

# CANCER IN NEW HAMPSHIRE

The burden  
of disease in  
the State of  
New  
Hampshire,  
2012-2016

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# Cancer in New Hampshire, 2012-2016

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November 2019

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*Funding:*

Cancer in New Hampshire, 2012-2016 was supported by the *Cooperative Agreement 6* NH58DP006298-02-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the NH Division of Public Health Services, NH Healthy Lives Cancer Program and do not necessarily represent the views of the Centers for Disease Control and Prevention.

*Suggested Citation:*

Cancer in New Hampshire, 2012-2016. New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health Community Health Services, NH Healthy Lives, Cancer Program.

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## Report Information

The State of New Hampshire's, Division of Public Health Services is pleased to release this report about the burden of cancer in New Hampshire. The initial installation of the report includes information on cancer incidence in our state, with comparison populations provided for reference. This report will be updated on an ongoing basis in order to provide information for a more complete picture of the burden of disease. Future releases are anticipated to include cancer mortality data; chapters specific to certain types of cancer, which will include related risk and protective factor data; and special topics such as pediatric cancer. Announcements about future releases will be posted on the NH Healthy Lives website at <https://nhhealthylives.org/cancer/>, and on the NH DPHS Twitter page at <https://twitter.com/nhpubhealth>.

## Frequently Asked Questions

### 1. What is cancer?

Cancer is the term used for a group of more than 100 diseases, which develop when cells in the body grow and divide uncontrollably. Types of cancer are usually named for the organs or tissues where the disease forms, for example lung cancer or breast cancer; and are also described by cell type, for example, epithelial cell or squamous cell. Despite the fact that various types fit under the umbrella diagnosis of cancer, uncontrolled cell growth is by and large the only similarity between all of the different types. Different cancers have different risk factors and causes, symptoms, treatments, and after-care requirements.

### 2. Who is at risk of developing cancer?

Anyone can develop cancer, and risk increases with age. According to estimates from the Centers for Disease Control and Prevention (CDC), one in three people in the United States (US) will develop cancer in their lifetime.

### 3. How do we know how many cases of cancer have been diagnosed?

Cancer is tracked nationally through local cancer registries. The New Hampshire State Cancer Registry (NHSCR) is a population-based cancer surveillance program that collects incidence data on all cancers diagnosed or treated in the State of New Hampshire (NH). In addition, the registry collects incidence data for NH residents who are treated in certain other states where we know residents go to receive care. For every diagnosed case of cancer, the registry collects detailed information about the diagnosed case, including date of diagnosis, type of cancer, stage at diagnosis, and patient demographic information including residence at the time of diagnosis, age, race, and gender. While registry data can be used for research purposes, all names and data that could identify a person are kept confidential.

### 4. What can cancer registry data be used for?

Routine surveillance and analysis such as that displayed in this report can help us to understand the burden of disease in our state. Cancer data can be used to answer questions such as:

- Are more or fewer people getting colon cancer this year compared to last year?

- Are there parts of the state where women are finding out that they have breast cancer at a later stage, when it is harder to treat?
- What demographic groups are most likely to get skin cancer?

While there is great utility in registry data, it has its limitations. There is often the desire to use registry data to signal or identify potential cancer causing exposures in a geographic area. Lack of residential history data in the registry presents a challenge in assessing exposure within a specific region. The registry captures only the residence at the time of diagnosis; because populations are mobile, this means that a case attributed to a specific geography based on residence at diagnosis does not necessarily indicate lifetime or even lengthy exposure to the same area. The long period between exposure to a carcinogen and a diagnosis of cancer contributes further to this limitation.

#### **5. What data were used to estimate cancer incidence for this report?**

Data for this report were obtained directly from the NCHS as well as from United States Cancer Statistics (USCS), which collects de-identified cancer incidence data reported to state registries funded through the CDC's National Program of Cancer Registries (NPCR) and the National Cancer Institute's (NCI's) Surveillance, Epidemiology, and End Results (SEER) Program. Cancer surveillance data from these two programs are combined to include cancer incidence and population data for all 50 states, the District of Columbia, and Puerto Rico, providing information on more than 26 million cancer cases.

#### **6. How were incidence data analyzed for this report?**

Data were analyzed using the NCI's SEER\*Stat software. SEER\*Stat is a statistical software that provides a mechanism for the analysis of USCS data and other cancer-related databases. It allows the user to produce statistics for understanding and describing the impact of cancer on a population. To allow for replication and understanding, complete record of the criteria used for analysis are available upon request. See question 14 for contact information.

#### **7. What is a cancer incidence rate?**

A cancer incidence rate is defined as the number of new cancer cases that occur for a specified population at risk for developing the disease during a specified time period. Cancer rates are most commonly expressed as the number of cancers per 100,000 population. Rates allow us to compare groups of different population sizes.

#### **8. What data were used to estimate cancer mortality for this report?**

Mortality data for this report were produced using the United States Cancer Statistics - Mortality: 1999 - 2016, WONDER Online Database from United States Department of Health and Human Services, Centers for Disease Control and Prevention and the Surveillance, Epidemiology, and End Results (SEER) Program ([www.seer.cancer.gov](http://www.seer.cancer.gov)) SEER\*Stat Database: Mortality - All COD, Aggregated With State, Total U.S. (1990-2017) <Katrina/Rita Population Adjustment>, National Cancer Institute, DCCPS, Surveillance Research Program, released December 2019. Underlying mortality data were provided by the National Center for Health Statistics (NCHS) ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).



### **9. How were mortality data analyzed for this report?**

Mortality rates were analyzed using CDC WONDER (Wide-ranging Online Data for Epidemiologic Research). Trend data were analyzed using the NCI's SEER\*Stat software. SEER\*Stat is a statistical software that provides a mechanism for the analysis of USCS data and other cancer-related databases. It allows the user to produce statistics for understanding and describing the impact of cancer on a population. To allow for replication and understanding, complete record of the criteria used for analysis are available upon request.

### **10. What is a cancer mortality rate?**

A cancer mortality rate is defined as the number of deaths, with cancer as the underlying cause of death that occur in a specified population during a specified time period. Cancer mortality rates are most commonly expressed as the number of cancers per 100,000 population. Rates allow us to compare cancer deaths between groups of different population sizes.

### **11. What are age-adjusted rates and why are they used?**

An age-adjusted rate is statistically modified to account for the different age-distributions among populations. Age-adjustment is important when looking at cancer rates because cancer is a disease that is strongly associated with age. This means that geographic areas with an older population generally have more cases of cancer, and age-adjustment accounts for this factor. The rates in this report are age-adjusted using the 2000 U.S. standard population, and are expressed as the rate per 100,000 population unless otherwise specified.

### **12. What is a confidence interval?**

A confidence interval is an estimated range of values for a measure of interest, such as a rate, that has a specified probability of containing the true value for the population. The 95% confidence interval is one of the most common levels of confidence reported, and is what is used throughout this report. Year-to-year fluctuations in case counts and population estimates make the exact rate difficult to determine. With a 95% confidence interval, we can say that we are 95% certain that the true rate lies within the specified range.

### **13. What is an Annual Percent Change (APC)?**

Calculating an Annual Percent Change is one way to characterize trends in cancer rates over time. With this approach, the cancer rates are assumed to change at a constant percentage of the rate of the previous year. For example, if the APC is 1%, and the rate is 50 per 100,000 in 1990, the rate is  $50 \times 1.01 = 50.5$  in 1991 and  $50.5 \times 1.01 = 51.005$  in 1992. Rates that change at a constant percentage every year change linearly on a log scale.

### **14. What is meant by the term "significantly"?**

In this report, the term "significantly" is a statistical reference. It indicates that there is a true difference in rates between either the populations being compared, or that there has been a true increase or decrease over time.

### **15. What are case counts?**

Case counts are the number of people who have been diagnosed with cancer in a particular calendar year or span of years. Case counts are used as a basis to identify the most commonly diagnosed cancers.

### **16. Where can I find additional cancer data?**

Cancer data are available from a variety of credible sources, including the following:

- CDC, United States Cancer Statistics: Data Visualizations: <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
- CDC, CDC Wonder: United States Cancer Statistics: <https://wonder.cdc.gov/cancer.html>
- National Cancer Institute, State Cancer Profiles: <https://statecancerprofiles.cancer.gov/>
- NH DHHS, WISDOM: <https://wisdom.dhhs.nh.gov/wisdom/>

### **17. When will this report be updated?**

The current release of this report is limited to cancer incidence and mortality. The NH State Cancer Program plans to update the report to include more detailed information on cancers associated with specific risk factors, and other topics of interest and concern including pediatric cancers.

Announcements will be made by the NH DHHS on the NH Healthy Lives website

(<https://nhhealthylives.org/cancer>) and on the NH DPHS Twitter page

(<https://twitter.com/nhpubhealth>) as new sections are made available. In addition, the appendices will be updated on a yearly basis to include newly generated incidence data as new data become available.

### **18. Where can I obtain additional information about this report and the State of NH Cancer Program?**

Questions regarding the data in this report or about the State of NH Cancer Program can be directed to 603-271-4628 or can be sent to [NHHealthyLives@dhhs.nh.gov](mailto:NHHealthyLives@dhhs.nh.gov).

# Background

## The New Hampshire State Cancer Program

### Organizational Hierarchy

Organizationally, the State Cancer Program fits within the State of NH’s Department of Health and Human Services (DHHS), Division of Public Health Services, Bureau of Population Health & Community Service, NH Healthy Lives Section. Within this section, it is one of many programs “committed to achieving true improvements in people’s health by encouraging healthy personal behaviors.” Ultimately, the programs within the Section are all aimed at achieving the goals of “improving quality of life and extending years of healthy living for New Hampshire residents.”<sup>vi</sup>

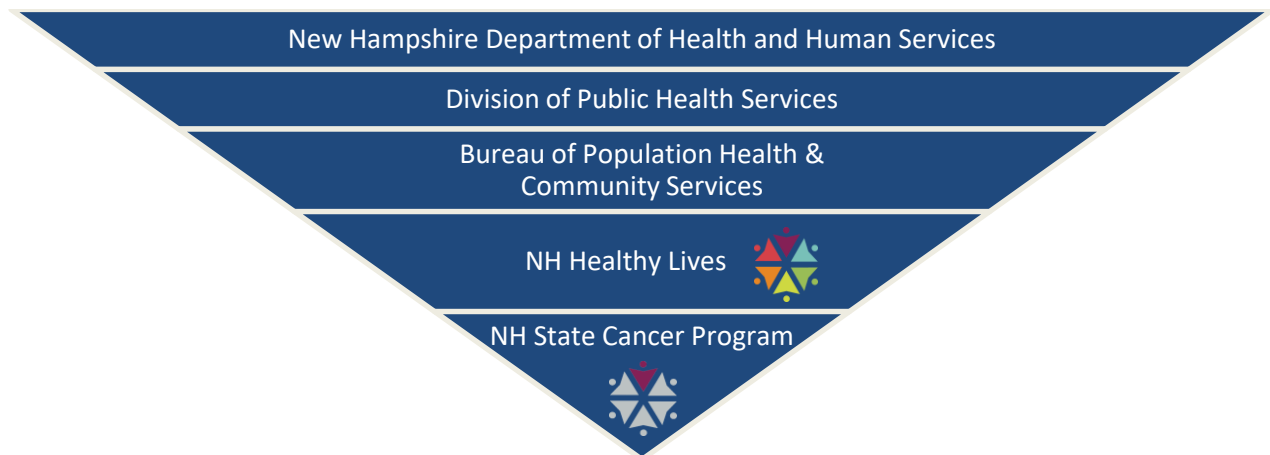


Figure 1. Hierarchical Structure of the NH State Cancer Program

### Program Staffing and Activities

The State Cancer Program is organized into three components, the Breast and Cervical Cancer Program, the Comprehensive Cancer Control Program, and the New Hampshire State Cancer Registry. As of fiscal year 2020, the three components have a total of 4.5 Full Time Equivalents, with additional support and administration of activities funded through contracts. With oversight from the NH Healthy Lives Section Administrator, the staff carries out activities aimed at:

- Collecting and reporting case data to better understand the burden of disease in our state,
- Improving breast and cervical cancer screening rates among uninsured and underinsured populations; and
- Partnering to find ways to reduce cancer incidence and to improve the lives of cancer survivors in NH.

The Colorectal Cancer Screening Program, was established and is administered by Dartmouth Hitchcock Medical Center. The Program works with health systems throughout NH to support the use of evidence based strategies to improve the quality and completion of colorectal cancer screening.

## Program Funding

The funding of the State Cancer Program, including the Breast and Cervical Cancer Program, the Comprehensive Cancer Control Program, and the NH State Cancer Registry, varies by year depending on the availability and receipt of grants and programmatic focus and activities. The primary source of funding is through a cooperative agreement with the CDC, with supplemental funding from a CDC Preventive Health Block Grant awarded to the state, and State of NH General Funds, which are required as a maintenance of effort. The table and figures below provide further detail about funding by component and source for state fiscal year 2020.

Table 1. State Cancer Program funding, fiscal year 2020

Component	Source	Amount
Breast & Cervical Cancer Screening Program	CDC Grant 1701 (CFDA 93.898)	\$ 1,000,000.00
	NH General Funds Maintenance of Effort	\$ 170,000.00
Comprehensive Cancer Control Program	CDC Grant 1701 (CFDA 93.898)	\$ 335,041.00
NH State Cancer Registry	CDC Grant 1701 (CFDA 93.898)	\$ 615,000.00
	NH General Funds Maintenance of Effort	\$ 150,000.00
	CDC Preventive Health Block Grant	\$ 69,611.00
<b>Total NH State Cancer Program Funding</b>		<b>\$ 2,339,652.00</b>

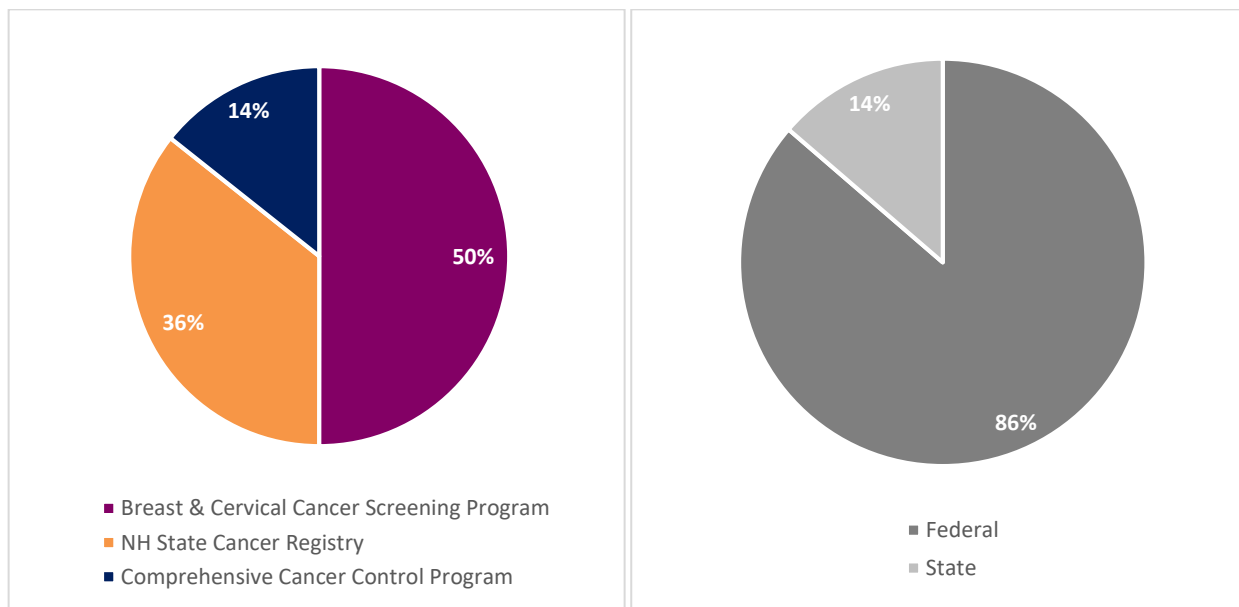


Figure 2. Proportion of NH Cancer Program funding by component and source, fiscal year 2020

As mentioned previously, in addition to the three components managed within the State Cancer Program, the Colorectal Cancer Control Program is administered by Dartmouth Hitchcock Medical Center. The figure below provides detail about overall funding and administration of the State Cancer Program and the Dartmouth administered cancer program.

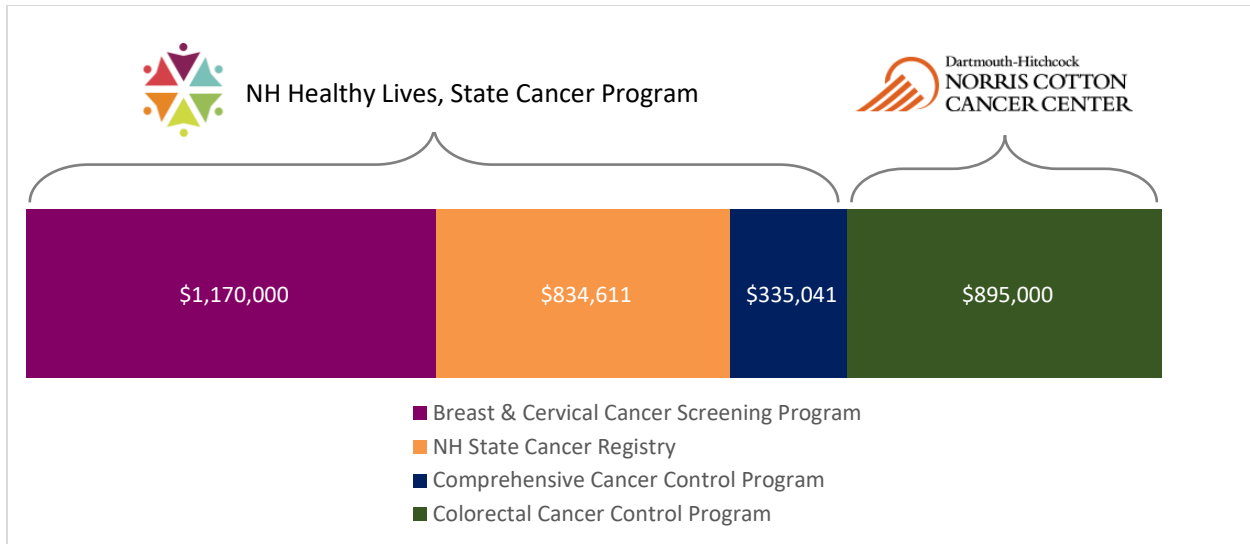


Figure 3. Funding and administration by component, fiscal year 2020

## The New Hampshire State Cancer Registry

The New Hampshire State Cancer Registry (NHSCR) is a statewide, population-based cancer surveillance program that collects incidence data on all cancers diagnosed or treated in residents of the State.<sup>1</sup> The registry was established in 1985, under the authority of NH Chapter 141-B, The Chronic Disease Prevention, Assessment and Control Act. The law not only established the registry, but also authorizes the collection of specific data elements ([Chapter 141-B](#)). In 1992, Congress enacted the Cancer Registries Amendment Act ([Public Law 102-15](#)), authorizing the CDC to administer the National Program of Cancer Registries (NPCR). The federal law supported the improvement of cancer control efforts by encouraging the development of state level registries and uniformity of data across new and existing registries. The NHSCR is a member of the NPCR. Within DHHS, Division of Public Health Services, data stewardship of the NHSCR is managed by the Bureau of Public Health Statistics and Informatics. Since the establishment of the NHSCR, operations have been contracted to the Geisel School of Medicine at Dartmouth by the NH DHHS Division of Public Health Services.

### Aims

NHSCR has the following aims:

1. To maintain an incidence reporting system for the estimation of cancer rates in NH.
2. To provide information to help public health officials and agencies in the planning and evaluation of cancer prevention and control programs, and in response to community concerns about cancer.
3. To be an informational resource for investigation of cancer and its causes by researchers.

### Data Collection

As required by NH Law and the NH Administrative Rules<sup>2</sup>, the NHSCR collects reports from NH hospitals and free standing radiation oncology centers; physician practices; out-of-state pathology laboratories;

<sup>1</sup> <http://geiselmed.dartmouth.edu/nhscr/>

<sup>2</sup> <http://www.gencourt.state.nh.us/rsa/html/nhtoc/NHTOC-X-141-B.htm> and [http://www.gencourt.state.nh.us/rules/state\\_agencies/he-p300.html](http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html)

other states with which NH has a data exchange agreement, and the Veterans Administration in Washington DC. Data from death certificates are added each year, including vital status for matched cases in the registry to help us to better understand survival. In addition, a review of the death certificates can help us to identify missing cases, which are then followed up on for confirmation of diagnosis. The Registry has a consistent record of high quality cancer data collection, recognized by national certifications of excellence by the Centers for Disease Control and Prevention, and the North American Association of Central Cancer Registries.

## Funding

NHSCR is funded through a contract with the NH DHHS, established with funds from the Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries and by maintenance of effort state general funds. The Geisel School of Medicine at Dartmouth and the tumor registrars employed at health systems throughout the state provide us with a required 1 to 3 in-kind match for the federal dollars received.

## Use and Limitations of Data

### Data Use

Because high quality data are collected for the whole population, cancer rates can be tracked over time; compared between NH and other states; and compared between different NH regions. Aggregate data and summary reports are posted on-line<sup>3</sup> and NH is included in many national reports<sup>4</sup>. Data can be used in response to community concerns; linked to other databases for a variety of projects; used to inform local/national public health efforts; and released to qualified scientists for approved research. NHSCR maintains a list of more than 20 public health reports and 300 scientific papers that used NH data to contribute to our understanding of national and local issues e.g. on arsenic, radon, smoking, travel issues for cancer patients, cancer care patterns.

### Limitations to Cancer Registry Data

1. There is no penalty in NH law for non-reporting. Sometimes, delays in receiving reports from some facilities can affect data completeness in the short term.
2. NH's small population size often makes it difficult to draw concrete conclusions from statistical analyses; public expectations in response to community concerns about cancer often exceed the capability of the science.
3. Given current resources it is not feasible to collect data on patients' previous residences, occupational history or environmental exposures in the registry, which can limit cluster investigations.
4. High quality data collection is expensive; gaps in funding or data collection would limit NH's ability to monitor cancer trends.

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<sup>3</sup> <https://wisdom.dhhs.nh.gov/wisdom/#main> and <https://www.dhhs.nh.gov/dphs/hsdm/cancer/publications.htm>

<sup>4</sup> <https://seer.cancer.gov/resources/>; <http://www.cancer-rates.info/naaccr/>; <https://wonder.cdc.gov/cancer.html>; <https://www.cdc.gov/cancer/npcr/tools.htm>

## Staffing

The New Hampshire State Cancer Registry is located at Dartmouth College. Current staff include four certified tumor registrars, database/registry manager, a data entry clerk, and part-time director/epidemiologist.

## New Hampshire Demographic Profile

Based on data from the American Community Survey (ACS) 2003-2017 5-Year Estimates, NH is home to over 1.3 million residents. Consistent with the US, the gender split is fairly even, but differences between the populations of NH and the US are evident on other characteristics. NH adults are more likely to have graduated from high school when compared to the population of the US; and are more likely to go on to obtain a bachelor's degree or higher. A lower proportion of NH residents experience poverty when compared to the US; and mean and median household incomes are higher. NH residents are also more likely to have health insurance coverage, an important factor when considering access to preventive care, cancer screening, and treatment.

While the statewide demographic estimates for New Hampshire may not garner immediate concern, a closer look at the data by census tract highlights that certain geographic areas carry the burden of low socioeconomic status at a disproportionately high rate. Data from the ACS show that while the overall poverty rate for the State is 9%, in some communities, nearly half of the population lives in poverty. Similarly, there are communities within the State where nearly a third of the population aged 25 and older have not completed high school; and communities where close to a third of the population lack health insurance.

Nine percent of New Hampshire residents are of a racial and/or ethnic minority, compared to 38 percent nationally. According to the US Census Bureau, as of 2017, NH has the second highest median age among states in the nation, preceded only by our neighboring state, Maine. According to research conducted by the University of New Hampshire's Carsey Institute for Public Policy, the state's higher median age is a reflection of a large baby boomer population; as such, it is expected that our aging population will grow rapidly over the next two decades.<sup>5</sup> The age and racial composition of New Hampshire's population is relevant when considering that certain cancers vary across racial and ethnic populations and risk increases with age for most cancers.

Table 2. Select demographic and socioeconomic characteristics, 2013-2017

Measure	NH	US
Total population	1,331,848	321,004,407
<b>Sex and age</b>		
Male	49.50%	49.20%
Female	50.50%	50.80%
Median age	42.7	37.8
Ages 65+	16.50%	14.90%
<b>Race and ethnicity</b>		
Racial and/or ethnic minority	9.1%	38.5%

<sup>5</sup> Johnson, Kenneth. (2012), New Hampshire Demographic Trends in the Twenty-First century, University of New Hampshire, Carsey Institute

Educational attainment		
High school graduate or higher	92.80%	87.30%
Bachelor's degree or higher	36.00%	30.90%
Income* and poverty status		
Median household income	\$71,305	\$57,652
Mean household income	\$91,605	\$81,283
Below federal poverty level (FPL)	8.10%	14.60%
Health care coverage		
No health insurance	7.50%	10.50%

Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

## Cancer Incidence

Cancer incidence is defined as the number of newly diagnosed cancer cases during a specific time period. It is generally expressed as a rate; for the purpose of this report, rates are age adjusted to allow for comparison across regions, and are expressed per 100,000 population. Because cancer is not a single disease, but instead a group of more than 100 diseases with different risk factors, rates are displayed separately by cancer type.

While cancer is commonly thought of as a rare diagnosis, it is estimated that as many as 39% of those born in the US will be diagnosed with cancer at some point during their lifetime. Males are more likely to develop cancer than females; and individuals who are white and not Hispanic are at a higher risk of developing cancer.

Table 3. Lifetime risk of developing cancer by race and sex, US, 2014-2016

Sex	All Races (includes Hispanic)			Non-Hispanic White		
	Risk (%)	95% CI		Risk (%)	95% CI	
Both Sexes	39.3	39.2	39.4	40.4	40.3	40.5
Female	38.7	38.6	38.8	40.2	40.1	40.3
Male	40.1	40.0	40.3	40.8	40.7	40.9

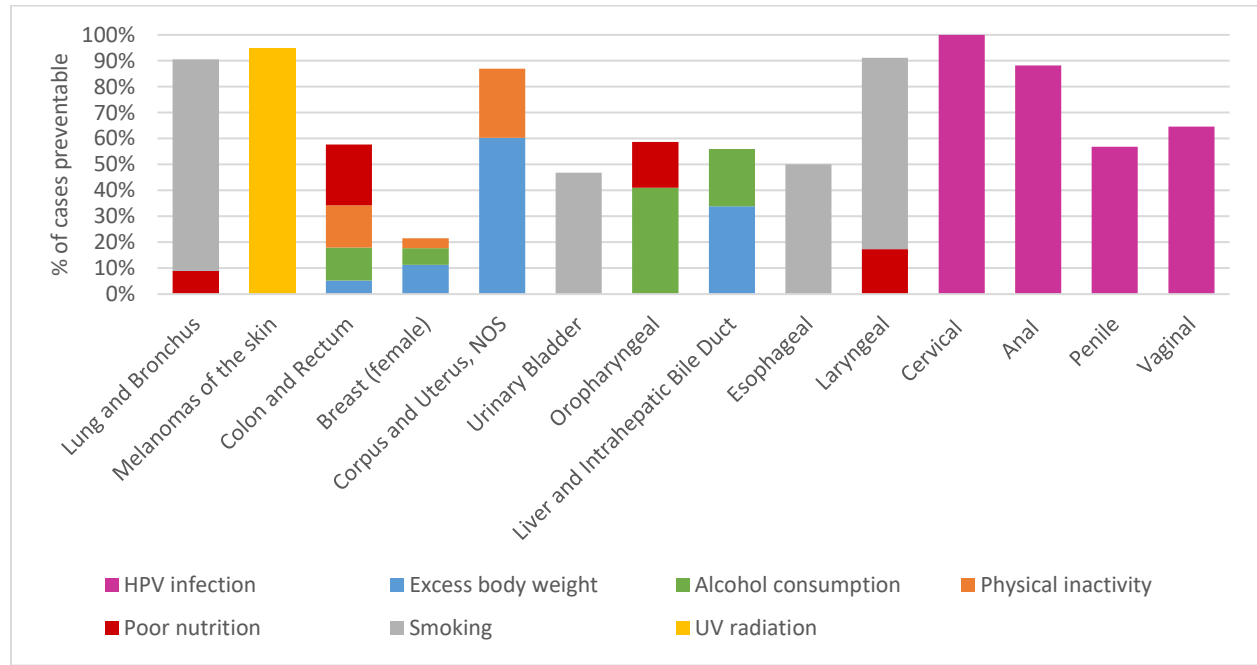
Data Source: Underlying Incidence data are from the SEER 21 areas [<http://seer.cancer.gov/registries/terms.html>] (San Francisco, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta, San Jose-Monterey, Los Angeles, Alaska Native Registry, Rral Georgia, California excluding SF/SJM/LA, Kentucky, Louisiana, New Jersey, Georgia excluding ATL/RG, Idaho, New York and Massachusetts). Created by [seer.cancer.gov/explorer/application.php](http://seer.cancer.gov/explorer/application.php) on 08/22/2019 9:11 am.

The probability of developing a specific type of cancer depends on many factors, including age, race, family history, genetics, and the prevalence of risk factors such as tobacco use, obesity, alcohol consumption, cancer associated infections such as human papilloma virus (HPV), ultraviolet radiation exposure, and exposure to other environmental risk factors. While some risk factors such as age and family history cannot be avoided, other risk factors are modifiable; this means that action can be taken to reduce risk.

Research published by the American Cancer Society (ACS) estimates that 42% of incident cancer cases in the US are linked to modifiable risk factors, meaning that a large proportion of cancers could be prevented. The study looked at incidence cancers among adults aged 30 and older. For select modifiable risk factors, the contribution to overall cancer incidence was analyzed; cigarette smoking topped the list,



accounting for 19% of all cancer cases nationally. Excess body weight accounted for 7.8% of cancer cases in the United States, followed by alcohol consumption (5.6% of cases), ultraviolet radiation (4.7% of cases) and physical inactivity (2.9% of cases).<sup>6</sup> Research conducted by the ACS was applied to 2012 to 2016 incidence data from the NHSCR to estimate the number and percent of cancer cases that could be prevented in our state per year; results are displayed in the figure below by cancer type and risk factor.



Cancer type	Total % of cases preventable	Total # of cases preventable
Lung and Bronchus	91%	968
Melanomas of the skin	95%	468
Colon and Rectum	58%	354
Breast (female)	22%	272
Corpus and Uterus, NOS	87%	260
Urinary Bladder	47%	213
Oropharyngeal	59%	121
Liver and Intrahepatic Bile Duct	56%	58
Esophageal	50%	57
Laryngeal	91%	47
Cervical	100%	34
Anal	88%	29
Penile	57%	4
Vaginal	65%	3

Figure 4. Estimated percent and number of preventable cancer cases per year by cancer type, NH, based on 2012-2016 NHSCR data and ACS research

<sup>6</sup> Islami, F., Goding Sauer, A., Miller, K. D., Siegel, R. L., Fedewa, S. A., Jacobs, E. J., McCullough, M. L., Patel, A. V., Ma, J., Soerjomataram, I., Flanders, W. D., Brawley, O. W., Gapstur, S. M. and Jemal, A. (2018), Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. CA: A Cancer Journal for Clinicians, 68: 31-54. doi:10.3322/caac.21440

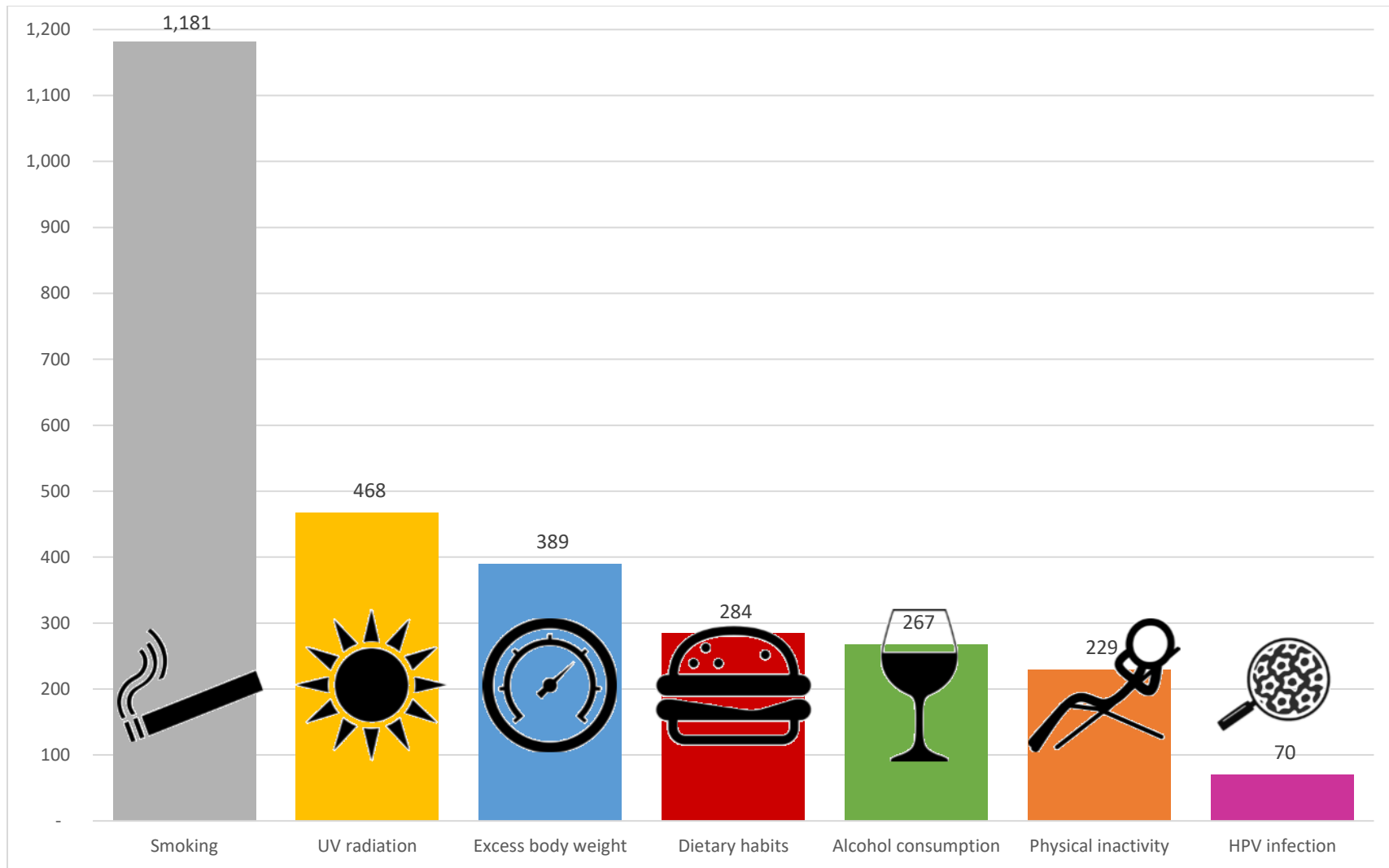


Figure 5. Estimated number of cancer cases that could be prevented per year by risk factor modification, NH, based on 2012-2016 NHSCR data and ACS research

\*Dietary habits includes red meat consumption, processed meat consumption, low calcium intake, low fiber intake, and low fruit and vegetable intake.

## Most Commonly Diagnosed Cancers in New Hampshire- Both Sexes Combined

Consistent with methodology used by the Centers for Disease Control and Prevention (CDC), the most commonly diagnosed cancers are classified as such based on the number of cases. This section describes incidence for the most commonly diagnosed cancers in NH when considering both sexes combined.

### Count of Cases

The ten most commonly diagnosed cancers among NH residents during the five-year period of 2012 through 2016 are included in the figure below.

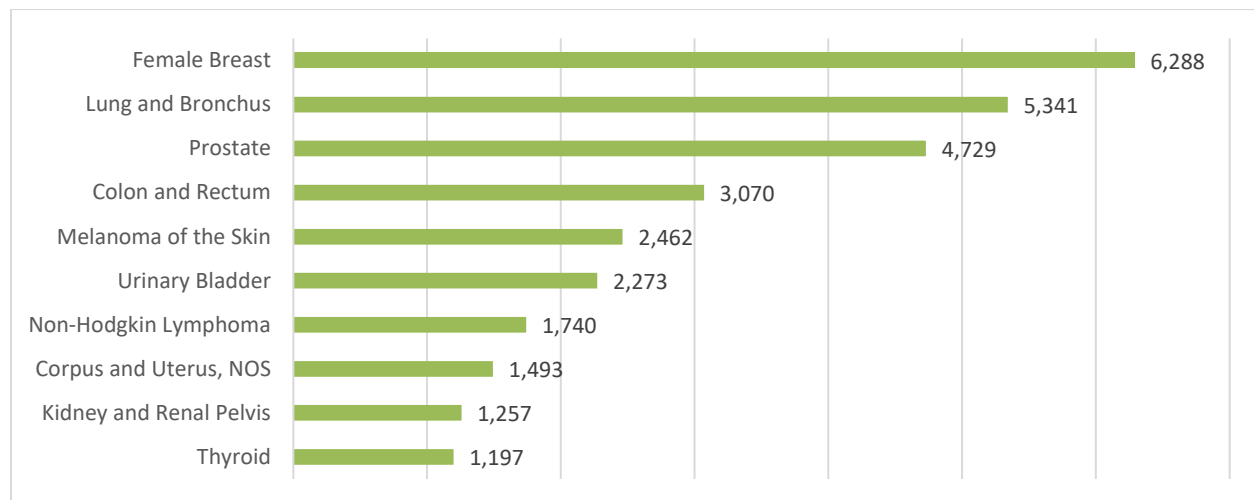


Figure 6. Count of the ten most frequently diagnosed cancers in NH, 2012-2016, both sexes

Combined, these types of cancer accounted for 29,850 cases over the course of five years. The most frequently diagnosed cancers at the state level are largely consistent with what the data show nationally in terms of cancer type and order of frequency.

In 2016, 8,201 NH residents, or about 0.6% of the State's population, were diagnosed with cancer. It's estimated that as of 2016, an additional 61,248 NH residents, or 4.6% of the State's population, were living after a cancer diagnosis. This estimate is based on prevalence statistics at the national level, which are derived from incidence and survival data.<sup>7</sup> The figure on the following page shows the number of NH residents diagnosed during 2016 by cancer type, as well as the estimated number of residents living after a cancer diagnosis, and those who have not been diagnosed.

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<sup>7</sup> US 2016 cancer prevalence estimates are based on 2016 cancer prevalence proportions from the SEER 13 Areas (excluding the Alaska Native Registry) and 1/1/2016 US population estimates based on the average of 2015 and 2016 population estimates from the US Bureau of the Census. The Alaska Native Tumor Registry only includes cases diagnosed among Alaska Natives and is excluded from the analysis to avoid bias in the underlying calculations. Based on US, white, non-Hispanic population, prevalence based on diagnosis in the last 24 years. <https://seer.cancer.gov/explorer/>

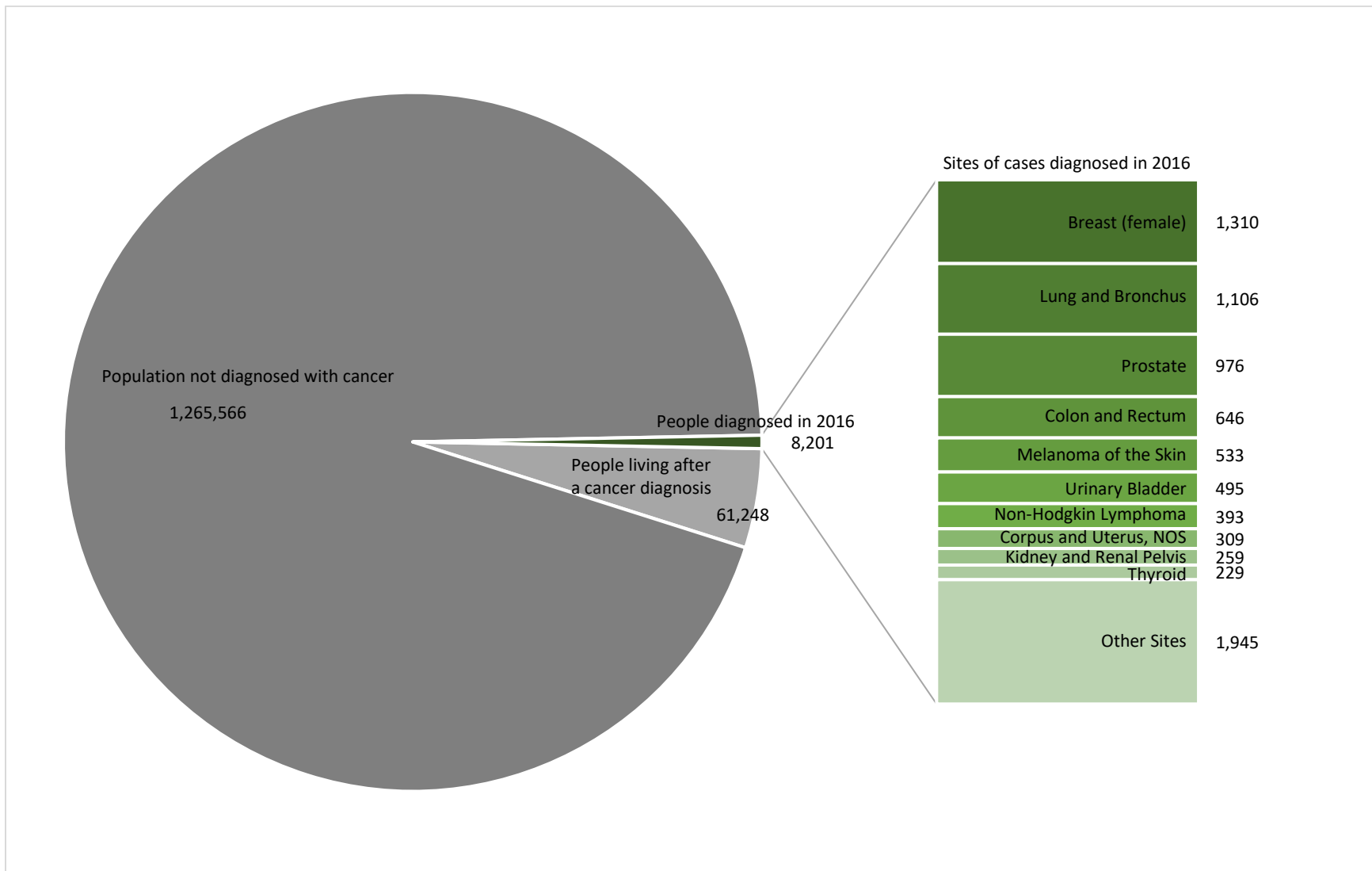


Figure 7. Estimated cancer diagnosis status of the New Hampshire population as of 2016, both sexes

Because cancer affects males and females differently, we take a closer look at the most commonly diagnosed cancers by sex in the following sections.

### Most Commonly Diagnosed Cancers in New Hampshire- Females

This section describes incidence for the most commonly diagnosed cancers in NH among the female population, designated based on the count of cases.

#### Count of Cases

The ten most commonly diagnosed cancers among NH females during the five-year period of 2012 through 2016 are included in the figure below.

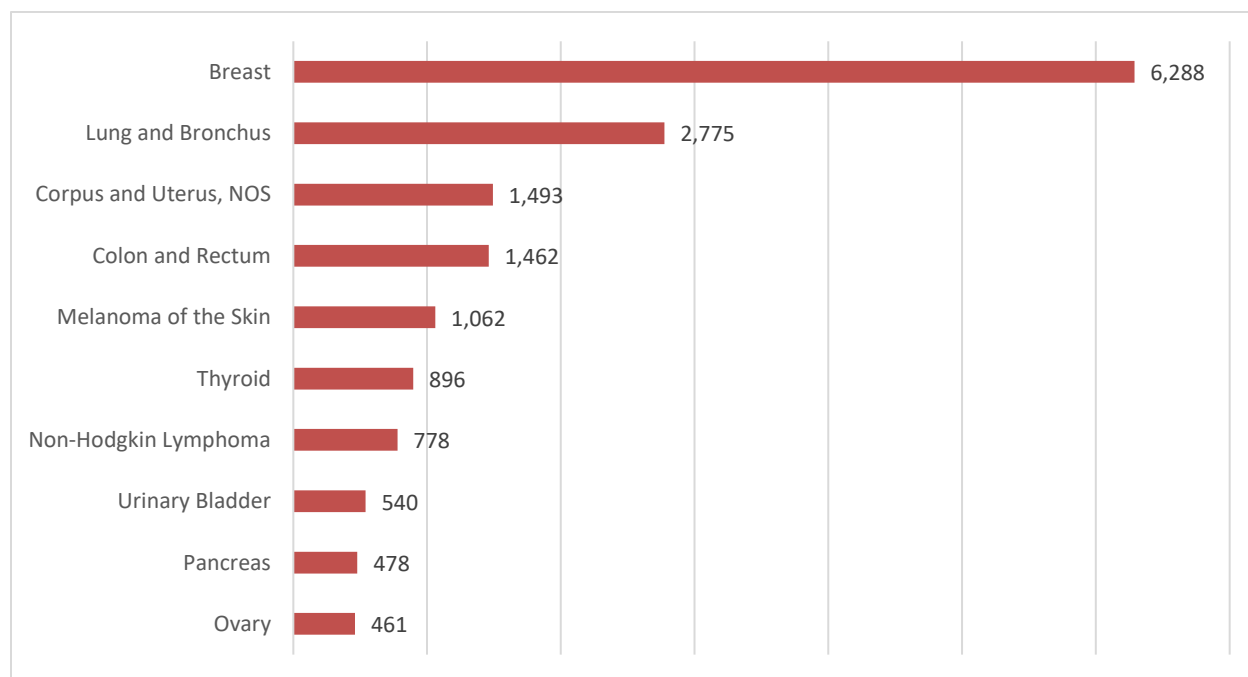


Figure 8. Count of the ten most frequently diagnosed cancers in NH, 2012-2016, females

Combined, these types of cancer accounted for 16,233 cases over the course of five years. The most frequently diagnosed cancers at the state level are largely consistent with what the data show nationally in terms of cancer type and order of frequency; however, some differences in the type of cancers and rank of cancers vary between the geographies. At the national level, colorectal cancer is more frequently diagnosed than uterine cancer; thyroid cancer is more frequently diagnosed than melanomas of the skin; pancreatic cancer is the eighth most common cancer, followed by kidney and renal pelvis cancers and ovarian cancer. Urinary bladder cancer is not one of the ten most frequently diagnosed cancers at the national level.

In 2016, 4,095 NH females, or about 0.6% of the State's female population, were diagnosed with cancer. It's estimated that as of 2016, an additional 31,951 NH females, or 4.7% of the State's female population, were living after a cancer diagnosis. The figure on the following page shows the number of NH females diagnosed during 2016 by cancer type, as well as the estimated number of females living after a cancer diagnosis, and those who have not been diagnosed.

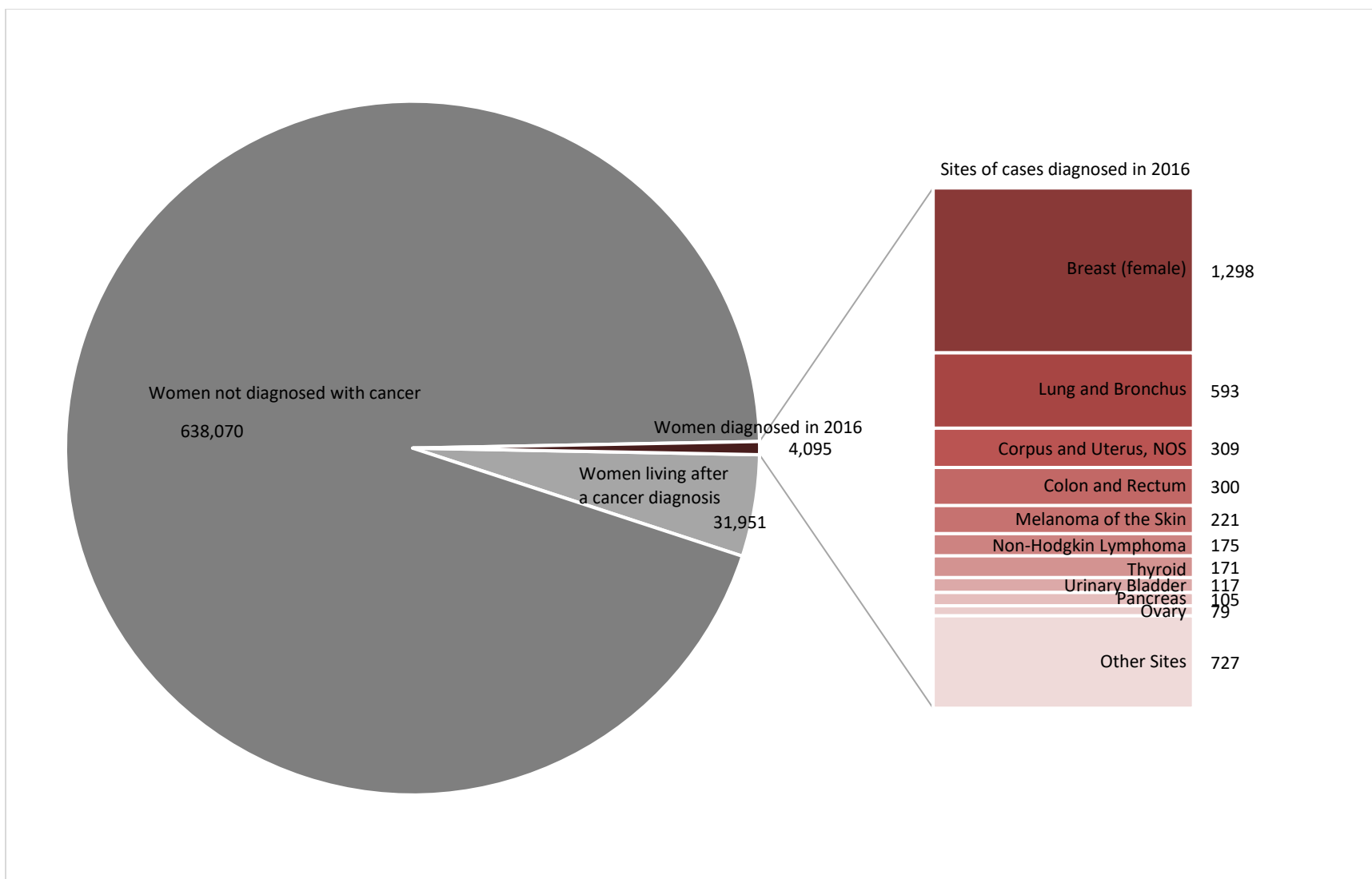


Figure 9. Estimated cancer diagnosis status of the New Hampshire population as of 2016, females

## Incidence Comparison

To allow for comparison of NH data to the data of other geographic regions, age-adjusted rates were calculated. The chart below shows the age-adjusted incidence rates for the highest incident cancers among NH females compared to rates in the New England region and the US. NH's demographic profile varies from the US, with 90.9% of the population in NH being white and not Hispanic or Latino, compared to 61.5% nationally.<sup>8</sup> Because we know that race and ethnicity are risk factors for some types of cancer, incidence rates in NH are also compared to the white non-Hispanic population of the US.

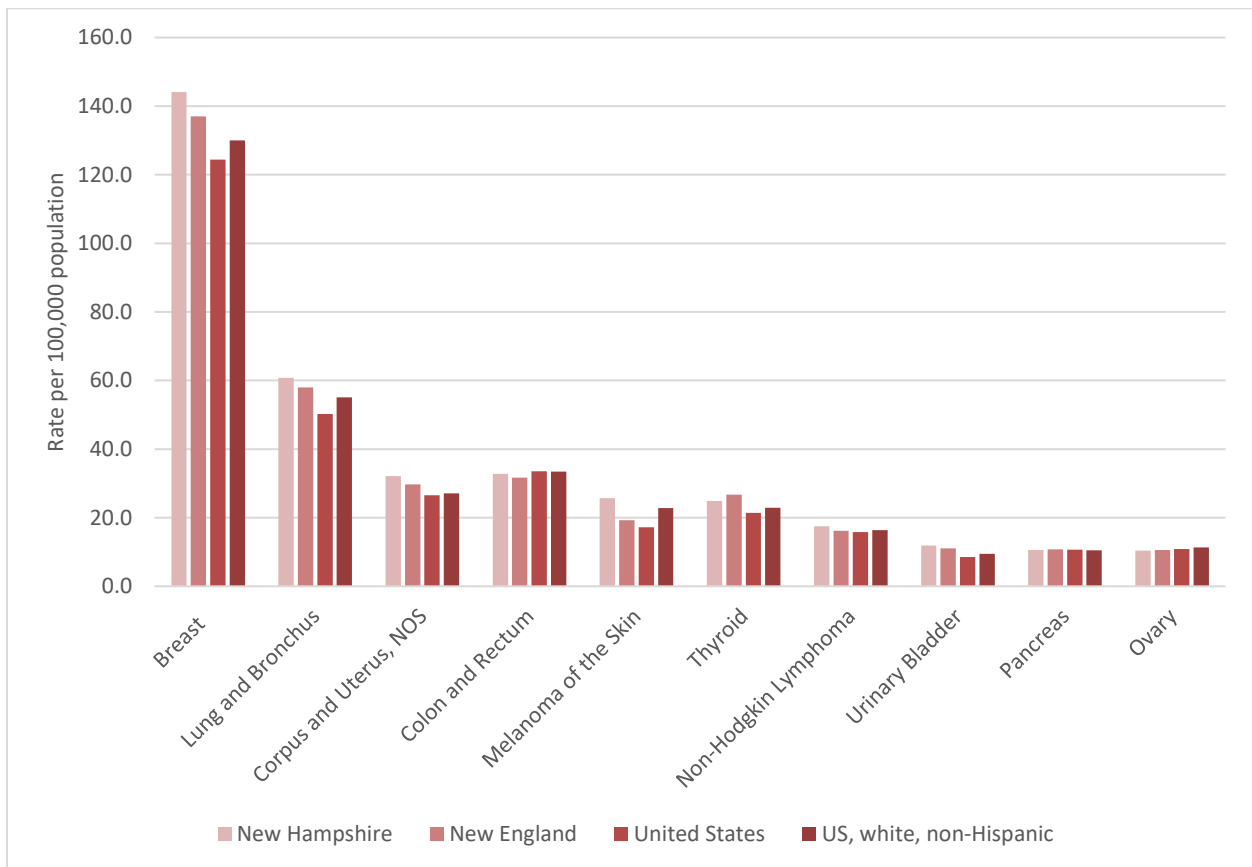


Figure 10. Comparison of Incidence for top 10 cancers among females in NH based on frequency of diagnosis, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

To better understand the complete picture of incidence for the most common cancers diagnosed among females in NH, additional detail is included by cancer type, including a closer look at the 5-year incidence statewide and 10-year trends. Note that chart Y-axis vary by cancer type based on reported incidence.

<sup>8</sup> United States Census Bureau/American Fact Finder. 2013-2017 American Community Survey 5-Year Estimates. DP05: ACS Demographic and Housing Estimates.[accessed: September 17, 2019]. URL: [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_17\\_5YR\\_DP05&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP05&prodType=table)

## Breast Cancer

Breast cancer is the most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 1,258 NH females were diagnosed with breast cancer per year. The rate of breast cancer in NH is significantly higher than the rates for New England, the US overall, and for the US white, non-Hispanic population.

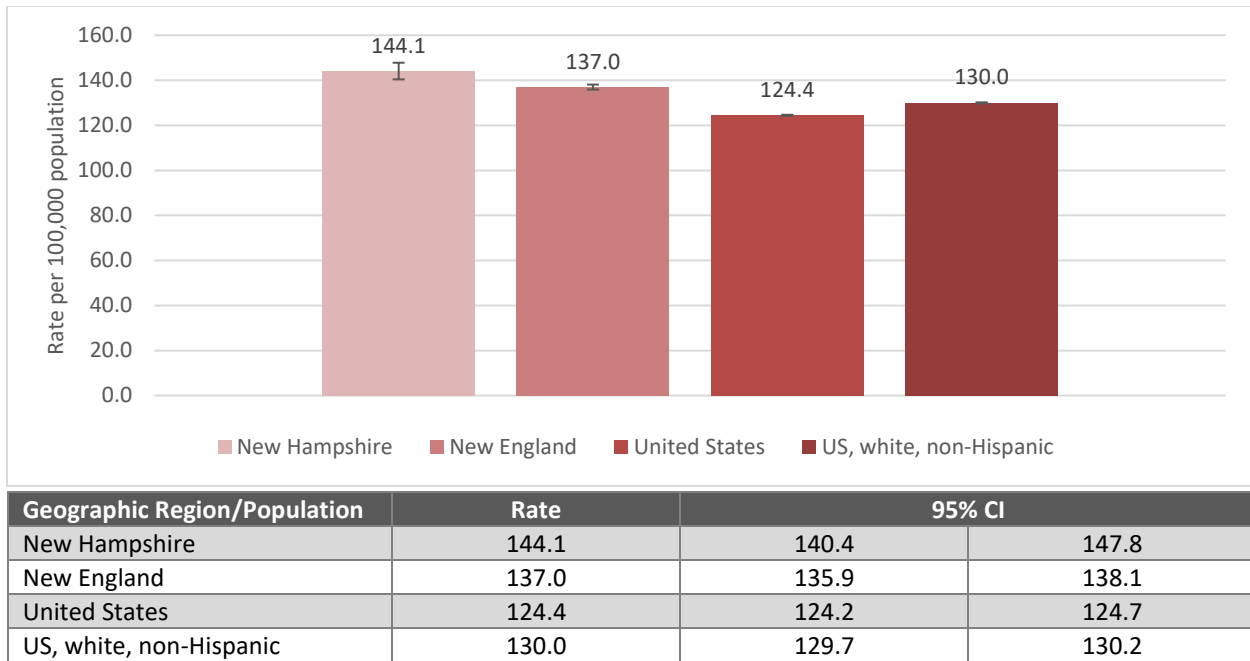


Figure 11. Age-adjusted breast cancer incidence, females 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of breast cancer among females in NH increased significantly with an annual percent change (APC) of 1.4. Other geographic regions and populations assessed did not show a significant change.

Table 4. 10-year trends in breast cancer incidence, females, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	1.4*	0.0	0.5	2.2
New England	0.3	0.1	-0.1	0.7
United States	0.1	0.2	-0.1	0.4
US, white, non-Hispanic	0.2	0.1	0.0	0.5

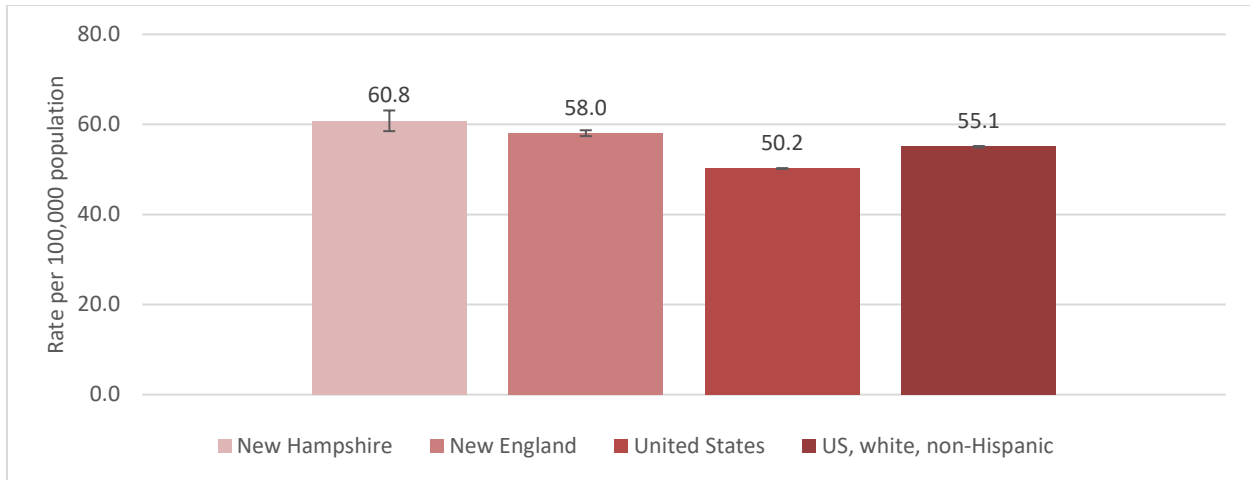
Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

## Lung Cancer (Lung and Bronchus)

Lung cancer is the second most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 555 NH females were diagnosed with lung cancer per year. The rate of lung cancer among females in NH is significantly higher than the rates for females in the US overall, and for the US white, non-Hispanic population of females.





Geographic Region/Population	Rate	95% CI	
New Hampshire	60.8	58.5	63.1
New England	58.0	57.4	58.7
United States	50.2	50.1	50.3
US, white, non-Hispanic	55.1	54.9	55.2

Figure 12. Age-adjusted lung cancer incidence, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of lung cancer among females did not change significantly in NH. The rate decreased significantly across all other geographic regions and populations assessed. In New England, the APC was -1.2. The APCs for the US overall and for the white, non-Hispanic population of the US were -1.4 and -1.2 respectively.

Table 5. Trends in lung cancer incidence, females, 2007-2016

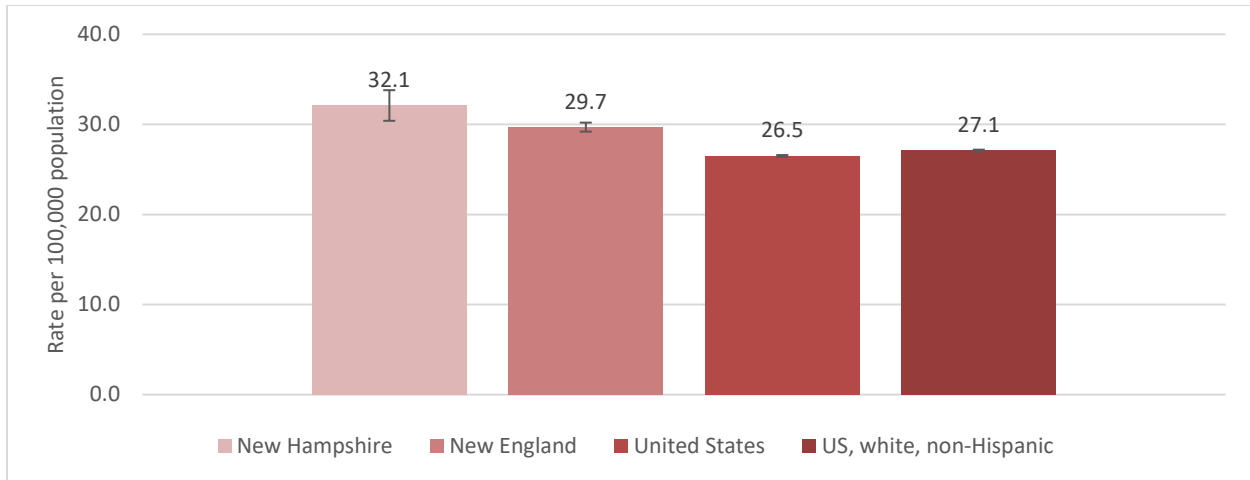
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	0.0	1.0	-0.9	0.9
New England	-1.2*	0.0	-1.6	-0.8
United States	-1.4*	0.0	-1.6	-1.2
US, white, non-Hispanic	-1.2*	0.0	-1.4	-0.9

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Uterine Cancer (Corpus and Uterus, NOS)

Uterine cancer is the third most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 299 NH females were diagnosed with uterine cancer per year. The rate of uterine in NH is significantly higher than the rates for females in New England, the US overall, and for the US white, non-Hispanic population of females.



Geographic Region/Population	Rate	95% CI	
New Hampshire	32.1	30.4	33.8
New England	29.7	29.2	30.2
United States	26.5	26.4	26.6
US, white, non-Hispanic	27.1	27.0	27.2

Figure 13. Age-adjusted uterine cancer incidence, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of uterine cancer did not change significantly in NH or in New England. The rate increased significantly in the US and among the US white, non-Hispanic population, with APCs of 1.2 and 1.0 respectively.

Table 6. Trends in uterine cancer incidence, 2007-2016

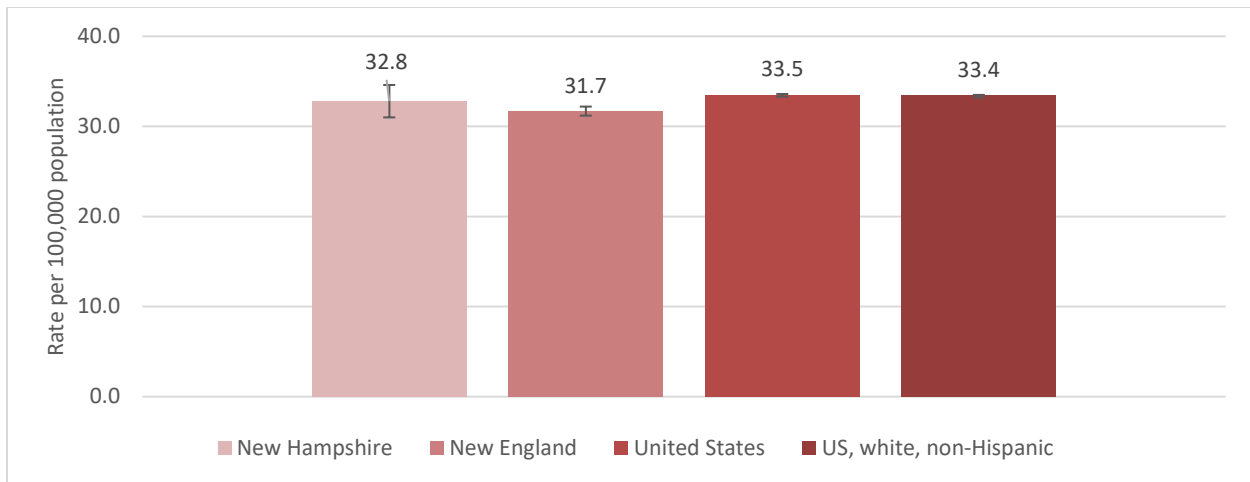
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	0.2	0.7	-1.1	1.5
New England	-0.3	0.2	-0.7	0.1
United States	1.2*	0.0	1.1	1.4
US, white, non-Hispanic	1.0*	0.0	0.8	1.1

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Colorectal Cancer (Colon and Rectum)

Colorectal cancer is the fourth most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 292 NH females were diagnosed with colorectal cancer per year. While the rate of colorectal cancer among females in NH is slightly lower than rates for females in the US overall and for the white, non-Hispanic population of females in the US, incidence rates of colorectal cancer do not appear to be significantly different across the geographic regions and populations assessed.



Geographic Region/Population	Rate	95% CI	
New Hampshire	32.8	31.0	34.6
New England	31.7	31.2	32.2
United States	33.5	33.3	33.6
US, white, non-Hispanic	33.4	33.2	33.5

Figure 14. Age-adjusted colorectal cancer incidence, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of colorectal cancer among females decreased significantly across all geographic regions and populations assessed. In NH, the APC was -2.8; in New England, the APC was -3.5. The APCs for the US overall and for the white, non-Hispanic population of the US were -2.4 and -2.4 respectively.

Table 7. Trends in colorectal cancer incidence, females, 2007-2016

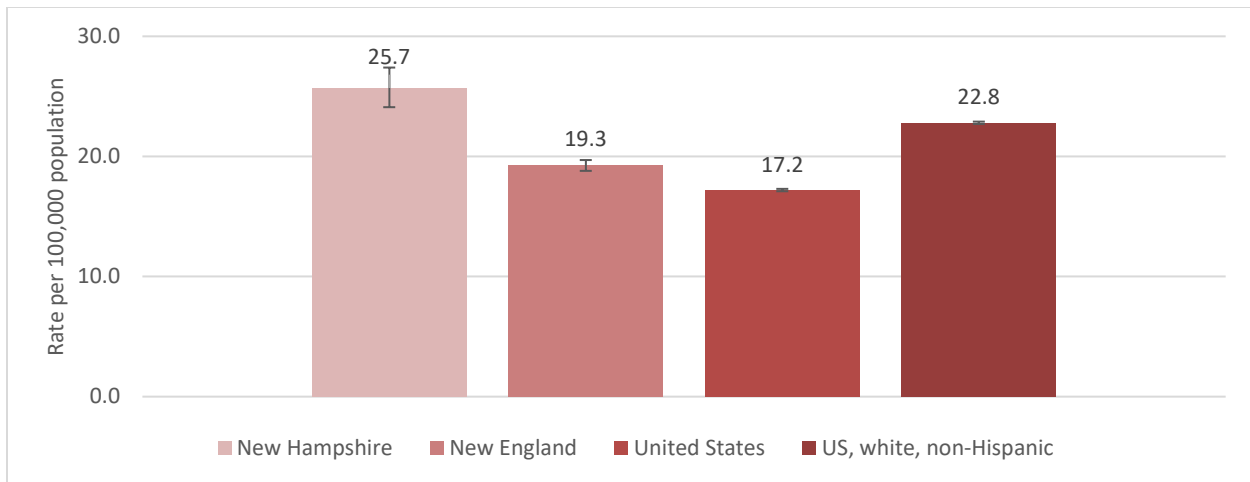
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-2.8*	0.0	-4.4	-1.2
New England	-3.5*	0.0	-4.1	-2.9
United States	-2.4*	0.0	-2.9	-1.8
US, white, non-Hispanic	-2.2*	0.0	-2.8	-1.6

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Melanoma of the Skin

Melanoma of the skin is the fifth most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 212 NH females were diagnosed with melanoma of the skin per year. The rate of melanoma of the skin among NH females is significantly higher than the rates for females in New England, the US overall, and for the US white, non-Hispanic population of females.



Geographic Region/Population	Rate	95% CI	
New Hampshire	25.7	24.1	27.4
New England	19.3	18.8	19.7
United States	17.2	17.1	17.3
US, white, non-Hispanic	22.8	22.7	22.9

Figure 15. Age-adjusted melanoma of the skin incidence, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of melanoma of the skin among females increased significantly across all geographic regions and populations assessed, except New England. In NH, the APC was 3.3. The APCs for the US overall and for the white, non-Hispanic population of the US were 1.4 and 1.7 respectively.

Table 8. Trends in melanoma of the skin incidence, females, 2007-2016

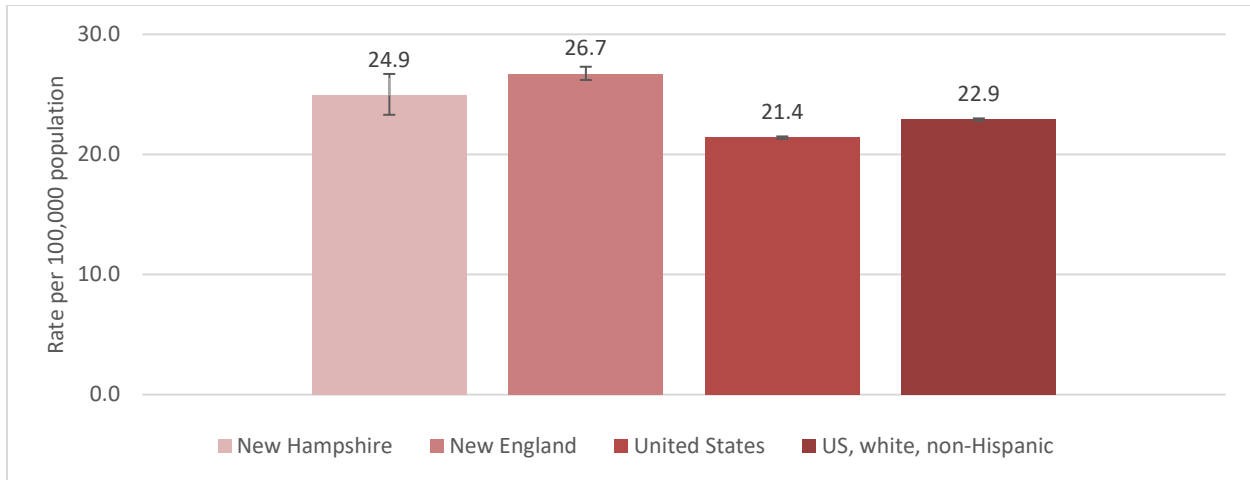
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	3.3*	0.0	0.4	6.2
New England	0.1	0.8	-1.1	1.3
United States	1.4*	0.0	0.8	2.0
US, white, non-Hispanic	1.7*	0.0	1.1	2.3

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Thyroid Cancer

Thyroid cancer is the sixth most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 179 NH females were diagnosed with thyroid cancer per year. The rate of thyroid cancer among females in NH is significantly higher than the rates for females in the US overall, and for the US white, non-Hispanic population of females.



Geographic Region/Population	Rate	95% CI	
New Hampshire	24.9	23.3	26.7
New England	26.7	26.2	27.3
United States	21.4	21.3	21.5
US, white, non-Hispanic	22.9	22.8	23.0

Figure 16. Age-adjusted thyroid cancer incidence, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of thyroid cancer among females did not change significantly among females in NH or in New England. The rate increased significantly in the US and among the US white, non-Hispanic population, with APCs of 1.8 and 1.6 respectively.

Table 9. Trends in thyroid cancer incidence, females, 2007-2016

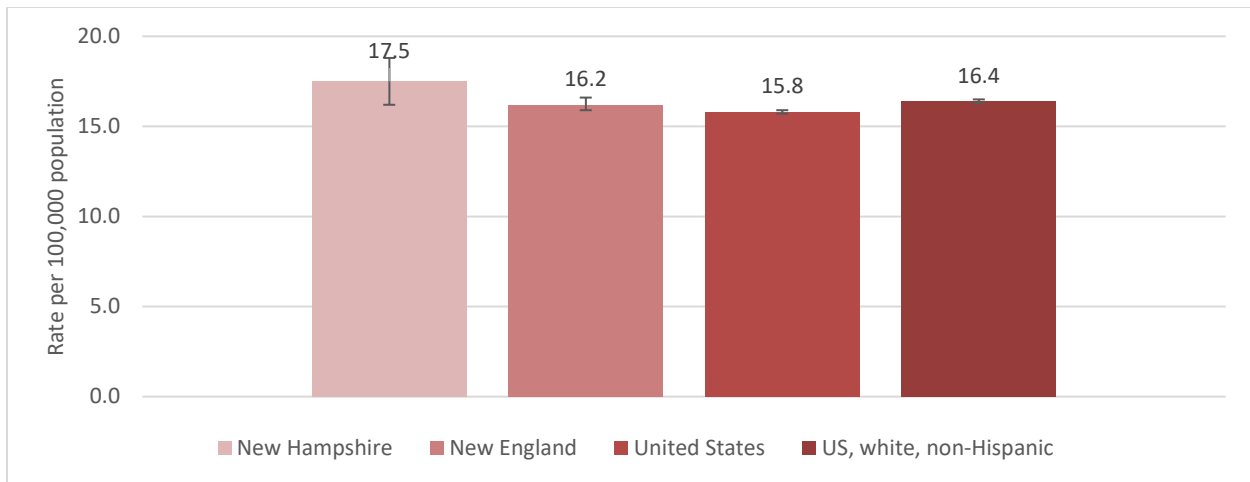
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	2.8	0.1	-0.6	6.2
New England	0.1	0.9	-1.7	1.9
United States	1.8*	0.0	0.6	2.9
US, white, non-Hispanic	1.6*	0.0	0.4	2.8

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Non-Hodgkin Lymphoma

Non-Hodgkin Lymphoma is the seventh most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 156 NH females were diagnosed with Non-Hodgkin Lymphoma per year. The rate of Non-Hodgkin Lymphoma among females in NH is significantly higher than the rate for females in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	17.5	16.2	18.8
New England	16.2	15.9	16.6
United States	15.8	15.7	15.9
US, white, non-Hispanic	16.4	16.3	16.5

Figure 17. Age-adjusted Non-Hodgkin Lymphoma incidence, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of Non-Hodgkin Lymphoma among females did not change significantly in NH or in New England. The rate decreased significantly in the US and among the US white, non-Hispanic population, with APCs of -0.7 and -0.8 respectively.

Table 10. Trends in Non-Hodgkin Lymphoma incidence, females, 2007-2016

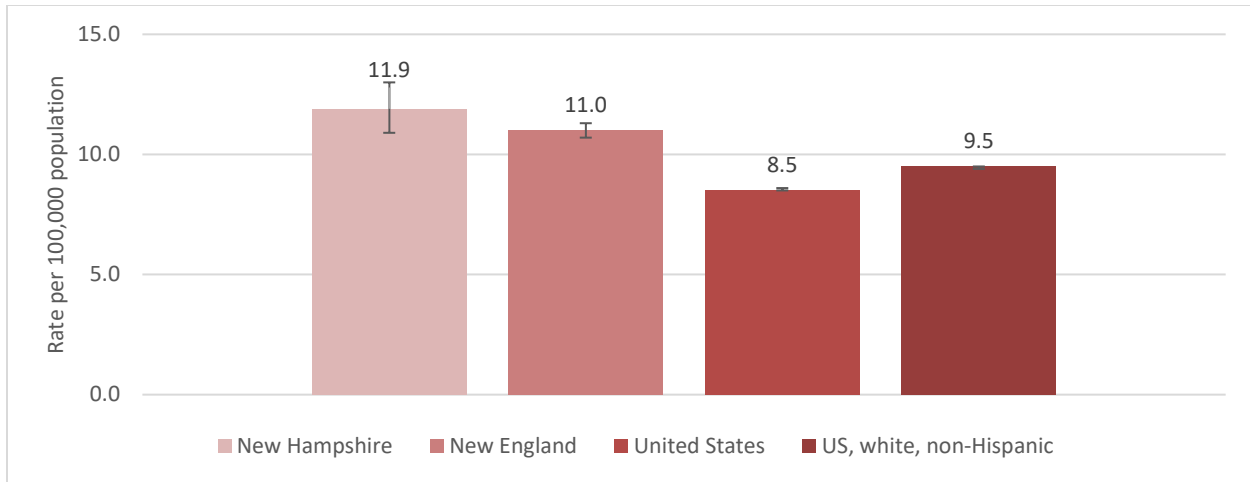
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	0.3	0.7	-1.5	2.1
New England	-1.4	0.1	-2.9	0.2
United States	-0.7*	0.0	-1.0	-0.4
US, white, non-Hispanic	-0.8*	0.0	-1.1	-0.5

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Bladder Cancer (Urinary Bladder)

Bladder cancer is the eighth most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 108 NH females were diagnosed with bladder cancer per year. The rate of bladder cancer among females in NH is significantly higher than the rates for females in the US overall, and for the US white, non-Hispanic population of females.



Geographic Region/Population	Rate	95% CI	
New Hampshire	11.9	10.9	13.0
New England	11.0	10.7	11.3
United States	8.5	8.5	8.6
US, white, non-Hispanic	9.5	9.4	9.5

Figure 18. Age-adjusted bladder cancer incidence, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of bladder cancer among females in NH did not change significantly. The rate decreased significantly in all other geographic regions and populations assessed, with APCs of -2.2 in New England, -1.4 in the US overall, and -1.2 among the white, non-Hispanic population of the US.

Table 11. Trends in bladder cancer incidence, females, 2007-2016

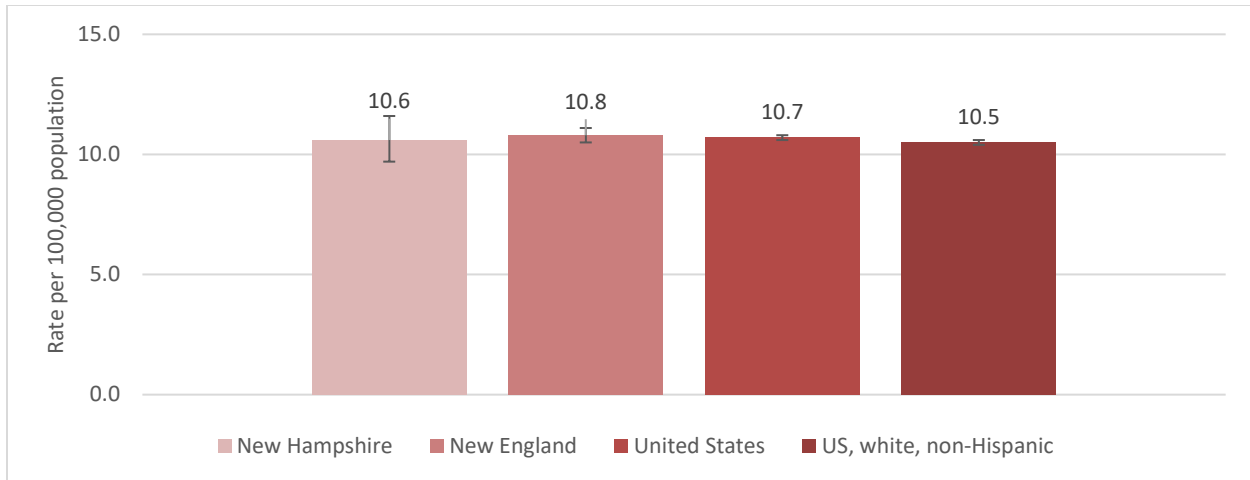
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-1.5	0.2	-3.9	0.9
New England	-2.2*	0.0	-3.0	-1.3
United States	-1.4*	0.0	-1.6	-1.1
US, white, non-Hispanic	-1.2*	0.0	-1.5	-0.9

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Pancreatic Cancer

Pancreatic cancer is the ninth most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 96 NH females were diagnosed with pancreatic cancer per year. The rate of pancreatic cancer among females in NH does not appear to be significantly different than the rate among females in the other geographic regions and populations assessed.



Geographic Region/Population	Rate	95% CI	
New Hampshire	10.6	9.7	11.6
New England	10.8	10.5	11.1
United States	10.7	10.6	10.8
US, white, non-Hispanic	10.5	10.4	10.6

Figure 19. Age-adjusted pancreatic cancer incidence, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of pancreatic cancer among females did not change significantly in NH or in New England. The rate increased significantly in the US and among the US white, non-Hispanic population, with APCs of 0.6 and 0.7 respectively.

Table 12. Trends in pancreatic cancer incidence, females, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	1.2	0.3	-1.4	3.9
New England	-0.2	0.6	-1.0	0.6
United States	0.6*	0.0	0.4	0.9
US, white, non-Hispanic	0.7*	0.0	0.5	0.9

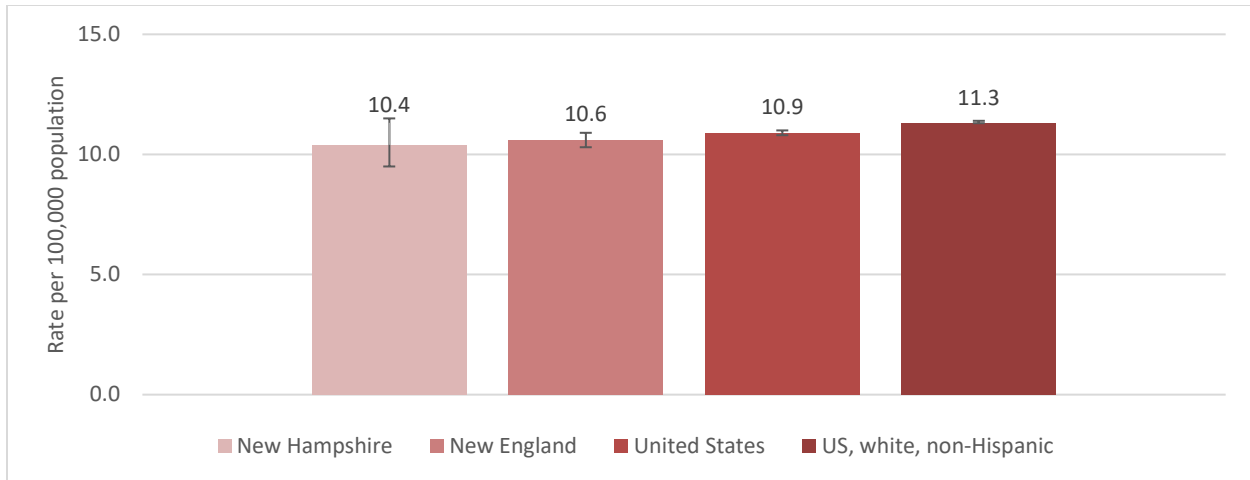
Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Ovarian Cancer

Ovarian cancer is the tenth most commonly diagnosed cancer among females in NH. Between 2012 and 2016, an average of 92 NH females were diagnosed with ovarian cancer per year. The rate of ovarian cancer among females in NH does not appear to be significantly different than the rate among females in the other geographic regions and populations assessed.





Geographic Region/Population	Rate	95% CI	
New Hampshire	10.4	9.5	11.5
New England	10.6	10.3	10.9
United States	10.9	10.8	11.0
US, white, non-Hispanic	11.3	11.3	11.4

Figure 20. Age-adjusted ovarian cancer incidence, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, while the APC for NH appears to show the largest change, the rate of ovarian cancer among females in the state did not change significantly. The rate decreased significantly in all other geographic regions and populations assessed, with APCs of -2.6 in New England; -2.0 in the US overall, and -2.2 among the US, white, non-Hispanic population.

Table 13. Trends in ovarian cancer incidence, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-3.1	0.1	-6.2	0.1
New England	-2.6*	0.0	-4.5	-0.5
United States	-2.0*	0.0	-2.4	-1.6
US, white, non-Hispanic	-2.2*	0.0	-2.6	-1.7

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

## Most Commonly Diagnosed Cancers in New Hampshire- Males

This section describes incidence for the most commonly diagnosed cancers in NH among the male population, designated based on the count of cases.

### Count of Cases

The ten most commonly diagnosed cancers among NH males during the five-year period of 2012 through 2016 are included in the figure below.

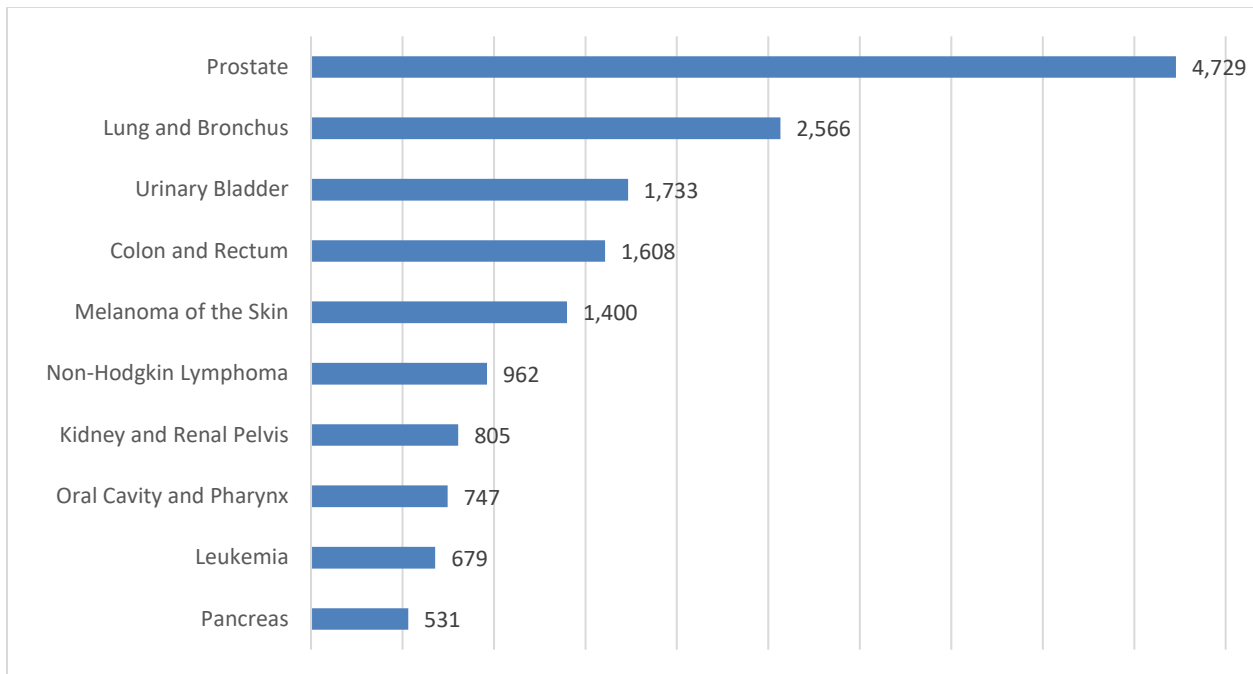


Figure 21. Count of the ten most frequently diagnosed cancers in NH, 2012-2016, males

Combined, these types of cancer accounted for 15,760 cases over the course of five years. The most frequently diagnosed cancers at the state level are largely consistent with what the data show nationally in terms of cancer type and order of frequency; however, some differences in the type of cancers and rank of cancers vary between the geographies. At the national level, colorectal cancer is more frequently diagnosed than bladder cancer; and Non-Hodgkin Lymphoma is more frequently diagnosed than kidney cancer.

In 2016, 4,106 NH males, or about 0.6% of the State's male population, were diagnosed with cancer. It's estimated that as of 2016, an additional 29,367 NH males, or 4.4% of the State's male population, were living after a cancer diagnosis. The figure on the following page shows the number of NH males diagnosed during 2016 by cancer type, as well as the estimated number of males living after a cancer diagnosis, and those who have not been diagnosed.

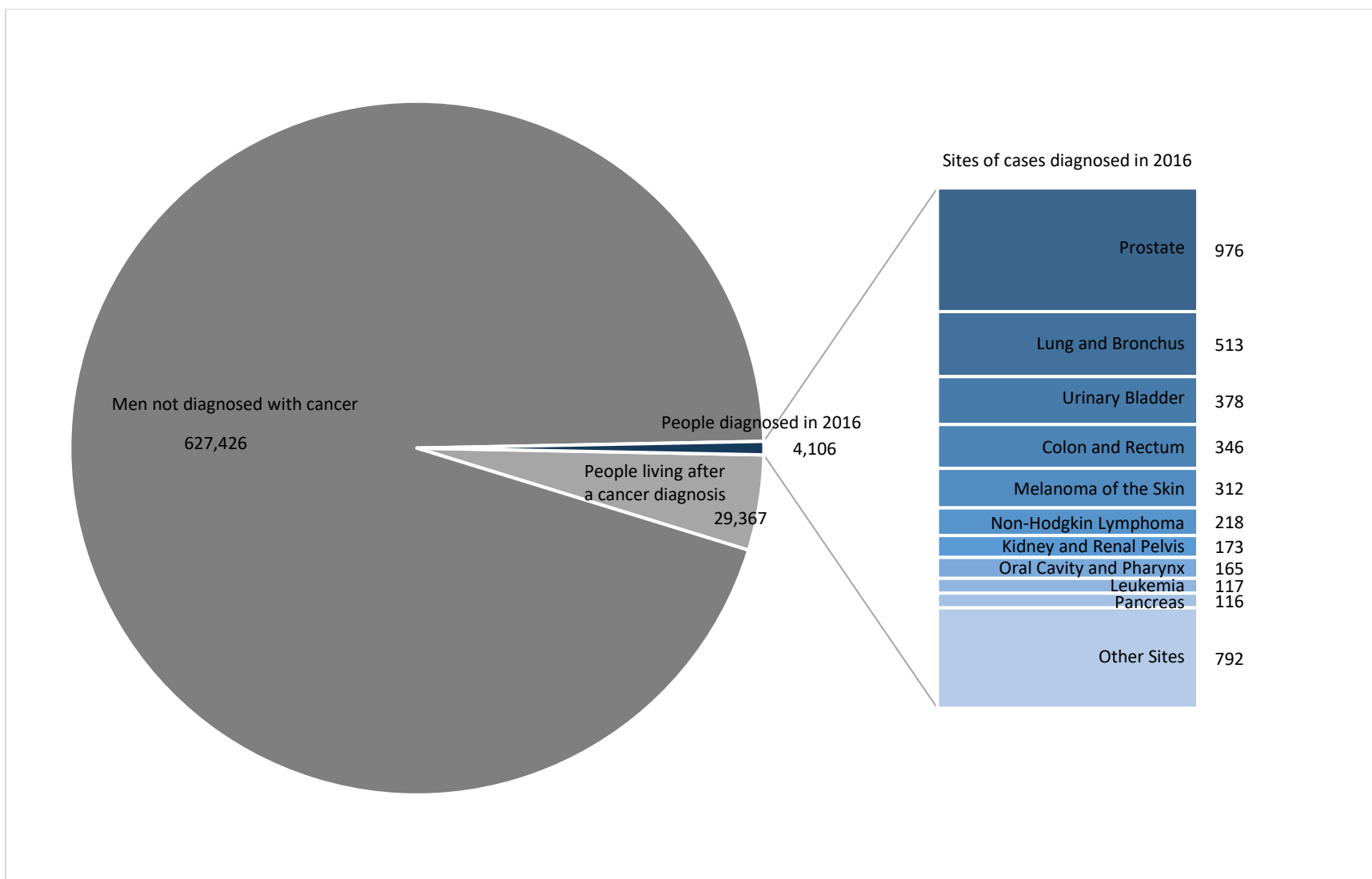


Figure 22. Estimated cancer diagnosis status of the New Hampshire population as of 2016, males

## Incidence Comparison

To allow for comparison of NH data to the data of other geographic regions, age-adjusted rates were calculated. The chart below shows the age-adjusted incidence rates for the highest incident cancers among males in NH compared to rates in the New England region and the US. Given the racial and ethnic profile of NH's population, the white, non-Hispanic population of the US is included as a separate comparison group.

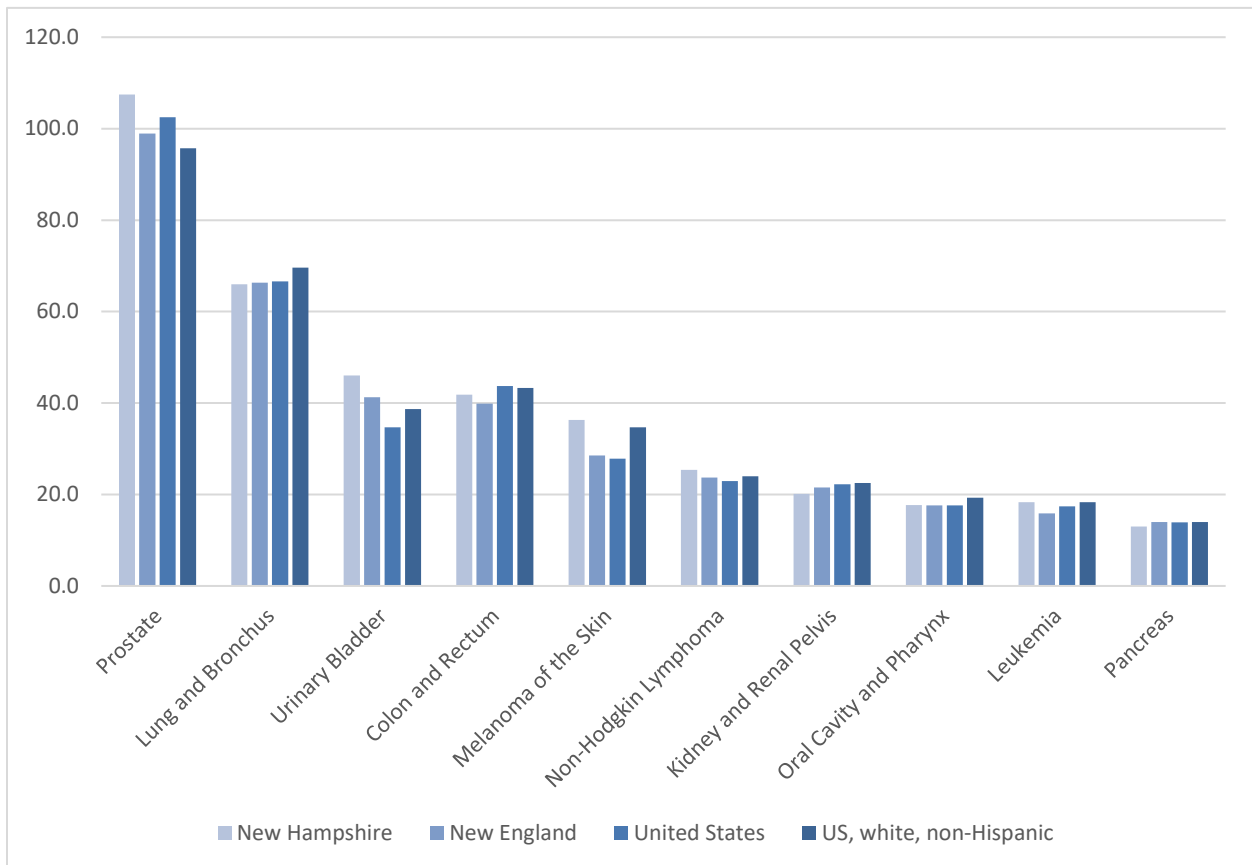


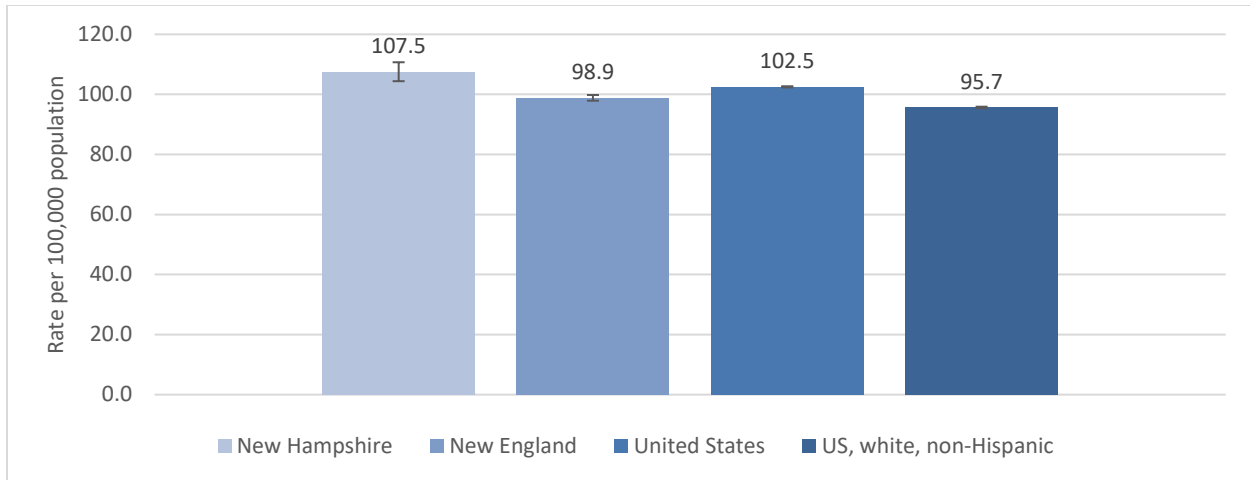
Figure 23. Comparison of Incidence for top 10 cancers among males in NH based on frequency of diagnosis, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

To better understand the complete picture of incidence for the most common cancers diagnosed among males in NH, additional detail is included by cancer type, including a closer look at the 5-year incidence statewide and 10-year trends. Note that the Y-axis varies by cancer type based on reported incidence.

### Prostate Cancer

Prostate cancer is the most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 946 NH males were diagnosed with prostate cancer per year. The rate of prostate cancer in NH is significantly higher than the rates for New England, the US, and the white, non-Hispanic population of the US.



Geographic Region/Population	Rate	95% CI	
New Hampshire	107.5	104.4	110.7
New England	98.9	97.9	99.8
United States	102.5	102.3	102.7
US, white, non-Hispanic	95.7	95.4	95.9

Figure 24. Age-adjusted prostate cancer incidence, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of prostate cancer decreased significantly across all geographic regions and populations assessed. In NH, the APC was -5.8; in New England, the APC was -6.8. The APCs for the US overall and for the white, non-Hispanic population of the US were -5.9 and -6.2 respectively.

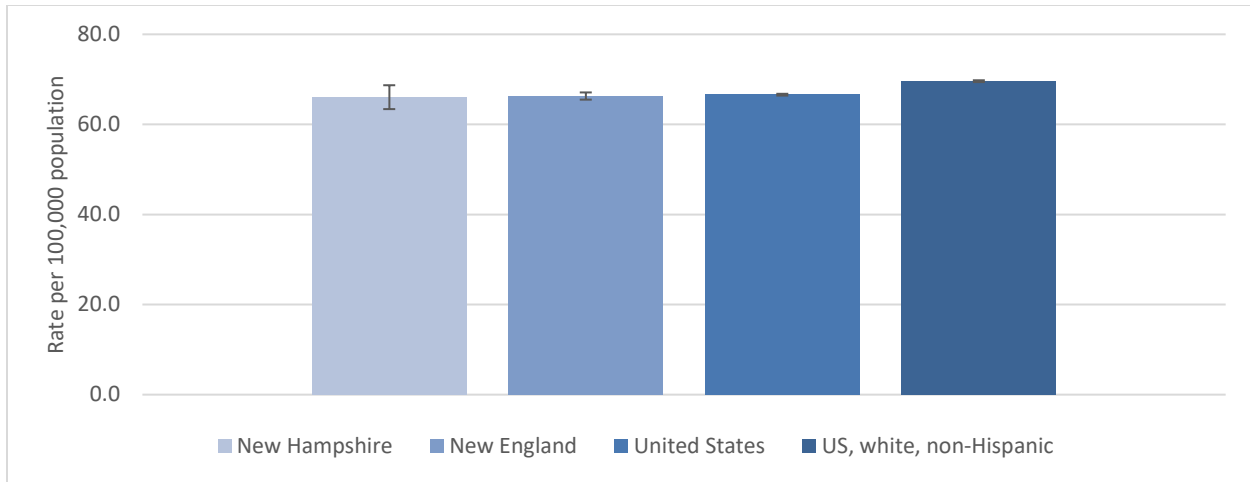
Table 14. Trends in prostate cancer incidence, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-5.8*	0.0	-7.6	-3.9
New England	-6.8*	0.0	-8.5	-5.1
United States	-5.9*	0.0	-7.1	-4.6
US, white, non-Hispanic	-6.2*	0.0	-7.5	-4.9

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method. \*The APC is significantly different from zero ( $p < 0.05$ ). Prostate cancer rates are based on male population only.

### Lung Cancer (Lung and Bronchus)

Lung cancer is the second most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 513 NH males were diagnosed with lung cancer per year. The rate of lung cancer among males in NH is significantly lower than the rate for the US white, non-Hispanic population of males.



Geographic Region/Population	Rate	95% CI	
New Hampshire	66.0	63.4	68.7
New England	66.3	65.5	67.1
United States	66.6	66.4	66.8
US, white, non-Hispanic	69.6	69.4	69.8

Figure 25. Age-adjusted lung cancer incidence, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of lung cancer among males decreased significantly among males in NH and in all other geographic regions and populations assessed. In NH, the APC was -3.0; in New England, the APC was -2.9. The APCs for the US overall and for the white, non-Hispanic population of the US were -2.9 and -2.6 respectively.

Table 15. Trends in lung cancer incidence, males, 2007-2016

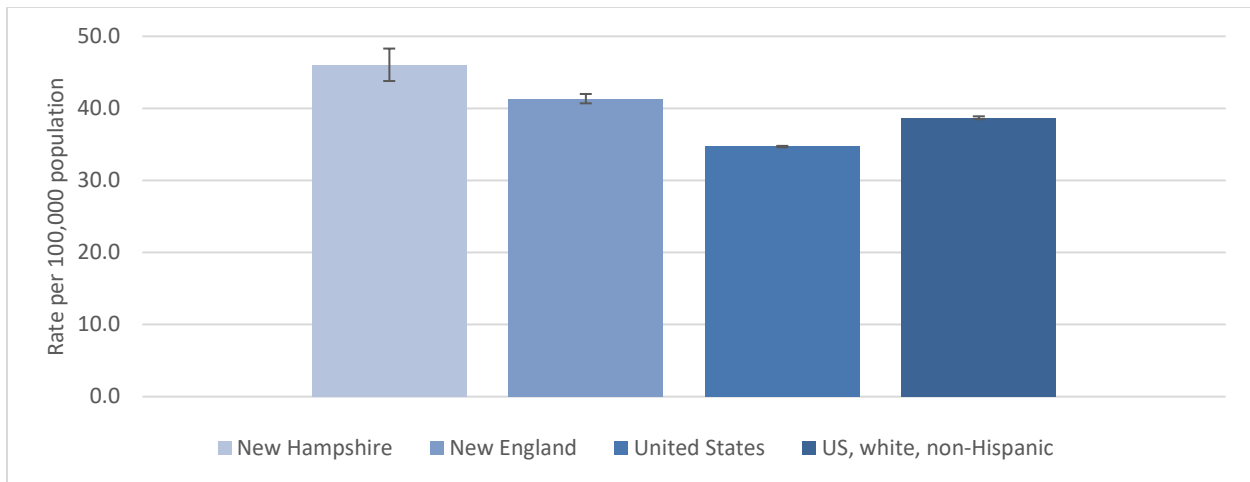
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-3.0*	0.0	-3.6	-2.4
New England	-2.9*	0.0	-3.2	-2.6
United States	-2.9*	0.0	-3.0	-2.7
US, white, non-Hispanic	-2.6*	0.0	-2.8	-2.4

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Bladder Cancer (Urinary Bladder)

Bladder cancer is the third most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 347 NH males were diagnosed with bladder cancer per year. The rate of bladder cancer among males in NH is significantly higher than the rates for males in New England, the US overall, and for the US white, non-Hispanic population of males.



Geographic Region/Population	Rate	95% CI	
New Hampshire	46.0	43.8	48.3
New England	41.3	40.7	42.0
United States	34.7	34.6	34.8
US, white, non-Hispanic	38.7	38.5	38.9

Figure 26. Age-adjusted bladder cancer incidence, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of bladder cancer among males did not change significantly in NH. The rate decreased significantly in all other geographic regions and populations assessed, with an APC of -2.1 in New England; and APCs of -1.5 and -1.3 in the US overall and among the US, white, non-Hispanic population respectively.

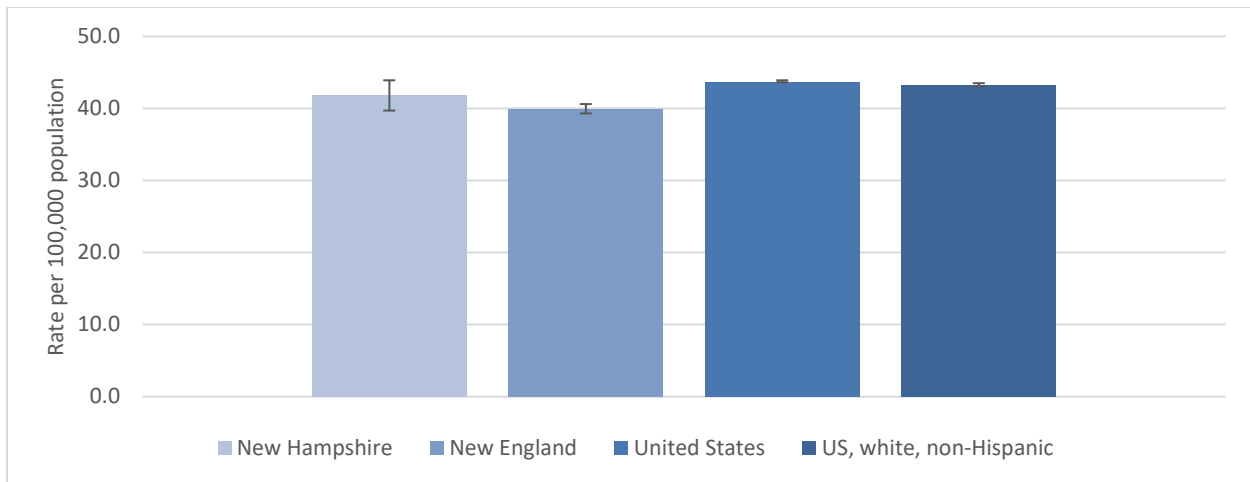
Table 16. Trends in bladder cancer incidence, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-1.0	0.3	-3.1	1.0
New England	-2.1*	0.0	-3.1	-1.1
United States	-1.5*	0.0	-1.8	-1.1
US, white, non-Hispanic	-1.3*	0.0	-1.6	-0.9

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method. \*The APC is significantly different from zero ( $p < 0.05$ ).

### Colorectal Cancer (Colon and Rectum)

Colorectal cancer is the fourth most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 322 NH males were diagnosed with colorectal cancer per year. The rate of colorectal cancer among males in NH does not appear to be significantly different than the rates among males in other geographic regions and populations assessed.



Geographic Region/Population	Rate	95% CI	
New Hampshire	41.8	39.7	43.9
New England	39.9	39.3	40.6
United States	43.7	43.6	43.9
US, white, non-Hispanic	43.3	43.1	43.5

Figure 27. Age-adjusted colorectal cancer incidence, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of colorectal cancer among males did not change significantly in NH. The rate decreased significantly across all other geographic regions and populations assessed; in New England, the APC was -3.6. The APCs for the US overall and for the white, non-Hispanic population of the US were -2.7 and -2.6 respectively.

Table 17. Trends in colorectal cancer incidence, males, 2007-2016

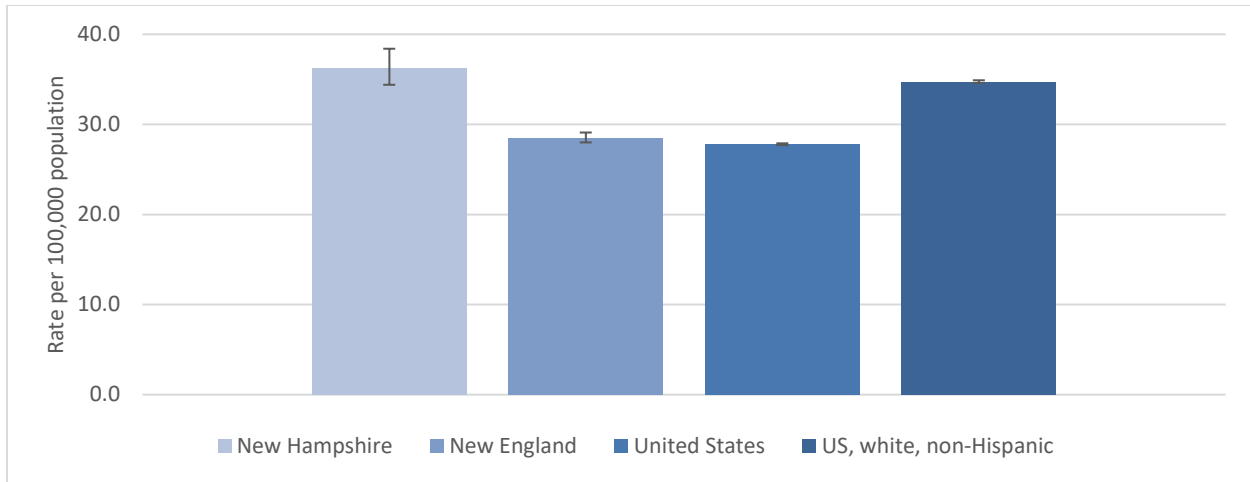
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-1.9	0.1	-4.1	0.3
New England	-3.6*	0.0	-4.2	-3.0
United States	-2.7*	0.0	-3.2	-2.2
US, white, non-Hispanic	-2.6*	0.0	-3.2	-2.0

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method. \*The APC is significantly different from zero (p<0.05).

### Melanoma of the Skin

Melanoma of the skin is the fifth most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 280 NH males were diagnosed with melanoma of the skin per year. The rate of melanoma of the skin among NH males is significantly higher than the rates for males in New England and in the US overall.





Geographic Region/Population	Rate	95% CI	
New Hampshire	36.3	34.4	38.4
New England	28.5	28.0	29.1
United States	27.8	27.7	27.9
US, white, non-Hispanic	34.7	34.6	34.9

Figure 28. Age-adjusted melanoma of the skin incidence, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of melanoma of the skin among males in NH did not change significantly. There was also not a significant change in New England. The rate increased significantly in the US and among the white, non-Hispanic population of the US, with APCs of 1.7 and 1.9 respectively.

Table 18. Trends in melanoma of the skin incidence, males, 2007-2016

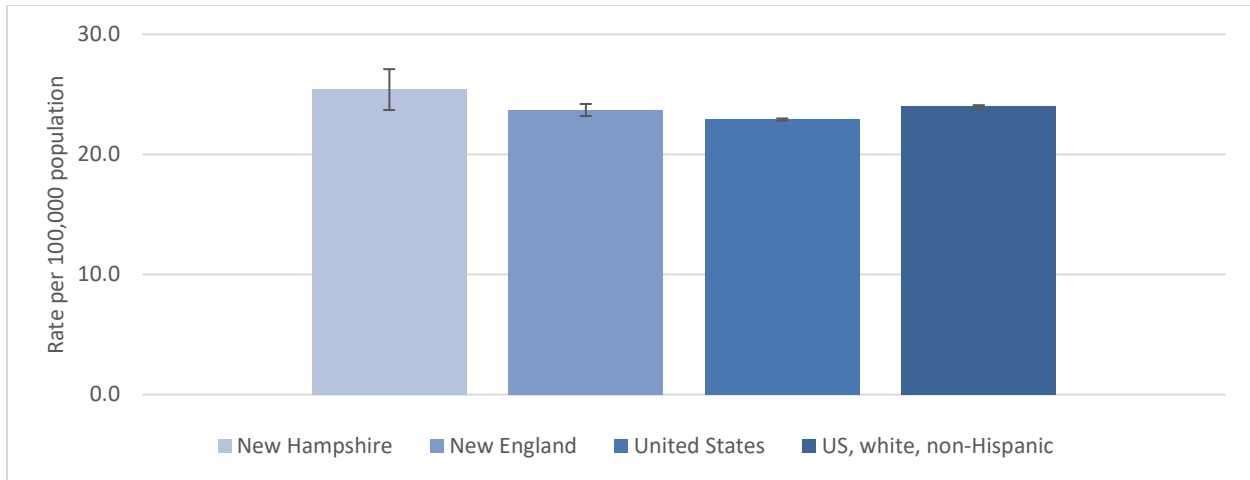
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	1.4	0.1	-0.4	3.2
New England	0.4	0.5	-0.7	1.4
United States	1.7*	0.0	1.3	2.1
US, white, non-Hispanic	1.9*	0.0	1.5	2.3

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Non-Hodgkin Lymphoma

Non-Hodgkin Lymphoma is the sixth most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 192 NH males were diagnosed with Non-Hodgkin Lymphoma per year. The rate of Non-Hodgkin Lymphoma among males in NH is significantly higher than the rate for males in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	25.4	23.7	27.1
New England	23.7	23.2	24.2
United States	22.9	22.8	23.0
US, white, non-Hispanic	24.0	23.8	24.1

Figure 29. Age-adjusted Non-Hodgkin Lymphoma incidence, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of Non-Hodgkin Lymphoma among males did not change significantly in NH. The rate decreased significantly in New England with an APC of -1.2; and in the US and among the US white, non-Hispanic population, both with APCs of -0.6.

Table 19. Trends in Non-Hodgkin Lymphoma incidence, males, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-0.1	0.9	-2.2	1.9
New England	-1.2*	0.0	-2.3	-0.1
United States	-0.6*	0.0	-1.1	-0.1
US, white, non-Hispanic	-0.6*	0.0	-1.1	-0.1

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Kidney Cancer (Kidney and Renal Pelvis)

Kidney cancer is the seventh most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 161 NH males were diagnosed with kidney cancer per year. The rate of kidney cancer among males in NH is significantly lower than the rates for males in the US overall, and for the US white, non-Hispanic population of males.



Geographic Region/Population	Rate	95% CI	
New Hampshire	20.1	18.7	21.6
New England	21.5	21.1	22.0
United States	22.2	22.1	22.3
US, white, non-Hispanic	22.5	22.4	22.6

Figure 30. Age-adjusted kidney cancer incidence, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of kidney cancer among males did not change significantly in NH or in New England. The rate increased significantly in the US and among the US white, non-Hispanic population, both with APCs of 0.6.

Table 20. Trends in kidney cancer incidence, males, 2007-2016

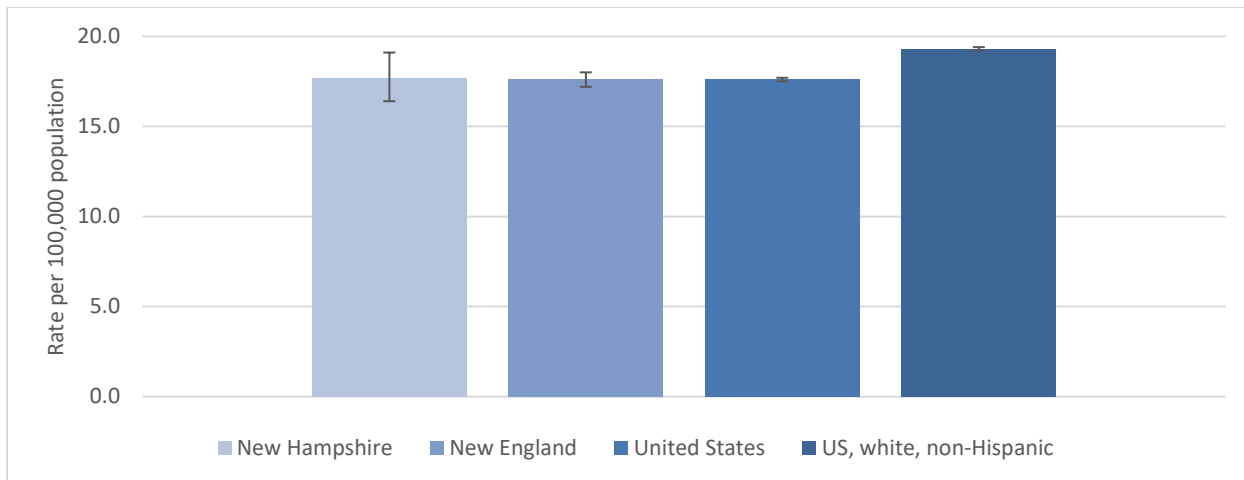
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-0.7	0.2	-1.9	0.5
New England	-0.5	0.3	-1.4	0.4
United States	0.6*	0.0	0.3	0.9
US, white, non-Hispanic	0.6*	0.0	0.3	0.9

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Oral Cancer (Oral Cavity and Pharynx)

Oral cancer is the eighth most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 149 NH males were diagnosed with oral cancer per year. The rate of oral cancer among males in NH is significantly lower than the rate for males in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	17.7	16.4	19.1
New England	17.6	17.2	18.0
United States	17.6	17.5	17.7
US, white, non-Hispanic	19.3	19.2	19.4

Figure 31. Age-adjusted oral cancer incidence, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of oral cancer among males increased significantly in all geographic regions and populations assessed. The rate of increase was highest in NH, with an APC of 1.7. The APC for New England was 0.6; the APC for the US overall was 0.7, and the APC among the white, non-Hispanic population of the US was 1.3.

Table 21. Trends in oral cancer incidence, males, 2007-2016

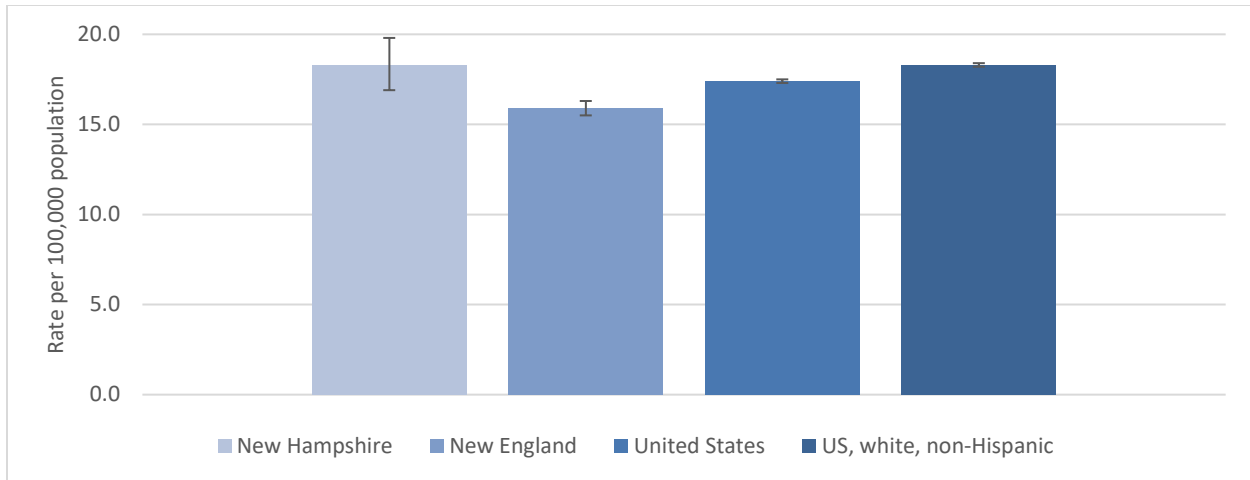
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	1.7*	0.0	1.0	2.4
New England	0.6*	0.0	0.0	1.3
United States	0.7*	0.0	0.4	1.0
US, white, non-Hispanic	1.3*	0.0	1.0	1.6

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero (p<0.05).

### Leukemia

Leukemia is the ninth most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 136 NH males were diagnosed with leukemia per year. The rate of leukemia among males in NH is significantly higher than the rate among males in New England.



Geographic Region/Population	Rate	95% CI	
New Hampshire	18.3	16.9	19.8
New England	15.9	15.5	16.3
United States	17.4	17.3	17.5
US, white, non-Hispanic	18.3	18.2	18.4

Figure 32. Age-adjusted leukemia incidence, males, 2012-2016  
 Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of leukemia among males did not change significantly in NH, in the US, or among the white, non-Hispanic population of the US. The rate decreased significantly in New England, with an APC of -2.4.

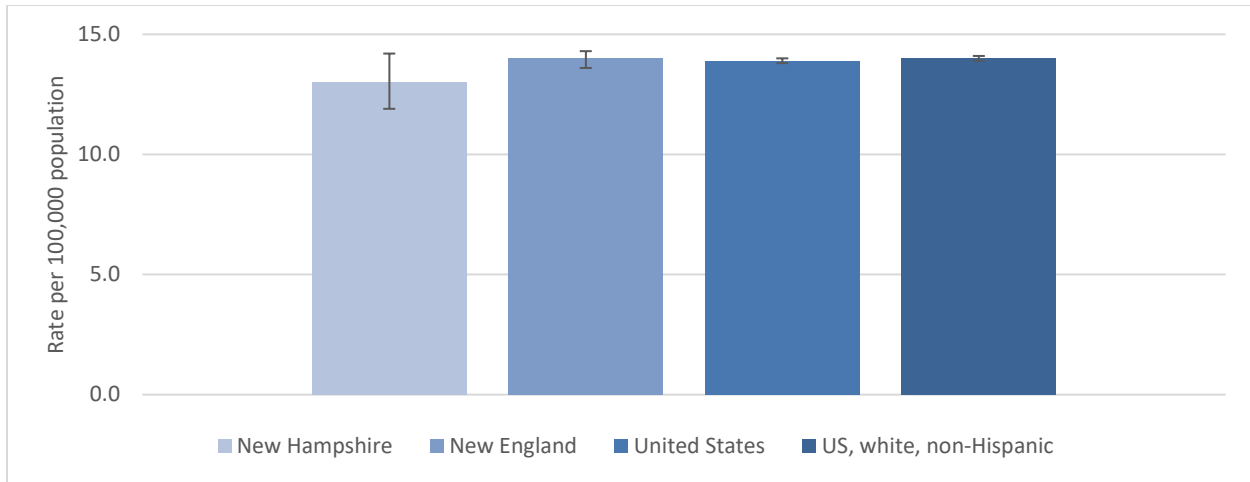
Table 22. Trends in leukemia incidence, males, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-1.0	0.5	-3.8	2.0
New England	-2.4*	0.0	-4.5	-0.2
United States	0.1	0.8	-0.8	1.1
US, white, non-Hispanic	0.2	0.7	-0.8	1.2

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method. \*The APC is significantly different from zero ( $p < 0.05$ ).

### Pancreatic Cancer

Pancreatic cancer is the tenth most commonly diagnosed cancer among males in NH. Between 2012 and 2016, an average of 106 NH males were diagnosed with pancreatic cancer per year. The rate of pancreatic cancer among males in NH does not appear to be significantly different than the rate among males in the other geographic regions and populations assessed.



Geographic Region/Population	Rate	95% CI	
New Hampshire	13.0	11.9	14.2
New England	14.0	13.6	14.3
United States	13.9	13.8	14.0
US, white, non-Hispanic	14.0	13.9	14.1

Figure 33. Age-adjusted pancreatic cancer incidence, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, while the APC for NH appears to show the largest change, the rate of pancreatic cancer among males in the state did not change significantly. The rate increased significantly in the US overall and among the white, non-Hispanic population of the US with APCs of 0.8 and 0.9 respectively.

Table 23. Trends in pancreatic cancer incidence, males, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-1.3	0.2	-3.3	0.7
New England	-0.1	0.9	-0.8	0.6
United States	0.8*	0.0	0.5	1.0
US, white, non-Hispanic	0.9*	0.0	0.6	1.3

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

## Cancer Incidence Tables

Consistent with the populations described above, the following pages include cancer incidence data for NH, New England, the US overall, and for the US, white, non-Hispanic population. To allow for further comparison and understanding of variance in burden, tables for additional populations, including the white, non-Hispanic population of NH; the white, non-Hispanic population of New England; and the bordering northern states of Maine and Vermont, are also displayed. For each geographic region or population, the age-adjusted incidence and 5-year count are shown for select cancer sites by sex.

Table 24. Age-adjusted cancer incidence rates for select cancer sites by sex, NH, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	11.7	11.0	12.5	1,035	6.3	5.5	7.1	288	17.7	16.4	19.1	747
Esophagus	6.6	6.1	7.2	573	2.3	1.9	2.8	114	11.5	10.5	12.7	459
Stomach	5.1	4.6	5.6	438	3.5	2.9	4.1	151	7.1	6.3	8.1	287
Colon and Rectum	37.1	35.7	38.5	3,070	32.8	31.0	34.6	1,462	41.8	39.7	43.9	1,608
Liver and Intrahepatic Bile Duct	5.8	5.3	6.4	522	2.4	1.9	2.9	108	9.8	8.8	10.8	414
Gallbladder	1.0	0.8	1.2	79	1.2	0.9	1.6	54	0.7	0.4	1.0	25
Pancreas	11.8	11.1	12.6	1,009	10.6	9.7	11.6	478	13.0	11.9	14.2	531
Larynx	2.9	2.6	3.3	257	1.1	0.8	1.5	53	5.1	4.4	5.8	204
Lung and Bronchus	62.5	60.8	64.3	5,341	60.8	58.5	63.1	2,775	66.0	63.4	68.7	2,566
Melanoma of the Skin	30.2	29.0	31.5	2,462	25.7	24.1	27.4	1,062	36.3	34.4	38.4	1,400
Female Breast					144.1	140.4	147.8	6,288				
Cervix Uteri					4.7	4.0	5.5	172				
Corpus and Uterus, NOS					32.1	30.4	33.8	1,493				
Ovary					10.4	9.5	11.5	461				
Prostate									107.5	104.4	110.7	4,729
Testis									7.4	6.4	8.4	224
Urinary Bladder	27.1	26.0	28.3	2,273	11.9	10.9	13.0	540	46.0	43.8	48.3	1,733
Kidney and Renal Pelvis	15.0	14.1	15.9	1,257	10.3	9.3	11.3	452	20.1	18.7	21.6	805
Brain and Other Nervous System	7.1	6.5	7.7	539	6.0	5.2	6.8	234	8.4	7.4	9.4	305
Thyroid	16.6	15.7	17.6	1,197	24.9	23.3	26.7	896	8.2	7.3	9.3	301
Hodgkin Lymphoma	3.0	2.6	3.5	200	2.6	2.1	3.3	89	3.4	2.8	4.2	111
Non-Hodgkin Lymphoma	21.0	20.0	22.1	1,740	17.5	16.2	18.8	778	25.4	23.7	27.1	962
Myeloma	5.9	5.4	6.5	508	4.8	4.1	5.5	223	7.4	6.5	8.3	285
Leukemia	13.8	12.9	14.6	1,087	10.0	9.0	11.0	408	18.3	16.9	19.8	679
Mesothelioma	1.0	0.8	1.2	79	0.4	0.2	0.7	19	1.7	1.3	2.2	60

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table 25. Age-adjusted cancer incidence rates for select cancer sites by sex, NH, white, non-Hispanic population, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	11.9	11.2	12.7	1,007	6.3	5.5	7.1	277	18.1	16.7	19.5	730
Esophagus	6.7	6.1	7.3	559	2.4	1.9	2.9	111	11.6	10.6	12.8	448
Stomach	5.0	4.5	5.6	412	3.4	2.8	4.0	142	7.0	6.1	7.9	270
Colon and Rectum	37.1	35.7	38.5	2,949	32.8	31.0	34.6	1,409	41.8	39.6	44.0	1,540
Liver and Intrahepatic Bile Duct	5.6	5.1	6.1	484	2.3	1.9	2.9	102	9.3	8.3	10.3	382
Gallbladder	1.0	0.8	1.3	78	1.3	0.9	1.7	53	0.7	0.5	1.1	25
Pancreas	11.8	11.1	12.6	973	10.8	9.8	11.8	467	12.9	11.8	14.2	506
Larynx	3.0	2.6	3.4	253	1.2	0.9	1.5	53	5.2	4.4	6.0	200
Lung and Bronchus	62.8	61.1	64.6	5,203	61.2	58.9	63.6	2,706	66.2	63.5	69.0	2,497
Melanoma of the Skin	29.5	28.3	30.8	2,301	25.1	23.5	26.9	982	35.6	33.6	37.6	1,319
Female Breast					145.8	142.0	149.7	6,093				
Cervix Uteri					4.7	3.9	5.5	162				
Corpus and Uterus, NOS					32.4	30.7	34.2	1,445				
Ovary					10.6	9.6	11.7	447				
Prostate									105.4	102.2	108.6	4,491
Testis									7.5	6.5	8.6	206
Urinary Bladder	27.2	26.1	28.4	2,209	12.0	10.9	13.1	527	46.1	43.9	48.5	1,682
Kidney and Renal Pelvis	15.1	14.3	16.0	1,216	10.3	9.3	11.4	437	20.4	18.9	22.0	779
Brain and Other Nervous System	7.2	6.5	7.9	516	6.1	5.3	7.0	226	8.4	7.4	9.5	290
Thyroid	16.5	15.5	17.5	1,110	24.5	22.7	26.3	824	8.4	7.4	9.5	286
Hodgkin Lymphoma	3.1	2.7	3.6	190	2.6	2.1	3.3	82	3.7	3.0	4.4	108
Non-Hodgkin Lymphoma	21.2	20.1	22.2	1,680	17.5	16.2	18.8	749	25.6	23.9	27.4	931
Myeloma	5.8	5.3	6.4	486	4.7	4.0	5.4	213	7.3	6.4	8.3	273
Leukemia	13.9	13.0	14.8	1,051	10.2	9.2	11.4	398	18.4	17.0	19.9	653
Mesothelioma	1.0	0.8	1.3	78	0.4	0.2	0.7	19	1.7	1.3	2.2	59

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.



Table 26. Age-adjusted cancer incidence rates for select cancer sites by sex, Maine and Vermont, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	12.4	11.8	13.1	1,690	6.5	5.9	7.2	456	19.1	18.0	20.2	1,234
Esophagus	6.5	6.1	7.0	910	2.5	2.1	2.9	183	11.3	10.5	12.2	727
Stomach	5.2	4.8	5.6	693	3.7	3.2	4.1	262	7.0	6.3	7.7	431
Colon and Rectum	36.0	35.0	37.1	4,742	33.1	31.7	34.5	2,341	39.4	37.8	41.1	2,401
Liver and Intrahepatic Bile Duct	5.0	4.7	5.4	706	2.3	2.0	2.7	165	8.1	7.4	8.9	541
Gallbladder	0.9	0.8	1.1	124	1.3	1.0	1.6	90	0.6	0.4	0.8	34
Pancreas	12.3	11.7	12.9	1,683	11.0	10.2	11.8	817	13.9	12.9	14.9	866
Larynx	3.7	3.4	4.1	512	1.8	1.5	2.1	124	6.0	5.4	6.7	388
Lung and Bronchus	67.8	66.4	69.2	9,257	61.8	60.0	63.7	4,506	75.5	73.3	77.8	4,751
Melanoma of the Skin	28.9	27.9	29.9	3,661	25.5	24.2	26.9	1,609	33.6	32.1	35.2	2,052
Female Breast					127.0	124.2	129.9	8,560				
Cervix Uteri					5.1	4.4	5.7	271				
Corpus and Uterus, NOS					31.8	30.5	33.2	2,324				
Ovary					9.8	9.1	10.6	660				
Prostate									84.8	82.6	87.0	5,873
Testis									6.6	5.9	7.5	289
Urinary Bladder	25.4	24.5	26.2	3,437	11.2	10.4	12.0	833	42.9	41.2	44.6	2,604
Kidney and Renal Pelvis	15.6	14.9	16.3	2,042	11.5	10.6	12.3	783	20.3	19.1	21.5	1,259
Brain and Other Nervous System	7.0	6.5	7.5	824	6.2	5.5	6.9	375	8.0	7.2	8.8	449
Thyroid	15.4	14.6	16.2	1,681	22.0	20.7	23.4	1,195	8.6	7.8	9.4	486
Hodgkin Lymphoma	3.2	2.8	3.6	315	3.0	2.6	3.6	151	3.3	2.8	3.9	164
Non-Hodgkin Lymphoma	20.3	19.5	21.1	2,640	17.0	16.0	18.0	1,189	24.2	22.9	25.5	1,451
Myeloma	5.7	5.3	6.1	779	4.5	4.1	5.1	341	7.0	6.4	7.7	438
Leukemia	13.6	12.9	14.3	1,715	10.4	9.6	11.2	700	17.4	16.3	18.6	1,015
Mesothelioma	1.2	1.0	1.4	158	0.4	0.3	0.6	31	2.3	1.9	2.7	127

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table 27. Age-adjusted cancer incidence rates for select cancer sites by sex, New England, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	11.9	11.7	12.2	11,078	6.9	6.7	7.2	3,439	17.6	17.2	18.0	7,639
Esophagus	5.4	5.2	5.6	5,047	2.2	2.0	2.3	1,122	9.3	9.0	9.6	3,925
Stomach	6.6	6.5	6.8	6,005	4.6	4.4	4.8	2,250	9.2	8.9	9.6	3,755
Colon and Rectum	35.4	35.0	35.8	31,902	31.7	31.2	32.2	15,743	39.9	39.3	40.6	16,159
Liver and Intrahepatic Bile Duct	7.0	6.8	7.2	6,688	3.4	3.2	3.6	1,707	11.2	10.9	11.6	4,981
Gallbladder	1.1	1.0	1.1	952	1.3	1.2	1.5	665	0.7	0.6	0.8	287
Pancreas	12.3	12.0	12.5	11,336	10.8	10.5	11.1	5,561	14.0	13.6	14.3	5,775
Larynx	3.3	3.1	3.4	3,071	1.4	1.3	1.5	685	5.6	5.3	5.8	2,386
Lung and Bronchus	61.3	60.8	61.9	56,336	58.0	57.4	58.7	29,194	66.3	65.5	67.1	27,142
Melanoma of the Skin	23.1	22.8	23.4	20,395	19.3	18.8	19.7	8,896	28.5	28.0	29.1	11,499
Female Breast					137.0	135.9	138.1	64,602				
Cervix Uteri					5.6	5.4	5.8	2,253				
Corpus and Uterus, NOS					29.7	29.2	30.2	14,922				
Ovary					10.6	10.3	10.9	5,075				
Prostate									98.9	97.9	99.8	44,489
Testis									6.3	6.0	6.6	2,165
Urinary Bladder	24.1	23.8	24.4	22,080	11.0	10.7	11.3	5,649	41.3	40.7	42.0	16,431
Kidney and Renal Pelvis	15.6	15.4	15.9	14,035	10.6	10.3	10.9	5,053	21.5	21.1	22.0	8,982
Brain and Other Nervous System	6.5	6.3	6.7	5,398	5.7	5.4	5.9	2,458	7.5	7.2	7.8	2,940
Thyroid	18.4	18.1	18.7	14,560	26.7	26.2	27.3	10,751	9.7	9.4	10.0	3,809
Hodgkin Lymphoma	3.0	2.8	3.1	2,243	2.7	2.6	2.9	1,050	3.2	3.0	3.4	1,193
Non-Hodgkin Lymphoma	19.5	19.3	19.8	17,439	16.2	15.9	16.6	7,958	23.7	23.2	24.2	9,481
Myeloma	6.0	5.9	6.2	5,525	4.8	4.6	5.0	2,411	7.6	7.3	7.9	3,114
Leukemia	12.4	12.1	12.6	10,745	9.5	9.3	9.8	4,479	15.9	15.5	16.3	6,266
Mesothelioma	1.0	1.0	1.1	931	0.4	0.4	0.5	214	1.9	1.8	2.0	717

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table 28. Age-adjusted cancer incidence rates for select cancer sites by sex, New England, white, non-Hispanic population, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	12.3	12.0	12.5	9,887	7.0	6.8	7.3	3,034	18.1	17.7	18.6	6,853
Esophagus	5.7	5.5	5.8	4,674	2.2	2.1	2.4	1,019	9.8	9.5	10.1	3,655
Stomach	5.8	5.7	6.0	4,693	3.9	3.7	4.1	1,706	8.3	8.0	8.6	2,987
Colon and Rectum	35.2	34.8	35.7	27,764	31.6	31.0	32.1	13,732	39.7	39.0	40.3	14,032
Liver and Intrahepatic Bile Duct	6.1	6.0	6.3	5,124	3.0	2.8	3.1	1,302	9.8	9.5	10.2	3,822
Gallbladder	0.9	0.9	1.0	758	1.2	1.1	1.3	522	0.7	0.6	0.8	236
Pancreas	12.3	12.0	12.5	10,047	10.8	10.5	11.1	4,899	14.0	13.6	14.4	5,148
Larynx	3.3	3.2	3.4	2,717	1.4	1.3	1.6	626	5.5	5.3	5.8	2,091
Lung and Bronchus	63.5	62.9	64.0	51,684	60.8	60.0	61.5	26,946	67.8	66.9	68.7	24,738
Melanoma of the Skin	25.1	24.8	25.5	18,946	21.3	20.8	21.8	8,174	30.7	30.1	31.3	10,772
Female Breast					140.5	139.3	141.7	56,684				
Cervix Uteri					5.1	4.9	5.4	1,652				
Corpus and Uterus, NOS					30.2	29.7	30.8	13,176				
Ovary					10.8	10.5	11.2	4,472				
Prostate									93.9	93.0	94.9	37,405
Testis									7.4	7.1	7.8	1,913
Urinary Bladder	25.3	25.0	25.7	20,647	11.6	11.2	11.9	5,234	43.3	42.6	44.0	15,413
Kidney and Renal Pelvis	15.8	15.5	16.1	12,289	10.6	10.3	11.0	4,385	21.8	21.3	22.3	7,904
Brain and Other Nervous System	6.9	6.7	7.1	4,742	5.9	5.7	6.2	2,129	8.0	7.7	8.3	2,613
Thyroid	18.5	18.2	18.9	11,840	26.7	26.1	27.3	8,583	10.0	9.7	10.4	3,257
Hodgkin Lymphoma	3.1	3.0	3.3	1,826	2.9	2.7	3.1	855	3.4	3.1	3.6	971
Non-Hodgkin Lymphoma	19.8	19.4	20.1	15,382	16.3	15.9	16.7	6,972	24.1	23.6	24.6	8,410
Myeloma	5.6	5.4	5.8	4,531	4.3	4.1	4.5	1,928	7.2	6.9	7.5	2,603
Leukemia	12.7	12.4	13.0	9,483	9.7	9.4	10.1	3,915	16.3	15.9	16.8	5,568
Mesothelioma	1.1	1.0	1.2	886	0.5	0.4	0.5	205	2.0	1.8	2.2	681

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table 29. Age-adjusted cancer incidence rates for select cancer sites by sex, US, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	11.6	11.6	11.7	217,313	6.4	6.3	6.4	62,637	17.6	17.5	17.7	154,676
Esophagus	4.4	4.4	4.5	83,300	1.7	1.7	1.7	17,567	7.7	7.6	7.7	65,733
Stomach	6.4	6.4	6.5	117,294	4.5	4.5	4.6	44,576	8.8	8.7	8.9	72,718
Colon and Rectum	38.1	38.1	38.2	694,160	33.5	33.3	33.6	330,076	43.7	43.6	43.9	364,084
Liver and Intrahepatic Bile Duct	7.8	7.8	7.9	151,088	4.2	4.1	4.2	42,424	12	11.9	12	108,664
Gallbladder	1.1	1.1	1.1	19,861	1.3	1.3	1.4	13,485	0.8	0.8	0.8	6376
Pancreas	12.2	12.1	12.2	224,902	10.7	10.6	10.8	108,714	13.9	13.8	14	116,188
Larynx	3.2	3.2	3.3	61,892	1.3	1.2	1.3	12,752	5.6	5.6	5.7	49,140
Lung and Bronchus	57.3	57.2	57.4	1,061,455	50.2	50.1	50.3	506,725	66.6	66.4	66.8	554,730
Melanoma of the Skin	21.7	21.6	21.8	387,070	17.2	17.1	17.3	158,706	27.8	27.7	27.9	228,364
Female Breast					124.4	124.2	124.7	1,188,663				
Cervix Uteri					7.5	7.5	7.6	62,801				
Corpus and Uterus, NOS					26.5	26.4	26.6	265,249				
Ovary					10.9	10.8	11	104,451				
Prostate									102.5	102.3	102.7	924,943
Testis									5.6	5.6	5.7	43,149
Urinary Bladder	19.9	19.9	20	364,882	8.5	8.5	8.6	87,074	34.7	34.6	34.8	277,808
Kidney and Renal Pelvis	16.4	16.3	16.4	299,192	11.4	11.3	11.4	110,003	22.2	22.1	22.3	189,189
Brain and Other Nervous System	6.3	6.3	6.3	108,757	5.3	5.3	5.4	48,055	7.4	7.3	7.5	60,702
Thyroid	14.5	14.4	14.5	241,188	21.4	21.3	21.5	180,737	7.3	7.3	7.4	60,451
Hodgkin Lymphoma	2.6	2.6	2.7	42,700	2.3	2.3	2.4	19,040	3	2.9	3	23,660
Non-Hodgkin Lymphoma	19	18.9	19.1	341,687	15.8	15.7	15.9	154,576	22.9	22.8	23	187,111
Myeloma	6.6	6.6	6.6	121,570	5.3	5.3	5.4	53,413	8.2	8.1	8.3	68,157
Leukemia	13.6	13.5	13.6	239,955	10.5	10.5	10.6	99,677	17.4	17.3	17.5	140,278
Mesothelioma	0.9	0.9	0.9	15,787	0.4	0.4	0.4	3,896	1.5	1.5	1.6	11,891

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table 30. Age-adjusted cancer incidence rates for select cancer sites by sex, US, white, non-Hispanic population, 2012-2016

Cancer Site or Type	Male and female			Female			Male					
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	12.8	12.7	12.8	175,626	6.9	6.8	6.9	49,248	19.3	19.2	19.4	126,378
Esophagus	4.8	4.8	4.9	68,666	1.8	1.7	1.8	13,686	8.4	8.3	8.5	54,980
Stomach	5.3	5.2	5.3	72,859	3.4	3.4	3.5	25,389	7.5	7.4	7.6	47,470
Colon and Rectum	38	37.9	38.1	513,832	33.4	33.2	33.5	243,791	43.3	43.1	43.5	270,041
Liver and Intrahepatic Bile Duct	6.5	6.5	6.5	93,422	3.5	3.4	3.5	25,911	9.9	9.8	10	67,511
Gallbladder	0.9	0.9	0.9	12,369	1.1	1	1.1	8,227	0.7	0.6	0.7	4,142
Pancreas	12.1	12.1	12.2	170,497	10.5	10.4	10.6	80,497	14	13.9	14.1	90,000
Larynx	3.4	3.3	3.4	47,785	1.4	1.4	1.4	10,145	5.7	5.6	5.7	37,640
Lung and Bronchus	61.4	61.2	61.5	867,172	55.1	54.9	55.2	418,075	69.6	69.4	69.8	449,097
Melanoma of the Skin	27.9	27.8	28	357,676	22.8	22.7	22.9	144,395	34.7	34.6	34.9	213,281
Female Breast					130	129.7	130.2	894,089				
Cervix Uteri					7	7	7.1	38,078				
Corpus and Uterus, NOS					27.1	27	27.2	197,529				
Ovary					11.3	11.3	11.4	78,604				
Prostate									95.7	95.4	95.9	660,893
Testis									6.9	6.9	7	32,118
Urinary Bladder	22.4	22.3	22.5	315,250	9.5	9.4	9.5	73,042	38.7	38.5	38.9	242,208
Kidney and Renal Pelvis	16.6	16.5	16.6	221,684	11.4	11.3	11.5	79,679	22.5	22.4	22.6	142,005
Brain and Other Nervous System	7.2	7.1	7.2	85,439	6.1	6	6.1	37,324	8.4	8.3	8.5	48,115
Thyroid	15.6	15.5	15.6	172,565	22.9	22.8	23	125,696	8.2	8.1	8.3	46,869
Hodgkin Lymphoma	2.9	2.8	2.9	29,516	2.5	2.5	2.6	13,072	3.2	3.1	3.3	16,444
Non-Hodgkin Lymphoma	19.8	19.8	19.9	265,969	16.4	16.3	16.5	118,841	24	23.8	24.1	147,128
Myeloma	5.8	5.8	5.9	81,325	4.5	4.4	4.5	33,983	7.4	7.4	7.5	47,342
Leukemia	14.3	14.2	14.3	185,237	10.9	10.9	11	75,179	18.3	18.2	18.4	110,058
Mesothelioma	1.0	1.0	1.0	13,582	0.4	0.4	0.5	3,275	1.7	1.7	1.7	10,307

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

## Cancer Mortality

Cancer mortality is defined as the number of deaths, with cancer as the underlying cause of death, during a specific time period. Mortality is generally expressed as a rate; for the purpose of this report, rates are age adjusted to allow for comparison across regions, and are expressed per 100,000 population. Because cancer is not a single disease, but instead a group of more than 100 diseases with different risk factors, in addition to some introductory data about cancer mortality overall, later sections display rates separately by cancer type.

It is estimated that as many as 20% of those born in the US will die from cancer. It is important to know that cancer deaths become more likely as age increases. The table below displays risk of dying from cancer within the specified time interval relative to birth as well as the overall lifetime risk of dying from cancer. Risk estimates are displayed by sex. Due to data limitations, stratification by sex is limited to male and female; it is the NH Cancer Program's hope that we will be able to expand reporting of data based on gender identity in the future. Estimates are also displayed for the non-Hispanic white population of the United States, which most closely mirrors the racial and ethnic demographic of NH, where an estimated 90.9% of the population are white and not Hispanic or Latino, compared to 61.5% nationally.

Table 31. Risk of dying from cancer by interval from birth among those born in the US, 2014-2016

Risk Interval	All Races (includes Hispanic)									Non-Hispanic White								
	Male and Female			Female			Male			Male and Female			Female			Male		
	Risk (%)	95% CI		Risk (%)	95% CI		Risk (%)	95% CI		Risk (%)	95% CI		Risk (%)	95% CI		Risk (%)	95% CI	
Next 5 Years	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Next 10 Years	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Next 15 Years	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Next 20 Years	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
Next 25 Years	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Next 30 Years	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Next 35 Years	0.2	0.1	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.1	0.1	0.2	0.2	0.2
Next 40 Years	0.2	0.2	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.2	0.2
Next 45 Years	0.4	0.4	0.4	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	0.5	0.4	0.4	0.4
Next 50 Years	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7
Next 55 Years	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.3	1.4	1.4	1.4	1.5	1.4	1.5	1.4	1.4	1.4
Next 60 Years	2.4	2.4	2.4	2.4	2.4	2.4	2.5	2.5	2.5	2.5	2.5	2.5	2.4	2.4	2.4	2.5	2.5	2.6
Next 65 Years	3.9	3.9	3.9	3.7	3.7	3.7	4.2	4.1	4.2	4.0	4.0	4.0	3.8	3.8	3.8	4.2	4.2	4.3
Next 70 Years	6.0	6.0	6.0	5.5	5.5	5.5	6.4	6.4	6.5	6.1	6.1	6.1	5.6	5.6	5.7	6.6	6.5	6.6
Next 75 Years	8.6	8.6	8.6	7.9	7.9	7.9	9.4	9.3	9.4	8.8	8.8	8.8	8.1	8.1	8.1	9.5	9.5	9.6
Next 80 Years	11.7	11.7	11.8	10.7	10.7	10.8	12.8	12.7	12.8	12.0	12.0	12.1	11.1	11.0	11.1	13.0	13.0	13.1
Next 85 Years	14.9	14.9	14.9	13.7	13.6	13.7	16.2	16.2	16.3	15.3	15.3	15.3	14.1	14.0	14.1	16.6	16.5	16.6
Next 90 Years	17.5	17.5	17.5	16.1	16.1	16.2	19.1	19.0	19.1	17.9	17.9	18.0	16.6	16.5	16.6	19.4	19.4	19.5
Next 95 Years	19.0	19.0	19.0	17.6	17.6	17.6	20.6	20.6	20.6	19.4	19.3	19.4	18.0	18.0	18.0	20.9	20.9	21.0
<b>Remaining Life (lifetime risk)</b>	<b>19.7</b>	<b>19.7</b>	<b>19.7</b>	<b>18.4</b>	<b>18.3</b>	<b>18.4</b>	<b>21.3</b>	<b>21.3</b>	<b>21.4</b>	<b>20.0</b>	<b>20.0</b>	<b>20.1</b>	<b>18.7</b>	<b>18.7</b>	<b>18.8</b>	<b>21.6</b>	<b>21.5</b>	<b>21.6</b>

Data Source: Underlying Mortality data are from the NCHS public use data file for the total US. Created by [seer.cancer.gov/explorer/application.php](http://seer.cancer.gov/explorer/application.php) on 03/13/2020 11:50 am.

As stated previously, risk of cancer mortality increases with age. The table below shows age-specific cancer mortality rates; and to provide context as to how cancer contributes to overall mortality, data are also shown for all causes of death combined (including cancer). Across age groups and geographic regions, cancer deaths account for zero to 39% of all deaths. Rates in NH appear to be largely similar to rates for the US overall, where a significant difference is evident, the NH rate appears in bold text. To allow for a large enough sample size, in particular for younger age groups where there are fewer cancer deaths, ten years of data are combined. For comparison purposes, in addition age-specific rates among the NH population, age-specific rates for the US are also displayed.

Table 32. Age specific cancer and all-cause mortality by geographic region

Age Group	Malignant Cancers						All Causes of Death					
	New Hampshire			United States			New Hampshire			United States		
	Rate	95% CI		Rate	95% CI		Rate	95% CI		Rate	95% CI	
<1 year	^	^		1.6	1.5	1.7	<b>448.4</b>	<b>412.6</b>	<b>486.4</b>	623.5	621.0	625.9
1-4 years	2.0	1.0	3.6	2.2	2.2	2.3	<b>18.4</b>	<b>15.0</b>	<b>22.4</b>	26.5	26.3	26.8
5-9 years	2.7	1.6	4.1	2.2	2.2	2.3	9.4	7.4	11.9	12.1	11.9	12.2
10-14 years	2.4	1.5	3.7	2.1	2.1	2.2	12.1	9.8	14.7	14.7	14.5	14.8
15-24 years	2.7	2.0	3.5	3.6	3.5	3.7	<b>57.4</b>	<b>54.0</b>	<b>61.0</b>	69.9	69.7	70.2
25-34 years	9.3	7.8	11.0	8.6	8.5	8.7	112.9	107.6	118.4	109.2	108.9	109.5
35-44 years	26.9	24.5	29.5	28.7	28.5	28.9	<b>150.4</b>	<b>144.6</b>	<b>156.3</b>	178.1	177.7	178.5
45-54 years	<b>95.6</b>	<b>91.6</b>	<b>99.9</b>	107.6	107.3	107.9	<b>316.5</b>	<b>309.1</b>	<b>324.1</b>	410.4	409.8	411.0
55-64 years	<b>271.0</b>	<b>263.6</b>	<b>278.6</b>	294.1	293.5	294.6	<b>697.1</b>	<b>685.1</b>	<b>709.2</b>	863.8	862.8	864.7
65+ years	<b>971.4</b>	<b>957.5</b>	<b>985.4</b>	940.4	939.5	941.4	<b>4,293.0</b>	<b>4,263.8</b>	<b>4,322.2</b>	4,343.3	4,341.3	4,345.3

Data Source: Underlying mortality data provided by NCHS ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)). Rates are per 100,000. ^ statistic not displayed due to fewer than 10 cases.

For further context, the following figure displays the total average count of deaths per year from 2007 to 2016 in NH by age group, along with average counts for the top ten causes of death for each age group. During this time period, cancer was the top cause of death overall among NH residents, and among certain age groups, including those ages five to nine, ages 45 to 54, and ages 55 to 64. Within some age categories, fewer than ten causes of death are identified because data were suppressed due to low case counts (fewer than ten deaths over a 10-year period). The figure is followed by a similar one, showing the top-ten causes of death by age group for the United States. Because counts are not comparable across populations of varying size, average yearly counts for the US are not displayed.



Rank	<1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65+ years	All ages
All Causes	58	10	7	10	103	169	259	687	1,293	8,305	10,903
1	Conditions Originating in Perinatal Period (30)	Unintentional Injury (2)	Cancers (2)	Unintentional Injury (2)	Unintentional Injury (54)	Unintentional Injury (86)	Unintentional Injury (76)	Cancers (208)	Cancers (503)	Heart Disease (2,029)	Cancers (2,660)
2	Congenital Anomalies (8)	Congenital Anomalies (1)	Unintentional Injury (2)	Cancers (2)	Suicide (21)	Suicide (27)	Cancers (46)	Heart Disease (114)	Heart Disease (241)	Cancers (1,879)	Heart Disease (2,424)
3	Unintentional Injury (1)	Cancers (1)		Suicide (2)	Cancers (5)	Cancers (14)	Suicide (33)	Unintentional Injury (87)	Unintentional Injury (65)	Chronic Lower Respiratory Diseases (576)	Chronic Lower Respiratory Diseases (662)
4					Heart Disease (3)	Heart Disease (8)	Heart Disease (27)	Suicide (51)	Chronic Lower Respiratory Diseases (64)	Cerebrovascular Diseases (428)	Unintentional Injury (621)
5					Homicide (3)	Homicide (3)	Liver Disease (8)	Liver Disease (32)	Diabetes Mellitus (44)	Alzheimer's (391)	Cerebrovascular Diseases (478)
6					Congenital Anomalies (2)	Cerebrovascular Diseases (13)	Diabetes Mellitus (6)	Diabetes Mellitus (20)	Liver Disease (44)	Unintentional Injury (246)	Alzheimer's (397)
7						Diabetes Mellitus (2)	Homicide (4)	Chronic Lower Respiratory Diseases (18)	Suicide (36)	Diabetes Mellitus (215)	Diabetes Mellitus (288)
8						Chronic Lower Respiratory Diseases (1)	Cerebrovascular Diseases (4)	Cerebrovascular Diseases (13)	Cerebrovascular Diseases (31)	Pneumonia and Influenza (193)	Pneumonia and Influenza (213)
9						Liver Disease (1)	Congenital Anomalies (2)	Other Infectious and Parasitic Diseases (9)	Other Infectious and Parasitic Diseases (19)	Nephritis (155)	Suicide (200)
10							Septicemia (2)	Septicemia (6)	Septicemia (16)	Septicemia (90)	Nephritis (172)

Figure 34. Top 10 Causes of Death by Age Group and Average Count of Deaths per Year by Cause and Age, NH, 2007-2016

Data Source: Underlying mortality data provided by NCHS ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)). Rates are per 100,000. ^ statistic not displayed due to fewer than 10 cases. Conditions Originating in Perinatal Period (Certain Conditions Originating in Perinatal Period); Unintentional Injury (Accidents and Adverse Effects); Cancers (All Malignant Cancers); Suicide (Suicide and Self-Inflicted Injury); Heart Disease (Diseases of the Heart); Homicide (Homicide and Legal Intervention); Chronic Lower Respiratory Diseases (Chronic Obstructive Pulmonary Disease and Allied Conditions); Liver Disease (Chronic Liver Disease and Cirrhosis); Nephritis (Nephritis, Nephrotic Syndrome and Nephrosis); Alzheimers (Alzheimers (ICD-9 and 10 only))

Rank	<1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65+ years	All ages
1	Conditions Originating in Perinatal Period	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury	Cancers	Cancers	Diseases of Heart	Diseases of Heart
2	Congenital Anomalies	Congenital Anomalies	Cancers	Cancers	Homicide	Suicide	Cancers	Heart Disease	Heart Disease	Cancers	Cancers
3	Unintentional Injury	Homicide	Congenital Anomalies	Suicide	Suicide	Homicide	Heart Disease	Unintentional Injury	Unintentional Injury	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases
4	Heart Disease	Cancers	Homicide	Homicide	Cancers	Cancers	Suicide	Liver Disease	Chronic Lower Respiratory Diseases	Cerebrovascular Diseases	Cerebrovascular Diseases
5	Homicide	Heart Disease	Heart Disease	Congenital Anomalies	Heart Disease	Heart Disease	Homicide	Suicide	Diabetes Mellitus	Alzheimer's	Unintentional Injury
6	Septicemia	Pneumonia and Influenza	Chronic Lower Respiratory Diseases	Heart Disease	Congenital Anomalies	Human Immunodeficiency Virus (HIV) (1987+)	Liver Disease	Diabetes Mellitus	Cerebrovascular Diseases	Diabetes Mellitus	Alzheimer's
7	Pneumonia and Influenza	Other Infectious and Parasitic Diseases	Pneumonia and Influenza	Chronic Lower Respiratory Diseases	Pneumonia and Influenza	Diabetes Mellitus	Diabetes Mellitus	Cerebrovascular Diseases	Liver Disease	Pneumonia and Influenza	Diabetes Mellitus
8	Other Infectious and Parasitic Diseases	Septicemia	In situ, benign or unknown behavior neoplasm	Pneumonia and Influenza	Diabetes Mellitus	Liver Disease	Cerebrovascular Diseases	Chronic Lower Respiratory Diseases	Suicide	Unintentional Injury	Pneumonia and Influenza
9	Cerebrovascular Diseases	Chronic Lower Respiratory Diseases	Cerebrovascular Diseases	Cerebrovascular Diseases	Cerebrovascular Diseases	Cerebrovascular Diseases	Human Immunodeficiency Virus (HIV) (1987+)	Human Immunodeficiency Virus (HIV) (1987+)	Septicemia	Nephritis	Nephritis
10	Nephritis	Conditions Originating in Perinatal Period	Other Infectious and Parasitic Diseases	In situ, benign or unknown behavior neoplasm	Chronic Lower Respiratory Diseases	Pneumonia and Influenza	Pneumonia and Influenza	Other Infectious and Parasitic Diseases	Nephritis	Septicemia	Suicide

Figure 35. Top 10 Causes of Death by Age Group, US, 2007-2016

Data Source: Underlying mortality data provided by NCHS ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)). Rates are per 100,000. ^ statistic not displayed due to fewer than 10 cases. Conditions Originating in Perinatal Period (Certain Conditions Originating in Perinatal Period); Unintentional Injury (Accidents and Adverse Effects); Cancers (All Malignant Cancers); Suicide (Suicide and Self-Inflicted Injury); Heart Disease (Diseases of the Heart); Homicide (Homicide and Legal Intervention); Chronic Lower Respiratory Diseases (Chronic Obstructive Pulmonary Disease and Allied Conditions); Liver Disease (Chronic Liver Disease and Cirrhosis); Nephritis (Nephritis, Nephrotic Syndrome and Nephrosis); Alzheimers (Alzheimers (ICD-9 and 10 only))

Cancer mortality data provide one more piece of the puzzle to understanding the burden of cancer in NH. Cancer mortality rates vary by cancer type and are influenced by a number of factors including early detection and treatment. It is important to note that the relative survival rate (the estimated percent that are expected to live at least 5 years beyond the date of diagnosis) varies by cancer type and by stage at diagnosis. Data relative to stage of diagnosis and survival will be included in cancer type specific chapters which will be released at a later date.

### Top Causes of Cancer Mortality in New Hampshire - Both Sexes Combined

Consistent with methodology used by the Centers for Disease Control and Prevention (CDC), top causes of cancer mortality (death) are classified as such based on the number of deaths. This section describes the types of cancer that account for the largest count of deaths among NH residents when considering both sexes combined.

#### Count of Cases

The top ten causes of cancer mortality among NH residents during the five-year period of 2012 through 2016 are included in the figure below.

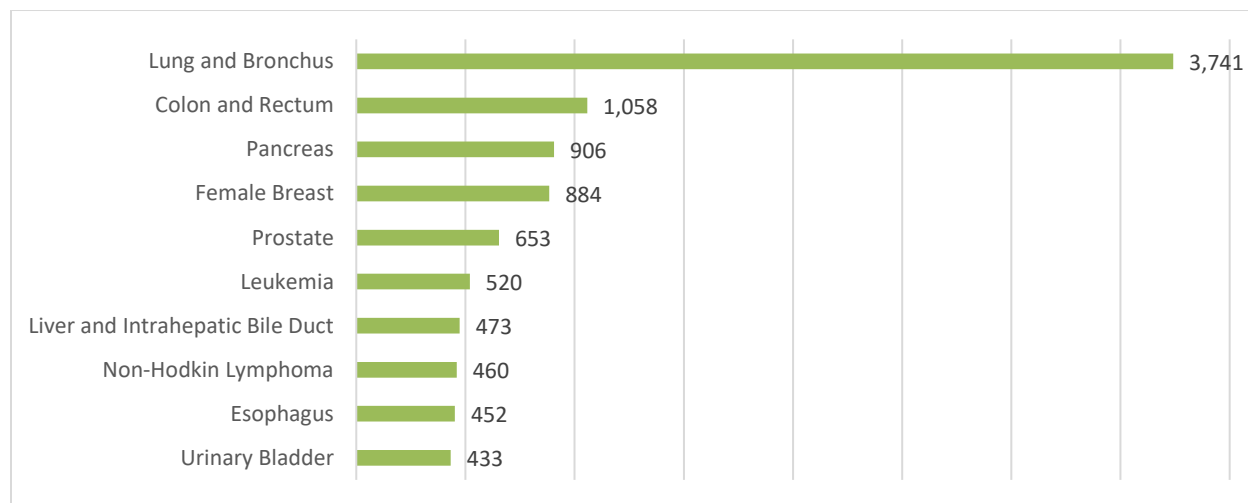


Figure 36. Count of deaths for the top ten causes of cancer mortality in NH, 2012-2016, both sexes

Combined, these types of cancer accounted for 9,580 deaths over the course of five years. The leading causes of cancer mortality at the state level are largely consistent with what the data show nationally in terms of cancer type and order of frequency; however, there are some differences. At the national level, there are more deaths from breast cancer than pancreatic cancer; more deaths from liver cancer than leukemia; and brain cancers are included as the ninth leading cause of cancer death in place of esophageal cancer.

Because cancer affects males and females differently, cancer mortality for females and males are presented separately in the following sections.

### Top Causes of Cancer Mortality in New Hampshire - Females

This section describes the types of cancer that account for the largest count of deaths among the female population of NH.

#### Count of Cases

The top ten causes of cancer mortality among females in NH during the five-year period of 2012 through 2016 are included in the figure below.

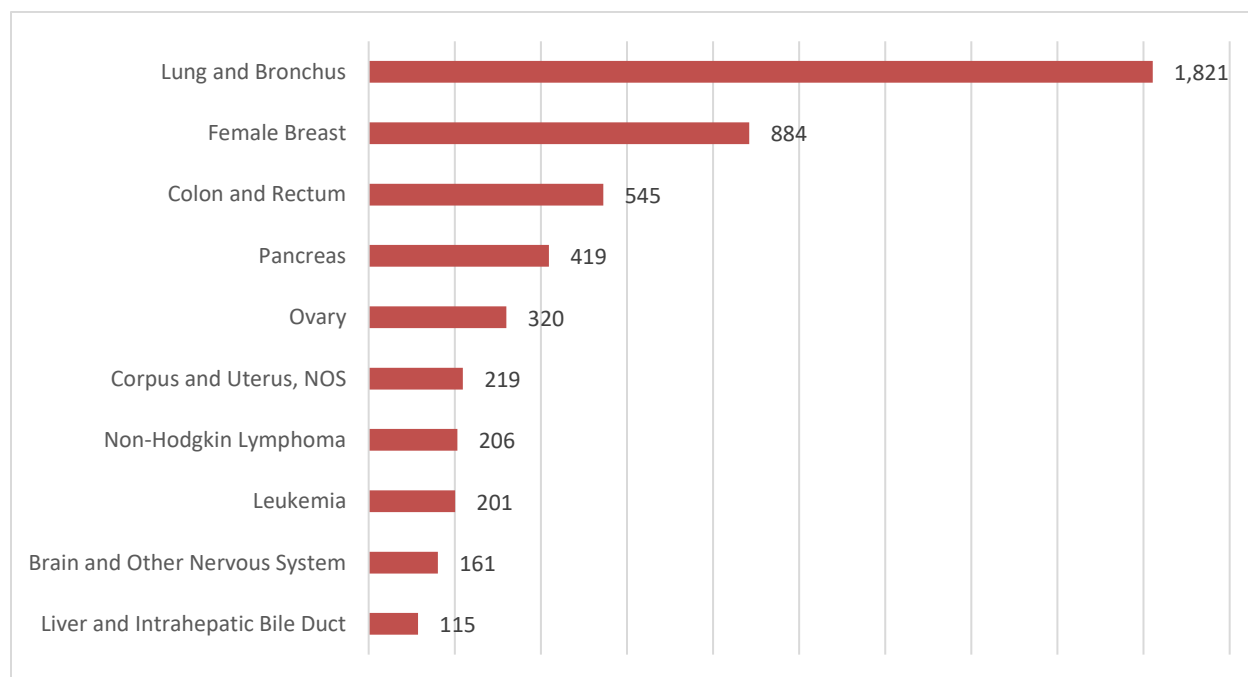


Figure 37. Count of deaths for the ten leading cancers by mortality in NH, 2012-2016, females

Combined, these types of cancer accounted for 4,891 deaths over the course of five years. The leading causes of cancer mortality among females at the state level are largely consistent with what the data show nationally in terms of cancer type and order of frequency; however, there are some differences. At the national level, there are more leukemia and uterine cancer deaths than Non-Hodgkin Lymphoma deaths, and more liver cancer deaths than brain cancer deaths.

## Mortality Comparison

To allow for comparison of NH data to the data of other geographic regions, age-adjusted rates were calculated. The chart below shows the age-adjusted mortality rates for the top ten cancers based on count of deaths among females in NH compared to rates in the New England region and the US. NH's demographic profile varies from the US, with 90.9% of the population in NH being white and not Hispanic or Latino, compared to 61.5% nationally.<sup>9</sup> Because we know that race and ethnicity are risk factors for some types of cancer and that outcomes vary across populations by race and ethnicity, mortality rates in NH are also compared to the white non-Hispanic population of the US.

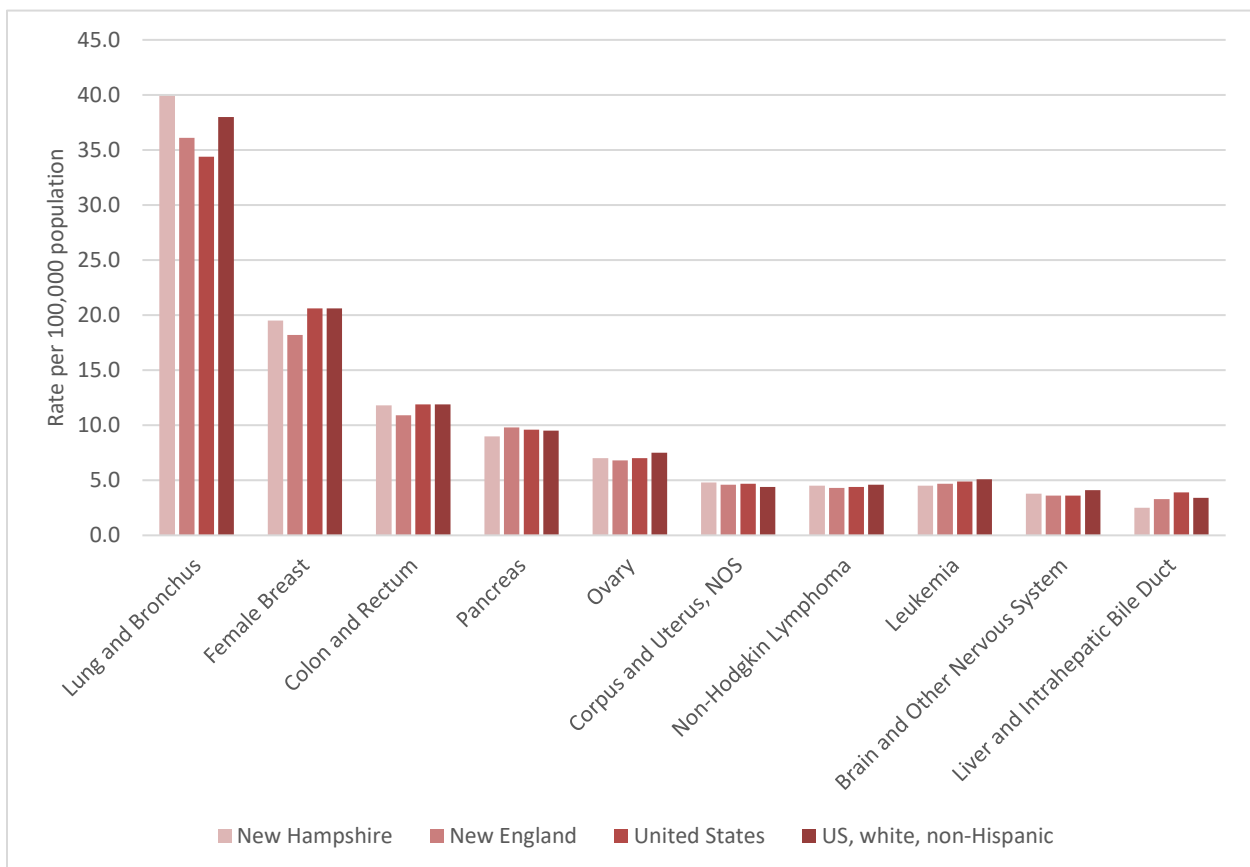


Figure 38. Comparison of mortality for top 10 cancers among females in NH based on count of deaths, 2012-2016

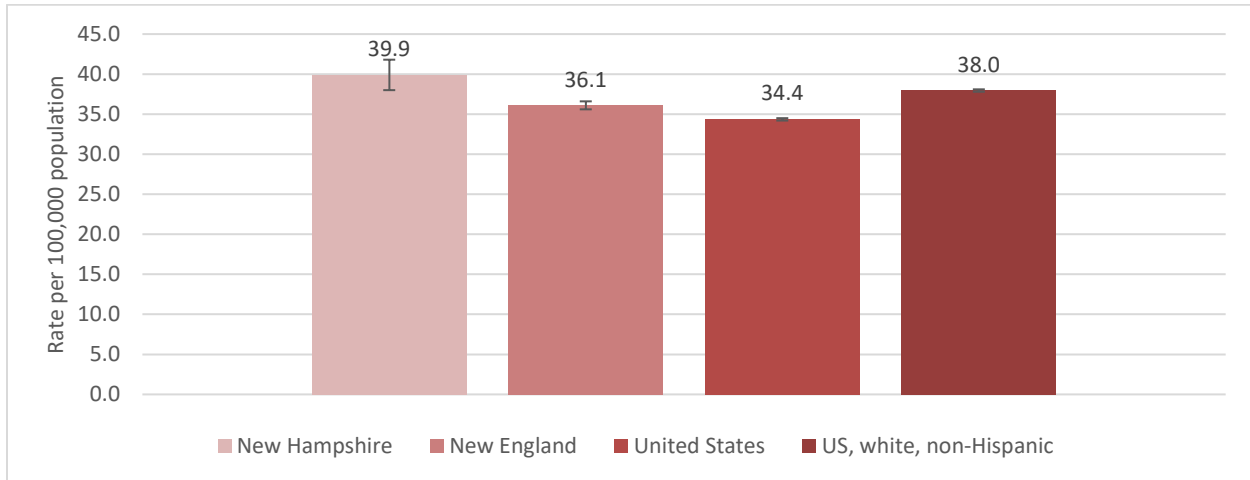
Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard.

To better understand the more complete picture of cancer mortality among females in NH, additional detail is included by cancer type, including a closer look at the 5-year mortality statewide and 10-year trends. Note that chart Y-axes vary by cancer type based on reported mortality.

<sup>9</sup> United States Census Bureau/American Fact Finder. 2013-2017 American Community Survey 5-Year Estimates. DP05: ACS Demographic and Housing Estimates.[accessed: September 17, 2019]. URL: [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_17\\_5YR\\_DP05&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP05&prodType=table)

## Lung Cancer (Lung and Bronchus)

Lung cancer is the leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 364 NH females died of lung cancer per year. The rate of lung cancer mortality in NH is significantly higher than the rates for New England, and the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	39.9	38.0	41.8
New England	36.1	35.6	36.6
United States	34.4	34.2	34.5
US, white, non-Hispanic	38.0	37.8	38.1

Figure 39. Age-adjusted lung cancer mortality, females 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of lung cancer mortality among females did not change significantly in NH. The rate decreased significantly across all other geographic regions and populations assessed. In New England, the Annual Percent Change (APC) was -2.4. The APCs for the US overall and for the white, non-Hispanic population of the US were -2.3 and -2.1 respectively.

Table 33. Trends in lung cancer mortality, females, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-1.4	0.1	-3.1	0.4
New England	-2.4*	0.0	-2.9	-2
United States	-2.3*	0.0	-2.6	-2
US, white, non-Hispanic	-2.1*	0.0	-2.4	-1.8

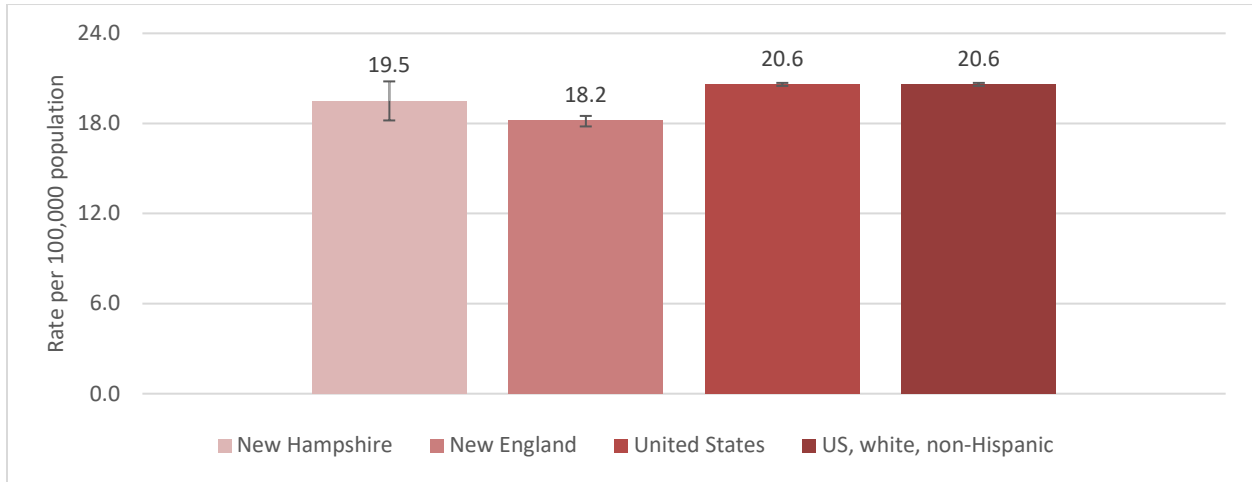
Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

## Breast Cancer

Breast cancer is the second leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 177 NH females died of breast cancer per year. While the rate of breast cancer mortality among females in NH appears to be lower than the rates for females in the US overall and for

the white, non-Hispanic population of females in the US; breast cancer mortality rates do not appear to be significantly different across the geographic regions and populations assessed.



Geographic Region/Population	Rate	95% CI	
New Hampshire	19.5	18.2	20.8
New England	18.2	17.8	18.5
United States	20.6	20.5	20.7
US, white, non-Hispanic	20.6	20.5	20.7

Figure 40. Age-adjusted breast cancer mortality, females 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of breast cancer mortality among females in NH did not change significantly. The rate decreased significantly across all other geographic regions and populations assessed. In New England, the APC was -2.4. The APCs for the US overall and for the white, non-Hispanic population of the US were both -1.5.

Table 34. Trends in breast cancer mortality, females, 2007-2016

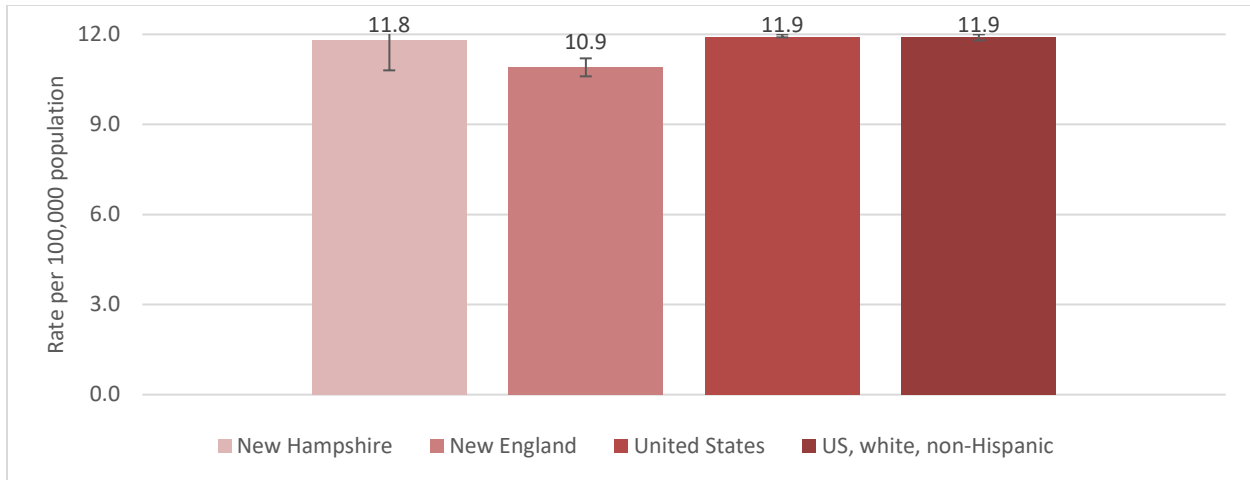
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-1.8	0.1	-3.8	0.2
New England	-2.4*	0.0	-2.8	-1.9
United States	-1.5*	0.0	-1.6	-1.4
US, white, non-Hispanic	-1.5*	0.0	-1.6	-1.4

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Colorectal Cancer (Colon and Rectum)

Colorectal cancer is the third leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 109 NH females died of colorectal cancer per year. Colorectal cancer mortality rates do not appear to be significantly different across the geographic regions and populations assessed.



Geographic Region/Population	Rate	95% CI	
New Hampshire	11.8	10.8	12.9
New England	10.9	10.6	11.2
United States	11.9	11.9	12.0
US, white, non-Hispanic	11.9	11.8	12.0

Figure 41. Age-adjusted colorectal cancer mortality, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of colorectal cancer mortality among females in NH did not change significantly. The rate decreased significantly across all other geographic regions and populations assessed. In New England, the APC was -3.0. The APCs for the US overall and for the white, non-Hispanic population of the US were -2.3 and -2.2 respectively.

Table 35. Trends in colorectal cancer mortality, females, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-2.0	0.2	-5.4	1.5
New England	-3.0*	0.0	-3.7	-2.2
United States	-2.3*	0.0	-2.7	-2.0
US, white, non-Hispanic	-2.2*	0.0	-2.5	-1.8

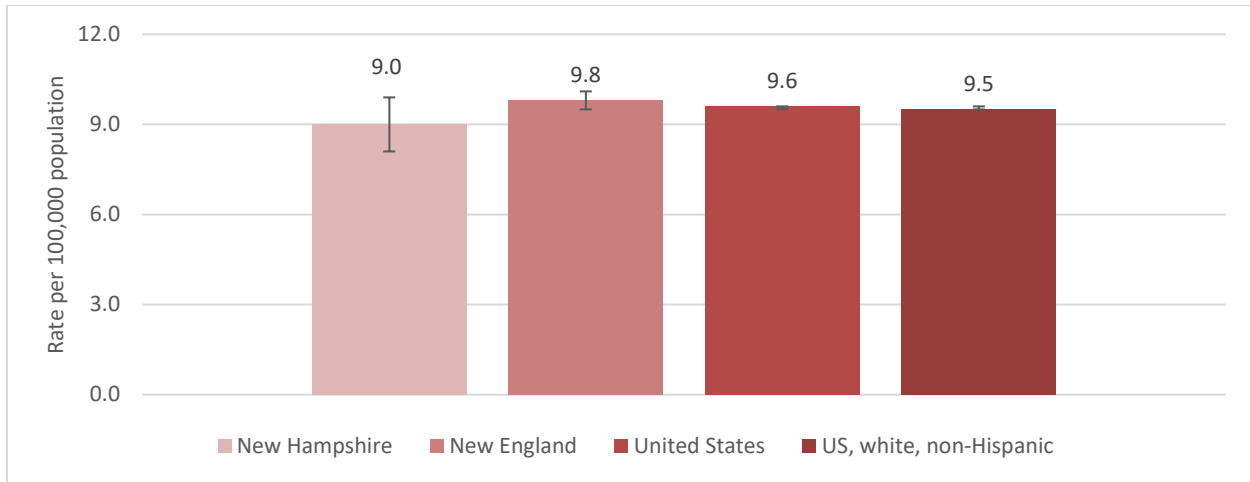
Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Pancreatic Cancer

Pancreatic cancer is the fourth leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 84 NH females died of pancreatic cancer per year. While the rate of pancreatic cancer mortality among females in NH appears to be lower than the rates for females in New England, the US overall and for the white, non-Hispanic population of females in the US; pancreatic cancer mortality rates do not appear to be significantly different across the geographic regions and populations assessed.





Geographic Region/Population	Rate	95% CI	
New Hampshire	9.0	8.1	9.9
New England	9.8	9.5	10.1
United States	9.6	9.5	9.6
US, white, non-Hispanic	9.5	9.5	9.6

Figure 42. Age-adjusted pancreatic cancer mortality, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of pancreatic cancer mortality among females decreased significantly in NH, with an APC of -2.0. The rate did not change significantly in other geographic regions and populations assessed.

Table 36. Trends in pancreatic cancer mortality, females, 2007-2016

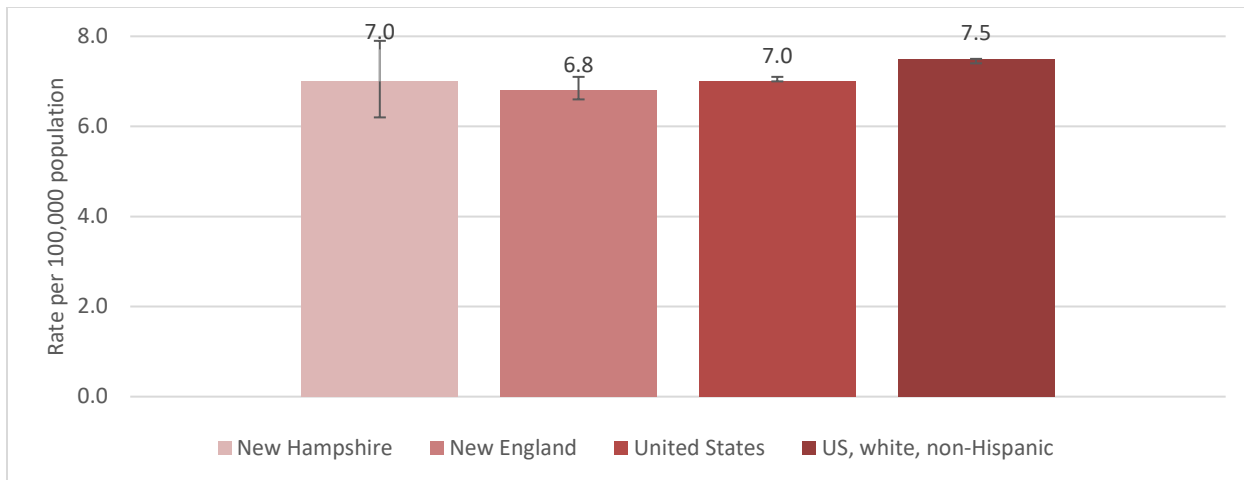
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-2.0*	0.0	-3.6	-0.3
New England	-0.4	0.2	-1	0.2
United States	0.1	0.4	-0.1	0.3
US, white, non-Hispanic	0.2	0.2	-0.1	0.4

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Ovarian Cancer

Ovarian cancer is the fifth leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 64 NH females died of ovarian cancer per year. Ovarian cancer mortality rates do not appear to be significantly different across the geographic regions and populations assessed.



Geographic Region/Population	Rate	95% CI	
New Hampshire	7.0	6.2	7.9
New England	6.8	6.6	7.1
United States	7.0	7.0	7.1
US, white, non-Hispanic	7.5	7.4	7.5

Figure 43. Age-adjusted ovarian cancer mortality, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of ovarian cancer mortality among females did not change significantly in NH. The rate decreased significantly across all other geographic regions and populations assessed. In New England, the APC was -2.1. The APCs for the US overall and for the white, non-Hispanic population of the US were both -2.3.

Table 37. Trends in ovarian cancer mortality, females, 2007-2016

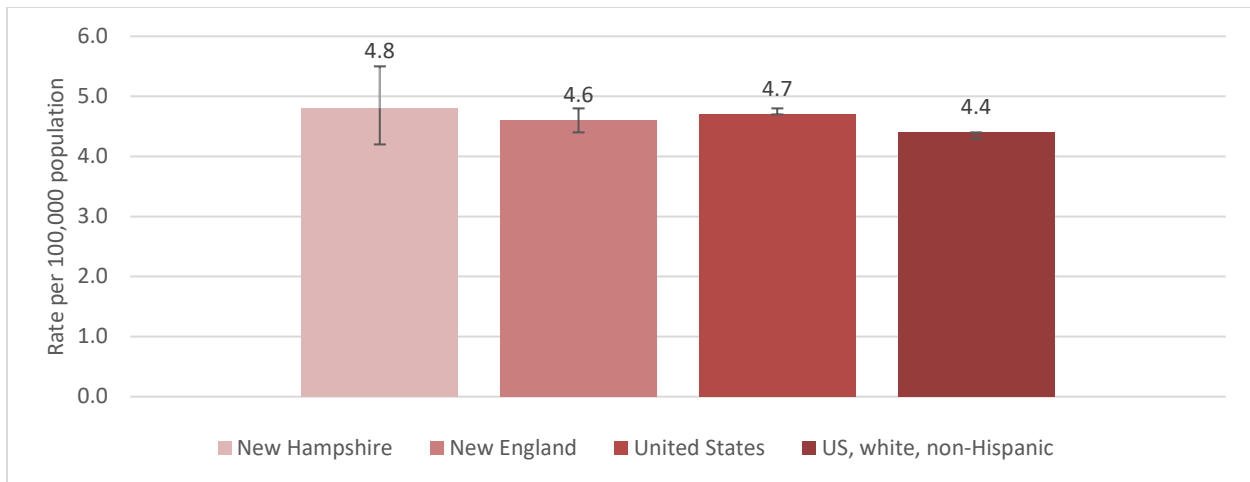
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-1.4	0.1	-3.3	0.6
New England	-2.1*	0.0	-3.1	-1
United States	-2.3*	0.0	-2.5	-2
US, white, non-Hispanic	-2.3*	0.0	-2.6	-2

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Uterine Cancer (Corpus and Uterus, not otherwise specified (NOS))

Uterine cancer is the sixth leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 44 NH females died of uterine cancer per year. Uterine cancer mortality rates do not appear to be significantly different across the geographic regions and populations assessed.



Geographic Region/Population	Rate	95% CI	
New Hampshire	4.8	4.2	5.5
New England	4.6	4.4	4.8
United States	4.7	4.7	4.8
US, white, non-Hispanic	4.4	4.3	4.4

Figure 44. Age-adjusted uterine cancer mortality, females, 2012-2016, Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of uterine cancer mortality among females did not change significantly in NH or New England. The rate increased significantly in the US and among the US white, non-Hispanic population, with APCs of 2.0 and 1.7 respectively.

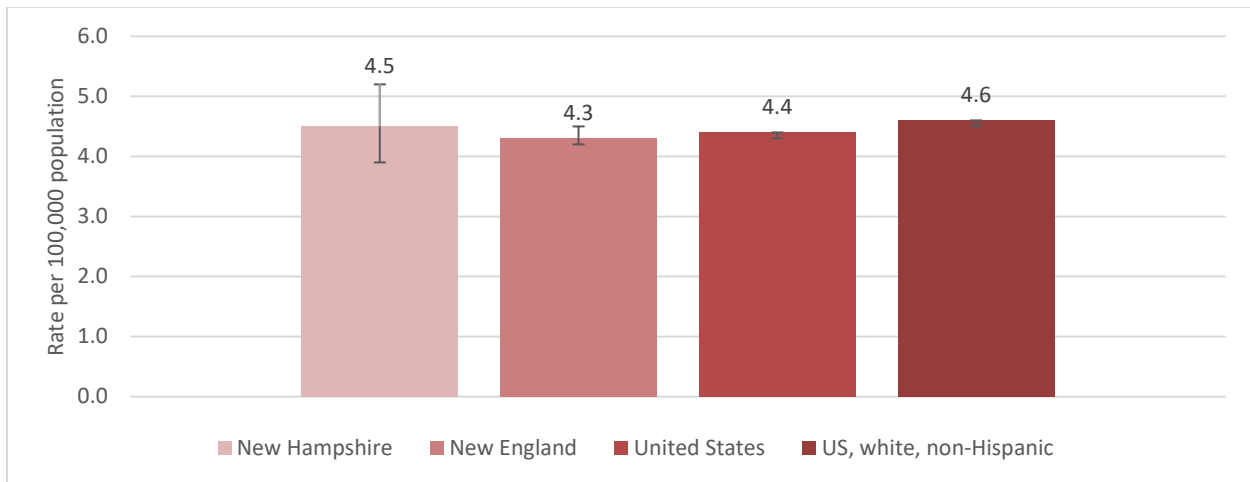
Table 38. Trends in uterine cancer mortality, females, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	0.0	1.0	-3.3	3.4
New England	1.0	0.1	-0.2	2.2
United States	2.0*	0.0	1.6	2.4
US, white, non-Hispanic	1.7*	0.0	1.3	2.2

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method. \*The APC is significantly different from zero ( $p < 0.05$ ).

### Non-Hodgkin Lymphoma

Non-Hodgkin Lymphoma is the seventh leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 41 NH females died of Non-Hodgkin Lymphoma per year. Non-Hodgkin Lymphoma mortality rates do not appear to be significantly different across most of the geographic regions and populations assessed, with the exception of the rate among the white, non-Hispanic population of females in the US being significantly higher than the among females in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	4.5	3.9	5.2
New England	4.3	4.2	4.5
United States	4.4	4.3	4.4
US, white, non-Hispanic	4.6	4.5	4.6

Figure 45. Age-adjusted Non-Hodgkin Lymphoma mortality, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of Non-Hodgkin Lymphoma mortality among females did not change significantly in NH. The rate decreased significantly across all other geographic regions and populations assessed. In New England, the APC was -1.6. The APCs for the US overall and for the white, non-Hispanic population of the US were -2.5 and -2.6 respectively.

Table 39. Trends in Non-Hodgkin Lymphoma mortality, females, 2007-2016

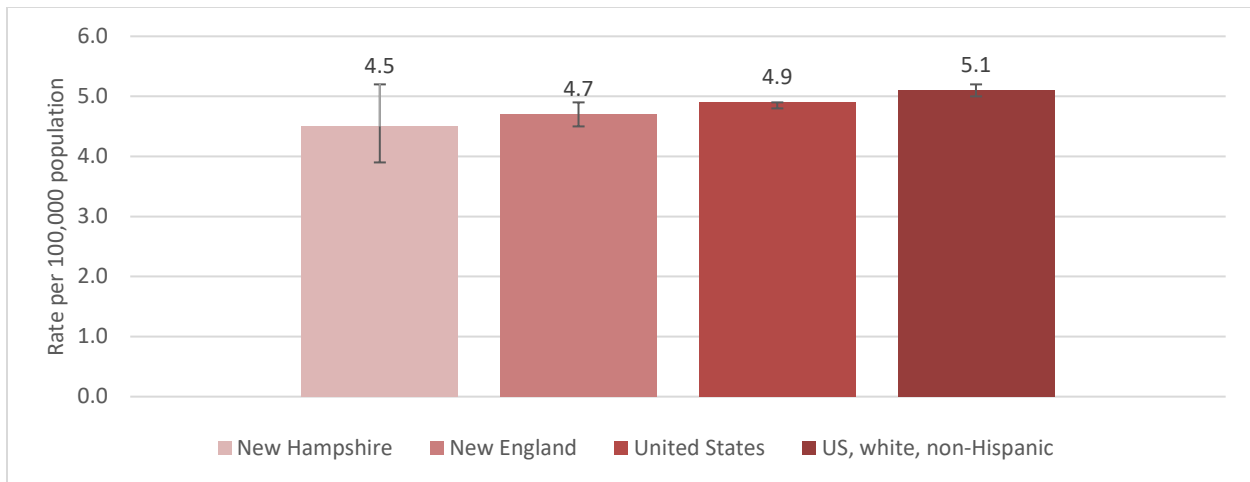
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-0.4	0.8	-3.4	2.8
New England	-1.6*	0.0	-2.8	-0.4
United States	-2.5*	0.0	-2.8	-2.3
US, white, non-Hispanic	-2.6*	0.0	-2.9	-2.3

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

## Leukemia

Leukemia is the eighth leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 40 NH females died of leukemia per year. Leukemia mortality rates do not appear to be significantly different across most of the geographic regions and populations assessed, with the exception of the rate among the white, non-Hispanic population of females in the US being significantly higher than the rate among females in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	4.5	3.9	5.2
New England	4.7	4.5	4.9
United States	4.9	4.8	4.9
US, white, non-Hispanic	5.1	5.0	5.2

Figure 46. Age-adjusted leukemia mortality, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of leukemia mortality among females decreased significantly across all geographic regions and populations assessed, with NH showing the largest decrease. In NH, the APC was -3.3; in New England, the APC was -1.3. The APCs for the US overall and for the white, non-Hispanic population of the US were -1.4 and -1.3 respectively.

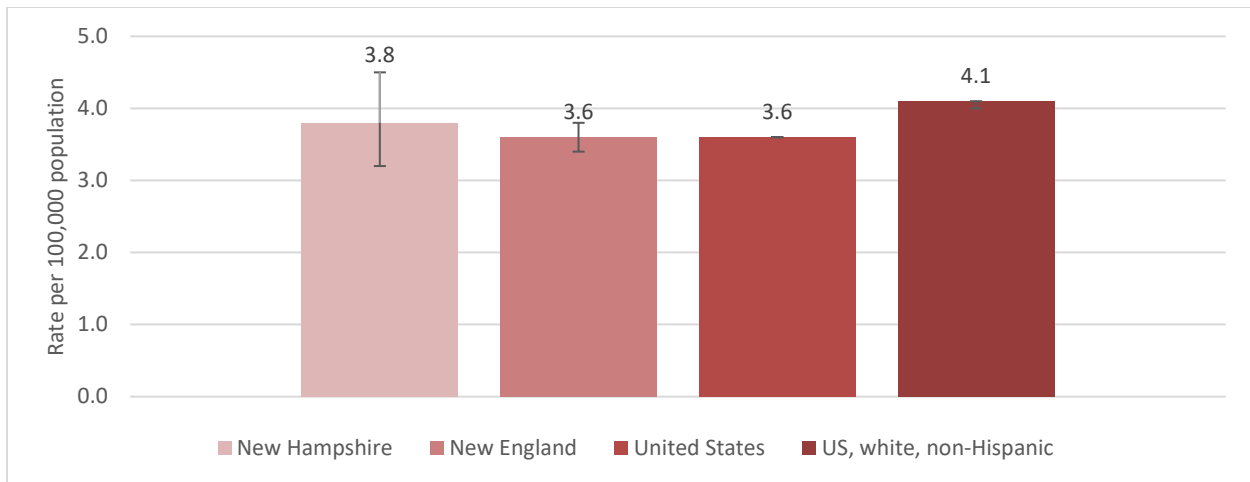
Table 40. Trends in leukemia mortality, females, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-3.3*	0.0	-6.5	0.0
New England	-1.3*	0.0	-2.5	-0.2
United States	-1.4*	0.0	-1.9	-1.0
US, white, non-Hispanic	-1.3*	0.0	-1.7	-0.9

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method. \*The APC is significantly different from zero ( $p < 0.05$ ).

### Brain Cancer (Brain and other Nervous System)

Brain cancer is the ninth leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 32 NH females died of brain cancer per year. Brain cancer mortality rates do not appear to be significantly different across most of the geographic regions and populations assessed, with the exception of the rate among the white, non-Hispanic population of females in the US being significantly higher than the rate for females in New England and for females in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	3.8	3.2	4.5
New England	3.6	3.4	3.8
United States	3.6	3.6	3.6
US, white, non-Hispanic	4.1	4.0	4.1

Figure 47. Age-adjusted brain cancer mortality, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, while the APC for NH appears to show the largest change, the rate of brain cancer mortality among females in the state did not change significantly. Similarly, the rate did not change significantly in New England. The rate increased significantly in the US and among the US white, non-Hispanic population, with APCs of 0.6 and 0.7 respectively.

Table 41. Trends in brain cancer mortality, females, 2007-2016

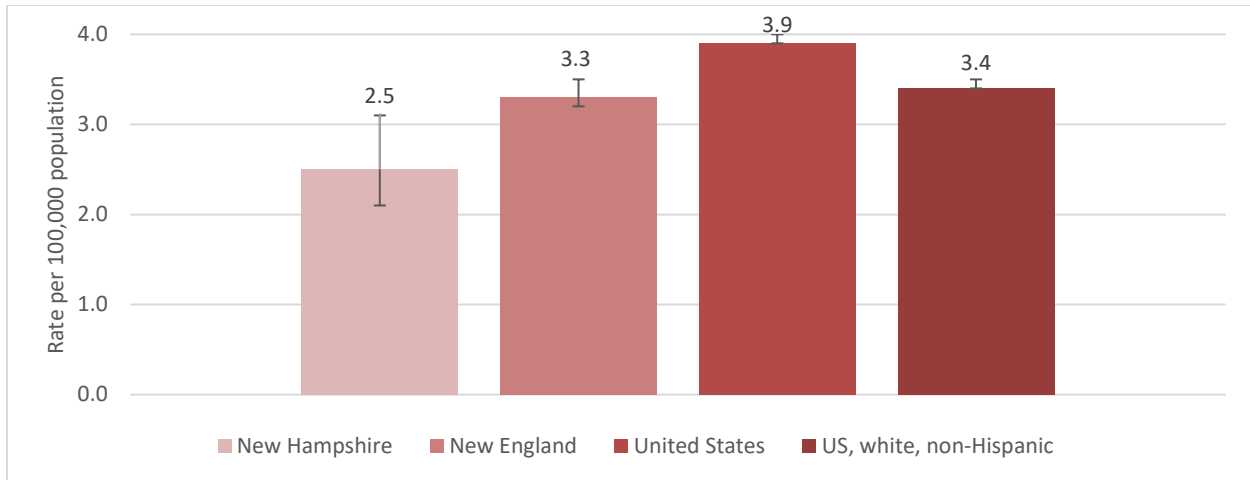
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	3.4	0.1	-0.7	7.8
New England	1.2	0.1	0.0	2.4
United States	0.6*	0.0	0.2	1.0
US, white, non-Hispanic	0.7*	0.0	0.3	1.2

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Liver Cancer (Liver and Intrahepatic Bile Duct)

Liver cancer is the tenth leading cause of cancer death among females in NH. Between 2012 and 2016, an average of 23 NH females died of liver cancer per year. The rate of liver cancer mortality among females in NH is significantly lower than all other geographic regions and populations assessed. The rate among females in the US overall is significantly higher than all other populations assessed.



Geographic Region/Population	Rate	95% CI	
New Hampshire	2.5	2.1	3.1
New England	3.3	3.2	3.5
United States	3.9	3.9	4.0
US, white, non-Hispanic	3.4	3.4	3.5

Figure 48. Age-adjusted liver cancer mortality, females, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of liver cancer mortality among females did not change significantly in NH. The rate increased significantly across all other geographic regions and populations assessed. In New England, the APC was 1.7. The APCs for the US overall and for the white, non-Hispanic population of the US were 2.7 and 2.8 respectively.

Table 42. Trends in liver cancer mortality, females, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-0.5	0.8	-4.8	4.1
New England	1.7*	0.0	0.5	2.9
United States	2.7*	0.0	2.3	3
US, white, non-Hispanic	2.8*	0.0	2.4	3.1

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

## Top Causes of Cancer Mortality in New Hampshire - Males

This section describes the types of cancer that account for the largest count of deaths among the male population of NH.

### Count of Cases

The top ten causes of cancer mortality among NH males during the five-year period of 2012 through 2016 are included in the figure below.

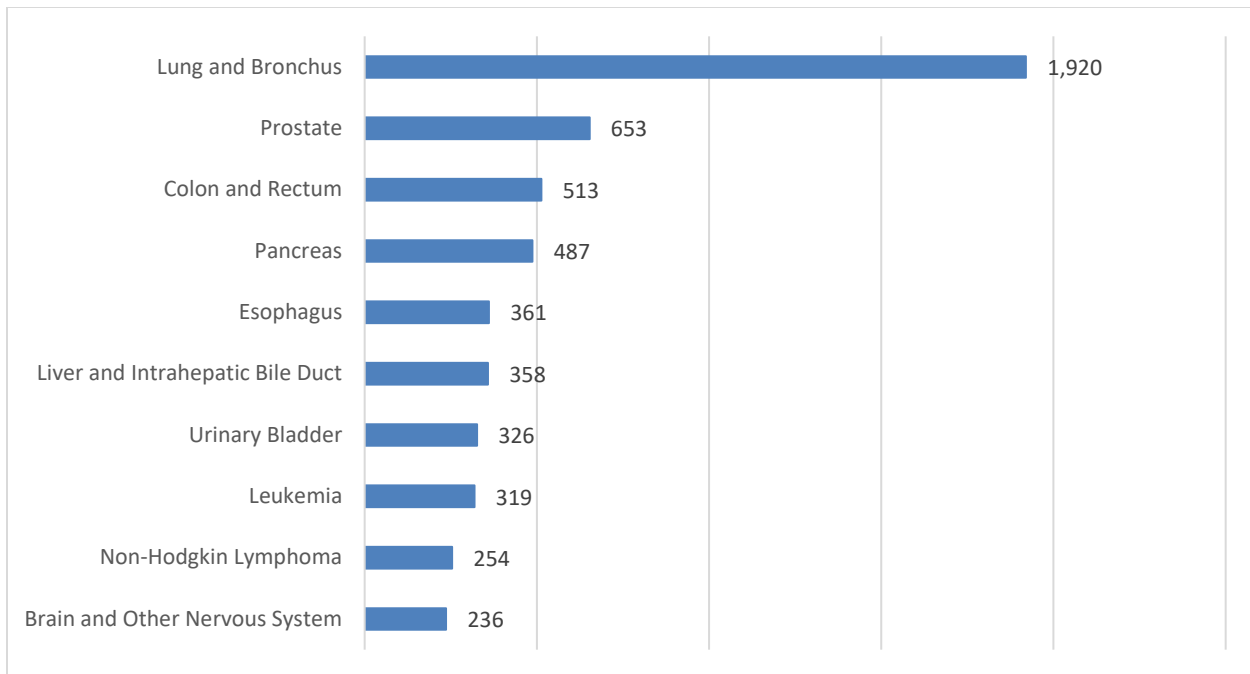


Figure 49. Count of deaths for the ten leading cancers by mortality in NH, 2012-2016, males

Combined, these types of cancer accounted for 5,427 deaths over the course of five years. The top four leading causes of cancer mortality among males at the state level are consistent with what the data show nationally in terms of cancer type and order of frequency; however, there are some differences in order and type for the fifth through tenth leading causes of cancer mortality. At the national level, the fifth through tenth leading causes of cancer mortality among males are liver cancer, leukemia, esophageal cancer, bladder cancer, Non-Hodgkin Lymphoma, and kidney cancer respectively.



## Mortality Comparison

To allow for comparison of NH data to the data of other geographic regions, age-adjusted rates were calculated. The chart below shows the age-adjusted mortality rates for the top ten cancers based on count of deaths among NH males compared to rates in the New England region and the US. NH's demographic profile varies from the US, with 90.9% of the population in NH being white and not Hispanic or Latino, compared to 61.5% nationally.<sup>10</sup> Because we know that race and ethnicity are risk factors for some types of cancer and that outcomes vary across populations by race and ethnicity, mortality rates in NH are also compared to the white non-Hispanic population of the US.

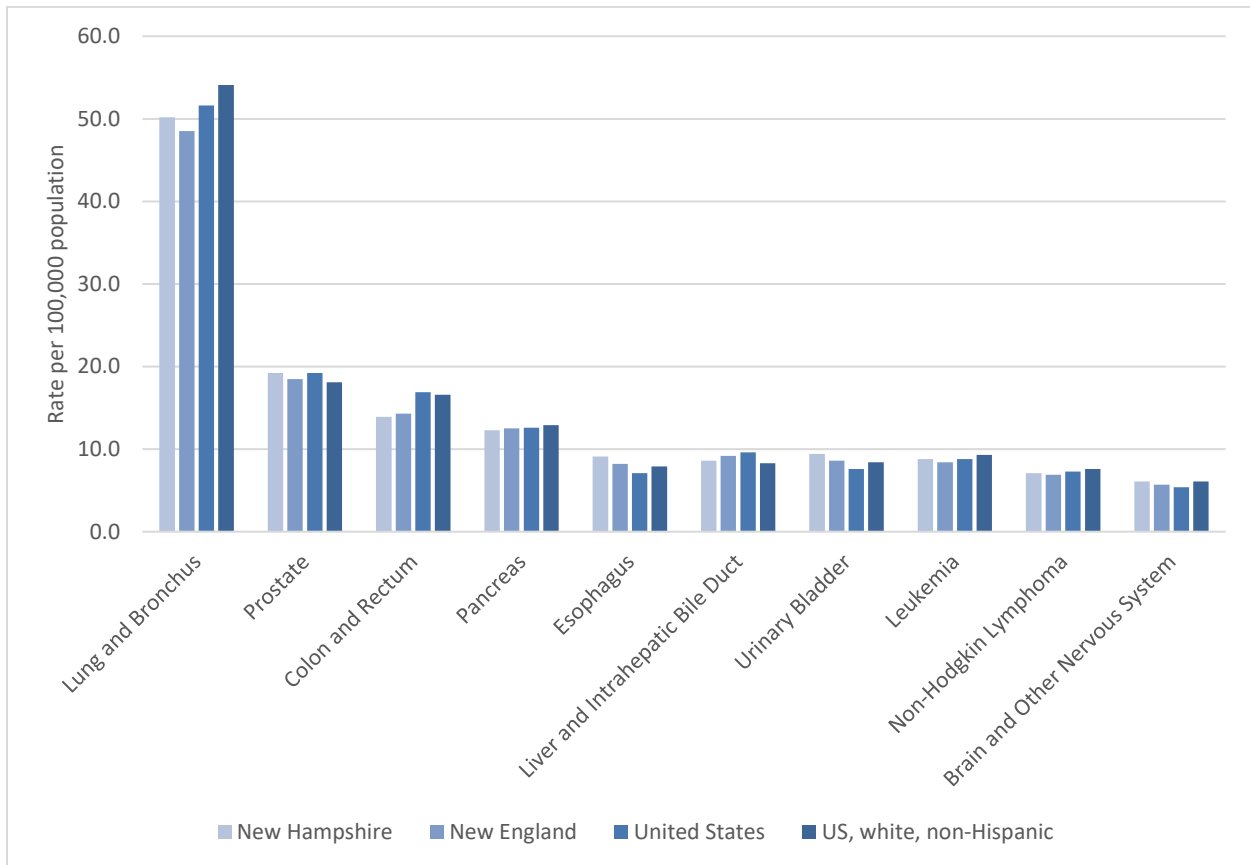


Figure 50. Comparison of mortality for top 10 cancers among males in NH based on count of deaths, 2012-2016

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

To better understand the cancer mortality among males in NH, additional detail is included by cancer type, including the 5-year mortality statewide and 10-year trends. Note that chart Y-axes vary by cancer type based on reported mortality.

<sup>10</sup> United States Census Bureau/American Fact Finder. 2013-2017 American Community Survey 5-Year Estimates. DP05: ACS Demographic and Housing Estimates.[accessed: September 17, 2019]. URL: [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_17\\_5YR\\_DP05&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP05&prodType=table)

## Lung Cancer (Lung and Bronchus)

Lung cancer is the leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 384 NH males died of lung cancer per year. While the rate of lung cancer mortality does not appear to be significantly different than the rates in New England and the US overall, the NH rate is significantly lower than the rate among the white, non-Hispanic population of males in the US.

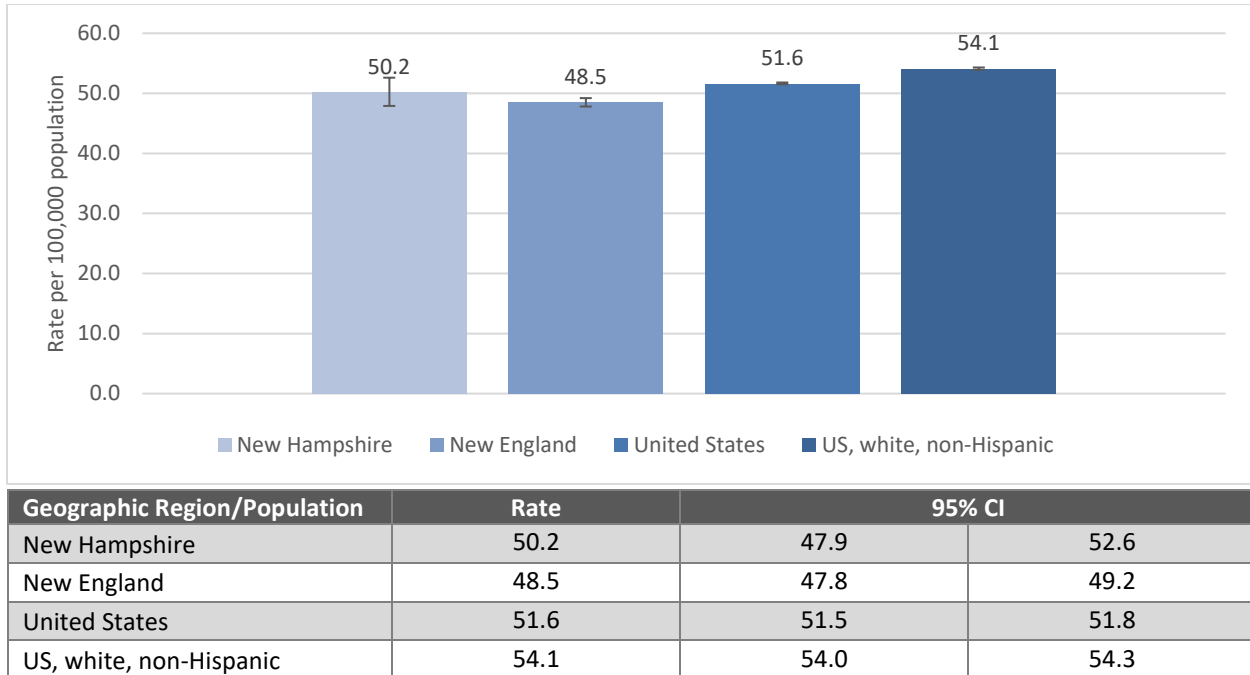


Figure 51. Age-adjusted lung cancer mortality, males 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of lung cancer mortality among males decreased significantly across all geographic regions and populations assessed. In NH, the APC was -2.6; in New England, the APC was -3.5. The APCs for the US overall and for the white, non-Hispanic population of the US were -3.5 and -3.3 respectively.

Table 43. Trends in lung cancer mortality, males, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-2.6*	0.0	-4.3	-1.0
New England	-3.5*	0	-3.7	-3.2
United States	-3.5*	0	-3.8	-3.2
US, white, non-Hispanic	-3.3*	0	-3.6	-3

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

## Prostate Cancer

Prostate cancer is the second leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 131 NH males died of prostate cancer per year. Prostate cancer mortality rates do

not appear to be significantly different across most of the geographic regions and populations assessed, with the exception of the rate among males in New England being significantly lower than the rate among males in the US overall.



Figure 52. Age-adjusted prostate cancer mortality, males 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of prostate cancer mortality among males decreased significantly across all geographic regions and populations assessed. In NH, the APC was -2.6; in New England, the APC was -2.7. The APCs for the US overall and for the white, non-Hispanic population of the US were -2.7 and -2.4 respectively.

Table 44. Trends in prostate cancer mortality, males, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-2.6*	0.0	-4.3	-0.9
New England	-2.7*	0.0	-3.5	-1.8
United States	-2.7*	0.0	-3.4	-1.9
US, white, non-Hispanic	-2.4*	0.0	-3.2	-1.7

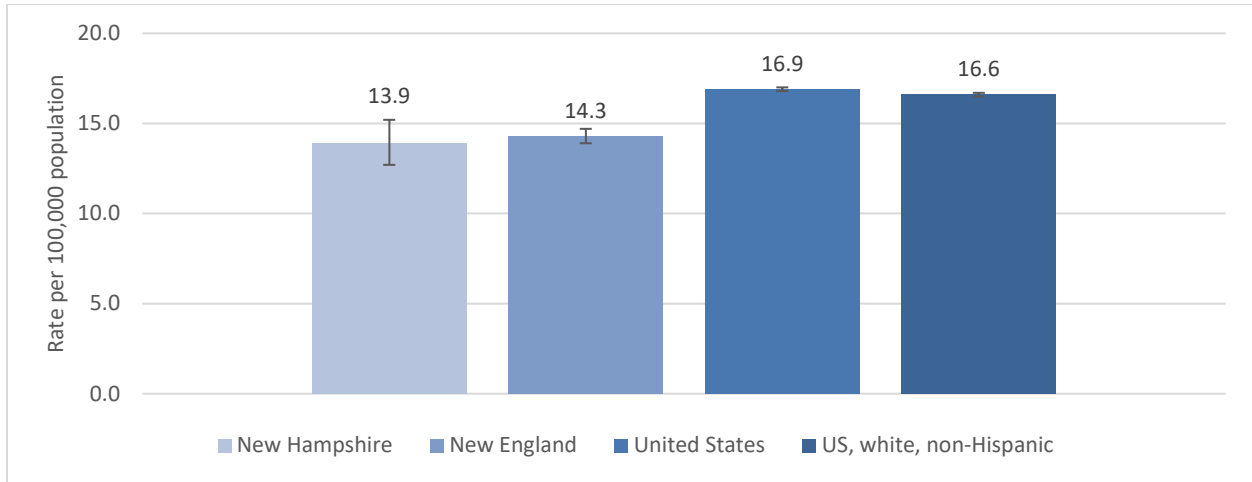
Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Colorectal Cancer (Colon and Rectum)

Colorectal cancer is the third leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 103 NH males died of colorectal cancer per year. The rate of colorectal cancer mortality among males in NH is not significantly different than the rate in New England; but both NH and

New England have rates that are significantly lower than the rates among males in the US overall and among the white, non-Hispanic population of males in the US.



Geographic Region/Population	Rate	95% CI	
New Hampshire	13.9	12.7	15.2
New England	14.3	13.9	14.7
United States	16.9	16.8	17.0
US, white, non-Hispanic	16.6	16.5	16.7

Figure 53. Age-adjusted colorectal cancer mortality, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of colorectal cancer mortality among males decreased significantly across all geographic regions and populations assessed. In NH, the APC was -3.3; in New England, the APC was -3.5. The APCs for the US overall and for the white, non-Hispanic population of the US were -2.4 and -2.3 respectively.

Table 45. Trends in colorectal cancer mortality, males, 2007-2016

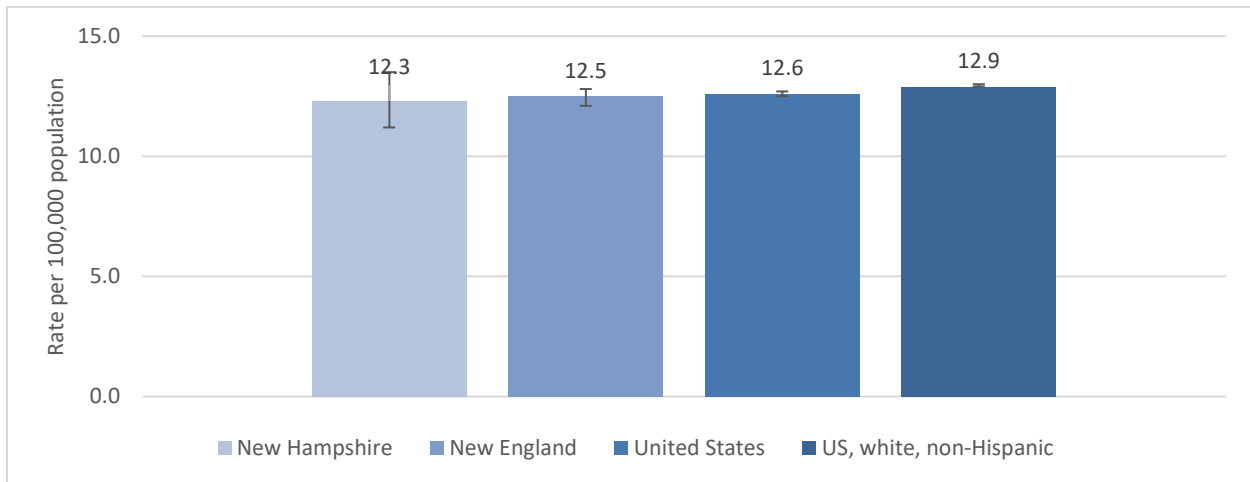
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-3.3*	0.0	-6.3	-0.2
New England	-3.5*	0.0	-4.1	-3.0
United States	-2.4*	0.0	-2.5	-2.2
US, white, non-Hispanic	-2.3*	0.0	-2.6	-2.1

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero (p<0.05).

### Pancreatic Cancer

Pancreatic cancer is the fourth leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 97 NH males died of pancreatic cancer per year. Pancreatic cancer mortality rates do not appear to be significantly different across most of the geographic regions and populations assessed, with the exception of the rate among the white, non-Hispanic population of males in the US being significantly higher than the rate among males in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	12.3	11.2	13.5
New England	12.5	12.1	12.8
United States	12.6	12.5	12.7
US, white, non-Hispanic	12.9	12.8	13.0

Figure 54. Age-adjusted pancreatic cancer mortality, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of pancreatic cancer mortality among males decreased significantly in NH, with an APC of -2.7. The rate increased significantly among the white, non-Hispanic population of males in the US, with an APC of 0.3. The rate did not change significantly in other geographic regions and populations assessed.

Table 46. Trends in pancreatic cancer mortality, males, 2007-2016

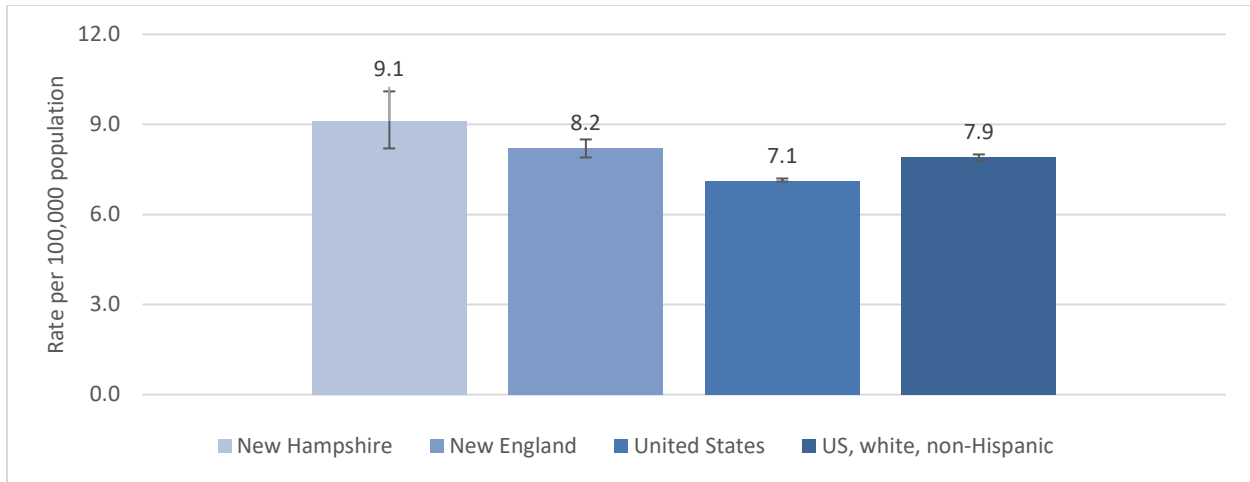
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-2.7*	0.0	-5.4	0.0
New England	-0.6	0.2	-1.5	0.3
United States	0.1	0.1	-0.1	0.3
US, white, non-Hispanic	0.3*	0	0.1	0.5

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Esophageal Cancer

Esophageal cancer is the fifth leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 72 NH males died of esophageal cancer per year. The rate of esophageal cancer mortality among males in NH does not appear to be significantly different than the rate in New England; but both NH and New England have rates that are significantly higher than the rate among males in the US overall, and NH has a rate that is significantly higher than the rate among the white, non-Hispanic population of males in the US.



Geographic Region/Population	Rate	95% CI	
New Hampshire	9.1	8.2	10.1
New England	8.2	7.9	8.5
United States	7.1	7.1	7.2
US, white, non-Hispanic	7.9	7.8	8.0

Figure 55. Age-adjusted esophageal cancer mortality, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of esophageal cancer mortality among males decreased significantly across all geographic regions and populations assessed. In NH, the APC was -2.0; in New England, the APC was -1.4. The APCs for the US overall and for the white, non-Hispanic population of the US were -2.4 and -2.3 respectively.

Table 47. Trends in esophageal cancer mortality, males, 2007-2016

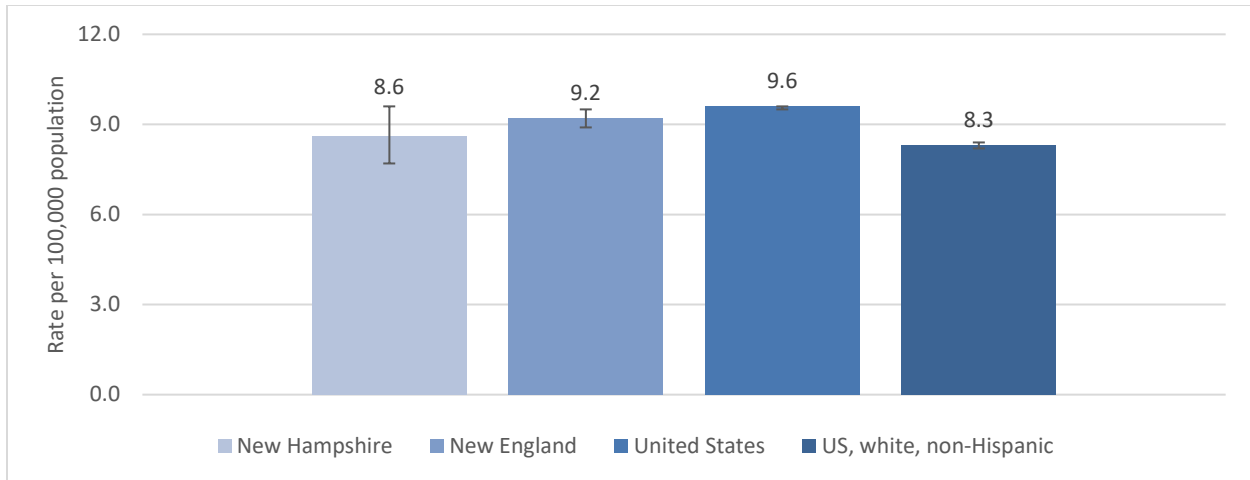
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-2.0*	0.0	-3.9	0.0
New England	-1.4*	0.0	-2.0	-0.7
United States	-1.1*	0.0	-1.3	-0.9
US, white, non-Hispanic	-0.3*	0.0	-0.5	-0.1

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Liver Cancer (Liver and Intrahepatic Bile Duct)

Liver cancer is the sixth leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 72 NH males died of liver cancer per year. The rate of liver cancer mortality among males in NH does not appear to be significantly different than any of the other geographic regions or populations assessed. The rate of liver cancer mortality among the white, non-Hispanic population of the US is significantly lower than the rates among males in New England and males in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	8.6	7.7	9.6
New England	9.2	8.9	9.5
United States	9.6	9.5	9.6
US, white, non-Hispanic	8.3	8.2	8.4

Figure 56. Age-adjusted liver cancer mortality, males, 2012-2016, Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of liver cancer mortality among males increased significantly across all geographic regions and populations assessed. In NH, the APC was 5.2; in New England, the APC was 1.5. The APCs for the US overall and for the white, non-Hispanic population of the US were 2.2 and 2.4 respectively.

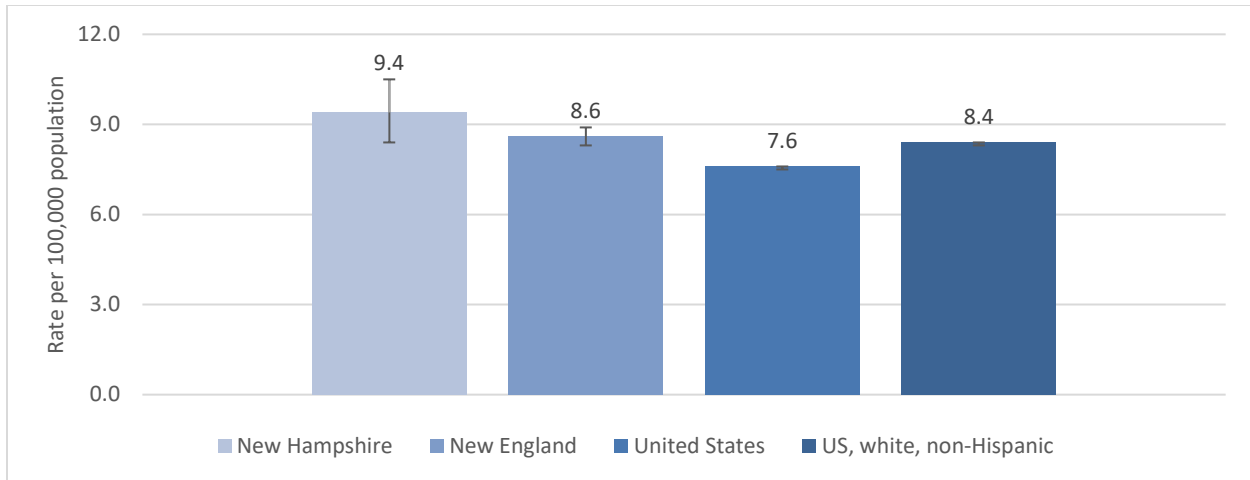
Table 48. Trends in liver cancer mortality, males, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	5.2*	0.0	0.7	10.0
New England	1.5*	0	0.2	2.9
United States	2.2*	0	1.6	2.7
US, white, non-Hispanic	2.4*	0	1.8	2.9

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method. \*The APC is significantly different from zero ( $p < 0.05$ ).

### Bladder Cancer (Urinary Bladder)

Bladder cancer is the seventh leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 65 NH males died of bladder cancer per year. The rate of bladder cancer mortality among NH males does not appear to be significantly different than rates among males in New England or among the white, non-Hispanic population of the US; however the rates among these geographic regions and populations are significantly higher than the rate among males in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	9.4	8.4	10.5
New England	8.6	8.3	8.9
United States	7.6	7.5	7.6
US, white, non-Hispanic	8.4	8.3	8.4

Figure 57. Age-adjusted bladder cancer mortality, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of bladder cancer mortality among males did not change significantly in NH. Similarly, there was no significant change in the mortality rate among males in New England or among the white, non-Hispanic population of the US. The rate decreased significantly among males in the US overall, with an APC of -0.3.

Table 49. Trends in bladder cancer mortality, males, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	1.1	0.6	-3.1	5.5
New England	-0.6	0.1	-1.5	0.3
United States	-0.3*	0.0	-0.5	-0.1
US, white, non-Hispanic	0.0	0.9	-0.2	0.2

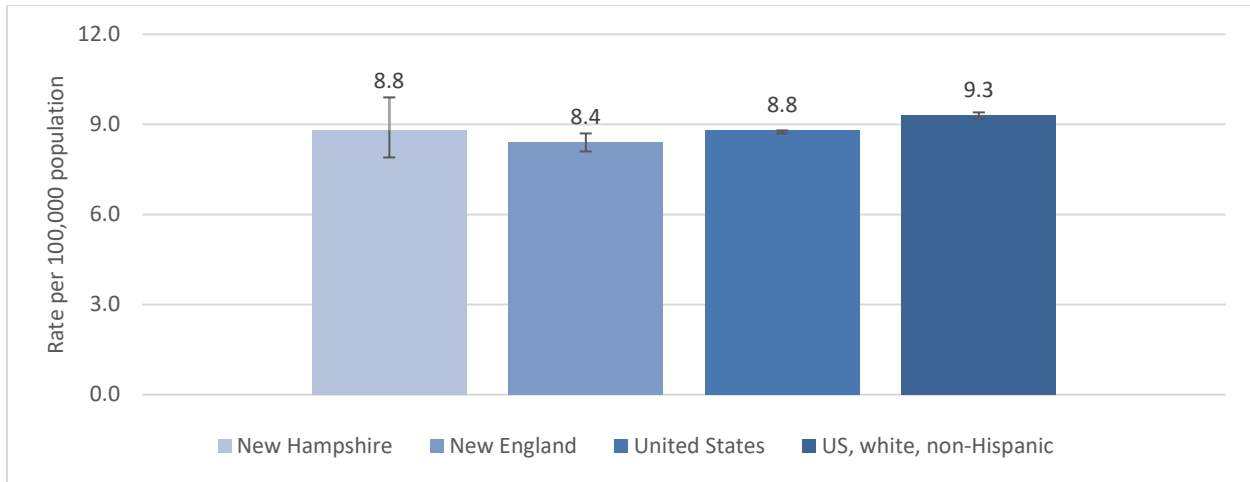
Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

## Leukemia

Leukemia is the eighth leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 64 NH males died of leukemia per year. Leukemia mortality rates do not appear to be significantly different across most of the geographic regions and populations assessed, with the exception of the rate among the white, non-Hispanic population of males in the US being significantly higher than the rate among males in New England and males in the US overall.





Geographic Region/Population	Rate	95% CI	
New Hampshire	8.8	7.9	9.9
New England	8.4	8.1	8.7
United States	8.8	8.7	8.8
US, white, non-Hispanic	9.3	9.2	9.4

Figure 58. Age-adjusted leukemia mortality, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of leukemia mortality among males did not change significantly in NH. The rate decreased significantly across all other geographic regions and populations assessed. In New England, the APC was -1.6. The APCs for the US overall and for the white, non-Hispanic population of the US were -1.5 and -1.4 respectively.

Table 50. Trends in leukemia mortality, males, 2007-2016

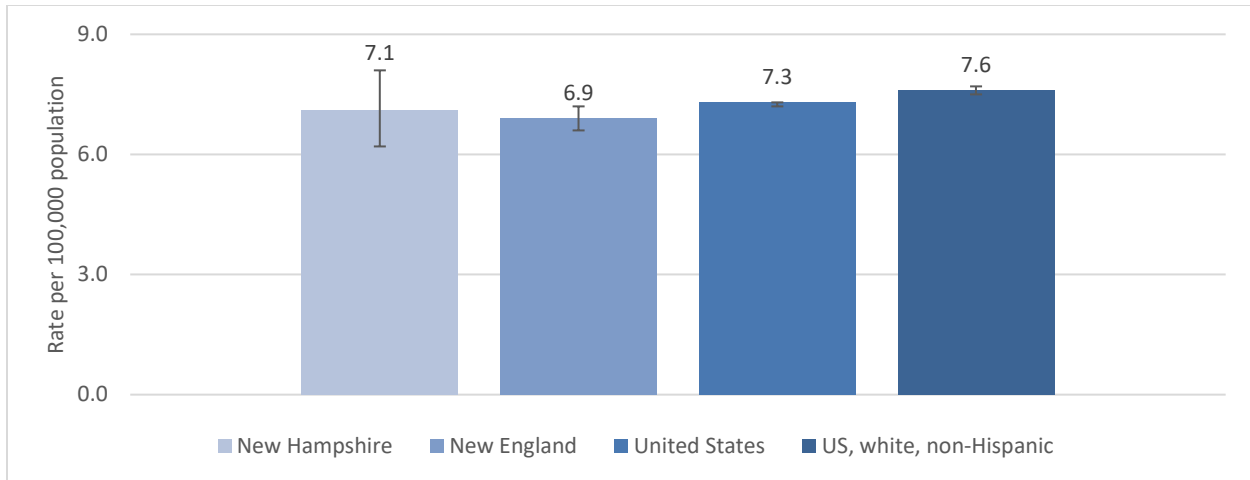
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	0.2	0.9	-2.4	2.9
New England	-1.6*	0.0	-3.0	-0.3
United States	-1.5*	0.0	-2.0	-1.1
US, white, non-Hispanic	-1.4*	0.0	-1.9	-1.0

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Non-Hodgkin Lymphoma

Non-Hodgkin Lymphoma is the ninth leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 51 NH males died of Non-Hodgkin Lymphoma per year. Non-Hodgkin Lymphoma mortality rates do not appear to be significantly different across most of the geographic regions and populations assessed, with the exception of the rate among the white, non-Hispanic population of males in the US being significantly higher than the rates for males in New England and for males in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	7.1	6.2	8.1
New England	6.9	6.6	7.2
United States	7.3	7.2	7.3
US, white, non-Hispanic	7.6	7.5	7.7

Figure 59. Age-adjusted Non-Hodgkin Lymphoma mortality, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of Non-Hodgkin Lymphoma mortality among males did not change significantly in NH. The rate decreased significantly across all other geographic regions and populations assessed. In New England, the APC was -1.8. The APCs for the US overall and for the white, non-Hispanic population of the US were both -2.1.

Table 51. Trends in Non-Hodgkin Lymphoma cancer mortality, males, 2007-2016

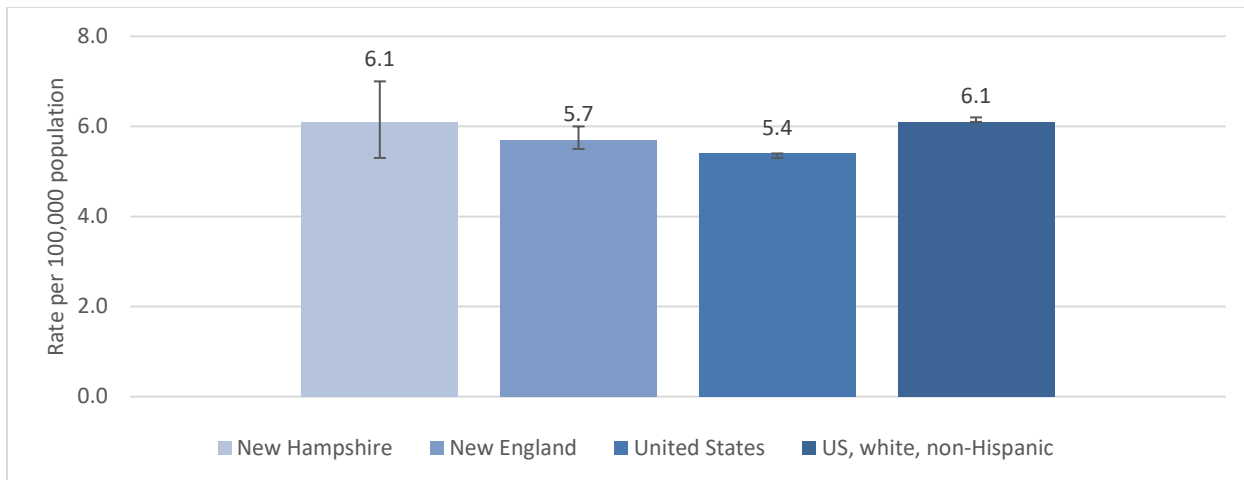
Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-1.2	0.5	-4.6	2.4
New England	-1.8*	0	-3	-0.6
United States	-2.1*	0	-2.3	-1.9
US, white, non-Hispanic	-2.1*	0	-2.3	-1.8

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\*The APC is significantly different from zero ( $p < 0.05$ ).

### Brain Cancer (Brain and Other Nervous System)

Brain cancer is the tenth leading cause of cancer death among males in NH. Between 2012 and 2016, an average of 47 NH males died of brain cancer per year. Brain cancer mortality rates do not appear to be significantly different across most of the geographic regions and populations assessed, with the exception of the rate among the white, non-Hispanic population of males in the US being significantly higher than the rates for males in New England and for males in the US overall.



Geographic Region/Population	Rate	95% CI	
New Hampshire	6.1	5.3	7.0
New England	5.7	5.5	6.0
United States	5.4	5.3	5.4
US, white, non-Hispanic	6.1	6.1	6.2

Figure 60. Age-adjusted brain cancer mortality, males, 2012-2016

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

During the 10-year period of 2007 through 2016, the rate of brain cancer mortality among males did not change significantly in NH. The rate increased significantly across all other geographic regions and populations assessed. In New England, the APC was 1.5. The APCs for the US overall and for the white, non-Hispanic population of the US were 0.6 and 0.8 respectively.

Table 52. Trends in brain cancer mortality, males, 2007-2016

Geographic Region/Population	Annual Percent Change	P-Value	95% CI	
New Hampshire	-0.4	0.8	-3.6	3.0
New England	1.5*	0	0	2.9
United States	0.6*	0	0.2	1
US, white, non-Hispanic	0.8*	0	0.5	1.2

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method. \*The APC is significantly different from zero (p<0.05).

## Cancer Mortality Tables

Consistent with the populations described above, the following pages include cancer incidence data for NH, New England, the US overall, and for the US, white, non-Hispanic population. To allow for further comparison and understanding of variance in burden, tables for additional populations, including the white, non-Hispanic population of NH; the white, non-Hispanic population of New England; and the bordering northern states of Maine and Vermont are also displayed. For each geographic region or population, the age-adjusted incidence and 5-year count are shown for select cancer sites by sex.

Table 53. Age-adjusted cancer mortality rates for select cancer sites by sex, NH, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.4	2.1	2.8	213	1.3	1.0	1.7	59	3.6	3.1	4.3	154
Esophagus	5.2	4.7	5.7	452	1.9	1.5	2.3	91	9.1	8.2	10.1	361
Stomach	2.1	1.8	2.4	175	1.3	1.0	1.7	59	3.0	2.5	3.6	116
Colon and Rectum	12.8	12.0	13.6	1,058	11.8	10.8	12.9	545	13.9	12.7	15.2	513
Liver and Intrahepatic Bile Duct	5.4	4.9	5.9	473	2.5	2.1	3.1	115	8.6	7.7	9.6	358
Gallbladder	0.6	0.4	0.8	47	0.7	0.5	1.0	30	0.5	0.3	0.8	17
Pancreas	10.6	9.9	11.4	906	9.0	8.1	9.9	419	12.3	11.2	13.5	487
Larynx	0.8	0.6	1.1	68	^	^	^	^	1.5	1.1	2.0	55
Lung and Bronchus	44.2	42.8	45.7	3,741	39.9	38.0	41.8	1,821	50.2	47.9	52.6	1,920
Melanoma of the Skin	2.7	2.3	3.1	215	1.7	1.3	2.2	76	4.0	3.3	4.7	139
Female Breast					19.5	18.2	20.8	884				
Cervix Uteri					1.4	1.1	1.9	61				
Corpus and Uterus, NOS					4.8	4.2	5.5	219				
Ovary					7.0	6.2	7.9	320				
Prostate									19.2	17.7	20.8	653
Testis									^	^	^	^
Urinary Bladder	5.3	4.8	5.8	433	2.3	1.9	2.8	107	9.4	8.4	10.5	326
Kidney and Renal Pelvis	3.8	3.4	4.3	329	2.3	1.9	2.8	106	5.7	4.9	6.5	223
Brain and Other Nervous System	4.9	4.4	5.4	397	3.8	3.2	4.5	161	6.1	5.3	7.0	236
Thyroid	0.3	0.2	0.5	25	^	^	^	^	^	^	^	^
Hodgkin Lymphoma	0.4	0.3	0.6	30	^	^	^	^	0.5	0.3	0.8	16
Non-Hodgkin Lymphoma	5.6	5.1	6.2	460	4.5	3.9	5.2	206	7.1	6.2	8.1	254
Myeloma	3.0	2.6	3.4	242	2.4	1.9	2.9	109	3.7	3.1	4.4	133
Leukemia	6.4	5.8	7.0	520	4.5	3.9	5.2	201	8.8	7.9	9.9	319
Mesothelioma	0.8	0.6	1.0	66	^	^	^	^	1.6	1.2	2.1	56

^ too few cases to report. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. United States Cancer Statistics - Mortality: 1999 - 2016, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2019. Accessed at <http://wonder.cdc.gov/CancerMort-v2016.html> on Dec 5, 2019 11:19:49 AM

Table 54. Age-adjusted cancer mortality rates for select cancer sites by sex, NH, white, non-Hispanic population, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.4	2.1	2.8	208	1.3	1.0	1.7	57	3.7	3.1	4.3	151
Esophagus	5.2	4.7	5.8	444	1.9	1.5	2.3	89	9.2	8.3	10.3	355
Stomach	2.1	1.8	2.4	170	1.3	1.0	1.7	56	3.1	2.5	3.7	114
Colon and Rectum	13.0	12.2	13.8	1,043	12.0	11.0	13.1	538	14.2	12.9	15.5	505
Liver and Intrahepatic Bile Duct	5.3	4.8	5.8	452	2.5	2.0	3.0	108	8.5	7.6	9.5	344
Gallbladder	0.6	0.4	0.8	47	0.7	0.5	1.0	30	0.5	0.3	0.8	17
Pancreas	10.8	10.0	11.5	889	9.1	8.2	10.1	412	12.5	11.3	13.7	477
Larynx	0.9	0.7	1.1	67	^	^	^	^	1.5	1.1	2.0	54
Lung and Bronchus	44.9	43.4	46.4	3,687	40.6	38.7	42.6	1,799	50.9	48.6	53.4	1,888
Melanoma of the Skin	2.8	2.4	3.2	215	1.8	1.4	2.3	76	4.1	3.5	4.9	139
Female Breast					19.9	18.5	21.3	870				
Cervix Uteri					1.4	1.1	1.9	58				
Corpus and Uterus, NOS					4.9	4.2	5.6	217				
Ovary					7.2	6.4	8.1	316				
Prostate									19.2	17.7	20.8	638
Testis									^	^	^	^
Urinary Bladder	5.3	4.8	5.8	422	2.3	1.9	2.8	105	9.4	8.4	10.6	317
Kidney and Renal Pelvis	3.9	3.5	4.4	322	2.3	1.9	2.8	103	5.8	5.0	6.6	219
Brain and Other Nervous System	5.0	4.5	5.5	387	3.9	3.3	4.6	157	6.2	5.4	7.2	230
Thyroid	0.3	0.2	0.5	25	^	^	^	^	^	^	^	^
Hodgkin Lymphoma	0.4	0.3	0.6	29	^	^	^	^	0.5	0.3	0.8	16
Non-Hodgkin Lymphoma	5.7	5.2	6.3	454	4.6	4.0	5.3	204	7.2	6.3	8.2	250
Myeloma	3.0	2.6	3.4	235	2.4	1.9	2.9	106	3.7	3.1	4.5	129
Leukemia	6.5	5.9	7.1	513	4.6	4.0	5.3	199	9.0	8.0	10.1	314
Mesothelioma	0.8	0.6	1.1	65	^	^	^	^	1.6	1.2	2.2	56

^ too few cases to report. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. United States Cancer Statistics - Mortality: 1999 - 2016, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2019. Accessed at <http://wonder.cdc.gov/CancerMort-v2016.html> on Dec 5, 2019 11:19:49 AM

Table 55. Age-adjusted cancer mortality rates for select cancer sites by sex, Maine and Vermont, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	3.0	2.7	3.3	409	1.6	1.3	1.9	119	4.7	4.1	5.3	290
Esophagus	5.2	4.9	5.7	718	1.9	1.6	2.3	141	9.2	8.5	10.0	577
Stomach	2.2	1.9	2.5	289	1.5	1.2	1.8	113	3.0	2.6	3.5	176
Colon and Rectum	13.6	12.9	14.3	1,782	12.1	11.3	12.9	894	15.4	14.4	16.5	888
Liver and Intrahepatic Bile Duct	4.7	4.4	5.1	644	2.9	2.5	3.4	210	6.8	6.2	7.5	434
Gallbladder	0.5	0.4	0.7	67	0.7	0.5	0.9	50	0.3	0.2	0.5	17
Pancreas	11.2	10.6	11.8	1,500	10.5	9.7	11.3	778	12.1	11.2	13.1	722
Larynx	1.2	1.0	1.4	166	0.5	0.3	0.7	34	2.1	1.7	2.5	132
Lung and Bronchus	48.6	47.4	49.9	6,498	41.0	39.5	42.6	2,977	58.4	56.4	60.4	3,521
Melanoma of the Skin	2.8	2.5	3.1	364	1.9	1.6	2.3	132	3.9	3.4	4.4	232
Female Breast					18.3	17.3	19.4	1,308				
Cervix Uteri					1.5	1.2	1.9	92				
Corpus and Uterus, NOS					4.7	4.2	5.2	352				
Ovary					6.6	6.0	7.2	468				
Prostate									20.0	18.8	21.2	1,077
Testis									^	^	^	^
Urinary Bladder	5.6	5.2	6.1	739	2.9	2.5	3.4	215	9.4	8.6	10.3	524
Kidney and Renal Pelvis	4.1	3.7	4.4	543	2.6	2.2	3.0	194	5.9	5.2	6.5	349
Brain and Other Nervous System	5.2	4.8	5.6	649	4.0	3.5	4.6	265	6.6	5.9	7.3	384
Thyroid	0.4	0.3	0.6	61	0.4	0.3	0.6	32	0.5	0.3	0.7	29
Hodgkin Lymphoma	0.3	0.2	0.4	33	^	^	^	^	0.4	0.3	0.6	22
Non-Hodgkin Lymphoma	6.0	5.6	6.5	783	4.8	4.3	5.4	356	7.6	6.8	8.3	427
Myeloma	3.1	2.8	3.5	420	2.5	2.2	2.9	193	3.9	3.4	4.5	227
Leukemia	6.4	6.0	6.9	830	5.0	4.4	5.5	365	8.2	7.5	9.1	465
Mesothelioma	1.1	0.9	1.3	138	0.4	0.3	0.6	29	2.0	1.7	2.5	109

^ too few cases to report. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. United States Cancer Statistics - Mortality: 1999 - 2016, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2019. Accessed at <http://wonder.cdc.gov/CancerMort-v2016.html> on Dec 5, 2019 11:19:49 AM

Table 56. Age-adjusted cancer mortality rates for select cancer sites by sex, New England, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.2	2.1	2.3	2,129	1.2	1.1	1.3	662	3.4	3.3	3.6	1,467
Esophagus	4.6	4.4	4.7	4,295	1.7	1.6	1.8	891	8.2	7.9	8.5	3,404
Stomach	2.9	2.8	3.0	2,669	2.1	2.0	2.2	1,093	4.0	3.8	4.2	1,576
Colon and Rectum	12.3	12.1	12.6	11,473	10.9	10.6	11.2	5,831	14.3	13.9	14.7	5,642
Liver and Intrahepatic Bile Duct	6.0	5.8	6.1	5,648	3.3	3.2	3.5	1,718	9.2	8.9	9.5	3,930
Gallbladder	0.6	0.5	0.6	507	0.7	0.6	0.8	354	0.4	0.3	0.5	153
Pancreas	11.0	10.8	11.2	10,266	9.8	9.5	10.1	5,215	12.5	12.1	12.8	5,051
Larynx	0.9	0.8	0.9	810	0.4	0.3	0.4	186	1.5	1.4	1.6	624
Lung and Bronchus	41.3	40.9	41.7	38,089	36.1	35.6	36.6	18,636	48.5	47.8	49.2	19,453
Melanoma of the Skin	2.5	2.4	2.6	2,299	1.7	1.6	1.8	875	3.6	3.4	3.8	1,424
Female Breast					18.2	17.8	18.5	9,275				
Cervix Uteri					1.3	1.2	1.4	613				
Corpus and Uterus, NOS					4.6	4.4	4.8	2,390				
Ovary					6.8	6.6	7.1	3,527				
Prostate									18.5	18.0	18.9	6,905
Testis									0.2	0.1	0.2	71
Urinary Bladder	4.9	4.8	5.1	4,637	2.5	2.3	2.6	1,372	8.6	8.3	8.9	3,265
Kidney and Renal Pelvis	3.4	3.3	3.5	3,159	2.0	1.9	2.2	1,109	5.1	4.8	5.3	2,050
Brain and Other Nervous System	4.6	4.4	4.7	4,061	3.6	3.4	3.8	1,741	5.7	5.5	6.0	2,320
Thyroid	0.5	0.4	0.5	427	0.4	0.4	0.5	216	0.5	0.5	0.6	211
Hodgkin Lymphoma	0.3	0.2	0.3	227	0.2	0.2	0.2	98	0.3	0.3	0.4	129
Non-Hodgkin Lymphoma	5.4	5.3	5.6	4,983	4.3	4.2	4.5	2,333	6.9	6.6	7.2	2,650
Myeloma	3.1	3.0	3.2	2,848	2.5	2.4	2.7	1,375	3.8	3.6	4.0	1,473
Leukemia	6.3	6.1	6.5	5,691	4.7	4.5	4.9	2,485	8.4	8.1	8.7	3,206
Mesothelioma	0.9	0.8	1.0	802	0.3	0.3	0.4	164	1.7	1.6	1.9	638

^ too few cases to report. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. United States Cancer Statistics - Mortality: 1999 - 2016, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2019. Accessed at <http://wonder.cdc.gov/CancerMort-v2016.html> on Dec 5, 2019 11:19:49 AM

Table 57. Age-adjusted cancer mortality rates for select cancer sites by sex, New England, white, non-Hispanic population, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.3	2.2	2.4	1,905	1.3	1.2	1.4	604	3.4	3.2	3.6	1,301
Esophagus	4.8	4.7	5.0	4,017	1.7	1.6	1.8	818	8.6	8.3	8.9	3,199
Stomach	2.6	2.5	2.7	2,141	1.8	1.7	1.9	867	3.6	3.4	3.8	1,274
Colon and Rectum	12.5	12.2	12.7	10,344	11.0	10.7	11.3	5,267	14.5	14.1	14.9	5,077
Liver and Intrahepatic Bile Duct	5.5	5.3	5.7	4,603	3.1	2.9	3.3	1,423	8.4	8.1	8.7	3,180
Gallbladder	0.5	0.5	0.6	437	0.7	0.6	0.8	304	0.4	0.3	0.5	133
Pancreas	11.2	11.0	11.5	9,339	9.9	9.7	10.2	4,723	12.7	12.4	13.1	4,616
Larynx	0.9	0.8	0.9	724	0.4	0.3	0.4	173	1.5	1.4	1.6	551
Lung and Bronchus	43.0	42.5	43.4	35,367	38.1	37.5	38.6	17,449	49.8	49.1	50.6	17,918
Melanoma of the Skin	2.8	2.7	2.9	2,247	1.9	1.8	2.1	854	4.0	3.8	4.2	1,393
Female Breast					18.5	18.1	18.9	8,316				
Cervix Uteri					1.3	1.1	1.4	489				
Corpus and Uterus, NOS					4.4	4.2	4.6	2,066				
Ovary					7.2	6.9	7.4	3,254				
Prostate									18.2	17.8	18.7	6,215
Testis									0.2	0.2	0.3	67
Urinary Bladder	5.2	5.0	5.3	4,395	2.6	2.4	2.7	1,289	9.0	8.7	9.4	3,106
Kidney and Renal Pelvis	3.5	3.4	3.6	2,927	2.1	2.0	2.3	1,034	5.2	5.0	5.5	1,893
Brain and Other Nervous System	4.9	4.7	5.1	3,750	3.8	3.6	4.0	1,597	6.1	5.9	6.4	2,153
Thyroid	0.5	0.4	0.5	389	0.4	0.3	0.5	193	0.6	0.5	0.6	196
Hodgkin Lymphoma	0.3	0.2	0.3	199	0.2	0.2	0.3	88	0.4	0.3	0.4	111
Non-Hodgkin Lymphoma	5.5	5.4	5.7	4,571	4.4	4.2	4.6	2,146	7.0	6.7	7.3	2,425
Myeloma	3.0	2.9	3.1	2,481	2.4	2.3	2.5	1,174	3.7	3.5	4.0	1,307
Leukemia	6.5	6.3	6.6	5,223	4.8	4.6	5.0	2,265	8.7	8.4	9.0	2,958
Mesothelioma	1.0	0.9	1.0	774	0.3	0.3	0.4	160	1.8	1.7	2.0	614

^ too few cases to report. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. United States Cancer Statistics - Mortality: 1999 - 2016, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2019. Accessed at <http://wonder.cdc.gov/CancerMort-v2016.html> on Dec 5, 2019 11:19:49 AM



Table 58. Age-adjusted cancer mortality rates for select cancer sites by sex, US, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.5	2.5	2.5	47,102	1.3	1.3	1.4	13,812	3.9	3.8	3.9	33,290
Esophagus	4.0	4.0	4.0	74,943	1.5	1.4	1.5	15,058	7.1	7.1	7.2	59,885
Stomach	3.1	3.1	3.1	56,526	2.3	2.2	2.3	22,738	4.2	4.2	4.2	33,788
Colon and Rectum	14.2	14.1	14.2	259,662	11.9	11.9	12.0	123,282	16.9	16.8	17.0	136,380
Liver and Intrahepatic Bile Duct	6.5	6.5	6.6	124,031	3.9	3.9	4.0	40,288	9.6	9.5	9.6	83,743
Gallbladder	0.6	0.6	0.6	10,832	0.7	0.7	0.7	7,319	0.4	0.4	0.5	3,513
Pancreas	11.0	10.9	11.0	202,583	9.6	9.5	9.6	98,966	12.6	12.5	12.7	103,617
Larynx	1.0	1.0	1.0	18,777	0.4	0.4	0.4	3,780	1.8	1.7	1.8	14,997
Lung and Bronchus	41.9	41.8	42.0	771,712	34.4	34.2	34.5	350,086	51.6	51.5	51.8	421,626
Melanoma of the Skin	2.5	2.5	2.5	45,042	1.5	1.5	1.6	15,393	3.7	3.7	3.8	29,649
Female Breast					20.6	20.5	20.7	206,231				
Cervix Uteri					2.3	2.2	2.3	20,769				
Corpus and Uterus, NOS					4.7	4.7	4.8	48,792				
Ovary					7.0	7.0	7.1	71,018				
Prostate									19.2	19.1	19.3	142,486
Testis									0.3	0.2	0.3	1,985
Urinary Bladder	4.4	4.3	4.4	79,677	2.1	2.1	2.2	22,678	7.6	7.5	7.6	56,999
Kidney and Renal Pelvis	3.8	3.7	3.8	69,631	2.3	2.3	2.4	24,191	5.5	5.5	5.6	45,440
Brain and Other Nervous System	4.4	4.4	4.4	79,718	3.6	3.6	3.6	34,913	5.4	5.3	5.4	44,805
Thyroid	0.5	0.5	0.5	9,308	0.5	0.5	0.5	5,089	0.5	0.5	0.5	4,219
Hodgkin Lymphoma	0.3	0.3	0.3	5,417	0.2	0.2	0.3	2,279	0.4	0.4	0.4	3,138
Non-Hodgkin Lymphoma	5.6	5.6	5.7	101,310	4.4	4.3	4.4	44,912	7.3	7.2	7.3	56,398
Myeloma	3.3	3.3	3.3	60,231	2.7	2.6	2.7	27,440	4.2	4.1	4.2	32,791
Leukemia	6.5	6.5	6.6	116,556	4.9	4.8	4.9	49,214	8.8	8.7	8.8	67,342
Mesothelioma	0.7	0.7	0.7	12,694	0.3	0.3	0.3	2,776	1.3	1.3	1.3	9,918

^ too few cases to report. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. United States Cancer Statistics - Mortality: 1999 - 2016, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2019. Accessed at <http://wonder.cdc.gov/CancerMort-v2016.html> on Dec 5, 2019 11:19:49 AM

Table 59. Age-adjusted cancer mortality rates for select cancer sites by sex, US, white, non-Hispanic population, 2012-2016

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.6	2.6	2.6	37,002	1.4	1.4	1.4	10,992	4	3.9	4	26,010
Esophagus	4.5	4.4	4.5	63,347	1.5	1.5	1.6	12,130	7.9	7.8	8	51,217
Stomach	2.4	2.4	2.4	33,194	1.7	1.6	1.7	12,922	3.3	3.2	3.3	20,272
Colon and Rectum	14	14	14.1	196,644	11.9	11.8	12	93,957	16.6	16.5	16.7	102,687
Liver and Intrahepatic Bile Duct	5.7	5.7	5.7	82,081	3.4	3.4	3.5	26,871	8.3	8.2	8.4	55,210
Gallbladder	0.5	0.5	0.5	7,200	0.6	0.6	0.6	4,788	0.4	0.4	0.4	2,412
Pancreas	11.1	11	11.1	157,652	9.5	9.5	9.6	75,724	12.9	12.8	13	81,928
Larynx	1	1	1	14,151	0.4	0.4	0.4	2,999	1.7	1.7	1.7	11,152
Lung and Bronchus	45	44.9	45.1	638,407	38	37.8	38.1	293,842	54.1	54	54.3	344,565
Melanoma of the Skin	3.2	3.1	3.2	42,779	2	1.9	2	14,396	4.7	4.6	4.7	28,383
Female Breast					20.6	20.5	20.7	154,704				
Cervix Uteri					2.1	2	2.1	13,054				
Corpus and Uterus, NOS					4.4	4.3	4.4	34,113				
Ovary					7.5	7.4	7.5	56,873				
Prostate									18.1	17.9	18.2	106,920
Testis									0.3	0.3	0.3	1,410
Urinary Bladder	4.8	4.8	4.8	68,887	2.3	2.2	2.3	18,723	8.4	8.3	8.4	50,164
Kidney and Renal Pelvis	3.9	3.9	3.9	55,189	2.4	2.4	2.4	19,086	5.7	5.6	5.8	36,103
Brain and Other Nervous System	5	5	5.1	66,524	4.1	4	4.1	28,864	6.1	6.1	6.2	37,660
Thyroid	0.5	0.5	0.5	6,889	0.4	0.4	0.5	3,571	0.5	0.5	0.6	3,318
Hodgkin Lymphoma	0.3	0.3	0.3	4,053	0.2	0.2	0.3	1,696	0.4	0.4	0.4	2,357
Non-Hodgkin Lymphoma	5.9	5.9	5.9	82,802	4.6	4.5	4.6	36,557	7.6	7.5	7.7	46,245
Myeloma	3.1	3.1	3.1	43,597	2.4	2.4	2.4	19,192	4	3.9	4	24,405
Leukemia	6.9	6.9	6.9	94,799	5.1	5	5.2	39,423	9.3	9.2	9.4	55,376
Mesothelioma	0.80	0.80	0.80	11,244	0.3	0.3	0.3	2,414	1.5	1.4	1.5	8,830

^ too few cases to report. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. United States Cancer Statistics - Mortality: 1999 - 2016, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2019. Accessed at <http://wonder.cdc.gov/CancerMort-v2016.html> on Dec 5, 2019 11:19:49 AM

## Coming Soon

Future releases will include chapters specific to certain types of cancer, including related risk and protective factor data, with an aim to provide information to better understand cancer incidence in NH. Further future releases will include special topics such as pediatric cancer.

Select Risk and Protective Factors associated with Specific Types of Cancers

Special Topics

Announcements will be made by the NH DHHS on the NH Healthy Lives website (<https://nhhealthylives.org/cancer>) and on the NH DPHS Twitter page (<https://twitter.com/nhpubhealth>) as new sections of the report are released!

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## Appendix A: 2017 Incidence and Mortality Data

### Cancer Incidence

#### Most Commonly Diagnosed Cancers in New Hampshire- Both Sexes Combined

The count of cases for the ten most commonly diagnosed cancers among NH residents during the five-year period of 2013 through 2017 are included in the figure below. Consistent with methodology used by the CDC, the most frequently diagnosed cancers are defined by count of cancer cases.

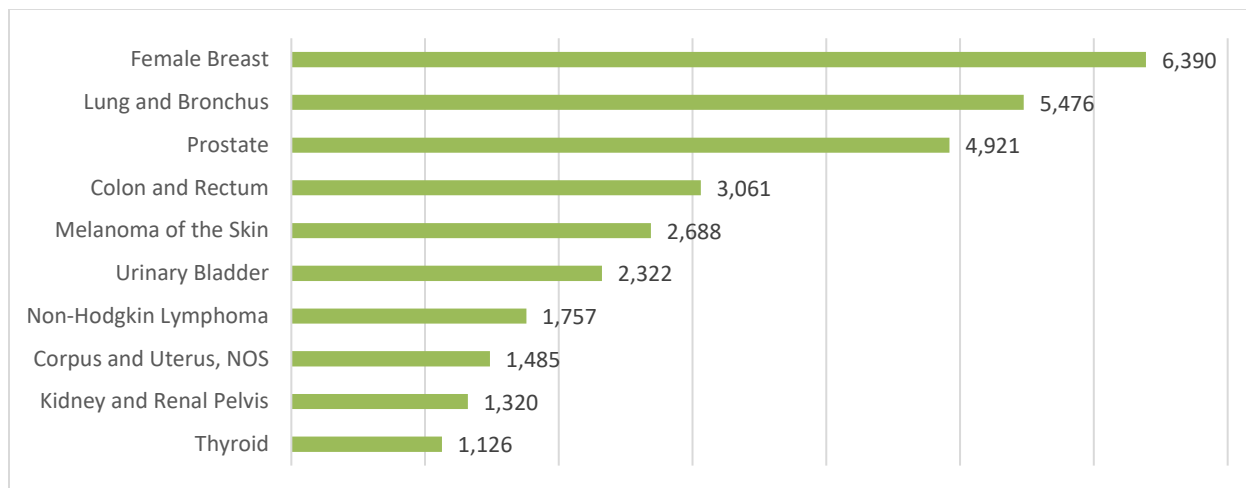


Figure A1. Count of the ten most frequently diagnosed cancers in NH, 2013-2017, both sexes

#### Most Commonly Diagnosed Cancers in New Hampshire- Females

The count of cases for the ten most commonly diagnosed cancers among NH females during the five-year period of 2013 through 2017 are included in the figure below. The following tables and figures show comparison and trend data for these cancers by geography and population. Please note that trend data are for the ten-year period of 2008-2017.

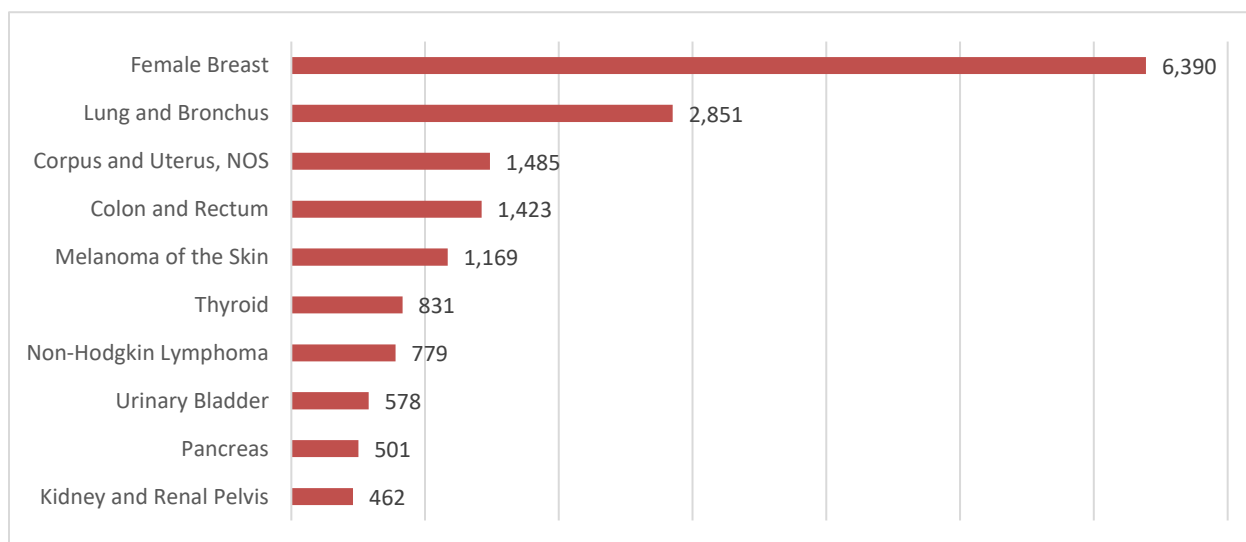
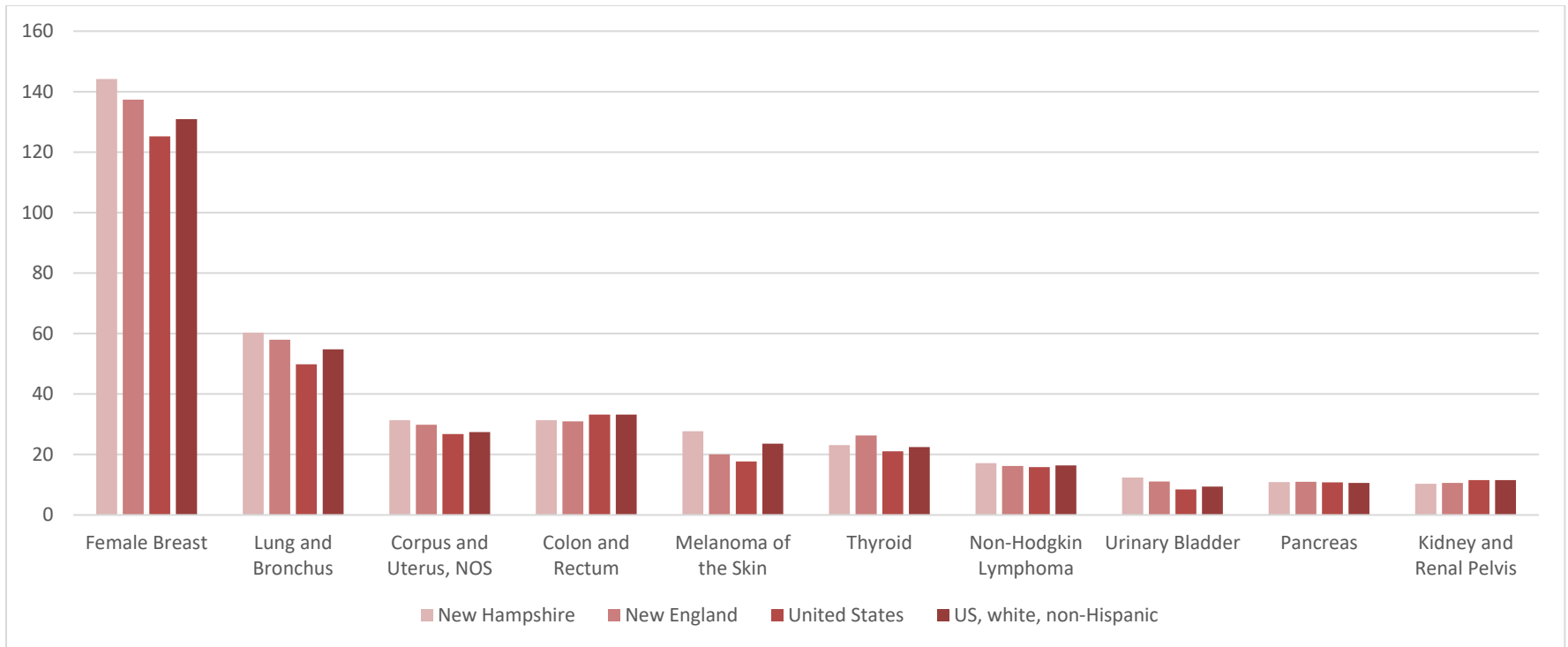
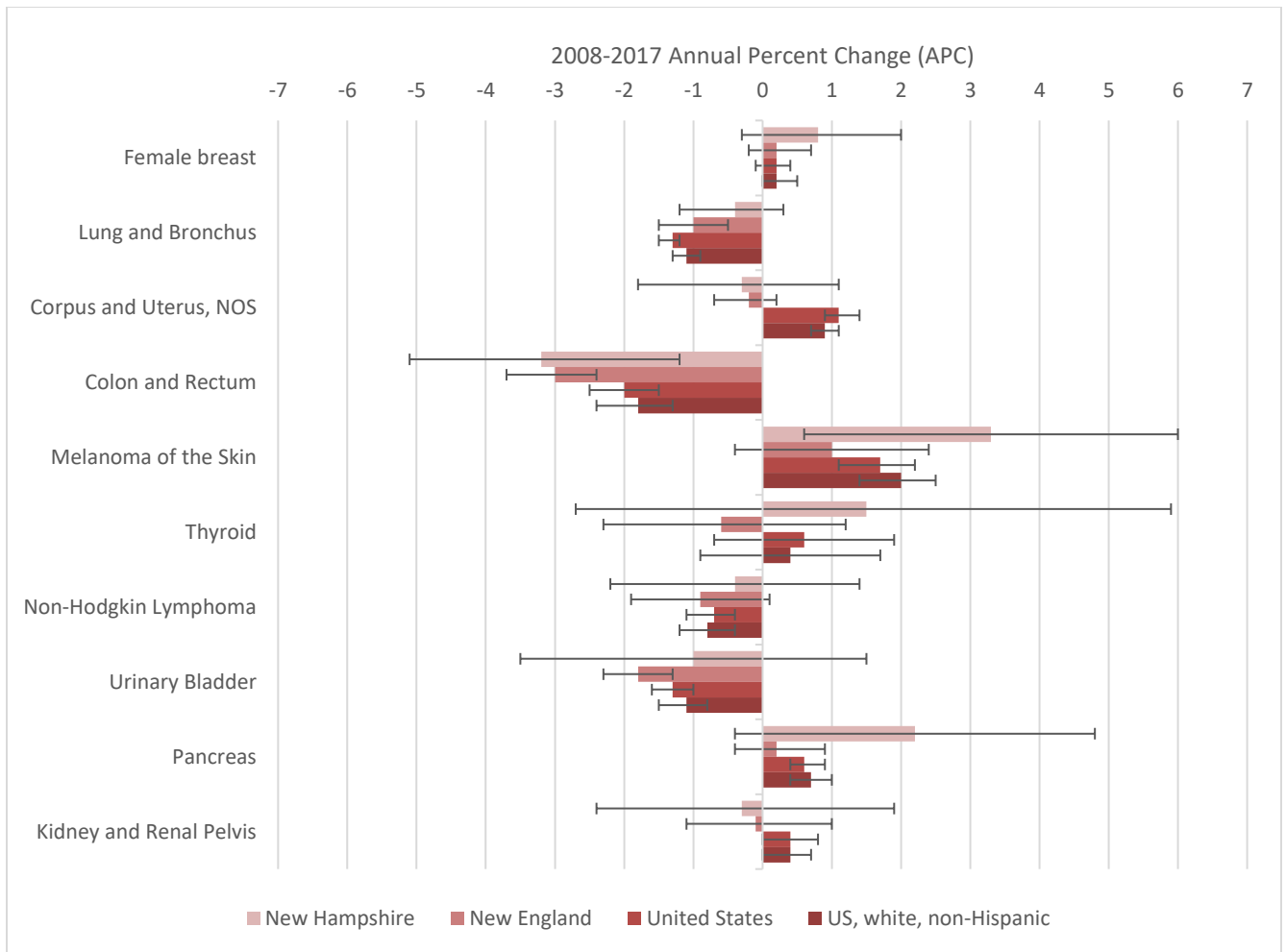


Figure A2. Count of the ten most frequently diagnosed cancers in NH, 2013-2017, females



Cancer Type	New Hampshire		New England			United States			US, white, non-Hispanic		
	Rate	95% CI	Rate	95% CI	Rate	95% CI	Rate	95% CI			
Female Breast	144.2	140.6 - 148.0	137.4	136.3 - 138.5	125.2	125.0 - 125.5	130.9	130.6 - 131.2			
Lung and Bronchus	60.3	58.0 - 62.6	58.0	57.4 - 58.7	49.8	49.6 - 49.9	54.8	54.6 - 55.0			
Corpus and Uterus, NOS	31.3	29.7 - 33.0	29.8	29.3 - 30.3	26.8	26.7 - 26.9	27.4	27.3 - 27.5			
Colon and Rectum	31.3	29.6 - 33.0	31.0	30.5 - 31.6	33.2	33.0 - 33.3	33.2	33.1 - 33.3			
Melanoma of the Skin	27.7	26.0 - 29.4	20.0	19.6 - 20.4	17.7	17.6 - 17.7	23.6	23.4 - 23.7			
Thyroid	23.1	21.5 - 24.8	26.3	25.7 - 26.8	21.1	21.0 - 21.2	22.5	22.4 - 22.7			
Non-Hodgkin Lymphoma	17.1	15.9 - 18.4	16.2	15.8 - 16.5	15.8	15.7 - 15.9	16.4	16.3 - 16.5			
Urinary Bladder	12.4	11.4 - 13.5	11.1	10.8 - 11.4	8.5	8.4 - 8.5	9.4	9.3 - 9.5			
Pancreas	10.9	9.9 - 11.9	11.0	10.7 - 11.3	10.8	10.7 - 10.9	10.6	10.5 - 10.7			
Kidney and Renal Pelvis	10.3	9.3 - 11.3	10.6	10.3 - 10.9	11.5	11.5 - 11.6	11.5	11.5 - 11.6			

Figure A3. Comparison of incidence by region and population for most frequently diagnosed cancers among females in NH, 2013-2017. Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.



Cancer Type	New Hampshire		New England		United States		US, white, non-Hispanic	
	APC	95% CI	APC	95% CI	APC	95% CI	APC	95% CI
Female breast	0.8	-0.3   2.0	0.2	-0.2   0.7	0.2	-0.1   0.4	0.2	0.0   0.5
Lung and Bronchus	-0.4	-1.2   0.3	-1.0*	-1.5   -0.5	-1.3*	-1.5   -1.2	-1.1*	-1.3   -0.9
Corpus and Uterus, NOS	-0.3	-1.8   1.1	-0.2	-0.7   0.2	1.1*	0.9   1.4	0.9*	0.7   1.1
Colon and Rectum	-3.2*	-5.1   -1.2	-3.0*	-3.7   -2.4	-2.0*	-2.5   -1.5	-1.8*	-2.4   -1.3
Melanoma of the Skin	3.3*	0.6   6.0	1.0	-0.4   2.4	1.7*	1.1   2.2	2.0*	1.4   2.5
Thyroid	1.5	-2.7   5.9	-0.6	-2.3   1.2	0.6	-0.7   1.9	0.4	-0.9   1.7
Non-Hodgkin Lymphoma	-0.4	-2.2   1.4	-0.9	-1.9   0.1	-0.7*	-1.1   -0.4	-0.8*	-1.2   -0.4
Urinary Bladder	-1.0	-3.5   1.5	-1.8*	-2.3   -1.3	-1.3*	-1.6   -1.0	-1.1*	-1.5   -0.8
Pancreas	2.2	-0.4   4.8	0.2	-0.4   0.9	0.6*	0.4   0.9	0.7*	0.4   1.0
Kidney and Renal Pelvis	-0.3	-2.4   1.9	-0.1	-1.1   1.0	0.4*	0.0   0.8	0.4	0.0   0.7

Figure A4. Comparison of incidence trends by region and population for most frequently diagnosed cancers among females in NH, 2008-2017

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\* The APC is significantly different from zero ( $p < 0.05$ ).

## Most Commonly Diagnosed Cancers in New Hampshire- Males

The count of cases for the ten most commonly diagnosed cancers among NH males during the five-year period of 2013 through 2017 are included in the figure below. The following tables and figures show comparison and trend data for these cancers by geography and population. Please note that trend data are for the ten-year period of 2008-2017.

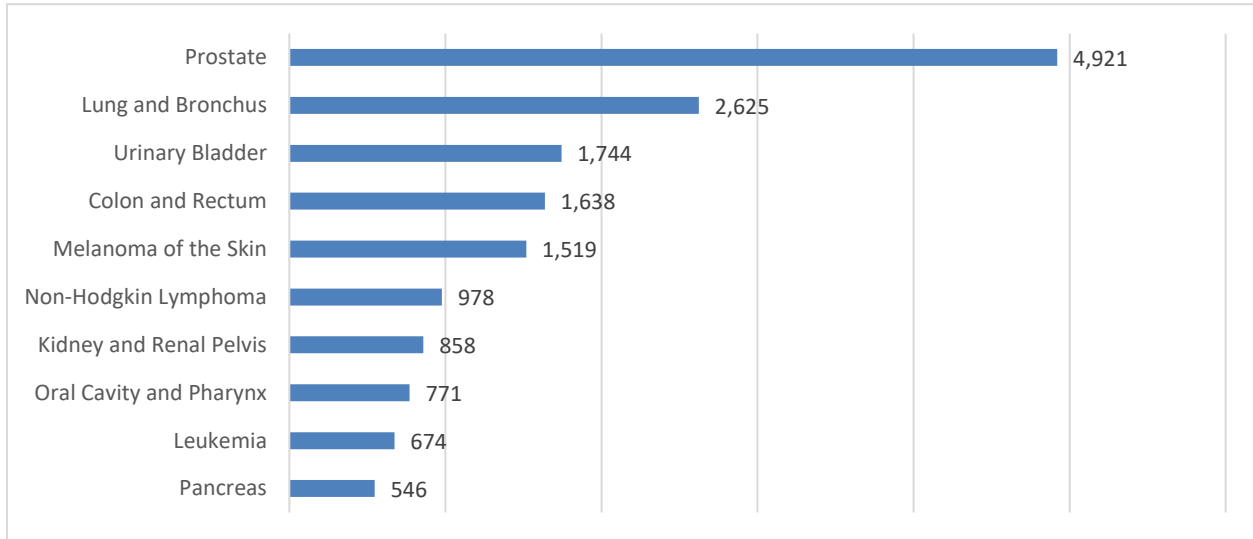
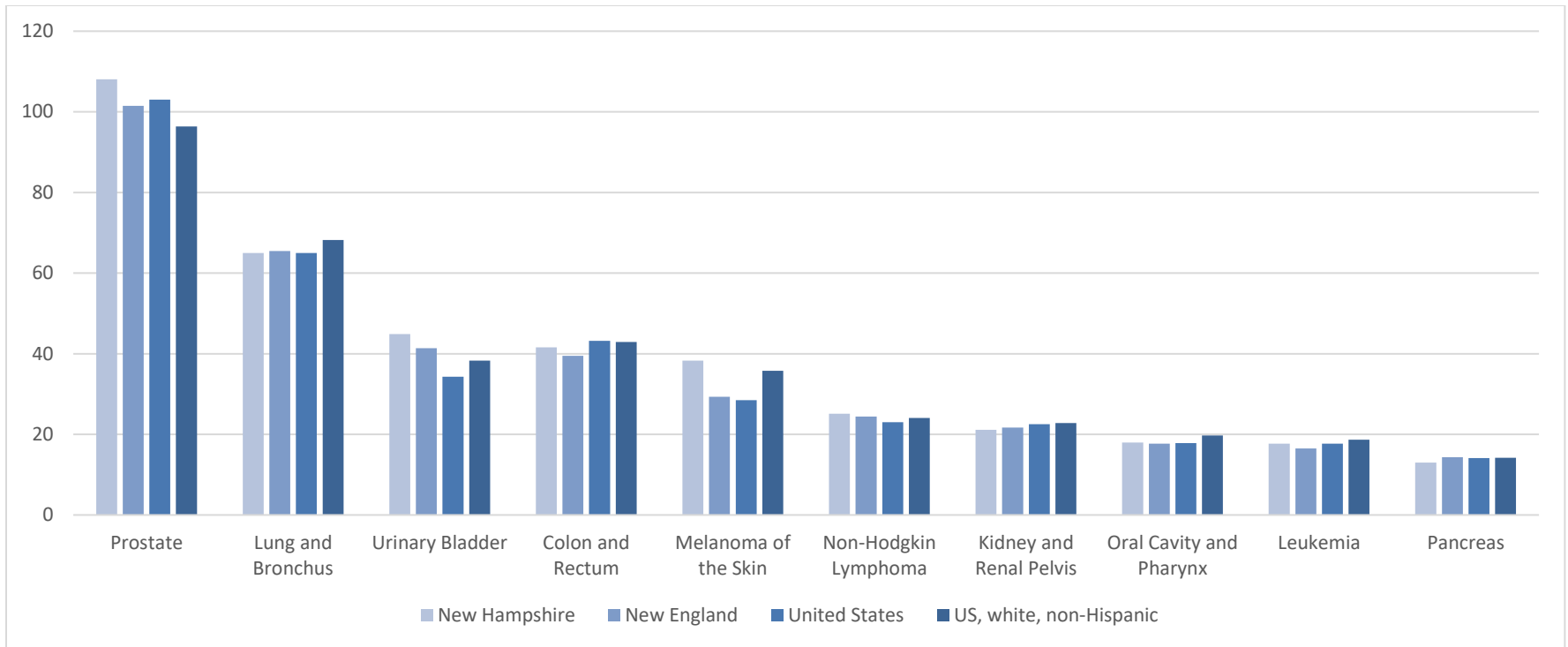


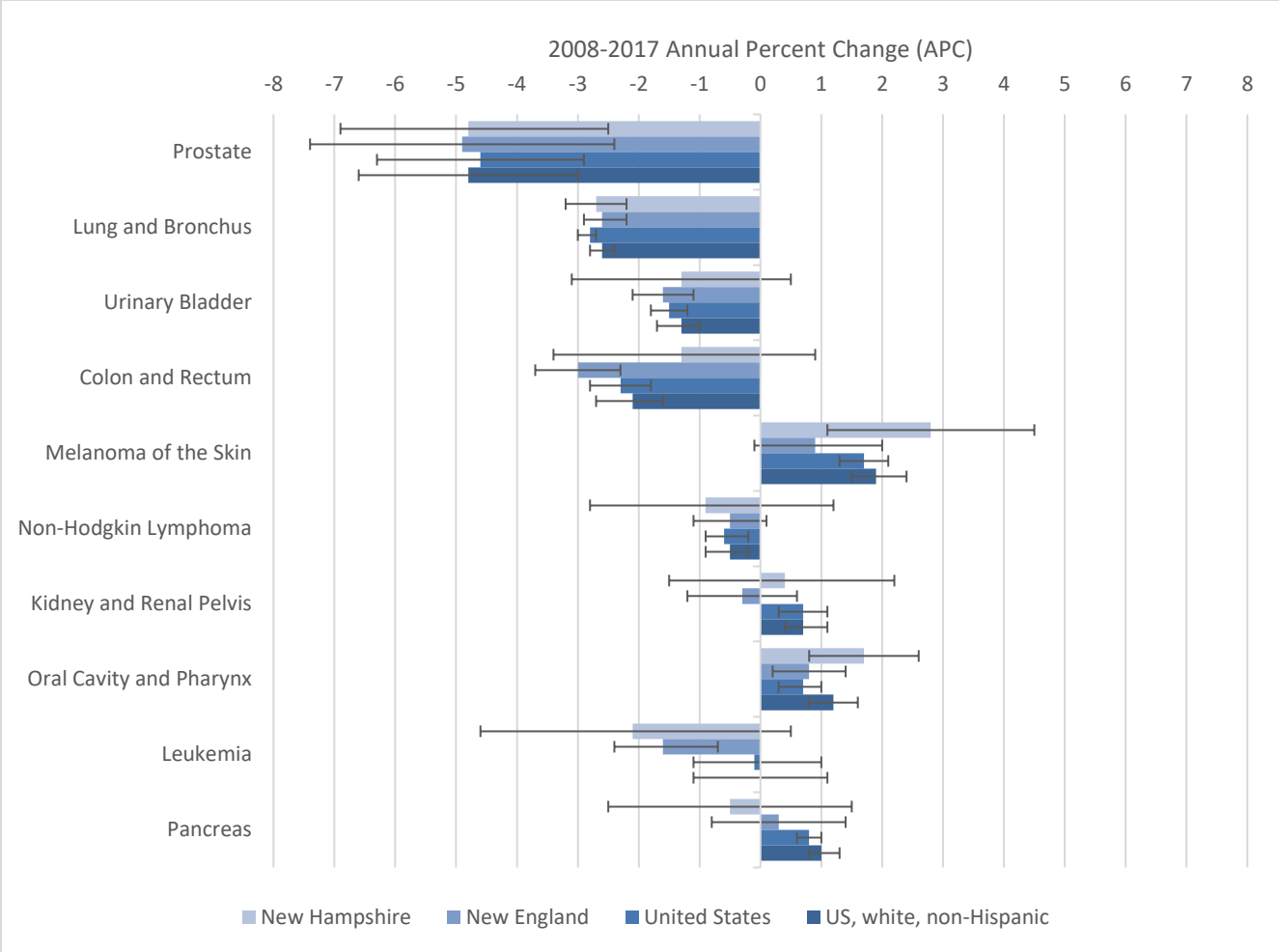
Figure A5. Count of the ten most frequently diagnosed cancers in NH, 2013-2017, males





Cancer Type	New Hampshire			New England			United States			US, white, non-Hispanic		
	Rate	95% CI		Rate	95% CI		Rate	95% CI		Rate	95% CI	
Prostate	108.1	105	111.3	101.5	100.6	102.5	103	102.8	103.2	96.4	96.2	96.7
Lung and Bronchus	65	62.4	67.6	65.5	64.7	66.3	65	64.8	65.2	68.2	67.9	68.4
Urinary Bladder	44.9	42.8	47.1	41.4	40.8	42.1	34.3	34.2	34.4	38.3	38.2	38.5
Colon and Rectum	41.6	39.5	43.8	39.5	38.8	40.1	43.2	43.1	43.4	42.9	42.8	43.1
Melanoma of the Skin	38.3	36.3	40.3	29.3	28.8	29.9	28.5	28.4	28.6	35.8	35.6	36
Non-Hodgkin Lymphoma	25.1	23.4	26.7	24.4	24	24.9	23	22.9	23.1	24.1	24	24.2
Kidney and Renal Pelvis	21.1	19.7	22.6	21.7	21.3	22.2	22.5	22.4	22.6	22.8	22.7	22.9
Oral Cavity and Pharynx	18	16.7	19.4	17.7	17.3	18.1	17.8	17.7	17.9	19.7	19.5	19.8
Leukemia	17.7	16.4	19.2	16.5	16.1	16.9	17.7	17.6	17.8	18.7	18.6	18.8
Pancreas	13	11.9	14.2	14.3	13.9	14.6	14.1	14	14.1	14.2	14.1	14.3

Figure A6. Comparison of incidence by region and population for most frequently diagnosed cancers among males in NH, 2013-2017  
 Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.



Cancer Type	New Hampshire			New England			United States			US, white, non-Hispanic		
	APC	95% CI		APC	95% CI		APC	95% CI		APC	95% CI	
Prostate	-4.8*	-6.9	-2.5	-4.9*	-7.4	-2.4	-4.6*	-6.3	-2.9	-4.8*	-6.6	-3
Lung and Bronchus	-2.7*	-3.2	-2.2	-2.6*	-2.9	-2.2	-2.8*	-3	-2.7	-2.6*	-2.8	-2.4
Urinary Bladder	-1.3	-3.1	0.5	-1.6*	-2.1	-1.1	-1.5*	-1.8	-1.2	-1.3*	-1.7	-1
Colon and Rectum	-1.3	-3.4	0.9	-3.0*	-3.7	-2.3	-2.3*	-2.8	-1.8	-2.1*	-2.7	-1.6
Melanoma of the Skin	2.8*	1.1	4.5	0.9	-0.1	2	1.7*	1.3	2.1	1.9*	1.5	2.4
Non-Hodgkin Lymphoma	-0.9	-2.8	1.2	-0.5	-1.1	0.1	-0.6*	-0.9	-0.2	-0.5*	-0.9	-0.2
Kidney and Renal Pelvis	0.4	-1.5	2.2	-0.3	-1.2	0.6	0.7*	0.3	1.1	0.7*	0.4	1.1
Oral Cavity and Pharynx	1.7*	0.8	2.6	0.8*	0.2	1.4	0.7*	0.3	1	1.2*	0.8	1.6
Leukemia	-2.1	-4.6	0.5	-1.6*	-2.4	-0.7	-0.1	-1.1	1	0	-1.1	1.1
Pancreas	-0.5	-2.5	1.5	0.3	-0.8	1.4	0.8*	0.6	1	1.0*	0.8	1.3

Figure A7. Comparison of incidence trends by region and population for most frequently diagnosed cancers among males in NH, 2008-2017

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\* The APC is significantly different from zero (p<0.05).

## Cancer Incidence Tables

Table A1. Age-adjusted cancer incidence rates for select cancer sites by sex, NH, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	11.9	11.1	12.6	1,060	6.2	5.5	7.0	289	18.0	16.7	19.4	771
Esophagus	6.5	6.0	7.1	585	2.3	1.9	2.8	116	11.3	10.3	12.5	469
Stomach	5.2	4.7	5.7	455	3.4	2.9	4.1	155	7.3	6.5	8.2	300
Colon and Rectum	36.1	34.8	37.5	3,061	31.3	29.6	33.0	1,423	41.6	39.5	43.8	1,638
Liver and Intrahepatic Bile Duct	5.8	5.3	6.3	531	2.6	2.2	3.2	121	9.4	8.5	10.4	410
Gallbladder	1.2	0.9	1.4	94	1.5	1.2	1.9	66	0.8	0.5	1.1	28
Pancreas	11.9	11.2	12.7	1,047	10.9	9.9	11.9	501	13.0	11.9	14.2	546
Larynx	2.9	2.5	3.3	258	1.1	0.8	1.4	53	4.9	4.3	5.7	205
Lung and Bronchus	61.9	60.2	63.6	5,476	60.3	58.0	62.6	2,851	65.0	62.4	67.6	2,625
Melanoma of the Skin	32.1	30.9	33.4	2,688	27.7	26.0	29.4	1,169	38.3	36.3	40.3	1,519
Female Breast					144.2	140.6	148.0	6,390				
Cervix Uteri					4.7	4.0	5.5	174				
Corpus and Uterus, NOS					31.3	29.7	33.0	1,485				
Ovary					9.7	8.8	10.7	447				
Prostate									108.1	105.0	111.3	4,921
Testis									7.2	6.3	8.2	221
Urinary Bladder	26.9	25.8	28.1	2,322	12.4	11.4	13.5	578	44.9	42.8	47.1	1,744
Kidney and Renal Pelvis	15.4	14.6	16.3	1,320	10.3	9.3	11.3	462	21.1	19.7	22.6	858
Brain and Other Nervous System	7.4	6.7	8.0	574	6.2	5.4	7.1	251	8.7	7.7	9.7	323
Thyroid	15.5	14.5	16.4	1,126	23.1	21.5	24.8	831	7.8	6.9	8.8	295
Hodgkin Lymphoma	2.9	2.5	3.3	195	2.6	2.0	3.2	87	3.2	2.6	3.9	108
Non-Hodgkin Lymphoma	20.7	19.7	21.7	1,757	17.1	15.9	18.4	779	25.1	23.4	26.7	978
Myeloma	5.8	5.3	6.3	507	4.5	3.9	5.2	218	7.3	6.5	8.3	289
Leukemia	13.5	12.7	14.4	1,091	10.1	9.1	11.2	417	17.7	16.4	19.2	674
Mesothelioma	1.0	0.8	1.3	82	0.3	0.2	0.6	16	1.9	1.4	2.4	66

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A2. Age-adjusted cancer incidence rates for select cancer sites by sex, NH, white, non-Hispanic population, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	12.1	11.3	12.9	1,031	6.2	5.5	7.1	276	18.5	17.1	19.9	755
Esophagus	6.6	6.1	7.2	571	2.4	2.0	2.9	114	11.5	10.4	12.6	457
Stomach	5.1	4.6	5.6	425	3.4	2.9	4.1	145	7.1	6.3	8.0	280
Colon and Rectum	36.4	35.1	37.8	2,949	31.6	29.9	33.4	1,376	41.9	39.8	44.1	1,573
Liver and Intrahepatic Bile Duct	5.6	5.1	6.2	499	2.7	2.2	3.2	117	9.0	8.1	10.0	382
Gallbladder	1.2	0.9	1.5	91	1.5	1.1	1.9	63	0.8	0.5	1.2	28
Pancreas	12.0	11.3	12.8	1,012	11.0	10.0	12.0	486	13.1	12.0	14.3	526
Larynx	2.9	2.6	3.3	252	1.1	0.8	1.5	53	5.0	4.3	5.8	199
Lung and Bronchus	62.3	60.6	64.0	5,330	60.9	58.6	63.2	2,780	65.2	62.6	67.9	2,550
Melanoma of the Skin	31.0	29.7	32.3	2,475	26.6	25.0	28.4	1,065	36.9	34.9	39.0	1,410
Female Breast					146.5	142.7	150.4	6,187				
Cervix Uteri					4.7	4.0	5.5	164				
Corpus and Uterus, NOS					31.3	29.7	33.1	1,425				
Ovary					9.9	8.9	10.9	434				
Prostate									106.3	103.1	109.5	4,675
Testis									7.4	6.4	8.5	205
Urinary Bladder	27.2	26.1	28.4	2,269	12.6	11.5	13.7	567	45.3	43.1	47.6	1,702
Kidney and Renal Pelvis	15.6	14.7	16.6	1,275	10.3	9.3	11.3	444	21.5	20.0	23.1	831
Brain and Other Nervous System	7.4	6.8	8.1	548	6.2	5.4	7.2	240	8.8	7.8	9.9	308
Thyroid	15.6	14.6	16.6	1,053	23.0	21.3	24.8	768	8.0	7.1	9.1	285
Hodgkin Lymphoma	3.0	2.6	3.5	187	2.7	2.1	3.3	83	3.4	2.8	4.2	104
Non-Hodgkin Lymphoma	20.8	19.7	21.8	1,689	17.0	15.8	18.3	746	25.3	23.6	27.0	943
Myeloma	5.7	5.2	6.3	484	4.4	3.8	5.1	208	7.3	6.4	8.2	276
Leukemia	13.7	12.9	14.6	1,054	10.2	9.2	11.4	401	18.0	16.5	19.5	653
Mesothelioma	1.0	0.8	1.3	81	0.3	0.2	0.6	16	1.9	1.4	2.4	65

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A3. Age-adjusted cancer incidence rates for select cancer sites by sex, Maine and Vermont, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	12.7	12.1	13.4	1,748	6.9	6.2	7.6	479	19.3	18.2	20.5	1,269
Esophagus	6.2	5.8	6.7	884	2.3	1.9	2.7	173	10.9	10.1	11.7	711
Stomach	5.4	5.0	5.8	734	3.9	3.4	4.4	284	7.2	6.5	7.9	450
Colon and Rectum	35.3	34.3	36.4	4,723	32.6	31.3	34.1	2,335	38.5	36.9	40.1	2,388
Liver and Intrahepatic Bile Duct	5.0	4.6	5.4	717	2.3	2.0	2.7	170	8.0	7.3	8.7	547
Gallbladder	0.8	0.7	1.0	118	1.2	0.9	1.5	87	0.5	0.3	0.7	31
Pancreas	11.9	11.3	12.5	1,661	10.4	9.6	11.2	784	13.7	12.8	14.7	877
Larynx	3.5	3.2	3.8	496	1.8	1.4	2.1	124	5.6	5.0	6.2	372
Lung and Bronchus	66.3	64.9	67.7	9,257	60.9	59.1	62.8	4,531	73.2	71.0	75.4	4,726
Melanoma of the Skin	29.7	28.7	30.7	3,794	26.5	25.2	27.9	1,687	34.2	32.7	35.8	2,107
Female Breast					128.0	125.2	130.9	8,730				
Cervix Uteri					5.4	4.8	6.1	292				
Corpus and Uterus, NOS					32.1	30.8	33.5	2,388				
Ovary					9.4	8.7	10.2	640				
Prostate									86.3	84.1	88.6	6,110
Testis									7.2	6.4	8.0	314
Urinary Bladder	25.5	24.7	26.4	3,544	11.2	10.4	12.0	850	43.2	41.5	44.9	2,694
Kidney and Renal Pelvis	15.7	15.0	16.4	2,096	11.6	10.8	12.5	800	20.4	19.2	21.6	1,296
Brain and Other Nervous System	7.3	6.8	7.8	853	6.4	5.7	7.1	381	8.3	7.5	9.1	472
Thyroid	15.3	14.5	16.1	1,671	21.8	20.5	23.2	1,184	8.5	7.7	9.3	487
Hodgkin Lymphoma	3.0	2.6	3.3	303	2.7	2.3	3.2	141	3.2	2.7	3.8	162
Non-Hodgkin Lymphoma	20.2	19.5	21.1	2,682	16.3	15.3	17.3	1,158	25.0	23.7	26.3	1,524
Myeloma	5.7	5.3	6.1	793	4.6	4.1	5.1	351	6.9	6.3	7.6	442
Leukemia	13.5	12.8	14.2	1,735	10.4	9.6	11.3	707	17.2	16.1	18.4	1,028
Mesothelioma	1.2	1.0	1.4	158	0.4	0.3	0.6	32	2.2	1.8	2.6	126

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A4. Age-adjusted cancer incidence rates for select cancer sites by sex, New England, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	12.0	11.7	12.2	11,279	7.0	6.7	7.2	3,474	17.7	17.3	18.1	7,805
Esophagus	5.3	5.2	5.5	5,061	2.1	2.0	2.3	1,130	9.2	8.9	9.5	3,931
Stomach	6.7	6.5	6.8	6,113	4.5	4.3	4.7	2,246	9.3	9.0	9.6	3,867
Colon and Rectum	34.9	34.5	35.2	31,846	31.0	30.5	31.6	15,589	39.5	38.8	40.1	16,257
Liver and Intrahepatic Bile Duct	7.1	6.9	7.3	6,898	3.5	3.3	3.7	1,787	11.3	11.0	11.6	5,111
Gallbladder	1.1	1.0	1.1	985	1.4	1.3	1.5	695	0.7	0.6	0.8	290
Pancreas	12.5	12.2	12.7	11,746	11.0	10.7	11.3	5,719	14.3	13.9	14.6	6,027
Larynx	3.2	3.0	3.3	3,034	1.3	1.2	1.4	662	5.4	5.2	5.6	2,372
Lung and Bronchus	61.0	60.5	61.5	57,330	58.0	57.4	58.7	29,828	65.5	64.7	66.3	27,502
Melanoma of the Skin	23.9	23.5	24.2	21,409	20.0	19.6	20.4	9,354	29.3	28.8	29.9	12,055
Female Breast					137.4	136.3	138.5	65,490				
Cervix Uteri					5.5	5.3	5.8	2,231				
Corpus and Uterus, NOS					29.8	29.3	30.3	15,215				
Ovary					10.1	9.8	10.4	4,925				
Prostate									101.5	100.6	102.5	46,698
Testis									6.3	6.1	6.6	2,191
Urinary Bladder	24.2	23.9	24.5	22,618	11.1	10.8	11.4	5,777	41.4	40.8	42.1	16,841
Kidney and Renal Pelvis	15.8	15.5	16.0	14,385	10.6	10.3	10.9	5,148	21.7	21.3	22.2	9,237
Brain and Other Nervous System	6.9	6.7	7.1	5,766	5.9	5.7	6.2	2,588	8.0	7.7	8.3	3,178
Thyroid	18.1	17.8	18.4	14,379	26.3	25.7	26.8	10,586	9.5	9.2	9.9	3,793
Hodgkin Lymphoma	3.0	2.8	3.1	2,255	2.7	2.5	2.9	1,039	3.3	3.1	3.5	1,216
Non-Hodgkin Lymphoma	19.8	19.6	20.1	17,995	16.2	15.8	16.5	8,055	24.4	24.0	24.9	9,940
Myeloma	6.3	6.2	6.5	5,915	5.0	4.8	5.2	2,559	8.0	7.7	8.3	3,356
Leukemia	13.0	12.7	13.2	11,442	10.2	9.9	10.5	4,838	16.5	16.1	16.9	6,604
Mesothelioma	1.0	0.9	1.1	913	0.4	0.4	0.5	208	1.8	1.7	2.0	705

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A5. Age-adjusted cancer incidence rates for select cancer sites by sex, New England, white, non-Hispanic population, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	12.4	12.1	12.6	10,062	7.1	6.9	7.4	3,061	18.3	17.8	18.7	7,001
Esophagus	5.6	5.4	5.8	4,673	2.2	2.1	2.3	1,024	9.7	9.3	10.0	3,649
Stomach	5.9	5.7	6.0	4,769	3.8	3.7	4.0	1,702	8.4	8.1	8.7	3,067
Colon and Rectum	34.7	34.3	35.2	27,587	31.0	30.5	31.6	13,564	39.2	38.5	39.9	14,023
Liver and Intrahepatic Bile Duct	6.2	6.1	6.4	5,308	3.1	2.9	3.3	1,369	10.0	9.6	10.3	3,939
Gallbladder	0.9	0.9	1.0	772	1.2	1.1	1.3	537	0.6	0.6	0.7	235
Pancreas	12.5	12.3	12.8	10,394	10.9	10.6	11.2	5,014	14.4	14.0	14.8	5,380
Larynx	3.2	3.0	3.3	2,656	1.3	1.2	1.5	595	5.3	5.1	5.6	2,061
Lung and Bronchus	63.2	62.6	63.7	52,407	60.8	60.1	61.6	27,457	66.9	66.1	67.8	24,950
Melanoma of the Skin	25.7	25.4	26.1	19,621	21.8	21.3	22.3	8,461	31.3	30.7	31.9	11,160
Female Breast					140.9	139.7	142.2	57,237				
Cervix Uteri					5.1	4.8	5.3	1,628				
Corpus and Uterus, NOS					30.2	29.7	30.7	13,324				
Ovary					10.3	10.0	10.6	4,312				
Prostate									96.8	95.9	97.8	39,298
Testis									7.5	7.2	7.9	1,928
Urinary Bladder	25.5	25.2	25.9	21,145	11.7	11.4	12.0	5,364	43.5	42.8	44.2	15,781
Kidney and Renal Pelvis	16.0	15.7	16.3	12,563	10.6	10.3	11.0	4,432	22.1	21.6	22.6	8,131
Brain and Other Nervous System	7.2	7.0	7.4	5,040	6.2	5.9	6.5	2,236	8.4	8.1	8.8	2,804
Thyroid	18.2	17.9	18.6	11,634	26.2	25.6	26.8	8,371	10.0	9.6	10.4	3,263
Hodgkin Lymphoma	3.1	3.0	3.3	1,830	2.8	2.6	3.1	841	3.4	3.2	3.6	989
Non-Hodgkin Lymphoma	20.2	19.8	20.5	15,908	16.3	15.9	16.7	7,054	25.0	24.5	25.6	8,854
Myeloma	5.9	5.7	6.0	4,818	4.5	4.3	4.7	2,031	7.6	7.3	7.9	2,787
Leukemia	13.3	13.0	13.5	10,039	10.4	10.0	10.7	4,195	16.9	16.4	17.3	5,844
Mesothelioma	1.1	1.0	1.1	863	0.4	0.4	0.5	196	1.9	1.8	2.1	667

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A6. Age-adjusted cancer incidence rates for select cancer sites by sex, United States, 2013-2017

Cancer Site or Type	Male and female				Female			Male				
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	11.7	11.7	11.8	223,501	6.4	6.3	6.4	63,937	17.8	17.7	17.9	159,564
Esophagus	4.4	4.4	4.4	84,881	1.7	1.7	1.7	17,876	7.6	7.6	7.7	67,005
Stomach	6.4	6.4	6.4	118,768	4.5	4.5	4.6	45,213	8.7	8.6	8.8	73,555
Colon and Rectum	37.8	37.7	37.9	699,987	33.2	33.0	33.3	332,022	43.2	43.1	43.4	367,965
Liver and Intrahepatic Bile Duct	8.0	7.9	8.0	157,206	4.3	4.3	4.3	44,553	12.1	12.1	12.2	112,653
Gallbladder	1.1	1.1	1.1	20,076	1.3	1.3	1.3	13,582	0.8	0.8	0.8	6,494
Pancreas	12.3	12.2	12.3	232,485	10.8	10.7	10.9	111,932	14.1	14.0	14.1	120,553
Larynx	3.2	3.2	3.2	61,877	1.2	1.2	1.3	12,701	5.5	5.4	5.5	49,176
Lung and Bronchus	56.4	56.3	56.5	1,071,089	49.8	49.6	49.9	514,463	65.0	64.8	65.2	556,626
Melanoma of the Skin	22.3	22.2	22.3	404,686	17.7	17.6	17.7	165,451	28.5	28.4	28.6	239,235
Female Breast					125.2	125.0	125.5	1,214,284				
Cervix Uteri					7.6	7.5	7.6	63,496				
Corpus and Uterus, NOS					26.8	26.7	26.9	273,313				
Ovary					10.7	10.6	10.8	104,063				
Prostate									103.0	102.8	103.2	953,643
Testis									5.7	5.6	5.7	43,779
Urinary Bladder	19.8	19.7	19.8	370,199	8.5	8.4	8.5	87,947	34.3	34.2	34.4	282,252
Kidney and Renal Pelvis	16.6	16.6	16.7	309,230	11.5	11.5	11.6	113,427	22.5	22.4	22.6	195,803
Brain and Other Nervous System	6.3	6.3	6.3	110,298	5.3	5.3	5.4	48,571	7.4	7.3	7.5	61,727
Thyroid	14.3	14.2	14.3	240,311	21.1	21.0	21.2	179,306	7.3	7.2	7.4	61,005
Hodgkin Lymphoma	2.6	2.6	2.7	43,083	2.3	2.3	2.4	19,255	3.0	2.9	3.0	23,828
Non-Hodgkin Lymphoma	19.1	19.0	19.1	349,576	15.8	15.7	15.9	157,360	23.0	22.9	23.1	192,216
Myeloma	6.7	6.7	6.8	126,566	5.5	5.4	5.5	55,716	8.3	8.3	8.4	70,850
Leukemia	13.9	13.8	13.9	249,547	10.8	10.7	10.9	103,867	17.7	17.6	17.8	145,680
Mesothelioma	0.9	0.8	0.9	15,672	0.4	0.4	0.4	3,931	1.5	1.5	1.5	11,741

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.



Table A7. Age-adjusted cancer incidence rates for select cancer sites by sex, United States, white, non-Hispanic population, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	13.0	12.9	13.0	180,694	6.9	6.9	7.0	50,199	19.7	19.5	19.8	130,495
Esophagus	4.9	4.8	4.9	69,923	1.8	1.8	1.8	13,880	8.4	8.3	8.5	56,043
Stomach	5.2	5.2	5.3	73,150	3.4	3.4	3.5	25,488	7.4	7.3	7.5	47,662
Colon and Rectum	37.7	37.6	37.8	515,193	33.2	33.1	33.3	243,808	42.9	42.8	43.1	271,385
Liver and Intrahepatic Bile Duct	6.7	6.6	6.7	97,445	3.6	3.6	3.6	27,337	10.1	10.0	10.2	70,108
Gallbladder	0.9	0.9	0.9	12,367	1.0	1.0	1.1	8,202	0.7	0.6	0.7	4,165
Pancreas	12.3	12.2	12.3	175,336	10.6	10.5	10.7	82,355	14.2	14.1	14.3	92,981
Larynx	3.3	3.3	3.3	47,565	1.4	1.3	1.4	10,075	5.6	5.5	5.6	37,490
Lung and Bronchus	60.6	60.4	60.7	873,139	54.8	54.6	55.0	423,506	68.2	67.9	68.4	449,633
Melanoma of the Skin	28.8	28.7	28.9	374,140	23.6	23.4	23.7	150,602	35.8	35.6	36.0	223,538
Female Breast					130.9	130.6	131.2	908,551				
Cervix Uteri					7.1	7.0	7.2	38,431				
Corpus and Uterus, NOS					27.4	27.3	27.5	201,820				
Ovary					11.1	11.0	11.2	77,760				
Prostate									96.4	96.2	96.7	680,469
Testis									7.0	6.9	7.0	32,204
Urinary Bladder	22.2	22.2	22.3	318,725	9.4	9.3	9.5	73,527	38.3	38.2	38.5	245,198
Kidney and Renal Pelvis	16.8	16.8	16.9	227,857	11.5	11.5	11.6	81,710	22.8	22.7	22.9	146,147
Brain and Other Nervous System	7.2	7.1	7.2	86,308	6.1	6.0	6.1	37,555	8.4	8.3	8.5	48,753
Thyroid	15.4	15.3	15.4	170,650	22.5	22.4	22.7	123,646	8.2	8.1	8.2	47,004
Hodgkin Lymphoma	2.9	2.8	2.9	29,635	2.5	2.5	2.6	13,142	3.2	3.1	3.2	16,493
Non-Hodgkin Lymphoma	19.9	19.8	20.0	270,989	16.4	16.3	16.5	120,315	24.1	24.0	24.2	150,674
Myeloma	5.9	5.9	6.0	84,182	4.6	4.5	4.6	35,250	7.5	7.5	7.6	48,932
Leukemia	14.6	14.5	14.7	192,462	11.3	11.2	11.3	78,291	18.7	18.6	18.8	114,171
Mesothelioma	1.0	0.9	1.0	13,385	0.4	0.4	0.5	3,294	1.6	1.6	1.7	10,091

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

## Cancer Mortality

### Top Causes of Cancer Mortality in New Hampshire - Both Sexes Combined

The count of deaths for the ten leading causes of cancer deaths among NH residents during the five-year period of 2013 through 2017 are included in the figure below. Consistent with methodology used by the CDC, leading causes of cancer mortality are defined by count of cancer deaths.

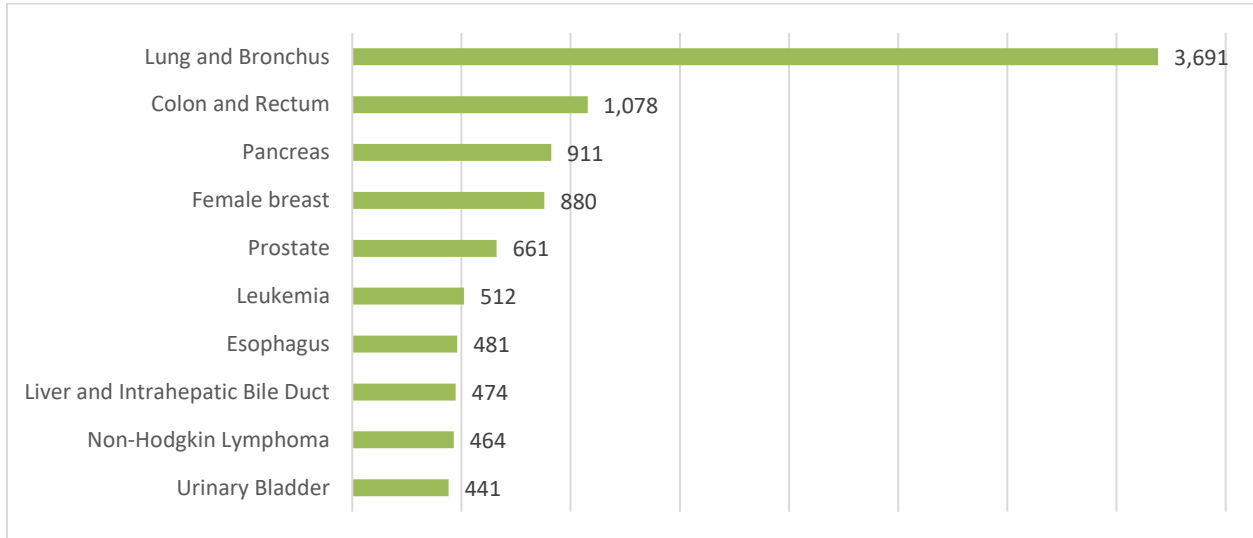


Figure A7. Count of deaths for the top ten causes of cancer mortality in NH, 2013-2017, both sexes

### Top Causes of Cancer Mortality in New Hampshire- Females

The count of deaths for the ten leading causes of cancer deaths among NH females during the five-year period of 2013 through 2017 are included in the figure below. The following tables and figures show comparison and trend data for these cancers by geography and population. Please note that trend data are for the ten-year period of 2008-2017.

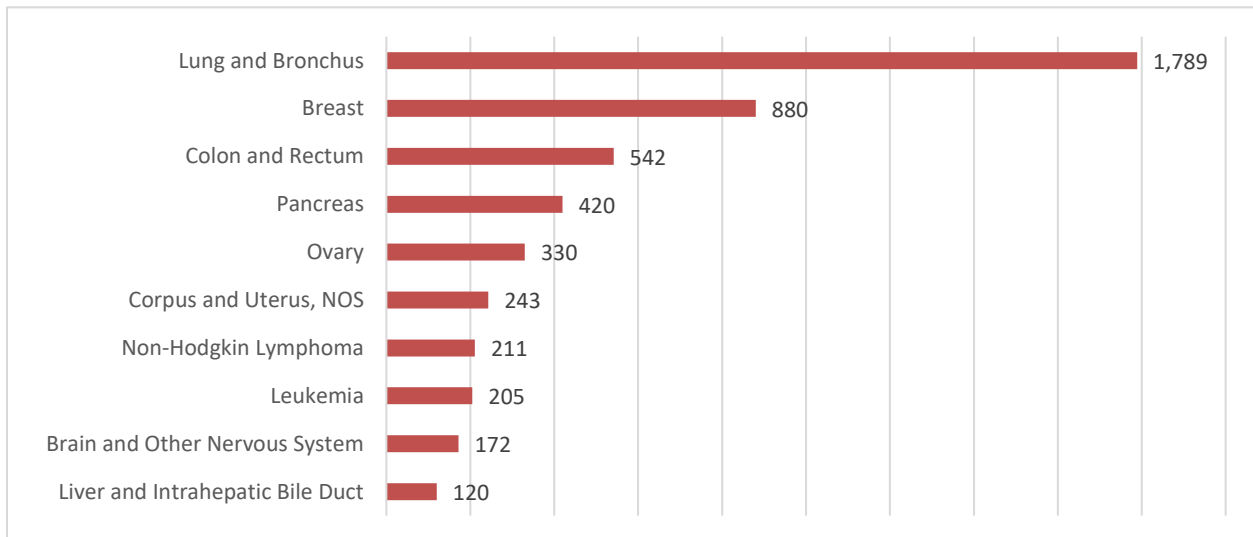
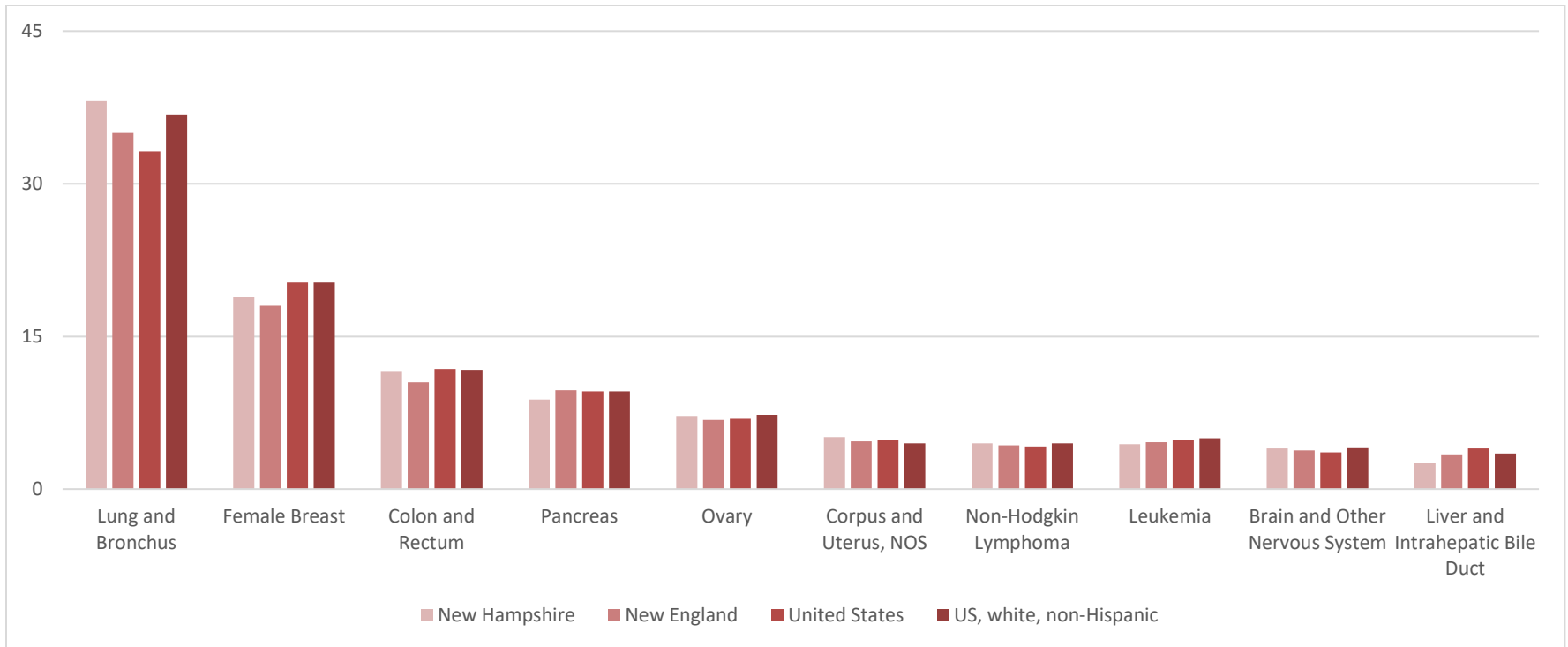
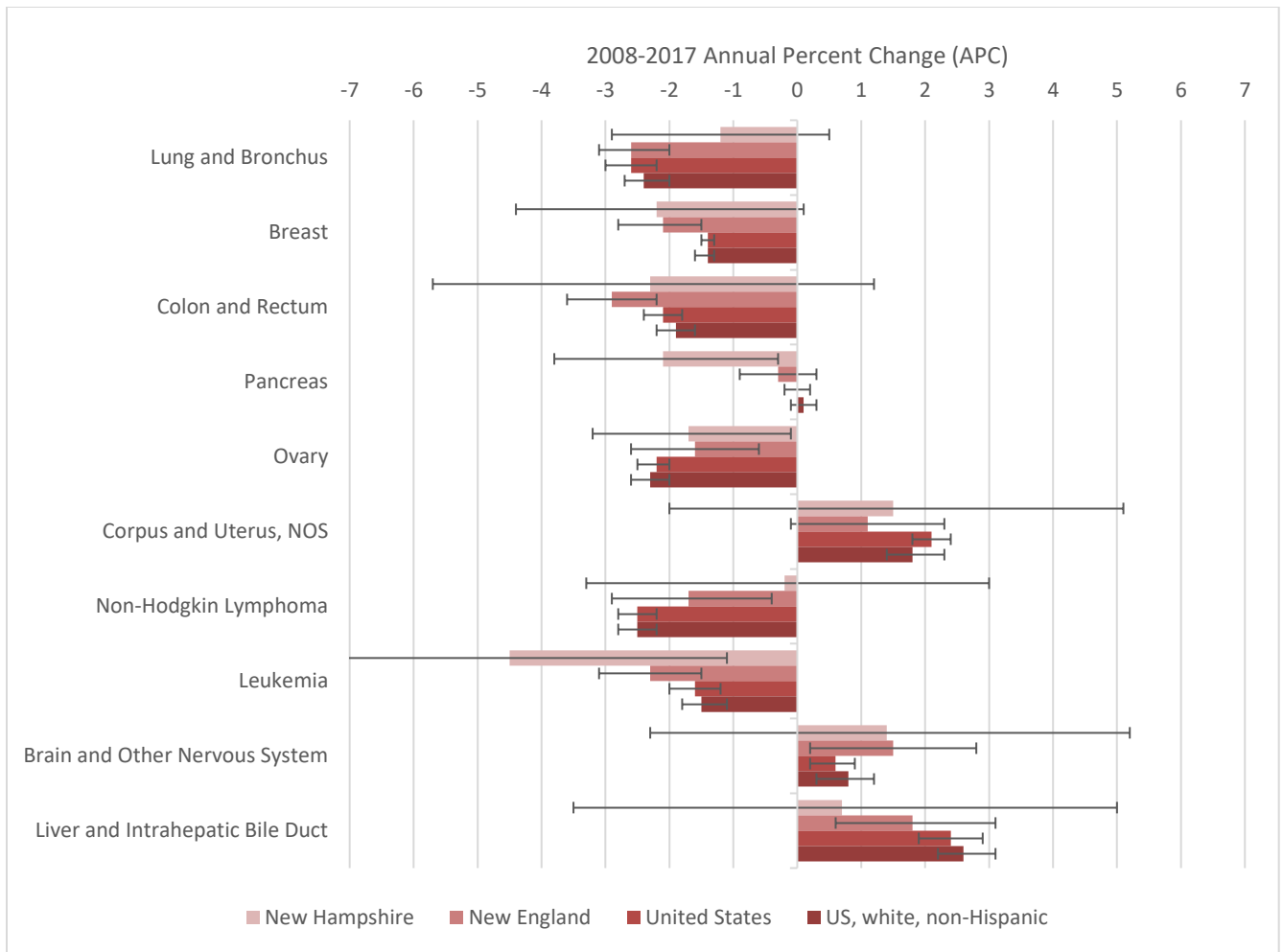


Figure A8. Count of deaths for the top ten causes of cancer mortality in NH, 2013-2017, females



Cancer Type	New Hampshire			New England			United States			US, white, non-Hispanic		
	Rate	95% CI		Rate	95% CI		Rate	95% CI		Rate	95% CI	
Lung and Bronchus	38.2	36.4	40.1	35	34.5	35.6	33.2	33.1	33.3	36.8	36.7	36.9
Female Breast	18.9	17.6	20.2	18	17.6	18.4	20.3	20.2	20.4	20.3	20.2	20.4
Colon and Rectum	11.6	10.6	12.6	10.5	10.3	10.8	11.8	11.7	11.8	11.7	11.7	11.8
Pancreas	8.8	7.9	9.7	9.7	9.5	10	9.6	9.5	9.6	9.6	9.5	9.6
Ovary	7.2	6.4	8	6.8	6.6	7.1	6.9	6.8	6.9	7.3	7.2	7.4
Corpus and Uterus, NOS	5.1	4.5	5.9	4.7	4.5	4.9	4.8	4.8	4.9	4.5	4.4	4.5
Non-Hodgkin Lymphoma	4.5	3.9	5.2	4.3	4.1	4.5	4.2	4.2	4.3	4.5	4.4	4.5
Leukemia	4.4	3.8	5.1	4.6	4.4	4.8	4.8	4.8	4.8	5	5	5.1
Brain and Other Nervous System	4.0	3.4	4.7	3.8	3.6	3.9	3.6	3.6	3.6	4.1	4.1	4.2
Liver and Intrahepatic Bile Duct	2.6	2.2	3.2	3.4	3.3	3.6	4.0	3.9	4.0	3.5	3.5	3.6

Figure A9. Comparison of mortality by region and population for most frequently diagnosed cancers among females in NH, 2013-2017  
 Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.



Cancer Type	New Hampshire			New England			United States			US, white, non-Hispanic		
	APC	95% CI		APC	95% CI		APC	95% CI		APC	95% CI	
Lung and Bronchus	-1.2	-2.9	0.5	-2.6*	-3.1	-2.0	-2.6*	-3.0	-2.2	-2.4*	-2.7	-2.0
Breast	-2.2	-4.4	0.1	-2.1*	-2.8	-1.5	-1.4*	-1.5	-1.3	-1.4*	-1.6	-1.3
Colon and Rectum	-2.3	-5.7	1.2	-2.9*	-3.6	-2.2	-2.1*	-2.4	-1.8	-1.9*	-2.2	-1.6
Pancreas	-2.1*	-3.8	-0.3	-0.3	-0.9	0.3	0.0	-0.2	0.2	0.1	-0.1	0.3
Ovary	-1.7*	-3.2	-0.1	-1.6*	-2.6	-0.6	-2.2*	-2.5	-2	-2.3*	-2.6	-2.0
Corpus and Uterus, NOS	1.5	-2	5.1	1.1	-0.1	2.3	2.1*	1.8	2.4	1.8*	1.4	2.3
Non-Hodgkin Lymphoma	-0.2	-3.3	3.0	-1.7*	-2.9	-0.4	-2.5*	-2.8	-2.2	-2.5*	-2.8	-2.2
Leukemia	-4.5*	-7.8	-1.1	-2.3*	-3.1	-1.5	-1.6*	-2	-1.2	-1.5*	-1.8	-1.1
Brain and Other Nervous System	1.4	-2.3	5.2	1.5*	0.2	2.8	0.6*	0.2	0.9	0.8*	0.3	1.2
Liver and Intrahepatic Bile Duct	0.7	-3.5	5.0	1.8*	0.6	3.1	2.4*	1.9	2.9	2.6*	2.2	3.1

Figure A10. Comparison of mortality trends by region and population for most frequently diagnosed cancers among females in NH, 2008-2017

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method.

\* The APC is significantly different from zero ( $p < 0.05$ ).

### Top Causes of Cancer Mortality in New Hampshire- Males

The count of deaths for the ten leading causes of cancer deaths among NH males during the five-year period of 2013 through 2017 are included in the figure below. The following tables and figures show comparison and trend data for these cancers by geography and population. Please note that trend data are for the ten-year period of 2008-2017.

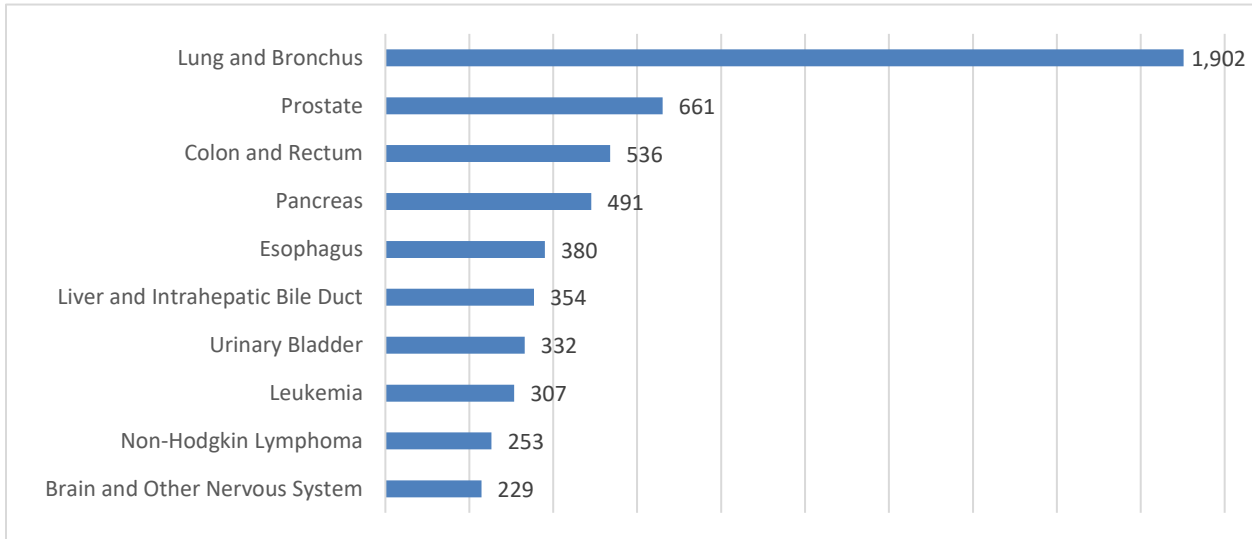
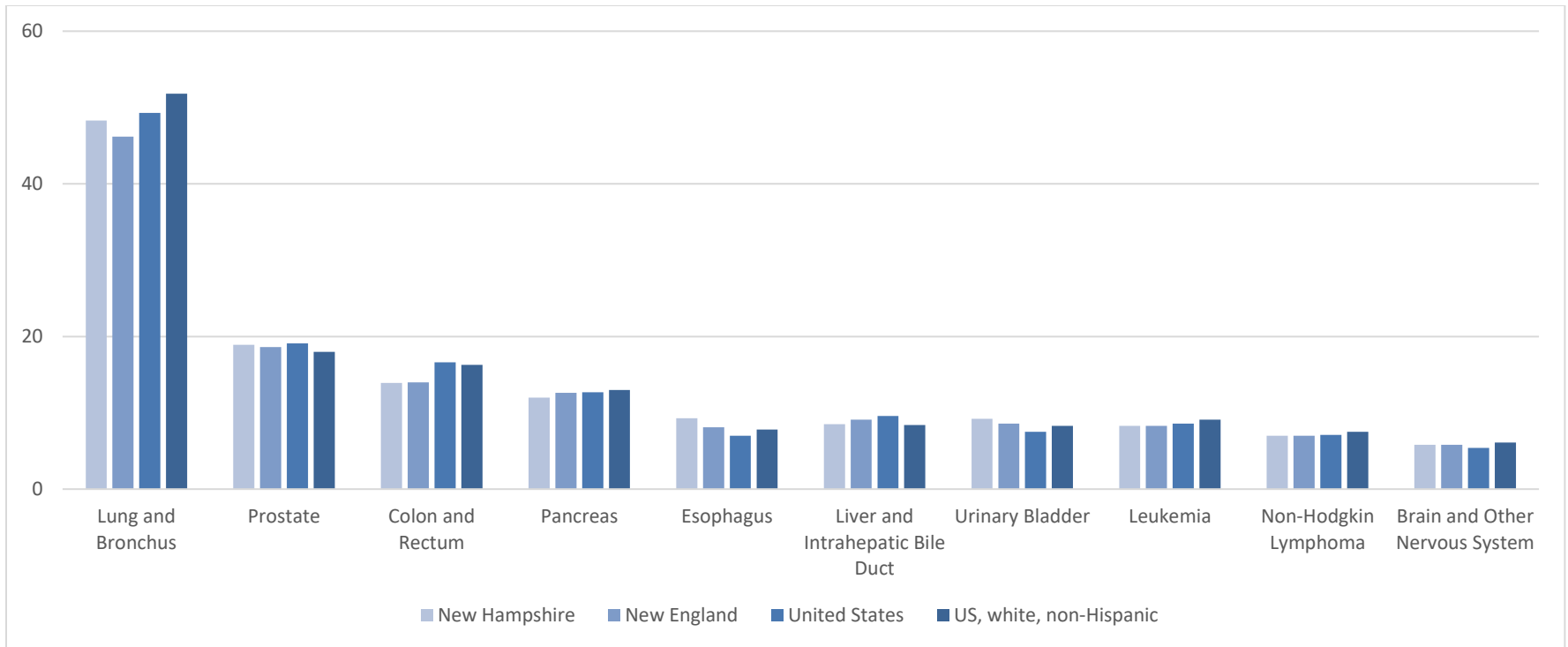
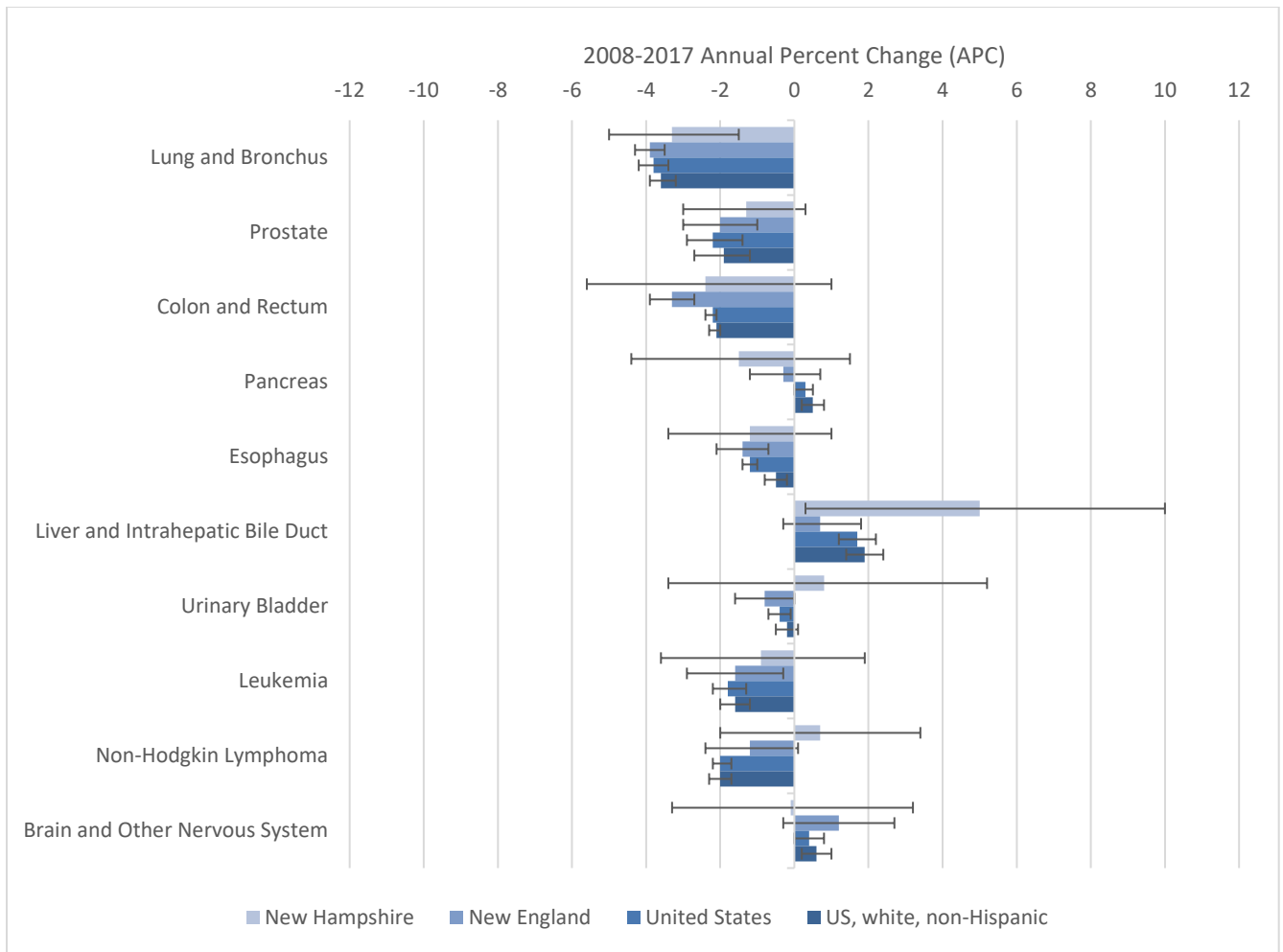


Figure A11. Count of deaths for the top ten causes of cancer mortality in NH, 2013-2017, males



Cancer Type	New Hampshire			New England			United States			US, white, non-Hispanic		
	Rate	95% CI		Rate	95% CI		Rate	95% CI		Rate	95% CI	
Lung and Bronchus	48.3	46.1	50.6	46.2	45.6	46.9	49.3	49.2	49.5	51.8	51.7	52
Prostate	18.9	17.4	20.4	18.6	18.2	19	19.1	19	19.2	18	17.9	18.1
Colon and Rectum	13.9	12.7	15.2	14	13.6	14.3	16.6	16.5	16.7	16.3	16.2	16.4
Pancreas	12	11	13.2	12.6	12.3	13	12.7	12.6	12.8	13	12.9	13.1
Esophagus	9.3	8.4	10.4	8.1	7.8	8.4	7	7	7.1	7.8	7.8	7.9
Liver and Intrahepatic Bile Duct	8.5	7.6	9.4	9.1	8.8	9.4	9.6	9.6	9.7	8.4	8.3	8.4
Urinary Bladder	9.2	8.3	10.3	8.6	8.3	8.9	7.5	7.4	7.6	8.3	8.2	8.4
Leukemia	8.3	7.4	9.4	8.3	8	8.6	8.6	8.5	8.6	9.1	9	9.2
Non-Hodgkin Lymphoma	7	6.1	7.9	7	6.7	7.2	7.1	7.1	7.2	7.5	7.4	7.6
Brain and Other Nervous System	5.8	5.1	6.7	5.8	5.5	6	5.4	5.3	5.4	6.1	6.1	6.2

Figure A12. Comparison of mortality by region and population for most frequently diagnosed cancers among males in NH, 2013-2017  
Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.



Cancer Type	New Hampshire			New England			United States			US, white, non-Hispanic		
	APC	95% CI		APC	95% CI		APC	95% CI		APC	95% CI	
Lung and Bronchus	-3.3*	-5.0	-1.5	-3.9*	-4.3	-3.5	-3.8*	-4.2	-3.4	-3.6*	-3.9	-3.2
Prostate	-1.3	-3.0	0.3	-2.0*	-3.0	-1.0	-2.2*	-2.9	-1.4	-1.9*	-2.7	-1.2
Colon and Rectum	-2.4	-5.6	1.0	-3.3*	-3.9	-2.7	-2.2*	-2.4	-2.1	-2.1*	-2.3	-2.0
Pancreas	-1.5	-4.4	1.5	-0.3	-1.2	0.7	0.3*	0.0	0.5	0.5*	0.2	0.8
Esophagus	-1.2	-3.4	1.0	-1.4*	-2.1	-0.7	-1.2*	-1.4	-1.0	-0.5*	-0.8	-0.2
Liver and Intrahepatic Bile Duct	5.0*	0.3	10	0.7	-0.3	1.8	1.7*	1.2	2.2	1.9*	1.4	2.4
Urinary Bladder	0.8	-3.4	5.2	-0.8*	-1.6	0.0	-0.4*	-0.7	-0.1	-0.2	-0.5	0.1
Leukemia	-0.9	-3.6	1.9	-1.6*	-2.9	-0.3	-1.8*	-2.2	-1.3	-1.6*	-2.0	-1.2
Non-Hodgkin Lymphoma	0.7	-2.0	3.4	-1.2	-2.4	0.1	-2.0*	-2.2	-1.7	-2.0*	-2.3	-1.7
Brain and Other Nervous System	-0.1	-3.3	3.2	1.2	-0.3	2.7	0.4	0.00	0.8	0.6*	0.2	1.0

Figure A13. Comparison of mortality trends by region and population for most frequently diagnosed cancers among males in NH, 2008-2017

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

Confidence intervals are 95% for rates (Tiwari mod) and trends. APCs were calculated using weighted least squares method. \*

The APC is significantly different from zero ( $p < 0.05$ ).

## Cancer Mortality Tables

Table A14. Age-adjusted cancer mortality rates for select cancer sites by sex, NH, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.5	2.1	2.8	223	1.2	0.9	1.6	58	3.9	3.3	4.5	165
Esophagus	5.4	4.9	5.9	481	2.1	1.7	2.5	101	9.3	8.4	10.4	380
Stomach	2.0	1.7	2.3	172	1.3	1.0	1.7	59	2.9	2.3	3.5	113
Colon and Rectum	12.6	11.9	13.4	1,078	11.6	10.6	12.6	542	13.9	12.7	15.2	536
Liver and Intrahepatic Bile Duct	5.3	4.8	5.9	474	2.6	2.2	3.2	120	8.5	7.6	9.4	354
Gallbladder	0.7	0.5	0.9	60	0.9	0.6	1.2	42	0.5	0.3	0.8	18
Pancreas	10.4	9.7	11.1	911	8.8	7.9	9.7	420	12.0	11.0	13.2	491
Larynx	0.8	0.6	1.0	66	0.3	0.2	0.5	13	1.4	1.0	1.8	53
Lung and Bronchus	42.5	41.1	43.9	3,691	38.2	36.4	40.1	1,789	48.3	46.1	50.6	1,902
Melanoma of the Skin	2.8	2.4	3.2	229	1.8	1.5	2.3	84	4.0	3.4	4.8	145
Female breast					18.9	17.6	20.2	880				
Cervix Uteri					1.3	0.9	1.7	56				
Corpus and Uterus, NOS					5.1	4.5	5.9	243				
Ovary					7.2	6.4	8.0	330				
Prostate									18.9	17.4	20.4	661
Testis									^	^	^	^
Urinary Bladder	5.2	4.7	5.7	441	2.3	1.9	2.8	109	9.2	8.3	10.3	332
Kidney and Renal Pelvis	3.6	3.2	4.0	316	2.4	1.9	2.9	112	5.1	4.4	5.9	204
Brain and Other Nervous System	4.8	4.3	5.3	401	4.0	3.4	4.7	172	5.8	5.1	6.7	229
Thyroid	0.4	0.3	0.5	31	0.3	0.2	0.5	15	0.5	0.3	0.8	16
Hodgkin Lymphoma	0.3	0.2	0.5	22	0.3	0.1	0.5	10	0.4	0.2	0.6	12
Non-Hodgkin Lymphoma	5.6	5.1	6.1	464	4.5	3.9	5.2	211	7.0	6.1	7.9	253
Myeloma	3.0	2.6	3.4	250	2.3	1.9	2.8	108	3.8	3.2	4.5	142
Leukemia	6.2	5.6	6.7	512	4.4	3.8	5.1	205	8.3	7.4	9.4	307
Mesothelioma (ICD-10 only)	0.8	0.6	1.0	67	^	^	^	^	1.6	1.2	2.1	58

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.



Table A15. Age-adjusted cancer mortality rates for select cancer sites by sex, NH, white, non-Hispanic population, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.5	2.2	2.9	218	1.2	0.9	1.6	56	3.9	3.3	4.6	162
Esophagus	5.5	5.0	6.1	475	2.1	1.7	2.6	100	9.5	8.6	10.6	375
Stomach	2.0	1.7	2.3	163	1.3	0.9	1.7	55	2.8	2.3	3.5	108
Colon and Rectum	12.8	12.1	13.7	1,059	11.8	10.7	12.9	535	14.1	12.9	15.4	524
Liver and Intrahepatic Bile Duct	5.2	4.7	5.7	450	2.6	2.2	3.2	115	8.2	7.3	9.2	335
Gallbladder	0.7	0.5	1.0	59	0.9	0.7	1.3	41	0.5	0.3	0.8	18
Pancreas	10.5	9.8	11.2	892	8.9	8.0	9.8	412	12.2	11.1	13.4	480
Larynx	0.8	0.6	1.0	65	0.3	0.2	0.5	13	1.4	1.0	1.8	52
Lung and Bronchus	43.2	41.8	44.7	3,636	38.8	37.0	40.7	1,761	49.2	46.9	51.6	1,875
Melanoma of the Skin	2.9	2.6	3.4	229	1.9	1.5	2.4	84	4.2	3.6	5.0	145
Female Breast					19.3	18.0	20.7	862				
Cervix Uteri					1.2	0.9	1.6	52				
Corpus and Uterus, NOS					5.3	4.6	6.0	241				
Ovary					7.3	6.5	8.2	324				
Prostate									19.0	17.5	20.5	646
Testis									^	^	^	^
Urinary Bladder	5.2	4.7	5.8	430	2.3	1.9	2.8	105	9.3	8.3	10.4	325
Kidney and Renal Pelvis	3.6	3.2	4.1	309	2.4	2.0	2.9	109	5.2	4.4	6.0	200
Brain and Other Nervous System	4.9	4.4	5.5	391	4.1	3.4	4.8	167	6.0	5.2	6.8	224
Thyroid	0.4	0.3	0.6	30	0.3	0.2	0.5	14	0.5	0.3	0.8	16
Hodgkin Lymphoma	0.3	0.2	0.5	21	^	^	^	^	0.4	0.2	0.7	12
Non-Hodgkin Lymphoma	5.7	5.1	6.2	458	4.6	4.0	5.3	208	7.1	6.2	8.1	250
Myeloma	3.0	2.6	3.4	245	2.4	1.9	2.9	107	3.9	3.2	4.6	138
Leukemia	6.3	5.8	6.9	507	4.5	3.9	5.3	204	8.5	7.6	9.6	303
Mesothelioma	0.8	0.6	1.1	67	^	^	^	^	1.7	1.3	2.2	58

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A16. Age-adjusted cancer mortality rates for select cancer sites by sex, Maine and Vermont, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.8	2.5	3.1	399	1.5	1.2	1.8	119	4.3	3.8	4.8	280
Esophagus	5.4	5.0	5.8	766	1.9	1.6	2.2	147	9.6	8.8	10.4	619
Stomach	2.1	1.9	2.4	291	1.4	1.1	1.7	107	3.1	2.6	3.5	184
Colon and Rectum	13.4	12.8	14.1	1,826	12.0	11.2	12.8	915	15.2	14.2	16.3	911
Liver and Intrahepatic Bile Duct	5.0	4.6	5.3	700	3.0	2.6	3.4	222	7.3	6.6	8.0	478
Gallbladder	0.5	0.4	0.6	64	0.7	0.5	0.9	49	0.3	0.1	0.4	15
Pancreas	11.0	10.4	11.6	1,542	10.1	9.4	10.8	785	12.0	11.2	13.0	757
Larynx	1.1	1.0	1.3	162	0.4	0.3	0.6	34	2.0	1.6	2.4	128
Lung and Bronchus	46.9	45.8	48.1	6,575	39.7	38.3	41.2	3,018	56.3	54.4	58.2	3,557
Melanoma of the Skin	2.6	2.3	2.9	351	1.9	1.5	2.2	128	3.6	3.1	4.1	223
Female Breast					18.3	17.3	19.4	1,349				
Cervix Uteri					1.5	1.2	1.8	93				
Corpus and Uterus, NOS					4.9	4.4	5.5	380				
Ovary					6.6	6.0	7.3	491				
Prostate									20.0	18.8	21.2	1,133
Testis									0.2	0.1	0.4	12
Urinary Bladder	5.5	5.1	5.9	748	2.8	2.5	3.3	217	9.2	8.4	10.0	531
Kidney and Renal Pelvis	4.0	3.6	4.3	554	2.4	2.1	2.8	191	5.8	5.2	6.5	363
Brain and Other Nervous System	5.3	4.9	5.8	693	4.2	3.7	4.8	292	6.6	6.0	7.3	401
Thyroid	0.4	0.3	0.6	64	0.4	0.3	0.6	34	0.5	0.3	0.7	30
Hodgkin Lymphoma	0.3	0.2	0.4	36	0.1	0.1	0.2	10	0.5	0.3	0.7	26
Non-Hodgkin Lymphoma	6.0	5.6	6.5	805	4.7	4.2	5.3	359	7.8	7.0	8.5	446
Myeloma	3.2	2.9	3.5	444	2.5	2.1	2.9	197	4.1	3.6	4.7	247
Leukemia	6.4	5.9	6.8	855	4.6	4.1	5.1	352	8.6	7.8	9.4	503
Mesothelioma	1.0	0.9	1.2	135	0.3	0.2	0.5	26	2.0	1.6	2.4	109

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A17. Age-adjusted cancer mortality rates for select cancer sites by sex, New England, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.2	2.1	2.3	2,163	1.2	1.1	1.3	671	3.5	3.3	3.6	1,492
Esophagus	4.5	4.4	4.7	4,359	1.7	1.6	1.8	924	8.1	7.8	8.4	3,435
Stomach	2.9	2.8	3.0	2,671	2.0	1.9	2.2	1,077	3.9	3.7	4.1	1,594
Colon and Rectum	12.0	11.8	12.3	11,329	10.5	10.3	10.8	5,719	14.0	13.6	14.3	5,610
Liver and Intrahepatic Bile Duct	6.0	5.9	6.2	5,791	3.4	3.3	3.6	1,810	9.1	8.8	9.4	3,981
Gallbladder	0.6	0.5	0.6	522	0.7	0.6	0.8	369	0.4	0.3	0.5	153
Pancreas	11.0	10.8	11.3	10,479	9.7	9.5	10.0	5,247	12.6	12.3	13.0	5,232
Larynx	0.9	0.8	0.9	814	0.3	0.3	0.4	181	1.5	1.4	1.6	633
Lung and Bronchus	39.7	39.3	40.2	37,412	35.0	34.5	35.6	18,441	46.2	45.6	46.9	18,971
Melanoma of the Skin	2.4	2.3	2.5	2,247	1.6	1.5	1.8	850	3.5	3.3	3.7	1,397
Female Breast					18.0	17.6	18.4	9,297				
Cervix Uteri					1.3	1.1	1.4	583				
Corpus and Uterus, NOS					4.7	4.5	4.9	2,485				
Ovary					6.8	6.6	7.1	3,562				
Prostate									18.6	18.2	19.0	7,097
Testis									0.2	0.2	0.2	74
Urinary Bladder	4.9	4.8	5.1	4,702	2.4	2.3	2.6	1,376	8.6	8.3	8.9	3,326
Kidney and Renal Pelvis	3.3	3.2	3.4	3,155	2.0	1.9	2.2	1,118	4.9	4.7	5.2	2,037
Brain and Other Nervous System	4.7	4.5	4.8	4,202	3.8	3.6	3.9	1,825	5.8	5.5	6.0	2,377
Thyroid	0.5	0.4	0.5	453	0.4	0.4	0.5	238	0.5	0.5	0.6	215
Hodgkin Lymphoma	0.2	0.2	0.3	219	0.2	0.1	0.2	86	0.3	0.3	0.4	133
Non-Hodgkin Lymphoma	5.4	5.3	5.6	5,045	4.3	4.1	4.5	2,343	7.0	6.7	7.2	2,702
Myeloma	3.0	2.9	3.1	2,845	2.4	2.3	2.6	1,337	3.8	3.6	4.0	1,508
Leukemia	6.2	6.0	6.3	5,681	4.6	4.4	4.8	2,464	8.3	8.0	8.6	3,217
Mesothelioma	0.9	0.8	1.0	812	0.3	0.3	0.4	169	1.7	1.6	1.8	643

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A18. Age-adjusted cancer mortality rates for select cancer sites by sex, New England, white, non-Hispanic population, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.3	2.1	2.4	1,923	1.3	1.2	1.4	610	3.4	3.2	3.6	1,313
Esophagus	4.8	4.7	5.0	4,081	1.8	1.6	1.9	850	8.6	8.3	8.9	3,231
Stomach	2.5	2.4	2.6	2,101	1.8	1.6	1.9	838	3.5	3.3	3.7	1,263
Colon and Rectum	12.2	12.0	12.4	10,184	10.7	10.4	11.0	5,164	14.1	13.7	14.5	5,020
Liver and Intrahepatic Bile Duct	5.6	5.4	5.7	4,718	3.2	3.1	3.4	1,491	8.4	8.1	8.7	3,227
Gallbladder	0.5	0.5	0.6	443	0.7	0.6	0.8	315	0.4	0.3	0.4	128
Pancreas	11.3	11.0	11.5	9,505	9.9	9.6	10.2	4,743	12.9	12.6	13.3	4,762
Larynx	0.9	0.8	0.9	726	0.4	0.3	0.4	170	1.5	1.4	1.6	556
Lung and Bronchus	41.4	41.0	41.9	34,656	37.0	36.4	37.6	17,221	47.5	46.8	48.3	17,435
Melanoma of the Skin	2.7	2.6	2.9	2,198	1.9	1.7	2.0	830	3.9	3.7	4.1	1,368
Female Breast					18.3	17.9	18.7	8,259				
Cervix Uteri					1.2	1.1	1.3	458				
Corpus and Uterus, NOS					4.6	4.4	4.8	2,155				
Ovary					7.2	6.9	7.4	3,269				
Prostate									18.3	17.9	18.8	6,358
Testis									0.2	0.2	0.3	68
Urinary Bladder	5.2	5.0	5.3	4,448	2.5	2.4	2.7	1,283	9.1	8.7	9.4	3,165
Kidney and Renal Pelvis	3.4	3.3	3.6	2,908	2.1	2.0	2.2	1,033	5.1	4.9	5.4	1,875
Brain and Other Nervous System	5.0	4.8	5.2	3,872	4.0	3.8	4.2	1,665	6.2	5.9	6.5	2,207
Thyroid	0.5	0.4	0.5	411	0.4	0.4	0.5	211	0.6	0.5	0.7	200
Hodgkin Lymphoma	0.3	0.2	0.3	189	0.2	0.1	0.2	77	0.3	0.3	0.4	112
Non-Hodgkin Lymphoma	5.5	5.4	5.7	4,620	4.4	4.2	4.6	2,151	7.1	6.8	7.4	2,469
Myeloma	3.0	2.8	3.1	2,491	2.3	2.2	2.5	1,152	3.8	3.6	4.0	1,339
Leukemia	6.4	6.2	6.5	5,212	4.7	4.5	4.9	2,243	8.6	8.3	8.9	2,969
Mesothelioma	1.0	0.9	1.0	783	0.4	0.3	0.4	165	1.8	1.7	1.9	618

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A19. Age-adjusted cancer mortality rates for select cancer sites by sex, United States, 2013-2017

Cancer Site or Type	Male and female				Female			Male				
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.5	2.5	2.5	48,304	1.3	1.3	1.4	14,042	3.9	3.9	4.0	34,262
Esophagus	3.9	3.9	4.0	75,615	1.4	1.4	1.5	15,113	7.0	7.0	7.1	60,502
Stomach	3.1	3.0	3.1	56,493	2.2	2.2	2.2	22,636	4.1	4.1	4.2	33,857
Colon and Rectum	13.9	13.9	14.0	260,693	11.8	11.7	11.8	123,382	16.6	16.5	16.7	137,311
Liver and Intrahepatic Bile Duct	6.6	6.5	6.6	128,163	4.0	3.9	4.0	41,739	9.6	9.6	9.7	86,424
Gallbladder	0.6	0.6	0.6	10,925	0.7	0.7	0.7	7,362	0.4	0.4	0.5	3,563
Pancreas	11.0	10.9	11.0	207,797	9.6	9.5	9.6	100,979	12.7	12.6	12.8	106,818
Larynx	1.0	1.0	1.0	18,823	0.4	0.3	0.4	3,791	1.7	1.7	1.8	15,032
Lung and Bronchus	40.2	40.1	40.3	760,138	33.2	33.1	33.3	346,507	49.3	49.2	49.5	413,631
Melanoma of the Skin	2.4	2.4	2.4	43,847	1.5	1.4	1.5	14,899	3.5	3.5	3.6	28,948
Female Breast					20.3	20.2	20.4	207,081				
Cervix Uteri					2.3	2.2	2.3	20,902				
Corpus and Uterus, NOS					4.8	4.8	4.9	50,875				
Ovary					6.9	6.8	6.9	70,807				
Prostate									19.1	19.0	19.2	145,728
Testis									0.3	0.2	0.3	2,024
Urinary Bladder	4.4	4.3	4.4	81,089	2.1	2.1	2.2	23,088	7.5	7.4	7.6	58,001
Kidney and Renal Pelvis	3.7	3.7	3.7	70,072	2.3	2.3	2.3	24,368	5.4	5.4	5.5	45,704
Brain and Other Nervous System	4.4	4.4	4.4	81,246	3.6	3.6	3.6	35,718	5.4	5.3	5.4	45,528
Thyroid	0.5	0.5	0.5	9,510	0.5	0.5	0.5	5,177	0.5	0.5	0.5	4,333
Hodgkin Lymphoma	0.3	0.3	0.3	5,296	0.2	0.2	0.2	2,227	0.4	0.4	0.4	3,069
Non-Hodgkin Lymphoma	5.5	5.5	5.5	101,381	4.2	4.2	4.3	44,600	7.1	7.1	7.2	56,781
Myeloma	3.3	3.2	3.3	60,732	2.6	2.6	2.6	27,427	4.1	4.1	4.2	33,305
Leukemia	6.4	6.4	6.5	116,774	4.8	4.8	4.8	49,280	8.6	8.5	8.6	67,494
Mesothelioma	0.7	0.7	0.7	12,659	0.3	0.3	0.3	2,829	1.3	1.2	1.3	9,830

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.

Table A20. Age-adjusted cancer mortality rates for select cancer sites by sex, United States, white, non-Hispanic population, 2013-2017

Cancer Site or Type	Male and female				Female				Male			
	Rate	95% CI		Count	Rate	95% CI		Count	Rate	95% CI		Count
Oral Cavity and Pharynx	2.6	2.6	2.7	37,998	1.4	1.4	1.4	11,175	4.0	4.0	4.1	26,823
Esophagus	4.4	4.4	4.5	63,900	1.5	1.5	1.5	12,165	7.8	7.8	7.9	51,735
Stomach	2.3	2.3	2.3	32,831	1.6	1.6	1.6	12,689	3.2	3.1	3.2	20,142
Colon and Rectum	13.8	13.8	13.9	196,265	11.7	11.7	11.8	93,496	16.3	16.2	16.4	102,769
Liver and Intrahepatic Bile Duct	5.8	5.7	5.8	84,612	3.5	3.5	3.6	27,720	8.4	8.3	8.4	56,892
Gallbladder	0.5	0.5	0.5	7,183	0.6	0.6	0.6	4,775	0.4	0.4	0.4	2,408
Pancreas	11.1	11.1	11.2	161,095	9.6	9.5	9.6	76,899	13.0	12.9	13.1	84,196
Larynx	1.0	0.9	1.0	14,132	0.4	0.4	0.4	2,967	1.7	1.6	1.7	11,165
Lung and Bronchus	43.4	43.3	43.5	627,402	36.8	36.7	36.9	290,135	51.8	51.7	52.0	337,267
Melanoma of the Skin	3.0	3.0	3.1	41,559	1.9	1.9	1.9	13,896	4.5	4.4	4.5	27,663
Female Breast					20.3	20.2	20.4	154,570				
Cervix Uteri					2.1	2.0	2.1	13,035				
Corpus and Uterus, NOS					4.5	4.4	4.5	35,295				
Ovary					7.3	7.2	7.4	56,356				
Prostate									18.0	17.9	18.1	109,084
Testis									0.3	0.3	0.3	1,423
Urinary Bladder	4.8	4.8	4.8	69,800	2.3	2.2	2.3	18,937	8.3	8.2	8.4	50,863
Kidney and Renal Pelvis	3.8	3.8	3.9	55,229	2.4	2.3	2.4	19,125	5.6	5.5	5.7	36,104
Brain and Other Nervous System	5.1	5.0	5.1	67,601	4.1	4.1	4.2	29,425	6.1	6.1	6.2	38,176
Thyroid	0.5	0.5	0.5	6,982	0.5	0.4	0.5	3,621	0.5	0.5	0.5	3,361
Hodgkin Lymphoma	0.3	0.3	0.3	3,959	0.2	0.2	0.2	1,643	0.4	0.4	0.4	2,316
Non-Hodgkin Lymphoma	5.8	5.7	5.8	82,509	4.5	4.4	4.5	36,178	7.5	7.4	7.6	46,331
Myeloma	3.0	3.0	3.1	43,680	2.3	2.3	2.4	19,063	3.9	3.9	4.0	24,617
Leukemia	6.8	6.7	6.8	94,701	5.0	5.0	5.1	39,362	9.1	9.0	9.2	55,339
Mesothelioma	0.8	0.8	0.8	11,189	0.3	0.3	0.3	2,468	1.4	1.4	1.4	8,721

Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard; Confidence intervals (Tiwari mod) are 95% for rates.