

# Cancer Morbidity Studies In Metropolitan Areas

Two out of five patients with newly diagnosed cancer will die within 1 year unless a better record of early diagnosis is made; more than 500,000 new cases of cancer will be diagnosed in 1953; but only half of these new cases will be diagnosed while the cancer is localized, according to estimates made by the biometrics section of the National Cancer Institute, Public Health Service.

The recently completed studies on cancer morbidity in 10 metropolitan areas indicate that the current outlook with respect to the survival of cancer patients is not favorable. That the survival of cancer patients depends largely on the stage of the disease at time of diagnosis—whether the cancer is localized or has spread beyond the primary site—is strongly pointed up by the reports. The more accessible the cancer site to direct examination, the greater is the opportunity for its early discovery. Half of all cancer involves sites accessible to direct examination. Exclusive of skin cancer, 48.2 percent of all cancers in females and 22.6 percent of all cancers in males are located in accessible sites.

Only 64 percent of newly diagnosed cancer cases survived 1 year, according to the studies. When skin cancers, which have a high cure rate, are excluded, the survival rate is reduced to 58 percent. Among cases diagnosed while the cancer was localized, 84 percent of the patients survived 1 year. This rate may be compared to the 1-year survival of the 58 percent who were diagnosed after regional involvement had

occurred and the 28 percent who were diagnosed after remote spread of the disease.

Cancer of the uterus provides a striking illustration of the effect of stage of disease at time of diagnosis on survival; the 1-year survival rates were 91 percent for localized cases, 71 percent for cases with regional metastasis, and 36 percent for those diagnosed after remote metastasis had occurred.

Except for skin cancers, the percentage of cases diagnosed while localized is low for cancer developing at sites accessible to direct examination. These sites are: skin, prostate, rectum, mouth and pharynx, thyroid, breast, and uterus.

In cancer of the breast, a highly accessible site, only 2 out of every 5 cases are diagnosed while localized (40 percent). The proportion is less than 3 out of 5 for cancer of the uterus (57 percent), and it is 1 out of 2 for cancer of the prostate (50 percent). For cancer of the rectum in both sexes, the proportion is less than 1 out of 2, or 45 percent for males and 46 percent for females.

The cancer morbidity series cover Atlanta, New Orleans, Birmingham, Dallas, San Francisco, Denver, Chicago, Detroit, Pittsburgh, and Philadelphia. These cities were originally surveyed by the National Cancer Institute in 1937–39 and were resurveyed in 1948–49.

In preparation is a summary report which will provide comparative statistics for the two survey periods on cancer incidence, prevalence, and mortality as well as the relationship of cancer to such factors as primary site, sex, age, and race.

Separate reports of the 10 survey areas, covering both survey periods, have already been published. The reports on the 1948–49 series have been reviewed in recent issues of *Public Health Reports*. Inquiries concerning the series should be directed to the National Cancer Institute, National Institutes of Health, Public Health Service, U. S. Department of Health, Education, and Welfare, Bethesda 14, Md.

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*Reported by the National Cancer Institute, National Institutes of Health, Public Health Service.*

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