



Multiple myeloma in the Greater Bay Area

1988-2002

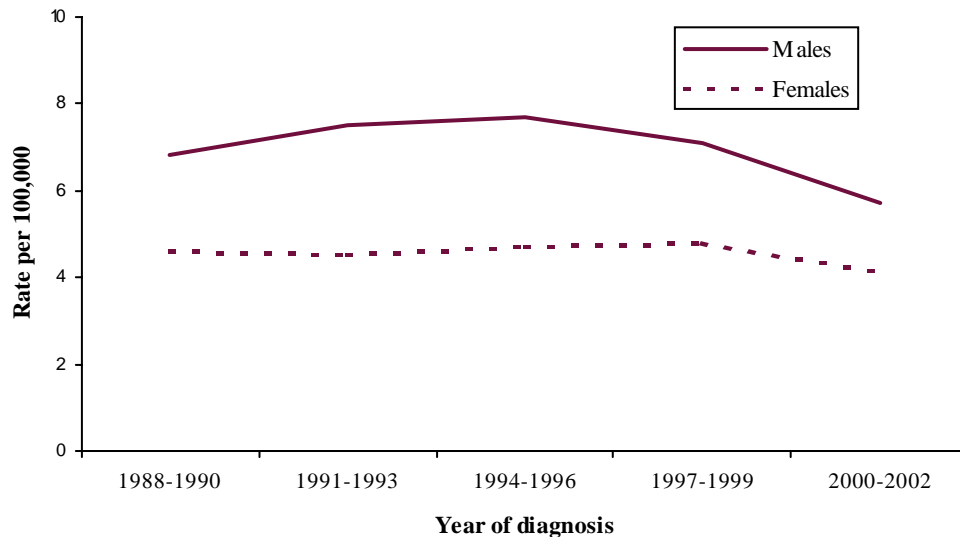
Spring 2005

Multiple myeloma is a rare cancer that occurs when plasma cells stored in the bone marrow grow uncontrollably. Each year, there are roughly 300 cases newly diagnosed and 200 deaths due to multiple myeloma in the Greater Bay Area. The five-year relative survival for multiple myeloma is approximately 30%.

INCIDENCE TRENDS

Incidence of multiple myeloma is approximately 40% higher in males than in females. During the period 1988 through 2002, there has been an overall decrease in incidence of multiple myeloma in males, while rates in females have remained relatively stable (below, Figure 1).

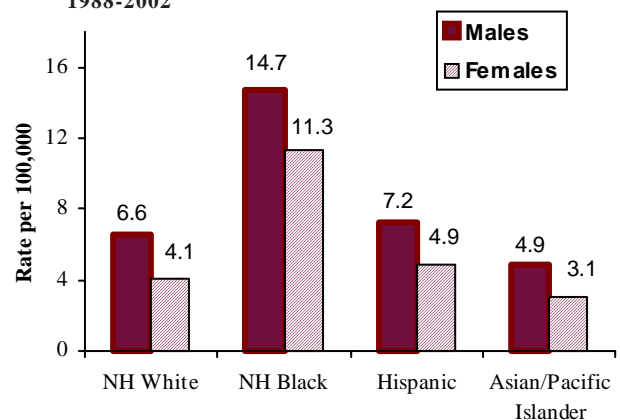
Figure 1. Age-adjusted incidence rates for multiple myeloma by sex and year of diagnosis, Greater Bay Area, 1988-2002



RACIAL/ETHNIC PATTERNS

Rates of multiple myeloma are highest in non-Hispanic blacks, whose rates are two-fold higher than those in other racial/ethnic groups. The lowest rates are observed in Asians/Pacific Islanders. The variation across racial/ethnic groups is similar in both males and females (right, Figure 2).

Figure 2. Age-adjusted incidence rates for multiple myeloma by sex and race/ethnicity, Greater Bay Area, 1988-2002





AGE-SPECIFIC INCIDENCE PATTERNS

Incidence of multiple myeloma increases sharply with age in both males and females. Although the difference between males and females is small before age 60, this sex differential increases substantially thereafter, peaking in the oldest age groups (right, Figure 3).

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

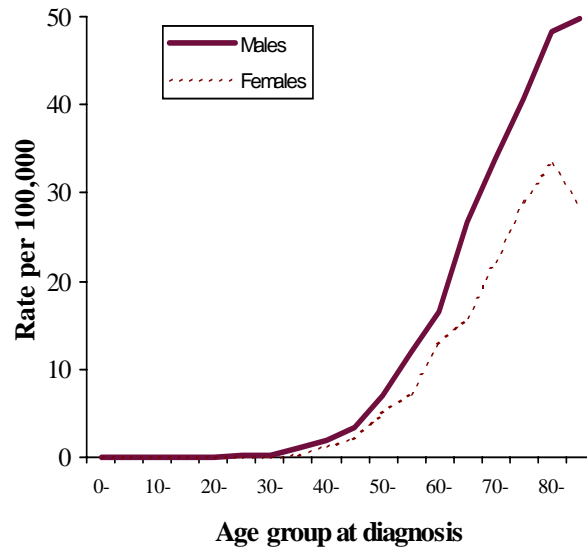
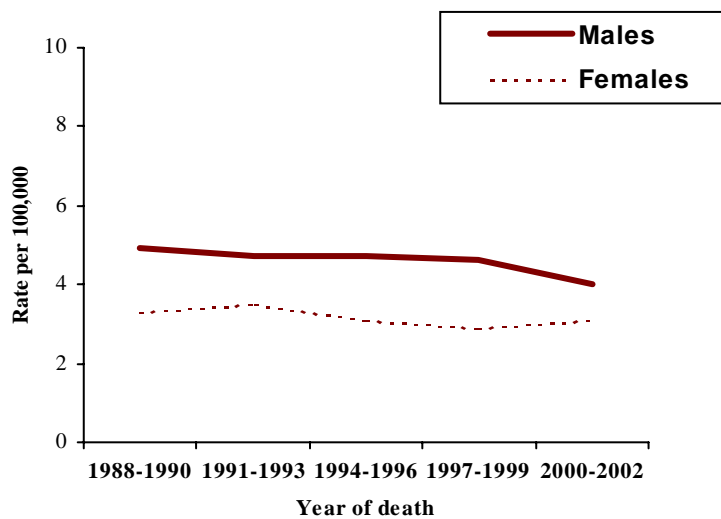


Figure 4. Trends in age-adjusted mortality rates by sex for multiple myeloma, Greater Bay Area, 1988-2002



TRENDS IN MORTALITY

Corresponding with incidence patterns, mortality rates have decreased in males and have remained stable in 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.