

LARYNX

Laryngeal cancer is relatively rare in the United States. Age-adjusted incidence rates for laryngeal cancer are not calculated for all population groups in the SEER regions due to the small number of cases in several categories, especially among women. Rates (per 100,000) among men range from a low of 2.4 among Filipinos, 2.5 in Japanese and 2.8 in Chinese to a high of 12.7 in blacks. Rates for whites

and Hispanics are intermediate. Laryngeal cancer is much less common in women, with rates ranging from a low of 0.7 among Hispanics to a high of 2.5 among blacks. Rates for white women fall between these two extremes at 1.5. The male-to-female ratio of the incidence rates is approximately five to one for blacks and whites and seven to one for Hispanics. Laryngeal cancer is uncommon in the youngest age group. Incidence rates are similar in the two older age groups, 55-69 years and 70 years and older. Within each broad age group, the incidence rate for blacks exceeds the rates for whites and Hispanics.

Age-adjusted laryngeal cancer mortality rates follow the same racial/ethnic patterns as those for incidence. Mortality rates are calculated for only a few groups, however, because of small numbers of deaths. As seen in the incidence rates, mortality rates by age group tend to be highest in black populations. An exception is the comparable mortality rate for both white women and black women aged 70 years and older.

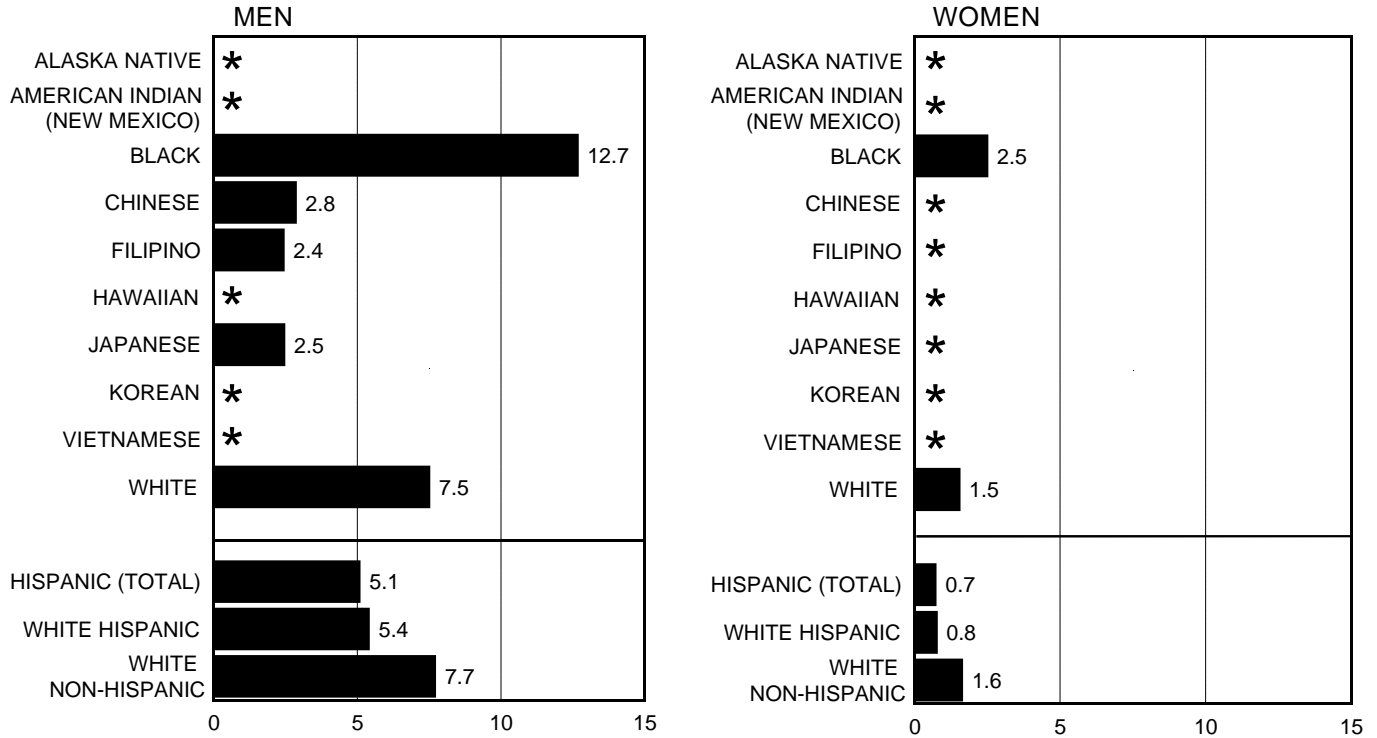
Fortunately, the symptoms of laryngeal cancer are usually recognized early in the course of the disease leading to early treatment. Among men, incidence-to-mortality rate ratios are approximately three for whites and Hispanics, and are slightly lower for blacks, at 2.3. Among women

there is more consistency with each group having ratios of approximately three.

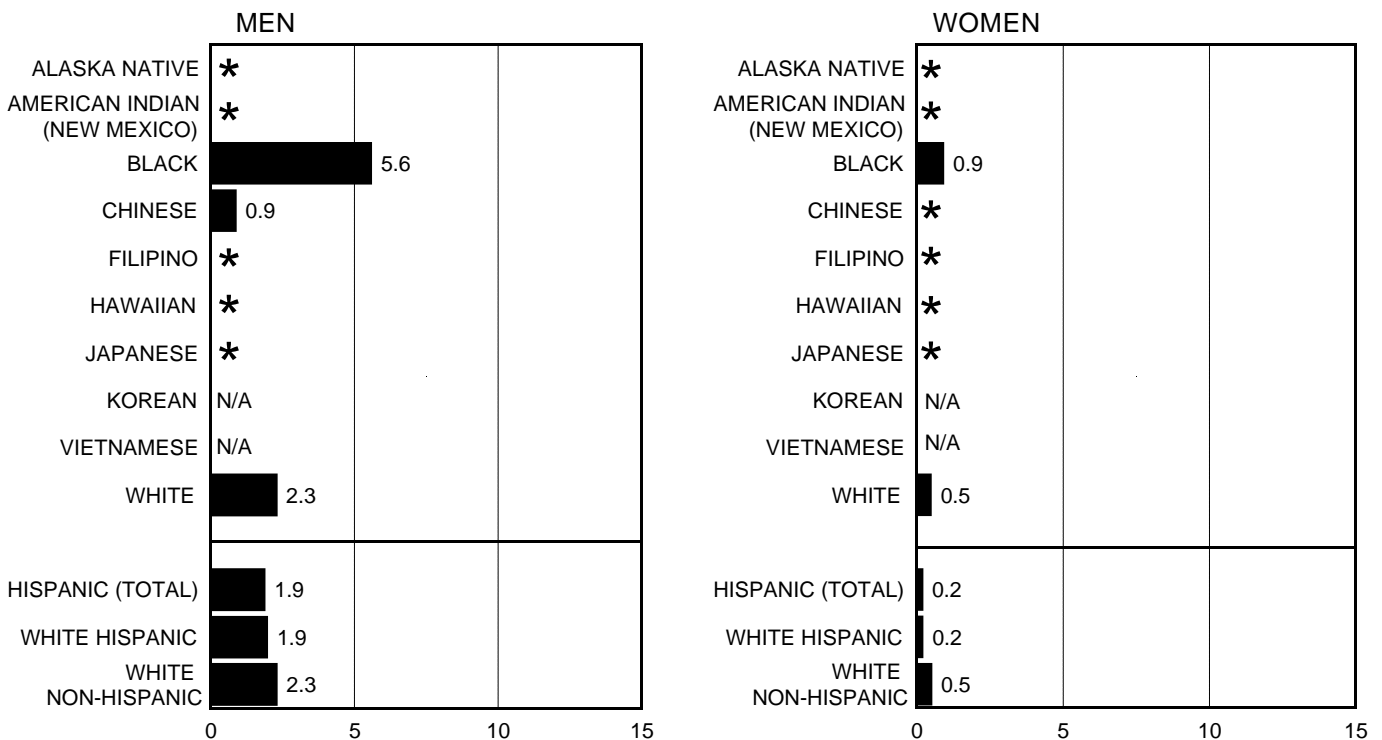
Smoking is the most important cause of laryngeal cancer, and risk is compounded with alcohol use. Risk is the highest among heavy smokers who are also heavy users of alcohol. Occupational exposures to asbestos and to some chemicals and dusts have been reported to increase the risk of cancer of the larynx, although these relationships have not been found consistently in all studies and are likely to account for only a small fraction of all laryngeal cancer cases.

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SEER INCIDENCE Rates, 1988-1992



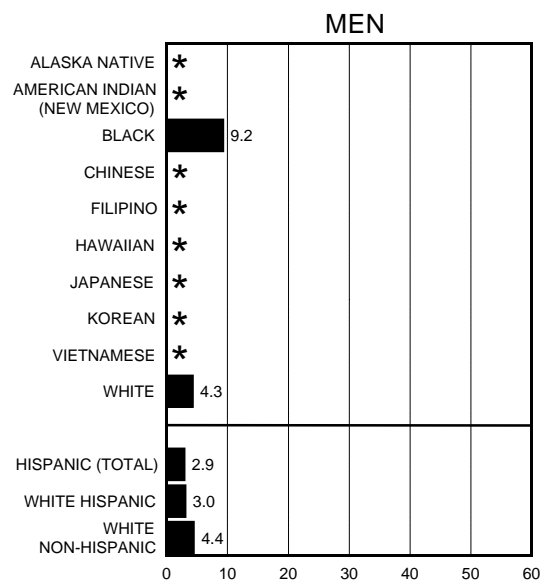
United States MORTALITY Rates, 1988-1992



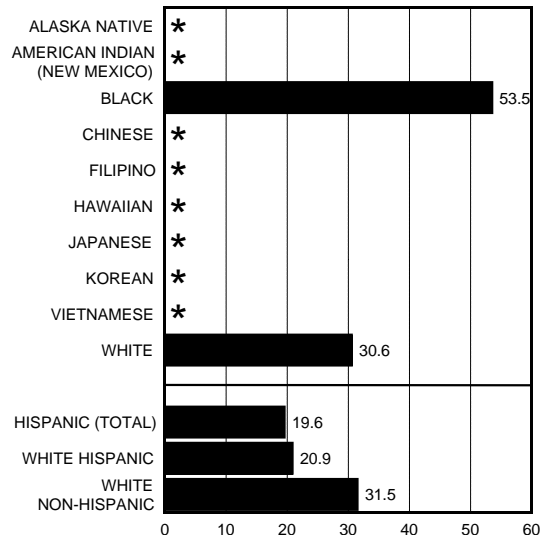
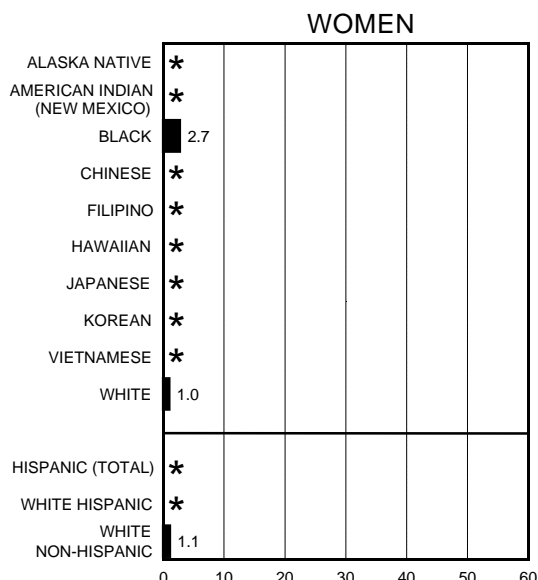
NOTE: Rates are "average annual" per 100,000 population, age-adjusted to 1970 U.S. standard; N/A = information not available; * = rate not calculated when fewer than 25 cases.

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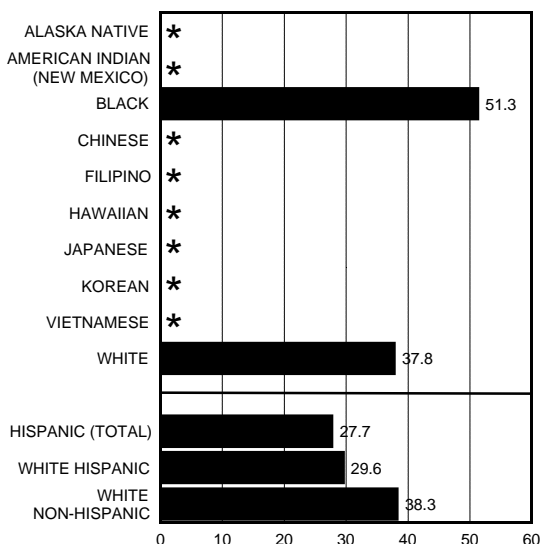
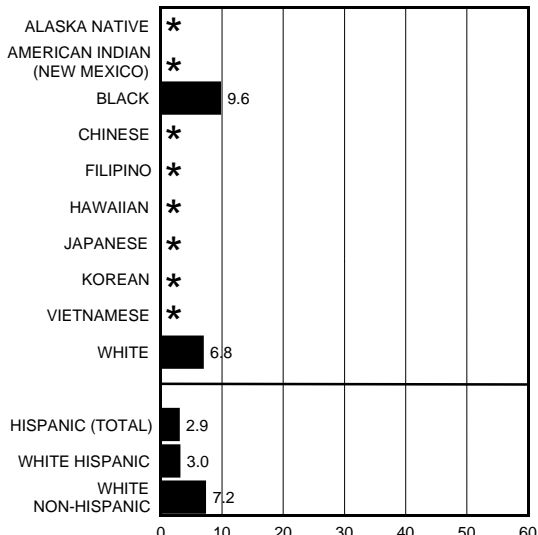
SEER INCIDENCE Rates by Age at Diagnosis, 1988-1992



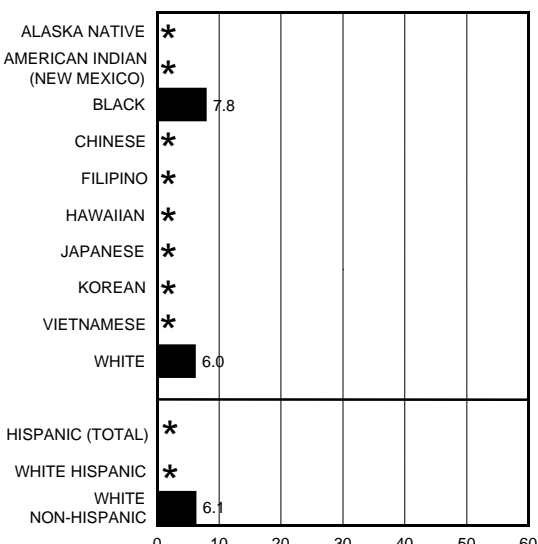
AGE 30-54



AGE 55-69



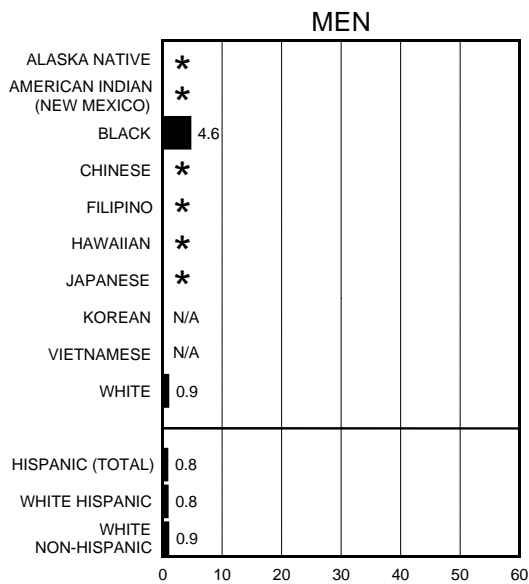
AGE 70+



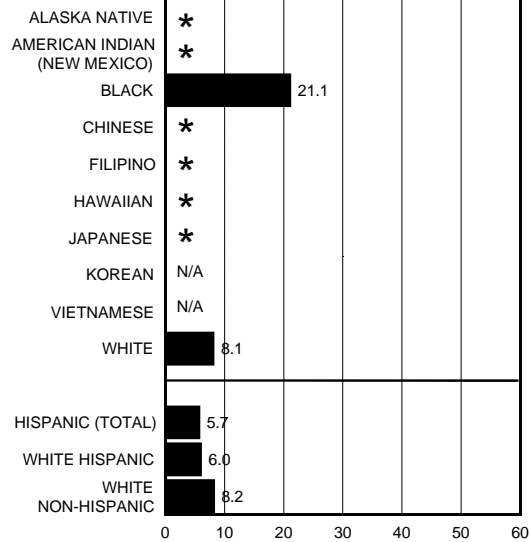
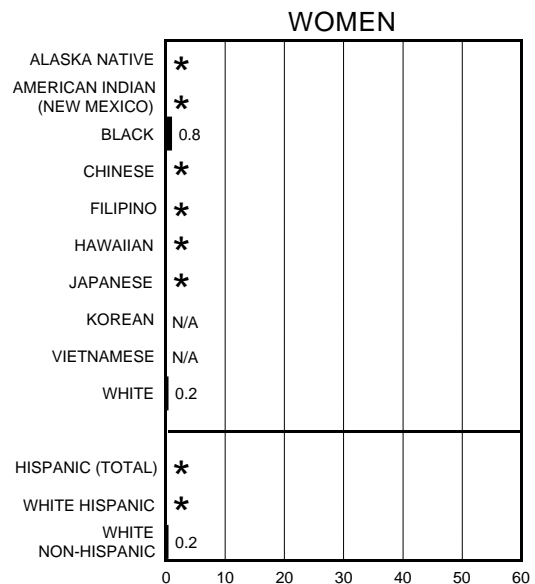
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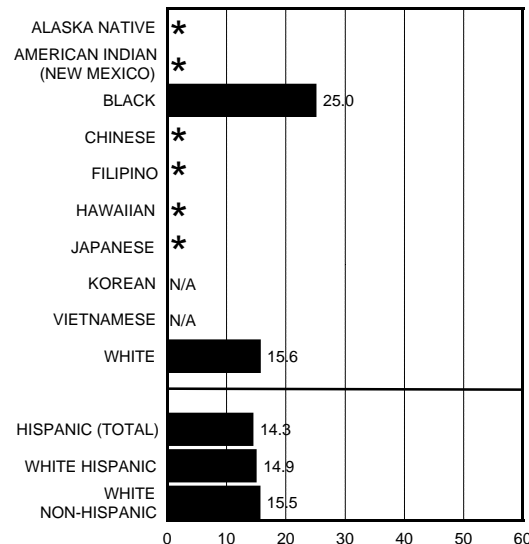
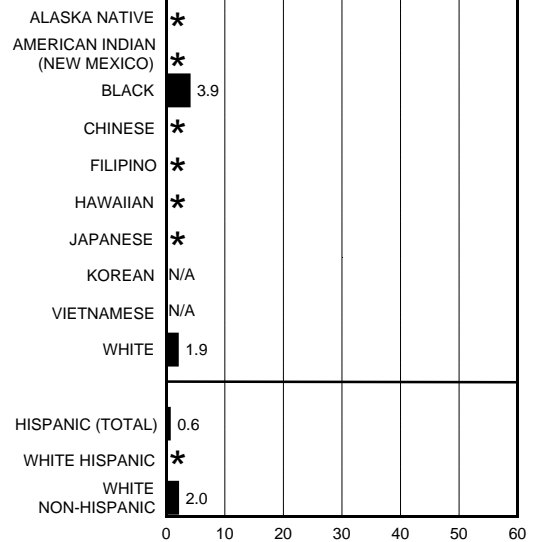
United States MORTALITY Rates by Age at Death, 1988-1992



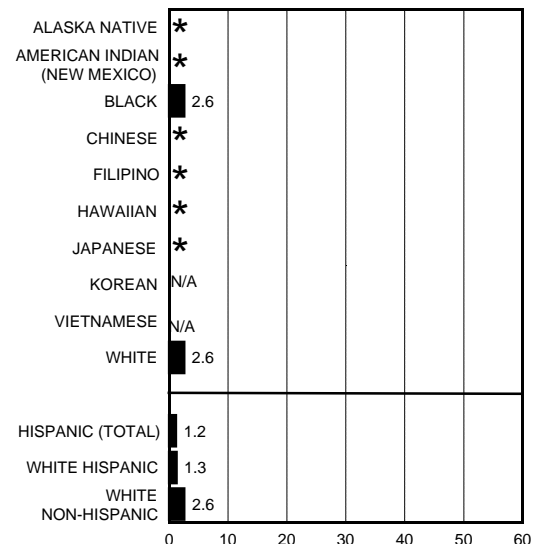
AGE 30-54



AGE 55-69



AGE 70+



NOTE: Rates are "average annual" per 100,000 population, age-adjusted to 1970 U.S. standard; N/A = data unavailable; * = fewer than 25 deaths.