

## Cancer Trends Post-Pandemic: Charting Impacts in New Jersey

**KEY FINDING** A national study found that cancer patients diagnosed in the first two years of the pandemic had lower probability of survival – but this analysis of New Jersey data shows no such disruption in cancer mortality post-pandemic and, in fact, the cancer mortality rate declined 18.8% between 2016 and 2024.

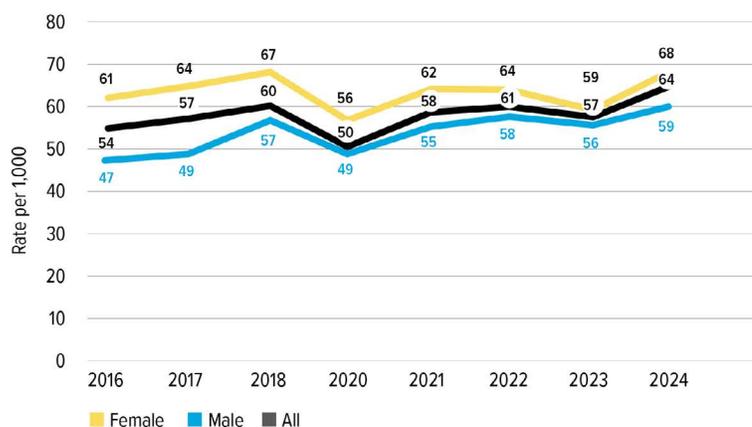
A U.S. cohort study published in [JAMA Oncology](#) of more than 1 million individuals compared cancer deaths from 2015-2019 with outcomes among people diagnosed with cancer during 2020-2021. The authors found that individuals diagnosed during the COVID-19 pandemic had significantly lower survival probabilities. Notably, this reduction in survival did not differ by cancer stage; both early-stage and late-stage cancers showed similar declines. Overall, there were 13.1% more deaths within one year of diagnosis than expected – equivalent to an excess of 17,390 deaths among those diagnosed in 2020-2021.

New Jersey was among the states most severely affected during the early phase of the COVID-19 pandemic. Motivated by the JAMA article, NJHA’s Center for Health Analytics, Research & Transformation analyzed data from the New Jersey Behavioral Risk Factor Survey (NJBRFS), the New Jersey Hospital Discharge Data Collection System (NJDDCS) and death records from N.J. State Health Assessment Data (NJSHAD) to assess cancer prevalence, hospitalizations, and age-adjusted cancer mortality from 2016 to 2024 – a period that includes the pandemic years. Hospital patient trends were examined across inpatient stays – captured as “hospital discharges” – along with emergency department visits and same-day surgery or same-day medical care. Prevalence – which is a measure of the number of adults in the state who have been diagnosed with cancer out of total surveyed adults – and age-adjusted cancer death rates were evaluated overall and by gender.

### Cancer Prevalence (Figure 1)

Figure 1 shows the trend in age-adjusted cancer prevalence rates among NJBRFS respondents who reported ever receiving a cancer diagnosis, measured between 2016 and 2024. Cancer prevalence data provides a population-level snapshot of cancer diagnoses in the state. While cancer prevalence dipped in the first year of the pandemic – possibly due to disruptions in screening and testing that delayed diagnoses – the overall rate remains consistent with pre-pandemic levels. All told, cancer prevalence increased from 54 per 1,000 population in 2016 to 64 in 2024, an increase of 18.5%.

### Cancer Prevalence Among Adults



**18.5%**  
▲  
Overall, cancer prevalence increased 18.5%.

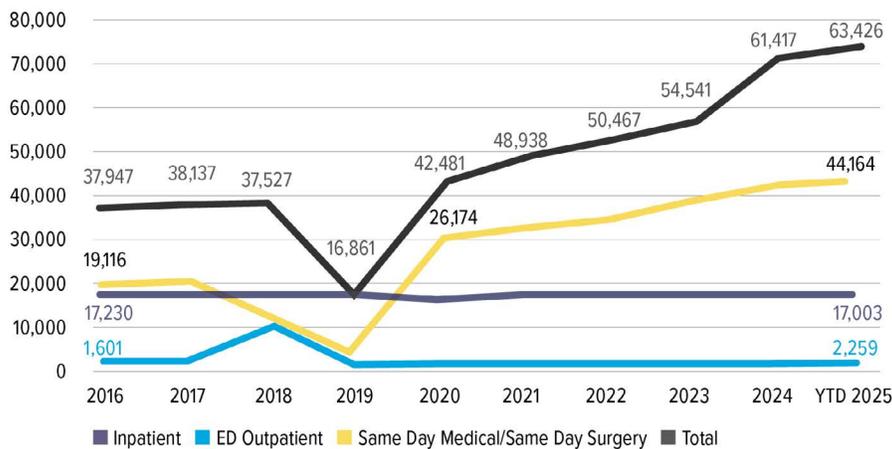
Source: NJBRFS

Figure 1. Age-adjusted cancer prevalence rates among New Jersey adults, 2016–2024, by gender.

## Cancer-Related Hospitalizations (Figure 2)

Figure 2 shows a marked drop in total cancer hospitalizations in 2019 – as measured in hospital discharge data – followed by a sustained increase beginning in 2020. The dip in 2019 may reflect a change in coding practices, payer mix, or could be related to the transition between reporting cycles; NJHA continues to investigate this pattern. The rise from 2020 onward was driven primarily by growth in same day medical/same day surgery encounters, reflecting a broader national shift toward outpatient and ambulatory cancer care as hospitals expanded treatment capacity beyond traditional inpatient settings. These patterns were consistent when examined as percentages over time. In contrast, inpatient cancer cases remained stable throughout the study period, while emergency department cancer visits fell in 2019 and then stayed relatively steady through 2025. The overall trend shows a 67% increase in cancer hospitalizations between 2016 and 2024.

### Cancer Hospitalizations by Patient Type



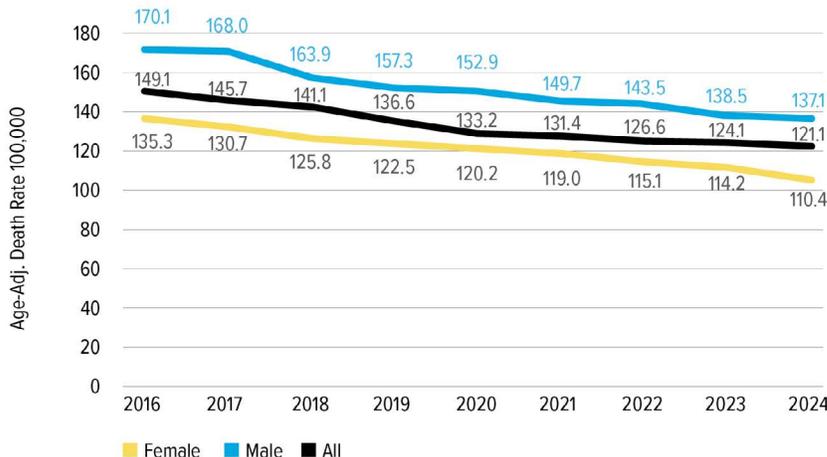
Source: NJDDCS

Figure 2. Cancer-related hospitalizations in New Jersey by patient type, 2016–2025.

## Cancer Mortality (Figure 3)

Figure 3 shows the steady decline in age-adjusted cancer death rates per 100,000 population for males, females and the total population. Although males consistently experienced higher cancer mortality than females, both groups showed a downward trend over the study period, with a total decline of 18.8%. A declining age-adjusted mortality rate indicates improved cancer treatment outcomes.

### Cancer Mortality by Gender



Source: NJSHAD

Figure 3. Age-adjusted cancer death rates per 100,000 New Jersey residents, 2016–2024, by gender.

## **Continuity of Cancer Care Throughout Pandemic**

In contrast to the findings reported in the JAMA study, New Jersey's data points in an encouraging direction. The state shows an upward trajectory in the volume of patients being treated for cancer (as reflected in cancer-related hospital encounters), stable cancer prevalence indicating the prevention, ongoing management or underreporting of cancer prevalence in the community, and – perhaps most significantly – a sustained decline in age-adjusted cancer mortality. Taken together, these trends suggest that New Jersey's hospital system maintained continuity of cancer care through the pandemic and continues to make progress against this disease.

*Visit [www.njha.com/chart](http://www.njha.com/chart) for additional resources. • The New Jersey Hospital Association ([njha.com](http://njha.com))*