Distribution of Stage at Diagnosis 2012-2016

New Jersey Males

Cancers diagnosed at early stage (*in situ* and local) are more likely to have better treatment outcomes and survival.

Black men in New Jersey had lower percentages of early stage diagnoses for colorectal and lung cancers.

Asian/Pacific Islander men had a lower percentage of early stage diagnoses for prostate cancer.

Hispanic men had lower percentages of early stage diagnoses for colorectal and lung cancers and melanoma compared to white men.

	All Races	White	Black	Asian/ Pacific Islander	Hispanic*
Colorectal					
Total Cases	11,554	9,397	1,419	556	1,230
in situ	4.4%	4.1%	6.1%	4.3%	4.6%
Local	35.2%	35.8%	30.0%	35.1%	33.5%
Regional	32.2%	33.0%	29.5%	32.2%	32.6%
Distant	21.1%	20.8%	26.3%	19.6%	22.3%
Unstaged	7.1%	6.4%	8.1%	8.8%	7.1%
Lung					
Total Cases	14,302	12,087	1,611	516	952
in situ	0.2%	0.2%	^	^	^
Local	19.5%	20.2%	14.0%	17.1%	16.6%
Regional	22.3%	22.7%	19.4%	22.9%	22.1%
Distant	50.0%	49.2%	56.1%	52.3%	54.0%
Unstaged	8.1%	7.7%	10.4%	7.8%	7.2%
Melanoma					
Total Cases	13,056	11,870	39	36	191
in situ	49.6%	47.6%	28.2%	36.1%	30.4%
Local	39.8%	41.5%	33.3%	41.7%	47.6%
Regional	3.8%	4.1%	12.8%	^	8.4%
Distant	2.6%	2.7%	20.5%	^	6.8%
Unstaged	4.2%	4.1%	^	^	6.8%
Prostate					
Total Cases	32,544	24,252	5,189	1,075	3,152
in situ	0.0%	0.0%	^	^	^
Local	74.6%	76.3%	75.5%	71.9%	76.0%
Regional	9.5%	10.3%	7.8%	13.8%	8.2%
Distant	5.1%	5.2%	6.6%	5.4%	4.5%
Unstaged	10.7%	8.2%	10.0%	8.9%	11.2%

Source: New Jersey State Cancer Registry December 2018 file, New Jersey Department of Health. *Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive. ^Data are suppressed for fewer than 5 cases to ensure confidentiality and statistical reliability.

Distribution of Stage at Diagnosis 2012-2016

New Jersey Females

	All Races	White	Black	Asian/ Pacific Islander	Hispanic*
Breast					
Total Cases	48,710	38,844	6,016	3,008	4,975
in situ	23.0%	22.7%	21.6%	26.2%	23.3%
Local	49.2%	50.6%	42.9%	47.2%	45.6%
Regional	19.9%	19.1%	25.1%	20.5%	23.7%
Distant	5.1%	4.9%	7.2%	3.5%	4.2%
Unstaged	2.9%	2.7%	3.3%	2.5%	3.1%
Cervical**					
Total Cases	1,886	1,400	363	95	424
Local	38.7%	39.5%	33.9%	38.9%	41.3%
Regional	35.7%	34.8%	39.7%	42.1%	37.0%
Distant	17.4%	17.6%	18.2%	15.8%	16.0%
Unstaged	8.2%	8.1%	8.3%	^	5.7%
Colorectal					
Total Cases	11,143	8,981	1,522	459	1,129
in situ	3.9%	3.8%	4.1%	4.6%	4.6%
Local	35.6%	35.6%	35.1%	32.9%	36.8%
Regional	32.8%	33.6%	29.4%	36.4%	32.1%
Distant	20.2%	20.1%	23.5%	19.0%	19.5%
Unstaged	7.5%	7.0%	7.9%	7.2%	7.0%
Lung					
Total Cases	15,512	13,332	1,703	404	897
in situ	0.4%	0.4%	0.4%	^	0.6%
Local	24.2%	24.9%	18.6%	22.0%	21.1%
Regional	21.9%	22.3%	21.2%	13.9%	24.3%
Distant	45.4%	44.4%	51.8%	55.7%	44.5%
Unstaged	8.1%	8.0%	8.0%	7.9%	9.6%
Melanoma					
Total Cases	10,168	9,009	48	28	255
in situ	52.8%	50.2%	35.4%	39.3%	42.4%
Local	37.5%	39.8%	35.4%	42.9%	39.6%
Regional	3.2%	3.5%	12.5%	^	5.9%
Distant	1.7%	1.8%	^	^	5.5%
Unstaged	4.8%	4.6%	^	^	6.7%

Black women in New Jersey had lower percentages of early stage diagnoses for breast, cervical, and lung cancers.

Asian/Pacific Islander women had a lower percentage of early stage diagnoses for colorectal cancer.

Hispanic women had lower percentages of early stage diagnoses for breast and lung cancers compared to white and Asian/Pacific Islander women, but higher percentages of early stage diagnoses for cervical and colorectal cancers.

Continuous educational outreach efforts to promote early diagnosis and screening are needed to reduce the burden of cancer.

Source: New Jersey State Cancer Registry December 2018 file, New Jersey Department of Health. *Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive. ^Data are suppressed for fewer than 5 cases to ensure confidentiality and statistical reliability. **in situ* cervical cancers are not reportable.