

Cancer Incidence and Mortality in Nebraska: 2015



May 2018

The Nebraska Cancer Registry contains a wealth of information, not all of which is included in this report:

What types of data are available?

- Demographic: age at diagnosis, gender, race/ethnicity, county of residence
- Medical history: date of diagnosis, primary site, cell type, stage of disease at diagnosis
- Therapy: surgery, radiation therapy, chemotherapy, immunotherapy, hormone therapy
- Follow up: length of survival, cause of death

Who may request data from the Nebraska Cancer Registry?

- Medical Researchers
- Health Planners
- Market Researchers
- Health Care Facility Administrators
- Physicians
- Nurses
- Health Care Facility Cancer Committees
- Oncology Conference Planners and Speakers
- Patient Care Evaluators
- Pharmaceutical Companies
- Government Officials
- Concerned Citizens
- Students

How do I make a request?

Contact the Office of Health Statistics at the
Nebraska Department of Health and Human Services
Division of Public Health
P.O. Box 95026, Lincoln, NE 68509-5026
Phone 402-471-2180, Monday-Friday between 8 AM and 5 PM

Please note: To comply with confidentiality regulations, the Nebraska Department of Health and Human Services reserves the right to limit the amount and type of data that are released in response to a request.

NEBRASKA CANCER REGISTRY 2015 ANNUAL REPORT

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This publication was supported by Cooperative Agreement Grant Number 5NU58DP003928 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of CDC.

A special thank you to Nebraska Cancer Registry Advisory Committee members who provided advice and assistance to the Nebraska Cancer Registry, and also reviewed this report.

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EXECUTIVE SUMMARY

The Cancer Incidence and Mortality in Nebraska annual report for 2015 provides a comprehensive overview of the impact of cancer in Nebraska. The purpose of the report is to present the most recent statistics that describe cancer incidence and mortality in Nebraska, for the entire state and by county and region; in-depth analyses of selected cancer sites; and comparisons of trends between Nebraska and the United States. Findings from the report include:

- **Overall Cancer Incidence:** In 2015, there were 9,864 diagnoses of cancer among Nebraska residents. This number is slightly higher than the number of cancers that were diagnosed in 2014 (9,514).
- **Cancer Incidence by Gender:** In 2015, prostate, lung, and colorectal cancers were the most frequently diagnosed cases among Nebraska men, while breast, lung, and colorectal cancers were the most frequently diagnosed cases among Nebraska women. Taken together, these cancers accounted for about half of all cancer cases diagnosed among Nebraska residents in 2015.
- **Cancer Incidence by Age:** During the past five years (2011-2015), more than half (56%) of all cancers in Nebraska occurred among people 65 years of age and older. Less than 1% were diagnosed among children and adolescents. The average age at diagnosis was 65 years of age.
- **Cancer Incidence by Site:** During the past five years (2011-2015), cancers of the stomach, liver, in situ female breast, and lung were diagnosed significantly less often among Nebraska residents when compared to the US as a whole, while colorectal, melanoma of skin, and testicular cancers were diagnosed significantly more often. The number of melanomas diagnosed among Nebraska residents set a new single-year record in 2015, with 523 cases.
- **Cancer Incidence by Race:** During the past decade (2006-2015), African-Americans in Nebraska were significantly more likely to be diagnosed with myeloma, colorectal, kidney, liver, lung, pancreas, and prostate cancers than were whites. Liver cancer diagnoses were also significantly more frequent among Native Americans, Asian-American/Pacific Islanders and Hispanics compared to whites.
- **Overall Cancer Mortality:** In 2015, 3,490 Nebraska residents died from cancer, which is a slight increase from the 2014 cancer death total of 3,443. Cancer was the second leading cause of death in Nebraska in 2015, surpassed by heart disease by 76 deaths.
- **Cancer Mortality by Site:** During the past five years (2011-2015), deaths from cancers of the stomach, liver, lung, and female breast occurred significantly less often among Nebraska residents when compared to the US as a whole, while deaths from kidney and invasive brain tumors occurred significantly more often. Lung cancer was the leading cause of cancer mortality in Nebraska in 2015, accounting for 26.0% of all cancer deaths, followed by colorectal cancer. During

the past two decades, prostate and female breast cancer mortality rates in Nebraska have both declined by more than 50%, which is consistent with national trends.

- **Cancer Incidence by County:** Below are the Nebraska counties where cancer incidence during 2011-2015 was significantly different ($p < .05$) from the state. (NOTE: counties with fewer than 20 cases are not included.)

Significantly lower ▼		Significantly higher ▲	
County	Primary Sites	County	Primary Sites
Adams	Kidney & renal pelvis	Butler	Urinary bladder
Box Butte	Lung & bronchus	Dodge	Prostate
Buffalo	Lung & bronchus	Douglas	Lung & bronchus
Cedar	Lung & bronchus		Liver & intrahepatic bile ducts
Custer	Female breast		Melanoma of skin
Gage	Melanoma of skin		
Hall	Female breast	Holt	Prostate
Holt	Female breast	Kearney	Colon & rectum
Lancaster	Non-Hodgkin lymphoma	Keith	Female breast
Lincoln	Female breast		Non-Hodgkin lymphoma
Madison	Urinary bladder	Lincoln	Urinary bladder
Sarpy	Prostate		Non-Hodgkin lymphoma
Scotts Bluff	Lung & bronchus		Leukemia
	Female breast	Madison	Prostate
Seward	Lung & bronchus	Sarpy	Melanoma of skin
York	Female breast		

- **Annual Report Special Topic:** The special topic for this report is cancer of the liver. The liver is the largest internal organ in the body, located on the right side of the belly with the gallbladder sitting under it. Along with the pancreas and intestines, the liver functions in digesting, absorbing, and processing food. It also filters the blood, detoxifies chemicals, and metabolizes drugs coming from the digestive tract. Liver cirrhosis, heavy alcohol use, chronic viral hepatitis (types B and C), obesity, exposure to arsenic and vinyl chloride, and using anabolic steroids are known risk factors for cancer of the liver. During the past five years (2011-2015), liver cancer accounted for 604 new cases and 502 deaths among Nebraska residents, making it the ninth leading cause of cancer deaths in Nebraska during this time.

INTRODUCTION

This publication represents the 29th annual statistical summary of the Nebraska Cancer Registry (NCR) since it began collecting data in 1987. The purpose of this report is to present the registry's most recent data to the citizens of the State of Nebraska. The majority of the data covers cancer diagnoses and cancer deaths that occurred between January 1, 2015 and December 31, 2015, as well as during the past five years (January 1, 2011-December 31, 2015).

The NCR was founded in 1986, when the Nebraska Unicameral authorized funding for a state cancer registry using a portion of funds generated by the state's cigarette tax. The establishment of the registry successfully combined the efforts of many Nebraska physicians, legislators, concerned citizens, and the Nebraska Medical Foundation, all of whom had worked for years toward this goal. The Nebraska Medical Foundation also helped establish the registry with financial assistance. Since 1994, the NCR has received additional funding from the Centers for Disease Control and Prevention (CDC).

The NCR is managed by the Nebraska Department of Health and Human Services (DHHS) in Lincoln. However, registry data is collected and edited by NCR staff in Omaha, under contract to the Methodist Hospital Association. Analysis of registry data and preparation of the annual statistical report are the responsibilities of DHHS.

The purpose of the registry is to gather data that describes how many Nebraska residents are diagnosed with cancer, what types of cancer they have, how far the disease has advanced at the time of diagnosis, what types of treatment they receive, and how long they survive after diagnosis. These data are put to a variety of uses both inside and outside of DHHS. Within DHHS, they are used to identify high-risk populations and long-term disease trends, to compare Nebraska's cancer experience with the rest of the nation, to investigate reports of possible cancer clusters, and to help plan and evaluate cancer control programs. Outside of DHHS, the registry provides data upon request for research studies and public information, and has provided data to the North American Association of Central Cancer Registries (NAACCR), the National Cancer Institute (NCI), the American Cancer Society (ACS), CDC, and the University of Nebraska Medical Center, among others. The NCR also contributes its data to several national cancer incidence databases (see page 5). In recognition of the accuracy and completeness of the data that it has collected, NAACCR has awarded the NCR its gold standard certificate of data quality for 20 consecutive years, from 1995 to 2014.

All individual records in the cancer registry are kept in strict confidence as prescribed by both state and federal law. The NCR follows all of the privacy safeguards in the Health Insurance Portability and Accountability Act (HIPAA), although some of the procedural requirements do not apply to the registry.

DHHS welcomes inquiries about cancer from the public for aggregate statistics or general information from the registry. To obtain cancer data or information about the registry not included in this report, please refer to the instructions provided inside the front cover.

An electronic copy of this report is available on the DHHS website at http://dhhs.ne.gov/publichealth/Pages/ced_cancer_index.aspx

METHODOLOGY

Data Collection and Management

The NCR gathers data on Nebraska residents diagnosed and treated for invasive and in situ tumors. The registry does not include benign tumors (except for benign brain and other nervous system tumors, which became reportable as of January 1, 2004), benign polyps, and basal cell and squamous cell carcinomas of the skin. Information gathered from each case includes the patient's name, address, birth date, race, gender, and Social Security number; date of diagnosis; primary site of the cancer (coded according to the International Classification of Diseases for Oncology, 3rd edition [ICD-O-3]); stage of disease at diagnosis; facility where the initial diagnosis was made; basis of staging; method of diagnostic confirmation; histological type (also classified according to the ICD-O-3); and initial treatment. The registry does not actively collect follow-up information on registered cases, but many facilities provide it, and it includes the date of last contact with the patient, status of disease, type of additional treatment, and quality of survival. The registry collects information from every hospital in the state where cancer patients are diagnosed and/or treated on an inpatient basis. The registry also includes Nebraska residents who are diagnosed with and/or treated for cancer out of state, as well as cases identified through pathology laboratories, outpatient treatment facilities, physician offices, and death certificates. Death of registered cases is ascertained using death certificates available at DHHS and from the National Death Index.

Nebraska cancer mortality data are obtained from death certificates on file with DHHS. Mortality data are available for every Nebraska resident who dies from cancer, whether death occurs in or outside of Nebraska. The mortality data presented in this report is limited to those deaths where cancer is listed as the underlying (i.e., primary) cause of death. Causes of death are coded according to the Tenth Edition of the International Classification of Disease (ICD-10).

The US cancer incidence data presented in this report were compiled by CDC's National Program of Cancer Registries (NPCR) and NCI's Surveillance, Epidemiology, and End Results (SEER) Program. NPCR provides support for cancer registries in 45 states (including Nebraska), the District of Columbia, and some US territories, and covers 96% of the total US population. The mortality data presented in this report were compiled by the National Center for Health Statistics (NCHS) and include all US resident cancer deaths. Incidence data from NPCR and mortality data from NCHS are available through 2014.

Confidentiality

All data obtained by the NCR from the medical records of individual patients is held in strict confidence by DHHS. As specified in state statute, researchers may obtain case-specific and/or patient-identifiable information from the registry by submitting a written application that describes how the data will be used for scientific study. In situations where contact with a patient or patient's family is proposed, the applicant must substantiate the need for any such contact and submit approval from an Institutional Review Board. In addition, before any individual's name can be given to a researcher, the registry must obtain permission from the individual that they are willing to be a research subject. Upon favorable review by DHHS, the applicant must also agree to maintain the confidentiality

and security of the data throughout the course of the study, to destroy or return the registry data at the end of the study and to present material to the registry prior to publication to assure that no identifiable information is released.

Aggregate data (i.e., statistical information) from the registry are considered open to the public and are available upon request. Details on how to obtain such data are provided inside the front cover of this report.

Quality Assurance

The NCR and reporting facilities spend a great deal of time and energy to ensure that the information they gather is both accurate and complete, and these efforts have met with consistent success. For 20 consecutive years (1995-2014), the NCR has met all of the criteria necessary to earn the gold standard certificate of data quality awarded by NAACCR, which is the accrediting body for all US and Canadian central cancer registries. These criteria include:

- 1) Completeness of case ascertainment—The registry must find at least 95% of the total number of cases that are estimated to have occurred.
- 2) Completeness of information—The proportion of registry cases missing information on age at diagnosis, gender, and county of residence must be no more than 2%, and the proportion missing information on race must be no more than 3%.
- 3) Data accuracy—Error rates based on edit checks of selected data items must be no greater than 1%.
- 4) Timeliness—All data for a single calendar year must be submitted to NAACCR for review no more than 23 months after the year has ended.

Gold standard certification also requires that all cases pass strict edits and that the proportion of registry cases found solely through a review of death certificates must be no more than 3% and that the proportion of duplicate cases in the registry must be no more than one per 1,000.

Since the NCR has achieved the highest quality standards, its data are included in several national cancer incidence databases. These databases compile information from cancer registries throughout the United States and Canada that meet the same data quality standards as the NCR. These databases include:

- 1) *Cancer in North America* (<http://www.naaccr.org>)
- 2) *United States Cancer Statistics* (<https://nccd.cdc.gov/uscs/>)
- 3) *Cancer Facts & Statistics* (<http://www.cancer.org/research/cancerfactsstatistics/index>)
- 4) *Cancer Control PLANET* (<http://cancercontrolplanet.cancer.gov/>)

Definitions

Several technical terms are used in presenting the information in this report. The following definitions are provided here to assist the reader.

Incidence rate

Incidence rate is the number of new cases of a disease that occur within a specific population during a given time period, divided by the size of the population. For example, if 10 residents of a county with 20,000 residents are diagnosed with colorectal cancer during a single year, then the incidence rate of colorectal cancer for that county for that year is .0005. Since cancer incidence rates are usually expressed per 100,000 population, this figure is then multiplied by 100,000 to yield a rate of 50 per 100,000 per year.

Mortality rate

Mortality rate is the number of deaths that occur within a specific population during a given time period, divided by the size of the population. Like incidence rates, mortality rates are usually expressed as the number of deaths per 100,000 population per year.

Age-adjusted rate

Age-adjustment is a simple mathematical procedure that makes it possible to compare rates between populations that have different age distributions, and to compare rates within a single population over time. All of the incidence and mortality rates in this report are age-adjusted using the US population in 2000 as the standard. Statewide and national rates are age-adjusted using 19 age groups (<1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+ years), while county and regional rates are age-adjusted using 11 age groups (<1, 1-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+ years).

Stage of Disease at Diagnosis

In situ

Tumors diagnosed as in situ consist of invasive cells that are growing in place. In situ tumors are confined to the cell group of origin, and have not penetrated the supporting structure of the organ on which they arose.

Invasive

Tumors diagnosed as invasive have spread beyond the cell group of the organ where they began, and may have spread further. The organ where a malignancy began is also known as the primary site. Invasive tumors are subdivided into three categories:

Localized--A localized invasive tumor has not spread beyond the organ where it started.

Regional--A regional invasive tumor has spread beyond the organ where it began, by direct extension to immediately adjacent organs or tissues and/or by spread to regional lymph nodes.

Distant--A distant invasive tumor has spread beyond the primary site to distant parts of the body.

Data Analysis

All of the rates presented in this report were calculated using Vintage 2016 bridged-race population estimates developed by the US Census Bureau and the National Center for Health Statistics. Incidence and mortality rates for multiple years (2011-2015) (see Tables 1, 2, 5, 6, 9-20) were calculated using population estimates for the years 2011-2015 combined, while rates for 2006-2015 (see Tables 3 and 7) were calculated using population estimates for the years 2006-2015 combined. Rates that are based on more than one year of data should be interpreted as an average annual rate.

All of the data presented in this report are current through December 31, 2017. However, because some cases diagnosed during or even before 2015 may not yet have been reported to the registry, the incidence data presented in this report should be considered subject to change. **In addition, the incidence data reported in previous editions of this report should no longer be considered complete.**

Internet users should also be aware that the cancer statistics for Nebraska that are published in this report and those that are posted on non-DHHS websites (see page 5) may differ. Some discrepancies may be the result of differences in the dates at which the data were compiled. As noted above, Nebraska incidence data published in this report include all cases reported to the registry through December 31, 2017; Nebraska data available on the CDC/NPCR website include cases that were reported through November 30, 2015.

With the exception of bladder cancer, in situ female breast cancer, and benign brain tumors, all of the site-specific incidence rates in this report were calculated with invasive cases only, to maintain comparability with statistics from the NPCR and other cancer registries throughout the United States. For bladder cancer, incidence rates were calculated with invasive and in situ cases combined. All incidence and mortality rates in this report were calculated per 100,000 population, and were age-adjusted according to the age distribution of the population of the United States in 2000. Statewide rates were also calculated for males and females separately, and for both sexes combined. The number of cases for any county with fewer than three cases is not shown in order to reduce the possibility of identifying a specific person.

To evaluate the statistical significance of the differences between rates, confidence intervals for rates were calculated using the formula $CI = r \pm (RC \times SE)$, where CI = confidence interval, r = rate, RC = 1.96 (for 95% confidence intervals) or 2.58 (for 99% confidence intervals), and SE = standard error. The standard error for a rate was determined by dividing the rate by the square root of the number of events (cancer diagnoses or deaths). A statistically significant difference exists and is indicated in those instances where the confidence intervals of a pair of rates being compared to each other do not overlap.

CANCER INCIDENCE IN NEBRASKA

The Nebraska Cancer Registry recorded 9,864 diagnoses of cancer among Nebraska residents in 2015, an increase from the 9,514 diagnoses recorded in 2014. The 2015 number translates into an incidence rate of 456.5 cases per 100,000 population. By primary site, cancers of the lung, breast, prostate, colon and rectum occurred most frequently, accounting for about half (48.5%) of all diagnoses. Recent registry experience suggests that as the registry continues to record cases, the final count for 2015 will probably increase by 100 to 300 cases.

Table 1 presents the number and rate of cancers diagnosed among Nebraska residents during 2015 and 2011-2015, for all sites combined and for cancers of specific sites. The most current estimates of US cancer incidence, which cover the years 2010-2014, are also included. Comparison of the most recent state and national incidence rates for the past five years shows significant differences ($p < .01$) for cancers of the stomach, liver, in situ female breast, and lung (Nebraska rates lower than the US) and for cancers of the colon and rectum, melanoma of skin, and testes (Nebraska rates higher than the US). Table 2 presents the number of cancers diagnosed in Nebraska during 2011-2015 by age at diagnosis. Table 3 presents Nebraska incidence data by race and ethnicity for the years 2006-2015.

Maps on pages 13-14 present cancer incidence rates for 2015 and 2011-2015 by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 1A [county]—page 1 and Table 13A [local health department region]—page 25). The graph below presents the annual incidence rates for all cancers for Nebraska and the United States since 2006.

Cancer (All Sites)

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)

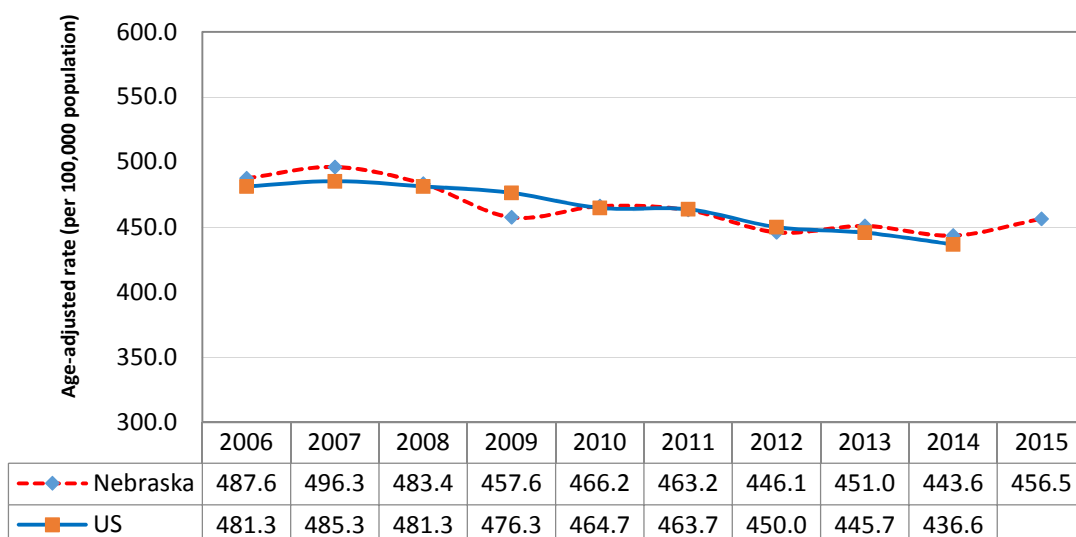


TABLE 1: Cancer Incidence
Number of Cases and Rates, by Selected Primary Site and Gender
 Nebraska (2015 and 2011-2015) & US (2010-2014)

Site	NEBRASKA 2015						NEBRASKA 2011-2015						US 2010-2014		
	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male Rate	Female Rate	Total Rate
All Sites	4,921	484.0	4,943	441.9	9,864	456.5	24,512	501.4	23,112	421.3	47,625	453.7	501.0	417.7	451.7
Oral Cavity & Pharynx	179	17.1	90	7.4	269	12.1	872	17.3	358	6.4	1,230	11.6	17.3	6.4	11.5
Esophagus	85	8.4	16	1.3	101	4.6	427	8.5	95	1.6	522	4.8	8.0	1.8	4.6
Stomach	74	7.5	43	3.6	117	5.4	365	7.6	160	2.8	525	5.0	9.2	4.6	6.7
Small Intestine	27	2.9	30	2.7	57	2.8	144	3.0	94	1.7	238	2.3	2.7	2.0	2.3
Colon & Rectum	460	46.6	460	39.0	920	42.8	2,381	49.4	2,146	37.4	4,527	43.0	45.8	34.8	39.8
Liver & Intrahepatic Bile Ducts	97	8.8	39	3.2	136	5.9	433	8.4	170	2.9	604	5.5	12.0	4.2	7.8
Pancreas	148	14.6	143	12.0	291	13.2	693	14.4	625	10.8	1,318	12.5	14.2	11.0	12.5
Larynx	59	5.2	13	1.1	72	3.1	266	5.2	72	1.3	338	3.1	6.0	1.3	3.5
Lung & Bronchus	658	66.0	601	50.9	1,259	57.1	3,383	70.6	2,875	50.1	6,258	59.0	72.6	52.6	61.2
Soft Tissue	41	4.3	25	2.4	66	3.2	203	4.3	135	2.4	338	3.3	4.0	2.8	3.3
Melanoma of the Skin	271	28.2	252	24.2	523	25.6	1,204	24.9	1,031	20.4	2,235	22.1	26.6	16.4	20.7
Breast (invasive cases only)	18	1.8	1,406	127.8	1,424	67.5	72	1.5	6,714	124.1	6,786	65.7	1.3	123.5	66.3
Uterine Cervix	---	---	73	7.8	---	---	---	---	346	7.6	---	---	---	7.5	---
Uterine Corpus & Unspecified	---	---	322	28.3	---	---	---	---	1,535	27.5	---	---	---	25.9	---

TABLE 1 (continued): Cancer Incidence

Site	NEBRASKA 2015						NEBRASKA 2011-2015						US 2010-2014		
	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male Rate	Female Rate	Total Rate
Ovary	---	---	122	11.0	---	---	---	---	593	10.8	---	---	---	11.4	---
Prostate	1,185	109.5	---	---	---	---	5,881	114.4	---	---	---	---	114.8	---	---
Testis	56	6.2	---	---	---	---	315	7.0	---	---	---	---	5.5	---	---
Urinary Bladder	337	34.4	127	10.3	464	21.0	1,712	36.4	520	8.7	2,232	20.9	35.8	8.8	20.5
Kidney & Renal Pelvis	261	25.4	141	13.1	402	18.8	1,148	23.0	626	11.5	1,774	16.8	21.8	11.3	16.1
Brain & Central Nervous System (invasive cases only)	71	7.2	65	6.6	136	6.8	396	8.3	314	6.1	710	7.1	7.7	5.6	6.6
Thyroid Gland	72	7.3	215	22.5	287	14.9	330	6.9	998	21.2	1,328	14.0	7.2	21.1	14.3
Hodgkin Lymphoma	37	4.2	27	2.8	64	3.4	161	3.4	133	2.8	294	3.1	3.1	2.3	2.7
Non-Hodgkin Lymphoma	228	23.1	199	17.4	427	19.8	1,172	24.7	948	16.8	2,120	20.3	22.9	15.8	19.0
Myeloma	84	8.2	56	4.7	140	6.2	403	8.3	276	4.7	679	6.3	8.1	5.3	6.5
Leukemia	153	15.1	108	9.8	261	12.2	873	18.4	590	10.6	1,463	14.1	17.6	10.7	13.8
Brain & Central Nervous System (benign & uncertain cases only)	73	7.3	134	12.3	207	9.9	357	7.4	664	12.7	1,021	10.2	8.6	15.0	12.0
Breast (in situ cases only)	---	---	306	28.3	---	---	---	---	1,427	27.1	---	---	0.1	30.5	16.1

Total rates are per 100,000 population and are age-adjusted to the 2000 US population.

Gender-specific rates are per 100,000 male or female population and are age-adjusted to the 2000 US population.

TABLE 2: Cancer Incidence
Number of Cases and Percentage Distribution, by Selected Primary Site and Age at Diagnosis
Nebraska (2011-2015)

	<u>0-17 Yrs.</u>		<u>18-44 Yrs.</u>		<u>45-64 Yrs.</u>		<u>65+ Yrs.</u>		<u>TOTAL</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
All Sites	444	0.9	3,467	7.3	17,087	35.9	26,627	55.9	47,625	100.0
Oral Cavity & Pharynx	5	0.4	83	6.7	562	45.7	580	47.2	1,230	100.0
Esophagus	0	0.0	12	2.3	203	38.9	307	58.8	522	100.0
Stomach	0	0.0	28	5.3	172	32.8	325	61.9	525	100.0
Small Intestine	0	0.0	22	9.2	94	39.5	122	51.3	238	100.0
Colon & Rectum (Colorectal)	9	0.2	224	4.9	1,504	33.2	2,790	61.6	4,527	100.0
Liver & Intrahepatic Bile Ducts	6	1.0	19	3.1	284	47.0	295	48.8	604	100.0
Pancreas	0	0.0	36	2.7	394	29.9	888	67.4	1,318	100.0
Larynx	0	0.0	9	2.7	151	44.7	178	52.7	338	100.0
Lung & Bronchus	0	0.0	62	1.0	1,777	28.4	4,419	70.6	6,258	100.0
Soft Tissue	21	6.2	60	17.8	113	33.4	144	42.6	338	100.0
Melanoma of the Skin	3	0.1	374	16.7	880	39.4	978	43.8	2,235	100.0
Female Breast (invasive cases only)	0	0.0	580	8.6	2,980	44.4	3,154	47.0	6,714	100.0
Uterine Cervix	1	0.3	137	39.6	154	44.5	54	15.6	346	100.0
Uterine Corpus & Unspecified	0	0.0	107	7.0	777	50.6	651	42.4	1,535	100.0
Ovary	6	1.0	66	11.1	238	40.1	283	47.7	593	100.0
Prostate	0	0.0	19	0.3	2,407	40.9	3,455	58.7	5,881	100.0
Testis	7	2.2	234	74.3	62	19.7	12	3.8	315	100.0
Urinary Bladder	0	0.0	34	1.5	506	22.7	1,692	75.8	2,232	100.0
Kidney & Renal Pelvis	12	0.7	113	6.4	755	42.6	894	50.4	1,774	100.0
Brain & Central Nervous System (invasive cases only)	94	13.2	116	16.3	204	28.7	296	41.7	710	100.0
Thyroid Gland	19	1.4	484	36.4	541	40.7	284	21.4	1,328	100.0
Hodgkin Lymphoma	32	10.9	124	42.2	86	29.3	52	17.7	294	100.0
Non-Hodgkin Lymphoma	22	1.0	158	7.5	672	31.7	1,268	59.8	2,120	100.0
Myeloma	0	0.0	19	2.8	240	35.3	420	61.9	679	100.0
Leukemia	112	7.7	136	9.3	384	26.2	831	56.8	1,463	100.0
Brain & Central Nervous System (benign & uncertain cases)	52	5.1	174	17.0	396	38.8	399	39.1	1,021	100.0
Female Breast (in situ cases only)	0	0.0	114	8.0	760	53.3	553	38.8	1,427	100.0

NOTE: Due to rounding, percentages may not sum to 100.0.

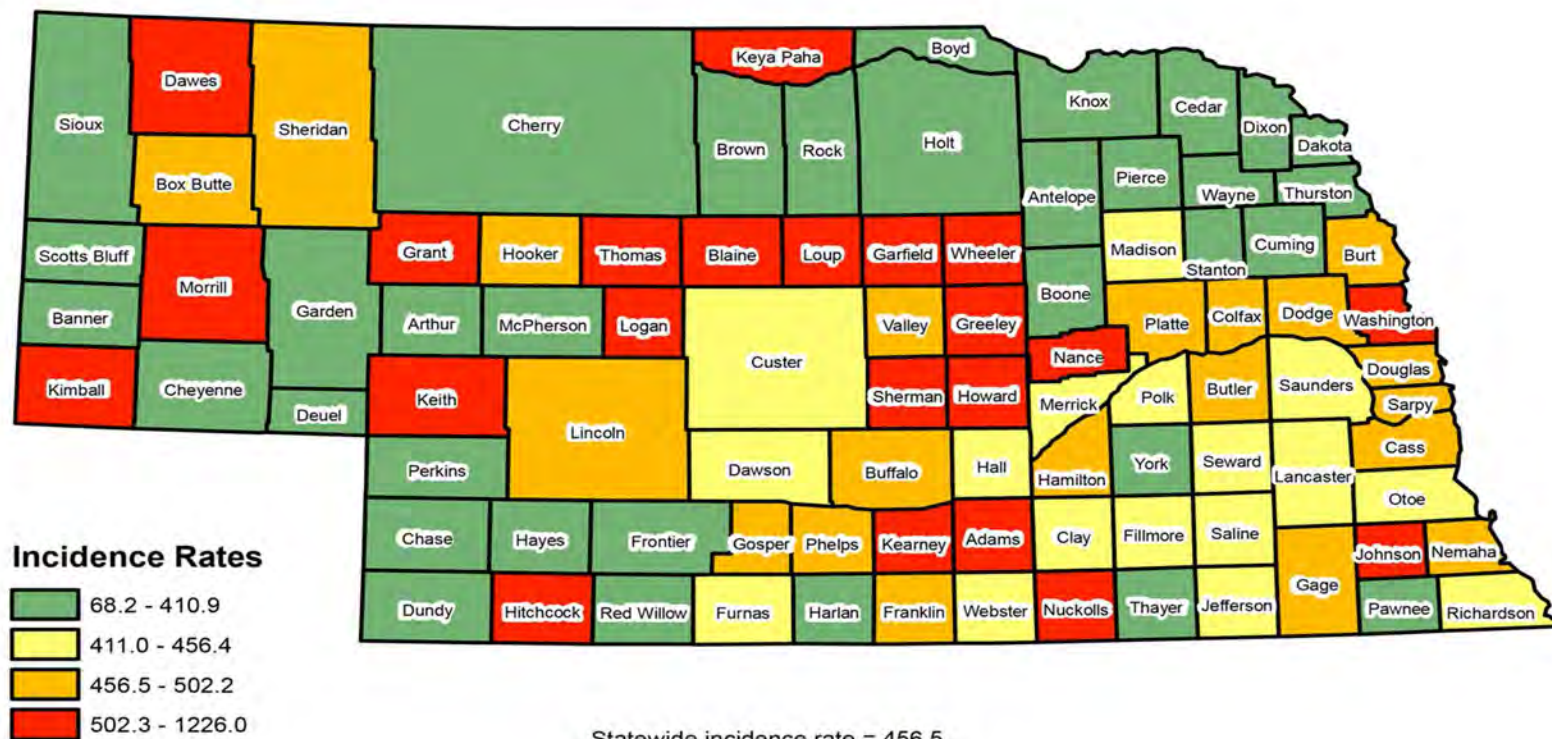
TABLE 3: Cancer Incidence
Number of Cases and Rates, All Sites and Top Ten Primary Sites, by Race and Ethnicity
Nebraska (2006-2015)

Rank	White			African-American			Native American			Asian/Pacific Islander			Hispanic		
	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate
	All Sites	88,784	421.9	All Sites	3,141	472.4	All Sites	494	384.5	All Sites	678	266.5	All Sites	1,975	264.1
1	Female Breast	12,418	113.9	Prostate	579	186.7	Female Breast	77	98.8	Female Breast	91	56.4	Female Breast	257	65.4
2	Lung & Bronchus	11,722	54.9	Lung & Bronchus	445	72.5	Lung & Bronchus	75	75.4	Lung & Bronchus	82	36.9	Prostate	195	68.3
3	Prostate	11,719	117.0	Female Breast	404	110.8	Colon & Rectum	54	43.5	Colon & Rectum	74	31.2	Colon & Rectum	178	26.9
4	Colon & Rectum	9,101	42.5	Colon & Rectum	343	56.1	Prostate	38	72.9	Prostate	51	61.9	Lung & Bronchus	143	26.8
5	Urinary Bladder	4,163	19.3	Kidney & Renal Pelvis	157	24.2	Kidney & Renal Pelvis	34	21.0	Thyroid	50	13.1	Kidney & Renal Pelvis	114	15.3
6	Non-Hodgkin Lymphoma	3,959	18.9	Non-Hodgkin Lymphoma	105	15.2	Liver & Intrahepatic Bile Ducts	24	14.6	Liver & Intrahepatic Bile Ducts	45	17.7	Non-Hodgkin Lymphoma	108	14.7
7	Melanoma	3,632	18.1	Pancreas	95	15.7	Leukemia	20	12.5	Oral Cavity & Pharynx	32	10.7	Thyroid	104	9.0
8	Kidney & Renal Pelvis	3,250	15.5	Liver & Intrahepatic Bile Ducts	95	12.6	Non-Hodgkin Lymphoma	17	11.5	Non-Hodgkin Lymphoma	28	11.4	Leukemia	98	8.4
9	Leukemia	2,758	13.2	Myeloma	85	13.3	Uterine Corpus & Unspecified	13	15.0	Leukemia	23	7.5	Liver & Intrahepatic Bile Ducts	62	9.1
10	Uterine Corpus & Unspecified	2,752	24.7	Leukemia	70	9.1	Thyroid	13	6.0	Uterine Corpus & Unspecified	17	10.7	Brain & Central Nervous System	59	5.2

Rates are per 100,000 population, excluding gender-specific sites (prostate, female breast, uterine corpus), which are per 100,000 male or female population. All rates are age-adjusted to the 2000 US population.

Cancer (all sites) Diagnoses in Nebraska, 2015 Incidence Rates by County of Residence

Rates are expressed as the number of new cases per 100,000 population, and are age-adjusted to the 2000 US population



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CANCER MORTALITY IN NEBRASKA

In 2015, 3,490 Nebraska residents died from cancer, an increase from the state's 2014 tally of 3,443 cancer deaths. The 2015 count translates into a rate of 156.8 cancer deaths per 100,000 population. Cancer was the second leading cause of mortality among Nebraska residents in 2015, surpassed by heart disease by 76 deaths. By primary site, cancers of the lung, colon and rectum, breast, and pancreas accounted for just under half (48.4%) of Nebraska's cancer deaths in 2015.

Table 4 presents the number and rate of cancer deaths that occurred among Nebraska residents during 2015 and 2011-2015, for all sites combined and for specific sites. The most recent US cancer mortality rates, which cover the years 2010 through 2014, are also included. Comparison of the most recent state and national mortality rates for the past five years shows significant differences ($p < .01$) for cancers of the stomach, liver, lung, and female breast (Nebraska rates lower than the US) and for kidney and invasive brain tumors (Nebraska rates higher than the US). Table 5 presents the number of Nebraska cancer deaths during 2011-2015 by age at death. Table 6 presents Nebraska cancer mortality data by race and ethnicity for the years 2006-2015.

Maps on pages 21-22 present cancer mortality rates for 2015 and 2011-2015 by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 2A [county]—page 3 and Table 14A [local health department]—page 27). The graph below shows annual mortality rates for cancer for Nebraska and the US since 2006.

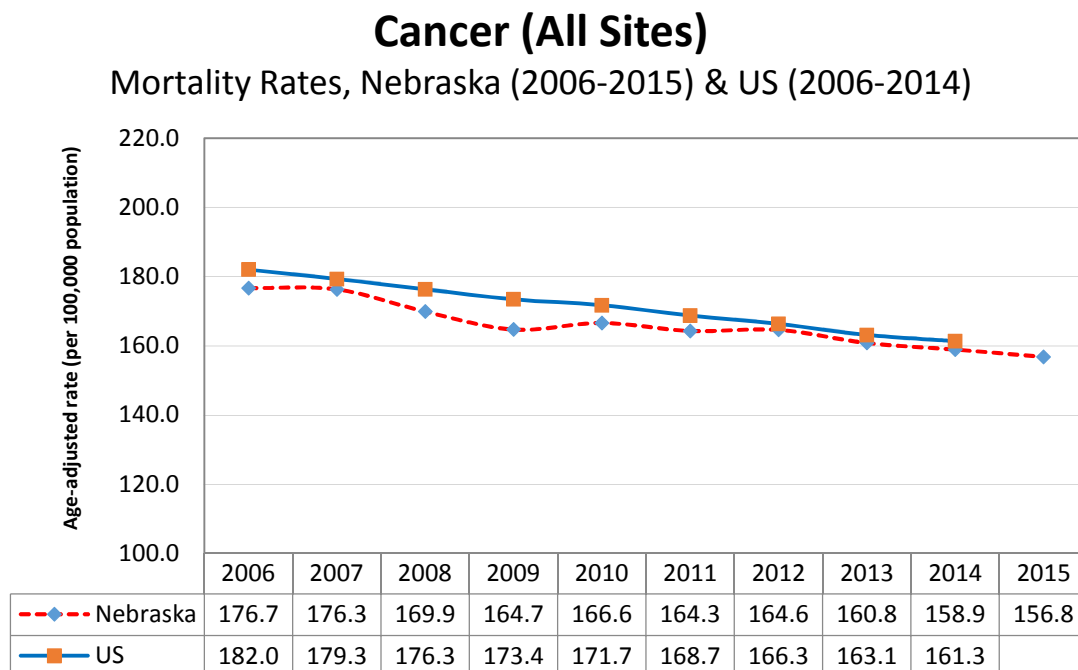


TABLE 4: Cancer Mortality
Number of Deaths and Rates, by Selected Primary Site and Gender
 Nebraska (2015 and 2011-2015) & US (2010-2014)

Site	NEBRASKA 2015						NEBRASKA 2011-2015						US 2010-2014		
	Male No.	Rate	Female No.	Rate	Total No.	Rate	Male No.	Rate	Female No.	Rate	Total No.	Rate	Male Rate	Female Rate	Total Rate
All Sites	1,835	187.3	1,655	134.9	3,490	156.8	9,134	194.1	8,124	136.5	17,258	160.6	200.5	141.5	166.1
Oral Cavity & Pharynx	40	4.0	19	1.4	59	2.7	165	3.3	81	1.3	246	2.2	3.8	1.3	2.5
Esophagus	81	7.9	19	1.7	100	4.5	394	8.1	85	1.4	479	4.4	7.3	1.5	4.1
Stomach	35	3.6	24	2.2	59	2.8	134	2.8	80	1.4	214	2.0	4.4	2.3	3.2
Colon & Rectum (Colorectal)	184	18.9	152	12.0	336	15.1	858	18.2	834	13.6	1,692	15.7	17.7	12.4	14.8
Liver & Intrahepatic Bile Ducts	62	6.1	32	2.6	94	4.2	341	6.8	161	2.8	502	4.7	9.2	3.7	6.3
Pancreas	108	11.0	106	8.6	214	9.7	591	12.4	525	8.8	1,116	10.4	12.6	9.5	10.9
Larynx	20	2.1	4	0.3	24	1.1	97	2.0	21	0.4	118	1.1	1.9	0.4	1.0
Lung & Bronchus	484	49.3	422	34.9	906	41.0	2,461	52.3	2,003	34.2	4,464	42.0	55.9	36.3	44.7
Melanoma of the Skin	45	4.5	19	1.6	64	2.9	201	4.2	109	1.9	310	3.0	4.0	1.7	2.7
Breast	2	0.2	231	18.5	233	10.3	8	0.2	1,174	19.9	1,182	10.9	0.3	21.2	11.8
Uterine Cervix	---	---	23	2.2	---	---	---	---	111	2.1	---	---	---	2.3	---

TABLE 4 (continued): Cancer Mortality

Site	NEBRASKA 2015						NEBRASKA 2011-2015						US 2010-2014		
	Male No.	Rate	Female No.	Rate	Total No.	Rate	Male No.	Rate	Female No.	Rate	Total No.	Rate	Male Rate	Female Rate	Total Rate
Uterine Corpus & Unspecified	---	---	49	3.9	---	---	---	---	252	4.3	---	---	---	4.6	---
Ovary	---	---	83	6.8	---	---	---	---	389	6.6	---	---	---	7.4	---
Prostate	158	17.2	---	---	---	---	905	20.2	---	---	---	---	20.1	---	---
Kidney & Renal Pelvis	68	6.9	29	2.4	97	4.4	324	6.6	161	2.7	485	4.5	5.6	2.4	3.9
Urinary Bladder	65	6.8	26	1.9	91	3.9	307	6.8	129	2.0	436	4.0	7.6	2.2	4.4
Brain & Other Nervous System	58	5.6	51	4.7	109	5.1	300	6.3	236	4.3	536	5.2	5.3	3.5	4.3
Thyroid	4	0.4	4	0.4	8	0.3	31	0.6	34	0.5	65	0.6	0.5	0.5	0.5
Hodgkin Lymphoma	3	0.3	5	0.4	8	0.4	17	0.4	15	0.2	32	0.3	0.4	0.3	0.3
Non-Hodgkin Lymphoma	76	8.0	56	4.4	132	5.9	340	7.4	294	4.7	634	5.9	7.6	4.6	5.9
Leukemia	82	8.3	66	4.9	148	6.5	432	9.5	325	5.2	757	7.0	9.1	5.1	6.8
Myeloma	43	4.5	33	2.6	76	3.4	212	4.5	149	2.4	361	3.3	4.2	2.7	3.3

Total rates are per 100,000 population and are age-adjusted to the 2000 US population.

Gender-specific rates are per 100,000 male or female population and are age-adjusted to the 2000 US population.

TABLE 5: Cancer Mortality
Number of Deaths and Percentage Distribution, by Selected Primary Site and Age at Death
 Nebraska (2011-2015)

	<u>0-17 Yrs.</u>		<u>18-44 Yrs.</u>		<u>45-64 Yrs.</u>		<u>65+ Yrs</u>		<u>TOTAL</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
All Sites	70	0.4	443	2.6	4,207	24.4	12,538	72.7	17,258	100.0
Oral Cavity & Pharynx	0	0.0	8	3.3	80	32.5	158	64.2	246	100.0
Esophagus	0	0.0	9	1.9	153	31.9	317	66.2	479	100.0
Stomach	0	0.0	11	5.1	60	28.0	143	66.8	214	100.0
Colon & Rectum (Colorectal)	0	0.0	47	2.8	382	22.6	1,263	74.6	1,692	100.0
Liver & Intrahepatic Bile Ducts	1	0.2	14	2.8	188	37.5	299	59.6	502	100.0
Pancreas	0	0.0	16	1.4	288	25.8	812	72.8	1,116	100.0
Lung & Bronchus	0	0.0	33	0.7	1,106	24.8	3,325	74.5	4,464	100.0
Melanoma of the Skin	0	0.0	17	5.5	102	32.9	191	61.6	310	100.0
Female Breast	0	0.0	58	4.9	354	30.2	762	64.9	1,174	100.0
Uterine Cervix	0	0.0	20	18.0	58	52.3	33	29.7	111	100.0
Uterine Corpus & Unspecified	0	0.0	5	2.0	68	26.9	179	71.0	252	100.0
Ovary	0	0.0	9	2.3	127	32.6	253	65.0	389	100.0
Prostate	0	0.0	1	0.1	75	8.3	829	91.6	905	100.0
Kidney & Renal Pelvis	1	0.2	8	1.6	157	32.4	319	65.8	485	100.0
Urinary Bladder	0	0.0	1	0.2	64	14.7	371	85.1	436	100.0
Brain & Central Nervous System	27	5.0	50	9.3	163	30.4	296	55.2	536	100.0
Thyroid	0	0.0	0	0.0	14	21.5	51	78.5	65	100.0
Hodgkin Lymphoma	0	0.0	3	9.4	14	43.8	15	46.9	32	100.0
Non-Hodgkin Lymphoma	5	0.8	24	3.8	108	17.0	497	78.4	634	100.0
Leukemia	13	1.7	30	4.0	126	16.6	588	77.7	757	100.0
Myeloma	0	0.0	2	0.6	64	17.7	295	81.7	361	100.0

NOTE: Due to rounding, percentages may not sum to 100.0.

TABLE 6: Cancer Mortality
Number of Deaths and Rates, All Sites and Top Ten Primary Sites, by Race and Ethnicity
 Nebraska (2006-2015)

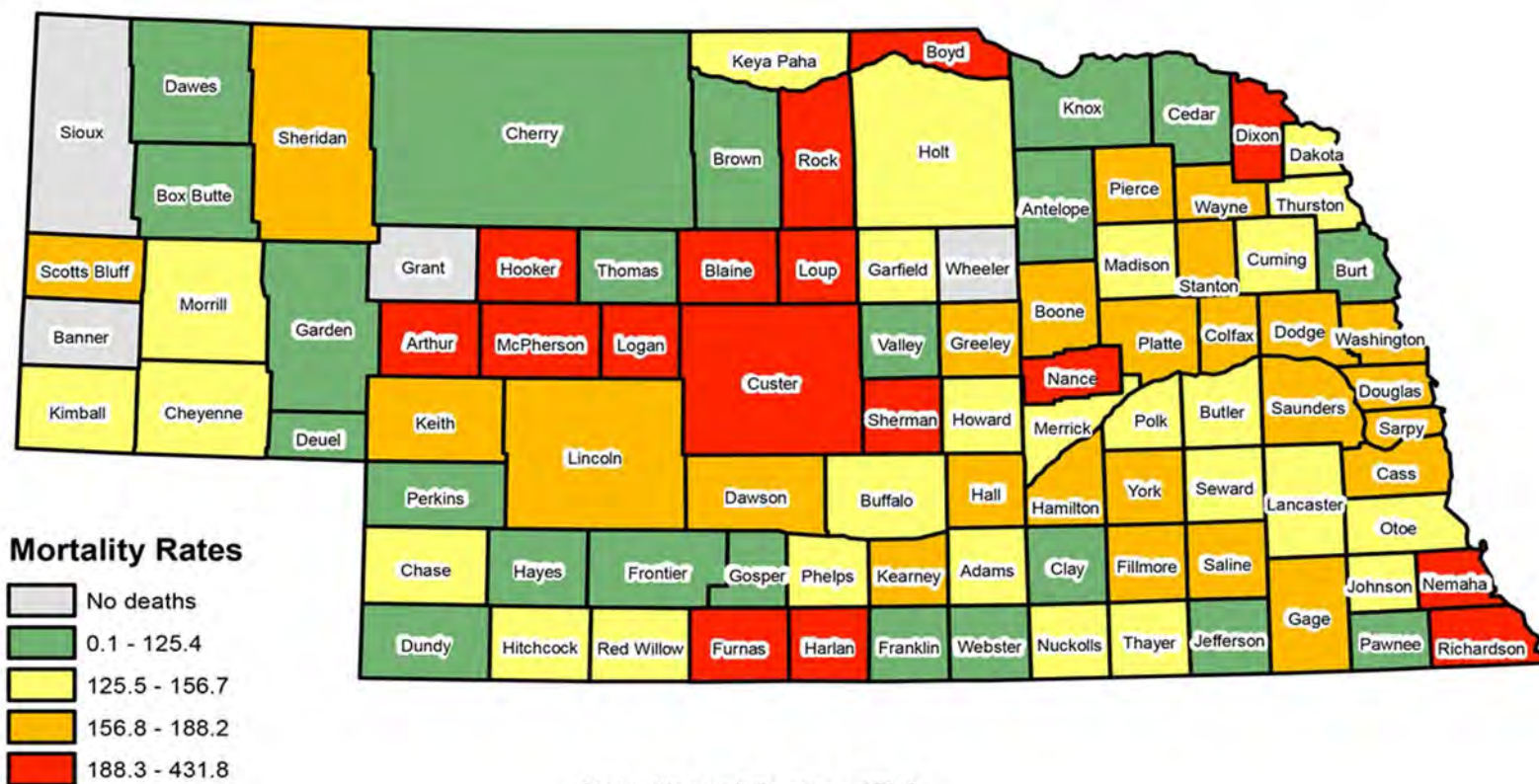
Rank	<u>White</u>			<u>African-American</u>			<u>Native American</u>			<u>Asian/Pacific Islander</u>			<u>Hispanic</u>		
	<u>Site</u>	<u>Number</u>	<u>Rate</u>	<u>Site</u>	<u>Number</u>	<u>Rate</u>	<u>Site</u>	<u>Number</u>	<u>Rate</u>	<u>Site</u>	<u>Number</u>	<u>Rate</u>	<u>Site</u>	<u>Number</u>	<u>Rate</u>
	All Sites	32,687	150.0	All Sites	1,135	194.5	All Sites	164	149.2	All Sites	214	100.0	All Sites	553	95.4
1	Lung & Bronchus	8,573	39.9	Lung & Bronchus	313	54.3	Lung & Bronchus	49	51.7	Lung & Bronchus	46	21.1	Lung & Bronchus	92	17.7
2	Colon & Rectum	3,323	15.1	Colon & Rectum	132	24.9	Colon & Rectum	21	14.9	Liver & Intrahepatic Bile Ducts	32	12.9	Colon & Rectum	44	7.5
3	Female Breast	2,174	18.1	Female Breast	85	25.1	Female Breast	13	12.3	Colon & Rectum	20	9.4	Female Breast	43	12.7
4	Pancreas	2,096	9.6	Pancreas	75	12.8	Kidney & Renal Pelvis	7	14.3	Pancreas	13	6.6	Liver & Intrahepatic Bile Ducts	37	6.9
5	Prostate	1,757	19.5	Prostate	66	34.2	Leukemia	6	4.4	Female Breast	11	8.4	Leukemia	31	4.2
6	Leukemia	1,402	6.4	Liver & Intrahepatic Bile Ducts	52	7.2	Stomach	6	4.1	Non-Hodgkin Lymphoma	10	4.6	Stomach	30	4.5
7	Non-Hodgkin Lymphoma	1,291	5.8	Myeloma	42	7.4	Pancreas	6	4.1	Leukemia	8	3.5	Prostate	29	17.7
8	Brain & CNS	974	4.7	Esophagus	33	5.2	Liver & Intrahepatic Bile Ducts	6	3.8	Stomach	8	2.5	Kidney & Renal Pelvis	26	4.0
9	Esophagus	881	4.0	Urinary Bladder	25	4.9	Prostate	5	8.6	Oral Cavity & Pharynx	7	2.4	Non-Hodgkin Lymphoma	24	4.9
10	Kidney & Renal Pelvis	871	4.0	Leukemia	25	3.7	Oral Cavity & Pharynx	4	6.7	Ovary	6	4.9	Brain & CNS	24	2.9

Rates are per 100,000 population, excluding gender-specific sites (prostate, female breast, ovary), which are per 100,000 male or female population. All rates are age-adjusted to the 2000 US population.

Abbreviation: CNS, central nervous system

Cancer (all sites) Deaths in Nebraska, 2015 Mortality Rates by County of Residence

Rates are expressed as the number of deaths per 100,000 population, and are age-adjusted to the 2000 US population

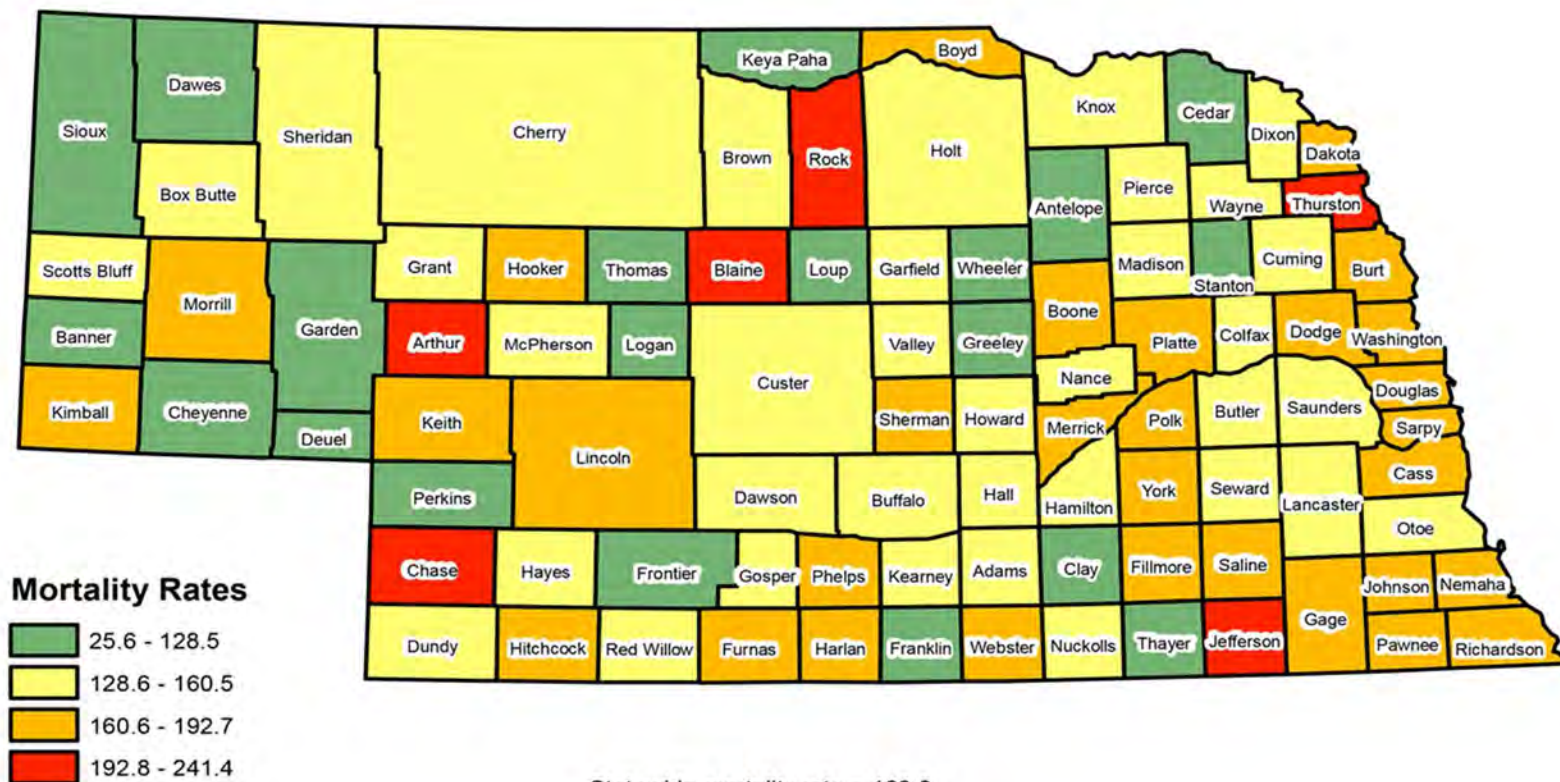


Statewide mortality rate = 156.8

Cancer (all sites) Deaths in Nebraska, 2011-2015

Mortality Rates by County of Residence

Rates are expressed as the average annual number of deaths per 100,000 population, and are age-adjusted to the 2000 US population



INCIDENCE AND MORTALITY FOR SELECTED PRIMARY SITES

Lung and Bronchus

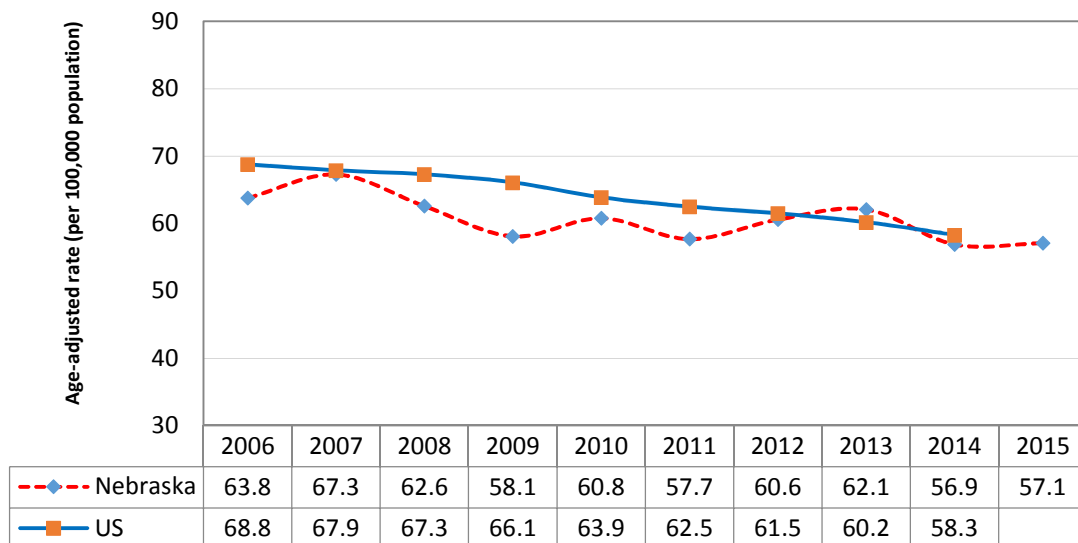
Although lung cancer was only the second most frequently diagnosed cancer among Nebraska residents in 2015, it was the year's leading cause of cancer mortality, accounting for 26% of the state's cancer deaths. During the past five years (2011-2015), lung cancer has averaged over 1,200 diagnoses and almost 900 deaths in Nebraska per year. Although lung cancer is more likely to strike men than women, the lung cancer death rate for Nebraska men has fallen by over 40% since 1990, while remaining almost unchanged for Nebraska women. Due to the small number of cases that are detected at an early stage of the disease, the 5-year relative survival rate for people diagnosed with lung cancer is less than 20%.

Cigarette smoking is the major risk factor for lung cancer and causes about 80% of lung cancer deaths. People who smoke cigarettes are 15 to 30 times more likely to die from lung cancer than non-smokers. Quitting smoking at any age reduces the risk of lung cancer, although the risk for smokers is higher than the risk for a lifelong non-smoker. The US Preventive Services Task Force (USPSTF) and ACS have both endorsed screening for lung cancer, using low-dose computed tomography (LDCT), but only for people 55-74 years of age (the USPSTF recommendation includes people 55-80) who currently smoke or who have quit within the past 15 years, are in good health, and have at least a 30 pack-year smoking history.

Maps on pages 45-46 present lung & bronchus cancer incidence and mortality rates by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 3A [county]—page 5 and Tables 13A and 14A [local health department region]—pages 25-27).

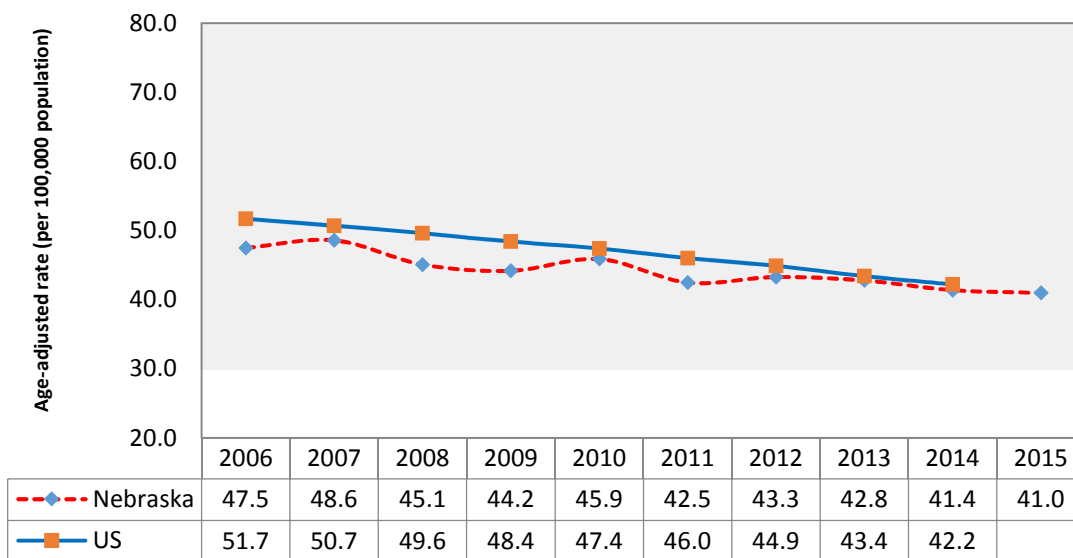
Lung and Bronchus Cancer

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



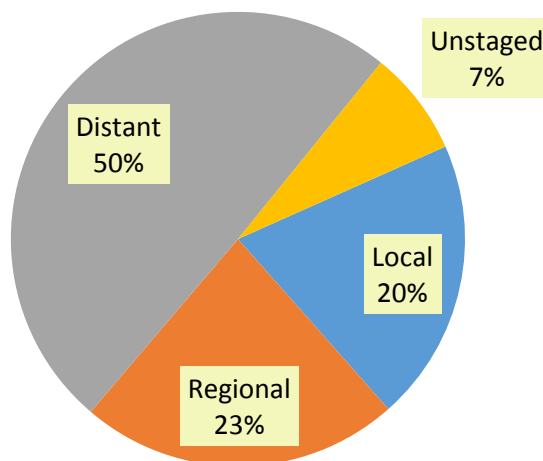
Lung and Bronchus Cancer

Mortality Rates, Nebraska (2006-2015) & US (2006-2014) -



Lung and Bronchus Cancer

Percentage of Cases, by Stage of Disease at Diagnosis -
Nebraska, 2011-2015 -



Breast (Female only)

Breast cancer is the most common type of cancer among women and the second most frequent cause of female cancer deaths. Between 2011 and 2015, 6,714 Nebraska women were diagnosed with invasive breast cancer (and another 1,427 were diagnosed with in situ breast cancer) and 1,174 women died from breast cancer. Since 1990, the rate of breast cancer deaths in Nebraska and the US has declined significantly. Recent declines in the rate of breast cancer diagnoses have been attributed to the decreasing use of post-menopausal hormone replacement therapy, early detection through screening, and increased awareness.

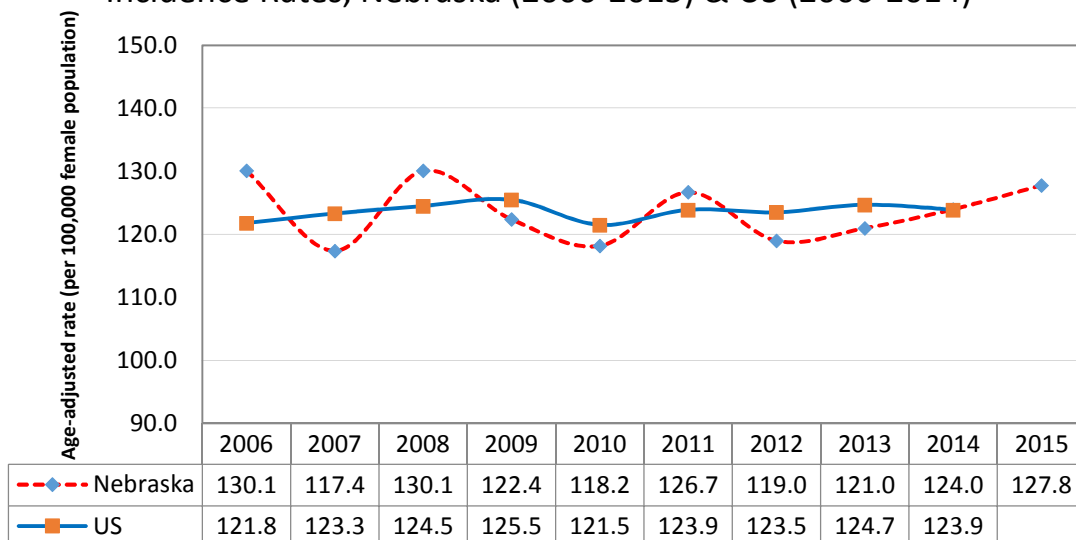
Age is an important risk factor for breast cancer, with 80% of all cases occurring among women age 50 and older. Other risk factors include genetic mutations, a personal or family history of breast cancer, some forms of benign breast disease, early menstruation, late menopause, never having children or having a first child after age 30, and for post-menopausal women, obesity and long-term hormone replacement therapy.

Screening for breast cancer is known to save lives, although opinion varies on how and when to screen. USPSTF guidelines recommend mammography for women 50-74 on an every-other-year schedule. However, ACS guidelines recommend that women 40-44 have the choice for annual mammography; women 45-54 have annual mammography; and women 55 and older have the choice to continue annual mammography or to have it on an every-other-year schedule, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women who have an increased risk of breast cancer, the ACS recommends annual magnetic resonance imaging (MRI) in addition to mammography, usually starting at age 30.

Maps on pages 47-48 present female breast cancer incidence and mortality rates by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 4A [county]—page 7 and Table 13A and 14A [local health department]—pages 25-27).

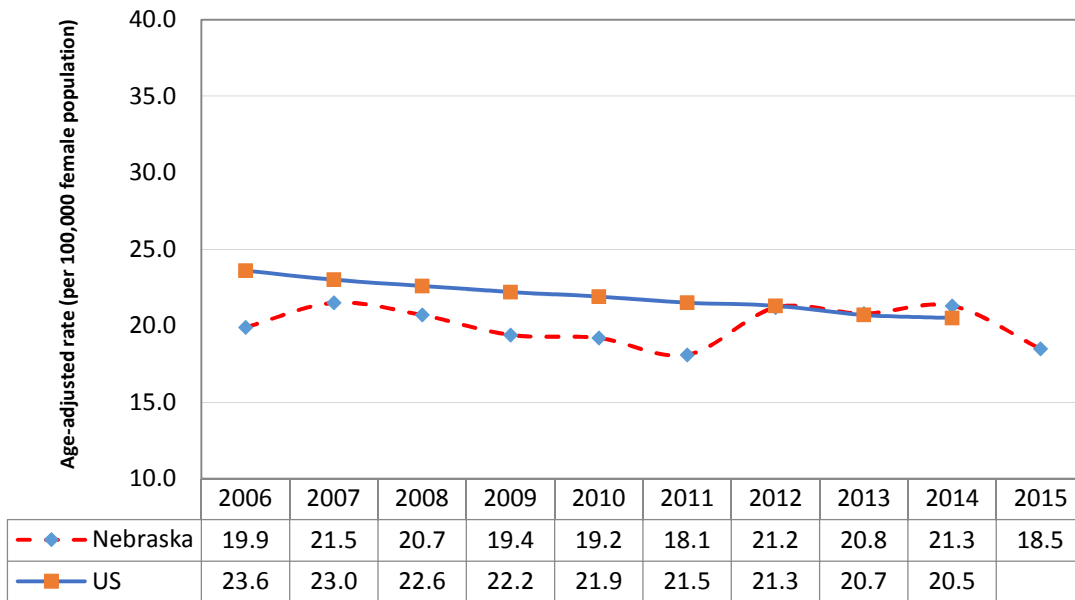
Female Breast Cancer

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



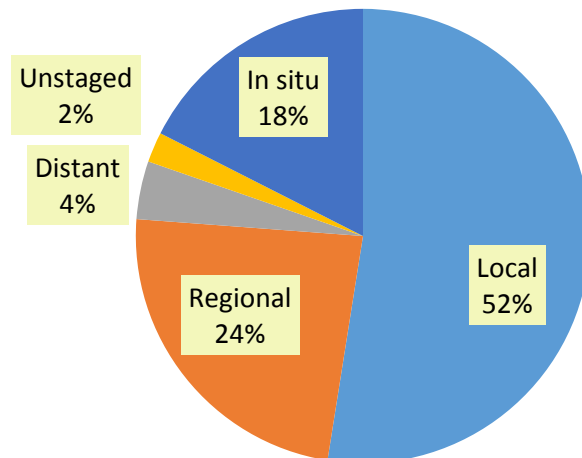
Female Breast Cancer

Mortality Rates, Nebraska (2006-2015) & US (2006-2014)



Female Breast Cancer

Percentage of Cases, by Stage of Disease at Diagnosis -
Nebraska, 2011-2015 -



Colon and Rectum (Colorectal)

In 2015, colorectal cancer was the fourth most frequently diagnosed cancer among Nebraska residents, accounting for 920 new cases. It was also the second leading cause of cancer mortality in the state, accounting for 336 deaths.

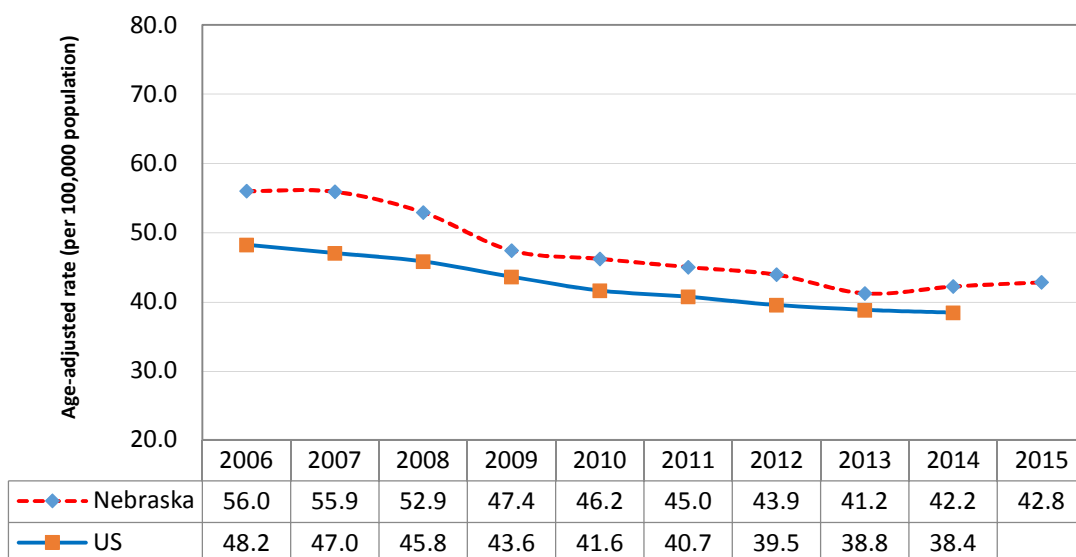
The risk of developing colorectal cancer increases with age. More than half (61.6%) of all colorectal cancer cases that occurred in Nebraska during 2011-2015 were 65 or older at diagnosis. Other risk factors include a personal or family history of colorectal cancer or polyps, a personal history of chronic inflammatory bowel disease, and certain hereditary colorectal cancer syndromes. Modifiable risk factors include physical inactivity, obesity, smoking, a high-fat diet (especially fat from animal sources), and heavy alcohol use.

Screening for asymptomatic polyps and tumors is known to prevent colorectal cancer cases and deaths, and there are a number of recommended test options. Among them include several types of stool tests, flexible sigmoidoscopy, colonoscopy, CT colonography (virtual colonoscopy), and double-contrast barium enema. Recommended frequency varies by type of test. For people of average risk without symptoms, the USPSTF recommends screening for those 50-75 years of age, while the ACS recommends screening for anyone 45 and older. However, the USPSTF also recommends that people at increased risk (i.e., a personal or family history of colorectal cancer or polyps, a personal history of chronic inflammatory bowel disease, or a family history of hereditary colorectal cancer syndromes) may be advised to begin screening before age 50 and/or be screened more often.

Maps on pages 49-50 present incidence and mortality rates for cancers of the colon & rectum by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 5A [county]—page 9 and Table 13A and 14A [local health department]—pages 25-27).

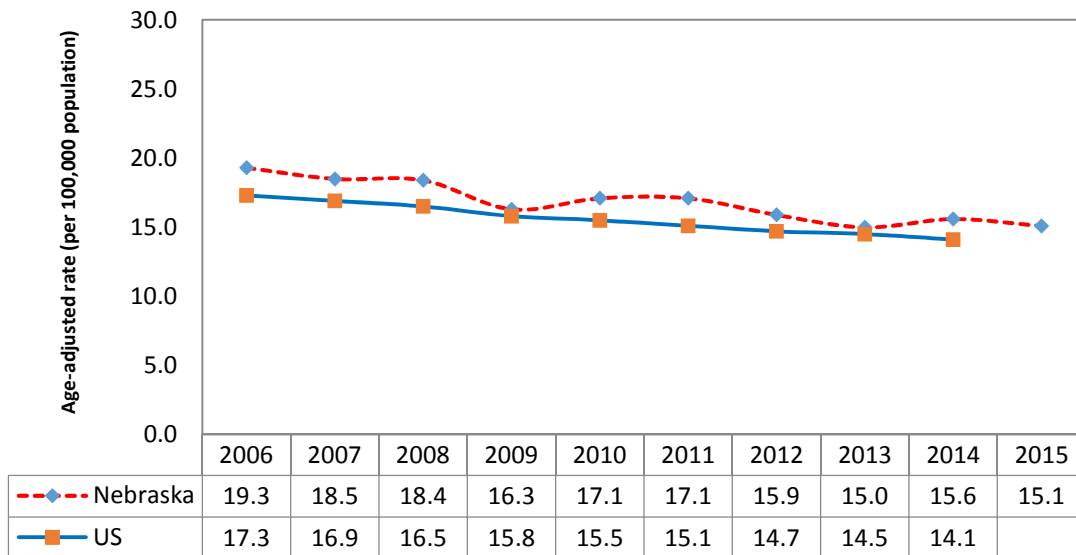
Colon and Rectum (Colorectal) Cancer

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



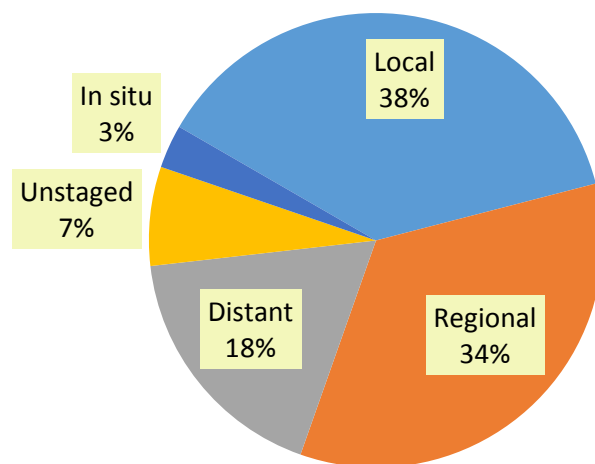
Colon and Rectum (Colorectal) Cancer

Mortality Rates, Nebraska (2006-2015) & US (2006-2014)



Colon and Rectum (Colorectal) Cancer

Percentage of Cases, by Stage of Disease at Diagnosis -
Nebraska, 2011-2015 -



Prostate

With 1,185 diagnoses in 2015, prostate cancer was the most common cancer among Nebraska men, accounting for over 24% of all new cancers. During the past five years (2011-2015), it has also been the second leading cause of cancer deaths among Nebraska men, accounting for 905 deaths. Since the mid-1990s, prostate cancer death rates have declined substantially, both in Nebraska and throughout the United States.

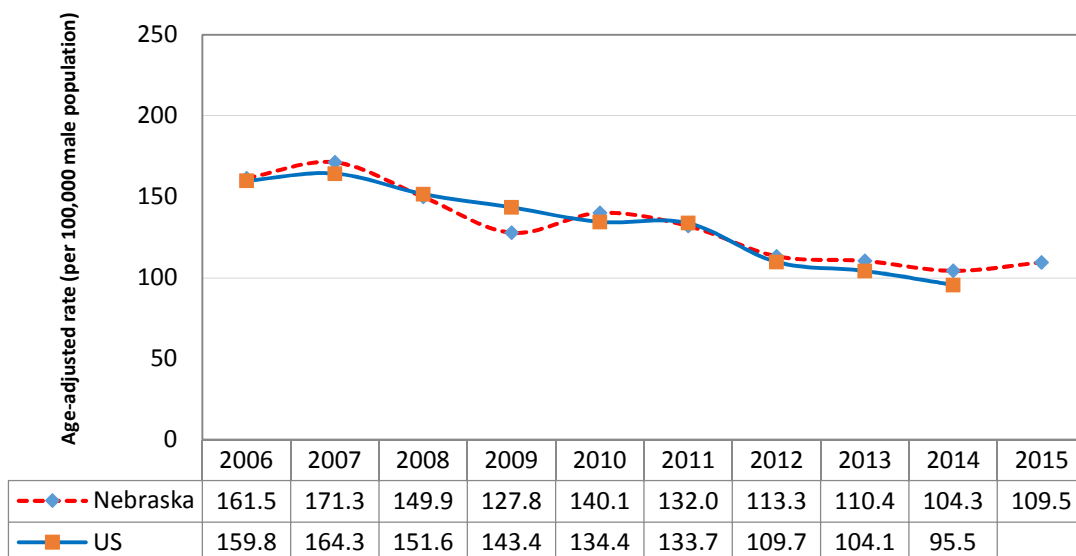
Little is known about what causes prostate cancer. Risk increases with age (about 59% of Nebraska men diagnosed with prostate cancer during 2011-2015 were 65 or older) and is significantly greater among African-Americans. During the past decade (2006-2015), the incidence of prostate cancer among African-American men in Nebraska has been 37% higher than among whites. Men with a close relative (father, brother, or son) who have had prostate cancer, especially at a young age, are also at increased risk.

Current ACS guidelines recommend that men make an informed decision with their health care provider about whether to be screened for prostate cancer. This discussion should begin at age 50 for men who are at average risk of prostate cancer and have a life expectancy of at least 10 years. This discussion should begin at age 45 for men at high risk (African-Americans and men with a father, brother, or son diagnosed with prostate cancer before age 65) and at age 40 for men of even higher risk (men with several first-degree relatives diagnosed before age 65). For men who choose to be screened, the ACS recommends the prostate-specific antigen (PSA) test with or without a digital rectal exam. By contrast, the USPSTF does not recommend screening for prostate cancer.

Maps on pages 51-52 present incidence and mortality rates for prostate cancer by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 6A [county]—page 11 and Table 13A and 14A [local health department]—pages 25-27).

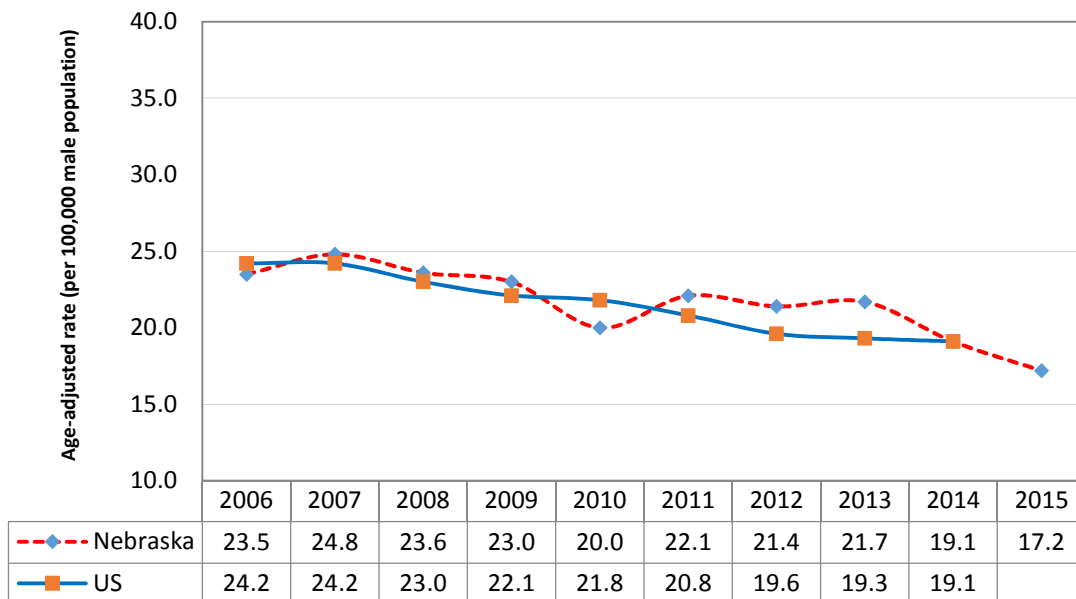
Prostate Cancer

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



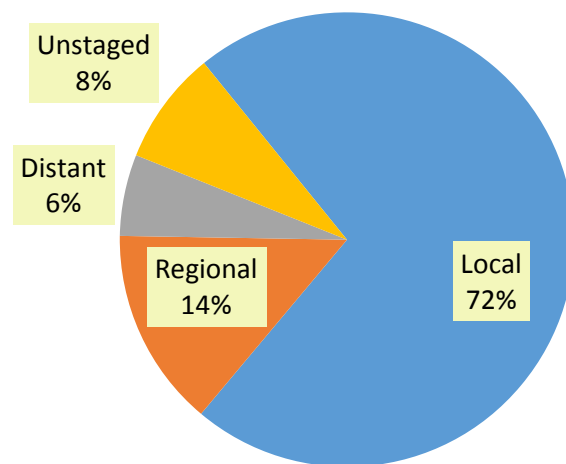
Prostate Cancer

Mortality Rates, Nebraska (2006-2015) & US (2006-2014)



Prostate Cancer

Percentage of Cases, by Stage of Disease at Diagnosis -
Nebraska, 2011-2015 -



Urinary Bladder

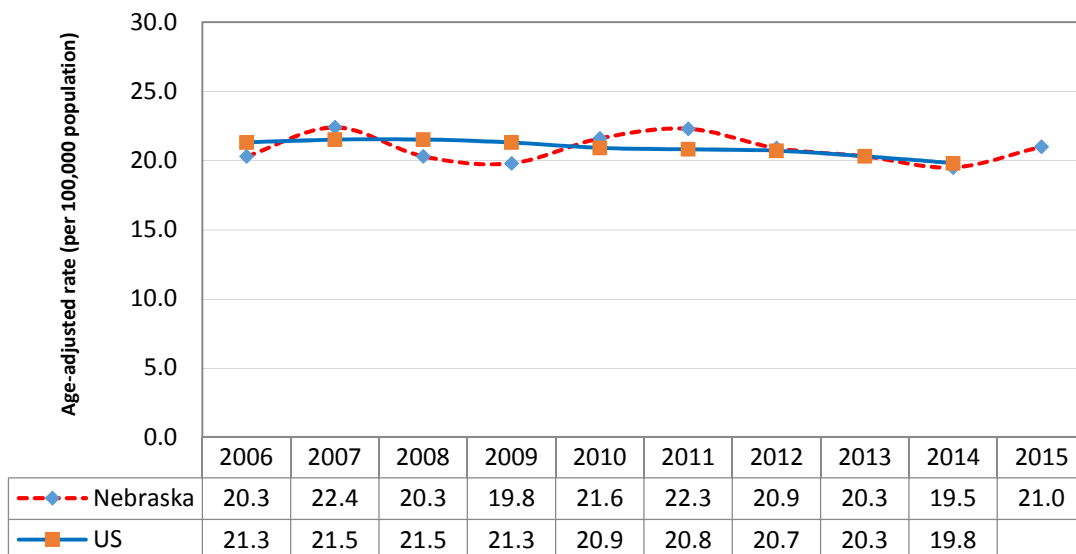
Between 2011 and 2015, 2,232 Nebraska residents were diagnosed with bladder cancer. Bladder cancer occurs much more frequently among men than women (by about a 3-to-1 ratio), and it now ranks as the fourth most common site of cancer diagnoses among Nebraska men. However, deaths from bladder cancer occur far less often (436 Nebraska residents died from it during 2011-2015), which is the result of a high percentage of early-stage diagnoses and the existence of effective treatments. Survival prospects have improved considerably in recent decades, to the point where the most current national data show that the five-year relative survival rate for all bladder cancer patients is about 77%.

Cigarette smoking is the most important known risk factor for bladder cancer. Smokers develop bladder cancer three times more often than non-smokers, and about half of all cases are attributable to smoking. Risk factors also include occupational exposures to certain chemicals used to make dyes (benzidine and beta-naphthylamine), as well as working in the manufacture of rubber and leather. Like most cancers, the risk of bladder cancer increases with age: 76% of the cases that occurred in Nebraska during 2011-2015 were at least 65 years old when diagnosed.

Maps on pages 53-54 present incidence and mortality rates for urinary bladder cancer by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 7A [county]—page 13 and Table 13A and 14A [local health department]—pages 25-27).

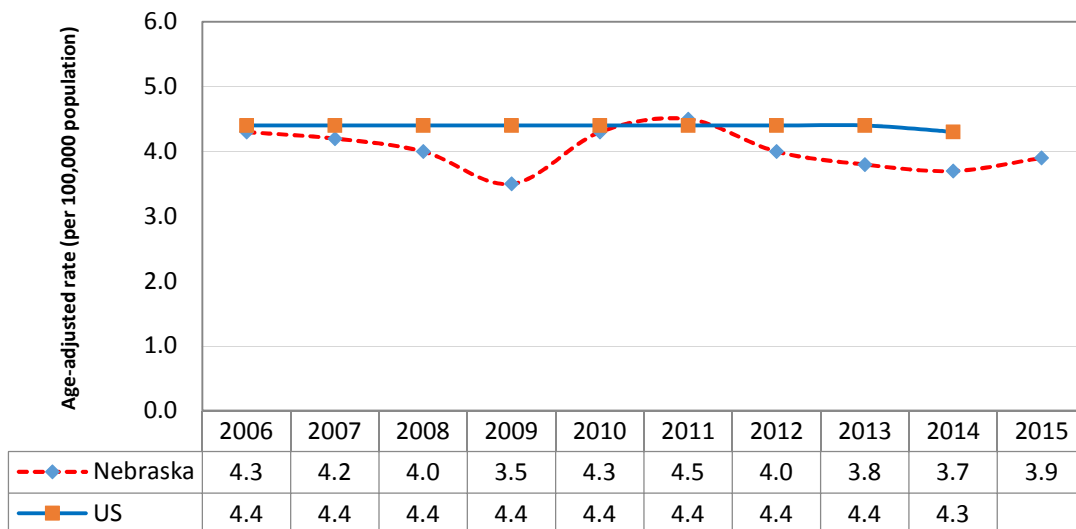
Urinary Bladder Cancer

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



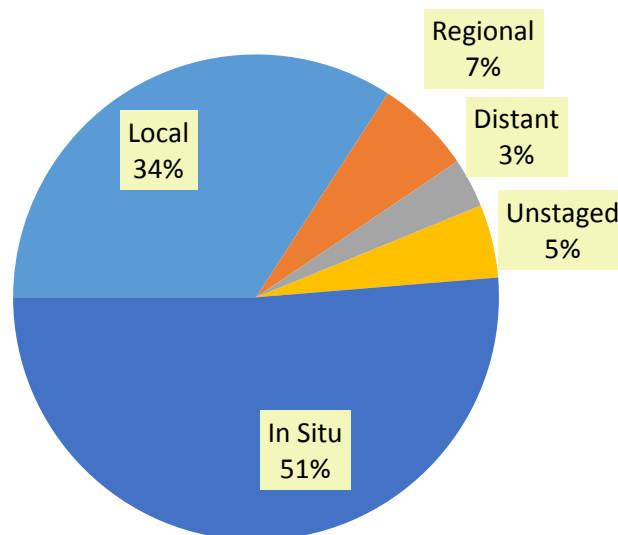
Urinary Bladder Cancer

Mortality Rates, Nebraska (2006-2015) & US (2006-2014) -



Urinary Bladder Cancer

Percentage of Cases, by Stage of Disease at Diagnosis -
Nebraska, 2011-2015 -



Non-Hodgkin Lymphoma

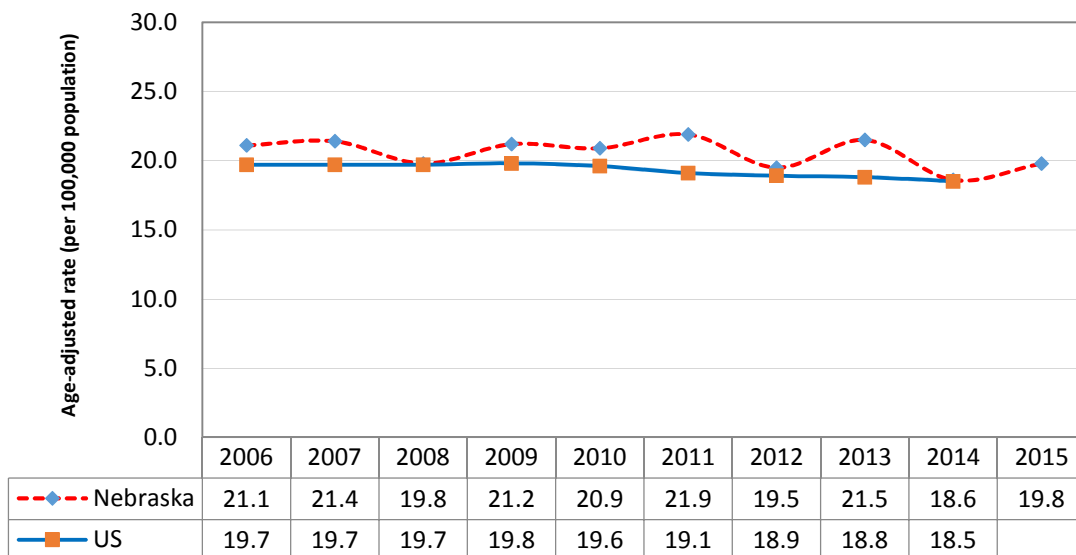
Lymphomas are cancers that affect the white blood cells of the immune system, and are usually classified as either Hodgkin or Non-Hodgkin lymphoma. Non-Hodgkin lymphoma is by far the more common disorder of the two, accounting for 2,120 diagnoses and 634 deaths among Nebraska residents between 2011 and 2015 (for Hodgkin lymphoma, the comparable figures are 294 diagnoses and 32 deaths). National statistics indicate that the incidence rate for Non-Hodgkin lymphoma has increased by about 80% since the mid-1970s, and some of this increase is related to the appearance of AIDS. However, both state and national data show that Non-Hodgkin lymphoma deaths have been increasing since at least 1950, which indicates that factors other than AIDS are also responsible.

The causes of Non-Hodgkin lymphoma are unknown, although there is evidence that viral exposures and reduced immune function are associated with the disease. People whose immune systems have been suppressed by drugs, particularly those who have received an organ transplant, are at high risk of Non-Hodgkin lymphoma, and it also occurs more frequently among people with congenital and acquired immunologic disorders, including AIDS. The increased incidence of the disease among people with congenital disorders of the immune system suggests that hereditary factors may increase risk. Some studies have found that occupational exposure to certain herbicides is a risk factor as well.

Maps on pages 55-56 present incidence and mortality rates for Non-Hodgkin lymphoma by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 8A [county]—page 15 and Table 13A and 14A [local health department]—pages 25-27).

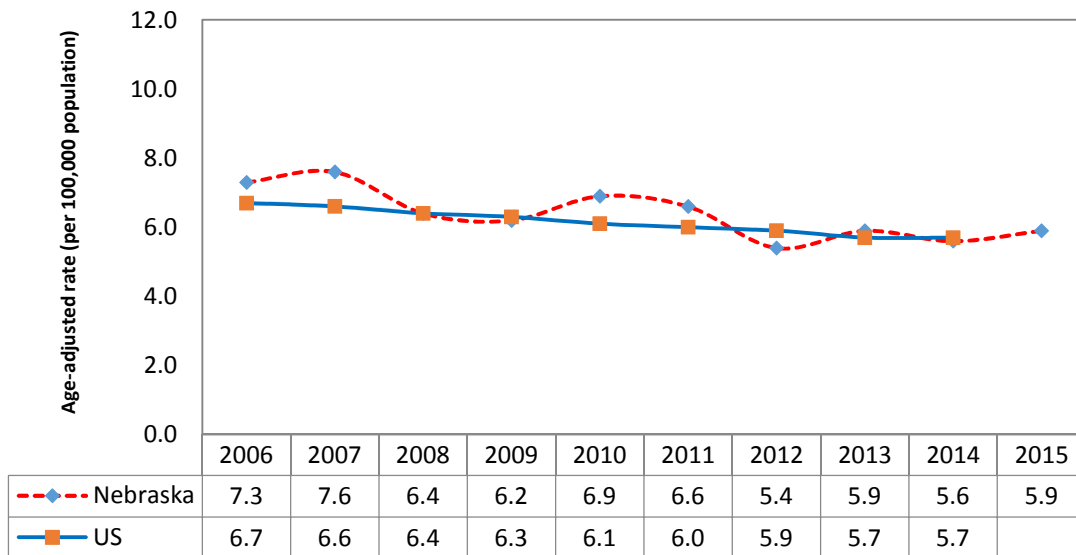
Non-Hodgkin Lymphoma

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



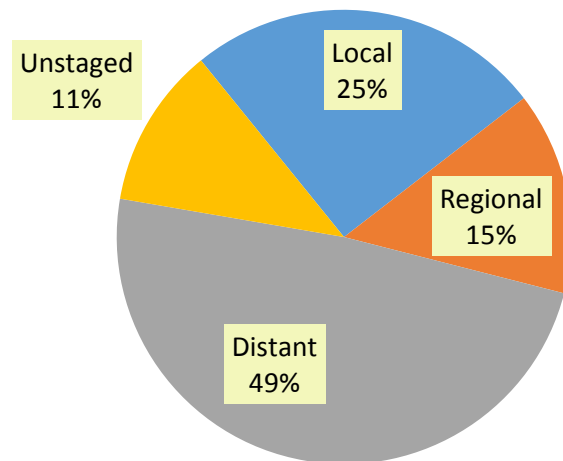
Non-Hodgkin Lymphoma

Mortality Rates, Nebraska (2006-2015) & US (2006-2014) -



Non-Hodgkin Lymphoma

Percentage of Cases, by Stage of Disease at Diagnosis -
Nebraska, 2011-2015 -



Leukemia

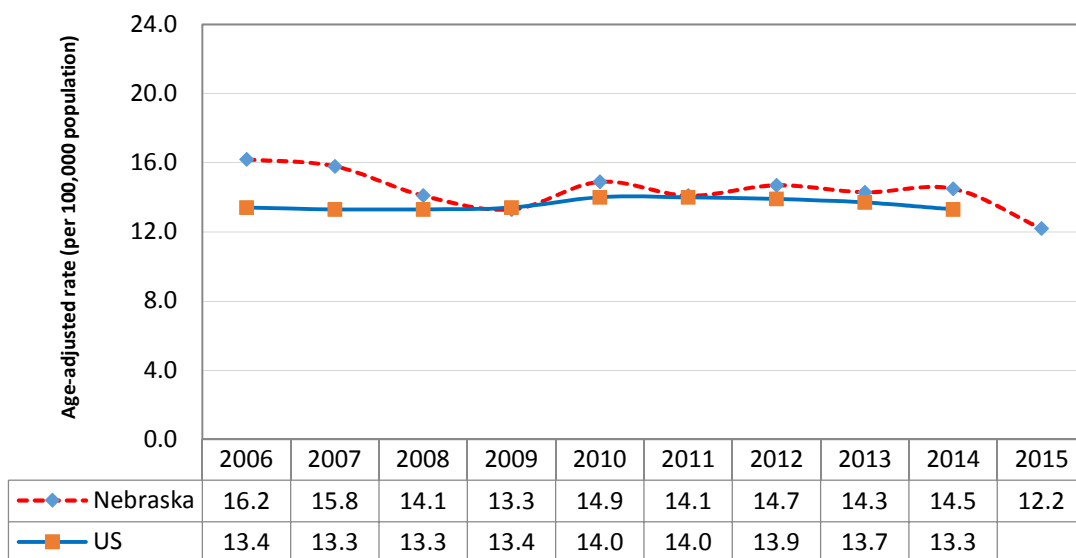
Between 2011 and 2015, leukemia accounted for 1,463 diagnoses and 757 deaths among Nebraska residents. Although leukemia is one of the most common types of cancer diagnosed among children and adolescents, over half (57%) of the leukemia cases that occurred in Nebraska between 2011 and 2015 were 65 years of age or older at diagnosis. There are many different types of leukemia: acute lymphocytic leukemia is the most frequently diagnosed among children and teens, while acute myeloid and chronic lymphocytic are the most common types among adults. Survival times vary widely by type: overall, the relative five-year survival rate for all leukemia patients in the United States is over 60%.

The major causes of most types of leukemia are unknown. Nevertheless, several risk factors have been identified, and include genetic abnormalities (such as Down syndrome), exposure to ionizing radiation, and workplace exposure to benzene and other related solvents. Adult T-cell acute lymphocytic leukemia is strongly associated with infection by a retrovirus, the human T-cell lymphoma/leukemia virus, type I (HTLV-I). Cigarette smoking is a risk factor for acute myeloid leukemia, while people who have a family history of chronic lymphocytic leukemia carry an increased risk of the disease themselves.

Maps on pages 57-58 present incidence and mortality rates for leukemia by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 9A [county]—page 17 and Table 13A and 14A [local health department]—pages 25-27).

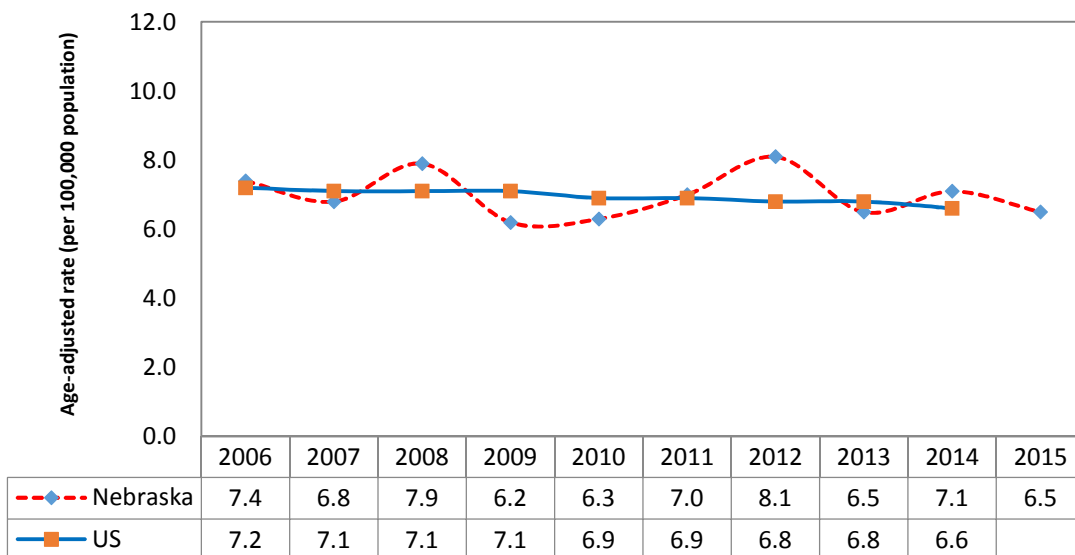
Leukemia

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



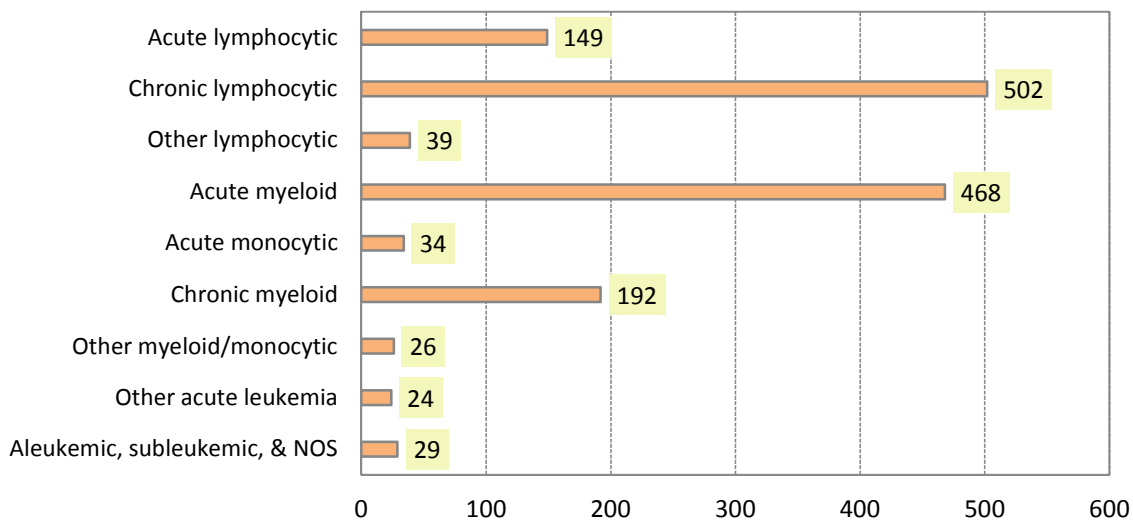
Leukemia

Mortality Rates, Nebraska (2006-2015) & US (2006-2014)



Leukemia

Number of Cases by Histologic Type, Nebraska, 2011-2015



Abbreviation: NOS, not otherwise specified

Kidney and Renal Pelvis

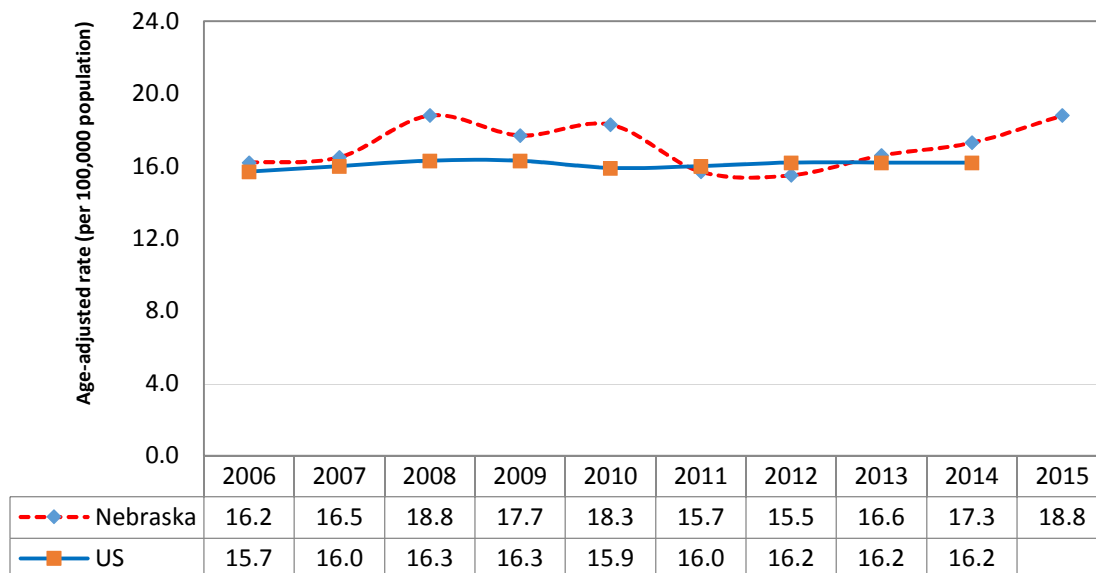
Cancers of the kidney and renal pelvis accounted for 1,774 diagnoses in Nebraska between 2011 and 2015, and also accounted for 485 deaths in Nebraska during the same years. State and national trends since 1990 show a significant increase in the rate of diagnosis of these cancers, but little change in the mortality rate. The chances of survival for people with kidney cancer are relatively high, with the most current national statistics showing that the five-year relative survival rate for cancers of the kidney and renal pelvis is now over 70%.

Preventable risk factors for cancer of the kidney include cigarette smoking and obesity. Current estimates indicate that cigarette smoking is responsible for about 20 percent of all kidney cancer deaths. Kidney cancer is more likely to strike at younger ages than most other types; in Nebraska, almost half (49.6%) of all cases that were diagnosed during 2011-2015 were under the age of 65. Other non-preventable risk factors for cancer of the kidney include a family history of kidney cancer and high blood pressure. However, since people with high blood pressure are often treated with drugs, it is unclear whether their increased risk is related to their high blood pressure or the drugs. Nevertheless, people who need drugs to lower their blood pressure should take them.

Maps on pages 59-60 present incidence and mortality rates for cancers of the kidney & renal pelvis by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 10A [county]—page 19 and Table 13A and 14A [local health department]—pages 25-27).

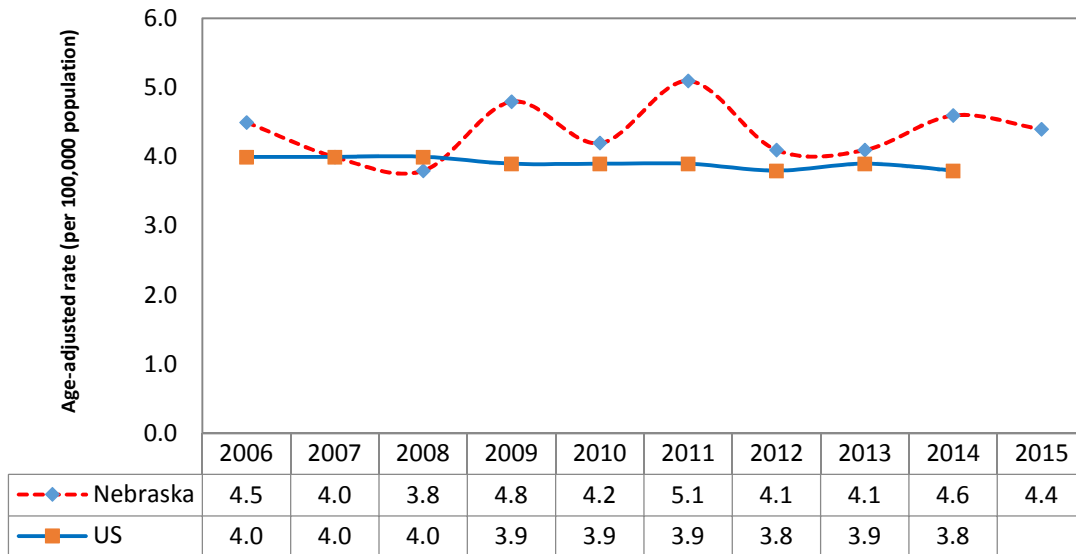
Kidney and Renal Pelvis Cancer

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



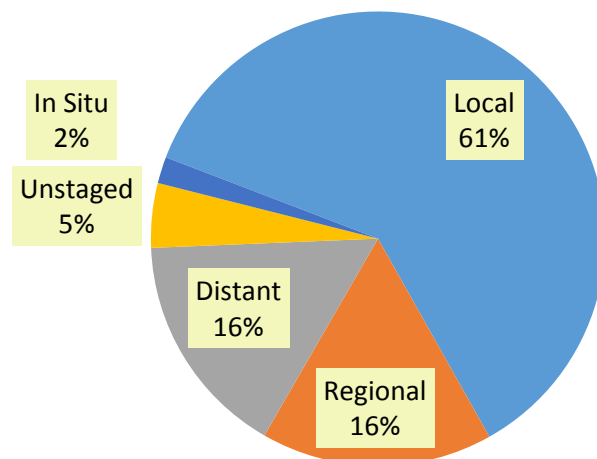
Kidney and Renal Pelvis Cancer

Mortality Rates, Nebraska (2006-2015) & US (2006-2014) -



Kidney and Renal Pelvis Cancer

Percentage of Cases, by Stage of Disease at Diagnosis -
Nebraska, 2011-2015 -



Melanoma of the Skin

There are several different types of skin cancer, but melanomas are the most serious. Nationally, melanomas comprise about 1% of all skin cancer diagnoses but the vast majority of all skin cancer deaths. In Nebraska, melanomas of the skin accounted for 2,235 diagnoses and 310 deaths between 2011 and 2015. The incidence of melanoma continues to increase significantly in Nebraska and throughout the United States. Because most melanomas are discovered early in their development and can be surgically removed, the relative five-year survival rate is now over 90%.

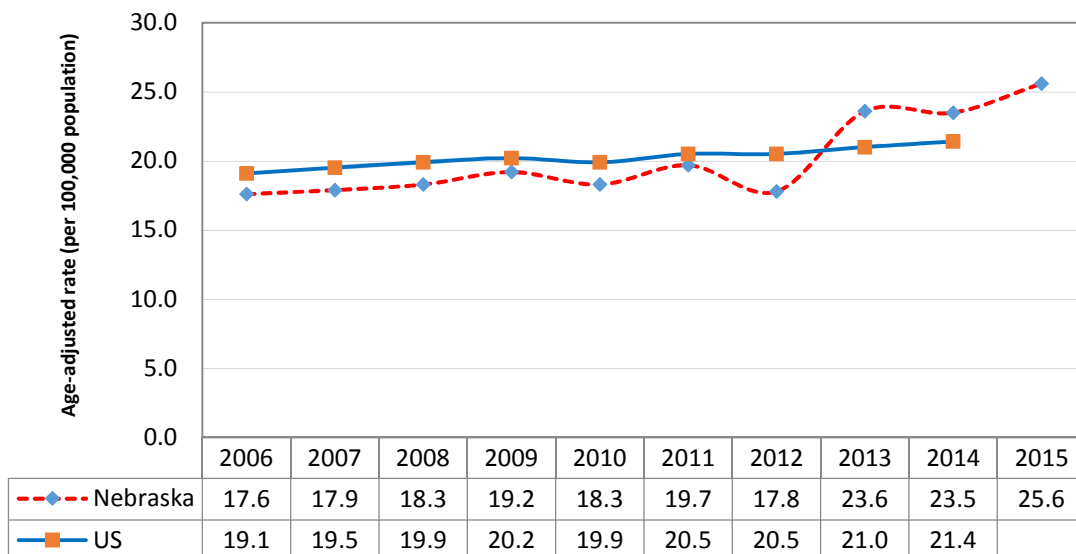
Melanoma is related to exposure to ultraviolet radiation (most of which comes from the sun), particularly exposures during childhood that resulted in severe sunburns. The risk of developing melanoma is particularly high among people with light skin. Sun exposure is not the only risk factor. Family history of melanoma and the presence of numerous dysplastic nevi (large moles with irregular coloration and shape) also increase a person's risk of the disease.

Skin melanomas are among the most preventable and treatable of all cancers. Wearing protective clothing and using sunscreen are the best methods for preventing the disease, and children in particular should have such protection. In addition, early detection can greatly reduce the risk of melanoma mortality. Recognition of changes in skin growths or the appearance of new growths is the best way to find melanomas early in their development. The ACS suggests that adults practice skin self-examination on a monthly basis, and that suspicious lesions should be evaluated promptly by a physician.

Maps on pages 61-62 present incidence and mortality rates for melanoma of the skin by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 11A [county]—page 21 and Table 13A and 14A [local health department]—pages 25-27).

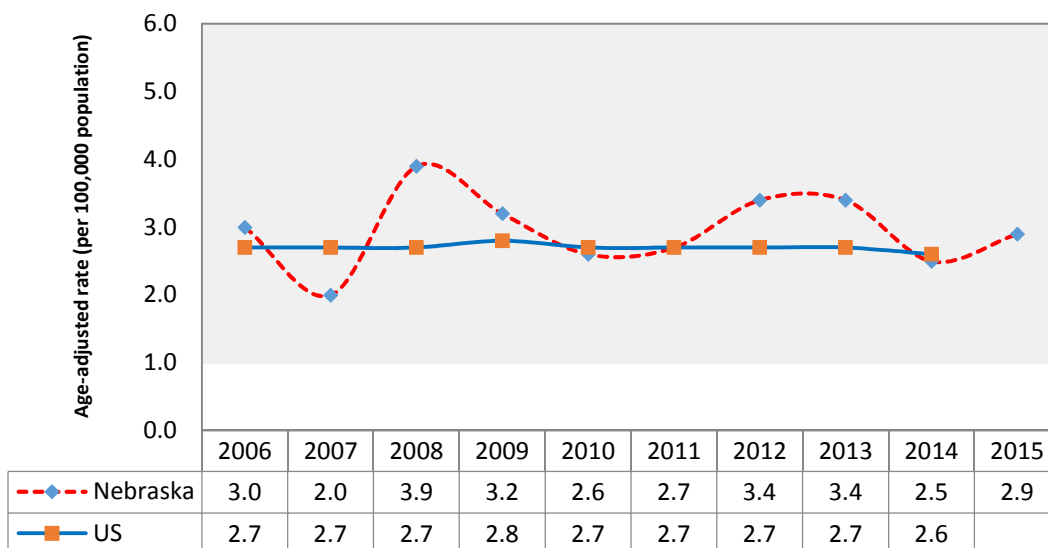
Melanoma of the Skin

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



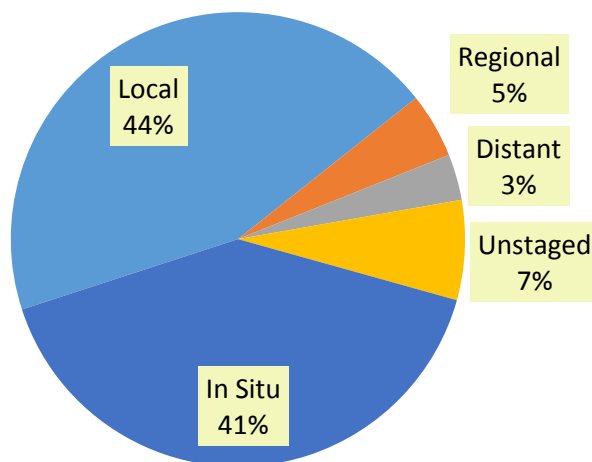
Melanoma of the Skin

Mortality Rates, Nebraska (2006-2015) & US (2006-2014)



Melanoma of the Skin

Percentage of Cases, by Stage of Disease at Diagnosis -
Nebraska, 2011-2015 -



Liver and Intrahepatic Bile Ducts

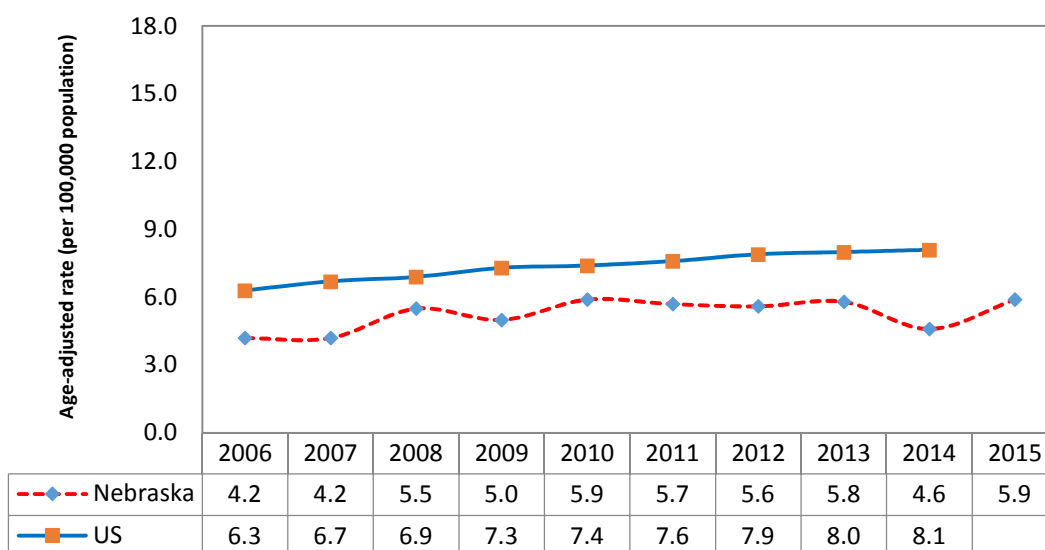
Often when cancer is found in the liver, it did not start there but has spread (metastized) from somewhere else in the body. In the United States, metastatic liver cancer is more common than liver cancer that originates in the liver (referred to as primary liver cancer). In Nebraska, primary cancers of the liver and intrahepatic bile ducts accounted for 604 diagnoses and 502 deaths between 2011 and 2015. Diagnosis does not usually occur until the disease is well advanced, due to a lack of symptoms. As a result, survival is poor: the most recent national five-year survival rate is less than 20%. Both nationally and in Nebraska, the incidence and mortality rates for liver cancer have increased steadily during the past decade.

The most common risk factor for liver cancer is chronic viral hepatitis (type B and C). Other preventable risk factors include cirrhosis, heavy alcohol use, obesity, exposure to arsenic and vinyl chloride, and using anabolic steroids. Type 2 diabetes has also been linked with an increased risk of liver cancer, usually in cases where other risk factors such as heavy alcohol use and/or chronic viral hepatitis are present. Non-preventable risk factors for liver cancer include gender, race/ethnicity, and certain inherited metabolic diseases. Nebraska statistics show that diagnoses among men outnumber those among women by a ratio of about 3:1, while incidence rates are significantly higher among African-Americans, Native Americans, Asian/Pacific Islanders, and Hispanics compared to whites.

Maps on pages 63-64 present incidence and mortality rates for cancers of the liver by place of residence; local statistics by place of residence are also found in the appendix to this report (Table 12A [county]—page 23 and Table 13A and 14A [local health department]—pages 25-27).

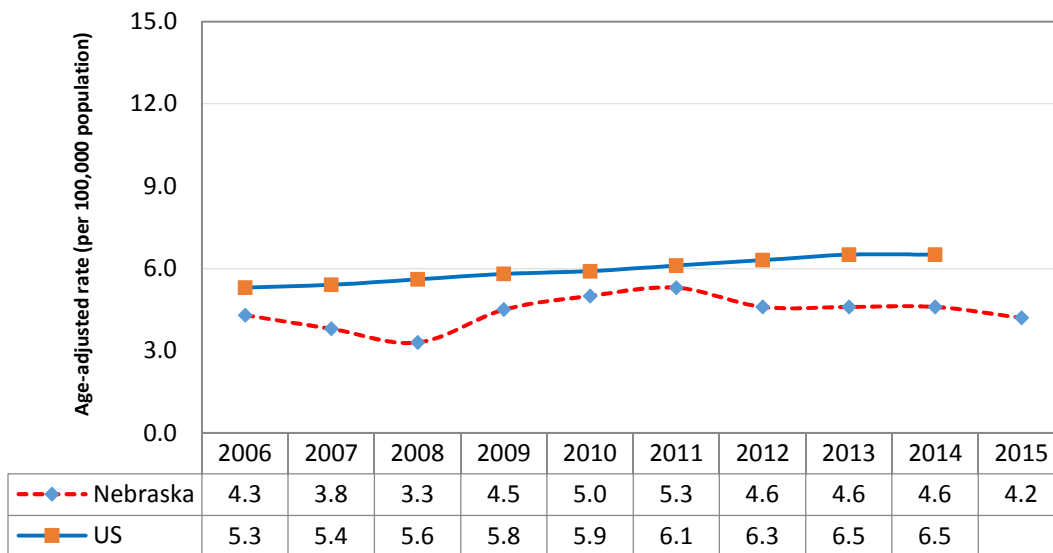
Liver & Intrahepatic Bile Ducts Cancer

Incidence Rates, Nebraska (2006-2015) & US (2006-2014)



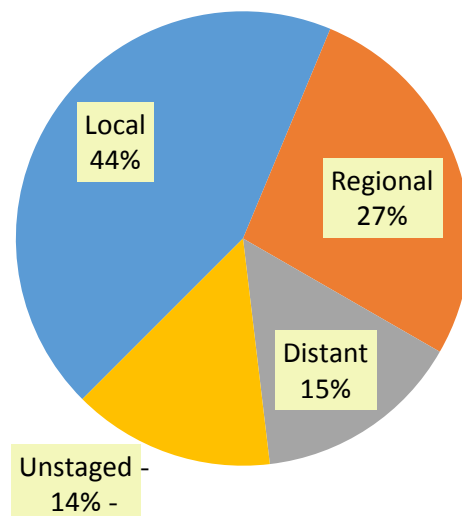
Liver & Intrahepatic Bile Ducts Cancer

Mortality Rates, Nebraska (2006-2015) & US (2006-2014)



Liver & Intrahepatic Bile Ducts Cancer

Percentage of Cases, by Stage of Disease at Diagnosis -
Nebraska, 2011-2015 -



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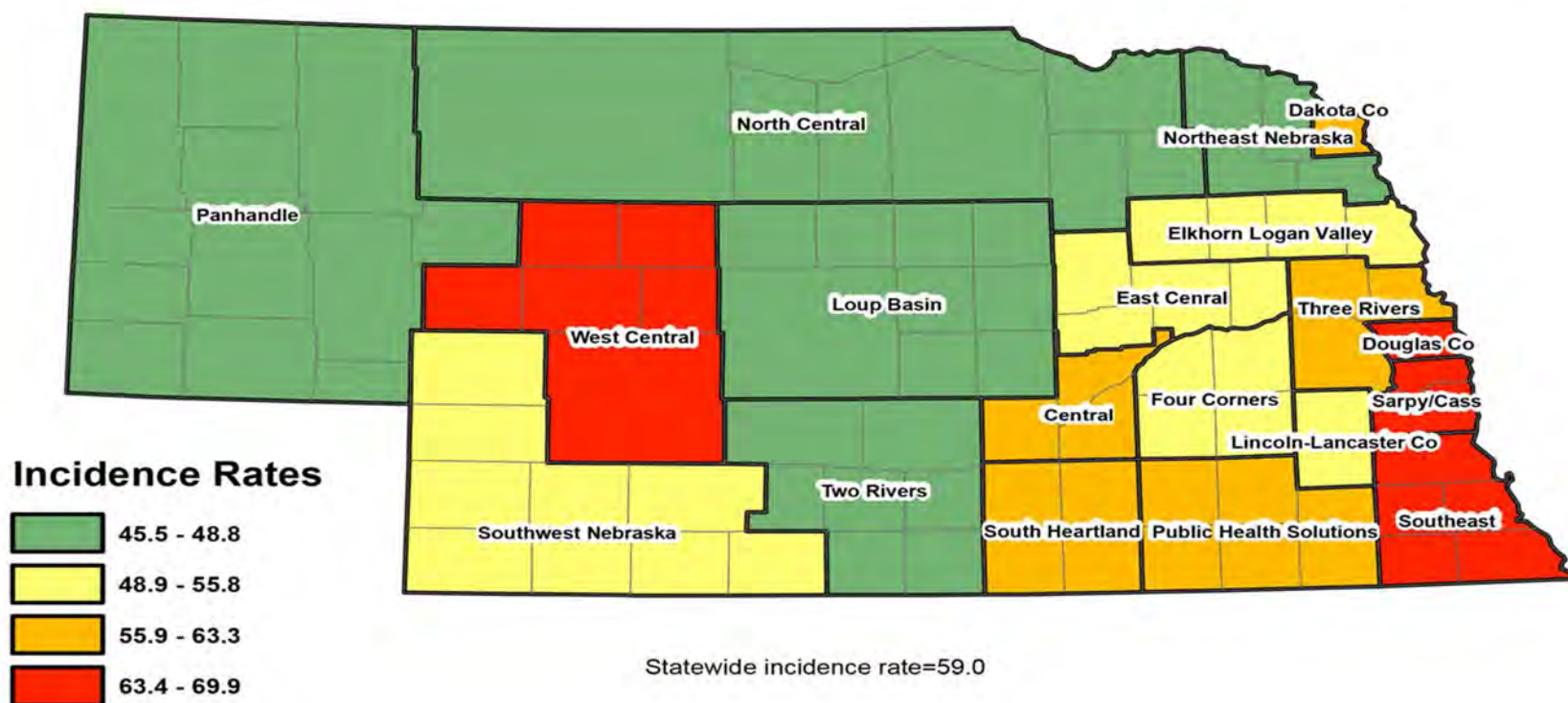
INCIDENCE & MORTALITY RATE MAPS, FOR SELECTED PRIMARY SITES

<u>Primary Site</u>	<u>Contents</u>	<u>Page</u>
Lung & bronchus	Incidence Mortality	45 46
Female breast	Incidence Mortality	47 48
Colon & rectum (colorectal)	Incidence Mortality	49 50
Prostate	Incidence Mortality	51 52
Urinary bladder	Incidence Mortality	53 54
Non-Hodgkin lymphoma	Incidence Mortality	55 56
Leukemia	Incidence Mortality	57 58
Kidney & renal pelvis	Incidence Mortality	59 60
Melanoma of the skin	Incidence Mortality	61 62
Liver & intrahepatic bile ducts	Incidence Mortality	63 64

Lung & Bronchus Cancer Diagnoses in Nebraska, 2011-2015

Incidence Rates by Local Health Department Region

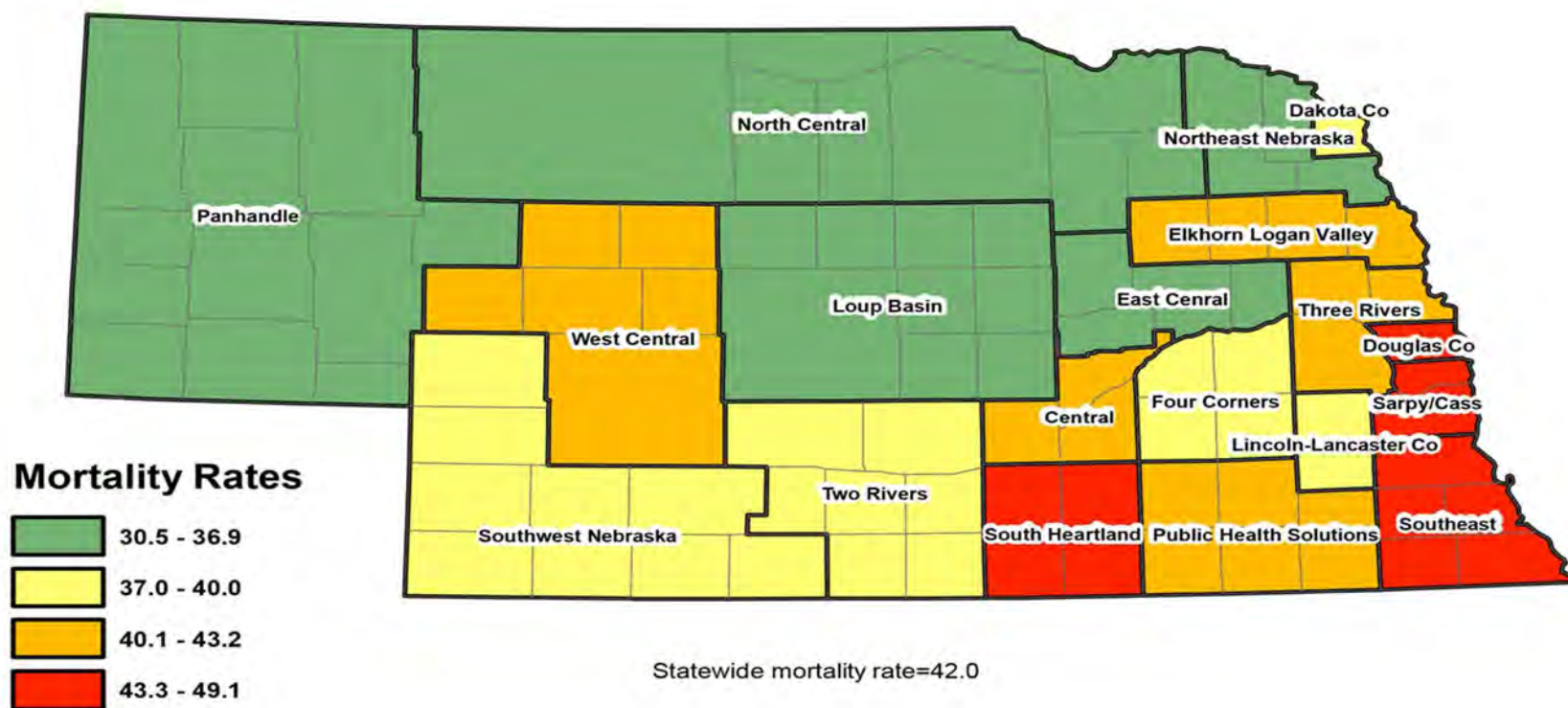
Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population



Lung & Bronchus Cancer Deaths in Nebraska, 2011-2015

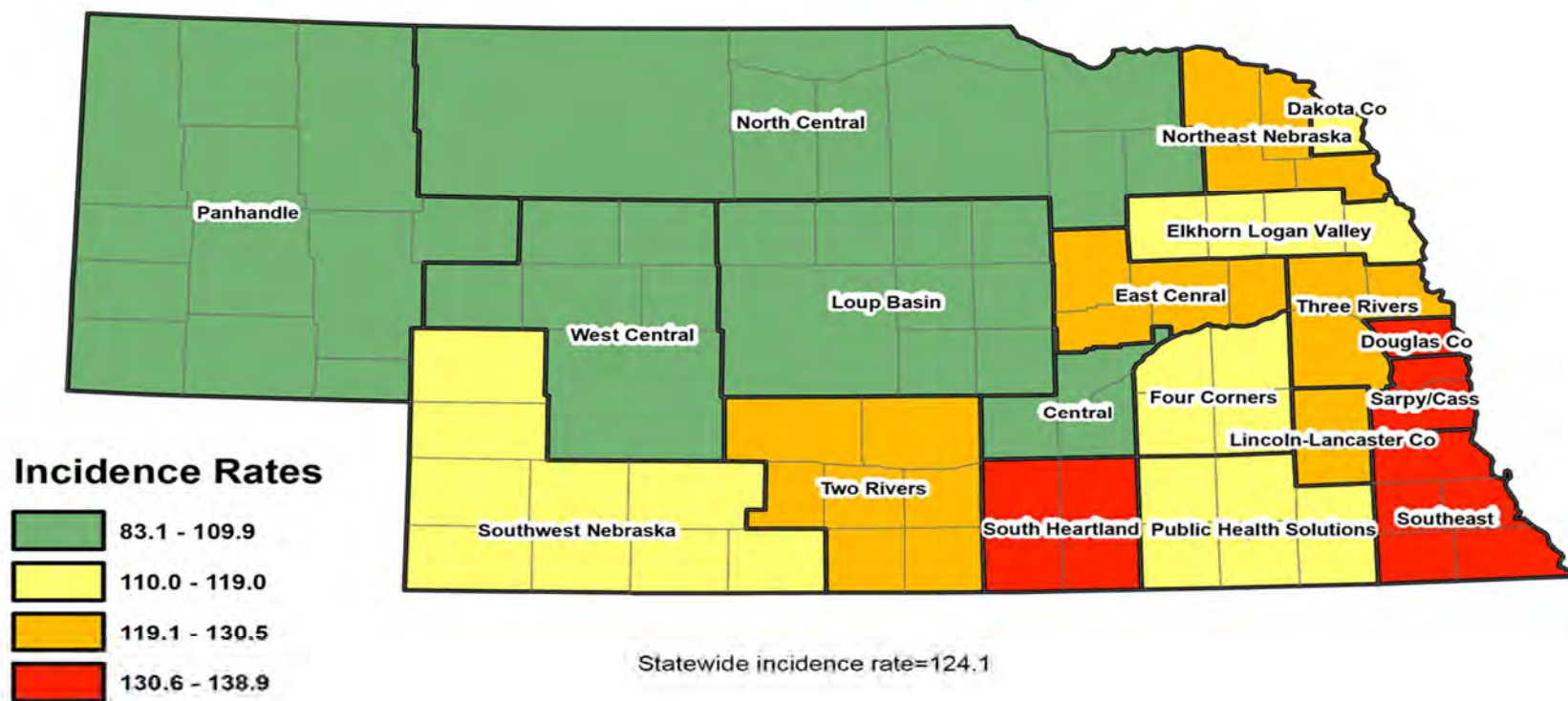
Mortality Rates by Local Health Department Region

Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



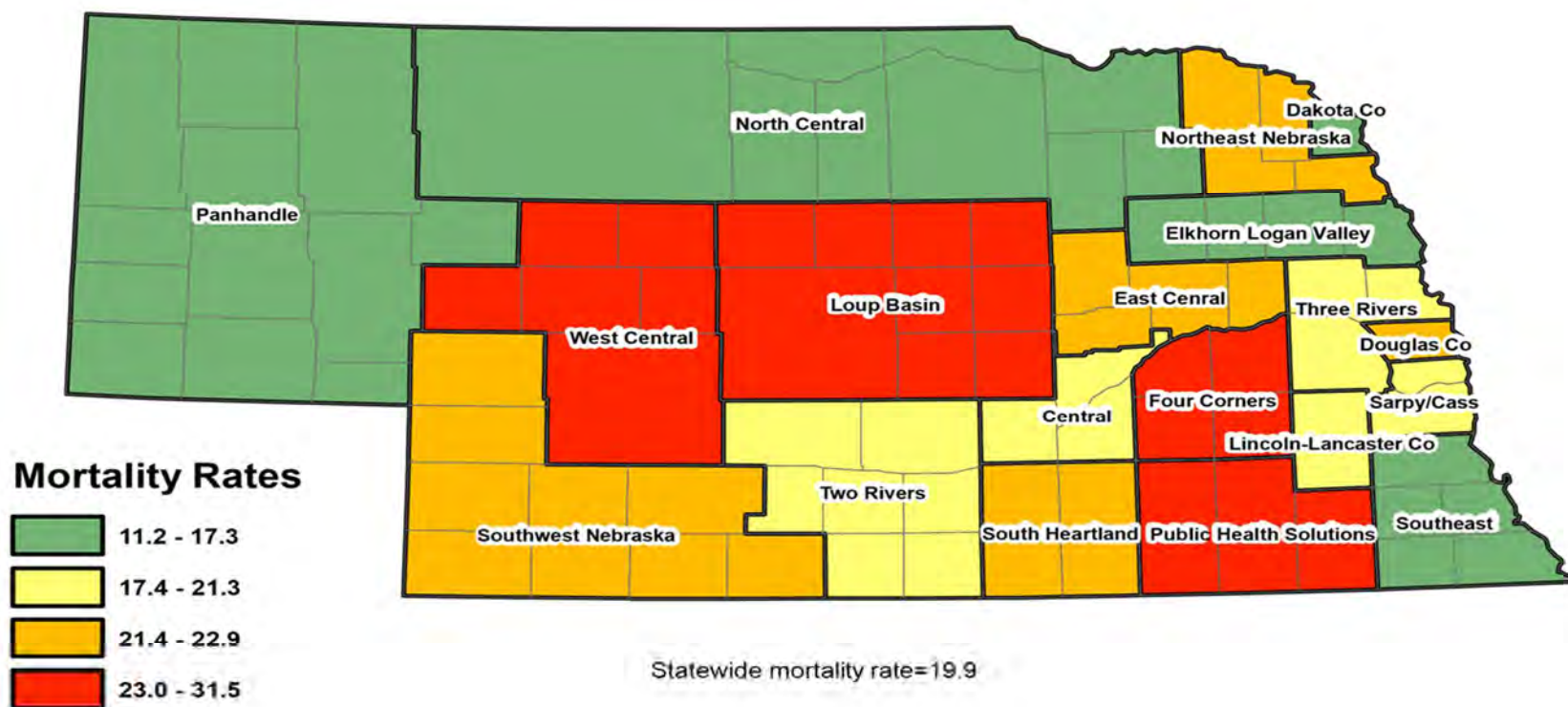
Female Breast Cancer Diagnoses in Nebraska, 2011-2015 Incidence Rates by Local Health Department Region

Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population



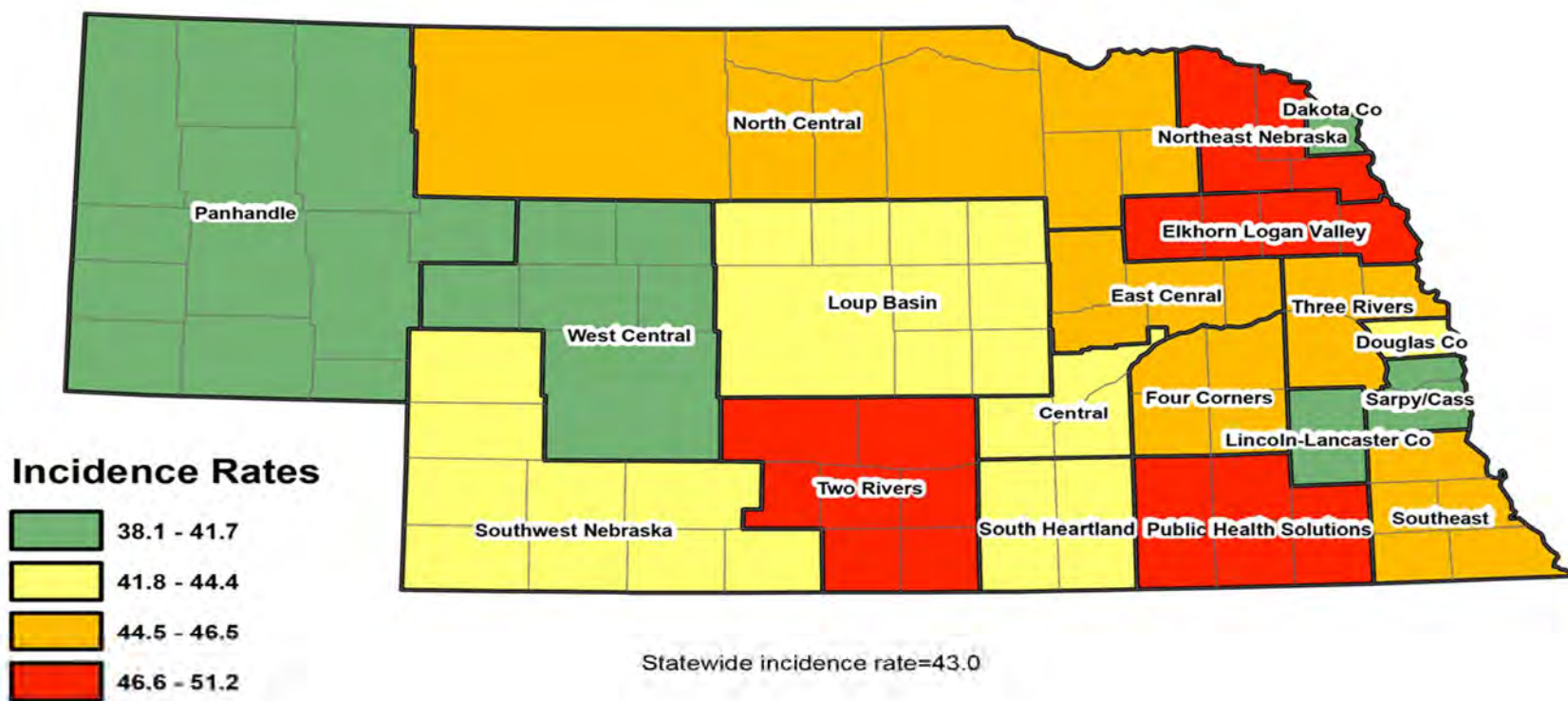
Female Breast Cancer Deaths in Nebraska, 2011-2015 Mortality Rates by Local Health Department Region

Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



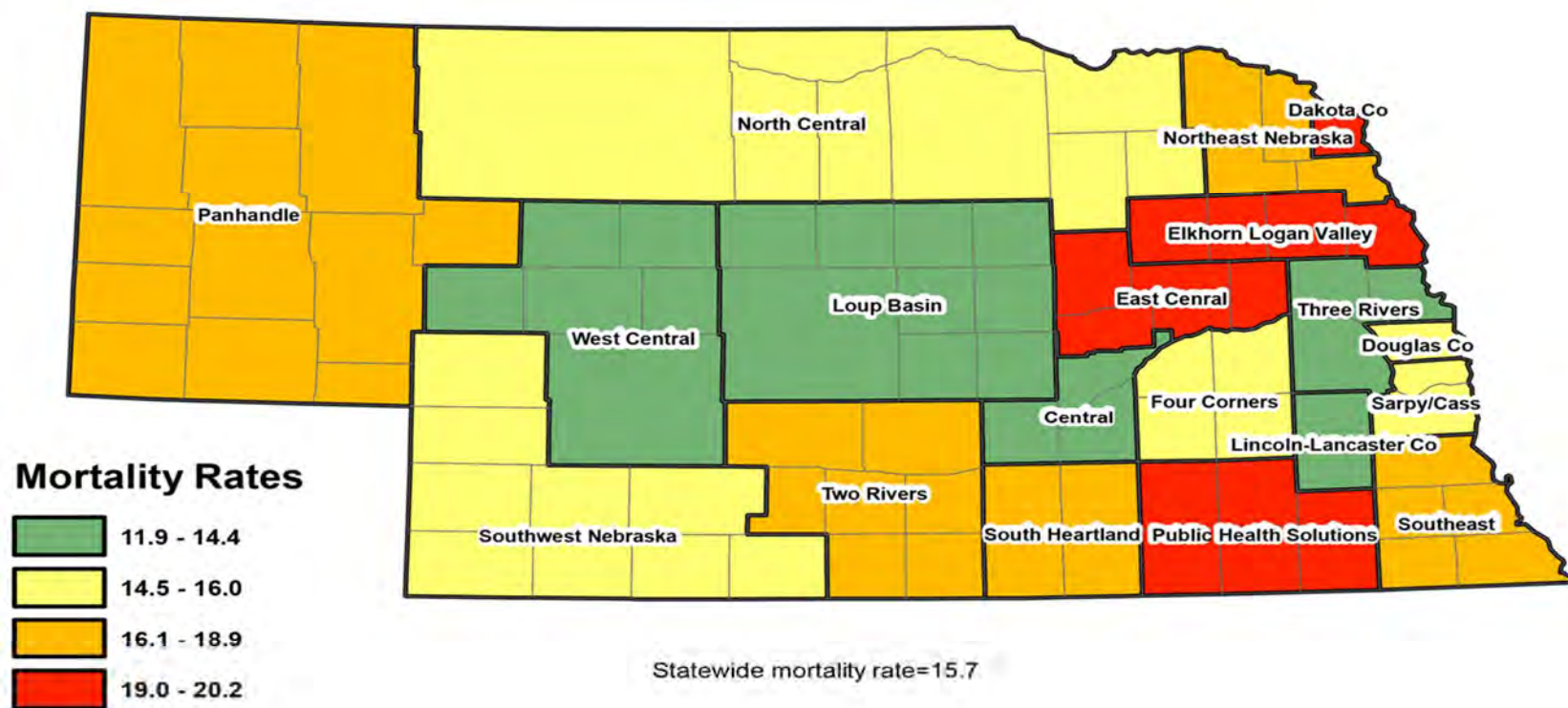
Colorectal (Colon & Rectum) Cancer Diagnoses in Nebraska, 2011-2015 Incidence Rates by Local Health Department Region

Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population



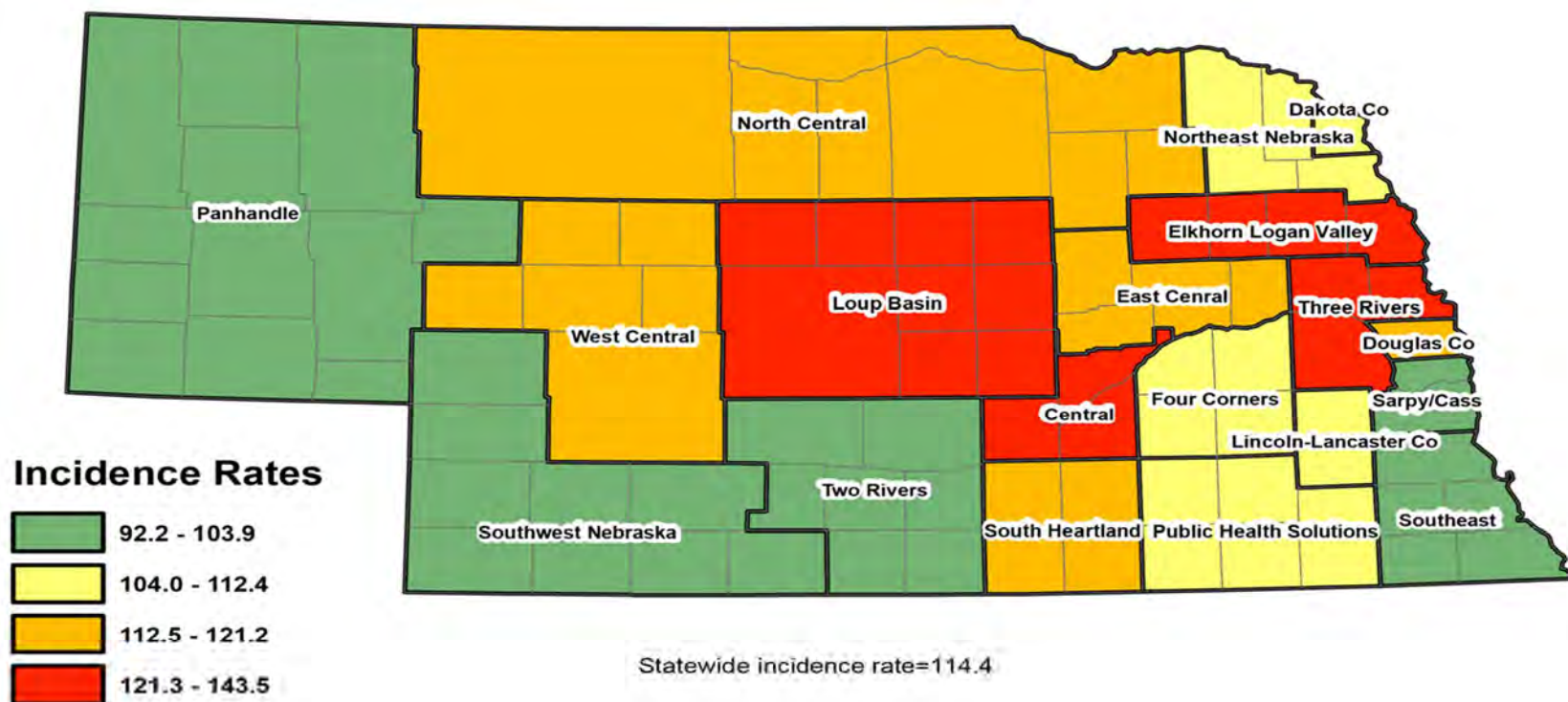
Colorectal (Colon & Rectum) Cancer Deaths in Nebraska, 2011-2015 Mortality Rates by Local Health Department Region

Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



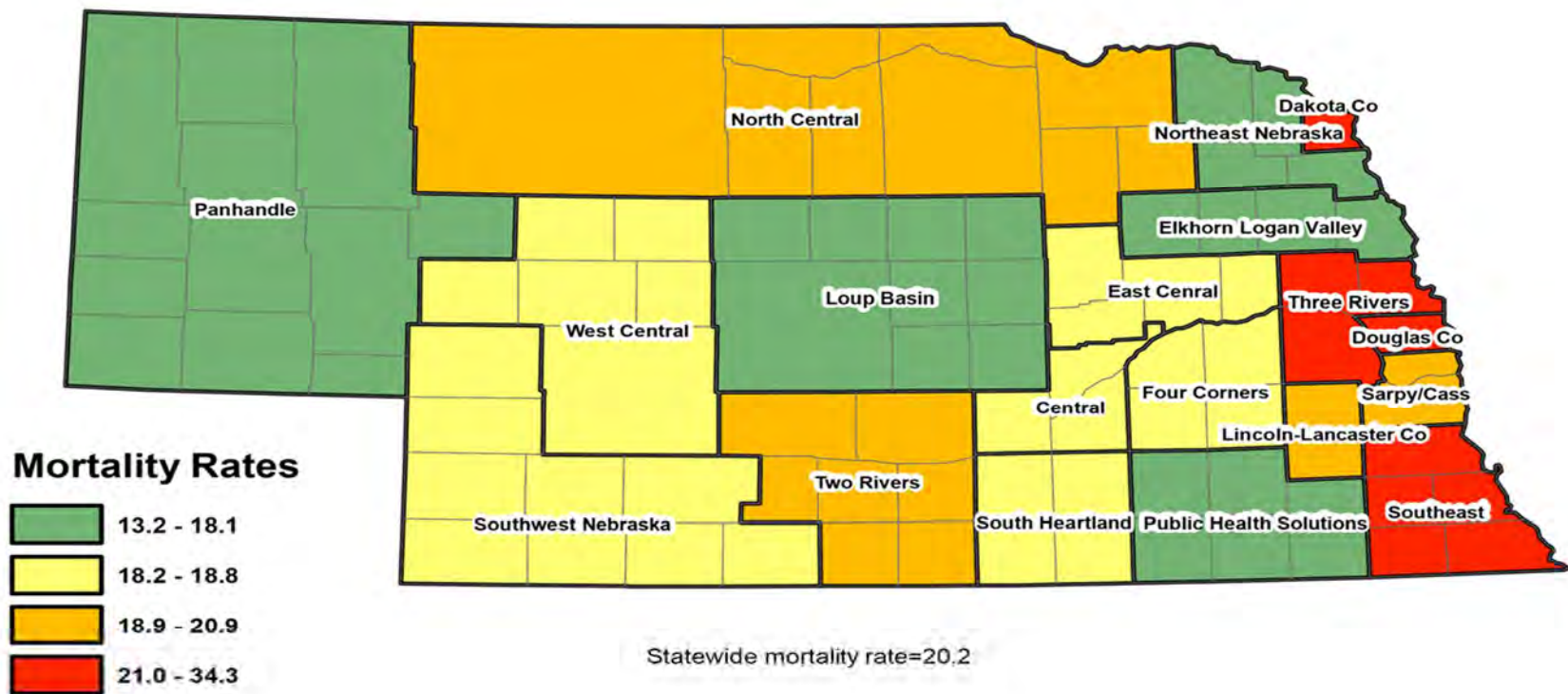
Prostate Cancer Diagnoses in Nebraska, 2011-2015 Incidence Rates by Local Health Department Region

Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population



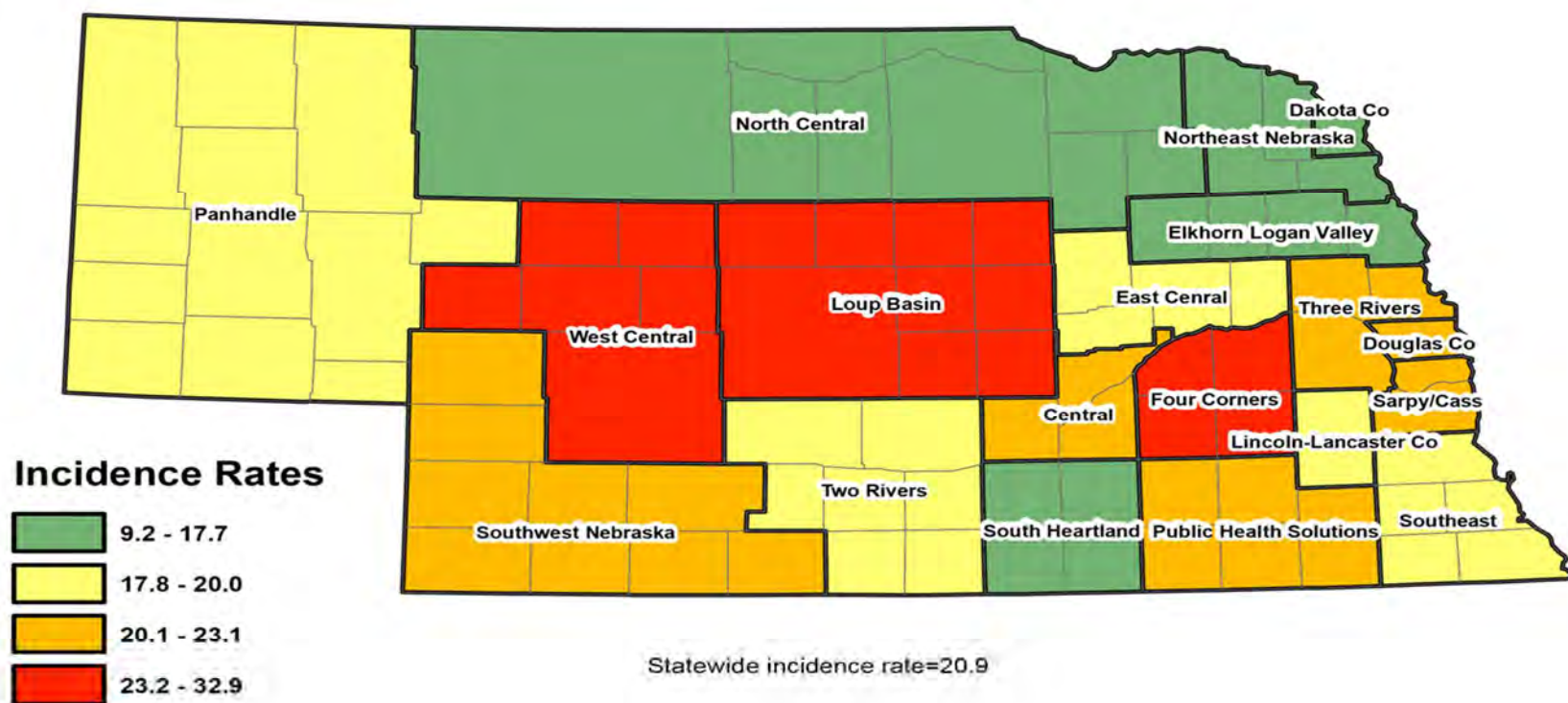
Prostate Cancer Deaths in Nebraska, 2011-2015 Mortality Rates by Local Health Department Region

Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



Urinary Bladder Cancer Diagnoses in Nebraska, 2011-2015 Incidence Rates by Local Health Department Region

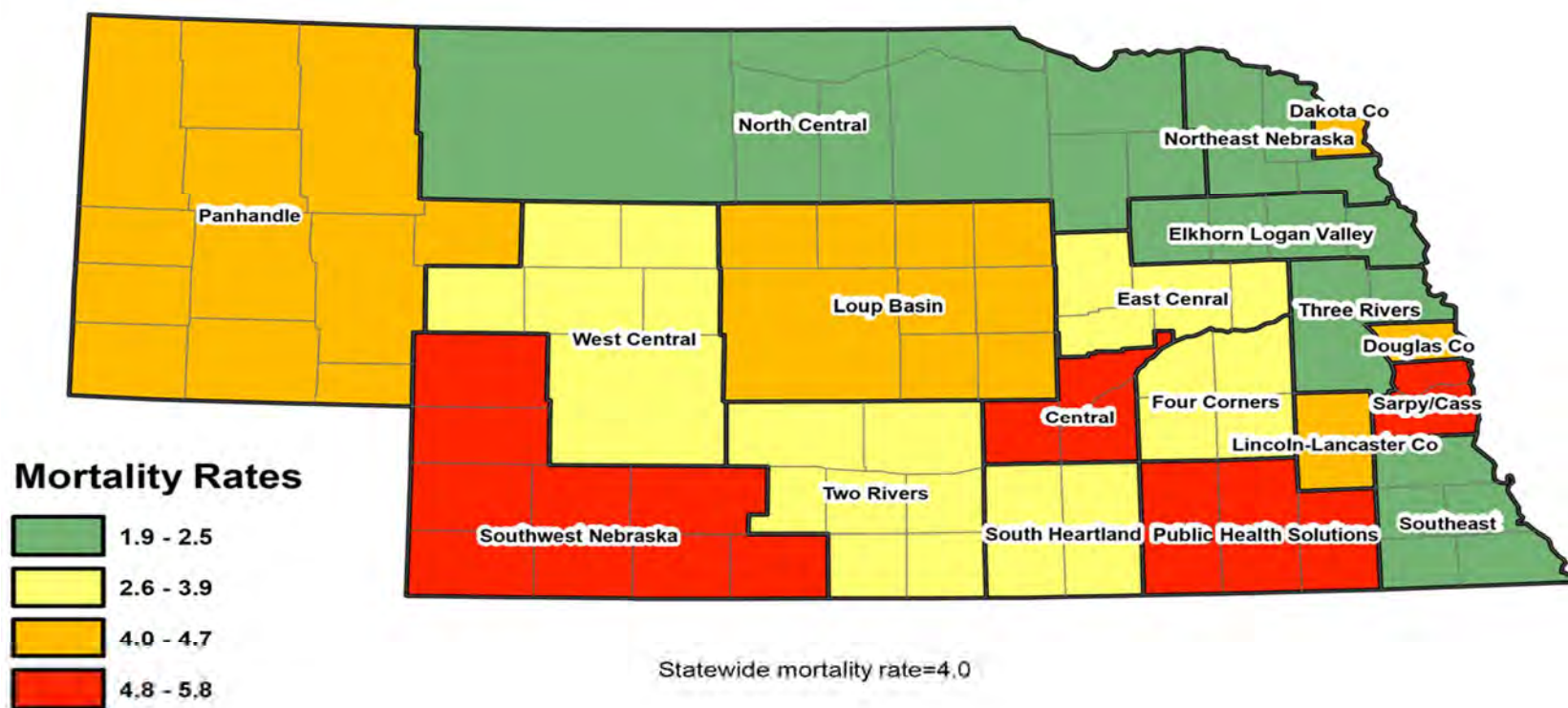
Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population



Urinary Bladder Cancer Deaths in Nebraska, 2011-2015

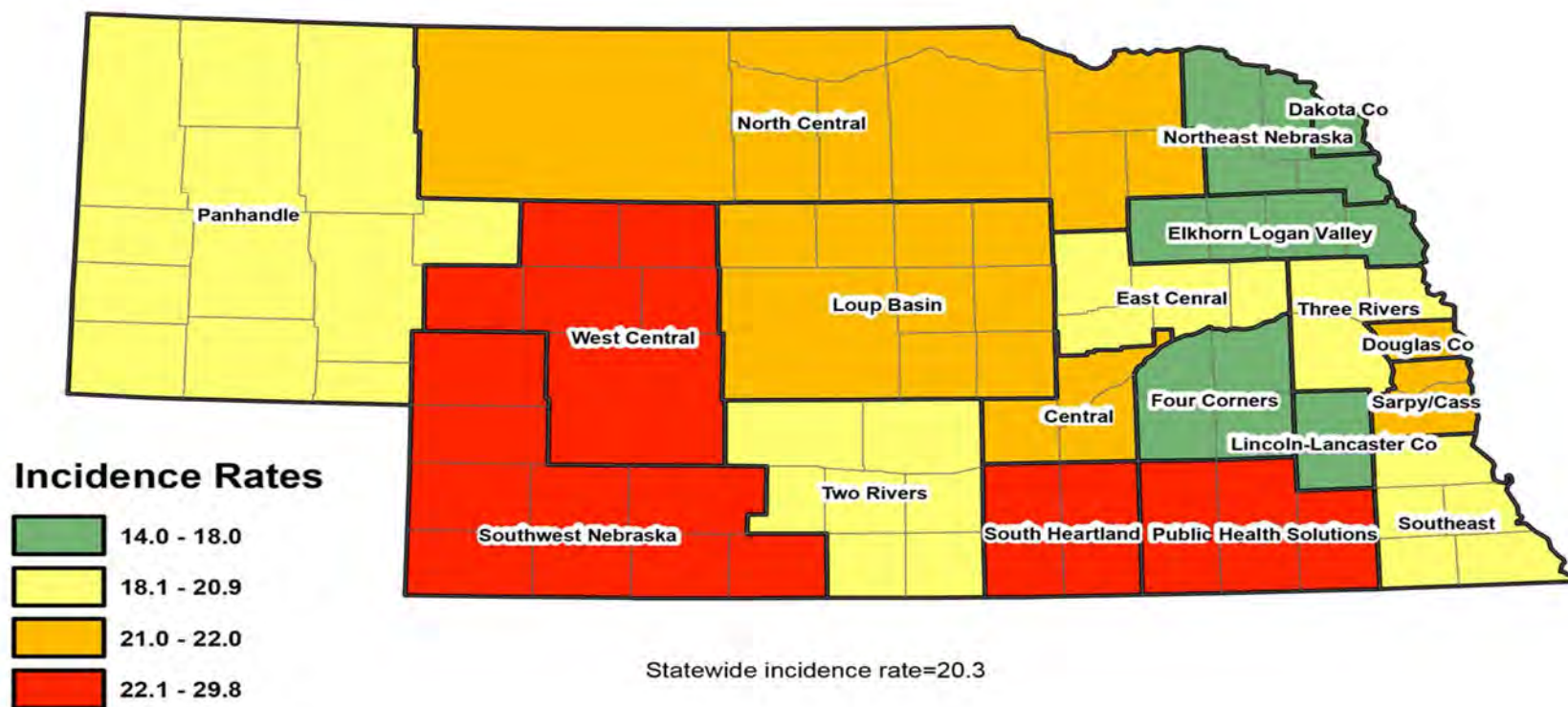
Mortality Rates by Local Health Department Region

Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population.

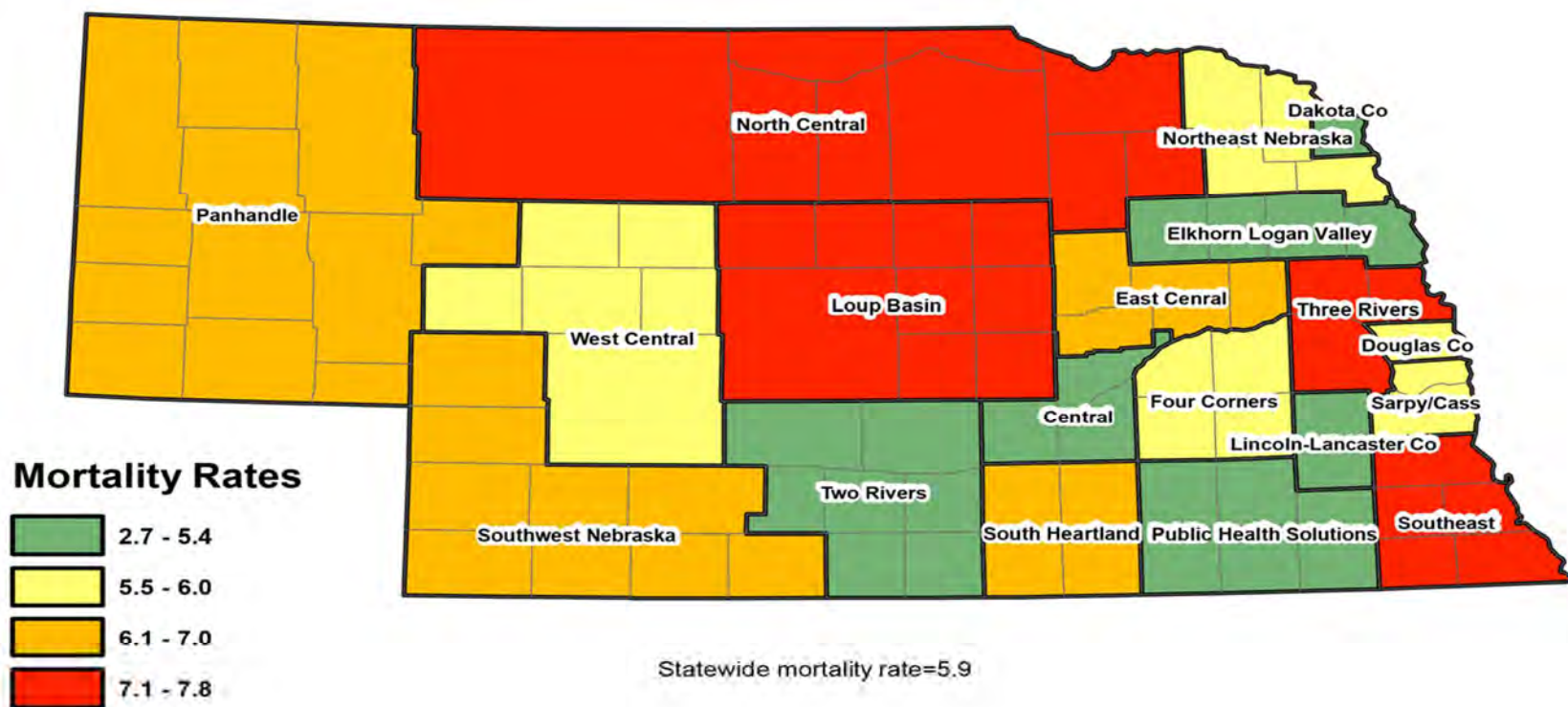
Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population.



Non-Hodgkin Lymphoma Deaths in Nebraska, 2011-2015

Mortality Rates by Local Health Department Region

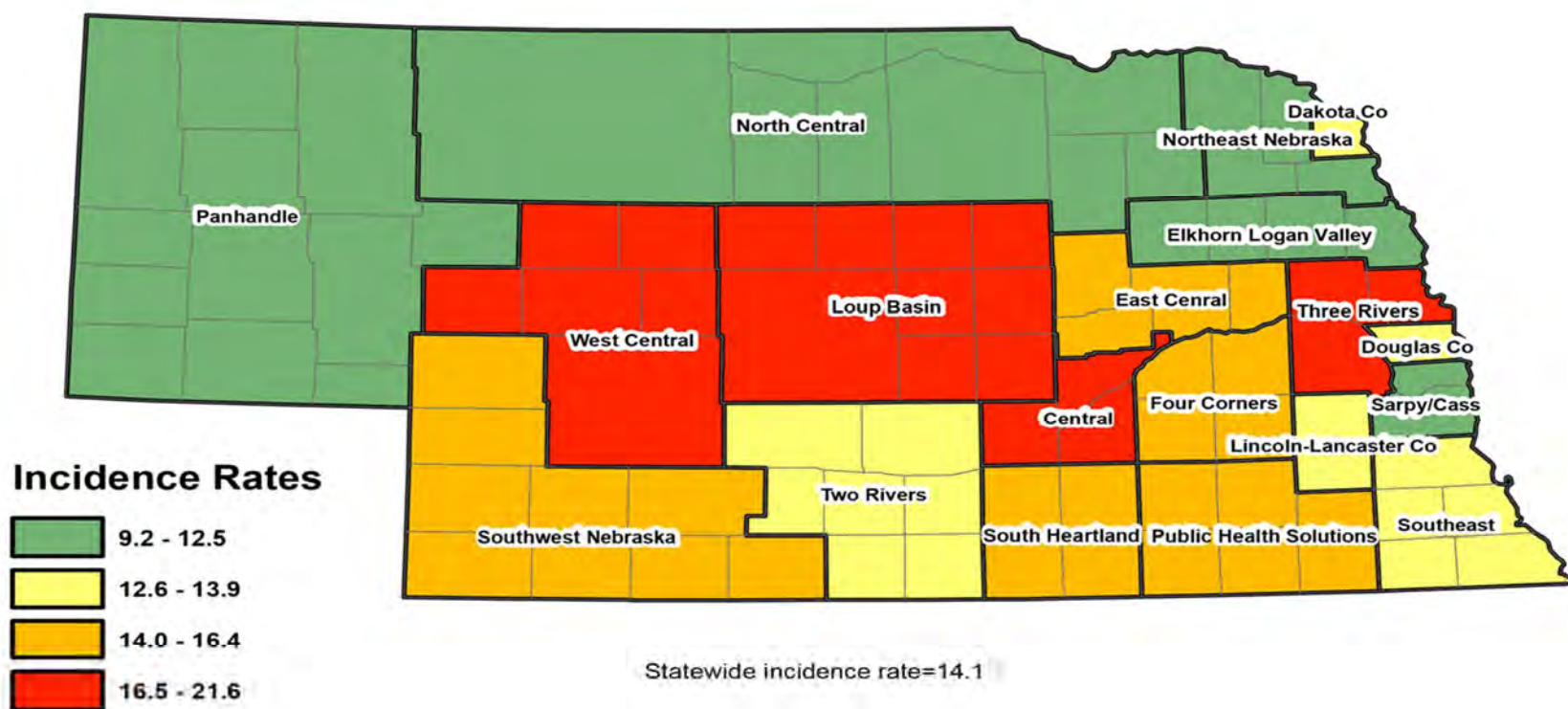
Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



Leukemia Diagnoses in Nebraska, 2011-2015

Incidence Rates by Local Health Department Region

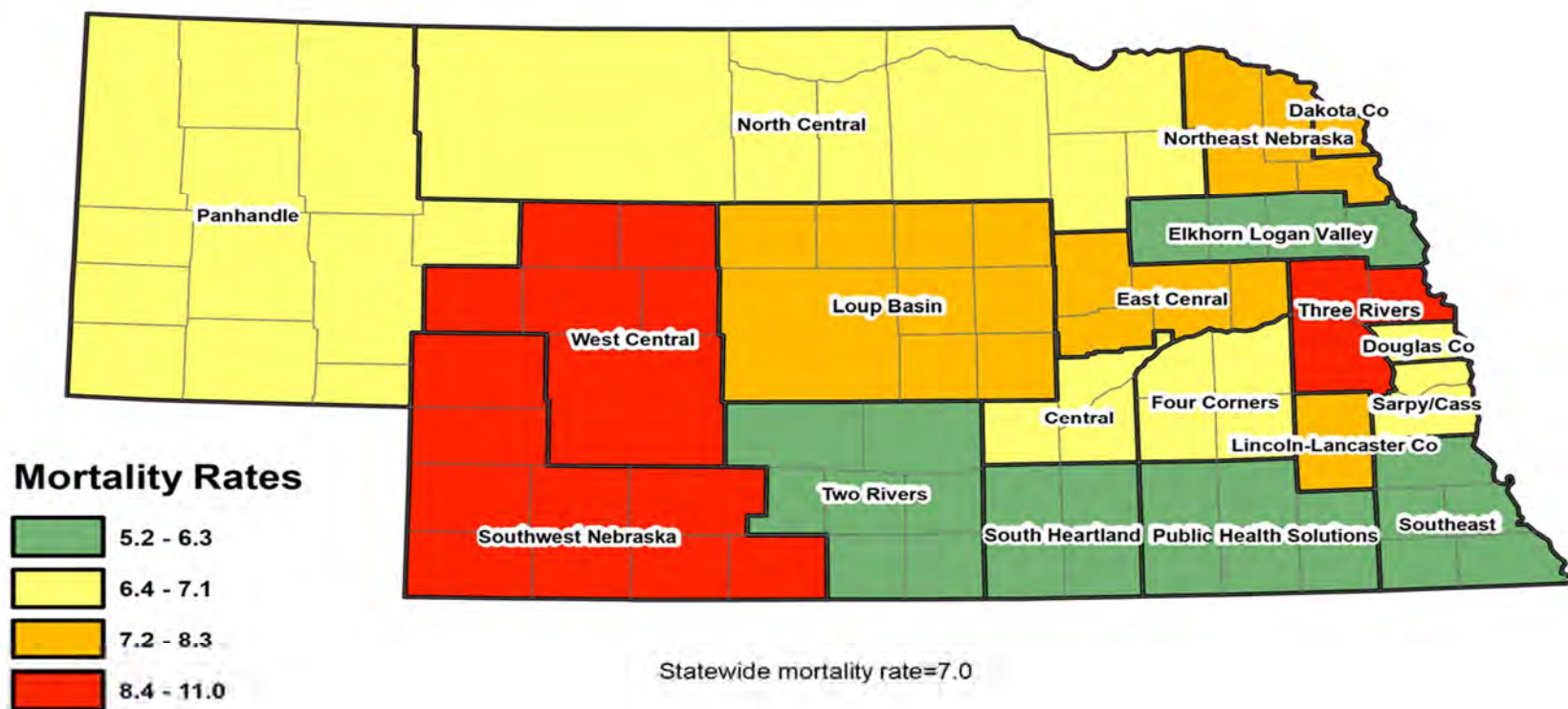
Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population



Leukemia Deaths in Nebraska, 2011-2015

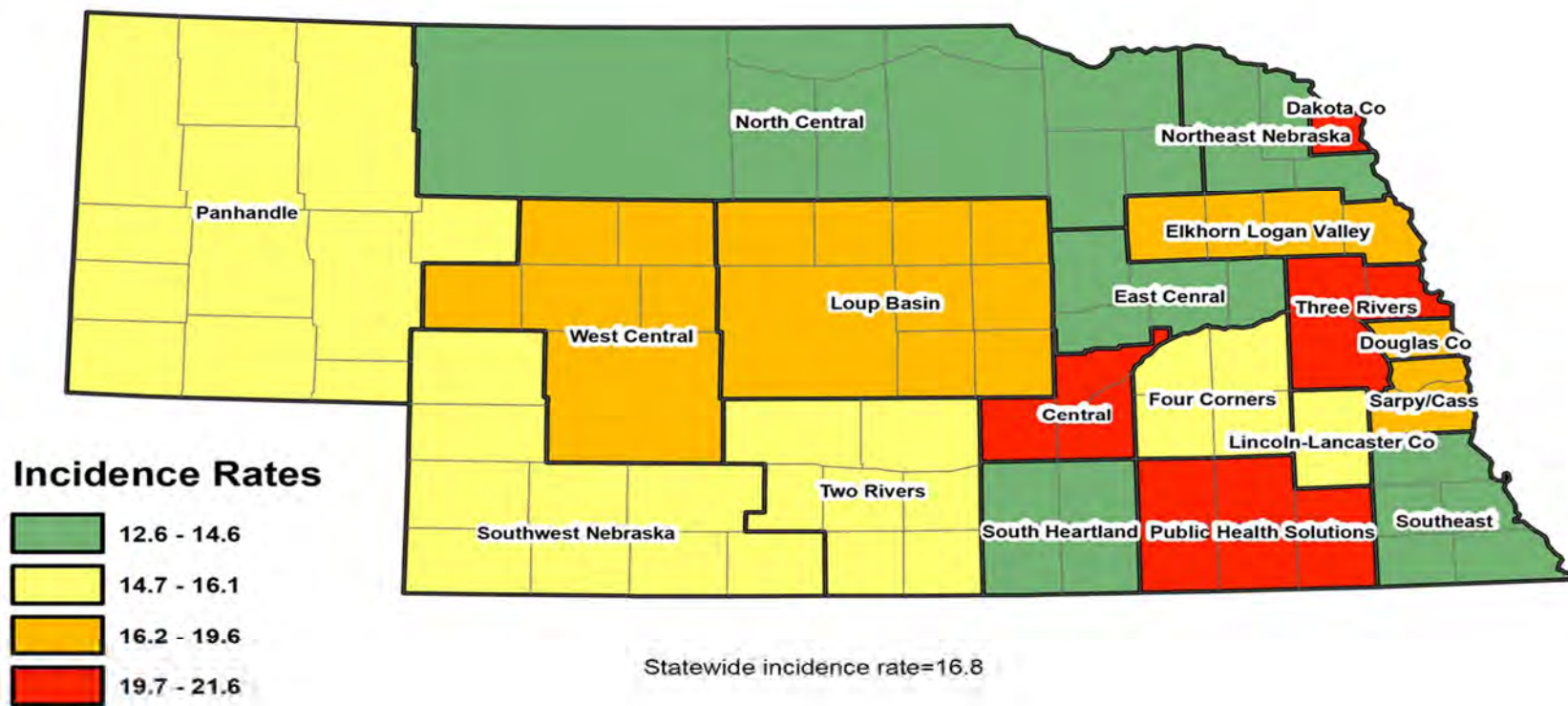
Mortality Rates by Local Health Department Region

Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



Kidney & Renal Pelvis Cancer Diagnoses in Nebraska, 2011-2015 Incidence Rates by Local Health Department Region

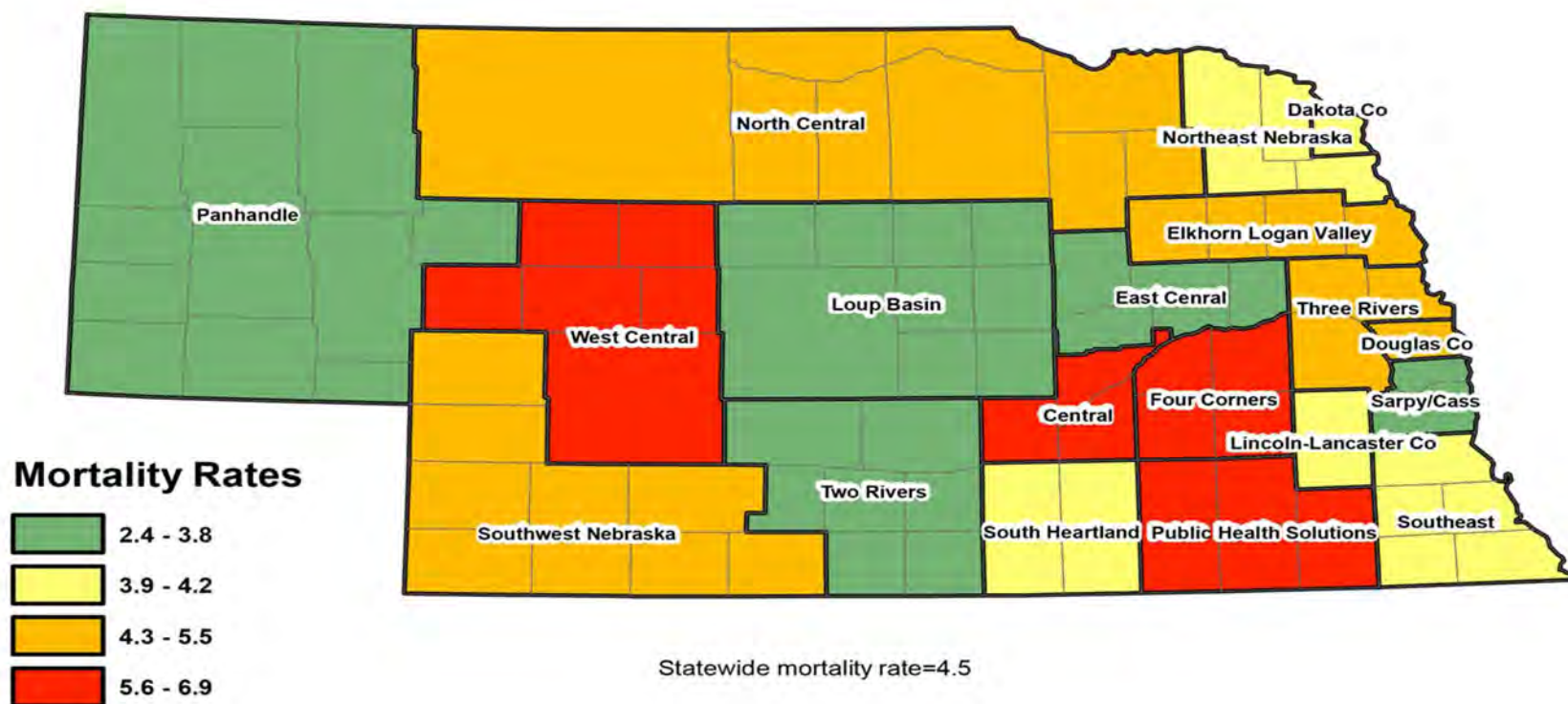
Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population



Kidney & Renal Pelvis Cancer Deaths in Nebraska, 2011-2015

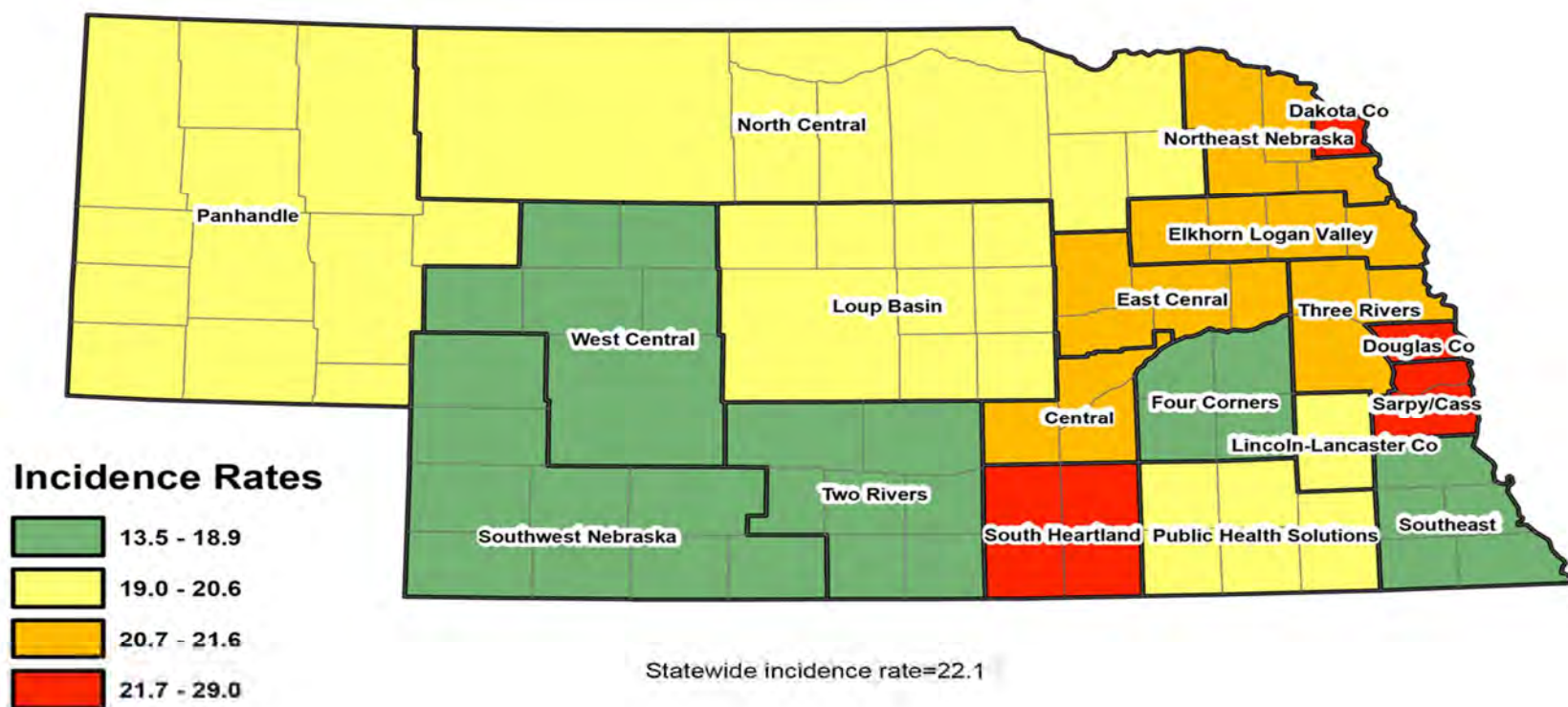
Mortality Rates by Local Health Department Region

Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



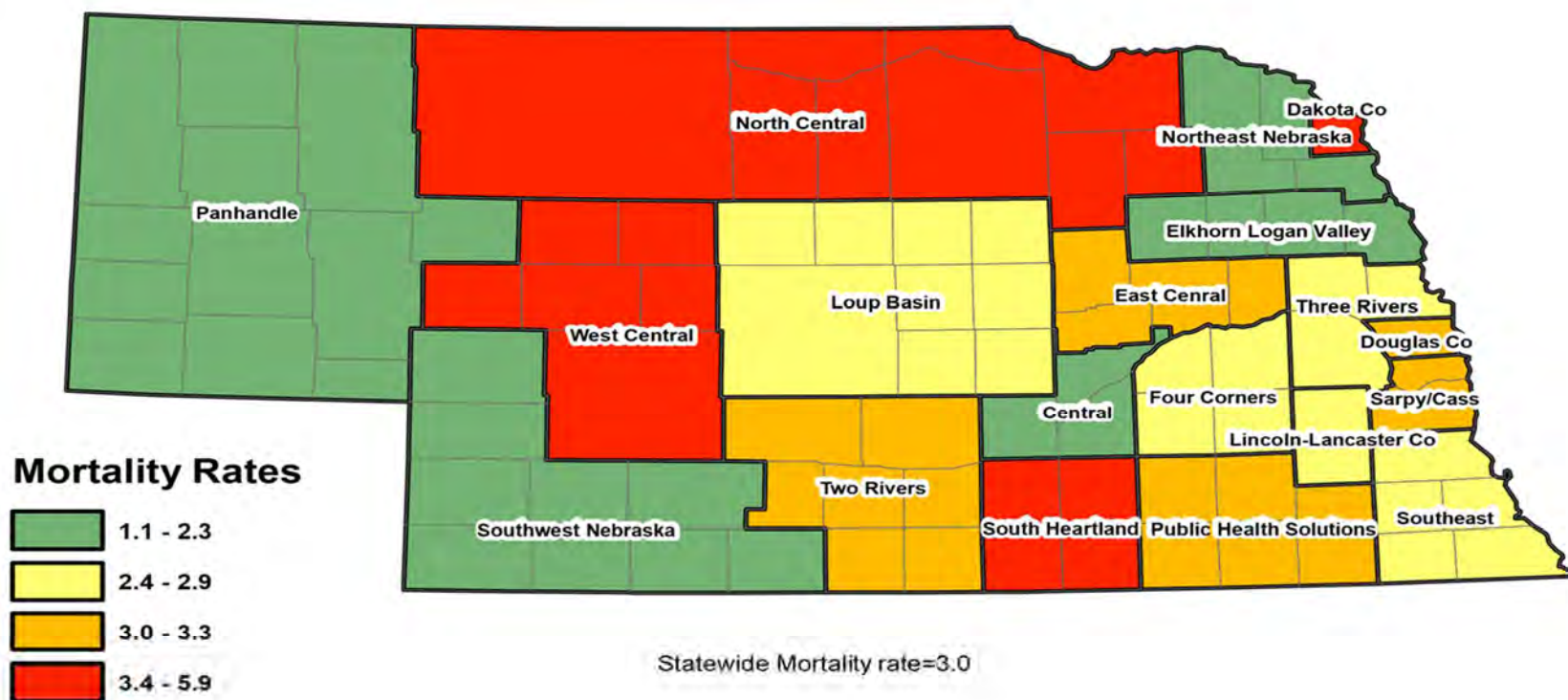
Melanoma of the Skin Cancer Diagnoses in Nebraska, 2011-2015 Incidence Rates by Local Health Department Region

Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population



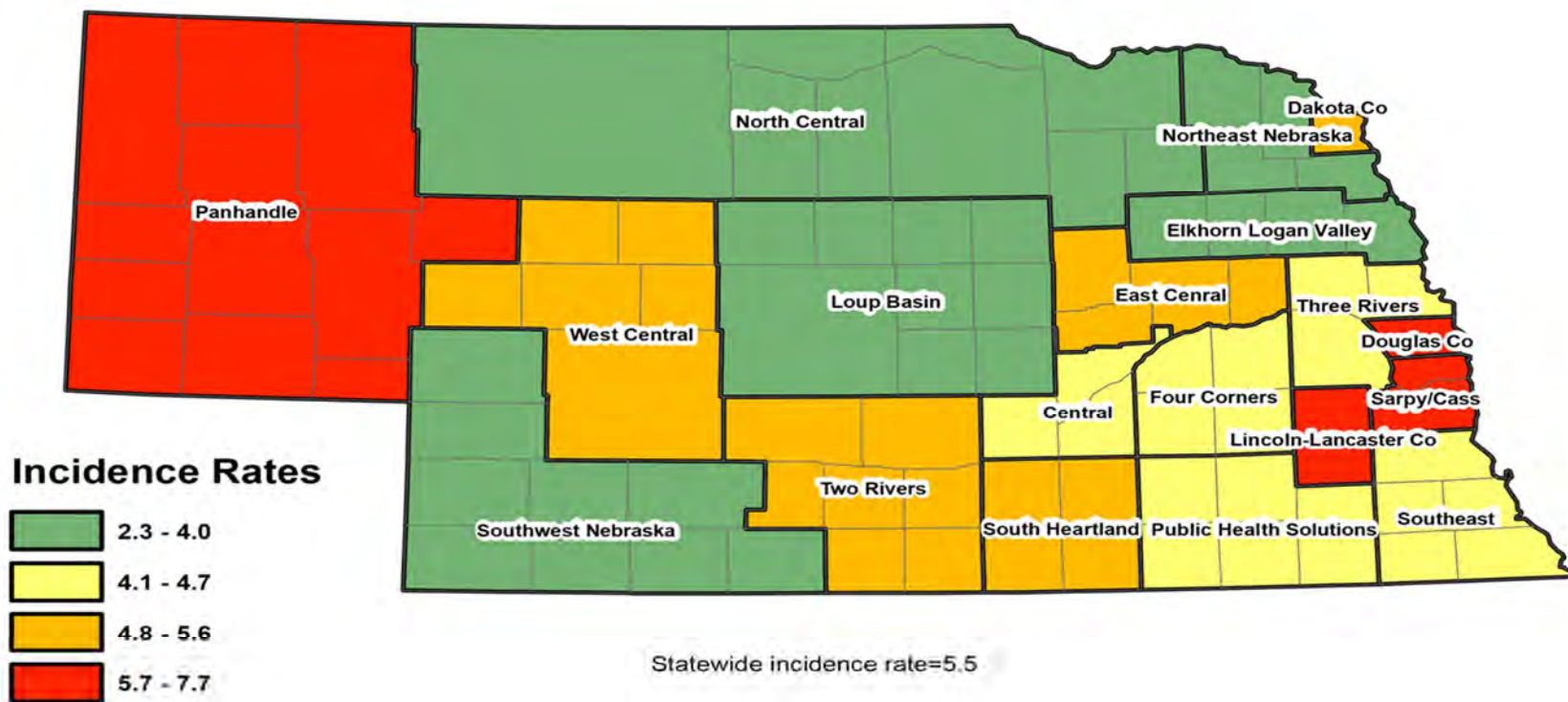
Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population

Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



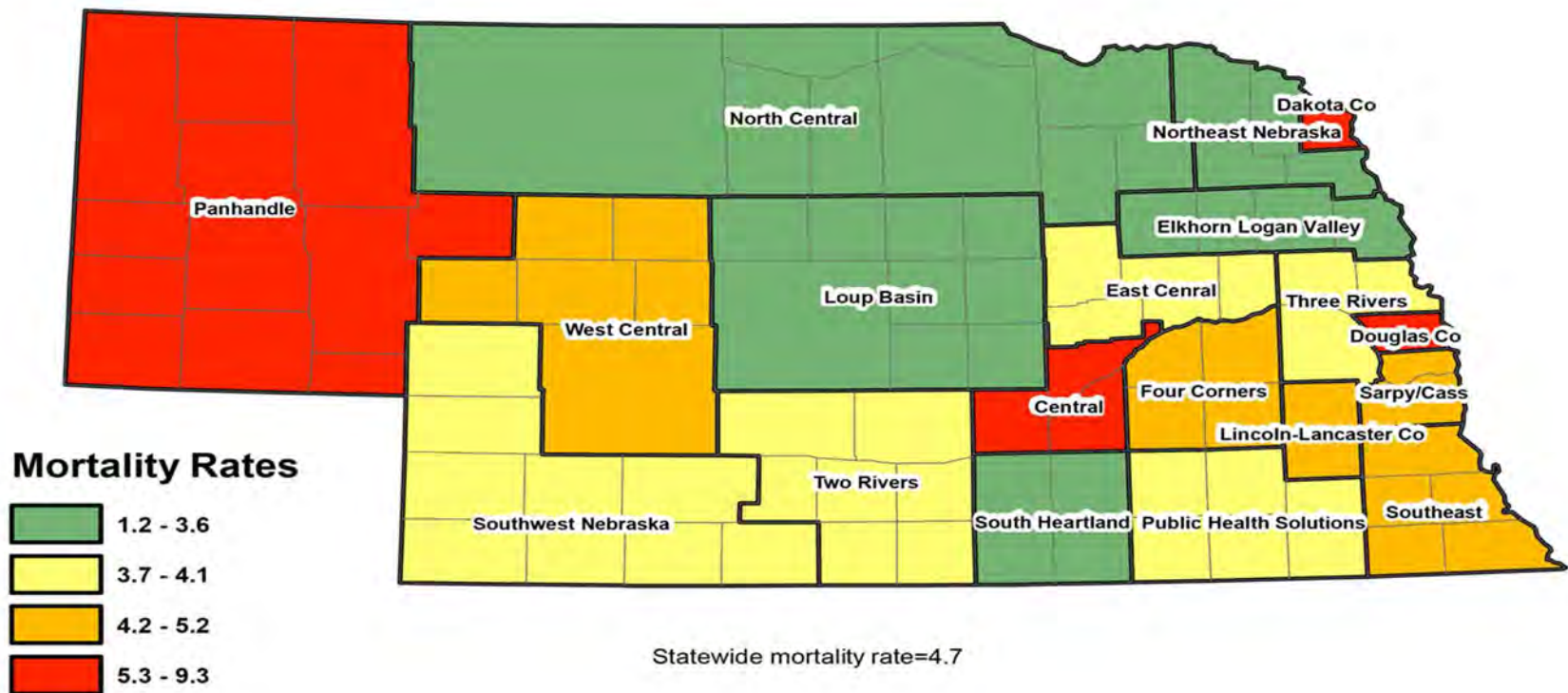
Liver & Intrahepatic Bile Ducts Cancer Diagnoses in Nebraska, 2011-2015 Incidence Rates by Local Health Department Region

Rates are expressed as the average annual number of new cases per 100,000 population and are age-adjusted to the 2000 U.S. population



Liver & Intrahepatic Bile Ducts Cancer Deaths in Nebraska, 2011-2015 Mortality Rates by Local Health Department Region

Rates are expressed as the average annual number of deaths per 100,000 population and age-adjusted to the 2000 U.S. population



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REPORTING FACILITIES

Ainsworth--Brown County Hospital
Albion--Boone County Health Center
Alliance--Box Butte General Hospital
Alma--Harlan County Health System
Atkinson--West Holt Memorial Hospital, Inc.
Auburn--Nemaha County Hospital
Aurora--Memorial Hospital
Bassett--Rock County Hospital
Beatrice--Beatrice Community Hospital & Health Center, Inc.
Benkelman--Dundy County Hospital
Blair--Memorial Community Hospital
Bridgeport--Morrill County Community Hospital
Broken Bow--Jennie Melham Memorial Medical Ctr.
Callaway--Callaway District Hospital
Cambridge--Tri Valley Health System
Central City--Litzenberg Memorial County Hospital
Chadron--Chadron Community Hospital & Health Services
Columbus--Columbus Community Hospital, Inc.
Cozad--Cozad Community Hospital
Creighton--Creighton Area Health Services
Crete--Crete Area Medical Center
David City--Butler County Health Care Center
Fairbury--Jefferson Community Health Center, Inc.
Falls City--Community Medical Center, Inc.
Franklin--Franklin County Memorial Hospital
Fremont--Fremont Area Medical Center
Friend--Warren Memorial Hospital
Geneva--Fillmore County Hospital
Genoa--Genoa Community Hospital/LTC
Gordon--Gordon Memorial Hospital District
Gothenburg--Gothenburg Memorial Hospital
Grand Island--CHI Health St. Francis
Grant--Perkins County Health Services
Hastings--Mary Lanning Memorial Hospital
Hebron--Thayer County Health Services
Henderson--Henderson Health Care Services
Holdrege--Phelps Memorial Health Center
Imperial--Chase County Community Hospital
Kearney--CHI Health Good Samaritan
Kearney--CHI Health Good Samaritan Pathology
Kimball--Kimball Health Services & Hospital
Lexington--Tri-County Area Hospital District
Lincoln--Bryan-LGH Medical Center East & West
Lincoln--CHI Health Saint Elizabeth
Lincoln--Pathology Medical Services
Lincoln--Williamsburg Radiation Center
Lincoln--CHI Health Nebraska Heart
Lincoln--UNMC College of Dentistry
Lynch--Niobrara Valley Hospital Corp.
McCook--Community Hospital
Minden--Kearney County Health Services
Nebraska City--CHI Health St. Mary's
Neligh--Antelope Memorial Hospital

Norfolk--Faith Regional Health Services East & West
North Platte--Great Plains Regional Medical Center
North Platte--Pathology Services
Oakland--Oakland Memorial Hospital
Ogallala--Ogallala Community Hospital
Omaha--CHI Health Bergan Mercy
Omaha--CHI Health Immanuel
Omaha--Children's Hospital
Omaha--VA Nebraska-Western Iowa Health Care System
Omaha--Methodist Hospital Pathology Center
Omaha--Nebraska Medical Center
Omaha--Nebraska Methodist Hospital
Omaha--CHI Health Creighton University Med. Ctr.
Omaha--Boys Town National Research Hospital
Omaha--CHI Health Lakeside
Omaha--CHI Health Bergan Mercy Pathology
Omaha--Bishop Clarkson Hospital Pathology
Omaha--Creighton Pathology Associates
Omaha--Physicians Lab
O'Neill--Avera St. Anthony's Hospital
Ord--Valley County Hospital
Osceola--Annie Jeffrey Memorial County Health Ctr.
Oshkosh--Garden County Health Services
Osmond--Osmond General Hospital
Papillion--CHI Health Midlands
Pawnee City--Pawnee County Memorial Hospital
Pender--Pender Community Hospital
Plainview--CHI Health Plainview
Red Cloud--Webster County Community Hospital
Schuyler--CHI Health Schuyler
Scottsbluff--Regional West Medical Center
Scottsbluff--Western Pathology Consultants
Seward--Memorial Hospital
Sidney--Memorial Health Center
St. Paul--Howard County Community Hospital
Superior--Brodstone Memorial Hospital
Syracuse--Community Memorial Hospital
Tecumseh--Johnson County Hospital
Tilden--Tilden Community Hospital
Valentine--Cherry County Hospital
Wahoo--Saunders County Health Services
Wayne--Providence Medical Center
West Point--St. Francis Memorial Hospital
Winnebago--USPHS Indian Hospital
York--York General Hospital

Other States:

Sioux City, IA--Mercy Medical Center


State cancer registries participating in the National Interstate Data Exchange Agreement, and the state cancer registries of Illinois, Kansas, Minnesota, Missouri, and South Dakota.

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