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Annual Report on Cancer in Wyoming-2023

Wyoming Cancer Surveillance Program

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Executive Summary

The overall incidence rate for cancer in Wyoming was 403.0/100,000 in 2023, which is lower than the national rate of 436.7/100,000. The 2023 incidence rates for Wyoming men and women were also lower than the corresponding national rates in 2023. Many other Wyoming cancer rates were also lower than the national rates, but none of the differences were statistically significant. The cancer mortality rates for men and the total population were both lower than the national rates in 2023, while the mortality rate for Wyoming females was just above the national rate.

The top five cancer sites for incidence in 2023 were: prostate, female breast, lung/bronchus, melanoma of the skin, and colorectal. The most common cancers by incidence, grouped by age, were thyroid (20-29), melanoma (30-34), breast (35-59), prostate (60-79), lung (80-84), and breast (85+). There was a total of eleven cases of cancer diagnosed in children under 15 years of age in Wyoming in 2023.

The top five cancer sites for mortality were lung, colorectal, ill-defined, pancreas, and breast cancer. The most common cancers associated with mortality by age group were lung (35-39), colorectal (40-49), and lung (50-85+). There were fewer than two deaths per cancer site for all age groups from 0 to 34 years of age. There was only one death from cancer in Wyoming residents under the age of 20 in 2023.

Increases in the trend for Wyoming diagnoses were seen for all cancer sites, female breast cancer, lung cancer, melanoma of the skin, cancer of the oral cavity, prostate cancer, and uterine cancer. The incidence of all other leading cancers decreased in Wyoming between 2020-2022 and 2021-2023. The national trend, on the other hand, saw an increase during this time period for all cancer sites only. Nationally, every other type of cancer decreased or remained steady between 2020-2022 and 2021-2023.

Introduction

Cancer

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread of abnormal cells is not controlled, it can result in death. Many cancers are preventable, and many can be cured if detected and treated early.

Causes of Cancer

Cancer is caused by both environmental and internal factors. Environmental causes include exposure to chemicals, radiation, or viruses, as well as lifestyle-related exposures (e.g., smoking, diet, and alcohol consumption). Internal causes include hormone levels, immune status, and inherited conditions. Causal factors may act together or in sequence to start or promote cancer. Ten or more years often pass between carcinogenic exposures and detectable cancer.

Prevention

Avoiding potential exposures such as tobacco use, severe sun exposure, and excessive dietary fat may prevent the onset or promotion of cancer. Additionally, adopting beneficial practices such as consuming five servings of fruits or vegetables daily may help prevent cancer. Early detection and treatment of cancer through established screening practices, such as mammography and colorectal screenings, improve survival rates and decrease mortality.

Wyoming Cancer Surveillance Program

Cancer is a reportable disease in Wyoming. State statute requires that physicians, hospitals, and laboratories report all cases of cancer they diagnose or treat in Wyoming to the Cancer Surveillance Program (WCSP), which serves as the state's central cancer registry. The purpose of the registry is to gather data to determine cancer incidence, mortality, treatment, and survival in Wyoming. Through special interstate agreements, information on Wyoming residents diagnosed or treated in other states is included in the program's database.

Ensuring the accuracy of data is one of the most important roles of the cancer registry. The WCSP established procedures for both automated and manual methods of checking the quality of data. The data is stored in the Rocky Mountain Cancer Data Systems software, which has a built-in system to immediately check data when a new case is entered into the database. Each case submitted is reviewed for accuracy and completeness in compliance with data collection standards from the National Program of Cancer Registries and the American College of Surgeons.

The data are used by a variety of health professionals and others concerned about cancer. Within the Wyoming Department of Health (WDH), the data are used to monitor early detection, identify year-to-year trends, and assess how Wyoming compares to the rest of the nation. The WDH utilizes the data to plan and evaluate the effectiveness of its cancer control programs, including the Breast and Cervical Cancer Early Detection Program and the Wyoming Colorectal Cancer Screening Program. Outside of the WDH, the data are used by physicians, hospital administrators, legislators, nonprofit organizations, and the general public. Anyone with concerns about cancer or who would like more information about cancer in their community should call the Wyoming Cancer Surveillance Program's epidemiologist at 307-777-8654. Written correspondence should be addressed to 122 West 25th Street, 3rd Floor West, Cheyenne, WY 82002. Information is also available at: <https://health.wyo.gov>

Methodology and Definitions

Data Sources

Incidence

Definition -- Incidence is defined as the number of *new* cases diagnosed during a set time period in a defined population. Incidence is not a representation of risk. The defined time period for this report is 2023, except for the 12-year incidence trend, which used 3-year averages (e.g., 2018-2020 for 2019 or 2016-2018 for 2017). The defined population is the state of Wyoming, Wyoming counties, and Cancer Health Districts (CHD) (see page 13).

Wyoming Data -- The Wyoming Cancer Surveillance Program (WCSP) gathers data on Wyoming residents diagnosed and treated for invasive and in situ tumors. The data is sent to the program's registry by every hospital in the state. Data are also collected from pathology laboratories, clinics, and physicians' offices throughout the state. The registry has several data exchange agreements with other state registries to enable the collection of data on Wyoming residents diagnosed and/or treated outside of Wyoming. Wyoming data for this report includes 2023 cancer cases among Wyoming residents received by WCSP as of July 1, 2025.

National Data -- The National Cancer Institute (NCI) updates cancer statistics annually in a publication called the Surveillance, Epidemiology, and End Results (SEER) Cancer Review, also available online. NCI monitors cancer statistics to assess progress and to identify population subgroups and geographic areas where cancer control efforts need to be concentrated. Cancer incidence rates are calculated using SEER software. WCSP used SEER*STAT for this report. **The national SEER rates presented in this report were calculated using 2022 data for white people.** See Appendix A for the reference source.

Mortality

Definition -- Mortality is defined as the number of persons who have died during a set time period in a defined population. The time period for this report is the calendar year 2022 for Wyoming rates. The defined population is the state of Wyoming, Wyoming counties, and Cancer Health Districts (see page 13).

Wyoming Data -- Mortality data are derived from death certificates filed with Wyoming Vital Statistics Services. By state statute, the certification of the cause of death on the death certificate is completed by the attending physician or by the coroner with the assistance of a physician. Although a number of medical conditions may be listed on the certificate, statistics presented here are based solely on the underlying cause of death. This is defined as the disease or injury that initiated the sequence of events leading directly to death or as the circumstances of the accident or violence that produced the fatal injury. The primary underlying cause is selected and classified based on the regulations of the World Health Organization.

National Data -- The National Center for Health Statistics (NCHS), a division of the U.S. Centers for Disease Control and Prevention (CDC), provides statistical information, including the number of cancer deaths in the United States. United States cancer mortality data are available from SEER*STAT, an interactive CD-ROM. WCSP used SEER*STAT for this report. **The national SEER rates presented in this report were calculated using 2022 data for white people.** See Appendix A for the reference source.

Population

Wyoming Data -- Population estimates for Wyoming and its counties were obtained from the Wyoming Administration and Information Department's estimates for 2023. Population numbers were broken down by county, age group, sex, race, and ethnicity. Because cancer rates are calculated by dividing the number of cancer cases by a census-generated denominator, rates can be heavily influenced by changes or uncertainties in census counts.

Rates

Age-Adjusted Incidence Rates

Incidence rates include 2023 invasive cases among Wyoming residents, except for bladder cancer, which also includes in situ cases. Incidence rates presented are calculated for total cases and separately for males and females. The incidence rates are age-adjusted to the 2000 U.S. standard population using 19 age groups and are reported per 100,000 population. Age-adjustment enables rates to be compared across different time frames and allows rates from one geographic area to be compared with rates from another geographic area that may have differing age distributions. Any observed differences in age-adjusted incidence rates are not due to differing age structures.

In conformity with the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program guidelines, the incidence rates excluded the following:

- in situ cases (except bladder cancer)
- basal and squamous cell skin cancer
- cases with unknown age
- cases with unknown sex

Age-Adjusted Mortality Rates

Mortality rates presented are calculated for total cases and separately for males and females. The mortality rates are age-adjusted to the 2000 U.S. standard population, using 5-year age groups, and are reported per 100,000 population. Age-adjustment enables rates to be compared across different time frames and allows rates from one geographic area to be compared with rates from another geographic area that may have differing age distributions. Any observed differences in age-adjusted incidence rates are not due to differing age structures.

Age-Specific Incidence Rates

An age-specific rate refers to the incidence of cancer within a specific age group. Age-specific incidence rates were calculated using 5-year age groups and the total population (both genders combined). They are reported per 100,000 population.

Differences in Rates

Differences in rates are identified in this report, even when they are not statistically significant, because the rates are based on the entire population of new cancer cases in Wyoming and the nation, rather than just a sample of cases.

Statistical Significance

Z-Statistic

A Z-statistic is used to compare two different rates. This is defined as “the difference between two population proportions.” Statistical significance was determined if the calculated Z-statistic was greater than 1.65. This provides the equivalence of a 95% confidence interval (see below) and is indicated in the report as “statistically significant” or “significant.” The formula used can be found in most statistics books or by calling the WDH Chronic Disease Epidemiologist at (307) 777-8654.

Confidence Intervals

A confidence interval indicates the level of confidence in the accuracy of a cancer rate. For example, if you calculate a cancer rate for a particular year as 130 cases per 100,000 people, with a confidence interval of 120 to 140 cases per 100,000, this means that you are 95% sure that the rate of cancer for that particular year lies somewhere between 120 and 140 cases per 100,000 people. The rate of 130 cases may in fact be correct, but you have more confidence that the “true” rate lies between 120 and 140 cases.

Confidence intervals are also used to test statistical significance. If the confidence intervals of two different rates overlap one another, then there is no difference between the two rates. However, if the confidence intervals do not overlap, there is statistical significance. This is indicated in the report by the terms “statistically significant” or “significant.”

Staging

<u>In Situ</u>	cancer has not invaded the organ.
<u>Local Stage</u>	cancer has invaded the organ of origin.
<u>Regional Stage</u>	cancer has invaded beyond the organ of origin by direct extension to adjacent organs/tissues and/or regional lymph nodes.
<u>Distant Stage</u>	direct extension beyond adjacent organs or tissues or metastases to distant sites or distant lymph nodes.
<u>Unstaged</u>	extent of disease or primary site cannot be determined.

-

Note: Starting in 2004, the WCSP and other cancer registries belonging to the National Data Standard Setters adopted and began using the Collaborative Staging Method for staging cancer cases. This method employs a novel algorithm that provides more detailed information regarding the size and extent of the cancer, as well as the number of nodes involved.

Cancer Health District

Cancer Health Districts (CHDs) were chosen based on geographic location, similarities in geography, and population size. Also taken into consideration were areas of the state that are routinely grouped for data requests and/or cancer cluster studies. This created seven CHDs that were similar in population size, thereby eliminating some of the discrepancies in rate calculations that are caused by population size differences. CHDs are used when county data is too sparse to calculate accurate rates.

CHD 1 Laramie County

CHD 2 Albany County, Carbon County, Goshen County, Niobrara County, Platte County

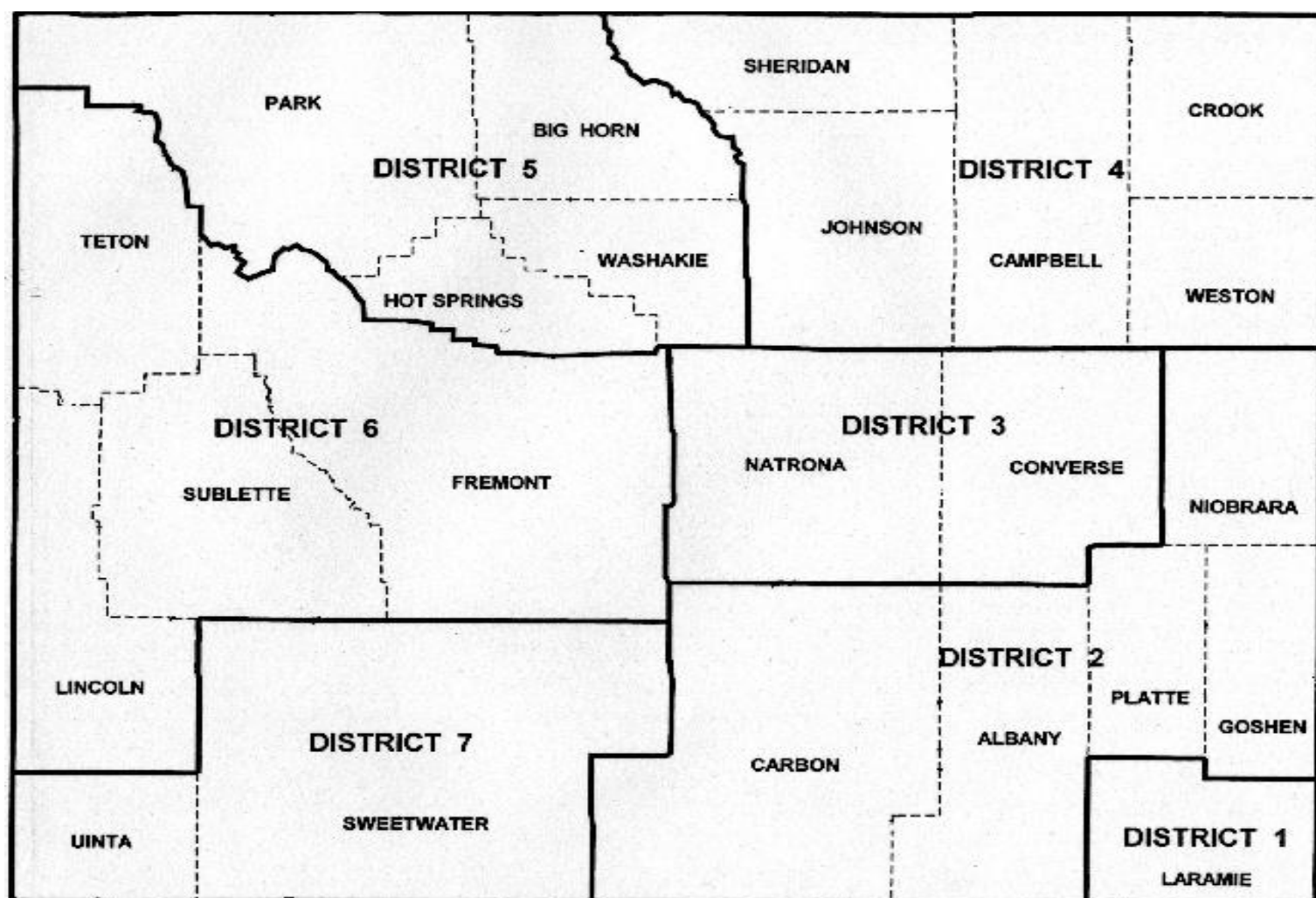
CHD 3 Converse County, Natrona County

CHD 4 Campbell County, Crook County, Johnson County, Sheridan County, Weston

CHD 5 Big Horn County, Hot Springs County, Park County, Washakie County

CHD 6 Fremont County, Lincoln County, Sublette County, Teton County

CHD 7 Sweetwater County, Uinta County



State of Wyoming - 2023

Cancer Incidence and Mortality by Sex and Age
(All Sites)

Cancer Incidence and Mortality by Race and
Ethnicity (Top 15 Sites)

Wyoming Cancer Incidence for 2023: Cases by Sex and Age

	Male	Female	Total	00-04	05-09	10-14	15-19	20-24	25-29	30-34
Anus	1	11	12	0	0	0	0	0	0	0
Bladder w/ in situ	133	32	165	0	0	0	0	0	0	0
Bones and Joints	2	1	3	0	0	0	1	0	0	0
Brain	18	15	33	1	1	2	0	0	1	1
Breast	6	463	469	0	0	0	0	0	1	5
Cervix	0	14	14	0	0	0	0	0	0	0
Colorectal	122	96	218	0	0	0	0	1	3	1
Esophagus	35	8	43	0	0	0	0	0	0	1
Eye	3	2	5	0	0	0	0	0	0	0
Gallbladder	1	5	6	0	0	0	0	0	0	0
Hodgkin	3	8	11	0	0	1	1	1	1	1
III-Defined	59	59	118	1	0	0	0	0	0	0
Kidney	76	29	105	2	0	0	0	0	0	1
Larynx	17	7	24	0	0	0	0	0	0	0
Leukemia	49	37	86	1	0	1	2	1	2	0
Liver	23	13	36	0	0	0	0	0	0	1
Lung	161	172	333	0	0	0	0	0	0	0
Melanoma	155	101	256	0	0	0	0	1	2	6
Myeloma	26	12	38	0	0	0	0	0	0	0



Nasal	0	0	0	0	0	0	0	0	0	0
Non-Hodgkin	59	37	96	0	0	0	0	1	0	1
Oral Cavity	64	21	85	0	0	0	1	0	0	0
Other Biliary	19	9	28	0	0	0	0	0	0	0
Other Digestive	5	7	12	0	0	0	0	0	0	0
Other Endocrine	6	8	14	0	0	0	0	1	0	0
Other Female	0	16	16	0	0	0	0	0	0	0
Other Male	2	0	2	0	0	0	0	0	0	0
Other Skin	4	2	6	0	0	0	0	0	0	0
Other Respiratory	0	2	2	0	0	0	0	0	0	0
Other Urinary	4	0	4	0	0	0	0	0	0	0
Ovary	0	25	25	0	0	0	0	0	0	2
Pancreas	53	42	95	0	0	0	0	0	0	1
Prostate	546	0	546	0	0	0	0	0	0	0
Small Intestine	6	5	11	0	0	0	0	0	0	1
Soft Tissue	7	4	11	1	0	0	0	0	0	1
Stomach	26	13	39	0	0	0	0	0	0	0
Testis	8	0	8	0	0	0	0	2	1	1
Thyroid	23	44	67	0	0	0	1	3	6	3
Uterine	0	84	84	0	0	0	0	0	0	0
Mesothelioma	2	1	3	0	0	0	0	0	0	0
All Sites	1,724	1,405	3,129	6	1	4	6	11	17	27



	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Anus	1	0	1	1	1	1	3	2	1	1	0
Bladder w/ in situ	0	1	1	3	10	18	35	35	19	22	21
Bones and Joints	0	0	1	0	0	1	0	0	0	0	0
Brain	0	1	2	2	1	1	5	4	7	3	1
Breast	9	17	30	38	41	62	77	74	53	27	35
Cervix	3	4	4	0	0	3	0	0	0	0	0
Colorectal	4	5	8	14	20	27	32	27	24	19	33
Esophagus	1	0	2	2	4	5	10	4	7	2	5
Eye	0	0	0	1	0	0	1	1	2	0	0
Gallbladder	0	0	1	0	1	1	0	0	1	0	2
Hodgkin	0	1	1	0	0	2	0	1	0	1	0
Ill-Defined	1	3	2	3	4	4	14	26	27	18	15
Kidney	2	2	6	8	5	16	20	18	18	5	2
Larynx	0	2	0	0	0	4	5	6	4	2	1
Leukemia	5	2	1	4	4	5	10	23	13	4	8
Liver	0	0	2	3	2	2	5	8	6	3	4
Lung	1	1	4	15	14	49	75	58	56	36	24
Melanoma	9	12	12	15	14	31	48	39	31	16	20
Myeloma	0	0	0	2	4	3	9	9	3	7	1
Nasal	0	0	0	0	0	0	0	0	0	0	0
Non-Hodgkin	1	0	4	4	7	15	10	14	21	9	9



Oral Cavity	1	2	0	8	16	14	14	13	9	5	2
Other Biliary	0	0	2	0	3	3	5	3	7	2	3
Other Digestive	0	1	3	0	0	0	3	3	0	0	2
Other Endocrine	1	1	0	2	1	2	2	1	1	1	1
Other Female	0	0	0	1	1	1	2	5	2	2	2
Other Male	0	0	1	0	0	0	0	0	0	1	0
Other Skin	0	0	0	0	0	0	3	1	0	0	2
Other Respiratory	0	1	0	0	0	0	0	1	0	0	0
Other Urinary	0	0	0	0	0	0	1	0	1	0	2
Ovary	2	2	2	1	3	2	4	5	1	0	1
Pancreas	1	3	0	5	2	14	14	18	15	9	13
Prostate	1	0	6	11	38	71	158	123	85	36	17
Small Intestine	0	0	0	1	0	1	2	3	0	2	1
Soft Tissue	0	2	0	0	0	1	2	2	1	1	0
Stomach	0	2	2	3	3	11	4	6	5	1	2
Testis	0	1	0	1	1	1	0	0	0	0	0
Thyroid	6	5	5	7	5	4	11	4	6	0	1
Uterine	3	3	4	4	8	10	17	15	10	6	4
Mesothelioma	1	0	0	0	0	0	0	0	2	0	0
All Sites	53	74	107	159	213	385	601	552	438	241	234



Wyoming Cancer Mortality¹ for 2023: Deaths by Sex and Age

	Male	Female	Total	00-04	05-09	10-14	15-19	20-24	25-29	30-34
Anus	1	1	2	0	0	0	0	0	0	0
Bladder	23	1	24	0	0	0	0	0	0	0
Bones and Joints	0	0	0	0	0	0	0	0	0	0
Brain	14	15	29	0	0	0	0	0	0	0
Breast	0	75	75	0	0	0	0	0	0	0
Cervix	0	4	4	0	0	0	0	0	0	0
Colorectal	57	44	101	0	0	0	0	0	0	0
Esophagus	29	8	37	0	0	0	0	0	0	0
Eye	1	1	2	0	0	0	0	0	0	0
Gallbladder	1	6	7	0	0	0	0	0	0	0
Hodgkin	1	1	2	0	0	0	0	0	0	0
III-Defined	58	42	100	0	0	0	0	0	1	1
Kidney	16	9	25	0	0	0	0	0	0	0
Larynx	5	0	5	0	0	0	0	0	0	0
Leukemia	21	15	36	0	0	0	0	0	0	0
Liver	18	9	27	0	0	0	0	0	0	0
Lung	107	111	218	0	0	0	0	0	0	0
Melanoma	7	4	11	0	0	0	0	0	1	1
Myeloma	10	12	22	0	0	0	0	0	0	0

Nasal	1	1	2	0	0	0	0	0	0	0
Non-Hodgkin	21	12	33	0	0	0	0	0	0	0
Oral Cavity	13	6	19	0	0	0	0	0	0	0
Other Biliary	10	9	19	0	0	0	0	0	0	0
Other Digestive	4	10	14	0	0	0	0	0	0	0
Other Endocrine	1	1	2	0	0	0	0	0	0	0
Other Female	0	8	8	0	0	0	0	0	0	0
Other Male	1	0	1	0	0	0	0	0	0	0
Other Skin	6	3	9	0	0	0	0	0	0	0
Other Respiratory	0	1	1	0	0	0	0	0	0	0
Other Urinary	0	0	0	0	0	0	0	0	0	0
Ovary	0	26	26	0	0	0	0	0	0	0
Pancreas	57	42	99	0	0	0	0	0	0	0
Prostate	73	0	73	0	0	0	0	0	0	0
Small Intestine	2	1	3	0	0	0	0	0	0	0
Soft Tissue	7	5	12	0	0	1	0	0	0	0
Stomach	6	6	12	0	0	0	0	0	0	0
Testis	0	0	0	0	0	0	0	0	0	0
Thyroid	2	1	3	0	0	0	0	0	0	0
Uterine	0	21	21	0	0	0	0	0	0	0
Mesothelioma	1	0	1	0	0	0	0	0	0	0
All Sites	574	511	1,085	0	0	1	0	0	2	2



	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Anus	0	0	0	0	0	1	0	0	0	1	0
Bladder	0	0	0	0	1	2	7	3	2	3	6
Bones and Joints	0	0	0	0	0	0	0	0	0	0	0
Brain	1	0	0	1	3	2	4	6	6	1	5
Breast	0	2	2	2	4	9	10	12	9	10	15
Cervix	0	1	0	1	0	0	0	2	0	0	0
Colorectal	1	3	4	2	5	7	11	16	18	13	21
Esophagus	0	0	0	0	3	6	7	5	6	4	6
Eye	0	0	0	0	0	0	0	1	0	1	0
Gallbladder	0	0	1	0	0	1	0	1	0	1	3
Hodgkin	0	0	0	0	0	0	0	1	0	1	0
Ill-Defined	1	1	1	1	2	9	16	17	16	17	17
Kidney	0	0	1	2	3	5	0	6	5	2	1
Larynx	0	0	0	0	0	0	3	2	0	0	0
Leukemia	0	1	0	0	2	2	0	6	11	4	10
Liver	0	0	0	2	1	6	3	4	3	4	4
Lung	2	1	2	8	8	29	44	31	41	28	24
Melanoma	0	0	0	1	0	0	2	2	1	2	1
Myeloma	0	0	0	0	0	3	4	3	3	5	4
Nasal	0	0	0	0	1	0	0	1	0	0	0



Non-Hodgkin	0	0	1	0	0	1	4	7	7	6	7
Oral Cavity	0	0	0	1	0	2	3	5	3	2	3
Other Biliary	0	0	0	0	2	1	4	4	4	1	3
Other Digestive	0	1	1	0	1	0	2	2	2	2	3
Other Endocrine	0	2	0	0	0	0	0	0	0	0	0
Other Female	0	0	0	0	0	0	1	2	2	2	1
Other Male	0	0	1	0	0	0	0	0	0	0	0
Other Skin	0	0	0	0	0	1	0	3	2	1	2
Other Respiratory	0	0	0	0	0	0	0	0	0	0	1
Other Urinary	0	0	0	0	0	0	0	0	0	0	0
Ovary	0	1	1	3	1	3	8	3	4	1	1
Pancreas	0	0	1	5	4	8	15	19	15	16	16
Prostate	0	0	0	0	0	3	13	9	19	14	15
Small Intestine	0	0	0	0	0	1	0	0	0	1	1
Soft Tissue	0	0	0	2	0	1	1	0	2	2	3
Stomach	0	0	0	0	0	4	0	0	2	0	6
Testis	0	0	0	0	0	0	0	0	0	0	0
Thyroid	0	0	0	0	0	0	1	0	1	0	1
Uterine	0	1	0	2	0	2	3	6	3	4	0
Mesothelioma	0	0	0	0	0	0	0	0	0	1	0
All Sites	5	14	16	33	41	109	166	179	187	150	180



Wyoming Cancer Incidence for 2023: Cases by Race and Ethnicity (Top 15 Sites Only)

	Total	White	African American	Native American	Asian/PI	Other	Ethnicity: Hispanic/Latino
All Sites	3,131	3,025	24	42	15	25	76
Bladder	165	163	1	0	0	1	4
Brain	33	31	1	0	0	1	1
Breast (Female)	469	455	2	3	7	2	12
Colorectal	218	216	0	1	0	1	6
Kidney	105	98	1	6	0	0	1
Leukemia	86	80	0	2	0	4	5
Lung	333	320	0	6	3	4	5
Melanoma	256	256	0	0	0	0	2
Non-Hodgkin	96	93	0	3	0	0	2
Oral Cavity	85	78	1	3	0	3	4
Ovary	25	25	0	0	0	0	1
Pancreas	95	93	0	2	0	0	3
Prostate	546	521	13	8	2	2	12
Thyroid	67	64	0	1	1	1	2
Uterine	84	80	0	1	1	2	2



Wyoming Cancer Mortality for 2023: Cases by Race and Ethnicity (Top 15 Sites Only)

	Total	White	African American	Native American	Asian/PI	Other	Ethnicity: Hispanic/Latino
All Sites	1,085	1,043	8	23	9	2	44
Bladder	24	22	1	0	1	0	2
Brain/CNS	29	29	0	0	0	0	0
Breast (Female)	75	73	0	0	2	0	2
Colorectal	101	99	1	1	0	0	3
Kidney	25	23	0	2	0	0	3
Leukemia	36	34	1	1	0	0	0
Lung	218	211	1	4	1	1	12
Melanoma	11	11	0	0	0	0	0
Non-Hodgkin	33	31	0	2	0	0	2
Oral Cavity	19	17	1	1	0	0	2
Ovary	26	25	0	1	0	0	0
Pancreas	99	99	0	0	0	0	3
Prostate	73	68	1	3	1	0	3
Thyroid	3	3	0	0	0	0	1
Uterine	21	19	1	0	1	0	1



Top Cancer Incidence - Site by Sex - 2023

Total		Male		Female	
Prostate	546	Prostate	546	Breast	463
Breast	469	Lung	161	Lung	172
Lung	333	Melanoma	155	Melanoma	101
Melanoma	256	Bladder/w in situ	133	Colorectal	96
Colorectal	218	Colorectal	122	Uterine	84

Top Five Incidence Sites by Age (Case count included only if more than 3 cases per cancer)

		<u>0-4</u>		<u>5-9</u>		<u>10-14</u>		<u>15-19</u>	
		Each site has fewer than 3 cases		Each site has fewer than 3 cases		Each site has fewer than 3 cases		Each site has less than 3 cases	
<u>20-24</u>		<u>25-29</u>		<u>30-34</u>		<u>35-39</u>		<u>40-44</u>	
Thyroid	3	Thyroid	6	Melanoma	6	Breast	9	Breast	17
		Colorectal	3	Breast	5	Melanoma	9	Melanoma	12
				Thyroid	3	Thyroid	6	Colorectal	5
						Leukemia	5	Thyroid	5
								Cervix	4
<u>45-49</u>		<u>50-54</u>		<u>55-59</u>		<u>60-64</u>		<u>65-69</u>	
Breast	30	Breast	38	Breast	41	Prostate	71	Prostate	158
Melanoma	12	Lung	15	Prostate	38	Breast	62	Breast	77
Colorectal	8	Melanoma	15	Colorectal	20	Lung	49	Lung	75
Prostate	6	Colorectal	14	Oral Cavity	16	Melanoma	31	Melanoma	48
Thyroid	5	Prostate	11	Lung	14	Colorectal	27	Bladder	35
<u>70-74</u>		<u>75-79</u>		<u>80-84</u>		<u>85+</u>			
Prostate	123	Prostate	85	Lung	36	Breast	35		
Breast	74	Lung	56	Prostate	36	Colorectal	33		
Lung	58	Breast	53	Breast	27	Lung	24		
Melanoma	39	Melanoma	31	Bladder	22	Bladder	21		
Bladder	35	Ill-Defined	27	Colorectal	19	Melanoma	20		



Top Cancer Mortality - Site by Sex – 2023

Total		Male		Female	
Lung	218	Lung	107	Lung	111
Colorectal	101	Prostate	75	Breast	75
Ill-Defined	100	Ill-Defined	58	Colorectal	44
Pancreas	99	Colorectal	57	Ill-Defined	42
Breast	75	Pancreas	57	Pancreas	42

Top Five Mortality Sites by Age (Mortality count included only if 2 or more cases per cancer)

		<u>0-4</u>		<u>5-9</u>		<u>10-14</u>		<u>15-19</u>	
		Each site has fewer than 2 deaths		Each site has fewer than 2 deaths		Each site has fewer than 2 deaths		Each site has fewer than 2 deaths	
<u>20-24</u>		<u>25-29</u>		<u>30-34</u>		<u>35-39</u>		<u>40-44</u>	
Each site has fewer than 2 deaths		Each site has fewer than 2 deaths		Each site has fewer than 2 deaths		Lung	2	Colorectal	3
								Breast	2
<u>45-49</u>		<u>50-54</u>		<u>55-59</u>		<u>60-64</u>		<u>65-69</u>	
Colorectal	4	Lung	8	Lung	8	Lung	29	Lung	44
Breast	2	Pancreas	5	Colorectal	5	Breast	9	Ill-Defined	16
Lung	2	Ovary	3	Breast	4	Ill-Defined	9	Pancreas	15
				Pancreas	4	Pancreas	8	Prostate	13
				Kidney	3	Colorectal	7	Colorectal	11
<u>70-74</u>		<u>75-79</u>		<u>80-84</u>		<u>85+</u>			
Lung	31	Lung	41	Lung	28	Lung	24		
Pancreas	19	Prostate	19	Ill-Defined	17	Colorectal	21		
Ill-Defined	17	Colorectal	18	Pancreas	16	Ill-Defined	17		
Colorectal	16	Ill-Defined	16	Prostate	14	Pancreas	16		
Breast	12	Pancreas	15	Colorectal	13	Breast & Prostate	15		

All Cancer Sites

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	1,726	1,405	3,131
In situ Cases	250	241	491
WY Incidence	437.9	374.2	403.0
US Incidence	466.5	418.8	436.7
Cancer Deaths	574	511	1,085
WY Mortality	152.0	128.4	138.9
US Mortality	170.5	126.9	145.5

The incidence rates for Wyoming males, females, and the total population were all lower than the national rates in 2023. The mortality rates for males and the total population were also lower than the national rate, while the female mortality rate was slightly higher. None of the differences were statistically significant.

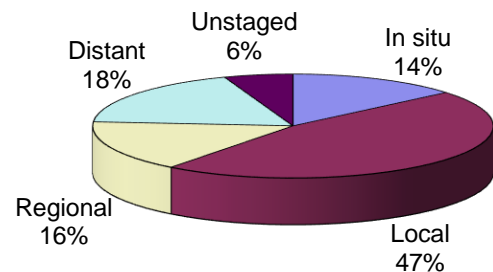
The 12-year incidence trend for Wyoming shows a slight increase from 2022 to 2023, while the national rate remained level during the same period.

The percent of cancers diagnosed at each stage in 2023 is very similar to that in 2022.

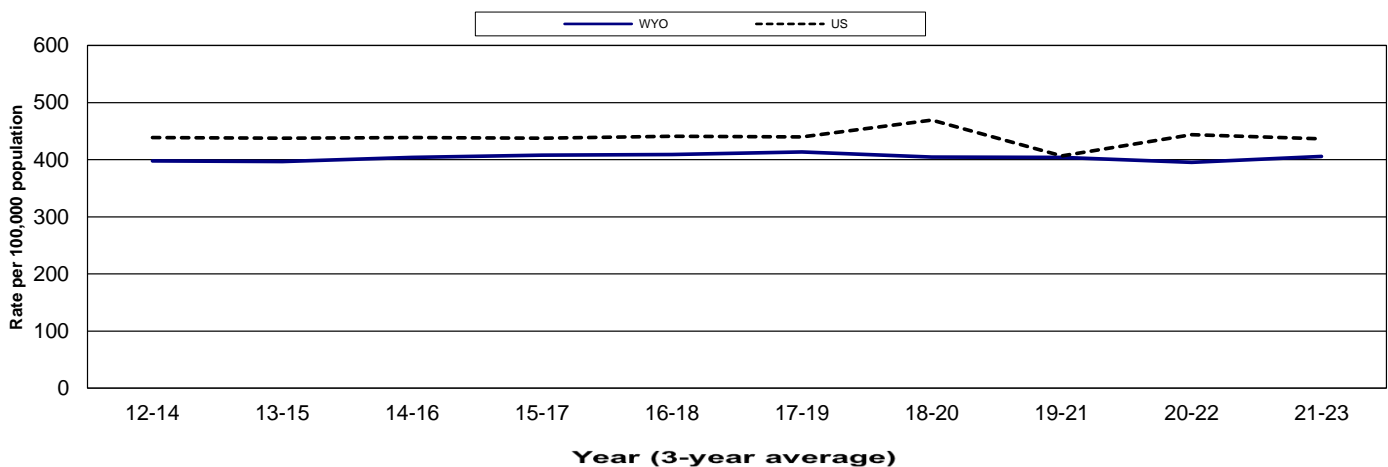
There were eleven cancers diagnosed in children under the age of 15 in 2023.

The incidence for CHD1 was significantly higher, and that of CHD7 was significantly lower, than the state rate for 2019-2023. No other differences were found between the CHD rates and the state rate. *Note: Basal and squamous cell carcinoma and in situ cervical cancer are not included in the calculation of All Sites*

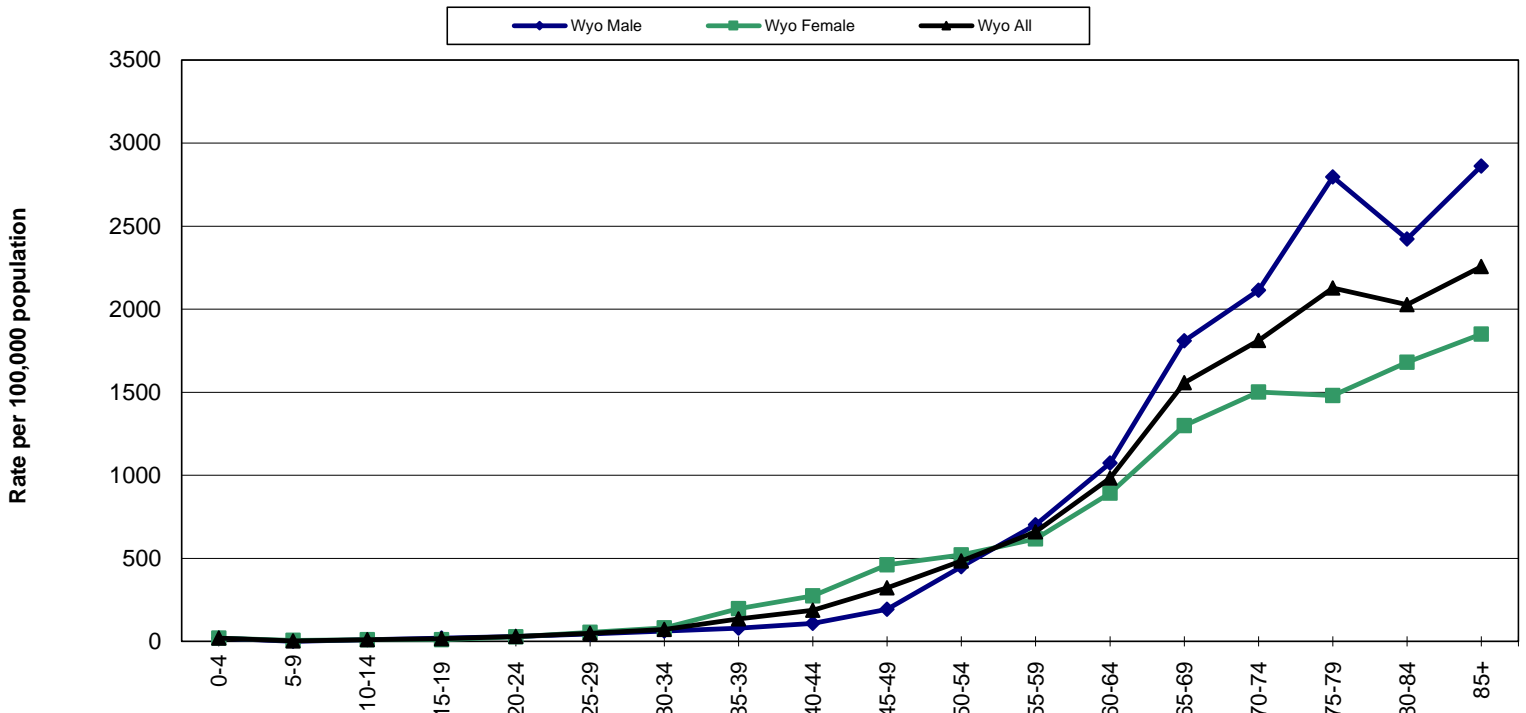
Stage at Diagnosis



12-Year Incidence Trend

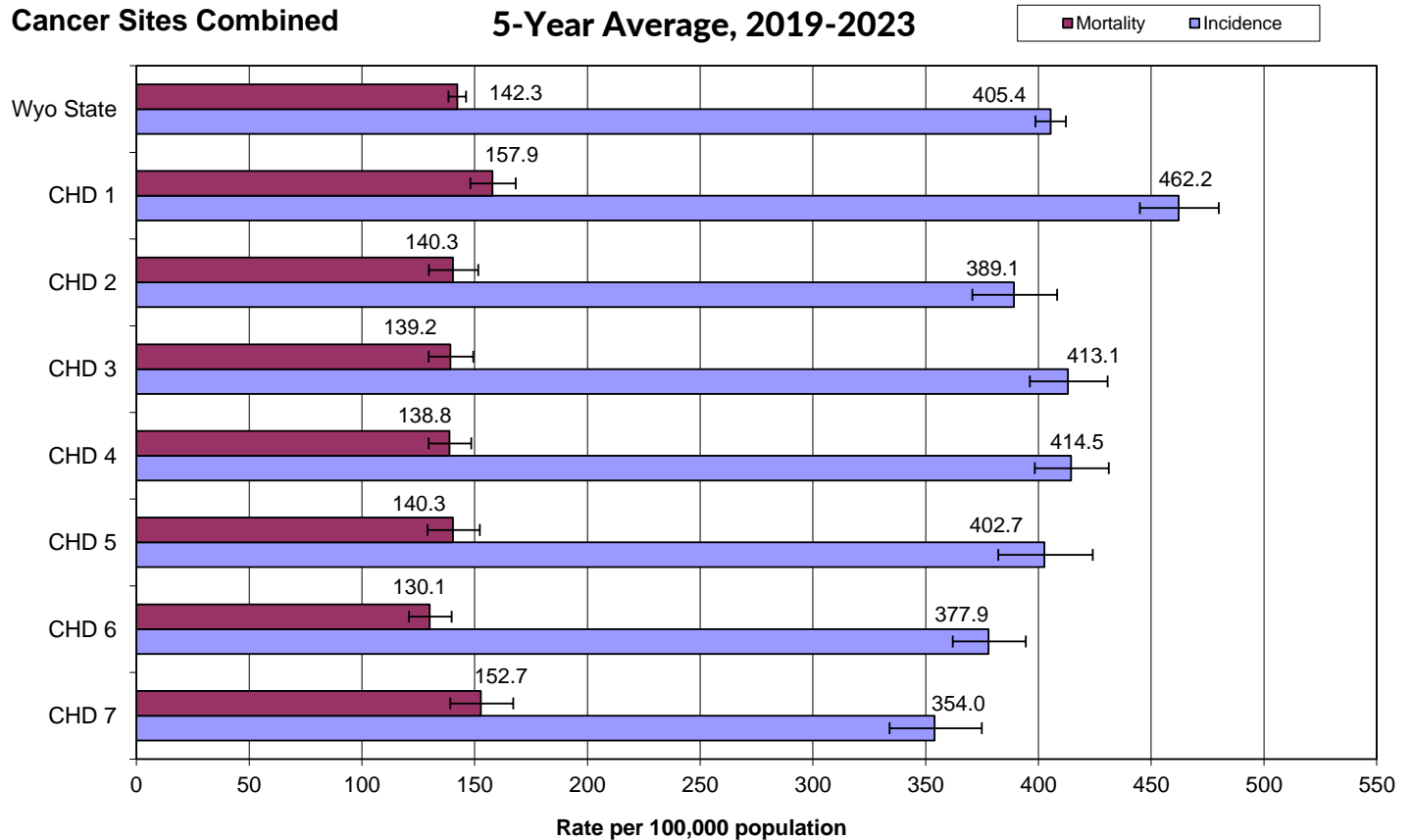


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

All Cancer Sites Combined

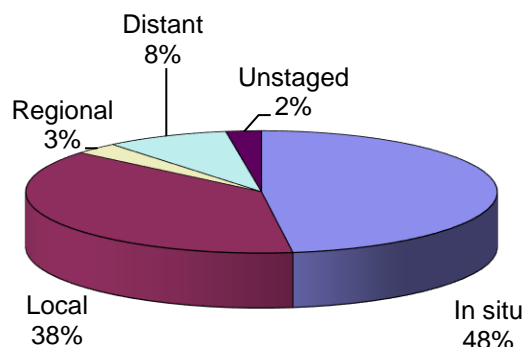


Bladder (Urinary) includes In Situ Cases

Incidence and Mortality Summary

	Male	Female	Total
All Cases	133	32	165
In situ Cases	68	15	83
WY Incidence	32.6	8.1	20.0
US Incidence	31.3	7.7	18.2
Cancer Deaths	23	1	24
WY Mortality	6.0	NC	2.9
US Mortality	7.6	2.1	4.4

Stage at Diagnosis



The incidence rates for males, females, and the total population were all higher than the national rate in 2023. The mortality rates for Wyoming males and the total population were both lower than the national rate; however, the female rate was not calculated due to the small number of cases.

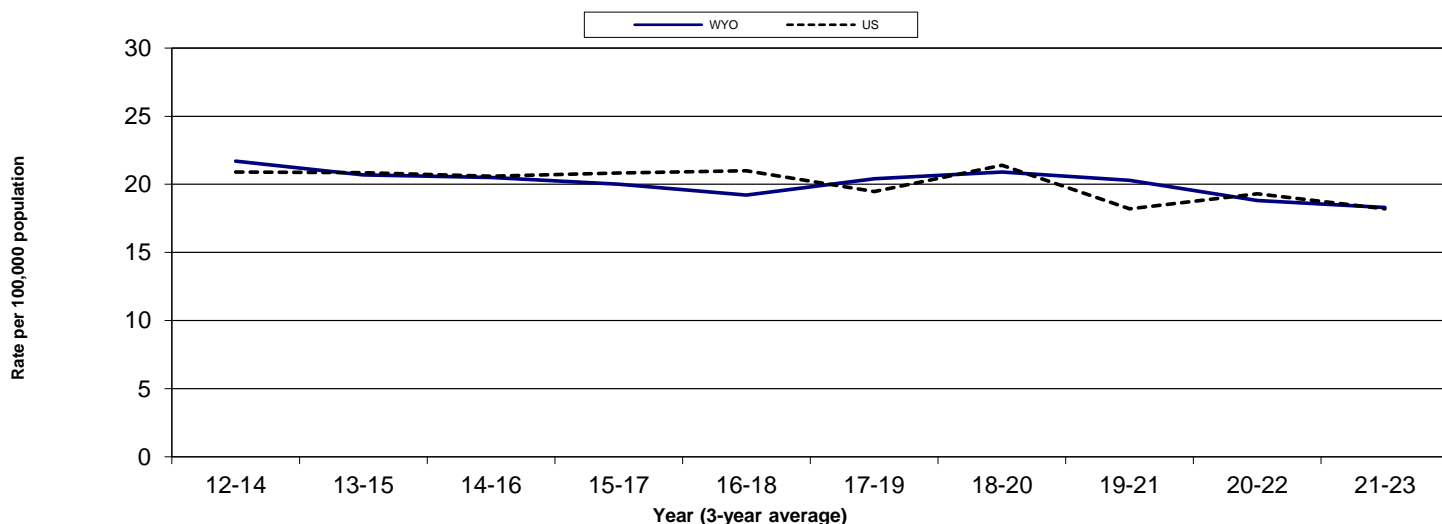
The incidence trend in Wyoming shows a continuing decrease that began in 2018-2020, and the national rate decreased from 2020-2022 to 2021-2023.

The percentage of cancers diagnosed as In Situ decreased from 2022 (60%), while the local cases increased from 2022 (34%).

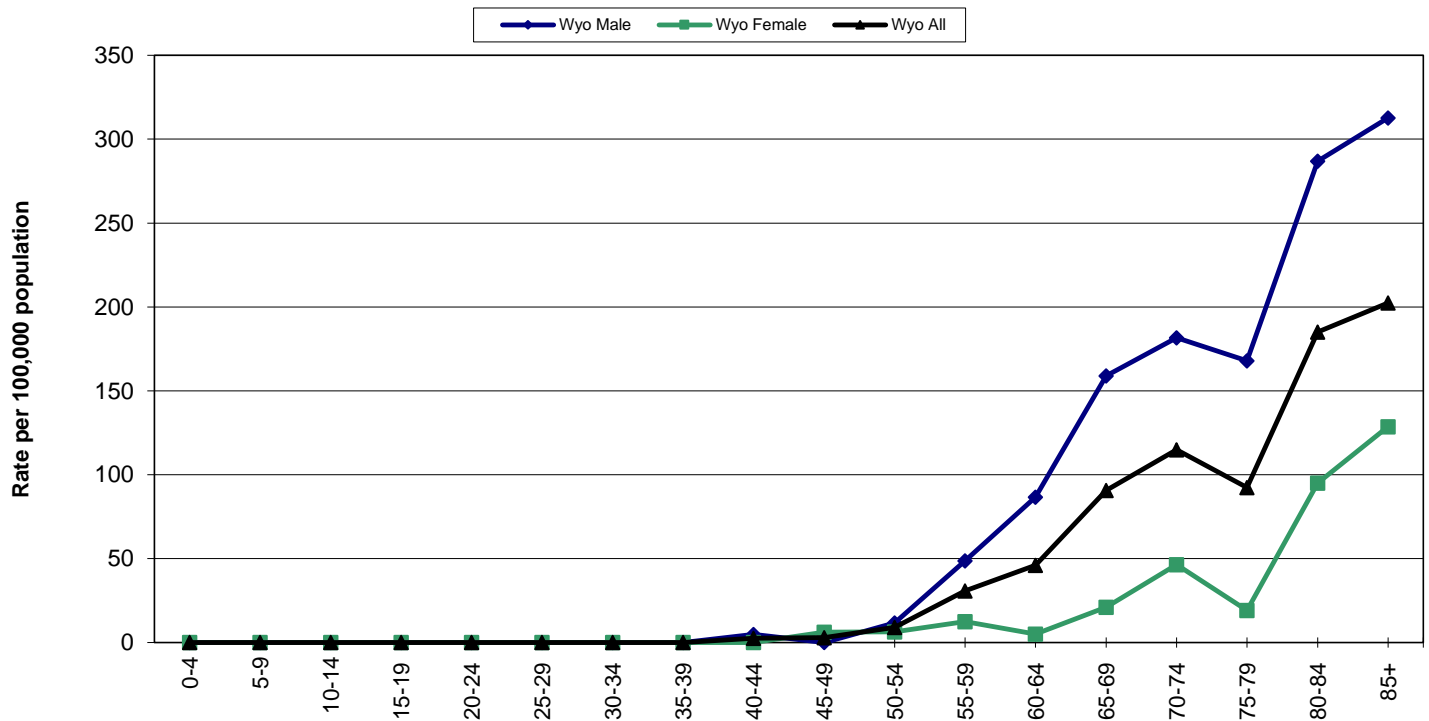
There were only two cases diagnosed in people under 50 years of age in 2023.

No statistically significant differences were found between the CHD rates and the state rate for incidence or mortality.

12-Year Incidence Trend

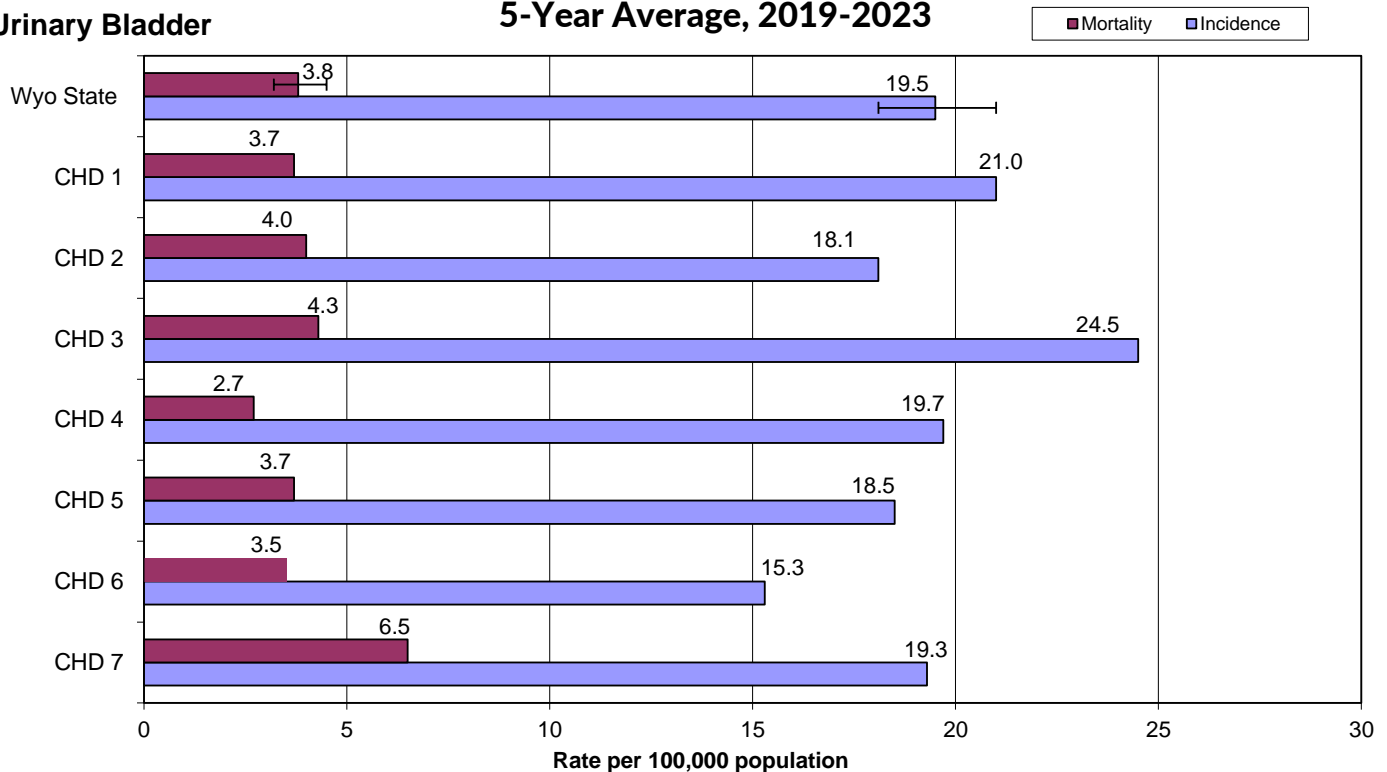


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Urinary Bladder

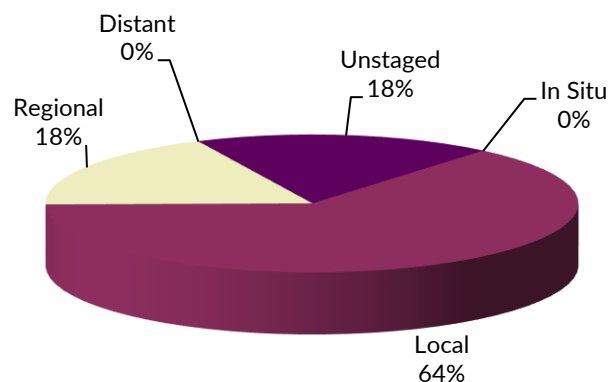


Brain/Central Nervous System (CNS)

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	18	15	33
WY Incidence	4.9	4.7	4.8
US Incidence	7.4	5.5	6.4
Cancer Deaths	14	15	29
WY Mortality	3.7	3.8	3.7
US Mortality	5.7	3.9	4.8

Stage at Diagnosis



The incidence and mortality rates for males, females, and the total population were all lower than the national rates in 2023.

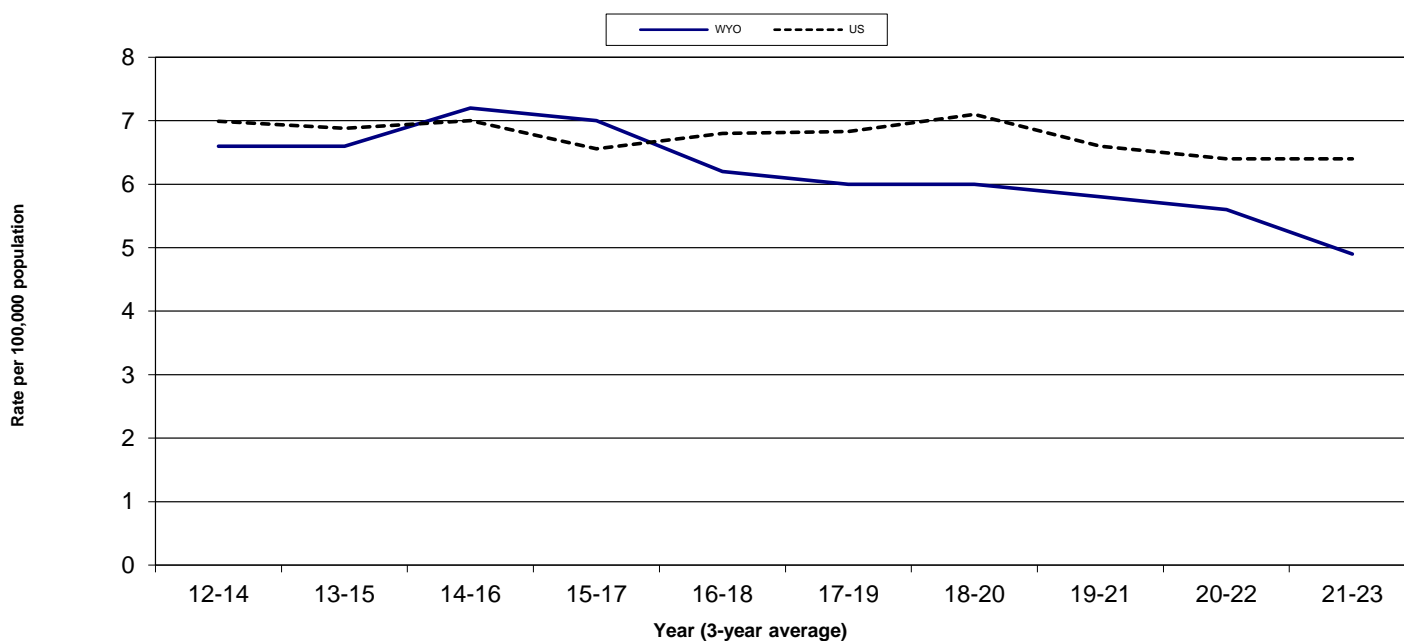
The 12-year trend shows that the Wyoming rate decreased between 2020 and 2022, and between 2021 and 2023, while the national rate has leveled off between 2020 and 2022 and between 2021 and 2023.

The percentage of cases diagnosed at each stage in 2023 was very similar to that in 2022.

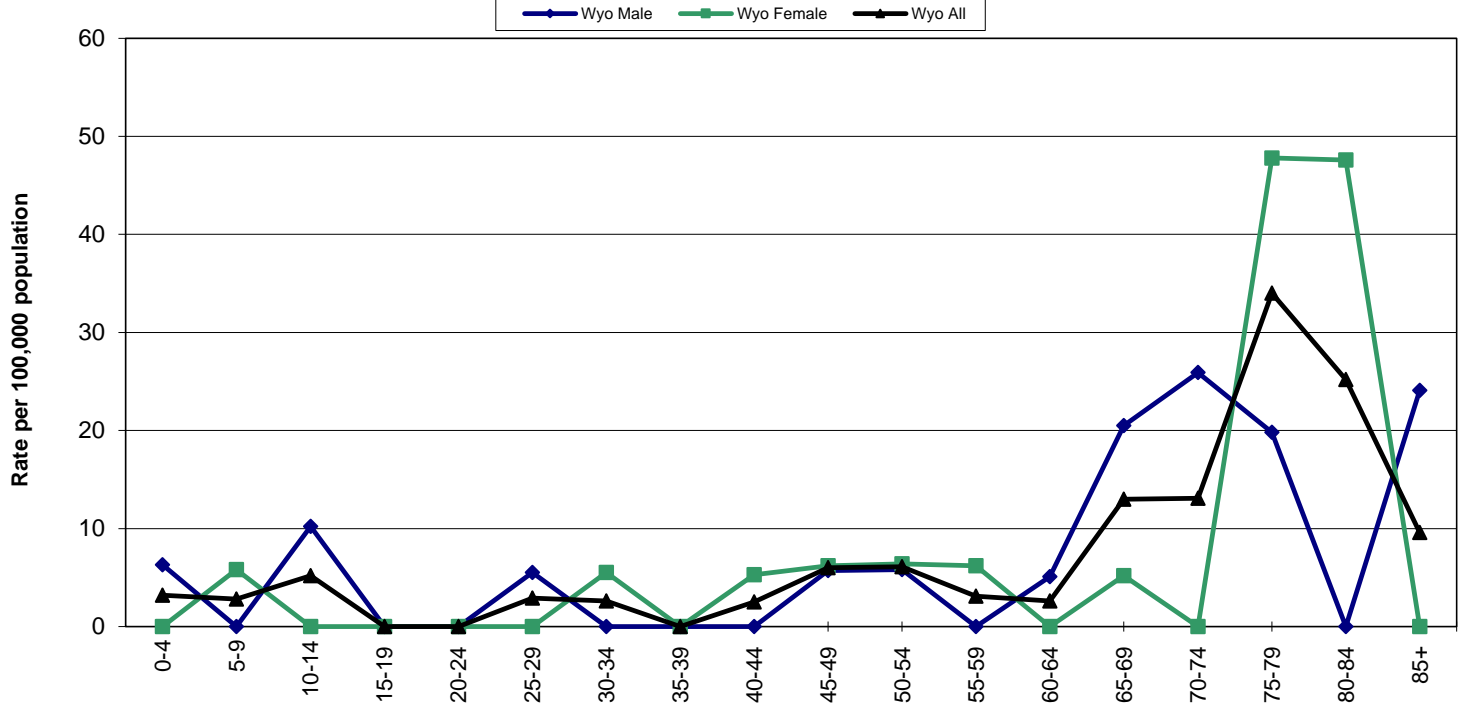
There were five cases of brain/CNS cancers diagnosed in people under 30 years of age in 2023.

No statistically significant differences were found between the CHD rates and the state rate.

12-Year Incidence Trend

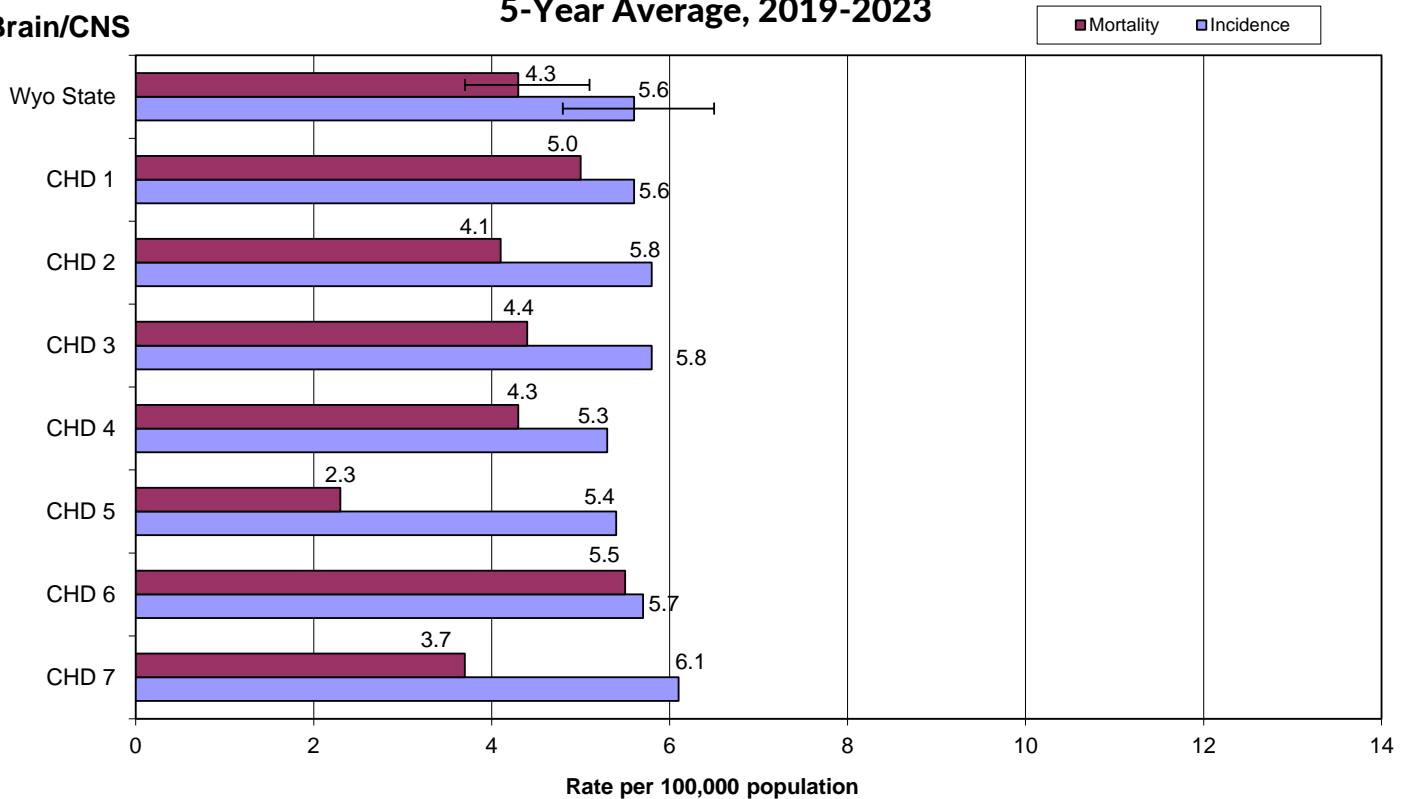


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Brain/CNS

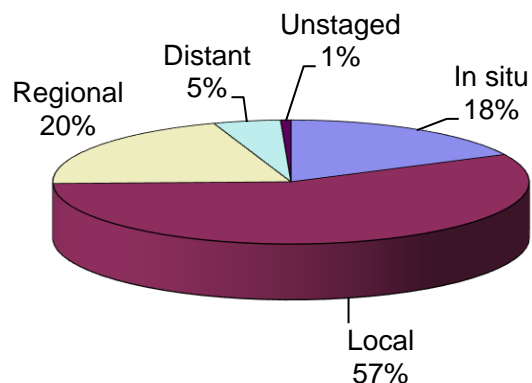


Breast (Female Only)

Incidence and Mortality Summary

	Female
Invasive Cases	463
In situ Cases	100
WY Incidence	124.8
US Incidence	129.5
Cancer Deaths	75
WY Mortality	18.8
US Mortality	18.5

Stage at Diagnosis



The incidence rate for Wyoming females was lower than the national rate in 2023; however, the mortality rate was slightly higher than the national rate. Neither difference was statistically significant.

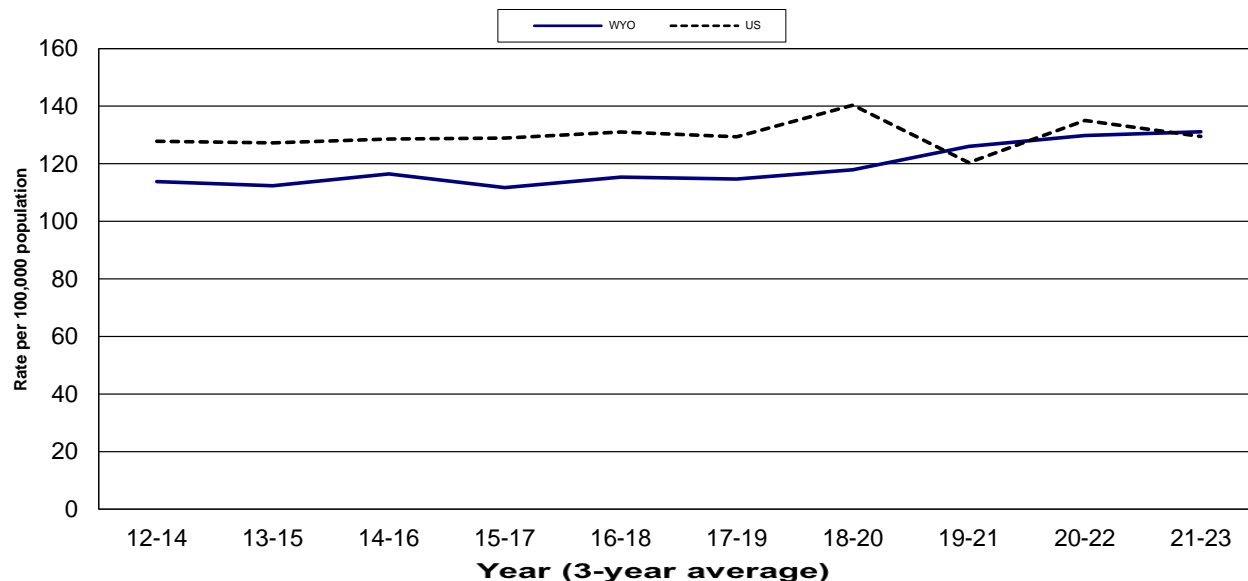
The 12-year incidence trend shows a continuing increase from 2018-2020 for Wyoming women, and a decrease in the national trend from 2020-2022 to 2021-2023.

The percentage of cases diagnosed at each stage in 2023 is similar to that in 2022.

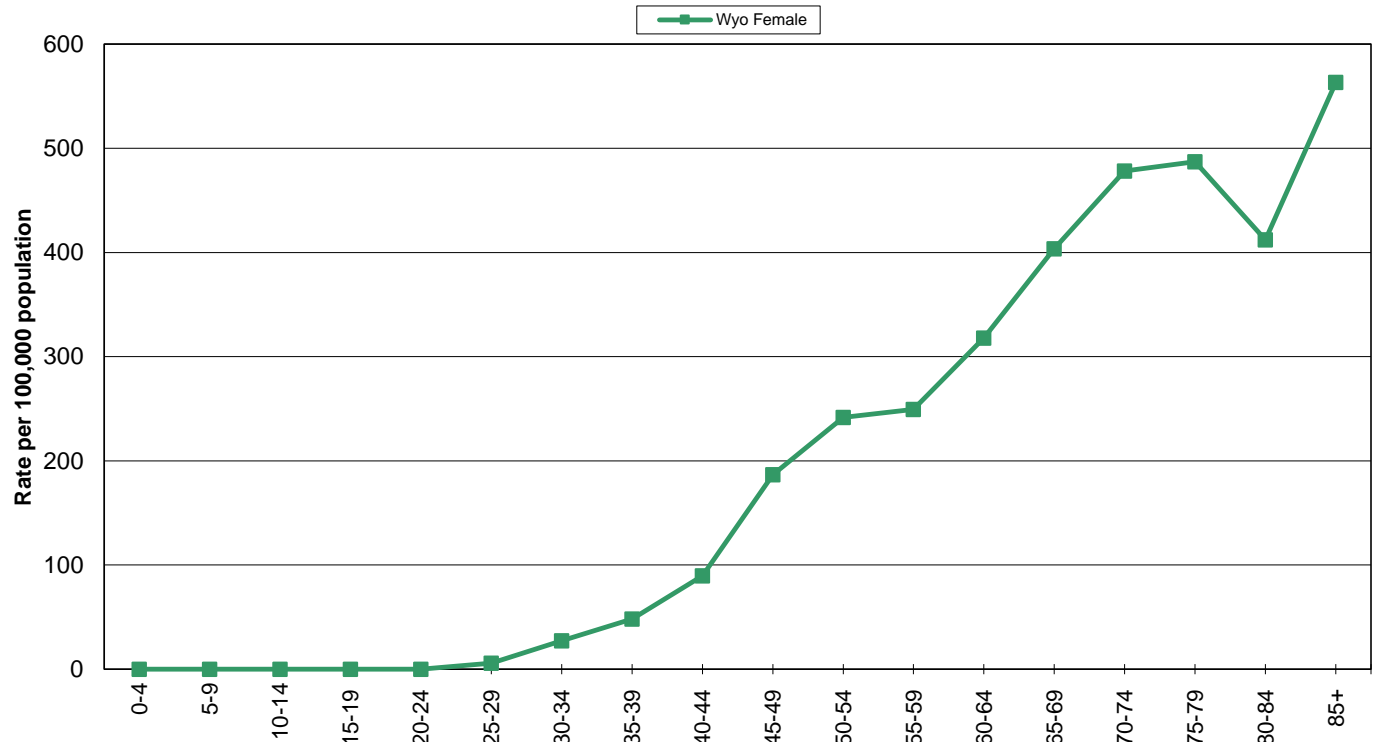
In 2023, six cases were diagnosed in women under the age of 35. There were also six cases of breast cancer diagnosed in men in Wyoming in 2023.

The incidence rate for CHD 7 was significantly lower than the state rate for 2019-2023. No other differences in incidence or mortality were significant.

12-Year Incidence Trend

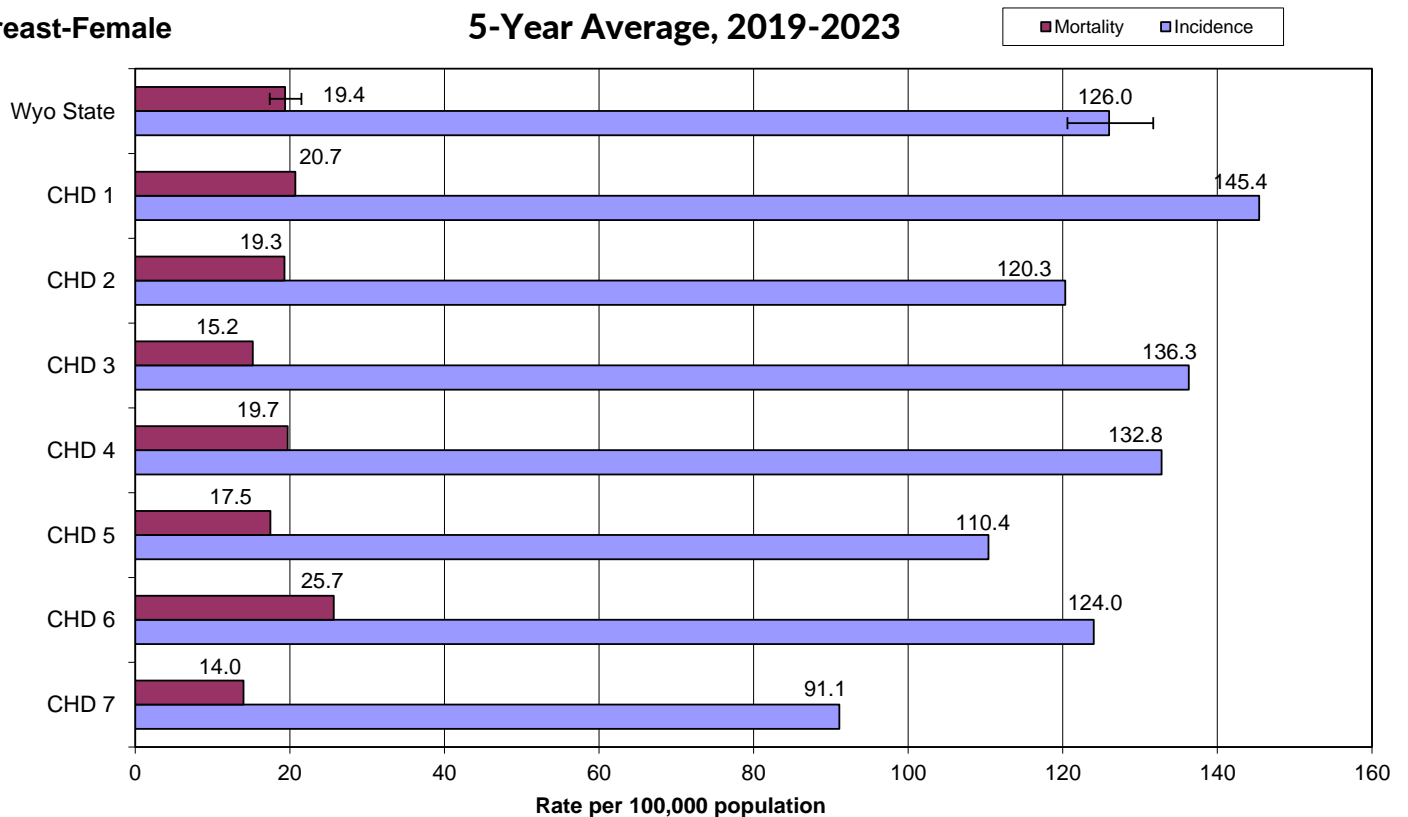


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Breast-Female

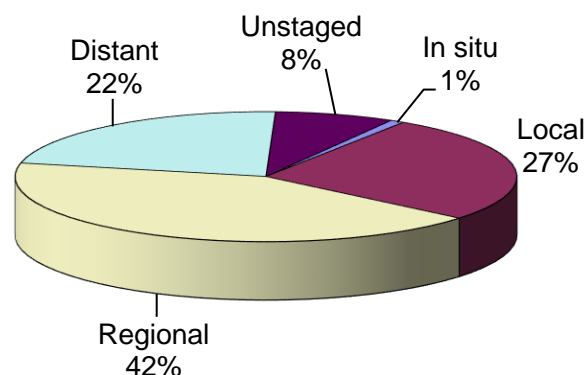


Colorectal (Colorectal = Colon and Rectum combined)

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	122	96	218
WY Incidence	33.7	24.7	29.4
US Incidence	40.3	32.0	36.0
Cancer Deaths	57	44	101
WY Mortality	15.3	12.0	13.6
US Mortality	14.9	10.7	12.7

Stage at Diagnosis



The incidence rates for Wyoming were all lower than the national rates in 2023, while all of the mortality rates were higher than the national rates. None of the differences were statistically significant.

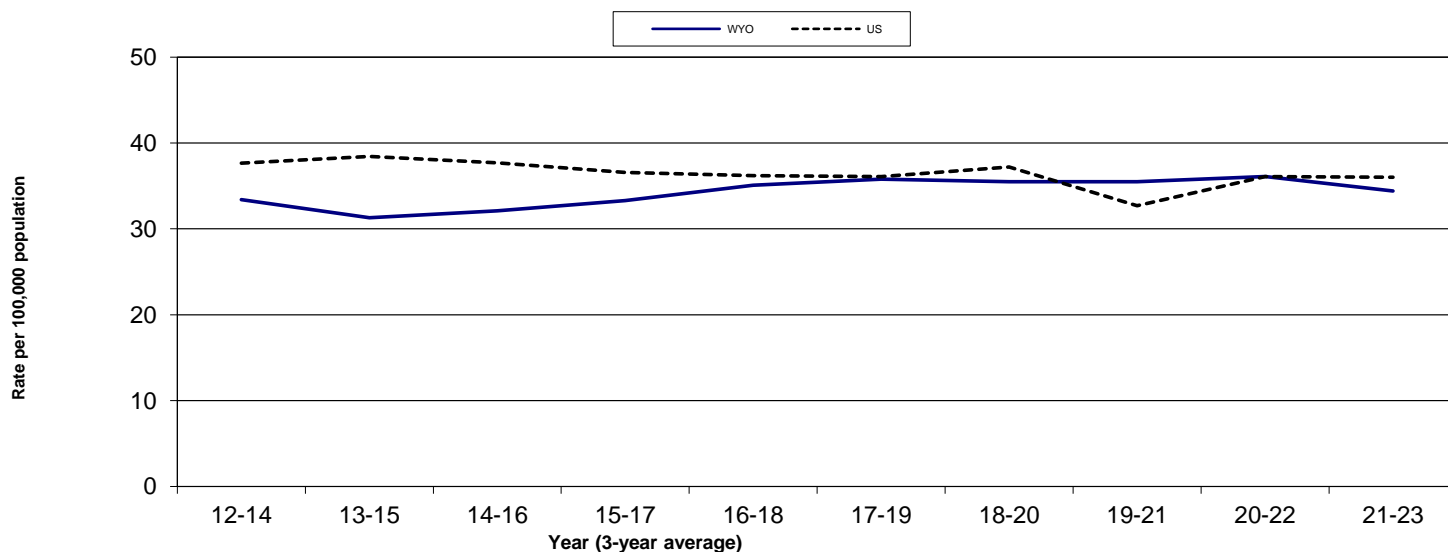
The 12-year incidence graph shows a slight decrease in Wyoming's rates while the national trend stayed steady between 2020-2022 and 2021-2023.

The percentage of colorectal cancers diagnosed at each stage in 2023 was similar to that in 2022.

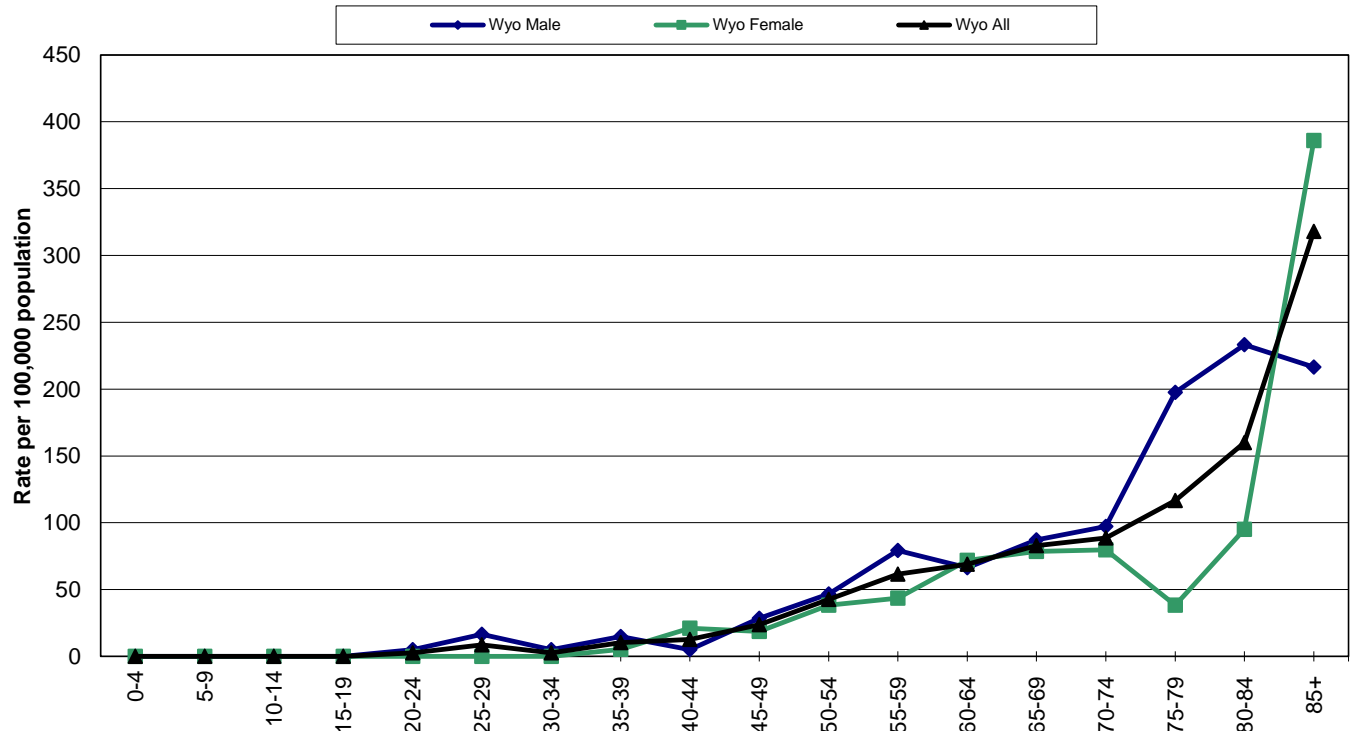
In 2023, nine cases were diagnosed in people under 40 years of age.

No statistically significant differences were found between the CHD rates and the state rate for incidence or mortality.

12-Year Incidence Trend

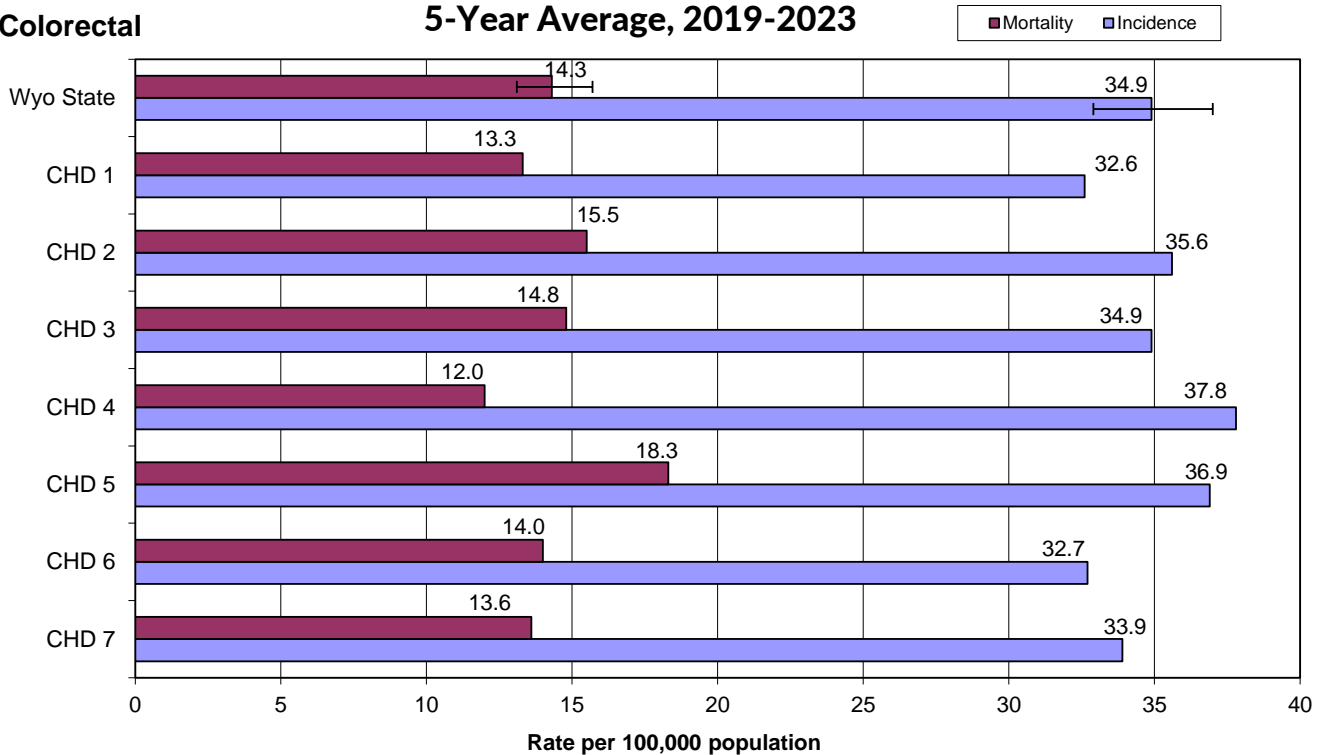


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

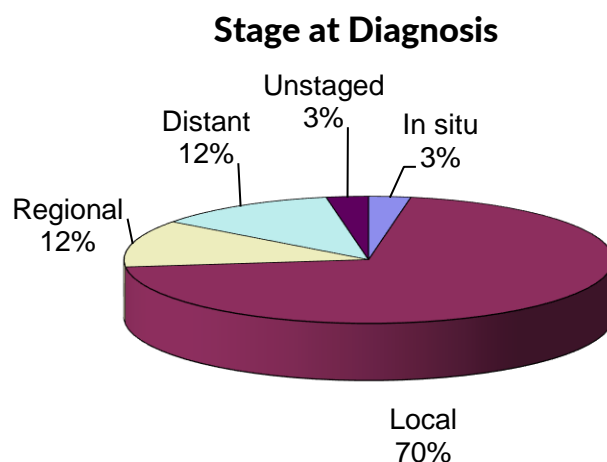
Colorectal



Kidney/Renal Pelvis

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	76	29	105
WY Incidence	19.5	7.8	13.7
US Incidence	22.7	12.0	17.1
Cancer Deaths	16	9	25
WY Mortality	4.1	2.5	3.3
US Mortality	5.2	2.2	3.5



The incidence rates for Wyoming males, females, and the total population were all lower than the national rates. The mortality rates for males and the total population were lower than the national rate, but the female rate was higher than the corresponding national rate.

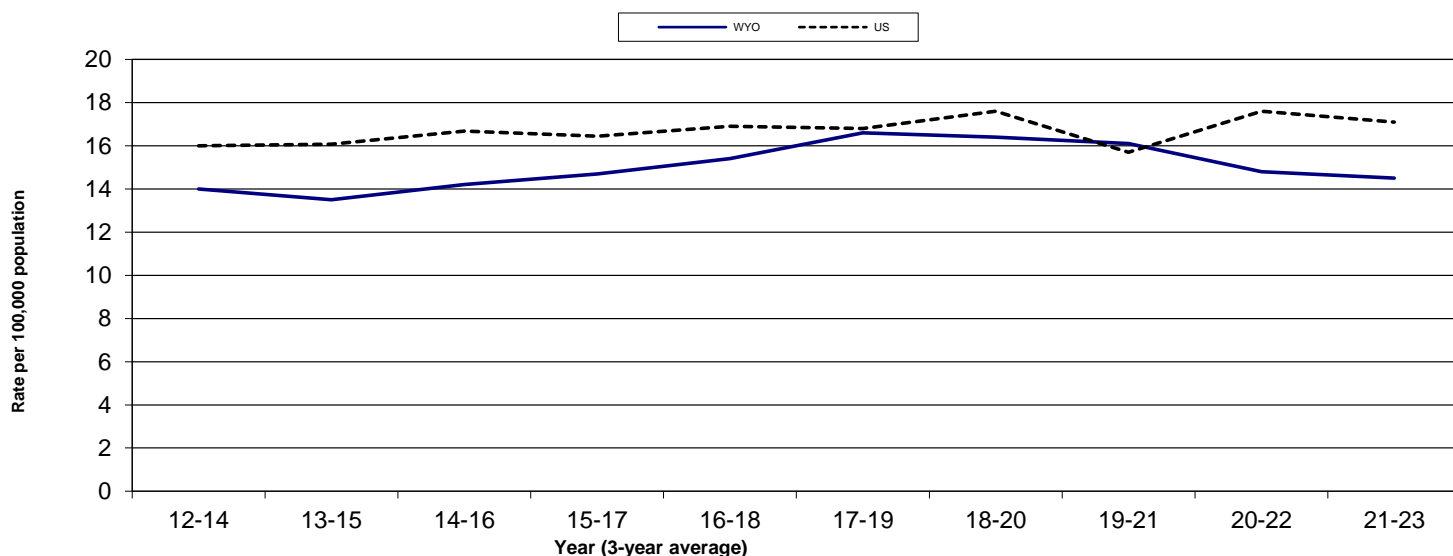
The 12-year incidence trend shows a continued decrease for Wyoming that started in 2019-2021, while the national rate shows a slight decrease from 2020-2022 to 2021-2023.

The percentage of cases diagnosed as Local increased from 2022 (60%), while those diagnosed as Regional and Distant both decreased from 2022 (17% and 17%, respectively).

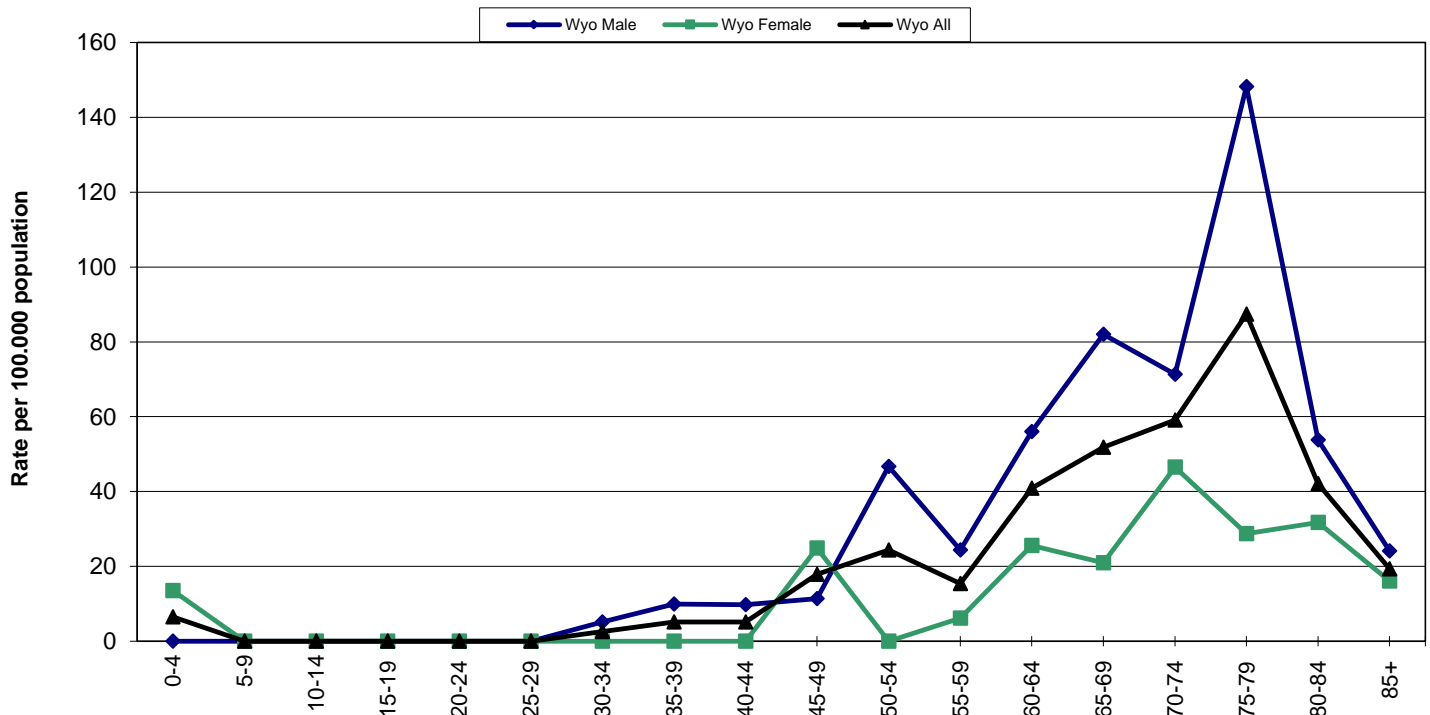
There were two cases diagnosed in persons under 10 years of age in 2023.

No statistically significant differences were found between the CHD rates and the state rate.

12-Year Incidence Trend



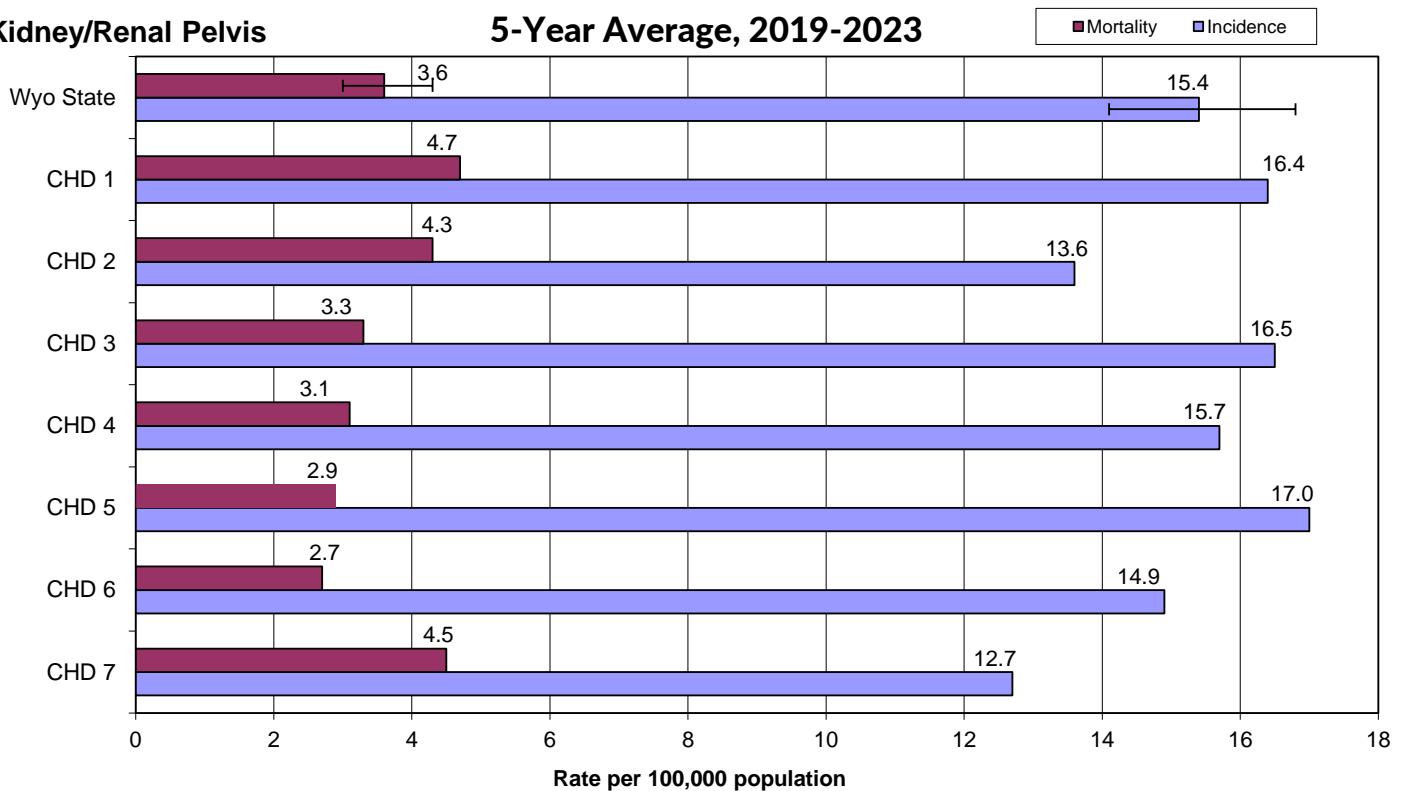
Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality

Kidney/Renal Pelvis

5-Year Average, 2019-2023

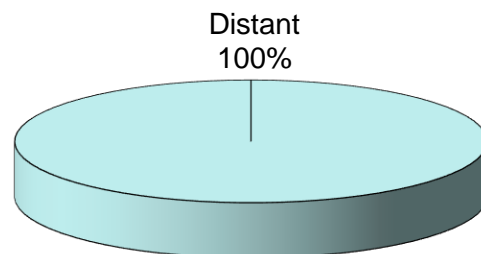


Leukemia

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	49	37	86
WY Incidence	13.5	9.9	11.6
US Incidence	18.1	11.4	14.4
Cancer Deaths	21	15	36
WY Mortality	5.9	4.0	4.9
US Mortality	8.0	4.6	6.1

Stage at Diagnosis



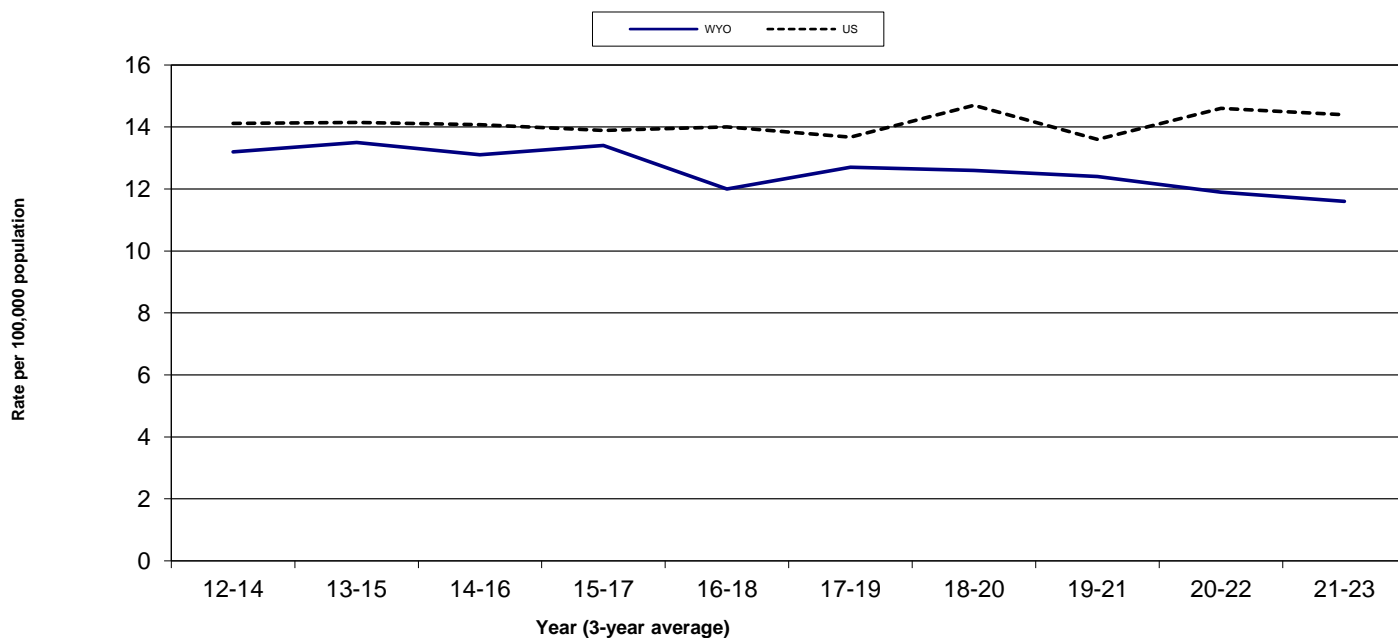
The incidence and mortality rates for leukemia in Wyoming were all lower than the national rates in 2023. None of the differences were statistically significant.

The incidence trend for Wyoming shows a continued decrease from 2019-2021, while the national trend was level from 2020-2022 to 2021-2023.

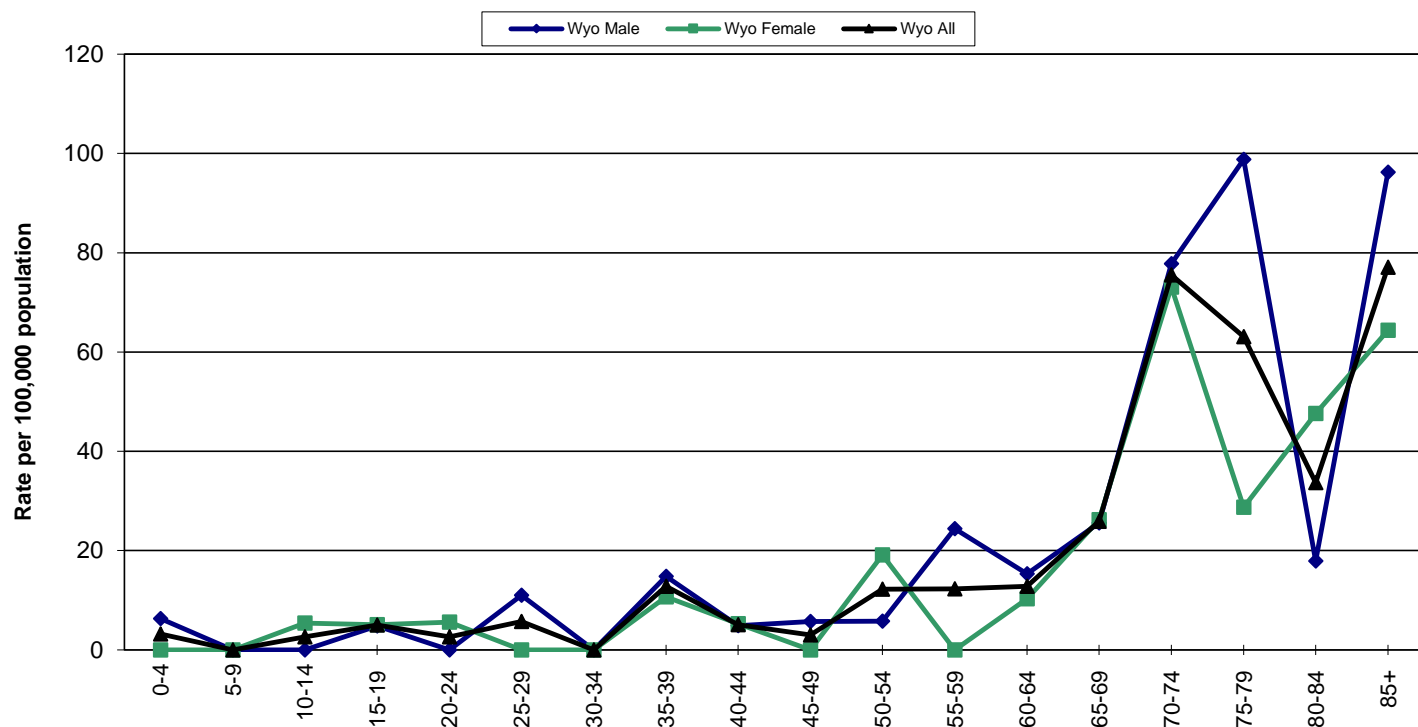
There were four cases of leukemia diagnosed in children/adolescents under 20 years of age in 2023.

No statistically significant differences were found between the CHD rates and the state rate for incidence or mortality.

Age-Specific Incidence Rates - 2023



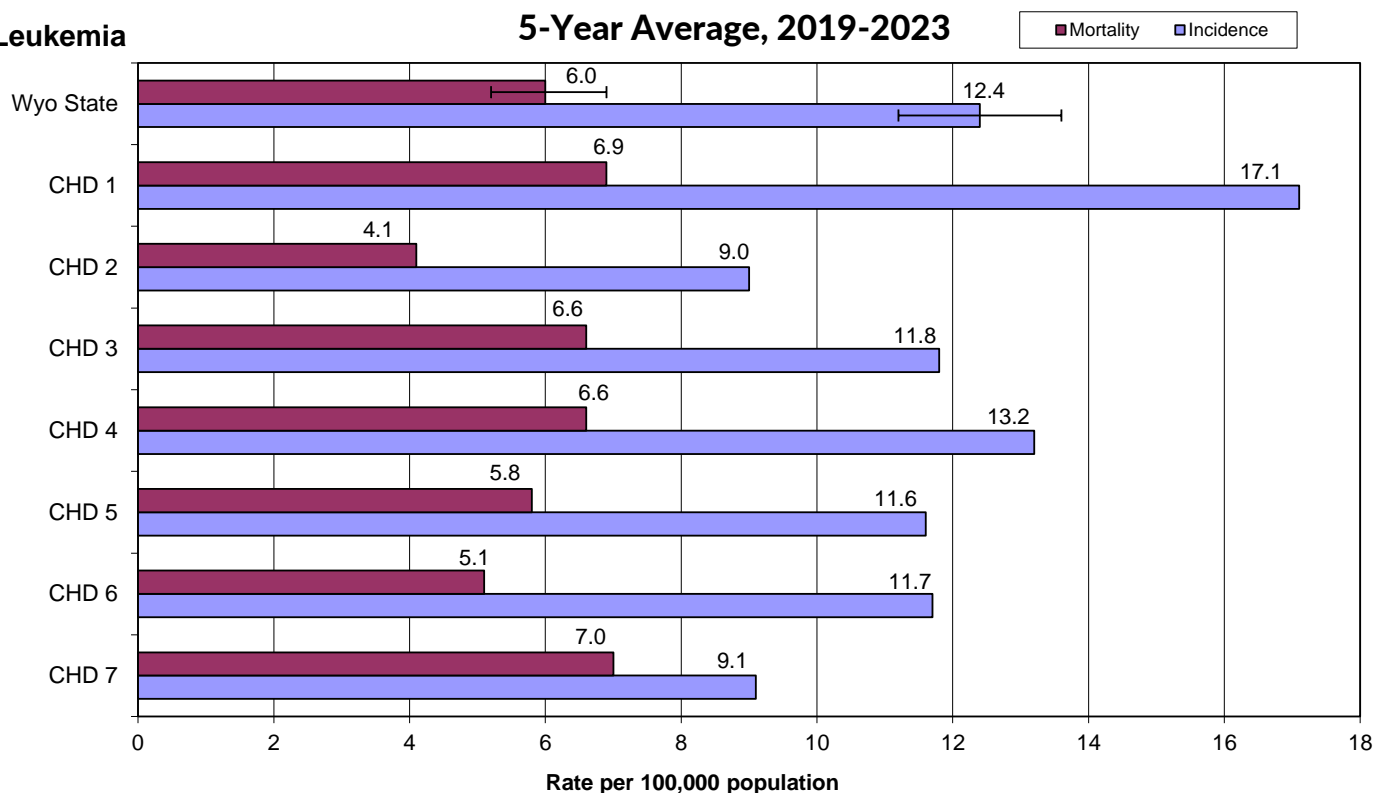
Age-Specific Incidence Rates – 2023



Cancer Health District Incidence and Mortality

5-Year Average, 2019-2023

Leukemia

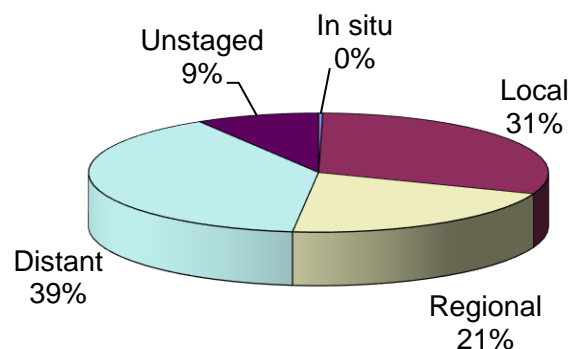


Lung and Bronchus

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	161	172	333
WY Incidence	40.0	40.5	40.1
US Incidence	47.5	42.7	44.7
Cancer Deaths	107	111	218
WY Mortality	27.0	26.3	27.0
US Mortality	35.6	27.4	31.0

Stage at Diagnosis



Lung cancer incidence and mortality rates for Wyoming for males, females, and total population were all lower than the national rates for 2023.

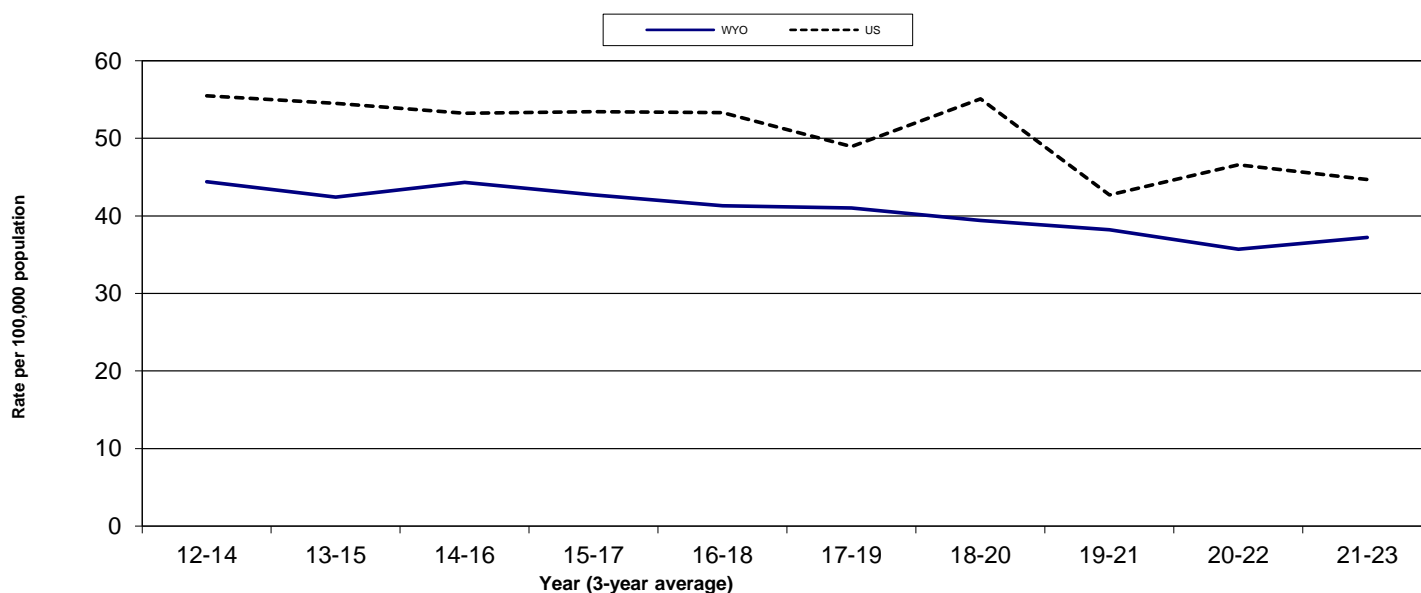
The 12-year incidence trend shows an increase for Wyoming between 2020-2022 to 2021-2023. Nationally, the rate decreased slightly from 2020-2022 to 2021-2023.

The percent of cases diagnosed as Distant increased from 2022 (33%) while the percentage diagnosed as Local decreased from 2022 (34%). The other stages were similar to 2022.

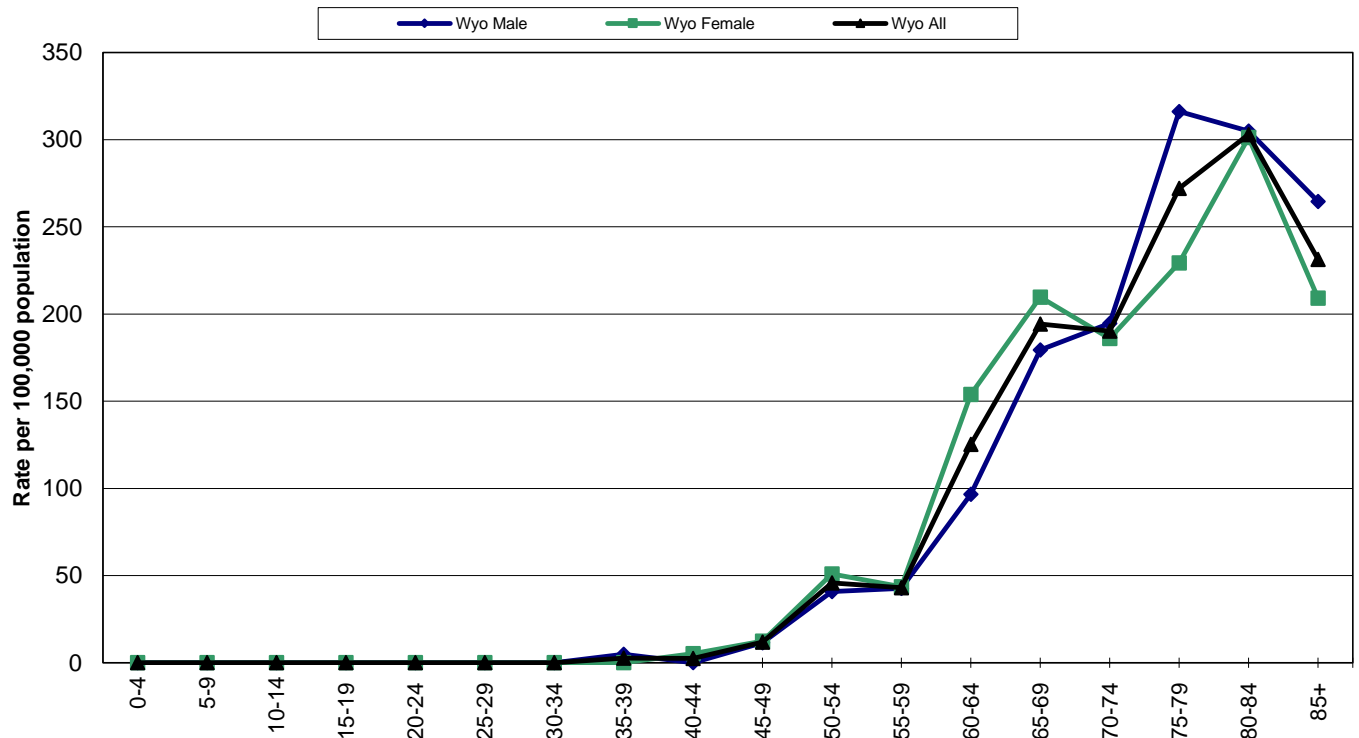
Six cases of lung cancer were diagnosed in Wyoming residents under the age of 50 in 2023.

No statistically significant differences were found between the CHD rates and the state rate.

12-Year Incidence Trend

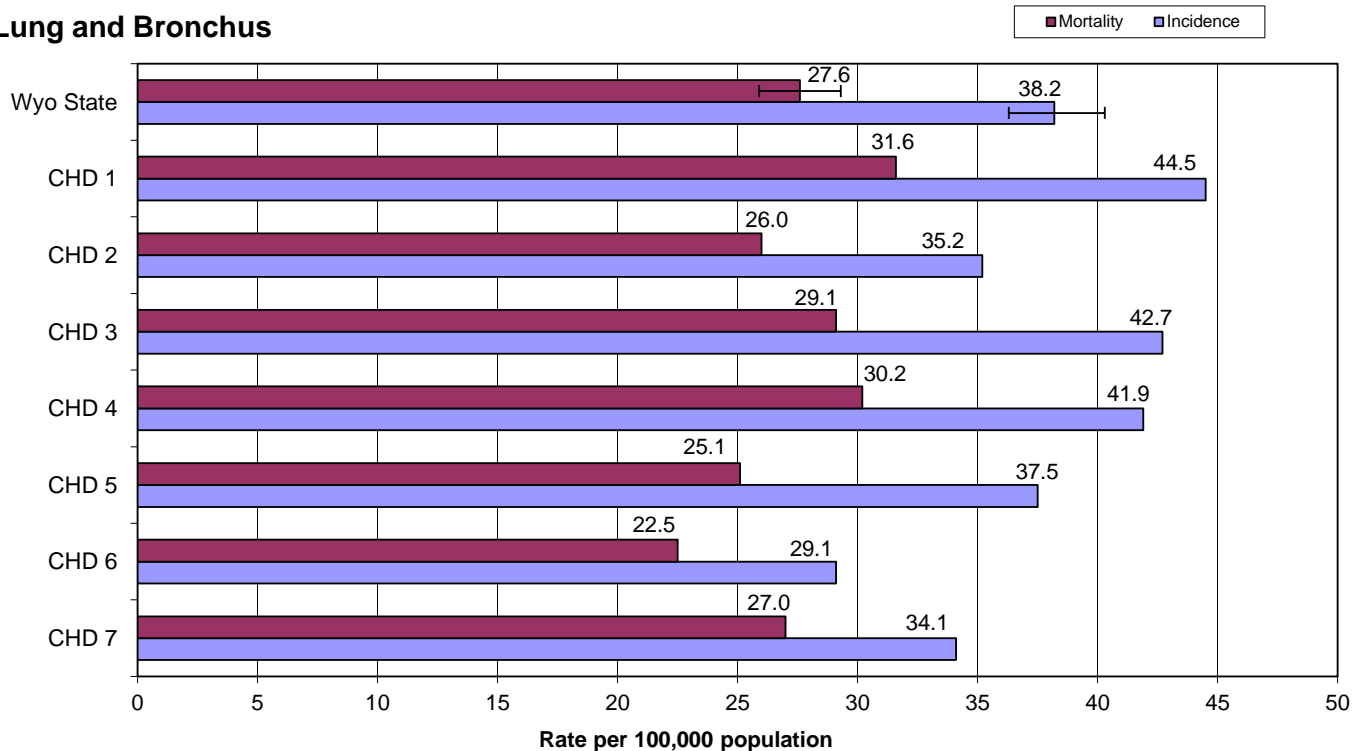


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Lung and Bronchus

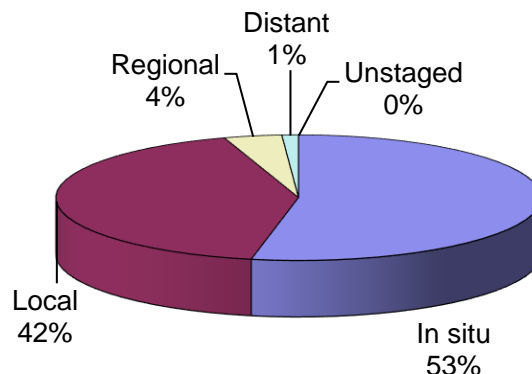


Melanoma (of the skin)

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	155	101	256
In situ Cases	175	115	290
WY Incidence	41.5	28.4	34.4
US Incidence	31.9	21.1	25.7
Cancer Deaths	7	4	11
WY Mortality	2.0	1.2	1.5
US Mortality	3.4	1.5	2.3

Stage at Diagnosis



The incidence rates for melanoma in males, females, and total population were all higher than the national rate in 2023. The mortality rates were all lower than the national rates. None of the differences were statistically significant.

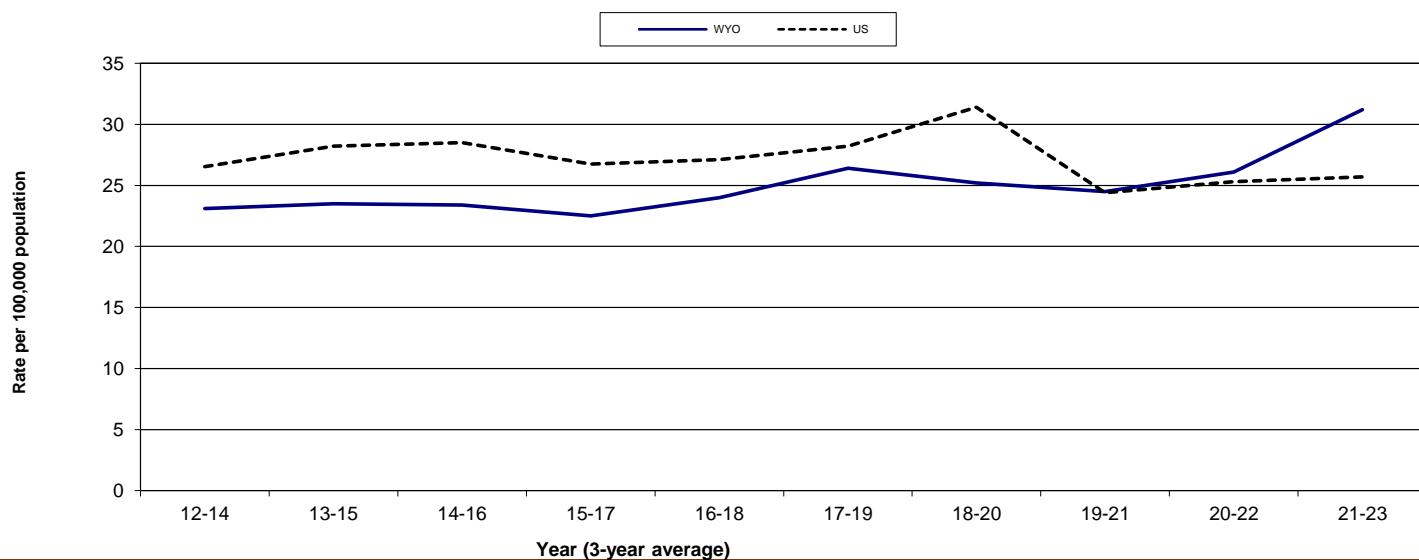
The Wyoming rate showed a sharp increase from 2020-2022 to 2021-2023, while the national rate remained level during this time frame.

The percentage of cases diagnosed as Local decreased slightly from 2022 (45%), while the percent diagnosed as In Situ increased slightly from 2022 (49%).

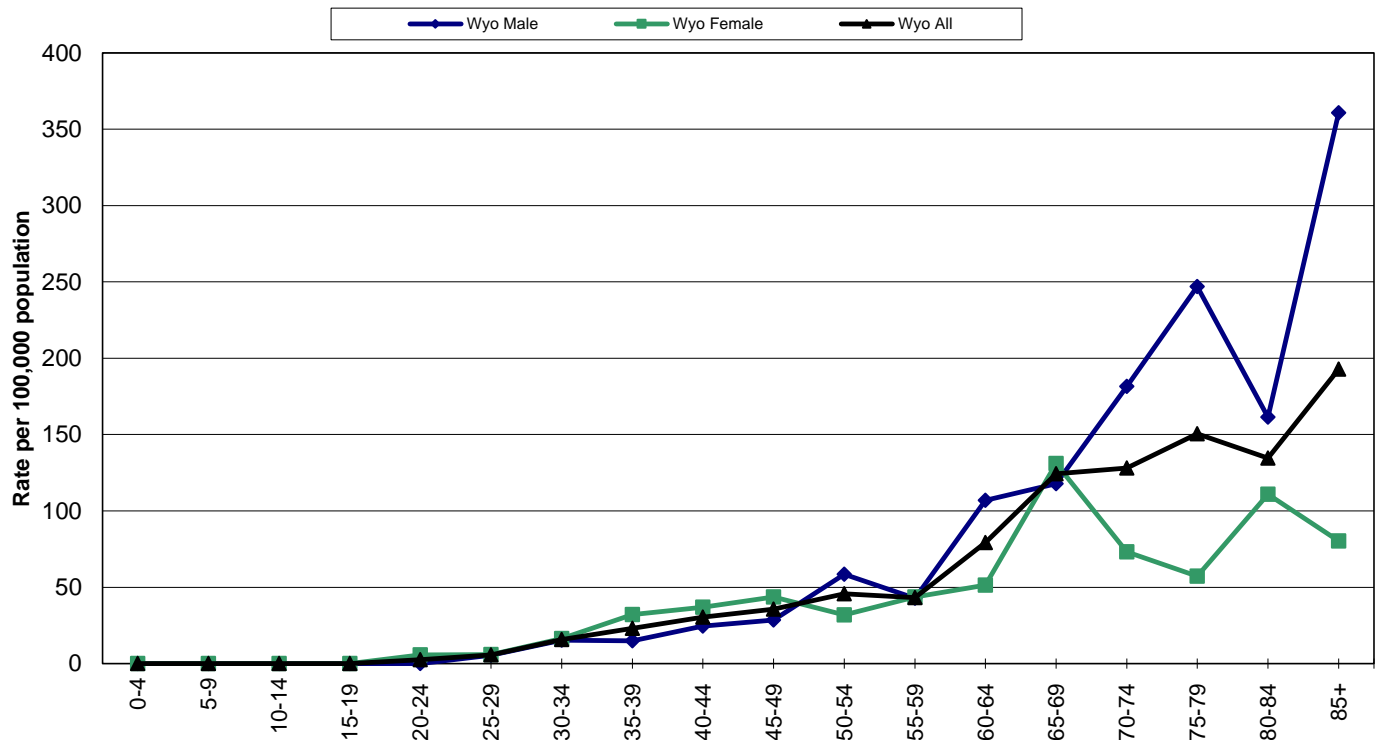
There were three cases of melanoma in individuals under 30 years of age in 2023.

No statistically significant differences were found between the CHD and state rate.

12-Year Incidence Trend

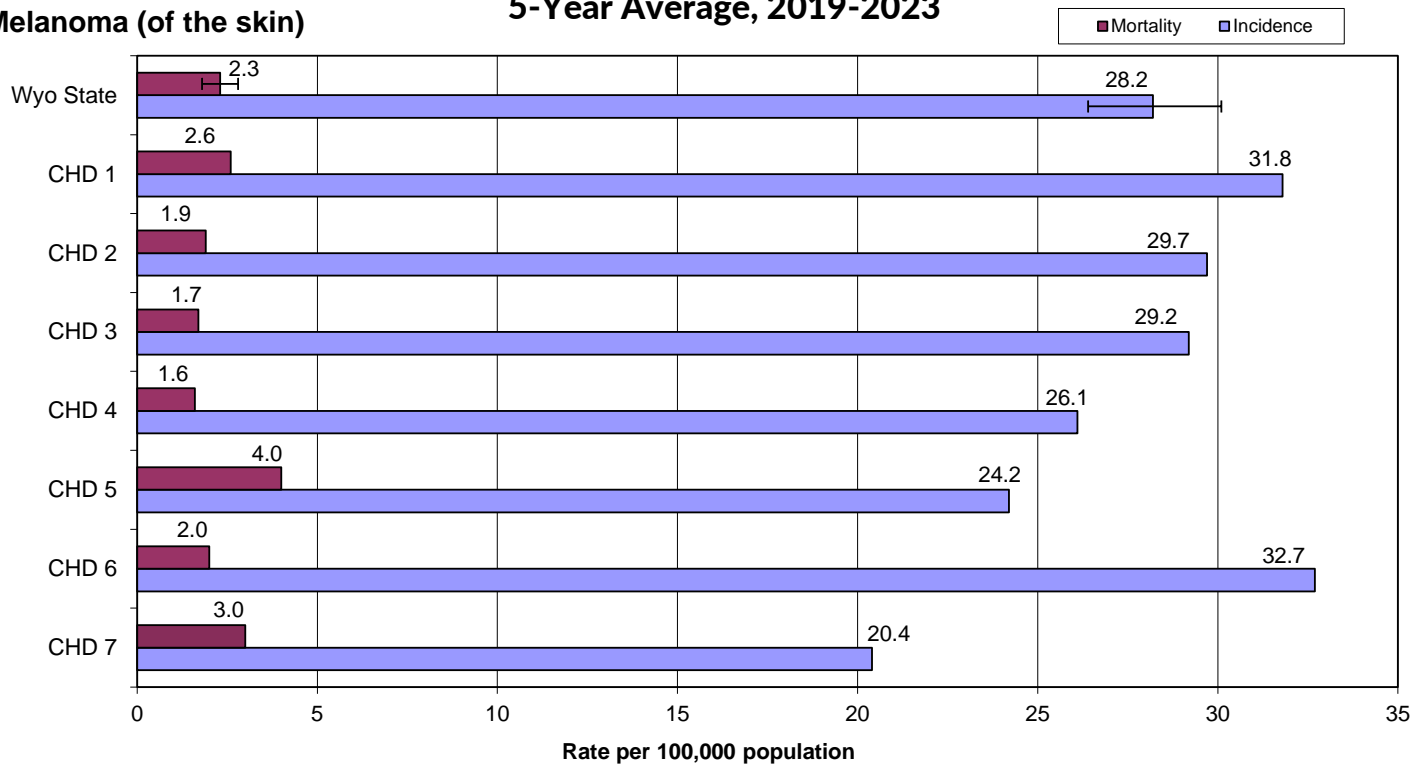


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Melanoma (of the skin)

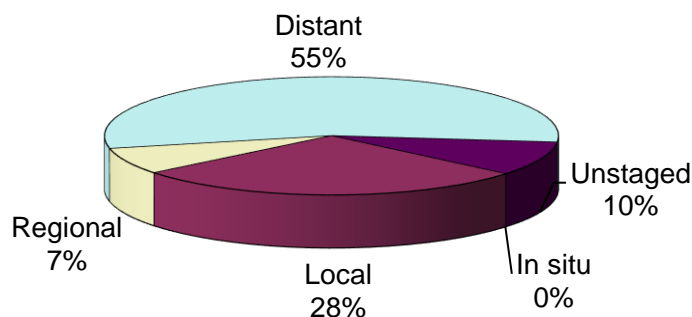


Non-Hodgkin Lymphoma (NHL)

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	59	37	96
WY Incidence	16.1	9.1	12.5
US Incidence	21.6	15.4	18.2
Cancer Deaths	21	12	33
WY Mortality	5.6	2.9	4.3
US Mortality	6.5	3.9	5.0

Stage at Diagnosis



The incidence and mortality rates for Non-Hodgkin lymphoma in Wyoming were all lower than the national rates in 2023. None of these differences were statistically significant.

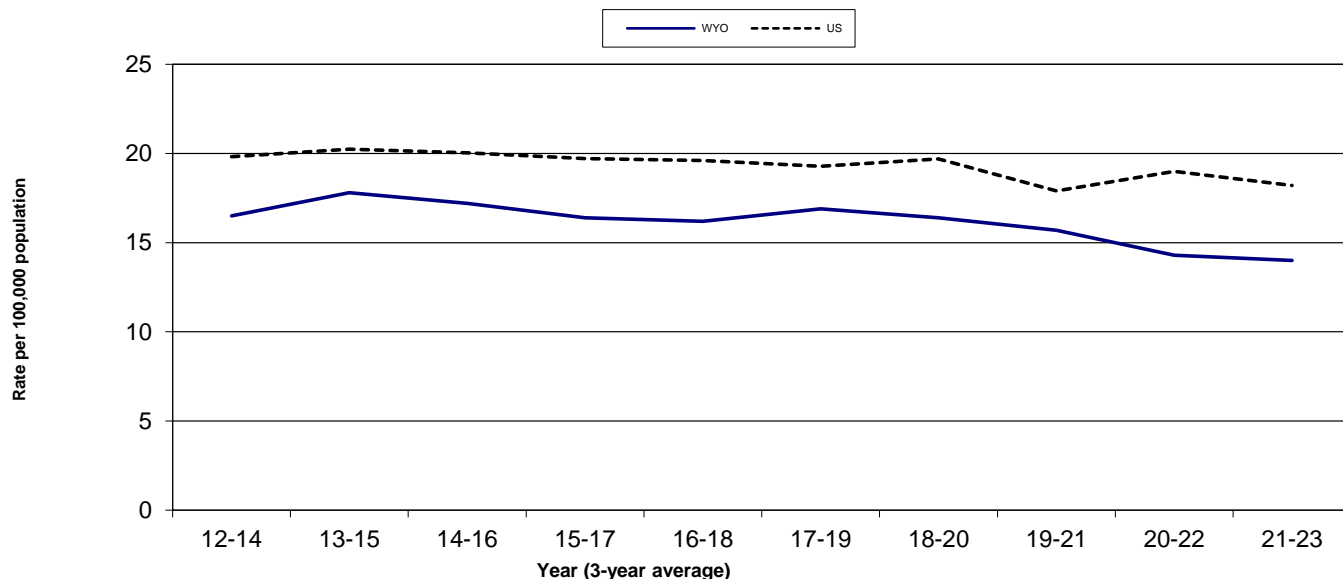
The incidence trend for Wyoming continued a decrease that started in 2017-2019, while the national rate decreased between 2020-2022 to 2021-2023.

The percentage of cases diagnosed as Distant increased from 2022 (48%), while the cases diagnosed as Local decreased from 2022 (36%). Neither change was statistically significant.

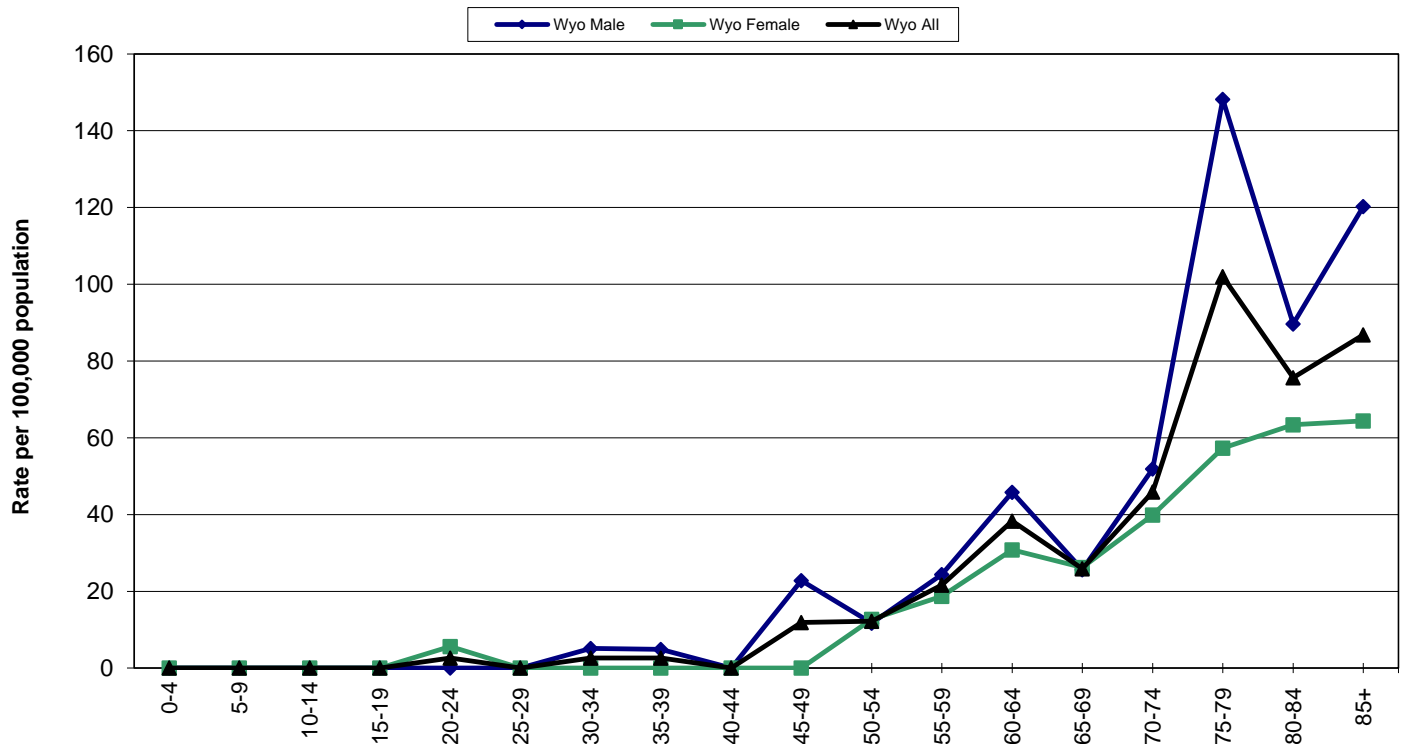
There was one case of NHL diagnosed in persons under the age of 30 in 2023.

No statistically significant differences were found between the CHD rates and the state rate.

12-Year Incidence Trend



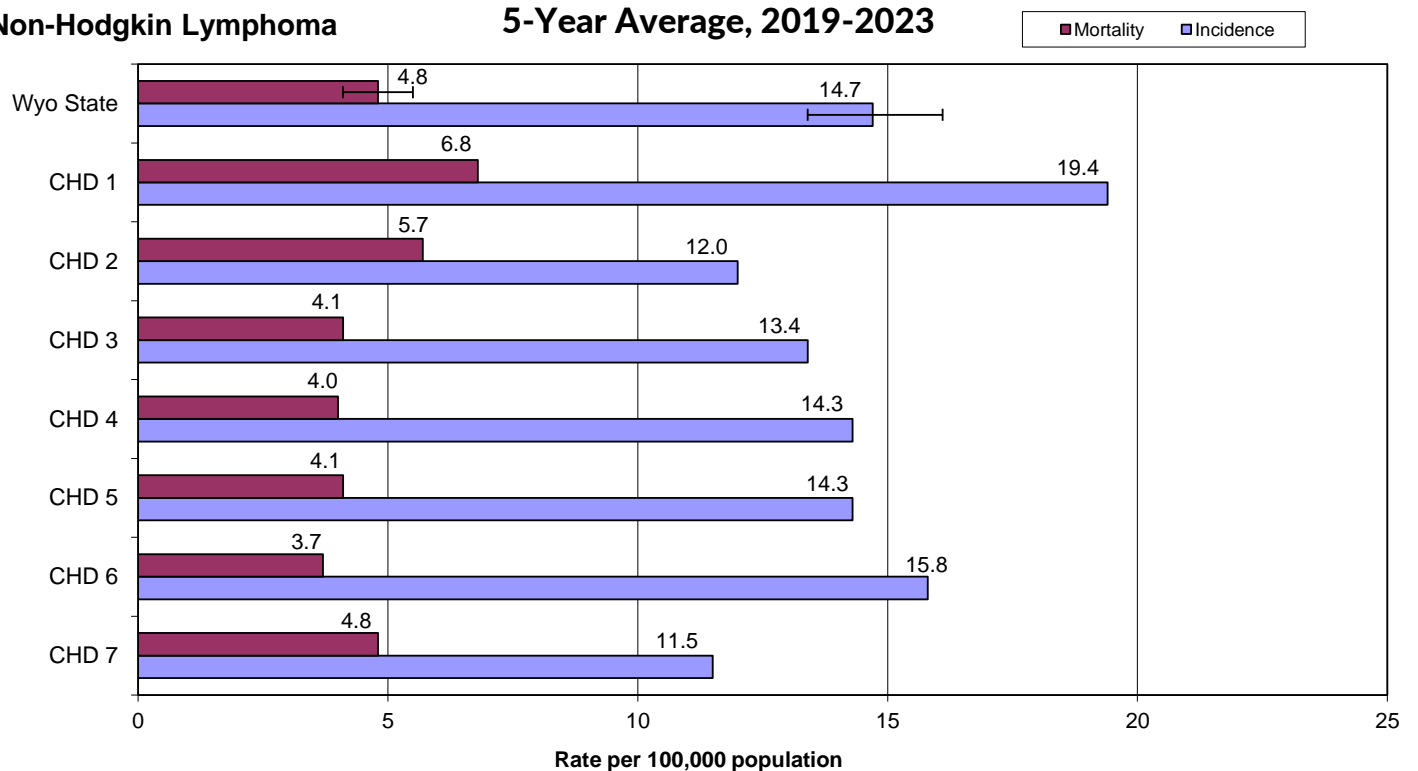
Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality

Non-Hodgkin Lymphoma

5-Year Average, 2019-2023

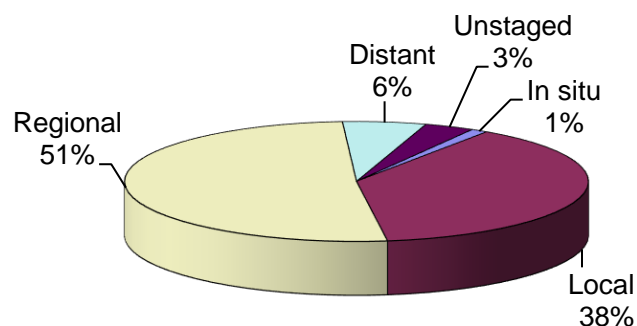


Oral Cavity and Pharynx

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	64	21	85
WY Incidence	16.3	5.7	10.9
US Incidence	17.9	6.7	12.0
Cancer Deaths	13	6	19
WY Mortality	3.3	1.4	2.3
US Mortality	4.3	1.5	2.8

Stage at Diagnosis



The incidence and mortality rates for Wyoming males, females, and total population were all lower than the national rates in 2023. None of the differences were statistically significant.

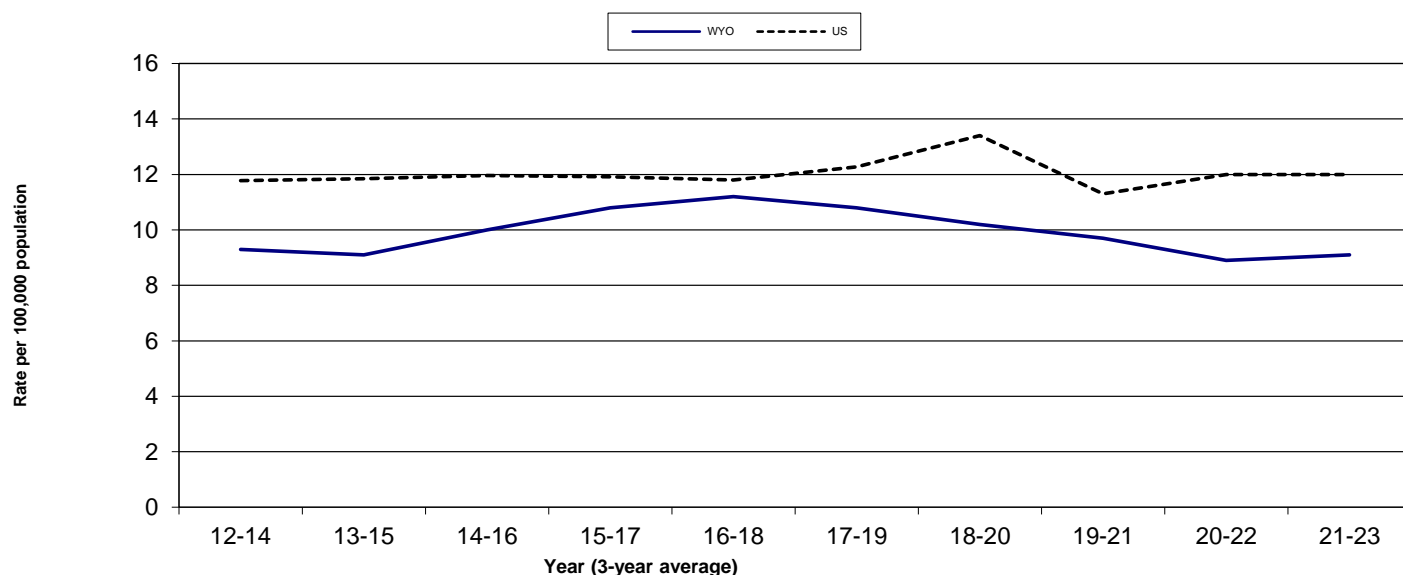
The incidence trend for Wyoming increased slightly between 2020-2022 and 2021-2023, while the national trend was steady for this same time frame.

The percent of cancers at the Regional stage increased significantly from 2022 (6%), while the percent of cases diagnosed at the Distant stage decreased significantly from 2022 (48%).

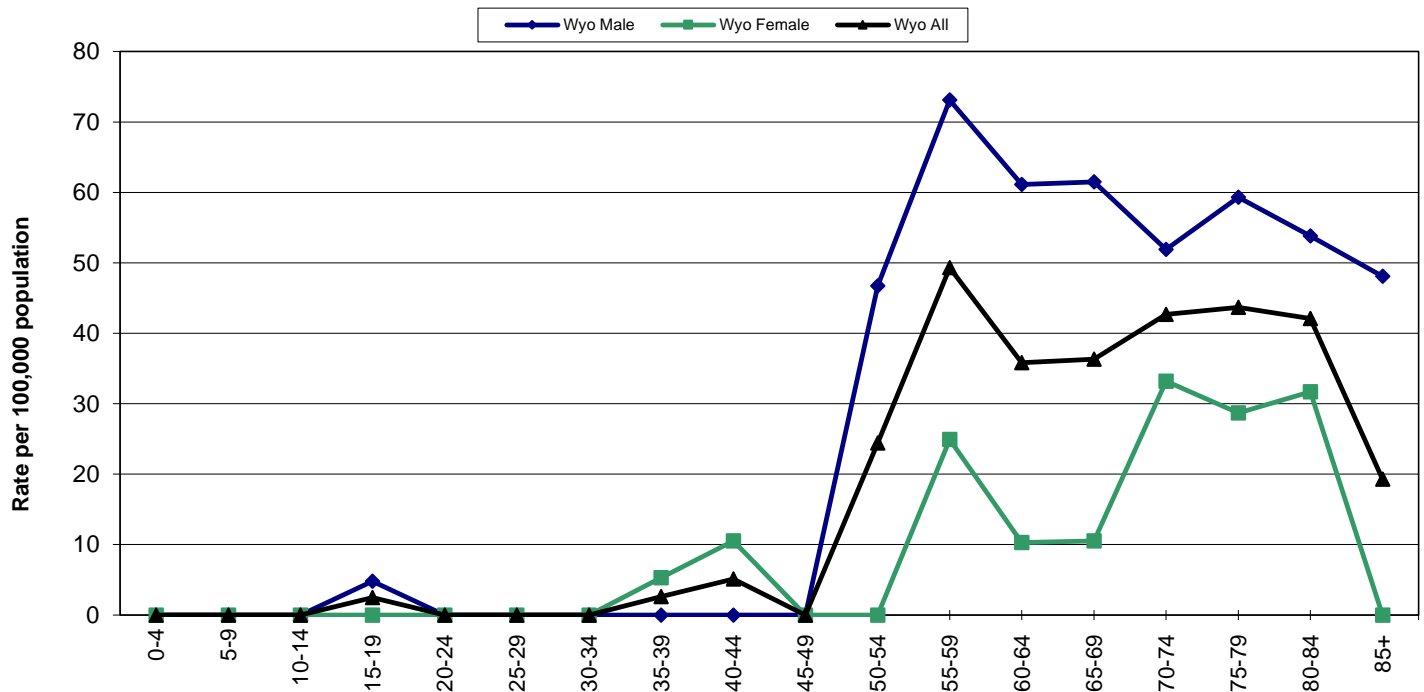
There were two cases diagnosed in persons under 40 years of age in 2023.

No statistically significant differences were found between the CHD rates and the state rate.

12-Year Incidence Trend

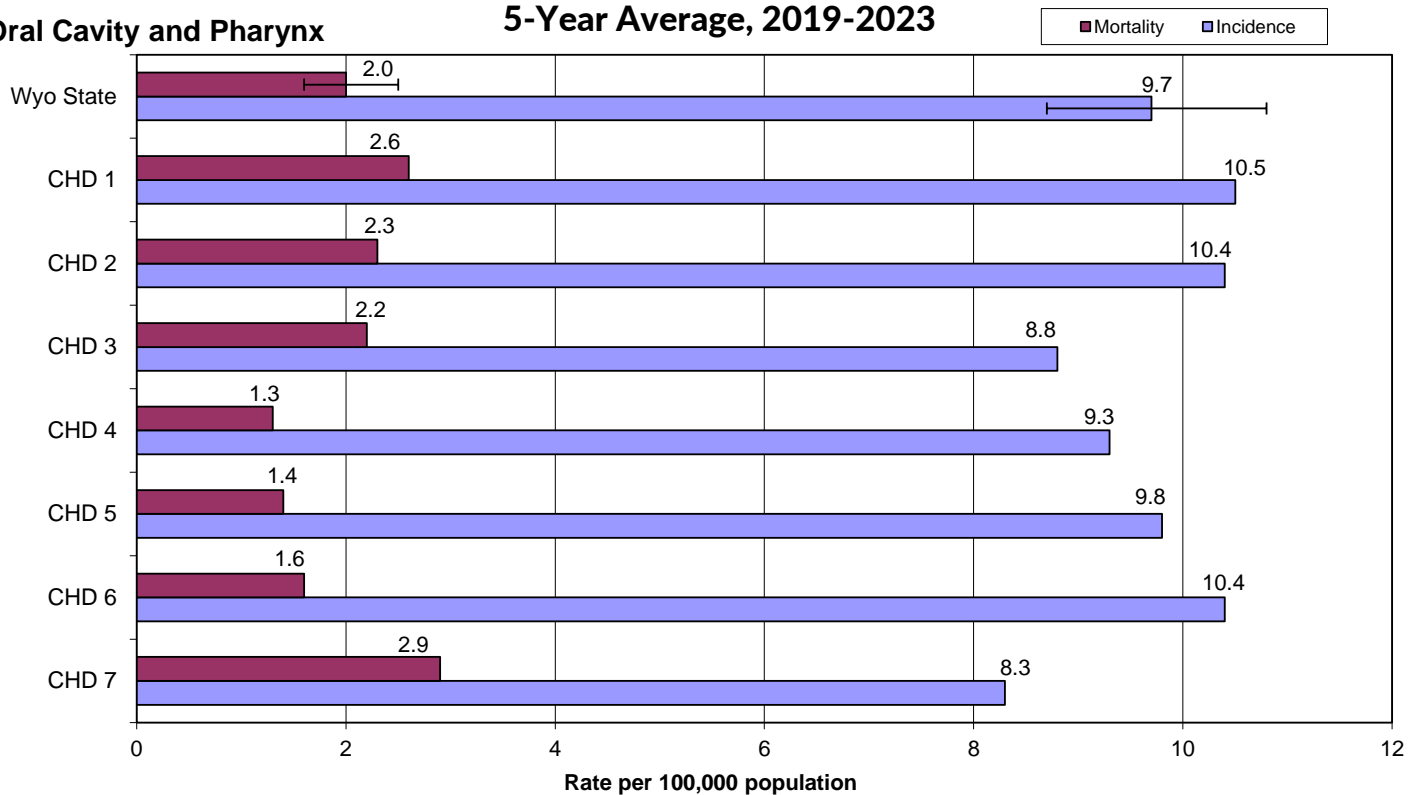


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Oral Cavity and Pharynx

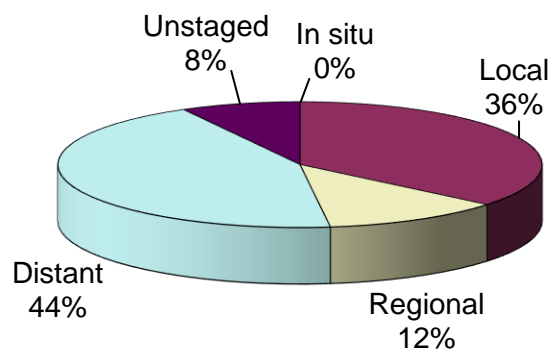


Ovary

Incidence and Mortality Summary

	Female
Invasive Cases	25
WY Incidence	7.4
US Incidence	10.1
Cancer Deaths	26
WY Mortality	6.6
US Mortality	6.0

Stage at Diagnosis



The incidence rate in Wyoming females for ovarian cancer was lower than the national rate in 2023, while the Wyoming mortality rate was slightly higher than the national rate.

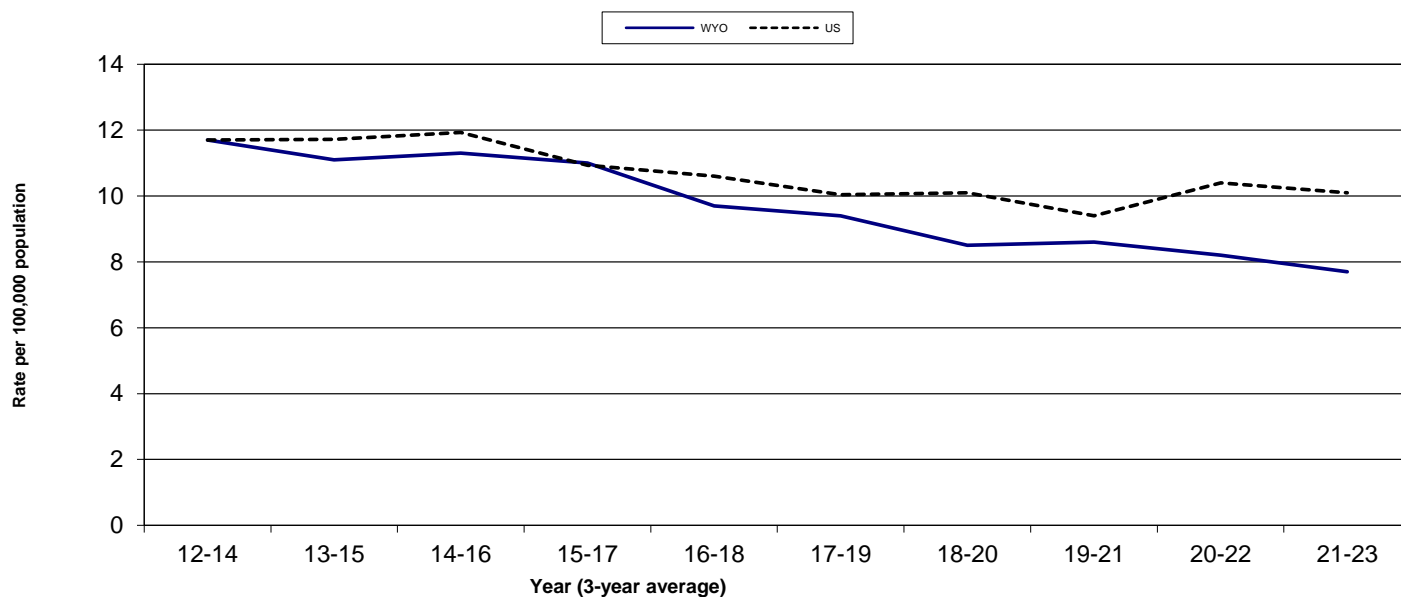
The 12-year incidence trend for Wyoming continued a decrease that started in 2019-2021, while the national rate decreased between 2020-2022 and 2021-2023.

The percent of cases diagnosed as Distant decreased from 2022 (50%), whereas Local and Regional cases increased from 2022 (27% and 4% respectively).

There were four cases diagnosed in Wyoming women under 40 years of age in 2023.

No statistically significant differences were found between the CHD rates and the state rate.

12-Year Incidence Trend

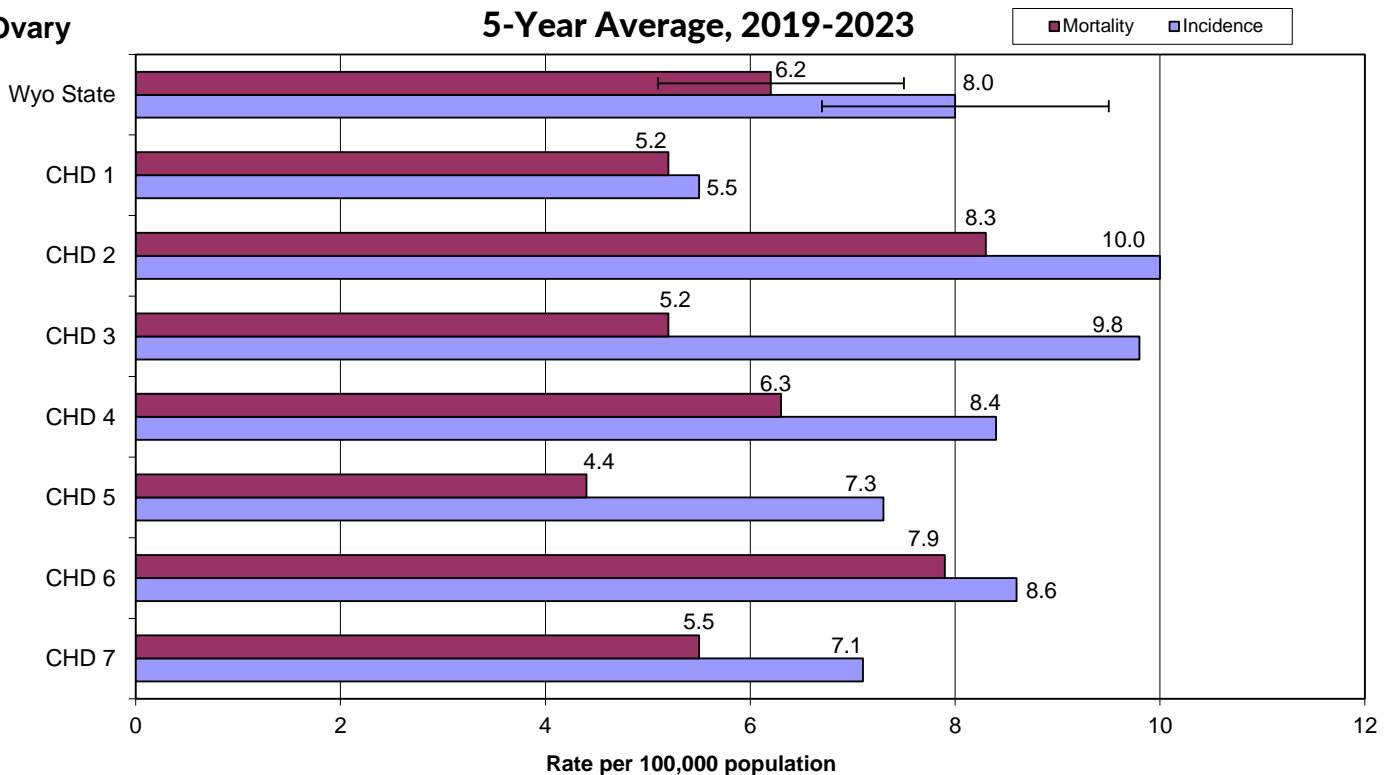


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Ovary

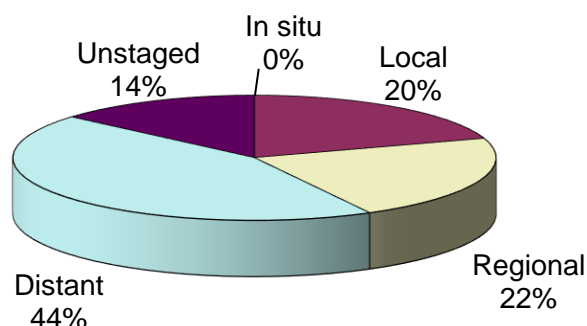


Pancreas

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	53	42	95
WY Incidence	14.4	9.9	12.0
US Incidence	15.2	12.0	13.5
Cancer Deaths	57	42	99
WY Mortality	14.9	10.5	12.6
US Mortality	13.1	9.7	11.3

Stage at Diagnosis



The incidence rates for males, females, and the total population were all lower than the national rate in 2023. The mortality rates for each population were all higher than their corresponding national rate in 2023.

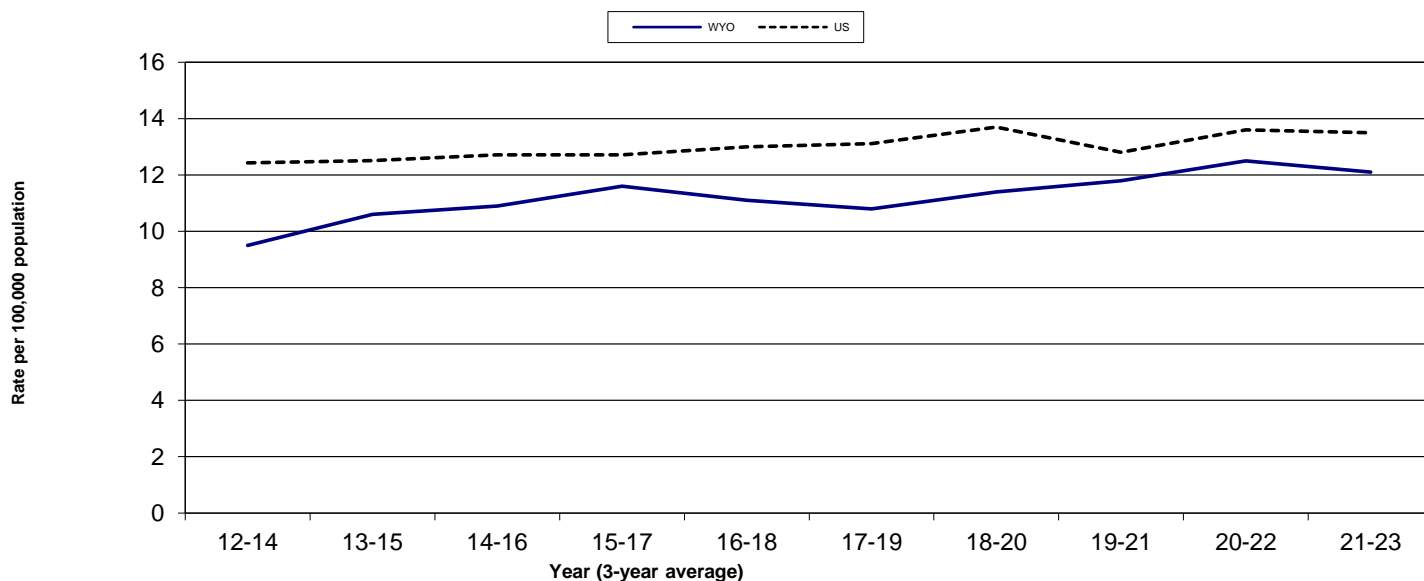
The incidence trend for Wyoming shows a slight decrease between 2020-2022 and 2021-2023, while the national rate remained level during this time.

The percentage of cancers diagnosed as Distant decreased from 2022 (52%) while the percent diagnosed as Local increased slightly from 2022 (18%).

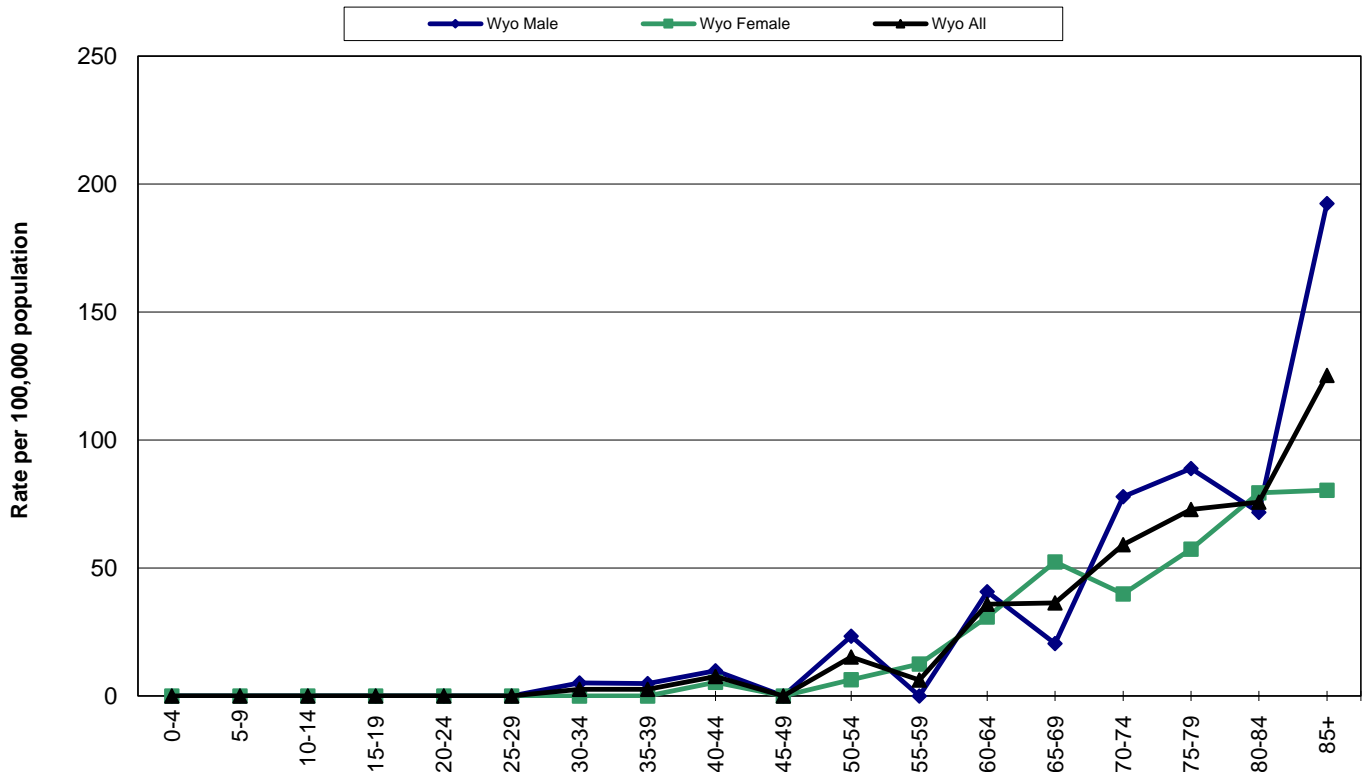
There were five cases diagnosed in Wyoming residents under the age of 50 in 2023.

No statistically significant differences were found between the CHD rates and the state rate for incidence or mortality.

12-Year Incidence Trend

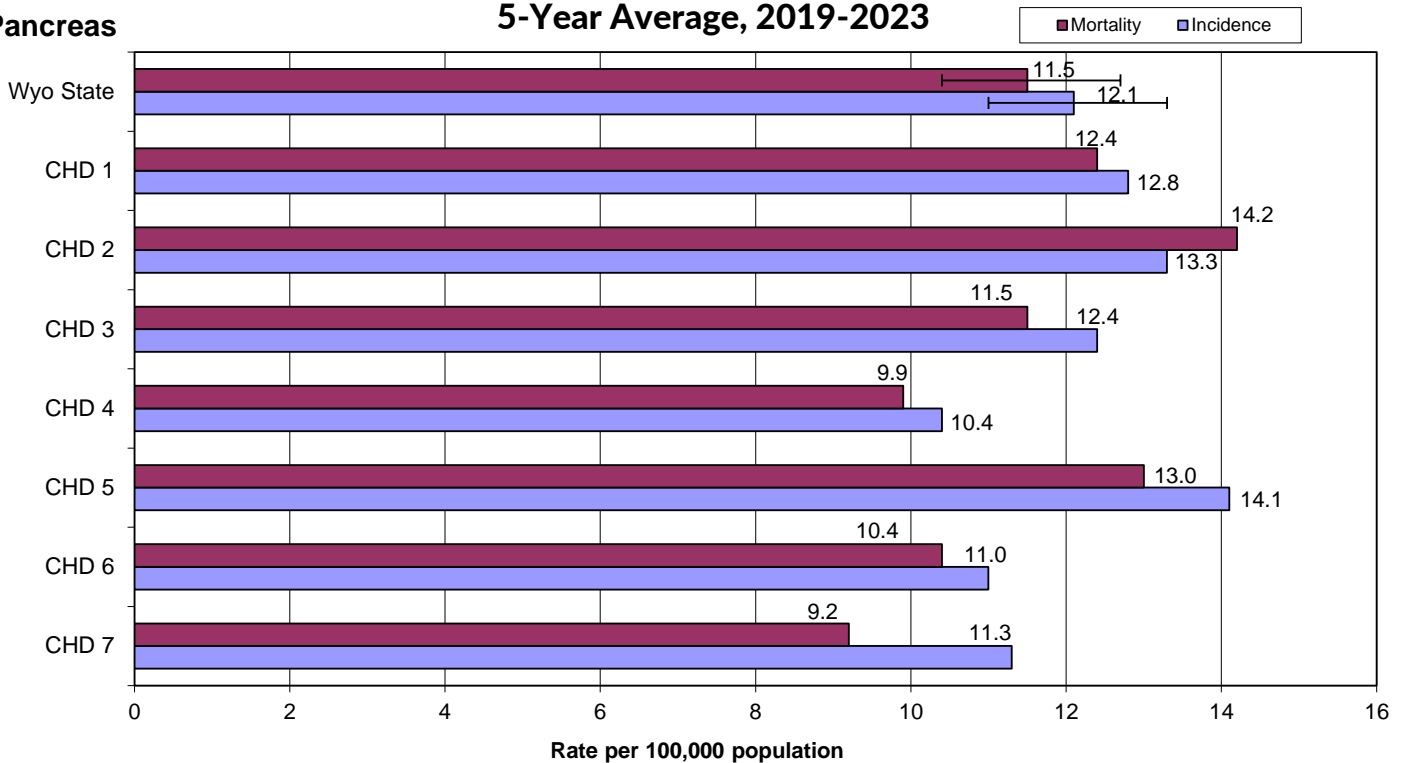


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Pancreas

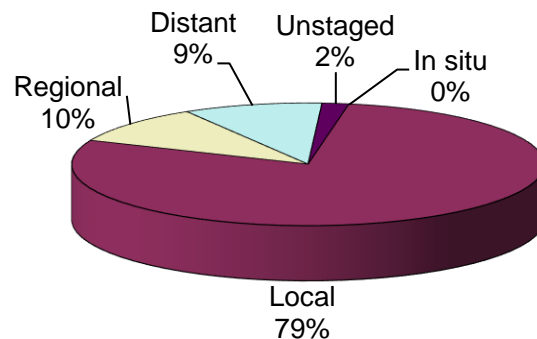


Prostate

Incidence and Mortality Summary

	Male
Invasive Cases	546
WY Incidence	125.8
US Incidence	112.9
Cancer Deaths	73
WY Mortality	19.9
US Mortality	18.1

Stage at Diagnosis



The incidence and mortality rates for prostate cancer in Wyoming males were both higher than the national rates in 2023. Neither difference was statistically significant.

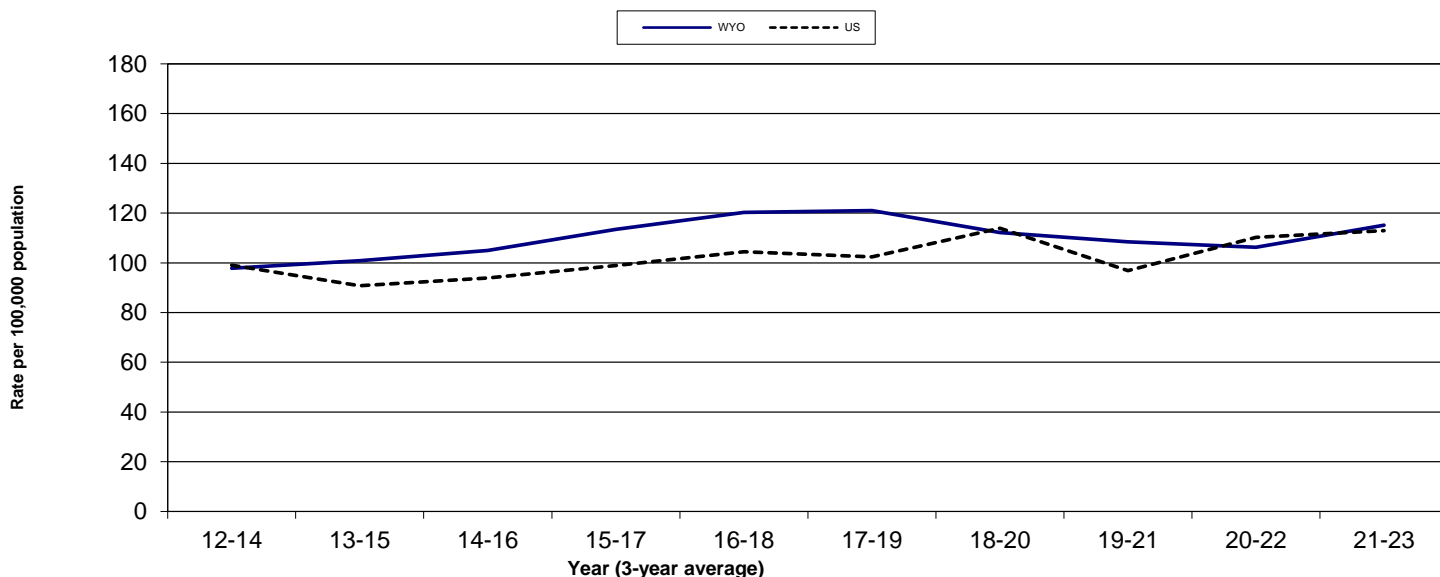
The incidence trends show the Wyoming and national trends both increasing between 2020-2022 and 2021-2023.

The percentage of cases diagnosed at each stage in 2023 was very similar to those in 2022.

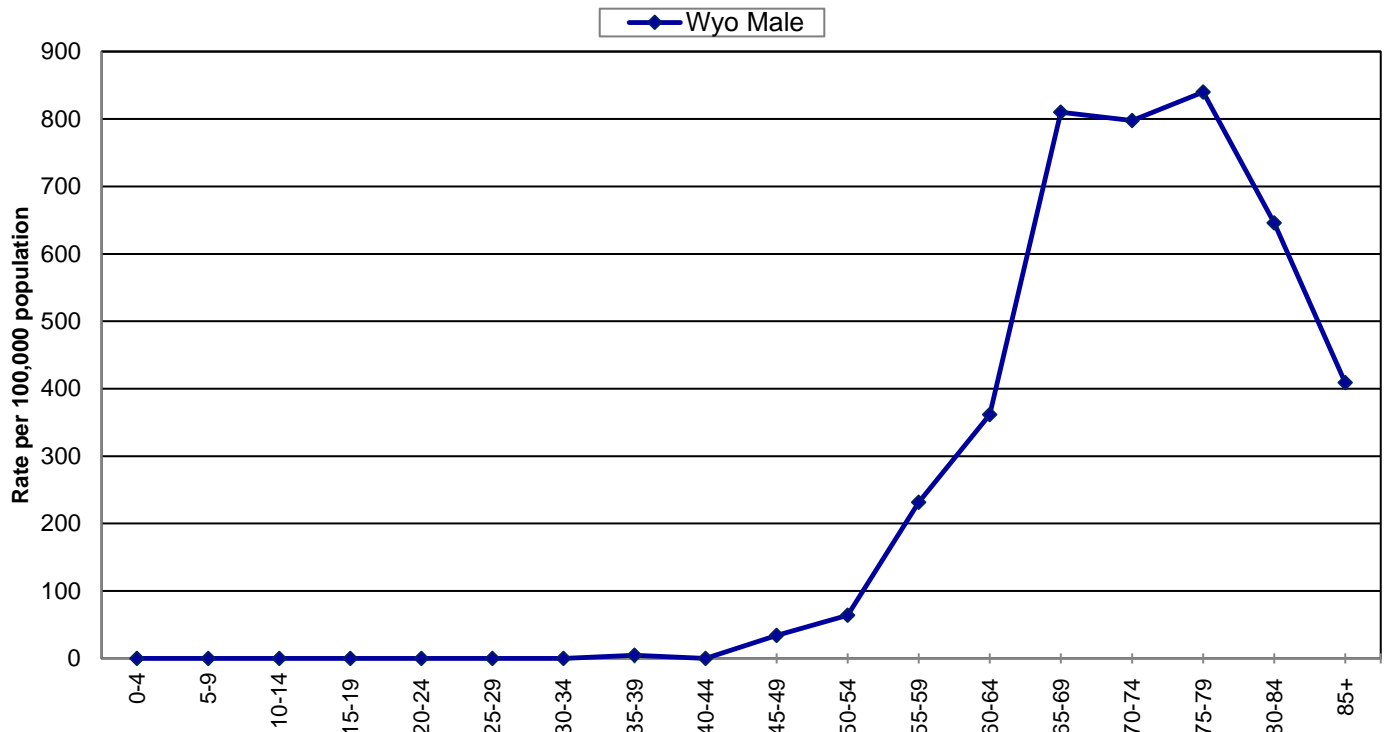
There were seven cases of prostate cancer in Wyoming men under the age of 50 in 2023.

The incidence rate for CHD 1 was significantly higher than the state rate for 2019-2023. No other significant differences were found for incidence or mortality.

12-Year Incidence Trend

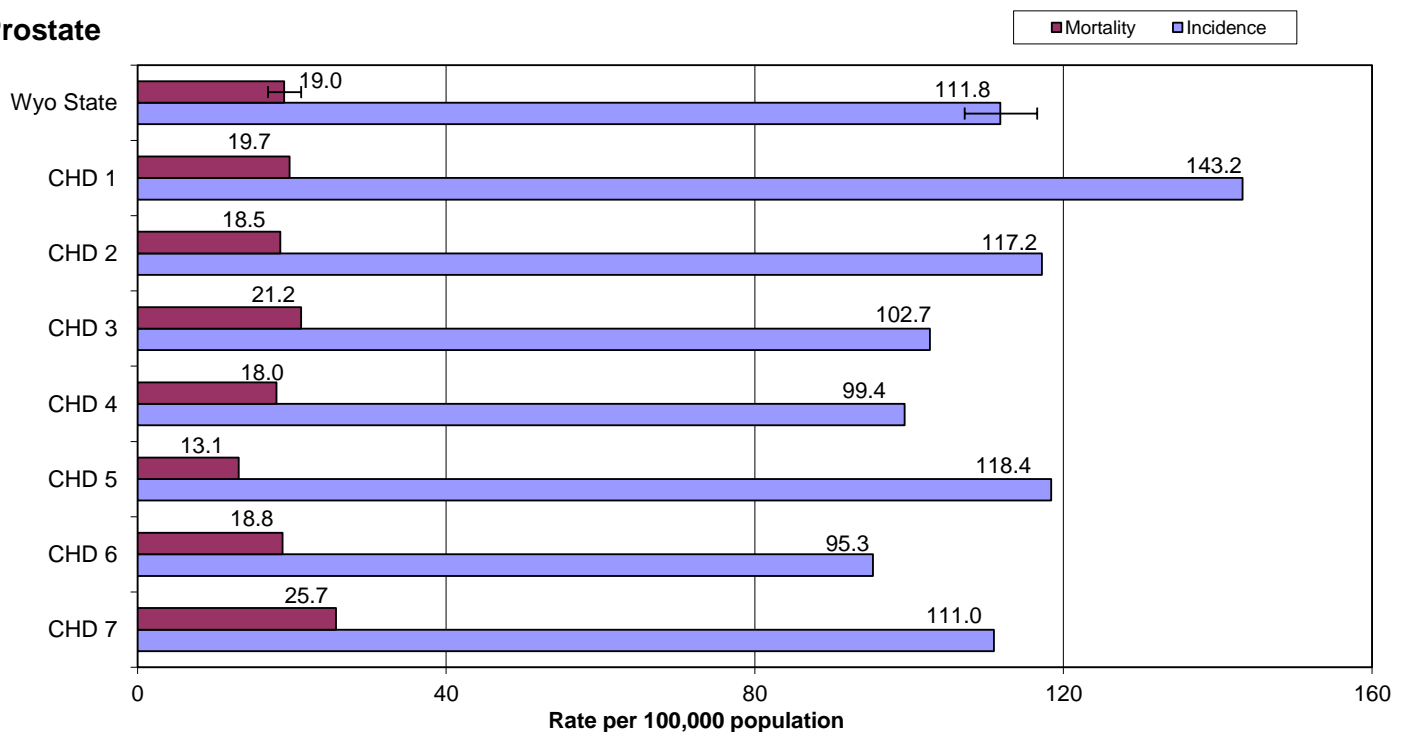


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Prostate

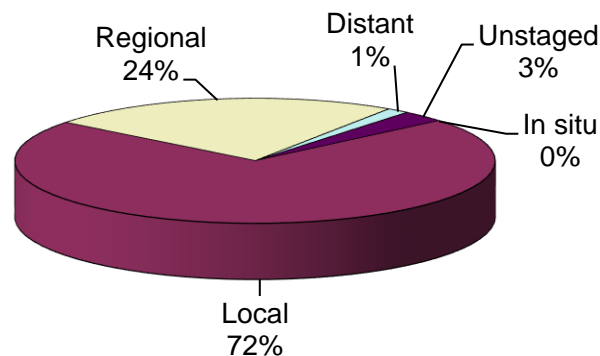


Thyroid

Incidence and Mortality Summary

	Male	Female	Total
Invasive Cases	23	44	67
WY Incidence	6.9	14.5	10.5
US Incidence	7.2	19.6	13.3
Cancer Deaths	2	1	3
WY Mortality	NC	NC	NC
US Mortality	0.6	0.5	0.5

Stage at Diagnosis



The incidence rates for thyroid cancer in Wyoming males, females, and the total population were all lower than the national rates in 2023. The Wyoming mortality rates were not calculated due to small numbers.

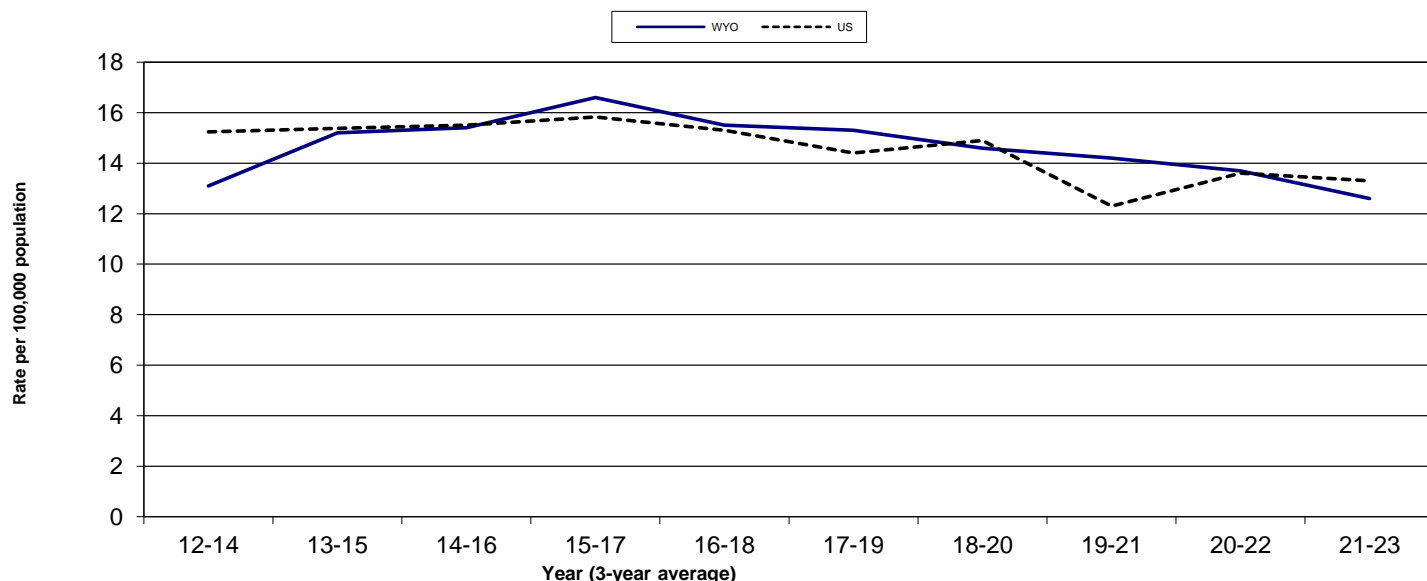
The Wyoming trend continued a decrease that started in 2015-2017, but the national trend remained level between 2020-2022 and 2021-2023.

The percentage diagnosed as Local increased significantly from 2022 (53%), while the percent diagnosed at the Regional stage decreased significantly from 2022 (38%).

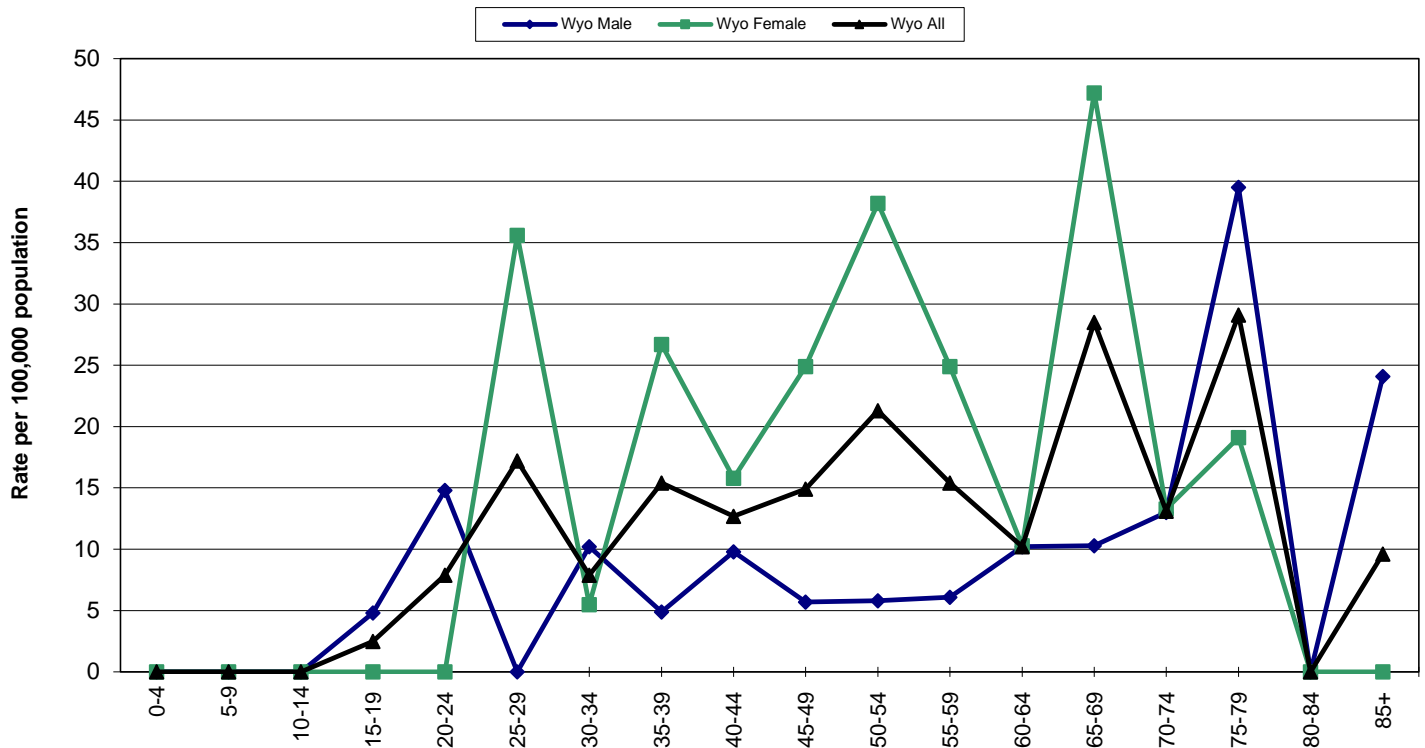
There were ten cases of thyroid cancer diagnosed in Wyoming residents under 30 years of age in 2023.

No statistically significant differences were found between the CHD rates and state rate for incidence.

12-Year Incidence Trend



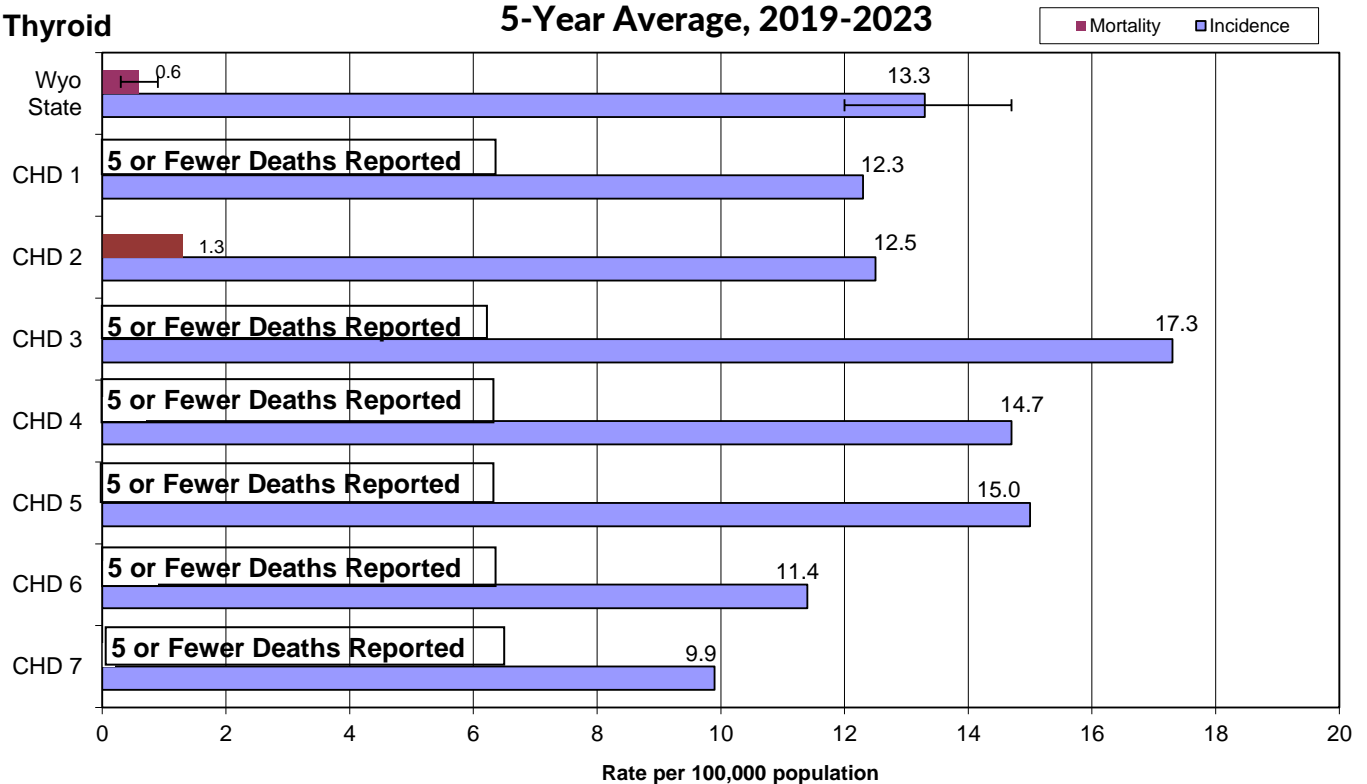
Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality

Thyroid

5-Year Average, 2019-2023

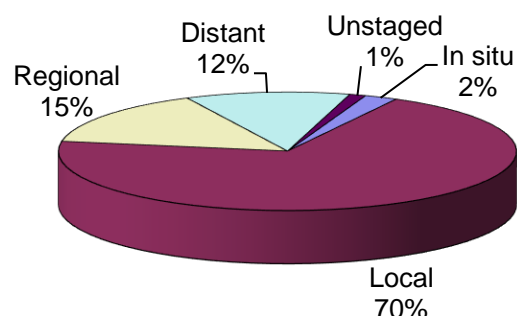


Uterine (Corpus Uteri + Uterus)

Incidence and Mortality Summary

	Female
Invasive Cases	84
WY Incidence	21.9
US Incidence	27.8
Cancer Deaths	21
WY Mortality	5.3
US Mortality	5.0

Stage at Diagnosis



The incidence rate for Wyoming females was lower than the national rate in 2023, while the mortality rate for Wyoming females was slightly higher than the national rate.

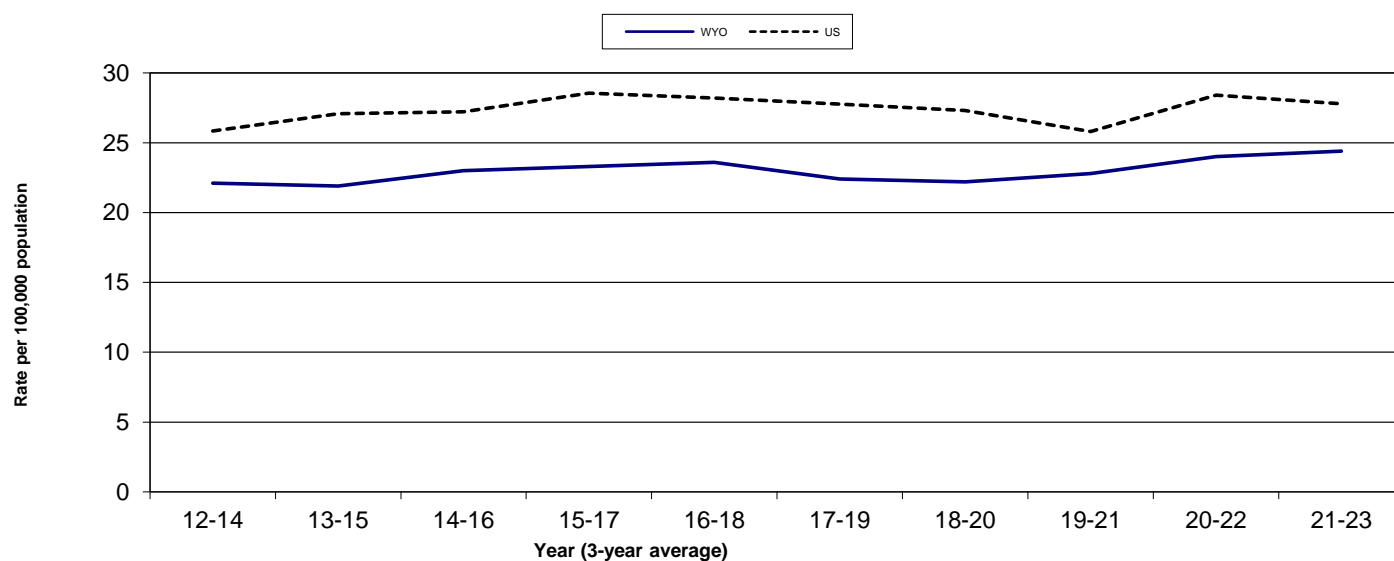
The incidence trend for Wyoming continued an increase that started around 2018-2020, while the national rate decreased slightly between 2020-2022 and 2021-2023.

The percentage of cases diagnosed as Local decreased from 2022 (75%), while cases diagnosed as Regional increased (11%).

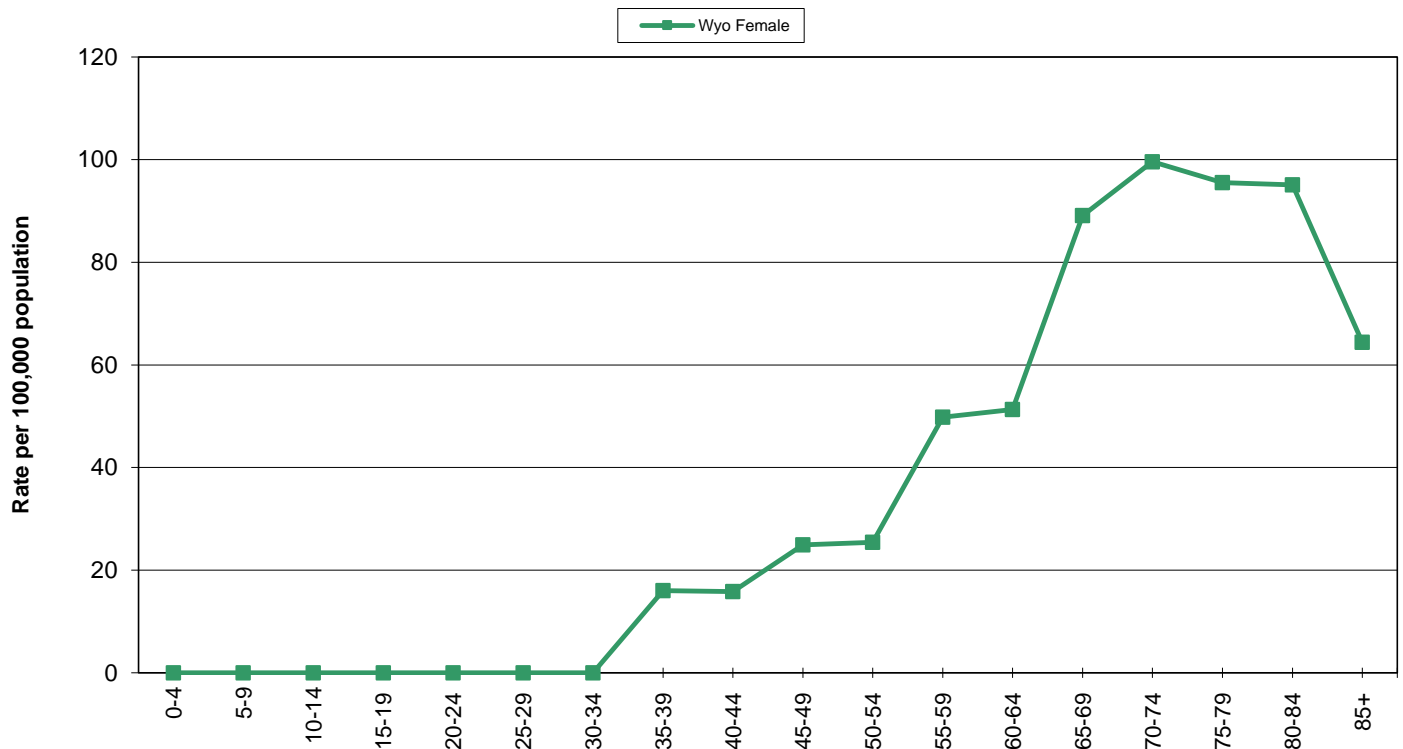
There were three cases diagnosed in Wyoming women under the age of 40 in 2023.

No statistically significant differences were found between the CHD rates and the state rate for incidence or mortality.

12-Year Incidence Trend

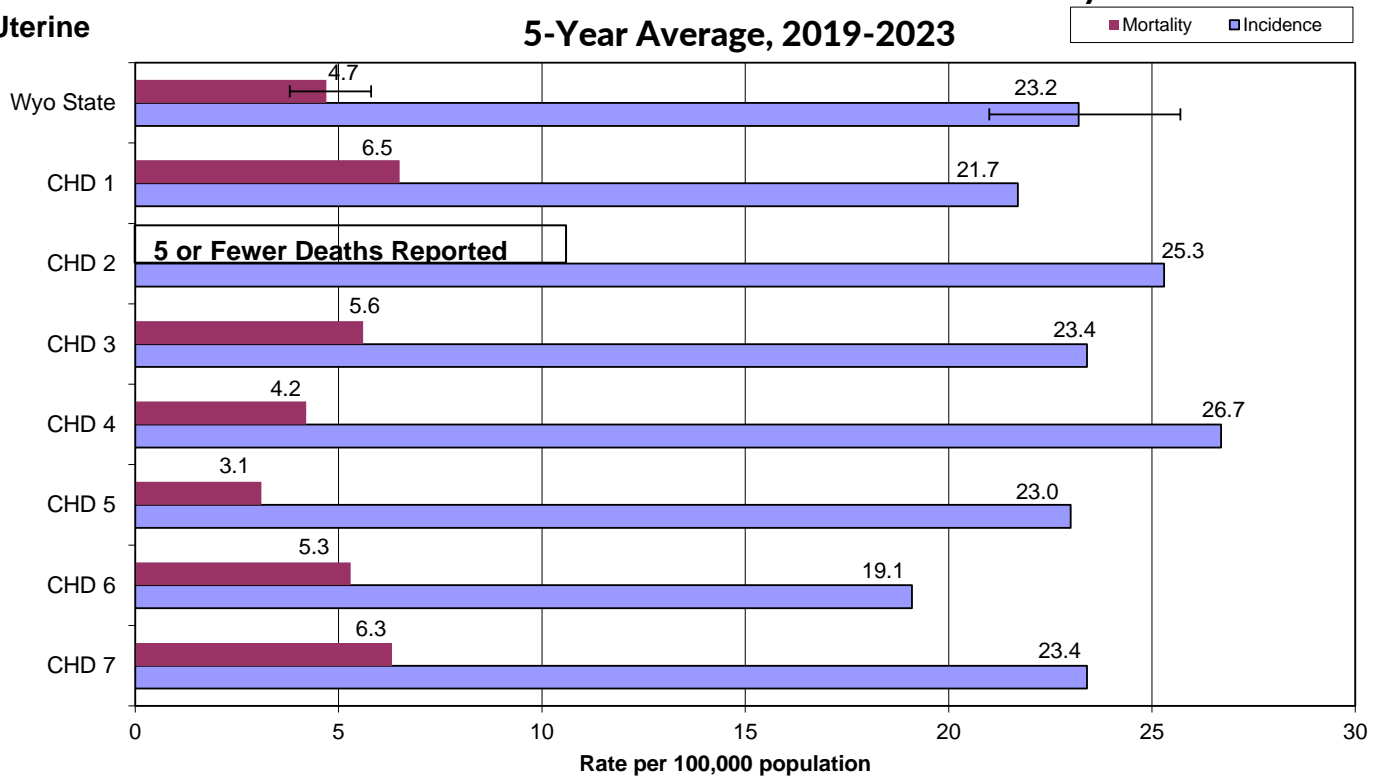


Age-Specific Incidence Rates - 2023



Cancer Health District Incidence and Mortality 5-Year Average, 2019-2023

Uterine



Appendix A

References

Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) version 8.4.0. SEER*Stat Database: Incidence - SEER Research Limited-Field Research Data, 21 Registries, Nov 2024 Sub (2000-2022)-Linked to County Attributes—Time Dependent (1990-2023) Income/Rurality, 1969-2023 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, Cancer Statistics Branch, released April 2025, based on the November 2024 submission.

Wyoming Department of Administration and Information, Economic Analysis Division. Wyoming State and County Population. (<http://eadiv.state.wy.us/eahome.htm>)

Wyoming Vital Statistics Service, Wyoming Department of Health - (http://www.health.wyo.gov/rfhd/vital_records/index.html) (Note: These data were supplied by the Vital Statistics Services, Wyoming Department of Health, Cheyenne, Wyoming. The Wyoming Vital Statistics Services was not involved in any analyses, interpretations, or conclusions).

Age Adjustment

Prior to data year 1999, the Wyoming Cancer Surveillance Program (WCSP) performed age-adjustment of cancer mortality rates using the 1940 standard population and a 10-year age group, or the 1970 standard population using 5-year age groups. Starting with the data year 1999, WCSP began using the Year 2000 standard population with 5-year age groups to calculate cancer mortality and cancer incidence rates.

The decision to use 5-year age groups was made to keep WCSP data calculations comparable to the national cancer reports published through SEER and the National Cancer Institute. The 5-year age group also enables cancer prevention programs to use Wyoming reports (e.g., Vital Records) as printed versus requesting specially calculated rates.

Age-adjusted rates should be used for comparative purposes only and should not be interpreted as the absolute risk of the disease or death. As can be seen in Chart A (below) and Chart B, (following page), the change in standard population affects the magnitude of the age-adjusted rates but not the trends of the rates. In general, the age-adjusted rate is only appropriate to track trends over time or to make comparisons among groups using the same population standard.

Chart A:

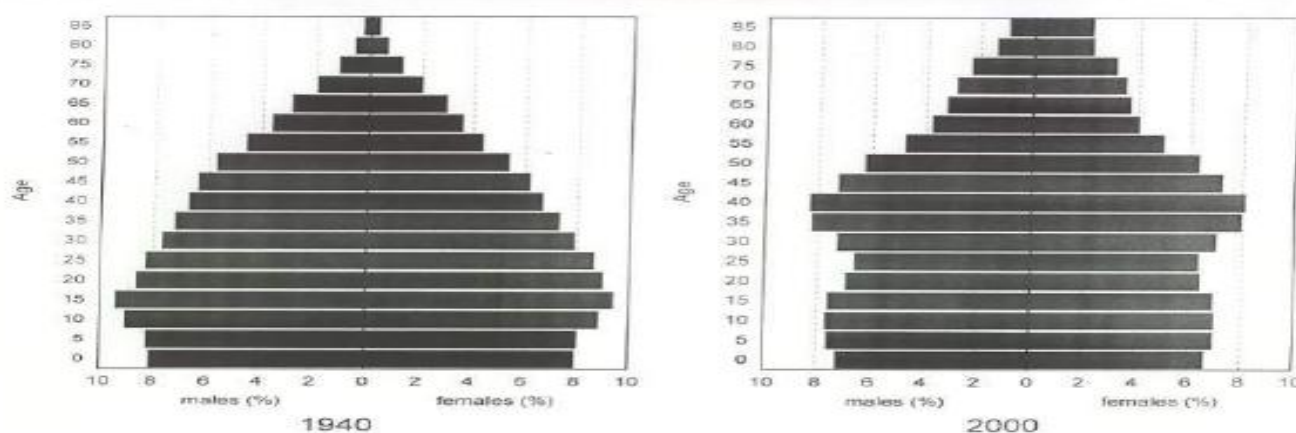


Chart B:

U.S. Age-Adjusted Cancer Mortality, All Sites Combined by Standard Year Populations 1940, 1970, 2000

