Cancer in Montana, 2012–2016

Featuring liver cancer trends in Montana and opportunities for prevention

Montana Central Tumor Registry Annual Report

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Helena, Montana
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5,906 MONTANANS
DIAGNOSED WITH CANCER EACH YEAR BETWEEN 2012—2016

NUMBER ONE
CAUSE OF DEATH AMONG MONTANANS EACH YEAR

40% OF MEN
WILL BE DIAGNOSED WITH CANCER IN THEIR LIFETIME

38% OF WOMEN
WILL BE DIAGNOSED WITH CANCER IN THEIR LIFETIME
All-site Cancer in Montana

Cancer is a common disease; 40% of men and 38% of women will be diagnosed with cancer in their lifetime.\(^1\) This report describes the burden of cancer among Montanans and includes a special feature on liver cancer trends and prevention measures.

A total of 35,019 incident cancer cases were reported to the Montana Central Tumor Registry (MCTR) between 2012—2016, including invasive and in-situ cancers, benign tumors, and tumors of uncertain behavior. Invasive cancers accounted for 29,529 cases (84%); carcinoma in-situ accounted for 5,335 cases (15%). An average of 5,906 invasive cancers were diagnosed each year among Montana residents between 2012 and 2016.

Over half (53%) of cancers diagnosed in Montana occurred among men. The cancer incidence rate was higher among males compared to females in Montana and the U.S. from 2007—2016 (Figure 1). However, the difference in the incidence rate between males and females has decreased over the past decade.

Cancer incidence has decreased significantly among males in the past 10 years (Figure 1). This decrease is likely due, in part, to the declining incidence of lung and prostate cancer among males.

Cancer was the leading cause of death in Montana from 2012—2016, followed closely by heart disease. There were a total of 10,133 cancer deaths from 2012—2016; for an average of 2,025 cancer deaths each year over this time period.

Figure 1. Trends in age-adjusted cancer incidence (new cases) and mortality (deaths) rates in Montana and the U.S., 2007—2016.


Four types of cancer accounted for almost half of all new cancers diagnosed in Montana from 2012—2016. These cancers were female breast (14%), prostate (13%), lung (12%), and colorectal (8%) (Table 1).

One in four cancer-related deaths in Montana were due to lung cancer (25%), followed by colorectal (9%), female breast (7%), pancreatic (7%) and prostate (6%).

The incidence rate for cancer overall in Montana was estimated to be 5% above the U.S. incidence rate. This difference was not statistically significant and, therefore, we can conclude that the overall cancer incidence rate in Montana was the same as the U.S. (Figure 2). The incidence rate of lung cancer was significantly lower in Montana compared to the U.S. (Figure 2). In contrast, the incidence rates of prostate, bladder, leukemia, and melanoma cancers were significantly higher than the U.S. rates (Figure 2).

The cancer mortality rate for all-site cancer in Montana was significantly lower than the U.S. (Figure 3). Four cancer sites, liver, lung, leukemia, and colorectal had significantly lower mortality rates than the U.S. (Figure 3). Mortality rates in Montana were not statistically higher for any cancer site compared to the U.S. (Figure 3).

Table 1. Number and percent of new cancer cases (incidence) and cancer-related deaths (mortality) among the 15 most common cancers in Montana over the 5-year period 2012 through 2016.

<table>
<thead>
<tr>
<th>New Cancers</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Female Breast</td>
<td>4,020</td>
</tr>
<tr>
<td>2</td>
<td>Prostate</td>
<td>3,939</td>
</tr>
<tr>
<td>3</td>
<td>Lung</td>
<td>3,671</td>
</tr>
<tr>
<td>4</td>
<td>Colorectal</td>
<td>2,458</td>
</tr>
<tr>
<td>5</td>
<td>Melanoma</td>
<td>1,640</td>
</tr>
<tr>
<td>6</td>
<td>Bladder</td>
<td>1,500</td>
</tr>
<tr>
<td>7</td>
<td>Non-Hodgkin Lymphoma</td>
<td>1,219</td>
</tr>
<tr>
<td>8</td>
<td>Kidney</td>
<td>1,052</td>
</tr>
<tr>
<td>9</td>
<td>Leukemia</td>
<td>988</td>
</tr>
<tr>
<td>10</td>
<td>Uterus</td>
<td>895</td>
</tr>
<tr>
<td>11</td>
<td>Pancreas</td>
<td>800</td>
</tr>
<tr>
<td>12</td>
<td>Thyroid</td>
<td>770</td>
</tr>
<tr>
<td>13</td>
<td>Brain &amp; other CNS</td>
<td>448</td>
</tr>
<tr>
<td>14</td>
<td>Myeloma</td>
<td>448</td>
</tr>
<tr>
<td>15</td>
<td>Liver</td>
<td>424</td>
</tr>
<tr>
<td>All new cancers (total)</td>
<td>29,529</td>
<td>100%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Deaths</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lung</td>
<td>2,552</td>
</tr>
<tr>
<td>2</td>
<td>Colorectal</td>
<td>891</td>
</tr>
<tr>
<td>3</td>
<td>Female Breast</td>
<td>688</td>
</tr>
<tr>
<td>4</td>
<td>Pancreas</td>
<td>670</td>
</tr>
<tr>
<td>5</td>
<td>Prostate</td>
<td>598</td>
</tr>
<tr>
<td>6</td>
<td>Leukemias</td>
<td>382</td>
</tr>
<tr>
<td>7</td>
<td>Liver</td>
<td>359</td>
</tr>
<tr>
<td>8</td>
<td>Non-Hodgkin Lymphoma</td>
<td>355</td>
</tr>
<tr>
<td>9</td>
<td>Brain &amp; other CNS</td>
<td>305</td>
</tr>
<tr>
<td>10</td>
<td>Bladder</td>
<td>305</td>
</tr>
<tr>
<td>11</td>
<td>Esophagus</td>
<td>293</td>
</tr>
<tr>
<td>12</td>
<td>Ovary</td>
<td>247</td>
</tr>
<tr>
<td>13</td>
<td>Kidney</td>
<td>236</td>
</tr>
<tr>
<td>14</td>
<td>Myeloma</td>
<td>206</td>
</tr>
<tr>
<td>15</td>
<td>Melanoma</td>
<td>174</td>
</tr>
<tr>
<td>All cancer-related deaths</td>
<td>10,125</td>
<td>100%</td>
</tr>
</tbody>
</table>

Figure 2. Comparison of Montana and U.S. incidence rates for the select cancer sites, 2012—2016.

Figure 3. Comparison of Montana and U.S. mortality rates for the select cancer sites, 2012—2016.

Figures 2 and 3 presents the Montana-U.S. Incidence Rate Ratio (IRR) and Mortality Rate Ratio (MRR). The IRR and MRR indicate which types of cancers among Montanans were above or below the U.S. age-adjusted incidence rate or mortality rate, respectively. This information is important in understanding the unique burden cancer presents to Montana.

* Statistically significantly different

Liver Cancer in Montana
Quick Stats

85 NEW CASES
OF LIVER CANCER DIAGNOSED EACH YEAR

6% INCREASE
IN LIVER CANCER INCIDENCE EACH YEAR SINCE 2002

72 DEATHS
DUE TO LIVER CANCER EACH YEAR

3% INCREASE
IN LIVER CANCER MORTALITY EACH YEAR SINCE 2002
Liver cancer incidence and mortality have been increasing in Montana and the United States.²,³ It is also one of the most deadly cancers with only about 17% of patients surviving for 5 years after diagnosis.⁴ However, liver cancer can be prevented. Infection with hepatitis B or hepatitis C virus, excessive alcohol use, smoking, diabetes, and obesity are all significant risk factors for liver cancer.⁵

- 424 Montanans were diagnosed with liver cancer between 2012—2016, for an average of 85 new cases each year.
- 359 Montanans died of liver cancer between 2012—2016 for an average of 72 deaths each year.
- In 2016 the age-adjusted incidence rate of liver cancer in Montana was 5.7 cases per 100,000 people and the mortality rate was 5.1 deaths per 100,000 people (Figure 4).
- Liver cancer incidence in Montana has increased significantly since 2002 with an annual percent change (APC) of 5.9 (Figure 4).
- Liver cancer mortality in Montana has also increased significantly since 2002 with an APC of 3.2 (Figure 4).
- Liver cancer was significantly more common in men, 73% of liver cancers in Montana occurred among men (data not shown).
- The average age at diagnosis was 64 years among men and 70 years among women (data not shown).


*Annual percent change (APC) was calculated using Joinpoint Trend Analysis Software version 4.7.0.0
• 50% of liver cancer cases in Montana were diagnosed at a late stage (regional or distant) (Figure 5).

• A lower percentage of liver cancer cases in Montana are diagnosed in the local stage compared to all liver cancer cases in the U.S. (Figure 5).

• Liver cancer incidence rates were 3 times higher among American Indian Montanans than among White Montanans (Figure 6).

• Liver cancer mortality rates were 2 times higher among American Indian Montanans than among White Montanans (Figure 6).

Figure 5. Stage at diagnosis of liver cancer, Montana and U.S., 2012—2016.

Figure 6. Age-adjusted liver cancer incidence and mortality rates among American Indian and White Montanans, 2012—2016.


Liver Cancers are Preventable

The majority of liver cancers in the United States are caused by modifiable risk factors.\(^5\)

Metabolic disorders (including obesity, diabetes, impaired glucose tolerance, nonalcoholic fatty liver disease, and metabolic syndrome) accounted for the largest proportion of liver cancer cases, approximately 32%.\(^5\) Maintaining a healthy lifestyle with proper nutrition and regular physical activity are essential to preventing metabolic disorders and liver cancer as well as many other chronic diseases.

Chronic infection with the Hepatitis C virus (HCV) was the next most significant contributor to liver cancer, causing about 20% of cases.\(^5\) HCV is a blood-borne virus that is now commonly spread by sharing needles or other equipment to inject drugs. The majority of people who are infected with HCV are not aware of their infection because they do not have any symptoms.\(^5\) In 2012, the Centers for Disease Control and Prevention began recommending that all adults born from 1945 to 1965 should be tested for HCV once even if they do not have other risk factors for the disease. People at high risk for exposure (current or former injected drug users and people who received an organ transplant or blood products prior to July 1992) should also be tested.\(^7\)

The rate of chronic HCV infections in Montana has increased since 2007 (Figure 7). This increase is at least partially due to the increase in HCV testing activities beginning in 2012. In 2017, there were 1,700 cases of chronic HCV infection reported in Montana.

The third most significant cause of liver cancers were alcohol use disorders, accounting for 13% of cases.\(^5\) Adults who choose to drink, should do so in moderation. Women should have no more than 1 drink a day and men should have no more than 2 drinks a day.\(^8\)

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**Figure 7. Age-adjusted rate of chronic hepatitis C infection in Montana, 2007—2017**

Data source: Montana Department of Public Health and Human Services, Montana Infectious Disease Information System (MIDIS)


Cancer Among Montana American Indians
Quick Stats

266
NEW CASES
OF CANCER DIAGNOSED EACH YEAR

85
DEATHS
DUE TO CANCER EACH YEAR AMONG MONTANA
AMERICAN INDIANS

27
PERCENT
OF CANCER-RELATED DEATHS WERE DUE TO LUNG CANCER
Cancer among American Indians in Montana

Cancer presents a significant burden to American Indians throughout Montana.

From 2012—2016, there were a total of 1,330 Montana American Indians (MT AI) diagnosed with cancer for an average of 266 new cases each year.

Lung cancer was the most commonly diagnosed cancer among MT AI followed by female breast, colorectal and prostate cancers (Table 2). These four types of cancer accounted for 49% of all cancers diagnosed among MT AI.

MT AI men had a significantly higher cancer incidence rate than AI women from 2012—2016 (558.8 new cases per 100,000 men vs. 498.8 new cases per 100,000 women). The average age at diagnosis was 61 years old among MT AI men and 60 years old among MT AI women.

From 2012—2016, cancer was the second leading cause of death with 426 cancer related deaths among MT AI. On average, there were 85 cancer deaths each year. Lung cancer accounted for 27% of cancer related deaths among MT AI (Table 2).

Table 2. Number and percent of new cancer cases (incidence) and cancer-related deaths (mortality) among American Indians for the 10 most common cancers in Montana over the 5-year period 2012 through 2016.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Site</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lung</td>
<td>213</td>
<td>16%</td>
</tr>
<tr>
<td>2</td>
<td>Female Breast</td>
<td>173</td>
<td>13%</td>
</tr>
<tr>
<td>3</td>
<td>Colorectal</td>
<td>157</td>
<td>12%</td>
</tr>
<tr>
<td>4</td>
<td>Prostate</td>
<td>114</td>
<td>9%</td>
</tr>
<tr>
<td>5</td>
<td>Kidney</td>
<td>99</td>
<td>7%</td>
</tr>
<tr>
<td>6</td>
<td>Uterus</td>
<td>48</td>
<td>4%</td>
</tr>
<tr>
<td>7</td>
<td>Liver</td>
<td>44</td>
<td>3%</td>
</tr>
<tr>
<td>8</td>
<td>Non-Hodgkin Lymphoma</td>
<td>43</td>
<td>3%</td>
</tr>
<tr>
<td>9</td>
<td>Thyroid</td>
<td>40</td>
<td>3%</td>
</tr>
<tr>
<td>10</td>
<td>Bladder</td>
<td>32</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>All new cancers (total)</td>
<td>1,330</td>
<td>100%</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Rank</th>
<th>Site</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lung</td>
<td>117</td>
<td>27%</td>
</tr>
<tr>
<td>2</td>
<td>Colorectal</td>
<td>53</td>
<td>12%</td>
</tr>
<tr>
<td>3</td>
<td>Liver</td>
<td>29</td>
<td>7%</td>
</tr>
<tr>
<td>4</td>
<td>Female Breast</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>5</td>
<td>Kidney</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>6</td>
<td>Pancreas</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>7</td>
<td>Prostate</td>
<td>19</td>
<td>4%</td>
</tr>
<tr>
<td>8</td>
<td>Ovary</td>
<td>13</td>
<td>3%</td>
</tr>
<tr>
<td>9</td>
<td>Stomach</td>
<td>13</td>
<td>3%</td>
</tr>
<tr>
<td>10</td>
<td>Leukemia</td>
<td>9</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>All cancer-related deaths (total)</td>
<td>426</td>
<td>100%</td>
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</tbody>
</table>

• Overall, new cancer cases (incidence) occurred at a significantly greater rate among MT AI (522.8 cases per 100,000 people) compared to MT Whites (449.9 cases per 100,000 people) and U.S. American Indian/Alaska Native (U.S. AI/AN) (440.0 cases per 100,000 people) (Figure 8).

• The overall cancer-related death rate (mortality) was significantly greater among MT AI compared to MT Whites but statistically the same as U.S. AI/AN (Figure 8).

• There were four types of cancer which occurred at significantly greater rates among MT AI compared to MT Whites. These cancers were liver, kidney, lung, and colorectal (Figure 9).

• Bladder cancer occurred at significantly lower rates among MT AI compared to MT Whites (Figure 9).

• Cancer incidence has decreased significantly among MT AI since 2007 with an average annual percent change (APC) of -2.8% (Figure 10).

• Cancer death rates among MT AI also decreased significantly since 2007 with an APC of -3.2% (Figure 10).


Figure 9. Comparison of Montana American Indian and Montana White incidence rates for the select cancer sites, 2012—2016.
Figure 10. Trends in age-adjusted cancer incidence (new cases) and mortality (deaths) rates among American Indian and White Montanans, 2007—2016.

New Cases, APC -2.8%

Deaths, APC -3.2%


Identifying American Indian patients in the Montana Central Tumor Registry (MCTR)

American Indians are often misclassified in health record systems. To better identify MT AI patients the MCTR links with Indian Health Services administrative files of enrolled recipients of IHS services from 1990 forward each year. This record linkage allows MCTR to identify additional AI patients in the registry. The addition of these patients greatly improves MCTR’s ability to describe the cancer burden among MT AI.
804 WOMEN
ARE DIAGNOSED WITH BREAST CANCER EACH YEAR

NUMBER ONE
TYPE OF CANCER DIAGNOSED AMONG WOMEN

NUMBER TWO
CAUSE OF CANCER DEATH AMONG WOMEN

65 PERCENT
DIAGNOSED AT THE LOCAL STAGE
Female Breast Cancer Incidence & Mortality in Montana

Breast cancer was the most common cancer diagnosed among Montana women, accounting for 29% of new cancers among Montana women.

- 4,020 women in Montana were diagnosed with invasive breast cancer between 2012—2016, for an average of 804 women each year.
- 688 women died of breast cancer in Montana between 2012—2016 for an average of 138 women each year.
- In 2016, the age-adjusted incidence rate of breast cancer in Montana was 125.1 cases per 100,000 women and the mortality rate was 19.5 deaths per 100,000 women (Figure 11).
- Over the past 10 years the incidence and mortality rates of breast cancer among Montana women were similar to U.S. women (Figure 11).
- In Montana, 65% of breast cancers were diagnosed at the local stage. Stage at diagnosis in Montana was similar to the U.S. (Figure 12).
- Women were, on average, 64 years old at the time of diagnosis (data not shown).


![Female Breast Cancer Trends Graph](image-url)


Figure 12. Stage at diagnosis of female breast cancer in Montana and the U.S., 2012—2016.

![Stage at Diagnosis Graph](image-url)

788 NEW CASES OF PROSTATE CANCER WERE DIAGNOSED EACH YEAR

NUMBER TWO CAUSE OF CANCER RELATED DEATH AMONG MEN

120 DEATHS DUE TO PROSTATE CANCER EACH YEAR

74 PERCENT DIAGNOSED AT THE LOCAL STAGE
Prostate Cancer Incidence & Mortality in Montana

Prostate cancer was the most common cancer diagnosed among men, accounting for 25% of new cancers among Montana men.

- 3,939 Montanans were diagnosed with prostate cancer between 2012—2016, for an average 788 new cases each year.
- 598 men died of prostate cancer between 2012—2016 for an average of 120 deaths each year in Montana.
- Prostate cancer was the 2nd leading cause of cancer-related deaths among Montana men from 2012-2016.
- In 2016, the age-adjusted incidence rate of prostate cancer in Montana was 125.3 cases per 100,000 men and the mortality rate was 24.1 deaths per 100,000 men (Figure 13).
- From 2007—2014 the incidence rate of prostate cancer in Montana decreased* significantly but rates have not continued to decrease since 2014 (Figure 13).
- The incidence rate of prostate cancer in Montana was significantly higher than in the U.S. during 2015. However, mortality rates in Montana remain similar to prostate cancer mortality rates in the U.S. (Figure 13).
- 74% of prostate cancers were diagnosed at the local stage. Stage at diagnosis in Montana was similar to the U.S. (Figure 14).
- In Montana the average age at diagnosis was 68 years (data not shown).

* At least some of the decrease in prostate cancer incidence is likely due to the changes in prostate cancer screening recommendations.


Cancer in Montana, 2012—2016 19

**Lung Cancer in Montana Quick Stats**

- **734** NEW CASES OF LUNG CANCER DIAGNOSED EACH YEAR
- **52 PERCENT** OF LUNG CANCER CASES DIAGNOSED AT THE DISTANT STAGE
- **NUMBER ONE** CAUSE OF CANCER RELATED DEATHS
- **530** DEATHS DUE TO LUNG CANCER EACH YEAR
Lung Cancer Incidence & Mortality in Montana

Lung cancer was the 2nd most common cancer in Montana men and women accounting for about 12% of all cancer cases. It is also one of the most deadly cancers and is the leading cause of cancer-related death.

- 3,671 Montanans were diagnosed with lung cancer between 2012—2016, for an average of 734 new cases each year.

- 2,652 Montanans died of lung cancer between 2012—2016 for an average of 530 deaths each year.

- Lung cancer was the leading cause of cancer-related deaths from 2012—2016, accounting for 25% of cancer-related deaths.

- In 2016 the age-adjusted incidence rate of lung cancer in Montana was 52.6 cases per 100,000 people and the mortality rate was 34.4 deaths per 100,000 people (Figure 15).

- In Montana, 52% of lung cancers were diagnosed at the distant stage while only 20% were diagnosed at the local stage. Stage at diagnosis in Montana was similar to the U.S. (Figure 16).

- 52% of lung cancers occurred among women in Montana. Until 2013, men had significantly higher rates of lung cancer compared to women. Now rates are about the same for men and women (data not shown).

- The average age at diagnosis was 71 years (data not shown).


![Figure 15](image1.png)


![Figure 16](image2.png)

Colorectal Cancer in Montana
Quick Stats

THIRD MOST COMMON
TYPE OF CANCER DIAGNOSED AND CANCER-RELATED DEATH

492 NEW CASES
OF COLORECTAL CANCER ARE DIAGNOSED EACH YEAR

178 DEATHS
DUE TO COLORECTAL CANCER EACH YEAR

38 PERCENT
OF CASES ARE DIAGNOSED AT THE LOCAL STAGE
Colorectal Cancer Incidence & Mortality in Montana

Colorectal cancer (CRC) is the third most common type of cancer diagnosed and the third most common cause of cancer-related death among men and women in Montana.

- 2,458 Montanans were diagnosed with CRC between 2012—2016 for an average of 492 cases each year.
- 891 Montanans died of CRC between 2012—2016 for an average of 178 deaths each year.
- In 2016 the age-adjusted incidence rate of colorectal cancer in Montana was 36.1 cases per 100,000 people and the mortality rate was 13.1 deaths per 100,000 people (Figure 17).
- Over the past 10-years the incidence and mortality rates of colorectal cancer among Montana adults were similar to U.S. adults (Figure 17).
- 56% of CRC cases occurred among men (data not shown).
- From 2012—2016, the average age at diagnosis was 67 years among men and 68 years among women (data not shown).
- 38% of CRC cases were diagnosed at the local stage (Figure 18). Survival greatly improves for patients diagnosed at an early stage.

![Figure 17. Trends in age-adjusted colorectal cancer incidence and mortality rates in Montana and the U.S., 2007—2016.](image)

![Figure 18. Stage at diagnosis of colorectal cancer in Montana and the U.S., 2012-2016.](image)

328 NEW CASES OF MELANOMA DIAGNOSED EACH YEAR

MORE THAN 90% OF CASES ARE CAUSED BY EXPOSURE TO ULTRAVIOLET (UV) LIGHT

SECOND MOST COMMON CAUSE OF CANCER AMONG TEENS AND YOUNG ADULTS (AGED 15 TO 39) IN MONTANA

87 PERCENT DIAGNOSED AT THE LOCAL STAGE

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Melanoma Incidence in Montana

Melanoma is the most dangerous form of skin cancer and is the most likely to spread to other areas of the body. Melanoma is the fourth most common type of cancer in Montana.

- 1,640 Montanans were diagnosed with melanoma between 2012—2016, for an average 328 new cases each year.
- 174 Montanans died of melanoma between 2012—2016 for an average of 35 deaths each year.
- Melanoma was the 2nd leading cause of cancer among teens and young adults aged 15 to 39, accounting for 13% of cases in that age group from 2012—2016 (data not shown).
- In 2016, the age-adjusted incidence rate of melanoma in Montana was 27.4 cases per 100,000 people and the mortality rate was 2.9 deaths per 100,000 people (Figure 19).
- The melanoma incidence rate has increased significantly since 2008 but at least some of that increase is due to a change in the reporting rules for dermatologists (Figure 19).
- Since 2010 the melanoma incidence rate in Montana has been significantly higher than in the U.S but mortality rates were similar in Montana and the U.S. (Figure 19).
- In Montana the average age at diagnosis was 64 years for men and 59 years for women (data not shown).
- The overall incidence rate for males and females was similar but females have higher incidence at younger ages and males have higher incidence at older ages (Figure 20).


Figure 20. Melanoma incidence rates by age group among males and females in Montana, 2012—2016.