Cancer Incidence and Mortality in Nebraska: 2011

May, 2014

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
- Media

How do I make a request?

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

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

NEBRASKA CANCER REGISTRY
2011 ANNUAL REPORT

Nebraska Department of Health and Human Services

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EXECUTIVE SUMMARY

The Cancer Incidence and Mortality in Nebraska annual report for 2011 provides a comprehensive overview of the impact of cancer in Nebraska. The purpose of the report is to present the most recent statistics that describe cancer incidence and mortality in Nebraska, for the entire state and by county and region; in-depth analyses of selected cancer sites; and comparisons of trends between Nebraska and the United States. Findings from the report include:

- ***Overall Cancer Incidence:*** In 2011, there were 8,983 diagnoses of cancer among Nebraska residents. This number is slightly lower than the number of cancers that were diagnosed in 2010 (9,038).

- ***Cancer Incidence by Gender:*** In 2011, prostate, lung, and colorectal cancers were the most frequently diagnosed cases among Nebraska men, while breast, lung, and colorectal cancers were the most frequently diagnosed cases among Nebraska women. Taken together, these cancers accounted for just over half of all cancer cases diagnosed among Nebraska residents in 2011.

- ***Cancer Incidence by Age:*** During the past five years (2007-2011), almost 60% of all cancers in Nebraska occurred among people 65 years of age and older. Less than 1% were diagnosed among children and adolescents (less than 18 years of age). The average age at diagnosis was 65.7 years of age.

- ***Cancer Incidence by Site:*** During the past five years (2007-2011), cancers of the liver, lung, ovaries, prostate, stomach and in situ female breast cancer were diagnosed significantly less often among Nebraska residents when compared to the rest of the U.S., while leukemia, invasive brain tumors, testicular and endometrial cancers were diagnosed significantly more often.

- ***Cancer Incidence by Race:*** During the past decade (2002-2011), African-Americans in Nebraska were significantly more likely to be diagnosed with myeloma, colorectal, kidney, lung, prostate, stomach, and liver cancers than were whites. Liver cancer diagnoses were also significantly more frequent among Native Americans, Asian-American/Pacific Islanders and Hispanics compared to whites. Hispanics were also more likely to be diagnosed with stomach cancer when compared with whites.

- ***Overall Cancer Mortality:*** In 2011, 3,405 Nebraska residents died from cancer, which is a slight decrease from the 2010 cancer death total of 3,437. This is the third year in a row that cancer has surpassed heart disease as Nebraska's leading cause of death, although it first occurred among Nebraska men in 2007.

- ***Cancer Mortality by Site:*** During the past five years (2007-2011), deaths from cancers of the stomach, liver, lung, female breast occurred significantly less often among Nebraska residents when compared to the rest of the U.S., while deaths from endometrial cancer and invasive brain tumors occurred significantly more often. Lung cancer was the leading cause of cancer mortality in Nebraska in 2011, accounting for 25% of all cancer deaths, followed by colorectal cancer.

During the past two decades, prostate and female breast cancer mortality rates in Nebraska have both declined by about 40%, which is consistent with national trends.

- ***Cancer Incidence by County:*** Below are the Nebraska counties where cancer incidence during 2007-2011 was significantly different (p<.01) from the state:

Significantly lower ▼		*Significantly higher ▲*	
County	*Primary Sites*	*County*	*Primary Sites*
Brown	Female breast	Adams	Melanoma
Buffalo	Melanoma	Dodge	Lung & bronchus
Butler	Lung & bronchus	Douglas	Lung & bronchus, liver & intrahepatic bile duct
Cedar	Lung & bronchus, female breast, non-Hodgkin lymphoma (NHL)	Madison	Prostate
Dakota	Female breast	Saline	Colon & rectum
Dawes	Prostate, kidney & renal pelvis, NHL		
Dawson	Lung & bronchus, NHL		
Deuel	Lung & bronchus		
Dodge	Melanoma		
Dundy	Lung & bronchus		
Hamilton	Colon & rectum		
Hitchcock	Female breast		
Jefferson	NHL, female breast		
Keith	Lung & bronchus		
Perkins	Female breast		
Pierce	Female breast		
Richardson	Melanoma		
Rock	Female breast		
Sheridan	Urinary bladder		
Stanton	Lung & bronchus, female breast, prostate		
Wayne	Lung & bronchus		
York	Lung & bronchus		

- ***Annual Report Special Topic:*** The special topic for this report is cancer of the liver and intrahepatic bile duct. During the past five years (2007-2011), these cancers accounted for 513 new cases and 447 deaths among Nebraska residents. State and national trends of the past decade show increasing liver cancer incidence and mortality rates, although Nebraska rates remain significantly lower than the nation as a whole. Because most liver cancers are diagnosed when the disease is well-advanced, survival rates are low.

INTRODUCTION

This publication represents the 25th 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, 2011 and December 31, 2011, as well as during the past five years (January 1, 2007-December 31, 2011).

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

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

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

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

METHODOLOGY

Data Collection and Management

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

The U.S. cancer incidence data presented in this report were compiled by CDC's National Program of Cancer Registries (NPCR), which includes data from cancer registries in 48 states (including Nebraska) and the District of Columbia, and covers 97% of the total U.S. population. 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. U.S. Incidence and mortality data are available only through 2010.

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 16 consecutive years (1995-2010), the NCR has met all of the criteria necessary to earn the Gold Standard of data quality awarded by the North American Association of Central Cancer Registries (NAACCR). These criteria include:

1) Completeness of case ascertainment–-The registry must find at least 95% of the total number of cases that are estimated to have occurred.

2) Completeness of information–-The proportion of registry cases missing information on age at diagnosis, gender, and county of residence must be no more than 2%, and the proportion missing information on race must be no more than 3%.

3) Data accuracy–-Error rates based on edit checks of selected data items must be no greater than 1%.

4) Timeliness–-All data for a single calendar year must be submitted to NAACCR for review no more than 23 months after the year has ended.

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

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

1) *Cancer in North America* (http://www.naaccr.org)

2) *United States Cancer Statistics* (http://apps.nccd.cdc.gov/uscs)

3) *Cancer Facts & Statistics* (http://www.cancer.org/research/cancerfactsstatistics/index)

4) *Cancer Control PLANET* (http://cancercontrolplanet.cancer.gov/)

Definitions

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

Incidence rate
Incidence rate is the number of new cases of a disease that occur within a specific population during a given time period, divided by the size of the population. For example, if 10 residents of a county with 20,000 residents are diagnosed with colorectal cancer during a single year, then the incidence rate 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 rates are age-adjusted using 11 age groups (<1, 1-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+ years).

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

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

> Localized--A localized invasive tumor has not spread beyond the organ where it started.
>
> Regional--A regional invasive tumor has spread beyond the organ where it began, by direct extension to immediately adjacent organs or tissues and/or by spread to regional lymph nodes.
>
> Distant--A distant invasive tumor has spread beyond the primary site to distant parts of the body.

Data Analysis

All of the rates presented in this report were calculated using bridged-race population estimates developed by the U.S. Census Bureau and the National Center for Health Statistics, and released in 2012 and 2013. Incidence and mortality rates for multiple years (2007-2011) (see Tables 1, 2, 5, 6, 9-20) were calculated using population estimates for the years 2007-2011 combined, while rates for 2002-2011 (see Tables 3 and 7) were calculated using population estimates for the years 2002-2011 combined. Rates that are based on more than one year of data should be interpreted as an average annual rate.

All of the data presented in this report are current through December 31, 2013. However, because some cases diagnosed during or even before 2011 may not yet have been reported to the registry, the incidence data presented in this report should be considered subject to change. **In addition, the incidence data reported in previous editions of this report should no longer be considered complete.**

Internet users should also be aware that the cancer statistics for Nebraska that are published in this report and those that are posted on non-DHHS websites (see page 5) may differ. Some discrepancies may be the result of differences in the dates at which the data were compiled. As noted above, Nebraska incidence data published in this report include all cases reported to the registry through December 31, 2013; Nebraska data available on the CDC/NPCR website include cases that were reported through November 30, 2012.

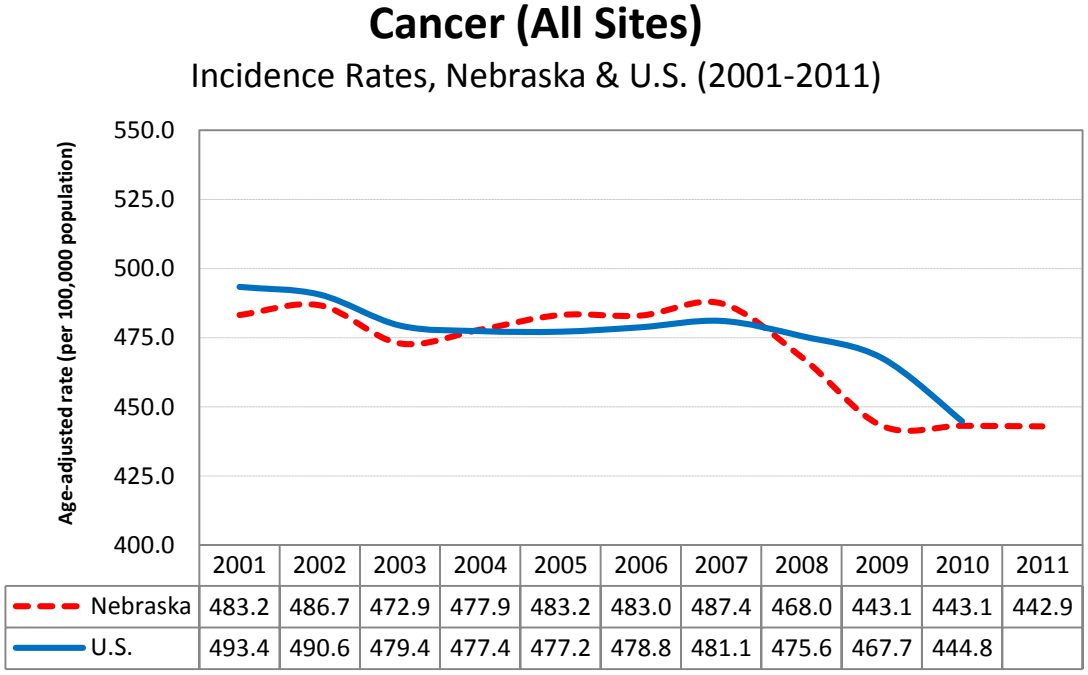
With the exception of bladder cancer, in situ female breast cancer, and benign brain tumors, all of the site-specific incidence rates in this report were calculated with invasive cases only, to maintain comparability with statistics from the NPCR and other cancer registries throughout the United States.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

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

CANCER INCIDENCE IN NEBRASKA

The Nebraska Cancer Registry recorded 8,983 diagnoses of cancer among Nebraska residents in 2011, a decrease from the 9,038 diagnoses recorded in 2010. The 2011 number translates into an incidence rate of 442.9 cases per 100,000 population. By primary site, cancers of the lung, breast, prostate, colon and rectum occurred most frequently, accounting for just over half (50.6%) of all diagnoses. Recent registry experience suggests that as the registry continues to find cases, the final count for 2011 will probably increase by 100 to 300 cases.

Table 1 presents the number and rate of cancers diagnosed among Nebraska residents during 2011 and 2007-2011, for all sites combined and for cancers of specific sites. The most current estimates of U.S. cancer incidence, which cover the years 2006-2010, are also included. Comparison of the most recent state and national incidence rates for the past five years shows significant differences ($p<.01$) for cancers of the prostate, lung, stomach, liver, and ovaries and in situ female breast cancer (Nebraska rates lower than the U.S.) and for leukemia, invasive brain tumors, endometrial and testicular cancers (Nebraska rates higher than the U.S.). Table 2 presents the number of cancers diagnosed in Nebraska during 2007-2011 by age at diagnosis. Table 3 presents Nebraska incidence data by race and ethnicity for the years 2002-2011. Table 4 presents the number of cancers diagnosed and incidence rates for 2011 and 2007-2011 by county of residence, with comparable Nebraska and U.S. rates included. The graph below presents the annual incidence rates for all cancers for Nebraska and the United States since 2001 (Note: U.S. data for 2011 are not available).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	483.2	486.7	472.9	477.9	483.2	483.0	487.4	468.0	443.1	443.1	442.9
U.S.	493.4	490.6	479.4	477.4	477.2	478.8	481.1	475.6	467.7	444.8	

TABLE 1: Cancer Incidence
Number of Cases and Rates, by Selected Primary Site and Gender
Nebraska (2011 and 2007-2011) & U.S. (2006-2010)

Site	NEBRASKA 2011						NEBRASKA 2007-2011						U.S. 2006-2010		
	Male		Female		Total		Male		Female		Total		Male	Female	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate
All Sites	4,589	491.0	4,384	409.5	8,983	442.9	23,098	513.7	22,228	421.5	45,327	459.3	541.1	417.8	469.1
Oral Cavity & Pharynx	171	17.8	66	6.0	237	11.6	766	16.4	366	6.8	1,132	11.3	16.5	6.2	11.0
Esophagus	87	8.7	17	1.4	104	4.8	401	8.7	104	1.8	505	5.0	8.5	1.9	4.9
Stomach	81	9.1	32	2.7	113	5.5	345	7.8	188	3.4	533	5.3	9.3	4.6	6.7
Small Intestine	22	2.4	9	0.9	31	1.5	118	2.6	88	1.7	206	2.1	2.3	1.7	2.0
Colon & Rectum (Colorectal)	450	49.2	446	39.7	896	44.0	2,443	54.9	2,402	42.9	4,845	48.4	51.7	39.1	44.7
Liver & Intrahepatic Bile Duct	81	8.3	34	3.2	116	5.7	370	7.9	142	2.7	513	5.1	10.6	3.6	6.9
Pancreas	119	12.8	105	9.4	224	11.0	563	12.6	586	10.4	1,149	11.5	13.7	10.7	12.0
Larynx	56	5.8	11	1.1	67	3.2	270	5.7	69	1.3	339	3.4	6.6	1.5	3.8
Lung & Bronchus	616	67.7	521	46.7	1,137	55.7	3,189	72.3	2,751	50.8	5,940	60.0	80.6	55.3	66.1
Soft Tissue	34	3.6	28	2.6	62	3.1	158	3.5	142	2.8	300	3.1	3.8	2.7	3.2
Melanoma of the Skin	203	21.9	175	17.4	378	19.1	942	21.2	794	16.3	1,736	18.3	24.6	15.6	19.3
Breast (invasive cases only)	12	1.4	1,301	124.7	1,313	66.3	53	1.2	6,294	121.8	6,347	65.0	1.4	121.9	65.9
Uterine Cervix	---	---	66	7.3	---	---	---	---	312	7.2	---	---	---	7.9	---
Uterine Corpus & Unspecified	---	---	306	28.1	---	---	---	---	1,398	26.4	---	---	---	23.8	---

TABLE 1 (continued): Cancer Incidence

Site	NEBRASKA 2011						NEBRASKA 2007-2011						U.S. 2006-2010		
	Male		Female		Total		Male		Female		Total		Male	Female	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate
Ovary	---	---	91	8.2	---	---	---	---	551	10.3	---	---	---	12.2	---
Prostate	1,199	123.9	---	---	---	---	6,292	136.6	---	---	---	---	146.3	---	---
Testis	58	6.4	---	---	---	---	286	6.5	---	---	---	---	5.4	---	---
Urinary Bladder	320	35.1	93	7.9	413	19.8	1,515	35.0	487	8.5	2,002	20.0	36.8	9.1	20.9
Kidney & Renal Pelvis	205	21.2	100	9.4	305	14.8	1,010	21.8	631	12.0	1,641	16.6	21.3	11.2	15.8
Brain & Other Nervous System (invasive cases only)	83	9.0	66	6.4	149	7.6	374	8.3	332	6.7	706	7.5	7.8	5.7	6.7
Thyroid Gland	53	5.5	190	20.8	243	13.0	266	5.8	947	20.7	1,213	13.3	6.2	18.4	12.4
Hodgkin Lymphoma	33	3.3	28	3.0	61	3.2	163	3.6	122	2.7	285	3.2	3.2	2.5	2.8
Non-Hodgkin Lymphoma	225	24.6	194	18.0	419	20.9	1,050	23.7	956	17.8	2,006	20.4	23.2	16.2	19.3
Myeloma	68	7.4	57	5.0	125	6.0	320	7.2	266	4.8	586	5.9	7.3	4.8	5.9
Leukemia	155	17.0	101	9.1	256	12.6	733	16.6	577	10.6	1,310	13.2	16.3	9.9	12.7
Brain & Other Nervous System (benign cases only)	58	6.3	110	10.8	168	8.6	302	6.6	591	11.8	893	9.3	*	*	*
Breast (in situ cases only)	---	---	269	26.1	---	---	---	---	1,430	28.6	---	---	---	30.8	---

*US data not available
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 (2007-2011)

	0-17 Yrs.		18-44 Yrs.		45-64 Yrs.		65+ Yrs		TOTAL	
	Number	%	Number	%	Number	%	Number	%	Number	%
All Sites	402	0.9	3,219	7.1	15,986	35.3	25,720	56.7	45,327	100.0
Oral Cavity & Pharynx	4	0.4	78	6.9	509	45.0	541	47.8	1,132	100.0
Esophagus	0	0.0	11	2.2	190	37.6	304	60.2	505	100.0
Stomach	1	0.2	30	5.6	173	32.5	329	61.7	533	100.0
Small Intestine	0	0.0	13	6.3	79	38.3	114	55.3	206	100.0
Colon & Rectum (Colorectal)	3	0.1	201	4.1	1,387	28.6	3,254	67.2	4,845	100.0
Liver & Intrahepatic Bile Duct	4	0.8	22	4.3	231	45.0	256	49.9	513	100.0
Pancreas	0	0.0	18	1.6	327	28.5	804	70.0	1,149	100.0
Larynx	0	0.0	6	1.8	157	46.3	176	51.9	339	100.0
Lung & Bronchus	0	0.0	73	1.2	1,701	28.6	4,166	70.1	5,940	100.0
Soft Tissue	18	6.0	59	19.7	99	33.0	124	41.3	300	100.0
Melanoma of the Skin	4	0.2	333	19.2	686	39.5	713	41.1	1,736	100.0
Female Breast (invasive cases only)	0	0.0	598	9.5	2,777	44.1	2,919	46.4	6,294	100.0
Uterine Cervix	1	0.3	143	45.8	119	38.1	49	15.7	312	100.0
Uterine Corpus & Unspecified	0	0.0	91	6.5	743	53.1	564	40.3	1,398	100.0
Ovary	3	0.5	47	8.5	245	44.5	256	46.5	551	100.0
Prostate	0	0.0	14	0.2	2,486	39.5	3,792	60.3	6,292	100.0
Testis	10	3.5	216	75.5	51	17.8	9	3.1	286	100.0
Urinary Bladder	0	0.0	27	1.3	455	22.7	1,520	75.9	2,002	100.0
Kidney & Renal Pelvis	24	1.5	116	7.1	676	41.2	825	50.3	1,641	100.0
Brain & Other Nervous System (invasive cases only)	96	13.6	123	17.4	214	30.3	273	38.7	706	100.0
Thyroid Gland	13	1.1	410	33.8	547	45.1	243	20.0	1,213	100.0
Hodgkin Lymphoma	33	11.6	140	49.1	69	24.2	43	15.1	285	100.0
Non-Hodgkin Lymphoma	30	1.5	146	7.3	650	32.4	1,180	58.8	2,006	100.0
Myeloma	0	0.0	17	2.9	187	31.9	382	65.2	586	100.0
Leukemia	95	7.3	109	8.3	354	27.0	752	57.4	1,310	100.0
Brain & Other Nervous System (benign cases only)	36	4.0	142	15.9	349	39.1	366	41.0	893	100.0
Female Breast (in situ cases only)	0	0.0	128	9.0	748	52.3	554	38.7	1,430	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 (2002-2011)

	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	84,831	464.9	All Sites	2,679	504.8	All Sites	361	348.1	All Sites	498	276.1	All Sites	1,492	275.3
Rank															
1	Prostate	11,979	143.1	Prostate	442	188.0	Female Breast	48	70.1	Female Breast	70	60.0	Female Breast	182	61.4
2	Female Breast	11,968	125.2	Lung & Bronchus	413	83.6	Lung & Bronchus	47	62.9	Colon & Rectum	70	46.7	Prostate	151	76.2
3	Lung & Bronchus	11,345	61.8	Female Breast	361	120.7	Colon & Rectum	39	37.5	Lung & Bronchus	68	40.8	Colon & Rectum	133	28.8
4	Colon & Rectum	9,686	51.9	Colon & Rectum	309	64.7	Kidney & Renal Pelvis	36	30.0	Prostate	38	63.7	Lung & Bronchus	111	29.8
5	Urinary Bladder	3,881	20.8	Kidney & Renal Pelvis	116	22.0	Prostate	24	66.3	Liver & Intrahepatic Bile Duct	32	17.3	Kidney & Renal Pelvis	84	14.2
6	Non-Hodgkin Lymphoma	3,781	20.7	Non-Hodgkin Lymphoma	85	14.9	Liver & Intrahepatic Bile Duct	16	15.2	Thyroid	27	7.9	Thyroid	77	9.1
7	Melanoma	2,911	16.6	Pancreas	79	15.9	Non-Hodgkin Lymphoma	16	11.8	Oral Cavity & Pharynx	21	12.0	Leukemia	69	7.1
8	Kidney & Renal Pelvis	2,806	15.4	Liver & Intrahepatic Bile Duct	76	12.5	Oral Cavity & Pharynx	13	12.3	Non-Hodgkin Lymphoma	20	9.3	Non-Hodgkin Lymphoma	65	11.2
9	Uterine Corpus & Unspecified	2,627	27.1	Urinary Bladder	62	12.9	Leukemia	11	7.1	Pancreas	14	8.8	Liver & Intrahepatic Bile Duct	53	12.4
10	Leukemia	2,536	13.9	Myeloma	60	11.9	Uterine Corpus & Unspecified	9	14.1	Cervix	13	10.8	Stomach	52	10.1

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 (2011 and 2007-2011) & U.S. (2010 and 2006-2010)

	2011		2007-2011	
	# Cases	Rate	# Cases	Rate
U.S.	1,456,496	444.5	7,383,039	469.1
NEBRASKA	8,983	442.9	45,327	459.3
COUNTY				
ADAMS	194	513.2	915	498.3△
ANTELOPE	40	458.4	239	490.6
ARTHUR	0	0.0	8	235.7▼
BANNER	3	186.4▽	16	329.7
BLAINE	3	364.4	12	408.8
BOONE	40	489.3	206	506.5
BOX BUTTE	65	499.5	307	436.5
BOYD	16	375.7	64	372.9
BROWN	20	395.6	102	385.9
BUFFALO	184	402.8	1,023	451.0
BURT	55	565.7	265	485.8
BUTLER	49	390.2	241	409.7
CASS	131	440.2	707	487.9
CEDAR	53	448.1	222	343.9▼
CHASE	22	387.3	147	490.4
CHERRY	28	332.8	171	399.3
CHEYENNE	25	195.2▼	264	428.8
CLAY	47	599.1	234	531.8
COLFAX	43	383.2	222	390.6▽
CUMING	50	355.7	267	407.1
CUSTER	75	474.0	369	458.8
DAKOTA	74	364.7	413	409.6▽
DAWES	40	379.5	196	379.3▼
DAWSON	116	430.3	567	429.5
DEUEL	10	341.1	61	386.9
DIXON	33	408.7	183	453.4
DODGE	262	533.9△	1,212	503.3▲
DOUGLAS	2,403	480.9▲	11,824	491.3▲
DUNDY	10	354.3	58	391.4
FILLMORE	36	398.7	206	476.8
FRANKLIN	19	363.7	91	346.5▼
FRONTIER	12	295.5	94	505.1
FURNAS	34	410.8	187	467.8
GAGE	153	490.3	737	470.5
GARDEN	11	373.1	73	416.8
GARFIELD	19	527.9	91	516.7
GOSPER	9	331.9	84	546.8
GRANT	3	283.1	21	589.6
GREELEY	21	458.4	89	425.8
HALL	335	522.4△	1,569	502.5▲
HAMILTON	41	354.7	235	408.9
HARLAN	23	470.0	134	487.2
HAYES	4	219.8	26	345.0
HITCHCOCK	25	499.0	108	431.7
HOLT	58	366.6	304	402.0▽
HOOKER	5	235.8	30	434.8
HOWARD	34	427.4	198	471.4
JEFFERSON	47	406.8	240	401.3▽

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

	2011		2007-2011	
COUNTY	# Cases	Rate	# Cases	Rate
JOHNSON	22	315.7	160	452.6
KEARNEY	39	423.7	185	416.3
KEITH	45	365.3	247	402.5▽
KEYA PAHA	5	331.8	25	352.0
KIMBALL	27	462.2	128	449.6
KNOX	70	515.7	312	472.0
LANCASTER	1,184	426.0	5,943	445.4
LINCOLN	200	452.8	1,026	471.7
LOGAN	5	525.6	27	496.9
LOUP	5	494.4	39	810.7▲
McPHERSON	*	*	13	355.4
MADISON	177	428.7	987	496.8△
MERRICK	49	472.6	236	451.9
MORRILL	44	634.5	151	443.6
NANCE	21	406.7	112	414.3
NEMAHA	38	397.9	209	434.4
NUCKOLLS	37	514.3	158	414.8
OTOE	80	379.0	420	400.1▼
PAWNEE	26	510.5	108	442.6
PERKINS	12	247.0▼	83	362.1▽
PHELPS	49	385.6	253	411.7
PIERCE	29	309.6▽	203	427.5
PLATTE	173	475.8	823	449.9
POLK	38	468.2	171	414.6
RED WILLOW	64	434.9	342	449.2
RICHARDSON	61	484.8	312	486.0
ROCK	9	400.1	54	471.6
SALINE	87	540.5	417	520.9△
SARPY	586	428.1	2,987	474.5
SAUNDERS	109	413.7	562	442.2
SCOTTSBLUFF	194	417.7	1,037	448.1
SEWARD	99	494.6	442	452.6
SHERIDAN	30	387.1	144	356.2▼
SHERMAN	17	339.7	122	486.3
SIOUX	*	*	16	147.8▼
STANTON	21	270.6▼	76	215.6▼
THAYER	46	512.7	208	453.4
THOMAS	8	688.3	23	400.3
THURSTON	31	476.0	149	450.9
VALLEY	34	495.7	135	375.9▽
WASHINGTON	100	416.6	494	423.0
WAYNE	23	242.3▼	196	399.7
WEBSTER	33	527.1	174	558.0△
WHEELER	4	286.2	19	309.0▽
YORK	68	372.2	367	405.4▽

*Number and rate are not shown if based on fewer than three 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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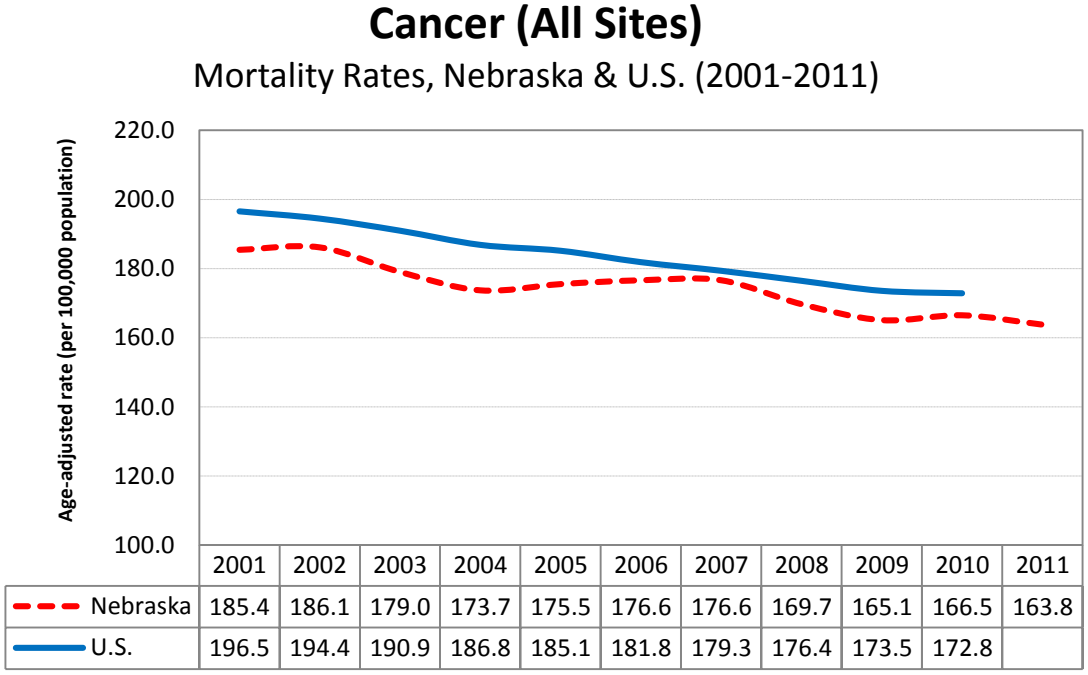
CANCER MORTALITY IN NEBRASKA

In 2011, 3,403 Nebraska residents died from cancer, a number that translates into a rate of 163.8 cancer deaths per 100,000 population. These figures represent a decrease from the state's 2010 figures of 3,437 (cancer deaths) and 166.5 (cancer mortality rate). For the third consecutive year, cancer was the leading cause of mortality among Nebraska residents in 2011, surpassing heart disease by 136 deaths. By primary site, cancers of the lung, breast, prostate, colon and rectum accounted for just under half (47.5%) of Nebraska's cancer deaths in 2011.

Table 5 presents the number and rate of cancer deaths that occurred among Nebraska residents during 2011 and 2007-2011, for all sites combined and for specific sites. The most recent U.S. cancer mortality rates, which cover the years 2006 through 2010, are also included. Comparison of the most recent state and national mortality rates for the past five years shows significant differences ($p<.01$) for cancers of the stomach, liver, lung, and female breast (Nebraska rates lower than the U.S.) and for endometrial cancer and cancers of the brain and central nervous system (Nebraska rates higher than the U.S.). Table 6 presents the number of Nebraska cancer deaths during 2007-2011 by age at death. Table 7 presents Nebraska cancer mortality data by race and ethnicity for the years 2002-2011. Table 8 presents the number of cancer deaths and mortality rates for 2011 and 2007-2011 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 2001 (Note: U.S. data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	185.4	186.1	179.0	173.7	175.5	176.6	176.6	169.7	165.1	166.5	163.8
U.S.	196.5	194.4	190.9	186.8	185.1	181.8	179.3	176.4	173.5	172.8	

TABLE 5: Cancer Mortality
Number of Deaths and Rates, by Selected Primary Site and Gender
Nebraska (2011 and 2007-2011) & U.S. (2006-2010)

Site	NEBRASKA 2011						NEBRASKA 2007-2011						U.S. 2006-2010		
	Male		Female		Total		Male		Female		Total		Male	Female	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate
All Sites	1,827	202.2	1,576	136.2	3,403	163.8	8,910	204.0	8,119	142.5	17,029	168.1	215.3	149.7	176.4
Oral Cavity & Pharynx	41	4.5	20	1.6	61	3.0	152	3.3	94	1.6	246	2.4	3.8	1.4	2.5
Esophagus	75	8.2	18	1.7	93	4.5	366	8.1	85	1.5	451	4.5	7.6	1.6	4.3
Stomach	28	3.0	22	2.0	50	2.4	156	3.5	99	1.7	255	2.5	4.9	2.5	3.5
Small Intestine	3	0.4	6	0.7	9	0.5	18	0.4	20	0.4	38	0.4	0.4	0.3	0.4
Colon & Rectum (Colorectal)	179	19.4	183	15.3	362	17.2	897	20.4	898	15.0	1795	17.5	19.6	13.9	16.4
Liver & Intrahepatic Bile Duct	74	7.6	37	3.4	111	5.3	298	6.5	149	2.7	447	4.4	8.3	3.4	5.6
Pancreas	99	11.0	96	8.5	195	9.6	501	11.2	552	9.6	1053	10.4	12.6	9.5	10.9
Larynx	15	1.9	2	0.2	17	0.9	71	1.6	14	0.3	85	0.9	2.0	0.4	1.1
Lung & Bronchus	477	53.0	385	34.0	862	42.2	2,527	57.8	1,969	35.5	4,496	45.2	63.5	39.2	49.5
Soft Tissue	17	1.9	14	1.2	31	1.5	76	1.7	70	1.3	146	1.4	1.5	1.1	1.3
Melanoma of the Skin	36	4.0	18	1.7	54	2.7	176	3.9	110	2.0	286	2.9	4.1	1.7	2.7
Breast	1	0.1	203	17.8	204	9.8	10	0.2	1,105	19.7	1,115	10.9	0.3	22.6	12.7
Uterine Cervix	---	---	21	2.1	---	---	---	---	92	1.9	---	---	---	2.4	---

TABLE 5 (continued): Cancer Mortality

Site	NEBRASKA 2011						NEBRASKA 2007-2011						U.S. 2006-2010		
	Male		Female		Total		Male		Female		Total		Male	Female	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate
Uterine Corpus & Unspecified	---	---	45	3.6	---	---	---	---	254	4.4	---	---	---	2.4	---
Ovary	---	---	67	5.6	---	---	---	---	398	7.1	---	---	---	8.1	---
Prostate	189	22.0	---	---	---	---	937	22.6	---	---	---	---	23.0	---	---
Testis	2	0.3	---	---	---	---	6	0.1	---	---	---	---	0.2	---	---
Urinary Bladder	65	7.6	28	2.3	93	4.5	292	7.0	129	2.1	421	4.1	7.7	2.2	4.4
Kidney & Renal Pelvis	80	8.2	31	2.6	111	5.2	287	6.3	161	2.8	448	4.4	5.8	2.6	4.0
Brain & Other Nervous System	69	7.4	47	4.4	116	5.8	276	6.2	233	4.4	509	5.3	5.2	3.5	4.3
Thyroid	7	0.7	6	0.4	13	0.6	25	0.5	24	0.4	49	0.5	0.5	0.5	0.5
Hodgkin Lymphoma	9	1.0	2	0.2	11	0.6	34	0.8	12	0.2	46	0.5	0.5	0.3	0.4
Non-Hodgkin Lymphoma	71	8.1	65	5.4	136	6.6	357	8.3	333	5.5	690	6.7	8.2	5.1	6.4
Myeloma	34	3.6	32	2.8	66	3.2	181	4.1	162	2.7	343	3.3	4.3	2.7	3.4
Leukemia	91	10.3	58	4.8	149	7.0	395	9.2	299	5.1	694	6.8	9.5	5.3	7.1
Brain (benign cases only)	2	0.3	0	0.0	2	0.1	4	0.1	5	0.1	9	0.1	0.2	0.3	0.3

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 (2007-2011)

	0-17 Yrs.		18-44 Yrs.		45-64 Yrs.		65+ Yrs		TOTAL	
	Number	%	Number	%	Number	%	Number	%	Number	%
All Sites	56	0.3	433	2.5	4,218	24.8	12,322	72.4	17,029	100.0
Oral Cavity & Pharynx	0	0.0	8	3.3	79	32.1	159	64.6	246	100.0
Esophagus	0	0.0	8	1.8	148	32.8	295	65.4	451	100.0
Stomach	0	0.0	12	4.7	76	29.8	167	65.5	255	100.0
Small Intestine	0	0.0	3	7.9	9	23.7	26	68.4	38	100.0
Colon & Rectum (Colorectal)	0	0.0	28	1.6	421	23.5	1,346	75.0	1,795	100.0
Liver & Intrahepatic Bile Duct	0	0.0	13	2.9	163	36.5	271	60.6	447	100.0
Pancreas	0	0.0	7	0.7	246	23.4	800	76.0	1,053	100.0
Larynx	0	0.0	0	0.0	25	29.4	60	70.6	85	100.0
Lung & Bronchus	1	<0.1	36	0.8	1,118	24.9	3,341	74.3	4,496	100.0
Soft Tissue	2	1.4	13	8.9	50	34.2	81	55.5	146	100.0
Melanoma of the Skin	0	0.0	26	9.1	103	36.0	157	54.9	286	100.0
Female Breast	0	0.0	56	5.1	364	32.9	685	62.0	1105	100.0
Uterine Cervix	0	0.0	21	22.8	41	44.6	30	32.6	92	100.0
Uterine Corpus & Unspecified	0	0.0	6	2.4	58	22.8	190	74.8	254	100.0
Ovary	0	0.0	10	2.5	128	32.2	260	65.3	398	100.0
Prostate	0	0.0	2	0.2	78	8.3	857	91.5	937	100.0
Testis	0	0.0	4	66.7	2	33.3	0	0.0	6	100.0
Urinary Bladder	0	0.0	1	0.2	47	11.2	373	88.6	421	100.0
Kidney & Renal Pelvis	3	0.7	8	1.8	141	31.5	296	66.1	448	100.0
Brain & Other Nervous System	20	3.9	61	12.0	165	32.4	263	51.7	509	100.0
Thyroid	0	0.0	1	2.0	13	26.5	35	71.4	49	100.0
Hodgkin Lymphoma	0	0.0	5	10.9	20	43.5	21	45.7	46	100.0
Non-Hodgkin Lymphoma	2	0.3	23	3.3	120	17.4	545	79.0	690	100.0
Myeloma	0	0.0	1	0.3	81	23.6	261	76.1	343	100.0
Leukemia	16	2.3	34	4.9	134	19.3	510	73.5	694	100.0
Brain & Other Nervous System (benign cases only)	0	0.0	2	22.2	2	22.2	5	55.6	9	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 (2002-2011)

	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	32,354	173.5	All Sites	1,101	244.0	All Sites	151	197.6	All Sites	165	117.8	All Sites	463	119.4
Rank															
1	Lung & Bronchus	8,521	46.6	Lung & Bronchus	322	72.2	Lung & Bronchus	49	72.6	Lung & Bronchus	38	26.4	Lung & Bronchus	75	21.5
2	Colon & Rectum	3,525	18.5	Colon & Rectum	128	30.9	Female Breast	13	24.8	Liver & Intrahepatic Bile Duct	28	14.9	Colon & Rectum	38	9.7
3	Female Breast	2,210	21.3	Female Breast	86	31.1	Colon & Rectum	13	13.0	Colon & Rectum	19	15.2	Female Breast	36	16.7
4	Pancreas	1,883	10.1	Pancreas	68	15.3	Kidney & Renal Pelvis	8	9.8	Pancreas	11	8.7	Liver & Intrahepatic Bile Duct	34	9.9
5	Prostate	1,789	23.7	Prostate	64	41.8	Ovary	7	15.3	Female Breast	9	9.1	Stomach	26	6.1
6	Leukemia	1,366	7.3	Liver & Intrahepatic Bile Duct	49	8.7	Liver & Intrahepatic Bile Duct	6	5.3	Non-Hodgkin Lymphoma	9	8.0	Prostate	25	21.9
7	Non-Hodgkin Lymphoma	1,365	7.2	Myeloma	36	8.7	Oral Cavity & Pharynx	5	9.2	Stomach	7	3.2	Kidney & Renal Pelvis	22	4.7
8	Brain & ONS	919	5.2	Leukemia	29	6.0	Esophagus	5	6.2	Myeloma	5	3.7	Leukemia	22	4.4
9	Kidney & Renal Pelvis	870	4.7	Esophagus	29	5.9	Myeloma	5	3.7	Brain &ONS	5	3.0	Pancreas	19	6.1
10	Ovary	823	8.0	Stomach	27	5.4	Pancreas	5	3.5	Prostate	4	15.6	Myeloma	17	4.9

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.
Abbreviation: ONS, other nervous system

TABLE 8: Cancer (All Sites) Mortality
Number of Deaths and Rates, by County of Residence
Nebraska (2011 and 2007-2011) & U.S. (2010 and 2006-2010)

	2011		2007-2011	
	# Deaths	Rate	# Deaths	Rate
U.S.	574,738	171.8	2,830,559	176.4
NEBRASKA	3,403	163.8	17,029	168.1
COUNTY				
ADAMS	60	142.0	309	156.8
ANTELOPE	16	134.0	80	144.1
ARTHUR	0	0.0	3	80.2
BANNER	0	0.0	6	114.1
BLAINE	*	*	5	134.2
BOONE	15	149.7	85	178.1
BOX BUTTE	24	160.3	111	152.1
BOYD	5	150.5	21	102.6▼
BROWN	9	144.0	43	147.6
BUFFALO	71	153.4	390	171.8
BURT	22	187.5	118	198.6
BUTLER	25	206.0	88	140.8
CASS	56	184.5	294	199.6△
CEDAR	20	141.4	99	136.3▽
CHASE	15	244.4	53	163.3
CHERRY	8	97.3	68	151.8
CHEYENNE	11	77.8▼	99	147.5
CLAY	15	148.9	93	193.2
COLFAX	17	142.1	103	168.3
CUMING	21	130.5	94	129.7▼
CUSTER	27	155.3	156	171.6
DAKOTA	39	197.9	173	173.2
DAWES	21	175.3	110	190.1
DAWSON	35	120.8	194	142.1▽
DEUEL	6	148.4	20	123.2
DIXON	12	138.8	78	179.5
DODGE	96	179.8	490	187.8△
DOUGLAS	884	181.3	4,292	182.3▲
DUNDY	*	*	27	140.9
FILLMORE	17	201.7	92	175.6
FRANKLIN	9	194.9	36	125.1
FRONTIER	5	108.8	34	169.2
FURNAS	13	168.9	61	140.5
GAGE	47	141.8	303	177.7
GARDEN	5	112.0	30	157.9
GARFIELD	5	120.0	24	120.0
GOSPER	6	162.8	30	188.8
GRANT	0	0.0	4	96.2
GREELEY	5	119.2	37	159.4
HALL	112	168.0	535	165.5
HAMILTON	23	187.4	100	163.4
HARLAN	19	302.9	70	219.6
HAYES	4	252.8	15	216.0
HITCHCOCK	7	134.7	45	175.6
HOLT	23	136.4	134	159.6
HOOKER	*	*	12	146.6
HOWARD	9	107.3	78	170.9
JEFFERSON	35	256.2△	128	187.0

TABLE 8 (continued): Cancer Mortality

	2011		2007-2011	
COUNTY	# Deaths	Rate	# Deaths	Rate
JOHNSON	13	168.9	57	151.0
KEARNEY	14	145.2	62	130.6▽
KEITH	24	194.6	117	183.6
KEYA PAHA	3	168.7	14	172.6
KIMBALL	17	273.0	60	200.8
KNOX	16	99.8▽	120	163.2
LANCASTER	446	162.7	2,071	157.3▽
LINCOLN	91	192.9	381	167.9
LOGAN	0	0.0	3	60.8▼
LOUP	*	*	6	119.5
McPHERSON	*	*	6	146.4
MADISON	65	153.7	367	178.9
MERRICK	24	206.0	95	175.6
MORRILL	9	136.4	41	115.6▼
NANCE	6	87.9▽	45	156.0
NEMAHA	18	172.8	83	164.3
NUCKOLLS	10	114.4	68	144.4
OTOE	30	119.0	181	159.3
PAWNEE	7	137.4	43	162.0
PERKINS	7	131.3	39	158.2
PHELPS	38	299.6▲	113	170.5
PIERCE	13	115.2	89	177.6
PLATTE	54	142.1	275	145.7▽
POLK	22	251.8	69	155.6
RED WILLOW	25	152.6	143	170.0
RICHARDSON	27	196.9	147	202.2
ROCK	4	153.1	19	137.4
SALINE	32	185.7	149	173.3
SARPY	201	159.0	978	171.3
SAUNDERS	34	128.3	245	192.2
SCOTTS BLUFF	88	184.1	396	162.1
SEWARD	29	139.1	170	165.8
SHERIDAN	12	131.0	69	145.7
SHERMAN	8	154.2	59	223.4
SIOUX	*	*	10	85.7▼
STANTON	9	114.5	51	142.6
THAYER	8	76.4▼	79	142.4
THOMAS	0	0.0	*	*
THURSTON	13	187.0	70	207.2
VALLEY	11	159.1	70	183.7
WASHINGTON	37	153.6	195	166.2
WAYNE	12	120.2	65	125.9▽
WEBSTER	13	168.5	63	181.3
WHEELER	0	0.0	6	99.4
YORK	32	176.0	169	169.9

*Number and rate are not shown if based on fewer than three 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)

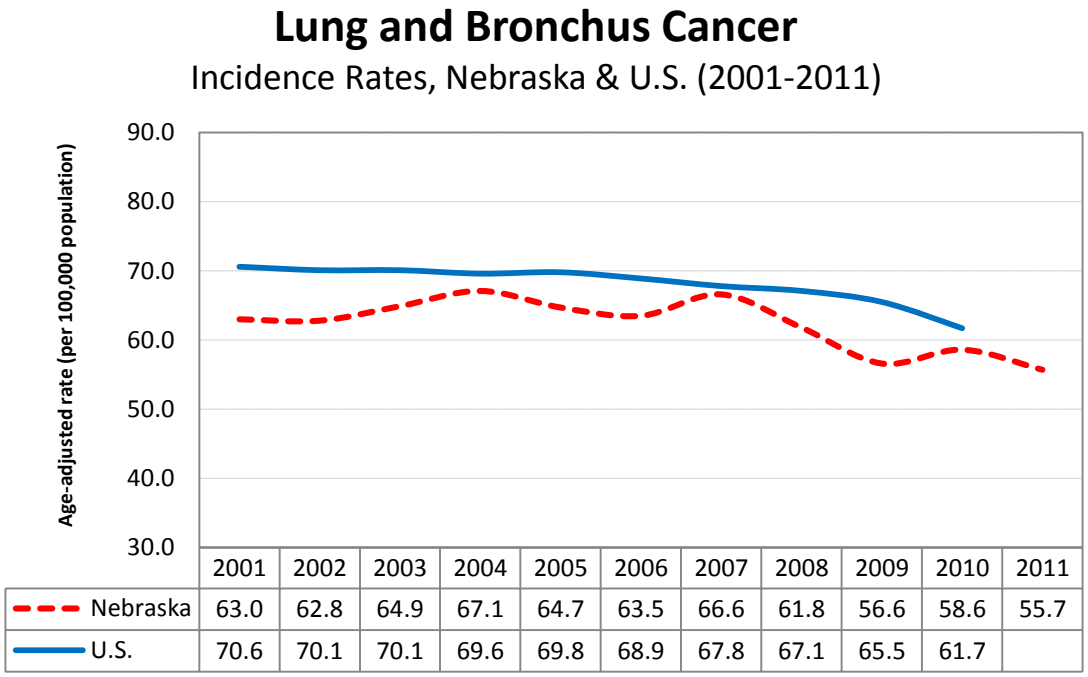
INCIDENCE AND MORTALITY FOR SELECTED PRIMARY SITES

Lung and Bronchus

Although lung cancer was only the third most frequently diagnosed cancer among Nebraska residents in 2011, it was the year's leading cause of cancer mortality, accounting for 25% of the state's cancer deaths. During the past five years (2007-2011), lung cancer has averaged about 1,200 diagnoses and 900 deaths in Nebraska per year. Although lung cancer is more likely to strike men than women, there has been a 30% drop in the rate of lung cancer deaths among Nebraska men since 1990, but a slight increase in the rate for Nebraska women. The large number of lung cancer deaths is due to the small number of cases that are detected at an early stage: as a result, the 5-year survival rate for people who are diagnosed with lung cancer is less than 20%.

Cigarette smoking is the major risk factor for 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. The ACS has recently endorsed screening for lung cancer, using low-dose helical computed tomography, but only for current or former smokers 55-74 years of age who are in good health and have at least a 30 pack-year smoking history, and they emphasize that screening should not be considered as an alternative to smoking cessation.

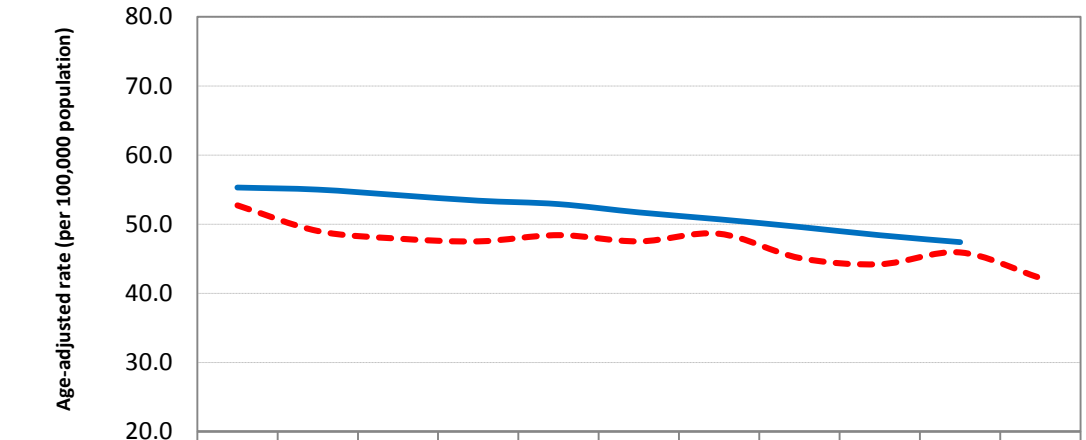
Incidence and mortality statistics by county of residence for cancers of the lung and bronchus are presented in Appendix I, Table 9 (Note: U.S. incidence and mortality data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	63.0	62.8	64.9	67.1	64.7	63.5	66.6	61.8	56.6	58.6	55.7
U.S.	70.6	70.1	70.1	69.6	69.8	68.9	67.8	67.1	65.5	61.7	

Lung and Bronchus Cancer

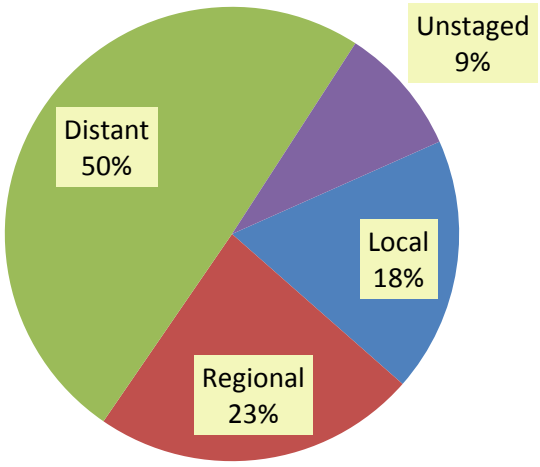
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	52.7	49.0	47.9	47.5	48.4	47.5	48.6	45.1	44.2	45.9	42.2
U.S.	55.3	55.0	54.2	53.4	52.9	51.7	50.7	49.6	48.4	47.4	

Lung and Bronchus Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2007-2011



Breast (Female only)

Breast cancer is the most common type of cancer among women and the second most frequent cause of female cancer deaths. Between 2007 and 2011, 6,294 Nebraska women were diagnosed with invasive breast cancer (and another 1,430 were diagnosed with in situ breast cancer) and 1,105 women died from breast cancer. Since 1990, the rate of breast cancer deaths in Nebraska and the U.S. has declined significantly. Recent declines in the rate of breast cancer diagnoses have been attributed to the decreasing use of post-menopausal hormone replacement therapy.

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

Screening for breast cancer is known to save lives, although opinion varies on how and when to screen. 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. Breast self-exam is also another preventive method for women beginning in their 20s.

Incidence and mortality statistics by county of residence for cancer of the female breast are presented in Appendix II, Table 10 (Note: U.S. incidence and mortality data are not available for 2011).

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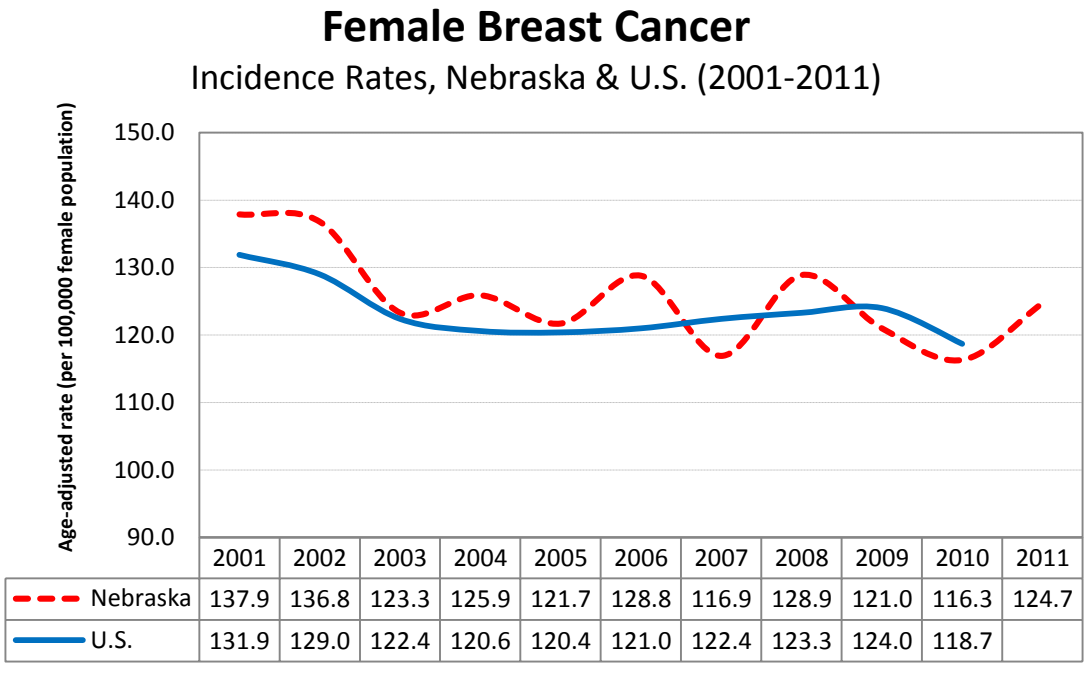
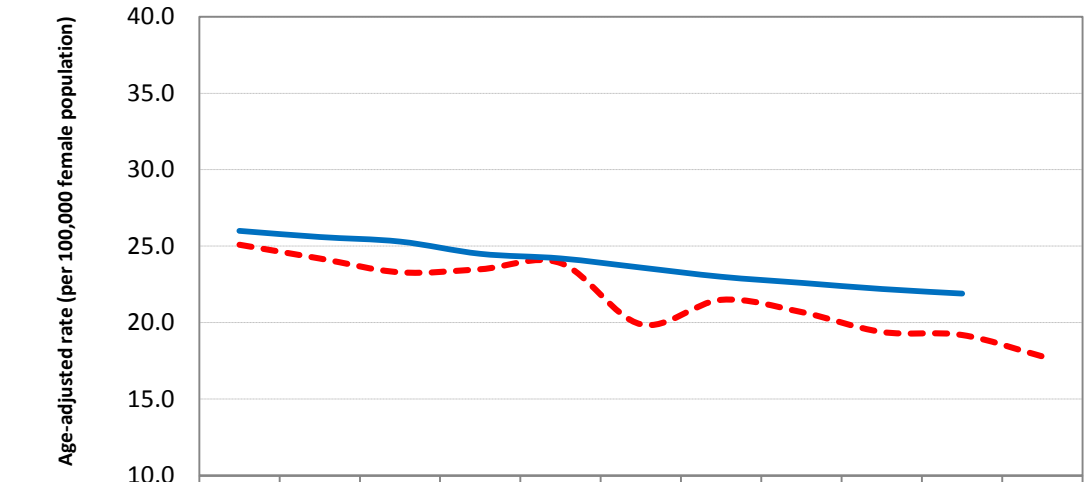


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	137.9	136.8	123.3	125.9	121.7	128.8	116.9	128.9	121.0	116.3	124.7
U.S.	131.9	129.0	122.4	120.6	120.4	121.0	122.4	123.3	124.0	118.7	

Female Breast Cancer

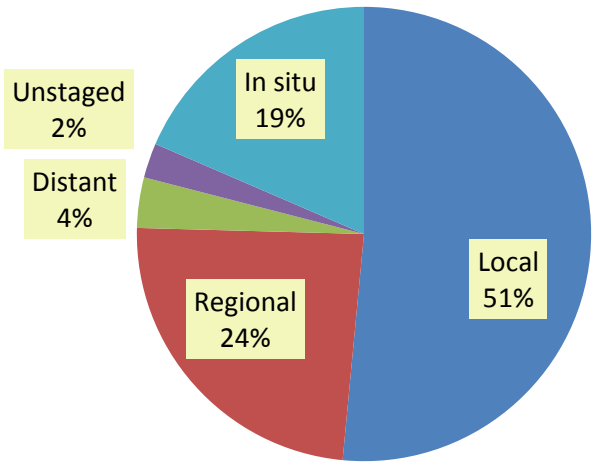
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	25.1	24.2	23.3	23.5	23.9	19.9	21.5	20.7	19.4	19.2	17.8
U.S.	26.0	25.6	25.3	24.5	24.2	23.6	23.0	22.6	22.2	21.9	

Female Breast Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2007-2011



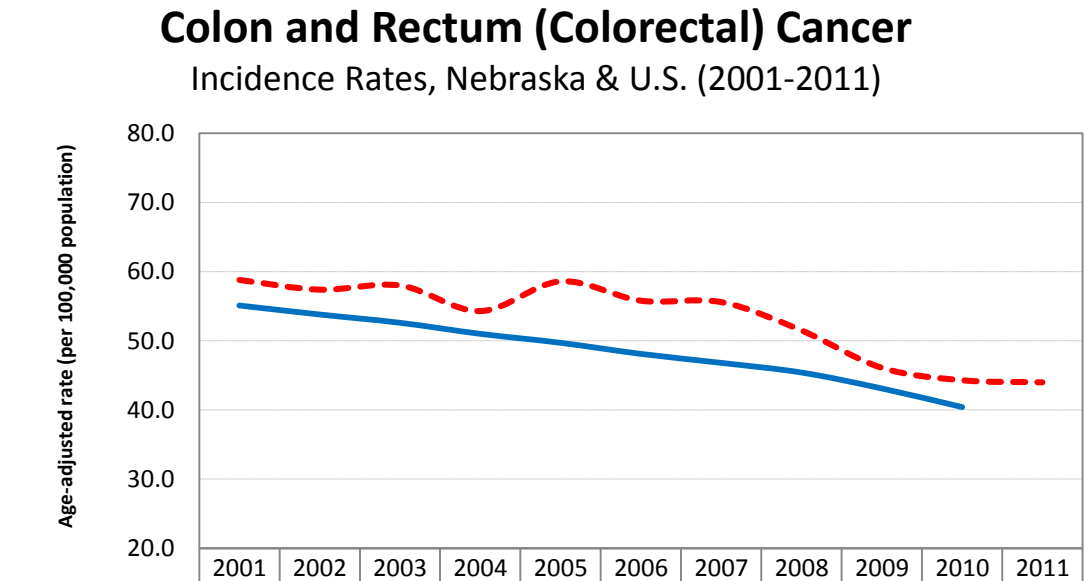
Colon and Rectum (Colorectal)

In 2011, colorectal cancer was the fourth most frequently diagnosed cancer among Nebraska residents, accounting for 896 new cases. It was also the second leading cause of cancer mortality in the state, accounting for 362 deaths.

The risk of developing colorectal cancer increases with age. About two-thirds (67.2%) of all colorectal cancer cases that occurred in Nebraska during 2007-2011 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 yearly fecal immunochemical test (FIT) (every year).

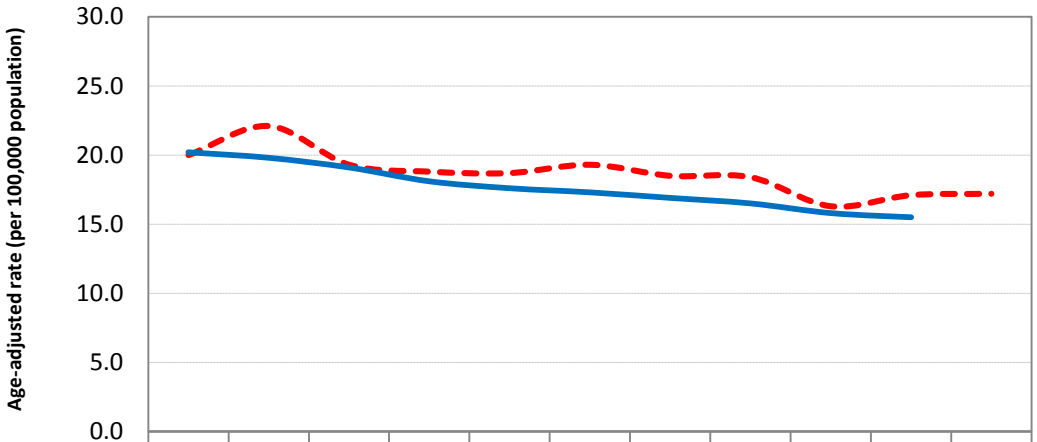
Incidence and mortality statistics by county of residence for cancers of the colon and rectum are presented in Appendix III, Table 11 (Note: U.S. incidence and mortality data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	58.8	57.4	58.0	54.3	58.6	55.8	55.6	51.5	46.1	44.3	44.0
U.S.	55.1	53.8	52.6	51.0	49.7	48.1	46.8	45.4	43.1	40.4	

Colon and Rectum (Colorectal) Cancer

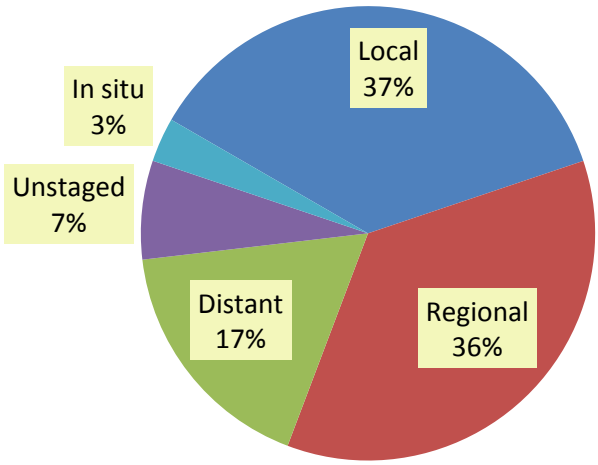
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	20.0	22.1	19.3	18.8	18.7	19.3	18.5	18.4	16.3	17.1	17.2
U.S	20.2	19.8	19.1	18.1	17.6	17.3	16.9	16.5	15.8	15.5	

Colon and Rectum (Colorectal) Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2007-2011



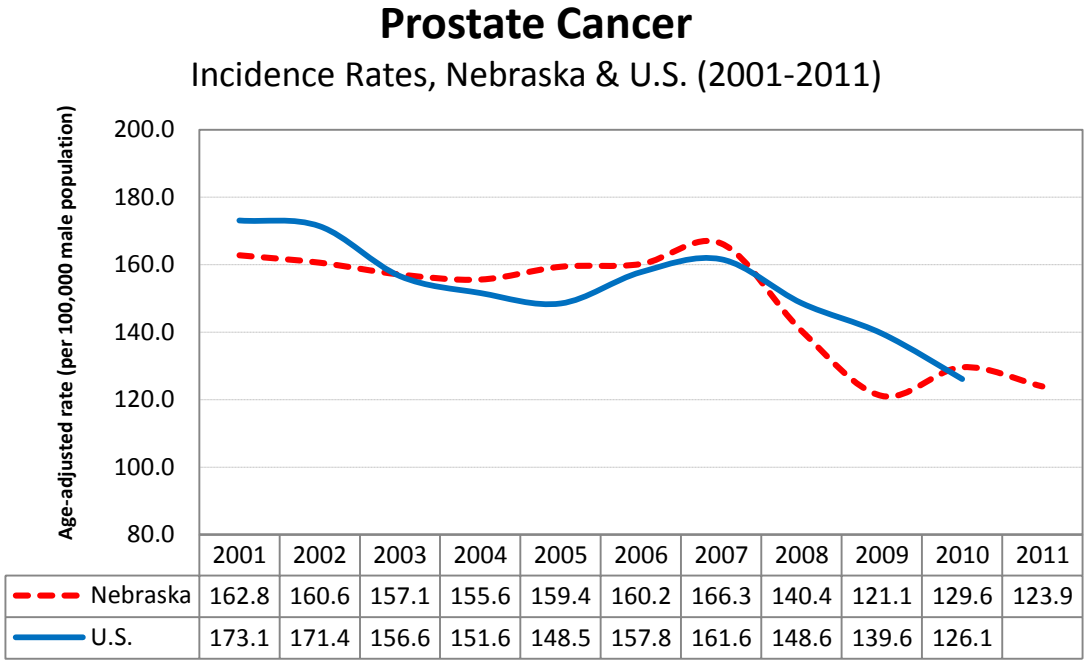
Prostate

With 1,199 diagnoses in 2011, prostate cancer was the most common cancer among Nebraska men, accounting for just over 25% of all new cancers. During the past five years (2007-2011), it has also been the second leading cause of cancer deaths among Nebraska men, accounting for 937 deaths. Since the mid-1990s, prostate cancer death rates have declined substantially, both in Nebraska and throughout the United States.

Little is known about what causes prostate cancer. Risk increases with age (over 60% of Nebraska men diagnosed with prostate cancer during 2007-2011 were 65 or older) and is significantly greater among African-Americans. During the past decade (2001-2011), the incidence of prostate cancer among African-American men in Nebraska has been 40% higher than among whites. Men with a close relative (father, brother, or son) who have had prostate cancer, especially at a young age, are also at increased risk.

Current ACS guidelines for prostate cancer screening recommend that health care providers begin to discuss the benefits and limitations of screening and treatment with men who are 50 years old, have a life expectancy of at least 10 years, and have an average risk of developing prostate cancer. This discussion should begin at age 45 for men at high risk (African-Americans and men with a father, brother, or son diagnosed with prostate cancer before age 65) and at age 40 for men of higher risk (men with several first-degree relatives diagnosed before age 65). For men who choose to be screened, the ACS recommends a prostate-specific antigen (PSA) test every year (less frequently depending on results) and an optional digital rectal exam.

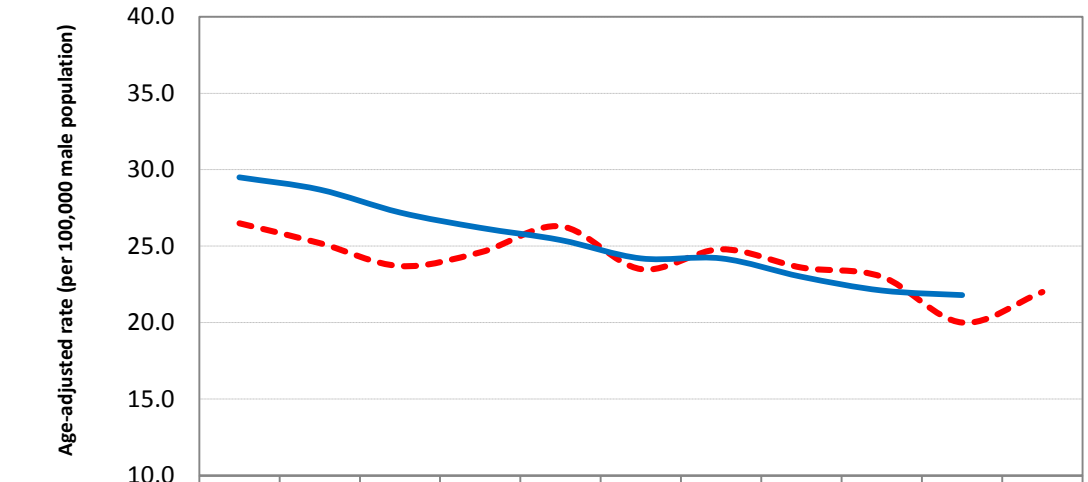
*Incidence and mortality statistics by county of residence for cancer of the prostate are presented in Appendix IV, Table 12 (N*ote: U.S. incidence and mortality data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	162.8	160.6	157.1	155.6	159.4	160.2	166.3	140.4	121.1	129.6	123.9
U.S.	173.1	171.4	156.6	151.6	148.5	157.8	161.6	148.6	139.6	126.1	

Prostate Cancer

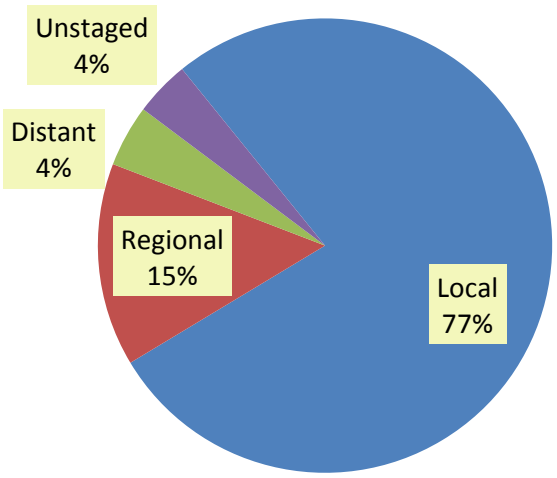
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	26.5	25.2	23.7	24.6	26.3	23.5	24.8	23.6	23.0	20.0	22.0
U.S.	29.5	28.7	27.2	26.2	25.4	24.2	24.2	23	22.1	21.8	

Prostate Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2007-2011

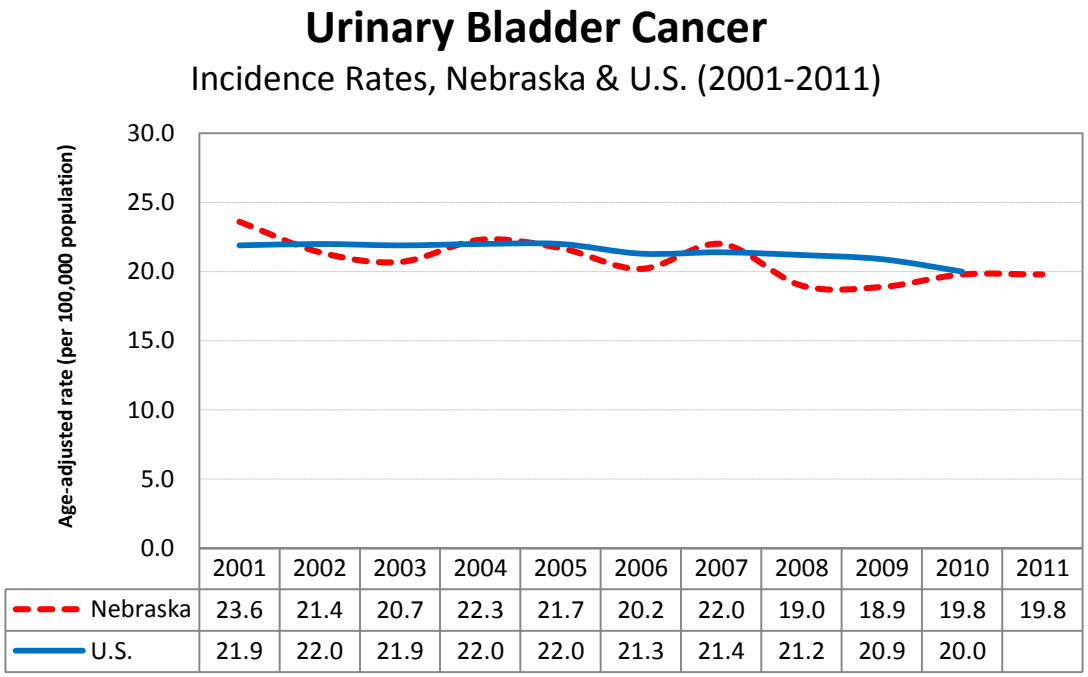


Urinary Bladder

Between 2007 and 2011, 2,002 Nebraska residents were diagnosed with bladder cancer. Bladder cancer occurs much more frequently among men than women (by about a 3:1 ratio), and it now ranks as the fourth most common site of cancer diagnoses among Nebraska men. However, deaths from bladder cancer occur far less often (421 Nebraska residents died from it during 2007-2011), which is the result of a high percentage of early-stage diagnoses and the existence of effective treatments. Survival prospects have improved considerably in recent decades, to the point where the most current national data show that the five-year survival rate for all bladder cancer patients is about 80%.

Cigarette smoking is the most important known risk factor for bladder cancer. Smokers develop bladder cancer two to three times more often than non-smokers, and about one-third of all cases are attributable to smoking. Risk factors also include occupational exposures to certain chemicals used to make dyes (benzidine and beta-naphthylamine), as well as working in the manufacture of rubber and leather. Like most cancers, the risk of bladder cancer increases with age: more than 75% of the cases that occurred in Nebraska during 2007-2011 were at least 65 years old when diagnosed.

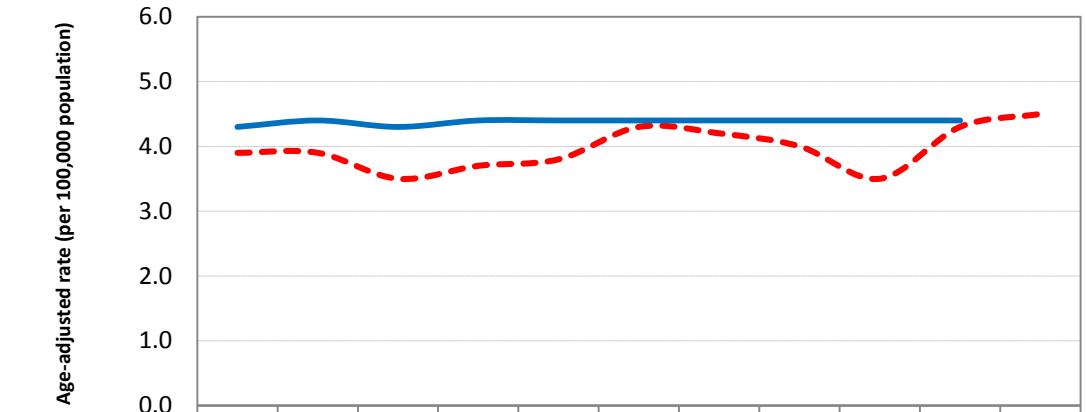
Incidence and mortality statistics by county of residence for cancer of the urinary bladder are presented in Appendix V, Table 13 (Note: U.S. incidence and mortality data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	23.6	21.4	20.7	22.3	21.7	20.2	22.0	19.0	18.9	19.8	19.8
U.S.	21.9	22.0	21.9	22.0	22.0	21.3	21.4	21.2	20.9	20.0	

Urinary Bladder Cancer

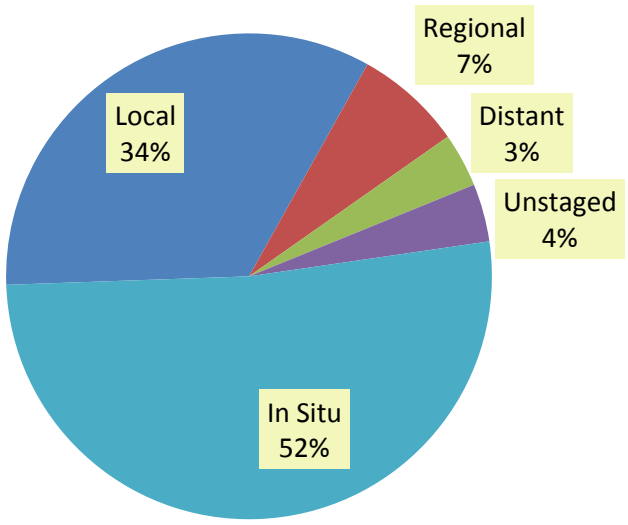
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	3.9	3.9	3.5	3.7	3.8	4.3	4.2	4.0	3.5	4.3	4.5
U.S.	4.3	4.4	4.3	4.4	4.4	4.4	4.4	4.4	4.4	4.4	

Urinary Bladder Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2007-2011

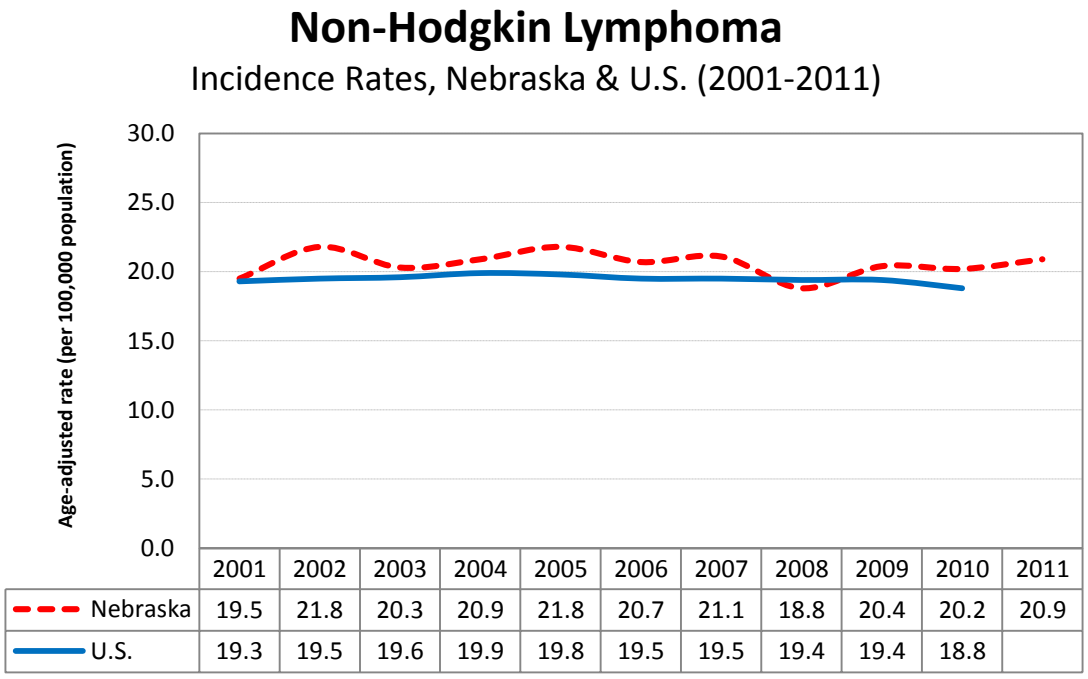


Non-Hodgkin Lymphoma

Lymphomas are cancers that affect the white blood cells of the immune system, and are usually classified as either Hodgkin or Non-Hodgkin lymphoma. Non-Hodgkin lymphoma is by far the more common disorder of the two, accounting for 2,006 diagnoses and 690 deaths among Nebraska residents between 2007 and 2011 (for Hodgkin lymphoma, the comparable figures are 285 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.

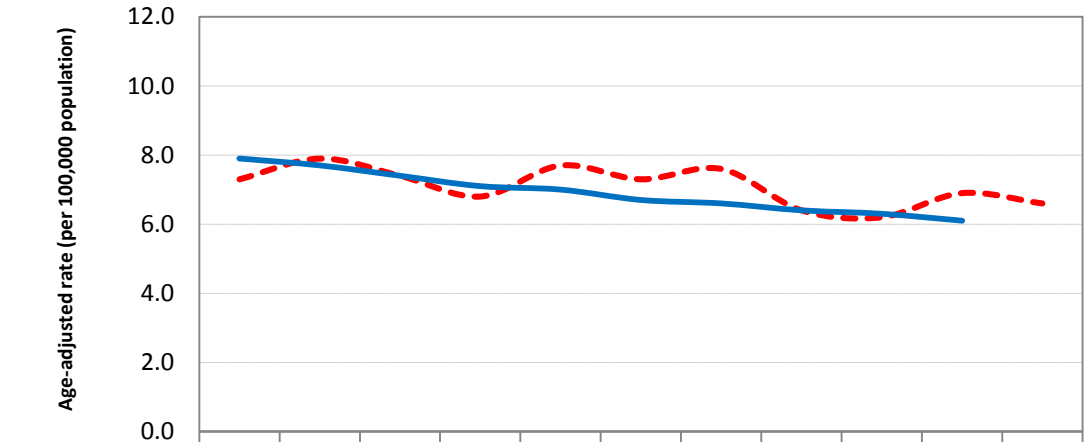
Incidence and mortality statistics by county of residence for Non-Hodgkin lymphoma are presented in Appendix VI, Table 14 (Note: U.S. incidence and mortality data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	19.5	21.8	20.3	20.9	21.8	20.7	21.1	18.8	20.4	20.2	20.9
U.S.	19.3	19.5	19.6	19.9	19.8	19.5	19.5	19.4	19.4	18.8	

Non-Hodgkin Lymphoma

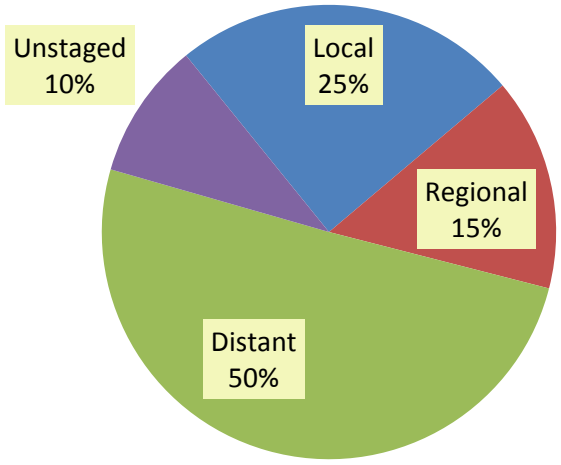
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	7.3	7.9	7.4	6.8	7.7	7.3	7.6	6.4	6.2	6.9	6.6
U.S.	7.9	7.7	7.4	7.1	7.0	6.7	6.6	6.4	6.3	6.1	

Non-Hodgkin Lymphoma

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2007-2011

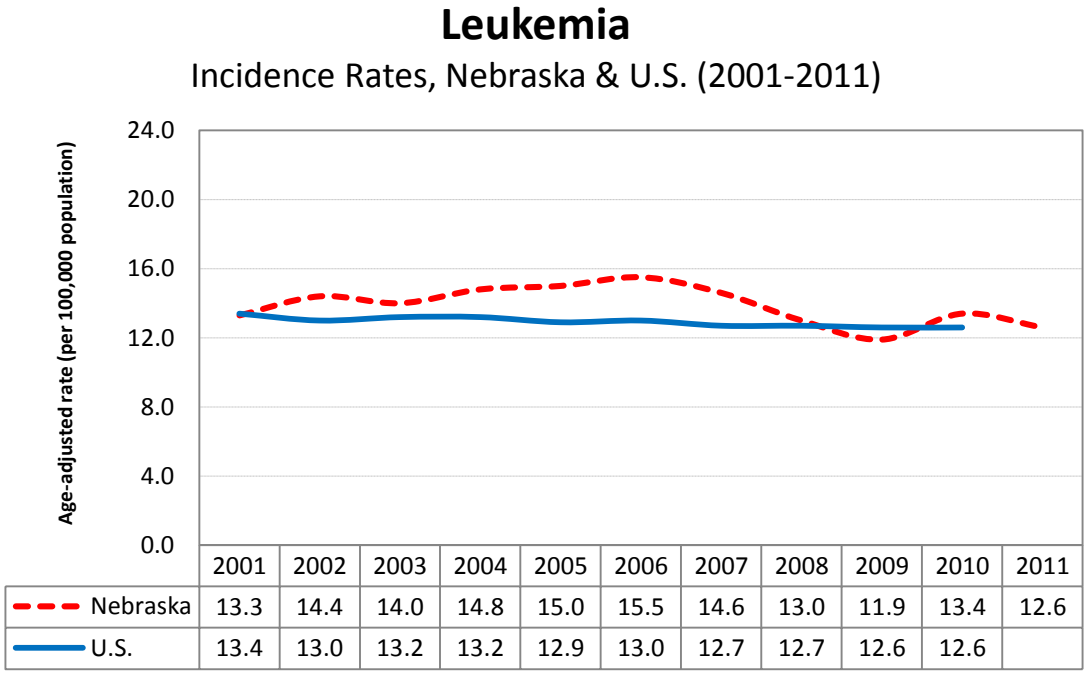


Leukemia

Between 2007 and 2011, leukemia accounted for 1,310 diagnoses and 694 deaths among Nebraska residents. Although leukemia is one of the most common types of cancer diagnosed among children and adolescents, nearly 60% of the leukemia cases that occurred in Nebraska between 2007 and 2011 were 65 years of age or older at diagnosis. There are many different types of leukemia: acute lymphocytic leukemia is the most frequently diagnosed among children, while acute myeloid and chronic lymphocytic are the most common types among adults. Survival rates vary widely by type: overall, almost 60% 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 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.

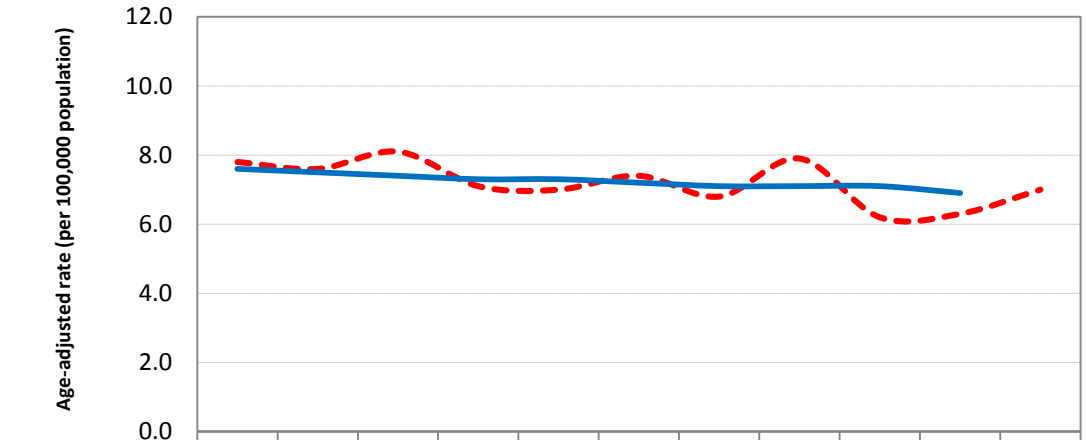
Incidence and mortality statistics by county of residence for leukemia are presented in Appendix VII, Table 15 (Note: U.S. incidence and mortality data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	13.3	14.4	14.0	14.8	15.0	15.5	14.6	13.0	11.9	13.4	12.6
U.S.	13.4	13.0	13.2	13.2	12.9	13.0	12.7	12.7	12.6	12.6	

Leukemia

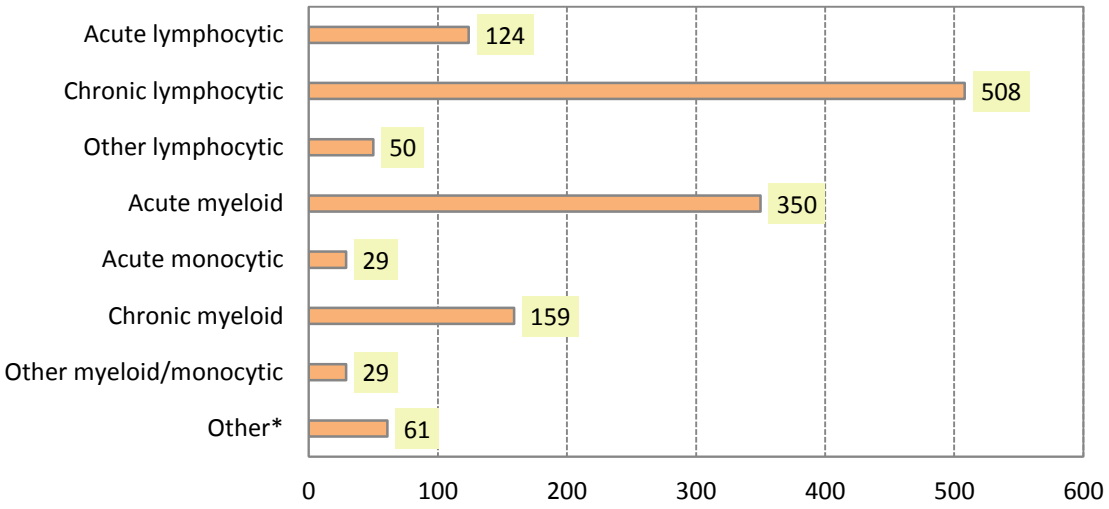
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	7.8	7.6	8.1	7.1	7.0	7.4	6.8	7.9	6.2	6.3	7.0
U.S.	7.6	7.5	7.4	7.3	7.3	7.2	7.1	7.1	7.1	6.9	

Leukemia

Number of Cases by Histologic Type, Nebraska, 2007-2011



* includes plasma cell leukemia (10 cases); mast cell leukemia (1 case); acute biphenotypic leukemia (1 case); aggressive NK-cell leukemia (2 cases); T-cell large granular lymphocytic leukemia (2 cases); hypereosinophilic syndrome (1 case); acute leukemia, NOS (23 cases); leukemia, NOS (21 cases)

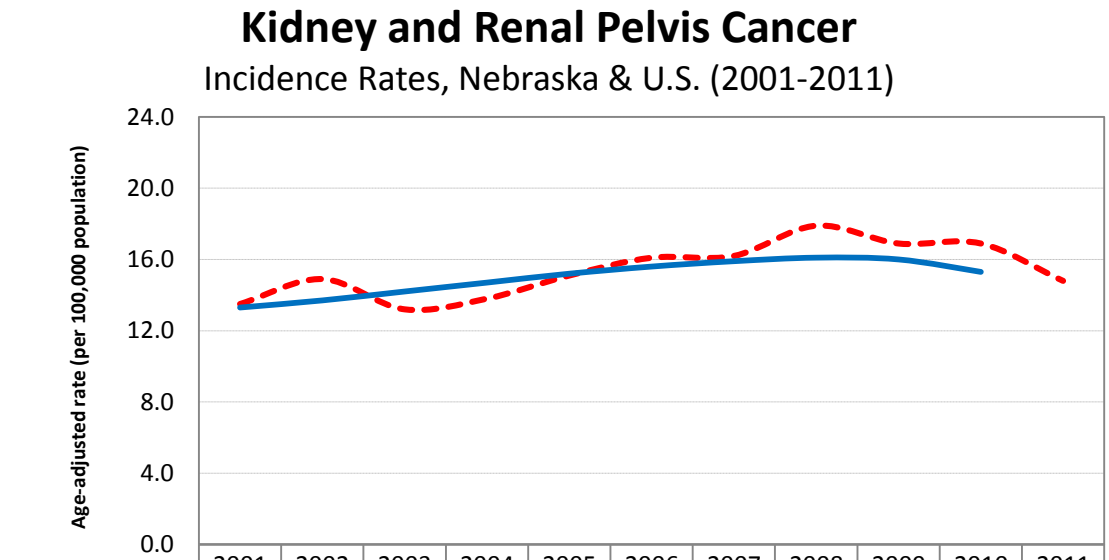
Abbreviation: NOS, not otherwise specified

Kidney and Renal Pelvis

Cancers of the kidney and renal pelvis accounted for 1,641 diagnoses in Nebraska between 2007 and 2011, and also accounted for 448 deaths in Nebraska during the same years. State and national trends since 1990 show a significant increase in the rate of diagnosis of these cancers, but little change in the mortality rate. The chances of survival for people with kidney cancer are relatively high, with the most current national statistics showing that the five-year survival rate for cancers of the kidney and renal pelvis is now over 70%.

Preventable risk factors for cancer of the kidney include cigarette smoking and obesity. Current estimates indicate that cigarette smoking is responsible for about one-third of all kidney cancer deaths. Kidney cancer is more likely to strike at younger ages than most other types; in Nebraska, almost half (49.7%) of the cases that were diagnosed during 2007-2011 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.

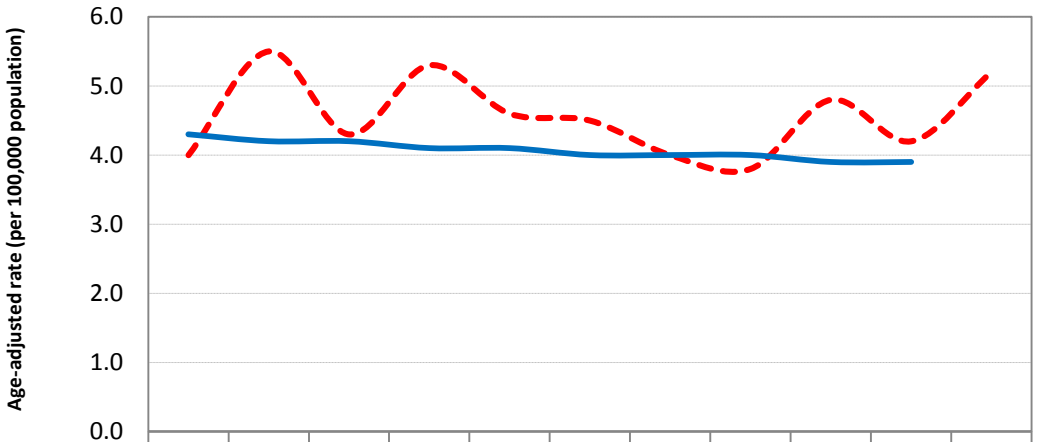
Incidence and mortality statistics by county of residence for cancers of the kidney and renal pelvis are presented in Appendix VIII, Table 16 (Note: U.S. incidence and mortality data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	13.5	14.9	13.2	13.8	15.1	16.1	16.2	17.9	16.9	16.9	14.8
U.S.	13.3	13.7	14.2	14.7	15.2	15.6	15.9	16.1	16.0	15.3	

Kidney and Renal Pelvis Cancer

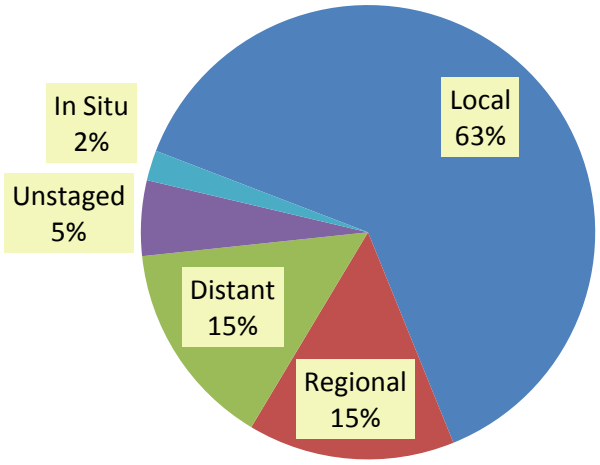
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	4.0	5.5	4.3	5.3	4.6	4.5	4.0	3.8	4.8	4.2	5.2
U.S.	4.3	4.2	4.2	4.1	4.1	4.0	4.0	4.0	3.9	3.9	

Kidney and Renal Pelvis Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2007-2011



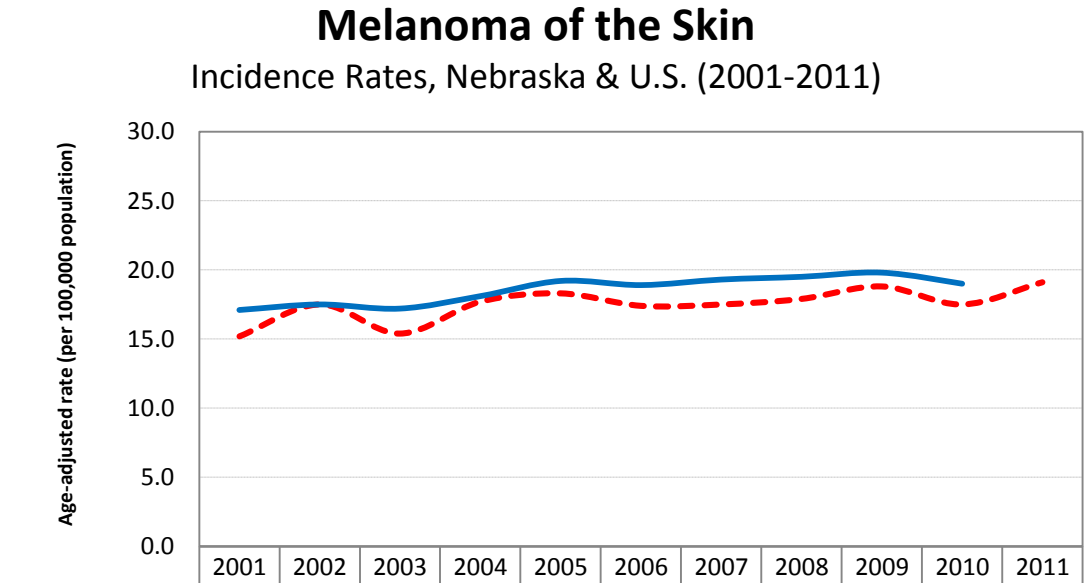
Melanoma of the Skin

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 1,736 diagnoses and 286 deaths between 2007 and 2011. 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.

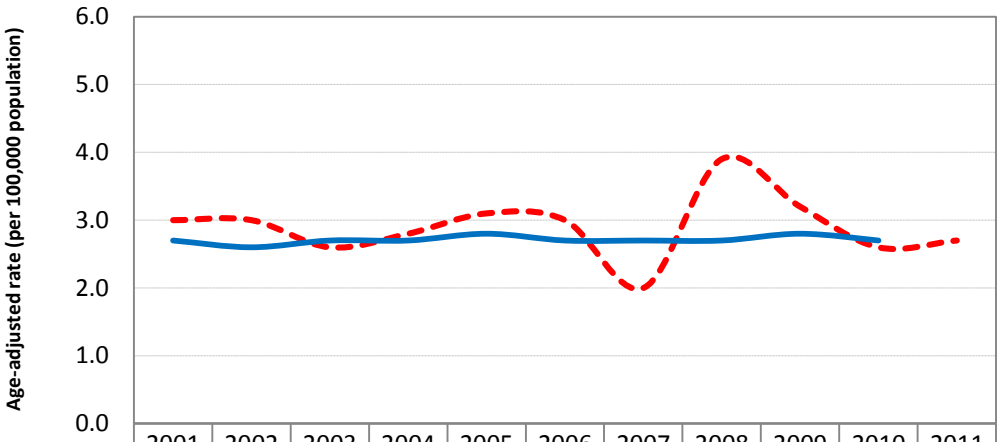
Incidence and mortality statistics by county of residence for melanoma of the skin are presented in Appendix I, Table 17 (Note: U.S. incidence and mortality data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	15.2	17.5	15.4	17.7	18.3	17.4	17.5	17.9	18.8	17.5	19.1
U.S.	17.1	17.5	17.2	18.1	19.2	18.9	19.3	19.5	19.8	19.0	

Melanoma of the Skin

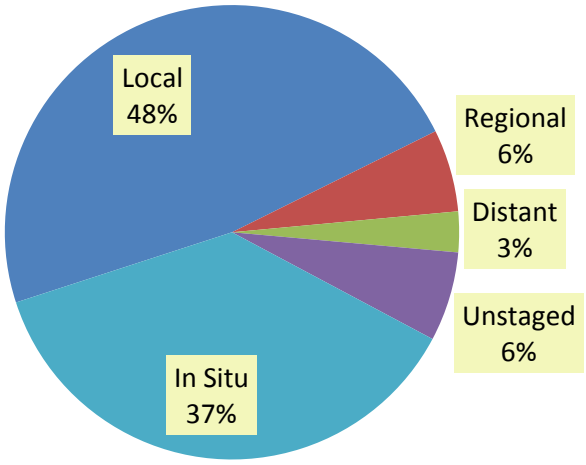
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	3.0	3.0	2.6	2.8	3.1	3.0	2.0	3.9	3.2	2.6	2.7
U.S.	2.7	2.6	2.7	2.7	2.8	2.7	2.7	2.7	2.8	2.7	

Melanoma of the Skin

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2007-2011

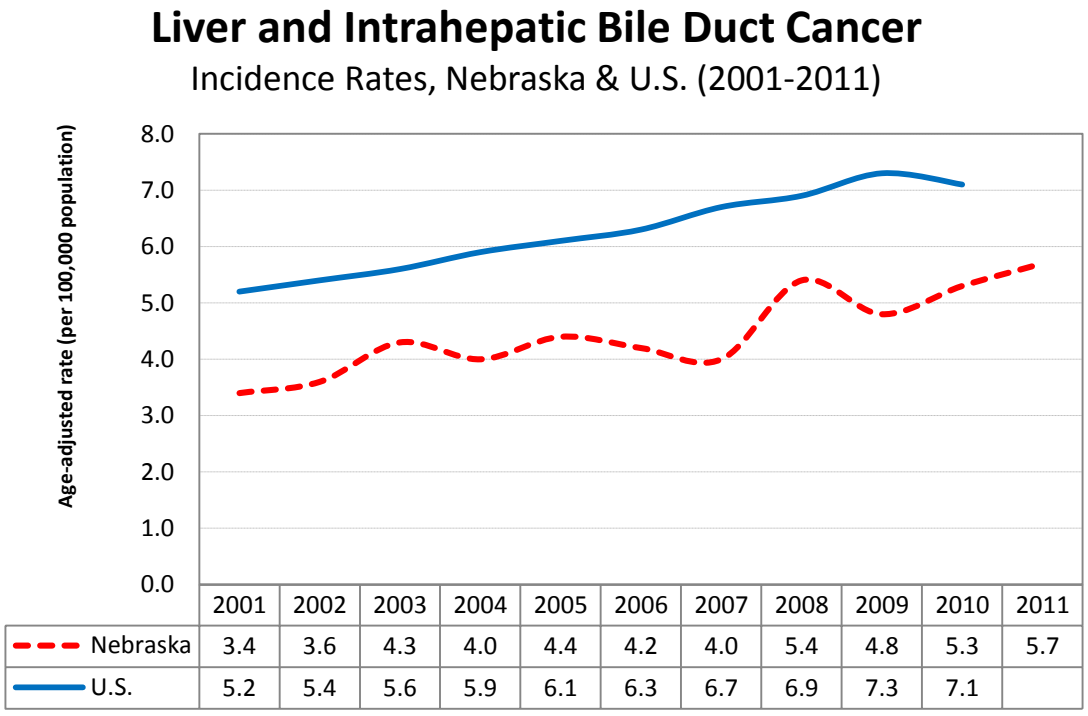


Liver and Intrahepatic Bile Duct

Often when cancer is found in the liver, it did not start there but has spread (metastized) from somewhere else in the body. In the United States, metastatic liver cancer is more common than liver cancer that originates in the liver (referred to as primary liver cancer). In Nebraska, primary cancers of the liver and intrahepatic bile duct accounted for 513 diagnoses and 447 deaths between 2007 and 2011. Diagnosis does not usually occur until the disease is well advanced, due to a lack of symptoms. As a result, survival is poor: the most recent national five-year survival rate is less than 20%. Both nationally and in Nebraska, the incidence and mortality rates for liver cancer have increased steadily during the past decade.

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

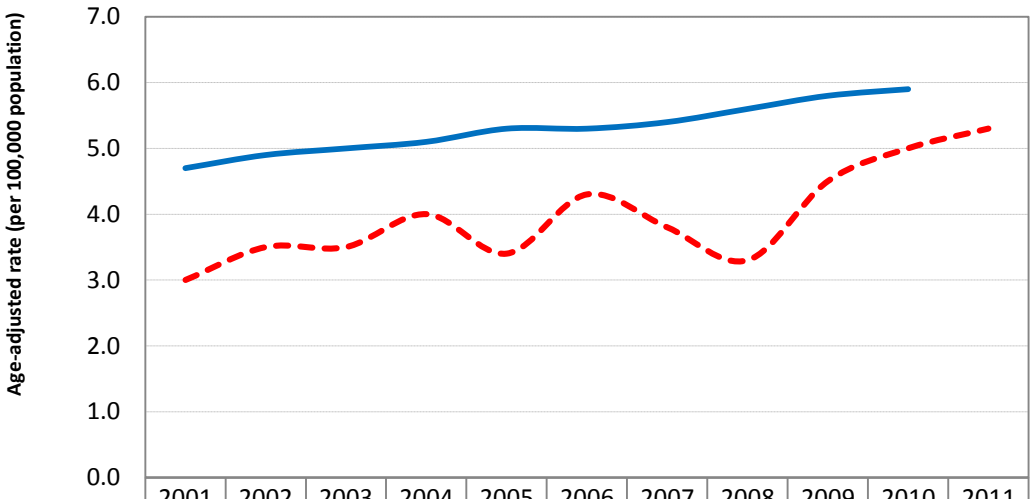
Incidence and mortality statistics by county of residence for cancers of the liver and intrahepatic bile duct are presented in Appendix X, Table 18 (Note: U.S. incidence and mortality data are not available for 2011).



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	3.4	3.6	4.3	4.0	4.4	4.2	4.0	5.4	4.8	5.3	5.7
U.S.	5.2	5.4	5.6	5.9	6.1	6.3	6.7	6.9	7.3	7.1	

Liver and Intrahepatic Bile Duct Cancer

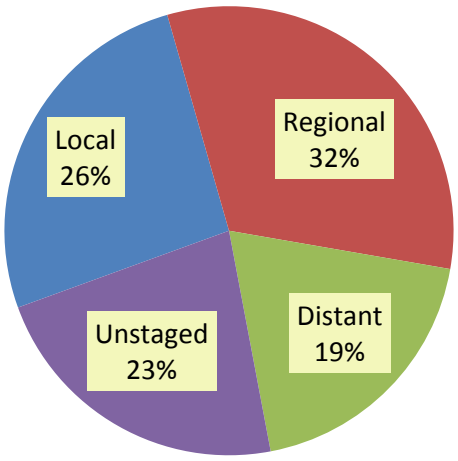
Mortality Rates, Nebraska & U.S. (2001-2011)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nebraska	3.0	3.5	3.5	4.0	3.4	4.3	3.8	3.3	4.5	5.0	5.3
U.S.	4.7	4.9	5.0	5.1	5.3	5.3	5.4	5.6	5.8	5.9	

Liver and Intrahepatic Bile Duct Cancer

Percentage of Cases, by Stage of Disease at Diagnosis
Nebraska, 2007-2011



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APPENDICES

TABLE 9: Lung and Bronchus Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	1,035,783	66.1	792,203	49.5
NEBRASKA	5,940	60.0	4,496	45.2
COUNTY				
ADAMS	116	61.2	83	43.3
ANTELOPE	25	47.6	17	32.1
ARTHUR	0	0.0	0	0.0
BANNER	*	*	*	*
BLAINE	3	71.1	*	*
BOONE	24	56.6	17	34.6
BOX BUTTE	33	49.0	29	41.8
BOYD	13	61.9	10	47.3
BROWN	10	38.4	10	35.2
BUFFALO	122	53.5	100	44.7
BURT	32	55.9	31	56.0
BUTLER	19	33.3▼	18	29.3▽
CASS	99	67.2	76	50.6
CEDAR	22	32.7▼	23	33.9
CHASE	16	55.0	12	38.8
CHERRY	21	46.8	22	47.8
CHEYENNE	39	60.2	31	46.3
CLAY	40	85.6	29	61.3
COLFAX	32	54.7	23	38.7
CUMING	30	43.4	22	30.1▽
CUSTER	60	70.6	49	54.4
DAKOTA	68	66.9	49	49.1
DAWES	22	41.2	17	29.4▽
DAWSON	59	43.2▼	43	31.9▽
DEUEL	4	23.3▼	3	19.5▽
DIXON	27	64.6	14	31.3
DODGE	195	76.7▲	142	54.3
DOUGLAS	1,679	72.1▲	1,209	52.5▲
DUNDY	3	21.4▼	5	28.2
FILLMORE	26	52.7	19	40.7
FRANKLIN	14	53.3	10	42.0
FRONTIER	13	76.8	15	81.2
FURNAS	19	46.4	10	22.8▼
GAGE	94	58.0	68	42.2
GARDEN	11	55.7	4	19.7▽
GARFIELD	11	54.6	8	41.6
GOSPER	12	73.2	7	42.4
GRANT	*	*	*	*
GREELEY	11	49.1	9	38.6
HALL	196	61.7	138	43.1
HAMILTON	27	45.5	20	32.5
HARLAN	15	44.9	15	47.6
HAYES	5	59.4	7	104.5
HITCHCOCK	23	88.5	17	65.0
HOLT	49	60.7	43	53.2
HOOKER	5	45.9	*	*
HOWARD	22	48.2	18	39.5
JEFFERSON	34	51.3	33	49.5

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

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	24	66.0	15	39.2
KEARNEY	25	56.1	17	37.6
KEITH	26	37.4▼	31	46.0
KEYA PAHA	*	*	*	*
KIMBALL	19	62.1	12	38.1
KNOX	50	71.4	39	51.2
LANCASTER	735	56.9	558	43.3
LINCOLN	136	61.5	97	42.7
LOGAN	3	62.6	*	*
LOUP	4	77.6	0	0.0
McPHERSON	*	*	*	*
MADISON	149	74.4△	99	48.4
MERRICK	35	63.9	25	44.2
MORRILL	21	59.5	9	27.0
NANCE	15	51.2	13	45.4
NEMAHA	25	52.4	16	31.6
NUCKOLLS	23	54.2	13	29.2
OTOE	59	52.2	50	45.1
PAWNEE	13	51.9	9	34.4
PERKINS	15	65.1	12	53.8
PHELPS	30	45.3	24	35.5
PIERCE	26	54.0	22	44.3
PLATTE	87	46.6▽	81	43.7
POLK	24	57.2	16	36.0
RED WILLOW	41	53.0	40	49.7
RICHARDSON	44	65.6	43	61.9
ROCK	4	29.7	0	0.0
SALINE	50	62.2	38	46.8
SARPY	366	64.5	272	47.6
SAUNDERS	91	69.8	74	56.6
SCOTTS BLUFF	113	46.9▽	92	37.1
SEWARD	43	42.7▽	38	36.8
SHERIDAN	17	36.4▽	15	30.9
SHERMAN	17	61.3	18	71.1
SIOUX	*	*	*	*
STANTON	9	26.3▼	12	34.3
THAYER	22	45.6	17	32.1
THOMAS	*	*	*	*
THURSTON	26	78.6	18	54.3
VALLEY	17	43.7	11	27.0▽
WASHINGTON	69	58.7	56	48.1
WAYNE	13	23.9▼	13	24.8▼
WEBSTER	21	61.5	16	46.8
WHEELER	0	0.0	0	0.0
YORK	25	26.7▼	27	28.7▼

*Number and rate are not shown if based on fewer than three 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 (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	1,030,185	121.9	203,679	22.6
NEBRASKA	6,294	121.8	1,105	19.7
COUNTY				
ADAMS	129	142.1	20	19.3
ANTELOPE	31	136.5	8	28.1
ARTHUR	0	0.0	0	0.0
BANNER	3	190.7	0	0.0
BLAINE	*	*	0	0.0
BOONE	27	129.7	6	17.9
BOX BUTTE	41	108.7	9	21.7
BOYD	10	160.6	0	0.0
BROWN	7	40.6▼	*	*
BUFFALO	151	123.5	28	22.6
BURT	41	152.9	7	26.2
BUTLER	36	127.3	9	29.5
CASS	90	121.5	14	18.9
CEDAR	28	76.9▼	5	12.1
CHASE	17	131.4	5	29.3
CHERRY	25	114.7	4	16.7
CHEYENNE	42	132.7	9	28.4
CLAY	24	112.9	4	12.2
COLFAX	26	90.9	10	34.3
CUMING	29	90.0	*	*
CUSTER	50	131.1	11	23.3
DAKOTA	42	76.5▼	7	12.3
DAWES	34	139.6	8	22.0
DAWSON	71	106.1	11	17.3
DEUEL	12	128.1	*	*
DIXON	20	98.4	5	23.2
DODGE	165	135.5	30	20.6
DOUGLAS	1,748	132.6△	299	21.9
DUNDY	6	66.0▽	3	18.3
FILLMORE	28	129.6	*	*
FRANKLIN	18	150.6	*	*
FRONTIER	6	66.4	*	*
FURNAS	29	147.8	*	*
GAGE	122	149.6	18	19.5
GARDEN	11	106.7	4	55.7
GARFIELD	9	93.3	3	31.5
GOSPER	9	117.4	*	*
GRANT	*	*	0	0.0
GREELEY	8	81.6	*	*
HALL	170	105.4	31	17.4
HAMILTON	37	123.3	6	19.1
HARLAN	19	185.8	5	30.3
HAYES	*	*	0	0.0
HITCHCOCK	9	62.5▼	3	20.3
HOLT	35	92.5	9	17.4
HOOKER	*	*	0	0.0
HOWARD	25	121.7	6	31.1
JEFFERSON	28	76.5	5	12.6

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

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	19	108.4	6	35.6
KEARNEY	23	98.9	3	14.4
KEITH	26	79.1∇	9	25.7
KEYA PAHA	*	*	*	*
KIMBALL	22	169.8	*	*
KNOX	32	102.1	3	8.3∇
LANCASTER	898	125.7	123	16.6
LINCOLN	120	110.2	27	22.8
LOGAN	*	*	0	0.0
LOUP	4	162.3	0	0.0
McPHERSON	*	*	*	*
MADISON	133	131.1	33	28.3
MERRICK	39	138.2	5	14.5
MORRILL	19	121.1	*	*
NANCE	16	117.7	3	28.3
NEMAHA	27	106.7	3	10.7
NUCKOLLS	16	99.1	4	14.9
OTOE	58	99.1	6	9.7∇
PAWNEE	9	68.8∇	5	29.9
PERKINS	5	30.4▼	*	*
PHELPS	32	93.6	6	15.8
PIERCE	15	57.8▼	*	*
PLATTE	125	130.8	18	17.7
POLK	26	125.2	7	35.7
RED WILLOW	43	112.1	9	19.6
RICHARDSON	34	106.3	10	16.8
ROCK	3	44.8▼	0	0.0
SALINE	54	134.0	7	11.2
SARPY	443	124.3	64	19.4
SAUNDERS	71	108.8	18	27.5
SCOTTS BLUFF	163	133.2	36	27.5
SEWARD	56	110.4	13	21.6
SHERIDAN	19	98.8	*	*
SHERMAN	16	158.9	3	21.4
SIOUX	*	*	0	0.0
STANTON	13	66.1▼	3	16.4
THAYER	20	85.7	*	*
THOMAS	4	140.8	0	0.0
THURSTON	21	121.4	8	44.5
VALLEY	11	72.0∇	4	17.0
WASHINGTON	77	124.3	14	20.2
WAYNE	26	116.1	7	32.5
WEBSTER	20	140.0	*	*
WHEELER	*	*	0	0.0
YORK	54	110.0	18	32.0

*Number and rate are not shown if based on fewer than three 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 (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	701,623	44.7	263,165	16.4
NEBRASKA	4,845	48.4	1,795	17.5
COUNTY				
ADAMS	115	58.7	31	15.6
ANTELOPE	30	56.9	12	18.7
ARTHUR	3	89.4	*	*
BANNER	*	*	0	0.0
BLAINE	*	*	0	0.0
BOONE	20	49.2	13	28.6
BOX BUTTE	25	34.7	12	15.3
BOYD	9	41.8	3	12.2
BROWN	17	60.3	5	16.3
BUFFALO	114	48.9	49	20.7
BURT	25	42.5	14	20.7
BUTLER	36	56.8	8	12.7
CASS	74	50.2	33	22.3
CEDAR	28	39.2	10	12.0
CHASE	13	40.3	5	14.4
CHERRY	23	49.7	6	15.9
CHEYENNE	21	32.0▽	8	10.9
CLAY	25	50.9	10	20.7
COLFAX	20	34.0	19	29.8
CUMING	25	34.4	16	21.2
CUSTER	43	53.0	14	15.1
DAKOTA	60	61.4	23	23.1
DAWES	16	31.2▽	9	14.5
DAWSON	84	62.5	27	19.0
DEUEL	6	37.3	*	*
DIXON	24	61.6	11	24.9
DODGE	132	54.1	59	22.5
DOUGLAS	1,122	47.8	396	16.6
DUNDY	5	28.0	4	22.3
FILLMORE	20	43.3	10	20.0
FRANKLIN	13	43.0	3	8.5
FRONTIER	15	71.1	4	19.2
FURNAS	29	71.5	9	18.5
GAGE	80	48.3	47	26.8△
GARDEN	6	49.1	3	15.8
GARFIELD	11	57.4	*	*
GOSPER	8	55.4	4	22.9
GRANT	0	0.0	0	0.0
GREELEY	12	56.6	5	21.0
HALL	184	56.8	64	20.0
HAMILTON	17	26.5▼	10	15.2
HARLAN	21	69.6	16	50.5△
HAYES	*	*	0	0.0
HITCHCOCK	7	28.4	3	10.8
HOLT	45	57.5	16	18.7
HOOKER	6	83.8	*	*
HOWARD	23	51.4	10	21.5
JEFFERSON	26	43.4	11	14.8

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

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
COUNTY				
JOHNSON	24	62.6	7	17.9
KEARNEY	28	62.5	8	14.1
KEITH	37	60.0	17	26.3
KEYA PAHA	9	116.8	3	35.7
KIMBALL	10	31.6	4	12.2
KNOX	36	52.6	12	14.7
LANCASTER	564	42.9▽	179	13.5▼
LINCOLN	104	47.1	34	14.3
LOGAN	3	59.5	0	0.0
LOUP	6	119.6	0	0.0
McPHERSON	*	*	*	*
MADISON	115	56.0	47	22.8
MERRICK	23	42.0	14	26.0
MORRILL	17	47.3	6	16.1
NANCE	14	46.7	8	26.2
NEMAHA	24	47.4	6	12.3
NUCKOLLS	23	57.9	7	14.0
OTOE	47	42.4	16	14.9
PAWNEE	19	69.4	5	16.5
PERKINS	12	60.3	5	18.4
PHELPS	30	46.6	13	19.3
PIERCE	33	62.7	12	21.1
PLATTE	105	57.2	31	17.0
POLK	19	41.1	8	14.5
RED WILLOW	41	50.2	15	15.9
RICHARDSON	48	68.3	19	23.7
ROCK	5	47.4	4	30.6
SALINE	62	76.4▲	17	19.6
SARPY	271	46.1	94	17.7
SAUNDERS	65	50.6	29	22.7
SCOTTS BLUFF	107	46.8	35	14.4
SEWARD	52	51.0	17	16.4
SHERIDAN	27	68.7	11	22.0
SHERMAN	10	34.7	4	13.5
SIOUX	0	0.0	*	*
STANTON	10	27.4▽	5	14.4
THAYER	21	42.1	9	16.0
THOMAS	*	*	0	0.0
THURSTON	22	64.8	6	17.5
VALLEY	18	48.8	10	28.0
WASHINGTON	54	46.3	17	14.8
WAYNE	21	40.7	8	14.8
WEBSTER	31	86.8△	13	35.4
WHEELER	*	*	*	*
YORK	31	34.5▽	19	19.9

*Number and rate are not shown if based on fewer than three 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 (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	1,068,445	146.3	142,584	23.0
NEBRASKA	6,292	136.6	937	22.6
COUNTY				
ADAMS	107	123.3	19	22.9
ANTELOPE	45	180.8	*	*
ARTHUR	*	*	0	0.0
BANNER	*	*	0	0.0
BLAINE	3	156.1	*	*
BOONE	42	214.0△	6	28.4
BOX BUTTE	44	138.4	6	20.7
BOYD	10	113.1	*	*
BROWN	28	219.1	3	25.5
BUFFALO	139	134.0	15	16.4
BURT	42	160.5	4	15.1
BUTLER	46	163.1	5	17.3
CASS	84	118.1	10	18.6
CEDAR	30	94.3▽	8	23.0
CHASE	28	200.4	3	21.1
CHERRY	27	127.7	*	*
CHEYENNE	44	153.7	10	35.9
CLAY	34	150.5	6	28.8
COLFAX	39	148.6	8	31.1
CUMING	56	172.8	*	*
CUSTER	56	137.9	12	31.0
DAKOTA	58	124.1	10	28.3
DAWES	21	78.6▼	13	50.9
DAWSON	75	114.9	19	32.4
DEUEL	9	108.3	*	*
DIXON	31	156.8	4	22.3
DODGE	185	164.6△	19	16.6
DOUGLAS	1505	139.4	215	24.2
DUNDY	9	113.7	0	0.0
FILLMORE	28	131.0	3	11.2
FRANKLIN	14	104.1	4	28.1
FRONTIER	19	189.0	*	*
FURNAS	17	92.6	3	16.0
GAGE	81	109.2	20	26.9
GARDEN	11	121.0	*	*
GARFIELD	13	152.0	*	*
GOSPER	13	165.4	*	*
GRANT	4	147.5	0	0.0
GREELEY	16	151.4	0	0.0
HALL	246	166.8△	27	20.3
HAMILTON	33	118.9	9	33.4
HARLAN	19	127.4	4	25.7
HAYES	6	161.2	0	0.0
HITCHCOCK	13	106.2	*	*
HOLT	51	139.5	9	22.8
HOOKER	3	109.5	*	*
HOWARD	43	204.0△	4	18.7
JEFFERSON	29	100.0	13	41.3

TABLE 12 (continued): Prostate Cancer Incidence and Mortality

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	22	133.3	4	26.0
KEARNEY	23	107.9	3	14.8
KEITH	36	114.1	6	20.8
KEYA PAHA	*	*	*	*
KIMBALL	14	98.1	*	*
KNOX	45	138.7	5	15.1
LANCASTER	756	122.0▽	117	22.5
LINCOLN	128	122.6	17	18.6
LOGAN	7	236.4	0	0.0
LOUP	12	481.0△	*	*
McPHERSON	*	*	0	0.0
MADISON	164	180.3▲	22	24.9
MERRICK	45	173.7	4	17.1
MORRILL	29	167.4	*	*
NANCE	15	112.3	*	*
NEMAHA	33	144.1	11	48.6
NUCKOLLS	26	133.8	7	31.3
OTOE	50	100.1▽	13	24.8
PAWNEE	19	159.9	7	53.3
PERKINS	8	72.0▽	0	0.0
PHELPS	39	132.0	12	38.4
PIERCE	36	156.2	5	21.7
PLATTE	138	161.0	8	9.7▼
POLK	18	98.3	*	*
RED WILLOW	38	108.9	5	13.9
RICHARDSON	32	99.1	6	16.7
ROCK	15	255.8	*	*
SALINE	58	152.1	9	25.1
SARPY	398	136.7	44	22.5
SAUNDERS	86	136.6	14	27.4
SCOTTS BLUFF	155	143.2	21	19.9
SEWARD	63	131.1	9	21.0
SHERIDAN	25	122.6	7	28.9
SHERMAN	14	109.9	4	28.4
SIOUX	5	85.3	0	0.0
STANTON	6	34.1▼	6	35.2
THAYER	31	145.3	8	30.5
THOMAS	8	293.8	0	0.0
THURSTON	18	123.1	3	21.4
VALLEY	29	171.7	4	21.2
WASHINGTON	73	135.3	11	24.4
WAYNE	39	158.8	5	20.0
WEBSTER	28	188.5	4	26.2
WHEELER	6	199.6	0	0.0
YORK	42	98.3▽	12	28.4

*Number and rate are not shown if based on fewer than three 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 (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	326,302	20.9	70,284	4.4
NEBRASKA	2,002	20.0	421	4.1
COUNTY				
ADAMS	44	21.8	6	2.5
ANTELOPE	11	21.1	*	*
ARTHUR	0	0.0	0	0.0
BANNER	0	0.0	*	*
BLAINE	0	0.0	0	0.0
BOONE	9	18.7	3	4.7
BOX BUTTE	14	19.0	*	*
BOYD	*	*	*	*
BROWN	4	11.3	*	*
BUFFALO	39	16.9	11	5.2
BURT	12	18.8	3	4.5
BUTLER	12	17.2	4	6.0
CASS	23	15.6	5	3.3
CEDAR	12	19.7	0	0.0
CHASE	13	38.3	3	8.5
CHERRY	6	12.8	0	0.0
CHEYENNE	16	25.4	0	0.0
CLAY	8	16.1	*	*
COLFAX	7	12.2	*	*
CUMING	10	13.1	3	2.5
CUSTER	16	18.0	4	4.1
DAKOTA	12	12.3	5	5.5
DAWES	12	21.4	*	*
DAWSON	36	26.0	5	3.7
DEUEL	*	*	*	*
DIXON	3	7.6∇	*	*
DODGE	57	22.7	11	3.8
DOUGLAS	515	22.3	112	4.9
DUNDY	3	19.0	*	*
FILLMORE	6	10.1∇	3	4.5
FRANKLIN	5	15.8	0	0.0
FRONTIER	6	26.8	0	0.0
FURNAS	15	34.3	*	*
GAGE	38	21.7	9	4.6
GARDEN	5	24.7	*	*
GARFIELD	9	40.1	*	*
GOSPER	9	53.9	0	0.0
GRANT	0	0.0	0	0.0
GREELEY	7	28.5	*	*
HALL	64	20.0	17	5.1
HAMILTON	13	22.0	4	6.1
HARLAN	7	22.2	*	*
HAYES	*	*	*	*
HITCHCOCK	5	18.8	*	*
HOLT	10	11.9	3	3.8
HOOKER	3	35.1	0	0.0
HOWARD	*	*	*	*
JEFFERSON	17	26.4	8	11.3

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

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
COUNTY				
JOHNSON	4	11.2	0	0.0
KEARNEY	9	20.0	4	8.2
KEITH	13	20.1	4	6.1
KEYA PAHA	*	*	*	*
KIMBALL	6	20.4	*	*
KNOX	13	16.0	*	*
LANCASTER	233	18.2	53	4.2
LINCOLN	52	23.1	10	4.5
LOGAN	*	*	0	0.0
LOUP	3	53.7	*	*
McPHERSON	*	*	*	*
MADISON	39	18.5	6	2.6
MERRICK	10	19.6	*	*
MORRILL	6	15.7	0	0.0
NANCE	3	9.8	0	0.0
NEMAHA	12	23.0	3	5.5
NUCKOLLS	0	0.0	*	*
OTOE	25	23.6	*	*
PAWNEE	*	*	0	0.0
PERKINS	3	9.4	*	*
PHELPS	7	12.0	3	4.8
PIERCE	11	22.3	3	4.9
PLATTE	31	15.7	10	5.0
POLK	7	16.0	*	*
RED WILLOW	18	22.7	5	6.5
RICHARDSON	10	16.9	*	*
ROCK	0	0.0	0	0.0
SALINE	17	19.2	4	4.3
SARPY	129	22.8	21	4.1
SAUNDERS	24	18.8	5	3.9
SCOTTS BLUFF	62	25.0	8	3.1
SEWARD	18	17.7	4	3.9
SHERIDAN	5	8.4▼	*	*
SHERMAN	7	21.1	*	*
SIOUX	*	*	*	*
STANTON	5	14.2	*	*
THAYER	11	20.3	4	5.9
THOMAS	*	*	0	0.0
THURSTON	7	21.1	*	*
VALLEY	8	16.4	4	8.0
WASHINGTON	22	18.6	3	2.4
WAYNE	12	22.5	*	*
WEBSTER	8	22.2	*	*
WHEELER	*	*	0	0.0
YORK	22	21.7	*	*

*Number and rate are not shown if based on fewer than three 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 (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	300,568	19.3	102,172	6.4
NEBRASKA	2,006	20.4	690	6.7
COUNTY				
ADAMS	39	22.3	15	7.0
ANTELOPE	9	15.9	5	8.0
ARTHUR	0	0.0	0	0.0
BANNER	0	0.0	*	*
BLAINE	0	0.0	0	0.0
BOONE	12	30.3	4	7.4
BOX BUTTE	15	21.4	*	*
BOYD	3	9.8	0	0.0
BROWN	7	23.0	4	15.0
BUFFALO	47	20.6	13	5.5
BURT	12	21.9	3	4.4
BUTLER	6	10.6∇	6	8.8
CASS	34	23.1	14	9.9
CEDAR	5	7.9▼	*	*
CHASE	5	15.1	5	12.9
CHERRY	8	24.8	3	7.0
CHEYENNE	15	24.8	4	6.6
CLAY	17	40.8△	8	18.0
COLFAX	10	18.0	4	6.4
CUMING	17	26.9	4	5.3
CUSTER	16	18.8	7	7.2
DAKOTA	16	15.8	7	7.2
DAWES	3	4.8▼	4	7.4
DAWSON	13	10.1▼	3	2.0▼
DEUEL	5	40.0	0	0.0
DIXON	9	20.7	4	11.4
DODGE	59	23.2	25	8.6
DOUGLAS	533	22.2	166	7.0
DUNDY	*	*	*	*
FILLMORE	10	21.6	8	12.5
FRANKLIN	*	*	3	8.5
FRONTIER	5	24.9	*	*
FURNAS	12	28.0	8	18.7
GAGE	28	16.6	17	9.8
GARDEN	3	25.2	0	0.0
GARFIELD	4	21.7	0	0.0
GOSPER	4	23.4	0	0.0
GRANT	*	*	0	0.0
GREELEY	3	12.1	*	*
HALL	81	25.7	18	5.6
HAMILTON	17	28.9	7	12.7
HARLAN	5	16.5	3	9.8
HAYES	*	*	*	*
HITCHCOCK	5	21.6	0	0.0
HOLT	11	16.2	4	4.1
HOOKER	0	0.0	0	0.0
HOWARD	14	33.9	*	*
JEFFERSON	5	7.7▼	*	*

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

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	12	32.5	3	7.2
KEARNEY	5	10.9	*	*
KEITH	12	20.8	*	*
KEYA PAHA	3	35.3	*	*
KIMBALL	6	20.4	5	16.3
KNOX	17	22.6	6	7.4
LANCASTER	252	19.3	96	7.4
LINCOLN	49	22.3	11	4.5
LOGAN	0	0.0	0	0.0
LOUP	3	56.3	0	0.0
McPHERSON	*	*	0	0.0
MADISON	34	17.1	19	10.2
MERRICK	7	12.6	*	*
MORRILL	*	*	*	*
NANCE	5	19.4	*	*
NEMAHA	10	20.2	5	10.5
NUCKOLLS	6	14.4	*	*
OTOE	16	13.5	6	4.3
PAWNEE	*	*	*	*
PERKINS	3	11.3	0	0.0
PHELPS	13	18.8	*	*
PIERCE	7	15.9	*	*
PLATTE	37	20.7	4	1.9▼
POLK	8	21.4	3	6.9
RED WILLOW	12	15.1	8	9.8
RICHARDSON	18	27.5	8	10.4
ROCK	*	*	3	20.8
SALINE	13	16.7	8	8.1
SARPY	138	22.0	34	6.2
SAUNDERS	27	22.1	11	8.5
SCOTTS BLUFF	37	16.0	17	6.6
SEWARD	25	25.4	9	8.5
SHERIDAN	5	11.8	3	5.4
SHERMAN	6	23.0	3	10.1
SIOUX	*	*	0	0.0
STANTON	*	*	0	0.0
THAYER	9	18.3	4	5.9
THOMAS	*	*	0	0.0
THURSTON	6	17.3	*	*
VALLEY	5	12.3	*	*
WASHINGTON	25	21.2	4	3.2
WAYNE	12	22.8	4	6.8
WEBSTER	7	20.9	*	*
WHEELER	0	0.0	0	0.0
YORK	17	19.9	7	6.8

*Number and rate are not shown if based on fewer than three 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 15: Leukemia Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	195,861	12.7	111,736	7.1
NEBRASKA	1,310	13.2	694	6.8
COUNTY				
ADAMS	30	15.4	17	8.3
ANTELOPE	9	18.1	3	5.1
ARTHUR	0	0.0	0	0.0
BANNER	0	0.0	0	0.0
BLAINE	0	0.0	0	0.0
BOONE	8	15.9	5	9.5
BOX BUTTE	8	11.0	7	7.9
BOYD	*	*	*	*
BROWN	*	*	*	*
BUFFALO	25	11.1	19	8.5
BURT	13	21.7	7	15.9
BUTLER	4	6.5	*	*
CASS	23	16.7	13	8.3
CEDAR	6	8.5	3	3.4
CHASE	6	19.1	*	*
CHERRY	5	11.0	3	6.0
CHEYENNE	7	11.7	5	8.4
CLAY	8	19.2	5	11.0
COLFAX	11	20.3	7	11.1
CUMING	6	9.3	5	6.9
CUSTER	9	10.4	7	6.3
DAKOTA	12	11.9	4	3.9
DAWES	4	7.1	5	8.3
DAWSON	10	8.2	6	4.8
DEUEL	*	*	*	*
DIXON	8	17.6	9	20.4
DODGE	27	11.1	16	5.6
DOUGLAS	332	13.5	151	6.4
DUNDY	*	*	*	*
FILLMORE	5	13.5	*	*
FRANKLIN	0	0.0	*	*
FRONTIER	*	*	0	0.0
FURNAS	4	7.8	*	*
GAGE	22	13.1	11	6.1
GARDEN	5	25.7	*	*
GARFIELD	4	32.3	*	*
GOSPER	4	31.4	3	26.9
GRANT	0	0.0	0	0.0
GREELEY	5	24.4	*	*
HALL	44	14.3	16	4.7
HAMILTON	9	14.8	6	10.0
HARLAN	5	23.7	*	*
HAYES	0	0.0	*	*
HITCHCOCK	3	18.1	*	*
HOLT	8	12.1	3	3.2
HOOKER	0	0.0	0	0.0
HOWARD	5	12.2	4	8.2
JEFFERSON	8	12.4	7	10.0

TABLE 15 (continued): Leukemia Incidence and Mortality

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
COUNTY				
JOHNSON	6	17.8	3	7.7
KEARNEY	3	5.7▽	*	*
KEITH	11	16.4	5	9.5
KEYA PAHA	0	0.0	0	0.0
KIMBALL	3	9.5	6	18.9
KNOX	9	16.6	4	6.4
LANCASTER	180	13.7	93	6.8
LINCOLN	38	17.2	17	7.5
LOGAN	0	0.0	0	0.0
LOUP	*	*	0	0.0
McPHERSON	*	*	0	0.0
MADISON	18	9.2	7	3.4▽
MERRICK	6	11.4	*	*
MORRILL	4	10.6	5	16.3
NANCE	3	8.0	*	*
NEMAHA	6	12.0	4	7.5
NUCKOLLS	4	8.9	*	*
OTOE	11	10.3	8	7.5
PAWNEE	6	27.8	*	*
PERKINS	3	13.2	3	14.0
PHELPS	6	10.3	6	9.6
PIERCE	5	11.3	*	*
PLATTE	22	12.0	6	3.4▽
POLK	6	17.5	*	*
RED WILLOW	15	20.5	9	11.4
RICHARDSON	4	5.7▽	4	6.4
ROCK	*	*	0	0.0
SALINE	12	13.0	5	5.4
SARPY	81	12.4	44	7.7
SAUNDERS	17	13.4	8	6.0
SCOTTS BLUFF	35	15.0	22	8.9
SEWARD	17	16.6	6	5.7
SHERIDAN	*	*	4	7.5
SHERMAN	10	41.0△	6	26.2
SIOUX	*	*	*	*
STANTON	*	*	3	8.4
THAYER	6	12.2	5	11.1
THOMAS	*	*	0	0.0
THURSTON	4	13.2	4	13.2
VALLEY	3	8.5	3	9.5
WASHINGTON	9	8.4	5	4.1
WAYNE	5	14.0	*	*
WEBSTER	6	20.8	*	*
WHEELER	*	*	0	0.0
YORK	15	15.6	14	14.0

*Number and rate are not shown if based on fewer than three events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

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

TABLE 16: Kidney and Renal Pelvis Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	249,077	15.8	64,191	4.0
NEBRASKA	1,641	16.6	448	4.4
COUNTY				
ADAMS	24	13.9	11	6.5
ANTELOPE	10	19.9	*	*
ARTHUR	*	*	0	0.0
BANNER	*	*	*	*
BLAINE	*	*	*	*
BOONE	6	15.9	3	7.9
BOX BUTTE	15	21.4	*	*
BOYD	3	27.0	*	*
BROWN	*	*	0	0.0
BUFFALO	30	12.8	12	5.4
BURT	10	22.9	5	8.6
BUTLER	9	16.1	3	5.6
CASS	32	23.1	8	5.6
CEDAR	13	20.1	6	7.7
CHASE	*	*	0	0.0
CHERRY	4	11.2	*	*
CHEYENNE	8	14.1	0	0.0
CLAY	8	16.7	3	7.1
COLFAX	10	17.8	*	*
CUMING	11	19.4	*	*
CUSTER	11	13.3	3	3.4
DAKOTA	12	11.7	3	3.0
DAWES	3	6.0▼	5	9.4
DAWSON	22	16.8	6	4.5
DEUEL	*	*	*	*
DIXON	3	6.9▽	0	0.0
DODGE	61	25.9△	15	5.8
DOUGLAS	451	18.6	124	5.2
DUNDY	*	*	0	0.0
FILLMORE	5	11.2	*	*
FRANKLIN	5	19.5	*	*
FRONTIER	*	*	0	0.0
FURNAS	9	23.9	*	*
GAGE	28	20.0	8	5.0
GARDEN	*	*	0	0.0
GARFIELD	3	15.1	*	*
GOSPER	3	16.9	0	0.0
GRANT	*	*	*	*
GREELEY	0	0.0	0	0.0
HALL	69	22.7	9	2.7
HAMILTON	10	16.6	6	9.8
HARLAN	3	9.8	*	*
HAYES	4	49.6	0	0.0
HITCHCOCK	5	19.8	*	*
HOLT	8	9.1▽	*	*
HOOKER	3	37.1	0	0.0
HOWARD	3	6.7▽	*	*
JEFFERSON	5	9.5	0	0.0

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

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
COUNTY				
JOHNSON	4	11.5	*	*
KEARNEY	8	17.7	0	0.0
KEITH	7	10.1	3	4.3
KEYA PAHA	*	*	0	0.0
KIMBALL	4	12.9	0	0.0
KNOX	10	14.5	*	*
LANCASTER	204	14.9	53	4.1
LINCOLN	32	14.6	8	3.3
LOGAN	3	50.8	0	0.0
LOUP	0	0.0	0	0.0
McPHERSON	*	*	0	0.0
MADISON	33	16.9	5	2.3
MERRICK	15	29.2	8	13.9
MORRILL	5	13.4	*	*
NANCE	5	25.3	*	*
NEMAHA	9	20.0	3	5.5
NUCKOLLS	3	7.9	0	0.0
OTOE	12	11.3	6	5.8
PAWNEE	6	22.6	*	*
PERKINS	3	13.6	0	0.0
PHELPS	12	19.8	7	11.1
PIERCE	*	*	*	*
PLATTE	26	14.1	10	5.1
POLK	6	12.0	4	8.8
RED WILLOW	11	13.6	4	4.3
RICHARDSON	17	24.1	*	*
ROCK	3	41.9	*	*
SALINE	14	19.5	3	3.7
SARPY	125	19.0	19	3.1
SAUNDERS	18	13.7	8	6.0
SCOTTS BLUFF	28	11.5	8	3.3
SEWARD	13	14.4	7	6.9
SHERIDAN	*	*	*	*
SHERMAN	3	12.1	*	*
SIOUX	0	0.0	*	*
STANTON	*	*	*	*
THAYER	9	18.6	5	10.2
THOMAS	*	*	0	0.0
THURSTON	8	25.7	*	*
VALLEY	5	13.3	*	*
WASHINGTON	15	13.3	6	5.2
WAYNE	5	9.9	*	*
WEBSTER	4	11.3	0	0.0
WHEELER	*	*	0	0.0
YORK	15	15.9	5	4.4

*Number and rate are not shown if based on fewer than three events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

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

TABLE 17: Melanoma of the Skin Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	300,227	19.3	43,878	2.7
NEBRASKA	1,736	18.3	286	2.9
COUNTY				
ADAMS	57	34.3▲	11	6.2
ANTELOPE	13	29.6	3	5.5
ARTHUR	0	0.0	0	0.0
BANNER	*	*	0	0.0
BLAINE	*	*	0	0.0
BOONE	9	32.6	0	0.0
BOX BUTTE	14	19.9	3	3.3
BOYD	*	*	0	0.0
BROWN	*	*	*	*
BUFFALO	23	10.7▼	9	3.9
BURT	11	27.0	*	*
BUTLER	10	18.3	4	7.0
CASS	29	19.9	9	5.9
CEDAR	10	17.3	0	0.0
CHASE	6	22.0	0	0.0
CHERRY	4	8.7▽	*	*
CHEYENNE	12	21.4	*	*
CLAY	9	25.1	*	*
COLFAX	10	17.3	3	5.1
CUMING	10	16.0	3	5.2
CUSTER	11	14.9	5	6.0
DAKOTA	9	9.4▽	7	7.3
DAWES	5	9.2▽	*	*
DAWSON	16	11.7	*	*
DEUEL	*	*	0	0.0
DIXON	8	21.8	*	*
DODGE	23	10.2▼	8	3.1
DOUGLAS	468	19.1	58	2.4
DUNDY	8	59.8	0	0.0
FILLMORE	7	17.8	4	10.7
FRANKLIN	3	9.9	0	0.0
FRONTIER	3	15.5	0	0.0
FURNAS	8	23.2	0	0.0
GAGE	23	15.9	6	3.1
GARDEN	*	*	*	*
GARFIELD	*	*	0	0.0
GOSPER	0	0.0	0	0.0
GRANT	3	129.2	0	0.0
GREELEY	*	*	0	0.0
HALL	39	13.0▽	3	1.0▽
HAMILTON	5	10.7	0	0.0
HARLAN	6	18.0	3	8.5
HAYES	0	0.0	0	0.0
HITCHCOCK	6	25.6	0	0.0
HOLT	11	16.7	*	*
HOOKER	*	*	0	0.0
HOWARD	7	16.0	*	*
JEFFERSON	9	16.3	*	*

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

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
COUNTY				
JOHNSON	3	8.7	0	0.0
KEARNEY	6	15.3	*	*
KEITH	6	14.0	*	*
KEYA PAHA	*	*	0	0.0
KIMBALL	*	*	*	*
KNOX	16	27.8	*	*
LANCASTER	259	19.2	38	2.9
LINCOLN	31	15.7	7	3.2
LOGAN	*	*	0	0.0
LOUP	0	0.0	0	0.0
McPHERSON	0	0.0	0	0.0
MADISON	41	23.0	*	*
MERRICK	5	10.6	*	*
MORRILL	5	16.3	0	0.0
NANCE	4	12.2	*	*
NEMAHA	7	12.6	3	5.4
NUCKOLLS	13	37.8	*	*
OTOE	14	16.0	*	*
PAWNEE	3	12.8	*	*
PERKINS	5	23.0	0	0.0
PHELPS	10	17.8	4	6.7
PIERCE	8	18.9	*	*
PLATTE	33	19.2	6	3.1
POLK	6	16.7	*	*
RED WILLOW	14	19.2	*	*
RICHARDSON	5	7.2▼	*	*
ROCK	*	*	0	0.0
SALINE	16	22.2	5	6.4
SARPY	138	20.9	16	2.4
SAUNDERS	16	13.1	*	*
SCOTTS BLUFF	37	17.3	5	2.2
SEWARD	21	21.8	*	*
SHERIDAN	4	13.4	*	*
SHERMAN	3	11.2	0	0.0
SIOUX	0	0.0	*	*
STANTON	6	18.3	*	*
THAYER	10	19.4	3	4.8
THOMAS	0	0.0	0	0.0
THURSTON	3	9.3	*	*
VALLEY	5	13.8	0	0.0
WASHINGTON	24	22.4	4	3.7
WAYNE	9	18.9	*	*
WEBSTER	9	29.6	*	*
WHEELER	0	0.0	0	0.0
YORK	17	19.4	5	4.5

*Number and rate are not shown if based on fewer than three events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

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

TABLE 18: Liver and Intrahepatic Bile Duct Cancer Incidence and Mortality
Number of Cases, Deaths, and Rates, by County of Residence
Nebraska (2007-2011) & U.S. (2006-2010)

	Incidence		Mortality	
	# Cases	Rate	# Deaths	Rate
U.S.	110,863	6.9	91,540	5.6
NEBRASKA	513	5.1	447	4.4
COUNTY				
ADAMS	7	3.6	5	2.8
ANTELOPE	0	0.0	*	*
ARTHUR	0	0.0	0	0.0
BANNER	0	0.0	0	0.0
BLAINE	0	0.0	0	0.0
BOONE	4	8.9	*	*
BOX BUTTE	*	*	*	*
BOYD	*	*	0	0.0
BROWN	0	0.0	0	0.0
BUFFALO	15	6.7	14	6.1
BURT	*	*	*	*
BUTLER	3	5.1	*	*
CASS	11	7.1	13	9.2
CEDAR	0	0.0	*	*
CHASE	*	*	*	*
CHERRY	*	*	*	*
CHEYENNE	*	*	*	*
CLAY	*	*	*	*
COLFAX	3	4.4	*	*
CUMING	0	0.0	*	*
CUSTER	5	6.6	*	*
DAKOTA	4	4.3	5	4.9
DAWES	*	*	*	*
DAWSON	5	4.1	6	4.4
DEUEL	*	*	*	*
DIXON	*	*	*	*
DODGE	11	4.3	13	5.2
DOUGLAS	186	7.5▲	145	5.9△
DUNDY	0	0.0	0	0.0
FILLMORE	*	*	3	6.9
FRANKLIN	0	0.0	*	*
FRONTIER	0	0.0	0	0.0
FURNAS	*	*	*	*
GAGE	7	4.1	4	2.3
GARDEN	*	*	*	*
GARFIELD	0	0.0	0	0.0
GOSPER	*	*	*	*
GRANT	0	0.0	0	0.0
GREELEY	*	*	*	*
HALL	14	4.5	19	5.9
HAMILTON	3	5.0	*	*
HARLAN	*	*	*	*
HAYES	0	0.0	0	0.0
HITCHCOCK	0	0.0	*	*
HOLT	0	0.0	0	0.0
HOOKER	0	0.0	0	0.0
HOWARD	*	*	3	6.4
JEFFERSON	6	10.0	5	8.7

TABLE 18 (continued): Liver and Intrahepatic Bile Duct Cancer Incidence and Mortality

	Incidence		Mortality	
COUNTY	# Cases	Rate	# Deaths	Rate
JOHNSON	*	*	*	*
KEARNEY	*	*	*	*
KEITH	3	4.9	*	*
KEYA PAHA	0	0.0	0	0.0
KIMBALL	*	*	*	*
KNOX	*	*	6	7.5
LANCASTER	72	5.3	55	4.1
LINCOLN	12	5.2	11	5.0
LOGAN	0	0.0	0	0.0
LOUP	0	0.0	0	0.0
McPHERSON	0	0.0	0	0.0
MADISON	5	2.7	4	2.2
MERRICK	3	5.4	3	5.3
MORRILL	*	*	*	*
NANCE	3	10.7	*	*
NEMAHA	*	*	3	5.9
NUCKOLLS	*	*	*	*
OTOE	7	7.5	9	8.6
PAWNEE	*	*	0	0.0
PERKINS	*	*	0	0.0
PHELPS	0	0.0	0	0.0
PIERCE	3	7.9	4	10.0
PLATTE	5	2.5	3	1.5▼
POLK	*	*	*	*
RED WILLOW	4	5.4	3	3.0
RICHARDSON	3	4.5	*	*
ROCK	0	0.0	*	*
SALINE	*	*	*	*
SARPY	31	5.1	22	3.6
SAUNDERS	4	3.2	*	*
SCOTTS BLUFF	9	3.9	8	3.2
SEWARD	6	6.2	8	7.8
SHERIDAN	*	*	3	8.0
SHERMAN	*	*	*	*
SIOUX	0	0.0	0	0.0
STANTON	0	0.0	*	*
THAYER	0	0.0	0	0.0
THOMAS	0	0.0	0	0.0
THURSTON	*	*	*	*
VALLEY	*	*	*	*
WASHINGTON	7	6.2	8	6.3
WAYNE	*	*	*	*
WEBSTER	*	*	0	0.0
WHEELER	0	0.0	0	0.0
YORK	3	3.0	*	*

*Number and rate are not shown if based on fewer than three events
Rates are per 100,000 population and are age-adjusted to the 2000 U.S. population

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REPORTING FACILITIES

Ainsworth--Brown County Hospital
Albion--Boone County Health Center
Alliance--Box Butte General Hospital
Alma--Harlan County Health System
Atkinson--West Holt Memorial Hospital, Inc.
Auburn--Nemaha County Hospital
Aurora--Memorial Hospital
Bassett--Rock County Hospital
Beatrice--Beatrice Community Hosp. & Hlth. Ctr., Inc.
Benkelman--Dundy County Hospital
Blair--Memorial Community Hospital
Bridgeport--Morrill County Community Hospital
Broken Bow--Jennie Melham Memorial Medical Ctr.
Callaway--Callaway District Hospital
Cambridge--Tri Valley Health System
Central City--Litzenberg Memorial County Hospital
Chadron--Chadron Community Hosp. & Hlth. Svcs.
Columbus--Columbus Community Hospital, Inc.
Cozad--Cozad Community Hospital
Creighton--Creighton Area Health Services
Crete--Crete Area Medical Center
David City--Butler County Health Care Center
Fairbury--Jefferson Community Health Center, Inc.
Falls City--Community Medical Center, Inc.
Franklin--Franklin County Memorial Hospital
Fremont--Fremont Area Medical Center
Friend--Warren Memorial Hospital
Geneva--Fillmore County Hospital
Genoa--Genoa Community Hospital/LTC
Gordon--Gordon Memorial Hospital District
Gothenburg--Gothenburg Memorial Hospital
Grand Island--St. Francis Medical Center
Grant--Perkins County Health Services
Hastings--Mary Lanning Memorial Hospital
Hebron--Thayer County Health Services
Henderson--Henderson Health Care Services
Holdrege--Phelps Memorial Health Center
Imperial--Chase County Community Hospital
Kearney--Good Samaritan Hospital
Kearney--Good Samaritan Hospital Pathology
Kimball--Kimball Health Services & Hospital
Lexington--Tri-County Area Hospital District
Lincoln--Bryan-LGH Medical Center East & West
Lincoln--Saint Elizabeth Regional Medical Center
Lincoln--Pathology Medical Services
Lincoln--Williamsburg Radiation Center
Lincoln--Nebraska Heart Hospital
Lincoln - UNMC College of Dentistry
Lynch--Niobrara Valley Hospital Corp.
McCook--Community Hospital
Minden--Kearney County Health Services
Nebraska City--St. Mary's Hospital
Neligh--Antelope Memorial Hospital
Norfolk--Faith Regional Health Services East & West
North Platte--Great Plains Regional Medical Center
North Platte--Pathology Services
Oakland--Oakland Memorial Hospital
Offutt AFB--Ehrling Berquist Hospital
Ogallala--Ogallala Community Hospital
Omaha--Alegent Health - Bergan Mercy Medical Ctr.
Omaha--Alegent Health - Immanuel Medical Center
Omaha--Children's Hospital
Omaha--Methodist Hospital Pathology Center
Omaha--Nebraska Medical Center
Omaha--Nebraska Methodist Hospital
Omaha--Creighton University Medical Center
Omaha--Boys Town National Research Hospital
Omaha--Alegent Lakeside Hospital
Omaha--Bergan Mercy Medical Center Pathology
Omaha--Bishop Clarkson Hospital Pathology
Omaha--Creighton Pathology Associates
Omaha--Physicians Lab
O'Neill--Avera St. Anthony's Hospital
Ord--Valley County Hospital
Osceola--Annie Jeffrey Memorial County Health Ctr.
Oshkosh--Garden County Health Services
Osmond--Osmond General Hospital
Papillion--Alegent Health Midlands Community Hosp.
Pawnee City--Pawnee County Memorial Hospital
Pender--Pender Community Hospital
Plainview--Plainview Area Health System
Red Cloud--Webster County Community Hospital
Schuyler--Alegent Health Memorial Hospital
Scottsbluff--Regional West Medical Center
Scottsbluff--Western Pathology Consultants
Seward--Memorial Hospital
Sidney--Memorial Health Center
St. Paul--Howard County Community Hospital
Superior--Brodstone Memorial Hospital
Syracuse--Community Memorial Hospital
Tecumseh--Johnson County Hospital
Tilden--Tilden Community Hospital
Valentine--Cherry County Hospital
Wahoo--Saunders County Health Services
Wayne--Providence Medical Center
West Point--St. Francis Memorial Hospital
Winnebago--USPHS Indian Hospital
York--York General Hospital

Other States:
Sioux City, IA--Mercy Medical Center

State cancer registries of Alaska, Arizona, Arkansas, Colorado, Iowa, Kansas, Missouri, North Dakota, Oklahoma, South Dakota, and Wyoming

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