

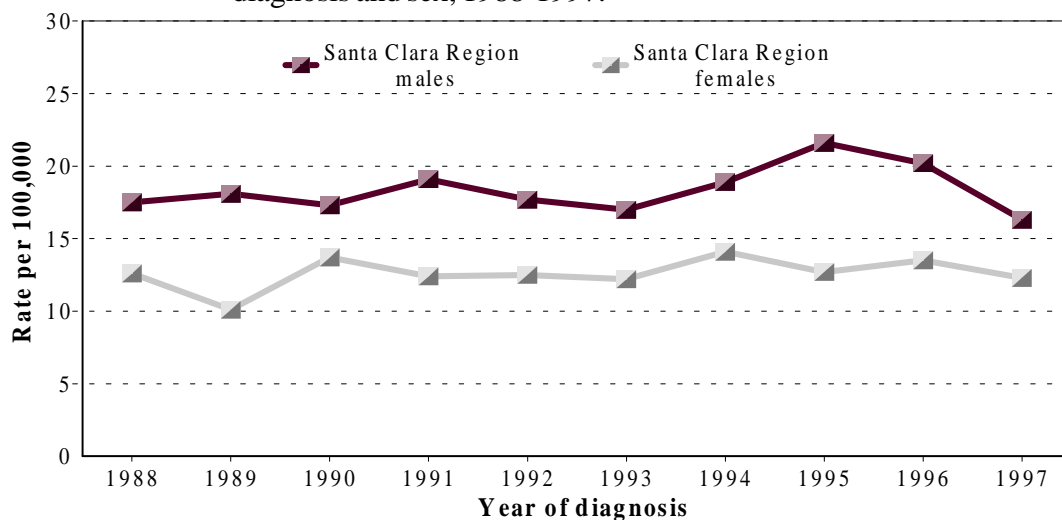


Non-Hodgkin's Lymphoma in the Santa Clara Region 1988-1997

January 2001

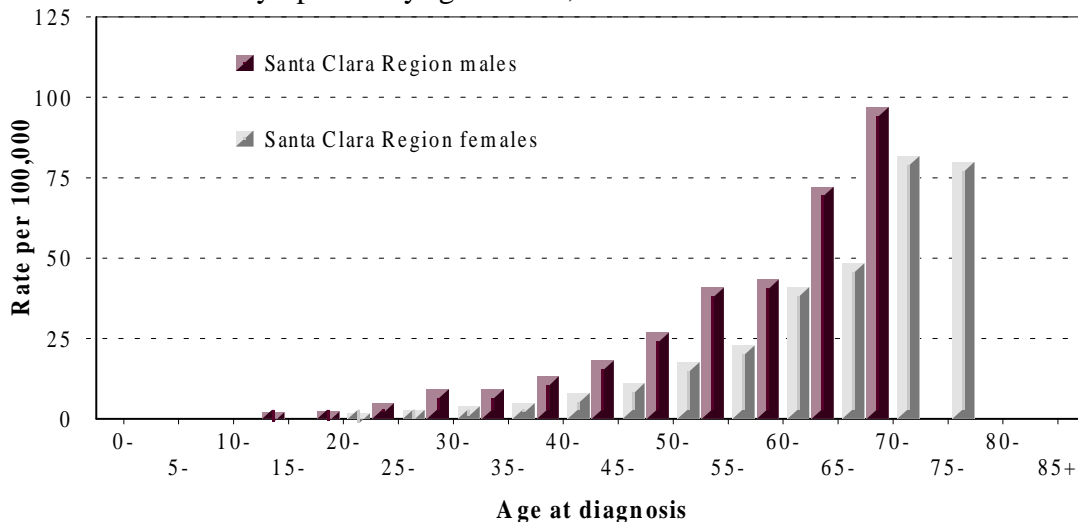
Non-Hodgkin's lymphoma (NHL) was diagnosed in 1,777 Santa Clara Region residents during the 1993-1997 time period. At 15.6 per 100,000, the average incidence rate in the Santa Clara Region was similar to that of California (14.9/100,000) but lower than that of the neighboring San Francisco Bay Area Region (18.1/100,000). Because immunodeficiency is a major risk factor for NHL development, this disease often occurs among persons infected with the human immunodeficiency virus (HIV).

Figure 1. Age-adjusted incidence rates of non-Hodgkin's lymphoma by year of diagnosis and sex, 1988-1997.



From 1988 to 1997, incidence rates of NHL were stable for both males and females. Males, however, had consistently higher rates than females. (Figure 1, above).

Figure 2. Average annual age-specific incidence rates of non-Hodgkin's lymphoma by age and sex, 1993-1997.*

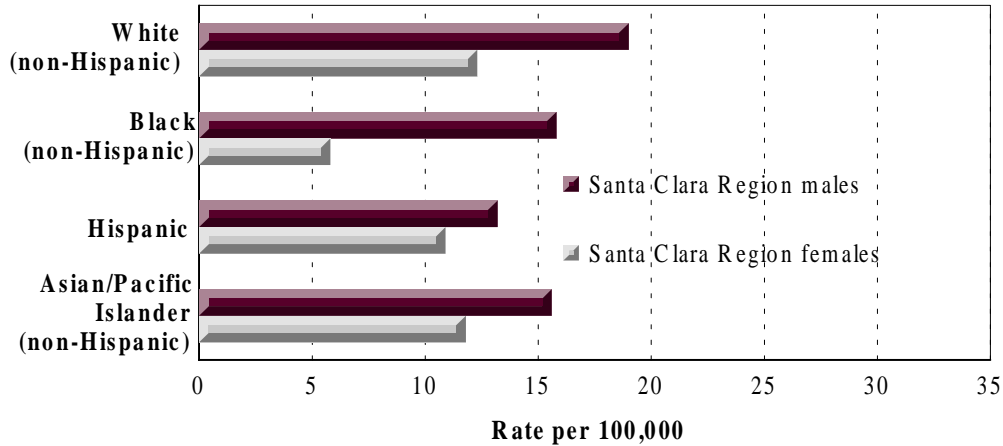


*Data not shown for rates based on fewer than 5 cases or for age-specific population totals less than 100,000.

NHL incidence rates rose steadily with age in both males and females; rates were highest after age 70. (Figure 2, above).

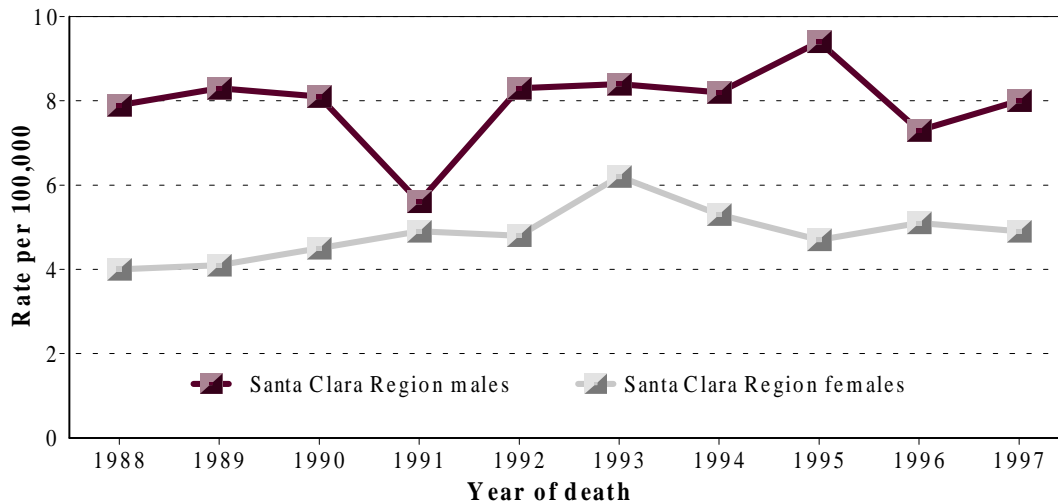


Figure 3. Average annual age-adjusted incidence rates of non-Hodgkin's lymphoma by race/ethnicity, 1993-1997.



Although Whites had the highest NHL incidence rates for both sexes, NHL presented a greater disease burden for nonwhite males. NHL was the fourth most commonly diagnosed cancer for Black and Hispanic males and the fifth most common malignancy in Asian/Pacific Islander males. (Figure 3, above).

Figure 4. Age-adjusted mortality rates from non-Hodgkin's lymphoma by year of death, 1988-1997.



There was no definite pattern in mortality rates during the period 1988-1997. Males had a higher NHL mortality rate compared to females. Their mortality burden in males by race/ethnicity was reversed; NHL was among the top five causes of cancer mortality for Whites, but not for other racial/ethnic groups. (Figure 4, above).

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 unless noted to be age-specific.

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 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.