



Statistics

1- Cancer Statistics, 2021

By:

[Siegel, RL](#) (Siegel, Rebecca L.) [\[1\]](#); [Miller, KD](#) (Miller, Kimberly D.) [\[1\]](#); [Fuchs, HE](#) (Fuchs, Hannah E.) [\[1\]](#); [Jemal, A](#) (Jemal, Ahmedin) [\[1\]](#)

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Abstract

Each year, the American Cancer Society estimates the numbers of new cancer cases and deaths in the United States and compiles the most recent data on population-based cancer occurrence. Incidence data (through 2017) were collected by the Surveillance, Epidemiology, and End Results Program; the National Program of Cancer Registries; and the North American Association of Central Cancer Registries. Mortality data (through 2018) were collected by the National Center for Health Statistics. In 2021, 1,898,160 new cancer cases and 608,570 cancer deaths are projected to occur in the United States. After increasing for most of the 20th century, the cancer death rate has fallen continuously from its peak in 1991 through 2018, for a total decline of 31%, because of reductions in smoking and improvements in early detection and treatment. This translates to 3.2 million fewer cancer deaths than would have occurred if peak rates had persisted. Long-term declines in mortality for the 4 leading cancers have halted for prostate cancer and slowed for breast and colorectal cancers, but accelerated for lung cancer, which accounted for almost one-half of the total mortality decline from 2014 to 2018. The pace of the annual decline in lung cancer mortality doubled from 3.1% during 2009 through 2013 to 5.5% during 2014 through 2018 in men, from 1.8% to 4.4% in women, and from 2.4% to 5% overall. This trend coincides with steady declines in incidence (2.2%-2.3%) but rapid gains in survival specifically for nonsmall cell lung cancer (NSCLC). For



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example, NSCLC 2-year relative survival increased from 34% for persons diagnosed during 2009 through 2010 to 42% during 2015 through 2016, including absolute increases of 5% to 6% for every stage of diagnosis; survival for small cell lung cancer remained at 14% to 15%. Improved treatment accelerated progress against lung cancer and drove a record drop in overall cancer mortality, despite slowing momentum for other common cancers.

Keywords

Author Keywords

[cancer cases](#)[cancer statistics](#)[death rates](#)[incidence](#)[mortality](#)

Keywords Plus

[LONG-TERM TRENDS](#)[UNITED-STATES](#)[HEPATITIS-C](#)[VACCINATION COVERAGE](#)[ENDOMETRIAL CANCER](#)[RISK-FACTORS](#)[YOUNG-WOMEN](#)[MORTALITY](#)[SMOKING](#)[ADOLESCENTS](#)



Statistics

2- Cancer statistics for adolescents and young adults, 2020

By:

[Miller, KD](#) (Miller, Kimberly D.) [1]; [Fidler-Benaoudia, M](#) (Fidler-Benaoudia, Miranda) [2]; [Keegan, TH](#) (Keegan, Theresa H.) [3]; [Hipp, HS](#) (Hipp, Heather S.) [4]; [Jemal, A](#) (Jemal, Ahmedin) [1]; [Siegel, RL](#) (Siegel, Rebecca L.) [1]

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Abstract

Cancer statistics for adolescents and young adults (AYAs) (aged 15-39 years) are often presented in aggregate, masking important heterogeneity. The authors analyzed population-based cancer incidence and mortality for AYAs in the United States by age group (ages 15-19, 20-29, and 30-39 years), sex, and race/ethnicity. In 2020, there will be approximately 89,500 new cancer cases and 9270 cancer deaths in AYAs. Overall cancer incidence increased in all AYA age groups during the most recent decade (2007-2016), largely driven by thyroid cancer, which rose by approximately 3% annually among those aged 20 to 39 years and 4% among those aged 15 to 19 years. Incidence also increased in most age groups for several cancers linked to obesity, including kidney (3% annually across all age groups), uterine corpus (3% in the group aged 20-39 years), and colorectum (0.9%-1.5% in the group aged 20-39 years). Rates declined dramatically for melanoma in the group aged 15 to 29 years (4%-6% annually) but remained stable among those aged 30 to 39 years. Overall cancer mortality declined during 2008 through 2017 by 1% annually across age and sex groups, except for women aged 30 to 39 years, among whom rates were stable because of a flattening of declines in female breast cancer. Rates increased for cancers of the colorectum and uterine corpus in the group aged 30 to 39 years, mirroring incidence trends. Five-year relative survival in



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AYAs is similar across age groups for all cancers combined (range, 83%-86%) but varies widely for some cancers, such as acute lymphocytic leukemia (74% in the group aged 15-19 years vs 51% in the group aged 30-39 years) and brain tumors (77% vs 66%), reflecting differences in histologic subtype distribution and treatment. Progress in reducing cancer morbidity and mortality among AYAs could be addressed through more equitable access to health care, increasing clinical trial enrollment, expanding research, and greater alertness among clinicians and patients for early symptoms and signs of cancer. Further progress could be accelerated with increased disaggregation by age in research on surveillance, etiology, basic biology, and survivorship.

Keywords

Author Keywords

[adolescent cancer](#)[childhood cancer](#)[epidemiology](#)[pediatric cancer](#)

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Statistics

3- Cancer statistics for the year 2020: An overview

By:

[Ferlay, J](#) (Ferlay, Jacques) [1]; [Colombet, M](#) (Colombet, Murielle) [1]; [Soerjomataram, I](#) (Soerjomataram, Isabelle) [1]; [Parkin, DM](#) (Parkin, Donald M.) [2], [3]; [Pineros, M](#) (Pineros, Marion) [1]; [Znaor, A](#) (Znaor, Ariana) [1]; [Bray, F](#) (Bray, Freddie) [1]

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Abstract

Our study briefly reviews the data sources and methods used in compiling the International Agency for Research on Cancer (IARC) GLOBOCAN cancer statistics for the year 2020 and summarises the main results. National estimates were calculated based on the best available data on cancer incidence from population-based cancer registries (PBCR) and mortality from the World Health Organization mortality database. Cancer incidence and mortality rates for 2020 by sex and age groups were estimated for 38 cancer sites and 185 countries or territories worldwide. There were an estimated 19.3 million (95% uncertainty interval [UI]: 19.0-19.6 million) new cases of cancer (18.1 million excluding non-melanoma skin cancer) and almost 10.0 million (95% UI: 9.7-10.2 million) deaths from cancer (9.9 million excluding non-melanoma skin cancer) worldwide in 2020. The most commonly diagnosed cancers worldwide were female breast cancer (2.26 million cases), lung (2.21) and prostate cancers (1.41); the most common causes of cancer death were lung (1.79 million deaths), liver (830000) and stomach cancers (769000).

Keywords

Author Keywords

[cancerglobal estimatesGLOBOCANincidence mortality](#)



Statistics

4- Cancer statistics in China and United States, 2022: profiles, trends, and determinants

By:

[Xia, CF](#) (Xia, Changfa) [1]; [Dong, XS](#) (Dong, Xuesi) [1]; [Li, H](#) (Li, He) [1]; [Cao, MM](#) (Cao, Maomao) [1]; [Sun, DAQ](#) (Sun, Dianqin) [1]; [He, SY](#) (He, Siyi) [1]; [Yang, F](#) (Yang, Fan) [1]; [Yan, XX](#) (Yan, Xinxin) [1]; [Zhang, SL](#) (Zhang, Shaoli) [1]; [Li, N](#) (Li, Ni) [1];

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Abstract

Background: The cancer burden in the United States of America (USA) has decreased gradually. However, China is experiencing a transition in its cancer profiles, with greater incidence of cancers that were previously more common in the USA. This study compared the latest cancer profiles, trends, and determinants between China and USA. Methods: This was a comparative study using open-source data. Cancer cases and deaths in 2022 were calculated using cancer estimates from GLOBOCAN 2020 and population estimates from the United Nations. Trends in cancer incidence and mortality rates in the USA used data from the Surveillance, Epidemiology, and End Results program and National Center for Health Statistics. Chinese data were obtained from cancer registry reports. Data from the Global Burden of Disease 2019 and a decomposition method were used to express cancer deaths as the product of four determinant factors. Results: In 2022, there will be approximately 4,820,000 and 2,370,000 new cancer cases, and 3,210,000 and 640,000 cancer deaths in China and the USA, respectively. The most common cancers are lung cancer in China and breast cancer in the USA, and lung cancer is the leading cause of cancer death in both. Age-standardized incidence and mortality rates for lung cancer and colorectal cancer in the USA have decreased significantly recently, but rates of liver cancer have increased slightly. Rates of stomach, liver, and esophageal cancer decreased gradually in China, but rates have increased for colorectal cancer in the whole population, prostate cancer in men, and other seven cancer types in



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women. Increases in adult population size and population aging were major determinants for incremental cancer deaths, and case-fatality rates contributed to reduced cancer deaths in both countries. Conclusions: The decreasing cancer burden in liver, stomach, and esophagus, and increasing burden in lung, colorectum, breast, and prostate, mean that cancer profiles in China and the USA are converging. Population aging is a growing determinant of incremental cancer burden. Progress in cancer prevention and care in the USA, and measures to actively respond to population aging, may help China to reduce the cancer burden.

Keywords

Author Keywords

[CancerIncidenceMortalityTrendsAgingChinaUSA](#)

Keywords Plus

[BURDEN](#)



Statistics

5- KiDS-1000 cosmology: Cosmic shear constraints and comparison between two point statistics

By:

[Asgari, M](#) (Asgari, Marika) [1]; [Lin, CA](#) (Lin, Chieh-An) [1]; [Joachimi, B](#) (Joachimi, Benjamin) [2]; [Giblin, B](#) (Giblin, Benjamin) [1]; [Heymans, C](#) (Heymans, Catherine) [1], [3]; [Hildebrandt, H](#) (Hildebrandt, Hendrik) [3]; [Kannawadi, A](#) (Kannawadi, Arun) [4]; [Stolzner, B](#) (Stolzner, Benjamin) [2]; [Troster, T](#) (Troster, Tilman) [1]; [van den Busch, JL](#) (van den Busch, Jan Luca) [3];

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Abstract

We present cosmological constraints from a cosmic shear analysis of the fourth data release of the Kilo-Degree Survey (KiDS-1000), which doubles the survey area with nine-band optical and near-infrared photometry with respect to previous KiDS analyses. Adopting a spatially flat standard cosmological model, we find

$$S_8 = \sigma_8(\Omega_m/0.3)^{0.5} = 0.759(-0.021)(+0.024)$$

S_8

=

σ_8

(

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/ 0.3)

0.5

= 0 .

759

- 0.021

+ 0.024



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for our fiducial analysis, which is in 3 sigma tension with the prediction of the Planck Legacy analysis of the cosmic microwave background. We compare our fiducial COSEBIs (Complete Orthogonal Sets of E/B-Integrals) analysis with complementary analyses of the two-point shear correlation function and band power spectra, finding the results to be in excellent agreement. We investigate the sensitivity of all three statistics to a number of measurement, astrophysical, and modelling systematics, finding our S-8 constraints to be robust and dominated by statistical errors. Our cosmological analysis of different divisions of the data passes the Bayesian internal consistency tests, with the exception of the second tomographic bin. As this bin encompasses low-redshift galaxies, carrying insignificant levels of cosmological information, we find that our results are unchanged by the inclusion or exclusion of this sample.

Keywords

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[gravitational lensing: weak methods: observational cosmology: observations large-scale structure of Universe cosmological parameters](#)

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[CHALLENGE LIGHTCONE SIMULATION POWER SPECTRUM PARAMETER CONSTRAINTS DARK-MATTER WEAK CFHT LENS KIDS-450 GALAXIES ESTIMATOR MODEL](#)



Statistics

6- Heart Disease and Stroke Statistics-2022 Update: A Report From the American Heart Association

By:

[Tsao, CW](#) (Tsao, Connie W.) ; [Aday, AW](#) (Aday, Aaron W.) ; [Almarzooq, ZI](#) (Almarzooq, Zaid I.) ; [Alonso, A](#) (Alonso, Alvaro) ; [Beaton, AZ](#) (Beaton, Andrea Z.) ; [Bittencourt, MS](#) (Bittencourt, Marcio S.) ; [Boehme, AK](#) (Boehme, Amelia K.) ; [Buxton, AE](#) (Buxton, Alfred E.) ; [Carson, AP](#) (Carson, April P.) ; [Commodore-Mensah, Y](#) (Commodore-Mensah, Yvonne) ;

Group Authors:

[Amer Heart Assoc Council Epidemiol](#) (Amer Heart Assoc Council Epidemiol) ; [Stroke Stat Subcommittee](#) (Stroke Stat Subcommittee)

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Abstract

Background: The American Heart Association, in conjunction with the National Institutes of Health, annually reports the most up-to-date statistics related to heart disease, stroke, and cardiovascular risk factors, including core health behaviors (smoking, physical activity, diet, and weight) and health factors (cholesterol, blood pressure, and glucose control) that contribute to cardiovascular health. The Statistical Update presents the latest data on a range of major clinical heart and circulatory disease conditions (including stroke, congenital heart disease, rhythm disorders, subclinical atherosclerosis, coronary heart disease, heart failure, valvular disease, venous disease, and peripheral artery disease) and the associated outcomes (including quality of care, procedures, and economic costs). Methods: The American Heart Association, through its Statistics Committee, continuously monitors and evaluates sources of data on heart disease and stroke in the United States to provide the most current information available in the annual Statistical Update. The 2022 Statistical Update is the product of a full year's worth of effort by dedicated volunteer clinicians and scientists, committed government professionals, and American Heart



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Association staff members. This year's edition includes data on the monitoring and benefits of cardiovascular health in the population and an enhanced focus on social determinants of health, adverse pregnancy outcomes, vascular contributions to brain health, and the global burden of cardiovascular disease and healthy life expectancy. Results: Each of the chapters in the Statistical Update focuses on a different topic related to heart disease and stroke statistics. Conclusions: The Statistical Update represents a critical resource for the lay public, policymakers, media professionals, clinicians, health care administrators, researchers, health advocates, and others seeking the best available data on these factors and conditions.

Keywords

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Statistics

7- Heart Disease and Stroke Statistics-2021 Update A Report From the American Heart Association

By:

[Virani, SS](#) (Virani, Salim S.) ; [Alonso, A](#) (Alonso, Alvaro) ; [Aparicio, HJ](#) (Aparicio, Hugo J.) ; [Benjamin, EJ](#) (Benjamin, Emelia J.) ; [Bittencourt, MS](#) (Bittencourt, Marcio S.) ; [Callaway, CW](#) (Callaway, Clifton W.) ; [Carson, AP](#) (Carson, April P.) ; [Chamberlain, AM](#) (Chamberlain, Alanna M.) ; [Cheng, SS](#) (Cheng, Susan) ; [Delling, FN](#) (Delling, Francesca N.) ;

Group Author:

[Amer Heart Assoc](#) (Amer Heart Assoc)
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Abstract

Background:

The American Heart Association, in conjunction with the National Institutes of Health, annually reports the most up-to-date statistics related to heart disease, stroke, and cardiovascular risk factors, including core health behaviors (smoking, physical activity, diet, and weight) and health factors (cholesterol, blood pressure, and glucose control) that contribute to cardiovascular health. The Statistical Update presents the latest data on a range of major clinical heart and circulatory disease conditions (including stroke, congenital heart disease, rhythm disorders, subclinical atherosclerosis, coronary heart disease, heart failure, valvular disease, venous disease, and peripheral artery disease) and the associated outcomes (including quality of care, procedures, and economic costs).

Methods:

The American Heart Association, through its Statistics Committee, continuously monitors and evaluates sources of data on heart disease and stroke in the United States to provide the most current information available in the annual Statistical Update. The 2021 Statistical Update is the product of a full year's worth



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of effort by dedicated volunteer clinicians and scientists, committed government professionals, and American Heart Association staff members. This year's edition includes data on the monitoring and benefits of cardiovascular health in the population, an enhanced focus on social determinants of health, adverse pregnancy outcomes, vascular contributions to brain health, the global burden of cardiovascular disease, and further evidence-based approaches to changing behaviors related to cardiovascular disease.

Results:

Each of the 27 chapters in the Statistical Update focuses on a different topic related to heart disease and stroke statistics.

Conclusions:

The Statistical Update represents a critical resource for the lay public, policy makers, media professionals, clinicians, health care administrators, researchers, health advocates, and others seeking the best available data on these factors and conditions.

Keywords

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Statistics

8- Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries

By:

[Sung, H](#) (Sung, Hyuna) [1]; [Ferlay, J](#) (Ferlay, Jacques) [2]; [Siegel, RL](#) (Siegel, Rebecca L.) [1]; [Laversanne, M](#) (Laversanne, Mathieu) [2]; [Soerjomataram, I](#) (Soerjomataram, Isabelle) [2]; [Jemal, A](#) (Jemal, Ahmedin) [1]; [Bray, F](#) (Bray, Freddie) [2]

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Abstract

This article provides an update on the global cancer burden using the GLOBOCAN 2020 estimates of cancer incidence and mortality produced by the International Agency for Research on Cancer. Worldwide, an estimated 19.3 million new cancer cases (18.1 million excluding nonmelanoma skin cancer) and almost 10.0 million cancer deaths (9.9 million excluding nonmelanoma skin cancer) occurred in 2020. Female breast cancer has surpassed lung cancer as the most commonly diagnosed cancer, with an estimated 2.3 million new cases (11.7%), followed by lung (11.4%), colorectal (10.0 %), prostate (7.3%), and stomach (5.6%) cancers. Lung cancer remained the leading cause of cancer death, with an estimated 1.8 million deaths (18%), followed by colorectal (9.4%), liver (8.3%), stomach (7.7%), and female breast (6.9%) cancers. Overall incidence was from 2-fold to 3-fold higher in transitioned versus transitioning countries for both sexes, whereas mortality varied <2-fold for men and little for women. Death rates for female breast and cervical cancers, however, were considerably higher in transitioning versus transitioned countries (15.0 vs 12.8 per 100,000 and 12.4 vs 5.2 per 100,000, respectively). The global cancer burden is expected to be 28.4 million cases in 2040, a 47% rise from 2020, with a larger increase in transitioning



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(64% to 95%) versus transitioned (32% to 56%) countries due to demographic changes, although this may be further exacerbated by increasing risk factors associated with globalization and a growing economy. Efforts to build a sustainable infrastructure for the dissemination of cancer prevention measures and provision of cancer care in transitioning countries is critical for global cancer control.

Keywords

Author Keywords

[burden cancer epidemiology incidence mortality](#)

Keywords Plus

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Statistics

9- Changing profiles of cancer burden worldwide and in China: a secondary analysis of the global cancer statistics 2020

By:

[Cao, W](#) (Cao, Wei) [1]; [Chen, HD](#) (Chen, Hong-Da) [1]; [Yu, YW](#) (Yu, Yi-Wen) [1]; [Li, N](#) (Li, Ni) [1]; [Chen, WQ](#) (Chen, Wan-Qing) [1]

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Abstract

Background: Cancer is one of the leading causes of death globally, but its burden is not uniform. GLOBOCAN 2020 has newly updated the estimates of cancer burden. This study summarizes the most recent changing profiles of cancer burden worldwide and in China and compares the cancer data of China with those of other regions. Methods: We conducted a descriptive secondary analysis of the GLOBOCAN 2020 data. To depict the changing global profile of the leading cancer types in 2020 compared with 2018, we extracted the numbers of cases and deaths in 2018 from GLOBOCAN 2018. We also obtained cancer incidence and mortality from the 2015 National Cancer Registry Report in China when sorting the leading cancer types by new cases and deaths. For the leading cancer types according to sex in China, we summarized the estimated numbers of incidence and mortality, and calculated China's percentage of the global new cases and deaths. Results: Breast cancer displaced lung cancer to become the most leading diagnosed cancer worldwide in 2020. Lung, liver, stomach, breast, and colon cancers were the top five leading causes of cancer-related death, among which liver cancer changed from the third-highest cancer mortality in 2018 to the second-highest in 2020. China accounted for 24% of newly diagnosed cases and 30% of the cancer-related deaths worldwide in 2020. Among the 185 countries included in the database, China's age-standardized incidence rate (204.8 per 100,000) ranked 65th and the age-standardized mortality rate (129.4 per 100,000) ranked 13th. The two rates were above the global average. Lung cancer



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remained the most common cancer type and the leading cause of cancer death in China. However, breast cancer became the most frequent cancer type among women if the incidence was stratified by sex. Incidences of colorectal cancer and breast cancer increased rapidly. The leading causes of cancer death varied minimally in ranking from 2015 to 2020 in China. Gastrointestinal cancers, including stomach, colorectal, liver, and esophageal cancers, contributed to a massive burden of cancer for both sexes. Conclusions: The burden of breast cancer is increasing globally. China is undergoing cancer transition with an increasing burden of lung cancer, gastrointestinal cancer, and breast cancers. The mortality rate of cancer in China is high. Comprehensive strategies are urgently needed to target China's changing profiles of the cancer burden.

Keywords

Author Keywords

[Cancer incidence](#)[Cancer mortality](#)[Changing profile](#)[China](#)[GLOBOCAN 2020](#)[Worldwide](#)



Statistics

10- China Stroke Statistics 2019: A Report From the National Center for Healthcare Quality Management in Neurological Diseases, China National Clinical Research Center for Neurological Diseases, the Chinese Stroke Association, National Center for Chronic and Non-communicable Disease Control and Prevention, Chinese Center for Disease Control and Prevention and Institute for Global Neuroscience and Stroke Collaborations

By:

[Wang, YJ](#) (Wang, Yong-Jun) [\[1\]](#), [\[2\]](#); [Li, ZX](#) (Li, Zi-Xiao) [\[1\]](#), [\[2\]](#); [Gu, HQ](#) (Gu, Hong-Qiu) [\[1\]](#), [\[2\]](#); [Zhai, Y](#) (Zhai, Yi) [\[1\]](#); [Jiang, Y](#) (Jiang, Yong) [\[1\]](#); [Zhao, XQ](#) (Zhao, Xing-Quan) [\[1\]](#); [Wang, YL](#) (Wang, Yi-Long) [\[1\]](#); [Yang, X](#) (Yang, Xin) [\[1\]](#), [\[2\]](#); [Wang, CJ](#) (Wang, Chun-Juan) [\[1\]](#), [\[2\]](#); [Meng, X](#) (Meng, Xia) [\[1\]](#);

Group Author:

[China Stroke Stat 2019 Writing Com](#) (China Stroke Stat 2019 Writing Com)

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Abstract

China faces the greatest challenge from stroke in the world. The death rate for cerebrovascular diseases in China was 149.49 per 100 000, accounting for 1.57 million deaths in 2018. It ranked third among the leading causes of death behind malignant tumours and heart disease. The age-standardised prevalence and incidence of stroke in 2013 were 1114.8 per 100 000 population and 246.8 per 100 000 person-years, respectively. According to the Global Burden of Disease Study 2017, the years of life lost (YLLs) per 100 000 population for stroke increased by 14.6%; YLLs due to stroke rose from third highest among all causes in 1990 to the highest in 2017. The absolute numbers and rates per 100 000 population for all-age disability-adjusted life years (DALYs) for stroke increased substantially between 1990 and 2017, and stroke was the leading cause of all-age DALYs in 2017. The main contributors to cerebrovascular diseases include behavioural risk factors (smoking and alcohol use) and pre-existing conditions (hypertension, diabetes



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mellitus, dyslipidaemia and atrial fibrillation (AF)). The most prevalent risk factors among stroke survivors were hypertension (63.0%-84.2%) and smoking (31.7%-47.6%). The least prevalent was AF (2.7%-7.4%). The prevalences for major risk factors for stroke are high and most have increased over time. Based on the latest national epidemiological data, 26.6% of adults aged ≥ 15 years (307.6 million adults) smoked tobacco products. For those aged ≥ 18 years, age-adjusted prevalence of hypertension was 25.2%; adjusted prevalence of hypercholesterolaemia was 5.8%; and the standardised prevalence of diabetes was 10.9%. For those aged ≥ 40 years, the standardised prevalence of AF was 2.31%. Data from the Hospital Quality Monitoring System showed that 3 010 204 inpatients with stroke were admitted to 1853 tertiary care hospitals during 2018. Of those, 2 466 785 (81.9%) were ischaemic strokes (ISs); 447 609 (14.9%) were intracerebral haemorrhages (ICHs); and 95 810 (3.2%) were subarachnoid haemorrhages (SAHs). The average age of patients admitted was 66 years old, and nearly 60% were male. A total of 1555 (0.1%), 2774 (0.6%) and 1347 (1.4%) paediatric strokes (age <18 years) were identified among IS, ICH and SAH, respectively. Over one-third (1 063 892 (35.3%)) of the patients were covered by urban resident basic medical insurance, followed by urban employee basic medical insurance (699 513 (23.2%)) and new rural cooperative medical schema (489 361 (16.3%)). The leading risk factor was hypertension (67.4% for IS, 77.2% for ICH and 49.1% for SAH), and the leading comorbidity was pneumonia or pulmonary infection (10.1% for IS, 31.4% for ICH and 25.2% for SAH). In-hospital death/discharge against medical advice rate was 8.3% for stroke inpatients, ranging from 5.8% for IS to 19.5% for ICH. The median and IQR of length of stay was 10.0 (7.0-14.0) days, ranging from 10.0 (7.0-13.0) in IS to 14.0 (8.0-22.0) in SAH. Data from the Chinese Stroke Center Alliance demonstrated that the composite scores of guideline-recommended key performance indicators for patients with IS, ICH and SAH were 0.77 +/- 0.21, 0.72 +/- 0.28 and 0.59 +/- 0.32, respectively.

Keywords

Author Keywords

[strokestatistics](#)

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