



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

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September 19, 2000

AGENDA: October 17, 2000

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95060

RE: BREAST CANCER REPORT

Dear Board Members:

On June 22, 2000, The Health Officer reported to your Board on the state of the county's health as part of the budget presentation by the Health Services Agency. It was noted that a few community health status indicator rates for the County of Santa Cruz were worse than the statewide averages. One such indicator was the female breast cancer death rate. Your Board requested an analysis of this indicator, which is the subject of this report.

BACKGROUND

The Health Services Agency first wrote to your Board in August 1997 expressing concern about the rates of breast cancer deaths in the county and the greater Bay Area. That letter included a request to support San Mateo County's proposal to the national Centers for Disease Control for assistance in studying the high rates of breast cancer in the Bay Area.

Our information from San Mateo County officials indicates that this study has not been done. However, a study comparable in scope was completed for Marin County as compared to 24 other central coast counties, including Santa Cruz County. This study was done by the Northern California Cancer Center in 1997. This study also looked separately at the five San Francisco Bay Area counties. Some of the resulting information will be discussed in this report.

The Santa Cruz County Public Health Commission began to look at the problem of breast cancer in the county in 1997. They heard reports about the number of deaths

from breast cancer and decided to host a public forum at one of their regular meetings. Breast cancer survivors and representatives from the local oncologists (physicians who treat cancers) attended the meeting. The Commission heard testimony from the physicians regarding the local capacity to treat breast cancer. The physicians stated that they have access to the most current treatment modalities and that patients receive the most appropriate treatment possible when they are diagnosed. All of the speakers agreed that early detection and prompt treatment were the keys to higher survival rates.

Health Department staff studied the death certificates of breast cancer deaths for the two- year period prior to 1997. There were no trends readily identifiable in the data. The locations of the deceased were distributed throughout the county. The average age was over 60 years, which is expected. There were no unusual findings related to race or ethnicity. The death certificates do not reveal at what stage the cancer was diagnosed nor what, if any, treatment was received. These data are not reportable to the Health Department.

ANALYSIS OF EXISTING DATA AND LOCAL SERVICES

Recently the federal government published and released, on the Internet, health profiles for all counties in the nation, including Santa Cruz County. In this report, it was shown that breast cancer death rates for women living in Santa Cruz County were higher than in comparable or “peer” counties, higher than the U.S. national rate, and higher than the National Objective for the year 2010.

BREAST CANCER DEATHS – FEMALE* **1995-1997****

<u>LOCATION</u>	<u>Deaths per 100,000 population***</u>
Santa Cruz County	31.3
“Peer” Counties – range for 80% of 40 counties	23.2 – 35.7
U.S. National Rate – 1997	28.6
Healthy People – 2010 National Target	22.2

*Community Health Status Report, U.S. Department of Health and Human Services, Health Resources and Services Administration, July 2000.

www.communityhealth.hrsa.gov

**National Center for Health Statistics

***Rates are age-adjusted to year 2000 Standard.

The California Department of Health Services, using 1996-1998 data conducted a slightly different analysis for breast cancer deaths. This study used a different method of adjusting for differences among counties in the age and sex distribution of their populations (age-adjusted to the 1940 U.S. population). Santa Cruz County's female age-adjusted death rate from breast cancer was 19.7 per 100,000 population -worse than the statewide rate of 18.3, but better than the Year 2000 National Objective of 20.6 per 100,000 population. Reliable rates among all California counties ranged from a low of 14.3 in Monterey County to a high of 22.9 in Humboldt County.

The number of newly diagnosed cases of breast cancer in a given population in a defined time period is called the incidence rate for the disease. Marin County had a higher incidence rate than other Northern California Counties in the mid-1990s, and this generated much public concern in Marin County. Might there be some environmental factor responsible for this high rate of disease? The Northern California Cancer Center conducted an epidemiological analysis of incidence rates for 25 California Central Coast Counties for the period 1988 - 1992, with specific emphasis on Marin County and a separate focus on the five San Francisco Bay Counties compared to the remaining counties, including Santa Cruz County. The conclusion of this study, which reviewed 22,757 women with invasive breast cancer living in 7,743 block groups throughout the region, was as follows:

“We have shown that known reproductive and socioeconomic status indicators like lower parity, higher income, and higher education are related to breast cancer incidence in Marin County, as the scientific literature would predict, and, therefore, that local environmental factors appear not to be the reason for the elevated breast cancer incidence in this county. However, possible environmental causes of breast cancer could be contributing to breast cancer incidence rates in all geographic locations, an issue this study does not address.

“This study demonstrates that residence in Marin County, per se, does not increase a woman's chances of developing breast cancer. However, if also showed that some communities in Marin County and in other parts of Northern California have higher levels of breast cancer risk factors than other communities. Until there's a way to prevent breast cancer from occurring, such communities can be targeted for screening, as early identification of breast cancer remains the best way to improve survival rates for women with this disease.”

DISCUSSION

The cause or causes of breast cancer, indeed most cancers, remain(s) unknown. Scientific studies have shown that women with certain genetic characteristics carry a significantly higher risk for breast cancer and ovarian cancer. Usually this genetic predisposition increases the incidence of cancer within a family group. In these instances, a history of breast cancer in grandmother, mother and daughter/s may be found. Women with this strong family history should be followed carefully by physicians knowledgeable in this field. These women need access to mammography earlier and perhaps more often than the general population. They may need to take drugs that have been shown to be effective in fighting and perhaps preventing breast cancer.

Women without this strong family history need access to mammography at intervals recommended by their physicians. “The American Cancer Society, American College of Radiology, American Medical Association, American College of Obstetricians and Gynecologists and a number of other organizations recommend screening with mammography every 1-2 years and annual clinical breast examinations (CBE) beginning at age 40, and annual mammography and CBE beginning at age 50” (Report of the U.S. Preventive Services Task Force, 2nd Ed., pp 80-81.)

The state of California has made mammography a health benefit for age-eligible, low-income women. The County’s clinics provide referral and assistance for mammography for their patients, as do all of the other public clinics in the county. There is a Central Coast Women’s Cancer Consortium that provides support and assistance to women with cancer. One of their primary programs promotes early detection. They provide practical assistance, including transportation, to help women access mammography. The County’s Health Services Agency is a Consortium member and receives regular information about their programs and services. Participation in this Consortium is encouraged and will be continued by the Health Services Agency.

Dominican Hospital provides low cost mammography through the services of their mobile mammography van. This service is crucial to early detection and plays a vital role in reducing breast cancer deaths. Dominican Hospital should be highly commended for its commitment to this important public service. Major health plans may vary in their coverage of routine mammography, but it is thought that most of them do provide this service as a benefit to their enrolled members.

Women diagnosed with breast cancer need prompt, appropriate treatment. There have been proposals at the State level to fund treatment for breast cancer for low-income women who do not have other means to cover their health care costs. However, no specific plan was approved or funded during the last legislative session. All major health plans cover treatment for breast cancer, but there are many variations in specific treatment and breast reconstruction options. Most of the major plans do not cover what they consider experimental treatment options, which may be an issue for some cancer patients who want to consider such options. But even adequate coverage and aggressive treatment do not guarantee a full recovery from breast cancer. Early detection remains the most important factor in survival. That is why all women should receive information and education about breast cancer, breast self-examination, and age-appropriate mammography.

RECOMMENDATIONS

There are many theories on the cause of breast cancer, but a cause or causes have not been established. Some studies suggest that certain factors may have a beneficial effect in reducing the risk of breast cancer, including:

- Although the reasons are not known, women who delay having children into their late 30s and early 40s have a higher risk of breast cancer. It is doubtful if this association will influence many women on when to start their families, but it is part of the body of knowledge about breast cancer that women should consider.

- Breast-feeding appears to provide some protection and is beneficial in many other aspects. All women, except those with HIV, are strongly urged to breast feed their infants. There are a number of local support groups and organizations that promote breast-feeding.
- Exercise also appears to be helpful in preventing breast cancer, but the research is not conclusive. However, because exercise is so beneficial for overall general health, all women are encouraged to start exercising at an early age and to continue throughout their lives, in an age-appropriate manner.
- Diet and dietary supplements are the subject of much speculation regarding the prevention of breast cancer. However, studies are not conclusive and many women with low-fat and high fiber diets still get breast cancer. Nonetheless, a diet rich in fruits and vegetables and lower in fat than the average American woman's diet is a good health practice and should be strongly encouraged. There does not appear to be any link between vitamin or other food supplements and the prevention of breast cancer, nor is there any scientific basis to link the presence of pesticides or hormones in food to breast cancer.
- Smoking appears to make individuals more vulnerable to many types of cancer. Although there is no definitive link between smoking and breast cancer as there is for smoking and lung cancer, it is a good health practice to avoid smoking and it may lessen the breast cancer risk.

SUMMARY

In summary, Santa Cruz County, our region and the nation have quite a way to go in order to meet the national objective of less than 22.2 deaths per year per 100,000 women by the Year 2010. The causes of breast cancer still elude us, but the benefits of screening programs and early detection and treatment are beneficial without question. The recent analysis of what appeared to be excessive breast cancer rates for women in Marin County showed that well-known risk factors explained the higher overall rate: having borne few children (lower parity); living in an urban area; higher income; and higher education. While not a wholly satisfactory explanation, there does not appear to be any unique intervention that would change these risk factors. This is also most likely the case for the rate among women who live in Santa Cruz County. Programs that encourage early detection should be supported, as should efforts to fund appropriate treatment for all those diagnosed with breast cancer. While many of the known risk factors for breast cancer are not amenable to any intervention, the adoption of good overall health habits may reduce the risks of acquiring breast cancer and other diseases.

It is therefore recommended that your Board:

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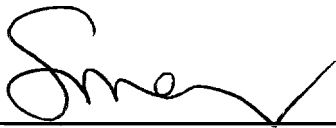
Accept and File this report on breast cancer.

Sincerely,



Rama Khalsa, Ph.D., Administrator
Health Services Agency

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative office
Auditor-Controller
County Counsel
HSA Administration
Public Health Commission