

## CANCER IN OREGONIANS

**H**OW MANY OREGONIANS are diagnosed with cancer each year? Which cancers are the most common? Which are the deadliest (most deaths per diagnosed case)? Are there groups of Oregonians who are disproportionately affected by cancer? These and other important questions can now be answered for the first time with newly available data from the Oregon State Cancer Registry (OSCaR), located in the Oregon Health Division.

As of January 1, 1996, newly-diagnosed cancers (with the exception of squamous and basal cell carcinomas of the skin and carcinoma in situ of the cervix) became reportable. OSCaR collects information about cancers that is not available from death certificates, such as the stage (or the extent of disease progression) at the time of diagnosis. Data from OSCaR can be used as a tool to evaluate cancer clusters, for targeting cancer prevention, screening and treatment programs, and for researchers studying the causes and/or treatments of specific cancer types. This *CD Summary* reviews the data from our first full year of reporting. We are indebted to all the hospital cancer registrars, physicians, and laboratories who reported the cases to us.

### REPORTING

Newly-diagnosed cancers are reportable by the hospital if the patient is admitted for diagnosis and/or treatment, and by the physician if the patient is not hospitalized for the cancer within the first six months after diagnosis. Although a pathology lab may send their report of a cancer diagnosis to OSCaR, it is still the physician's responsibility to report any case not hospitalized for the cancer. Most cancer cases are reported by hospitals (many of which have their own in-house cancer registries). In 1996, 93% of cancer cases were reported by hospitals or facilities, and 7% were reported by

physicians. OSCaR staff are standing by at (503) 731-4858 to provide information, instruction, or assistance in reporting cases.

### OVERVIEW OF CANCER IN OREGON

During 1996, 14,314 cases of invasive cancer were diagnosed in Oregonians. The crude incidence rate for all cancers was 457.5 per 100,000 population. Oregon's age-adjusted rate was 4% lower than the national rate. During 1996, 6,784 Oregonians died from cancer-related causes. The crude mortality rate for all cancers was 216.8 per 100,000 population. Similar to incidence, Oregon's age-adjusted mortality rate was lower than the national rate. Men in Oregon were more likely than women to be diagnosed with, and to die from, cancer. The age-adjusted rate of cancer in men was 28% higher than the rate in women; likewise, the age-adjusted mortality rate in men was 47% higher than the rate in women.

The figure (verso) shows the leading causes of cancer incidence and mortality for men and women. Among men, prostate cancer was the most common type of cancer diagnosed, followed by lung cancer. Although the incidence of prostate cancer in men (1,992 cases) was 1.5 times higher than the incidence of lung cancer (1,291 cases), men were 2.3 times more likely to die of lung cancer (1,161 deaths) than prostate cancer (505 deaths). Among Oregon women, breast cancer was the most common type of cancer (2,267 cases), followed by lung cancer (999 cases). Oregon women were 2.3 times more likely to be diagnosed with breast cancer than lung cancer. However, lung cancer (839 deaths) killed 1.6 times more women than breast cancer (517 deaths).

### SELECTED CANCER SITES

**Lung.** Overall for men and women combined, the most common site of invasive cancer was lung cancer, with

2,290 cases reported. Of the lung cancer cases, 1,291 (56%) were in men and 999 (44%) in women. Lung cancer was responsible for almost one-third (29%) of the cancer deaths, more than any other site; during 1996, 2,001 Oregonians died from lung cancer. Three-quarters of Oregonians diagnosed with lung cancer had regional spread or distant metastases.

Oregon's 1996 incidence rate for lung cancer was 9% higher than the national rate. For men, the rate was 4% higher, whereas the rate for women was 16% higher. We compared age-specific incidence rates and found that the incidence of lung cancer among Oregon women ages 55-69 years is significantly higher than the national rate. There are two possible explanations: 1) the immigration of older women may be from areas of higher smoking prevalence such as the South; or 2) the prevalence of smoking among Oregon women in the 1950s and early 1960s was greater than the national prevalence (a 60-year-old woman today would have been 18 years old in 1958, an age at which people are likely to start smoking).

**Breast.** There were almost as many cases of female breast cancer (2267) as lung cancer (2290). However, fewer women died of breast cancer. In Oregon, 23% of female breast cancers were diagnosed with regional spread or distant metastases. The stage at diagnosis varied by age: older women were more likely to be diagnosed at a later stage of disease than younger women. This correlates with mammography rates by age. Data from the 1996 Behavioral Risk Factor Surveillance System (BRFSS)\* in Oregon show that older women were less likely than younger women to have had a mammogram during the last two years (58% for women 80 years or older,

\*These data came from an ongoing random-digit-dialed telephone survey of Oregon adults.

compared to 76% for women 50-64 years old).

**Prostate.** Prostate cancer was the most common cancer diagnosed among men with 1992 cases reported during 1996. While the incidence of prostate cancer was 15% lower than the national rate, the mortality rate was only 5% lower. This may be a result of differing prostate cancer screening or treatment activities in Oregon compared to the rest of the country. From the late 1980s to the early 1990s, national prostate cancer incidence sharply increased, primarily due to the increased use of prostate specific antigen (PSA) testing. However, PSA testing is not specific for prostate cancer and its use is controversial.\*

**OSCAR ANNUAL REPORT**

The data presented above are discussed in more detail in OSCaR's 1996 Annual Report. The report also contains information about cancer by geographic region, race, among children, and additional selected sites including, colorectal, cervical, oral, malignant melanoma and bladder. We hope these data are useful for understanding the impact of cancer among Oregonians, and preventing their occurrence and/or complications. For more information on the incidence of cancer in Oregon, please contact OSCaR staff at (503) 731-4858.

\*The U.S. Preventive Services Task Force, in the 1996 Second Edition of *Guide to Clinical Preventive Services*, has recommended against PSA testing.

**New OSCaR Rules**

**T**HE OSCAR ADMINISTRATIVE RULES (OAR 333-010-000 through 080) were recently amended to require that all patients registered in OSCaR be notified that their name and information about their cancer is maintained in a confidential file in the statewide cancer registry. Unless hospitals or physicians choose to notify patients themselves, OSCaR will conduct the notification. As part of the notification, patients are sent a card

asking them about their willingness to participate in research. Patients may indicate to OSCaR that researchers may contact them directly, that researchers must first contact the patient's physician about participation in research studies, or that they *never* want to be contacted regarding research. Patients who do not return the card will always be contacted through their physician. For additional information or copies of the new rules, please contact OSCaR staff at (503) 731-4858.

**Number of Oregon Cancer Cases and Deaths Among Men and Women in 1996**

