

SPECIAL SECTION

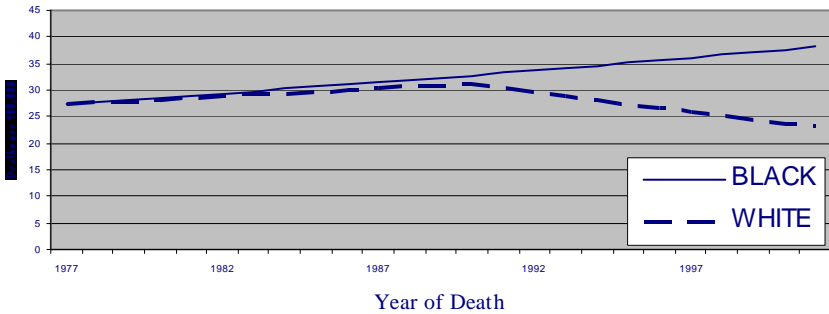
Disparities

Closing the gap in health disparities is a national priority and a special task force has compiled a detailed report titled “Making Cancer Health Disparities History” (<http://www.chdprg.omhrc.gov/pdf/chdprg.pdf>). The report highlights that the unequal burden of diseases such as cancer is not only a scientific and medical challenge but also a moral and ethical one. It establishes 14 priority recommendations for the nation. The South Carolina Cancer Report Card highlights five cancer sites in which racial disparities in incidence or mortality are greatest . In some cases, these disparities in South Carolina far exceed those of the nation.

Certain U.S. populations experience significant disparities in risk, incidence, disease-stage diagnosis, care received and disease outcomes for cancer. Studies have identified society-wide quality, continuity and access problems experienced by the country’s medically underserved, low income and minority populations. Minority and underserved populations – distinguished by race/ethnicity, gender, age, socioeconomic status, geographic location, occupation and/or education bear a greater cancer burden than the rest of the nation. This special section focuses on racial disparities since data are most often collected using race as a surrogate for other markers.

Breast Cancer (Females)

Historical Trends (1977-2001)
Mortality, South Carolina

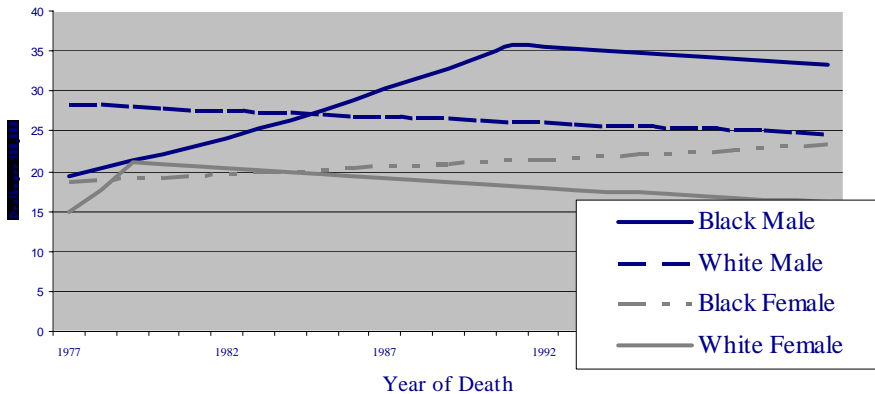


Death data provided by the National Vital Statistics public use datafile.
Deaths rates were calculated by the National cancer Institute using SEER*Stat.

- ❖ White women are more often diagnosed with the disease than black women.
- ❖ Black women with breast cancer are more likely to be diagnosed with late stage disease and are more likely to die.
- ❖ This racial disparity is larger in South Carolina than in the nation.

Colorectal Cancer

Historical Trends (1977-2001)
Mortality, South Carolina

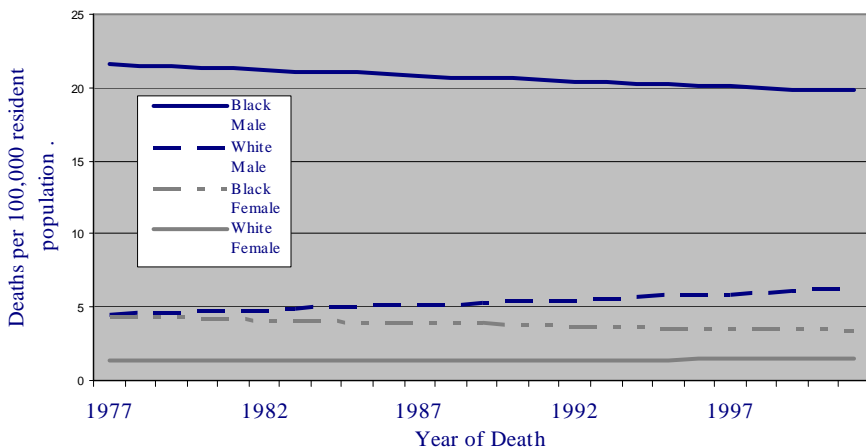


Death data provided by the National Vital Statistics public use datafile.
Deaths rates were calculated by the National cancer Institute using SEER*Stat.

- ❖ Racial differences in incidence of colorectal cancer among women are greater than those among men.
- ❖ Black men have about a 15.5 percent greater incidence rate than white men of getting the disease.
- ❖ Black women have more than a 22 percent greater incidence rate than white women.
- ❖ Black men are more likely to die from colorectal cancer than white men or women overall.
- ❖ Black women are more likely to die from colorectal cancer than white women.

Esophageal Cancer

Historical Trends (1977-2001)
Mortality, South Carolina

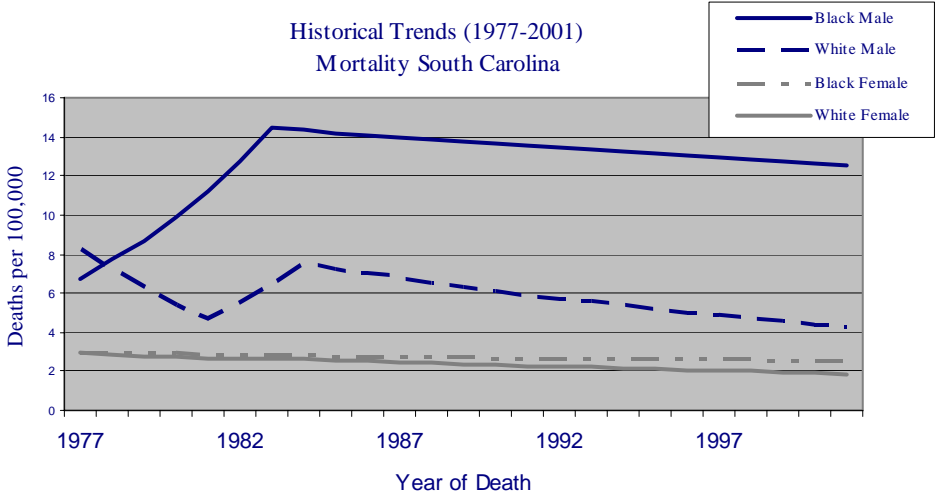


Death data provided by the National Vital Statistics public use datafile.

Deaths rates were calculated by the National cancer Institute using SEER*Stat.

- ❖ There are two types of esophageal cancer, squamous cell carcinoma and adenocarcinoma of the esophagus. Squamous cell carcinoma of the esophagus is much more commonly diagnosed in blacks than in whites. Squamous cell carcinoma rates are over six times higher in blacks.
- ❖ Risk factors for squamous cell carcinoma of the esophagus include long-term tobacco use, heavy alcohol use, malnutrition (Plummer-Vison syndrome), and head and neck cancer. Common risk factors do not explain the very high mortality of this cancer among black men. Smoking and drinking seem to account for about 95 percent of the disease, but blacks actually drink and smoke less than whites in South Carolina.
- ❖ Risk factors for esophageal adenocarcinoma are not well known, however Gastroesophageal Reflux Disease (GERD) has been suggested as the major risk factor for esophageal adenocarcinoma.

Oral Cancer



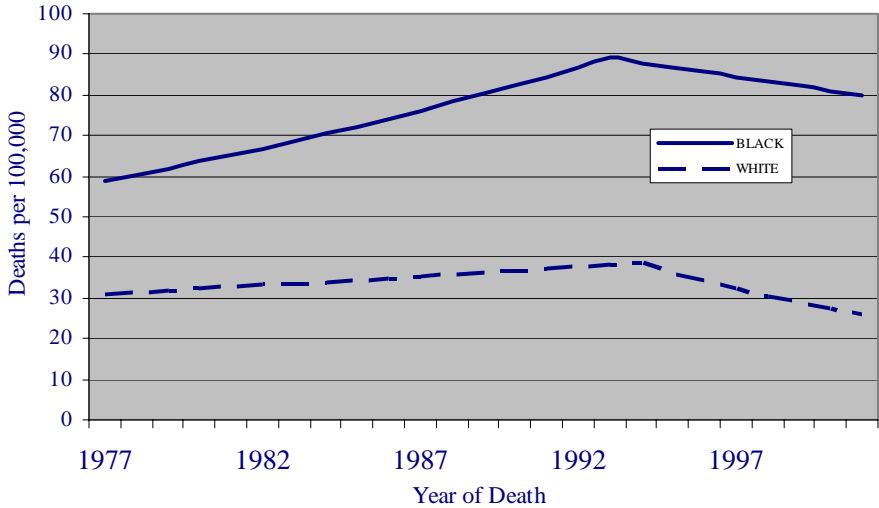
Death data provided by the National Vital Statistics public use datafile.

Deaths rates were calculated by the National cancer Institute using SEER*Stat.

- ❖ Black men in South Carolina have higher rates of dying from cancers of the oral cavity than white men in South Carolina.
- ❖ This disparity is larger in South Carolina than in the Nation.
- ❖ Smoking and other risk factors for oral cancer do not explain this racial disparity.
- ❖ Further research to identify the cause and mechanisms involved are crucial to impact this population.

Prostate Cancer

Historical Trends (1977-2001)
Mortality, South Carolina



Death data provided by the National Vital Statistics public use datafile.

Deaths rates were calculated by the National cancer Institute using SEER*Stat.

- ❖ Black males have a much higher mortality rate of prostate cancer than white men.
- ❖ The majority of these cancers diagnosed in South Carolina occurred in white males (1,998 cases in white males vs. 925 cases in black males during 2000).