

# Indicator #12: Incidence of Malignant Mesothelioma, Ages 15+

## Background and Public Health Significance

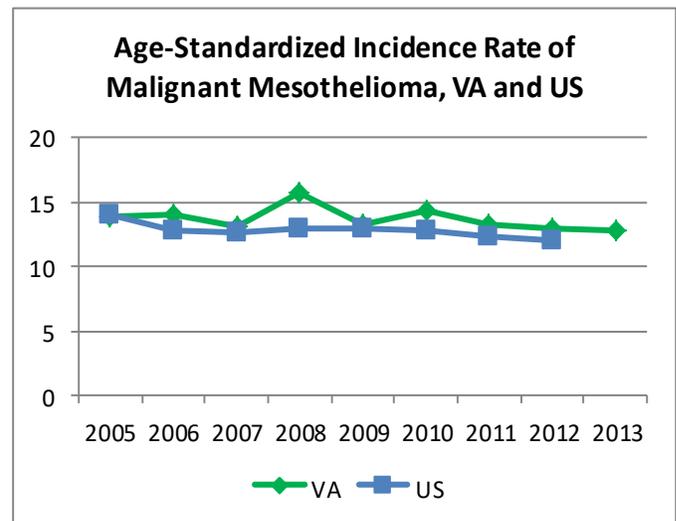
Malignant mesothelioma is a rare but highly fatal cancer of the thin membranes surrounding the chest cavity, abdominal cavity and other sites near the stomach. About 3,000 deaths with malignant mesothelioma occur each year in the US (North American Association of Central Cancer Registries, 2012). The only well-established risk factor for malignant mesothelioma is exposure to asbestos and related fibers. It has been estimated that as much as 90 % of cases are caused by exposure to asbestos.

Data source: Virginia Cancer Registry Data, State Population Estimates from the US Bureau of the Census, and Year 2000 US Standard Population (for age-standardization)

## Rationale:

Malignant mesothelioma, while relatively rare, is a fatal cancer largely attributable to workplace exposure to asbestos. Tracking of malignant mesothelioma should be undertaken to document the burden of occupational disease, to design, target, and evaluate the impact of prevention efforts over time, and to identify previously unrecognized settings in which workers may continue to be at risk of asbestos exposure.

	12.1 Annual Number of Mesothelioma Cases	12.2 Annual Incidence Rate	12.3 Annual, Age-Standardized Incidence Rate
2005	80	13.0*	13.9*
2006	83	13.2*	14.0*
2007	75	11.9*	13.1*
2008	95	14.9*	15.8*
2009	82	12.7*	13.3*
2010	90	13.9*	14.3*
2011	88	13.4*	13.3*
2012	85	12.8*	12.9*
2013	87	13.0*	12.8*
2014	-	-	-



\* Rate per One Million Residents

- Data Not Available

## Limitations

Not all cases of malignant mesothelioma are caused by occupational exposures. Because cancer is a disease of long latency, current incidence is not indicative of current exposures and it may be many years before reductions in occupational exposures affect incidence. State of residence of the decedent may not have been the state of exposure.

Data from existing statewide central cancer registries do not yet meet standards for data completeness and quality. Until complete cancer registry data are available in all states, aggregation of state data to produce nationwide estimates will be incomplete. Because CSTE uses a different methodology, the state specific incidence rates calculated using the Guidance Document may differ from those published by State Cancer Registries.