



OREGON

3rd Quarter

QUARTERLY REPORT

MARION COUNTY HEALTH DEPARTMENT

Health & Services Building

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OREGON

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Breast Cancer in Oregon: The Race for the Cure

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October is Breast Cancer Awareness Month in the United States. Breast cancer remains the leading cause of cancer and the second leading cause of cancer deaths in women. Breast cancer incidence rates in the United States are among the highest in the world. According to data from OSCaR (Oregon State Cancer Registry), breast cancer was the most frequently reported cancer in Oregon in 1997 with a total of 3017 new cases in women. (23 invasive cases in men were diagnosed in 1997.) Oregon's incidence of breast cancer is slightly higher than the national rate; however, Oregon's mortality rate for breast cancer is slightly lower than the national rate which may be a reflection of increased mammography screening in Oregon when compared to other states. Marion County's breast cancer incidence rate for 1996-1997 was significantly higher than the rate for Oregon during the same time period. (141.4 per 100,000 population in Marion County versus 120.3 per 100,000 population for Oregon)

Vital Statistics Quarter Ending: September 2000	3rd Quarter		Year to Date	
	2000	1999	2000	1999
BIRTHS				
TOTAL DELIVERIES	1061	1314	3475	3581
Delivery in Hospital	1015	1262	3297	3400
Teen Deliveries (10-17 years)	46	52	178	181
DEATHS				
TOTAL	553	515	1788	1802
Medical Investigation	61	50	140	139
Homicide	03	0	06	01
Suicide	12	11	25	26
Accident - MVA	16	07	23	19
Accident - Other	08	11	23	29
Natural/Undetermined/Pending	22	21	63	64
Non-Medical Investigation (All Natural)	492	465	1648	1163
Infant Deaths	04	04	13	08
Fetal Deaths	07	05	15	15
COMMUNICABLE DISEASES				
E-Coli: 0157	37	05	39	08
Hepatitis A	03	04	10	06
Acute Hepatitis B	05	02	09	05
Chronic Hepatitis B	06	07	17	37
Meningococcus	02	07	08	10
Pertussis	07	01	08	10
Tuberculosis	03	05	11	15
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic Inflammatory Disease)	25	40	47	97
Chlamydia	204	186	616	461
Gonorrhoea	10	16	51	47
AIDS	0	05	09	15

Continued

Several epidemiological research studies have suggested that genetic factors, diet and exercise, and reproductive patterns influence a woman's risk for developing breast cancer. Having a close female relative (mother, aunt, or sister) with breast cancer significantly increases the risk of breast cancer. Two breast cancer genes (BRCA1 and BRCA2) have been identified, which account for 5-10% of all breast cancers. Early menarche and late menopause increase a woman's risk for breast cancer, as well as diets containing high amounts of fat and alcohol and reduced physical activity.

Most breast cancers (80%), however, occur in women with no risk factors other than being a woman and getting older. (See graph) Diagnosing breast cancer at earlier stages results in a greater probability of survival. When breast cancer is diagnosed at a local stage, the five-year survival rate is 96%; this rate decreases to 21% when the disease is diagnosed after spreading to other sites. Mammography is the best available method to detect breast cancer in its earliest and most treatable stage, an average of 1.7 years before a woman can feel a lump. Recommendations for mammography screening vary for women aged 40-50 years. Most key health care organizations including the American Cancer Society, American College of Obstetricians and Gynecologists, American Medical Association, American College of Preventive Medicine and the

National Cancer Institute recommend routine mammography screening for all women after age 50 on an annual basis. ***The most powerful single factor influencing a woman's decision to have a screening mammogram is a recommendation by a healthcare provider.**

Oregon Breast and Cervical Cancer (BCC) Program

Recognizing the value of screening and early detection, the U.S. Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, establishing the Centers for Disease Control and Prevention (CDC)'s National Breast and Cervical Cancer Early Detection Program. In 1992, CDC provided funds to the Oregon Health Division (OHD) to implement the Oregon BCC Program. OHD funds county health departments, federally recognized tribes, and community-based organizations to provide educational activities and Women's Health Check Screening services in Oregon. To be eligible for the program a woman must be:

- *Age 40 years and above (with a special commitment to women age 50 years and older)
- *Uninsured or underinsured
- *Have an income below 250% of the federal poverty level

A Women's Health Check can include:

- *Blood pressure check
- *Height and weight check
- *Clinical breast exam
- *A mammogram
- *A pelvic exam
- *A Pap Test

The rates of mammography in Oregon have been steadily rising in the 1990's. (See graph) According to data from the 1996 Behavioral Risk Factor Surveillance System survey, 70.3% of women aged 50+ years had both a mammogram and a breast exam. (a base of 52 years was used to allow women to have had their first mammogram and a maximum age of 64 years because Medicare covers routine mammography as a benefit for women 65 years and older). This was significantly higher than the 49-state median of 63.6%

The Oregon BCC Program in Marion County screened 650 women for breast and cervical cancer from July 1999 to June of 2000. For more information on the Oregon BCC in Marion County, call Linda Johnson at 503 361-2664

