



## B-cell lymphoma in the Greater Bay Area

1988-2002

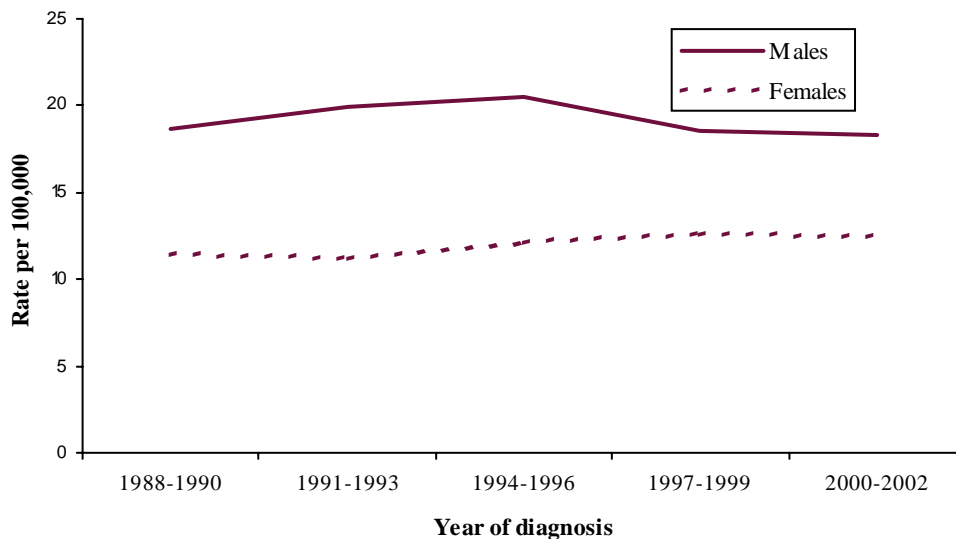
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B-cell lymphoma comprises about 85% of all non-Hodgkin's lymphomas, the fifth most common cancer in non-Hispanic white males. It is more commonly diagnosed in men and among the elderly. In 2002, over 900 cases of b-cell lymphoma were diagnosed in the Greater Bay Area.

### INCIDENCE TRENDS

During the period 1988 through 2002, incidence of b-cell lymphoma have remained steady in males and females in the Greater Bay Area, with rates about 60% higher in males (below, Figure 1).

**Figure 1. Age-adjusted incidence rates for b-cell lymphoma by sex and year of diagnosis, Greater Bay Area, 1988-2002**



### RACIAL/ETHNIC PATTERNS

In both males and females, non-Hispanic whites were more likely than other racial/ethnic groups to be diagnosed with b-cell lymphoma. However, the variation in incidence rates was much less in females than in males in the Greater Bay Area (right, Figure 2).

**Figure 2. Age-adjusted incidence rates for b-cell lymphoma by sex and race/ethnicity, Greater Bay Area, 1988-2002**

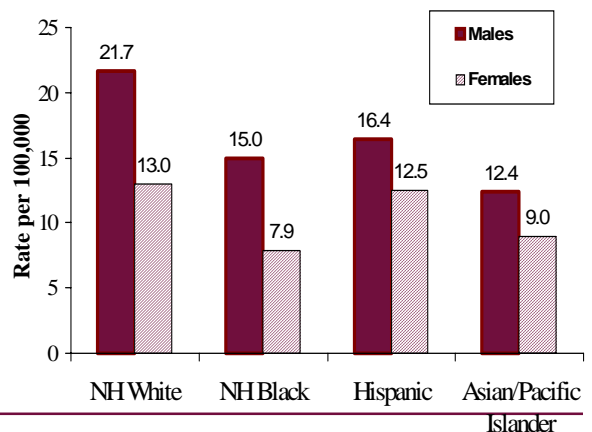
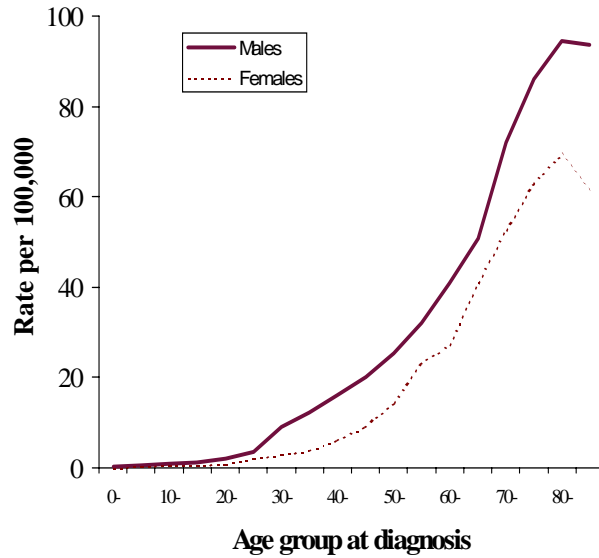




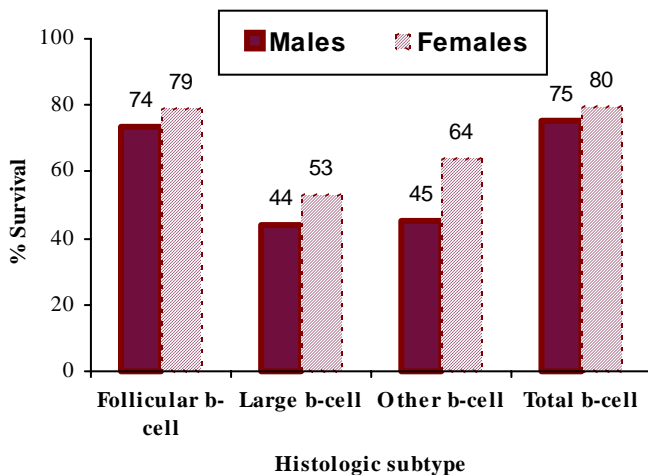
Figure 3. Incidence rates by sex and age group at diagnosis for b-cell lymphoma, Greater Bay Area, 1988-2002



### AGE-SPECIFIC INCIDENCE PATTERNS

Similar to most other cancers, incidence of b-cell lymphoma increases sharply with age in both males and females (right, Figure 3). The average age at diagnosis is in the 60's, with rates peaking between ages 75 to 85.

Figure 4. Five-year survival for histologic subtypes of b-cell lymphoma by sex, Greater Bay Area, 1988-2002



### SURVIVAL

Overall, the five-year relative survival rate for b-cell lymphoma was 75% in men and 80% in women. However, patients diagnosed with large b-cell lymphoma, a fast-growing tumor that comprises almost a third of all b-cell lymphomas, experienced worse survival those diagnosed with other histologic subtypes (left, Figure 4).

Technical Notes: Because age distributions vary by population, a standard statistical procedure called "age-adjustment" was used so that we can examine differences in cancer incidence and mortality rates due to factors other than age. Rates are age-adjusted (using the Year 2000 population standard) unless noted to be age-specific. Race/ethnicity was categorized as four mutually-exclusive racial/ethnic groups: non-Hispanic whites (whites), non-Hispanic blacks (blacks), Hispanics, and non-Hispanic Asians/Pacific Islanders (Asians/Pacific Islanders).

About the data: Cancer data have been collected in Alameda, Contra Costa, Marin, San Francisco, and San Mateo counties since 1973, and in Monterey, San Benito, Santa Clara, and Santa Cruz counties since 1988, forming two parts (Regions 1 and 8) of the California Cancer Registry. These counties, referred to as the Greater San Francisco Bay Area are also part of the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) registry program.

Founded in 1974, the mission of the Northern California Cancer Center is to reduce the burden of cancer through surveillance, epidemiology, prevention research and education. Essential to this mission is collaboration with partners in cancer research, education and the community.