

# **CANCER IN IDAHO – 2024 Preliminary Data**

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## **PREFACE**

“Cancer in Idaho – 2024, Preliminary Data” provides a provisional assessment of cancer in Idaho. This preliminary report is published by the Cancer Data Registry of Idaho (CDRI) when estimated completeness exceeds 90%. These data, which are estimated as 95% complete for 2024 as of the date of this publication, are preliminary and subject to change. This report is a precursor to “Cancer in Idaho – 2024,” which will be the forty-eighth annual report of the Cancer Data Registry of Idaho (CDRI) and describes the state of cancer among Idaho residents, with a focus on cancer cases diagnosed during 2024. Cancer registry data can be used by public health and medical professionals, the Comprehensive Cancer Alliance for Idaho, and others to effectively plan services, appropriately allocate health resources, develop and measure prevention and intervention strategies, and identify high-risk populations in Idaho.

## **ACKNOWLEDGMENTS**

The Idaho Hospital Association (IHA) contracts with, and receives funding from, the Idaho Department of Health and Welfare, Division of Public 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 or treated for cancer. Their cooperation in reporting timely, accurate, and complete cancer data is acknowledged and sincerely appreciated.

CDRI also thanks the Division of Public Health, Idaho Department of Health and Welfare, and the Comprehensive Cancer Alliance for Idaho for their continued partnership and for using CDRI data as a tool in cancer control and prevention.

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# 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 are Idaho residents and out-of-state patients who are diagnosed or treated for cancer in the state of Idaho. The goals of CDRI are to:

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

CDRI works closely with the Comprehensive Cancer Alliance for Idaho (CCAI), the Idaho Comprehensive Cancer Control Program, and other organizations to lessen the burden of cancer in Idaho.

## 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 that a portion of the cigarette tax be dedicated to fund the statewide cancer registry. Through the

National Program of Cancer Registries (NPCR), 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 since 1994. In May 2018, the National Cancer Institute (NCI) awarded the Idaho Hospital Association (IHA) a contract to operate CDRI as part of the Surveillance, Epidemiology and End Results (SEER) Program.

## Collection of Data

Each Idaho hospital, outpatient surgery center, and pathology laboratory is responsible for the complete ascertainment and reporting 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 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 of treatment; and

- ◆ follow-up data for purpose of calculating survival rates.

Primary site, behavior, grade, and histology were coded according to the *International Classification of Diseases for Oncology, 3<sup>rd</sup> edition*.<sup>1</sup> Stage of disease variables were coded using SEER's *Summary Staging Manual 2018* and the *AJCC Cancer Staging System, 9<sup>th</sup> edition*.<sup>2,3</sup> 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.<sup>4-6</sup> Rules for coding multiple primary cases and hematopoietic and lymphoid neoplasms were applied based on the year of diagnosis.<sup>7-8</sup>

### **Behavior and Stage**

Tumor behavior refers to how it acts within the body. Behavior is classified as follows:

- ◆ benign (non-cancerous cells that grow in place without the potential for spread);
- ◆ borderline (uncertain whether benign or cancerous, but low cancerous potential);
- ◆ in situ (cancerous cells that have not yet grown beyond basement membrane);
- ◆ malignant (cancerous cells that have invaded beyond the basement membrane).

Benign and borderline cases together may also be called "non-malignant."

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 extension of tumor to adjacent organs, tissues, or lymph nodes);
- ◆ distant (metastasis to tissues or lymph nodes remote from the primary site); or
- ◆ unstaged.

### **Reportable Cases**

All in situ and 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.

Benign tumors of the brain, meninges, spinal cord, any other part of the central nervous system, pineal gland, and pituitary gland are also reportable.

Basal and squamous cell carcinomas of the skin are excluded except when occurring on a mucous membrane.

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 SEER\*DMS, SEER\*Edits, and GenEDITS Plus software, which apply algorithms that check the values of data fields against an encoded set of acceptable possible values. Edits include field edits, inter-field edits, and inter-record edits. Edits check for unlikely sex/site, site/histology, and site/age combinations.

Records are also routinely checked for duplicate entries using manual and probabilistic record linkage methods.

CDRI has met SEER and NPCR program standards and is recognized as a “gold standard registry” for data quality, completeness, and timeliness as designated by NAACCR. These designations allow Idaho data to be included in United States Cancer Statistics and all NAACCR volumes of “Cancer Incidence in North America” and online NAACCR CiNA Explorer and NAACCR Cancer Maps. Idaho data have been included in SEER-21/SEER-22 statistics published by NCI since April 2019 and the National Childhood Cancer Registry (NCCR\*Explorer) since its inception in 2021.

## 2024 Idaho Cancer Incidence Rates by Sex (Preliminary\*)

Primary Site	Total			Male			Female		
	Rate	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop
All Sites	422.4	10,474	2,001,619	453.1	5,570	1,007,099	398.1	4,904	994,520
Bladder	15.6	404	2,001,619	26.3	322	1,007,099	6.2	82	994,520
Brain - malignant	6.1	141	2,001,619	6.7	76	1,007,099	5.6	65	994,520
Brain and other CNS - non-malignant	18.8	437	2,001,619	12.2	142	1,007,099	25.1	295	994,520
Breast	68.9	1,627	2,001,619	1.4	17	1,007,099	134.2	1,610	994,520
Breast - in situ	14.3	329	2,001,619	0.0	0	1,007,099	28.5	329	994,520
Cervix	-	-	-	-	-	-	5.5	58	994,520
Colorectal	32.2	749	2,001,619	36.4	409	1,007,099	28.0	340	994,520
Corpus Uteri	-	-	-	-	-	-	22.6	285	994,520
Esophagus	4.2	109	2,001,619	7.6	94	1,007,099	1.1	15	994,520
Hodgkin Lymphoma	1.6	34	2,001,619	1.9	20	1,007,099	1.2	14	994,520
Kidney and Renal Pelvis	17.5	426	2,001,619	22.3	264	1,007,099	13.0	162	994,520
Larynx	1.6	45	2,001,619	2.8	37	1,007,099	0.5	8	994,520
Leukemia	14.9	355	2,001,619	18.9	217	1,007,099	11.3	138	994,520
Liver and Bile Duct	7.9	205	2,001,619	10.8	137	1,007,099	5.2	68	994,520
Lung and Bronchus	36.4	967	2,001,619	37.5	474	1,007,099	35.5	493	994,520
Melanoma of the Skin	30.7	740	2,001,619	37.4	441	1,007,099	24.9	299	994,520
Myeloma	7.4	186	2,001,619	9.0	108	1,007,099	6.1	78	994,520
Non-Hodgkin Lymphoma	15.6	384	2,001,619	18.2	215	1,007,099	13.4	169	994,520
Oral Cavity and Pharynx	14.1	350	2,001,619	20.7	252	1,007,099	8.1	98	994,520
Ovary	-	-	-	-	-	-	9.2	109	994,520
Pancreas	14.2	364	2,001,619	15.1	186	1,007,099	13.4	178	994,520
Prostate	-	-	-	123.3	1,648	1,007,099	-	-	-
Stomach	5.1	127	2,001,619	6.5	79	1,007,099	3.9	48	994,520
Testis	-	-	-	6.2	61	1,007,099	-	-	-
Thyroid	10.6	225	2,001,619	6.9	79	1,007,099	14.4	146	994,520
Pediatric Age 0 to 19	16.8	92	531,916	20.1	55	269,574	13.4	37	262,342

Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.

All Sites category includes additional primary sites not listed.

Grey shading on "Pediatric Age 0 to 19" denotes different underlying population, i.e. ages 0-19, than other primary sites displayed elsewhere in the table.

\* As of the publication date of this document, data are estimated to be 95% complete for 2024.

## 2024 Idaho Cancer Incidence Counts by Behavior (Preliminary\*)

Primary Site	In situ	Malignant
All Sites	1,447	10,280
Bladder	194	210
Brain	0	141
Breast	329	1,627
Cervix	0	58
Colorectal	37	749
Corpus Uteri	8	285
Esophagus	4	109
Hodgkin Lymphoma	0	34
Kidney and Renal Pelvis	8	426
Larynx	2	45
Leukemia	0	355
Liver and Bile Duct	0	205
Lung and Bronchus	2	967
Melanoma of the Skin	763	740
Myeloma	0	186
Non-Hodgkin Lymphoma	0	384
Oral Cavity and Pharynx	13	350
Ovary	2	109
Pancreas	1	364
Prostate	0	1,648
Stomach	1	127
Testis	0	61
Thyroid	1	225
Pediatric Age 0 to 19	1	92

All Sites category includes additional primary sites not listed.

Grey shading on "Pediatric Age 0 to 19" denotes different underlying population, i.e. ages 0–19, than other primary sites displayed elsewhere in the table.

\* As of the publication date of this document, data are estimated to be 95% complete for 2024.

## 2024 Idaho Cancer Incidence Counts by SEER Summary Stage (Preliminary\*)

Primary Site	In situ	Localized	Regional	Distant	Unstaged
All Sites	1,543	5,030	1,933	2,588	504
Bladder	221	195	24	34	14
Brain	0	121	14	4	9
Breast	317	1,130	376	79	12
Cervix	0	22	20	6	1
Colorectal	18	266	270	183	46
Corpus Uteri	5	200	62	25	11
Esophagus	1	26	40	53	14
Hodgkin Lymphoma	0	6	8	23	0
Kidney and Renal Pelvis	16	293	54	55	9
Larynx	2	24	16	2	1
Leukemia	0	0	0	348	7
Liver and Bile Duct	0	76	49	56	13
Lung and Bronchus	1	315	194	510	35
Melanoma of the Skin	855	592	57	29	11
Myeloma	0	0	0	142	5
Non-Hodgkin Lymphoma	0	102	44	226	29
Oral Cavity and Pharynx	17	102	157	30	28
Ovary	2	17	14	81	8
Pancreas	3	87	83	183	14
Prostate	0	992	212	159	47
Stomach	0	56	13	29	8
Testis	0	43	14	6	3
Thyroid	0	136	81	6	5
Pediatric Age 0 to 19	1	37	11	32	5

All Sites category includes additional primary sites not listed. Grey shading on "Pediatric Age 0 to 19" denotes different underlying population, i.e. ages 0–19, than other primary sites displayed elsewhere in the table.

Cases identified solely by death certificates are unstaged and are included in all tables of cancer incidence.

\* As of the publication date of this document, data are estimated to be 95% complete for 2024.

## 2024 Idaho Malignant Cancer Incidence Rates by Age (Preliminary\*)

Age at Diagnosis	Rate	Cases	Pop
00-04 years	16.6	19	114,514
05-09 years	9.3	12	128,383
10-14 years	13.2	18	136,280
15-19 years	28.2	43	152,739
20-24 years	35.4	48	135,598
25-29 years	55.8	72	128,987
30-34 years	101.5	134	132,043
35-39 years	138.2	180	130,207
40-44 years	230.1	304	132,143
45-49 years	341.8	407	119,091
50-54 years	492.3	546	110,899
55-59 years	684.3	739	107,996
60-64 years	1039.4	1,230	118,332
65-69 years	1495.7	1,712	114,460
70-74 years	1913.9	1,838	96,033
75-79 years	2099.1	1,476	70,315
80-84 years	2368.5	987	41,672
85+ years	2220.7	709	31,927

Rates are per 100,000.

\* As of the publication date of this document, data are estimated to be 95% complete for 2024.

### 2024 Idaho Cancer Mortality Rates by Sex (Final)

Cause of Death	Total			Male			Female		
	Rate	Deaths	Pop	Rate	Deaths	Pop	Rate	Deaths	Pop
All Causes of Death	714.9	16,751	2,001,619	805.1	8,866	1,007,099	626.8	7,885	994,520
All Malignant Cancers	134.8	3,374	2,001,619	155.3	1,832	1,007,099	117.9	1,542	994,520
Bladder	3.9	96	2,001,619	6.6	73	1,007,099	1.8	23	994,520
Brain and Other Nervous System	4.7	115	2,001,619	5.7	67	1,007,099	3.7	48	994,520
Breast	10.7	254	2,001,619	0.0	0	1,007,099	20.3	254	994,520
Cervix	-	-	-	-	-	-	1.0	11	994,520
Colorectal	12.1	298	2,001,619	12.8	150	1,007,099	11.6	148	994,520
Corpus Uteri	-	-	-	-	-	-	2.9	40	994,520
Esophagus	3.7	96	2,001,619	6.5	82	1,007,099	1.1	14	994,520
Hodgkin Lymphoma	0.0	0	2,001,619	0.0	0	1,007,099	0.0	0	994,520
Kidney	4.1	103	2,001,619	5.9	72	1,007,099	2.5	31	994,520
Larynx	0.8	21	2,001,619	1.4	18	1,007,099	0.2	3	994,520
Leukemia	6.2	151	2,001,619	8.4	95	1,007,099	4.3	56	994,520
Liver and Bile Duct	5.3	143	2,001,619	7.3	95	1,007,099	3.4	48	994,520
Lung and Bronchus	23.4	603	2,001,619	25.8	314	1,007,099	21.2	289	994,520
Melanoma of the Skin	2.7	67	2,001,619	3.5	41	1,007,099	2.0	26	994,520
Myeloma	2.1	54	2,001,619	2.9	35	1,007,099	1.4	19	994,520
Non-Hodgkin Lymphoma	4.1	101	2,001,619	5.2	58	1,007,099	3.3	43	994,520
Oral Cavity and Pharynx	2.9	72	2,001,619	3.7	44	1,007,099	2.2	28	994,520
Ovary	-	-	-	-	-	-	4.9	62	994,520
Pancreas	12.1	312	2,001,619	13.0	159	1,007,099	11.3	153	994,520
Prostate	-	-	-	20.9	226	1,007,099	-	-	-
Stomach	1.6	42	2,001,619	2.0	27	1,007,099	1.1	15	994,520
Testis	-	-	-	0.3	3	1,007,099	-	-	-
Thyroid	0.5	15	2,001,619	0.5	7	1,007,099	0.5	8	994,520

Data source: Bureau of Vital Records and Health Statistics (BVRHS), Idaho Department of Health and Welfare, 2025.  
 Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130) standard.  
 Cause of death categories are based on SEER cause of death recodes (<http://seer.cancer.gov/codrecode/>), which differ from official BVRHS cancer mortality categories. Death counts may differ from official BVRHS statistics due to late filings.

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