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Trends, Disparities, and Forecasts in Mortality Involving Pancreatic Cancer and Cerebrovascular Disease in the United States, 1999-2024

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Abstract

Background

The mortality burden associated with coexisting pancreatic cancer and cerebrovascular disease in the United States remains poorly characterised. We evaluated temporal, demographic, geographic, urbanisation, and forecasted mortality patterns.

Methods

This retrospective population-based study used CDC WONDER Multiple Cause of Death data for adults aged 25 years or older from 1999 to 2024. Deaths were included when both conditions were listed as underlying or contributing causes. Age-adjusted mortality rates (AAMRs) were analysed using Joinpoint regression, and autoregressive integrated moving average models generated 10-year forecasts.

Results

Overall, 22,085 deaths were identified. Annual deaths increased from 591 in 1999 to 1,630 in 2024, while the AAMR increased from 0.32 to 0.56 per 100,000. Rates were stable from 1999 to 2013, then increased significantly through 2024 (annual percentage change, 6.26%; 95% confidence interval, 5.11–8.25). Mortality was higher among males, reaching 0.65 per 100,000 in 2024, and highest among non-Hispanic Black or African American individuals at 0.87 per 100,000. Mortality increased significantly across all Census regions, with the highest 2024 AAMR in the Midwest at 0.57 per 100,000. Metropolitan and nonmetropolitan rates reached 0.45 per 100,000 by 2020. The overall AAMR was projected to reach 0.76 per 100,000 by 2034.

Conclusion

US mortality involving pancreatic cancer and cerebrovascular disease increased substantially after 2013, with persistent sex, racial, and geographic disparities.

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