

**Cancer Incidence and Mortality
in the Sacramento Region
1988-2005**

**CANCER SURVEILLANCE PROGRAM
REGION 3 of the
CALIFORNIA CANCER REGISTRY**

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TABLE OF CONTENTS

| | | Page |
|---|--|------|
| Acknowledgments | | iv |
| Demographic Profile of the Region | | 1 |
| Figure I | Map of Sacramento Region, (Region 3) | 1 |
| Figure II | Proportion of Population by Sex and by County, Sacramento Region, 2000 | 2 |
| Figure III | Proportion of Population by Age Groups and by County, Sacramento Region, 2000..... | 3 |
| Figure IV | Proportion of Population by Race/Ethnicity and by County, Sacramento Region, 2000..... | 3 |
| Figure V | Median Household Income by County, Sacramento Region, 2000.. | 4 |
| Figure VI | Urban-Rural Designation by County, Sacramento Region, 2000. ... | 4 |
| Cancer Incidence and Mortality, 1988-2005, Executive Summary | | 5 |
| Executive Summary | | 6 |
| Table A | Summary of Surveillance Results by Selected Cancer Sites, Sacramento Region, 2001-2005..... | 7 |
| Figure A | Five Leading Sites of Cancer Incidence, Men, Sacramento Region, 2001-2005..... | 8 |
| Figure B | Five Leading Sites of Cancer Incidence, Women, Sacramento Region, 2001-2005..... | 8 |
| Figure C | Five Leading Sites of Cancer Death, Men, Sacramento Region, 2001-2005..... | 8 |
| Figure D | Five Leading Sites of Cancer Death, Women, Sacramento Region, 2001-2005..... | 8 |
| Figure E | Annual Percent Change, Males, Sacramento Region, 1995-2005.. | 9 |
| Figure F | Annual Percent Change, Female, Sacramento Region, 1995-2005..... | 9 |
| Table B | Top Five Incident Cancers and Cancer Deaths, by sex and Race/Ethnicity, Sacramento Region, 2001-2005 | 10 |
| Figure G | Incidence and Mortality by Race/Ethnicity, Sacramento Region, 2001-2005..... | 11 |

| | | |
|---|---|----|
| Figure H | Cancer Cases by SES and Race/Ethnicity, Sacramento Region, 2001-2005 | 11 |
| Figure I | Cancer Cases by SEER Summary Stage and Race/Ethnicity, Sacramento Region, 2001-2005 | 11 |
| Cancer Incidence and Mortality, 1988-2005, Annual Report | | 13 |
| Introduction | | 14 |
| Materials and Methods | | 15 |
| Preventable Cancers | | 18 |
| Understanding Stage at Diagnosis | | 19 |
| References | | 20 |
| Incidence & Mortality Rate Tables, All Sites Combined & By Major Anatomic Site 2001-2005 | | 21 |
| Number of New Invasive Cancer Cases and Deaths, and Average Annual Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Site and Sex, Sacramento Region, 2001-2005 (Table 1) | | 22 |
| Number of New Invasive Cancer Cases and Deaths, and Average Annual Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates By Site and Sex, All California, 2001-2005 (Table 2) | | 23 |
| Cancer Incidence/ Mortality Tables by Year, Sex, Race/Ethnicity, County and Age. | | |
| All Sites Combined | (Table 3) | 24 |
| Brain and Nervous System | (Table 4) | 25 |
| Breast (<i>in situ</i>) | (Table 5) | 26 |
| Breast (invasive) | (Table 6) | 27 |
| Cervix | (Table 7) | 28 |
| Colon Excluding Rectum | (Table 8) | 29 |
| Colon and Rectum (In Situ) | (Table 9) | 30 |
| Colon and Rectum (Invasive) | (Table 10) | 31 |
| Corpus and Uterus, NOS | (Table 11)..... | 32 |
| Esophagus | (Table 12) | 33 |
| Hodgkin Lymphoma | (Table 13) | 34 |
| Kaposi's Sarcoma | (Table 14) | 35 |
| Kidney and Renal Pelvis | (Table 15) | 36 |
| Larynx | (Table 16) | 37 |
| Leukemia | (Table 17) | 38 |
| Liver | (Table 18) | 39 |

| | | |
|--|---|----|
| Lung and Bronchus | (Table 19) | 40 |
| Melanomas of the Skin (<i>in situ</i>) | (Table 20) | 41 |
| Melanomas of the Skin (invasive) | (Table 21)..... | 42 |
| Mesothelioma | (Table 22) | 43 |
| Myeloma | (Table 23) | 44 |
| Non-Hodgkin Lymphomas | (Table 24) | 45 |
| Oral Cavity and Pharynx | (Table 25) | 46 |
| Ovary | (Table 26) | 47 |
| Pancreas | (Table 27) | 48 |
| Prostate | (Table 28) | 49 |
| Rectum and Rectosigmoid | (Table 29) | 50 |
| Stomach | (Table 30) | 51 |
| Testis | (Table 31) | 52 |
| Thyroid | (Table 32) | 53 |
| Urinary bladder | (Table 33) | 54 |
| Appendices | | 55 |
| Appendix A | California Regional Cancer Registries | 56 |
| Appendix B | Cancer Surveillance Program, Region 3 Reporting Facilities | 57 |
| Appendix C | SEER Site Recode ICD-0-3 | 58 |
| Appendix D | SEER Site Recode for ICD-9 and ICD-10 Mortality Data | 61 |

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We would first like to thank all those who contributed data and who support the collection of information about cancer incidence in the thirteen counties of the Sacramento region. Data are contributed by a number of reporting facilities throughout the region. This report would not have been possible without the support of numerous cancer registrars, medical record department staff, physicians and their staffs, and pathology laboratories who either provided data or made their medical records available to Cancer Surveillance Program staff. Information about local residents diagnosed or treated outside the Sacramento area was provided by other regional registries.

We also would like to thank Margaret McCusker, MD, PhD chief of the Cancer Surveillance Section, Department of Public Health Services, whose support and encouragement sustained our efforts as well as Kurt Snipes, PhD, chief of the Cancer Surveillance and Research Branch. The staff of the RASP (Research and Surveillance Program) unit of the Cancer Surveillance Section, particularly Sandy Kwong and Glen W. Halvorson, provided invaluable technical assistance and support.

The office of the Cancer Surveillance Program closed its doors this year. Our thanks go to the staff of the Cancer Surveillance Program whose professionalism, dedication and hard work resulted in consistently high quality data. We would also like to express our sincere gratitude to Dr. Vincent Caggiano, Retired Medical Director of the Sutter Cancer Center and Principal Investigator for the Cancer Surveillance Program, until the program was dissolved. Dr. Caggiano has continually provided enthusiasm for cancer research and support of the Cancer Surveillance Program.

This work was supported in part by grant #1U58DP000807-01 from the Centers for Disease Control and Prevention.

DEMOGRAPHIC PROFILE OF THE REGION

THE SACRAMENTO REGION

The Sacramento region is rich in its diversity. The thirteen counties (Figure I) that make up the region vary greatly in population and in resources. The Sacramento region encompasses sparsely populated counties in the Sierra Nevada Mountains, the highly urbanized center of state government in Sacramento, agricultural San Joaquin county in the central valley and industrialized Solano county on the San Francisco Bay. The Region's demographic profile can help us understand cancer risk and the patterns of cancer among its residents.

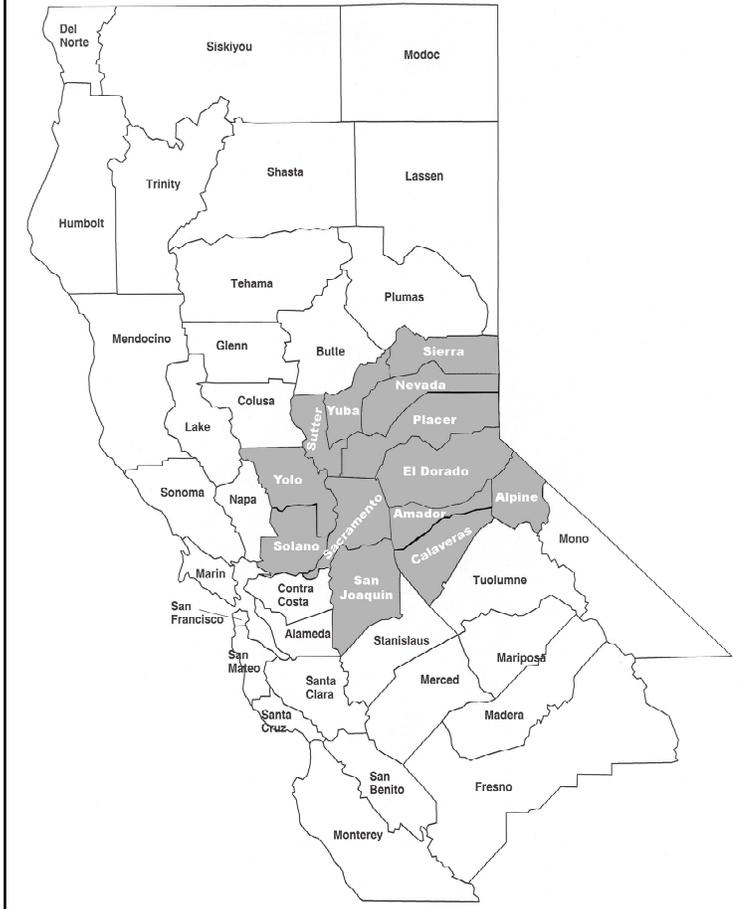
The distribution of men to women is nearly equal in most of the thirteen counties with the exception of Amador and Alpine where there are slightly more men than women (Figure II). Generally, men have a higher incidence of cancer than women.

Regional residents' age varies greatly by county. San Joaquin and Yuba Counties have the youngest populations with the highest percent of residents under 20 years old.

Calaveras County has the oldest population with the highest percent of residents 60 years old and older (Figure III). Risk of cancer increases greatly with age.

In the August 2001 issue of Time magazine, the City of Sacramento was reported to be the most racially and ethnically diverse city in America. In contrast, the Sacramento region is predominately non-Hispanic white (59.5 percent). The most ethnically diverse counties are San Joaquin, Solano and Sacramento with the least diverse being Sierra and Nevada. Our largest ethnic groups are Hispanics (19.0 percent), Asians and Pacific Islanders (10.3 percent) and African-Americans (7.7 percent). The county with the largest Asian and Pacific Islander population is Solano, followed by San Joaquin, Sacramento and Sutter counties. Counties with the largest African-American population are Solano and Sacramento. Counties with the largest Hispanic population are San Joaquin, Yolo and Sutter (Figure IV). Risk for certain cancers as well as mortality from cancer is

FIGURE I
The SACRAMENTO REGION,
Region 3 of the California Cancer Registry



DEMOGRAPHIC PROFILE OF THE REGION

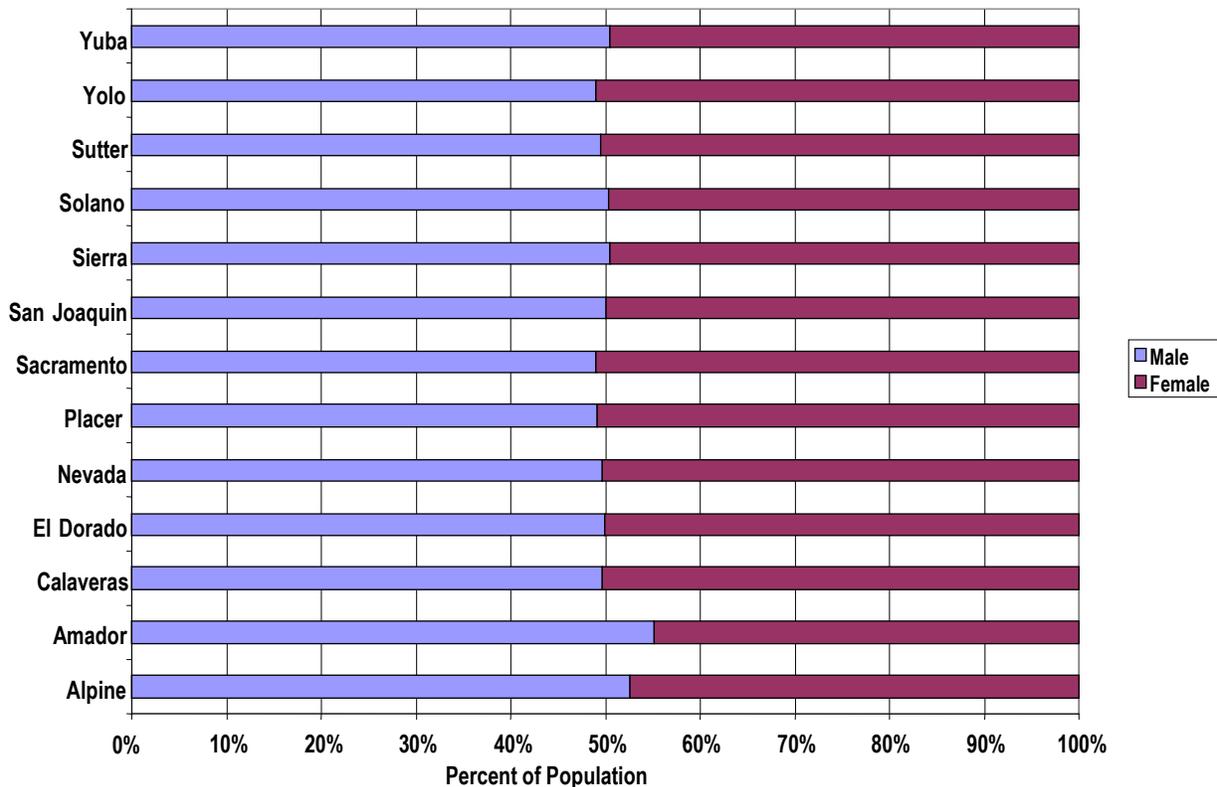
strongly influenced by race and ethnicity.

The variation in median household income among the thirteen counties that make up the Sacramento region is wide, with the lowest being \$35,000 per year (Yuba County) and the highest being \$55,000 per year (Placer County) (Figure V). Individual and household wealth impacts one's risk of cancer in several important ways including access to health care, knowledge of health risks, attitudes on health and lifestyle behaviors that increase your risk of cancer. For example, poorer people tend to smoke more than wealthier people. Household wealth also impacts the tax base for county public health and cancer education programs.

Though the region is generally considered urban, 12 percent of the census tracts that make up the Sacramento region are rural. Counties that are more than 50 percent rural are Sierra, Alpine, Calaveras and Amador. Counties that are at least 25 percent rural are Yuba, Nevada and El Dorado counties (Figure VI). Those who live in rural areas tend to have a higher risk for several cancers. This increase in risk over that of urban dwelling residents may be due to access to care and health care usage patterns.

Figure II

Proportion of Population by Sex and by County, Sacramento Region, 2000



DEMOGRAPHIC PROFILE OF THE REGION

Figure III

Proportion of Population by Age Group and by County, Sacramento Region, 2000

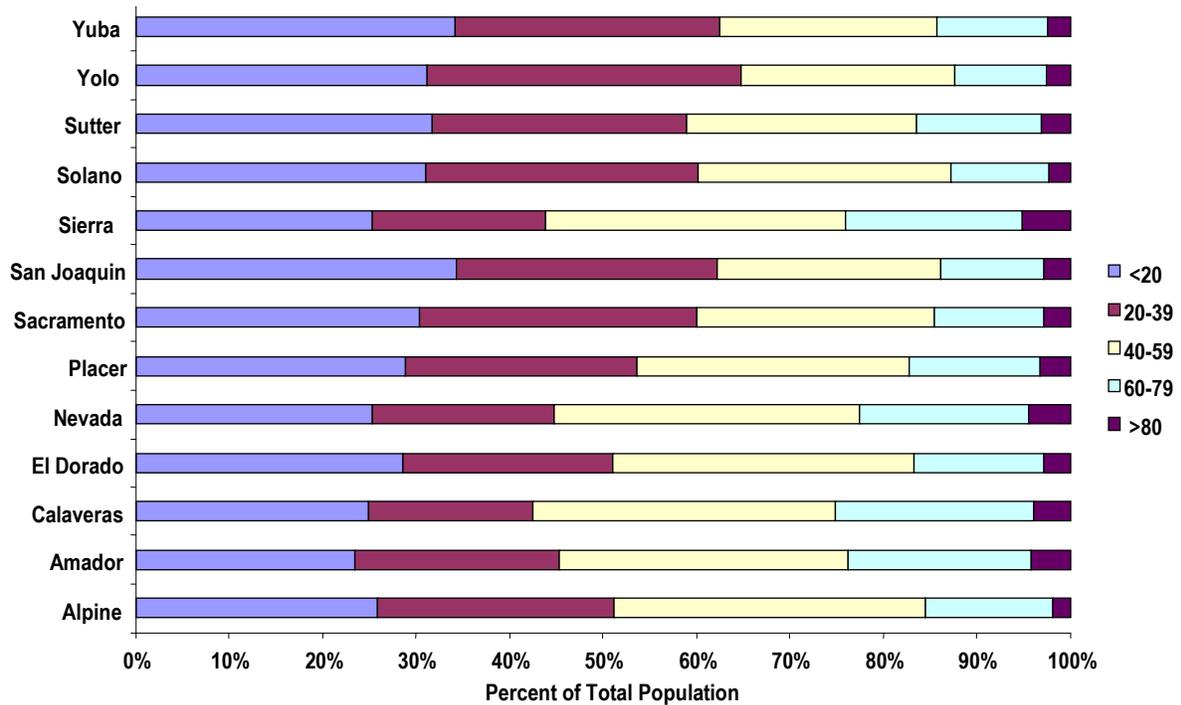
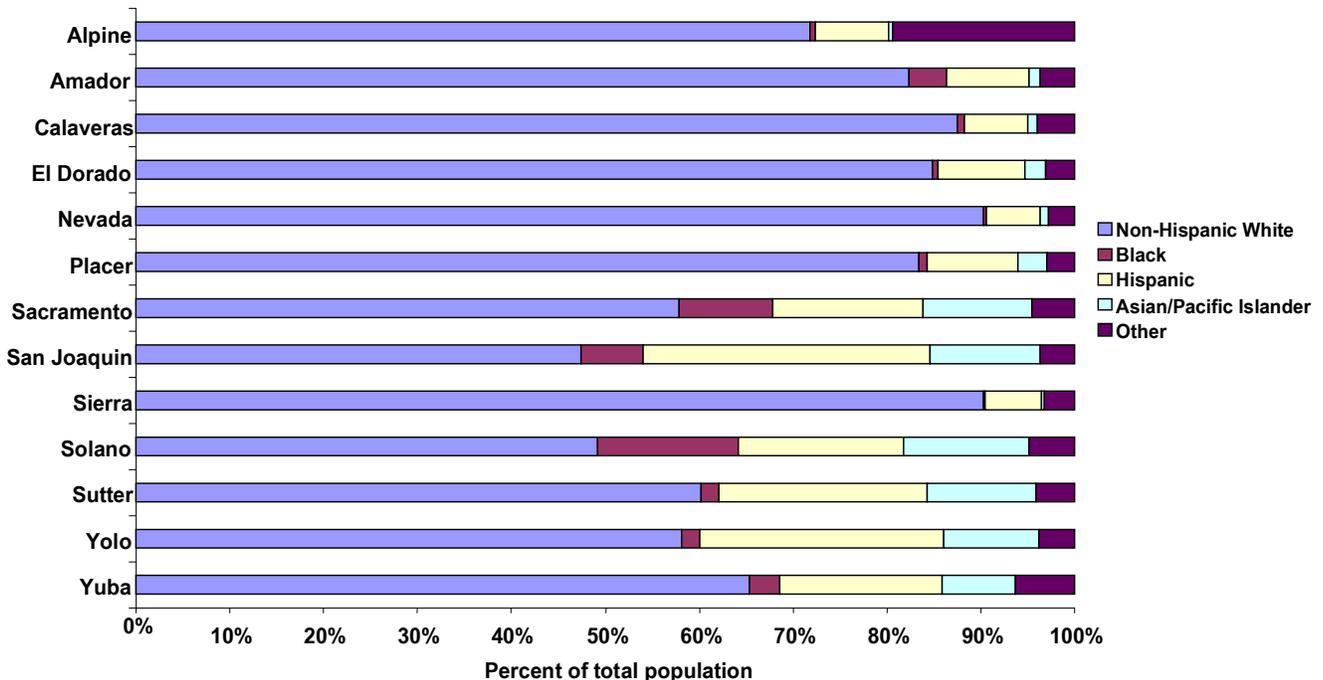


Figure IV

Proportion of Population by Race/Ethnicity and by County, Sacramento Region County, 2000



DEMOGRAPHIC PROFILE OF THE REGION

Figure V

Median Household Income by County in Sacramento Region 3 versus Median Household Income in California, 1999

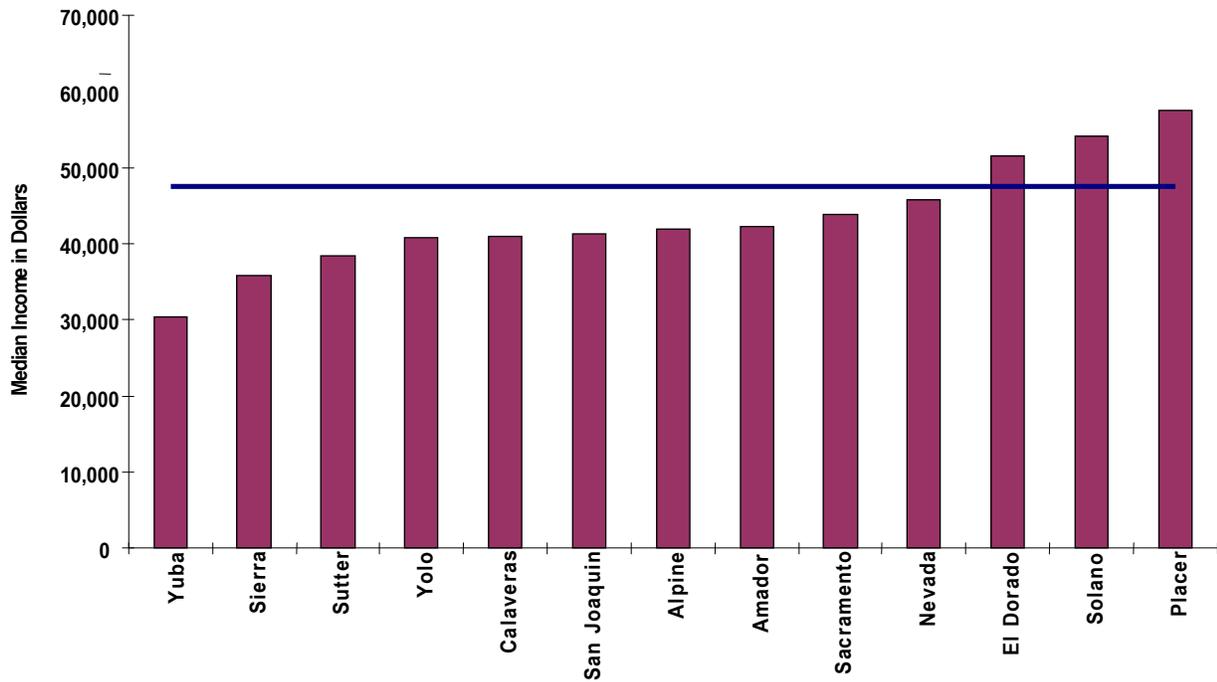
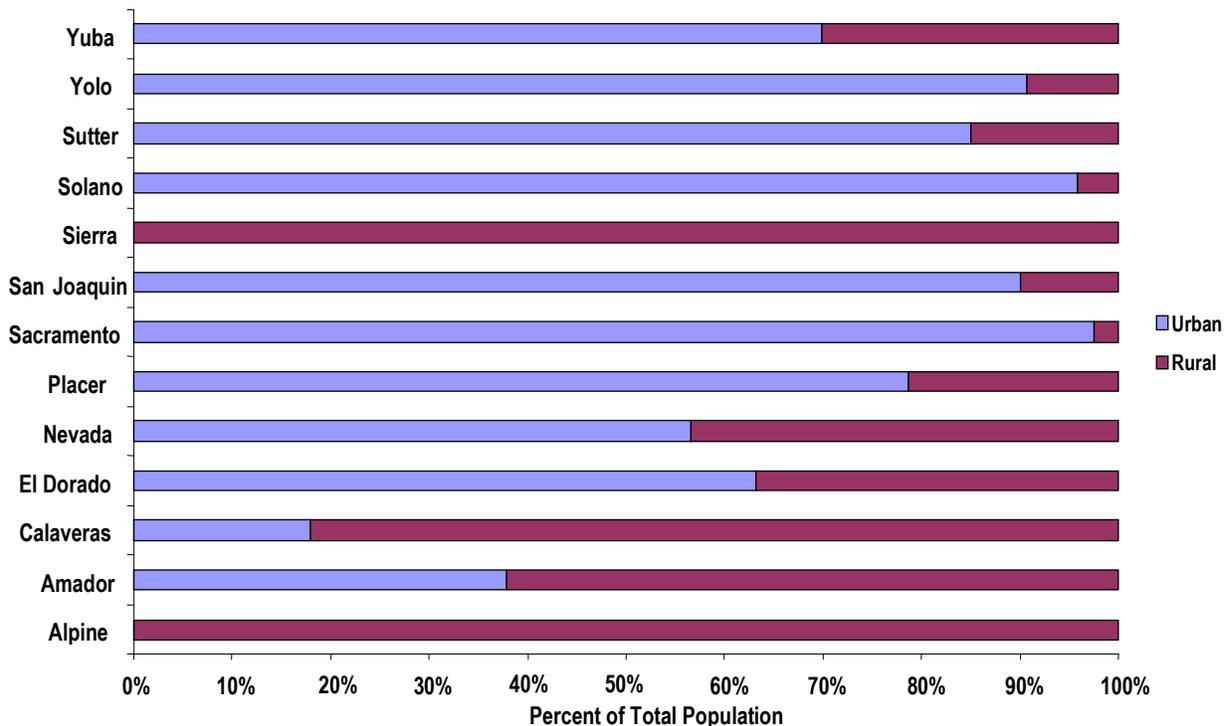


Figure VI

Proportion of Census Tracts by Urban-Rural Designation and County, Sacramento Region, 2000



CANCER INCIDENCE AND MORTALITY
1988-2005
EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The Sacramento region is rich in its diversity. The thirteen counties that make up the region vary greatly in population and in resources. The Sacramento region encompasses sparsely populated counties in the Sierra Nevada Mountains, the highly urbanized center of state government in Sacramento, agricultural San Joaquin County in the central valley, and industrialized Solano County on the San Francisco Bay.

Among residents of the thirteen counties of the Sacramento Region 70,335 new cases of invasive cancer (all sites combined) were diagnosed between 2001 and 2005 and reported to the Cancer Surveillance Program, Region 3 of the California Cancer Registry. During the same period, 28,529 Sacramento area residents died from cancer.

For most cancer sites, incidence and mortality were similar to that among all California residents, although lung cancer continued to be diagnosed more frequently among residents of the region (Table A). Consistent with results of previous years in the Region and with incidence among residents of other regions of the state, men had higher incidence and mortality from cancer (all sites combined) than women. The higher incidence of cancer among men is attributable, in part, to the high incidence of prostate cancer and in part to their higher incidence of lung, colon, and other cancers.

The five most frequently diagnosed cancers among men and women of the Sacramento region are shown in Figures A and B, and the five most frequent sites of cancer death are shown in Figures C and D. Among men, prostate cancer was the most frequently diagnosed cancer, while breast cancer was the most frequently diagnosed cancer among women. Cancer of the lung & bronchus was the second most commonly diag-

nosed site for both men and women. Among both men and women, lung cancer was the most common cause of cancer death. Approximately 29% of all cancer deaths of men and 27% of cancer deaths of women were attributed to cancer of the lung and bronchus. This means that 4,212 Sacramento area men and 3,676 Sacramento area women died from lung cancer during this period. The Sacramento region is currently ranked second among the eight regions of the California Cancer Registry for lung cancer incidence. It is likely, that our lung cancer incidence reflects tobacco smoking in our population, given that it's been estimated that as much as 70% of lung cancers can be attributed to tobacco smoking.

Overall, there has been a decrease in cancer incidence and mortality in the Sacramento region from 1988 to 2005. For most preventable cancers or cancers where the incidence and mortality could be reduced by some prevention measures, incidence and mortality both were reduced over the past 10 years (1996-2005). Several cancer sites had an increase in either incidence or mortality (Figures E and F). For men, increases were seen in the incidence and mortality from kidney and liver cancers. For women, increases were seen in the incidence of cancers of the kidney and liver, and increases were seen in the mortality from cancers of the corpus and uterus, ovary, liver, and from melanoma of the skin.

Continued on page 10

EXECUTIVE SUMMARY

Table A

**Summary of Surveillance Results by Selected Cancer Sites for
the Sacramento Region, 2001-2005**

| Cancer Site | AAIR | Compared to State | AAMR | Compared to State | Summary |
|-----------------------|-------|-------------------|------|-------------------|--|
| Brain & CNS | 6.9 | ↑ | 4.8 | ↑ | Incidence and mortality were higher for men compared to women and higher among non-Hispanic whites compared to other race groups. |
| Female Breast | 133.1 | ↑ | 24.5 | ↑ | Incidence was highest among non-Hispanic white women, however mortality was highest among non-Hispanic black women. |
| Cervix | 8.1 | ↓ | 2.0 | ↓ | Incidence and mortality were highest among Asian-Pacific Islander and Hispanic women. |
| Colon & Rectum | 44.9 | ↓ | 16.3 | ↓ | Incidence and mortality were higher for men compared to women. For men and women combined, incidence and mortality were highest among non-Hispanic blacks. |
| Corpus & Uterus | 20.9 | ↓ | 3.7 | ↓ | Incidence was highest among non-Hispanic white women, however mortality was highest among non-Hispanic black women. |
| Esophagus | 4.0 | ↓ | 4.1 | ↑ | Incidence and mortality were over 3 times higher among men compared to women. For both sexes combined, incidence and mortality were highest among non-Hispanic whites. |
| Hodgkin Lymphoma | 2.4 | ↓ | 0.5 | ↑ | Incidence and mortality were higher for men compared to women. Incidence was highest among non-Hispanic black men and women compared to other race groups. |
| Kidney & Renal Pelvis | 13.2 | ↑ | 4.3 | ↑ | Incidence and mortality were over 2 times higher for men vs women. For both sexes, incidence was highest for non-Hispanic blacks, and mortality was highest for Hispanics. |
| Leukemia | 11.4 | ↓ | 7.6 | ↑ | Incidence and mortality were higher for men compared to women. For both sexes combined, non-Hispanic blacks had the highest incidence and mortality. |
| Liver | 6.8 | ↓ | 5.4 | ↓ | Incidence and mortality were more than 2 times higher for men compared to women. For both sexes, combined, Asian-Pacific Islanders had the highest incidence and mortality. |
| Lung & Bronchus | 65.1 | ↑↑ | 51.8 | ↑↑ | Incidence and mortality were higher for men vs women and were highest among non-Hispanic black men and non-Hispanic white women vs other race groups. |
| Melanoma of the Skin | 19.4 | ↑ | 2.8 | ↑ | Incidence and mortality were higher among men vs women. Incidence and mortality were highest among non-Hispanic whites and occurred rarely among other race groups. |
| Non-Hodgkin Lymphoma | 18.0 | ↓ | 7.4 | ↑ | Incidence and mortality were higher among men vs women. For both sexes combined, incidence was highest for non-Hispanic whites and mortality was highest for Hispanics. |
| Oral Cavity & Pharynx | 10.8 | ↑ | 3.1 | ↑ | Incidence and mortality were over 2 times higher for men vs women. Incidence was highest for non-Hispanic whites. Mortality was highest for non-Hispanic whites and blacks. |
| Ovary | 7.0 | ↓ | 4.9 | ↓ | Incidence and mortality were highest among non-Hispanic white women and lowest for Asian-Pacific Islander women. |
| Prostate | 146.8 | ↓ | 26.3 | ↑ | Incidence and mortality were much higher among non-Hispanic black men compared to other race groups and lowest among Asian-Pacific Islander men. |
| Stomach | 6.8 | ↓ | 4.0 | ↓ | Incidence and mortality were over 2 times higher for men vs women. For men, incidence and mortality were highest among non-Hispanic blacks and highest in Hispanics for women. |
| Urinary Bladder | 20.5 | ↑ | 4.6 | ↑ | Incidence was over 4 times higher and mortality was over 3 times higher in men vs women. Incidence and mortality were highest among non-Hispanic whites. |

Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA. Excludes in situ cases

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period.

AAMR = Average annual age-adjusted mortality rates per 100,000 (2000 U.S. Standard) for the five-year period.

Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccr.cal.org/publications/Vatechnotes).

EXECUTIVE SUMMARY

Figure A

Five Leading Sites of Cancer Incidence, Men, Sacramento Region, 2001-2005

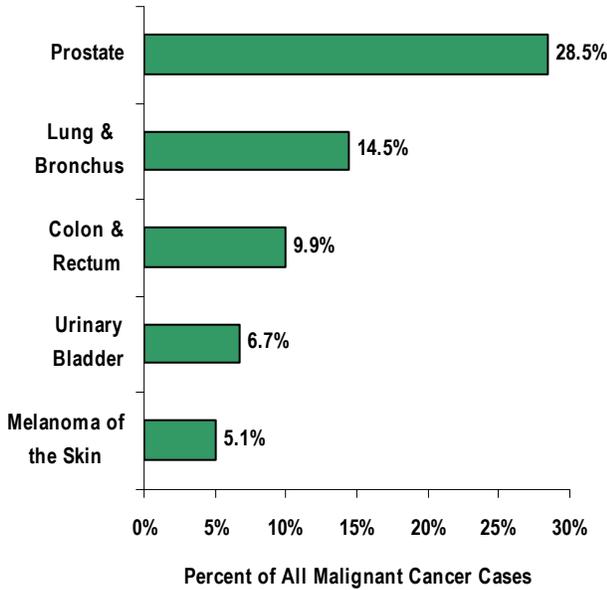


Figure B

Five Leading Sites of Cancer Incidence, Women, Sacramento Region, 2001-2005

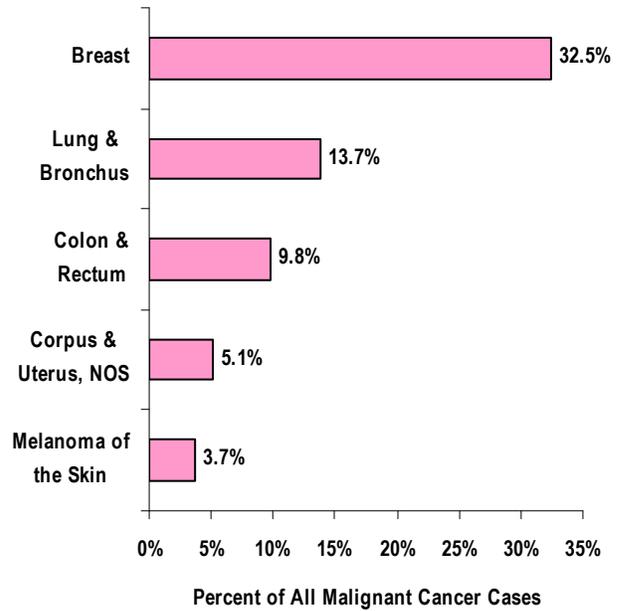


Figure C

Five Leading Sites of Cancer Death, Men, Sacramento Region, 2001-2005

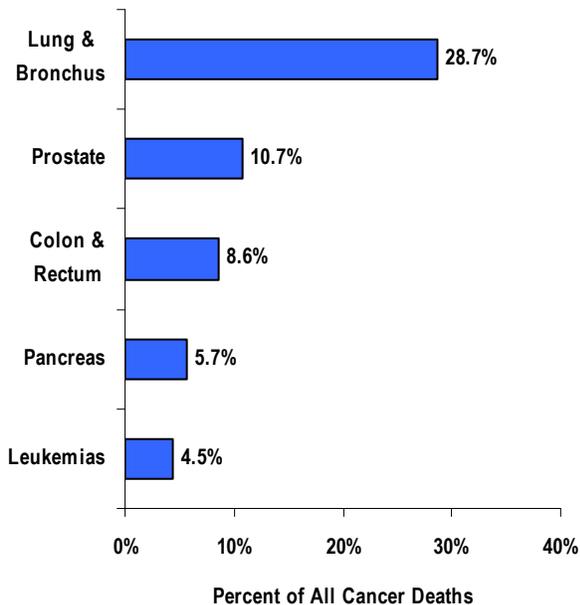
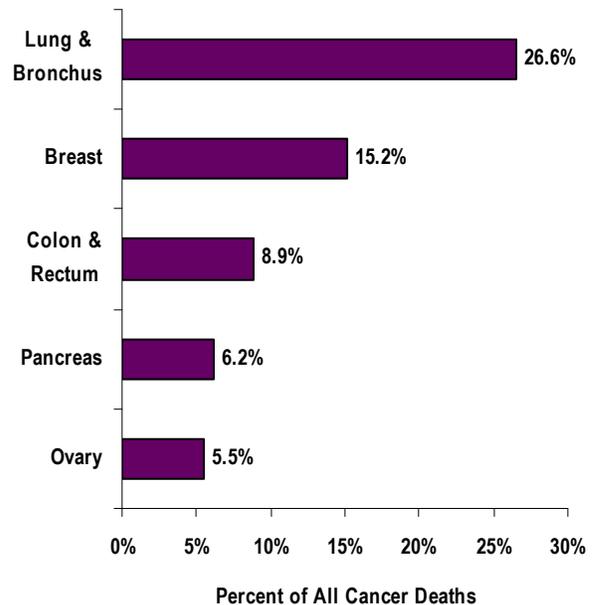


Figure D

Five Leading Sites of Cancer Death, Women, Sacramento Region, 2001-2005



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

EXECUTIVE SUMMARY

Figure E

Average Annual Percent Change in Age-Adjusted Incidence and Mortality Rates for Selected Cancer Sites Among Males, Sacramento Region, 1996-2005

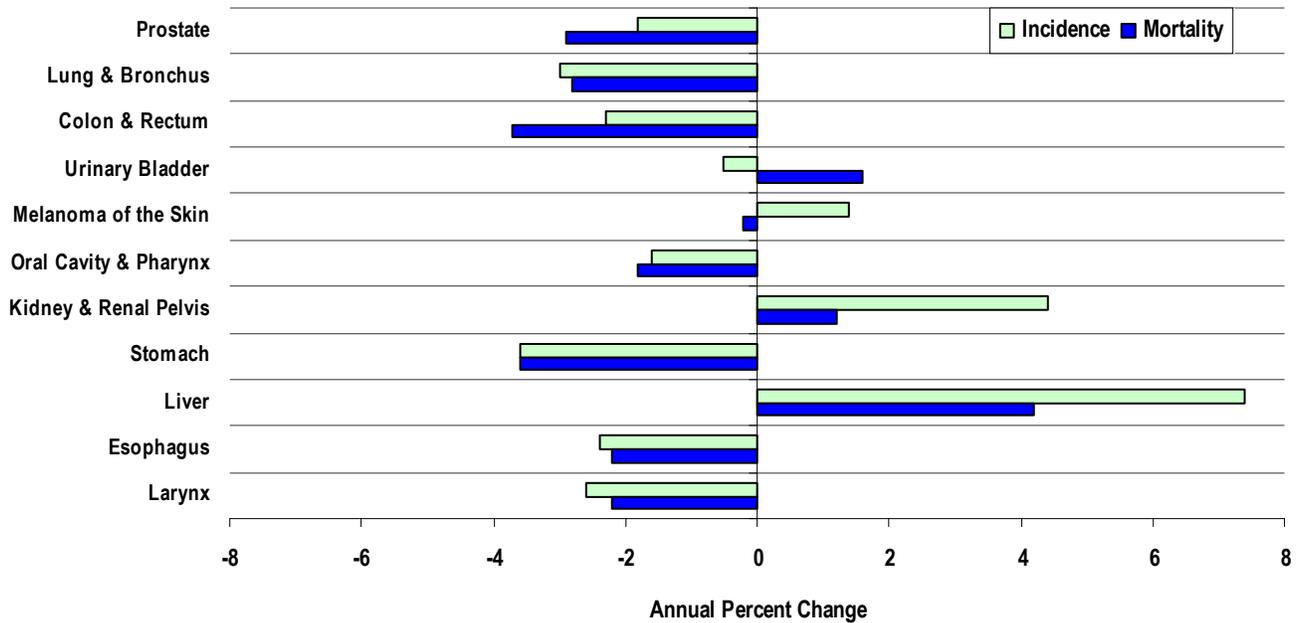
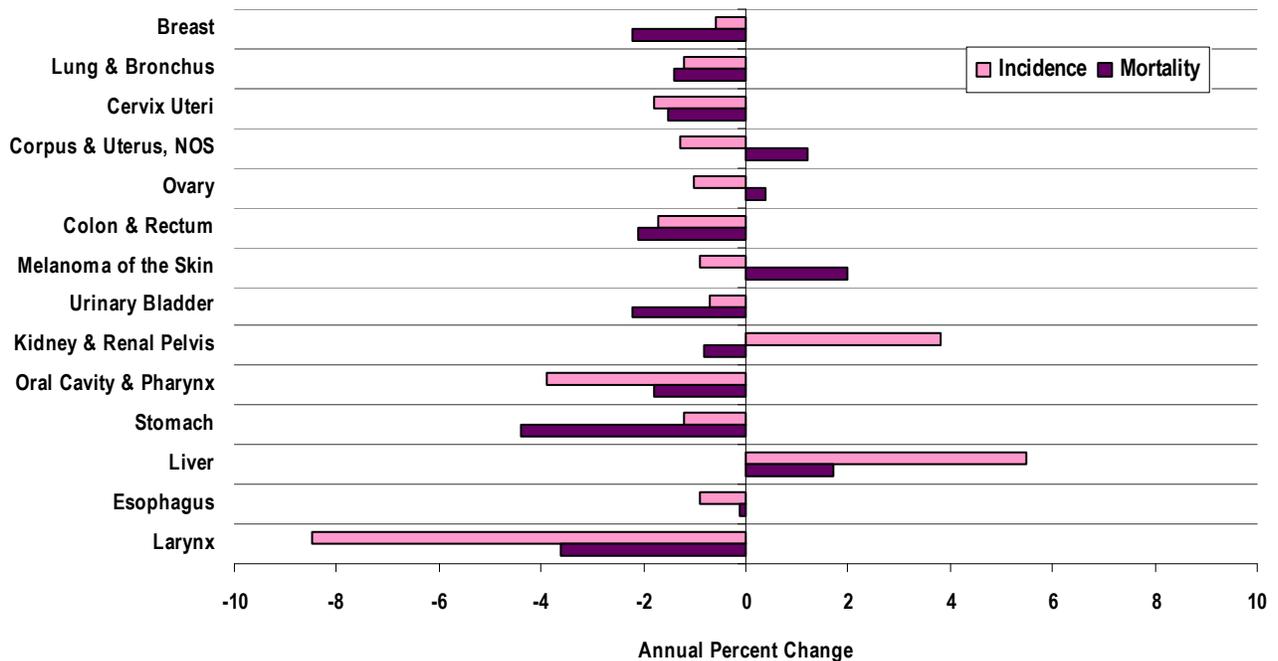


Figure F

Average Annual Percent Change in Age-Adjusted Incidence and Mortality Rates for Selected Cancer Sites Among Females, Sacramento Region, 1996-2005



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/Vatechnotes).

EXECUTIVE SUMMARY

The top five incident cancers and top five causes of cancer death by race/ethnicity and by sex are shown in Table B. The leading cause of cancer incidence and death for men and women are consistent across race/ethnic groups, except for non-Hispanic black women. Breast cancer is the leading cause of cancer death for non-Hispanic black women in our Region, while lung cancer is the leading cause of cancer death for women of all other race/ethnic groups. For all sites combined and for many sites, cancer incidence and mortality were lowest for Asian-Pacific Islander men and women. For men and women, cancer incidence (all sites combined) was highest among non-Hispanic whites. Mortality rates were highest among non-Hispanic blacks for both men and women (Figure G).

One reason that incidence and mortality differ between race/ethnic groups in this region is that ethnic minorities seem to be disproportionately affected by poverty (Figure H) and present at diagnosis with tumors at more advanced stages (Figure I). Prognoses are typically poorer, when treatment is initiated at more advanced stages.

Table B

Top Five Incident Cancers and Cancer Deaths as a Percentage of Total Cancer Cases or Deaths, by Sex and Race/Ethnicity, Sacramento Region, 2001-2005

| | | Incidence | | | | | | | |
|---------------|----------------------|--------------------|-----------------------|--------------------|-----------------------|----------|----------------------|------------------------|--|
| | | Non-Hispanic White | | Non-Hispanic Black | | Hispanic | | Asian-Pacific Islander | |
| Male | Prostate | 28.0% | Prostate | 36.4% | Prostate | 26.4% | Prostate | 25.1% | |
| | Lung & Bronchus | 15.0% | Lung & Bronchus | 15.1% | Colon & Rectum | 12.0% | Lung & Bronchus | 15.9% | |
| | Colon & Rectum | 9.8% | Colon & Rectum | 8.7% | Lung & Bronchus | 10.2% | Colon & Rectum | 10.6% | |
| | Urinary Bladder | 7.4% | Kidney & Renal Pelvis | 4.5% | Non-Hodgkin Lymphoma | 6.0% | Liver | 6.8% | |
| | Melanoma of the Skin | 6.1% | Urinary Bladder | 3.5% | Kidney & Renal Pelvis | 5.4% | Non-Hodgkin Lymphoma | 5.6% | |
| Female | Breast | 32.8% | Breast | 33.4% | Breast | 30.5% | Breast | 32.0% | |
| | Lung & Bronchus | 14.8% | Colon & Rectum | 12.3% | Lung & Bronchus | 9.6% | Colon & Rectum | 11.5% | |
| | Colon & Rectum | 9.6% | Lung & Bronchus | 12.1% | Colon & Rectum | 9.1% | Lung & Bronchus | 9.1% | |
| | Corpus & Uterus, NOS | 5.1% | Pancreas | 4.2% | Corpus & Uterus, NOS | 5.3% | Corpus & Uterus, NOS | 6.0% | |
| | Melanoma of the Skin | 4.2% | Corpus & Uterus, NOS | 4.1% | Thyroid | 4.2% | Thyroid | 4.8% | |

| | | Mortality | | | | | | | |
|---------------|-----------------|--------------------|----------------------|--------------------|----------------------|----------|-----------------|------------------------|--|
| | | Non-Hispanic White | | Non-Hispanic Black | | Hispanic | | Asian-Pacific Islander | |
| Male | Lung & Bronchus | 29.7% | Lung & Bronchus | 28.3% | Lung & Bronchus | 19.3% | Lung & Bronchus | 28.8% | |
| | Prostate | 10.7% | Prostate | 15.3% | Prostate | 10.2% | Colon & Rectum | 9.4% | |
| | Colon & Rectum | 8.3% | Colon & Rectum | 9.8% | Colon & Rectum | 9.7% | Liver | 9.1% | |
| | Pancreas | 5.7% | Pancreas | 5.8% | Liver | 6.7% | Prostate | 7.5% | |
| | Leukemias | 4.5% | Liver | 5.5% | Non-Hodgkin Lymphoma | 6.4% | Pancreas | 5.6% | |
| Female | Lung & Bronchus | 28.7% | Breast | 21.8% | Lung & Bronchus | 18.4% | Lung & Bronchus | 15.9% | |
| | Breast | 14.7% | Lung & Bronchus | 19.7% | Breast | 14.8% | Breast | 14.1% | |
| | Colon & Rectum | 8.7% | Colon & Rectum | 11.2% | Colon & Rectum | 8.4% | Colon & Rectum | 9.9% | |
| | Pancreas | 5.8% | Pancreas | 7.4% | Pancreas | 7.8% | Pancreas | 7.3% | |
| | Ovary | 5.8% | Corpus & Uterus, NOS | 3.7% | Ovary | 4.9% | Liver | 7.0% | |

Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtchnotes).

EXECUTIVE SUMMARY

Figure G

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates, by Race/Ethnicity, Sacramento Region, 2001-2005: All Sites Combined

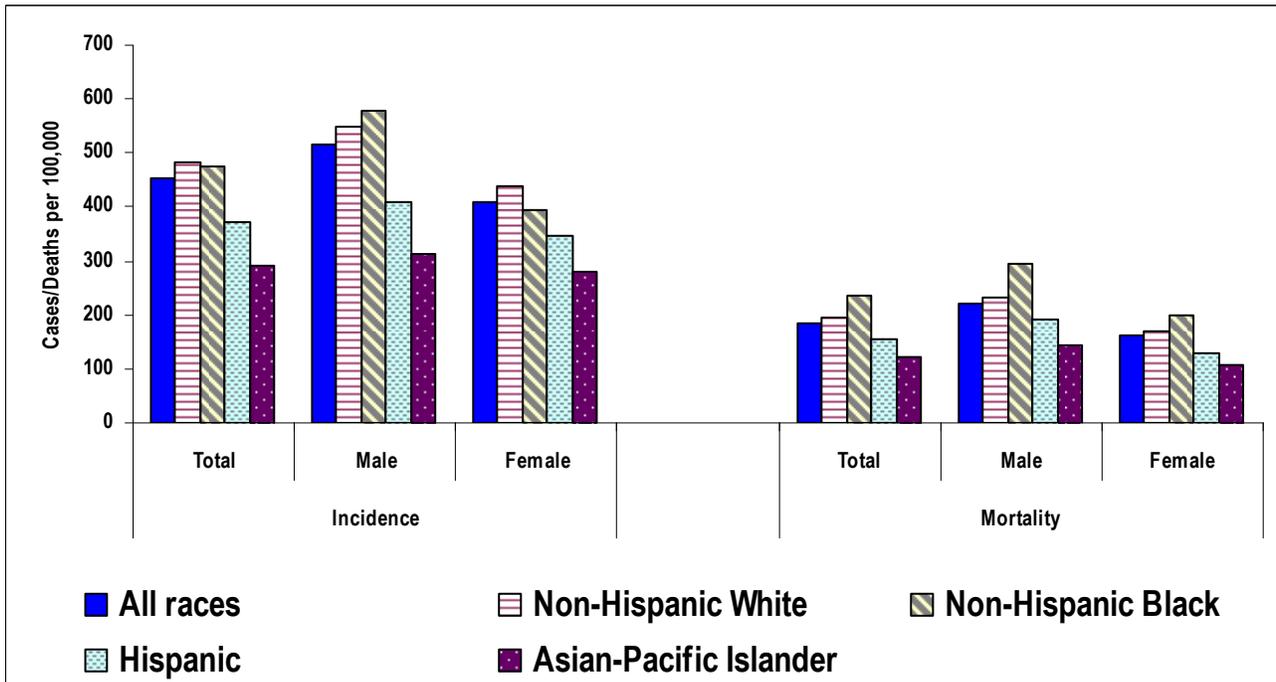


Figure H

Proportion of Invasive Cancer Cases by SES and Race/Ethnicity, Sacramento Region, 2001-2005

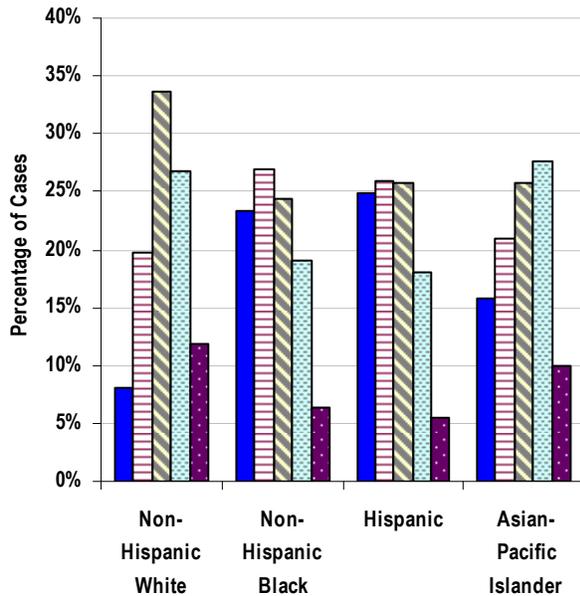
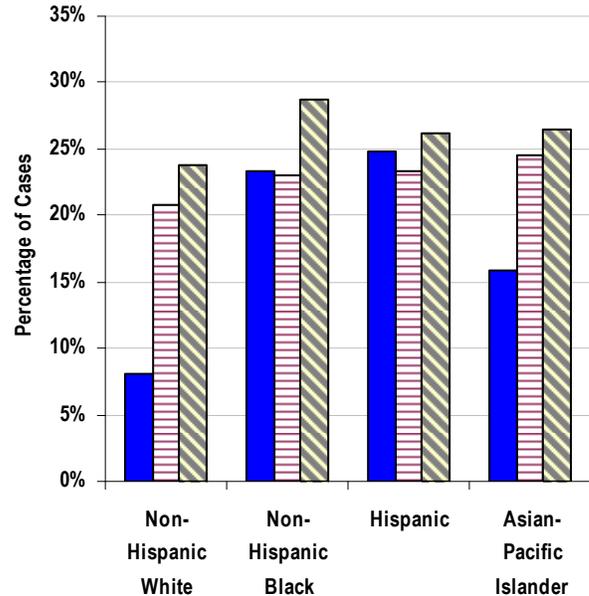


Figure I

Proportion of Invasive Cancer Cases by SEER Summary Stage and Race/Ethnicity, Sacramento Region, 2001-2005



■ Low SES ■ SES 2 ■ SES 3 ■ SES 4 ■ HighSES

■ Localized ■ Regional ■ Distant

Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/Vatechnotes).

CANCER INCIDENCE AND MORTALITY
1988-2005
ANNUAL REPORT

INTRODUCTION

This is the thirteenth annual cancer incidence report of the Cancer Surveillance Program, Region 3, one of eight regional registries of the California Cancer Registry that collect information on all incident cases of cancer diagnosed among residents of California. The Cancer Surveillance Program serves the Sacramento region, which includes thirteen counties (Figure A), from Sierra and Sutter counties to the north to San Joaquin and Calaveras counties to the south, and from the Nevada state line to the east to Solano county to the west.

In 1985, California law made cancer a reportable disease and mandated that a system of population-based regional registries be developed by 1988 to collect information about the incidence of cancer among California residents. The law is implemented through collaboration between the California Department of Health Services and the Public Health Institute. The state is divided into ten regions served by eight regional registries that contribute data to the California Cancer Registry (Appendix A). The Cancer Surveillance Program, the regional registry for the Sacramento region, has collected information under contract to the Public Health Institute on all cancers diagnosed among residents of the region since 1987.

The purpose of this data collection is to “determine the sources of malignant neoplasms and evaluate measures designed to eliminate, alleviate, or ameliorate their effect” (California Health and Safety Code 103885). Data are used to calculate cancer incidence and mortality, ascertain time trends, evaluate treatment alternatives and other predictors of survival, and assess the success of cancer screening programs. Incidence data are used to help determine whether a perceived excess of cancer in a local population is of real concern or can be

attributed to chance. The regional registry also serves as a community resource and provides information on cancer incidence to local health professionals, educators, researchers, legislators, and residents of the region. In 1995, a grant from the Centers for Disease Control and Prevention for enhancement of state and regional cancer registries awarded funds to California to ensure that each regional registry had epidemiologic support. Regional epidemiologists respond to data requests, encourage research use of registry data, and expedite production of an annual cancer incidence report from each regional registry.

State law requires that the cancer registries maintain strict standards to protect confidentiality, however state and regional registries are authorized to release information to cancer researchers. Before data are released to researchers, they are required to demonstrate that the proposed research has scientific merit and that a federally-approved human subjects committee or institutional review board has reviewed and approved the proposed research.

This report contains regional cancer incidence and mortality data for 1988 through 2005. Forty-six hospitals and radiation oncology centers (Appendix B) in the Sacramento region report cases to the Cancer Surveillance Program following standardized methods, coding rules, and quality control procedures. Incidence and mortality data are presented by anatomic site, sex, race/ethnicity, and county for 2001-2005. Regional Trends in Cancer Incidence and Mortality are presented from 1988-2005 by sex. Rates are presented for all sites combined, the 27 most frequently diagnosed sites for invasive cancer, and the three most frequently diagnosed sites for in-situ cancer.

MATERIALS AND METHODS

INCIDENCE

Incidence data contained in this report are based on cases of primary cancer first diagnosed among residents of the Sacramento region between January 1, 1988 and December 31, 2005, that were reported to the Cancer Surveillance Program as of October 2007. Case reporting for invasive cancers diagnosed 1988-2005 was estimated to be over 95% complete as of October 2007. Primary site and histologic type were coded and reported according to the International Classification of Diseases for Oncology, Third Edition (1). Sites were then grouped according to the conventions of the Surveillance, Epidemiology and End Results (SEER) program of the National Cancer Institute (Appendix C). Kaposi's sarcoma includes all cases with ICD-O-3 histology code 9140, regardless of anatomic site; and these cancers also are included in counts and rates for the site-specific cancer (2). Similarly, mesothelioma is based on histology codes (9050-9053). Cases of unknown race are included in incidence rates for all races combined.

Incidence rates represent the number of cases per 100,000 population. Incidence rates presented in this report were age-adjusted to allow comparison among rates by controlling for differences in the age distribution of two populations, because age has a major effect on cancer risk. Age-adjusted rates are a weighted average of the age-specific rates, where the weights represent the age distribution of a standard population. Rates were adjusted by the direct method (3) to the 2000 US population. The standard errors of the rates were calculated but not included in this report; they are available by re-

quest. Although case counts are presented for all subgroups, incidence rates were not calculated for any group with fewer than 15 cases or with a population less than 100,000. Contiguous counties with very small populations were combined to permit the calculation of incidence rates.

Age-specific rates are calculated by dividing the total number of cases in a specific age group by the total population in that age group. Age at diagnosis was categorized into five-year categories, starting with birth to 4 years old and ending with age 85 and older. The sex and age-specific total numbers of cases over the five-year period 2001-2005 were divided by the sex and age-specific population sum over the same five-year period. This rate was then multiplied by 100,000 to yield an average annual age-specific rate per 100,000 population.

MORTALITY

Computerized files containing information on cancer-related deaths were obtained from the California Department of Public Health, Center for Health Statistics. Death certificate master files were used for all years. Cause of death was coded by the International Classification of Diseases, Ninth Edition (ICD-9) for deaths through 1998, and by the ICD-10 classification for 1999 through 2005 deaths (4). Cancer deaths were grouped according to conventions of the SEER program for mortality data (Appendix D).

MATERIALS AND METHODS

POPULATION ESTIMATES

Annual, mid-year population estimates by age, race/ethnicity, and gender were obtained from the California Department of Finance (DOF) Demographic Research Unit for 1988-1989 and benchmarked to the 1990-2004 estimates provided by the U.S. Census Bureau with support from the National Cancer Institute and National Center for Health Statistics (NCHS)(5-7).

Beginning with the 2000 U.S. Census, respondents were given the option of marking one or more race categories to indicate their racial identities. Following these changes, the NCHS, using data from National Health Interview Surveys, developed a population model for bridging the Census 2000 multiple-race population to single-race categories. Working with the Census Bureau, NCHS provides annual population estimates at the county level by age, sex, and race/ethnicity for 2000-2005.

DEFINITION OF RACE/ETHNICITY

Race/ethnicity is grouped into the mutually exclusive categories of non-Hispanic white, non-Hispanic black, Hispanic, non-Hispanic Asian/Pacific Islander, and non-Hispanic American Indian. Persons coded as American Indian and non-Hispanic multirace are excluded from race-specific rates, but are included in data for all races combined. An evaluation of the accuracy of American Indian classification by CCR demonstrated that a large proportion of American Indian cancer cases are coded as non-Hispanic white (8), based on information from the medical record. Rates are therefore not produced separately for American Indians.

Race and ethnicity were reported as separate data items during data collection for both cases and deaths. Persons with race reported as white, black, or unknown, but with a last name on the 1980 U.S. Census list of 12,497 Hispanic surnames (9), were categorized as Hispanic for analyses in this report. Maiden name, when present, was used instead of last name to identify Hispanic women by surname. Similarly, persons with race coded as white, black, or unknown, but with a Vietnamese or Hmong surname were categorized as Asian.

The use of surname to identify persons of Hispanic ethnicity was adopted by CCR because of the recognized underreporting of Hispanic ethnicity on the medical record and death certificate. A study conducted by the Northern California Cancer Center documented that the use of Hispanic surnames, in addition to information from the medical record, results in increased sensitivity and accuracy of cancer rates (10). Overall statewide cancer incidence and mortality rates for Hispanics, based on this definition, are approximately 14 percent higher than those based on medical record and death certificate alone, and rates for non-Hispanic whites are approximately 1.4 percent lower.

CAUTIONS ON INTERPRETATION

Race/ethnicity information for cancer cases is primarily based on information contained in the patient's medical record. This information may be based on self-identification by the patient, on the assumptions by an admissions clerk or other medical personnel, or by an inference using race/ethnicity of parents, birthplace, maiden name, or last name. In contrast, race/ethnicity for cancer

MATERIALS AND METHODS

deaths is based on information from the death certificate. While use of surname lists partially compensates for misclassification of some race/ethnic groups, it is likely that some differences in race-specific rates reflect biases of classification rather than true differences in risk (2). Population estimates are based in part on self-identification of race/ethnicity at the time of the 2000 Census.

Comparisons of cancer rates among counties in the region and between the region and the state must be made with the understanding that numerous factors can contribute to variation in cancer rates other than a true difference in the risk of cancer. Although populations of regions and counties differ in race/ethnicity composition, and incidence of cancer varies among race/ethnicity groups, small numbers necessitated presenting county and annual rates for all race/ethnicity groups combined. In addition, statewide rates are influenced strongly by the rate in Los Angeles where a large proportion of the state's population and cancer cases resides (2). No statistical analysis of trends or of differences in rates among subgroups is provided. When numbers in subgroups are small, as they are for most counties, rates are unstable and comparisons can be misleading. Conversely, when numbers are very large, a statistically significant result may not be clinically significant and may again be misleading.

ARRANGEMENT OF DATA

Cancer incidence and mortality data in the report are organized by anatomic site, with sections for invasive cancer (cancer that has infiltrated surrounding tissue) for all sites combined and for

each of the 26 most commonly diagnosed cancers in alphabetic order of anatomic site. Data also are provided for invasive colon and rectum combined. Incidence rates are presented for in-situ (non-invasive) cancer for three primary sites: breast, colon and rectum, and melanoma of the skin. Cases of in situ bladder cancer are included with invasive bladder cancer. Incidence and mortality rates are presented for the following race/ethnic groups: non-Hispanic white, non-Hispanic black, Hispanic and non-Hispanic Asian/Pacific Islander. Rates are presented for males, females, and both sexes combined. Age-adjusted incidence and mortality rates for the Sacramento region are presented in the following tables for all sites combined and for each site:

- Age-adjusted incidence and mortality rates by race/ethnicity, county and sex for 2001 to 2005
- Age-adjusted rates by year of diagnosis or death also are presented in graphical form for each site.

A brief summary description for each site is provided on pages 17-21 that includes the 2001 to 2005 average annual age-adjusted incidence and mortality rates for both the Sacramento region and for the state, and describes incidence by sex and race/ethnicity. Further information may be obtained from the Cancer Surveillance Program.

UNDERREPORTING OF CANCER BY VETERANS ADMINISTRATION (VA) HOSPITALS

Veteran's Health Administration (VHA) hospitals in California did not report cancer cases to the California Cancer Registry in

MATERIALS AND METHODS

2005. Although there is no way to know how many unreported cancer cases were diagnosed in these facilities in 2005, historically VHA-reported cases have accounted for approximately 4 percent of all new male cancers reported to the CCR. Therefore, rates of new cancer diagnoses (incidence rates) for 2005 in this publication are based upon case counts that the CCR believes to be underestimates of the true counts. This lack of reporting affects the interpretation of cancer statistics for 2005 presented in this publication. It is not possible to determine to what extent any downward trends in 2005 reflect this underreporting of cases versus true progress in the fight against cancer.

Because of the population served by VHA facilities, historically only a very small percentage of cancers in California females have been reported from VHA facilities. Therefore, the CCR believes the lack of reporting from these facilities will have little or no impact on the accuracy of female cancer rates for 2005. Because information on cancer mortality is obtained through a different source, this reporting issue does not have any impact on cancer mortality statistics.

PREVENTABLE CANCERS

... are those where the risk for developing the cancer and thus, some percent of the incidence could be avoided in the absence of a modifiable risk factor. A modifiable risk factor is a factor that can be changed to affect one's risk of developing cancer. For some cancers the risk attributable to a particular behavioral factor is high, such as tobacco use and lung cancer, for other cancers the risk is small, such as with diet and breast cancer. Those cancers considered preventable are cancers of the:

- ▼ Breast
- ▼ Cervix
- ▼ Colon and Rectum
- ▼ Esophagus
- ▼ Kidney and Renal Pelvis
- ▼ Larynx
- ▼ Liver
- ▼ Lung and Bronchus
- ▼ Melanoma of the Skin
- ▼ Mesothelioma
- ▼ Oral Cavity and Pharynx
- ▼ Pancreas
- ▼ Prostate
- ▼ Stomach
- ▼ Testis
- ▼ Urinary Bladder

Cancers of the breast, pancreas, prostate, and testis have modifiable risk factors, but they have a small effect on cancer risk.

UNDERSTANDING STAGE AT DIAGNOSIS

Tumor stage at diagnosis is one of the most important factors used to plan the best initial treatment for a patient and to estimate their cancer survival. Cancer stage reflects the extent of the growth of the original (primary) tumor and the extent of spread from the original site to other parts of the body (for example, to regional lymph nodes or distant metastasis). Stage is determined by physical examinations, imaging procedures, laboratory tests, pathology reports, and surgical reports. There are several staging systems in use, differentiated by cancer type and sometime, medical specialty. Most staging systems consider location of the primary tumor, tumor size and number of tumors; lymph node involvement (spread of cancer into lymph nodes); cell type and tumor grade (how closely the cancer cells resemble normal tissue), and the presence or absence of metastasis. The California Cancer Registry uses several staging systems, one of which is a summary stage system.

| Summary Stage | Definition |
|---------------|--|
| In Situ | Early cancer that is present only in the layer of cells in which it began. |
| Localized | Cancer that is limited to the organ in which it began, without evidence of spread. |
| Regional | Cancer that has spread beyond the original (primary) site to nearby lymph nodes or organs and tissues. |
| Distant | Cancer that has spread from the primary site to distant organs or distant lymph nodes. |
| Unknown | Cases for which there is not enough information to indicate a stage. |

Tumor stage at diagnosis is often an indication of early diagnosis. Patient survival and quality of life are usually increased when cancer is discovered at an early stage and treated promptly. A lower rate of diagnosis at late stages is an early sign of the effectiveness of cancer screening efforts.

Cancers for which there are screening tests typically have the highest percent of diagnosis while in their earliest stage. Which cancers you should be screened for and when depend on a number of factors, including gender, age, race/ethnicity, and family history. Your personal profile of these factors may place you in a group at higher risk for developing one of the screenable cancers. If this occurs, you will be advised to be screened at an early age and/or more often than the general population.

Other cancers, for which there are no screening tests, often are diagnosed at regular medical or dental visits and are typically found at an early stage. These are melanoma of the skin, cancers of the testis, oral cavity and pharynx, and larynx. Still other cancers are more common among particular ethnic groups or those with particular lifestyle habits, thus health care providers may look for them specifically. For example, cancers of the liver and stomach are prevalent among Asians-Pacific Islanders; cancer of the lung and bronchus among smokers.

Some cancers are found incidentally when a patient visits a health care provider for a health problem and receives an imaging test. Common imaging tests are x-rays, magnetic resonance imaging (MRI), computed tomography (CT) scans, and positron emissions tomography (PET) scans. Cancers of the kidney and renal pelvis are often found incidentally, before there are any symptoms of disease.

Unfortunately there are many cancers for which there are no screening tests, nor are they usually discovered at a regular health care visits. These cancers typically are not discovered until the patient experiences symptoms of disease; which often indicate later stage diagnosis. Examples of these cancers are those of the esophagus, lung and bronchus, pancreas, stomach, and ovaries.

Monitoring changes in cancer stage at diagnosis in the Sacramento region is an important tool in focusing public health and health care services. It assists in promoting cancer screening among those who need them most, targeting resources, evaluating cancer education effectiveness, and the assurance of the availability of health care services.

| Cancer Screening Tests and their General Screening Schedule | | |
|---|---|--|
| Cancer Site | Test | General Screening Schedule |
| Breast | Self exam | Monthly |
| | Clinical breast exam (CBE) | Every 3 years for women 20-39 years, annually thereafter |
| | Mammogram | Annually, after age 40 |
| Cervical | Pap test | Annually, after age 18 or within 3 years of becoming sexually active |
| Colon and Rectum | Fecal Occult Blood Test | Annually, after age 50 |
| | Flexible Sigmoidoscopy | Every 5 years, after age 50 |
| | Colonoscopy | Every 10 years, after age 50 |
| Prostate | Prostate-specific Antigen (PSA) & Digital Rectal Exam (DRE) | Annually, after age 50 |

REFERENCES

- 1 Fritz A, Percy C, Jack A, Shanmugaratnam K, Sobin L, Parkin DM, and Whelan S. (eds.). International Classification of Diseases for Oncology, Third Edition. England: World Health Organization, 2000.
- 2 Hofer BM, Kwong SL, Allen M, Bates JH, McCusker ME, Snipes KP. Cancer in California, 2007. Sacramento, CA: California Department of Public Health, Cancer Surveillance Section, November 2007.
- 3 Fleiss JL, Levin B, Paik MC. Statistical Methods for Rates and Proportions, Third Edition. New York: John Wiley and Sons, 2003.
- 4 International Statistical Classification of Diseases and Related Health Problems, Tenth Version. Geneva: World Health Organization, 1992.
- 5 National Center for Health Statistics. Estimates of the July 1, 2000-July 1, 2006, United States resident population from the Vintage 2006 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available on the Internet from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. August 16, 2007.
- 6 National Center for Health Statistics. Bridged-race intercensal estimates of the July 1, 1990-July 1, 1999, United States resident population by county, single-year of age, sex, race, and Hispanic origin, prepared by the U.S. Census Bureau with support from the National Cancer Institute. Available on the Internet at: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. July 26, 2004.
- 7 State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1970-1989. Sacramento, CA, December 1998. Miller T. On Benchmarking DOF's 1988 and 1989 Estimates to the Census Bureau Estimates. Fremont, CA: Northern California Cancer Center, June 6, 2006.
8. Kwong SL, Perkins CI, Snipes KP, Wright WE. Improving American Indian Cancer Data in the California Cancer Registry by Linkage with the Indian Health Service. *J Reg Management* 1996; 25:17-20.
9. California Department of Health Services. Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals. California Cancer Reporting System Standards, Volume One, Seventh Edition. Sacramento, CA: California Cancer Registry, Data Standards and Assessment Unit, July, 2003.
10. Stewart SL, Glaser SL, Horn-Ross PL, West DW. SEER Study of Methods to Classify Hispanic Cancer Patients (Final Report: Contract N01-CN-05224). Union City, CA: Northern California Cancer Center, April 1993.

**INCIDENCE & MORTALITY RATE TABLES
ALL SITES COMBINED & BY MAJOR ANATOMIC SITE
2001-2005**

Table 1

Number of New Invasive Cancer Cases and Deaths, and Average Annual Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Site and Sex, Sacramento Region, 2001-2005

| | Total | | | | Male | | | | Female | | | |
|-----------------------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Sites | 70,335 | 451.6 | 28,529 | 185.9 | 35,739 | 514.7 | 14,684 | 221.7 | 34,596 | 407.6 | 13,845 | 161.2 |
| Oral Cavity & Pharynx | 1,703 | 10.8 | 474 | 3.1 | 1,185 | 16.1 | 305 | 4.4 | 518 | 6.1 | 169 | 2.0 |
| Esophagus | 618 | 4.0 | 627 | 4.1 | 460 | 6.6 | 475 | 6.9 | 158 | 1.9 | 152 | 1.8 |
| Stomach | 1,042 | 6.8 | 621 | 4.0 | 657 | 9.7 | 383 | 5.8 | 385 | 4.5 | 238 | 2.7 |
| Colon & Rectum | 6,922 | 44.9 | 2,488 | 16.3 | 3,538 | 51.9 | 1,256 | 19.0 | 3,384 | 39.4 | 1,232 | 14.0 |
| Colon excl Rectum | 4,983 | 32.5 | 2,080 | 13.6 | 2,458 | 36.6 | 1,025 | 15.5 | 2,525 | 29.3 | 1,055 | 12.0 |
| Rectum & Rectosigmoid | 1,939 | 12.4 | 408 | 2.6 | 1,080 | 15.3 | 231 | 3.4 | 859 | 10.1 | 177 | 2.0 |
| Liver | 1,070 | 6.8 | 850 | 5.4 | 751 | 10.3 | 553 | 7.8 | 319 | 3.7 | 297 | 3.5 |
| Pancreas | 1,864 | 12.1 | 1,691 | 11.0 | 933 | 13.7 | 838 | 12.4 | 931 | 10.8 | 853 | 9.9 |
| Larynx | 471 | 3.0 | 147 | 0.9 | 371 | 5.3 | 112 | 1.6 | 100 | 1.2 | 35 | 0.4 |
| Lung & Bronchus | 9,927 | 65.1 | 7,888 | 51.8 | 5,174 | 77.1 | 4,212 | 63.3 | 4,753 | 56.4 | 3,676 | 43.3 |
| Melanoma of the Skin | 3,081 | 19.4 | 436 | 2.8 | 1,807 | 25.0 | 269 | 3.8 | 1,274 | 15.1 | 167 | 2.0 |
| Breast | 11,302 | 71.5 | 2,112 | 13.5 | 56 | 0.8 | 13 | 0.2 | 11,246 | 133.1 | 2,099 | 24.5 |
| Female Genital System | -- | -- | -- | -- | -- | -- | -- | -- | 3,851 | 45.5 | 1,332 | 15.5 |
| Cervix | -- | -- | -- | -- | -- | -- | -- | -- | 670 | 8.1 | 170 | 2.0 |
| Corpus & Uterus, NOS | -- | -- | -- | -- | -- | -- | -- | -- | 1,774 | 20.9 | 314 | 3.7 |
| Ovary | -- | -- | -- | -- | -- | -- | -- | -- | 1,104 | 13.0 | 761 | 8.9 |
| Male Genital System | -- | -- | -- | -- | 10,706 | 153.4 | 1,613 | 26.9 | -- | -- | -- | -- |
| Prostate | -- | -- | -- | -- | 10,171 | 146.8 | 1,571 | 26.3 | -- | -- | -- | -- |
| Testis | -- | -- | -- | -- | 473 | 5.7 | 29 | 0.4 | -- | -- | -- | -- |
| Urinary Bladder | 3,129 | 20.5 | 694 | 4.6 | 2,390 | 36.3 | 492 | 7.9 | 739 | 8.6 | 202 | 2.3 |
| Kidney & Renal Pelvis | 2,070 | 13.2 | 666 | 4.3 | 1,322 | 18.5 | 440 | 6.4 | 748 | 8.8 | 226 | 2.6 |
| Brain & Other Nervous | 1,111 | 6.9 | 757 | 4.8 | 618 | 8.2 | 429 | 5.9 | 493 | 5.9 | 328 | 3.9 |
| Thyroid | 1,215 | 7.5 | 60 | 0.4 | 279 | 3.6 | 34 | 0.5 | 936 | 11.2 | 26 | 0.3 |
| Hodgkin Lymphoma | 406 | 2.4 | 79 | 0.5 | 209 | 2.6 | 41 | 0.6 | 197 | 2.3 | 38 | 0.5 |
| Non-Hodgkin Lymphoma | 2,811 | 18.0 | 1,138 | 7.4 | 1,545 | 21.8 | 634 | 9.5 | 1,266 | 14.9 | 504 | 5.8 |
| Myeloma | 849 | 5.5 | 566 | 3.7 | 493 | 7.2 | 309 | 4.7 | 356 | 4.2 | 257 | 3.0 |
| Leukemias | 1,790 | 11.4 | 1,162 | 7.6 | 1,021 | 14.5 | 654 | 9.9 | 769 | 9.0 | 508 | 5.9 |
| Acute Lymphocytic | 267 | 1.6 | 91 | 0.6 | 146 | 1.8 | 45 | 0.6 | 121 | 1.5 | 46 | 0.6 |
| Chronic Lymphocytic | 473 | 3.1 | 218 | 1.5 | 281 | 4.2 | 134 | 2.2 | 192 | 2.2 | 84 | 0.9 |
| Acute Myeloid | 630 | 4.0 | 463 | 3.0 | 353 | 5.1 | 256 | 3.8 | 277 | 3.2 | 207 | 2.4 |
| Chronic Myeloid | 195 | 1.2 | 61 | 0.4 | 116 | 1.6 | 33 | 0.5 | 79 | 0.9 | 28 | 0.3 |
| Mesothelioma | 161 | 1.1 | -- | -- | 128 | 2.0 | -- | -- | 33 | 0.4 | -- | -- |
| Kaposi Sarcoma | 57 | 0.4 | -- | -- | 51 | 0.6 | -- | -- | 6 | -- | -- | -- |

AAIR = Average annual age-adjusted incidence rate per 100,000 (U.S. Standard) for the five-year period.

AAMR = Average annual age-adjusted mortality rate per 100,000 (U.S. Standard) for the five-year period.

Rates based on fewer than fifteen cases are not shown. Excludes in situ cases other than urinary bladder.

Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccr.ca.gov/publications/Vatechnotes).

Table 2

Number of New Invasive Cancer Cases and Deaths, and Average Annual Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Site and Sex, All California, 2001-2005

| | Total | | | | Male | | | | Female | | | |
|-----------------------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Sites | 702,892 | 441.1 | 270,356 | 172.8 | 359,503 | 511.5 | 137,435 | 206.1 | 343,389 | 392.5 | 132,921 | 150.2 |
| Oral Cavity & Pharynx | 16,480 | 10.2 | 4,287 | 2.7 | 11,183 | 15.0 | 2,803 | 4.0 | 5,297 | 6.0 | 1,484 | 1.7 |
| Esophagus | 6,407 | 4.1 | 5,840 | 3.7 | 4,791 | 6.9 | 4,405 | 6.4 | 1,616 | 1.8 | 1,435 | 1.6 |
| Stomach | 12,979 | 8.2 | 7,737 | 4.9 | 7,834 | 11.4 | 4,508 | 6.7 | 5,145 | 5.8 | 3,229 | 3.6 |
| Colon & Rectum | 72,289 | 46.0 | 26,029 | 16.7 | 37,029 | 53.8 | 13,120 | 19.7 | 35,260 | 39.8 | 12,909 | 14.3 |
| Colon excl Rectum | 51,791 | 33.1 | 21,809 | 14.0 | 25,374 | 37.4 | 10,790 | 16.3 | 26,417 | 29.7 | 11,019 | 12.2 |
| Rectum & Rectosigmoid | 20,498 | 12.9 | 4,220 | 2.7 | 11,655 | 16.3 | 2,330 | 3.4 | 8,843 | 10.1 | 1,890 | 2.1 |
| Liver | 12,012 | 7.5 | 9,799 | 6.2 | 8,360 | 11.3 | 6,305 | 8.8 | 3,652 | 4.2 | 3,494 | 4.0 |
| Pancreas | 17,215 | 11.0 | 15,964 | 10.3 | 8,408 | 12.3 | 7,799 | 11.6 | 8,807 | 10.0 | 8,165 | 9.2 |
| Larynx | 4,577 | 2.9 | 1,600 | 1.0 | 3,709 | 5.3 | 1,279 | 1.9 | 868 | 1.0 | 321 | 0.4 |
| Lung & Bronchus | 86,420 | 55.8 | 68,054 | 44.1 | 45,281 | 67.1 | 36,460 | 54.7 | 41,139 | 47.5 | 31,594 | 36.2 |
| Melanoma of the Skin | 31,299 | 19.1 | 4,079 | 2.6 | 18,239 | 24.9 | 2,705 | 3.9 | 13,060 | 14.9 | 1,374 | 1.6 |
| Breast | 109,180 | 67.2 | 21,013 | 13.1 | 688 | 1.0 | 161 | 0.2 | 108,492 | 124.7 | 20,852 | 23.6 |
| Female Genital System | -- | -- | -- | -- | -- | -- | -- | -- | 40,777 | 46.7 | 14,023 | 16.0 |
| Cervix | -- | -- | -- | -- | -- | -- | -- | -- | 7,460 | 8.5 | 2,102 | 2.4 |
| Corpus & Uterus, NOS | -- | -- | -- | -- | -- | -- | -- | -- | 18,887 | 21.7 | 3,440 | 3.9 |
| Ovary | -- | -- | -- | -- | -- | -- | -- | -- | 11,545 | 13.2 | 7,811 | 8.9 |
| Male Genital System | -- | -- | -- | -- | 111,368 | 158.7 | 15,436 | 25.4 | -- | -- | -- | -- |
| Prostate | -- | -- | -- | -- | 105,870 | 152.5 | 15,031 | 24.9 | -- | -- | -- | -- |
| Testis | -- | -- | -- | -- | 4,772 | 5.2 | 272 | 0.3 | -- | -- | -- | -- |
| Urinary Bladder | 30,138 | 19.4 | 6,378 | 4.1 | 22,766 | 34.4 | 4,436 | 7.1 | 7,372 | 8.3 | 1,942 | 2.1 |
| Kidney & Renal Pelvis | 19,003 | 11.9 | 5,825 | 3.7 | 12,034 | 16.6 | 3,658 | 5.3 | 6,969 | 8.0 | 2,167 | 2.4 |
| Brain & Other Nervous | 10,405 | 6.2 | 7,042 | 4.3 | 5,786 | 7.4 | 3,960 | 5.3 | 4,619 | 5.3 | 3,082 | 3.5 |
| Thyroid | 13,646 | 8.0 | 783 | 0.5 | 3,276 | 4.1 | 320 | 0.5 | 10,370 | 11.8 | 463 | 0.5 |
| Hodgkin Lymphoma | 4,348 | 2.5 | 742 | 0.4 | 2,401 | 2.8 | 422 | 0.6 | 1,947 | 2.2 | 320 | 0.4 |
| Non-Hodgkin Lymphoma | 29,958 | 18.7 | 10,725 | 6.9 | 16,396 | 22.6 | 5,868 | 8.8 | 13,562 | 15.5 | 4,857 | 5.4 |
| Myeloma | 8,215 | 5.2 | 5,258 | 3.4 | 4,446 | 6.4 | 2,792 | 4.2 | 3,769 | 4.3 | 2,466 | 2.8 |
| Leukemias | 18,651 | 11.5 | 10,858 | 6.8 | 10,741 | 14.8 | 6,155 | 9.0 | 7,910 | 8.9 | 4,703 | 5.2 |
| Acute Lymphocytic | 3,118 | 1.7 | 1,088 | 0.6 | 1,764 | 2.0 | 628 | 0.7 | 1,354 | 1.5 | 460 | 0.5 |
| Chronic Lymphocytic | 5,230 | 3.4 | 1,829 | 1.2 | 3,139 | 4.7 | 1,080 | 1.7 | 2,091 | 2.4 | 749 | 0.8 |
| Acute Myeloid | 5,623 | 3.5 | 4,159 | 2.6 | 3,124 | 4.4 | 2,328 | 3.4 | 2,499 | 2.8 | 1,831 | 2.1 |
| Chronic Myeloid | 2,243 | 1.4 | 680 | 0.4 | 1,283 | 1.8 | 372 | 0.5 | 960 | 1.1 | 308 | 0.3 |
| Mesothelioma | 1,562 | 1.0 | -- | -- | 1,230 | 1.9 | -- | -- | 332 | 0.4 | -- | -- |
| Kaposi Sarcoma | 1,410 | 0.8 | -- | -- | 1,315 | 1.6 | -- | -- | 95 | 0.1 | -- | -- |

AAIR = Average annual age-adjusted incidence rate per 100,000 (U.S. Standard) for the five-year period.

AAMR = Average annual age-adjusted mortality rate per 100,000 (U.S. Standard) for the five-year period.

Rates based on fewer than fifteen cases are not shown. Excludes in situ cases other than urinary bladder.

Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccr.ca.gov/publications/Vatechnotes).

ALL SITES

TABLE 3

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: All Sites

| | Total | | | | Male | | | | Female | | | |
|-------------------------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 70,335 | 451.6 | 28,529 | 185.9 | 35,739 | 514.7 | 14,684 | 221.7 | 34,596 | 407.6 | 13,845 | 161.2 |
| Non-Hispanic White | 54,738 | 482.9 | 22,424 | 194.7 | 27,902 | 548.6 | 11,444 | 231.1 | 26,836 | 437.1 | 10,980 | 170.2 |
| Non-Hispanic Black | 4,106 | 474.8 | 1,878 | 237.4 | 2,232 | 578.4 | 985 | 294.0 | 1,874 | 393.9 | 893 | 200.2 |
| Hispanic | 6,165 | 372.1 | 2,254 | 156.2 | 3,042 | 408.3 | 1,250 | 191.1 | 3,123 | 346.7 | 1,004 | 127.8 |
| Asian-Pacific Islander | 4,582 | 291.4 | 1,849 | 122.9 | 2,100 | 313.8 | 933 | 144.6 | 2,482 | 278.7 | 916 | 106.8 |
| El Dorado | 4,246 | 486.0 | 1,557 | 185.5 | 2,262 | 552.6 | 824 | 215.5 | 1,984 | 430.0 | 733 | 162.5 |
| Nevada | 3,019 | 472.9 | 1,178 | 180.6 | 1,620 | 537.3 | 629 | 212.2 | 1,399 | 417.7 | 549 | 155.2 |
| Placer | 7,358 | 468.2 | 2,811 | 177.8 | 3,788 | 528.1 | 1,460 | 211.5 | 3,570 | 425.1 | 1,351 | 154.3 |
| Sacramento | 27,219 | 452.2 | 11,118 | 187.3 | 13,479 | 515.1 | 5,562 | 222.1 | 13,740 | 411.3 | 5,556 | 164.8 |
| San Joaquin | 11,529 | 433.5 | 4,944 | 188.8 | 5,948 | 503.6 | 2,575 | 228.4 | 5,581 | 383.7 | 2,369 | 161.3 |
| Solano | 8,082 | 447.3 | 3,237 | 185.8 | 4,068 | 509.3 | 1,653 | 220.9 | 4,014 | 406.7 | 1,584 | 162.0 |
| Sutter | 1,673 | 405.1 | 751 | 182.0 | 860 | 467.5 | 400 | 226.5 | 813 | 363.5 | 351 | 151.1 |
| Yolo | 3,200 | 438.6 | 1,291 | 180.9 | 1,549 | 476.8 | 649 | 212.6 | 1,651 | 412.3 | 642 | 159.9 |
| Alpine/Amador/Calaveras | 2,594 | 463.5 | 970 | 171.6 | 1,430 | 525.6 | 540 | 205.7 | 1,164 | 413.0 | 430 | 143.9 |
| Sierra/Yuba | 1,415 | 479.6 | 672 | 233.0 | 735 | 548.5 | 392 | 306.5 | 680 | 430.0 | 280 | 177.6 |

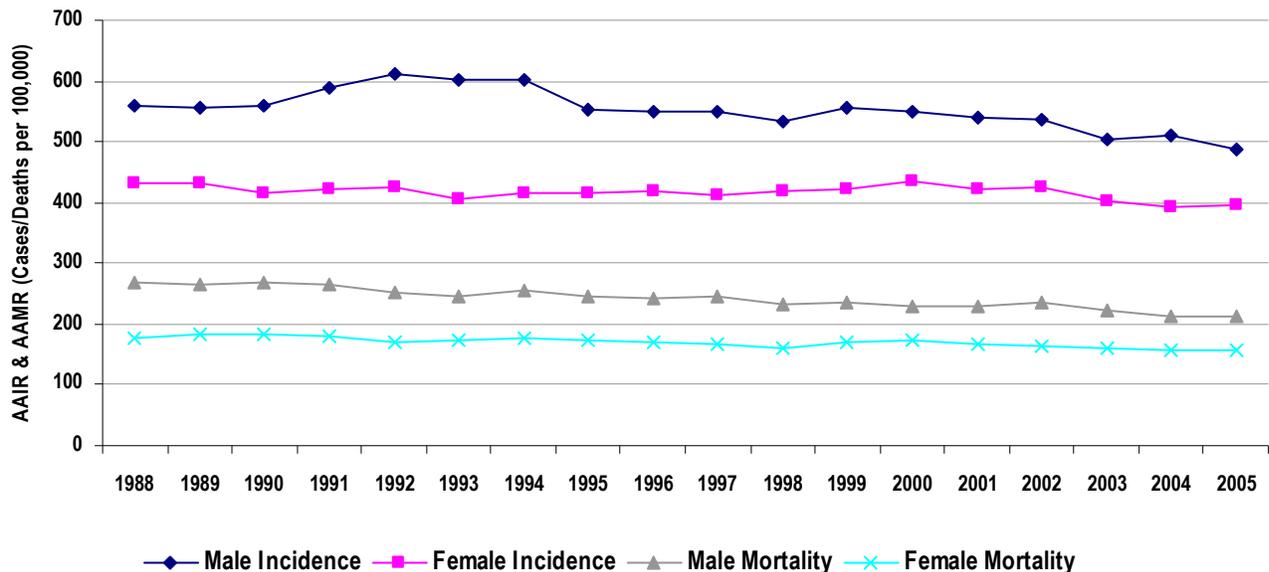
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

Figure 1

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: All Sites



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

BRAIN AND OTHER NERVOUS SYSTEM

TABLE 4

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Brain & Other Nervous System

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,111 | 6.9 | 757 | 4.8 | 618 | 8.2 | 429 | 5.9 | 493 | 5.9 | 328 | 3.9 |
| Non-Hispanic White | 858 | 8.0 | 617 | 5.5 | 479 | 9.5 | 348 | 6.8 | 379 | 6.7 | 269 | 4.4 |
| Non-Hispanic Black | 47 | 4.1 | 19 | 1.8 | 20 | 3.9 | 9 | - | 27 | 4.4 | 10 | -- |
| Hispanic | 125 | 5.5 | 73 | 3.8 | 71 | 6.9 | 40 | 4.4 | 54 | 4.3 | 33 | 3.3 |
| Asian-Pacific Islander | 75 | 4.3 | 43 | 2.7 | 43 | 5.3 | 30 | 4.3 | 32 | 3.4 | 13 | -- |
| El Dorado | 69 | 7.9 | 50 | 5.4 | 40 | 9.0 | 30 | 6.6 | 29 | 6.5 | 20 | 4.2 |
| Nevada | 43 | 7.3 | 34 | 5.3 | 25 | 8.6 | 23 | 7.7 | 18 | 5.9 | 11 | -- |
| Placer | 133 | 8.7 | 103 | 6.6 | 77 | 10.7 | 60 | 8.4 | 56 | 7.1 | 43 | 5.2 |
| Sacramento | 434 | 7.0 | 295 | 4.9 | 234 | 8.1 | 161 | 5.9 | 200 | 6.0 | 134 | 4.0 |
| San Joaquin | 174 | 6.0 | 94 | 3.4 | 101 | 7.5 | 52 | 4.2 | 73 | 4.8 | 42 | 2.8 |
| Solano | 133 | 7.0 | 90 | 4.8 | 80 | 8.8 | 50 | 5.9 | 53 | 5.4 | 40 | 4.0 |
| Sutter | 29 | 7.0 | 23 | 5.5 | 16 | 8.5 | 12 | - | 13 | - | 11 | -- |
| Yolo | 42 | 5.3 | 31 | 4.0 | 18 | 5.0 | 18 | 5.1 | 24 | 5.4 | 13 | -- |
| Alpine/Amador/Calaveras | 33 | 6.6 | 20 | 3.5 | 19 | 7.1 | 14 | - | 14 | - | 6 | -- |
| Sierra/Yuba | 21 | 6.6 | 17 | 5.8 | 8 | -- | 9 | - | 13 | - | 8 | -- |

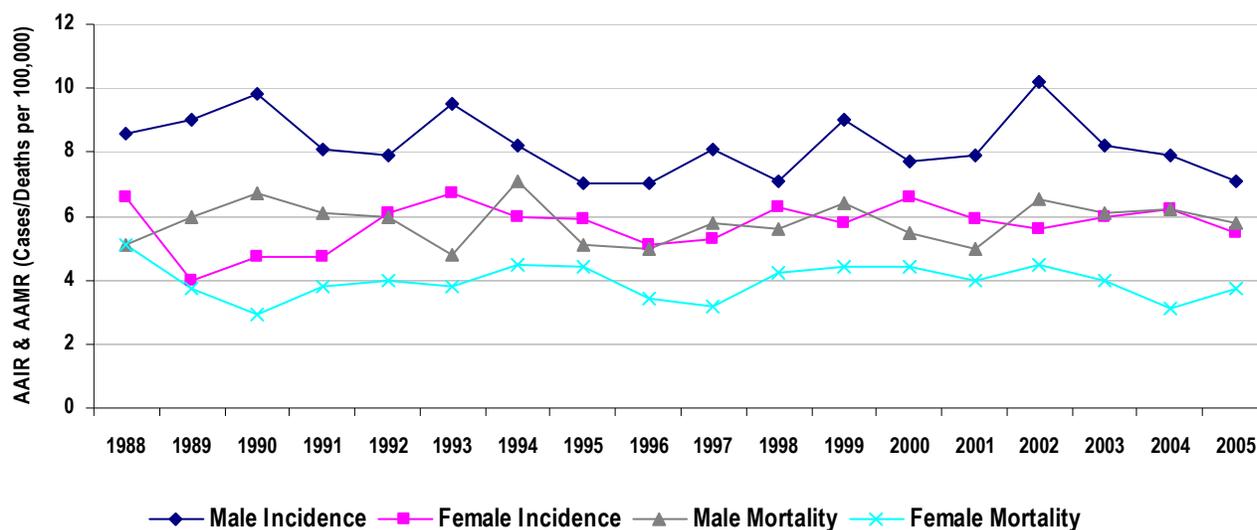
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

Figure 2

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Brain & Other Nervous System



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

BREAST (IN SITU)

TABLE 5

Number of New Cancer Cases, and Age-Adjusted Incidence Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Breast (In Situ)

| | Total | | Male | | Female | |
|-------------------------|-------|------|-------|------|--------|------|
| | Cases | AAIR | Cases | AAIR | Cases | AAIR |
| All Races Combined | 2,578 | 16.2 | 9 | - | 2,569 | 30.5 |
| Non-Hispanic White | 1,984 | 17.5 | 6 | - | 1,978 | 33.0 |
| Non-Hispanic Black | 140 | 14.8 | 0 | - | 140 | 28.0 |
| Hispanic | 213 | 11.5 | <5 | - | 212 | 22.5 |
| Asian-Pacific Islander | 213 | 13.1 | <5 | - | 211 | 23.5 |
| El Dorado | 168 | 18.1 | 0 | - | 168 | 35.2 |
| Nevada | 86 | 14.3 | <5 | - | 85 | 27.1 |
| Placer | 316 | 20.1 | <5 | - | 313 | 38.1 |
| Sacramento | 1,070 | 17.4 | <5 | - | 1,069 | 32.3 |
| San Joaquin | 334 | 12.4 | <5 | - | 333 | 23.3 |
| Solano | 284 | 14.8 | <5 | - | 283 | 27.9 |
| Sutter | 67 | 16.0 | 0 | - | 67 | 30.5 |
| Yolo | 140 | 18.6 | <5 | - | 138 | 34.8 |
| Alpine/Amador/Calaveras | 68 | 12.2 | 0 | - | 68 | 24.1 |
| Sierra/Yuba | 45 | 15.1 | 0 | - | 45 | 28.8 |

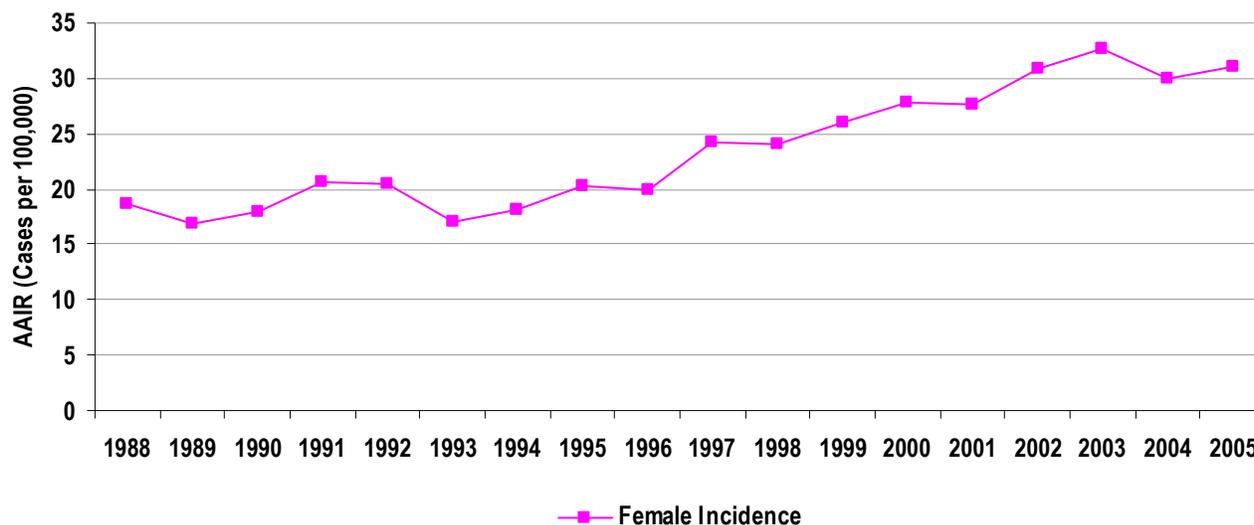
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtotechnotes).

Figure 3

**Age-Adjusted Incidence Rates (AAIR) by Year,
Sacramento Region, California, 1988-2005: Female Breast (In Situ)**



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtotechnotes).

BREAST (INVASIVE)

TABLE 6

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Breast (Invasive)

| | Total | | | | Male | | | | Female | | | |
|-------------------------|--------|------|--------|------|-------|------|--------|------|--------|-------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 11,302 | 71.5 | 2,112 | 13.5 | 56 | 0.8 | 13 | - | 11,246 | 133.1 | 2,099 | 24.5 |
| Non-Hispanic White | 8,849 | 77.9 | 1,631 | 14.2 | 48 | 1.0 | 12 | - | 8,801 | 145.0 | 1,619 | 25.6 |
| Non-Hispanic Black | 629 | 67.6 | 195 | 22.6 | <5 | -- | 0 | - | 625 | 124.9 | 195 | 41.3 |
| Hispanic | 954 | 52.6 | 149 | 9.0 | <5 | -- | 0 | - | 951 | 102.2 | 149 | 17.1 |
| Asian-Pacific Islander | 794 | 48.1 | 130 | 8.0 | <5 | -- | <5 | - | 793 | 87.2 | 129 | 14.4 |
| El Dorado | 689 | 74.5 | 111 | 12.4 | 6 | -- | 0 | - | 683 | 142.5 | 111 | 23.7 |
| Nevada | 462 | 72.8 | 81 | 12.5 | 5 | -- | 0 | - | 457 | 137.4 | 81 | 23.3 |
| Placer | 1,217 | 77.1 | 205 | 13.0 | 6 | -- | <5 | - | 1,211 | 145.2 | 203 | 23.7 |
| Sacramento | 4,481 | 73.6 | 855 | 14.1 | 20 | 0.8 | 7 | - | 4,461 | 134.4 | 848 | 25.2 |
| San Joaquin | 1,717 | 63.4 | 384 | 14.4 | 2 | -- | <5 | - | 1,715 | 118.8 | 383 | 26.1 |
| Solano | 1,316 | 70.1 | 228 | 12.5 | 8 | -- | 0 | - | 1,308 | 131.0 | 228 | 22.9 |
| Sutter | 252 | 61.3 | 60 | 14.4 | <5 | -- | <5 | - | 251 | 115.0 | 59 | 26.1 |
| Yolo | 551 | 74.8 | 84 | 11.6 | <5 | -- | 0 | - | 548 | 138.3 | 84 | 20.9 |
| Alpine/Amador/Calaveras | 405 | 73.5 | 67 | 11.9 | <5 | -- | <5 | - | 403 | 144.2 | 66 | 22.6 |
| Sierra/Yuba | 212 | 70.6 | 37 | 12.6 | <5 | -- | <5 | - | 209 | 132.6 | 36 | 22.9 |

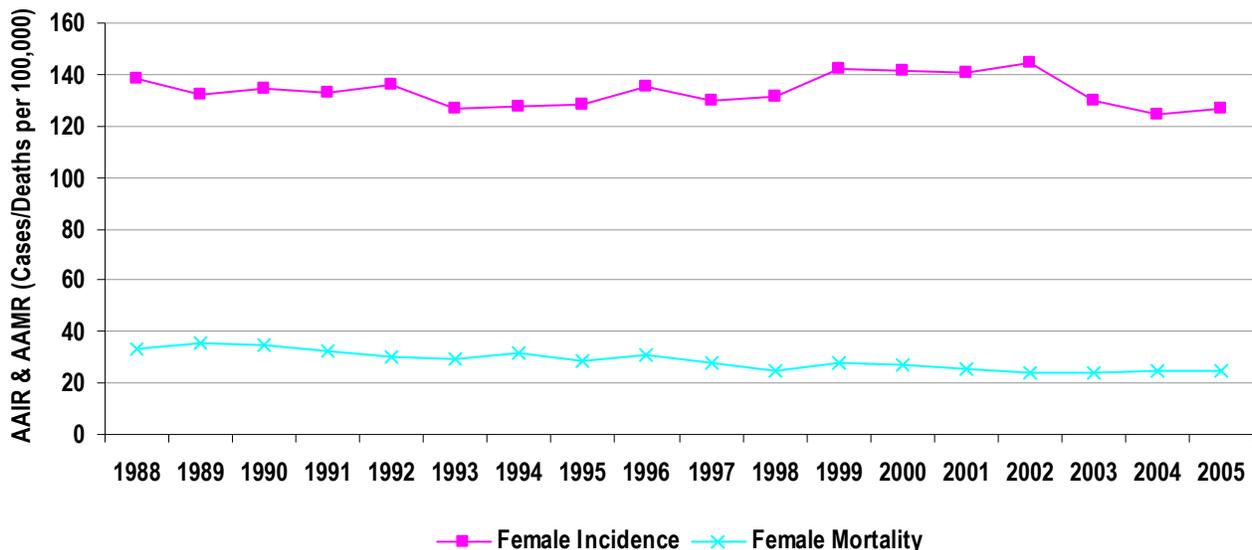
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 4

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year, Sacramento Region, California, 1988-2005: Female Breast (Invasive)



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

CERVIX

TABLE 7

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity and County, Sacramento Region, California, 2001-2005: Cervix

| | Female | | | |
|-------------------------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 670 | 8.1 | 170 | 2.0 |
| Non-Hispanic White | 397 | 7.3 | 103 | 1.7 |
| Non-Hispanic Black | 38 | 6.9 | 14 | -- |
| Hispanic | 130 | 10.7 | 29 | 3.0 |
| Asian-Pacific Islander | 100 | 10.9 | 24 | 2.7 |
| El Dorado | 34 | 8.2 | 5 | -- |
| Nevada | 14 | -- | 6 | -- |
| Placer | 53 | 6.7 | 12 | -- |
| Sacramento | 301 | 9.0 | 74 | 2.2 |
| San Joaquin | 122 | 8.3 | 36 | 2.4 |
| Solano | 71 | 7.1 | 14 | -- |
| Sutter | 18 | 8.5 | <5 | -- |
| Yolo | 31 | 7.4 | 10 | -- |
| Alpine/Amador/Calaveras | 14 | -- | <5 | -- |
| Sierra/Yuba | 12 | -- | 7 | -- |

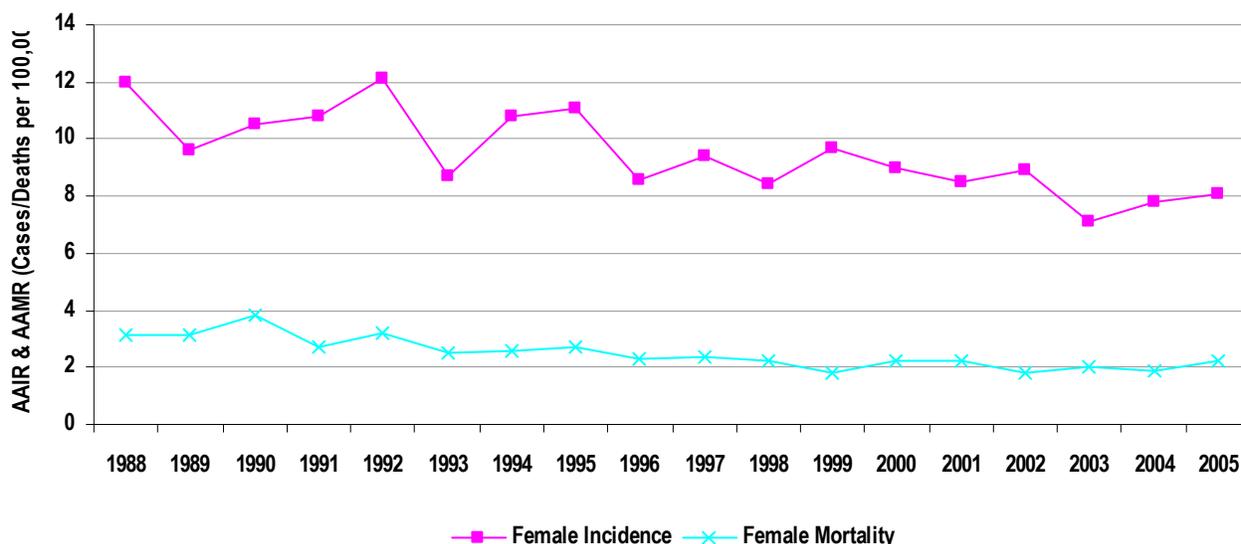
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

Figure 5

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year, Sacramento Region, California, 1988-2005: Cervix



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

COLON EXCLUDING RECTUM

TABLE 8

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Colon excl Rectum

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 4,983 | 32.5 | 2,080 | 13.6 | 2,458 | 36.6 | 1,025 | 15.5 | 2,525 | 29.3 | 1,055 | 12.0 |
| Non-Hispanic White | 3,815 | 33.1 | 1,590 | 13.7 | 1,889 | 37.7 | 771 | 15.6 | 1,926 | 29.4 | 819 | 12.1 |
| Non-Hispanic Black | 335 | 41.9 | 168 | 21.8 | 153 | 41.6 | 81 | 23.5 | 182 | 41.8 | 87 | 20.6 |
| Hispanic | 443 | 30.3 | 169 | 12.6 | 238 | 35.2 | 98 | 15.6 | 205 | 26.2 | 71 | 9.9 |
| Asian-Pacific Islander | 357 | 23.4 | 148 | 10.1 | 157 | 24.2 | 73 | 11.6 | 200 | 23.0 | 75 | 8.9 |
| El Dorado | 268 | 32.1 | 108 | 13.0 | 144 | 37.4 | 55 | 14.5 | 124 | 27.7 | 53 | 11.7 |
| Nevada | 222 | 34.1 | 104 | 15.9 | 94 | 31.6 | 53 | 18.0 | 128 | 36.0 | 51 | 13.7 |
| Placer | 458 | 28.9 | 194 | 12.3 | 239 | 33.7 | 99 | 14.3 | 219 | 24.8 | 95 | 10.6 |
| Sacramento | 1,951 | 32.9 | 805 | 13.7 | 952 | 37.5 | 375 | 15.1 | 999 | 29.5 | 430 | 12.5 |
| San Joaquin | 831 | 31.6 | 347 | 13.2 | 406 | 35.4 | 186 | 16.4 | 425 | 28.7 | 161 | 10.6 |
| Solano | 591 | 33.9 | 257 | 15.0 | 302 | 39.8 | 134 | 18.2 | 289 | 29.7 | 123 | 12.4 |
| Sutter | 131 | 32.1 | 46 | 11.2 | 64 | 37.3 | 28 | 15.9 | 67 | 28.4 | 18 | 7.0 |
| Yolo | 221 | 31.0 | 96 | 13.3 | 96 | 31.2 | 38 | 12.8 | 125 | 30.9 | 58 | 14.2 |
| Alpine/Amador/Calaveras | 206 | 36.5 | 72 | 13.2 | 112 | 42.3 | 35 | 13.7 | 94 | 31.1 | 37 | 12.3 |
| Sierra/Yuba | 104 | 36.3 | 51 | 18.3 | 49 | 37.4 | 22 | 18.2 | 55 | 34.9 | 29 | 18.5 |

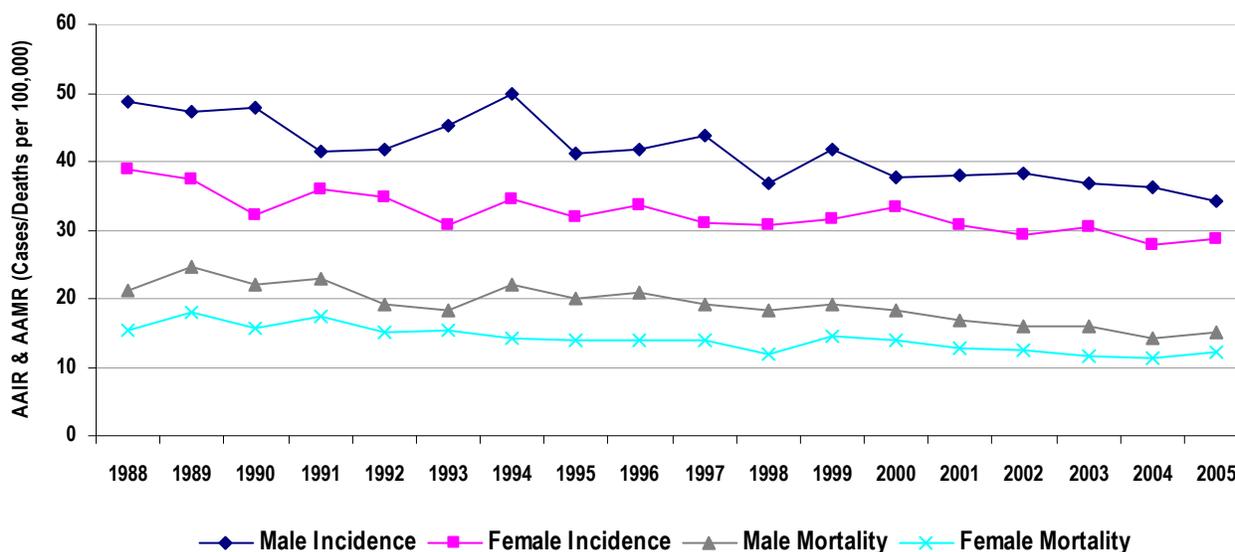
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 6

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Colon Excl Rectum



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

COLON AND RECTUM (IN SITU)

TABLE 9

Number of New Cancer Cases and Age-Adjusted Incident Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Colon & Rectum (In Situ)

| | Total | | Male | | Female | |
|-------------------------|-------|------|-------|------|--------|------|
| | Cases | AAIR | Cases | AAIR | Cases | AAIR |
| All Races Combined | 256 | 1.6 | 150 | 2.1 | 106 | 1.2 |
| Non-Hispanic White | 189 | 1.6 | 112 | 2.1 | 77 | 1.2 |
| Non-Hispanic Black | 21 | 2.4 | 9 | - | 12 | -- |
| Hispanic | 19 | 1.2 | 13 | - | 6 | -- |
| Asian-Pacific Islander | 20 | 1.4 | 11 | - | 9 | -- |
| El Dorado | 23 | 2.5 | 14 | - | 9 | -- |
| Nevada | 7 | -- | <5 | - | <5 | -- |
| Placer | 16 | 1.0 | 10 | - | 6 | -- |
| Sacramento | 71 | 1.2 | 39 | 1.5 | 32 | 0.9 |
| San Joaquin | 68 | 2.6 | 41 | 3.4 | 27 | 1.8 |
| Solano | 23 | 1.3 | 16 | 1.9 | 7 | -- |
| Sutter | 17 | 4.2 | 7 | - | 10 | -- |
| Yolo | 11 | -- | 6 | - | 5 | -- |
| Alpine/Amador/Calaveras | 12 | -- | 8 | - | <5 | -- |
| Sierra/Yuba | 8 | -- | 6 | - | <5 | -- |

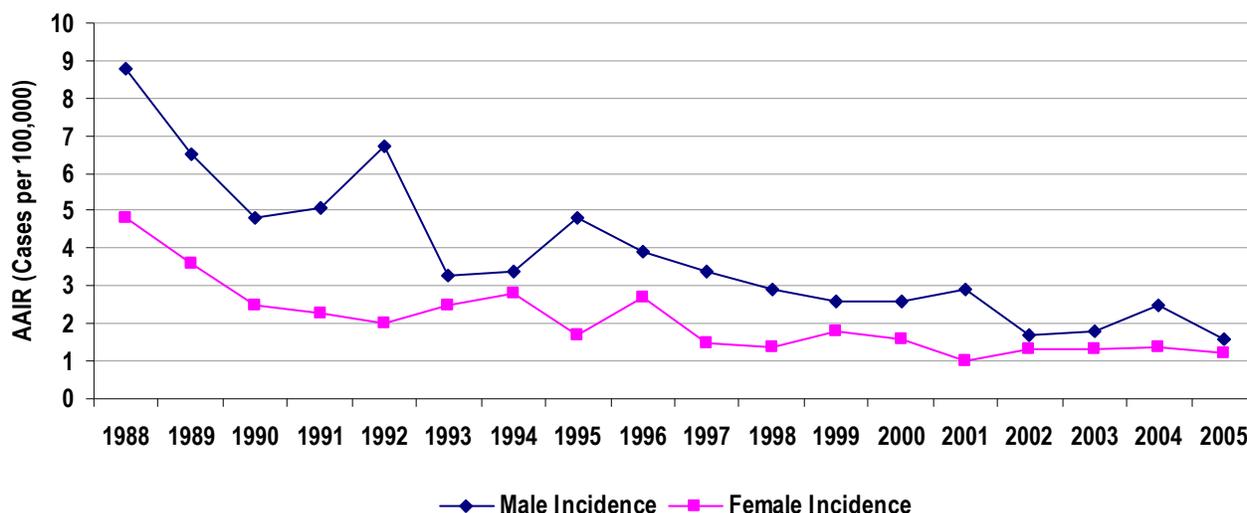
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 7

Age-Adjusted Incidence Rates (AAIR) by Year and Sex, Sacramento Region, California, 1988-2005: Colon & Rectum (In Situ)



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

COLON AND RECTUM (INVASIVE)

TABLE 10

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Colon & Rectum (Invasive)

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 6,922 | 44.9 | 2,488 | 16.3 | 3,538 | 51.9 | 1,256 | 19.0 | 3,384 | 39.4 | 1,232 | 14.0 |
| Non-Hispanic White | 5,286 | 45.9 | 1,899 | 16.4 | 2,722 | 53.9 | 945 | 19.1 | 2,564 | 39.6 | 954 | 14.1 |
| Non-Hispanic Black | 424 | 52.0 | 197 | 25.5 | 194 | 50.5 | 97 | 27.4 | 230 | 52.7 | 100 | 23.8 |
| Hispanic | 650 | 43.4 | 205 | 15.2 | 366 | 52.6 | 121 | 19.3 | 284 | 35.5 | 84 | 11.7 |
| Asian-Pacific Islander | 507 | 33.0 | 179 | 12.1 | 222 | 33.6 | 88 | 13.9 | 285 | 32.8 | 91 | 10.7 |
| El Dorado | 396 | 47.4 | 140 | 17.0 | 224 | 57.6 | 71 | 18.7 | 172 | 38.6 | 69 | 15.3 |
| Nevada | 316 | 48.6 | 120 | 18.4 | 148 | 49.3 | 62 | 20.9 | 168 | 48.0 | 58 | 15.9 |
| Placer | 660 | 41.7 | 226 | 14.3 | 361 | 50.5 | 119 | 17.0 | 299 | 34.0 | 107 | 11.9 |
| Sacramento | 2,675 | 44.9 | 962 | 16.3 | 1,355 | 52.4 | 475 | 18.9 | 1,320 | 39.1 | 487 | 14.2 |
| San Joaquin | 1,171 | 44.4 | 419 | 15.9 | 587 | 50.5 | 220 | 19.4 | 584 | 39.7 | 199 | 13.2 |
| Solano | 793 | 45.1 | 309 | 17.9 | 406 | 52.4 | 161 | 21.8 | 387 | 39.7 | 148 | 15.0 |
| Sutter | 184 | 44.9 | 54 | 13.1 | 101 | 58.1 | 34 | 19.1 | 83 | 35.5 | 20 | 7.9 |
| Yolo | 315 | 43.8 | 116 | 16.1 | 144 | 45.6 | 49 | 16.8 | 171 | 42.4 | 67 | 16.4 |
| Alpine/Amador/Calaveras | 266 | 47.5 | 87 | 15.8 | 138 | 52.2 | 40 | 15.4 | 128 | 43.6 | 47 | 15.7 |
| Sierra/Yuba | 146 | 50.8 | 55 | 19.8 | 74 | 55.6 | 25 | 21.1 | 72 | 46.0 | 30 | 19.1 |

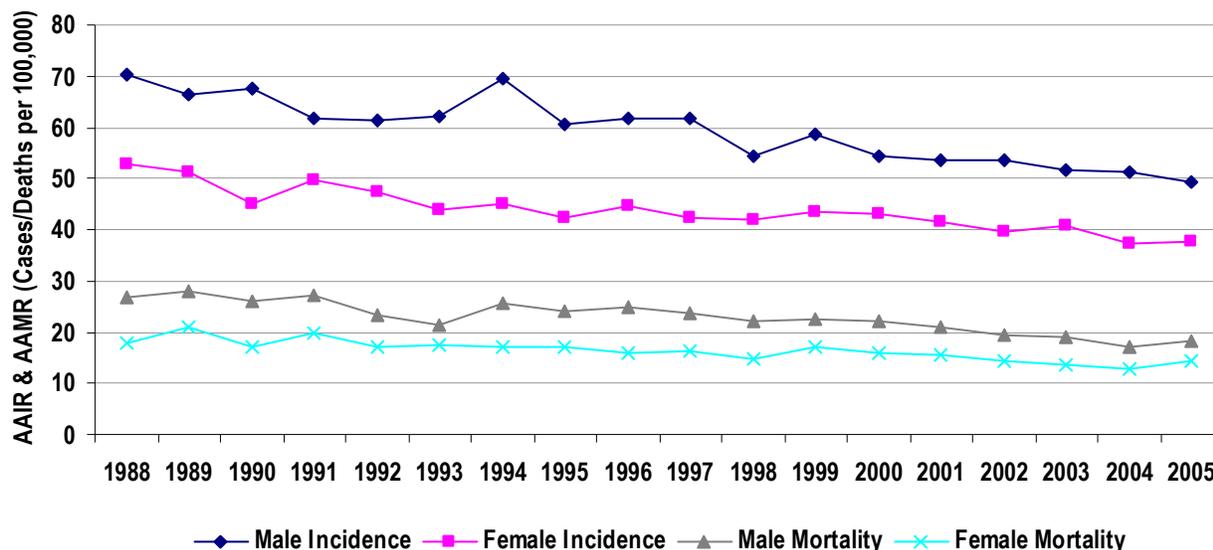
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 8

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Colon & Rectum (Invasive)



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

CORPUS AND UTERUS, NOS

TABLE 11

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity and County, Sacramento Region, California, 2001-2005: Corpus & Uterus, NOS

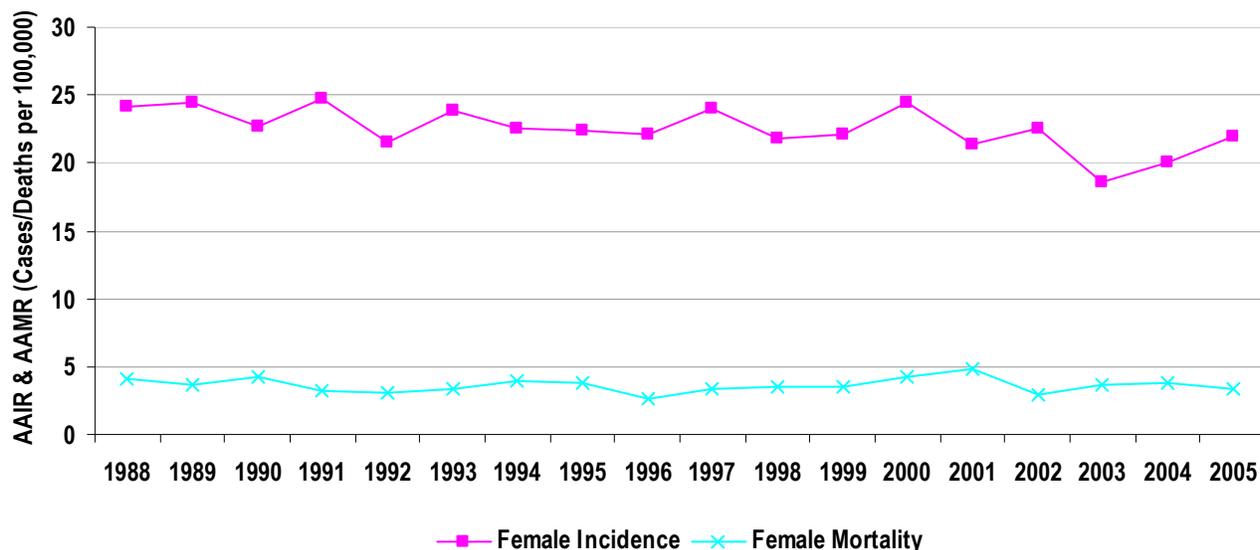
| | Female | | | |
|-------------------------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,774 | 20.9 | 314 | 3.7 |
| Non-Hispanic White | 1,372 | 22.3 | 238 | 3.7 |
| Non-Hispanic Black | 77 | 16.8 | 33 | 7.8 |
| Hispanic | 167 | 18.3 | 20 | 2.4 |
| Asian-Pacific Islander | 150 | 16.3 | 23 | 2.6 |
| El Dorado | 102 | 21.4 | 17 | 3.8 |
| Nevada | 69 | 20.7 | 18 | 5.1 |
| Placer | 175 | 20.9 | 24 | 2.8 |
| Sacramento | 709 | 21.3 | 124 | 3.7 |
| San Joaquin | 275 | 19.2 | 49 | 3.3 |
| Solano | 229 | 23.0 | 41 | 4.2 |
| Sutter | 36 | 15.9 | 9 | -- |
| Yolo | 77 | 19.6 | 15 | 3.9 |
| Alpine/Amador/Calaveras | 63 | 21.6 | 11 | -- |
| Sierra/Yuba | 39 | 24.5 | 6 | -- |

Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive. AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 9

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year, Sacramento Region, California, 1988-2005: Corpus & Uterus, NOS



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

ESOPHAGUS

TABLE 12

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Esophagus

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 618 | 4.0 | 627 | 4.1 | 460 | 6.6 | 475 | 6.9 | 158 | 1.9 | 152 | 1.8 |
| Non-Hispanic White | 521 | 4.5 | 524 | 4.5 | 392 | 7.6 | 396 | 7.7 | 129 | 2.0 | 128 | 2.0 |
| Non-Hispanic Black | 25 | 3.2 | 26 | 3.1 | 20 | 5.9 | 19 | 5.1 | 5 | - | 7 | -- |
| Hispanic | 40 | 2.6 | 41 | 2.8 | 31 | 4.2 | 35 | 4.8 | 9 | - | 6 | -- |
| Asian-Pacific Islander | 31 | 2.0 | 29 | 1.9 | 16 | 2.3 | 19 | 2.8 | 15 | 1.8 | 10 | -- |
| El Dorado | 40 | 4.4 | 43 | 4.8 | 32 | 7.3 | 34 | 7.8 | 8 | - | 9 | -- |
| Nevada | 31 | 4.8 | 30 | 4.6 | 23 | 7.3 | 25 | 8.1 | 8 | - | 5 | -- |
| Placer | 44 | 2.8 | 53 | 3.3 | 34 | 4.8 | 40 | 5.4 | 10 | - | 13 | -- |
| Sacramento | 237 | 4.0 | 237 | 4.0 | 168 | 6.3 | 176 | 6.8 | 69 | 2.1 | 61 | 1.8 |
| San Joaquin | 110 | 4.2 | 114 | 4.4 | 80 | 6.9 | 83 | 7.1 | 30 | 2.1 | 31 | 2.1 |
| Solano | 63 | 3.6 | 70 | 4.0 | 48 | 6.1 | 54 | 6.7 | 15 | 1.6 | 16 | 1.7 |
| Sutter | 23 | 5.5 | 21 | 5.1 | 18 | 9.5 | 15 | 8.0 | 5 | - | 6 | -- |
| Yolo | 27 | 3.7 | 22 | 3.1 | 21 | 6.5 | 18 | 5.7 | 6 | - | <5 | -- |
| Alpine/Amador/Calaveras | 27 | 4.7 | 23 | 4.0 | 21 | 7.6 | 17 | 6.4 | 6 | - | 6 | -- |
| Sierra/Yuba | 16 | 5.4 | 14 | -- | 15 | 11.0 | 13 | - | <5 | - | <5 | -- |

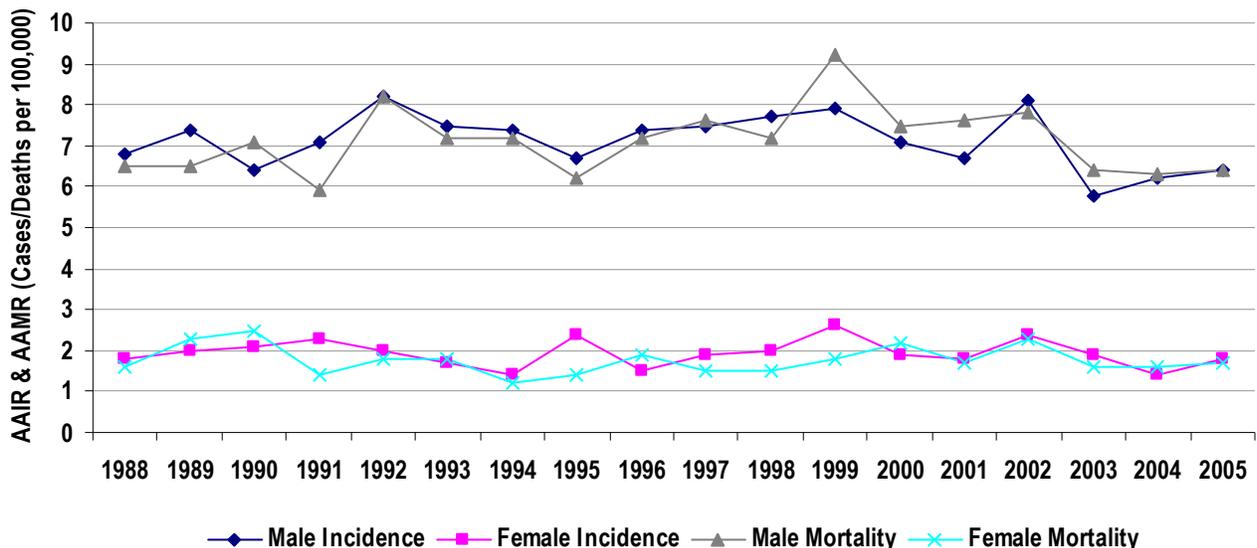
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 10

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Esophagus



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

HODGKIN LYMPHOMA

TABLE 13

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Hodgkin Lymphoma

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 406 | 2.4 | 79 | 0.5 | 209 | 2.6 | 41 | 0.6 | 197 | 2.3 | 38 | 0.5 |
| Non-Hispanic White | 294 | 2.9 | 65 | 0.6 | 141 | 2.9 | 33 | 0.6 | 153 | 3.0 | 32 | 0.5 |
| Non-Hispanic Black | 41 | 3.2 | 5 | -- | 22 | 3.4 | <5 | -- | 19 | 3.1 | <5 | -- |
| Hispanic | 53 | 1.8 | 6 | -- | 34 | 2.3 | <5 | -- | 19 | 1.2 | <5 | -- |
| Asian-Pacific Islander | 14 | -- | <5 | -- | 8 | -- | <5 | -- | 6 | -- | <5 | -- |
| El Dorado | 15 | 1.8 | <5 | -- | 8 | -- | <5 | -- | 7 | -- | <5 | -- |
| Nevada | 7 | -- | <5 | -- | <5 | -- | <5 | -- | <5 | -- | 0 | -- |
| Placer | 36 | 2.4 | 7 | -- | 17 | 2.3 | 5 | -- | 19 | 2.5 | <5 | -- |
| Sacramento | 174 | 2.6 | 34 | 0.5 | 86 | 2.7 | 14 | -- | 88 | 2.6 | 20 | 0.6 |
| San Joaquin | 70 | 2.3 | 11 | -- | 37 | 2.5 | 6 | -- | 33 | 2.1 | 5 | -- |
| Solano | 62 | 3.1 | 11 | -- | 35 | 3.5 | 7 | -- | 27 | 2.7 | <5 | -- |
| Sutter | 7 | -- | <5 | -- | <5 | -- | <5 | -- | <5 | -- | 0 | -- |
| Yolo | 16 | 1.8 | <5 | -- | 11 | -- | <5 | -- | 5 | -- | <5 | -- |
| Alpine/Amador/Calaveras | 11 | -- | <5 | -- | <5 | -- | <5 | -- | 7 | -- | <5 | -- |
| Sierra/Yuba | 8 | -- | <5 | -- | <5 | -- | 0 | -- | <5 | -- | <5 | -- |

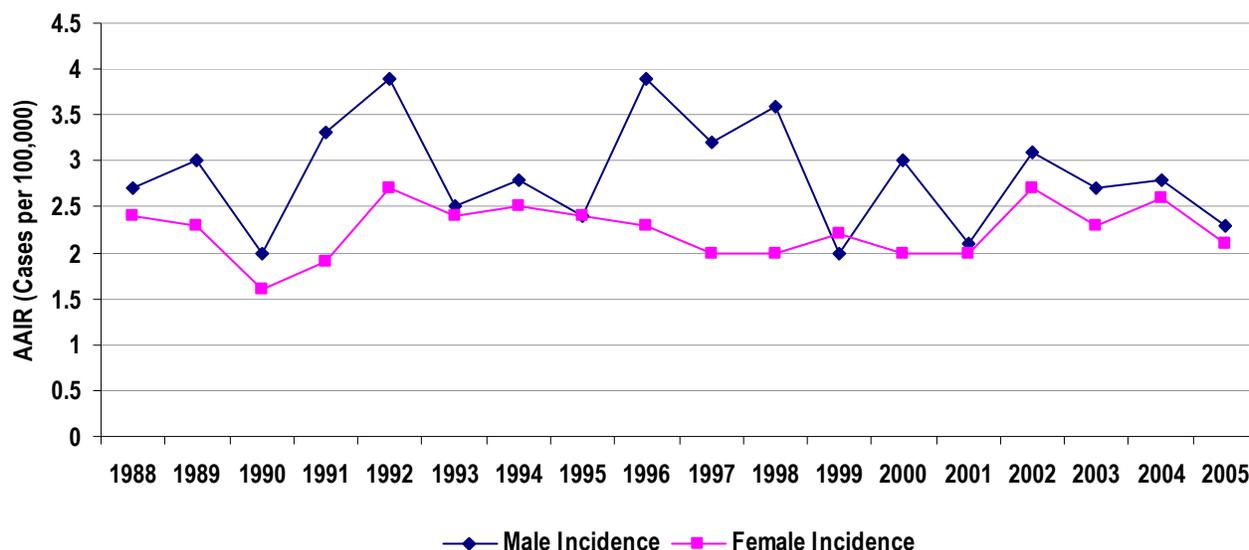
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 11

Age-Adjusted Incidence Rates (AAIR) by Year and Sex, Sacramento Region, California, 1988-2005: Hodgkin Lymphoma



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

KAPOSI SARCOMA

TABLE 14

Number of New Cancer Cases and Age-Adjusted Incidence Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Kaposi Sarcoma

| | Total | | Male | | Female | |
|-------------------------|-------|------|-------|------|--------|------|
| | Cases | AAIR | Cases | AAIR | Cases | AAIR |
| All Races Combined | 57 | 0.4 | 51 | 0.6 | 6 | -- |
| Non-Hispanic White | 21 | 0.2 | 17 | 0.3 | <5 | -- |
| Non-Hispanic Black | 15 | 1.5 | 14 | -- | <5 | -- |
| Hispanic | 17 | 0.8 | 16 | 1.4 | <5 | -- |
| Asian-Pacific Islander | 0 | -- | 0 | -- | 0 | -- |
| El Dorado | <5 | -- | <5 | -- | 0 | -- |
| Nevada | 0 | -- | 0 | -- | 0 | -- |
| Placer | <5 | -- | <5 | -- | <5 | -- |
| Sacramento | 20 | 0.3 | 20 | 0.6 | 0 | -- |
| San Joaquin | 12 | -- | 9 | -- | <5 | -- |
| Solano | 12 | -- | 11 | -- | <5 | -- |
| Sutter | <5 | -- | <5 | -- | 0 | -- |
| Yolo | <5 | -- | <5 | -- | 0 | -- |
| Alpine/Amador/Calaveras | <5 | -- | <5 | -- | <5 | -- |
| Sierra/Yuba | <5 | -- | <5 | -- | 0 | -- |

Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

KIDNEY AND RENAL PELVIS

TABLE 15

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Kidney & Renal Pelvis

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 2,070 | 13.2 | 666 | 4.3 | 1,322 | 18.5 | 440 | 6.4 | 748 | 8.8 | 226 | 2.6 |
| Non-Hispanic White | 1,553 | 13.7 | 512 | 4.4 | 990 | 19.2 | 338 | 6.7 | 563 | 9.0 | 174 | 2.7 |
| Non-Hispanic Black | 146 | 16.0 | 35 | 4.4 | 101 | 24.0 | 21 | 5.8 | 45 | 9.4 | 14 | -- |
| Hispanic | 264 | 15.8 | 86 | 6.1 | 163 | 20.2 | 55 | 8.6 | 101 | 11.8 | 31 | 4.1 |
| Asian-Pacific Islander | 101 | 6.4 | 31 | 2.1 | 64 | 9.2 | 25 | 3.9 | 37 | 4.3 | 6 | -- |
| El Dorado | 114 | 13.1 | 38 | 4.4 | 68 | 16.7 | 26 | 6.4 | 46 | 9.9 | 12 | -- |
| Nevada | 96 | 15.0 | 27 | 4.1 | 61 | 20.1 | 20 | 6.6 | 35 | 10.0 | 7 | -- |
| Placer | 212 | 13.4 | 47 | 3.0 | 147 | 19.9 | 30 | 4.2 | 65 | 7.7 | 17 | 1.9 |
| Sacramento | 793 | 13.1 | 273 | 4.6 | 489 | 18.1 | 174 | 6.8 | 304 | 9.1 | 99 | 2.9 |
| San Joaquin | 357 | 13.3 | 129 | 4.9 | 227 | 18.4 | 87 | 7.5 | 130 | 8.9 | 42 | 2.8 |
| Solano | 230 | 12.4 | 71 | 3.9 | 154 | 18.1 | 48 | 5.8 | 76 | 7.6 | 23 | 2.3 |
| Sutter | 51 | 12.1 | 16 | 3.9 | 29 | 15.2 | 10 | -- | 22 | 9.4 | 6 | -- |
| Yolo | 92 | 12.9 | 30 | 4.2 | 57 | 17.9 | 21 | 6.8 | 35 | 8.8 | 9 | -- |
| Alpine/Amador/Calaveras | 81 | 14.6 | 23 | 4.1 | 60 | 23.1 | 18 | 6.8 | 21 | 6.9 | 5 | -- |
| Sierra/Yuba | 44 | 15.0 | 12 | -- | 30 | 22.3 | 6 | -- | 14 | -- | 6 | -- |

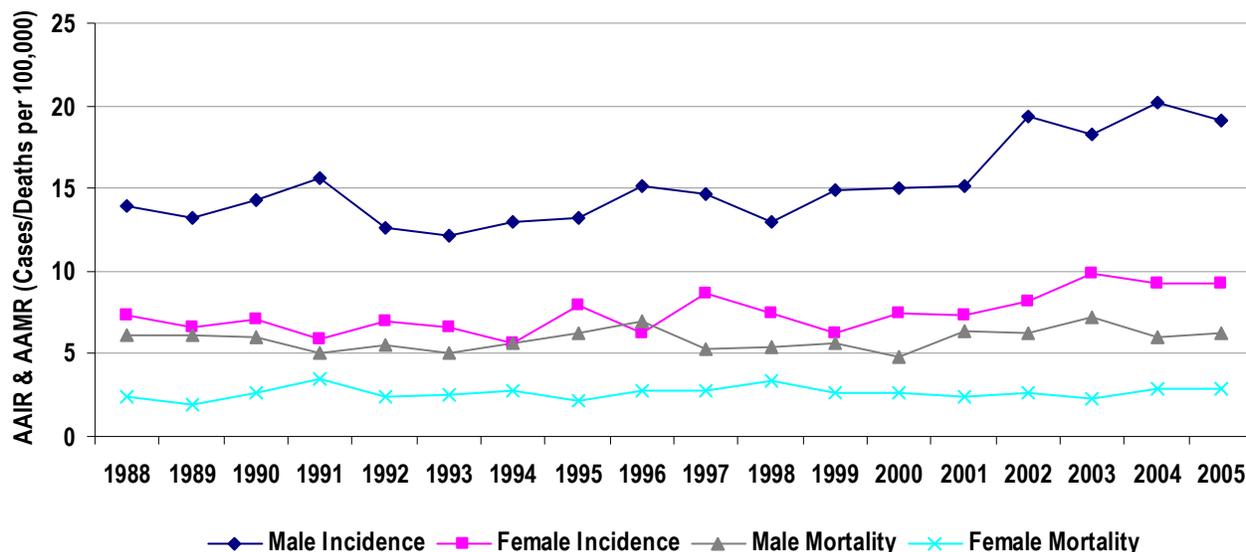
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 12

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Kidney & Renal Pelvis



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

LARYNX

TABLE 16

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Larynx

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 471 | 3.0 | 147 | 0.9 | 371 | 5.3 | 112 | 1.6 | 100 | 1.2 | 35 | 0.4 |
| Non-Hispanic White | 366 | 3.2 | 118 | 1.0 | 290 | 5.6 | 86 | 1.7 | 76 | 1.2 | 32 | 0.5 |
| Non-Hispanic Black | 46 | 5.0 | 16 | 2.0 | 34 | 8.5 | 14 | - | 12 | - | <5 | -- |
| Hispanic | 34 | 2.1 | 7 | -- | 27 | 3.5 | 7 | - | 7 | - | 0 | -- |
| Asian-Pacific Islander | 22 | 1.4 | <5 | -- | 17 | 2.5 | <5 | - | 5 | - | 0 | -- |
| El Dorado | 21 | 2.2 | 8 | -- | 20 | 4.4 | 6 | - | <5 | - | <5 | -- |
| Nevada | 19 | 2.9 | 5 | -- | 15 | 4.9 | <5 | - | <5 | - | <5 | -- |
| Placer | 30 | 1.9 | 7 | -- | 25 | 3.6 | 6 | - | 5 | - | <5 | -- |
| Sacramento | 195 | 3.3 | 59 | 1.0 | 149 | 5.7 | 44 | 1.7 | 46 | 1.4 | 15 | 0.4 |
| San Joaquin | 94 | 3.6 | 31 | 1.2 | 77 | 6.3 | 25 | 2.1 | 17 | 1.2 | 6 | -- |
| Solano | 49 | 2.7 | 19 | 1.1 | 36 | 4.4 | 16 | 2.0 | 13 | - | <5 | -- |
| Sutter | 12 | -- | 0 | -- | 10 | -- | 0 | - | <5 | - | 0 | -- |
| Yolo | 15 | 2.1 | <5 | -- | 14 | -- | <5 | - | <5 | - | <5 | -- |
| Alpine/Amador/Calaveras | 22 | 3.8 | 7 | -- | 14 | -- | <5 | - | 8 | - | <5 | -- |
| Sierra/Yuba | 14 | -- | 7 | -- | 11 | -- | 5 | - | <5 | - | <5 | -- |

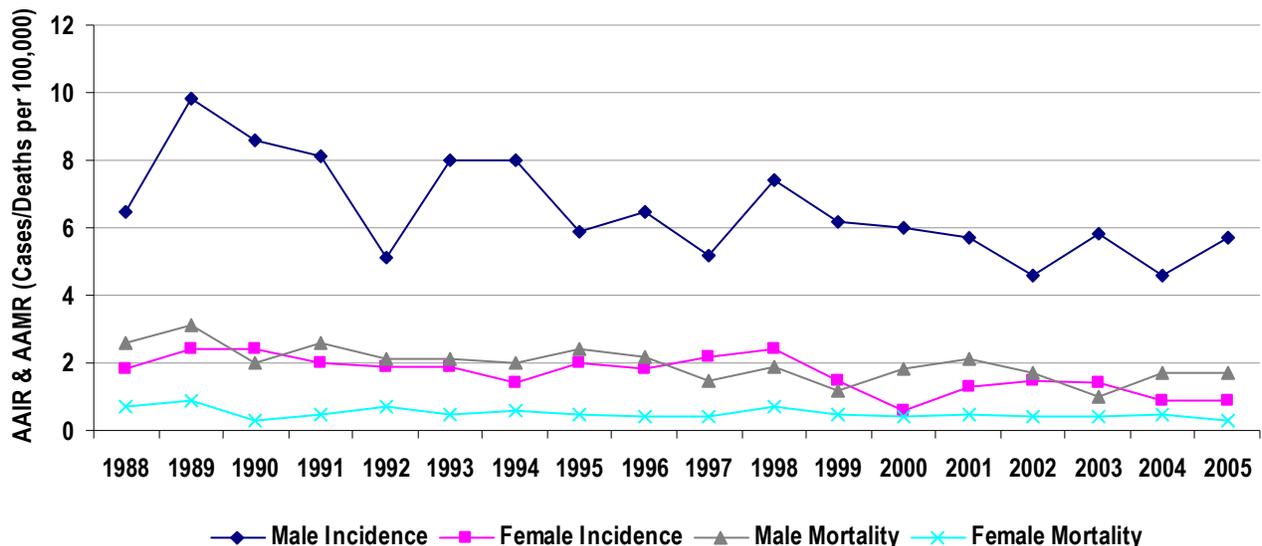
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 13

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Larynx



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

LEUKEMIA

TABLE 17

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Leukemia

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,790 | 11.4 | 1,162 | 7.6 | 1,021 | 14.5 | 654 | 9.9 | 769 | 9.0 | 508 | 5.9 |
| Non-Hispanic White | 1,335 | 12.1 | 923 | 8.1 | 763 | 15.5 | 518 | 10.8 | 572 | 9.4 | 405 | 6.2 |
| Non-Hispanic Black | 116 | 12.2 | 74 | 8.5 | 70 | 15.7 | 47 | 12.1 | 46 | 9.3 | 27 | 5.8 |
| Hispanic | 192 | 8.3 | 89 | 4.8 | 97 | 8.7 | 49 | 5.6 | 95 | 8.0 | 40 | 4.0 |
| Asian-Pacific Islander | 132 | 7.8 | 72 | 4.5 | 80 | 10.5 | 36 | 5.3 | 52 | 5.7 | 36 | 4.0 |
| El Dorado | 115 | 13.4 | 56 | 6.9 | 66 | 15.7 | 35 | 9.4 | 49 | 10.9 | 21 | 4.9 |
| Nevada | 92 | 15.1 | 54 | 8.8 | 56 | 20.1 | 25 | 8.8 | 36 | 11.2 | 29 | 9.1 |
| Placer | 200 | 13.1 | 123 | 7.9 | 121 | 17.5 | 77 | 11.5 | 79 | 9.6 | 46 | 5.2 |
| Sacramento | 664 | 10.9 | 471 | 7.9 | 375 | 13.9 | 259 | 10.3 | 289 | 8.6 | 212 | 6.2 |
| San Joaquin | 268 | 9.5 | 192 | 7.0 | 151 | 11.6 | 115 | 9.8 | 117 | 7.8 | 77 | 5.0 |
| Solano | 198 | 10.9 | 118 | 6.8 | 108 | 13.1 | 62 | 8.3 | 90 | 9.1 | 56 | 5.7 |
| Sutter | 48 | 11.9 | 32 | 7.7 | 32 | 17.9 | 20 | 11.4 | 16 | 7.4 | 12 | -- |
| Yolo | 95 | 12.8 | 49 | 6.8 | 46 | 14.0 | 21 | 7.2 | 49 | 12.3 | 28 | 6.8 |
| Alpine/Amador/Calaveras | 63 | 11.6 | 35 | 6.3 | 39 | 15.2 | 21 | 8.4 | 24 | 9.1 | 14 | -- |
| Sierra/Yuba | 47 | 15.7 | 32 | 11.3 | 27 | 19.4 | 19 | 15.2 | 20 | 12.3 | 13 | -- |

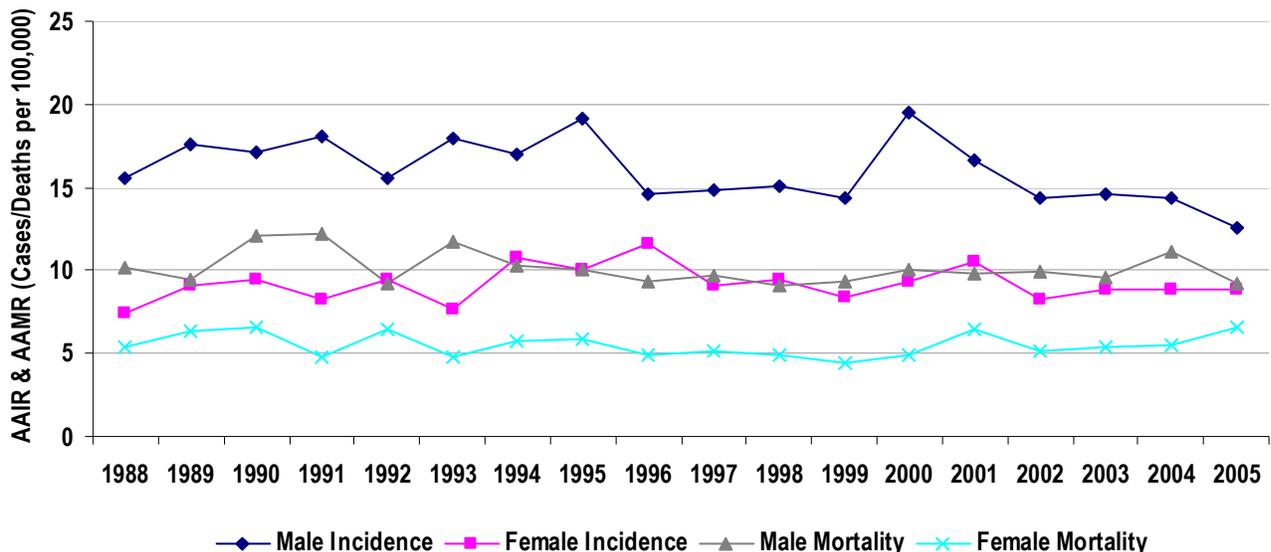
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

Figure 14

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Leukemia



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

LIVER

TABLE 18

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Liver

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,070 | 6.8 | 850 | 5.4 | 751 | 10.3 | 553 | 7.8 | 319 | 3.7 | 297 | 3.5 |
| Non-Hispanic White | 598 | 5.2 | 494 | 4.2 | 421 | 8.0 | 322 | 6.2 | 177 | 2.8 | 172 | 2.6 |
| Non-Hispanic Black | 92 | 10.4 | 72 | 8.4 | 67 | 16.0 | 54 | 13.1 | 25 | 5.6 | 18 | 4.3 |
| Hispanic | 161 | 10.1 | 125 | 8.6 | 114 | 14.7 | 84 | 12.0 | 47 | 5.9 | 41 | 5.6 |
| Asian-Pacific Islander | 209 | 13.2 | 149 | 9.6 | 142 | 19.9 | 85 | 11.9 | 67 | 7.9 | 64 | 7.6 |
| El Dorado | 38 | 4.3 | 40 | 4.6 | 28 | 6.4 | 27 | 6.3 | 10 | - | 13 | -- |
| Nevada | 49 | 7.5 | 24 | 3.8 | 41 | 13.4 | 18 | 6.1 | 8 | - | 6 | -- |
| Placer | 67 | 4.2 | 68 | 4.3 | 45 | 6.1 | 44 | 6.1 | 22 | 2.4 | 24 | 2.7 |
| Sacramento | 480 | 7.9 | 358 | 5.9 | 338 | 12.4 | 233 | 8.7 | 142 | 4.3 | 125 | 3.7 |
| San Joaquin | 194 | 7.2 | 155 | 5.9 | 129 | 10.3 | 97 | 8.1 | 65 | 4.5 | 58 | 4.0 |
| Solano | 120 | 6.6 | 92 | 5.1 | 85 | 9.8 | 65 | 7.6 | 35 | 3.6 | 27 | 2.8 |
| Sutter | 21 | 5.1 | 22 | 5.3 | 16 | 8.9 | 14 | - | 5 | - | 8 | -- |
| Yolo | 43 | 5.8 | 43 | 5.8 | 25 | 7.0 | 22 | 6.4 | 18 | 4.5 | 21 | 5.2 |
| Alpine/Amador/Calaveras | 34 | 6.1 | 25 | 4.4 | 25 | 8.9 | 18 | 6.6 | 9 | - | 7 | -- |
| Sierra/Yuba | 24 | 8.2 | 23 | 7.8 | 19 | 14.2 | 15 | 11.4 | 5 | - | 8 | -- |

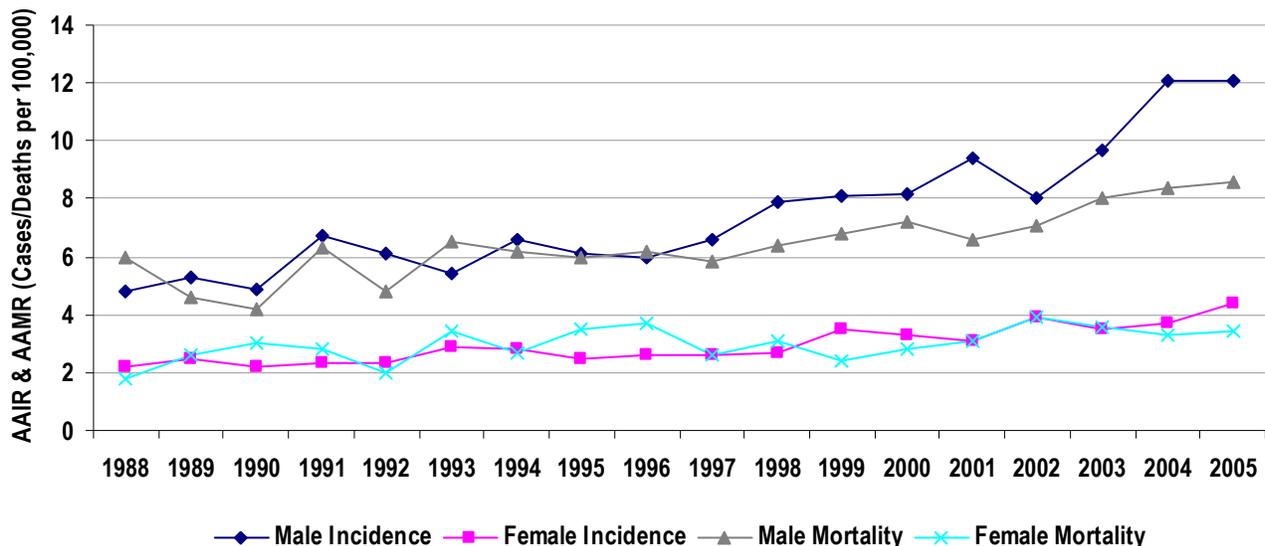
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 15

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Liver



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

LUNG AND BRONCHUS

TABLE 19

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Lung & Bronchus

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|-------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 9,927 | 65.1 | 7,888 | 51.8 | 5,174 | 77.1 | 4,212 | 63.3 | 4,753 | 56.4 | 3,676 | 43.3 |
| Non-Hispanic White | 8,150 | 71.4 | 6,546 | 57.2 | 4,174 | 83.0 | 3,400 | 68.0 | 3,976 | 63.2 | 3,146 | 49.4 |
| Non-Hispanic Black | 563 | 69.4 | 455 | 57.7 | 336 | 96.2 | 279 | 84.3 | 227 | 49.6 | 176 | 38.8 |
| Hispanic | 612 | 42.7 | 426 | 31.4 | 311 | 47.5 | 241 | 37.8 | 301 | 38.9 | 185 | 25.5 |
| Asian-Pacific Islander | 560 | 37.4 | 415 | 28.0 | 333 | 52.3 | 269 | 42.6 | 227 | 26.4 | 146 | 17.1 |
| El Dorado | 511 | 60.4 | 415 | 49.8 | 258 | 66.1 | 219 | 57.9 | 253 | 56.2 | 196 | 43.8 |
| Nevada | 379 | 57.1 | 300 | 45.1 | 192 | 62.5 | 163 | 53.7 | 187 | 52.7 | 137 | 37.9 |
| Placer | 913 | 57.9 | 747 | 47.3 | 468 | 66.7 | 403 | 57.9 | 445 | 51.7 | 344 | 39.3 |
| Sacramento | 3,862 | 65.8 | 3,039 | 51.8 | 1,981 | 78.5 | 1,588 | 63.4 | 1,881 | 57.0 | 1,451 | 43.6 |
| San Joaquin | 1,761 | 68.6 | 1,428 | 55.8 | 942 | 83.6 | 765 | 68.5 | 819 | 57.5 | 663 | 46.3 |
| Solano | 1,137 | 65.7 | 875 | 50.8 | 611 | 80.5 | 477 | 63.7 | 526 | 54.9 | 398 | 41.5 |
| Sutter | 280 | 67.8 | 216 | 52.6 | 147 | 79.3 | 121 | 67.0 | 133 | 58.5 | 95 | 40.7 |
| Yolo | 429 | 60.7 | 359 | 51.2 | 218 | 70.8 | 184 | 60.6 | 211 | 53.5 | 175 | 44.1 |
| Alpine/Amador/Calaveras | 372 | 64.4 | 299 | 51.7 | 196 | 71.8 | 163 | 59.9 | 176 | 58.4 | 136 | 44.9 |
| Sierra/Yuba | 283 | 97.4 | 210 | 72.7 | 161 | 124.8 | 129 | 99.1 | 122 | 77.0 | 81 | 51.7 |

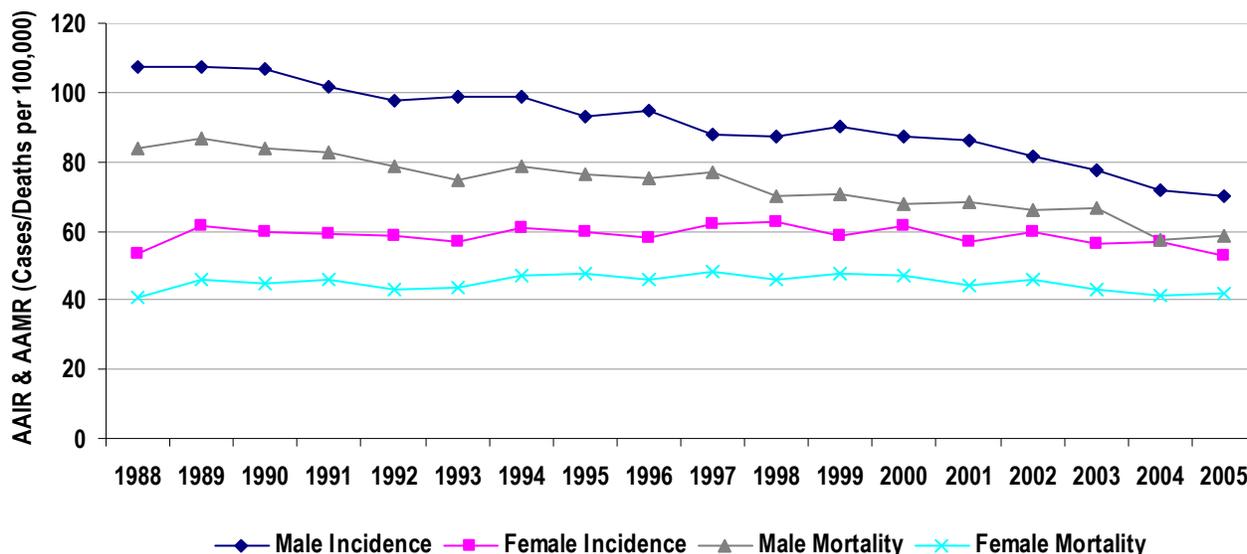
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

Figure 16

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Lung & Bronchus



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

MELANOMAS OF THE SKIN (IN SITU)

TABLE 20

Number of New Cancer Cases and Age-Adjusted Incidence Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Melanoma of the Skin (In Situ)

| | Total | | Male | | Female | |
|-------------------------|-------|------|-------|------|--------|------|
| | Cases | AAIR | Cases | AAIR | Cases | AAIR |
| All Races Combined | 2,054 | 13.1 | 1,171 | 16.7 | 883 | 10.5 |
| Non-Hispanic White | 1,920 | 17.1 | 1,115 | 21.7 | 805 | 13.8 |
| Non-Hispanic Black | 4 | -- | 0 | - | <5 | -- |
| Hispanic | 48 | 2.3 | 14 | - | 34 | 3.2 |
| Asian-Pacific Islander | 5 | -- | <5 | - | <5 | -- |
| El Dorado | 210 | 23.8 | 124 | 30.1 | 86 | 18.3 |
| Nevada | 72 | 11.2 | 45 | 14.7 | 27 | 8.3 |
| Placer | 300 | 19.3 | 165 | 22.8 | 135 | 16.6 |
| Sacramento | 838 | 13.7 | 478 | 18.2 | 360 | 10.8 |
| San Joaquin | 201 | 7.5 | 116 | 9.6 | 85 | 5.9 |
| Solano | 203 | 10.9 | 114 | 13.7 | 89 | 8.9 |
| Sutter | 34 | 8.3 | 15 | 8.4 | 19 | 8.8 |
| Yolo | 94 | 12.4 | 52 | 15.5 | 42 | 10.0 |
| Alpine/Amador/Calaveras | 78 | 14.1 | 44 | 16.1 | 34 | 12.6 |
| Sierra/Yuba | 24 | 8.5 | 18 | 14.1 | 6 | -- |

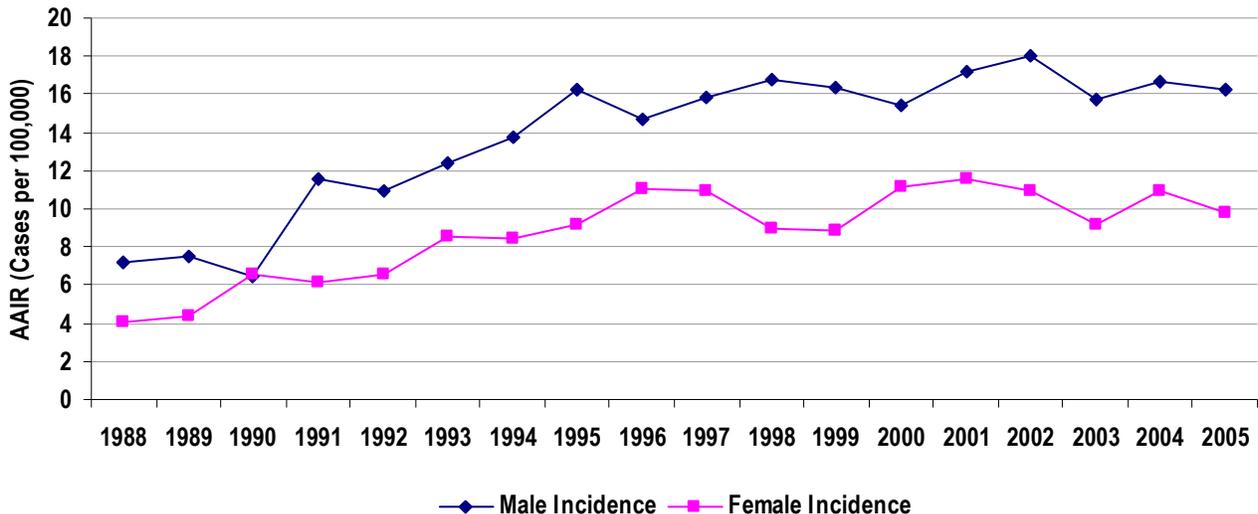
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 17

Age-Adjusted Incidence Rates (AAIR) by Year and Sex, Sacramento Region, California, 1988-2005: Melanoma of the Skin (In Situ)



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

MELANOMA OF THE SKIN (INVASIVE)

TABLE 21

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Melanoma of the Skin (Invasive)

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 3,081 | 19.4 | 436 | 2.8 | 1,807 | 25.0 | 269 | 3.8 | 1,274 | 15.1 | 167 | 2.0 |
| Non-Hispanic White | 2,828 | 25.5 | 406 | 3.6 | 1,695 | 32.9 | 251 | 4.9 | 1,133 | 19.8 | 155 | 2.5 |
| Non-Hispanic Black | 9 | -- | 4 | -- | <5 | -- | <5 | -- | 6 | -- | <5 | -- |
| Hispanic | 118 | 5.7 | 15 | 0.8 | 42 | 4.6 | 10 | -- | 76 | 6.9 | 5 | -- |
| Asian-Pacific Islander | 24 | 1.5 | 10 | -- | 16 | 2.2 | 6 | -- | 8 | -- | <5 | -- |
| El Dorado | 251 | 28.3 | 35 | 3.9 | 147 | 34.6 | 20 | 4.5 | 104 | 22.9 | 15 | 3.2 |
| Nevada | 144 | 24.0 | 25 | 4.0 | 89 | 30.7 | 19 | 6.4 | 55 | 18.0 | 6 | -- |
| Placer | 471 | 30.4 | 56 | 3.6 | 256 | 35.2 | 31 | 4.3 | 215 | 26.9 | 25 | 3.0 |
| Sacramento | 1,222 | 19.7 | 141 | 2.3 | 721 | 26.3 | 94 | 3.5 | 501 | 14.9 | 47 | 1.4 |
| San Joaquin | 345 | 12.7 | 79 | 2.9 | 207 | 16.9 | 48 | 3.9 | 138 | 9.3 | 31 | 2.1 |
| Solano | 265 | 14.1 | 48 | 2.7 | 145 | 17.2 | 25 | 3.4 | 120 | 12.0 | 23 | 2.3 |
| Sutter | 61 | 15.0 | 11 | -- | 41 | 21.1 | 5 | -- | 20 | 9.6 | 6 | -- |
| Yolo | 167 | 21.4 | 16 | 2.1 | 104 | 29.1 | 13 | -- | 63 | 15.3 | <5 | -- |
| Alpine/Amador/Calaveras | 109 | 20.9 | 13 | -- | 70 | 27.3 | 7 | -- | 39 | 15.1 | 6 | -- |
| Sierra/Yuba | 46 | 15.3 | 12 | -- | 27 | 19.3 | 7 | -- | 19 | 12.3 | 5 | -- |

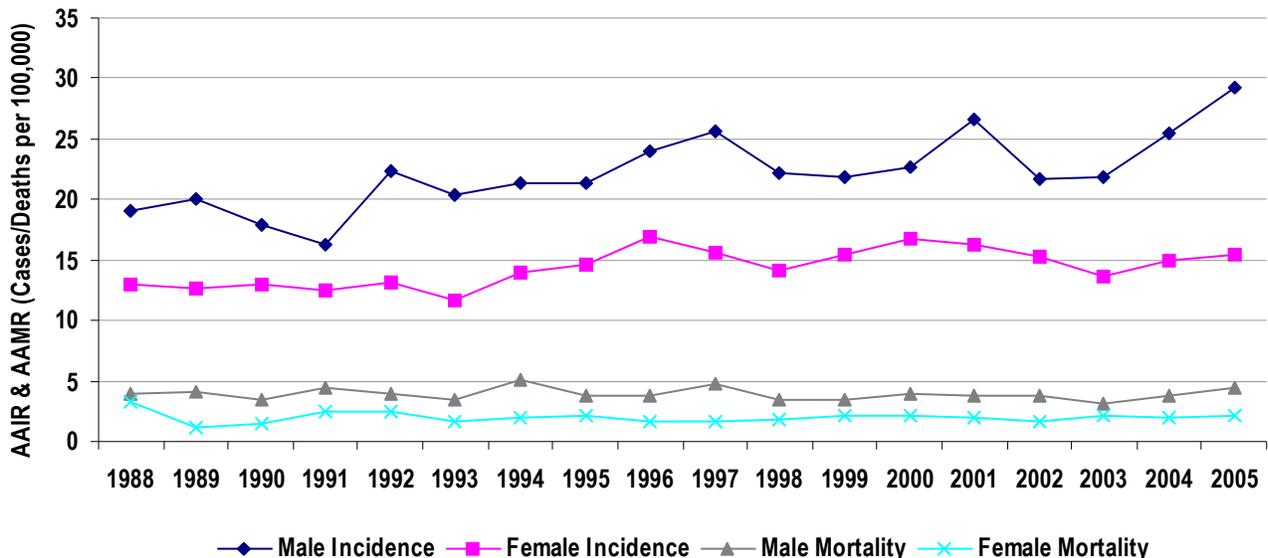
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 18

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Melanoma of the Skin (Invasive)



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

MESOTHELIOMA

TABLE 22

Number of New Cancer Cases and Age-Adjusted Incidence Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Mesothelioma

| | Total | | Male | | Female | |
|-------------------------|-------|------|-------|------|--------|------|
| | Cases | AAIR | Cases | AAIR | Cases | AAIR |
| All Races Combined | 161 | 1.1 | 128 | 2.0 | 33 | 0.4 |
| Non-Hispanic White | 133 | 1.2 | 109 | 2.2 | 24 | 0.4 |
| Non-Hispanic Black | <5 | -- | <5 | -- | <5 | -- |
| Hispanic | 18 | 1.2 | 12 | -- | 6 | -- |
| Asian-Pacific Islander | 5 | -- | 5 | -- | 0 | -- |
| El Dorado | 7 | -- | 6 | -- | <5 | -- |
| Nevada | 6 | -- | <5 | -- | <5 | -- |
| Placer | 25 | 1.6 | 22 | 3.1 | <5 | -- |
| Sacramento | 53 | 0.9 | 39 | 1.6 | 14 | -- |
| San Joaquin | 32 | 1.3 | 24 | 2.3 | 8 | -- |
| Solano | 24 | 1.4 | 22 | 3.1 | <5 | -- |
| Sutter | <5 | -- | <5 | -- | 0 | -- |
| Yolo | <5 | -- | <5 | -- | 0 | -- |
| Alpine/Amador/Calaveras | 5 | -- | 5 | -- | 0 | -- |
| Sierra/Yuba | 5 | -- | <5 | -- | <5 | -- |

Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive. AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

MYELOMA

TABLE 23

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Myeloma

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 849 | 5.5 | 566 | 3.7 | 493 | 7.2 | 309 | 4.7 | 356 | 4.2 | 257 | 3.0 |
| Non-Hispanic White | 607 | 5.3 | 418 | 3.6 | 361 | 7.1 | 236 | 4.7 | 246 | 3.9 | 182 | 2.7 |
| Non-Hispanic Black | 103 | 13.2 | 54 | 6.9 | 62 | 18.4 | 24 | 6.5 | 41 | 9.3 | 30 | 7.2 |
| Hispanic | 84 | 5.6 | 62 | 4.5 | 46 | 6.8 | 36 | 5.6 | 38 | 4.7 | 26 | 3.6 |
| Asian-Pacific Islander | 45 | 2.9 | 30 | 2.0 | 17 | 2.5 | 13 | - | 28 | 3.2 | 17 | 2.0 |
| El Dorado | 47 | 5.5 | 25 | 3.1 | 33 | 8.1 | 12 | - | 14 | - | 13 | -- |
| Nevada | 30 | 4.7 | 25 | 3.8 | 17 | 5.9 | 14 | - | 13 | - | 11 | -- |
| Placer | 106 | 6.7 | 68 | 4.3 | 60 | 8.5 | 40 | 5.9 | 46 | 5.4 | 28 | 3.2 |
| Sacramento | 354 | 5.9 | 223 | 3.8 | 205 | 8.1 | 121 | 4.9 | 149 | 4.4 | 102 | 3.0 |
| San Joaquin | 128 | 4.9 | 90 | 3.5 | 64 | 5.5 | 44 | 3.8 | 64 | 4.5 | 46 | 3.2 |
| Solano | 99 | 5.6 | 68 | 3.9 | 58 | 7.2 | 40 | 5.3 | 41 | 4.3 | 28 | 2.9 |
| Sutter | 16 | 3.9 | 17 | 4.2 | 9 | -- | 10 | - | 7 | - | 7 | -- |
| Yolo | 27 | 3.7 | 25 | 3.5 | 14 | -- | 12 | - | 13 | - | 13 | -- |
| Alpine/Amador/Calaveras | 27 | 4.7 | 13 | -- | 20 | 7.2 | 7 | - | 7 | - | 6 | -- |
| Sierra/Yuba | 15 | 5.1 | 12 | -- | 13 | -- | 9 | - | <5 | - | <5 | -- |

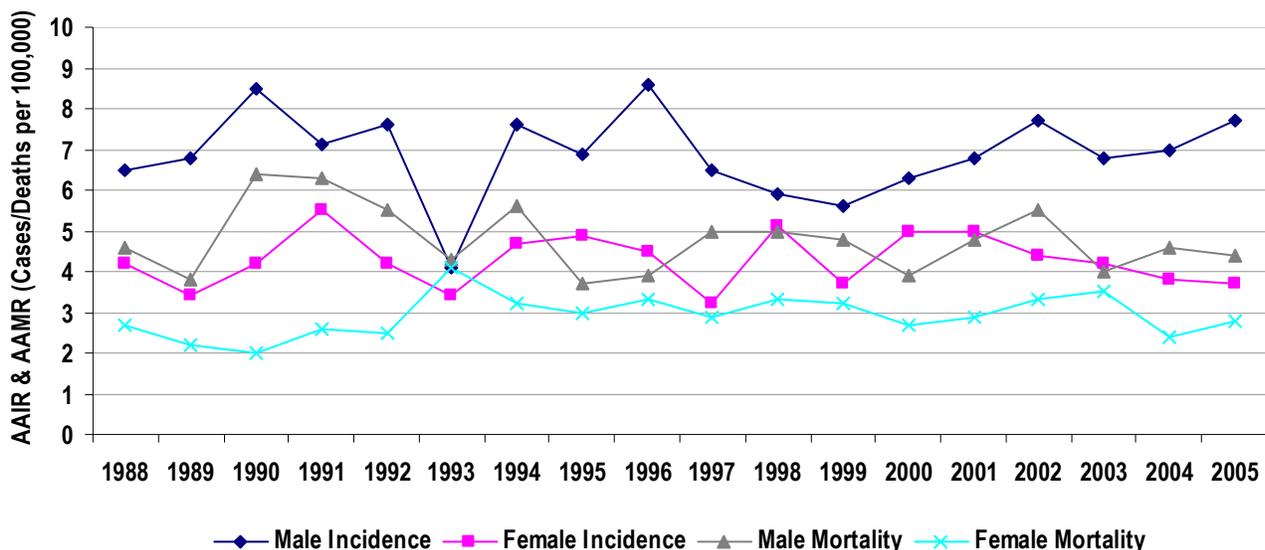
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

Figure 19

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Myeloma



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

NON-HODGKIN LYMPHOMA

TABLE 24

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Non-Hodgkin Lymphoma

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 2,811 | 18.0 | 1,138 | 7.4 | 1,545 | 21.8 | 634 | 9.5 | 1,266 | 14.9 | 504 | 5.8 |
| Non-Hispanic White | 2,134 | 18.9 | 878 | 7.6 | 1,153 | 22.7 | 479 | 9.7 | 981 | 15.8 | 399 | 6.0 |
| Non-Hispanic Black | 130 | 13.5 | 54 | 6.6 | 75 | 15.7 | 29 | 6.6 | 55 | 11.2 | 25 | 6.1 |
| Hispanic | 296 | 17.2 | 123 | 8.1 | 184 | 21.1 | 80 | 11.4 | 112 | 13.6 | 43 | 5.4 |
| Asian-Pacific Islander | 215 | 13.8 | 82 | 5.5 | 117 | 17.3 | 46 | 7.1 | 98 | 11.0 | 36 | 4.2 |
| El Dorado | 145 | 16.8 | 63 | 7.6 | 83 | 20.0 | 44 | 11.7 | 62 | 13.8 | 19 | 4.4 |
| Nevada | 116 | 18.3 | 48 | 7.1 | 69 | 23.1 | 31 | 10.0 | 47 | 14.0 | 17 | 4.6 |
| Placer | 290 | 18.5 | 125 | 7.9 | 158 | 21.9 | 64 | 9.2 | 132 | 15.4 | 61 | 6.8 |
| Sacramento | 1,051 | 17.3 | 431 | 7.3 | 559 | 20.9 | 232 | 9.3 | 492 | 14.6 | 199 | 5.8 |
| San Joaquin | 452 | 16.8 | 196 | 7.5 | 236 | 19.2 | 115 | 10.0 | 216 | 14.8 | 81 | 5.4 |
| Solano | 367 | 20.2 | 133 | 7.7 | 219 | 27.4 | 65 | 8.8 | 148 | 15.1 | 68 | 6.9 |
| Sutter | 70 | 16.9 | 31 | 7.5 | 41 | 22.2 | 21 | 11.6 | 29 | 13.0 | 10 | -- |
| Yolo | 168 | 22.5 | 56 | 7.7 | 93 | 26.7 | 32 | 10.1 | 75 | 18.8 | 24 | 5.9 |
| Alpine/Amador/Calaveras | 97 | 18.0 | 33 | 5.9 | 55 | 20.8 | 18 | 7.0 | 42 | 15.3 | 15 | 5.1 |
| Sierra/Yuba | 55 | 18.6 | 22 | 7.9 | 32 | 23.6 | 12 | -- | 23 | 14.6 | 10 | -- |

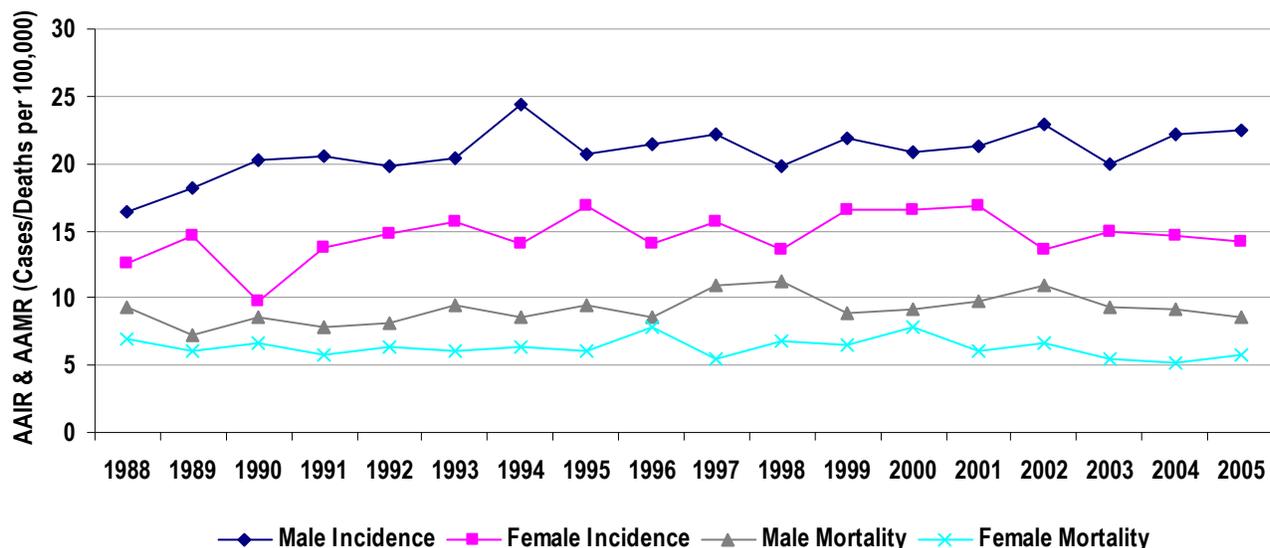
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race & ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtchnotes).

Figure 20

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Non-Hodgkin Lymphoma



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtchnotes).

ORAL CAVITY AND PHARYNX

TABLE 25

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Oral Cavity and Pharynx

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,703 | 10.8 | 474 | 3.1 | 1,185 | 16.1 | 305 | 4.4 | 518 | 6.1 | 169 | 2.0 |
| Non-Hispanic White | 1,355 | 11.8 | 374 | 3.2 | 945 | 17.8 | 239 | 4.6 | 410 | 6.6 | 135 | 2.1 |
| Non-Hispanic Black | 85 | 9.3 | 27 | 3.2 | 61 | 14.0 | 19 | 4.9 | 24 | 5.2 | 8 | -- |
| Hispanic | 118 | 7.0 | 26 | 1.7 | 85 | 10.8 | 17 | 2.3 | 33 | 3.6 | 9 | -- |
| Asian-Pacific Islander | 121 | 7.4 | 40 | 2.6 | 78 | 10.5 | 24 | 3.5 | 43 | 4.9 | 16 | 1.9 |
| El Dorado | 132 | 14.6 | 26 | 3.0 | 97 | 22.0 | 19 | 4.5 | 35 | 7.7 | 7 | -- |
| Nevada | 59 | 9.3 | 13 | -- | 39 | 12.7 | 8 | -- | 20 | 6.0 | 5 | -- |
| Placer | 155 | 9.8 | 34 | 2.1 | 109 | 14.7 | 20 | 2.9 | 46 | 5.3 | 14 | -- |
| Sacramento | 626 | 10.3 | 189 | 3.2 | 434 | 15.6 | 117 | 4.5 | 192 | 5.7 | 72 | 2.1 |
| San Joaquin | 304 | 11.2 | 95 | 3.6 | 213 | 17.1 | 62 | 5.2 | 91 | 6.2 | 33 | 2.2 |
| Solano | 211 | 11.1 | 50 | 2.8 | 149 | 16.5 | 31 | 3.7 | 62 | 6.3 | 19 | 2.0 |
| Sutter | 41 | 9.9 | 15 | 3.6 | 30 | 15.2 | 8 | -- | 11 | -- | 7 | -- |
| Yolo | 87 | 11.9 | 27 | 3.8 | 52 | 15.7 | 19 | 6.0 | 35 | 8.7 | 8 | -- |
| Alpine/Amador/Calaveras | 54 | 9.5 | 15 | 2.8 | 39 | 13.9 | 13 | -- | 15 | 5.2 | <5 | -- |
| Sierra/Yuba | 34 | 11.3 | 10 | -- | 23 | 16.3 | 8 | -- | 11 | -- | <5 | -- |

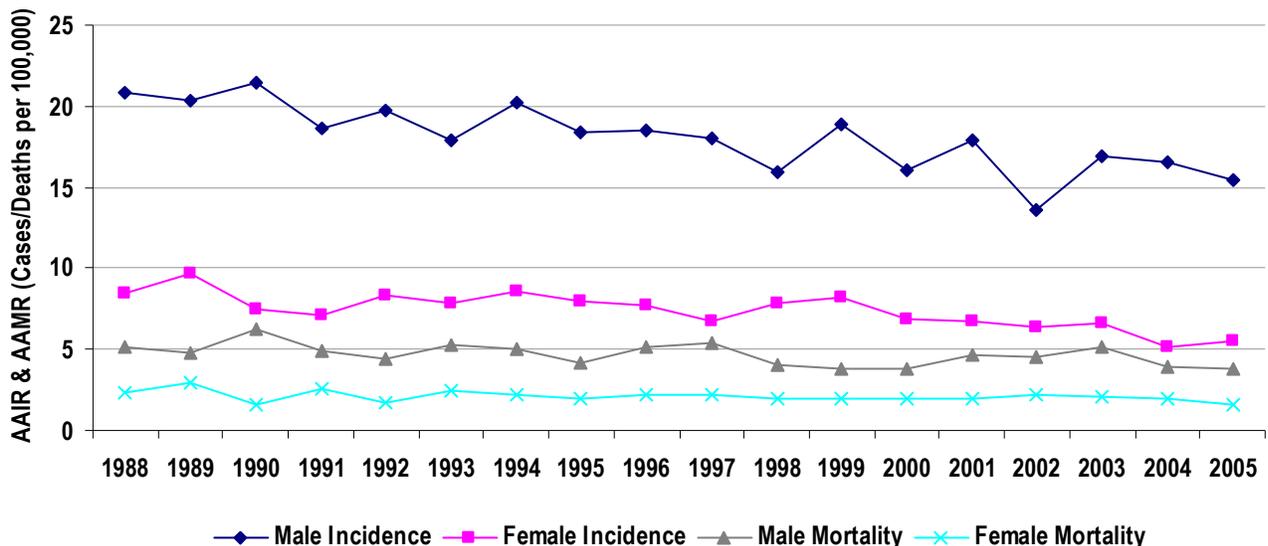
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

Figure 21

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Oral Cavity & Pharynx



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VATechnotes).

OVARY

TABLE 26

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity and County, Sacramento Region, California, 2001-2005: Ovary

| | Female | | | |
|-------------------------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,104 | 13.0 | 761 | 8.9 |
| Non-Hispanic White | 876 | 14.3 | 633 | 9.8 |
| Non-Hispanic Black | 47 | 9.3 | 27 | 6.2 |
| Hispanic | 96 | 9.9 | 49 | 6.0 |
| Asian-Pacific Islander | 81 | 8.8 | 49 | 5.5 |
| El Dorado | 71 | 14.9 | 52 | 11.4 |
| Nevada | 40 | 12.3 | 35 | 9.9 |
| Placer | 140 | 16.5 | 92 | 10.6 |
| Sacramento | 409 | 12.3 | 303 | 9.0 |
| San Joaquin | 145 | 9.9 | 95 | 6.5 |
| Solano | 162 | 16.2 | 87 | 8.8 |
| Sutter | 37 | 16.3 | 24 | 10.1 |
| Yolo | 47 | 11.5 | 33 | 8.2 |
| Alpine/Amador/Calaveras | 39 | 13.3 | 21 | 6.9 |
| Sierra/Yuba | 14 | -- | 19 | 11.9 |

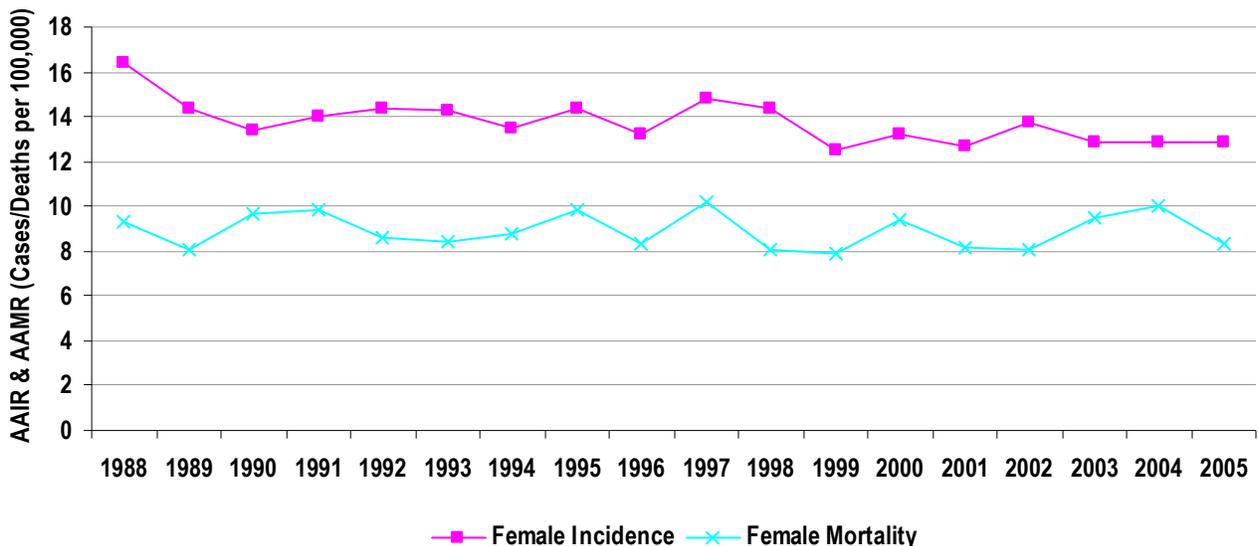
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 22

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year, Sacramento Region, California, 1988-2005: Ovary



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

PANCREAS

TABLE 27

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Pancreas

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,864 | 12.1 | 1,691 | 11.0 | 933 | 13.7 | 838 | 12.4 | 931 | 10.8 | 853 | 9.9 |
| Non-Hispanic White | 1,382 | 12.0 | 1,293 | 11.2 | 715 | 14.1 | 651 | 12.9 | 667 | 10.2 | 642 | 9.8 |
| Non-Hispanic Black | 142 | 18.2 | 123 | 15.4 | 64 | 17.1 | 57 | 15.3 | 78 | 18.5 | 66 | 15.3 |
| Hispanic | 192 | 13.3 | 151 | 10.7 | 85 | 12.5 | 73 | 11.0 | 107 | 14.1 | 78 | 10.5 |
| Asian-Pacific Islander | 144 | 9.8 | 119 | 8.3 | 68 | 10.6 | 52 | 8.3 | 76 | 9.2 | 67 | 8.3 |
| El Dorado | 98 | 11.6 | 90 | 10.7 | 54 | 13.6 | 44 | 11.2 | 44 | 9.8 | 46 | 10.3 |
| Nevada | 71 | 10.8 | 68 | 10.3 | 38 | 12.9 | 36 | 12.5 | 33 | 9.3 | 32 | 8.9 |
| Placer | 198 | 12.6 | 182 | 11.5 | 96 | 13.7 | 91 | 12.9 | 102 | 11.8 | 91 | 10.4 |
| Sacramento | 758 | 12.8 | 680 | 11.5 | 390 | 15.2 | 342 | 13.5 | 368 | 10.9 | 338 | 10.0 |
| San Joaquin | 314 | 11.9 | 279 | 10.6 | 148 | 12.6 | 125 | 10.7 | 166 | 11.2 | 154 | 10.4 |
| Solano | 203 | 11.5 | 192 | 10.9 | 87 | 11.0 | 87 | 11.0 | 116 | 11.8 | 105 | 10.7 |
| Sutter | 49 | 11.9 | 48 | 11.7 | 25 | 14.5 | 23 | 13.1 | 24 | 10.1 | 25 | 10.5 |
| Yolo | 81 | 11.4 | 67 | 9.4 | 42 | 13.1 | 37 | 11.9 | 39 | 10.0 | 30 | 7.6 |
| Alpine/Amador/Calaveras | 54 | 9.4 | 47 | 8.3 | 33 | 12.3 | 30 | 11.5 | 21 | 6.8 | 17 | 5.6 |
| Sierra/Yuba | 38 | 12.7 | 38 | 12.8 | 20 | 14.5 | 23 | 16.9 | 18 | 11.2 | 15 | 9.4 |

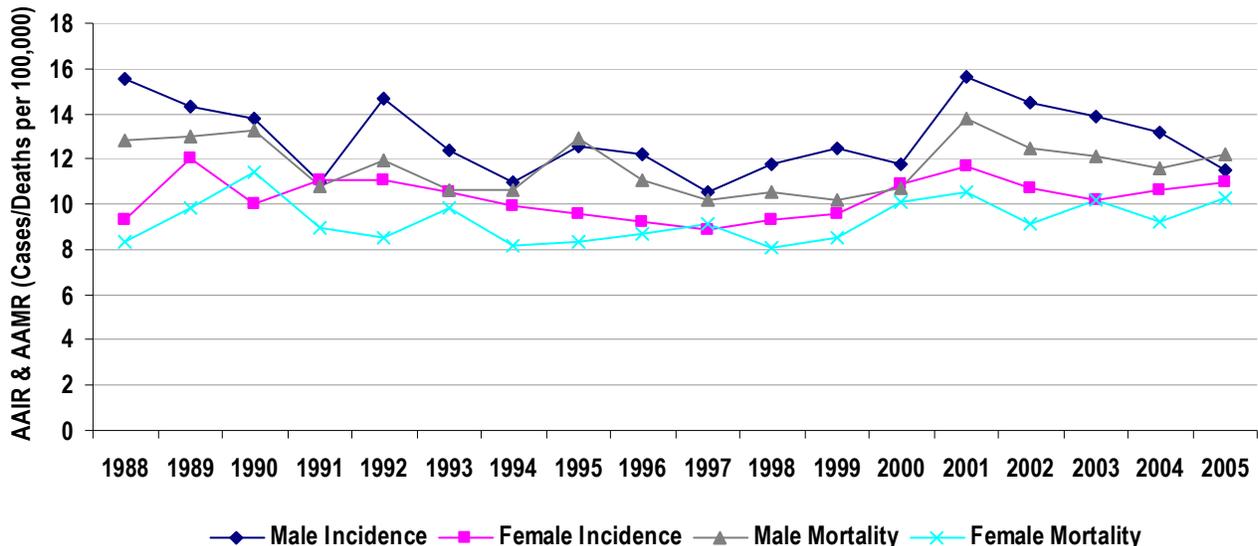
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race & ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/Vatechnotes).

Figure 23

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Pancreas



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/Vatechnotes).

PROSTATE

TABLE 28

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity and County, Sacramento Region, California, 2001-2005: Prostate

| | Male | | | |
|-------------------------|--------|-------|--------|------|
| | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 10,171 | 146.8 | 1,571 | 26.3 |
| Non-Hispanic White | 7,801 | 151.1 | 1,219 | 26.3 |
| Non-Hispanic Black | 812 | 211.1 | 151 | 58.0 |
| Hispanic | 804 | 120.0 | 127 | 26.1 |
| Asian-Pacific Islander | 528 | 82.5 | 70 | 12.7 |
| El Dorado | 713 | 168.8 | 94 | 28.6 |
| Nevada | 506 | 162.6 | 69 | 24.6 |
| Placer | 1,165 | 160.3 | 175 | 27.3 |
| Sacramento | 3,760 | 145.7 | 567 | 25.1 |
| San Joaquin | 1,674 | 143.8 | 269 | 26.3 |
| Solano | 1,180 | 148.3 | 170 | 25.8 |
| Sutter | 192 | 103.7 | 54 | 34.3 |
| Yolo | 396 | 124.5 | 72 | 25.6 |
| Alpine/Amador/Calaveras | 436 | 153.5 | 66 | 27.8 |
| Sierra/Yuba | 149 | 110.8 | 35 | 31.4 |

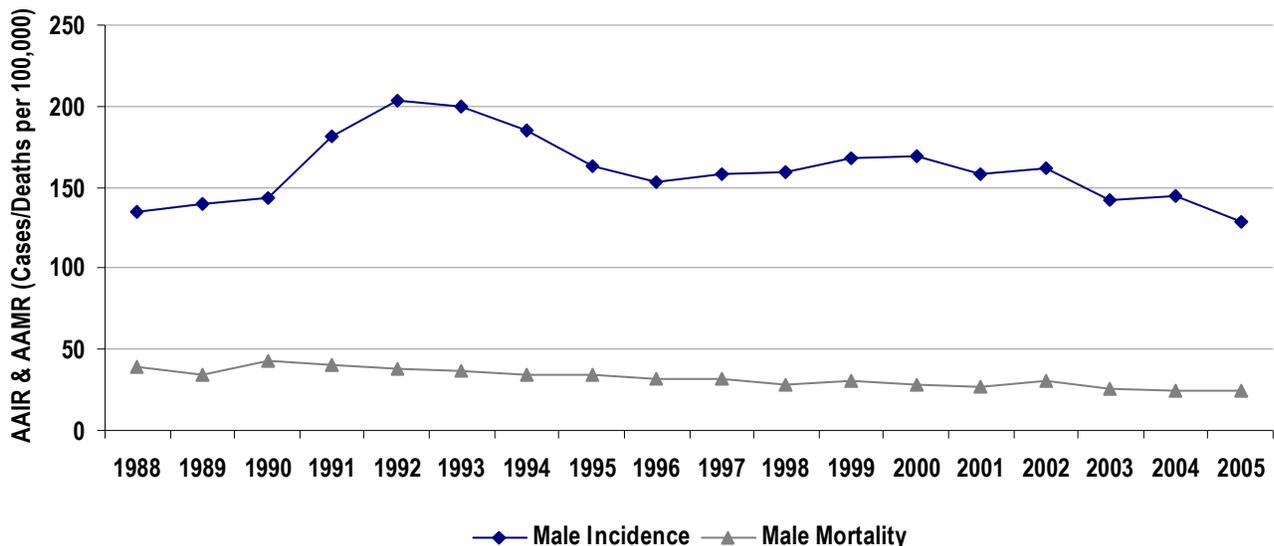
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 24

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year, Sacramento Region, California, 1988-2005: Prostate



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

RECTUM AND RECTOSIGMOID

TABLE 29

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Rectum and Rectosigmoid

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,939 | 12.4 | 408 | 2.6 | 1,080 | 15.3 | 231 | 3.4 | 859 | 10.1 | 177 | 2.0 |
| Non-Hispanic White | 1,471 | 12.9 | 309 | 2.7 | 833 | 16.2 | 174 | 3.5 | 638 | 10.1 | 135 | 2.0 |
| Non-Hispanic Black | 89 | 10.1 | 29 | 3.6 | 41 | 8.9 | 16 | 3.9 | 48 | 10.9 | 13 | -- |
| Hispanic | 207 | 13.1 | 36 | 2.6 | 128 | 17.4 | 23 | 3.6 | 79 | 9.3 | 13 | -- |
| Asian-Pacific Islander | 150 | 9.6 | 31 | 2.0 | 65 | 9.4 | 15 | 2.4 | 85 | 9.8 | 16 | 1.8 |
| El Dorado | 128 | 15.3 | 32 | 4.0 | 80 | 20.2 | 16 | 4.2 | 48 | 10.8 | 16 | 3.7 |
| Nevada | 94 | 14.5 | 16 | 2.5 | 54 | 17.7 | 9 | - | 40 | 12.0 | 7 | -- |
| Placer | 202 | 12.8 | 32 | 2.0 | 122 | 16.8 | 20 | 2.8 | 80 | 9.3 | 12 | -- |
| Sacramento | 724 | 12.0 | 157 | 2.6 | 403 | 14.9 | 100 | 3.9 | 321 | 9.6 | 57 | 1.7 |
| San Joaquin | 340 | 12.8 | 72 | 2.7 | 181 | 15.1 | 34 | 3.0 | 159 | 11.0 | 38 | 2.6 |
| Solano | 202 | 11.2 | 52 | 3.0 | 104 | 12.7 | 27 | 3.5 | 98 | 10.0 | 25 | 2.5 |
| Sutter | 53 | 12.8 | 8 | -- | 37 | 20.8 | 6 | - | 16 | 7.1 | <5 | -- |
| Yolo | 94 | 12.8 | 20 | 2.8 | 48 | 14.4 | 11 | - | 46 | 11.5 | 9 | -- |
| Alpine/Amador/Calaveras | 60 | 11.0 | 15 | 2.6 | 26 | 9.8 | 5 | - | 34 | 12.4 | 10 | -- |
| Sierra/Yuba | 42 | 14.5 | <5 | -- | 25 | 18.2 | <5 | - | 17 | 11.2 | <5 | -- |

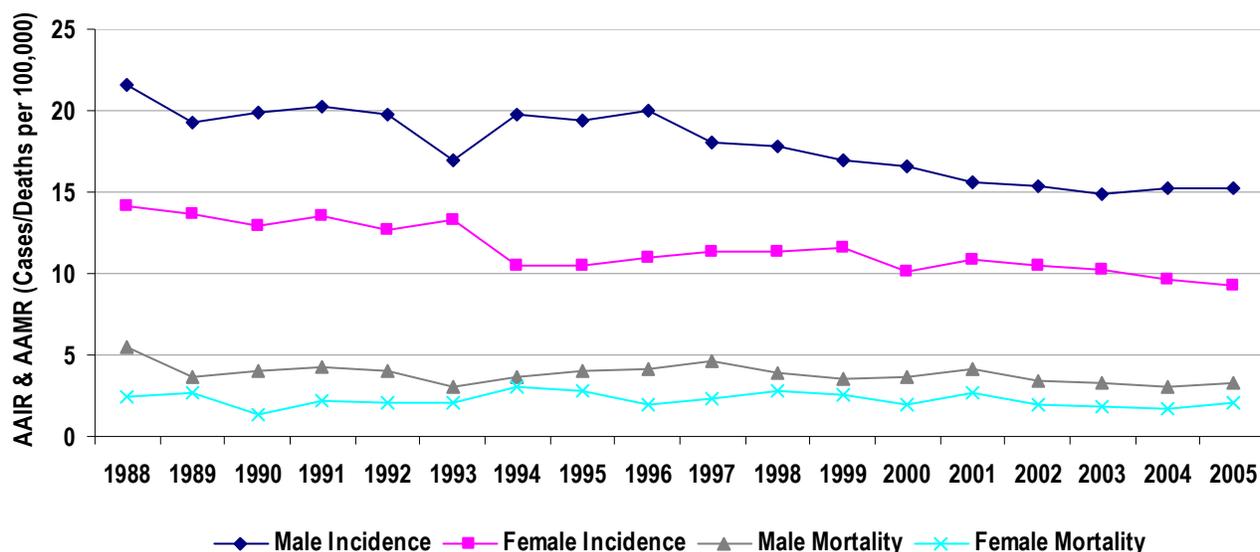
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race & ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtchnotes).

Figure 25

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Rectum & Rectosigmoid



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtchnotes).

STOMACH

TABLE 30

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Stomach

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,042 | 6.8 | 621 | 4.0 | 657 | 9.7 | 383 | 5.8 | 385 | 4.5 | 238 | 2.7 |
| Non-Hispanic White | 642 | 5.6 | 374 | 3.2 | 429 | 8.5 | 236 | 4.8 | 213 | 3.3 | 138 | 2.1 |
| Non-Hispanic Black | 84 | 11.4 | 58 | 7.8 | 49 | 15.7 | 40 | 12.7 | 35 | 8.3 | 18 | 4.1 |
| Hispanic | 175 | 11.7 | 108 | 7.4 | 98 | 14.4 | 64 | 9.8 | 77 | 9.4 | 44 | 5.6 |
| Asian-Pacific Islander | 135 | 8.9 | 80 | 5.4 | 78 | 11.9 | 43 | 6.7 | 57 | 6.7 | 37 | 4.5 |
| El Dorado | 44 | 5.1 | 30 | 3.5 | 25 | 6.1 | 13 | - | 19 | 4.2 | 17 | 3.7 |
| Nevada | 41 | 6.2 | 19 | 2.9 | 29 | 9.6 | 14 | - | 12 | - | 5 | -- |
| Placer | 103 | 6.5 | 53 | 3.3 | 65 | 9.1 | 35 | 5.1 | 38 | 4.4 | 18 | 1.9 |
| Sacramento | 408 | 6.8 | 250 | 4.2 | 262 | 10.1 | 158 | 6.2 | 146 | 4.3 | 92 | 2.7 |
| San Joaquin | 213 | 8.1 | 119 | 4.6 | 128 | 11.4 | 68 | 6.1 | 85 | 5.7 | 51 | 3.4 |
| Solano | 132 | 7.6 | 86 | 5.0 | 74 | 9.8 | 48 | 6.7 | 58 | 5.9 | 38 | 3.8 |
| Sutter | 25 | 6.2 | 17 | 4.2 | 19 | 11.1 | 13 | - | 6 | - | <5 | -- |
| Yolo | 39 | 5.5 | 31 | 4.5 | 27 | 9.1 | 23 | 8.1 | 12 | - | 8 | -- |
| Alpine/Amador/Calaveras | 24 | 4.3 | 10 | -- | 18 | 6.5 | 8 | - | 6 | - | <5 | -- |
| Sierra/Yuba | 13 | -- | 6 | -- | 10 | -- | <5 | - | <5 | - | <5 | -- |

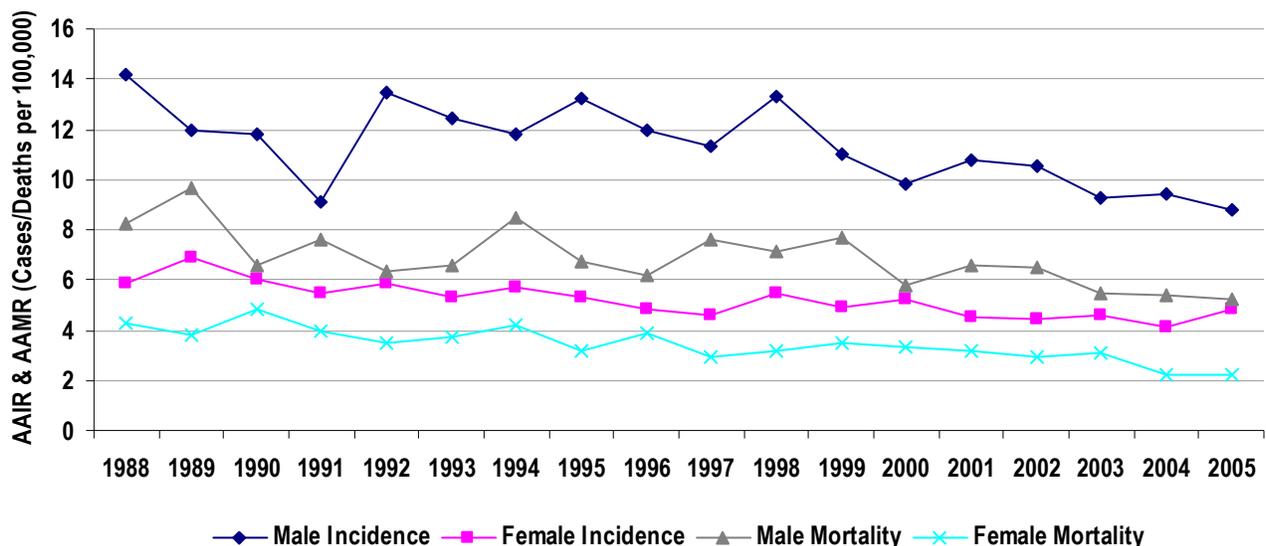
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race & ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtchnotes).

Figure 26

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Stomach



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtchnotes).

TESTIS

TABLE 31

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity and County, Sacramento Region, California, 2001-2005: Testis

| | Male | | | |
|-------------------------|-------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 473 | 5.7 | 29 | 0.4 |
| Non-Hispanic White | 366 | 7.5 | 17 | 0.4 |
| Non-Hispanic Black | 10 | -- | <5 | -- |
| Hispanic | 80 | 4.1 | 8 | -- |
| Asian-Pacific Islander | 14 | -- | <5 | -- |
| El Dorado | 31 | 7.4 | <5 | -- |
| Nevada | 15 | 6.7 | <5 | -- |
| Placer | 47 | 6.5 | 0 | -- |
| Sacramento | 185 | 5.6 | 11 | -- |
| San Joaquin | 88 | 5.5 | 6 | -- |
| Solano | 38 | 3.5 | <5 | -- |
| Sutter | 9 | -- | 0 | -- |
| Yolo | 29 | 6.6 | <5 | -- |
| Alpine/Amador/Calaveras | 16 | 7.7 | <5 | -- |
| Sierra/Yuba | 15 | 8.8 | <5 | -- |

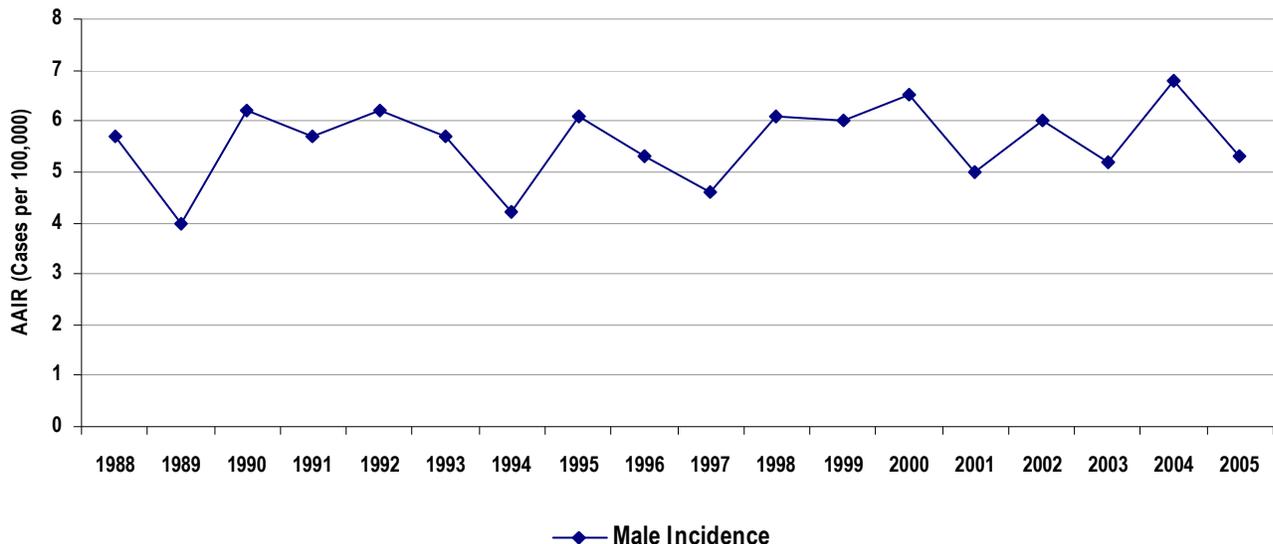
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 27

Age-Adjusted Incidence Rates (AAIR) by Year, Sacramento Region, California, 1988-2005: Testis



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

THYROID

TABLE 32

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Thyroid

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 1,215 | 7.5 | 60 | 0.4 | 279 | 3.6 | 34 | 0.5 | 936 | 11.2 | 26 | 0.3 |
| Non-Hispanic White | 846 | 8.0 | 41 | 0.4 | 211 | 4.1 | 27 | 0.5 | 635 | 11.8 | 14 | -- |
| Non-Hispanic Black | 48 | 4.5 | <5 | -- | 10 | -- | <5 | -- | 38 | 6.8 | <5 | -- |
| Hispanic | 167 | 6.7 | 10 | -- | 35 | 3.5 | <5 | -- | 132 | 10.2 | 6 | -- |
| Asian-Pacific Islander | 139 | 7.7 | 7 | -- | 20 | 2.5 | <5 | -- | 119 | 12.3 | 5 | -- |
| El Dorado | 71 | 8.0 | 0 | -- | 23 | 5.3 | 0 | -- | 48 | 10.7 | 0 | -- |
| Nevada | 38 | 7.1 | <5 | -- | 9 | -- | <5 | -- | 29 | 10.9 | 0 | -- |
| Placer | 154 | 10.2 | 11 | -- | 39 | 5.3 | 8 | -- | 115 | 14.9 | <5 | -- |
| Sacramento | 487 | 7.6 | 25 | 0.4 | 103 | 3.4 | 12 | -- | 384 | 11.5 | 13 | -- |
| San Joaquin | 209 | 7.3 | 11 | -- | 38 | 3.0 | <5 | -- | 171 | 11.6 | 7 | -- |
| Solano | 130 | 6.4 | <5 | -- | 25 | 2.6 | <5 | -- | 105 | 10.3 | <5 | -- |
| Sutter | 31 | 7.6 | <5 | -- | 14 | -- | <5 | -- | 17 | 8.1 | 0 | -- |
| Yolo | 52 | 6.2 | <5 | -- | 17 | 4.4 | <5 | -- | 35 | 8.2 | 0 | -- |
| Alpine/Amador/Calaveras | 23 | 4.9 | 0 | -- | 7 | -- | 0 | -- | 16 | 7.1 | 0 | -- |
| Sierra/Yuba | 20 | 6.6 | <5 | -- | <5 | -- | 0 | -- | 16 | 10.3 | <5 | -- |

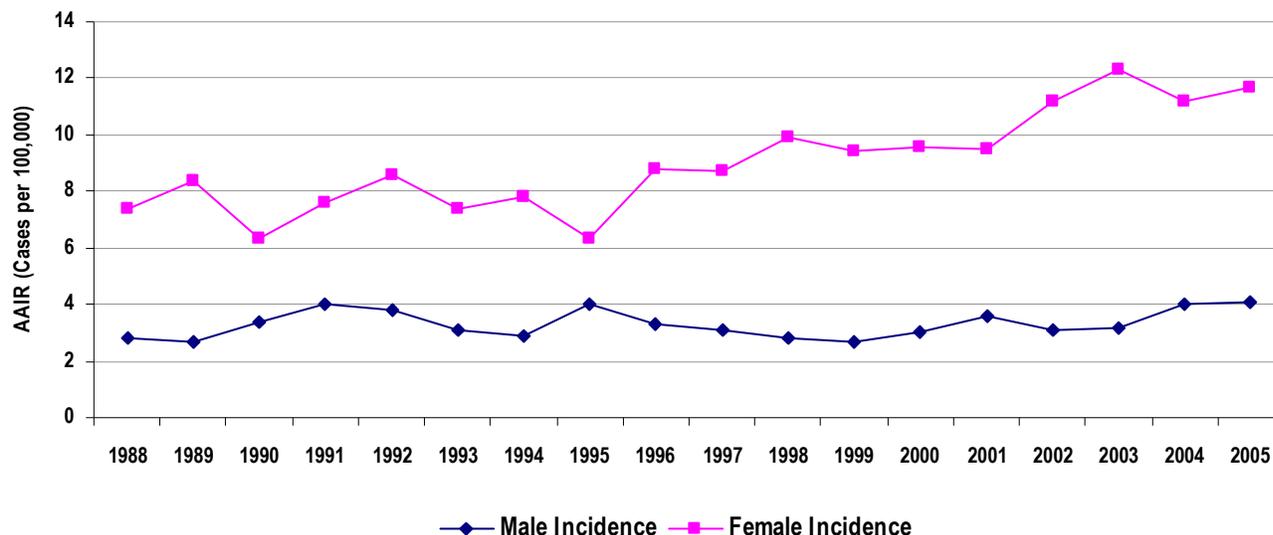
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Excludes in situ cancers. Rates based on fewer than fifteen cases are not shown. Race & ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 28

Age-Adjusted Incidence Rates (AAIR) by Year and Sex, Sacramento Region, California, 1988-2005: Thyroid



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

URINARY BLADDER

TABLE 33

Number of New Cancer Cases, Deaths, and Age-Adjusted Incidence and Mortality Rates, by Race/Ethnicity, County, and Sex, Sacramento Region, California, 2001-2005: Urinary Bladder

| | Total | | | | Male | | | | Female | | | |
|-------------------------|-------|------|--------|------|-------|------|--------|------|--------|------|--------|------|
| | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR | Cases | AAIR | Deaths | AAMR |
| All Races Combined | 3,129 | 20.5 | 694 | 4.6 | 2,390 | 36.3 | 492 | 7.9 | 739 | 8.6 | 202 | 2.3 |
| Non-Hispanic White | 2,691 | 23.5 | 600 | 5.1 | 2,062 | 41.7 | 431 | 9.0 | 629 | 9.7 | 169 | 2.4 |
| Non-Hispanic Black | 112 | 14.3 | 25 | 3.8 | 78 | 22.1 | 14 | – | 34 | 8.1 | 11 | -- |
| Hispanic | 183 | 13.2 | 42 | 3.3 | 134 | 21.3 | 32 | 5.2 | 49 | 6.4 | 10 | -- |
| Asian-Pacific Islander | 106 | 7.3 | 26 | 2.0 | 87 | 13.7 | 14 | – | 19 | 2.3 | 12 | -- |
| El Dorado | 219 | 26.5 | 50 | 6.3 | 172 | 45.1 | 37 | 10.2 | 47 | 10.4 | 13 | -- |
| Nevada | 177 | 26.9 | 30 | 4.6 | 140 | 46.3 | 16 | 5.5 | 37 | 10.2 | 14 | -- |
| Placer | 335 | 21.3 | 77 | 4.8 | 264 | 38.2 | 51 | 7.6 | 71 | 8.2 | 26 | 2.7 |
| Sacramento | 1,113 | 18.9 | 265 | 4.5 | 808 | 32.7 | 188 | 8.1 | 305 | 9.0 | 77 | 2.2 |
| San Joaquin | 513 | 19.8 | 111 | 4.3 | 413 | 36.9 | 78 | 7.4 | 100 | 6.8 | 33 | 2.1 |
| Solano | 345 | 20.1 | 81 | 4.9 | 255 | 34.7 | 59 | 8.8 | 90 | 9.1 | 22 | 2.2 |
| Sutter | 67 | 16.2 | 7 | -- | 55 | 30.3 | 6 | – | 12 | – | <5 | -- |
| Yolo | 155 | 22.0 | 32 | 4.5 | 119 | 39.2 | 23 | 7.7 | 36 | 9.2 | 9 | -- |
| Alpine/Amador/Calaveras | 155 | 27.1 | 31 | 5.5 | 126 | 46.0 | 25 | 9.7 | 29 | 10.1 | 6 | -- |
| Sierra/Yuba | 50 | 17.5 | 10 | -- | 38 | 31.3 | 9 | – | 12 | – | <5 | -- |

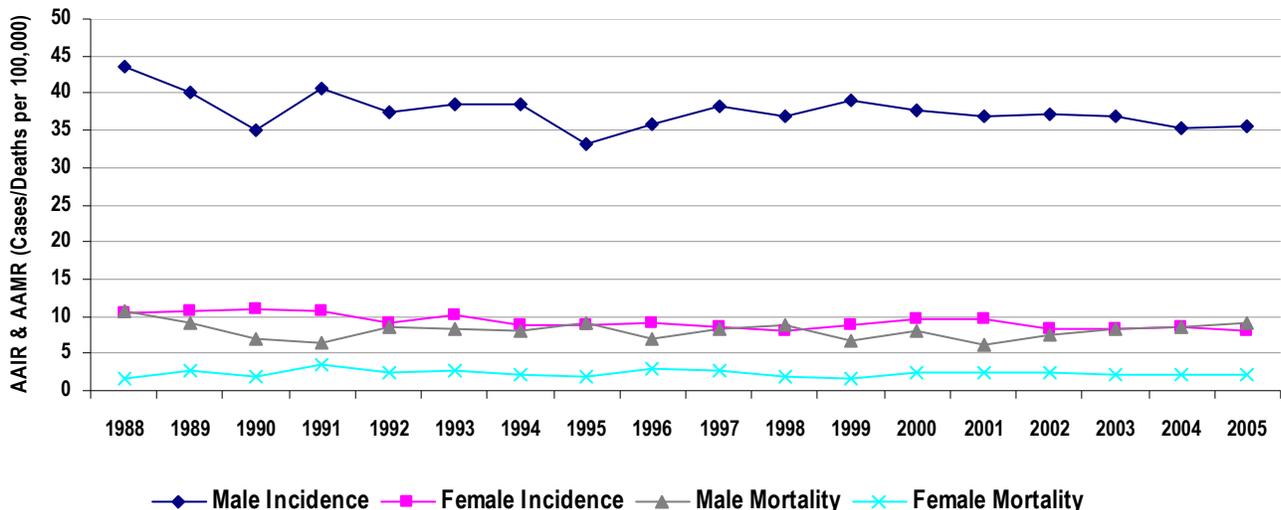
Source: Cancer Surveillance Program, Region 3/ CCR Sacramento, CA.

*Note: Rates based on fewer than fifteen cases are not shown. Race/ethnicity categories are mutually exclusive.

AAIR = Average annual age-adjusted incidence rates per 100,000 (2000 U.S. Standard) for the five-year period. Cases for small contiguous counties have been combined as noted. Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

Figure 29

Age-Adjusted Incidence (AAIR) and Mortality (AAMR) Rates by Year and Sex, Sacramento Region, California, 1988-2005: Urinary Bladder



Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see Technical Notes of this report or www.ccrca.org/publications/VAtectnotes).

APPENDICES

APPENDICES

Appendix A

California Regional Cancer Registries

- Region 1/8 Northern California Cancer Center
2201 Walnut Avenue, Suite 300
Fremont, CA 94538
(510) 608-5000
- Region 2 Cancer Registry of Central California
1625 East Shaw Avenue, Suite 155
Fresno, CA 93710
(559) 244-4550
- Region 3 Cancer Surveillance Program, Region 3
1700 Tribute Road Suite 100
Sacramento CA 95815
(916) 779-2687
- Region 4 Tri-Counties Cancer Surveillance Program
3944 State Street, Suite 330
Santa Barbara, CA 93105
(805) 569-3101
- Region 5 Desert Sierra Cancer Surveillance Program
11368 Mountain View Avenue, Suite C
Loma Linda, CA 92354
(909) 558-6170
- Region 6 Cancer Registry of Northern California
25 Jan Court Suite 130
Chico, CA 95928
(530) 345-2483
- Region 9 Cancer Surveillance Program
University of Southern California
1540 Alcazar Street, CHP-204
Los Angeles, CA 90033
(323) 442-2330
- Region 10/7 Cancer Surveillance Program of Orange County &
San Diego Imperial Organization for Cancer Control
University of California
Department of Medicine
Epidemiology Division
224 Irvine Hall
Irvine, CA 92697-7550
(949) 824-7402

APPENDICES

Appendix B

Cancer Surveillance Program, Region 3 Reporting Facilities

Barton Memorial Hospital
Ben Schaffer Cancer Institute, Lodi
California Medical Facility
Dameron Hospital
David Grant Medical Center, Travis Air Force Base
Doctors Hospital of Manteca
Fremont Medical Center
Kaiser Permanente
 Manteca Medical Center
 Roseville Medical Center
 Sacramento Medical Center
 South Sacramento Medical Center
 Stockton Medical Offices
 Vallejo Medical Center
Kindred Hospital of Sacramento
Lodi Memorial Hospital
Mark Twain St. Joseph's Hospital
Marshall Hospital
Mercy Hospital of Folsom
Mercy General Hospital
Mercy San Juan Hospital
Methodist Hospital of Sacramento
NorthBay Medical Center
Radiological Associates of Sacramento Medical Group, Inc.
 Auburn Radiation Oncology Center
 Marshall Radiation Oncology Center
 Mercy General Radiation Oncology Center
 Mercy San Juan Radiation Oncology Center
 Roseville Radiation Oncology Center
 Sutter Radiation Oncology Center
 Solano Radiation Oncology Center
Rideout Memorial Hospital
San Joaquin General Hospital
Sierra Nevada Memorial Hospital
Sierra Valley District Hospital (closed in 2005)
St. Dominic's Hospital (closed in 2005)
St. Joseph's Regional Health System
Sutter Health Systems
 Sutter Amador Hospital
 Sutter Auburn Faith Hospital
 Sutter Davis Hospital
 Sutter Medical Center, Sacramento
 Sutter Roseville Medical Center
 Sutter Solano Medical Center
 Sutter Tracy Community Hospital
Tahoe Forest Hospital District
UC Davis Medical Center
Vaca Valley Hospital
Veterans Administration
Woodland Healthcare

APPENDICES

Appendix C

SEER Site Recode ICD-O-3

| Primary Site | Site/Type | IDC-O-3 Histology Type |
|----------------------------------|------------------------------------|------------------------|
| Oral Cavity & Pharynx | | |
| Lip | C000-C009 | Excluding 9590-9989 |
| Tongue | C019-C029 | Excluding 9590-9989 |
| Salivary Gland | C079-C089 | Excluding 9590-9989 |
| Floor of Mouth | C040-C049 | Excluding 9590-9989 |
| Gum & Other Mouth | C030-C039, C050-C059, C060-C069 | Excluding 9590-9989 |
| Nasopharynx | C110-C119 | Excluding 9590-9989 |
| Tonsil | C090-C099 | Excluding 9590-9989 |
| Oropharynx | C100-C109 | Excluding 9590-9989 |
| Hypopharynx | C129, C130-C139 | Excluding 9590-9989 |
| Other Oral Cavity & Pharynx | C140, C142-C148 | Excluding 9590-9989 |
| Digestive System | | |
| Esophagus | C150-C159 | Excluding 9590-9989 |
| Stomach | C160-C169 | Excluding 9590-9989 |
| Small Intestine | C170-C179 | Excluding 9590-9989 |
| Colon excluding Rectum | | |
| Cecum | C180 | Excluding 9590-9989 |
| Appendix | C181 | Excluding 9590-9989 |
| Ascending Colon | C182 | Excluding 9590-9989 |
| Hepatic Flexure | C183 | Excluding 9590-9989 |
| Transverse Colon | C184 | Excluding 9590-9989 |
| Splenic Flexure | C185 | Excluding 9590-9989 |
| Descending Colon | C186 | Excluding 9590-9989 |
| Sigmoid Colon | C187 | Excluding 9590-9989 |
| Large Intestine, NOS | C188-C189, C260 | Excluding 9590-9989 |
| Rectum & Rectosigmoid Junction | | |
| Rectosigmoid Junction | C199 | Excluding 9590-9989 |
| Rectum | C209 | Excluding 9590-9989 |
| Anus, Anal Canal & Anorectum | C210-C212, C218 | Excluding 9590-9989 |
| Liver & Intrahepatic Bile Duct | | |
| Liver | C220 | Excluding 9590-9989 |
| Intrahepatic Bile Duct | C221 | Excluding 9590-9989 |
| Gallbladder | C239 | Excluding 9590-9989 |
| Other Biliary | C240-C249 | Excluding 9590-9989 |
| Pancreas | C250-C259 | Excluding 9590-9989 |
| Retroperitoneum | C480 | Excluding 9590-9989 |
| Peritoneum, Omentum & Mesentery | C481-C482 | Excluding 9590-9989 |
| Other Digestive Organs | C268-C269, C488 | Excluding 9590-9989 |

APPENDICES

Appendix C

SEER Site Recode ICD-O-3 (continued)

| Primary Site | Site/Type | IDC-O-3 Histology Type |
|--|---|--|
| Respiratory System | | |
| Nose, Nasal Cavity & Middle Ear | C300-C301, C310-C319 | Excluding 9590-9989 |
| Larynx | C320-C329 | Excluding 9590-9989 |
| Lung & Bronchus | C340-C349 | Excluding 9590-9989 |
| Pleura | C384 | Excluding 9590-9989 |
| Trachea, Mediastinum & Other | C339, C381-C383, C388, C390, C398, C399 | Excluding 9590-9989 |
| Bones & Joints | | |
| | C400-C419 | Excluding 9590-9989 |
| Soft Tissue including Heart | | |
| | C380, C470-C479, C490-C499 | Excluding 9590-9989 |
| Skin excluding Basal & Squamous | | |
| Melanoma of the Skin | C440-C449 | 8720-8790 |
| Other Non-Epithelial Skin | C440-C449 | Excluding 8000-8005, 8010-8045, 8050-8084, 8090-8110, 8720-8790, 9590-9989 |
| Breast | | |
| | C500-C509 | Excluding 9590-9989 |
| Female Genital System | | |
| Cervix Uteri | C530-C539 | Excluding 9590-9989 |
| Corpus & Uterus, NOS | | |
| Corpus Uteri | C540-C549 | Excluding 9590-9989 |
| Uterus, NOS | C559 | Excluding 9590-9989 |
| Ovary | C569 | Excluding 9590-9989 |
| Vagina | C529 | Excluding 9590-9989 |
| Vulva | C510- C519 | Excluding 9590-9989 |
| Other Female Genital Organs | C570-C589 | Excluding 9590-9989 |
| Male Genital System | | |
| Prostate | C619 | Excluding 9590-9989 |
| Testis | C620-C629 | Excluding 9590-9989 |
| Penis | C600-C609 | Excluding 9590-9989 |
| Other Male Genital Organs | C630-C639 | Excluding 9590-9989 |
| Urinary System | | |
| Urinary Bladder | C670-C679 | Excluding 9590-9989 |
| Kidney & Renal Pelvis | C649, C659 | Excluding 9590-9989 |
| Ureter | C669 | Excluding 9590-9989 |
| Other Urinary Organs | C680-C689 | Excluding 9590-9989 |

APPENDICES

Appendix C

SEER Site Recode ICD-O-3 (continued)

| Primary Site | Site/Type | IDC-O-3 Histology Type |
|---|-----------------------------------|---|
| Eye & Orbit | C690-C699 | Excluding 9590-9989 |
| Brain & Other Nervous System | | |
| Brain | C710-C719 | Excluding 9530-9539, 9590-9989 |
| Other Nervous System | C710-C719 C700-C709, C720-C729 | 9530-9539 Excluding 9590-9989 |
| Endocrine System | | |
| Thyroid | C739 | Excluding 9590-9989 |
| Other Endocrine incl Thymus | C379, C740-C749, C750-C759 | Excluding 9590-9989 |
| Lymphoma | | |
| Hodgkin Lymphoma | All Sites | 9650-9667 |
| Non-Hodgkin Lymphoma | All Sites | 9673, 9675, 9684, 9687, 9695, 9705, 9823, 9827, 9590-9596, 9670-9671, 9678-9680, 9689 9691, 9698-9702, 9708-9709, 9714-9719, 9727-9729) |
| Myeloma | All Sites | 9731-9732, 9734 |
| Leukemia | All Sites | |
| Lymphocytic Leukemia | | |
| Acute Lymphocytic Leukemia | | 9826, 9835-9837 |
| Chronic Lymphocytic Leukemia | C420, C421, C424 | 9823 |
| Other Lymphocytic Leukemia | | 9820, 9832-9834, 9940 |
| Myeloid & Monocytic Leukemia | | |
| Acute Myeloid Leukemia | | 9840, 9861, 9866, 9867, 9871- 9874, 9895-9897, 9910, 9920 |
| Acute Monocytic Leukemia | | 9891 |
| Chronic Myeloid Leukemia | | 9863, 9875, 9876, 9945, 9946 |
| Other Myeloid/Monocytic | | 9860, 9930 |
| Other Leukemia | | |
| Other Acute Leukemia | | 9801, 9805, 9931 |
| Aleukemic, subleukemic & NOS | | 9733, 9742, 9800, 9827, 9831, 9870, 9948, 9963, 9964 |

APPENDICES

Appendix D

SEER Site Recode for ICD-9 and ICD-10 Mortality Data

| Cancer Causes of Death | ICD-9 (1979-98) | ICD-10 (1999+) |
|--------------------------------|-------------------------------|-------------------------------|
| All Malignant Cancers | 140-208 | C00-C97 |
| Oral Cavity & Pharynx | 140-149 | C00-C14 |
| Esophagus | 150 | C15 |
| Stomach | 151 | C16 |
| Colon excluding Rectum | 153 | C18 |
| Rectum & Rectosigmoid Junction | 154 | C19-C21 |
| Liver & Intrahepatic Bile Duct | 155-156 | C22-C24 |
| Pancreas | 157 | C25 |
| Larynx | 161 | C32 |
| Lung & Bronchus | 162-163 | C33-C34, C38.4, C45.0 |
| Melanoma of the Skin | 172 | C43 |
| Breast | 174-175 | C50 |
| Cervix Uteri | 180 | C53 |
| Corpus & Uterus, NOS | 179, 182 | C54-C55 |
| Ovary | 183 | C56-C57 |
| Prostate | 185 | C61 |
| Testis | 186 | C62 |
| Urinary Bladder | 188, 189.3-189.4, 189.8-189.9 | C67, C68.0-C68.1, C68.8-C68.9 |
| Kidney & Renal Pelvis | 189.0-189.2 | C64-C66 |
| Brain & Other Nervous System | 191-192 | C70-C72 |
| Thyroid | 193 | C73 |
| Hodgkin Lymphoma | 201 | C81 |
| Non-Hodgkin Lymphoma | 200, 202 | C83-C85 |
| Myeloma | 203 | C90 |
| Leukemia | 204-208 | C91-C95 |