Alabama Cancer Facts and Figures 2004

American Cancer Society®

ASCR Alabama Statewide Cancer Registry

1.800.ACS.2345
www.cancer.org

The American Cancer Society is the nation-

wide, community-based, voluntary health or-

ganization dedicated to eliminating cancer as

a major health problem by preventing cancer,

saving lives and diminishing suffering from

cancer, through research, education, advocacy

and service.

April 2004

Dear Colleague:

We are pleased to present the second annual report Alabama's Cancer Facts & Figures produced by the Alabama Statewide Cancer Registry, and would like to gratefully acknowledge the assistance of the American Cancer Society (ACS) in this collaborative effort.

This report shows several areas of improvement along with areas where additional improvement is needed. During 1996-2002 in Alabama, the incidence of lung cancer decreased 7.2%, colorectal cancer decreased 6.2%, and cervical cancer decreased 32.3%, with an overall decrease of 3.3% for all cancers combined.

However, these improvements could be more dramatic with lifestyle changes. More than 30% of Alabama youths in grades 9-12 are current smokers, and 19% of Alabama youths in grades 6-8 are current smokers. Less than 40% of Alabama adults age 50 and older report having had a sigmoidoscopy or colonoscopy, and less than 20% have had a fecal occult blood test for colorectal cancer screening. Colorectal cancer deaths may be decreased by 50% if all Americans age 50 and older follow the ACS screening guidelines. Almost 90% of women age 18 and older report having had a Pap test within three years. Routine Pap testing can prevent new cases of cervical cancer, along with deaths from this cancer, through identification and treatment of pre-cancerous conditions of the cervix. Sixty-five percent of all cancer deaths are attributable to lifestyle factors such as tobacco use, diet, and physical inactivity. These are areas where Alabamians can make changes that affect their risk of developing cancer.

We hope you find this report useful as we continue to address the many complex issues related to reducing Alabama's cancer burden.

Sincerely,

Donald E. Williamson, MD
State Health Officer

Working Together To Eliminate Cancer

Welcome to the 2nd edition of Alabama Cancer Facts & Figures.

The American Cancer Society has been leading the fight against cancer for 90 years. This work has been challenging, rewarding and significant, directly impacting millions of Americans. One only needs to look at the change in survival rates to see that progress is being made. Just twenty years ago, the relative five-year cancer survival rate was only 41 percent. Today it is 60 percent.

Nonetheless, too many people hear the words "you have cancer" and too many lives are lost. We have an opportunity to prevent many more cancers from occurring and to save many more lives with what is known today. To do this, we must work collaboratively using the most effective strategies known.

This publication will serve as an essential planning guide for American Cancer Society staff and volunteers as well as our partners working on cancer control issues in Alabama. We invite others to join with us as we evaluate the impact of cancer in our state and assess the resources that are currently available to address it. Together we can develop and implement local cancer plans that will benefit the people in our communities who are affected by cancer. No one agency can do this work alone, but together we can make a significant difference.

To move forward, we must rely on accurate, timely, and complete data. We are indebted to the Alabama Statewide Cancer Registry for cancer incidence and mortality data. As more communities look at their needs and resources, the need for data at the community level will increase. We are pleased that the state devotes significant resources in this area and hope that these systems will expand to assist us in our efforts to control cancer.

We hope that many more individuals and agencies will join with us in our mission of eliminating cancer. We thank you for your support to make our efforts possible and for your participation in our programs and services.

Sincerely,
Scott Dillard
American Cancer Society
State Vice President, Alabama

Who Should Use Cancer Facts & Figures?

The purpose of *Alabama Cancer Facts & Figures* is to provide local cancer data and cancer risk factor information to public health and medical professionals, American Cancer Society volunteers and staff, local community groups, and others who are interested in cancer prevention and control. The goal is to illustrate a variety of factors that affect cancer prevention, detection, and quality of life by providing not only data, but also interpretation of how these factors affect one another.

This publication was developed in collaboration with the Alabama Statewide Cancer Registry in the Alabama Department of Public Health. Data provided were the most recent data available at the time of publication. This publication will provide an overview of cancer control issues in Alabama and in no way replaces the relevance or need for reports of the individual state data centers. *Cancer Facts & Figures* will be updated regularly to provide data for community cancer control planning and evaluation of progress towards the American Cancer Society 2015 Challenge Goals.

American Cancer Society 2015 Challenge Goals

A 50% reduction in age-adjusted cancer mortality rates.
A 25% reduction in age-adjusted cancer incidence rates.
A measurable improvement in the quality of life (physical, psychological, social, and spiritual) from the time of diagnosis and for the balance of life, of all cancer survivors.

Where Can I Get a Copy of *Alabama Cancer Facts & Figures*?

Copies of Alabama Cancer Facts & Figures can be obtained from the Alabama Statewide Cancer Registry website:
www.adph.org/cancer_registry
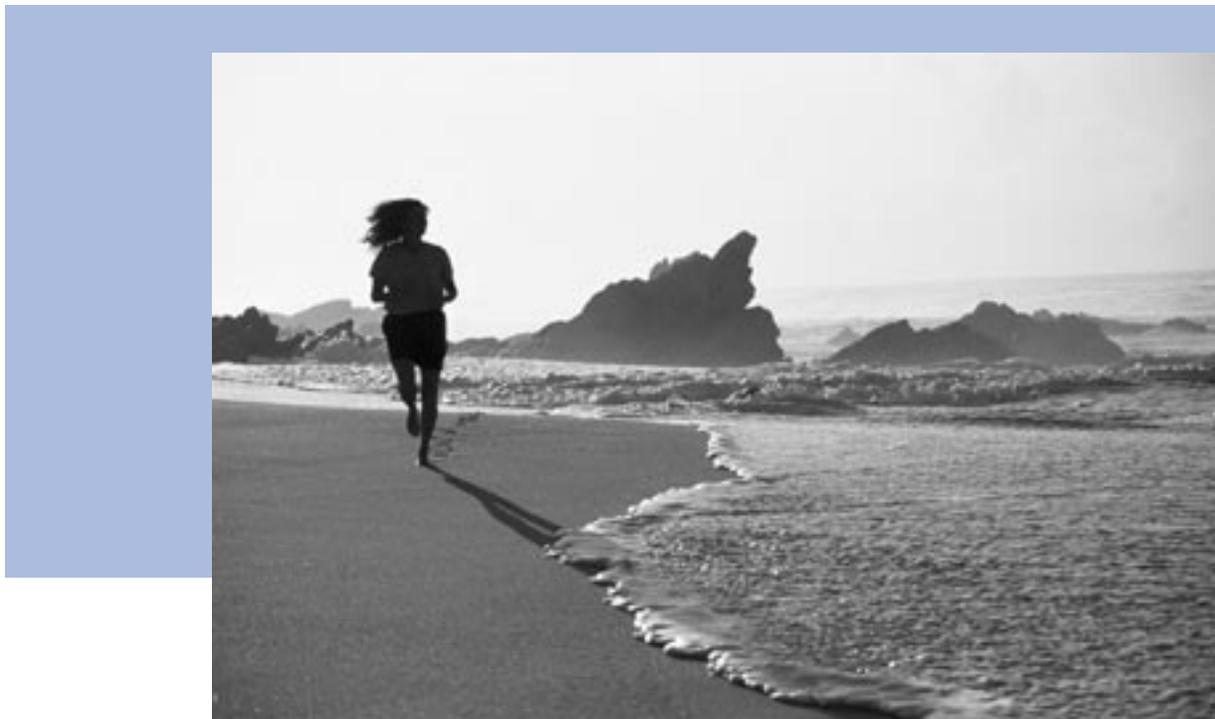
Cancer: Basic Facts

Cancer is the second leading cause of death in the United States; 23% of all deaths are due to cancer. Cancer is responsible for one of every four deaths in the United States and in 2004, over 560,000 Americans - more than 1,500 people a day - will die of cancer.[1]

Figure 1: Leading Causes of Death in the United States, 2000
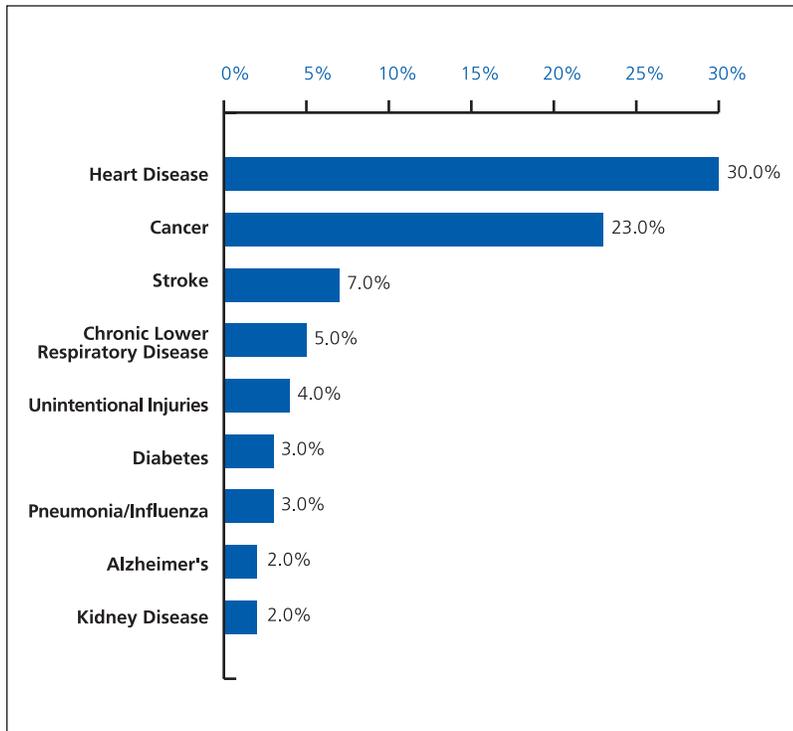
Source: Centers for Disease Control and Prevention. (Minino AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15): 1-120)

What is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by a variety of factors, both individual (behavior, age, sex, race, family history) and environmental (viruses, radiation, chemicals). These factors may act together or in sequence to initiate or promote the development of cancer. Ten or more years often pass between exposure to a causal factor and a diagnosis of cancer. Surgery, radiation, chemotherapy, and immunotherapy are used to treat cancer.

Can Cancer Be Prevented?

By following American Cancer Society screening guidelines, cancer may be detected early, thereby increasing the potential for survival. Most importantly, many types of cancer can be prevented altogether through lifestyle choices such as eating healthy, exercising regularly, avoiding environmental tobacco smoke, and avoiding the use of tobacco products.

Who is at Risk?

Everyone is at risk of developing cancer. The risk of developing cancer increases as an individual ages - nearly 80% of all cancers are diagnosed at ages 55 and older. In the United States, men have a 1 in 2 chance of developing cancer over the course of a lifetime, and for women, the chance of developing cancer over the course of a lifetime is 1 in 3. The probability that an individual will develop cancer over the course of a lifetime is referred to as one's *lifetime risk*.

The risk of developing cancer is affected further by causal factors, such as tobacco use or a family history of cancer. For example, smokers are ten times more likely to develop lung cancer than nonsmokers. Women who have a first-degree relative (mother or sister) with a history of breast cancer are twice as likely to develop breast cancer as women with no family history. The strength of the relationship between causal factors such as these and a particular cancer is known as *relative risk*.[1]

What are Cancer Rates?

Throughout this document, cancer statistics will be referred to as 'cases' or 'rates.' Cases are the actual number of new cancers diagnosed in a population, or, the actual number of cancer deaths in a population. Rates are the number of cancer cases per 100,000 people in a population. Incidence rates are the number of new cancer cases diagnosed per 100,000 people in population. Mortality rates are the number of cancer deaths per 100,000 people in a population. Rates are age-adjusted to the 2000 US standard population.

A risk factor is anything that raises or lowers a person's risk of developing disease. A person can control some of them, but not all of them.[2]

Figure 2: Factors Causing Cancer in the United States
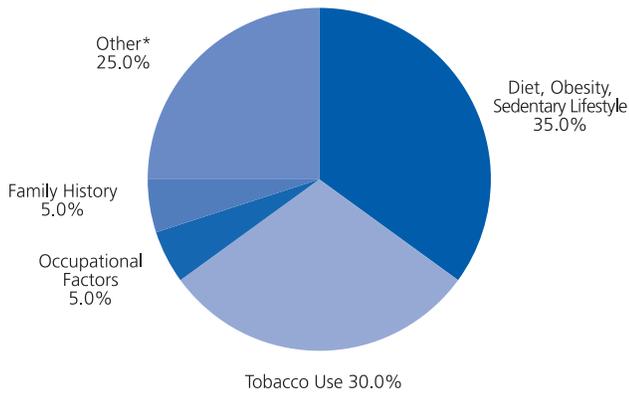
Source: Harvard Report on Cancer Prevention, Cancer Causes and Control, 1996.
*Other: viruses/other biologic agents (5%), perinatal/growth factors (5%), reproductive factors (3%), alcohol (3%), socioeconomic status (3%), environmental pollution (2%), ionizing/ultraviolet radiation (2%), prescription drugs/medical procedures (1%), and food additives/salt/contaminants (1%).

Factors Causing Cancer in The United States	
Risk Factor	Percentage
Tobacco	30%
Adult Diet/Obesity	30%
Sedentary Lifestyle	5%
Occupational Factors	5%
Family History of Cancer	5%
Viruses/Other Biologic Agents	5%
Perinatal Factors/Growth	5%
Reproductive Factors	3%
Alcohol	3%
Socioeconomic Status	3%
Environmental Pollution	2%
Ionizing/Ultraviolet Radiation	2%
Prescription Drugs/Medical Procedures	1%
Salt/Food Additives/Contaminants	1%

Source: Harvard Report on Cancer Prevention, Cancer Causes and Control, 1996.

Call to Action: Tobacco use, poor diet, obesity, and a sedentary lifestyle cause 65% of cancer deaths.

How Many New Cancer Cases Can We Expect This Year?

An estimated 1,368,030 new cases of cancer are expected to occur in the United States in 2004. In Alabama, there will be approximately 24,270 new cancer cases this year and approximately 66 people will hear that they have been diagnosed with cancer each day.[1]

Figure 3: Percentage of Estimated New Cancer Cases, Alabama, 2004*
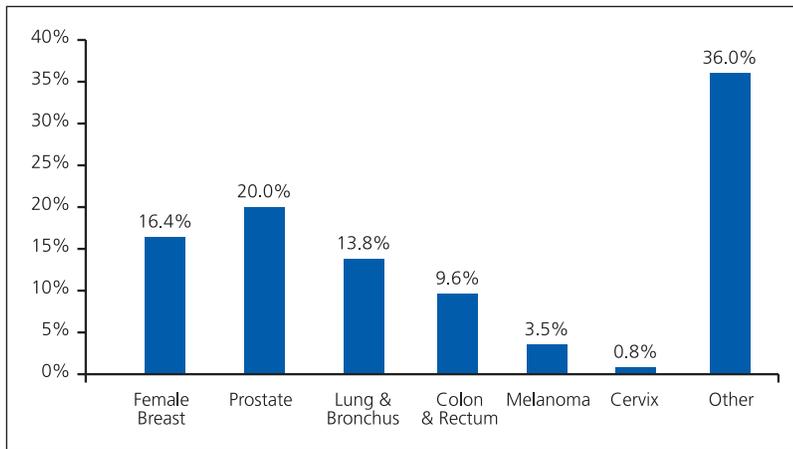
*Rounded to nearest 10. Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder. Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society.

How Many Cancer Deaths Can We Expect This Year?

It is estimated that slightly more than half a million people will die from cancer in the United States during 2004 - more than 1,500 people each day. In Alabama, there will be approximately 10,000 cancer deaths this year, or approximately 27 per day.[1]

Figure 4: Percentage of Estimated New Cancer Deaths, Alabama, 2004*
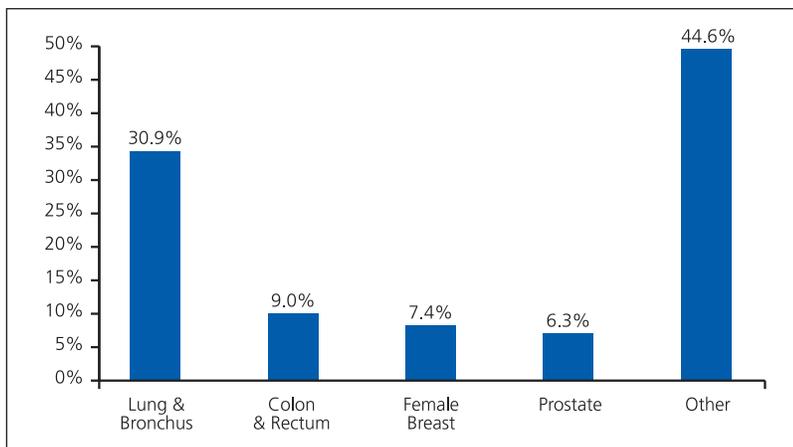
*Rounded to nearest 10. Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society. (US Mortality Public Use Data Tapes, 1969-2001. National Center for Health Statistics, Centers for Disease Control and Prevention, 2003.)

*Estimated New Cancer Cases for Selected Cancer Sites, Alabama, 2004**

Site	New Cases
All Sites	24,270
Female Breast	3,980
Uterine Cervix	190
Colon & Rectum	2,330
Uterine Corpus	680
Leukemia	530
Lung & Bronchus	3,350
Melanoma	840
Non-Hodgkin Lymphoma	840
Prostate	4,850
Urinary Bladder	810

*Rounded to the nearest 10. Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder. Note: These estimates are offered as a rough guide and should be interpreted with caution. They are calculated according to the distribution of estimated cancer deaths in 2004 by States.
Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society.

*Estimated Cancer Deaths for Selected Cancer Sites, Alabama, 2004**

Site	Deaths
All Sites	10,000
Brain/Nervous System	200
Female Breast	740
Colon & Rectum	900
Leukemia	370
Liver	260
Lung & Bronchus	3,090
Non-Hodgkin Lymphoma	300
Ovary	320
Pancreas	530
Prostate	630

*Rounded to the nearest 10.
Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society. (US Mortality Public Use Data Tapes, 1969-2001, National Center for Health Statistics, Centers for Disease Control and Prevention, 2003.)

Lung Cancer in Alabama

2004 Estimates:

In 2004, it is estimated that 3,350 new lung and bronchus cancer cases will occur in Alabama and 3,090 new deaths from lung and bronchus cancer will occur.[1]

Incidence Rates:

Lung cancer incidence rates declined by 7.2% between 1996 and 2002 in Alabama. The rate of lung cancer incidence in Alabama is 73.4, both genders combined, for the years 1996-2002.[3] This is higher than the United States rate of 63.9.[4] With a rate of 98.7, Walker County has the highest rate of lung cancer in Alabama. St. Clair and Calhoun Counties have the 2nd and 3rd highest rates of lung cancer in Alabama with rates of 94.4 and 92.7 respectively. Choctaw County has the lowest rate of lung cancer incidence in Alabama with a rate of 44.5, significantly lower than the State average. Men in Alabama have a much higher rate of lung cancer incidence than women - 110.0 and 47.3 respectively.[3] (See Tables 3-8 for additional data)

Survival Rates:

When diagnosed early at a localized stage, lung cancer has a five-year survival rate of only 48.7%. When diagnosed at the regional or distant stage, lung cancer five-year survival rates are only 16.0% and 2.1% respectively.[1] (See Table 21 for additional data)

Risk Factors:

Cigarette smoking is by far the most important risk factor in the development of lung cancer. Nearly 87% of lung cancer cases are due to cigarette smoking.

Alabama Adults:

Alabama adults smoke more than the National average. 24.4% of Alabama adults age 18 and older are current smokers compared to the National average of 22.7%. Smoking prevalence varies by race and ethnicity, age, gender and educational attainment. 35.5% of Alabama adults ages 18-24 are current smokers - this is the highest rate for any age group in Alabama. Adult males have higher smoking rates (27.5%) than adult females (21.6%).[5] (See Table 11 for additional data)

Figure 5: Current Cigarette Smoking*, Adults Age 18+, by Age Group, Alabama, 2002
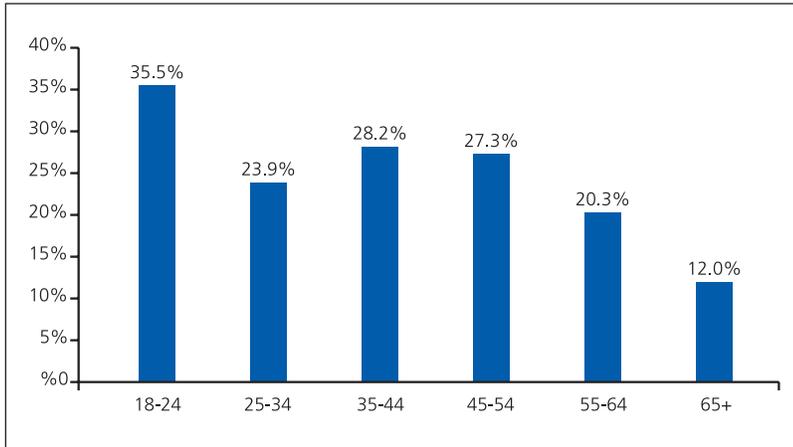
*Current cigarette smoking: having ever smoked 100 cigarettes in a lifetime and are current smokers (regular and irregular).
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

Alabama Youth:

30.2% of Alabama youth, grades 9-12, reported current cigarette smoking; this is higher than the National average of 28.0%. Males in Alabama have higher rates of cigarette smoking than females. In Alabama, 32.5% of young males, grades 9-12, were current cigarette smokers and 27.8% of young females were current smokers.[6] (See Table 12 for additional data)

Smoking rates among middle school students, grades 6-8, were higher in Alabama than the National average. The rate among middle school students in Alabama is 19.1%, compared to the National rate of 11.0%.[6] (See Table 13 for additional data)

Figure 6: Current Cigarette Smoking, Youth Grades 9-12, Alabama and US, 2000
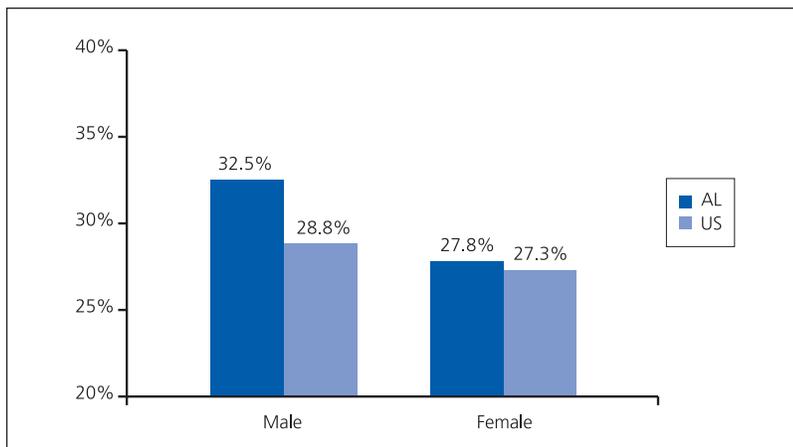
Current cigarette smoking: smoked cigarettes on 1 or more of the 30 days preceding the survey.
Source: National Youth Tobacco Survey, 2000 and Alabama Youth Tobacco Survey, 2000, Centers for Disease Control and Prevention.

Colorectal Cancer in Alabama

2004 Estimates:

An estimated 2,330 new cases of colorectal cancer are expected to occur in Alabama in 2004 and an estimated 900 cancer deaths are expected to be attributable to colorectal cancer.[1]

Incidence Rates:

Colorectal cancer incidence rates, for both sexes combined, have declined by 6.2% between 1996 and 2002. The rate of colorectal cancer cases among Alabama residents is 52.2 for both genders combined, for the years 1996-2002.[3] This is lower than the United States average rate of 54.2, both genders combined, for the years 1996-2000.[4] At a rate of 67.6, Clarke County has the highest rate of colorectal cancer incidence in Alabama for both genders combined. Walker County, with a rate of 65.8, and Hale County, with a rate of 65.6, have the 2nd and 3rd highest colorectal cancer incidence rates in Alabama. All of these Counties are well above the State rate of 52.2. Pickens County, with a rate of 29.9, has the lowest rate of colorectal cancer incidence in the State. When looking at gender-specific rates, men in Alabama experience a higher rate of colorectal cancer incidence than women - 63.4 and 44.3 respectively.[3] (See Tables 3-8 for additional data)

Colorectal Cancer Screening in Alabama:

When diagnosed at a localized stage, colorectal cancer has a five-year survival rate of 90.1%.[1] Several types of screening tests are available for colorectal cancer. The fecal occult blood test (FOBT) screens for blood in a stool sample. A sigmoidoscopy is a procedure in which the inside of the rectum and the lower part of the colon (sigmoid colon) are viewed through a lighted tube (sigmoidoscope) to detect pre-cancerous growths (polyps) or cancer. A colonoscopy is a similar procedure, but the entire colon is viewed through a lighted tube (colonoscope).

In 2002, 39.5% of Alabama adults age 50 and over reported having a sigmoidoscopy or colonoscopy in the past five years; this is slightly lower than the National rate of 40.5%. 18.4% of Alabama adults age 50 and over reported having a FOBT within the past year; this is lower than the National rate of 21.8%. More adult males in Alabama (41.3%) reported having a sigmoidoscopy or colonoscopy within the past five years than females (38.7%). More adult females in Alabama (18.9%) reported having a FOBT within the past year compared to 17.7% of males. These screening rates are all lower than the National averages for each respective group.[5] (See Table 14 for additional data)

Figure 7: Adults, Age 50+, Reporting a Sigmoidoscopy or Colonoscopy within the Past 5 Years, by Gender, Alabama and US, 2002
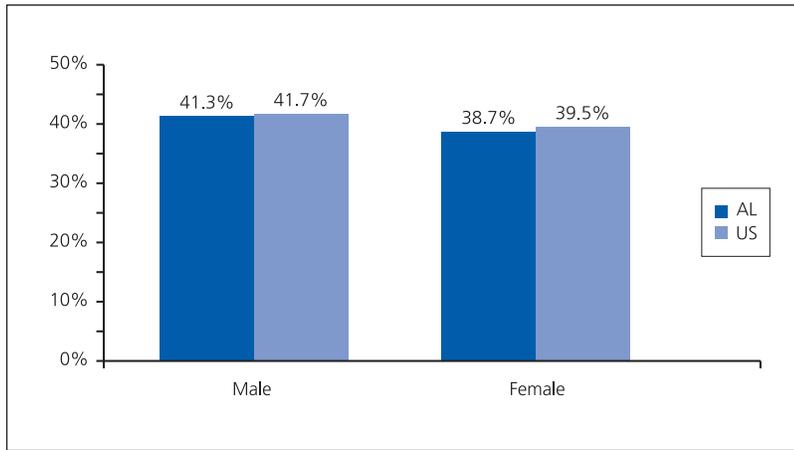
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

Figure 8: Adults, Age 50+, Reporting a FOBT within the Past Year, by Gender, Alabama and US, 2002
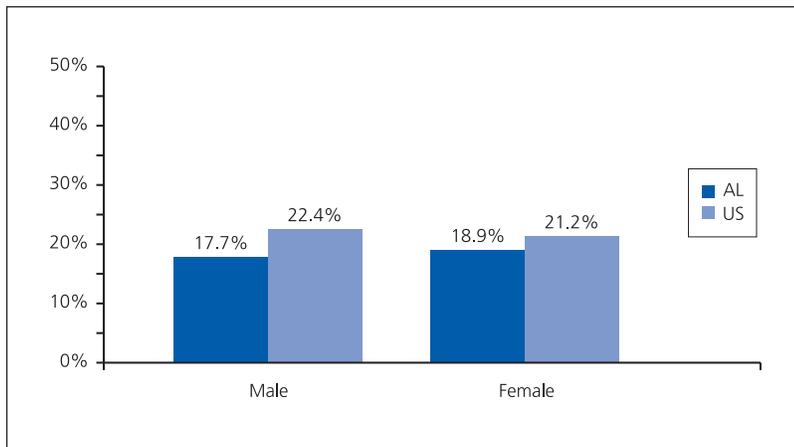
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

American Cancer Society Screening Guidelines for Colorectal Cancer:

Beginning at age 50, both men and women should follow **one** of the **five** testing schedules:

- Yearly Fecal Occult Blood Test (FOBT), or
- Flexible sigmoidoscopy every five years, or
- Yearly FOBT and flexible sigmoidoscopy every five years*, or
- Double-contrast barium enema every five years, or
- Colonoscopy every 10 years.

*The combination of yearly FOBT and flexible sigmoidoscopy every five years is preferred over either of these two tests alone.

People who are at an increased risk for colorectal cancer should talk with a doctor about a different testing schedule.

Risk Factors for Colorectal Cancer:

- A strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative (parent, sibling or child) younger than 60 or in two first-degree relatives of any age).
- Personal history of colorectal cancer or adenomatous polyps.
- Personal history of inflammatory bowel disease.

Other risk factors include:

- Smoking
- A diet high in fat and/or red meat
- Inadequate intake of fruits and vegetables
- Alcohol consumption
- Obesity

Call to Action: We have a compelling opportunity to make a difference with respect to colorectal cancer. not only can early detection through routine screening make treatment more effective, but cases can also be prevented through good nutrition and regular exercise.

Female Breast Cancer in Alabama

2004 Estimates:

An estimated 3,980 new cases of female breast cancer are expected to occur in Alabama in 2004 and an estimated 740 cancer deaths are expected to be attributable to breast cancer.[1]

Incidence Rates:

In Alabama, female breast cancer incidence rates increased by 4.2% between 1996 and 2002.[3] The rate of female breast cancer incidence in Alabama is 135.8, for the years 1996-2002.[3] This rate is slightly higher than the National rate of 132.1, for the years 1996-2000.[4] At a rate of 165.6, Hale County has the highest rate of female breast cancer incidence in Alabama. Greene County is second with a rate of 163.[6] The rate of female breast cancer incidence in both Hale and Greene Counties is much higher than the State average of 135.[5] At a rate of 70.6, Sumter County has the lowest rate of female breast cancer incidence in Alabama.[3] (See Tables 2 and 5 for additional data)

Breast Cancer Screening in Alabama:

When breast cancers are detected and diagnosed at the localized stage, the relative five-year survival rate is 97.0%, compared to a rate of only 23.3% for cancers detected at the distant stage (See Table 21 for additional data).[1] Mammography is a very valuable early detection tool - it can identify cancer at an early stage, usually before physical symptoms develop.

65.3% of Alabama women age 40 and older participated in breast cancer screening in 2002. Alabama women, in all age groups, have higher screening rates than the National averages. At a rate of 70.5%, Black non-Hispanic women age 40 and over have the highest rate of screening among Alabama women and a higher screening rate than the Nationwide average of 62.8%. 64.8% of White non-Hispanic Alabama women report having a mammogram in the past year, this is above the Nationwide rate of 62.4%.[5] (See Table 18 for additional data)

Figure 9: Females, Age 40+, Reporting a Mammography in the Past Year, by Age Group, Alabama and US, 2002
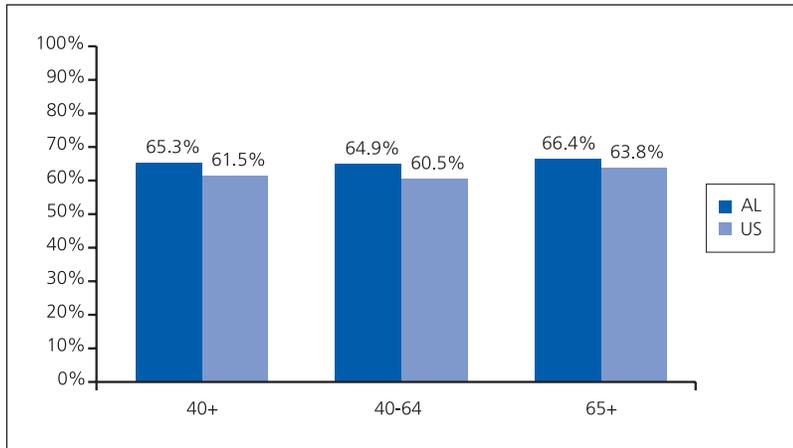
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

American Cancer Society Screening Guidelines for Breast Cancer:

Women age 40 years and older:

- Annual mammogram, and
- Annual clinical breast examination (CBE) by a health care professional (close to and preferably before the scheduled mammogram).
- Monthly BSE is an option for women.

Women age 20-39 years:

- Clinical breast examination by a health care professional every 3 years.
- Monthly BSE is an option for women 20 years of age and over.

Women at increased risk for developing breast cancer should talk with their doctors about the benefits and limitations of starting mammography earlier, having additional tests (i.e., breast ultrasound and MRI), or having more frequent exams.

Risk Factors for Breast Cancer:

- Increasing age
- Personal or family history of breast cancer
- Biopsy-confirmed atypical hyperplasia
- Significant mammographic breast density
- Long menstrual history (menstrual periods that started early and ended late in life)
- Obesity after menopause
- Recent use of oral contraceptives
- Post-menopausal hormonal therapy including both estrogen and progestin
- Never having children or having the first child after age 30
- Consumption of one or more alcoholic beverages per day

Call to Action: *Nearly all breast cancers can be treated successfully if diagnosed early. All women age 40 and older should have an annual mammogram and clinical breast exam.*

Prostate Cancer in Alabama

2004 Estimates:

In 2004, it is estimated that 4,850 new cases of prostate cancer will occur in Alabama and 630 cancer deaths are expected to be attributable to prostate cancer.[1]

Incidence Rates:

The rate of prostate cancer incidence in Alabama declined 7.0% between 1996 and 2002. Alabama's prostate cancer incidence rate of 126.9, for the years 1996-2002[3], is lower than the United States rate of 179.0, for the years 1996-2000[4]. This lower rate in Alabama may be due to under-reporting to the Alabama Statewide Cancer Registry. Hale County, with a rate of 196.2, has the highest rate of prostate cancer incidence in Alabama. Jefferson County and Morgan County have the 2nd and 3rd highest rates of prostate cancer incidence in Alabama with rates of 175.3 and 169.9 respectively. With a rate of 91.2, Jackson County has the lowest rate of prostate cancer incidence in the State.[3] (See Table 4 for additional data)

Prostate Cancer Screening in Alabama:

The relative five-year survival rate for prostate cancer is 100% when the cancer is diagnosed and treated at the local or regional stages. Nearly 80% of all prostate cancers are diagnosed locally or regionally.[1] (See Table 21 for additional data) Screening for prostate cancer includes the Prostate-Specific Antigen (PSA) test and digital rectal examination (DRE).

In Alabama, 57.3% of men age 50 and older reported having a PSA test in 2002 and 54.1% reported having a DRE. In general, prostate cancer screening rates are higher among Alabama men than the National averages.[5] (See Table 19 for additional data)

Figure 10: Males, Age 50+, Reporting a PSA Test in the Past Year, by Age Group, Alabama and US, 2002
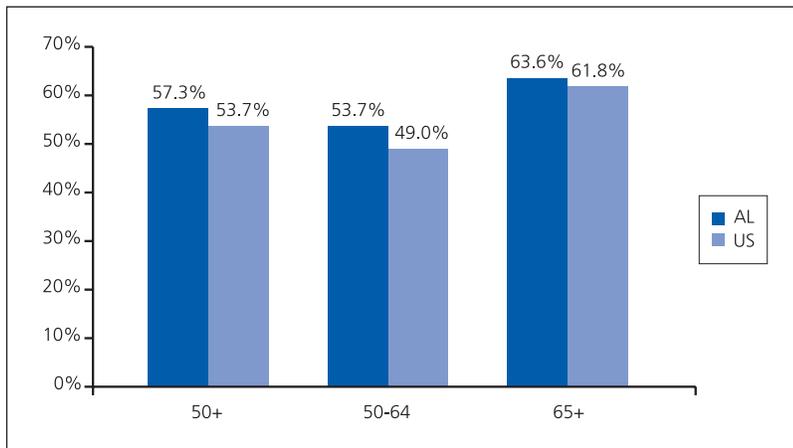
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

Figure 11: Males, Age 50+, Reporting a DRE in the Past Year, by Age Group, Alabama and US, 2002
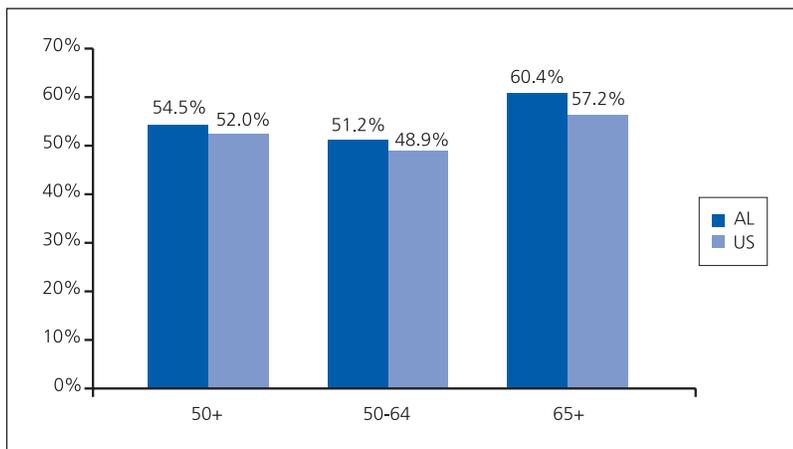
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

American Cancer Society Screening Guidelines for Prostate Cancer:

- Prostate-Specific Antigen (PSA) test and digital rectal examination (DRE) should be offered annually, beginning at age 50, to men who have at least a 10-year life expectancy.
- Men at high risk (African-American men and men with a strong family history of one or more first-degree relatives diagnosed with prostate cancer at a young age) should begin testing at age 45.
- For men at average risk and high risk, information should be provided about the benefits and limitations of early detection and treatment of prostate cancer so they can make informed decisions about testing.

Prostate Cancer Risk Factors:

- Increasing age - more than 70% of all prostate cancers are diagnosed in men over age 65.
- African-Americans have higher prostate cancer incidence and mortality rates than other races. Mortality rates for African-Americans are twice that of White men.
- Family history of prostate cancer.
- Dietary fat and overweight/obesity may also increase risk.

__Call to Action:__ The relative five-year survival rate for prostate cancer is 100% when diagnosed and treated at the local or regional stages. All men age 50 and older should talk with their doctors about annual PSA and DRE screening to detect prostate cancer at its earliest stage.

Skin Cancer in Alabama

2004 Estimates:

Melanoma is the most serious form of skin cancer. In Alabama, it is estimated that 840 new cases of melanoma will occur in 2004.[1] In the United States, more than 1 million cases of basal cell or squamous cell cancers occur annually. These forms of skin cancer are highly curable and are often not included in skin cancer statistics.[1]

Incidence Rates:

The rate of new melanoma cases in Alabama has increased 23% between 1996 and 2002.[3] Alabama's melanoma rate of 16.1, for the years 1996-2002[3], is slightly higher than the United States rate of 15.6, for the years 1996-2000[4]. Melanoma is primarily a disease of White non-Hispanic men and women. In Alabama, White non-Hispanic men have a rate of 23.0 versus a rate of 1.0 for Black non-Hispanic men. White non-Hispanic women in Alabama have a melanoma rate of 14.9 and Black non-Hispanic women have a rate of 0.8.[3] (See Tables 3, 6, and 7 for additional data) At a rate of 37.5, Henry County has the highest rate of melanoma in Alabama. Geneva and Houston Counties have the 2nd and 3rd highest rates of melanoma at 28.2 and 26.1 respectively. Macon County has the lowest rate of Melanoma in Alabama followed closely by Greene and Bullock County.[3] (See Table 3 for additional data)

Figure 12: Melanoma Incidence Rates*, Males and Females, by Race, Alabama, 1996-2002
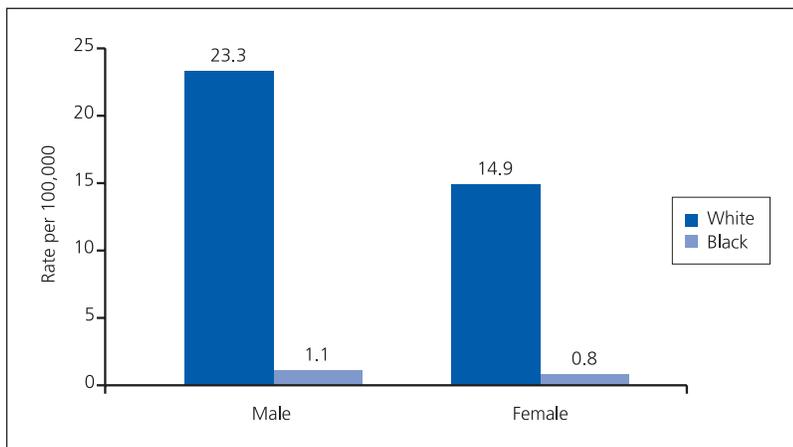
*Per 100,000, age-adjusted to the 2000 US standard population.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

American Cancer Society Screening Recommendations for Skin Cancer:

Adults should practice skin self-exam regularly. Suspicious lesions should be evaluated by a physician.

- Melanomas often start as small, mole-like growths that increase in size and change color.

- A simple ABCD rule outlines the warning signals of melanoma. A is for asymmetry - one half of the mole does not match the other half. B is for border irregularity - the edges are ragged, notched, or blurred. C is for color - the pigmentation is not uniform. D is for diameter greater than 6 millimeters. Any sudden or progressive increase or change in appearance should be checked by a physician.

- Basal and squamous cell skin cancers often take the form of a pale, wax like, pearly nodule, or a red, scaly, sharply outlined patch. A sudden or progressive change in a lesion's appearance should be checked by a physician.

Skin Cancer Risk Factors:

- Exposure to ultraviolet radiation (sunlight, tanning beds)
- Fair complexion - Whites are 10 times more likely to get skin cancer than African-Americans.
- Family history of melanoma
- Multiple moles or atypical moles
- Occupational exposure to coal tar, pitch, creosote, arsenic compounds, or radium

__Call to Action:__ Skin cancer can be prevented by avoiding excessive exposure to ultraviolet radiation. When outdoors, cover as much skin as possible with a hat that shades the face, neck, and ears and a long-sleeved shirt and pants. Use sunscreen with a sun protection factor (SPF) of 15 or higher when outside, especially when you are at the beach or the pool.

Cervical Cancer in Alabama Females

2004 Estimates:

It is estimated that 190 new cases of cervical cancer will occur in Alabama, in 2004.[1]

Incidence Rates:

Cervical cancer incidence rates in Alabama declined 4.9% from 1996 to 2002.[3] The Alabama cervical cancer incidence rate of 10.9, for the years 1996-2002, is slightly higher than the National rate of 10.2, for the years 1996-2000.[4] With a rate of 23.6, Coosa County has the highest rate of cervical cancer in Alabama. Clarke and Macon Counties have the 2nd and 3rd highest rates of cervical cancer incidence in Alabama of 21.0 and 19.4 respectively. In Coosa County, which has the highest rate of cervical cancer incidence in Alabama, Black non-Hispanic women have a cervical cancer rate of 58.1; White non-Hispanic women have a rate of 8.1.[3] (See Tables 2, 5, and 7 for additional data)

Cervical Cancer Screening in Alabama:

When detected at a localized stage, the five year survival rate for invasive cervical cancer is 92%.[1] (See Table 21 for additional data) Cervical cancer is detected primarily by using a Pap test. The Pap test is a simple procedure performed by a health care professional in which a small cell scraping is taken from the cervix during a pelvic exam. The Pap test can detect abnormal cellular changes, which can be treated before ever becoming cancer. Routine Pap testing is not only the best way to reduce deaths from cervical cancer by detecting cancer in its earliest and most treatable stage, but can also reduce the incidence by identifying pre-cancerous conditions that are treatable.

In Alabama, 88.2% of women 18 years of age and older have had a Pap test within the past three years. 77.1% of Alabama women age 65 and over have had a Pap test in the past 3 years. At a rate of 92.2%, Black non-Hispanic women, 18 years of age and over, have the highest rate of cervical cancer screening in Alabama. Cervical cancer screening rates among White non-Hispanic females and Black non-Hispanic females in Alabama are higher than the National rates.[5] (See Table 20 for additional data)

Figure 13: Females, Age 18+, Reporting a Pap Test Within the Past 3 Years*, by Age Group, Alabama and US, 2002
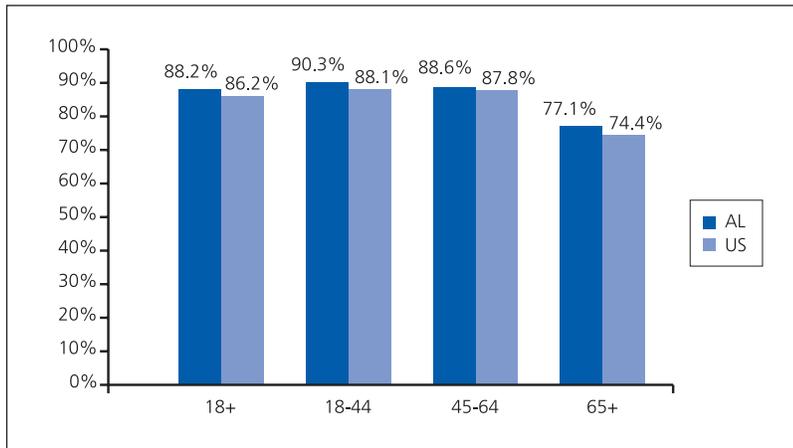
* Pap test within the preceding 3 years for women with intact uteri.
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

Figure 14: Females, Age 18+, Reporting a Pap Test Within the Past 3 Years*, by Race, Alabama and US, 2002
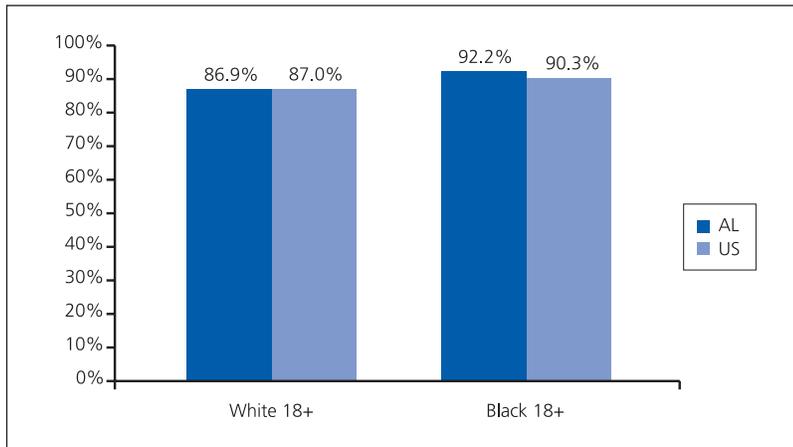
* Pap test within the preceding 3 years for women with intact uteri.
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

American Cancer Society Screening Guidelines for Cervical Cancer:

- Screening should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age.

- Screening should take place annually with regular Pap test or every two years using the newer liquid-based Pap test.

- Beginning at age 30, women who have had three consecutive tests with normal results may be screened less frequently at the discretion of the health care provider.

Cervical Cancer Risk Factors:

Cervical cancer risk factors are closely associated with sexual behavior and with sexually transmitted infections of certain strains of human papilloma virus (HPV), commonly known as genital warts:

- Having sex at an early age
- Many sexual partners
- Having partners that have had many sexual partners
- Cigarette smoking

Call to Action: *Routine Pap testing can prevent new cases of cervical cancer, as well as deaths, through identification and treatment of pre-cancerous conditions and early stage cervical cancer.*

Cancer Incidence Trends in Alabama

Trends in All Sites, Colorectal, Lung, Melanoma, and Oral Cancer Incidence:

In Alabama, all site cancer incidence rates declined by 3.3% between 1996 and 2002. The 1996 cancer incidence rate of 427.5 dropped to 413.3 in 2002.[3]

Figure 15: Trends in Cancer Incidence Rates, All Sites, Males and Females, Alabama, 1996-2002
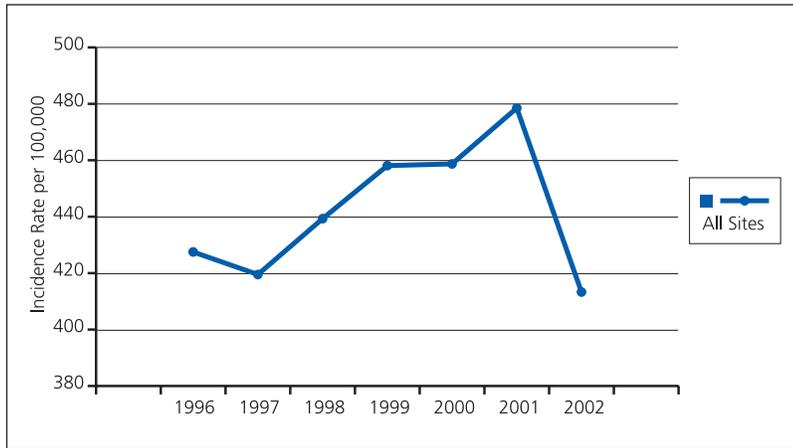
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years 1996-2002.

Colorectal cancer incidence rates in Alabama declined by 6.2% between 1996 and 2002. Lung cancer and oral cancer incidence rates both declined between 1996 and 2002 by 7.2% and 12.2% respectively. Melanoma incidence rates increased by 23.3% between 1996 and 2002.[3]

Figure 16: Trends in Cancer Incidence Rates, Select Sites, Males and Females, Alabama, 1996-2002
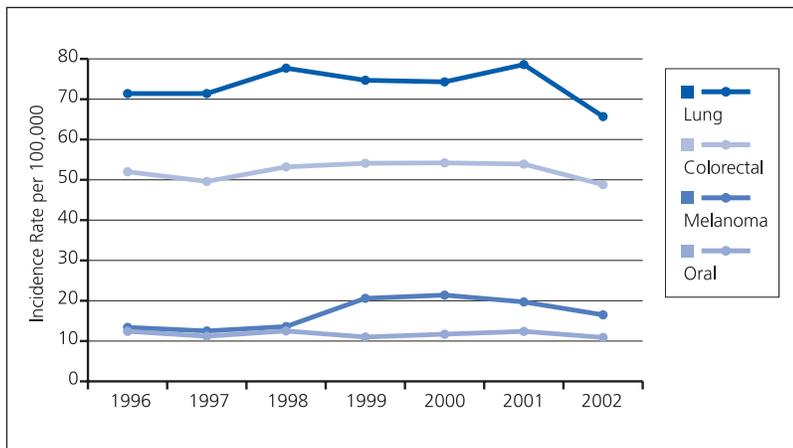
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Trends in Cancer Incidence Rates*, Select Sites, Males and Females, Alabama, 1996-2002								
Site	1996	1997	1998	1999	2000	2001	2002	% Change
All Sites	427.5	419.5	439.3	458.1	458.7	478.5	413.3	-3.3
Oral	12.4	11.2	12.5	11	11.7	12.4	10.9	-12.2
Colorectal	52	49.6	53.2	54.1	54.2	53.9	48.8	-6.2
Lung	71.4	71.4	77.7	74.7	74.3	78.6	65.7	-7.9
Melanoma	13.4	12.5	13.6	20.6	21.4	19.7	16.5	23.6

*Per 100,000, age-adjusted to the 2000 US standard population. Confidence intervals are 95% for rates and trends. Percent changes were calculated using 1 year for each end point.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Trends in Breast and Cervical Cancer Incidence:

Breast cancer incidence rates among Alabama females increased 4.2% between 1996 and 2002. Cervical cancer incidence rates declined by 4.9% from 1996 to 2002 among Alabama females.[3]

Figure 17: Trends in Breast and Cervical Cancer Incidence Rates, Females, Alabama, 1996-2002
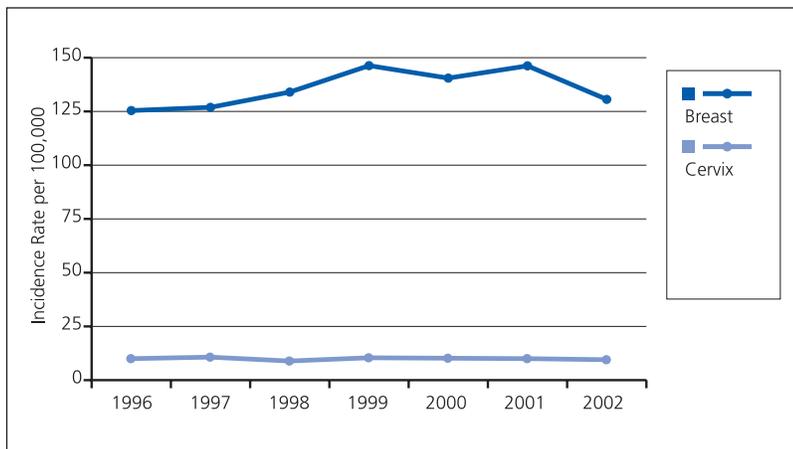
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Trends in Breast and Cervical Cancer Incidence Rates*, Females, Alabama, 1996-2002								
Site	1996	1997	1998	1999	2000	2001	2002	% Change
Cervix	9.7	10.4	8.6	10.1	9.9	9.7	9.2	-4.9
Breast	125.4	126.9	134	146.3	140.5	146.2	130.6	4.2

*Per 100,000, age-adjusted to the 2000 US standard population. Confidence intervals are 95% for rates and trends. Percent changes were calculated using 1 year for each end point.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Trends in Prostate Cancer Incidence:

Prostate cancer incidence rates among Alabama males decreased by 7.0% between 1996 and 2002. The 1996 rate of 122.9 dropped to 114.3 in 2002.[3]

Figure 18: Trends in Prostate Cancer Incidence Rates, Males, Alabama, 1996-2002
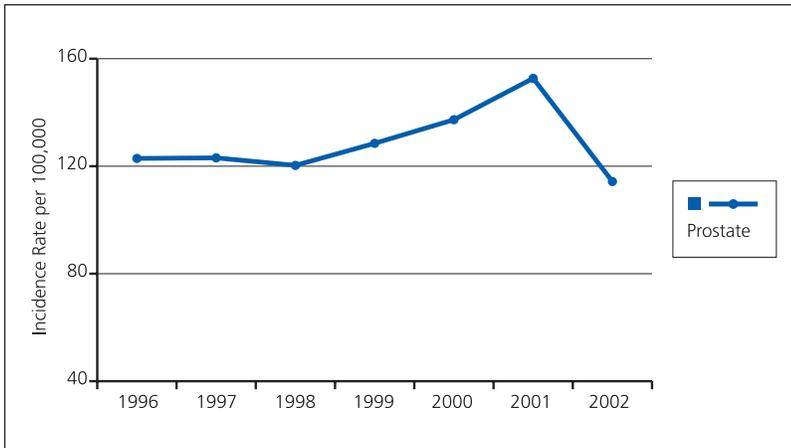
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Trends in Prostate Cancer Incidence Rates, Males, Alabama, 1996-2002								
Site	1996	1997	1998	1999	2000	2001	2002	% Change
Prostate	122.9	123.1	120.3	128.5	137.3	152.7	114.3	-7.0

*Per 100,000, age-adjusted to the 2000 US standard population. Confidence intervals are 95% for rates and trends. Percent changes were calculated using 1 year for each end point.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Lifestyle Factors and Cancer

"Much of the burden of cancer in the United States can be traced to modifiable health behaviors that increase one's risk of disease." [2]

Scientific evidence suggests that about one-third of the 563,700 cancer deaths expected to occur in the United States in 2004 will be related to nutrition, physical inactivity, and overweight or obesity.[1]

In Alabama, 34.7% of deaths are caused by tobacco, poor diet and physical inactivity- 18.1% of deaths are caused by tobacco and 16.6% of deaths are caused by poor diet and physical inactivity.[3]

Figure 19: Actual Causes of Death in Alabama, 2002
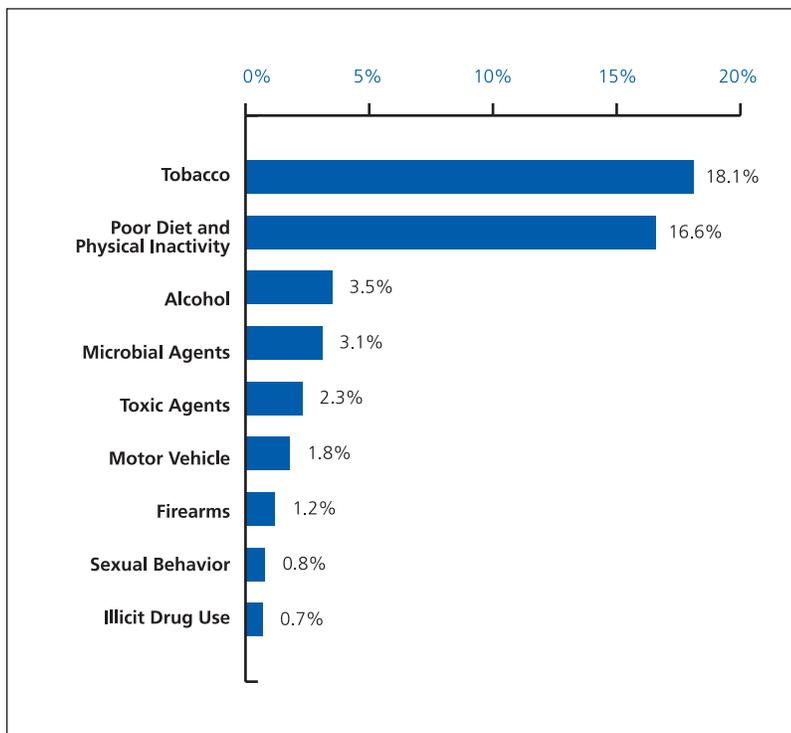
Source: Alabama Statewide Cancer Registry (ASCR), 2004.

The Five Major Risk Factors to Cancer Incidence and Mortality

- Tobacco use
- Physical inactivity
- Overweight and obesity
- Poor diet
- Alcohol use

Tobacco Use

The American Cancer Society estimates that in 2004 more than 180,000 cancer deaths are expected to be caused by tobacco use.[1]

Tobacco use is a cause of eight cancers:[2]

- Lung
- Oral
- Pharyngeal
- Laryngeal
- Esophageal
- Bladder
- Kidney
- Pancreatic

Tobacco use is associated with an increased risk of:[2]

- Colon cancer
- Cervical cancer
- Leukemia
- Stomach cancer

In Alabama, both adults and youth have higher rates of smoking than the National averages.[5,6] (See Tables 11, 12, and 13, and Figure 5 and 6 for additional data)

Figure 20: Current Cigarette Smokers*, by Age Group, Alabama and US
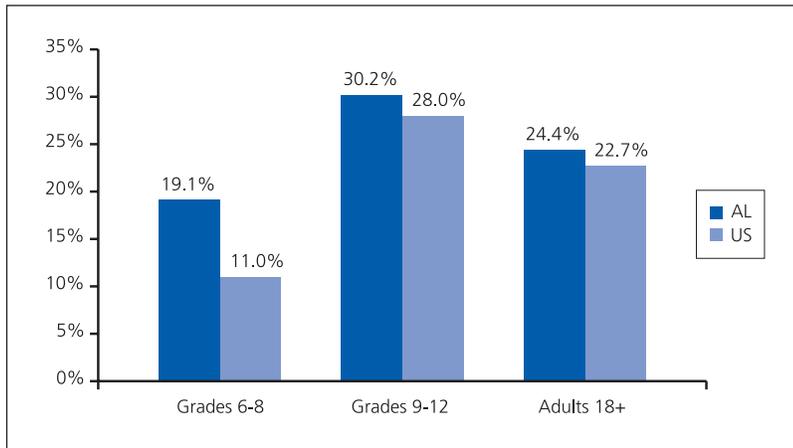
*Current cigarette smoking, adults: having ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular). *Current cigarette smoking, youth: smoked cigarettes on 1 or more of 30 days preceding survey.
Source: (Adults 18+) American Cancer Society: Behavioral Risk Factor Surveillance System Public Use Data File 2002, Centers for Disease Control and Prevention. (Alabama Youth Rates) Alabama Youth Tobacco Survey 2000, Centers for Disease Control and Prevention. (US Youth Rates) National Youth Tobacco Survey 2000, Centers for Disease Control and Prevention.

The Health Benefits of Smoking Cessation - Immediate and Long-term:

20 minutes after quitting: Your blood pressure drops to a level close to that before the last cigarette. The temperature of your hands and feet increases to normal.

8 hours after quitting: The carbon monoxide level in your blood drops to normal.

24 hours after quitting: Your chance of a heart attack decreases.

2 weeks to 3 months after quitting: Your circulation improves and your lung function increases up to 30%.

1 to 9 months after quitting: Coughing, sinus congestion, fatigue, and shortness of breath decrease; cilia (tiny hair like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce infection.

1 year after quitting: The excess risk of coronary heart disease is half that of a smoker's.

5 years after quitting: Your stroke risk is reduced to that of a nonsmoker 5-15 years after quitting.

10 years after quitting: The lung cancer death rate is about half that of a continuing smoker's. The risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decrease.

15 years after quitting: The risk of coronary heart disease is that of a nonsmoker's.[9]

Poor Diet

Scientific research has shown that about one-third of all US cancer deaths can be attributed to the adult diet, including its effect on obesity.[7] The strongest relationship between diet and cancer are the benefits of consuming five or more servings of fruits and vegetables each day. Consuming fruits and vegetables lowers the risk of developing various cancers such as:[2]

- Pancreatic
- Bladder
- Lung
- Colon
- Mouth
- Pharynx
- Larynx
- Esophagus
- Stomach

In addition, consuming fruits and vegetables can possibly reduce the risk of cancers such as:[2]

- Breast
- Prostate
- Cervix
- Endometrium
- Ovary
- Liver
- Kidney
- Thyroid

21.1% of Alabama adults eat the recommended number of fruits and vegetables each day. Females are more likely than males to eat the recommended number of fruits and vegetables. 23.9% of Alabama females and 18.1% of Alabama males eat the recommended number, both averages are below the National average of 24.5%.[5] (See Table 15 for additional data) The 2001 Youth Risk Behavior Surveillance System reported than only 13.1% of Alabama high school students ate 5 or more servings of fruit and vegetables each day.[8]

Figure 21: Percentage of Adults Consuming the Recommended Number* of Fruits and Vegetables Each Day, Alabama and US, 2002
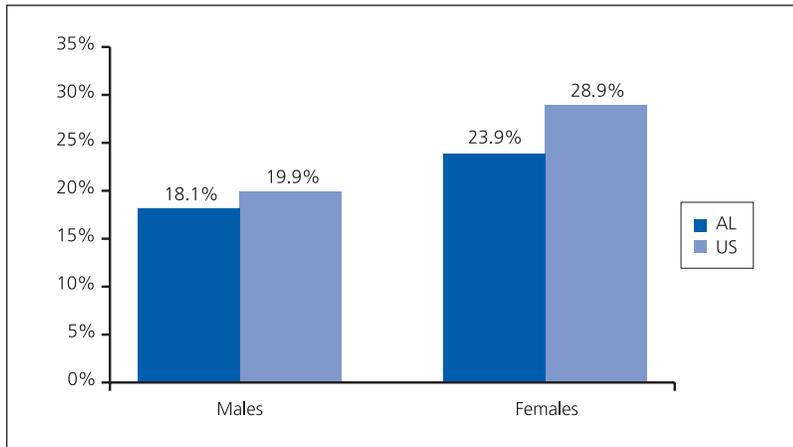
*Recommended Number: The American Cancer Society recommends the consumption five or more servings of fruits and vegetables each day.
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

American Cancer Society Nutrition Recommendations:

- Eat five or more servings of vegetables and fruits each day.
- Choose whole grains instead of processed (refined) grains and sugars.
- Limit consumption of red meats, especially high-fat and processed meats.
- Choose foods that help maintain a healthful weight.

Physical Inactivity

Leading a physically active lifestyle can reduce the risk of developing obesity, overweight, and developing cancers such as:[2]

- Breast cancer
- Colon cancer

Almost one third (27.3%) of Alabama adults are physically inactive. Females are more likely to be inactive than males. 29.7% of adult females and 24.7% of adult males report no physical activity. 24.6% of White non-Hispanic adults are inactive and 37.5% of Black non-Hispanic adults are inactive.[5] (See Table 16 for additional data)

According to the 2001 Youth Risk Behavior Survey, 38.4% of Alabama high school students are inactive; this is higher than the National average of 31.2%. Rates of physical inactivity are higher among females than males; 48.3% of young females and 28.2% of young males are inactive in Alabama.[8]

Figure 22: Percentage of Physically Inactive* Youth, Grades 9-12, by Gender, Alabama and US, 2001
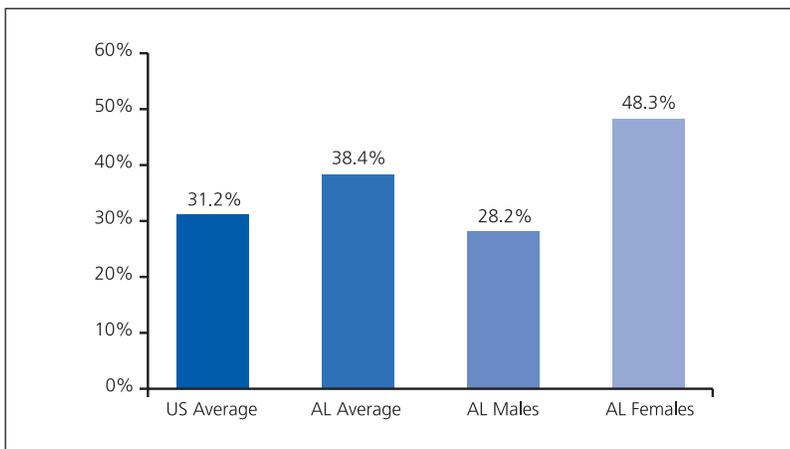
*Did not participate in at least 20 minutes of vigorous physical activity on three or more of the past seven days and did not do at least 30 minutes of moderate physical activity on five or more of the past seven days.
Source: Youth Risk Behavior Surveillance System 2001, Centers for Disease Control and Prevention.

American Cancer Society Physical Activity Recommendations:

Adults: On 5 or more days of the week engage in moderate activity for 30 minutes or more; 45 minutes or more of moderate to vigorous activity on 5 or more days a week may further enhance reductions in the risk of developing breast and colon cancer.

Children and Adolescents: Engage in at least 60 minutes of moderate to vigorous activity on 5 or more days a week.

Overweight

Maintaining a healthy weight can reduce the risk of developing several types of cancer:[2]

- Breast
- Colon
- Endometrium
- Esophagus
- Kidney
- Prostate (possibly)

In 2002, 62.7% of Alabama adults were overweight. More men are overweight than women; 70.8% of adult Alabama males and 55% of adult Alabama females. 60.9% of White non-Hispanic adults were overweight compared to 68.8% of Black non-Hispanic adults and 63.8% of Hispanic adults.[5] (See Table 17 for additional data)

Special Section - Health Disparities

Disparities occur when members of certain population groups do not enjoy the same health status as other groups[1]. Population groups which experience disparities may be defined by race and ethnicity, age, geography, economic status, or education level. Disparities may be disease specific or may be differences in adverse health conditions - generally these health conditions are disease risk factors (i.e. cigarette smoking, overweight, physical inactivity). Cancer disparities are defined as differences in mortality, incidence, and survival rates; health disparities are defined as differences in adverse health conditions.[1] Whenever a population group has a worse cancer experience or poorer health status than the population as a whole, disparities exist. Unfortunately, serious disparities exist in the United States and Alabama.

Disparities research has identified a complex interaction of economic, social, and cultural factors that influence individual and community health.[2] Poverty is the most critical factor affecting health. Economic status influences physical environment, access to medical care, level of education, and influences underlying risk factors for cancer such as obesity and tobacco use. Social and cultural factors influence health related variables such as access to medical care, quality of service, interactions between physicians and patients, health behaviors and health beliefs.[8,9] Examples of social factors are racial and age discrimination. Examples of cultural factors are traditions, beliefs, language, and geography.

Figure 1: Factors That Influence Cancer Disparities
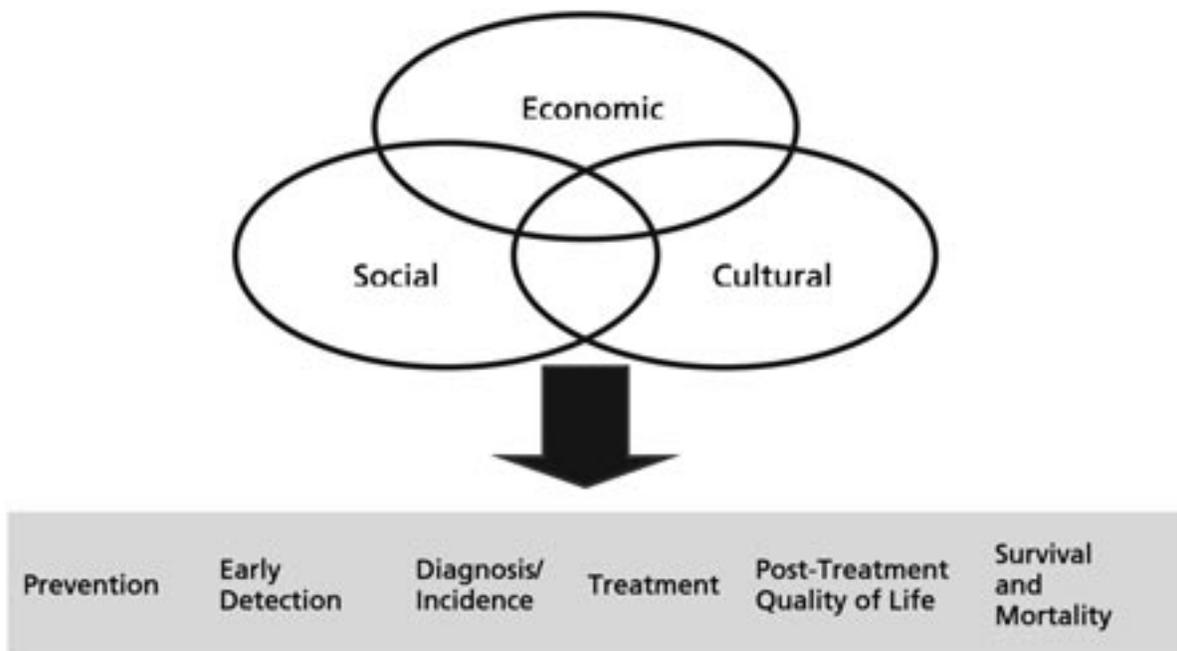
Source: Adapted from: Freeman, HP; Commentary on the meaning of race in science and society. Cancer Epidemiol Biomarkers Prev 2003; 12:232S-6S and Institute of Medicine, 2003.8

DISPARITIES IN CANCER INCIDENCE AND MORTALITY

A NATIONAL PICTURE

African American men have the highest rate of cancer incidence from all cancer sites combined and the highest incidence rate from cancers of the colon and rectum, lung and bronchus, and prostate among all men of all racial and ethnic groups in the US. African American men also have the highest death rate from all cancer sites combined and the highest death rate from cancers of the colon and rectum, lung and bronchus, prostate, and stomach among all men of all racial and ethnic groups in the US.[10]

White women in the US have the highest rate of cancer incidence from all cancer sites combined and the highest rate of breast cancer than any other racial and ethnic group of women in the US. African American women have the highest death rate from all cancer sites combined and the highest death rate from cancers of the breast, colon and rectum, and cervix of all women.[10]

Figure 2: All Site Cancer Incidence Rates* by Race/Ethnicity, US, 1996-2000
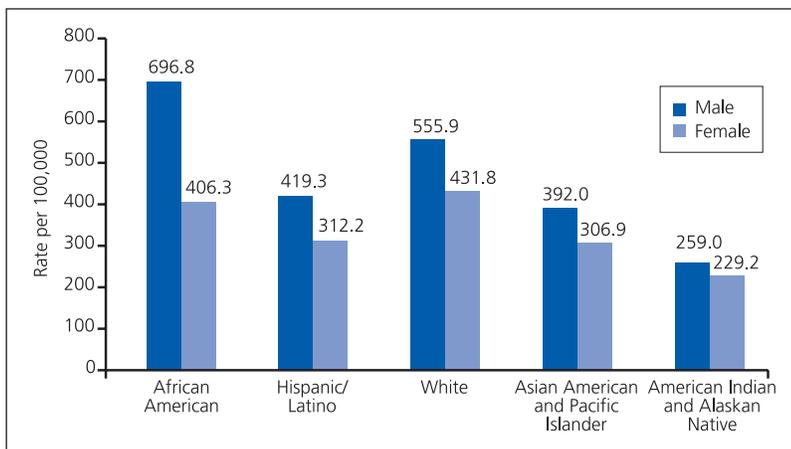
* Per 100,000, age-adjusted to the 2000 US standard population
Source: American Cancer Society, Cancer Facts & Figures 2004, National Home Office: American Cancer Society. (SEER Cancer Statistics Review, 1975-2000, National Cancer Institute, Bethesda, MD)

Incidence and Mortality Rates* by Site, Race and Ethnicity, US, 1996 – 2000

Incidence	White	African American	Asian American and Pacific Islander	American Indian and Alaska Native	Hispanic/ Latino[†]
All Sites					
Males	555.9	696.8	392.0	259.0	419.3
Females	431.8	406.3	306.9	229.2	312.2
Breast (female)	140.8	121.7	97.2	58.0	89.8
Colon & rectum					
Males	64.1	72.4	57.2	37.5	49.8
Females	46.2	56.2	38.8	32.6	32.9
Lung & bronchus					
Males	79.4	120.4	62.1	45.6	46.1
Females	51.9	54.8	28.4	23.4	24.4
Prostate	164.3	272.1	100.0	53.6	137.2
Stomach					
Males	11.2	19.9	23.0	14.4	18.1
Females	5.1	9.9	12.8	8.3	10.0
Liver & intrahepatic bile duct					
Males	7.3	11.0	21.1	6.1	13.8
Females	2.8	3.9	7.7	5.5	5.6
Uterine Cervix	9.2	12.4	10.2	6.9	16.8

Mortality	White	African American	Asian American and Pacific Islander	American Indian and Alaska Native	Hispanic/ Latino[†]
All Sites					
Males	249.5	356.2	154.8	172.3	176.7
Females	166.9	198.6	102.0	115.8	112.4
Breast (female)	27.2	35.9	12.5	14.9	17.9
Colon & rectum					
Males	25.3	34.6	15.8	18.5	18.4
Females	17.5	24.6	11.0	12.1	11.4
Total	20.7	28.5	13.1	14.7	14.3
Lung & bronchus					
Males	78.1	107.0	40.9	52.9	40.7
Females	41.5	40.0	19.1	26.2	15.1
Prostate	30.2	73.0	13.9	21.9	24.1
Stomach					
Males	6.1	14.0	12.5	7.0	9.9
Females	2.9	6.5	7.4	4.2	5.3
Liver & intrahepatic bile duct					
Males	6.0	9.3	16.1	7.6	10.5
Females	2.7	3.7	6.7	4.3	5.0
Uterine Cervix	2.7	5.9	2.9	2.9	3.7

* Per 100,000, age-adjusted to the 2000 US standard population. ÜHispanic/Latinos are not mutually exclusive from Whites, African Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives.

Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society. (Ries LAG, Eisner MP, Kosary CL, Hankey BF, Miller BA, Clegg L, Mariotto A, Fay MP, Feuer EJ, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2000, National Cancer Institute, Bethesda, MD)

A STATE PICTURE

Incidence and Mortality Rates* by Site and Race, Alabama, 1996 – 2002

Incidence	White	Black	Mortality	White	Black
All Sites			All Sites		
Males	510.5	532.0	Males	270.9	330.4
Females	398.5	342.2	Females	162.0	170.2
Breast (female)	138.8	115.7	Breast (female)	24.8	31.0
Colon & rectum			Colon & rectum		
Males	63.2	62.4	Males	22.0	30.8
Females	42.9	47.9	Females	14.2	20.8
Lung & bronchus			Lung & bronchus		
Males	110.7	105.3	Males	96.4	99.6
Females	50.5	34.6	Females	41.5	29.5
Melanoma			Melanoma		
Males	23.3	1.0	Males	4.6	0.2
Females	14.9	0.8	Females	2.1	0.5
Oral			Oral		
Males	18.6	16.7	Males	4.3	6.2
Females	6.6	5.2	Females	1.6	1.1
Prostate (male)	111.3	181.8	Prostate (male)	29.5	71.7
Uterine Cervix	9.9	14.3	Uterine Cervix	2.4	5.5

* Per 100,000, age-adjusted to the 2000 US standard population.
Incidence and Mortality Rates* by Site and Race, Alabama, 1996 - 2002

Alabama Females

White non-Hispanic women in Alabama have a higher rate of all site cancer incidence than Black non-Hispanic women. White non-Hispanic women have a higher incidence rate of breast cancer, lung cancer, oral cancer, and melanoma. Black non-Hispanic women have a higher incidence rate of colorectal cancer and cervical cancer.[7]

Figure 3: Cancer Incidence Rates*, Select Sites, Females by Race, Alabama, 1996-2002
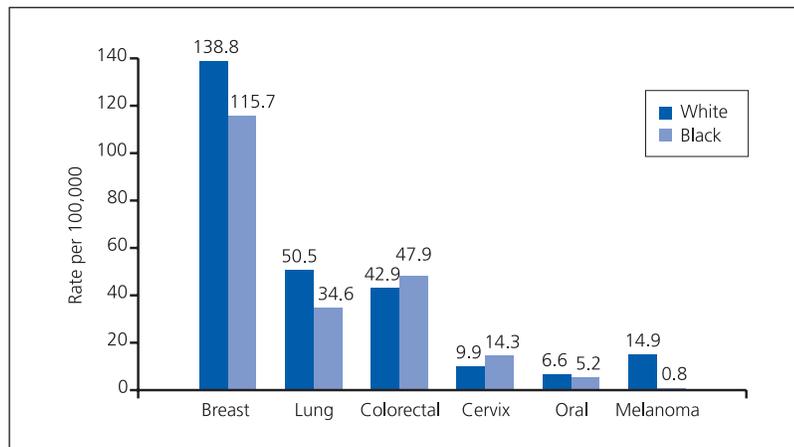
*Per 100,000, age-adjusted to the 2000 US standard population.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Black non-Hispanic women have a higher rate of all site cancer mortality than White non-Hispanic women in Alabama. Black non-Hispanic women have a higher mortality rate of breast cancer, colorectal cancer, and cervical cancer. White non-Hispanic women have a higher mortality rate of lung cancer, oral cancer, and melanoma.[7]

Figure 4: Cancer Mortality Rates*, Select Sites, Females by Race, Alabama, 1996-2002
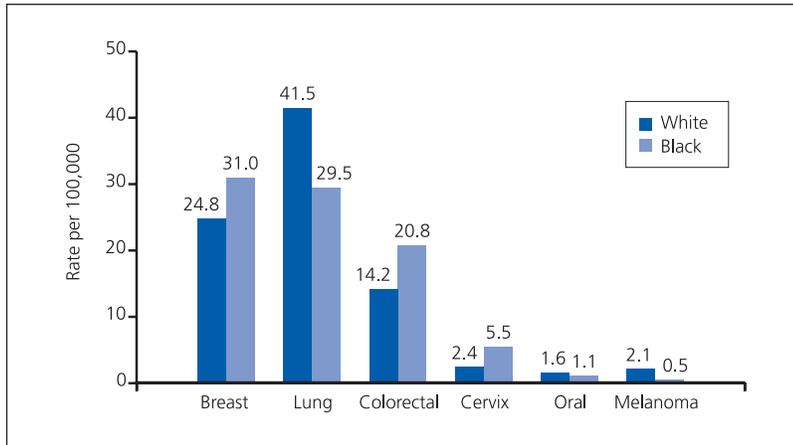
*Per 100,000, age-adjusted to the 2000 US standard population.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Alabama Males

Black non-Hispanic men have a higher rate of all site cancer incidence than White non-Hispanic men in Alabama. Black non-Hispanic men have a higher incidence rate of prostate cancer. White non-Hispanic men have a higher incidence rate of colorectal cancer, lung cancer, oral cancer, and melanoma.

Figure 5: Cancer Incidence Rates*, Select Sites, Males by Race, Alabama, 1996-2002
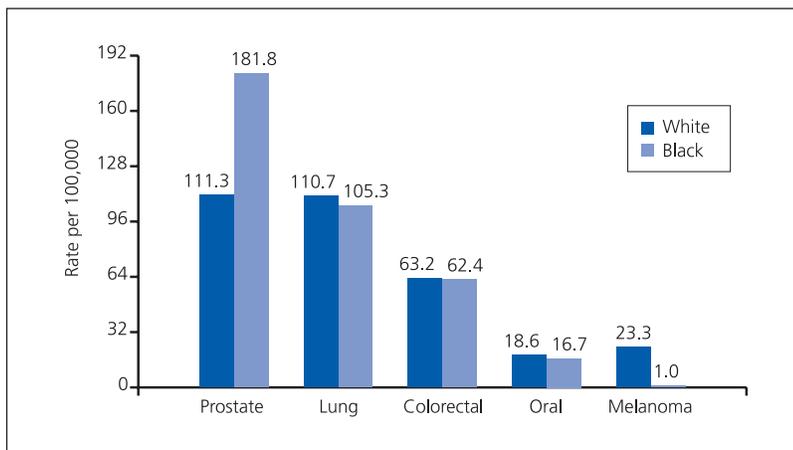
*Per 100,000, age-adjusted to the 2000 US standard population.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Black non-Hispanic men have a higher rate of all site cancer mortality than White non-Hispanic men in Alabama. Black non-Hispanic men have a higher mortality rate of colorectal cancer, lung cancer, oral cancer, and prostate cancer. White non-Hispanic men have a higher mortality rate of melanoma.[7]

Figure 6: Cancer Mortality Rates*, Select Sites, Males by Race, Alabama, 1996-2002
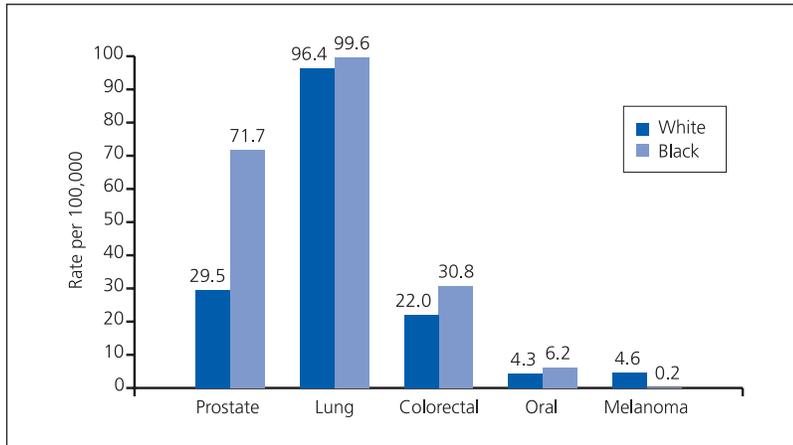
*Per 100,000, age-adjusted to the 2000 US standard population.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

A COUNTY PICTURE

Cancer disparities in Alabama exist among different Counties and geographic regions. These disparities are due to the complex interaction of economic, cultural and social factors.

Cancer Incidence and Mortality Rates by County, _10 Highest and Lowest Rates,_ Males and Females, All Races Combined, Alabama

Rank	Highest Incidence Rates 1996-2002[7]		Highest Mortality Rates 1996-2000[6]	
1.	Walker	518.0	Russell	262.0
2.	Mobile	514.9	Macon	257.3
3.	Jefferson	508.7	Dallas	255.7
4.	Morgan	507.7	Franklin	253.3
5.	Houston	504.2	Hale	249.1
6.	Hale	503.5	Autauga	247.8
7.	Calhoun	487.9	Conecuh	246.7
8.	Elmore	471.1	Cleburne	244.3
9.	St Clair	468.3	Calhoun	242.6
10.	Henry	466.4	Mobile	239.3
	Alabama	440.1	Alabama	215.9

Rank	Lowest Incidence Rates 1996-2002[7]		Lowest Mortality Rates 1996-2000[6]	
1.	Choctaw	267.1	Limestone	105.2
2.	Sumter	281.1	Tallapoosa	178.9
3.	Lee	310.6	Shelby	181.9
4.	Randolph	315.6	Butler	184.1
5.	Lowndes	320.8	Randolph	188.4
6.	Russell	321.9	Clay	189.5
7.	Bullock	330.7	Coosa	191.8
8.	Cherokee	334.4	DeKalb	193.0
9.	Macon	346.6	Bullock	194.5
10.	DeKalb	351.1	Baldwin	197.8
	Alabama	440.1	Alabama	215.9

Source: Incidence Data: Alabama Statewide Cancer Registry (ASCR), Data Years: 1996-2002.[7] Morality Data: Cancer Control Planet, Data Years 1996-2000.[6]

A National study found that for all cancer sites combined, residents of poorer Counties (those with greater than or equal to 20% of the population below the poverty line) have 13% higher death rates from cancer in men and 3% higher death rates from cancer in women compared to more affluent Counties (less than 10% below the poverty line).[2] In Alabama, this pattern is noticeable when examining mortality rates by County. With the exception of Autauga and Cleburne, all 10 Counties with the highest mortality rates have higher levels of poverty than the State average. Russell, Macon and Dallas Counties have the three highest rates of cancer mortality; these Counties have larger Black non-Hispanic populations, higher levels of poverty and lower levels of educational attainment than State averages. Conversely, the Counties with lowest cancer mortality rates are predominantly White non-Hispanic, have lower levels of poverty, and higher levels of educational attainment.

Select Demographic Characteristics of Counties with the 3 Highest and 3 Lowest All Site Cancer Incidence Rates, Males and Females, Alabama, 1996-2002

	Counties with Highest Incidence Rates			Counties with Lowest Incidence Rates			Alabama
	Walker	Mobile	Jefferson	Choctaw	Sumter	Lee	Alabama
Black non-Hispanic	6.2%	33.%	39.4%	44.1%	73.2%	22.7%	26.0%
White non-Hispanic	91.7%	62.5%	57.4%	54.8%	25.8%	73.2%	71.1%
Hispanic/Latino	0.9%	1.2%	1.6%	0.7%	1.1%	1.4%	1.7%
High School graduates	67.2%	76.5%	80.9%	65.0%	64.8%	81.4%	75.3%
Bachelor's Degree or higher	9.1%	18.6%	24.6%	9.6%	12.4%	27.9%	19.0%
Persons below poverty level	16.5%	18.5%	14.8%	24.5%	38.7%	21.8%	16.1%
Persons 65 and over	14.8%	12.0%	13.6%	14.6%	13.9%	8.1%	13.0%

Source: US Census Bureau, Census 2000

Select Demographic Characteristics of Counties with the 3 Highest and 3 Lowest All Site Cancer Mortality Rates, Males and Females, Alabama, 1996-2000

	Counties with Highest Mortality Rates			Counties with Lowest Mortality Rates			Alabama
	Russell	Macon	Dallas	Limestone	Tallapoosa	Shelby	Alabama
Black non-Hispanic	40.8%	84.6%	63.3%	13.3%	25.4%	7.4%	26.0%
White non-Hispanic	56.1%	13.8%	35.4%	82.4%	73.2%	88.6%	71.1%
Hispanic/Latino	1.5%	0.7%	0.6%	2.6%	0.6%	2.0%	1.7%
High School graduates	66.5%	70.0%	70.3%	74.5%	70.1%	86.8%	75.3%
Bachelor's Degree or higher	9.7%	18.8%	13.9%	16.9%	14.1%	36.8%	19.0%
Persons below poverty level	19.9%	32.8%	31.1%	12.3%	16.6%	6.3%	16.1%
Persons 65 and over	13.1%	14.0%	13.9%	11.1%	16.6%	8.5%	13.0%

Source: US Census Bureau, Census 2000

DISPARITIES IN MEDICAL CARE ACCESS, STAGE AT DIAGNOSIS AND CANCER SURVIVAL RATES - A NATIONAL PICTURE

Medical Care Access

In general, when compared to White non-Hispanics, other racial and ethnic groups have higher rates of poverty, lower educational status, and less access to health coverage or a source of primary care.

Socioeconomic Characteristics and Medical Care Access, by Race and Ethnicity, US

Racial/Ethnic Group	% With Income Below Poverty Level*†	% Graduated High School ‡	% Under Age 65 With No Health Care Coverage§	% Under Age 65 With No Regular Source of Medical Care§
White	8.0	85.5	11.9	13.9
African American	24.1	72.3	19.2	16.7
Hispanic-Latino	21.8	52.4	34.8	30.8
American Indian/Alaskan Native†	27.1	70.9	33.4	15.9
Pacific Islander	-	78.3	-	-
Asian	10.1	80.4	17.1	18.5
Asian/Pacific Islander	10.3	-	-	-

*Source: Poverty rate as of 2002 for White (non-Hispanic), African-American, Hispanic-Latino, Asian, and Asian/Pacific Islander populations. Poverty in the United States, 2002, US Census Bureau, September 2003. - No Data Available ÜSource: Poverty rate as of 1999 to 2000 for American Indian/Alaskan Native population. Poverty in the United States, 2000. US Census Bureau, September 2001. á Source: Educational Attainment, 2000. Census 2000 Brief, US Census Bureau, August 2000. ß Source: Health, United States, 2003, Chart Book on Trends in the Health of Americans, Hyattsville, Maryland, 2003.
Source: American Cancer Society, Cancer Facts & Figures, 2004. National Home Office: American Cancer Society.

Stage at Diagnosis

When cancer is diagnosed at a localized stage, the relative five-year survival rate is higher than regional and distant stage diagnoses. For example, when diagnosed at a localized stage, colorectal cancer has a five-year survival rate of 90.1%. When diagnosed at the regional or distant stage, colorectal cancer five-year survival rates decline to 65.5% and 9.2% respectively.[10]

African Americans have the highest rate of distant stage diagnosis for colorectal cancer, breast cancer and prostate cancer. African American men have the highest rate of localized prostate cancer diagnosis, and, the highest prostate cancer distant stage diagnosis. White females have the highest rate of localized stage diagnosis for breast cancer.[10]

Stage at Diagnosis of Colorectal, Breast, Prostate, and Cervical Cancer, by Race and Ethnicity, 1996-2000

	Localized		Regional		Distant	
	Rate*	%	Rate*	%	Rate*	%
Colorectal						
White	21.4	42	19.7	39	9.6	19
African American	22.4	39	21.0	36	14.2	25
Hispanic/Latino†	14.6	39	14.4	39	7.9	22
American Indian and Alaska Native	11.8	35	13.2	40	8.5	25
Asian American and Pacific Islander	18.9	42	17.9	40	7.7	18
Breast (female)						
White	90.2	66	39.8	29	7.5	5
African American	65.6	55	40.6	36	10.6	9
Hispanic/Latino†	50.7	57	29.2	35	6.2	7
American Indian and Alaska Native	32.4	56	19.9	36	4.8	8
Asian American and Pacific Islander	63.1	65	28.2	30	4.3	5
Prostate‡						
White	145.2	95			8.2	5
African American	225.9	93			20.0	7
Hispanic/Latino†	112.1	93			9.7	7
American Indian and Alaska Native	42.6	88			7.2	12
Asian American and Pacific Islander	84.9	92			8.0	8
Uterine cervix						
White	5.0	58	2.9	33	0.8	9
African American	5.5	51	4.4	39	1.2	10
Hispanic/Latino†	8.1	57	5.8	34	1.6	9
American Indian and Alaska Native	3.3	57	2.5	36	0.5	7
Asian American and Pacific Islander	5.0	54	3.8	38	0.9	8

*Per 100,000, age-adjusted to the 200 US population. ÜHispanics/Latinos are not mutually exclusive from whites, African American, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives. áThe rate and percent for localized stage represents local and regional stages combined.

Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society. (Ries LAG, Eisner MP, Kosary CL, Hankey BF, Miller BA, Clegg L, Mariotto A, Fay MP, Feuer EJ, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2000, National Cancer Institute, Bethesda, Maryland.)

## Cancer Survival Rates

Research has identified that five-year survival, for all cancers combined, is 10 percentage points lower among persons who live in poorer than in more affluent census tracts. However, even when census tract poverty is accounted for, White non-Hispanics have higher five-year survival rates than other racial and ethnic groups.[2]

In the United States, trends in relative five-year survival rates for all cancers have improved from 1974 to 1999 for all races. African American relative five-year survival rates are higher than they were in 1974; however, they are still lower than the survival rates for all races combined and Whites. African Americans have a relative five-year survival rate of 53% (1992-1999), compared to 64% (1992-1999) for Whites and 63% (1992-1999) for all races.[10]

Trends in Five-Year Relative Survival Rates* (%), Select Sites, by Race and Year of Diagnosis, US, 1974 to 1999

	Relative 5-Year Survival Rate (%)								
	White			African American			All Races		
Site	1974 to 1976	1983 to 1985	1992 to 1999	1974 to 1976	1983 to 1985	1992 to 1999	1974 to 1976	1983 to 1985	1992 to 1999
All Cancers	51	54	64 †	39	40	53 †	50	53	63 †
Breast (female)	75	79	88 †	63	64	73.5 †	75	78	87 †
Cervix Uterine	70	71	73 †	64	61	61	69	69	71 †
Colon	51	58	63 †	46	49	53 †	50	58	62 †
Kidney	52	56	63 †	49	55	61 †	52	56	63 †
Larynx	66	69	67	60	55	53	66	67	65
Leukemia	35	42	48 †	31	34	39	34	41	46 †
Liver	4	6	7 †	1	4	5 †	4	6	7 †
Lung & bronchus	13	14	15 †	11	11	12 †	13	14	15 †
Melanoma	81	85	90 †	67 ‡	74 ß	64 ‡	80	85	90 †
Oral cavity	55	55	60 †	36	35	36	54	53	57 †
Ovary	37	40	52 †	41	42	52 †	37	41	53 †
Pancreas	3	3	4 †	3	5	4	3	3	4 †
Prostate	68	76	98 †	58	64	93 †	67	75	98 †
Rectum	49	56	62 †	42	44	53 †	49	55	62 †
Stomach	15	16	21 †	17	19	21	15	17	23 †
Testis	79	91	96 †	76 ‡	88 ‡	87	79	91	96 †
Thyroid	92	93	96 †	88	92	94	92	94	96 †
Urinary bladder	74	78	83 †	48	60	64 †	73	78	82 †

*Survival rates are adjusted for normal life expectancy and are based on cases diagnosed from 1974-76, 1983-85, and 1992 to 1999 and followed through 2000. † The difference in rates between 1974-76 and 1992-1999 is statistically significant (p<0.05). ‡ The standard error of the survival rate is between 5 and 10 percentage points. ß The standard error of the survival rate is greater than 10 percentage points.
Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society. (Surveillance, Epidemiology, and End Results Program, 1975-2000, Division of Cancer Control and Population Sciences, National Cancer Institute, Bethesda, MD, 2003.)

DISPARITIES IN CANCER RISK FACTORS

Cancer risk factors such as smoking, obesity/overweight and physical activity greatly influence cancer incidence and mortality rates. Differences in cancer risk factors exist among different population groups identified by characteristics such as: race, income level, gender, and education level.

Disparities in Cancer Risk Factors - A National Picture

Prevalence of Major Risk Factors by Race/Ethnicity, Highest Level of Education, and Income, Adults 18 and Older, United States, 2000*

Characteristic	Current Smokers (%)		No Leisure-time Physical Activity (%)		Obese (%)†	
	Men	Women	Men	Women	Men	Women
Race/ethnicity						
White (non-Hispanic)	25.7	23.0	33.1	36.8	21.3	19.6
African American (non-Hispanic)	25.5	20.4	47.3	55.7	24.4	35.9
Hispanic/Latino	23.2	12.8	51.9	56.5	23.0	26.1
American Indian and Alaska Native	27.4	38.6	46.5	52.1	38.9	43.2
Asian American	19.6	7.9	29.1	42.1	6.0	8.3
Education (years)*						
8 or fewer	29.9	16.1	68.7	71.3	22.5	32.1
9 to 11	39.2	32.1	58.7	59.9	27.5	30.8
12	31.7	26.5	44.0	47.3	23.7	24.1
13 to 15	23.2	20.3	32.9	38.3	24.4	23.4
16	13.4	12.0	22.9	27.8	17.1	15.4
More than 16	8.7	7.2	17.6	23.6	15.7	12.4
Income						
Below poverty level	36.5	30.0	52.7	58.3	21.8	30.4
100% to 200% above poverty level	34.5	26.8	49.5	51.9	22.6	27.1
More than 200% above poverty level	22.6	18.5	29.2	32.9	21.8	19.5
Unknown	23.6	20.6	44.8	49.1	19.5	21.8
Total	25.0	21.0	36.6	41.5	21.5	22.0

* Percentages are adjusted to the 2000 US standard population. †Body Mass Index (BMI) = 30 kg/m2, age = 20 yrs. Persons age 25 or older.
Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society. (National Health Interview Survey 2000, National Center for Health Statistics, Centers for Disease Control and Prevention.)

Disparities in Cancer Risk Factors - Alabama

Tobacco Use:

Cigarette smoking is a cancer risk factor. Rates of cigarette smoking vary among different population groups. In Alabama, Black non-Hispanic adults have lower rates of smoking than any other group.[3] The prevalence of cigarette smoking is higher among lower income adults - 36.4% of adults with less than $15,000 in income are current smokers versus 18.0% of adults with a higher than $50,000 income.[4]

Figure 7: Current Cigarette Smoking*, by Race, Adults, Age 18+, Alabama, 2002
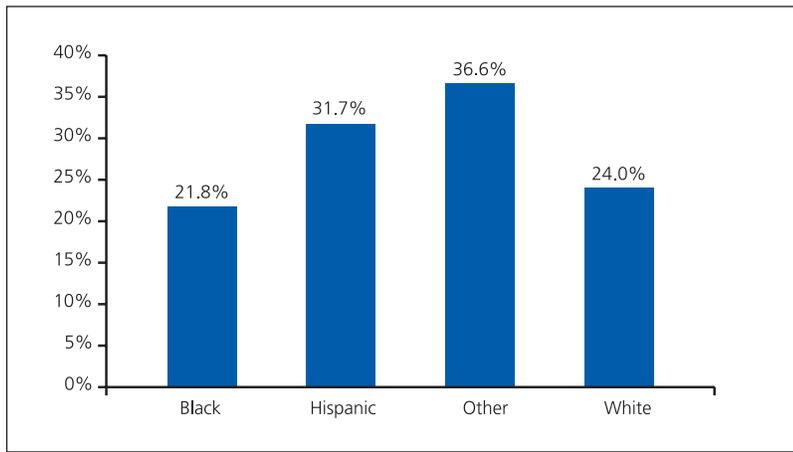
*Current cigarette smoking: having ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

Figure 8: Current Cigarette Smoking*, by Income Level, Alabama Adults, Age 18+, 2002
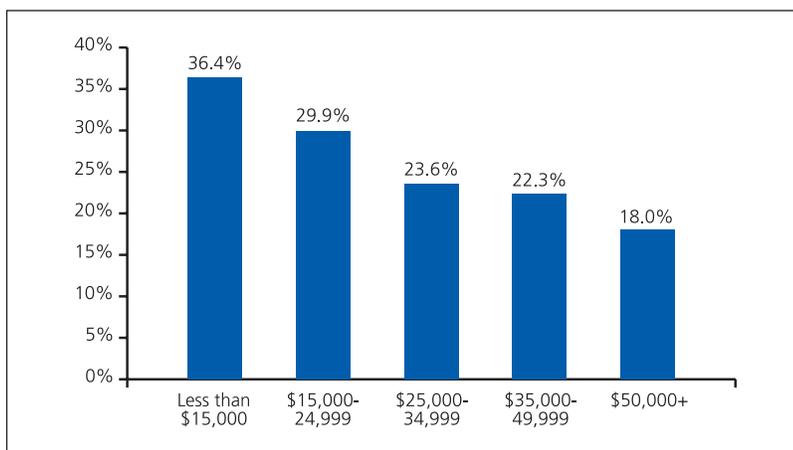
*Current Cigarette Smoking: having ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).
Source: Behavioral Risk Factor Surveillance System 2002, Centers for Disease Control and Prevention.

In Arkansas, cigarette smoking rates decline with increasing levels of education. The same pattern is seen Nationwide.[4]

Figure 9: Current Cigarette Smoking*, by Education Level, Adults, Age 18+, Alabama, 2002
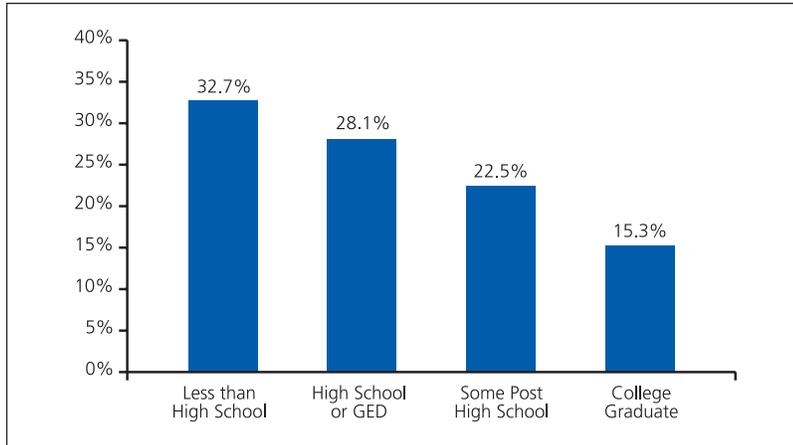
*Current cigarette smoking: having ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).
Source: Behavioral Risk Factor Surveillance System 2002, Centers for Disease Control and Prevention.

Figure 10: Current Cigarette Smoking*, by Education Level, Adults, Age 18+, United States, 2002
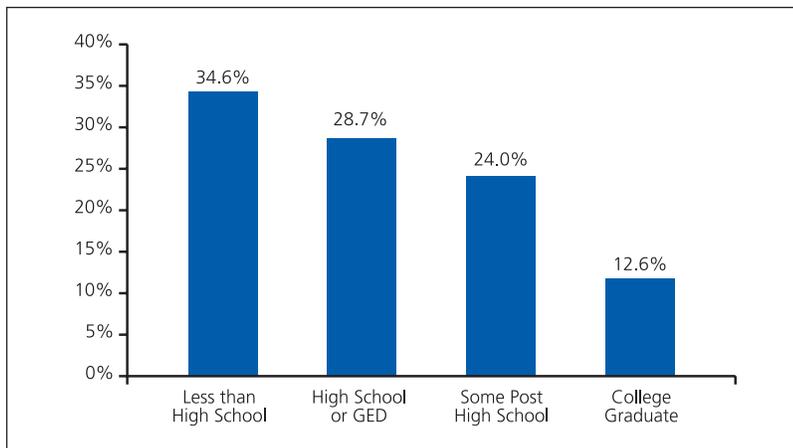
*Current cigarette smoking: having ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).
Source: Behavioral Risk Factor Surveillance System 2002, Centers for Disease Control and Prevention.

Physical Activity:

Taking part in regular physical activity is associated with a decreased risk of developing breast and colon cancer. Participation in physical activity by Arkansas adults increases with higher income and education.[4]

Figure 11: Physical Activity*, by Income Level, Adults, Age 18+, Alabama, 2002
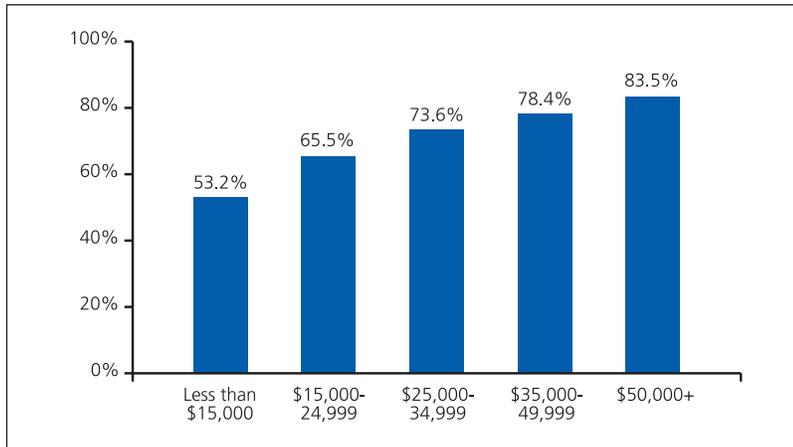
*During the past month, did you participate in any physical activities?
Source: Behavioral Risk Factor Surveillance System 2002, Centers for Disease Control and Prevention.

Figure 12: Physical Activity*, by Education Level, Adults, Age 18+, Alabama, 2002
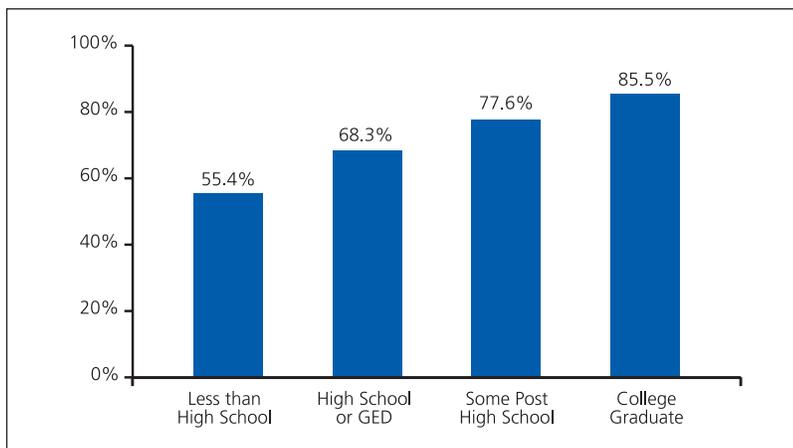
*During the past month, did you participate in any physical activities?
Source: Behavioral Risk Factor Surveillance System 2002, Centers for Disease Control and Prevention.

In Alabama, Black non-Hispanic adults are less physically active than other groups. Nationwide, White non-Hispanic adults have higher levels of physical activity than any other group.[4]

Figure 13: Physical Activity*, by Race, Adults, Age 18+, Alabama, 2002
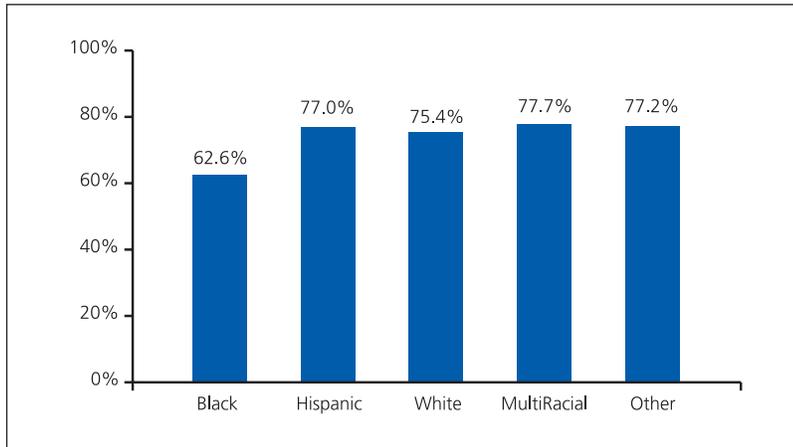
*During the past month, did you participate in any physical activities?
Source: Behavioral Risk Factor Surveillance System 2002, Centers for Disease Control and Prevention.

Figure 14: Physical Activity*, by Race, Adults, Age 18+, United States, 2002
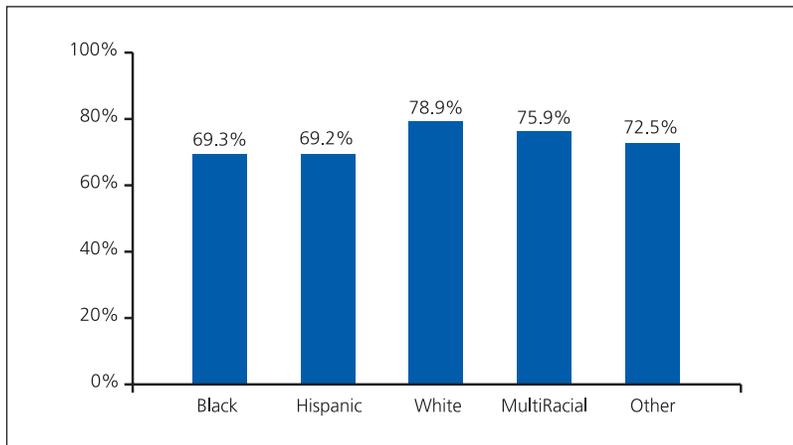
*During the past month, did you participate in any physical activities?
Source: Behavioral Risk Factor Surveillance System 2002, Centers for Disease Control and Prevention.

Overweight:

Being overweight or obese is associated with an increased risk of developing numerous types of cancer. In Arkansas, Black adults are more likely to be overweight than other groups.[3] The prevalence of overweight is higher among adults with lower levels of education, and is higher among middle-income adults.[4,5]

Figure 15: Percentage of Overweight Individuals*, by Race, Adults, Age 18+, Alabama, 2002
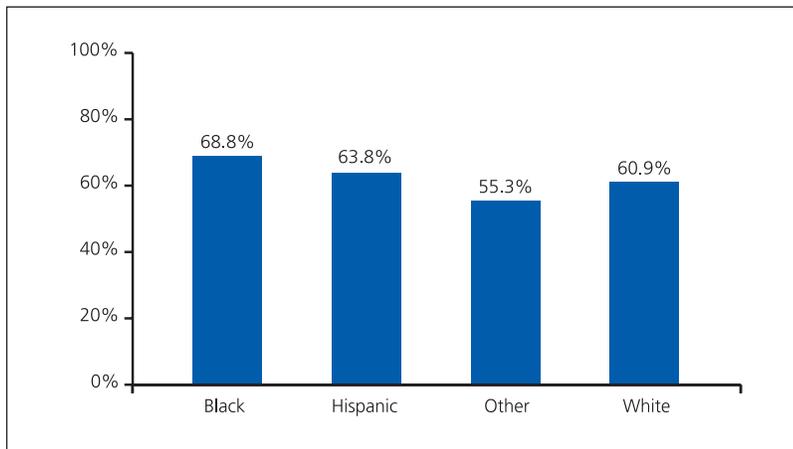
* BMI > 25 kg/m2
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

Figure 16: Percentage of Overweight Individuals*, by Education Level, Adults, Age 18+, United States, 2002
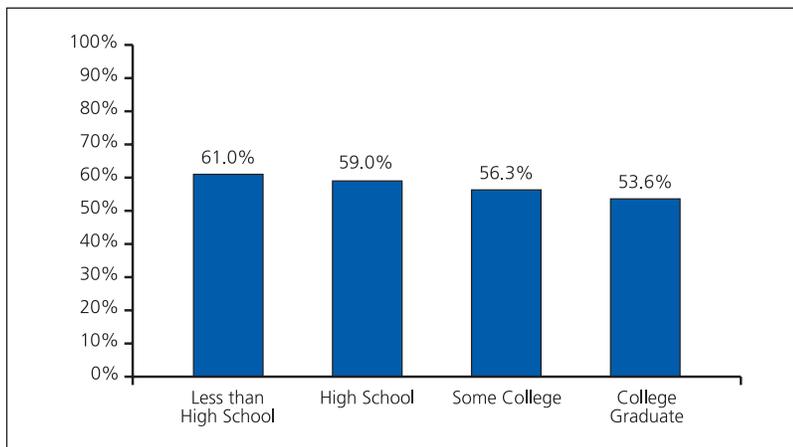
* BMI > 25 kg/m2
Source: Schoenborn CA, Adams PF, Barnes PM, Vickerie JL, Schiller JS. Health Behaviors of Adults: United States, 1999-2001. National Center for Health Statistics. Vital Health Stat 10(219) 2004.

Figure 17: Percentage of Overweight Individuals*, by Income Level, Adults, Age 18+, United States, 2002
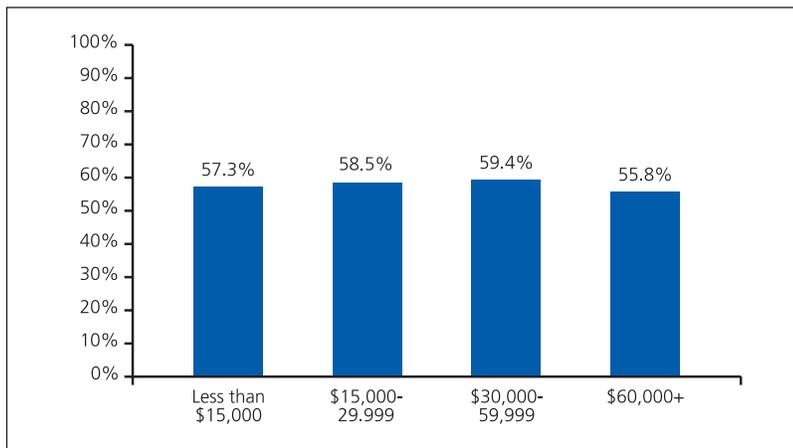
* BMI > 25 kg/m2

Source: Schoenborn CA, Adams PF, Barnes PM, Vickerie JL, Schiller JS. Health Behaviors of Adults: United States, 1999-2001. National Center for Health Statistics. Vital Health Stat 10(219) 2004.

Disparities in Cancer Screening - Alabama

Cancer screening plays an important role in early detection of cancer. Disparities in cancer screening vary by race/ethnicity, gender, income level, and education level. Black non-Hispanic women in Alabama have higher rates of breast and cervical cancer screening than White non-Hispanic women (see Tables 18 and 20 for additional data and Pages 15 and 23 for additional information on breast and cervical cancer). Prostate cancer screening has two components, the PSA (prostate-specific antigen) and DRE (digital rectal examination). Black non-Hispanic men have lower rates of PSA screening than White non-Hispanic men and higher rates of DRE than White non-Hispanic men (see Table 19 for additional data and Page 18 for additional information on prostate cancer). Colorectal cancer screening also has two components, the sigmoidoscopy/colonoscopy and FOBT (Fecal Occult Blood Test). White non-Hispanic males and females have higher screening rates for both components than Black non-Hispanic males and females. Alabama females have higher FOBT screening rates than males, and males have higher sigmoidoscopy/colonoscopy rates than females (see Table 14 for additional data and Page 12 for additional information on colorectal cancer). For all types of cancer screening, adults with a low education level have lower rates of screening (see Tables 14, 18, 19, and 20 for additional data).

Special Section: Health Disparities Sources

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3. American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003. Centers for Disease Control and Prevention.

4. Behavioral Risk Factor Surveillance System (BRFSS),Centers for Disease Control and Prevention, 2002. Website: www.cdc.gov/brfss/

5. Schoenborn CA, Adams PF, Barnes PM, Vickerie JL, Schiller JS. Health Behaviors of Adults: United States, 1999-2001. National Center for Health Statistics. Vital Health Stat 10(219) 2004.

6. Cancer Control Planet, Alabama Death Rates 1996-2000. National Cancer Institute.

7. Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002. Alabama Department of Public Health.
*Note: *Rate per 100,000, age-adjusted to the 2000 United States population. Significance determined by comparison of 95% Confidence Intervals. Data years: 1996-2002.*

8. Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: National Academy Press, 2002.

9. Freeman HP. Commentary on the Meaning of Race in Science and Society. Cancer Epidemiol Biomarkers Prev. Mar 2003:12(3):232S-236S.

10. American Cancer Society. Cancer Facts & Figures 2004. National Home Office: American Cancer Society, 2004.
*Note: *Rate per 100,000, age-adjusted to the 2000 United States standard population.*

Note

Unless otherwise noted or sourced, ethnic and race classifications based on the US Census: Black (Black or African American alone, non-Hispanic), White (White alone, non-Hispanic), Hispanic (Hispanic or Latino (of any race)), American Indian and Alaska Native, Asian, Native Hawaiian and Pacific Islander.

American Cancer Society Quality of Life Programs

Improving the quality of life for cancer patients is one of the most important priorities for the American Cancer Society. The American Cancer Society supports programs that enable cancer patients, survivors, and their families to seek and recognize ongoing sources of support within their community network.

Cancer Information is available 24 hours a day, seven days a week, by calling 1.800.ACS.2345 or visiting www.cancer.org. American Cancer Society specialists are available through 1-800-ACS-2345 to provide comprehensive information about the disease and its treatment, as well as connect you with local community resources. On the internet, www.cancer.org is an unparalleled resource.

Cancer Survivors Network is a virtual community created by and for cancer survivors to connect with one another, share experiences, and provide support. It is available 24 hours a day, seven days a week by telephone, 1-877-333-4673 (HOPE), and the Web by linking through www.cancer.org.

Children's Camps are sponsored by the American Cancer Society for children who have, or have had, cancer. These camps are designed to handle the special needs of children undergoing treatment, as well as offer a fun environment where children can enjoy typical summer camp activities. Many camps also have programs for siblings of children with cancer.

The College Scholarship Program is available to students who have had a cancer diagnosis before age 21, maintain a 2.5 GPA, be under the age of 25, and have been accepted to an accredited college, university, or vocational school. The American Cancer Society's Mid-South Division awards $100,000 in scholarships each year to young cancer survivors pursuing higher education.

The Community Resource Database contains detailed information about programs and services available in communities that offer assistance to those affected by cancer. By calling 1-800-ACS-2345 trained specialists provide callers with information on this database, including housing, transportation and support groups.

Financial Assistance is available to assist patients with financial needs when all other resources are exhausted. This program is designed to meet the urgent and immediate need of the patient while developing a pool of resources that will allow us in the future to better assist patients with similar circumstances.

Hope Lodge is a temporary no-cost residential lodging facility for cancer patients and their family members receiving cancer treatment at nearby hospitals. The first Mid-South Hope Lodge opened in Birmingham, Alabama. Similar facilities are expected to open soon in New Orleans, Nashville and Lexington.

I Can Cope is a patient education program designed to help cancer patients and their loved ones deal with their cancer experience. An eight-week general class is offered, providing information about cancer diagnosis and treatment. More condensed versions are also offered focusing on pain control, money management, and nutrition.

Look Good ... Feel Better is a program in which trained volunteer cosmetologists help female cancer patients deal with the side effects of treatment by teaching them beauty techniques to enhance their appearance and self-image. The Cosmetic, Toiletry and Fragrance Association Foundation and National Cosmetology Association partner with the American Cancer Society to offer this program.

Man to Man is a prostate cancer education and support group that offers education, discussion and support to men with prostate cancer. Topics include information about the disease, treatment, side effects and coping with the disease.

Patient Advocate program identifies resources in the community and helps patients navigate through the system to access those resources and establish community partnerships and collaborations that address the needs of the cancer patients.

Publications are available from the American Cancer Society for individuals with a concern about cancer. Newsletters cover specific topics, including breast cancer, prostate cancer, advocacy and research. Brochures, books, posters and videos on cancer prevention, early detection and treatment are also available by calling 1-800-ACS-2345.

Reach to Recovery is a volunteer visitation program that matches breast cancer survivors with anyone who has a concern about breast cancer. Whether the person has been diagnosed with breast cancer, undergone surgery or found a suspicious lump, a Reach volunteer listens to the person's concerns, recommends resources and offers emotional support.

Support Groups help cancer patients and their families deal with the physical and emotional stress of coping with cancer diagnosis and treatment.

Transportation is provided by the American Cancer Society through funds to social service departments of qualifying hospitals or freestanding treatment centers that provide radiation therapy. The funds are used to assist cancer patients with recurring/chronic transportation needs, when no other assistance is available.

Alabama State Cancer Plan

The purpose of the Alabama Comprehensive Cancer Control Plan (ACCCP) is to develop an effective infrastructure and framework to facilitate the reduction of deaths from cancer in the state of Alabama. The ACCC Plan involves a partnership between the Alabama Department of Public Health, the American Cancer Society and other public agencies, state academic and research institutions, and community-based private and volunteer organizations whose mission is to reduce the burden of these diseases, particularly in populations who suffer an inordinate share of cancer burden.

I. PREVENTION

Overall Goal: Reduce the risks for developing cancer by Promoting healthy life style choices through systematic efforts to control environmental carcinogens and modify societal/cultural risk factors.

A. TOBACCO-RELATED

GOAL: TO REDUCE THE PERCENT OF ALABAMIANS WHO USE TOBACCO PRODUCTS.

Outcome: Reduce from 25% to 23% by 2005 the proportion of adults age 18 and older that use tobacco products.

Outcome: Reduce from 31% to 26% by 2005 the proportion of youth 17 years and younger who use tobacco products.

Data Source: 2000 BRFSS, 1999 YBRFSS

Objective 1: To decrease illegal tobacco sales to minors by reducing successful attempts to purchase.

Objective 2: To increase awareness regarding the dangers of tobacco use by youths.

Objective 3: To provide support for tobacco users who are trying to quit.

Objective 4: To support policy changes and legislative efforts to reduce use of tobacco products.

B. ULTRAVIOLET LIGHT EXPOSURE

GOAL: TO DECREASE INCIDENCE AND MORTALITY RATES FROM SKIN CANCER.

Outcome: Reduce from 30% to 25% by 2005 the number of adults having had a sunburn within the past 12 months.

Outcome: Increase from 10% to 20% by 2005 the number of youth reporting the use of sun protection.

Outcome: Increase the proportion of adults who use sunscreen on their dependent children.

Data Source: 1999 BRFSS, 1999 YBRFSS

Objective 1: To promote the adoption of the National Skin Cancer Guidelines within Alabama school systems.

Objective 2: To increase knowledge about hazards of UV light and early detection of skin cancer to the general public.

Objective 3: To identify and disseminate a children-and-youth focused curriculum about the hazards of natural and artificial sources of light.

Objective 4: To assess the need for regulating tanning bed facilities and operators.

C. NUTRITION

GOAL: TO IMPROVE THE OVERALL DIET OF ALABAMIANS BY PROMOTING DIETARY FACTORS THAT ARE KNOWN TO DECREASE CANCER RISKS.

Outcome: Increase from 38% to 48% by 2005 adults age 18 and older who report being at normal weight, based on body mass index.

Outcome: Increase from 23% to 28% by 2005 the number of adults who report eating five or more fruits and vegetables per day.

Outcome: Increase from 52% to 62% the number of youth who report being at a normal weight.

Data Source: 2000 BRFSS, 1999 YBRFSS

Objective 1: To provide effective nutrition education to the public to promote healthy diet choices.

Objective 2: To increase fruit and vegetable consumption of Alabamians.
Strategies.

D. PHYSICAL ACTIVITY

GOAL: TO IMPROVE OVERALL PHYSICAL FITNESS THROUGH PARTICIPATION IN REGULAR PHYSICAL AC-TIVITY.

Outcome: To increase from 22% to 32% by 2005 the number of people reporting regular and sustained physical activity at least five times per week.

Outcome: To increase from 44% to 54% by 2005 the number of adults who report engaging in regular or regular and vigorous leisure time activity.

Outcome: To increase from 47% to 51% by 2005 the number of youth who report participating in vigorous activity for 5 or more days per week.

Data Source: 2000 BRFSS, 1999 YBRFSS

Objective 1: To increase the number of people who participate in mild to moderate physical activity.

II. EARLY DETECTION

OVERALL GOAL: DETECT, DIAGNOSE, AND THEREFORE ENABLE TREATMENT OF CANCER AT AN EARLIER STAGE WHEN A CURE IS MORE LIKELY.

A. BREAST AND CERVICAL

GOAL: TO PROMOTE, INCREASE, AND OPTIMIZE APPROPRIATE COST EFFECTIVE AND HIGH-QUALITY BREAST AND CERVICAL CANCER SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES.

Outcome: To increase from 68% to 73% by 2005 the percent of women diagnosed with early stage breast cancer.

Outcome: To increase from 60% to 70% by 2005 the percent of women diagnosed with early stage cervical cancer.

Outcome: To increase from 40% to 55% by 2005 mammography utilization in Medicare population.

Outcome: To increase from 70% to 80% by 2005 mammography utilization in medically underserved women less than 65 but older than 50 years of age.

Outcome: To increase from 48% to 55% by 2005 cervical cancer screening rates in medically underserved women less than 65.

Data Sources: 1996-1998 Alabama Statewide Cancer Registry, 2000 BRFSS, 2000 Medicare Paid Claims Data, ABCCEDP Data

Objective 1: To increase knowledge of all women with regard to the importance of breast and cervical cancer screening.

Objective 2: To promote community-based outreach activities across the state to raise awareness and utilization of low- or no-cost breast and cervical cancer screening.

Objective 3: To ensure that primary care providers are recommending and conducting appropriate screening tests for their patients according to established standards of care.

Objective 4: To reduce barriers which prevent women from obtaining appropriate breast and cervical cancer education and screening (breast self exams, clinical breast exams, mammography, and Pap smears).

Objective 5: To ensure women utilize follow-up services after an abnormal breast or cervical cancer screening or annual rescreen visits.

Objective 6: To provide adequate resources to enable underserved women in need of screening, diagnosis, and treatment to receive care in a timely and cost effective manner.

B. COLORECTAL CANCER

GOAL: TO PROMOTE, INCREASE, AND OPTIMIZE THE APPROPRIATE UTILIZATION OF HIGH-QUALITY COL-ORECTAL CANCER SCREENING AND FOLLOW-UP SERVICES.

Outcome: To decrease from 62% to 52% by 2005 the number of people 50 and older who report never being screened by either sigmoidoscopy or fecal occult blood test.

Outcome: To increase from 40 % to 45 % by 2005 the percent of people diagnosed with early stage colorectal cancer.

Data Sources: 1999 BRFSS, 1996-1998 ASCR

Objective 1: To increase knowledge and attitudes of the public regarding colorectal cancer risk factors and early warning signs, and the need to request screening.

Objective 2: To ensure that primary care providers are recommending and/or conducting appropriate screening tests to their patients according to established guidelines.

Objective 3: To identify and address barriers to screening for men and women age 50 and older.

C. PROSTATE CANCER

GOAL: TO PROMOTE EDUCATIONAL PROGRAMS REGARDING THE BENEFITS AND LIMITATIONS OF TESTS TO FACILITATE INFORMED DECISION MAKING BY PROVIDERS AND PATIENTS.

Outcome: To be established, see Surveillance, Objective 1, Strategy 2.

Data Source: ACSR

Objective 1: To increase knowledge among men 40 years or older about the risk factors associated with prostate cancer and the benefits and risks of early detection and treatment.

Objective 2: To provide educational information and resources to practitioners regarding the advantages and dis-advantages of prostate cancer screening tests so that patients and providers together can make informed deci-sions about screening.

Objective 3: To increase knowledge among men with screening abnormalities about the benefits and risks associ-ated with diagnostic and treatment procedures.

III. TREATMENT AND CARE

OVERALL GOAL: IMPROVE THE ACCESSIBILITY, AVAILABILITY, AND QUALITY OF CANCER TREATMENT SER-VICES AND PROGRAMS IN ALABAMA

A. ACCESSIBILITY

GOAL: TO REDUCE FINANCIAL BARRIERS TO CARE FOR CANCER PATIENTS WHO ARE UNINSURED OR UN-DERINSURED

Outcome: Increase by 10% by 2005 the proportion of patients who receive timely treatment according to established protocols.

Data Source: 1996-1998 ASCR

Objective 1: To optimize the use of known cancer treatment resources for low-income, under- or uninsured patients.

Objective 2: To make transportation services more readily available to cancer patients.

B. AVAILABILITY

GOAL: TO ENSURE GEOGRAPHIC ACCESS TO STATE OF THE ART CANCER TREATMENT SERVICES.

Outcome: To increase from 25 to 29 by 2005 the number of hospitals accredited by the ACoS-CoC.

Data Source: Data Source: 1996-1998 ASCR

Objective: To increase the number by geographic distribution the cancer treatment facilities available to all patients.

C. QUALITY

GOAL: TO ENSURE PREVAILING STANDARDS OF CARE ARE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY OR TYPE OF THIRD PARTY PAYMENT.

Outcome: Increase by 10% by 2005 the proportion of patients where treatment according to the prevailing standards of care has been recommended and/or received.

Data Source: 1996-1998 ASCR

Objective 1: To promote the prevailing standards of care for all patients.

D. PAIN MANAGEMENT

GOAL: TO ENSURE AWARENESS AND PROMOTE THE PRACTICE OF EFFECTIVE STRATEGIES FOR THE MANAGEMENT OF CANCER PAIN AND OTHER SYMPTOMS AMONG PATIENTS, FAMILY MEMBERS, HEALTHCARE PROFESSIONALS, AND THE GENERAL PUBLIC SO THAT CANCER PATIENTS SUFFERING FROM PAIN AND OTHER SYMPTOMS CAN RESUME ACTIVE, PRODUCTIVE LIVES.

Outcome: Decrease from 37% to 30% by 2005 the number of cancer patients who report experiencing daily severe or worsening pain.

Outcome: Increase by 10% by 2005 cancer patients receiving hospice treatment when indicated.

Data Source: 2000 Facts on Dying: Alabama, Alabama Hospice Association

Objective 1: To support legislative and executive initiatives aimed at improving the quality of comprehensive care and reducing cancer pain and suffering.

Objective 2: To promote awareness and adoption of the Agency for Health Care Policy and Research Cancer Pain Management practice management as a standard of care for pain control in Alabama.

Objective 3: To promote incorporation of cancer pain and symptom control issues within the curricula for healthcare professionals, particularly physicians, nurses, and pharmacists.

Objective 4: To promote awareness of knowledge of cancer pain management issues, including ethical and legal, among practicing healthcare professionals with particular emphasis on community-based primary care physicians.

Objective 5: To incorporate into the policies of hospitals across the state the practice of "Pain as the 5th Vital Sign" as a routine assessment standard.

E. PSYCHOSOCIAL

GOAL: TO ENSURE AWARENESS AND PROMOTE THE PRACTICE OF EFFECTIVE STRATEGIES FOR THE MANAGEMENT OF PSYCHOLOGICAL/PSYCHIATRIC SYMPTOMS AND PSYCHOSOCIAL DISTRESS, INCLUDING EMOTIONAL AND SPIRITUAL ISSUES, AMONG PATIENTS, FAMILY MEMBERS, HEALTHCARE PROFESSIONALS, AND THE GENERAL PUBLIC SO THAT CANCER PATIENTS SUFFERING FROM THESE PROBLEMS CAN RESUME ACTIVE, PRODUCTIVE LIVES.

Outcome: Increase by 10% by 2005 the number of cancer patient and/or family members who are aware of available cancer-related resources.

Outcome: Increase by 10% by 2005 the number of cancer patients and /or family members who report participation in at least one support program to reduce the physical and social effects of cancer and to provide psychological and emotional support.

Data Source: ACS

Objective 1: To assist cancer patients and families in identifying and accessing cancer care and cancer supportive care services.

Objective 2: To inventory existing support groups around the state, and to support existing or develop culturally sensitive cancer support groups and services.

Objective 3: To promote incorporation of psychosocial, emotional, and spiritual issues arising for oncology patients within curricula for healthcare professionals-in-training, particularly, physicians, nurses, social workers, chaplains, and pharmacists.

Objective 4: To promote awareness of psychosocial, including emotional and spiritual, oncology issues among practicing health care professionals, with particular emphasis on oncology specialists and community-based primary care physicians.

IV. ENVIRONMENTAL / OCCUPATIONAL

GOAL: TO IDENTIFY AND CATALOG KNOWN OR SUSPECTED SOURCES OF ENVIRONMENTAL AND OCCUPATIONAL CARCINOGENS IN ALABAMA AND INSTITUTE CONTROL MEASURES AS NECESSARY.

Outcomes: Information on known and suspected carcinogens will be available for use by public health agencies, industry, and community-based organizations.

Data Source: ADPH, ADEM, OSHA

Objective 1: To characterize all environmental hazards (e.g., chemical and radiation pollutants) as to their degree of risk for cancer, and to establish guidelines and recommendations for risk reduction as necessary.

Objective 2: To characterize all businesses and industries operating in the State of Alabama as to the known or suspected carcinogens to which their employees may be exposed, and to promote adherence to established guidelines for protection of employees on the job (factory, farm, plant, or other work site).

Objective 3: To monitor chemical levels in food and drinking water for known or suspected carcinogens.

V. RESEARCH

A. CLINICAL TRIALS

GOAL: TO ENHANCE THE PARTICIPATION OF PRIORITY POPULATIONS, ELDERLY, RURAL, LOW INCOME, MINORITY, AND UNDERSERVED, IN CANCER RESEARCH.

Outcome: To increase by 10% by 2005 the number of participants in cancer clinical trials.

Outcome: To increase by 10% by 2005 the number of cancer clinical trials that specifically target African-Americans.

Outcome: To increase by 10% by 2005 the number of minorities participating in cancer clinical trials.

Data Source: NCI, UAB Recruitment and Retention Shared Facility

Objective 1: To increase knowledge about recruitment and retention of women and minorities in cancer treatment and prevention clinical trials.

Objective 2: To support clinical trials which will have an impact on cancer prevention and control in high risk populations (elderly, rural, low income, minority and underserved).

Objective 3: To disseminate research findings among relevant populations through tailored messages and appropriate communication channels.

B. BEHAVIOR RESEARCH

GOAL: TO FACILITATE THE DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY-BASED RESEARCH PROJECTS THAT ARE RELEVANT TO THE HEALTH NEEDS OF THE PRIORITY POPULATIONS.

Outcome: To increase the number of community-based cancer control research projects, funded from a peer-reviewed process, carried out in Alabama.

Outcome: To provide community-oriented agencies with regular updates about resources and funding mechanism to support behavioral research.

Data Source: UAB Research Programs Progress Reports

Objective 1: To establish and maintain closer partnerships between researchers and communities.

Objective 2: Equitably involve community members, organizational representatives and researchers in all aspects of the research process.

VII. SURVEILLANCE

GOAL: TO ENHANCE DATA COLLECTION CAPACITY OF THE ALABAMA STATEWIDE CANCER REGISTRY (AS-CR) SO THAT COMPLETENESS, TIMELINESS, AND QUALITY MEET EXISTING PROFESSIONAL STANDARDS.

Outcomes: To ensure that by 2005 at least 95% of the expected number of reportable cancers are captured by the ASCR.

Data Source: ACSR

Objective 1: To achieve Gold Standard certification.

VIII. EVALUATION

GOAL: TO EVALUATE THE EXTENT TO WHICH THE GOALS AND OBJECTIVES OF THE ALABAMA COMPRE-HENSIVE CANCER CONTROL PLAN ARE ACHIEVED AND TO DOCUMENT BARRIERS TO THEIR ACHIEVE-MENT.

Outcome: Ensure implementation of strategies to monitor progress toward reaching goals and objectives of each component of the Cancer Plan are implemented.

Outcome: Ensure that strategies to document changes in cancer related behaviors are implemented.

Data Source: 1996-1998 ASCR, BRFSS, YBRFSS, ABCCEDP, and other reliable sources are used to evaluate behavior change and cancer incidence and mortality.

Objective 1: To monitor and assess cancer prevention activities implemented by ADPH, academic partners (UAB), and voluntary organizations (ACS):
A. Document implementation of tobacco-related strategies/activities.
B. Document implementation of strategies/activities designed to control exposure to UV light.
C. Document implementation of nutrition strategies/activities.
D. Document implementation of physical fitness strategies/activities.

Objective 2: To monitor and assess education and screening activities related to early detection of cancer (including ABCCEDP, DSN, REACH 2010, and CHA training programs):
A. Document implementation of programs for early detection of breast and cervical cancer.
B. Document participation in colorectal cancer education activities.
C. Document participation in prostate cancer education activities.

Objective 3: To monitor and assess activities related to cancer treatment facilities.

Objective 4: To monitor and assess activities related to environmental and occupational exposure and cancer.

Objective 5: To monitor and assess community-based research activities that impact cancer prevention and control behavior.

Objective 6: To monitor progress toward reducing cancer incidence, mortality and survival.

Objective 7: To produce a comprehensive report on CANCER IN ALABAMA annually, with an expanded report every 5 years, documenting progress toward achieving the goals of the Alabama Comprehensive Cancer Control Plan and presented at the annual Alabama Cancer Congress.

Glossary

Age-Adjusted Rate: Mortality or incidence crude rate is adjusted to account for different age distributions in populations. Data should not be compared when different standard populations are used (i.e., 1970 versus 2000 standard).

Burden: Number of new cases and/or deaths from cancer or overall impact of cancer in a community.

Colonoscopy: A screening and diagnostic technique in which a health care professional views the entire colon through a flexible, lighted instrument called a colonoscope.

Five-Year Survival: The percentage of people with a specified disease who are alive five years after their initial diagnosis.

Cancer Incidence: New Cases of cancer, expressed as a number or as a rate, often per 100,000 persons.

Cancer Mortality: Deaths from cancer, expressed as a number or as a rate, often per 100,000 persons.

Mammography: A screening and diagnostic technique that uses low-dose x-rays to find tumors in the breast.

Pap Test: Microscopic examination of cells on a slide to detect pre-cancerous lesions or cancer of the cervix.

Prevalence: The number of new cases plus survivors.

Prostate-Specific Antigen (PSA): A protein whose level in the blood goes up in many men who have prostate cancer or benign prostatic hyperplasia (overgrowth of the prostate cells).

Risk Factors: Behaviors/conditions that are related to an outcome. Example: Smoking is a risk factor for lung cancer.

Sigmoidoscopy: A procedure in which a healthcare professional views the inside of the rectum and lower part of the colon through a flexible, lighted instrument called a sigmoidoscope.

Cancer Staging

- **In Situ:** The tumor is at its earliest stage and has not extended through the first layer of cells (the basement membrane) in the area (organ of origin or primary site) in which it is growing.
- **Localized:** The tumor has broken through the basement membrane, but is still confined to the primary site.
- **Regional:** The tumor has spread from the primary site to the adjacent organs, lymph nodes, or tissues.
- **Distant:** The tumor has spread to other parts of the body or metastasized through the blood system or lymph system.
- **Unknown/Unstaged:** Insufficient information is available to determine the stage or extent of the tumor at the time of diagnosis.

Sources

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8. Youth Risk Behavior Surveillance System, (YRBSS). Youth 2001 Online. Centers for Disease Control and Prevention, 2001. Website: www.cdc.gov/nccdphp/dash/yrbs/

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Technical Notes

International Classification of Diseases (ICD) codes used for this report were based on the North American Association of Central Cancer Registries (NAACCR) list for incidence and mortality. The International Classification of Diseases for Oncology, Second Edition (1990) was used for incidence data. The International Classification of Diseases, Ninth Revision, Clinical Modification (1980) was used for mortality data.

The 95% confidence intervals were calculated for incidence data and used to determine the level of significance when comparing two rates. If the confidence intervals overlapped, it was determined that no difference existed between the two rates. Z-Scores at an alpha of 0.05 were used to compare two different mortality rates. If the Z-score fell between -1.96 and +1.96, it was determined that no difference existed between the two rates.

Materials and Methods

Population Estimates

The population estimates for the denominators of incidence and mortality rates are race-specific (all races, white, black) and sex-specific county population estimates. The county population estimates were incorporated into NCI's SEER*Stat software to calculate cancer incidence and mortality rates. The SEER*Stat population estimates are a slight modification of the annual time series of July 1 county population estimates (by age, sex, and race) produced by the Population Estimates Program of the U. S. Bureau of the Census with support from NCI through an interagency agreement..

Data Sources

Data from Cancer Registries, Health Information Departments, histopathologic laboratories, and physician offices were reported to the ASCR as of June 30, 2003. For cancer cases diagnosed during 1996-2002, the ASCR considered as reportable all incident cases with a behavior code of 2 (in situ, non-invasive) or 3 (invasive, primary site only) in the International Classification of Diseases for Oncology (ICDO) (2nd and 3rd editions), with the exception of in situ cancer of the cervix. Basal and squamous cell carcinomas of the skin are also excluded, with the exception of those on the skin of the genital organs.

The primary source of cancer incidence data is medical records. Staff at health care facilities abstract cancer incidence data from patients' medical records, enter the data into the facility's own cancer registry if it has one, and then send the data to the ASCR. All reporting sources collect data using uniform data items and codes as documented by the North American Association of Central Cancer Registries. This uniformity means that data items collected by all reporting sources are comparable. For this report, information on primary cancer sites was coded according to the appropriate ICDO edition, and was grouped according to revised SEER recodes dated January 27, 2003, which define standard groupings of primary cancer sites. The January 2003 SEER recodes were used to ensure (1) consistent site-type definitions over time and (2) consistency with other published cancer incidence and mortality data.

Age-Adjusted Incidence Rates

Because the occurrence of many cancers increases with age and because the age distribution of a population (i.e., the number of people in particular age categories) can change over time and can be different in different geographic areas, researchers age adjust incidence rates so that they can make a valid comparison between one year's rates and those of another year or between one geographic area's rates and those of another area. Age adjusting the rates ensures that differences in incidence from one year to another or from one geographic area to another are not due to differences in age distribution.

The standard population used to age adjust the rates for this report is the 2000 U.S. standard population, in accordance with a 1998 Department of Health and Human Services recommendation. The 2000 U.S. standard population is based on the proportion of the 2000 population in specific age groups. The proportions of the 2000 population in these age groups serve as weights for calculating age-adjusted incidence rates.

Age-Adjusted Mortality Rates

Mortality data for Alabama was obtained from the Alabama Department of Public Health Center for Health Statistics and age-adjusted rates were calculated using the 2000 U.S. standard population.

Interpreting the Data

Published age-adjusted cancer incidence and mortality rates for years before 1999 were calculated using standard populations other than the 2000 U.S. standard population. Beginning with the publication of data for the 1999 diagnosis year, or year of death, cancer incidence and mortality rates were age adjusted to the 2000 U.S. standard population. This change was motivated by a need to standardize age-adjustment procedures across publications and updated the calculation of age-adjusted rates to more closely reflect the current age distribution of the U.S. population and the current burden of cancer. Because of the aging of the U.S. population, the 2000 U.S. standard population gives more weight to older age categories than did previous standard populations. Caution should be used when comparing the data published here with cancer incidence and mortality rates adjusted to standard populations other than the 2000 U.S. standard population.

Geographic variation in incidence and mortality rates may be the result of regional differences in the exposure of the population to known or unknown risk factors. Differences may arise because of differences in sociodemographic characteristics of the populations (e.g., age, race or ethnicity, geographic region, urban or rural residence), screening use, health-related behaviors (e.g., behaviors related to tobacco use, diet, physical activity), exposure to cancer-causing agents, or factors related to registry operations (e.g., completeness, timeliness, specificity in coding cancer sites). Work continues to ensure the reporting of high-quality data.

Race information reported to the ASCR is not self-reported by the patient. Information on race is abstracted from medical records, coded according to standard procedures, and then grouped into standard race groupings. In this second Alabama's Cancer Facts and Figures report, cancer incidence and mortality data are presented for all races combined and for white and black populations in Alabama.

Acknowledgements

Table 1 - Alabama Cancer Incidence Rates, by Site and Sex, 1996-2002 Combined

Males	Rate	Count	Females	Rate	Count
All Sites	522.8	69,616	All Sites	391.9	68,251
Oral Cavity and Pharynx	18.3	2,509	Oral Cavity and Pharynx	6.4	1,139
Digestive System	104.1	13,587	Digestive System	67.8	12,233
Esophagus	8.1	1,098	Esophagus	1.8	333
Stomach	9.4	1,208	Stomach	4.9	891
Small Intestine	1.7	224	Small Intestine	1.3	228
Colon and Rectum	63.4	8,258	Colon and Rectum	44.3	7,986
Colon excluding Rectum	46.3	5,977	Colon excluding Rectum	33.9	6,136
Rectum	11.8	1,577	Rectum	7.0	1,240
Anus, Anal Canal and Anorectum	1.1	149	Anus, Anal Canal and Anorectum	1.5	255
Liver and Intrahepatic Bile Duct	6.0	789	Liver and Intrahepatic Bile Duct	2.4	428
Gallbladder	0.7	87	Gallbladder	1.0	175
Pancreas	11.8	1,528	Pancreas	8.8	1,612
Other Digestive Organs	0.2	25	Other Digestive Organs	0.2	36
Respiratory System	122.9	16,440	Respiratory System	50.1	8,944
Larynx	10.0	1,378	Larynx	1.9	332
Lung and Bronchus	110.1	14,692	Lung and Bronchus	47.3	8,451
Bones and Joints	1.1	156	Bones and Joints	0.7	118
Soft Tissue including Heart	3.4	462	Soft Tissue including Heart	2.4	408
Skin (excluding Basal and Squamous)	23.6	3,158	Skin excluding Basal and Squamous	14.5	2,429
Melanoma of the Skin	21.6	2,914	Melanoma of the Skin	13.6	2,284
Other Non-Epithelial Skin	2.0	244	Other Non-Epithelial Skin	0.8	145
Breast	2.5	325	Breast	135.8	23,158
Female Genital System	0.0	0	Female Genital System	49.2	8,410
Cervix Uteri	0.0	0	Cervix Uteri	11.0	1,800
Corpus and Uterus, NOS	0.0	0	Corpus and Uterus, NOS	17.0	2,971
Corpus Uteri	0.0	0	Corpus Uteri	16.4	2,870
Uterus, NOS	0.0	0	Uterus, NOS	0.6	101
Ovary	0.0	0	Ovary	13.9	2,431
Vagina	0.0	0	Vagina	1.2	208
Vulva	0.0	0	Vulva	5.6	931
Other Female Genital Organs	0.0	0	Other Female Genital Organs	0.4	69
Male Genital System	134.1	18,095	Male Genital System	0.0	0
Prostate	128.6	17,299	Prostate	0.0	0
Testis	3.9	585	Testis	0.0	0
Penis	1.3	175	Penis	0.0	0
Other Male Genital Organs	0.3	36	Other Male Genital Organs	0.0	0
Urinary System	45.6	5,926	Urinary System	14.9	2,670
Urinary Bladder	29.2	3,715	Urinary Bladder	6.8	1,237
Kidney and Renal Pelvis	14.9	2,034	Kidney and Renal Pelvis	7.5	1,323
Ureter	0.9	121	Ureter	0.4	80
Other Urinary Organs	0.5	56	Other Urinary Organs	0.2	30
Eye and Orbit	0.9	115	Eye and Orbit	0.4	60
Brain and Other Nervous System	7.6	1,067	Brain and Other Nervous System	5.5	923
Endocrine System	3.5	488	Endocrine System	7.7	1,256
Thyroid	2.8	390	Thyroid	7.2	1,165
Other Endocrine including Thymus	0.7	98	Other Endocrine including Thymus	0.5	91
Lymphoma	21.3	2,895	Lymphoma	14.8	2,613
Hodgkin Lymphoma	2.6	384	Hodgkin Lymphoma	1.9	316
Non-Hodgkin Lymphoma	18.7	2,511	Non-Hodgkin Lymphoma	12.9	2,297
Myeloma	6.3	834	Myeloma	4.0	721
Leukemia	11.7	1,548	Leukemia	7.3	1,271
Lymphocytic Leukemia	5.2	694	Lymphocytic Leukemia	3.1	544
Acute Lymphocytic Leukemia	1.3	189	Acute Lymphocytic Leukemia	0.9	141
Chronic Lymphocytic Leukemia	3.5	451	Chronic Lymphocytic Leukemia	2.0	371
Myeloid and Monocytic Leukemia	5.4	718	Myeloid and Monocytic Leukemia	3.5	610
Acute Myeloid Leukemia	3.4	455	Acute Myeloid Leukemia	2.3	409
Chronic Myeloid Leukemia	1.6	215	Chronic Myeloid Leukemia	0.9	159
Other Leukemia	1.1	136	Other Leukemia	0.6	117
Miscellaneous	15.8	2,011	Miscellaneous	10.4	1,898

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.

Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 2 - Trends in Alabama Cancer Incidence Rates, Select Sites, 1996-2002

Females

Cervix	Rate/Trend	SE	Lower CI	Upper CI		Breast	Rate/Trend	SE	Lower CI	Upper CI
Total PC	-4.9					Total PC	4.2			
Total APC	-0.6		-3.8	2.6		Total APC	1.6		-1.3	4.7
1996 Rate	9.7	0.7	8.4	11.1		1996 Rate	125.4	2.3	120.9	130
1997 Rate	10.4	0.7	9.7	11.8		1997 Rate	126.9	2.3	122.4	131.5
1998 Rate	8.6	0.6	7.5	9.9		1998 Rate	134	2.4	129.5	138.7
1999 Rate	10.1	0.7	8.9	11.5		1999 Rate	146.3	2.5	141.5	151.2
2000 Rate	9.9	0.7	8.7	11.3		2000 Rate	140.5	2.4	135.8	145.2
2001 Rate	9.7	0.6	8.5	11		2001 Rate	146.2	2.4	141.5	151.1
2002 Rate	9.2	0.6	8	10.5		2002 Rate	130.6	2.3	126.1	135.2

Males

Prostate	Rate/Trend	SE	Lower CI	Upper CI		All Sites (Male and Female)	Rate/Trend	SE	Lower CI	Upper CI
Total PC	-7					Total PC	-3.3			
Total APC	1.6		-3.5	6.9		Total APC	0.8		-2	3.6
1996 Rate	122.9	2.6	117.8	128.2		1996 Rate	427.5	3.2	421.3	433.7
1997 Rate	123.1	2.6	118	128.4		1997 Rate	419.5	3.1	413.4	425.6
1998 Rate	120.3	2.6	115.4	125.5		1998 Rate	439.3	3.2	433.1	445.5
1999 Rate	128.5	2.6	123.4	133.8		1999 Rate	458.1	3.2	451.8	464.4
2000 Rate	137.3	2.7	132.1	142.8		2000 Rate	458.7	3.2	452.5	465
2001 Rate	152.7	2.8	147.1	158.4		2001 Rate	478.5	3.3	472.2	484.9
2002 Rate	114.3	2.4	109.6	119.2		2002 Rate	413.3	3	407.4	419.3

Males and Females

Colorectal	Rate/Trend	SE	Lower CI	Upper CI		Lung	Rate/Trend	SE	Lower CI	Upper CI
Total PC	-6.2					Total PC	-7.9			
Total APC	0		-2.3	2.3		Total APC	-0.2		-3.4	3
1996 Rate	52	1.1	49.9	54.2		1996 Rate	71.4	1.3	68.9	73.9
1997 Rate	49.6	1.1	47.6	51.8		1997 Rate	71.4	1.3	68.9	74
1998 Rate	53.2	1.1	51.1	55.4		1998 Rate	77.7	1.3	75.2	80.4
1999 Rate	54.1	1.1	52	56.4		1999 Rate	74.7	1.3	72.1	77.2
2000 Rate	54.2	1.1	52.1	56.4		2000 Rate	74.3	1.3	71.9	76.9
2001 Rate	53.9	1.1	51.8	56.1		2001 Rate	78.6	1.3	76.1	81.3
2002 Rate	48.8	1	46.8	50.9		2002 Rate	65.7	1.2	63.4	68.1

Melanoma	Rate/Trend	SE	Lower CI	Upper CI		Oral	Rate/Trend	SE	Lower CI	Upper CI
Total PC	23.6					Total PC	-12.2			
Total APC	7.1		-2.7	17.9		Total APC	-0.9		-3.8	2.1
1996 Rate	13.4	0.6	12.3	14.5		1996 Rate	12.4	0.5	11.4	13.5
1997 Rate	12.5	0.5	11.5	13.6		1997 Rate	11.2	0.5	10.2	12.2
1998 Rate	13.6	0.6	12.5	14.7		1998 Rate	12.5	0.5	11.4	13.5
1999 Rate	20.6	0.7	19.2	22		1999 Rate	11	0.5	10.1	12.1
2000 Rate	21.4	0.7	20.1	22.8		2000 Rate	11.7	0.5	10.7	12.7
2001 Rate	19.7	0.7	18.4	21		2001 Rate	12.4	0.5	11.4	13.4
2002 Rate	16.5	0.6	15.3	17.7		2002 Rate	10.9	0.5	10	11.9

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard; Confidence intervals are 95% for rates and trends."

Percent changes were calculated using 1 year for each end point; APCs were calculated using weighted least squares method.

The APC is significantly different from zero (p<0.05).

Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Table 3 - Alabama Cancer Incidence Rates and Counts, by County, Males and Females, All Races, 1996-2002 Combined

	All Sites		Lung		Colorectal		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	440.1	137,263	73.4	23,124	52.2	16,233	11.7	3,639	16.1	4,966
Autauga	415.0	1,096	74.0	193	53.7	136	8.3	23	15.7	44
Baldwin	387.1	4,190	61.9	697	48.3	522	9.9	107	15.8	163
Barbour	394.2	786	70.0	141	41.7	83	8.2	16	12.1	24
Bibb	434.9	611	81.1	116	46.4	65	9.5	13	21.5	30
Blount	357.9	1,240	75.4	266	41.6	142	10.1	35	12.9	44
Bullock	330.7	261	57.3	44	52.7	43	9.1	7	3.4	3
Butler	395.2	682	61.1	106	51.7	92	13.3	22	15.2	25
Calhoun	487.9	4,143	92.7	800	56.6	478	15.1	130	14.4	120
Chambers	363.5	1,079	65.3	201	44.1	133	11.1	32	9.0	25
Cherokee	334.4	640	55.5	111	40.2	78	12.8	23	5.5	11
Chilton	358.4	987	70.3	195	45.1	123	10.7	30	9.2	26
Choctaw	267.1	324	44.5	55	32.5	40	5.7	7	6.7	8
Clarke	449.3	895	64.1	129	67.6	135	9.5	19	12.9	25
Clay	379.7	453	72.3	88	33.6	41	14.6	17	15.5	17
Cleburne	363.9	387	65.4	71	45.5	48	9.0	10	9.5	10
Coffee	397.3	1,305	64.0	213	37.3	123	11.5	38	21.9	70
Colbert	408.5	1,789	76.5	346	53.9	240	11.0	47	11.9	49
Conecuh	404.9	456	66.6	78	49.6	57	7.1	7	15.8	18
Coosa	432.1	406	64.8	62	46.3	44	11.5	11	9.1	8
Covington	386.1	1,256	77.1	259	49.1	162	10.3	34	16.2	49
Crenshaw	398.8	458	70.8	84	38.8	47	18.4	21	14.4	16
Cullman	412.5	2,440	78.0	475	50.0	296	15.3	89	18.2	103
Dale	418.8	1,380	78.9	263	44.1	144	10.2	33	24.0	80
Dallas	457.7	1,519	76.6	256	62.9	212	13.9	46	6.9	22
DeKalb	351.1	1,627	58.1	276	41.1	190	8.1	38	19.4	88
Elmore	471.1	1,913	83.4	334	64.3	255	17.8	73	15.1	64
Escambia	438.5	1,225	80.2	227	47.5	133	10.9	31	17.6	47
Etowah	403.9	3,451	77.4	685	47.4	405	11.5	99	13.0	111
Fayette	356.5	534	54.4	83	40.6	62	7.9	11	18.9	27
Franklin	406.2	989	83.0	209	48.8	119	12.5	31	14.1	33
Geneva	407.0	860	71.4	156	47.1	101	14.8	31	28.2	57
Greene	437.6	321	58.7	46	45.0	33	15.3	10	2.7	2
Hale	503.5	601	80.0	95	65.6	80	10.7	12	10.2	12
Henry	466.4	623	61.4	85	43.0	59	17.1	23	37.5	45
Houston	504.2	3,081	78.3	482	51.2	310	12.9	79	26.1	158
Jackson	373.9	1,465	64.5	260	46.9	181	10.7	42	18.1	70
Jefferson	508.7	24,775	75.9	3,746	60.4	2,970	12.7	609	17.9	862
Lamar	365.5	485	57.7	79	33.7	48	13.5	18	18.9	24
Lauderdale	439.0	2,985	69.0	483	54.9	375	11.8	78	14.9	98
Lawrence	379.3	897	74.7	178	48.8	114	12.3	30	14.6	35
Lee	310.6	1,680	47.9	250	35.3	185	9.0	48	8.3	49
Limestone	391.7	1,642	69.7	292	54.5	221	9.6	40	10.7	46
Lowndes	320.8	266	57.8	48	41.3	34	4.6	4	4.8	4
Macon	346.4	568	45.5	75	53.3	93	9.0	14	1.6	3
Madison	444.6	7,889	70.0	1,231	50.7	872	9.5	171	18.0	333
Marengo	369.7	630	57.9	100	44.9	77	9.7	16	5.7	9
Marion	360.4	918	57.8	151	48.0	125	12.1	32	19.0	47
Marshall	446.1	2,809	81.1	527	51.4	322	15.0	94	18.7	114
Mobile	514.9	13,688	88.3	2,346	60.5	1,592	13.5	362	20.7	553
Monroe	407.0	702	68.1	119	50.3	88	13.3	23	15.3	26
Montgomery	456.5	6,518	69.6	989	53.5	757	10.6	151	15.7	228
Morgan	507.7	3,922	80.3	625	57.3	435	14.5	112	17.2	134
Perry	383.9	352	62.5	57	54.8	51	11.0	10	6.2	6
Pickens	377.9	635	74.4	128	29.9	49	10.3	18	10.8	17
Pike	403.0	799	59.5	119	60.5	122	8.4	16	14.9	28
Randolph	315.4	543	46.4	83	40.1	71	9.2	16	7.0	12
Russell	321.9	1,156	63.7	231	39.4	139	8.5	31	7.4	26
Shelby	385.3	2,920	61.1	436	42.1	297	9.9	77	13.6	110
St Clair	468.3	1,764	94.4	356	54.9	207	11.2	43	14.0	52
Sumter	282.2	291	50.4	51	36.8	40	8.0	8	3.7	4
Talladega	444.5	2,346	77.9	423	53.3	275	11.8	62	9.6	50
Tallapoosa	424.9	1,335	59.2	194	52.2	165	13.9	44	10.0	29
Tuscaloosa	452.7	4,716	72.6	754	51.8	531	9.7	102	20.7	217
Walker	518.0	2,869	98.7	558	65.8	365	12.8	71	16.4	89
Washington	385.9	470	68.6	84	45.9	56	6.6	8	11.8	14
Wilcox	381.2	359	50.5	48	58.1	55	6.1	6	9.2	8
Winston	446.1	860	88.9	176	46.3	90	14.9	28	18.3	34

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 4 - Alabama Cancer Incidence Rates and Counts, by County, Males, All Races, 1996-2002 Combined

	All Sites		Lung		Colorectal		Prostate		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	519.8	69,228	110.0	14,677	63.4	8,250	126.9	17,082	18.3	2,503	20.8	2,794
Autauga	474.3	533	114.4	126	60.7	62	106.5	120	13.2	16	18.4	25
Baldwin	416.7	2,094	80.6	413	52.8	262	88.8	465	14.2	72	21.3	104
Barbour	485.4	404	119.2	98	48.0	40	117.3	96	14.7	12	20.3	17
Bibb	474.3	303	116.0	75	54.8	36	108.8	68	10.1	7	20.3	13
Blount	423.4	649	112.5	173	55.8	82	90.9	142	12.4	21	18.3	27
Bullock	405.3	134	102.8	34	68.3	23	112.0	36	11.7	4	9.8	3
Butler	489.3	353	98.1	72	57.7	41	125.3	92	18.0	12	11.1	8
Calhoun	587.8	2,098	139.3	496	68.6	244	129.5	464	23.5	89	15.5	58
Chambers	439.8	544	106.5	136	54.2	65	81.0	100	20.2	25	12.3	15
Cherokee	423.9	357	86.4	76	57.5	49	110.6	97	22.0	16	5.3	5
Chilton	418.3	506	112.1	136	48.8	56	90.5	110	16.4	22	13.1	17
Choctaw	328.1	172	64.9	35	34.1	17	81.2	44	11.4	6	13.3	7
Clarke	422.1	448	84.2	90	64.6	67	105.0	115	12.4	13	14.2	15
Clay	441.8	233	120.3	65	39.7	20	78.8	42	24.9	13	21.7	11
Cleburne	422.8	198	81.3	40	57.0	26	89.9	42	11.6	6	16.6	8
Coffee	451.9	654	91.7	132	43.4	63	101.1	151	17.2	24	26.4	39
Colbert	475.1	910	113.2	221	64.9	126	77.3	153	15.7	31	17.6	32
Conecuh	449.9	224	105.6	53	66.9	33	100.4	52	12.6	6	15.8	8
Coosa	480.3	212	96.3	42	46.6	20	112.3	52	19.4	9	16.1	7
Covington	437.4	620	118.5	170	50.8	71	89.3	131	17.6	24	19.1	27
Crenshaw	492.2	242	110.9	56	62.7	31	105.7	53	30.4	14	18.5	9
Cullman	480.1	1,245	123.9	331	58.3	148	86.4	228	19.5	50	21.4	56
Dale	468.3	678	110.0	162	58.0	82	89.4	128	15.7	22	22.0	35
Dallas	565.7	748	120.3	160	76.0	99	152.1	202	20.6	28	7.4	10
DeKalb	417.3	841	96.0	198	56.7	109	74.0	150	12.4	26	25.0	50
Elmore	545.0	965	118.9	211	85.9	148	116.8	204	28.3	54	16.5	34
Escambia	511.0	606	111.8	135	60.3	68	123.3	144	19.6	25	14.8	18
Etowah	490.1	1,751	112.6	412	60.9	203	106.1	387	19.1	70	19.2	69
Fayette	416.9	269	84.8	55	42.9	27	91.8	61	10.5	7	27.5	17
Franklin	477.8	506	133.0	146	57.1	60	67.1	72	19.8	22	18.8	20
Geneva	486.4	445	106.4	102	65.8	59	99.9	92	22.5	21	32.0	30
Greene	558.5	172	106.1	33	63.5	19	140.8	44	34.2	10	0.0	0
Hale	594.2	303	115.3	59	71.7	36	196.2	101	12.1	6	11.6	6
Henry	561.5	318	99.4	59	69.4	39	152.6	86	29.3	17	34.6	19
Houston	607.7	1,555	129.1	332	64.1	158	148.0	391	20.4	53	34.8	90
Jackson	408.5	703	97.4	170	62.3	103	61.4	108	11.1	20	26.4	43
Jefferson	617.6	12,353	112.4	2,243	74.0	1,456	175.3	3,534	20.6	418	24.4	485
Lamar	438.9	253	96.3	57	45.6	26	74.3	44	20.8	12	28.5	16
Lauderdale	507.4	1,472	110.9	326	68.7	196	105.3	307	20.0	58	18.9	55
Lawrence	457.7	475	116.8	122	51.8	55	88.6	91	16.2	18	15.1	17
Lee	363.2	821	74.0	166	41.2	90	100.2	219	13.3	30	9.8	25
Limestone	463.0	829	112.7	206	69.6	113	117.4	213	15.4	28	11.5	24
Lowndes	379.0	133	78.7	27	39.4	14	119.6	42	3.0	1	8.1	3
Macon	396.6	281	72.5	51	58.2	44	139.6	99	12.1	8	3.0	2
Madison	507.4	3,922	101.0	765	62.6	470	128.0	1,007	14.4	119	22.6	182
Marengo	454.8	324	95.0	68	52.9	37	120.7	86	18.6	14	5.3	4
Marion	397.8	449	95.7	111	52.1	57	84.7	95	21.0	24	22.9	25
Marshall	522.6	1,422	117.5	330	62.0	163	105.5	291	26.1	71	23.8	64
Mobile	622.2	6,955	131.0	1,446	74.5	816	155.5	1,784	21.3	250	28.8	324
Monroe	474.5	357	102.2	77	55.6	42	110.9	85	26.2	20	16.4	12
Montgomery	560.9	3,236	111.1	626	65.0	362	165.4	961	18.7	113	22.1	135
Morgan	608.0	2,017	117.9	393	67.8	221	169.9	569	21.7	74	22.0	77
Perry	505.5	193	100.3	38	64.1	24	132.4	51	21.4	8	10.0	4
Pickens	484.9	353	118.1	85	34.6	25	129.1	97	17.3	13	8.9	6
Pike	487.7	399	98.7	81	73.9	60	135.5	112	14.5	13	17.9	14
Randolph	360.4	271	63.0	48	55.7	41	89.3	67	15.0	12	8.8	7
Russell	391.0	593	93.6	141	53.6	77	94.0	142	12.9	21	8.6	13
Shelby	447.6	1,463	88.1	276	47.7	153	122.0	383	15.0	53	16.1	53
St Clair	563.2	943	136.2	227	61.6	104	123.0	198	14.6	27	21.4	34
Sumter	347.8	149	70.4	30	39.8	17	90.9	39	9.5	4	7.0	3
Talladega	525.9	1,185	115.0	262	69.6	147	113.0	262	20.0	47	11.6	27
Tallapoosa	498.9	656	95.8	126	59.4	75	145.5	195	22.3	30	13.9	18
Tuscaloosa	524.5	2,356	108.5	482	66.0	286	133.2	604	15.5	69	27.1	125
Walker	620.8	1,457	149.8	355	77.3	181	114.0	272	17.5	44	20.7	51
Washington	503.4	271	104.4	58	61.8	34	138.9	73	12.0	6	20.6	11
Wilcox	527.6	204	82.7	32	76.2	29	164.8	64	9.7	4	13.0	5
Winston	518.2	442	134.2	118	49.3	43	87.3	73	25.4	21	25.6	20

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002.

Table 5 - Alabama Cancer Incidence Rates and Counts, by County, Females, All Races, 1996-2002 Combined

	All Sites		Lung		Colorectal		Breast		Cervix		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	390.4	67,986	47.3	8,447	44.3	7,980	135.5	23,108	10.9	1,782	6.4	1,136	12.9	2,165
Autauga	382.0	563	45.9	67	50.6	74	143.7	213	9.5	14	4.6	7	12.9	19
Baldwin	365.0	2,094	46.9	284	44.1	260	125.2	711	10.9	54	6.3	35	11.1	59
Barbour	347.9	382	38.2	43	38.3	43	117.5	123	9.3	10	3.5	4	6.8	7
Bibb	409.9	307	53.7	41	36.8	28	139.0	103	11.6	8	7.7	6	23.0	17
Blount	314.3	591	47.8	93	31.5	60	104.6	196	6.5	11	7.6	14	9.5	17
Bullock	294.2	127	23.4	10	39.1	20	98.8	39	13.2	5	6.9	3	0.0	0
Butler	335.0	329	35.2	34	48.8	51	112.3	104	7.4	7	9.5	10	19.9	17
Calhoun	428.0	2,043	61.5	304	46.9	234	133.2	622	13.5	59	8.1	41	13.7	62
Chambers	318.6	535	36.9	65	38.7	68	108.2	175	5.3	8	4.1	7	6.4	10
Cherokee	275.9	283	32.0	35	27.0	29	101.3	100	2.4	2	6.7	7	6.0	6
Chilton	323.1	481	38.8	59	43.4	67	99.5	146	13.4	18	5.2	8	6.1	9
Choctaw	226.9	152	29.1	20	33.2	23	71.1	46	9.1	5	1.4	1	1.5	1
Clarke	478.8	447	41.2	39	71.9	68	162.5	149	21.0	19	6.5	6	11.0	10
Clay	332.7	220	34.2	23	29.5	21	128.3	80	13.9	7	6.6	4	10.9	6
Cleburne	326.0	189	52.7	31	36.6	22	93.0	54	8.0	4	6.6	4	4.6	2
Coffee	361.9	651	43.7	81	31.8	60	119.6	211	14.3	23	7.2	14	18.1	31
Colbert	363.6	879	49.7	125	45.1	114	119.6	285	8.6	17	7.2	16	7.7	17
Conecuh	378.0	232	39.2	25	36.8	24	148.2	86	17.0	9	2.2	1	14.6	10
Coosa	391.6	194	38.1	20	45.7	24	160.2	78	23.6	10	4.6	2	1.8	1
Covington	352.0	636	47.7	89	47.3	91	117.6	202	6.9	10	4.8	10	14.8	22
Crenshaw	339.3	216	42.5	28	24.3	16	128.0	76	9.6	5	9.9	7	10.6	7
Cullman	371.6	1,195	43.7	144	44.3	148	121.4	385	8.5	24	11.7	39	16.4	47
Dale	391.1	702	55.7	101	33.2	62	122.0	217	11.3	20	6.0	11	26.6	45
Dallas	395.9	770	47.8	96	54.2	113	132.5	248	15.9	28	9.2	18	7.1	12
DeKalb	304.0	786	29.4	78	29.9	81	101.1	256	8.3	19	4.2	12	15.1	38
Elmore	431.3	947	56.4	123	48.0	107	151.1	330	18.6	41	8.6	19	13.6	30
Escambia	399.7	619	57.3	92	39.4	65	141.6	215	9.9	13	3.3	6	21.7	29
Etowah	352.5	1,695	53.2	273	40.0	202	112.2	517	13.1	52	5.9	29	8.8	42
Fayette	320.4	265	30.7	28	40.7	35	98.5	78	4.8	4	6.4	4	13.3	10
Franklin	358.9	483	45.0	63	42.2	59	111.3	146	7.5	9	6.1	9	9.8	13
Geneva	363.8	415	46.6	54	32.1	42	115.9	131	17.3	15	8.9	10	24.4	27
Greene	362.2	149	29.7	13	31.3	14	163.6	63	5.9	2	0.0	0	4.8	2
Hale	444.2	298	53.1	36	58.8	44	165.6	104	9.5	6	9.5	6	9.8	6
Henry	410.7	305	32.9	26	26.3	20	136.8	101	7.6	4	6.5	4	41.0	26
Houston	441.2	1,524	42.6	150	42.9	152	158.9	543	11.8	39	7.5	26	20.5	68
Jackson	353.7	760	40.1	90	35.5	78	107.0	229	13.8	27	10.4	22	13.0	27
Jefferson	443.5	12,418	51.9	1,503	51.2	1,514	157.9	4,270	11.5	297	6.8	191	14.0	376
Lamar	317.2	230	29.8	22	26.2	22	108.2	73	19.0	11	8.2	6	12.9	8
Lauderdale	401.7	1,513	39.8	157	45.1	179	144.7	532	14.0	46	5.0	20	12.0	43
Lawrence	324.4	422	42.6	56	44.8	59	86.6	112	11.4	14	9.0	12	14.3	18
Lee	279.6	857	28.3	84	30.9	94	106.4	324	8.1	27	5.9	18	7.4	24
Limestone	354.0	813	37.3	86	46.6	108	123.2	281	8.4	19	5.2	12	9.6	22
Lowndes	282.5	133	44.8	21	41.8	20	95.6	44	6.7	3	5.7	3	2.1	1
Macon	311.7	287	25.1	24	49.0	49	103.3	88	19.4	16	6.5	6	0.7	1
Madison	405.4	3,966	47.7	466	41.8	402	157.6	1,554	7.2	73	5.4	52	15.0	151
Marengo	317.1	306	31.6	32	40.6	40	115.5	106	8.7	9	2.0	2	6.1	5
Marion	339.8	469	28.5	40	45.2	68	119.4	161	9.1	10	4.8	8	15.6	22
Marshall	399.9	1,386	54.2	197	44.4	159	120.0	411	15.8	49	6.3	23	15.2	50
Mobile	445.9	6,725	58.5	900	50.6	776	148.5	2,208	12.9	189	7.5	112	15.1	225
Monroe	363.2	344	43.8	42	46.0	46	130.8	118	17.1	15	3.2	3	13.9	13
Montgomery	397.1	3,280	43.2	363	46.5	395	153.4	1,238	11.6	96	4.4	38	11.2	92
Morgan	445.2	1,905	53.3	232	49.1	214	160.5	678	8.8	36	8.7	38	13.8	57
Perry	299.9	159	36.5	19	48.7	27	98.0	50	5.7	3	3.1	2	3.8	2
Pickens	301.7	282	43.9	43	26.7	24	93.4	84	6.0	5	4.9	5	12.2	11
Pike	355.4	400	33.2	38	50.6	62	128.6	137	12.2	12	2.8	3	14.1	14
Randolph	294.9	272	35.1	35	29.7	30	99.4	86	8.5	6	4.4	4	5.8	5
Russell	276.6	560	42.8	90	30.4	62	83.6	168	12.0	22	5.0	10	6.8	13
Shelby	343.3	1,455	40.6	160	36.9	144	128.0	565	5.4	26	6.0	24	12.4	57
St Clair	403.1	818	61.7	129	50.1	102	118.2	238	9.2	18	7.9	16	9.3	18
Sumter	241.9	142	37.6	21	34.9	23	70.6	39	4.1	2	6.5	4	1.7	1
Talladega	394.6	1,160	51.9	161	42.7	128	130.9	377	14.5	38	5.0	15	8.1	23
Tallapoosa	382.0	677	35.5	68	47.6	90	135.3	231	12.8	19	7.6	14	7.0	11
Tuscaloosa	406.7	2,359	46.3	272	41.5	245	152.3	869	9.4	54	5.6	33	16.2	92
Walker	460.3	1,412	63.7	203	58.4	184	144.5	433	13.9	37	8.5	27	12.7	38
Washington	302.6	199	39.7	26	32.2	22	113.1	73	17.2	11	3.0	2	4.8	3
Wilcox	291.6	155	28.8	16	47.3	26	111.0	58	11.2	5	3.8	2	6.8	3
Winston	398.6	418	53.8	58	42.9	47	135.7	140	6.8	6	6.5	7	14.4	14

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 6 - Alabama Cancer Incidence Rates and Counts, by County, Males by Race, 1996-2002 Combined

	All Sites White Rate	Count	Black Rate	Count	Lung White Rate	Count	Black Rate	Count	Colorectal White Rate	Count	Black Rate	Count
Alabama	510.5	54,481	532.0	13,733	110.7	11,929	105.3	2,680	63.2	6,594	62.4	1,588
Autauga	453.9	422	496.7	93	125.4	111	60.3	12	57.7	49	70.1	12
Baldwin	416.0	1,917	398.1	158	79.8	378	83.5	33	54.1	246	36.4	15
Barbour	484.8	263	488.2	139	132.6	71	97.5	27	47.5	26	47.5	14
Bibb	885.2	267	105.6	34	224.6	67	21.3	8	106.5	32	12.6	4
Blount	419.2	631	545.1	14	111.5	169	132.0	3	54.8	80	91.2	2
Bullock	353.8	47	415.5	83	93.2	13	108.8	21	51.3	7	73.9	15
Butler	462.2	236	528.2	113	93.2	49	103.8	22	62.4	31	47.2	10
Calhoun	570.8	1,761	684.4	315	136.4	422	167.4	73	66.8	204	73.6	38
Chambers	448.3	412	407.5	129	106.5	105	101.7	31	60.6	53	37.9	12
Cherokee	420.1	335	517.3	19	85.8	72	105.1	3	57.3	46	67.8	2
Chilton	419.8	458	419.9	47	114.2	125	99.1	11	47.6	49	62.3	7
Choctaw	340.8	114	309.8	58	64.3	23	63.3	12	44.9	14	16.0	3
Clarke	474.4	268	371.1	176	89.8	51	80.4	39	69.8	38	63.3	29
Clay	437.8	206	444.6	24	117.5	57	151.4	8	44.5	20	0.0	0
Cleburne	402.3	181	775.3	15	81.1	38	91.2	2	57.1	25	0.0	0
Coffee	450.8	562	415.0	81	91.1	113	102.4	19	44.0	55	28.3	7
Colbert	481.7	802	394.9	98	115.6	198	93.1	23	63.9	109	72.1	17
Conecuh	450.4	157	450.0	66	100.6	35	124.6	18	61.6	23	66.9	10
Coosa	451.1	146	568.5	62	97.7	31	87.3	10	43.1	13	55.3	6
Covington	428.0	551	443.6	56	123.4	161	62.3	8	45.4	58	63.6	8
Crenshaw	511.8	200	375.4	39	111.9	45	108.7	11	70.9	28	27.5	3
Cullman	481.0	1,228	262.0	10	124.9	329	19.5	1	58.0	145	38.7	2
Dale	455.1	572	566.4	101	110.3	142	110.3	20	57.6	71	61.8	11
Dallas	491.7	345	650.1	396	114.5	82	128.4	78	72.3	48	83.4	51
DeKalb	418.0	821	286.7	11	96.7	195	40.7	2	58.1	109	0.0	0
Elmore	538.6	811	507.7	134	120.0	184	98.3	25	82.9	123	83.9	21
Escambia	517.4	464	509.1	136	113.5	105	103.6	29	65.2	56	47.9	11
Etowah	480.8	1,543	543.7	190	110.7	366	120.4	42	60.0	181	66.3	20
Fayette	402.4	234	496.5	32	89.0	52	42.7	3	40.7	23	65.0	4
Franklin	481.1	486	299.9	13	135.3	142	67.4	3	59.8	60	0.0	0
Geneva	470.0	394	711.1	50	102.1	90	156.8	12	64.0	52	90.0	6
Greene	586.4	56	540.5	115	91.6	9	109.6	24	70.9	7	58.7	12
Hale	605.4	158	586.8	144	119.7	32	110.3	27	71.3	19	70.0	17
Henry	582.8	246	507.3	71	109.1	49	69.9	10	81.0	34	34.6	5
Houston	602.0	1,259	632.0	286	128.8	271	130.6	59	65.3	131	56.5	26
Jackson	408.5	671	327.7	24	99.0	165	71.7	5	61.7	98	43.0	3
Jefferson	613.7	8,682	597.9	3,452	114.4	1,634	105.5	603	74.2	1,039	71.6	404
Lamar	428.3	225	501.5	24	93.5	51	98.7	5	40.2	21	105.1	5
Lauderdale	493.4	1,327	537.1	108	110.1	301	124.9	24	66.3	173	106.3	23
Lawrence	466.0	419	414.7	53	119.0	108	101.5	13	51.6	46	63.1	9
Lee	353.1	614	390.7	193	71.6	124	78.8	39	40.5	68	42.1	21
Limestone	466.0	734	387.1	75	117.4	192	67.2	12	72.5	101	55.2	11
Lowndes	387.7	54	373.3	79	75.0	10	80.8	17	27.0	4	46.3	10
Macon	384.6	58	387.8	214	83.8	12	67.0	37	57.3	9	57.2	34
Madison	495.6	3,240	515.0	567	102.7	658	91.5	102	63.9	402	58.7	63
Marengo	432.8	178	485.6	144	86.1	36	108.2	32	70.9	27	34.2	10
Marion	392.5	424	500.0	19	95.3	106	125.0	5	50.1	52	104.8	4
Marshall	518.1	1,383	316.6	15	118.0	326	80.5	3	62.7	162	0.0	0
Mobile	602.7	4,966	646.3	1,864	126.9	1,041	140.4	393	73.3	595	77.8	216
Monroe	473.1	242	461.8	110	111.8	57	82.6	20	61.0	31	45.4	11
Montgomery	518.8	2,002	616.5	1,159	105.5	401	119.2	219	60.7	226	72.9	134
Morgan	612.6	1,869	536.9	135	117.9	363	118.0	29	70.6	212	34.4	8
Perry	475.8	84	535.1	109	85.6	16	111.3	22	63.1	11	61.8	13
Pickens	481.1	238	494.7	114	121.1	59	114.8	26	35.1	17	34.8	8
Pike	460.1	276	535.3	114	94.3	57	105.9	23	80.2	48	54.0	10
Randolph	336.8	213	456.3	54	63.4	41	49.1	6	57.9	36	41.8	5
Russell	406.1	406	351.9	181	103.1	104	75.6	37	57.0	55	45.7	22
Shelby	446.9	1,350	432.8	94	89.4	259	79.1	16	48.6	144	34.2	8
St Clair	559.8	867	617.2	71	135.8	210	141.4	17	60.6	96	78.6	8
Sumter	378.8	63	314.9	84	64.2	11	71.1	19	31.0	5	44.3	12
Talladega	505.9	902	559.4	264	115.2	208	113.2	54	68.8	116	59.4	27
Tallapoosa	485.2	521	533.6	131	93.9	100	108.4	26	56.6	60	65.0	15
Tuscaloosa	514.6	1,815	554.1	521	108.8	381	107.3	101	65.3	223	66.2	60
Walker	623.9	1,387	530.1	63	150.4	339	137.8	15	78.4	174	60.2	7
Washington	484.7	193	569.9	71	106.1	44	107.6	14	55.7	23	82.4	10
Wilcox	517.2	88	529.3	115	90.0	15	80.9	17	69.9	12	77.0	17
Winston	518.0	437	612.4	4	135.5	118	0.0	0	49.7	43	0.0	0

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 6 Continued - Alabama Cancer Incidence Rates and Counts, by County, Males by Race, 1996-2002 Combined

	Prostate White Rate	Count	Black Rate	Count	Oral White Rate	Count	Black Rate	Count	Melanoma White Rate	Count	Black Rate	Count
Alabama	111.3	12,163	181.8	4,577	18.6	2,018	16.7	467	23.3	2,489	1.0	28
Autauga	85.5	80	174.9	33	11.6	12	20.7	4	20.2	23	0.0	0
Baldwin	84.2	410	135.7	51	14.4	67	8.6	4	21.5	95	2.8	1
Barbour	92.6	53	162.3	43	12.2	7	17.3	5	32.6	17	0.0	0
Bibb	206.4	60	26.4	8	14.7	5	6.2	2	41.5	13	0.0	0
Blount	88.1	135	265.8	7	11.5	19	0.0	0	18.7	27	0.0	0
Bullock	77.3	10	121.4	23	14.8	2	9.0	2	18.0	2	6.1	1
Butler	112.7	59	152.5	32	8.5	4	36.8	8	14.0	7	5.5	1
Calhoun	112.8	353	236.8	107	24.0	79	12.4	6	17.2	55	0.0	0
Chambers	71.9	67	100.7	31	20.3	19	16.9	6	14.7	13	2.3	1
Cherokee	111.1	92	107.4	5	23.3	16	0.0	0	4.6	4	23.6	1
Chilton	86.7	95	129.3	14	18.0	22	0.0	0	14.3	17	0.0	0
Choctaw	80.6	28	84.2	16	8.9	3	16.8	3	18.1	6	4.6	1
Clarke	97.7	59	112.8	55	21.2	12	2.5	1	18.3	11	2.4	1
Clay	69.4	33	157.6	8	25.7	12	18.9	1	20.0	9	0.0	0
Cleburne	84.4	38	217.1	4	9.8	5	57.8	1	17.4	8	0.0	0
Coffee	95.5	126	116.9	21	19.2	23	3.6	1	26.2	33	9.5	2
Colbert	69.8	121	105.6	27	15.8	27	15.5	4	17.9	28	3.7	1
Conecuh	100.5	37	102.8	15	12.9	4	13.8	2	22.3	8	0.0	0
Coosa	91.0	32	182.1	20	20.1	7	18.2	2	23.9	7	0.0	0
Covington	79.0	106	181.9	23	17.2	21	6.5	1	18.9	24	0.0	0
Crenshaw	91.8	37	126.5	13	38.5	14	0.0	0	23.3	9	0.0	0
Cullman	86.2	224	110.2	4	19.1	48	38.3	1	20.9	54	0.0	0
Dale	78.5	101	156.7	26	14.4	17	29.6	5	25.6	35	0.0	0
Dallas	83.3	62	225.1	133	26.9	20	12.3	8	14.4	10	0.0	0
DeKalb	71.8	142	108.7	4	12.7	26	0.0	0	24.3	48	0.0	0
Elmore	111.1	167	125.7	31	27.2	43	33.8	10	15.4	27	7.4	2
Escambia	108.4	96	176.9	46	19.7	19	21.0	6	19.7	17	2.0	1
Etowah	101.2	333	147.0	50	19.2	63	20.1	7	20.5	66	2.7	1
Fayette	81.4	49	172.5	11	5.1	3	49.0	3	28.5	16	0.0	0
Franklin	66.0	68	102.1	4	20.8	22	0.0	0	19.1	19	0.0	0
Geneva	83.8	72	292.2	20	22.5	19	24.4	2	35.4	30	0.0	0
Greene	157.0	15	130.0	28	40.1	4	30.8	6	0.0	0	0.0	0
Hale	149.5	41	248.6	60	21.5	5	4.9	1	22.1	6	0.0	0
Henry	120.2	52	242.1	33	18.6	8	61.4	9	48.5	19	0.0	0
Houston	127.7	283	238.9	104	19.9	41	22.1	12	41.3	86	2.1	1
Jackson	59.0	99	103.3	8	11.0	19	10.9	1	25.3	39	0.0	0
Jefferson	156.8	2,273	218.1	1,232	22.0	310	17.1	106	26.0	361	0.6	4
Lamar	67.7	37	127.5	6	20.8	11	19.8	1	29.7	15	0.0	0
Lauderdale	90.3	249	153.8	30	20.4	54	14.6	3	19.4	52	0.0	0
Lawrence	89.9	79	72.9	10	19.0	18	0.0	0	17.6	17	0.0	0
Lee	92.6	159	123.0	54	9.7	15	27.9	15	13.0	25	0.0	0
Limestone	103.4	167	181.2	35	16.6	26	7.7	2	12.5	23	0.0	0
Lowndes	117.7	17	120.8	25	7.5	1	0.0	0	20.6	3	0.0	0
Macon	102.2	15	142.5	79	0.0	0	15.7	8	14.8	2	0.0	0
Madison	109.5	749	179.9	190	14.4	98	14.9	20	25.0	169	0.0	0
Marengo	73.8	32	181.3	53	25.8	12	6.7	2	8.9	4	0.0	0
Marion	81.6	88	141.9	5	20.2	22	56.8	2	23.1	24	0.0	0
Marshall	102.3	277	94.0	5	26.3	70	17.9	1	21.8	58	0.0	0
Mobile	136.3	1,167	204.7	591	20.8	177	22.4	72	33.4	276	0.6	2
Monroe	104.8	55	120.8	29	28.7	15	20.6	5	20.4	10	4.5	1
Montgomery	127.2	504	224.3	413	18.3	74	18.4	38	30.7	124	1.6	3
Morgan	166.8	517	205.0	49	21.9	68	20.7	6	22.2	70	3.7	1
Perry	66.9	12	195.3	39	31.8	6	10.9	2	20.5	4	0.0	0
Pickens	108.9	57	172.7	40	21.3	11	9.1	2	11.6	5	0.0	0
Pike	112.4	69	187.4	40	10.8	7	23.0	6	21.0	11	0.0	0
Randolph	80.3	50	138.3	16	16.2	11	8.6	1	10.5	7	0.0	0
Russell	80.5	82	115.4	57	13.1	14	12.2	7	10.9	11	0.0	0
Shelby	116.8	342	162.6	31	15.2	49	13.7	4	16.4	50	0.0	0
St Clair	119.2	177	179.0	20	15.3	26	6.1	1	23.3	34	0.0	0
Sumter	84.4	15	89.5	23	5.7	1	11.8	3	19.7	3	0.0	0
Talladega	94.8	178	171.8	79	20.0	37	18.4	10	14.3	26	0.0	0
Tallapoosa	140.4	157	159.2	37	21.5	23	24.8	7	16.3	17	0.0	0
Tuscaloosa	115.2	415	198.1	184	15.8	55	14.8	14	33.0	118	1.4	1
Walker	110.6	250	169.7	20	17.2	41	21.8	3	21.1	49	0.0	0
Washington	111.6	44	214.4	26	14.1	5	6.8	1	22.9	9	11.8	1
Wilcox	132.2	23	183.1	40	21.9	4	0.0	0	30.8	5	0.0	0
Winston	87.1	72	117.6	1	24.7	20	122.4	1	24.9	19	0.0	0

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 7 - Alabama Cancer Incidence Rates and Counts, by County, Females by Race, 1996-2002 Combined

	All Sites White Rate	Count	Black Rate	Count	Lung White Rate	Count	Black Rate	Count	Colorectal White Rate	Count	Black Rate	Count	Breast White Rate	Count	Black Rate	Count
Alabama	398.5	53,733	342.2	13,240	50.5	7,091	34.6	1,310	42.9	6,051	47.9	1,843	138.8	18,343	115.7	4,446
Autauga	398.6	472	277.8	79	50.1	59	29.5	8	44.2	52	70.9	20	157.0	188	71.5	20
Baldwin	368.9	1,912	295.8	158	48.2	267	32.7	17	44.8	240	34.5	18	125.5	645	104.5	56
Barbour	366.1	245	318.2	136	49.4	34	21.9	9	37.2	27	39.8	16	122.4	79	105.3	44
Bibb	696.5	264	109.0	39	103.8	39	4.5	2	58.9	23	14.5	5	232.0	87	40.9	14
Blount	315.2	579	308.4	11	48.8	93	0.0	0	31.1	58	54.0	2	103.7	190	136.9	5
Bullock	275.6	40	276.8	81	17.0	3	27.3	7	40.5	6	36.2	13	121.1	17	74.4	20
Butler	341.0	227	296.5	95	43.8	30	13.9	4	46.1	34	44.1	15	115.2	71	96.9	30
Calhoun	427.6	1,710	417.2	310	64.0	270	40.7	30	43.8	186	61.1	44	129.5	508	145.3	108
Chambers	341.1	407	253.4	124	48.1	59	10.1	5	40.4	52	31.5	15	112.4	132	89.8	43
Cherokee	275.3	266	234.6	14	32.0	33	31.2	2	28.5	29	0.0	0	100.6	93	98.5	6
Chilton	319.9	429	319.9	47	39.6	55	28.2	4	44.0	61	41.6	6	95.4	126	111.8	17
Choctaw	245.4	100	195.7	51	33.5	14	21.7	6	32.0	14	31.3	8	79.6	32	55.9	14
Clarke	533.7	289	390.1	153	54.6	31	21.2	8	76.4	42	67.5	26	189.9	101	114.1	45
Clay	337.4	195	267.4	21	37.8	22	10.6	1	28.6	18	40.6	3	127.7	69	100.6	8
Cleburne	313.7	173	541.4	15	52.1	29	42.6	1	29.3	17	181.7	5	88.3	49	179.0	5
Coffee	361.1	543	330.0	95	44.2	69	32.6	9	32.1	51	32.2	9	121.6	177	105.8	30
Colbert	369.2	757	285.6	106	54.1	115	24.5	9	42.1	91	55.8	21	122.2	248	84.0	30
Conecuh	388.7	155	334.6	73	40.4	17	33.0	7	46.9	20	17.5	4	151.9	58	130.9	27
Coosa	388.8	139	378.5	53	42.8	16	27.7	4	51.1	19	28.2	4	155.2	56	155.0	21
Covington	348.4	555	320.3	63	49.8	82	23.4	5	42.1	72	80.7	16	118.4	179	84.8	16
Crenshaw	363.2	175	237.0	36	40.4	21	50.0	7	19.7	10	13.0	2	137.5	61	95.7	14
Cullman	369.9	1,173	297.9	12	44.0	143	21.7	1	44.0	145	29.1	1	121.8	380	96.3	4
Dale	392.4	575	369.4	107	57.4	86	50.2	14	31.5	49	44.6	13	122.0	179	115.7	33
Dallas	427.9	411	354.0	353	61.4	61	33.5	34	56.1	61	51.4	52	143.6	133	117.1	112
DeKalb	305.4	766	197.7	12	29.5	76	19.6	1	29.2	77	49.3	3	102.7	252	34.5	2
Elmore	431.3	787	367.0	131	58.7	108	45.2	14	45.1	84	60.5	20	155.0	283	82.7	32
Escambia	429.4	486	317.3	124	60.2	73	45.7	18	37.8	46	46.4	19	159.5	179	82.0	31
Etowah	351.7	1,492	329.9	184	53.3	243	54.1	30	39.9	178	42.6	24	109.8	446	111.8	61
Fayette	317.0	233	290.5	27	31.6	26	22.2	2	32.9	26	103.0	9	96.3	67	103.1	10
Franklin	353.5	455	373.1	22	45.7	61	34.8	2	41.1	55	83.6	4	109.7	138	99.1	6
Geneva	366.2	373	352.5	40	46.5	48	51.4	6	33.8	40	19.4	2	114.9	116	125.7	14
Greene	459.0	47	324.3	101	41.0	5	24.2	8	38.5	4	30.0	10	200.6	18	153.4	45
Hale	506.2	161	388.8	137	62.0	22	43.1	14	61.1	23	55.1	21	190.5	58	138.3	46
Henry	453.2	235	312.3	68	39.6	23	14.4	3	21.1	12	37.7	8	151.8	78	99.2	22
Houston	448.5	1,228	413.6	285	44.1	125	36.0	24	42.3	121	46.4	31	159.8	434	156.1	108
Jackson	360.9	733	201.7	21	40.7	87	30.2	3	36.9	77	9.4	1	109.6	221	64.5	7
Jefferson	464.2	8,783	382.1	3,438	57.8	1,165	37.7	333	49.4	1,017	54.1	487	168.7	3,065	131.1	1,170
Lamar	322.7	210	217.3	15	29.7	20	13.0	1	27.6	21	13.0	1	111.6	68	65.6	4
Lauderdale	404.9	1,389	350.1	114	40.3	146	35.8	11	44.1	160	61.2	19	149.5	500	94.8	31
Lawrence	338.9	371	271.3	51	47.6	53	16.7	3	42.7	48	60.0	11	91.6	99	70.1	13
Lee	297.5	660	215.9	179	31.8	69	18.8	15	32.3	71	21.9	18	116.1	256	74.8	61
Limestone	354.9	719	322.9	87	38.1	78	31.0	8	46.9	96	42.6	11	122.4	246	119.4	33
Lowndes	380.8	58	236.8	74	75.5	11	32.1	10	48.9	8	37.9	12	138.6	20	76.3	23
Macon	448.4	68	272.9	209	57.6	9	17.8	14	63.6	11	45.0	37	142.1	20	92.5	65
Madison	411.7	3,309	330.2	539	47.9	391	42.5	69	38.9	314	51.5	76	158.9	1,285	128.2	221
Marengo	319.1	160	313.1	144	43.0	23	19.6	9	30.2	17	51.3	23	114.8	56	112.4	49
Marion	334.7	447	345.0	13	28.6	39	29.1	1	45.5	66	14.0	1	117.7	154	78.9	3
Marshall	397.3	1,347	309.8	20	53.9	192	91.8	5	44.5	156	35.3	2	119.0	399	72.3	5
Mobile	456.8	4,836	401.5	1,766	64.6	711	42.5	184	48.8	534	54.0	232	151.5	1,578	134.9	598
Monroe	389.1	241	299.2	97	47.2	31	35.9	11	40.4	27	57.6	19	158.9	93	78.7	25
Montgomery	405.8	2,136	360.8	1,077	44.8	251	38.2	108	41.2	235	54.2	155	161.7	825	124.2	377
Morgan	441.3	1,715	467.4	178	54.5	217	40.2	15	48.1	191	62.1	22	160.6	616	143.7	58
Perry	363.8	81	250.1	78	46.0	11	28.4	8	55.6	12	45.4	15	122.9	26	81.0	24
Pickens	288.1	170	315.1	107	42.4	26	49.2	17	22.7	12	33.4	11	93.7	54	85.0	28
Pike	376.8	283	301.7	112	39.2	30	22.2	8	53.2	45	43.7	17	143.3	101	100.0	36
Randolph	282.4	215	308.6	52	37.1	31	24.1	4	30.9	26	22.0	4	85.4	61	130.3	22
Russell	302.2	384	224.7	168	47.9	65	33.4	25	30.3	40	28.9	21	97.7	124	60.2	44
Shelby	341.3	1,320	321.5	114	40.9	148	32.7	10	38.1	136	21.2	7	127.4	514	117.5	43
St Clair	407.4	764	340.2	51	64.6	125	24.4	4	49.3	93	62.9	9	120.8	224	93.2	14
Sumter	300.0	55	217.1	87	62.6	10	27.9	11	33.1	8	35.3	15	102.3	17	57.4	22
Talladega	405.7	916	324.5	225	56.3	137	33.4	23	41.6	98	41.8	28	134.1	297	111.2	75
Tallapoosa	373.7	530	379.5	133	39.8	62	17.1	6	46.2	71	46.7	16	131.7	180	141.5	49
Tuscaloosa	417.9	1,810	368.3	531	47.7	213	41.5	58	39.7	176	47.9	69	160.2	683	122.9	179
Walker	468.5	1,344	311.5	58	64.4	193	55.4	10	58.6	173	51.0	10	147.8	414	99.2	18
Washington	309.0	143	291.9	53	49.5	23	10.1	2	29.1	14	44.3	8	118.2	54	99.6	18
Wilcox	325.5	70	263.5	84	31.6	8	25.1	8	51.1	10	47.1	16	127.1	27	100.2	31
Winston	397.4	412	287.3	2	54.3	58	0.0	0	41.5	45	96.9	1	136.3	139	190.4	1

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 7 Continued - Alabama Cancer Incidence Rates and Counts, by County, Females by Race, 1996-2002 Combined

	Cervix White		Black		Oral White		Black		Melanoma White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	9.9	1,175	14.3	568	6.6	914	5.2	203	14.9	1,879	0.8	31
Autauga	9.6	11	9.9	3	4.0	5	3.3	1	14.7	17	0.0	0
Baldwin	9.5	41	18.0	10	6.2	31	6.8	4	11.0	52	2.0	1
Barbour	4.8	3	16.0	7	2.5	2	4.4	2	9.8	6	0.0	0
Bibb	16.5	6	6.1	2	12.5	5	2.8	1	43.2	16	0.0	0
Blount	6.6	11	0.0	0	7.8	14	0.0	0	9.7	17	0.0	0
Bullock	7.5	1	14.8	4	12.4	2	3.7	1	0.0	0	0.0	0
Butler	6.7	3	12.2	4	10.3	8	6.5	2	22.1	13	6.6	2
Calhoun	12.4	43	22.1	16	8.0	35	6.1	5	16.5	61	0.0	0
Chambers	4.3	4	8.0	4	3.3	4	6.2	3	9.3	9	2.0	1
Cherokee	2.6	2	0.0	0	7.2	7	0.0	0	5.4	5	0.0	0
Chilton	12.0	14	21.9	3	5.9	8	0.0	0	6.8	9	0.0	0
Choctaw	11.4	3	8.4	2	2.2	1	0.0	0	2.3	1	0.0	0
Clarke	21.1	10	22.7	9	5.3	3	7.8	3	18.0	9	0.0	0
Clay	12.3	5	23.9	2	7.7	4	0.0	0	10.4	5	0.0	0
Cleburne	8.4	4	0.0	0	6.9	4	0.0	0	4.8	2	0.0	0
Coffee	12.4	16	19.1	6	7.1	12	6.8	2	22.1	31	0.0	0
Colbert	7.6	12	10.7	4	7.3	14	5.5	2	8.1	15	0.0	0
Conecuh	17.6	5	17.7	4	4.4	1	0.0	0	23.0	10	0.0	0
Coosa	8.7	2	58.1	8	6.9	2	0.0	0	2.4	1	0.0	0
Covington	5.4	6	16.9	3	4.9	9	5.3	1	14.2	19	0.0	0
Crenshaw	10.3	4	7.2	1	12.6	7	0.0	0	14.0	7	0.0	0
Cullman	8.3	23	22.3	1	11.9	39	0.0	0	15.1	43	0.0	0
Dale	11.6	16	11.4	4	5.7	9	3.9	1	31.5	42	0.0	0
Dallas	15.3	11	16.8	17	11.6	12	6.3	6	16.7	12	0.0	0
DeKalb	8.2	18	0.0	0	4.3	12	0.0	0	14.8	36	18.6	1
Elmore	17.9	31	23.3	9	8.1	15	9.9	4	13.7	25	3.1	1
Escambia	6.0	5	18.4	7	3.1	4	1.6	1	31.5	29	0.0	0
Etowah	12.3	42	9.9	6	6.0	26	5.6	3	9.6	40	1.7	1
Fayette	5.4	4	0.0	0	5.2	3	10.8	1	11.8	8	0.0	0
Franklin	6.2	7	30.7	2	6.4	9	0.0	0	8.5	11	0.0	0
Geneva	19.1	14	9.4	1	9.1	9	8.7	1	27.6	27	0.0	0
Greene	20.8	1	3.6	1	0.0	0	0.0	0	9.2	1	0.0	0
Hale	22.8	6	0.0	0	12.2	4	6.2	2	24.8	6	0.0	0
Henry	5.7	2	11.1	2	9.0	6	0.0	0	61.6	25	0.0	0
Houston	11.5	29	14.0	10	7.1	20	8.7	6	26.4	66	1.6	1
Jackson	13.7	25	17.9	2	10.3	21	7.5	1	11.6	23	0.0	0
Jefferson	9.8	154	15.1	138	6.5	127	6.9	61	14.9	258	0.7	7
Lamar	18.4	9	11.2	1	9.3	6	0.0	0	13.2	7	0.0	0
Lauderdale	13.9	40	17.7	6	5.1	19	3.6	1	11.7	38	0.0	0
Lawrence	13.4	13	4.2	1	9.7	11	5.7	1	17.8	18	0.0	0
Lee	6.5	16	11.3	10	5.9	13	4.9	4	10.0	23	1.3	1
Limestone	8.3	16	11.8	3	5.4	11	4.0	1	11.0	22	0.0	0
Lowndes	0.0	0	9.4	3	10.6	2	3.1	1	5.4	1	0.0	0
Macon	30.5	3	18.0	13	5.3	1	6.7	5	10.9	1	0.0	0
Madison	6.9	55	8.0	14	5.4	43	3.0	5	16.5	131	0.0	0
Marengo	7.7	3	10.5	6	0.0	0	4.2	2	11.8	5	0.0	0
Marion	9.4	10	0.0	0	4.3	7	0.0	0	14.1	19	0.0	0
Marshall	15.9	48	0.0	0	6.5	23	0.0	0	14.2	46	0.0	0
Mobile	12.5	122	14.3	64	7.6	80	6.7	31	17.8	180	0.9	4
Monroe	13.7	7	21.5	7	3.0	2	3.7	1	16.5	10	0.0	0
Montgomery	9.4	43	15.6	51	3.9	22	5.3	15	17.6	85	0.6	2
Morgan	8.3	30	15.8	6	8.5	34	7.4	3	14.4	53	3.9	2
Perry	4.3	1	7.1	2	6.9	2	0.0	0	4.3	1	3.5	1
Pickens	2.0	1	10.9	4	7.5	5	0.0	0	17.8	10	2.9	1
Pike	12.3	7	13.8	5	4.0	3	0.0	0	17.9	11	2.8	1
Randolph	7.5	4	6.2	1	3.4	3	5.7	1	7.3	5	0.0	0
Russell	13.9	14	9.0	7	6.7	8	2.5	2	7.0	8	2.7	2
Shelby	4.3	19	15.5	6	6.5	24	0.0	0	13.2	55	0.0	0
St Clair	7.8	14	21.0	3	8.0	15	7.5	1	10.2	18	0.0	0
Sumter	6.6	1	2.8	1	3.2	1	7.2	3	4.7	1	0.0	0
Talladega	12.3	22	20.1	15	5.8	13	2.9	2	10.7	22	1.3	1
Tallapoosa	7.5	8	30.2	11	8.5	13	2.5	1	8.4	10	0.0	0
Tuscaloosa	6.6	27	16.3	25	5.8	26	4.9	7	21.7	90	0.0	0
Walker	14.2	35	12.2	2	8.1	24	6.2	1	12.9	36	0.0	0
Washington	13.9	6	25.1	5	4.1	2	0.0	0	4.9	2	0.0	0
Wilcox	6.2	1	13.3	4	0.0	0	2.6	1	14.3	2	3.9	1
Winston	6.9	6	0.0	0	6.6	7	0.0	0	12.7	12	0.0	0

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 8 - Alabama Cancer Incidence Rates, by County, Males and Females, by Race, 1996-2002 Combined

	All Sites				Lung				Colorectal				Oral				Melanoma			
	White		Black		White		Black		White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	440.4	108,195	414.9	26,970	75.7	19,020	62.8	3,990	51.4	12,648	53.7	3,431	12.0	2,932	10.1	670	18.3	4,368	0.9	59
Autauga	414.3	893	363.2	172	80.2	170	43.4	20	49.0	101	69.0	32	7.4	17	10.0	5	17.5	40	0.0	0
Baldwin	389.0	3,830	336.4	315	62.2	645	54.6	50	49.3	486	35.8	33	10.0	98	7.7	8	15.9	147	2.3	2
Barbour	407.8	508	370.3	275	82.6	105	49.7	36	41.8	53	41.5	30	7.2	9	9.2	7	19.2	23	0.0	0
Bibb	767.4	532	107.3	73	155.2	106	12.6	10	81.4	56	14.1	9	14.4	10	5.1	3	40.8	29	0.0	0
Blount	356.9	1,210	388.1	25	75.7	262	48.3	3	41.2	138	69.5	4	9.7	33	0.0	0	13.2	44	0.0	0
Bullock	297.1	87	325.1	164	54.3	16	59.1	28	44.0	13	53.3	28	13.2	4	5.9	3	6.5	2	2.0	1
Butler	387.2	463	391.1	208	64.0	79	51.0	26	51.6	65	45.7	25	9.4	12	19.7	10	17.6	20	5.7	3
Calhoun	480.4	3,470	513.4	625	93.4	692	87.0	103	53.9	390	68.1	82	15.5	114	8.4	11	16.7	116	0.0	0
Chambers	378.3	819	312.3	253	71.7	164	45.9	36	47.5	105	34.1	27	10.8	23	10.8	9	11.8	22	2.4	2
Cherokee	332.2	601	330.7	33	55.1	105	49.5	5	41.0	75	22.2	2	13.5	23	0.0	0	4.8	9	11.3	1
Chilton	356.1	886	361.2	94	71.5	180	59.2	15	44.7	110	51.6	13	11.8	30	0.0	0	10.1	26	0.0	0
Choctaw	284.0	214	240.7	109	47.0	37	39.4	18	36.9	28	23.7	11	5.1	4	7.1	3	9.6	7	1.7	1
Clarke	499.2	557	380.9	329	71.8	82	54.4	47	71.7	80	63.5	55	13.6	15	4.6	4	18.2	20	1.3	1
Clay	379.0	400	338.4	45	73.0	79	68.6	9	35.3	38	23.4	3	15.6	16	7.6	1	14.6	14	0.0	0
Cleburne	349.2	354	608.9	30	65.0	67	61.9	3	41.5	42	98.3	5	8.5	9	25.0	1	10.1	10	0.0	0
Coffee	396.6	1,105	361.6	176	64.0	182	59.8	28	37.6	106	32.2	16	12.3	35	5.5	3	23.9	64	4.2	2
Colbert	415.3	1,559	326.1	204	80.3	313	51.2	32	52.1	200	61.4	38	11.2	41	9.6	6	12.3	43	1.7	1
Conecuh	410.7	312	378.9	139	65.8	52	68.7	25	53.7	43	36.9	14	8.4	5	6.1	2	23.8	18	0.0	0
Coosa	419.1	285	451.2	115	68.1	47	54.3	14	47.3	32	40.2	10	12.9	9	7.7	2	13.7	8	0.0	0
Covington	379.1	1,105	370.4	119	80.5	243	38.9	13	43.9	130	75.6	24	10.1	30	6.2	2	15.8	43	0.0	0
Crenshaw	419.5	375	296.4	75	70.4	66	72.4	18	39.7	38	18.1	5	23.7	21	0.0	0	18.5	16	0.0	0
Cullman	411.7	2,400	293.9	22	78.6	472	21.4	2	49.7	290	36.7	3	15.2	87	16.5	1	17.4	97	0.0	0
Dale	413.1	1,147	441.7	208	80.4	228	72.8	34	43.1	120	52.1	24	9.5	26	14.0	6	28.1	77	0.0	0
Dallas	447.2	755	459.2	749	82.5	143	69.6	112	63.1	109	63.2	103	18.1	32	8.7	14	14.9	22	0.0	0
DeKalb	352.2	1,587	241.7	23	58.5	271	30.7	3	41.3	186	28.6	3	8.3	38	0.0	0	19.1	84	11.5	1
Elmore	467.8	1,597	416.2	265	85.6	292	66.7	39	61.6	207	68.4	41	17.0	58	20.4	14	14.8	52	4.9	3
Escambia	460.1	950	382.9	260	82.9	178	69.0	47	49.1	102	44.6	30	10.9	23	10.2	7	24.9	46	1.2	1
Etowah	399.2	3,033	403.1	373	76.9	609	78.9	72	47.2	359	49.7	44	11.7	89	11.0	10	14.0	106	2.0	2
Fayette	349.1	467	366.0	59	56.8	78	30.9	5	35.8	49	82.5	13	5.0	6	24.5	4	18.9	24	0.0	0
Franklin	404.6	941	329.0	35	84.3	203	47.8	5	49.4	115	44.5	4	13.1	31	0.0	0	13.6	30	0.0	0
Geneva	402.7	767	477.6	90	69.6	138	93.3	18	47.5	92	46.6	8	14.9	28	15.9	3	31.5	57	0.0	0
Greene	500.5	103	407.0	216	59.9	14	66.5	32	52.3	11	41.6	22	20.4	4	13.3	6	4.5	1	0.0	0
Hale	540.8	319	466.9	281	88.4	54	70.5	41	67.9	42	61.4	38	16.6	9	5.6	3	22.6	12	0.0	0
Henry	498.5	481	383.4	139	69.9	72	36.5	13	45.1	46	36.0	13	13.6	14	25.7	9	54.1	44	0.0	0
Houston	504.9	2,488	498.3	572	79.2	396	73.2	83	51.2	252	50.7	57	12.4	61	14.5	18	32.0	152	1.9	2
Jackson	377.5	1,404	257.4	45	65.7	252	46.7	8	47.7	175	24.9	4	10.7	40	9.0	2	16.9	62	0.0	0
Jefferson	518.8	17,462	462.5	6,888	80.3	2,799	64.0	936	59.7	2,056	60.8	891	13.3	437	11.1	167	19.1	619	0.7	11
Lamar	362.0	434	322.3	39	56.5	71	48.1	6	32.5	42	45.1	6	14.1	17	8.3	1	19.6	22	0.0	0
Lauderdale	435.6	2,716	414.7	222	69.2	447	67.9	35	53.0	333	80.9	42	12.2	73	7.8	4	14.9	90	0.0	0
Lawrence	391.7	790	326.1	104	78.8	161	51.2	16	47.8	94	61.6	20	14.0	29	3.5	1	17.6	35	0.0	0
Lee	315.5	1,275	280.5	373	49.2	193	42.2	54	36.0	140	29.3	39	7.1	28	14.1	19	11.0	48	0.9	1
Limestone	392.4	1,453	340.3	162	72.3	270	43.9	20	55.0	197	49.0	22	10.1	37	5.9	3	11.9	45	0.0	0
Lowndes	376.0	112	288.9	153	71.2	21	51.3	27	39.9	12	41.6	22	9.8	3	1.8	1	12.8	4	0.0	0
Macon	413.5	126	318.9	423	69.7	21	38.1	51	60.4	20	50.6	71	2.9	1	10.5	13	11.9	3	0.0	0
Madison	442.6	6,547	403.9	1,106	70.8	1,049	62.8	171	49.6	716	54.8	139	9.5	141	8.3	25	19.8	300	0.0	0
Marengo	360.6	338	379.2	288	61.6	59	54.8	41	45.3	44	45.0	33	12.4	12	5.6	4	10.4	9	0.0	0
Marion	354.6	870	399.5	32	57.4	145	76.3	6	47.0	118	62.7	5	11.3	29	28.1	2	18.2	43	0.0	0
Marshall	442.2	2,728	336.1	36	81.2	518	91.3	8	51.7	318	22.9	2	15.1	93	8.3	1	17.4	104	0.0	0
Mobile	512.3	9,801	496.5	3,632	90.4	1,752	80.8	577	59.1	1,129	63.1	448	13.5	257	13.2	103	24.1	456	0.8	6
Monroe	416.7	483	368.0	207	73.5	88	55.8	31	48.9	58	53.5	30	14.2	17	11.3	6	17.9	20	2.0	1
Montgomery	443.3	4,138	456.1	2,236	68.1	652	69.7	327	48.8	461	60.9	289	10.3	96	10.6	53	23.0	209	0.8	5
Morgan	507.8	3,584	483.5	312	81.0	580	71.8	44	58.1	403	49.6	30	14.4	102	13.3	9	17.5	123	4.1	3
Perry	407.5	165	363.3	187	61.5	27	61.5	30	59.0	23	51.4	28	18.2	8	4.6	2	11.1	5	2.0	1
Pickens	367.6	408	389.0	221	73.4	85	77.0	43	27.7	29	34.0	19	13.5	16	3.9	2	15.1	15	1.7	1
Pike	406.3	559	377.7	226	61.9	87	52.5	31	66.6	93	44.1	27	7.5	10	9.9	6	17.9	22	1.7	1
Randolph	298.2	428	362.8	106	47.5	72	34.4	10	41.7	62	30.5	9	9.4	14	6.9	2	8.6	12	0.0	0
Russell	339.6	786	274.6	349	71.4	169	49.6	62	40.8	95	35.1	43	9.5	22	6.8	9	8.4	19	1.6	2
Shelby	383.5	2,670	356.3	208	61.8	407	49.5	26	43.2	280	26.3	15	10.3	73	6.1	4	14.2	105	0.0	0
St Clair	469.7	1,633	438.0	122	95.9	335	76.7	21	54.3	190	62.6	17	11.6	41	7.4	2	15.3	52	0.0	0
Sumter	326.4	118	254.1	171	62.1	21	45.1	30	31.9	13	38.6	27	4.9	2	9.2	6	10.1	4	0.0	0
Talladega	443.6	1,818	411.5	488	80.7	345	65.5	77	53.0	214	47.2	55	12.3	50	9.8	12	12.2	48	0.7	1
Tallapoosa	413.5	1,051	435.8	264	60.9	162	53.7	32	50.4	131	52.1	31	14.1	36	12.2	8	12.0	27	0.0	0
Tuscaloosa	455.0	3,624	438.0	1,052	73.8	594	67.7	159	50.6	399	55.2	129	10.0	81	8.7	21	26.4	208	0.4	1
Walker	524.0	2,731	393.4	121	99.6	532	84.7	25	66.3	347	55.1	17	12.4	65	13.7	4	16.6	85	0.0	0
Washington	381.3	336	402.9	124	75.0	67	52.5	16	42.0	37	59.9	18	8.0	7	3.3	1	13.3	11	4.2	1
Wilcox	396.3	158	363.1	197	52.4	23	48.1	25	57.7	22	58.5	33	9.0	4	1.4	1	21.1	7	2.2	1
Winston	445.1	849	395.4	6	89.8	176	0.0	0	45.6	88	62.0	1	14.6	27	74.5	1	17.0	31	0.0	0

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.
Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 9 - Alabama Cancer Moratlity Rates and Counts, by Site, Race, and Sex, 1999-2002 Combined

	Male and Female						Male					
	All races		White		Black		All races		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
All Malignant Cancers	210.4	37,773	204.4	28,930	230.2	8,750	283.2	20,509	270.9	15,645	330.4	4,816
Oral Cavity and Pharynx	2.9	515	2.8	389	3.3	126	4.7	353	4.3	253	6.2	100
Digestive System	45.3	8,104	41.5	5,860	58.7	2,223	59.2	4,351	54.5	3,181	77.5	1,159
Esophagus	3.9	705	3.4	480	5.8	224	6.8	539	5.9	369	10.6	169
Stomach	4.3	770	3.4	478	7.6	289	5.8	422	4.7	265	10.4	156
Small Intestine	0.3	58	0.3	41	0.4	17	0.4	30	0.4	22	0.5	8
Colon and Rectum	18.9	3,380	17.4	2,443	24.7	931	23.8	1,695	22.0	1,245	30.8	446
Colon excluding Rectum	16.5	2,947	15.1	2,117	21.9	825	20.7	1,470	19.0	1,071	27.5	395
Rectum and Rectosigmoid Junction	2.4	433	2.3	326	2.8	106	3.0	225	3.0	174	3.3	51
Anus, Anal Canal and Anorectum	0.2	33	0.2	27	0.1	6	0.1	10	0.1	8	0.1	2
Liver and Intrahepatic Bile Duct	5.2	927	5.0	710	5.5	212	7.5	569	7.3	438	8.0	129
Liver	4.5	810	4.3	613	5.0	192	6.5	501	6.2	377	7.5	122
Intrahepatic Bile Duct	0.7	117	0.7	97	0.5	20	1.0	68	1.1	61	0.5	7
Gallbladder	0.6	101	0.5	77	0.6	23	0.5	38	0.6	32	0.3	5
Other Biliary	0.4	69	0.4	60	0.2	8	0.6	39	0.6	32	0.4	6
Pancreas	11.1	1,988	10.5	1,492	13.1	492	13.1	971	12.5	741	15.7	229
Other Digestive Organs	0.3	51	0.2	35	0.4	16	0.4	30	0.4	22	0.6	8
Respiratory System	64.5	11,711	65.5	9,428	59.6	2,251	100.4	7,557	99.2	5,974	104.5	1,565
Larynx	1.5	265	1.3	183	2.2	81	2.8	212	2.4	144	4.5	67
Lung and Bronchus	62.8	11,395	63.9	9,207	57.2	2,157	97.2	7,313	96.4	5,806	99.6	1,490
Bones and Joints	0.7	117	0.7	89	0.7	28	0.7	52	0.7	43	0.6	9
Soft Tissue including Heart	1.3	231	1.2	172	1.4	58	1.6	121	1.6	92	1.7	29
Skin excluding Basal and Squamous	3.3	597	4.0	562	0.9	35	5.0	370	6.1	353	1.0	17
Melanoma of the Skin	2.6	457	3.2	441	0.4	16	3.7	279	4.6	275	0.2	4
Other Non-Epithelial Skin	0.8	140	0.9	121	0.5	19	1.3	91	1.5	78	0.8	13
Breast	15.2	2,714	14.2	1,982	18.5	730	0.3	22	0.3	16	0.4	6
Female Genital System	9.7	1,740	9.0	1,264	12.3	471	0.0	0	0.0	0	0.0	0
Cervix Uteri	1.7	309	1.3	177	3.2	130	0.0	0	0.0	0	0.0	0
Corpus and Uterus, NOS	2.2	391	1.7	233	4.2	157	0.0	0	0.0	0	0.0	0
Corpus Uteri	1.0	186	0.8	120	1.7	65	0.0	0	0.0	0	0.0	0
Uterus, NOS	1.1	205	0.8	113	2.4	92	0.0	0	0.0	0	0.0	0
Ovary	5.3	956	5.5	786	4.5	168	0.0	0	0.0	0	0.0	0
Vagina	0.2	30	0.2	24	0.2	6	0.0	0	0.0	0	0.0	0
Vulva	0.2	39	0.2	34	0.1	5	0.0	0	0.0	0	0.0	0
Other Female Genital Organs	0.1	15	0.1	10	0.1	5	0.0	0	0.0	0	0.0	0
Male Genital System	13.5	2,385	10.5	1,457	25.2	922	38.5	2,385	30.0	1,457	72.0	922
Prostate	13.4	2,356	10.3	1,433	25.1	917	38.1	2,356	29.5	1,433	71.7	917
Testis	0.1	12	0.1	11	0.0	1	0.1	12	0.2	11	0.0	1
Penis	0.1	12	0.1	9	0.1	3	0.2	12	0.1	9	0.2	3
Other Male Genital Organs	0.0	5	0.0	4	0.0	1	0.1	5	0.1	4	0.1	1
Urinary System	7.2	1,296	7.6	1,068	6.0	224	11.7	833	12.5	706	8.8	126
Urinary Bladder	3.4	614	3.7	523	2.4	89	6.2	421	6.8	368	3.8	52
Kidney and Renal Pelvis	3.6	655	3.7	523	3.4	130	5.3	397	5.5	326	4.8	71
Ureter	0.1	14	0.1	13	0.0	1	0.1	9	0.2	8	0.1	1
Other Urinary Organs	0.1	13	0.1	9	0.1	4	0.1	6	0.1	4	0.1	2
Eye and Orbit	0.0	7	0.0	7	0.0	0	0.1	4	0.1	4	0.0	0
Brain and Other Nervous System	4.6	831	5.3	740	2.2	91	5.8	454	6.6	406	2.7	48
Endocrine System	0.8	142	0.8	103	0.9	37	0.9	68	0.9	53	0.9	13
Thyroid	0.5	85	0.4	57	0.7	27	0.6	40	0.5	28	0.8	11
Other Endocrine including Thymus	0.3	57	0.4	46	0.2	10	0.3	28	0.4	25	0.1	2
Lymphoma	8.0	1,424	9.0	1,256	4.2	166	9.8	725	10.8	632	5.7	92
Hodgkin Lymphoma	0.5	85	0.5	71	0.3	14	0.7	53	0.7	42	0.6	11
Non-Hodgkin Lymphoma	7.5	1,339	8.4	1,185	3.9	152	9.1	672	10.1	590	5.1	81
Myeloma	4.2	749	3.5	499	6.6	248	5.5	393	4.6	267	8.8	125
Leukemia	7.5	1,334	7.7	1,067	6.6	262	10.0	717	10.4	585	8.3	131
Lymphocytic Leukemia	2.3	400	2.2	307	2.4	93	3.1	218	3.2	174	2.8	44
Acute Lymphocytic Leukemia	0.4	71	0.4	53	0.4	18	0.5	42	0.6	34	0.4	8
Chronic Lymphocytic Leukemia	1.7	302	1.7	232	1.9	70	2.4	165	2.5	130	2.4	35
Myeloid and Monocytic Leukemia	2.8	493	3.0	414	1.9	76	3.6	270	3.8	227	2.5	42
Acute Myeloid Leukemia	2.1	369	2.2	309	1.4	57	2.5	193	2.7	163	1.8	
Chronic Myeloid Leukemia	0.5	81	0.5	66	0.4	15	0.7	53	0.7	42	0.6	11
Other Leukemia	2.5	441	2.5	346	2.3	93	3.3	229	3.4	184	3.0	45
Miscellaneous Malignant Cancer	21.6	3,876	21.1	2,987	23.0	878	29.0	2,104	28.2	1,623	31.5	474

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.

Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 9 Continued - Alabama Cancer Moratlity Rates and Counts, by Site, Race, and Sex, 1999-2002 Combined

	Female All races		White		Black	
	Rate	Count	Rate	Count	Rate	Count
All Malignant Cancers	164.6	17,264	162.0	13,285	170.2	3,934
Oral Cavity and Pharynx	1.5	162	1.6	136	1.1	26
Digestive System	35.0	3,753	31.9	2,679	45.7	1,064
Esophagus	1.6	166	1.3	111	2.4	55
Stomach	3.2	348	2.5	213	5.6	133
Small Intestine	0.3	28	0.2	19	0.4	9
Colon and Rectum	15.7	1,685	14.2	1,198	20.8	485
Colon excluding Rectum	13.7	1,477	12.4	1,046	18.5	430
Rectum and Rectosigmoid Junction	2.0	208	1.8	152	2.4	55
Anus, Anal Canal and Anorectum	0.2	23	0.2	19	0.2	4
Liver and Intrahepatic Bile Duct	3.4	358	3.3	272	3.6	83
Liver	2.9	309	2.9	236	3.0	70
Intrahepatic Bile Duct	0.5	49	0.4	36	0.6	13
Gallbladder	0.6	63	0.5	45	0.8	18
Other Biliary	0.3	30	0.3	28	0.1	2
Pancreas	9.5	1,017	8.9	751	11.4	263
Other Digestive Organs	0.2	21	0.2	13	0.3	8
Respiratory System	39.8	4,154	42.1	3,454	30.4	686
Larynx	0.5	53	0.5	39	0.6	14
Lung and Bronchus	39.1	4,082	41.5	3,401	29.5	667
Bones and Joints	0.6	65	0.6	46	0.8	19
Soft Tissue including Heart	1.1	110	1.0	80	1.2	29
Skin excluding Basal and Squamous	2.2	227	2.7	209	0.8	18
Melanoma of the Skin	1.8	178	2.1	166	0.5	12
Other Non-Epithelial Skin	0.4	49	0.5	43	0.2	6
Breast	26.4	2,692	24.8	1,966	31.0	724
Female Genital System	16.7	1,740	15.6	1,264	20.4	471
Cervix Uteri	3.1	309	2.4	177	5.5	130
Corpus and Uterus, NOS	3.7	391	2.8	233	6.9	157
Corpus Uteri	1.8	186	1.4	120	2.9	65
Uterus, NOS	1.9	205	1.4	113	4.0	92
Ovary	9.1	956	9.6	786	7.4	168
Vagina	0.3	30	0.3	24	0.3	6
Vulva	0.4	39	0.4	34	0.2	5
Other Female Genital Organs	0.1	15	0.1	10	0.2	5
Male Genital System	0.0	0	0.0	0	0.0	0
Prostate	0.0	0	0.0	0	0.0	0
Testis	0.0	0	0.0	0	0.0	0
Penis	0.0	0	0.0	0	0.0	0
Other Male Genital Organs	0.0	0	0.0	0	0.0	0
Urinary System	4.3	463	4.3	362	4.2	98
Urinary Bladder	1.8	193	1.8	155	1.6	37
Kidney and Renal Pelvis	2.4	258	2.4	197	2.6	59
Ureter	0.0	5	0.1	5	0.0	0
Other Urinary Organs	0.1	7	0.1	5	0.1	2
Eye and Orbit	0.0	3	0.0	3	0.0	0
Brain and Other Nervous System	3.7	377	4.3	334	1.9	43
Endocrine System	0.7	74	0.6	50	1.0	24
Thyroid	0.4	45	0.3	29	0.7	16
Other Endocrine including Thymus	0.3	29	0.3	21	0.3	8
Lymphoma	6.6	699	7.5	624	3.1	74
Hodgkin Lymphoma	0.3	32	0.4	29	0.1	3
Non-Hodgkin Lymphoma	6.3	667	7.1	595	3.0	71
Myeloma	3.3	356	2.7	232	5.4	123
Leukemia	5.8	617	5.8	482	5.5	131
Lymphocytic Leukemia	1.7	182	1.6	133	2.1	49
Acute Lymphocytic Leukemia	0.3	29	0.3	19	0.4	10
Chronic Lymphocytic Leukemia	1.2	137	1.1	102	1.5	35
Myeloid and Monocytic Leukemia	2.1	223	2.3	187	1.4	34
Acute Myeloid Leukemia	1.7	176	1.8	146	1.2	28
Chronic Myeloid Leukemia	0.3	28	0.3	24	0.2	4
Other Leukemia	2.0	212	1.9	162	2.0	48
Miscellaneous Malignant Cancer	16.7	1,772	16.4	1,364	17.6	404

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.

Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1996-2002

Table 10 - Trends in Alabama Cancer Mortality, Selected Sites, 1999-2002

FEMALES

Cervix

	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	2.5	0.3	1.9	3.3
2000 Rate	3.7	0.4	3.0	4.6
2001 Rate	3.3	0.4	2.6	4.1
2002 Rate	2.9	0.3	2.3	3.7

Breast

	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	26.3	1.0	24.4	28.5
2000 Rate	26.1	1.0	24.2	28.2
2001 Rate	27.7	1.0	25.7	29.8
2002 Rate	25.6	1.0	23.6	27.6

MALES

Prostate

	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	40.1	1.7	36.9	43.5
2000 Rate	37.7	1.6	34.6	40.9
2001 Rate	38.7	1.6	35.6	42.1
2002 Rate	35.9	1.6	32.9	39.2

MALES AND FEMALES

Colorectal

	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	19.4	0.7	18.1	20.7
2000 Rate	19.1	0.7	17.8	20.4
2001 Rate	18.8	0.6	17.6	20.1
2002 Rate	18.5	0.6	17.3	19.8

Lung

	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	63.8	1.2	61.5	66.2
2000 Rate	62.0	1.2	59.7	64.3
2001 Rate	62.0	1.2	59.8	64.4
2002 Rate	63.3	1.2	61.0	65.7

Melanoma

	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	2.4	0.2	2.0	2.9
2000 Rate	2.4	0.2	2.0	2.9
2001 Rate	2.6	0.2	2.2	3.2
2002 Rate	2.7	0.2	2.2	3.2

Oral

	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	3.1	0.3	2.6	3.7
2000 Rate	3.1	0.3	2.6	3.6
2001 Rate	2.6	0.2	2.2	3.1
2002 Rate	2.7	0.2	2.3	3.2

All Sites

	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	215.6	2.2	211.3	220.0
2000 Rate	208.8	2.2	204.6	213.1
2001 Rate	210.0	2.2	205.8	214.3
2002 Rate	207.3	2.1	203.1	211.5

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard; Confidence intervals are 95% for rates and trends.

Source: Alabama Statewide Cancer Registry (ASCR), 2004. Data Years: 1999-2002

TABLE 11 - Tobacco Use, Adults 18 and Older, Alabama and the US, 2002

Current Cigarette Smoking	Alabama	United States
% Total	24.4%	22.7%
% Male	27.5%	25.4%
% Female	21.6%	20.3%
% White only, non-Hispanic	24.0%	23.4%
% Black only, non-Hispanic	21.8%	21.9%
% Other race only, non-Hispanic	36.6%	21.4%
% Hispanic	31.7%	19.2%
% Female 18-44	23.7%	23.8%
% Low Education*	31.6%	40.4%

Current Smokeless Tobacco Use	Alabama	United States
% Male	0.0	1.6%

Current cigarette smoking: having ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular)
*Adults 25 years old and older with less than a high school education
-- Data not displayed when 50 or fewer survey respondents in that category
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

TABLE 12 - Tobacco Use, High School Students (Grades 9-12), Alabama and the US, 2000

Current Cigarette Smoking	Alabama	United States
% Total	30.2%	28.0%
% Male	32.5%	28.8%
% Female	27.8%	27.3%

Current Smokeless Tobacco Use	Alabama	United States
% Male	17.4%	14.8%

Current cigarette smoking: smoked cigarettes on 1 or more of the 30 days preceding the survey
Current Smokeless Tobacco Use defined as used chewing tobacco or snuff on 1 or more of the 30 days preceding the survey
-- Data not available
U.S. Source: National Youth Tobacco Survey, 2000, Centers for Disease Control and Prevention.
State Source: Alabama Youth Tobacco Survey, 2000, Centers for Disease Control and Prevention.
Smokeless Tobacco Source: Youth Risk Behavior Surveillance System, 2001, Centers for Disease Control and Prevention.

TABLE 13 - Current Cigarette Smoking, Middle School Students (Grades 6-8), Alabama and US, 2000

Current Cigarette Smoking	Alabama	United States
% Total	30.2%	28.0%
% Male	32.5%	28.8%
% Female	27.8%	27.3%

Current Smokeless Tobacco Use	Alabama	United States
% Male	17.4%	14.8%

Current cigarette smoking: smoked cigarettes on 1 or more of the 30 days preceding the survey
-- Data not available
U.S. Source: National Youth Tobacco Survey, 2000, Centers for Disease Control and Prevention.
State Source: Alabama Youth Tobacco Survey, 2000, Centers for Disease Control and Prevention.

TABLE 14 - Colorectal Cancer Screening, Adults 50 and Older, Alabama and the US, 2002

Sigmoidoscopy/Colonoscopy within the Past 5 Years	Alabama	United States
% Total	39.8%	40.5%
% 50-64 years old	36.3%	35.0%
% 65 years and older	44.5%	47.7%
% Male	41.3%	41.7%
% Males 50-64 years old	37.8%	35.8%
% Males 65 years and older	46.5%	50.8%
% Female	38.7%	39.5%
% Females 50-64 years old	34.8%	34.1%
% Females 65 years and older	43.1%	45.6%
% White only, non-Hispanic	39.7%	41.7%
% Black only, non-Hispanic	38.9%	40.3%
% Other race only, non-Hispanic	--	33.5%
% Hispanic	--	31.7%
% Low Education*	36.6%	32.5%

Fecal Occult Blood Test within the Past Year	Alabama	United States
% Total	18.4%	21.8%
% 50-64 years old	16.2%	18.9%
% 65 years and older	21.2%	25.4%
% Male	17.7%	22.4%
% Males 50-64 years old	13.7%	19.2%
% Males 65 years and older	23.8%	27.4%
% Female	18.9%	21.2%
% Females 50-64 years old	18.6%	18.7%
% Females 65 years and older	19.4%	24.1%
% White only, non-Hispanic	19.0%	22.8%
% Black only, non-Hispanic	17.0%	20.9%
% Other race only, non-Hispanic	--	15.1%
% Hispanic	--	14.2%
% Low Education*	16.2%	15.9%

*Adults 50 years old and older with less than a high school education
-- Data not displayed when 50 or fewer survey respondents in that category
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

TABLE 15 - Fruit and Vegetable Intake, Adults 18 and Older, Alabama and the US, 2002

Consume 5 or More Fruits and Vegetables per Day	Alabama	United States
% Total	21.1%	24.5%
% Male	18.1%	19.9%
% Female	23.9%	28.9%
% White only, non-Hispanic	21.0%	24.3%
% Black only, non-Hispanic	20.4%	22.0%
% Other race only, non-Hispanic	19.8%	29.7%
% Hispanic	28.1%	23.8%
% Low Education*	18.8%	20.3%

*Adults 25 years old and older with less than a high school education
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

TABLE 16 - Physical Inactivity, Adults 18 and Older, Alabama and the US, 2002

No Leisure Time Physical Activity	Alabama	United States
% Total	27.3%	25.0%
% Male	24.7%	22.1%
% Female	29.7%	27.7%
% White only, non-Hispanic	24.6%	21.8%
% Black only, non-Hispanic	37.5%	32.7%
% Other race only, non-Hispanic	22.9%	26.0%
% Hispanic	23.0%	36.6%
% Low Education*	45.4%	48.9%

*Adults 25 years old and older with less than a high school education
-- Data not displayed when 50 or fewer survey respondents in that category
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

*TABLE 17 - Overweight**, Adults 18 and Older, Alabama and the US, 2002*

Overweight **	Alabama	United States
% Total	62.7%	58.8%
% Male	70.8%	66.9%
% Female	55.0%	50.8%
% White only, non-Hispanic	60.9%	57.4%
% Black only, non-Hispanic	68.8%	69.4%
% Other race only, non-Hispanic	55.3%	46.1%
% Hispanic	63.8%	63.7%
% Low Education*	70.7%	68.7%

*Adults 25 years old and older with less than a high school education
** BMI = 25.0 kg/m2
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

TABLE 18 - Breast Cancer Screening, Women 40 and Older, Alabama and the US, 2002

Mammogram within the past year	Alabama	United States
% 40 years and older	65.3%	61.5%
% 40-64 years old	64.9%	60.5%
% 65 years and older	66.4%	63.8%
% White only, non-Hispanic	64.8%	62.4%
% Black only, non-Hispanic	70.6%	62.8%
% Other race only, non-Hispanic	--	55.6%
% Hispanic	--	56.7%
% Low Education*	55.2%	52.3%

*Women 40 years old and older with less than a high school education
-- Data not displayed when 50 or fewer survey respondents in that category
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

TABLE 19 - Prostate Cancer Screening, Men Age 50 and Older, Alabama and the US, 2002

PSA in the Past Year	Alabama	United States
% 50 years and older	57.3%	53.7%
% 50-64 years old	53.7%	49.0%
% 65 years and older	63.6%	61.8%
% White only, non-Hispanic	58.0%	55.3%
% Black only, non-Hispanic	48.7%	52.3%
% Other race only, non-Hispanic	--	43.9%
% Hispanic	--	44.0%
% Low Education*	43.2%	42.0%

DRE in the Past Year	Alabama	United States
% 50 years and older	54.5%	52.0%
% 50-64 years old	51.2%	48.9%
% 65 years and older	60.4%	57.2%
% White only, non-Hispanic	53.0%	53.5%
% Black only, non-Hispanic	60.0%	52.8%
% Other race only, non-Hispanic	--	40.5%
% Hispanic	--	40.8%
% Low Education*	40.0%	40.8%

*Men 50 years old and older with less than a high school education
-- Data not displayed when 50 or fewer survey respondents in that category
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

TABLE 20 - Cervical Cancer Screening, Women 18 and Older, Alabama and the US, 2002

Pap Test within the Past 3 Years	Alabama	United States
% 18 years and older	88.2%	86.2%
% 18-44 years old	90.3%	88.1%
% 45-64 years old	88.6%	87.8%
% 65 years and older	77.1%	74.4%
% White only, non-Hispanic	86.9%	87.0%
% Black only, non-Hispanic	92.2%	90.3%
% Other race only, non-Hispanic	--	74.8%
% Hispanic	--	83.5%
% Low Education*	78.5%	76.5%

*Women 25 years old and older with less than a high school education
-- Data not displayed when 50 or fewer survey respondents in that category
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

TABLE 21 - Five-Year Survival Rates* by Stage at Diagnosis, United States, 1992-1999

Site	All Stages %	Local %	Regional %	Distant %	Site	All Stages %	Local %	Regional %	Dist %
Breast	86.6	97.0	78.7	23.3	Ovary	53.0	94.7	72.0	30
Colon & rectum	62.3	90.1	65.5	9.2	Pancreas	4.4	16.6	6.8	1.
Esophagus	14.0	29.1	13.1	2.2	Prostate†	97.5	100.0	-	34
Kidney	62.6	89.9	60.0	9.1	Stomach	22.5	59.0	21.7	2.
Larynx	64.7	82.6	47.9	20.0	Testis	95.5	99.1	95.0	73
Liver	6.9	16.3	6.0	1.9	Thyroid	95.8	99.3	95.5	59
Lung & bronchus	14.9	48.7	16.0	2.1	Melanoma	89.6	96.7	60.1	13
Urinary bladder	81.8	94.4	48.2	5.8	Uterine cervix	71.3	92.2	50.9	16
Oral cavity	57.2	82.1	47.9	26.1	Uterine corpus	84.4	96.2	64.7	26

*Rates are adjusted for normal life expectancy and are based on cases diagnosed from 1992-1999, followed through 2000. ÜThe rate for local stage represents local and regional stages combined.
Local: An invasive malignant cancer confined entirely to the organ of origin. Regional: A malignant cancer that 1) has extended beyond the limits of the organ of origin directly into surrounding organs or tissues; 2) involves regional lymph nodes by way of lymphatic system; or 3) has both regional extension and involvement of regional lymph nodes. Distant: A malignant cancer that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis to distinct organs, tissues, or via the lymphatic system to distant lymph nodes.
Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office, GA: American Cancer Society. (Surveillance, Epidemiology, and end results Program, 1973-2000, Division of Cancer Control and Population Sciences, National Cancer Institute, Behtesda, MD.)

Screening Guidelines For the Early Detection of Cancer in Asymptomatic People

BREAST

Women age 40 and older should have a screening mammogram every year, and should continue to do so for as long as they are in good health. Women in their 20s and 30s should have a clinical breast examination (CBE) as part of a periodic (regular) health exam by a health professional preferably every 3 years. After age 40, women should have a breast exam by a health professional every year.BSE is an option for women starting in their 20s. Women should be told about the benefits and limitations of BSE. Women should report any breast changes to their health professional right away. Women at increased risk should talk with their doctor about the benefits and limitations of starting mammograms when they are younger, having additional tests, or having more frequent exams. Women should discuss with their doctor what approaches are best for them. Although the evidence currently available does not justify recommending ultrasound or MRI for screening, women at increased risk might benefit from the results.

COLON & RECTUM

Beginning at age 50, men and women should follow one of the examination schedules below:
· A fecal occult blood test (FOBT) every year
· A flexible sigmoidoscopy (FSIG) every five years
· Annual fecal occult blood test and flexible sigmoidoscopy every five years*
· A double-contrast barium enema every five years
· A colonoscopy every 10 years

*Combined testing is preferred over either FOBT, or FSIG every 5 years, alone. People who are at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule.

PROSTATE

The PSA test and the digital rectal examination should be offered annually, beginning at age 50, to men who have a life expectancy of at least 10 years. Men at high risk (African American men and men with a strong family history of one or more first-degree relatives diagnosed with prostate cancer at an early age) should begin testing at age 45. For both men at average risk and high risk, information should be provided about what is known and what is uncertain about the benefits and limitations of early detection and treatment of prostate cancer so that they can make an informed decision about testing.

UTERUS

Cervix: Screening should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age. Screening should be done every year with regular Pap tests or every two years using liquid-based tests. At or after age 30, women who have had three normal test results in a row may get screened every 2-3 years. However, doctors may suggest a woman get screened more often if she has certain risk factors, such as HIV infection or a weak immune system. Women 70 years and older who have had three or more consecutive normal Pap tests in the last 10 years may choose to stop cervical cancer screening. Screening after total hysterectomy (with removal of the cervix) is not necessary unless the surgery was done as a treatment for cervical cancer.

Endometrium: The American Cancer Society recommends that all women should be informed about the risks and symptoms of endometrial cancer, and strongly encouraged to report any unexpected bleeding or spotting to their physicians. Annual screening for endometrial cancer with endometrial biopsy beginning at age 35 should be offered to women with or at risk for hereditary nonpolyposis colon cancer (HNPCC).

CANCER-RELATED CHECKUP

For individuals undergoing periodic health examinations, a cancer-related checkup should include health counseling, and depending on a person's age, might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some nonmalignant diseases.

American Cancer Society guidelines for early cancer detection are assessed annually in order to identify whether there is new scientific evidence sufficient to warrant a re-evaluation of current recommendations. If evidence is sufficiently compelling to consider a change or clarification in a current guideline or the development of a new guideline, a formal procedure is initiated. Guidelines are formally evaluated every 5 years regardless of whether new evidence suggests a change in the existing recommendations. There are nine steps in this procedure, and these "guidelines for guideline development" were formally established to provide a specific methodology for science and expert judgement to form the underpinnings of specific statements and recommendations from the Society. These procedures constitute a deliberate process to insure that all Society recommendations have the same methodological and evidence-based process at their core. This process also employs a system for rating strength and consistency of evidence that is similar to that employed by the Agency for Health Care Research and Quality (AHCRQ) and the US Preventive Services Task Force (USPSTP).

The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy and service.

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