



# PROGRESS REVIEW

## Cancer

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ April 7, 1998

The Assistant Secretary for Health and Surgeon General chaired the third review of progress on the Healthy People 2000 cancer objectives. The lead agency for this priority area, the National Cancer Institute of the National Institutes of Health, organized the progress review around three themes: declines in incidence and mortality, disparities, and behavioral indicators. The discussion focused on a selected number of the 17 objectives in the Healthy People 2000 cancer priority area.

**16.1** In 1995, the 2000 target for total cancer death rates was achieved with 130 reported cases per 100,000. Black cancer death rates have decreased from the 1990 baseline of 182 per 100,000 to 172 in 1995, thereby exceeding the 2000 target of 175 per 100,000.

**16.4** The proportion of black and Hispanic females who die of cervical cancer continues to rise. In 1995, data from the National Vital Statistics System indicated that 5.2 black females per 100,000 died from cervical cancer, as did 3.1 per 100,000 Hispanic females. The cervical cancer death rate for all females was 2.5 per 100,000 in 1995.

**16.5** The age-adjusted death rate for colorectal cancer decreased from a 1987 baseline of 14.7 per 100,000 to 12.8 in 1995, thus exceeding the 2000 target of 13.2 per 100,000.

**16.6** The prevalence of cigarette smoking among people 18 years and over decreased slightly from the 1987 baseline of 29 percent to 25 percent in 1995. The year 2000 target is 15 percent. Data from the 1995 National Health Interview Survey showed that smoking rates among blacks, Hispanics, and American Indians/Alaska Natives 18 years and older decreased to 26 percent, 18 percent, and 35 percent respectively. The prevalence of smoking among South East Asian males decreased sharply from the 1984-88 baseline of 55 percent to 35 percent (in Vietnamese males only) in 1990. However, smoking prevalence among black adolescents has begun to rise.

**16.8** There has been an increase in the average daily intake of vegetables, fruits, and grain products. In 1996, people 2 years and older consumed an average of 4.7 servings of vegetables, moving toward the year 2000 target. The average daily intake of 6.9 servings of grain products has exceeded the year 2000's target 6.0 servings.

**16.9** There is no update for this objective on actions to limit sun exposure. The 1992 baselines for people 18 years and over are as follows: those very likely to limit sun exposure, 32 percent; use sun screen, 29 percent; wear protective clothing, 28 percent. The year 2000 target is for 60 percent of people to take action to limit sun exposure.

**16.10** This objective measures the proportion of primary care providers who routinely counsel patients about tobacco use cessation, diet modification, and cancer screening recommendations. There has been an increase in tobacco use cessation and counseling by clinicians from a 1986 baseline of 52 percent to 96 percent in 1989. The year 2000 target is 75 percent.

**16.11** In 1994, 56 percent of all females aged 50 and older had received a clinical breast examination and mammogram. For black females, the rate was 56 percent, while for Hispanic and low-income females the rates were 50 percent and 38 percent, respectively. The 2000 target is 60 percent for all population groups.

**16.12** In 1994, 94 percent of females reported having received a pap test compared to the 1987 baseline of 88 percent. The proportion of Hispanic females aged 18 years and over who have ever received a pap test has increased from 75 percent in 1987 to 91 percent in 1994. The year 2000 target is 95 percent.

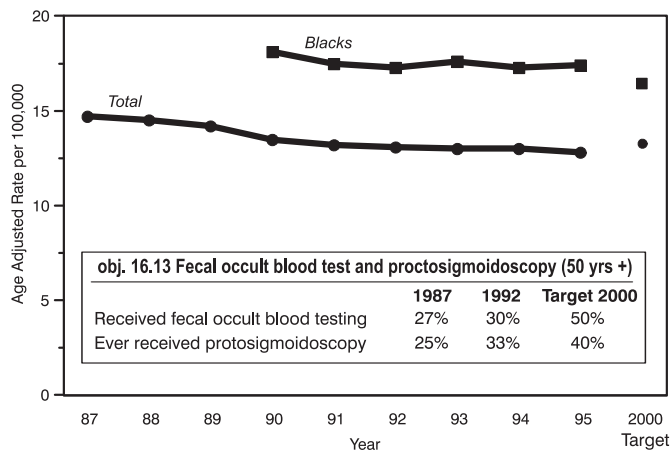
**16.13** In 1992, 30 percent of people 50 years of age and over reported having received a fecal occult blood test within the preceding two years, as compared to the 1987 baseline of 27 percent. Thirty-three percent of people 50 years and older reported having received a proctosigmoidoscopy, compared to a 1987 baseline of 25 percent. The year 2000 targets are 50 percent and 40 percent, respectively.

**16.17** Oral cancer deaths among males 45-74 years of age decreased from a 1987 baseline of 13.6 per 100,000 to 11.0 in 1995. Oral cancer deaths also decreased among females from a 1987 baseline of 4.8 per 100,000 to 3.9 in 1995. Although rates for blacks are also decreasing, oral cancer has a greater impact on black males; 1995 data from the National Vital Statistics System indicated that the oral cancer death rate for black males was 23.4 per 100,000 (baseline 29.4 in 1990). Oral cancer death rates for black females decreased from a 1990 baseline of 6.9 per 100,000 to 6.4 per 100,000 in 1995.

### HIGHLIGHTS

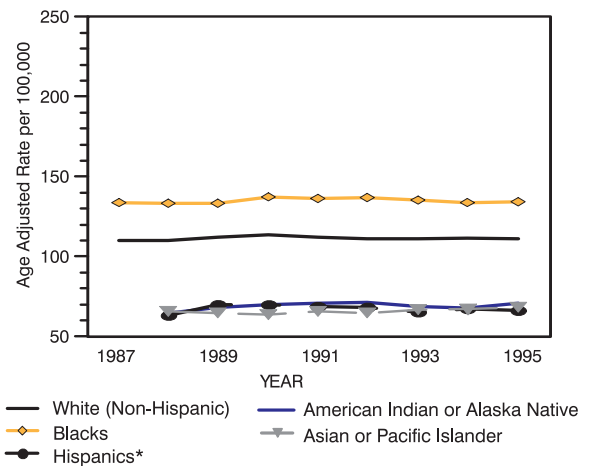
- *Cancer Incidence and Mortality, 1973-1995: A Report Card for the United States* indicates that incidence and death rates for all cancers combined and for most of the top 10 cancer sites declined between 1990 and 1995, reversing an almost 20-year trend of increasing cancer cases and deaths.
- Six years after its inception in 1992, the Breast Cancer Prevention Trial shows a 45 percent reduction in breast cancer incidence among the high-risk participants who took tamoxifen (Nolvadex®).
- Eliminating disparities in cancer screening and management is one of the six goals in the DHHS Initiative to Eliminate Racial and Ethnic Health Disparities.

## Colorectal Cancer Mortality



Source: *Healthy People 2000 Review, 1997*: National Vital and Health Statistics

## Total Cancer Mortality - Females



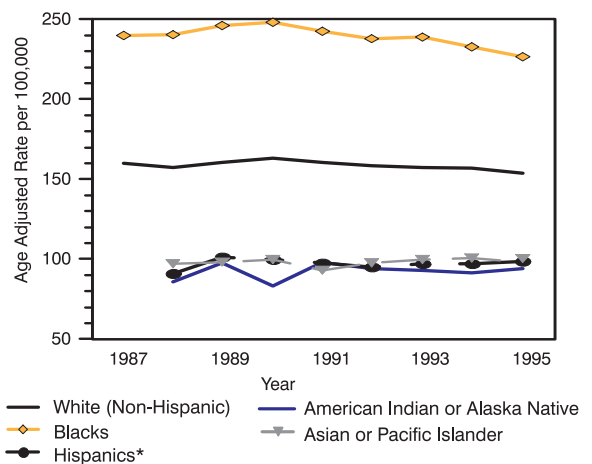
Healthy People 2000 Targets: Total=130, Blacks=175 Note: Age Adjusted to 1940  
Source: *Healthy People 2000 Review, 1997*: National Vital and Health Statistics

## FOLLOW-UP

The progress review concluded with a summary of action items:

- Develop a data collection strategy to further understand factors that put certain racial and ethnic groups at higher risk for cancer. This strategy would include the collection of data on behavioral and cultural issues, as well as surveillance on access to preventive services and the full continuum of care.
- In seeking a more balanced approach to research, increase the proportion of investment in behavioral health communications and applied research.
- Develop strategies for increasing participation of racial and ethnic population groups in clinical trials.
- Increase investment for research to establish the value of interventions.
- As cancer objectives for Healthy People 2010 are developed, assure appropriate attention to children's health issues and environmental risks.

## Total Cancer Mortality - Males



Healthy People 2000 Targets: Total=130, Blacks=175 Note: Age Adjusted to 1940  
Source: *Healthy People 2000 Review, 1997*: National Vital and Health Statistics

## PARTICIPANTS

Agency for Health Care Policy and Research  
 American Cancer Society  
 Baylor College of Medicine  
 Centers for Disease Control and Prevention  
 Food and Drug Administration  
 Harlem Hospital Center (NY)  
 Health Care Financing Administration  
 Health Resources and Services Administration  
 National Cancer Institute  
 North Carolina State Department of Natural Resources  
 National Coalition of Hispanic Health and Human Services Organizations  
 Ohio State University  
 Office of Disease Prevention and Health Promotion  
 Office of Minority Health  
 Office on Women's Health  
 Pan American Health Organization  
 Substance Abuse and Mental Health Services Administration  
 University of Oklahoma  
 University of Kentucky

Healthy People 2000 and 2010  
 Office of Disease Prevention and Health Promotion  
 738G Humphrey Building  
 200 Independence Avenue, Washington, D.C. 20201  
 (202) 401-7736  
 Fax: (202) 205-9478  
<http://web.health.gov/healthypeople/>



**David Satcher, M.D., Ph.D.**  
 Assistant Secretary for Health and Surgeon General