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Survival among children diagnosed with acute lymphoblastic leukemia in the United States by race and age, 2001-2009: findings from the CONCORD-2 Study

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2 **Survival among children diagnosed with acute lymphoblastic leukemia in the United States by race**
3 **and age, 2001-2009: findings from the CONCORD-2 Study.**
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5 **Running title:** Acute lymphoblastic leukemia survival among children in the U.S.
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40 **Precis:** This study describes the survival of children with acute lymphoblastic leukemia in the US
41 utilizing the most comprehensive and up-to-date cancer registry data. We found overall survival from
42 childhood ALL in the US to be high, but disparities by race exist.
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44

45 **Disclaimer:** The findings and conclusions in this report are those of the authors and do not necessarily
46 represent the official position of the Centers for Disease Control and Prevention or the National Cancer
47 Institute.
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50 **Key words:** Acute lymphoblastic leukemia, childhood cancer, childhood leukemia, population-based
51 cancer survival, leukemia
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1
2 Abstract

3
4 **Introduction**

5
6 Acute lymphoblastic leukemia (ALL) is the most common childhood malignancy in the United States
7 (US). This study describes the survival of children with ALL in the US utilizing the most comprehensive
8 and up-to-date cancer registry data.
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10
11 **Methods**

12
13 We utilized data from 37 state cancer registries that cover approximately 80% of the US population.
14 We estimated age-standardized survival up to 5 years for children aged 0-14 years diagnosed with ALL
15 during two time periods: 2001-2003 and 2004-2009.
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19 **Results**

20
21 We included 17,500 children with ALL. The pooled age-standardized net survival estimates for all US
22 registries combined were 95% at 1 year, 90% at 3 years and 86% at 5 years for children diagnosed
23 during 2001-2003, and 96%, 91%, and 88%, respectively, for those diagnosed during 2004-2009. Black
24 children diagnosed during 2001-2003 had lower 5-year survival (84%) than white children (87%) and
25 less improvement in survival by 2004-2009. For 2004-2009, 1-year and 5-year survival was 95.7% and
26 88.6% for white children and 95.5% and 83.6% for black children. For 2004-2009, Survival was highest
27 among children aged 1-4 years (95%) and lowest among children less than one year of age (60%).
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31 **Discussion**

32
33 We found overall net survival from childhood ALL in the US to be high, but disparities by race still exist,
34 especially beyond the first year after diagnosis. Clinical and public health strategies are needed to
35 improve healthcare access, clinical trial enrollment, treatment, and survivorship care for children with
36 ALL.
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Introduction

One of the great successes in medicine in the United States (US) has been the increasing survival of children with cancer. In the past 50 years, 5-year survival from all cancers combined among children in the US has increased from under 60% to nearly 80%¹. Acute lymphoblastic leukemia (ALL) is the most common childhood malignancy worldwide, accounting for 20-30% of overall childhood cancer incidence.²⁻⁵ Before 1950, childhood ALL was uniformly fatal.⁶ In the 1960s, five-year survival for children with ALL in the US was less than 10%.^{7,8} Since then, five-year survival has dramatically improved, from 57% between 1975 and 1979 to 90% between 2003 and 2009.^{2,9} This increase in survival is consistent with stable incidence rates and decreasing mortality rates¹⁰⁻¹².

Progress made in childhood ALL survival in developed countries over the past four decades largely stems from clinical and public health-related cancer control efforts. These include increasing clinical trial enrollment, improved supportive care, and risk-directed therapy that optimizes the efficacy of existing antileukemic agents.^{1,13-16} Pediatric cancer collaborative treatment groups, which have reported enrollment of over two-thirds of childhood ALL cases over the past two decades, designed randomized clinical trials that used risk-adaptive algorithms to adjust the intensity of treatment based upon factors such as ALL subtype and chromosomal changes, age and white blood count on diagnosis, presence of disease in the central nervous system, and persistence of residual disease during treatment.^{8,13,17-19} In addition to improving relapse-free and overall survival, a risk-based approach has allowed clinicians to reduce toxicities that contribute to late complications and mortality.¹⁷

Clinical trials and ensuing advances in risk-based therapy have contributed to the remarkable progress in improving clinical outcomes in the US and other countries.^{13,14,20} This success lies in contrast to five-year survival of less than 40% in many developing countries, which largely results from abandonment of therapy and high treatment-related mortality.²¹⁻²³ Five-year net survival for children diagnosed with ALL has been previously estimated above 85% in the US, while it was still below 50% in several less wealthy countries participating in the worldwide cancer survival comparison of the CONCORD-2 study.^{2,9} The CONCORD-2 study established worldwide surveillance of cancer survival in 67 countries using data from over 25 million persons diagnosed with cancer from 279 cancer registries.⁹ This study builds upon the CONCORD-2 study and describes the survival of children with ALL in the US utilizing the most comprehensive and up-to-date cancer registry data available by race and age.

Methods

We used data from 37 state-wide cancer registries that participated in the CONCORD-2 study, covering approximately 80% of the US population, and consented to inclusion of their data in the more detailed analyses reported here⁹. We analysed individual records for 17,500 children (0-14 years) diagnosed with precursor-cell acute lymphoblastic leukemia (ICD-O-3²⁴ morphology codes 9727-9729; 9835-9837) during 2001-2009 and followed up to December 31, 2009. We included all children with ALL in the

1 analyses, even if the child had had a previous malignancy. In the extremely rare instance that a child
2 was diagnosed with ALL on two or more occasions during 2001-2009, only the first occurrence was
3 considered in the survival analyses.
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7 We estimated net survival up to 5 years, with 95% confidence intervals (CI), for children diagnosed
8 during 2001-2003 and 2004-2009, by race and state. We used the Pohar Perme estimator²⁵ of net
9 survival. Net survival can be interpreted as the probability of survival up to a given time since diagnosis,
10 after controlling for other causes of death (background mortality). To control for differences in
11 background mortality between participating states, by race and over time, we constructed life tables of
12 all-cause mortality in the general population of each state from the number of deaths and the
13 population, by single year of age, sex, calendar year and, where possible, by race (black, white), using a
14 flexible Poisson model.²⁶ The life tables have been published.²⁷
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19 Children were grouped by diagnosis year into two calendar periods (2001-2003 and 2004-2009) to
20 reflect changes in the methods used by US cancer registries to collect data on stage at diagnosis. From
21 2001-2003, most registries coded stage directly from medical records to Surveillance, Epidemiology,
22 and End Results Summary Stage 2000.¹⁰ Since 2004, all registries have derived Summary Stage 2000
23 using the Collaborative Staging System.¹¹
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27 We estimated net survival using the cohort approach for patients diagnosed in 2001-2003, since all
28 patients had been followed up for at least five years by December 31, 2009. We used the complete
29 approach to estimate five-year net survival for patients diagnosed during 2004-09, because five years
30 of follow-up data were not available for all patients. Net survival was estimated for three age groups
31 (0-4, 5-9 and 10-14 years). We obtained age-standardized estimates by assigning equal weights to the
32 three age-specific estimates.²⁸ If two of the three age-specific estimates could not be obtained, we
33 present only the pooled, unstandardized survival estimate for all age groups 0-14 years combined.
34 Unstandardized estimates are italicized in Supplemental Table. To better explore the trend by age, the
35 first age group was split into two subgroups. (Table 3) Trends, geographic variations and differences in
36 survival by race are presented graphically in bar-charts and funnel plots.²⁹ More details on data and
37 methods are provided in the accompanying article [Allemani et al., 2017].
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46 Results

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48 Data meeting the eligibility criteria for analyses came from 37 states comprising 80% of the total US
49 population (Table 1). Of the 17,500 children with ALL, 83.7% were white, 8.9% were black and 7.4%
50 were of other/unknown races. Almost all (98.5%) cases were morphologically verified (Table 1). There
51 were no differences in morphological verification by race.
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55 Figure 1 presents a visual snapshot of the absolute change in 5-year age-standardized net survival
56 between 2001-2003 and 2004-2009, by geographic region. For the US overall, there was an absolute
57 increase in survival of 1.7% between those periods.
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2 One-, 3- and 5-year age-standardized net survival for all races in the pooled US population represented
3 in this study were 95.3% (CI: 94.6-95.9), 89.7% (CI: 88.8-90.7), and 86.4% (CI: 85.3-87.4) respectively, in
4 2001-2003 and 95.7% (CI: 95.3-96.1), 90.7% (CI: 90.0-91.4), and 88.1% (CI: 87.2-88.9) in 2004-2009
5 (Table 2). Despite these increases in survival, disparities still exist between racial groups. In 2001-2003,
6 5-year net survival was 86.6% (CI: 85.5-87.7) for whites but 83.8% (CI: 80.3-87.3) for blacks. During
7 2004-2009, survival increased marginally for whites (88.6% (CI: 87.6-89.5) but remained the same for
8 blacks 83.6% (CI: 80.6-86.6) resulting in a slight widening of the racial divergence in survival during the
9 period 2001-2009. Five-year age-standardized estimates for children diagnosed during 2004-2009
10 ranged from 85.2% to 98.6% in the Northeast, 81.7% to 92.2% in the South, 87.8% to 90.3% in the
11 Midwest and 86.0% to 95.9% in the West (Supplementary Table 2).

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17 Five-year net survival for children aged <1 year, 1-4, 5-9, and 10-14 years were 60.5% (CI: 53.4-67.6),
18 92.5% (CI: 91.5-93.5), 89.2% (CI: 87.7-90.8), and 79.4% (CI: 76.9-81.9), respectively, in 2001-2003, and
19 60.1% (CI: 54.5-65.7), 94.5% (CI: 93.7-95.3), 90.4% (CI: 89.0-91.8), and 81.5% (CI: 79.4-83.6)
20 respectively, in 2004-2009 (Table 3). Survival was highest among children aged 1 to 4 years and lowest
21 among those less than one year of age, with a 30 percentage point difference between these two age
22 groups in both time periods. Survival was consistently slightly higher in girls than boys, with the largest
23 differences observed in infants under 1 year of age throughout 2001-2009.

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28 Funnel plots (Figure 2) display graphically the variation in survival between states and by race. 5-year
29 age-standardized net survival was generally lower among black children (solid circles) than among
30 white children (open circles), although net survival estimates for black children were only available for
31 three states: this is due to the difficulty of constructing life tables for blacks in some states and in
32 producing age-standardized estimates of net survival (see methods section). Similar patterns were
33 observed during 2004-2009.

34 35 36 37 38 39 40 **Discussion**

41
42 In this manuscript, we report the most comprehensive analysis of cancer survival to date among
43 children with ALL in the US, with data from 37 cancer registries covering approximately 80% of the
44 national population. We found short-term survival from childhood ALL in the US to be high. For all
45 participating US states combined, the pooled estimate of 1-year net survival for children diagnosed
46 during 2004-2009 was 95.7% [95% CI 95.3-96.1%], while 5-year survival was 88.1% [95% CI 87.2-
47 88.9%]. These 5-year survival estimates from a population-based US cohort are slightly lower but still
48 closely aligned with the 5-year survival estimates of 91.4% from the Children's Oncology Group ALL
49 randomized trials for a similar period (2000-2005) and the same age group⁸. Our results were also
50 within the same range as most countries in Northern and Central Europe^{5,9}, and close to those in
51 Canada (90.6% [88.6-92.7%] for 2005-2009)⁹. Our results are consistent with stable incidence rates and
52 decreasing mortality rates for childhood ALL in the US¹⁰⁻¹².

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2 Despite the high overall survival, there were geographic and racial disparities. One-year survival for
3 children diagnosed during 2004-2009 ranged from 91.4% to 98.9% in the Northeast. Differences in five-
4 year survival were even larger, ranging from 81.7% to 98.6% (Supplemental Table). Racial disparities
5 were larger for longer-term survival than for shorter-term survival.
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9 Five-year survival for black children was typically 3 to 5 percentage points lower than for white children.
10 Geographic differences in survival may be explained, in part, by survival differences between white and
11 black children. Survival is generally lower for black children, and the proportion of black children varies
12 by state. However, we found that survival for black children was similar, if not higher, to that of white
13 children in some states (Supplemental Table). This suggests that the distribution of black and white
14 children does not explain all of the geographic differences in survival. Although genetic polymorphisms
15 may partially explain racial differences in ALL outcomes³⁰, these differences are more likely to be the
16 reflection of differences in socioeconomic status and access to care.^{31,32} The survival patterns by race
17 we found are consistent with higher incidence rates among white children and higher mortality rates
18 among black children.¹⁰⁻¹²
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24 Survival by age at diagnosis is consistent with previous data.³³ Survival of infants diagnosed with ALL is
25 markedly lower than that for any other age group, which reflects the high prevalence and mortality of
26 infant ALL cases with mixed lineage leukemia gene rearrangements¹. This population-based study
27 confirms previous findings that the highest survival is found in children aged 1-4 years, with decreasing
28 survival as age increases toward adolescence³³. We also found, as previously reported,³⁴ that boys
29 have lower survival from ALL than girls. This gender difference was more marked in infants, for whom
30 survival was the lowest, and remained in the most recent period (2004-2009).
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35 Five-year survival for ALL in the United States is amongst the highest in the world and it improved
36 from 83.1% to 87.7% between 1995 and 2009 as reported from the CONCORD-2 Study⁹. The high
37 survival may reflect, in part, the intensity of clinical investigation performed to establish the diagnosis,
38 which would be expected to improve the definition of morphological type and thus the selection of the
39 most appropriate treatment. One indicator of the intensity of diagnosis is the percentage of cases for
40 which microscopic confirmation of the diagnosis was available. For children diagnosed with ALL during
41 the period 1995-2009 covered by the CONCORD-2 study, morphologic verification was available for
42 98.4% of patients among all US registries combined and ranged between 85.6% and 100% among
43 participating states⁹. As reported here, morphological verification was similar among both black and
44 white children diagnosed during 2001-2009. The low percentage of cases for which the diagnosis was
45 based on clinical rather than pathological evidence is not likely to be the result of selective case
46 ascertainment among participating cancer registries, since all the registries were certified by the North
47 American Association of Central Cancer Registries as having met data quality and completeness
48 standards.
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58 **Clinical perspective**

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2 Important advances in childhood ALL survival have been achieved through both clinical and public
3 health efforts. Clinical advances include improved supportive care and recognition of avenues to
4 reduce the toxicity of therapy without compromising overall outcome. These advances in childhood
5 ALL survival have spanned all age groups, races, and both genders.³³ Clinicians have had increased
6 success with managing frequent complications of ALL including tumor lysis syndrome, infection during
7 neutropenia, thrombosis, hemorrhage, anaphylaxis, and suppression of the hypothalamic-pituitary-
8 adrenal axis.³⁵⁻³⁷ Additionally, intrathecal therapy has been increasingly used instead of cranial
9 irradiation for patients with central nervous system disease, thereby reducing radiation-associated
10 morbidity and mortality.^{30,38} There has been an increasing use of immunophenotyping and cytogenetic
11 characterization to predict outcome and relapse, and thus to guide risk-based adjustments in
12 therapy.^{6,17} Advanced genetic characterization of ALL can contribute to improved diagnostic evaluation
13 and enhance clinicians' ability to monitor the response to therapy.^{17,39} Additionally, recent genotyping
14 techniques have allowed clinicians to detect germ-line differences that may predict response to
15 therapy, as well as chemotherapy-related side-effects.³⁰

22 23 24 25 **Cancer control perspective**

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27 Many of these clinical advances have been achieved in conjunction with public health-related cancer
28 control efforts, including increasing clinical trial enrollment and improving survivorship care. Much of
29 the substantial improvement in survival among children with cancer is attributable to increasing clinical
30 trial enrollment.¹ Clinical trials identify the most effective treatments and allow those treatments to be
31 brought to patients. Sustained efforts by comprehensive cancer control programs to support clinical
32 trial enrollment for children with cancer are needed to improve survival even further for children with
33 ALL. Comprehensive cancer control programs can support efforts to increase referral to and enrollment
34 in existing clinical trials, increase the number of clinical trials available, and reduce regulatory barriers
35 to enrollment in clinical trials.

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37 With survival increasing, cancer control efforts must also focus on the long-term health of childhood
38 ALL survivors²⁰. Of the 14 million cancer survivors in the US, over 50,000 are survivors of childhood
39 ALL⁴⁰⁻⁴². Treatment of ALL may result in long-term health effects that may adversely affect the long-
40 term health of childhood cancer survivors. Survivors of childhood ALL are at increased risk for poor
41 overall health, osteoporosis, growth hormone deficiency, impaired exercise capacity, cardiomyopathy,
42 infertility, cataracts, short stature, neurocognitive deficits, and poor functional status^{41,43-46}.

43
44 Comprehensive cancer control programs could encourage the adoption of survivorship care plans,
45 which the Institute of Medicine recommends for all cancer survivors.^{47,48} Survivorship care plans
46 provide summaries of clinical treatments and help cancer survivors understand potential late effects,
47 anticipatory guidance, and long-term follow-up care. Comprehensive cancer control programs could
48 also support efforts to improve providers' knowledge of established follow-up guidelines, such as the
49 Children's Oncology Group Long-Term Follow-Up Guidelines⁴⁹. More widespread implementation of
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1 these guidelines could help improve and harmonize providers' knowledge on potential late effects,
2 screening, evaluation, anticipatory guidance, counseling, and other interventions.⁴⁹
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5 Additionally, comprehensive cancer control programs could encourage innovative uses of cancer
6 registry data to improve cancer survivorship. Examples of effective activities include Centers for
7 Disease Control and Prevention (CDC)-supported efforts to utilize existing cancer registry data to
8 populate survivorship care plans⁵⁰. Improved surveillance of late effects among cancer survivors, using
9 population-based cancer registries, will become an essential approach to improve understanding of
10 variations in long-term morbidity and mortality, and potentially to improve outcomes.
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14 Comprehensive cancer control programs can also support efforts to decrease disparities among
15 children with ALL. While there were negligible differences in 1-year survival by race, we found black
16 children had lower 5-year survival compared to white children. This may reflect differences in
17 treatment over time and be related to socioeconomic status⁵¹⁻⁵³. Cancer control efforts that increase
18 access to care among lower socioeconomic status families may help to reduce racial discrepancies in
19 treatment and outcomes.
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24 **Limitations**

25 One limitation of this study is that it does not include patients aged 15 or older. Many previous reports
26 have included patients aged 15-19 in an evaluation of childhood. Therefore, comparing this study to
27 other studies must account for differences in study population age.^{2,3,10}
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32 Records of children diagnosed with leukemia were selected for analysis if their ICD-O-3 morphological
33 code was in the 6 codes proposed by the HAEMACARE group for ALL^{54,55}.
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36 Despite the fact that ALL is the most common childhood malignancy worldwide, absolute case
37 numbers are generally small and caution is needed in interpreting the data. Survival was estimated
38 separately for each state, and estimates covering approximately 80% of the US population were also
39 obtained by pooling the data from all participating states. Survival estimates could not be age-
40 standardized for the less populous states, because the data were sparse. This limitation applies
41 particularly to comparison of survival between blacks and whites, because in most states, black
42 children represent fewer than 20% of ALL cases
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46 **Conclusions**

47 Survival from childhood ALL has been improving overall in 37 US states between 2001-2003 and 2004-
48 2009. Because of the relative rarity of childhood ALL, national and international collaboration groups
49 that pool patient numbers and coordinate multi-center research efforts are essential.¹³ Continued
50 collaboration will be critical in reducing health inequalities in survival from childhood ALL, as well as in
51 advancing childhood ALL treatment. Similar research efforts will continue to play a central role in
52 improving outcomes in other childhood cancers where survival is still well below 90%. Comprehensive
53 cancer control programs can support efforts to increase clinical trial enrollment, provider's knowledge
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of established follow-up guidelines and encourage the use of survivorship care plans. Close monitoring of survivors of childhood ALL using population-based cancer registry data is essential to monitor the effect of the implementation of new medical and public health strategies aimed at improving survival.

Table 1: Acute lymphoblastic leukemia: number of children (0-14 years) diagnosed 2001-2009 and included in survival analysis, with quality data indicators, by US state and race

Table 2: Leukemia in children: age-standardized net survival (%) at 1-, 3- and 5-years for females diagnosed 2001-2009, by race and calendar period of diagnosis.

NS= Net Survival

Table 3: Acute lymphoblastic leukemia: net survival (NS,%) at 1,3,and 5 years after diagnosis for children (0-14years) diagnosed 2001-2009, by age, race, sex and calendar period of diagnosis: United States

A: population coverage represents 80.6% of the US population in 2009 (data from the UN Population Division). B: Age-standardized. NS= Net Survival

Figure 1: Acute lymphoblastic leukemia; five year age-standardized net survival(%) for children (0-14 years) diagnosed during 2001-2003 and 2004-2009, and absolute change (%): US states grouped by geographic region

US states: 37 participating states (80.6% population coverage). States are ranked within each geographic region by the survival estimate for 2004-2009. Dark Color- NPCR registries; pale colors- SEER registries. * Registries affiliated with both programs. Only age-standardized survival estimates were plotted. †Change (%) not plotted because at least one estimate was not age-standardized

Figure 2: Acute lymphoblastic leukemia- 5 year age-standardized net survival (%) for children (0-14 years), by calendar period of diagnosis

Note: Each data point represents the survival estimate for a US state, either for blacks (3 states) or whites (27 states)

Supplemental Table: Acute lymphoblastic leukemia: age-standardized net survival (%) at 1,3, and 5 years for children (0-14 years) diagnosed 2001-2009, by US state, race, and calendar period of diagnosis: geographic region and Census division

Survival estimates that are not age-standardized are italicized. Dashes (-) indicate where a survival estimate could not be produced. NS= net survival. CI= confidence interval

Table 2. Leukemia in children: age-standardized net survival (%) at 1-, 3- and 5-years for children diagnosed 2001-2009, by race and calendar period of diagnosis.

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		2001-2003												2004-2009											
		All races				White				Black				All races				White				Black			
Years		NS (%)	95% CI			NS (%)	95% CI			NS (%)	95% CI			NS (%)	95% CI			NS (%)	95% CI			NS (%)	95% CI		
1		95.3	94.6	-	95.9	95.3	94.6	-	96.0	95.0	93.0	-	97.1	95.7	95.3	-	96.1	95.7	95.3	-	96.2	95.5	94.1	-	96.9
3		89.7	88.8	-	90.7	89.8	88.8	-	90.9	87.5	84.3	-	90.6	90.7	90.0	-	91.4	91.2	90.5	-	92.0	86.7	84.2	-	89.1
5		86.4	85.3	-	87.4	86.6	85.5	-	87.7	83.8	80.3	-	87.3	88.1	87.2	-	88.9	88.6	87.6	-	89.5	83.6	80.6	-	86.6

NS= Net Survival

Table 3. Acute lymphoblastic leukemia: net survival (NS, %) at 1.3.and 5 years after diagnosis for children (0-14 years) diagnosed 2001-2009, by age, race, sex, and calendar period of diagnosis: United States

		2001-2003															
		All children			White			Black			Boys			Girls			
	Years	NS (%)	95% CI		NS (%)	95% CI		NS (%)	95% CI		NS (%)	95% CI		NS (%)	95% CI		
All ages ^b	1	95.3	94.6	-	95.9	95.3	94.6	-	96.0	95.0	93.0	-	97.1	95.2	94.3	-	96.1
	3	89.7	88.8	-	90.7	89.8	88.8	-	90.9	87.5	84.3	-	90.6	89.1	87.8	-	90.4
	5	86.4	85.3	-	87.4	86.6	85.5	-	87.7	83.8	80.3	-	87.3	85.4	83.9	-	86.8
<1 year	1	76.8	70.7	-	83.0	76.7	70.1	-	83.4	55.0	27.2	-	82.8	73.1	63.1	-	83.0
	3	63.3	56.2	-	70.3	64.1	56.6	-	71.6	46.0	18.3	-	73.8	60.2	49.2	-	71.1
	5	60.5	53.4	-	67.6	60.9	53.2	-	68.6	46.0	18.3	-	73.8	56.3	45.2	-	67.4
1-4 years	1	97.9	97.4	-	98.5	97.9	97.3	-	98.5	98.4	96.5	-	100.0	98.3	97.7	-	99.0
	3	94.9	94.0	-	95.7	94.8	93.9	-	95.7	94.5	91.0	-	97.9	94.6	93.5	-	95.8
	5	92.5	91.5	-	93.5	92.3	91.2	-	93.4	93.3	89.6	-	97.1	92.3	90.9	-	93.6
5-9 years	1	96.4	95.5	-	97.4	96.6	95.6	-	97.6	96.1	92.8	-	99.5	96.1	94.7	-	97.4
	3	92.3	91.0	-	93.6	92.6	91.1	-	94.0	89.2	83.9	-	94.6	91.3	89.4	-	93.2
	5	89.2	87.7	-	90.8	89.7	88.0	-	91.4	86.1	80.2	-	92.1	87.7	85.5	-	90.0
10-14 years	1	92.8	91.3	-	94.4	92.9	91.1	-	94.6	93.1	88.8	-	97.5	92.4	90.2	-	94.5
	3	84.0	81.8	-	86.3	84.1	81.6	-	86.6	81.7	75.0	-	88.3	83.1	80.1	-	86.1
	5	79.4	76.9	-	81.9	79.8	77.1	-	82.5	74.7	67.2	-	82.2	77.9	74.5	-	81.2
		2004-2009															
		All races			White			Black			Boys			Girls			
	Years	NS (%)	95% CI		NS (%)	95% CI		NS (%)	95% CI		NS (%)	95% CI		NS (%)	95% CI		

Cancer

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All ages ^b	1	95.7	95.3	-	96.1	95.7	95.3	-	96.2	95.5	94.1	-	96.9	95.9	95.3	-	96.4	95.5	94.8	-	96.2
	3	90.7	90.0	-	91.4	91.2	90.5	-	92.0	86.7	84.2	-	89.1	90.2	89.3	-	91.2	91.3	90.2	-	92.3
	5	88.1	87.2	-	88.9	88.6	87.6	-	89.5	83.6	80.6	-	86.6	87.4	86.2	-	88.6	88.9	87.6	-	90.2
<1 year	1	80.5	76.4	-	84.6	78.0	73.2	-	82.8	94.9	88.7	-	100.0	78.5	72.6	-	84.3	82.8	77.1	-	88.4
	3	61.7	56.2	-	67.1	59.7	53.5	-	65.8	73.6	60.3	-	87.0	56.7	49.2	-	64.2	67.7	60.1	-	75.3
	5	60.1	54.5	-	65.7	58.5	52.3	-	64.8	69.1	54.0	-	84.2	54.7	46.9	-	62.5	66.7	58.8	-	74.5
1-4 years	1	98.4	98.0	-	98.7	98.3	98.0	-	98.7	98.6	97.5	-	99.8	98.3	97.8	-	98.8	98.5	98.0	-	99.0
	3	96.1	95.5	-	96.7	96.2	95.6	-	96.8	93.6	90.8	-	96.3	95.8	95.0	-	96.6	96.5	95.6	-	97.3
	5	94.5	93.7	-	95.3	94.7	93.8	-	95.6	89.8	85.8	-	93.8	93.7	92.5	-	94.8	95.5	94.4	-	96.6
5-9 years	1	97.0	96.4	-	97.6	97.2	96.6	-	97.8	97.3	95.4	-	99.1	97.3	96.5	-	98.0	96.6	95.6	-	97.5
	3	93.1	92.1	-	94.1	93.6	92.5	-	94.6	92.0	88.4	-	95.5	92.6	91.2	-	94.0	93.9	92.5	-	95.3
	5	90.4	89.0	-	91.8	91.1	89.7	-	92.5	87.8	82.5	-	93.1	89.7	87.8	-	91.6	91.3	89.4	-	93.3
10-14 years	1	92.9	91.8	-	94.0	92.9	91.7	-	94.1	91.1	87.6	-	94.5	93.2	91.8	-	94.6	92.4	90.6	-	94.2
	3	84.9	83.2	-	86.6	86.1	84.3	-	87.9	76.8	71.1	-	82.5	84.7	82.4	-	86.9	85.3	82.7	-	87.9
	5	81.5	79.4	-	83.6	82.0	79.7	-	84.4	75.6	69.4	-	81.8	81.2	78.4	-	84.0	81.8	78.6	-	85.0

References

1. Smith MA, Seibel NL, Altekruse SF, et al. Outcomes for children and adolescents with cancer: challenges for the twenty-first century. *J Clin Onc.* 2010;28(15):2625-2634.
2. Ward E, DeSantis C, Robbins A, Kohler B, Jemal A. Childhood and adolescent cancer statistics, 2014. *CA Cancer J Clin.* 2014;64(2):83-103.
3. Steliarova-Foucher E, Stiller C, Kaatsch P, et al. Geographical patterns and time trends of cancer incidence and survival among children and adolescents in Europe since the 1970s (the ACCISproject): an epidemiological study. *Lancet.* 2004;364(9451):2097-2105.
4. Katz AJ, Chia VM, Schoonen WM, Kelsh MA. Acute lymphoblastic leukemia: an assessment of international incidence, survival, and disease burden. *Cancer causes & control : CCC.* 2015;26(11):1627-1642.
5. Gatta G, Botta L, Rossi S, et al. Childhood cancer survival in Europe 1999-2007: results of EURO CARE-5--a population-based study. *The Lancet. Oncology.* 2014;15(1):35-47.
6. Simone JV. History of the treatment of childhood ALL: a paradigm for cancer cure. *Best Pract Res Clin Haematol.* 2006;19(2):353-359.
7. Ries LAG, Smith MA, Gurney JG, et al. Cancer Incidence and Survival among Children and Adolescents: United States SEER Program 1975-1995. Vol NIH Pub. No. 99-4649. Bethesda, MD: National Cancer Institute; 1999.
8. Hunger SP, Lu X, Devidas M, et al. Improved survival for children and adolescents with acute lymphoblastic leukemia between 1990 and 2005: a report from the children's oncology group. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology.* 2012;30(14):1663-1669.
9. Allemani C, Weir HK, Carreira H, et al. Global surveillance of cancer survival 1995-2009: analysis of individual data for 25,676,887 patients from 279 population-based registries in 67 countries (CONCORD-2). *Lancet.* 2015;385(9972):977-1010.
10. Siegel DA, King J, Tai E, Buchanan N, Ajani UA, Li J. Cancer incidence rates and trends among children and adolescents in the United States, 2001-2009. *Pediatrics.* 2014;134(4):e945-955.
11. Li J, Thompson T, Pollack L, Stewart S. Cancer incidence among children and adolescents in the United States, 2001-2003. *Pediatrics.* 2008;121(6):1470-1477.
12. Smith MA, Altekruse SF, Adamson PC, Reaman GH, Seibel NL. Declining childhood and adolescent cancer mortality. *Cancer.* 2014;120(16):2497-2506.
13. Pui CH, Yang JJ, Hunger SP, et al. Childhood Acute Lymphoblastic Leukemia: Progress Through Collaboration. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology.* 2015;33(27):2938-2948.
14. Bhojwani D, Yang JJ, Pui CH. Biology of childhood acute lymphoblastic leukemia. *Pediatric clinics of North America.* 2015;62(1):47-60.
15. Stiller CA, Kroll ME, Pritchard-Jones K. Population survival from childhood cancer in Britain during 1978-2005 by eras of entry to clinical trials. *Annals of Oncology.* 2012;23(9):2464-2469.
16. Pui CH, Evans WE. A 50-year journey to cure childhood acute lymphoblastic leukemia. *Seminars in hematology.* 2013;50(3):185-196.
17. Tasian SK, Loh ML, Hunger SP. Childhood acute lymphoblastic leukemia: Integrating genomics into therapy. *Cancer.* 2015;121(20):3577-3590.
18. Pritchard-Jones K, Dixon-Woods M, Naafs-Wilstra M, Valsecchi MG. Improving recruitment to clinical trials for cancer in childhood. *The Lancet. Oncology.* 2008;9(4):392-399.
19. Cole CH. Lessons from 50 years of curing childhood leukaemia. *Journal of paediatrics and child health.* 2015;51(1):78-81.
20. Winther JF, Schmiegelow K. How safe is a standard-risk child with ALL? *The Lancet. Oncology.* 2014;15(8):782-783.
21. Mostert S, Sitaresmi MN, Gundy CM, Sutaryo, Veerman AJ. Influence of socioeconomic status on childhood acute lymphoblastic leukemia treatment in Indonesia. *Pediatrics.* 2006;118(6):e1600-1606.

22. Suarez A, Pina M, Nichols-Vinueza DX, et al. A strategy to improve treatment-related mortality and abandonment of therapy for childhood ALL in a developing country reveals the impact of treatment delays. *Pediatric blood & cancer*. 2015;62(8):1395-1402.
23. Metzger ML, Howard SC, Fu LC, et al. Outcome of childhood acute lymphoblastic leukaemia in resource-poor countries. *Lancet*. 2003;362(9385):706-708.
24. Fritz AG, Percy C, Jack A, et al., eds. *International Classification of Diseases for Oncology (ICD-O)*. 3rd ed. Geneva: World Health Organization; 2000.
25. Pohar Perme M, Stare J, Estève J. On estimation in relative survival. *Biometrics*. 2012;68:113-120.
26. Rachet B, Maringe C, Woods LM, Ellis L, Spika D, Allemani C. Multivariable flexible modelling for estimating complete, smoothed life tables for sub-national populations. *BMC Public Health*. 2015;15.
27. Spika D, Rachet B, Bannon F, et al. Life tables for the CONCORD-2 study. 2015; <http://csg.lshtm.ac.uk/tools-analysis/life-tables/>. Accessed 1 April 2016.
28. Stiller CA, Bunch KJ. Trends in survival for childhood cancer in Britain diagnosed 1971-85. *Br. J. Cancer*. 1990;62:806-815.
29. Quaresma M, Coleman MP, Rachet B. Funnel plots for population-based cancer survival: principles, methods and applications. *Stat. Med*. 2014;33:1070-1080.
30. Carroll WL, Hunger SP. Therapies on the horizon for childhood acute lymphoblastic leukemia. *Curr Opin Pediatr*. 2016;28(1):12-18.
31. Abrahão R, Lichtensztajn DY, Ribeiro RC, et al. Racial/ethnic and socioeconomic disparities in survival among children with acute lymphoblastic leukemia in California, 1988-2011: A population-based observational study. *Pediatr Blood Cancer*. 2015;62(10):1819-1825.
32. Lim JY, Bhatia S, Robison LL, Yang JJ. Genomics of racial and ethnic disparities in childhood acute lymphoblastic leukemia. *Cancer*. 2014;120(7):955-962.
33. Ma H, Sun H, Sun X. Survival improvement by decade of patients aged 0-14 years with acute lymphoblastic leukemia: a SEER analysis. *Scientific reports*. 2014;4:4227.
34. Holmes L, Jr., Hossain J, Desvignes-Kendrick M, Opara F. Sex variability in pediatric leukemia survival: large cohort evidence. *ISRN oncology*. 2012;2012:439070.
35. Einaudi S, Bertorello N, Masera N, et al. Adrenal axis function after high-dose steroid therapy for childhood acute lymphoblastic leukemia. *Pediatric blood & cancer*. 2008;50(3):537-541.
36. Payne JH, Vora AJ. Thrombosis and acute lymphoblastic leukaemia. *Br J Haematol*. 2007;138(4):430-445.
37. Dandoy CE, Hariharan S, Weiss B, et al. Sustained reductions in time to antibiotic delivery in febrile immunocompromised children: results of a quality improvement collaborative. *BMJ Qual Saf*. 2016;25(2):100-109.
38. Vora A, Andreano A, Pui CH, et al. Influence of Cranial Radiotherapy on Outcome in Children With Acute Lymphoblastic Leukemia Treated With Contemporary Therapy. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*. 2016.
39. Roberts KG, Mullighan CG. Genomics in acute lymphoblastic leukaemia: insights and treatment implications. *Nat Rev Clin Oncol*. 2015;12(6):344-357.
40. Mariotto AB, Rowland JH, Yabroff KR, et al. Long-term survivors of childhood cancers in the United States. *Cancer Epidemiol Biomarkers Prev*. 2009;18(4):1033-1040.
41. Essig S, Li Q, Chen Y, et al. Risk of late effects of treatment in children newly diagnosed with standard-risk acute lymphoblastic leukaemia: a report from the Childhood Cancer Survivor Study cohort. *The Lancet. Oncology*. 2014;15(8):841-851.
42. Siegel R, DeSantis C, Virgo K, et al. Cancer treatment and survivorship statistics, 2012. *CA Cancer J Clin*. 2012;62(4):220-241.
43. Essig S, von der Weid NX, Strippoli MP, et al. Health-related quality of life in long-term survivors of relapsed childhood acute lymphoblastic leukemia. *PloS one*. 2012;7(5):e38015.
44. Mody R, Li S, Dover DC, et al. Twenty-five-year follow-up among survivors of childhood acute lymphoblastic leukemia: a report from the Childhood Cancer Survivor Study. *Blood*. 2008;111(12):5515-5523.

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45. Christiansen JR, Kanellopoulos A, Lund MB, et al. Impaired exercise capacity and left ventricular function in long-term adult survivors of childhood acute lymphoblastic leukemia. *Pediatr Blood Cancer*. 2015;62(8):1437-1443.
 46. Silverman LB. Balancing cure and long-term risks in acute lymphoblastic leukemia. *Hematology / the Education Program of the American Society of Hematology*. American Society of Hematology. Education Program. 2014;2014(1):190-197.
 47. Hewitt M, Greenfield S, Stovall E. *From Cancer Patient to Cancer Survivor: Lost in Transition*. Washington DC: National Academies Press; 2006.
 48. Ganz P. Quality of Care and Cancer Survivorship: The Challenge of Implementing the Institute of Medicine Recommendations. *J Clin Onc*. 2009;5(3):101-105.
 49. Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers. *Children's Oncology Group*. 2013;Version 4.0. <http://www-survivorshipguidelines.org>.
 50. Ryerson AB, Ehemann C, Styles T, Rycroft R, Snyder C. Connecting the Dots: Linking the National Program of Cancer Registries and the Needs of Survivors and Clinicians. *Am J Prev Med*. 2015;49(6 Suppl 5):S528-535.
 51. Bona K, Blonquist TM, Neuberg DS, Silverman LB, Wolfe J. Impact of Socioeconomic Status on Timing of Relapse and Overall Survival for Children Treated on Dana-Farber Cancer Institute ALL Consortium Protocols (2000-2010). *Pediatr Blood Cancer*. 2016;63(6):1012-1018.
 52. Adam M, Rueegg CS, Schmidlin K, et al. Socioeconomic disparities in childhood cancer survival in Switzerland. *Int J Cancer*. 2016;138(12):2856-2866.
 53. Liu Q, Leisenring WM, Ness KK, et al. Racial/Ethnic Differences in Adverse Outcomes Among Childhood Cancer Survivors: The Childhood Cancer Survivor Study. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*. 2016.
 54. Sant M, Allemani C, Tereanu C, et al. Incidence of hematologic malignancies in Europe by morphologic subtype: results of the HAEMACARE project. *Blood*. 2010;116(19):3724-3734.
 55. Manual for coding and reporting haematological malignancies. *Tumori*. 2010;96(4):i-A32.

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2 Table 1 – Acute lymphoblastic leukemia: number of children (0-14 years) diagnosed 2001-2009 and included in survival analyses, with data quality indicators, by US state and race

	Number of patients						Morphologically verified						Lost to follow-up					
	All		White		Black		All		White		Black		All		White		Black	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Alabama	260	100.0	202	77.7	54	20.8	255	98.1	198	98.0	53	98.1	0	0.0	0	0.0	0	0.0
Alaska	55	100.0	37	67.3	1	1.8	55	100.0	37	100.0	1	100.0	0	0.0	0	0.0	0	0.0
California	3,309	100.0	2,819	85.2	130	3.9	3,299	99.7	2,811	99.7	128	98.5	578	17.5	489	17.3	17	13.1
Colorado	384	100.0	354	92.2	5	1.3	381	99.2	351	99.2	5	100.0	0	0.0	0	0.0	0	0.0
Connecticut	261	100.0	243	93.1	9	3.4	253	96.9	236	97.1	9	100.0	41	15.7	37	15.2	0	0.0
Delaware	52	100.0	39	75.0	10	19.2	50	96.2	38	97.4	10	100.0	0	0.0	0	0.0	0	0.0
Florida	1,096	100.0	908	82.8	137	12.5	1,095	99.9	907	99.9	137	100.0	0	0.0	0	0.0	0	0.0
Georgia	604	100.0	439	72.7	137	22.7	594	98.3	433	98.6	134	97.8	34	5.6	25	5.7	7	5.1
Hawaii	91	100.0	17	18.7	4	4.4	90	98.9	16	94.1	4	100.0	43	47.3	5	29.4	2	50.0
Idaho	113	100.0	112	99.1	0	0.0	110	97.3	109	97.3	-	-	0	0.0	0	0.0	-	-
Iowa	198	100.0	188	94.9	7	3.5	197	99.5	187	99.5	7	100.0	23	11.6	22	11.7	1	14.3
Kentucky	264	100.0	239	90.5	19	7.2	257	97.3	233	97.5	19	100.0	32	12.1	27	11.3	3	15.8
Louisiana	255	100.0	181	71.0	68	26.7	253	99.2	180	99.4	67	98.5	65	25.5	50	27.6	12	17.6
Maryland	185	100.0	143	77.3	34	18.4	148	80.0	112	78.3	31	91.2	0	0.0	0	0.0	0	0.0
Massachusetts	472	100.0	423	89.6	30	6.4	472	100.0	423	100.0	30	100.0	0	0.0	0	0.0	0	0.0
Michigan	674	100.0	564	83.7	64	9.5	663	98.4	557	98.8	61	95.3	0	0.0	0	0.0	0	0.0
Mississippi	137	100.0	87	63.5	48	35.0	133	97.1	85	97.7	46	95.8	0	0.0	0	0.0	0	0.0
Montana	62	100.0	54	87.1	0	0.0	61	98.4	53	98.1	-	-	29	46.8	25	46.3	-	-
Nebraska	143	100.0	130	90.9	9	6.3	141	98.6	128	98.5	9	100.0	0	0.0	0	0.0	0	0.0
New Hampshire	103	100.0	102	99.0	0	0.0	103	100.0	102	100.0	-	-	0	0.0	0	0.0	-	-
New Jersey	653	100.0	519	79.5	80	12.3	634	97.1	508	97.9	76	95.0	52	8.0	38	7.3	6	7.5
New Mexico	182	100.0	160	87.9	0	0.0	180	98.9	158	98.8	-	-	43	23.6	40	25.0	-	-
New York	1,324	100.0	1,048	79.2	159	12.0	1,300	98.2	1,031	98.4	155	97.5	0	0.0	0	0.0	0	0.0
North Carolina	592	100.0	467	78.9	87	14.7	588	99.3	464	99.4	86	98.9	0	0.0	0	0.0	0	0.0
Ohio	726	100.0	639	88.0	58	8.0	716	98.6	630	98.6	57	98.3	0	0.0	0	0.0	0	0.0
Oklahoma	268	100.0	197	73.5	12	4.5	264	98.5	193	98.0	12	100.0	0	0.0	0	0.0	0	0.0
Oregon	293	100.0	254	86.7	8	2.7	293	100.0	254	100.0	8	100.0	0	0.0	0	0.0	0	0.0
Pennsylvania	830	100.0	707	85.2	80	9.6	824	99.3	702	99.3	80	100.0	0	0.0	0	0.0	0	0.0
Rhode Island	69	100.0	66	95.7	2	2.9	69	100.0	66	100.0	2	100.0	0	0.0	0	0.0	0	0.0
South Carolina	235	100.0	182	77.4	47	20.0	233	99.1	180	98.9	47	100.0	0	0.0	0	0.0	0	0.0
Tennessee	331	100.0	254	76.7	58	17.5	329	99.4	253	99.6	57	98.3	0	0.0	0	0.0	0	0.0
Texas	2,114	100.0	1,852	87.6	149	7.0	2,081	98.4	1,822	98.4	147	98.7	0	0.0	0	0.0	0	0.0
Utah	226	100.0	217	96.0	2	0.9	226	100.0	217	100.0	2	100.0	27	11.9	27	12.4	0	0.0
Washington	417	100.0	343	82.3	25	6.0	414	99.3	342	99.7	25	100.0	31	7.4	26	7.6	4	16.0
West Virginia	97	100.0	91	93.8	3	3.1	94	96.9	88	96.7	3	100.0	0	0.0	0	0.0	0	0.0
Wisconsin	392	100.0	334	85.2	22	5.6	350	89.3	297	88.9	19	86.4	0	0.0	0	0.0	0	0.0
Wyoming	33	100.0	29	87.9	2	6.1	30	90.9	26	89.7	2	100.0	0	0.0	0	0.0	0	0.0
Total	17,500	100.0	14,640	83.7	1,560	8.9	17,235	98.5	14,427	98.5	1,529	98.0	998	5.7	811	5.5	52	3.3

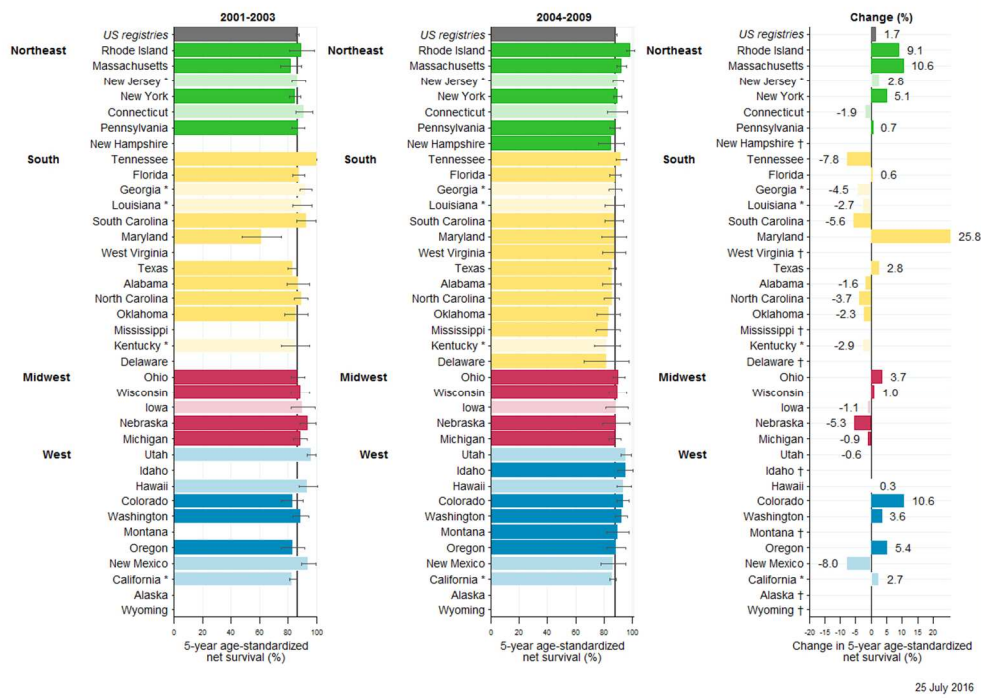


Figure 1

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25 July 2016

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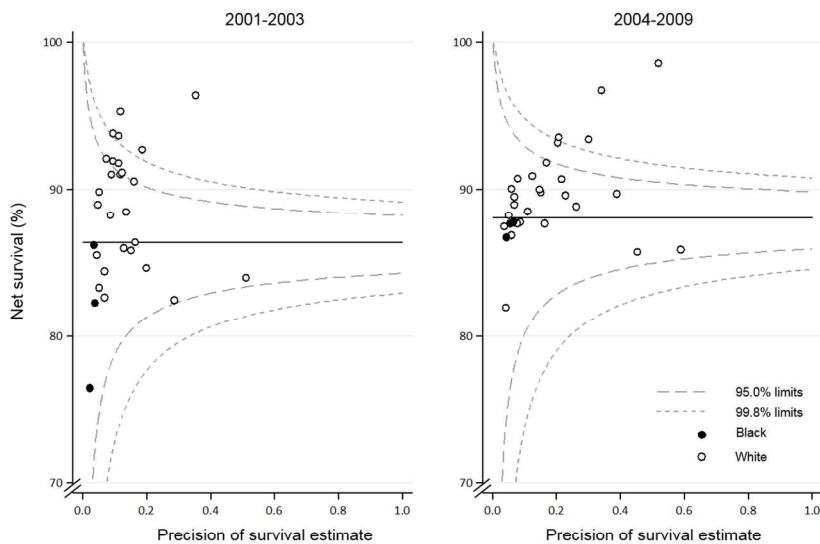


Figure 2

254x190mm (150 x 150 DPI)

Years	2001-2003						2004-2009					
	All races		White		Black		All races		White		Black	
	NS	95% CI	NS	95% CI	NS	95% CI	NS	95% CI	NS	95% CI	NS	95% CI
UNITED STATES												
1	95.3	94.6 - 95.9	95.3	94.6 - 96.0	95.0	93.0 - 97.1	95.7	95.3 - 96.1	95.7	95.3 - 96.2	95.5	94.1 - 96.9
3	89.7	88.8 - 90.7	89.8	88.8 - 90.9	87.5	84.3 - 90.6	90.7	90.0 - 91.4	91.2	90.5 - 92.0	86.7	84.2 - 89.1
5	86.4	85.3 - 87.4	86.6	85.5 - 87.7	83.8	80.3 - 87.3	88.1	87.2 - 88.9	88.6	87.6 - 89.5	83.6	80.6 - 86.6
NORTHEAST												
New England												
Connecticut (SEER)												
1	97.7	94.4 - 100.0	97.4	93.7 - 100.0	-	-	98.9	97.6 - 100.0	98.8	97.5 - 100.0	-	-
3	93.0	87.3 - 98.6	91.9	85.5 - 98.3	-	-	93.8	89.1 - 98.4	93.4	88.5 - 98.3	-	-
5	91.4	85.3 - 97.5	91.9	85.5 - 98.3	-	-	89.5	82.3 - 96.7	89.0	81.5 - 96.5	-	-
Massachusetts (NPCR)												
1	96.6	93.2 - 99.9	96.1	92.2 - 100.0	100.0	-	96.4	94.1 - 98.6	96.8	94.4 - 99.1	95.0	85.7 - 100.0
3	88.3	82.1 - 94.6	89.2	82.6 - 95.7	80.1	56.7 - 100.0	92.5	88.9 - 96.1	93.4	89.8 - 96.9	88.3	73.2 - 100.0
5	82.0	74.6 - 89.4	84.4	76.9 - 91.9	60.2	31.7 - 88.6	92.6	89.0 - 96.2	93.4	89.8 - 97.0	88.3	73.2 - 100.0
New Hampshire (NPCR)												
1	100.0	-	100.0	-	-	-	91.4	84.7 - 98.1	91.3	84.6 - 98.0	-	-
3	100.0	-	100.0	-	-	-	85.2	76.0 - 94.4	85.1	75.8 - 94.3	-	-
5	96.7	90.1 - 100.0	96.7	90.1 - 100.0	-	-	85.2	76.0 - 94.5	85.1	75.8 - 94.4	-	-
Rhode Island (NPCR)												
1	100.0	100.0 - 100.0	100.0	100.0 - 100.0	-	-	98.6	95.8 - 100.0	98.6	95.8 - 100.0	-	-
3	100.0	100.0 - 100.0	100.0	100.0 - 100.0	-	-	98.6	95.9 - 100.0	98.6	95.9 - 100.0	-	-
5	89.5	81.0 - 98.1	88.9	79.9 - 98.0	-	-	98.6	95.9 - 100.0	98.6	95.9 - 100.0	-	-
Mid Atlantic												
New Jersey (NPCR/SEER)												
1	95.2	92.1 - 98.3	95.8	92.5 - 99.2	89.3	78.1 - 100.0	95.1	92.7 - 97.5	95.3	92.5 - 98.0	95.2	89.4 - 100.0
3	89.2	84.8 - 93.6	90.1	85.0 - 95.1	78.7	63.8 - 93.6	91.8	88.6 - 94.9	92.0	88.6 - 95.5	91.2	82.7 - 99.7
5	87.3	82.5 - 92.1	88.5	83.1 - 93.8	78.7	63.8 - 93.6	90.1	86.4 - 93.9	90.7	86.5 - 94.9	85.3	74.1 - 96.5
New York (NPCR)												
1	94.9	92.5 - 97.4	95.0	92.3 - 97.7	95.4	89.3 - 100.0	95.9	94.3 - 97.5	95.7	93.8 - 97.5	97.9	95.0 - 100.0
3	89.0	85.5 - 92.4	89.1	85.2 - 92.9	87.4	78.3 - 96.5	91.5	89.0 - 93.9	91.4	88.7 - 94.2	91.2	84.8 - 97.5
5	84.6	80.7 - 88.5	84.6	80.3 - 89.0	82.3	72.3 - 92.2	89.7	87.0 - 92.5	89.7	86.6 - 92.9	87.8	80.1 - 95.4
Pennsylvania (NPCR)												
1	95.0	92.0 - 98.0	93.9	90.3 - 97.5	100.0	-	93.0	90.3 - 95.7	93.5	90.6 - 96.3	90.2	82.7 - 97.6
3	91.0	87.2 - 94.9	90.7	86.4 - 94.9	92.2	81.8 - 100.0	88.2	84.7 - 91.7	89.4	85.7 - 93.0	79.2	68.4 - 90.1
5	87.0	82.6 - 91.5	85.8	80.8 - 90.8	92.2	81.8 - 100.0	87.8	84.1 - 91.4	88.9	85.0 - 92.7	79.2	68.4 - 90.1
SOUTH												
South Atlantic												
Delaware (NPCR)												
1	90.0	77.2 - 100.0	86.7	70.1 - 100.0	-	-	97.8	93.7 - 100.0	95.5	87.0 - 100.0	-	-
3	85.0	69.8 - 100.0	86.7	70.1 - 100.0	-	-	95.0	88.7 - 100.0	90.2	77.5 - 100.0	-	-
5	85.0	69.8 - 100.0	86.7	70.1 - 100.0	-	-	81.7	65.6 - 97.8	90.2	77.5 - 100.0	-	-
Florida (NPCR)												
1	96.7	94.3 - 99.1	96.7	94.0 - 99.3	100.0	-	96.5	94.9 - 98.2	96.5	94.7 - 98.4	95.8	91.4 - 100.0
3	90.7	87.0 - 94.5	89.6	85.3 - 93.9	97.5	92.3 - 100.0	91.8	89.1 - 94.5	92.4	89.5 - 95.3	86.3	78.4 - 94.2
5	87.5	83.3 - 91.7	86.4	81.6 - 91.2	94.9	87.7 - 100.0	88.1	84.1 - 92.0	89.6	85.5 - 93.7	79.6	69.5 - 89.7
Georgia (NPCR/SEER)												
1	96.4	93.3 - 99.4	96.3	92.4 - 100.0	94.0	86.0 - 100.0	96.3	94.1 - 98.5	96.8	94.2 - 99.3	94.5	89.7 - 99.3
3	94.5	90.9 - 98.1	94.0	89.4 - 98.5	94.0	86.0 - 100.0	89.4	85.4 - 93.4	91.7	87.5 - 96.0	81.7	72.5 - 90.8
5	92.4	88.1 - 96.8	91.0	85.3 - 96.7	94.0	86.0 - 100.0	87.9	83.5 - 92.4	89.8	84.8 - 94.8	81.7	72.6 - 90.9
Maryland (NPCR)												
1	70.5	57.2 - 83.8	65.9	51.6 - 80.2	-	-	96.3	92.5 - 100.0	96.7	92.7 - 100.0	95.5	87.0 - 100.0
3	64.4	50.6 - 78.2	61.0	46.3 - 75.7	-	-	92.8	87.0 - 98.7	94.9	89.6 - 100.0	90.3	77.6 - 100.0
5	61.4	47.4 - 75.3	58.6	43.8 - 73.4	-	-	87.1	78.2 - 96.1	88.6	77.7 - 99.6	72.3	42.3 - 100.0
North Carolina (NPCR)												
1	96.6	93.9 - 99.4	97.7	95.1 - 100.0	96.5	89.7 - 100.0	95.9	93.3 - 98.5	96.9	94.3 - 99.6	91.9	84.9 - 99.0
3	92.1	88.0 - 96.2	95.2	91.6 - 98.7	82.3	68.3 - 96.2	90.1	86.0 - 94.1	93.1	89.3 - 96.9	78.9	67.8 - 90.1
5	89.1	84.3 - 93.9	92.7	88.2 - 97.2	75.2	59.5 - 90.9	85.4	79.9 - 90.9	88.5	82.5 - 94.4	72.7	58.1 - 87.4
South Carolina (NPCR)												
1	99.1	97.1 - 100.0	98.9	96.9 - 100.0	100.0	-	93.8	89.4 - 98.3	96.2	92.8 - 99.6	91.0	81.3 - 100.0
3	95.2	89.8 - 100.0	95.4	90.9 - 99.8	91.0	74.8 - 100.0	88.4	82.3 - 94.4	92.3	87.4 - 97.3	79.9	65.4 - 94.4
5	92.8	86.2 - 99.4	91.8	85.9 - 97.6	91.0	74.8 - 100.0	87.2	80.8 - 93.6	90.9	85.3 - 96.5	79.9	65.5 - 94.4
West Virginia (NPCR)												
1	95.7	87.5 - 100.0	95.3	86.4 - 100.0	-	-	95.8	92.0 - 99.7	97.8	94.8 - 100.0	-	-
3	91.4	80.1 - 100.0	90.6	78.3 - 100.0	-	-	91.6	85.6 - 97.6	93.4	87.8 - 99.1	-	-
5	91.4	80.1 - 100.0	90.6	78.3 - 100.0	-	-	87.1	79.0 - 95.2	88.8	80.8 - 96.8	-	-
East South Central												
Alabama (NPCR)												
1	96.8	92.3 - 100.0	97.6	92.6 - 100.0	93.4	81.2 - 100.0	92.4	87.8 - 96.9	91.1	85.5 - 96.6	96.5	91.9 - 100.0
3	89.6	82.5 - 96.7	96.8	91.7 - 100.0	66.7	43.8 - 89.6	86.7	80.5 - 92.9	89.2	83.1 - 95.3	77.9	65.0 - 90.9
5	87.2	79.4 - 94.9	93.8	87.4 - 100.0	66.7	43.8 - 89.6	85.6	79.0 - 92.1	87.8	81.1 - 94.5	78.0	65.0 - 90.9
Kentucky (NPCR/SEER)												
1	91.4	83.1 - 99.6	96.0	92.1 - 99.9	-	-	95.7	90.9 - 100.0	95.1	89.8 - 100.0	100.0	100.0 - 100.0
3	86.0	76.3 - 95.7	92.0	86.6 - 97.4	-	-	90.2	83.5 - 96.8	89.9	82.8 - 97.1	85.8	61.7 - 100.0
5	85.3	75.4 - 95.1	91.1	85.5 - 96.8	-	-	82.4	73.3 - 91.6	81.9	72.4 - 91.5	85.9	61.7 - 100.0
Mississippi (NPCR)												
1	95.3	86.4 - 100.0	90.9	74.7 - 100.0	-	-	95.4	90.9 - 99.9	96.6	91.6 - 100.0	94.8	87.6 - 100.0
3	95.3	86.4 - 100.0	90.9	74.7 - 100.0	-	-	82.9	74.3 - 91.4	78.0	66.1 - 89.9	87.3	75.3 - 99.2
5	95.3	86.4 - 100.0	90.9	74.7 - 100.0	-	-	83.0	74.4 - 91.5	78.1	66.2 - 90.0	87.3	75.4 - 99.3
Tennessee (NPCR)												
1	100.0	100.0 - 100.0	100.0	100.0 - 100.0	-	-	95.5	92.5 - 98.6	94.8	90.9 - 98.7	97.2	92.2 - 100.0
3	100.0	100.0 - 100.0	100.0	100.0 - 100.0	-	-	92.1	88.2 - 96.1	93.5	89.2 - 97.8	86.6	77.0 - 96.2
5	100.0	100.0 - 100.0	100.0	100.0 - 100.0	-	-	92.2	88.3 - 96.1	93.5	89.2 - 97.8	86.6	77.0 - 96.2
West South Central												
Louisiana (NPCR/SEER)												
1	94.0	88.6 - 99.3	97.1	92.6 - 100.0	88.1	75.6 - 100.0	96.5	93.6 - 99.4	96.5	93.1 - 100.0	96.0	90.9 - 100.0
3	92.5	86.9 - 98.2	96.1	91.2 - 100.0	84.2	70.1 - 98.3	87.3	80.6 - 93.9	86.8	78.7 - 94.9	89.4	81.5 - 97.4
5	90.1	83.4 - 96.7	92.1	84.9 - 99.3	84.3	70.2 - 98.4	87.4	80.7 - 94.0	86.9	78.8 - 94.9	89.5	81.6 - 97.5
Oklahoma (NPCR)												
1	94.9	89.7 - 100.0	93.2	86.5 - 100.0	-	-	96.1	92.6 - 99.5	99.0	97.5 - 100.0	-	-
3	88.9	81.6 - 96.1	87.0	78.2 - 95.9	-	-	84.1	75.9 - 92.2	89.1	80.5 - 97.7	-	-
5	85.6	77.4 - 93.9	85.5	76.2 - 94.8	-	-	83.4	75.1 - 91.6	88.2	79.4 - 97.0	-	-
Texas (NPCR)												
1	94.4	92.4 - 96.5	94.3	92.0 - 96.6	94.4	87.4 - 100.0	94.5	93.0 - 95.9	94.1	92.6 - 95.7	95.6	90.8 - 100.0
3	87.4	84.4 - 90.4	86.7	83.4 - 90.0								

Years	2001-2003						2004-2009						
	All races		White		Black		All races		White		Black		
	NS	95% CI	NS	95% CI	NS	95% CI	NS	95% CI	NS	95% CI	NS	95% CI	
MIDWEST													
East North Central													
Michigan (NPCR)	1	96.0	92.9 - 99.0	96.5	93.5 - 99.6	<i>94.4</i>	<i>84.2 - 100.0</i>	95.3	93.0 - 97.6	94.9	92.2 - 97.6	98.3	95.0 - 100.0
	3	92.8	88.9 - 96.7	94.4	90.6 - 98.2	<i>89.0</i>	<i>74.8 - 100.0</i>	88.7	84.6 - 92.8	88.9	84.3 - 93.4	82.3	68.7 - 96.0
	5	88.7	83.9 - 93.5	90.6	85.7 - 95.5	<i>83.5</i>	<i>66.7 - 100.0</i>	87.8	83.5 - 92.1	87.7	82.8 - 92.5	82.4	68.8 - 96.1
Ohio (NPCR)	1	93.7	90.3 - 97.1	93.2	89.4 - 97.1	<i>100.0</i>	-	97.5	95.7 - 99.3	97.9	96.1 - 99.7	96.1	91.1 - 100.0
	3	89.0	84.4 - 93.6	88.7	83.6 - 93.7	<i>94.5</i>	<i>84.2 - 100.0</i>	93.7	90.8 - 96.7	94.9	91.9 - 97.9	88.3	80.0 - 96.5
	5	86.7	81.7 - 91.7	86.0	80.5 - 91.5	<i>94.5</i>	<i>84.2 - 100.0</i>	90.3	86.2 - 94.5	90.0	84.9 - 95.1	88.4	80.1 - 96.6
Wisconsin (NPCR)	1	96.0	91.9 - 100.0	96.8	93.0 - 100.0	-	-	98.4	97.2 - 99.6	98.2	96.8 - 99.5	<i>100.0</i>	<i>100.0 - 100.0</i>
	3	88.6	81.9 - 95.2	91.0	84.5 - 97.6	-	-	92.9	88.8 - 97.0	91.6	86.7 - 96.4	<i>100.0</i>	<i>100.0 - 100.0</i>
	5	88.6	81.9 - 95.2	91.0	84.5 - 97.6	-	-	89.6	83.5 - 95.7	87.7	80.6 - 94.7	<i>100.0</i>	<i>100.0 - 100.0</i>
West North Central													
Iowa (SEER)	1	100.0	100.0 - 100.0	100.0	100.0 - 100.0	-	-	93.9	88.8 - 99.1	95.0	90.1 - 99.9	-	-
	3	94.0	86.7 - 100.0	94.0	86.7 - 100.0	-	-	89.1	81.1 - 97.1	90.0	81.9 - 98.1	-	-
	5	90.3	81.8 - 98.7	89.8	81.1 - 98.5	-	-	89.1	81.1 - 97.1	90.0	81.9 - 98.1	-	-
Nebraska (NPCR)	1	98.2	95.8 - 100.0	100.0	100.0 - 100.0	-	-	95.5	89.2 - 100.0	95.0	88.1 - 100.0	-	-
	3	96.5	93.1 - 99.9	98.0	95.2 - 100.0	-	-	90.7	81.9 - 99.5	89.7	80.1 - 99.3	-	-
	5	94.0	88.2 - 99.7	95.3	89.5 - 100.0	-	-	88.6	79.0 - 98.2	87.4	77.0 - 97.9	-	-
WEST													
Mountain													
Colorado (NPCR)	1	91.2	85.2 - 97.1	91.0	85.0 - 97.0	-	-	95.7	92.5 - 98.8	95.4	92.1 - 98.7	-	-
	3	84.4	77.1 - 91.7	84.2	76.8 - 91.5	-	-	93.4	89.2 - 97.7	93.1	88.8 - 97.4	-	-
	5	82.9	75.4 - 90.3	82.7	75.1 - 90.2	-	-	93.5	89.3 - 97.7	93.2	88.8 - 97.5	-	-
Idaho (NPCR)	1	<i>97.1</i>	<i>91.5 - 100.0</i>	<i>97.1</i>	<i>91.5 - 100.0</i>	-	-	95.0	89.8 - 100.0	95.0	89.8 - 100.0	-	-
	3	<i>91.3</i>	<i>81.9 - 100.0</i>	<i>91.3</i>	<i>81.9 - 100.0</i>	-	-	95.0	89.8 - 100.0	95.0	89.8 - 100.0	-	-
	5	<i>88.4</i>	<i>77.7 - 99.1</i>	<i>88.4</i>	<i>77.7 - 99.1</i>	-	-	95.1	89.9 - 100.0	95.1	89.9 - 100.0	-	-
Montana (NPCR)	1	<i>94.1</i>	<i>83.3 - 100.0</i>	<i>92.3</i>	<i>78.4 - 100.0</i>	-	-	92.7	86.0 - 99.4	92.1	85.0 - 99.2	-	-
	3	<i>94.2</i>	<i>83.4 - 100.0</i>	<i>92.4</i>	<i>78.5 - 100.0</i>	-	-	89.5	81.6 - 97.4	88.7	80.4 - 96.9	-	-
	5	<i>88.0</i>	<i>72.7 - 100.0</i>	<i>84.1</i>	<i>64.5 - 100.0</i>	-	-	89.6	81.7 - 97.5	88.8	80.5 - 97.0	-	-
New Mexico (SEER)	1	100.0	100.0 - 100.0	100.0	100.0 - 100.0	-	-	96.5	93.4 - 99.6	96.8	93.6 - 100.0	-	-
	3	97.5	94.2 - 100.0	96.9	92.9 - 100.0	-	-	86.5	77.8 - 95.3	89.4	81.9 - 97.0	-	-
	5	94.5	89.4 - 99.7	93.6	87.8 - 99.5	-	-	86.6	77.8 - 95.4	89.5	81.9 - 97.1	-	-
Utah (SEER)	1	99.1	97.4 - 100.0	99.1	97.4 - 100.0	-	-	97.6	94.9 - 100.0	98.6	96.5 - 100.0	-	-
	3	98.2	95.8 - 100.0	98.2	95.8 - 100.0	-	-	95.8	92.2 - 99.5	96.7	93.4 - 100.0	-	-
	5	96.5	93.2 - 99.7	96.5	93.2 - 99.7	-	-	95.9	92.2 - 99.6	96.8	93.4 - 100.0	-	-
Wyoming (NPCR)	1	-	-	-	-	-	-	<i>100.0</i>	<i>100.0 - 100.0</i>	<i>100.0</i>	<i>100.0 - 100.0</i>	-	-
	3	-	-	-	-	-	-	<i>100.0</i>	<i>100.0 - 100.0</i>	<i>100.0</i>	<i>100.0 - 100.0</i>	-	-
	5	-	-	-	-	-	-	<i>100.0</i>	<i>100.0 - 100.0</i>	<i>100.0</i>	<i>100.0 - 100.0</i>	-	-
Pacific													
Alaska (NPCR)	1	<i>100.0</i>	-	-	-	-	-	<i>91.8</i>	<i>83.0 - 100.0</i>	<i>92.6</i>	<i>82.9 - 100.0</i>	-	-
	3	<i>93.9</i>	<i>82.3 - 100.0</i>	-	-	-	-	<i>88.0</i>	<i>77.0 - 99.1</i>	<i>92.6</i>	<i>82.9 - 100.0</i>	-	-
	5	<i>93.9</i>	<i>82.3 - 100.0</i>	-	-	-	-	<i>88.1</i>	<i>77.0 - 99.2</i>	<i>92.7</i>	<i>82.9 - 100.0</i>	-	-
California (NPCR/SEER)	1	95.0	93.4 - 96.6	95.3	93.6 - 97.0	91.7	84.9 - 98.5	95.9	94.9 - 96.8	95.6	94.6 - 96.7	98.7	96.3 - 100.0
	3	87.2	84.9 - 89.6	87.1	84.6 - 89.7	79.8	67.7 - 91.8	90.6	89.0 - 92.1	90.6	88.9 - 92.3	89.8	82.3 - 97.2
	5	83.4	80.8 - 85.9	84.0	81.2 - 86.7	76.5	63.7 - 89.3	86.0	83.7 - 88.4	85.9	83.3 - 88.4	87.7	79.3 - 96.0
Hawaii (SEER)	1	100.0	100.0 - 100.0	-	-	-	-	96.2	92.1 - 100.0	<i>100.0</i>	<i>100.0 - 100.0</i>	-	-
	3	97.0	91.6 - 100.0	-	-	-	-	94.4	89.2 - 99.5	<i>100.0</i>	<i>100.0 - 100.0</i>	-	-
	5	94.0	87.4 - 100.0	-	-	-	-	94.4	89.2 - 99.5	<i>100.0</i>	<i>100.0 - 100.0</i>	-	-
Oregon (NPCR)	1	93.2	87.3 - 99.1	92.1	85.3 - 98.8	-	-	98.1	95.8 - 100.0	98.1	95.5 - 100.0	-	-
	3	86.3	78.8 - 93.8	84.0	75.5 - 92.6	-	-	92.8	87.7 - 97.9	94.7	90.1 - 99.4	-	-
	5	83.4	75.4 - 91.4	83.3	74.7 - 91.9	-	-	88.8	81.9 - 95.6	90.7	83.8 - 97.7	-	-
Washington (NPCR)	1	96.6	93.4 - 99.8	96.7	93.2 - 100.0	-	-	97.1	94.8 - 99.3	97.3	94.8 - 99.9	<i>100.0</i>	<i>100.0 - 100.0</i>
	3	92.9	88.4 - 97.4	92.1	86.8 - 97.5	-	-	95.7	93.1 - 98.4	95.7	92.7 - 98.7	<i>100.0</i>	<i>100.0 - 100.0</i>
	5	88.7	83.0 - 94.5	88.2	81.6 - 94.9	-	-	92.3	88.1 - 96.5	91.8	87.0 - 96.6	<i>100.0</i>	<i>100.0 - 100.0</i>