

Cancer Incidence and Mortality Rates in Ohio: Impact of Appalachian and Metropolitan/Non-metropolitan Residence

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Background

- Ohio:
- 10th highest cancer incidence
 - 9th highest cancer mortality
- Geographically diverse:
- Highly metropolitan and rural areas
 - Appalachia – 32 eastern and southern counties
 - High poverty and unemployment
 - Low educational levels, income, and cancer screening rates

Purpose: to differentiate urban/rural differences in cancer rates from Appalachian/non-Appalachian factors

Methods

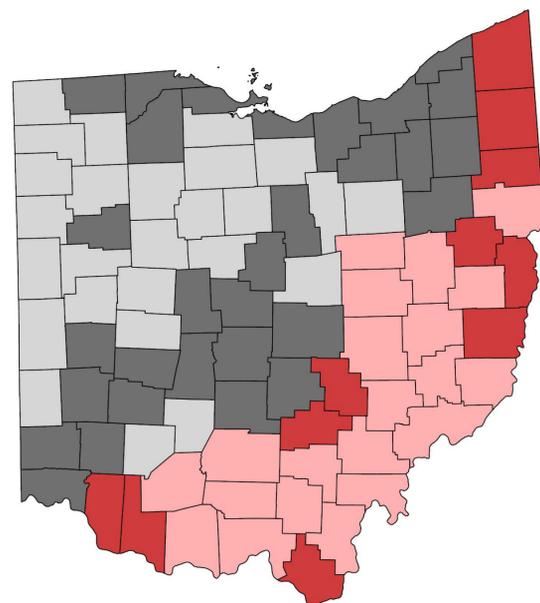
- Created 4 groupings of Ohio's 88 counties:
- Metropolitan/Non-Appalachia
 - Nonmetropolitan/Non-Appalachia
 - Metropolitan/Appalachia
 - Nonmetropolitan/Appalachia
- Compared most recent, average annual, age-adjusted incidence and mortality rates for all cancer sites combined and 5 leading cancers in four county groupings for males and females, separately. Differences visualized in 2x2 heatmaps.
- Each 2x2 table has its own scale.
 - Lowest rates are shown in the lightest color(white). Highest rates are shown in the darkest color.

Explanation of Results

- Incidence Disparities**
- All cancers combined: Highest rates among non-metropolitan Appalachia.
- Lung and cervical cancers: Higher rates in Appalachia, especially non-metropolitan Appalachian counties for lung cancer.
- Colon and rectum: Higher rates among Appalachian metropolitan males and females and non-Appalachian non-metropolitan females.
- Female breast and prostate cancer: Higher rates in non-Appalachian metropolitan areas.
- Mortality Disparities**
- All cancers combined: Higher rates in Appalachian and non-metropolitan counties, with highest rates among non-metropolitan Appalachian males and females.
- Lung and cervical cancers: Higher rates in Appalachia, and an additional non-metropolitan lung cancer disparity among males.
- Colon and rectum: Complex disparities of higher rates among non-metropolitan males, non-Appalachian non-metropolitan females, and Appalachian non-metropolitan males and females.
- Female breast and prostate cancers: No substantive disparities.

Results

Figure 1: Map of Study Area



- Urban Appalachia
- Rural Appalachia
- Urban Non-Appalachia
- Rural Non-Appalachia

Number of Counties		
	Rural	Urban
Appalachian	21	11
Non-Appalachian	26	30

Figure 2: Average Annual Age-adjusted Cancer Incidence¹ and Mortality² Rates by Gender and Geography



Discussion

- No one geography stood alone consistently having the highest rate.
- Combination or interplay between the two factors.
- Interpreting county-level incidence and mortality rates within a state is complex because of the interplay of multiple geographic factors.
- Single geographic factors should not be considered in a vacuum.
- This work could be replicated with:
 - Additional cancer sites and/or types
 - Other states
 - Additional factors

References:

Incidence Data Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2025.
*Mortality Data Source: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2023) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2023 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, released February 2025. Underlying mortality data provided by NCHS (www.cdc.gov/nchs).*

Notes:

- Average Annual Age-Adjusted Incidence Rate per 100,000 from 2018-2022
- Average Annual Age Adjusted Mortality Rate per 100,000 from 2019-2023