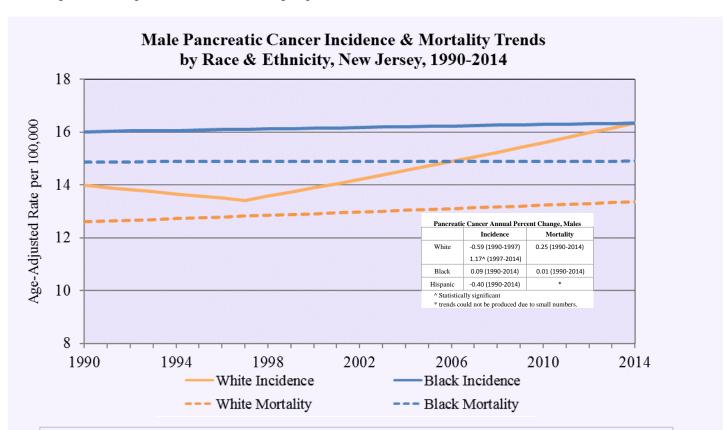
New Jersey State Cancer Registry Data Brief - Pancreatic Cancer

- Each year in New Jersey, there are about 1,420 newly diagnosed cases of pancreatic cancer and 1,191 deaths due to this disease. Unfortunately, pancreatic cancer has one of the poorest survival rates at <5% alive at 5 years for cases diagnosed at the late stage. The vast majority of pancreatic cancers (91%) are diagnosed at the late stage. The 5-year survival has improved from 3.7% to 8.5% over the past two decades.
- Pancreatic cancer is more common among older adults. The median age for pancreatic cancer is 71, and 70% of all cases are diagnosed over the age of 65.
- Pancreatic cancer is more common in men. In New Jersey and the U.S., both the pancreatic cancer incidence and mortality rates are higher among men compared to women.
- According to the American Cancer Society, the strongest risk factors for pancreatic cancer are cigarette smoking and obesity. ² It is estimated that 21% of pancreatic cancer death are caused by smoking ³ and 41% of pancreatic cancer deaths are caused by being overweight or obese. ⁴ Other risk factors include having certain inherited genetic syndromes and having diabetes, but Blacks also have higher risk compared to other race/ethnic groups. ²



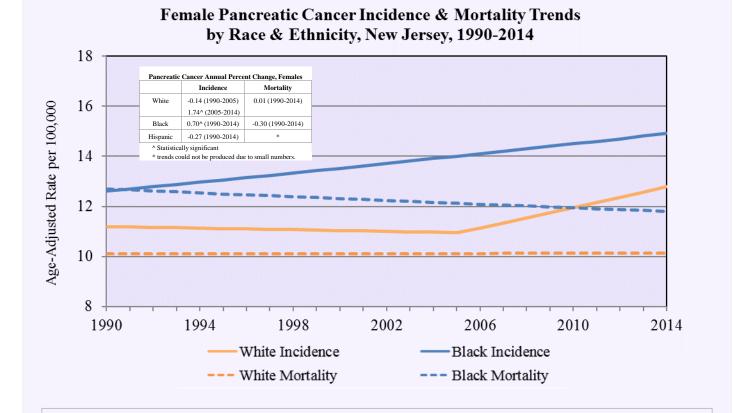
- In New Jersey, pancreatic cancer *incidence* rates, which have historically been lower among White men, have been increasing since 1997 (Annual Percent Change, APC=1.17^) and have appeared to have converged with that of Black men in the past several years.
- The pancreatic *mortality* rates among Black men have remained higher than that of White men.







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- In New Jersey, pancreatic cancer *incidence* and *mortality* rates are higher among Black women compared to White and Hispanic women.
- Pancreatic cancer *incidence* among Black women continued to increase from 1990-2014 (APC = 0.70^), while pancreatic cancer *mortality* did not increase during this time.
- White women showed a marked increase in pancreatic cancer *incidence* from 2005-2014 with very little change in *mortality*.

Data sources: incidence - New Jersey State Cancer Registry December 2016 file, New Jersey Department of Health; mortality- National Center for Health Statistics. Rates are per 100,000 and age-adjusted to the 2000 US population standard. Joinpoint analysis was used to calculate annual percent change (APC) in rates and identify points in time when incidence or mortality trends changed significantly. ^ APC significantly different from zero at alpha = .05. Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive. Note- Incidence and mortality trend analyses could not be produced for Asian or Pacific Islanders (API) due to small numbers. *Mortality trends could not be produced for Hispanic males and females due to small numbers.

References:

¹ Cancer Stat Facts: Pancreas Cancer. National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program . Available at: https://seer.cancer.gov/statfacts/html/pancreas.html. Accessed August 2017.

² Pancreatic Cancer Risk Factors, American Cancer Society. Available at: https://www.cancer.org/cancer/pancreatic-cancer/causes-risks-prevention/risk-factors.html

³ Role of Smoking in Global and Regional Cancer Epidemiology: Current Patterns and Data Needs. Int. J. Cancer: 116, 963–971 (2005)

⁴ Obesity and Cancer. NIH National Cancer Institute. Available at: https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet#r17. Accessed April 2017.