



A Decline in Cancer Rates

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THE SACRAMENTO REGION encompasses the counties of Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sierra, Solano, Yolo and Yuba. Among residents of the 13 counties, there were 68,135 new cases of invasive cancer and 27,981 deaths between 1999 and 2003, as reported to the Cancer Surveillance Program, Region 3 of the California Cancer Registry.¹

The region's overall annualized age-adjusted incidence of cancer of 459.9 per 100,000 cases and our mortality rate of 191.2 per 100,000 deaths were higher than the 442.2 cases and 175.4 deaths per 100,000 for the state. However, for most cancer sites, incidence and mortality in our region were similar to that among all Californians. Our region surpasses the state in most tobacco-related cancers² and melanoma of the skin.

Not surprisingly, prostate cancer was the most frequently diagnosed cancer among men, while breast cancer was the most frequently diagnosed cancer among women. For both men and women, cancer of the lung and bronchus was the second most commonly diagnosed site and the leading cause of cancer death. The Sacramento region is currently ranked third among the eight regions of the California Cancer Registry for lung cancer incidence. Ranked third in our region for incidence and for mortality - for both men and women - was colorectal cancer (**Figure 1**).

Overall, there has been a decrease in cancer incidence and mortality in the Sacramento region over the past 16 years for which data are available, 1988-2003). This is especially evident for preventable cancers; both incidence and mortality for many were reduced from 1994 to 2003.

Figure 2 shows that we have made our greatest inroads in reducing mortality. This is a tribute to efforts to promote early detection and the excellent cancer treatment and care available in the region. In spite of this overall success, several cancer sites have had minor increases in incidence and/or mortality. For men, we saw slight increases in incidence and mortality from kidney and liver cancers. For women, small increases were seen in the incidence of melanoma of the skin, kidney, liver and esophageal cancers; and in mortality for cancers of the liver and esophagus.

Consistent with results from previous years, men have higher incidence and mortality from most cancers than do women. Cancer incidence and mortality were generally lowest for Asian/Pacific Islanders, with the exception of liver and thyroid cancers for which they are higher than other race/ethnic groups. Non-Hispanic whites tended to have higher incidence of most cancers, for example cancers of the brain and nervous system, Hodgkin's lymphoma, leukemia, melanoma of the skin, oral cavity and pharynx, ovarian and urinary bladder.

Although incidence of many cancers is lower among African American men and women, mortality rates were highest. The exceptions were colorectal, esophageal, lung and bronchus and pancreatic cancers, where *both* incidence and mortality were highest.

Hispanic women and to a lesser degree African-American women, consistently have the highest incidence and the highest mortality from cervical cancer in our region. This is particularly disturbing since many of these deaths could have been avoided with adequate screening. Both Hispanic men and women have higher incidences of cancer of the kidney and renal pelvis and non-Hodgkin lymphoma.

In the Sacramento region the medical and public health communities have done well to reduce the burden of cancer among our residents, but we have far to go. We must focus on encouraging methods of primary cancer prevention, such as a diet high in vegetables and fruit, daily moderate exercise, risk avoidance such as discontinuing tobacco use, moderation in alcohol consumption and unprotected sun exposure.

We must still promote appropriate and timely screening, especially for groups at high risk for those cancers. We must be diligent in the accurate and timely reporting of cancer cases to local office of the cancer registry. Most importantly, we need to stretch ourselves to do and support research whenever possible so that we can better understand cancer, its causes and treatments.

For more information on cancer incidence and mortality in the Sacramento region by anatomic site, sex, race/ethnicity and by county, please see our 1988-2003 annual report or visit our website at www.CSPReg3.org. For other questions regarding cancer incidence and mortality in our region and for details on obtaining data for research, contact our office, (916) 454-6531.

Figure 1: Percent of All Cancer Cases or Deaths for Select Cancer Sites by Sex, Sacramento Region, 1999-2003

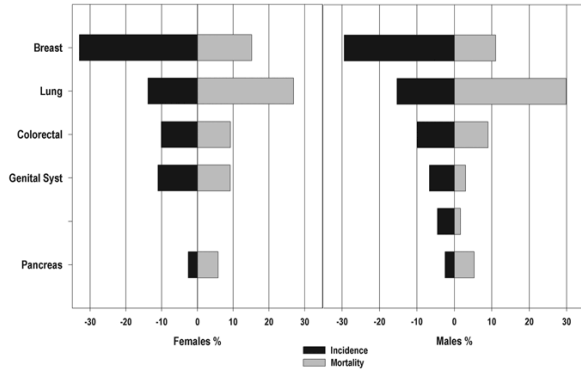
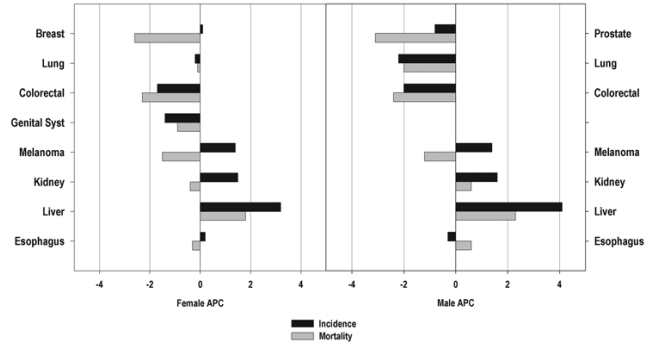


Figure 2: Annual Percent Change (APC) in Age-Adjusted Cancer Incidence and Mortality Rates for Select Cancer Sites by Sex, Sacramento Region, 1988-2003



1. The methodology used for surveillance, case finding, denominators used in the calculation of rates and rate calculation can be found in our annual report, Brown M, Creech CM, Bauer KR, Caggiano V: Cancer Incidence and Mortality in the Sacramento Region, 1988-2003. Sacramento, CA: Cancer Surveillance Program, Region 3, March 2006.
2. Tobacco-related cancers are those where tobacco is either the single largest contributor to its development as in cancers of the lung and bronchus, larynx, oral cavity and pharynx and esophagus; or tobacco is an established cause among other causes, such as cancers of the cervix, kidney and renal pelvis, pancreas and stomach.

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