



## Sarcomas in the Greater San Francisco Bay Area 1988-2000

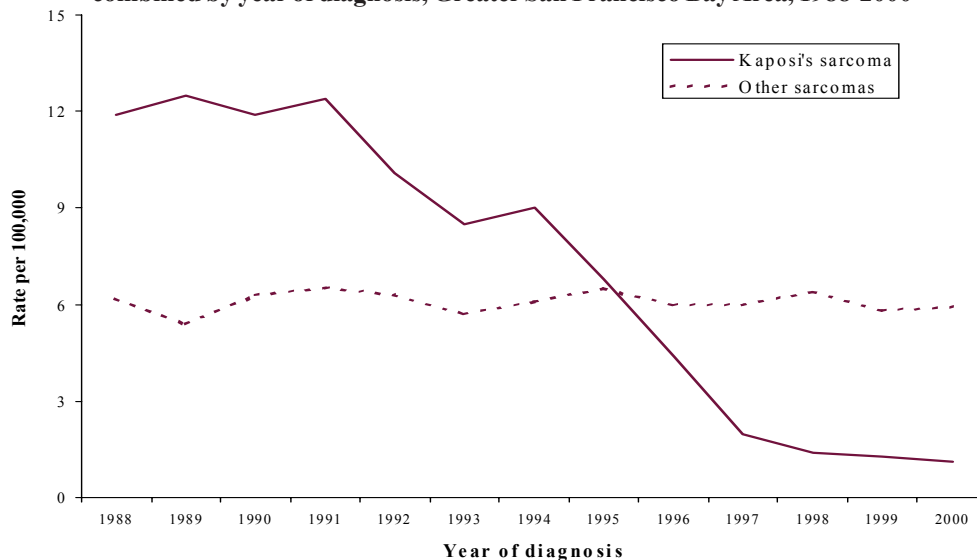
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Sarcoma is a rare type of cancer that can develop from connective tissue, such as cartilage, fat, muscle, or bone, and can occur anywhere in the body. Roughly 10,600 cases have been diagnosed in the Greater Bay Area between 1988 and 2000, more than half (57%) of which were Kaposi's sarcoma, an HIV/AIDS-related cancer.

### INCIDENCE TRENDS

Patterns of Kaposi's sarcoma incidence reflected patterns of the HIV/AIDS epidemic in the San Francisco Bay Area. Incidence of Kaposi's sarcoma has dropped dramatically during the period 1988-2000 (below, Figure 1), while rates for all other sarcomas have remained relatively stable. The dramatic decline in Kaposi's sarcoma is likely due to changes in the clinical management of HIV infection.

**Figure 1. Age-adjusted incidence rates for Kaposi's sarcoma (KS) and other sarcomas combined by year of diagnosis, Greater San Francisco Bay Area, 1988-2000**



### RACIAL/ETHNIC PATTERNS

Incidence of sarcoma varies substantially for racial/ethnic groups in the Greater Bay Area (right, Figure 2). Non-Hispanic black (NH Black) men have the highest rate of Kaposi's sarcoma and other sarcomas than men of other racial/ethnic groups.

**Figure 2. Age-adjusted incidence rates for Kaposi's sarcoma and other sarcomas combined by race/ethnicity, Greater San Francisco Bay Area, 1996-2000**

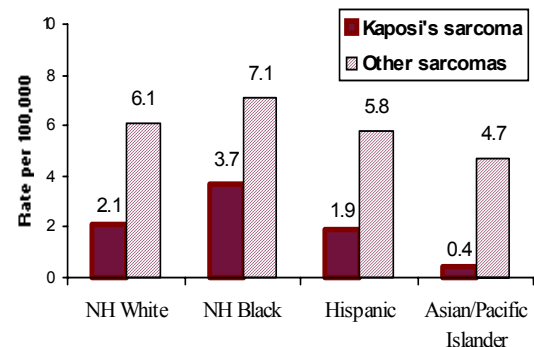




Figure 3. Incidence rates by age group at diagnosis for sarcomas, Greater San Francisco Bay Area, 1996-2000

### INCIDENCE BY AGE AT DIAGNOSIS

Incidence of sarcoma varies markedly by age at diagnosis and histologic subtype. Kaposi's sarcoma is more commonly diagnosed before age 50, while incidence of other sarcomas combined increases with age, peaking in the oldest age groups (right, Figure 3).

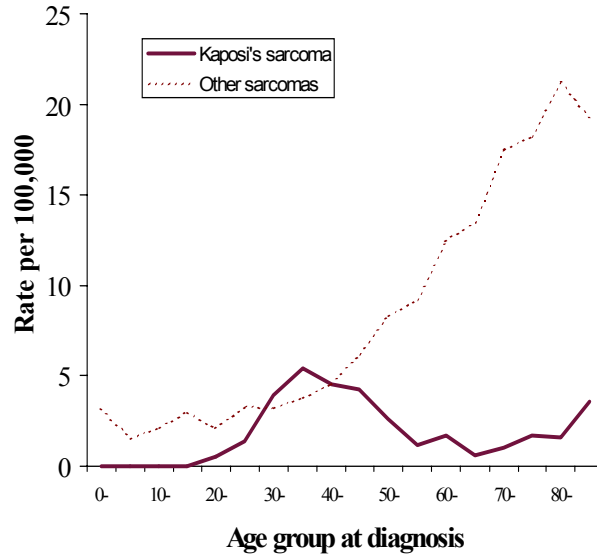
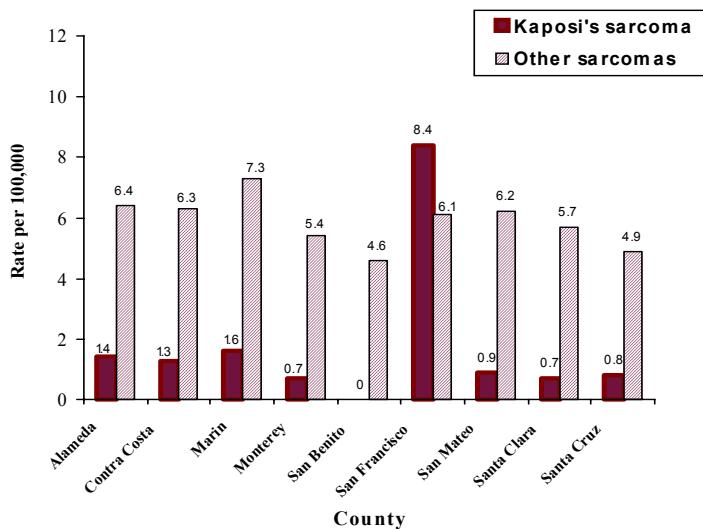


Figure 4. Age-adjusted incidence rates for sarcomas by county of residence, Greater San Francisco Bay Area, 1996-2000



### GEOGRAPHIC VARIATION

Sarcoma incidence rates vary substantially by county of residence and histologic subtype. Incidence of Kaposi's sarcoma is substantially higher in San Francisco than in other counties, likely reflecting the higher prevalence of HIV/AIDS among its residents (left, Figure 4), while rates for other sarcomas were comparable across counties, despite small fluctuations.

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.