|  |  |  |  |
| --- | --- | --- | --- |
| https://us.vocuspr.com/Publish/81/vcsPRAsset_81_352442_091b1753-8476-4383-b6e4-e83a1e4ca42a_0.png | https://us.vocuspr.com/Publish/81/vcsPRAsset_81_352440_55fe2338-56c9-4f77-b5cc-14297102a20d_0.png | https://us.vocuspr.com/Publish/81/vcsPRAsset_81_352441_ab92033b-d08c-4e4d-a733-59baa8c1106a_0.jpg | https://us.vocuspr.com/Publish/81/vcsPRAsset_81_352443_728e7509-2679-473c-8301-3c4b3a3633ed_0.jpg |

**Embargoed for Release**  
Thursday, May 30, 2019  
10:00 am ET

**Contact:**   
NCI Press Officers: (240) 760-6600, [NCIPressOfficers@mail.nih.gov](mailto:NCIPressOfficers@mail.nih.gov%20)  
ACS Press Office: [david.sampson@cancer.org](mailto:david.sampson@cancer.org)  
CDC Press Office: (404) 639-3286, [media@cdc.gov](mailto:media@cdc.gov)  
NAACCR: (217) 698-0800, [bkohler@naaccr.org](mailto:bkohler@naaccr.org)

**Annual Report to the Nation: Overall cancer mortality continues to decline**  
*Special section on adults ages 20 to 49 shows higher cancer incidence and mortality for women than men*

The latest Annual Report to the Nation on the Status of Cancer finds that, for all cancer sites combined, cancer death rates continued to decline in men, women, and children in the United States from 1999 to 2016. Overall cancer incidence rates, or rates of new cancers, decreased in men from 2008 to 2015, after increasing from 1999 to 2008, and were stable in women from 1999 to 2015. In a special section of the report, researchers looked at cancer rates and trends in adults ages 20 to 49.

The annual report is a collaborative effort among the National Cancer Institute (NCI), part of the National Institutes of Health; the Centers for Disease Control and Prevention (CDC); the American Cancer Society (ACS); and the North American Association of Central Cancer Registries (NAACCR). The report appeared in the *Journal of the National Cancer Institute* on May 30, 2019.

“We are encouraged by the fact that this year’s report continues to show declining cancer mortality for men, women, and children, as well as other indicators of progress,” said Betsy A. Kohler, executive director of NAACCR. “There are also several findings that highlight the importance of continued research and cancer prevention efforts.”

The special section shows a different picture for cancer incidence and mortality among men and women ages 20 to 49 than among people of all ages. In the main report, from 2011 to 2015, the average annual incidence rate for all cancer sites combined was about 1.2 times higher among men than among women, and from 2012 to 2016, the average annual death rate among men (all ages) was 1.4 times the rate among women. However, when the researchers looked only at men and women ages 20 to 49, they found that both incidence and death rates were higher among women.

The authors reported that, in the 20–49 age group from 2011 to 2015, the average annual incidence rate for all invasive cancers was 115.3 (per 100,000 people) among men, compared with 203.3 among women, with cancer incidence rates decreasing an average of 0.7% per year among men and increasing an average of 1.3% per year among women. During the period from 2012 to 2016, the average annual cancer death rate was 22.8 (per 100,000 people) among men and 27.1 among women in this age group.

The most common cancers and their incidence rates among women ages 20 to 49 were breast (73.2 per 100,000 people), thyroid (28.4), and melanoma of the skin (14.1), with breast cancer incidence far exceeding the incidence of any other cancer. The most common cancers among men ages 20 to 49 were colon and rectum (13.1), testis (10.7), and melanoma of the skin (9.8).

“The greater cancer burden among women than men ages 20 to 49 was a striking finding of this study,” said Elizabeth Ward, Ph.D., lead author of the study and a consultant at NAACCR. “The high burden of breast cancer relative to other cancers in this age group reinforces the importance of research on prevention, early detection, and treatment of breast cancer in younger women.”

In studying this age group, the authors also found that, from 2012 to 2016, death rates decreased 2.3% per year among men and 1.7% per year among women.

“It is important to recognize that cancer mortality rates are declining in the 20-to-49-year-old age group, and that the rates of decline among women in this age group are faster than those in older women,” said Douglas R. Lowy, M.D., acting director of NCI.

The authors also reported in the special section that the incidence rates of in situ breast cancer and nonmalignant central nervous system tumors among women and men ages 20 to 49 are substantial. They wrote that some of the most frequent malignant and nonmalignant tumors that occur in this age group may be associated with considerable long-term and late effects related to the disease or its treatment. The authors conclude that access to timely and high-quality treatment and survivorship care is important to improve health outcomes and quality of life for younger adults diagnosed with cancer.

This year’s report found that, among all ages combined, existing incidence and mortality trends for most types of cancer continue. Rates of new cases and deaths from lung, bladder, and larynx cancers continue to decrease as a result of long-term declines in tobacco smoking. In contrast, rates of new cases of cancers related to excess weight and physical inactivity—including uterine, post-menopausal breast, and colorectal (only in young adults)—have been increasing in recent decades.

Several notable changes in trends were observed in the report. After decades of increasing incidence, thyroid cancer incidence rates in women stabilized from 2013 to 2015. The authors wrote that this could be due to changes in diagnostic processes related to revisions in American Thyroid Association management guidelines for small thyroid nodules.

The report also shows rapid declines in death rates for melanoma of the skin in recent years. Death rates, which had been stable in men and decreasing slightly in women, showed an 8.5% decline per year from 2014 to 2016 in men and a 6.3% decline per year from 2013 to 2016 in women.

“The declines seen in mortality for melanoma of the skin are likely the result of the introduction of new therapies, including immune checkpoint inhibitors, that have improved survival for patients diagnosed with advanced melanoma,” said J. Leonard Lichtenfeld, M.D., M.A.C.P., interim chief medical officer of ACS. “This rapid change shows us how important it is to continue working to find effective treatments for all kinds of cancer.”

Other notable findings about cancer mortality from the report include that from 2012 to 2016:

* Overall death rates decreased 1.8% per year in men and 1.4% per year in women.
* Among men, death rates decreased for 10 of the 19 most common cancers but increased for 6 cancers, with the steepest increases for liver cancer, oral cavity and pharynx cancer, and non-melanoma skin cancer.
* Among women, death rates decreased for 13 of the 20 most common cancers, including the 3 most common cancers (lung and bronchus, breast, and colorectal), but increased for 5 cancer types, with the steepest increases for cancers of the uterus and liver.

For cancer incidence, from 2011 to 2015:

* Incidence rates for all cancers combined were stable in women and decreased 2.1% per year in men.
* Among men, rates of new cancers decreased for 8 of the 17 most common cancers, increased for 7 cancers, and were stable for 2 cancers.
* Among women, rates of new cancers decreased for 6 of the 18 most common cancers, increased for 9 cancers, and were stable for 3 cancers.

The report also shows continuing racial and ethnic disparities in cancer mortality and incidence. When data for people of all ages were combined and compared by sex, across racial and ethnic groups, black men and black women had the highest cancer death rates, both for all cancer sites combined and for about half of the most common cancers in men and women. Black men and white women had the highest overall cancer incidence rates, and Asian/Pacific Islander men and women had the lowest overall rates. Non-Hispanic men and women had higher overall incidence rates than Hispanic men and women.

“Major declines overall in cancer mortality point in the right direction, yet significant differences remain in cancer cases and deaths based on gender, ethnicity, and race,” said CDC Director Robert R. Redfield, M.D. “A better understanding of these discrepancies improves cancer diagnosis and recovery for all patients and is vital to our public health mission.”

For more about the report, see: <https://seer.cancer.gov/report_to_nation/>

###

**About the North American Association of Central Cancer Registries (NAACCR)**: The North American Association of Central Cancer Registries, Inc., is a professional organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries; and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America. For more, see [naaccr.org](https://www.naaccr.org/).

**About the National Cancer Institute (NCI):** NCI leads the National Cancer Program and NIH’s efforts to dramatically reduce the prevalence of cancer and improve the lives of cancer patients and their families, through research into prevention and cancer biology, the development of new interventions, and the training and mentoring of new researchers. For more information about cancer, please visit the NCI website at [cancer.gov](http://www.cancer.gov/) or call NCI’s contact center, the Cancer Information Service, at 1-800-4-CANCER (1-800-422-6237).

**About the National Institutes of Health (NIH):** NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit [nih.gov](https://www.nih.gov/).

**About the Centers of Disease Control and Prevention (CDC):** [CDC works 24/7](https://www.cdc.gov/about/24-7/) protecting America’s health, safety, and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America’s most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

**About the American Cancer Society (ACS):** ACS is a global grassroots force of 1.5 million volunteers dedicated to saving lives, celebrating lives, and leading the fight for a world without cancer. From breakthrough research, to free lodging near treatment, a 24/7/365 live helpline, free rides to treatment, and convening powerful activists to create awareness and impact, the Society is attacking cancer from every angle. For more information, go to [www.cancer.org](http://www.cancer.org/).