



## Chronic myeloid leukemia in the Greater Bay Area

1988-2002

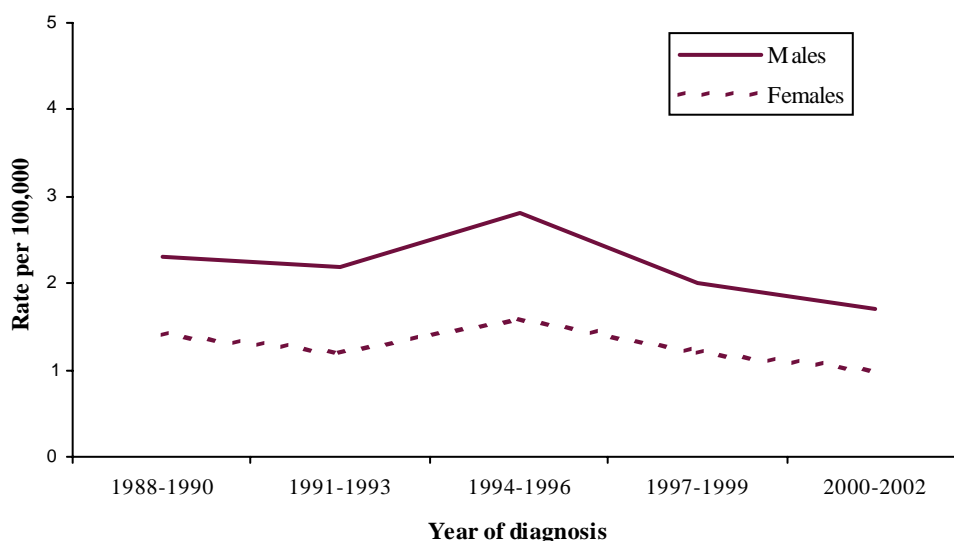
Spring 2005

In the Greater Bay Area, there were, on average, 86 cases of chronic myeloid leukemia diagnosed each year, comprising 14% of all leukemias during the period 1988-2002. Though a rare cancer, it is more commonly diagnosed in males than females. In 2002, 68 cases were diagnosed and 22 deaths were due to chronic myeloid leukemia in the Greater Bay Area.

### INCIDENCE TRENDS

During the period 1988 through 2002, chronic myeloid leukemia incidence rates decreased in both males and females (below, Figure 1). Despite fluctuations in rates, there appears to have been a 40-50% reduction in incidence over the fifteen-year period.

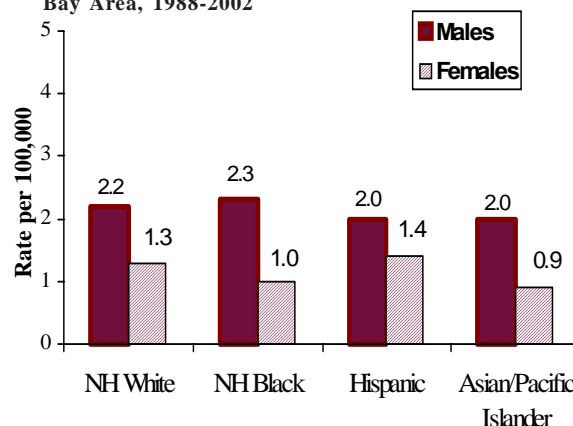
**Figure 1. Age-adjusted incidence rates for chronic myeloid leukemia by sex and year of diagnosis, Greater Bay Area, 1988-2002**



### RACIAL/ETHNIC PATTERNS

Unlike other cancers, incidence of chronic myeloid leukemia varies little across racial/ethnic groups in both males and females in the Greater Bay Area (right, Figure 2).

**Figure 2. Age-adjusted incidence rates for chronic myeloid leukemia by sex and race/ethnicity, Greater Bay Area, 1988-2002**

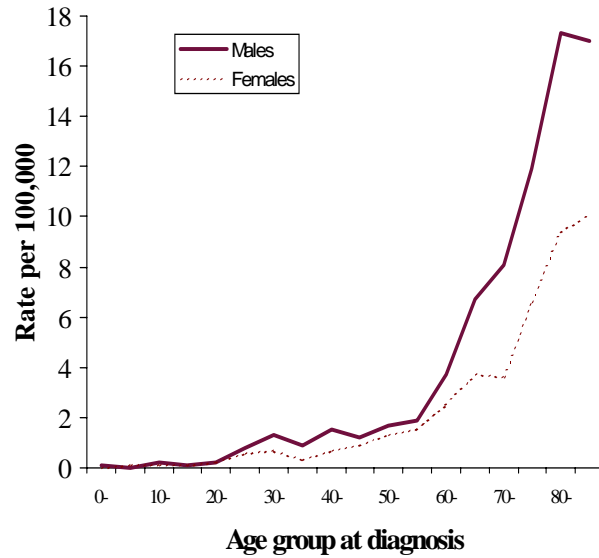




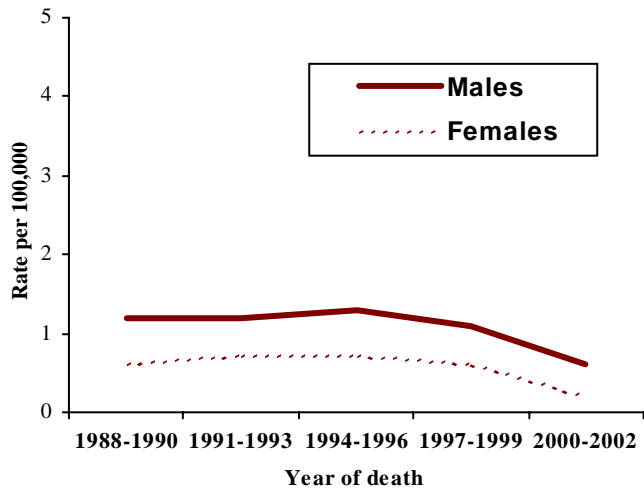
### AGE-SPECIFIC INCIDENCE PATTERNS

Unlike other types of leukemia which are more common in children, incidence of chronic myeloid leukemia is more frequently diagnosed in the elderly. Incidence of this type of leukemia increases sharply with age, particularly after age 60 in males and after age 70 in females. (right, Figure 3).

**Figure 3. Incidence rates by sex and age group at diagnosis for chronic myeloid leukemia, Greater Bay Area, 1988-2002**



**Figure 4. Trends in age-adjusted mortality rates by sex for chronic myeloid leukemia, Greater Bay Area, 1988-2002**



### TRENDS IN MORTALITY

Corresponding with incidence patterns, mortality rates have decreased in both males and females during the fifteen-year period (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.