

Numbers to Call for Information:

Region 1/8

Northern California Cancer Center
510-429-2500

(Counties: Monterey, San Benito, Santa Clara, Santa Cruz, Alameda, Contra Costa, Marin, San Francisco, and San Mateo)

Region 2

Cancer Registry of Central California
559-244-4550

(Counties: Fresno, Kern, King, Madera, Mariposa, Merced, Stanislaus, Tulare, and Tuolumne)

Region 3

Cancer Surveillance Program, Region 3
916-454-6522

(Counties: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sierra, Solano, Sutter, Yolo and Yuba)

Region 4

Tri-Counties Regional Cancer Registry
805-563-0457

(Counties: San Luis Obispo, Santa Barbara, and Ventura)

Region 5

Desert Sierra Cancer Surveillance Program
909-558-6170

(Counties: Inyo, Mono, Riverside, and San Bernardino)

Region 6

Cancer Registry of Northern California
530-345-2483

(Counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Napa, Plumas, Shasta, Siskiyou, Sonoma, Tehama, and Trinity)

Region 7/10

Cancer Surveillance Program of Orange County &
San Diego Imperial Organization for Cancer Control
949-824-7401

(Counties: Orange, San Diego, and Imperial)

Region 9

Cancer Surveillance Program
323-442-2300

(County: Los Angeles)

California Cancer Registry

Cancer Surveillance Section
Department of Health Services

1700 Tribute Road, Suite 100
Sacramento, California, 95815-4402

phone: 916-779-0300, fax: 916-779-0264

www.ccreal.org or www.dhs.cahwnet.gov/ps/cdic/cdicindex.html

The California Cancer Registry is a collaborative partnership among the California Department of Health Services, its contractor, the Public Health Institute (a non-profit corporation dedicated to advancing the public health of Californians), and the ten regional cancer registries.



MONITORING
CANCER IN
CALIFORNIA

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SOME FREQUENTLY ASKED QUESTIONS...

What Does the State do to Monitor Cancer?

The California Cancer Registry (CCR) monitors the occurrence of cancer among Californians, both incidence (new diagnoses) and mortality (deaths). The CCR, which is run by the California Department of Health Services in collaboration with the Public Health Institute and ten regional cancer registries, is an essential tool for the prevention and control of cancer in California. By law, all new cancer cases diagnosed in California since January of 1988 have been reported to the CCR, with strict guidelines to maintain patient confidentiality.

CCR uses the information for research into cancer causes and prevention, and for active collaboration with other health researchers seeking to lessen the impact of cancer on the citizens of California. In addition, it publishes reports each year summarizing statewide cancer case rates and deaths, changes in rates over time, and differences according to age, race/ethnicity and types of cancer. Special reports address specific concerns, such as a report on breast cancer. The CCR responds to questions from cancer patients, the community, public health officials, researchers, legislators, and others with cancer-related concerns. All reports are available free of charge upon request.

How Common is Cancer?

Cancer is very common in California and the United States as a whole, and in most other developed countries. In California, approximately 133,000 people are diagnosed every year with some form of invasive cancer, not including the common skin cancers. About 53,000 Californians die each year from cancer. Based on current statistics, more than 2 out of 5 Californians will develop cancer at some time in their lives, and about 1 in 310 children will be diagnosed with cancer before age 20. Many cancers are now curable and cancer treatment continues to improve. Nonetheless, nearly 1 out of every 5 Californians is likely to die from cancer.

Which Types of Cancer are Most Common?

There are many different kinds of cancer depending on where in the body the cancer starts

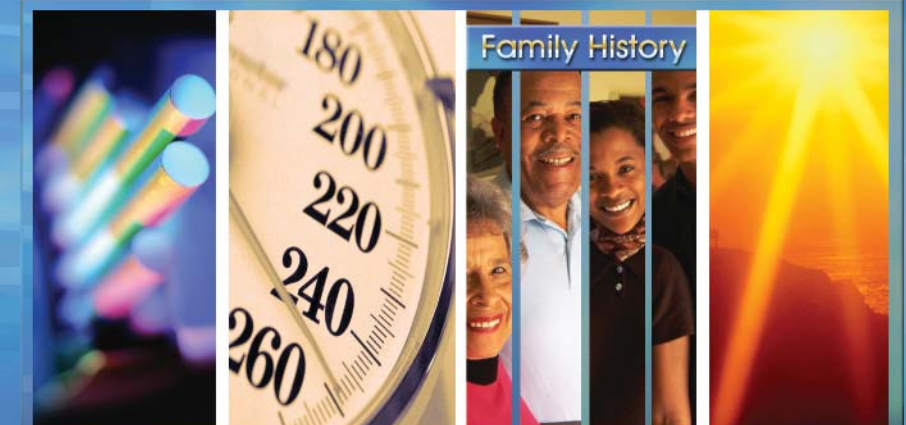
and the type of cell involved. The most common types are prostate, breast, lung, and colorectal cancers. Out of every 20 cancer diagnoses, about three will be breast cancers, three will be prostate cancers, three will be lung cancers, and two will be colorectal. There will be about one in the bladder or kidney, one in the ovary, uterus or cervix, and one will be a lymphoma. The remaining six will include a variety of types, such as melanoma, leukemia, cancers of the mouth and throat, pancreas, stomach and many others.

What Causes Cancer?

It is rarely possible to find the cause of a cancer in an individual, but studies on groups of people with cancer have shown certain risk factors to be associated with specific cancers. This suggests that different types of cancer probably have different causes. These studies also indicate that cancer formation is a multistep process; for the majority of cancers the time from a cancer-causing exposure to a clinically diagnosable cancer averages about 20 years, although it may be shorter or longer for certain cancers.

Among the known risk factors for cancer, tobacco stands out. Cigarette smoking is associated with more than 85 percent of all lung cancers, and with a substantial proportion of cancers of the bladder, mouth and throat, stomach, pancreas, and others. Diet is also a risk factor; higher cancer rates are seen in people who eat a diet high in fat and low in fresh vegetables and fruits. It is estimated that diet

Known Risk Factors for Cancer



and tobacco together may account for approximately 2 out of every 3 cancer deaths.

The well-established risk factors for breast cancer, the most common cancer in women, are not easily modifiable. From 30 to 50 percent of breast cancers are thought to be explained by known risk factors such as a family history of breast cancer and hormonal functions associated with early onset of menstruation and late menopause, delayed childbearing, and having fewer children. Few risk factors have been defined for the most common cancer in men, prostate cancer.

Occupational studies have shown certain chemicals and other substances to be carcinogenic; these include asbestos, benzene, arsenic, vinyl chloride and other industrial products. Occupational exposures are thought to account for about five percent of cancer deaths.

Does the Environment Cause Cancer?

The answer depends in part on how one defines "environment." Many cancer researchers use the word to contrast with hereditary factors, and therefore consider things such as smoking, diet, alcohol, a woman's age when she has her first child, other lifestyle factors, infections, and exposure to sunlight as part of a person's environment. In this very broad sense, it is likely that a large percentage of cancers are "environmental" in their origin. However, if environment is defined more narrowly as one's surroundings, then the percentage of cancers that can be ascribed to the environment is probably small. Most geographic differences in cancer rates seem to result more from the differences between people than from anything in their physical surroundings.

Who Gets Cancer?

Unfortunately, almost anyone can develop cancer, even children and young adults who lead active, healthy lives. However, nearly 60 percent of the cancers diagnosed in California are among people 65 and older, who make up only about 10 percent of the population. Surprisingly, there are large differences among people of different ethnic origin. African-American men have the highest cancer risk, and non-Hispanic white people have substantially higher cancer rates than persons of Hispanic or Asian origin. Children have few differences in their cancer rates regardless of their ethnic origin.



Are Cancer Rates in California Going Up?

Since 1988, the rates of certain cancers have decreased in California, especially those associated with tobacco use: cancers of the lung, bladder, mouth and throat, stomach, and pancreas. Breast cancer rates, which increased sharply in the U.S. in the 1980s, have been stable or decreasing slightly in California since 1988. During the early 1990s, the likelihood of being diagnosed with prostate cancer increased in California and elsewhere in the U.S., largely because of the introduction of a new screening test. If prostate cancers are excluded, overall cancer rates have decreased somewhat since 1988 for both men and women.

However, even if the rates of cancer change very little, the number of people who develop cancer will increase as the number of older people in the population increases. Combined with the fact that more people are surviving cancer and that people discuss cancer more readily, this may have contributed to the widespread impression that the risk of developing cancer has increased recently.

What if I'm Concerned about the Number of Cancer Cases in my Neighborhood?

Cancer is common enough that one can expect to see many cases, usually a combination of common and less common types, in any neighborhood. The number of cases that can be expected to occur will depend on the mix of the ages and ethnic origins of the individuals who live in the neighborhood. For example, in a community of about 1,000 people, which includes many young families and persons of Asian or Hispanic origin, one can expect that about 1 to 10 new cases of some type of cancer will be diagnosed every year. In a retirement community of 1,000 people who are predominately non-Hispanic white, one can expect many more cases per year, about 12 to 35. The number will also be higher if the neighborhood includes many people with a history of smoking or consuming a lot

of alcohol. Because over 50 percent of people diagnosed with cancer will still be alive at least five years after their diagnosis, the number of people in a neighborhood who have ever had cancer will be several times higher than the number of new cancer cases.

Cases of cancer among individuals, like any other events, do not necessarily occur in a regular fashion throughout the community; they may appear in little groups among neighboring houses, or people in the same office. This does not necessarily mean that they have the same underlying cause; the grouping may have occurred by chance.

What if I'm Still Concerned?

You can call your regional cancer registry, the CCR, the American Cancer Society, or your local County Health Officer. Cancer registry staff will evaluate whether the cancers you are concerned about conform to the usual types and numbers that can be expected to occur in the neighborhood, or whether they seem unusual.

What will the CCR or Regional Cancer Registry do in Response?

Cancer registry staff can review CCR data for the area around your neighborhood. The data review compares the cancers that have been diagnosed among residents of the area during a specific time period to the cases that would be expected to have occurred, if residents of the area had the same cancer rates as the entire region. This type of review can indicate if there is a major increase in all cancers, or in a particular type of cancer, or if there is anything unusual about the cancers among residents of the area.

What if the CCR Finds an Unusual Cancer Excess?

The CCR will consult with other programs of the California Department of Health Services who are responsible for conducting community health investigations. They will work with us to evaluate the data and decide what further action is needed.

What More Needs to be Done?

Much more research is needed to identify risk factors for specific cancers and methods of treatment and prevention. The CCR is an important tool in the search for cancer causes and cures.

How to lower Your Risk of Developing or Dying from Cancer

- ◆ Don't smoke, or dip or chew tobacco.
- ◆ Eat at least 5 servings of fresh fruit and vegetables a day.
- ◆ Cut down on the amount of fat in your diet.
- ◆ Limit the amount of alcohol you drink.
- ◆ Try to get some exercise every day.
- ◆ Protect yourself from the sun and avoid getting sunburned.
- ◆ Women need to examine their breasts once a month, and get regular breast examinations, mammograms, and Pap smears.
- ◆ Men should examine their testes regularly.
- ◆ Discuss with your doctor the advisability of colon cancer screening.
- ◆ Ask your doctor for other specific recommendations, particularly if you have a family history of cancer.

