

# Michigan Cancers

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## Abstract

The Michigan Environmental Public Health Tracking (MiTracking) Program has created a dataset that includes the following types and sub-types of cancers.

1. Acute Myeloid Leukemia.
2. Bladder.
3. Brain and Central Nervous System (CNS).
4. Breast.
5. Chronic Lymphocytic Leukemia.
6. Kidney and Renal Pelvis.
7. Leukemia.
8. Liver and Intrahepatic Bile Duct.
9. Lung and Bronchus.
10. Melanoma.
11. Mesothelioma.
12. Non-Hodgkin's Lymphoma.
13. Thyroid.

This dataset allows for the calculation of single-year and five-year incidence counts and age-adjusted cancer rates by state, county, race and/or sex. The data are updated annually. The processing time for a report from diagnosis to statistics is usually about three years.

Data from the Michigan Cancer Surveillance Program (MCSP) were used to create this dataset. The Michigan Department of Health and Human Services (MDHHS) Division for Vital Records and Health Statistics (DVRHS) shared these data through a Data Sharing Agreement with MiTracking. The data were also reviewed by the Scientific Advisory Board.

All users are recommended to read and fully comprehend the metadata prior to data use. To access these data, visit the [MiTracking Data Portal](#).

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## Purpose

The Michigan Data Portal provides public health professionals, researchers, Tracking grantees and the public with aggregate information on cancers in the state of Michigan.

MDHHS is mandated by Act 82 of 1984, effective July 1, 1984, to establish a cancer registry for the state of Michigan. This statute states that "the department shall establish a registry to record cases of cancer and other specified tumorous and precancerous diseases that occur in the state and to record information concerning these cases as the department considers necessary and appropriate in order to conduct epidemiologic surveys of cancer and cancer-related diseases in the state."

Any facility diagnosing and/or treating a cancer patient is required to submit reports of diagnosed cancers. In addition, all hospitals, clinical laboratories, physician offices, dentists and clinic directors who have knowledge of a case of cancer shall report the case to MDHHS.

On October 1, 2004, the MCSP implemented the collection of benign/borderline intracranial and CNS tumors as a new requirement.

A statewide population-based cancer registry is the only means whereby statewide incidence data for cancers by type and by area of residence can be developed. Information on cancer cases is employed as a basis for cancer surveillance, as a tool for initial evaluation of cancer incidence within regions of particular interest and as a source of baseline incidence data. The registry is of value in examining the frequency of cancer by demographic characteristics such as age, race and sex and is of significant value to researchers in epidemiological case control studies. These data are also helpful in the areas of planning health education and addressing public health concerns.

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### **Supplemental Information**

MCSP began tabulating cancer incidence reports on January 1, 1985. By the end of 2024, the state central cancer registry contained 1.7 million reports. These cases represent approximately 180 reporting facilities, which include hospitals, physician offices and laboratories.

The Metropolitan Detroit Cancer Surveillance System operates a Surveillance Epidemiology End Results (SEER) registry which reports for all hospitals and a majority of the laboratories within Oakland, Macomb and Wayne counties. The SEER registry receives cancer case reports from approximately 100 hospitals and laboratories in these three counties. As data come from multiple sources, the data are consolidated by the cancer registry staff to make a case report for each reportable tumor type.

Facilities can report cancer cases to the state central cancer registry either manually on the cancer report form or electronically through the state's free software, Abstract Plus. Hospital registries are becoming more sophisticated in their collection and transferal methods since the state cancer registry began in 1985. Approximately 90% of the cases from hospitals and regional registries use an automated reporting system. Automated facilities send their data through WebPlus, a secure web-based application.

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### **Keywords**

Cancer; cancers; Acute myeloid leukemia; Bladder; Brain; Central nervous system; Breast; Chronic lymphocytic leukemia; Kidney; Leukemia; Leukemia; Leukemia; Liver; Lung; Melanoma; Mesothelioma; Non-Hodgkin's lymphoma; Thyroid; Health outcomes; Health effects.

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### **Bounding Coordinates**

Geographically, all cases in this dataset occurred for residents of the state of Michigan. This means that all cases occurred within the latitude/longitude coordinates listed below:

- West Bounding Coordinate: 90.418133999999995.
- East Bounding Coordinate: -82.418394000000006.
- North Bounding Coordinate: 48.189534000000002.
- South Bounding Coordinate: 41.696088000000003.

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### Other Information on Data

- **Level of Geographic Detail:** Statewide, County.
- **Currentness Reference** (when data were last updated): Sept. 25, 2024.
- **Frequency at which the data are updated:** Annually.
- **Data Status:** Complete.

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### Completeness Report

All registries funded by CDC's National Program of Cancer Registries are expected to meet established standards. One of these standards requires that central cancer registries, including MCSP, submit de-identified cancer data (data from which all information that could identify patients has been removed) to CDC annually.

These data are evaluated for quality, completeness and timeliness according to the National Data Quality Standard for 23-month data and the Advanced National Data Quality Standard for 12-month data. Learn more about [NCPR Standards](#).

MCSP also annually submits de-identified cancer data to the North American Association of Central Cancer Registries (NAACCR). In 1997, NAACCR instituted a program that annually reviews member registries for their ability to produce complete, accurate and timely data. NAACCR annually reviews data from member registries to assure the quality, accuracy and completeness of cancer incidence data based on pre-determined objective and independent registry certification criteria. Learn more about [NAACCR certification standards](#).

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### Data Processing Description

**Data Source:** The dataset was processed and created using data from the Michigan Cancer Surveillance Program through the MDHHS DVRHS.

**Inclusion Criteria:** The dataset was prepared using the instructions found in the CDC Indicator Templates for Cancers, March 19, 2013. Any facility diagnosing and/or treating a cancer patient is required to submit reports of diagnosed cancers. In addition, all hospitals, clinical laboratories, physician offices, dentists and clinic directors who have knowledge of a case of cancer shall report the case to MDHHS.

## Data Calculations:

- **Annual Number of Cases:** All new, unique cases of cancer for people living in Michigan were counted. That number was stratified by sex and race. These steps were repeated for each available year of data.
- **Annual Age-Adjusted Rate:** All new, unique cases of cancer for people living in Michigan were counted for each age group.<sup>1</sup> Each age group count was then divided by the number of Michigan residents in that age group. Because cancer can be rare, these divided numbers were multiplied by 100,000 to produce age group specific rates. A “population weight” was calculated for each age group by dividing the number of people in an age group by the total population. Currently, the U.S. population in 2000 is used to calculate the population weights. We multiplied each age group specific rate by its corresponding population weight to produce standardized age group specific rates. We then summed all standardized age group specific rates to get the age-adjusted rate. These steps were repeated by sex and by race for each available year of data.
- **Five-Year Number of Cases:** All new, unique cases of cancer occurring over a five-year period for people living in Michigan and each Michigan county were counted. Those numbers were stratified by sex and race. These steps were repeated for each available five-year range of data. To protect individual privacy, many years of data are sometimes grouped together because the number of cases per year are too small to provide to the public.
- **Five-year Age-Adjusted Rate:** All new, unique cases of cancer occurring over a five-year period for people living in Michigan were counted for each age group.<sup>1</sup> Each age group count was then divided by the five-year sum of the annual number of Michigan residents in that age group. Because cancer can be rare, these divided numbers were multiplied by 100,000 to produce age group specific rates. A “population weight” was calculated for each age group by dividing the number of people in an age group by the total population. Currently, the U.S. population in 2000 is used to calculate the population weights. We multiplied each age group specific rate by its corresponding population weight to produce standardized age group specific rates. We then summed all standardized age group specific rates to get the age-adjusted rate. These steps were repeated by sex and by race. These steps were repeated for each available five-year range of data. Five-year age-adjusted rates were calculated for each county for each type of cancer, except mesothelioma, which was excluded due to small numbers.

In some instances, counts were too small for us to display cancer site data by race, sex and/or county. Data availability for each cancer site on the data portal is illustrated in

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<sup>1</sup> Age groups include <5, 5-9, 10-14, ..., 80-84, 85+

Table 1.

Cancer Site	Frequency	Sex	Race	County
Acute Myeloid Leukemia	Annual	Yes	Yes	No
Bladder	Annual	Yes	Yes	No
Bladder	5-Year	Yes	Yes	Yes
Brain and Central Nervous System	Annual	Yes	Yes	No
Brain and Central Nervous System	5-Year	Yes	Yes	Yes
Breast	Annual	No	Yes	No
Breast	5-Year	No	Yes	Yes
Chronic Lymphocytic Leukemia	Annual	Yes	Yes	No
Kidney and Renal Pelvis	Annual	Yes	Yes	No
Kidney and Renal Pelvis	5-Year	Yes	Yes	Yes
Leukemia	Annual	Yes	Yes	No
Leukemia	5-Year	Yes	Yes	Yes
Liver and Intrahepatic Bile Duct	Annual	Yes	Yes	No
Liver and Intrahepatic Bile Duct	5-Year	Yes	Yes	Yes
Lung and Bronchus	Annual	Yes	Yes	No
Lung and Bronchus	5-Year	Yes	Yes	Yes
Melanoma	Annual	Yes	Yes	No
Melanoma	5-Year	Yes	Yes	Yes
Mesothelioma	5-Year	Yes	Yes	No
Non-Hodgkin's Lymphoma	Annual	Yes	Yes	No
Non-Hodgkin's Lymphoma	5-Year	Yes	Yes	Yes
Thyroid	Annual	Yes	Yes	No
Thyroid	5-Year	Yes	Yes	Yes

Table 1 – Cancer sites and their availability on the MiTracking Data Portal for one-year or five-year aggregations by age, sex and county of residence

**Data Limitations:**

Differences in rates over time or by area may reflect differences or changes in diagnostic techniques and criteria and in the coding of cancers.

Differences in rates by area may be due to different socio-demographic characteristics and associated behaviors. When comparing rates across geographic areas, a variety of non-

environmental factors, such as access to medical care and diet, can impact the likelihood of developing a cancer.

MiTracking and its data partners have applied appropriate cell suppression rules imposed by the data providers and/or using guidance from the CDC. Even at the county level it can be expected that the measures generated will often be based upon numbers too small to report or present without violating state and federal privacy guidelines and regulations. Staff have adhered to the cell suppression rules by suppressing all counts greater than 0 and less than six, along with their corresponding rates. Age-adjusted rates based on counts less than 20 have been suppressed to provide reliable rates only. [Complimentary suppression](#) has also been completed to prevent any back calculation of suppressed cells. For some data, it was necessary to increase cell sizes by combining data across time (i.e., years) and geographic areas (i.e., statewide instead of county-level data).

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### **Access Constraints**

There are no access constraints for data available through the MiTracking Data Portal. Although these data are intended for use on the [CDC Tracking Data Explorer](#), there may be certain requirements related to privacy/disclosure concerns, given the potentially sensitive nature of the data. Such requirements may involve special suppression rules when there are small counts. Data will be displayed via the CDC Tracking Data Explorer and Michigan data portal only when sufficient conditions have been met to protect data privacy.

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### **Use Constraints**

All users are recommended to read and fully comprehend the metadata prior to data use. Efforts have been made to ensure the accuracy of the data. These data are supplied by the MCSP. The data are also used by MiTracking to compile, integrate and disseminate environmental hazard, exposure and health effects data pursuant to criteria and requirements set forth by the CDC.

Data users are prohibited from attempting to learn the identity of any person included in the data and from linking these data with any other data for the purpose of matching records to identify individuals or entities (e.g., hospitals).

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### **Security Handling Description**

If data are distributed, the use constraints specified in this metadata apply to all recipients of the data.

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### **Distribution Liability**

The MiTracking Program is maintained, managed and operated by EHB within MDHHS. In preparation of these data, every effort has been made to provide the most current, correct, complete and clearly expressed information possible. Nevertheless, some errors in the data may exist. It is strongly recommended that careful attention be paid to the contents of the metadata file associated with these data to evaluate dataset limitations, restrictions or intended use(s). If errors or otherwise inappropriate information is

brought to our attention, a reasonable effort will be made to fix or remove it. Such concerns should be addressed to the MiTracking Program.

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### **Custom Order Process**

For access to national and multi-state unrestricted or public use data, visit [CDC Tracking](#).

For access to unrestricted or public use Michigan-specific data, please contact the [Michigan Cancer Surveillance Program](#).

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### **Contact Information**

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