Introduction

The American Cancer Society, Rocky Mountain Division, presents Breast Cancer Facts & Figures 2002 to assist American Cancer Society volunteers and staff, local community groups, and health professionals in providing programs and services to the public, cancer patients, and their families.

Cancer is a major public health problem in Utah. This publication provides benchmarks to measure progress towards the Society’s challenge goals for major reductions in cancer deaths and incidence and improvement in quality of life for cancer survivors. Breast cancer is survivable if detected early, and Utah has made progress in early detection and screening of breast cancer.

For more information you can trust about cancer, contact your American Cancer Society at 1.800.ACS.2345, or visit our website at www.cancer.org.

Agencies Contributing Data

Utah Cancer Registry
546 Chipeta Way, Suite 410
Salt Lake City, Utah 84108
801.581.8407

Office of Vital Records and Statistics
Utah Department of Health
288 North 146 West
P.O. Box 141012
Salt Lake City, UT 84114-1012

BRFSS
Utah Department of Health
Office of Public Health Assessment
288 North 146 West
P.O. Box 142101
Salt Lake City, UT 84114-2101
801.538.6108

YRBS
Utah Office of Education
250 East 500 South
Salt Lake City, UT 84111
801.538.7606

A Survivor’s Story: In Her Own Words

I thought I was a dead person, but I was wrong

Sharon Folland

I have a strong family history of breast cancer, including my mother and four sisters. So when I found a lump during my regular Breast Self-Exam (BSE), I immediately went to get it examined.

While I didn’t initially tell my father because I didn’t want to worry him, he was my biggest supporter.

My dad had been through this so many times before that I didn’t want to burden him. He was a little angry with me when he found out that I waited to tell him, but he was the one who visited the ACS web site, www.cancer.org, and the local chapter office to get current information for me.

Since I am a junior high school teacher, I had surgery at the end of the school year. My chosen course of treatment was breast conservation with radiation. I shared my diagnosis and treatment progress with teachers and staff, I chose not to share it with my students so they wouldn’t worry.

Now, I tell my story to everyone who will listen. My nieces and nephews, as well as my students, are among my strongest allies and an important part of my life.

Just speaking with people and having them see that I survived this disease is a real gift. It certainly is to me and I hope it is to you, the readers.
Breast Cancer Facts & Figures 2002

What Is Breast Cancer?

Cancers are a group of diseases that cause cells in the body to change and grow out of control. Most types of cancer cells form a lump or mass called a tumor, and are named after the body part where the tumor first starts. Breast cancer begins in the breast tissue, which is comprised of fatty connective and lymphatic tissue, lobules, which are glands for milk production and ducts which connect the lobules to the nipple.

Some tumors that grow in the breast are benign; this means they are not cancerous, and not life threatening. Some breast tumors are cancerous but are called in situ because they have not spread from the area where they began. In situ cancers that form within the ducts are called ductal carcinoma in situ, or DCIS. The majority of these tumors will not spread beyond the duct; at this early stage nearly all of these cancers can be cured. Other cancerous tumors are invasive (also called infiltrating). These cancers start in the ducts or lobules and cross the gland walls to invade surrounding breast tissue. The seriousness of a breast cancer diagnosis is influenced by its stage (how far the cancer has spread on initial diagnosis). Local stage describes cancers confined to the breast; regional stage describes cancers that have spread to the lymph nodes; distant stage cancers have metastasized or spread to distant sites.

Bottom Line:

Breast cancer is the most common cancer among women, accounting for nearly one of every eight cancers diagnosed in American women.

A number of factors consistently associated with increased risk of breast cancer are not factors that can be changed, such as increasing age, family history, age at first birth of a child, age of menarche, late menopause, biopsy-confirmed atypical hyperplasia, and increased breast density. Factors that can be changed are increased alcohol use, being overweight or obese after menopause, lack of physical activity and recent use of oral contraceptives or post-menopausal estrogens and progestin. It is important to limit alcohol consumption, to discuss with your doctor proper diet and nutritional needs and to determine methods to incorporate exercise into your daily routine.

Prevalence:

Nationwide, an estimated 203,500 new invasive cases of breast cancer are expected to occur among women in the United States during 2002.

Women at Risk:

Besides being female, age is a woman’s single most important risk factor for developing breast cancer. Women with a family history of breast cancer especially in a first-degree relative (mother, sister, and daughter) have an increased risk of developing breast cancer themselves. The risk is even higher if more than one first-degree relative had breast cancer or if the relative developed breast cancer at an early age or in both breasts. Approximately 5 to 10 percent of breast cancers result from inherited breast cancer mutations.

American Cancer Society Guidelines for the Cancer-Related Checkup

A cancer-related checkup is recommended every three years for people ages 20 to 40 years old and every year for people ages 40 and older. This exam should include health counseling and, depending on a person’s age, family or personal history of cancer might include examinations for cancers of the colon, thyroid, oral cavity, skin, lymph nodes, testes, and ovaries. Special tests for breast, cervical, and uterine cancer are recommended as outlined.

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<th>Cancer Site</th>
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Call to Action:

Women should take inventory of their lifestyle. Increasing their daily intake of fruits and vegetables, limiting their intake of red meats and alcohol and adding exercise into their daily routine will improve their overall health.

Did you Know?: One percent of breast cancer cases are diagnosed in men. Any man that feels a lump should immediately contact his physician and request appropriate medical care.
Breast Cancer Is Being Detected Earlier

**Bottom Line:**
Although in situ and localized cancer diagnoses are increasing, invasive cases of breast cancer are occurring because women are not receiving screening mammograms. In Utah, 1,100 new cases of invasive breast cancer are expected to occur in 2002. Nationwide, an estimated 203,500 new invasive cases of breast cancer are expected to occur among women in the United States during 2002.

**Women at Risk:**
In Utah for the year 2000, women had a rate of 121.3 breast cancer cases per 100,000 population. Over the last 10 years these rates have increased for women, in 1990 their rate was 110.3 per 100,000 population, in 1995 their rate was 118.8 per 100,000 population.

**Call to Action:**
The American Cancer Society recommends that women age 40 and older have an annual mammogram, an annual clinical breast examination by a healthcare professional (close to and preferably before the scheduled mammogram), and perform a monthly breast self-examination. Women ages 20-39 should have a clinical breast examination by a health care professional every three years and should perform a breast self-examination monthly.

**Goal***:
By 2008, increase to 90 percent the portion of breast cancers diagnosed at a local stage or earlier.

**Did you Know:** The American Cancer Society currently funds 184 research projects relating to breast cancer totaling almost $62 million.

**Ductal Carcinoma In Situ (DCIS)**

**Bottom Line:**
Virtually all cases of DCIS—one of the earliest stages of breast cancer are detected only by mammography and not by breast examinations. If a breast cancer is detected at this early stage a woman’s odds of surviving breast cancer are greatly increased.

**Trends:**
In Utah, DCIS cancer diagnoses have increased steadily from 10 percent in 1990 to 12 percent in the year 2000. This increase likely reflects earlier detection by the use of mammography and not an increase in occurrence. Rates of invasive cancer have remained fairly level during the same time periods.

**Women at Risk:**
Women age 40 or over who are not receiving annual mammograms per ACS screening guidelines.

**Did you Know:** The ACS Behavioral Research Center is currently studying breast cancer survivors to examine the determinants of a good quality of life following a breast cancer diagnosis; examine the utility of complementary therapies and needs of minority women with breast cancer.

*Goal set by the Rocky Mountain Division of the American Cancer Society.
Breast Cancer Mortality Rates Are Declining

Bottom Line:

Breast cancer is the second leading cause of cancer related deaths in women.

Mortality rates have declined since 1991. These decreases are probably the results of both earlier detection and improved treatment. In Utah, 200 women are expected to die from breast cancer in 2002.

Trends:

The mortality (death) rate from breast cancer in Utah has decreased about 10 percent over 10 years while in the entire United States, it has decreased about 20 percent. The overall death rate in the year 2000 was 23.1 per 100,000 women. In 2002, an estimated 40,000 people (39,600 women, 400 men) are anticipated to die from breast cancer nationwide.

Women at Risk:

Numerous studies have shown that early detection saves lives and increases treatment options. The declines in breast cancer mortality have been attributed, in large part, to the regular use of screening mammography.

Goal*:

By 2005, 70 percent of women over age 40, over age 65 and of low socio-economic status will be screened per ACS guidelines.

Call to Action:

The American Cancer Society recommends that women age 40 and older have an annual mammogram, an annual clinical breast examination by a healthcare professional (close to and preferably before the scheduled mammogram), and perform a monthly breast self-examination. Women ages 20-39 should have a clinical breast examination by a health care professional every three years and should perform a breast self-examination monthly.

Did you Know: Overall, timely mammography screenings could prevent approximately 15 to 30 percent of all deaths from breast cancer among women over the age of 40.

*Goal set by the Rocky Mountain Division of the American Cancer Society.
# Breast Cancer: Incidence Rate*, Percent Detected Late Stage^ and Mortality, By Health District, 1996-2000

## Utah

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<thead>
<tr>
<th>District</th>
<th>Incidence Rate</th>
<th>% Late Stage Detection^</th>
<th>Mortality Rate</th>
<th>District</th>
<th>Incidence Rate</th>
<th>% Late Stage Detection^</th>
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*Incidence rates exclude in situ cancers.
^Late stage defined as: cancers detected at a regional or distant stage.
Early Diagnosis Dramatically Improves Breast Cancer Survival

Bottom Line:
When breast cancer is detected at an early stage, long term survival increases dramatically. In Utah, 96 percent of all women with localized breast cancer were alive five years after diagnosis. For breast cancer that had spread regionally (nearby the breast), 77 percent were alive after five years. For breast cancer that had spread distally (far from the breast), only 12 percent were alive after five years (see graph below).

Women at Risk:
A lack of health insurance is associated with lower survival among breast cancer patients. Five-year relative survival is lower for women with more advanced stages of cancer at diagnosis. Nationally, breast cancer patients with lower incomes have lower 5-year relative survival rates when compared to higher-income patients. Poor women have lower rates of mammogram and CBE screening than women who make over $15,000 per year in income (see graph below).

Goal*:
By the year 2005, through advocacy at all organizational levels, 100 percent of women will have access to appropriate treatment.

Call to Action:
Cancer is a political issue as well as a medical issue. Government officials make decisions about health issues that affect your life. The American Cancer Society is proud to be the leading advocate working to influence public policy in order to improve funding for cancer research and access to early detection and prevention programs at the local, state and federal level.

Individual action network volunteers are an integral part of the Society’s success. To learn more about the American Cancer Society’s Action Network, please call the American Cancer Society at 1.800.ACS.2345 or visit us online at www.cancer.org/asp/getInvolved/gi_multi_join Grassroots.asp

Did you Know: The survival rate for breast cancer is much higher for cases diagnosed with local stage disease (96 percent) than for cases diagnosed with distant stage disease (12 percent). Finding breast cancer early saves lives.

*Goal set by the Rocky Mountain Division of the American Cancer Society.
Breast Cancer Screening: Mammography Rates are Rising

Bottom Line:

Nearly all breast cancers can be treated successfully if detected early.

An annual mammogram starting at age forty is the most effective way to detect breast cancer at an early, curable stage. Annual clinical exams by a medical provider and monthly breast self-examinations are additional ways to detect cancers early. Mammography can detect breast cancer about 1.7 years earlier than clinical or breast self-examinations alone and often before physical symptoms develop. Studies have shown that early detection saves lives and increases treatment options.

Trends:

Mammography rates for women in all age groups are increasing, although rates for women in their 40’s and over age 65 are lower than for women in their 50’s (see graphs right). In 2000, 67 percent of Utah women age 40 to 49, 80 percent of women age 50 to 64, and 73 percent of women age 65 and older surveyed reported having a mammogram in the past two years. Mammography screenings to detect breast cancer early, along with better treatment options, have made breast cancer a more curable disease than it was 30 years ago.

Goal*:

By 2008, 90 percent of women ages 40 and older should have received a mammogram within the previous 2 years.

Women at Risk:

Statistically, Poor, less educated, older, rural, and uninsured women have been at an increased risk for not receiving mammography screenings.

Call to Action:

Breast and Cervical Cancer Treatment Act should be included as a standing appropriation in the state budget. This change would ensure treatment for breast and cervical cancer patients who could not otherwise afford care.

Did you Know: Utah is the only state in the U.S. that does not mandate all private, non-ERISA health plans to cover mammography screening for women.

*Goal set by the Rocky Mountain Division of the American Cancer Society.
Lifestyles: Poor diet, obesity, and physical inactivity may be responsible for one out of three cancer deaths

Bottom Line:

Healthy eating means consuming at least five servings of fruits and vegetables each day and limiting amounts of meat, dairy, and other high fat foods. Along with healthy eating, regular physical activity for at least 30 minutes or more on most days of the week and balancing caloric intake to meet the demands of regular physical activity can help individuals to maintain a healthy weight. Healthy lifestyle behaviors that are adopted in childhood often continue into adulthood.

Prevalence:

In 2000, for women age 18 and over surveyed in the Utah Behavioral Risk Factor Surveillance System (BRFSS) 25 percent reported eating five or more servings of fruits and vegetables per day, 46 percent were considered to be overweight or obese and 26 percent stated they engaged in regular moderate or vigorous physical activity (see graph).

In 2001, 20 percent of Utah female high school students surveyed were eating five servings a day of fruits and vegetables, 12 percent were at risk for becoming overweight or overweight and only 38 percent of the female youth reported they were physically inactive (see graph) according to the Youth Risk Behavioral Survey (YRBS).

Nationally:

According to the BRFSS, in 2000, 27 percent of U.S. female adults reported eating five or more fruits and vegetables daily. On average 49 percent of women were overweight or obese, and despite its known benefits leisure time physical activity is not regularly practiced among adults. In 2000, only 28 percent of females reported engaging in regular physical activity.

According to the YRBS, in 2001, 20 percent of U.S. female high school students reported eating five or more fruits and vegetables a day. On average 38 percent of female youth were physically inactive and 19 percent of female high school students were overweight or considered at risk for becoming overweight.

Goal*:

By 2005, 45 percent of the population will consume five servings of fruit and vegetables daily. By 2015, 90 percent of adults will have engaged in vigorous physical activity within the previous twenty days.

Women at Risk:

Women who are not eating right, exercising regularly, maintaining a healthy weight, or not limiting their consumption of alcoholic beverages.

Call to Action:

The proportion of youth and adults that are overweight in the U.S. is increasing at alarming rates. Obesity is directly linked to several cancers and other negative health effects. Women of all ages should talk with their physicians about establishing a healthy exercise routine plan and a diet that incorporates five fruits and vegetables per day.

Did you Know?: In general, people who reported eating fast food on a regular basis ate fewer fruits and vegetables. Nearly one out of every three teens reported eating fast food on a typical day as did one out of five adults.

*Goal set by the Rocky Mountain Division of the American Cancer Society.
Breast Cancer Facts & Figures 2002

Utah Demographics

Bottom Line:
Utah has a primarily Caucasian female population with the largest population group falling between the ages of 6-17 years old. Utah as a whole has a large percentage of the female population that completed some college courses. The majority of households in Utah earn between $35,000 and $49,999 per year.

Breast Cancer Resources

Utah Cancer Control Program
The Centers for Disease Control and Prevention (CDC) provides funding to all fifty states, the territories, and some American Indian Tribes through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The goal of this national program is to reduce the number of deaths from breast or cervical cancer by providing a program to assist low income women, who do not have health insurance, to obtain free or low cost screening services (i.e. Clinical Breast Exams, mammograms, Pap tests and pelvic exams) and limited breast or cervical cancer diagnostic services. CDC mandates all funded programs address ten specific program components: screening, tracking and follow-up, case management, professional education, public education and outreach, quality assurance and improvement, coalitions and partnerships, surveillance, evaluation, and management.

The CDC funds the Utah Department of Health to operate the Utah Cancer Control Program (UCCP). From 1994 to current date, this program has provided 58,489 screening and/or diagnostic services to Utah women. Beginning in July 2001, with the implementation of the Medicaid treatment act, over 125 Utah women have qualified to transition to breast or cervical cancer treatment. For additional information about the Utah Cancer Control Program at the Utah Department of Health call 1.800.717.1811 or log on to www.utahcancer.org.
Data Sources

Cancer incidence and survival data are based on cases reported to the Utah Cancer Registry. Cancer mortality data for Utah were based on the underlying cause of death reported to the Office of Vital Records and Statistics. U.S. mortality rates are from the National Center for Health Statistics. Central Cancer Registries (CCRs) are legally mandated, statewide, population-based cancer information centers. Analyses were performed by the registries. More detailed information on the status of cancer in each state is available from the state's CCR.

Risk factor data have been drawn from each state's Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS), both of which are conducted as collaborations between the Centers for Disease Control and Prevention and state departments of health or education.

For states that did not have overall response rates of at least 60 percent on the Youth Risk Behavior Surveys, the data were unweighted, but were published in the MMWR. No data (weighted or unweighted) are published without a state's permission.

Definitions and Abbreviations

SEER summary stage definitions- Stage of disease information is obtained from extent of disease information. The historical stage presented has four levels. An invasive neoplasm confined entirely to the organ of origin is said to be localized. An invasive neoplasm that has extended beyond the limits of the organ of origin is said to be regional. An invasive neoplasm that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis is said to be distant. In addition, when information is not sufficient to assign a stage, an invasive neoplasm is said to be unstaged.

Relative Survival Rate: The relative survival rate is the survival rate observed for a group of cancer patients compared to the survival rate of persons in the general population who are similar to the patient group with respect to age, gender, race, and calendar year of observation. Relative survival adjusts for normal life expectancy (factors such as dying from accidents or other diseases). Five-year relative survival rates include persons who are still living five years after diagnosis, whether in treatment, remission, or disease-free.

Understanding Cancer Incidence & Mortality Rates

Cancer rates in this document represent the number of new cases of cancer per 100,000 population (incidence) or the number of cancer deaths per 100,000 population (mortality) during a specific time period.

Rates provide a useful way to compare cancer burden irrespective of the actual population size. Rates can be used to compare geographic areas such as your county to the state as a whole, or to the entire United States.

Age-Adjusted Rates

Older age groups generally have higher cancer rates than younger age groups. Age-adjustment eliminates the effect of age when making comparisons. Beginning with data year 1999, agencies have adopted the 2000 projected U.S. population as a new standard for adjusting incidence and mortality rates. All the incidence and mortality rates presented in this booklet have been age-adjusted to the 2000 standard population rate.

The year 2000 U.S. standard population replaces the 1970 U.S. standard population, which was used in earlier Rocky Mountain Division Facts & Figures publications. Therefore, rates in this publication are not comparable to the rates printed in the earlier combined site publication.
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The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer through research, education, advocacy, and service.