LUNG AND BRONCHUS

Cancer of the lung and bronchus (hereafter, lung cancer) is the second most common cancer among both men and women and is the leading cause of cancer death in both sexes. Among men, age-adjusted lung cancer incidence rates (per 100,000) range from a low of about 14 among American Indians to a high of 117 among blacks, an eight-fold difference. Between these two extremes, rates fall into two groups ranging from 42 to 53 for Hispanics, Japanese, Chinese, Filipinos, and Koreans and from 71 to 89 for Vietnamese, whites, Alaska Natives and Hawaiians. The range among women is much narrower, from a rate of about 15 among Japanese to nearly 51 among Alaska Natives, only a three-fold difference. Rates for the remaining female populations fall roughly into two groups with low rates of 16 to 25 for Korean, Filipino, Hispanic and Chinese women, and rates of 31 to 44 among Vietnamese, white, Hawaiian and black women. The rates among men are about two to three times greater than the rates among women in each of the racial/ethnic groups.

In the 30-54 year age group, incidence rates among men are double those among women in most of the racial/ethnic groups. In white non-Hispanics and white Hispanics, however incidence rates for women are closer to those for men. This suggests that smoking cessation and prevention programs may have been especially successful among white men and/or that such programs have not been as effective among white women.

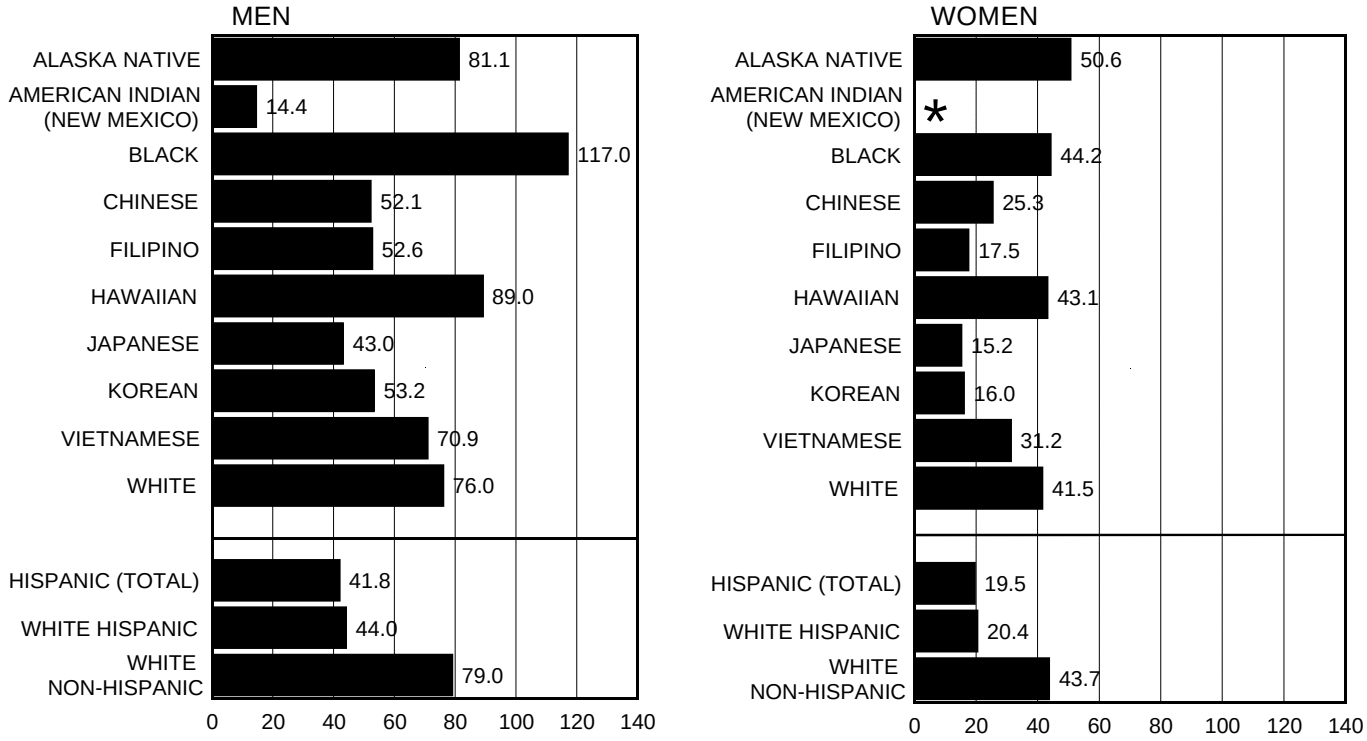
Age-adjusted mortality rates follow similar racial/ethnic patterns to those for the incidence rates. Among men, the incidence and mortality rates are very similar. Filipino men are an exception, with an incidence rate nearly twice as large as their mortality rate. Incidence rates are also similar to mortality rates among women, with the exception of Filipinos and Hispanics. In these two groups, incidence rates are nearly twice as large as mortality rates. Among Hawaiian women, the mortality rate actually exceeds the incidence rate. This may be due to differences in the accuracy of race classification on medical records versus death certificates.

Racial/ethnic patterns are generally consistent within each age group for both incidence and mortality. An exception is the high incidence and mortality rate in Chinese women aged 70 years and older. This group tends to have low incidence and mortality rates in the younger age groups.

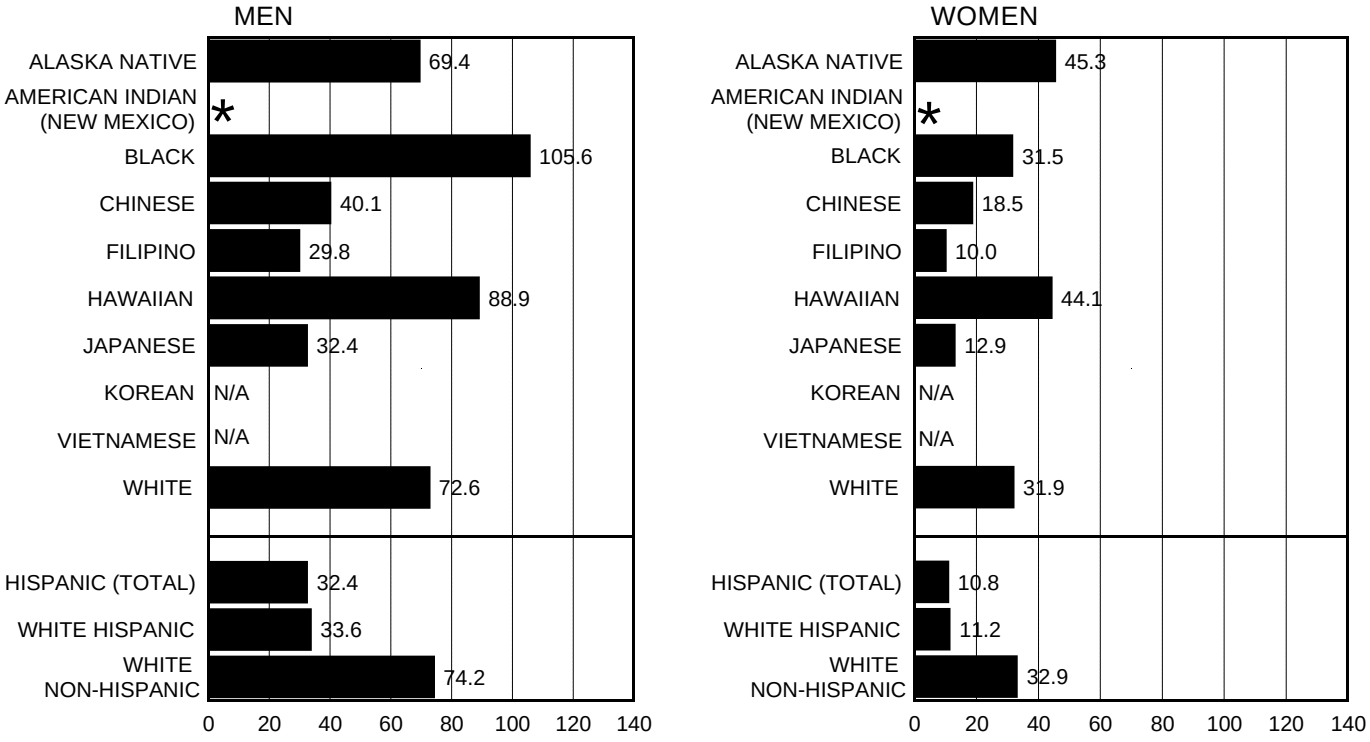
Cigarette smoking accounts for nearly 90% of all lung cancers. Passive smoking also contributes to the development of lung cancer among nonsmokers. Certain occupational exposures such as asbestos exposure are also known to cause lung cancer. Air pollution is a probable cause, but makes a relatively small contribution to incidence and mortality rates. In certain geographic areas of the United States, indoor exposure to radon may also make a small contribution to the total incidence of lung cancer.

LUNG AND BRONCHUS

SEER INCIDENCE Rates, 1988-1992



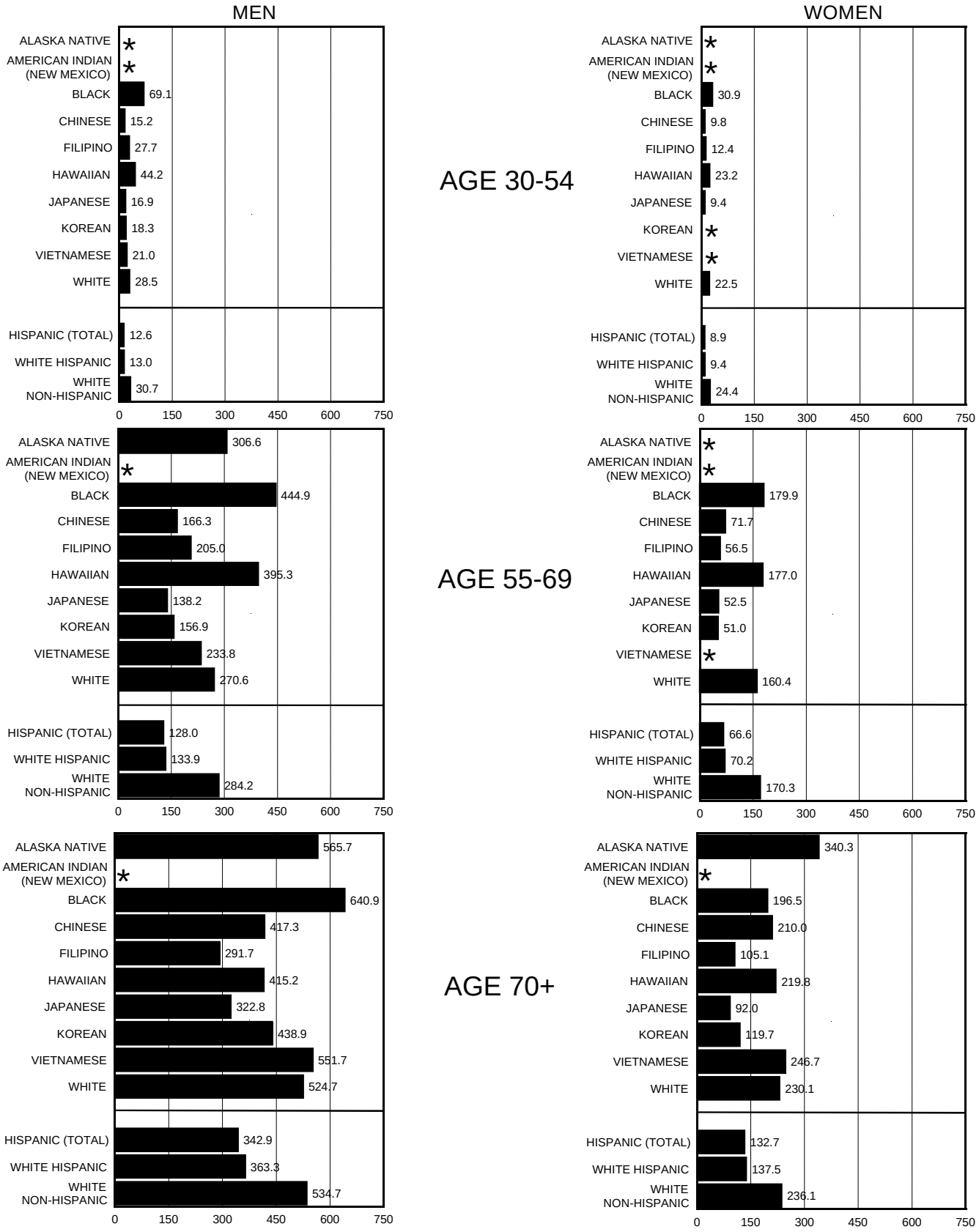
United States MORTALITY Rates, 1988-1992



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.

LUNG AND BRONCHUS

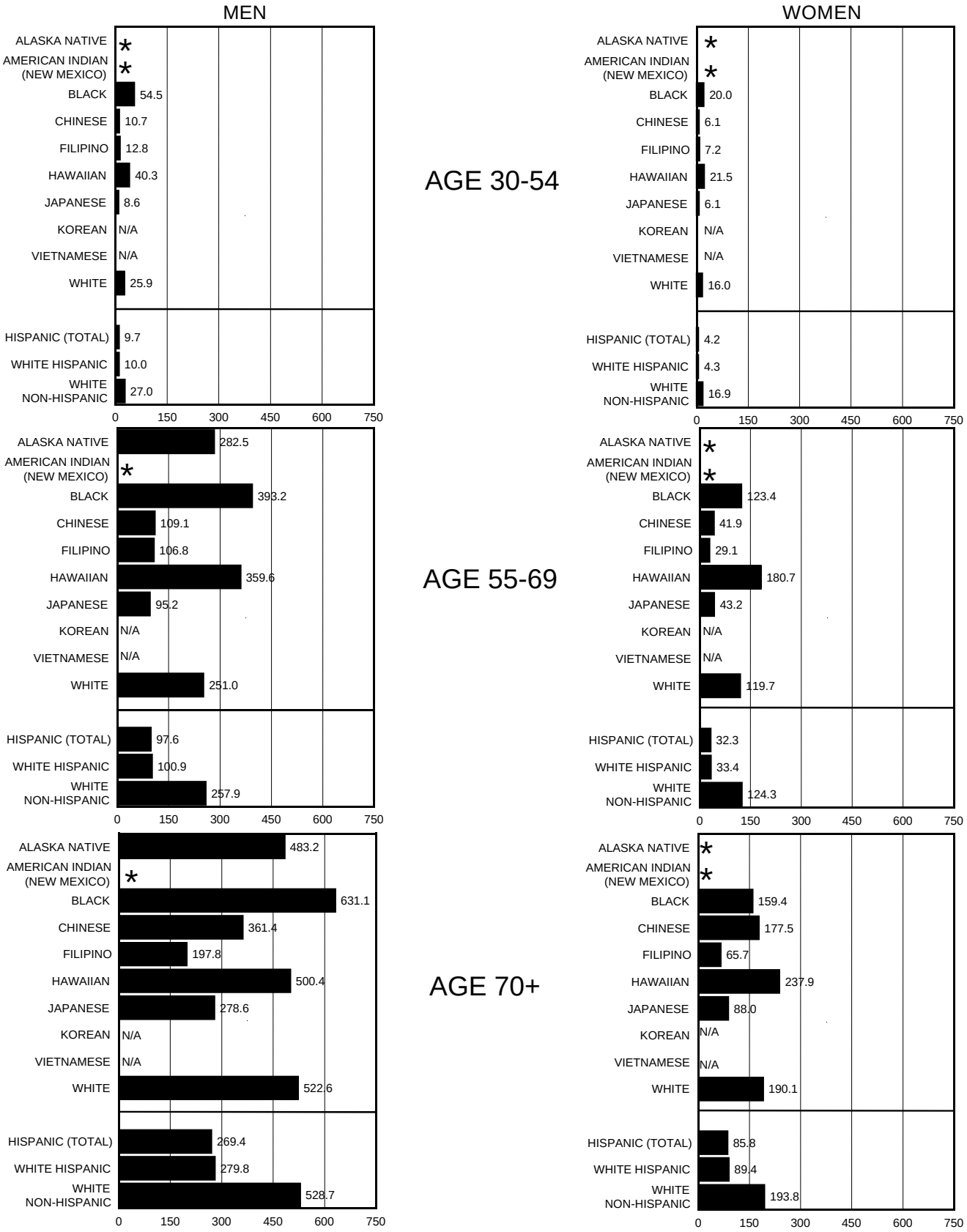
SEER INCIDENCE Rates by Age at Diagnosis, 1988-1992



NOTE: Rates are per 100,000 population, age-adjusted to 1970 U.S. standard; * = rate not calculated when fewer than 25 cases.

LUNG AND BRONCHUS

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



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