In 2002, about 12,000 new invasive cancer cases (all sites) were reported in Kansas. The age-adjusted incidence rate for cancer (all sites) was 416.4 per 100,000 population\textsuperscript{1}. The chance of having cancer in a lifetime is 45 percent for men and 41 percent for women\textsuperscript{2}. The burden falls unequally for those who lack insurance, populate low socio-economic sectors or do not have access to health care.\textsuperscript{1} Besides its high incidence rate (rate of new case occurrence), cancer is the second leading cause of death in Kansas.\textsuperscript{3} Despite advances in recent years related to prevention, detection and treatment, more than 5,000 Kansans die each year from cancer, accounting for approximately 22 percent of all deaths in Kansas\textsuperscript{1,3}. In 2002, the age-adjusted death rate for cancer (all sites) was 187.5 per 100,000 population.\textsuperscript{3} In addition to disease burden, end of life issues are also of particular concern to cancer patients and their families who must come to an emotional and spiritual reconciliation of dying and separation. Issues related to pain management, minimizing complications and caregiver needs also require attention.

In Kansas 9,420 total cases of breast cancer (99.4 percent of all cases were among women) were identified between 1997 and 2001, making it the most frequently diagnosed cancer among women in Kansas.\textsuperscript{1} It is the second leading cause of cancer death among women, accounting for approximately 400 deaths in the state each year. During the last five years, the age-adjusted incidence rate of invasive breast cancer is almost stable.\textsuperscript{1} Breast cancer is most common (has a peak incidence) among women ages 65 to 74 years and is less common among women younger than 40 years of age. White females are more often diagnosed with invasive breast cancer than African-American women (130.9 cases per 100,000 white women versus 107.2 cases per 100,000 African-American women for the years 1997-2001).\textsuperscript{1} Among women of all other races, 212.6 cases per 100,000 women were diagnosed with invasive breast cancer.\textsuperscript{1} African-American women have higher age-adjusted breast cancer death rates than White women (37.2 per 100,000 women versus 23.7 per 100,000 women for the years 2001-2002).\textsuperscript{3} The U.S. Preventative Services Task Force (USPSTF) recommends mammography, with or without a clinical breast exam, every one to two years for
women aged 40 years and older (USPSTF 2002). In Kansas from 2000-2002, 24 percent of women who were 40 years of age and older had not had a mammogram in the past two years. The percentage of White women age 40 and older who had not had a mammogram in the past two years was higher when compared to African-American women (24 percent of White women versus 14 percent of the African-American women). Between 2000-2002, women at increased risk of not having a recent mammogram (within the past two years) include those in households making less than $20,000 per year (34 percent), women of Hispanic ethnicity (30 percent), women in rural areas (30 percent) and women without a high school education (35 percent).

Cervical cancer accounts for approximately two percent of all cancers in Kansas women. From 1997 to 2001, 599 new cases of invasive cervical cancer were seen among Kansas’ women. Thirty-five percent of total new invasive cervical cancer cases were seen among women age 55 years and older. In 2002, the age-adjusted incidence rate in Kansas females was 6.2 cases per 100,000 women. The death rates for cervical cancer are low, due mainly to early detection and screening. The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix (this statement updates the 1996 recommendation mentioned in the Guide to Preventive Services, second

![Age-Adjusted Invasive Cancer Incidence Rates By Primary Site Among Male Residents in Kansas (1997-2002)](chart1)

![Age-Adjusted Cancer Death Rates By Site Among Female Residents in Kansas (1998-2002)](chart2)
In Kansas, from 2000-2002, 84 percent of women age 18 and older with a uterine cervix had received a Pap smear in the past two years. The highest percentage of women receiving a Pap smear in this age group was seen among African-American women (93 percent). The lowest percentage was seen among Hispanic women (81 percent). Women living in rural areas and with an annual household income less than $20,000 also were seen to be at risk of not receiving a pap test in past two years.\(^5\)

Colorectal cancer represents 13 percent of all newly diagnosed cancers in Kansas.\(^1\) It is the third leading cause of cancer death among males, as well as, among females.\(^3\) From 1997-2001, 7,466 Kansans were diagnosed with colorectal cancer and 2,790 died. For the same time period, the age-adjusted colorectal cancer incidence rate was 53.6 cases per 100,000 population. Higher incidence of disease was seen among Whites (including Hispanic and non-Hispanic) i.e. 59.5 cases per 100,000 persons versus 48.2 cases per 100,000 persons. In 2001-2002, the age adjusted colorectal death rate was 20.3 per 100,000 persons. Higher age-adjusted mortality was seen among African-Americans (age-adjusted death rate of 30.5 cases per 100,000 population) as compared to Whites (age-adjusted death rate of 19.8 cases per 100,000 population).\(^3\) Survival depends on the stage of cancer progression at the time of diagnosis. If cancer is detected while it is still localized in the bowel, 90 percent of persons can expect to be alive five years later.\(^7\) The USPSTF strongly recommends that clinicians screen men and women age 50 and older who are at average risk for colorectal cancer. For high-risk persons, it is reasonable to begin screening at a younger age (this statement updates the 1996 recommendation mentioned in the Guide to Clinical Preventive Services, Second Edition).\(^8\) In 2001-2002, only 66 percent of Kansans age 50 years and older received a screening test for colorectal cancer (fecal occult blood test or a sigmoidoscopy or colonoscopy exam). Only 13 percent of Kansans 50 years and older had both a sigmoidoscopy in the past 5 years and a fecal occult blood test in the past year.\(^5\)

Lung cancer is the leading cause of cancer death among males, as well as females in Kansas.\(^3\) It is the second most commonly diagnosed cancer among men and the third most commonly diagnosed cancer among women.\(^1\) From 1997-2001, 8,479 persons were diagnosed with the disease and 7,401 individuals in Kansas during that same period died from the disease. In 2002, the age-adjusted incidence rate for lung cancer in Kansas was 56.4 per 100,000 population.\(^1\) Lung cancer accounts for about 30 percent of all cancer deaths in the state. In the year
2001-2002, the age-adjusted lung cancer death rate was 54.5 per 100,000 population. The death rate was higher among African-Americans (75.1 per 100,000) as compared to Whites (53.9 per 100,000). The prognosis for lung cancer is poor; only 14 percent of persons with the disease will be alive five years after diagnosis because the cancer is usually asymptomatic until it has spread outside the local tissues. Even if found when localized, the five-year survival rate is less than 50 percent. The most important risk factor for lung cancer (as well as for many other cancers) is tobacco use. Studies have shown that screening for lung cancer with a chest X-ray and/or sputum cytology does not reduce mortality from the disease. In addition, studies have shown that screening would lead to false-positive tests and unnecessary invasive diagnostic procedures and treatments.

Invasive cancer of the prostate is limited almost exclusively to men over 50 years of age. Nearly 9,500 cases of prostate cancer were diagnosed in Kansas between 1997 and 2001. Most cases are diagnosed in men between the ages of 65 and 80 years and about 300 Kansans die from the disease each year. The age-adjusted prostate cancer incidence rate in the year 2001 was 154.3 per 100,000 male population. African-American males experience a higher age-adjusted incidence rate of prostate cancer (221 cases per 100,000 male population) compared to Whites (153 per 100,000 male population). The age-adjusted prostate cancer death rate in the year 2001-2002 was 28.3 per 100,000 male population. Prostate cancer screening is controversial due to the lack of a definitive evidence of benefit. In addition, there is a lack of consensus regarding optimal treatment of localized disease and the clear evidence that active treatment options are associated with significant morbidity. At present, the USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate antigen (PSA) testing or digital rectal examination (DRE).

Skin cancer is a widespread problem in the state with as many as 12,000 new cases diagnosed each year. Cancer registries do not collect most occurrences of squamous and basal cell carcinoma of the skin, so data are limited. From 1997 to 2001, 2,117 cases of invasive melanoma were reported in the Kansas Cancer Registry and of these, 43 percent were diagnosed in persons less than 55 years of age and 12 percent were diagnosed among persons younger than 35 years of age. Nearly 400 persons died from melanoma during these five years compared to 144 deaths due to non-melanoma skin cancers. Ten percent of the melanoma cancers diagnosed in Kansas were either regional or distant at the time of diagnosis. The USPSTF has concluded that the evidence is insufficient to recommend for or against routine counseling by primary care clinicians to prevent skin cancer (this statement updates the 1996 recommendation mentioned in the Guide to Clinical Preventive Services, Second Edition).
Being told by your doctor that you have cancer is frightening and life altering. You will need to make important decisions about your treatment and care and knowing your options is very important.

The American Cancer Society (ACS) recommends understanding the various treatment options available to you, which can include surgery, radiation, chemotherapy and immunotherapy. Your healthcare provider also can help you understand the best treatment for your specific cancer. You also might be interested in clinical trials, which are people-based studies of new drugs and procedures for cancer treatment.

You may have questions and need information about the logistics of treatment including financial and legal concerns, insurance claims and transportation. There also may be physical and emotional issues during your cancer treatment.

It is important to maintain your health once your treatment is complete, according to the ACS. Good nutrition will help you regain your strength, rebuild tissue and maintain your overall health. You might also consider a support group that can help patients, survivors and loved ones deal with the burden of cancer.

References:


6 U.S. Preventive Services Task Force, Screening for Cervical Cancer: Recommendations and Rationale. www.ahrq.gov/clinic/3rduspstf/cervcan/cercanrr


