



Exceeded only by heart disease, **cancer** is the second leading cause of death in the United States. Cancer accounts for nearly one of every four deaths in the United States. Everyone can be affected by cancer: all races, men and women, young and old, rich and poor. It is caused by both external factors (e.g., tobacco, chemicals, radiation and infectious organisms) and internal factors (e.g., inherited mutations, hormones, immune conditions and mutations that occur from metabolism). Cancer cells can spread to other parts of the body through the blood and lymph system. If the spread is not controlled, it can result in death. Many cancers can be cured if detected and treated promptly and many others can be prevented through simple lifestyle changes.

Source: CDPH, CDC (Centers for Disease Control and Prevention)

### **Cancer Trends**

The overall rates of newly-diagnosed cancer (i.e., incidence rate) and cancer death have dramatically decreased over the last decade [Figures 1& 2]. This overall decreasing cancer trend likely doesn't apply to every individual site of disease, and may not be experienced by every demographic subpopulation.

Rates of invasive cancer incidence declined from 2005 to 2014 for both Sacramento County (-4.4%) and California (-11.3%) [Figure 1]. Cancer death rates had even sharper declines from 2005 to 2014 for the County (-11.0%) and State (-15.0%) [Figure 2]. This improvement in survival reflects both progress in diagnosing certain cancers at an earlier stage and improvements in treatment. In 2014, the County rate reached the Healthy People 2020 target for the first time but remained higher than the State rate.

## Cancer Sites of Disease by Sex

Tables 1 and 2 show the 2014 numbers and rates of select cancers among females and males in the County, respectively. The rates of invasive cancer incidence (all sites) are similar among females and males, but the rates of cancer death (all sites) are much higher among males compared to females. This may be due to physiological (e.g., cancer sites) and/or behavioral (e.g., healthcare utilization) differences between males and females.

In 2014, the most commonly occurring site of cancer among females was breast, whereas the site of cancer most likely to result in death among females was lung and bronchus [Table 1]. Lung and bronchus was the site of cancer that was both the most commonly occurring and most deadly cancer among males in 2014 [Table 2].

Note: All rates displayed in this report are age-adjusted rates per 100,000 population.

Data source: Cancer Incidence and Mortality Data 2005-2014, California Cancer Registry, accessed April 2017

Figure 1: Cancer (All Sites) Invasive Incidence Rates, Sacramento County vs. California, 2005-2014

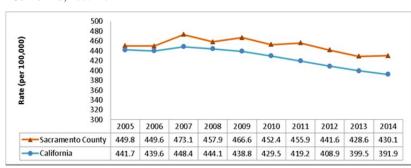


Figure 2: Cancer (All Sites) Death Rates, Sacramento County vs. California, 2005-2014

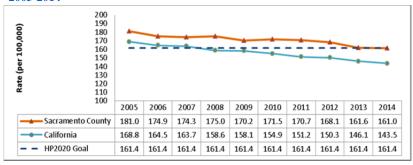


Table 1: Invasive Cancer Incidence and Death among Females by Select Site of Disease, Sacramento County, 2014

	Incidence		Death	
Site of Disease	Number	Rate	Number	Rate
Breast	1,066	125.4	156	17.8
Lungand Bronchus	451	51.8	300	35.4
Colorectal	681	35.9	109	12.7
Lymphoma	174	20.7	33	4.0
Leukemia	79	9.7	44	5.5
Cancer-all sites	3,613	426.6	1,189	138.7

Table 2: Invasive Cancer Incidence and Death among Males by Select Site of Disease, Sacramento County, 2014

	Incidence		Death	
Site of Disease	Number	Rate	Number	Rate
Lungand Bronchus	383	57.5	316	48.5
Colorectal	308	43.2	106	15.7
Prostate	566	75.3	126	20.4
Lymphoma	175	24.5	47	7.2
Leukemia	106	15.2	53	7.8
Cancer-all sites	3,131	443.2	1,287	192.9





Colorectal, breast, prostate, and lung cancer are considered to be the "big four" cancer types in the United States based on the fact that the incidence of these cancer types surpasses that of all other cancer types, excluding non-melanoma skin cancer. Figures 3 through 6 feature 2014 Sacramento County statistics for these "big four" cancers by select race/ethnicity.

# Colorectal Cancer

Although Blacks (43.4) and Asian/Pacific Islanders (40.4) had similarly high rates of colorectal cancer incidence, the rate of colorectal cancers death for Blacks (26.8), was more than twice as high as that of Asian/Pacific Islanders (12.2) [Figure 3]. The highest numbers of invasive colorectal cancer cases and deaths were among Whites (357), followed by Asian/Pacific Islanders (103).

## **Breast Cancer (Female)**

White females had the highest number (701) and rate of invasive breast cancer incidence (137.3) [Figure 4]. Black females had a similar incidence rate of breast cancer (137.0) as White females, but had a higher breast cancer death rate (23.3) compared to White females (18.6).

#### Prostate Cancer (Male)

White males had the highest number of newly-diagnosed prostate cancer cases (367) and deaths (83) in the County in 2014 [Figure 5]. Black males had the highest rate of prostate cancer incidence (122.9) and death (40.2); the death rate for black males was nearly double that of White males. Hispanic and Asian/PI males had relatively low numbers and rates of prostate cancer cases and deaths.

# **Lung and Bronchus Cancer**

Blacks had the highest invasive lung and bronchus cancer incidence rate (65.6) and death rate (50.7) in the County in 2014, whereas Whites had the highest numbers (587 cases, 429 deaths) [Figure 6]. The differences between the incidence rates and death rates for lung and bronchus cancer were relatively small compared to the other three 'big four' cancers.

Figure 3: Colorectal Cancer Invasive Incidence and Deaths by Select Race/Ethnicity, Sacramento County, 2014

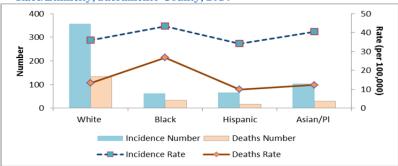


Figure 4: Breast (Female) Cancer Invasive Incidence and Deaths by Select Race/Ethnicity, Sacramento County, 2014

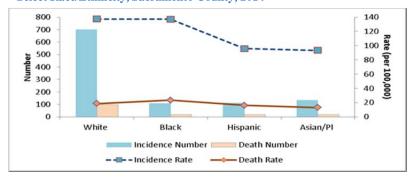
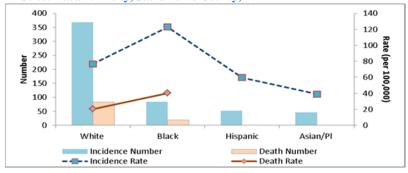


Figure 5: Prostate (Male) Cancer Invasive Incidence and Deaths by Select Race/Ethnicity, Sacramento County, 2014\*



\*Data for Hispanic and Asian/PI deaths not shown due to small numbers

Figure 6: Lung and Bronchus Cancer Invasive Incidence and Deaths by Select Race/Ethnicity, Sacramento County, 2014

