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Proposed Proclamation

for

Prostate Cancer Awareness Month

September 2022

Proposed Proclamation Supplement

Prostate Cancer Awareness Month – September 2022

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The American Cancer Society Document Cancer Facts & Figures 2022 is the source document for all of the information in this Proposed Proclamation. It can be found on the ACS website: www.cancer.org. In the Search box, type Cancer Facts & Figures 2022. The entire 80-page document is available in a PDF format.

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Proposed Proclamation Supplement

Prostate Cancer Awareness Month – September 2022

Discussion

The purpose of this Supplement is to assist government agencies issue a Proclamation designating September 2022 as Prostate Cancer Awareness Month. In this Supplement, the word "Resolution" may be substituted for the word "Proclamation" as required by the issuing government body. The proposed Proclamation on page 3 is in keeping with the national historical practice of recognizing September as Prostate Cancer Awareness Month.

The proposed Proclamation on the next page was prepared using statements from the American Cancer Society document "Cancer Facts & Figures – 2022". There is a page number in parenthesis after each WHEREAS. This page number refers to the location in this Supplement for the source of the WHEREAS. Information on each reference page has been underlined to assist the reader identify the source for each WHEREAS.

There are more than 3.1 million men alive in the USA with a history of prostate cancer. The American Cancer Society estimates that 1 in 8 men will develop prostate cancer in their lifetime. Prostate cancer is the most diagnosed cancer in men and is the second leading cause of cancer deaths in men after lung cancer. Every 15 minutes, 24/7, an American man dies from prostate cancer.

More men are diagnosed with prostate cancer in California than any other state. California also has the highest number of deaths from this disease. It is estimated that this year in the state, 26,890 men will be diagnosed and 4,130 men will die from this disease.

The early stages of prostate cancer usually show no symptoms and there are no self-tests for this disease. Early detection is the key to prostate cancer survival. The 5-year survival rate for prostate cancer approaches 100% if the disease is treated early. The 5-year survival rate drops to 31% if the cancer has metastasized. Treatment options for prostate cancer vary depending on a man's age, the cancer stage and grade, as well as the patient's other medical conditions. The patient's personal values and preferences are also a consideration.

Each year, the President of the United States, The United States Senate, and the Governors of many States issue Proclamations declaring September as Prostate Cancer Awareness Month. Many counties and cities across the country also recognize Prostate Cancer Awareness Month in September by issuing their own Proclamations.

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Proposed Proclamation

Prostate Cancer Awareness Month – September 2022

This is a Proclamation to designate September 2022 as Prostate Cancer Awareness Month

1 WHEREAS, prostate cancer is the most frequently diagnosed cancer in men and the second leading cause of cancer deaths in men; and (page 4)

2 WHEREAS, one in eight men have a lifetime probability of developing prostate cancer. One in eight women also have a lifetime probability of developing breast cancer; and (page 5)

3 WHEREAS, the American Cancer Society estimates there will be 268,490 new cases of prostate cancer in the USA in 2022, resulting in an estimated 34,500 deaths; and (page 4)

4 WHEREAS, it is estimated 26,890 men in California will be diagnosed with prostate cancer this year and it is estimated 4,130 California men will die from this disease this year; and (page 8,9)

5 WHEREAS, the incidence of prostate cancer is almost 73% higher in non-Hispanic Black men than in non-Hispanic White men for reasons that remain unclear; and (page 6)

6 WHEREAS, Prostate cancer death rates declined in the mid 1990s to mid-2021s due to earlier detection through PSA testing and advances in treatment; and (page 6)

7 WHEREAS, the 5-year survival rate approaches 100% when prostate cancer is diagnosed and treated early, but drops to 31% when it spreads to the other parts of the body; and (page 7)

8 WHEREAS, risk factors for prostate cancer are increasing age, African ancestry, a family history of the disease, and certain inherited genetic conditions; and (page 6)

9 WHEREAS, the American Cancer Society recommends that men have a conversation with their health care provider and make an informed decision about whether to be tested for prostate cancer; and (page 6)

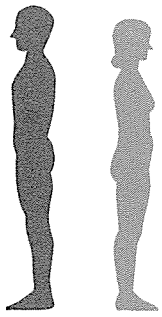
10 WHEREAS, the (name of issuing governing body) joins communities across our nation to increase the awareness about the importance for men to make an informed decision with their health care provider about early detection and testing for prostate cancer, and now, therefore be it

11 RESOLVED, that the (name of issuing government body) designate September 2022 as Prostate Cancer Awareness Month.

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2022 Estimates

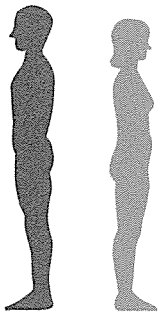
Estimated New Cases

Male			Female		
Prostate	268,490	27%	Breast	287,850	31%
Lung & bronchus	117,910	12%	Lung & bronchus	118,830	13%
Colon & rectum	80,690	8%	Colon & rectum	70,340	8%
Urinary bladder	61,700	6%	Uterine corpus	65,950	7%
Melanoma of the skin	57,180	6%	Melanoma of the skin	42,600	5%
Kidney & renal pelvis	50,290	5%	Non-Hodgkin lymphoma	36,350	4%
Non-Hodgkin lymphoma	44,120	4%	Thyroid	31,940	3%
Oral cavity & pharynx	38,700	4%	Pancreas	29,240	3%
Leukemia	35,810	4%	Kidney & renal pelvis	28,710	3%
Pancreas	32,970	3%	Leukemia	24,840	3%
All sites	**983,160**		**All sites**	**934,870**	



Estimated Deaths

Male			Female		
Lung & bronchus	68,820	21%	Lung & bronchus	61,360	21%
Prostate	34,500	11%	Breast	43,250	15%
Colon & rectum	28,400	9%	Colon & rectum	24,180	8%
Pancreas	25,970	8%	Pancreas	23,860	8%
Liver & intrahepatic bile duct	20,420	6%	Ovary	12,810	4%
Leukemia	14,020	4%	Uterine corpus	12,550	4%
Esophagus	13,250	4%	Liver & intrahepatic bile duct	10,100	4%
Urinary bladder	12,120	4%	Leukemia	9,980	3%
Non-Hodgkin lymphoma	11,700	4%	Non-Hodgkin lymphoma	8,550	3%
Brain & other nervous system	10,710	3%	Brain & other nervous system	7,570	3%
All sites	**322,090**		**All sites**	**287,270**	



Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates do not include Puerto Rico or other US territories. Ranking is based on modeled projections and may differ from the most recent observed data.

while the proportion of people with public health insurance (e.g., Medicaid) increased. Uninsured individuals and those from other marginalized populations are substantially more likely to be diagnosed with cancer at a later stage, when treatment is often more involved, costlier, and less successful. To learn more about how the ACA helps save lives from cancer, see the Advocacy section on page 68.

Importantly, medical financial hardship and lost income due to cancer diagnosis, treatment, and recovery are not limited to those without health insurance. Many insured cancer patients, especially those who are younger and/or low-income, report difficulty paying medical bills, anxiety about the cost of treatment, and delayed or forgone medical care due to cost.

Selected Cancers

This section provides information on the occurrence, risk factors, symptoms, early detection, and treatment for the most commonly diagnosed cancers, and may have limited relevance for specific cancer subtypes. (For information on rare cancers, see the Special Section in *Cancer Facts & Figures 2017* at cancer.org/statistics.) Cancer trends are generally based on incidence data from 2000 through 2018 from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program, and mortality data from 1975 through 2019 from the National Center for Health Statistics. See Sources of Statistics on page 74 for more information.

Breast

New cases and deaths: In the US in 2022, invasive breast cancer will be newly diagnosed in an estimated 287,850 women and 2,710 men, with an additional 51,400 cases of

Table 6. Probability (%) of Developing Invasive Cancer During Selected Age Intervals by Sex, US, 2016-2018*

Site	Sex	0 to 49	50 to 59	60 to 69	70 and older	Birth to death
All sites†	Male	3.4 (1 in 29)	6.2 (1 in 16)	13.6 (1 in 7)	32.9 (1 in 3)	40.2 (1 in 2)
	Female	5.8 (1 in 17)	6.3 (1 in 16)	10.2 (1 in 10)	26.5 (1 in 4)	38.5 (1 in 3)
Breast	Female	2.1 (1 in 48)	2.4 (1 in 41)	3.5 (1 in 28)	7.0 (1 in 14)	12.9 (1 in 8)
Colon & rectum	Male	0.4 (1 in 249)	0.7 (1 in 143)	1.1 (1 in 94)	3.1 (1 in 32)	4.2 (1 in 24)
	Female	0.4 (1 in 265)	0.5 (1 in 192)	0.8 (1 in 130)	2.9 (1 in 35)	4.0 (1 in 25)
Kidney & renal pelvis	Male	0.2 (1 in 413)	0.4 (1 in 259)	0.7 (1 in 151)	1.4 (1 in 73)	2.2 (1 in 46)
	Female	0.2 (1 in 645)	0.2 (1 in 532)	0.3 (1 in 311)	0.8 (1 in 133)	1.3 (1 in 79)
Leukemia	Male	0.3 (1 in 386)	0.2 (1 in 531)	0.4 (1 in 254)	1.5 (1 in 68)	1.9 (1 in 54)
	Female	0.2 (1 in 498)	0.1 (1 in 823)	0.2 (1 in 421)	0.9 (1 in 110)	1.3 (1 in 77)
Lung & bronchus	Male	0.1 (1 in 812)	0.6 (1 in 169)	1.7 (1 in 59)	5.7 (1 in 17)	6.4 (1 in 16)
	Female	0.1 (1 in 690)	0.6 (1 in 175)	1.4 (1 in 71)	4.8 (1 in 21)	6.0 (1 in 17)
Melanoma of the skin‡	Male	0.4 (1 in 233)	0.5 (1 in 198)	0.9 (1 in 109)	2.7 (1 in 37)	3.7 (1 in 27)
	Female	0.6 (1 in 157)	0.4 (1 in 241)	0.5 (1 in 184)	1.2 (1 in 84)	2.5 (1 in 40)
Non-Hodgkin lymphoma	Male	0.3 (1 in 377)	0.3 (1 in 343)	0.6 (1 in 178)	1.8 (1 in 54)	2.4 (1 in 42)
	Female	0.2 (1 in 515)	0.2 (1 in 453)	0.4 (1 in 245)	1.4 (1 in 73)	1.9 (1 in 52)
Prostate	Male	0.2 (1 in 456)	1.8 (1 in 54)	5.1 (1 in 19)	9.0 (1 in 11)	12.5 (1 in 8)
Thyroid	Male	0.2 (1 in 453)	0.1 (1 in 732)	0.2 (1 in 581)	0.2 (1 in 423)	0.7 (1 in 149)
	Female	0.9 (1 in 117)	0.4 (1 in 271)	0.3 (1 in 294)	0.4 (1 in 264)	1.8 (1 in 55)
Uterine cervix	Female	0.3 (1 in 359)	0.1 (1 in 839)	0.1 (1 in 944)	0.2 (1 in 594)	0.6 (1 in 159)
Uterine corpus	Female	0.3 (1 in 320)	0.6 (1 in 157)	1.1 (1 in 94)	1.5 (1 in 66)	3.1 (1 in 32)

*For those who are free of cancer at the beginning of each age interval. †All sites excludes basal and squamous cell skin cancers and in situ cancers except urinary bladder. ‡Statistic is for non-Hispanic Whites.

Source: DevCan: Probability of Developing or Dying of Cancer Software, Version 6.7.9. Statistical Research and Applications Branch, National Cancer Institute, 2021. surveillance.cancer.gov/devcan/.

Please note: The probability of developing cancer for additional sites, as well as the probability of cancer death, can be found in Supplemental Data at cancer.org/research/cancerfactsstatistics/index.

Oncology Group (COG) has developed guidelines for screening for and managing late effects in survivors of childhood cancer. See the COG website at survivorshipguidelines.org for more information.

For more information on cancer in children and adolescents, see the *Cancer Facts & Figures 2014* Special Section: Cancer in Children & Adolescents and *Cancer Facts & Figures 2020* Special Section: Cancer in Adolescents & Young Adults at cancer.org/statistics, as well as the Childhood Cancer Research Landscape Report at cancer.org.

Colon and Rectum

New cases and deaths: In 2022, an estimated 106,180 cases of colon cancer and 44,850 cases of rectal cancer will be diagnosed in the US, and a total of 52,580 people will die from these cancers (Table 1). Unfortunately, accurate statistics on deaths from colon versus rectal cancers are not available because many deaths from rectal cancer are misclassified as colon cancer on death certificates. The misclassification is largely attributed to historically widespread use of "colon cancer" to refer to colon and rectal cancer in educational messaging because of cultural reluctance to use the term rectum.

Incidence trends: Colorectal cancer (excluding appendiceal tumors) incidence has generally declined since the mid-1980s, with accelerated progress shortly after widespread uptake of screening during the 2000s among adults ages 50 and older. From 2014 to 2018, incidence rates decreased by about 2% per year in adults 50 and older, but increased by 1.5% per year in younger individuals, a trend that began in the mid-1990s for unknown reasons.

Mortality trends: The colorectal cancer death rate has dropped by 56%, from 29.2 (per 100,000) in 1970 to 12.8 in 2019, mostly due to earlier detection through screening and improvements in treatment; from 2015 to 2019, the death rate declined by about 2% per year. Similar to incidence, however, this progress contrasts with rising

Risk factors: People who smoke have about twice the risk of pancreatic cancer as never smokers. Use of smokeless tobacco also increases risk. Other risk factors include type 2 diabetes, excess body weight, a family history of pancreatic cancer, and a personal history of chronic pancreatitis. Heavy alcohol consumption may also increase risk. Individuals with Lynch syndrome and certain other genetic syndromes, including *BRCA1* and *BRCA2* mutation carriers, are also at increased risk.

Signs and symptoms: Signs and symptoms of pancreatic cancer, which usually do not appear until the disease is advanced, can include weight loss, abdominal discomfort that may radiate to the back, jaundice (yellowing of the skin and whites of the eyes), severe abdominal pain, nausea, and vomiting.

Treatment: Surgery, radiation therapy, and chemotherapy are treatment options that may extend survival and/or relieve symptoms, but seldom produce a cure. Fewer than 20% of patients are candidates for surgery because the cancer has usually spread beyond the pancreas at diagnosis. For those who do undergo surgery, adjuvant treatment with chemotherapy (and sometimes radiation) may lower the risk of recurrence and might help people live longer. For advanced disease, chemotherapy (sometimes along with a targeted therapy drug) or immunotherapy might be used. Clinical trials are testing several new targeted agents and immunotherapies.

Survival: For all stages combined, the 5-year relative survival rate is 11%. Even for the small percentage (13%) of people diagnosed with local disease, the 5-year survival rate is only 42%.

Prostate

New cases and deaths: In 2022, an estimated 268,490 new cases of prostate cancer will be diagnosed in the US and 34,500 men will die from the disease (Table 1). The incidence of prostate cancer is 73% higher in non-Hispanic Black men than in non-Hispanic White men for reasons that remain unclear.

Incidence trends: Changes in prostate cancer incidence rates largely reflect screening with the prostate-specific antigen (PSA) blood test, which mostly detects localized-stage disease. After declining during the late 2000s and early 2010s because of changes in screening guidelines followed by less PSA testing, rates from 2014 to 2018 were stable overall and for localized-stage disease, but increased by 4% to 6% annually for advanced-stage cancers.

Mortality trends: Prostate cancer death rates declined by about half from the mid-1990s to the mid-2010s due to earlier detection through PSA testing and advances in treatment. However, the decline has slowed in recent years, likely reflecting the uptick in distant-stage diagnoses; from 2015 to 2019, the rate decreased by 0.6% per year.

Risk factors: Well-established risk factors for prostate cancer are increasing age, African ancestry, a family history of the disease, and certain inherited genetic conditions (e.g., Lynch syndrome and *BRCA1* and *BRCA2* mutations). Black men in the US and Caribbean have the highest documented prostate cancer incidence rates in the world. The only modifiable risk factors are smoking and excess body weight, which may increase risk of aggressive and/or fatal disease.

Early detection: No major medical organization presently endorses routine screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms or harm), along with the high potential for serious side effects associated with prostate cancer treatment. However, because prostate cancer is a leading cause of cancer death in men, many organizations recommend an "informed decision-making" approach whereby men are educated about screening and encouraged to make a personal choice. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested. Black men and those with a close relative diagnosed with prostate cancer before the age of 65 should have this discussion beginning at age 45,

Table 8. Five-year Relative Survival Rates* (%) by Stage at Diagnosis, US, 2011-2017

	All stages	Local	Regional	Distant		All stages	Local	Regional	Distant
Breast (female)	90	99	86	29	Oral cavity & pharynx	67	85	68	40
Colon & rectum	65	91	72	15	Ovary	49	93	75	30
Colon	64	91	72	14	Pancreas	11	42	14	3
Rectum	67	90	73	17	Prostate	98	>99	>99	31
Esophagus	20	46	26	5	Stomach	32	70	32	6
Kidney†	76	93	71	14	Testis	95	99	96	73
Larynx	61	78	46	34	Thyroid	98	>99	98	53
Liver‡	20	35	12	3	Urinary bladder§	77	70	38	6
Lung & bronchus	22	60	33	6	Uterine cervix	66	92	58	18
Melanoma of the skin	93	99	68	30	Uterine corpus	81	95	69	18

*Rates are adjusted for normal life expectancy and are based on cases diagnosed in the SEER 18 areas from 2011-2017, all followed through 2018. Rates by stage reflect Combined Summary Stage 2004+ except for testicular cancer, which is based on Combined Summary Stage 2000 (2004-2017). †Includes renal pelvis. ‡Includes intrahepatic bile duct. §Rate for in situ cases is 96%.

Local: an invasive malignant cancer confined entirely to the organ of origin. **Regional:** a malignant cancer that 1) has extended beyond the limits of the organ of origin directly into surrounding organs or tissues; 2) involves regional lymph nodes; or 3) has both regional extension and involvement of regional lymph nodes. **Distant:** a malignant cancer that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis to distant organs, tissues, or via the lymphatic system to distant lymph nodes.

Sources: SEER*Explorer, National Cancer Institute, 2021. Available from https://seer.cancer.gov/explorer/. Testicular cancer survival by stage was calculated using SEER*Stat software (version 8.3.9), National Cancer Institute, 2021.

blood. Difficulty chewing, swallowing, or moving the tongue or jaw are often late symptoms.

Treatment: Surgery and/or radiation therapy are standard treatments; chemotherapy is often added for high-risk or advanced disease. Chemotherapy or targeted therapy may be combined with radiation as initial treatment in some cases. Immunotherapy with or without chemotherapy is a newer option for advanced or recurrent cancer.

Survival: The 5-year relative survival rate for cancers of the oral cavity and pharynx overall is 67% (Table 8) but is much lower in Black people (51%) than in White people (69%) (Table 7). This partly reflects the higher proportion in Whites of HPV-associated cancer, which generally has better outcomes.

Ovary

New cases and deaths: In 2022, an estimated 19,880 new cases of ovarian cancer will be diagnosed in the US and 12,810 women will die from the disease (Table 1). About 90% of cases are epithelial ovarian cancer, the majority of which are high-grade serous tumors, which have the fewest established risk factors and worst prognosis.

Incidence trends: The ovarian cancer incidence rate declined by 1% to 2% per year from 1990 to the mid-2010s but accelerated to about 3% per year from 2014 to 2018. Although reasons for the favorable trends are not fully understood, increased oral contraceptive use in the latter half of the past century and decreased menopausal hormone therapy use during the 2000s likely contributed.

Mortality trends: Similar to incidence, the pace of the decline in ovarian cancer mortality has accelerated from 2% annually during the 2000s and early 2010s to 3% annually from 2015 to 2019, likely reflecting decreased incidence and improved treatment.

Risk factors: The most important risk factor other than age is a strong family history of breast or ovarian cancer. Women who have certain inherited mutations (e.g., *BRCA1* or *BRCA2* or those related to Lynch syndrome) are at increased risk. Other medical conditions and characteristics associated with increased risk include a personal history of breast cancer, endometriosis, or pelvic inflammatory disease, and tall adult height. Modifiable factors associated with increased risk include menopausal hormone therapy (estrogen alone or combined with progesterone), previously referred to as hormone replacement therapy or HRT, and excess body weight.

Table 2. Estimated Number* of New Cases for Selected Cancers by State, US, 2022

State	All sites	Female breast	Uterine cervix	Colon & rectum	Uterine corpus	Leukemia	Lung & bronchus	Melanoma of the skin	Non-Hodgkin lymphoma	Prostate	Urinary bladder
Alabama	30,210	4,280	240	2,510	800	780	4,280	1,480	1,000	4,650	1,140
Alaska	3,250	530	†	320	100	90	380	100	120	460	160
Arizona	39,970	6,110	290	3,150	1,320	1,090	4,610	3,110	1,680	4,940	1,900
Arkansas	18,610	2,440	160	1,530	570	520	2,820	900	690	2,510	710
California	189,220	31,720	1,640	15,970	7,110	5,630	17,450	10,260	8,500	26,890	7,620
Colorado	28,480	4,730	190	2,140	940	870	2,550	1,850	1,140	4,030	1,220
Connecticut	22,810	3,550	120	1,550	830	680	2,760	1,050	950	3,310	1,110
Delaware	7,080	1,010	†	500	250	230	910	470	280	940	310
Dist. of Columbia	3,440	620	†	250	160	90	370	70	120	580	110
Florida	152,600	20,920	1,230	11,490	4,860	6,630	19,560	9,650	7,980	20,680	6,890
Georgia	58,970	9,170	490	4,970	1,730	1,860	7,700	3,640	2,140	9,150	2,100
Hawaii	7,730	1,430	60	700	370	210	890	530	330	940	300
Idaho	10,440	1,490	70	750	320	330	1,100	940	440	1,480	500
Illinois	75,350	11,340	530	6,260	2,730	2,190	9,440	3,860	3,060	10,520	3,110
Indiana	39,460	5,600	290	3,290	1,340	1,160	5,920	2,250	1,520	5,020	1,720
Iowa	19,960	2,770	110	1,570	690	750	2,530	1,250	880	2,690	870
Kansas	16,580	2,410	100	1,510	540	530	2,190	920	680	2,550	680
Kentucky	30,370	3,950	200	2,600	930	850	4,990	1,680	1,110	3,840	1,280
Louisiana	28,680	3,970	230	2,440	730	800	3,800	1,010	1,070	4,170	1,020
Maine	10,060	1,420	†	700	370	300	1,640	520	420	1,180	580
Maryland	34,960	5,640	240	2,540	1,400	970	4,150	1,670	1,350	5,380	1,310
Massachusetts	42,190	6,710	210	2,940	1,530	1,120	5,600	1,900	1,780	5,670	2,030
Michigan	62,500	8,900	370	4,680	2,270	1,850	8,720	3,180	2,670	9,240	2,880
Minnesota	35,130	4,950	160	2,420	1,190	1,390	3,980	1,860	1,550	4,290	1,530
Mississippi	18,250	2,510	150	1,680	490	450	2,810	730	580	2,970	600
Missouri	37,480	5,560	250	2,970	1,290	1,160	5,690	1,690	1,480	4,830	1,550
Montana	7,030	1,000	†	510	200	240	820	510	300	1,100	340
Nebraska	11,280	1,600	70	960	360	380	1,330	630	460	1,680	480
Nevada	16,390	2,570	160	1,430	510	510	2,030	770	700	2,230	800
New Hampshire	9,430	1,360	†	670	370	260	1,270	610	410	1,280	550
New Jersey	55,730	8,410	420	4,260	2,280	1,730	5,980	2,300	2,420	8,580	2,560
New Mexico	11,030	1,700	90	890	410	350	940	670	450	1,430	400
New York	118,830	17,800	870	8,950	4,730	4,010	14,050	3,960	5,240	17,960	5,450
North Carolina	65,320	10,220	440	4,760	2,130	2,120	8,760	3,760	2,450	9,550	2,670
North Dakota	4,300	590	†	340	120	170	510	230	180	600	200
Ohio	73,700	10,610	480	5,870	2,760	1,910	10,430	4,110	2,870	9,530	3,260
Oklahoma	23,700	3,280	210	1,900	660	710	3,390	1,180	870	2,900	870
Oregon	25,130	4,070	160	1,850	860	680	2,990	1,640	1,090	3,250	1,200
Pennsylvania	85,110	12,220	500	6,610	3,270	2,600	11,170	3,540	3,740	11,740	4,130
Rhode Island	7,030	1,020	†	490	260	240	980	320	300	1,030	360
South Carolina	33,440	5,170	240	2,570	1,080	1,030	4,560	1,970	1,260	5,110	1,310
South Dakota	5,370	750	†	430	160	180	660	320	220	810	230
Tennessee	42,200	6,040	330	3,420	1,280	1,230	6,200	1,940	1,630	5,800	1,690
Texas	139,320	21,040	1,500	11,780	4,140	4,750	14,790	5,020	5,590	17,850	4,470
Utah	13,190	1,960	80	900	480	420	780	1,610	550	2,130	480
Vermont	4,260	630	†	300	170	130	590	290	190	490	220
Virginia	46,670	7,600	310	3,610	1,590	1,320	5,900	2,240	1,880	7,150	1,830
Washington	42,620	7,020	280	3,120	1,310	1,320	4,880	2,510	1,890	5,670	1,930
West Virginia	12,690	1,630	80	1,080	490	400	2,050	660	520	1,550	640
Wisconsin	37,320	5,380	200	2,680	1,380	1,320	4,500	2,170	1,590	5,590	1,730
Wyoming	3,140	460	†	240	100	90	330	250	130	590	160
United States	**1,918,030**	**287,850**	**14,100**	**151,030**	**65,950**	**60,650**	**236,740**	**99,780**	**80,470**	**268,490**	**81,180**

*Rounded to the nearest 10. Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder. Estimates for Puerto Rico are unavailable.
†Estimate is fewer than 50 cases. These estimates are offered as a rough guide and should be interpreted with caution. State estimates may not sum to US total due to rounding and exclusion of state estimates fewer than 50 cases.

Please note: Estimated cases for additional cancer sites by state can be found in Supplemental Data at cancer.org/statistics or via the Cancer Statistics Center (cancerstatisticscenter.cancer.org).

Table 3. Estimated Number* of Deaths for Selected Cancers by State, US, 2022

State	All sites	Brain/ nervous system	Female breast	Colon & rectum	Leukemia	Liver‡	Lung & bronchus	Non-Hodgkin lymphoma	Ovary	Pancreas	Prostate
Alabama	10,520	320	730	910	340	510	2,650	270	210	830	480
Alaska	1,030	†	70	110	†	70	220	†	†	80	60
Arizona	13,200	410	910	1,210	540	710	2,280	410	310	1,120	820
Arkansas	6,460	190	390	560	210	310	1,770	190	120	450	430
California	60,970	2,070	4,690	5,470	2,340	3,680	9,660	2,150	1,390	5,080	4,130
Colorado	8,170	310	670	710	320	440	1,330	260	200	680	580
Connecticut	6,400	210	420	470	320	330	1,360	220	150	580	420
Delaware	2,200	50	160	160	100	120	530	80	50	190	100
Dist. of Columbia	1,010	†	100	90	†	80	150	†	†	100	70
Florida	47,540	1,360	3,150	4,110	1,980	2,330	10,440	1,560	1,010	3,820	2,720
Georgia	18,750	500	1,410	1,590	650	930	4,180	540	410	1,450	1,070
Hawaii	2,590	60	210	240	90	160	540	100	†	240	130
Idaho	3,240	130	250	270	140	120	590	120	80	270	200
Illinois	23,200	610	1,730	2,110	900	1,100	5,140	780	530	2,010	1,160
Indiana	13,570	380	880	1,160	520	640	3,470	450	190	1,070	770
Iowa	6,470	190	380	540	270	250	1,450	240	140	520	390
Kansas	5,660	180	380	480	250	270	1,350	220	110	420	280
Kentucky	9,740	290	640	880	390	390	2,730	320	170	740	320
Louisiana	9,630	240	690	880	330	570	2,310	290	170	740	470
Maine	3,440	110	190	230	120	130	860	120	60	260	170
Maryland	11,030	290	840	980	450	510	2,230	340	240	880	680
Massachusetts	12,520	440	760	990	510	620	2,760	410	290	1,110	700
Michigan	21,260	600	1,390	1,700	820	870	5,000	740	440	1,780	1,000
Minnesota	10,340	310	640	790	460	490	1,950	460	210	840	660
Mississippi	6,790	200	450	660	230	380	1,820	160	110	520	410
Missouri	13,050	350	820	1,070	500	590	3,200	410	250	990	680
Montana	2,160	70	150	170	80	110	370	70	†	170	140
Nebraska	3,550	120	250	320	170	100	670	110	70	290	170
Nevada	5,730	130	440	470	230	300	1,170	240	120	430	410
New Hampshire	2,880	90	180	210	110	120	710	90	70	320	160
New Jersey	15,710	510	1,210	1,380	660	790	2,930	440	350	1,390	750
New Mexico	3,830	120	290	330	130	300	560	120	100	290	240
New York	32,230	980	2,460	2,670	1,340	1,280	6,660	1,170	830	2,930	1,720
North Carolina	20,480	470	1,450	1,630	800	1,000	4,750	630	390	1,590	1,120
North Dakota	1,310	†	70	110	60	50	300	50	†	100	70
Ohio	25,120	720	1,700	2,110	990	1,040	5,900	830	380	2,090	1,370
Oklahoma	8,620	240	570	770	310	450	2,260	280	180	580	450
Oregon	8,460	260	580	650	330	470	1,670	300	170	700	520
Pennsylvania	27,260	820	1,900	2,310	1,110	1,210	5,990	940	590	2,330	1,470
Rhode Island	2,170	70	130	160	90	140	480	70	†	190	100
South Carolina	10,850	340	770	890	430	590	2,560	300	180	880	630
South Dakota	1,740	70	110	160	70	80	410	60	†	150	80
Tennessee	14,390	410	1,040	1,250	550	690	3,680	460	260	1,060	750
Texas	43,490	1,280	3,440	4,280	1,610	2,790	8,270	1,400	910	3,390	2,260
Utah	3,540	150	310	310	180	160	470	130	100	290	360
Vermont	1,460	50	80	120	50	80	330	50	†	120	80
Virginia	15,280	440	1,150	1,370	610	710	3,470	490	350	1,270	940
Washington	13,270	470	940	1,110	530	730	2,720	470	320	1,070	850
West Virginia	4,460	120	290	440	190	170	1,190	170	80	340	190
Wisconsin	11,570	370	720	900	500	510	2,500	460	240	980	740
Wyoming	1,000	†	70	80	†	60	210	†	†	90	60
United States	**609,360**	**18,280**	**43,250**	**52,580**	**24,000**	**30,520**	**130,180**	**20,250**	**12,810**	**49,830**	**34,500**

*Rounded to the nearest 10. †Estimate is fewer than 50 deaths. ‡Liver includes intrahepatic bile duct. These estimates are offered as a rough guide and should be interpreted with caution. State estimates may not sum to US total due to rounding and exclusion of state estimates fewer than 50 deaths. Estimates are not available for Puerto Rico.

Please note: Estimated deaths for additional cancer sites by state can be found in Supplemental Data at cancer.org/statistics or via the Cancer Statistics Center (cancerstatisticscenter.cancer.org).