



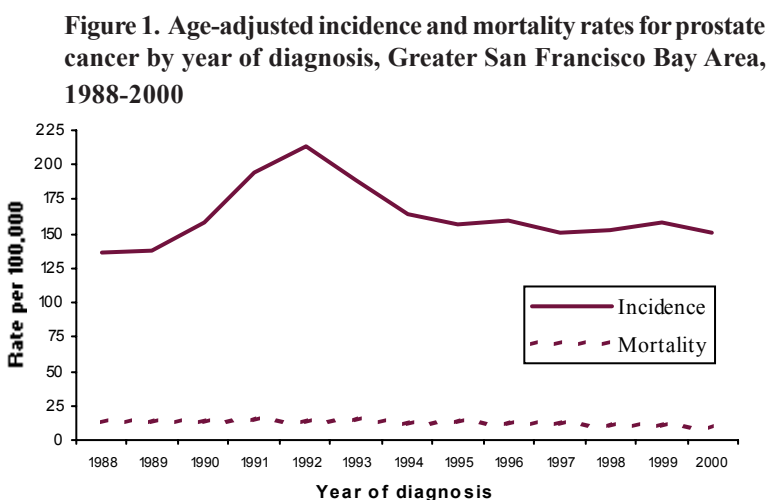
Prostate Cancer in the Greater San Francisco Bay Area 1988-2000

Spring 2004

In men, prostate cancer is the most common type of cancer diagnosed, comprising almost a third of all cancer cases. Nearly 50,000 men were diagnosed with prostate cancer in the Greater Bay Area during the period 1988-2000, an average of 4,000 cases per year. Prostate cancer is also a leading cause of cancer death in men, second only to lung cancer.

INCIDENCE AND MORTALITY TRENDS

Incidence of prostate cancer peaked in 1992 and gradually decreased (below, Figure 1). This trend has been attributed to the introduction of prostate-specific antigen (PSA) screening in the early 1990's, which resulted in identifying more cases of prostate cancer. The death rate for prostate cancer has slightly decreased over time.



RISK FACTORS

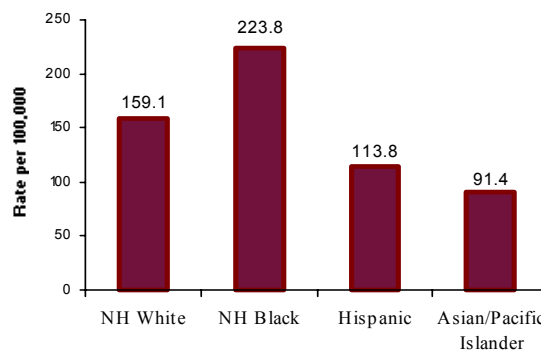
Although the exact causes of prostate cancer are unknown, there are several risk factors which can increase a man's risk of getting the disease:

- **Age:** risk increases dramatically with age, particularly after age 50
- **Race/ethnicity:** prostate cancer is more common in black men than in white men, for reasons that are unclear
- **Family history:** men with an immediate family member (e.g., father, brother) who have had prostate cancer are more likely to be diagnosed with prostate cancer themselves

RACIAL/ETHNIC PATTERNS

Prostate cancer incidence varies substantially for racial/ethnic groups in the Greater Bay Area (right, Figure 2). Non-Hispanic black (NH Black) men have higher rates of prostate cancer than men of other racial/ethnic groups.

Figure 2. Age-adjusted prostate cancer incidence by race/ethnicity, Greater San Francisco Bay Area, 1988-2000





INCIDENCE BY AGE AT DIAGNOSIS

Similar to most cancers, prostate cancer occurs at older ages. It is uncommon to be diagnosed before age 50, but incidence rates increase exponentially with age, peaking in men ages 70 to 75 (right, Figure 3).

Figure 3. Prostate cancer incidence by age group at diagnosis, Greater San Francisco Bay Area, 1988-2000

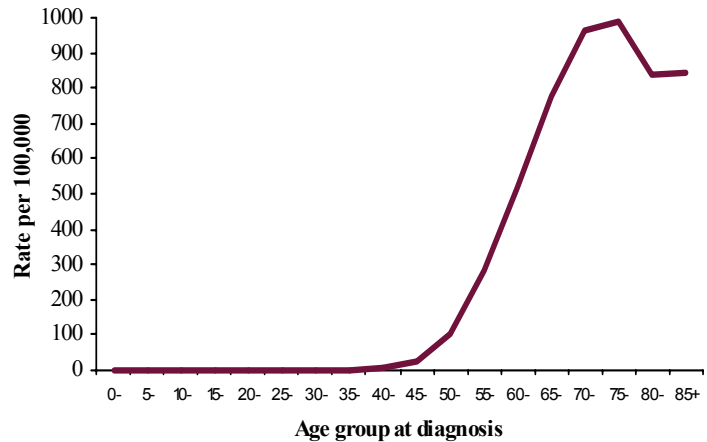
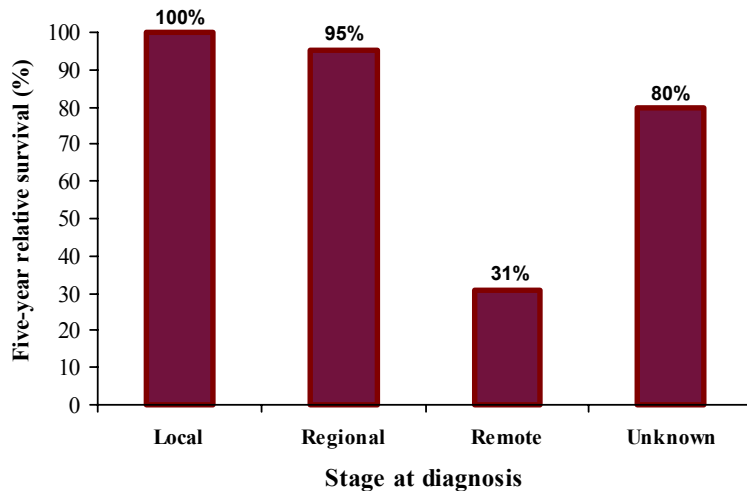


Figure 4. Five-year relative survival (%) from prostate cancer by stage at diagnosis, Greater San Francisco Bay Area, 1988-2000



SURVIVAL

Survival from prostate cancer varies substantially by stage at diagnosis. Patients diagnosed with cancer localized to the prostate generally have a much higher probability of five-year survival (approximately 100%) than patients diagnosed with late stage (approximately 31%) (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.