

District of Columbia Cancer Facts and Figures

*for
Town Meeting
"D.C. Declares War on Cancer"*

March 23, 2000

at the
People's Congregational United Church of Christ
4704 13th Street N.W.

★ ★ ★
Government of the
District of Columbia
Anthony A. Williams, Mayor

Ivan C.A. Walks, M.D.
Chief Health Officer
for the District of Columbia
Director, Department of Health



Dr. Vinco Kofie 442-5910

ALL SITES

Incidence and Mortality Summary

	Male	Female	Total
Age-adjusted incidence rate per 100,000	637.2	379.2	482.3
Total # of new cases	1737	1497	3241
# of new invasive cases	1400	1191	2595
# of new in-situ cases	2	3	5
# of deaths	704	654	1359

Total Cases and Deaths by Ward

Ward	Total Cases	Deaths
Ward 1	339	136
Ward 2	352	131
Ward 3	347	141
Ward 4	533	244
Ward 5	543	230
Ward 6	346	167
Ward 7	375	194
Ward 8	214	113
Unknown	192	3

highest

Stage at Diagnosis

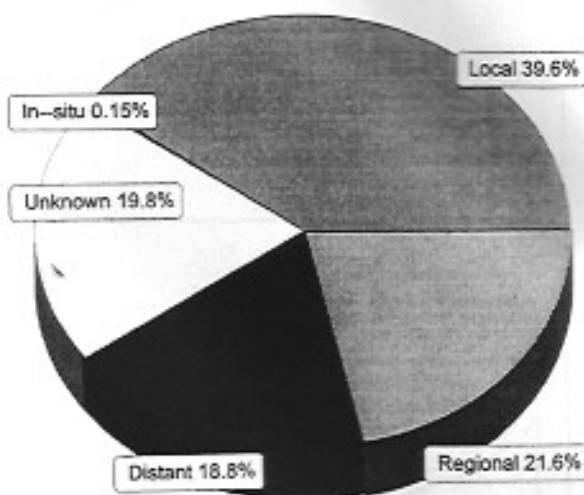


Fig 1: All Cancer Sites - All Races & Sexes

Risk and Associated Factors

Age	Rates usually increase steadily with age. Most cases are adults in mid-life or older.
Gender	Males have a higher incidence than females for most cancer types.
Race & SES*	Rates overall are higher for African Americans than for Caucasians and other ethnic groups. Rates are generally higher among lower income groups.
Diet	Diets that are higher in fat and lower in fruits and vegetables have been associated with increased incidence of several cancers.
Other	Tobacco use is the single most important risk factor for cancer incidence and mortality. Heavy alcohol abuse, especially in conjunction with tobacco use, is an additional risk factor in many cancer related deaths.

Special Notes

95% confidence interval on the age-adjusted total incidence rate:	465.7 - 498.9
Mean age-adjusted incidence rate across wards:	454.5
Median age-adjusted incidence rate of wards:	429.4
Range of age-adjusted incidence rates for wards:	328.1 (306.1 Ward 8 > 634.2 Ward 5)

* Socio-economic Status

While black males generally had the highest incidence and mortality rates for most types of cancer at each stage - local, regional, and distant, - the extent of their disease at diagnosis tended to be only 1 to 4% higher than white males. Blacks in general had 2.1% fewer diagnoses initially made at the local stage and 4.3% more cancers diagnosed at the distant stage. Black male incidence and mortality rates were 1.5 and 2 times that of white males respectively.

BREAST

Incidence and Mortality Summary

	Male	Female	Total
Age-adjusted incidence rate per 100,000	3.0	123.2	71
Total # of new cases	8	459	467
# of new invasive cases	5	414	419
# of new in-situ cases	1	1	2
# of deaths	3	121	124

Total Cases and Deaths by Ward

Ward	Cases	Deaths
Ward 1	52	17
Ward 2	64	11
Ward 3	67	15
Ward 4	63	18
Ward 5	77	17
Ward 6	34	17
Ward 7	42	18
Ward 8	39	10
Unknown	29	1

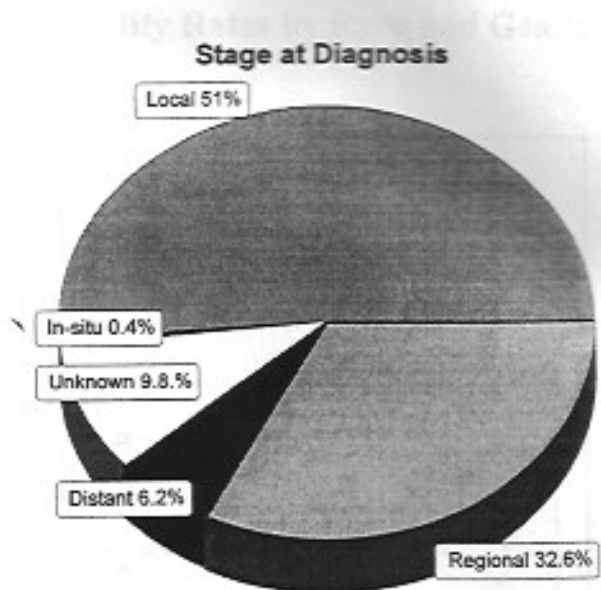


Fig 13: Breast Cancer - All Females

Risk and Associated Factors

Age	Rates increase steadily with age. Over 75% of breast cancers are diagnosed in women over the age of 50.
Race & SES*	Caucasian women have higher incidence rates than African American women after the age of 50.
Genetics	Mutations in specific genes (BRCA-1; BRCA-2) have been associated with 5-10% of breast cancers.
Hormonal	There is evidence of hormonal influence in the risk of developing breast cancer. Longer intervals of menarche to the first full-term pregnancy and from menarche to menopause, as well as menarche before age 13, have been associated with higher risks of breast cancer.
Other	Obesity, sedentary life-style, having cancer in an opposite breast, having a mother or sister with breast cancer, drinking 2 or more alcoholic beverages a day, and a history of radiation therapy to the chest area when young have all been implicated as associated risk factors.

Special Notes

95% confidence interval on the age-adjusted total incidence rate:	64.6 - 77.5
Mean age-adjusted incidence rate across wards:	65.7
Median age-adjusted incidence rate of wards:	65.0
Range of age-adjusted incidence rates for wards:	46.0 (45.6 Ward 6 > 91.6 Ward 5)
Black female mortality rate was twice that of white females, and black females often have their disease diagnosed at a later stage. Clinical breast examinations and mammography have been shown to reduce breast cancer mortality by 30% among women aged 50 and older.	

*Socio-economic Status

CERVIX

Incidence and Mortality Summary

	Male	Female	Total
Age-adjusted incidence rate per 100,000		17.1	9.5
Total # of new cases		63	63
# of new invasive cases		52	52
# of new in-situ cases		-	-
# of deaths		15	15

Total Cases and Deaths by Ward

Ward	Total Cases	Deaths
Ward 1	14	1
Ward 2	10	2
Ward 3	2	-
Ward 4	6	-
Ward 5	6	2
Ward 6	9	4
Ward 7	4	2
Ward 8	7	4
Unknown	4	

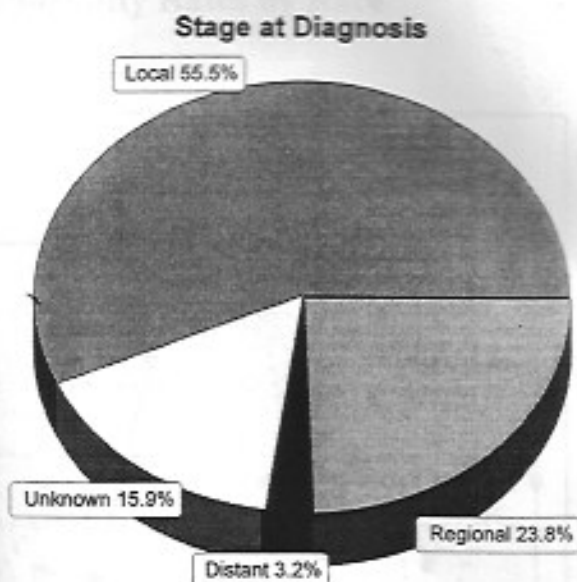


Fig 17: Cervical Cancer - All Females

Risk and Associated Factors

Age	Cervical cancer occurs in adult women of any age, however, the majority of invasive cases are diagnosed in older women.
Race & SES*	African American women, as well as women in lower income groups, experience higher rates.
Other	Strong risk factors for cervical cancer and its precursors include: a history of genital human papilloma virus (HPV) infection (specifically HPV types 6,18,33,35, or 45) or other sexually transmitted disease, early age at first intercourse (less than 16 years old), a history of multiple sexual partners, and HIV infection. Exposure to cigarette smoke is also a known risk factor, although by unknown mechanisms.

Special Notes

95% confidence interval on the age-adjusted total incidence rate:	7.2 - 11.9
Mean age-adjusted incidence rate across wards:	8.8
Median age-adjusted incidence rate of wards:	9.3
Range of age-adjusted incidence rates for wards:	13.0 (2.3 Ward 3 > 15.3 Ward 1)

No cases of cervical cancer were diagnosed in persons less than 25 years of age. Increased screening with routine Pap tests, particularly among lower income and older women, will help to reduce the incidence for invasive disease. Today, the majority of cases are diagnosed before the invasive stage and have cure rates approaching 100%. Only black females died from this disease during the report year.

*Socio-economic Status

COLON (excluding rectum)

Incidence and Mortality Summary

	Male	Female	Total
Age-adjusted incidence rate per 100,000	49.2	36.4	41.1
Total # of new cases	137	161	299
# of new invasive cases	124	135	260
# of new in-situ cases	-	1	1
# of deaths	61	66	128

Total Cases and Deaths by Ward

Ward	Total Cases	Deaths
Ward 1	18	9
Ward 2	24	9
Ward 3	31	19
Ward 4	66	29
Ward 5	52	18
Ward 6	30	15
Ward 7	41	23
Ward 8	22	6
Unknown	15	

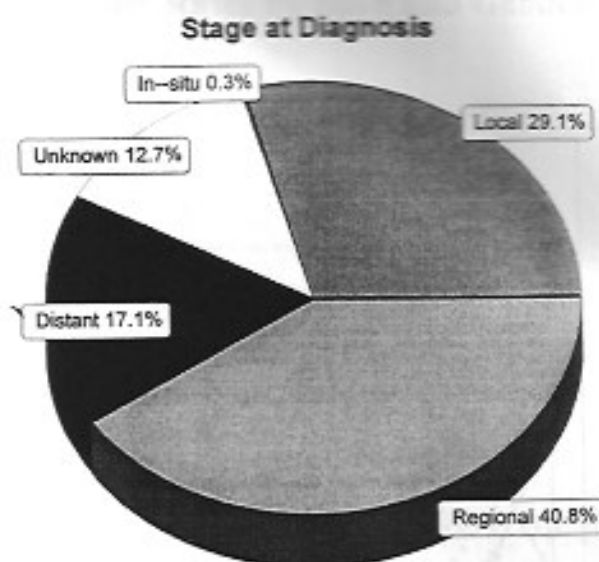


Fig 21: Colon Cancer - All Races & Sexes

Risk and Associated Factors

Age	Rates increase with age. The vast majority of cases occur after age 50.
Gender	Incidence rates are higher in males.
Genetics	Specific genetic alterations have been recognized in several hereditary conditions with high risk of colon cancer such as familial adenomatous polyposis (FAP) and Gardner's syndrome.
Diet	Evidence that diets high in fat or low in fiber contribute to increased risk of colon cancer has been shown.
Other	Individuals with a close family history of this cancer and those with a personal history of certain other cancers or conditions (i.e. ulcerative colitis or Crohn's colitis) are at increased risk. Regular, moderate physical activity is associated with lower rates of this cancer.

Special Notes

95% confidence interval on the age-adjusted total incidence rate:	36.4 - 45.8
Mean age-adjusted incidence rate across wards:	39.5
Median age-adjusted incidence rate of wards:	32.5
Range of age-adjusted incidence rates for wards:	53.9 (18.6 Ward 1 > 72.5 Ward 4)

No cases of colon cancer were diagnosed in persons less than 25 years of age. There was a gradual increase in age-specific rate, peaking in the age group 85+ for males/females. Black males experienced a mortality rate of greater than twice that of black females and three times that of white males. The general progression of a polyp to cancer is thought to take between 8-10 years, and routine screening is recommended beginning at age 50 for the general population.

*Socio-economic Status

LUNG & BRONCHUS

Incidence and Mortality Summary

	Male	Female	Total
Age-adjusted incidence rate per 100,000	85.1	46.3	62.2
Total # of new cases	229	182	413
# of new invasive cases	196	139	335
# of new in-situ cases	-	-	-
# of deaths	198	129	327

Total Cases and Deaths by Ward

Ward	Total Cases	Deaths
Ward 1	48	38
Ward 2	42	28
Ward 3	40	28
Ward 4	69	60
Ward 5	65	63
Ward 6	41	32
Ward 7	60	50
Ward 8	28	28
Unknown	20	

Stage at Diagnosis

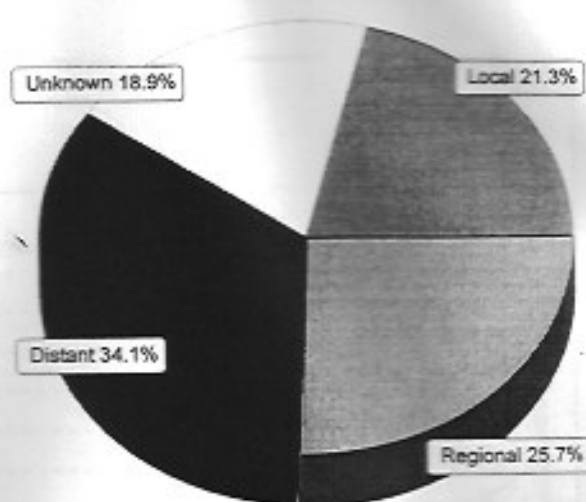


Fig 53: Lung & Bronchus Cancer - All Races and Sexes

Risk and Associated Factors

Age	Lung cancer age-specific incidence rates increase with age through the eighth decade.
Gender	The incidence rate is currently higher in males than in females, but the gap is narrowing due to increased smoking rates in women.
Race & SES*	Generally, incidence is higher among African Americans than other ethnic groups.
Diet	Diets high in fresh fruits and vegetables have been associated with significant risk reduction. There is laboratory evidence of a protective effect from vitamins A, C, E, and selenium.
Occupation	Occupational or environmental exposure to asbestos, radon, polycyclic aromatic hydrocarbons and other substances increase the risk.
Other	Cigarette smoking, including exposure to second-hand smoke, is the most important risk factor accounting for over 85% of lung cancer deaths.

Special Notes

95% confidence interval on the age-adjusted total incidence rate:	56.2 - 68.2
Mean age-adjusted incidence rate across wards:	59.6
Median age-adjusted incidence rate of wards:	56.7
Range of age-adjusted incidence rates for wards:	42.5 (39.2 Ward 3 > 81.7 Ward 7)

No cases of lung cancer were diagnosed in persons less than 35 years of age. There was a gradual increase in age-specific rate, peaking in the age group 80 - 84 for males and females. Age-adjusted and age-specific incidence rates for males were uniformly higher than for females after age 35 - 39.

* Socio-economic Status

PROSTATE

Incidence and Mortality Summary

	Male	Female	Total
Age-adjusted incidence rate per 100,000	254.1	-	103.6
Total # of new cases	678	-	678
# of new invasive cases	573	-	573
# of new in-situ cases	-	-	-
# of deaths	108	-	108

Total Cases and Deaths by Ward

Ward	Total Cases	Deaths
Ward 1	50	8
Ward 2	61	9
Ward 3	64	14
Ward 4	144	24
Ward 5	126	18
Ward 6	71	10
Ward 7	92	16
Ward 8	33	9
Unknown	37	

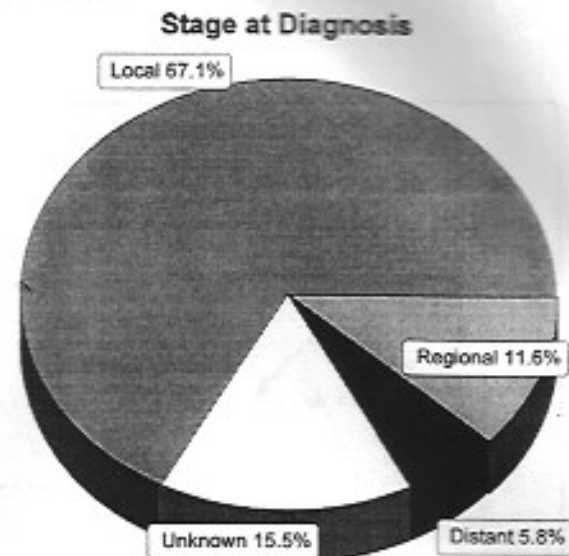


Fig 81: Prostate Cancer - All Males

Risk and Associated Factors

Age	It is seldom diagnosed before age 50, and is primarily a disease of older men.
Race & SES*	African American men have a substantially higher rate than Caucasian males.
Genetics	A family history of prostate cancer is associated with increased risk.
Diet	Dietary fat has been implicated in some studies.
Other	Environmental and familial factors may contribute to an increased incidence, but no specific factor in these two potential groups has been clearly defined.

Special Notes

95% confidence interval on the age-adjusted total incidence rate:	95.8 - 111.4
Mean age-adjusted incidence rate across wards:	98.1
Median age-adjusted incidence rate of wards:	86.7
Range of age-adjusted incidence rates for wards:	126.1 (45.6 Ward 8 > 171.7 Ward 4)

There was only one case of prostate cancer diagnosed in a man less than 45 years of age. There was a gradual increase in the age-specific rate to age 70 to 74 generally, peaking in the over 85 age group for black males and in the 70 to 74 age group for white males. Black males had a 50% higher rate of being diagnosed at the distant stage than white males. Black males had an overall mortality rate of 3.2 times that of white males.

*Socio-economic Status

State Center for Health Statistics (SCHS)
Reports

**TABLE 1: 1996 Mortality Rates for the District of Columbia
(per 100,000 Population)**

Indicators	District of Columbia	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Estimated Population	543,213	73,083	76,517	75,622	70,058	68,667	59,660	60,334	59,272
Deaths from Heart Disease									
Number	1,597	156	192	190	288	258	144	204	127
Rate	294.0	213.5	250.9	251.2	411.1	375.7	241.4	338.1	214.3
Deaths from Cancer									
Number	1,381	137	129	142	250	224	166	197	111
Rate	254.2	187.5	168.6	187.8	356.8	326.2	278.2	326.5	187.3
Deaths from HIV/AIDS									
Number	562	103	81	16	63	76	80	68	58
Rate	103.5	140.9	105.9	21.2	89.9	110.7	134.1	112.7	97.9
Deaths from Cerebrovascular Disease									
Number	375	29	41	56	67	53	37	46	35
Rate	69.0	39.7	53.6	74.1	95.6	77.2	62.0	76.2	59.0
Deaths from Homicide									
Number	325	37	27	1	27	54	51	54	70
Rate	59.8	50.6	35.3	1.3	38.5	78.6	85.5	89.5	118.1
Deaths from Accidents & Adverse Effects									
Number	170	12	24	11	25	16	30	32	16
Rate	31.3	16.4	31.4	14.5	35.7	23.3	50.3	53.0	27.0

Source: A Vital Statistics Data Sheet - 1996. District of Columbia Department of Health, State Center for Health Statistics.

State Center for Health Statistics (SCHS)

Reports

**TABLE 1: 1997 Mortality Rates for the District of Columbia
(per 100,000 Population)**

Indicators	District of Columbia	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Estimated Population	528,964	71,166	74,510	73,638	68,220	66,866	58,095	58,752	57,717
Deaths from Heart Disease									
Number	1,423	143	184	143	260	234	152	182	119
Rate	269.0	200.9	246.9	194.2	381.1	350.0	261.6	309.8	206.2
Deaths from Cancer									
Number	1,213	112	128	146	218	191	160	155	100
Rate	229.3	157.4	171.8	198.3	319.6	285.6	275.4	263.8	173.3
Deaths from HIV/AIDS									
Number	244	41	26	6	26	35	43	31	34
Rate	46.1	57.6	34.9	8.1	38.1	52.3	74.0	52.8	58.9
Deaths from Cerebrovascular Disease									
Number	270	28	34	39	51	38	29	34	16
Rate	51.0	39.3	45.6	53.0	74.8	56.8	49.9	57.9	27.7
Deaths from Homicide									
Number	239	32	14	2	22	36	40	50	41
Rate	45.2	45.0	18.8	2.7	32.2	53.8	68.9	85.1	71.0
Deaths from Diabetes									
Number	178	9	12	18	32	31	26	34	15
Rate	33.7	12.6	16.1	24.4	46.9	46.4	44.8	57.9	26.0
Deaths from Accidents & Adverse Effects									
Number	126	11	16	10	21	20	20	14	10
Rate	23.8	15.5	21.5	13.6	30.8	29.9	34.4	23.8	17.3

Source: A Vital Statistics Data Sheet - 1997. District of Columbia Department of Health, State Center for Health Statistics.

State Center for Health Statistics (SCHS)
Reports

**TABLE 1: 1995 Mortality Rates for the District of Columbia
(per 100,000 Population)**

Indicators	District of Columbia	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Estimated Population	554,256	72,733	71,913	71,028	71,622	68,544	65,862	66, 598	65,956
Deaths from Heart Disease									
Number	1,604	161	178	212	293	250	170	202	107
Rate	289.4	221.4	247.5	298.5	409.1	364.7	258.1	303.3	162.2
Deaths from Cancer									
Number	1,468	139	156	148	265	238	166	213	120
Rate	264.8	191.1	216.9	208.4	370.0	347.2	252.0	319.8	181.9
Deaths from HIV/AIDS									
Number	664	109	99	19	83	92	106	67	74
Rate	119.8	149.9	137.7	26.8	115.9	134.2	160.9	100.6	112.2
Deaths from Cerebrovascular Disease									
Number	363	42	39	66	53	53	38	30	36
Rate	65.5	57.8	54.2	92.9	74.0	77.3	57.7	45.0	54.6
Deaths from Homicide									
Number	318	24	18	0	28	61	55	62	63
Rate	57.4	33.0	25.0	0.0	39.1	89.0	83.5	93.1	95.5
Deaths from Accidents & Adverse Effects									
Number	182	26	14	17	19	26	25	25	20
Rate	32.8	35.7	19.5	23.9	26.5	37.9	40.0	37.5	30.3

Source: A Vital Statistics Data Sheet - 1995. District of Columbia Department of Health, State Center for Health Statistics.