

Cancer Incidence and Mortality in Nebraska: 2008



December 2011

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 CST and 5 PM CST

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 2008 ANNUAL REPORT

Nebraska Department of Health and Human Services

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EXECUTIVE SUMMARY

The 2008 Nebraska Annual Cancer Report provides a comprehensive overview of the impact of cancer in Nebraska. The purpose of the report is to present updated information on trends in cancer incidence and mortality, in-depth analyses of selected topics, and comparisons of trends between the United States and Nebraska. The report also provides the latest information on distributions such as the stage of disease at diagnosis for the most common cancer sites. Cancer was the second leading cause of death in Nebraska, accounting for more than 21% of total deaths in 2008 and was surpassed only by heart disease. However, compared to the years 2005 to 2007, the incidence rate of cancer in Nebraska was decreased in 2008. Cancer incidence rates and mortality rates differ substantially by race, ethnicity, age, and gender.

- **Overall Cancer Incidence Rate:** The 2008 overall cancer incidence rate for Nebraska is 465.3 cases per 100,000 population, which decreased from 2007 (489.3 cases per 100,000 population). During the past five years (2004-2008), cancers of the liver, stomach, and cervix were diagnosed significantly less often among Nebraska residents when compared to the most recent U.S. incidence statistics (2003-2007), while leukemia and colorectal, thyroid, and uterine corpus (endometrial) cancers were diagnosed significantly more often.
- **Overall Cancer Mortality Rate:** The 2008 overall cancer mortality rate for Nebraska is 171.6 cancer deaths per 100,000 population, and it is slightly decreased from the cancer mortality rate (177.1) for 2007. During the past five years (2004-2008), deaths from cancers of the oral cavity, stomach, liver, and cervix occurred significantly less often among Nebraska residents when compared to the most recent U.S. mortality statistics (2003-2007), while deaths from uterine corpus (endometrial) and brain cancer occurred significantly more often.
- **Deaths among Cancer Sites:** Lung cancer was the leading cause of cancer mortality in Nebraska in 2008, accounting for more than 25% of the state's cancer deaths. Colorectal cancer was the second leading cause of cancer deaths in Nebraska in 2008. Furthermore, since 1990, the annual rate of breast cancer deaths among Nebraska women has declined by almost 40%, closely following the national trend, while the annual rate of prostate cancer deaths among Nebraska men has declined by over 25%.
- **Gender:** In 2008, prostate, lung, and colorectal cancers were the most frequently diagnosed malignancies among Nebraska men, while breast, lung, and colorectal cancers were the most frequently diagnosed malignancies among Nebraska women. Taken together, these cancers accounted for more than half of all malignant cancers diagnosed among Nebraska residents in 2008.
- **Age:** During the past five years (2004-2008), almost 60% of all malignant cancers in Nebraska were diagnosed among people 65 years of age and older. Less than 1% were diagnosed among children and adolescents (less than 18 years of age).
- **Race/Ethnicity:** During the past decade (1999-2008), African-Americans in Nebraska were significantly more likely to be diagnosed with and die from cancers of the lung, prostate, and liver than were whites. They were also significantly more likely to die from female breast and colorectal cancers than were whites even though they were not more likely to be diagnosed with either type.
- **2008 Report Special Topic:** Endometrial cancer is the report's special topic for 2008. In Nebraska, endometrial cancer is the fourth most common type of cancer diagnosed among women, accounting for 1,317 new cases between 2004 and 2008. Because most endometrial cancers are diagnosed at an early stage, survival rates

are high (the most recent national five-year survival rate is over 80%) and mortality is relatively low. During 2004-2008, 273 Nebraska women died from endometrial cancer.

Geographic Difference of Cancer Incidence Rate: Counties where cancer incidence during 2004-2008 was significantly different ($p < .01$) from the state:

<i>Significantly lower ▼</i>		<i>Significantly higher ▲</i>	
<i>County</i>	<i>Primary Sites</i>	<i>County</i>	<i>Primary Sites</i>
Butler	Lung & bronchus	Dodge	Prostate, Non-Hodgkin lymphoma
Buffalo	Melanoma	Douglas	Lung & bronchus
Cedar	Lung & bronchus		
Cuming	Lung & bronchus		
Dawes	Lung & bronchus		
Dawson	Lung & bronchus, prostate, melanoma, Non-Hodgkin lymphoma		
Gage	Prostate, leukemia		
Hall	Melanoma		
Hamilton	Lung & bronchus		
Hitchcock	Colorectal		
Jefferson	Prostate		
Otoe	Prostate		
Platte	Melanoma		
Seward	Prostate		
Scotts Bluff	Lung & bronchus, colorectal		
Sheridan	Lung & bronchus		
Stanton	Lung & bronchus, prostate		
Wayne	Lung & bronchus		
York	Lung & bronchus		

- **Geographic differences of Cancer Mortality Rate:** Counties where cancer mortality during 2004-2008 was significantly different ($p < .01$) from the state:

<i>Significantly lower ▼</i>		<i>Significantly higher ▲</i>	
<i>County</i>	<i>Primary Sites</i>	<i>County</i>	<i>Primary Sites</i>
Butler	Lung & bronchus	Douglas	Lung & bronchus
Nuckolls	Lung & bronchus		

INTRODUCTION

This publication represents the 22nd 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, 2008 and December 31, 2008, as well as during the past five years (January 1, 2004-December 31, 2008).

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 the 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 the 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 web site:
http://dhhs.ne.gov/publichealth/Pages/ced_cancer_data.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 state cancer registries in 45 states and the District of Columbia, 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 are available through 2008; mortality data from NCHS are available through 2007.

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 13 consecutive years (1995-2007), 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.naacr.org/index.asp>)
- 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

Most of the incidence and mortality rates presented in this report were calculated for cancer diagnoses and deaths that occurred during 2008 and 2004-2008 combined. Incidence and mortality rates that are based on more than one year of data should be interpreted as an average annual rate. Rates for 2008 were calculated using the 2008 population estimates developed by the U.S. Census Bureau while the 2004-2008 rates were calculated using 2006 population estimates prepared by the Census Bureau. The rates in Tables 3 and 7, which are based on data for the years 1999-2008, were calculated using the Census Bureau's 2004 estimates of Nebraska's white, African-American, Native American, Asian/Pacific Islander, and Hispanic populations.

All of the data presented in this report are current through January 13, 2011. However, because some cases diagnosed during or even before 2008 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, 2011; Nebraska data available on the CDC/NPCR website include cases that were reported through November 1, 2010.

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 8,930 diagnoses of malignant cancer among Nebraska residents in 2008, and this number translates into a statewide annual incidence rate of 465.3 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 (52.9%) of all diagnoses. The number of malignant diagnoses for 2008 is lower than the 2007 number (9,256), but recent registry experience suggests that as the registry continues to find cases, the final count of 2008 cases will probably increase by about 2-4%.

Table 1 presents the number and rate of malignant cancers diagnosed among Nebraska residents during 2008 and 2004-2008, for all sites combined and for cancers of specific sites. The most current estimates of U.S. cancer incidence, which cover years 2003 - 2007, are also included. Comparison of the most recent state and national incidence rates for the past five years shows significant differences ($p < .01$) of 10% or more for cancers of the stomach, liver, and uterine cervix (Nebraska rates lower than the U.S.) and for leukemia and colorectal, uterine corpus, and thyroid cancers (Nebraska rates higher than the U.S.). Table 2 presents the number of malignant cancers diagnosed in Nebraska during 2004-2008 by age at diagnosis. Table 3 presents Nebraska incidence data by race and ethnicity for the years 1999-2008. Table 4 presents the number of malignant cancers diagnosed and incidence rates for 2008 and 2004-2008 by county of residence, with comparable Nebraska and U.S. rates included. The graph below presents the annual incidence rates for all malignant cancers for Nebraska and the United States since 1999.

Cancer (All Sites)

Incidence Rates, Nebraska and the US, 1999-2008

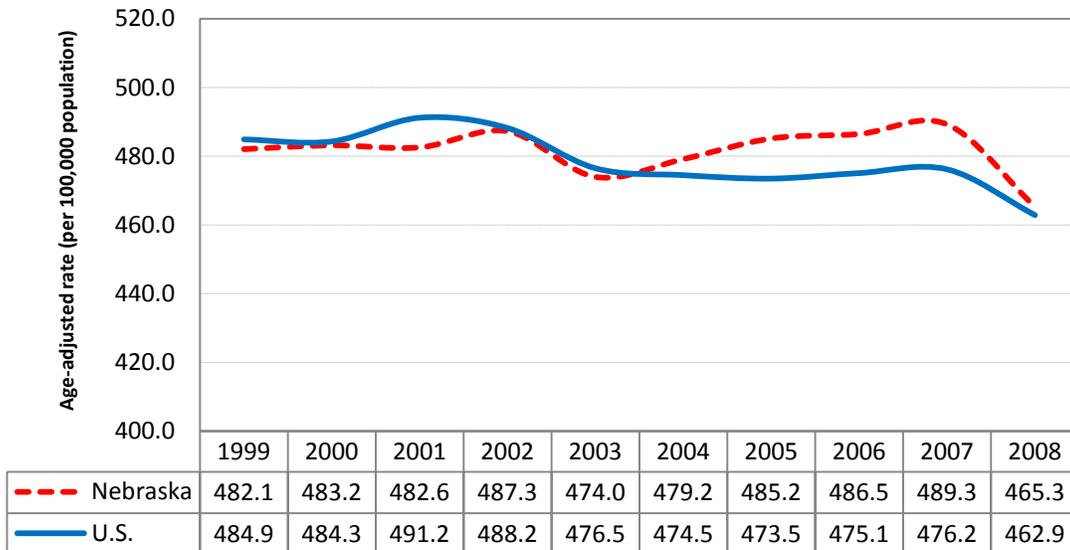


TABLE 1: Cancer Incidence
Number of Cases and Rates, by Selected Primary Site and Gender
 Nebraska (2008 and 2004-2008) and U.S. (2004-2008)

Site	NEBRASKA 2008						NEBRASKA 2004-2008						U.S. 2004-2008		
	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male Rate	Female Rate	Total Rate
All Sites	4,465	517.4	4,465	431.6	8,930	465.3	23,378	562.3	21,615	426.7	44,995	482.2	553.1	416.2	472.4
Oral Cavity & Pharynx	151	17.0	73	7.2	224	11.6	690	16.0	342	6.7	1,032	11.0	16.2	6.2	10.8
Esophagus	83	9.4	22	2.1	105	5.4	376	9.0	91	1.7	467	5.0	8.7	2.0	5.0
Stomach	60	7.0	34	3.3	94	4.9	329	7.9	161	3.0	490	5.2	9.5	4.7	6.8
Colon & Rectum (Colorectal)	515	60.4	486	43.8	1,001	51.2	2,693	65.4	2,572	47.0	5,265	55.4	55.7	41.4	47.7
Liver & Intrahepatic Bile Duct	69	7.8	29	2.8	98	5.1	292	6.8	119	2.3	411	4.4	9.7	3.3	6.2
Pancreas	122	14.1	117	10.3	239	12.2	555	13.4	527	9.7	1,082	11.3	13.4	10.4	11.7
Lung & Bronchus	606	71.6	564	53.9	1,170	61.3	3,388	82.8	2,684	52.3	6,074	65.3	85.0	56.1	68.3
Melanoma of the Skin	191	22.1	146	14.9	337	17.9	914	21.8	710	15.1	1,624	17.8	23.6	15.2	18.6
Breast	7	0.8	1,306	129.3	1,313	68.9	38	0.9	6,172	125.3	6,210	67.0	1.4	121.0	65.6
Uterine Cervix	---	---	52	6.1	---	---	---	---	298	6.9	---	---	---	8.1	---

TABLE 1 (continued): Cancer Incidence

Site	NEBRASKA 2008						NEBRASKA 2004-2008						U.S. 2004-2008		
	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male Rate	Female Rate	Total Rate
Uterine Corpus & Unspecified	---	---	258	25.3	---	---	---	---	1,317	26.3	---	---	---	23.9	---
Ovary	---	---	125	12.1	---	---	---	---	610	12.1	---	---	---	12.7	---
Prostate	1,248	141.1	---	---	---	---	6,628	158.0	---	---	---	---	152.8	---	---
Kidney & Renal Pelvis	193	21.5	151	14.6	344	17.8	877	20.5	604	12.1	1,481	15.9	20.8	10.9	15.3
Urinary Bladder	288	34.6	85	7.5	373	19.0	1,511	37.4	509	9.2	2,020	21.2	37.4	9.4	21.4
Brain & Other Nervous System	61	7.0	67	7.0	128	7.0	341	8.0	312	6.6	653	7.3	7.9	5.7	6.7
Thyroid	53	6.2	180	19.7	233	13.0	232	5.5	807	18.0	1,039	11.8	5.5	16.2	10.9
Hodgkin Lymphoma	38	4.4	24	2.8	62	3.5	159	3.7	140	3.2	299	3.4	3.2	2.5	2.8
Non-Hodgkin Lymphoma	176	20.9	178	16.8	354	18.4	1,012	24.5	917	17.6	1,929	20.6	23.3	16.3	19.4
Myeloma	61	7.2	45	4.1	106	5.5	297	7.1	233	4.5	530	5.6	7.2	4.7	5.7
Leukemia	127	14.9	119	10.9	246	12.6	773	18.7	580	11.1	1,353	14.4	16.1	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 (2004-2008)

	<u>0-17 Yrs.</u>		<u>18-44 Yrs.</u>		<u>45-64 Yrs.</u>		<u>65+ Yrs</u>		<u>TOTAL</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
All Sites	376	0.8	3,281	7.3	15,058	33.5	26,280	58.4	44,995	100.0
Oral Cavity & Pharynx	7	0.7	81	7.8	448	43.4	496	48.1	1,032	100.0
Esophagus	0	0.0	15	3.2	175	37.5	277	59.3	467	100.0
Stomach	1	0.2	22	4.5	149	30.4	318	64.9	490	100.0
Colon & Rectum (Colorectal)	3	0.1	200	3.8	1,391	26.4	3,671	69.7	5,265	100.0
Liver & Intrahepatic Bile Duct	6	1.5	20	4.9	160	38.9	225	54.7	411	100.0
Pancreas	0	0.0	13	1.2	288	26.6	781	72.2	1,082	100.0
Lung & Bronchus	2	<0.1	107	1.8	1,723	28.4	4,242	69.8	6,074	100.0
Melanoma of the Skin	7	0.4	339	20.9	622	38.3	656	40.4	1,624	100.0
Female Breast	0	0.0	645	10.5	2,694	43.6	2,833	45.9	6,172	100.0
Uterine Cervix	1	0.3	133	44.6	111	37.2	53	17.8	298	100.0
Uterine Corpus & Unspecified	0	0.0	87	6.6	626	47.5	604	45.9	1,317	100.0
Ovary	2	0.3	55	9.0	256	42.0	297	48.7	610	100.0
Prostate	0	0.0	18	0.3	2,356	35.5	4,254	64.2	6,628	100.0
Kidney & Renal Pelvis	18	1.2	108	7.3	598	40.4	757	51.1	1,481	100.0
Urinary Bladder	0	0.0	36	1.8	478	23.7	1,506	74.6	2,020	100.0
Brain & Other Nervous System	87	13.3	125	19.1	195	29.9	246	37.7	653	100.0
Thyroid	8	0.8	368	35.4	449	43.2	214	20.6	1,039	100.0
Hodgkin Lymphoma	32	10.7	148	49.5	64	21.4	55	18.4	299	100.0
Non-Hodgkin Lymphoma	21	1.1	162	8.4	588	30.5	1,158	60.0	1,929	100.0
Myeloma	1	0.2	26	4.9	173	32.6	330	62.3	530	100.0
Leukemia	97	7.2	99	7.3	335	24.8	822	60.8	1,353	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 (1999-2008)

Rank	White			African-American			Native American			Asian/Pacific Islander			Hispanic		
	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate
	All Sites	83,354	476.7	All Sites	2,376	506.3	All Sites	356	405.5	All Sites	434	280.0	All Sites	1,263	278.7
1	Prostate	12,331	158.0	Prostate	414	207.9	Lung & Bronchus	46	65.6	Colon & Rectum	58	45.7	Female Breast	140	57.7
2	Female Breast	12,030	129.8	Lung & Bronchus	388	88.1	Female Breast	43	75.1	Lung & Bronchus	56	41.2	Colon & Rectum	128	33.7
3	Lung & Bronchus	11,178	63.8	Female Breast	324	118.3	Colon & Rectum	42	49.1	Female Breast	51	54.8	Lung & Bronchus	113	34.5
4	Colon & Rectum	10,223	57.0	Colon & Rectum	282	66.7	Prostate	37	107.5	Prostate	34	70.1	Prostate	109	65.9
5	Urinary Bladder	3,900	21.7	Kidney & Renal Pelvis	87	17.8	Kidney & Renal Pelvis	36	35.4	Liver & Intrahepatic Bile Duct	26	15.5	Kidney & Renal Pelvis	62	13.3
6	Non-Hodgkin Lymphoma	3,572	20.4	Non-Hodgkin Lymphoma	77	15.0	Non-Hodgkin Lymphoma	15	17.2	Non-Hodgkin Lymphoma	23	12.8	Leukemia	62	7.8
7	Uterine Corpus & Unspecified	2,558	27.5	Pancreas	61	14.4	Oral Cavity & Pharynx	13	15.8	Thyroid	22	8.6	Non-Hodgkin Lymphoma	58	11.7
8	Melanoma of the Skin	2,542	15.1	Uterine Corpus & Unspecified	54	20.6	Liver & Intrahepatic Bile Duct	12	15.3	Oral Cavity & Pharynx	20	9.7	Thyroid	58	7.8
9	Kidney & Renal Pelvis	2,519	14.5	Leukemia	51	9.8	Leukemia	11	10.4	Uterine Cervix	19	14.8	Stomach	47	12.4
10	Leukemia	2,486	14.1	Oral Cavity & Pharynx	51	9.2	Uterine Corpus & Unspecified	9	18.1	Pancreas	15	11.6	Liver & Intrahepatic Bile Duct	42	11.9

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.

TABLE 4: Cancer (All Sites) Incidence
Number of Cases and Rates, by County of Residence
 Nebraska and U.S. (2004 and 2004-2008)

	<u>2008</u>		<u>2004-2008</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Cases</u>	<u>Rate</u>
U.S.	1,388,340	462.9	6,954,645	472.4
NEBRASKA	8,930	465.3	44,995	482.2
<u>COUNTY</u>				
ADAMS	175	457.8	884	465.9
ANTELOPE	50	523.9	210	454.7
ARTHUR	*	*	11	456.7
BANNER	*	*	26	534.4
BLAINE	*	*	11	338.7
BOONE	41	486.9	220	544.3
BOX BUTTE	63	441.7	298	454.9
BOYD	13	449.6	77	449.2
BROWN	14	278.1▽	111	435.4
BUFFALO	215	504.8	998	479.5
BURT	62	563.0	273	492.9
BUTLER	49	452.8	239	432.3
CASS	143	498.6	708	521.0
CEDAR	58	451.5	218	353.2▼
CHASE	29	487.9	125	442.4
CHERRY	41	564.7	194	504.2
CHEYENNE	63	528.3	272	453.6
CLAY	51	606.1	249	570.2△
COLFAX	41	380.2	279	505.3
CUMING	51	383.8	264	388.7▼
CUSTER	81	523.8	354	444.7
DAKOTA	84	481.7	423	485.2
DAWES	42	468.4	194	418.9
DAWSON	120	465.6	507	397.2▼
DEUEL	14	410.0	69	431.2
DIXON	30	341.4	165	380.4▼
DODGE	243	521.0	1,291	565.9▲
DOUGLAS	2,292	486.5	11,473	504.8▲
DUNDY	10	307.1	72	460.2
FILLMORE	35	406.5	218	477.0
FRANKLIN	21	471.4	113	458.8
FRONTIER	24	678.2	97	536.5
FURNAS	42	545.6	212	533.8
GAGE	152	465.1	705	453.7
GARDEN	18	467.4	69	415.9
GARFIELD	14	499.5	83	524.9
GOSPER	13	416.0	78	528.1
GRANT	*	*	29	712.3
GREELEY	15	462.7	91	505.0
HALL	300	488.2	1,536	515.9△
HAMILTON	47	408.5	237	424.8
HARLAN	28	501.3	138	458.5
HAYES	*	*	18	285.7▼
HITCHCOCK	24	481.6	122	505.6
HOLT	59	433.3	362	488.5
HOOKER	6	461.0	24	375.6
HOWARD	41	506.3	233	545.3
JEFFERSON	37	325.0▽	246	413.5▽

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

COUNTY	2008		2004-2008	
	# Cases	Rate	# Cases	Rate
JOHNSON	24	339.8	153	470.2
KEARNEY	32	382.9	159	378.7▼
KEITH	32	313.6▽	220	374.3▼
KEYA PAHA	6	407.0	32	455.1
KIMBALL	18	298.5▽	129	480.7
KNOX	58	467.8	318	484.4
LANCASTER	1,179	460.0	5,886	484.8
LINCOLN	194	464.8	1,011	487.7
LOGAN	*	*	16	322.2
LOUP	*	*	12	241.4▼
MADISON	202	507.6	1,007	520.0△
McPHERSON	*	*	21	659.5
MERRICK	44	419.3	224	436.3
MORRILL	24	416.1	142	438.0
NANCE	29	538.2	122	466.7
NEMAHA	40	412.1	211	454.9
NUCKOLLS	38	532.9	175	487.2
OTOE	75	379.9	428	430.4▽
PAWNEE	16	379.5	90	392.2▽
PERKINS	13	347.1	94	428.6
PHELPS	53	438.6	252	404.2▼
PIERCE	44	509.5	207	471.5
PLATTE	151	379.9▽	832	458.5
POLK	31	393.4	171	454.8
RED WILLOW	70	468.5	362	485.8
RICHARDSON	45	335.3▽	295	464.9
ROCK	13	720.9	61	553.7
SALINE	91	567.7	432	547.1△
SARPY	606	500.9	2,793	513.6▲
SAUNDERS	116	488.9	575	480.4
SCOTTSBLUFF	195	408.1	1,052	461.2
SEWARD	81	421.2	454	490.8
SHERIDAN	28	362.5	157	378.3▼
SHERMAN	18	418.3	114	486.4
SIOUX	7	367.1	29	322.5▽
STANTON	11	157.6▼	92	274.7▼
THAYER	32	430.1	199	448.4
THOMAS	*	*	20	441.7
THURSTON	30	445.9	161	482.9
VALLEY	28	356.9	168	485.9
WASHINGTON	118	522.9	484	446.0
WAYNE	53	559.2	212	461.0
WEBSTER	30	579.4	167	570.2
WHEELER	6	535.6	20	350.1
YORK	71	389.7	410	452.6

*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 2008, 3,377 Nebraska residents died from cancer, a number that translates into a rate of 171.6 cancer deaths per 100,000 population. These figures represent a slight decrease from the state's 2007 figures of 3,477 (cancer deaths) and 177.1 (cancer mortality rate). Cancer was the second leading cause of mortality in Nebraska in 2008, although the #1 cause (heart disease) accounted for just 115 more deaths and ranked behind cancer as the state's leading cause of death among men in 2006, 2007, and 2008. 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 2008.

Table 5 presents the number and rate of cancer deaths that occurred among Nebraska residents during 2008 and 2004-2008, for all sites combined and for specific sites. The most recent U.S. cancer mortality rates, which cover the years 2003 through 2007, are also included. Comparison of the most recent state and national mortality rates for the past five years shows significant differences ($p < .01$) of 10% or more for cancers of the oral cavity, stomach, liver, and uterine cervix (Nebraska rates lower than the U.S.) and for uterine corpus and brain cancer (Nebraska rates higher than the U.S.). Table 6 presents the number of Nebraska cancer deaths during 2004-2008 by age at death. Table 7 presents Nebraska cancer mortality data by race and ethnicity for the years 1999-2008. Table 8 presents the number of cancer deaths and mortality rates for 2008 and 2004-2008 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 1999.

Cancer (All Sites)

Mortality Rates, Nebraska and the U.S., 1999-2008

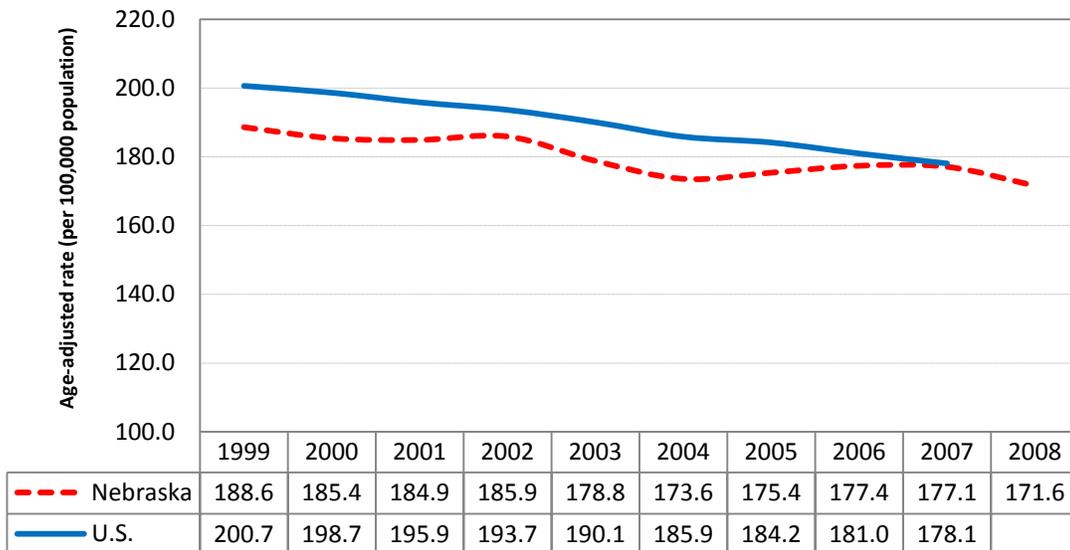


TABLE 5: Cancer Mortality
Number of Deaths and Rates, by Selected Primary Site and Gender
 Nebraska (2008 and 2004-2008) and U.S. (2003-2007)

Site	NEBRASKA 2008						NEBRASKA 2004-2008						U.S. 2003-2007		
	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male Rate	Female Rate	Total Rate
All Sites	1,732	206.8	1,645	146.8	3,377	171.6	8,797	217.6	8,105	147.4	16,902	175.7	225.4	155.4	183.8
Oral Cavity & Pharynx	21	2.4	20	1.9	41	2.1	113	2.7	73	1.4	186	2.0	3.9	1.4	2.5
Esophagus	65	7.4	17	1.5	82	4.1	331	8.0	75	1.4	406	4.3	7.8	1.7	4.4
Stomach	39	4.6	20	1.6	59	3.0	155	3.8	103	1.8	258	2.7	5.3	2.7	3.8
Colon & Rectum (Colorectal)	194	23.1	175	14.7	369	18.4	926	22.9	928	15.6	1,854	18.8	21.2	14.9	17.6
Liver & Intrahepatic Bile Duct	42	4.9	22	2.0	64	3.3	238	5.7	122	2.3	360	3.8	7.7	3.2	5.2
Pancreas	94	11.1	112	9.6	206	10.4	499	12.2	482	8.7	981	10.2	12.3	9.4	10.7
Lung & Bronchus	481	57.2	404	37.0	885	45.8	2,611	64.3	1,896	36.0	4,507	48.0	68.8	40.6	52.5
Melanoma of the Skin	47	5.2	30	2.8	77	4.0	175	4.2	108	2.1	283	3.0	4.0	1.7	2.7
Breast	1	0.1	230	20.8	231	11.7	14	0.4	1,181	22.0	1,195	12.4	0.3	24.0	13.5
Uterine Cervix	---	---	20	2.0	---	---	---	---	89	1.8	---	---	---	2.4	---

TABLE 5 (continued): Cancer Mortality

Site	NEBRASKA 2008						NEBRASKA 2004-2008						U.S. 2003-2007		
	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male No.	Male Rate	Female No.	Female Rate	Total No.	Total Rate	Male Rate	Female Rate	Total Rate
Uterine Corpus & Unspecified	---	---	51	4.6	---	---	---	---	273	5.0	---	---	---	4.1	---
Ovary	---	---	76	7.1	---	---	---	---	422	7.9	---	---	---	8.6	---
Prostate	191	24.1	---	---	---	---	955	24.9	---	---	---	---	24.7	---	---
Kidney & Renal Pelvis	39	4.6	37	3.2	76	3.9	243	5.9	185	3.3	428	4.5	5.9	2.7	4.1
Urinary Bladder	59	7.4	22	1.7	81	4.0	273	7.0	124	2.0	397	4.0	7.5	2.2	4.3
Brain & Other Nervous System	49	5.6	55	5.5	104	5.6	251	5.9	223	4.4	474	5.2	5.2	3.5	4.3
Thyroid	4	0.4	5	0.4	9	0.5	12	0.3	24	0.4	36	0.4	0.5	0.5	0.5
Hodgkin Lymphoma	6	0.7	5	0.5	11	0.6	29	0.7	17	0.3	46	0.5	0.5	0.3	0.4
Non-Hodgkin Lymphoma	74	9.0	56	4.7	130	6.5	361	9.0	346	5.9	707	7.2	8.7	5.5	6.9
Myeloma	42	5.1	27	2.1	69	3.4	168	4.2	156	2.7	324	3.3	4.4	2.9	3.5
Leukemia	93	11.1	65	5.5	158	7.9	409	10.2	296	5.1	705	7.3	9.7	5.4	7.2

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 (2004-2008)

	<u>0-17 Yrs.</u>		<u>18-44 Yrs.</u>		<u>45-64 Yrs.</u>		<u>65+ Yrs</u>		<u>TOTAL</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
All Sites	63	0.4	456	2.7	3,939	23.3	12,444	73.6	16,902	100.0
Oral Cavity & Pharynx	1	0.5	9	4.8	51	27.4	125	67.2	186	100.0
Esophagus	0	0.0	5	1.2	132	32.5	269	66.3	406	100.0
Stomach	0	0.0	10	3.9	66	25.6	182	70.5	258	100.0
Colon & Rectum (Colorectal)	0	0.0	28	1.5	389	21.0	1,437	77.5	1,854	100.0
Liver & Intrahepatic Bile Duct	3	0.8	11	3.1	107	29.7	239	66.4	360	100.0
Pancreas	0	0.0	5	0.5	233	23.8	743	75.7	981	100.0
Lung & Bronchus	1	<0.1	56	1.2	1,122	24.9	3,328	73.8	4,507	100.0
Melanoma of the Skin	0	0.0	28	9.9	98	34.6	157	55.5	283	100.0
Female Breast	0	0.0	63	5.3	357	30.2	761	64.4	1,181	100.0
Uterine Cervix	0	0.0	13	14.6	39	43.8	37	41.6	89	100.0
Uterine Corpus & Unspecified	0	0.0	5	1.8	52	19.0	216	79.1	273	100.0
Ovary	0	0.0	12	2.8	114	27.0	296	70.1	422	100.0
Prostate	0	0.0	1	0.1	77	8.1	877	91.8	955	100.0
Kidney & Renal Pelvis	4	0.9	9	2.1	107	25.0	308	72.0	428	100.0
Urinary Bladder	0	0.0	2	0.5	52	13.1	343	86.4	397	100.0
Brain & Other Nervous System	28	5.9	57	12.0	156	32.9	233	49.2	474	100.0
Thyroid	0	0.0	2	5.6	10	27.8	24	66.7	36	100.0
Hodgkin Lymphoma	0	0.0	9	19.6	12	26.1	25	54.3	46	100.0
Non-Hodgkin Lymphoma	0	0.0	15	2.1	124	17.5	568	80.3	707	100.0
Myeloma	0	0.0	3	0.9	64	19.8	257	79.3	324	100.0
Leukemia	13	1.8	39	5.5	121	17.2	532	75.5	705	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 (1999-2008)

Rank	White			African-American			Native American			Asian/Pacific Islander			Hispanic		
	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate	Site	Number	Rate
	All Sites	32,468	179.3	All Sites	1,052	248.8	All Sites	150	196.4	All Sites	145	115.2	All Sites	410	113.6
1	Lung & Bronchus	8,581	48.4	Lung & Bronchus	315	74.4	Lung & Bronchus	43	62.0	Lung & Bronchus	38	30.1	Lung & Bronchus	71	21.7
2	Colon & Rectum	3,695	19.9	Colon & Rectum	119	30.8	Kidney & Renal Pelvis	11	12.9	Colon & Rectum	16	13.5	Colon & Rectum	37	10.8
3	Female Breast	2,298	22.6	Female Breast	92	34.8	Female Breast	10	17.9	Liver & Intrahepatic Bile Duct	16	8.8	Liver & Intrahepatic Bile Duct	29	9.3
4	Prostate	1,833	25.4	Prostate	62	48.2	Colon & Rectum	10	11.8	Pancreas	10	9.0	Stomach	25	6.5
5	Pancreas	1,802	9.9	Pancreas	55	13.3	Ovary	9	18.9	Female Breast	8	10.1	Female Breast	24	12.4
6	Non-Hodgkin Lymphoma	1,426	7.8	Liver & Intrahepatic Bile Duct	38	7.6	Pancreas	6	6.3	Non-Hodgkin Lymphoma	8	8.2	Pancreas	21	6.7
7	Leukemia	1,422	7.8	Myeloma	35	9.0	Several Sites	5	*	Stomach	8	3.9	Leukemia	19	4.2
8	Brain & Nervous System	909	5.3	Leukemia	35	7.8				Kidney & Renal Pelvis	5	*	Prostate	16	13.9
9	Ovary	844	8.5	Non-Hodgkin Lymphoma	23	5.4							Kidney & Renal Pelvis	15	3.2
10	Kidney & Renal Pelvis	795	4.4	Stomach	22	5.1							Non-Hodgkin Lymphoma	14	3.7

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 (2008 and 2004-2008) and U.S. (2007 and 2003-2007)

	<u>2008</u>		<u>2004-2008</u>	
	<u># Deaths</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	562,867	178.1	2,792,520	183.8
NEBRASKA	3,377	171.6	16,902	175.7
<u>COUNTY</u>				
ADAMS	63	161.0	344	173.5
ANTELOPE	19	183.2	78	147.6
ARTHUR	1	**	6	433.5
BANNER	2	**	9	176.6
BLAINE	1	**	8	216.4
BOONE	14	154.7	93	212.3
BOX BUTTE	18	124.7	126	181.5
BOYD	5	**	27	128.1
BROWN	4	**	42	144.6
BUFFALO	94	226.3△	395	188.4
BURT	29	248.1	117	197.3
BUTLER	12	103.7▽	74	127.9▼
CASS	56	197.0	266	200.7
CEDAR	16	126.5	89	135.7▽
CHASE	8	120.7	43	129.6▽
CHERRY	16	199.9	70	165.9
CHEYENNE	29	231.2	113	181.1
CLAY	20	214.8	83	174.5
COLFAX	26	224.6	118	199.4
CUMING	24	176.4	117	159.8
CUSTER	30	171.0	147	169.8
DAKOTA	27	158.5	169	196.5
DAWES	14	128.7	101	194.9
DAWSON	45	174.6	221	171.8
DEUEL	4	**	30	199.3
DIXON	14	144.0	75	155.5
DODGE	99	192.2	457	181.4
DOUGLAS	857	184.9	4,196	187.4▲
DUNDY	6	169.2	31	169.8
FILLMORE	22	201.4	105	195.9
FRANKLIN	4	**	41	140.7
FRONTIER	6	188.2	32	166.1
FURNAS	11	122.5	68	155.5
GAGE	71	196.4	300	175.8
GARDEN	6	172.5	30	161.6
GARFIELD	4	**	25	133.8
GOSPER	7	215.8	23	151.6
GRANT	1	**	5	**
GREELEY	6	136.3	33	144.4
HALL	115	177.5	537	171.8
HAMILTON	16	131.4	86	146.4
HARLAN	14	211.3	59	174.8
HAYES	5	**	14	210.6
HITCHCOCK	10	204.6	42	169.7
HOLT	27	159.4	135	159.4
HOOKER	2	**	15	188.6
HOWARD	21	231.6	88	193.8
JEFFERSON	20	119.7	113	150.6

TABLE 8 (continued): Cancer Mortality

COUNTY	2004		2004-2008	
	# Deaths	Rate	# Deaths	Rate
JOHNSON	7	103.6	54	147.3
KEARNEY	8	83.6▼	78	174.1
KEITH	20	160.6	113	190.9
KEYA PAHA	3	**	9	124.7
KIMBALL	14	247.3	67	225.6
KNOX	28	185.8	142	190.3
LANCASTER	386	152.6	2,072	172.5
LINCOLN	73	162.5	383	178.3
LOGAN	1	**	7	125.6
LOUP	1	**	8	145.2
MADISON	68	169.5	335	167.5
McPHERSON	1	**	6	190.3
MERRICK	19	188.1	94	173.7
MORRILL	5	**	60	169.5
NANCE	10	179.1	53	191.9
NEMAHA	19	198.4	84	172.9
NUCKOLLS	17	205.5	64	150.3
OTOE	38	181.9	190	176.7
PAWNEE	10	217.5	45	185.9
PERKINS	7	158.7	47	194.7
PHELPS	11	83.7▼	109	156.2
PIERCE	18	190.4	88	194.2
PLATTE	47	114.4▼	287	154.3▽
POLK	11	117.0	54	127.1▼
RED WILLOW	26	157.0	142	178.5
RICHARDSON	29	209.8	127	179.6
ROCK	2	**	22	152.5
SALINE	33	192.0	149	175.5
SARPY	191	174.6	869	179.0
SAUNDERS	52	219.9	235	191.0
SCOTTS BLUFF	76	149.8	390	160.3
SEWARD	36	176.3	199	194.9
SHERIDAN	13	139.9	69	145.7
SHERMAN	9	176.3	47	198.5
SIOUX	5	**	17	188.3
STANTON	13	177.3	54	153.4
THAYER	19	176.4	93	174.4
THOMAS	0	---	1	**
THURSTON	15	213.9	82	235.3△
VALLEY	15	201.9	64	160.8
WASHINGTON	40	174.0	198	180.2
WAYNE	16	159.7	64	127.8▼
WEBSTER	8	185.9	61	185.5
WHEELER	4	**	9	183.5
YORK	32	154.5	165	167.2

**Rate for 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

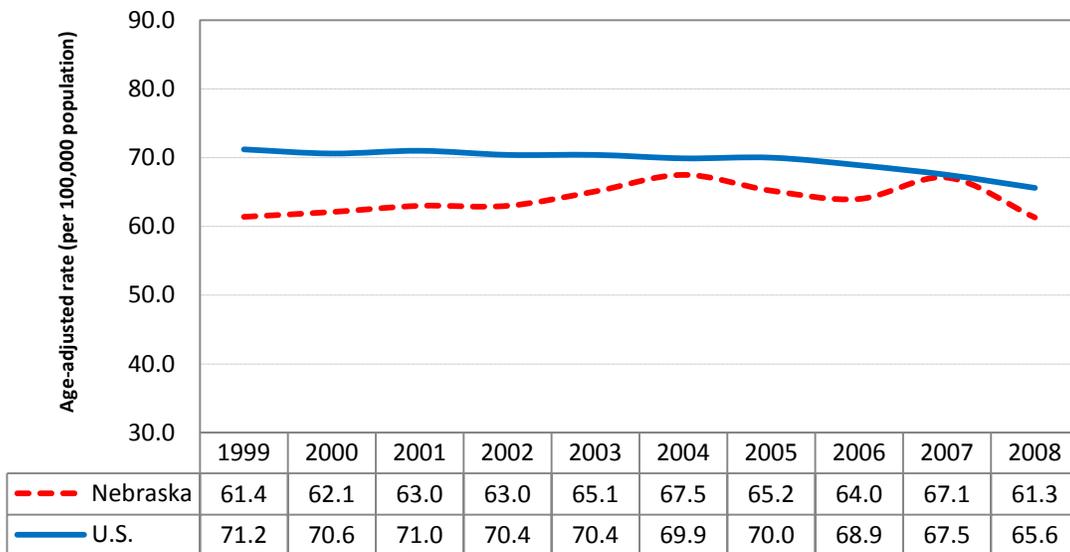
Although lung cancer was only the third most frequently diagnosed cancer among Nebraska residents in 2008, it was the year's leading cause of cancer mortality, accounting for more than 25% of the state's cancer deaths. During the past five years (2004-2008), lung cancer has averaged over 1,200 diagnoses 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, fewer than 20% of people who are diagnosed with lung cancer survive five years or more.

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).

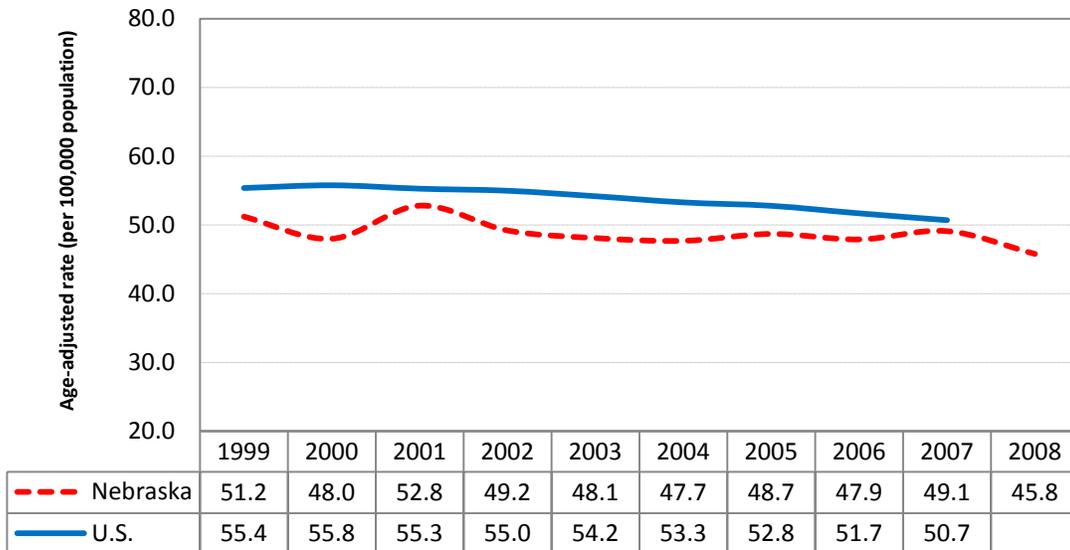
Lung and Bronchus Cancer

Incidence Rates, Nebraska and the U.S., 1999-2008



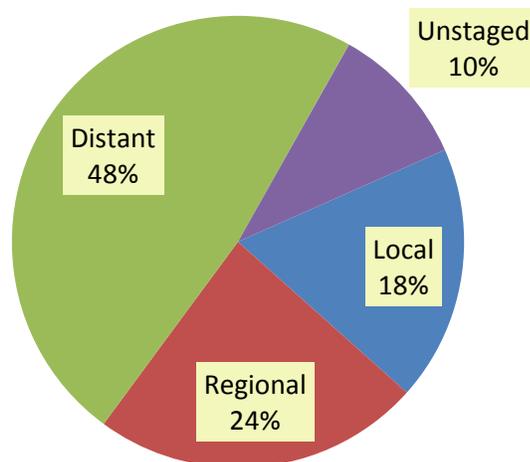
Lung and Bronchus Cancer

Mortality Rates, Nebraska and the U.S., 1999-2008



Lung and Bronchus Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2004-2008



Breast (Female only)

Breast cancer is the most common malignancy among women and the second most frequent cause of female cancer deaths. Between 2004 and 2008, 6,172 Nebraska women were diagnosed with malignant breast cancer (and another 1,348 were diagnosed with in situ breast cancer) and 1,181 women died from it. Since 1990, the rate of breast cancer deaths in Nebraska and the U.S. has declined significantly. During the present decade, the rate of malignant breast cancer diagnoses has also declined, which has been attributed to the decreasing use of post-menopausal hormone replacement therapy.

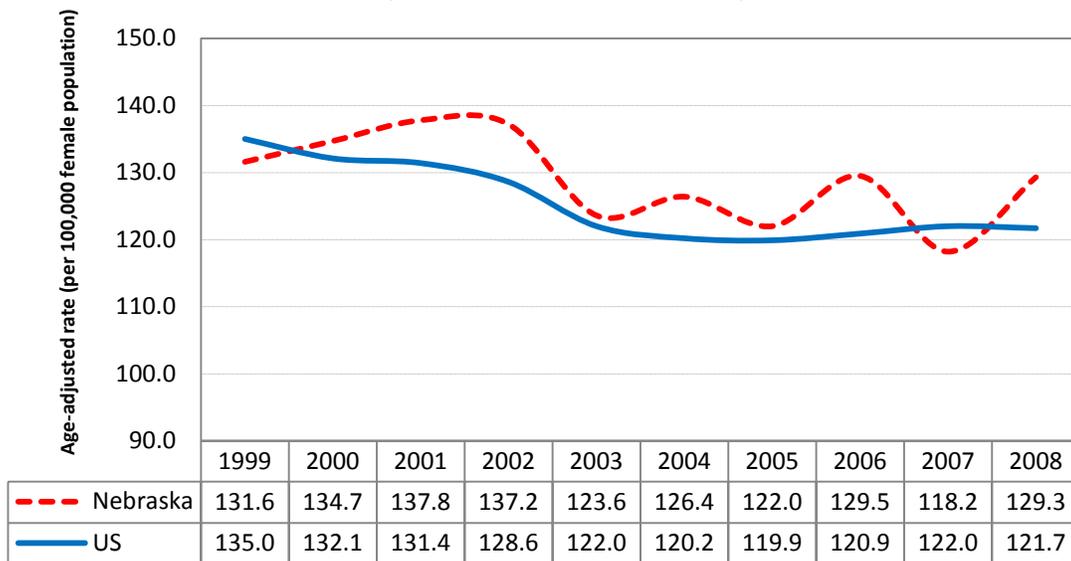
Age is an important risk factor for breast cancer, with fewer than 20% of all malignancies occurring among women under age 50. Other risk factors include genetic mutations, a personal or family history of breast cancer, some forms of benign breast disease, early menstruation, late menopause, never having 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, but there is now some controversy about how and when to screen. The 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).

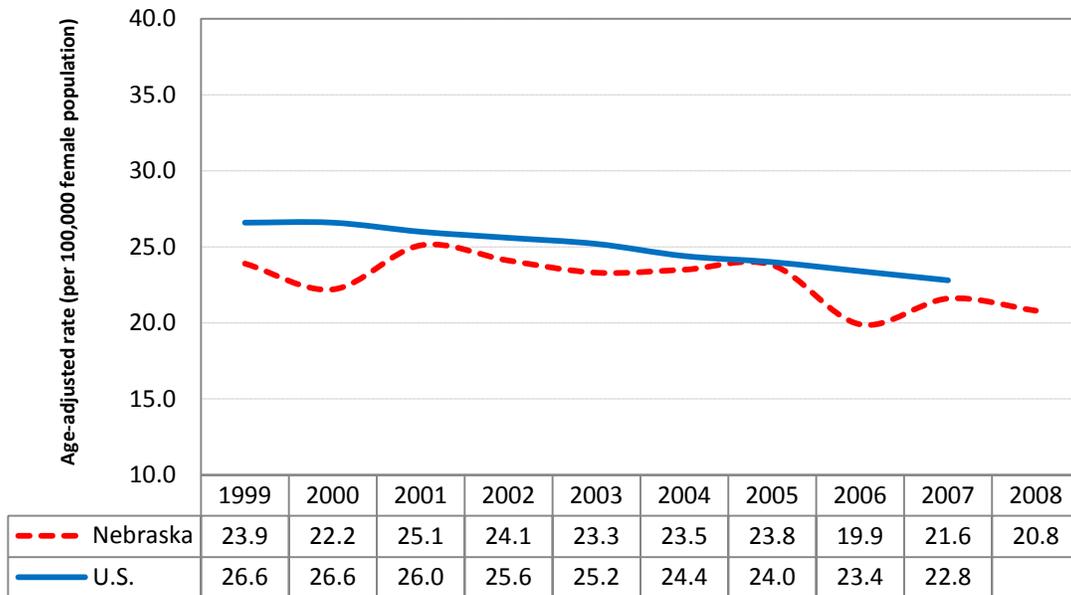
Female Breast Cancer

Incidence Rates, Nebraska and the U.S., 1999-2008



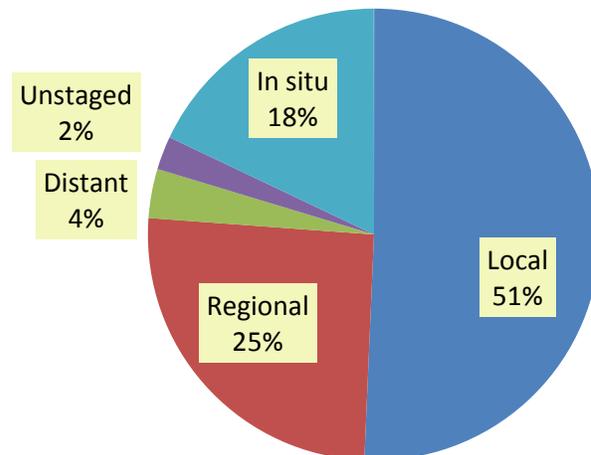
Female Breast Cancer

Mortality Rates, Nebraska and the U.S., 1999-2008



Female Breast Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2004-2008



Colon and Rectum (Colorectal)

In 2008, colorectal cancer was the fourth most frequently diagnosed cancer among Nebraska residents, accounting for 1,001 new malignancies. It was also the second leading cause of cancer mortality in the state, accounting for 369 deaths.

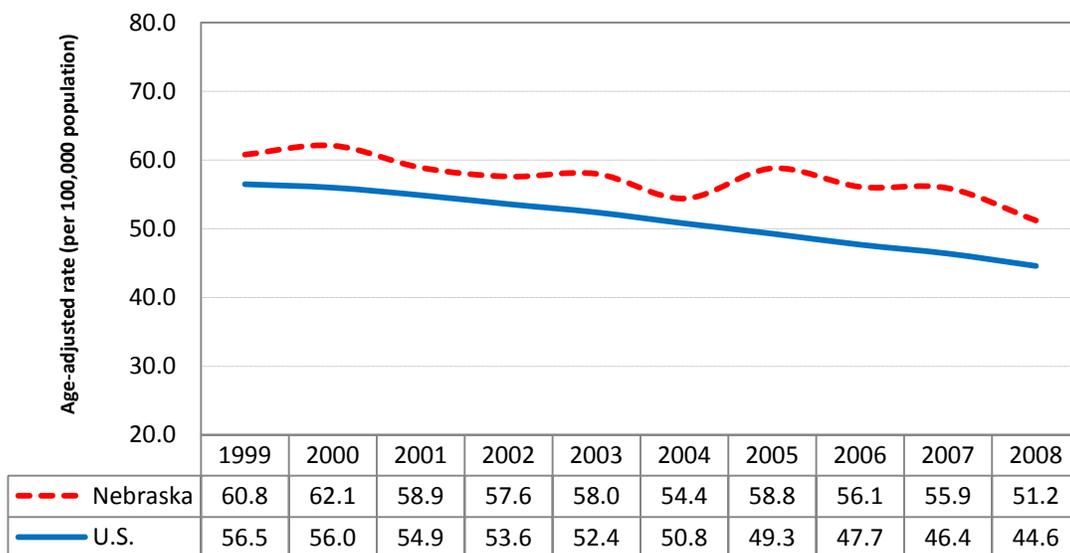
The risk of developing colorectal cancer increases with age. Seven of every ten colorectal cancer cases that occurred in Nebraska during 2004-2008 were 65 or older at diagnosis. Other risk factors include a personal or family history of colorectal cancer or polyps, a personal history of chronic inflammatory 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).

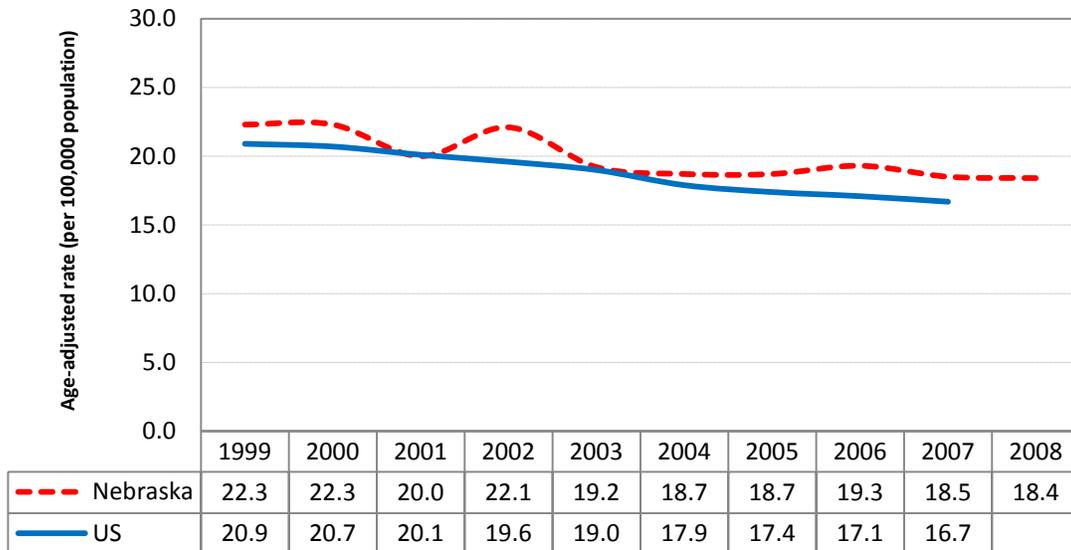
Colon and Rectum (Colorectal) Cancer

Incidence Rates, Nebraska and the U.S., 1999-2008



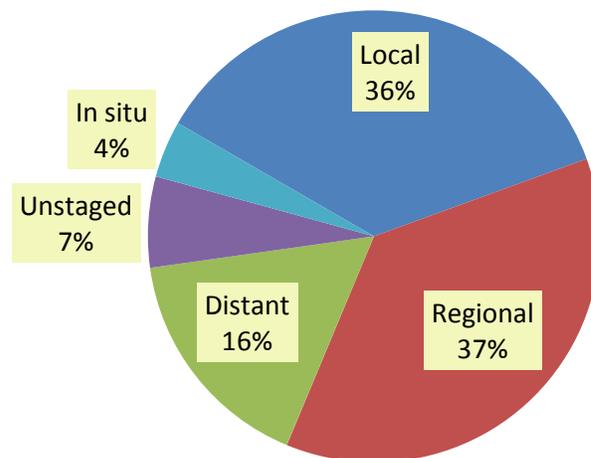
Colon and Rectum (Colorectal) Cancer

Mortality Rates, Nebraska and the .U.S, 1999-2008



Colon and Rectum (Colorectal) Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2004-2008



Prostate

With 1,248 diagnoses in 2008, prostate cancer was the most common cancer among Nebraska men, accounting for almost 30% of all new cancer cases. During the past five years (2004-2008), it has also been the second leading cause of cancer deaths among Nebraska men, accounting for 955 deaths. Since the mid-1990s, prostate cancer death rates have declined substantially, both in Nebraska and throughout the United States.

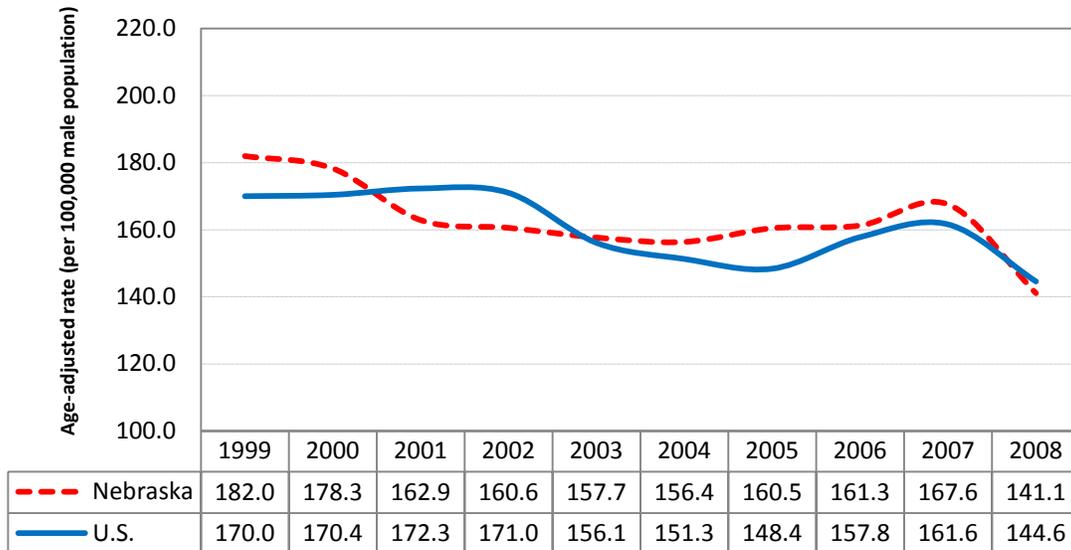
Little is known about what causes prostate cancer. However, there are two well-known high-risk groups: the elderly (men age 65 and older accounted for close to two-thirds of all diagnoses in Nebraska during 2004-2008) and African-Americans. Men with a close relative (father, brother, or son) who have had prostate cancer, especially at a young age, are also at increased risk.

The most current ACS guidelines on 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).

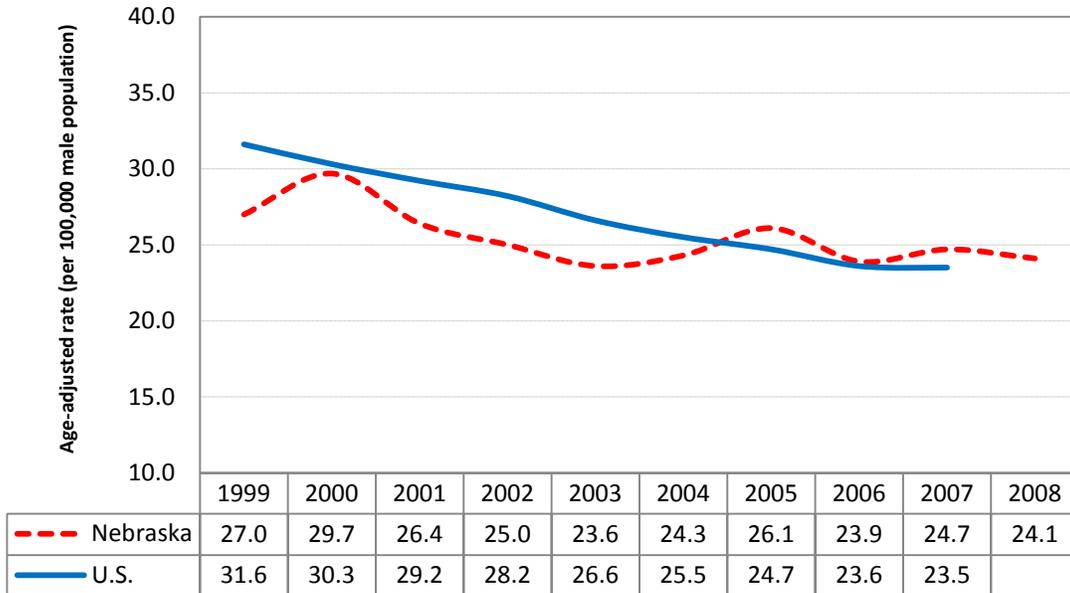
Prostate Cancer

Incidence Rates, Nebraska and the U.S., 1999-2008



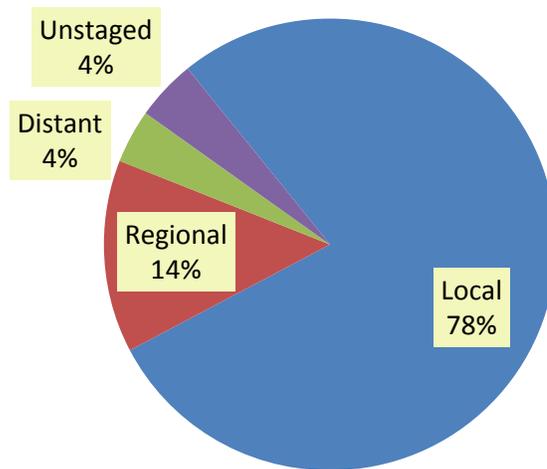
Prostate Cancer

Mortality Rates, Nebraska and the U.S., 1999-2008



Prostate Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2004-2008



Urinary Bladder

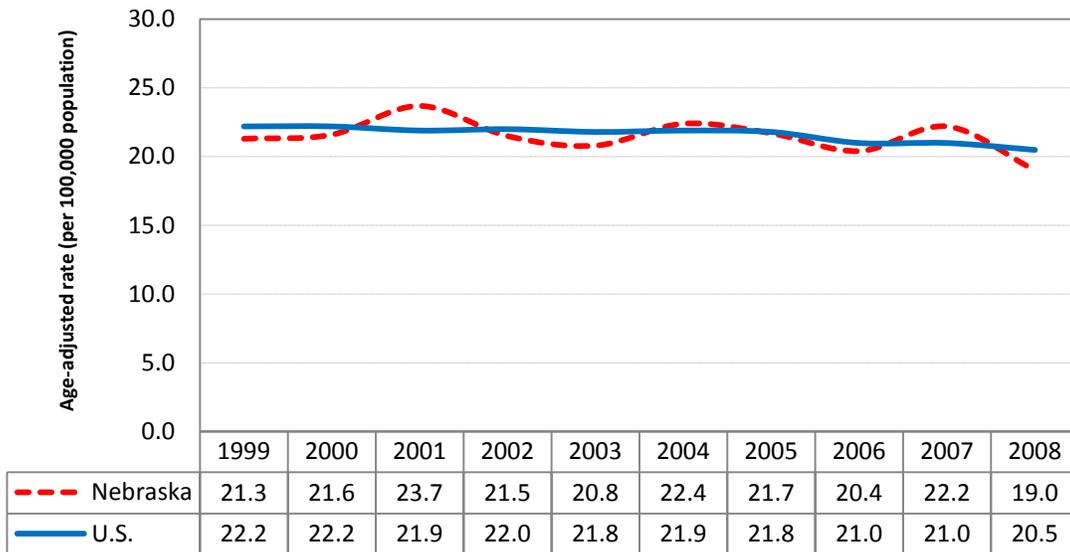
Between 2004 and 2008, 2,020 Nebraska residents were diagnosed with bladder cancer. Bladder cancer occurs much more frequently among men than women (by about a 3-to-1 ratio), and it now ranks fourth as the most common site of cancer diagnoses among Nebraska men. However, deaths from bladder cancer occur far less often (397 Nebraska residents died from it during 2004-2008), 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 over 80% of all bladder cancer patients are still alive five years after diagnosis.

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 2004-2008 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).

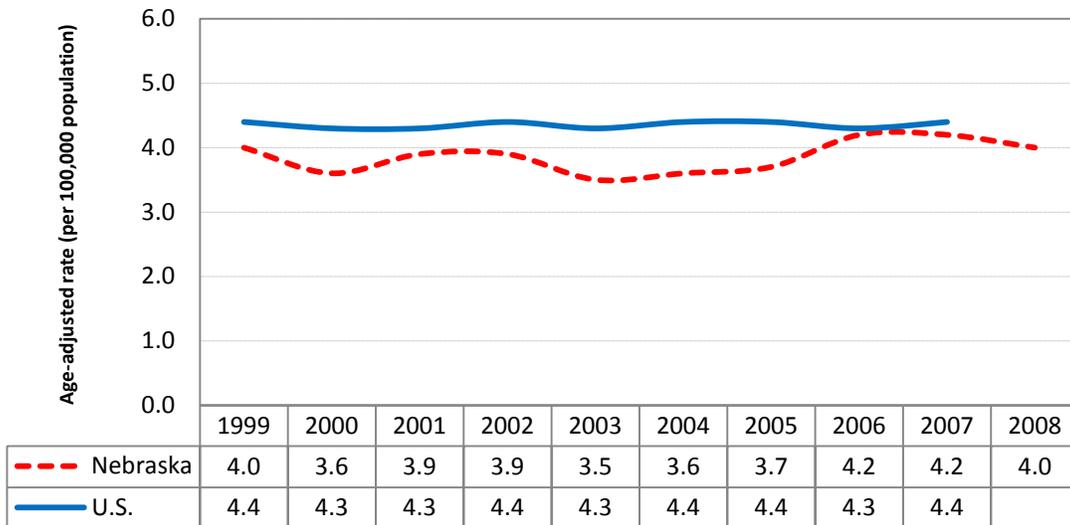
Urinary Bladder Cancer

Incidence Rates, Nebraska and the U.S., 1999-2008



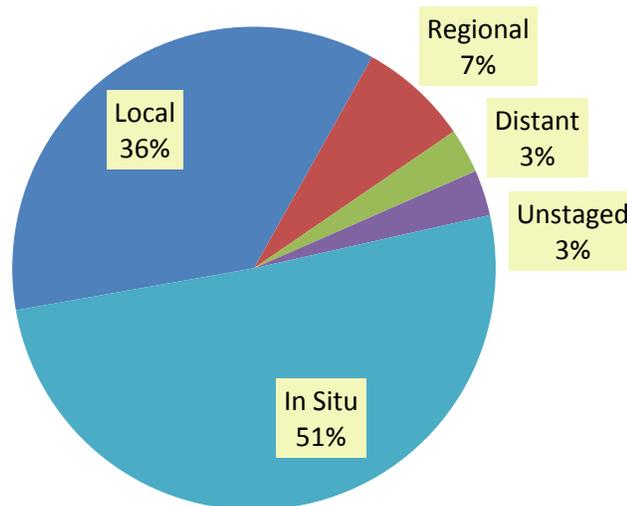
Urinary Bladder Cancer

Mortality Rates, Nebraska and the U.S., 1999-2008



Urinary Bladder Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2004-2008



Non-Hodgkin Lymphoma

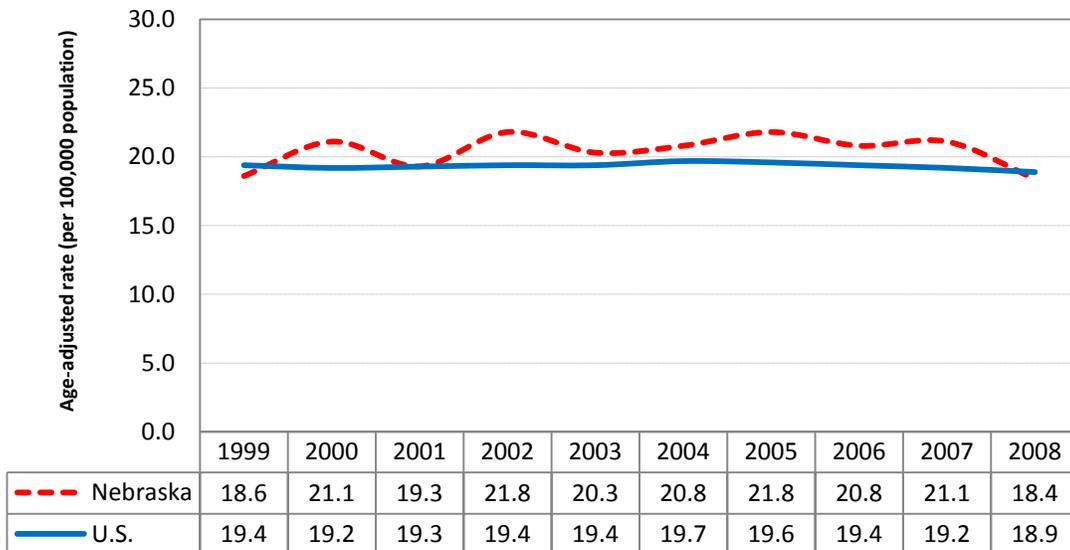
Lymphomas are cancers that affect the white blood cells of the immune system, and are usually classified as either Hodgkin or Non-Hodgkin lymphoma. Non-Hodgkin lymphoma is by far the more common disorder of the two, accounting for 1,929 diagnoses and 707 deaths among Nebraska residents between 2004 and 2008 (for Hodgkin lymphoma, the comparable figures are 299 diagnoses and 46 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).

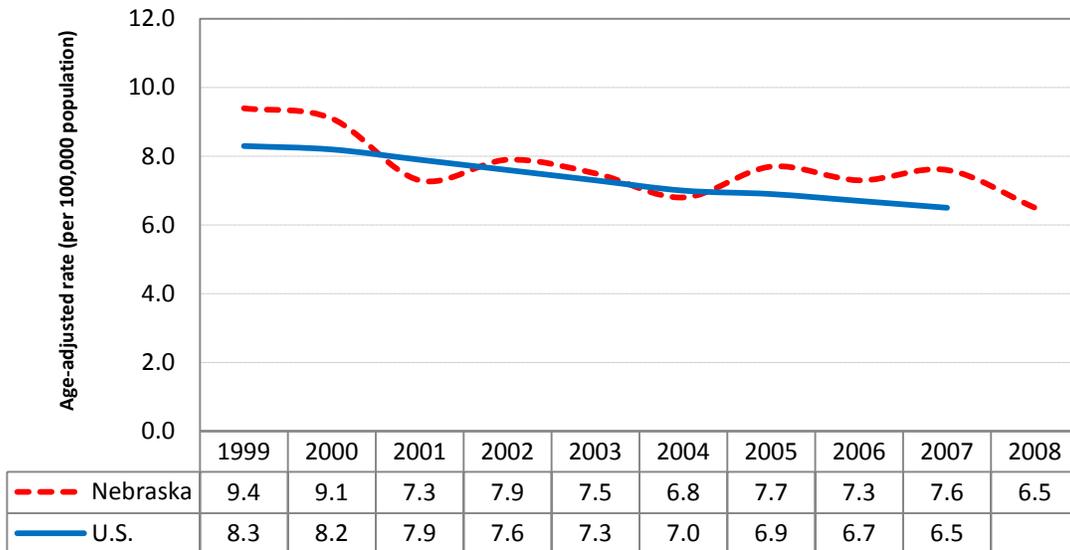
Non-Hodgkin Lymphoma

Incidence Rates, Nebraska and the U.S., 1999-2008



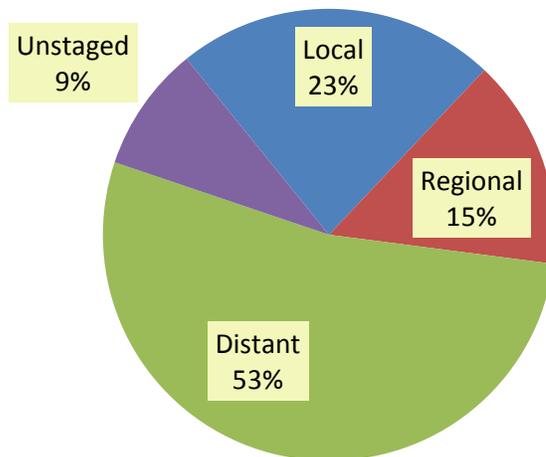
Non-Hodgkin Lymphoma

Mortality Rates, Nebraska and the U.S., 1999-2008



Non-Hodgkin Lymphoma

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2004-2008



Leukemia

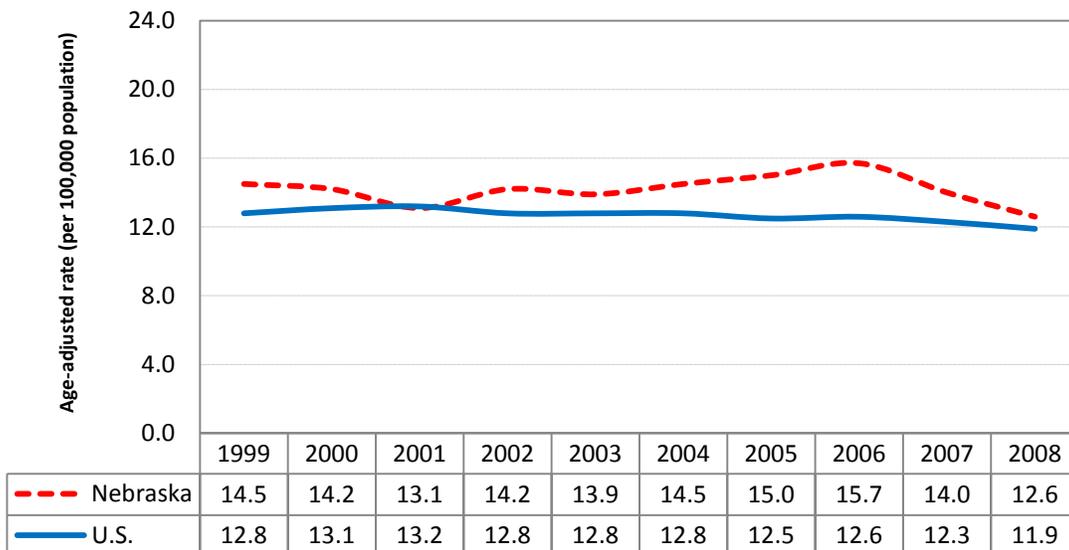
Between 2004 and 2008, leukemia accounted for 1,353 diagnoses and 705 deaths among Nebraska residents. Leukemia is the most common type of malignancy among children and adolescents, accounting for one of every four malignant cancers diagnosed among Nebraska residents under the age of 18. At the same time, however, about six of every ten leukemia cases that occurred in Nebraska between 2004 and 2008 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).

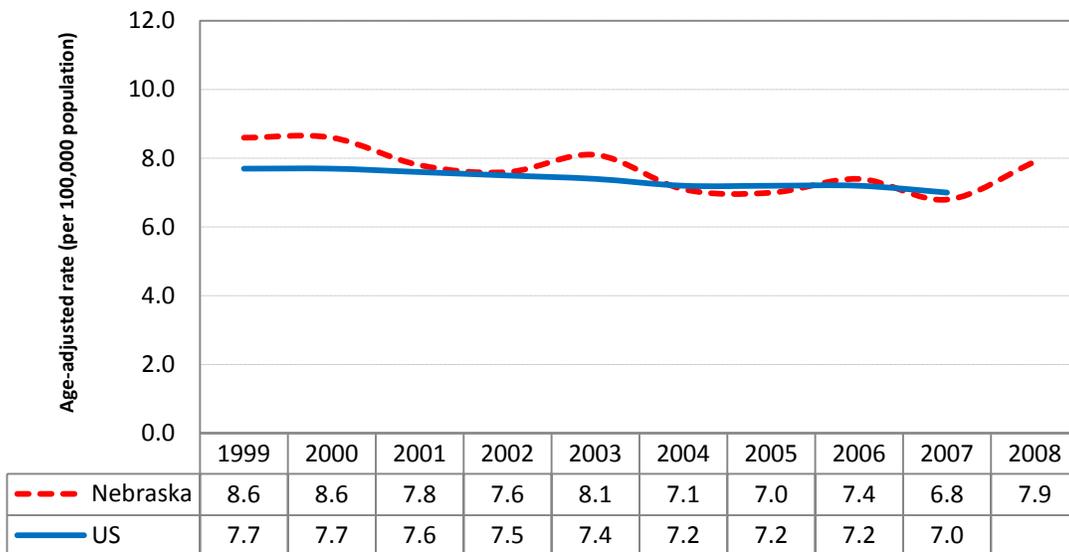
Leukemia

Incidence Rates, Nebraska and the U.S., 1999-2008



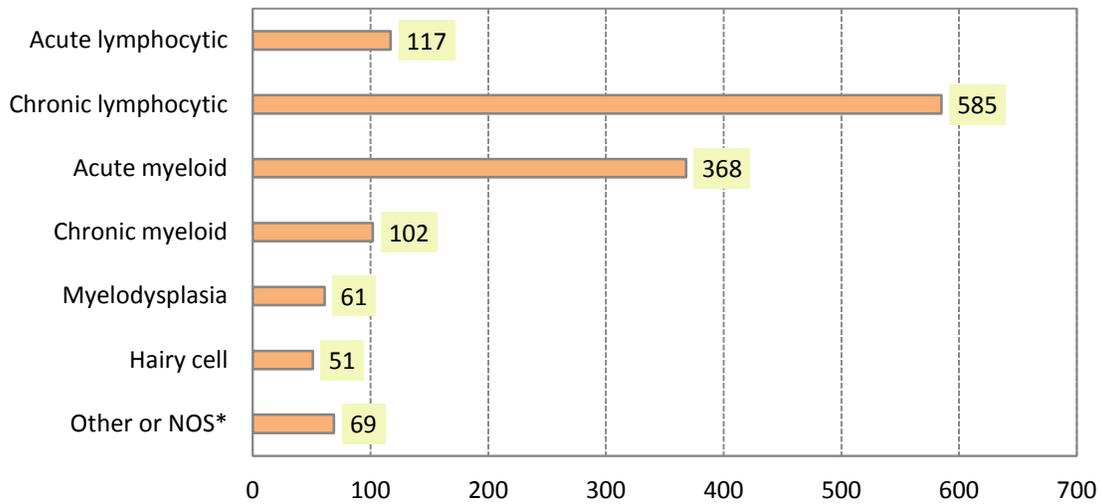
Leukemia

Mortality Rates, Nebraska and the US, 1999-2008



Leukemia

Number of Cases by Histologic Type, Nebraska, 2004-2008



* includes plasma cell leukemia (3 cases); mast cell leukemia (1 case); acute biphenotypic leukemia (1 case); chronic eosinophilic leukemia (2 cases); aggressive NK-cell leukemia (1 case); acute leukemia, NOS (25 cases); lymphoid leukemia, NOS (1 case); myeloid leukemia, NOS (15 cases); leukemia, NOS (20 cases)

Abbreviation: NOS, not otherwise specified

Kidney and Renal Pelvis

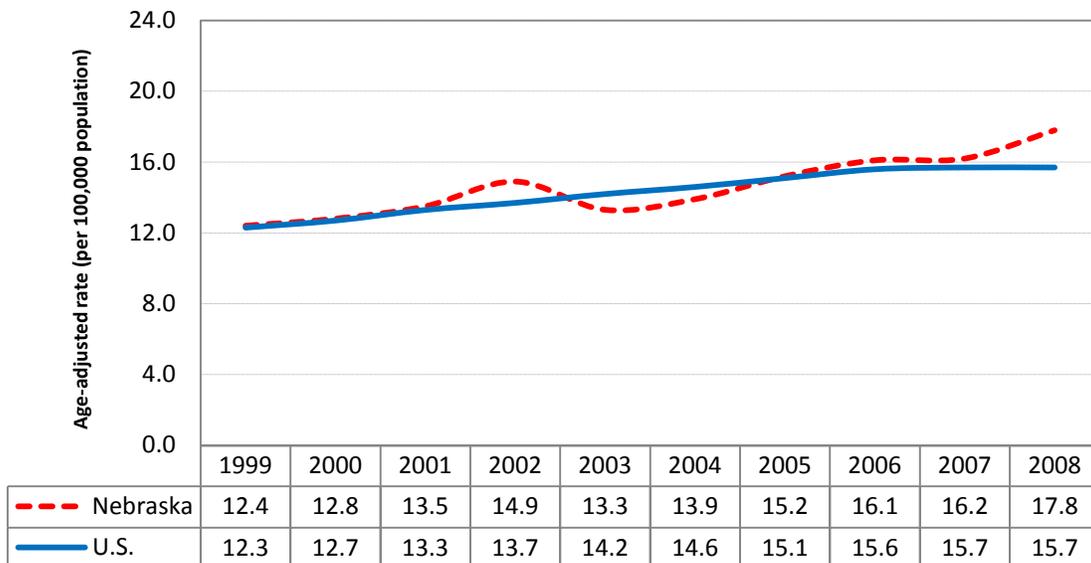
Cancers of the kidney and renal pelvis accounted for 1,481 diagnoses in Nebraska between 2004 and 2008, and also accounted for 428 deaths in Nebraska during the same years. State and national trends since 1990 show a significant increase in the rate of diagnosis of these cancers, but little change in the mortality rate. The chances of survival for people with kidney cancer are relatively high, with the most current national statistics showing that about two-thirds of all cases remain alive at least five years after diagnosis.

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. Advanced age is less of a risk factor for kidney cancer than for most other types; in Nebraska, nearly half (48.9%) of the cases that were diagnosed during 2004-2008 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).

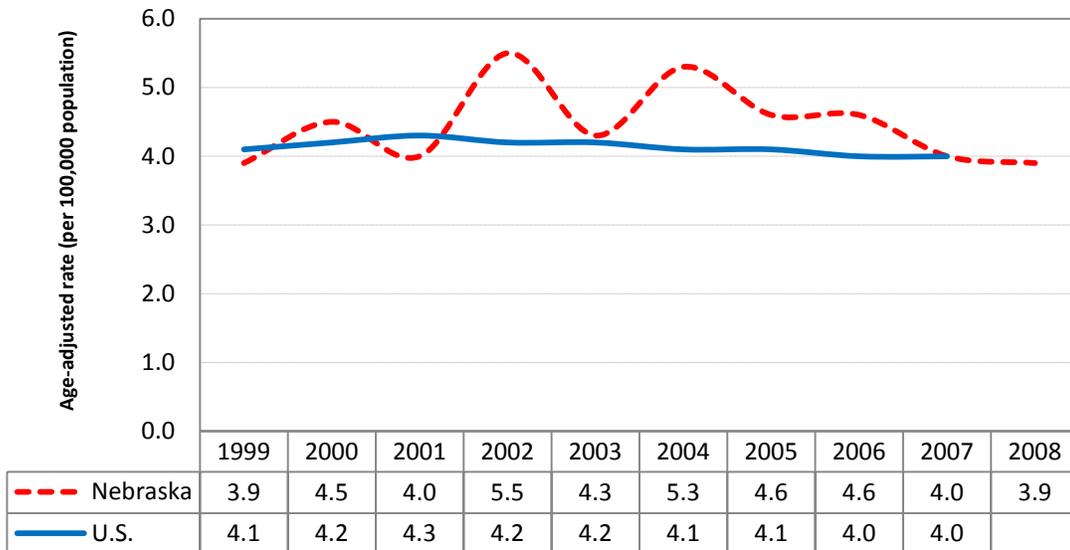
Kidney and Renal Pelvis Cancer

Incidence Rates, Nebraska and the U.S., 1999-2008



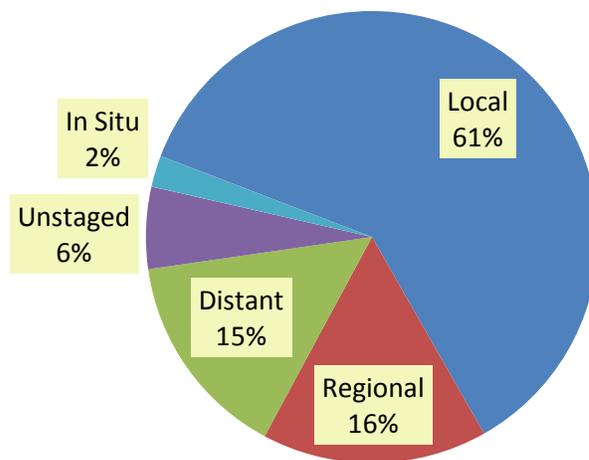
Kidney and Renal Pelvis Cancer

Mortality Rates, Nebraska and the U.S., 1999-2008



Kidney and Renal Pelvis Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2004-2008



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 1,624 diagnoses and 283 deaths between 2004 and 2008. 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%.

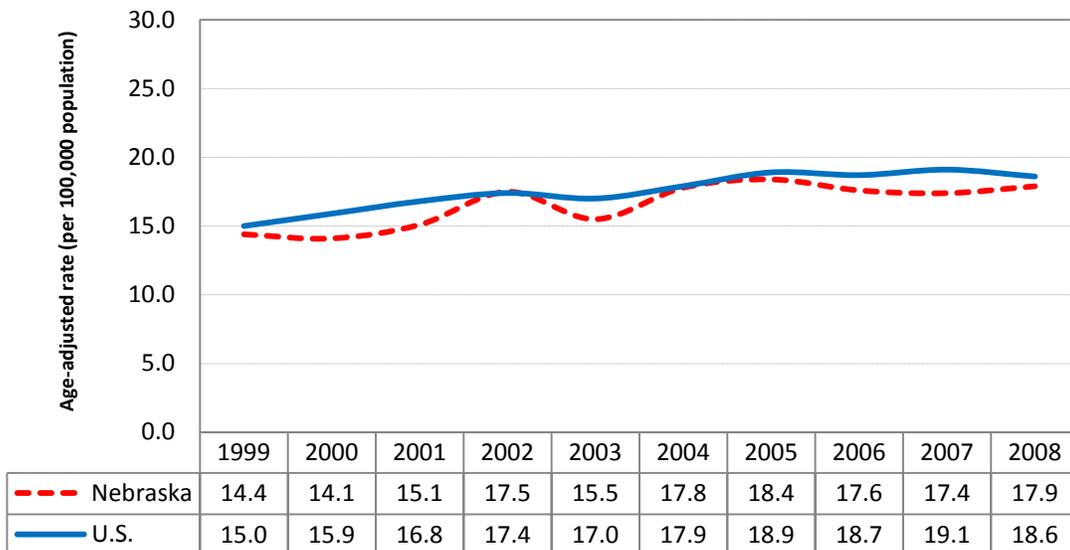
Melanoma is related to exposure to ultraviolet radiation (most of which comes from the sun), particularly exposures during childhood that resulted in severe sunburns. The risk of developing melanoma is particularly high among people with light skin. Sun exposure is not the only risk factor. Family history 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).

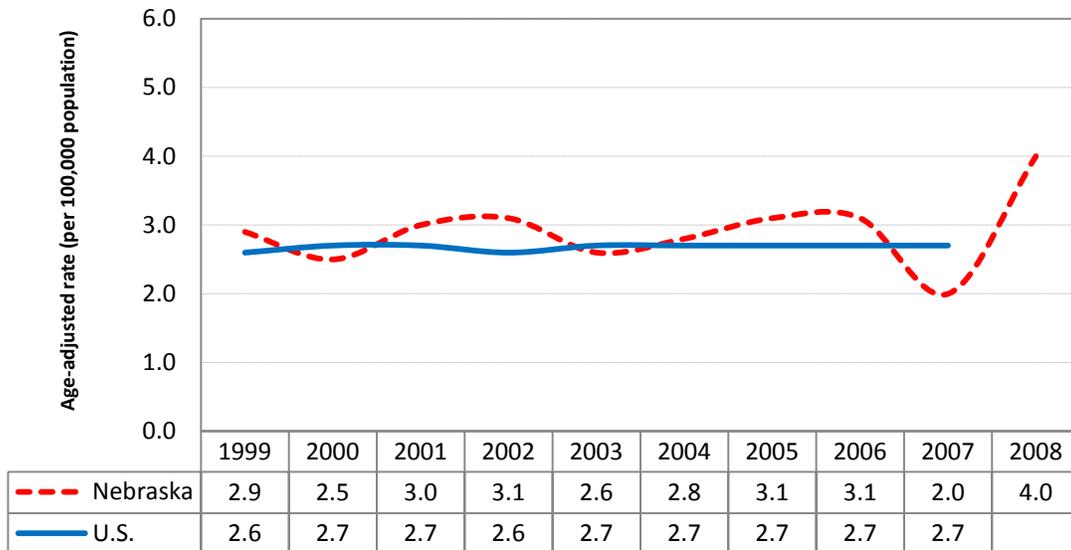
Melanoma of the Skin

Incidence Rates, Nebraska and the U.S., 1999-2008



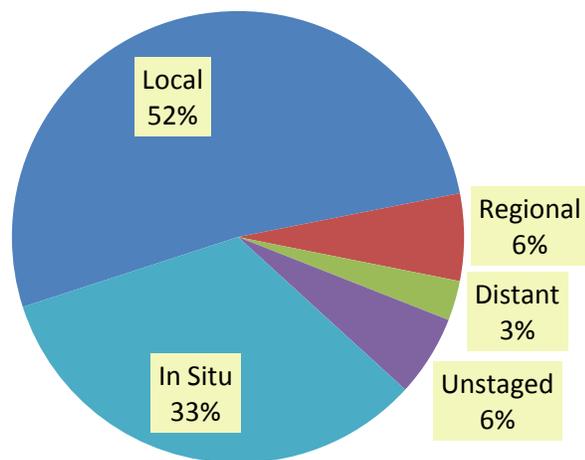
Melanoma of the Skin

Mortality Rates, Nebraska and the U.S., 1999-2008



Melanoma of the Skin

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2004-2008



Uterine Corpus & Unspecified

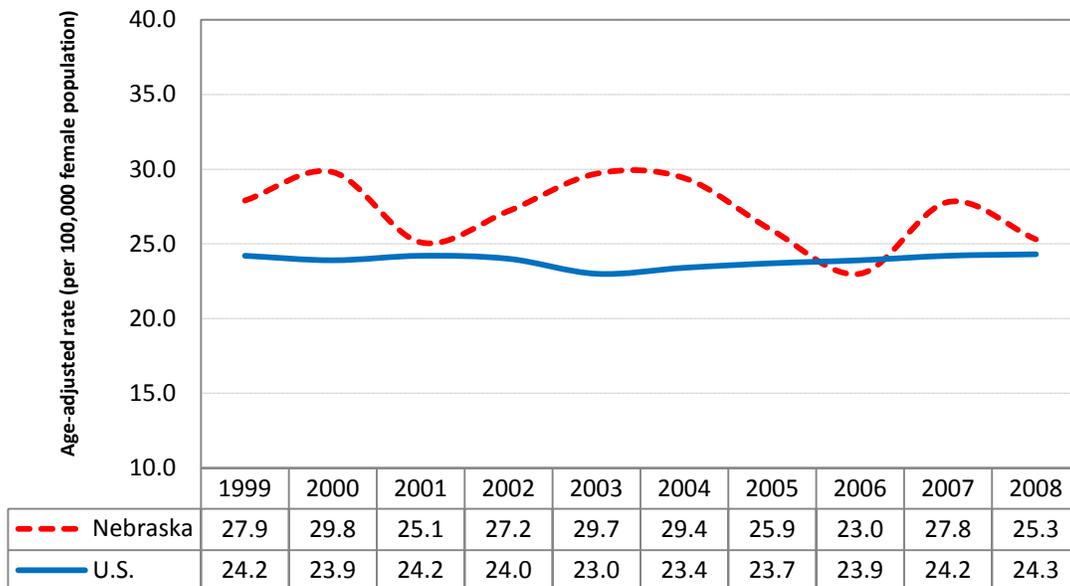
Over 90% of all cancers that occur in the uterine corpus (the body of the uterus) start in the endometrium, which are the cells that comprise the lining of the uterus. For this reason, cancers of the uterine corpus are often also referred to as endometrial cancer. In Nebraska, endometrial cancer is the fourth most common type of cancer diagnosed among women, accounting for 1,317 new cases between 2004 and 2008. Because most endometrial cancers are diagnosed at an early stage, survival rates are high (the most recent national five-year survival rate is over 80%) and mortality is relatively low. During 2004-2008, 273 Nebraska women died from endometrial cancer.

The causes of most cases of endometrial cancer are unknown, although some risk factors have been identified. Most of the risk factors for endometrial cancer have been linked with hormonal imbalances, especially excess estrogen production. Factors that contribute to estrogen exposure include menopausal estrogen therapy (without use of progestin), being overweight or obese, late age at menopause (after age 55), never having children, and a history of polycystic ovary syndrome. Postmenopausal estrogen therapy that includes progestin does not appear to increase risk. Other risk factors include endometrial hyperplasia, radiation therapy to the pelvis, Lynch syndrome (an inherited form of colon cancer), and a family history of endometrial cancer. Women who have used birth control pills have a decreased risk of endometrial cancer, with longer usage providing greater protection.

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

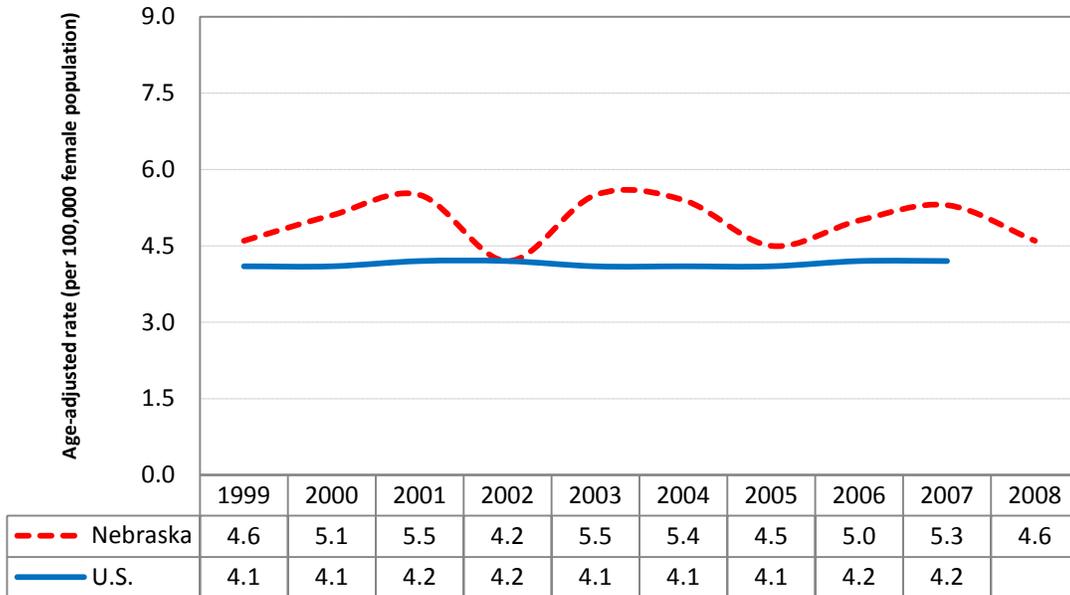
Uterine Corpus and Unspecified Cancer

Incidence Rates, Nebraska and the U.S., 1999-2008



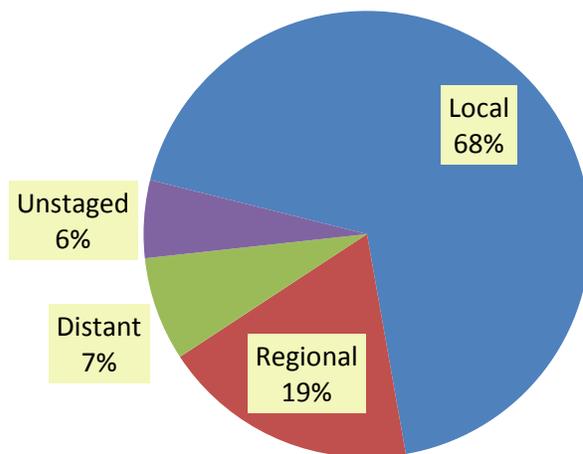
Uterine Corpus and Unspecified Cancer

Mortality Rates, Nebraska and the U.S., 1999-2008



Uterine Corpus and Unspecified Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2004-2008



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APPENDICES

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**TABLE 9: Lung and Bronchus Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska (2004-2008 [Note: U.S. mortality data are for 2003-2007])**

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	1,000,379	68.3	792,495	52.5
NEBRASKA	6,074	65.3	4,507	48.0
<u>COUNTY</u>				
ADAMS	129	67.4	104	54.3
ANTELOPE	23	45.4	17	33.2
ARTHUR	1	**	2	**
BANNER	3	**	3	**
BLAINE	0	---	1	**
BOONE	28	64.8	25	53.8
BOX BUTTE	34	50.2	30	43.1
BOYD	15	77.2	12	57.9
BROWN	12	46.1	17	62.0
BUFFALO	136	66.9	109	52.6
BURT	39	67.0	30	50.3
BUTLER	20	37.0▼	15	26.2▼
CASS	105	75.9	74	54.8
CEDAR	22	31.8▼	21	31.5▽
CHASE	17	59.8	12	39.8
CHERRY	25	62.1	18	43.9
CHEYENNE	34	54.3	27	42.6
CLAY	41	88.8	25	53.1
COLFAX	31	57.0	29	50.8
CUMING	28	39.8▼	22	31.4▽
CUSTER	53	65.4	41	49.6
DAKOTA	74	85.5	48	55.3
DAWES	17	38.2▼	17	34.4
DAWSON	56	43.1▼	46	35.6
DEUEL	7	39.2	6	37.7
DIXON	21	48.5	14	32.3
DODGE	172	72.5	122	49.6
DOUGLAS	1,696	76.9▲	1,201	54.5▲
DUNDY	7	41.1	7	42.9
FILLMORE	31	59.0	25	48.7
FRANKLIN	21	79.8	12	44.6
FRONTIER	14	85.2	11	63.2
FURNAS	20	49.8	14	31.6
GAGE	99	63.7	69	44.4
GARDEN	10	49.5	5	**
GARFIELD	8	44.7	2	**
GOSPER	8	46.0	5	**
GRANT	2	**	0	---
GREELEY	11	46.1	9	35.0
HALL	189	63.2	146	47.7
HAMILTON	24	41.0▼	20	34.6
HARLAN	16	51.1	18	53.9
HAYES	3	**	4	**
HITCHCOCK	29	114.0△	12	47.3
HOLT	53	67.3	40	48.9
HOOKER	3	**	1	**
HOWARD	44	100.5△	21	47.2
JEFFERSON	37	58.5	30	44.3

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

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	15	42.8	14	38.6
KEARNEY	18	43.1▽	20	47.5
KEITH	23	36.4▼	28	44.6
KEYA PAHA	1	**	0	---
KIMBALL	18	61.3	15	49.1
KNOX	49	65.5	38	50.5
LANCASTER	765	64.3	572	48.4
LINCOLN	162	79.0△	105	50.3
LOGAN	1	**	0	---
LOUP	1	**	1	**
MADISON	145	76.4	103	54.0
McPHERSON	1	**	1	**
MERRICK	24	45.5	24	44.7
MORRILL	20	56.6	18	50.4
NANCE	13	46.7	12	41.3
NEMAHA	25	52.4	18	36.5
NUCKOLLS	15	38.9▽	8	21.4▼
OTOE	72	69.3	55	52.5
PAWNEE	13	50.1	9	38.7
PERKINS	11	52.2	9	42.1
PHELPS	27	42.4▽	20	31.0▽
PIERCE	26	57.7	21	49.5
PLATTE	98	53.2	79	42.0
POLK	17	41.9▽	18	44.3
RED WILLOW	53	71.1	42	54.5
RICHARDSON	42	63.3	30	47.0
ROCK	5	**	7	53.4
SALINE	56	68.4	43	53.0
SARPY	370	72.4	237	47.3
SAUNDERS	83	68.3	61	49.6
SCOTTS BLUFF	108	45.5▼	100	40.8
SEWARD	59	62.0	51	52.0
SHERIDAN	18	37.7▼	16	32.5
SHERMAN	19	73.3	15	59.2
SIOUX	5	**	1	**
STANTON	10	28.8▼	11	31.6
THAYER	26	54.2	20	38.7
THOMAS	3	**	0	---
THURSTON	19	55.9	16	47.6
VALLEY	20	54.2	12	32.0
WASHINGTON	72	66.3	55	50.9
WAYNE	18	34.1▼	17	33.8
WEBSTER	21	68.3	14	41.3
WHEELER	0	---	0	---
YORK	39	42.0▼	32	34.5

**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 (2004-2008 [Note: U.S. mortality data are for 2003-2007])**

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	961,860	121.0	205,107	24.0
NEBRASKA	6,172	125.3	1,181	22.0
<u>COUNTY</u>				
ADAMS	125	130.2	23	20.9
ANTELOPE	34	154.0	7	20.1
ARTHUR	1	**	0	---
BANNER	2	**	0	---
BLAINE	2	**	0	---
BOONE	21	107.9	3	**
BOX BUTTE	42	119.9	11	28.3
BOYD	13	134.4	1	**
BROWN	11	84.6	1	**
BUFFALO	148	134.4	31	27.9
BURT	31	106.2	7	19.4
BUTLER	28	103.7	8	25.2
CASS	95	134.9	12	17.4
CEDAR	28	98.7	5	**
CHASE	18	146.6	4	**
CHERRY	30	161.1	2	**
CHEYENNE	44	140.1	6	19.8
CLAY	19	85.3	4	**
COLFAX	29	113.6	14	39.8
CUMING	32	94.5	5	**
CUSTER	53	132.8	16	26.6
DAKOTA	48	94.5▽	9	18.0
DAWES	31	132.1	6	22.5
DAWSON	64	95.5▽	21	29.7
DEUEL	11	132.2	1	**
DIXON	24	99.9	6	23.9
DODGE	166	134.8	26	17.4
DOUGLAS	1,546	124.0	300	23.3
DUNDY	7	80.5	2	**
FILLMORE	21	103.4	10	33.2
FRANKLIN	17	135.5	3	**
FRONTIER	10	123.2	5	**
FURNAS	24	116.8	0	---
GAGE	104	129.6	24	23.8
GARDEN	10	124.3	3	**
GARFIELD	13	160.6	1	**
GOSPER	9	148.5	1	**
GRANT	3	**	0	---
GREELEY	11	122.4	0	---
HALL	194	125.7	29	18.1
HAMILTON	40	136.3	9	27.2
HARLAN	21	159.2	7	38.4
HAYES	1	**	1	**
HITCHCOCK	16	105.9	5	**
HOLT	57	167.9	6	13.1
HOOKER	3	**	1	**
HOWARD	24	108.7	5	**
JEFFERSON	28	91.4	7	20.4

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

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	18	118.5	7	26.8
KEARNEY	28	126.2	7	25.9
KEITH	23	75.5▼	4	**
KEYA PAHA	2	**	0	---
KIMBALL	19	150.2	5	**
KNOX	33	102.5	4	**
LANCASTER	896	136.8	150	21.8
LINCOLN	124	119.3	26	23.2
LOGAN	2	**	2	**
LOUP	0	---	1	**
MADISON	137	138.1	24	22.5
McPHERSON	5	**	0	---
MERRICK	37	143.9	4	**
MORRILL	19	121.8	3	**
NANCE	15	131.9	6	50.1
NEMAHA	31	116.0	7	24.7
NUCKOLLS	22	127.6	6	22.8
OTOE	55	105.6	8	12.7
PAWNEE	11	73.5▽	3	**
PERKINS	11	81.1	3	**
PHELPS	41	124.8	12	32.5
PIERCE	28	118.2	7	27.0
PLATTE	120	126.5	21	22.1
POLK	33	187.3	3	**
RED WILLOW	40	98.0	10	24.6
RICHARDSON	48	148.5	14	30.8
ROCK	5	**	0	---
SALINE	55	131.5	2	**
SARPY	419	132.7	73	25.6
SAUNDERS	80	135.4	13	19.6
SCOTTS BLUFF	158	132.6	27	20.2
SEWARD	60	128.3	14	23.8
SHERIDAN	17	77.2▽	4	**
SHERMAN	15	142.9	1	**
SIOUX	4	**	3	**
STANTON	9	50.7▼	7	39.5
THAYER	15	86.5	4	**
THOMAS	3	**	0	---
THURSTON	19	112.7	5	**
VALLEY	14	92.9	4	**
WASHINGTON	69	117.1	12	18.9
WAYNE	24	118.5	4	**
WEBSTER	21	154.2	2	**
WHEELER	5	**	1	**
YORK	73	149.7	20	35.6

**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 (2004-2008 [Note: U.S. mortality data are for 2003-2007])**

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	702,536	47.7	268,783	17.6
NEBRASKA	5,265	55.4	1,854	18.8
<u>COUNTY</u>				
ADAMS	119	60.7	30	14.6
ANTELOPE	27	53.1	11	18.9
ARTHUR	2	**	2	**
BANNER	4	**	0	---
BLAINE	0	---	1	**
BOONE	34	78.4	15	31.1
BOX BUTTE	33	50.7	13	18.3
BOYD	12	59.2	5	**
BROWN	19	73.0	1	**
BUFFALO	122	57.5	42	19.1
BURT	44	71.7	15	25.4
BUTLER	40	68.3	17	27.9
CASS	84	62.3	35	25.9
CEDAR	33	47.9	8	10.8
CHASE	11	37.8	4	**
CHERRY	22	55.3	9	23.0
CHEYENNE	34	55.5	11	17.0
CLAY	33	68.6	6	11.6
COLFAX	39	66.6	24	40.7▲
CUMING	39	54.3	15	17.4
CUSTER	47	56.0	16	19.5
DAKOTA	54	64.4	21	24.7
DAWES	22	48.9	12	21.5
DAWSON	65	50.5	19	14.2
DEUEL	9	57.9	1	**
DIXON	16	37.0	8	17.0
DODGE	167	70.1△	64	23.5
DOUGLAS	1214	54.1	421	18.6
DUNDY	7	46.4	6	30.1
FILLMORE	28	55.5	11	19.9
FRANKLIN	10	35.2	6	18.3
FRONTIER	9	46.7	5	**
FURNAS	32	75.8	7	14.6
GAGE	105	65.7	39	21.7
GARDEN	4	**	4	**
GARFIELD	11	61.3	5	**
GOSPER	8	56.2	3	**
GRANT	2	**	0	---
GREELEY	11	52.0	4	**
HALL	180	58.2	58	18.5
HAMILTON	27	45.4	4	**
HARLAN	26	82.3	7	20.3
HAYES	2	**	0	---
HITCHCOCK	6	24.9▼	3	**
HOLT	48	58.2	20	23.8
HOOKER	3	**	1	**
HOWARD	29	65.9	7	15.3
JEFFERSON	31	44.0	14	17.0

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

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	28	84.0	8	22.7
KEARNEY	21	50.3	11	24.8
KEITH	35	62.6	14	26.2
KEYA PAHA	7	101.9	2	**
KIMBALL	13	42.9	8	22.8
KNOX	32	48.5	20	24.3
LANCASTER	620	52.2	199	16.4
LINCOLN	108	50.1	44	19.3
LOGAN	1	**	0	---
LOUP	2	**	0	---
MADISON	121	61.6	41	19.7
McPHERSON	2	**	0	---
MERRICK	24	44.6	14	25.4
MORRILL	14	38.5	5	**
NANCE	18	66.0	8	28.6
NEMAHA	28	54.4	11	22.2
NUCKOLLS	25	63.0	5	**
OTOE	56	54.5	28	25.2
PAWNEE	16	70.4	6	27.8
PERKINS	13	65.2	6	27.4
PHELPS	26	38.6▽	10	13.6
PIERCE	30	64.5	13	27.0
PLATTE	110	59.1	35	19.0
POLK	27	66.7	5	**
RED WILLOW	52	66.9	13	15.1
RICHARDSON	51	72.8	14	16.8
ROCK	9	95.2	6	41.8
SALINE	59	71.5	22	24.7
SARPY	295	58.0	75	15.9
SAUNDERS	65	52.7	31	24.3
SCOTTS BLUFF	96	41.0▼	38	15.3
SEWARD	57	58.7	21	20.0
SHERIDAN	26	65.1	7	14.7
SHERMAN	16	63.8	6	25.1
SIOUX	1	**	1	**
STANTON	14	38.7	3	**
THAYER	28	51.6	10	18.8
THOMAS	3	**	0	---
THURSTON	20	58.1	15	42.7▲
VALLEY	16	48.3	6	14.7
WASHINGTON	47	44.1	19	17.9
WAYNE	30	61.4	12	20.8
WEBSTER	29	96.4△	10	31.3
WHEELER	1	**	3	**
YORK	49	51.9	19	18.3

**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 12: Prostate Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
 Nebraska (2004-2008 [Note: U.S. mortality data are for 2003-2007])

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	1,014,129	152.8	144,926	24.7
NEBRASKA	6,628	158.0	955	24.9
<u>COUNTY</u>				
ADAMS	128	152.4	19	22.8
ANTELOPE	37	159.5	5	**
ARTHUR	2	**	0	---
BANNER	6	239.4	0	---
BLAINE	2	**	1	**
BOONE	46	249.6△	6	28.1
BOX BUTTE	40	134.2	3	**
BOYD	16	188.3	0	---
BROWN	28	238.5	5	**
BUFFALO	149	157.1	19	23.0
BURT	39	153.3	8	30.6
BUTLER	51	188.9	5	**
CASS	85	131.3	8	17.0
CEDAR	36	124.5	7	24.2
CHASE	27	202.1	1	**
CHERRY	37	198.9	2	**
CHEYENNE	40	147.8	7	29.2
CLAY	49	235.6△	7	35.7
COLFAX	58	238.8△	4	**
CUMING	48	147.5	7	18.0
CUSTER	58	156.4	6	15.8
DAKOTA	50	120.6	10	31.2
DAWES	26	113.5	12	53.0
DAWSON	67	113.2▼	17	31.3
DEUEL	12	155.4	2	**
DIXON	20	100.8▽	5	**
DODGE	255	246.5▲	16	15.9
DOUGLAS	1,545	157.5	230	27.9
DUNDY	12	155.1	1	**
FILLMORE	30	149.6	4	**
FRANKLIN	17	140.8	2	**
FRONTIER	20	212.8	3	**
FURNAS	32	184.2	7	39.2
GAGE	75	109.3▼	17	23.9
GARDEN	12	136.4	3	**
GARFIELD	13	167.2	3	**
GOSPER	12	156.1	2	**
GRANT	5	**	0	---
GREELEY	17	182.2	6	61.5
HALL	260	186.5△	24	19.2
HAMILTON	38	143.2	6	23.3
HARLAN	28	191.6	6	38.8
HAYES	5	**	0	---
HITCHCOCK	16	144.6	0	---
HOLT	68	196.1	6	15.7
HOOKER	4	**	1	**
HOWARD	42	206.9	5	**
JEFFERSON	29	99.4▼	12	35.2

TABLE 12 (continued): Prostate Cancer Incidence and Mortality

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	18	124.6	4	**
KEARNEY	18	98.5▽	5	**
KEITH	34	118.3	6	22.7
KEYA PAHA	6	168.7	1	**
KIMBALL	17	126.8	5	**
KNOX	54	175.3	11	34.1
LANCASTER	779	143.9	111	25.7
LINCOLN	135	139.7	21	23.4
LOGAN	4	**	1	**
LOUP	2	**	1	**
MADISON	162	190.3	12	14.6▼
McPHERSON	2	119.8	0	---
MERRICK	46	190.0	9	38.4
MORRILL	26	160.4	3	**
NANCE	21	164.5	2	**
NEMAHA	32	152.9	5	**
NUCKOLLS	27	144.1	6	25.3
OTOE	49	103.5▼	11	22.6
PAWNEE	14	129.6	4	**
PERKINS	13	129.8	4	**
PHELPS	53	178.9	15	47.8
PIERCE	42	204.9	6	30.0
PLATTE	148	177.3	12	15.6
POLK	25	138.7	2	**
RED WILLOW	43	127.1	5	**
RICHARDSON	36	119.9	10	32.8
ROCK	14	258.9	2	**
SALINE	55	152.3	11	28.8
SARPY	374	157.0	38	24.2
SAUNDERS	105	186.5	13	26.2
SCOTTS BLUFF	183	177.2	26	25.9
SEWARD	45	101.1▼	11	24.7
SHERIDAN	24	119.4	5	**
SHERMAN	15	136.7	0	---
SIOUX	7	153.5	0	---
STANTON	10	66.4▼	4	**
THAYER	29	127.0	8	28.6
THOMAS	3	**	0	---
THURSTON	23	154.3	5	**
VALLEY	42	266.4△	7	39.2
WASHINGTON	72	146.7	16	39.9
WAYNE	39	180.7	1	**
WEBSTER	24	163.3	4	**
WHEELER	6	215.0	0	---
YORK	60	144.8	12	27.9

**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 (2004-2008 [Note: U.S. mortality data are for 2003-2007])**

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	310,743	21.2	66,083	4.3
NEBRASKA	2,020	21.2	397	4.0
<u>COUNTY</u>				
ADAMS	48	23.2	12	5.4
ANTELOPE	11	24.7	1	**
ARTHUR	0	---	0	---
BANNER	1	**	1	**
BLAINE	1	**	0	---
BOONE	13	28.2	2	**
BOX BUTTE	9	13.2	3	**
BOYD	1	**	1	**
BROWN	4	**	0	---
BUFFALO	39	17.9	7	3.2
BURT	10	15.7	2	**
BUTLER	10	16.9	1	**
CASS	25	18.7	4	**
CEDAR	10	15.4	0	---
CHASE	9	27.9	2	**
CHERRY	10	25.0	3	**
CHEYENNE	16	24.6	2	**
CLAY	4	**	1	**
COLFAX	13	21.7	2	**
CUMING	11	14.4	2	**
CUSTER	19	21.0	2	**
DAKOTA	16	19.5	2	**
DAWES	6	11.5	3	**
DAWSON	29	22.3	2	**
DEUEL	3	**	1	**
DIXON	6	12.1	1	**
DODGE	63	26.7	11	4.1
DOUGLAS	522	23.4	111	4.9
DUNDY	6	35.4	1	**
FILLMORE	7	11.7	4	**
FRANKLIN	7	22.6	0	---
FRONTIER	8	37.8	0	---
FURNAS	16	37.6	2	**
GAGE	38	22.1	8	4.0
GARDEN	4	**	0	---
GARFIELD	5	**	1	**
GOSPER	6	35.5	0	---
GRANT	2	**	0	---
GREELEY	4	**	1	**
HALL	69	21.8	14	4.4
HAMILTON	5	**	5	**
HARLAN	4	**	1	**
HAYES	1	**	1	**
HITCHCOCK	9	35.0	2	**
HOLT	15	17.7	3	**
HOOKER	1	**	0	---
HOWARD	8	17.4	2	**
JEFFERSON	15	24.2	3	**

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

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	7	19.7	1	**
KEARNEY	9	21.3	1	**
KEITH	10	16.1	6	9.8
KEYA PAHA	3	**	0	---
KIMBALL	7	20.9	3	**
KNOX	14	17.8	4	**
LANCASTER	235	19.9	45	3.7
LINCOLN	42	19.3	8	3.8
LOGAN	1	**	0	---
LOUP	2	**	1	**
MADISON	37	17.7	5	**
McPHERSON	1	**	1	**
MERRICK	8	14.3	1	**
MORRILL	6	17.1	1	**
NANCE	5	**	1	**
NEMAHA	10	21.3	1	**
NUCKOLLS	6	13.9	3	**
OTOE	18	16.3	0	---
PAWNEE	2	**	1	**
PERKINS	2	**	2	**
PHELPS	15	24.0	2	**
PIERCE	10	22.5	1	**
PLATTE	35	19.0	6	3.0
POLK	10	21.5	3	**
RED WILLOW	21	25.4	4	**
RICHARDSON	10	16.1	1	**
ROCK	2	**	0	---
SALINE	14	15.7	6	5.7
SARPY	115	23.4	19	4.5
SAUNDERS	23	19.0	9	6.9
SCOTTS BLUFF	58	24.5	6	2.8
SEWARD	24	24.1	6	5.4
SHERIDAN	5	**	1	**
SHERMAN	5	**	1	**
SIOUX	0	---	1	**
STANTON	8	22.0	0	---
THAYER	10	17.9	3	**
THOMAS	0	---	0	---
THURSTON	6	16.9	3	**
VALLEY	13	26.9	3	**
WASHINGTON	32	28.7	4	**
WAYNE	11	20.2	1	**
WEBSTER	10	27.8	0	---
WHEELER	2	**	0	---
YORK	17	16.9	5	**

**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 (2004-2008 [Note: U.S. mortality data are for 2003-2007])**

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	283,623	19.4	104,407	6.9
NEBRASKA	1,929	20.6	707	7.2
<u>COUNTY</u>				
ADAMS	39	20.5	16	7.5
ANTELOPE	5	**	6	9.9
ARTHUR	0	---	0	---
BANNER	0	---	1	**
BLAINE	0	---	0	---
BOONE	10	25.6	4	**
BOX BUTTE	10	14.7	4	**
BOYD	1	**	2	**
BROWN	4	**	2	**
BUFFALO	39	19.1	13	6.6
BURT	12	24.7	7	11.9
BUTLER	8	14.1	2	**
CASS	33	23.3	11	7.9
CEDAR	5	**	5	**
CHASE	7	25.1	5	**
CHERRY	7	19.2	1	**
CHEYENNE	12	19.2	5	**
CLAY	12	29.1	4	**
COLFAX	7	12.6	5	**
CUMING	16	24.4	6	9.2
CUSTER	12	13.8	7	6.3
DAKOTA	21	25.0	11	13.2
DAWES	10	22.3	8	18.2
DAWSON	14	10.9▼	10	7.8
DEUEL	3	**	2	**
DIXON	6	14.3	3	**
DODGE	75	32.0▲	34	13.1▲
DOUGLAS	497	21.9	163	7.2
DUNDY	5	**	2	**
FILLMORE	17	30.9	5	**
FRANKLIN	2	**	2	**
FRONTIER	5	**	1	**
FURNAS	12	30.6	7	17.8
GAGE	28	17.1	21	11.7
GARDEN	5	**	0	---
GARFIELD	3	**	0	---
GOSPER	4	**	0	---
GRANT	0	---	0	---
GREELEY	1	**	0	---
HALL	66	22.1	25	7.7
HAMILTON	13	23.2	3	**
HARLAN	3	**	2	**
HAYES	1	**	1	**
HITCHCOCK	6	23.3	1	**
HOLT	13	19.7	3	**
HOOKER	0	---	0	---
HOWARD	11	26.7	3	**
JEFFERSON	10	18.5	4	**

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

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	11	35.3	4	**
KEARNEY	7	15.9	4	**
KEITH	8	13.8	2	**
KEYA PAHA	2	**	0	---
KIMBALL	3	**	2	**
KNOX	16	22.4	2	**
LANCASTER	264	22.0	90	7.6
LINCOLN	47	22.7	13	5.8
LOGAN	1	**	0	---
LOUP	1	**	0	---
MADISON	37	18.5	12	**
McPHERSON	0	---	0	---
MERRICK	12	22.2	8	14.1
MORRILL	4	**	2	**
NANCE	8	29.8	4	**
NEMAHA	13	27.0	7	13.7
NUCKOLLS	9	23.2	1	**
OTOE	20	19.4	5	**
PAWNEE	3	**	3	**
PERKINS	4	**	1	**
PHELPS	8	12.1	2	**
PIERCE	8	18.9	3	**
PLATTE	29	16.4	9	4.7
POLK	1	**	1	**
RED WILLOW	20	25.1	10	11.3
RICHARDSON	12	19.0	5	**
ROCK	3	**	2	**
SALINE	17	20.8	3	**
SARPY	114	21.5	30	6.2
SAUNDERS	27	23.4	9	7.2
SCOTTS BLUFF	41	17.4	15	5.9
SEWARD	22	21.9	9	7.9
SHERIDAN	2	**	2	**
SHERMAN	4	**	0	---
SIOUX	1	**	0	---
STANTON	2	**	2	**
THAYER	8	18.6	3	**
THOMAS	1	**	0	---
THURSTON	6	17.8	2	**
VALLEY	7	22.5	2	**
WASHINGTON	21	19.4	6	5.4
WAYNE	11	22.2	4	**
WEBSTER	3	**	5	**
WHEELER	1	**	0	---
YORK	20	22.9	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 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 (2004-2008 [Note: U.S. mortality data are for 2003-2007])

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	180,881	12.4	108,740	7.2
NEBRASKA	1,353	14.4	705	7.3
<u>COUNTY</u>				
ADAMS	20	9.8	13	5.9
ANTELOPE	5	**	0	---
ARTHUR	0	---	0	---
BANNER	0	---	0	---
BLAINE	0	---	0	---
BOONE	5	**	3	**
BOX BUTTE	10	13.6	7	9.5
BOYD	2	**	2	**
BROWN	3	**	1	**
BUFFALO	21	9.9	20	9.3
BURT	11	21.8	4	**
BUTLER	2	**	2	**
CASS	20	14.4	12	8.4
CEDAR	7	10.3	4	**
CHASE	4	**	1	**
CHERRY	10	26.7	5	**
CHEYENNE	6	9.7	5	**
CLAY	7	15.0	4	**
COLFAX	11	18.2	6	9.4
CUMING	6	8.7	8	11.6
CUSTER	11	11.8	7	6.4
DAKOTA	15	16.7	8	8.6
DAWES	8	14.3	8	14.6
DAWSON	14	11.4	10	8.5
DEUEL	2	**	1	**
DIXON	9	18.9	8	15.5
DODGE	30	13.3	11	4.0▼
DOUGLAS	349	15.2	143	6.4
DUNDY	3	**	4	**
FILLMORE	4	**	2	**
FRANKLIN	4	**	5	**
FRONTIER	2	**	0	---
FURNAS	3	**	1	**
GAGE	12	7.1▼	7	3.5▼
GARDEN	4	**	2	**
GARFIELD	4	**	2	**
GOSPER	3	**	1	**
GRANT	2	**	0	---
GREELEY	4	**	2	**
HALL	54	17.9	27	8.2
HAMILTON	7	11.8	3	**
HARLAN	4	**	0	---
HAYES	0	---	1	**
HITCHCOCK	1	**	0	---
HOLT	9	16.2	1	**
HOOKER	0	---	0	---
HOWARD	11	23.7	8	16.8
JEFFERSON	6	9.3	7	8.9

TABLE 15 (continued): Leukemia Incidence and Mortality

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	5	**	2	**
KEARNEY	7	16.1	4	**
KEITH	11	19.0	8	12.5
KEYA PAHA	0	---	0	---
KIMBALL	4	**	5	**
KNOX	8	11.8	9	11.7
LANCASTER	175	14.3	94	7.7
LINCOLN	40	18.7	15	7.1
LOGAN	0	---	0	---
LOUP	0	---	0	---
MADISON	32	16.3	12	5.9
McPHERSON	0	---	0	---
MERRICK	1	**	1	**
MORRILL	10	33.8	6	19.7
NANCE	3	**	2	**
NEMAHA	3	**	3	**
NUCKOLLS	4	**	1	**
OTOE	21	19.6	13	11.4
PAWNEE	3	**	1	**
PERKINS	2	**	3	**
PHELPS	9	15.5	5	**
PIERCE	6	15.2	3	**
PLATTE	18	10.1	5	**
POLK	5	**	2	**
RED WILLOW	14	18.8	10	11.8
RICHARDSON	9	14.0	8	11.1
ROCK	0	---	0	---
SALINE	14	15.8	4	**
SARPY	81	15.1	41	8.3
SAUNDERS	21	17.5	14	11.3
SCOTTS BLUFF	29	12.7	17	6.7
SEWARD	14	15.0	9	8.1
SHERIDAN	5	**	3	**
SHERMAN	6	30.3	5	**
SIOUX	0	---	1	**
STANTON	5	**	3	**
THAYER	11	25.2	8	17.4
THOMAS	2	**	0	---
THURSTON	5	**	2	**
VALLEY	6	13.2	1	**
WASHINGTON	13	12.1	6	5.6
WAYNE	7	13.1	1	**
WEBSTER	7	27.0	2	**
WHEELER	1	**	0	---
YORK	11	11.2	10	10.1

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▲ 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 (2004-2008 [Note: U.S. mortality data are for 2003-2007])**

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	226,624	15.3	62,198	4.1
NEBRASKA	1,481	15.9	428	4.5
<u>COUNTY</u>				
ADAMS	21	11.1	10	5.5
ANTELOPE	2	**	1	**
ARTHUR	0	---	0	---
BANNER	2	**	1	**
BLAINE	0	---	0	---
BOONE	5	**	2	**
BOX BUTTE	8	11.8	2	**
BOYD	2	**	0	---
BROWN	2	**	0	---
BUFFALO	32	15.3	6	3.0
BURT	4	**	4	**
BUTLER	9	14.2	4	**
CASS	33	24.1	9	7.1
CEDAR	15	24.0	3	**
CHASE	1	**	0	---
CHERRY	5	**	0	---
CHEYENNE	4	**	0	---
CLAY	9	22.2	1	**
COLFAX	7	14.0	3	**
CUMING	4	**	1	**
CUSTER	10	12.9	6	6.9
DAKOTA	15	18.0	7	8.7
DAWES	6	11.8	3	**
DAWSON	18	14.1	7	5.5
DEUEL	1	**	0	---
DIXON	6	13.0	2	**
DODGE	45	20.6	14	5.4
DOUGLAS	395	17.0	101	4.5
DUNDY	2	**	1	**
FILLMORE	2	**	1	**
FRANKLIN	5	**	0	---
FRONTIER	3	**	0	---
FURNAS	5	**	2	**
GAGE	22	14.7	13	7.8
GARDEN	1	**	1	**
GARFIELD	2	**	0	---
GOSPER	2	**	0	---
GRANT	0	---	0	---
GREELEY	3	**	1	**
HALL	59	20.2	12	3.7
HAMILTON	5	**	3	**
HARLAN	6	21.7	2	**
HAYES	3	**	2	**
HITCHCOCK	8	40.7	2	**
HOLT	10	12.5	4	**
HOOKER	2	**	0	---
HOWARD	8	19.8	3	**
JEFFERSON	3	**	3	**

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

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	0	---	1	**
KEARNEY	10	22.1	3	**
KEITH	6	10.9	0	---
KEYA PAHA	3	**	0	---
KIMBALL	4	**	3	**
KNOX	15	23.4	4	**
LANCASTER	183	15.0	44	3.7
LINCOLN	33	16.1	7	3.2
LOGAN	1	**	1	**
LOUP	0	---	0	---
MADISON	39	20.1	11	5.2
McPHERSON	2	**	0	---
MERRICK	9	20.2	3	**
MORRILL	6	19.8	2	**
NANCE	7	23.9	2	**
NEMAHA	4	**	1	**
NUCKOLLS	2	**	2	**
OTOE	11	10.9	7	6.9
PAWNEE	4	**	1	**
PERKINS	3	**	1	**
PHELPS	8	15.5	5	**
PIERCE	4	**	2	**
PLATTE	30	15.8	5	**
POLK	9	21.3	4	**
RED WILLOW	11	15.4	2	**
RICHARDSON	4	**	3	**
ROCK	3	**	0	---
SALINE	14	19.2	6	7.8
SARPY	102	17.7	22	4.5
SAUNDERS	14	11.8	4	**
SCOTTS BLUFF	39	16.9	13	5.4
SEWARD	20	22.1	7	7.4
SHERIDAN	5	**	3	**
SHERMAN	2	**	1	**
SIOUX	1	**	1	**
STANTON	2	**	1	**
THAYER	4	**	3	**
THOMAS	2	**	0	---
THURSTON	7	21.7	2	**
VALLEY	5	**	2	**
WASHINGTON	16	14.7	4	**
WAYNE	7	14.7	3	**
WEBSTER	4	**	0	---
WHEELER	0	---	1	**
YORK	14	16.3	4	**

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▲ 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 (2004-2008 [Note: U.S. mortality data are for 2003-2007])**

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	272,758	18.6	41,017	2.7
NEBRASKA	1,624	17.8	283	3.0
<u>COUNTY</u>				
ADAMS	41	21.5	10	5.7
ANTELOPE	10	20.9	2	**
ARTHUR	1	**	0	---
BANNER	0	---	0	---
BLAINE	1	**	0	---
BOONE	6	17.1	0	---
BOX BUTTE	13	21.6	2	**
BOYD	0	---	0	---
BROWN	2	**	1	**
BUFFALO	22	10.0▼	12	6.3
BURT	17	33.5	1	**
BUTLER	13	21.9	1	**
CASS	31	23.9	6	4.5
CEDAR	7	16.1	1	**
CHASE	4	**	1	**
CHERRY	2	**	0	---
CHEYENNE	8	15.1	3	**
CLAY	13	38.6	2	**
COLFAX	12	22.3	5	**
CUMING	7	9.4▽	5	**
CUSTER	11	14.9	4	**
DAKOTA	9	10.6	0	---
DAWES	6	14.2	1	**
DAWSON	12	9.4▼	2	**
DEUEL	1	**	0	---
DIXON	12	28.2	2	**
DODGE	22	10.8▽	10	4.3
DOUGLAS	419	18.1	65	2.8
DUNDY	3	**	0	---
FILLMORE	11	29.1	3	**
FRANKLIN	3	**	0	---
FRONTIER	2	**	0	---
FURNAS	9	23.8	0	---
GAGE	21	14.3	4	**
GARDEN	4	**	0	---
GARFIELD	4	**	0	---
GOSPER	1	**	0	---
GRANT	3	**	0	---
GREELEY	2	**	0	---
HALL	32	10.7	8	2.6
HAMILTON	7	12.6	2	**
HARLAN	6	18.3	1	**
HAYES	0	---	0	---
HITCHCOCK	4	**	0	---
HOLT	13	16.9	1	**
HOOKER	1	**	0	---
HOWARD	4	**	1	**
JEFFERSON	10	18.7	0	---

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

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	2	**	0	---
KEARNEY	3	**	1	**
KEITH	4	**	2	**
KEYA PAHA	1	**	0	---
KIMBALL	5	**	1	**
KNOX	11	21.8	0	---
LANCASTER	276	21.9△	43	3.5
LINCOLN	35	18.1	6	2.7
LOGAN	0	---	0	---
LOUP	0	---	0	---
MADISON	32	16.9	2	**
McPHERSON	0	---	0	---
MERRICK	5	**	1	**
MORRILL	6	21.4	1	**
NANCE	4	**	0	---
NEMAHA	8	18.5	3	**
NUCKOLLS	12	34.0	0	---
OTOE	11	12.9	2	**
PAWNEE	3	**	2	**
PERKINS	3	**	1	**
PHELPS	10	16.1	4	**
PIERCE	8	19.5	0	---
PLATTE	19	10.1▼	4	**
POLK	7	21.3	0	---
RED WILLOW	11	15.3	2	**
RICHARDSON	5	**	3	**
ROCK	0	---	0	---
SALINE	22	30.0	7	8.6
SARPY	124	20.5	13	2.3
SAUNDERS	19	17.1	4	**
SCOTTS BLUFF	48	21.6	7	2.9
SEWARD	19	22.9	4	**
SHERIDAN	6	16.9	2	**
SHERMAN	1	**	0	---
SIOUX	0	---	0	---
STANTON	5	**	1	**
THAYER	10	29.9	4	**
THOMAS	0	---	0	---
THURSTON	7	22.7	0	---
VALLEY	1	**	1	**
WASHINGTON	19	18.1	2	**
WAYNE	7	15.1	0	---
WEBSTER	4	**	1	**
WHEELER	0	---	0	---
YORK	9	9.4▽	3	**

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▲ county rate is significantly higher than the state rate (99% confidence level)

**TABLE 18: Uterine Corpus & Unspecified Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska (2004-2008 [Note: U.S. mortality data are for 2003-2007])**

	<u>Incidence</u>		<u>Mortality</u>	
	<u># Cases</u>	<u>Rate</u>	<u># Deaths</u>	<u>Rate</u>
U.S.	193,221	23.9	35,825	4.1
NEBRASKA	1,317	26.3	273	5.0
<u>COUNTY</u>				
ADAMS	27	25.0	7	5.9
ANTELOPE	3	**	0	---
ARTHUR	0	---	0	---
BANNER	1	**	0	---
BLAINE	0	---	0	---
BOONE	4	**	2	**
BOX BUTTE	12	38.0	2	**
BOYD	2	**	1	**
BROWN	5	**	3	**
BUFFALO	44	37.0	9	8.1
BURT	6	19.5	0	---
BUTLER	4	**	0	---
CASS	18	23.2	3	**
CEDAR	7	20.4	1	**
CHASE	3	**	0	---
CHERRY	4	**	1	**
CHEYENNE	11	37.6	5	**
CLAY	11	45.2	3	**
COLFAX	11	40.0	0	---
CUMING	8	26.3	0	---
CUSTER	9	19.4	0	---
DAKOTA	10	21.9	4	**
DAWES	5	**	2	**
DAWSON	12	19.4	2	**
DEUEL	5	**	2	**
DIXON	5	**	3	**
DODGE	29	27.7	4	**
DOUGLAS	314	24.8	54	4.2
DUNDY	3	**	0	---
FILLMORE	6	25.5	2	**
FRANKLIN	2	**	0	---
FRONTIER	4	**	1	**
FURNAS	3	**	0	---
GAGE	20	23.8	5	**
GARDEN	2	**	1	**
GARFIELD	4	**	0	---
GOSPER	2	**	0	---
GRANT	0	---	0	---
GREELEY	3	**	2	**
HALL	36	24.8	7	4.3
HAMILTON	14	49.6	6	17.6
HARLAN	0	---	2	**
HAYES	0	---	0	---
HITCHCOCK	3	**	0	---
HOLT	8	16.3	3	**
HOOKER	1	**	1	**
HOWARD	3	**	1	**
JEFFERSON	12	48.4	3	**

TABLE 18 (continued): Uterine Corpus & Unspecified Cancer Incidence and Mortality

COUNTY	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
JOHNSON	6	43.2	0	---
KEARNEY	4	**	0	---
KEITH	9	27.9	2	**
KEYA PAHA	1	**	1	**
KIMBALL	5	**	1	**
KNOX	6	14.9	3	**
LANCASTER	194	29.0	35	5.1
LINCOLN	23	20.1	6	4.7
LOGAN	0	---	0	---
LOUP	0	---	0	---
MADISON	25	24.2	8	**
McPHERSON	2	**	0	---
MERRICK	9	34.1	2	**
MORRILL	6	35.7	1	**
NANCE	4	**	1	**
NEMAHA	6	24.5	2	**
NUCKOLLS	9	47.7	3	**
OTOE	7	13.2▽	3	**
PAWNEE	5	**	2	**
PERKINS	2	**	2	**
PHELPS	4	**	3	**
PIERCE	2	**	2	**
PLATTE	28	30.0	4	**
POLK	3	**	0	---
RED WILLOW	9	23.0	1	**
RICHARDSON	15	42.6	2	**
ROCK	4	**	0	---
SALINE	11	29.2	4	**
SARPY	74	23.7	12	4.8
SAUNDERS	10	15.1▽	2	**
SCOTTS BLUFF	40	32.3	5	**
SEWARD	20	41.7	3	**
SHERIDAN	7	27.0	4	**
SHERMAN	5	**	3	**
SIOUX	1	**	2	**
STANTON	2	**	1	**
THAYER	6	20.8	2	**
THOMAS	1	**	0	---
THURSTON	4	**	0	---
VALLEY	4	**	1	**
WASHINGTON	19	32.5	4	**
WAYNE	13	60.7	2	**
WEBSTER	5	**	0	---
WHEELER	0	---	0	---
YORK	11	21.8	2	**

**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)

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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 (2004-2008)

	All Sites		Lung & Bronchus		Female Breast		Colon & Rectum		Prostate	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
NEBRASKA	44,995	482.2	6,074	65.3	6,172	125.3	5,265	55.4	6,628	158.0
Central	1,997	493.5	237	57.8	271	129.9	231	54.7	344	181.4△
Dakota County	423	485.2	74	85.5	48	94.5▽	54	64.4	50	120.6
Douglas County	11,473	504.8▲	1,696	76.9▲	1,546	124.0	1,213	54.1	1,545	157.3
East Central	1,453	478.2	170	54.7▽	185	121.8	201	63.6	273	197.1▲
Elkhorn Logan Valley	1,636	468.4	222	63.5	209	117.8	218	59.5	259	162.6
Four Corners	1,274	460.9	135	47.6▼	194	136.1	173	58.7	181	138.7
Lincoln/Lancaster County	5,886	484.8	765	64.3	896	136.8	621	52.2	779	143.9
Loup Basin	1,086	474.8	156	64.6	137	121.7	133	55.1	197	181.2
North Central	1,572	475.7	209	58.5	213	131.0	206	59.1	302	192.0▲
Northeast	756	409.4▼	80	40.7▼	95	104.6	99	50.8	118	137.8
Panhandle	1,385	431.5▼	166	48.9▼	199	122.3	160	48.1	210	137.6
Public Health Solutions	1,800	467.6	249	62.4	223	115.9	251	61.0	218	125.0▼
Sandhills	304	395.5▼	32	39.3▼	33	84.0▽	45	59.2	48	126.7
Sarpy Cass County	3,501	514.5▲	475	72.8	514	132.5	379	58.9	459	151.1
Scotts Bluff County	1,052	461.2	108	45.5▼	158	132.6	96	41.0▼	183	177.2
South Heartland	1,475	490.8	206	66.7	187	125.3	206	65.2	228	167.0
Southeast	1,177	443.7▽	167	60.1	163	116.7	179	63.6	149	121.7▼
Southwest	1,102	482.2	154	67.4	127	104.8	132	56.2	168	159.1
Three Rivers	2,350	513.1△	327	70.1	315	130.8	279	59.1	432	204.5▲
Two Rivers	2,245	440.5▼	282	54.9▽	328	123.5	278	53.4	344	146.7
West Central	1,048	485.5	164	76.7	131	120.4	111	49.4	141	140.2

TABLE 19 (continued): Cancer Incidence

	Urinary Bladder		Non-Hodgkin Lymphoma		Leukemia		Kidney & Renal Pelvis		Melanoma		Uterine Corpus & Unspecified	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
NEBRASKA	2,020	21.2	1,929	20.6	1,353	14.4	1,481	15.9	1,624	17.8	1,317	26.3
Central	82	19.1	91	22.3	62	15.1	73	18.7	44	11.1▼	59	29.3
Dakota County	16	19.5	21	25.0	15	16.7	15	18.0	9	10.6	10	21.9
Douglas County	522	23.4	497	21.9	349	15.2	395	17.0	419	18.1	314	24.8
East Central	66	20.9	54	18.2	37	11.9	49	15.8	41	13.4	47	30.8
Elkhorn Logan Valley	66	17.1	67	19.2	54	16.0	49	14.2	61	18.5	41	22.9
Four Corners	61	20.0	51	18.3	32	11.6	52	18.8	48	18.4	38	26.0
Lincoln/Lancaster County	235	19.9	264	22.0	175	14.3	183	15.0	276	21.9△	194	29.0
Loup Basin	59	22.0	40	17.7	43	17.3	30	13.1	24	12.8	28	25.7
North Central	70	19.4	59	17.7	43	14.2	46	14.1	47	15.2	35	20.3
Northeast	33	16.0	28	15.2	28	14.0	35	19.0	33	19.6	29	32.4
Panhandle	57	16.0▽	50	15.2▽	49	14.6	38	11.7	49	17.8	55	34.3
Public Health Solutions	84	19.5	80	20.1	47	11.2	45	12.4	74	21.1	55	28.0
Sandhills	13	16.0	9	13.0	15	19.2	10	13.2	9	14.4	11	26.7
Sarpy Cass County	140	22.3	147	22.0	101	15.1	135	19.1	155	21.0	92	23.7
Scotts Bluff County	58	24.5	41	17.4	29	12.7	39	16.9	48	21.6	40	32.3
South Heartland	68	20.5	63	21.3	38	12.1	36	12.2	70	24.4	52	31.5
Southeast	47	16.4	59	22.0	41	14.7	23	8.5▼	29	11.7▽	39	28.6
Southwest	72	28.2	60	24.4	29	12.6	36	16.5	36	17.2	27	22.9
Three Rivers	118	25.2	123	26.9△	64	14.2	75	16.7	60	14.0	58	25.4
Two Rivers	109	20.7	77	15.1▽	62	12.3	81	15.8	57	11.3▼	68	25.4
West Central	44	19.4	48	22.2	40	17.9	36	16.7	35	17.4	25	21.4

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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 (2004-2008)

	All Sites		Lung & Bronchus		Female Breast		Colon & Rectum		Prostate	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
NEBRASKA	16,902	175.7	4,507	48.0	1,181	22.0	1,854	18.8	955	24.9
Central	717	168.2	190	45.7	42	18.7	76	17.6	39	22.4
Dakota County	169	196.5	48	55.3	9	18.0	21	24.7	10	31.2
Douglas County	4,196	187.4▲	1,201	54.5▲	300	23.3	421	18.6	230	27.9
East Central	551	172.6	145	45.2	44	26.3	82	25.5△	24	17.8
Elkhorn Logan Valley	623	169.4	166	47.0	43	21.1	74	19.3	31	19.6
Four Corners	492	162.0	116	39.8	45	25.3	62	19.4	30	22.4
Lincoln/Lancaster County	2,072	172.5	572	48.4	150	21.8	199	16.4	111	25.7
Loup Basin	429	171.1	102	41.6	29	18.2	48	19.1	29	25.9
North Central	613	164.3	170	46.9	28	14.4▽	87	22.4	38	22.9
Northeast	310	154.8▽	68	35.2▽	20	19.0	43	20.3	18	20.1
Panhandle	622	179.5	138	39.5	42	24.2	62	16.8	40	27.0
Public Health Solutions	760	174.7	187	46.3	47	19.6	96	20.9	52	26.8
Sandhills	140	175.3	31	38.0	5	**	17	22.7	7	19.5
Sarpy Cass County	1,135	183.8	311	49.0	85	23.5	110	18.3	46	22.5
Scotts Bluff County	390	160.3	100	40.8	27	20.2	38	15.3	26	25.9
South Heartland	552	170.6	151	48.2	35	19.0	51	15.3	36	25.7
Southeast	500	173.0	126	45.4	39	21.6	67	22.4	34	26.8
Southwest	419	168.2	111	47.5	30	22.5	44	16.8	21	18.9
Three Rivers	890	182.9	238	50.1	51	18.6	114	22.5	45	23.7
Two Rivers	926	174.6	230	44.1	82	28.1	98	17.8	66	29.8
West Central	396	177.1	106	48.7	28	24.2	44	18.5	22	23.6

TABLE 20 (continued): Cancer Mortality

	Urinary Bladder		Non-Hodgkin Lymphoma		Leukemia		Kidney & Renal Pelvis		Melanoma		Uterine Corpus & Unspecified	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
NEBRASKA	397	4.0	707	7.2	705	7.3	428	4.5	283	3.0	273	5.0
Central	20	4.6	36	8.1	31	7.0	18	4.1	11	2.6	15	6.5
Dakota County	2	**	11	13.2	8	8.6	7	8.7	0	---	4	**
Douglas County	111	4.9	163	7.2	143	6.4	101	4.5	65	2.8	54	4.2
East Central	11	3.1	22	6.6	16	5.0	12	3.7	9	3.4	7	4.0
Elkhorn Logan Valley	9	2.0▽	27	7.7	27	7.5	17	4.3	9	2.6	9	4.5
Four Corners	15	4.4	18	5.3	23	7.4	19	6.4	8	2.6	5	**
Lincoln/Lancaster County	45	3.7	90	7.6	94	7.7	44	3.7	43	3.5	35	5.1
Loup Basin	11	3.7	12	4.4	25	9.5	14	5.2	6	3.1	7	6.0
North Central	13	3.0	21	5.4	21	5.5	11	3.3	4	**	14	6.2
Northeast	5	**	14	7.2	15	6.8	10	4.9	3	**	6	6.0
Panhandle	16	4.3	26	7.6	38	11.2	16	4.6	10	2.6	20	9.9
Public Health Solutions	24	4.7	36	7.7	28	6.0	26	6.3	18	4.3	16	5.3
Sandhills	6	7.4	2	**	8	9.2	0	---	2	**	3	**
Sarpy Cass County	23	4.3	41	6.8	53	8.2	31	5.2	19	2.8	15	4.6
Scotts Bluff County	6	2.8	15	5.9	17	6.7	13	5.4	7	2.9	5	**
South Heartland	16	4.3	26	7.6	20	5.9	13	4.4	13	4.6	13	7.0
Southeast	4	**	24	8.1	27	8.7	13	4.7	10	3.5	9	4.6
Southwest	14	5.6	28	10.5	20	7.4	10	4.0	4	**	4	**
Three Rivers	24	4.6	49	9.7	31	6.3	22	4.5	16	3.4	10	3.6
Two Rivers	13	2.4	33	6.3	45	8.7	23	4.3	20	4.3	16	5.5
West Central	9	4.1	13	5.6	15	6.8	8	3.6	6	2.6	6	4.5

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

▽ regional rate is significantly lower than the state rate (95% confidence level)

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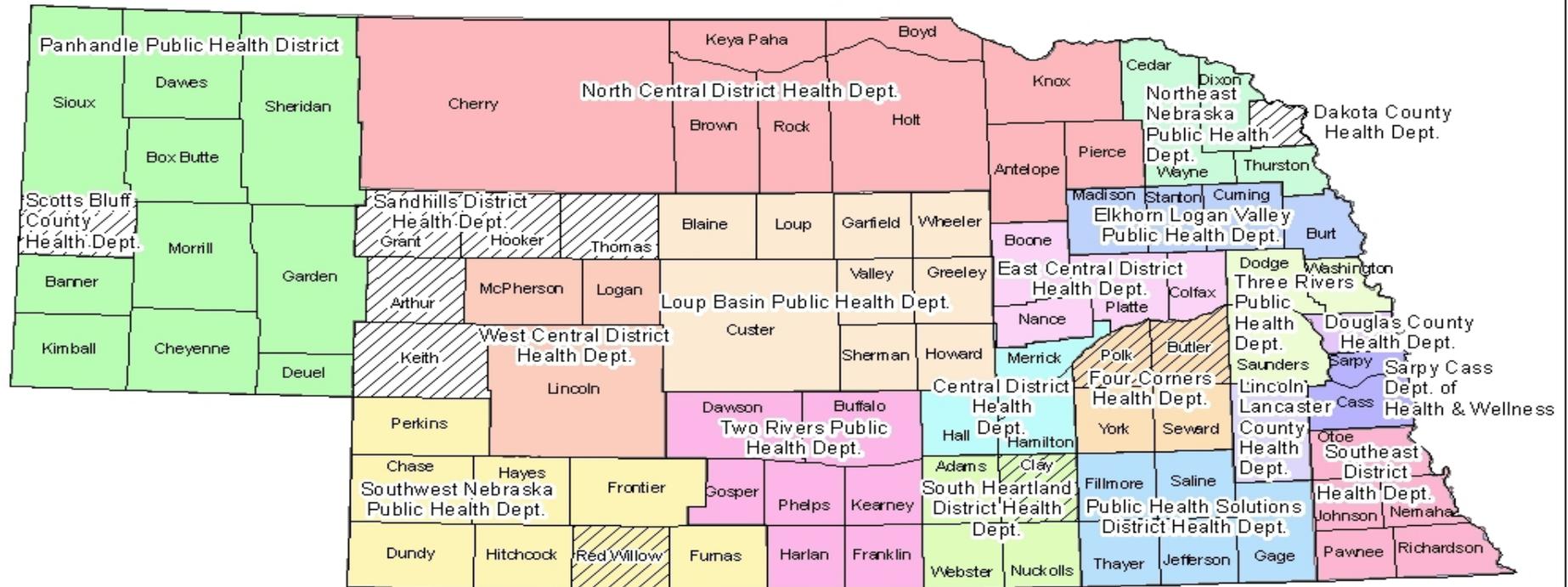
▲ regional rate is significantly higher than the state rate (99% confidence level)

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

<u>#</u>	<u>Public Health Department</u>	<u>Jurisdiction, by County</u>
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



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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
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

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