

Snapshot of Cancer in New York State, 2016-2020:

New York State's Cancer Burden

Cancer Cases Overview

- **Nearly 115,000 New Yorkers learn they have cancer each year¹**
- 47.5% of cancer cases are diagnosed at **local stage** while 44.5% are diagnosed at **regional and distant stages¹**

Cancer Deaths Overview

- **Almost 34,000 New Yorkers die from cancer each year¹**

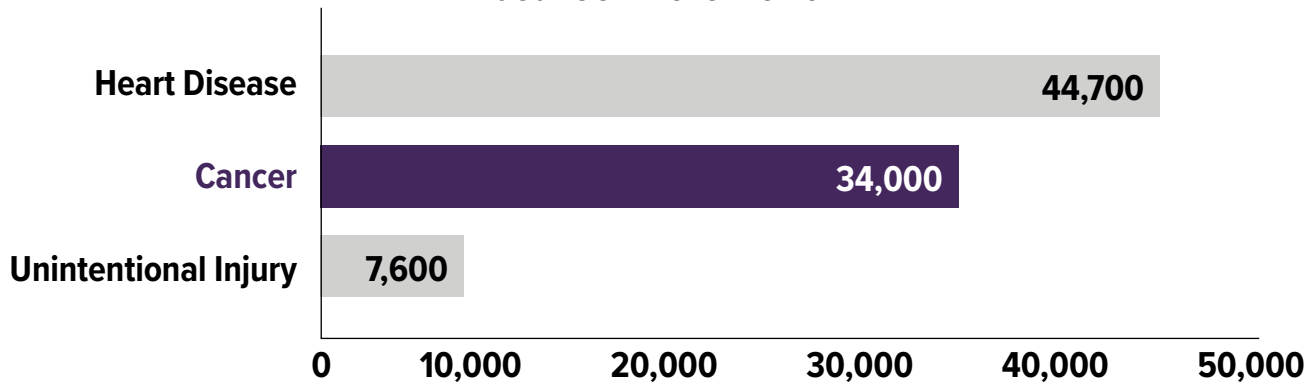
Types of Cancer Included in this Report⁴

Included Cancers: All malignant and *in situ* cancers which can be described as invasive and non-invasive tumors/carcinomas. Squamous and basal cell carcinomas of the skin and *in situ* cervical cancer are not reported.

Health Equity

While cancer affects New Yorkers of all ages, races, ethnicities, and sexes, it does not always affect them equally. Differences in genetics, behaviors, social determinants of health, and other factors can lead to differences in the risk of getting cancer and dying from cancer among different groups of people. Racism and discrimination, in particular, work on several levels to contribute to these cancer health disparities.⁵

Cancer was the **second leading cause of death²** among New Yorkers between 2016-2020



Cancer Survivors Overview

1,155,000 (1 in 20) New Yorkers are **cancer survivors³**

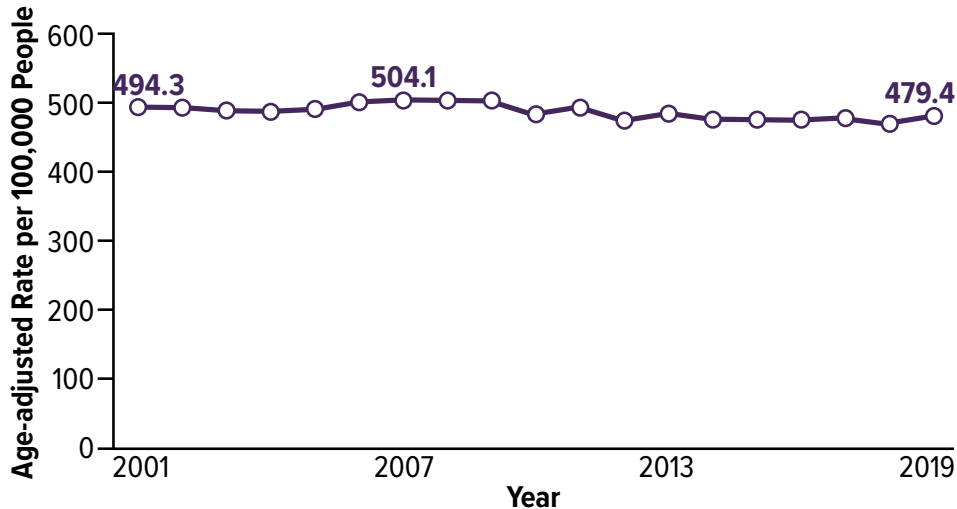


Cancer Cases: Trends and Leading Types¹

Cancer Cases Over Time*

Since 2007, rates of cancer cases, often called incidence rates, in New York State have been **significantly decreasing by an average of 0.5%** each year.

Cancer Cases Over Time*



Leading Types of Cancer Cases

Disparity Spotlight by Race and Ethnicity

1. Female Breast

White, non-Hispanic female New Yorkers are diagnosed with **female breast cancer 14% more often** than Black, non-Hispanic female New Yorkers.

2. Prostate

Black, non-Hispanic male New Yorkers are diagnosed with **prostate cancer 62% more often** than White, non-Hispanic male New Yorkers.

3. Lung and Bronchus

White, non-Hispanic New Yorkers are diagnosed with **lung and bronchus cancers 37% more often** than Black, non-Hispanic New Yorkers.

4. Colorectal

Black, non-Hispanic New Yorkers are diagnosed with **colorectal cancer 3% more often** than White, non-Hispanic New Yorkers.

5. Urinary Bladder

White, non-Hispanic New Yorkers are diagnosed with **urinary bladder cancer 144% more often** than Black, non-Hispanic New Yorkers.

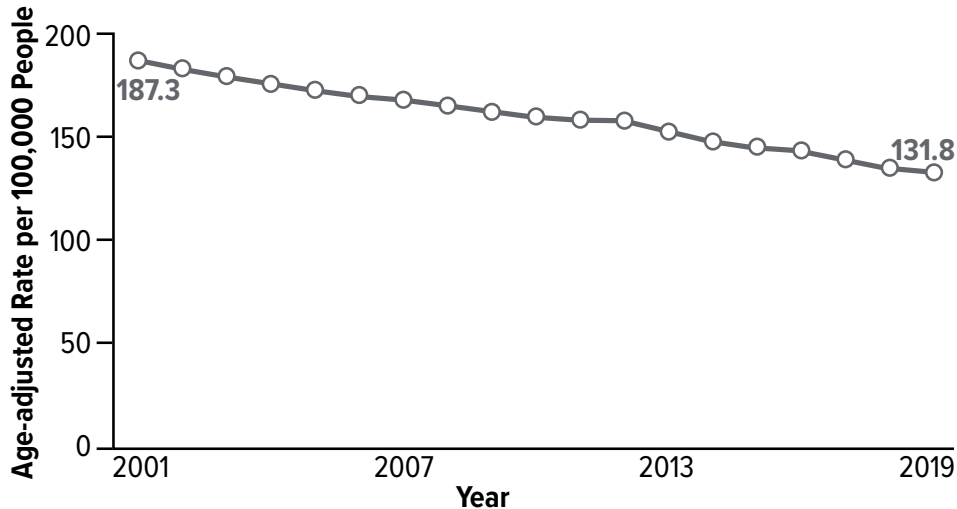
*The COVID-19 pandemic disrupted health services, leading to delays and reductions in cancer screening, diagnosis, and reporting of data to some cancer registries. This may have contributed to the decline in new cancer cases for many sites in 2020. To avoid incorrect interpretations, the 2020 data point was excluded from the trend analysis. Trend analysis was conducted using [Jointpoint 5.0.2, May 2023](#). Jointpoint is statistical software for the analysis of trends using jointpoint models where several different lines are connected at the inflection points or "jointpoints."

Cancer Deaths: Trends and Leading Types¹

Cancer Deaths Over Time*

Since 2001, cancer death rates, often called mortality rates, in New York State have been **significantly decreasing by an average of 1.9%** each year.

Cancer Deaths Over Time*



Leading Types of Cancer Deaths

Disparity Spotlight by Race and Ethnicity

1. Lung and Bronchus

White, non-Hispanic New Yorkers died from **lung and bronchus cancers 31% more often** than Black, non-Hispanic New Yorkers.

2. Colorectal

Black, non-Hispanic New Yorkers died from **colorectal cancer 25% more often** than White, non-Hispanic New Yorkers.

3. Pancreatic

White, non-Hispanic New Yorkers and Black, non-Hispanic New Yorkers died from **pancreatic cancer 47% more often** than Hispanic New Yorkers.

4. Female Breast

Black, non-Hispanic female New Yorkers died from **female breast cancer 33% more often** than White, non-Hispanic female New Yorkers.

5. Prostate

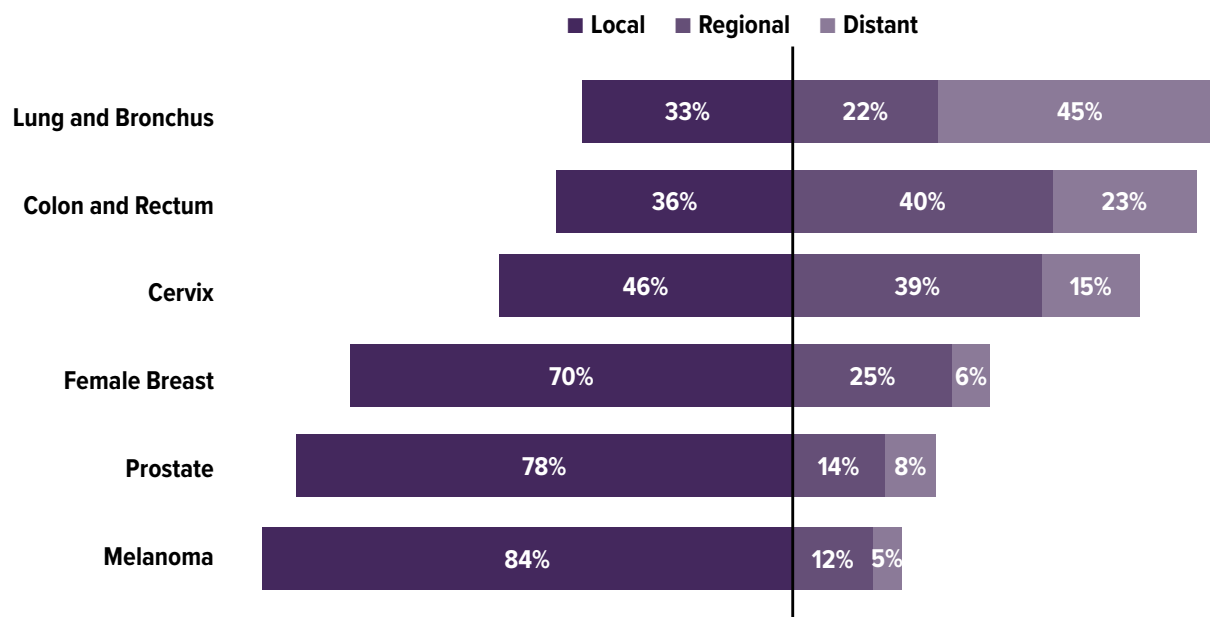
Black, non-Hispanic male New Yorkers died from **prostate cancer 111% more often** than White, non-Hispanic male New Yorkers.

*The COVID-19 pandemic disrupted health services, leading to delays and reductions in cancer screening, diagnosis, and reporting of data to some cancer registries. This may have contributed to the decline in new cancer cases for many sites in 2020. To avoid incorrect interpretations, the 2020 data point was excluded from the trend analysis. Trend analysis was conducted using [Jointpoint 5.0.2, May 2023](#). Jointpoint is statistical software for the analysis of trends using jointpoint models where several different lines are connected at the inflection points or “jointpoints.”

Cancer Cases by Stage at Diagnosis¹

- When cancer is diagnosed, tests are done to find out if it has spread. This process is called staging. Cancers that are found before they spread are often easier to treat and have better survival.⁶
- Compared with other cancers, a higher percentage of melanoma, prostate, and female breast cancers are diagnosed at a **local stage** where the cancers have not spread.
- Compared with other cancers, a higher percentage of lung and bronchus, colorectal, and cervical cancers are diagnosed at **regional** or **distant stages** where the cancers have spread to nearby organs or lymph nodes, or other parts of the body.

Proportion of New Cancer Cases by Stage



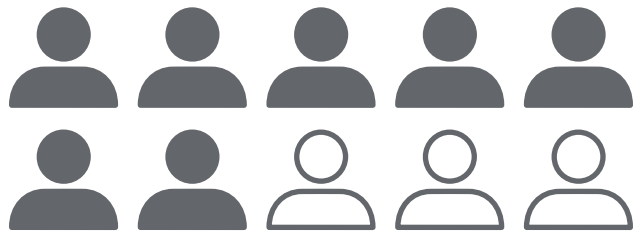
Note: Cancer cases with unknown staging are excluded.

Cancer Across the Lifespan: Leading Types of Cancer Cases and Cancer Deaths among New Yorkers by Age¹

Cancer can affect people at any age. For most cancers, increasing age is the biggest risk factor.



6 in 10 cancer cases occur among New Yorkers ages 65 years and older.



7 in 10 cancer deaths occur among New Yorkers ages 65 years and older.

The most common types of cancer cases and cancer deaths vary by age.

	Cancer Cases	Cancer Deaths
0-19 Years	<ul style="list-style-type: none"> • Leukemias • Lymphoma (both Hodgkin and non-Hodgkin) • Brain and central nervous system 	<ul style="list-style-type: none"> • Brain and central nervous system • Leukemia
20-39 Years	<ul style="list-style-type: none"> • Thyroid • Female breast • Testicular • Colorectal • Melanoma of the skin 	<ul style="list-style-type: none"> • Female breast • Colorectal • Brain • Leukemia • Stomach
40-64 Years	<ul style="list-style-type: none"> • Female breast • Prostate • Lung and bronchus • Colorectal • Uterine 	<ul style="list-style-type: none"> • Lung and bronchus • Female breast • Colorectal • Pancreatic • Liver
65+ Years	<ul style="list-style-type: none"> • Lung and bronchus • Prostate • Female breast • Colorectal • Urinary bladder 	<ul style="list-style-type: none"> • Lung and bronchus • Colorectal • Pancreatic • Female breast • Prostate

Cancer by Sex: Leading Types of Cancer Cases and Cancer Deaths among Female and Male New Yorkers¹

	Cancer Cases	Cancer Deaths
Females	<ul style="list-style-type: none"> • Breast • Lung and bronchus • Colorectal • Uterine • Thyroid 	<ul style="list-style-type: none"> • Lung and bronchus • Breast • Colorectal • Pancreatic • Ovarian
Males	<ul style="list-style-type: none"> • Prostate • Lung and bronchus • Colorectal • Urinary bladder • Non-Hodgkin lymphomas 	<ul style="list-style-type: none"> • Lung and bronchus • Prostate • Colorectal • Pancreatic • Liver

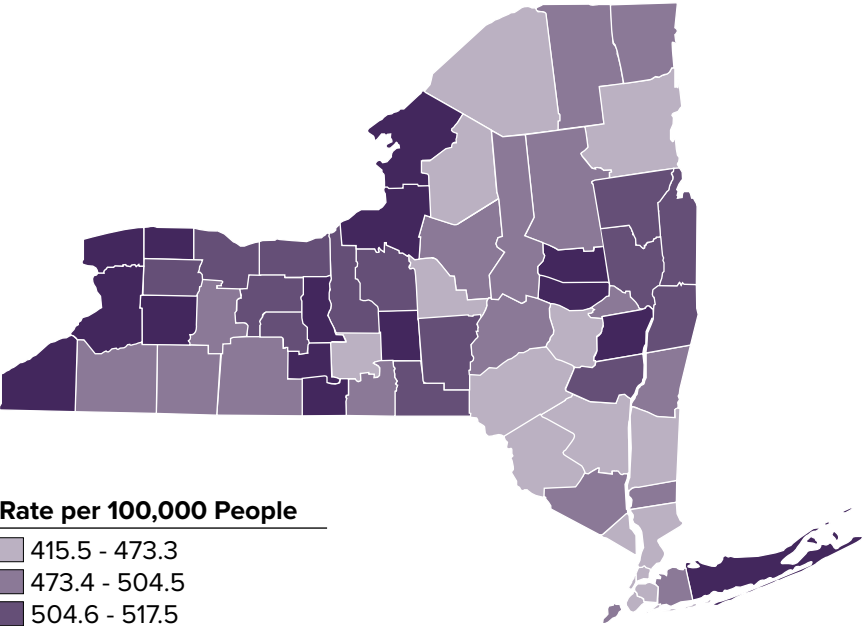
Information on sexual orientation and gender identity is not reported to cancer registries, thus, rates of new cancer cases and deaths among lesbian, gay, bisexual, and transgender people are unknown.

Additional gaps in cancer registry data concerning demographics and social determinants of health exist, creating a challenge in fully understanding the intersection of these factors with cancer outcomes.

Cancer Across New York State: Rates of Cancer Cases and Cancer Deaths by Geography¹

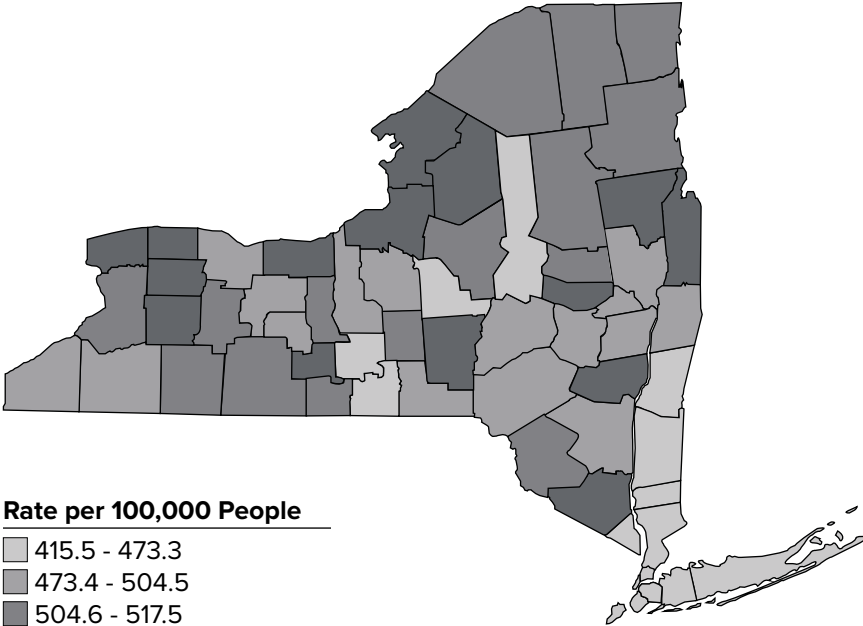
Rate of Cancer Cases

Rate of Cancer Deaths



Rate per 100,000 People

- 415.5 - 473.3
- 473.4 - 504.5
- 504.6 - 517.5
- 517.6 - 562.7



Rate per 100,000 People

- 415.5 - 473.3
- 473.4 - 504.5
- 504.6 - 517.5
- 517.6 - 562.7

Cancer Cases by Stage at Diagnosis and Geography

Stage of Screening-Detectable Cancers at Time of Diagnosis by Geography

Regional or Distant Cancer Type	Rural/Small Town	Micropolitan	Metropolitan
Breast (Female)	30.2%	28.3%	30.6%
Cervical	49.1%	46.8%	53.8%
Colorectal	66.1%	63.4%	62.9%
Lung and bronchus	72.4%	69.0%	67.0%

Metropolitan areas: Densely populated areas that include an urbanized area with a population of 50,000+ and commuting flow from surrounding communities (e.g., Rochester).

Micropolitan areas: Less densely populated areas that include an urban cluster with a 10,000 - 49,999 population and commuting flow from surrounding communities (e.g., Batavia).

Small town and rural areas: Areas that include an urban cluster with a 2,500 - 9,999 population and commuting flow from surrounding communities (e.g., Dansville) and areas where the primary commuting flow is local or to another rural tract (outside an urbanized area or urban cluster) (e.g., Naples).

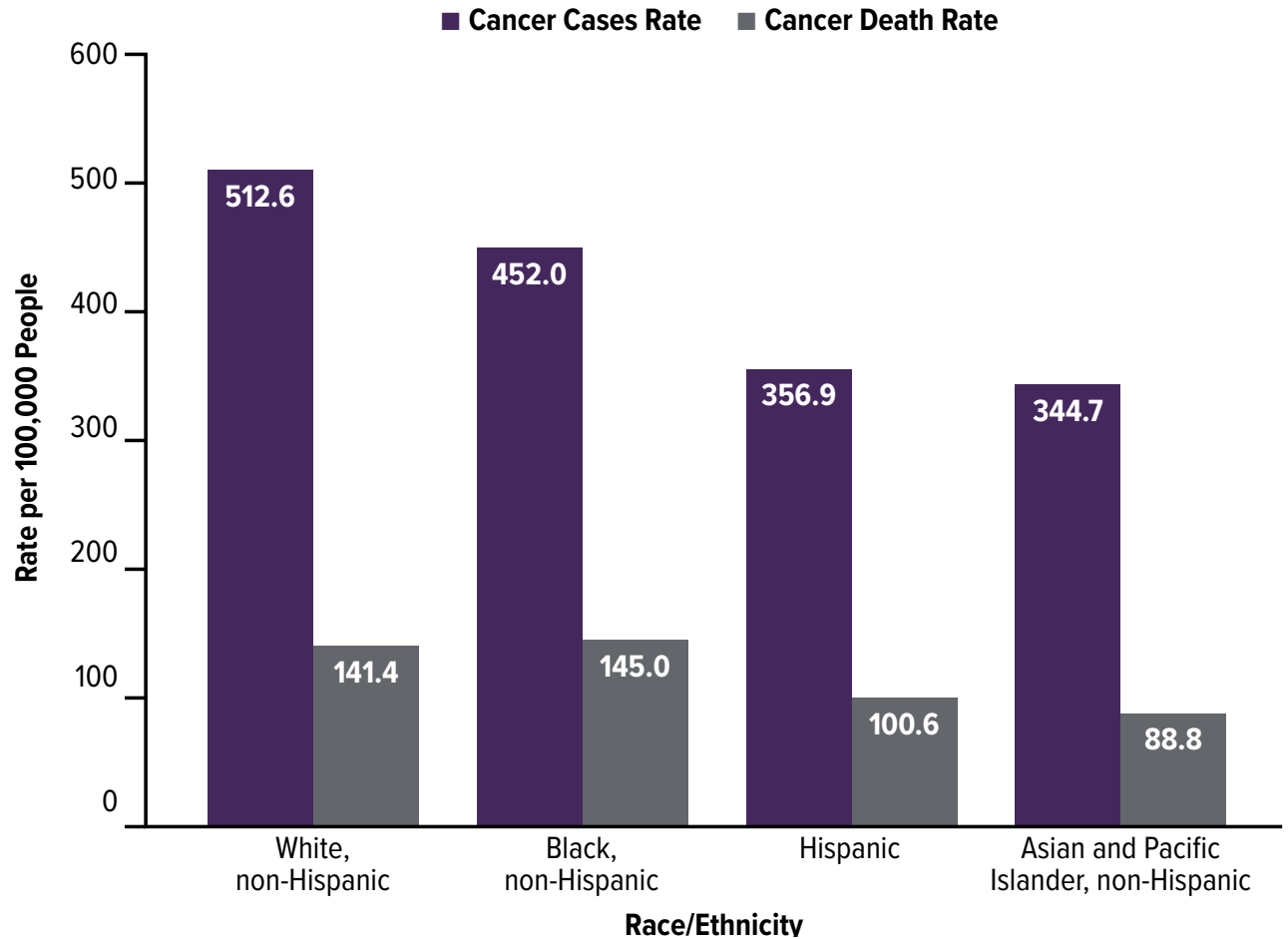
A higher percentage of New Yorkers living in **small town or rural areas** were diagnosed with **regional or distant stage lung and bronchus or colorectal cancers** than those living in metropolitan and micropolitan areas.

A higher percentage of New Yorkers living in **metropolitan areas** were diagnosed with **regional or distant stage female breast or cervical cancers** than those living in small town or rural areas and micropolitan areas.

Cancer Cases and Deaths Disparities by Race/Ethnicity¹

- White, non-Hispanic New Yorkers are diagnosed with cancer more often than all other racial and ethnic groups. Cancer case rates for all other racial and ethnic groups are below the state average.
- Black, non-Hispanic New Yorkers die from cancer more often, closely followed by White, non-Hispanic New Yorkers. Cancer death rates for Hispanic, Asian or Pacific Islander, and American Indian or Alaska Native peoples (not displayed) are below the state average.

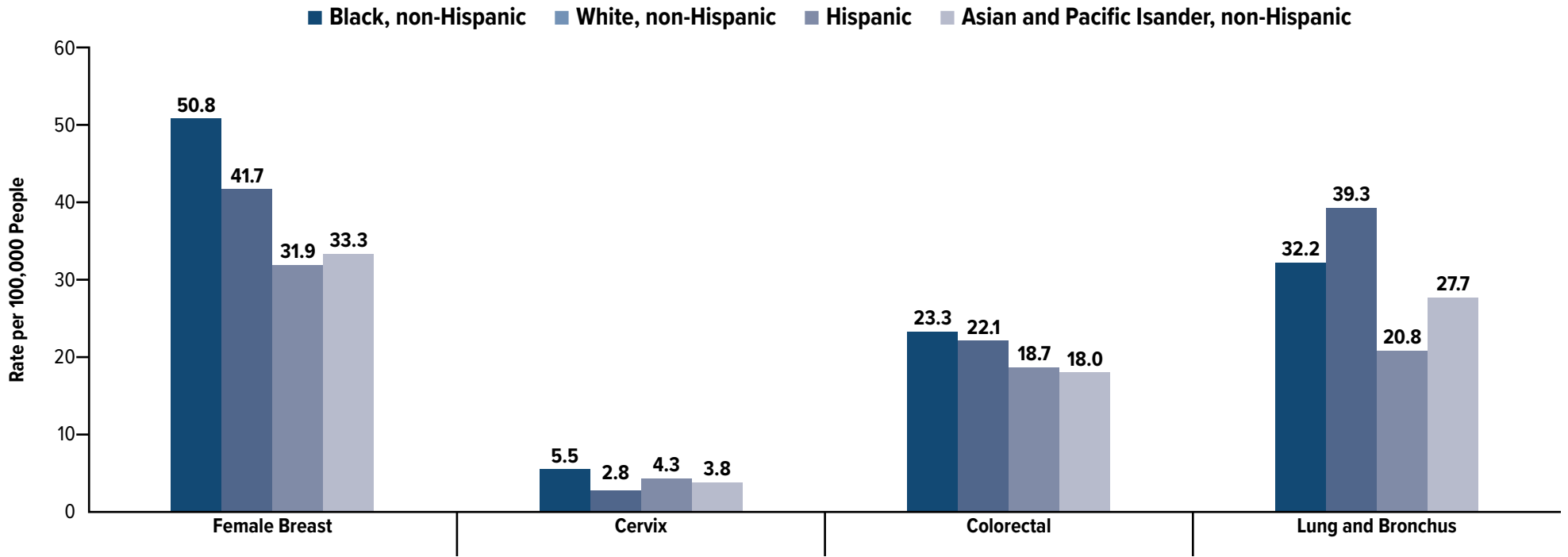
Rates of Cancer Cases and Cancer Deaths by Race/Ethnicity (All malignant cancer sites combined)



Cancer Cases and Deaths Disparities by Race/Ethnicity¹ (cont'd)

Disparities in the incidence of regional and distant stage cancer generally parallel disparities in cancer deaths. Among different race and ethnicity groups:

Rates of Regional and Distant Stage Cancer Cases by Race/Ethnicity



Black, non-Hispanic

New Yorkers are more often diagnosed with regional and distant stage female breast cancers.

Black, non-Hispanic

New Yorkers are more often diagnosed with regional and distant stage cervical cancers.

Black, non-Hispanic

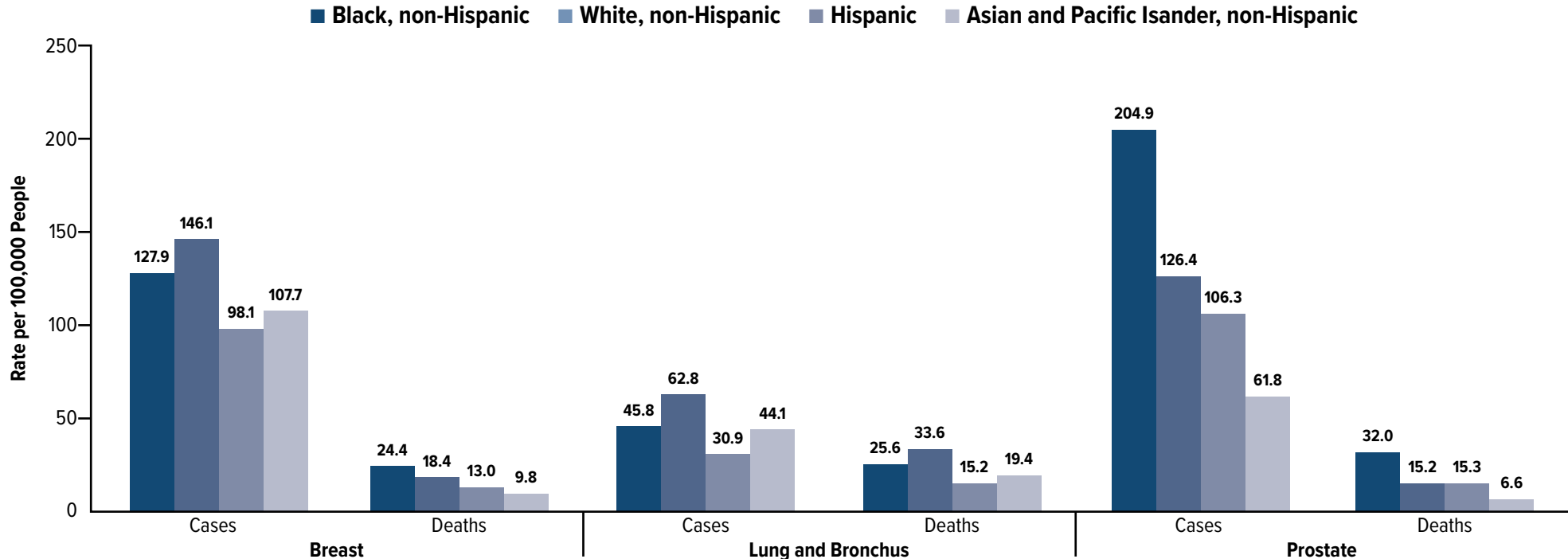
New Yorkers are more often diagnosed with regional and distant stage colorectal cancers.

White, non-Hispanic

New Yorkers are more often diagnosed with regional and distant stage lung and bronchus cancers.

Cancer Cases and Deaths Disparities by Race/Ethnicity¹ (cont'd)

Rates of Cancer Cases and Deaths by Race/Ethnicity



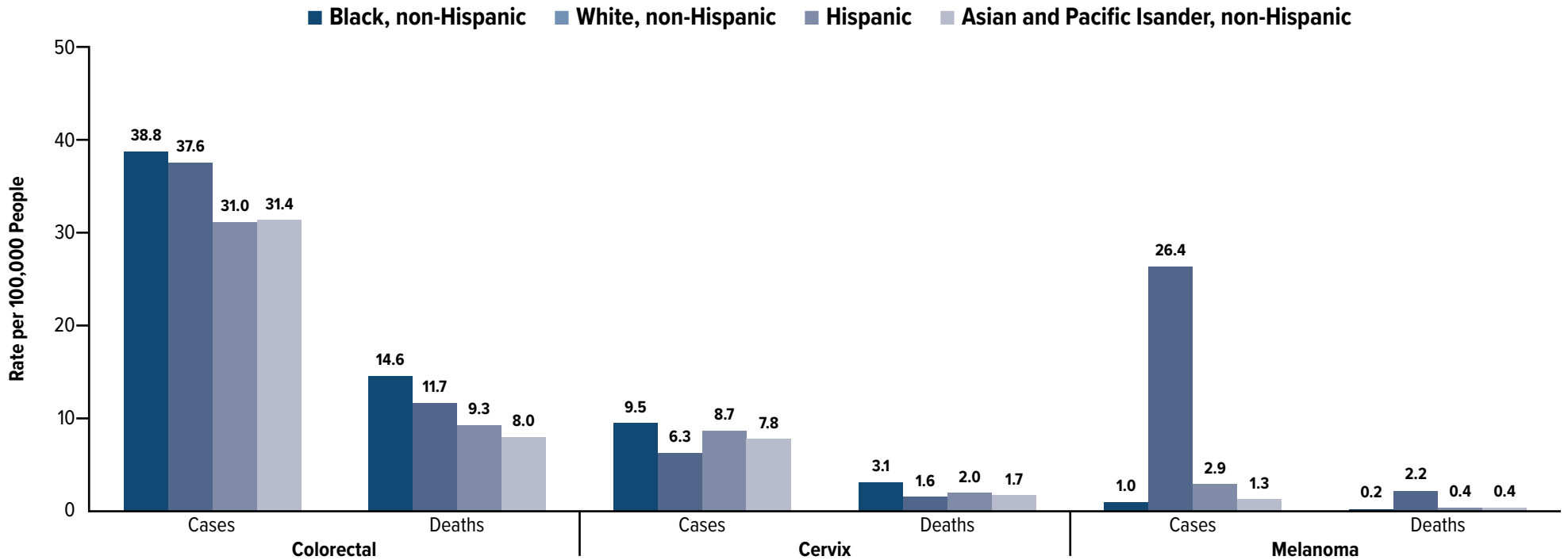
White, non-Hispanic New Yorkers are diagnosed with breast cancer most often, while **Black, non-Hispanic** New Yorkers die from it most often.

White, non-Hispanic New Yorkers are diagnosed with and die from lung and bronchus cancers most often.

Black, non-Hispanic New Yorkers are diagnosed with and die from prostate cancer most often.

Cancer Cases and Deaths Disparities by Race/Ethnicity¹ (cont'd)

Rates of Cancer Cases and Deaths by Race/Ethnicity (cont'd)



Black, non-Hispanic New Yorkers are diagnosed with colorectal cancer slightly more often and die from colorectal cancer most often.

Black, non-Hispanic and Hispanic New Yorkers are diagnosed with and die from cervical cancer more often than White, non-Hispanic New Yorkers.

White, non-Hispanic New Yorkers are diagnosed with and die from melanoma most often.

Citations

1. New York State Cancer Registry. Cancer Incidence and Mortality in New York State, 1976-2020. <http://www.health.ny.gov/statistics/cancer/registry/>. Accessed January 2024.
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6. Centers for Disease Control and Prevention. Incidence and Relative Survival by Stage at Diagnosis for Common Cancers. USCS Data Brief, no. 25. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2021. <https://stacks.cdc.gov/view/cdc/112326>.

