 4- to 20-fold increase in colorectal cancer risk, with younger age at diagnosis.

Special Notes

Mean age-adjusted incidence rate across health districts:	42.0
95% confidence interval on the mean age-adjusted incidence rate:	34.3 - 49.7
Median age-adjusted incidence rate of health districts:	45.7
Range of age-adjusted incidence rate for health districts:	23.9 - 55.8
SEER rate (2002, Whites):	49.5

Few cases of colorectal cancer were diagnosed in persons less than 30 years of age. There was a steep increase in age-specific incidence rates starting at age 55 and peaking in the age group 80-84 for males and females. Health District 3 had statistically significantly more cases of invasive female breast cancer than expected based upon rates for the remainder of Idaho, and Health District 6 had statistically significantly fewer cases than expected.


State Colorectal Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
500
450
400
350
300
250
200
150
100
50
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

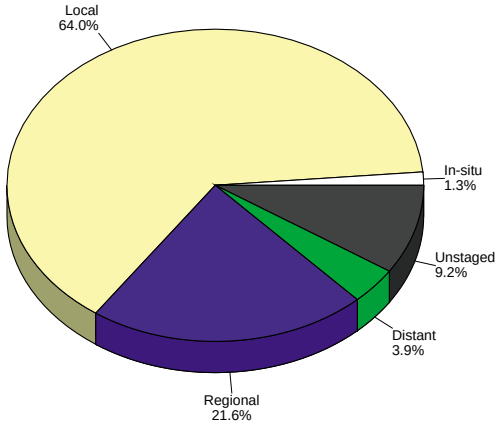

Colorectal Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
43.8
47.0
35.8
55.8
45.7
37.7
23.9
48.0
0.0
10.0
20.0
30.0
40.0
50.0
60.0
Rate per 100,000 person-years

ENDOMETRIUM

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	-	-	21.3
# of new invasive cases	-	-	151
# of new in-situ cases	-	-	2
# of deaths	-	-	10

Stage at Diagnosis - Endometrium



Total Cases By County

Ada	33	Cassia	4	Lewis	-
Adams	-	Clark	1	Lincoln	-
Bannock	7	Clearwater	-	Madison	3
Bear Lake	2	Custer	1	Minidoka	2
Benewah	2	Elmore	2	Nez Perce	4
Bingham	1	Franklin	-	Oneida	-
Blaine	1	Fremont	1	Owyhee	-
Boise	-	Gem	1	Payette	2
Bonner	8	Gooding	2	Power	1
Bonneville	8	Idaho	4	Shoshone	3
Boundary	-	Jefferson	-	Teton	1
Butte	1	Jerome	-	Twin Falls	8
Camas	-	Kootenai	16	Valley	2
Canyon	22	Latah	4	Washington	1
Caribou	1	Lemhi	-		

Risk and Associated Factors

Age Occurs predominantly after menopause, with median age 58 and peaking at the 65 to 75 age group.

Race & SES Caucasian women have higher rates than African American or Asian women in the U.S.

Genetics Familial tendency has been observed, but likely accounts for a small fraction of cases.

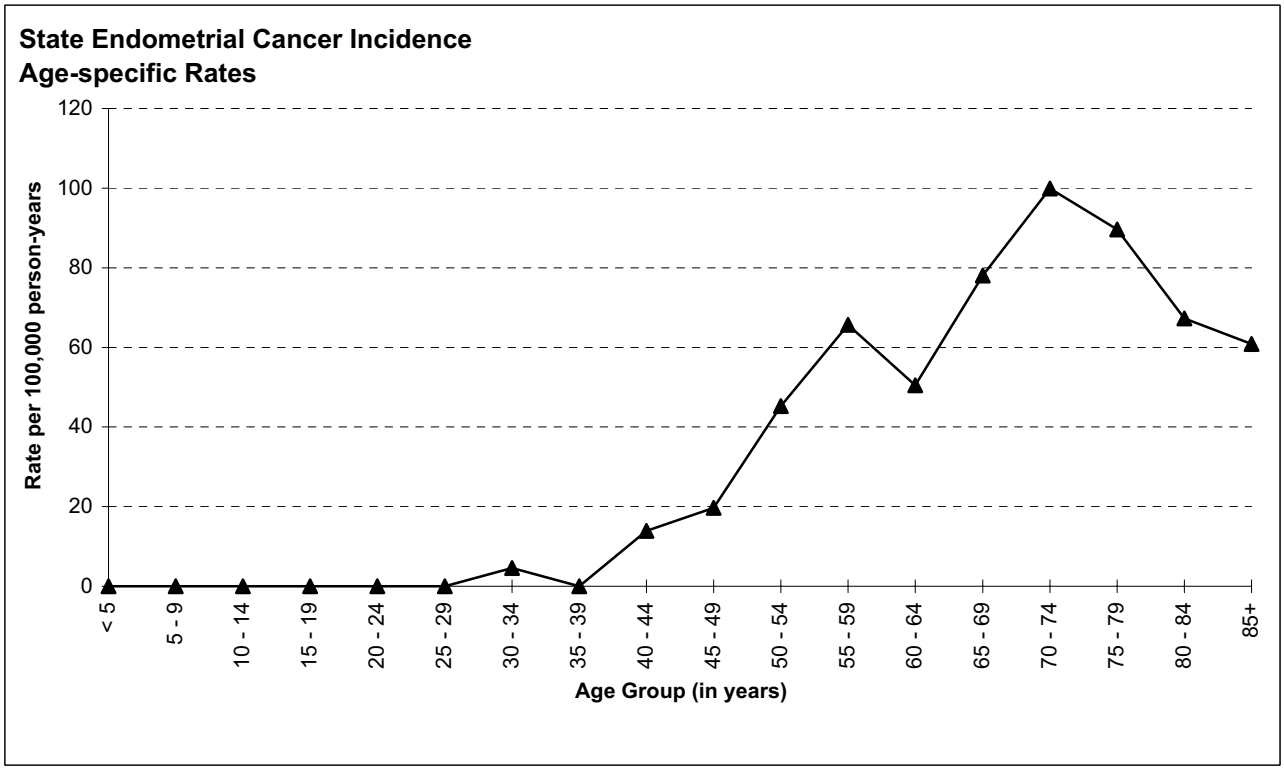
Diet Dietary fat may play a role in increased risk. Obesity and hypertension are common associated conditions of endometrial cancer.

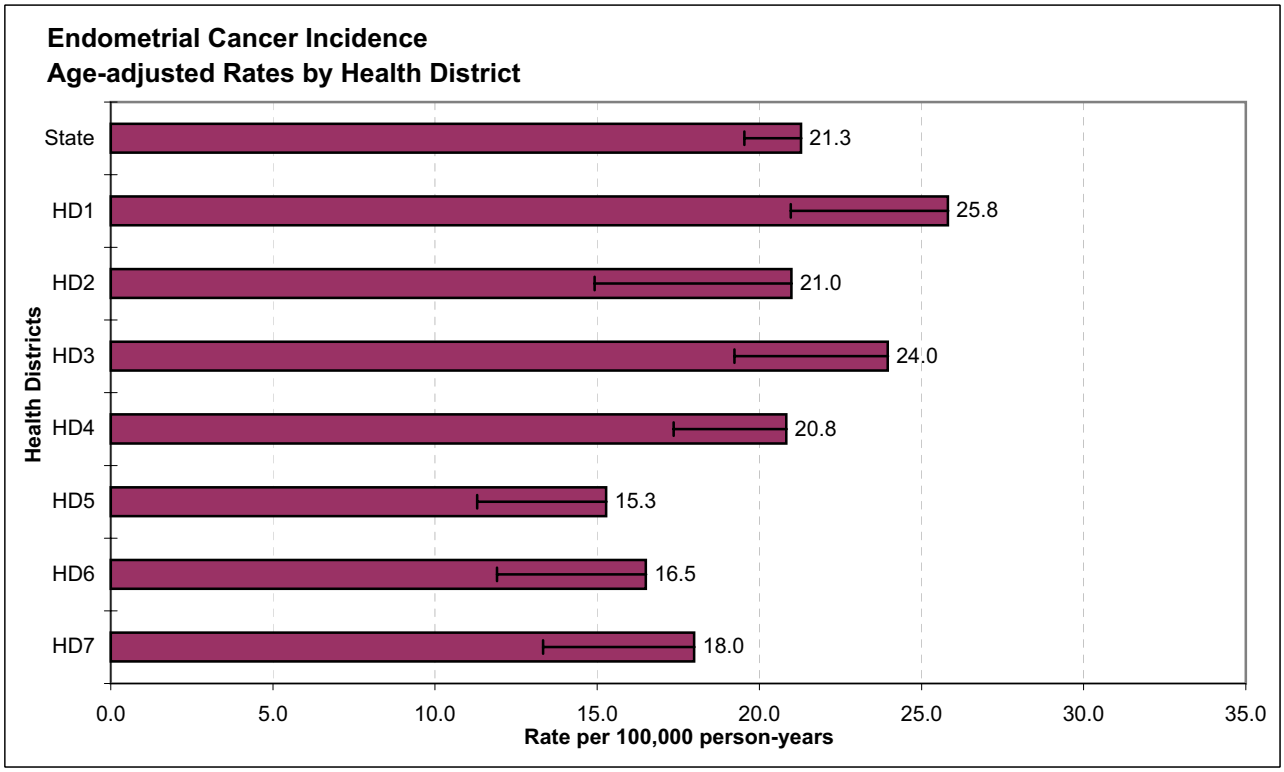
Hormonal Factors that elevate levels of estrogen or decrease progesterone levels enhance the risk. Women who have never carried a pregnancy to term are at a relatively high risk. Risk decreases as the number of pregnancies increases. An increased incidence of endometrial cancer has been found in association with prolonged, unopposed estrogen exposure as well as with tamoxifen treatment of breast cancer. Use of combination oral contraceptives (estrogen and progestin) decreases risk of endometrial cancer by about 50%.

Special Notes

Mean age-adjusted incidence rate across health districts:	20.2	
95% confidence interval on the mean age-adjusted incidence rate:	17.3 -	23.1
Median age-adjusted incidence rate of health districts:	20.8	
Range of age-adjusted incidence rate for health districts:	15.3 -	25.8
SEER rate (2002, Whites):	24.4	

Few cases of endometrial cancer were diagnosed in persons less than 35 years of age. After age 49, there was a sharp increase in age-specific rates, peaking in the age group 70-74. No health district had statistically significantly more, or fewer, cases than expected based upon rates for the remainder of Idaho.


State Endometrial Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
120
100
80
60
40
20
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)

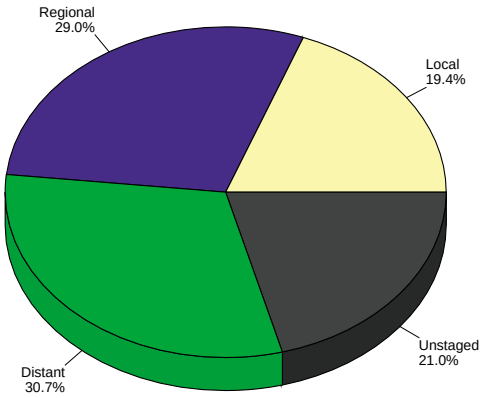

Endometrial Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
21.3
25.8
21.0
24.0
20.8
15.3
16.5
18.0
0.0
5.0
10.0
15.0
20.0
25.0
30.0
35.0
Rate per 100,000 person-years

ESOPHAGUS

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	4.8	8.3	1.7
# of new invasive cases	62	50	12
# of new in-situ cases	0	0	0
# of deaths	51	45	6

Stage at Diagnosis - Esophagus



Total Cases By County

Ada	10	Cassia	-	Lewis	-
Adams	-	Clark	-	Lincoln	1
Bannock	1	Clearwater	-	Madison	-
Bear Lake	1	Custer	-	Minidoka	1
Benewah	-	Elmore	1	Nez Perce	1
Bingham	-	Franklin	1	Oneida	-
Blaine	-	Fremont	-	Owyhee	1
Boise	-	Gem	1	Payette	1
Bonner	5	Gooding	4	Power	-
Bonneville	1	Idaho	2	Shoshone	-
Boundary	-	Jefferson	-	Teton	-
Butte	-	Jerome	5	Twin Falls	5
Camas	-	Kootenai	12	Valley	-
Canyon	7	Latah	-	Washington	1
Caribou	-	Lemhi	-		

Risk and Associated Factors

Age Incidence of esophageal cancer is highest after age 55.

Gender It is predominantly a disease of the male, with male-to-female ratios of about 3:1 or more.

Race & SES United States data show that African Americans are affected more than Caucasians. Risk is higher among lower SES strata.

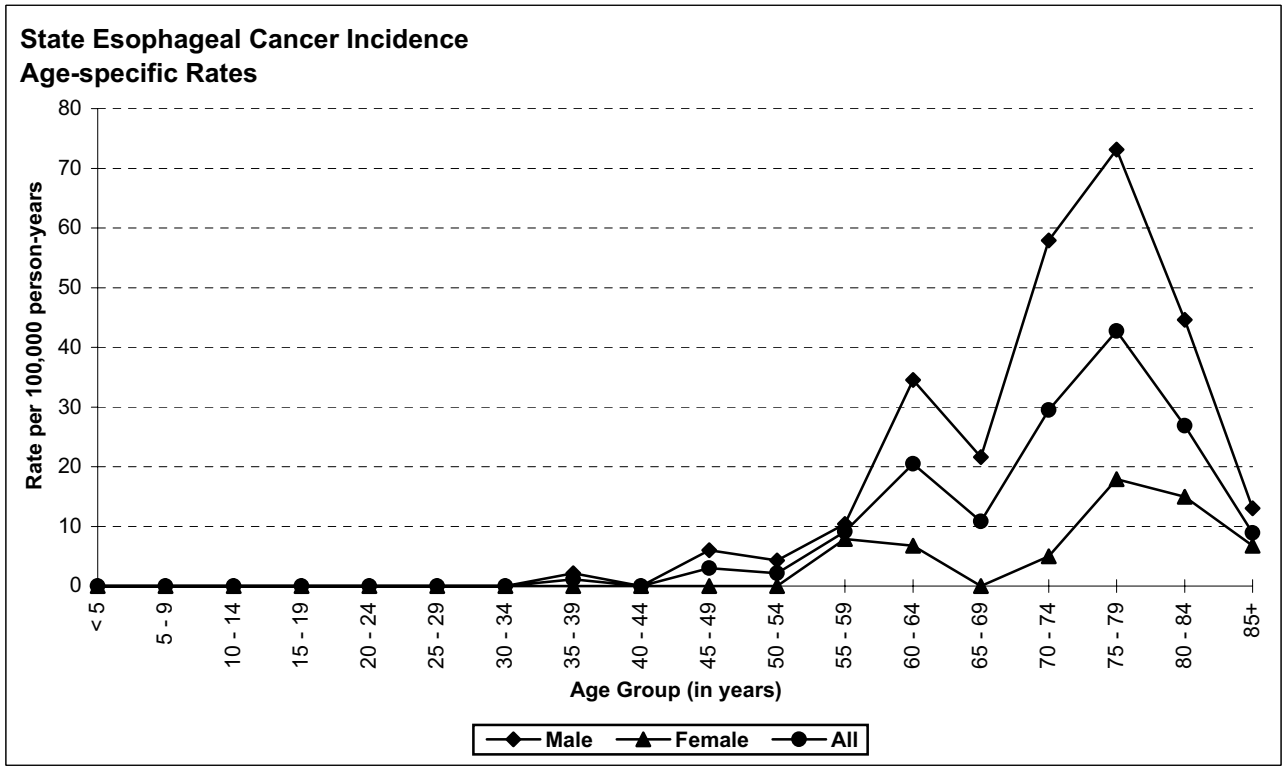
Occupation Chimney sweeps exposed to soot are at higher risk.

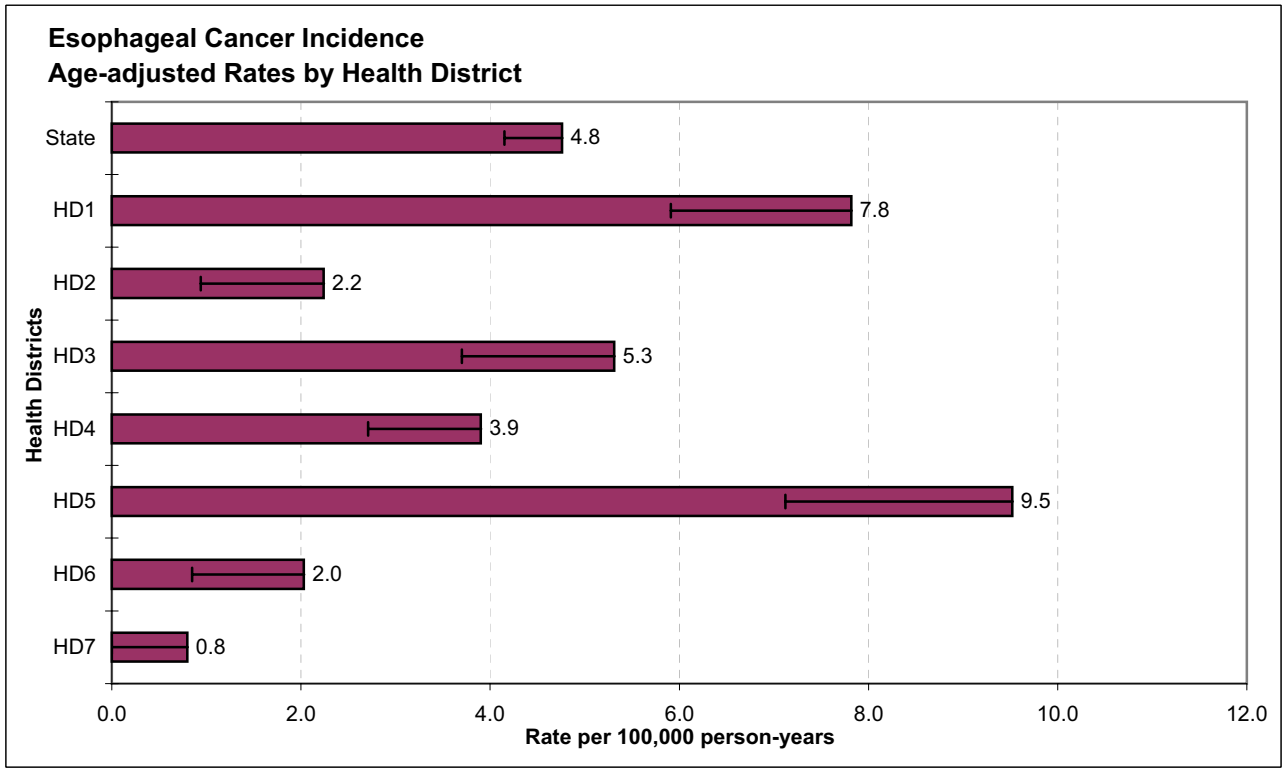
Other Tobacco use (cigarettes or spit tobacco) and heavy alcohol consumption are major risk factors for cancer of the esophagus. The risk is particularly increased when these two factors are both present. In Western Europe and North America, 90% or more of the risk of esophageal cancer can be attributed to alcohol and tobacco. Drinking “burning hot” beverages may increase the risk of esophageal cancer.

Special Notes

Mean age-adjusted incidence rate across health districts:	4.5	
95% confidence interval on the mean age-adjusted incidence rate:	2.1 -	6.9
Median age-adjusted incidence rate of health districts:	3.9	
Range of age-adjusted incidence rate for health districts:	0.8 -	9.5
SEER rate (2002, Whites):	4.3	

No cases of esophageal cancer were diagnosed in person less than 35 years of age. The age-specific incidence rates peaked in the age group 75-79 for males and females. Health Districts 1 and 5 had statistically significantly more cases than expected based upon rates for the remainder of Idaho, and Health District 7 had significantly fewer cases than expected based upon rates for the remainder of Idaho.


State Esophageal Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
80
70
60
50
40
30
20
10
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

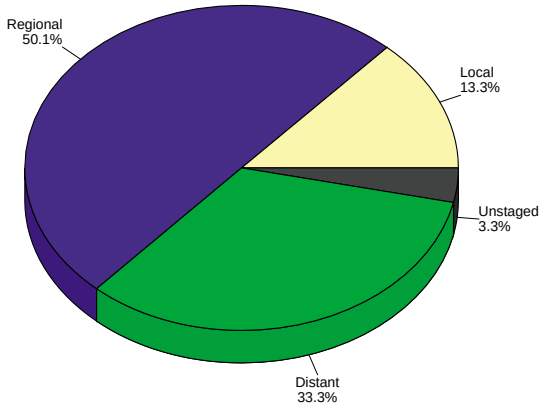

Esophageal Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
4.8
7.8
2.2
5.3
3.9
9.5
2.0
0.8
0.0
2.0
4.0
6.0
8.0
10.0
12.0
Rate per 100,000 person-years

HODGKIN LYMPHOMA

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	2.1	1.7	2.6
# of new invasive cases	30	12	18
# of new in-situ cases	0	0	0
# of deaths	6	2	4

Stage at Diagnosis - Hodgkin Lymphoma



(includes extranodal sites)

Total Cases By County

Ada	10	Cassia	-	Lewis	1
Adams	-	Clark	-	Lincoln	-
Bannock	1	Clearwater	-	Madison	-
Bear Lake	-	Custer	1	Minidoka	-
Benewah	-	Elmore	-	Nez Perce	-
Bingham	1	Franklin	1	Oneida	-
Blaine	-	Fremont	-	Owyhee	-
Boise	-	Gem	-	Payette	1
Bonner	-	Gooding	-	Power	-
Bonneville	-	Idaho	-	Shoshone	-
Boundary	-	Jefferson	1	Teton	-
Butte	-	Jerome	-	Twin Falls	1
Camas	-	Kootenai	4	Valley	-
Canyon	6	Latah	1	Washington	-
Caribou	-	Lemhi	-		

Risk and Associated Factors

Age High rates are seen in young adults and in later age groups especially among males.

Gender Males have higher rates than females.

Race & SES Hodgkin lymphoma is more common among Caucasians than among African Americans. Hodgkin lymphoma is more common in higher income groups.

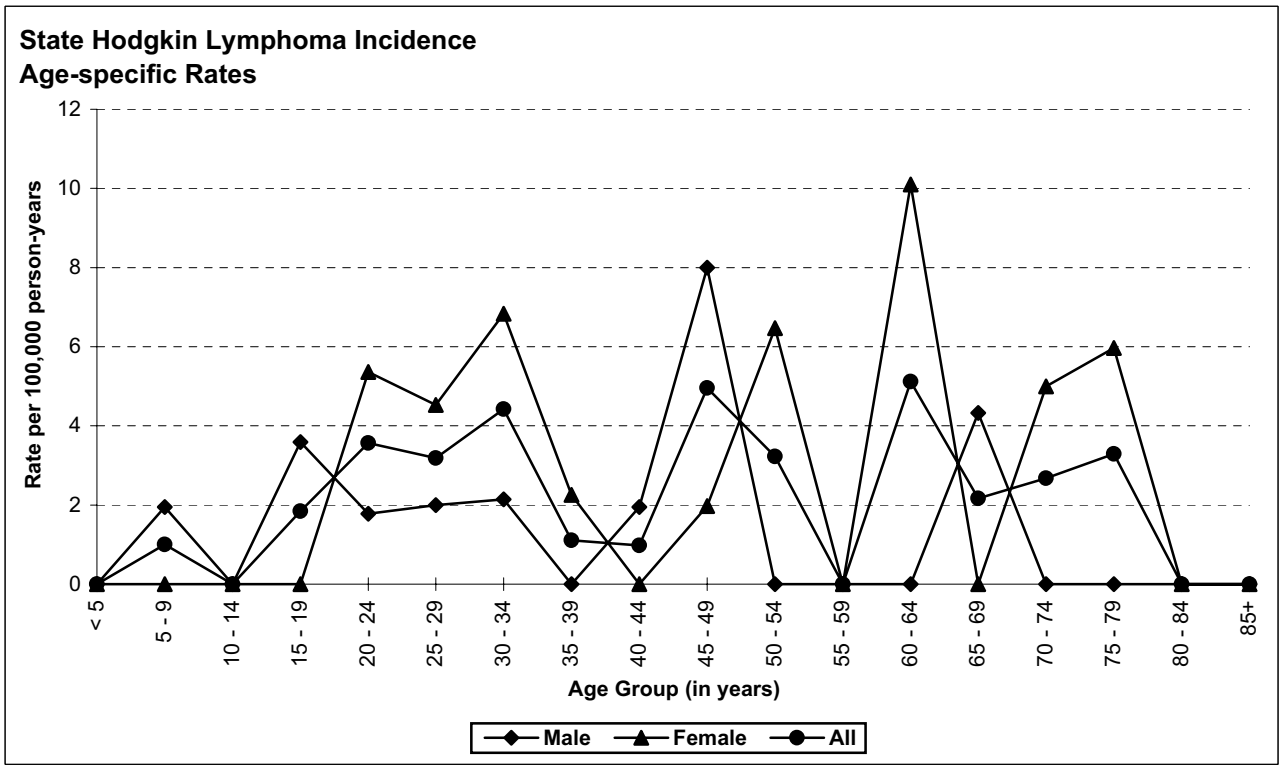
Genetics Genetic factors are thought to play an important role in the etiology of Hodgkin lymphoma, but these are yet to be adequately defined.

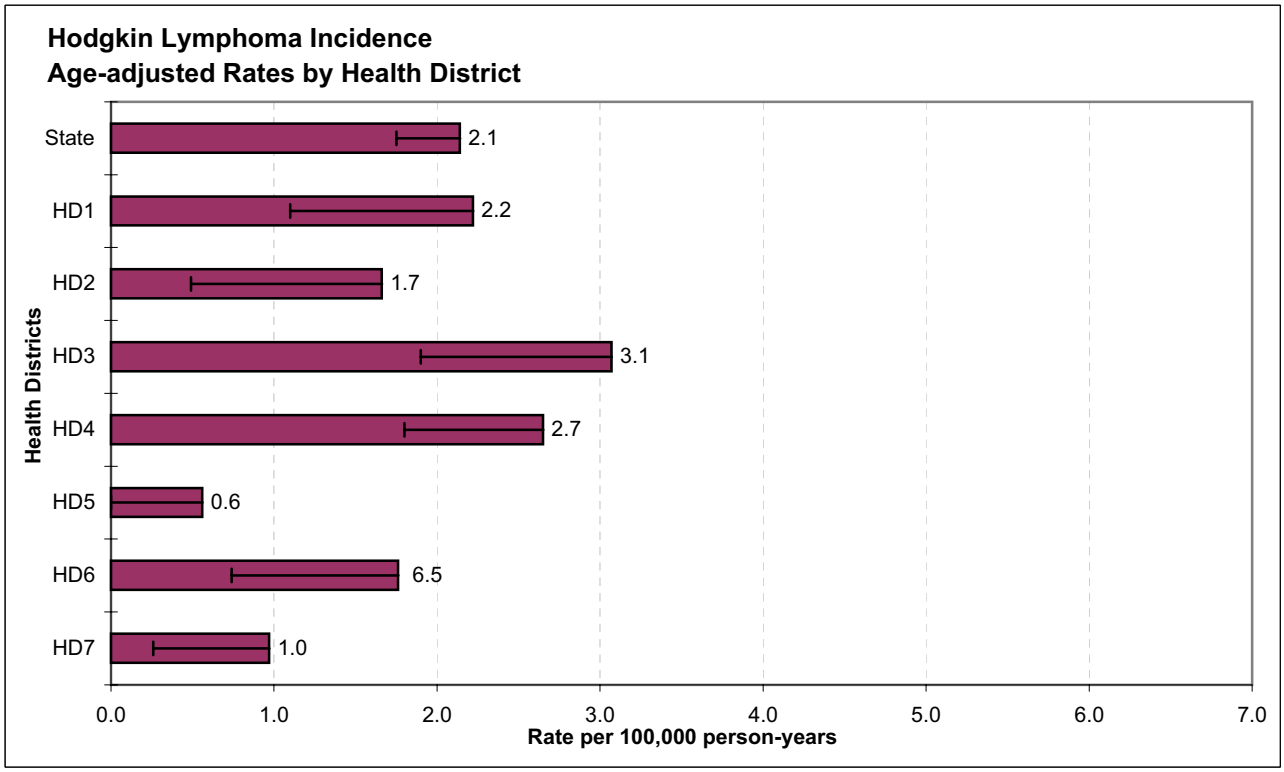
Other Small family size and ensuing delayed exposure to childhood infections is thought to be responsible for a portion of Hodgkin lymphoma cases. Certain viral infections, especially Epstein-Barr virus, and AIDS increase the risk of Hodgkin lymphoma. With current treatment, Hodgkin disease, which was once highly fatal, is among the most curable of all cancers.

Special Notes

Mean age-adjusted incidence rate across health districts:	1.8	
95% confidence interval on the mean age-adjusted incidence rate:	1.2 -	2.5
Median age-adjusted incidence rate of health districts:	1.8	
Range of age-adjusted incidence rate for health districts:	0.6 -	3.1
SEER rate (2002, Whites):	2.9	

The age-related incidence of Hodgkin lymphoma is typically bimodal, usually with a peak in the late 20s to early 30s, and another peak in the ninth decade of life. This trend is difficult to discern in Idaho's population due to the relatively small number of cases observed annually, which increases the variability in age-specific rates. No health district had statistically significantly fewer or more cases than expected based upon rates for the remainder of Idaho.


State Hodgkin Lymphoma Incidence
Age-specific Rates
Rate per 100,000 person-years
12
10
8
6
4
2
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

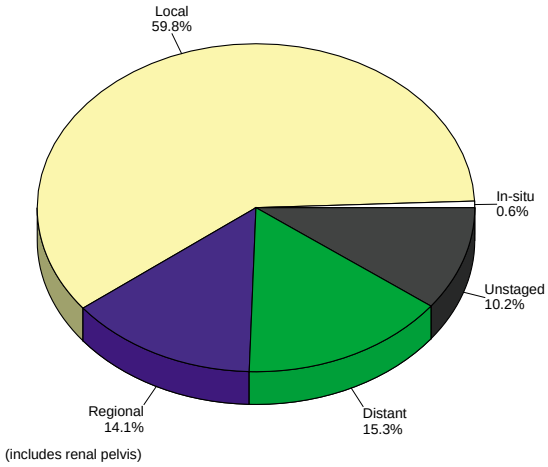

Hodgkin Lymphoma Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
2.1
2.2
1.7
3.1
2.7
0.6
6.5
1.0
0.0
1.0
2.0
3.0
4.0
5.0
6.0
7.0
Rate per 100,000 person-years

KIDNEY

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	13.2	17.4	9.3
# of new invasive cases	176	111	65
# of new in-situ cases	1	1	0
# of deaths	56	33	23

Stage at Diagnosis - Kidney



(includes renal pelvis)

Total Cases By County

Ada	53	Cassia	1	Lewis	3
Adams	-	Clark	-	Lincoln	1
Bannock	6	Clearwater	-	Madison	-
Bear Lake	-	Custer	-	Minidoka	5
Benewah	1	Elmore	4	Nez Perce	4
Bingham	4	Franklin	1	Oneida	-
Blaine	3	Fremont	-	Owyhee	2
Boise	2	Gem	2	Payette	2
Bonner	13	Gooding	2	Power	-
Bonneville	7	Idaho	2	Shoshone	7
Boundary	1	Jefferson	2	Teton	-
Butte	-	Jerome	1	Twin Falls	9
Camas	-	Kootenai	19	Valley	-
Canyon	13	Latah	1	Washington	5
Caribou	1	Lemhi	-		

Risk and Associated Factors

Age Both adults and children are at risk for kidney cancer. Renal cell carcinoma accounts for 80% of all adult kidney cancers. Wilm's tumor (nephroblastoma) affects predominantly children under age 5 and accounts for the majority of childhood kidney cancers.

Gender Renal cell carcinoma affects males twice as often as females.

Genetics Wilm's tumor often occurs with congenital defects.

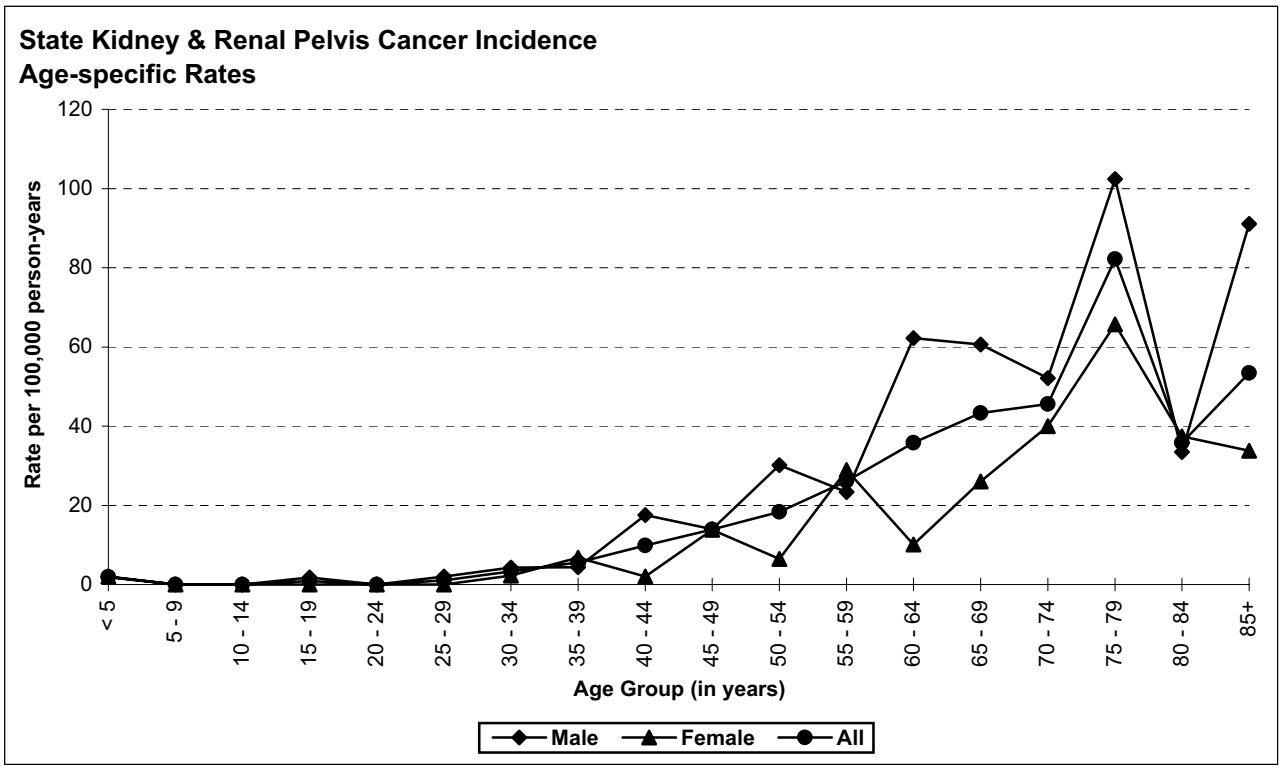
Occupation Certain occupations, such as laundry and leather workers, have been associated with increased risk due to chemical exposure.

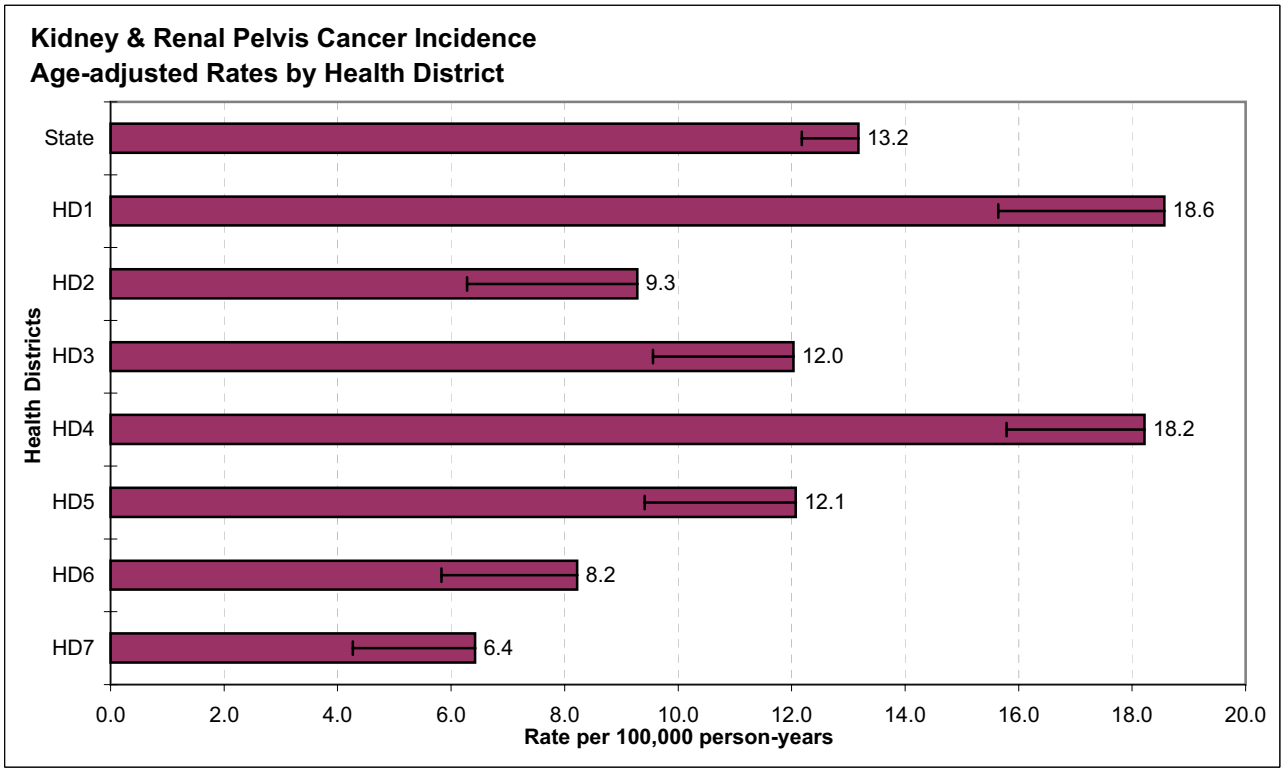
Other Cigarette smoking is strongly associated with renal pelvis and ureter cancers. Smokers are at twice the risk of developing kidney cancer as non-smokers. Analgesic mixtures containing phenacetin increase the risk of kidney cancer. Obesity is a risk factor for kidney cancer. High dietary protein consumption, independent of fat and calorie intake, may elevate kidney cancer risk.

Special Notes

Mean age-adjusted incidence rate across health districts:	12.1
95% confidence interval on the mean age-adjusted incidence rate:	8.6 - 15.6
Median age-adjusted incidence rate of health districts:	12.0
Range of age-adjusted incidence rate for health districts:	6.4 - 18.6
SEER rate (2002, Whites):	12.2

There were few cases of kidney or renal pelvis cancer among persons aged less than 35 years. The highest incidence among males and females was in the age group 75-79. Health Districts 1 and 4 had statistically significantly more cases than expected based upon rates for the remainder of Idaho, and Health District 7 had significantly fewer cases than expected.


State Kidney & Renal Pelvis Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
120
100
80
60
40
20
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

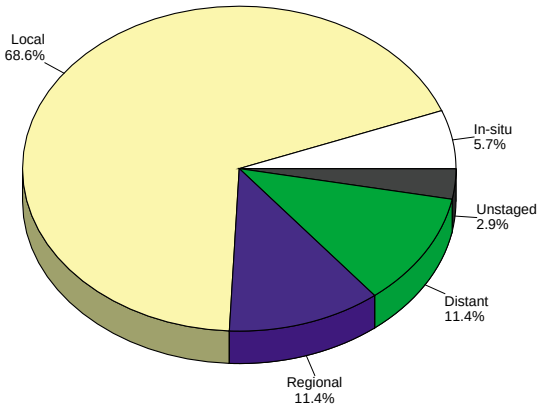

Kidney & Renal Pelvis Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
13.2
18.6
9.3
12.0
18.2
12.1
8.2
6.4
0.0
2.0
4.0
6.0
8.0
10.0
12.0
14.0
16.0
18.0
20.0
Rate per 100,000 person-years

LARYNX

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	2.4	4.3	0.9
# of new invasive cases	33	27	6
# of new in-situ cases	2	2	0
# of deaths	8	5	3

Stage at Diagnosis - Larynx



Total Cases By County

Ada	10	Cassia	2	Lewis	-
Adams	-	Clark	-	Lincoln	-
Bannock	2	Clearwater	-	Madison	1
Bear Lake	-	Custer	-	Minidoka	-
Benewah	-	Elmore	-	Nez Perce	2
Bingham	-	Franklin	1	Oneida	1
Blaine	-	Fremont	-	Owyhee	-
Boise	-	Gem	-	Payette	-
Bonner	-	Gooding	2	Power	-
Bonneville	1	Idaho	-	Shoshone	-
Boundary	1	Jefferson	-	Teton	-
Butte	-	Jerome	-	Twin Falls	4
Camas	-	Kootenai	1	Valley	-
Canyon	6	Latah	-	Washington	1
Caribou	-	Lemhi	-		

Risk and Associated Factors

Age Rates increase with age, with the vast majority of cases occurring after age 55.

Gender Much more common in males than females.

Race & SES Generally in the United States, African Americans have higher incidence rates than Caucasians. Lower income groups experience higher rates.

Occupation Laryngeal cancer has been associated with exposures such as asbestos and wood dust.

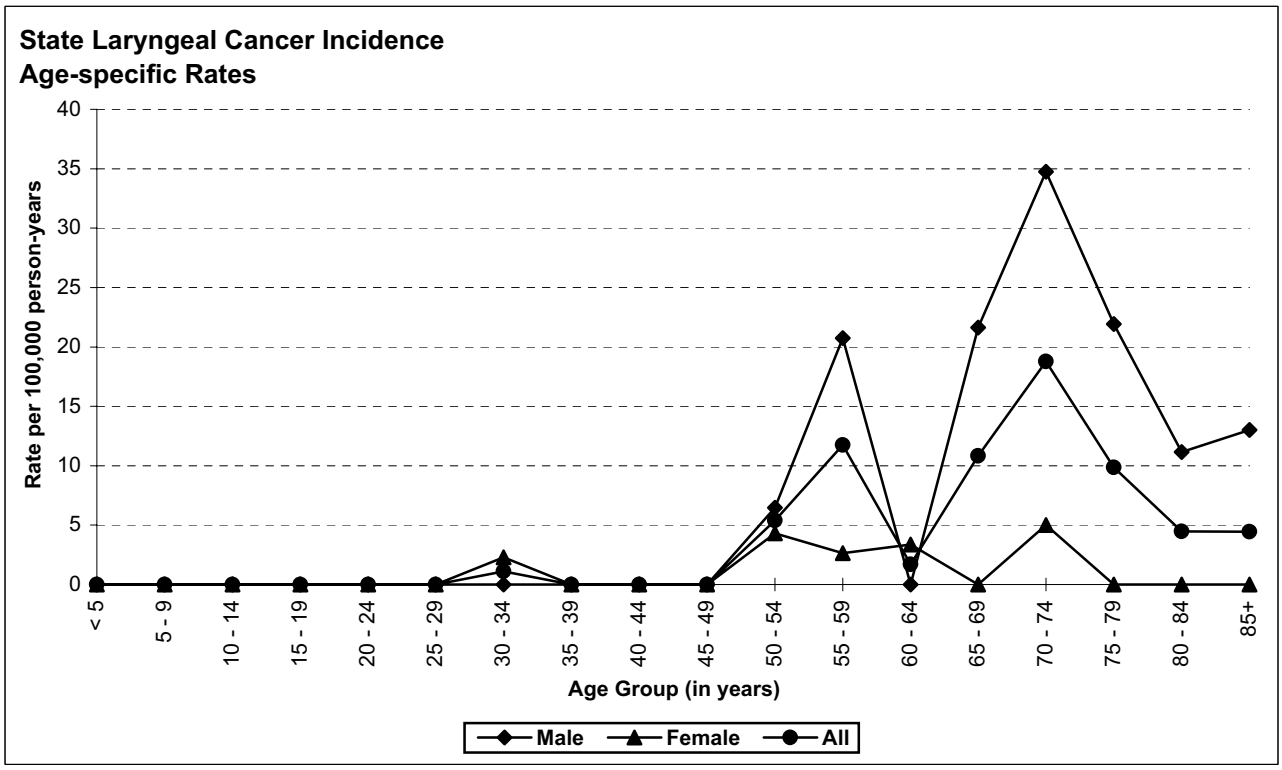
Diet Diets low in fresh fruits and vegetables may increase the risk.

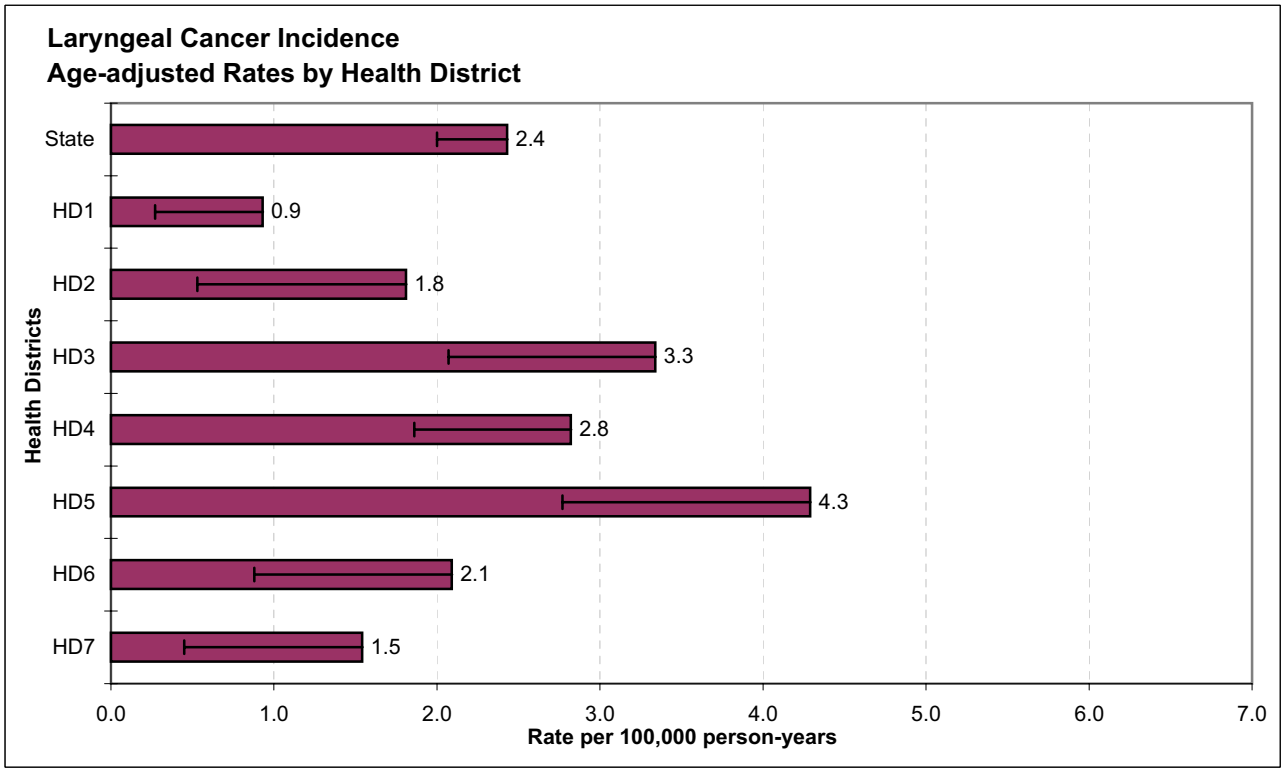
Other Cigarette smoking and alcohol use are both major risk factors. The combination of alcohol consumption and tobacco use (smoking or spit tobacco) acts greatly to increase the risk. A patient with a single laryngeal cancer who continues to smoke and drink alcohol has an enhanced risk of developing a second laryngeal tumor.

Special Notes

Mean age-adjusted incidence rate across health districts:	2.4	
95% confidence interval on the mean age-adjusted incidence rate:	1.5 -	3.3
Median age-adjusted incidence rate of health districts:	2.1	
Range of age-adjusted incidence rate for health districts:	0.9 -	4.3
SEER rate (2002, Whites):	3.3	

There were few cases of laryngeal cancer among persons aged less than 50 years. The age-specific incidence rates for males were more than twice those for females in most age groups. The highest incidence rate among males and females was in the age group 70-74. No health district had statistically significantly fewer or more cases than expected based upon rates for the remainder of Idaho.


State Laryngeal Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
40
35
30
25
20
15
10
5
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All


Laryngeal Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
2.4
0.9
1.8
3.3
2.8
4.3
2.1
1.5
0.0
1.0
2.0
3.0
4.0
5.0
6.0
7.0
Rate per 100,000 person-years

LEUKEMIA

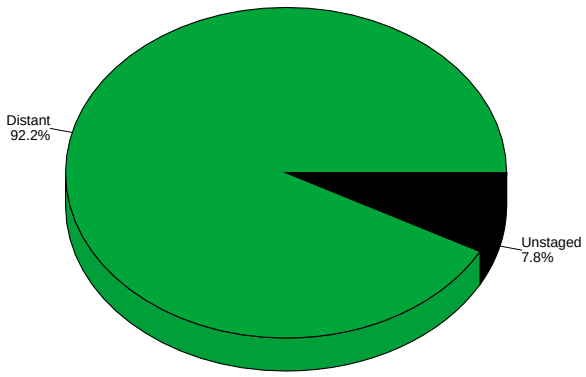
Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	12.5	15.4	10.1
# of new invasive cases	167	95	72
# of new in-situ cases	0	0	0
# of deaths	116	60	56

Total Cases By County

Ada	39	Cassia	2	Lewis	1
Adams	1	Clark	-	Lincoln	-
Bannock	8	Clearwater	1	Madison	1
Bear Lake	-	Custer	-	Minidoka	4
Benewah	-	Elmore	1	Nez Perce	8
Bingham	7	Franklin	-	Oneida	-
Blaine	3	Fremont	1	Owyhee	1
Boise	-	Gem	2	Payette	5
Bonner	3	Gooding	3	Power	1
Bonneville	6	Idaho	1	Shoshone	1
Boundary	2	Jefferson	1	Teton	2
Butte	1	Jerome	2	Twin Falls	10
Camas	1	Kootenai	25	Valley	1
Canyon	14	Latah	2	Washington	4
Caribou	-	Lemhi	1		

Stage at Diagnosis - Leukemia



Risk and Associated Factors

Age This is the most common form of cancer in children. Incidence usually increases with age in adults. The highest rates occur in individuals over age 60.

Gender Males have a higher incidence than females for chronic myelogenous leukemia (CML), acute lymphoblastic leukemia (ALL), and chronic lymphocytic leukemia (CLL).

Race ALL is less common among African Americans. CLL is rare in Asians.

Genetics Certain congenital defects, such as trisomy 21, Fanconi's anemia, Bloom syndrome, and ataxia-telangectasia, increase risk in children for various types of leukemia.

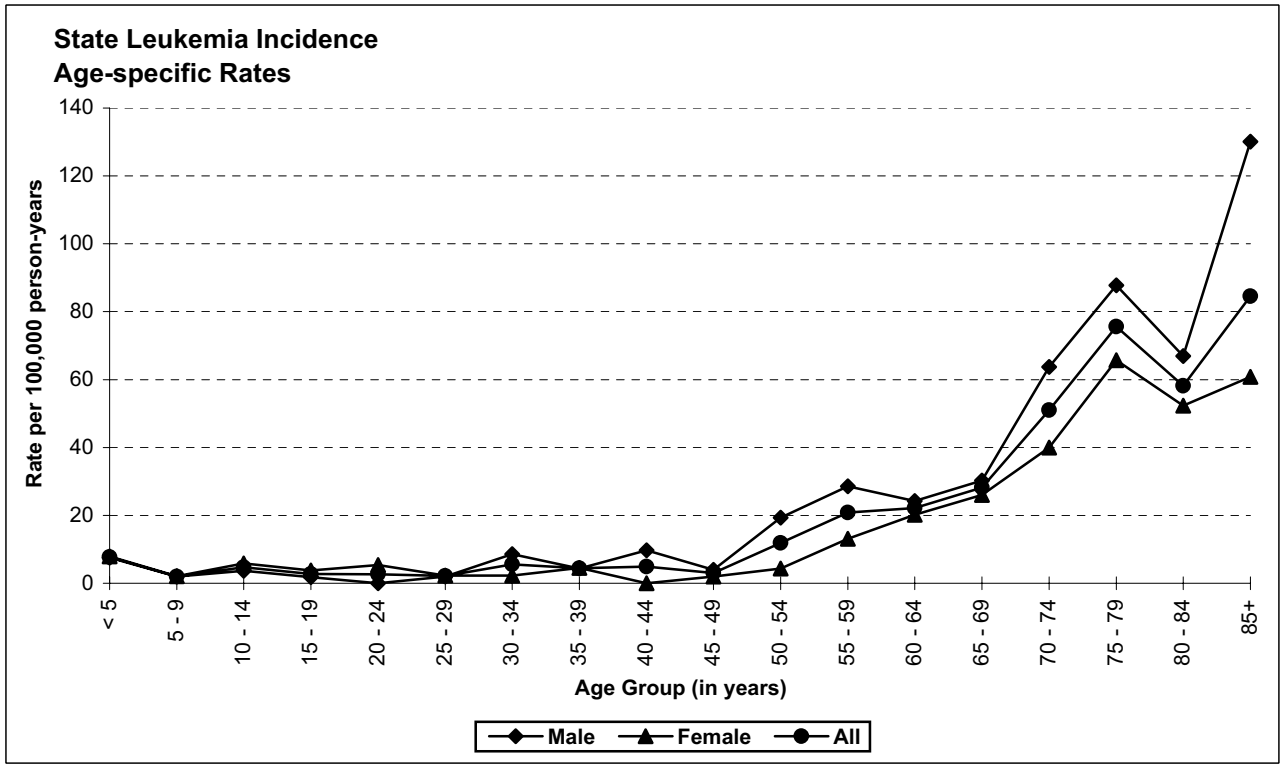
Occupation Benzene is a known cause of leukemia (predominantly acute myelogenous leukemia [AML]). Chimney sweeps exposed to soot are at higher risk.

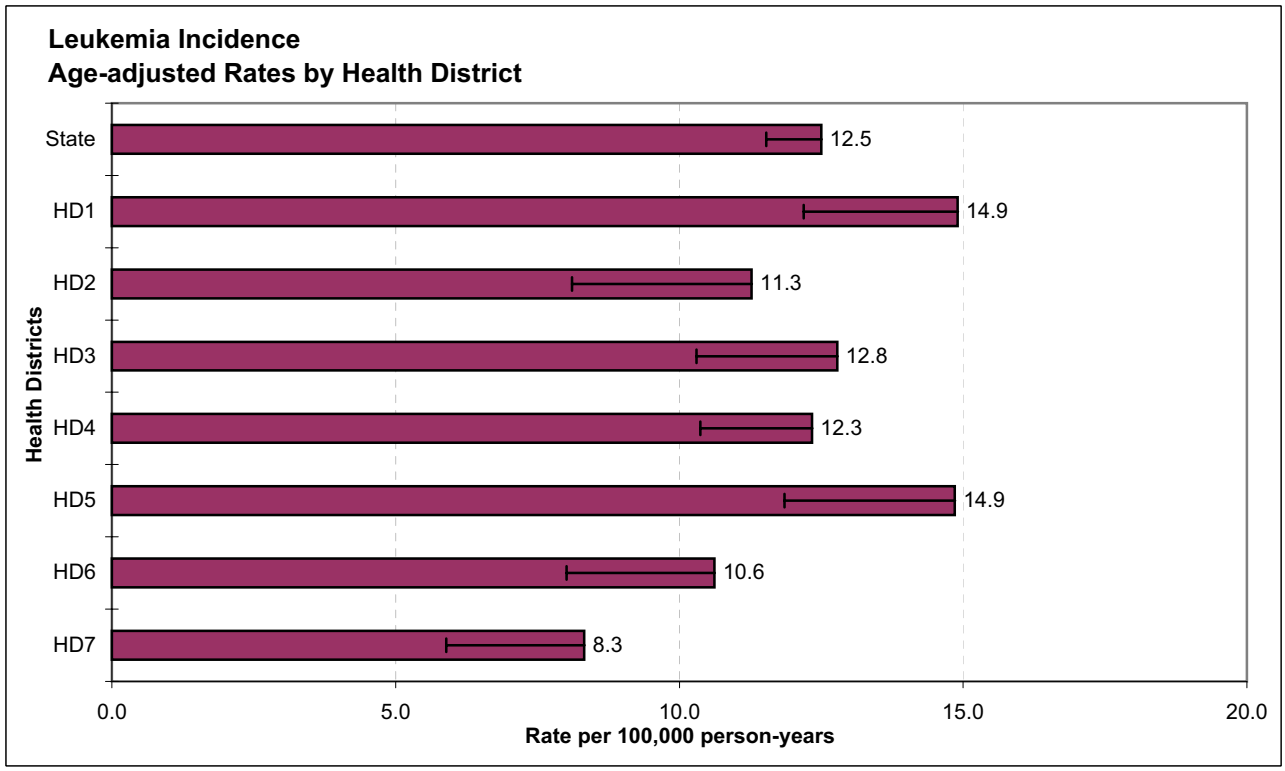
Other Ionizing radiation exposure increases the risk (except for CLL). Environmental exposure to low frequency, non-ionizing radiation and its association with leukemia incidence is being investigated. Treatment with some chemotherapeutic agents for other cancers increases the risk of leukemia. Exposure to herbicides used during the Vietnam War, including Agent Orange, has been associated with increased incidence of CLL. The antibiotic chloramphenicol likely causes leukemia. Autoimmune diseases and several viruses, including HTLV-I and EBV, have been linked to certain types of leukemia.

Special Notes

Mean age-adjusted incidence rate across health districts:	12.2
95% confidence interval on the mean age-adjusted incidence rate:	10.4 - 13.9
Median age-adjusted incidence rate of health districts:	12.3
Range of age-adjusted incidence rate for health districts:	8.3 - 14.9
SEER rate (2002, Whites):	12.2

The age-specific incidence distribution of leukemia for Idaho is quite similar to the typical pattern described by the SEER program of the National Cancer Institute. The rates are higher for males than females for all types of leukemia with the exception of acute myelogenous leukemia (AML), which has no predilection for age or sex. Generally, the incidence of leukemia is higher in older age groups. No health district had statistically significantly fewer or more cases than expected based upon rates for the remainder of Idaho.


State Leukemia Incidence
Age-specific Rates
Rate per 100,000 person-years
140
120
100
80
60
40
20
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

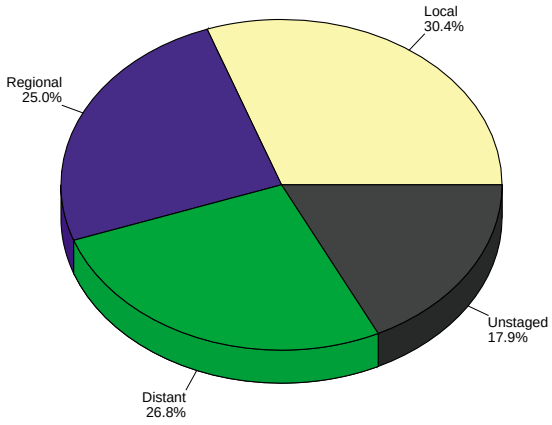

Leukemia Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
12.5
14.9
11.3
12.8
12.3
14.9
10.6
8.3
0.0
5.0
10.0
15.0
20.0
Rate per 100,000 person-years

LIVER AND BILE DUCT

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	4.1	5.9	2.4
# of new invasive cases	56	38	18
# of new in-situ cases	0	0	0
# of deaths	47	34	13

Stage at Diagnosis - Liver



Total Cases By County

Ada	15	Cassia	-	Lewis	1
Adams	-	Clark	-	Lincoln	-
Bannock	3	Clearwater	-	Madison	1
Bear Lake	-	Custer	-	Minidoka	2
Benewah	1	Elmore	5	Nez Perce	-
Bingham	2	Franklin	1	Oneida	-
Blaine	1	Fremont	-	Owyhee	-
Boise	1	Gem	1	Payette	-
Bonner	2	Gooding	1	Power	-
Bonneville	1	Idaho	-	Shoshone	-
Boundary	-	Jefferson	-	Teton	-
Butte	-	Jerome	-	Twin Falls	7
Camas	-	Kootenai	7	Valley	1
Canyon	3	Latah	-	Washington	-
Caribou	-	Lemhi	-		

Risk and Associated Factors

Age The incidence rate of liver cancer increases with age.

Gender Rates are usually higher in males than in females.

Race Incidence is higher in Asians and African Americans than for the rest of the population.

Diet Aflatoxins, which are present in certain foods such as peanut butter, are classified as a known human carcinogen, causing liver cancer.

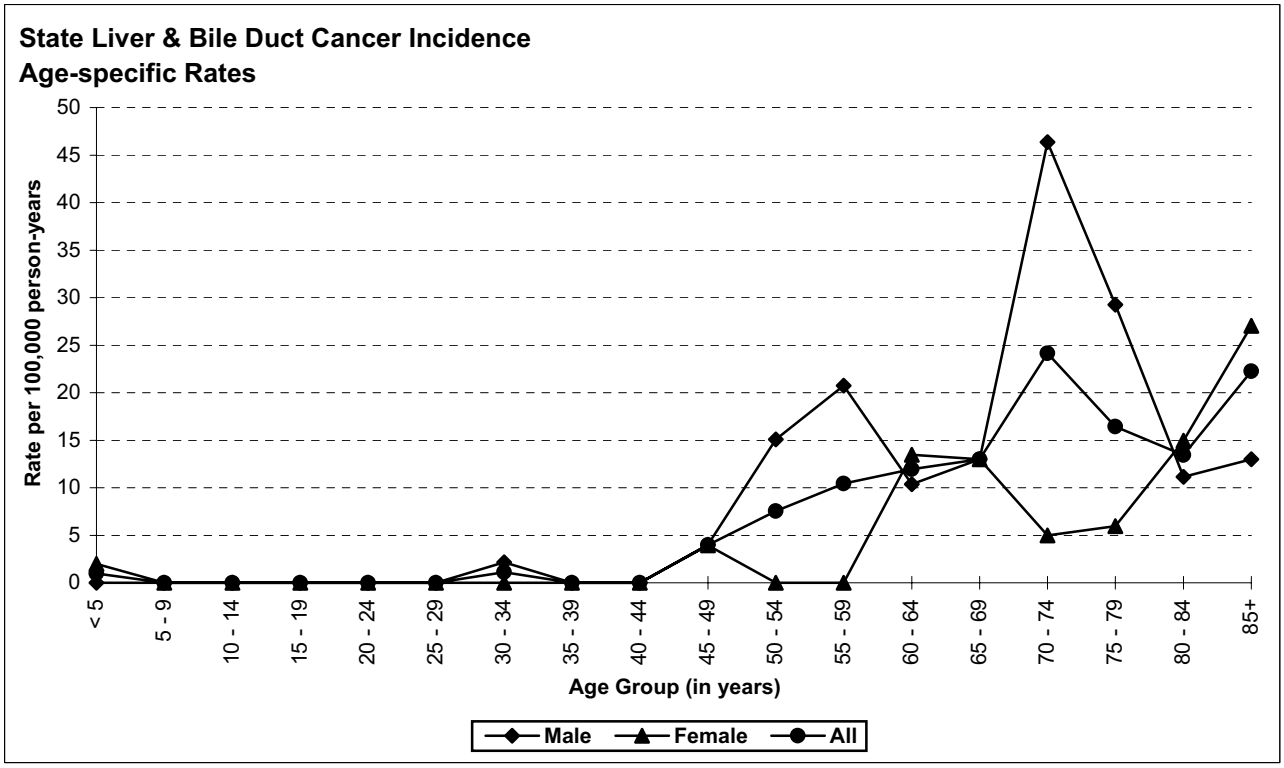
Occupation Thorium dioxide (an x-ray contrast medium) exposure increases liver cancer risk. Exposure to vinyl chloride used in plastic production is associated with an increased risk of angiosarcoma of the liver. Chimney sweeps exposed to soot are at higher risk.

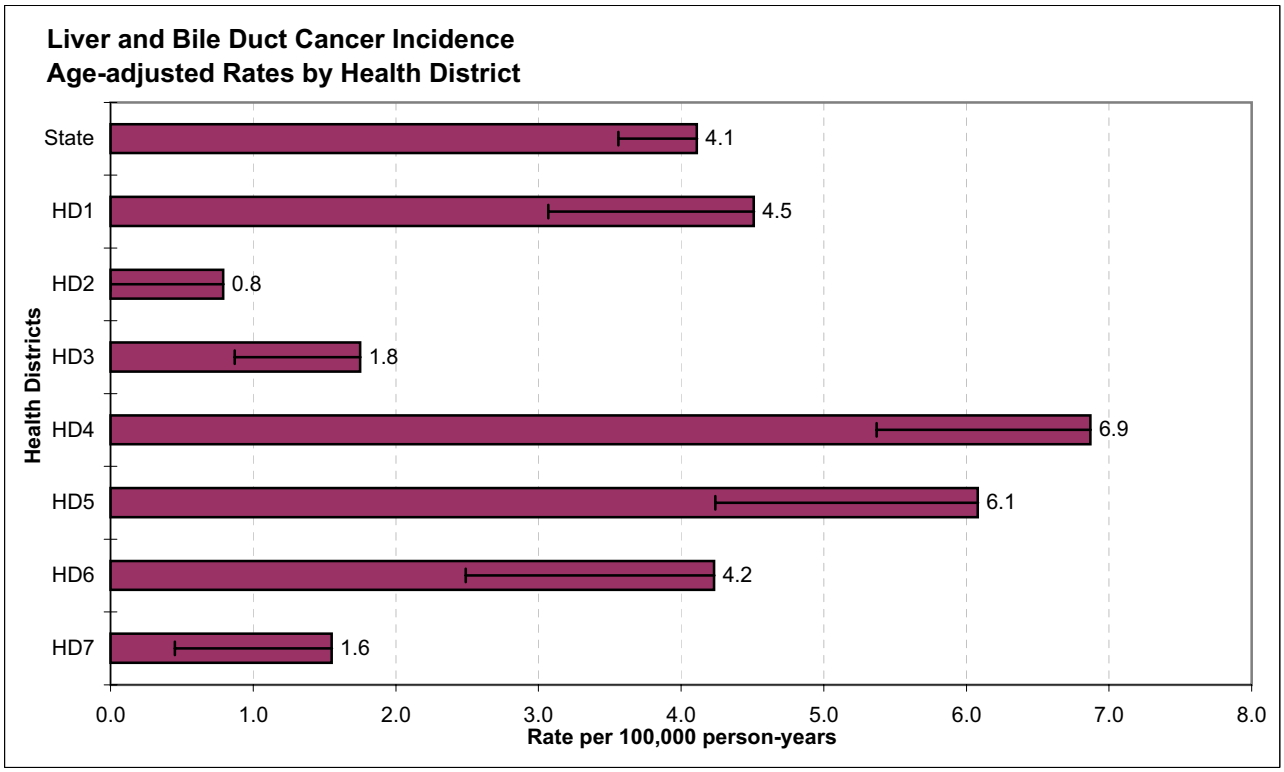
Other Hepatitis B and Hepatitis C infections are significant causes of hepatocellular carcinoma. Cirrhosis of the liver due to viral hepatitis, alcoholism, or toxic chemical exposure accounts for 50-80% of patients diagnosed with liver cancer. Long-term use of oral contraceptives increases risk of hepatocellular carcinoma.

Special Notes

Mean age-adjusted incidence rate across health districts:	3.7	
95% confidence interval on the mean age-adjusted incidence rate:	1.9 -	5.4
Median age-adjusted incidence rate of health districts:	4.2	
Range of age-adjusted incidence rate for health districts:	0.8 -	6.9
SEER rate (2002, Whites):	4.9	

There were few cases of liver cancer among persons less than 45 years of age. Age-specific incidence rates increased with age, peaking in the age group 70-74 for males and 85+ for females. Health District 4 had statistically significantly more cases than expected based upon rates for the remainder of Idaho.


State Liver & Bile Duct Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
50
45
40
35
30
25
20
15
10
5
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

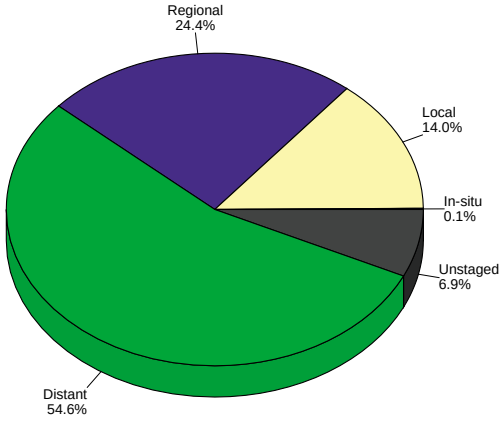

Liver and Bile Duct Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
4.1
4.5
0.8
1.8
6.9
6.1
4.2
1.6
0.0
1.0
2.0
3.0
4.0
5.0
6.0
7.0
8.0
Rate per 100,000 person-years

LUNG AND BRONCHUS

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	56.9	69.3	46.8
# of new invasive cases	742	415	327
# of new in-situ cases	1	1	0
# of deaths	537	303	234

Stage at Diagnosis - Lung and Bronchus



Total Cases By County

Ada	165	Cassia	3	Lewis	6
Adams	3	Clark	-	Lincoln	3
Bannock	27	Clearwater	10	Madison	3
Bear Lake	3	Custer	4	Minidoka	8
Benewah	9	Elmore	20	Nez Perce	37
Bingham	9	Franklin	1	Oneida	6
Blaine	3	Fremont	5	Owyhee	5
Boise	6	Gem	14	Payette	13
Bonner	27	Gooding	13	Power	2
Bonneville	31	Idaho	8	Shoshone	15
Boundary	7	Jefferson	7	Teton	2
Butte	5	Jerome	9	Twin Falls	42
Camas	-	Kootenai	88	Valley	5
Canyon	86	Latah	13	Washington	12
Caribou	1	Lemhi	7		

Risk and Associated Factors

Age Lung cancer incidence rates increase with age.

Gender The incidence is currently higher in males than in females, but the gap is narrowing due to increased smoking rates in women.

Race & SES Generally, incidence is higher among African Americans than other racial groups and is also higher in lower income groups.

Diet Diets low in consumption of fresh fruits and vegetables contribute to increased risk.

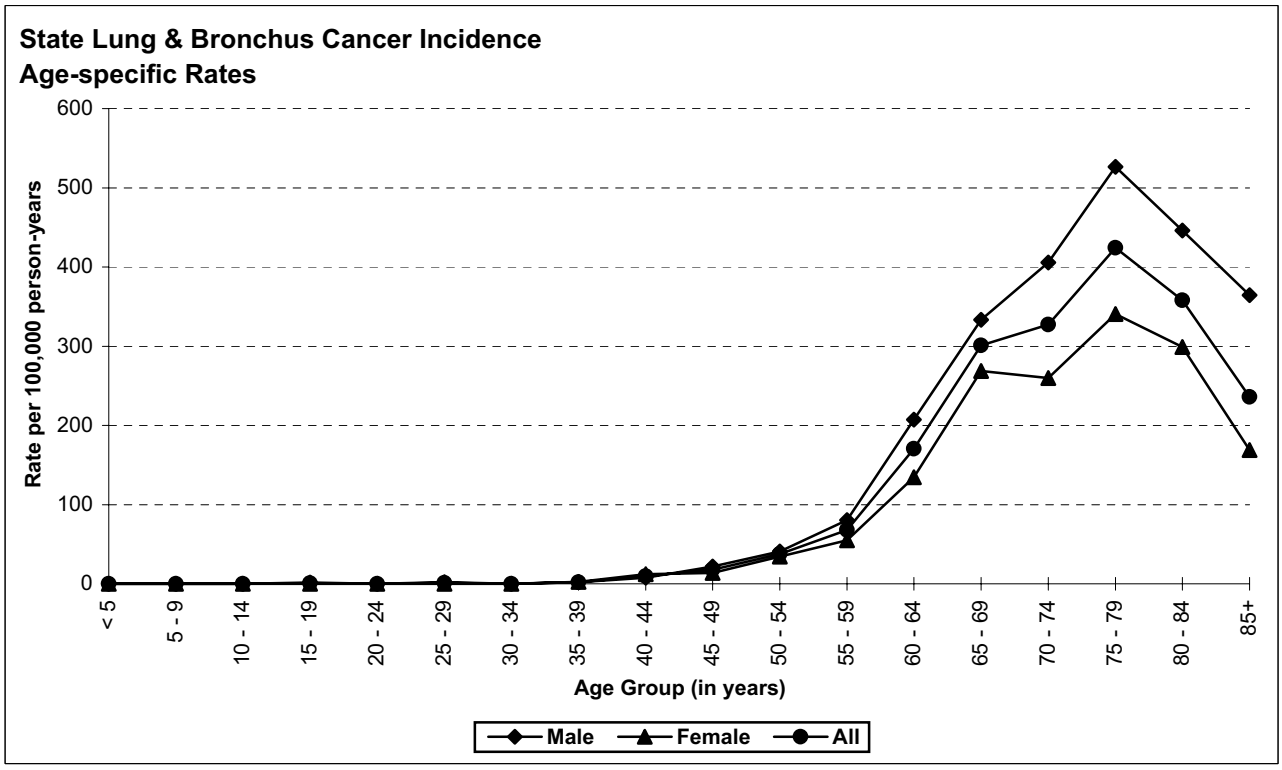
Occupation Occupational or environmental exposures to asbestos, cadmium, chromium, coal tars, crystalline silica dust, polycyclic aromatic hydrocarbons, radon, soot, chlorpyrifos insecticides, ionizing radiation, and other substances increase the risk.

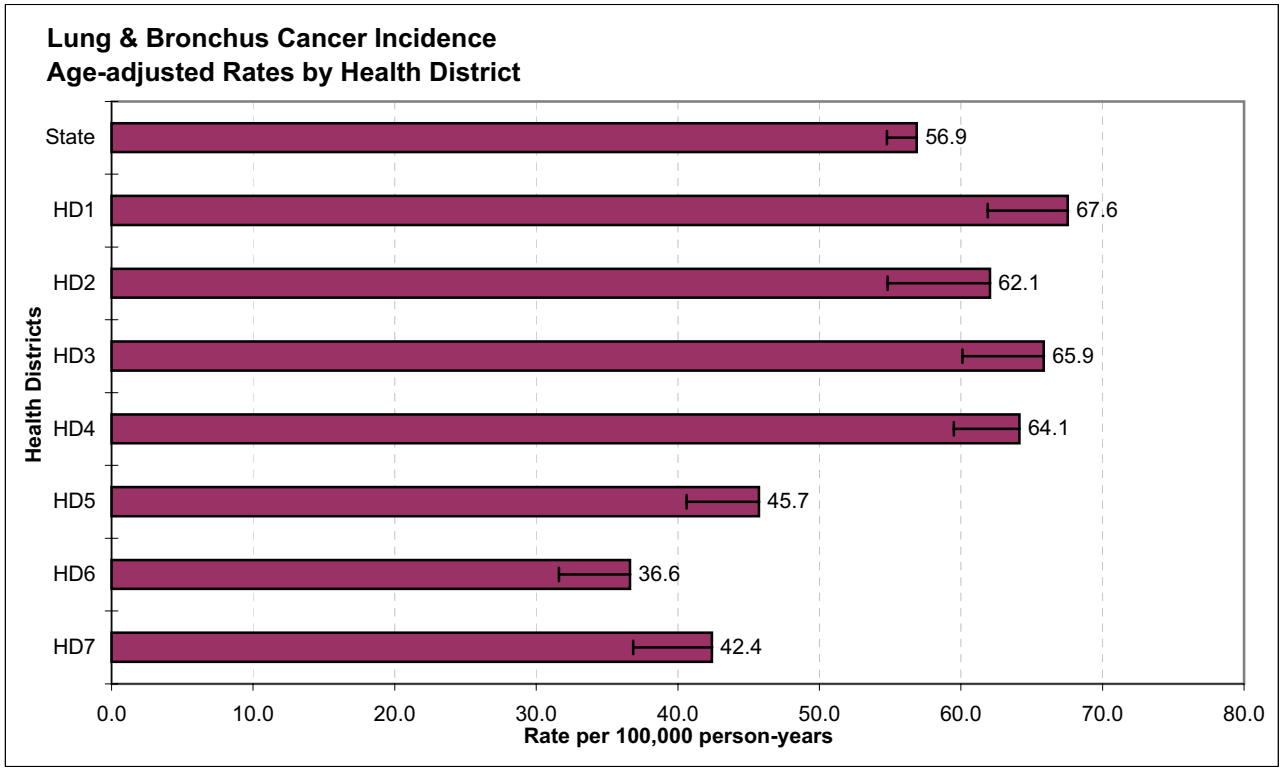
Other Cigarette smoking, including exposure to second-hand smoke, is the most important risk factor, accounting for over 85% of lung cancer deaths. Evidence exists that rates are about 1.3 times higher, adjusted for smoking, in urban areas than rural areas due to air pollution, mostly from motor vehicles.

Special Notes

Mean age-adjusted incidence rate across health districts:	54.9
95% confidence interval on the mean age-adjusted incidence rate:	45.4 - 64.4
Median age-adjusted incidence rate of health districts:	62.1
Range of age-adjusted incidence rate for health districts:	36.6 - 67.6
SEER rate (2002, Whites):	59.3

There were few cases of lung cancer among persons less than 50 years of age. The age-specific incidence rates for males were uniformly higher than the rates for females after age 45. The incidence rates increased with age, peaking in the age group 75-79 for males and females. Health Districts 1 and 4 had statistically significantly more cases than expected based upon rates for the remainder of Idaho, and Health Districts 5, 6 and 7 had statistically significantly fewer cases than expected.


State Lung & Bronchus Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
600
500
400
300
200
100
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

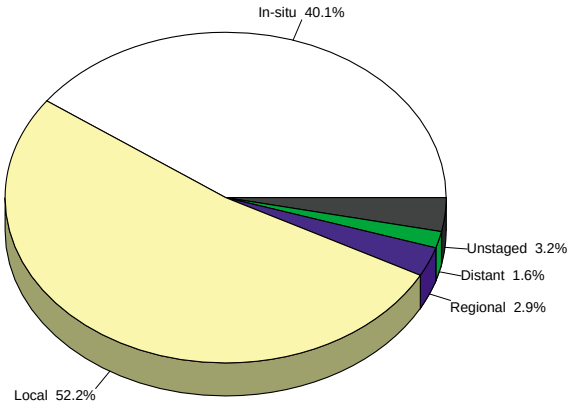

Lung & Bronchus Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
56.9
67.6
62.1
65.9
64.1
45.7
36.6
42.4
0.0
10.0
20.0
30.0
40.0
50.0
60.0
70.0
80.0
Rate per 100,000 person-years

MELANOMA OF SKIN

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	25.0	30.2	21.3
# of new invasive cases	335	187	148
# of new in-situ cases	224	120	104
# of deaths	46	29	17

Stage at Diagnosis - Melanoma of Skin



Total Cases By County

Ada	122	Cassia	7	Lewis	-
Adams	1	Clark	-	Lincoln	-
Bannock	20	Clearwater	4	Madison	6
Bear Lake	1	Custer	1	Minidoka	2
Benewah	4	Elmore	1	Nez Perce	10
Bingham	9	Franklin	-	Oneida	-
Blaine	7	Fremont	4	Owyhee	4
Boise	1	Gem	6	Payette	4
Bonner	13	Gooding	6	Power	1
Bonneville	33	Idaho	7	Shoshone	4
Boundary	4	Jefferson	11	Teton	4
Butte	1	Jerome	2	Twin Falls	20
Camas	-	Kootenai	62	Valley	8
Canyon	53	Latah	3	Washington	3
Caribou	2	Lemhi	2		

Risk and Associated Factors

Age Melanoma is extremely uncommon before puberty. Rates increase with age.

Gender It occurs more frequently in males than females.

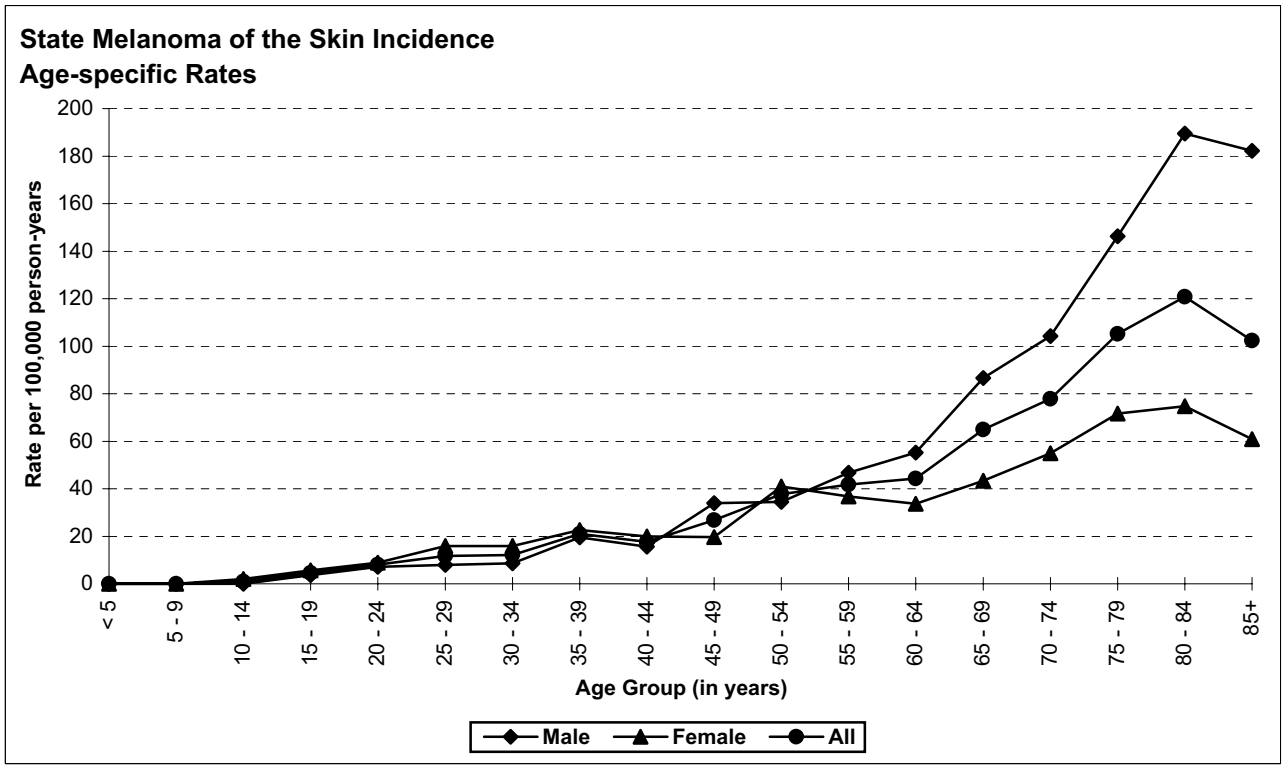
Race & SES The incidence rate is highest in Caucasians and is uncommon in African Americans. It has an increased incidence in higher income groups (indoor workers).

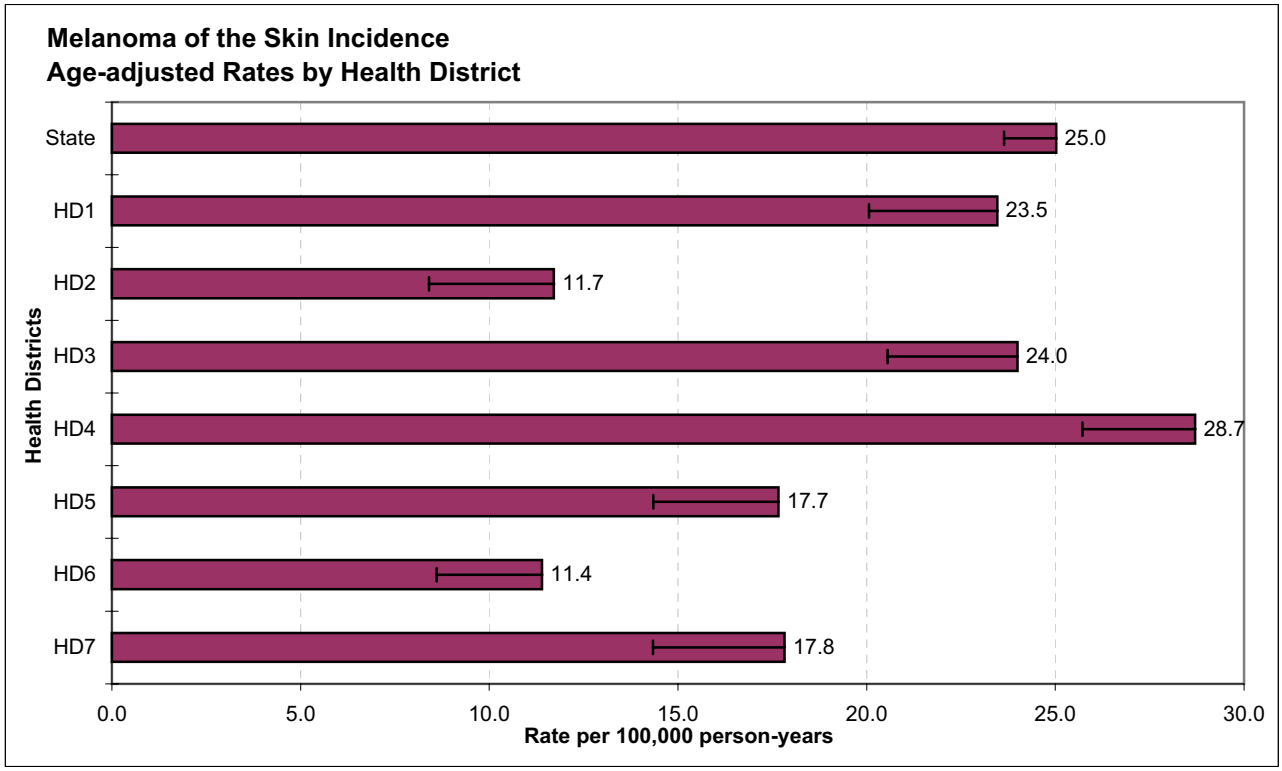
Other Ultra-violet light exposure, especially blistering sunburns during childhood, is a major risk factor. Melanoma incidence rates are increased around the world. Blue eyes, fair or red hair and pale complexion are well-known risk factors for melanoma. Apart from race and age, number of melanocytic nevi is the strongest known risk factor for melanoma. Intermittent exposure of untanned skin to intense sunlight is particularly effective in increasing incidence of melanoma.

Special Notes

Mean age-adjusted incidence rate across health districts:	19.3
95% confidence interval on the mean age-adjusted incidence rate:	14.4 - 24.1
Median age-adjusted incidence rate of health districts:	17.8
Range of age-adjusted incidence rate for health districts:	11.4 - 28.7
SEER rate (2002, Whites):	20.5

There were few cases of melanoma of the skin among persons less than 25 years of age. The age-specific incidence rates were generally higher among males after age 50. Health Districts 2, 5 and 6 had statistically significantly fewer cases than expected based upon rates for the remainder of Idaho.


State Melanoma of the Skin Incidence
Age-specific Rates
Rate per 100,000 person-years
200
180
160
140
120
100
80
60
40
20
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

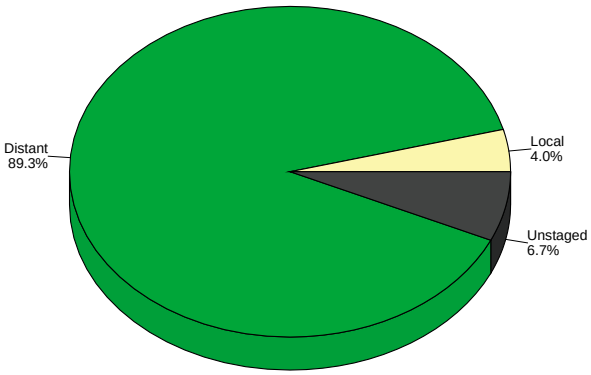

Melanoma of the Skin Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
25.0
23.5
11.7
24.0
28.7
17.7
11.4
17.8
0.0
5.0
10.0
15.0
20.0
25.0
30.0
Rate per 100,000 person-years

MYELOMA

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	5.8	8.5	3.5
# of new invasive cases	75	50	25
# of new in-situ cases	0	0	0
# of deaths	67	43	24

Stage at Diagnosis - Myeloma



Total Cases By County

Ada	15	Cassia	-	Lewis	-
Adams	-	Clark	-	Lincoln	1
Bannock	4	Clearwater	-	Madison	-
Bear Lake	-	Custer	-	Minidoka	-
Benewah	1	Elmore	4	Nez Perce	3
Bingham	-	Franklin	1	Oneida	-
Blaine	-	Fremont	-	Owyhee	1
Boise	-	Gem	-	Payette	1
Bonner	3	Gooding	1	Power	-
Bonneville	4	Idaho	1	Shoshone	1
Boundary	-	Jefferson	1	Teton	2
Butte	1	Jerome	2	Twin Falls	2
Camas	-	Kootenai	8	Valley	1
Canyon	11	Latah	2	Washington	-
Caribou	1	Lemhi	2		

Risk and Associated Factors

Age Multiple myeloma is an age-dependent cancer. It increases with age and rarely occurs before age 40.

Gender Rates for males are somewhat higher than for females.

Race African Americans have a higher incidence rate, sometimes twice the rate for Caucasians.

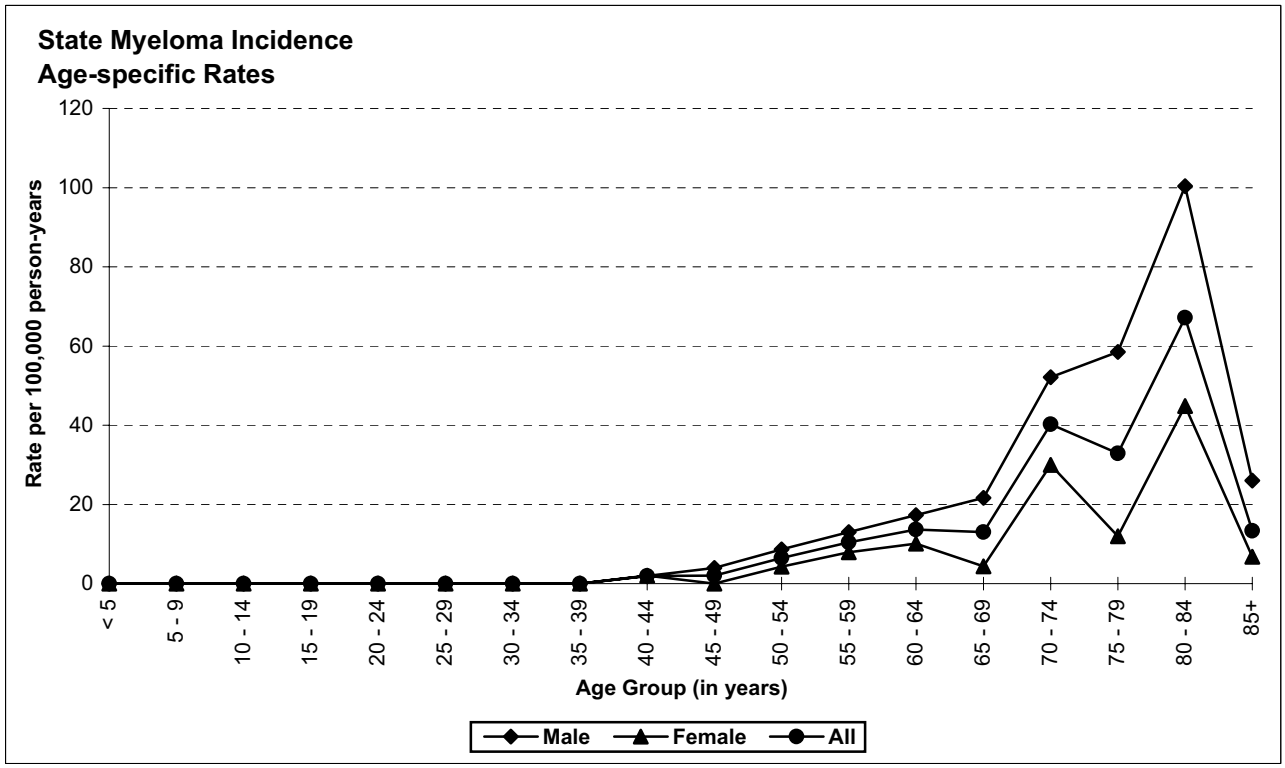
Genetics Genetic factors play an important role in its development but how so is not completely understood. Familial factors and chronic antigenic stimulation have also been implicated.

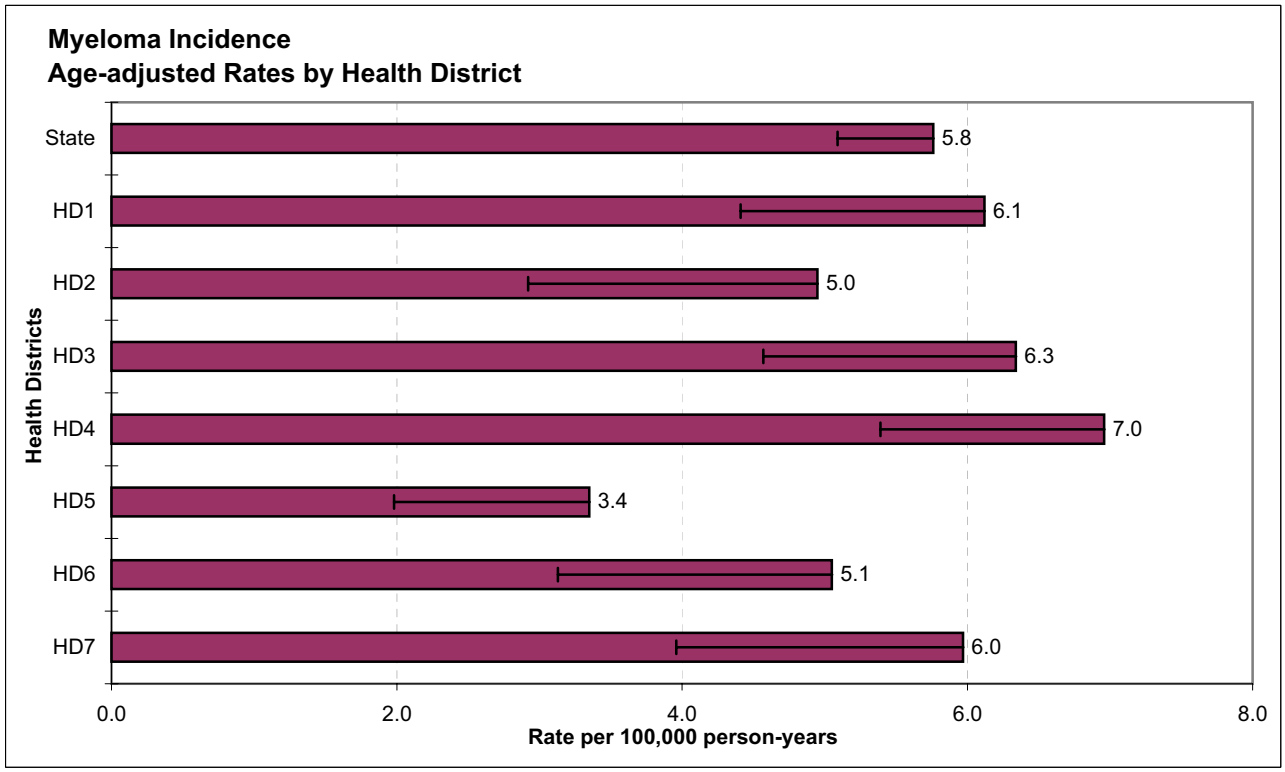
Other Multiple myeloma has been associated with lymphomas such as Burkitt's, and non-Hodgkin's lymphomas. Studies have suggested several possible viral etiologies, and multiple myeloma has been linked to ionizing radiation exposure. Several specific chemical and physical substances have been linked to myeloma risk in one or more studies. Truck drivers, painters, and agricultural workers are at increased risk of multiple myeloma. Individuals with monoclonal gammopathy of unknown significance are predisposed to develop multiple myeloma.

Special Notes

Mean age-adjusted incidence rate across health districts:	5.5	
95% confidence interval on the mean age-adjusted incidence rate:	4.6 -	6.4
Median age-adjusted incidence rate of health districts:	6.0	
Range of age-adjusted incidence rate for health districts:	3.4 -	7.0
SEER rate (2002, Whites):	5.0	

There were few cases of plasma cell tumors among persons less than 45 years of age. The age-specific incidence rates increased rapidly for both males and females after age group 65-69. No health district had statistically significantly fewer or more cases than expected based upon rates for the remainder of Idaho.


State Myeloma Incidence
Age-specific Rates
Rate per 100,000 person-years
120
100
80
60
40
20
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All


Myeloma Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
5.8
6.1
5.0
6.3
7.0
3.4
5.1
6.0
0.0
2.0
4.0
6.0
8.0
Rate per 100,000 person-years

NON-HODGKIN LYMPHOMA

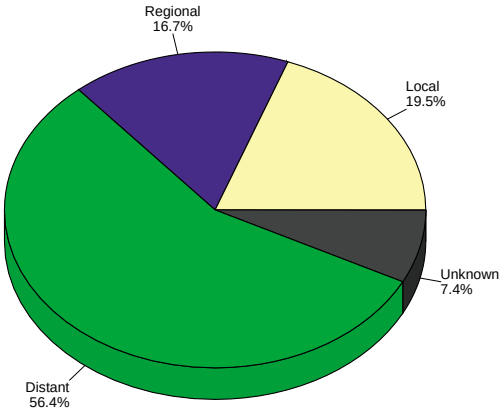
Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	19.5	21.2	17.9
# of new invasive cases	257	128	129
# of new in-situ cases	0	0	0
# of deaths	105	53	52

Total Cases By County

Ada	49	Cassia	4	Lewis	2
Adams	1	Clark	1	Lincoln	-
Bannock	12	Clearwater	1	Madison	2
Bear Lake	-	Custer	-	Minidoka	3
Benewah	2	Elmore	3	Nez Perce	11
Bingham	8	Franklin	1	Oneida	1
Blaine	4	Fremont	5	Owyhee	2
Boise	-	Gem	5	Payette	4
Bonner	12	Gooding	3	Power	-
Bonneville	20	Idaho	6	Shoshone	1
Boundary	3	Jefferson	2	Teton	4
Butte	-	Jerome	1	Twin Falls	10
Camas	-	Kootenai	29	Valley	1
Canyon	34	Latah	2	Washington	3
Caribou	3	Lemhi	1		

Stage at Diagnosis - Non-Hodgkin Lymphoma



(includes extra-nodal sites)

Risk and Associated Factors

Age Rates increase with age reaching the highest levels in the eighth and ninth decades of life.

Gender Males have higher rates than females.

Race & SES Generally in the United States incidence rates are higher for Caucasians than African Americans. Rates are higher in upper income groups.

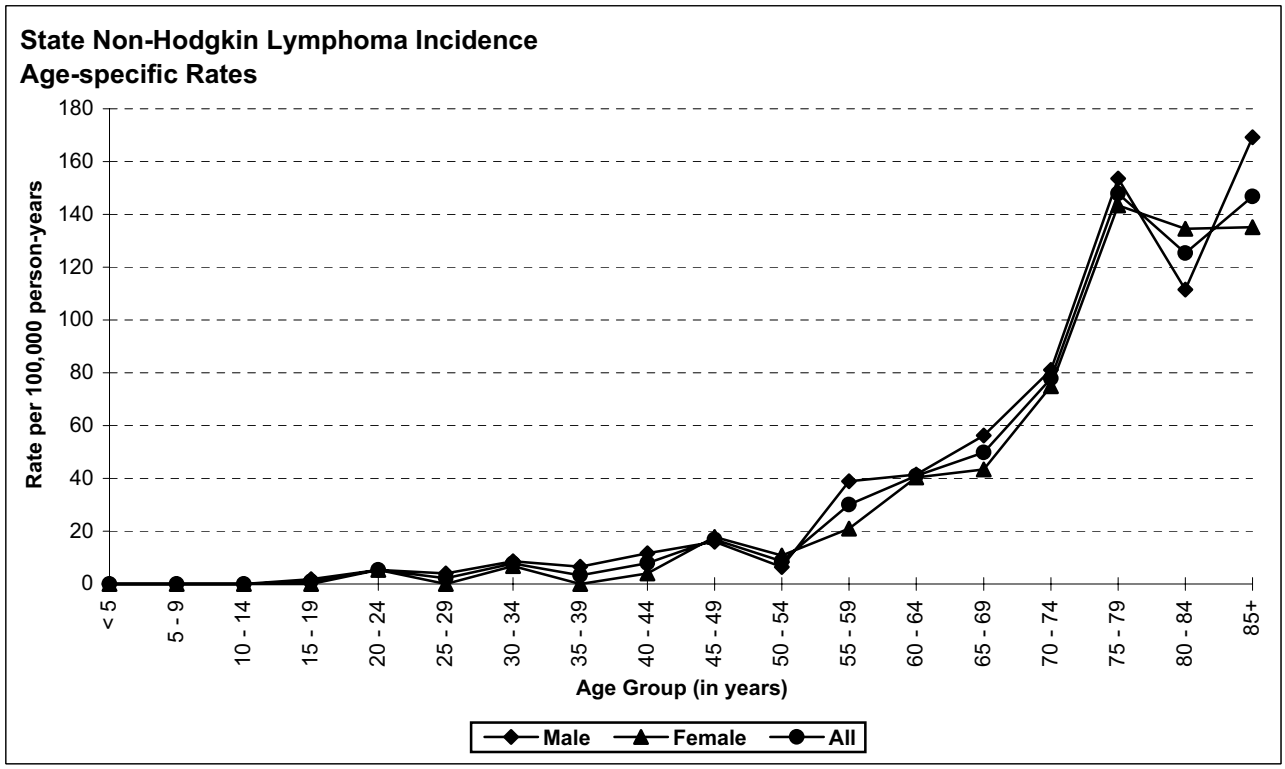
Occupation Ethylene oxide exposure at plants producing sterilized medical supplies and spices is a risk factor.

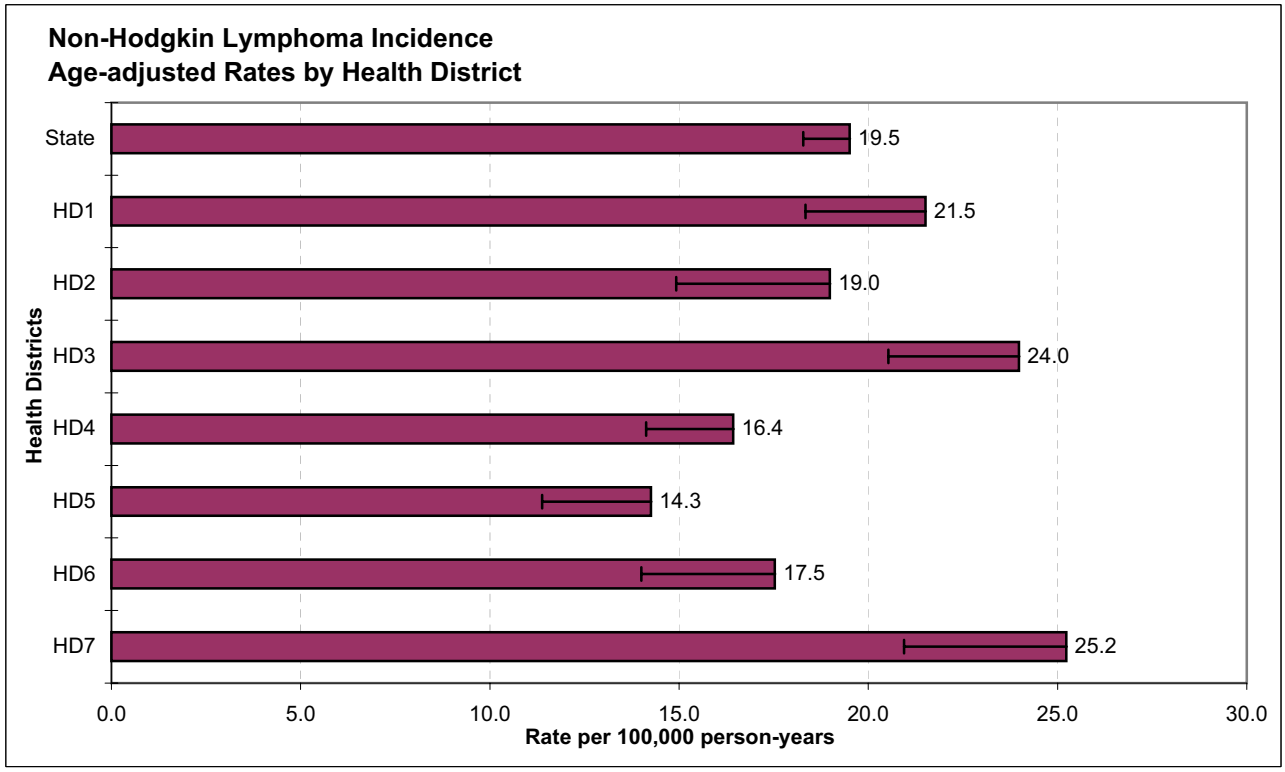
Other Non-Hodgkin lymphoma (NHL) develops with increased frequency in individuals infected with certain viruses, including HTLV-I, HIV, and EBV. Exposures to agricultural chemicals and PCBs have also been implicated. Treatment with some immunosuppressants increases the risk of NHL among organ transplant patients, evidently by reactivating Epstein-Barr virus.

Special Notes

Mean age-adjusted incidence rate across health districts:	19.7	
95% confidence interval on the mean age-adjusted incidence rate:	16.7 -	22.7
Median age-adjusted incidence rate of health districts:	19.0	
Range of age-adjusted incidence rate for health districts:	14.3 -	25.2
SEER rate (2002, Whites):	19.9	

The age-specific incidence rates of non-Hodgkin lymphoma increased with age, peaking in the age group 85+ for males and 75-79 for females. No health district had statistically significantly fewer or more cases than expected based upon rates for the remainder of Idaho.


State Non-Hodgkin Lymphoma Incidence
Age-specific Rates
Rate per 100,000 person-years
180
160
140
120
100
80
60
40
20
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

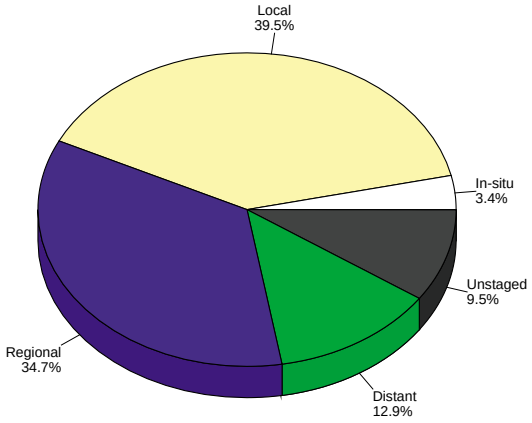

Non-Hodgkin Lymphoma Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
19.5
21.5
19.0
24.0
16.4
14.3
17.5
25.2
0.0
5.0
10.0
15.0
20.0
25.0
30.0
Rate per 100,000 person-years

ORAL CAVITY AND PHARYNX

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	10.4	16.3	5.0
# of new invasive cases	142	107	35
# of new in-situ cases	5	4	1
# of deaths	31	19	12

Stage at Diagnosis - Oral Cavity



Total Cases By County

Ada	38	Cassia	2	Lewis	-
Adams	-	Clark	-	Lincoln	-
Bannock	7	Clearwater	2	Madison	1
Bear Lake	-	Custer	-	Minidoka	1
Benewah	2	Elmore	-	Nez Perce	7
Bingham	2	Franklin	1	Oneida	-
Blaine	2	Fremont	-	Owyhee	1
Boise	-	Gem	3	Payette	1
Bonner	5	Gooding	1	Power	1
Bonneville	8	Idaho	-	Shoshone	-
Boundary	1	Jefferson	1	Teton	-
Butte	-	Jerome	3	Twin Falls	13
Camas	1	Kootenai	21	Valley	2
Canyon	10	Latah	2	Washington	2
Caribou	-	Lemhi	1		

Risk and Associated Factors

Age Most cases occur in people over age 60.

Gender Males have a higher incidence than females, 2-6 times higher in most parts of the world.

Race & SES Rates are higher for African Americans than for Caucasians. Rates are also higher among lower income groups.

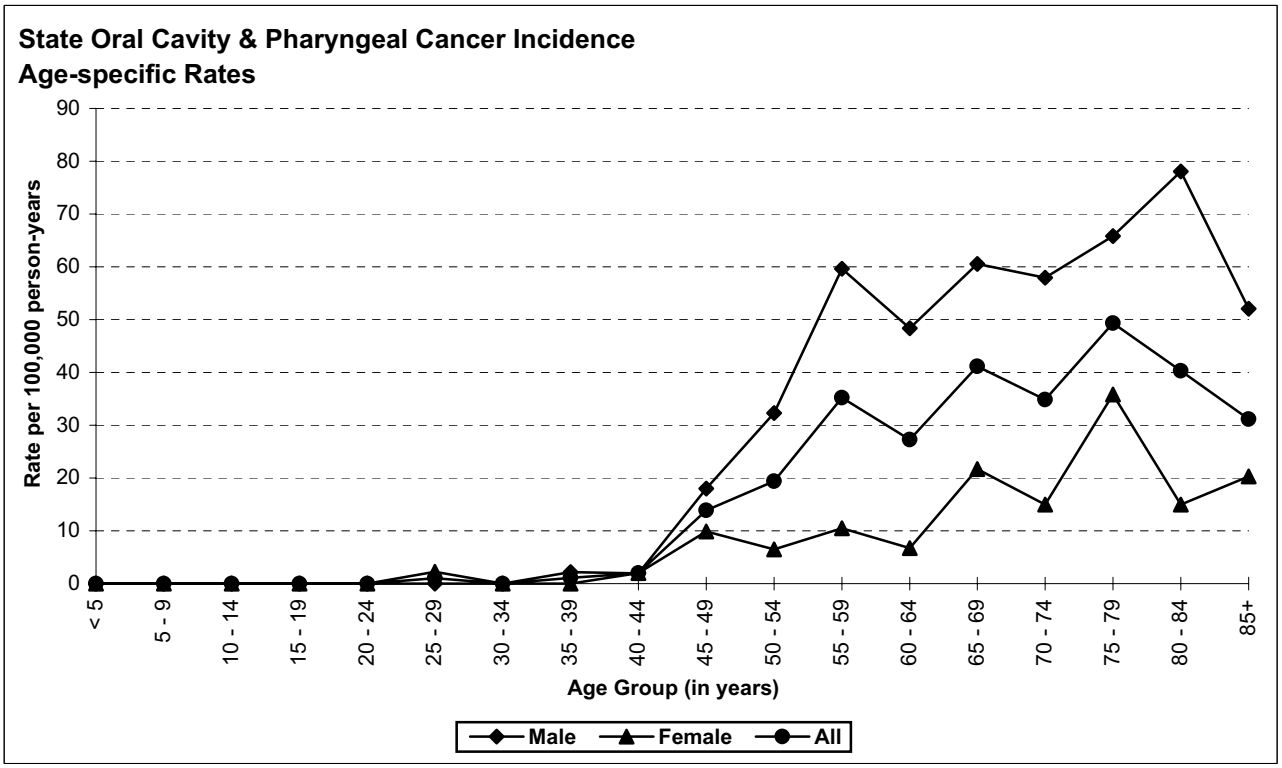
Diet Increased risk is associated with diets low in fresh fruit and vegetable consumption.

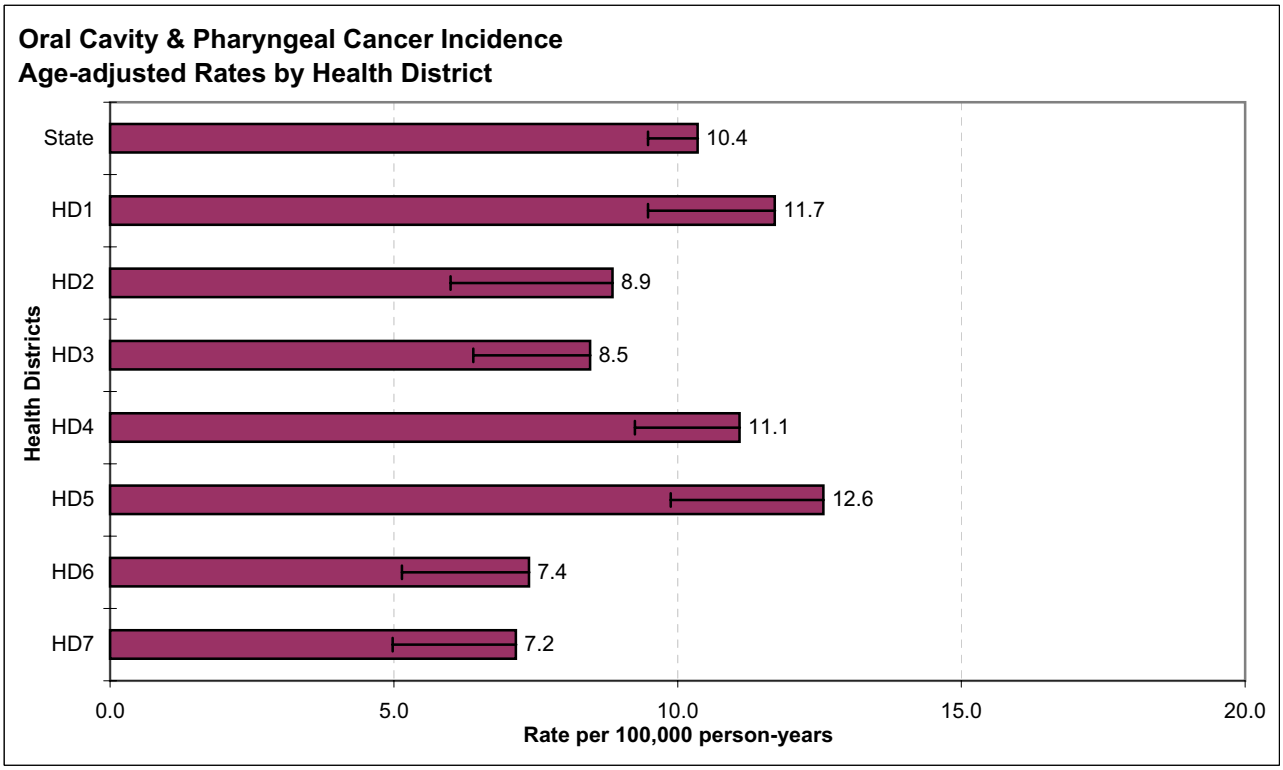
Other Smoking and spit tobacco are major risk factors for cancers of the oral cavity and pharynx. Alcohol use, especially excessive, is a major risk factor. Combined exposure to tobacco and alcohol multiply the risks of each other. It is estimated that smoking and drinking account for 75% of all oral cancers in the United States.

Special Notes

Mean age-adjusted incidence rate across health districts:	9.6	
95% confidence interval on the mean age-adjusted incidence rate:	8.0 -	11.2
Median age-adjusted incidence rate of health districts:	8.9	
Range of age-adjusted incidence rate for health districts:	7.2 -	12.6
SEER rate (2002, Whites):	10.5	

There were few cases of oral cavity and pharyngeal cancers among persons less than 45 years of age. The age-specific incidence rates generally increased with age after age 50, peaking in the age group 80-84 for males and 75-79 for females. No health district had statistically significantly fewer or more cases than expected based upon rates for the remainder of Idaho.


State Oral Cavity & Pharyngeal Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
90
80
70
60
50
40
30
20
10
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

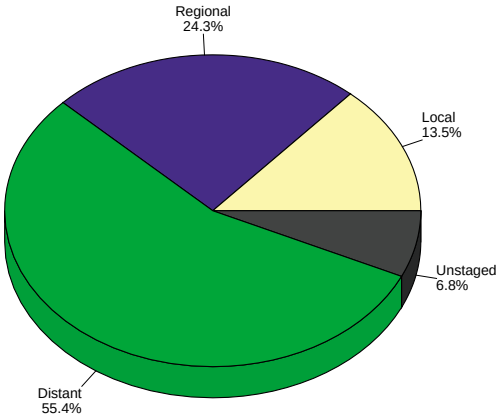

Oral Cavity & Pharyngeal Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
10.4
11.7
8.9
8.5
11.1
12.6
7.4
7.2
0.0
5.0
10.0
15.0
20.0
Rate per 100,000 person-years

OVARY

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	-	-	10.7
# of new invasive cases	-	-	74
# of new in-situ cases	-	-	0
# of deaths	-	-	65

Stage at Diagnosis - Ovary



Total Cases By County

Ada	20	Cassia	3	Lewis	-
Adams	1	Clark	-	Lincoln	-
Bannock	5	Clearwater	1	Madison	-
Bear Lake	-	Custer	1	Minidoka	-
Benewah	-	Elmore	2	Nez Perce	-
Bingham	-	Franklin	-	Oneida	-
Blaine	-	Fremont	-	Owyhee	1
Boise	-	Gem	1	Payette	-
Bonner	1	Gooding	1	Power	-
Bonneville	3	Idaho	-	Shoshone	4
Boundary	1	Jefferson	-	Teton	-
Butte	-	Jerome	2	Twin Falls	1
Camas	-	Kootenai	9	Valley	1
Canyon	13	Latah	3	Washington	-
Caribou	-	Lemhi	-		

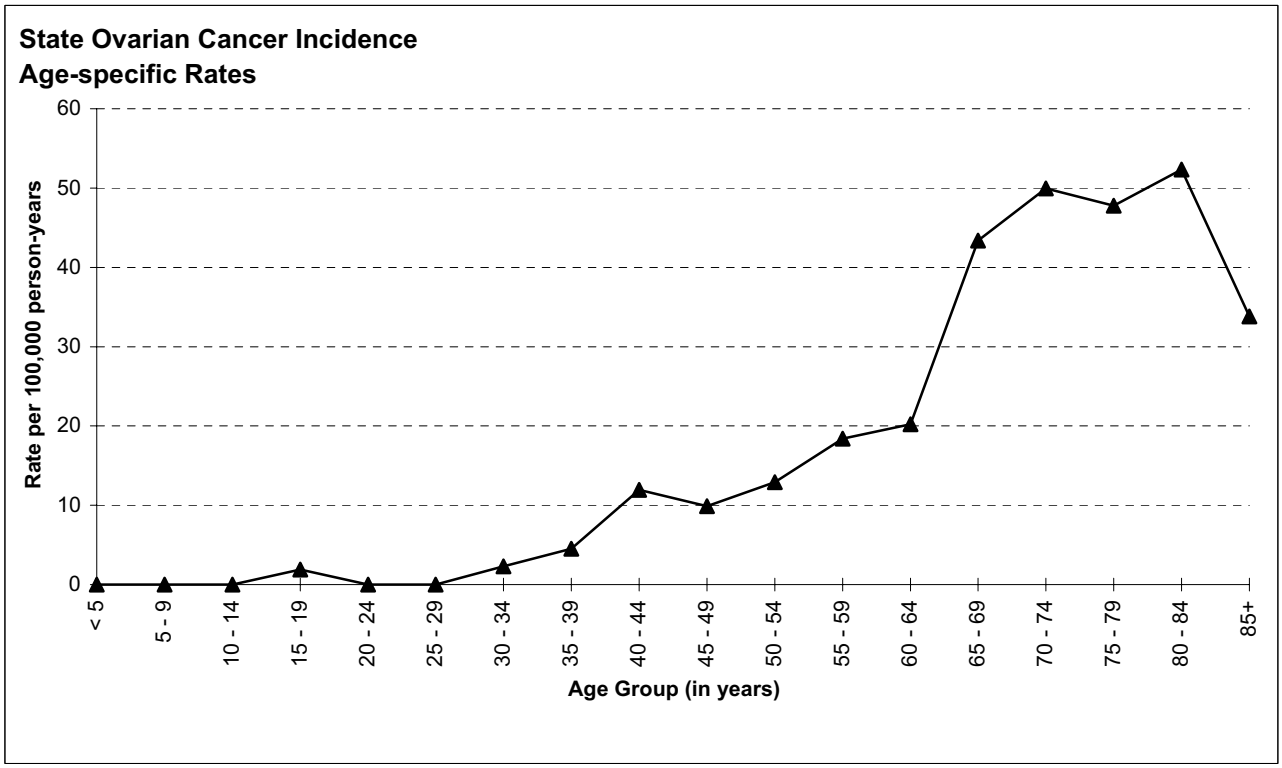
Risk and Associated Factors

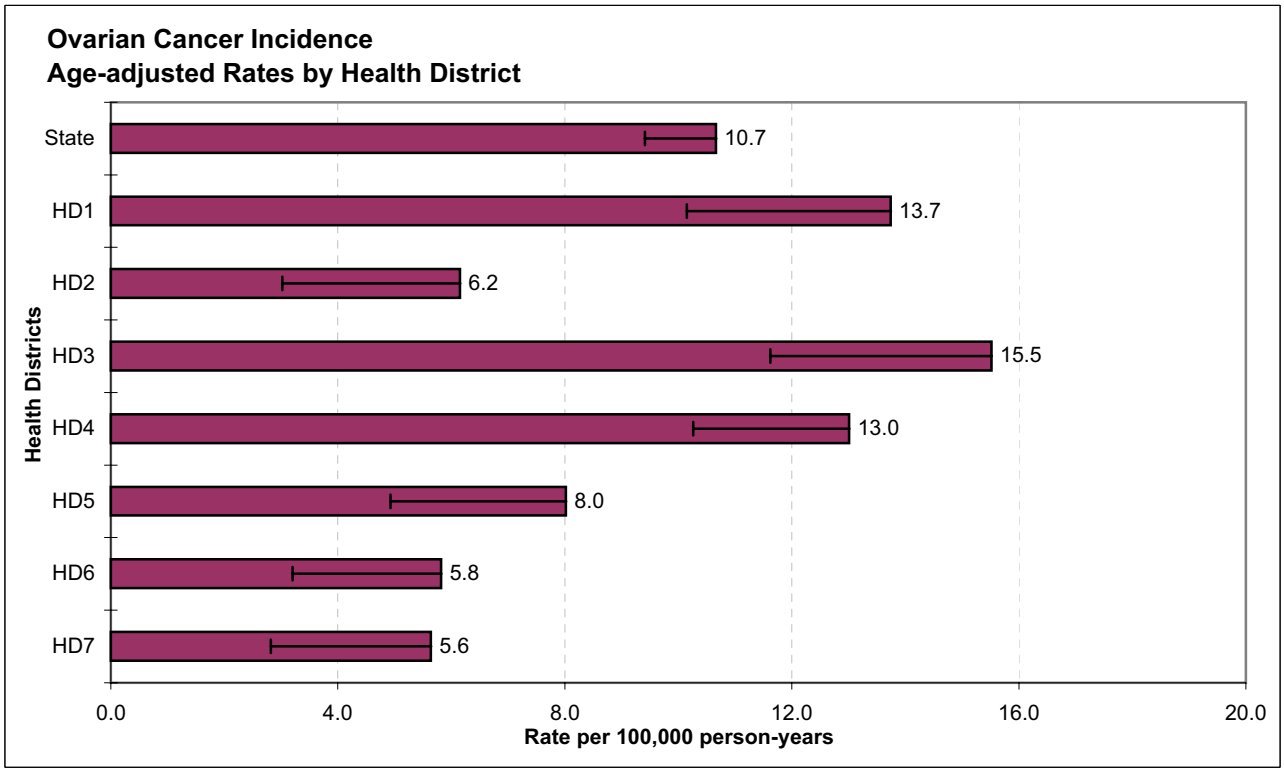
Age	The rate of ovarian cancer increases with age, and it is primarily a disease of older women.
Race & SES	Rates are slightly higher in Caucasian females than in African American females. The rate is higher among upper income groups.
Genetics	The most important risk factor for ovarian cancer is a family history of a first-degree relative (mother, daughter, or sister) with the disease. The risk is higher still in women with two or more first-degree relatives with ovarian cancer.
Hormonal	Risk of ovarian cancer is significantly reduced via suppression of ovulation through pregnancy or oral contraceptive use. Highest risk is in post-menopausal women. It is also associated with a personal history of breast, endometrial, and colon cancers.
Diet	Dietary animal fat may increase the risk.
Other	High dose (>100 rads) ionizing radiation roughly doubles the risk of ovarian cancer.

Special Notes

Mean age-adjusted incidence rate across health districts:	9.7	
95% confidence interval on the mean age-adjusted incidence rate:	6.6 -	12.8
Median age-adjusted incidence rate of health districts:	8.0	
Range of age-adjusted incidence rate for health districts:	5.6 -	15.5
SEER rate (2002, Whites):	14.0	

There were few cases of ovarian cancer among persons aged less than 35 years. The age-specific incidence rates of ovarian cancer increased with age starting in the 45-49 age group. The highest age-specific rate was for women aged 80-84. No health district had statistically significantly fewer or more cases than expected based upon rates for the remainder of Idaho.


State Ovarian Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
60
50
40
30
20
10
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)

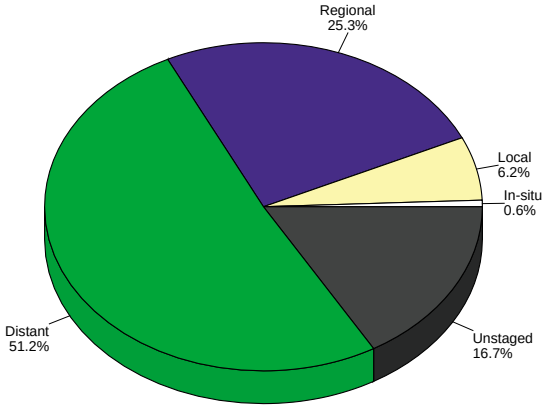

Ovarian Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
10.7
13.7
6.2
15.5
13.0
8.0
5.8
5.6
0.0
4.0
8.0
12.0
16.0
20.0
Rate per 100,000 person-years

PANCREAS

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	12.1	13.5	10.5
# of new invasive cases	161	81	80
# of new in-situ cases	1	0	1
# of deaths	150	70	80

Stage at Diagnosis - Pancreas



Total Cases By County

Ada	43	Cassia	3	Lewis	1
Adams	-	Clark	-	Lincoln	-
Bannock	7	Clearwater	2	Madison	1
Bear Lake	1	Custer	1	Minidoka	2
Benewah	-	Elmore	4	Nez Perce	8
Bingham	1	Franklin	1	Oneida	-
Blaine	1	Fremont	1	Owyhee	2
Boise	1	Gem	1	Payette	2
Bonner	10	Gooding	3	Power	1
Bonneville	6	Idaho	2	Shoshone	2
Boundary	1	Jefferson	2	Teton	1
Butte	-	Jerome	5	Twin Falls	6
Camas	-	Kootenai	12	Valley	3
Canyon	21	Latah	3	Washington	1
Caribou	-	Lemhi	-		

Risk and Associated Factors

Age Rates increase with age. It is rare in people younger than 40 years old.

Gender Incidence is about 50% higher in males.

Race In the United States, the incidence is higher in African Americans.

Diet Investigators have generally found increased risks associated with animal protein and fat consumption, and decreased risks associated with vegetables and fruit intake.

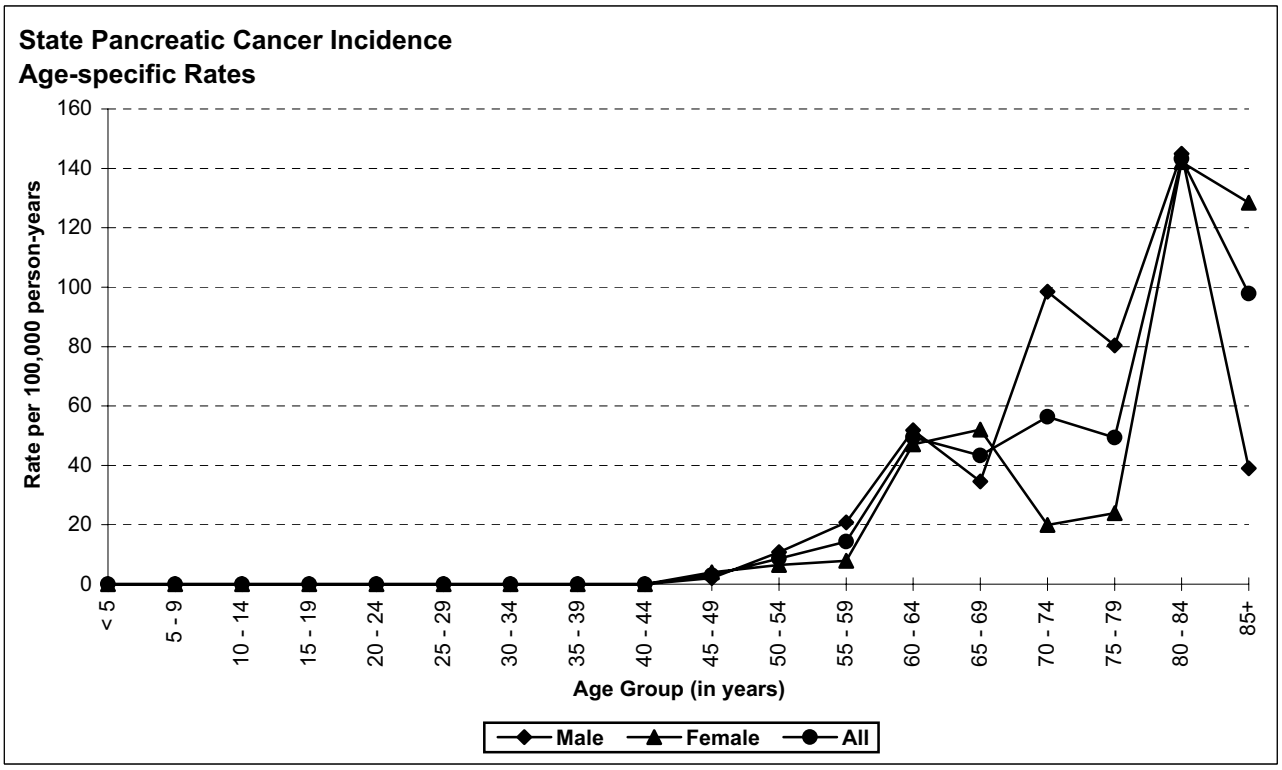
Occupation Persons in certain occupations are believed to be at higher risk, such as chemists, metal workers, and persons employed in the manufacture of benzidine and betanaphthylene.

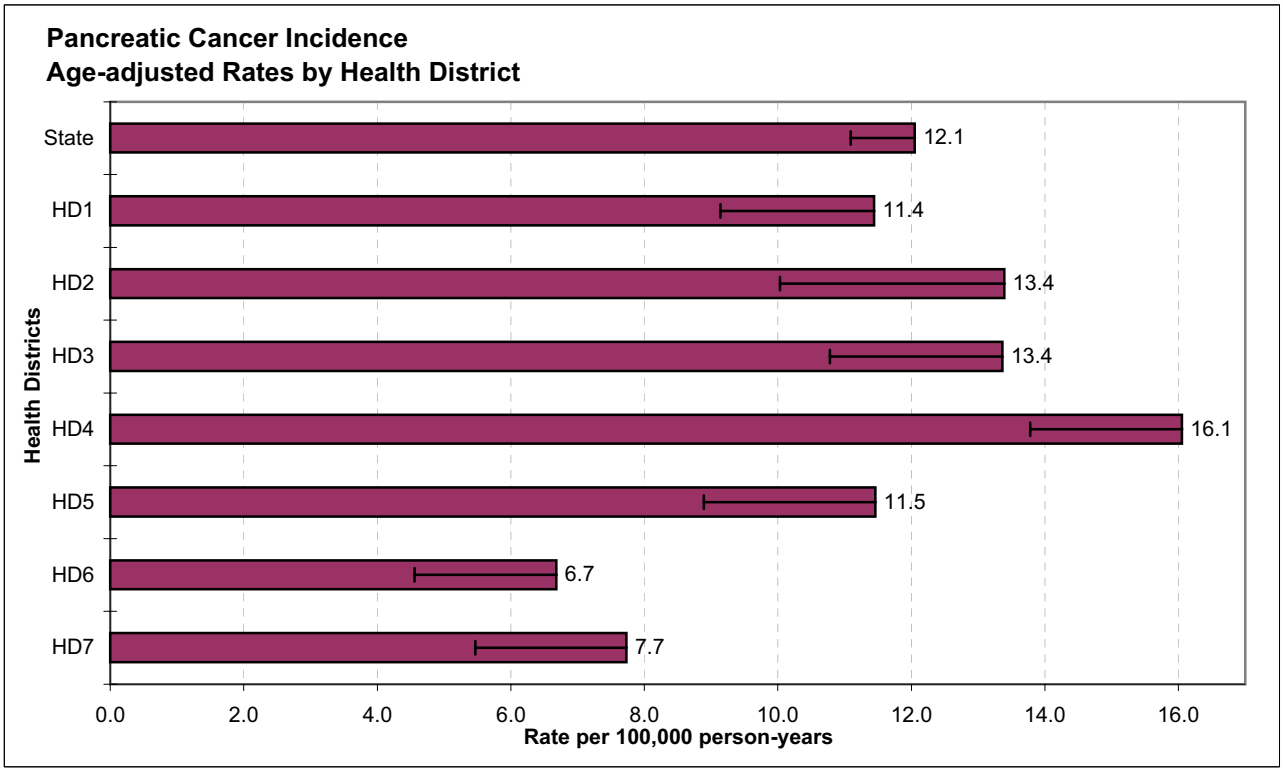
Other Pancreatic cancer is more common among smokers than non-smokers. Familial clustering has been observed in some studies. Pancreatic cancer usually progresses to an advanced stage before symptoms develop. It is rapidly fatal in over 90% of cases.

Special Notes

Mean age-adjusted incidence rate across health districts:	11.4
95% confidence interval on the mean age-adjusted incidence rate:	9.0 - 13.9
Median age-adjusted incidence rate of health districts:	11.5
Range of age-adjusted incidence rate for health districts:	6.7 - 16.1
SEER rate (2002, Whites):	10.9

There were no cases of pancreatic cancer among persons aged less than 45 years. The age-specific incidence rates of pancreatic cancer increased after age 59. Health District 4 had statistically significantly more cases than expected based upon rates for the remainder of Idaho, and Health District 6 had statistically significantly fewer cases than expected.


State Pancreatic Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
160
140
120
100
80
60
40
20
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All

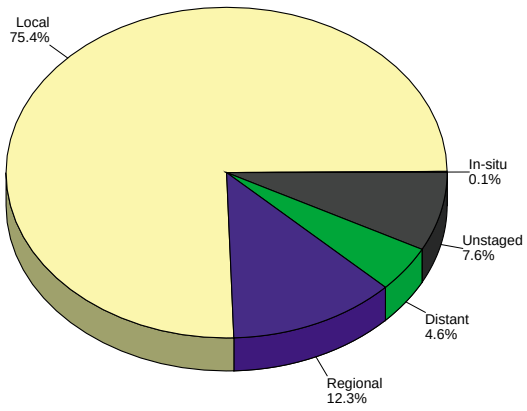

Pancreatic Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
12.1
11.4
13.4
13.4
16.1
11.5
6.7
7.7
0.0
2.0
4.0
6.0
8.0
10.0
12.0
14.0
16.0
Rate per 100,000 person-years

PROSTATE

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	-	157.7	-
# of new invasive cases	-	964	-
# of new in-situ cases	-	1	-
# of deaths	-	154	-

Stage at Diagnosis - Prostate



Total Cases By County

Ada	223	Cassia	19	Lewis	5
Adams	6	Clark	-	Lincoln	4
Bannock	26	Clearwater	8	Madison	11
Bear Lake	1	Custer	9	Minidoka	18
Benewah	6	Elmore	20	Nez Perce	41
Bingham	23	Franklin	1	Oneida	-
Blaine	14	Fremont	6	Owyhee	14
Boise	7	Gem	16	Payette	15
Bonner	29	Gooding	14	Power	1
Bonneville	46	Idaho	19	Shoshone	14
Boundary	6	Jefferson	4	Teton	6
Butte	3	Jerome	10	Twin Falls	66
Camas	-	Kootenai	92	Valley	6
Canyon	98	Latah	13	Washington	7
Caribou	5	Lemhi	8		

Risk and Associated Factors

Age It is rarely diagnosed before age 50, and it is primarily a disease of older men.

Race African American males have a substantially higher rate than Caucasian males.

Genetics A family history of prostate cancer is associated with increased risk.

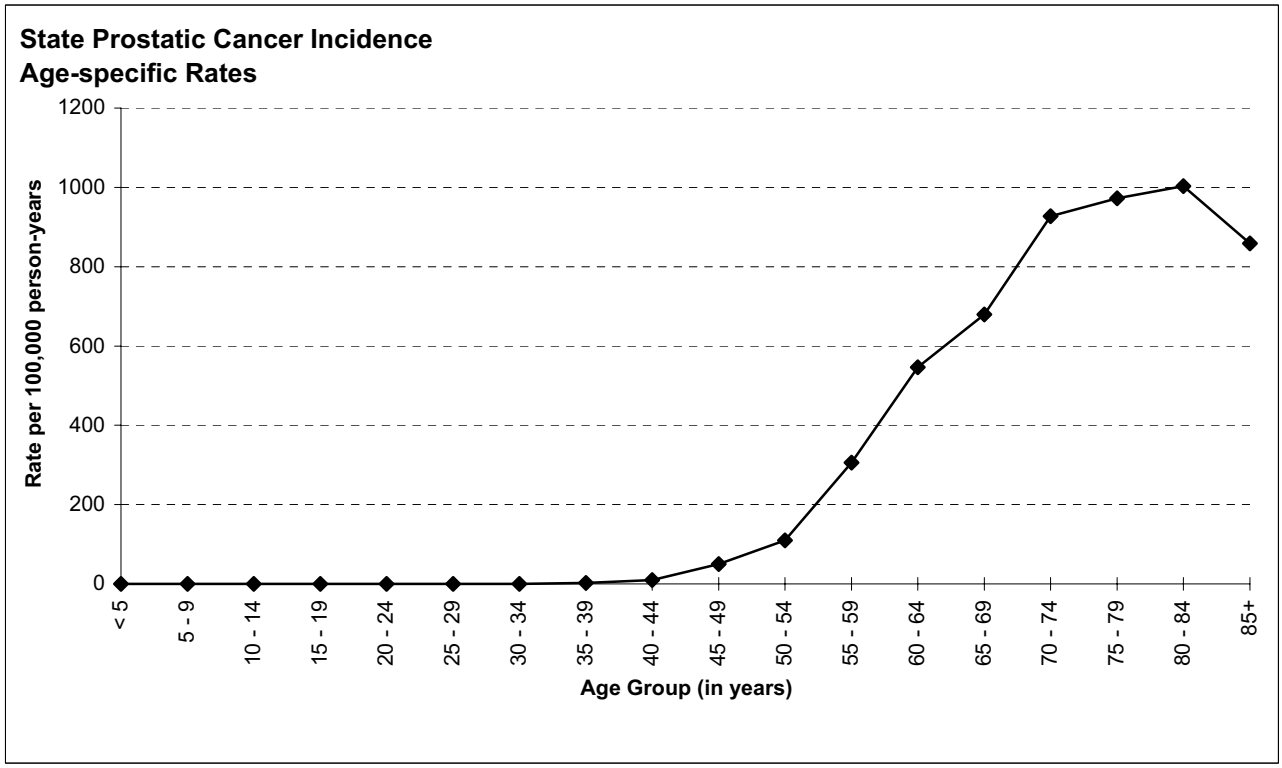
Diet Dietary fat has been implicated in several international, regional, and case-control studies.

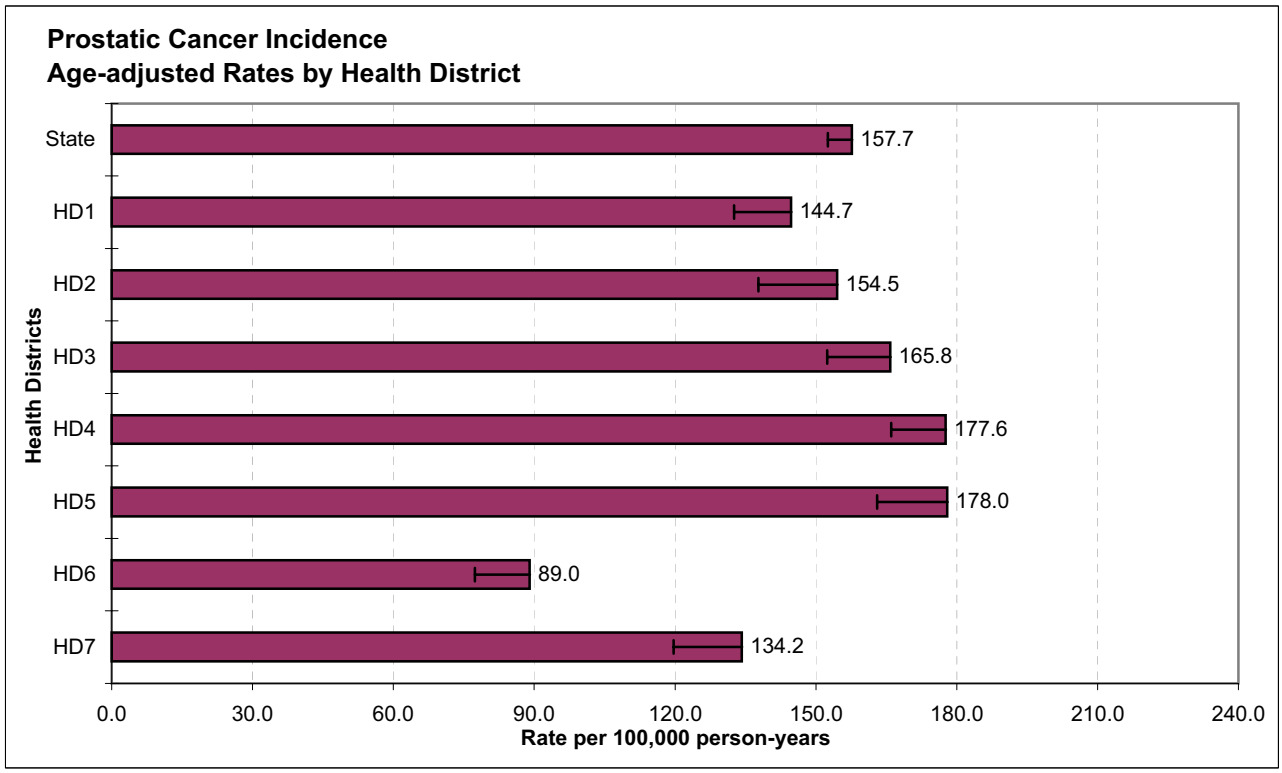
Other Environmental and familial factors may contribute to an increased incidence but no specific factor in these two groups of potential risk factors has been clearly identified. Three risk factors are well established: age, family history, and ethnic group/country of residence. Farming is the most consistent occupational risk factor for prostate cancer. Methyl bromide pesticide application has been identified as a risk factor by the Agricultural Health Study. It is likely that only a very small proportion of all prostate cancer cases can be attributed to a specific industrial chemical exposure.

Special Notes

Mean age-adjusted incidence rate across health districts:	149.1
95% confidence interval on the mean age-adjusted incidence rate:	126.1 - 172.2
Median age-adjusted incidence rate of health districts:	154.5
Range of age-adjusted incidence rate for health districts:	89.0 - 178.0
SEER rate (2002, Whites):	166.3

The age-specific incidence rate distribution of prostate cancer in Idaho in 2004 is similar to that reported by the National Cancer Institute's SEER program. There were few cases of prostate cancer among persons aged less than 40 years. The age-specific incidence rates of prostate cancer increased with age, peaking in the 80-84 age group. Health District 4 had statistically significantly more cases than expected based upon rates for the remainder of Idaho, and Health District 6 had statistically significantly fewer cases than expected.


State Prostatic Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
1200
1000
800
600
400
200
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)

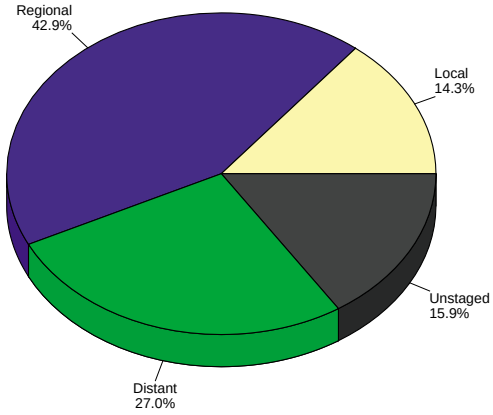

Prostatic Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
157.7
144.7
154.5
165.8
177.6
178.0
89.0
134.2
0.0
30.0
60.0
90.0
120.0
150.0
180.0
210.0
240.0
Rate per 100,000 person-years

STOMACH

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	4.7	6.7	3.0
# of new invasive cases	63	42	21
# of new in-situ cases	0	0	0
# of deaths	46	29	17

Stage at Diagnosis - Stomach



Total Cases By County

Ada	13	Cassia	2	Lewis	-
Adams	-	Clark	-	Lincoln	-
Bannock	5	Clearwater	1	Madison	1
Bear Lake	1	Custer	-	Minidoka	3
Benewah	-	Elmore	1	Nez Perce	2
Bingham	1	Franklin	-	Oneida	-
Blaine	1	Fremont	-	Owyhee	-
Boise	-	Gem	-	Payette	3
Bonner	3	Gooding	-	Power	-
Bonneville	2	Idaho	1	Shoshone	2
Boundary	1	Jefferson	-	Teton	-
Butte	-	Jerome	-	Twin Falls	2
Camas	-	Kootenai	6	Valley	1
Canyon	8	Latah	-	Washington	1
Caribou	-	Lemhi	1		

Risk and Associated Factors

Age Rates increase with age.

Gender Incidence rates for males are usually more than twice as high as for females.

Race & SES There is a higher incidence in African Americans, as well as Asians, and incidence is also higher in lower SES groups.

Diet Increased risk has been attributed to diets high in smoked foods and foods high in nitrates. Salt and salted foods contribute to stomach cancer risk. Diets high in fresh fruits and vegetables seem to be protective.

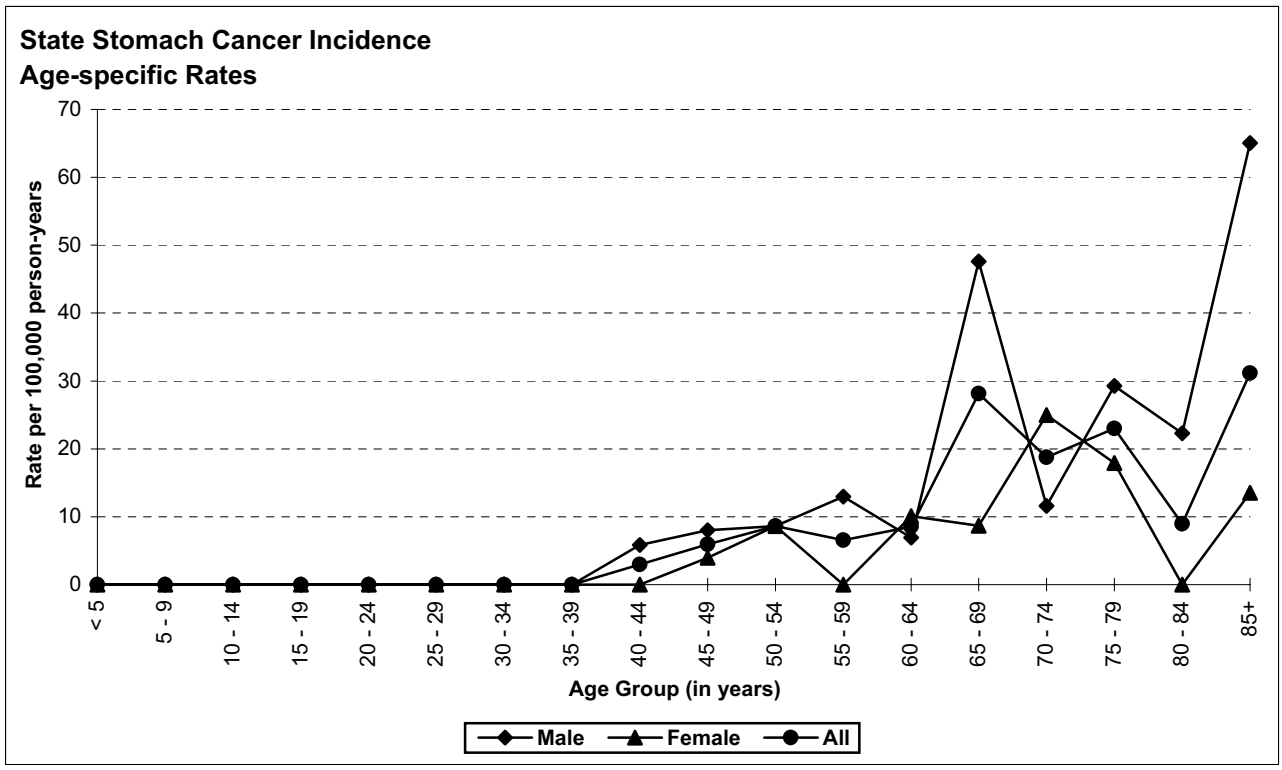
Occupation Elevated rates have been found in certain occupational groups, especially coal miners and asbestos workers and occupations with mineral dust exposure.

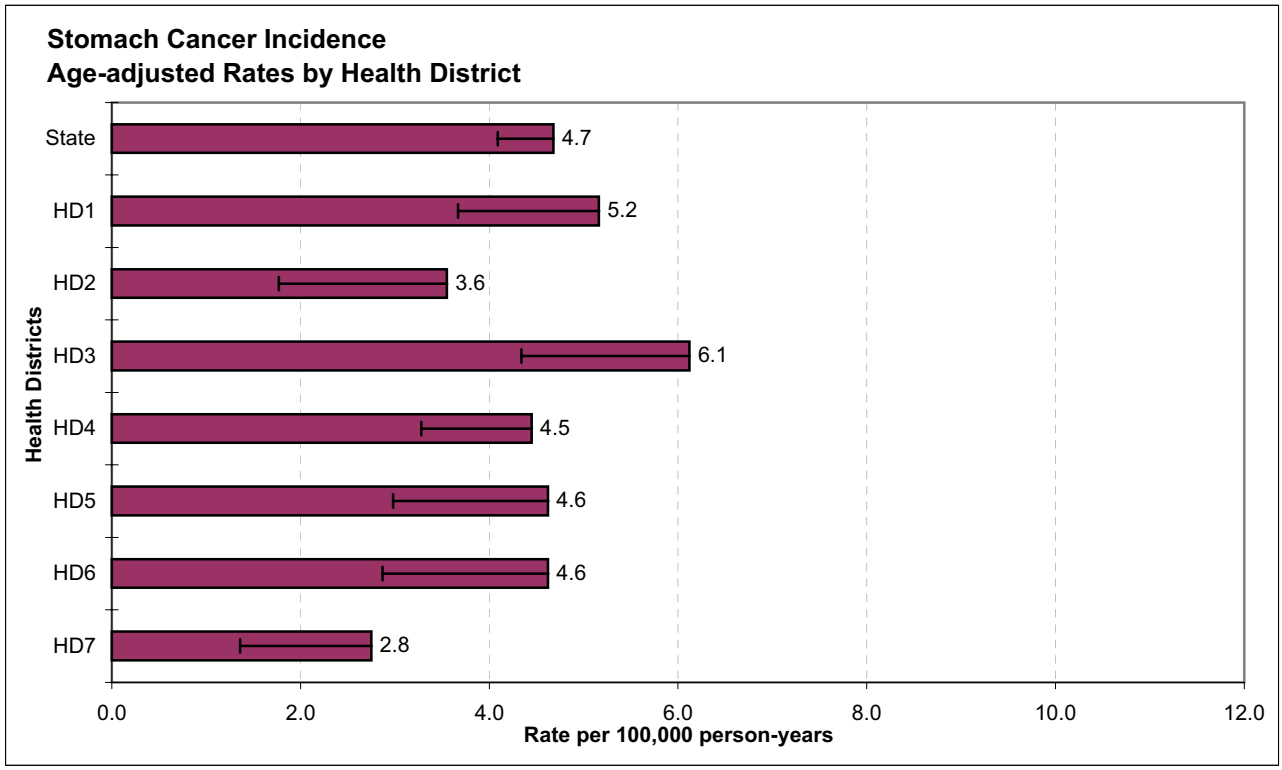
Other Stomach cancer has recently been linked to peptic ulcer disease and to certain bacteria associated with increased risk for both diseases.

Special Notes

Mean age-adjusted incidence rate across health districts:	4.5	
95% confidence interval on the mean age-adjusted incidence rate:	3.7 -	5.3
Median age-adjusted incidence rate of health districts:	4.6	
Range of age-adjusted incidence rate for health districts:	2.8 -	6.1
SEER rate (2002, Whites):	7.2	

There were few cases of stomach cancer among persons aged less than 50 years. The age-specific incidence rates of stomach cancer increased with age, peaking in the 85+ age group for males and 70-74 age group for females. No health district had statistically significantly fewer or more cases than expected based upon rates for the remainder of Idaho.


State Stomach Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
70
60
50
40
30
20
10
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All


Stomach Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
4.7
5.2
3.6
6.1
4.5
4.6
4.6
2.8
0.0
2.0
4.0
6.0
8.0
10.0
12.0
Rate per 100,000 person-years

TESTIS

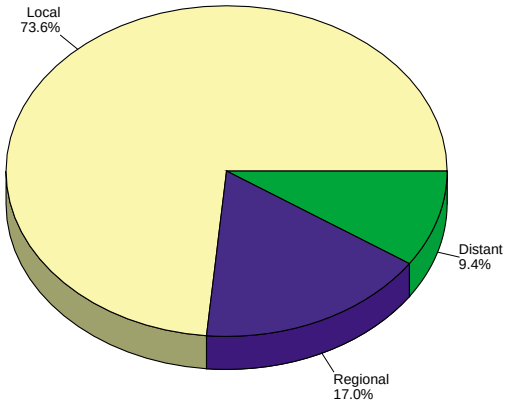
Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	-	7.7	-
# of new invasive cases	-	53	-
# of new in-situ cases	-	0	-
# of deaths	-	3	-

Total Cases By County

Ada	20	Cassia	-	Lewis	1
Adams	-	Clark	-	Lincoln	1
Bannock	4	Clearwater	-	Madison	1
Bear Lake	-	Custer	-	Minidoka	-
Benewah	-	Elmore	2	Nez Perce	-
Bingham	2	Franklin	-	Oneida	1
Blaine	-	Fremont	1	Owyhee	1
Boise	-	Gem	-	Payette	1
Bonner	4	Gooding	-	Power	-
Bonneville	1	Idaho	1	Shoshone	1
Boundary	-	Jefferson	1	Teton	-
Butte	-	Jerome	-	Twin Falls	2
Camas	-	Kootenai	4	Valley	-
Canyon	2	Latah	1	Washington	-
Caribou	-	Lemhi	1		

Stage at Diagnosis - Testis



Risk and Associated Factors

Age This is the most common cancer in young males, especially males between the ages of 20 and 34.

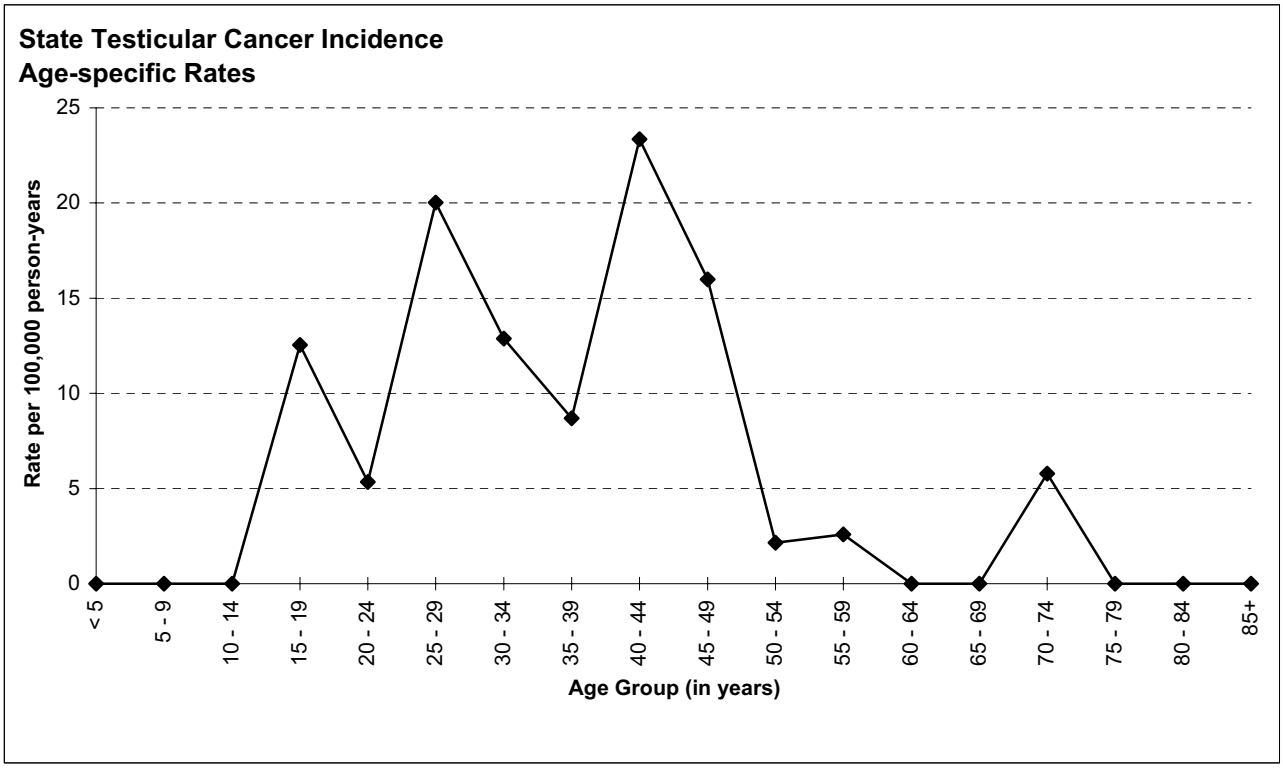
Race & SES Incidence rates are substantially higher in Caucasian males than in African American males. Incidence of testicular cancer is highest in highest socioeconomic classes.

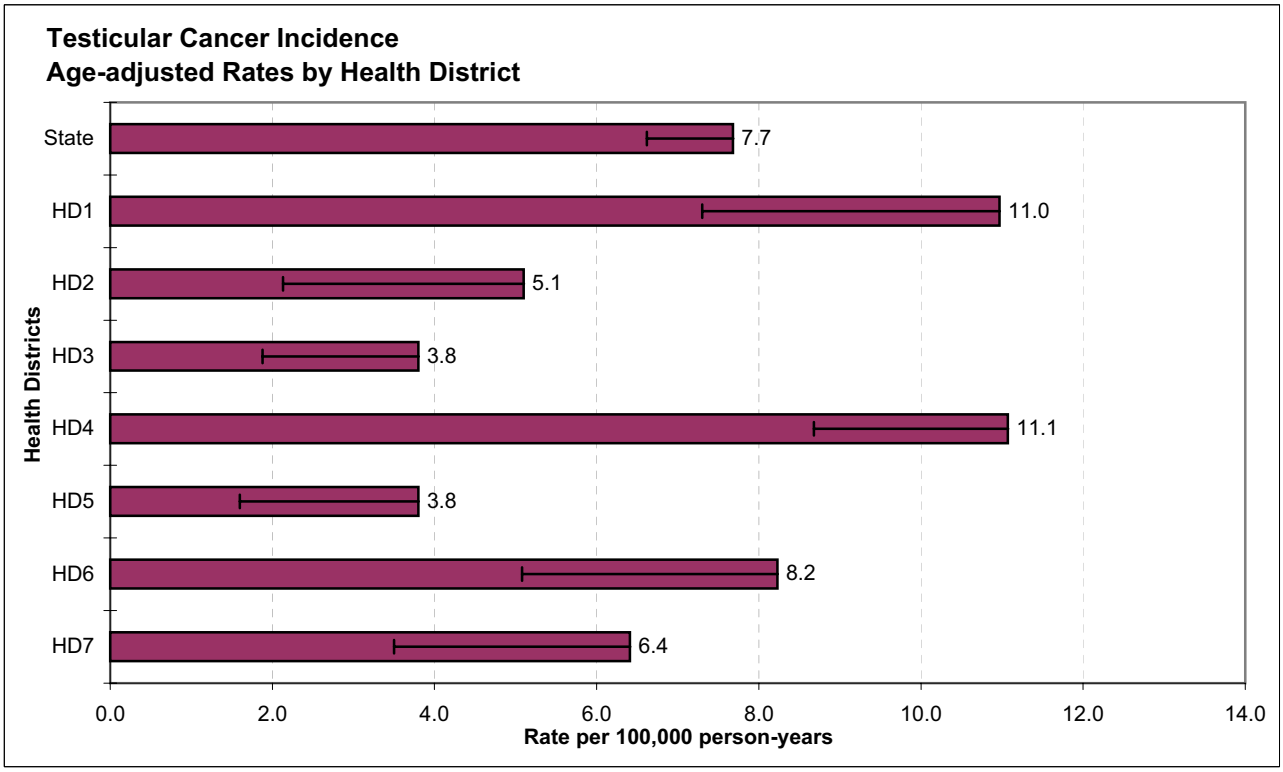
Other Undescended testis, a minor abnormality that can usually be detected and corrected with surgery in childhood, is responsible for a substantially high risk for testicular cancer when uncorrected. The extent to which surgical correction reduces cancer risk is unclear. Some evidence suggests that males exposed in utero to diethylstilbestrol (DES) are at increased risk. With current treatment the cure rates for testicular cancer are greater than 80%.

Special Notes

Mean age-adjusted incidence rate across health districts:	7.1
95% confidence interval on the mean age-adjusted incidence rate:	4.7 - 9.4
Median age-adjusted incidence rate of health districts:	6.4
Range of age-adjusted incidence rate for health districts:	3.8 - 11.1
SEER rate (2002, Whites):	6.2

The highest age-specific incidence rate was in the 40-44 age group. Health District 4 had statistically significantly more cases than expected based upon rates for the remainder of Idaho.


State Testicular Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
25
20
15
10
5
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)

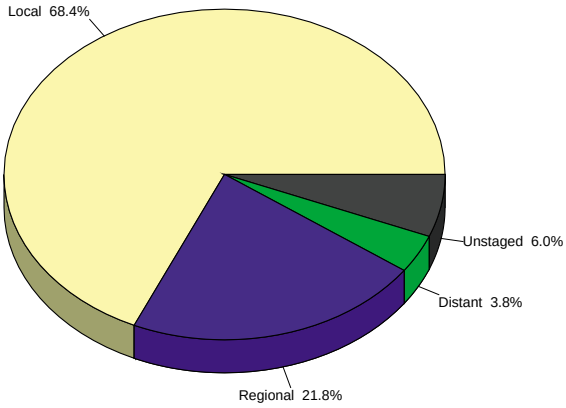

Testicular Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
7.7
11.0
5.1
3.8
11.1
3.8
8.2
6.4
0.0
2.0
4.0
6.0
8.0
10.0
12.0
14.0
Rate per 100,000 person-years

THYROID

Incidence and Mortality Summary

	Total	Male	Female
Age-adjusted incidence rate per 100,000	9.7	4.4	15.1
# of new invasive cases	133	29	104
# of new in-situ cases	0	0	0
# of deaths	3	1	2

Stage at Diagnosis - Thyroid



Total Cases By County

Ada	35	Cassia	1	Lewis	-
Adams	1	Clark	-	Lincoln	-
Bannock	6	Clearwater	-	Madison	3
Bear Lake	-	Custer	-	Minidoka	1
Benewah	-	Elmore	2	Nez Perce	2
Bingham	3	Franklin	2	Oneida	-
Blaine	2	Fremont	2	Owyhee	1
Boise	1	Gem	2	Payette	1
Bonner	3	Gooding	1	Power	1
Bonneville	16	Idaho	2	Shoshone	1
Boundary	-	Jefferson	2	Teton	2
Butte	1	Jerome	1	Twin Falls	1
Camas	-	Kootenai	12	Valley	2
Canyon	19	Latah	1	Washington	-
Caribou	1	Lemhi	1		

Risk and Associated Factors

Age Though relatively unusual, it is still one of the most common malignancies affecting adolescents and adults up to 50 years of age.

Gender Two-thirds of the cases are among females.

Race & SES The incidence is higher in Caucasians and in upper income groups.

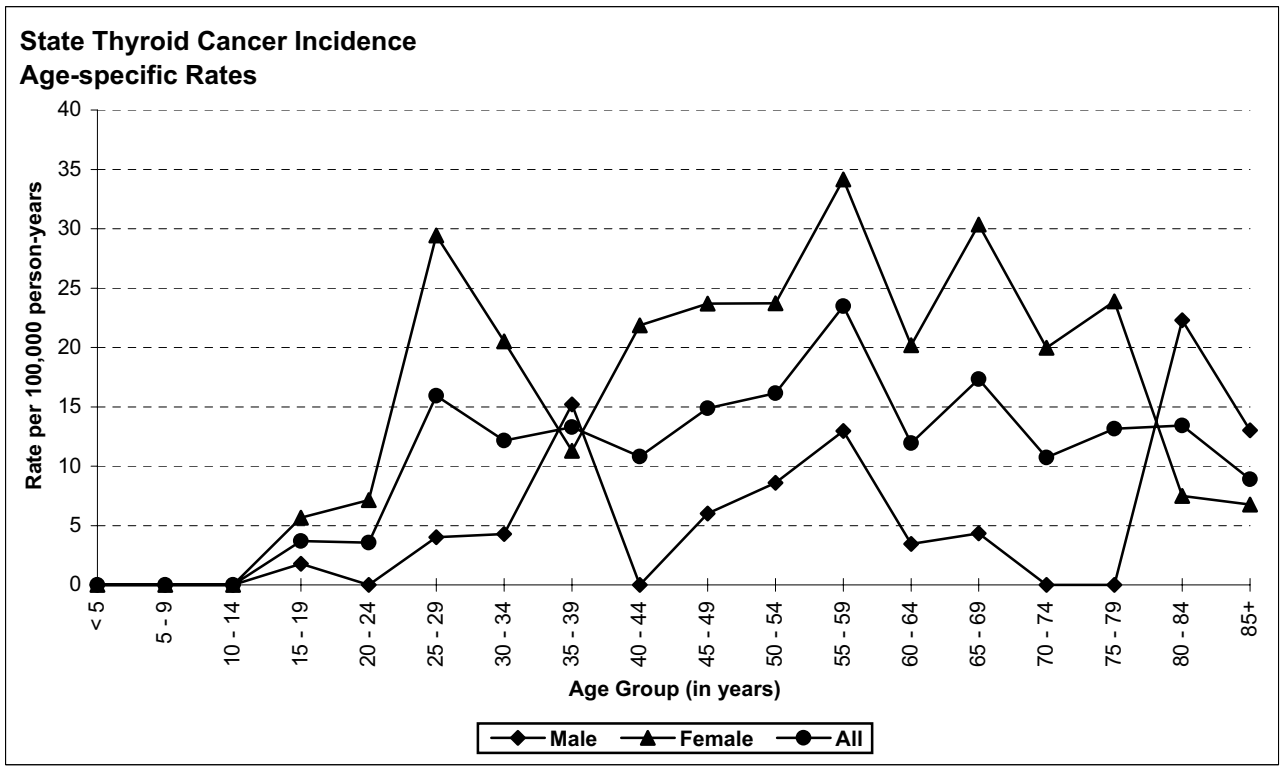
Hormonal Hormonal factors are believed to contribute to the increased risk in females. This is demonstrated by the sharp increase in incidence among women after menarche.

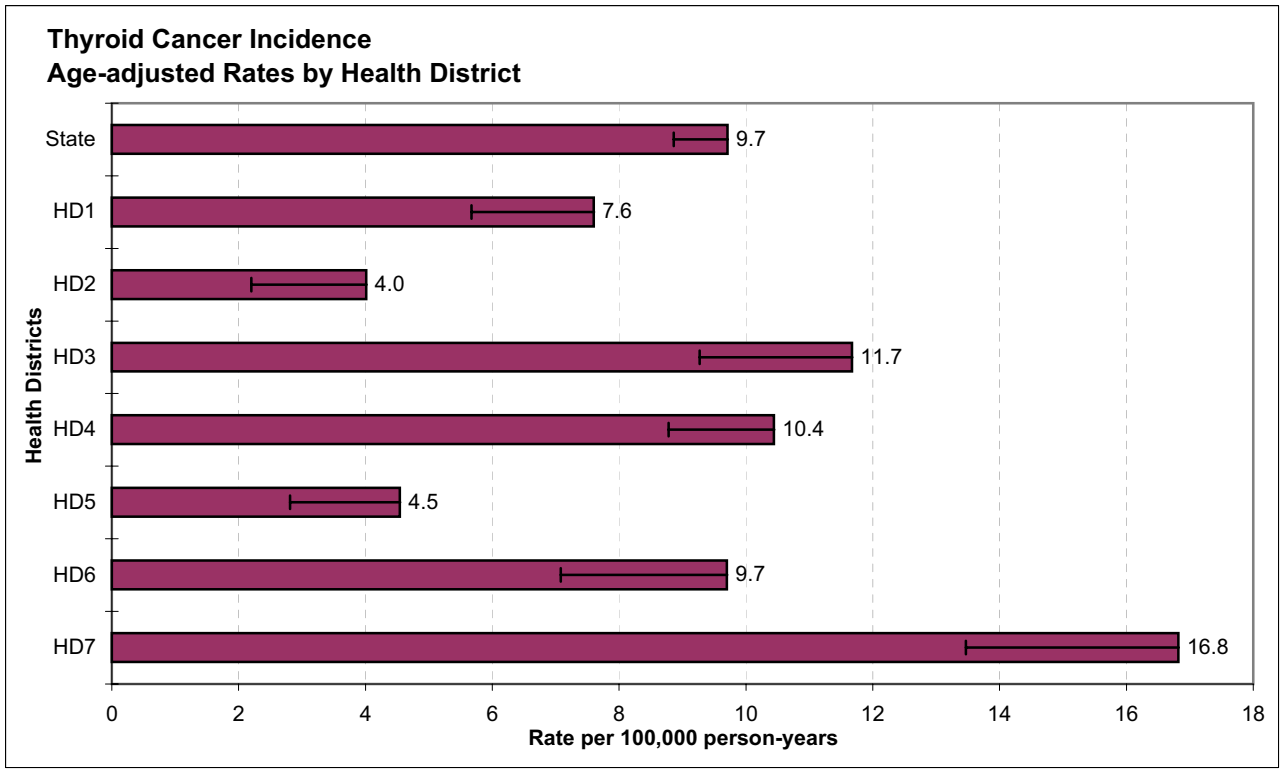
Other Occupational and environmental exposures to ionizing radiation have been associated with higher rates of thyroid cancer. Radiation exposure to the head and neck in childhood is a well-known risk factor. Family history of thyroid cancer substantially increases the risk. Death due to thyroid cancer under age 40 is rare. Prognosis worsens with each decade of age over 50, partially because anaplastic thyroid cancer, which has a high fatality rate, occurs among older patients.

Special Notes

Mean age-adjusted incidence rate across health districts:	9.3
95% confidence interval on the mean age-adjusted incidence rate:	6.0 - 12.5
Median age-adjusted incidence rate of health districts:	9.7
Range of age-adjusted incidence rate for health districts:	4.0 - 16.8
SEER rate (2002, Whites):	9.1

The age-specific incidence rates of thyroid cancer were typically higher for females than males. Health District 7 had statistically significantly more cases than expected based upon rates for the remainder of Idaho, and Health District 5 had statistically significantly fewer cases than expected.


State Thyroid Cancer Incidence
Age-specific Rates
Rate per 100,000 person-years
40
35
30
25
20
15
10
5
0
< 5
5 - 9
10 - 14
15 - 19
20 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74
75 - 79
80 - 84
85+
Age Group (in years)
Male
Female
All


Thyroid Cancer Incidence
Age-adjusted Rates by Health District
Health Districts
State
HD1
HD2
HD3
HD4
HD5
HD6
HD7
9.7
7.6
4.0
11.7
10.4
4.5
9.7
16.8
0
2
4
6
8
10
12
14
16
18
Rate per 100,000 person-years

SECTION II

STATE OF IDAHO - 2004
INCIDENCE DATA BY SITE AND GENDER

Idaho Resident Cancer Cases (invasive) - 2004

PRIMARY SITE OF CANCER	TOTAL	SEX	
		Male	Female
TOTAL NEW CANCER CASES (invasive)	5,741	3,070	2,671
BUCCAL CAVITY AND PHARYNX	142	107	35
Lip	26	20	6
Tongue	44	31	13
Major salivary glands	14	11	3
Gum and other mouth	21	10	11
Nasopharynx	3	3	-
Oropharynx	4	4	-
Hypopharynx	6	6	-
Tonsil and other buccal cavity	24	22	2
DIGESTIVE SYSTEM	998	545	453
Esophagus	62	50	12
Stomach	63	42	21
Small intestine	24	20	4
Colon excluding rectum	428	210	218
Rectum, rectosigmoid and anus	162	90	72
Liver & bile duct	56	38	18
Gallbladder and other biliary	26	11	15
Pancreas	161	81	80
Peritoneum and retroperitoneum	15	2	13
Other digestive	1	1	-
RESPIRATORY SYSTEM	800	461	339
Larynx	33	27	6
Lung and bronchus	742	415	327
Trachea, pleura, and other	25	19	6
SKIN	350	197	153
Melanoma of skin	335	187	148
Other skin cancers	15	10	5
BREAST	754	13	741
FEMALE GENITAL SYSTEM	293	n/a	293
Cervix uteri	38	n/a	38
Corpus uteri (endometrium)	151	n/a	151
Ovary	74	n/a	74
Vagina	7	n/a	7
Vulva	16	n/a	16
Uterus, NOS and other female genital organs	7	n/a	7
MALE GENITAL SYSTEM	1,028	1,028	n/a
Prostate gland	964	964	n/a
Testis	53	53	n/a
Penis and other male genital organs	11	11	n/a
URINARY SYSTEM	300	200	100
Urinary bladder	117	84	33
Kidney and renal pelvis	176	111	65
Ureter and other urinary organs	7	5	2
LYMPHATIC AND HEMATOPOIETIC TISSUE	529	285	244
Hodgkin lymphoma	30	12	18
Non-Hodgkin lymphoma	257	128	129
Multiple myeloma	75	50	25
Acute lymphocytic leukemia	23	12	11
Chronic lymphocytic leukemia	52	34	18
Acute myeloid leukemia	40	21	19
Chronic myeloid leukemia	33	16	17
Other leukemia	19	12	7
OTHER OR UNKNOWN SITES	547	234	313
Eye	3	3	-
Brain	93	51	42
Other nervous system	5	1	4
Thyroid gland	133	29	104
Other endocrine	6	4	2
Bones and joints	12	4	8
Soft tissue (including heart)	36	19	17
Other sites, Ill-defined sites or unknown sites	259	123	136

Idaho Resident Cancer Cases (in-situ) - 2004

PRIMARY SITE OF CANCER	TOTAL	SEX	
		Male	Female
TOTAL NEW CANCER CASES (in-situ)	643	272	371
BUCCAL CAVITY AND PHARYNX	5	4	1
Lip	1	1	-
Tongue	2	1	1
Major salivary glands	-	-	-
Gum and other mouth	2	2	-
Nasopharynx	-	-	-
Oropharynx	-	-	-
Hypopharynx	-	-	-
Tonsil and other buccal cavity	-	-	-
DIGESTIVE SYSTEM	20	9	11
Esophagus	-	-	-
Stomach	-	-	-
Small intestine	-	-	-
Colon excluding rectum	12	6	6
Rectum, rectosigmoid and anus	5	2	3
Liver & bile duct	-	-	-
Gallbladder and other biliary	2	1	1
Pancreas	1	-	1
Peritoneum and retroperitoneum	-	-	-
Other digestive	-	-	-
RESPIRATORY SYSTEM	3	3	-
Larynx	2	2	-
Lung and bronchus	1	1	-
Trachea, pleura, and other	-	-	-
SKIN	224	120	104
Melanoma of skin	224	120	104
Other skin cancers	-	-	-
BREAST	190	3	187
FEMALE GENITAL SYSTEM	23	n/a	23
Cervix uteri	n/a	n/a	n/a
Corpus uteri (endometrium)	2	n/a	2
Ovary	-	n/a	-
Vagina	2	n/a	2
Vulva	19	n/a	19
Uterus, NOS and other female genital organs	-	n/a	-
MALE GENITAL SYSTEM	7	7	n/a
Prostate gland	1	1	n/a
Testis	-	-	n/a
Penis and other male genital organs	6	6	n/a
URINARY SYSTEM	168	123	45
Urinary bladder	160	115	45
Kidney and renal pelvis	1	1	-
Ureter and other urinary organs	7	7	-
LYMPHATIC AND HEMATOPOIETIC TISSUE	-	-	-
Hodgkin lymphoma	-	-	-
Non-Hodgkin lymphoma	-	-	-
Multiple myeloma	-	-	-
Acute lymphocytic	-	-	-
Chronic lymphocytic	-	-	-
Acute Myeloid	-	-	-
Chronic Myeloid	-	-	-
Other	-	-	-
OTHER OR UNKNOWN SITES	3	3	-
Eye	3	3	-
Brain	-	-	-
Other nervous system	-	-	-
Thyroid gland	-	-	-
Other endocrine	-	-	-
Bones and joints	-	-	-
Soft tissue (including heart)	-	-	-
Other sites, Ill-defined sites or unknown sites	-	-	-

SECTION III

STATE OF IDAHO - 2004
MORTALITY DATA BY SITE AND GENDER

Idaho Resident Cancer Deaths - 2004

ICD-10 CODE	SITE OF MALIGNANT NEOPLASM	TOTAL	SEX	
			Male	Female
C00-C97	TOTAL MALIGNANT NEOPLASM DEATHS	2,225	1,173	1,052
C00-C14	LIP, ORAL CAVITY AND PHARYNX	31	19	12
C00	Lip	-	-	-
C01-C02	Tongue	12	7	5
C10-C13, C14.0	Pharynx	10	8	2
C03-C09, C14.2-C14.8	Other and unspecified sites within the lip, oral cavity, and pharynx	9	4	5
C15-C26	DIGESTIVE ORGANS	506	284	222
C15	Esophagus	51	45	6
C16	Stomach	46	29	17
C17	Small intestine	7	3	4
C18	Colon	161	82	79
C19-C20	Rectosigmoid junction and rectum	26	14	12
C21	Anus and anal canal	1	1	-
C22.0, C22.2-C22.9	Liver	35	27	8
C22.1	Intrahepatic bile duct	12	7	5
C23-C24	Gallbladder and extrahepatic bile ducts	9	4	5
C25	Pancreas	150	70	80
C26	Other and ill-defined digestive organs	8	2	6
C30-C39	RESPIRATORY AND INTRATHORACIC ORGANS	548	309	239
C30-C31	Nasal cavity, middle ear, and accessory sinuses	3	1	2
C32	Larynx	8	5	3
C33-C34	Trachea, bronchus, and lung	537	303	234
C37-C38	Thymus, heart, mediastinum, and pleura	-	-	-
C39	Other and ill-defined sites in the respiratory system and intrathoracic organs	-	-	-
C40-C41	BONE AND ARTICULAR CARTILAGE	5	5	-
C43-C44	MELANOMA AND OTHER MALIGNANT NEOPLASMS OF SKIN	60	41	19
C43	Melanoma of skin	46	29	17
C44	Other malignant neoplasms of skin	14	12	2
C45-C49	MESOTHELIAL AND SOFT TISSUE	25	13	12
C45	Mesothelioma	8	6	2
C46	Kaposi's sarcoma	-	-	-
C47-C49	Other mesothelial and soft tissue	17	7	10
C50	BREAST	161	-	161
C51-C58	FEMALE GENITAL ORGANS	104	-	104
C51-C52	Vulva and vagina	9	-	9
C53	Cervix uteri	10	-	10
C54-C55	Corpus uteri and uterus, part unspecified	20	-	20
C56	Ovary	65	-	65
C57	Other and unspecified female genital organs	-	-	-
C58	Placenta	-	-	-

Idaho Resident Cancer Deaths - 2004

ICD-10 CODE	SITE OF MALIGNANT NEOPLASM	TOTAL	SEX	
			Male	Female
C60-C63	MALE GENITAL ORGANS	160	160	-
C61	Prostate	154	154	-
C62	Testis	3	3	-
C60, C63	Penis and other and unspecified male genital organs	3	3	-
C64-C68	URINARY TRACT	107	70	37
C64-C65	Kidney and renal pelvis	56	33	23
C67	Bladder	48	37	11
C66, C68	Other and unspecified sites within the urinary tract	3	-	3
C69	EYE AND ADNEXA	1	-	1
C70-C72	MENINGES, BRAIN, AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	72	38	34
C71	Brain	71	37	34
C70, C72	Other parts of central nervous system	1	1	-
C73-C75	THYROID AND OTHER ENDOCRINE GLANDS	6	3	3
C76-C80, C97	OTHER MALIGNANT NEOPLASMS OF OTHER AND UNSPECIFIED SITES	144	72	72
C81-C96	LYMPHOID, HEMATOPOIETIC, AND RELATED TISSUE	295	159	136
C81	Hodgkin disease	6	2	4
C82-C85	Non-Hodgkin lymphoma	105	53	52
C88	Malignant immunoproliferative diseases	1	1	-
C90	Multiple myeloma and malignant plasma cell neoplasms	67	43	24
C91	Lymphoid leukemia	35	19	16
C92	Myeloid leukemia	59	30	29
C93	Monocytic leukemia	-	-	-
C94-C95	Other and unspecified leukemia	22	11	11
C96	Other and unspecified malignant neoplasms of lymphoid, hematopoietic, and related tissue	-	-	-

* Source: Bureau of Health Policy and Vital Statistics, Idaho Department of Health and Welfare.[13]

The manner of coding the underlying cause of death changed in 1999 from the ninth revision (ICD-9) to the tenth revision of the International Classification of Diseases (ICD-10). The introduction of ICD-10 resulted in a major reclassification of all causes of death from a numeric classification to an alphanumeric classification. The tenth revision also resulted in new titles for causes, the inclusion of terms and titles from one category to another, regroupings of diseases, and modifications of the coding rules. The introduction of ICD-10 created discontinuities in trend data for some causes of death; therefore, the numbers of deaths in 1999 and later years by site of malignant neoplasm may not be comparable to previously published data for numbers of deaths by site for years prior to 1999. The extent of the discontinuity is measured using a comparability ratio. The National Center for Health Statistics has constructed comparability ratios for the leading causes of death to measure the discontinuity between the data tabulated by the tenth revision and data tabulated by the ninth revision. The comparability ratio for malignant neoplasms based on ICD-10 (codes C00-C97) to ICD-9 (codes 140-208) is 1.01. For more information on ICD, comparability ratios, or Idaho cancer mortality trends, contact the Bureau of Health Policy and Vital Statistics, Idaho Department of Health and Welfare, at (208) 334-6658.

SECTION IV

2004 AGE SPECIFIC INCIDENCE RATES
PER 100,000 POPULATION
BY SITE AND GENDER

IDAHO **AGE SPECIFIC CANCER RATES, PER 100,000 POPULATION, BY SITE AND GENDER** **2004**

Age (years)	< 5	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85+
All Cancers																		
All	23.2	10.0	11.4	26.6	35.7	60.6	72.9	104.1	184.9	313.8	482.5	775.2	1166.4	1609.0	2030.7	2491.9	2676.3	2148.8
Male	20.8	11.7	3.7	34.1	28.5	52.1	66.5	89.1	151.8	261.8	465.0	866.4	1409.8	1895.1	2636.0	3180.5	3456.0	2967.2
Female	25.7	8.2	19.6	18.9	42.9	70.2	79.7	119.7	218.7	365.0	500.0	682.8	929.2	1322.4	1508.8	1929.3	2153.4	1723.7
Bladder																		
All	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	6.9	7.0	18.3	36.5	39.2	69.3	96.6	141.4	201.4	169.1
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.7	8.0	19.4	31.1	62.2	116.8	156.4	255.9	390.2	338.4
Female	0.0	0.0	0.0	0.0	0.0	0.0	2.3	0.0	2.0	5.9	17.2	42.0	16.8	21.7	45.0	47.8	74.8	81.1
Brain																		
All	4.8	7.0	2.9	1.8	2.7	2.1	2.2	1.1	6.9	7.9	6.5	9.1	13.6	13.0	18.8	29.6	35.8	8.9
Male	3.8	7.8	0.0	3.6	1.8	2.0	4.3	2.2	5.8	8.0	4.3	13.0	17.3	21.6	34.8	36.6	33.4	0.0
Female	5.9	6.2	5.9	0.0	3.6	2.3	0.0	0.0	8.0	7.9	8.6	5.3	10.1	4.3	5.0	23.9	37.4	13.5
Brain & Other Central Nervous System (Non-Malignant)																		
All	1.0	0.0	1.0	0.9	0.9	2.1	2.2	4.4	6.9	7.0	15.1	15.7	15.4	34.7	34.9	26.3	22.4	26.7
Male	1.9	0.0	0.0	1.8	1.8	2.0	2.1	2.2	5.8	0.0	15.1	10.4	13.8	17.3	11.6	29.3	22.3	13.0
Female	0.0	0.0	2.0	0.0	0.0	2.3	2.3	6.8	8.0	13.8	15.1	21.0	16.8	52.0	55.0	23.9	22.4	33.8
Breast																		
Female Invasive	0.0	0.0	0.0	0.0	0.0	2.3	9.1	38.4	83.5	138.1	176.7	223.2	309.7	372.9	389.7	430.1	448.6	351.5
Female In-situ	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.8	33.8	35.5	66.8	91.9	74.1	99.7	74.9	41.8	89.7	27.0
Cervix Uteri																		
Female	0.0	0.0	2.0	0.0	1.8	2.3	4.6	11.3	9.9	15.8	8.6	10.5	10.1	4.3	0.0	17.9	0.0	0.0
Colorectal																		
All	0.0	0.0	0.0	0.0	0.9	1.1	1.1	11.1	9.8	15.9	53.9	58.7	98.9	151.6	222.7	282.7	362.5	280.3
Male	0.0	0.0	0.0	0.0	0.0	0.0	2.1	15.2	9.7	18.0	62.4	67.4	117.5	142.8	260.7	329.0	434.8	299.3
Female	0.0	0.0	0.0	0.0	1.8	2.3	0.0	6.8	9.9	13.8	45.3	49.9	80.8	160.4	189.9	244.9	314.0	270.4
Endometrium																		
Female	0.0	0.0	0.0	0.0	0.0	0.0	4.6	0.0	13.9	19.7	45.3	65.7	50.5	78.0	99.9	89.6	67.3	60.8
Esophagus																		
All	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	3.0	2.2	9.1	20.5	10.8	29.5	42.7	26.9	8.9
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.2	0.0	6.0	4.3	10.4	34.6	21.6	57.9	73.1	44.6	13.0
Female	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.9	6.7	0.0	5.0	17.9	15.0	6.8

IDAHO **AGE SPECIFIC CANCER RATES, PER 100,000 POPULATION, BY SITE AND GENDER** **2004**

Age (years)	< 5	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85+
Hodgkin Lymphoma																		
All	0.0	1.0	0.0	1.8	3.6	3.2	4.4	1.1	1.0	5.0	3.2	0.0	5.1	2.2	2.7	3.3	0.0	0.0
Male	0.0	2.0	0.0	3.6	1.8	2.0	2.1	0.0	2.0	8.0	0.0	0.0	0.0	4.3	0.0	0.0	0.0	0.0
Female	0.0	0.0	0.0	0.0	5.4	4.5	6.8	2.3	0.0	2.0	6.5	0.0	10.1	0.0	5.0	6.0	0.0	0.0
Kidney & Renal Pelvis																		
All	1.9	0.0	0.0	0.9	0.0	1.1	3.3	5.5	9.8	13.9	18.3	26.1	35.8	43.3	45.6	82.2	35.8	53.4
Male	1.9	0.0	0.0	1.8	0.0	2.0	4.3	4.4	17.5	14.0	30.1	23.4	62.2	60.6	52.1	102.4	33.4	91.1
Female	2.0	0.0	0.0	0.0	0.0	0.0	2.3	6.8	2.0	13.8	6.5	28.9	10.1	26.0	40.0	65.7	37.4	33.8
Larynx																		
All	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.0	0.0	5.4	11.8	1.7	10.8	18.8	9.9	4.5	4.5
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.5	20.8	0.0	21.6	34.8	21.9	11.2	13.0
Female	0.0	0.0	0.0	0.0	0.0	0.0	2.3	0.0	0.0	0.0	4.3	2.6	3.4	0.0	5.0	0.0	0.0	0.0
Leukemia																		
All	7.7	2.0	4.8	2.8	2.7	2.1	5.5	4.4	4.9	3.0	11.9	20.9	22.2	28.2	51.0	75.6	58.2	84.5
Male	7.6	2.0	3.7	1.8	0.0	2.0	8.6	4.4	9.7	4.0	19.4	28.5	24.2	30.3	63.7	87.7	66.9	130.1
Female	7.9	2.1	5.9	3.8	5.4	2.3	2.3	4.5	0.0	2.0	4.3	13.1	20.2	26.0	40.0	65.7	52.3	60.8
Liver & Bile Duct																		
All	1.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.0	4.0	7.5	10.4	11.9	13.0	24.1	16.4	13.4	22.2
Male	0.0	0.0	0.0	0.0	0.0	0.0	2.1	0.0	0.0	4.0	15.1	20.8	10.4	13.0	46.4	29.3	11.2	13.0
Female	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0	13.5	13.0	5.0	6.0	15.0	27.0
Lung & Bronchus																		
All	0.0	0.0	0.0	0.9	0.0	1.1	0.0	2.2	9.8	17.9	37.7	67.9	170.5	301.0	327.3	424.1	358.0	235.8
Male	0.0	0.0	0.0	1.8	0.0	2.0	0.0	2.2	7.8	22.0	40.9	80.4	207.3	333.2	405.5	526.4	445.9	364.4
Female	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	11.9	13.8	34.5	55.2	134.7	268.8	259.8	340.5	299.1	169.0
Melanoma of the Skin																		
All	0.0	0.0	1.0	4.6	8.0	11.7	12.2	21.1	17.7	26.8	37.7	41.8	44.3	65.0	77.8	105.2	120.8	102.3
Male	0.0	0.0	0.0	3.6	7.1	8.0	8.6	19.6	15.6	34.0	34.4	46.7	55.3	86.5	104.3	146.2	189.5	182.2
Female	0.0	0.0	2.0	5.7	8.9	15.9	16.0	22.6	19.9	19.7	41.0	36.8	33.7	43.4	55.0	71.7	74.8	60.8
Myeloma																		
All	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	6.5	10.4	13.6	13.0	40.2	32.9	67.1	13.4
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	4.0	8.6	13.0	17.3	21.6	52.1	58.5	100.3	26.0
Female	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	4.3	7.9	10.1	4.3	30.0	12.0	44.9	6.8

IDAHO **AGE SPECIFIC CANCER RATES, PER 100,000 POPULATION, BY SITE AND GENDER** **2004**

Age (years)	< 5	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85+
Non-Hodgkin Lymphoma																		
All	0.0	0.0	0.0	0.9	5.4	2.1	7.7	3.3	7.9	16.9	8.6	30.0	40.9	49.8	77.8	147.9	125.3	146.8
Male	0.0	0.0	0.0	1.8	5.4	4.0	8.6	6.5	11.7	16.0	6.5	38.9	41.5	56.3	81.1	153.5	111.5	169.2
Female	0.0	0.0	0.0	0.0	5.4	0.0	6.8	0.0	4.0	17.8	10.8	21.0	40.4	43.4	74.9	143.4	134.6	135.2
Oral Cavity & Pharynx																		
All	0.0	0.0	0.0	0.0	0.0	1.1	0.0	1.1	2.0	13.9	19.4	35.2	27.3	41.2	34.9	49.3	40.3	31.1
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.2	2.0	18.0	32.3	59.7	48.4	60.6	57.9	65.8	78.0	52.1
Female	0.0	0.0	0.0	0.0	0.0	2.3	0.0	0.0	2.0	9.9	6.5	10.5	6.7	21.7	15.0	35.8	15.0	20.3
Ovary																		
Female	0.0	0.0	0.0	1.9	0.0	0.0	2.3	4.5	11.9	9.9	12.9	18.4	20.2	43.4	50.0	47.8	52.3	33.8
Pancreas																		
All	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	8.6	14.4	49.5	43.3	56.3	49.3	143.2	97.9
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	10.8	20.8	51.8	34.6	98.5	80.4	144.9	39.0
Female	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	6.5	7.9	47.1	52.0	20.0	23.9	142.1	128.4
Prostate																		
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.2	9.7	50.0	109.8	306.1	545.9	679.3	927.0	972.4	1003.3	858.9
Stomach																		
All	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	6.0	8.6	6.5	8.5	28.2	18.8	23.0	9.0	31.1
Male	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.8	8.0	8.6	13.0	6.9	47.6	11.6	29.3	22.3	65.1
Female	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	8.6	0.0	10.1	8.7	25.0	17.9	0.0	13.5
Testis																		
Male	0.0	0.0	0.0	12.6	5.4	20.0	12.9	8.7	23.4	16.0	2.2	2.6	0.0	0.0	5.8	0.0	0.0	0.0
Thyroid																		
All	0.0	0.0	0.0	3.7	3.6	15.9	12.2	13.3	10.8	14.9	16.2	23.5	11.9	17.3	10.7	13.2	13.4	8.9
Male	0.0	0.0	0.0	1.8	0.0	4.0	4.3	15.2	0.0	6.0	8.6	13.0	3.5	4.3	0.0	0.0	22.3	13.0
Female	0.0	0.0	0.0	5.7	7.2	29.4	20.5	11.3	21.9	23.7	23.7	34.1	20.2	30.4	20.0	23.9	7.5	6.8

SECTION V

2004 OBSERVED VS. EXPECTED NUMBERS BY HEALTH DISTRICT

2004 OBSERVED VERSUS EXPECTED NUMBERS
BY
HEALTH DISTRICT

ALL SEXES

	HD 1		HD 2		HD 3		HD 4		HD 5		HD 6		HD 7	
	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP
All Sites	1029	941.1*	472	519.3+	976	899.7+	1,590	1389.7*	712	786.5*	457	673.4*	556	665.9*
Bladder	53	43.6	26	25.0	50	42.2	76	62.0	30	38.7	22	31.6	20	31.1+
Brain	16	13.6	8	7.2	18	13.8	27	22.4	8	12.4	9	10.7	7	11.4
Brain & CNS non-Malignant	18	17.3	11	9.0	19	16.1	28	27.8	11	14.4	11	12.1	11	12.4
Breast	126	121.6	72	63.6	95	118.3+	217	179.6*	90	99.2	70	84.1	80	83.8
Breast (in-situ)	39	29.5	26	14.8+	17	30.3+	66	43.1*	22	24.5	4	22.8*	16	21.9
Cervix	4	6.0	5	2.7	9	5.1	10	10.6	2	5.0	6	3.9	2	4.7
Colorectal	101	92.4	42	52.5	114	85.4*	144	133.9	67	78.6	33	67.1*	69	61.8
Endometrium	29	23.9	12	13.0	26	22.2	37	37.8	15	20.2	13	17.0	15	16.9
Esophagus	17	8.9+	3	5.8	11	9.3	11	16.2	16	7.1*	3	7.3	1	7.6*
Hodgkin lymphoma	4	4.3	2	2.3	7	4.1	10	7.4	1	3.9	3	3.4	2	4.0
Kidney & renal pelvis	41	26.0*	10	15.4	24	27.4	59	39.9*	21	23.1	12	20.2	9	20.9*
Larynx	2	6.2	2	2.9	7	4.6	9	8.0	8	3.7	3	3.7	2	3.9
Leukemia	31	25.1	13	14.3	27	26.2	41	41.0	25	21.4	17	18.8	12	19.8
Liver & bile duct	10	9.0	1	5.2	4	9.3	22	11.2*	11	6.8	6	6.2	2	6.7
Lung & bronchus	145	118.6+	74	66.3	133	111.8	196	167.6+	81	102.2+	54	85.5*	59	84.3*
Melanoma of skin	49	53.1	13	29.4*	49	52.1	96	83.0	29	45.0+	17	39.1*	27	39.3
Myeloma	13	12.2	6	6.8	13	11.4	20	17.4	6	10.7	7	8.4	9	8.1
N-H Lymphoma	47	39.9	22	22.8	49	38.7	53	64.8	25	35.6	25	28.7	35	27.7
Oral cavity & pharynx	28	22.4	10	12.4	17	22.1	38	34.4	22	17.7	11	16.1	11	16.4
Ovary	15	11.3	4	6.5	16	10.5	23	17.0	7	10.1	5	8.5	4	8.7
Pancreas	25	26.6	16	14.5	27	25.2	51	33.6*	20	22.1	10	18.7+	12	18.0
Prostate	147	163.2	86	86.2	156	147.0	255	219.2+	145	125.7	60	111.9*	90	108.2
Stomach	12	10.0	4	5.6	12	9.2	15	15.5	8	8.3	7	6.9	4	7.3
Testis	9	6.9	3	3.9	4	9.0	22	12.6+	3	6.5	7	5.7	5	6.8
Thyroid	16	20.2	5	10.7	24	19.6	40	36.1	7	17.2*	14	14.6	26	14.1*
Pediatric (age 0-19)	7	9.8	3	4.9	23	10.6*	18	19.7	5	9.8	10	9.3	8	10.6

+ Statistically significant difference at p=0.05 or less.
* Statistically significant difference at p=0.01 or less.

Note: Observed and expected numbers exclude in-situ cases, basal/squamous skin cases, and cases with unknown age and/or gender.

2004 OBSERVED VERSUS EXPECTED NUMBERS
BY
HEALTH DISTRICT

MALES

	HD 1		HD 2		HD 3		HD 4		HD 5		HD 6		HD 7	
	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP
All Sites	551	525.2	255	288.9+	545	474.9*	836	732.2*	418	421.1	225	366.7*	290	364.0*
Bladder	37	32.4	20	18.5	38	29.7	50	43.7	22	28.2	15	22.8	17	22.4
Brain	10	7.4	4	4.2	13	6.9+	12	13.0	3	6.9	6	5.7	3	6.3
Brain & CNS non-Malignant	4	6.3	1	3.3	9	5.0	9	9.5	6	4.5	6	3.8	2	4.6
Breast	5	1.5+	0	1.3	3	1.8	1	4.0	2	1.7	2	1.3	0	1.6
Breast (in-situ)	2	0.2+	0	0.3	1	0.4	0	0.8	0	0.5	0	0.4	0	0.4
Cervix	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Colorectal	46	50.0	24	27.2	69	41.0*	78	66.9	25	41.6*	16	34.7*	37	32.2
Endometrium	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Esophagus	12	7.7	3	4.7	8	7.5	8	13.1	16	5.2*	3	5.9	0	6.3*
Hodgkin lymphoma	1	1.8	1	0.9	4	1.4	3	3.3	1	1.5	1	1.4	1	1.6
Kidney & renal pelvis	28	16.2*	6	9.9	16	16.8	35	25.6	13	14.5	7	12.8	6	13.3+
Larynx	2	5.2	2	2.5	4	4.0	8	6.1	8	2.8+	2	3.1	1	3.2
Leukemia	15	15.1	9	8.0	18	14.1	28	21.6	13	12.3	7	10.9	4	11.5+
Liver & bile duct	5	6.7	1	3.5	2	6.2	16	7.5*	10	4.1+	3	4.4	1	4.7
Lung & bronchus	85	67.7+	36	38.6	75	61.3	103	93.3	50	56.2	26	48.5*	40	46.9
Melanoma of skin	21	31.8	7	17.1+	23	29.6	60	42.6+	17	25.5	12	21.5+	17	21.6
Myeloma	10	8.1	6	4.4	8	7.6	10	12.4	3	7.3	7	5.3	6	5.5
N-H Lymphoma	30	19.0+	9	11.6	23	19.1	31	31.3	13	17.5	7	14.9+	14	14.3
Oral cavity & pharynx	23	16.8	9	9.4	11	16.6	27	26.4	18	13.1	9	12.1	8	12.5
Ovary	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pancreas	10	14.5	8	7.3	18	11.4	25	16.6	12	10.6	4	9.6	4	9.6
Prostate	147	167.5	86	88.3	156	144.6	255	213.6*	145	125.6	60	112.2*	90	109.3
Stomach	8	6.7	2	3.9	9	5.9	10	10.3	8	5.2	4	4.7	0	5.2+
Testis	9	6.8	3	4.0	4	8.9	22	12.9+	3	6.6	7	5.5	5	6.8
Thyroid	4	4.2	1	2.3	6	4.1	6	9.3	2	3.7	5	2.8	4	3.2
Pediatric (age 0-19)	3	5.1	2	2.5	11	5.5+	8	10.2	2	5.1	7	4.4	5	5.2

+ Statistically significant difference at p=0.05 or less.
* Statistically significant difference at p=0.01 or less.

Note: Observed and expected numbers exclude in-situ cases, basal/squamous skin cases, and cases with unknown age and/or gender.

2004 OBSERVED VERSUS EXPECTED NUMBERS
BY
HEALTH DISTRICT

FEMALES

	HD 1		HD 2		HD 3		HD 4		HD 5		HD 6		HD 7	
	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP	OBS	EXP
All Sites	478	422.4*	217	232.6	431	422.6	754	649.0*	294	365.7*	232	307.5*	266	303.3+
Bladder	16	11.9	6	6.9	12	12.3	26	16.8+	8	10.7	7	8.7	3	9.0+
Brain	6	6.2	4	3.1	5	6.9	15	9.4	5	5.4	3	5.0	4	5.1
Brain & CNS non-Malignant	14	11.0	10	5.7	10	11.2	19	18.3	5	10.0	5	8.3	9	7.8
Breast	121	118.8	72	61.3	92	117.7+	216	176.9*	88	97.6	68	82.7	80	81.6
Breast (in-situ)	37	29.2	26	14.2*	16	30.2*	66	42.3*	22	24.1	4	22.5*	16	21.4
Cervix	4	6.1	5	2.6	9	5.2	10	10.5	2	5.0	6	3.9	2	4.7
Colorectal	55	42.7	18	25.4	45	44.3	66	66.9	42	36.9	17	32.5*	32	29.6
Endometrium	29	23.7	12	12.8	26	22.5	37	38.1	15	20.3	13	17.0	15	16.8
Esophagus	5	1.3+	0	1.2	3	1.7	3	2.9	0	1.9	0	1.5	1	1.3
Hodgkin lymphoma	3	2.6	1	1.4	3	2.7	7	4.1	0	2.4	2	2.0	1	2.4
Kidney & renal pelvis	13	9.9	4	5.6	8	10.5	24	14.1+	8	8.7	5	7.4	3	7.6
Larynx	0	1.1	0	0.5	3	0.6+	1	1.9	0	0.8	1	0.6	1	0.6
Leukemia	16	10.0	4	6.3	9	12.1	13	19.2	12	9.1	10	7.8	8	8.5
Liver & bile duct	5	2.4	0	1.7	2	3.0	6	3.8	1	2.6	3	1.9	1	2.1
Lung & bronchus	60	51.7	38	28.1	58	50.2	93	73.1+	31	46.0+	28	37.1	19	37.5*
Melanoma of skin	28	21.7	6	12.5	26	22.4	36	39.8	12	19.6	5	17.7*	10	17.8
Myeloma	3	4.2	0	2.4	5	3.7	10	4.8	3	3.4	0	3.1	3	2.7
N-H Lymphoma	17	21.0	13	11.2	26	19.5	22	33.8+	12	18.1	18	13.7	21	13.4
Oral cavity & pharynx	5	5.7	1	3.2	6	5.3	11	7.9	4	4.6	2	4.1	3	3.9
Ovary	15	11.2	4	6.4	16	10.7	23	17.1	7	10.1	5	8.5	4	8.6
Pancreas	15	12.3	8	7.2	9	13.7	26	17.0+	8	11.3	6	9.1	8	8.4
Prostate	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Stomach	4	3.3	2	1.8	3	3.3	5	5.1	0	3.2	3	2.2	4	2.1
Testis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Thyroid	12	16.2	4	8.3	18	15.7	34	26.7	5	13.5+	9	11.9	22	11.0*
Pediatric (age 0-19)	4	4.7	1	2.3	12	5.1+	10	9.5	3	4.8	3	4.9	3	5.4

+ Statistically significant difference at p=0.05 or less.
* Statistically significant difference at p=0.01 or less.

Note: Observed and expected numbers exclude in-situ cases, basal/squamous skin cases, and cases with unknown age and/or gender.

SECTION VI

RISKS OF DEVELOPING AND DYING FROM CANCER

Risks of Developing and Dying from Cancer

For Females

If your current age is:	Then your risk of developing cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 80	1 in 23	1 in 10	1 in 5	1 in 3	1 in 2
40		1 in 32	1 in 11	1 in 5	1 in 3	1 in 2
50			1 in 16	1 in 6	1 in 3	1 in 2
60				1 in 8	1 in 4	1 in 3
70					1 in 6	1 in 3
80						1 in 4

If your current age is:	Then your risk of dying from cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 719	1 in 135	1 in 42	1 in 16	1 in 8	1 in 5
40		1 in 165	1 in 45	1 in 16	1 in 8	1 in 5
50			1 in 60	1 in 18	1 in 8	1 in 5
60				1 in 25	1 in 9	1 in 5
70					1 in 14	1 in 6
80						1 in 9

For Males

If your current age is:	Then your risk of developing cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 125	1 in 36	1 in 11	1 in 4	1 in 2	1 in 2
40		1 in 49	1 in 12	1 in 4	1 in 2	1 in 2
50			1 in 15	1 in 5	1 in 2	1 in 2
60				1 in 6	1 in 3	1 in 2
70					1 in 3	1 in 2
80						1 in 2

If your current age is:	Then your risk of dying from cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 573	1 in 134	1 in 40	1 in 14	1 in 7	1 in 4
40		1 in 172	1 in 43	1 in 15	1 in 7	1 in 4
50			1 in 55	1 in 15	1 in 7	1 in 4
60				1 in 20	1 in 7	1 in 4
70					1 in 10	1 in 5
80						1 in 6

Risks of Developing and Dying from Cancer

Female Breast Cancer

If your current age is:	Then your risk of developing breast cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 265	1 in 61	1 in 25	1 in 14	1 in 9	1 in 8
40		1 in 78	1 in 28	1 in 14	1 in 10	1 in 8
50			1 in 42	1 in 17	1 in 11	1 in 8
60				1 in 27	1 in 13	1 in 10
70					1 in 23	1 in 13
80						1 in 23

If your current age is:	Then your risk of dying from breast cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 2485	1 in 423	1 in 159	1 in 87	1 in 52	1 in 34
40		1 in 506	1 in 169	1 in 90	1 in 53	1 in 35
50			1 in 249	1 in 107	1 in 58	1 in 36
60				1 in 179	1 in 72	1 in 41
70					1 in 109	1 in 47
80						1 in 62

Prostate Cancer

If your current age is:	Then your risk of developing prostate cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 10685	1 in 368	1 in 40	1 in 12	1 in 7	1 in 5
40		1 in 375	1 in 40	1 in 12	1 in 7	1 in 5
50			1 in 43	1 in 12	1 in 7	1 in 5
60				1 in 15	1 in 7	1 in 5
70					1 in 10	1 in 6
80						1 in 10

If your current age is:	Then your risk of dying from prostate cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in *	1 in 20542	1 in 2040	1 in 280	1 in 75	1 in 27
40		1 in 20235	1 in 2009	1 in 276	1 in 74	1 in 27
50			1 in 2161	1 in 271	1 in 72	1 in 26
60				1 in 290	1 in 69	1 in 25
70					1 in 78	1 in 23
80						1 in 21

Note: * Risks are not precise - best estimates are shown.

Risks of Developing and Dying from Cancer

Colon/Rectal Cancer in Females

If your current age is:	Then your risk of developing colon/rectal cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 1974	1 in 459	1 in 160	1 in 63	1 in 32	1 in 20
40		1 in 593	1 in 173	1 in 64	1 in 32	1 in 20
50			1 in 238	1 in 70	1 in 33	1 in 20
60				1 in 96	1 in 37	1 in 21
70					1 in 53	1 in 24
80						1 in 33

If your current age is:	Then your risk of dying from colon/rectal cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 10885	1 in 2408	1 in 719	1 in 235	1 in 108	1 in 53
40		1 in 3067	1 in 763	1 in 239	1 in 108	1 in 52
50			1 in 997	1 in 254	1 in 110	1 in 52
60				1 in 327	1 in 119	1 in 53
70					1 in 167	1 in 57
80						1 in 64

Colon/Rectal Cancer in Males

If your current age is:	Then your risk of developing colon/rectal cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 1735	1 in 405	1 in 126	1 in 48	1 in 26	1 in 19
40		1 in 521	1 in 133	1 in 49	1 in 26	1 in 18
50			1 in 173	1 in 52	1 in 27	1 in 19
60				1 in 69	1 in 29	1 in 19
70					1 in 43	1 in 23
80						1 in 31

If your current age is:	Then your risk of dying from colon/rectal cancer by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 7833	1 in 1462	1 in 491	1 in 164	1 in 78	1 in 48
40		1 in 1771	1 in 516	1 in 165	1 in 78	1 in 47
50			1 in 706	1 in 177	1 in 79	1 in 47
60				1 in 221	1 in 83	1 in 47
70					1 in 113	1 in 51
80						1 in 61

Risks of Developing and Dying from Cancer

Melanoma in Females

If your current age is:	Then your risk of developing melanoma by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 620	1 in 267	1 in 152	1 in 101	1 in 73	1 in 60
40		1 in 464	1 in 199	1 in 120	1 in 82	1 in 66
50			1 in 341	1 in 158	1 in 98	1 in 75
60				1 in 282	1 in 132	1 in 92
70					1 in 221	1 in 123
80						1 in 205

If your current age is:	Then your risk of dying from melanoma by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 14932	1 in 4986	1 in 2116	1 in 1147	1 in 652	1 in 419
40		1 in 7427	1 in 2446	1 in 1233	1 in 677	1 in 427
50			1 in 3579	1 in 1450	1 in 731	1 in 445
60				1 in 2339	1 in 881	1 in 487
70					1 in 1263	1 in 551
80						1 in 728

Melanoma in Males

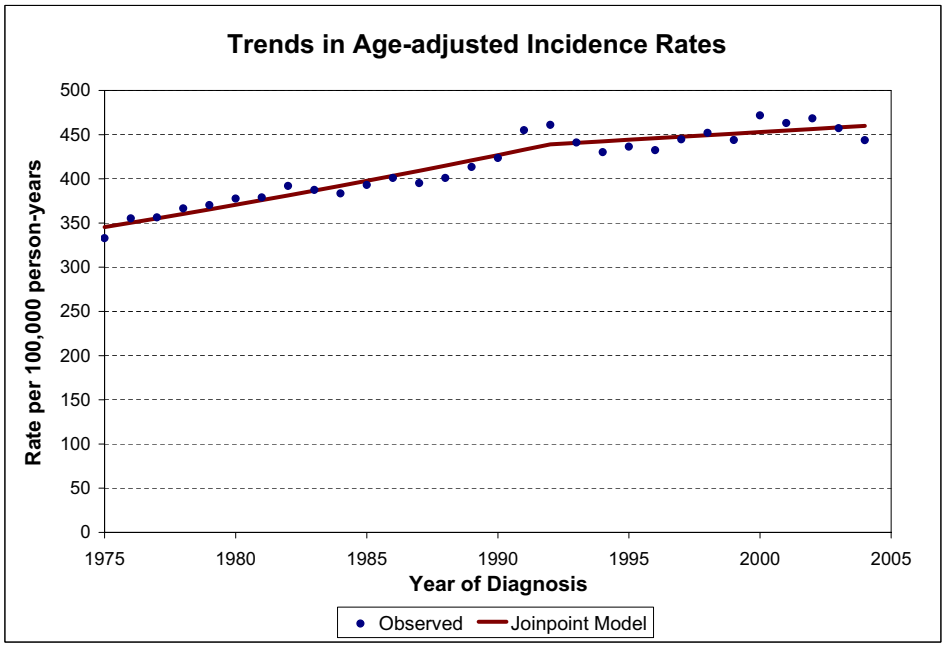
If your current age is:	Then your risk of developing melanoma by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 779	1 in 297	1 in 131	1 in 74	1 in 50	1 in 40
40		1 in 473	1 in 154	1 in 80	1 in 53	1 in 42
50			1 in 222	1 in 93	1 in 57	1 in 44
60				1 in 150	1 in 72	1 in 51
70					1 in 117	1 in 66
80						1 in 98

If your current age is:	Then your risk of dying from melanoma by a particular age is:					
	By age 40	By age 50	By age 60	By age 70	By age 80	Ever
30	1 in 3986	1 in 1573	1 in 922	1 in 444	1 in 275	1 in 208
40		1 in 2560	1 in 1182	1 in 493	1 in 291	1 in 216
50			1 in 2129	1 in 591	1 in 318	1 in 229
60				1 in 766	1 in 350	1 in 240
70					1 in 548	1 in 298
80						1 in 426

SECTION VII

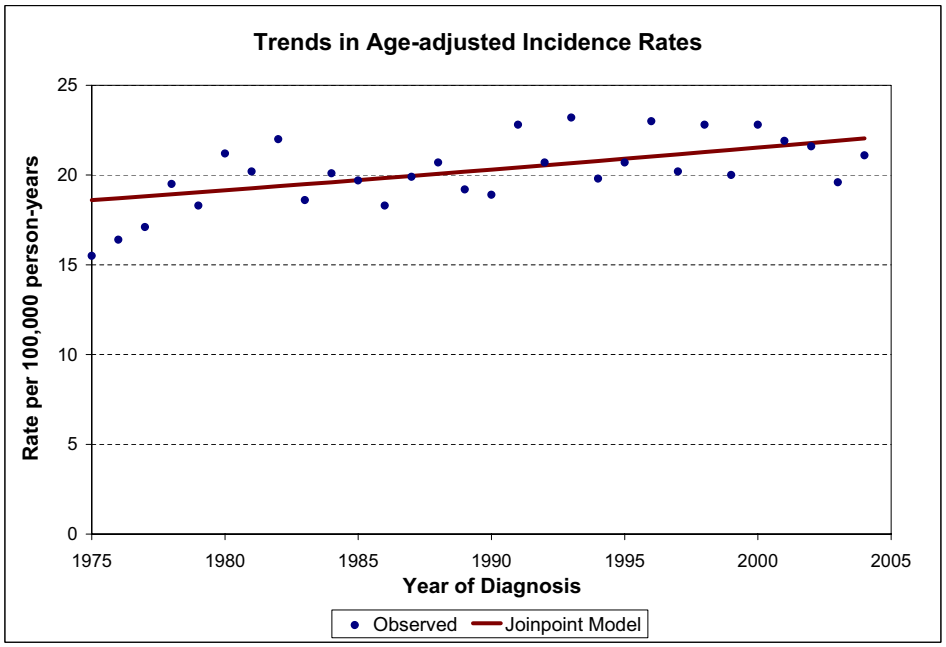
CANCER TRENDS IN IDAHO
1975-2004

All Sites



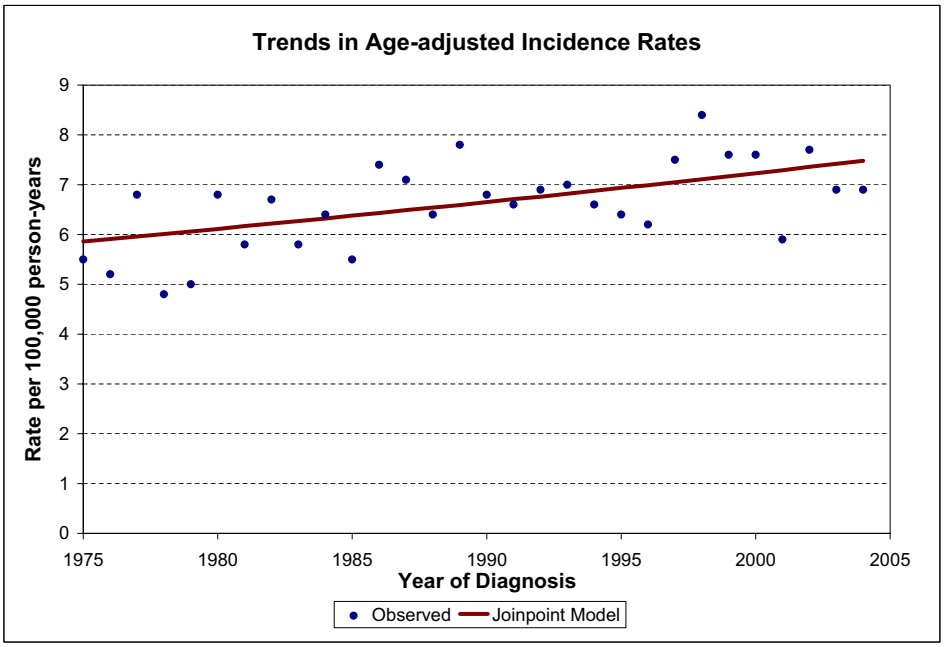
Cancer incidence increased at a rate of about 1.4% per year in Idaho from 1975 to 1992, after which the rate of increase lessened to about 0.4% per year. Cancer incidence trends over time were different for males and females. For males, much of the overall trend is due to the trend in prostate cancer incidence. For females, much of the overall trend is due to the trend in breast cancer incidence.

Bladder



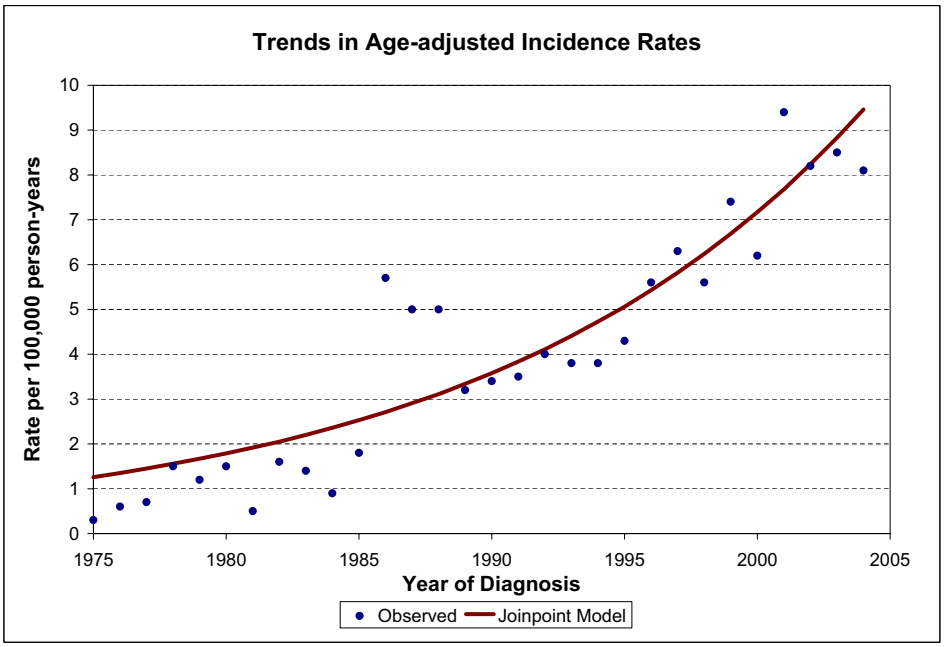
Bladder cancer incidence includes in-situ and invasive cases. Bladder cancer incidence increased at a rate of about 0.6% per year in Idaho from 1975 to 2004. Most of the increase in bladder cancer incidence is attributable to males, who have rates of bladder cancer incidence about 4-5 times those of females.

Brain



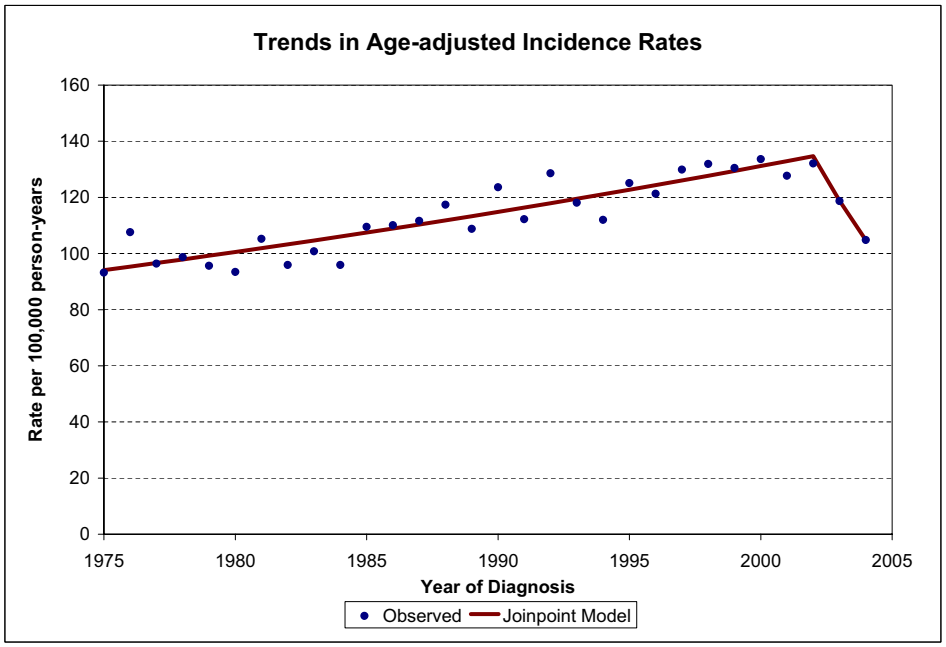
Malignant brain cancer incidence increased at a rate of about 0.8% per year in Idaho from 1975 to 2004. Most of the increase in malignant brain cancer incidence is attributable to males, whose rates increased about 1.2% per year.

Brain and Other CNS, Non-Malignant



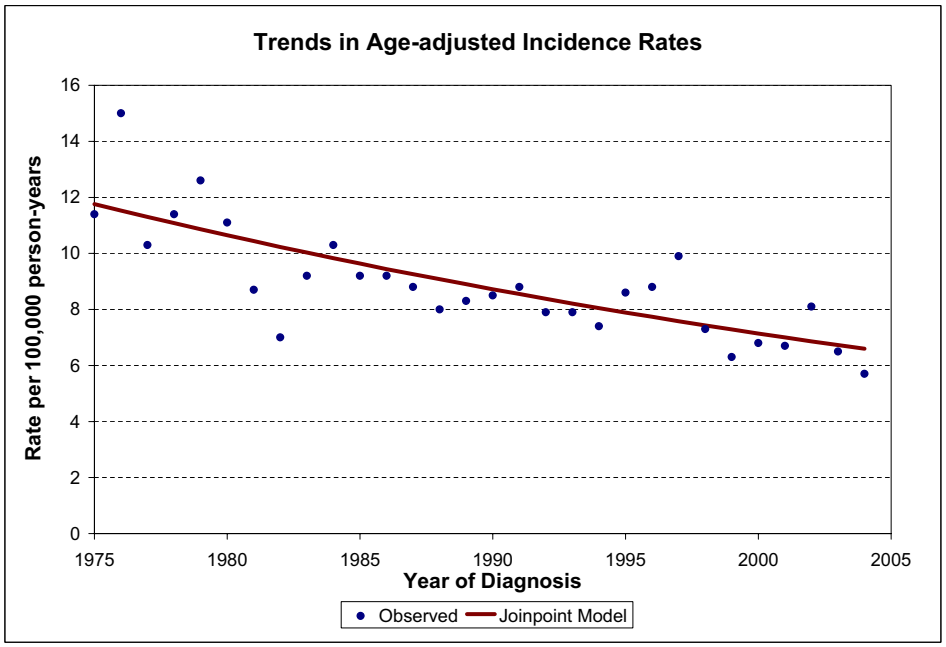
Non-malignant brain cancer includes tumors with benign and borderline behavior. Non-malignant brain cancer incidence increased at a rate of about 7.2 % per year in Idaho from 1975 to 2004.

Breast



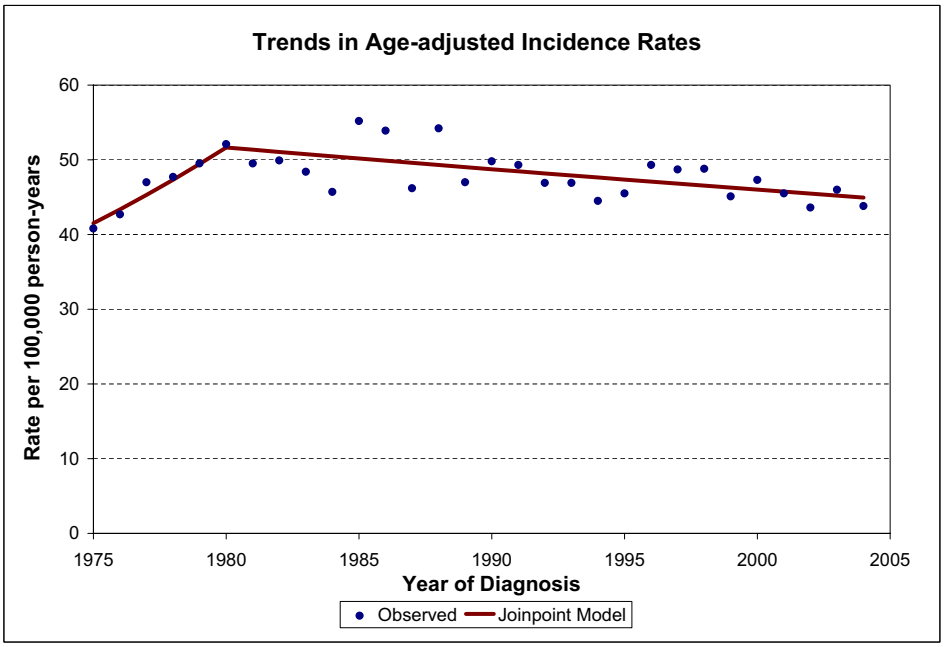
Invasive breast cancer incidence increased at a rate of about 1.3% per year among female Idahoans from 1975 to 1992, after which the rate decreased by almost 12% per year. This is believed to be due to earlier stage at diagnosis in later years, as in-situ breast cancer rates have increased about 6.3% per year since 1975.

Cervix



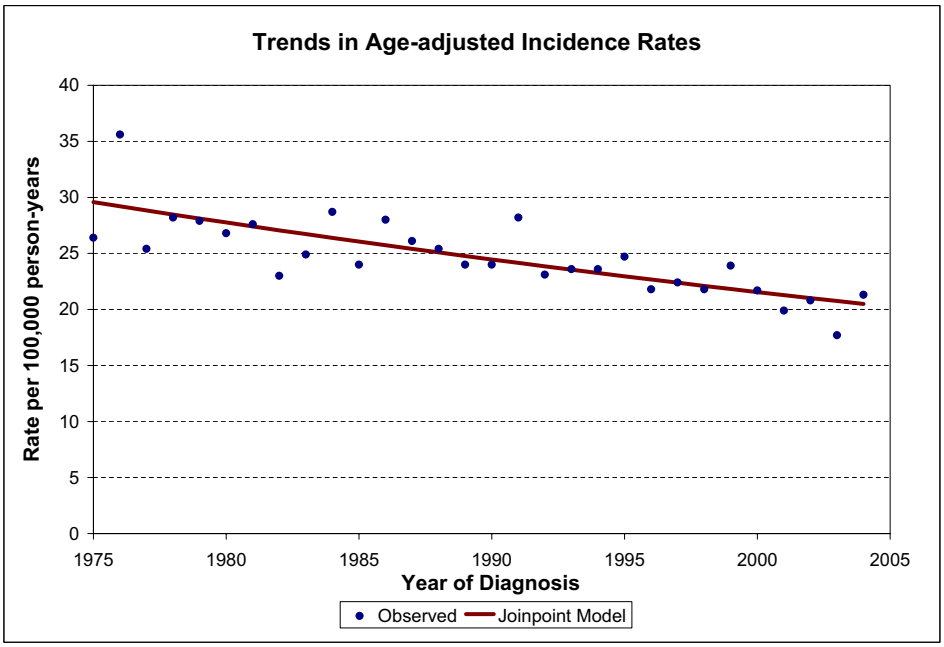
Invasive cervical cancer incidence has decreased about 2% per year in Idaho from 1975 to 2004.

Colorectal



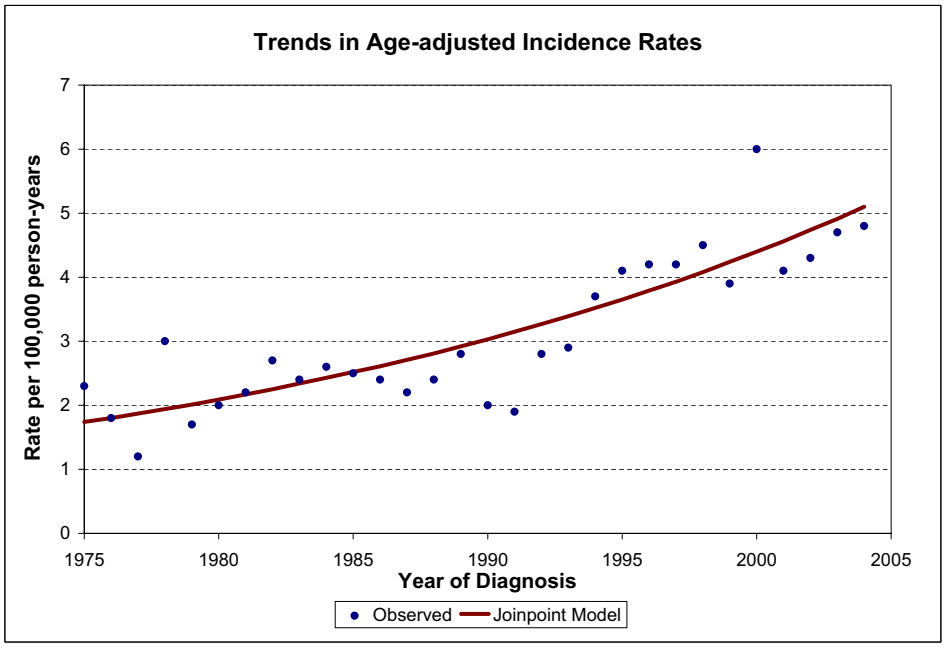
Colorectal cancer incidence increased at a rate of about 4.5% per year in Idaho from 1975 to 1980, after which the rate decreased about 0.6% per year. Colorectal cancer incidence trends over time were different for males and females. For males, rates increased from 1975 to 1988, then decreased. For females, rates decreased slowly across the entire time series.

Endometrium



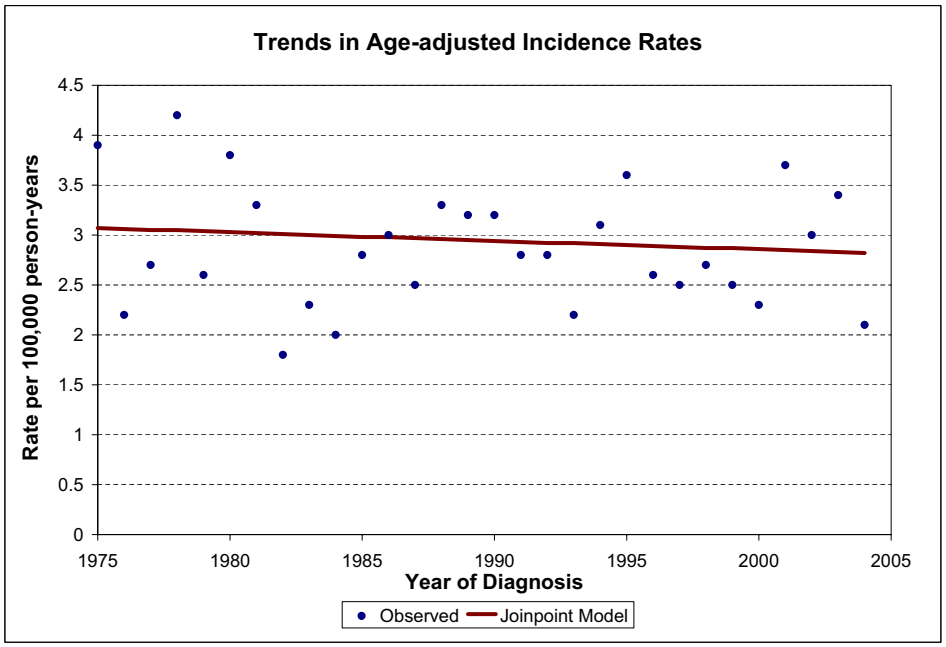
Endometrial cancer incidence decreased at a rate of about 1.3% per year among female Idahoans from 1975 to 2004.

Esophagus



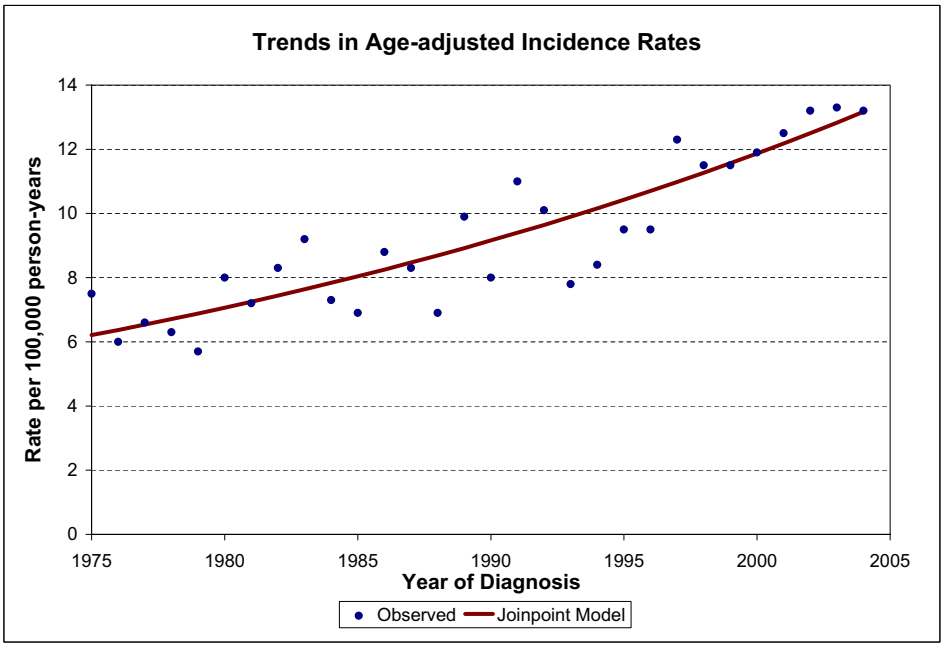
Esophageal cancer incidence increased at a rate of about 3.8% per year in Idaho from 1975 to 2004. The rate of increase was higher for males (3.9% per year) than for females (2.9% per year), and rates of esophageal cancers among males were about 3-4 times those among females.

Hodgkin Lymphoma



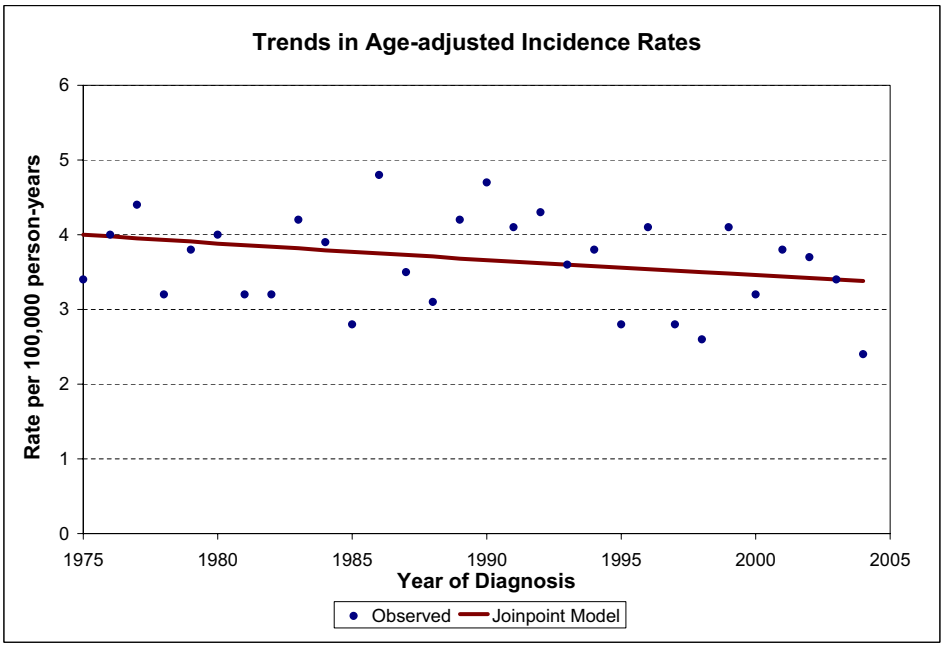
There was no statistically significant trend in Hodgkin lymphoma incidence in Idaho from 1975 to 2004; rates were stable but showed year-to-year variability due to the relatively small numbers of cases diagnosed annually.

Kidney and Renal Pelvis



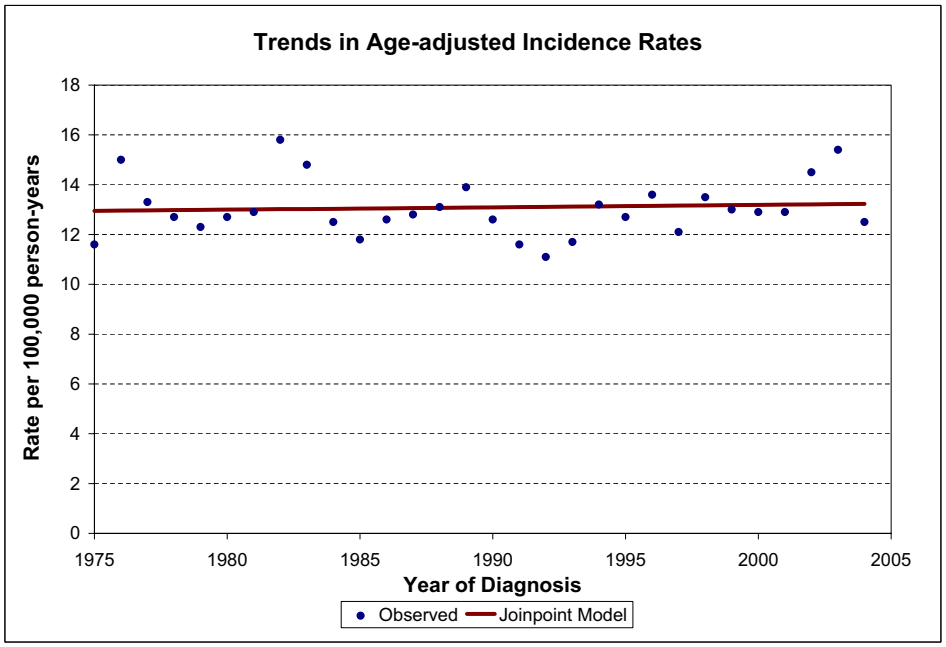
Kidney and renal pelvis cancer incidence increased at a rate of about 2.6% per year in Idaho from 1975 to 2004. The rate of increase was higher similar for males and females, although rates of kidney and renal pelvis cancers among males were about twice as high as among females.

Larynx



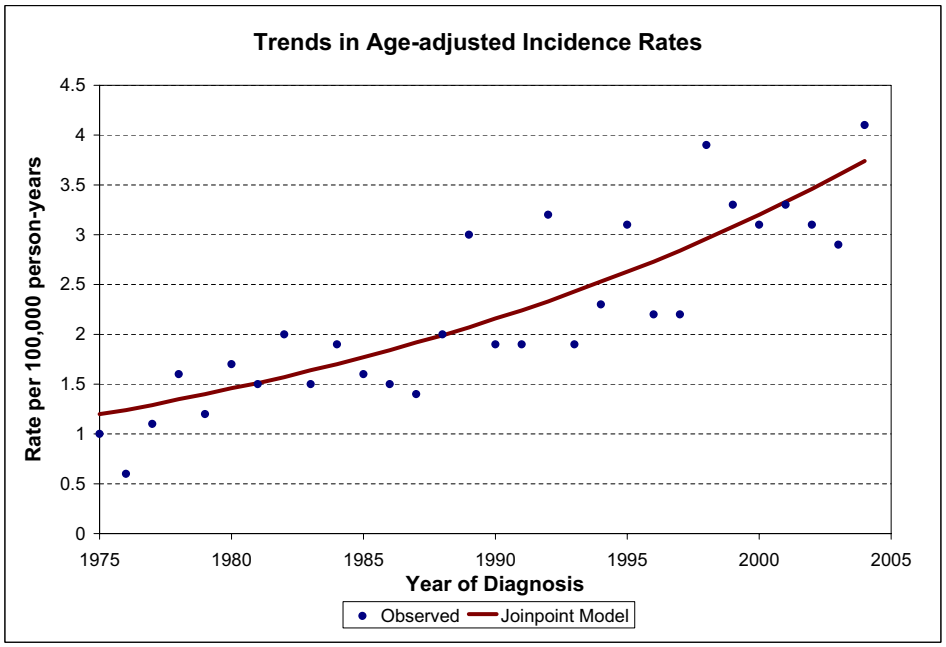
There was no statistically significant trend in laryngeal cancer incidence in Idaho from 1975 to 2004; rates decreased by about 0.6% per year but showed year-to-year variability due to the relatively small numbers of cases diagnosed annually. The rate of decrease was similar for males and females, although rates of laryngeal cancers among males were about 4 times as high as among females.

Leukemia



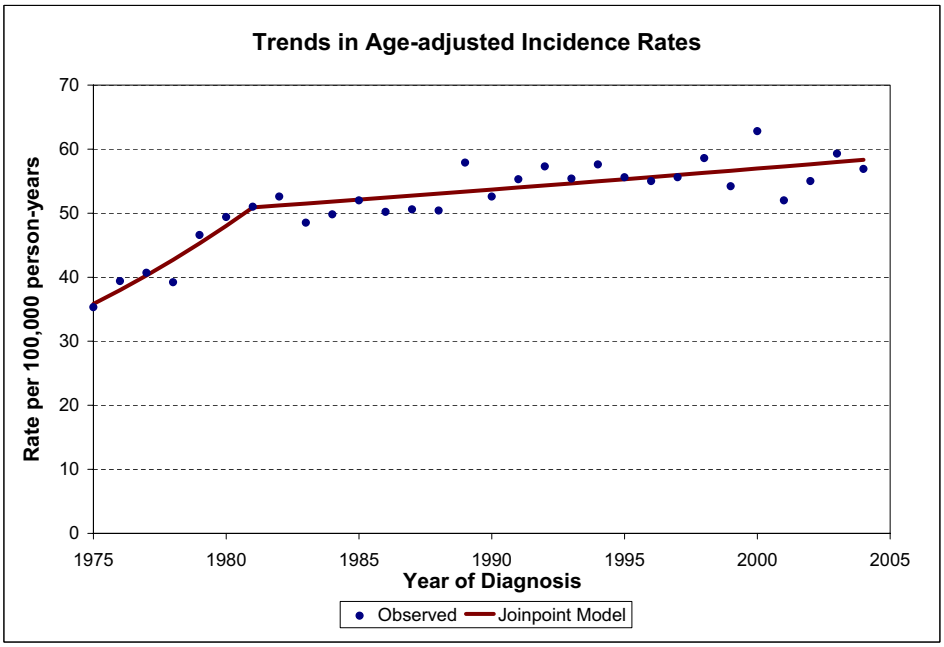
There was no statistically significant trend in leukemia incidence in Idaho from 1975 to 2004; rates were stable but showed year-to-year variability due to the relatively small numbers of cases diagnosed annually.

Liver and Bile Duct



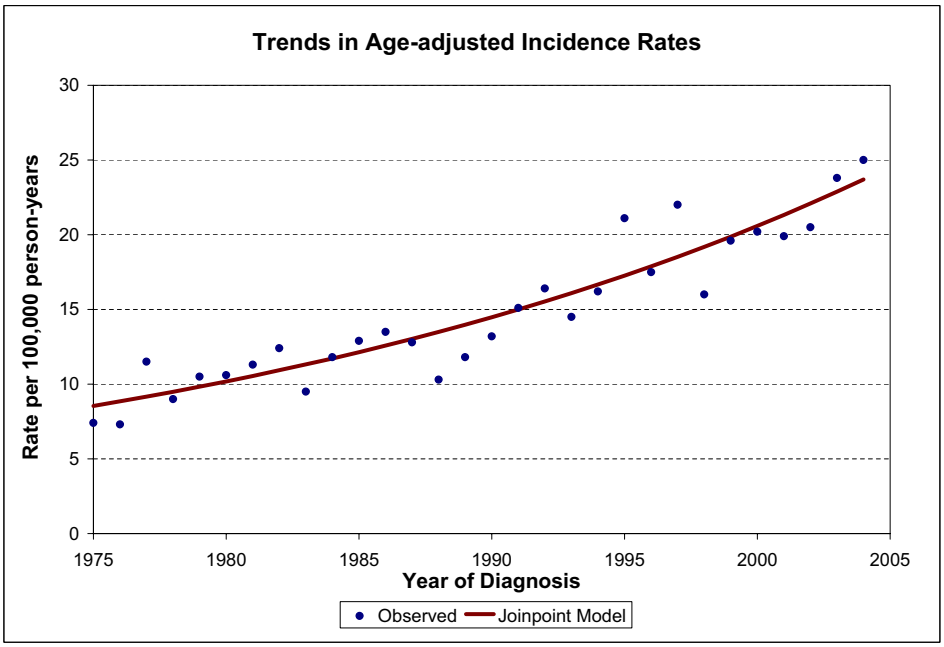
Liver cancer incidence increased at a rate of about 4.0% per year in Idaho from 1975 to 2004. The rate of increase was higher for males (4.5% per year) than for females (2.9% per year), and rates of liver cancers among males were about twice as high as among females.

Lung and Bronchus



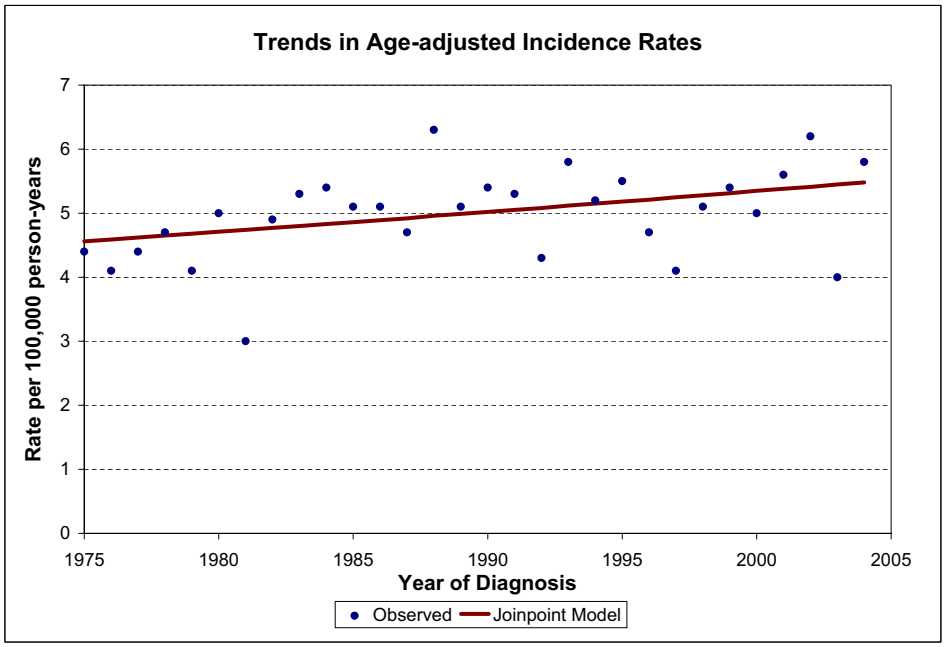
Lung cancer incidence increased at a rate of about 6.0% per year in Idaho from 1975 to 1981, after which the rate of increase lessened to about 0.6% per year. Lung cancer incidence trends over time were different for males and females. For males, lung cancer incidence increased at a rate of about 4.9% per year from 1975 to 1981, and then decreased by about 0.6% per year. For females, lung cancer incidence increased at a rate of about 5.9% per year from 1975 to 1989, after which the rate of increase lessened to about 1.5% per year. Historically, lung cancer incidence rates have been two or more times higher among males as among females, but the gap is continuing to narrow, reflecting long-term trends in smoking prevalence.

Melanoma



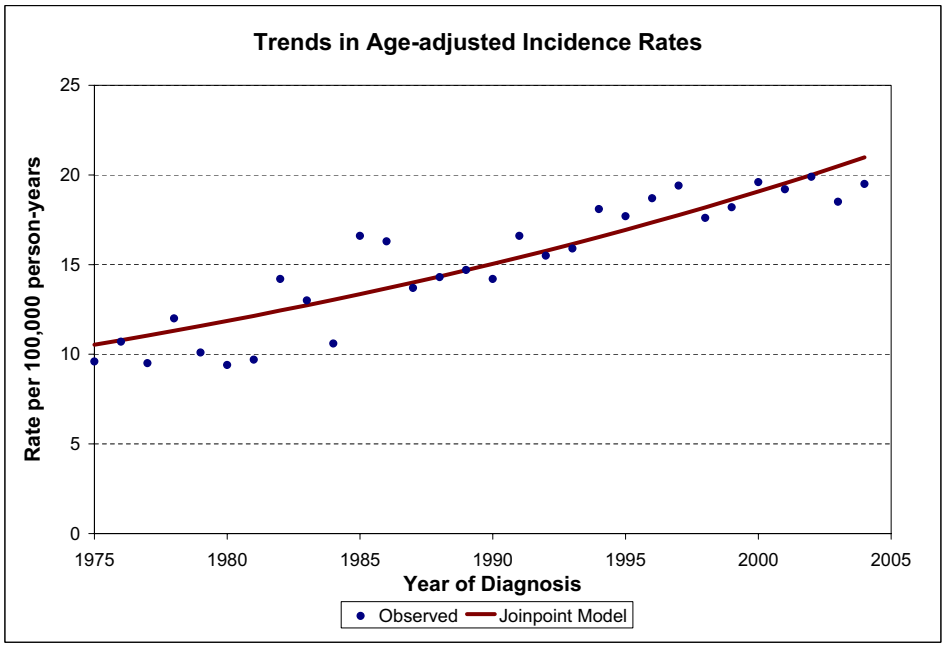
The incidence of melanoma of the skin increased at a rate of about 3.6% per year in Idaho from 1975 to 2004. The rate of increase was higher for males (4.3% per year) than for females (2.9% per year), and rates of melanoma incidence among males were higher than among females. The incidence of in-situ melanoma of the skin increased at a higher rate (11.8% per year from 1980 to 2004) than for the invasive cases depicted in the graph.

Myeloma



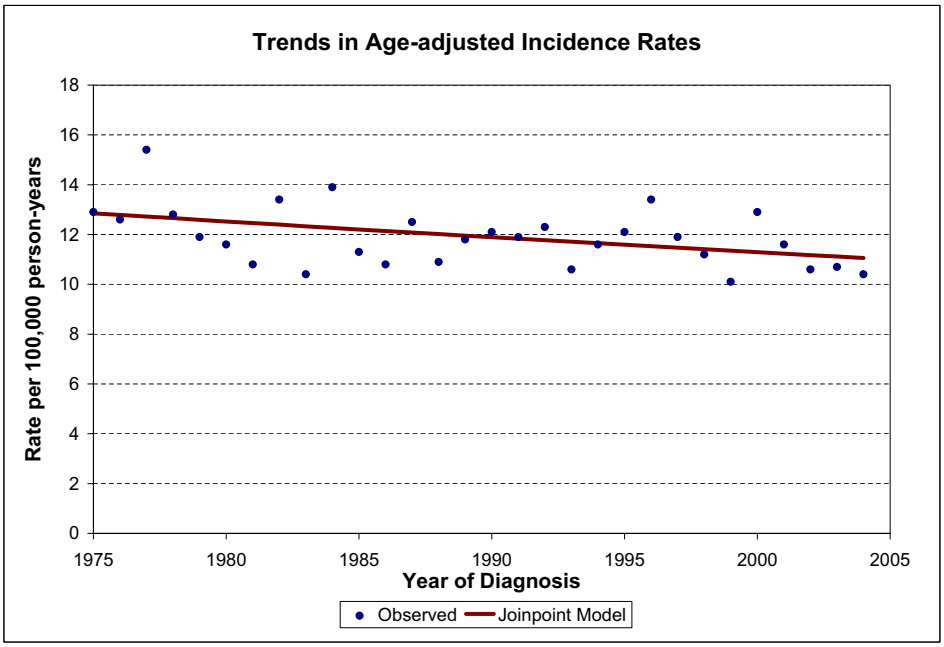
The incidence of myeloma increased at a rate of about 0.6% per year in Idaho from 1975 to 2004. The rate of increase was higher for males (1.2% per year) than for females (no significant trend), and rates of myeloma incidence among males were higher than among females.

Non-Hodgkin Lymphoma



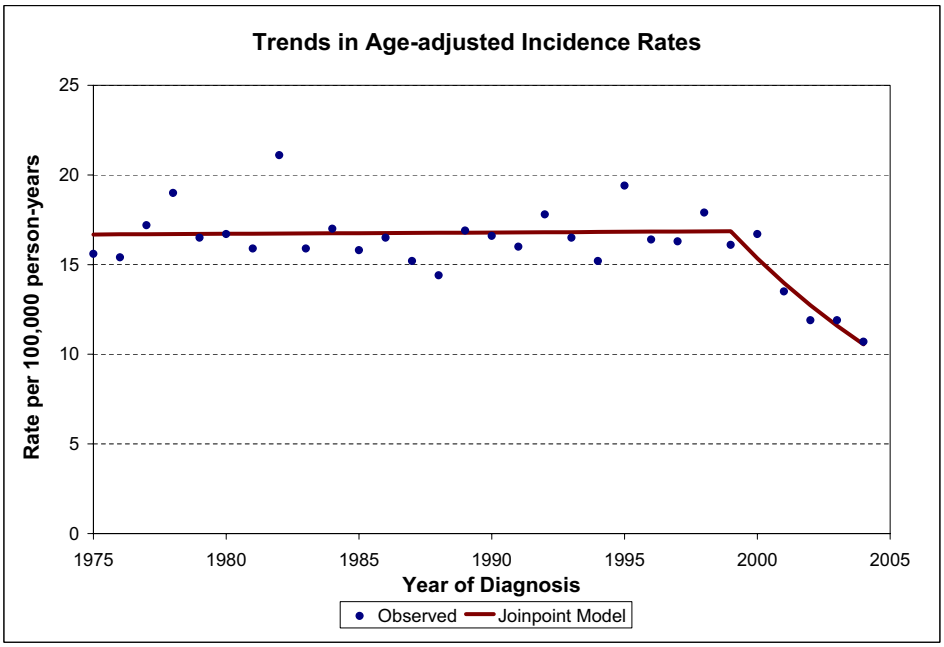
The incidence of non-Hodgkin lymphoma increased at a rate of about 2.4% per year in Idaho from 1975 to 2004. The rate of increase was higher for females (2.8% per year) than for males (2.0% per year), and rates of non-Hodgkin lymphoma incidence among males were higher than among females.

Oral Cavity



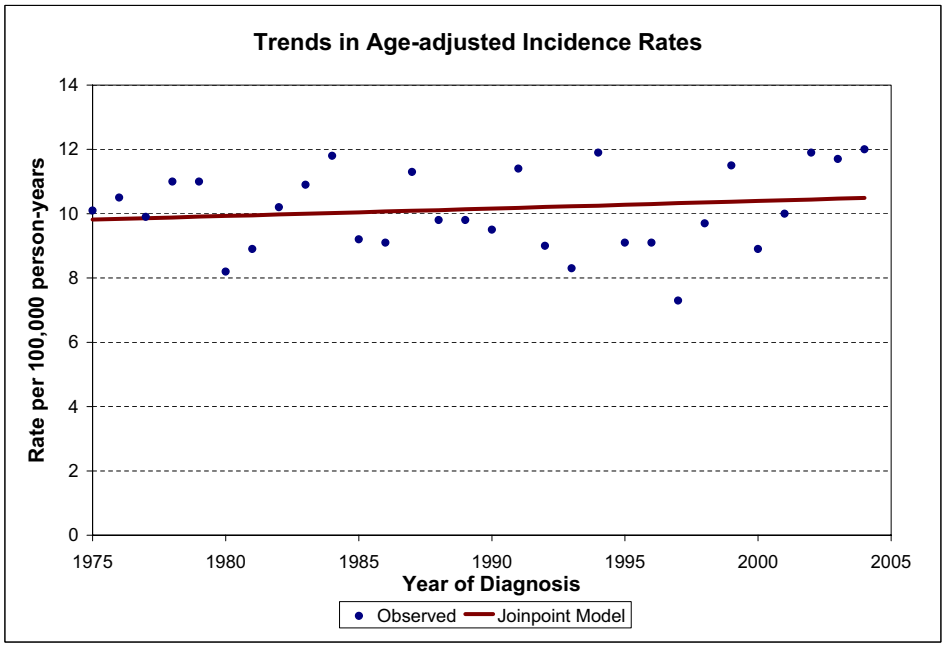
The incidence of cancers of the oral cavity and pharynx decreased at a rate of about 0.5% per year in Idaho from 1975 to 2004. The rate of decrease was higher for males (0.8% per year) than for females (no significant trend), and rates of cancers of the oral cavity and pharynx were about 3 times higher among males than among females. This latter result likely reflects differences in long-term prevalence trends for smoking and alcohol consumption between males and females.

Ovary



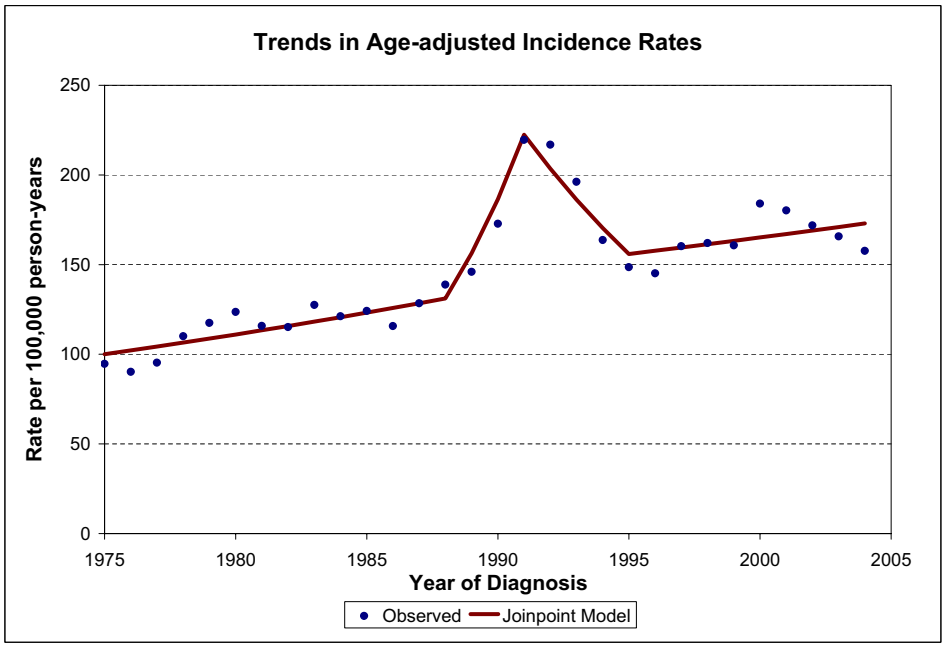
The incidence of ovarian cancer among females in Idaho was essentially stable from 1975 to 1999. From 1999 to 2004, ovarian cancer incidence decreased by about 8.9% per year.

Pancreas



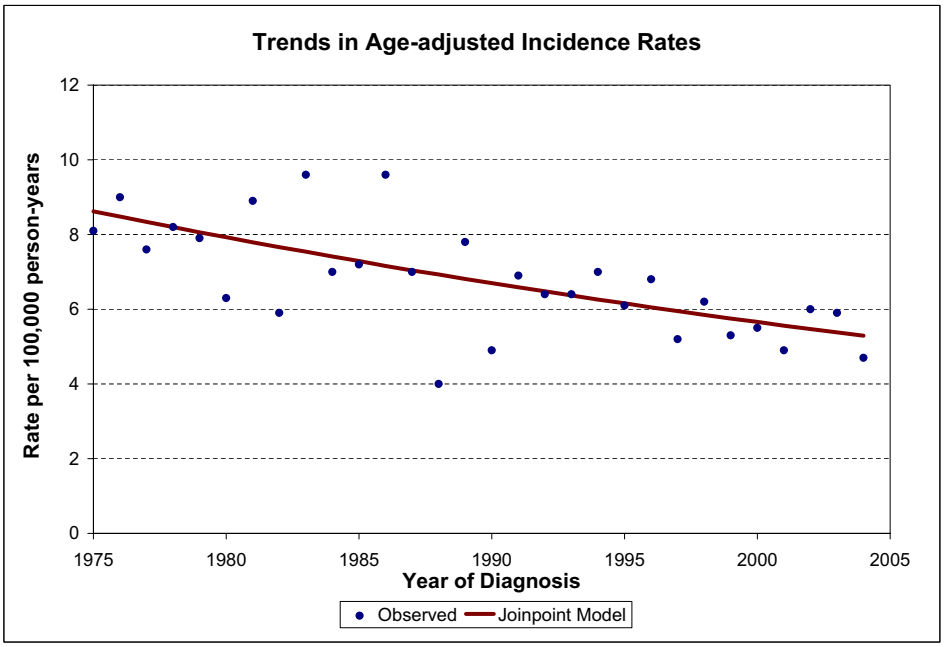
There was no statistically significant trend in pancreas cancer incidence in Idaho from 1975 to 2004; rates were stable but showed year-to-year variability due to the relatively small numbers of cases diagnosed annually. The rate of increase was higher for females (1.0% per year) than for males (no significant trend), and rates of pancreas cancer incidence among males were higher than among females.

Prostate



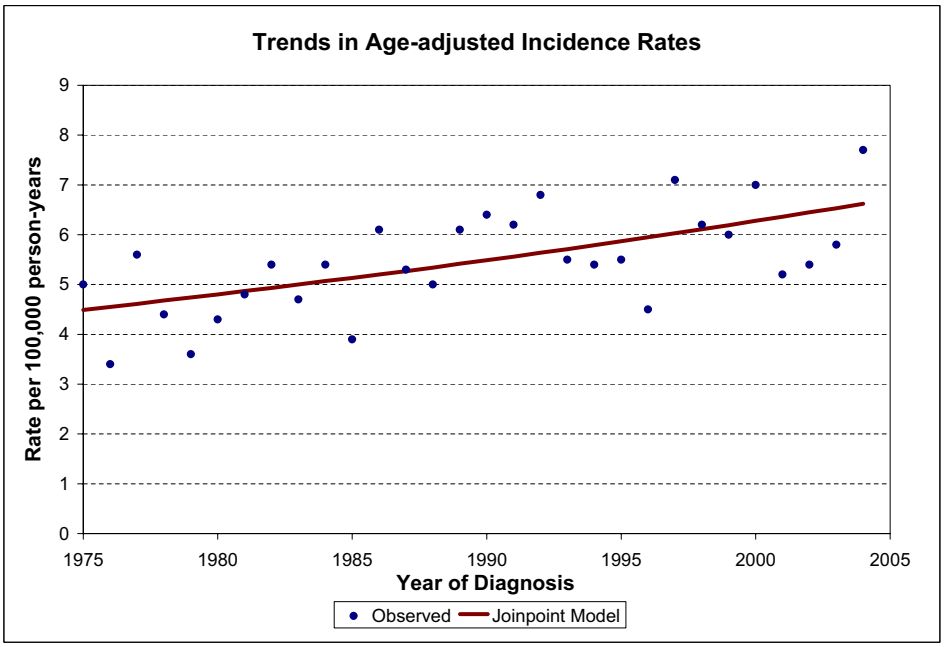
Trends in prostate cancer incidence are complicated, owing to the adoption of the Prostate-Specific Antigen (PSA) screening test in the late 1980s and early 1990s. From 1975 to 1988, prostate cancer incidence increased in Idaho at a rate of about 2.1% per year. From 1988 to 1991, prostate cancer incidence increased at a rate of about 19.3% per year. For the period 1995 to 2004, prostate cancer incidence rates had dropped to near the trend predicted from the 1975-1988 time series. Overall, there is an increasing trend in prostate cancer incidence punctuated by a large increase and concomitant decrease associated with widespread adoption of the PSA test, which likely detected many indolent cases.

Stomach



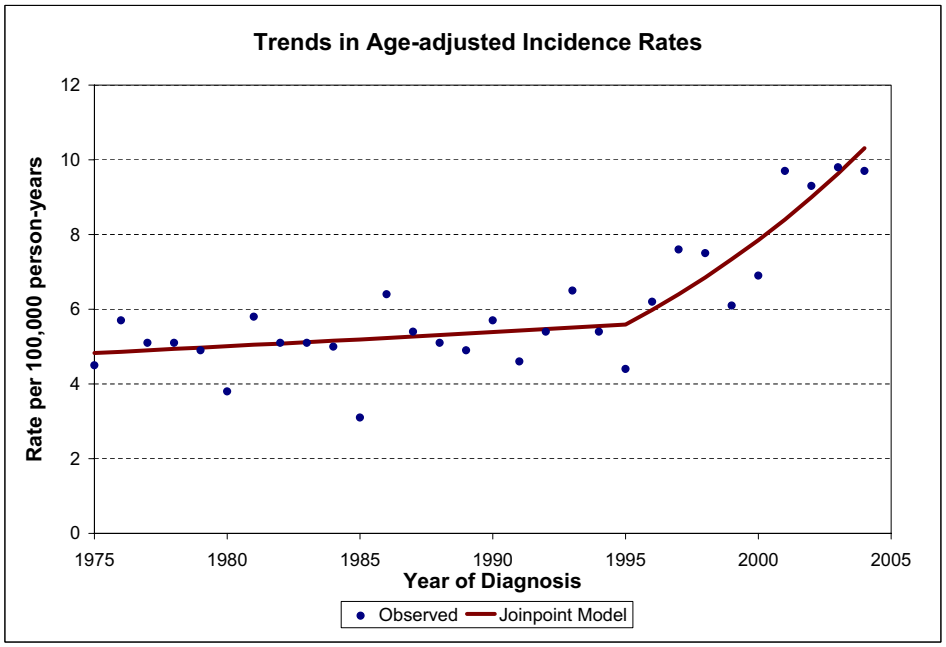
Stomach cancer incidence decreased at a rate of about 1.7% per year in Idaho from 1975 to 2004. Stomach cancer incidence trends over time were similar for males and females although stomach cancer incidence rates among males were about twice as high as among females.

Testis



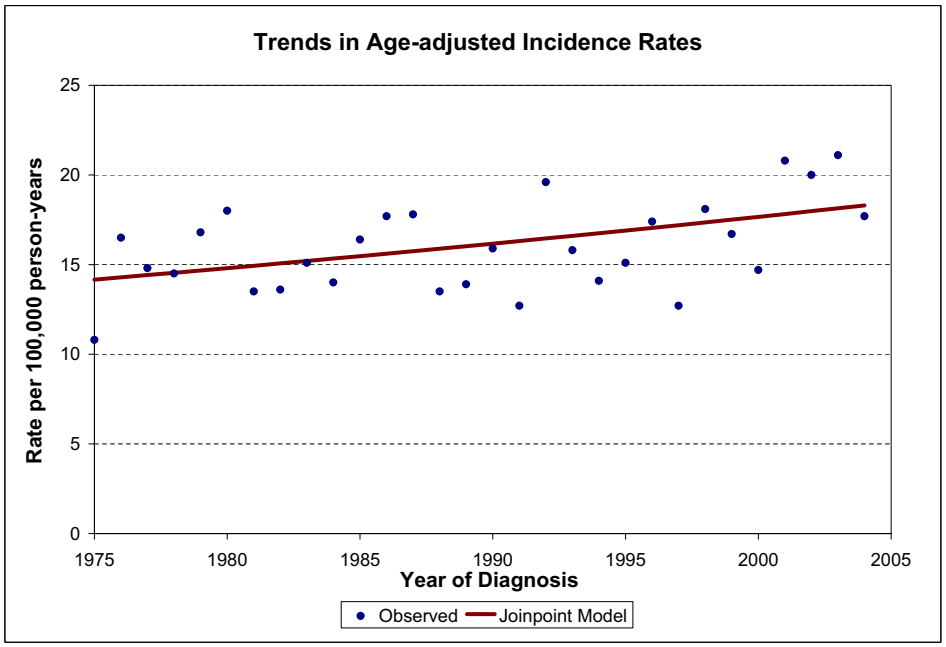
Testis cancer incidence increased at a rate of about 1.4% per year in Idaho from 1975 to 2004.

Thyroid



Thyroid cancer incidence was essentially stable in Idaho from 1975 to 1994, after which rates increased by about 7.0% per year. Thyroid cancer incidence trends over time were different for males and females. For males, thyroid cancer incidence increased at a rate of about 2.8% per year from 1975 to 2004. For females, thyroid cancer incidence was stable from 1976 to 1993, after which rates increased by about 6.6% per year. Historically, thyroid cancer incidence rates have been about 3 times higher among females as among males.

Pediatric (age 0 to 19) Cancer



Pediatric cancer incidence increased at a rate of about 0.9% per year in Idaho from 1975 to 2004. Pediatric cancer incidence trends over time were similar for males and females although pediatric cancer incidence rates among males were slightly higher than among females.

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APPENDICES

APPENDIX A

STANDARD SITE ANALYSIS CATEGORIES

SITE CATEGORY Categories in SMALL CAPITALS are aggregated from the groups indented under them	PRIMARY SITE CODE EXCLUDES histologic types 9590-9989
BUCCAL CAVITY & PHARYNX	
Lip	C00.0 - C00.9
Tongue	C01.9 - C02.9
Salivary Glands	C07.9 - C08.9
Floor of Mouth	C04.0 - C04.9
Gum and Other Mouth	C03.0 - C03.9 C05.0 - C05.9 C06.0 - C06.9
Nasopharynx	C11.0 - C11.9
Tonsil	C09.0 - C09.9
Oropharynx	C10.0 - C10.9
Hypopharynx	C12.9 C13.0 - C13.9
Other Buccal Cavity and Pharynx	C14.0 C14.2 - C14.8
DIGESTIVE SYSTEM	
Esophagus	C15.0 - C15.9
Stomach	C16.0 - C16.9
Small Intestine	C17.0 - C17.9
COLON (Excluding Rectum)	
Cecum	C18.0
Appendix	C18.1
Ascending Colon	C18.2
Hepatic Flexure	C18.3
Transverse Colon	C18.4
Splenic Flexure	C18.5
Descending Colon	C18.6
Sigmoid Colon	C18.7
Large Intestine, NOS	C18.8 - C18.9, C26.0

SITE CATEGORY Categories in SMALL CAPITALS are aggregated from the groups indented under them	PRIMARY SITE CODE EXCLUDES histologic types 9590-9989
RECTUM AND RECTOSIGMOID	
Rectosigmoid Junction	C19.9
Rectum	C20.9
Anus, Anal Canal, & Anorectum	C21.0 - C21.2 C21.8
Liver	C22.0
Intrahepatic Bile Duct	C22.1
Gallbladder	C23.9
Other Biliary	C24.0 - C24.9
Pancreas	C25.0 - C25.9
Retroperitoneum	C48.0
Peritoneum, Omentum, & Mesentery	C48.1 - C48.2
Other Digestive Organs	C26.8 - C26.9 C48.8
RESPIRATORY SYSTEM	
Nasal Cavity, Middle Ear, & Accessory Sinuses	C30.0 - C30.1 C31.0 - C31.9
Larynx	C32.0 - C32.9
Lung and Bronchus	C34.0 - C34.9
Pleura	C38.4
Trachea, Mediastinum, & Other Respiratory Organs	C33.9 C38.1 - C38.3 C38.8 C39.0 C39.8 C39.9
BONES AND JOINTS	C40.0 - C41.9
SOFT TISSUE (Including Heart)	C38.0 C47.0 - C47.9 C49.0 - 49.9

SITE CATEGORY Categories in SMALL CAPITALS are aggregated from the groups indented under them	PRIMARY SITE CODE EXCLUDES histologic types 9590-9989
SKIN (Excluding Basal and Squamous)	
Melanomas - Skin	C44.0 - C44.9 Histology Types 8720 - 8790 ONLY
Other Non - Epithelial	C44.0 - C44.9 Also Excluding Histology Types 8000 - 8004 8010 - 8045 8050 - 8082 8090 - 8110 8720 - 8790 9590 - 9989
BREAST	C50.0 - C50.9
FEMALE GENITAL SYSTEM	
Cervix Uteri	C53.0 - C53.9
Corpus Uteri	C54.0 - C54.9
Uterus, NOS	C55.9
Ovary	C56.9
Vagina	C52.9
Vulva	C51.0 - C51.9
Other Female Genital Organs	C57.0 - C58.9
MALE GENITAL SYSTEM	
Prostate	C61.9
Testis	C62.0 - C62.9
Penis	C60.0 - C60.9
Other Male Genital Organs	C63.0 - C63.9
URINARY SYSTEM	
Bladder	C67.0 - C67.9
Kidney and Renal Pelvis	C64.9 C65.9
Ureter	C66.9
Other Urinary Organs	C68.0 - C68.9
EYE AND ORBIT	C69.0 - C69.9

SITE CATEGORY Categories in SMALL CAPITALS are aggregated from the groups indented under them	PRIMARY SITE CODE EXCLUDES histologic types 9590-9989
BRAIN AND OTHER NERVOUS SYSTEM	
Brain	C71.0 - C71.9 Also excludes: 9530 - 9539 And 9590 - 9989
Other Nervous System	A) C71.0 - C71.9 (meningioma) Histologic Type: 9530 - 9539 ONLY B) C70.0 - C70.9 C) C72.0 - C72.9
ENDOCRINE SYSTEM	
Thyroid	C73.9
Other Endocrine (Including Thymus)	C37.9 C74.0 - C74.9 C75.0 - C75.9

SITE CATEGORY Categories in SMALL CAPITALS are aggregated from the groups indented under them	PRIMARY SITE CODE	HISTOLOGY
LYMPHOMAS		
Hodgkin Disease		
Nodal	C02.4, C09.8, C09.9, C11.1, C14.2, C37.9 C42.2 C77.0 - C77.9	Types: 9650 - 9667 ONLY
Extranodal	For All Other Sites Exclude Sites: C02.4, C09.8, C09.9, C11.1, C14.2, C37.9, C42.2 C77.0 - C77.9	Types: 9650 - 9667 ONLY
Non - Hodgkin Disease		
Nodal	C02.4, C09.8, C09.9, C11.1, C14.2, C37.9, C42.2 C77.0 - C77.9	Types: 9590 - 9596 9670 - 9729, 9823, 9827 ONLY
Extranodal	For All Other Sites Excluding Sites: C02.4, C09.8, C09.9, C11.1, C14.2, C37.9, C42.2 C77.0 - C77.9	Types: 9590 - 9595 9670 - 9729 ONLY Types: 9823, 9827 For All Other Sites Except C42.0, C42.1, C42.4
MULTIPLE MYELOMA	For All Sites	Types: 9731 - 9732 ONLY

SITE CATEGORY **Categories in SMALL CAPITALS are aggregated from groups indented under them**	HISTOLOGY
LEUKEMIAS	
Lymphocytic	
Acute Lymphocytic	Type: 9821, 9828, ONLY
Chronic Lymphocytic	Type: 9823 ONLY
Other Lymphocytic	Type: 9820, 9822, 9824, 9825, 9826, ONLY
Granulocytic (Myeloid)	
Acute Granulocytic	Type: 9840, 9861, 9866, 9867, 9871 - 9874 ONLY
Chronic Granulocytic	Type: 9863, 9868, ONLY
Other Granulocytic	Type: 9860, 9862, 9864, ONLY
Monocytic	
Acute Monocytic	Type: 9891 ONLY
Chronic Monocytic	Type: 9893 ONLY
Other Monocytic	Type: 9890, 9892, 9894, ONLY
Other	
Other Acute	Type: 9801, 9841, 9931, 9932 ONLY
Other Chronic	Type: 9803, 9842 ONLY
Aleukemic, Subleukemic, & NOS	Type: 9800, 9802, 9804, 9830, 9850, 9870, 9880, 9900, 9910, 9930, 9940, 9941 ONLY Type 9827 For Sites C42.0, C42.1, C42.4 ONLY

SITE CATEGORY **Categories in SMALL CAPITALS are aggregated from groups indented under them**	PRIMARY SITE CODE **EXCLUDES histologic types 9590-9989**
ILL- DEFINED AND UNSPECIFIED SITES	A) Type: 9720 - 9723, 9740, 9741, 9760 - 9764, 9950 - 9989 ONLY For All Sites B) C76.0 - C76.8, C80.9 Type 8000 - 9589 C) C42.0 - C42.4 Type 8000 - 9589 D) C77.0 - C77.9 Type 8000 - 9589
INVALID SITE	Site or histology code not within valid range or site code not found in this table.

Source: “Standards for Completeness, Quality, Analysis, and Management of Data, Vol III”. American Association of Central Cancer Registries, September 2002. [14]

APPENDIX B

2000 U.S. STANDARD POPULATION

AGE GROUP	United States 2000 Standard Million Population
0-4	69,135
5-9	72,533
10-14	73,032
15-19	72,169
20-24	66,478
25-29	64,529
30-34	71,044
35-39	80,762
40-44	81,851
45-49	72,118
50-54	62,716
55-59	48,454
60-64	38,793
65-69	34,264
70-74	31,773
75-79	26,999
80-84	17,842
85 +	15,508
Total	1,000,000

Source: SEER Program, National Cancer Institute, 2005. [11]

APPENDIX C

2004 POPULATION BY HEALTH DISTRICT, GENDER, AND AGE GROUP

	HD 1	HD 2	HD 3	HD 4	HD 5	HD 6	HD 7	STATE
Males								
< 5	5,843	2,920	9,393	13,996	6,479	6,928	7,303	52,862
5 to 9	6,445	2,786	9,007	13,726	6,200	6,351	6,730	51,245
10 to 14	7,347	3,196	9,037	14,115	6,693	6,490	7,146	54,024
15 to 19	7,497	4,299	8,819	13,718	6,913	6,852	7,688	55,786
20 to 24	7,015	4,494	8,854	14,158	6,864	6,642	8,051	56,078
25 to 29	5,257	4,159	7,991	14,230	5,194	5,521	7,573	49,925
30 to 34	5,575	3,199	7,874	15,684	4,957	4,681	4,665	46,635
35 to 39	5,962	2,996	7,164	15,486	5,142	4,411	4,847	46,008
40 to 44	7,167	3,454	7,674	15,799	6,212	5,181	5,894	51,381
45 to49	7,433	3,704	6,992	14,445	6,186	5,527	5,743	50,030
50 to 54	7,512	3,550	6,374	12,860	5,592	5,215	5,352	46,455
55 to 59	6,467	3,117	5,400	10,448	4,713	4,091	4,314	38,550
60 to 64	4,966	2,440	4,293	7,055	3,661	3,136	3,390	28,941
65 to 69	4,107	2,165	3,454	5,234	3,032	2,532	2,588	23,112
70 to 74	3,126	1,620	2,615	3,741	2,260	1,992	1,907	17,261
75 to 79	2,343	1,413	2,116	2,864	1,892	1,563	1,486	13,677
80 to 84	1,391	874	1,530	1,916	1,319	967	973	8,970
85+	1243	803	1,330	1,514	1212	831	751	7,684
Total	96,696	51,189	109,917	190,989	84,521	78,911	86,401	698,624
	HD 1	**HD 2**	**HD 3**	**HD 4**	**HD 5**	**HD 6**	**HD 7**	**STATE**
Females								
< 5	5,718	2,715	8,879	13,717	6,184	6,525	6,882	50,620
5 to 9	6,032	2,624	8,487	13,115	5,958	6,004	6,383	48,603
10 to 14	6,823	2,969	8,698	13,175	6,360	6,287	6,604	50,916
15 to 19	7,021	3,960	8,406	12,854	6,548	6,639	7,626	53,054
20 to 24	6,538	3,889	8,432	12,581	6,294	6,951	11,272	55,957
25 to 29	5,100	3,558	7,554	12,944	4,466	5,455	5,078	44,155
30 to 34	5,691	2,734	7,513	13,871	4,808	4,614	4,664	43,895
35 to 39	6,247	2,830	6,915	13,830	5,039	4,551	4,862	44,274
40 to 44	7,346	3,415	7,474	14,937	5,935	5,458	5,744	50,309
45 to49	7,990	3,723	7,001	14,493	6,153	5,542	5,779	50,681
50 to 54	7,694	3,492	6,517	12,719	5,607	5,104	5,269	46,402
55 to 59	6,392	2,998	5,513	10,048	4,781	4,062	4,284	38,078
60 to 64	5,037	2,510	4,541	7,229	3,789	3,136	3,461	29,703
65 to 69	3,897	1,967	3,544	5,420	3,048	2,661	2,528	23,065
70 to 74	3,236	1,889	3,181	4,509	2,771	2,263	2,167	20,016
75 to 79	2,731	1,537	2,689	3,761	2,347	1,808	1,869	16,742
80 to 84	2,057	1,266	2,255	3,116	1,893	1,458	1,329	13,374
85+	2,160	1,489	2,580	3,425	2,122	1,647	1371	14,794
Total	97,710	49,565	110,179	185,744	84,103	80,165	87,172	694,638
Total	194,406	100,754	220,096	376,733	168,624	159,076	173,573	1,393,262

Source: U.S. Census Bureau, 2005.