

Pancreatic Cancer

Pancreatic cancer was the fourth leading cause of cancer deaths.

- Pancreatic cancer was the 10th most commonly diagnosed invasive cancer in the county.
- White residents accounted for the majority of new pancreatic cancer cases and deaths.

Deaths

Between 2005–2007, pancreatic cancer was the fourth most common cause of cancer death in Contra Costa, accounting for 6.6% of all cancer deaths and 1.7% of all deaths in the county. During this time, 341 Contra Costa residents died of pancreatic cancer. This means that an average of 114 Contra Costa residents died from pancreatic cancer each year.

The age-adjusted death rate from pancreatic cancer in Contra Costa (10.5 per 100,000) was similar to the age-adjusted rate for California (10.7 per 100,000).

Table 1 ■ Pancreatic cancer deaths by race/ethnicity
Contra Costa County, 2005–2007

	Deaths	Percent	Rate	
White	242	71.0%	11.0	In this report a pancreatic cancer case is defined as a primary malignant tumor that originated in the pancreas rather than having spread from another location.
African American	33	9.7%	14.1	
Asian/Pacific Islander	33	9.7%	9.3	
Hispanic	27	7.9%	7.4	
Total	341	100.0%	10.5	

These are age-adjusted rates per 100,000 residents.
Total includes racial/ethnic groups not listed above.

The greatest number of deaths from pancreatic cancer in the county occurred among whites (242) followed by African Americans (33), Asians/Pacific Islanders (33) and Hispanics (27).

All racial/ethnic groups listed had similar pancreatic cancer death rates to the county (10.5 per 100,000). Males (11.6 per 100,000) and females (9.6 per 100,000) also had similar pancreatic death rates and number of deaths (167 vs. 174, respectively). *[Note: Although several rates in this section appear different they are referred to as “similar” because they are not statistically significantly different.]*

Table 2 ■ Pancreatic cancer deaths by gender

Contra Costa County, 2005–2007

	Deaths	Percent	Rate
Females	174	51.0%	9.6
Males	167	49.0%	11.6
Total	341	100.0%	10.5

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

The greatest number of deaths from pancreatic cancer occurred among people living in Walnut Creek (60), Richmond (39) and Concord (34). These three cities had similar pancreatic cancer death rates to the county (10.5 per 100,000). Data was limited at the city level due to small numbers of deaths.

Table 3 ■ Pancreatic cancer deaths by selected cities

Contra Costa County, 2005–2007

	Deaths	Percent	Rate	
Walnut Creek	60	17.6%	14.3	Invasive pancreatic cancer is cancer that has spread beyond the tissue where it developed to surrounding, healthy tissue.
Richmond	39	11.4%	13.8	
Concord	34	10.0%	9.2	
Antioch	18	5.3%	NA	
Pleasant Hill	18	5.3%	NA	
Pittsburg	14	4.1%	NA	
San Pablo	14	4.1%	NA	
El Cerrito	11	3.2%	NA	
Martinez	10	2.9%	NA	
Brentwood	10	2.9%	NA	
Pinole	9	2.6%	NA	
Oakley	7	2.1%	NA	
Hercules	6	1.8%	NA	
Contra Costa	341	100.0%	10.5	

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

Contra Costa total includes cities not listed above.

New Cases

To understand the impact of pancreatic cancer on the community’s health it is important to assess both pancreatic cancer diagnoses and deaths. Information about new pancreatic cancer cases provides a sense of how much and among whom the disease is being diagnosed and can highlight the need for prevention and treatment. Unfortunately, most people who develop pancreatic cancer die from the disease.

Between 2003–2007, 575 new cases of invasive pancreatic cancer were diagnosed in Contra Costa—an average of 115 new cases per year. Pancreatic cancer was the 10th most commonly diagnosed cancer in the county, representing 2.5% of all new invasive cancer cases. The age-adjusted rate of new pancreatic cancer cases for this period was similar in Contra Costa (11.5 per 100,000) and California (11.2 per 100,000).

Slightly more than half (53.9%) of all new invasive pancreatic cancer cases in the county were among females. Males and females experienced similar age-adjusted rates of new cases (11.8 and 11.1 per 100,000 respectively).

Table 4 ■ New invasive pancreatic cancer cases by gender
Contra Costa County, 2003–2007

	Cases	Percent	Rate
Females	310	53.9%	11.1
Males	265	46.1%	11.8
Total	575	100.0%	11.5

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

The greatest number of new invasive pancreatic cancer cases in Contra Costa occurred among whites (428), followed by blacks (52), Hispanics (45) and Asians/Pacific Islanders (45).

Rates among blacks (14.2 per 100,000), whites (12.1 per 100,000), Hispanics (9.0 per 100,000) and Asians/Pacific Islanders (7.8 per 100,000) were similar to the county overall (11.5 per 100,000).

Table 5 ■ New invasive pancreatic cancer cases by race/ethnicity
Contra Costa County, 2003–2007

	Cases	Percent	Rate
White	428	74.4%	12.1
Black	52	9.0%	14.2
Hispanic	45	7.8%	9.0
Asian/Pacific Islander	45	7.8%	7.8
Total	575	100.0%	11.5

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

Total includes racial/ethnic groups not listed above.

What is pancreatic cancer?

Pancreatic cancer is the uncontrolled growth and spread of malignant cells from the tissues of the pancreas.¹ Most pancreatic cancers start in the ducts that carry pancreatic juices but a rare form of the disease begins in the cells that make insulin or other hormones.¹

Why is it important?

Pancreatic cancer is the fourth leading cause of cancer death in Contra Costa² and the United States.³

Nationally, rates of new pancreatic cancer cases and deaths increased from 2002–2006.³ In the greater Bay Area, the rate of new pancreatic cancer cases increased among non-Hispanic white males from 2003–2007 and the pancreatic cancer death rate increased among Hispanic females from 1988–2007.⁴ The pancreatic cancer death rate among Hispanic females in the region was higher than in the rest of the United States.⁴

Who does it impact most?

Although Contra Costa data do not detect differences by gender or race/ethnicity, males nationwide are more likely to develop and die from pancreatic cancer than females.⁵ Blacks in the United States are also more likely to be diagnosed with and die from the disease than whites, Hispanics, Asians/Pacific Islanders and American Indian/Alaska Natives.⁵

The cause of pancreatic cancer is unknown. However, the following factors can increase a person's chances of developing the disease: older age; smoking tobacco;^{1,6} family history of pancreatic,^{1,6} colon,⁶ or ovarian cancer;⁶ diabetes;^{1,6} and chronic pancreatitis.^{1,6} Being overweight or obese may also increase the likelihood of developing pancreatic cancer.¹

What can we do about it?

The chance of surviving five years after a pancreatic cancer diagnosis is 5% for all stages of the cancer combined.⁷ If diagnosed early (i.e., still confined to the pancreas) five-year survival increases to 19%.⁷ However, there are no routine screening tests for pancreatic cancer and people often do not exhibit symptoms, so detecting it early is difficult.⁸ Only 7% of cases are detected early.⁸

To reduce the risk of developing pancreatic cancer the American Cancer Society recommends avoiding tobacco use.⁷ Policies and programs that help smokers quit smoking and discourage non-smokers from smoking are important strategies to support individual efforts to avoid tobacco use.

Maintaining a healthy weight, being physically active and eating a healthy diet may also help reduce the chance of developing pancreatic cancer. Policies and programs that improve access to affordable healthy foods and safe opportunities for physical activity can help support these behaviors.

Data Sources: Pancreatic Cancer

TABLES

Tables 1–5: Data presented for Hispanics include Hispanic residents of any race. Data presented for whites, Asians/Pacific Islanders and African Americans/blacks include non-Hispanic residents. Not all race/ethnicities are shown but all are included in totals for the county, by gender and by city. Counts fewer than five are not shown in order to protect anonymity. Rates were not calculated for any group with fewer than 20 cases due to unstable estimates.

Tables 1–3: These tables include total deaths and age-adjusted average annual death rates per 100,000 residents for 2005 through 2007. Mortality data from the California Department of Public Health (CDPH), <http://www.cdph.ca.gov/>, Center for Health Statistics' Death Statistical Master File, 2005-2007. Any analyses or interpretations of the data were reached by the Community Health Assessment, Planning and Evaluation (CHAPE) Unit of Contra Costa Health Services and not the CDPH.

ICD10 coding for malignant neoplasm of pancreas (ICD C250-C259) 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 estimates for Contra Costa and its subpopulations (by age, gender, race/ethnicity, city/census place) for 2005–2007 were provided by the Urban Strategies Council, Oakland, CA. January, 2010. Data sources used to create these estimates included: U.S. Census 2000, Nielsen Claritas 2009, Association of Bay Area Governments (ABAG) 2009 Projections, and California Department of Finance Population Estimates for Cities, Counties and the State 2001–2009, with 2000 Benchmark.

California Population estimate for state level rate from the State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001–2009, with 2000 Benchmark. Sacramento, California, May 2009.

Tables 4-5: These tables include five-year case counts and age-adjusted average annual new case rates per 100,000 residents for 2003 through 2007. New case data from the California Cancer Registry. (2009). Cancer Incidence Rates in California, based on October 2009 Quarterly Extract (Released October 08, 2009). Retrieved April 1, 2010 from

<http://www.cancer-rates.info/ca>.

Note: Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005, 2006 and 2007. Therefore, new case counts and rates for adult males for 2005-2007 are underestimates and should be interpreted with caution. Although there is no way to know how many unreported cancer cases were diagnosed in these facilities, historically VHA-reported cases have accounted for approximately 4% of all new male cancers reported to the CCR. (For information about the undercount see

www.ccrca.org/publications/Vatechnotes).

International Classification of Diseases for Oncology, Third Edition (ICD-O-3) coding for new pancreatic cancer cases: C250-C259, excluding histology types 9590-9989, and sometimes 9050-9055, 9140+. (For information on ICD-O-3 codes see: http://seer.cancer.gov/siterecode/icdo3_d01272003/). This section includes data for invasive cancer only. All but two new pancreatic cancer cases reported to the California Cancer Registry for this period were invasive.

TEXT

1. National Cancer Institute. (2010) *What You Need To Know About™ Cancer of the Pancreas*. U.S. National Institutes of Health. Retrieved October 6, 2010 from: <http://www.cancer.gov/cancertopics/wyntk/pancreas>
2. California Department of Public Health, Center for Health Statistics' Death Statistical Master File, 2005-2007.
3. *Cancer Trends Progress Report—2009/2010 Update*. (2010) National Cancer Institute, NIH, DHHS, Bethesda, MD. Retrieved October 6, 2010 from: <http://progressreport.cancer.gov>.

4. Cancer Prevention Institute of California (2010). *Annual Cancer Incidence and Mortality in the Greater Bay Area, 1988-2007*.
5. U.S. Cancer Statistics Working Group (2010). *United States Cancer Statistics: 1999–2006 Incidence and Mortality Web-based Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Data for 2006 retrieved August 23, 2010 from www.cdc.gov/uscs
6. Morris CR, Epstein J, Nassere K, Hofer BM, Rico J, Bates JH, Snipes KP (2010). Trends in Cancer Incidence, Mortality, Risk Factors and Health Behaviors in California. Sacramento, CA: California Department of Public Health, Cancer Surveillance Section, January 2010.
7. American Cancer Society, California Department Public Health, California Cancer Registry (2009). *California Cancer Facts and Figures 2010*. Oakland, CA: American Cancer Society, California Division, September 2009.
8. American Cancer Society (2010). *Cancer Facts & Figures 2010*. Atlanta: American Cancer Society.