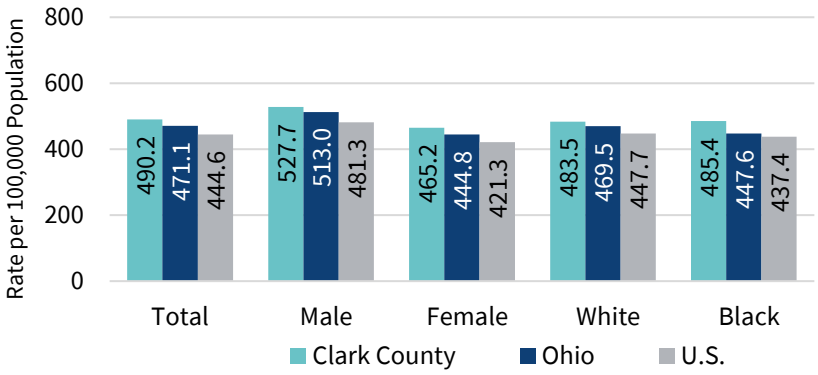
Clark County Cancer Profile 2025

Introduction

More than one in three people in the United States will be diagnosed with cancer at some point during their lifetime. Cancer is the second leading cause of death in Ohio, accounting for nearly one in five deaths. This report provides an overview of cancer in Clark County, Ohio, including data on cancer incidence (new cases) and mortality (deaths), Ohio and U.S. comparisons, trends, early detection, and risk factors. This information can be used to increase awareness about the burden of cancer in Clark County and to develop targeted cancer programs in the community.

New Cancer Cases

Figure 1. Average Annual Age-Adjusted Cancer Incidence Rates by Sex and Race in Clark County, Ohio, and the United States, 2018-2022

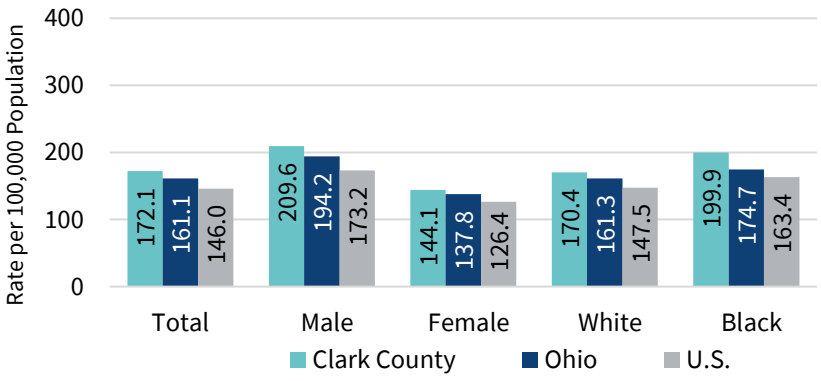


Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2025; U.S. Cancer Statistics, Centers for Disease Control and Prevention and National Cancer Institute, June 2024 (Note: 2017-2021 U.S. cancer incidence data was the most recent available at the time of this publication).

- An average of **923** new invasive cancer cases were diagnosed each year among Clark County residents from 2018 through 2022.
- The cancer incidence rate for all sites/types combined in Clark County was 490.2 per 100,000 population, compared with the Ohio rate of 471.1 per 100,000 and the U.S. rate of 444.6 per 100,000.
- Cancer incidence rates among males were higher than the rates among females in Clark County, Ohio, and the United States.

Cancer Deaths

Figure 2. Average Annual Age-Adjusted Cancer Mortality Rates by Sex and Race in Clark County, Ohio, and the United States, 2018-2022

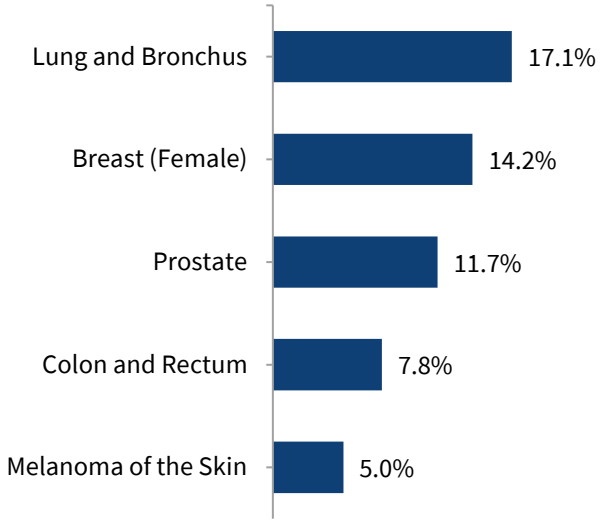


Source: SEER*Stat Database: Mortality - All Cause of Death, Aggregated With County, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.

- An average of **338** cancer deaths occurred each year among Clark County residents from 2018 through 2022.
- The 2018-2022 cancer mortality rate in Clark County was 172.1 per 100,000 population, compared with the Ohio rate of 161.1 per 100,000 and the U.S. rate of 146.0 per 100,000.
- Cancer mortality rates among males were higher than the rates among females in Clark County, Ohio, and the United States from 2018 to 2022.

Top Five Cancers by Percentage of New Cancer Cases

Figure 3. Percentage of New Invasive Cancer Cases by Site/Type for the Top Five Cancers in Clark County, 2018-2022

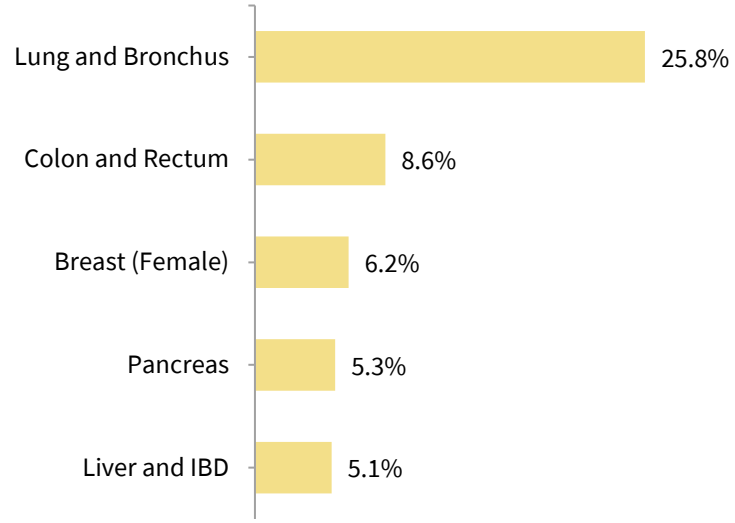


- Lung and bronchus cancer was the leading cause of cancer incidence in Clark County from 2018 to 2022, accounting for 17.1% of cancer cases, followed by female breast cancer, prostate cancer, colon and rectum cancer, and melanoma of the skin.
- Together, the top five cancers accounted for 56% of all new invasive cancer cases.

Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2025.

Top Five Cancers by Percentage of Cancer Deaths

Figure 4. Percentage of Cancer Deaths by Site/Type for the Top Five Cancers in Clark County, 2018-2022



- Lung and bronchus cancer was the leading cause of cancer mortality in Clark County from 2018 to 2022, accounting for 25.8% of cancer deaths, followed by colon and rectum cancer, female breast cancer, pancreatic cancer, and liver and intrahepatic bile duct cancer.
- Together, the top five cancers accounted for 51% of all cancer deaths.

Source: SEER*Stat Database - Mortality: All Cause of Death, Aggregated With State, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.
IBD = Intrahepatic Bile Duct.

Cancer Sites/Types

Table 1. Average Annual Number and Age-Adjusted Cancer Incidence and Mortality Rates by Site/Type in Clark County, Ohio, and the United States, 2018-2022

	Incidence				Mortality			
	Clark County		Ohio	U.S.	Clark County		Ohio	U.S.
	Cases	Rate	Rate	Rate	Deaths	Rate	Rate	Rate
All Sites/Types	**923**	**490.2**	**471.1**	**444.6**	**338**	**172.1**	**161.1**	**146.0**
Bladder	45	22.6	21.5	18.8	9	4.8	4.9	4.1
Brain and Other CNS	9	4.9	6.5	6.3	8	3.8	4.5	4.4
Breast (Female)	131	137.2	133.0	129.8	21	20.6	20.2	19.3
Cervix	7	9.9	7.8	7.5	<2	*	2.3	2.2
Colon and Rectum	72	39.7	38.2	36.4	29	15.5	13.9	12.9
Esophagus	12	6.2	5.8	4.5	11	5.7	4.8	3.7
Hodgkin Lymphoma	3	2.1	2.6	2.5	<2	*	0.3	0.3
Kidney and Renal Pelvis	35	20.0	18.2	17.3	7	3.7	3.8	3.4
Larynx	7	3.8	3.6	2.9	3	1.6	1.1	0.9
Leukemia	23	12.8	12.9	14.1	16	8.1	6.3	5.9
Liver and Intrahepatic Bile Duct	17	8.6	7.6	8.6	17	8.7	6.2	6.6
Lung and Bronchus	157	76.9	63.3	53.3	87	43.2	39.8	32.4
Melanoma of the Skin	46	26.0	27.0	22.7	5	3.0	2.4	2.0
Multiple Myeloma	10	5.1	6.4	7.1	6	3.1	3.2	3.0
Non-Hodgkin Lymphoma	36	19.3	18.8	18.5	10	5.3	5.5	5.0
Oral Cavity and Pharynx	25	13.6	12.9	12.0	7	3.4	2.9	2.6
Ovary	8	7.8	9.8	10.1	4	3.8	5.8	6.0
Pancreas	24	12.0	14.1	13.5	18	8.8	12.1	11.2
Prostate	108	111.3	120.7	113.1	14	16.3	19.3	19.0
Stomach	10	5.8	5.7	6.3	3	1.8	2.2	2.7
Testis	4	6.8	5.9	5.7	<2	*	0.3	0.3
Thyroid	21	14.6	14.1	12.9	<2	*	0.5	0.5
Uterus	28	28.8	30.4	27.8	5	4.6	5.4	5.2

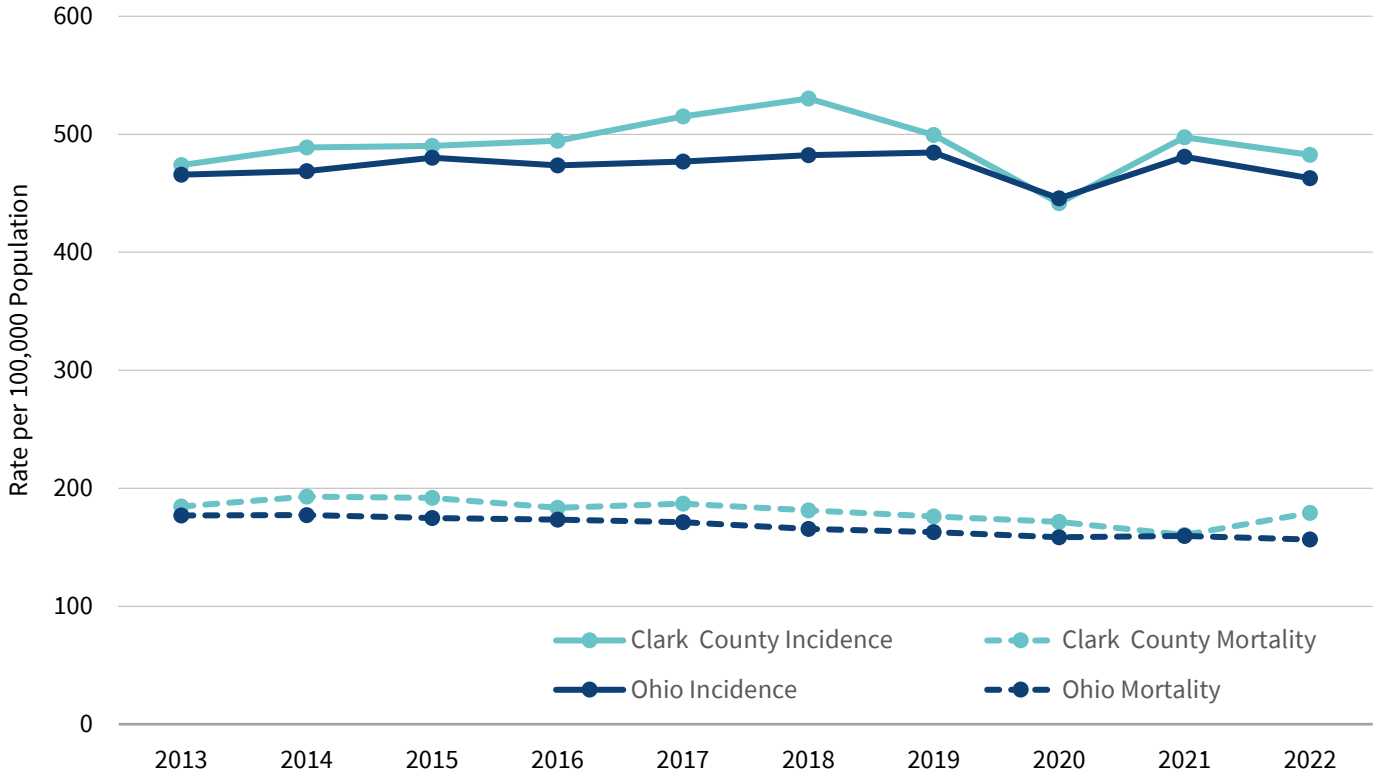
Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2025; U.S. Cancer Statistics, Centers for Disease Control and Prevention and National Cancer Institute, June 2024 (Note: 2017-2021 U.S. cancer incidence data was the most recent available at the time of this publication); SEER*Stat Database: Mortality - All Cause of Death, Aggregated With County, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.
Rates are sex-specific for cancers of the breast, cervix, ovary, prostate, testis, and uterus.
CNS = Central Nervous System.
* Rates may be unstable and are not presented when the total count from 2018 to 2022 is less than five (incidence) or 10 (mortality).
The total for all sites/types in Clark County includes an average of 82 new cases and 52 deaths from other types of cancer (not shown).

Trends

Cancer incidence rates were relatively stable in Clark County from 2013 to 2019, decreased in 2020, and rebounded in 2021 and 2022. In Ohio, cancer incidence rates slightly increased from 2013 to 2019, decreased in 2020, and rebounded in 2021 and 2022. The COVID-19 pandemic disrupted health services, leading to delays and reductions in cancer screening and diagnosis. This may have contributed to the decline in new cancer cases in 2020.

Cancer mortality rates decreased slightly in Clark County and declined 12% in Ohio from 2013 to 2022. It is important to note that cancer incidence and mortality rates at the county level are often variable from year to year, particularly for counties with small populations.

Figure 5. Trends in Age-Adjusted Cancer Incidence and Mortality Rates for All Cancers Combined in Clark County and Ohio, 2013-2022



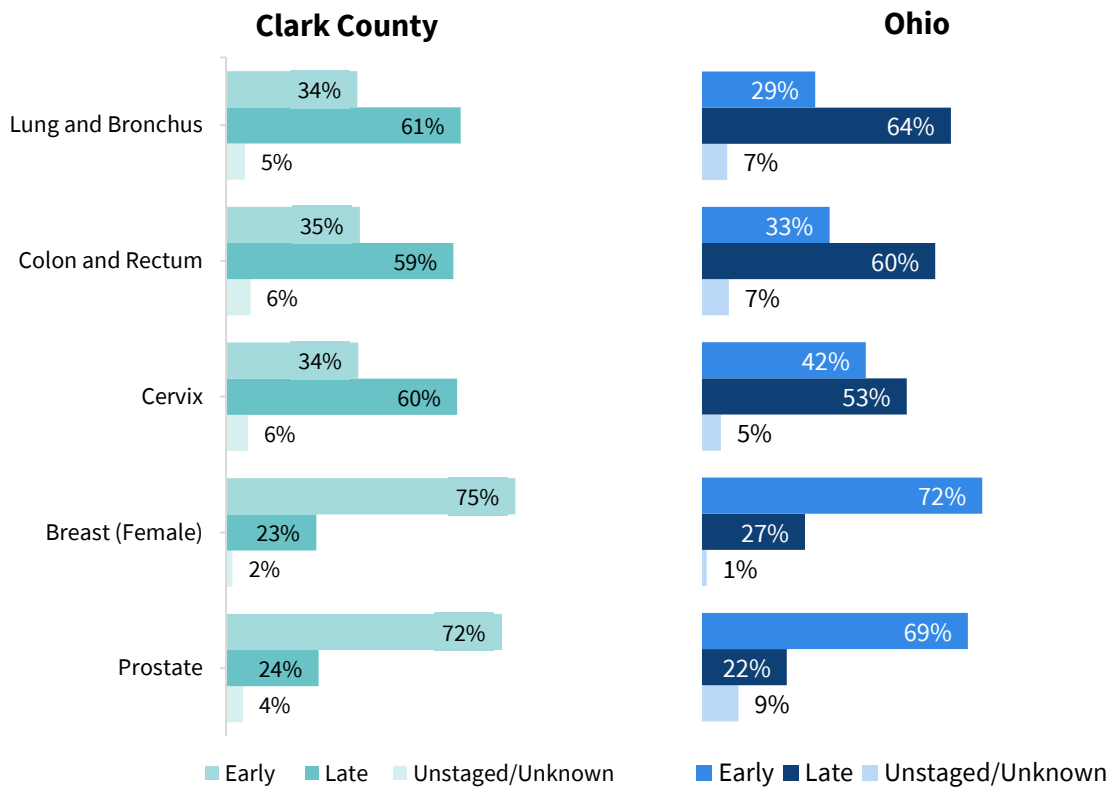
Source: Ohio Cancer Incidence Surveillance System and the Bureau of Vital Statistics, Ohio Department of Health, 2025.

Stage at Diagnosis

Cancer stage at diagnosis is the extent or spread of the tumor from the site of origin. According to a system of summary staging (SEER Summary Stage), the stages, in order of increasing spread, are *in situ*, local, regional, and distant. Early- stage cancers are those diagnosed at the *in situ* or local stages, where the cancer has not spread to other parts of the body. Late-stage cancers are those diagnosed at the regional stage (cancer has spread to the lymph nodes) or distant stage (cancer has spread to other organs). Cancers may also be reported as unstaged/unknown when information is not sufficient to assign a stage. (See Glossary on page 8.) Please note that the percentage of unstaged/unknown cases can vary by cancer site/type and region and may impact the percentage distribution of early and late-stage cases; therefore, comparisons between the county and the state should be interpreted with caution when the proportion of unstaged/unknown cases in the county is considerably different than the state. Regular screening can result in the detection of certain cancers (including lung and bronchus, cervix, colon and rectum, breast, and prostate) at earlier stages, when treatment is more likely to be successful.

Clark County had a higher proportion of late stage cervical cancer from 2018 to 2022, compared with Ohio.

Figure 6. Proportion of Cases (%) by Stage Group for Select Cancers in Clark County and Ohio, 2018-2022



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2025.

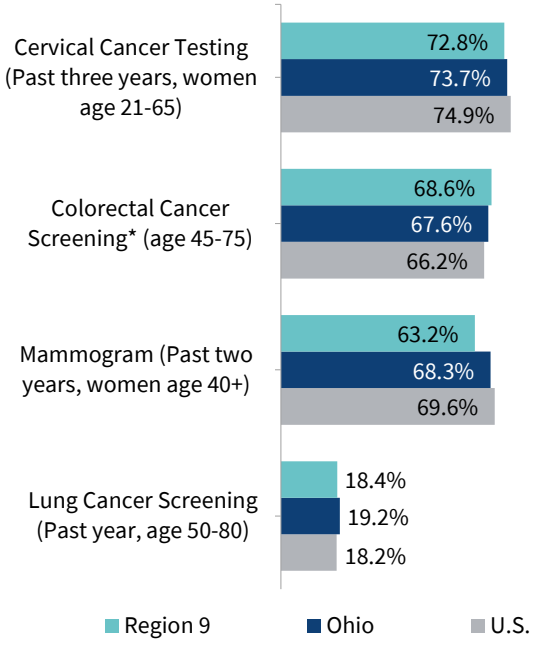
Early Detection

Cancer screening can detect some cancers early when treatment is often less intensive and more successful. The American Cancer Society indicates that cancer screening is known to reduce mortality for cancers of the breast, colon and rectum, cervix, prostate, and lung and bronchus (among current or former heavy smokers). Screening can help prevent colon and rectum and cervical cancers by detecting precancerous lesions that can be removed.

The Ohio Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey conducted by the Ohio Department of Health (ODH) and supported by the Centers for Disease Control and Prevention (CDC). The BRFSS is the primary source of health information voluntarily self-reported by Ohio residents 18 years and older. The 14 geographic regions and associated counties are shown in the map on the left.

Prevalence refers to the proportion of people with a certain disease or characteristic at a given time. Figure 7 shows the prevalence of adults in the region that includes Clark County (Region 9) who reported having a recommended cancer screening test in 2022, compared with Ohio and the United States.

Figure 7. Prevalence of Adults Who Reported Having a Recommended Cancer Screening Test in Region 9, Ohio, and the United States, 2022



Source: 2022 Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health, 2025.

In Region 9:

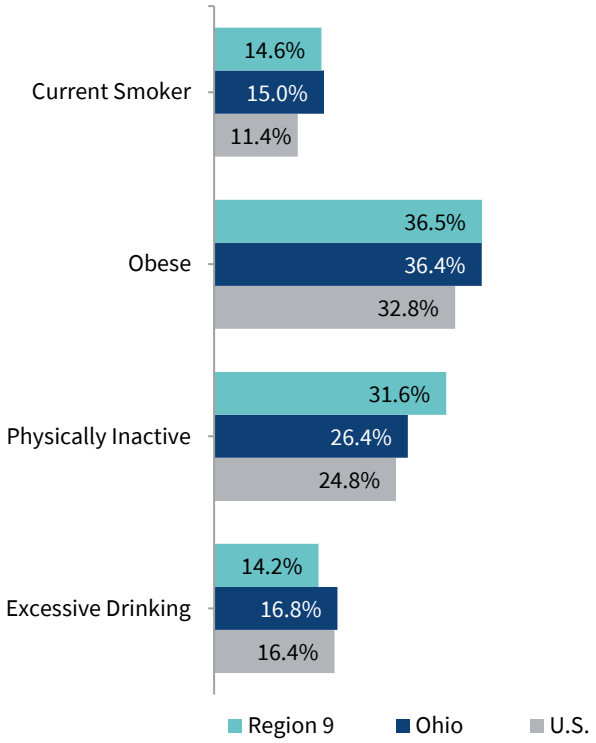
- Among women 21 to 65 years old, 72.8% reported they had a cervical cancer test in the past three years, compared with 73.7% in Ohio and 74.9% in the United States.
- Among adults 45 to 75 years old, 68.6% met colon and rectum cancer screening guidelines*, compared with 67.6% in Ohio and 66.2% in the United States.
- Among women 40+ years old, 63.2% reported they had a mammogram in the past two years, compared with 68.3% in Ohio and 69.6% in the United States.
- Among adults 50 to 80 years old, 18.4% with a 20 pack/year smoking history or who currently smoke or have quit within the past 15 years reported that they had a computed tomography (CT) scan in the past year, compared with 19.2% in Ohio and 18.2% in the United States.

*A screening colonoscopy every 10 years, or sigmoidoscopy every five years with high-sensitivity fecal occult blood test (FOBT) every three years, or screening with high-sensitivity FOBT every year.

Risk Factors

A cancer risk factor is anything that increases a person's risk of developing cancer. Modifiable cancer risk factors include health behaviors and lifestyle factors such as tobacco use, obesity, physical inactivity, and excessive drinking. It is often not just one factor that increases a person's risk of developing cancer; rather, cancer most often results from a complex interaction of multiple factors.

Figure 8. Prevalence of Adults Who Are Current Smokers, Obese, Physically Inactive, or Excessive Drinkers in Region 9, Ohio, and the United States, 2023



- In Region 9, 14.6% of adults are current smokers, compared with 15.0% in Ohio and 11.4% in the United States.
- In Region 9, 36.5% of adults are obese, compared with 36.4% in Ohio and 32.8% in the United States.
- In Region 9, 31.6% of adults are physically inactive, compared with 26.4% in Ohio and 24.8% in the United States.
- In Region 9, 14.2% of adults are excessive drinkers, compared with 16.8% in Ohio and 16.4% in the United States.

Source: 2023 Behavioral Risk Factor Surveillance System (BRFSS), 2025.
Current Smoker = Percentage of adults (age 18+) who are current smokers.
Obese = Percentage of adults (age 18+) with a body mass index (BMI) ≥ 30 kg/m^2.
Physically Inactive = Percentage of adults (age 18+) who reported no leisure-time physical activity in the past 30 days.
Excessive Drinking = Percentage of adults (age 18+) reporting binge or heavy drinking. Binge drinking = Five or more drinks per occasion (men) or four or more drinks per occasion (women) in the past 30 days. Heavy drinking = More than two drinks per day (men) or more than one drink per day (women).

DID YOU KNOW?

- Tobacco use is associated with 12 types of cancer. Nearly one-third of all cancer deaths could be prevented by eliminating tobacco use.
- Overweight and obesity are associated with at least 13 types of cancer. Nearly one-fifth of cancer deaths could be prevented by adopting healthy eating and active living practices.

Glossary

Age adjustment: A statistical method used to compare rates among groups of people with different age compositions. This method applies a standard age composition to the groups being compared to remove the effect of age. Rates presented in this report are age-adjusted to the 2000 U.S. standard population.

Incidence rate: The number of new cases of a disease that occur in a defined population per 100,000 during a specified period of time. Incidence counts and rates in this report were based on newly diagnosed invasive cancers and *in situ* (non-invasive) bladder cancers.

Invasive cancer: Cancer that has spread beyond the layer of cells where it first developed to involve adjacent tissues. Invasive cancer excludes basal and squamous cell carcinomas of the skin, benign and borderline brain and central nervous system tumors, and *in situ* cancers except urinary bladder.

Mortality rate: The number of deaths that occur in a defined population per 100,000 during a specified period of time.

Prevalence: The proportion of people with a certain disease or characteristic at a given time.

Stage at diagnosis: The degree to which a tumor has spread from its site of origin at the time of diagnosis. A system of summary staging is often used to group cases into the following stages:

- ***In situ*** – Noninvasive cancer that has not penetrated surrounding tissue.
- **Local** – A malignant tumor confined entirely to the organ of origin.
- **Regional** – A malignant tumor that has extended beyond the organ of origin directly into surrounding organs or tissues or into regional lymph nodes.
- **Distant** – A malignant tumor that has spread to parts of the body (distant organs, tissues, and/or lymph nodes) remote from the primary tumor.
- **Unstaged/Unknown** – Insufficient information is available to determine the stage or extent of the disease at diagnosis.

Stage group: Cancer stages are further collapsed into the following stage groupings:

- **Early stage** – Cancers diagnosed at the *in situ* or local stage.
- **Late stage** – Cancers diagnosed at the regional or distant stage.

Tumor: An abnormal lump or mass of tissue. Tumors can be benign (noncancerous) or malignant (cancerous).

Sources of Data and Additional Information

Ohio Cancer Incidence Surveillance System (OCISS):
Cancer incidence data were provided by OCISS, the central cancer registry for Ohio. OCISS is supported in part by the State of Ohio and the Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries, cooperative agreement number NU58DP007097. The contents of this report are the sole responsibility of the Ohio Department of Health (ODH) and do not necessarily represent the official views of the CDC.

OCISS website: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/welcome-to.
Phone: 614-752-2689.
Email: ociss@odh.ohio.gov.

U.S. Cancer Incidence:
U.S. Cancer Statistics, Centers for Disease Control and Prevention and National Cancer Institute, June 2024 (Note: 2017-2021 U.S. cancer incidence data was the most recent available at the time of this publication).

U.S. Cancer Mortality:
SEER*Stat Database: Mortality - All Cause of Death, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.
Analysis performed using SEER*Stat 8.4.4 software.

American Cancer Society:
https://www.cancer.org/.

National Cancer Institute:
https://www.cancer.gov/.

Centers for Disease Control and Prevention:
https://www.cdc.gov/cancer/.