

verall cancer incidence rates in the SEER regions are higher in men than women. Black men have the highest incidence rate of cancer. Non-Hispanic white men have the next highest rate which is 14% lower than that of black men. Rates for Alaska Native men and Hawaiian men follow those for whites and are over one-third lower than the rate for black men. The rate in white Hispanic men is similar to that

for Hawaiian men. American Indians in New Mexico have the lowest overall cancer incidence rate among men, nearly two-thirds lower than the rate for black men. Among the Asian subgroups, Vietnamese men have the highest incidence rate, followed by Japanese, Chinese, Filipino and Korean men. The incidence rate for Korean men is more than 18% lower than that for Vietnamese men. The racial/ethnic pattern is similar when incidence rates are calculated for each of the three age groups.

Among women, the racial/ethnic differences in the incidence rates for all cancers are not as extreme as they are for men. The rate is highest for non-Hispanic white women, followed by Alaska Native (< 2% lower), white (2% lower), black (8% lower) and Hawaiian (9% lower) women. The lowest rates occur in American Indian women in New Mexico and Korean women. Similar to the pattern in men, rates among women are low for Koreans, Chinese and Filipinos. The incidence rate for all cancers in Vietnamese women is the highest among Asian women, and is higher than that for white Hispanic women. Alaska Natives have the highest rate among women 30-54 years and 70 years and older. Non-Hispanic white rates are highest among women in the 55-69 year old age group.

The male-to-female ratio of age-adjusted cancer incidence rates ranges from a low of 1.1 for Alaska Natives,

Hawaiians, and American Indians in New Mexico to a high of 1.7 for blacks. For Koreans, the ratio is also relatively high, at 1.5. Among the remaining racial/ethnic groups, the male-to-female rate ratio ranges from 1.2 (Filipinos and Vietnamese) to 1.4 (non-Hispanic whites). Women have higher incidence rates than men in the age group 30-54 years for every racial/ethnic group. This is due to the high rates of female breast cancer and cancers of the female genital system (ovary, corpus uteri and cervix) in this age group. In the age group 55-69 years, men have higher incidence rates than women in all groups except American Indians in New Mexico.

Similar to the SEER area incidence rates, United States mortality rates are highest for blacks, non-Hispanic whites, Alaska Natives and Hawaiians, although the relative rankings among these four groups differ somewhat from the incidence rate rankings. Among men, blacks have the greatest risk of dying from cancer, whereas for women, the highest mortality rate occurs in Alaska Natives. Mortality rates are not currently available for Koreans and Vietnamese. Among groups with relatively low mortality rates, Filipino men and women rank substantially below American Indians, Japanese, Chinese and white Hispanics.

Overall cancer mortality rates shown for American Indians in New Mexico are comparable to those for all American Indians in the U.S. (125 per 100,000 in men and 88 per 100,000 in women, not shown). The New Mexico American Indian rates for specific cancers, however, are not necessarily representative of those for American Indians living in other regions of the country. Researchers have noted that rates for cancers of the lung and bronchus, colon and rectum, and female breast are substantially lower among southwestern tribes than among northern and eastern tribes (NIH Publication No. 93-3603, 1993). Regional variations in cancer rates also occur for the other racial/ethnic groups. Differences in the rates between the racial/ ethnic groups remain important, however, and are the focus of this report.

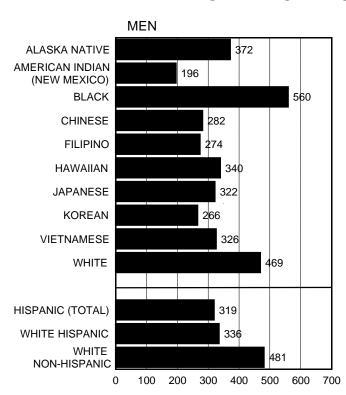
Mortality rates by age show patterns similar to the incidence rates with a few exceptions. In contrast to the incidence patterns by age, cancer mortality rates among men in the age groups 55-69 years and 70 years and older are higher in Alaska Native men than in white men. In women aged 55-69 years, mortality among Alaska Natives exceeds that for whites, unlike the incidence pattern. Otherwise, the racial/ethnic mortality patterns by age group are generally similar to those for incidence.

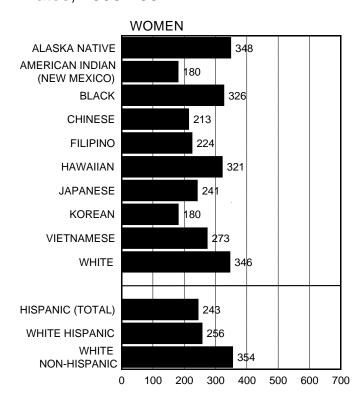
The incidence-to-mortality rate ratios for Filipinos are 2.6 for men and 3.6 for women, higher than those for any other group studied. High incidence-to-mortality ratios may reflect high survival of cancer patients. Conversely, low incidence-to-mortality ratios may reflect high case fatality. High incidence-to-mortality ratios may also result when death certificates are never located through long-term follow-up of persons diagnosed with cancer (e.g., if persons diagnosed with cancer leave the

country). Another possibility is that deaths within a particular racial/ethnic group may be under ascertained due to misclassification of race/ethnicity information on the death certificate. The low incidence-to-mortality rate ratios in Hawaiian men (1.4), American Indian men (1.6) and women (1.8), Alaska Native men (1.7), and black men (1.8) likely reflect higher case fatality rates in these groups.

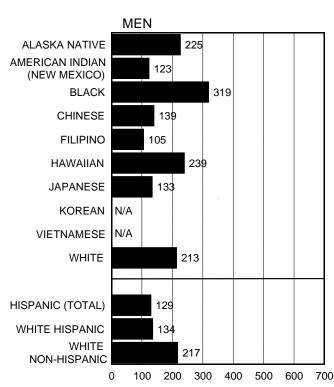
ALL CANCERS COMBINED

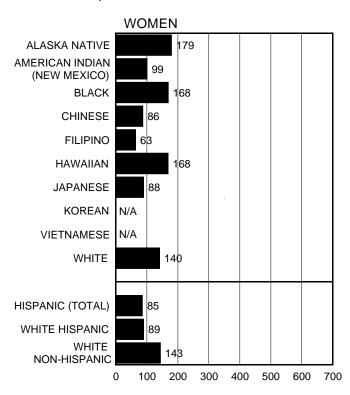
SEER INCIDENCE Rates, 1988-1992





United States MORTALITY Rates, 1988-1992

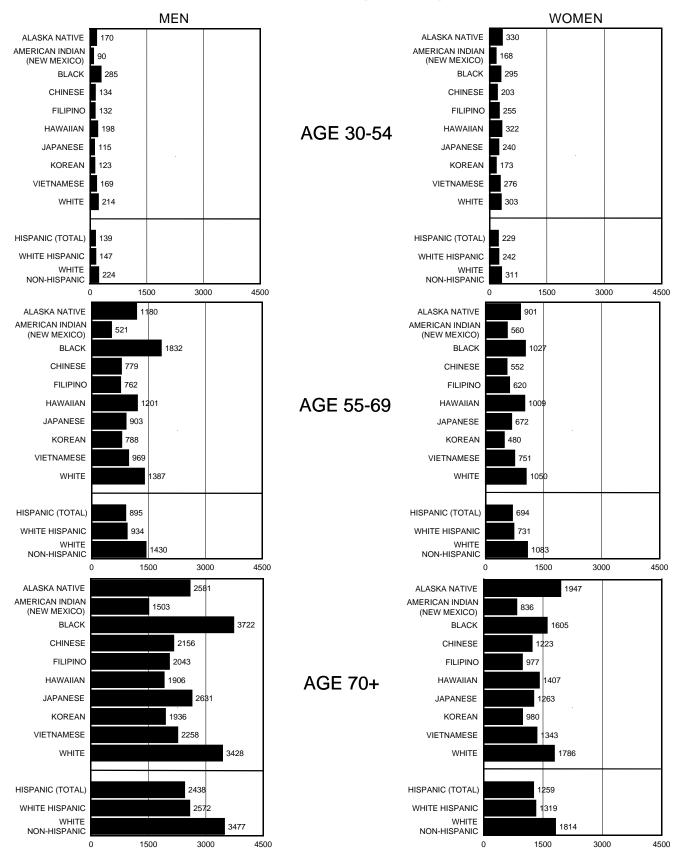




NOTE: Rates are "average annual" per 100,000 population, age-adjusted to 1970 U.S. standard; N/A = information not available; \star = rate not calculated when fewer than 25 cases.

ALL CANCERS COMBINED

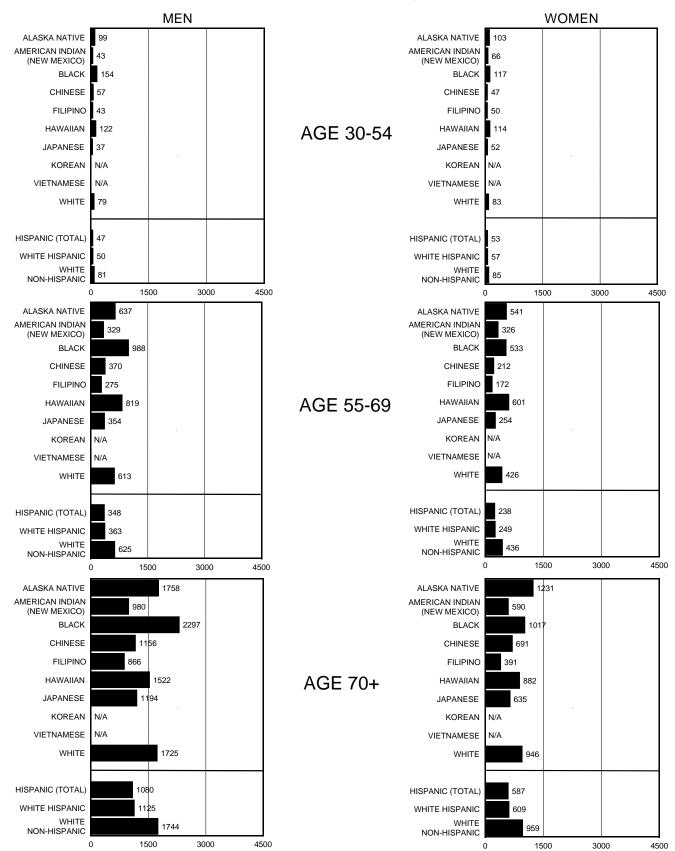
SEER INCIDENCE Rates by Age at Diagnosis, 1988-1992



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

ALL CANCERS COMBINED

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.