

Introduction

The 2007-2011 review of Cuyahoga County cancer data provides updated statistics for our community, with a focus on cancers that have current screening guidelines or recommendations. Early detection through screening is useful in determining the most beneficial treatment and is a good predictor of long-term survival. Currently, there are recommended screening guidelines for the following types of cancer: breast (female); cervix; colon; lung and bronchus; melanoma of the skin; oral cavity and pharynx; and prostate. Methods of screening vary by cancer site, but may include self-examination, physical examination by a health professional, X-rays and/or laboratory tests.¹

This report also displays the geographic distribution of cancer in our community through maps. Understanding the distribution is important in helping prevention and control specialists make informed decisions and provide appropriate resources and education that are specific to our community. These efforts can be significantly helped by knowing what type of cancer is being diagnosed in whom, at what stage, and where diagnosed individuals live, work, and play in the community. This strategy has broad implications for intervention and educational efforts which currently lack information and direction that is specific to our community.

We know that tracking differences in the numbers of new cases of cancer and cancer deaths can indicate a greater cancer burden may be occurring for some groups of people versus others. The factors that contribute to these differences are complex and interrelated, but some known associated factors are lack of adequate health care coverage and low socioeconomic status. Socioeconomic status (SES) is usually based on income, education level, occupation, and social status in the community. A low SES plays a major role in influencing the prevalence of behavioral risk factors for cancer (i.e. tobacco use, physical inactivity and health status) and in following cancer screening recommendations. Individuals from medically underserved populations are more likely to be diagnosed with late-stage diseases that might have been treated more effectively if diagnosed earlier. Therefore, addressing why cancer health disparities exist in our community is a potential method for decreasing cancer burdens.²

Cancer is a multifactorial disease. Behavior choices, like tobacco use, level of physical activity and diet may play a role, in addition to family history/genetics and environmental exposures throughout our lives. It is important to recognize that because of the complex nature of cancer and its causes, along with the limited data available for each case of cancer, it is not possible to address specific causes or reasons for the observed number or rates of cancer, or identify the reasons why cancer rates may be elevated in one community or neighborhood versus another. The presentation of this report is not meant to be an environmental assessment of the community.

References

1. Ohio Cancer Incidence Surveillance System, Ohio Department of Health and The Ohio State University, Columbus, Ohio, March 2006. *Stage at Diagnosis for Selected Cancer Sites & Types in Ohio, 1998-2002*. (Accessed February 23, 2011).
2. Cancer Health Disparities. National Cancer Institute. <http://www.cancer.gov/cancertopics/factsheet/disparities/cancer-health-disparities> (Accessed February 22, 2013).