

CANCER

Cancer is the second leading cause of death for both men and women. It is estimated that 774,370 new cancer cases will be diagnosed among females and more than 270,000 females will die of cancer in 2011. Based on prior years, lung and bronchus cancer is expected to be the leading cause of cancer death among females, accounting for 71,340 deaths, or 26 percent of all cancer deaths, followed by breast cancer, which will be responsible for 39,520, or 15 percent of deaths. Colorectal cancer, pancreatic cancer, and ovarian cancer will also be major causes of cancer deaths among females, accounting for an addi-

tional 57,890 deaths combined.

Due to the varying survival rates for different types of cancer, the most common causes of death from cancer are not always the most common types of cancer. For instance, although lung and bronchus cancer causes the greatest number of deaths, breast cancer is more commonly diagnosed among females. In 2007, invasive breast cancer occurred among 120.4 per 100,000 females, whereas lung and bronchus cancer occurred in only 54.5 per 100,000. Other types of cancer that are commonly diagnosed but are not among the top 10 causes of cancer death include

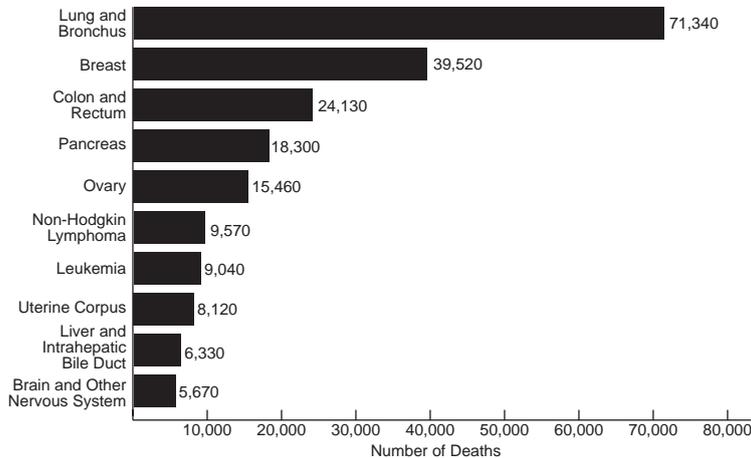
thyroid, melanoma, and cervical cancer.

Recommended screening can help detect several forms of cancer in early, more treatable stages, including breast, colorectal, and cervical cancer, and is shown to reduce mortality.²² Vaccines are also available to help prevent hepatitis B and human papillomavirus (HPV) which can cause liver and cervical cancer, respectively.

Racial and ethnic disparities in cancer incidence may be explained by differences in behavioral risk factors, such as smoking, heavy alcohol consumption, obesity, poor nutrition, and physical inactivity that are largely a product of

Leading Causes of Cancer Deaths Among Females (All Ages), by Site, 2011 Estimates

Source II.7: American Cancer Society



Invasive Cancer Incidence Rates per 100,000 Females (All Ages), by Site and Race/Ethnicity, 2007*

Source II.8: Centers for Disease Control and Prevention and National Cancer Institute

	Total (Rank)	White**	Black**	Hispanic†	American Indian/Alaska Native***††	Asian/Pacific Islander***††
Breast	120.4 (1)	121.0	117.0	88.2	67.3	83.4
Lung and Bronchus	54.5 (2)	55.9	50.3	26.0	35.8	26.9
Colon and Rectum	39.7 (3)	38.5	47.1	32.6	28.8	31.1
Uterine Corpus	23.3 (4)	23.7	20.8	18.2	13.8	16.1
Thyroid	17.2 (5)	18.0	10.1	16.4	8.5	17.7
Non-Hodgkin Lymphoma	15.7 (6)	16.1	11.4	14.4	8.5	9.5
Melanoma	15.4 (7)	17.3	1.1	4.3	4.4	1.2
Ovary	12.2(8)	12.6	9.1	10.2	8.0	9.0
Cervix	7.9 (13)	7.5	10.2	11.5	7.0	6.9

*All rates are age-adjusted. **May include Hispanics. †Results should be interpreted with caution.

socioeconomic differences.²² Healthy behavioral choices are not as accessible in poor or disadvantaged neighborhoods. Racial and ethnic disparities in cancer death rates tend to be even greater because they are a function of differences in incidence, as well as stage at diagnosis, treatment, and patient survival, which are greatly influenced by health care access and quality.

Pancreatic cancer is the tenth most common cancer in women but the fourth leading cause of cancer death. It is generally not diagnosable in early stages and is highly lethal, with only 6 percent surviving 5 years beyond diagnosis.²² In 2000–2008, pancreatic cancer incidence rates ranged from 7.6 per 100,000 for American In-

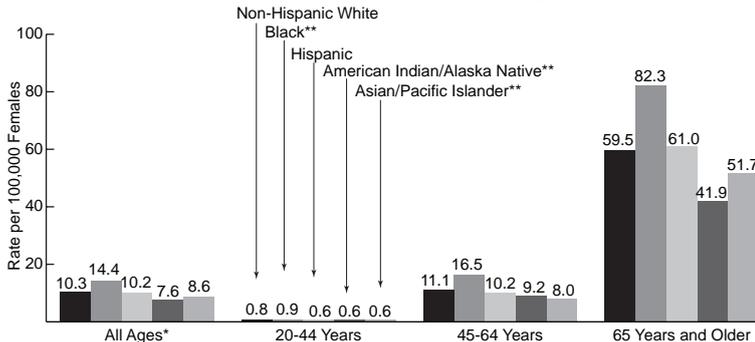
dian/Alaska Native females to 14.4 for Black females. Risk of pancreatic cancer increases greatly with age as well as smoking, diabetes, and obesity.²² Overall, Black women aged 65 years and older were most likely to have developed pancreatic cancer (82.3 per 100,000 women).

In contrast to pancreatic cancer, breast cancer can be detected by mammography in the early or localized stage and can be successfully treated. In 2000–2007, more than 90 percent of non-Hispanic White women survived 5 years after breast cancer diagnosis, compared to about 80 percent of Black, Hispanic, and American Indian/Alaska Native women. The lower 5-year survival rate for these minority women is related to detec-

tion at more advanced stages, when treatment is less successful, as well as lower survival rates at any given stage of diagnosis. For example, only 51.9 percent of breast cancer cases among Black women were diagnosed in the early, localized stage, compared to 63.1 percent of breast cancer cases among non-Hispanic White women (data not shown). Black women also had lower survival rates than non-Hispanic White women at every stage of diagnosis, including the most advanced stage in which cancer has spread to distant organs (17.7 versus 30.7 percent, respectively). Additional health conditions and unequal access to care and treatment may contribute to lower survival rates among minority women.²³

Pancreatic Cancer Incidence Among Females, by Age and Race/Ethnicity, 2000–2008*

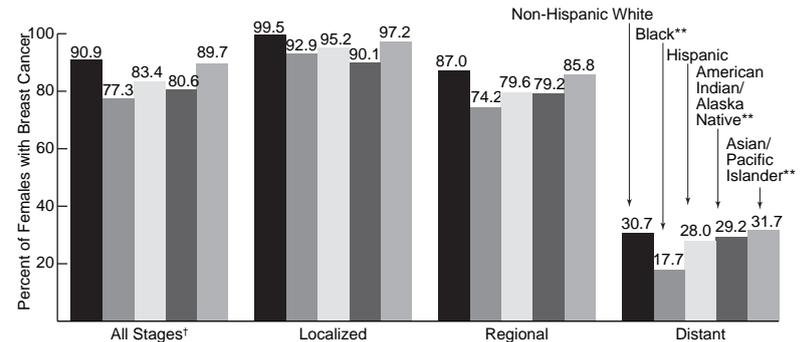
Source II.9: National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER)



*All rates are age-adjusted. **May include Hispanics.

Five-year Period Survival Rates for Breast Cancer Among Females, by Stage* and Race/Ethnicity, 2000–2007

Source II.9: National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER)



*Localized cancer is limited to the organ in which it began (no evidence of spread); regional cancer has spread beyond the primary site; distant cancer has spread to distant organs or lymph nodes. **May include Hispanics. †Includes cancers with undetermined stage.