Cancer Incidence and Mortality in Nebraska: 2009

June, 2012

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
2009 ANNUAL REPORT

Nebraska Department of Health and Human Services

Joann Schaefer, MD
Chief Medical Officer
Director, Division of Public Health

Jenifer Roberts-Johnson, JD
Chief Administrator

Ming Qu, MEd, PhD
Administrator
Public Health Support Unit

Office of Health Statistics

Lei Zhang, MS
Administrator

Carla Becker, RHIA
Health Data Manager

Yushiuan Chen, MS
Statistical Analyst

Janis Singleton
Administrative Assistant

Research and Performance Measurement Unit

Bryan Rettig, MS
Program Analyst

Norm Nelson, MS
Statistical Analyst

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Nebraska Cancer Registry Advisory Committee Members

James Anderson, PhD
College of Public Health
University of Nebraska Medical Center

Shinobu Watanabe-Galloway, PhD
College of Public Health
University of Nebraska Medical Center

John Casey, MD
Lincoln, Nebraska

Stephen Dreyer, MD
Fremont Area Medical Center

F. William Karrer, MD
Methodist Cancer Center

Donna Keller, RHIT
Nebraska Medical Center – (Clarkson)

Nagamani Narayana, MS, DMD
University of Nebraska College of Dentistry

Daniel Lydiatt, MD
Methodist Cancer Center

Mary Meysenburg, RHIA
Nebraska Methodist Hospital

Julie Nielsen, RHIT, LPN
Nebraska Cancer Registry

Judy Gray, CTR
Consultant

Shelly Spencer, CTR
St. Elizabeth Regional Medical Center

Alan Thorson, MD, FACS
Colon and Rectal Surgery
University of Nebraska Medical Center

Nebraska Cancer Registry
Data Collection Staff

Julie Nielsen, RHIT, LPN
Coordinator

Suzanne McKinney, CTR
Tumor Registrar

Mary Lien, CTR
Quality Assurance Coordinator

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EXECUTIVE SUMMARY

The Cancer Incidence and Mortality in Nebraska annual report for 2009 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 2009, there were 8,615 diagnoses of cancer among Nebraska residents. This number is lower than the number of cancers that were diagnosed in 2008 (9,054).

- ***Cancer Incidence by Gender:*** In 2009, 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 more than half of all cancer cases diagnosed among Nebraska residents in 2009.

- ***Cancer Incidence by Age:*** During the past five years (2005-2009), almost 60% of all cancers in Nebraska occurred among people 65 years of age and older. Less than 1% were diagnosed among children and adolescents (less than 18 years of age). The average age at diagnosis was 66.0 years of age.

- ***Cancer Incidence by Site:*** During the past five years (2005-2009), cancers of the liver, lung, and stomach were diagnosed significantly less often among Nebraska residents when compared to the rest of the U.S., while Hodgkin lymphoma, leukemia, and colorectal cancer were diagnosed significantly more often.

- ***Cancer Incidence by Race:*** During the past decade (2000-2009), African-Americans in Nebraska were significantly more likely to be diagnosed with cancers of the lung, prostate, stomach and liver than were whites. Liver cancer diagnoses were also significantly more frequent among Native Americans, Asian/Pacific Islanders, and Hispanics compared to whites. Native Americans were also more likely to be diagnosed with kidney cancer and Hispanics with stomach cancer, when compared with whites.

- ***Overall Cancer Mortality:*** In 2009, 3,336 Nebraska residents died from cancer, which is a slight decrease from the 2008 cancer death total of 3,377. This is the first year that cancer has surpassed heart disease as Nebraska's leading cause of death, although it first occurred among Nebraska men in 2006.

- ***Cancer Mortality by Site:*** During the past five years (2005-2009), deaths from cancers of the stomach, liver, lung, female breast and cervix occurred significantly less often among Nebraska residents when compared to the rest of the U.S., while deaths from colorectal cancer and cancers of the brain and central nervous system occurred significantly more often. Lung cancer was the leading cause of cancer mortality in Nebraska in 2009, accounting for more than

25% of all cancer deaths, followed by colorectal cancer. During the past two decades, the annual rates of female breast and prostate cancer deaths in Nebraska have both declined significantly, by about 40% for breast cancer and 25% for prostate cancer. Both of these trends closely follow national trends.

- ***Cancer Incidence by County:*** Below are the Nebraska counties where cancer incidence during 2005-2009 was significantly different (p<.01) from the state:

Significantly lower ▼		*Significantly higher ▲*	
County	*Primary Sites*	*County*	*Primary Sites*
Butler	Lung & bronchus	Boone	Prostate
Buffalo	Melanoma	Dodge	Prostate, melanoma
Cedar	Lung & bronchus	Douglas	Lung & bronchus
Clay	Female breast	Lancaster	Thyroid
Cuming	Lung & bronchus		
Dawes	Lung & bronchus		
Dawson	Lung & bronchus, Non-Hodgkin lymphoma		
Gage	Prostate		
Hall	Melanoma		
Jefferson	Female breast, prostate		
Keith	Lung & bronchus		
Nuckolls	Lung & bronchus		
Otoe	Prostate		
Perkins	Female breast		
Seward	Prostate		
Scotts Bluff	Lung & bronchus		
Sheridan	Lung & bronchus		
Stanton	Female breast, lung & bronchus, prostate		
Wayne	Lung & bronchus		
York	Lung & bronchus		

- ***Cancer Mortality by County:*** Below are the Nebraska counties where cancer mortality during 2005-2009 was significantly different (p<.01) from the state:

Significantly lower ▼		*Significantly higher ▲*	
County	*Primary Sites*	*County*	*Primary Sites*
Dawes	Lung & bronchus	None	
Stanton	Lung & bronchus		

- ***Annual Report Special Topic:*** The special topic for the 2009 cancer report is thyroid cancer. Thyroid cancer accounted for 1,125 cases among Nebraska residents between 2005 and 2009. Thyroid cancer has been occurring with increasing frequency in recent years; since 2000, annual incidence rates for Nebraska and the U.S. have doubled. Fortunately, most thyroid tumors grow very slowly and are rarely fatal. As a result, Nebraska recorded just 38 thyroid cancer deaths between 2005 and 2009.

INTRODUCTION

This publication represents the 23rd 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 cover cancer diagnoses and cancer deaths that occurred between January 1, 2009 and December 31, 2009, as well as during the past five years (January 1, 2005-December 31, 2009).

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). However, registry data are collected and edited by the Nebraska Methodist Hospital of Omaha, under contract to the Nebraska Medical Foundation. Analysis of registry data and preparation of the annual statistical report are the responsibility of DHHS.

The purpose of the registry is to gather data that describe how many Nebraska residents are diagnosed with cancer, what types of cancer they have, what type of treatment they receive, and the time and quality of survival after diagnosis. These data are put to a variety of uses both inside and outside of DHHS. Within the agency, they are monitored closely from year to year to determine trends that are developing, and to see how Nebraska's cancer experience compares to the rest of the nation. They are indispensable for investigating reports of possible cancer clusters. DHHS also uses these data to help plan and evaluate cancer control programs within the agency. Outside of DHHS, the registry has furnished information to many individuals, institutions, and organizations, such as the North American Association of Central Cancer Registries, the University of Nebraska Medical Center, the National Cancer Institute, the American Cancer Society (ACS), and CDC. The NCR also contributes its data to several national cancer incidence databases, which are listed on page 5.

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: 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 malignant 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; and histological type (also classified according to the ICD-O-3). Follow-up information is gathered periodically on registered cases, and includes the date of last contact with the patient, status of disease, type of additional treatment, quality of survival; and, if death has occurred, the date and cause of death and the status of the cancer at the time of death. The registry collects this information from every hospital in the state, excluding facilities operated by the U.S. Department of Veterans Affairs. The registry also includes Nebraska residents who are diagnosed with and/or treated for cancer out of state, as well as cases diagnosed and/or treated at pathology laboratories, radiation therapy sites, outpatient surgery facilities, physicians' offices, and cases identified from death certificates.

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 are 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).

All of the U.S. cancer incidence data presented in this report were prepared by the CDC's National Program of Cancer Registries (NPCR). NPCR supports central cancer registries in 45 states, the District of Columbia, and several U.S. territories, and compiles the data collected by these registries to calculate estimates of U.S. cancer incidence. The mortality data presented in this report were compiled by the National Center for Health Statistics and include all cancer deaths occurring in the United States. Incidence data from NPCR and mortality data from NCHS are available through 2009.

Confidentiality

All data obtained by the NCR from the medical records of individual patients are 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 will 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 great success. For 14 consecutive years (1995-2008), the NCR has met all of the criteria necessary to earn the Gold Standard of data quality awarded by the North American Association of Central Cancer Registries (NAACCR). 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%. Lastly, 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 now 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* (http://apps.nccd.cdc.gov/uscs)

3) *Cancer Facts & Figures 2010* (http://www.cancer.org/docroot/stt/stt_0.asp)

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 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 U.S. 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 malignant 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.

Malignant
Tumors diagnosed as malignant 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. Malignant tumors are subdivided into three categories:

> Localized--A localized malignant tumor has not spread beyond the organ where it started.
>
> Regional--A regional malignant 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 malignant 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 the vintage 2009 population estimates developed by the U.S. Census Bureau. Rates for multiple years (2005-2009) (see Tables 1, 2, 5, 6, 9-20) were calculated using population estimates for the years 2005-2009 combined, while rates for 2000-2009 (see Tables 3 and 7) were calculated using population estimates for the years 2000-2009 combined. Incidence and mortality 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 January 13, 2012. However, because some cases diagnosed during or even before 2009 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 January 13, 2012; Nebraska data available on the CDC/NPCR website include cases that were reported through November 1, 2011.

With the exception of bladder cancer, all of the site-specific incidence rates in this report were calculated with malignant 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 malignant 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. Rates based on five or fewer events are not presented due to their unreliability. Also, the number of cases for any county with five or fewer cases in a single year is not shown in order to reduce the possibility of identifying a specific person.

To evaluate the statistical significance of the differences between rates, 95% confidence intervals for rates were calculated using the formula $CI = r \pm (RC \times SE)$, where CI = confidence interval, r = rate, RC = 1.96, 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 intersect.

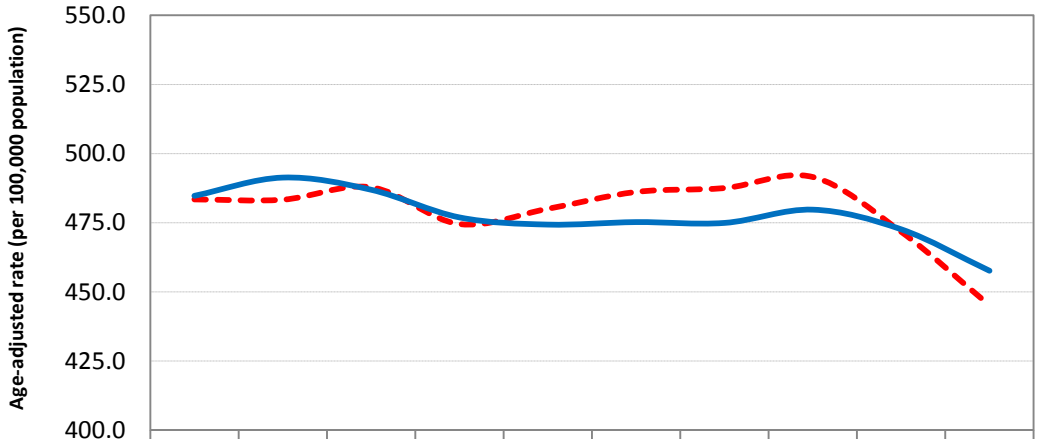
CANCER INCIDENCE IN NEBRASKA

The Nebraska Cancer Registry recorded 8,615 diagnoses of cancer among Nebraska residents in 2009, and this number translates into a statewide annual incidence rate of 445.1 cases per 100,000 population. By primary site, cancers of the lung, breast, prostate, colon and rectum occurred most frequently, accounting for more than half (51.0%) of all diagnoses. The number of cancer diagnoses for 2009 is lower than the 2008 number (9,054), but recent registry experience suggests that as the registry continues to find cases, the final count for 2009 will probably increase by 100 to 500 cases.

Table 1 presents the number and rate of cancers diagnosed among Nebraska residents during 2009 and 2005-2009, for all sites combined and for cancers of specific sites. The most current estimates of U.S. cancer incidence, which cover the years 2005-2009, 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, lung, and liver (Nebraska rates lower than the U.S.) and for Hodgkin lymphoma, leukemia, and colorectal cancer (Nebraska rates higher than the U.S.). Table 2 presents the number of cancers diagnosed in Nebraska during 2005-2009 by age at diagnosis. Table 3 presents Nebraska incidence data by race and ethnicity for the years 2000-2009. Table 4 presents the number of cancers diagnosed and incidence rates for 2009 and 2005-2009 by county of residence, with comparable Nebraska and U.S. rates included. The graph below presents the annual incidence rates for all cancers for Nebraska and the United States since 2000.

Cancer (All Sites)

Incidence Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	483.4	483.3	487.8	474.5	480.0	486.1	487.5	491.5	471.7	445.1
U.S.	484.7	491.3	486.9	476.9	474.3	475.2	474.9	479.7	472.6	457.6

TABLE 1: Cancer Incidence
Number of Cases and Rates, by Selected Primary Site and Gender
Nebraska (2009 and 2005-2009) & U.S. (2005-2009)

Site	NEBRASKA 2009						NEBRASKA 2005-2009						U.S. 2005-2009		
	Male		Female		Total		Male		Female		Total		Male	Female	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate
All Sites	4,360	495.2	4,255	413.3	8,615	445.1	23,234	547.3	21,815	426.8	45,051	476.1	550.1	417.8	472.2
Oral Cavity & Pharynx	156	17.1	53	4.9	209	10.6	726	16.5	330	6.3	1,056	11.1	16.4	6.2	10.9
Esophagus	75	8.4	23	2.1	98	5.0	368	8.5	100	1.8	468	4.9	8.7	1.9	5.0
Stomach	70	8.0	29	2.7	99	4.9	329	7.8	171	3.2	500	5.2	9.3	4.6	6.7
Colon & Rectum (Colorectal)	467	53.9	450	40.9	917	46.5	2,644	62.9	2,547	46.2	5,191	53.8	53.8	40.2	46.2
Liver & Intrahepatic Bile Duct	70	7.6	22	2.2	92	4.7	316	7.2	123	2.4	439	4.6	10.2	3.4	6.6
Pancreas	108	12.0	117	10.7	225	11.4	566	13.4	570	10.4	1,136	11.8	13.6	10.5	11.9
Lung & Bronchus	603	70.3	501	46.8	1,104	56.7	3,269	78.3	2,703	51.8	5,974	63.1	83.5	56.1	67.7
Melanoma of the Skin	190	22.3	150	16.1	340	18.5	932	22.0	723	15.3	1,655	18.0	24.2	15.5	19.1
Breast	11	1.3	1,235	122.8	1,246	65.4	39	0.9	6,204	124.7	6,243	66.6	1.4	121.9	66.0
Uterine Cervix	---	---	70	8.4	---	---	---	---	306	7.2	---	---	---	8.1	---

TABLE 1 (continued): Cancer Incidence

Site	NEBRASKA 2009						NEBRASKA 2005-2009						U.S. 2005-2009		
	Male		Female		Total		Male		Female		Total		Male	Female	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate
Uterine Corpus & Unspecified	---	---	285	27.7	---	---	---	---	1,317	26.0	---	---	---	24.3	---
Ovary	---	---	102	9.9	---	---	---	---	600	11.7	---	---	---	12.5	---
Prostate	1,120	123.2	---	---	---	---	6,508	151.0	---	---	---	---	151.4	---	---
Kidney & Renal Pelvis	214	23.6	118	11.3	332	17.1	950	21.8	618	12.2	1,568	16.6	21.2	11.1	15.7
Urinary Bladder	262	31.1	99	9.1	361	18.7	1,470	35.8	496	8.9	1,966	20.4	37.2	9.3	21.1
Brain & Other Nervous System	74	8.6	57	5.7	131	7.0	346	8.1	318	6.6	664	7.3	7.9	5.7	6.7
Thyroid	55	5.9	204	22.6	259	14.2	255	5.9	870	19.4	1,125	12.7	5.9	17.3	11.7
Hodgkin Lymphoma	35	4.1	32	3.3	67	3.7	166	3.8	140	3.1	306	3.5	3.2	2.5	2.8
Non-Hodgkin Lymphoma	208	24.0	186	17.5	394	20.3	1,013	24.1	933	17.7	1,946	20.6	23.2	16.1	19.3
Myeloma	61	7.3	58	5.3	119	6.1	305	7.3	231	4.4	536	5.6	7.2	4.7	5.8
Leukemia	129	14.8	98	9.2	227	11.6	750	17.8	580	11.0	1,330	14.0	16.0	9.7	12.4

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

TABLE 2: Cancer Incidence
Number of Cases and Percentage Distribution, by Selected Primary Site and Age at Diagnosis
Nebraska (2005-2009)

	0-17 Yrs.		18-44 Yrs.		45-64 Yrs.		65+ Yrs		TOTAL	
	Number	%	Number	%	Number	%	Number	%	Number	%
All Sites	362	0.8	3,284	7.3	15,466	34.3	25,939	57.6	45,051	100.0
Oral Cavity & Pharynx	4	0.4	83	7.9	469	44.4	500	47.3	1,056	100.0
Esophagus	0	0.0	12	2.6	175	37.4	281	60.0	468	100.0
Stomach	1	0.2	28	5.6	152	30.4	319	63.8	500	100.0
Colon & Rectum (Colorectal)	2	0.0	206	4.0	1,420	27.4	3,563	68.6	5,191	100.0
Liver & Intrahepatic Bile Duct	5	1.1	21	4.8	176	40.1	237	54.0	439	100.0
Pancreas	0	0.0	11	1.0	315	27.7	810	71.3	1,136	100.0
Lung & Bronchus	2	0.0	94	1.6	1,723	28.8	4,155	69.6	5,974	100.0
Melanoma of the Skin	6	0.4	337	20.4	648	39.2	664	40.1	1,655	100.0
Female Breast	0	0.0	630	10.2	2,707	43.6	2,867	46.2	6,204	100.0
Uterine Cervix	1	0.3	142	46.4	116	37.9	47	15.4	306	100.0
Uterine Corpus & Unspecified	0	0.0	89	6.8	655	49.7	573	43.5	1,317	100.0
Ovary	3	0.5	58	9.7	253	42.2	286	47.7	600	100.0
Prostate	0	0.0	20	0.3	2,439	37.5	4,049	62.2	6,508	100.0
Kidney & Renal Pelvis	20	1.3	111	7.1	650	41.5	787	50.2	1,568	100.0
Urinary Bladder	0	0.0	38	1.9	463	23.6	1,465	74.5	1,966	100.0
Brain & Other Nervous System	83	12.5	127	19.1	200	30.1	254	38.3	664	100.0
Thyroid	6	0.5	377	33.5	516	45.9	226	20.1	1,125	100.0
Hodgkin Lymphoma	34	11.1	149	48.7	66	21.6	57	18.6	306	100.0
Non-Hodgkin Lymphoma	27	1.4	149	7.7	610	31.3	1,160	59.6	1,946	100.0
Myeloma	1	0.2	21	3.9	169	31.5	345	64.4	536	100.0
Leukemia	89	6.7	106	8.0	348	26.2	787	59.2	1,330	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 (2000-2009)

	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	83,663	473.5	All Sites	2,471	513.8	All Sites	343	371.9	All Sites	453	287.2	All Sites	1,330	278.7
Rank															
1	Prostate	12,085	152.3	Prostate	423	206.0	Lung & Bronchus	44	58.8	Lung & Bronchus	63	43.6	Female Breast	152	60.2
2	Female Breast	12,032	129.3	Lung & Bronchus	398	89.1	Female Breast	40	68.5	Colon & Rectum	62	50.0	Colon & Rectum	130	31.7
3	Lung & Bronchus	11,219	63.3	Female Breast	324	116.6	Colon & Rectum	40	44.7	Female Breast	55	54.1	Prostate	125	70.6
4	Colon & Rectum	10,055	55.5	Colon & Rectum	292	66.4	Kidney & Renal Pelvis	36	34.1	Prostate	36	72.5	Lung & Bronchus	107	31.3
5	Urinary Bladder	3,871	21.4	Kidney & Renal Pelvis	100	20.6	Prostate	30	84.8	Liver & Intrahepatic Bile Duct	29	17.1	Thyroid	68	9.1
6	Non-Hodgkin Lymphoma	3,634	20.6	Non-Hodgkin Lymphoma	82	15.3	Non-Hodgkin Lymphoma	15	16.2	Non-Hodgkin Lymphoma	25	13.2	Kidney & Renal Pelvis	65	13.0
7	Melanoma	2,656	15.6	Pancreas	68	15.4	Liver & Intrahepatic Bile Duct	13	15.3	Thyroid	22	8.3	Leukemia	62	7.7
8	Kidney & Renal Pelvis	2,633	15.0	Liver & Intrahepatic Bile Duct	61	11.4	Oral Cavity & Pharynx	13	13.7	Uterine Cervix	19	17.4	Non-Hodgkin Lymphoma	61	11.2
9	Uterine Corpus & Unspecified	2,578	27.6	Myeloma	56	12.1	Leukemia	11	10.1	Oral Cavity & Pharynx	18	8.9	Stomach	52	12.7
10	Leukemia	2,471	13.9	Urinary Bladder	55	12.6	Uterine Corpus & Unspecified	8	14.7	Pancreas	14	10.5	Liver & Intrahepatic Bile Duct	46	12.3

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 U.S. population.

TABLE 4: Cancer (All Sites) Incidence
Number of Cases and Rates, by County of Residence
Nebraska & U.S. (2009 and 2005-2009)

	2009		2005-2009	
	# Cases	Rate	# Cases	Rate
U.S.	1,439,665	457.6	7,141,187	472.2
NEBRASKA	8,615	445.1	45,051	476.1
COUNTY				
ADAMS	174	465.3	898	474.1
ANTELOPE	31	342.1	241	502.3
ARTHUR	*	*	9	349.1
BANNER	*	*	23	503.2
BLAINE	*	*	10	363.9
BOONE	40	505.5	219	548.4
BOX BUTTE	49	361.4	290	437.8
BOYD	9	283.0	70	403.1
BROWN	18	368.5	109	435.2
BUFFALO	202	460.1	1,032	487.8
BURT	34	302.0▽	248	440.4
BUTLER	46	400.2	233	420.5
CASS	157	562.1△	713	519.0△
CEDAR	35	265.1▼	216	341.8▼
CHASE	30	526.7	137	473.5
CHERRY	32	410.1	190	495.3
CHEYENNE	58	503.1	275	460.2
CLAY	38	435.4	226	511.6
COLFAX	32	306.5▽	250	460.3
CUMING	50	436.4	261	398.0▼
CUSTER	68	427.7	360	447.9
DAKOTA	78	455.6	421	485.2
DAWES	32	377.4	199	428.9
DAWSON	117	453.0	536	418.1▼
DEUEL	13	412.1	72	454.4
DIXON	36	384.0	159	353.7▼
DODGE	199	445.2	1,236	542.6▲
DOUGLAS	2,317	482.6△	11,581	500.3▲
DUNDY	10	296.9	67	428.6
FILLMORE	26	349.0	213	475.0
FRANKLIN	18	325.0	101	409.2
FRONTIER	17	590.7	98	554.6
FURNAS	32	464.9	206	523.8
GAGE	132	434.1	723	464.5
GARDEN	9	263.7	62	394.5
GARFIELD	15	495.7	81	508.3
GOSPER	15	559.8	83	560.5
GRANT	*	*	27	702.1
GREELEY	22	530.2	91	483.6
HALL	291	466.7	1,529	506.7△
HAMILTON	51	455.5	234	415.1▽
HARLAN	20	422.0	129	456.2
HAYES	*	*	18	301.0▽
HITCHCOCK	26	587.2	125	524.5
HOLT	60	432.5	342	474.0
HOOKER	7	441.2	28	428.5
HOWARD	43	526.6	223	528.4
JEFFERSON	46	393.3	237	398.0▼

TABLE 4 (continued): Cancer (All Sites) Incidence

	2009		2005-2009	
COUNTY	# Cases	Rate	# Cases	Rate
JOHNSON	29	435.2	155	470.8
KEARNEY	33	396.5	165	391.5▽
KEITH	63	540.6	237	405.8▽
KEYA PAHA	*	*	28	406.2
KIMBALL	22	371.1	123	453.5
KNOX	43	352.7	327	504.9
LANCASTER	1,142	441.5	5,868	471.7
LINCOLN	192	447.3	1,022	487.7
LOGAN	6	490.1	20	385.5
LOUP	7	619.3	40	850.7▲
McPHERSON	*	*	19	604.6
MADISON	217	538.0△	988	504.6
MERRICK	54	518.8	237	459.7
MORRILL	20	312.9	141	436.1
NANCE	15	301.6	113	428.8
NEMAHA	40	417.1	214	453.1
NUCKOLLS	24	325.9	162	449.9
OTOE	87	453.7	433	438.7
PAWNEE	19	418.9	94	396.9
PERKINS	11	265.6▽	79	373.2▽
PHELPS	58	456.2	256	416.0▽
PIERCE	39	422.8	210	470.3
PLATTE	140	343.7▼	822	436.4▽
POLK	29	326.2	176	462.6
RED WILLOW	63	432.2	360	487.8
RICHARDSON	66	536.1	298	480.7
ROCK	11	488.7	60	550.3
SALINE	77	489.9	427	537.8△
SARPY	589	459.8	2,911	506.6▲
SAUNDERS	106	420.1	562	464.7
SCOTTSBLUFF	205	439.1	1,054	456.3
SEWARD	76	399.1	444	479.9
SHERIDAN	28	394.2	158	399.6▽
SHERMAN	25	519.2	117	490.7
SIOUX	*	*	27	298.8▼
STANTON	19	292.5	88	264.7▼
THAYER	41	421.7	207	449.6
THOMAS	*	*	19	395.7
THURSTON	27	384.4	164	485.3
VALLEY	23	341.2	136	391.0▽
WASHINGTON	79	346.7▽	469	425.0▽
WAYNE	38	432.9	213	469.5
WEBSTER	35	553.1	167	564.7
WHEELER	*	*	17	296.3▽
YORK	60	335.8▽	393	436.4

*Number and rate for single years are not shown if based on five or fewer cases
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

▽county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

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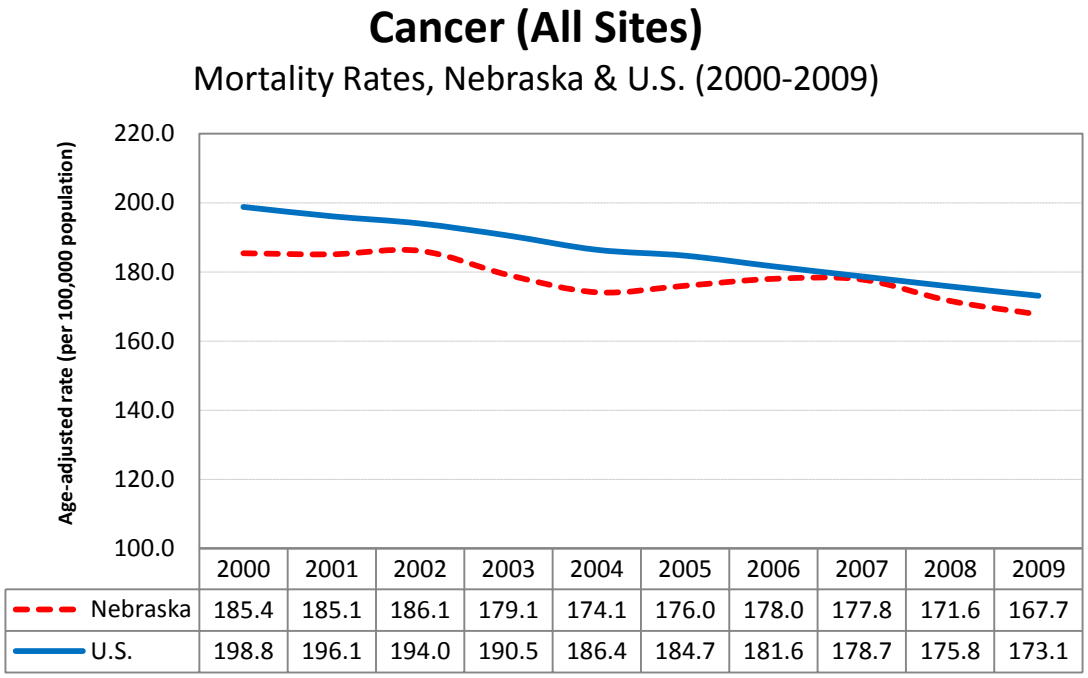
CANCER MORTALITY IN NEBRASKA

In 2009, 3,336 Nebraska residents died from cancer, a number that translates into a rate of 167.7 cancer deaths per 100,000 population. These figures represent a decrease from the state's 2007 figures of 3,377 (cancer deaths) and 171.6 (cancer mortality rate). For the first time ever, cancer was the leading cause of mortality among Nebraska residents in 2009, surpassing heart disease by just 58 deaths. By primary site, cancers of the lung, breast, prostate, colon and rectum accounted for just under half (49.6%) of Nebraska's cancer deaths in 2009.

Table 5 presents the number and rate of cancer deaths that occurred among Nebraska residents during 2009 and 2005-2009, for all sites combined and for specific sites. The most recent U.S. cancer mortality rates, which cover the years 2005 through 2009, 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, female breast, and cervix (Nebraska rates lower than the U.S.) and for colorectal cancer and cancers of the brain and central nervous system (Nebraska rates higher than the U.S.). Table 6 presents the number of Nebraska cancer deaths during 2005-2009 by age at death. Table 7 presents Nebraska cancer mortality data by race and ethnicity for the years 2000-2009. Table 8 presents the number of cancer deaths and mortality rates for 2009 and 2005-2009 by county of residence, with comparable state and U.S. rates included. The graph below shows the annual mortality rates for cancer for Nebraska and the U.S. since 2000.



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	185.4	185.1	186.1	179.1	174.1	176.0	178.0	177.8	171.6	167.7
U.S.	198.8	196.1	194.0	190.5	186.4	184.7	181.6	178.7	175.8	173.1

TABLE 5: Cancer Mortality
Number of Deaths and Rates, by Selected Primary Site and Gender
Nebraska (2009 and 2005-2009) & U.S. (2005-2009)

Site	NEBRASKA 2009						NEBRASKA 2005-2009						U.S. 2005-2009		
	Male		Female		Total		Male		Female		Total		Male	Female	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate
All Sites	1,760	206.2	1,576	140.1	3,336	167.7	8,866	215.1	8,103	145.7	16,969	173.9	219.4	151.1	178.7
Oral Cavity & Pharynx	31	3.4	18	1.6	49	2.4	120	2.8	85	1.6	205	2.1	3.8	1.4	2.5
Esophagus	72	8.2	19	1.7	91	4.6	335	7.8	82	1.5	417	4.3	7.7	1.6	4.3
Stomach	30	3.5	14	1.3	44	2.2	156	3.7	99	1.7	255	2.6	5.0	2.6	3.6
Colon & Rectum (Colorectal)	171	19.8	162	13.9	333	16.7	925	22.4	897	15.1	1,822	18.3	20.2	14.1	16.7
Liver & Intrahepatic Bile Duct	63	6.9	31	2.6	94	4.6	249	5.8	130	2.3	379	3.9	8.1	3.3	5.5
Pancreas	106	11.9	129	11.4	235	11.8	510	12.1	532	9.4	1,042	10.7	12.5	9.5	10.8
Lung & Bronchus	499	58.5	384	34.8	883	45.0	2,579	62.4	1,934	36.0	4,513	47.3	68.2	40.3	50.6
Melanoma of the Skin	33	4.1	30	2.8	63	3.2	179	4.2	115	2.2	294	3.1	4.1	1.7	2.7
Breast	1	0.1	215	19.5	216	10.8	12	0.3	1,148	21.1	1,160	11.9	0.3	23.0	12.9
Uterine Cervix	---	---	12	1.3	---	---	---	---	78	1.6	---	---	---	2.4	---

TABLE 5 (continued): Cancer Mortality

Site	NEBRASKA 2009						NEBRASKA 2005-2009						U.S. 2005-2009		
	Male		Female		Total		Male		Female		Total		Male	Female	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate
Uterine Corpus & Unspecified	---	---	46	4.2	---	---	---	---	260	4.7	---	---	---	4.2	---
Ovary	---	---	94	8.5	---	---	---	---	436	8.1	---	---	---	8.2	---
Prostate	193	23.7	---	---	---	---	965	24.7	---	---	---	---	23.6	---	---
Kidney & Renal Pelvis	68	7.8	30	2.6	98	4.9	258	6.2	167	3.0	425	4.4	5.8	2.6	4.0
Urinary Bladder	54	6.6	20	1.5	74	3.5	274	6.9	125	2.0	399	3.9	7.7	2.2	4.4
Brain & Other Nervous System	55	6.4	42	3.9	97	5.1	256	6.0	219	4.3	475	5.1	5.2	3.5	4.3
Thyroid	7	0.8	2	0.2	9	0.5	18	0.4	20	0.3	38	0.4	0.5	0.5	0.5
Hodgkin Lymphoma	7	0.8	2	0.1	9	0.4	26	0.6	14	0.2	40	0.4	0.5	0.3	0.4
Non-Hodgkin Lymphoma	68	8.2	60	4.9	128	6.3	367	9.0	339	5.7	706	7.1	8.4	5.2	6.6
Myeloma	37	4.4	25	2.0	62	3.1	170	4.1	150	2.6	320	3.2	4.4	2.7	3.4
Leukemia	75	9.0	50	4.3	125	6.3	408	10.0	287	4.9	695	7.1	9.6	5.3	7.1

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

TABLE 6: Cancer Mortality
Number of Deaths and Percentage Distribution, by Selected Primary Site and Age at Death
Nebraska (2005-2009)

	0-17 Yrs.		18-44 Yrs.		45-64 Yrs.		65+ Yrs		TOTAL	
	Number	%	Number	%	Number	%	Number	%	Number	%
All Sites	52	0.3	445	2.6	4,080	24.0	12,392	73.0	16,969	100.0
Oral Cavity & Pharynx	1	0.5	11	5.4	66	32.2	127	62.0	205	100.0
Esophagus	0	0.0	4	1.0	145	34.8	268	64.3	417	100.0
Stomach	0	0.0	8	3.1	68	26.7	179	70.2	255	100.0
Colon & Rectum (Colorectal)	0	0.0	25	1.4	394	21.6	1,403	77.0	1,822	100.0
Liver & Intrahepatic Bile Duct	3	0.8	10	2.6	108	28.5	258	68.1	379	100.0
Pancreas	0	0.0	4	0.4	249	23.9	789	75.7	1,042	100.0
Lung & Bronchus	1	<0.1	50	1.1	1,138	25.2	3,324	73.7	4,513	100.0
Melanoma of the Skin	0	0.0	27	9.2	105	35.7	162	55.1	294	100.0
Female Breast	0	0.0	62	5.4	356	31.0	730	63.6	1,148	100.0
Uterine Cervix	0	0.0	14	17.9	37	47.4	27	34.6	78	100.0
Uterine Corpus & Unspecified	0	0.0	7	2.7	53	20.4	200	76.9	260	100.0
Ovary	0	0.0	11	2.5	134	30.7	291	66.7	436	100.0
Prostate	0	0.0	1	0.1	78	8.1	886	91.8	965	100.0
Kidney & Renal Pelvis	3	0.7	8	1.9	112	26.4	302	71.1	425	100.0
Urinary Bladder	0	0.0	3	0.8	51	12.8	345	86.5	399	100.0
Brain & Other Nervous System	17	3.6	57	12.0	160	33.7	241	50.7	475	100.0
Thyroid	0	0.0	2	5.3	10	26.3	26	68.4	38	100.0
Hodgkin Lymphoma	0	0.0	2	5.0	15	37.5	23	57.5	40	100.0
Non-Hodgkin Lymphoma	0	0.0	18	2.5	127	18.0	561	79.5	706	100.0
Myeloma	0	0.0	3	0.9	65	20.3	252	78.8	320	100.0
Leukemia	13	1.9	37	5.3	129	18.6	516	74.2	695	100.0

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

TABLE 7: Cancer Mortality
Number of Deaths and Rates, All Sites and Top Ten Primary Sites, by Race and Ethnicity
Nebraska (2000-2009)

	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	32,360	176.7	All Sites	1,078	245.7	All Sites	148	183.8	All Sites	149	112.9	All Sites	415	109.8
Rank															
1	Lung & Bronchus	8,561	47.8	Lung & Bronchus	310	71.8	Lung & Bronchus	42	58.0	Lung & Bronchus	39	30.0	Lung & Bronchus	65	19.8
2	Colon & Rectum	3,612	19.3	Colon & Rectum	120	29.6	Female Breast	12	21.9	Liver & Intrahepatic Bile Duct	20	11.4	Colon & Rectum	36	10.0
3	Female Breast	2,265	22.2	Female Breast	88	32.4	Colon & Rectum	11	10.8	Colon & Rectum	18	13.7	Female Breast	33	16.0
4	Pancreas	1,855	10.1	Prostate	65	46.5	Kidney & Renal Pelvis	10	11.6	Pancreas	11	9.1	Liver & Intrahepatic Bile Duct	30	9.2
5	Prostate	1,836	25.1	Pancreas	62	14.4	Ovary	9	18.5	Non-Hodgkin Lymphoma	8	7.8	Stomach	23	6.0
6	Leukemia	1,394	7.5	Liver & Intrahepatic Bile Duct	45	8.6	Pancreas	6	6.0	Female Breast	7	8.1	Pancreas	21	6.5
7	Non-Hodgkin Lymphoma	1,388	7.5	Myeloma	34	8.3	Several Sites	5	*	Stomach	7	3.6	Prostate	19	15.3
8	Brain & Nervous System	906	5.2	Leukemia	32	7.1				Kidney & Renal Pelvis	5	*	Leukemia	18	3.6
9	Ovary	859	8.5	Esophagus	24	5.2							Kidney & Renal Pelvis	17	3.8
10	Kidney & Renal Pelvis	822	4.5	Stomach	23	5.1							Non-Hodgkin Lymphoma	15	3.9

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 U.S. population.
*Rate is not shown if based on five or fewer deaths

TABLE 8: Cancer (All Sites) Mortality
Number of Deaths and Rates, by County of Residence
Nebraska & U.S. (2009 and 2005-2009)

	2009		2005-2009	
	# Deaths	Rate	# Deaths	Rate
U.S.	567,614	173.1	2,815,124	178.7
NEBRASKA	3,336	167.3	16,969	173.9
COUNTY				
ADAMS	66	165.0	337	169.0
ANTELOPE	13	126.7	78	146.0
ARTHUR	0	0.0	5	**
BANNER	0	0.0	9	187.0
BLAINE	0	0.0	7	174.6
BOONE	23	270.3	99	232.3△
BOX BUTTE	19	139.5	115	165.1
BOYD	4	**	28	134.4
BROWN	9	155.9	44	149.3
BUFFALO	86	197.5	411	193.6
BURT	23	196.0	120	201.5
BUTLER	22	189.2	77	131.1▼
CASS	57	199.7	264	192.9
CEDAR	16	115.3	89	134.0▼
CHASE	11	176.9	44	135.0
CHERRY	15	188.7	66	161.0
CHEYENNE	17	134.2	109	173.5
CLAY	20	213.2	93	194.0
COLFAX	21	203.6	116	198.1
CUMING	19	134.5	119	164.5
CUSTER	38	204.7	161	182.4
DAKOTA	28	174.0	166	193.1
DAWES	23	241.3	98	193.4
DAWSON	36	129.2	209	160.3
DEUEL	3	**	24	157.0
DIXON	15	151.2	76	159.0
DODGE	91	182.3	468	186.5
DOUGLAS	835	175.2	4,200	184.0△
DUNDY	8	222.8	33	181.8
FILLMORE	12	126.2	98	184.4
FRANKLIN	7	100.5	37	121.5▽
FRONTIER	9	218.4	39	197.8
FURNAS	11	124.2	67	154.2
GAGE	48	129.1	292	167.5
GARDEN	5	**	27	160.1
GARFIELD	4	**	23	121.2▽
GOSPER	5	**	22	143.3
GRANT	2	**	7	172.1
GREELEY	15	319.9	39	168.0
HALL	107	166.8	544	172.5
HAMILTON	24	195.7	89	148.2
HARLAN	14	241.9	61	186.5
HAYES	3	**	16	250.3
HITCHCOCK	8	168.6	41	167.7
HOLT	29	183.6	144	172.5
HOOKER	2	**	14	166.1
HOWARD	13	149.8	87	194.0
JEFFERSON	25	194.7	123	171.8

TABLE 8 (continued): Cancer Mortality

	2005		2005-2009	
COUNTY	# Deaths	Rate	# Deaths	Rate
JOHNSON	14	200.2	60	166.8
KEARNEY	9	106.6	63	138.2
KEITH	17	149.1	112	187.7
KEYA PAHA	3	**	12	170.8
KIMBALL	9	159.8	64	221.6
KNOX	18	139.2	129	176.8
LANCASTER	380	149.3	2,039	165.8
LINCOLN	80	182.7	394	181.5
LOGAN	1	**	7	127.0
LOUP	1	**	7	127.9
McPHERSON	1	**	7	216.0
MADISON	82	192.4	363	180.0
MERRICK	18	160.1	93	171.8
MORRILL	5	**	51	142.0
NANCE	9	158.5	57	203.8
NEMAHA	17	165.4	82	166.0
NUCKOLLS	20	212.4	67	147.3
OTOE	37	176.9	189	177.3
PAWNEE	9	167.1	48	196.8
PERKINS	5	**	42	172.5
PHELPS	22	165.1	104	151.3
PIERCE	16	178.4	87	189.3
PLATTE	54	123.3▽	289	147.9▼
POLK	15	185.3	58	137.5
RED WILLOW	31	200.0	142	180.7
RICHARDSON	34	238.5	135	190.1
ROCK	5	**	19	133.6
SALINE	30	171.1	147	171.1
SARPY	189	162.1	922	179.0
SAUNDERS	46	182.1	241	196.3
SCOTTS BLUFF	75	151.9	393	161.0
SEWARD	30	154.6	188	183.8
SHERIDAN	19	223.3	74	158.7
SHERMAN	17	362.4△	55	233.8
SIOUX	1	**	14	153.4
STANTON	7	113.7	48	139.0
THAYER	18	172.8	91	168.1
THOMAS	1	**	2	**
THURSTON	15	229.6	79	226.9△
VALLEY	16	206.8	67	166.8
WASHINGTON	41	179.8	196	175.8
WAYNE	13	137.3	68	136.4▽
WEBSTER	10	147.1	57	175.8
WHEELER	1	**	9	170.5
YORK	34	173.3	163	163.3

**Rate for single and combined years is not shown if based on five or fewer deaths
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

▽county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

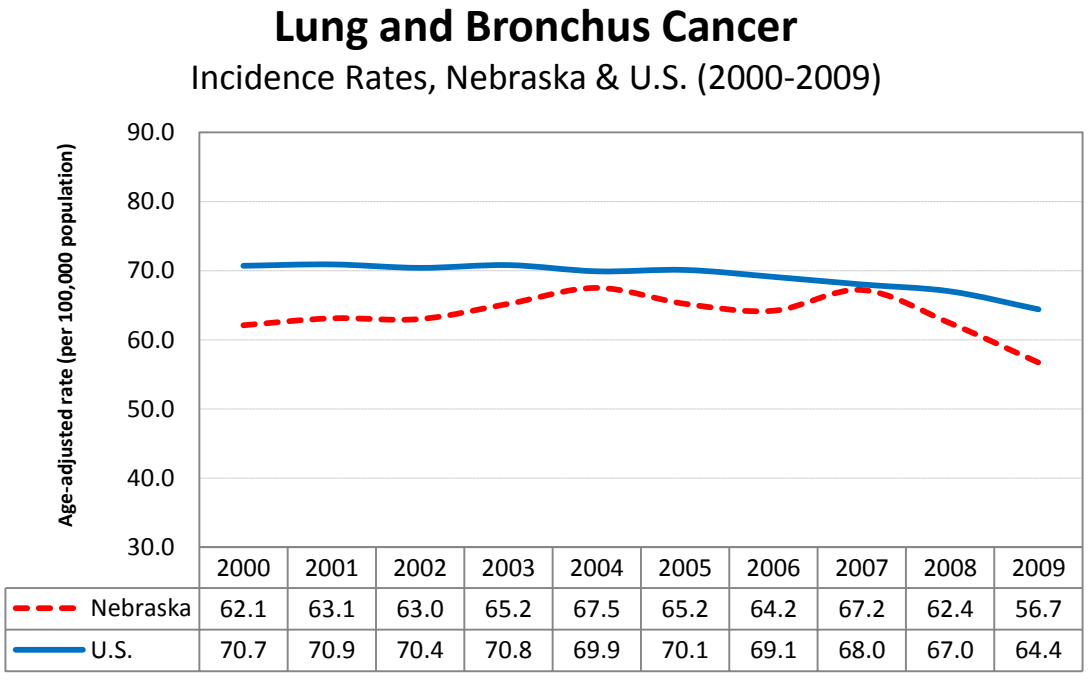
INCIDENCE AND MORTALITY FOR SELECTED PRIMARY SITES

Lung and Bronchus

Although lung cancer was only the third most frequently diagnosed cancer among Nebraska residents in 2009, it was the year's leading cause of cancer mortality, accounting for more than 25% of the state's cancer deaths. During the past five years (2005-2009), lung cancer has averaged about 1,200 diagnoses and 900 deaths in Nebraska per year. Although lung cancer is more likely to strike men than women, there has been a 30% drop in the rate of lung cancer deaths among Nebraska men since 1990, but no decline at all among women. The large number of lung cancer deaths is due to the small number of cases that are detected at an early stage: as a result, the five-year survival rate for people who are diagnosed with lung cancer is less than 20%.

Cigarette smoking is the major cause of lung cancer and causes about 85% of lung cancer deaths. People who smoke two or more packs of cigarettes per day are 15 to 25 times more likely to die from lung cancer than non-smokers. Quitting smoking reduces the risk of lung cancer, although it takes 10-15 years for an ex-smoker's risk to drop to the level of a lifelong non-smoker. People who do not smoke but who breathe the smoke of others may also be at a higher risk for lung cancer. Exposure to radon (a radioactive gas) and asbestos are lung cancer risk factors for both smokers and non-smokers, although people who smoke are at far greater risk than those who do not.

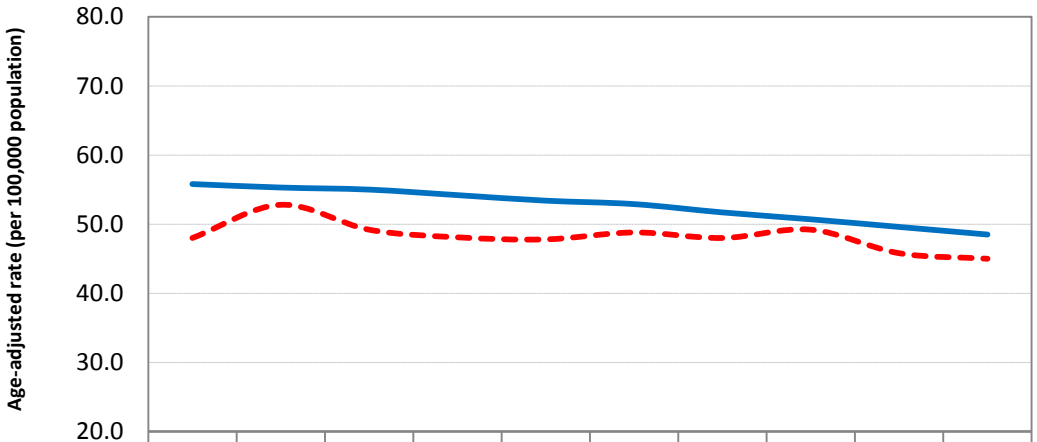
Incidence and mortality statistics by county of residence for cancers of the lung and bronchus are presented in Appendix I (Table 9).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	62.1	63.1	63.0	65.2	67.5	65.2	64.2	67.2	62.4	56.7
U.S.	70.7	70.9	70.4	70.8	69.9	70.1	69.1	68.0	67.0	64.4

Lung and Bronchus Cancer

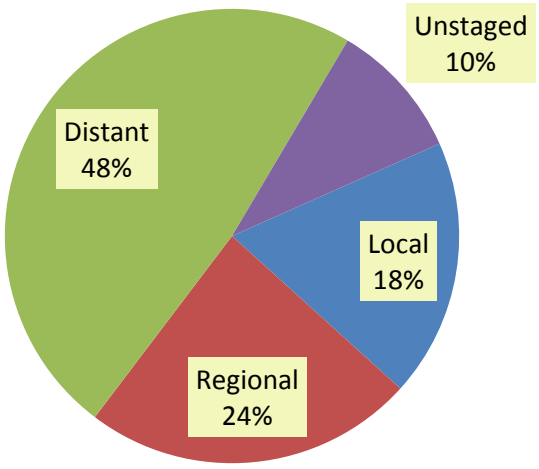
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	48.0	52.8	49.2	48.1	47.8	48.8	48.0	49.2	45.8	45.0
U.S.	55.8	55.3	55.0	54.2	53.4	52.9	51.7	50.7	49.6	48.5

Lung and Bronchus Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2005-2009



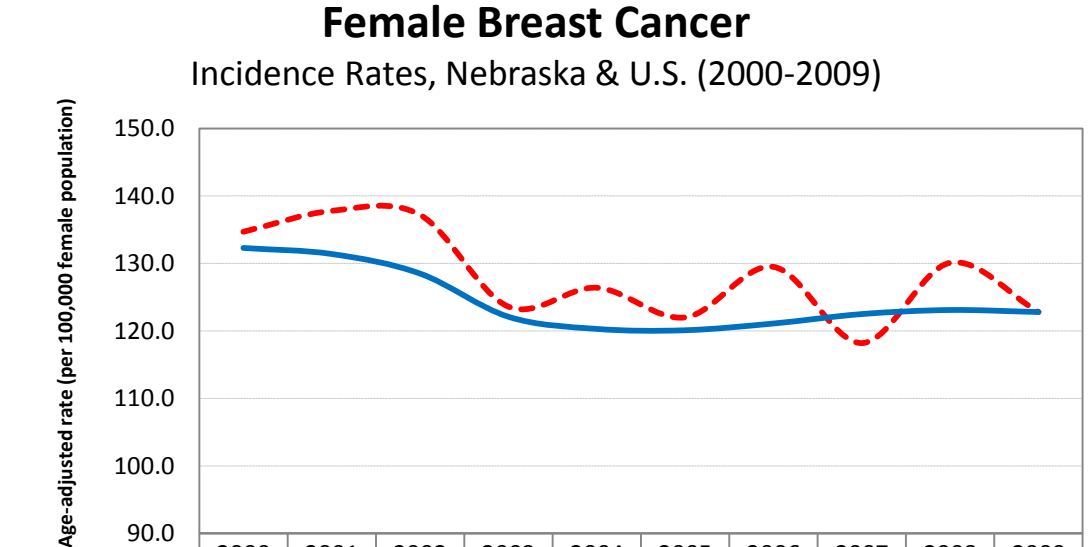
Breast (Female only)

Breast cancer is the most common type of cancer among women and the second most frequent cause of female cancer deaths. Between 2005 and 2009, 6,204 Nebraska women were diagnosed with a malignancy of the breast (and another 1,423 were diagnosed with an in situ breast tumor) and 1,148 women died from breast cancer. Since 1990, the rate of breast cancer deaths in Nebraska and the U.S. has declined significantly. During the present decade, the rate of breast cancer diagnoses has also declined, which has been attributed to the decreasing use of post-menopausal hormone replacement therapy.

Age is an important risk factor for breast cancer, with almost 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.

Periodic screening for breast cancer is known to save lives, although there is some difference of opinion about how and when to screen. The American Cancer Society (ACS) recommends that women 40 and older have an annual mammogram, but the U.S. Preventive Services Task Force (USPSTF) recommends mammography only for women 50-74 on an every other year schedule. The ACS guidelines also include a clinical breast exam every three years for women in their 20s and 30s and every year for women 40 and older, while the USPSTF does not include clinical breast exams in its recommendations. For women 30 and older who have an increased risk of breast cancer, the ACS recommends annual magnetic resonance imaging (MRI) as an additional screening test.

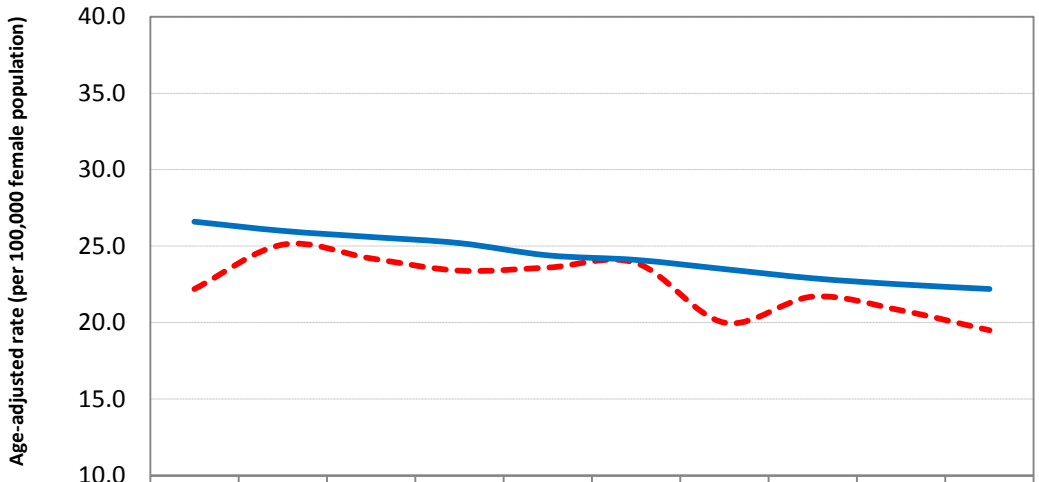
Incidence and mortality statistics by county of residence for cancer of the female breast are presented in Appendix II (Table 10).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	134.7	137.8	137.2	123.6	126.4	122.0	129.5	118.2	130.1	122.8
U.S.	132.3	131.4	128.5	122.1	120.3	120.1	121.1	122.5	123.1	122.8

Female Breast Cancer

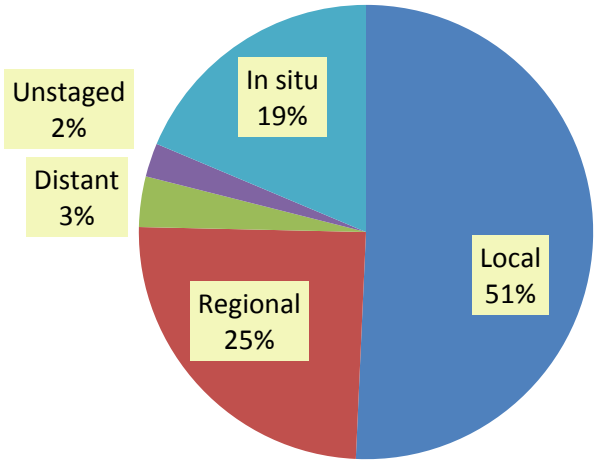
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	22.2	25.1	24.2	23.4	23.6	23.9	20.0	21.7	20.8	19.5
U.S.	26.6	26.0	25.6	25.2	24.4	24.1	23.5	22.9	22.5	22.2

Female Breast Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2005-2009



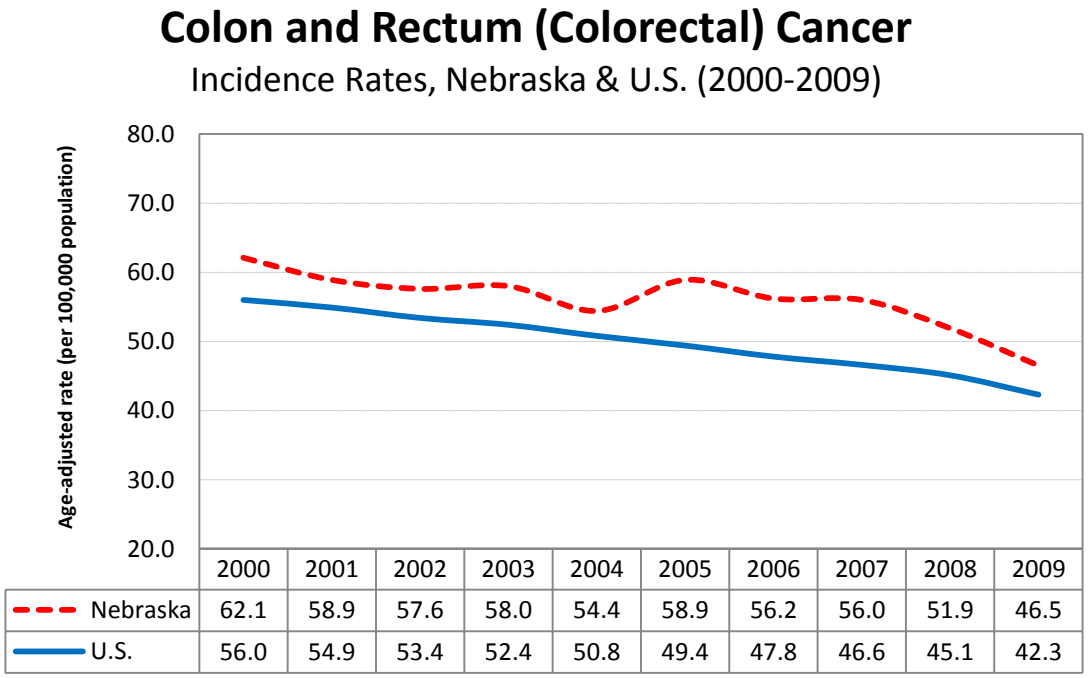
Colon and Rectum (Colorectal)

In 2009, colorectal cancer was the fourth most frequently diagnosed cancer among Nebraska residents, accounting for 917 new cases. It was also the second leading cause of cancer mortality in the state, accounting for 333 deaths.

The risk of developing colorectal cancer increases with age. More than two-thirds of all colorectal cancer cases that occurred in Nebraska during 2005-2009 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. The USPSTF recommends that people between the ages of 50 and 75 follow one of these schedules: 1) an annual high-sensitivity fecal occult blood test (FOBT), 2) sigmoidoscopy every 5 years combined with a high-sensitivity FOBT every 3 years, or 3) colonoscopy every 10 years. 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. Other screening tests that are included in the most recent ACS guidelines include double contrast barium enema (every 5 years), virtual colonoscopy (every 5 years), and the stool DNA test (no interval specified).

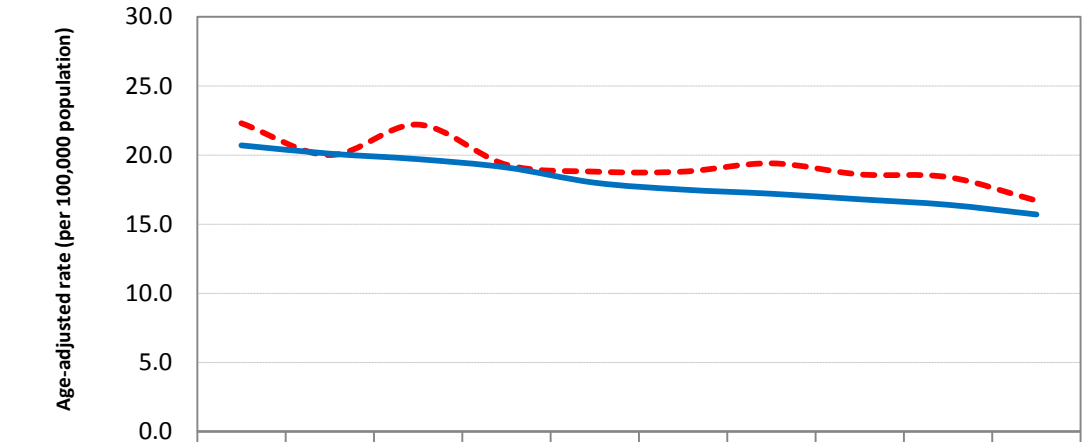
Incidence and mortality statistics by county of residence for cancers of the colon and rectum are presented in Appendix III (Table 11).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	62.1	58.9	57.6	58.0	54.4	58.9	56.2	56.0	51.9	46.5
U.S.	56.0	54.9	53.4	52.4	50.8	49.4	47.8	46.6	45.1	42.3

Colon and Rectum (Colorectal) Cancer

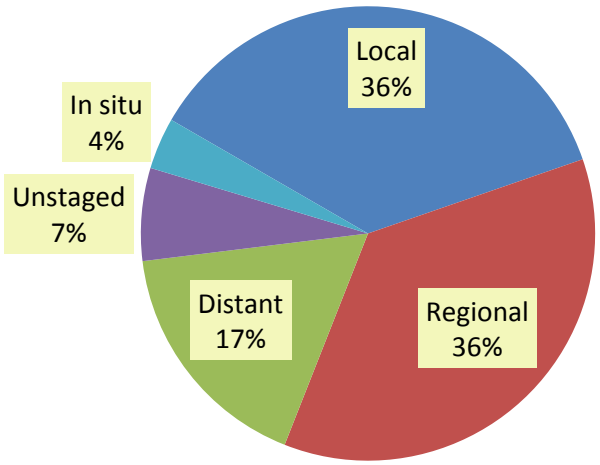
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	22.3	20.0	22.2	19.3	18.8	18.8	19.4	18.6	18.4	16.7
U.S	20.7	20.1	19.7	19.1	18.0	17.5	17.2	16.8	16.4	15.7

Colon and Rectum (Colorectal) Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2005-2009



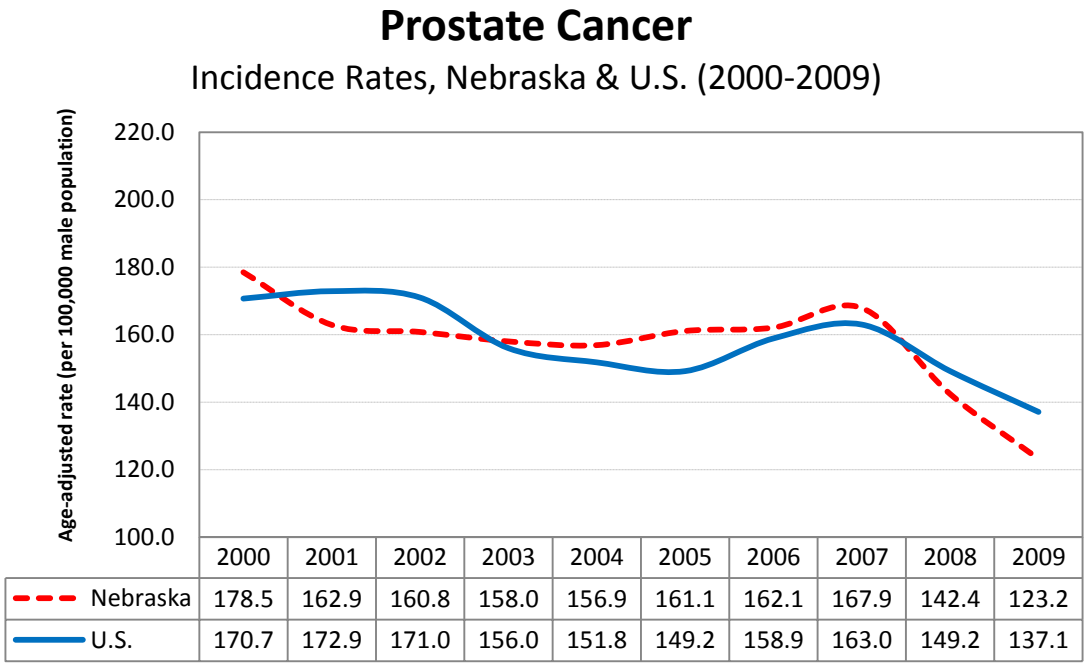
Prostate

With 1,120 diagnoses in 2009, prostate cancer was the most common cancer among Nebraska men, accounting for about 25% of all new cancer cases. During the past five years (2005-2009), it has also been the second leading cause of cancer deaths among Nebraska men, accounting for 965 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 (over 60% of Nebraska men diagnosed with prostate cancer during 2005-2009 were 65 or older) and is significantly greater among African-Americans. During the past decade (2000-2009), the incidence of prostate cancer among African-American men in Nebraska has been 35% 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 for prostate cancer screening recommend that health care providers begin to discuss the benefits and limitations of screening and treatment with men who are 50 years old, have a life expectancy of at least 10 years, and have an average risk of developing prostate cancer. 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 higher risk (men with several first-degree relatives diagnosed before age 65). For men who choose to be screened, the ACS recommends a prostate-specific antigen (PSA) test every year (less frequently depending on results) and an optional digital rectal exam.

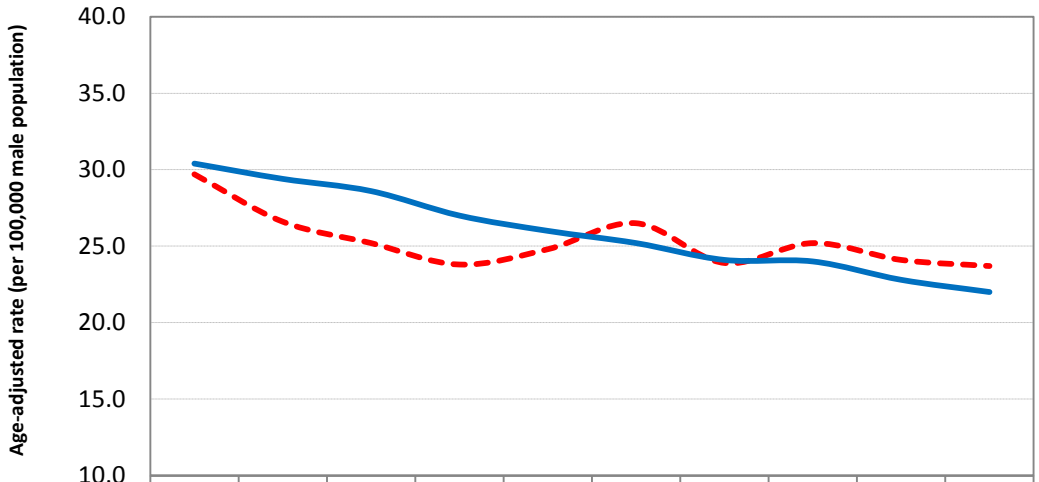
Incidence and mortality statistics by county of residence for cancer of the prostate are presented in Appendix IV (Table 12).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	178.5	162.9	160.8	158.0	156.9	161.1	162.1	167.9	142.4	123.2
U.S.	170.7	172.9	171.0	156.0	151.8	149.2	158.9	163.0	149.2	137.1

Prostate Cancer

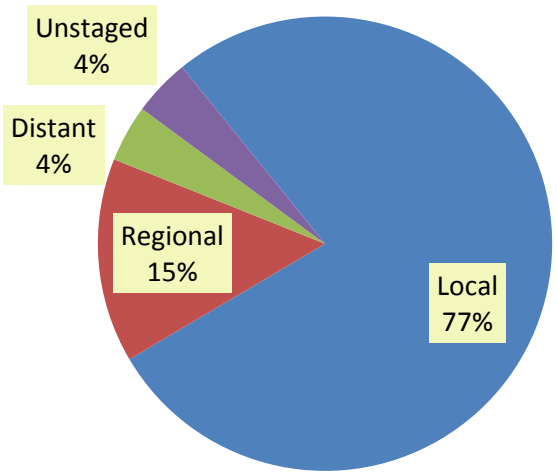
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	29.7	26.6	25.2	23.8	24.8	26.5	23.9	25.2	24.1	23.7
U.S.	30.4	29.4	28.6	27.0	26.0	25.2	24.1	24.0	22.8	22.0

Prostate Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2005-2009

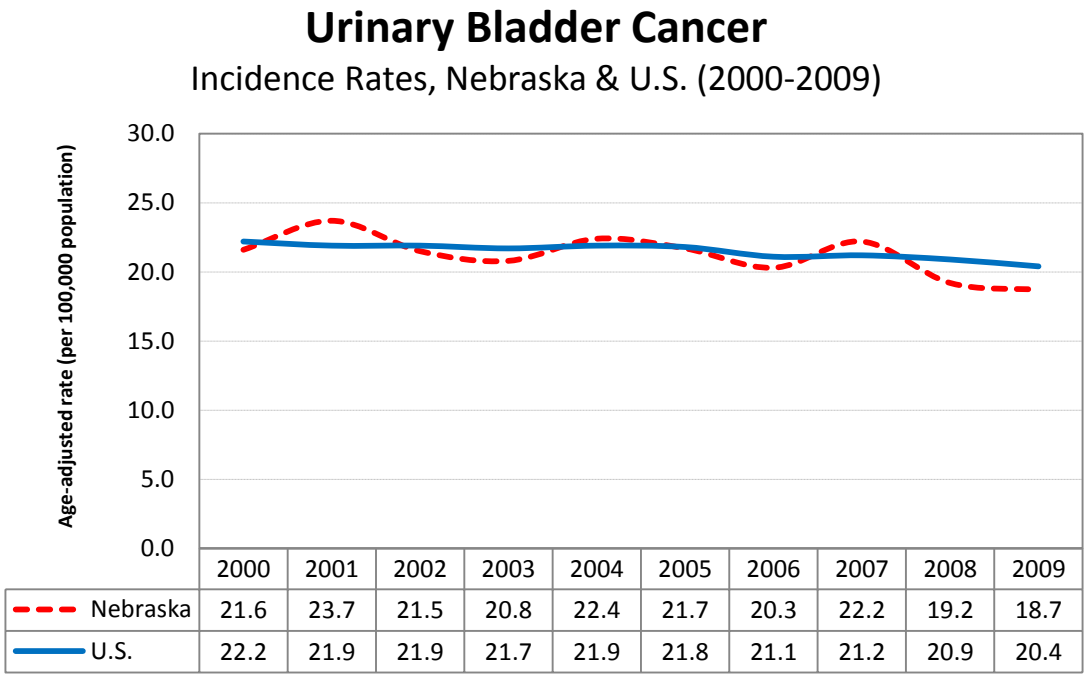


Urinary Bladder

Between 2005 and 2009, 1,966 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 fourth as the most common site of cancer diagnoses among Nebraska men. However, deaths from bladder cancer occur far less often (399 Nebraska residents died from it during 2005-2009), 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 survival rate for all bladder cancer patients is over 80%.

Cigarette smoking is the most important known risk factor for bladder cancer. Smokers develop bladder cancer two to three times more often than non-smokers, and about one-third 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: almost 75% of the cases that occurred in Nebraska during 2005-2009 were at least 65 years old when diagnosed.

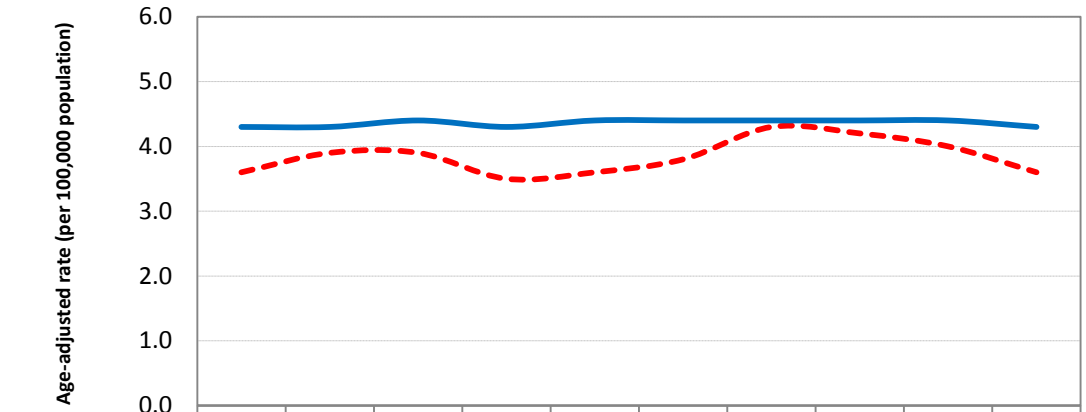
Incidence and mortality statistics by county of residence for cancer of the urinary bladder are presented in Appendix V (Table 13).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	21.6	23.7	21.5	20.8	22.4	21.7	20.3	22.2	19.2	18.7
U.S.	22.2	21.9	21.9	21.7	21.9	21.8	21.1	21.2	20.9	20.4

Urinary Bladder Cancer

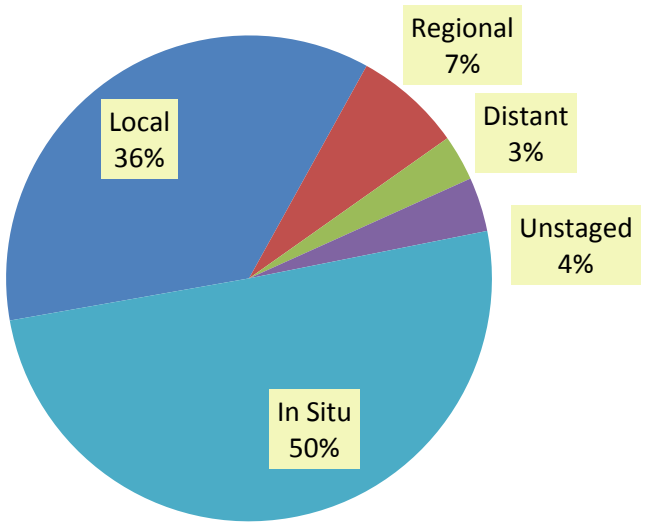
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	3.6	3.9	3.9	3.5	3.6	3.8	4.3	4.2	4.0	3.6
U.S.	4.3	4.3	4.4	4.3	4.4	4.4	4.4	4.4	4.4	4.3

Urinary Bladder Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2005-2009

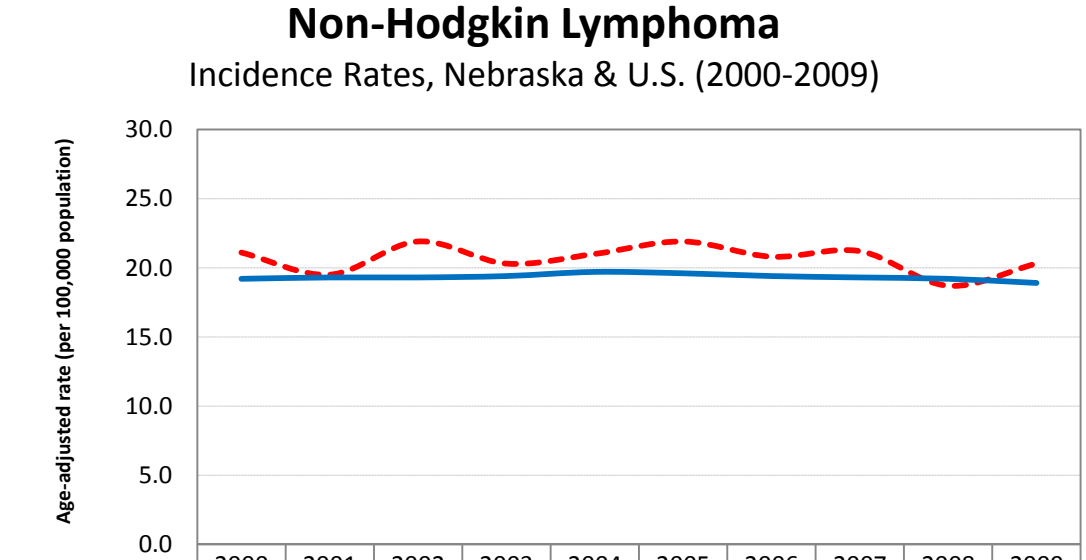


Non-Hodgkin Lymphoma

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 1,946 diagnoses and 706 deaths among Nebraska residents between 2005 and 2009 (for Hodgkin lymphoma, the comparable figures are 306 diagnoses and 40 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.

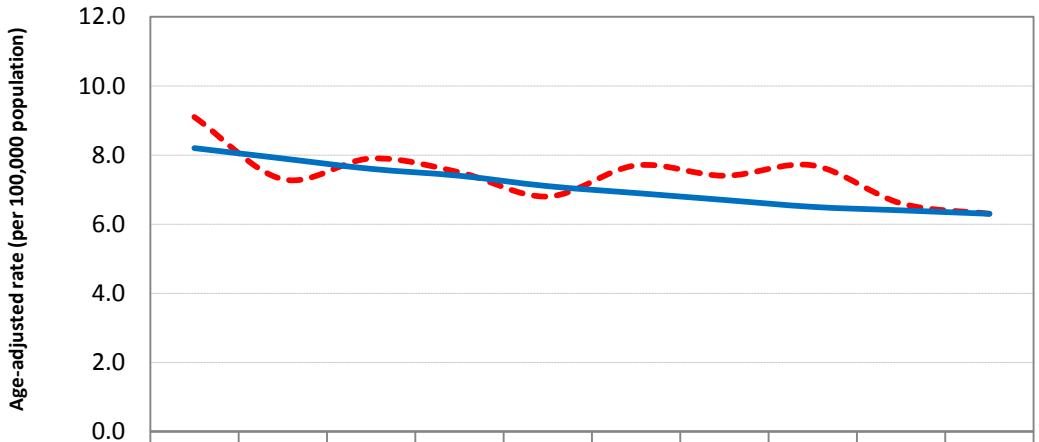
Incidence and mortality statistics by county of residence for Non-Hodgkin lymphoma are presented in Appendix VI (Table 14).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	21.1	19.5	21.9	20.3	21.0	21.9	20.8	21.2	18.7	20.3
U.S.	19.2	19.3	19.3	19.4	19.7	19.6	19.4	19.3	19.2	18.9

Non-Hodgkin Lymphoma

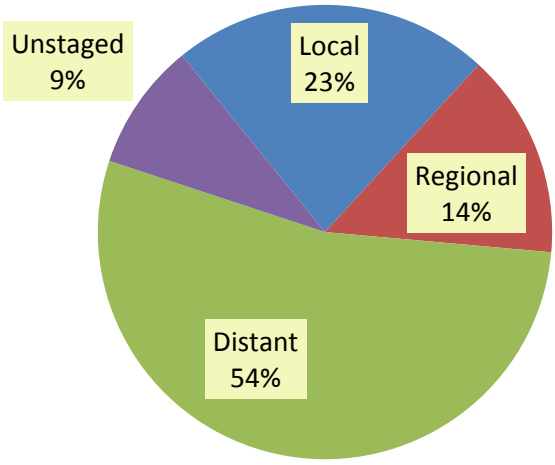
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	9.1	7.3	7.9	7.5	6.8	7.7	7.4	7.7	6.6	6.3
U.S.	8.2	7.9	7.6	7.4	7.1	6.9	6.7	6.5	6.4	6.3

Non-Hodgkin Lymphoma

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2005-2009

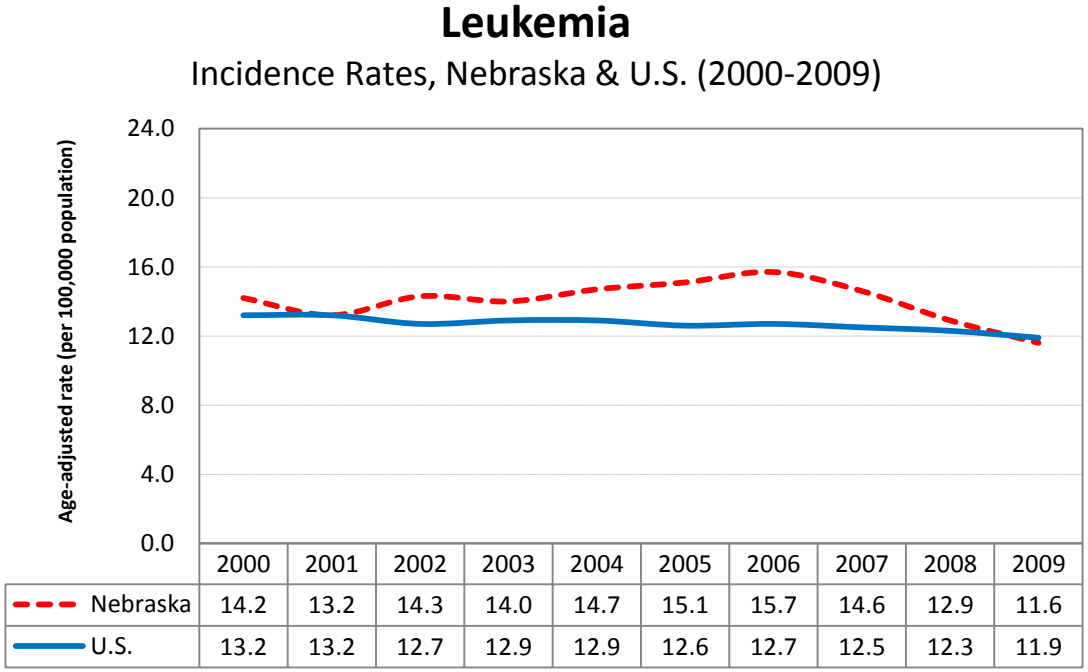


Leukemia

Between 2005 and 2009, leukemia accounted for 1,330 diagnoses and 695 deaths among Nebraska residents. Leukemia is the most common type of malignancy among children and adolescents, accounting for one of every four cancers diagnosed among Nebraska residents under the age of 18. At the same time, however, about six of every ten leukemia cases that occurred in Nebraska between 2005 and 2009 were 65 or older at diagnosis. There are many different types of leukemia: acute lymphocytic leukemia is the most frequently diagnosed among children, while acute myeloid and chronic lymphocytic are the most common types among adults. Survival rates vary widely by type: overall, about half of all leukemia patients remain alive at least five years after diagnosis.

The major causes of most types of leukemia are unknown. Nevertheless, several risk factors have been identified, and include genetic abnormalities (such as Down's syndrome), exposure to ionizing radiation, and workplace exposure to benzene and other related solvents. Adult T-cell leukemia is strongly associated with infection by a retrovirus, the human T-cell lymphotropic 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.

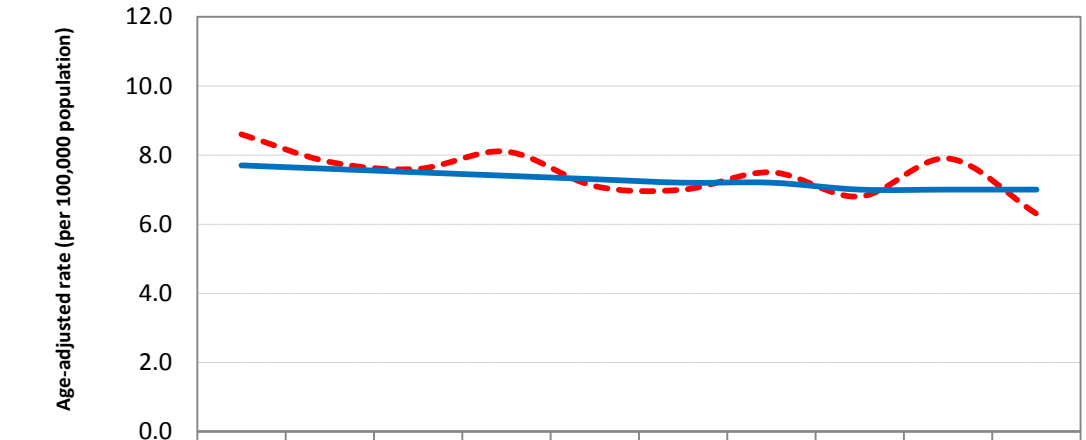
Incidence and mortality statistics by county of residence for leukemia are presented in Appendix VII (Table 15).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	14.2	13.2	14.3	14.0	14.7	15.1	15.7	14.6	12.9	11.6
U.S.	13.2	13.2	12.7	12.9	12.9	12.6	12.7	12.5	12.3	11.9

Leukemia

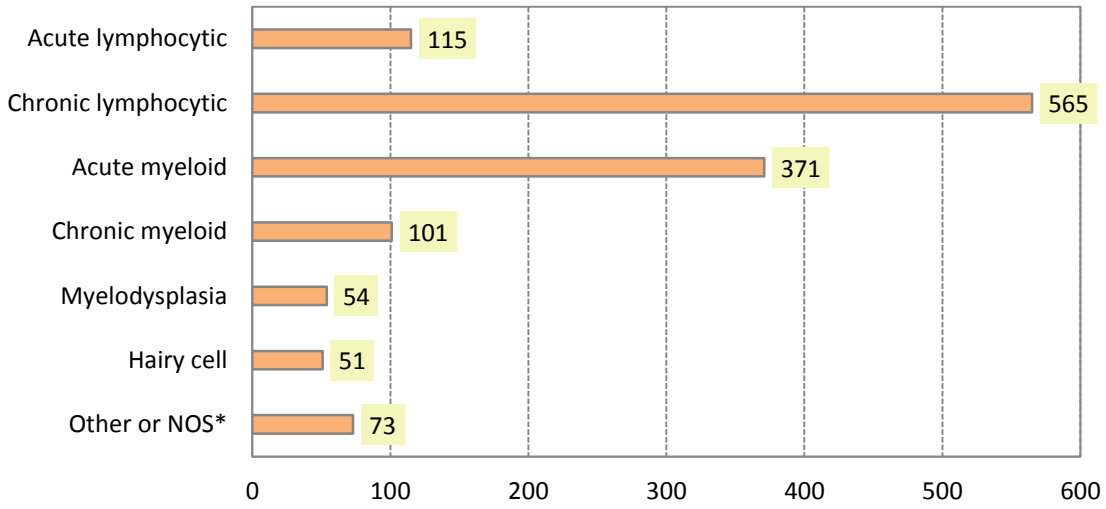
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	8.6	7.8	7.6	8.1	7.1	7.0	7.5	6.8	7.9	6.3
U.S.	7.7	7.6	7.5	7.4	7.3	7.2	7.2	7.0	7.0	7.0

Leukemia

Number of Cases by Histologic Type, Nebraska, 2005-2009



* includes plasma cell leukemia (6 cases); mast cell leukemia (1 case); acute biphenotypic leukemia (1 case); chronic eosinophilic leukemia (1 case); aggressive NK-cell leukemia (1 case); acute leukemia, NOS (21 cases); lymphoid leukemia, NOS (1 case); myeloid leukemia, NOS (22 cases); leukemia, NOS (19 cases)

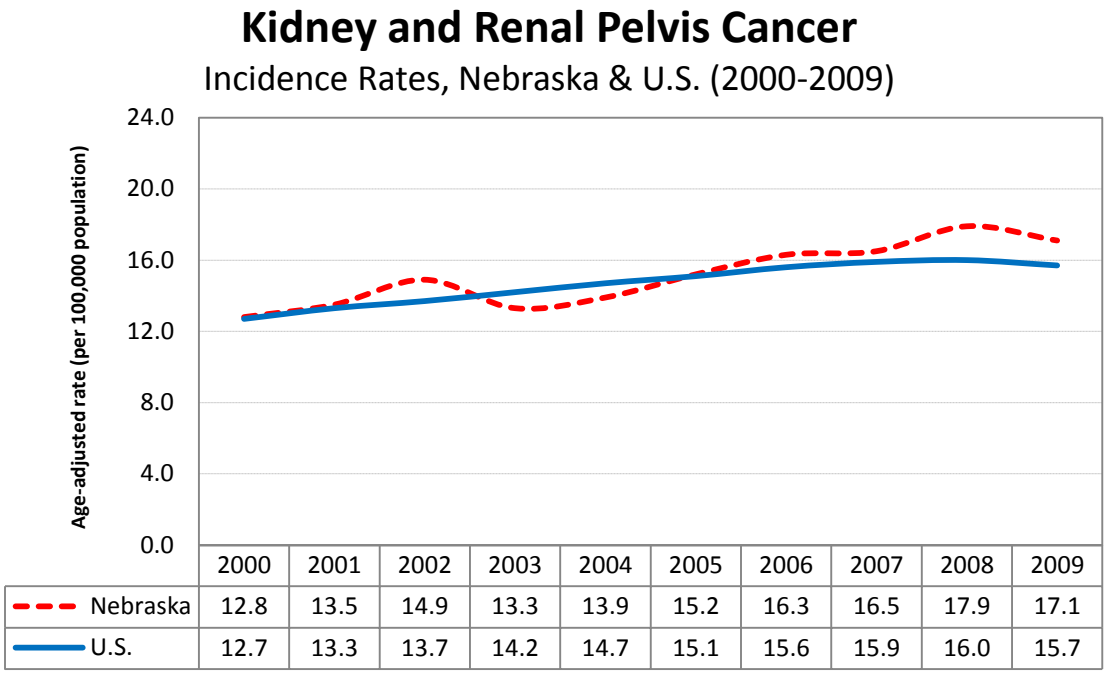
Abbreviation: NOS, not otherwise specified

Kidney and Renal Pelvis

Cancers of the kidney and renal pelvis accounted for 1,568 diagnoses in Nebraska between 2005 and 2009, and also accounted for 425 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 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 one-third of all kidney cancer deaths. Kidney cancer is more likely to strike at younger ages than most other types; in Nebraska, nearly half (49.8%) of the cases that were diagnosed during 2005-2009 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.

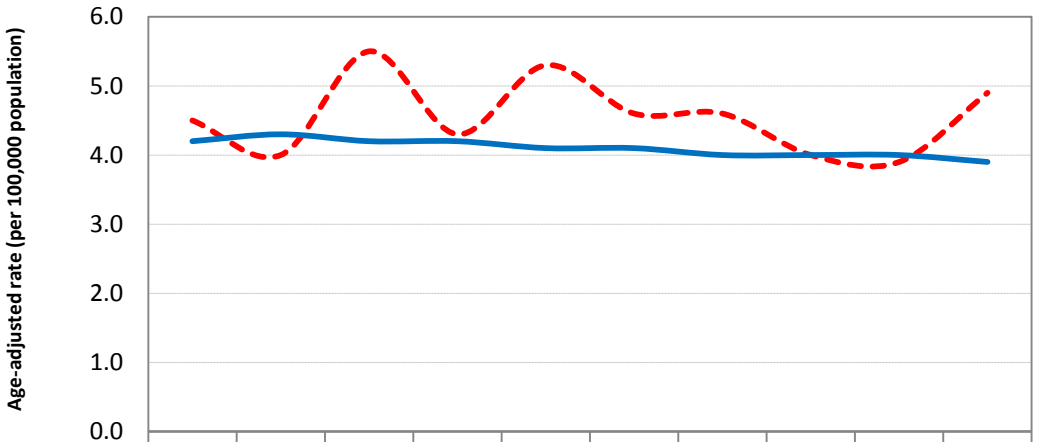
Incidence and mortality statistics by county of residence for cancers of the kidney and renal pelvis are presented in Appendix VIII (Table 16).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	12.8	13.5	14.9	13.3	13.9	15.2	16.3	16.5	17.9	17.1
U.S.	12.7	13.3	13.7	14.2	14.7	15.1	15.6	15.9	16.0	15.7

Kidney and Renal Pelvis Cancer

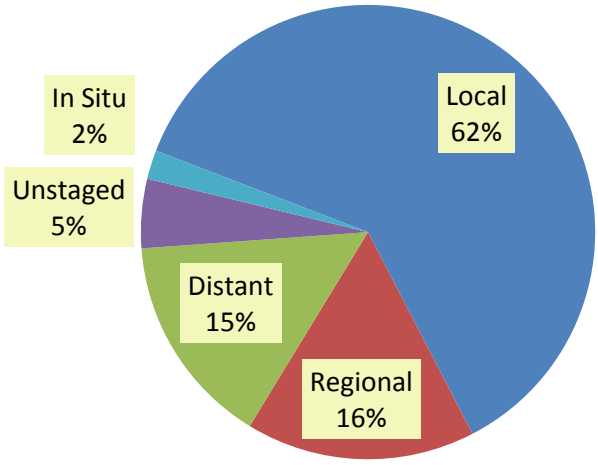
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	4.5	4.0	5.5	4.3	5.3	4.6	4.6	4.0	3.9	4.9
U.S.	4.2	4.3	4.2	4.2	4.1	4.1	4.0	4.0	4.0	3.9

Kidney and Renal Pelvis Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2005-2009



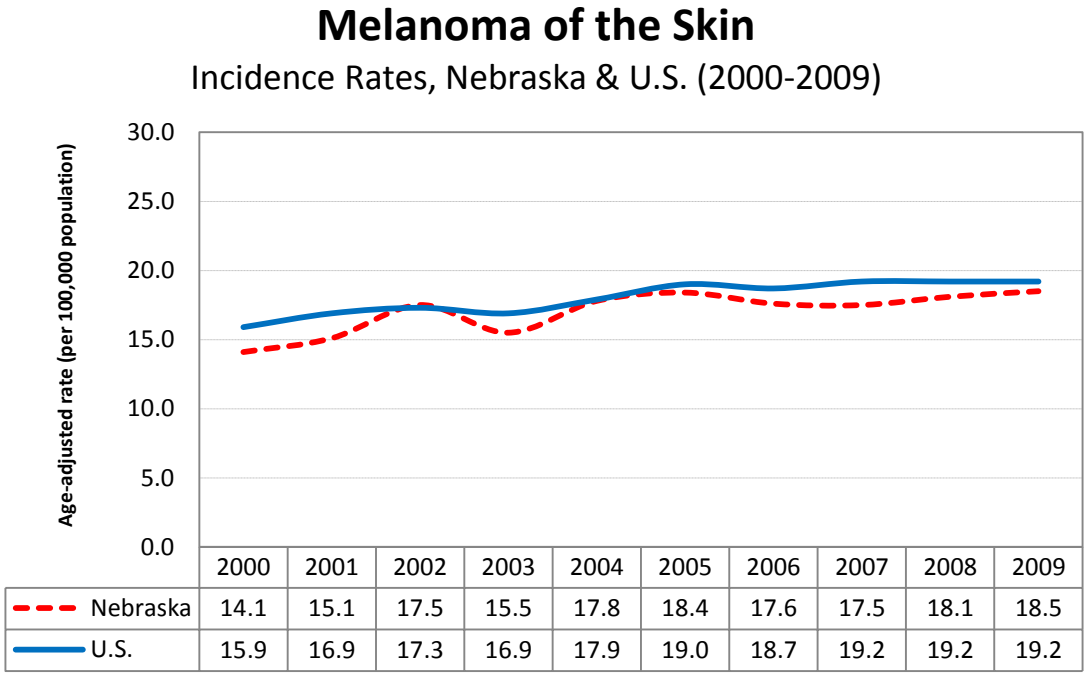
Melanoma of the Skin

There are several different types of skin cancer, but melanomas are the most serious. Nationally, melanomas comprise only about 5% of all skin cancer diagnoses but about 80% of all skin cancer deaths. In Nebraska, melanomas of the skin accounted for 1,655 diagnoses and 294 deaths between 2005 and 2009. 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 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.

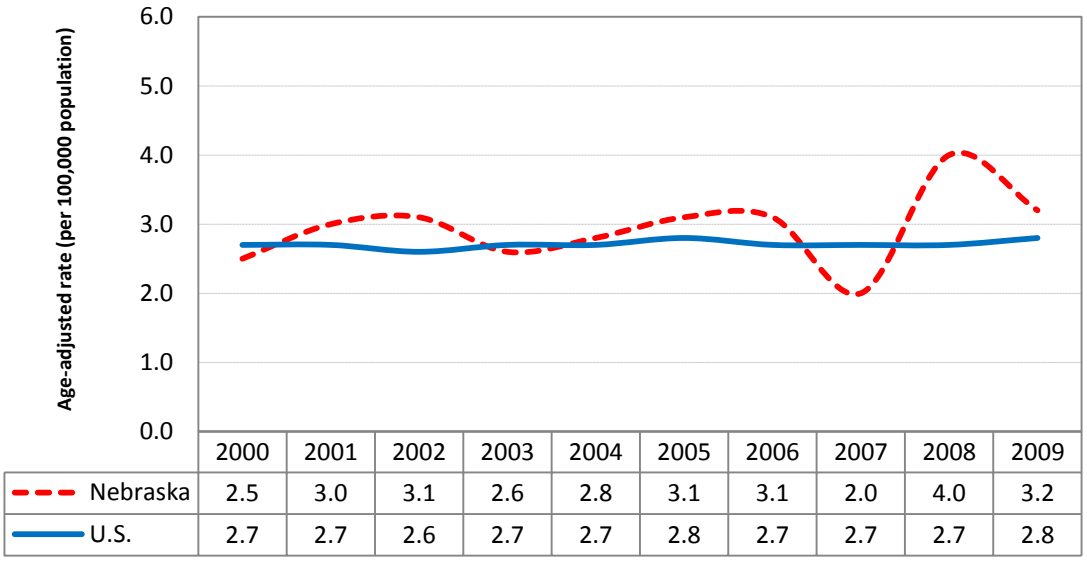
Incidence and mortality statistics by county of residence for melanoma of the skin are presented in Appendix IX (Table 17).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	14.1	15.1	17.5	15.5	17.8	18.4	17.6	17.5	18.1	18.5
U.S.	15.9	16.9	17.3	16.9	17.9	19.0	18.7	19.2	19.2	19.2

Melanoma of the Skin

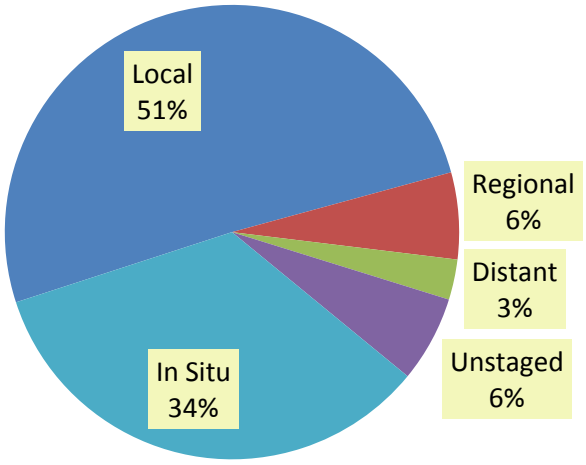
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	2.5	3.0	3.1	2.6	2.8	3.1	3.1	2.0	4.0	3.2
U.S.	2.7	2.7	2.6	2.7	2.7	2.8	2.7	2.7	2.7	2.8

Melanoma of the Skin

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2005-2009

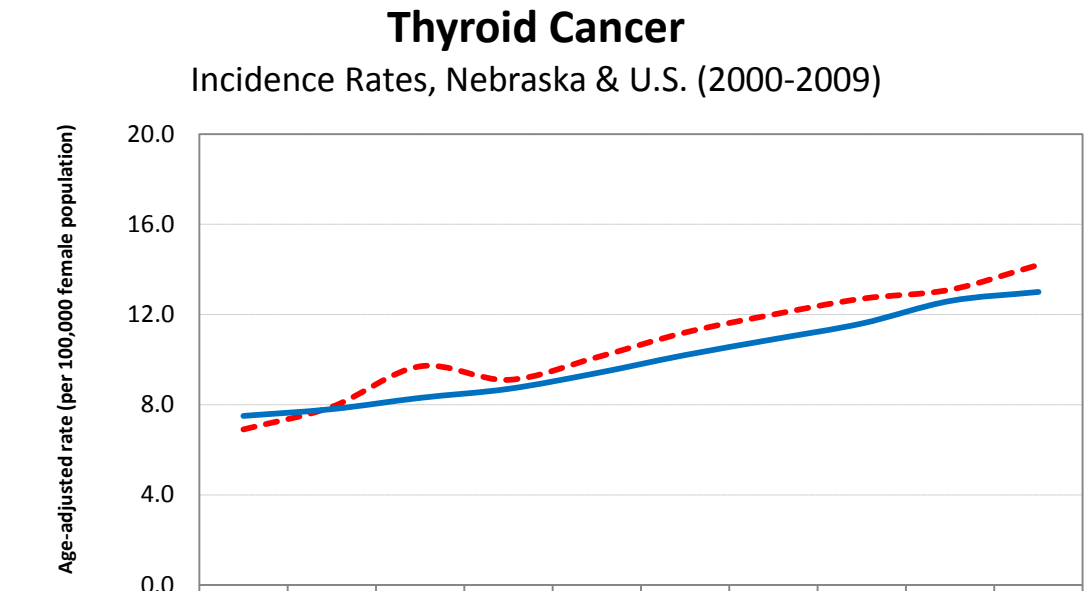


Thyroid

The thyroid gland, which helps to regulate body metabolism, is located in the Adam's apple in the front part of the neck. Most tumors that develop in the thyroid gland are benign, and only about 5-10% of all cases are malignant. These malignant types of thyroid cancer accounted for 1,125 diagnoses among Nebraska residents between 2005 and 2009. Both statewide and nationally, thyroid cancer has been occurring with greater frequency in recent years. Since 2000, annual incidence rates for thyroid cancer in Nebraska and the U.S. have doubled. Fortunately, most thyroid tumors grow very slowly, with the result that they are rarely fatal. Current national statistics show that the five-year survival rate for thyroid cancer is about 97%. In Nebraska, only 38 people died from thyroid cancer during 2005-2009.

Thyroid cancer occurs far more frequently among women than men; in Nebraska, the male-to-female ratio of cases is about 3-to-1. Among the cases that occurred in Nebraska during 2005-2009, the greatest risk occurred among people between the ages of 45 and 69 years. Tobacco and alcohol use, which are risk factors for most types of head and neck cancers, are not linked to thyroid cancer. Factors that are known to increase a person's risk of thyroid cancer include a history of head and neck radiation treatments in childhood, therapeutic radiation for a cancer that occurred during childhood, exposure to radioactive fallout, and certain hereditary conditions.

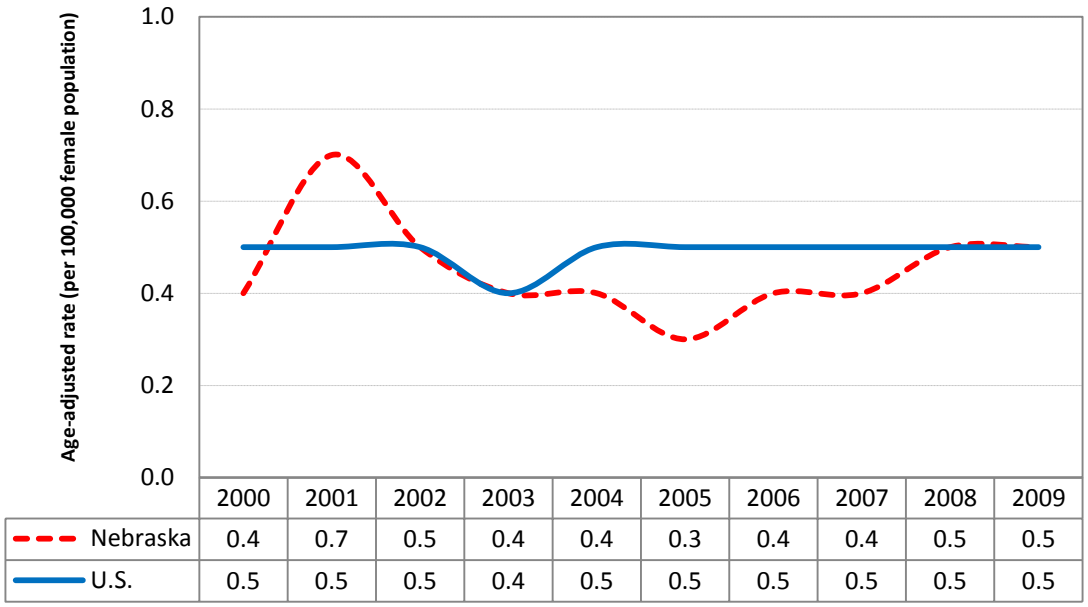
Incidence and mortality statistics by county of residence for cancers of the thyroid are presented in Appendix X (Table 18).



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	6.9	7.9	9.7	9.1	10.1	11.2	12.0	12.7	13.1	14.2
U.S.	7.5	7.8	8.3	8.7	9.4	10.2	10.9	11.6	12.6	13.0

Thyroid Cancer

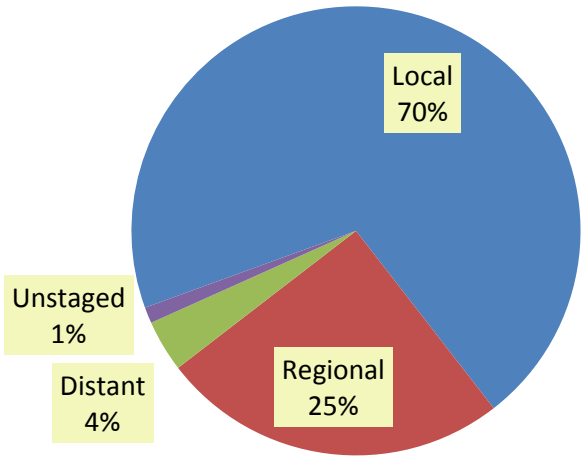
Mortality Rates, Nebraska & U.S. (2000-2009)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nebraska	0.4	0.7	0.5	0.4	0.4	0.3	0.4	0.4	0.5	0.5
U.S.	0.5	0.5	0.5	0.4	0.5	0.5	0.5	0.5	0.5	0.5

Thyroid Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2005-2009



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APPENDICES

TABLE 9: Lung and Bronchus Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	1,017,723	67.7	793,172	50.6
NEBRASKA	5,974	63.1	4,513	47.3
COUNTY				
ADAMS	127	66.1	104	53.6
ANTELOPE	26	49.2	16	30.3▽
ARTHUR	1	**	2	**
BANNER	3	**	3	**
BLAINE	1	**	1	**
BOONE	27	65.2	25	53.6
BOX BUTTE	32	48.0	26	38.3
BOYD	14	70.4	14	68.8
BROWN	13	48.1	17	58.7
BUFFALO	130	62.6	112	53.6
BURT	37	63.8	34	58.8
BUTLER	21	36.9▼	19	32.2
CASS	108	76.9	71	50.0
CEDAR	23	33.5▼	21	31.2▽
CHASE	17	58.3	13	42.9
CHERRY	25	63.3	18	44.5
CHEYENNE	34	55.7	27	43.0
CLAY	43	92.2	28	58.8
COLFAX	35	64.7	25	43.5
CUMING	32	46.2	25	35.4
CUSTER	56	67.0	48	56.3
DAKOTA	75	87.5△	52	60.8
DAWES	15	33.5▼	13	25.7▼
DAWSON	53	41.4▽	46	35.4▽
DEUEL	6	34.4	4	**
DIXON	20	42.6	14	30.6
DODGE	169	71.0	136	54.7
DOUGLAS	1,665	74.2▲	1,173	52.5△
DUNDY	6	42.3	6	37.6
FILLMORE	26	50.1	20	40.7
FRANKLIN	15	55.5	10	34.0
FRONTIER	14	87.1	14	80.6
FURNAS	18	46.6	14	32.7
GAGE	101	64.2	66	41.3
GARDEN	8	41.7	4	**
GARFIELD	8	45.1	3	**
GOSPER	7	42.0	4	**
GRANT	3	**	0	0.0
GREELEY	10	46.1	8	35.2
HALL	185	61.7	139	45.4
HAMILTON	24	40.1▽	21	35.7
HARLAN	16	52.9	17	52.3
HAYES	3	**	5	**
HITCHCOCK	25	99.2	14	57.0
HOLT	53	68.1	44	54.0
HOOKER	5	**	2	**
HOWARD	35	79.7	24	55.6
JEFFERSON	41	62.4	33	49.6

TABLE 9 (continued): Lung and Bronchus Cancer Incidence and Mortality

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	20	57.2	16	43.1
KEARNEY	20	47.5	19	44.6
KEITH	26	39.6▼	25	39.5
KEYA PAHA	1	**	1	**
KIMBALL	18	62.0	15	49.2
KNOX	46	62.6	33	42.2
LANCASTER	751	61.5	546	45.0
LINCOLN	154	73.3	104	48.7
LOGAN	2	**	1	**
LOUP	2	**	1	**
McPHERSON	1	**	1	**
MADISON	149	76.1	110	56.4
MERRICK	32	58.7	25	45.5
MORRILL	19	56.1	13	35.7
NANCE	14	49.8	13	45.1
NEMAHA	26	53.1	19	37.4
NUCKOLLS	15	34.6▼	11	25.8▽
OTOE	65	62.8	57	54.8
PAWNEE	13	53.2	12	49.1
PERKINS	9	42.8	8	37.9
PHELPS	29	45.2	20	30.5▽
PIERCE	27	59.0	22	49.5
PLATTE	94	48.6▽	78	39.8
POLK	18	45.5	18	43.0
RED WILLOW	50	67.2	43	55.5
RICHARDSON	46	71.2	39	61.1
ROCK	6	47.6	3	**
SALINE	55	67.7	42	51.9
SARPY	364	67.8	263	49.4
SAUNDERS	83	67.2	68	54.7
SCOTTS BLUFF	114	47.4▼	97	39.0
SEWARD	49	50.0	47	47.1
SHERIDAN	17	35.3▼	14	28.7▽
SHERMAN	16	62.9	18	75.5
SIOUX	5	**	1	**
STANTON	7	20.5▼	8	23.3▼
THAYER	23	49.0	20	40.9
THOMAS	3	**	1	**
THURSTON	20	57.9	17	50.1
VALLEY	20	54.9	12	31.4
WASHINGTON	65	58.9	57	51.9
WAYNE	15	28.9▼	14	27.4▽
WEBSTER	19	61.8	13	39.9
WHEELER	0	0.0	0	0.0
YORK	35	37.2▼	33	35.4

**Rate is not shown if based on five or fewer events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

▽county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 10: Female Breast Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	992,911	121.9	203,799	23.0
NEBRASKA	6,204	124.7	1,148	21.1
COUNTY				
ADAMS	131	138.3	17	16.6
ANTELOPE	37	149.2	9	30.1
ARTHUR	1	**	0	0.0
BANNER	2	**	0	0.0
BLAINE	1	**	0	0.0
BOONE	21	103.3	4	**
BOX BUTTE	39	111.0	10	26.9
BOYD	13	133.9	1	**
BROWN	11	82.2	1	**
BUFFALO	163	145.0	33	29.0
BURT	35	115.5	6	17.4
BUTLER	29	105.3	10	31.8
CASS	97	137.2	12	17.6
CEDAR	27	90.2	5	**
CHASE	18	145.5	5	**
CHERRY	30	163.2	2	**
CHEYENNE	38	119.7	8	25.4
CLAY	14	61.0▼	4	**
COLFAX	21	81.5▽	15	46.0△
CUMING	31	102.8	4	**
CUSTER	53	127.7	18	28.7
DAKOTA	44	87.0▽	6	11.4
DAWES	32	136.1	7	23.5
DAWSON	61	90.6▼	14	20.2
DEUEL	15	175.3	1	**
DIXON	20	84.5▽	4	**
DODGE	159	135.3	30	21.2
DOUGLAS	1,583	125.0	289	22.2
DUNDY	5	**	3	**
FILLMORE	26	125.4	8	25.9
FRANKLIN	15	127.4	2	**
FRONTIER	6	70.7	4	**
FURNAS	25	132.9	0	0.0
GAGE	107	133.6	22	21.9
GARDEN	10	127.8	3	**
GARFIELD	13	154.5	2	**
GOSPER	9	132.7	1	**
GRANT	2	**	0	0.0
GREELEY	10	109.1	1	**
HALL	190	119.4	29	16.7
HAMILTON	41	139.7	8	24.1
HARLAN	21	180.2	9	49.7
HAYES	1	**	1	**
HITCHCOCK	13	78.0▽	5	**
HOLT	48	145.7	6	13.0
HOOKER	2	**	1	**
HOWARD	26	121.6	5	**
JEFFERSON	24	69.2▼	8	22.0

TABLE 10 (continued): Female Breast Cancer Incidence and Mortality

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	19	108.3	8	34.8
KEARNEY	28	127.3	3	**
KEITH	28	89.1	5	**
KEYA PAHA	2	**	1	**
KIMBALL	19	141.6	4	**
KNOX	37	121.2	4	**
LANCASTER	884	132.5	139	19.9
LINCOLN	124	117.1	29	25.4
LOGAN	2	**	1	**
LOUP	3	**	0	0.0
McPHERSON	4	**	0	0.0
MADISON	139	141.5	30	27.1
MERRICK	42	156.4	3	**
MORRILL	22	138.6	3	**
NANCE	14	115.2	5	**
NEMAHA	33	129.3	4	**
NUCKOLLS	21	126.1	6	21.4
OTOE	57	112.8	9	14.7
PAWNEE	11	76.3▽	4	**
PERKINS	7	58.4▼	2	**
PHELPS	47	146.8	10	27.4
PIERCE	26	108.6	5	**
PLATTE	113	114.8	17	16.2
POLK	29	165.8	4	**
RED WILLOW	41	102.6	11	29.4
RICHARDSON	46	152.0	12	24.1
ROCK	5	**	0	0.0
SALINE	55	131.4	3	**
SARPY	443	134.3	69	23.4
SAUNDERS	72	122.1	13	19.4
SCOTTS BLUFF	167	136.7	32	24.6
SEWARD	60	125.1	16	27.1
SHERIDAN	18	84.8	3	**
SHERMAN	14	131.8	1	**
SIOUX	2	**	2	**
STANTON	11	61.0▼	4	**
THAYER	15	88.4	2	**
THOMAS	3	**	0	0.0
THURSTON	21	119.2	6	33.4
VALLEY	12	80.9	5	**
WASHINGTON	73	127.1	13	20.7
WAYNE	25	126.5	5	**
WEBSTER	19	140.6	2	**
WHEELER	4	**	1	**
YORK	67	136.8	19	33.8

**Rate is not shown if based on five or fewer events
Rates are per 100,000 female population and are age-adjusted to the 2000 U.S. population

▽county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 11: Colon & Rectum (Colorectal) Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	698,974	46.2	264,125	16.7
NEBRASKA	5,191	53.8	1,822	18.3
COUNTY				
ADAMS	123	62.2	30	15.0
ANTELOPE	31	58.1	8	13.3
ARTHUR	3	**	1	**
BANNER	3	**	0	0.0
BLAINE	0	0.0	1	**
BOONE	26	62.2	14	31.8
BOX BUTTE	34	51.5	12	16.9
BOYD	11	52.6	3	**
BROWN	20	78.6	2	**
BUFFALO	126	57.9	46	20.9
BURT	36	57.1	17	27.5
BUTLER	43	74.2	11	18.2
CASS	88	63.5	33	23.8
CEDAR	33	47.0	8	11.2
CHASE	12	34.5	2	**
CHERRY	21	50.5	11	29.0
CHEYENNE	32	52.1	10	15.5
CLAY	31	63.2	10	20.2
COLFAX	31	52.8	21	36.4△
CUMING	33	46.0	18	23.2
CUSTER	45	54.1	18	20.5
DAKOTA	59	71.5	18	21.1
DAWES	19	44.2	9	17.2
DAWSON	70	53.8	21	15.5
DEUEL	9	59.0	1	**
DIXON	18	40.5	10	21.4
DODGE	160	67.4△	58	21.7
DOUGLAS	1,210	52.9	417	18.0
DUNDY	7	42.8	6	30.4
FILLMORE	26	54.0	12	21.9
FRANKLIN	11	37.7	4	**
FRONTIER	9	46.4	5	**
FURNAS	33	79.1	8	15.6
GAGE	101	62.8	38	20.5
GARDEN	4	**	2	**
GARFIELD	11	63.9	3	**
GOSPER	6	45.7	3	**
GRANT	1	**	0	0.0
GREELEY	13	58.7	6	23.4
HALL	173	55.1	71	22.3
HAMILTON	25	41.3	6	9.9
HARLAN	24	77.3	9	28.3
HAYES	2	**	0	0.0
HITCHCOCK	7	28.9▽	2	**
HOLT	48	59.4	21	25.3
HOOKER	4	**	1	**
HOWARD	27	61.2	8	17.7
JEFFERSON	31	48.6	13	17.3

TABLE 11 (continued): Colon & Rectum (Colorectal) Cancer Incidence and Mortality

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
COUNTY				
JOHNSON	28	81.7	9	25.2
KEARNEY	23	55.1	9	20.1
KEITH	34	61.4	15	24.1
KEYA PAHA	7	104.3	3	**
KIMBALL	11	35.8	8	24.3
KNOX	30	45.8	18	22.5
LANCASTER	582	47.7∇	186	14.9∇
LINCOLN	105	48.6	39	16.8
LOGAN	1	**	0	0.0
LOUP	6	128.3	0	0.0
McPHERSON	3	**	1	**
MADISON	113	55.6	44	20.8
MERRICK	26	49.2	15	26.7
MORRILL	14	38.5	6	15.9
NANCE	14	49.4	9	31.1
NEMAHA	27	52.9	8	16.9
NUCKOLLS	25	63.8	5	**
OTOE	63	62.3	26	23.5
PAWNEE	14	53.3	6	28.9
PERKINS	11	57.5	5	**
PHELPS	26	39.4	6	8.9∇
PIERCE	34	70.4	12	24.3
PLATTE	110	56.6	32	17.0
POLK	25	58.2	5	**
RED WILLOW	46	59.4	13	15.2
RICHARDSON	46	69.0	17	21.4
ROCK	7	76.6	6	41.5
SALINE	60	72.3	19	20.4
SARPY	294	55.1	77	15.5
SAUNDERS	71	57.3	35	28.3
SCOTTS BLUFF	112	48.4	31	12.4∇
SEWARD	60	61.1	20	19.0
SHERIDAN	24	59.8	10	20.3
SHERMAN	15	56.8	5	**
SIOUX	1	**	1	**
STANTON	17	45.8	4	**
THAYER	27	51.6	9	16.1
THOMAS	3	**	0	0.0
THURSTON	23	67.1	13	36.6
VALLEY	11	30.2∇	7	17.1
WASHINGTON	49	44.4	18	16.9
WAYNE	30	63.3	12	22.4
WEBSTER	33	101.9△	9	26.9
WHEELER	0	0.0	3	**
YORK	40	43.5	18	16.2

**Rate is not shown if based on five or fewer events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

∇county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 12: Prostate Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	1,042,218	151.4	142,929	23.6
NEBRASKA	6,508	151.0	965	24.7
COUNTY				
ADAMS	121	141.7	20	23.7
ANTELOPE	42	175.1	5	**
ARTHUR	1	**	0	0.0
BANNER	5	**	0	0.0
BLAINE	1	**	1	**
BOONE	49	264.0▲	5	**
BOX BUTTE	41	137.8	4	**
BOYD	13	153.2	1	**
BROWN	29	242.3	6	44.1
BUFFALO	147	151.8	21	25.2
BURT	33	127.8	8	30.9
BUTLER	39	141.4	3	**
CASS	77	116.8▽	10	20.7
CEDAR	32	108.2▽	5	**
CHASE	29	216.7	2	**
CHERRY	35	189.2	2	**
CHEYENNE	42	154.2	8	33.5
CLAY	45	211.9	7	33.5
COLFAX	51	211.7	9	39.5
CUMING	48	148.0	6	15.2
CUSTER	56	149.3	5	**
DAKOTA	49	114.8▽	10	31.5
DAWES	33	143.0	12	53.1
DAWSON	77	127.0	15	28.2
DEUEL	10	124.5	3	**
DIXON	26	126.2	4	**
DODGE	235	224.1▲	19	18.9
DOUGLAS	1,555	152.7	216	25.2
DUNDY	13	175.1	1	**
FILLMORE	27	132.6	4	**
FRANKLIN	19	159.1	2	**
FRONTIER	21	226.5	4	**
FURNAS	28	161.3	4	**
GAGE	77	109.6▼	20	28.0
GARDEN	8	90.5	2	**
GARFIELD	14	184.2	2	**
GOSPER	17	230.4	2	**
GRANT	6	257.2	0	0.0
GREELEY	17	181.8	4	**
HALL	256	179.8△	22	17.4
HAMILTON	34	125.5	8	32.1
HARLAN	25	175.1	7	47.5
HAYES	5	**	0	0.0
HITCHCOCK	20	183.6	1	**
HOLT	62	180.0	9	23.7
HOOKER	6	210.8	2	**
HOWARD	42	205.3	4	**
JEFFERSON	27	93.7▼	14	43.9

TABLE 12 (continued): Prostate Cancer Incidence and Mortality

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	16	108.3	4	**
KEARNEY	20	111.0	2	**
KEITH	34	120.7	5	**
KEYA PAHA	3	**	1	**
KIMBALL	13	99.0	4	**
KNOX	55	179.7	11	34.1
LANCASTER	757	134.4▽	117	26.0
LINCOLN	137	137.8	20	22.6
LOGAN	3	**	1	**
LOUP	13	538.2△	2	**
McPHERSON	1	**	0	0.0
MADISON	155	178.2	15	18.0
MERRICK	44	179.0	6	25.2
MORRILL	25	154.2	3	**
NANCE	17	132.6	3	**
NEMAHA	26	117.0	7	33.0
NUCKOLLS	28	151.4	5	**
OTOE	50	103.4▼	13	26.7
PAWNEE	15	138.7	5	**
PERKINS	11	106.4	2	**
PHELPS	49	167.5	14	44.6
PIERCE	38	186.7	6	30.5
PLATTE	139	158.9	14	17.4
POLK	24	133.6	1	**
RED WILLOW	44	130.7	5	**
RICHARDSON	35	116.5	10	32.3
ROCK	14	258.3	2	**
SALINE	58	157.3	11	29.3
SARPY	383	148.5	39	23.5
SAUNDERS	94	163.4	13	26.3
SCOTTS BLUFF	166	159.5	27	26.3
SEWARD	48	103.8▼	11	24.8
SHERIDAN	24	122.7	7	29.6
SHERMAN	17	147.1	2	**
SIOUX	8	165.9	0	0.0
STANTON	9	64.3▼	2	**
THAYER	30	134.7	8	29.6
THOMAS	3	**	0	0.0
THURSTON	21	139.7	4	**
VALLEY	29	190.8	7	39.8
WASHINGTON	78	152.5	16	36.7
WAYNE	40	183.2	4	**
WEBSTER	28	194.7	5	**
WHEELER	6	214.7	0	0.0
YORK	55	132.2	12	28.3

**Rate is not shown if based on five or fewer events
Rates are per 100,000 male population and are age-adjusted to the 2000 U.S. population

▽county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 13: Urinary Bladder Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	316,876	21.1	68,807	4.4
NEBRASKA	1,966	20.4	399	3.9
COUNTY				
ADAMS	39	18.7	10	4.4
ANTELOPE	15	31.8	2	**
ARTHUR	0	0.0	0	0.0
BANNER	1	**	1	**
BLAINE	1	**	0	0.0
BOONE	12	26.3	4	**
BOX BUTTE	7	11.0∇	1	**
BOYD	1	**	1	**
BROWN	2	**	0	0.0
BUFFALO	40	18.3	7	3.4
BURT	10	15.7	2	**
BUTLER	10	16.8	1	**
CASS	25	18.6	3	**
CEDAR	13	19.9	0	0.0
CHASE	9	28.4	3	**
CHERRY	8	20.1	1	**
CHEYENNE	20	32.2	1	**
CLAY	8	16.3	1	**
COLFAX	12	21.1	2	**
CUMING	10	13.6	2	**
CUSTER	19	21.7	2	**
DAKOTA	17	21.0	4	**
DAWES	7	13.4	2	**
DAWSON	33	25.2	2	**
DEUEL	2	**	1	**
DIXON	3	**	1	**
DODGE	50	21.1	10	3.8
DOUGLAS	501	22.1	122	5.4△
DUNDY	6	33.0	1	**
FILLMORE	5	**	3	**
FRANKLIN	5	**	0	0.0
FRONTIER	8	37.4	0	0.0
FURNAS	16	37.4	2	**
GAGE	32	18.1	7	3.1
GARDEN	5	**	1	**
GARFIELD	5	**	1	**
GOSPER	9	54.3	0	0.0
GRANT	2	**	0	0.0
GREELEY	4	**	1	**
HALL	69	21.4	15	4.5
HAMILTON	7	12.8	4	**
HARLAN	5	**	2	**
HAYES	0	0.0	1	**
HITCHCOCK	9	36.6	1	**
HOLT	12	14.2	3	**
HOOKER	2	**	0	0.0
HOWARD	6	13.2	2	**
JEFFERSON	14	22.5	5	**

TABLE 13 (continued): Urinary Bladder Cancer Incidence and Mortality

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	8	23.9	0	0.0
KEARNEY	8	18.9	2	**
KEITH	12	19.0	4	**
KEYA PAHA	3	**	0	0.0
KIMBALL	6	18.5	1	**
KNOX	12	15.2	2	**
LANCASTER	229	19.1	46	3.7
LINCOLN	49	22.4	8	3.7
LOGAN	2	**	0	0.0
LOUP	3	**	1	**
McPHERSON	1	**	1	**
MADISON	35	16.5	5	**
MERRICK	8	15.2	2	**
MORRILL	6	16.9	1	**
NANCE	4	**	1	**
NEMAHA	11	22.9	1	**
NUCKOLLS	4	**	3	**
OTOE	21	18.9	0	0.0
PAWNEE	2	**	0	0.0
PERKINS	2	**	2	**
PHELPS	15	24.3	1	**
PIERCE	13	28.0	2	**
PLATTE	27	13.8∇	9	4.4
POLK	7	14.9	4	**
RED WILLOW	23	29.1	3	**
RICHARDSON	9	15.0	2	**
ROCK	1	**	0	0.0
SALINE	15	17.1	6	5.7
SARPY	123	23.7	20	4.4
SAUNDERS	23	19.3	6	4.7
SCOTTS BLUFF	56	23.3	6	2.8
SEWARD	20	20.5	5	**
SHERIDAN	5	**	1	**
SHERMAN	3	**	1	**
SIOUX	0	0.0	1	**
STANTON	7	19.9	0	0.0
THAYER	10	17.3	4	**
THOMAS	1	**	0	0.0
THURSTON	8	23.4	2	**
VALLEY	10	19.4	4	**
WASHINGTON	25	21.8	2	**
WAYNE	12	23.3	1	**
WEBSTER	7	19.5	0	0.0
WHEELER	2	**	0	0.0
YORK	22	22.0	4	**

**Rate is not shown if based on five or fewer events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

∇county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 14: Non-Hodgkin Lymphoma Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	289,059	19.3	102,751	6.6
NEBRASKA	1,946	20.6	706	7.1
COUNTY				
ADAMS	44	23.1	17	8.0
ANTELOPE	5	**	6	**
ARTHUR	0	0.0	0	0.0
BANNER	0	0.0	1	**
BLAINE	0	0.0	0	0.0
BOONE	11	26.4	4	**
BOX BUTTE	9	13.7	6	**
BOYD	1	**	2	**
BROWN	4	**	2	**
BUFFALO	41	19.9	10	4.7
BURT	11	22.4	5	**
BUTLER	7	12.4	4	**
CASS	31	21.5	10	6.9
CEDAR	5	**	5	**
CHASE	8	26.9	4	**
CHERRY	10	27.7	3	**
CHEYENNE	13	22.0	4	**
CLAY	11	25.1	6	13.9
COLFAX	8	14.4	6	10.4
CUMING	16	23.7	6	9.4
CUSTER	14	17.1	7	6.3
DAKOTA	20	24.3	12	14.7
DAWES	7	13.3	7	16.1
DAWSON	12	9.2▼	8	6.0
DEUEL	3	**	0	0.0
DIXON	7	14.6	4	**
DODGE	71	31.2△	32	12.1△
DOUGLAS	508	21.9	168	7.3
DUNDY	3	**	2	**
FILLMORE	13	25.0	5	**
FRANKLIN	2	**	2	**
FRONTIER	4	**	1	**
FURNAS	15	38.4	8	20.2
GAGE	29	17.5	18	10.1
GARDEN	4	**	0	0.0
GARFIELD	3	**	0	0.0
GOSPER	4	**	0	0.0
GRANT	0	0.0	0	0.0
GREELEY	2	**	0	0.0
HALL	72	23.9	23	7.1
HAMILTON	15	26.7	3	**
HARLAN	3	**	1	**
HAYES	2	**	2	**
HITCHCOCK	5	**	1	**
HOLT	8	16.9	3	**
HOOKER	0	0.0	0	0.0
HOWARD	14	33.7	1	**
JEFFERSON	6	11.8	3	**

TABLE 14 (continued): Non-Hodgkin Lymphoma Incidence and Mortality

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
COUNTY				
JOHNSON	11	34.7	4	**
KEARNEY	6	14.5	3	**
KEITH	9	16.7	2	**
KEYA PAHA	2	**	0	0.0
KIMBALL	5	**	3	**
KNOX	18	25.0	4	**
LANCASTER	262	21.3	93	7.6
LINCOLN	42	19.9	12	5.0
LOGAN	1	**	0	0.0
LOUP	3	**	0	0.0
McPHERSON	0	0.0	0	0.0
MADISON	36	18.0	15	7.6
MERRICK	9	16.7	5	**
MORRILL	5	**	2	**
NANCE	7	26.6	4	**
NEMAHA	13	25.8	8	15.5
NUCKOLLS	7	18.0	2	**
OTOE	17	16.6	3	**
PAWNEE	2	**	2	**
PERKINS	3	**	1	**
PHELPS	8	11.9	3	**
PIERCE	6	14.7	2	**
PLATTE	35	19.2	8	4.0
POLK	3	**	0	0.0
RED WILLOW	19	24.5	11	12.8
RICHARDSON	12	18.8	5	**
ROCK	3	**	2	**
SALINE	14	17.7	7	6.2
SARPY	127	23.1	29	5.7
SAUNDERS	29	24.4	10	8.2
SCOTTS BLUFF	43	17.5	17	6.5
SEWARD	22	21.7	8	6.9
SHERIDAN	5	**	4	7.8
SHERMAN	4	**	1	**
SIOUX	1	**	0	0.0
STANTON	1	**	2	**
THAYER	7	17.7	2	**
THOMAS	0	0.0	0	0.0
THURSTON	7	20.3	2	**
VALLEY	5	**	2	**
WASHINGTON	17	15.5	3	**
WAYNE	14	27.6	5	**
WEBSTER	6	17.7	2	**
WHEELER	0	0.0	0	0.0
YORK	19	22.5	6	5.2

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Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

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▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 15: Leukemia Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	185,213	12.4	110,779	7.1
NEBRASKA	1,330	14.0	695	7.1
COUNTY				
ADAMS	25	12.4	16	7.5
ANTELOPE	7	15.9	1	**
ARTHUR	0	0.0	0	0.0
BANNER	0	0.0	0	0.0
BLAINE	0	0.0	0	0.0
BOONE	8	18.9	3	**
BOX BUTTE	12	15.7	9	10.2
BOYD	0	0.0	2	**
BROWN	3	**	1	**
BUFFALO	23	10.5	22	10.2
BURT	9	16.9	5	**
BUTLER	3	**	1	**
CASS	17	11.9	13	9.0
CEDAR	7	10.4	4	**
CHASE	5	**	1	**
CHERRY	9	22.9	4	**
CHEYENNE	8	13.1	5	**
CLAY	7	19.8	6	12.9
COLFAX	11	19.4	7	10.9
CUMING	5	**	6	8.3
CUSTER	10	11.1	6	5.4
DAKOTA	13	14.6	7	7.6
DAWES	7	12.2	8	14.5
DAWSON	11	9.0	8	6.7
DEUEL	2	**	1	**
DIXON	8	13.1	7	13.1
DODGE	27	11.9	13	5.0
DOUGLAS	351	14.9	144	6.3
DUNDY	2	**	3	**
FILLMORE	6	13.3	2	**
FRANKLIN	2	**	4	**
FRONTIER	2	**	0	0.0
FURNAS	3	**	1	**
GAGE	17	10.0	10	5.2
GARDEN	4	**	2	**
GARFIELD	3	**	2	**
GOSPER	4	**	3	**
GRANT	0	0.0	0	0.0
GREELEY	4	**	3	**
HALL	48	15.9	25	7.5
HAMILTON	6	9.7	3	**
HARLAN	4	**	0	0.0
HAYES	0	0.0	1	**
HITCHCOCK	3	**	0	0.0
HOLT	11	17.1	3	**
HOOKER	0	0.0	0	0.0
HOWARD	8	19.5	7	14.7
JEFFERSON	7	10.7	7	9.1

TABLE 15 (continued): Leukemia Incidence and Mortality

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	3	**	3	**
KEARNEY	4	**	3	**
KEITH	10	16.1	8	12.6
KEYA PAHA	0	0.0	0	0.0
KIMBALL	3	**	6	19.6
KNOX	9	13.9	5	**
LANCASTER	170	13.6	89	7.1
LINCOLN	42	19.4	16	7.3
LOGAN	0	0.0	0	0.0
LOUP	1	**	0	0.0
McPHERSON	0	0.0	0	0.0
MADISON	28	14.2	11	5.5
MERRICK	2	**	1	**
MORRILL	10	34.2	5	**
NANCE	3	**	3	**
NEMAHA	3	**	3	**
NUCKOLLS	4	**	2	**
OTOE	17	16.0	10	9.2
PAWNEE	4	**	1	**
PERKINS	2	**	3	**
PHELPS	7	11.6	6	9.0
PIERCE	6	15.1	2	**
PLATTE	25	13.4	5	**
POLK	6	15.8	2	**
RED WILLOW	12	17.4	7	9.3
RICHARDSON	8	12.8	8	11.0
ROCK	1	**	0	0.0
SALINE	12	12.8	2	**
SARPY	86	14.9	40	7.5
SAUNDERS	17	14.1	12	9.7
SCOTTS BLUFF	25	10.7	16	6.2
SEWARD	14	15.3	7	6.3
SHERIDAN	6	13.0	5	**
SHERMAN	8	39.4	5	**
SIOUX	0	0.0	0	0.0
STANTON	4	**	2	**
THAYER	10	23.1	7	15.7
THOMAS	3	**	0	0.0
THURSTON	5	**	4	**
VALLEY	2	**	1	**
WASHINGTON	10	8.8	5	**
WAYNE	6	10.6	1	**
WEBSTER	5	**	2	**
WHEELER	1	**	0	0.0
YORK	14	14.5	11	10.9

**Rate is not shown if based on five or fewer events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

▽county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 16: Kidney and Renal Pelvis Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U..S.	237,885	15.7	63,489	4.0
NEBRASKA	1,568	16.6	425	4.4
COUNTY				
ADAMS	20	11.8	8	4.7
ANTELOPE	4	**	1	**
ARTHUR	0	0.0	0	0.0
BANNER	2	**	1	**
BLAINE	0	0.0	0	0.0
BOONE	4	**	2	**
BOX BUTTE	11	17.2	2	**
BOYD	2	**	0	0.0
BROWN	1	**	0	0.0
BUFFALO	36	16.7	8	4.0
BURT	5	**	4	**
BUTLER	8	12.4	4	**
CASS	36	26.2△	10	8.0
CEDAR	15	24.0	3	**
CHASE	1	**	0	0.0
CHERRY	5	**	0	0.0
CHEYENNE	6	10.8	0	0.0
CLAY	7	15.4	3	**
COLFAX	4	**	2	**
CUMING	5	**	1	**
CUSTER	10	12.8	5	**
DAKOTA	15	17.4	4	**
DAWES	7	13.9	4	**
DAWSON	18	13.9	6	4.7
DEUEL	1	**	0	0.0
DIXON	5	**	2	**
DODGE	50	22.4	14	5.5
DOUGLAS	434	18.4	105	4.6
DUNDY	2	**	1	**
FILLMORE	6	12.3	1	**
FRANKLIN	6	22.9	1	**
FRONTIER	3	**	0	0.0
FURNAS	6	14.9	2	**
GAGE	20	13.7	10	6.1
GARDEN	2	**	1	**
GARFIELD	2	**	1	**
GOSPER	2	**	0	0.0
GRANT	1	**	1	**
GREELEY	1	**	1	**
HALL	65	22.1	8	2.3
HAMILTON	6	11.5	7	11.8
HARLAN	5	**	3	**
HAYES	2	**	2	**
HITCHCOCK	8	41.0	2	**
HOLT	9	11.7	2	**
HOOKER	2	**	0	0.0
HOWARD	6	15.7	3	**
JEFFERSON	4	**	1	**

TABLE 16 (continued): Kidney and Renal Pelvis Cancer Incidence and Mortality

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	4	**	2	**
KEARNEY	10	21.5	2	**
KEITH	8	14.3	1	**
KEYA PAHA	3	**	0	0.0
KIMBALL	4	**	3	**
KNOX	17	26.1	3	**
LANCASTER	195	15.7	47	3.9
LINCOLN	30	14.7	6	2.7
LOGAN	2	**	1	**
LOUP	0	0.0	0	0.0
McPHERSON	2	**	0	0.0
MADISON	40	20.1	8	3.8
MERRICK	14	30.1	4	**
MORRILL	5	**	1	**
NANCE	4	**	2	**
NEMAHA	6	12.0	2	**
NUCKOLLS	1	**	0	0.0
OTOE	12	12.0	6	6.1
PAWNEE	4	**	1	**
PERKINS	3	**	1	**
PHELPS	8	15.7	5	**
PIERCE	3	**	3	**
PLATTE	26	13.1	6	2.9
POLK	9	19.7	5	**
RED WILLOW	12	17.0	4	**
RICHARDSON	9	13.2	1	**
ROCK	3	**	0	0.0
SALINE	14	19.6	3	**
SARPY	115	18.9	25	4.9
SAUNDERS	16	12.9	5	**
SCOTTS BLUFF	36	15.3	12	5.0
SEWARD	20	23.7	6	6.4
SHERIDAN	4	**	2	**
SHERMAN	3	**	1	**
SIOUX	1	**	1	**
STANTON	1	**	2	**
THAYER	7	15.0	5	**
THOMAS	1	**	0	0.0
THURSTON	5	**	1	**
VALLEY	5	**	2	**
WASHINGTON	15	13.7	3	**
WAYNE	5	**	3	**
WEBSTER	3	**	0	0.0
WHEELER	0	0.0	1	**
YORK	13	15.3	3	**

**Rate is not shown if based on five or fewer events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

▽county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 17: Melanoma of the Skin Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	286,059	19.7	43,069	2.7
NEBRASKA	1,655	18.0	294	3.1
COUNTY				
ADAMS	48	26.0	10	5.2
ANTELOPE	9	18.5	2	**
ARTHUR	0	0.0	0	0.0
BANNER	0	0.0	0	0.0
BLAINE	1	**	0	0.0
BOONE	7	21.2	0	0.0
BOX BUTTE	12	18.9	3	**
BOYD	1	**	0	0.0
BROWN	1	**	1	**
BUFFALO	16	7.4▼	13	6.8
BURT	14	27.8	1	**
BUTLER	13	24.9	3	**
CASS	32	23.5	7	5.1
CEDAR	8	17.3	1	**
CHASE	4	**	0	0.0
CHERRY	3	**	1	**
CHEYENNE	11	20.4	3	**
CLAY	8	20.5	2	**
COLFAX	11	19.3	4	**
CUMING	6	10.5	5	**
CUSTER	11	14.2	5	**
DAKOTA	9	10.9	1	**
DAWES	4	**	1	**
DAWSON	13	10.0▽	4	**
DEUEL	2	**	0	0.0
DIXON	10	25.5	2	**
DODGE	19	9.3▼	8	3.4
DOUGLAS	435	18.4	63	2.7
DUNDY	4	**	0	0.0
FILLMORE	9	19.2	3	**
FRANKLIN	2	**	0	0.0
FRONTIER	3	**	0	0.0
FURNAS	10	28.2	0	0.0
GAGE	25	17.1	5	**
GARDEN	5	**	1	**
GARFIELD	2	**	0	0.0
GOSPER	1	**	0	0.0
GRANT	3	**	0	0.0
GREELEY	2	**	0	0.0
HALL	30	10.0▼	7	2.2
HAMILTON	6	11.3	1	**
HARLAN	7	21.8	1	**
HAYES	0	0.0	0	0.0
HITCHCOCK	3	**	0	0.0
HOLT	14	18.6	1	**
HOOKER	1	**	0	0.0
HOWARD	6	13.9	1	**
JEFFERSON	7	12.7	2	**

TABLE 17 (continued): Melanoma of the Skin Incidence and Mortality

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	3	**	0	0.0
KEARNEY	4	**	0	0.0
KEITH	4	**	2	**
KEYA PAHA	1	**	0	0.0
KIMBALL	4	**	1	**
KNOX	14	26.3	0	0.0
LANCASTER	271	21.2	44	3.5
LINCOLN	33	17.4	6	2.9
LOGAN	0	0.0	0	0.0
LOUP	0	0.0	0	0.0
McPHERSON	0	0.0	0	0.0
MADISON	36	19.8	2	**
MERRICK	6	13.5	1	**
MORRILL	6	18.8	1	**
NANCE	4	**	0	0.0
NEMAHA	9	20.5	3	**
NUCKOLLS	13	38.9	2	**
OTOE	11	14.0	1	**
PAWNEE	4	**	2	**
PERKINS	4	**	1	**
PHELPS	11	18.9	4	**
PIERCE	6	14.6	0	0.0
PLATTE	23	12.2	5	**
POLK	8	22.5	0	0.0
RED WILLOW	13	18.9	2	**
RICHARDSON	7	8.8▽	2	**
ROCK	1	**	0	0.0
SALINE	24	33.0△	7	8.5
SARPY	124	19.4	14	2.5
SAUNDERS	20	17.5	5	**
SCOTTS BLUFF	39	17.9	8	3.5
SEWARD	23	27.0	3	**
SHERIDAN	7	23.0	2	**
SHERMAN	1	**	0	0.0
SIOUX	0	0.0	1	**
STANTON	5	**	1	**
THAYER	13	26.9	3	**
THOMAS	0	0.0	0	0.0
THURSTON	5	**	1	**
VALLEY	2	**	0	0.0
WASHINGTON	19	17.9	4	**
WAYNE	8	17.5	0	0.0
WEBSTER	8	27.4	1	**
WHEELER	0	0.0	0	0.0
YORK	13	13.6	3	**

**Rate is not shown if based on five or fewer events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

▽county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 18: Thyroid Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska & U.S. (2005-2009)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	172,414	11.7	7,898	0.5
NEBRASKA	1,125	12.7	38	0.4
COUNTY				
ADAMS	13	8.9	0	0.0
ANTELOPE	5	**	0	0.0
ARTHUR	0	0.0	0	0.0
BANNER	1	**	0	0.0
BLAINE	1	**	0	0.0
BOONE	3	**	0	0.0
BOX BUTTE	5	**	0	0.0
BOYD	2	**	0	0.0
BROWN	1	**	0	0.0
BUFFALO	19	9.5	1	**
BURT	1	**	0	0.0
BUTLER	5	**	0	0.0
CASS	20	14.4	0	0.0
CEDAR	2	**	0	0.0
CHASE	2	**	0	0.0
CHERRY	4	**	0	0.0
CHEYENNE	6	10.4	1	**
CLAY	4	**	0	0.0
COLFAX	6	11.8	0	0.0
CUMING	5	**	1	**
CUSTER	4	**	0	0.0
DAKOTA	11	12.2	0	0.0
DAWES	6	20.2	0	0.0
DAWSON	15	12.7	0	0.0
DEUEL	2	**	0	0.0
DIXON	0	0.0	0	0.0
DODGE	14	7.8▽	2	**
DOUGLAS	262	11.0	5	**
DUNDY	1	**	0	0.0
FILLMORE	9	27.4	0	0.0
FRANKLIN	1	**	1	**
FRONTIER	3	**	2	**
FURNAS	2	**	0	0.0
GAGE	26	21.3	0	0.0
GARDEN	0	0.0	0	0.0
GARFIELD	1	**	0	0.0
GOSPER	0	0.0	0	0.0
GRANT	0	0.0	0	0.0
GREELEY	5	**	0	0.0
HALL	48	17.7	1	**
HAMILTON	8	17.9	1	**
HARLAN	0	0.0	0	0.0
HAYES	0	0.0	0	0.0
HITCHCOCK	1	**	0	0.0
HOLT	7	9.4	1	**
HOOKER	1	**	0	0.0
HOWARD	5	**	1	**
JEFFERSON	7	17.8	0	0.0

TABLE 18 (continued): Thyroid Cancer Incidence and Mortality

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
COUNTY				
JOHNSON	5	**	1	**
KEARNEY	2	**	0	0.0
KEITH	3	**	1	**
KEYA PAHA	0	0.0	0	0.0
KIMBALL	1	**	0	0.0
KNOX	3	**	0	0.0
LANCASTER	233	18.1▲	7	0.6
LINCOLN	14	8.0	0	0.0
LOGAN	0	0.0	0	0.0
LOUP	1	**	0	0.0
McPHERSON	0	0.0	0	0.0
MADISON	19	10.7	2	**
MERRICK	3	**	0	0.0
MORRILL	3	**	0	0.0
NANCE	4	**	0	0.0
NEMAHA	5	**	0	0.0
NUCKOLLS	3	**	0	0.0
OTOE	12	16.0	1	**
PAWNEE	2	**	0	0.0
PERKINS	3	**	1	**
PHELPS	7	13.1	0	0.0
PIERCE	3	**	0	0.0
PLATTE	36	21.3△	0	0.0
POLK	3	**	0	0.0
RED WILLOW	8	13.7	0	0.0
RICHARDSON	1	**	0	0.0
ROCK	3	**	0	0.0
SALINE	13	18.2	0	0.0
SARPY	95	13.7	3	**
SAUNDERS	15	12.8	1	**
SCOTTS BLUFF	15	8.3	1	**
SEWARD	18	20.5	1	**
SHERIDAN	2	**	0	0.0
SHERMAN	6	26.0	1	**
SIOUX	0	0.0	0	0.0
STANTON	4	**	1	**
THAYER	6	19.9	0	0.0
THOMAS	1	**	0	0.0
THURSTON	3	**	0	0.0
VALLEY	1	**	0	0.0
WASHINGTON	11	9.4	0	0.0
WAYNE	2	**	0	0.0
WEBSTER	1	**	0	0.0
WHEELER	0	0.0	0	0.0
YORK	11	15.7	0	0.0

**Rate is not shown if based on five or fewer events
Rates are per 100,000 female population and are age-adjusted to the 2000 U.S. population

▽county rate is significantly lower than the state rate (95% confidence level)
▼county rate is significantly lower than the state rate (99% confidence level)
△county rate is significantly higher than the state rate (95% confidence level)
▲county rate is significantly higher than the state rate (99% confidence level)

TABLE 19: Cancer Incidence
Number of Cases and Rates, All Sites and Selected Primary Sites, by Place of Residence
Nebraska and Public Health Department Regions (2005-2009)

	All Sites		Lung & Bronchus		Female Breast		Colon & Rectum		Prostate	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
NEBRASKA	45,051	476.1	5,974	63.1	6,204	124.7	5,191	53.8	6,508	151.0
Central	2,000	487.9	241	58.3	273	127.4	224	52.3	334	172.3
Dakota County	421	485.2	75	87.5△	44	87.0▽	59	71.5	49	114.8▽
Douglas County	11,581	500.3▲	1,665	74.2▲	1,583	125.0	1,210	52.9	1,555	152.7
East Central	1,404	453.2	170	53.3	169	107.6	181	55.8	256	179.0△
Elkhorn Logan Valley	1,585	451.6	225	63.2	216	122.6	199	53.0	245	152.6
Four Corners	1,246	450.3	123	42.6▼	185	128.5	168	56.7	166	124.4▽
Lincoln/Lancaster County	5,868	471.7	751	61.5	884	132.5	582	47.7▽	757	134.4▽
Loup Basin	1,075	469.7	148	61.0	136	119.8	128	52.6	195	178.8
North Central	1,577	478.3	211	58.9	209	128.0	209	59.1	291	184.9▲
Northeast	752	403.3▼	78	39.1▼	93	102.0	104	53.5	119	137.0
Panhandle	1,370	426.8▼	157	46.9▼	197	119.5	151	45.7	209	136.6
Public Health Solutions	1,807	470.1	246	61.6	227	116.8	245	60.8	219	123.9▼
Sandhills	320	417.3▽	38	45.0▽	36	91.0▽	45	59.9	50	133.4
Sarpy Cass County	3,624	507.9▲	472	69.4	540	134.4	382	56.7	460	141.6
Scotts Bluff County	1,054	456.3	114	47.4▼	167	136.7	112	48.4	166	159.5
South Heartland	1,453	483.0	204	65.3	185	126.1	212	66.2△	222	160.4
Southeast	1,194	451.1	170	61.8	166	121.6	178	63.7	142	113.8▼
Southwest	1,090	483.3	142	63.2	116	97.1▼	127	54.0	171	162.7
Three Rivers	2,267	491.8	317	67.1	304	129.5	280	59.1	407	188.6▲
Two Rivers	2,302	450.0▽	270	52.3▼	344	129.2	286	54.4	354	148.6
West Central	1,061	486.5	157	71.8	130	117.7	109	48.4	141	136.0

TABLE 19 (continued): Cancer Incidence

	Urinary Bladder		Non-Hodgkin Lymphoma		Leukemia		Kidney & Renal Pelvis		Melanoma of the Skin		Thyroid	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
NEBRASKA	1,966	20.4	1,946	20.6	1,330	14.0	1,568	16.6	1,655	18.0	1,125	12.7
Central	84	19.4	96	23.4	56	13.7	85	21.6	42	10.6▼	59	16.4
Dakota County	17	21.0	20	24.3	13	14.6	15	17.4	9	10.9	11	12.2
Douglas County	501	22.1	508	21.9	351	14.9	434	18.4	435	18.4	262	11.0
East Central	55	16.9	61	20.2	47	15.0	38	12.1	45	14.5	49	18.1
Elkhorn Logan Valley	62	16.1	64	18.2	46	13.5	51	14.7	61	19.3	29	9.4
Four Corners	59	19.5	51	18.6	37	13.2	50	18.7	57	21.8	37	16.6
Lincoln/Lancaster County	229	19.1	262	21.3	170	13.6	195	15.7	271	21.2	233	18.1▲
Loup Basin	53	19.5	45	19.8	37	16.0	27	12.1	25	12.3	24	13.2
North Central	67	18.6	57	17.8	46	14.8	47	14.9	50	16.1	28	11.4
Northeast	36	18.0	33	17.2	26	12.3	30	16.5	31	18.4	7	5.8▼
Panhandle	59	16.9	52	15.9	52	15.5	43	14.2	51	17.9	26	10.8
Public Health Solutions	76	17.3	69	17.6	52	12.5	51	14.2	78	21.8	61	20.1△
Sandhills	17	20.4	9	12.8	13	15.5	12	16.1	8	13.1	5	**
Sarpy Cass County	148	22.5	158	22.7	103	14.5	151	20.6	156	20.1	115	13.7
Scotts Bluff County	56	23.3	43	17.5	25	10.7	36	15.3	39	17.9	15	8.3
South Heartland	58	17.4	68	22.5	41	13.3	31	11.2▽	77	27.3▲	21	9.5
Southeast	51	17.9	55	20.0	35	12.8	35	12.6	34	14.0	25	12.5
Southwest	73	29.2△	59	24.4	29	13.6	37	17.3	41	19.9	20	13.1
Three Rivers	98	20.9	117	25.6	54	11.9	81	17.6	58	13.3▽	40	9.4
Two Rivers	115	21.9	76	14.9▽	55	10.8	85	16.3	54	10.7▼	44	9.6
West Central	52	22.8	43	19.6	42	18.7	34	15.8	33	16.7	14	7.8

**Rate not shown if based on five or fewer events

▽regional rate is significantly lower than the state rate (95% confidence level)
▼regional rate is significantly lower than the state rate (99% confidence level)
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Rates are per 100,000 population (excluding gender-specific sites, which are per 100,000 male or female population) and are age-adjusted to the 2000 U.S. population

TABLE 20: Cancer Mortality
Number of Deaths and Rates, All Sites and Selected Primary Sites, by Place of Residence
Nebraska and Public Health Department Regions (2005-2009)

	All Sites		Lung & Bronchus		Female Breast		Colon & Rectum		Prostate	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
NEBRASKA	16,969	173.9	4,513	47.3	1,148	21.1	1,822	18.3	965	24.7
Central	726	168.9	185	44.3	40	16.8	92	21.0	36	20.5
Dakota County	166	193.1	52	60.8	6	11.4	18	21.1	10	31.5
Douglas County	4,200	184.0△	1,173	52.5△	289	22.2	417	18.0	216	25.2
East Central	561	171.3	141	42.8	41	23.2	76	23.5	31	22.3
Elkhorn Logan Valley	650	176.6	177	49.6	44	21.5	83	21.5	31	19.5
Four Corners	486	159.3	117	39.7	49	28.4	54	16.4	27	20.3
Lincoln/Lancaster County	2,039	165.8	546	45.0	139	19.9	186	14.9▽	117	26.0
Loup Basin	455	180.6	115	47.5	33	20.5	51	19.7	27	23.6
North Central	607	164.5	168	45.8	29	15.5	84	22.0	43	26.0
Northeast	312	155.7	66	33.7▼	20	19.8	43	20.9	17	18.8
Panhandle	585	169.3	120	34.4▼	41	23.4	59	16.3	43	28.7
Public Health Solutions	751	171.6	181	44.8	43	17.6	91	19.4	57	29.9
Sandhills	140	173.5	30	36.2	6	13.2	17	20.4	7	19.0
Sarpy Cass County	1,186	182.1	334	49.5	81	21.9	110	17.4	49	22.9
Scotts Bluff County	393	161.0	97	39.0	32	24.6	31	12.4▽	27	26.3
South Heartland	554	169.1	156	49.0	29	16.3	54	16.2	37	26.4
Southeast	514	178.2	143	51.5	37	20.0	66	22.3	39	30.8
Southwest	424	171.6	117	50.6	31	23.0	41	15.5	19	17.3
Three Rivers	905	185.6	261	54.3	56	20.6	111	22.4	48	24.6
Two Rivers	907	170.3	228	43.4	72	24.7	98	18.1	63	28.4
West Central	408	180.6	106	47.7	30	25.4	40	16.6	21	22.8

TABLE 20 (continued): Cancer Mortality

	Urinary Bladder		Non-Hodgkin Lymphoma		Leukemia		Kidney & Renal Pelvis		Melanoma of the Skin		Thyroid	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
NEBRASKA	399	3.9	706	7.1	695	7.1	425	4.4	294	3.1	38	0.4
Central	19	4.3	31	7.0	29	6.5	19	4.3	9	2.1	2	**
Dakota County	4	**	12	14.7	7	7.6	4	**	1	**	0	0.0
Douglas County	105	4.6	168	7.3	144	6.3	105	4.6	63	2.7	5	**
East Central	12	3.7	22	6.6	18	5.5	12	3.7	9	2.9	0	0.0
Elkhorn Logan Valley	15	4.1	28	8.0	24	6.7	15	4.1	9	2.6	4	**
Four Corners	18	6.1	18	5.2	21	6.7	18	6.1	9	3.1	1	**
Lincoln/Lancaster County	47	3.9	93	7.6	89	7.1	47	3.9	44	3.5	7	0.6
Loup Basin	14	5.4	11	4.3	24	9.1	14	5.4	6	2.6	2	**
North Central	9	3.1	24	6.1	18	4.7	9	3.1	5	**	1	**
Northeast	9	4.2	16	8.4	16	7.8	9	4.2	4	**	0	0.0
Panhandle	15	4.4	27	7.9	41	11.6△	15	4.4	13	3.6	1	**
Public Health Solutions	20	4.9	35	7.3	28	6.3	20	4.9	20	4.8	0	0.0
Sandhills	2	**	2	**	8	9.3	2	**	2	**	1	**
Sarpy Cass County	35	5.6	39	6.1	53	7.8	35	5.6	21	3.0	3	**
Scotts Bluff County	12	5.0	17	6.5	16	6.2	12	5.0	8	3.5	1	**
South Heartland	11	3.9	27	7.8	26	7.7	11	3.9	15	4.9	0	0.0
Southeast	12	4.3	22	7.3	25	8.4	12	4.3	8	2.6	2	**
Southwest	12	4.8	30	11.6	16	6.3	12	4.8	3	**	3	**
Three Rivers	22	4.4	45	8.8	30	6.1	22	4.4	17	3.6	3	**
Two Rivers	25	4.7	27	4.9	46	8.9	25	4.7	22	4.7	2	**
West Central	7	3.1	12	4.8	16	7.1	7	3.1	6	2.8	0	0.0

**Rate not shown if based on five or fewer events

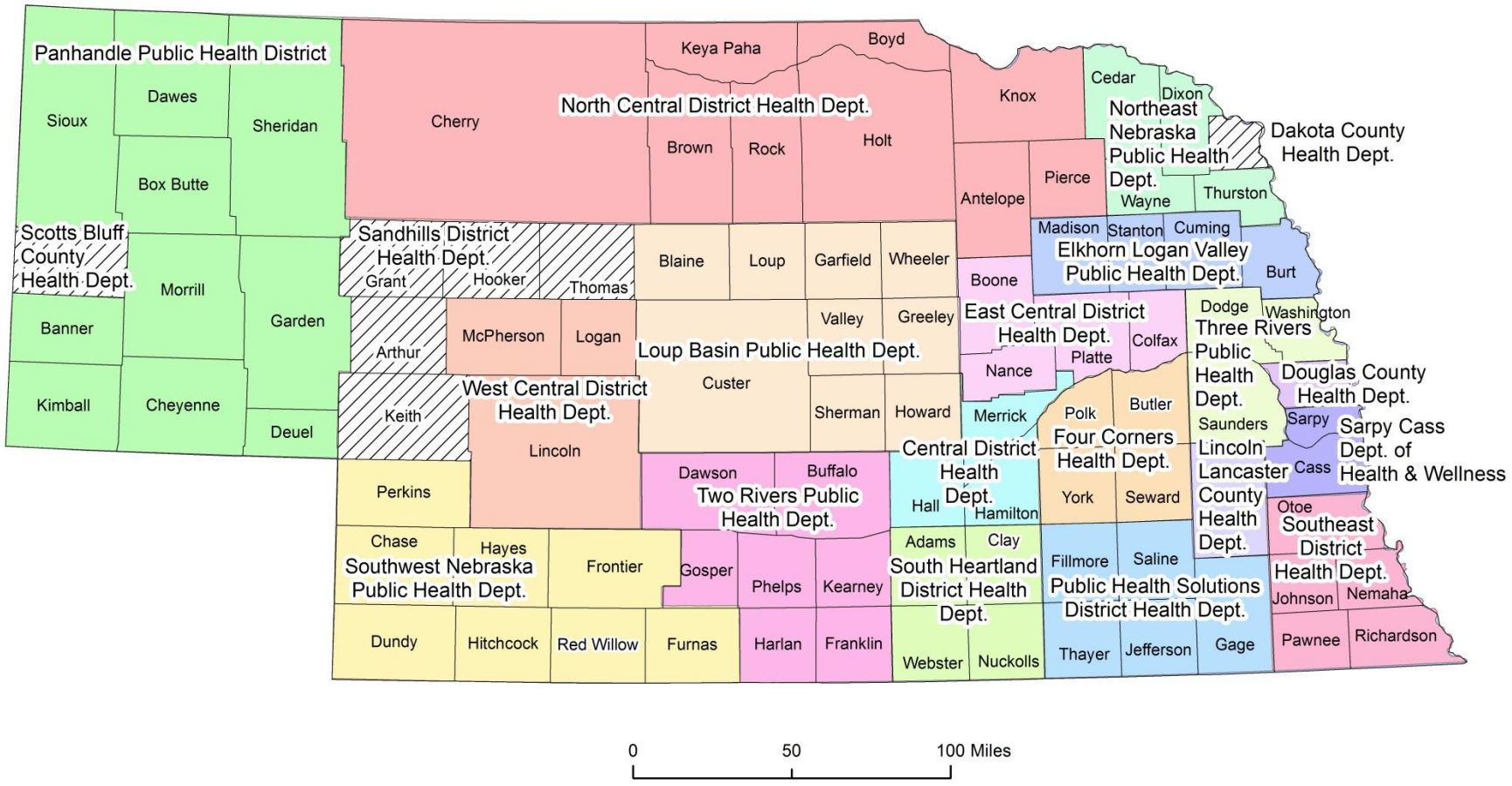
▽regional rate is significantly lower than the state rate (95% confidence level)
▼regional rate is significantly lower than the state rate (99% confidence level)
△regional rate is significantly higher than the state rate (95% confidence level)
▲regional rate is significantly higher than the state rate (99% confidence level)

Rates are per 100,000 population (excluding gender-specific sites, which are per 100,000 male or female population) and are age-adjusted to the 2000 U.S. population

Public Health Department Regions in Nebraska

#	Public Health Department	Jurisdiction, by County
1	Central	Hall, Hamilton, Merrick
2	Dakota County	Dakota
3	Douglas County	Douglas
4	East Central	Boone, Colfax, Nance, Platte
5	Elkhorn Logan Valley	Burt, Cuming, Madison, Stanton
6	Four Corners	Butler, Polk, Seward, York
7	Lincoln-Lancaster County	Lancaster
8	Loup Basin	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler
9	North Central	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock
10	Northeast Nebraska	Cedar, Dixon, Thurston, Wayne
11	Panhandle	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Sheridan, Sioux
12	Public Health Solutions	Fillmore, Gage, Jefferson, Saline, Thayer
13	Sandhills	Arthur, Grant, Hooker, Keith, Thomas
13	Sarpy Cass	Cass, Sarpy
14	Scotts Bluff County	Scotts Bluff
15	South Heartland	Adams, Clay, Nuckolls, Webster
16	Southeast	Johnson, Nemaha, Otoe, Pawnee, Richardson
17	Southwest Nebraska	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, Red Willow,
18	Three Rivers	Dodge, Saunders, Washington
19	Two Rivers	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps
20	West Central	Lincoln, Logan, McPherson

Nebraska Local Health Departments



Legend

Local Health Departments that do not Qualify for LB 692* Funding

*LB 692 passed during the 2001 Legislative Session and provides funds to qualifying local public health departments.

Source: Nebraska Department of Health and Human Services

Map Created by:
Public Health GIS Analyst
DHHS GIS 6/10

Department of Health & Human Services
DHHS
NEBRASKA

REFERENCES

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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 Hosp. & Hlth. Ctr., 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 Hosp. & Hlth. Svcs.
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--St. Francis Medical Center
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--Good Samaritan Hospital
Kearney--Good Samaritan Hospital Pathology
Kimball--Kimball Health Services & Hospital
Lexington--Tri-County Area Hospital District
Lincoln--Bryan-LGH Medical Center East & West
Lincoln--Saint Elizabeth Regional Medical Center
Lincoln--Pathology Medical Services
Lincoln--Williamsburg Radiation Center
Lincoln--Nebraska Heart Hospital
Lincoln - UNMC College of Dentistry
Lynch--Niobrara Valley Hospital Corp.
McCook--Community Hospital
Minden--Kearney County Health Services
Nebraska City--St. Mary's Hospital
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
Offutt AFB--Ehrling Berquist Hospital
Ogallala--Ogallala Community Hospital
Omaha--Alegent Health - Bergan Mercy Medical Ctr.
Omaha--Alegent Health - Immanuel Medical Center
Omaha--Children's Hospital
Omaha--Methodist Hospital Pathology Center
Omaha--Nebraska Medical Center
Omaha--Nebraska Methodist Hospital
Omaha--Creighton University Medical Center
Omaha--Boys Town National Research Hospital
Omaha--Alegent Lakeside Hospital
Omaha--Bergan Mercy Medical Center 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--Alegent Health Midlands Community Hosp.
Pawnee City--Pawnee County Memorial Hospital
Pender--Pender Community Hospital
Plainview--Plainview Area Health System
Red Cloud--Webster County Community Hospital
Schuyler--Alegent Health Memorial Hospital
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 of Alaska, Arizona, Arkansas, Colorado, Iowa, Kansas, Missouri, North Dakota, Oklahoma, South Dakota, and Wyoming

THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
IS COMMITTED TO AFFIRMATIVE ACTION/
EQUAL EMPLOYMENT OPPORTUNITIES AND DOES NOT
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