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# How Prevalent is Cancer?

## How Prevalent are Cancers That Will Not Kill?

The following statistics are based either on autopsy studies of people not known to have cancer during their lifetime or ultrasound examination studies of symptom-free people. They show that the prevalence of many cancers—and would-be cancers—is well in excess of cancer diagnosed in the living population. The U.S. cancer death statistics come from the American Cancer Society.

### Thyroid:

An ultrasound screening study of 96,278 people found thyroid nodules present in 35% of women age 26 to 35, increasing to nearly 45% of women aged 55 and over. Thyroid nodules were present in 9% of men ages 26 to 35 and increased to 32% in men aged 55 and over.

Several autopsy studies have found that thyroid cancer is present in 36% of all people. In one of these studies, researchers examined extremely thin slices of the thyroid glands of 101 people and found many more, smaller (2-3 mm) thyroid cancers in the slices. This led them to conclude that, if sliced finely enough, virtually everyone's thyroid would be found to have cancer.

An estimated 1,460 people will die of thyroid cancer in 2006.

### Adrenal gland:

Autopsy studies found adrenal masses, 2 mm to 4 cm, in diameter to be present in approximately 10% of people.

Approximately 1 out of every 4,000 adrenal tumors is malignant. Deaths from adrenal cancer are so rare that the ACS does not provide a number.

### Kidney:

An ultrasound study of the urinary tract of 729 people found the prevalence of kidney cysts was 1.7% in those aged 30-49 years, 11.5% in those aged 50-70 years, and 22% in those aged 70 years and older.

An estimated 12,480 people will die of kidney and renal pelvis cancer in 2006.

### Prostate:

Autopsy studies indicate the presence of prostate cancer in men is 10-42% at age 50-59 years, 17-38% at age 60-69 years, 25-66% at age 70-79 years, and 18-100% at age 80 years and older.

There were 30,350 prostate cancer deaths in 2005.

### Breast:

Autopsy studies show the prevalence of *ductal carcinoma in situ*, a tiny non-invasive cancer within the milk duct, is 6-16%. Prior to the introduction of mammography screening, this diagnosis represented less than 5% of all new cases of breast cancer, now it is 20%. Since most cases of DCIS are treated with either breast removal or radiation, it is not known how many would have regressed or remained dormant without treatment. However, 78 women whose biopsied tissue was mistakenly diagnosed as benign in the pre-mammography era provided an opportunity for researchers. They did a followup study and found that only 20-25% of these untreated women went on to develop invasive cancer ten years after the biopsy. Some breast cancer researchers believe that the DCIS diagnosed today with improved imaging techniques is even more likely to be inconsequential than these 78 cases indicate.

Evidence that some *invasive* breast cancers found “early” on a screening mammogram do not always progress to be life-threatening comes from the National Breast Screening Study of Canada. Over 50,000 women in their 40s were randomly assigned to have mammograms or not. 82 more breast cancers were detected in the women given mammograms. (592 invasive and 71 non-invasive breast cancers in the mammography group, compared to 552 invasive and 29 noninvasive breast cancers in the control group.) One would expect a higher survival in the mammography group with its higher rate of cancer detection. But, in fact, the breast cancer death rate in both groups was exactly the same at 16 years.

There were 40,410 breast cancer deaths in 2005. ±

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