

# Breast Cancer

Breast cancer is the most frequently diagnosed serious cancer among women.

## Deaths

In Contra Costa, invasive breast cancer accounts for 16.4% of cancer deaths among women and 4.0% of all female deaths.

Between 2002-2004, 443 Contra Costa female residents died of breast cancer. This means that approximately 148 female residents die from breast cancer each year. The age-adjusted death rate from breast cancer is higher in Contra Costa (26.0 per 100,000) than in California (22.6 per 100,000).

Contra Costa's female breast cancer death rate (26.0 per 100,000) does not meet the Healthy People 2010 objective (22.3 per 100,000).

- White women are most likely to be diagnosed with breast cancer.
- Most breast cancer deaths are among White women.
- On average, 148 women die from breast cancer each year.
- Contra Costa's female breast cancer death rate (26.0 per 100,000) does not meet the Healthy People 2010 objective.

Local Findings

## Breast Cancer Deaths by Race/Ethnicity

Table 1. Contra Costa County 2002–2004

	Deaths	Percent	Rate
White	347	78.3%	28.8
African American	43	9.7%	32.8
Asian	24	5.4%	**11.6
Latina	24	5.4%	**15.2
Contra Costa	443	100.0%	26.0

These are age-adjusted rates per 100,000 women.

\*\* Significantly lower rate than women in the county overall.

The majority of deaths from invasive female breast cancer in the county occur among Whites (347), followed by African Americans (43), Asians (24) and Latinas (24).

In Contra Costa, the death rate from female breast cancer is similar among White and African American women and lower among Asian and Latina women compared to the county overall. White and African American women have 2-3 times higher death rates than Asian and Latina women. These differences are not due to the age of the population and may be due to lifestyle choices, lack of screening and treatment, or environmental factors.

Female breast cancer death rates do not vary by city in Contra Costa. The highest numbers of deaths from breast cancer occur among women living in Walnut Creek (67), Concord (53), Richmond (42) and Antioch (30). Local numbers may be too small to detect differences between cities.

A breast cancer case is defined as a primary malignant tumor, that is, one originating in the breast rather than having spread from another location.

## Breast Cancer Deaths by Selected Communities

Table 2. Contra Costa County 2002–2004

	<b>Deaths</b>	<b>Percent</b>	<b>Rate</b>
Walnut Creek	67	15.1%	30.9
Concord	53	12.0%	26.7
Richmond	42	9.5%	27.2
Antioch	30	6.8%	24.8
Contra Costa Women	443	100.0%	26.0

These are age-adjusted rates per 100,000 women.

## New Cases

Many more women develop breast cancer than die from it. This is due, at least in part, to the fact that some breast cancer cases are diagnosed at earlier stages and are successfully treated. Information about new cases can inform prevention, screening and treatment programs by highlighting who is most at risk for being diagnosed with breast cancer and tailoring programs appropriately.

Between 2000-2004, a total of 4,472 new cases of breast cancer were diagnosed in Contra Costa: invasive (3,775 cases) and in situ (697 cases). This means that approximately 894 female residents are diagnosed with breast cancer each year.

The majority of new cases in the county (2,897, 76.7%) are among White women. White women have the highest invasive breast cancer incidence rate (157.6 per 100,000) in the county --- higher than women in the county overall (141.6 per 100,00), African American (115.1 per 100,000), Latina (111.3 per 100,000) and almost double that of Asian/Pacific Islander women (84.9 per 100,000). Latina, African American and Asian/Pacific Islander women have lower incidence rates than women in the county overall.

Rates of in situ female breast cancer are similar between race/ethnicity groups and the county overall.

Invasive cancer has spread beyond the tissue where it developed to surrounding, healthy tissues

## New Cases of Invasive Breast Cancer

Table 3. Contra Costa County 2000–2004

	Cases	Percent	Rate
White	2,897	76.7%	*157.6
Latina	298	7.9%	**111.3
Asian/Pacific Islander	282	7.5%	**84.9
African American	264	7.0%	**115.1
Contra Costa Women	3,775	100.0%	141.6

These are age-adjusted rates per 100,000 women.

\* Significantly higher rate when compared to women in the county overall.

\*\* Significantly lower rate.

Between 2000-2004, Contra Costa's invasive breast cancer incidence rate (141.6 per 100,000) was higher than California's rate (126.5 per 100,000). The in situ incidence rate (25.9 per 100,000) was similar to California's rate (26.9 per 100,000).<sup>1</sup>

In situ cancer is cancer at its earliest stage that has not spread to neighboring tissue

## New Cases of In situ Breast Cancer

Table 4. Contra Costa County 2000–2004

	<b>Cases</b>	<b>Percent</b>	<b>Rate</b>
White	499	71.6%	27.2
Asian/Pacific Islander	81	11.6%	24.9
African American	56	8.0%	25.1
Latina	51	7.3%	19.5
Contra Costa Women	697	100.0%	25.9

These are age-adjusted rates per 100,000 women.

### Early Detection is Important

In the Greater Bay Area region between 1998-2004, breast cancer incidence and mortality rates have continued to decline in all race/ethnic groups and remain highest in African American women.<sup>2</sup> Nationally, breast cancer is the most common cause of death from cancer among Latinas and the second most common cause of death from cancer among Whites, African Americans, Asian/Pacific Islanders and American Indian/Alaska Native women.<sup>3</sup>

The well-established risk factors for breast cancer are not easily-modifiable. Fifty percent of breast cancers can be explained by known risk factors, such as a family history of breast cancer and hormonal functions associated with early onset at menstruation and late menopause, delayed childbearing and having fewer children.<sup>4</sup>

Early detection is the best defense against breast cancer death. If the cancer is confined to the breast when detected,

the five-year survival is more than 95%.<sup>5</sup> Women should receive clinical breast examinations every three years starting at age 20, and annual mammograms and clinical breast examinations starting at age 40.<sup>5</sup> More than 200,000 women in California, or three out of every 100 women 40 years and older, are breast cancer survivors.<sup>5</sup>

#### Data Sources: Female Breast Cancer

##### Text

1. National Cancer Institute (2006). *State Cancer Profiles*. Retrieved December 27, 2006 from the National Cancer Institute website: [www.statecancerprofiles.cancer.gov](http://www.statecancerprofiles.cancer.gov).
2. Le G.M., Gomez S.L., Clarke C.A., Chang E.T., Keegan T.M., O'Malley C.D., Glaser S.L., and West D.W. (2007). *Cancer Incidence and Mortality in the Greater Bay Area, 1988-2004*. Fremont, CA: Northern California Cancer Center.
3. U.S. Cancer Statistics Working Group, Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), and National Cancer Institute (2004). *U.S. United States Cancer Statistics: 2003 Incidence and Mortality* (preliminary data). National Vital Statistics, 53 (5). Retrieved on March 18, 2007 from the CDC website: [http://www.cdc.gov/cancer/breast/basic\\_info/facts.htm](http://www.cdc.gov/cancer/breast/basic_info/facts.htm).
4. The California Cancer Registry (n.d.) "*Monitoring Cancer in California: Some Frequently Asked Questions*" Retrieved March 19, 2007 from the California Cancer Registry website: <http://www.ccrca.org/brochure/monitor.pdf>.
5. American Cancer Society, California Division and Public Health Institute, California Cancer Registry (2006). *California Cancer Facts and Figures 2007*. Oakland, CA: American Cancer Society, California Division.

##### Tables

The cases and deaths reported in these tables represent instances of female breast cancer.

Tables 1-2: Mortality data from the California Department of Health Services (CDHS), <http://www.dhs.ca.gov/>, Center for Health Statistics' Death Statistical Master File, 2002-2004.

Any analyses, interpretations or conclusions of the data have been reached by CHAPE and are not from the CDHS. Data for the following race/ethnicity groups was excluded from Table 1, Race/Ethnicity due to small numbers: American Indian/Alaska Native, Native Hawaiian/Pacific Islanders, Two or More Races, and Other. Due to unstable estimates, death rates could not be calculated for these groups. These groups were included in Table 2, Selected Cities. These tables include total deaths and age-adjusted average annual death rates for 2002 through 2004. Data was not available for all Contra Costa communities.

ICD10 coding for malignant neoplasm of the breast (ICD C50) from the Centers for Disease Control and Prevention National Center for Health Statistics, available online at: [http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50\\_16.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_16.pdf).

Population data from:

California Department of Finance (April 2006). Estimated Race/Ethnic Population with Age and Sex Detail 2000-2004. Sacramento, CA.

California Department of Finance (May 2006). E-4 Population Estimates for Cities, Counties and the State 2001-2006, with DRU Benchmark. Sacramento, CA. Available online at: <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

Note: City level denominators were extrapolated from the E-4 file to approximate the mid-year city-level population estimates that are needed to calculate city-level rates. For more information, see our section on statistical methods.

Table 3: Incidence data from Le GM, Gomez SL, Clarke CA, Chang ET, Keegan THM, O'Malley CD, Glaser SL, and West DW. *Cancer Incidence and Mortality in the Greater Bay Area, 2000-2004*. Fremont, CA: Northern California Cancer Center, 2007. Incidence data by race/ethnicity was only available for African Americans, Whites, Asian/Pacific Islanders, and Latinos. However, overall Contra Costa case counts and incidence rates include data for all race/ethnicity groups. This table includes 5-year case counts and age-adjusted average annual incidence rates for 2000 through 2004.

International Classification of Diseases for Oncology, Third Edition (ICD-O-3) coding of female breast cancer incidence data included C500-509 (primary site), excluding histological types 9590-9989 came from Le GM et al., 2007.

Healthy People 2010 objectives from the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion, available online at <http://www.healthypeople.gov/>