

CANCER

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CANCER

◆ *Lung Cancer* ◆ *Breast Cancer* ◆ *Colorectal Cancer*

Background

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. Cancer is caused by both external (chemicals, radiation, and viruses) and internal (hormones, immune conditions, and inherited mutations) factors.¹

Size

*San Diego County*²

In 1996 4,347 people died of cancer in San Diego County. That accounts for almost a quarter of all the deaths in San Diego.

San Diego County Cancer Mortality

◀ **1996 Rate:** 113.1 per 100,000 population per year, age adjusted; 162.1 not age adjusted (**Table 1**)

◀ **1993 – 1996 Trend:** Decreased 166.4 to 162.1 per 100,000 (not age adjusted) (**Fig. 1**)

National

One-half of all men and one-third of all women will develop some form of cancer during their lifetime.¹

Approximately 8 million Americans alive today have a history of cancer.³

Since 1990, approximately 11 million new cancer cases have been diagnosed. Approximately 1,228,600 new cancer cases will be diagnosed this year.¹

Seriousness

Average Years of Productive Life Lost in San Diego County: 12.7 years per death

Healthy People 2000 Objective: The 1996 San Diego County cancer mortality rate (113.1 age adjusted) is less than the Healthy People 2000 Objective (130.0 age adjusted).

Between 1993 and 1996, cancer was the leading cause of death in San Diego County for individuals aged 45 to 74. For 75 and older, it was second to heart disease.

People with cancer experience more:¹

- ◀ Work absenteeism
- ◀ Hospitalizations
- ◀ Emergency room visits
- ◀ Premature deaths
- ◀ Lost productivity

The annual cost related to cancer is over \$107 billion nationally including health expenditures and loss of productivity.¹

This year, about 564,800 Americans are expected to die of cancer – more than 1,500 people per day.

Cancer is the second leading cause of death in the US, exceeded only by heart disease.

One out of every four deaths in the US is from cancer.

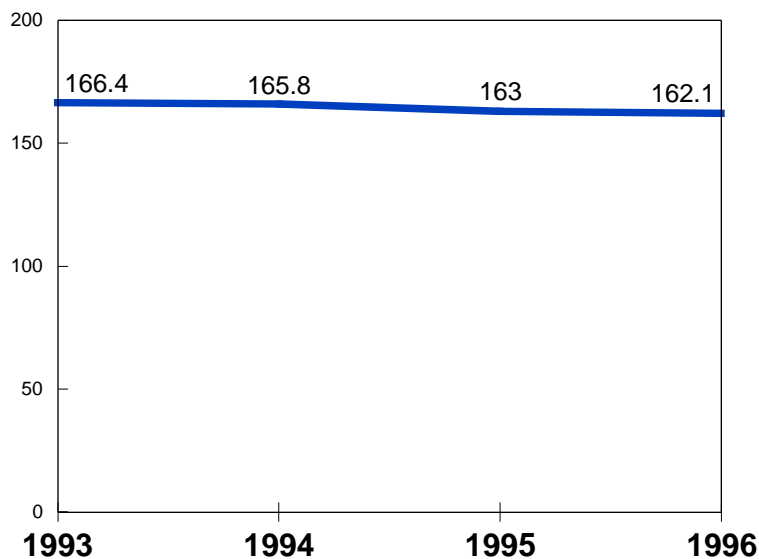
Since 1990, there have been approximately 5 million cancer deaths in US.

**Table 1
San Diego vs. the Nation – Cancer Mortality Rates^{*,2}**

San Diego County 1996^{**}	County Trends 1993-1996	California 1995	National 1995^{**}	HP2000 Objective^{**}
113.1 (age adjusted)	Decreased 166.4 - 162.1 (not age adjusted)	162.8 (not age adjusted)	130 (age adjusted)	130 (age adjusted)

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**Figure 1
Cancer Death Rate* Trends
San Diego County, 1993-1996²**



* Rates per 100,000 population

**Age adjusted using the US 1940 standard million population

Between 1991 and 1995, the national cancer death rate fell 2.6%.¹

Treatment of breast, lung, and prostate cancers account for over half of all cancer direct medical costs.³

Community Concerns

Cancer was noted as a major concern for the **Asian/Pacific Islander** group during their discussions. Members of the community input group expressed concern that many people assume that since the rate of cancer is very low in many Asian countries, it will not be a problem for people of Asian ancestry. This is an incorrect assumption since cancer rates increase after individuals immigrate to the United States.

Risk Factors

Risk factors include:¹

- ◀ Older age
- ◀ Over-consumption of alcohol
- ◀ Family history
- ◀ Smoking
- ◀ Poor diet
- ◀ Overweight

Annually, about 175,000 cancer deaths are caused by tobacco use and an additional 19,000 cancer deaths will be related to excessive alcohol use, frequently in combination with tobacco use.¹

Approximately one-third of cancer deaths in the US are related to nutrition,¹ and another one-third are related to tobacco products.⁴

High Risk Populations

Age(s): Seniors (**Fig. 2**)

Ethnicity(s): Blacks and Whites (**Fig. 3**)

County Areas: (Based on 1996 age adjusted rates)

- ◀ Regions: Central, East, North Coastal (**Fig. 4**)
- ◀ SRAs: Ramona, Oceanside, Chula Vista (**Table 2**)

In the US, African Americans are more likely to develop cancer than whites. African Americans are about 30% more likely to die of cancer than whites.¹

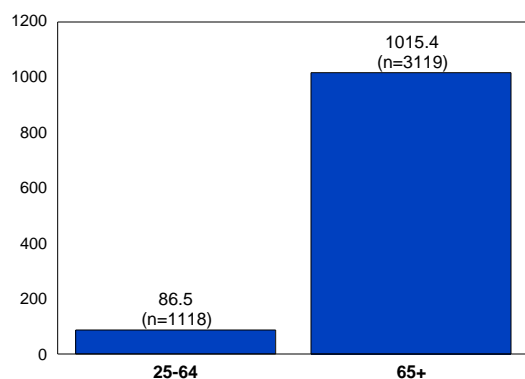
Half of cancer cases and 70% of cancer deaths in the US occur in people aged 65 and over.¹

Prevention

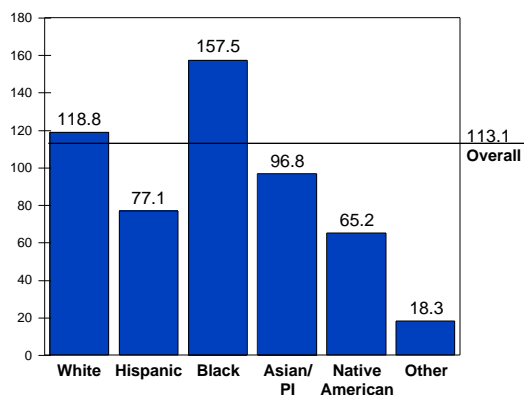
Based on recent research and current data, the American Institute for Cancer Research and the World Cancer Research Fund released the following cancer prevention guidelines:⁵

- ◀ Diet based on plant products
- ◀ 400 grams of vegetable and fruits per day, to provide more than 10% of energy
- ◀ Cereals, legumes, and tubers to provide at least 50% of energy per day
- ◀ Sugars should be less than 10% of energy per day
- ◀ No more than 80 grams of meat per day, preferably fish or poultry; limit amount of smoked or cured meat

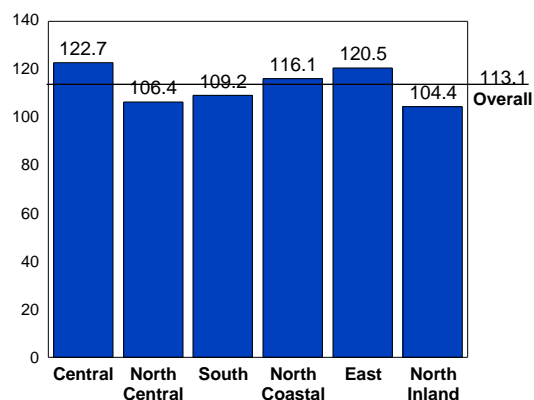
**Figure 2
Cancer Mortality Rates*
by Age
San Diego County 1996²**



**Figure 3
Cancer Mortality Rates*
by Ethnicity/Race
San Diego County 1996^{**2}**



**Figure 4
Cancer Mortality Rates*
by San Diego County Region
1996^{**2}**



**Table 2
San Diego County SRAs with the
Highest Cancer Mortality Rates*
1996^{**2}**

San Diego County	Ramona	Oceanside	Chula Vista
113.1 (4347 cases)	151.8 (58 cases)	147.3 (298 cases)	144.3 (231 cases)

*Rates per 100,000 population

**Age adjusted using the US 1940 standard million population

- ◀ Fat intake no more than 30% of energy per day
- ◀ Total salt consumption less than 6 grams
- ◀ Perishable foods kept frozen or refrigerated and consumed promptly
- ◀ Foods cooked at low temperatures; better to be boiled or steamed than fried or grilled
- ◀ Alcohol should not exceed two drinks per day
- ◀ No smoking
- ◀ Avoid excess weight
- ◀ Increase physical activity, including a half hour of exercise and four hours not resting in a chair or bed per day

Fifty percent or more of cancer incidence can be prevented through smoking cessation and changed dietary habits.⁴

Model Programs

Strategies to Reach Asian Americans - UCSD Cancer Center⁶

- ◀ Highly focused cancer education program
- ◀ Uses bicultural and bilingual volunteer community health educators
- ◀ Delivers educational messages in Asian grocery stores
- ◀ Minimal expense using volunteers and donated store space

Por La Vida - SDSU, UCSD, San Diego Unified School District, and Sharp Healthcare⁷

- ◀ Uses a neighborhood social network to deliver health promotion messages to the Latino community
- ◀ Uses culturally appropriate educational curricula delivered by lay community health advisors
- ◀ Based on the social learning theory principles of modeling, changes in small steps, and skills training
- ◀ Establishes local partnerships with schools, churches, and community organizations
- ◀ Provides childcare and transportation for participants
- ◀ Has shown an increase in the use of cancer screening tests

Prescribe for Health – Health Research and Policy Center, School of Public Health, University of Illinois at Chicago⁸

Chart reminders and patient health maintenance cards were used to improve cancer screening in physician practices serving low-income and minority populations

- ◀ An increase was found in the number of pap smears, fecal occult blood slide tests, and clinical breast examinations, but not for mammography.
- ◀ Intervention is feasible, effective, and can be implemented in a variety of settings.

WellWorks Study: Worksite Behavior Change – Dana Farber Cancer Institute, Boston⁹

- ◀ A two year health promotion and health protection worksite intervention aimed at changing dietary habits and cigarette smoking
- ◀ Intervention includes three key elements targeting behavior change:
 - Joint worker-management participation in program planning and implementation
 - Consultation with management on worksite environmental changes

- Health education programs
- ◀ Outcomes included reductions in the percentage of calories consumed as fat and increases in the number of servings of fruits and vegetables.
- ◀ Intervention did not impact fiber consumption or smoking cessation.
- ◀ Worksite intervention shows potential to impacting cancer related and coronary heart disease.

Resources

Local

American Cancer Society, (619) 299-4200, www.cancer.org

Wellness Community, (619) 467-1065

UCSD Theodore Gildred Cancer Center, (619) 543-3893

Scripps Stevens Cancer Center, (619) 626-6756

Grossmont Hospital Cancer Center, (619) 644-4500

National

National Cancer Institute, National Institutes of Health, www.nci.nih.gov

National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, www.cdc.gov/nccdphp

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2. Unless otherwise noted, San Diego data is provided to the County of San Diego Health and Human Services Agency from the California Department of Health Services, Center for Health Statistics, Vital Statistics Section.
3. National Cancer Institute. Retrieved from the World Wide Web: <http://www.nci.nih.gov>
4. United States Department of Health and Human Services. (1998). Healthy People 2010, Draft Report for Public Comment. Washington, DC: US Government Printing Office.
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6. Sadler, G. R., Nguyen, F., Doan, Q., Au, H., & Thomas A. G. (1998). Strategies for reaching Asian Americans with health information. American Journal of Preventive Medicine, 14 (3), 224-8.
7. Navarro, A. M., Senn, K. L., McNicholas, L. J., Kaplan, R. M., Roppe, B., & Campo, M. C. (1998). Por La Vida model intervention enhances use of cancer screening tests among Latinas. American Journal of Preventive Medicine, 15 (1), 32-41.
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9. Sorensen, G., Stoddard, A., Hunt, M. K., Hebert, J. R., Ockene, J.K., Avrunin, J. S., Himmelstein, J. & Hammond, S. K. (1998). The effects of a health promotion-health protection intervention on behavior change: the WellWorks Study. American Journal of Public Health, 88 (11), 1685-90.

LUNG CANCER

Background

Lung cancer develops from an uncontrolled growth of abnormal cells in the lung.¹

Size

*San Diego County*²

In 1996, 1,134 San Diegans died of lung cancer. This represents about 25% of all cancer-related deaths in the County.

San Diego County Lung Cancer Mortality

◀ **1996 Rate:** 29.5 deaths per 100,000 population per year, age adjusted; 42.3 not age adjusted. (Table 1)

◀ **1993 – 96 Trend:** Decreased 46.2 to 42.3 per 100,000 (not age adjusted). (Fig. 1)

National

Lung cancer is the most common cancer in the U.S accounting for 15% of all cancer cases.¹

170,000 cases of lung cancer are diagnosed per year in the United States. This equals approximately 62.8 per 100,000 population.¹

The lung cancer incidence rate is declining for men and increasing for women.¹

More women die of lung cancer than breast cancer.³

Seriousness

Average Years of Productive Life Lost in San Diego County: 9.3 years per death

Healthy People 2000 Objective: The San Diego County lung cancer mortality rate (29.5 per 100,000 population) is **lower than the Healthy People 2000 Objective** (42.0) (both rates age adjusted).

There were approximately 160,100 lung cancer deaths in 1998 in the US.

Lung cancer deaths account for 28% of all cancer deaths annually.

Lung cancer is the most common cancer-related cause of death.³

Each year 65,000 women in the US die from lung cancer – more deaths than breast and ovarian cancer combined.⁴

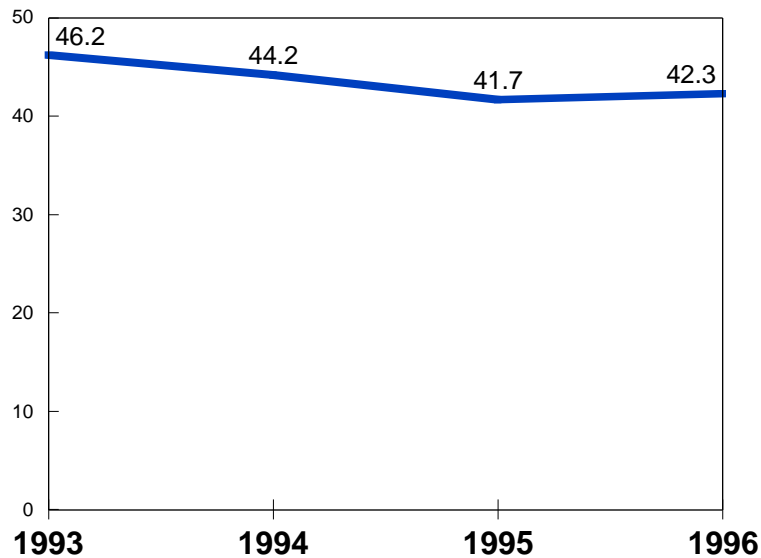
While lung cancer mortality rates for men have declined since 1990, lung cancer mortality rates for women have continued to increase.⁵

Despite intensive efforts in screening and therapy, long-term survival rates have not improved greatly since the 1960s.⁵

Table 1
San Diego vs. the Nation – Lung Cancer Mortality Rates*²

San Diego County 1996**	County Trends 1993-1996	California 1995	National 1995**	HP2000 Objective**
29.5 (age adjusted)	Decreased 46.2 - 42.3 (not age adjusted)	33.6 (not age adjusted)	38.3 (age adjusted)	42.0 (age adjusted)

Figure 1
Cancer Mortality Rate* Trends
San Diego County, 1993-1996²



*Rates per 100,000 population

**Age adjusted using the US 1940 standard million population

Risk Factors

Smoking is the major risk factor and is responsible for 87% of lung cancers.¹

Other risk factors include:¹

- ◀ Exposure to certain industrial substances, organic chemicals, radon, and asbestos
- ◀ Radiation exposure from occupational, medical, and environmental sources
- ◀ Air pollution
- ◀ Tuberculosis and pneumonia
- ◀ Personal or family history
- ◀ Environmental tobacco smoke in nonsmokers

High Risk Populations

Age(s): Middle aged and seniors (**Fig. 2**)

Ethnicity(s): Blacks and Whites (**Fig. 3**)

County Areas: (Based on 1996 age adjusted rates)

- ◀ Regions: East, Central (**Fig. 4**)
- ◀ SRAs: Chula Vista, Southeast San Diego, Central San Diego (**Table 2**)

Special Populations: Smokers

Male smokers are 22 times more likely to develop lung cancer than nonsmokers and female smokers are 12 times more likely to develop lung cancer than nonsmokers.³

Lung cancer death rate is significantly higher for African Americans than for whites (80.8 per 100,000 population compared to 54.0 per 100,000 population).

Age-adjusted lung cancer mortality rates are approximately 40% higher among African American men than white men.⁵

Prevention

Smoking cessation and smoking avoidance will result in decreased mortality from lung cancer.⁵

The American Lung Association recommends:³

- ◀ If you are a smoker, stop smoking.
- ◀ If you are a nonsmoker, avoid second hand smoke.
- ◀ Test your home for radon.

Figure 2
Lung Cancer Mortality Rates* by Age and Ethnicity/Race San Diego County 1996²

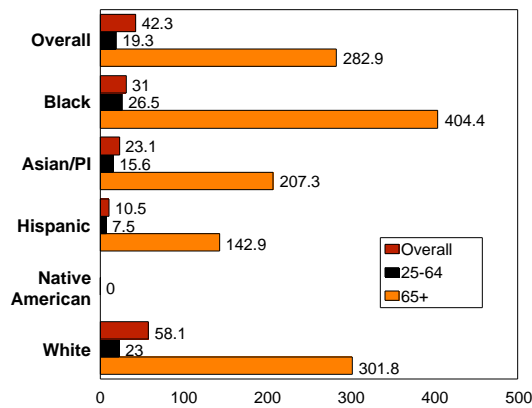


Figure 3
Lung Cancer Mortality Rates* by Ethnicity/Race San Diego County 1996^{2}**

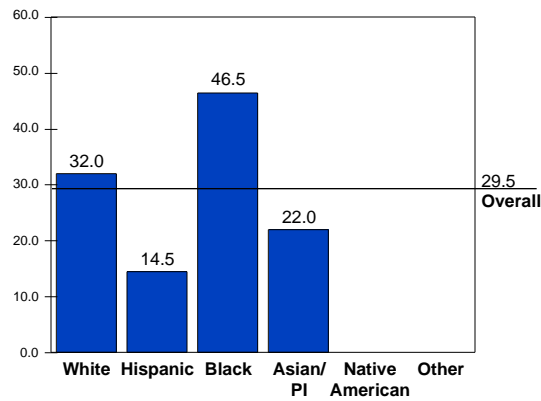


Figure 4
Lung Cancer Mortality Rates* by San Diego County Region 1996^{2}**

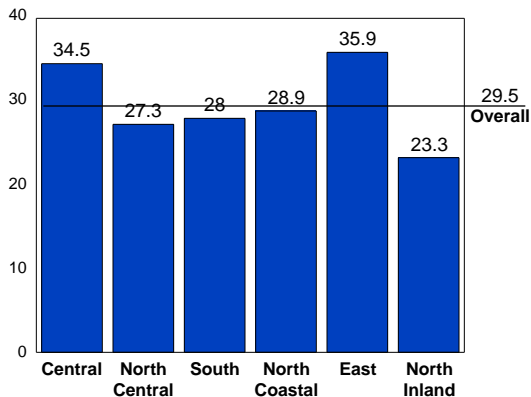


Table 2
San Diego County SRAs with the Highest Lung Cancer Mortality Rates,* 1996^{2}**

San Diego County	Chula Vista	Southeast San Diego	Central San Diego
29.5 (1134 cases)	42.1 (68 cases)	37.4 (57 cases)	36.4 (77 cases)

*Rates per 100,000 population

**Age adjusted using the US 1940 standard million population

Model Programs

Lung Cancer in African Americans: A Call for Action – University of Pennsylvania, School of Nursing⁷

- ◀ Lung cancer incidence and mortality in African Americans is high and has received little attention from health care providers
- ◀ Culturally competent programs are needed to promote lung cancer prevention, early detection, and treatment in this population
- ◀ Multidisciplinary health care teams need to be educated on providing information and care in culturally appropriate ways
- ◀ Partnerships with families, extended kin networks, and religious and community leaders are essential

See Substance Abuse and Tobacco Briefs for more model lung cancer programs.

Resources

American Cancer Society, (619) 299-4200, www.cancer.org

American Lung Association, (619) 297-3901, www.lungusa.org

Lung Cancer Awareness Campaign, www.lungcancer.org

National Cancer Institute, National Institutes of Health, www.nci.nih.gov

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1. American Cancer Society. Retrieved from the World Wide Web: <http://www.cancer.org>
2. Unless otherwise noted, San Diego data is provided to the County of San Diego Health and Human Services Agency from the California Department of Health Services, Center for Health Statistics, Vital Statistics Section.
3. American Lung Association. Retrieved from the World Wide Web: <http://www.lungusa.org>
4. Lung Cancer Awareness Campaign. Retrieved from the World Wide Web: <http://www.lungcancer.org>
5. United States Department of Health and Human Services. (1998). Healthy People 2010, Draft Report for Public Comment. Washington, DC: US Government Printing Office.
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BREAST CANCER

Background

Breast cancer is a malignant tumor that occurs in women and occasionally in men.¹

Size

*San Diego County*²

During 1996, 4,347 people died of cancer in San Diego. Approximately 370 of them (8.5%) died from breast cancer.

San Diego County Breast Cancer Mortality

< **1996 Rate:** 19.9 per 100,000 population age adjusted ; 28.0 not age adjusted. **(Table 1)**

< **1993 – 1996 Trends:** Decreased 30.6 – 28.0 per 100,000 (not age adjusted) **(Fig. 1)**

National

Approximately one in eight American women will develop breast cancer during their lifetime.¹

Approximately 178,700 new cases in women and 1,600 new cases in men were diagnosed in the US in 1998.¹

After increasing about 4% per year in the 1980s, breast cancer incidence rates for women have leveled off in recent years to about 110 cases per 100,000.¹

In the US, approximately one woman every three minutes is diagnosed with breast cancer.³

Seriousness

Average Years of Productive Life Lost in San Diego County: 13.1 years per death

Healthy People 2000 Objective: The San Diego County breast cancer mortality rate (19.9 age adjusted) is lower than the **Healthy People 2000 Objective** (20.6 age adjusted).

Approximately 43,900 women and 400 men died nationally of breast cancer in 1998.¹

In the US, approximately one woman every twelve minutes dies from breast cancer.³

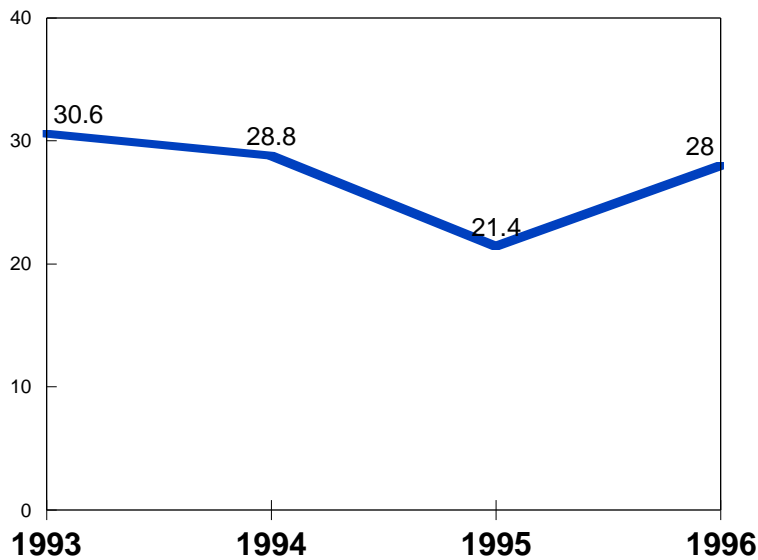
For women between the ages of 35 and 54, breast cancer is the leading cause of death.³

Breast cancer is the leading cause of cancer death for African American women.⁴

Table 1
San Diego vs. the Nation – Breast Cancer Mortality Rates^{*,2}

San Diego County 1996**	County Trends 1993-1996	California 1992**	National 1995	HP2000 Objective**
19.9 (age adjusted)	Decreased 30.6 - 28.0 (not age adjusted)	20.0 (age adjusted)	21.0 (not age adjusted)	20.6 (age adjusted)

Figure 1
Breast Cancer Mortality Rate* Trends
San Diego County, 1993-1996²



*Rates per 100,000 population

**Age adjusted using the US 1940 standard million population

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Risk Factors

Doctors and researchers have linked breast cancer to environmental and social factors such as diet and exercise.¹

Additional risk factors include:¹

- ◀ Gender – being female is the major risk factor for breast cancer.
- ◀ Age – about 77% of women with breast cancer are over age 50 at the time of diagnosis.
- ◀ Genetics – about 5-10% of breast cancer cases are hereditary
- ◀ Personal history of breast cancer or previous breast biopsy
- ◀ Family history
- ◀ Race
- ◀ Early menarche or late menopause
- ◀ Recent use of oral contraceptives or post menopausal estrogens
- ◀ Never having children or having the first live birth at a late age

Eighty percent of women diagnosed with breast cancer have no known risk factors. Five to ten percent have a family history of breast cancer. Only 10% have some risk factor.³

High Risk Populations

Ages: Black women under age 45 and older white women. **(Fig. 2)**

- ◀ Breast cancer mortality disproportionately affects black women under the age of 45 and white women over the age of 50.⁴
- ◀ Although white women are more likely to be diagnosed with breast cancer, black women have higher rates of death.⁴
- ◀ For women 30-69 years of age, blacks have the highest age-adjusted mortality rate from breast cancer.⁴

Ethnicity(s): Blacks have the highest age adjusted death rate (29.2). **(Fig. 3)**

County Areas: (based on 1996 age adjusted rates)

- ◀ Regions: South, North Inland **(Fig. 4)**
- ◀ SRAs: Chula Vista, Poway, Peninsula **(Table 2)**

Prevention

- ◀ Diet and lifestyle changes including a low-fat diet, exercise, and limited alcohol consumption.⁵
- ◀ Mortality from breast cancer can be substantially reduced if the tumor is discovered at an early stage. Mammography is the most effective method for detecting early malignancies.⁶
- ◀ Screening with mammography reduces the number of deaths from breast cancer for women age 40 to 59.⁵
- ◀ Fewer than 1/3 of American women follow recommended guidelines for screening.⁴

Figure 2
Breast Cancer Mortality Rates* by Ethnicity/Race and Age 1996²

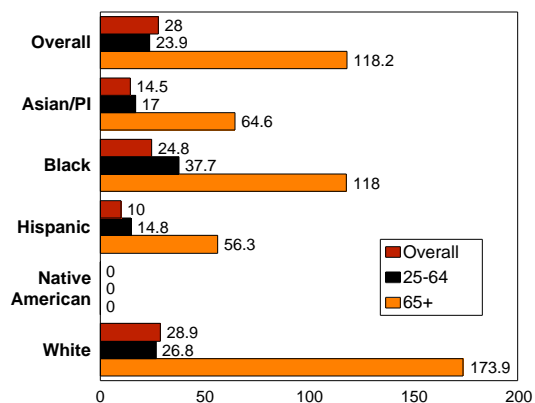


Figure 3
Breast Cancer Mortality Rates* by Ethnicity/Race San Diego County 1996^{},²**

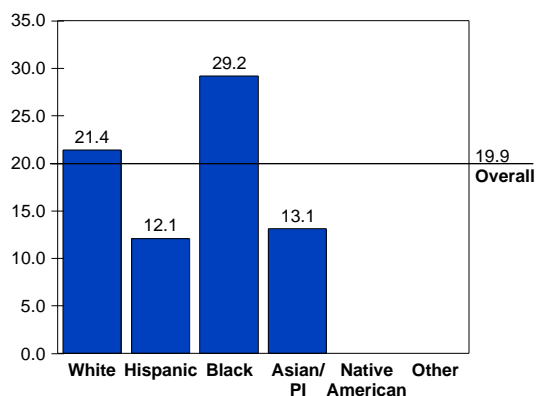


Figure 4
Breast Cancer Mortality Rates* by San Diego County Region 1996^{},²**

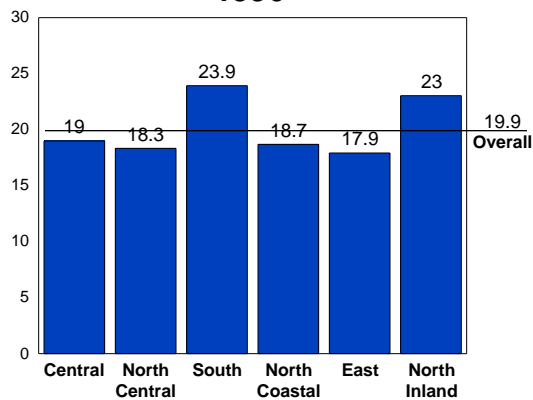


Table 2
San Diego County SRAs with the Highest Breast Cancer Mortality Rates,* 1996^{},²**

San Diego County	Chula Vista	Poway	Peninsula
19.9 (370 cases)	42.4 (29 cases)	31.0 (17 cases)	31.8 (14 cases)

*Rates per 100,000 population

**Age adjusted using the US 1940 standard million population

Model Programs

The Women's Healthy Eating and Living Study – Department of Family and Preventive Medicine, University of California, San Diego⁷

- ◀ Cancer survivors follow a high vegetable, high fruit, reduced fat, high fiber diet to reduce breast cancer recurrence
- ◀ Food diaries are used to monitor diet
- ◀ Outcomes show that telephone counseling is effective in maintaining dietary guidelines for cancer survivors

The Witness Project Model – Arkansas Cancer Research Center, University of Arkansas⁸

- ◀ To increase mammography and breast self-examination in African American women
- ◀ Theory-based intervention designed to provide culturally sensitive messages
- ◀ Messages delivered by African American cancer survivors in churches and community organizations
- ◀ Messages emphasize the importance of early detection to improve survival rate
- ◀ Results demonstrate that culturally appropriate cancer education programs are able to change behavior by increasing the practice of breast self-examination and mammography

Using Patient Reminders to Increase Mammography Screening⁹

- ◀ Mammography screening is effective in reducing breast cancer mortality among women age 50 and older
- ◀ Several studies have shown that patient reminders are effective in increasing mammography screening
- ◀ Patient reminders include a birthday card reminder, a personalized letter from the physician or medical director, materials promoting mammography, incentives, and/or a phone call that incorporates a reminder, counseling, and appointment scheduling
- ◀ The comprehensive phone call intervention has shown to be the most effective in increasing mammography screening

African American Women's Initiative, Susan G. Komen Breast Cancer Foundation¹⁰

Innovative outreach programs include:

- ◀ The Witness Project encourages African-American breast cancer survivors to speak with women and men at their local churches; expanded to eleven cities
- ◀ The East West Express sends volunteers to visit bus stops and train stations driving vans equipped to provide free screening and educational information; reached over 2,000 people so far
- ◀ The Harlem Hospital Patient Navigator Program:
 - Enlists volunteer to help low-income breast cancer patients obtain access to care, ensure that diagnostic procedures and treatment are provided on time, and help patients understand their options
 - Outreach workers visit beauty salons, senior centers, and other community hubs
 - 50% of the 2,000 people screened in 1997 were uninsured and the delay between a breast exam and a biopsy was just 10 days which is comparable to patients in private care, versus 60 to 90 days in most public hospitals

San Diego and Imperial Counties Regional Partnership, Breast Cancer Early Detection Program¹¹

- ◀ Provides breast cancer screening services to low-income, under-insured women in San Diego and Imperial counties in California
- ◀ For eligible women over 50, the program provides breast cancer screening services free of charge through community clinics
- ◀ Recruited over 100 medical providers to provide services
- ◀ As of February 1997, over 5,000 underserved women screened for breast cancer
- ◀ Program includes radio and newspaper media to promote breast cancer awareness
- ◀ Networked with local Wal-Mart stores and churches to outreach to over 20,000 women in a Mother's Day education campaign
- ◀ Over 38 women diagnosed with breast cancer and treatment services initiated

Resources

- American Cancer Society, (619) 299-4200, www.cancer.org
- Susan G. Komen Breast Cancer Foundation, (619) 626-6756, www.breastcancerinfo.com
- National Breast Cancer Information Network, (619) 569-9283, www.y-me.org
- National Cancer Institute, National Institutes of Health, www.nci.nih.gov
- National Women's Health Information Center, www.4woman.gov

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3. Susan G. Komen Breast Cancer Foundation. Retrieved from the World Wide Web: <http://www.breastcancerinfo.com>
4. Y-Me National Breast Cancer Information Network. Retrieved from the World Wide Web: <http://www.y-me.org>
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COLORECTAL CANCER

Background

Cancer of the colon or rectum is often called colorectal cancer. The colon and the rectum are part of the large intestine, which is part of the digestive system.¹

Size

*San Diego County*²

Of the 4,347 San Diegans who died of cancer in 1996, 411 (9%) died of colorectal cancer.

San Diego County Colorectal Cancer Mortality

- ◀ **1996 Rate:** 10.6 per 100,000 population per year, age adjusted based on US 1940 standard million population; 15.3 per year not age adjusted. (**Table 1**)
- ◀ **1993-1996 Trend:** Decreased 16.6 – 15.3 (not age adjusted)

*National*³

Second leading cause of cancer deaths in the US.⁴

140,000 persons are diagnosed for colorectal cancer each year in the United States.

Annually, in the US, 55,000 persons die from colorectal cancer.

There were approximately 131,600 new cases of colorectal cancer in 1998 in the US.

Colorectal cancer accounts for about 11% of new cancer diagnoses and 10% of all cancer deaths.

Colorectal cancer incidence rates have declined in recent years.

Seriousness

Average Years of Productive Life Lost in San Diego County: 9.6 years per death

Healthy People 2000 Objective: The San Diego County colorectal cancer mortality rate (10.6 age adjusted) is lower than the Healthy People 2000 Objective (13.2 not age adjusted).

Second leading cause of death from cancer, behind lung cancer.⁵

Colorectal cancer is one of the more curable cancers if diagnosed in its early stages.³

Colon cancer causes 56,000 deaths in the US each year.⁴

Overall, death rates have fallen in recent years.³

Recent decline in mortality rates in white males and females.⁶

Continued rise in mortality rates for African American men.⁶

**Table 1
San Diego vs. the Nation – Colorectal Cancer Mortality Rates*^{1,2}**

San Diego County 1996**	County Trends 1993-1996	California 1995**	National 1995	HP2000 Objective**
10.6 (age adjusted)	Decreased 16.6 - 15.3 (not age adjusted)	11.5 (age adjusted)	12.8 (not age adjusted)	13.2 (age adjusted)

Risk Factors

Personal or family history of colorectal cancer or polyps and inflammatory bowel disease

Age – about 90% of people diagnosed with colorectal cancer are over the age of 50

Male gender

Physical inactivity

High fat / low fiber diet, low fruits and vegetables³

80 – 90 million Americans (about 30% of the population) are at risk for colorectal cancer due to their age⁵

High Risk Populations

Age(s): Individuals over age 65 have much higher rates of death than those under 65. (Fig. 1)

People over the age of 50 account for most of the 56,000 U.S. colon cancer deaths each year.⁴

Ethnicity(s): Blacks have the highest rate of deaths from colorectal cancer (19.6 age adjusted). (Fig. 2)

County Areas: (1996 age adjusted) (Fig. 3)

- ◀ San Dieguito
- ◀ Coastal
- ◀ Kearny Mesa

Anyone over the age of 50 is at risk for developing colorectal cancer.

C
A
N
C
E
R

Figure 1
Colorectal Cancer Mortality Rates* by Ethnicity/Race and Age San Diego County 1996,²**

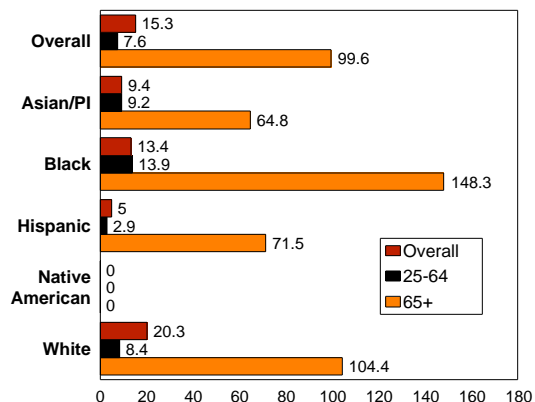


Figure 2
Colorectal Cancer Mortality Rates* by Ethnicity/Race San Diego County 1996,²**

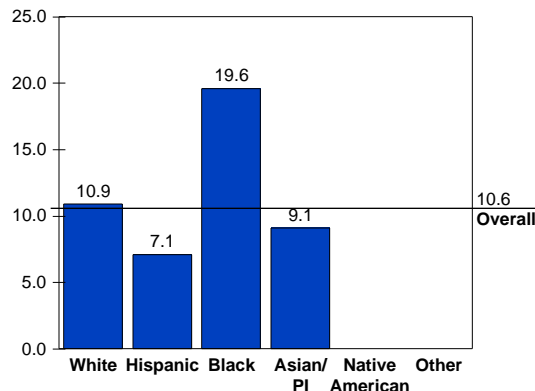


Figure 3
San Diego County SRAs with the Highest Colorectal Cancer Mortality Rates* 1996,²**

San Diego County	San Dieguito	Coastal	Kearny Mesa
15.3	27.1	24.4	22.0

*Rates per 100,000 population

**Age adjusted using the US 1940 standard million population

Prevention

Diet and lifestyle changes including a low-fat diet, low calorie diet, high in calcium and dietary fiber, exercise, and limited alcohol consumption and limited smoking.¹

Screening tests including fecal occult blood test and sigmoidoscopy are effective in reducing the number of colorectal cancer deaths for people over the age of fifty.¹

A recent study found that a screening test reduced up to one-third the death rate from colon cancer. People who take the fecal occult blood test each year have 33% fewer deaths from colon cancer than people who do not take the test. Being tested every other year reduces the rate of colon cancer death by 21%.⁴

The American Cancer Society recommends:³

- ◀ Eat a balanced diet with plenty of fruits, vegetables, and whole grain foods, avoid high fat, low fiber foods
- ◀ Increase physical activity – exercise regularly
- ◀ Maintain a healthy weight

Model Programs

Next Step Trial for High-Risk Workers – Henry Ford Health Sciences Center, Michigan⁷

- ◀ Worksite health promotion and education for automobile workers at an increased risk for colorectal cancer.
- ◀ Intervention focuses on colorectal cancer screening participation and adoption of low-fat, high-fiber diets.
- ◀ Intervention includes a personalized educational booklet, a motivational telephone call, and a diet-change program including nutrition classes, self-help materials, and computer generated personalized feedback, in addition to the standard screening.

Resources

American Cancer Society, (619) 299-4200, www.cancer.org
American Gastroenterological Association, www.gastro.org
American Digestive Health Foundation, www.gastro.org/colcanc2.html
National Cancer Institute, National Institutes of Health, www.nci.nih.gov

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