City of Woodland

REPORT TO MAYOR AND CITY COUNCIL

AGENDA ITEM

TO: THE HONORABLE MAYOR AND CITY COUNCIL

DATE: September 1, 2009

SUBJECT: Proclamation of Support Prostate Cancer Awareness Month

Report in Brief

The City Council has been asked this year to proclaim their support for September 2009 as the American Cancer Society "Prostate Cancer Awareness Month".

Staff recommends that the City Council approve the attached Proclamation supporting September 2009 as the American Cancer Society Prostate Cancer Awareness Month and encouraging all male citizens to actively play a part in their health by seeking early detection and treatment.

Background

The City Council has shown their support for various elements of cancer awareness in previous actions. This action seeks the Council's support to expand cancer awareness by proclaiming the month of September, 2009 as the specific month to raise the awareness of prostate cancer that affects men primarily over the age of 40.

Discussion

The American Cancer Society has actively supported many efforts to eradicate and eliminate the various forms of cancer in our society. The cancer survival rate has steadily increased due to earlier detection and improved treatment methods. Encouraging citizens to take an active part in their health by providing methods and information to raise the awareness of the need for early detection has been a large part of that survival rate. Materials are attached to this report include sources to seek further information and statistics regarding this and other forms of cancer.

Recommendation for Action

Staff recommends that the City Council approve the attached Proclamation supporting September 2009 as the American Cancer Society Prostate Cancer Awareness Month and encouraging all male citizens to actively play a part in their health by seeking early detection and treatment.

Prepared by: Sue Vannucci, Director of Administrative Services

Mark G. Deven
City Manager

Attachment(s): Proclamation
Supporting Materials and Resources

City of Woodland

Proclamation
Prostate Cancer Awareness Month – September 2009

WHEREAS, prostate cancer is the most frequently diagnosed cancer in American men and the second most frequent cause of cancer death in men; and,

WHEREAS, the American Cancer Society estimates 1 in 6 men will develop prostate cancer in their lifetime and there will be 192,280 new cases of the disease in the United States in 2009 resulting in 27,360 deaths with 3,060 of those in California. This disease affects men of all race and ethnic groups with a higher percentage affecting African-American men; and,

WHEREAS, very little is known about this disease and there are rarely symptoms in the early stages; and,

WHEREAS, the survival rate is nearly 100% when diagnosed and treated early, but plummets to 32% when the disease spreads to other parts of the body; and,

WHEREAS, it is recommended that health care providers discuss early detection testing by offering prostate specific antigen blood tests and examinations annually, especially for those who have had close relatives, (father, son, or brother) who have had this cancer, as well as, African-American men beginning at age forty; and,

NOW, THEREFORE, the City Council of the City of Woodland hereby proclaims the Month of September 2009 as "Prostate Cancer Awareness Month", joins communities across the nation to increase the awareness about the importance of early detection and treatment of this disease and encourages male citizens of the age of concern to be vigilant regarding testing on an annual basis.

Dated: September 1, 2009

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Marlin H. Davies, Mayor

Artemio Pimentel, Vice-Mayor

Martie L. Dote, Council Member

William L. Marble, Council Member

Jeff W. Monroe, Council Member

Pancreatic cancer rates are slightly higher in men than in women. A family history of pancreatic cancer also increases risk. Though evidence is still accumulating, consumption of red meat may increase risk and physical activity may decrease risk.

Early detection: At present, there is no method for the early detection of pancreatic cancer. The disease is usually asymptomatic; only about 7% of cases are diagnosed at an early stage. Research is under way to identify better methods of early detection.

Treatment: Surgery, radiation therapy, and chemotherapy are treatment options that may extend survival and/or relieve symptoms in many patients, but seldom produce a cure. The targeted anticancer drug erlotinib (Tarceva) blocks tumor cell growth and has demonstrated a minimal improvement in pancreatic cancer survival. It has been approved by the FDA for the treatment of advanced pancreatic cancer. Clinical trials with several new agents, combined with radiation and surgery, may offer improved survival and should be considered as a treatment option.

Survival: For all stages combined, the 1- and 5-year relative survival rates are 24% and 5%, respectively. Even for those people diagnosed with local disease, the 5-year survival is only 20%.

Prostate

New cases: An estimated 192,280 new cases of prostate cancer will occur in the US during 2009. Prostate cancer is the most frequently diagnosed cancer in men. For reasons that remain unclear, incidence rates are significantly higher in African Americans than in whites. Incidence rates for prostate cancer have changed substantially over the past 20 years, in large part reflecting changes in prostate cancer screening with the prostate-specific antigen (PSA) blood test. After increasing from 1988 to 1992, declining from 1992 to 1995, and again increasing from 1995 to 2001, rates have been decreasing since 2001 by 4.4% per year.

Deaths: With an estimated 27,360 deaths in 2009, prostate cancer is the second-leading cause of cancer death in men. Although death rates have decreased more rapidly among African American than among white men since the early 1990s, rates in African Americans remain more than twice as high as those in whites.

Signs and symptoms: Early prostate cancer usually has no symptoms. With more advanced disease, individuals may experience weak or interrupted urine flow; inability to urinate or difficulty starting or stopping the urine flow; the need to urinate frequently, especially at night; blood in the urine; or pain or burning with urination. Advanced prostate cancer commonly spreads to the bones, which can cause pain in the hips, spine, ribs, or other areas. Many of these symptoms are more likely to be caused by conditions other than prostate cancer, however.

Risk factors: The only well-established risk factors for prostate cancer are age, race/ethnicity, and family history of the disease. About 63% of all prostate cancer cases are diagnosed in men aged 65 and older. African American men and Jamaican men of African descent have the highest prostate cancer incidence rates in the world. The disease is common in North America and northwestern Europe, but less common in Asia and South America. Recent genetic studies suggest that strong familial predisposition may be responsible for 5%-10% of prostate cancers. International studies suggest that a diet high in animal fat may also be a risk factor. Because lycopene (an antioxidant vitamin found in red and pink foods, such as tomato products) may reduce prostate cancer risk, men should consume a variety of fruits and vegetables daily. There is some evidence that the risk of dying from prostate cancer may increase with obesity.

The chemoprevention of prostate cancer is an active area of research. Two drugs of interest, finasteride and dutasteride, reduce the amount of male hormone (testosterone) produced by the body and are already used to treat the symptoms of an enlarged prostate. In the Prostate Cancer Prevention Trial, men who received finasteride had a 25% lower risk of developing prostate cancer than men who did not take the drug. Side effects from finasteride in this study included erectile dysfunction, loss of libido, and breast enlargement. Dutasteride is currently being evaluated in the Reduction by Dutasteride of Prostate Cancer Events (REDUCE) trial. Recently published results from the Selenium and Vitamin E Cancer Prevention Trial (SELECT) showed that, in contrast to previous findings, vitamin E and selenium do not appear to protect against prostate cancer.

Early detection: At this time, there are insufficient data to recommend for or against routine testing for early prostate cancer detection. The American Cancer Society recommends that health care providers discuss the potential benefits and limitations of prostate cancer early detection testing with men and offer the PSA blood test (which detects a protein made by the prostate called prostate-specific antigen) and the digital rectal examination annually, beginning at age 50, to men who are at average risk of prostate cancer, do not have any major medical problems, and have a life expectancy of at least 10 years.

Men at high risk of developing prostate cancer (African Americans or men with a close relative diagnosed with prostate cancer before age 65) should have this discussion with their health care professional beginning at age 45. Men at even higher risk (because they have several close relatives diagnosed with prostate cancer at an early age) should have this discussion with their provider at age 40. All men should be given information about the benefits and limitations of testing so they can make informed decisions. Two large clinical trials designed to determine the efficacy of PSA testing are under way in the US and Europe. See page 68 for the American Cancer Society's screening guidelines for the early detection of prostate cancer.

Treatment: Treatment options vary depending on age, stage and grade of the cancer, and other medical conditions, and should be discussed with the individual's physician. The grade assigned to the tumor, typically called the Gleason score, indicates the aggressiveness of the cancer and ranges from 2 (nonaggressive) to 10 (very aggressive). Surgery, external beam radiation, or radioactive seed implants (brachytherapy) may be used to treat early stage disease; hormonal therapy may be added in some cases. Careful observation ("watchful waiting") rather than immediate treatment may be appropriate for some men with less aggressive tumors, especially men who are older or who have other health problems. Hormonal therapy, chemotherapy, radiation, or a combination of these treatments is used to treat more advanced disease. Hormone treatment may control advanced prostate cancer for long periods by shrinking the size or limiting the growth of the cancer, thus helping to relieve pain and other symptoms.

Survival: More than 90% of all prostate cancers are discovered in the local and regional stages; the 5-year relative survival rate for patients whose tumors are diagnosed at these stages approaches 100%. Over the past 25 years, the 5-year survival rate for all stages combined has increased from 69% to almost 99%. According to the most recent data, relative 10-year survival is 93% and 15-year survival is 79%. The dramatic improvements in survival, particularly at 5 years, are partly attributable to earlier diagnosis and improvements in treatment.

Skin

New cases: Substantially more than 1 million unreported cases of basal cell or squamous cell cancers occur annually. Most, but not all, of these forms of skin cancer are highly curable. The most common serious form of skin cancer is melanoma, which is expected to be diagnosed in about 68,720 persons in 2009. Melanoma is primarily a disease of whites; rates are more than 10 times higher in whites than in African Americans. Melanoma incidence rates have been increasing for at least 30 years. In the most recent time period, rapid increases have occurred among young white women (3.8% annual increase since 1995 in those aged 15 to 34 years) and older white men (8.8% annual increase since 2003 in those 65 and older).

Deaths: An estimated 11,590 deaths (8,650 from melanoma and 2,940 from other nonepithelial skin cancers) will occur in 2009. The death rate for melanoma has been decreasing rapidly in whites younger than 50 by 3.0% per year since 1991 in men and by 2.2% per year since 1985 in women. In contrast, in those 50 and older death rates have been increasing by 3.2% per year since 2002 in men and have been stable since 1989 in women.

Signs and symptoms: Important warning signs of melanoma include changes in size, shape, or color of a skin lesion or the appearance of a new growth on the skin. Changes that occur over a few days are generally innocuous, but changes that progress over a month or more should be evaluated by a doctor. Basal cell carcinomas may appear as growths that are flat, firm, pale areas or as small, raised, pink or red, translucent, shiny areas that may bleed following minor injury. Squamous cell cancer may appear as growing lumps, often with a rough surface, or as flat, reddish patches that grow slowly. Another sign of basal and squamous cell skin cancers is a sore that doesn't heal.

Risk factors: Risk factors vary for different types of skin cancer. For melanoma, major risk factors include a personal or family history of melanoma and the presence of atypical or numerous moles (greater than 50). Other risk factors for all types of skin cancer include sun sensitivity (sunburning easily, difficulty tanning, natural blond or red hair color); a history of excessive sun exposure, including sunburns; use of tanning booths; diseases that suppress the immune system; a past history of basal cell or squamous cell skin cancers; and occupational exposure to coal tar, pitch, creosote, arsenic compounds, or radiation.

Prevention: Protect your skin from intense sun exposure with sunscreen that has a sun protection factor (SPF) of 30 or higher and clothing, and avoid sunbathing. Wear sunglasses to protect the skin around the eyes. Children in particular should be protected from the sun because severe sunburns in childhood may greatly increase risk of melanoma in later life. Avoid tanning beds and sun lamps, which provide an additional source of UV radiation.

Estimated New Cancer Cases and Deaths by Sex, US, 2009*

	Estimated New Cases			Estimated Deaths		
	Both Sexes	Male	Female	Both Sexes	Male	Female
All sites	1,479,350	766,130	713,220	562,340	292,540	269,800
Oral cavity & pharynx	35,720	25,240	10,480	7,600	5,240	2,360
Tongue	10,530	7,470	3,060	1,910	1,240	670
Mouth	10,750	6,450	4,300	1,810	1,110	700
Pharynx	12,610	10,020	2,590	2,230	1,640	590
Other oral cavity	1,830	1,300	530	1,650	1,250	400
Digestive system	275,720	150,020	125,700	135,830	76,020	59,810
Esophagus	16,470	12,940	3,530	14,530	11,490	3,040
Stomach	21,130	12,820	8,310	10,620	6,320	4,300
Small intestine	6,230	3,240	2,990	1,110	580	530
Colon†	106,100	52,010	54,090	49,920	25,240	24,680
Rectum	40,870	23,580	17,290			
Anus, anal canal, & anorectum	5,290	2,100	3,190	710	260	450
Liver & intrahepatic bile duct	22,620	16,410	6,210	18,160	12,090	6,070
Gallbladder & other biliary	9,760	4,320	5,440	3,370	1,250	2,120
Pancreas	42,470	21,050	21,420	35,240	18,030	17,210
Other digestive organs	4,780	1,550	3,230	2,170	760	1,410
Respiratory system	236,990	129,710	107,280	163,790	92,240	71,550
Larynx	12,290	9,920	2,370	3,660	2,900	760
Lung & bronchus	219,440	116,090	103,350	159,390	88,900	70,490
Other respiratory organs	5,260	3,700	1,560	740	440	300
Bones & joints	2,570	1,430	1,140	1,470	800	670
Soft tissue (including heart)	10,660	5,780	4,880	3,820	1,960	1,860
Skin (excluding basal & squamous)	74,610	42,920	31,690	11,590	7,670	3,920
Melanoma	68,720	39,080	29,640	8,650	5,550	3,100
Other non-epithelial skin	5,890	3,840	2,050	2,940	2,120	820
Breast	194,280	1,910	192,370	40,610	440	40,170
Genital system	282,690	201,970	80,720	56,160	28,040	28,120
Uterine cervix	11,270		11,270	4,070		4,070
Uterine corpus	42,160		42,160	7,780		7,780
Ovary	21,550		21,550	14,600		14,600
Vulva	3,580		3,580	900		900
Vagina & other genital, female	2,160		2,160	770		770
Prostate	192,280	192,280		27,360	27,360	
Testis	8,400	8,400		380	380	
Penis & other genital, male	1,290	1,290		300	300	
Urinary system	131,010	89,640	41,370	28,100	18,800	9,300
Urinary bladder	70,980	52,810	18,170	14,330	10,180	4,150
Kidney & renal pelvis	57,760	35,430	22,330	12,980	8,160	4,820
Ureter & other urinary organs	2,270	1,400	870	790	460	330
Eye & orbit	2,350	1,200	1,150	230	120	110
Brain & other nervous system	22,070	12,010	10,060	12,920	7,330	5,590
Endocrine system	39,330	11,070	28,260	2,470	1,100	1,370
Thyroid	37,200	10,000	27,200	1,630	690	940
Other endocrine	2,130	1,070	1,060	840	410	430
Lymphoma	74,490	40,630	33,860	20,790	10,630	10,160
Hodgkin lymphoma	8,510	4,640	3,870	1,290	800	490
Non-Hodgkin lymphoma	65,980	35,990	29,990	19,500	9,830	9,670
Myeloma	20,580	11,680	8,900	10,580	5,640	4,940
Leukemia	44,790	25,630	19,160	21,870	12,590	9,280
Acute lymphocytic leukemia	5,760	3,350	2,410	1,400	740	660
Chronic lymphocytic leukemia	15,490	9,200	6,290	4,390	2,630	1,760
Acute myeloid leukemia	12,810	6,920	5,890	9,000	5,170	3,830
Chronic myeloid leukemia	5,050	2,930	2,120	470	220	250
Other leukemia‡	5,680	3,230	2,450	6,610	3,830	2,780
Other & unspecified primary sites‡	31,490	15,290	16,200	44,510	23,920	20,590

* Rounded to the nearest 10; estimated new cases exclude basal and squamous cell skin cancers and in situ carcinomas except urinary bladder. About 62,280 female carcinoma in situ of the breast and 53,120 melanoma in situ will be newly diagnosed in 2009. † Estimated deaths for colon and rectum cancers are combined. ‡ More deaths than cases suggests lack of specificity in recording underlying causes of death on death certificates.

Source: Estimated new cases are based on 1995-2005 incidence rates from 41 states and the District of Columbia as reported by the North American Association of Central Cancer Registries (NAACCR), representing about 85% of the US population. Estimated deaths are based on data from US Mortality Data, 1969-2006, National Center for Health Statistics, Centers for Disease Control and Prevention, 2009.

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Probability of Developing Invasive Cancers (%) Over Selected Age Intervals by Sex, US, 2003-2005*

		Birth to 39	40 to 59	60 to 69	70 and Older	Birth to Death
All sites†	Male	1.42 (1 in 70)	8.44 (1 in 12)	15.71 (1 in 6)	37.74 (1 in 3)	43.89 (1 in 2)
	Female	2.07 (1 in 48)	8.97 (1 in 11)	10.23 (1 in 10)	26.17 (1 in 4)	37.35 (1 in 3)
Urinary bladder‡	Male	0.02 (1 in 4,448)	0.41 (1 in 246)	0.96 (1 in 104)	3.57 (1 in 28)	3.74 (1 in 27)
	Female	0.01 (1 in 10,185)	0.12 (1 in 810)	0.26 (1 in 378)	1.01 (1 in 99)	1.18 (1 in 84)
Breast	Female	0.48 (1 in 208)	3.79 (1 in 26)	3.41 (1 in 29)	6.44 (1 in 16)	12.03 (1 in 8)
Colon & rectum	Male	0.08 (1 in 1,296)	0.92 (1 in 109)	1.55 (1 in 65)	4.63 (1 in 22)	5.51 (1 in 18)
	Female	0.07 (1 in 1,343)	0.72 (1 in 138)	1.10 (1 in 91)	4.16 (1 in 24)	5.10 (1 in 20)
Leukemia	Male	0.16 (1 in 611)	0.22 (1 in 463)	0.35 (1 in 289)	1.17 (1 in 85)	1.50 (1 in 67)
	Female	0.12 (1 in 835)	0.14 (1 in 693)	0.20 (1 in 496)	0.77 (1 in 130)	1.07 (1 in 94)
Lung & bronchus	Male	0.03 (1 in 3,398)	0.99 (1 in 101)	2.43 (1 in 41)	6.70 (1 in 18)	7.78 (1 in 13)
	Female	0.03 (1 in 2,997)	0.81 (1 in 124)	1.78 (1 in 56)	4.70 (1 in 21)	6.22 (1 in 16)
Melanoma of the skin§	Male	0.16 (1 in 645)	0.64 (1 in 157)	0.70 (1 in 143)	1.67 (1 in 60)	2.56 (1 in 39)
	Female	0.27 (1 in 370)	0.53 (1 in 189)	0.35 (1 in 282)	0.76 (1 in 131)	1.73 (1 in 58)
Non-Hodgkin lymphoma	Male	0.13 (1 in 763)	0.45 (1 in 225)	0.58 (1 in 171)	1.66 (1 in 60)	2.23 (1 in 45)
	Female	0.08 (1 in 1,191)	0.32 (1 in 316)	0.45 (1 in 223)	1.36 (1 in 73)	1.90 (1 in 53)
Prostate	Male	0.01 (1 in 10,002)	2.43 (1 in 41)	6.42 (1 in 16)	12.49 (1 in 8)	15.78 (1 in 6)
Uterine cervix	Female	0.15 (1 in 651)	0.27 (1 in 368)	0.13 (1 in 761)	0.19 (1 in 530)	0.69 (1 in 145)
Uterine corpus	Female	0.07 (1 in 1,499)	0.72 (1 in 140)	0.81 (1 in 123)	1.22 (1 in 82)	2.48 (1 in 40)

* For people free of cancer at beginning of age interval.

† All sites excludes basal and squamous cell skin cancers and in situ cancers except urinary bladder.

‡ Includes invasive and in situ cancer cases.

§ Statistic is for whites only.

Source: DevCan: Probability of Developing or Dying of Cancer Software, Version 6.3.0. Statistical Research and Applications Branch, National Cancer Institute, 2008. srab.cancer.gov/devcan.

American Cancer Society, Surveillance and Health Policy Research, 2009

of radiation exposure. Leukemia may also occur as a side effect of chemotherapy. Children with Down syndrome and certain other genetic abnormalities have higher incidence rates of leukemia. Family history is one of the strongest risk factors for CLL. Cigarette smoking and exposure to certain chemicals such as benzene, a component in gasoline and cigarette smoke, are risk factors for myeloid leukemia. Infection with human T-cell leukemia virus type I (HTLV-I) can cause a rare type of CLL called adult T-cell leukemia/lymphoma. The prevalence of HTLV-I infection is geographically localized and is most common in southern Japan and the Caribbean; infected individuals in the US tend to be descendants or immigrants from endemic regions.

Early detection: Because symptoms often resemble those of other, less serious conditions, leukemia can be difficult to diagnose early. When a physician does suspect leukemia, diagnosis can be made using blood tests and a bone marrow biopsy.

Treatment: Chemotherapy is the most effective method of treating leukemia. Various anticancer drugs are used, either in combination or as single agents. Imatinib mesylate (Gleevec) is a highly specific drug used for the treatment of chronic myeloid (or myelogenous) leukemia (CML), which will be diagnosed in about 5,050 people in 2009. Studies have found that two related drugs, nilotinib (Tasigna) and dasatinib (Sprycel), are often effective when imatinib stops working. Imatinib is also sometimes used to treat ALL. Gemtuzumab ozogamicin (Mylotarg) is a targeted drug approved for treatment in older AML patients whose cancer has relapsed or who are not able to receive other chemotherapy. Antibiotics and transfusions of blood components are used as supportive treatments. Under appropriate conditions, bone marrow transplantation may be useful in treating certain types of leukemia.

Survival: Survival in leukemia varies by type, ranging from a 5-year relative survival of 22% for people with AML to 76% for people with CLL. Advances in treatment have resulted in a dramatic improvement in survival for people with ALL, from a 5-year relative survival rate of 42% in 1975-1977 to 66% in 1996-2004. Survival rates for children with ALL have increased from 58% to 88% over the same time period.

Five-year Relative Survival Rates* (%) by Stage at Diagnosis, 1996-2004

Site	All Stages	Local	Regional	Distant	Site	All Stages	Local	Regional	Distant
Breast (female)	88.7	98.1	83.8	27.1	Ovary	45.5	92.7	71.1	30.6
Colon & rectum	64.4	89.7	68.4	10.8	Pancreas	5.1	20.0	8.2	1.8
Esophagus	15.8	34.4	17.1	2.8	Prostate§	98.9	100.0	—	31.7
Kidney†	66.5	89.9	61.3	9.9	Stomach	24.7	60.7	24.8	3.7
Larynx	62.5	80.9	50.2	23.4	Testis	95.5	99.3	95.7	71.1
Liver‡	11.7	23.8	7.7	2.9	Thyroid	96.9	99.7	96.9	57.8
Lung & bronchus	15.2	49.5	20.6	2.8	Urinary bladder	79.8	92.5	44.7	6.1
Melanoma of the skin	91.2	98.7	65.1	15.5	Uterine cervix	71.2	91.7	55.9	16.6
Oral cavity & pharynx	59.7	82.2	52.7	28.4	Uterine corpus	82.9	95.5	67.5	23.6

* Rates are adjusted for normal life expectancy and are based on cases diagnosed in the SEER 17 areas from 1996-2004, followed through 2005.
† Includes renal pelvis. ‡ Includes intrahepatic bile duct. § The rate for local stage represents local and regional stages combined.

Local: an invasive malignant cancer confined entirely to the organ of origin. **Regional:** a malignant cancer that 1) has extended beyond the limits of the organ of origin directly into surrounding organs or tissues; 2) involves regional lymph nodes by way of lymphatic system; or 3) has both regional extension and involvement of regional lymph nodes. **Distant:** a malignant cancer that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis to distant organs, tissues, or via the lymphatic system to distant lymph nodes.

Source: Ries LAG, Melbert D, Krapcho M, et al. (eds). *SEER Cancer Statistics Review, 1975-2005*, National Cancer Institute, Bethesda, MD, seer.cancer.gov/csr/1975_2005/, 2008.

American Cancer Society, Surveillance and Health Policy Research, 2009

Deaths: An estimated 14,600 deaths are expected in 2009. Ovarian cancer causes more deaths than any other cancer of the female reproductive system. Death rates for ovarian cancer have been stable since 1998.

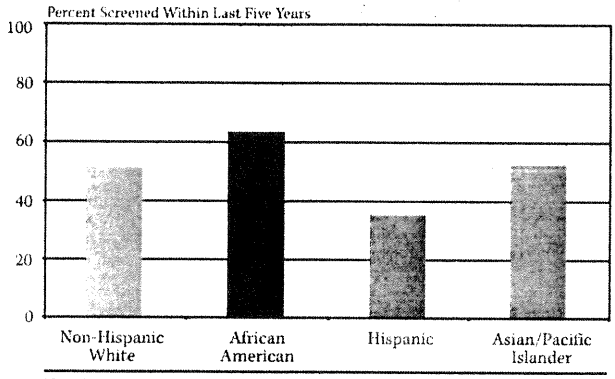
Signs and symptoms: The most common sign is enlargement of the abdomen, which is caused by accumulation of fluid. Early ovarian cancer usually has no obvious symptoms. However, recent studies indicate that some women may experience persistent, nonspecific symptoms, such as bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, or urinary urgency or frequency. Women who experience such symptoms daily for more than a few weeks should seek prompt medical evaluation. Abnormal vaginal bleeding is rarely a symptom of ovarian cancer.

Risk factors: Risk for ovarian cancer increases with age. Pregnancy and the long-term use of oral contraceptives reduce the risk of developing ovarian cancer. Tubal ligation and hysterectomy appear to decrease risk for most women. The use of estrogen alone as postmenopausal hormone therapy has been shown to increase risk in several large studies. Heavier body weight may be associated with increased risk of ovarian cancer. Women who have had breast cancer or who have a family history of breast or ovarian cancer are at increased risk. Inherited mutations in BRCA1 or BRCA2 genes increase risk. Studies suggest that preventive surgery to remove the ovaries and fallopian tubes can decrease the risk of ovarian cancers in women with BRCA1 and BRCA2 mutations. Another genetic syndrome, hereditary nonpolyposis colon cancer, has also been associated with endometrial and ovarian cancer. Ovarian cancer incidence rates are highest in Western industrialized countries.

Early detection: There is currently no sufficiently accurate screening test proven to be effective in the early detection of ovarian cancer. Pelvic examination only occasionally detects ovarian cancer, generally when the disease is advanced. However, the combination of a thorough pelvic exam, transvaginal ultrasound, and a blood test for the tumor marker CA125 may be offered to women who are at high risk of ovarian cancer and to women who have persistent, unexplained symptoms. For women at average risk, transvaginal ultrasound and testing for the tumor marker CA125 may help in diagnosis but are not used for routine screening.

Treatment: Treatment options include surgery, chemotherapy, and occasionally radiation therapy. Surgery usually involves removal of one or both ovaries, fallopian tubes (salpingoophorectomy), and the uterus (hysterectomy). In younger women with very early stage tumors who wish to have children, only the involved ovary and fallopian tube may be removed. In more advanced disease, surgically removing all abdominal metastases enhances the effect of chemotherapy and helps improve survival. For women with stage III ovarian cancer that has been optimally debulked (removal of as much of the cancerous tissue as possible), studies have shown that chemotherapy administered both intravenously and directly into the abdomen improves survival. Studies have found that women who are treated by a gynecologic oncologist have more successful outcomes.

Sigmoidoscopy/Colonoscopy Use Among Persons Ages 50 and Older by Race/Ethnicity in California, 2006



Note: Data are weighted to the 2000 California population.
Source: California Behavioral Risk Factor Survey.
Prepared by the California Department of Public Health, Cancer Surveillance Section.

American Cancer Society Colon and Rectum Cancer Activities

The American Cancer Society has an aggressive, multipronged initiative to reduce incidence and mortality from colon and rectum cancer. Nationwide colorectal cancer education activities target men and women ages 50 and over who need to get tested; physicians and other health care providers who need to recommend screening to their eligible patients; and health plans and health insurers who set policy and control payment for screening procedures. The legislative advocacy campaign targets activities to increase funding to support research into the causes, cures, and care of colon and rectum cancer and addresses legislation for programs to provide coverage for screening. Programs such as the *Colon Cancer Free Zone* will be implemented to involve local communities in increasing awareness of the importance of colon cancer screening. The Society is also a strong supporter of, and participant in, the statewide *California Colorectal Cancer Coalition (C4)*, whose mission is to save lives and reduce suffering from colorectal cancer.

Prostate Cancer

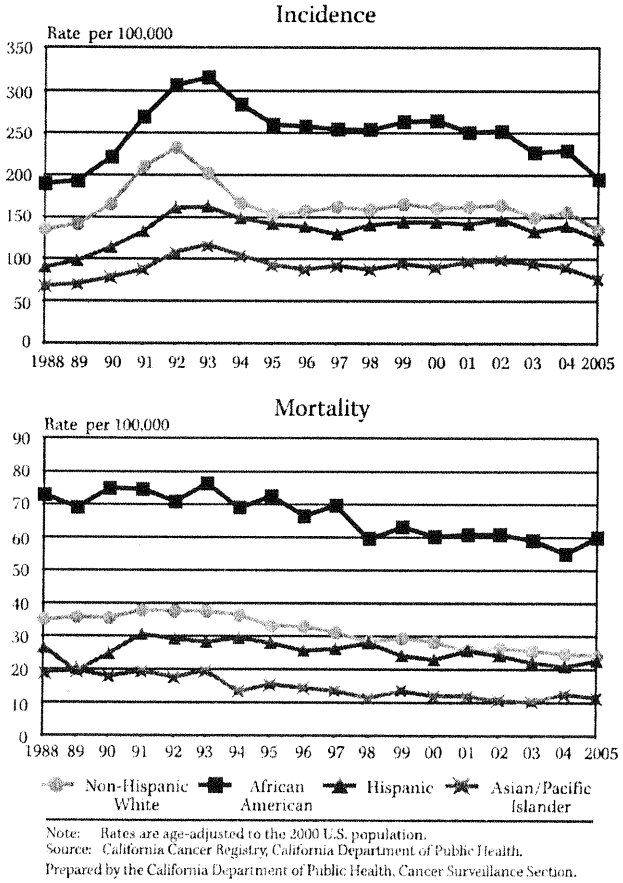
Prostate cancer is the most common cancer among men in almost all racial/ethnic groups in California. The number of prostate cancers diagnosed each year rose dramatically in the early 1990s when the prostate-specific antigen (PSA) test began to be widely used to detect this cancer (see next page). Incidence rates peaked in 1992-93 and were 1.38% higher in 2005 than in 1988, depending on race/ethnicity. These trends are consistent with the rapid introduction of a new, sensitive screening method.

African American men are at especially high risk for prostate cancer. They are over 45% more likely to develop this disease than non-Hispanic white men, over 60% more likely than Hispanic men, and nearly three times more likely than Asian/Pacific Islanders. Unlike breast cancer, prostate cancer tends to be diagnosed late in life. Nearly 65% of prostate cancers are diagnosed among men ages 65 and older.

Very little is known about the causes of prostate cancer. Large international differences in prostate cancer risk indicate that lifestyle factors such as diet may be involved and it is likely that diet interacts with hormonal status in complex ways.

The survival rate for prostate cancer is quite high (see page 7), especially when diagnosed early. Prostate cancer mortality in California decreased by 31% after 1988,

Trends in Prostate Cancer by Race/Ethnicity in California, 1988-2005*



Note: Rates are age-adjusted to the 2000 U.S. population.
Source: California Cancer Registry, California Department of Public Health.
Prepared by the California Department of Public Health, Cancer Surveillance Section.

***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 page 1 or http://www.ccrcal.org/VAtechnotes.html)**

Expected New Cancer Cases & Deaths in California – 2009

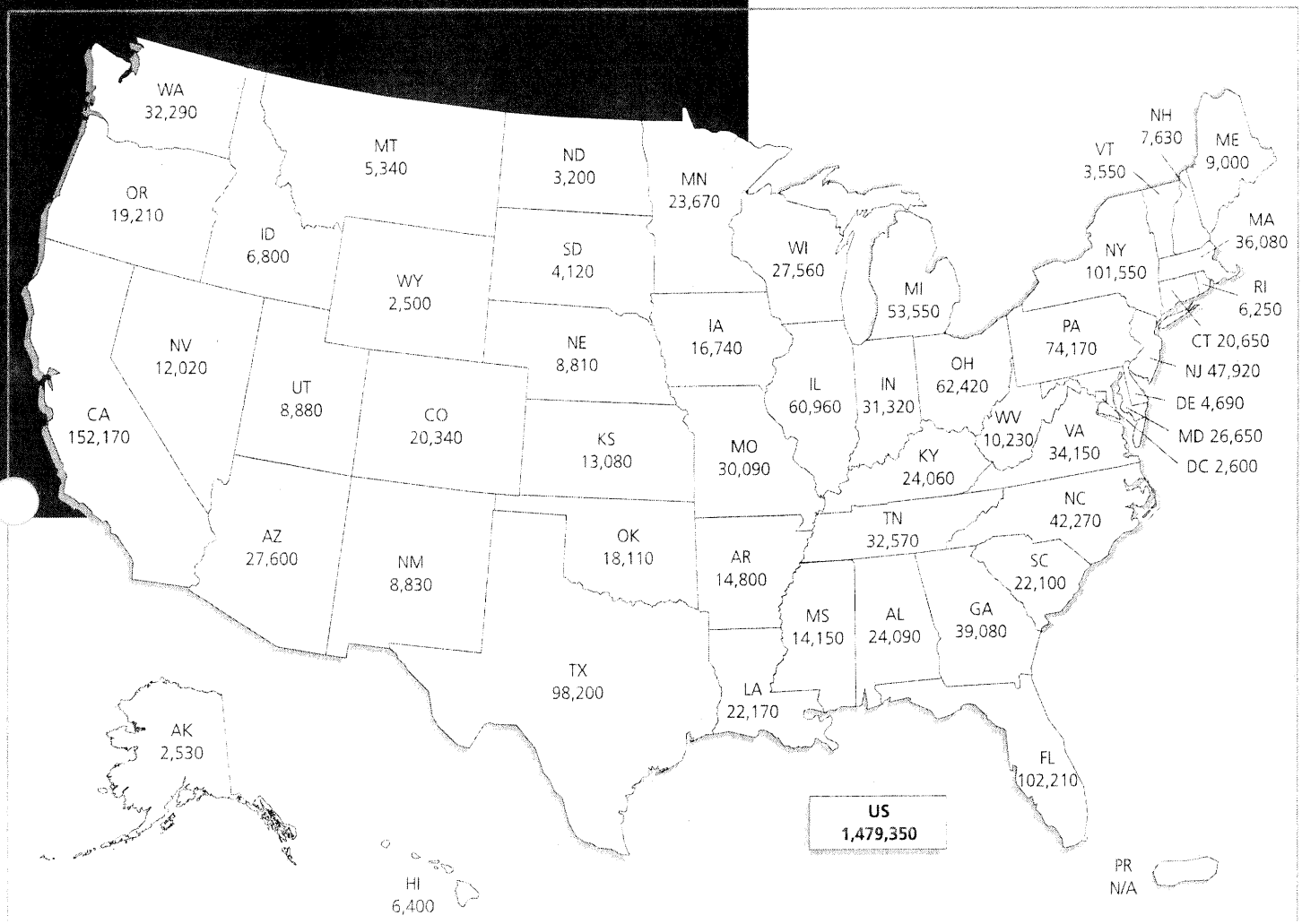
Site	Expected New Cases			Expected Deaths		
	Total*	Male	Female	Total*	Male	Female
All Sites	140,815	69,225	71,590	54,460	27,725	26,735
Oral Cavity and Pharynx	3,345	2,275	1,070	830	555	280
Digestive System	27,370	14,660	12,715	14,240	7,780	6,460
Esophagus	1,290	975	315	1,200	905	295
Stomach	2,640	1,595	1,045	1,530	885	645
Small Intestine	520	290	230	125	65	60
Colon excluding Rectum	10,205	4,905	5,300	4,270	2,145	2,125
Rectum and Rectosigmoid	4,045	2,345	1,700	870	475	395
Anus, Canal and Anorectum	585	250	335	85	30	55
Liver and Intrahepatic Bile Duct	2,700	1,880	820	2,240	1,480	760
Gallbladder	385	105	280	185	45	140
Other Biliary	615	315	300	155	70	85
Pancreas	3,625	1,745	1,875	3,380	1,650	1,730
Retroperitoneum	140	70	70	25	15	10
Respiratory System	18,305	9,890	8,415	13,730	7,370	6,360
Nasal Cavity, Middle Ear	220	130	95	50	25	25
Larynx	885	720	170	310	250	60
Lung and Bronchus	16,830	8,760	8,075	13,330	7,075	6,260
Pleura	280	225	55	20	15	5
Bones and Joints	295	160	135	170	95	70
Soft Tissue including Heart	1,105	625	475	395	205	195
Melanomas of the Skin	7,280	4,380	2,900	840	570	270
Other Non-Epithelial Skin	850	560	295	265	185	80
Breast	22,255	140	22,115	4,200	30	4,170
Female Genital System	8,320	0	8,320	2,840	0	2,840
Cervix Uteri	1,480	0	1,480	410	0	410
Corpus Uteri and Uterus, NOS**	3,955	0	3,955	705	0	705
Ovary	2,325	0	2,325	1,580	0	1,580
Vagina	100	0	100	35	0	35
Vulva	345	0	345	75	0	75
Male Genital System	18,950	18,950	0	3,155	3,155	0
Prostate	17,890	17,890	0	3,060	3,060	0
Testis	990	990	0	65	65	0
Penis	105	105	0	25	25	0
Urinary System	10,275	7,230	3,045	2,680	1,800	875
Urinary Bladder	6,085	4,585	1,495	1,360	975	390
Kidney and Renal Pelvis	4,240	2,755	1,485	1,205	755	455
Ureter	165	90	75	35	15	20
Eye and Orbit	270	150	120	30	15	10
Brain and Other Nervous System	2,095	1,170	925	1,460	845	620
Thyroid Gland	3,520	825	2,695	165	65	100
Other Endocrine, Thymus	230	125	105	90	50	40
Hodgkin Disease	895	480	420	155	90	60
Non-Hodgkin Lymphoma	6,135	3,375	2,755	2,125	1,160	965
Multiple Myeloma	1,730	940	790	1,055	565	490
Leukemias	3,650	2,095	1,555	2,190	1,240	950
Lymphocytic Leukemia	1,790	1,065	725	635	360	275
Acute Lymphocytic Leukemia	640	370	270	235	135	100
Chronic Lymphocytic Leukemia	1,010	600	405	360	205	155
Myeloid and Monocytic Leukemia	1,535	850	680	1,075	615	460
Acute Myeloid Leukemia	1,090	610	480	870	495	375
Chronic Myeloid Leukemia	445	245	200	120	70	50
Acute Monocytic Leukemia	95	50	45	10	5	5
Ill Defined/Unknown	3,330	1,640	1,685	3,930	2,075	1,855

Source: California Cancer Registry, California Department of Public Health. Excludes non-melanoma skin cancers and carcinoma *in situ*, except bladder. Deaths include persons who may have been diagnosed in previous years. These projections are offered as a rough guide, and should not be regarded as definitive.

* Male and female cases and deaths do not sum up to the total because of rounding of numbers.

** NOS: Not Otherwise Specified

Cancer Facts & Figures 2009



Estimated number of new cancer cases for 2009, excluding basal and squamous cell skin cancers and in situ carcinomas except urinary bladder.
Note: State estimates are offered as a rough guide and should be interpreted with caution. State estimates may not add to US total due to rounding.

American Cancer Society®

Special Section:
Multiple Primary Cancers
see page 24

Proposed Proclamation

Prostate Cancer Awareness Month – September 2009

Web Sites

The following web sites are a repository of proclamations declaring September as Prostate Cancer Awareness Month. These sites have copies of proclamations from the President of the United States, the US Senate and the Governors of all 50 states.

White House

www.whitehouse.gov
Home page, right side, type "proclamations" in the search box.
On the next page, right side, type "prostate cancer" in the search box.
Note: President Obama has not yet issued this proclamation at the time this report was prepared.

US Senate

http://thomas.loc.gov
Click on: Bills, Resolutions (left column)
Click on: Search Multiple Congresses (top right)
In the Search box type: prostate cancer awareness month
Check the following radio buttons: 110, All, Senate Bills Only. Click on Search.
Click on S.RES.667.ATS

California Governor

http://gov.ca.gov/archive/proclamation
In the right column under Proclamation Archives, click on the appropriate year and month.

Prostate Cancer Awareness

This web site has a library of proclamations from the White House, US Senate all of the 50 states. Due to funding limitations, this site does not always show the most current proclamations.

www.pcaawareness.net/
Click on September is Prostate Cancer Awareness Month.
Click on the American flag for proclamations from the White House and US Senate.
Click on the state flag for each state proclamation.
Note: this site's home page has a picture of the proposed US postage stamp supporting prostate cancer awareness.

American Cancer Society

www.cancer.org
In the Home page Search box, type the following:
Cancer Facts & Figures 2009
California Cancer Facts & Figures, 2009
In the Home page Search box type: cancer awareness calendar