

Cancer

Cancer: The National Challenge*

Cancer is the second leading cause of death in the United States. During 2004, an estimated 1.4 million persons in the United States were expected to be diagnosed with cancer and 560,000 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.

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, colon and rectum, prostate and female breast 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 overwhelming. In 2003, the overall annual U.S. costs for cancer are more than \$189 billion, with \$64 billion for direct medical costs (the total of all health expenditures), and more than \$125 billion for costs of illness (the cost of low productivity due to illness). 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 lung.

In 2002 the overall cancer death rates for Duval County were 211.9 per 100,000 persons. When looking at gender there was a significant difference between males and females. Males have a much higher cancer mortality rate (270.9 per 100,000) than females (175.5 per 100,000, Graph 2). When comparing gender for specific cancers we also see a difference. For example, the 2002 Duval County male lung cancer death rate was 87.0 while the rate for females was 48.0. Even when examining the second leading cause of cancer deaths (colorectal) there was a noticeable difference between the genders. Males have a 31.2 rate and females have a 20.1 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.

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*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 (2002)	Duval (2002)	2010 Target
3-1	Reduce the overall cancer death rate. (Per 100,000)	202.4	177.0 ¹	211.9 ¹	159.9
3-2	Reduce the lung cancer death rate.* (Per 100,000)	57.6	53.2 ¹	63.6 ¹	44.9
3-3	Reduce the breast cancer death rate. (Per 100,000 Females)	27.9	23.1 ¹	30.9 ¹	22.3
3-4	Reduce the death rate from cancer of the uterine cervix. (Per 100,000 females)	3.0	2.8 ¹	DSU ¹	2.0
3-5	Reduce the colorectal cancer death rate. (Per 100,000)	21.2	17.5 ¹	24.9 ¹	13.9
3-6	Reduce the oropharyngeal cancer death rate. (Per 100,000)	3.0	2.7 ¹	3.1 ¹	2.7
3-7	Reduce the prostate cancer death rate. (Per 100,000 Males)	32.0	23.4 ¹	30.5 ¹	28.8
3-8	Reduce the rate of melanoma cancer deaths. (Per 100,000)	2.8	2.7 ¹	2.9 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	Florida has ²	Florida has ²	45 States

¹ Florida Department of Health, Office of Vital Statistics

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

DSU: Data Statistically Unreliable (cases <20)

In 2002, 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, 211.9 versus 177.0, 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 the cervical cancer rate was not calculated for Duval County because data were statistically unreliable (objective 3-4).

When comparing county cancer death rates to the U.S., Duval 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. These statistics indicate that 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 in the long term.

These objectives will be addressed by state and local agencies including the Duval County Health Department, Healthy Jacksonville Cancer Coalition and other partners and collaborators. A map on the back cover shows the cancer mortality rate by zip code for Duval County.

Healthy Jacksonville: A Coalition's Local Response to Cancer

Dana Fields-Johnson, M.P.A., Healthy Jacksonville Director

Cancer is the second leading cause of death in Florida and the United States. In 2002, 38,928 people in Florida died from cancer. This represents nearly one out of every four deaths (23.2%). Duval County, like Florida and the United States, also has a cause for concern with cancer being its second leading cause of death in 2002. Graph one shows the ten year cancer mortality rate for Florida and Duval County.

Fortunately, there are local efforts to address cancer as a threat to our community health. The Healthy Jacksonville 2010 Cancer Coalition, a Healthy People 2010 initiative, was established and operates under a mission of reducing the impact of cancer in Jacksonville through prevention, early detection and improved access to treatment. The Coalition is a unique collaborative effort, coordinated by the Duval County Health Department in partnership with multiple organizations to create programs and policies that promote cancer prevention and minimize the effects of cancer in Jacksonville. Membership includes a broad array of stakeholders including representatives from local hospitals, private and public agencies, local nonprofits, community and faith-based organizations, and concerned individuals.

The Coalition has developed a strategic plan to address cancer incidence and mortality locally. The plan identifies specific objectives for impacting overall cancer death rates, as well as death rates for specific cancers including breast, prostate, lung, colorectal, and melanoma. Also, objectives for increasing cancer screening rates are outlined. The

Coalition seeks to meet these objectives through strategies and activities that address public education, awareness and advocacy.

The Healthy Jacksonville Cancer Coalition meets regularly to discuss policy issues, review state and local mortality data, share existing programs and services, and address innovative solutions to local needs and gaps in services. Current activities include assisting partners with breast and prostate cancer outreach and education activities, as well as supporting professional and public education around cancer topics. The Coalition also serves as an advisory group to the *Healthy Jacksonville: Healthy Men* Prostate Cancer Awareness Program and the *Tomorrow's Rainbow* Breast and Cervical Cancer Program offering guidance

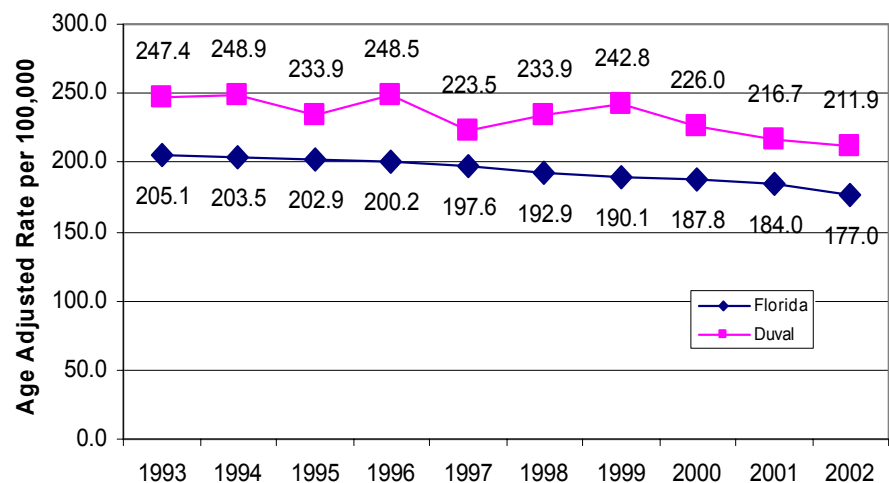
and oversight to the programs in serving the community.

The Coalition is currently looking to provide local leadership in two priority areas: 1) a statewide discussion on mammogram accessibility and 2) the development of a safety net that will create a seamless network of care and treatment for under and uninsured persons diagnosed with cancer, with particular emphasis on men diagnosed with prostate cancer.

For more information on meetings, activities or becoming a member, please call the Healthy Jacksonville office at 904-665-2520. Information on the Healthy Jacksonville 2010 Cancer Coalition and the Healthy People objectives can be found at www.healthyjacksonville.com.

Graph 1

**Cancer Mortality Rate 10 Year Trend
Duval County vs. Florida 1993-2002**



Source: FDOH, Office of Planning, Evaluation and Data Analysis, CHARTS

Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, October 2004

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

Irina Kolomeyer, M.S.H., CHES, Program Coordinator

Breast cancer is the second leading cause of cancer deaths for Duval County women (see Table 1). Early detection and screening services are critical to reducing rates of breast and cervical cancer. *Tomorrow's Rainbow* is a Breast and Cervical Cancer Early Detection Program (FBCCEDP) established by the Centers for Disease Control and Prevention (CDC) and the Florida Department of Health in 1995. Locally the FBCCEDP works in collaboration with numerous community agencies and organizations through the *Healthy Jacksonville 2010* initiative to address women's health needs and to increase access to cancer screening services.

Tomorrow's Rainbow offers pap smear and mammogram screening to uninsured, low-income women ages 50 through 64. These services are provided for Duval, Baker, Clay, Nassau, and St. Johns counties residents. In addition to screening services, education, diagnostic, case management and referral services are provided.

During the last program year (2003-2004), 546 women enrolled in the program received clinical breast exams and were taught how to conduct breast self-exams. More than 80% (438) of the women also chose to receive mammogram screenings. This number exceeded the program's goal of 375 mammogram screenings by 16.8%. Also, more than three hundred diagnostic services, such as diagnostic mammograms, ultrasound, surgical consultations, and biopsies were provided. The program identified nine women

with early stage breast cancer who were able to receive timely treatment through the program. Treatment for these women is made possible through the Mary Brogan Medicaid Waiver Act of 2001 which provides access to treatment for all women in Florida diagnosed with breast or cervical cancer.

Reducing health disparities and ensuring early detection through access to screening services is critical. According to the American Cancer Society, black women (25 years and older) are more likely than white women to get breast cancer before age 40. However, they are less likely than white women to get breast cancer after age 40. Moreover, black women are more likely than white women to die from breast cancer. *Tomorrow's Rainbow* works in partnership with the *Healthy Jacksonville Cancer Coalition* to increase

access to screening services for racial and ethnic minorities, low-income and underserved women. In Duval County in the last program year, thirty four percent of the women screened were black and eight percent were Hispanic.

Another component of the *Tomorrow's Rainbow* program – cervical screening – was provided to 308 women (goal – 260). Women with an abnormal pap smear received the appropriate diagnostic procedures (colposcopies). Fortunately there were no cervical cancer incidents in the last program year.

For more information on the *Tomorrow's Rainbow Breast and Cervical Cancer Program*, please call 904-630-3395.

Table 1 **Top 5 Cancer Deaths for Females**
Duval County, 2002

Rank	Type	Number
1	Lung*	198
2	Breast	130
3	Colorectal	88
4	Ovary	32
5	Pancreas	30

*** Lung cancer is the number one cancer killer for both men and women and it is almost totally preventable by just avoiding exposure to tobacco smoke.**

Source: Florida Department of Health, Office of Vital Statistics
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, September 2004

Healthy Jacksonville: Healthy Men Prostate Cancer Awareness Program

Anthony Grissett, M.B.A., Program Director

Did you know that African American males are more likely to develop and die from prostate cancer than are their Caucasian counterparts? Specifically, the death rate from cancer for non-white men in Florida is 36% higher than that for whites (254 versus 186 per 100,000). Locally, prostate cancer mirrors national and state statistics, with African-American males being disproportionately affected. Jacksonville's urban core (zip codes 32202, 32206, 32208, 32209) has the highest incidence of prostate cancer in the county.

The *Healthy Jacksonville: Healthy Men* Prostate Cancer Awareness Program is an initiative funded through the Department of Health's Office of Minority Health with a primary goal of reducing the alarming disparities that currently exist around prostate cancer. Utilizing the strength of community and faith-based partnerships, the program seeks to educate the community and increase prostate cancer awareness among Jacksonville residents. The program also offers free prostate cancer screenings throughout the community, with particular emphasis on under and uninsured African American males. In addition, men identified with prostate cancer through the program receive case management and follow-up services to ensure access and entry to care.

The program's objectives in its first contract year, ending June 2004, were to increase awareness among 5,000 residents and provide screening services to 600 males. Utilizing an aggressive media campaign, including television commercials, radio spots, newspaper articles, and street outreach, the program exceeded both goals; having increased awareness of over 5,000 residents, and screening

over 1,100 men for prostate cancer. The program has a goal of providing screening services to an additional 1,000 men by July 2005.

Healthy Jacksonville: Healthy Men is also working to increase advocacy around prostate cancer at the local level. The program is an active partner with the Florida Prostate Cancer Network, a statewide network that focuses on advocacy, education, research and empowerment, to fight prostate cancer in Florida. In September, Bob Samuels, chairman of the Florida Prostate Cancer Network, visited Jacksonville to participate in a community forum held to discuss the impact and to develop strategies for addressing prostate cancer in Jacksonville. Of particular concern was access to treatment and care for men with little or no medical insurance. The forum also served as a kick-off to the program's Prostate Cancer Awareness month activities, which included barbershop screenings and participation at the 5th Annual Black Expo.

As *Healthy Jacksonville: Healthy Men* Prostate Cancer Awareness Pro-

gram educates, empowers and screens men for prostate cancer, the program is also working on a larger plan to create a citywide cancer safety net. A benefit of screening through the program is case managers ensure that men are educated and afforded treatment alternatives regardless of their ability to pay. However, men that are screened through other means may not have the same resources available. The program's ultimate goal is to create a fully functional system that will care for and treat prostate cancer in men without medical insurance or those with limited financial resources. Collaborative efforts with local hospitals, private clinical providers, community agencies, private companies, faith-based organizations, and city residents will be integral to realizing this vision and the program's overall mission of eliminating disparities surrounding prostate cancer.

For more information on *Healthy Jacksonville: Healthy Men* Prostate Cancer Awareness program, please call 904-665-2276.

Table 2 **Top 5 Cancer Deaths for Males**
Duval County, 2002

Rank	Type	Number
1	Lung*	256
2	Colorectal	89
3	Prostate	74
4	Non-Hodgkin's Lymphoma	37
5	Leukemia	35

*** Lung cancer is the number one cancer killer for both men and women and it is almost totally preventable by just avoiding exposure to tobacco smoke.**

Source: Florida Department of Health, Office of Vital Statistics
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, September 2004

Screening to Prevent Cancer Deaths*

Human Costs of Cancer

Cancer is one of the leading causes of death in America, claiming the lives of more than a half million people every year. Many cancer deaths could be avoided if more people were screened.

Screening for colorectal, breast, and cervical cancers can reduce illness and death through early detection of cancers and precancers. Yet many adults are not getting regular lifesaving screenings as recommended. In 2002, these three cancers accounted for nearly a fifth of all U.S. cancer deaths.

Financial Costs of Cancer

In 2002, cancers cost this country over \$170 billion overall, which includes more than \$110 billion for lost productivity and over \$60 billion for direct medical costs. Each year:

- Colorectal cancer treatment costs about \$6.5 billion.
- Breast cancer treatment costs nearly \$7 billion.
- Cervical cancer treatment costs about \$2 billion.

Cancer Screening Saves Lives

Early detection could substantially reduce the billions of dollars spent on cancer treatment each year. Not only does cancer screening save lives by detecting breast, cervical, and colorectal cancers early; it also is the first step in preventing many cases of colorectal and cervical cancers from ever developing:

- Screening for colorectal cancer, as recommended by the U.S. Preventive Services Task Force, can reduce the

number of people who die of this disease by at least 30%.

- Regular mammograms can dramatically reduce a woman's risk for dying of breast cancer. A mammogram every 1-2 years can reduce this risk by about 16% for women 40 and older.
- Cervical cancer can be prevented by using the Pap test to detect precancerous lesions so they can be treated before cancer develops. Researchers in many countries found that rates of cervical cancer death dropped by 20%–60% after screening programs began.

Cancer Screening: A Good Investment

Health economists generally agree that if an intervention can save 1 year of life for less than \$50,000, it is cost-effective. So in economic terms, screening for colorectal, breast, and cervical cancers is cost-effective, with costs falling far below the \$50,000 threshold. In human terms, the benefits of a longer life are priceless:

- Screening for colorectal cancer extends life at a cost of \$9,424 to \$26,228 per year of life saved.
- Mammography every 2 years extends life for women aged 50–79 at a cost of \$17,269 per year of life saved.
- Pap screening every 3 years extends

life at a cost of \$4,535 per year of life saved.

Hope for the Future

Many people in America are alive and healthy today because they were screened for cancer. Cervical cancer deaths remain low, in part, because of high screening rates: 87% of U.S. women 18 and older reported in 2000 that they had had a Pap test, up from 84% in 1990. Rates of mammography and sigmoidoscopy continue to increase:

- About 76% of women 40 and older reported in 2000 that they had had a mammogram in the previous 2 years, compared with 58% in 1990.
- Almost 34% of men and women 50 and older reported in 2000 that they had ever had a sigmoidoscopy, compared with 30% in 1997.

Cancer screening reduces the cost of cancer and, most importantly, saves lives. Even small increases in screening rates will reduce cancer costs, illness, and deaths. Table 3 compares cancer screening rates between Florida and Duval County.

*From CDC National Center for Chronic Disease Prevention and Health Promotion, Preventing Chronic Diseases: Investing Wisely in Health.

Table 3

Selected Cancer Screenings, Florida and Duval County, 2002		
Screening Type	Prevalence	
	Florida	Duval
Blood Stool Test in past 2 years (Men age 50+)	33.5	40.6
Ever had a Sigmoidoscopy (All Men)	52.6	52.4
Mammogram in past 2 years (Women age 40+)	79.0	75.3
Pap Smear Test in past 2 years (All Women)	82.2	88.9

Source: Department of Health, Bureau of Epidemiology, 2002 County BRFSS Duval County
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, October 2004

Cancer: Health Disparities at the Local Level*

(Continued from page 1)

The overall cancer rate for whites was 211.8 while blacks had a rate of 214.6. Basically there was no statistically significant difference between the two races.

However, when examining the leading cause of cancer deaths (lung), there was a difference. Whites had a much higher mortality rate (69.1) than blacks (46.3). This high mortality rate was probably due to whites higher rates of tobacco use.

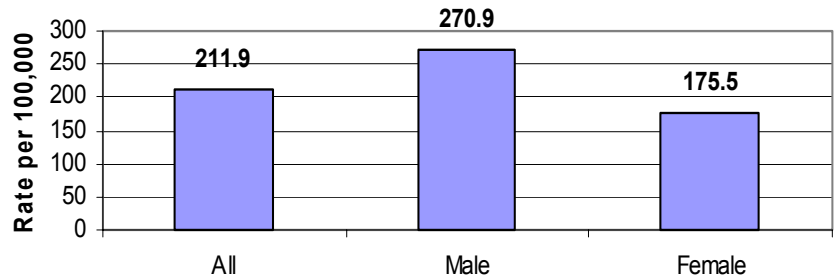
When looking at the third leading cause of cancer deaths for males (prostate), there is an obvious disparity between the races. Blacks have a much higher mortality rate than whites (Graph 3). The rate for blacks was 46.8 per 100,000 while whites had a much lower rate of 27.8. These disparities also reflect what is being seen at the national level.

The same results were found when looking at breast cancer, the second leading cause of cancer death for females. There was a noticeable disparity between the races. Whites have a lower rate than blacks, 27.9 and 36.2, respectively (Graph 4). The disparity in breast cancer mortality is of particular concern because many of these deaths are shown to be preventable through early diagnosis and treatment.

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 2

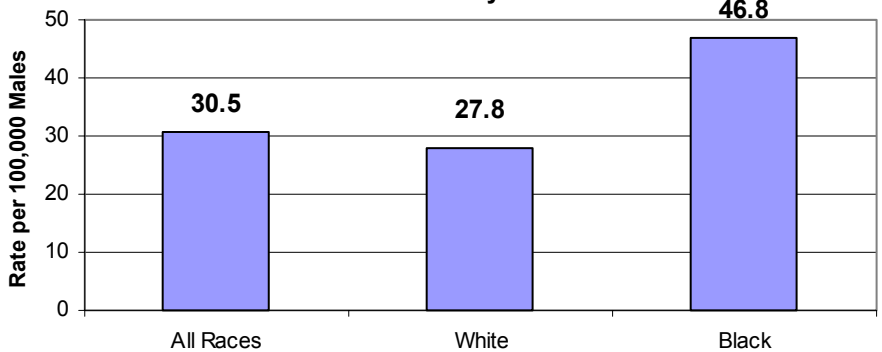
**Overall Cancer Mortality Rates by Gender
Duval County 2002**



Source: Florida Department of Health, Office of Vital Statistics
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2004

Graph 3

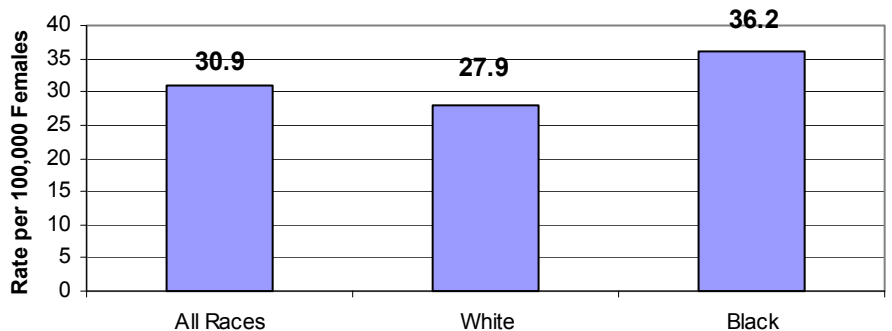
**Prostate Cancer Mortality Rate by Race
Duval County 2002**



Source: Florida Department of Health, Office of Vital Statistics
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2004

Graph 4

**Breast Cancer Mortality Rate by Race
Duval County 2002**



Source: Florida Department of Health, Office of Vital Statistics
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2004

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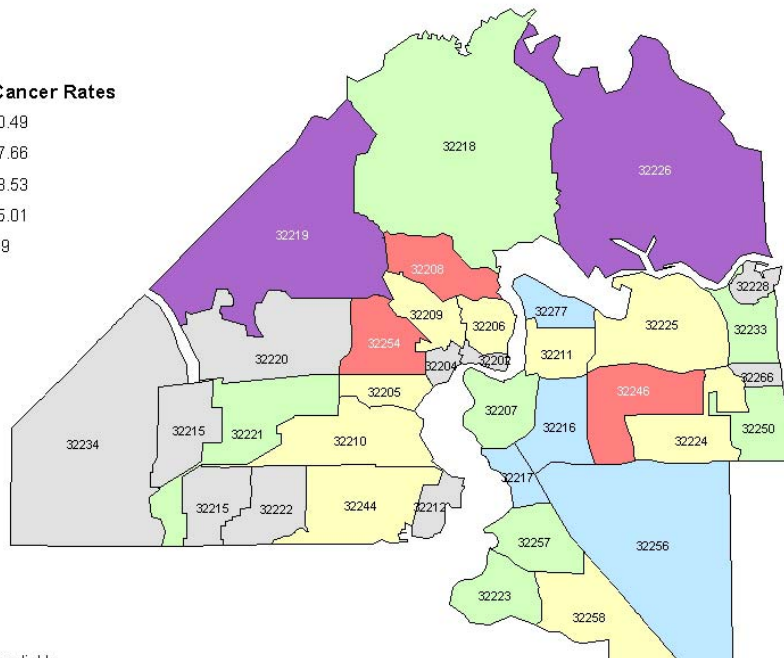


Cancer Mortality Rates by Zip Code, Duval County, 2002

Legend

Age Adjusted Cancer Rates

- 277.67 - 320.49
- 238.54 - 277.66
- 205.02 - 238.53
- 176.50 - 205.01
- 0.01 - 176.49
- DSU



DSU: Data Statistically Unreliable
Source: DCHD, Office of Vital Statistics, 2002 Death File
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, October 2004
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