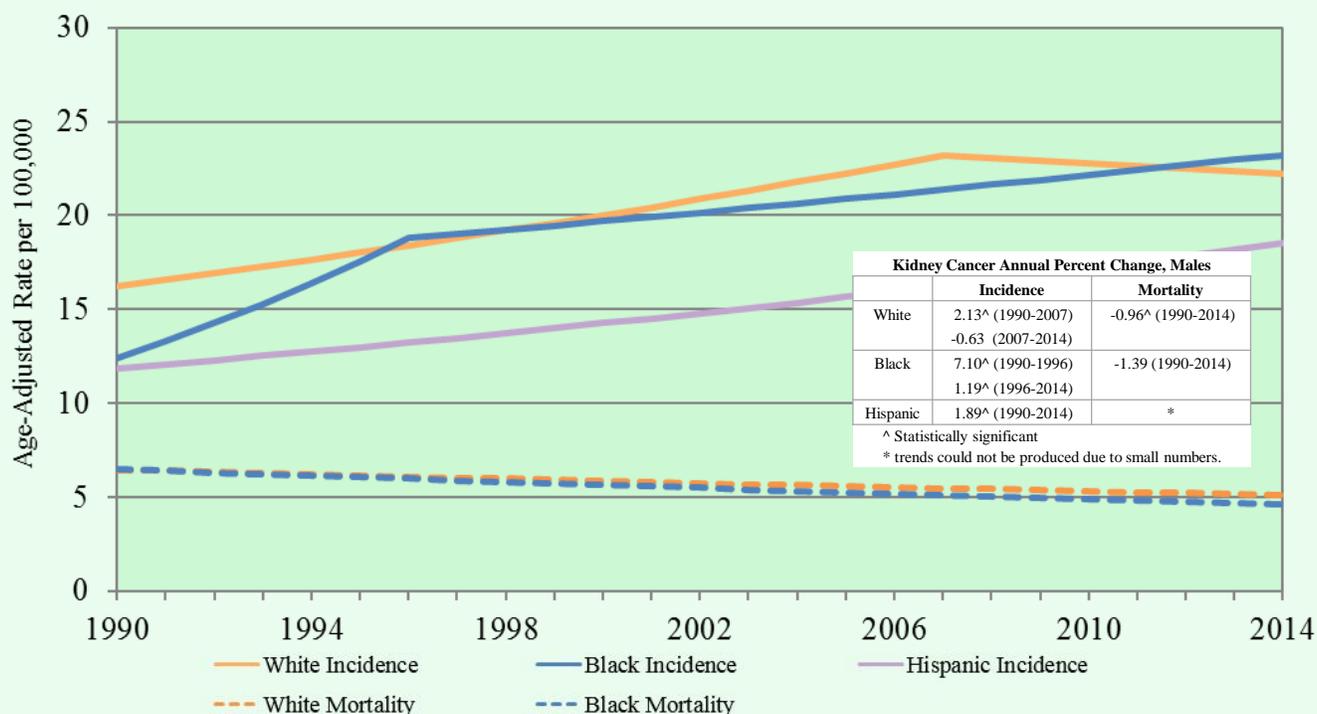


New Jersey State Cancer Registry Data Brief - Kidney Cancer

- Despite a significant increase in kidney cancer incidence from 1990-2014, significant decreases in kidney cancer mortality have occurred in New Jersey during the same period of time.
- Kidney cancer is more common among older individuals. The median age range for kidney cancer is 65-69 and 63% of all cases are diagnosed between the ages of 55-79.
- Kidney cancer is more common in men. In New Jersey, both the kidney cancer incidence and mortality rates are about twice as high for men compared to women.
- Each year in New Jersey, there are about 1600 newly diagnosed cases of kidney cancer and 340 deaths due to this disease.
- The strongest risk factors for kidney cancer are cigarette smoking and obesity. The American Cancer Society estimates smoking increases risk by 20-30% and being obese increases risk by 20%. Other risk factors include a sedentary lifestyle, high blood pressure, family history of kidney cancer, and overuse of analgesics (especially phenacetin-containing pain relievers such as Tylenol).^{1,2}



**Male Kidney Cancer Incidence & Mortality Trends by Race, Ethnicity & Year
New Jersey, 1990-2014**



- Kidney cancer **incidence** increased from 1990-2007 among White men (annual percent change (APC)=1.17[^] 2.13[^]) followed by a slight non-significant decline from 2007 to 2014.
- Among Black men, kidney cancer **incidence** demonstrated a marked increase from 1990-1996 (APC = 7.10[^]) followed by a less pronounced increase (APC = 1.19[^]) from 1996-2014.
- Although kidney cancer **incidence** among Hispanic men increased (APC=1.89[^]) from 1990-2014, the rate is lower compared to White men or Black men.
- Kidney cancer **mortality** declined among White men during 1990-2014.
- A non-significant decrease in kidney cancer **mortality** was seen among Black men for this time period.

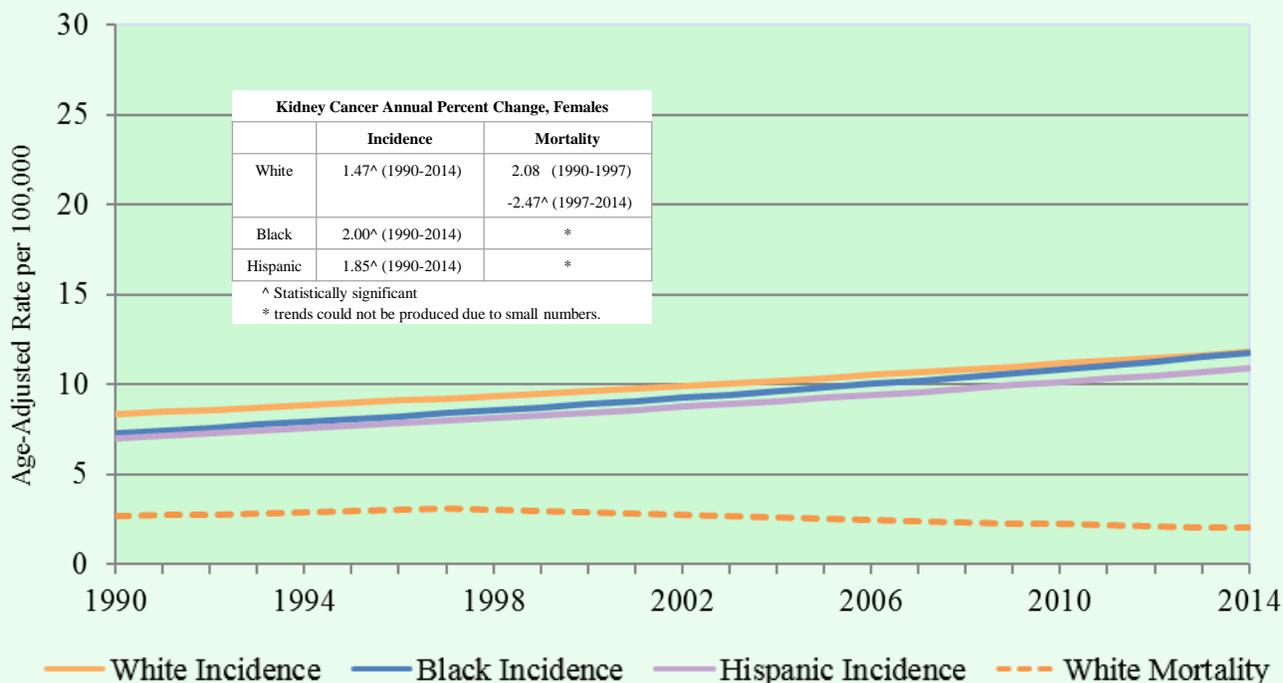
¹ Cancer Facts & Figures 2017. American Cancer Society. Available at: <http://www.cancer.org/groups/content/@research/documents/document/acspc-047079.pdf> <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2017/cancer-facts-and-figures-2017.pdf> Accessed March 2017.

² World Cancer Research Fund/American Institute for Cancer Research. Food, Nutrition, Physical Activity, and the Prevention of Cancer: A Global Perspective. Washington, DC: American Institute for Cancer Research; 2007.24

Source: New Jersey State Cancer Registry December 2016 file, New Jersey Department of Health. 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 incidence and mortality rates to identify points in time when trends changed significantly. [^] APC significantly different from zero at alpha = .05. Persons of Hispanic ethnicity may be of any race or combination of races. 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 due to small numbers.

New Jersey State Cancer Registry Data Brief - Kidney Cancer

Female Kidney Cancer Incidence & Mortality Trends by Race & Year New Jersey, 1990-2014



- From 1990-2014 kidney cancer **incidence** increased for White (APC=1.47[^]), Black (APC=2.00[^]) and Hispanic (APC=1.85[^]) women.
- Kidney cancer **mortality** among White women decreased from 1997-2014 (APC=-2.47) preceded by a non-significant increase from 1990-1997.

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Source: New Jersey State Cancer Registry December 2016 file, New Jersey Department of Health. 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 incidence and mortality rates to identify points in time when trends changed significantly. [^] APC significantly different from zero at alpha = .05. Persons of Hispanic ethnicity may be of any race or combination of races. 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 Black and Hispanic females due to small numbers.