

EXECUTIVE SUMMARY

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A total of 128,381 new cases of invasive cancer were diagnosed among California residents in 1999. The age-adjusted incidence rate, which accounts for growth and aging in a population, was 427.4 new cancer cases per 100,000 persons. During 1999, 52,877 Californians died of cancer. The age-adjusted mortality rate was 179.9 cancer deaths per 100,000 persons.

The overall cancer incidence rate among women decreased significantly by 10 percent since 1988, when statewide cancer reporting was instituted, from 427.8 new cases per 100,000 women in 1988 to 389.5 in 1999. The incidence rate among men increased sharply for three years, from 557.3 in 1989 to 620.2 in 1992, and then decreased in each of the subsequent years. In 1999, the incidence rate among men was 427.4, the lowest rate since 1988. The fluctuation in overall cancer rates among men is largely due to an increase in prostate cancer incidence that resulted from changes in prostate screening procedures. Excluding prostate cancer, the incidence rate among men declined significantly by about 20 percent over the 12-year period, mostly due to reductions in tobacco-related cancers.

Cancer remains the second leading cause of death in California. However, the overall cancer mortality rate decreased steadily from 209.7 cancer deaths per 100,000 persons in 1988 to 179.9 in 1999. Mortality rates decreased significantly by 17 percent for men and by 12 percent for women over this period.

While cancer incidence and mortality rates are declining, the absolute number of cases and cancer-related deaths is increasing because California's population is aging and growing in size.

Black males are the most likely group to develop cancer and die from the disease. In 1999, the overall cancer incidence rate among black males in California (623.0 per 100,000) was 41 percent higher than among non-Hispanic white males, who had the next highest rate (442.3 per 100,000). The mortality rate for black males was about 41 percent higher than white males (325.3 vs. 230.8 per 100,000, respectively). While the overall cancer incidence was somewhat higher among non-Hispanic white women than among black women (424.8 vs. 388.3 per 100,000, respectively), black women had a 22 percent higher cancer mortality rate (201.9 vs. 166.0 per 100,000, respectively). Hispanic and Asian/Pacific Islander males and females had significantly lower cancer rates than their non-Hispanic white and black counterparts.

Despite having a much lower risk of developing most cancers, Asian/Pacific Islanders and Hispanics are two to three times more likely than non-Hispanic whites to develop stomach cancer, and are from two to five times more likely to develop liver cancer. Hispanic women also have twice the risk of being diagnosed with invasive cervical cancer than white women. Black persons have about twice the risk of developing multiple myeloma and cancers of the stomach or liver compared to non-Hispanic whites. Black women have a 50 percent higher risk of developing invasive cervical cancer, and black men are 60 percent more likely to be diagnosed with prostate cancer compared to non-Hispanic whites.

Breast cancer was the most commonly diagnosed cancer, accounting for 21,390 invasive and 4,150 *in situ* (i.e., non-invasive) cases in 1999. The incidence rate of invasive female breast cancer has remained fairly stable since 1989, fluctuating between 127 and 131 new cases per 100,000 women per year. Trends by stage at diagnosis show a statistically significant decrease in incidence rates for metastatic disease and statistically significant increases in rates of *in situ* and localized disease. These trends most likely reflect a shift to earlier diagnosis due to increasing breast cancer screening, and indicate that advances are being made in reducing the morbidity and mortality associated with this cancer. A total of 4,039 women died of breast cancer in 1999. Breast cancer mortality rates for women of all races combined decreased significantly by 2.5 percent per year, from 32.4 deaths per 100,000 women in 1988 to 24.5 in 1999, indicating the success of screening efforts.

Prostate cancer was the most commonly diagnosed cancer among men, accounting for 19,123 new cases in 1999. Following the introduction and widespread use of the prostate specific antigen (PSA) screening test in the late 1980s, prostate cancer incidence rates increased sharply to a high of 219.3 per 100,000 in 1992. Consistent with the rapid introduction of a new, sensitive screening method, incidence rates peaked and then started to decline in 1993. In 1999, the prostate cancer incidence rate (146.0 per 100,000 men) was similar to what it was in 1989 (139.0). A total of 3,085 California men died of prostate cancer in 1999. The prostate cancer mortality rate in 1999, for men of all races combined (28.1 per 100,000) was slightly higher than in 1998 (27.8 per 100,000); however, the trend is still decreasing and statistically significant.

- ❑ Lung cancer is the second most commonly diagnosed cancer and the leading cause of cancer-related death among both men and women, accounting for 16,457 new cases and 13,737 deaths in 1999. Incidence rates for lung cancer among men decreased by 31 percent from 1988 through 1999. The decline in incidence rates was observed in men of all four major race/ethnic groups, and was statistically significant for all race/ethnic groups. Lung cancer incidence rates among women significantly decreased by 11 percent, while mortality rates have remained fairly stable since 1988.
- ❑ Colon and rectum cancer is the third most commonly diagnosed cancer and the third most common cause of cancer-related death among both men and women. During the period between 1988 and 1999, incidence and mortality rates decreased significantly by 20 percent and 24 percent, respectively. The incidence of *in situ* colon and rectum cancer also decreased significantly, by nearly five percent per year. Despite downward trends, there are marked differences in colorectal cancer rates by sex and race/ethnicity, with highest rates occurring among black men.
- ❑ Thirteen common cancers showed statistically significant decreases in incidence rates since 1988, for both sexes and all races combined: cervix uteri, larynx, lung and bronchus, oral cavity and pharynx, pancreas, stomach, urinary bladder, colon and rectum, brain and nervous system, corpus uteri, ovary, leukemia, and Kaposi's sarcoma. For most cancer sites, the decline in incidence rates was statistically significant among both men and women. The first seven of these 13 cancers are known to be associated with tobacco use. Mortality rates for most cancers have decreased as well since 1988, although the decrease was not always statistically significant.
- ❑ Although rates for many common cancers have declined in California since 1988, liver cancer incidence and mortality rates have significantly increased by about four and three percent per year, respectively. Incidence rates for *in situ* melanoma of the skin increased significantly by more than twofold between 1988 and 1999, which suggests an increase in screening for this cancer. In parallel with the reported decrease in the incidence of male AIDS, there has been a fivefold decrease in the incidence of Kaposi's sarcoma since 1988. Other significant trends over the 12-year period in California were a decrease in the incidence of esophageal cancer among black males; a decrease in the incidence of Hodgkin's Disease among non-Hispanic white males; an increase in the incidence of acute lymphocytic leukemia among Hispanic females; and an increase in thyroid cancer among non-Hispanic white, Hispanic, and Asian/Pacific Islander females.