

## Cancer Incidence and Mortality

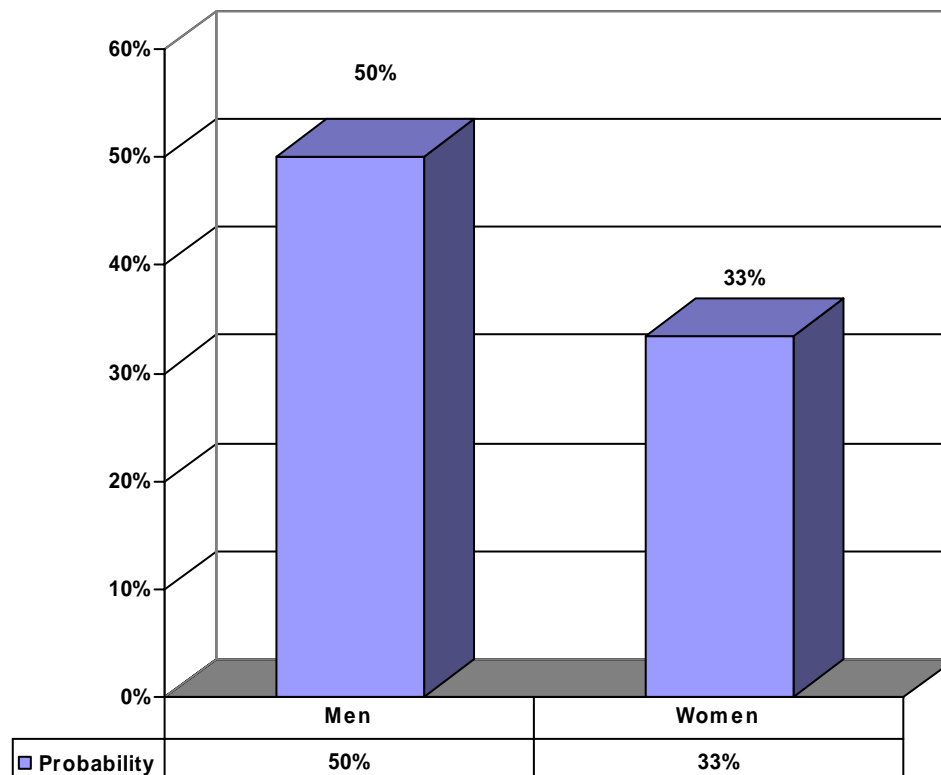
Data from various sources, cited below.

### Lifetime Chance of Developing Cancer

Data from American Cancer Society: Cancer Statistics 2004.

Found at [http://www.cancer.org/docroot/pro/content/pro\\_1\\_1\\_Cancer\\_Statistics\\_2004\\_presentation.asp](http://www.cancer.org/docroot/pro/content/pro_1_1_Cancer_Statistics_2004_presentation.asp)

**Men 1 in 2 : Women 1 in 3**

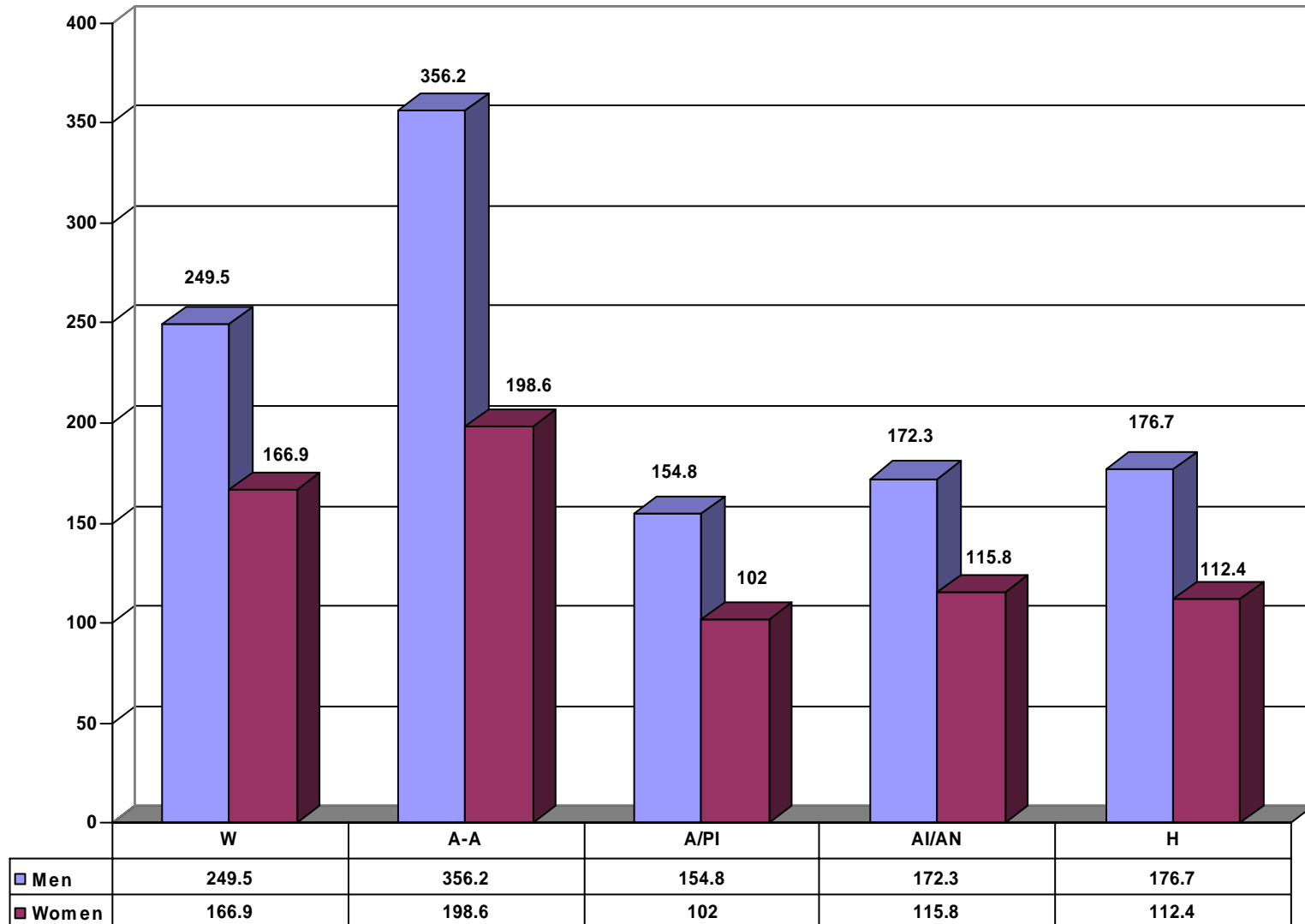


### Cancer Mortality Rates 1996-2000: Men and Women

Data from American Cancer Society: Cancer Statistics 2004.

Found at [http://www.cancer.org/docroot/pro/content/pro\\_1\\_1\\_Cancer\\_Statistics\\_2004\\_presentation.asp](http://www.cancer.org/docroot/pro/content/pro_1_1_Cancer_Statistics_2004_presentation.asp)

W = White : A-A = African American : A/PI = Asian/Pacific Islander : AI/AN = American Indian/Alaskan Native : H = Hispanic (may be of any race)

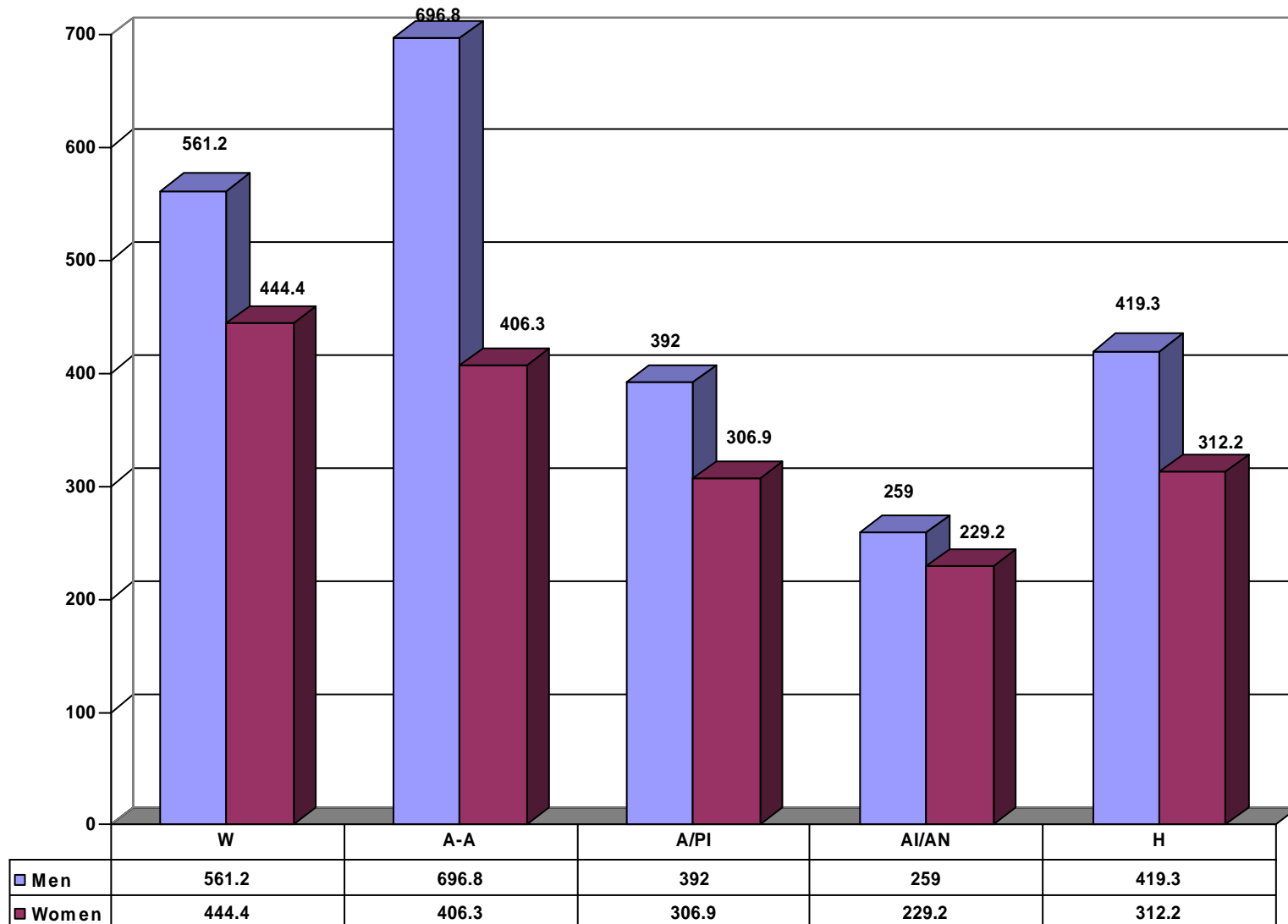


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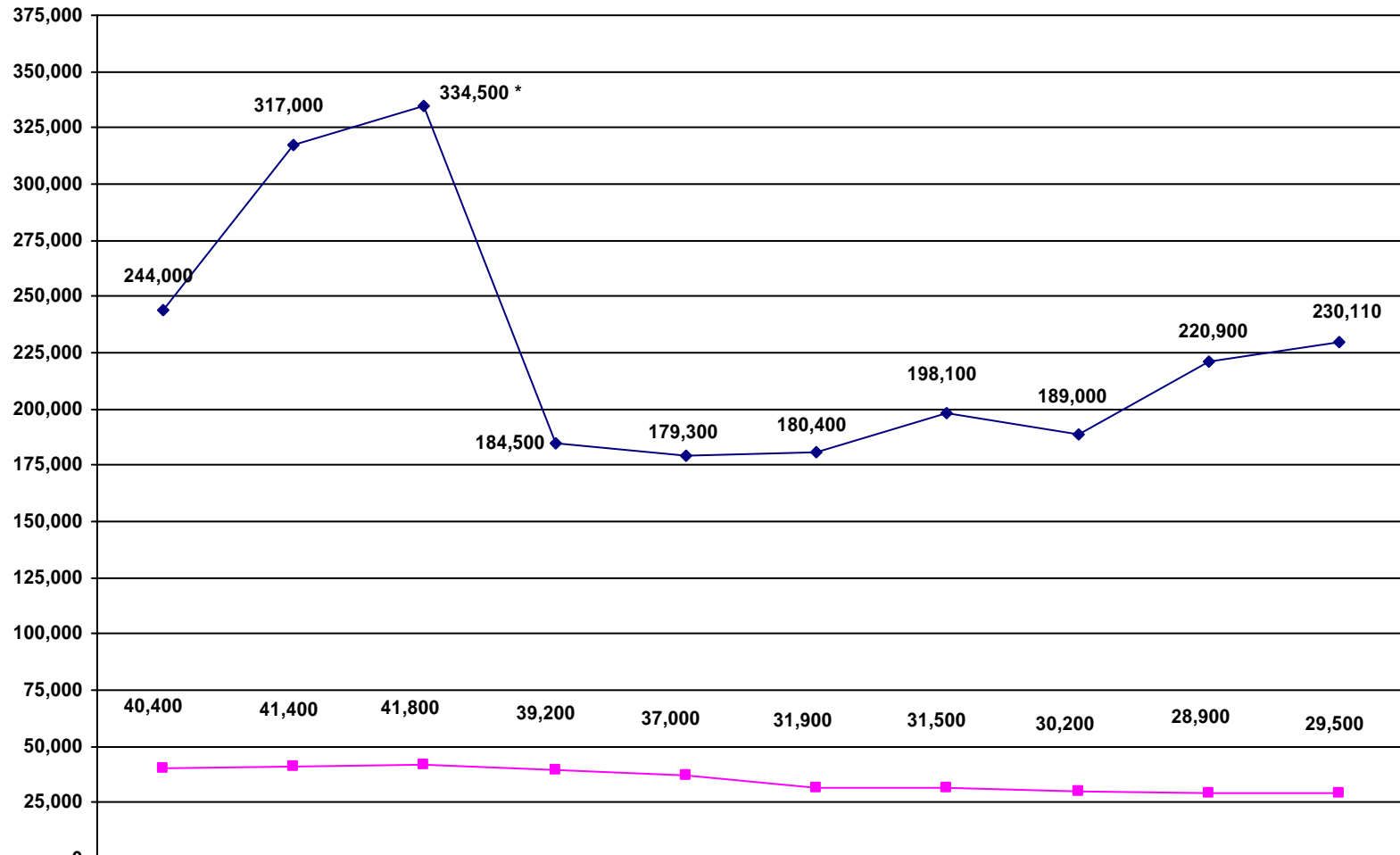
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## Prostate Cancer Trends 1995-2004

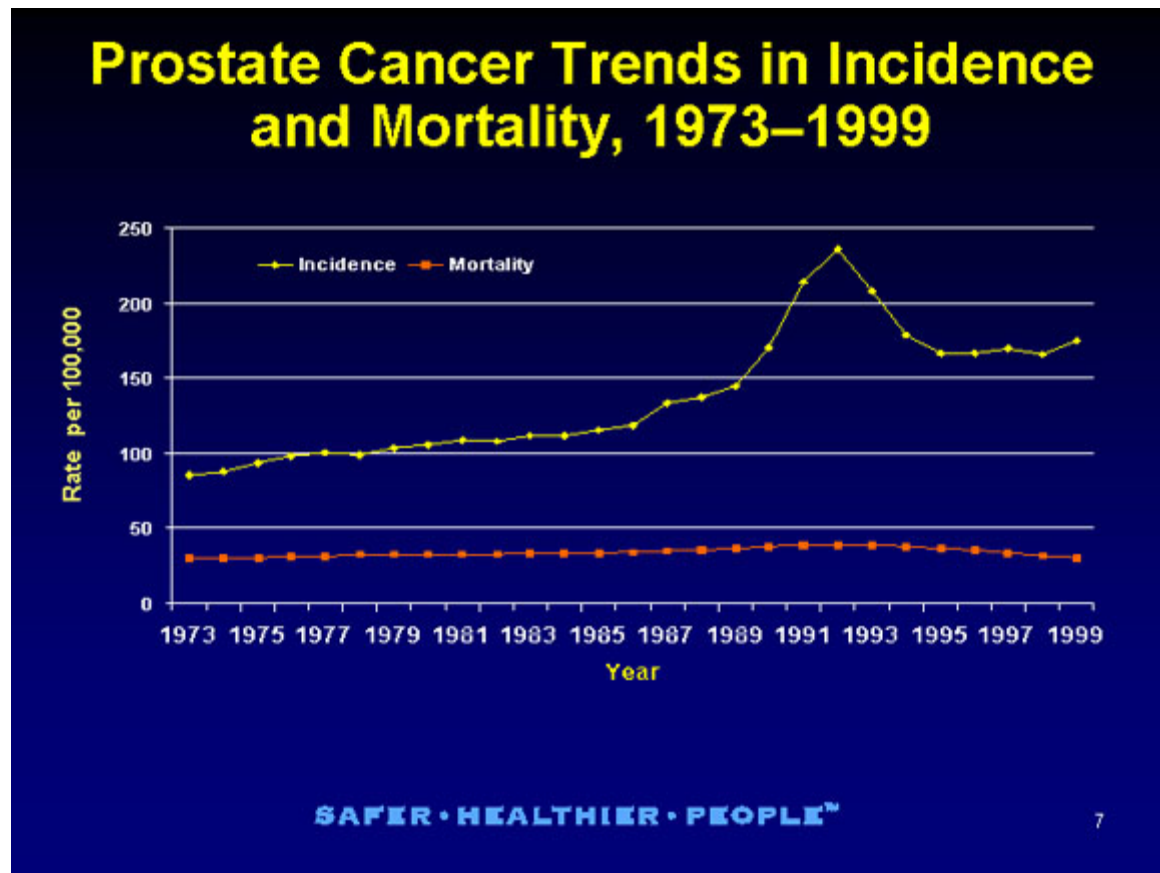
Data extracted from the American Cancer Society's (ACS) Facts and Figures estimates for each year. Actual cases may differ significantly.



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
◆ New Cases	244,000	317,000	334,500	184,500	179,300	180,400	198,100	189,000	220,900	230,110
■ Deaths	40,400	41,400	41,800	39,200	37,000	31,900	31,500	30,200	28,900	29,500

- 1997 estimate revised downward in mid-year. "An estimated 334,500 new cases originally were projected for that year, but the number was revised sharply downward -- to 209,900 -- around mid-year, based on a close review of reports from individual states' cancer reporting systems around the country." As reported by the Milwaukee Journal-Sentinel at <http://www.jsonline.com/alive/news/cancer/0225cancer.asp>

## Screening for Prostate Cancer: Sharing the Decision (Centers for Disease Control and Prevention)



### Slide 7 — Prostate Cancer Trends in Incidence and Mortality, 1973–1999

Talking Points: The risk of dying from or being diagnosed with prostate cancer has changed over time.

Let's look first at incidence—the rate of new cases—as shown by the top line. Note the general upward trend for detecting new prostate cancers—a substantial increase in the late 1980s, a peak around 1992, and a decline to a lower level.

The principal explanation for the dramatic increase in incidence in the late 1980s is that screening with PSA began to be adopted into usual practice. The steep rise was related to rapid and widespread dissemination of PSA test use for screening among men who had never been previously tested. A large pool of undetected prostate cancers was prevalent among those men. The peak was followed by a steep decline as the prevalent cancers in those men were detected.

Despite the decline from their peak, incidence rates in the mid and late 1990s remained higher than before the introduction of PSA testing. Continuing high rates could be due, in part, to the fact that some men had never had a PSA test and first-time PSA use among them was still finding prevalent cancers. Alternatively, the high rates may reflect, in part, the identification by PSA of cancers that otherwise would never have been detected. The latter issue, overdiagnosis of prostate cancer, is addressed later in the presentation.

As shown in the bottom line, mortality has changed but not as dramatically as incidence. We examine mortality rates in more detail later.

SOURCES: Ries et al., 2002; Etzioni et al., 2002; Potosky et al., 1995.

(Found at: <http://www.cdc.gov/cancer/prostate/screening/slides/slide07.htm>)