

# Santa Cruz County 2003 Health Almanac

## Cancer

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### Agencies and Information Sources

**Santa Cruz County (SCC) Health Services Agency** - <http://www.santacruzhealth.org/>

The Health Services Agency (HSA) exists to protect and improve the health of the people in Santa Cruz County. The Agency provides programs in Environmental Health, Public Health, Medical Care, Substance Abuse Prevention and Treatment, and Mental Health.

**California Department of Health Services** - <http://www.dhs.ca.gov/default.htm>

To Protect and Improve the Health of All Californians

**California Health Interview Survey** - <http://www.chis.ucla.edu/index.html>

The California Health Interview Survey (CHIS) is the largest state health survey conducted in the United States. Every two years, CHIS plans to collect information on the health and health care needs of California's diverse population.

**Centers for Disease Control and Prevention** - <http://www.cdc.gov/default.htm>

CDC's Mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

For general cancer information, visit the **National Cancer Institute** at [cancer.gov](http://cancer.gov), the **Centers for Disease Control and Prevention** at [www.cdc.gov/cancer/](http://www.cdc.gov/cancer/), and the **American Cancer Society** at [cancer.org](http://cancer.org).

**Northern California Cancer Center Web Site:** <http://www.nccc.org/>

**Cancer Control Planet** <http://cancercontrolplanet.cancer.gov/index.html>

**National Cancer Institute** <http://jncicancerspectrum.oupjournals.org/>

### About This Site

Cancer control planners, program staff, and researchers have the same goals: to reduce cancer risk, the number of new cancer cases, and the number of deaths from cancer, as well as enhance the quality of life for cancer survivors. While many share the same goals, all do not have easy access to resources that can facilitate the transfer of evidence-based research findings into practice. This PLANET portal provides access to data and resources that can help planners,

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program staff, and researchers to design, implement and evaluate evidence-based cancer control programs.

The PLANET portal provides access to Web-based resources that can assist in:

- Assessing the cancer and/or risk factor burden within a given state.
- Identifying potential partner organizations that may already be working with high-risk populations.
- Understanding the current research findings and recommendations.
- Accessing and downloading evidence-based programs and products.
- Finding guidelines for planning and evaluation.

### Cancer

<http://www.cdc.gov/health/cancer.htm>

[Breast Cancer](#)

[Cancer Clusters](#)

[Cancer Prevention and Control Programs](#)

[Cancer Registries: The Foundation for Cancer Prevention and Control, Fact Sheet](#)

[Cervical Cancer](#)

[Chronic Diseases and their Risk Factors](#)

[Colorectal Cancer: The Importance of Early Detection, Fact Sheet](#)

[Comprehensive Cancer Control, Fact Sheet](#)

[Lung Cancer](#)

[National Breast and Cervical Cancer Early Detection Program, Fact Sheet](#)

[National Cancer Data](#)

[National Colorectal Cancer Action Campaign](#)

[National Skin Cancer Prevention Education Program, Fact Sheet](#)

[Oral Cancer](#)

[Physical Activity and Health: A Report of the Surgeon General](#)

[Prostate Cancer: The Public Health Perspective, Fact Sheet](#)

[Screen for Life: National Colorectal Cancer Action Campaign](#)

[Skin Cancer Prevention: Choose Your Cover Campaign](#)

[United States Cancer Statistics: 1999 Incidence](#)

### Cancer

#### Overall

In 2002, the American Cancer Society estimates:

1,284,900 new cancer cases will be diagnosed in the United States, including 119,900 in California.

555,500 cancer deaths will occur in the United States, including 51,800 in California.

The average annual age-adjusted mortality rate for cancer deaths per 100,000 persons  
California: 186.9 National: 206.0

California ranks 46th highest overall in cancer mortality rates among the 50 states and Washington, D.C.

### SEER (Surveillance, Epidemiology, and End Results) <http://seer.cancer.gov/>

The Surveillance, Epidemiology, and End Results Program of the [National Cancer Institute](#) is an authoritative source of information on cancer incidence and survival in the United States. Case ascertainment for SEER began on January 1, 1973, in the states of [Connecticut](#), [Iowa](#), [New Mexico](#), [Utah](#), and [Hawaii](#) and the metropolitan areas of [Detroit](#) and [San Francisco-Oakland](#). In 1974-1975, the metropolitan area of [Atlanta](#) and the 13-county [Seattle-Puget Sound](#) area were added. In 1978, 10 predominantly black [rural counties in Georgia](#) were added, followed in 1980

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by the addition of American Indians residing in [Arizona](#). Three additional geographic areas participated in the SEER program prior to 1990: New Orleans, Louisiana (1974-1977, rejoined 2001); New Jersey (1979-1989, rejoined 2001); and Puerto Rico (1973-1989). The National Cancer Institute also began funding a cancer registry that, with technical assistance from SEER, collects information on cancer cases among Alaska Native populations residing in [Alaska](#). In 1992, the SEER Program was expanded to increase coverage of minority populations, especially Hispanics, by adding [Los Angeles County](#) and [four counties in the San Jose-Monterey area](#) south of San Francisco. In 2001, the SEER Program [expanded coverage](#) to include [Kentucky](#) and [Greater California](#), and [New Jersey](#) and [Louisiana](#) once again became participants.

The SEER Program currently collects and publishes cancer incidence and survival data from 11 population-based cancer registries and three supplemental registries covering approximately 14 percent of the US population. The expansion registries increase the coverage to approximately 26 percent. Information on more than 3 million in situ and invasive cancer cases is included in the SEER database, and approximately 170,000 new cases are accessioned each year within the SEER catchment areas. The [SEER Registries](#) routinely collect data on patient demographics, primary tumor site, morphology, stage at diagnosis, first course of treatment, and follow-up for vital status. The SEER Program is the only comprehensive source of population-based information in the United States that includes stage of cancer at the time of diagnosis and survival rates within each stage. The mortality data reported by SEER are provided by the [National Center for Health Statistics](#).

**Cancer Screening in California:** Racial and Ethnic Disparities Persist- Findings from the 2001 California Health Interview Survey [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu)

### Overweight People More Cancer-Prone

4/24/03 SC Sentinel and recent New Eng. Journal of Medicine  
<http://content.nejm.org/cgi/content/short/348/17/1625>

### Modest Exercise Lowers Breast Cancer Risk

#### Less Than 3 Hours a Week Offers Protection Close to Longer Workouts

By Sid Kirchheimer

Reviewed By Michael Smith, MD

WebMD Medical News

on Tuesday, September 09, 2003

Sept. 9, 2003 -- Even a little exercise may offer big protection against breast cancer.

A new study shows that walking briskly for less than three hours a week reduces the risk almost as much as longer workouts.

Researchers looked at 74,000 women enrolled in the ongoing Women's Health Initiative. They found that exercising a mere 1 1/4 to 2 1/2 hours each week -- walking briskly or similar exercise - reduced the risk of breast cancer by 18% compared with inactive women. That protective effect is only slightly less than the 22% reduced risk observed in women who exercise at least 10 hours a week.

#### You Don't Have to Be an Athlete

"This is great news for women who don't want to be athletes," says lead researcher Anne McTiernan, MD, PhD, of the Fred Hutchinson Cancer Research Center in Seattle. "Even modest exercise can reduce their risk of breast cancer."

The benefits of exercise on breast cancer are well established, with more than 30 studies showing that women who regularly engage in physical activity have significantly less breast cancer. But most of those studies show protection resulting from more vigorous levels of activity - typically starting at the often-recommended 30 minutes per day.

But this new study, published in this week's edition of *The Journal of the American Medical Association*, shows that even moderate intensity exercise done regularly -- say, walking at a 20-minute-per-mile pace -- may offer significant breast cancer protection.

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"Some of the older studies made it look like women had to do vigorous activity in order to reduce their risk," McTiernan tells WebMD. "But it looks like light, brisk walking done a few days a week may also offer significant benefit."

### **Even for Those at Highest Risk**

There is a caveat, though: This lower risk is more likely to occur in women who are thin, average, or only slightly overweight -- especially as they reach middle age and beyond. Modest or even more intense exercise alone plays little, if any, role in reducing cancer risk in the obese, she says. "Exercise works in reducing breast cancer risk by reducing body fat, which itself is a risk factor," says McTiernan, a longtime breast cancer researcher who authored *Breast Fitness: An Optimal Exercise and Health Plan for Reducing Your Risk of Breast Cancer*. "But if body fat levels are not low enough, even if women are overcompensating with exercise, they're not getting the same benefit. They also need to diet in order to lose that body fat."

The good news is that McTiernan finds even these modest levels of regular exercise offer significant protection even in women considered to be at higher risk -- such as those with a family history of breast cancer.

"In this particular study, they show that if you exercised more, you didn't necessarily get more benefits in terms of protection against breast cancer," says I-Min Lee, MBBS, ScD, of Harvard Medical School, who wrote an accompanying editorial. "But there are other studies that show that the more exercise you do, the greater reduction in risk you get. Still, even lower amounts of exercise are helpful."

One reason: Women who exercise are typically leaner.

### **It's an Estrogen Thing**

"Leanness affects estrogen metabolism, and higher levels of estrogen increases breast cancer risk," says Grace Wyshak, PhD, of Harvard's School of Public Health, who has also studied the effects of exercise on breast cancer.

In one 1985 study on nearly 4,000 women, Wyshak noted that women who engaged in regular physical activity during their college years or earlier could decrease their risk of breast cancer by 17%. In a follow-up study done 15 years later, she found that some protective effect lingered, even when their activity levels waned.

Despite past activity levels, it's never too late to reap these cancer-fighting rewards. And staying trim plays an especially important role as women age.

"In middle and older women, reducing body fat will reduce the level of estrogen, because after menopause, the main source of estrogen is body fat," says McTiernan. "However, exercise can affect other hormones, like insulin, that can also promote tumors. Exercise also improves immune function, which can also reduce risk."

SOURCES: *The Journal of the American Medical Association*, Sept. 10, 2003. *British Journal of Cancer*, January 2000. Anne McTiernan, MD, PhD, member, Fred Hutchinson Cancer Research Center; research professor of epidemiology and adjunct professor, department of medicine, University of Washington School of Public Health and Community Medicine, Seattle; author, *Breast Fitness: An Optimal Exercise and Health Plan for Reducing Your Risk of Breast Cancer*. I-Min Lee, MBBS, ScD, associate professor of medicine, Harvard Medical School; associate professor of epidemiology, Harvard School of Public Health, Boston. Grace Wyshak, PhD, associate professor of biostatistics, population and international health, Harvard School of Public Health, Boston.

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Original article:

<http://my.webmd.com/content/Article/73/88890.htm>

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### Food and Fitness

Eating right, being active, and maintaining a healthy weight are important ways to reduce your risk of cancer—as well as heart disease and diabetes. Learn the American Cancer Society's guidelines for diet and activity and find tips for a healthy lifestyle and community.

[http://www.cancer.org/docroot/PED/ped\\_3.asp?sitearea=PED&level=1](http://www.cancer.org/docroot/PED/ped_3.asp?sitearea=PED&level=1)

### Breast Cancer

In 2002, the American Cancer Society estimates:

19,900 new cases of breast cancer will be diagnosed among women in California.

3,900 women will die of breast cancer in California.

The average annual age-adjusted mortality rates for breast cancer deaths per 100,000 women, by race, 1995–1999

|                                   | <b>California</b> | <b>National</b> |
|-----------------------------------|-------------------|-----------------|
| Overall                           | 27.1              | 28.8            |
| White                             | 28.1              | 28.2            |
| Black                             | 35.0              | 37.1            |
| Hispanic                          | 15.9              | 17.2            |
| Asian/Pacific Islander            | 13.9              | 13.0            |
| American Indian/<br>Alaska Native | 11.2              | 15.0            |

### Mammography

(All figures are for U.S.)

Percent of Women 40 and Over Having a Mammogram Within the Past 2 Years: 70.3% (2002)

Percent of White, Non-Hispanic Women 40 and Over Having a Mammogram Within the Past 2 Years: 72.1% (2000)

Percent of Black, Non-Hispanic Women 40 and Over Having a Mammogram Within the Past 2 Years: 67.9% (2000)

Percent of Hispanic Women 40 and Over Having a Mammogram Within the Past 2 Years: 61.4% (2000)

Percent of Women 40 and Over and Below Poverty Level Having a Mammogram Within the Past 2 Years: 55.2% (2000)

Percent of Women 40 and Over and at or Above Poverty Level Having a Mammogram Within the Past 2 Years: 72.2% (2000) <http://www.cdc.gov/nchs/fastats/mamogram.htm>

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### Ever Had a Mammogram by Total and Race/Ethnicity (Adults) CHIS 2001

|                       | Ever had a mammogram |       |
|-----------------------|----------------------|-------|
|                       | Yes                  | No    |
| California--Total     | 72.5                 | 27.5  |
| Santa Cruz --Total    | 70.4                 | 29.6  |
| California--White     | 78.6                 | 21.4  |
| Santa Cruz --White    | 71.4                 | 28.6  |
| California--Black     | 74.7                 | 25.3  |
| Santa Cruz --Black    | .                    | .     |
| California--Latino    | 57.5                 | 42.5  |
| Santa Cruz --Latino   | *43.2                | *56.8 |
| California--Asian     | 64.2                 | 35.8  |
| Santa cruz --Asian    | .                    | .     |
| California--Am. Ind.  | 78.0                 | 22.0  |
| Santa Cruz --Am. Ind. | .                    | .     |
| California--Other     | 65.7                 | 34.3  |
| Santa Cruz --Other    | .                    | .     |

Statistically unstable

### Ever Had a Mammogram by Poverty Level (Adults) CHIS 2001

|                         | Ever had a mammogram |      |
|-------------------------|----------------------|------|
|                         | Yes                  | No   |
| California--0 - 99%     | 61.9                 | 38.1 |
| Santa Cruz --0 - 99%    | 51.3                 | 48.7 |
| California--100 - 199%  | 70.9                 | 29.1 |
| Santa Cruz --100 - 199% | 67.1                 | 32.9 |
| California--200 - 299%  | 72.5                 | 27.5 |
| Santa Cruz --200 - 299% | 64.6                 | 35.4 |
| California--300%+       | 76.1                 | 23.9 |
| Santa Cruz --300%+      | 70.4                 | 29.6 |

\*Statistically unstable

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### Ever Had a Mammogram by Race/Ethnicity (Adults) CHIS 2001

|                         | Ever had a mammogram |      |
|-------------------------|----------------------|------|
|                         | Yes                  | No   |
| California--0 - 99%     | 61.9                 | 38.1 |
| Santa Cruz --0 - 99%    | 51.3                 | 48.7 |
| California--100 - 199%  | 70.9                 | 29.1 |
| Santa Cruz --100 - 199% | 67.1                 | 32.9 |
| California--200 - 299%  | 72.5                 | 27.5 |
| Santa Cruz --200 - 299% | 64.6                 | 35.4 |
| California--300%+       | 76.1                 | 23.9 |
| Santa Cruz --300%+      | 70.4                 | 29.6 |

\*Statistically unstable

### Ever had a Pap Exam by Total and Race/Ethnicity (Adults) CHIS 2001

|                       | Ever Had a Pap Exam |       |
|-----------------------|---------------------|-------|
|                       | Yes                 | No    |
| California--Total     | 92.9                | 7.1   |
| Santa Cruz --Total    | 95.1                | 4.9   |
| California--White     | 96.3                | 3.7   |
| Santa Cruz --White    | 98.2                | *1.8  |
| California--Black     | 96.1                | 3.9   |
| Santa Cruz --Black    | .                   | .     |
| California--Latino    | 90.9                | 9.1   |
| Santa Cruz --Latino   | 81.3                | *18.7 |
| California--Asian     | 78.4                | 21.6  |
| Santa Cruz --Asian    | 89.7                | .     |
| California--Am. Ind.  | 99.2                | .     |
| Santa Cruz --Am. Ind. | .                   | .     |
| California--Other     | 90.9                | 9.1   |
| Santa Cruz --Other    | 89.1                | .     |

Statistically unstable

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### Ever Had a Pap Exam by Poverty Level (Adults) CHIS 2001

|                         | Ever Had a Pap Exam |      |
|-------------------------|---------------------|------|
|                         | Yes                 | No   |
| California--0 - 99%     | 87.4                | 12.6 |
| Santa Cruz --0 - 99%    | 87.6                | 12.4 |
| California--100 - 199%  | 91.9                | 8.1  |
| Santa Cruz --100 - 199% | 92.1                | 7.9  |
| California--200 - 299%  | 92.4                | 7.6  |
| Santa Cruz --200 - 299% | 94.7                | 5.3  |
| California--300%+       | 95.5                | 4.5  |
| Santa Cruz --300%+      | 98.2                | 1.8  |

\* Statistically unstable

### Colorectal Cancer

In 2002, the American Cancer Society estimates<sup>1</sup>

12,900 new cases of colorectal cancer will be diagnosed among men and women in California.  
4,900 men and women will die of colorectal cancer in California.

The average annual age-adjusted mortality rates for colorectal cancer deaths per 100,000 persons, by race, 1995–1999<sup>3</sup>

|                                   | California | National |
|-----------------------------------|------------|----------|
| Overall                           | 18.6       | 21.7     |
| White                             | 18.5       | 21.3     |
| Black                             | 25.9       | 29.0     |
| Hispanic                          | 11.1       | 12.9     |
| Asian/Pacific Islander            | 14.8       | 13.3     |
| American Indian/<br>Alaska Native | 5.8        | 13.5     |

### Lung Cancer

In 2002, the American Cancer Society estimates:

14,300 new cases of lung cancer will be diagnosed among men and women in California.  
13,100 men and women will die of lung cancer in California.

The average annual age-adjusted mortality rates for lung cancer deaths per 100,000 persons, by race, 1995–1999<sup>3</sup>

|                                   | California | National |
|-----------------------------------|------------|----------|
| Overall                           | 49.4       | 57.7     |
| White                             | 50.7       | 57.5     |
| Black                             | 64.1       | 67.8     |
| Hispanic                          | 21.0       | 23.4     |
| Asian/Pacific Islander            | 30.9       | 29.0     |
| American Indian/<br>Alaska Native | 22.8       | 36.2     |

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### Prostate Cancer

In 2002, the American Cancer Society estimates:  
 17,300 new cases of prostate cancer will be diagnosed among men in California.  
 2,800 men will die of prostate cancer in California.

The average annual age-adjusted mortality rates for prostate cancer deaths per 100,000 men, by race, 1995–1999

|                                   | California | National |
|-----------------------------------|------------|----------|
| Overall                           | 29.3       | 33.9     |
| White                             | 29.3       | 31.2     |
| Black                             | 58.9       | 72.8     |
| Hispanic                          | 19.4       | 21.6     |
| Asian/Pacific Islander            | 13.6       | 14.3     |
| American Indian/<br>Alaska Native | 9.5        | 17.5     |

Source: American Cancer Society Facts and Figures, 2002. Estimates exclude more than a million cases of basal and squamous cell skin cancers and in situ cancers, except urinary bladder, that will be diagnosed in 2002. Lung cancer rates include bronchus cancer. State death totals were rounded to nearest 100.

Source: CDC National Center for Health Statistics, vital statistics data, underlying cause of death, 1995–1999. Death rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.

Hyphens represent suppression of rates when there were 75,000 or fewer persons in the denominator or 20 or fewer deaths in the numerator.

Additional Information may be found at: <http://www.ccrca.org/Publications.html>

### CA/SCC Data

#### Ever Diagnosed With Cancer by Total and Gender (Adults) CHIS 2001

|                            | Ever Diagnosed With Cancer |      |
|----------------------------|----------------------------|------|
|                            | Yes                        | No   |
| California--Total (Adults) | 7.5                        | 92.5 |
| Santa Cruz--Total (Adults) | 7.3                        | 92.7 |
| California--Male           | 7.0                        | 93.0 |
| Santa Cruz --Male          | 8.0                        | 92.0 |
| California--Female         | 8.0                        | 92.0 |
| Santa Cruz --Female        | 7.9                        | 92.1 |

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**Ever Diagnosed With Cancer by Race/Ethnicity CHIS 2001**

|                       | Ever Diagnosed With Cancer |       |
|-----------------------|----------------------------|-------|
|                       | Yes                        | No    |
| California--White     | 11.3                       | 88.7  |
| Santa Cruz --White    | 10.0                       | 90.0  |
| California--Black     | 4.5                        | 95.5  |
| Santa Cruz--Black     | .                          | 100.0 |
| California--Latino    | 2.0                        | 98.0  |
| Santa Cruz --Latino   | .                          | 99.3  |
| California--Asian     | 1.9                        | 98.1  |
| Santa Cruz --Asian    | .                          | 95.3  |
| California--Am. Ind.  | 7.7                        | 92.3  |
| Santa Cruz --Am. Ind. | .                          | .     |
| California--Other     | 5.6                        | 94.4  |
| Santa Cruz --Other    | .                          | 97.8  |

**Ever Diagnosed With Cancer by Poverty Level (Adults) CHIS 2001**

|                         |     | Ever Diagnosed With Cancer |      |
|-------------------------|-----|----------------------------|------|
|                         |     | Yes                        | No   |
| California--0 - 99%     | Sum | 4.9                        | 95.1 |
| Santa Cruz--0 - 99%     | Sum | *4.4                       | 95.6 |
| California--100 - 199%  | Sum | 6.7                        | 93.3 |
| Santa Cruz --100 - 199% | Sum | *5.5                       | 94.5 |
| California--200 - 299%  | Sum | 7.7                        | 92.3 |
| Santa Cruz --200 - 299% | Sum | *2.8                       | 97.2 |
| California--300%+       | Sum | 8.4                        | 91.6 |
| Santa Cruz --300%+      | Sum | 10.4                       | 89.6 |

\* Statistically unstable