THE CANCER BURDEN IN NEW JERSEY

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AMERICAN CANCER SOCIETY, NEW JERSEY & NEW YORK

American Cancer Society®

Acknowledgements

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Executive Summary

Cancer takes a devastating toll on New Jersey. One in two men and one in three women will get a cancer diagnosis in their lifetimes. More than half of all these diagnoses will occur after the age of 65. Cancer is the second most common cause of death after heart disease.

Yet surprisingly, there is too little public discussion of how New Jersey should comprehensively respond to a disease that causes so much suffering. This report examines existing public data and identifies trends that will inform policymakers on how to reduce the number of new cases (incidence) of cancer, the number of deaths, increase access to quality cancer treatment and enhance the quality of life for those suffering from the disease.

Four cancer sites represent more than half (52%) of all new cancer cases and nearly half (49%) of all cancer deaths. They are: cancer of the lung, prostate, breast and colon/rectum. This report examines the impact of these four cancers in detail.

Care should be taken to avoid over-interpreting findings that show large disparities in cancer incidence and mortality. Apparent differences may be random variations not correctible by standard statistical techniques. These data are based on residence at time of diagnosis. Cancer may have a long latency period before reaching a clinically detectable stage, and between the cancer's initiation and its detection an individual's residence, personal behaviors and occupation may have changed.

FINDINGS

Finding: It is estimated that more than 49,080 New Jerseyans were diagnosed with cancer in 2011 and that more than 16,370 died from the disease.

Finding: Prostate cancer is New Jersey's most common cancer. 7,840 men were diagnosed in 2011. Female breast cancer (7,360 new cases) and lung & bronchus cancers, **hereafter lung cancer**, with 6,210 new cases, were the second and third most frequent, respectively. There were 4,290 new cases of colon & rectum cancer, **hereafter colorectal cancer**.

Finding: Lung cancer is the single largest cancer killer, causing over 4,100 deaths. Lung cancer has a higher mortality rate than the other common malignancies and has been less amenable to therapeutic advances. Colorectal and female breast cancers were the second and third most frequent causes of mortality.

Finding: Four cancers - lung, prostate, breast and colorectal - account for more than half of all cancer diagnoses and nearly half of all cancer deaths.

Finding: New Jersey has a both higher cancer incidence rate and death rate than the national average.

Finding: Cancer rates in upstate New Jersey are generally lower than those found downstate. To some extent, this difference can be explained by the lower lung cancer rates in the northern half of the state compared to the somewhat higher rates in the south.

Finding: Differences in cancer rates are found among counties in New Jersey. While direct comparisons can show appreciable differences, low population numbers in many counties, which create "large confidence intervals," make the value of such comparisons limited.

For example, men living in the counties of Atlantic, Camden, Cape May, Cumberland, Gloucester, and Ocean have lung cancer rates that exceed the state average. By contrast, men living in the counties of Bergen, Hunterdon, Morris, Somerset, and Union have lung cancer rates that are lower than the state average

Women living in the counties of Bergen, Hunterdon, Monmouth, Morris, and Somerset had breast cancer rates that are higher than the state average. By contrast, women living in the counties of Cumberland, Essex, Hudson, and Passaic had rates lower than the state average

Despite these ranges, no county should feel complacent. Cancer still impacts too many New Jerseyans and many cancer deaths are avoidable. Every county experiences cancer incidence and mortality rates that are too high.

Finding: In addition to the emotional and physical toll that cancer has on patients and their families, there can be an enormous financial impact. Almost one-third of cancer patients have out-of-pocket health care costs totaling 10 percent or more of their family income.

RECOMMENDATIONS

Tobacco use is the most important single factor associated to lung and other cancers, as well as other chronic diseases. Additionally, lifestyle-related behaviors (high consumption of unhealthy foods and lack of physical activity, associated with excess body weight, as well as excessive alcohol consumption) also are linked to increased risk of cancer diagnosis and death. Finally, genetic factors, infections, and environmental exposures also play a role. Access to adequate health care has a significant impact on an individual's chance of surviving cancer. There is a clear need for policies that reduce the occurrence of cancer, help identify the disease at its earliest (and often most treatable) phase, and to help alleviate the economic toll and improve quality of life for those diagnosed with cancer.

Recommendation: Policies to Prevent Cancer

- **Prevent lung and other smoking-related cancers by adequately supporting the New Jersey Tobacco Control Program.** Lung cancer is the number one cancer killer with the vast majority of cases caused by smoking. Smoking also causes cancer of the oropharynx, larynx, esophagus, pancreas, bladder and kidney, accounting for at least 30 percent of all cancer deaths. Tobacco use costs the state an estimated $3.17 billion in health care bills annually, including $967 million in Medicaid payments alone. Yet New Jersey has slashed its tobacco control budget from $30 million in FY 2003 to $1.5 million in FY 2012. As a result, New Jersey has fallen to near the bottom of the nation in per

capita spending on tobacco control. The U.S. Centers for Disease Control and Prevention recommends that New Jersey spend $119 million annually on anti-tobacco efforts. The money exists to support this program in the form of nearly $1 billion in revenues each year from tobacco taxes and payments from the states' lawsuit against the tobacco companies.

- **Reverse the obesity epidemic.** Increasingly, scientific evidence is linking poor nutrition, a sedentary lifestyle and consequent obesity with increased risk of several kinds of cancer. Policymakers should promote policies designed to increase access to and consumption of healthy foods (fresh vegetables, fruits, etc.), particularly among poor communities, and create incentives to encourage increased physical activity among New Jerseyans (walkable neighborhoods, alternative transportation arrangements, bike-lanes, etc.).

- **Help prevent kids from getting skin cancer by banning minors from using indoor tanning facilities.** 2,350 New Jerseyans were diagnosed last year with the deadliest form of skin cancer – melanoma. Unfortunately, hundreds die each year (250 in 2011). While this report does not examine melanoma in detail, the latest scientific research has documented that the use of indoor tanning increases the risk of melanoma and other skin cancers, the incidence of which is increasing rapidly in New Jersey. New Jersey law should ban *all* minors up to the age of 18 from using indoor tanning booths.

Recommendation: Enhance early detection of cancer.

- **Continue to strengthen the New Jersey Cancer Education and Early Detection Screening Program (NJCEED).** Given the increase in the number of New Jersey residents that lack health insurance and the flat funding for NJCEED over the past few years, the program has been running short in appropriated state funding. Uninsured and underinsured New Jerseyans have nowhere to turn for potentially life-saving breast, cervical, colon and prostate cancer screenings other than this important program. In the fiscal year starting on July 1, the governor and the legislature recognized this problem and boosted state support by $3.5 million on top of the $6 million previous base of funding. Policymakers must continue to monitor this important program to ensure that the needs of the uninsured are met.

Recommendation: Ease the economic toll from cancer.

- **Help ensure that cancer patients – and other New Jerseyans – have access to adequate health insurance coverage.** Over one million New Jerseyans lack health insurance. For those with life-threatening illnesses, lack of coverage can be deadly. As mandated by the Patient Protection and Affordable Care Act, states have begun to create *health insurance exchanges* that would pool the risk of the uninsured and small businesses and negotiate with insurers to offer affordable, high quality coverage. These states are modeling their programs on the exchange pioneered by Massachusetts. The federal government will fund the states' costs of creating these exchanges.

Medicaid provides vitally important health care services to nearly 18,000 New Jerseyans with cancer, more than half of them below age 65.[1] Reducing benefits and increasing out-of-pocket costs can affect patients' ability to get needed care.

Recommendation: Improve cancer patients' quality of life.

- **Palliative care and pain management.** Promoting quality of life and preventing suffering for every patient, in every care setting, and for every type of illness, particularly chronic diseases, are essential aspects of delivering high quality, patient-centered care. Today's health system often falls short in addressing pain, physical symptoms, emotional concerns, and other chronic care needs. These needs increasingly are the norm for cancer patients, and their caregivers. Quality of life needs can now span over many years, or even decades.

  Although the reasons for inadequate management of quality of life issues among the seriously ill are many, most stem from a medical culture focused on curing individual diseases and a system that is designed to reimburse disease-specific care.

- **Support enhanced education of health care providers about the benefits, dangers and proper use of pain medication.** State policymakers and professional societies should adopt and disseminate guidelines encouraging proper pain management. Proper management means ensuring that pain medications are available to patients who need them while keeping those medications away from those who intend to misuse them. Pain management is an essential part of medical practice and patient quality of life. Policy and practice barriers should not stand in the way of effective pain control.

[1] American Cancer Society Cancer Action Network, American Diabetes Association, American Lung Association, Families USA, *Medicaid's Impact in New Jersey*, 2011, available at www.familiesusa.org.

THE CANCER BURDEN IN NEW JERSEY: OVERALL CANCER STATISTICS

Cancer takes a devastating toll on New Jersey. Nationally, one in two men and one in three women will get a cancer diagnosis in their lifetimes. More than half of all these diagnoses will occur after the age of 65.[2]

Yet while specific issues have been addressed and the New Jersey Department of Health has issued a comprehensive cancer plan, there has been too little public discussion of how New Jersey should comprehensively respond to the cancer problem. This report examines existing public data and identifies trends that we believe will inform policymakers on how best to reduce the incidence of cancer and to enhance the quality of life of those suffering from those diseases. Our goal is to stimulate a comprehensive approach to cancer that reduces its incidence, enhances its treatment and reduces the pain suffered by cancer patients and their families.

An estimated 49,000 New Jerseyans received a cancer diagnosis in 2011 and more than 16,000 died from the disease. A different perspective is that over 898 New Jerseyans are diagnosed with cancer and *329 individuals die from cancer each week*.[3]

Prostate cancer represents the largest number of cases, while lung cancer (largely the result of tobacco use) is the biggest killer.

This analysis examines 20 common types of cancer. While it is difficult to identify the reasons that many of these cancers occur, it is important for policymakers to know their impact and to develop policies in response.

Four cancer sites represent over half (52%) of all new cancer cases and nearly half (49%) of all cancer deaths. They are: cancer of the lung, prostate, breast and colon/rectum.[4]

[2] American Cancer Society, *Cancer Facts and Figures, 2011*, available at: http://www.cancer.org/acs/groups/content/@epidemiologysurveilance/documents/document/acspc-029771.pdf.
[3] American Cancer Society, *Estimated Number of New Cancer Cases and Deaths by State, 2011 Updated.* Analysis does not include non-melanoma skin cancers.
[4] Information from American Cancer Society, *Estimated Number of New Cancer Cases and Deaths by State, 2011 Updated*, calculations by authors.

Estimated Numbers of Cancer Cases and Deaths in New Jersey, 2011[5]

Type of Cancer	*New Cases*	*Deaths*
Total, all sites	**49,080**	**16,370**
Prostate	7,840 (16%)	1,100 (6.7%)
Female Breast	7,360 (15%)	1,260 (7.7%)
Lung & Bronchus	6,210 (12.6%)	4,160 (25.4%)
Colon & Rectum	4,290 (8.7%)	1,510 (9.2%)
Melanoma	2,430 (5%)	250 (1.5%)
Urinary Bladder	2,390 (4.9%)	500 (3%)
Non-Hodgkin Lymphoma	2,140 (4.4%)	630 (3.8%)
Kidney	1,830 (3.7%)	270 (1.7%)
Uterine Corpus	1,630 (3.3%)	320 (2%)
Pancreas	1,400 (2.9%)	1,140 (7%)
Leukemia	1,360 (2.8%)	610 (3.7%)
Oral Cavity	1,070 (2.1%)	180 (1%)
Liver	810 (1.7%)	470 (2.9%)
Stomach	810 (1.7%)	330 (2%)
Ovary	740 (1.5%)	470 (2.9%)
Brain and ONS	670 (1.4%)	330 (2%)
Myeloma	660 (1.3%)	290 (1.7%)
Esophagus	470 (1%)	400 (2.4%)
Uterine Cervix	430 (1%)	130 (>1%)
Larynx	310 (>1%)	100 (>1%)

As seen above, lung cancer accounts for 12.6 percent of all cancer cases and 25.4 percent of all cancer deaths. The enormous impact of this disease underscores the crucial need for public policies encouraging the prevention and cessation of tobacco use.

Prostate cancer accounts for 16 percent of all cancer cases and 6.7 percent of all cancer deaths.

Female breast cancer accounts for 15 percent of all cancer cases and 7.7 percent of all cancer deaths.

Colorectal cancer accounts for 8.7 percent of all cancer cases and 9.2 percent of all cancer deaths.

Lung cancer has a higher mortality rate than the other common malignancies and has been less amenable to therapeutic advances, whereas prostate cancer and breast cancer patients have much greater chances of surviving their disease.

[5] American Cancer Society, *Estimated Number of New Cancer Cases and Deaths by State, 2011 Updated.* Ranked in terms of number of cases. Analysis does not include non-melanoma skin cancers.

THE CANCER BURDEN IN NEW JERSEY: REGIONAL COMPARISONS

This report examined publicly-available cancer data from the New Jersey Department of Health. State law requires that all cancers other than superficial skin cancer be reported to the New Jersey Cancer Registry. Data are presented with the number of cases per 100,000 population and are adjusted for age (more cancer would be expected in an older population). Data are averaged over a four year period, 2004 - 2008.[6]

Care should be taken to avoid over-interpreting findings that show large disparities in cancer incidence and mortality. Apparent differences may be only random variations not correctible by standard statistical techniques. These data are based on residence at time of diagnosis. Cancer may have a long latency period before reaching a clinically detectable stage, and between the cancer's initiation and its detection the individual's residence, personal behaviors and occupation may have changed.

The chart below provides cancer incidence and mortality rates for the United States and New Jersey as a whole. New Jersey has a higher rate of cancer diagnoses and deaths (except for male cancer mortality rates) compared with the nation. However, for two cancers – lung (significantly) and prostate (marginally) – the state's cancer mortality rates are *lower* than the national average.

Annual Cancer Incidence and Mortality Rates, 2004-2008[7]
(# of cases per 100,000 population)

	US	NJ
All cancer incidence male	541	584.7
All cancer incidence female	411.6	447.8
All cancer mortality male	225.4	218.5
All cancer mortality female	155.4	160.6
Colorectal incidence male	55	60.5
Colorectal incidence female	41	44.4
Colorectal mortality male	21.2	22.6
Colorectal mortality female	14.9	16
Breast cancer incidence female	124	129.7
Breast cancer mortality female	24	26.5
Lung & bronchus incidence male	75.2	76.9
Lung & bronchus incidence female	52.3	56.7
Lung & bronchus mortality male	68.8	59.7
Lung & bronchus mortality female	40.6	39.1
Prostate incidence	156	170.8
Prostate mortality	24.7	23.4

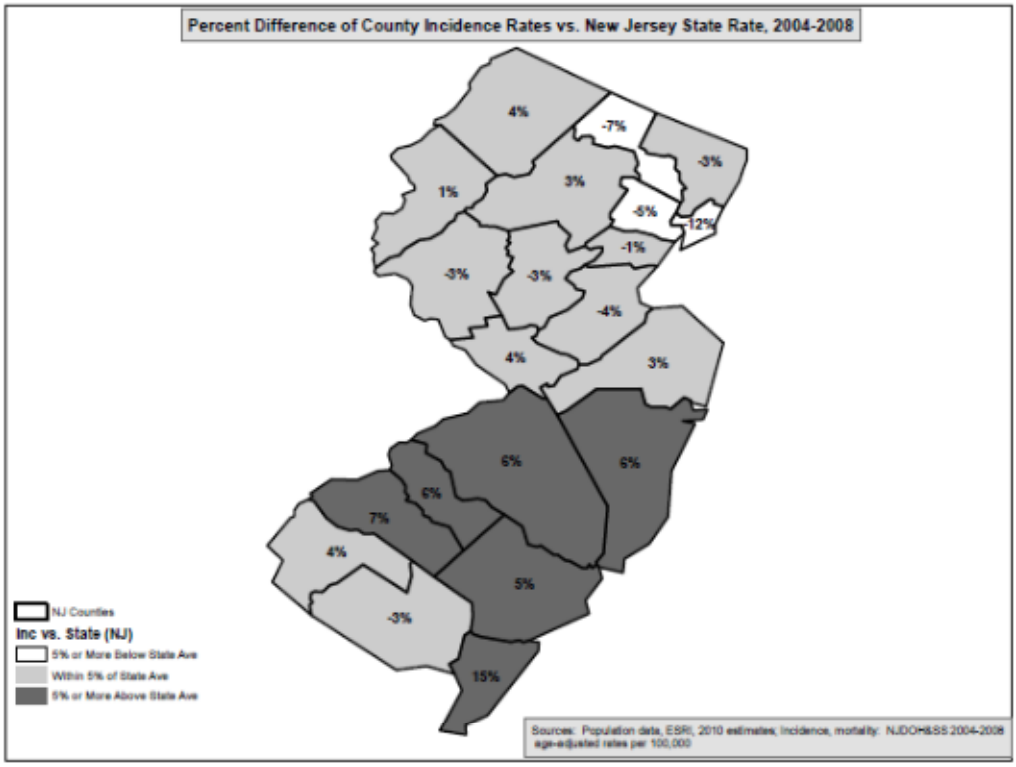
[6] A more complete explanation of how the data was developed can be found in the "methodology" section later in the report.
[7] American Cancer Society, Source: New Jersey Department of Health, State Cancer Registry, 2011.

The following maps more clearly show the differences in cancer incidence and mortality rates within New Jersey.

As seen in the map below, the highest overall cancer rates tend to be found in downstate regions of New Jersey.

Overall Cancer Incidence Rates by County[8]

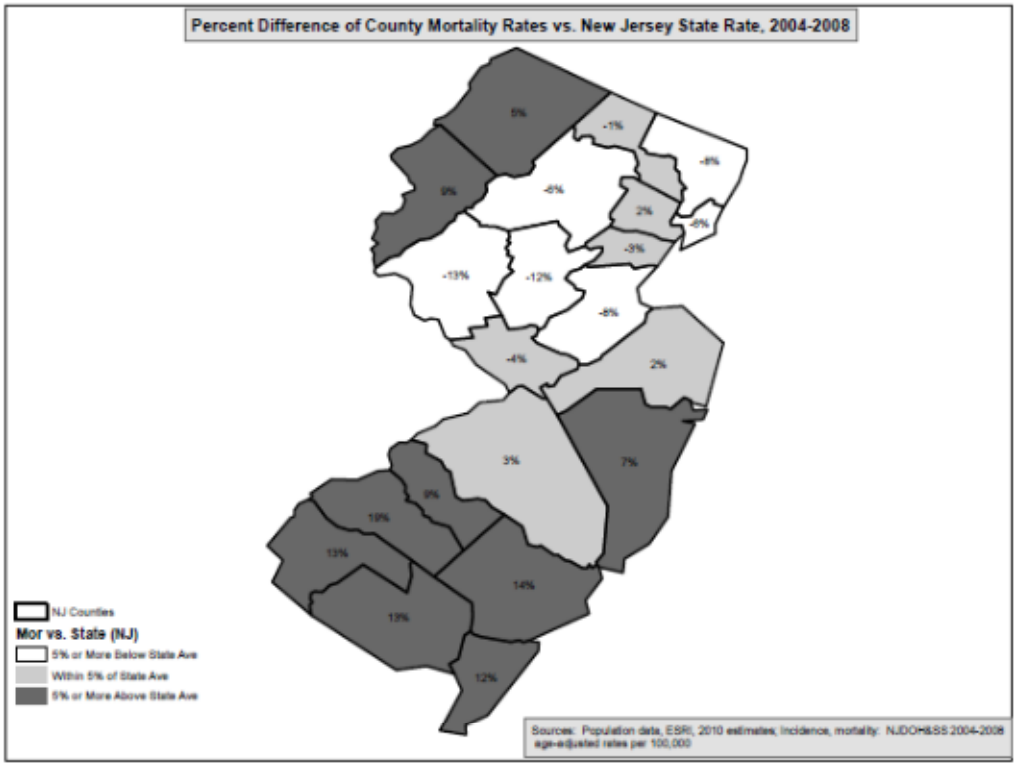
Numbers in each county show percent above or below state average



[8] Data from New Jersey Department of Health.

Overall Cancer Mortality Rates By County[9]

Numbers in each county show percent above or below state average



[9] Data from New Jersey Department of Health.

THE CANCER BURDEN IN NEW JERSEY: COMPARING COUNTIES

Appendix A of this report contains detailed cancer information on each county of New Jersey. However, it is difficult to compare counties given that random variation, due only to chance, in the number of cancer cases in counties with smaller populations can appear quite large, especially over a limited time period. Thus, the "confidence interval" of a cancer rate is higher in counties with smaller populations than in counties with large ones.

However, the State Department of Health *has* made data public which details county cancer rates and associated confidence intervals. In order to offer some comparisons among counties, this section uses the data provided by the Department to report on the counties whose confidence intervals do not overlap with the state average.

Breast Cancer

According to New Jersey Department of Health, women living in the counties of Bergen, Hunterdon, Monmouth, Morris, and Somerset had breast cancer rates that are higher than the state average. By contrast, women living in the counties of Cumberland, Essex, Hudson, and Passaic had rates lower than the state average. [10]

Increasing age is the most important risk factor for breast cancer, although the rates reported by the Department take into account the age of the county's population. Risk also is increased by a family history of breast cancer and by inherited genetic mutations occurring in less than one percent of the general population, though some population groups, such as Ashkenazi Jews, have an increased prevalence of the mutation. Modifiable risk factors include being overweight or obese, the use of combined estrogen and progestin hormone therapy and frequent alcohol consumption.[11] Regional differences in the incidence and mortality rates for breast cancer may be affected most by variation in access to health care services, in particular mammography.

Colorectal Cancer

A closer look at Department rates for specific cancers comparing men and women finds differences in the incidence of colorectal cancer among the counties. Other than in Hunterdon County (see below), there were no statistically significant differences in the colon cancer rates for men. In none of New Jersey's counties did men clearly have higher colon cancer rates than the state average. However, the counties of Camden and Union had the highest rates. Men living in Hunterdon County had a colon cancer rate significantly lower than the state average.[12]

Similarly, there were few differences in colon cancer rates for women. Women residing in Gloucester County had a colon cancer rate that was higher than the state average. Women residing in Bergen County had a lower colon cancer rate than the state average.[13]

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[10] New Jersey Cancer Registry, see "methodology" section for additional information on use of data.
[11] American Cancer Society, "Breast Cancer," available at: http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-risk-factors.
[12] New Jersey Cancer Registry, see "methodology" section for additional information on use of data.
[13] New Jersey Cancer Registry, see "methodology" section for additional information on use of data.

Modifiable risk factors for colon cancer include obesity, a diet high in red or processed meat and frequent alcohol consumption. Increased blood levels of vitamin D and consumption of milk and calcium-rich foods may lower risk.[14]

Colorectal cancer is preventable. Screenings can result in the detection and removal of colorectal polyps before they become cancerous, as well as the detection and removal of cancer at an early, non-invasive stage. As with breast cancer, access to health care services, including screening and detection services, can affect survival from colon cancer. Screening can lead to reduced incidence of colon cancer because of increased discovery and removal of potentially pre-malignant polyps.

Lung Cancer

Men living in the counties of Atlantic, Camden, Cape May, Cumberland, Gloucester, and Ocean have lung cancer rates that exceed the state average. By contrast, men living in the counties of Bergen, Hunterdon, Morris, Somerset, and Union have lung cancer rates that are lower than the state average.[15]

Women residing in Atlantic, Camden, Cape May, Gloucester, Monmouth, and Ocean had lung cancer rates that exceed the state average. Women living in the counties of Bergen, Essex, Hudson, Passaic, Somerset, and Union had lung cancer rates that are below the state average.[16]

Regional variation is smoking rates, and certain occupational exposures may explain these differences.

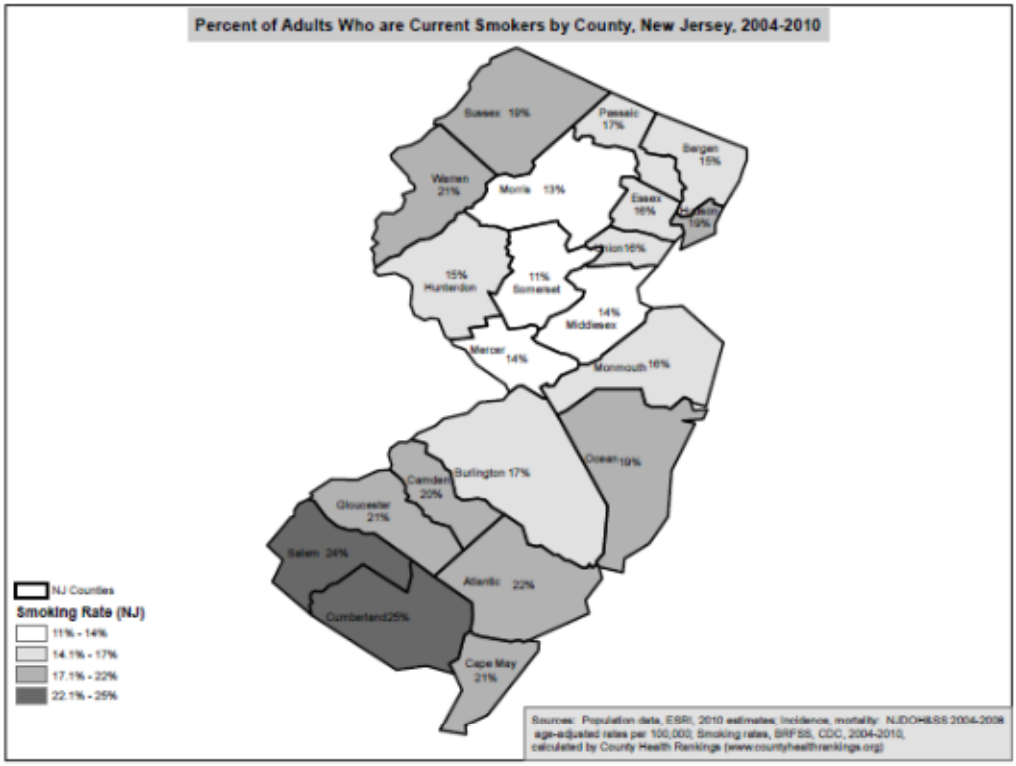
Smoking Rates

Clearly, lung cancer rates track a regional difference: upstate counties tend to have lower lung cancer rates than do those in the southern half. Given the overwhelming scientific connection between lung cancer and smoking rates, we examined smoking rates by county.

As you can see below, the counties' smoking rates tend to reflect the differences in lung cancer rates. Clearly, policymakers must focus their tobacco control measures on those counties with above-average smoking rates. As seen below, those counties are more likely to be found in the southern half of the state.

[14] American Cancer Society, "Colorectal Cancer," available at: http://www.cancer.org/Cancer/ColonandRectumCancer/DetailedGuide/colorectal-cancer-risk-factors.
[15] New Jersey Cancer Registry, see "methodology" section for additional information on use of data.
[16] New Jersey Cancer Registry, see "methodology" section for additional information on use of data.

Smoking Rates By County[17]



Prostate Cancer

The most prevalent malignancy, prostate cancer, shows the wide variations identified earlier. Men living in the counties of Burlington, Cape May, Essex, Mercer, and Union have prostate cancer rates that exceed the state average. Men living in the counties of Bergen, Cumberland, Hudson, Hunterdon, Middlesex, Ocean, and Somerset had rates below the state average.[18] More than most cancers, variation in prostate cancer incidence rates may be due to differences in the aggressiveness of detection efforts.

For reasons that are unclear, prostate cancer incidence rates nationally are significantly higher in Black men than in whites. Incidence rates for prostate cancer increased substantially between the mid-1980s and mid-1990s, reflecting the wide-spread adoption of screening with the prostate-specific antigen (PSA) blood test. Serious questions have been raised whether early detection of prostate cancer actually leads to increased survival in large populations.[19]

[17] University of Wisconsin, Population Health Institute, "County Health Rankings 2012," See: http://www.countyhealthrankings.org/new-jersey/cumberland/9, bottom of page.
[18] New Jersey Cancer Registry, see "methodology" section for additional information on use of data.
[19] American Cancer Society, "Prostate Cancer," available at: http://www.cancer.org/Cancer/ProstateCancer/DetailedGuide/prostate-cancer-detection.

THE CANCER BURDEN IN NEW JERSEY: RANGES EXIST WITHIN COUNTIES

The data used in this report did not allow us to do a more detailed examination of cancer rates in communities *within* counties, but there is evidence that such differences can exist. For example, as mentioned earlier, there is a significant range in lung cancer rates. Men living in the counties of Atlantic, Camden, Cape May, Cumberland, Gloucester, and Ocean have lung cancer rates that exceed the state average. By contrast, men living in the counties of Bergen, Hunterdon, Morris, Somerset, and Union have lung cancer rates that are lower than the state average.

Women residing in Atlantic, Camden, Cape May, Gloucester, Monmouth, and Ocean had lung cancer rates that exceed the state average. Women living in the counties of Bergen, Essex, Hudson, Morris, Passaic, Somerset, and Union had lung cancer rates that are below the state average.

As you can see, the counties with lung cancer rates tend to be clustered in the northern half of the state, while the counties with the highest lung cancer rates tend to be in the southern half. Given the significance of lung cancer – it's one of the most diagnosed cancer and by far the deadliest – this regional difference could explain the regional difference in cancer overall.

However, even within these counties differences can exist. Since the overwhelming majority of lung cancer cases results from tobacco use, we examined other differences that may exist.

Smoking rates have <u>not</u> declined for the poor and less educated.

New Jersey's tobacco control program, combined with policy measures including a high tobacco excise tax and public smoking restrictions, has fostered a decline in the rate of tobacco use among both children and adults. Between 2000 and 2010, the prevalence of smoking by adults fell steadily from 21 percent to 14.4 percent, about the same rate of decline as the national average.[20] The decline in smoking has occurred about equally across all ethnic groups. There is now no significant difference among New Jersey's major racial/ethnic groups in the adult prevalence of smoking. [21]

However, a closer look at the data identifies one disturbing trend: The decline in smoking has not occurred among the poor – those least able to afford the cost of cigarettes and the consequences of addiction.

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[20] U.S. Centers for Disease Control and Prevention, "Prevalence and Trends Data, New Jersey, Tobacco Use," Authors compared 2000 and 2010. Available at: http://apps.nccd.cdc.gov/brfss/display.asp?state=NJ&cat=TU&yr=0&qkey=4396&grp=0&SUBMIT4=Go. The national rate went from 23.2% in 2002 to 17.3%, a decline of 25.8%. NJ went from 19% to 14.4%, a decline of 24.2%.

[21] U.S. Centers for Disease Control and Prevention, "Prevalence and Trends Data, New Jersey, Tobacco Use," Authors compared 2000 and 2010. Available at: http://apps.nccd.cdc.gov/brfss/income.asp?yr=2010&state=NJ&qkey=4396&grp=0.

Smoking among those with less than a high school education was unchanged between 2000 and 2010, a period during which tobacco use significantly declined among all other groups with higher educational attainment. Those with less than a high school education now smoke at a rate three times that of college graduates.

Adult Prevalence of Smoking by Education, 2000 -2010[22]

Education	Smoking Rate 2000	Smoking Rate 2010
Less than high school	23.3%	22.9%
High school or GED	25.8%	21.7%
Some post high school	23.5%	16.9%
College graduate	13.7%	7.2%

Since 2000, smoking cessation rates have been greater, and smoking prevalence is now lowest, among New Jerseyans with incomes over $35,000 a year. Those with incomes below $25,000 have the highest smoking rates, and smoking prevalence among the very poorest is practically unchanged in ten years.

Adult Prevalence of Smoking by Income, 2000 - 2010[23]

Income	Smoking Rate 2000	Smoking Rate 2010
Less than $15,000	25%	26.2%
$15,000 - $24,999	22.4%	20.7%
$25,000 - $34,999	24.4%	16.9%
$35,000 – $49,999	27%	18.1%
$50,000 and over	17.8%	10.6%

Among those with household incomes less than $15,000 a year, the smoking rate has actually increased over the past 10 years. According to the latest Census, nearly 10 percent of New Jersey households have incomes below $15,000.

[22] *Id.*
[23] *Id.*

INCOME AND BENEFITS[24]	Total	Percent
Total households	3,172,421	100%
Less than $10,000	174,342	5.5%
$10,000 to $14,999	130,977	4.1%
$15,000 to $24,999	270,609	8.5%
$25,000 to $34,999	256,073	8.1%
$35,000 to $49,999	353,152	11.1%
$50,000 to $74,999	541,530	17.1%
$75,000 to $99,999	414,452	13.1%
$100,000 to $149,999	526,854	16.6%
$150,000 to $199,999	246,604	7.8%
$200,000 or more	257,828	8.1%

Poorer, less educated individuals live throughout New Jersey. In urban, rural and suburban areas of the state, low income individuals struggle not only with extremely tight finances, but with the financial and health consequences of this powerful addiction as well.

Tobacco use and all its consequences disproportionately impact the most vulnerable members of our society. Poor smokers spend a large share of their household income on tobacco products, with half the cost going to state government. Yet they receive little help from the state when they want to quit smoking.

[24] U.S. Census Bureau, "Selected Economic Characteristics," New Jersey. Available at: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1901&prodType=table. Income in inflation-adjusted dollars.

THE CANCER BURDEN IN NEW JERSEY: THE COST OF CANCER

The first question of someone diagnosed with cancer is, "What are my chances of a recovery?" For many, the cost of treatment also will become a concern, second only to survival. According to the federal government, cancer is one of the five most costly medical conditions in the United States, forcing many patients to make decisions about their health based on their personal finances.[25]

While some individuals diagnosed with cancer have meaningful and adequate health insurance to cover most of the cost of treatment, the uninsured and an increasing number of privately insured individuals face the prospect of crippling out-of-pocket costs. Financial barriers that delay treatment for cancer can mean the difference between life and death.

Many cancer patients face high deductibles, copayments, and other cost-sharing requirements, often compelling them to make difficult decisions in order to make ends meet. One recent survey found that 25 percent of cancer patients reported using all or most of their savings as a result of the financial burden of treatment. Even among those with insurance, 22 percent reported using all or most of their savings. Five percent of *insured* cancer patients reported delaying their treatment or deciding not to get care because of cost.[26]

Almost a third of cancer patients have out of pocket health care costs totaling 10 percent or more of their family income and roughly one in nine cancer patients have costs that exceed 20 percent of family income. As a result of such high costs, 11 percent of individuals with cancer reported an inability to pay for food/necessities while paying for cancer treatment.[27]

Cancer is a physically and emotionally taxing disease for both patients and their families. Almost 20 percent of families experiencing cancer reported its impact led to someone in the household to lose a job, change jobs, or work fewer hours.[28] Any of these job changes could result in the loss of employer-sponsored insurance.

[25] U.S. Department of Health and Human Services, "Fighting Back Against Cancer: Health Insurance Reform & Cancer in America," available at: http://www.healthreform.gov/reports/fightingcancer/index.html.
[26] *Id.*
[27] *Id.*
[28] *Id.*

THE CANCER BURDEN IN NEW JERSEY: QUALITY OF LIFE

This report raises questions about trends in cancer incidence and mortality that are not always easily answered. What is clear is that many New Jerseyans diagnosed with cancer and that part of the state's response should be to do what it can to make the experience more tolerable for patients and their families.

Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of doctors, nurses, and other specialists who work with the patient's other medical providers to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.

Today's health system often falls short in addressing pain, physical symptoms, emotional concerns, and other chronic care needs. These needs are increasingly the norm for cancer patients and their caregivers. Quality of life care needs can now span over many years or even decades.

Although the reasons for inadequate quality of life care of the seriously ill are many, most stem from a medical culture that is focused on curing individual diseases and a health system that is designed to reimburse disease-specific care.

To help address these shortcomings, hospitals have begun to establish palliative care teams to improve the quality of health care for our most seriously ill and vulnerable patients.[29]

Evidence accumulating over the past decade has consistently demonstrated the benefits of palliative care in improving quality of life and addressing the harmful effects of pain, symptoms and emotional distress as well as family caregiver burden, making a clear case for the importance and value of providing palliative care at the same time patients are provided disease-focused treatments.

Not only would more extensive use of palliative care help patients, but it would reduce costs.

A 2010 clinical study published in the *New England Journal of Medicine*, examined 151 lung cancer patients. The study showed that early palliative care provided alongside routine cancer treatment, delivered better patient quality of life and longer patient survival time.[30]

[29] Kelley, A., Meier, D., "Palliative Care – A Shifting Paradigm," *New England Journal of Medicine,* 363;8 August 19, 2010, p. 781.
[30] Temel, J., et al, "Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer," *New England Journal of Medicine,* 363;8, August 19, 2010, p. 733.

A 2011 study published in *Health Affairs* revealed that hospital palliative care teams created efficiencies that delivered significant cost savings. Patients enrolled in Medicaid at four New Jersey hospitals benefitting from integrated palliative care team consultations incurred roughly $7,000 less in hospital costs during a given admission.[31]

These studies reveal that patients with chronic illnesses who receive palliative care have reduced symptoms; they have better quality of life; less pain, shortness of breath, depression and nausea; and their families are more satisfied with the quality of care.

The provision of palliative care can lead to a more efficient health care system by decreasing costs without reducing services, while offering better treatments for patients.

[31] Morrison, R.J., et al, "Palliative Care Consultation Teams Cut Hospital Costs for Medicaid Beneficiaries," *Health Affairs*, 30, No. 3 (2011): 454-463.

THE CANCER BURDEN IN NEW JERSEY: POLICY RECOMMENDATIONS

New Jersey policymakers must take the first steps to help prevent cancer, to help identify it earlier and to offer real help to those struggling with cancer. Policymaking should be informed by our scientific understanding of the disease. While for some types of cancer we have enough knowledge to prescribe at least a partial menu of measures that will help address the disease, for others it may not be clear what should be done beyond the important steps of ensuring that everyone has access to affordable quality health care and that the physical and emotional difficulties that cancer patients experience during treatment are alleviated. Below are key initiatives that can be taken by the state this year:

Prevent lung and other smoking-related cancers by adequately supporting the New Jersey Tobacco Control Program. Lung cancer is the number one cancer killer with the vast majority of cases caused by smoking. Smoking also causes cancer of the oropharynx, larynx, esophagus, pancreas, bladder and kidney. Smoking accounts for at least 30 percent of all cancer deaths. In addition, tobacco use costs the state an estimated $3.17 billion in health care bills annually, including $967 million in Medicaid payments alone. Yet New Jersey has slashed its tobacco control budget from $30 million in FY 2003 to $1.5 million in FY 2012. As a result, New Jersey has fallen to near the bottom of the nation in per capita spending on tobacco control. The U.S. Centers for Disease Control and Prevention recommends that New Jersey spend $119 million annually on anti-tobacco efforts. The money exists to support this program in the form of nearly $1 billion in revenues each year from tobacco taxes and payments from the states' lawsuit against the tobacco companies.
Increase tobacco control funding beyond the current $1.5 Million.

Continue to strengthen the New Jersey Cancer Education and Early Detection Screening Program (NJCEED). Given the increase in the number of New Jersey residents that lack health insurance and the flat funding for NJCEED over the past few years, the program has been running short in appropriated state funding. Uninsured and underinsured New Jerseyans have nowhere to turn for potentially life-saving breast, cervical, colon and prostate cancer screenings other than this important program. In the fiscal year starting on July 1, the governor and the legislature recognized this problem and boosted state support by $3.5 million on top of the $6 million previous base of funding. Policymakers must continue to monitor this important program to ensure that the needs of the uninsured are met.
Maintain funding for New Jersey CEED.

Help ensure that cancer patients – and other New Jerseyans – have access to adequate health insurance coverage. Over 1.3 million New Jerseyans lack health insurance.[32] For those with life-threatening illnesses, that lack of coverage can be deadly. As mandated by the Affordable Care Act, states have begun to create *Health Insurance Exchanges* that would pool the risk of the uninsured and small businesses and negotiate with insurers to offer affordable, high quality coverage. These states are modeling their programs on the one pioneered by

[32] US Census, "Health Insurance," HIB-4, available at: http://www.census.gov/hhes/www/hlthins/data/historical/HIB_tables.html.

Massachusetts. The federal government will pick up the states' costs of creating these exchanges.
New Jersey should set up a health exchange.

Medicaid provides vitally important health care services to nearly 18,000 New Jerseyans with cancer, more than half of them below age 65.[33] Reducing benefits and increasing out-of-pocket costs can affect patients' ability to get needed care.
Ensure that cancer patients covered by Medicaid are adequately covered.

Reverse the obesity epidemic: There is a growing body of scientific evidence linking poor nutrition and a sedentary lifestyle with increased cancer risks. Indeed, research suggests that – outside of tobacco use – such behaviors are a leading cause of cancer incidence.
Support legislation that promotes healthier diets and encourages a more active lifestyle.

Pain Management and Palliative care: Promoting quality of life and preventing suffering for every patient, in every care setting, and for every type of illness, are essential aspects of delivering high quality and patient-centered care. But today's health system often falls short in addressing pain, physical symptoms, emotional concerns, and other chronic care needs. These concerns are increasingly becoming the norm for more patients, survivors and their family caregivers facing serious illness like cancer – quality of life care needs that can now span over many years or even decades.

Although the reasons for inadequate quality of life care of the seriously ill are many, most stem from a medical culture that is focused on curing individual diseases and a health system that is designed to reimburse disease-specific care.
Take action to integrate palliative care earlier in the course of illness as an essential element of providing quality patient-centered care, including, managing physical and psychosocial symptoms; and ensuring adequate pain treatment knowledge and capacity.

Support enhanced education of health care providers about the benefits, dangers and proper use of pain medication. State policymakers and professional societies should adopt and disseminate guidelines encouraging proper pain management. Proper management means ensuring that pain medications are available to patients who need them while keeping those medications away from those who intend to misuse them. Pain management is an essential part of medical practice and patient quality of life. Policy and practice barriers should not stand in the way of effective pain control.

Help prevent kids from getting skin cancer by banning minors from using indoor tanning facilities. 2,350 New Jerseyans were diagnosed last year with the deadliest form of skin cancer – melanoma. Unfortunately, hundreds die each year (250 in 2011). While this report does not examine melanoma in detail, the latest scientific research has documented that the use of indoor tanning increases the risk of melanoma and other skin cancers, the incidence of which is increasing rapidly in New Jersey. New Jersey law should ban *all* minors up to the age of 18 from using indoor tanning booths.

[33] American Cancer Society Cancer Action Network, American Diabetes Association, American Lung Association, Families USA, *Medicaid's Impact in New Jersey*, 2011, available at www.familiesusa.org.

THE CANCER BURDEN IN NEW JERSEY: METHODOLOGY[34]

DATA SOURCE

The data used in the Cancer Burden Profiles was obtained from the New Jersey Department of Health, State Cancer Registry. The New Jersey State Cancer Registry (NJSCR) is a population-based registry that collects data on all cancer cases diagnosed and/or treated in New Jersey since October 1, 1978. The NJSCR serves the entire state of New Jersey, which is estimated to have a population of 8.6 million people.

The NJSCR is a member of the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program. The NJSCR also participates in the National Program of Cancer Registries (NPCR), which was established by the Centers for Disease Control and Prevention in 1992. The NJSCR is a member of the North American Association of Central Cancer Registries (NAACCR) and the International Association of Cancer Registries (IACR).

HOW NJSCR OBTAINS CASES

New Jersey regulations require the reporting of all newly diagnosed cancer cases to the NJSCR within six months of diagnosis. Hospitals, physicians, ambulatory care facilities, radiation treatment facilities and private laboratories are required to report cancer cases. Over the years the legislation has been strengthened to: (1) require electronic reporting, (2) require abstracting by certified tumor registrars and (3) impose penalties for late or incomplete cancer reporting. Reporting agreements also are maintained with bordering states.

WHY COLLECT CANCER CASES?

The Registry is an important source of information for health care providers, public health officials, and administrators. This information is widely used by clinicians, scientists, and researchers. Data on cancer patterns in the population can be very useful for preventing and controlling cancer and improving treatment and patient care. Also, the incidence rates in New Jersey are shared and compared with other states and the nation. The data collected by the NJSCR are used for describing cancer patterns in the population, discovering causes of cancer, planning programs for people affected with cancer, and other related research. See our Data, Statistics, & Reports and Research Publications. Additionally, the data are used to respond to New Jersey residents concerned about the number of cancer in their community.

Early detection programs, such as for cervical, breast, and colon cancers, use these data to plan screening services. Early detection is more likely to improve survival. Health care providers use these data for planning and researchers use these data for studying ways to increase survival and identify risk factors. The Registry also facilitates professional education and public education.

[34] Much of the methodology section is based on information obtained directly from the New Jersey Department of Health.

WHAT ARE THE MOST RECENT CANCER DATA?

New Jersey law requires that in-state hospitals, physicians, dentists and independent clinical laboratories report all new cases of cancer within six months of diagnosis. The law does not cover out-of-state hospitals, but we do receive data on New Jersey cases from other states. These cases are reported first to their respective State Cancer Registries and then the New Jersey State Cancer Registry (NJSCR), so reporting of these cases is delayed. After the cases are received, they must be carefully checked and processed by the NJSCR. Therefore, it usually takes from 12 to 18 months after the end of a diagnosis year for the information on new cases to be available for statistical analysis.

REPORTABLE TYPES OF CANCER

All primary invasive and in situ neoplasms are reportable to the NJSCR, except cervical cancer in situ diagnosed after 1995 and certain carcinomas of the skin. Benign and borderline intracranial and Central Nervous System tumors are also collected effective with cases diagnosed on and after January 1, 2004.

WHAT INFORMATION IS COLLECTED BY THE NJSCR?

The information collected by the NJSCR includes very detailed information about each cancer case. These data profile each patient including demographic and medical information on each cancer diagnosis (such as the anatomic site, histological type, stage of disease and treatment). All patients are followed annually and vital status is recorded. For deceased cases, the underlying cause of death is also included. The primary site, behavior, grade, and histology of each cancer are coded according to the International Classification of Disease for Oncology (ICD-O), 3rd edition. The NJSCR follows the data standards promulgated by the Surveillance, Epidemiology, and End Results (SEER) program and the North American Association of Central Cancer Registries (NAACCR).

TYPES OF DATA

Incidence Rate - The term incidence refers to the number of newly diagnosed cases of a disease occurring in a specific population during a specific time period. The incidence rate is the number of newly diagnosed cases in a specific population during a specific time period per x number of people; usually the time period is one year and x number of people is 100,000. Such an incidence rate is crude, that is, it is not age adjusted (see below) and therefore cannot be used to compare different populations or years.

Age-Specific Incidence Rate - An age-specific incidence rate is the number of newly diagnosed cases of a disease in a specific age group in a specific population over a specified time period per x number of people in that age group. Typically, five-year age groups (0-4, 5-9, 10-14, etc.) are used. The time period is usually one year and the x number of people in the specific age group is usually 100,000.

Age-Adjusted Incidence Rate - An age-adjusted rate is different from a crude rate in that the incidence rate is modified to take into account how the age distribution of the population of interest varies from a conventionally used standard population. Calculation of cancer rates is based on the 2000 U.S. population standard. It is important that the same standard population be used so that age-adjusted rates can be compared to each other.

Mortality Rates, Age-Specific Mortality Rates, And Age-Adjusted Mortality Rates - Mortality rates are like the incidence rate, age-specific incidence rate, and age-adjusted incidence rate, except deaths rather than newly diagnosed cases are the numerator.

COMPARISONS BETWEEN RATES

Cancer is an age-related disease, and typically, the incidence rate of different types of cancer increases with age. A non-age-adjusted or crude rate does not take account of the age distribution and cannot be used to compare rates among populations with different age distributions. Comparisons can only be made after taking into account the different proportions of the population in each age group. Therefore, only rates adjusted to the same standard population can be compared to one another.

WHY ARE CANCER COUNTS AND RATES SUPPRESSED IF FEWER THAN FIVE?

Cancer counts and rates are suppressed (unavailable) when there are fewer than five cases to ensure confidentiality and statistical reliability. Annual rates for relatively uncommon cancers tend to fluctuate substantially from year to year when there are small numbers, particularly in minority populations. Rates generated from small numbers should be interpreted with caution.

DATA QUALITY AND COMPLETENESS

Quality control is an integral part of the NJSCR. We review and evaluate the quality of our data through edit programs, and re-abstracting studies. We strive to improve data collection activities through targeted training programs. NAACCR has awarded the NJSCR the Gold Standard, the highest standard possible, for the quality of data since the inception of this award several years ago. The criteria used to judge the quality of the data are timeliness, completeness of cancer case ascertainment, completeness of specific information on the cancer cases, percent of death certificate only cases, percent of duplicate cases, in addition to passing the data through a stringent edit program.

Completeness of reporting is estimated by comparing New Jersey and U.S. incidence to mortality ratios for whites, standardized for age, gender, and cancer site. The data used to generate these ratios are the cancer incidence rates for all SEER registries combined. Using these standard formulae, it is possible for the estimation of completeness to be greater than 100%.

ARE THE CANCER DATA CONFIDENTIAL?

All cancer data collected by the NJ Department of Health are confidential under law. All reports which are issued, including the reports available on this website, group data together so that no individual can be identified. If there are less than five persons in the same group (such as the same age, sex, year of diagnosis and type of cancer) then the actual number is not revealed.

THE CANCER BURDEN IN NEW JERSEY:
A Brief Overview of the Cancers Featured in this Report

Prostate cancer is a cancer that forms in tissues of the prostate (a gland in the male reproductive system found below the bladder and in front of the rectum). Prostate cancer usually occurs in older men.[35] For reasons that are unclear, incidence rates are significantly higher in Black men than in whites. Incidence rates for prostate cancer increased substantially between the mid-1980s and mid-1990s, reflecting the wide-spread adoption of screening with the prostate-specific antigen (PSA) blood test.[36]

Breast cancer is a cancer that starts in the tissues of the breast. There are two main types of breast cancer:

- Ductal carcinoma starts in the tubes (ducts) that move milk from the breast to the nipple. Most breast cancers are of this type.
- Lobular carcinoma starts in the parts of the breast, called lobules, which produce milk.

A dramatic decline in the incidence of breast cancer after 2002 followed reductions in the use of hormone replacement therapy after publication of findings associating the treatment with increased risk of breast cancer and coronary heart disease. Mammography often can detect breast cancer at an early stage when treatment is more effective and cure more likely. Concerted efforts should be made to improve access to health care and to encourage women over age 40 to receive regular mammograms.

Lung & bronchus cancer is one of the most common cancers in the world. It is the leading cause of cancer death in men and women in the United States and in New Jersey. Cigarette smoking causes most lung cancers. The incidence rate of lung cancer in men has fallen more than 30 percent from a high point in 1984, mirroring a decline in smoking by men that began in the 1960s. Female lung cancer rates began decreasing in 2003 after continuously increasing for 70 years. Gender differences in lung cancer incidence reflect historical differences in population uptake and then reduction of cigarette smoking between men and women over the past 50 years.[37]

Colorectal cancer starts in the colon or the rectum. These cancers also can be referred to separately as colon cancer or rectal cancer, depending on where they start.[38] Colorectal cancer is preventable. Screening can result in the detection and removal of colorectal polyps before they become cancerous, as well as the detection of cancer at an early, non-invasive stage.

For a full explanation of the American Cancer Society's guidelines for the prevention and early detection of cancer, visit www.cancer.org.

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[35] National Cancer Institute, "Prostate Cancer," available at: http://www.cancer.gov/cancertopics/types/prostate

[36] American Cancer Society, "Prostate Cancer," available at: http://www.cancer.org/Cancer/ProstateCancer/DetailedGuide/prostate-cancer-detection.

[37] American Cancer Society, "Cancer Facts & Figures, 2011. Atlanta: American Cancer Society; 2011

[38] American Cancer Society, "Colorectal Cancer," available at: http://www.cancer.org/Cancer/ColonandRectumCancer/OverviewGuide/colorectal-cancer-overview-what-is-colorectal-cancer.

THE CANCER BURDEN IN NEW JERSEY:
APPENDIX A: DETAILED COUNTY CANCER DATA

INFORMATION ON THE FOUR MOST FREQUENTLY DIAGNOSED CANCERS IN EACH OF NEW JERSEY'S COUNTIES

Atlantic County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Atlantic County residents:

> **30** individuals are diagnosed with cancer *each week*

> **12** individuals die from cancer *each week*

The Burden in Atlantic County:

Annual incidence rates have decreased:

>There were an average of 544.1 cases per 100,000 people per year in 1994-1998. This rate was 528.1 for 2004-2008.

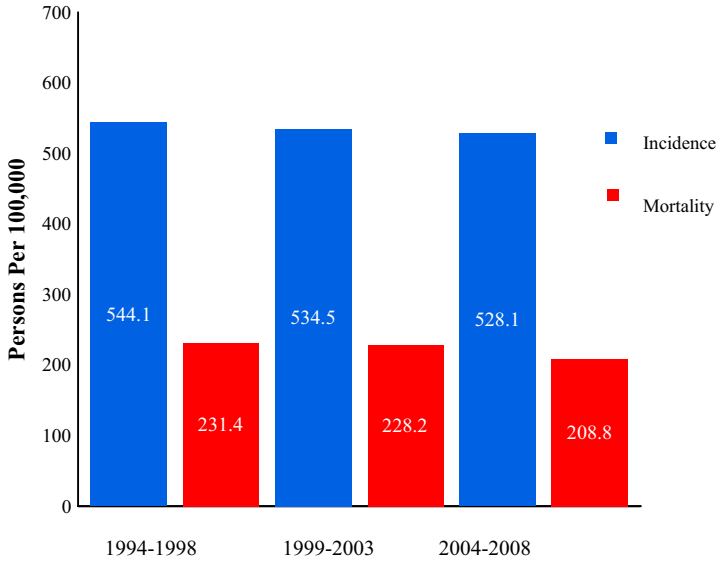
> The annual incidence rate has **decreased** 2.9% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 231.4 deaths per 100,000 people per year in 1994-1998. This rate was 208.8 for 2004-2008.

> The annual mortality rate has **decreased** 9.8% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 52.6% of all new cancer cases and 50.5% of all new cancer deaths in Atlantic County**:

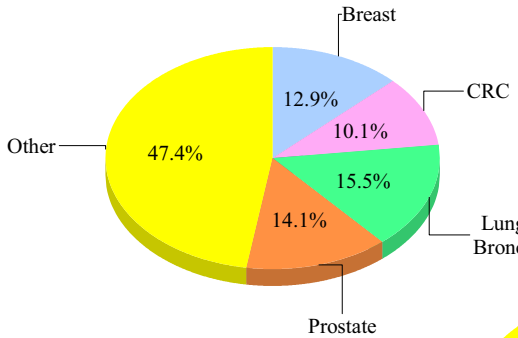
Lung & bronchus cancers account for **15.5%** of all cancer cases and **29.7%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **14.1%** of all cancer cases and **3.8%** of all cancer deaths.

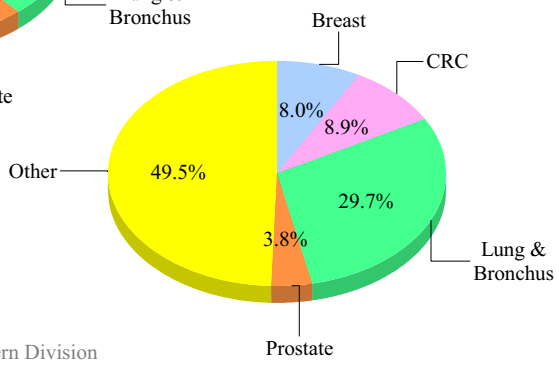
Female breast cancer accounts for **12.9%** of all cancer cases and **8.0%** of all cancer deaths.

Colorectal cancer accounts for **10.1%** of all cancer cases and **8.9%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



American Cancer Society, Eastern Division
New Jersey Cancer Profiles

Atlantic County Demographics		
	Atlantic	NJ
Total Population (2010)	274,549	8,791,894
Population Density (people / sq. mile. 2010)	489	1,187
Percent Population Age 65+ (2009)	14.2%	13.5%
Percent Population in Poverty (2009)	10.9%	9.4% *(NJ)*
Median Household Income (2009)	$51,585	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	15.6%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Atlantic County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	801	780	308	316
Colorectal	81	78	25	30
Lung & Bronchus	124	121	99	86
Female Breast	n/a	204	n/a	50
Prostate	222	n/a	24	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Atlantic County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Atlantic	613.6	472.6	251.0	182.7

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Atlantic	96.8	71.4	80.4	50.1

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Atlantic	64.5	45.6	21.0	17.3

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Atlantic	164.4	n/a	22.7	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Atlantic	n/a	124.5	n/a	29.3

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.

Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability

Source: NJ DOH & SS, State Cancer Registry, 2011

Atlantic County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Atlantic County**	**New Jersey**
Colorectal-Male	51.3%	44.0%
Colorectal-Female	51.0%	41.7%
Female Breast	67.1%	69.1%
Prostate	84.2%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Bergen County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Bergen County residents:

> **99** individuals are diagnosed with cancer *each week*

> **35** individuals die from cancer *each week*

The Burden in Bergen County:

Annual incidence rates have decreased:

>There were an average of 527.9 cases per 100,000 people per year in 1994-1998. This rate was 488.3 for 2004-2008.

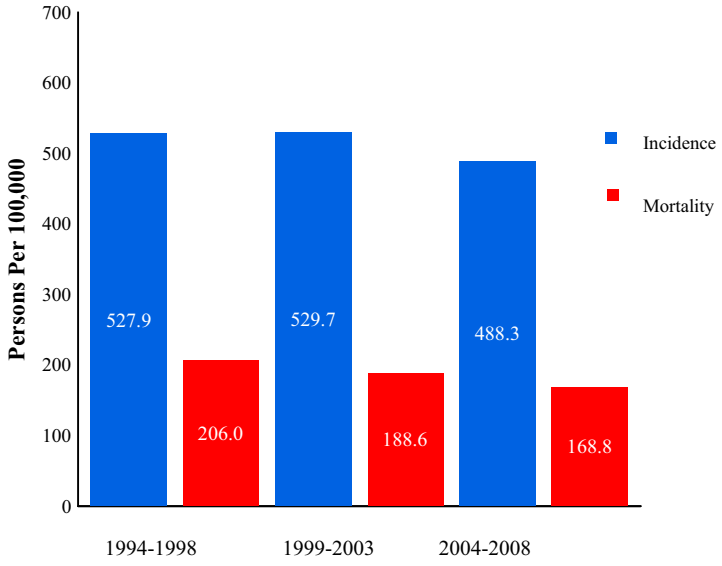
> The annual incidence rate has **decreased** 7.5% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 206.0 deaths per 100,000 people per year in 1994-1998. This rate was 168.8 for 2004-2008.

> The annual mortality rate has **decreased** 18.1% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 51.9% of all new cancer cases and 47.2% of all new cancer deaths in Bergen County**:

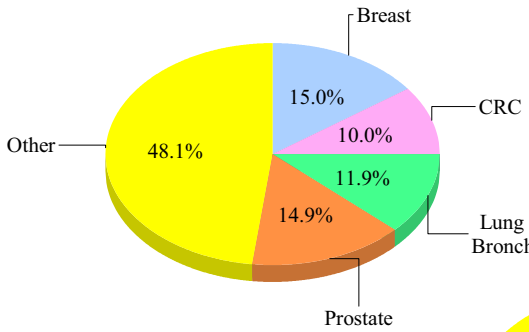
Lung & bronchus cancers account for **11.9%** of all cancer cases and **23.9%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **14.9%** of all cancer cases and **4.8%** of all cancer deaths.

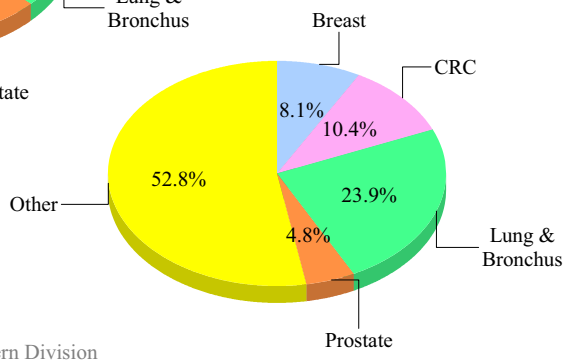
Female breast cancer accounts for **15.0%** of all cancer cases and **8.1%** of all cancer deaths.

Colorectal cancer accounts for **10.0%** of all cancer cases and **10.4%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Bergen County Demographics		
	Bergen	NJ
Total Population (2010)	905,116	8,791,894
Population Density (people / sq. mile. 2010)	3,865	1,187
Percent Population Age 65+ (2009)	15.2%	13.5%
Percent Population in Poverty (2009)	6.6%	9.4% *(NJ)*
Median Household Income (2009)	$80,604	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	9.5%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Bergen County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	2,565	2,565	892	945
Colorectal	259	257	91	100
Lung & Bronchus	301	310	231	208
Female Breast	n/a	772	n/a	148
Prostate	763	n/a	88	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Bergen County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Bergen	557.9	442.8	200.1	148.8

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Bergen	66.5	51.0	51.6	32.8

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Bergen	56.7	40.9	20.3	14.9

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Bergen	162.4	n/a	20.8	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Bergen	n/a	135.7	n/a	24.0

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Bergen County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Bergen County**	**New Jersey**
Colorectal-Male	45.5%	44.0%
Colorectal-Female	42.3%	41.7%
Female Breast	72.0%	69.1%
Prostate	86.1%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Burlington County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Burlington County residents:

> **49** individuals are diagnosed with cancer *each week*

> **17** individuals die from cancer *each week*

The Burden in Burlington County:

Annual incidence rates have increased:

>There were an average of 515.7 cases per 100,000 people per year in 1994-1998. This rate was 530.5 for 2004-2008.

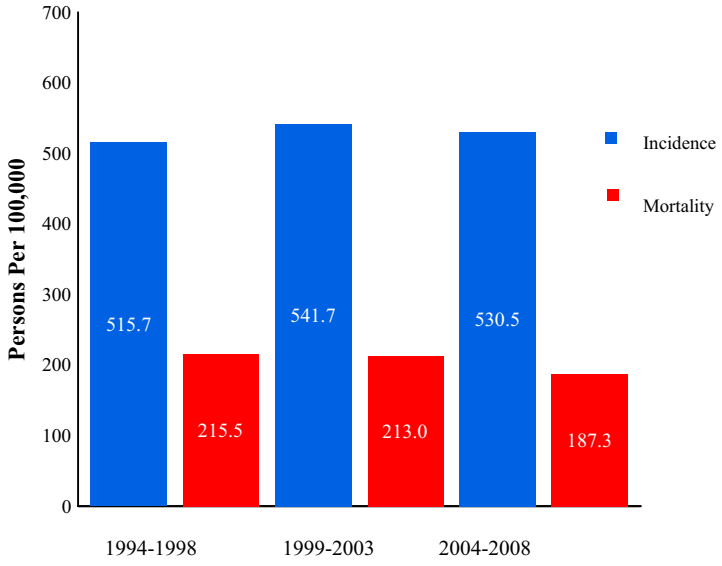
> The annual incidence rate has **increased** 2.9% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 215.5 deaths per 100,000 people per year in 1994-1998. This rate was 187.3 for 2004-2008.

> The annual mortality rate has **decreased** 13.1% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 53.3% of all new cancer cases and 48.8% of all new cancer deaths in Burlington County**:

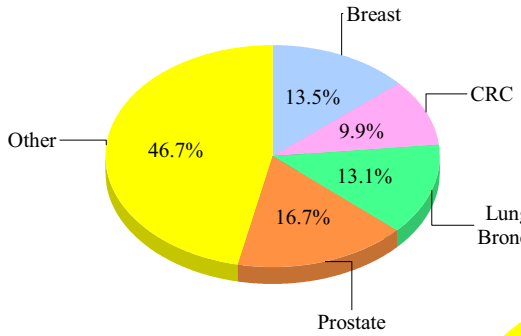
Lung & bronchus cancers account for **13.1%** of all cancer cases and **26.5%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **16.7%** of all cancer cases and **5.0%** of all cancer deaths.

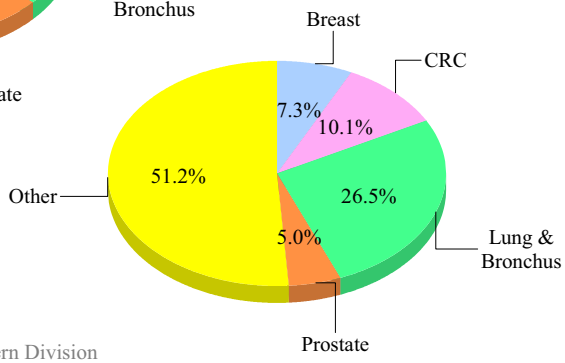
Female breast cancer accounts for **13.5%** of all cancer cases and **7.3%** of all cancer deaths.

Colorectal cancer accounts for **9.9%** of all cancer cases and **10.1%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Burlington County Demographics		
	Burlington	NJ
Total Population (2010)	448,734	8,791,894
Population Density (people / sq. mile. 2010)	558	1,187
Percent Population Age 65+ (2009)	14.0%	13.5%
Percent Population in Poverty (2009)	6.1%	9.4% *(NJ)*
Median Household Income (2009)	$74,481	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	9.4%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Burlington County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	1,336	1,231	444	450
Colorectal	123	131	45	45
Lung & Bronchus	172	164	130	107
Female Breast	n/a	348	n/a	65
Prostate	430	n/a	44	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Burlington County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Burlington	627.5	464.3	226.0	163.9

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Burlington	83.4	60.6	64.6	39.0

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Burlington	58.3	48.0	23.4	15.9

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Burlington	196.6	n/a	25.5	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Burlington	n/a	131.4	n/a	23.9

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Burlington County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Burlington County**	**New Jersey**
Colorectal-Male	42.6%	44.0%
Colorectal-Female	41.4%	41.7%
Female Breast	70.1%	69.1%
Prostate	85.2%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Camden County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Camden County residents:

> **54** individuals are diagnosed with cancer *each week*

> **21** individuals die from cancer *each week*

The Burden in Camden County:

Annual incidence rates have increased:

>There were an average of 516.5 cases per 100,000 people per year in 1994-1998. This rate was 529.9 for 2004-2008.

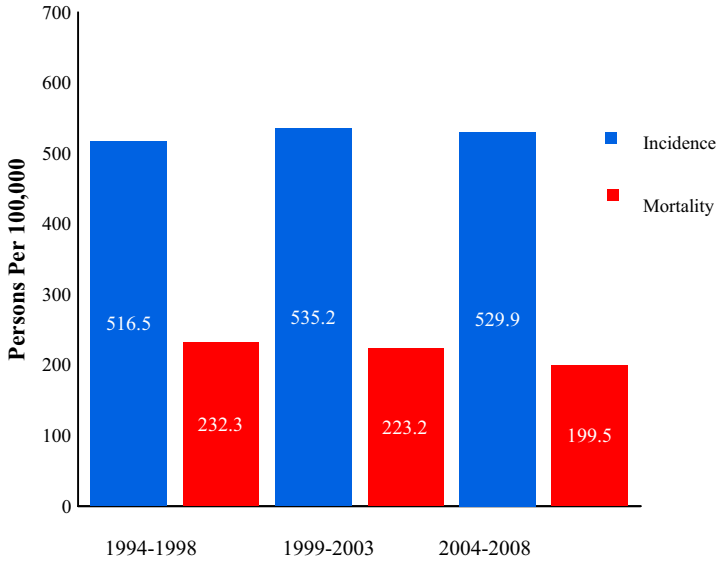
> The annual incidence rate has **increased** 2.6% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 232.3 deaths per 100,000 people per year in 1994-1998. This rate was 199.5 for 2004-2008.

> The annual mortality rate has **decreased** 14.1% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 51.9% of all new cancer cases and 50.2% of all new cancer deaths in Camden County**:

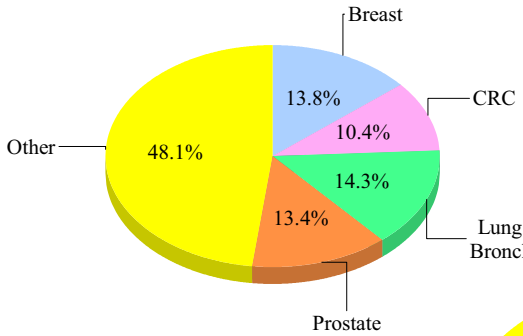
Lung & bronchus cancers account for **14.3%** of all cancer cases and **27.6%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **13.4%** of all cancer cases and **4.3%** of all cancer deaths.

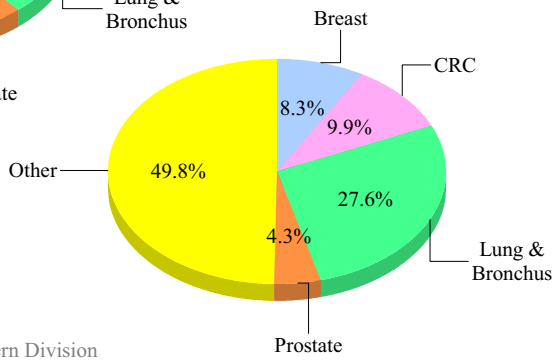
Female breast cancer accounts for **13.8%** of all cancer cases and **8.3%** of all cancer deaths.

Colorectal cancer accounts for **10.4%** of all cancer cases and **9.9%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Camden County Demographics		
	Camden	NJ
Total Population (2010)	513,657	8,791,894
Population Density (people / sq. mile. 2010)	2,311	1,187
Percent Population Age 65+ (2009)	12.9%	13.5%
Percent Population in Poverty (2009)	11.3%	9.4% *(NJ)*
Median Household Income (2009)	$60,445	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	15.3%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Camden County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	1,422	1,399	518	550
Colorectal	148	145	54	52
Lung & Bronchus	203	202	150	145
Female Breast	n/a	389	n/a	89
Prostate	379	n/a	46	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Camden County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Camden	622.0	470.1	236.9	175.9

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Camden	90.2	67.5	68.0	47.8

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Camden	66.3	46.9	25.3	15.6

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Camden	162.6	n/a	23.4	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Camden	n/a	132.6	n/a	28.8

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Camden County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Camden County**	**New Jersey**
Colorectal-Male	43.8%	44.0%
Colorectal-Female	44.8%	41.7%
Female Breast	67.2%	69.1%
Prostate	80.1%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Cape May County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Cape May County residents:

> **16** individuals are diagnosed with cancer *each week*

> **6** individuals die from cancer *each week*

The Burden in Cape May County:

Annual incidence rates have increased:

>There were an average of 566.8 cases per 100,000 people per year in 1994-1998. This rate was 575.8 for 2004-2008.

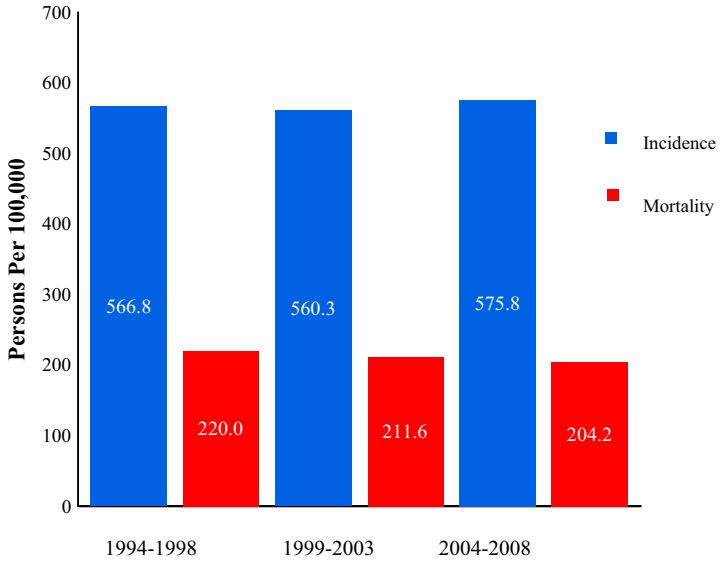
> The annual incidence rate has **increased** 1.6% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 220.0 deaths per 100,000 people per year in 1994-1998. This rate was 204.2 for 2004-2008.

> The annual mortality rate has **decreased** 7.2% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 51.5% of all new cancer cases and 51.5% of all new cancer deaths in Cape May County**:

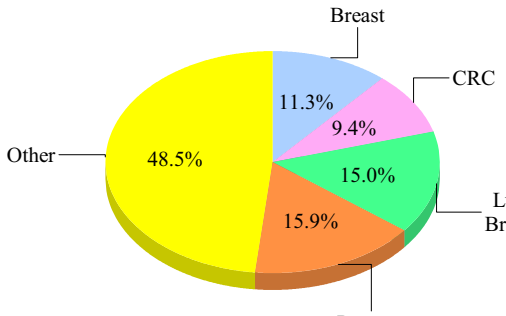
Lung & bronchus cancers account for **15.0%** of all cancer cases and **28.3%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **15.9%** of all cancer cases and **5.4%** of all cancer deaths.

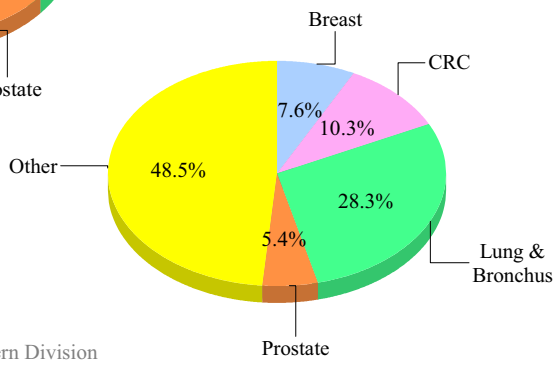
Female breast cancer accounts for **11.3%** of all cancer cases and **7.6%** of all cancer deaths.

Colorectal cancer accounts for **9.4%** of all cancer cases and **10.3%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Cape May County Demographics		
	Cape May	NJ
Total Population (2010)	97,265	8,791,894
Population Density (people / sq. mile. 2010)	381	1,187
Percent Population Age 65+ (2009)	22.0%	13.5%
Percent Population in Poverty (2009)	10.7%	9.4% *(NJ)*
Median Household Income (2009)	$49,797	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	12.1%	13.2% *(NJ)*

Source: U.S. Census Bureau, 2011

Cape May County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	463	379	163	152
Colorectal	39	40	17	15
Lung & Bronchus	68	58	47	42
Female Breast	n/a	95	n/a	24
Prostate	134	n/a	17	n/a

Source: NJ DOH & SS, State Cancer Registry, 2011

Cape May County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Cape May	711.6	481.2	256.4	172.9

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Cape May	101.3	68.4	72.4	47.0

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Cape May	61.5	44.9	28.4	16.3

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Cape May	194.7	n/a	27.8	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Cape May	n/a	127.4	n/a	28.6

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.

Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability

Source: NJ DOH & SS, State Cancer Registry, 2011

Cape May County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Cape May County**	**New Jersey**
Colorectal-Male	48.4%	44.0%
Colorectal-Female	40.2%	41.7%
Female Breast	67.7%	69.1%
Prostate	87.2%	83.7%

Source: NJ DOH & SS, State Cancer Registry, 2011

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Cumberland County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Cumberland County residents:

> **15** individuals are diagnosed with cancer *each week*

> **6** individuals die from cancer *each week*

The Burden in Cumberland County:

Annual incidence rates have increased:

>There were an average of 469.8 cases per 100,000 people per year in 1994-1998. This rate was 484.7 for 2004-2008.

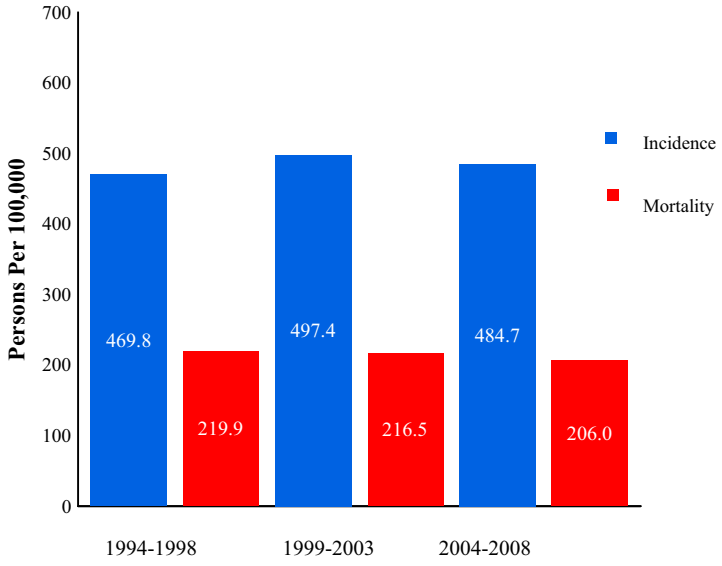
> The annual incidence rate has **increased** 3.2% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 219.9 deaths per 100,000 people per year in 1994-1998. This rate was 206.0 for 2004-2008.

> The annual mortality rate has **decreased** 6.3% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 50.3% of all new cancer cases and 51.7% of all new cancer deaths in Cumberland County**:

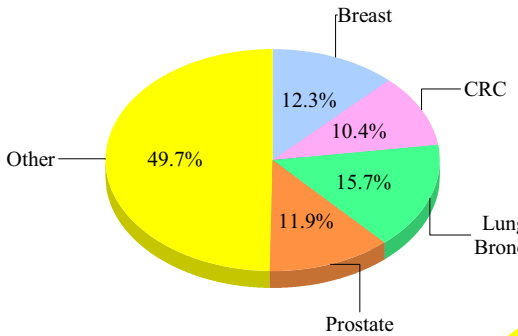
Lung & bronchus cancers account for **15.7%** of all cancer cases and **29.9%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **11.9%** of all cancer cases and **4.7%** of all cancer deaths.

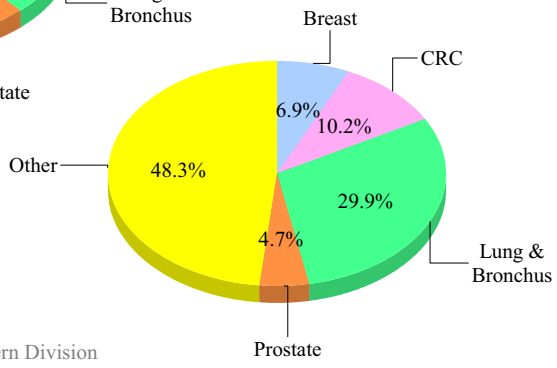
Female breast cancer accounts for **12.3%** of all cancer cases and **6.9%** of all cancer deaths.

Colorectal cancer accounts for **10.4%** of all cancer cases and **10.2%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



American Cancer Society, Eastern Division
New Jersey Cancer Profiles

Cumberland County Demographics		
	Cumberland	NJ
Total Population (2010)	156,898	8,791,894
Population Density (people / sq. mile. 2010)	321	1,187
Percent Population Age 65+ (2009)	12.6%	13.5%
Percent Population in Poverty (2009)	16.4%	9.4% *(NJ)*
Median Household Income (2009)	$47,921	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	24.7%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Cumberland County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	397	366	172	153
Colorectal	43	36	17	16
Lung & Bronchus	66	54	59	38
Female Breast	n/a	94	n/a	22
Prostate	91	n/a	15	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Cumberland County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Cumberland	581.1	427.2	264.3	170.6

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Cumberland	97.5	62.1	89.8	42.2

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Cumberland	65.4	40.3	26.8	17.1

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Cumberland	133.6	n/a	26.8	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Cumberland	n/a	111.3	n/a	25.4

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Cumberland County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Cumberland County**	**New Jersey**
Colorectal-Male	48.3%	44.0%
Colorectal-Female	44.6%	41.7%
Female Breast	65.1%	69.1%
Prostate	79.2%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Essex County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Essex County residents:

> **69** individuals are diagnosed with cancer *each week*

> **27** individuals die from cancer *each week*

The Burden in Essex County:

Annual incidence rates have decreased:

>There were an average of 541.0 cases per 100,000 people per year in 1994-1998. This rate was 475.1 for 2004-2008.

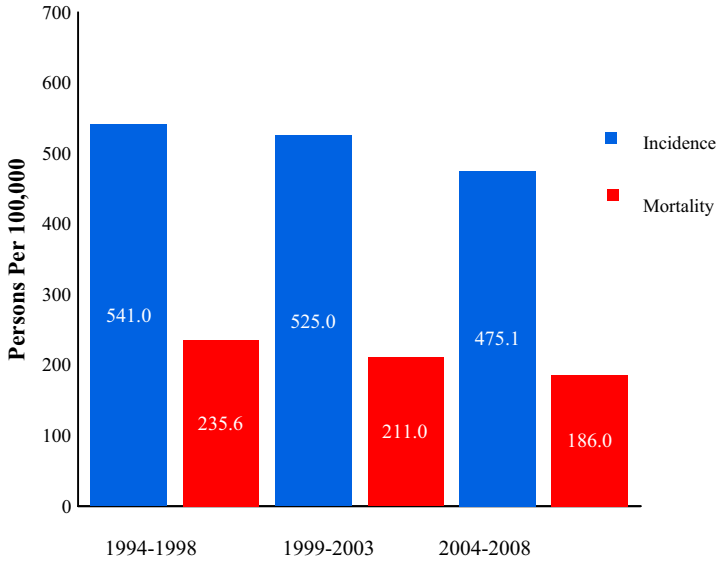
> The annual incidence rate has **decreased** 12.2% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 235.6 deaths per 100,000 people per year in 1994-1998. This rate was 186.0 for 2004-2008.

> The annual mortality rate has **decreased** 21.1% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 54.5% of all new cancer cases and 48.5% of all new cancer deaths in Essex County**:

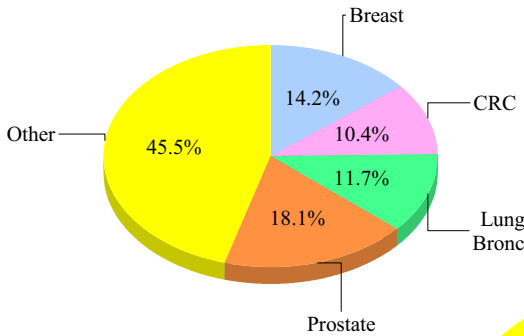
Lung & bronchus cancers account for **11.7%** of all cancer cases and **23.3%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **18.1%** of all cancer cases and **5.7%** of all cancer deaths.

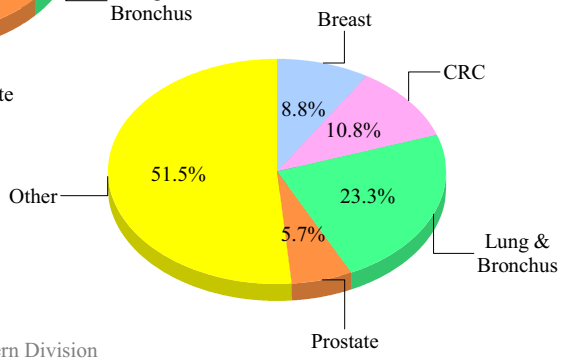
Female breast cancer accounts for **14.2%** of all cancer cases and **8.8%** of all cancer deaths.

Colorectal cancer accounts for **10.4%** of all cancer cases and **10.8%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Essex County Demographics		
	Essex	NJ
Total Population (2010)	783,969	8,791,894
Population Density (people / sq. mile. 2010)	6,209	1,187
Percent Population Age 65+ (2009)	11.5%	13.5%
Percent Population in Poverty (2009)	14.4%	9.4% *(NJ)*
Median Household Income (2009)	$53,712	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	18.9%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Essex County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	1,848	1,765	667	738
Colorectal	181	197	75	77
Lung & Bronchus	223	201	171	156
Female Breast	n/a	514	n/a	124
Prostate	654	n/a	79	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Essex County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Essex	579.7	405.3	222.1	164.6

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Essex	72.1	46.1	56.7	35.5

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Essex	58.7	44.2	24.9	16.9

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Essex	202.8	n/a	29.0	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Essex	n/a	118.9	n/a	27.7

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Essex County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Essex County**	**New Jersey**
Colorectal-Male	46.3%	44.0%
Colorectal-Female	42.6%	41.7%
Female Breast	68.0%	69.1%
Prostate	86.0%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Gloucester County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Gloucester County residents:

> **29** individuals are diagnosed with cancer *each week*

> **11** individuals die from cancer *each week*

The Burden in Gloucester County:

Annual incidence rates have increased:

>There were an average of 517.8 cases per 100,000 people per year in 1994-1998. This rate was 536.3 for 2004-2008.

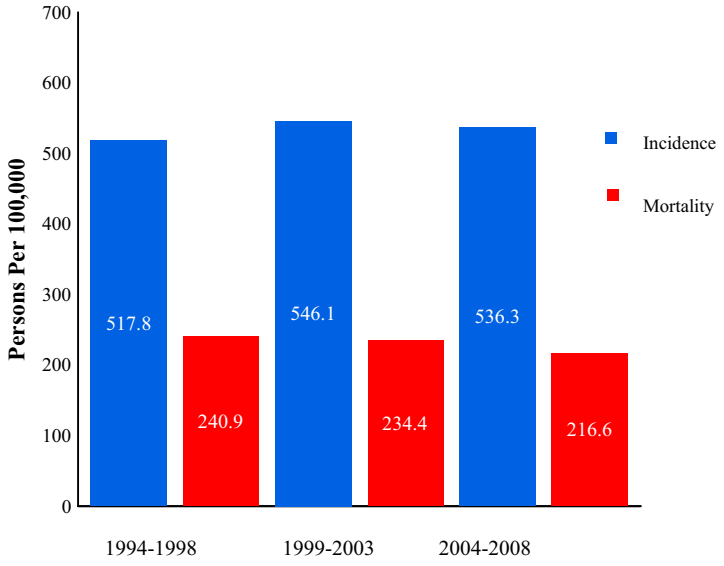
> The annual incidence rate has **increased** 3.6% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 240.9 deaths per 100,000 people per year in 1994-1998. This rate was 216.6 for 2004-2008.

> The annual mortality rate has **decreased** 10.1% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 52.8% of all new cancer cases and 52.2% of all new cancer deaths in Gloucester County**:

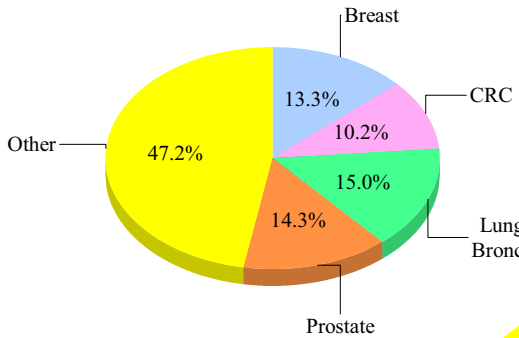
Lung & bronchus cancers account for **15.0%** of all cancer cases and **30.1%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **14.3%** of all cancer cases and **4.8%** of all cancer deaths.

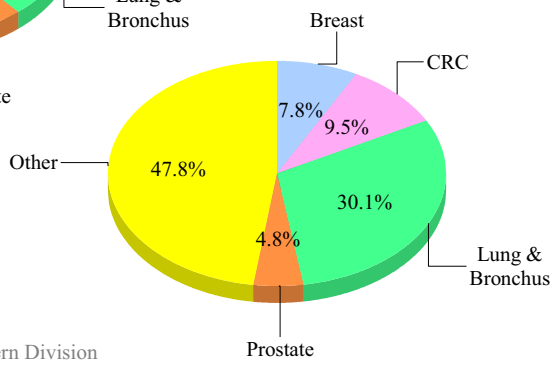
Female breast cancer accounts for **13.3%** of all cancer cases and **7.8%** of all cancer deaths.

Colorectal cancer accounts for **10.2%** of all cancer cases and **9.5%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Gloucester County Demographics		
	Gloucester	NJ
Total Population (2010)	288,288	8,791,894
Population Density (people / sq. mile. 2010)	888	1,187
Percent Population Age 65+ (2009)	12.2%	13.5%
Percent Population in Poverty (2009)	7.7%	9.4% *(NJ)*
Median Household Income (2009)	$69,928	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	11.0%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Gloucester County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	776	750	289	304
Colorectal	75	81	27	30
Lung & Bronchus	108	121	88	90
Female Breast	n/a	203	n/a	46
Prostate	218	n/a	28	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Gloucester County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Gloucester	624.0	475.6	257.9	191.6

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Gloucester	90.5	76.3	78.2	57.3

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Gloucester	62.4	50.4	23.6	18.7

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Gloucester	171.8	n/a	29.9	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Gloucester	n/a	128.3	n/a	29.0

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Gloucester County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Gloucester County**	**New Jersey**
Colorectal-Male	47.5%	44.0%
Colorectal-Female	44.5%	41.7%
Female Breast	69.0%	69.1%
Prostate	82.8%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Hudson County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Hudson County residents:

> **47** individuals are diagnosed with cancer *each week*

> **18** individuals die from cancer *each week*

The Burden in Hudson County:

Annual incidence rates have decreased:

>There were an average of 498.7 cases per 100,000 people per year in 1994-1998. This rate was 439.6 for 2004-2008.

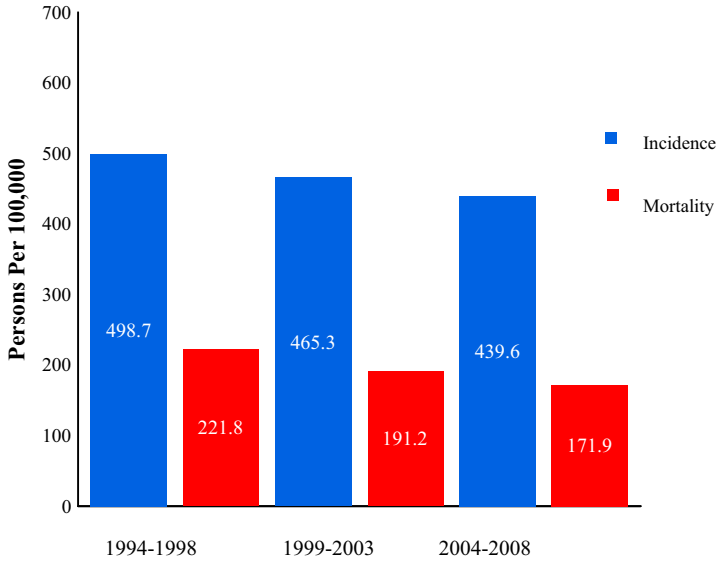
> The annual incidence rate has **decreased** 11.9% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 221.8 deaths per 100,000 people per year in 1994-1998. This rate was 171.9 for 2004-2008.

> The annual mortality rate has **decreased** 22.5% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 51.9% of all new cancer cases and 49.9% of all new cancer deaths in Hudson County**:

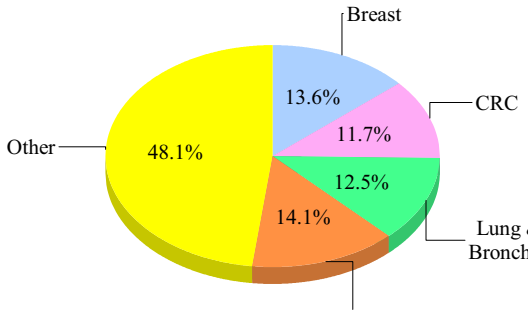
Lung & bronchus cancers account for **12.5%** of all cancer cases and **24.7%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **14.1%** of all cancer cases and **4.5%** of all cancer deaths.

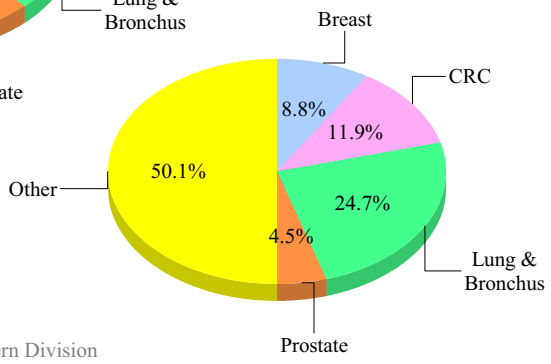
Female breast cancer accounts for **13.6%** of all cancer cases and **8.8%** of all cancer deaths.

Colorectal cancer accounts for **11.7%** of all cancer cases and **11.9%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Hudson County Demographics		
	Hudson	NJ
Total Population (2010)	634,266	8,791,894
Population Density (people / sq. mile. 2010)	13,585	1,187
Percent Population Age 65+ (2009)	10.5%	13.5%
Percent Population in Poverty (2009)	14.6%	9.4% *(NJ)*
Median Household Income (2009)	$55,767	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	20.2%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Hudson County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	1,200	1,228	451	476
Colorectal	145	138	57	53
Lung & Bronchus	157	147	126	103
Female Breast	n/a	330	n/a	82
Prostate	343	n/a	42	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Hudson County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Hudson	517.7	393.9	210.0	149.4

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Hudson	70.9	47.6	59.1	32.8

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Hudson	64.9	43.6	26.7	16.2

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Hudson	150.6	n/a	21.7	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Hudson	n/a	107.0	n/a	26.0

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Hudson County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Hudson County**	**New Jersey**
Colorectal-Male	42.0%	44.0%
Colorectal-Female	44.2%	41.7%
Female Breast	62.2%	69.1%
Prostate	85.3%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Hunterdon County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Hunterdon County residents:

> **13** individuals are diagnosed with cancer *each week*

> **4** individuals die from cancer *each week*

The Burden in Hunterdon County:

Annual incidence rates have decreased:

>There were an average of 497.0 cases per 100,000 people per year in 1994-1998. This rate was 487.0 for 2004-2008.

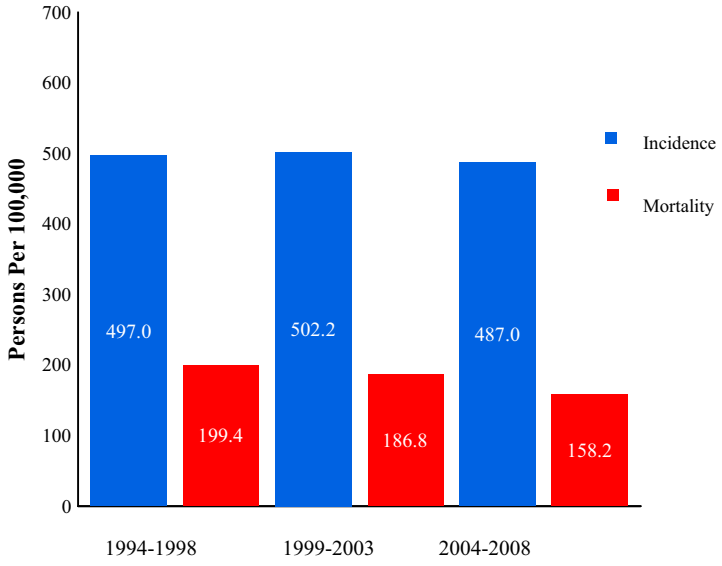
> The annual incidence rate has **decreased** 2.0% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 199.4 deaths per 100,000 people per year in 1994-1998. This rate was 158.2 for 2004-2008.

> The annual mortality rate has **decreased** 20.7% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 49.6% of all new cancer cases and 49.4% of all new cancer deaths in Hunterdon County**:

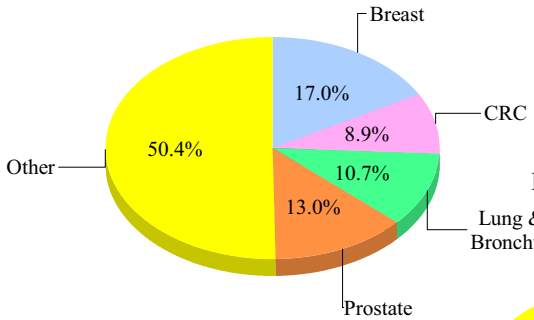
Lung & bronchus cancers account for **10.7%** of all cancer cases and **23.5%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **13.0%** of all cancer cases and **6.4%** of all cancer deaths.

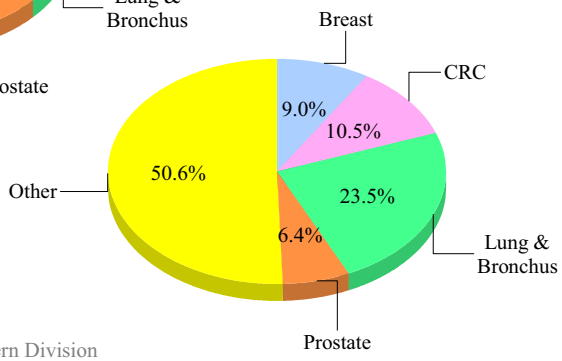
Female breast cancer accounts for **17.0%** of all cancer cases and **9.0%** of all cancer deaths.

Colorectal cancer accounts for **8.9%** of all cancer cases and **10.5%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Hunterdon County Demographics		
	Hunterdon	NJ
Total Population (2010)	128,349	8,791,894
Population Density (people / sq. mile. 2010)	299	1,187
Percent Population Age 65+ (2009)	13.2%	13.5%
Percent Population in Poverty (2009)	4.3%	9.4% *(NJ)*
Median Household Income (2009)	$100,485	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	6.2%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Hunterdon County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	323	345	100	107
Colorectal	27	32	10	12
Lung & Bronchus	36	36	23	26
Female Breast	n/a	114	n/a	19
Prostate	87	n/a	13	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Hunterdon County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Hunterdon	511.4	474.7	177.3	147.8

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Hunterdon	61.2	52.6	38.7	36.1

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Hunterdon	44.5	45.7	18.1	16.3

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Hunterdon	128.5	n/a	27.1	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Hunterdon	n/a	149.7	n/a	24.6

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Hunterdon County Percent of Cases Detected at Early Stage, 2004-2008

The best survival rates occur for those who are diagnosed with early stage disease.

Cancer Site	Hunterdon County	New Jersey
Colorectal-Male	41.3%	44.0%
Colorectal-Female	36.5%	41.7%
Female Breast	69.5%	69.1%
Prostate	76.5%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Mercer County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Mercer County residents:

> **37** individuals are diagnosed with cancer *each week*

> **13** individuals die from cancer *each week*

The Burden in Mercer County:

Annual incidence rates have decreased:

>There were an average of 534.6 cases per 100,000 people per year in 1994-1998. This rate was 519.6 for 2004-2008.

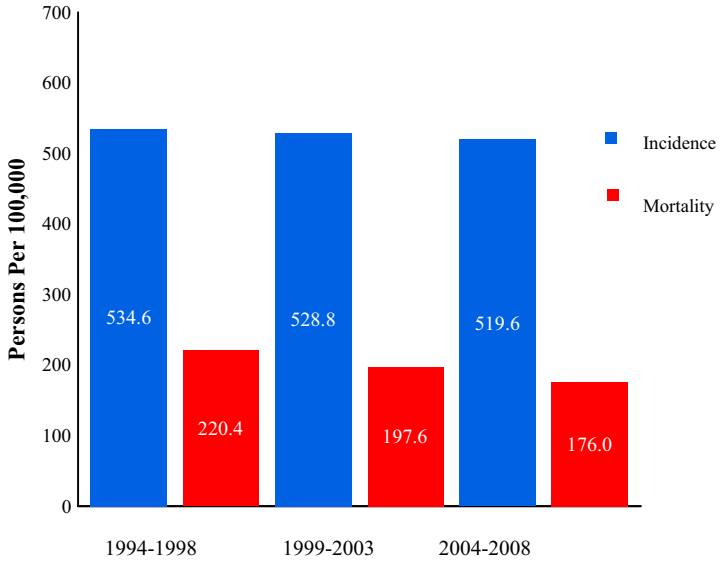
> The annual incidence rate has **decreased** 2.8% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 220.4 deaths per 100,000 people per year in 1994-1998. This rate was 176.0 for 2004-2008.

> The annual mortality rate has **decreased** 20.1% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 52.0% of all new cancer cases and 48.4% of all new cancer deaths in Mercer County**:

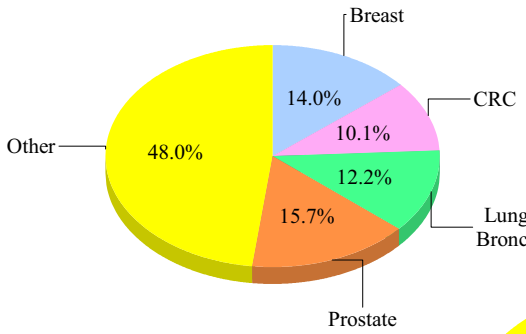
Lung & bronchus cancers account for **12.2%** of all cancer cases and **24.7%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **15.7%** of all cancer cases and **5.0%** of all cancer deaths.

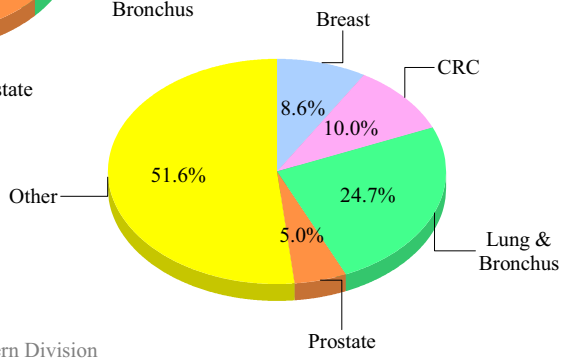
Female breast cancer accounts for **14.0%** of all cancer cases and **8.6%** of all cancer deaths.

Colorectal cancer accounts for **10.1%** of all cancer cases and **10.0%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Mercer County Demographics		
	Mercer	NJ
Total Population (2010)	366,513	8,791,894
Population Density (people / sq. mile. 2010)	1,622	1,187
Percent Population Age 65+ (2009)	12.7%	13.5%
Percent Population in Poverty (2009)	10.8%	9.4% *(NJ)*
Median Household Income (2009)	$70,570	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	13.4%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Mercer County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	971	958	319	336
Colorectal	95	99	33	33
Lung & Bronchus	119	117	85	77
Female Breast	n/a	270	n/a	56
Prostate	303	n/a	33	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Mercer County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Mercer	604.7	463.9	210.8	154.6

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Mercer	76.7	56.7	55.6	36.6

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Mercer	60.5	46.2	22.0	14.5

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Mercer	186.9	n/a	23.6	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Mercer	n/a	132.2	n/a	26.0

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.

Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability

Source: NJ DOH & SS, State Cancer Registry, 2011

Mercer County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Mercer County**	**New Jersey**
Colorectal-Male	47.3%	44.0%
Colorectal-Female	48.3%	41.7%
Female Breast	69.9%	69.1%
Prostate	82.1%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Middlesex County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Middlesex County residents:

> **73** individuals are diagnosed with cancer *each week*

> **25** individuals die from cancer *each week*

The Burden in Middlesex County:

Annual incidence rates have decreased:

>There were an average of 514.0 cases per 100,000 people per year in 1994-1998. This rate was 481.9 for 2004-2008.

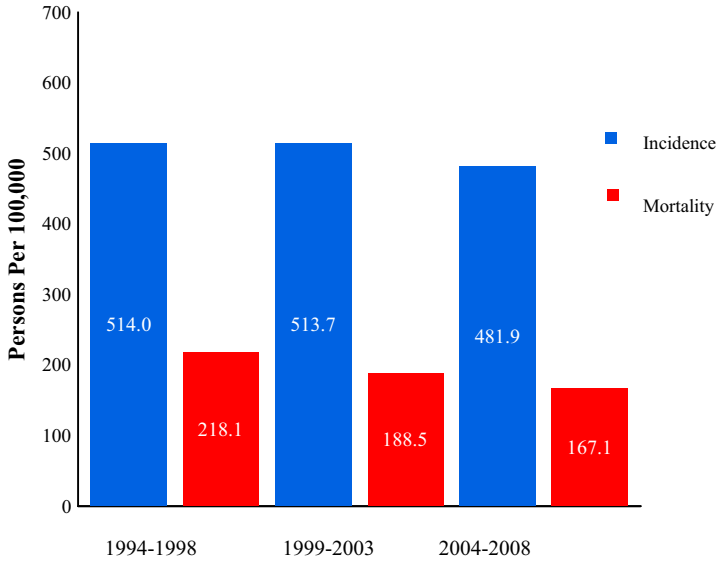
> The annual incidence rate has **decreased** 6.2% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 218.1 deaths per 100,000 people per year in 1994-1998. This rate was 167.1 for 2004-2008.

> The annual mortality rate has **decreased** 23.4% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 51.3% of all new cancer cases and 48.8% of all new cancer deaths in Middlesex County**:

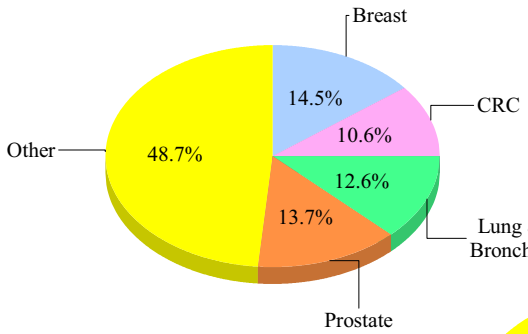
Lung & bronchus cancers account for **12.6%** of all cancer cases and **25.8%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **13.7%** of all cancer cases and **4.5%** of all cancer deaths.

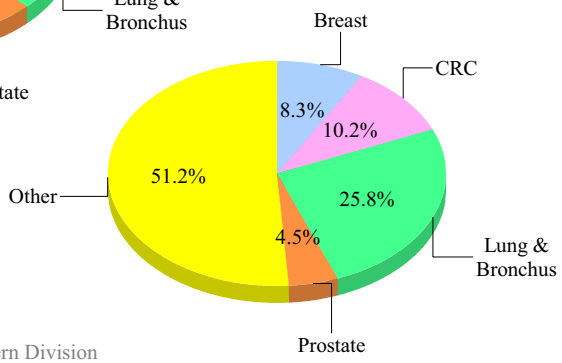
Female breast cancer accounts for **14.5%** of all cancer cases and **8.3%** of all cancer deaths.

Colorectal cancer accounts for **10.6%** of all cancer cases and **10.2%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Middlesex County Demographics		
	Middlesex	NJ
Total Population (2010)	809,858	8,791,894
Population Density (people / sq. mile. 2010)	2,615	1,187
Percent Population Age 65+ (2009)	12.4%	13.5%
Percent Population in Poverty (2009)	7.9%	9.4% *(NJ)*
Median Household Income (2009)	$74,959	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	12.1%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Middlesex County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	1,880	1,919	645	668
Colorectal	206	195	64	70
Lung & Bronchus	240	238	180	159
Female Breast	n/a	549	n/a	109
Prostate	519	n/a	59	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Middlesex County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Middlesex	550.1	440.3	198.1	147.4

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Middlesex	72.8	54.2	54.6	35.5

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Middlesex	60.6	43.3	19.8	14.9

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Middlesex	150.3	n/a	20.1	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Middlesex	n/a	127.7	n/a	24.6

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.

Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability

Source: NJ DOH & SS, State Cancer Registry, 2011

Middlesex County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Middlesex County**	**New Jersey**
Colorectal-Male	41.6%	44.0%
Colorectal-Female	35.9%	41.7%
Female Breast	71.0%	69.1%
Prostate	82.0%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Monmouth County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Monmouth County residents:

> **70** individuals are diagnosed with cancer *each week*

> **25** individuals die from cancer *each week*

The Burden in Monmouth County:

Annual incidence rates have decreased:

>There were an average of 538.2 cases per 100,000 people per year in 1994-1998. This rate was 518.1 for 2004-2008.

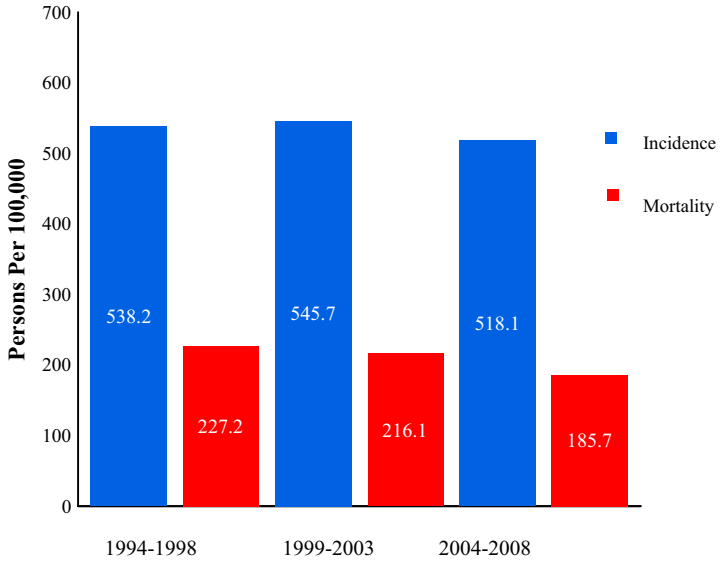
> The annual incidence rate has **decreased** 3.7% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 227.2 deaths per 100,000 people per year in 1994-1998. This rate was 185.7 for 2004-2008.

> The annual mortality rate has **decreased** 18.3% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 51.8% of all new cancer cases and 48.5% of all new cancer deaths in Monmouth County**:

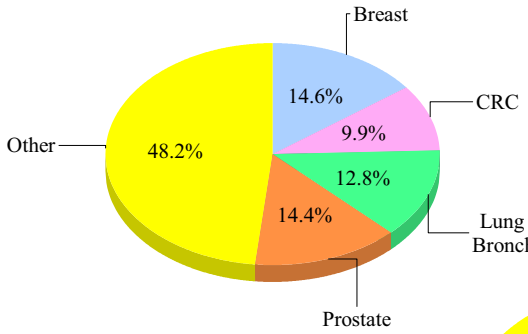
Lung & bronchus cancers account for **12.8%** of all cancer cases and **25.8%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **14.4%** of all cancer cases and **4.1%** of all cancer deaths.

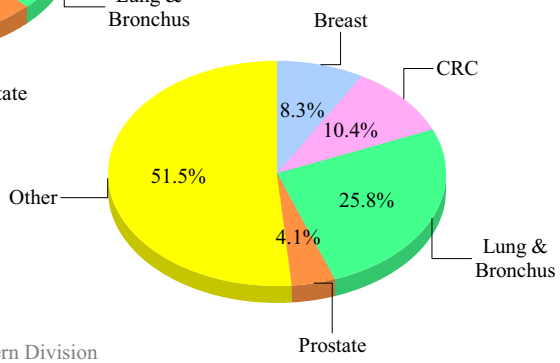
Female breast cancer accounts for **14.6%** of all cancer cases and **8.3%** of all cancer deaths.

Colorectal cancer accounts for **9.9%** of all cancer cases and **10.4%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Monmouth County Demographics		
	Monmouth	NJ
Total Population (2010)	630,380	8,791,894
Population Density (people / sq. mile. 2010)	1,336	1,187
Percent Population Age 65+ (2009)	13.8%	13.5%
Percent Population in Poverty (2009)	6.9%	9.4% *(NJ)*
Median Household Income (2009)	$80,231	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	9.2%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Monmouth County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	1,799	1,836	622	673
Colorectal	174	188	68	67
Lung & Bronchus	224	243	164	170
Female Breast	n/a	530	n/a	107
Prostate	524	n/a	53	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Monmouth County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Monmouth	584.9	474.5	219.9	166.2

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Monmouth	74.5	62.0	56.8	42.4

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Monmouth	59.0	46.5	24.3	16.0

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Monmouth	166.6	n/a	20.9	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Monmouth	n/a	136.8	n/a	26.5

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.

Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability

Source: NJ DOH & SS, State Cancer Registry, 2011

Monmouth County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Monmouth County**	**New Jersey**
Colorectal-Male	41.0%	44.0%
Colorectal-Female	37.6%	41.7%
Female Breast	70.3%	69.1%
Prostate	83.3%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Morris County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Morris County residents:

> **52** individuals are diagnosed with cancer *each week*

> **17** individuals die from cancer *each week*

The Burden in Morris County:

Annual incidence rates have decreased:

>There were an average of 533.5 cases per 100,000 people per year in 1994-1998. This rate was 518.2 for 2004-2008.

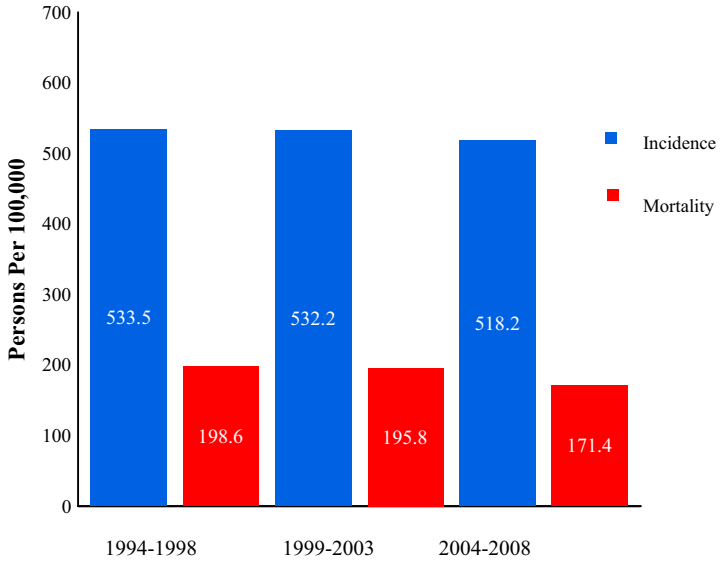
> The annual incidence rate has **decreased** 2.9% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 198.6 deaths per 100,000 people per year in 1994-1998. This rate was 171.4 for 2004-2008.

> The annual mortality rate has **decreased** 13.7% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 52.5% of all new cancer cases and 47.9% of all new cancer deaths in Morris County**:

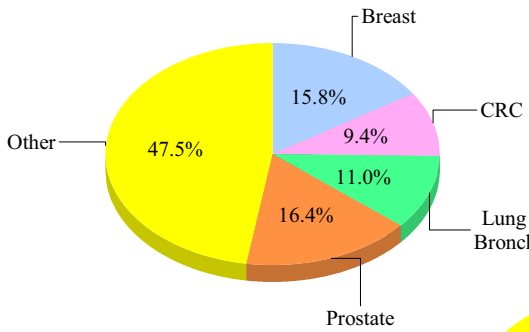
Lung & bronchus cancers account for **11.0%** of all cancer cases and **24.6%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **16.4%** of all cancer cases and **4.2%** of all cancer deaths.

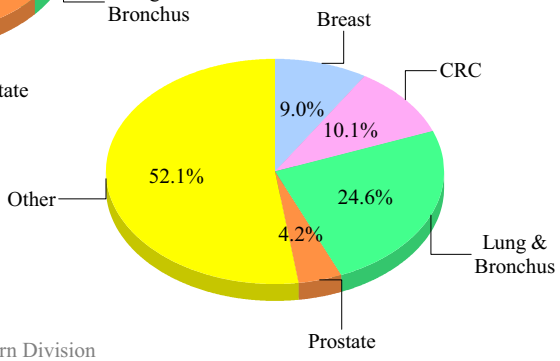
Female breast cancer accounts for **15.8%** of all cancer cases and **9.0%** of all cancer deaths.

Colorectal cancer accounts for **9.4%** of all cancer cases and **10.1%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Morris County Demographics		
	Morris	NJ
Total Population (2010)	492,276	8,791,894
Population Density (people / sq. mile. 2010)	1,050	1,187
Percent Population Age 65+ (2009)	13.8%	13.5%
Percent Population in Poverty (2009)	3.8%	9.4% *(NJ)*
Median Household Income (2009)	$96,300	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	7.2%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Morris County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	1,383	1,337	419	464
Colorectal	129	127	42	48
Lung & Bronchus	149	150	109	108
Female Breast	n/a	429	n/a	79
Prostate	445	n/a	37	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Morris County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Morris	589.3	469.3	197.0	156.6

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Morris	67.1	52.5	50.4	37.1

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Morris	56.5	43.0	19.8	15.4

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Morris	180.1	n/a	19.7	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Morris	n/a	149.9	n/a	26.7

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Morris County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Morris County**	**New Jersey**
Colorectal-Male	44.1%	44.0%
Colorectal-Female	42.0%	41.7%
Female Breast	70.9%	69.1%
Prostate	79.4%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Ocean County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Ocean County residents:

> **83** individuals are diagnosed with cancer *each week*

> **33** individuals die from cancer *each week*

The Burden in Ocean County:

Annual incidence rates have decreased:

>There were an average of 547.0 cases per 100,000 people per year in 1994-1998. This rate was 533.0 for 2004-2008.

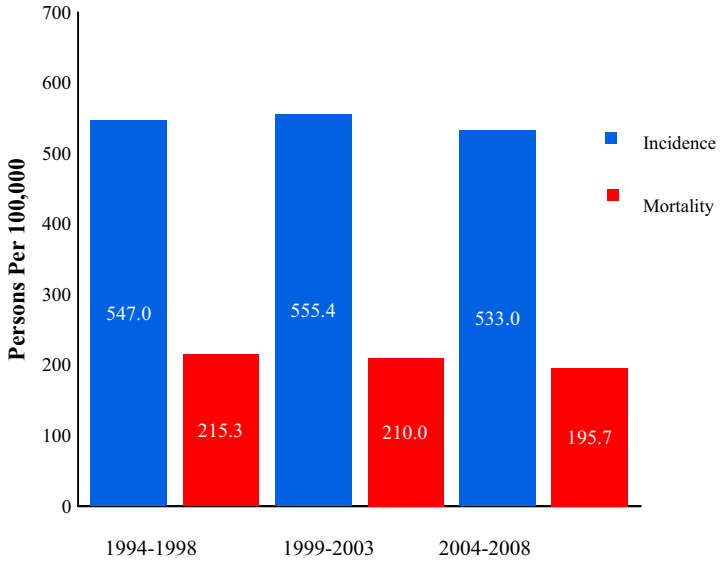
> The annual incidence rate has **decreased** 2.6% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 215.3 deaths per 100,000 people per year in 1994-1998. This rate was 195.7 for 2004-2008.

> The annual mortality rate has **decreased** 9.1% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 53.0% of all new cancer cases and 51.6% of all new cancer deaths in Ocean County**:

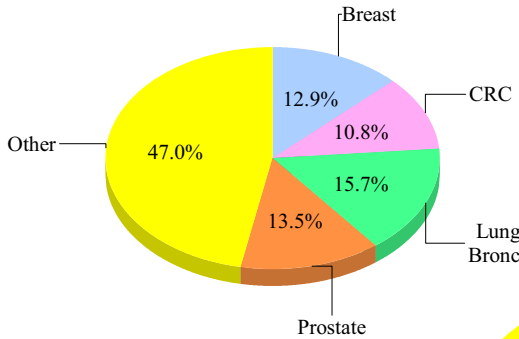
Lung & bronchus cancers account for **15.7%** of all cancer cases and **29.1%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **13.5%** of all cancer cases and **4.5%** of all cancer deaths.

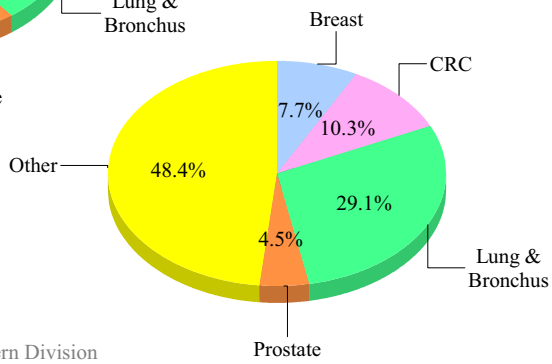
Female breast cancer accounts for **12.9%** of all cancer cases and **7.7%** of all cancer deaths.

Colorectal cancer accounts for **10.8%** of all cancer cases and **10.3%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



American Cancer Society, Eastern Division
New Jersey Cancer Profiles

Ocean County Demographics		
	Ocean	NJ
Total Population (2010)	576,567	8,791,894
Population Density (people / sq. mile. 2010)	906	1,187
Percent Population Age 65+ (2009)	21.0%	13.5%
Percent Population in Poverty (2009)	8.2%	9.4% *(NJ)*
Median Household Income (2009)	$59,456	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	11.5%	13.2% *(NJ)*

Source: U.S. Census Bureau, 2011

Ocean County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	2,165	2,146	850	875
Colorectal	229	238	82	95
Lung & Bronchus	327	351	250	252
Female Breast	n/a	556	n/a	133
Prostate	582	n/a	78	n/a

Source: NJ DOH & SS, State Cancer Registry, 2011

Ocean County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Ocean	613.5	483.5	235.9	170.5

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Ocean	89.9	72.2	68.7	49.2

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Ocean	64.2	46.3	22.6	17.3

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Ocean	160.6	n/a	21.4	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Ocean	n/a	132.8	n/a	27.8

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.

Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability

Source: NJ DOH & SS, State Cancer Registry, 2011

Ocean County Percent of Cases Detected at Early Stage, 2004-2008

The best survival rates occur for those who are diagnosed with early stage disease.

Cancer Site	Ocean County	New Jersey
Colorectal-Male	39.1%	44.0%
Colorectal-Female	36.4%	41.7%
Female Breast	70.7%	69.1%
Prostate	85.1%	83.7%

Source: NJ DOH & SS, State Cancer Registry, 2011

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Passaic County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Passaic County residents:

> **44** individuals are diagnosed with cancer *each week*

> **17** individuals die from cancer *each week*

The Burden in Passaic County:

Annual incidence rates have decreased:

>There were an average of 502.0 cases per 100,000 people per year in 1994-1998. This rate was 469.2 for 2004-2008.

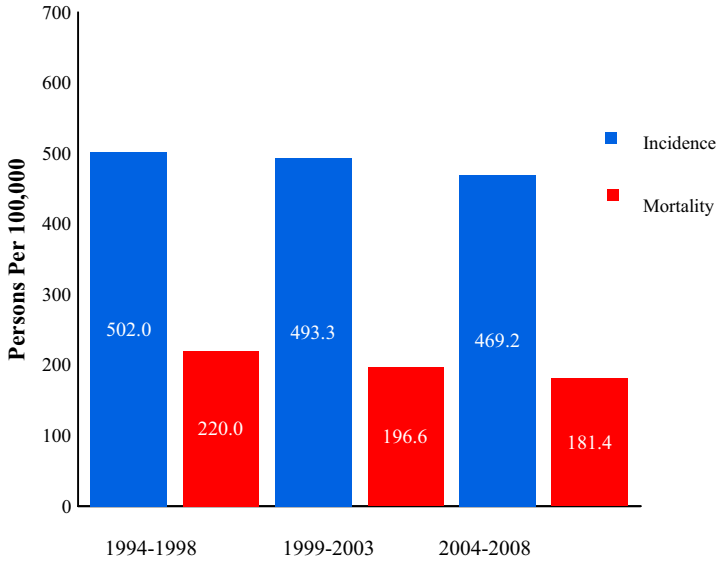
> The annual incidence rate has **decreased** 6.5% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 220.0 deaths per 100,000 people per year in 1994-1998. This rate was 181.4 for 2004-2008.

> The annual mortality rate has **decreased** 17.5% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 51.5% of all new cancer cases and 48.1% of all new cancer deaths in Passaic County**:

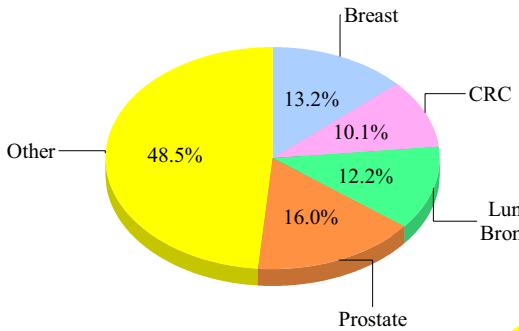
Lung & bronchus cancers account for **12.2%** of all cancer cases and **23.0%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **16.0%** of all cancer cases and **5.3%** of all cancer deaths.

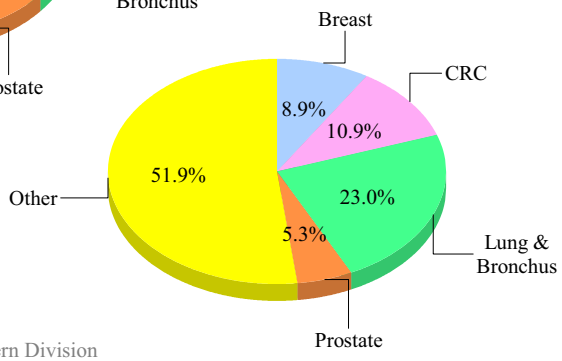
Female breast cancer accounts for **13.2%** of all cancer cases and **8.9%** of all cancer deaths.

Colorectal cancer accounts for **10.1%** of all cancer cases and **10.9%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Passaic County Demographics		
	Passaic	NJ
Total Population (2010)	501,226	8,791,894
Population Density (people / sq. mile. 2010)	2,705	1,187
Percent Population Age 65+ (2009)	12.1%	13.5%
Percent Population in Poverty (2009)	16.5%	9.4% *(NJ)*
Median Household Income (2009)	$51,933	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	20.1%	13.2% *(NJ)*

Source: U.S. Census Bureau, 2011

Passaic County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	1,168	1,122	430	455
Colorectal	114	117	46	51
Lung & Bronchus	149	130	112	91
Female Breast	n/a	302	n/a	79
Prostate	366	n/a	47	n/a

Source: NJ DOH & SS, State Cancer Registry, 2011

Passaic County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Passaic	559.5	409.9	219.3	159.1

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Passaic	73.6	47.1	56.5	32.6

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Passaic	56.8	41.1	24.0	17.3

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Passaic	174.9	n/a	26.6	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Passaic	n/a	112.4	n/a	27.8

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.

Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability

Source: NJ DOH & SS, State Cancer Registry, 2011

Passaic County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Passaic County**	**New Jersey**
Colorectal-Male	45.8%	44.0%
Colorectal-Female	49.6%	41.7%
Female Breast	66.1%	69.1%
Prostate	84.8%	83.7%

Source: NJ DOH & SS, State Cancer Registry, 2011

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Salem County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Salem County residents:

> **8** individuals are diagnosed with cancer *each week*

> **3** individuals die from cancer *each week*

The Burden in Salem County:

Annual incidence rates have increased:

>There were an average of 522.6 cases per 100,000 people per year in 1994-1998. This rate was 523.7 for 2004-2008.

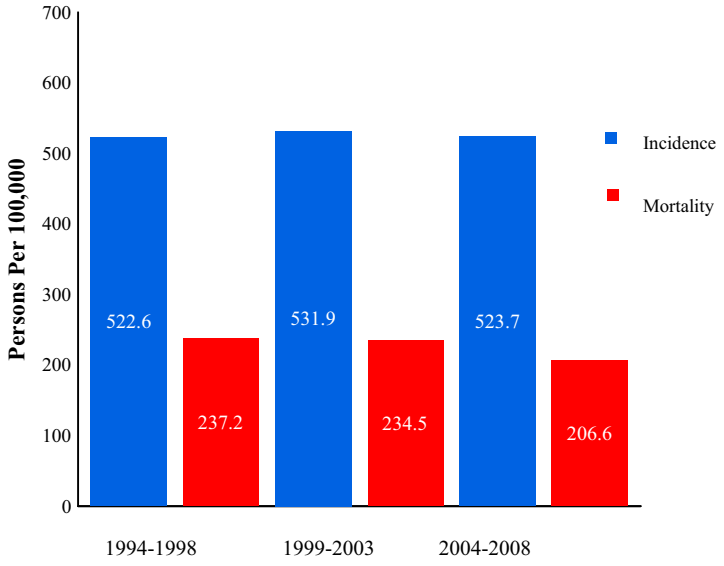
> The annual incidence rate has **increased** 0.2% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 237.2 deaths per 100,000 people per year in 1994-1998. This rate was 206.6 for 2004-2008.

> The annual mortality rate has **decreased** 12.9% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 52.2% of all new cancer cases and 53.9% of all new cancer deaths in Salem County**:

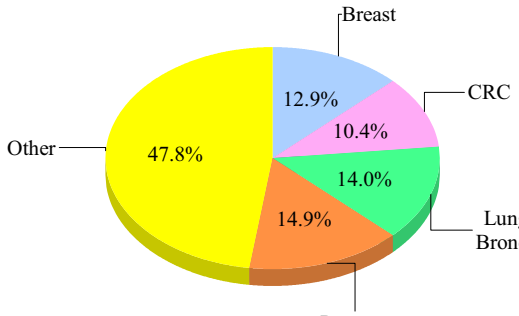
Lung & bronchus cancers account for **14.0%** of all cancer cases and **31.0%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **14.9%** of all cancer cases and **5.1%** of all cancer deaths.

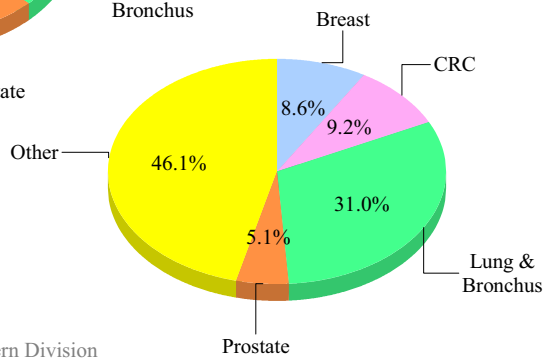
Female breast cancer accounts for **12.9%** of all cancer cases and **8.6%** of all cancer deaths.

Colorectal cancer accounts for **10.4%** of all cancer cases and **9.2%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Salem County Demographics		
	Salem	NJ
Total Population (2010)	66,083	8,791,894
Population Density (people / sq. mile. 2010)	196	1,187
Percent Population Age 65+ (2009)	15.4%	13.5%
Percent Population in Poverty (2009)	10.2%	9.4% *(NJ)*
Median Household Income (2009)	$52,958	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	14.3%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Salem County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	209	185	82	77
Colorectal	21	20	8	6
Lung & Bronchus	27	28	24	25
Female Breast	n/a	51	n/a	14
Prostate	59	n/a	8	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Salem County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Salem	631.5	447.1	253.3	174.6

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Salem	80.9	66.1	72.9	58.2

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Salem	61.5	45.3	26.9	13.6

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Salem	176.4	n/a	26.8	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Salem	n/a	124.5	n/a	30.9

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Salem County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Salem County**	**New Jersey**
Colorectal-Male	52.5%	44.0%
Colorectal-Female	51.3%	41.7%
Female Breast	65.2%	69.1%
Prostate	75.2%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Somerset County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Somerset County residents:

> **30** individuals are diagnosed with cancer *each week*

> **10** individuals die from cancer *each week*

The Burden in Somerset County:

Annual incidence rates have increased:

>There were an average of 467.5 cases per 100,000 people per year in 1994-1998. This rate was 485.1 for 2004-2008.

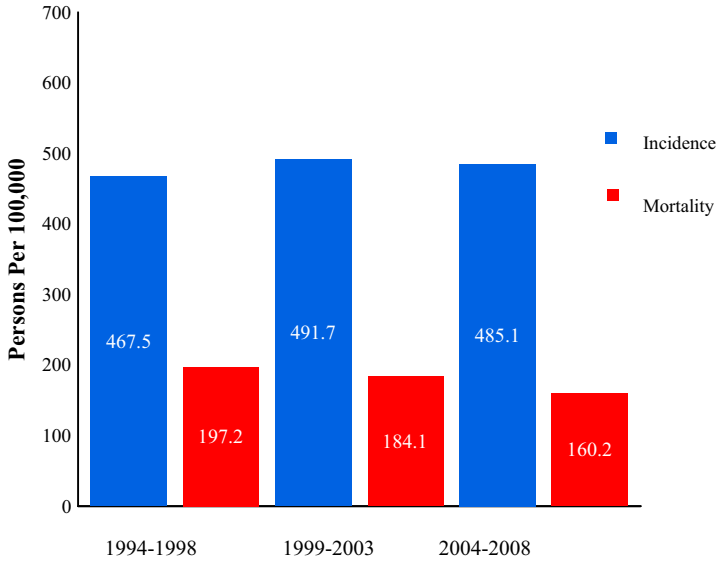
> The annual incidence rate has **increased** 3.8% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 197.2 deaths per 100,000 people per year in 1994-1998. This rate was 160.2 for 2004-2008.

> The annual mortality rate has **decreased** 18.8% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 51.4% of all new cancer cases and 45.2% of all new cancer deaths in Somerset County**:

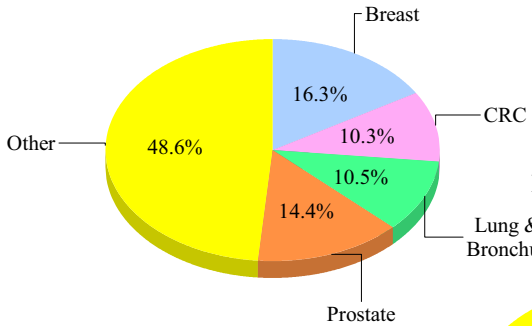
Lung & bronchus cancers account for **10.5%** of all cancer cases and **21.7%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **14.4%** of all cancer cases and **4.6%** of all cancer deaths.

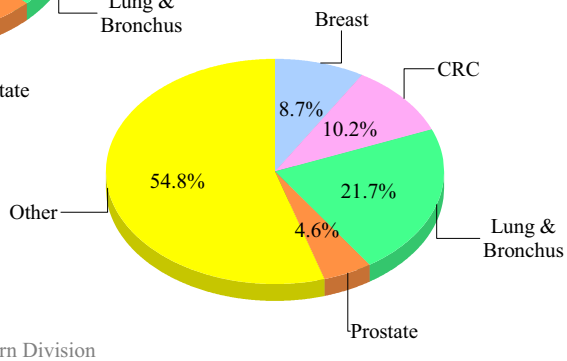
Female breast cancer accounts for **16.3%** of all cancer cases and **8.7%** of all cancer deaths.

Colorectal cancer accounts for **10.3%** of all cancer cases and **10.2%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



American Cancer Society, Eastern Division
New Jersey Cancer Profiles

Somerset County Demographics		
	Somerset	NJ
Total Population (2010)	323,444	8,791,894
Population Density (people / sq. mile. 2010)	1,062	1,187
Percent Population Age 65+ (2009)	12.5%	13.5%
Percent Population in Poverty (2009)	4.4%	9.4% *(NJ)*
Median Household Income (2009)	$90,125	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	7.6%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Somerset County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	780	790	254	250
Colorectal	82	80	25	27
Lung & Bronchus	87	78	65	45
Female Breast	n/a	255	n/a	44
Prostate	225	n/a	23	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Somerset County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Somerset	550.4	442.5	199.0	137.4

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Somerset	65.9	45.2	50.2	25.3

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Somerset	60.0	43.1	19.7	13.8

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Somerset	153.8	n/a	20.2	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Somerset	n/a	141.0	n/a	23.8

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Somerset County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Somerset County**	**New Jersey**
Colorectal-Male	40.4%	44.0%
Colorectal-Female	35.9%	41.7%
Female Breast	71.2%	69.1%
Prostate	80.6%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Sussex County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Sussex County residents:

> **15** individuals are diagnosed with cancer *each week*

> **5** individuals die from cancer *each week*

The Burden in Sussex County:

Annual incidence rates have increased:

>There were an average of 522.0 cases per 100,000 people per year in 1994-1998. This rate was 524.1 for 2004-2008.

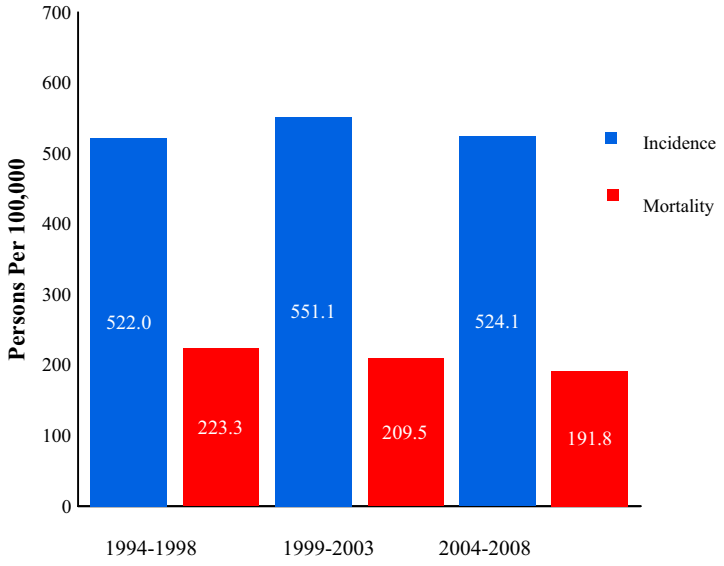
> The annual incidence rate has **increased** 0.4% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 223.3 deaths per 100,000 people per year in 1994-1998. This rate was 191.8 for 2004-2008.

> The annual mortality rate has **decreased** 14.1% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 53.8% of all new cancer cases and 50.6% of all new cancer deaths in Sussex County**:

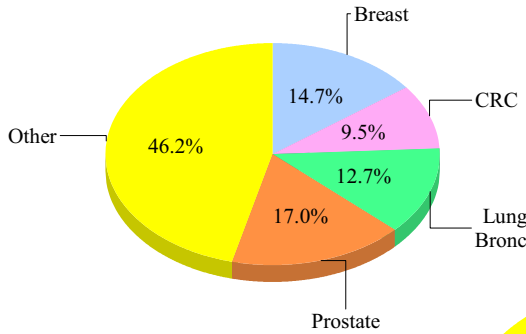
Lung & bronchus cancers account for **12.7%** of all cancer cases and **26.7%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **17.0%** of all cancer cases and **5.0%** of all cancer deaths.

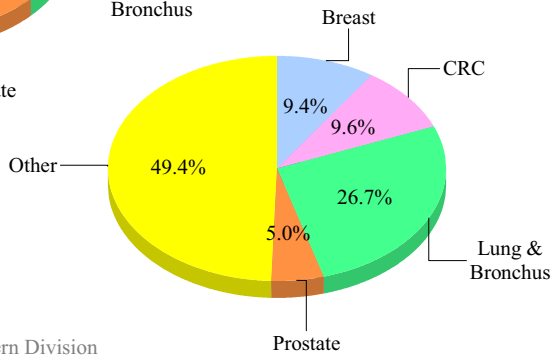
Female breast cancer accounts for **14.7%** of all cancer cases and **9.4%** of all cancer deaths.

Colorectal cancer accounts for **9.5%** of all cancer cases and **9.6%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



American Cancer Society, Eastern Division
New Jersey Cancer Profiles

Sussex County Demographics		
	Sussex	NJ
Total Population (2010)	149,265	8,791,894
Population Density (people / sq. mile. 2010)	286	1,187
Percent Population Age 65+ (2009)	11.8%	13.5%
Percent Population in Poverty (2009)	5.4%	9.4% *(NJ)*
Median Household Income (2009)	$80,155	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	7.2%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Sussex County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	412	371	131	134
Colorectal	38	36	11	14
Lung & Bronchus	50	49	38	33
Female Breast	n/a	115	n/a	25
Prostate	133	n/a	13	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Sussex County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Sussex	610.9	461.2	218.3	174.9

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Sussex	78.0	64.1	61.6	43.7

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Sussex	58.8	46.2	20.0	18.5

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Sussex	188.6	n/a	28.1	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Sussex	n/a	136.3	n/a	31.5

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Sussex County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Sussex County**	**New Jersey**
Colorectal-Male	45.1%	44.0%
Colorectal-Female	33.3%	41.7%
Female Breast	64.0%	69.1%
Prostate	83.8%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Union County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Union County residents:

> **52** individuals are diagnosed with cancer *each week*

> **19** individuals die from cancer *each week*

The Burden in Union County:

Annual incidence rates have decreased:

>There were an average of 524.8 cases per 100,000 people per year in 1994-1998. This rate was 498.0 for 2004-2008.

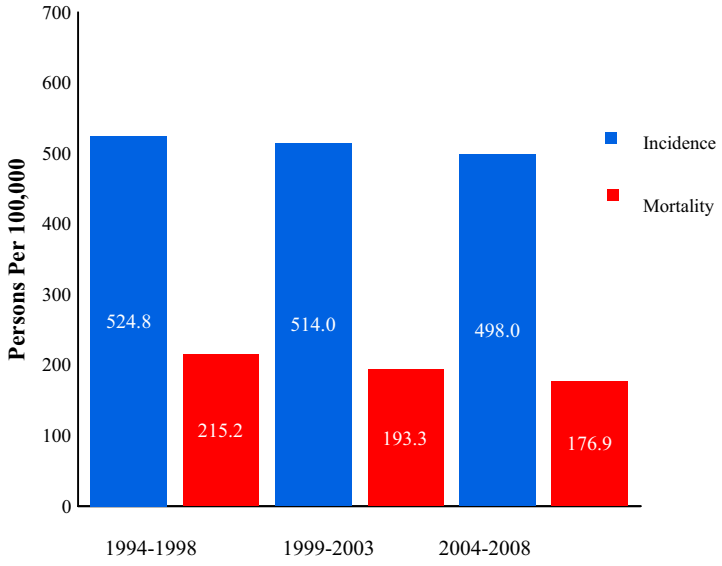
> The annual incidence rate has **decreased** 5.1% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 215.2 deaths per 100,000 people per year in 1994-1998. This rate was 176.9 for 2004-2008.

> The annual mortality rate has **decreased** 17.8% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 53.2% of all new cancer cases and 48.2% of all new cancer deaths in Union County**:

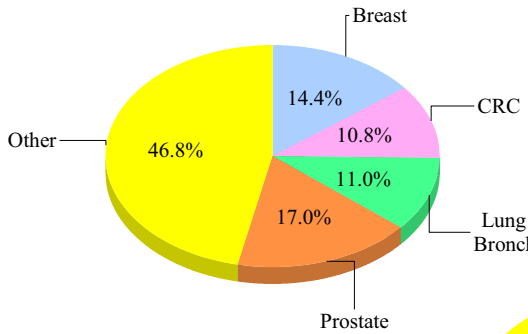
Lung & bronchus cancers account for **11.0%** of all cancer cases and **23.6%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **17.0%** of all cancer cases and **5.4%** of all cancer deaths.

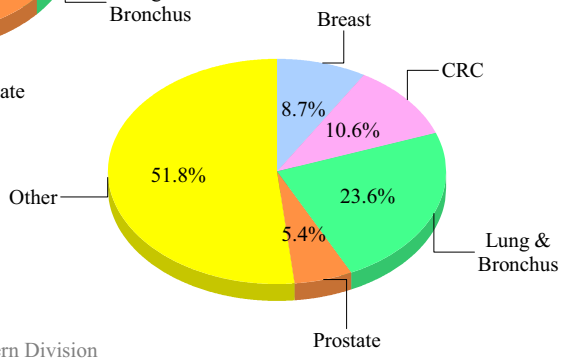
Female breast cancer accounts for **14.4%** of all cancer cases and **8.7%** of all cancer deaths.

Colorectal cancer accounts for **10.8%** of all cancer cases and **10.6%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



American Cancer Society, Eastern Division
New Jersey Cancer Profiles

Union County Demographics		
	Union	NJ
Total Population (2010)	536,499	8,791,894
Population Density (people / sq. mile. 2010)	5,194	1,187
Percent Population Age 65+ (2009)	12.6%	13.5%
Percent Population in Poverty (2009)	9.5%	9.4% *(NJ)*
Median Household Income (2009)	$64,588	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	15.8%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Union County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	1,397	1,329	476	510
Colorectal	152	142	52	53
Lung & Bronchus	157	145	126	107
Female Breast	n/a	393	n/a	86
Prostate	463	n/a	53	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Union County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Union	597.4	433.3	212.6	156.1

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Union	68.8	46.4	55.8	33.3

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Union	65.6	43.2	23.3	15.2

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Union	196.7	n/a	25.1	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Union	n/a	130.7	n/a	26.8

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.
# Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability
Source: NJ DOH & SS, State Cancer Registry, 2011

Union County Percent of Cases Detected at Early Stage, 2004-2008

The best survival rates occur for those who are diagnosed with early stage disease.

Cancer Site	Union County	New Jersey
Colorectal-Male	44.3%	44.0%
Colorectal-Female	41.3%	41.7%
Female Breast	66.7%	69.1%
Prostate	86.4%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

Warren County, New Jersey

Cancer Burden Profile, 2011

In 2011, the American Cancer Society estimates*:

1,596,670 new cancer cases will be diagnosed in the U.S. - including 49,080 in New Jersey

571,950 cancer deaths will occur in the U.S. - including 16,370 in New Jersey

For Warren County residents:

> **12** individuals are diagnosed with cancer *each week*

> **5** individuals die from cancer *each week*

The Burden in Warren County:

Annual incidence rates have decreased:

>There were an average of 533.9 cases per 100,000 people per year in 1994-1998. This rate was 508.2 for 2004-2008.

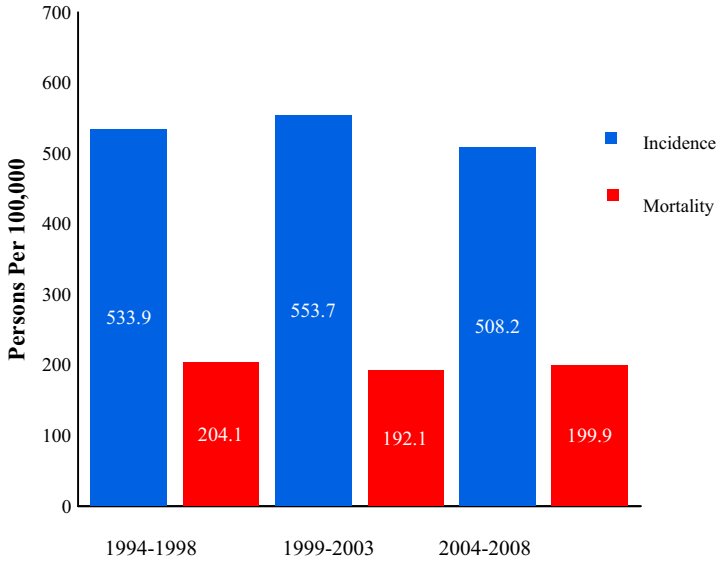
> The annual incidence rate has **decreased** 4.8% since 1994-1998.

Annual mortality rates have decreased:

>There were an average of 204.1 deaths per 100,000 people per year in 1994-1998. This rate was 199.9 for 2004-2008.

> The annual mortality rate has **decreased** 2.1% since 1994-1998.

Incidence & Mortality Rates, 1994-2008



Note: Rates are per 100,000, age-adjusted to the 2000 US Standard Population

Source: NJ DOH & SS, State Cancer Registry, 2011

Four cancer sites represent 53.3% of all new cancer cases and 49.3% of all new cancer deaths in Warren County**:

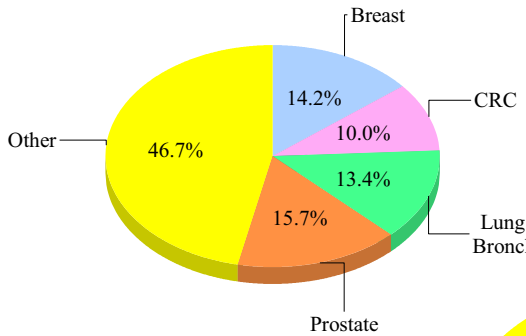
Lung & bronchus cancers account for **13.4%** of all cancer cases and **25.8%** of all cancer deaths. This disproportionate mortality highlights the crucial need for prevention & cessation of tobacco use.

Prostate cancer accounts for **15.7%** of all cancer cases and **7.1%** of all cancer deaths.

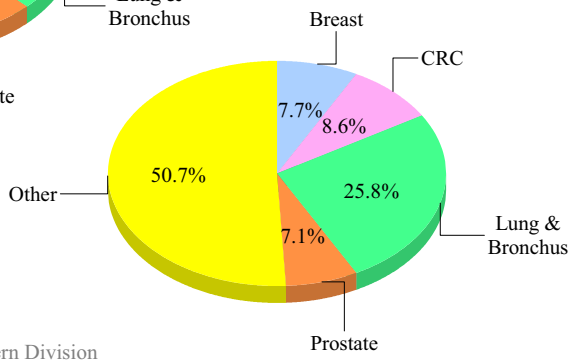
Female breast cancer accounts for **14.2%** of all cancer cases and **7.7%** of all cancer deaths.

Colorectal cancer accounts for **10.0%** of all cancer cases and **8.6%** of all cancer deaths. This reflects the lower screening & early detection rates for this cancer.

Percent of All Cases



Percent of All Deaths



Warren County Demographics		
	Warren	NJ
Total Population (2010)	108,692	8,791,894
Population Density (people / sq. mile. 2010)	304	1,187
Percent Population Age 65+ (2009)	14.3%	13.5%
Percent Population in Poverty (2009)	7.0%	9.4% *(NJ)*
Median Household Income (2009)	$70,092	$68,444 *(NJ)*
Less than H.S. Diploma (% of 25+ pop., 2009)	11.4%	13.2% *(NJ)*
Source: U.S. Census Bureau, 2011		

Warren County Cases & Deaths Per Year 2004-2008				
	Cases		Deaths	
Cancer Site	Male	Female	Male	Female
All Sites	311	295	119	120
Colorectal	32	29	8	12
Lung & Bronchus	42	39	32	30
Female Breast	n/a	86	n/a	18
Prostate	95	n/a	17	n/a
Source: NJ DOH & SS, State Cancer Registry, 2011				

Warren County Average Annual Incidence & Mortality Rates, 2004-2008*

All Cancers (All malignant cancers)

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	584.7	447.8	218.5	160.6
Warren	608.1	445.7	251.8	170.0

Lung & Bronchus

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	76.9	56.7	59.7	39.1
Warren	85.6	59.8	64.6	44.8

Colorectal

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	60.5	44.4	22.6	16.0
Warren	62.5	41.2	17.6	16.1

Prostate

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	170.8	n/a	23.4	n/a
Warren	181.3	n/a	39.0	n/a

Female Breast

	Incidence Rates		Mortality Rates	
	Male	Female	Male	Female
New Jersey	n/a	129.7	n/a	26.5
Warren	n/a	130.6	n/a	26.0

* Rates are per 100,000 persons age-adjusted to the 2000 U.S. standard population.

Rate is suppressed when fewer than 5 cases or deaths to ensure statistical reliability

Source: NJ DOH & SS, State Cancer Registry, 2011

Warren County Percent of Cases Detected at Early Stage, 2004-2008		
The best survival rates occur for those who are diagnosed with early stage disease.		
Cancer Site	**Warren County**	**New Jersey**
Colorectal-Male	44.8%	44.0%
Colorectal-Female	48.1%	41.7%
Female Breast	69.4%	69.1%
Prostate	84.5%	83.7%
Source: NJ DOH & SS, State Cancer Registry, 2011		

NJ State Cancer Plan:
http://www.state.nj.us/health/ccp/ccc_plan.htm

* American Cancer Society, Cancer Facts & Figures, 2011
** Estimate based on average annual cases and deaths 2004-2008
NJ DOH & SS, State Cancer Registry, 2011

THE CANCER BURDEN IN NEW JERSEY: APPENDIX B: SERVICES PROVIDED BY THE AMERICAN CANCER SOCIETY

- The American Cancer Society is on track to serve 60,000 newly diagnosed patients and/or their caregivers this year in New York and New Jersey. Last year, 100 health care systems in New York and New Jersey referred patients for information, programs, and services.
- In 2010, we trained more than 220 volunteer patient navigators who work in local treatment centers providing reliable information, compassionate support, and tangible resources.
- The American Cancer Society's Reach to Recovery, Road to Recovery, Man to Man, and Look Good...Feel Better programs are delivered locally to support patients in treatment.
- Our sleep-away Camp Adventure for children with cancer and their siblings is one unique week for kids with cancer just to be kids.
- Our Cancer Survivors Network on cancer.org is an online support community for people diagnosed with cancer. Our phone lines at 800.227.2345 are open every minute of every day and for people needing answers. Every year, we provide information, help, and support to nearly one million callers nationwide.
- We are a trusted resource for more than 25 million visitors to cancer.org each year that access the latest updates, news on cancer, and listings of local programs and services.
- Our clinical trials matching service helps patients search through more than 8,000 cancer research studies for the options most appropriate for them.
- In 2011, our Hope Lodges in Manhattan, Buffalo, and Rochester provided lodging and extensive support services to more than 3,500 guests who must travel far from home to access their best hope for cure.
- Our Treatment Decision Tool on cancer.org connects newly diagnosed patients with personalized information to make informed decisions with their physicians about treatment.
- Our Cancer Prevention Study-3 is currently enrolling 300,000 participants in a long-term study to focus on how genetics, lifestyles, and the environment affect cancer risk. To date, we have enrolled more than 7,100 participants from New York and New Jersey and need to enroll 25,000 more in the next three years.
- The American Cancer Society has had a hand in nearly every cancer research breakthrough of the last century, including the discovery of breast cancer genes, and effective treatments such as tamoxifen, Herceptin (for breast cancer), Gleevec (for leukemia), Velcade (for multiple myeloma), and Provenge (for advanced prostate cancer).
- More than ten percent of our research projects are dedicated to reducing health disparities.