



Stage II and Stage III Colorectal Cancer in the Greater San Francisco Bay Area, 1990-2004

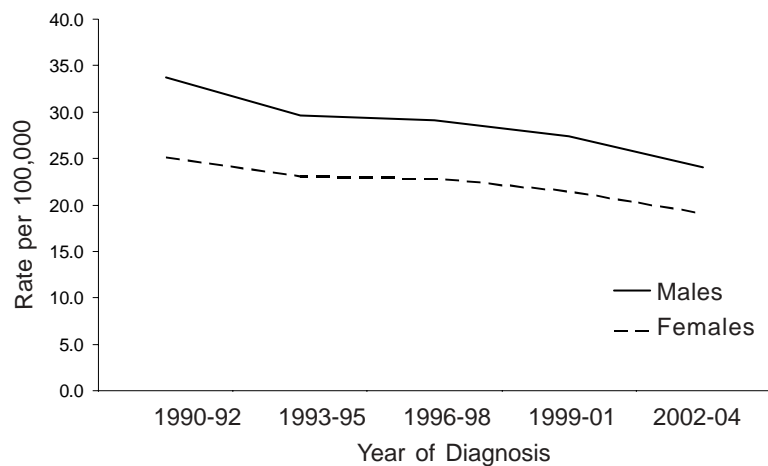
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Colorectal cancer is the third most common type of cancer nationwide (Brooks, 2006). Risk factors for colorectal cancer include age, family history, diet, polyps, ulcerative colitis (NIH, 2006), smoking and alcohol consumption (ACS, 2006). Mortality due to colorectal cancer has decreased in the last 15 years due to fewer people developing this disease and increased screening (ACS, 2006). Between 1990 and 2004, over half (58%) of all colorectal cancer cases diagnosed in the Greater Bay Area were at stage II or III.

INCIDENCE TRENDS

In the Greater Bay Area, the incidence rate of stage II and III colorectal cancer decreased by 29% in males and 24% in females between 1990 and 2004 (Figure 1). The most dramatic decreases occurred in recent years, from 2002-2004.

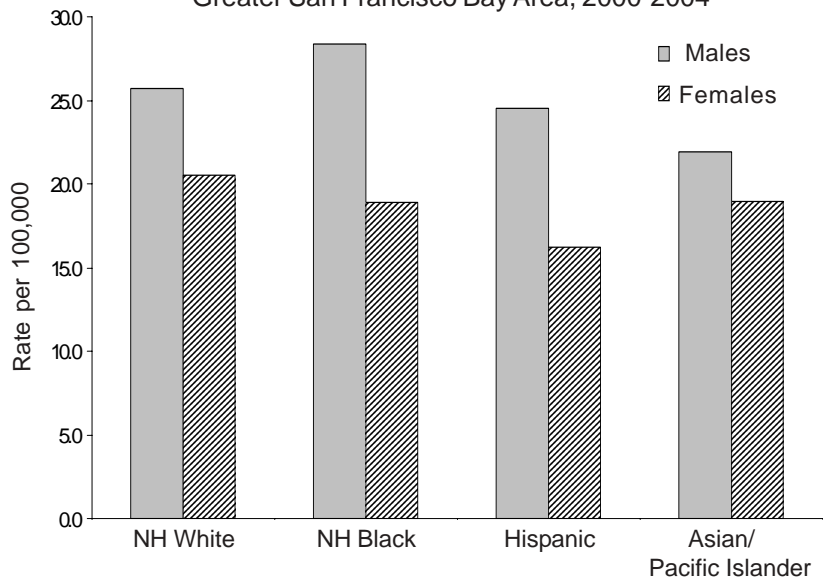
Figure 1. Age-adjusted incidence rates of colorectal cancer (stages II and III) by sex and year of diagnosis, Greater San Francisco Bay Area, 1990-2004



RACIAL/ETHNIC PATTERNS

From 2000-2004, the incidence rates for stage II and III colorectal cancer were highest among non-Hispanic black men and lowest among Hispanic women (Figure 2). In all racial/ethnic groups, incidence rates of colorectal cancer were lower among females compared to males.

Figure 2. Age-adjusted incidence rates of colorectal cancer (stages II and III) by sex and race/ethnicity, Greater San Francisco Bay Area, 2000-2004

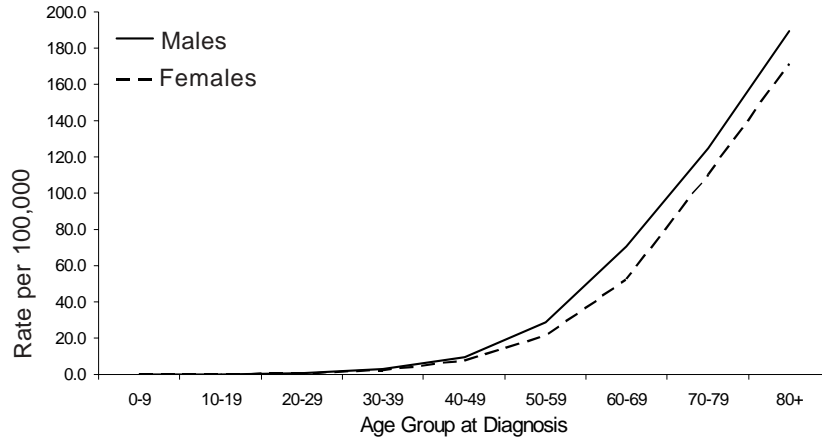




AGE-SPECIFIC INCIDENCE

Stage II and III colorectal cancer incidence in the Greater Bay Area begins to increase at age 20 years and continues to increase with age in both males and females (Figure 3).

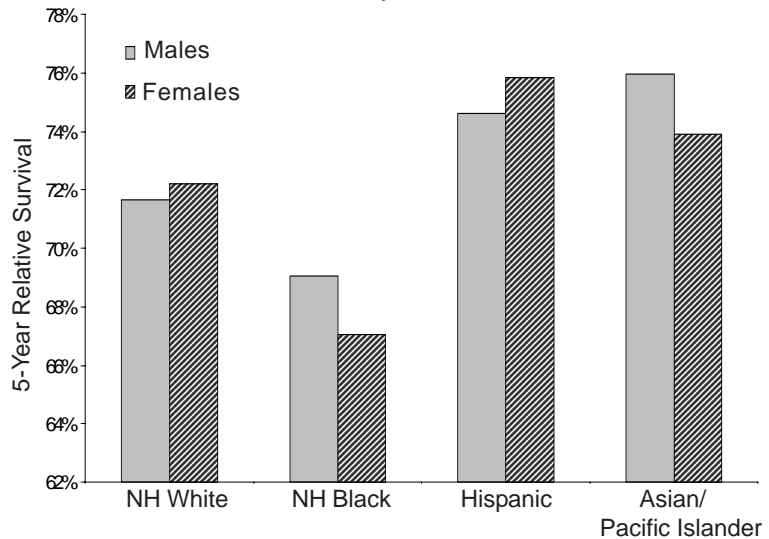
Figure 3. Age-specific incidence rates of colorectal cancer (stages II and III) by sex, Greater San Francisco Bay Area, 2000-2004



5-YEAR RELATIVE SURVIVAL

Overall, the 5-year relative survival from stage II and III colorectal cancer was 72%. The highest 5-year relative survival was seen among Asian/Pacific Islanders and Hispanics, while non-Hispanic Blacks had the lowest survival. Among Asians and non-Hispanic Blacks, males experienced slightly higher survival than females, whereas non-Hispanic Whites and Hispanic males experienced slightly lower survival than their female counterparts.

Figure 4. 5-year relative survival of colorectal cancer (stages II and III) by sex, Greater San Francisco Bay Area, 1990-2004



References:

- Brooks, BJ. Clinical update on oncology treatments and trends. American Journal of Managed Care, 12(3 Suppl): S43-70, 2006.
 American Cancer Society (ACS). Overview: Colon and Rectum Cancer. 2006,
http://www.cancer.org/docroot/CRI/content/CRI_2_2_2X_What_causes_colorectal_cancer.asp?sitearea=
 National Institutes of Health (NIH). Colorectal Cancer: Causes and Risk Factors. 2006,
<http://nihseniorhealth.gov/colorectalcancer/causesandriskfactors/02.html>

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.

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