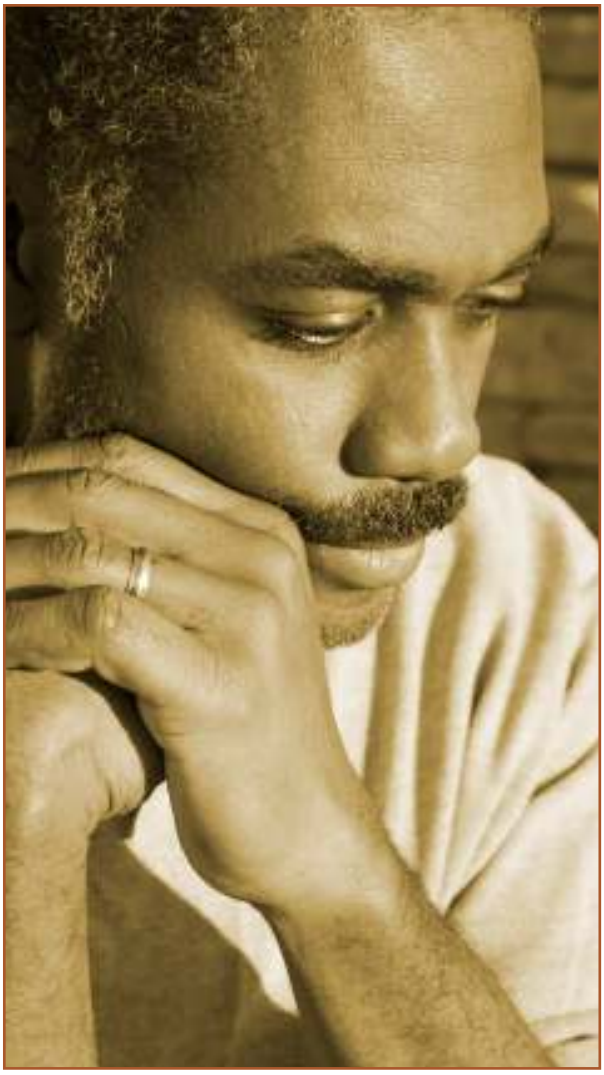
Prostate Cancer

Prostate cancer is the most common cancer among men.

Deaths

In Contra Costa, prostate cancer is responsible for 2.8% of all deaths and 11.7% of cancer deaths among men. Between 2002-2004, 275 Contra Costa men died of prostate cancer. This means that approximately 92 men in the county die from prostate cancer each year. Contra Costa's age-adjusted death rate from prostate cancer (24.5 per 100,000) is similar to the rate in California (23.1 per 100,000).



Local Findings

- African American men are most likely to be diagnosed with and die from prostate cancer.
- Most new prostate cancer cases and deaths are among White men.
- On average, each year 92 men die from prostate cancer.
- Contra Costa's prostate cancer death rate (24.5 per 100,000) meets the Healthy People 2010 objective (28.8 per 100,000).

The majority of deaths from prostate cancer in the county occur among Whites (202, 73.5%), followed by African Americans (45, 16.7%), Latinos (16, 5.8%) and Asians (11, 4.0%).

Although African Americans die from prostate cancer in far fewer numbers than Whites in Contra Costa, African American men are almost 3 times as likely to die from prostate cancer as White men and as the county overall. African Americans have the highest prostate cancer death rate (69.3 per 100,000) in the county – higher than the county overall (24.5 per 100,000) and Whites (23.5 per 100,000). This difference is not due to the age of the population and may be due to the lack of health care, inadequate screening or treatment, or other social and environmental factors.

In this report a prostate cancer case is defined as a primary malignant tumor, that is, one originating in the prostate rather than having spread from another location.

Prostate Cancer Deaths by Race/Ethnicity

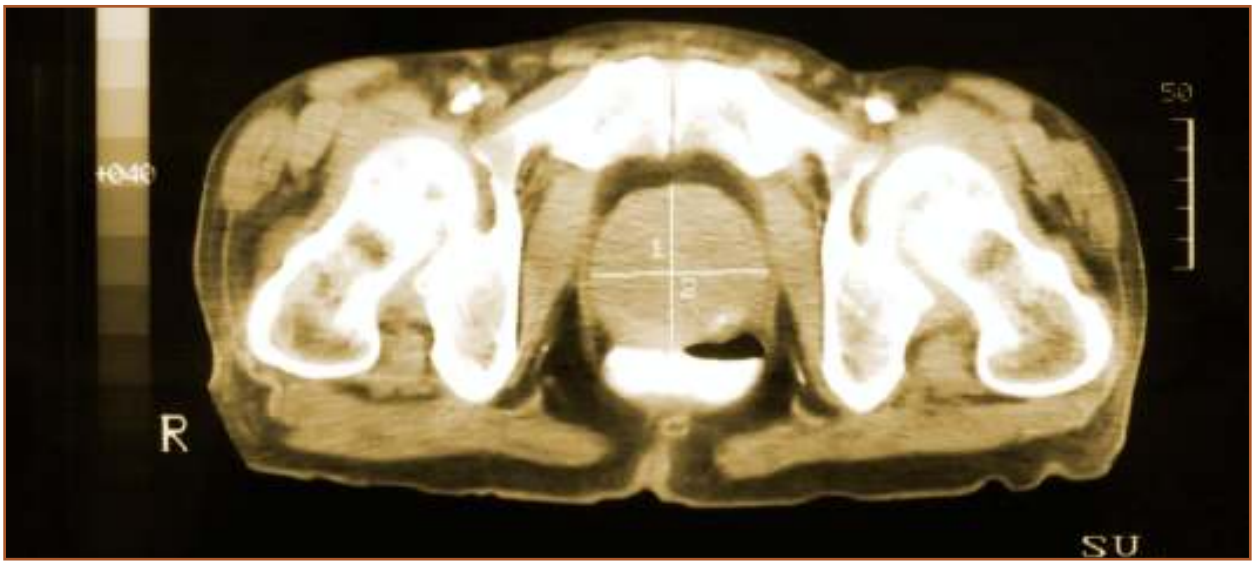
Table 1. Contra Costa County 2002–2004

	Deaths	Percent	Rate
White	202	73.5%	23.5
African American	45	16.7%	*69.3
Latino	16	5.8%	--
Asian	11	4.0%	--
Contra Costa	275	100.0%	24.5

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

* Significantly higher rate than the county overall.

Prostate cancer death rates do not vary significantly by city in Contra Costa. The highest numbers of deaths from prostate cancer occur among men living in Walnut Creek (53), Richmond (37) and Concord (27). Local numbers may be too small to detect differences in rates between cities.



Prostate Cancer Deaths by Selected Communities

Table 2. Contra Costa County 2002–2004

	Deaths	Percent	Rate
Walnut Creek	53	19.3%	30.0
Richmond	37	13.5%	38.9
Concord	27	9.8%	24.1
Contra Costa	275	100.0%	24.5

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

New Cases

Many more people develop prostate cancer than die from it. This is due, at least in part, to the fact that some prostate cancer cases that are diagnosed are successfully treated. Therefore, information about prostate cancer cases can shed some light on the broader impact of this disease beyond (or before) death. In particular, new prostate cancer cases provide a sense of how much – and among whom – this disease is surfacing in the community.

Information about both new cases and deaths can highlight the need or possible opportunities for prevention, screening and treatment programs.

Between 2000-2004, 3,771 new cases of invasive prostate cancer were diagnosed in Contra Costa. This means that approximately 754 male residents are diagnosed with prostate cancer each year.

The majority (73.2%) of these new cases are among White men. Although more cases are diagnosed among Whites, African American men in Contra Costa are most likely to be diagnosed with prostate cancer. African American men have the highest prostate cancer incidence rates (226.9 per 100,000) in the county -- higher than men in the county overall (179.7 per 100,00), Whites (179.8 per 100,000) and Latinos (141.1 per 100,000) and more than double those of Asian/ Pacific Islander men (100.3 per 100,000).

New Cases of Prostate Cancer

Table 3. Contra Costa County 2000–2004

	Cases	Percent	Rate
White	2,759	73.2%	179.8
African American	352	9.3%	*226.9
Latino	251	6.7%	**141.1
Asian/Pacific Islander	221	5.9%	**100.3
Contra Costa	3,771	100.0%	179.7

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

* Significantly higher rate compared to the county overall.

** Significantly lower rate compared to the county overall.

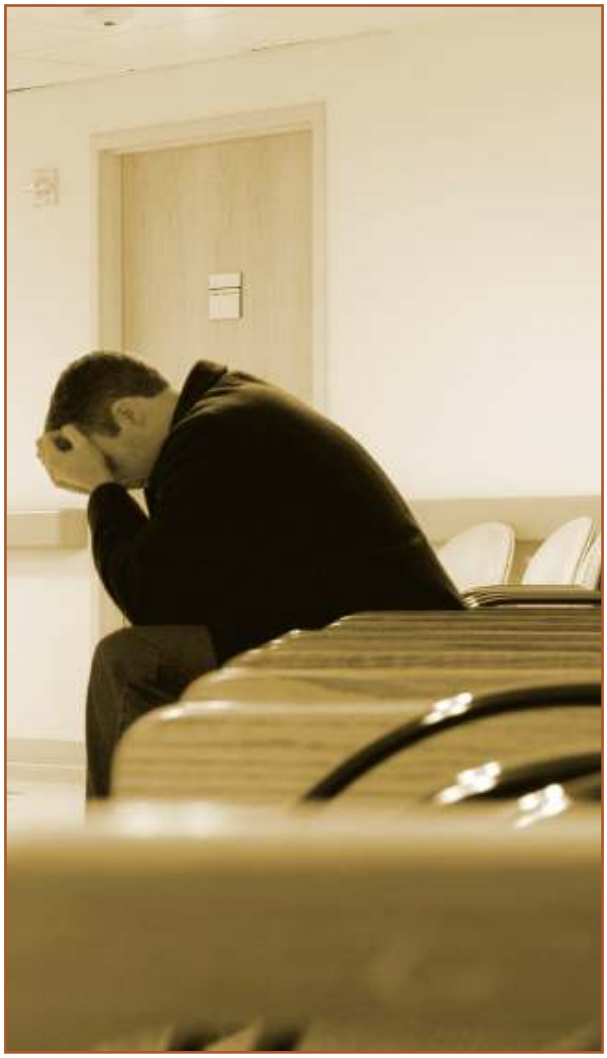
Between 2000-2004, Contra Costa's prostate cancer incidence rate (179.7 per 100,000) was significantly higher than California's rate (156.9 per 100,000).[1]

Opportunities for Prevention

Prostate cancer mortality in California has declined significantly since 1988. Prostate cancer incidence peaked following the introduction and widespread use of prostate-specific antigen (PSA) screening but has since decreased to 1990 levels. While both incidence and mortality have declined, prostate cancer remains the second-leading cause of cancer death among men in the Greater Bay Area and African American men remain at especially high risk for the disease.[2] Higher rates among African American men at both the state and local level may be due to lack of health care, inadequate screening or treatment, or other social and environmental factors.

Prostate cancer tends to be diagnosed late in life. About 75% of prostate cancers are diagnosed among men ages 65 and older.[3] The American Cancer Society recommends that health care providers offer the PSA blood test and digital rectal examination annually, beginning at age 50, to men who have at least a ten-year life expectancy. Men in high-risk groups such as African Americans or those with brothers or fathers who have had prostate cancer, should begin screening at age 45.[3]

The survival rate for prostate cancer is quite high because it is a slow-growing cancer for which effective treatments exist. The five-year survival rate for men diagnosed with prostate cancer, all stages included, is 98%.[3]



Data Sources: Prostate Cancer

Text

This section only contains information for new invasive prostate cancer. Invasive cancer is a cancer that has spread beyond the tissue where it developed to surrounding, healthy tissues.

1. California Cancer Registry (CCR), Cancer Surveillance Section, California Department of Health Services (2006). Retrieved May 2, 2007 from the CCR's *California Cancer Incidence and Mortality Rates Plus Interactive Maps* public use data set at http://www.ccrcal.org/dataquery.html

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. 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

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 nor for Asians or Latinos. 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 communities.

ICD10 coding for malignant neoplasm of the prostate (ICD C61) 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

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 prostate cancer incidence data included C619 (primary site), excluding histological types 9590-9989, came from Le GM et al., 2007.

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