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Trends and Disparity in Rising Mortality from Pancreatic Cancer and Pulmonary Embolism in the United States, 1999-2024: A CDC WONDER Analysis

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Abstract

Background

National mortality trends involving pancreatic cancer and pulmonary embolism (PE) remain poorly characterised. We evaluated temporal, demographic, geographic and projected US mortality patterns.

Methods

We analysed CDC WONDER mortality data for adults aged at least 25 years from 1999 through 2024. Deaths were included when pancreatic cancer and PE were listed as underlying or contributing causes. Age-adjusted mortality rates (AAMRs) per 100,000 population were assessed using Joinpoint regression, and autoregressive integrated moving average models generated forecasts.

Results

Overall, 18,243 deaths involved both pancreatic cancer and PE. Annual deaths rose from 329 in

1999 to 1,577 in 2024, while the AAMR increased from 0.19 to 0.55 per 100,000. Mortality increased by 2.65% annually from 1999 to 2016 and by 8.54% annually from 2016 to 2024; the overall average annual percentage change was 4.50%. Rates were consistently higher among males than females. In 2024, AAMRs were 0.93 among non-Hispanic Black or African American individuals and 0.55 among non-Hispanic White individuals. Mortality increased across all Census regions, with the highest 2024 AAMR in the Midwest (0.59). The overall AAMR was projected to reach 0.95 per 100,000 by 2034.

Conclusion

Mortality involving pancreatic cancer and PE increased substantially in the United States, with marked acceleration after 2016 and persistent demographic and geographic disparities. These findings support thrombotic-risk assessment and PE recognition in pancreatic cancer.

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