



Male breast cancer in the Greater San Francisco Bay Area

1988-2003

Spring 2006

Breast cancer among males is rare, accounting for less than 1% of all newly diagnosed breast cancers in the United States. In 2003, about 40 cases of *in situ* or invasive breast cancer were diagnosed among males in the Greater Bay Area, and fewer than 5 men died of the disease. The risk factors, clinical characteristics, and therapeutic management of breast cancer in males appear to be similar to those for postmenopausal females.

INCIDENCE TRENDS

Between 1988 and 2003 in the Greater Bay Area, the incidence rate of breast cancer in males remained steady between 1.2 and 1.5 per 100,000 person-years (below, Figure 1).

Figure 1. Age-adjusted incidence rates of male breast cancer by year of diagnosis, Greater San Francisco Bay Area, 1988-2003

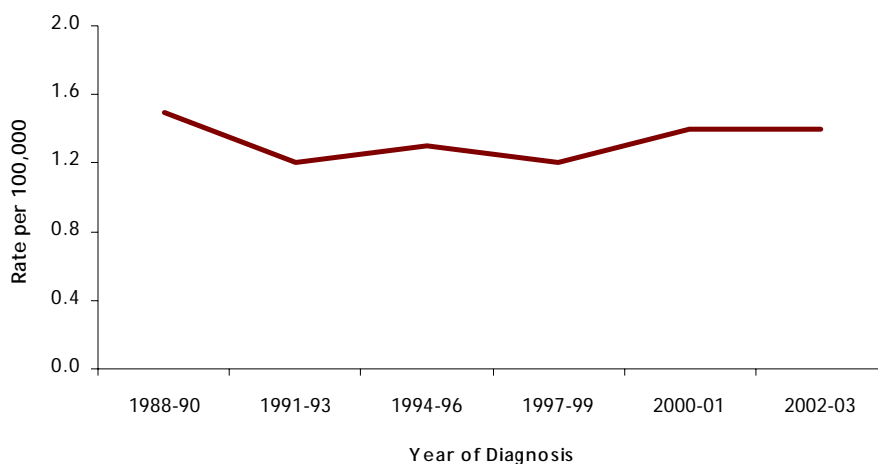
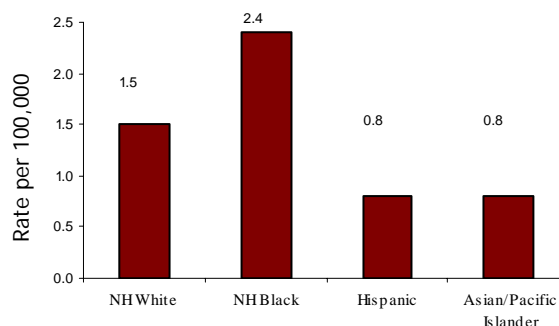


Figure 2. Age-adjusted incidence rates of male breast cancer by race/ethnicity, Greater San Francisco Bay Area, 1999-2003



RACIAL/ETHNIC PATTERNS

Non-Hispanic black males are more likely than males in other racial/ethnic groups to be diagnosed with breast cancer (right, Figure 2). Incidence rates are intermediate in non-Hispanic white males and lowest in Hispanic and Asian/Pacific Islander males.



Figure 3. Age-specific incidence rates of male breast cancer, Greater San Francisco Bay Area, 1999-2003

AGE-SPECIFIC INCIDENCE

Incidence of breast cancer in males rises steadily with age after early adulthood and peaks in the oldest age groups (right, Figure 3). The average age at diagnosis is in the mid-60s.

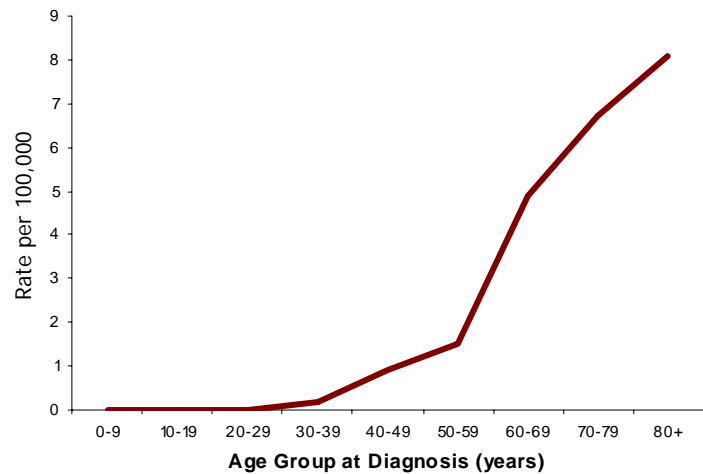
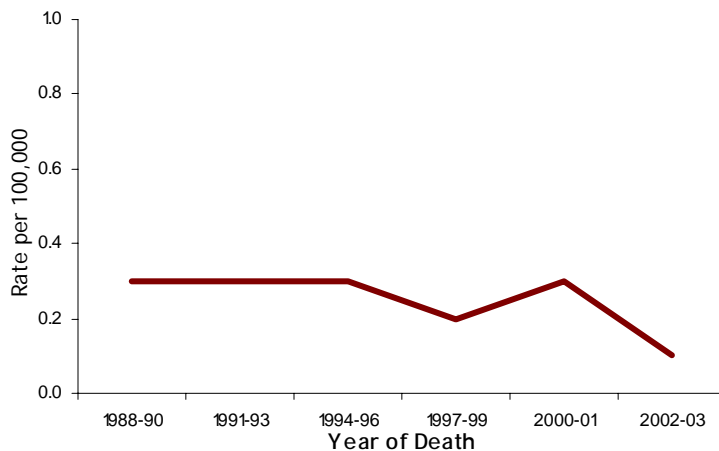


Figure 4. Age-adjusted mortality rates of male breast cancer by year of death, Greater San Francisco Bay



TRENDS IN MORTALITY

During the sixteen-year period between 1988 and 2003, breast cancer mortality rate among males declined slightly, albeit non-significantly, in the Greater Bay Area (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.