



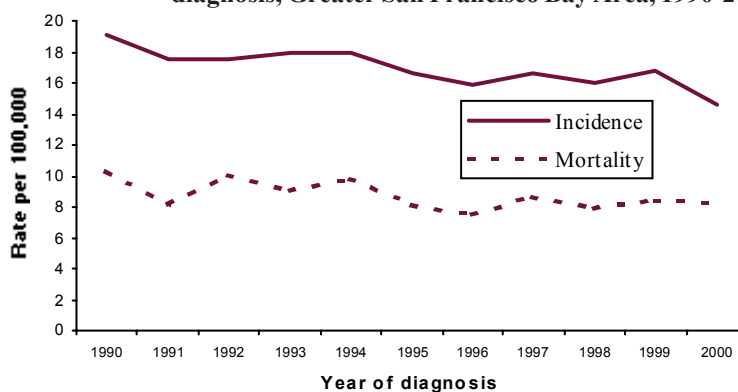
## Ovarian Cancer in the Greater San Francisco Bay Area 1990-2000

Spring 2004

Cancer of the ovary is the fifth most common cause of cancer death among women in California. Based on the latest state cancer registry figures, 504 women were diagnosed and 290 died from ovarian cancer during 2000 in the Greater San Francisco Bay Area.

Ovarian cancer incidence and mortality in our region have decreased slightly in the last ten years. Between 1990 and 2000, incidence and mortality rates have decreased approximately 1-2% per year (below, Figure 1).

Figure 1. Age-adjusted incidence and mortality rates for ovarian cancer by year of diagnosis, Greater San Francisco Bay Area, 1990-2000



### RACIAL/ETHNIC PATTERNS

Ovarian cancer incidence varies by race/ethnicity in our region. Rates are highest among non-Hispanic White women (18.6 cases per 100,000 women) compared with rates for other racial/ethnic groups, including Black, Asian, and Hispanic women (right, Figure 2).

Figure 2. Age-adjusted ovarian cancer incidence by race/ethnicity, Greater San Francisco Bay Area, 1990-2000

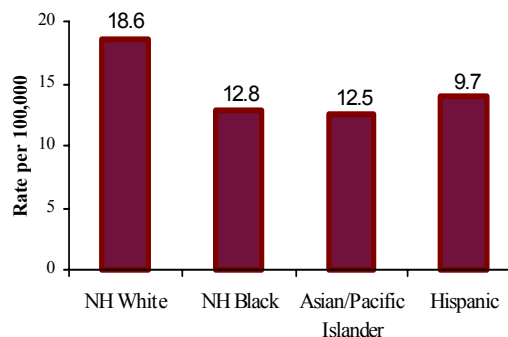
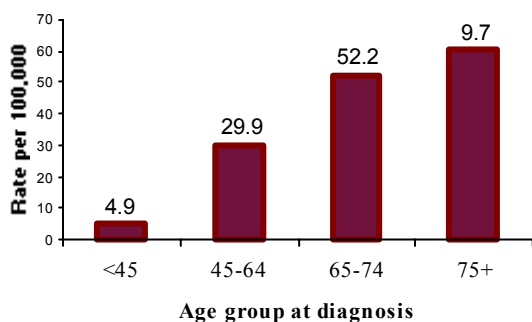


Figure 3. Ovarian cancer incidence by age group at diagnosis, Greater San Francisco Bay Area, 1990-2000



### AGE-SPECIFIC PATTERNS

Ovarian cancer incidence increases substantially with age, particularly after age 65 (left, Figure 3). Older women generally have poorer outcomes than younger women. Among ovarian cancer patients in our region, the average age at diagnosis is 59. The median age at diagnosis is 61.



## DISTRIBUTION BY STAGE

Most women are diagnosed with ovarian cancer after it has spread to other organs or lymph nodes. Currently, there are no effective methods for routine screening for ovarian cancer. In the Greater San Francisco Bay Area, fewer than 25% of women are diagnosed with tumors limited to the ovaries (Stage I). The distribution of cases by stage at diagnosis is shown in Figure 4 (right) for the Greater San Francisco Bay Area during the period 1994-2000 .

Figure 4. Distribution of ovarian cancer cases by AJCC stage at diagnosis, Greater San Francisco Bay Area, 1994-2000

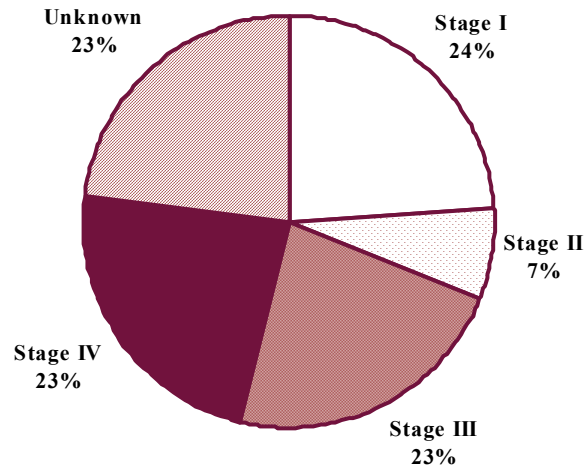
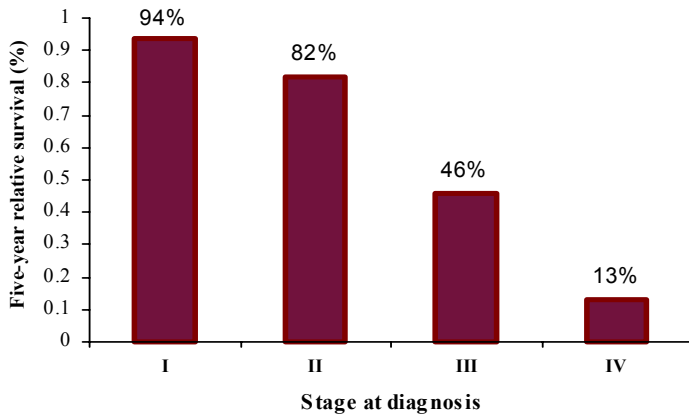


Figure 5. Five-year relative survival (%) from ovarian cancer by AJCC stage at diagnosis, Greater San Francisco Bay Area, 1994-2000



## SURVIVAL

Five-year relative survival from ovarian varies by stage at diagnosis. Women who are diagnosed with cancer localized to the ovary generally have high probability of five-year survival (approximately 94%) while women diagnosed with late stage tumors have a much poorer probability of five-year survival (left, Figure 5).

Successful strategies for prevention and early detection of ovarian cancer have not been developed. Therefore, to prevent further mortality from this disease, it is important to ensure all women receive adequate surgical staging and optimal treatment.

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.