

Department of Health and Human Services Breast Cancer Report

Submitted by Dr. Larry Meredith to Marin County Board of Supervisors

I. What do we know?

- Overall, invasive breast cancer rates for white non-Hispanic women (80% of Marin women) have increased about 60% in Marin County between 1991 and 1999. **Between 1998 and 1999 alone, the incidence rate increased by 20%** (from 191 cases/100,000 women to 230 cases/100,00 women). In contrast, breast cancer rates have had increases of less than 5% in other areas of California.
- Currently, the breast cancer incidence rate in Marin is 28% higher than rates in other counties in the Bay Area and 38% higher than rates in other urban parts of California averaged over the five most recent years for which data has been collected (1995-99).
- Known risk factors fall into the following categories:
 - Race/ethnicity
 - Socio-economic, demographic, cultural factors
 - Personal lifestyle choices
 - Medical/reproductive history
 - Diet/nutrition
 - Occupational exposures
 - Environmental exposures
 - Age

II. What do we not know?

- 50% of breast cancer cases remain unexplained by known risk factors.
- What is causing the increasing trend in breast cancer incidence in Marin County?

III. What are we doing?

A. Overview

- Established Breast Cancer Research Collaborative
- Building infrastructure within HHS to implement current research projects (epidemiologist, breast cancer research coordinator)
- Coordinating research activities as being carried out by members of collaborative
- Establishing relationships with national breast cancer researchers
- Establishing a Scientific Advisory Committee to give input into current research and help identify future research agenda

- Creating an incidence map of Marin County which will show geographic distribution of breast cancer
- Developing relationships with potential funding sources to continue breast cancer research in Marin County.

B. Programs

- Began assessment of HHS staffing needs for further development of breast cancer research and community services program, including increased outreach, education, and assertive screening and medical management.
- Conducted 1/16/02 press conference.
- Conducted community “Town Hall” forum 2/26/02.

C. Research

- Research Collaborative: Quarterly meeting held 2/11/02.
- Incidence Mapping: Data analysis completed, cases have been mapped, collaborative mapping meeting held 2/6/02 where final decisions were made on smallest geographic area to map while preserving confidentiality.
- Scientific Advisory Committee: charter and mission have been drafted, areas of expertise have been determined and possible individuals identified to fill each area of expertise. Target date for first Advisory Committee meeting is 4/15/02.
- Traditional Risk Factor Study: Contract has been executed and activities will begin 3/1/02.
- Marin Residence Study: Adolescent Risk Factor Study questionnaire was modified and pilot tested. 134 of 600 participants have been contacted and all have received buccal cell collection kits. 58 of the 134 contacted have completed questionnaires as of 2/14/02. The lab has received and processed 27 buccal samples.
- Marin Environmental Data Study: Developed website navigational bar w/ community input form including pop-up explanation of form. IRB proposal was approved and community announcement was developed for distribution. Water quality data survey is nearing completion. Met with Silent Spring Institute and Long Island researchers to exchange information on research projects and obtain publications and final reports of relevance. Received toxic sites database for Marin County (covers 20 federal, state, regional & local databases covering a variety of potentially hazardous sites).
- Personal Environmental Risk Factor Study: Literature review has been completed on personal environmental risk factors and breast cancer risk. Announcements have been developed and distributed which invite community input via e-mail, US mail or telephone on possible environmental exposures and three community workshops have been scheduled and advertised.
- Biological Monitoring: Collection & storage of biological material (buccal cells and nipple aspirate fluid) is being conducted through two of the research grants and will be used for future testing. Contact person for any details on biological monitoring: Margaret Wrench, Ph. D., UCSF, Principal Investigator on a portion of Marin County Research, 415-476-1970.

IV. What do we still need to do?

- Continue to build HHS infrastructure in order to develop future research projects.
- Further study incidence and mortality trends in Marin County
- Repeat assessment of breast cancer incidence adjusting for socioeconomic risk factors
- Have demographers describe and quantify demographic changes over the last decade as regards known breast cancer risk factors—the “migration hypothesis”
- Describe distributions of and changes in known and suspected breast cancer risk factor prevalence using existing data
- Describe mammography screening and other health care utilization patterns that may relate to the high rates of breast cancer
- Expand current research studies
- Assure timely access to screening, detection and treatment services for all.