



Cancer

Cancer: The National Challenge*

Cancer is the second leading cause of death in the United States. During 2000, an estimated 1,220,100 persons in the United States were expected to be diagnosed with cancer; 552,200 persons were expected to die from cancer. These estimates did not include most skin cancers, and new cases of skin cancer are estimated to exceed 1 million per year. One-half of new cases of cancer occur in people aged 65 years and over.

About 491,400 persons who get cancer in a given year, or 4 in 10 patients, are expected to be alive 5 years after diagnosis. When adjusted for normal life expectancy (accounting for factors such as dying of heart disease, injuries, and diseases of old age), a relative 5-year survival rate of 60 percent is seen for all cancers. This rate means that the

chance of a person recently diagnosed with cancer being alive in 5 years is 60 percent of the chance of someone not diagnosed with cancer. Five-year relative survival rates commonly are used to monitor progress in the early detection and treatment of cancer and include persons who are living 5 years after diagnosis, whether in remission, disease free, or under treatment.

Cancer death rates for all sites combined decreased an average of 0.6 percent per year from 1990 to 1996. This decrease occurred after rates had increased by 0.4 percent per year from 1973 to 1990. Death rates for male lung, female breast, prostate, and colorectal cancers decreased significantly during the 1990–96 period. The lung and bronchus, prostate, female breast, and colon and rectum were the most common cancer sites for all racial and ethnic populations in the United States and together accounted for approximately 54 percent of all newly diagnosed cancers.

In addition to the human toll of cancer, the financial costs of cancer are substantial. The overall annual costs for cancer are estimated at \$107 billion, with \$37 billion for direct medical costs (the total of all health expenditures), \$11 billion for costs of illness (the cost of low productivity due to illness), and \$59 billion for costs of death (the cost of lost productivity due to death). Treatment for lung, breast, and prostate cancers alone accounts for more than half of the cancer direct medical costs.

Cancer: Health Disparities at the Local Level*

Like the U.S., Duval County experiences health disparities related to cancer. These disparities touch all demographics such as gender, age and race. These disparities are most apparent for specific cancers like prostate, breast and cervical.

Overall cancer death rates in Duval County were 218.2 per 100,000 persons. When looking at gender there is a significant difference between males and females. Males have a much higher cancer mortality rate (274.4 per 100,000) than females (182.0 per 100,000, Graph 4). When comparing gender for specific cancers we also see a difference. For example, the 2001 Duval County male lung cancer death rate was 71.9 while females had a 59.4 rate. However, when examining the second leading cause of cancer deaths (colorectal) there is virtually no difference between the genders. Males have a 22.0 rate and females have a 21.7 rate.

For age, there is an apparent difference between the young and old in cancer mortality rates. There is a gradual increase from the 0-14 group to the 35-44 group, but from the 45-54 to the 85 and older group there is a significant increase in rates, 136.0 to 1826.3 per 100,000.

For race the overall cancer rate for

(continue on page 7)

This issue:

Cancer: The National Challenge	1
Cancer Health Disparities at the Local Level	1
Jacksonville Cancer Report Card	2
Tomorrow's Rainbow	3
Lung Cancer & Tobacco	4
Primary & Secondary Prevention Strategies for Cancer	5
Nutrition and Cancer	6

*From Healthy People 2010, U.S. Department of Health and Human Services

Jacksonville Cancer Report Card

2010 Cancer Objectives

Obj #	Objective	U.S. (1998)	FL (2001)	Duval (2001)	2010 Target
3-1	Reduce the overall cancer death rate. (Per 100,000)	202.4	185.5 ¹	218.2 ¹	159.9
3-2	Reduce the lung cancer death rate. (Per 100,000)	57.6	55.5 ¹	69.8 ¹	44.9
3-3	Reduce the breast cancer death rate. (Per 100,000 Females)	27.9	23.5 ¹	27.3 ¹	22.3
3-4	Reduce the death rate from cancer of the uterine cervix. (Per 100,000 Females)	3.0	2.9 ¹	3.7 ¹	2.0
3-5	Reduce the colorectal cancer death rate. (Per 100,000)	21.2	18.2 ¹	23.6 ¹	13.9
3-6	Reduce the oropharyngeal cancer death rate. (Per 100,000)	3.0	3.0 ¹	3.6 ¹	2.7
3-7	Reduce the prostate cancer death rate. (Per 100,000 Males)	32.0	24.5 ¹	32.8 ¹	28.8
3-8	Reduce the rate of melanoma cancer deaths. (Per 100,000)	2.8	2.8 ¹	2.7 ¹	2.5
3-14	Increase the number of States that have a statewide population-based cancer registry that captures case information on at least 95 percent of the expected number of reportable cancers.	21 States	FL has Cancer Registry ²	FL has Cancer Registry ²	45 States

¹ Florida Department of Health, Office of Vital Statistics

² National Program of Cancer Registries (NPCR), CDC, NCI

In 2001, cancer was the second leading cause of death in Florida and in Duval County. However, Duval County had a much higher age-adjusted death rate for overall cancer than the state, 218.2 and 185.5, respectively (objective 3-1). In fact, Duval County had higher age-adjusted death rates in seven of the eight cancer mortality objectives (3-1 through 3-7). Only melanoma cancer death rates were lower in Duval

County than Florida (objective 3-8).

When comparing cancer deaths to the U.S., Duval also had higher age-adjusted cancer death rates. Six of the eight cancer mortality objectives are higher in Duval County than the Nation.

Duval County more closely reflects the cancer death rates of the United states than what is occurring in the state of Florida. With these statistics,

Duval County has a long way to go to reach the Healthy People 2010 objectives related to cancer. If each specific cancer is addressed with primary and/or secondary prevention interventions, Duval County could see a reduction in cancer rates. These objectives will be addressed by state and local agencies including the Duval County Health Department, Healthy Jacksonville Coalitions and other partners and collaborators.

DCHD's Breast & Cervical Cancer Program: Tomorrow's Rainbow

Gwendolyn Lee-Greene, Program Manager

The CDC – Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP) funds thirteen lead sites in the state of Florida via partnerships with various institutions that include county health departments. These partnerships were originally established in September 1995. The original partnership sites were determined by the counties in Florida that had adequate resources to provide treatment for women diagnosed with breast or cervical cancer. The primary goal is to reduce the mortality rate due to breast and cervical cancer through early detection. The priority population for breast and cervical screening is uninsured women ages 50 to 64 that are at or below 200% of the National Poverty Level. Both breast and cervical cancers are in the top ten leading causes of cancer death for females (Table 1).

The Duval County Health Department funded site – Tomorrow's Rainbow is one of the primary funded sites and services five counties – Du-

val, Baker, Clay, Nassau, and St. Johns. Program eligible women will receive:

1) Education – Self Breast Exam education and other pertinent educational cancer materials,

2) Annual screening – Pap smear, pelvic exam, colorectal screening, clinical breast exam,

3) Diagnostics – as clinically recommended, and

4) Treatment – Mary Brogan Medicaid Waiver Act of July 1, 2001 made it possible for women in all 67 Florida counties to have access to treatment if diagnosed with breast or cervical cancer. The 54 counties that were previously uncovered are now receiving services via one of the original lead FBCCEDP sites.

Women who are eligible for Medicaid under the Breast and Cervical Cancer Treatment Act in Florida must meet all of the following criteria:

(1) United States citizens who are Florida residents,

(2) under age 65,

(3) 200% or below of the National Poverty Level,

(4) screening services (CBE, Pap smear and/or mammogram) must be paid by CDC funds, and

(5) the woman must be diagnosed with breast or cervical cancer.

The provision of timely annual re-screening must be assured or attempted for each women enrolled in the program. At the beginning of each program year, each lead program site is given an annual goal for the number of women to be screened and re-screened. Since 1995 the Tomorrow's Rainbow program has provided screening, diagnostics, treatment and or referral services to approximately 3,000 women. For more information on Tomorrow's Rainbow, please call 630-3395.

Table 1

Top 10 Cancer Deaths for Females Duval County, 2001

Rank	Type	Number
1	Lung	236
2	Breast	110
3	Colorectal	88
4	Pancreas	39
5	Non-Hodgkin's Lymphoma	29
6	Ovary	27
7	Leukemia	22
8	Corpus Uteri & Uterus	18
9	Cervical	15
10	Stomach	14

Source: Florida Department of Health, Office of Vital Statistics
Prepared by: Center for Health Statistics, Duval County Health Department, April 2003

Tobacco, Lung Cancer and Prevention

Pam Jerals, Senior Health Educator Tobacco Prevention Program

Tobacco use remains the number one killer in the United States. From the 1950's through the 1980's, Duval County had one of the highest lung cancer death rates of any metropolitan county in the nation. During 1980—1989, the age adjusted mortality rates were 101 per 100,000 for white men and 39 per 100,000 for white women compared to national rates of 72 for white men and 26 for white women. This was not true for blacks whose averages were close to U.S. averages. In 1992, a community survey was undertaken with 3,105 residents (City of Jacksonville Tobacco Exposure Survey) to try to determine the cause for the high rates. The results showed that among Duval smokers, 70.7% smoked less than 25 cigarettes per day compared to 78.5% nationally but 29.3% smoked more than 25 cigarettes per day compared to the national percentage of 21.5. Thus, a significantly higher percentage of Duval smokers were heavier smokers (Table 2). The 1992 survey is the most specific survey done regarding adult cigarette smoking in Duval County.

The 2001 Behavioral Risk Factor Surveillance System (BRFSS) data estimate the prevalence of adults currently smoking cigarettes in Duval County to be 24.1% as compared to 22.5% in Florida, which would place the county at a higher prevalence of cigarette smoking than the state.

Lung cancer is the leading cause of cancer deaths in Duval County and in the nation. Nationally, blacks have higher lung cancer death rates than whites. That is not true for Florida nor for Duval County (Table 3). Duval's lung cancer mortality rates for whites are much higher than African-Americans. Death from the high rates

of tobacco use in whites accounts for the higher deaths in whites.

From 1992 to 2001, Duval consistently had a higher lung cancer death rate than the state (Graph 1). Duval's rate ranges from a low of 64.1 (1997) to a high of 73.1 (1995) while the state ranges from 54.1 (2001) to 60.4 (1992).

For the past five years, tobacco prevention education has been provided to over 36,000 students between the ages of 11-18, by the Duval County Tobacco Prevention Program through the Community Intervention Program grant. The aim was to re-

duce by 5% youth tobacco use in the areas of the city that had the highest usage among youth—Southside, Mandarin and the Beaches. Statistics from the Duval County Public Schools 2001 Secondary Level Alcohol, Tobacco, Other Drugs and Violence Survey: Knowledge Attitudes and Behaviors show these numbers down dramatically from the 1996 survey. In the Beaches area, lifetime usage was reduced by 17.8%, the Mandarin area usage was reduced by 14.5% and the Southside area usage was reduced by 10.1%. This education program continues although the funding has expired. For more information on the Duval County's Tobacco Prevention Program please call 630-3310.

Table 2 Comparison of the Amount Smoked Per Day by Duval County vs. U.S. Smoker, 1992

	Smoke < 20 cig/day	Smoke >= 25 cig/day
Duval County	70.7%	29.3%
Nationwide	78.5%	21.5%

Source: Tobacco Smoking: A Survey in a Community with Excess Lung Cancer
Prepared by: Center for Health Statistics, Duval County Health Department, March 2003

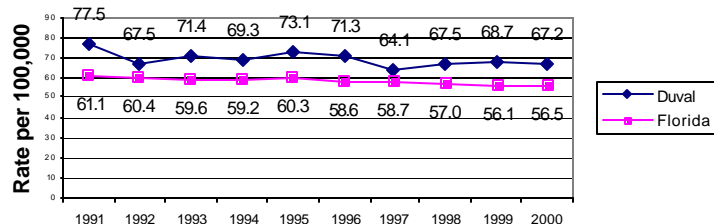
Table 3 Lung Cancer Mortality Rates by Race Duval County and Florida, 2001

	Florida Crude Rates	Duval County Crude Rates
White	85.0	76.3
African-American	35.6	36.4

Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis
Prepared by: Center for Health Statistics, Duval County Health Department, March 2003

Graph 1

Lung Cancer Mortality Rates 10 Year Trend Duval County vs. Florida, 1991-2000



Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis
Prepared by: Center for Health Statistics, Duval County Health Department, March 2003

Primary and Secondary Prevention Strategies for Cancer*

There are two basic approaches to preventing death from cancer. The first approach is to prevent cancer from ever occurring (primary prevention). We know that some cancers are caused by exposure to known carcinogens (cancer causing agents). Tobacco and too much sun are examples of known carcinogens. The other basic approach is to catch cancer early (secondary prevention). We don't know what causes some cancers, but catching cancer early is particularly important. If caught early enough, some cancer can be treated and even cured. People need to get regular check-ups or screenings to find the cancer early. Breast cancer is an example of a cancer that can be effectively treated most of the time.

It is estimated that as much as 50 percent or more of cancer can be prevented through smoking cessation and improved dietary habits, such as reducing fat consumption and increasing fruit and vegetable consumption. Physical activity and weight control also can contribute to cancer prevention. Graph 2 shows the overall cancer mortality rate for Duval and Florida. If primary and secondary prevention strategies were implemented by the population we could see the cancer mortality rates drop significantly.

In order to reduce breast cancer deaths in the United States, a high percentage of females aged 40 years and older need to comply with screening recommendations. A reduction in breast cancer deaths could be expected to occur roughly 7 years after the program started. These

programs will take a few years to have impact.

To reduce cervical cancer deaths, a high percentage of females in the United States who are age 18 years and older need to comply with screening recommendations. Evidence from randomized preventive trials is unavailable, but expert opinion suggests that a beneficial impact on cervical cancer death rates would be expected to occur after a few years.

Evidence shows that a reduction in colorectal cancer (CRC) deaths can be achieved through detection and removal of precancerous polyps and treatment of CRC in its earliest stages. The findings from three randomized controlled trials indicate that biennial screening can reduce deaths from CRC by 15 to 21 percent in people aged 45 to 80 years.

Melanoma and other skin cancers were expected to claim the lives of almost 9,600 persons in 2000. Insufficient evidence exists to determine whether routine skin examinations (self or physician) decrease deaths from melanoma or other skin cancers. However, many of the skin cancers diagnosed each year

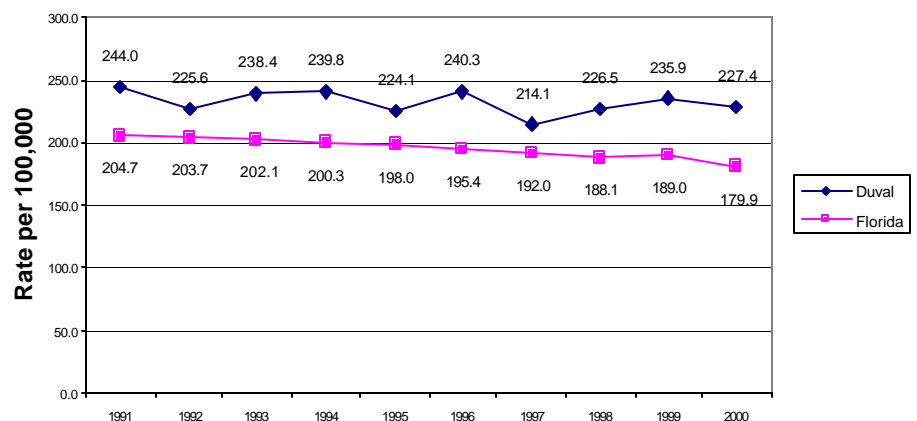
could be prevented by limiting exposure to the sun, by wearing protective clothing, and by using sunscreen.

A recent study published in the New England Journal of Medicine concludes that increased body weight was associated with increased death rates for all cancers combined and for cancers at multiple specific sites. On the basis of associations observed in this study, it is estimated that current patterns of overweight and obesity in the United States could account for 14 percent of all deaths from cancer in men and 20 percent of those in women. Therefore, a reduction in obesity offers the potential to lower the risk of cancer deaths in the United States.

As previously stated, simple prevention strategies (primary and secondary) can reduce the risk of certain cancer deaths. Therefore, it is highly recommended to increase living a "healthy lifestyle" and receive the recommended number of health screenings.

*From Healthy People 2010, U.S. Department of Health and Human Services

Graph 2 Cancer Mortality Rates 10 Year Trend
Duval County vs. Florida 1991-2000



Source: Department of Health, Office of Planning, Evaluation and Data Analysis
Prepared by: Center for Health Statistics, Duval County Health Department, April 2003

Nutrition and Cancer

Heather Huffman, MS, RD, LD/N, Obesity Prevention Program Manager

According to the Centers for Disease Control and Prevention (CDC), cancer is the second leading cause of death among Americans and is responsible for one of every four deaths in the United States. Healthy lifestyle living can drastically reduce the number of cases of cancer. Healthy lifestyle, in relation to cancer prevention, includes good nutrition, daily physical activity, the avoidance of tobacco products and sun exposure. According to the Florida Department of Health, Office of Vital Statistics, Duval County has an overall cancer mortality rate of 218.2 per 100,000, compared with 185.5 per 100,000 for Florida.

The American Cancer Society develops and publishes, every five years, guidelines for reducing the risk of cancer with healthy food choices and physical activity. Recommendations are as follows:

1. Eat a variety of healthy foods, with an emphasis on plant sources. Eat five or more servings of a variety of vegetables and fruits every day in various forms.
2. Choose whole grain rice, bread, pasta, and cereals. Limit consumption of refined carbohydrates, including pastries, sweetened cereals, soft drinks, and sugars.
3. Limit consumption of red and processed meats, especially those high in fat. Choose fish, poultry, or beans as an alternative to beef, pork, and lamb. When eating meat, select lean cuts and have smaller portions. Prepare meat by baking, broiling, boiling, or grilling, rather than frying to reduce the overall fat content.

4. Adopt a physically active lifestyle. Adults should engage in at least moderate activity for 30 minutes or more on five or more days a week. Children and adolescents should have at least 60 minutes a day of moderate-to-vigorous physical activity for at least five days a week.
5. Maintain a healthy body weight throughout life.
6. If you drink alcoholic beverages, limit consumption.

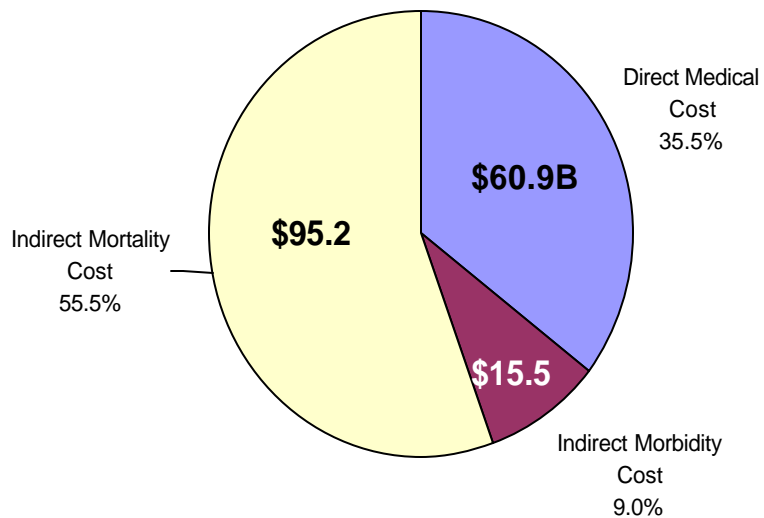
These nutrition and physical activity guidelines are intended to reduce the overall risk of cancer. However, poor dietary and physical activity habits greatly affect the risk for developing particular types of cancer that include:

Breast Cancer
 Colorectal Cancer
 Endometrial Cancer
 Kidney Cancer
 Oral and Esophageal Cancer
 Pancreatic Cancer
 Prostate Cancer

The financial costs of cancer are enormous for both the individual and for society as a whole. In 2002, the National Institutes of Health estimated an overall annual cost for cancer at \$171.6 billion (Graph 3). Direct medical costs comprised \$60.9, indirect morbidity at \$15.5 billion, and indirect mortality costs at \$95.2 billion (American Cancer Society). A healthy lifestyle will not only drastically reduce the number of cancer cases, but also the cost. For more information, call Heather Huffman at 665-2746.

Graph 3

Annual Cancer Cost, U.S. 2002



Total Cost \$171.6 Billion

Source: National Institutes of Health

Prepared by: Center for Health Statistics, Duval County Health Department, April 2003

Cancer: Health Disparities at the Local Level* (continued from p.1)

whites was 225.2 while non-whites had a lower rate of 193.8 (Graph 5). The high mortality in whites, primarily due to high rates of tobacco use and lung cancer, provides one of the few examples of non-whites being healthier than whites in this county.

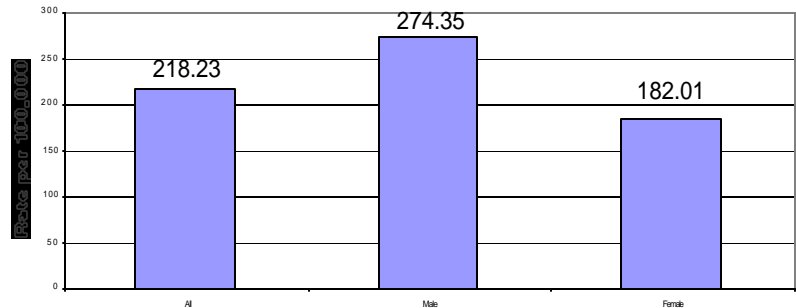
When looking at breast cancer, the second leading cause of cancer death for females, there is a noticeable disparity between the races. Whites have a higher age-adjusted rate than non-whites, 28.6 and 23.2, respectively (Graph 6). These results (disparities) are similar to the nation. If we breakdown non-white into African-American and Others, African-Americans have a higher mortality rate than whites.

When looking at the second leading cause of cancer deaths for males (prostate), there is an obvious disparity between the races. Non-whites have a much higher mortality rate than whites (Graph 7). The rate for non-whites was 51.1 per 100,000 while whites had a much lower rate of 27.4. These disparities also reflect what is being seen at the national level.

Duval County has similar cancer-related disparities as the United States. Specific age, gender and racial groups are at a higher risk of certain cancers. Primary and secondary prevention aimed at the high-risk groups would help reduce these disparities.

Graph 4

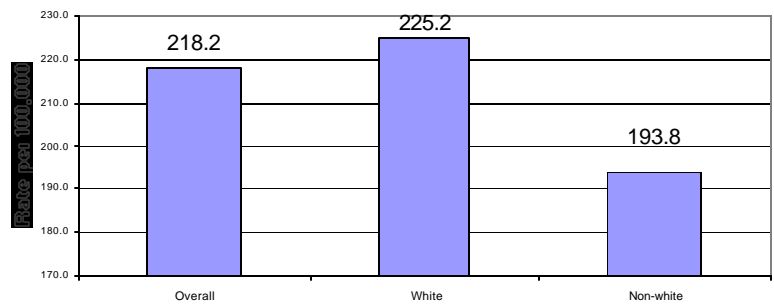
**Overall Cancer Mortality Rates by Gender
Duval County 2001**



Source: Florida Department of Health, Office of Vital Statistics
Prepared by: Center for Health Statistics, Duval County Health Department, April 2003

Graph 5

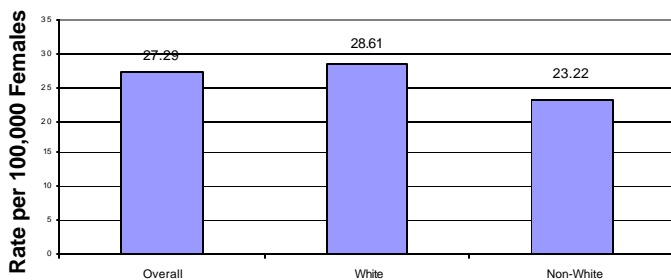
**Overall Cancer Mortality Rates by Race
Duval County 2001**



Source: Florida Department of Health, Office of Vital Statistics
Prepared by: Center for Health Statistics, Duval County Health Department, April 2003

Graph 6

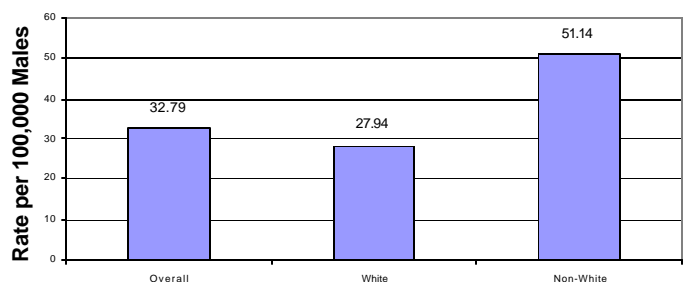
**Breast Cancer Mortality Rate by Race
Duval County 2001**



Source: Florida Department of Health, Office of Vital Statistics
Prepared by: Center for Health Statistics, Duval County Health Department, April 2003

Graph 7

**Prostate Cancer Mortality Rate by Race
Duval County 2001**



Source: Florida Department of Health, Office of Vital Statistics
Prepared by: Center for Health Statistics, Duval County Health Department, April 2003

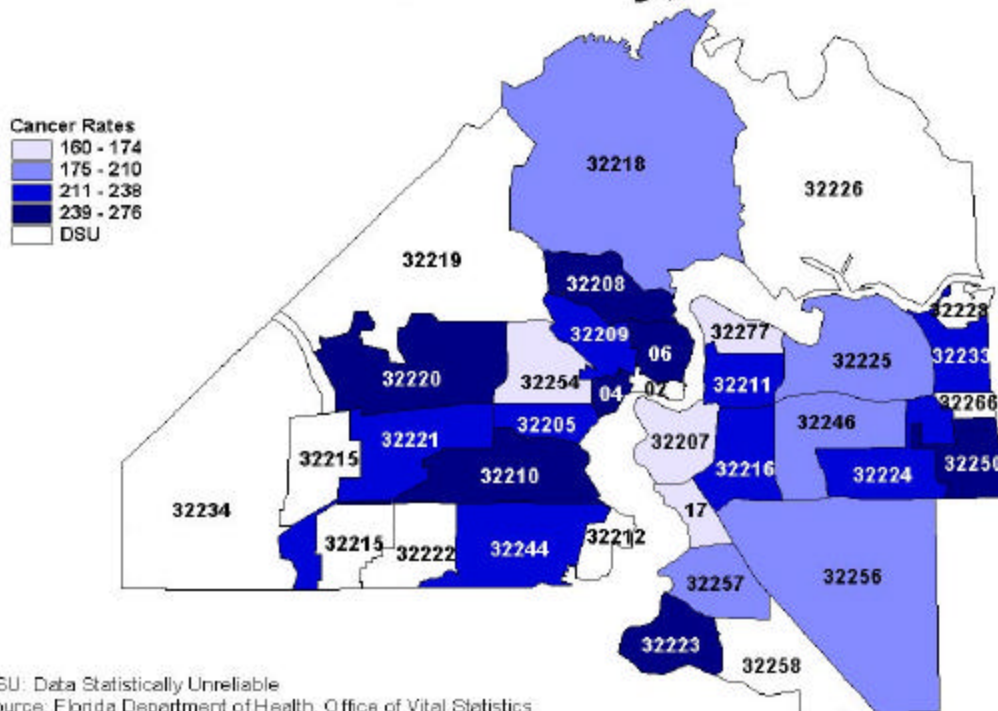
Duval County Health Department
Institute for Health, Policy & Evaluation Research
900 University Blvd. North, Suite 604 (MC-99)
Jacksonville, Florida 32211

Phone: 904-630-3255
Fax: 904-665-3111



Visit our website!
www.dchd.net

Cancer Mortality Rates by Zip Codes Duval County, 2001



DSU: Data Statistically Unreliable
Source: Florida Department of Health, Office of Vital Statistics
Prepared by: Center for Health Statistics, Duval County Health Department, February 2003

