

# The San Francisco Cancer Initiative SF CAN

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I have nothing to disclose.

# The Cancer Control Challenge

- Cancer prevention can have a huge impact on reducing cancer incidence and mortality.
- Up to 50-60% of cancers could be prevented (Colditz 2006;2012).
- We have the opportunity to implement what we know with greater precision and greater impact.
- What might a comprehensive, integrated, precisely directed, transdisciplinary approach to cancer prevention look like in a major U.S. metropolitan area?

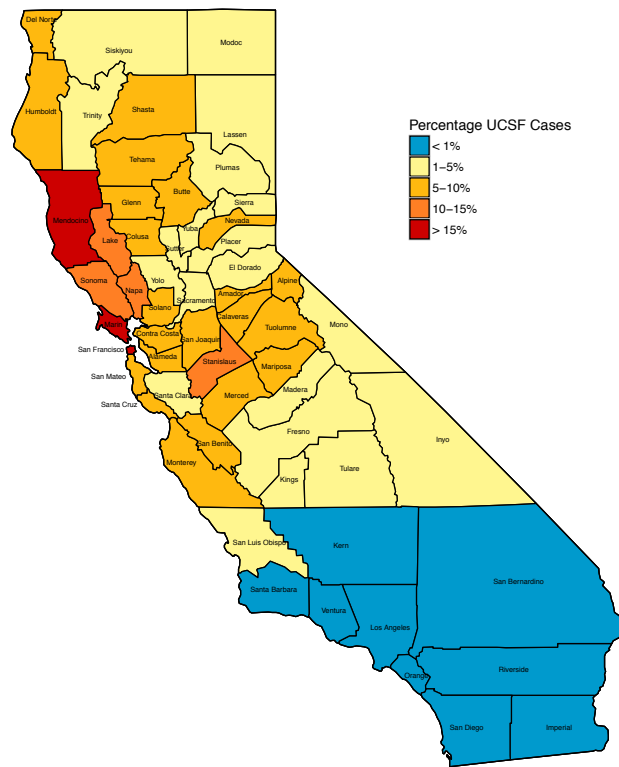
# The Cancer Burden in the Population?

- Number of Cancer Cases
- Incidence and Mortality Rates
- Cancer Trends
- Risk Factors
- Disparities
- Cancer Costs
- Cancer Survivors



# Community Outreach and Engagement

## Defining Catchment Area



- Captures 98% of HDFCCC cancer cases (2010-2014)
- 65% in nine Bay Area counties
- 21% in San Francisco

# Characteristics of the Cancer Burden in San Francisco

- San Francisco 2018 population estimated at over 860,000.
- 5.4% of the population is black, 47.6% are white and 34.2% are Asian Americans. 15.7% are Latino.
- Cancer is the number one cause of death.
- Over the most recent 5 year period there were ~3950 new cancer cases per year and 1388 deaths.
- The 4 most common sites (prostate, breast, lung and colorectal cancer) account for 48% of all new cases and 44% of deaths.
- The 10 most common cancers account for 68% of new cases and 73% of deaths.

# Characteristics of the Cancer Burden in San Francisco

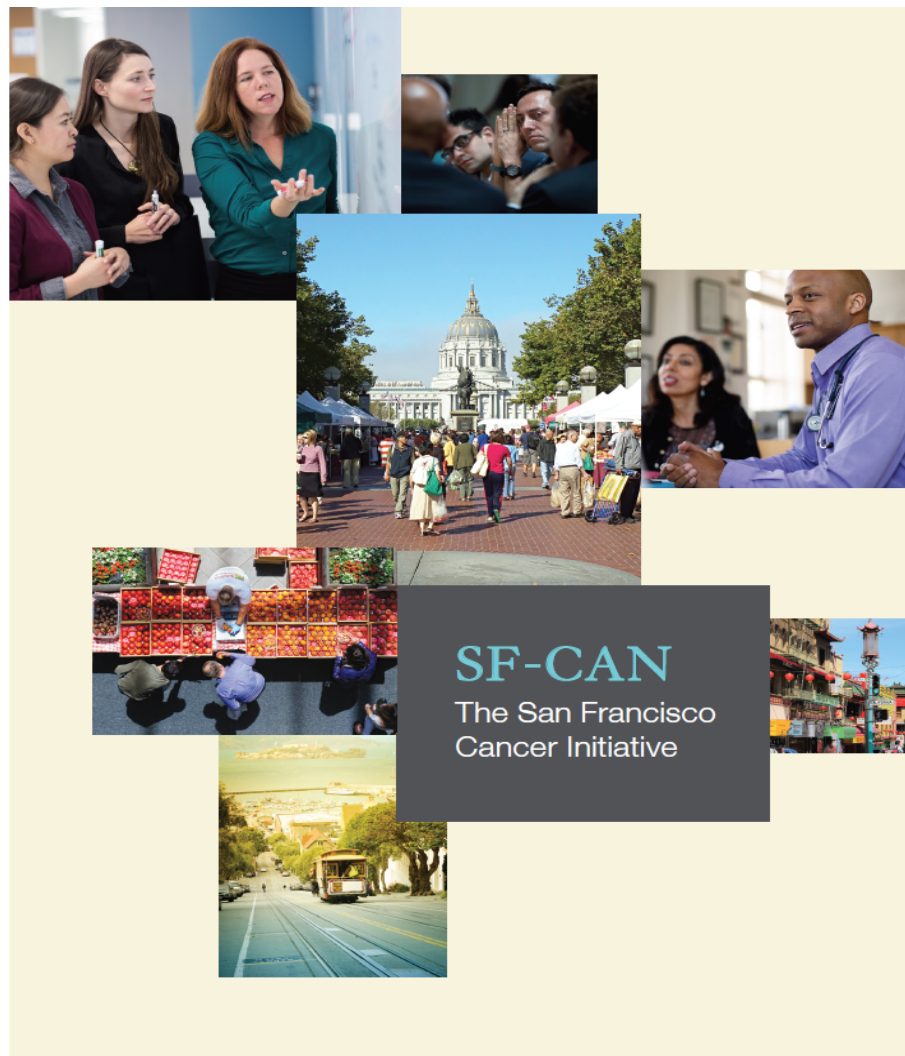
- Tobacco-induced cancers remain the first cause of cancer mortality – lung
- High degree of race/ethnic diversity and disparities in cancer rates
- High incidence areas for breast and prostate cancer
- Environmental exposures
- HIV/AIDS associated cancers
- Cancers associated with Asian and Latino populations

# San Francisco Cancer Initiative

- Our goal is to reduce the cancer burden and inequities in incidence and outcome by applying evidence-based interventions, new technologies and our knowledge of needs of all the citizens of San Francisco.
- A broad long-term population health perspective.
- A multilevel—genes to society view of the determinants of cancer.
- A transdisciplinary approach with teams, community partners and political leaders partners for “community impact”.
- We use a from ‘precision population health’ approach and our capacity to harness ‘Big Data’.

# SF CAN

- Documents the Cancer Burden in terms of incidence, mortality, trends, disparities, and cost.
- Localizes the cancer burden and disparities with the help of geospatial technologies.
- Creates a partnership for “collective impact”.
- UCSF acts as “backbone” organization in collaborations with partners throughout San Francisco to build a team.
- Introduces innovative ideas for interventions and programs to make a measureable difference.
- Identifies areas for further research.



<http://www.sfcancer.org>

# SF CAN Partners

**UCSF** Helen Diller Family  
Comprehensive  
Cancer Center



**San Francisco**  
Department of Public Health



**H** **Hospital Council**  
of Northern & Central California  
*Excellence Through Leadership & Collaboration*



**CHINESE HOSPITAL**

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**P**  
**PROJECT**  
**INFORM**

**sfhip**



By Robert A. Hiatt, Amanda Sibley, Laura Fejerman, Stanton Glantz, Tung Nguyen, Rena Pasick, Nynikka Palmer, Arnold Perkins, Michael B. Potter, Ma Somsouk, Roberto A. Vargas, Laura J. van 't Veer, and Alan Ashworth

# The San Francisco Cancer Initiative: A Community Effort To Reduce The Population Burden Of Cancer

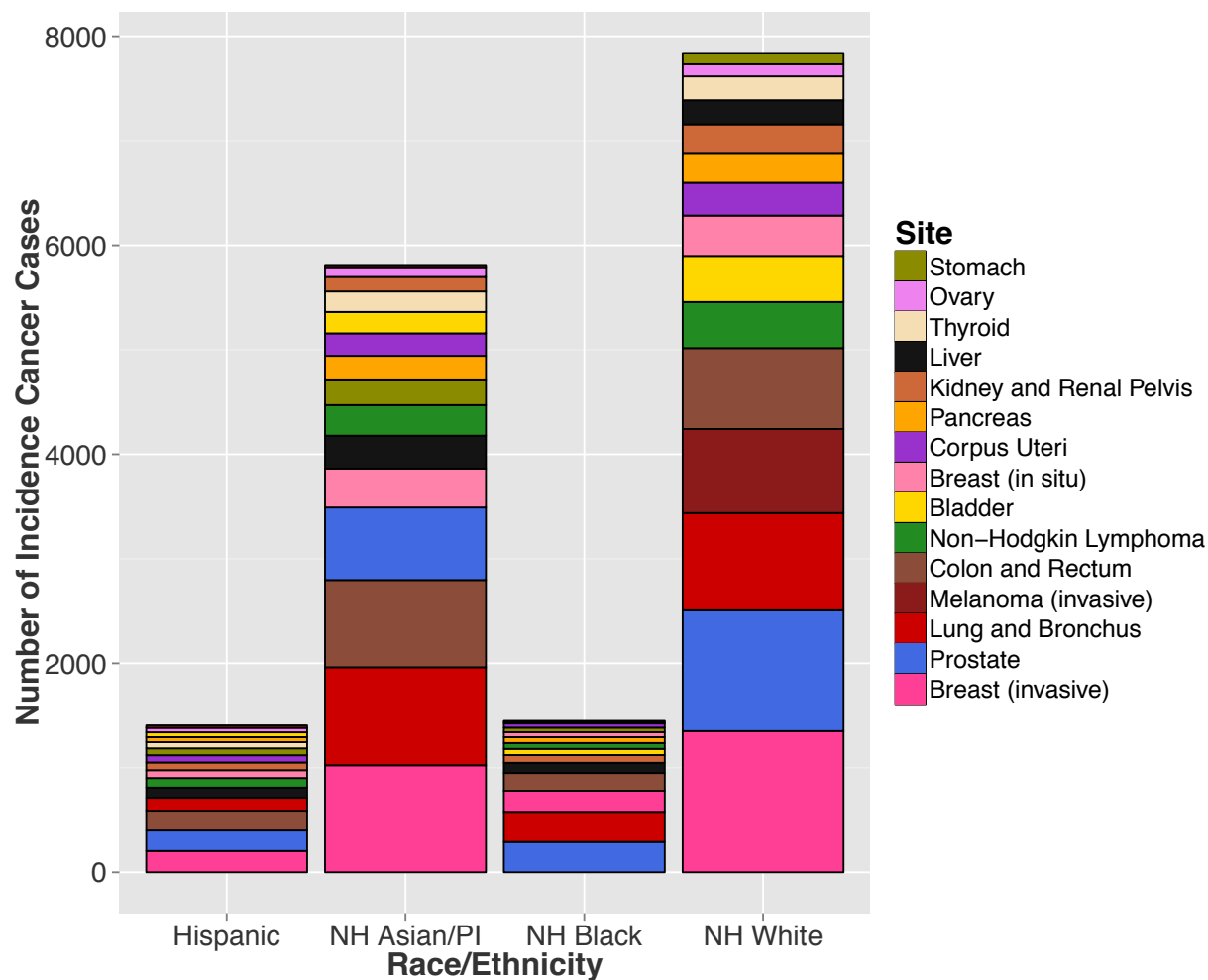
Incidence of and mortality from five leading causes of cancer in San Francisco, by sex, 2010-14

Type of cancer	Incidence			Mortality		
	Men	Women	Total	Men	Women	Total
Breast						
Count	— <sup>a</sup>	2,864	2,864	— <sup>a</sup>	438	438
Rate	— <sup>a</sup>	121.13	121.13	— <sup>a</sup>	17.05	17.05
Lung						
Count	1,279	1,000	2,279	903	678	1,581
Rate	59.26	38.97	47.94	42.29	25.50	32.87
Prostate						
Count	2,176	— <sup>a</sup>	2,176	309	— <sup>a</sup>	309
Rate	95.73	— <sup>a</sup>	95.73	14.99	— <sup>a</sup>	14.99
Colorectal						
Count	963	913	1,876	344	313	657
Rate	42.67	35.94	39.08	15.74	11.15	13.37
Liver						
Count	615	186	801	318	110	428
Rate	25.36	7.37	16.26	13.56	4.25	8.79
All						
Count	10,342	9,397	19,739	3,678	3,222	6,900
Rate	458.87	382.38	413.56	170.02	120.41	141.76

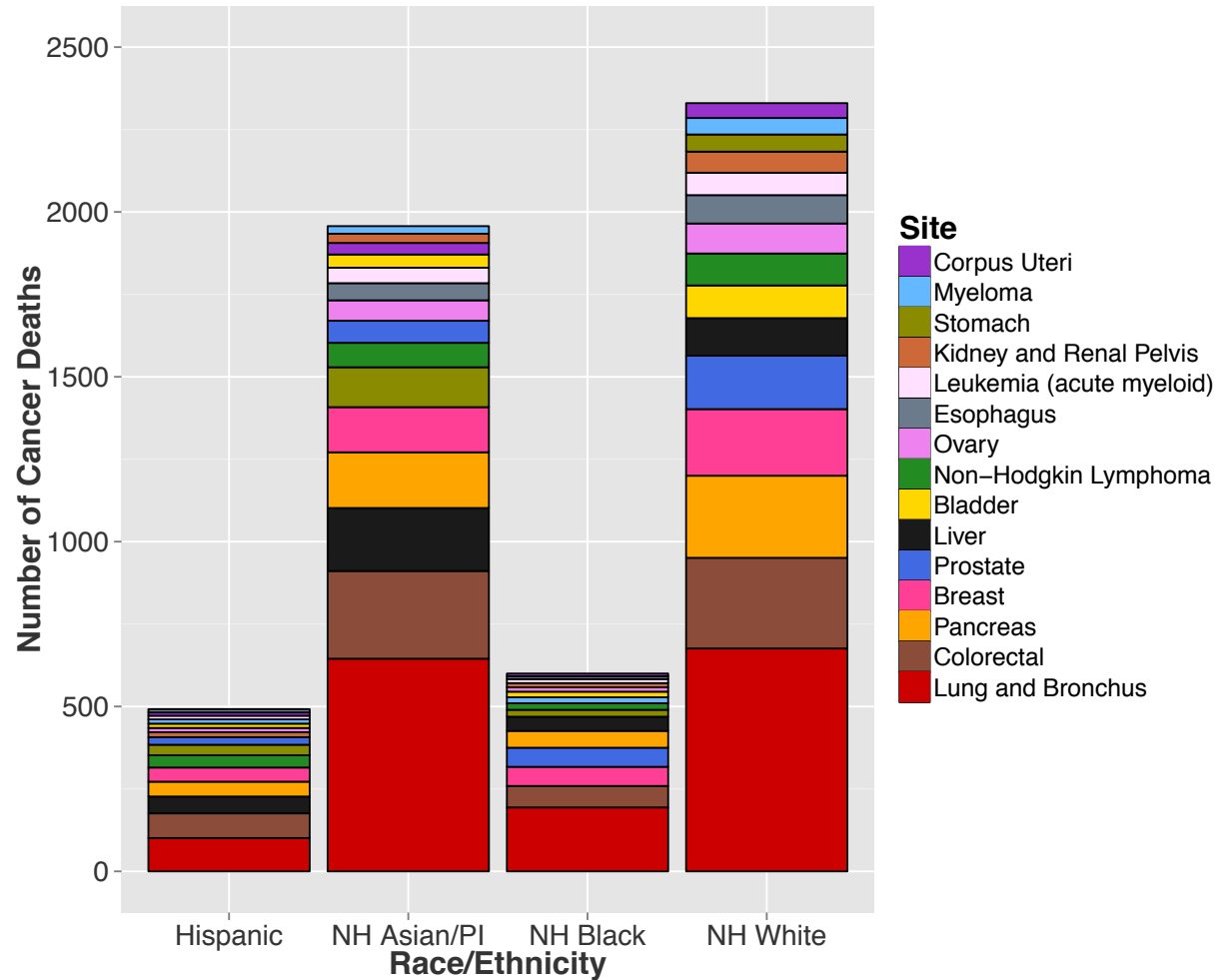
**SOURCE** Cancer Prevention Institute of California, Greater Bay Area Cancer Registry (see note 14 in text). **NOTE** Incidence represents new cases and deaths per 100,000 residents of the Greater San Francisco Bay Area. \*SF CAN targets only breast cancer in women. Prostate cancer relevant only for men.



# Incident Cancer Cases for San Francisco County, 2008-2012

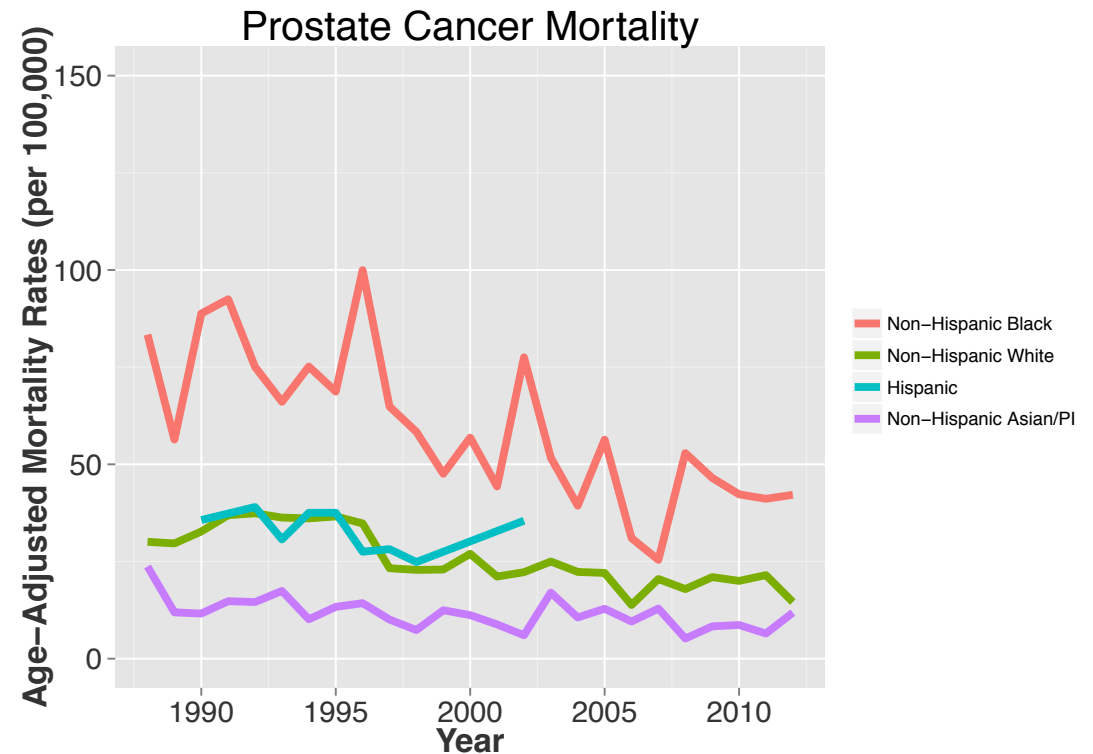
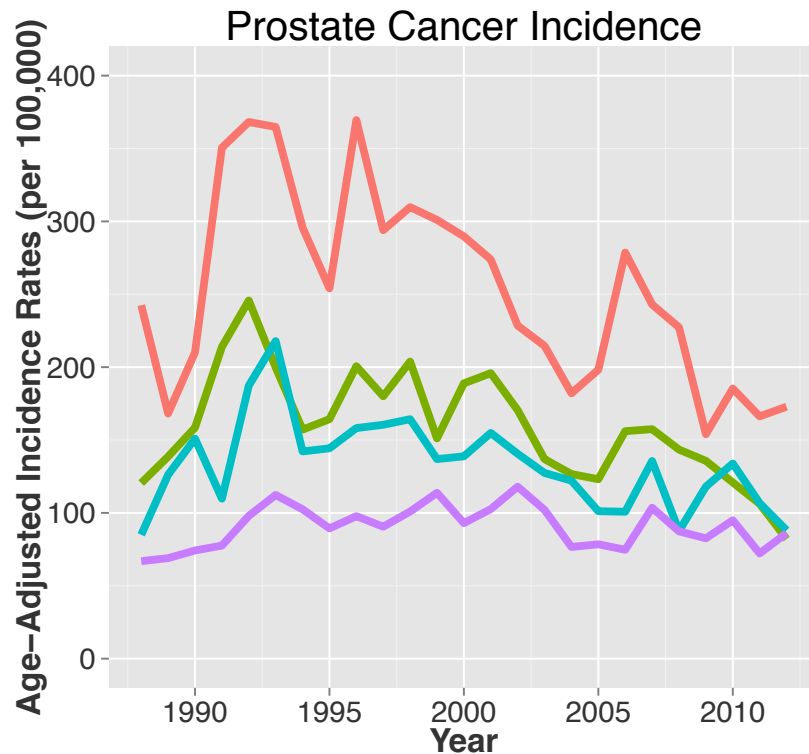


# Cancer Deaths for San Francisco County, 2008-2012



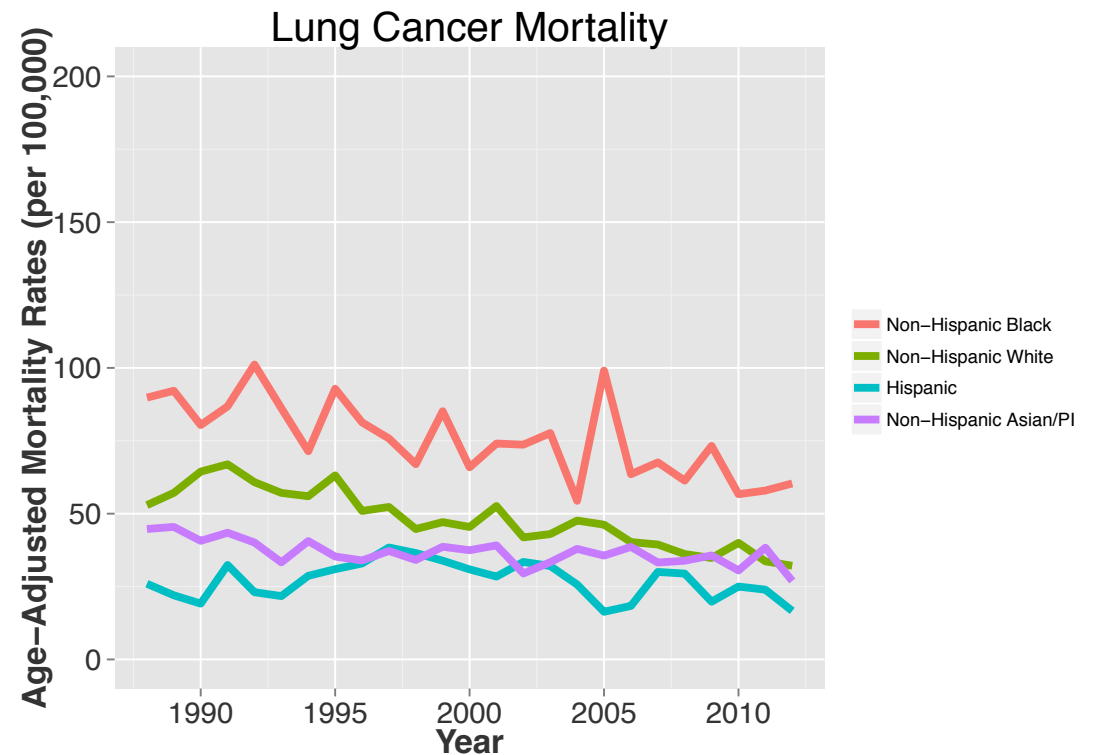
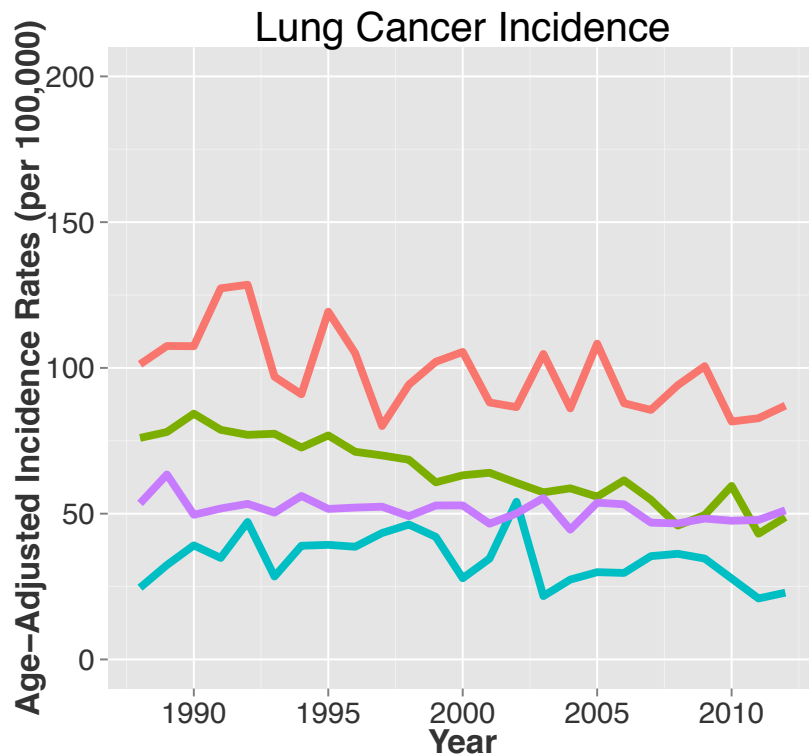
# Prostate Cancer Trends

## (San Francisco County, 1988-2012)



# Lung Cancer Trends

## (San Francisco County, 1988-2012)



# What Areas for Initial Concentrated Effort ? Task Forces

- Tobacco Initiatives – high risk users and policy
- Screening for Colorectal Cancer in vulnerable populations.
- Screening for Hepatitis B & C and treatment for Hep C to prevent Liver Cancer
- Risk based prostate cancer screening for AA men and better access and higher quality of care for PSA+ men.
- Improvements in breast cancer screening through access and risk based screening procedures.

# SF CAN TASK FORCES

## sfcancer.org

### Breast Cancer

Breast cancer is the most common cancer in women and the fourth most common cause of death from cancer.

Much progress has been made in understanding the causes of breast cancer, but few options for prevention at the population level exist. Early detection by mammography has proven to lower mortality, especially for women over 50 years, but conventional mammography is unlikely to offer many new opportunities to advance the field.

Individualized screening for breast cancer along with an individual assessment of cancer risk is one promising area. The ATCHNA Breast Health Network is a collaboration among the five University of California medical campuses through which some 150,000 women throughout California will be screened for breast cancer and tracked for decades. Also, the YISSOM trial, incorporating risk-based screening, is open to women in San Francisco. It is a cutting edge approach reducing incidence and mortality from breast cancer.

Other efforts focus on disadvantaged populations and breast cancer screening. Mammography facilities serving a high proportion of minority and

#### SF CAN Actions

- UCSF
- San Francisco Department of Public Health
- Zuckerberg San Francisco General Hospital and Trauma Center

#### Partners

- American Cancer Society
- Chinese Hospital

#### SF STORIES

Justine Shapiro

I am a Jewish woman from a family with a number of relatives who carry a genetic mutation known as BRCA. My maternal aunt and

### Colorectal Cancer

These FIT and Colonoscopy Educational Videos can help explain the importance of screening:

English Video  
Spanish Video  
Chinese Video

San Francisco Cancer Initiative's Colorectal Cancer Task Force with the help of animator Mark Wooding of University of California, San Francisco created an educational video on colon cancer screening in English, Cantonese, and Spanish. These videos highlight the importance of colon cancer screening for individuals between the ages of 50 to 75. The two detection methods illustrated in the videos are the fecal immunochemical test (FIT) and Colonoscopy.

#### Resources

SF CAN Actions

#### Partners

SF CAN Actions

#### SF STORIES

Shawne Jaberson Lopez

Most liver cancers in the U.S. occur in people with cirrhosis (liver scarring), typically from chronic hepatitis B and C infection or heavy alcohol use. People with hepatitis B can also get liver cancer without having cirrhosis. San Francisco is no different.

### Liver Cancer

SF CAN seeks to reduce new liver cancer cases and liver cancer deaths in San Francisco by 50 percent.

We will do this by reducing the impact of viral hepatitis. We will promote vaccination against hepatitis B, safe sex and clean-needle use, earlier detection of hepatitis B and C with screening blood tests, better monitoring and treatment for people infected with those diseases, and access to care for liver cancer patients.

In San Francisco, liver cancer is the 8th most common cancer and the 9th most deadly. Men develop liver cancer at more than double the rate of women. Asian-Americans bear the brunt of this disease. But the past 20 years have brought increases in liver cancer in African Americans and Latinos.

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#### Resources

SF CAN Actions

Getting screened

Learn about hepatitis B! Call (415) 335-3570. Free HIV and Hepatitis Test SF Hep B Free

#### Partners

American Cancer Society  
Chinese Hospital

### Prostate Cancer

SF CAN aims to combat prostate cancer disparities through targeted early detection and follow-up of aggressive diseases, and institutional partnerships that ensure high-quality treatment citywide.

Prostate cancer is the most common cancer in men, and African American men have the highest incidence and mortality rates from the disease. It is also known that African American men with aggressive, life-threatening prostate cancer are more likely to be under-treated, and those with "low-risk" disease (which is not life-threatening) are often over-treated.

Early detection of life-threatening prostate cancer is possible and can reduce mortality in high-risk men. But the primary test for prostate cancer, the PSA blood test, has been controversial and there are currently no guidelines to inform systematic testing. The debate is due to the fact that all prostate cancers are not the same. Yet the PSA test cannot differentiate between "low-risk" disease that does not threaten life, and "high-risk" disease that is aggressive, will spread, and can be fatal. Because the majority of prostate

#### Resources

SF CAN Actions

#### Partners

- Arthur Coleman Medical Center
- Jones Memorial United Methodist Church
- Kaiser Permanente
- Metropolitan Baptist Church
- Neglethorpe Baptist Church
- Rafiki Coalition for Health &

#### SF STORIES

James McCray, D.Mn.

In 2005, participated in a screening

### Tobacco Caused Cancers

Coordinated action on tobacco control, especially in young adults, low income communities, the homeless and people with mental illness - where smoking rates are higher than the general population - can make the highest impact.

Adult cigarette smoking is down, but tobacco use remains the leading preventable cause of cancer and cancer deaths in the U.S. Cancers linked to tobacco use make up 40 percent of all cancers diagnosed.

The San Francisco Tobacco Free Coalition has already established four key priorities that complement tobacco control activities underway at many organizations throughout San Francisco:

- Establish smoke-free multi-unit housing
- Reduce tobacco advertising on and in stores
- Reduce cigarette butt litter, a major

Higher rates of tobacco use

While smoking prevalence is less than 12% in California, smoking rates among San Francisco

Learn more: [sfcan.org/tobacco](#)

#### Resources

SF CAN Actions

Prevention/Coalition

Leading It Out? Fortuna Tobacco Treatment Center has resources

#### Partners

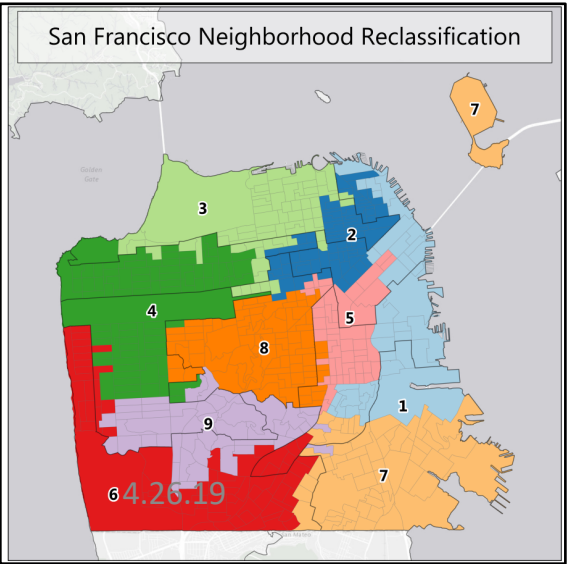
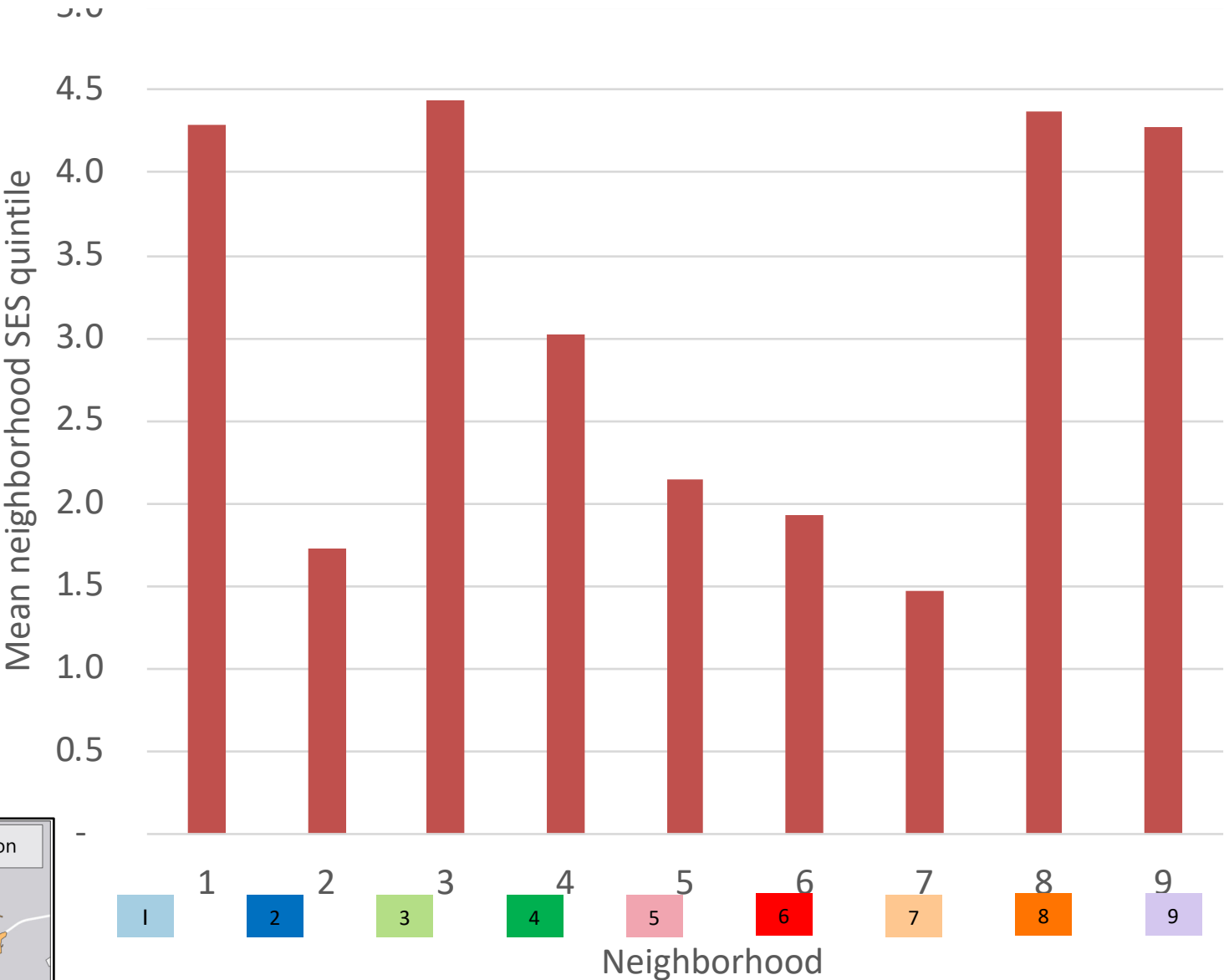
- Broadway California: Golden Gate Public Health Partnership
- San Francisco Department of

#### SF STORIES

Jerry Bullette

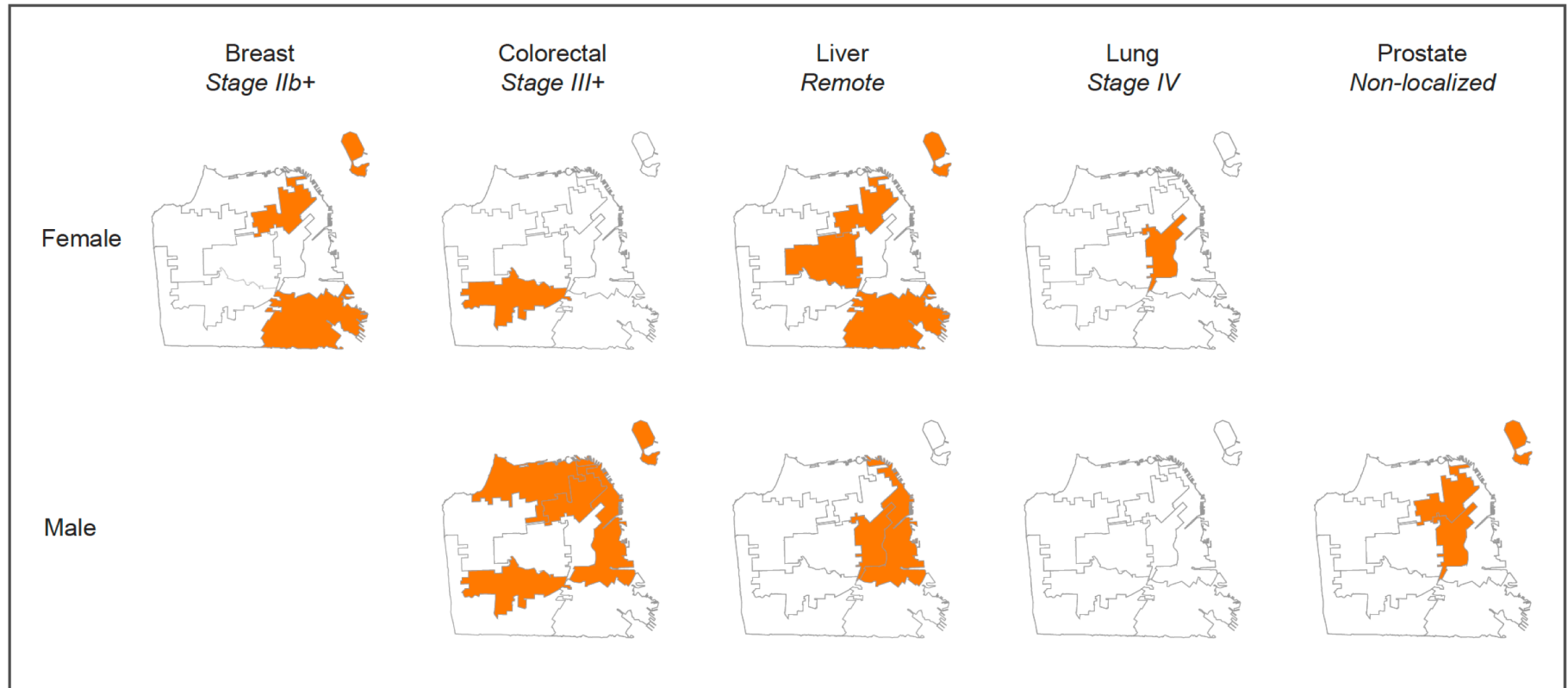
I didn't smoke in high school. Cool

Mean  
neighborhood  
socioeconomic  
status quintile by  
SF neighborhood



SF Bay CRN - SF CAN

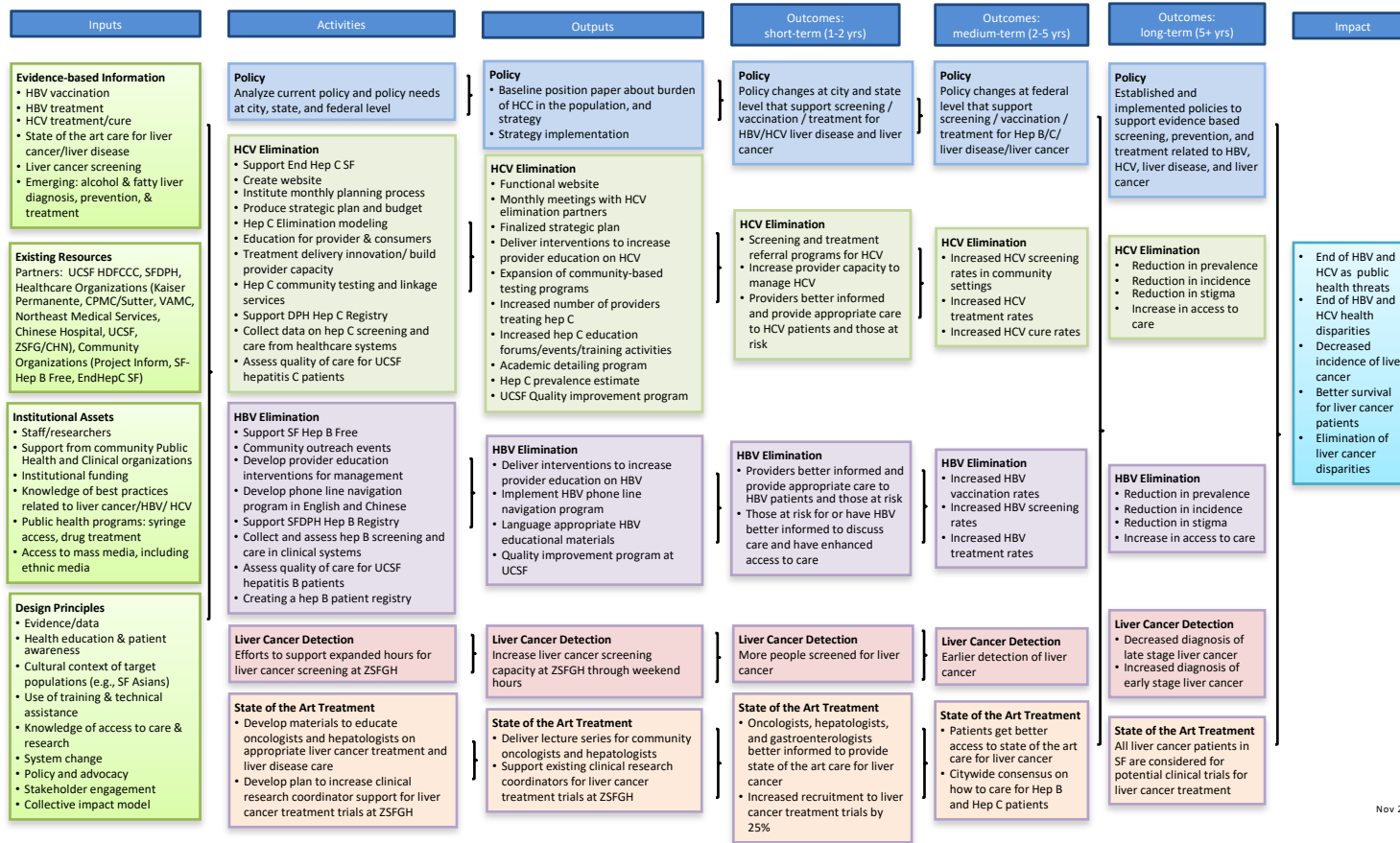
## SF CAN areas with % late stage disease higher than CA average



The burden of cancer varies by neighborhood, gender, and cancer site. SF CAN uses neighborhood-specific data to inform prevention and early detection interventions.



## Liver Cancer Task Force Logic Model



Nov 2017

# Evaluation

- Monthly updates from Task Force leaders
- Logic models for each Task Force
- Annual progress reports
  - Accomplishments
  - Problems
  - Goals
  - Plans for next year

# Successes

- Tobacco
  - Menthol and flavored tobacco products –banned! Proposition E passed!!
  - Social media for smoking cessation among young adults.
  - Smoke-free areas in homeless shelters
- Liver
  - improved access to education, screening and treatment for Hep B & C
- Breast
  - Organized a collaborative for breast cancer screening and follow-up agencies to integrate activities across the city
  - Mapped areas of the city with highest incidence of late stage breast cancer
- Colorectal
  - Focused on safety net SF Consortium Clinics to provide systems for screening – improved FIT screening rates
- Prostate
  - Developed approach to providers and to the community for up-to-date information about PSA testing and a Quality Collaborative to reduce overdiagnosis and over treatment for African American men.

# Scaling Up

- Adding programs to modify life-style risk factors in primary prevention (e.g., diet, sugar sweetened beverages, and physical activity)
- Additional cancers – e.g. melanoma, cervix (HPV vaccination)
- Expand to other Bay Area Counties
- Model for other programs nationally.

# Opportunities for Research

- Participants for clinical and epidemiologic research - biospecimens
- The role of social determinants of cancer
- Dissemination and Implementation research
- Surveillance research for outcomes
- Reducing disparities
- Environmental exposures and cancer
- Quality of care variations
- Complex systems research

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  - Tung Nguyen
  - Rena Fox
  - Laura Fejerman
  - Laura van 't Veer
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  - Ralph Gonzales
- Community Advisory Board
  - Arnold Perkins
- Community Leaders
  - Monique LeSarre
  - Brenda Storey
  - Angela Sun
- American Cancer Society
  - Paula Aspiazu
- Kaiser Permanente
  - Raymond Liu
- SF Comm Clinic Consortium
  - David Ofman
- No. Calif. Hospital Council
  - David Serrano-Sewell
- Ex – SF Supervisor
  - Eric Mar
- California Comprehensive Cancer Control Program
  - Shauntay Davis
- Task Force Members

*FIN*



University of California  
San Francisco











# Fund Raising

- Project dependent on philanthropy and linked research grants
- UDAR actively involved
- Capital Campaign
- Cultivation of interested individuals
- Partner contributions from Community Benefit Funds and other sources