Trends in Cancer Incidence in Allegheny County, Pa.

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PROVIDE information on the size and I nature of the cancer problem, the National Cancer Institute of the Public Health Service, with the cooperation of State and county medical societies, surveyed the extent of cancer illness in 10 metropolitan areas of the United States in 1937 and resurveyed those areas in 1947-48. Although the institute will not resurvey all 10 areas until after an interval of 20 years (about 1967-68), it selected Allegheny County (Pittsburgh), Pa., for a third study on the incidence of cancer covering the years 1957-58. Thus, there was an opportunity to observe changes in the incidence of cancer that may have occurred over the intervening decade. The initial findings are presented here. More extensive analyses will be published later.

Material and Methods

Data were collected from records of the Allegheny County Cancer Registry, the Pennsylvania State Office of Vital Statistics, and a special survey conducted by the National Cancer Institute in cooperation with the registry, the Allegheny County Medical Society, and the department of biostatistics at the University of Pittsburgh Graduate School of Public Health.

The Allegheny County Cancer Registry re-

Dr. Chiazze is a biostatistician in the Biometry Branch of the National Cancer Institute, Public Health Service. Arthur LeGasse, in the department of biostatistics of the University of Pittsburgh Graduate School of Public Health, assisted in processing the data for this study. ceives reports of cancer patients from 37 hospital record rooms or tumor clinics as well as from supplementary sources. The hospital sources represent all hospitals in Allegheny County. To insure complete enumeration of cancer patients, a special study was undertaken within the framework of the registry with the morbidity survey techniques developed by the National Cancer Institute (1). Sources of medical records not reporting routinely to the registry were canvassed. These included all physicians in the county as well as departments that maintain their own record systems within the reporting hospitals. Mortality records of the State office of vital statistics were searched for information concerning deaths from cancer as a partial check on completeness of the data. It is likely that the study technique has resulted in obtaining information for nearly all cases of cancer first diagnosed among residents of Allegheny County in 1957 and 1958.

A total of 10,460 new cases of cancer were recorded for the 2 years. The number of case reports obtained from hospitals and other sources is shown in table 1. Eighteen percent of the cases were recorded from sources other than hospitals, and medical certification of cancer as the cause of death was the only source of information on the first diagnosis of cancer in 10 percent of the cases for the 2-year period. A subsequent discussion on trends includes the latter group, which are referred to as "death certificate only" cases.

Table 2 gives the number and percentage of cases with definite microscopic confirmation of

cancer. Eighty-seven percent of the cases diagnosed among Allegheny County residents in 1957 and 1958 were microscopically confirmed, excluding leukemias, lymphomas, and death-certificate-only cases. This percentage is considerably higher than the 71 percent reported with a microscopically confirmed diagnosis in the Allegheny County portion of the 10-city survey in 1947. Some variation by cancer site oc-

curred in the percentage of cases with microscopic confirmation. For example, 79.5 percent of the records for patients with diagnosed respiratory cancer in 1957-58 indicated a microscopic confirmation compared with 94.2 percent for women patients with cancer of the genital organs. The percentage of cases confirmed for each of the site groups has increased substantially since 1947 (table 2).

Table 1. Number of cases of cancer first diagnosed among residents of Allegheny County,
Pa., by primary site and source of report, 1957-58

Primary site	International List No. (6th revision)	Total	Hospital	Physician	Death certificate	Other
All sites		10, 460	8, 601	601	1, 052	206
Buccal cavity and pharynx Digestive system Respiratory system Breast Female genital organs Male genital organs Urinary organs Skin Brain and nervous system Endocrine glands Bone Soft tissue Leukemias Lymphomas Other sites	160-164 170 171-176 177-179 180-181 190-191 193	342 2, 802 978 1, 182 1, 032 618 573 1, 092 167 101 44 74 265 391 799	305 2, 214 868 1, 029 906 501 519 868 135 90 35 67 206 334 524	9 119 48 51 36 31 14 190 10 5 4 5 26 28 25	25 413 36 82 74 75 36 10 19 5 5 1 30 26 215	3 56 26 20 16 11 14 24 3 1 0 1 3 3 3

Table 2. Number of cases of cancer first diagnosed among residents of Allegheny County, Pa., by primary site, with number and percent microscopically confirmed, 1947 and 1957-58

Primary site	International List No.	Total cases 1	Confi	irmed	Total cases 1	Confirmed		
	(6th revision)	1947	Number	Percent	1957–58	Number	Percent	
All sitesAll sites excluding skin		3, 474 2, 979	2, 455 2, 055	70. 7 69. 0	8, 808 7, 726	7, 675 6, 635	87. 1 85. 9	
Buccal cavity and pharynx Digestive system Respiratory system Breast Female genital organs Male genital organs Urinary organs Skin Brain and nervous system Endocrine glands Bone Soft tissue Other sites	150-159 160-164 170 171-176 177-179 180-181 190-191 193 194-195	150 1, 018 265 394 470 178 194 495 56 40 31 21	119 621 153 339 390 100 143 400 37 29 18 19	79. 3 61. 0 57. 7 86. 0 83. 0 56. 1 73. 7 80. 8 66. 1 72. 5 58. 1 90. 5	317 2, 389 942 1, 100 958 543 537 1, 082 148 96 39 73 584	292 1, 957 749 1, 023 903 447 494 1, 040 135 91 32 71 441	92. 1 81. 9 79. 5 93. 0 94. 2 82. 3 92. 0 96. 1 91. 2 94. 8 82. 1 97. 3 75. 5	

¹ Excludes leukemias, lymphomas, and death-certificate-only cases.

The conventional method of combining data on clinically diagnosed cases of cancer with data on microscopically confirmed cases has been followed. It seems likely that if cases with only a clinical diagnosis were excluded, the incidence would be underestimated to a much greater degree than overestimated by including them. There is some indirect evidence that these cases should be included. Zimmerer and Chiazze (2) and Axtell and associates (3) have found that survival rates for cases with only a clinical diagnosis are considerably lower than for microscopically confirmed cases. This suggests that the group of patients with clinical diagnoses only includes cancer patients for whom biopsy was considered medically inadvisable or unnecessary for the purpose of establishing a diagnosis.

Trends in Cancer Incidence

Age-adjusted cancer incidence rates among men and women in Allegheny County for 1947 and 1957-58 are shown in tables 3 and 4. Population estimates by sex and age were obtained by linear interpolation between appropriate census frequencies. Rates have been adjusted by the direct method to the age distribution for men and women in the 1950 U.S. population to account for changes in the age distribution of the population of Allegheny County from 1947 to 1957-58. Tables 3 and 4 also include rates for upstate New York for a comparable timespan (4). The New York State rates for men and women have been adjusted to the same standards as the Allegheny County rates so that spatial comparisons are possible.

The age-adjusted incidence rate for all forms

Table 3. Age-adjusted cancer-incidence rates per 100,000 men, by primary site, Allegheny County, Pa., 1947 and 1957–58, and New York State (excluding New York City), 1949–51 and 1958–60

Primary site	International List No. (7th revision)		Alle	gheny (New York State				
		Number of patients		Age-adjusted rate			Age-adjusted rate		
		1947	1957–58	1947	1957–58	Percent change	1949–51	1958–60	Percent change
All sites		2, 107	5, 313	285. 5	313. 9	+9.9	232. 9	261. 3	+12. 2
Buccal cavity and pharynx	150-159 150 151 153 154 160-164 161 162 170 177-179 177 180-181 180 181. 0 190-191 192 193 194-195 196 197 204	123 746 48 225 202 149 265 59 191 3 220 195 151 30 118 286 (¹) 46 15 24 9 44 77 20	267 1, 542 133 354 459 308 874 140 711 , 15 618 544 384 80 304 624 9 88 27 27 27 36 160 234 57	16. 6 103. 7 6. 7 31. 5 27. 6 20. 6 34. 7 7. 9 24. 9 28. 5 20. 9 4. 1 16. 3 36. 2 (1) 6. 8 3. 3 1. 1 6. 3 9. 4	15. 7 90. 3 7. 7 20. 6 26. 9 18. 0 51. 4 8. 2 41. 8 36. 4 31. 7 22. 6 4. 7 17. 9 36. 9 5. 4 1. 6 2. 2 9. 5 14. 2	$\begin{array}{c} -5.4 \\ -12.9 \\ +14.9 \\ -34.6 \\ -2.5 \\ -12.6 \\ +48.1 \\ +3.8 \\ +67.9 \\ +125.0 \\ +14.1 \\ +11.2 \\ +8.1 \\ +11.9 \\ -11.1 \\ -51.5 \\ +100.0 \\ +50.8 \\ +44.9 \\ +44.9 \end{array}$	14. 1 75. 1 5. 1 21. 1 19. 6 30. 7 4. 5 24. 3 28. 4 24. 9 16. 2 4. 1 11. 9 33. 3 1. 2 7. 7 8. 8 2. 8	12. 7 74. 8 4. 7 15. 9 22. 7 15. 0 38. 5 28. 0 24. 9 20. 6 5. 4 14. 8 4. 7 1. 5 9. 4 13. 2	-9. 9 4 -7. 8 -24. 6 +15. 2 -1. 9 +49. 8 +11. 1 +58. 4 -1. 4 -1. 4 -1. 4 -1. 4 -1. 5. 2 +25. 5 -1. 30. 6 +33. 3 -7. 7 +25. 0 +19. 5 +29. 5 +14. 3

¹ Not available.

of cancer among men in Allegheny County has increased 10 percent from 286 to 314 per 100,000, and this increase is comparable with the increase in incidence rate for cancer in men in New York State. Among Allegheny County women, however, the incidence rate for all forms of cancer has decreased from 302 to 288 per 100,000. Rates for New York State women, on the other hand, increased slightly.

Available data for the State of Connecticut indicate that age-adjusted rates of cancer incidence have increased about 27 percent for men and 17 percent for women from 1949–51 to 1961 (5,6). These increases are somewhat greater than those for either Allegheny County or upstate New York.

Some variation occurred in the changes that

took place in incidence rates for specific cancer sites although the changes in either direction were minor for most sites. The most substantial changes in incidence rates from 1947 to 1957-58 among men in Allegheny County were the decrease in cancers of the digestive system (attributable primarily to the drop in incidence of stomach cancer from 32 to 21 per 100,000) and the increase in the incidence of lung cancer (25 to 42 per 100,000). Among women, important decreases occurred during the decade in the incidence rates for cancers of the digestive system, again reflecting mainly the drop in the incidence of stomach cancer (19 to 12 per 100,000), in cancers of the uterine cervix (31 to 20 per 100,000), and in cancers of the corpus and other uterus (24 to 22 per 100,000).

Table 4. Age-adjusted cancer-incidence rates per 100,000 women, by primary site, Allegheny County, Pa., 1947 and 1957–58, and New York State (excluding New York City), 1949–51 and 1958–60

Primary site			Alle	gheny (New York State				
	International List No. (7th revision)	Number of patients		Age-adjusted rate			Age-adjusted rate		
		1947	1957–58	1947	1957–58	Percent change	1949–51	1958–60	Percent change
All sites		2, 270	5, 147	301. 8	288. 3	-4.5	238. 6	244. 7	+2.6
Buccal cavity and pharynx Digestive system Esophagus Stomach Large intestine Rectum Respiratory system Larynx Lung and bronchus Breast Genital organs Cervix Corpus and other uterus Ovary Urinary organs Kidney Bladder Skin Eye Brain and nervous system Endocrine glands Bone Soft tissue Leukemias Lymphomas Hodgkin's disease	150-159 150 151 153 154 160-164 161 162 170 171-176 171-174 172-174 175 180-181 180 181, 0 190-191 192 193 194-195 196 204 200-203, 205	42 597 13 131 221 107 56 6 42 460 522 238 179 79 82 15 65 216 (¹) 30 29 16 12 37 54	75 1, 260 24 214 525 243 104 9 88 1, 167 1, 032 199 189 53 133 468 10 79 74 17 38 105 157	5. 2 82. 7 1. 8 18. 5 30. 6 14. 4 7. 8 5. 6 61. 6 68. 7 24. 0 10. 3 11. 3 1. 9 0 27. 7 (1) 3. 4 3. 6 2. 0 1. 3 4. 9 7. 2	4. 2 69. 3 11. 7 28. 9 13. 4 5. 8 65. 6 58. 0 20. 4 21. 9 11. 3 10. 4 3. 0 7. 3 26. 3 . 6 4. 7 4. 7 9 2. 2 5. 9 9. 0 9. 0 9. 0 9. 0 9. 0 9. 0 9. 0 9	$\begin{array}{c} -19.2 \\ -16.2 \\ -27.8 \\ -36.8 \\ -5.6 \\ -6.9 \\ -21.5 \\ -12.5 \\ -12.5 \\ -134.2 \\ -8.8 \\ +9.7 \\ -8.9 \\ -5.1 \\ \end{array}$ $\begin{array}{c} -34.2 \\ -8.8 \\ +9.7 \\ -8.9 \\ -5.1 \\ \end{array}$ $\begin{array}{c} +38.2 \\ +0.5 \\ -13.0 \\ +14.0 \\ -13.0 \\$	3. 6 59. 8 1. 2 11. 0 23. 6 11. 1 4. 8 3. 3 55. 0 56. 1 25. 2 17. 6 10. 8 6. 9 2. 5 4. 2 23. 4 5. 5 6. 1 5. 5 6. 5 2. 1	3. 3 57. 3 1. 1 8. 4 23. 8 10. 4 6. 6 55. 6 25. 8 15. 9 11. 5 7. 6 29. 2 3. 5 3. 5 7. 6 29. 2 29. 2 20. 2 20. 3 20. 4 20. 8 20.	$\begin{array}{c} -8.3 \\ -4.3 \\ -8.3 \\ -23.6 \\ +8.3 \\ -6.3 \\ +37.5 \\ +66.7 \\ +45.5 \\ +10.0 \\ +2.4 \\ -9.7 \\ +6.5 \\ +10.1 \\ +24.8 \\ +24.8 \\ -30.0 \\ +7.1 \\ +9.1 \\ +26.2 \\ +45.8 \\ -30.0 \\ +7.1 \\ +26.2 \\ +45.8 \\ -30.0 \\ +7.1 \\ +26.2 \\ +45.8 \\ -30.0 \\ +7.1 \\ +26.2 \\ +45.8 \\ -30.0 \\ -30.$

¹ Not available.

Among the other numerically important sites showing increases in the incidence rate for cancer among women, cancer of the breast showed the largest increase.

Cancers of the digestive system continued to account for a major proportion of all cancers in Allegheny County despite the drop in incidence rates from 1947 to 1957-58. This decline is greater than that observed for New York State but is generally consistent with the reduction in mortality from cancers of the digestive organs that has been observed in the total United States (7).

Examination of the age-specific rates for stomach cancer indicates that the incidence rate decreased from 1947 to 1957-58 for each age group. These results are consistent with the decline in incidence of stomach cancer in New York State as well as the reduction in mortality in the total United States. To interpret the decline in risk for any specific organ within the digestive system, one should consider whether such a decline may be the result of changes in diagnostic criteria. Although the magnitude of the change for a single site may be affected by misclassification, it is unlikely that the rate for the total digestive system would be affected. Therefore, the total decrease in the Alleghenv County rate for digestive cancer is undoubtedly real.

The decline in incidence rate for cancer of the genital organs among women in Allegheny County is of the same order of magnitude as that for cancers of the digestive organs—about 16 percent. This decrease is due primarily to the reduction in invasive cancer of the uterine cervix, which in 1957–58 accounted for 35 percent of the cancers in the female genital organs as compared with 46 percent in 1947.

Although the data for New York State show an increase in the incidence of cervical cancer, an unspecified number of carcinomas in situ are included. Carcinomas in situ have been omitted from the Allegheny County data in order to maintain comparability over time. The later time period for the New York State data includes relatively more in situ cases than the earlier period, and rates for invasive carcinoma of the cervix have also declined in New York State (8).

The major increase in incidence of cancer

among men in Allegheny County was that in cancer of the lung. The rate increased nearly 68 percent (25 per 100,000 in 1947 to 42 per 100,000 in 1957–58). This increase was not restricted to any particular age group but reflected the increase in age-specific rates from 1947 to 1957–58 for each successive 5-year age group beginning with age 45.

A substantial increase in the mortality from respiratory cancer in the United States has been noted for some time (7). The evidence suggests that such an increase in risk is a true one although some part of the rise may not be real because of misclassification of tumors. Fifty-eight percent of all respiratory tumors among residents of Allegheny County enumerated in the 1947 survey were microscopically confirmed compared with 80 percent in 1957–58. Although some room for error exists in assignments of cancer to the respiratory system, the evidence seems to indicate that a real and substantial rise in the rate for respiratory cancer among men has taken place.

The increase in the rate for breast cancer among women in Allegheny County is somewhat greater than that observed in New York State. It appears to be greater than that expected on the basis of trends in U.S. mortality, although somewhat smaller than that which may have taken place in Connecticut (5, 6). The data on incidence of breast cancer in Allegheny County may be considered reliable for both time periods, since 86 percent of all breast cancer cases were microscopically confirmed in the 1947 survey and 93 percent were similarly confirmed in the present study.

Excluding the possibility of misclassification, the reasons for the increase in incidence are unclear. Examination of the age-specific rates discloses that all increases occurred among women under 60 years old, with one exception. Rates generally declined from 1947 to 1957–58 at ages over 60 years. This may suggest significant changes in factors such as size of family, breast feeding practices, or other factors that may have a bearing on the incidence of breast cancer (9). Observations on these factors are not available but may provide the basis for further study.

Although changes in incidence rates for most of the remaining sites are relatively minor among both men and women in Allegheny County and generally consistent with changes occurring in New York State, a few exceptions are worth noting. The incidence rate for cancer of the prostate in Allegheny County has increased 11 percent (29 to 32 per 100,000 population). In New York State, on the other hand, the incidence of cancer of the prostate remained unchanged from 1949-51 to 1958-60. The 11 percent increase in Allegheny County is only suggestive at this time, and it remains to be determined whether this increase is a true reflection of greater incidence rather than changes in diagnostic practices.

Among women, the incidence rate for cancer of the lung and bronchus slightly declined between 1947 and 1957-58. Actually, the incidence of lung cancer in women in the 1957-58 period was not much different from that in 1937, when the first 10-city morbidity survey was made (10). Unlike the data for other areas, there is no evidence that the data provide any indication of a rise in the incidence of lung cancer among women in Allegheny County.

Summary

Relatively few striking changes were observed in the cancer-incidence rates for specific primary sites among either men or women in Allegheny County, Pa., from 1947 to 1957–58. The following changes are of particular interest:

A decline in the incidence rates for cancer of the stomach among both men (32 to 21 per 100,000) and women (19 to 12 per 100,000).

A decline in the incidence rates for cancer of the uterine cervix (31 to 20 per 100,000) and for cancer of the corpus and other uterus (24 to 22 per 100,000).

An increase in the incidence rate (25 to 42 per 100,000) for lung cancer among men.

An increase in the incidence rate (62 to 66 per 100,000) for breast cancer among women.

Shifts observed in the incidence of cancer in Allegheny County are generally consistent with those reported for New York State, both in magnitude and direction. Relatively little change occurred in incidence except for the sites mentioned. There are some encouraging aspects, particularly the decline in stomach cancer

for both men and women and the drop in the incidence rates for uterine cancer. However, the total decrease in incidence of cancer among women for all sites combined was relatively small. The incidence of lung cancer among men would appear to be a problem of increasing magnitude. The search for factors associated with site-specific changes in the incidence of cancer will continue to provide direction for further study.

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