

Wisconsin Death Report: Cancer Mortality

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This report presents information about deaths that occurred in 2016 among Wisconsin residents. Information from previous years (2007 onward) is also presented to show changes over time. This report includes information on the number and rate of deaths, demographic characteristics of the decedents, such as age and race/ethnicity, characteristics of deaths by geographic location, and disposition of bodies.

Mortality data presented in this report are primarily based on the underlying cause of death, which the World Health Organization defines as “the disease or injury that initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.”¹

State rates in the report are age-adjusted rates per 100,000 standard population. County rates are age-adjusted rates per 10,000 standard population.

Beginning September 1, 2013, Wisconsin began collecting data using a new web-based data entry system for funeral directors, medical examiners, coroners, and certifying physicians. The new system adopted the 2003 U.S. Standard Certificate of Death. Many changes have been made to the data collection process; some information is no longer collected, new information has been added, and some data definitions have been altered. Please refer to the technical notes for a more complete description of these changes.

This report uses resident death certificate files. All data refer to Wisconsin residents unless otherwise noted. Also, the information presented is based on the place of residence, which means that events have been assigned to the area where the person lived (usually legal residence) regardless of where the events occurred.

Note: Due to differences in cutoff dates and out-of-state reporting, U.S. rates for 2016 were from provisional data available from the National Center for Health Statistics. Unfortunately, provisional rate estimates were not available separated by sex.

Cancer

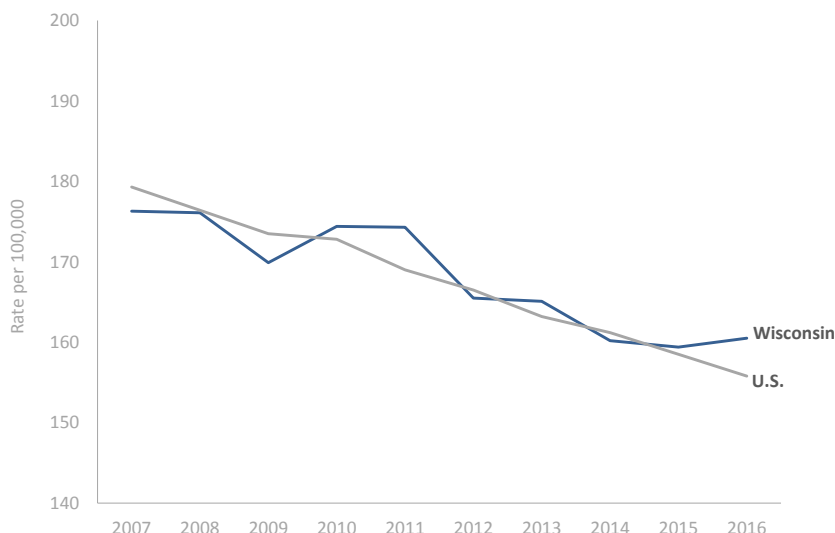
Malignant neoplasms, referred to as cancer, represent disorders of the cells that affect primary or secondary organs. Malignant neoplasms can be well-defined or ill-defined as well as specific or not specific to the affected tissue in any anatomical location, including blood and related tissues. Cancer mortality does not include in-situ neoplasms where the cancer hasn't expanded to the supporting structure of the organ where it originated.

Comments, suggestions, and requests for further information may be addressed to:

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1 <http://www.who.int/topics/mortality/en/>

Figure 10. Age-adjusted rate of cancer deaths for the U.S. and Wisconsin



There were 11,495 cancer deaths in Wisconsin in 2016, compared to 10,940 in 2007. However, age-adjusted cancer mortality rates declined during this period, going from 176.3 per 100,000 in 2007 to 160.5 per 100,000 in 2016. The cancer mortality rates were relatively stable from 2014 to 2016 (Figure 10).

Cancer mortality rates were highest among those 65 and older, constituting 73 percent of all cancer deaths. The population 65 years and older had nine times the rate of cancer deaths compared to those ages 25 to 64 (Table 5).

Table 5. Number of cancer deaths and age-adjusted rates by demographics, 2016

Demographics	Total Cancer Deaths	Percent of Cancer Deaths	Crude rate per 100,000 population	Age-adjusted rate per 100,000 population
Age				
Less than 5	<5	-	-	NA
5 to 17	21	0.1	2.2	NA
18 to 25	19	0.2	3.4	NA
26 to 64	3,093	26.9	102.8	NA
65 and older	8,359	72.7	927.3	NA
Sex				
Female	5,412	47.1	186.5	137.4
Male	6,083	52.9	212.3	196.4
Race/Ethnicity				
Non-Hispanic White	10,563	91.9	221.5	157.2
Non-Hispanic African American	611	5.3	155.3	211.3
Non-Hispanic Native American	79	0.7	140.4	161.6
Non-Hispanic Asian	91	0.8	54.8	123.4
Hispanic	139	1.2	36.5	107.4
DHS Region				
Northeastern	2,590	22.5	208.4	160.0
Northern	1,195	10.4	244.7	165.0
Southeastern	4,023	35.0	189.8	162.7
Southern	2,129	18.5	188.6	157.2
Western	1,557	13.6	197.9	157.3

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Compared to females, males experienced a higher cancer mortality rate. The crude rate ratio of male and female cancer mortality showed a 14 percent higher rate in males, and the age-adjusted cancer mortality rate ratio was 43 percent higher for males. Therefore, males were more likely to die from cancer than females and at a younger age (Table 5).

NH African Americans and NH Native Americans had the highest age-adjusted cancer mortality rates, followed by NH Whites. The cancer age-adjusted mortality rates increased 16 percent for NH African Americans and 20 percent for NH Native Americans from 2015 to 2016. For Hispanics, the age-adjusted cancer mortality rate decreased 16 percent from 107.4 per 100,000 in 2015 to 90.2 per 100,000 in 2016 (Table 5).

Table 6. Number of cancer deaths by cancer type and sex, 2016

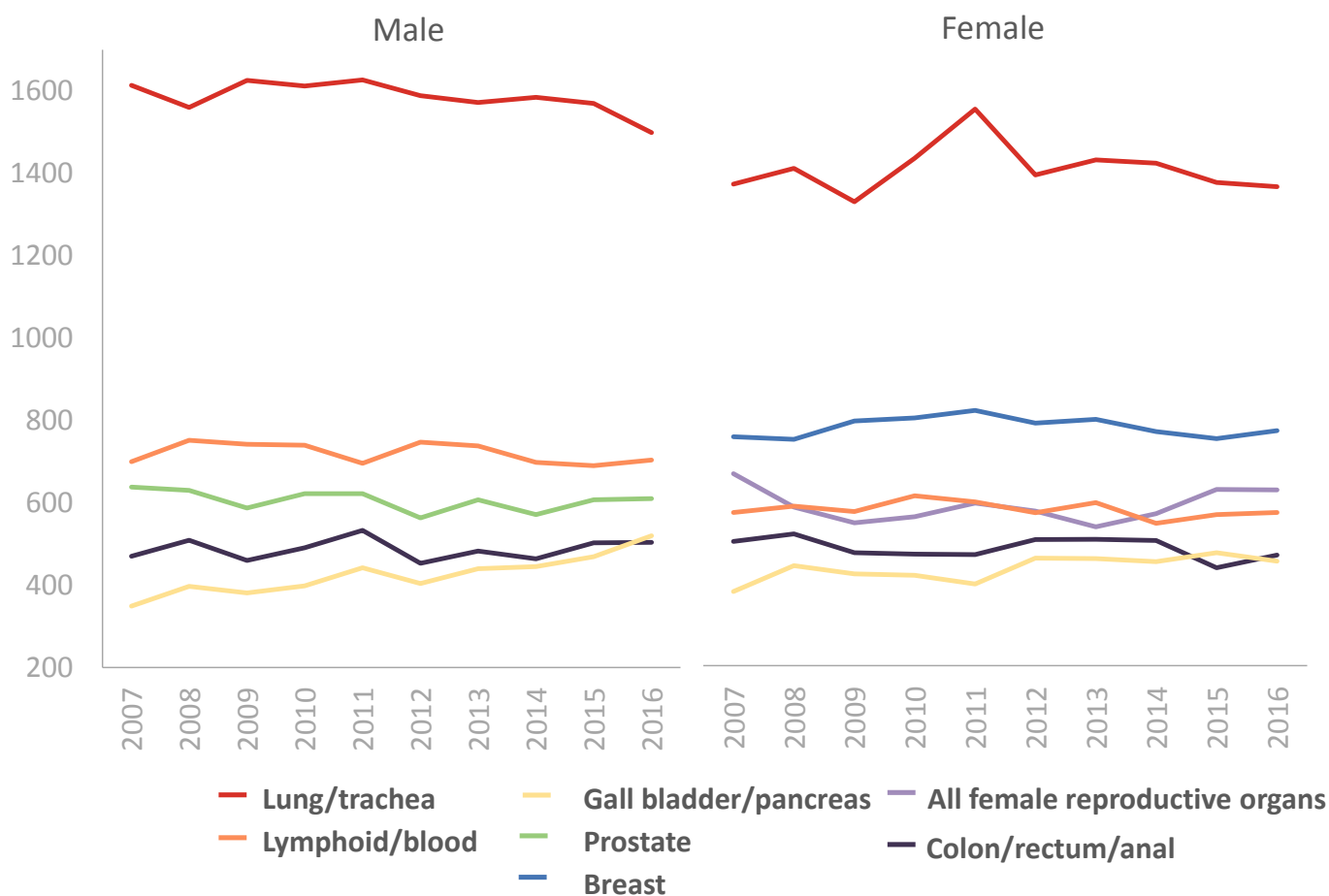
Cancer Types	Male		Female		All cancer deaths
	N	%	N	%	
Lung/trachea	1,499	24.6	1,290	23.8	2,789
Lymphoid and blood	704	11.6	549	10.1	1,253
Gall bladder/pancreas	520	8.5	438	8.1	958
Colon/rectum/anal	504	8.3	452	8.4	956
Breast	13	0.2	735	13.6	748
Prostate	610	10.0	-	-	610
Female reproductive organs	-	-	600	11.1	600
Liver	299	4.9	141	2.6	440
Esophagus	278	4.6	69	1.3	347
Brain and nervous system	205	3.4	143	2.6	348
Melanoma/skin	161	2.6	85	1.6	246
Oral cancers	123	2.0	57	1.1	180
Stomach	98	1.6	75	1.4	173
Small intestine	17	0.3	19	0.4	36
Other types	1,052	17.3	759	14.0	1,811
Total	6,083	100.0	5,412	100.0	11,495

Table 6 shows lung and tracheal cancers, which represent 24 percent of all cancer deaths, were the leading cause of cancer deaths among both males and females in 2016. Lymphoid and blood cancers (such as leukemia) were the second leading cause of cancer deaths among males (12 percent), followed by prostate (10 percent), and gallbladder/pancreas cancers (9 percent).

For females, breast cancer was the second leading cause of cancer death (14 percent) followed by cancers of the reproductive organs (11 percent) and lymphoid and blood cancers (10 percent).

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Figure 11. Number of cancer deaths, by type and sex



Both males and females experienced a decrease in lung/trachea cancer from 2007 to 2016. However, males had a 7 percent decrease (from 1,614 deaths to 1,499 deaths) while females had less than a 1 percent decrease (from 1,296 deaths to 1,290 deaths). As seen in Figure 11, the trend in lung/trachea cancer deaths for males has been declining, while the trend has been sporadic but relatively stable among females.

Among sex-specific cancers, males had a 4 percent decrease in prostate cancer (from 638 deaths in 2007 to 610 deaths in 2016). Women had a 2 percent increase (from 721 deaths to 735 deaths) in breast cancer and a 6 percent decrease (from 637 deaths to 600 deaths) in cancers of the female reproductive organs from 2007 to 2016.

Males had a 49 percent increase in gall bladder and pancreas cancer from 2007 to 2016 (349 to 520 deaths). The largest single year increase in male gall bladder and pancreas deaths was from 2015 to 2016, an 11 percent increase. Among women, gall bladder and pancreas cancer increased 19 percent from 2007 to 2016 (369 to 438 deaths), although there was a 4 percent decrease from 2015 to 2016.

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The age-adjusted cancer mortality rates were highest in Lafayette, Ashland, and Sawyer counties in 2016. The age-adjusted cancer mortality rates were lowest in Taylor, Calumet, and Richland counties (Map 3).

Map 3. Age-adjusted mortality rate (per 10,000) for cancer by County, 2016

