Cancer survival in California has improved during the past two decades, due to better treatments and earlier detection. Individuals diagnosed with cancer between 1990 and 1994 had a five-year survival rate of 58 percent, while those diagnosed between 2006 and 2010 had a five-year survival rate of 65 percent. Improved survival occurred among all racial/ethnic groups, albeit not by the same amount.

Stage of disease at the time of diagnosis is the single strongest prognostic factor for cancer survival; 90.8 percent of patients diagnosed at stage I (early, localized disease) were alive after five years and 86.1 percent at ten years. For those diagnosed at stage IV (advanced, metastatic disease), survival was 19.4 percent and 14.1 percent after five and 10 years, respectively.

For many cancers, survival has improved over the past two decades. Compared with cancers diagnosed in 1990-1994, five-year survival rates in California were higher for 22 types of cancers diagnosed in 2006-2010. For some cancers (kidney, acute and chronic lymphocytic leukemia, chronic myeloid leukemia, liver, multiple myeloma, and non-Hodgkin lymphoma), survival improved by over 10 percentage points. Survival for cervical, laryngeal, testicular, bladder and uterine cancers, however, did not improve during this time.

Breast cancer survival was 89.9 percent after five years and 83.4 percent after 10 years. However, disparities among population groups were observed, with African American females and women with the lowest socioeconomic status having the lowest survival. Survival among women with breast cancer has improved for all racial/ethnic groups, with the greatest improvement among African Americans and Latinas.

Survival among persons with colorectal cancer was highly dependent on the stage of disease at diagnosis. Five years after the diagnosis, 91.1 percent of patients with stage I disease were alive, compared to 12 percent among those with stage IV disease. Survival was highest among Asian/Pacific Islanders, and lowest among African Americans, older patients, and those with the lowest socioeconomic status.

Lung cancer survival was poor, with 44.2 percent of patients alive by the end of the first year after diagnosis but only 17.2 percent surviving for five years or more. Survival has improved some, though, rising from 13 percent among patients diagnosed between 1990 and 1994 to 17 percent among those diagnosed between 2006 and 2010. Survival improved in all racial/ethnic groups.

Prostate cancer had the highest survival rate of any cancer, ranging from 99 percent at one year to 93.3 percent 10 years after diagnosis. Prostate cancer survival rates were lowest among older males (75 years and older) and those diagnosed with stage IV disease.

The prognosis for several cancers (including breast, Hodgkin lymphoma, chronic lymphocytic leukemia, melanoma, prostate, thyroid, and uterine cancer) was favorable, with over 80 percent survival after five years. In contrast, fewer than 20 percent of patients diagnosed with cancers of the esophagus, liver, lung and pancreas were alive after five years.

Disparities in cancer survival were observed among racial/ethnic groups for 23 of the 27 cancer sites examined. African Americans had the poorest five-year survival for 15 of the 23 cancer sites (65 percent), while Asian/Pacific Islanders had the highest five-year survival for 13 (56 percent) of the 23 cancers.