



2023

CANCER PREVALENCE IN CALIFORNIA

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EXECUTIVE SUMMARY

- **Over 1.8 million cancer survivors resided in California in 2023.** Females comprised **55 percent** and males comprised **45 percent** of survivors.
- **From 2010 to 2023, the survivor population grew by 37.3 percent,** with more growth among females than males. Overall prevalence grew from 3.6 to 4.7 percent of the state population.
- **Prevalence increased across all age groups** from 2010 to 2023, with the largest rise among individuals **80 years and older**.
- **Nearly 90 percent of survivors were 50 years and older.** Individuals aged **65–79 years** comprised 44 percent of survivors.
- **The most prevalent cancer types varied by age group.** Leukemia was most common among survivors ages 0-19, breast cancer was most common among ages 20-79, and prostate cancer was most common among ages 80 years and older.
- **Breast and prostate cancers were the most prevalent,** together accounting for more than **760,000 survivors (42 percent)**, followed by colon and rectum, melanoma, and thyroid cancers.
- **Prevalence differed by sex.** Prostate, melanoma, and colorectal cancers were most common among male survivors, while breast, thyroid, and uterine cancers were most prevalent among female survivors.
- **Cancer prevalence and number of cancer survivors varied across counties,** with prevalence ranging from 3.1 to 8.3 percent. The number of survivors ranged from fewer than 1,000 in several rural counties to more than 447,000 in Los Angeles County.

INTRODUCTION

Cancer prevalence, or percent of cancer survivors in a population at a given time, has increased over the past 50 years in the United States¹. This trend is primarily due to an aging population and decreased cancer mortality, or the number of deaths due to cancer. Cancer mortality in the United States has declined by 34 percent since 1991, largely due to advances in early detection, treatment, and reduced tobacco use². In contrast, cancer incidence, which captures newly diagnosed cancers, has remained stable from 2013 to 2022, although there are variations by age and cancer type³. Reflecting survival gains, 70 percent of survivors in 2022 had been diagnosed at least five years earlier, and 11 percent had lived with a cancer diagnosis for 25 years or more¹. In 2025, there were an estimated 18.6 million cancer survivors in the United States, a number projected to exceed 22 million by 2035¹.

Longer survival, however, comes with significant challenges. Survivors often experience lasting physical, psychological, and financial burdens related to their cancer and treatment. Common late effects include osteoporosis, fatigue, infertility, anxiety, depression, cognitive impairment, endocrine dysfunction, heart and lung damage, lymphedema, pain, and new or recurring cancers⁴. Financial strain is also widespread; even insured cancer survivors may face financial distress due to health insurance premiums, copayments, coinsurance, and lost income related to cancer or cancer care⁵.

Cancer survivors represent a diverse population with varying care needs. They include individuals recently diagnosed as well as those who completed treatment decades ago⁴. Nearly 80 percent are over age 60 years, yet those diagnosed before age 40 face the highest risk of severe

long-term and late effects⁶. Survivorship needs differ by cancer type, treatment, and comorbidities. For example, physical limitations are generally more common among pancreatic and lung cancer survivors than among breast or prostate cancer survivors⁷. Disparities also exist by race/ethnicity. Studies show higher rates of cardiovascular complications, thrombosis, and chemotherapy-induced neuropathy among non-Hispanic (NH) Black survivors compared to NH White survivors⁴. NH Black and Hispanic/Latino survivors are also more likely to develop breast-cancer related lymphedema, leading to painful swelling of limbs⁴. Additionally, patients with lower income, who live in rural areas, or who are racial/ethnic minorities often receive less follow-up, survivorship, and palliative care⁴.

Cancer prevalence provides a snapshot of the overall burden of cancer on a population. This report quantifies cancer prevalence in California on January 1, 2023 and examines patterns in cancer prevalence by cancer type, sex, age, and county. Findings from this report can guide resource allocation, inform survivorship care planning, and identify subgroups that may benefit from targeted strategies to reduce morbidity and improve access to survivorship care.

Information presented in this report was obtained by the California Cancer Registry (CCR), the state mandated population-based cancer surveillance system in operation since 1988. The CCR routinely collects demographic, diagnostic, treatment, and follow-up information on cancer cases diagnosed in California, and has provided the foundation for research studies and cancer control initiatives throughout the state. Since 2012, the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, within the University of California Davis Comprehensive Cancer Center, has partnered with the California Department of Public Health in the management of day-to-day operations of the CCR.

METHODS AND TECHNICAL NOTES

COMPLETE PREVALENCE ESTIMATION

This report shows complete prevalence estimates as of January 1, 2023, as well as January 1, 2010 for comparison, for the twenty-one common cancer sites commonly reported in cancer surveillance statistics in the United States¹⁻³. Complete prevalence is an estimate of the number of persons alive on a specified date that have been diagnosed with cancer, regardless of how long ago that diagnosis was made⁸. All persons diagnosed since January 1, 1988 and included in the California Cancer Registry are eligible for inclusion in estimates, except those whose cancers were reported via death certificate or autopsy only.

Complete prevalence was calculated by applying the completeness index method to limited-duration prevalence⁹. SEER*Stat version 9.0.43 was used to calculate limited-duration prevalence by sex, age, cancer type, and county at diagnosis using the counting method^{8,10}. Persons alive on the prevalence date were counted and adjustments were made using the observed survival methods to account for individuals lost to follow-up who would have survived to the prevalence date.

The completeness index method implemented in COMPREV version 3.0.31 software was then used to calculate complete prevalence¹¹. The completeness index method uses incidence and survival models based on Surveillance, Epidemiology, and End Results (SEER) cancer data to calculate the completeness index¹¹. The completeness index represents the percentage of completeness of limited-duration prevalence. Complete prevalence is calculated by dividing the limited-duration prevalence by the completeness index as a proportion.

Prevalence calculations include all malignant cancers. If a person was diagnosed with more than one cancer, that person will not contribute more than one cancer diagnosis to each prevalence estimate. However, different cancers for an individual may contribute to separate statistics shown in the results. For example, if a person had a breast cancer diagnosis in 1988 and a lung cancer diagnosis in 2000, the breast cancer diagnosis would contribute to the estimates for all cancers combined and breast, while the lung cancer diagnosis would contribute to the estimate for lung. Therefore, because some individuals are survivors of more than one cancer type, the sum of the survivor counts of each cancer type is greater than the survivor count for all cancers combined.

CANCER CLASSIFICATION

Cancer site classifications were based on SEER site recode ICD-O-3/WHO 2008 definitions¹². This classification is based on the form and structure of the tumor (commonly referred to as tumor morphology) and primary site, with an emphasis on morphology. Only invasive cancers were included.

MAPS

Maps were created using ArcGIS Pro version 3.1.3 software¹³. Class breaks in the map showing number of survivors by county were determined using the Natural Breaks (Jenks) algorithm within ArcGIS Pro^{13,14}. This classification scheme determines cut points by minimizing within-class and maximizing between-class variance to reflect the distribution of values and improve interpretability¹⁴.

RESULTS

As of January 1, 2023, there were 1,832,657 cancer survivors living in California (Table 1). Females comprised 55.1 percent (1,010,569 survivors), and males comprised 44.9 percent (822,088) of survivors. Overall, the most common cancer types among survivors were breast (428,087), prostate (331,998), colon and rectum (150,406), melanoma (147,132), and thyroid (106,419). The number of survivors varied substantially by sex and cancer type. Among males, prostate cancer was the most common, followed by melanoma, colon and rectum, bladder, and non-Hodgkin lymphoma. Among females, breast cancer was most prevalent, followed by uterine, thyroid, colon and rectum, and melanoma cancers.

The most cancer survivors were 65-79 years (793,922 survivors), followed by 50-64 years (450,741), 80 years and older (378,448), 20-49 years (194,014), and 0-19 (15,532) years. Nearly 90 percent of survivors were over 50 years, and 60 percent were 65 years or older. Leukemia was the most common cancer type among survivors aged 0–19 years, whereas breast cancer predominated among ages 20–79 years. Prostate cancer was the most prevalent in survivors over 80 years.

Table 1. Cancer Survivors by age, sex, and cancer site, California, January 1, 2023

Site	Sex	All Ages	0-19	20-49	50-64	65-79	80 and Older
All Cancers	Male	822,088	8,430	75,017	175,705	381,578	181,358
	Female	1,010,569	7,102	118,997	275,036	412,344	197,090
	Total	1,832,657	15,532	194,014	450,741	793,922	378,448
Bladder	Male	52,914	11	1,087	6,986	25,412	19,418
	Female	16,477	6	407	2,005	7,474	6,585
	Total	69,391	17	1,494	8,991	32,886	26,003

Brain and ONS	Male	10,238	1,174	4,537	2,648	1,615	264
	Female	9,475	1,008	3,864	2,600	1,698	305
	Total	19,713	2,182	8,401	5,248	3,313	569
Breast	Male	^	^	^	^	^	^
	Female	428,087	6	31,516	116,796	188,513	91,256
	Total	428,087	6	31,516	116,796	188,513	91,256
Cervix	Male	^	^	^	^	^	^
	Female	35,050	2	6,443	11,368	12,015	5,222
	Total	35,050	2	6,443	11,368	12,015	5,222
Colon and Rectum	Male	76,265	80	5,195	20,297	32,650	18,043
	Female	74,141	111	5,155	17,658	29,291	21,926
	Total	150,406	191	10,350	37,955	61,941	39,969
Esophagus	Male	3,690	0	117	786	2,065	722
	Female	1,224	0	39	237	609	339
	Total	4,914	0	156	1,023	2,674	1,061
Hodgkin Lymphoma	Male	12,227	290	5,143	3,860	2,488	446
	Female	10,936	188	4,714	3,344	2,191	499
	Total	23,163	478	9,857	7,204	4,679	945
Kidney	Male	43,479	425	4,270	12,068	19,373	7,343
	Female	27,205	470	3,207	7,131	11,221	5,176
	Total	70,684	895	7,477	19,199	30,594	12,519
Larynx	Male	6,306	1	134	1,109	3,328	1,734
	Female	1,264	2	73	287	584	318
	Total	7,570	3	207	1,396	3,912	2,052
Leukemia	Male	31,277	3,149	7,826	6,112	10,008	4,182
	Female	23,935	2,522	6,170	4,537	7,024	3,682
	Total	55,212	5,671	13,996	10,649	17,032	7,864
Acute Lymphocytic Leukemia	Male	8,898	2,649	5,040	900	268	41
	Female	7,258	2,082	3,820	1,004	317	35
	Total	16,156	4,731	8,860	1,904	585	76
Chronic Lymphocytic Leukemia	Male	10,976	6	212	2,031	5,796	2,931
	Female	7,781	6	125	1,206	3,791	2,653
	Total	18,757	12	337	3,237	9,587	5,584
Acute Myeloid Leukemia	Male	4,468	332	1,339	1,222	1,285	290
	Female	4,470	307	1,408	1,249	1,236	270

	Total	8,938	639	2,747	2,471	2,521	560
Chronic Myeloid Leukemia	Male	4,550	70	1,113	1,390	1,468	509
	Female	3,293	52	748	950	1,092	451
	Total	7,843	122	1,861	2,340	2,560	960
Liver	Male	10,205	251	457	2,615	5,772	1,110
	Female	4,933	143	386	1,006	2,477	921
	Total	15,138	394	843	3,621	8,249	2,031
Lung and Bronchus	Male	25,467	27	738	4,006	13,605	7,091
	Female	35,230	14	978	5,729	17,990	10,519
	Total	60,697	41	1,716	9,735	31,595	17,610
Melanoma	Male	76,787	54	5,674	17,945	35,491	17,623
	Female	70,345	76	9,107	20,287	28,028	12,847
	Total	147,132	130	14,781	38,232	63,519	30,470
Myeloma	Male	10,256	0	468	2,721	5,177	1,890
	Female	8,268	1	401	2,109	4,103	1,654
	Total	18,524	1	869	4,830	9,280	3,544
Non-Hodgkin Lymphoma	Male	46,069	556	6,295	11,780	19,073	8,365
	Female	40,207	322	4,451	9,431	16,790	9,213
	Total	86,276	878	10,746	21,211	35,863	17,578
Oral Cavity and Pharynx	Male	32,454	52	2,096	9,848	15,732	4,726
	Female	15,222	62	1,696	4,044	6,367	3,053
	Total	47,676	114	3,792	13,892	22,099	7,779
Ovary	Male	^	^	^	^	^	^
	Female	27,421	183	4,239	8,430	10,504	4,065
	Total	27,421	183	4,239	8,430	10,504	4,065
Pancreas	Male	5,764	17	413	1,516	2,831	987
	Female	5,935	39	681	1,517	2,687	1,011
	Total	11,669	56	1,094	3,033	5,518	1,998
Prostate	Male	331,998	9	760	44,786	185,997	100,446
	Female	^	^	^	^	^	^
	Total	331,998	9	760	44,786	185,997	100,446
Stomach	Male	9,155	3	592	2,110	4,248	2,202
	Female	7,919	4	679	1,966	3,260	2,010
	Total	17,074	7	1,271	4,076	7,508	4,212
Testis	Male	34,955	295	16,057	10,771	6,976	856
	Female	^	^	^	^	^	^
	Total	34,955	295	16,057	10,771	6,976	856
Thyroid	Male	23,626	72	5,042	7,559	8,387	2,566
	Female	82,793	297	22,405	28,798	24,554	6,739

	Total	106,419	369	27,447	36,357	32,941	94,305
Uterus	Male	^	^	^	^	^	^
	Female	89,317	8	5,632	22,832	42,511	18,334
	Total	89,317	8	5,632	22,832	42,511	18,334

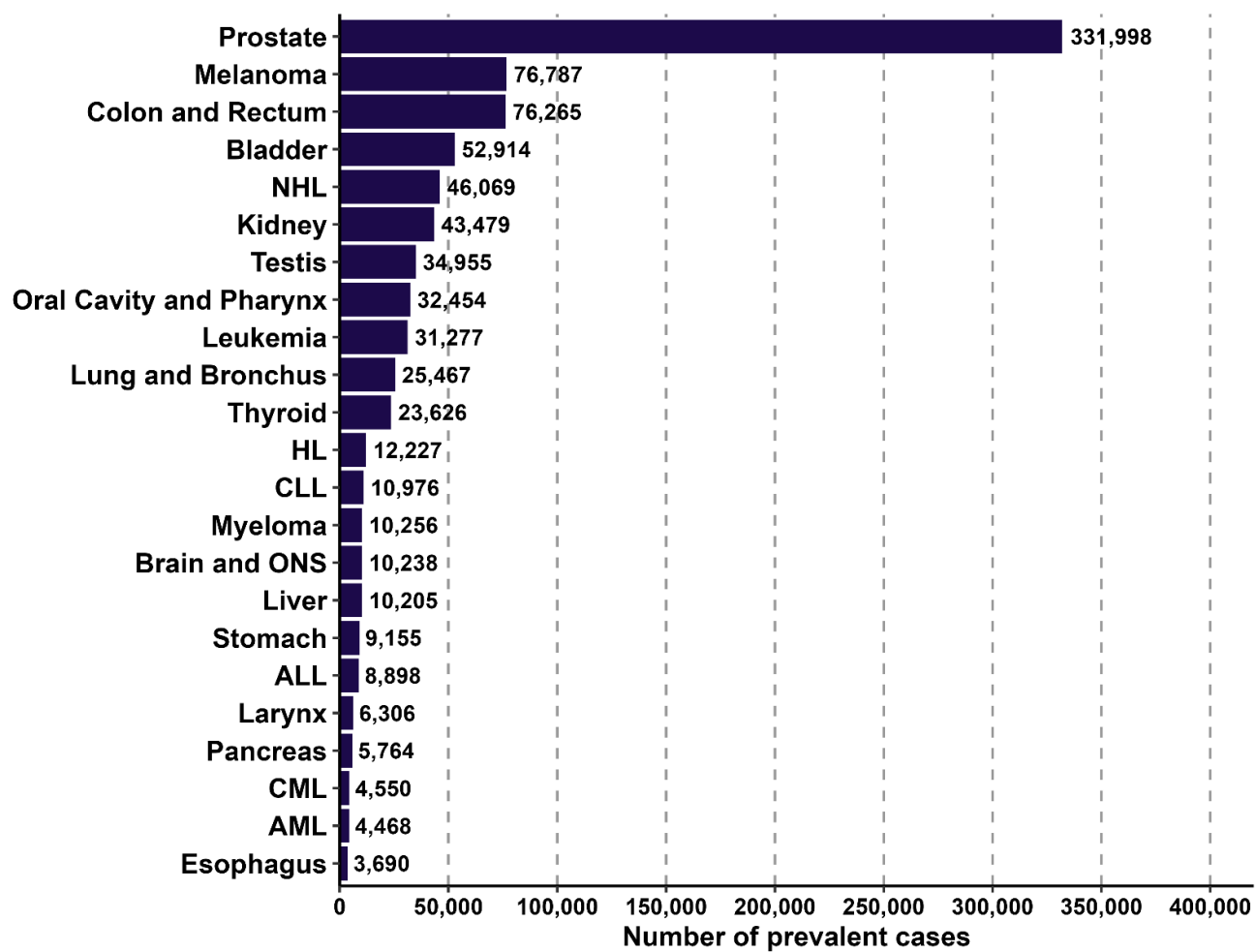
^ Not Applicable

Source: California Cancer Registry, California Department of Public Health. Prepared by the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, UC Davis Comprehensive Cancer Center.

Abbreviation: ONS, other nervous system

Prostate cancer was the most prevalent cancer among males, accounting for 331,998 (40 percent) survivors and far exceeding other cancer types (Figure 1). There were over four times more prostate cancer survivors than the second most common cancer, melanoma, with 76,787 survivors. Following melanoma, the most prevalent cancers among men were colon and rectum (76,265 survivors), bladder (52,914), non-Hodgkin lymphoma (46,069), and kidney (43,479) cancers. Cancer types with 20,000 to 35,000 survivors include testis (34,955), oral cavity and pharynx (32,454), leukemia (31,277), lung and bronchus (25,467), and thyroid (23,626) cancers. Cancers with fewer than 15,000 survivors accounted for 11 percent of prevalent cancer survivors and ranged from a maximum of 12,227 survivors (Hodgkin lymphoma) to a minimum of 3,690 survivors (esophagus cancer).

**FIGURE 1. MALE CANCER SURVIVORS BY CANCER TYPE, CALIFORNIA,
JANUARY 1, 2023**



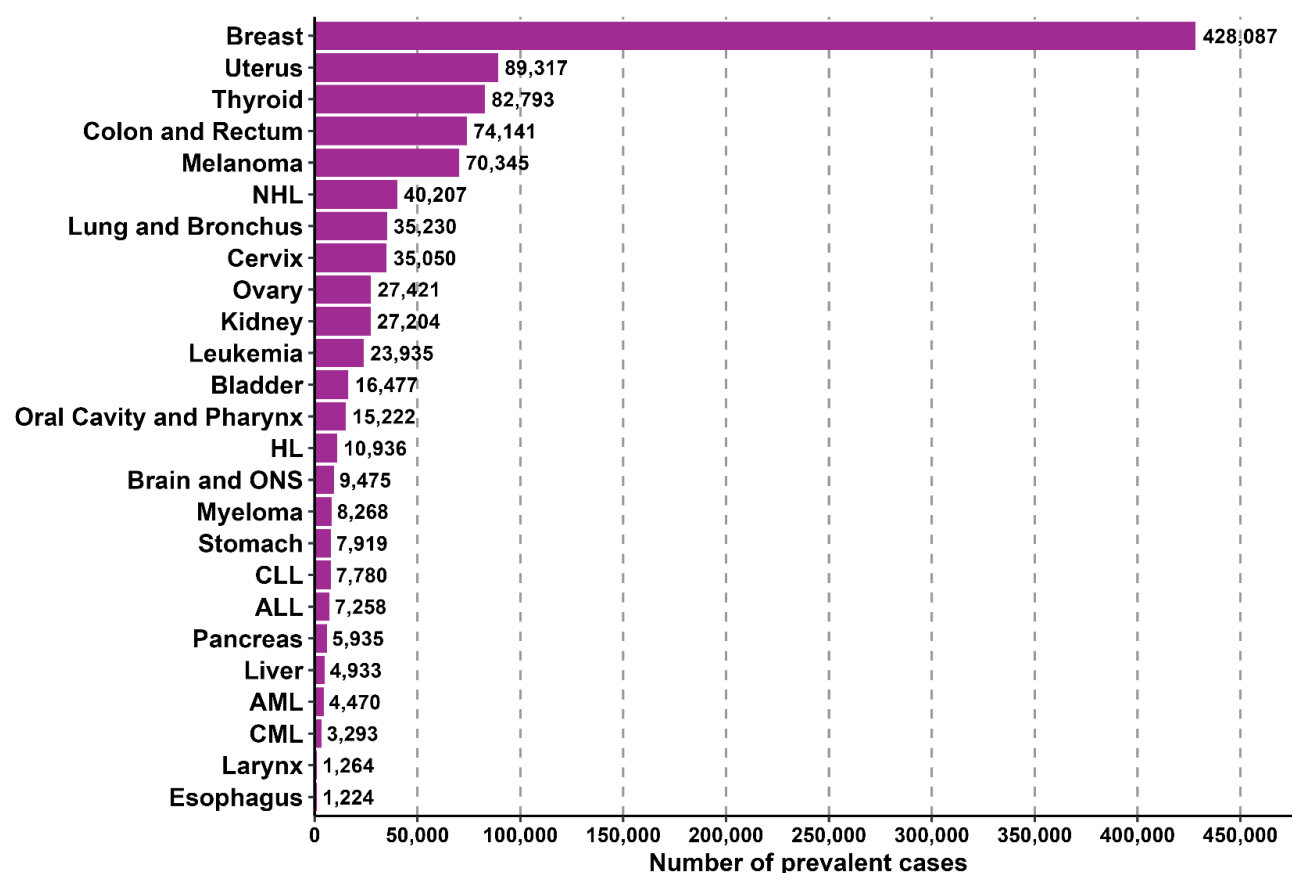
Source: California Cancer Registry, California Department of Public Health. Prepared by the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, UC Davis Comprehensive Cancer Center.

Abbreviations: NHL, non-Hodgkin lymphoma; ONS, other nervous system; HL, Hodgkin lymphoma, CLL, chronic lymphocytic leukemia; ALL, acute lymphocytic leukemia; CML, chronic myeloid leukemia; AML, acute myeloid leukemia

Breast cancer was the most prevalent cancer among females, with 428,087 (42 percent) survivors, 4.8 times higher than the next most common cancer, uterus (Figure 2). Cancer types with 50,000-100,000

survivors included uterus (89,317 survivors), thyroid (82,793), colon and rectum (74,141), and melanoma (70,345). Cancer types with 20,000-50,000 survivors included non-Hodgkin lymphoma (40,207), lung and bronchus (35,230), cervix (35,050), ovary (27,421), kidney (27,205), and leukemia (23,935). Finally, cancers with fewer than 20,000 survivors accounted for 10 percent of cancer survivors, ranging from bladder (16,477) to esophagus (1,224).

FIGURE 2. FEMALE CANCER SURVIVORS BY CANCER TYPE, CALIFORNIA, JANUARY 1, 2023



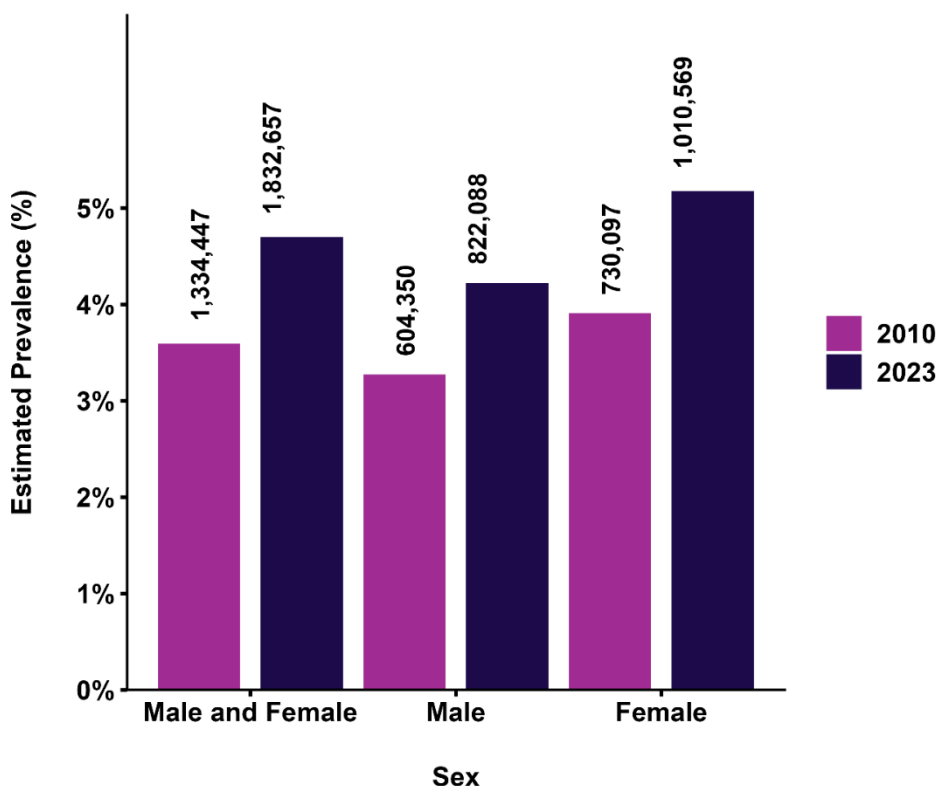
Source: California Cancer Registry, California Department of Public Health. Prepared by the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, UC Davis Comprehensive Cancer Center.

Abbreviations: NHL, non-Hodgkin lymphoma; HL, Hodgkin lymphoma; ONS, other nervous system; CLL, chronic lymphocytic leukemia; ALL, acute lymphocytic leukemia; CML, chronic myeloid leukemia; AML, acute myeloid leukemia

PREVALENCE BY SEX AND YEAR

Cancer prevalence increased from 3.6 percent in 2010 to 4.7 percent in 2023, corresponding to an absolute increase of 498,210 cancer survivors (Figure 3). In both 2010 and 2023, female survivors outnumbered males. The disparity widened over time from 125,747 more female than male survivors in 2010 to 188,481 more female survivors in 2023. In 2023, female prevalence was 5.2 percent (1,010,569 survivors) up from 3.9 percent (730,097) in 2010. Male prevalence in 2023 was 4.2 percent (822,088), up from 3.3 percent (604,350) in 2010.

FIGURE 3. CANCER PREVALENCE BY SEX AND YEAR, CALIFORNIA, JANUARY 1, 2023



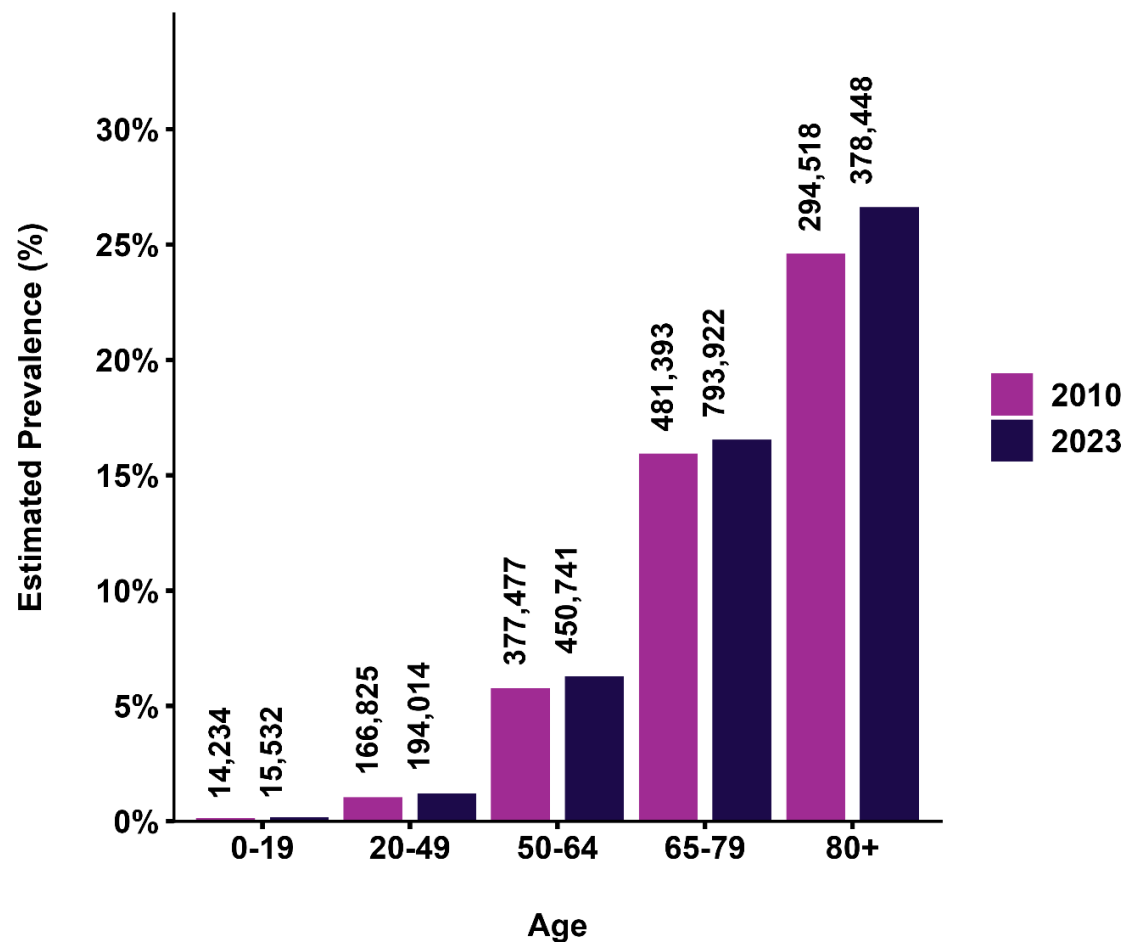
Source: California Cancer Registry, California Department of Public Health. Prepared by the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, UC Davis Comprehensive Cancer Center.

Prevalence (percent) is the number of people with cancer divided by the population.

PREVALENCE BY AGE GROUP AND YEAR

In both 2010 and 2023, cancer prevalence increased with older age. In 2023, prevalence was 26.6 percent among ages 80 and older (378,448 survivors), followed by 16.5 percent among ages 65-79 (793,922), 6.3 percent among ages 50-64 (450,741), 1.2 percent among ages 20-49 (194,014), and 0.2 percent among ages 0-19 (15,532) (Figure 4). Prevalence increased from 2010 to 2023 among all ages, ranging from an increase of two percent (83,930) among 80 years and older to 0.1 percent (1,289) among ages 0-19 years.

FIGURE 4. CANCER PREVALENCE BY AGE GROUP AND YEAR, CALIFORNIA, JANUARY 1, 2023



Source: California Cancer Registry, California Department of Public Health. Prepared by the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, UC Davis Comprehensive Cancer Center.

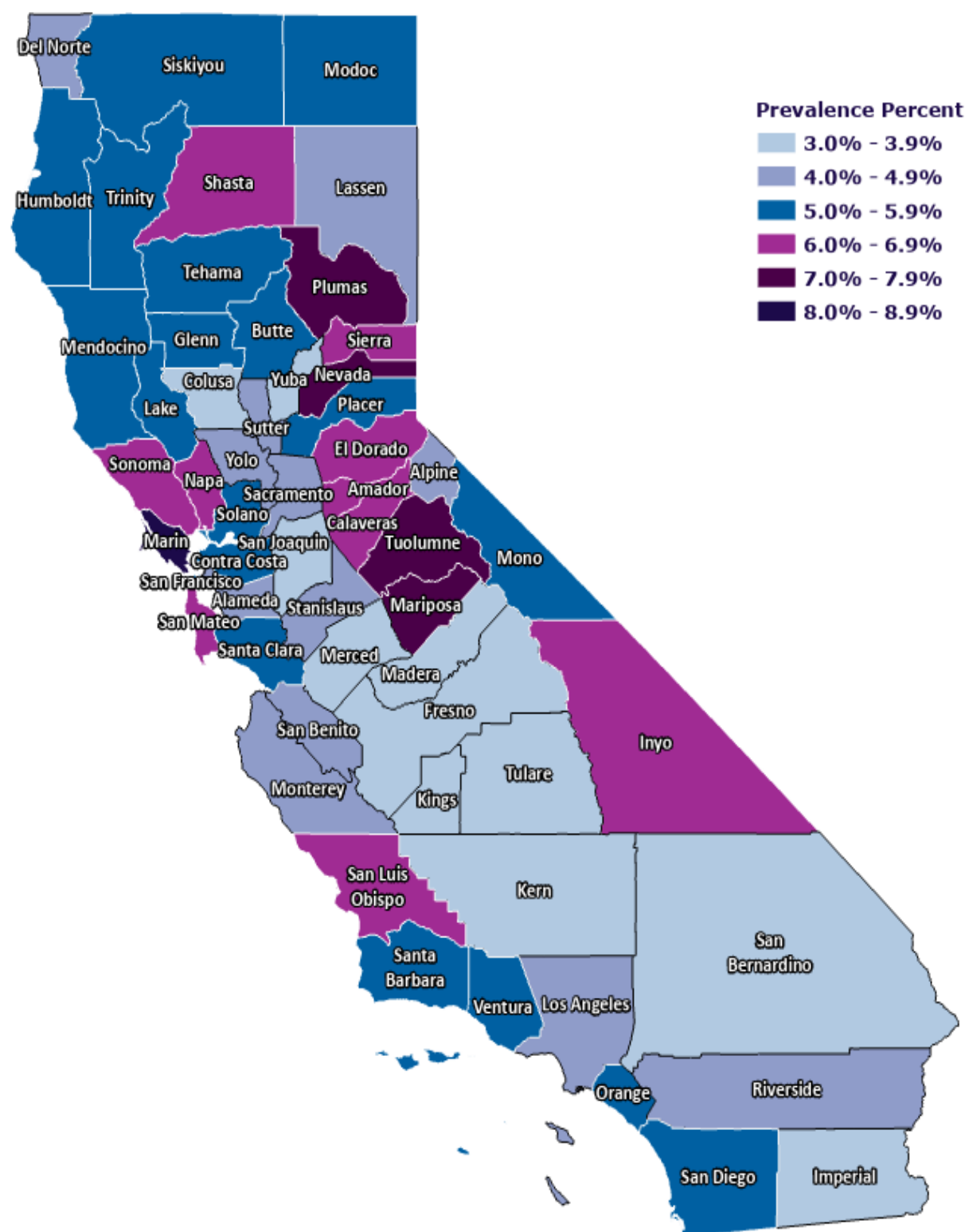
Prevalence (percent) is the number of people with cancer divided by the total population.

PREVALENCE BY COUNTY

Cancer prevalence varied by county in California, with survivors comprising between 3.1 and 8.3 percent of the population (Figure 5). The median prevalence among counties was 5.3 percent; 25 percent of counties had a prevalence of 4.2 percent or less and 75 percent of counties had a prevalence of 6.1 percent or less. The lowest prevalence was observed among Kings (3.1 percent), Tulare (3.1 percent), Merced (3.2 percent), Kern (3.4 percent), and Imperial (3.4 percent) counties. The highest prevalence was observed among Marin (8.3 percent), Tuolumne (7.5 percent), Nevada (7.2 percent), Mariposa (7.1 percent), and Plumas (7.0 percent) counties.

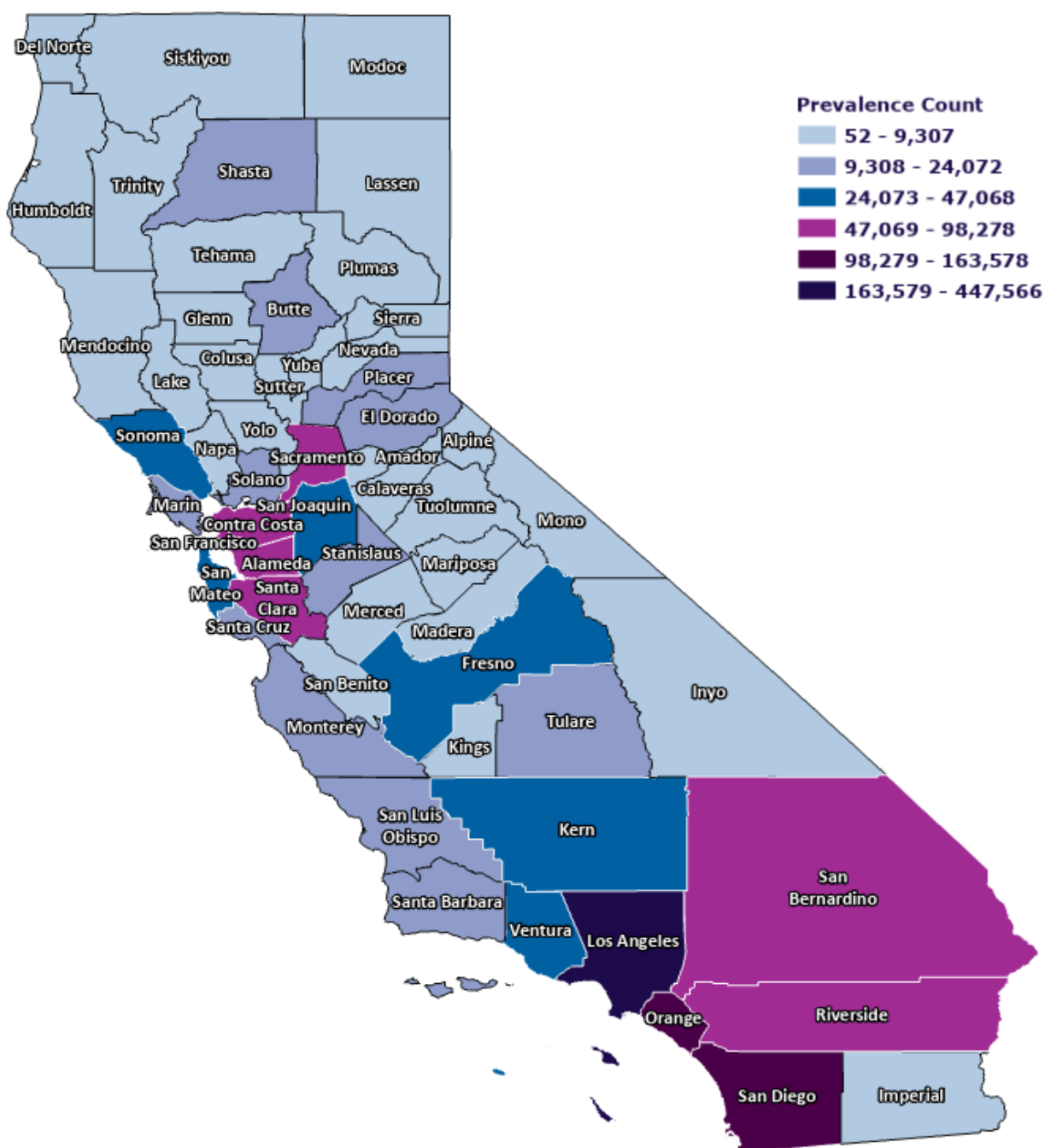
The number of cancer survivors in California also varied substantially by county, with the fewest survivors residing in Alpine (52 survivors), Sierra (198), Modoc (481), Mono (652), and Trinity (801) counties (Figure 6). The most cancer survivors resided in Los Angeles (447,566), Orange (163,578), San Diego (162,082), Riverside (98,278), and Santa Clara (94,582) counties. The median number of survivors by county was 9,252; 25 percent of counties had 2,898 or fewer survivors, and 75 percent had under 30,648 or fewer survivors.

FIGURE 5. CANCER PREVALENCE BY COUNTY, CALIFORNIA, JANUARY 1, 2023



Source: California Cancer Registry, California Department of Public Health. Prepared by the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, UC Davis Comprehensive Cancer Center. Prevalence is the number of people with cancer divided by the population.

**FIGURE 6. NUMBER OF CANCER SURVIVORS BY COUNTY, CALIFORNIA,
JANUARY 1, 2023**



Source: California Cancer Registry, California Department of Public Health. Prepared by the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, UC Davis Comprehensive Cancer Center.

SUMMARY AND CONCLUSION

Cancer prevalence in California has grown over the past decade, exceeding 1.8 million survivors in 2023. The statewide population of cancer survivors is diverse, spanning all ages, geographic locations, cancer types, and stages of the cancer care continuum. The increasing prevalence observed in California aligns with national trends, which project the number of cancer survivors in the United States to exceed 22 million by 2035^{1,2,4}. Importantly, this trend is not primarily driven by overall increases in cancer incidence, which has remained stable since 1991³. Rather, cancer mortality rates have declined 33 percent during the same period due to reduced tobacco use, early detection of some cancers, and improvements in cancer treatment, resulting in longer survival times². Population aging further contributes to increasing prevalence, as advancing age is among the strongest risk factors for developing cancer¹.

Overall, the most prevalent cancer types in California in 2023 were breast, prostate, colon and rectum, melanoma, and thyroid cancers. Combined, breast and prostate cancer accounted for 41 percent of cancer survivors. Most survivors (43 percent) were aged 65-79 years, and prevalence increased the most among individuals aged 80 years and older, with an additional 83,930 survivors in 2023. The most common cancer type among survivors varied by age. Leukemia was most prevalent among survivors under age 20, while breast cancer was most prevalent among survivors aged 20–79 years. Among those aged 80 years and older, prostate cancer was the most common cancer type among survivors.

The majority (55 percent) of cancer survivors in California were female, with the gap between females and males widening since 2010. Female cancer prevalence was driven primarily by breast cancer, which

accounted for 42 percent of female cancer survivors. Breast is the most common type of cancer among females in the United States, diagnosed in one out of every eight women during their lifetime¹⁵. Breast cancer incidence has increased in recent decades among women under age 50 due to a variety of factors, including decreased fertility and rising obesity². However, 66 percent of breast cancers are diagnosed at an early, localized stage and have a high 5-year relative survival rate of 92 percent². In contrast, female lung cancer is the second leading cause of cancer among women, but has only a 34 percent 5-year relative survival, leading to a lower prevalence of this cancer type among females^{2,15,16}.

Prostate cancer was by far the most prevalent cancer type among males, accounting for nearly 40 percent of male survivors. One out of every eight men in the United States will be diagnosed with prostate cancer during their lifetime¹⁷. Prostate cancer incidence has fluctuated substantially due to changes in prostate-specific antigen (PSA) screening practices¹⁸. High PSA screening uptake in the 1990s and 2000s led to increases in incidence through detection of asymptomatic cancers; however, after the US Preventive Services Task Force recommended against routine PSA screening in 2012, due to the resulting overtreatment of clinically insignificant cancers, incidence rates of prostate cancer declined^{4,18}. Many prostate cancer survivors living in California in 2023 were diagnosed during this period of elevated screening-related incidence. High incidence, combined with high 5-year relative survival (97.9 percent), has resulted in a large and aging population of prostate cancer survivors¹⁹. In contrast, lung cancer, while the second most commonly occurring cancer among males has a 25 percent 5-year relative survival, resulting in a lower prevalence of lung cancer among male survivors^{16,17}.

Cancer prevalence increased markedly with age. Approximately 90 percent of cancer survivors were over age 50, and 60 percent were aged 65

years or older. More than one in four individuals aged 80 years and older were cancer survivors. Although individuals aged 65–79 years represented the largest number of survivors, prevalence was higher among those aged 80 years or older, reflecting differences in population size between age groups. The prevalence of cancer types also varied by age. Among children and adolescents, leukemia is considered a rare disease overall but was the most common among survivors as it is the most common cancer in this age group and has relatively high survival^{20–22}. Among adults aged 20–79 years, breast cancer predominated, consistent with an average age at breast cancer diagnosis of 63 years and peak incidence between ages 65–74^{23,24}. Among survivors aged 80 years and older, prostate cancer was most common, reflecting increased risk with advancing age and long survival times^{19,25}. Males over 70 years of age experience the highest incidence of prostate cancer and comprise 43 percent of new diagnoses²⁵.

Cancer prevalence varied geographically across California. The median county-level prevalence of cancer survivors was 5.3 percent and ranged from 3.1 percent in Kings and Tulare counties to 8.3 percent in Marin County. The highest number of survivors were concentrated in the most populous counties, such as Los Angeles, Orange, San Diego, Riverside, and Santa Clara counties, while the fewest resided in sparsely populated rural counties, such as Alpine, Sierra, Modoc, Mono, and Trinity counties. Quantifying both prevalence percentages and number of survivors is essential for informing health care resource allocation. Geographic variation in prevalence may reflect differences in age distribution and cancer risk factors, including obesity, tobacco and alcohol use, sedentary lifestyle, fertility patterns, poverty, screening behaviors, access to health care, racial and ethnic composition, exposure to carcinogens, HPV prevalence, and other sociodemographic factors^{1–4,15,17–19,23}.

This report has limitations. Complete cancer prevalence could not be examined by race/ethnicity or socioeconomic status, both of which are associated with differences in both cancer incidence and mortality, because completeness indices were only available for limited, aggregated subgroups^{2-4,15,17-19,24,25}. Additionally, cancer prevalence was calculated based on a survivor's county of residence at diagnosis, which was the geographic information available, although survivors may relocate following diagnosis. Future studies should examine cancer prevalence by these important characteristics, as well as by known cancer risk factors, to further inform prevention strategies and survivorship care.

Despite these limitations, this report highlights the growing population of cancer survivors in California, numbering more than 1.8 million in 2023, with notable variations by age, sex, cancer type, and geographic location. Although cancer mortality continues to decline, many survivors experience long-term physical, psychological, and financial consequences related to their disease and treatment^{4,5}. Many cancer survivors continue to utilize healthcare long-term to manage late effects of their cancer treatment, such as organ damage, disability, pain, and ongoing cancer surveillance⁴. Accurate and comprehensive cancer prevalence estimates are therefore essential for planning cancer care services, survivorship programs, and healthcare resource allocation across California.

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