

Alabama

Cancer Facts & Figures

2013



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Alabama Department of Public Health Letter



STATE OF ALABAMA DEPARTMENT OF PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

July 2014

Dear Colleagues:

I am pleased to present the **2013 Alabama Cancer Facts & Figures** report produced by the Alabama Statewide Cancer Registry in collaboration with the American Cancer Society. This annual report highlights the work of the Alabama Comprehensive Cancer Control Coalition and its efforts to reduce the incidence, morbidity, and mortality of cancer in all Alabamians and to build a sustainable effort for cancer prevention and control throughout our state.

Cancer is the second leading cause of death in Alabama, exceeded only by heart disease. Breast, colorectal, lung, and prostate cancers are the most commonly diagnosed cancers, accounting for almost 56 percent of all new cases in Alabama; however, more Alabamians die from lung cancer than from breast, colorectal, and prostate cancers combined. Eliminating tobacco use, one of the single most preventable causes of disease, and eliminating exposure to secondhand smoke could greatly reduce the incidence and mortality of lung cancer. For breast, prostate, and colorectal cancers, there are established, effective screening tests which can diagnose cancers at an early stage when treatment is more effective and survival is more likely. In addition, engaging in healthy lifestyle habits, such as being physically active and consuming a healthy diet, can also contribute to cancer prevention efforts.

It is my hope that the information presented in this report will assist the partners, agencies, and organizations involved in cancer prevention efforts throughout the state as we continue to work toward reducing Alabama's cancer burden.

Sincerely,

A handwritten signature in blue ink, appearing to read "Donald E. Williamson".

Donald E. Williamson, M.D.
State Health Officer

American Cancer Society Letter

Dear Colleagues,

In partnership with the Alabama Department of Public Health and the Alabama Statewide Cancer Registry, I am pleased to present the *Alabama Cancer Facts & Figures 2013*.

For more than 100 years, the American Cancer Society has worked relentlessly to save lives and create a world with less cancer and more birthdays. Together with our partners and supporters throughout Alabama, we help people stay well, help people get well, find cures, and fight back against the disease, and together, we will finish the fight.

As the world of health care continues to change, there are tremendous opportunities to continue to fight against cancer, whether through prevention and early detection, survivorship, research, or any of the countless ways we help save and improve lives. We are thankful for the work done by the Alabama Statewide Cancer Registry to maintain accurate and timely cancer incidence and mortality data.

This publication continues to serve as a planning tool for the American Cancer Society staff and volunteers, as well as our partners working throughout Alabama. We hope that the information contained in this document will help you understand the impact cancer has in our state.

Working together and utilizing the data contained below, we can save and impact the lives of those who work and live in Alabama. Thank you for your support and for your participation in our programs and services as we work to make this cancer's last century.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Allison". The signature is fluid and cursive, with the first name "Matt" being more prominent than the last name "Allison".

Matt Allison
American Cancer Society, Inc.
Account Representative, State Health Representative

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Additional copies of *Alabama Cancer Facts & Figures 2013* can be obtained from the Alabama Statewide Cancer Registry website: adph.org/ascr.

Cancer: Basic Facts

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 both external factors (tobacco, chemicals, radiation, and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions, and mutations that occur from metabolism). These causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposure to external factors and detectable cancer. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.¹

Can Cancer Be Prevented?

All cancers caused by cigarette smoking and heavy use of alcohol could be prevented completely. The American Cancer Society estimates that in 2013 about 174,100 cancer deaths will be caused by tobacco use. Scientific evidence suggests that about one-third of the 580,350 cancer deaths expected to occur in 2013 will be related to overweight or obesity, physical inactivity, and poor nutrition and thus could also be prevented. Certain cancers are related to infectious agents, such as hepatitis B virus (HBV), human papillomavirus (HPV), human immunodeficiency virus (HIV), and *Helicobacter pylori* (*H. pylori*). Many of these cancers could be prevented through behavioral changes, vaccines, or antibiotics. In addition, many of the more than 2 million skin cancers that are diagnosed annually could be prevented by protecting skin from intense sun exposure and avoiding indoor tanning.¹

Regular screening examinations by a health care professional can result in the detection and removal of precancerous growths, as well as the diagnosis of cancers at an early stage, when they are most treatable. Cancers of the cervix, colon, and rectum can be prevented by removal of precancerous tissue. Cancers that can be diagnosed early through screening include cancers of the breast, colon, rectum, cervix, prostate, oral cavity, and skin. A heightened awareness of changes in the breast or skin may also result in detection of these tumors at earlier stages. Cancers that can be prevented or detected earlier by screening account for at least half of all new cancer cases.¹

Who Is at Risk?

Anyone can develop cancer. Since the risk of being diagnosed with cancer increases with age, most cases occur in adults who are middle-aged or older. About 77% of all cancers are diagnosed in persons 55 and older.¹ Cancer researchers use the word “risk” in different ways, most commonly expressing risk as lifetime risk or relative risk. *Lifetime risk* refers to the probability that an individual will develop or die from cancer over the course of a lifetime. In the US, men have slightly less than a 1 in 2 lifetime risk of developing cancer; for women, the risk is a little more than 1 in 3.¹ *Relative risk* is a measure of the strength of the relationship between risk factors and a particular cancer. It compares the risk of developing cancer in persons with a certain exposure or trait to the risk in persons who do not have this characteristic. For example, male smokers are about 23 times more likely to develop lung cancer than nonsmokers, so their relative risk is 23. Women who have a first-degree relative (mother, sister, or daughter) with a history of breast cancer have about twice the risk of developing breast cancer compared to women who do not have a family history.¹

How Many New Cancer Cases Are Expected To Occur in 2013 in Alabama?

In Alabama, approximately 27,080 new cases of cancer will occur in 2013; approximately 74 people will hear that they have been diagnosed with cancer each day.¹

Estimated New Cancer Cases for Selected Cancer Sites, Alabama, 2013*

Site	New Cases
All Sites	27,080
Female Breast	3,720
Uterine Cervix	200
Colon and Rectum	2,390
Uterine Corpus	610
Leukemia	640
Lung and Bronchus	4,550
Melanoma	1,300
Non-Hodgkin Lymphoma	990
Prostate	3,940
Urinary Bladder	960

*Rounded to the nearest 10. Excludes basal and squamous cell skin cancers and *in situ* carcinomas except urinary bladder.

Source: American Cancer Society, *Cancer Facts & Figures 2013*. Atlanta: American Cancer Society.

How Many People Are Expected to Die of Cancer in 2013 in Alabama?

In Alabama, 10,430 people are expected to die of cancer this year. Lung cancer will account for 3,290 deaths, which is approximately 32% of all estimated cancer deaths in the state.¹

Estimated Cancer Deaths for Selected Cancer Sites, Alabama, 2013*	
Site	Deaths
All Sites	10,430
Brain/Nervous System	250
Female Breast	690
Colon and Rectum	970
Uterine Corpus	610
Leukemia	400
Liver	330
Lung and Bronchus	3,290
Non-Hodgkin Lymphoma	320
Ovary	270
Pancreas	630
Prostate	550

*Rounded to the nearest 10.
Source: American Cancer Society, *Cancer Facts & Figures 2013*. Atlanta: American Cancer Society.

All Cancers

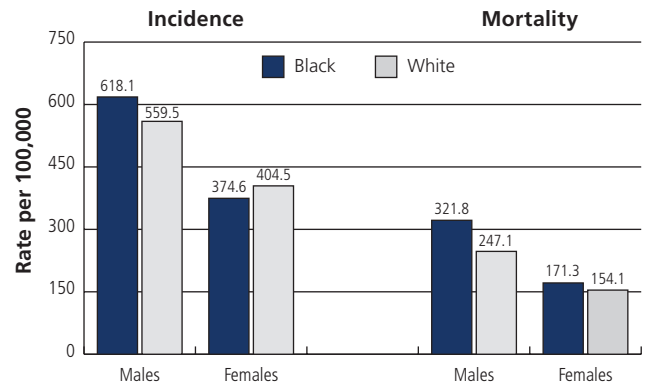
Incidence Rates

For both genders combined, Alabama's cancer incidence rate is 471.6 – slightly higher than the US rate of 470.2.³ Males in the state have a higher cancer incidence rate than females with a rate of 574.6 versus 397.5.³ Among males, black males have a higher cancer incidence rate than white males with a rate of 618.1 versus 559.5.³ Among females, white females have a higher cancer incidence rate than black females with a rate of 404.5 versus 374.6.³ (See Figure 1 and Table 11, page 27.)

Mortality Rates

For both genders combined, Alabama's cancer mortality rate is 198.1 – higher than the US rate of 183.3.^{2,4} Males in the state have a higher cancer mortality rate than females with a rate of 259.2 versus 157.3.² Among males, black males have a higher cancer mortality rate than white males with a rate of 321.8 versus 247.1.² Among females, black females have a higher cancer mortality rate than white females with a rate of 171.3 versus 154.1.² (See Figure 1 and Table 12, page 27.)

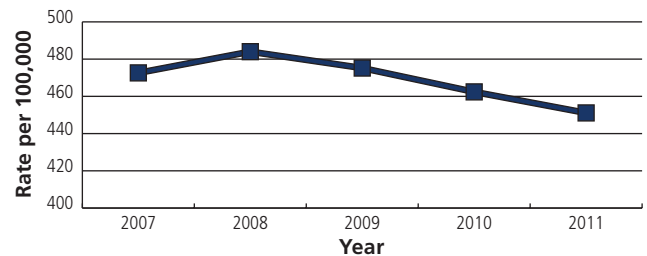
Figure 1: All Sites Cancer Incidence and Mortality Rates*, by Sex and Race, Alabama



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Cancer Incidence (2006-2010), Cancer Mortality (2002-2011).

Figure 2: Trends in Cancer Incidence Rates*, All Sites, Males and Females, Alabama, 2007-2011



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

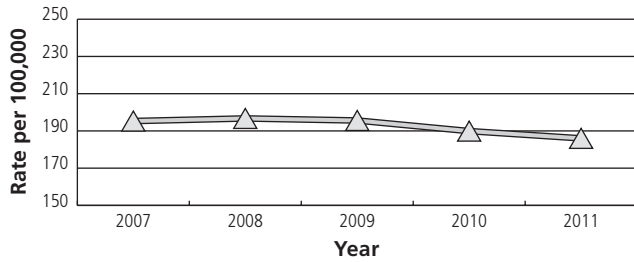
Source: Alabama Statewide Cancer Registry (ASCR), 2013.

Trends

Between 2007 and 2011, the percentage change for all sites cancer incidence in Alabama had an overall decrease of 4.5%; the annual percentage change during this time was -1.4%.² The decrease in cancer incidence was not found to be statistically significant. (See Figure 2 and Table 2, page 15.)

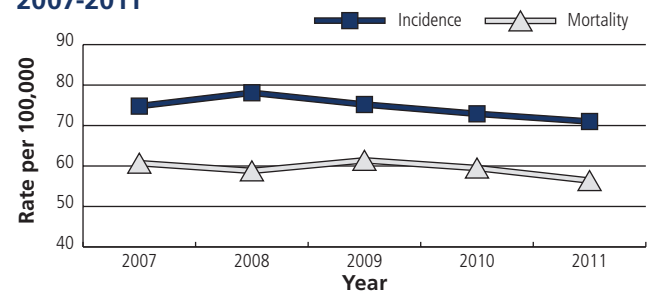
Between 2007 and 2011, the percentage change for all sites cancer mortality in Alabama had an overall decrease of 4.8%; the annual percentage change during this time was -1.3%.² The decrease in cancer mortality was not found to be statistically significant. (See Figure 3 and Table 10, page 26.)

Figure 3: Trends in Cancer Mortality Rates*, All Sites, Males and Females, Alabama, 2007-2011



*Per 100,000, age-adjusted to the 2000 US standard population.
Source: Alabama Statewide Cancer Registry (ASCR), 2013.

Figure 5: Trends in Lung Cancer Incidence and Mortality Rates*, Males and Females, Alabama, 2007-2011



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population. **Source:** Alabama Statewide Cancer Registry (ASCR), 2013.

Selected Cancers

Lung Cancer

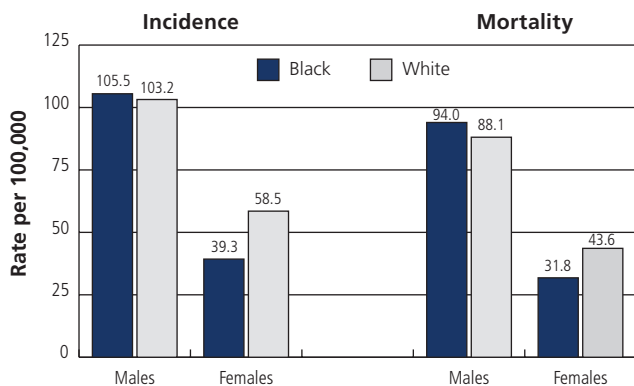
2013 Estimates

In 2013, an estimated 4,550 new cases of lung and bronchus cancer and an estimated 3,290 deaths from lung and bronchus cancer are expected to occur in Alabama.¹

Incidence Rates

For both genders combined, the lung cancer incidence rate in Alabama is 75.2 – higher than the US rate of 65.7.³ (See Table 11, page 27.) Males in the state have a higher lung cancer incidence rate than females with a rate of 103.4 versus 54.3.³ Among males in Alabama, black males have a higher lung cancer incidence

Figure 4: Lung Cancer Incidence and Mortality Rates*, by Sex and Race, Alabama



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.
Source: Alabama Statewide Cancer Registry (ASCR), 2013. Cancer Incidence (2006-2010), Cancer Mortality (2002-2011).

rate than white males with a rate of 105.5 versus 103.2.³ Among females in the state, white females have a higher lung cancer incidence rate than black females with a rate of 58.5 versus 39.3.³ (See Figure 4 and Table 11, page 27.)

Mortality Rates

For both genders combined, the lung cancer mortality rate in Alabama is 61.0 – higher than the US rate of 51.6.^{2,4} Males in the state have a higher lung cancer mortality rate than females with a rate of 88.9 versus 41.0.² Among males in Alabama, black males have a higher lung cancer mortality rate than white males with a rate of 94.0 versus 88.1.² Among females in the state, white females have a higher lung cancer mortality rate than black females with a rate of 43.6 versus 31.8.² (See Figure 4 and Table 12, page 27.)

Trends

Between 2007 and 2011, the percentage change for lung cancer incidence in Alabama had an overall decrease of 5.0%; the annual percentage change during this time was -1.7%.² For lung cancer mortality, between 2007 and 2011, the percentage change had an overall decrease of 7.1%; the annual percentage change during this time was -1.4%.² Neither trend was statistically significant. (See Figure 5, Table 2, page 15, and Table 10, page 26.)

Risk Factors

Cigarette smoking is by far the most important risk factor for lung cancer. Risk increases with quantity and duration of cigarette consumption. Cigar and pipe smoking also increase risk. Other risk factors include occupational or environmental exposure to secondhand smoke, radon, asbestos (particularly among smokers), certain metals (chromium, cadmium, arsenic), some organic chemicals, radiation, air pollution, diesel exhaust, and paint.¹ Genetic susceptibility can also play a contributing role in the development of lung cancer, especially in those who develop lung cancer at a younger age.¹

Tobacco Use

Alabama adults and Alabama youth have higher rates of cigarette smoking than the national averages. While 23.8% of the state's adults and 22.9% of the state's youth smoke, the national averages are 19.6% and 18.1%, respectively.⁸ Adults with low levels of education have the highest rates of cigarette smoking in Alabama.⁸ (See Table 13, page 28, for additional information on smoking rates in Alabama and the US.)

Colorectal Cancer

2013 Estimates

In 2013, an estimated 2,390 new cases of colorectal cancer and an estimated 970 colorectal cancer deaths are expected to occur in Alabama.¹

Incidence Rates

For both genders combined, the colorectal cancer incidence rate in Alabama is 47.9 – higher than the US rate of 44.7.³ (See Table 11, page 27.) Males in the state have a higher colorectal cancer incidence rate than females with a rate of 57.2 versus 40.6.³ Among males in Alabama, black males have a higher colorectal cancer incidence rate than white males with a rate of 68.0 versus 54.9.³ Among females in the state, black females have a higher colorectal cancer incidence rate than white females with a rate of 48.1 versus 38.5.³ (See Figure 6 and Table 11, page 27.)

Mortality Rates

For both genders combined, the colorectal cancer mortality rate in Alabama is 18.1 – higher than the US rate of 17.8.^{2,4} Males in the state have a higher colorectal cancer mortality rate than females with a rate of 22.7 versus 14.8.² Among males in Alabama,

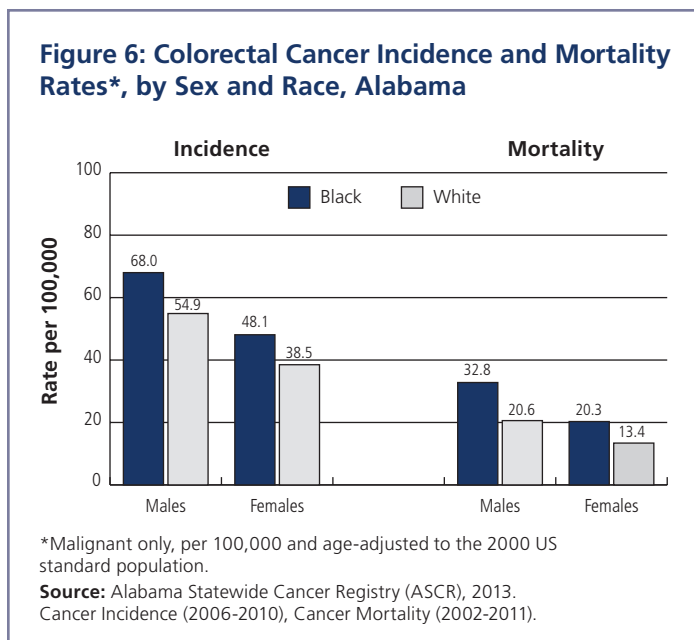
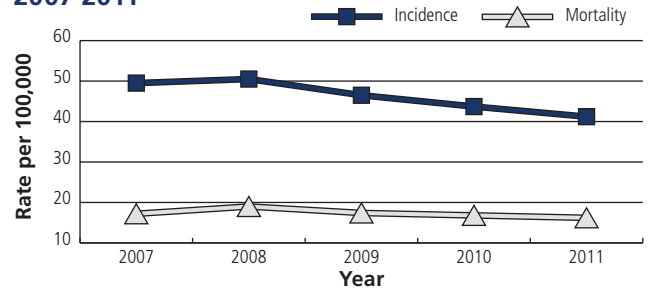


Figure 7: Trends in Colorectal Cancer Incidence and Mortality Rates*, Males and Females, Alabama, 2007-2011



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population. **Source:** Alabama Statewide Cancer Registry (ASCR), 2013.

black males have a higher colorectal cancer mortality rate than white males with a rate of 32.8 versus 20.6.² Among females in the state, black females have a higher colorectal cancer mortality rate than white females with a rate of 20.3 versus 13.4.² (See Figure 6 and Table 12, page 27.)

Trends

Between 2007 and 2011, the percentage change for colorectal cancer incidence in Alabama had an overall decrease of 16.8%; the annual percentage change during this time was -5.0%.² For colorectal cancer mortality, between 2007 and 2011, the percentage change had an overall decrease of 5.8%; the annual percentage change during this time was -2.5%.² Although the trend in colorectal cancer incidence was statistically significant, the trend in mortality was not. (See Figure 7, Table 2, page 15, and Table 10, page 26.)

Risk Factors

The risk of colorectal cancer increases with age; 90% of cases are diagnosed in individuals 50 years of age and older.¹ Risk is also increased by certain inherited genetic mutations (familial adenomatous polyposis [FAP] and hereditary non-polyposis colorectal cancer [HNPCC]), a personal or family history of colorectal cancer and/or polyps, or a personal history of chronic inflammatory bowel disease.¹ Several modifiable factors are associated with an increased risk of colorectal cancer. These include smoking, physical inactivity, obesity, heavy alcohol consumption, a diet high in red or processed meat, and inadequate intake of fruits and vegetables.¹

Early Detection

Beginning at age 50, men and women who are at average risk for developing colorectal cancer should begin screening. Screening can result in the detection and removal of colorectal polyps before they become cancerous, as well as detect cancers at an early stage.¹ When colorectal cancers are detected at an early, localized stage, the 5-year survival rate is 90%; however, only 39% of colorectal cancer cases are diagnosed at this stage,

mostly due to underuse of screening.¹ After the cancer has spread regionally to involve adjacent organs or lymph nodes, the 5-year survival drops to 70%. For persons with distant stage diagnosis, the 5-year survival rate is 12%.¹ For all adults 50 years of age and older in Alabama, they have similar rates of colorectal cancer screening compared to the national average.⁸ Adults with low education have the lowest colorectal cancer screening rates of all genders and races in the state.⁸ (See page 13 for the American Cancer Society's screening guidelines for the early detection of colorectal cancer and Table 14, page 28, for more information on colorectal cancer screening rates in Alabama and the US.)

Melanoma

2013 Estimates

In 2013, an estimated 1,300 new cases of melanoma will occur in Alabama.¹

Incidence Rates

For both genders combined, the melanoma incidence rate in Alabama is 20.5 – higher than the US rate of 19.4.³ (See Table 11, page 27.) Males in the state have a higher melanoma incidence rate than females with a rate of 27.4 versus 15.7.³ Among males in Alabama, white males have a significantly higher melanoma incidence rate than black males with a rate of 33.9 versus 1.1.³ Among females in the state, white females have a significantly higher melanoma incidence rate than black females with a rate of 20.7 versus 1.0.³ (See Figure 8 and Table 11, page 27.)

Mortality Rates

For both genders combined, the melanoma mortality rate in Alabama is 2.8 – roughly the same as the US rate of 2.7.^{2,4}

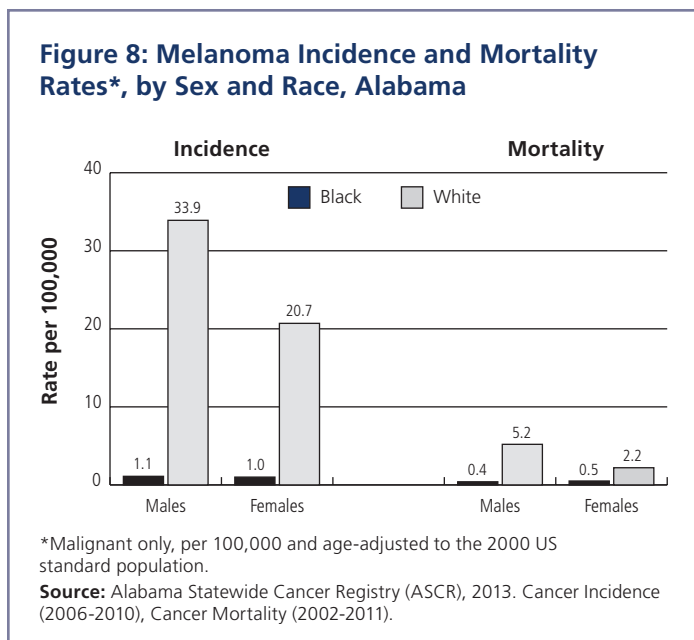
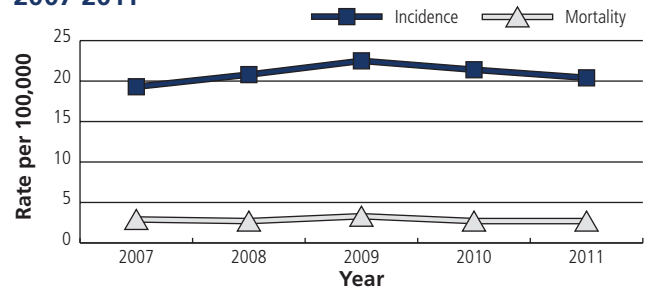


Figure 9: Trends in Melanoma Incidence and Mortality Rates*, Males and Females, Alabama, 2007-2011



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population. **Source:** Alabama Statewide Cancer Registry (ASCR), 2013.

Males in the state have a higher melanoma mortality rate than females with a rate of 4.3 versus 1.8.³ Among males in Alabama, white males have a higher melanoma mortality rate than black males with a rate of 5.2 versus 0.4.³ Among females in the state, white females have a higher melanoma mortality rate than black females with a rate of 2.2 versus 0.5.³ (See Figure 8 and Table 12, page 27.)

Trends

Between 2007 and 2011, the percentage change for melanoma incidence in Alabama had an overall increase of 5.6%; the annual percentage change during this time was 1.3%.² For melanoma mortality, between 2007 and 2011, the percentage change had an overall decrease of 8.7%; the annual percentage change during this time was -1.9%.² (See Figure 9, Table 2, page 15, and Table 10, page 26.)

Risk Factors

Major risk factors for melanoma include a personal or family history of melanoma and the presence of atypical moles or a large number of moles (greater than 50). Other risk factors for all types of skin cancer include sun sensitivity (sunburning easily, difficulty tanning, natural blond or red hair color); a history of excessive sun exposure, including sunburns; use of tanning booths; diseases that suppress the immune system; and a past history of basal cell or squamous cell skin cancers.¹

Early Detection

The best way to detect skin cancer early is to recognize changes in skin growths or the appearance of new growths.¹ Adults should undergo regular dermatologic assessment and thoroughly examine their skin on a regular basis.¹ New or unusual lesions or a progressive change in a lesion's appearance size, shape, or color, etc. should be evaluated promptly by a physician.¹ A simple ABCD rule outlines the warning signals of the most common type 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, with variable degrees of tan, brown, or black); D is for diameter greater than 6 millimeters (about the size of a pencil eraser).¹ If detected at its earliest stages and treated properly, melanoma is highly curable.¹ When detected at a localized stage, the 5-year survival rate is 98%; the 5-year survival rates for regional and distant stage diseases are 62% and 15%, respectively.¹

Prostate Cancer

2013 Estimates

In 2013, an estimated 3,940 new cases of prostate cancer and an estimated 550 prostate cancer deaths are expected to occur in Alabama.¹

Incidence Rates

The prostate cancer incidence rate in Alabama is 158.4 – higher than the US rate of 146.6.³ (See Table 11, page 27.) Black males in the state have a higher prostate cancer incidence rate than white males with a rate of 236.0 versus 135.1.³ (See Figure 10 and Table 11, page 27.)

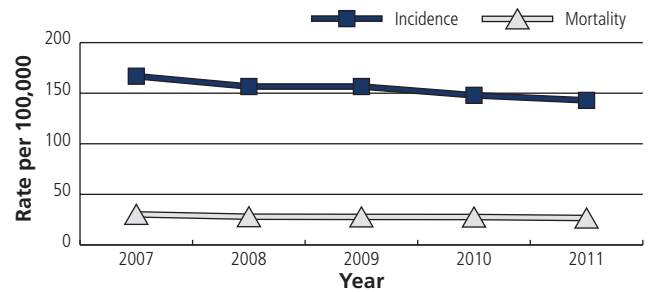
Mortality Rates

The prostate cancer mortality rate in Alabama is 30.0 – higher than the US rate of 25.0.^{2,4} Black males in the state have a higher prostate cancer mortality rate than white males with a rate of 67.2 versus 22.7.² (See Figure 10 and Table 12, page 27.)

Trends

Between 2007 and 2011, the percentage change for prostate cancer incidence in Alabama had an overall decrease of 14.3%; the annual percentage change during this time was -3.6% and was statistically significant.² For prostate cancer mortality, between 2007 and 2011, the percentage change had an overall

Figure 11: Trends in Prostate Cancer Incidence and Mortality Rates*, Males, Alabama, 2007-2011



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population. **Source:** Alabama Statewide Cancer Registry (ASCR), 2013.

decrease of 12.0%; the annual percentage change during this time was -2.6% and was statistically significant.² (See Figure 11, Table 2, page 15, and Table 10, page 26.)

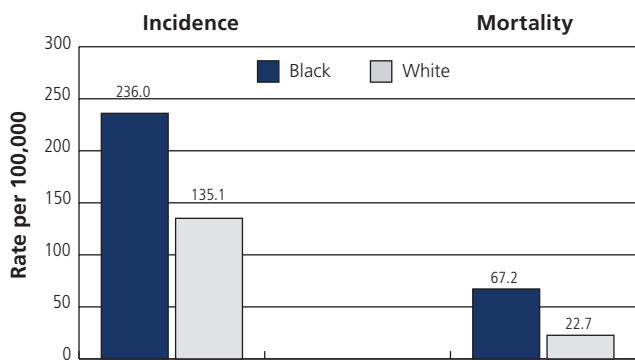
Risk Factors

Age, ethnicity, and family history are well-established risk factors for prostate cancer.¹ About 60% of all prostate cancer cases are diagnosed in men 65 years of age and older, and 97% occur in men 50 and older. African American men and Jamaican men of African descent have the highest prostate cancer incidence rates in the world.¹ Genetic studies suggest that strong familial disposition may account for 5-10% of prostate cancer cases. Recent studies suggest that a diet high in processed meat or dairy foods may be a risk factor, and obesity appears to increase risk of aggressive prostate cancer.¹

Early Detection

The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years receive information about the potential benefits and known limitations associated with testing for early prostate cancer detection and make an informed decision about testing. Men at higher risk, including African American men and men with a first-degree relative (father or brother) diagnosed with prostate cancer before age 65, should have this discussion with their health care provider beginning at age 45. Men at appreciably higher risk (multiple family members diagnosed with prostate cancer before age 65) should receive this information beginning at age 40. The 5-year survival rate for prostate cancer is almost 100% when the cancer is diagnosed and treated at the local and regional stages.¹ Males in Alabama have higher rates of prostate-specific antigen (PSA) screening than the US averages.⁸ Males of low education have the lowest rates of PSA screening of all groups.⁸ (See page 13 for the American Cancer Society's screening guidelines concerning the early detection of prostate cancer and Table 16, page 29, for more information on prostate cancer screening rates in Alabama and the US.)

Figure 10: Prostate Cancer Incidence and Mortality Rates*, Males, by Race, Alabama



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population. **Source:** Alabama Statewide Cancer Registry (ASCR), 2013. Cancer Incidence (2006-2010), Cancer Mortality (2002-2011).

Breast Cancer

2013 Estimates

In 2013, an estimated 3,720 new cases of female breast cancer and an estimated 690 female breast cancer deaths are expected to occur in Alabama.¹

Incidence Rates

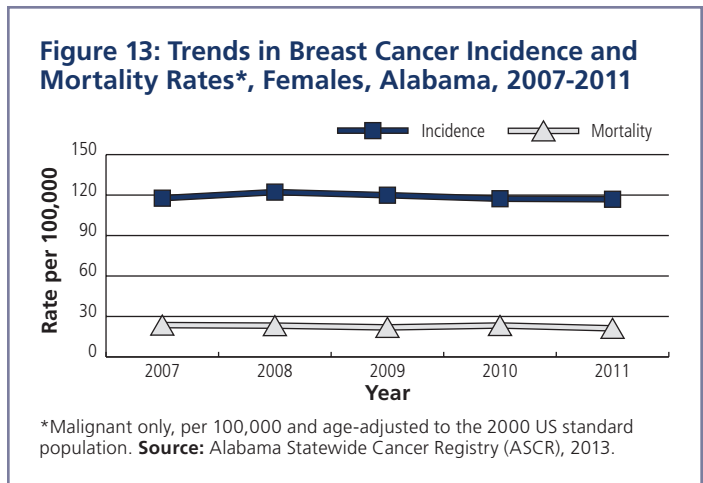
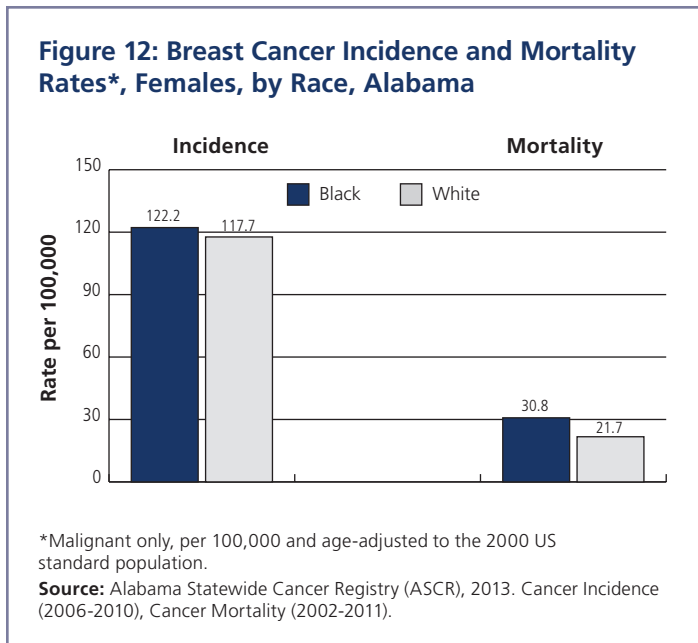
The female breast cancer incidence rate in Alabama is 119.4 – lower than the US rate of 122.2.³ (See Table 11, page 27.) Black females in the state have a higher breast cancer incidence rate than white females with a rate of 122.2 versus 117.7.³ (See Figure 12 and Table 11, page 27.)

Mortality Rates

The female breast cancer mortality rate in Alabama is 23.7 – lower than the US rate of 23.9.^{2,4} Black females in the state have a higher breast cancer mortality rate than white females with a rate of 30.8 versus 21.7.² (See Figure 12 and Table 12, page 27.)

Trends

Between 2007 and 2011, the percentage change for breast cancer incidence in Alabama had an overall decrease of 0.6%; the annual percentage change during this time was -0.5%.² For breast cancer mortality, between 2007 and 2011, the percentage change had an overall decrease of 10.2%; the annual percentage change during this time was -2.1%.² (See Figure 13, Table 2, page 15, and Table 10, page 26.)



Risk Factors

Aside from being female, age is the most important factor affecting breast cancer risk. Risk is also increased by inherited genetic mutations in the BRCA1 and BRCA2 genes, a personal or family history of breast cancer, high breast tissue density, biopsy-confirmed hyperplasia, high bone mineral density, and high-dose radiation to the chest, typically related to a medical procedure.¹ Reproductive factors that increase breast cancer risk include a long menstrual history (menstrual periods that start early and/or end late in life), never having children, recent use of oral contraceptives, and having one’s first child after age 30.¹ Potentially modifiable risk factors include weight gain after age 18, being overweight or obese (for post-menopausal breast cancer), use of combined estrogen and progestin menopausal hormone therapy, physical inactivity, and alcohol consumption.¹

Early Detection

Mammography can detect breast cancer at an early stage, when treatment is more effective and a cure is more likely.¹ Steady declines in breast cancer mortality among women since 1989 have been attributed to a combination of early detection and improvements in treatment. When breast cancers are detected and diagnosed at the localized stage, the relative 5-year survival rate is 98%, compared to a rate of only 24% for breast cancers detected at the distant stage.¹ Alabama females have a slightly higher rate of mammography screening than the US average – 74.3% of the state’s females have had a mammogram in the past two years compared to 74.0% of US females.⁸ Black females in Alabama have a higher rate of mammography screening than white females.⁸ Females with a low education have the lowest rate of mammography of all age groups and races.⁸ (See page 13 for the American Cancer Society’s screening guidelines for the early detection of breast cancer and Table 15, page 28, for more information on breast cancer screening rates in Alabama and the US.)

Cervical Cancer

2013 Estimates

In 2013, an estimated 200 new cases of cervical cancer will occur in Alabama.¹

Incidence Rates

The cervical cancer incidence rate in Alabama is 8.6 – higher than the US rate of 8.0.³ (See Table 11, page 27.) Black females in the state have a higher cervical cancer incidence rate than white females with a rate of 9.9 versus 8.3.³ (See Figure 14 and Table 11, page 27.)

Mortality Rates

The cervical cancer mortality rate in Alabama is 3.0 – higher than the US rate of 2.4.^{2,4} Black females in the state have a higher cervical cancer mortality rate than white females with a rate of 5.2 versus 2.5.² (See Figure 14 and Table 12, page 27.)

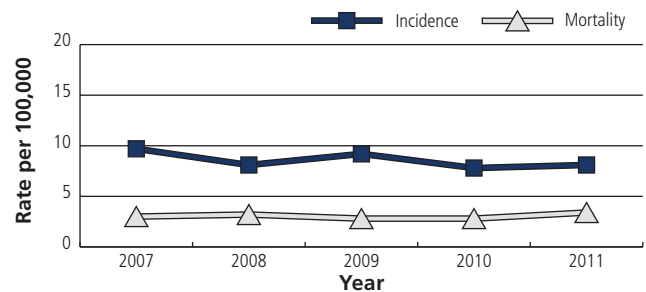
Trends

Between 2007 and 2011, the percentage change for cervical cancer incidence in Alabama had an overall decrease of 16.1%; the annual percentage change during this time was -3.9%.² For cervical cancer mortality, between 2007 and 2011, the percentage change had an overall increase of 13.2%; the annual percentage change during this time was 1.4%.² (See Figure 15, Table 2, page 15, and Table 10, page 26.)

Risk Factors

The primary cause of cervical cancer is infection with certain types of human papillomavirus (HPV).¹ Women who begin

Figure 15: Trends in Cervical Cancer Incidence and Mortality Rates*, Females, Alabama, 2007-2011



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population. **Source:** Alabama Statewide Cancer Registry (ASCR), 2013.

having sex at an early age or who have many sexual partners are at increased risk for HPV and cervical cancer. However, a woman may be infected with HPV even if she has had only one sexual partner. Persistence of the infection and progression to cancer may be influenced by factors such as immunosuppression, high parity (number of childbirths), and cigarette smoking. Long-term use of oral contraceptives is also associated with increased risk of cervical cancer.¹

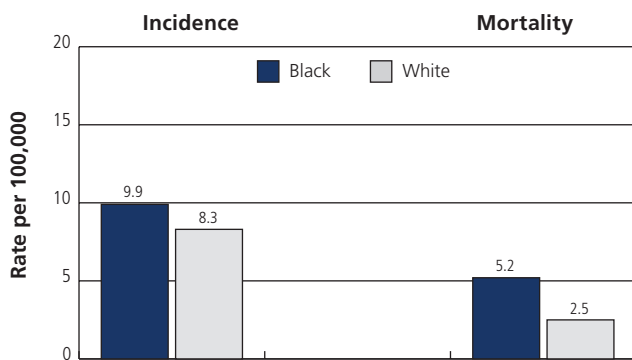
Prevention

The Food and Drug Administration has approved two vaccines (Gardasil and Cervarix) for use in females ages 9 to 26 for the prevention of the most common HPV infections that cause cervical cancer. The vaccines cannot protect against established infections, nor do they protect against all HPV types. Screening can prevent cervical cancer by detecting precancerous lesions. As screening has become more common, preinvasive lesions of the cervix are detected far more frequently than invasive cancer. The Pap test is the most widely used cervical cancer screening method.

Early Detection

The Pap test is a simple procedure in which a small sample of cells is collected from the cervix and examined.¹ When detected at a localized stage, the 5-year survival rate for invasive cervical cancer is 91%.¹ As a group, females 18 years of age and older in Alabama have a slightly higher rate of cervical cancer screening than the US average.⁸ Females of low education have the lowest rate of screening for all ages and races.⁸ (See page 13 for the American Cancer Society's screening guidelines for the early detection of cervical cancer and Table 17, page 29, for more information on cervical cancer screening rates in Alabama.)

Figure 14: Cervical Cancer Incidence and Mortality Rates*, Females, by Race, Alabama



*Malignant only, per 100,000 and age-adjusted to the 2000 US standard population.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Cancer Incidence (2006-2010), Cancer Mortality (2002-2011).

The Alabama Comprehensive Cancer Control Coalition: Envisioning a Cancer-Free Alabama

The Alabama Comprehensive Cancer Control Coalition, or ACCCC, is a collection of physicians, public health professionals, policy makers, and interested members of the public, whose mission is to maintain surveillance of cancer incidence in Alabama and to disseminate information on cancer screening and treatment to all people in our state.



The ACCCC Mission Statement

The mission of the Alabama Comprehensive Cancer Control Coalition is to develop and sustain a coordinated, integrated approach to reducing cancer incidence, morbidity, mortality, and to improve the quality of life and care for cancer survivors, their families, and their caregivers. The ACCCC fulfills its mission by improving access, reducing cancer disparities, advocating for public policy, and implementing the Alabama Comprehensive Cancer Control Plan, which addresses primary prevention, early detection, treatment, survivorship, follow-up care, and palliative care.

The mission fits well with the Centers for Disease Control and Prevention's current priority areas, which are to emphasize primary prevention, coordinate early detection and treatment interventions, address public health needs of cancer survivors, implement policies to sustain cancer control, eliminate disparities to achieve health equity, and measure outcomes and impact through evaluation.

Specifically, the ACCCC:

- Coordinates, enhances, and strengthens the efforts of organizations that are concerned with cancer prevention, control, and care in Alabama
- Assists with the dissemination and utilization of state registry data
- Assists with the coordination of resources to meet the identified needs of partners
- Educates on and advocates for policies about cancer issues in Alabama that will favorably affect cancer rates and outcomes among Alabamians
- Acts as a clearinghouse for cancer control information on cancer control activities and disseminates information to partners and the general public
- Tracks the progress of implementation of cancer control objectives through annual evaluation

The Path to Cancer Control in Alabama

In January 2012, the ACCCC officially released the 2011-2015 Alabama Comprehensive Cancer Control Plan titled *The Path to Cancer Control in Alabama*. The third Alabama statewide cancer plan covers the years 2011-2015 and seeks to build on the success of the previous efforts of cancer control in the state, as well as to develop new objectives that address cancer prevention

efforts over the lifespan and address disparities in cancer. The approach to defining objectives for this plan was systematic and sought input from all members of the ACCCC. This five-year, cancer control plan includes fundamental lifestyle changes, such as the elimination of tobacco use, increased emphasis on physical activity and proper nutrition, participation in cancer screenings and vaccination, and appropriate and timely treatment.

The Alabama Comprehensive Cancer Control Plan is divided into five major sections that address topics relevant to cancer control in Alabama. The sections are: Primary Prevention, Secondary Prevention: Early Detection, Tertiary Prevention: Treatment, Survivorship, and Health Information Technology (IT).

Primary Prevention

The overall focus of primary prevention includes risk reduction and sustaining optimal health over the lifespan of all Alabamians. Primary prevention activities include policy, environmental, and system changes that promote implementation of evidence-based practices. In 2012, more than 26,000 Alabamians, or 72 per day, received a diagnosis of cancer, and an estimated 10,000 Alabamians, or 27 per day, died from the disease. To decrease cancer incidence and mortality rates, Alabamians are encouraged to modify their lifestyle choices – to quit using tobacco, eat better, get more physical exercise, and avoid overexposure to ultraviolet light.

Secondary Prevention: Early Detection

The early detection section focuses on five types of cancer: breast, cervical, colorectal, prostate, and skin. The primary goals of secondary prevention include supporting policy and system changes that assure improved access to screening tests with appropriate follow-up after testing. Public education is extremely important in the role of early detection. Appropriate decision making aids must be disseminated to Alabamians to educate them about the benefits of proven cancer screening

methods. Health care professionals also play an important role by providing information about cancer screening services, encouraging their patients to participate in routine screening procedures, and systematically integrating the established guidelines in a routine standard of care.

Tertiary Prevention: Treatment

The treatment section focuses on genetic testing, patient navigation, and access to clinical trials. Tertiary cancer prevention includes monitoring for and preventing recurrence of the originally diagnosed cancer and screening for second primary cancers and long-term effects of treatment in cancer survivors. The focus of this form of prevention is aimed at detecting complications and second cancers in long-term survivors when treatment is most likely to be effective and ultimately improve their quality of life.

Survivorship

For cancer survivors, the transition from treatment to survivorship is often a difficult one filled with many psychological and medical challenges. This phase of life following the diagnosis and treatment of cancer has gained increased recognition as of late, and the development of proper public health strategies to help survivors address these issues is critical. These strategies include identifying the needs and health status of cancer survivors, as well as involving caregivers in the evaluation of resources available for palliative and supportive care.

Community-based efforts are needed so that survivors are aware of the ongoing health concerns related to cancer survivorship, including surveillance for cancer recurrence, surveillance for second cancers, late effects of cancer treatment, and behavioral risk factors.

The development of specialty survivorship programs at cancer centers in Alabama should increase the number of cancer survivors who have access to a medical home and to a comprehensive supportive and palliative care program.

Advocacy

Cancer is not just a medical issue; it is also a psychological, social, and economic issue.

The disease becomes political when elected officials make policy decisions that affect the lives of cancer survivors, their families, their career opportunities, and other potential cancer patients. Cancer advocates in Alabama address all these issues at various levels and in their own unique ways. Some groups have paid consultants while others influence decision makers by their personal testimonies. Through implementation of the ACCCC Plan, various approaches will be coordinated to increase Alabama's capacity to help prevent cancer, broaden access to quality cancer treatment and follow-up care and improve the quality of life for those affected by the disease.

Partners, such as the American Cancer Society (ACS) and the Coalition for a Tobacco Free Alabama (CTFA), train individuals and groups to be advocates and to provide a voice for people who are not usually heard. ACS and CTFA initiatives rely on the combined efforts of a community-based, grassroots network of cancer survivors, caregivers, volunteers, staff, health care professionals, public health organizations, and other partners.

ACCCP staff must maintain competency in issue framing, policy analysis, and formulation. New strategies will need to support these policy interventions. In 2010, the ACS presented the Capitol Dome Award to the Alabama Department of Public Health (ADPH) for lifesaving work to reduce cancer incidence and mortality, citing the following departmental accomplishments in fighting cancer:

- Providing free breast and cervical cancer screenings and treatment for eligible women
- Helping reduce tobacco use in adults and youth, promoting tobacco cessation, and eliminating exposure to secondhand smoke
- Providing free prostate cancer screenings for eligible men in certain counties
- Providing a coordinated and integrated approach through the ACCCC to improve access, reduce cancer disparities, advocate for public policy, and implement the ACCCC Plan

A digital copy of *The Path to Cancer in Alabama* can be obtained by visiting the Coalition's website at adph.org/cancercontrol.

ACCC Structure

Executive Officers

In November 1999 the original by-laws of the ACCCC were approved. In accordance with these by-laws, program leadership will change every two years, with an elected Chair, Vice-Chairperson, and Secretary from outside the state health department and an ADPH senior staff member serving as program coordinator. The executive officers act as the face of the Coalition while also guiding the overall direction of its members and activities. These officers sit on the Executive Committee along with ADPH Cancer Prevention staff and the chairpersons representing the ACCCC's working committees.

Chairperson

Matt Allison
Account Representative, State Health Representative
American Cancer Society, Inc.

Vice-Chairperson

Trevis D. Hawkins, RN, BSN, MBA
Director, Medical Oncology
East Alabama Medical Center, Cancer Center of East Alabama

Secretary

Jennifer Summar
Healthcare Consultant
Alabama Quality Assurance Foundation

ACCCC Program Coordinator

Gavin Graf
Health Services Administrator
Alabama Department of Public Health

Committee Structure

ACCCC members work in committees to concentrate efforts on areas of cancer control. The committees housed within the Coalition are prevention, early detection, access to care, survivorship, surveillance, and communications. The Coalition enjoys an easily adaptable committee structure that allows for formation of ad hoc committees as well as swift redirection of committee efforts to accommodate the needs of cancer control statewide.

Chairs of each committee also sit on the Executive Committee along with the Executive Officers and ADPH Cancer Prevention staff. Each committee sets deadlines for completion of objectives and monitors for progress between quarterly meetings.

Benefits of Membership

Members of the ACCCC enjoy the opportunity to be on the ground floor of cancer control in Alabama. Coalition members actively take part in working with health care and academic professionals as well as members from prestigious organizations across the state to strengthen cancer prevention and control efforts. Members attend meetings in which they work in committee structure to achieve the goals and objectives of the Coalition as listed in the ACCCC Plan.

ACCCC members also have the opportunity to volunteer for events where they interact with the public and educate individuals, physicians, or entire organizations about the burden of cancer in Alabama and plans for reducing cancer morbidity and mortality statewide.

Members have access to news and announcements concerning cancer in Alabama as well as the Coalition listserv. This allows for members to easily and efficiently distribute communications to fellow ACCCC members, partners, and their organizations.

The ACCCC has also discussed offering continuing education credits for eligible members.

Online Outreach

To inform the public, keep members informed, promote its partners, and reach prospective members, the ACCCC maintains a website as well as a YouTube channel and a Facebook

page. The ACCCC also uses UStream, a website dedicated to live streaming videos, to broadcast its quarterly meetings free to the public.

adph.org/cancercontrol
facebook.com/ALCompCancerCoalition
ustream.tv/channel/acccc-quarterly-meeting

Recent Accomplishments

In January 2013, the ACCCC invited Frances Butterfoss, PhD, to speak at its quarterly meeting. Dr. Butterfoss, a nationally renowned health educator with more than 20 years of experience in community collaboration, presented to ACCCC members on coalition-building strategies.

At this meeting, the ACCCC experienced its largest turnout since January 2012 when it held its quarterly meeting in conjunction with Tuskegee University's First Bioethics Conference on Cancer Health Disparities Research.

As a result of Dr. Butterfoss' guidance, the ACCCC revised its by-laws to recognize a committee structure that would best suit the membership. Members also set about identifying prospective members that would best serve the Coalition.

Currently, the ACCCC is partnering with The UAB Comprehensive Cancer Center to film and broadcast a series of public service videos on topics related to cancer survivorship and palliative care. The wide range of topics will help cancer survivors and their caregivers cope with the side effects of cancer treatment.

These videos will be available to the public through UAB's YouTube page; the ACCCC website, the YouTube channel, and the Facebook page; and the Alabama Public Health Training Network webpage.

The ACCCC has also recently updated its website to prominently feature ASCR cancer data (e.g., state maps, county profiles, and national comparison tables).

Joining the ACCCC

If you would like to take part in the ACCCC, visit adph.org/cancercontrol to register as a member. You will also be added to the Coalition listserv to keep you up-to-date on the latest ACCCC and cancer-related news.

Alabama Comprehensive Cancer Control Program

201 Monroe St., Suite 1400-G
Montgomery, AL 36104
(334) 206-3887

American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention

Individual Choices

Achieve and maintain a healthy weight throughout life.

- Be as lean as possible throughout life without being underweight.
- Avoid excessive weight gain at all ages. For those who are overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.
- Get regular physical activity and limit intake of high-calorie foods and drinks as keys to help maintain a healthy weight.

Adopt a physically active lifestyle.

- Adults: Engage in at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity activity each week (or a combination of these), preferably spread out over the week.
- Children and teens: Engage in at least 1 hour of moderate- to vigorous-intensity activity each day, with vigorous activity on at least 3 days per week.
- Limit sedentary behavior such as sitting, lying down, watching TV and other forms of screen-based entertainment.
- Doing some physical activity above usual activities, no matter what one's level of activity, can have many health benefits.

Eat a healthy diet, with an emphasis on plant foods.

- Choose foods and beverages in amounts that help achieve and maintain a healthy weight.
- Eat at least 2½ cups of vegetables and fruits each day.
- Choose whole grains instead of refined grain products.
- Limit consumption of processed and red meats.

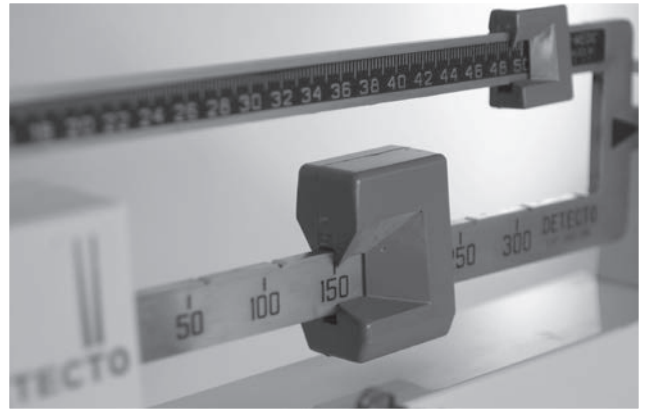
If you drink alcoholic beverages, limit consumption.

- Drink no more than 1 drink per day for women or 2 per day for men.

Community Action

Public, private, and community organizations should work together at national, state, and local levels to apply policy and environmental changes that:

- Increase access to affordable, healthy food in communities, workplaces, and schools, and decrease access to and marketing of foods and drinks of low nutritional value, particularly to youth.
- Provide safe, enjoyable, and accessible environments for physical activity in schools and workplaces and for transportation and recreation in communities.



Screening Guidelines for the Early Detection of Cancer in Average-risk Asymptomatic People

Cancer Site	Population	Test or Procedure	Frequency
Breast	Women, ages, 20+	Breast self-examination (BSE)	It is acceptable for women to choose not to do BSE or to do BSE regularly (monthly) or irregularly. Beginning in their early 20s, women should be told about the benefits and limitations of BSE. Whether or not a woman ever performs BSE, the importance of prompt reporting of any new breast symptoms to a health professional should be emphasized. Women who choose to do BSE should receive instruction and have their technique reviewed on the occasion of a periodic health examination.
		Clinical breast examination (CBE)	For women in their 20s and 30s, it is recommended that CBE be part of a periodic health examination, preferably at least every three years. Asymptomatic women ages 40 and over should continue to receive a CBE as part of a periodic health examination, preferably annually.
		Mammography	Begin annual mammography at age 40.*
Cervix	Women, ages 21-65	Pap test & HPV DNA test	Cervical cancer screening should begin at age 21. For women ages 21-29, screening should be done every 3 years with conventional or liquid-based Pap tests. For women ages 30-65, screening should be done every 5 years with both the HPV test and the Pap test (preferred), or every 3 years with the Pap test alone (acceptable). Women ages 65+ who have had ≥3 consecutive negative Pap tests or ≥2 consecutive negative HPV and Pap tests within the past 10 years, with the most recent test occurring within 5 years, and women who have had a total hysterectomy should stop cervical cancer screening. Women should not be screened annually by any method at any age.
Colorectal	Men and women, ages 50+	Fecal occult blood test (FOBT) with at least 50% test sensitivity for cancer, or fecal immunochemical test (FIT) with at least 50% test sensitivity for cancer, or	Annual, starting at age 50. Testing at home with adherence to manufacturer's recommendation for collection techniques and number of samples is recommended. FOBT with the single stool sample collected on the clinician's fingertip during a digital rectal examination is not recommended. Guaiac-based toilet bowl FOBT tests also are not recommended. In comparison with guaiac-based tests for the detection of occult blood, immunochemical tests are more patient-friendly, and are likely to be equal or better in sensitivity and specificity. There is no justification for repeating FOBT in response to an initial positive finding.
		Stool DNA test**, or	Interval uncertain, starting at age 50.
		Flexible sigmoidoscopy (FSIG), or	Every 5 years, starting at age 50. FSIG can be performed alone, or consideration can be given to combining FSIG performed every 5 years with a highly sensitive gFOBT or FIT performed annually.
		Double-contrast barium enema (DCBE), or	Every 5 years, starting at age 50.
		Colonoscopy	Every 10 years, starting at age 50.
		CT Colonography	Every 5 years, starting at age 50.
Endometrial	Women, at menopause	At the time of menopause, women at average risk should be informed about risks and symptoms of endometrial cancer and strongly encouraged to report any unexpected bleeding or spotting to their physicians.	
Lung	Current or former smokers ages 55-74 in good health with at least a 30 pack-year history	Low-dose helical CT (LDCT)	Clinicians with access to high-volume, high-quality lung cancer screening and treatment centers should initiate a discussion about lung cancer screening with apparently healthy patients ages 55-74 who have at least a 30 pack-year smoking history, and who currently smoke or have quit within the past 15 years. A process of informed and shared decision making with a clinician related to the potential benefits, limitations, and harms associated with screening for lung cancer with LDCT should occur before any decision is made to initiate lung cancer screening. Smoking cessation counseling remains a high priority for clinical attention in discussions with current smokers, who should be informed of their continuing risk of lung cancer. Screening should not be viewed as an alternative to smoking cessation.
Prostate	Men, ages 50+	Digital rectal examination (DRE) and prostate-specific antigen test (PSA)	Men who have at least a 10-year life expectancy should have an opportunity to make an informed decision with their health care provider about whether to be screened for prostate cancer, after receiving information about the potential benefits, risks, and uncertainties associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision-making process.
Cancer-related checkup	Men and women, ages 20+	On the occasion of a periodic health examination, the cancer-related checkup should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.	

*Beginning at age 40, annual clinical breast examination should be performed prior to mammography. **The stool DNA test approved for colorectal cancer screening in 2008 is no longer commercially available. New stool DNA tests are presently undergoing evaluation.

Cancer Incidence Tables

Table 1. Alabama Cancer Incidence Rates and Counts, by Site and Sex, 2002-2011 Combined

Males	Rate	Count	Females	Rate	Count
All Sites	565.7	126,677	All Sites	390.2	108,193
Oral Cavity and Pharynx	19.6	4,582	Oral Cavity and Pharynx	6.9	1,935
Digestive System	104.5	23,190	Digestive System	67.5	19,196
Esophagus	8.7	2,010	Esophagus	1.8	502
Stomach	8.7	1,887	Stomach	4.6	1,313
Small Intestine	2.5	566	Small Intestine	1.8	515
Colon and Rectum	58.2	12,855	Colon and Rectum	40.6	11,529
Colon Excluding Rectum	42.1	9,187	Colon Excluding Rectum	31.1	8,857
Rectum	16.1	3,668	Rectum	9.5	2,672
Anus, Anal Canal, and Anorectum	1.3	293	Anus, Anal Canal, and Anorectum	1.9	530
Liver and Intrahepatic Bile Duct	8.4	1,950	Liver and Intrahepatic Bile Duct	3.0	865
Gallbladder	0.7	146	Gallbladder	1.0	296
Pancreas	13.6	2,982	Pancreas	10.0	2,895
Other Digestive Organs	0.3	77	Other Digestive Organs	0.3	71
Respiratory System	114.2	25,579	Respiratory System	56.6	16,182
Larynx	9.2	2,159	Larynx	1.9	543
Lung and Bronchus	103.7	23,121	Lung and Bronchus	54.1	15,472
Bones and Joints	1.1	245	Bones and Joints	0.8	197
Soft Tissue Including Heart	3.6	784	Soft Tissue Including Heart	2.9	743
Skin (Excluding Basal and Squamous)	26.5	5,800	Skin (Excluding Basal and Squamous)	15.3	4,032
Melanoma of the Skin	24.8	5,436	Melanoma of the Skin	14.3	3,766
Other Non-Epithelial Skin	1.8	364	Other Non-Epithelial Skin	1.0	266
Breast	1.2	263	Breast	117.0	32,127
Female Genital System	*	*	Female Genital System	42.7	11,653
Cervix Uteri	*	*	Cervix Uteri	8.7	2,129
Corpus and Uterus, NOS	*	*	Corpus and Uterus, NOS	17.9	5,041
Corpus Uteri	*	*	Corpus Uteri	17.1	4,841
Uterus, NOS	*	*	Uterus, NOS	0.7	200
Ovary	*	*	Ovary	12.3	3,429
Vagina	*	*	Vagina	0.8	216
Vulva	*	*	Vulva	2.6	690
Other Female Genital Organs	*	*	Other Female Genital Organs	0.5	148
Male Genital System	159.7	36,706	Male Genital System	*	*
Prostate	154.1	35,480	Prostate	*	*
Testis	4.5	979	Testis	*	*
Penis	0.9	197	Penis	*	*
Other Male Genital Organs	0.2	50	Other Male Genital Organs	*	*
Urinary System	54.4	11,859	Urinary System	18.9	5,361
Urinary Bladder	32.9	6,921	Urinary Bladder	7.7	2,222
Kidney and Renal Pelvis	20.4	4,697	Kidney and Renal Pelvis	10.8	2,998
Ureter	0.8	166	Ureter	0.4	107
Other Urinary Organs	0.4	75	Other Urinary Organs	0.1	34
Eye and Orbit	1.1	256	Eye and Orbit	0.7	194
Brain and Other Nervous System	7.8	1,770	Brain and Other Nervous System	5.6	1,473
Endocrine System	4.8	1,105	Endocrine System	11.8	2,959
Thyroid	4.1	952	Thyroid	11.2	2,806
Other Endocrine Including Thymus	0.7	153	Other Endocrine Including Thymus	0.6	153
Lymphoma	23.1	5,088	Lymphoma	16.0	4,402
Hodgkin Lymphoma	2.8	628	Hodgkin Lymphoma	2.1	521
Non-Hodgkin Lymphoma	20.3	4,460	Non-Hodgkin Lymphoma	13.8	3,881
Myeloma	7.3	1,629	Myeloma	5.0	1,419
Leukemia	14.9	3,177	Leukemia	9.1	2,483
Lymphocytic Leukemia	7.4	1,590	Lymphocytic Leukemia	4.0	1,095
Acute Lymphocytic Leukemia	1.4	310	Acute Lymphocytic Leukemia	1.0	239
Chronic Lymphocytic Leukemia	5.4	1,153	Chronic Lymphocytic Leukemia	2.8	805
Myeloid and Monocytic Leukemia	6.3	1,359	Myeloid and Monocytic Leukemia	4.3	1,156
Acute Myeloid Leukemia	4.2	907	Acute Myeloid Leukemia	3.0	799
Chronic Myeloid Leukemia	1.6	338	Chronic Myeloid Leukemia	1.0	262
Other Leukemia	1.2	228	Other Leukemia	0.8	232
Miscellaneous	19.7	4,206	Miscellaneous	13.0	3,724

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates and counts are for malignant cases only, with the exception of urinary bladder and groups that contain urinary bladder.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 2. Trends in Alabama Cancer Incidence, Selected Sites, 2007-2011

Females									
Cervix	P-Value	0.23			Breast	P-Value	0.43		
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-16.1				Total PC	-0.6			
Total APC	-3.9		-11.6	4.4	Total APC	-0.5		-2.4	1.4
2007 Rate	9.7	0.6	8.5	11.0	2007 Rate	117.7	2.1	113.6	121.8
2008 Rate	8.1	0.6	7.0	9.3	2008 Rate	122.2	2.1	118.1	126.4
2009 Rate	9.2	0.6	8.1	10.5	2009 Rate	119.9	2.1	115.9	124.1
2010 Rate	7.8	0.6	6.7	9.0	2010 Rate	117.3	2.0	113.3	121.4
2011 Rate	8.1	0.6	7.0	9.3	2011 Rate	116.9	2.0	113.0	121.0
Males					Males and Females				
Prostate	P-Value	0.01			All Sites	P-Value	0.10		
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-14.3				Total PC	-4.5			
Total APC	-3.6*		-5.1	-2.1	Total APC	-1.4		-3.2	0.5
2007 Rate	166.8	2.7	161.4	172.2	2007 Rate	472.6	3.1	466.6	478.6
2008 Rate	156.6	2.6	151.4	161.8	2008 Rate	484.0	3.1	478.0	490.0
2009 Rate	156.6	2.6	151.6	161.8	2009 Rate	475.2	3.0	469.2	481.1
2010 Rate	147.9	2.5	143.1	152.9	2010 Rate	462.4	3.0	456.6	468.3
2011 Rate	142.9	2.4	138.2	147.7	2011 Rate	451.1	2.9	445.4	456.8
Males and Females									
Colorectal	P-Value	0.01			Lung	P-Value	0.13		
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-16.8				Total PC	-5.0			
Total APC	-5.0*		-8.0	-1.9	Total APC	-1.7		-4.3	1.0
2007 Rate	49.5	1.0	47.6	51.5	2007 Rate	74.8	1.2	72.4	77.2
2008 Rate	50.5	1.0	48.6	52.5	2008 Rate	78.1	1.2	75.7	80.6
2009 Rate	46.5	0.9	44.7	48.4	2009 Rate	75.2	1.2	72.9	77.6
2010 Rate	43.7	0.9	41.9	45.5	2010 Rate	72.9	1.2	70.6	75.2
2011 Rate	41.2	0.9	39.5	43.0	2011 Rate	71.0	1.1	68.8	73.3
Males and Females									
Melanoma	P-Value	0.56			Oral	P-Value	0.84		
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	5.6				Total PC	-1.0			
Total APC	1.3		-4.8	7.7	Total APC	-0.2		-3.6	3.3
2007 Rate	19.3	0.6	18.1	20.6	2007 Rate	12.5	0.5	11.6	13.5
2008 Rate	20.8	0.6	19.6	22.1	2008 Rate	13.2	0.5	12.2	14.2
2009 Rate	22.5	0.7	21.2	23.8	2009 Rate	12.7	0.5	11.7	13.7
2010 Rate	21.4	0.7	20.1	22.7	2010 Rate	13.2	0.5	12.2	14.2
2011 Rate	20.4	0.6	19.2	21.7	2011 Rate	12.4	0.5	11.5	13.4

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard; Confidence intervals are 95% for rates and trends. Rates are for malignant cases only, with the exception of All Sites which includes bladder cancer *in situ*. 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), 2013. Data Years: 2007-2011.

Table 3. Alabama Cancer Incidence Rates and Counts, by County, Males and Females, All Races, 2002-2011 Combined

	All Sites		Lung		Colorectal		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	462.5	234,870	75.1	38,593	48.2	24,384	12.7	6,517	18.5	9,202
Autauga	440.9	2,207	73.4	365	53.9	263	11.4	61	22.2	115
Baldwin	450.4	9,517	67.4	1,469	41.9	885	11.4	241	24.7	497
Barbour	450.0	1,401	76.0	237	50.8	157	15.4	48	10.6	32
Bibb	475.5	1,123	85.8	206	56.5	132	14.0	33	14.5	34
Blount	353.6	2,206	65.3	420	37.5	231	10.8	67	18.1	111
Bullock	417.7	510	59.3	73	66.3	82	12.8	16	5.4	7
Butler	426.8	1,090	71.6	187	48.8	127	11.9	31	15.8	39
Calhoun	497.0	6,515	94.3	1,264	55.4	720	16.8	219	19.1	244
Chambers	458.2	1,991	76.4	337	46.9	209	14.3	65	12.5	55
Cherokee	405.3	1,369	73.4	257	35.9	122	12.3	45	11.0	36
Chilton	420.2	1,948	81.5	390	36.9	170	12.5	60	19.5	89
Choctaw	386.1	722	64.1	126	38.9	73	8.0	16	8.1	16
Clarke	461.8	1,420	68.9	217	61.3	189	11.0	34	19.8	56
Clay	481.7	864	94.0	175	46.0	86	10.8	19	21.5	34
Cleburne	444.8	760	72.1	128	52.8	90	15.6	27	12.8	20
Coffee	445.9	2,418	74.9	418	36.9	197	12.9	69	14.0	74
Colbert	415.2	2,866	73.4	522	49.3	346	12.9	90	20.9	138
Conecuh	477.1	812	74.4	132	61.9	107	17.1	30	15.9	26
Coosa	447.2	655	75.5	114	47.2	68	8.8	13	15.4	21
Covington	426.9	2,134	77.1	389	48.2	246	12.4	61	17.4	83
Crenshaw	414.7	708	56.0	100	49.0	86	11.9	21	20.6	34
Cullman	435.1	4,089	75.5	739	44.9	422	15.5	147	27.6	247
Dale	466.0	2,465	84.2	451	43.0	227	16.8	90	18.2	93
Dallas	488.1	2,397	76.3	381	61.4	299	13.5	66	11.5	53
DeKalb	401.8	3,042	65.6	508	40.6	304	11.3	85	16.9	123
Elmore	502.1	3,801	92.2	687	54.3	399	15.3	118	23.0	181
Escambia	467.5	2,043	81.1	363	52.9	230	14.3	65	14.6	61
Etowah	465.6	5,895	82.5	1,076	48.3	615	14.3	182	18.9	226
Fayette	395.5	902	74.5	178	41.5	94	8.8	20	14.0	30
Franklin	443.9	1,619	85.8	325	47.0	174	12.0	43	17.4	61
Geneva	472.7	1,620	88.0	310	45.2	156	17.6	60	26.1	82
Greene	449.2	511	64.3	76	59.3	69	8.0	9	^	^
Hale	501.8	924	67.4	127	49.9	91	11.5	21	11.7	21
Henry	490.8	1,087	71.4	161	48.1	106	13.7	29	17.9	39
Houston	485.7	5,228	73.8	810	49.3	526	15.7	172	20.3	212
Jackson	463.3	3,001	80.1	544	52.6	338	13.3	89	20.8	126
Jefferson	515.3	36,403	74.8	5,286	51.7	3,681	12.8	910	18.5	1,292
Lamar	505.7	996	83.2	172	55.6	111	15.7	31	20.9	37
Lauderdale	453.6	5,046	75.1	867	48.4	538	12.3	136	25.8	275
Lawrence	421.5	1,642	75.1	296	48.9	192	12.5	51	16.8	64
Lee	402.5	4,143	56.7	565	38.9	399	11.1	116	14.3	159
Limestone	432.4	3,394	73.9	583	45.5	356	10.2	80	15.5	120
Lowndes	429.1	567	58.2	79	64.7	84	6.4	9	6.6	9
Macon	410.5	1,003	54.2	134	47.9	116	15.1	38	5.0	12
Madison	448.4	14,272	66.4	2,097	44.6	1,393	11.4	377	17.5	551
Marengo	421.5	1,093	60.1	161	51.3	135	12.4	31	9.6	24
Marion	407.8	1,643	72.8	306	48.6	200	12.4	52	17.0	64
Marshall	470.8	4,755	92.3	956	45.9	459	15.3	154	22.1	214
Mobile	482.7	20,375	80.8	3,420	52.8	2,210	12.5	533	15.6	647
Monroe	410.6	1,115	62.2	175	52.3	142	8.2	21	16.4	40
Montgomery	442.6	9,881	66.7	1,482	50.1	1,112	11.5	262	16.9	373
Morgan	513.7	6,596	83.6	1,092	49.3	620	13.7	180	23.1	290
Perry	435.0	555	66.1	87	47.9	61	7.6	10	7.3	10
Pickens	457.5	1,142	70.5	187	48.0	121	10.2	25	14.5	33
Pike	449.7	1,424	68.8	224	44.7	141	17.3	54	23.5	71
Randolph	413.2	1,170	61.8	179	45.4	130	10.2	28	15.6	43
Russell	500.8	2,707	77.7	428	57.2	304	15.3	84	15.9	85
St. Clair	422.9	3,472	83.7	693	39.3	315	12.7	107	19.0	150
Shelby	386.5	6,424	63.2	987	35.5	577	9.5	164	18.8	323
Sumter	402.5	627	61.3	97	38.1	61	11.5	17	9.4	13
Talladega	443.7	4,106	75.8	717	49.6	454	11.1	103	16.0	142
Tallapoosa	407.3	2,160	62.8	344	39.9	213	10.5	55	16.5	84
Tuscaloosa	457.9	7,701	73.3	1,222	47.6	795	10.1	172	15.9	269
Walker	533.6	4,490	103.4	904	51.0	429	16.3	137	17.8	138
Washington	472.8	939	75.5	151	46.8	95	10.8	21	14.8	28
Wilcox	534.2	722	71.2	100	77.2	105	14.9	20	11.9	13
Winston	464.9	1,446	98.5	314	49.6	151	17.2	55	25.6	75

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites which contains *in situ* bladder cases. ^Statistic not displayed due to fewer than 6 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 4. Alabama Cancer Incidence Rates and Counts, by County, Males, All Races, 2002-2011 Combined

	All Sites		Lung		Colorectal		Prostate		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	565.7	126,677	103.7	23,121	58.2	12,855	154.1	35,480	19.6	4,582	24.8	5,436
Autauga	503.3	1,117	98.9	212	63.8	136	117.0	260	17.1	44	28.9	71
Baldwin	531.8	5,295	82.7	835	48.9	484	151.9	1,573	16.2	162	30.8	296
Barbour	573.8	788	121.3	161	55.6	75	184.9	259	22.2	33	20.9	26
Bibb	583.6	624	113.6	122	67.1	74	141.6	150	16.2	20	18.1	20
Blount	437.4	1,237	91.1	261	47.5	135	91.7	270	12.8	40	23.9	66
Bullock	430.9	258	78.8	48	66.6	38	147.1	89	13.3	8	9.2	6
Butler	519.5	576	112.7	125	56.7	61	138.6	162	20.0	22	19.1	20
Calhoun	633.2	3,580	134.9	758	70.4	390	152.1	889	26.9	157	24.5	137
Chambers	565.5	1,064	110.2	204	53.9	104	144.4	278	21.1	42	18.7	37
Cherokee	511.8	792	104.9	165	44.6	70	132.1	220	19.3	32	16.9	25
Chilton	518.0	1,093	114.4	250	43.3	90	120.0	259	23.3	52	22.4	46
Choctaw	511.8	428	95.4	82	50.3	41	159.9	142	12.9	12	11.4	10
Clarke	573.7	781	106.1	144	82.1	110	147.0	211	15.7	22	19.7	26
Clay	581.9	479	130.1	111	71.6	59	125.6	105	18.9	15	32.1	24
Cleburne	539.2	414	99.3	79	66.4	51	116.4	92	26.7	21	13.9	10
Coffee	552.0	1,343	100.5	245	41.6	98	172.1	433	19.0	46	18.6	46
Colbert	490.6	1,501	100.7	316	60.0	182	79.9	258	21.5	69	27.8	84
Conecuh	554.5	441	114.6	92	68.6	54	142.0	117	27.8	22	16.6	14
Coosa	554.5	377	108.2	78	60.1	40	145.6	102	15.8	11	21.8	13
Covington	519.8	1,151	99.4	222	59.5	126	131.9	307	19.1	45	25.1	54
Crenshaw	517.8	389	79.6	64	80.8	58	137.6	105	14.8	12	23.6	18
Cullman	514.9	2,202	106.0	464	53.2	223	102.2	452	23.7	101	33.8	142
Dale	598.1	1,412	122.0	285	58.8	142	166.7	402	27.3	69	28.1	61
Dallas	604.2	1,261	107.0	226	73.7	146	204.9	436	19.8	44	16.3	32
DeKalb	491.9	1,653	90.9	307	43.8	148	141.1	474	17.3	61	21.9	70
Elmore	601.1	2,075	128.4	433	70.8	230	125.5	457	23.2	85	29.8	111
Escambia	599.4	1,167	121.5	237	64.4	125	148.8	296	21.3	46	18.1	35
Etowah	582.8	3,217	110.6	630	59.0	321	156.3	887	25.2	138	24.5	132
Fayette	463.7	478	92.6	101	58.3	58	116.2	124	15.8	16	20.5	20
Franklin	514.8	841	113.1	189	59.6	99	96.1	161	19.7	32	23.8	36
Geneva	594.9	922	123.5	195	59.5	92	164.1	267	26.8	41	28.2	38
Greene	558.4	290	102.6	54	82.8	44	212.2	112	14.3	7	^	^
Hale	658.2	545	96.7	81	64.3	49	231.0	201	14.8	13	18.0	15
Henry	622.0	624	103.7	102	59.8	59	211.3	222	26.9	25	26.8	26
Houston	601.8	2,824	102.0	483	62.0	280	178.5	868	25.5	122	27.7	125
Jackson	544.7	1,609	110.7	342	55.8	164	111.9	341	22.0	68	27.7	76
Jefferson	639.3	19,035	105.4	3,066	62.4	1,853	190.1	5,784	19.7	609	26.2	770
Lamar	607.3	544	115.7	102	66.3	59	159.8	151	22.5	19	26.2	20
Lauderdale	555.9	2,736	104.6	522	58.7	288	133.3	678	20.5	101	34.3	164
Lawrence	535.3	943	105.6	193	63.9	113	126.4	226	21.0	38	23.0	41
Lee	474.0	2,143	70.5	309	44.1	199	154.6	697	17.7	82	19.6	92
Limestone	539.6	1,911	102.6	360	52.0	185	145.1	524	14.5	54	21.1	73
Lowndes	516.8	311	86.2	51	73.8	44	153.4	96	10.3	7	9.8	6
Macon	500.5	524	74.4	80	60.4	60	181.9	190	25.7	30	^	^
Madison	519.3	7,372	84.5	1,169	55.0	752	139.6	2,056	16.3	256	23.2	323
Marengo	534.0	607	88.4	103	62.8	69	158.0	188	19.6	23	9.4	10
Marion	491.7	907	106.8	198	57.0	104	101.4	194	21.0	41	22.1	39
Marshall	567.7	2,546	125.0	560	55.9	246	121.9	565	24.5	114	28.1	119
Mobile	600.1	11,022	110.4	2,000	63.8	1,149	170.6	3,231	18.8	364	22.3	404
Monroe	507.0	616	98.7	123	64.1	78	123.0	158	14.2	17	22.0	24
Montgomery	532.0	4,976	94.0	860	57.3	526	151.5	1,443	17.4	175	23.9	221
Morgan	639.7	3,679	111.7	639	59.0	332	185.6	1,098	22.5	134	27.8	160
Perry	559.8	316	105.4	59	63.6	36	203.7	119	12.8	7	9.8	6
Pickens	574.1	643	108.6	124	59.0	66	169.7	196	15.9	18	13.3	14
Pike	560.8	787	98.2	140	52.9	73	163.7	238	31.8	45	28.9	39
Randolph	490.3	627	80.5	102	67.7	86	128.7	171	11.7	15	16.7	23
Russell	627.2	1,433	112.9	264	69.6	153	170.1	390	29.1	68	22.3	51
St. Clair	517.2	1,937	112.6	414	44.7	167	112.3	443	19.2	77	28.3	97
Shelby	463.5	3,488	83.3	581	39.6	301	134.7	1,041	15.0	123	24.2	185
Sumter	544.4	357	117.4	75	42.3	28	195.4	131	14.9	10	16.7	10
Talladega	539.4	2,223	103.2	433	62.2	255	141.2	591	15.0	65	20.4	81
Tallapoosa	489.6	1,169	87.9	213	50.4	117	139.7	350	14.9	34	24.4	55
Tuscaloosa	557.5	4,105	104.6	748	57.2	419	155.7	1,166	15.9	121	21.4	158
Walker	652.0	2,430	143.1	544	60.5	225	143.1	560	25.2	93	21.3	76
Washington	609.0	557	112.4	100	47.2	45	203.9	194	22.5	19	17.4	16
Wilcox	681.9	399	124.6	71	100.4	57	210.6	129	22.3	13	^	^
Winston	565.1	801	133.8	196	65.3	90	104.3	151	24.4	38	32.9	43

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites which contains *in situ* bladder cases. ^Statistic not displayed due to fewer than 6 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 5. Alabama Cancer Incidence Rates and Counts, by County, Females, All Races, 2002-2011 Combined

	All Sites		Lung		Colorectal		Breast		Cervix		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	390.2	108,193	54.1	15,472	40.6	11,529	117.0	32,127	8.7	2,129	6.9	1,935	14.3	3,766
Autauga	399.6	1,090	55.5	153	47.1	127	118.8	330	10.9	29	6.1	17	16.7	44
Baldwin	382.9	4,222	54.6	634	35.5	401	117.1	1,286	6.9	62	7.1	79	19.5	201
Barbour	374.6	613	44.6	76	47.5	82	131.8	209	7.8	12	9.7	15	4.4	6
Bibb	410.6	499	66.3	84	48.0	58	115.2	139	13.6	15	10.7	13	12.0	14
Blount	291.0	969	45.7	159	28.4	96	82.4	275	8.0	22	8.3	27	13.9	45
Bullock	414.1	252	39.7	25	64.5	44	135.8	75	^	^	12.4	8	^	^
Butler	363.4	514	42.2	62	43.7	66	109.9	152	16.2	19	5.4	9	13.5	19
Calhoun	406.4	2,935	67.0	506	44.3	330	111.7	795	10.0	63	8.8	62	15.7	107
Chambers	386.8	927	54.1	133	40.7	105	104.7	241	14.5	27	7.9	23	7.2	18
Cherokee	327.3	577	49.1	92	29.2	52	100.2	172	5.6	9	6.4	13	6.4	11
Chilton	348.8	855	54.4	140	31.6	80	104.4	253	9.1	19	3.2	8	18.2	43
Choctaw	295.2	294	40.3	44	30.2	32	98.2	93	7.8	8	^	^	5.5	6
Clarke	379.6	639	40.0	73	45.5	79	125.0	206	6.3	9	6.7	12	21.0	30
Clay	407.6	385	66.4	64	25.1	27	140.2	129	18.6	14	^	^	11.1	10
Cleburne	384.7	346	52.8	49	39.3	39	96.7	87	12.6	10	6.2	6	12.5	10
Coffee	370.7	1,075	56.9	173	33.5	99	117.0	334	6.4	15	7.9	23	10.6	28
Colbert	364.6	1,365	52.8	206	41.3	164	113.6	414	6.2	21	5.8	21	16.1	54
Conecuh	418.9	371	43.0	40	56.0	53	148.1	127	^	^	8.5	8	14.9	12
Coosa	363.9	278	45.0	36	36.6	28	100.3	79	10.3	6	^	^	10.4	8
Covington	360.9	983	61.4	167	40.8	120	90.9	250	8.5	18	6.4	16	12.2	29
Crenshaw	347.5	319	36.4	36	27.4	28	101.1	88	20.1	15	8.7	9	18.4	16
Cullman	380.1	1,887	51.4	275	38.5	199	106.0	519	9.7	40	8.7	46	23.3	105
Dale	367.3	1,053	55.7	166	29.7	85	108.2	307	7.9	20	7.2	21	11.7	32
Dallas	410.2	1,136	54.2	155	54.4	153	125.7	342	9.8	25	7.8	22	8.3	21
DeKalb	341.3	1,389	47.3	201	37.9	156	98.0	397	8.0	28	6.2	24	14.4	53
Elmore	427.9	1,726	63.6	254	42.2	169	133.3	550	14.3	56	8.2	33	17.4	70
Escambia	380.6	876	52.1	126	43.6	105	113.7	256	5.5	11	7.7	19	12.9	26
Etowah	386.7	2,678	61.2	446	40.6	294	107.9	736	10.3	56	6.1	44	15.3	94
Fayette	347.8	424	58.4	77	29.0	36	115.5	138	6.4	7	^	^	8.0	10
Franklin	396.2	778	66.4	136	37.4	75	118.8	232	8.0	12	5.4	11	12.9	25
Geneva	383.4	698	60.7	115	34.3	64	113.8	204	7.1	9	9.8	19	26.4	44
Greene	360.6	221	35.1	22	39.1	25	122.9	72	^	^	^	^	^	^
Hale	385.7	379	44.5	46	40.1	42	127.4	118	6.7	7	8.3	8	6.3	6
Henry	389.9	463	47.5	59	38.1	47	121.3	139	9.3	9	^	^	12.0	13
Houston	406.6	2,404	53.2	327	40.4	246	117.0	681	10.0	52	8.4	50	15.3	87
Jackson	406.5	1,392	55.2	202	49.3	174	119.5	404	8.3	25	5.9	21	15.9	50
Jefferson	432.9	17,368	54.1	2,220	43.9	1,828	135.9	5,342	8.8	317	7.4	301	13.5	522
Lamar	433.9	452	61.8	70	48.4	52	120.0	120	17.8	14	9.7	12	17.5	17
Lauderdale	382.9	2,310	54.4	345	39.8	250	101.5	592	6.6	36	5.8	35	20.6	111
Lawrence	338.5	699	48.9	103	37.5	79	97.9	203	5.8	11	6.2	13	11.9	23
Lee	354.6	2,000	46.3	256	35.8	200	108.5	614	7.0	39	5.9	34	11.1	67
Limestone	356.5	1,483	52.4	223	40.7	171	100.3	423	8.2	32	6.5	26	12.1	47
Lowndes	358.9	256	37.9	28	54.9	40	109.5	75	^	^	^	^	^	^
Macon	349.3	479	38.8	54	40.0	56	103.6	140	14.2	17	5.8	8	5.7	8
Madison	398.8	6,900	53.2	928	37.0	641	128.4	2,246	6.3	102	7.0	121	13.4	228
Marengo	340.1	486	38.1	58	42.6	66	103.4	141	7.1	9	5.9	8	9.6	14
Marion	347.6	736	46.4	108	43.2	96	106.2	222	9.7	15	4.6	11	13.0	25
Marshall	408.2	2,209	69.8	396	38.0	213	98.0	528	9.7	42	7.6	40	18.7	95
Mobile	400.2	9,353	59.5	1,420	44.6	1,061	122.6	2,849	7.3	154	7.2	169	10.9	243
Monroe	339.8	499	33.1	52	43.2	64	114.1	166	5.7	7	^	^	12.4	16
Montgomery	386.1	4,905	48.7	622	44.8	586	125.5	1,575	9.9	115	6.8	87	12.0	152
Morgan	420.0	2,917	63.2	453	41.2	288	116.4	808	11.5	72	6.4	46	19.7	130
Perry	340.5	239	38.0	28	34.2	25	113.1	76	18.8	12	^	^	^	^
Pickens	372.2	499	42.5	63	38.9	55	131.0	165	7.7	8	5.4	7	15.4	19
Pike	370.6	637	46.8	84	37.8	68	99.1	164	10.6	16	5.6	9	20.2	32
Randolph	360.5	543	47.7	77	28.1	44	103.0	152	11.6	14	8.5	13	14.7	20
Russell	423.0	1,274	52.3	164	49.5	151	120.2	360	14.4	39	5.2	16	12.2	34
St. Clair	352.1	1,535	62.2	279	34.0	148	90.7	396	8.4	34	6.9	30	12.8	53
Shelby	326.6	2,936	47.8	406	32.0	276	104.0	967	4.3	42	4.6	41	14.8	138
Sumter	304.6	270	24.3	22	34.7	33	89.0	78	^	^	9.2	7	^	^
Talladega	378.1	1,883	54.6	284	39.6	199	104.9	520	10.7	45	7.5	38	13.2	61
Tallapoosa	348.6	991	44.0	131	31.8	96	99.2	278	12.9	32	7.0	21	11.3	29
Tuscaloosa	387.2	3,596	50.5	474	40.3	376	122.1	1,128	7.2	63	5.6	51	12.1	111
Walker	454.2	2,060	75.3	360	44.0	204	113.3	514	12.0	43	9.2	44	16.1	62
Washington	364.0	382	47.0	51	47.1	50	135.0	141	6.3	6	^	^	12.2	12
Wilcox	434.8	323	36.0	29	62.1	48	119.7	83	12.0	8	9.3	7	19.1	11
Winston	395.9	645	68.4	118	37.3	61	107.5	176	8.8	12	9.9	17	22.3	32

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites which contains *in situ* bladder cases. ^Statistic not displayed due to fewer than 6 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 6. Alabama Cancer Incidence Rates and Counts, by County, Males by Race, 2002-2011 Combined

	All Sites				Lung				Colorectal			
	White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	550.5	98,405	614.8	26,264	103.5	18,613	106.0	4,397	55.9	9,859	68.9	2,872
Autauga	474.8	894	672.7	210	100.5	182	100.9	30	60.1	111	80.8	23
Baldwin	519.3	4,822	632.2	367	82.0	776	92.5	52	46.9	433	84.9	49
Barbour	580.7	514	560.1	263	123.6	106	115.8	54	56.2	49	52.1	25
Bibb	570.5	504	645.6	113	107.7	95	134.4	27	72.1	66	50.5	8
Blount	433.0	1,199	600.6	18	91.7	258	^	^	47.4	132	^	^
Bullock	354.0	79	477.8	177	88.5	20	74.5	28	54.5	12	76.7	26
Butler	495.7	369	565.2	202	110.0	83	117.2	42	61.6	44	47.8	17
Calhoun	631.8	3,046	659.7	508	139.9	677	107.9	80	69.7	333	71.2	50
Chambers	567.9	755	551.8	299	113.3	152	102.6	51	58.8	78	39.7	24
Cherokee	513.0	757	407.2	24	105.9	159	102.6	6	46.1	69	^	^
Chilton	502.2	969	680.2	114	115.2	231	111.3	18	41.7	79	59.5	10
Choctaw	535.6	290	472.4	136	93.4	53	97.3	29	43.8	23	69.6	18
Clarke	530.2	493	634.6	277	101.8	95	114.7	49	66.4	60	110.9	49
Clay	584.5	422	583.1	54	135.4	102	103.5	9	78.1	57	^	^
Cleburne	536.1	392	684.4	21	97.6	74	^	^	66.9	49	^	^
Coffee	542.0	1,125	602.4	193	98.8	207	114.2	36	38.5	77	61.6	19
Colbert	484.6	1,284	511.1	204	97.9	267	118.4	47	53.3	140	104.2	41
Conecuh	532.4	278	581.0	157	106.2	57	126.4	35	75.4	39	54.3	15
Coosa	557.9	277	530.5	97	106.3	58	107.6	20	57.1	29	61.8	11
Covington	515.8	1,037	551.8	100	100.1	204	96.3	17	59.2	114	61.6	11
Crenshaw	531.4	307	462.8	74	82.1	52	71.5	12	75.2	40	107.0	17
Cullman	510.9	2,150	589.5	23	105.3	453	193.6	8	53.2	219	^	^
Dale	582.1	1,182	721.6	214	122.6	248	120.3	35	57.6	120	68.3	22
Dallas	603.3	600	595.8	647	109.4	112	104.3	114	60.3	57	86.1	89
DeKalb	488.3	1,598	367.1	20	92.2	304	^	^	43.6	143	^	^
Elmore	586.5	1,754	677.6	290	123.5	364	164.2	68	72.7	205	56.8	25
Escambia	617.9	878	568.7	260	124.8	178	110.8	53	61.1	86	74.6	34
Etowah	564.4	2,791	698.9	368	109.5	562	128.4	66	57.5	282	71.5	35
Fayette	449.4	416	520.7	53	93.6	92	81.5	9	55.5	50	85.0	8
Franklin	511.5	802	663.4	37	113.2	183	120.3	6	59.6	95	^	^
Geneva	591.1	842	622.9	74	123.5	179	123.1	15	60.7	86	51.8	6
Greene	551.0	76	562.0	209	140.8	21	88.7	33	78.7	11	86.4	33
Hale	591.4	256	716.4	284	92.8	40	101.1	41	62.1	25	65.4	24
Henry	589.7	449	697.4	166	107.9	82	87.7	19	60.7	45	58.6	14
Houston	589.6	2,252	643.0	535	101.5	397	106.6	85	60.1	220	69.4	56
Jackson	544.0	1,539	538.6	45	111.6	330	123.8	11	56.6	159	^	^
Jefferson	625.3	12,493	658.9	6,255	102.6	2,046	112.1	1,006	59.2	1,185	69.9	652
Lamar	585.2	480	693.3	53	113.8	91	125.6	10	70.2	57	^	^
Lauderdale	542.8	2,486	783.4	239	101.9	475	159.1	46	56.0	257	98.1	31
Lawrence	540.1	824	587.2	111	111.8	177	74.8	16	62.9	97	88.5	16
Lee	436.7	1,552	632.6	552	65.0	224	100.3	83	40.4	142	57.9	54
Limestone	539.0	1,697	526.8	186	107.5	338	64.8	22	50.8	162	69.0	23
Lowndes	518.0	124	516.8	183	121.5	30	59.7	21	36.6	10	98.7	34
Macon	526.0	123	491.7	397	91.9	22	69.6	58	62.3	14	60.2	46
Madison	506.9	5,899	551.2	1,225	85.0	983	87.7	174	53.5	600	66.5	138
Marengo	452.7	300	621.4	293	87.2	60	85.1	43	50.9	32	77.9	37
Marion	487.5	864	622.3	36	107.9	193	^	^	53.9	95	154.9	9
Marshall	561.6	2,461	780.1	33	125.9	553	^	^	55.6	238	^	^
Mobile	585.6	7,731	649.4	3,137	108.7	1,420	115.1	555	62.4	817	70.7	323
Monroe	489.7	396	550.2	218	96.3	81	105.7	42	66.3	54	56.8	23
Montgomery	518.7	2,933	551.3	1,962	91.0	517	98.3	339	53.2	297	63.6	224
Morgan	636.5	3,354	685.2	280	112.2	593	127.2	44	58.7	303	70.3	26
Perry	477.3	122	600.4	187	104.9	29	96.5	30	54.9	14	65.2	21
Pickens	534.7	408	655.8	230	107.5	86	108.6	38	55.2	43	68.8	23
Pike	552.0	557	574.4	217	97.1	103	99.3	37	52.8	51	49.6	20
Randolph	476.4	518	551.3	102	84.9	92	54.0	10	69.2	76	59.8	10
Russell	628.0	933	577.9	461	122.6	191	94.7	73	67.3	96	68.1	53
St. Clair	511.8	1,779	616.8	144	112.1	384	123.8	28	45.8	160	32.7	7
Shelby	453.7	3,146	625.7	293	81.8	532	126.3	47	39.0	274	41.9	21
Sumter	590.3	135	511.8	219	136.4	31	104.9	44	^	^	54.0	23
Talladega	530.6	1,685	552.6	503	106.9	351	92.7	82	60.4	188	66.4	64
Tallapoosa	477.9	929	526.3	227	86.4	171	100.5	42	47.2	91	63.4	26
Tuscaloosa	527.3	2,991	660.1	1,061	100.6	562	122.4	183	53.7	299	72.6	120
Walker	648.4	2,299	736.5	114	140.8	515	185.8	27	59.3	208	97.2	16
Washington	614.7	413	709.2	140	125.2	82	93.4	18	52.6	37	38.4	8
Wilcox	532.5	134	764.4	255	87.6	20	154.3	50	81.9	19	112.8	36
Winston	561.5	788	^	^	132.3	192	^	^	65.8	90	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites which contains *in situ* bladder cases. ^Statistic not displayed due to fewer than 6 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 6 (Continued). Alabama Cancer Incidence Rates and Counts, by County, Males by Race, 2002-2011 Combined

	Prostate				Oral				Melanoma			
	White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	131.7	24,434	232.5	9,898	20.3	3,729	16.5	806	30.6	5,354	1.0	41
Autauga	94.7	179	253.5	77	17.0	37	17.6	7	33.8	71	^	^
Baldwin	140.8	1,371	248.0	138	16.4	152	11.6	9	33.0	294	^	^
Barbour	151.3	139	238.7	114	29.9	29	^	^	31.8	25	^	^
Bibb	116.7	103	268.2	42	18.1	18	^	^	23.2	20	^	^
Blount	88.0	253	177.7	7	12.4	38	^	^	24.1	65	^	^
Bullock	76.9	17	188.4	70	^	^	^	^	^	^	^	^
Butler	119.8	93	172.0	65	17.9	14	22.8	8	29.2	20	^	^
Calhoun	134.3	673	264.2	206	27.2	132	28.2	23	28.4	135	^	^
Chambers	116.6	161	212.8	115	20.9	30	16.7	10	26.5	36	^	^
Cherokee	124.3	199	210.4	12	20.3	32	^	^	17.7	25	^	^
Chilton	107.9	217	245.3	39	23.8	48	^	^	23.7	44	^	^
Choctaw	156.3	92	160.3	49	16.8	9	^	^	17.0	10	^	^
Clarke	127.6	129	177.5	78	15.3	15	13.0	6	28.8	25	^	^
Clay	105.9	78	278.3	25	18.4	13	^	^	37.1	24	^	^
Cleburne	113.7	86	194.1	6	26.8	20	^	^	14.4	10	^	^
Coffee	156.4	337	250.3	81	18.9	39	16.4	6	21.8	46	^	^
Colbert	73.3	204	111.6	47	22.2	61	17.3	8	31.7	83	^	^
Conecuh	107.3	59	199.3	54	32.5	16	20.0	6	26.1	14	^	^
Coosa	123.4	63	203.7	37	20.8	10	^	^	29.9	13	^	^
Covington	120.0	254	215.3	42	19.3	41	^	^	27.6	54	^	^
Crenshaw	125.2	73	166.3	27	16.3	10	^	^	30.2	18	^	^
Cullman	98.8	431	167.0	6	23.7	99	^	^	34.1	141	^	^
Dale	145.5	307	308.0	83	27.6	59	26.7	10	32.9	61	^	^
Dallas	167.7	178	235.5	248	25.3	26	15.4	18	32.4	30	^	^
DeKalb	135.0	444	131.0	7	17.8	61	^	^	22.4	70	^	^
Elmore	108.6	344	231.5	101	22.7	71	18.3	10	34.3	110	^	^
Escambia	135.9	202	191.6	84	25.6	40	12.7	6	25.2	34	^	^
Etowah	139.9	718	252.9	128	24.1	117	34.7	20	27.0	130	^	^
Fayette	94.8	93	237.5	24	13.9	12	^	^	22.9	20	^	^
Franklin	91.7	147	227.7	13	19.3	30	^	^	24.9	36	^	^
Geneva	155.4	232	269.6	32	24.7	35	^	^	30.7	38	^	^
Greene	134.0	20	234.2	88	^	^	^	^	^	^	^	^
Hale	145.1	69	313.6	128	15.0	7	13.7	6	33.4	14	^	^
Henry	154.6	125	363.3	89	26.8	19	25.6	6	34.9	26	^	^
Houston	152.6	612	276.7	231	27.7	106	13.0	14	33.8	123	^	^
Jackson	106.7	314	141.3	11	22.4	66	^	^	28.7	75	^	^
Jefferson	162.1	3,322	240.8	2,311	21.2	429	16.5	176	38.0	753	1.1	9
Lamar	141.5	125	256.2	18	23.8	18	^	^	28.9	20	^	^
Lauderdale	122.5	585	303.0	87	20.2	91	25.0	10	36.7	163	^	^
Lawrence	114.5	177	216.4	42	22.4	34	^	^	26.5	40	^	^
Lee	122.5	436	284.7	241	16.8	58	20.0	22	24.7	92	^	^
Limestone	134.1	434	199.7	71	14.6	48	17.5	6	23.9	73	^	^
Lowndes	124.5	32	170.0	63	^	^	^	^	23.1	6	^	^
Macon	157.1	35	186.5	151	42.2	11	21.1	19	^	^	^	^
Madison	119.5	1,456	201.0	450	17.0	215	13.0	37	28.0	321	^	^
Marengo	101.0	71	220.7	104	14.4	9	27.2	14	16.2	10	^	^
Marion	96.9	179	207.3	10	21.0	39	^	^	23.2	39	^	^
Marshall	116.6	529	146.4	7	24.6	112	^	^	28.6	118	^	^
Mobile	144.7	1,994	243.7	1,174	19.7	271	17.2	90	30.5	398	^	^
Monroe	86.5	76	199.8	81	12.4	9	18.3	8	33.3	24	^	^
Montgomery	122.2	718	197.6	685	17.7	103	15.9	68	38.9	215	^	^
Morgan	178.1	971	228.8	93	23.0	125	16.5	9	30.2	158	^	^
Perry	147.4	40	243.1	75	^	^	^	^	^	^	^	^
Pickens	126.8	102	253.2	90	15.8	12	^	^	19.3	14	^	^
Pike	135.0	144	234.1	86	34.9	35	24.1	10	39.7	38	^	^
Randolph	101.2	116	286.7	52	13.2	14	^	^	18.2	21	^	^
Russell	124.9	182	231.4	189	33.2	50	21.3	17	29.3	44	^	^
St. Clair	103.9	380	227.7	55	19.9	74	^	^	30.4	97	^	^
Shelby	125.4	894	248.4	120	15.4	115	13.8	8	26.0	183	^	^
Sumter	182.4	43	200.2	85	^	^	12.0	6	48.9	10	^	^
Talladega	113.1	371	219.8	195	15.9	52	10.1	13	26.1	80	^	^
Tallapoosa	122.1	253	196.0	88	14.6	26	17.8	8	29.3	54	^	^
Tuscaloosa	127.1	739	241.2	387	16.0	93	15.6	28	27.4	156	^	^
Walker	137.2	511	239.9	39	25.6	89	^	^	22.5	76	^	^
Washington	175.3	126	322.8	65	25.7	15	^	^	19.6	13	^	^
Wilcox	136.8	39	239.0	83	^	^	23.0	8	^	^	^	^
Winston	100.6	144	^	^	24.7	38	^	^	33.2	43	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites which contains *in situ* bladder cases. ^Statistic not displayed due to fewer than 6 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 7. Alabama Cancer Incidence Rates and Counts, by County, Females by Race, 2002-2011 Combined

	All Sites				Lung				Colorectal				Breast			
	White		Black		White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	396.4	84,150	370.1	22,736	58.2	12,969	39.4	2,390	38.5	8,474	48.5	2,951	116.1	24,390	117.6	7,316
Autauga	399.9	903	387.1	167	60.6	139	30.1	13	41.9	94	72.8	30	119.3	275	104.4	47
Baldwin	386.6	3,907	341.6	265	56.5	606	31.0	23	34.3	357	50.3	38	117.8	1,186	102.6	82
Barbour	399.1	386	338.2	223	54.1	56	29.1	20	46.2	48	49.6	33	136.1	128	123.6	80
Bibb	425.7	433	339.2	65	72.5	78	31.8	6	49.0	49	47.8	9	114.5	117	108.9	21
Blount	291.8	952	340.2	14	46.3	158	^	^	28.7	95	^	^	82.4	269	^	^
Bullock	326.9	67	442.3	184	36.0	8	40.8	17	47.9	11	71.8	33	86.5	16	150.6	59
Butler	380.3	340	342.5	172	51.2	48	26.9	14	38.5	37	53.0	28	111.2	100	103.8	51
Calhoun	408.6	2,449	394.5	453	68.5	436	58.0	65	43.3	268	51.3	59	106.7	631	131.1	153
Chambers	418.1	659	321.0	253	68.1	110	26.4	21	39.8	69	41.0	34	119.7	182	73.6	56
Cherokee	323.6	541	368.1	31	50.1	89	^	^	30.3	51	^	^	98.0	158	143.0	13
Chilton	343.5	763	413.5	89	52.8	123	77.5	17	33.4	77	^	^	101.8	224	135.8	29
Choctaw	299.3	177	287.7	116	44.4	29	35.3	15	33.6	21	24.6	10	94.1	55	97.4	38
Clarke	396.7	416	353.1	220	48.1	58	25.0	15	44.7	49	47.9	30	124.8	128	122.5	76
Clay	410.5	337	430.9	48	70.0	58	59.6	6	22.8	22	^	^	141.5	115	129.6	14
Cleburne	379.3	327	523.2	17	51.8	46	^	^	39.9	38	^	^	97.9	84	^	^
Coffee	374.7	896	355.6	158	59.5	150	45.3	20	32.0	79	35.3	16	119.4	281	112.8	49
Colbert	371.9	1,179	330.3	182	57.1	189	28.6	16	40.1	136	47.9	28	111.2	345	127.7	69
Conecuh	449.5	237	367.1	132	62.8	36	^	^	53.1	31	59.0	22	140.2	73	146.5	52
Coosa	388.2	211	299.1	65	55.2	32	^	^	37.9	21	32.7	7	103.9	57	92.4	21
Covington	362.2	884	344.9	92	62.0	150	53.5	15	40.6	106	45.6	13	91.2	226	90.7	23
Crenshaw	379.7	266	247.2	51	39.1	30	^	^	31.7	25	^	^	118.0	77	53.1	11
Cullman	381.0	1,859	258.3	10	51.6	272	^	^	38.7	197	^	^	106.0	510	^	^
Dale	374.2	869	352.4	162	59.5	145	43.5	20	28.8	67	37.9	17	106.8	248	115.2	56
Dallas	480.5	542	364.6	587	77.1	97	35.4	57	49.9	62	57.4	90	147.4	156	113.6	186
DeKalb	342.8	1,355	358.0	22	47.2	196	^	^	38.3	153	^	^	98.2	386	^	^
Elmore	433.9	1,473	388.4	237	65.6	224	50.7	29	41.2	140	48.6	28	136.0	472	113.7	74
Escambia	392.5	649	364.7	210	58.4	103	37.6	22	42.9	75	45.9	27	104.5	172	134.4	76
Etowah	386.9	2,329	385.9	326	64.2	412	39.6	33	38.4	245	54.9	46	103.2	613	137.2	117
Fayette	342.8	369	372.2	51	58.9	69	54.8	8	26.3	29	48.5	7	108.5	115	171.9	22
Franklin	398.9	748	374.0	27	68.3	134	^	^	37.1	71	^	^	118.4	221	132.4	9
Geneva	390.1	640	348.5	55	63.5	108	42.0	7	34.3	58	^	^	115.2	185	126.2	19
Greene	428.9	59	348.8	162	49.5	8	30.2	14	^	^	42.7	20	141.7	18	119.6	54
Hale	410.7	189	361.3	188	56.4	27	34.6	19	53.9	27	27.2	15	110.9	50	133.9	67
Henry	418.9	354	315.6	105	58.0	52	20.5	7	31.2	27	58.9	20	138.4	114	73.0	23
Houston	409.1	1,906	415.5	488	54.0	267	52.9	60	35.4	173	62.6	72	119.1	544	112.3	135
Jackson	409.5	1,329	418.8	50	57.0	198	^	^	48.2	162	53.8	7	121.1	388	116.9	13
Jefferson	452.9	11,479	400.5	5,714	61.3	1,639	40.4	569	41.5	1,125	48.8	688	139.7	3,433	128.8	1,864
Lamar	440.4	412	385.8	39	65.5	67	^	^	51.6	49	^	^	115.6	105	155.8	15
Lauderdale	379.2	2,091	412.8	201	55.6	323	36.1	18	37.5	217	65.8	32	100.0	534	111.6	53
Lawrence	351.6	613	346.3	84	53.1	96	26.7	6	35.8	64	55.5	15	98.2	171	130.5	32
Lee	353.6	1,485	352.0	473	50.8	212	31.1	40	32.7	136	43.1	58	108.7	456	105.2	144
Limestone	361.0	1,325	316.9	141	55.0	208	37.1	15	41.5	155	36.1	16	100.9	374	86.8	42
Lowndes	396.3	89	338.2	166	42.8	12	31.1	15	64.6	15	50.0	25	113.8	25	104.9	50
Macon	551.6	123	306.7	352	56.6	13	34.9	40	56.0	12	37.2	44	172.2	38	90.8	102
Madison	404.9	5,541	377.9	1,148	54.0	764	50.4	148	35.2	491	47.1	141	126.6	1,749	123.3	396
Marengo	381.9	293	291.4	193	44.1	37	31.9	21	36.7	31	48.5	35	121.5	93	76.8	48
Marion	342.1	704	527.7	28	47.0	106	^	^	42.6	91	^	^	103.5	211	197.8	10
Marshall	407.9	2,155	397.9	27	70.0	389	97.8	6	38.3	210	^	^	97.2	511	77.6	6
Mobile	409.3	6,480	385.8	2,735	65.0	1,076	46.5	326	41.1	675	54.5	381	123.4	1,935	120.6	867
Monroe	355.0	329	324.9	166	43.2	45	14.0	7	39.8	38	50.8	26	117.9	107	111.3	58
Montgomery	412.9	2,963	349.1	1,865	53.7	412	39.2	200	44.2	350	45.2	236	131.6	913	117.1	638
Morgan	420.8	2,633	437.5	265	64.1	418	61.2	35	39.8	253	57.9	33	114.6	717	132.1	86
Perry	302.7	87	358.5	151	27.0	9	44.5	19	24.3	9	38.7	16	95.7	24	123.7	52
Pickens	379.3	316	362.3	181	35.8	35	53.8	27	34.9	30	47.0	25	142.9	111	112.7	54
Pike	393.5	442	338.2	189	52.5	64	36.2	19	33.9	40	49.6	28	98.2	107	97.7	56
Randolph	356.4	445	370.4	93	49.8	67	35.6	9	27.3	34	38.1	10	99.7	124	107.9	27
Russell	492.6	901	307.9	351	65.3	129	28.7	33	50.3	95	47.8	54	133.6	246	97.2	112
St. Clair	353.3	1,438	338.4	88	63.0	265	55.4	14	34.4	140	30.2	8	88.3	362	115.7	31
Shelby	325.1	2,660	338.5	229	49.2	384	27.0	17	30.8	244	49.9	29	102.5	866	122.2	85
Sumter	326.8	78	304.7	191	29.7	7	24.0	15	27.3	8	40.0	25	87.0	24	85.8	54
Talladega	389.1	1,434	348.0	438	61.2	240	34.9	44	40.1	152	37.7	47	105.4	385	102.7	130
Tallapoosa	343.6	763	375.3	223	47.0	111	34.6	20	30.8	73	32.4	20	101.5	223	90.8	54
Tuscaloosa	387.7	2,633	384.7	927	53.4	375	42.2	97	35.5	242	53.8	129	119.7	808	126.8	311
Walker	458.3	1,961	399.2	89	76.1	345	67.1	15	43.9	192	52.2	11	112.8	483	123.4	28
Washington	393.4	290	341.6	86	56.4	44	21.8	6	46.1	34	56.0	14	141.3	104	149.0	37
Wilcox	538.0	133	400.6	189	45.6	14	30.2	15	78.6	22	54.1	26	129.7	31	113.4	52
Winston	394.6	636	^	^	67.9	116	^	^	36.8	60	^	^	107.4	174	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites which contains *in situ* bladder cases. ^Statistic not displayed due to fewer than 6 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 7 (Continued). Alabama Cancer Incidence Rates and Counts, by County, Females by Race, 2002-2011 Combined

	Cervix				Oral				Melanoma			
	White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	8.0	1,410	10.9	669	7.1	1,542	5.7	359	18.9	3,669	0.9	55
Autauga	11.3	24	^	^	5.2	12	^	^	20.8	44	^	^
Baldwin	6.3	51	11.4	9	7.0	71	^	^	21.4	199	^	^
Barbour	10.3	8	^	^	7.9	7	11.4	8	8.6	6	^	^
Bibb	13.6	12	^	^	12.8	13	^	^	14.7	14	^	^
Blount	7.8	21	^	^	8.0	26	^	^	14.2	45	^	^
Bullock	^	^	^	^	^	^	^	^	^	^	^	^
Butler	14.0	8	23.5	11	6.5	7	^	^	21.9	18	^	^
Calhoun	9.9	48	12.0	14	9.1	53	6.7	8	19.1	105	^	^
Chambers	14.5	16	15.2	11	9.3	19	^	^	8.4	14	^	^
Cherokee	5.9	9	^	^	6.7	13	^	^	6.3	10	^	^
Chilton	8.3	15	^	^	3.2	7	^	^	18.4	39	^	^
Choctaw	^	^	^	^	^	^	^	^	9.3	6	^	^
Clarke	^	^	10.0	6	6.4	8	^	^	36.6	29	^	^
Clay	17.4	11	^	^	^	^	^	^	12.8	10	^	^
Cleburne	13.1	10	^	^	^	^	^	^	13.1	10	^	^
Coffee	6.7	12	^	^	7.7	19	^	^	13.4	28	^	^
Colbert	6.0	16	^	^	5.8	18	^	^	19.0	53	^	^
Conecuh	^	^	^	^	12.6	6	^	^	23.5	10	^	^
Coosa	^	^	^	^	^	^	^	^	15.3	8	^	^
Covington	8.2	15	^	^	5.8	13	^	^	13.9	29	^	^
Crenshaw	15.7	9	33.7	6	9.8	8	^	^	24.5	16	^	^
Cullman	9.6	39	^	^	8.5	44	^	^	23.5	104	^	^
Dale	7.5	15	^	^	6.7	16	^	^	15.0	32	^	^
Dallas	9.5	8	10.8	17	10.9	14	5.1	8	22.0	18	^	^
DeKalb	7.9	26	^	^	6.3	24	^	^	15.0	53	^	^
Elmore	12.1	37	26.7	17	9.0	31	^	^	20.3	67	^	^
Escambia	4.7	6	^	^	9.5	17	^	^	18.2	25	^	^
Etowah	11.2	50	^	^	6.3	40	^	^	17.7	92	^	^
Fayette	6.4	6	^	^	^	^	^	^	9.2	10	^	^
Franklin	7.9	11	^	^	5.2	10	^	^	13.5	25	^	^
Geneva	8.1	9	^	^	10.3	18	^	^	29.5	44	^	^
Greene	^	^	^	^	^	^	^	^	^	^	^	^
Hale	^	^	^	^	^	^	^	^	^	^	^	^
Henry	9.4	6	^	^	^	^	^	^	17.2	13	^	^
Houston	8.9	32	16.8	20	8.9	42	6.9	8	19.9	86	^	^
Jackson	8.6	24	^	^	5.6	19	^	^	16.9	50	^	^
Jefferson	7.9	163	10.3	147	7.7	199	6.4	96	22.1	504	0.8	12
Lamar	16.7	11	^	^	9.8	11	^	^	19.7	17	^	^
Lauderdale	6.6	33	^	^	5.7	31	^	^	23.0	111	^	^
Lawrence	7.2	11	^	^	6.7	12	^	^	14.6	23	^	^
Lee	6.4	25	8.6	12	6.5	27	4.6	7	14.3	63	^	^
Limestone	8.2	27	^	^	6.3	22	^	^	13.6	46	^	^
Lowndes	^	^	^	^	^	^	^	^	^	^	^	^
Macon	^	^	14.8	15	^	^	5.8	7	26.5	6	^	^
Madison	5.8	69	9.1	28	7.5	103	5.0	16	17.4	223	^	^
Marengo	^	^	10.7	7	^	^	^	^	18.4	13	^	^
Marion	9.4	14	^	^	4.7	11	^	^	13.1	24	^	^
Marshall	9.5	40	^	^	7.8	40	^	^	18.9	93	^	^
Mobile	6.4	82	9.6	67	8.1	129	4.9	36	16.5	238	^	^
Monroe	^	^	^	^	^	^	^	^	21.5	16	^	^
Montgomery	8.9	47	11.3	65	8.5	62	4.4	25	22.1	148	^	^
Morgan	11.3	61	16.7	10	6.4	42	^	^	22.1	129	^	^
Perry	^	^	18.5	8	^	^	^	^	^	^	^	^
Pickens	^	^	13.2	6	^	^	^	^	26.1	18	^	^
Pike	12.2	11	^	^	6.5	6	^	^	32.9	32	^	^
Randolph	13.9	13	^	^	6.8	9	^	^	16.0	18	^	^
Russell	17.8	27	11.2	12	4.4	9	5.0	6	18.1	29	^	^
St. Clair	8.7	32	^	^	7.1	29	^	^	13.7	52	^	^
Shelby	3.5	30	11.0	10	4.3	34	8.5	7	16.1	135	^	^
Sumter	^	^	^	^	^	^	^	^	^	^	^	^
Talladega	8.8	25	14.5	18	7.8	30	7.1	8	18.4	60	^	^
Tallapoosa	8.9	16	27.4	16	6.4	15	9.9	6	15.3	29	^	^
Tuscaloosa	5.8	36	10.5	27	5.3	38	4.6	11	16.9	107	^	^
Walker	12.1	40	^	^	9.0	41	^	^	17.2	62	^	^
Washington	^	^	^	^	^	^	^	^	18.0	12	^	^
Wilcox	^	^	13.3	6	^	^	^	^	79.9	9	^	^
Winston	8.9	12	^	^	10.1	17	^	^	22.1	31	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites which contains *in situ* bladder cases. ^Statistic not displayed due to fewer than 6 cases.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 8. Alabama Cancer Incidence Rates and Counts, by County, Males and Females by Race, 2002-2011 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	460.1	182,555	465.5	49,000	77.6	31,582	65.7	6,787	46.2	18,333	56.5	5,823	13.2	5,271	10.3	1,165	23.7	9,023	1.0	96
Autauga	428.8	1,797	501.1	377	76.7	321	59.2	43	50.0	205	74.9	53	11.0	49	14.2	12	26.7	115	^	^
Baldwin	447.1	8,729	460.4	632	68.2	1,382	56.4	75	40.4	790	65.4	87	11.5	223	8.9	14	26.8	493	^	^
Barbour	470.6	900	413.0	486	83.0	162	62.5	74	50.6	97	50.2	58	18.6	36	9.9	12	17.4	31	^	^
Bibb	480.3	937	447.7	178	85.9	173	81.7	33	59.6	115	45.1	17	15.9	31	^	^	18.3	34	^	^
Blount	351.6	2,151	437.6	32	65.9	416	^	^	37.6	227	^	^	10.5	64	^	^	18.3	110	^	^
Bullock	345.6	146	453.1	361	65.0	28	56.1	45	54.5	23	74.4	59	15.2	7	11.1	9	13.8	6	^	^
Butler	424.3	709	433.6	374	75.7	131	64.5	56	48.0	81	51.1	45	11.8	21	10.8	10	24.8	38	^	^
Calhoun	498.8	5,495	493.1	961	97.6	1,113	76.9	145	54.9	601	58.1	109	17.2	185	15.2	31	22.7	240	^	^
Chambers	477.5	1,414	408.6	552	86.5	262	53.6	72	48.6	147	41.8	58	15.1	49	10.1	14	17.0	50	^	^
Cherokee	404.5	1,298	361.7	55	74.5	248	49.7	8	37.2	120	^	^	13.0	45	^	^	11.3	35	^	^
Chilton	410.3	1,732	523.9	203	81.2	354	90.2	35	37.3	156	33.5	13	12.7	55	^	^	20.2	83	^	^
Choctaw	404.0	467	355.9	252	66.0	82	60.6	44	39.1	44	40.8	28	9.6	11	^	^	12.8	16	^	^
Clarke	454.0	909	464.1	497	72.5	153	61.5	64	54.1	109	74.0	79	10.8	23	9.1	10	31.6	54	^	^
Clay	483.4	759	499.3	102	97.8	160	82.0	15	48.0	79	39.4	7	10.3	16	^	^	25.1	34	^	^
Cleburne	440.0	719	587.6	38	70.9	120	93.3	7	53.4	87	^	^	15.3	25	^	^	13.3	20	^	^
Coffee	445.5	2,021	448.6	351	75.8	357	72.7	56	34.9	156	45.7	35	13.0	58	10.1	9	16.9	74	^	^
Colbert	417.1	2,463	398.0	386	74.7	456	64.2	63	45.8	276	69.5	69	13.4	79	10.5	11	24.2	136	^	^
Conecuh	484.3	515	452.1	289	82.3	93	57.7	39	63.2	70	57.7	37	21.6	22	11.2	8	25.0	24	^	^
Coosa	460.8	488	400.1	162	80.1	90	59.6	24	45.9	50	46.0	18	11.7	12	^	^	21.8	21	^	^
Covington	426.5	1,921	418.1	192	77.9	354	69.5	32	47.8	220	53.1	24	12.2	54	^	^	19.4	83	^	^
Crenshaw	435.2	573	333.9	125	58.7	82	43.7	17	48.5	65	51.1	20	13.4	18	^	^	27.0	34	^	^
Cullman	433.8	4,009	419.8	33	75.3	725	104.7	9	45.0	416	^	^	15.4	143	^	^	27.9	245	^	^
Dale	465.5	2,051	488.7	376	87.5	393	71.3	55	42.3	187	50.4	39	17.0	75	15.0	13	22.2	93	^	^
Dallas	529.9	1,142	452.3	1,234	91.6	209	62.5	171	53.6	119	67.2	179	18.5	40	9.5	26	26.3	48	^	^
DeKalb	401.0	2,953	364.2	42	66.1	500	46.6	6	40.7	296	^	^	11.6	85	^	^	17.4	123	^	^
Elmore	500.4	3,227	496.8	527	91.4	588	96.8	97	54.7	345	51.7	53	15.5	102	11.0	12	26.8	177	^	^
Escambia	481.8	1,527	443.2	470	85.3	281	69.3	75	50.9	161	58.2	61	17.4	57	7.7	8	20.5	59	^	^
Etowah	459.1	5,120	497.6	694	84.0	974	72.7	99	46.7	527	59.6	81	14.0	157	16.7	24	21.3	222	^	^
Fayette	388.1	785	423.0	104	75.5	161	67.8	17	39.6	79	57.9	15	8.0	16	^	^	15.8	30	^	^
Franklin	444.0	1,550	495.6	64	87.2	317	59.8	8	46.7	166	64.2	8	11.6	40	^	^	18.2	61	^	^
Geneva	474.7	1,482	461.3	129	89.5	287	75.5	22	45.8	144	39.2	11	16.9	53	^	^	28.9	82	^	^
Greene	483.3	135	443.2	371	89.5	29	55.2	47	50.4	16	63.3	53	^	^	6.3	6	^	^	^	^
Hale	489.8	445	506.7	472	72.8	67	62.9	60	57.3	52	42.0	39	12.3	11	10.7	10	23.1	19	^	^
Henry	495.2	803	467.3	271	80.6	134	44.2	26	45.2	72	58.6	34	14.7	23	10.5	6	24.6	39	^	^
Houston	481.5	4,158	506.3	1,023	74.3	664	74.1	145	45.5	393	66.0	128	17.0	148	9.8	22	25.4	209	^	^
Jackson	464.9	2,868	448.9	95	81.5	528	65.6	15	52.5	321	54.3	12	13.3	85	^	^	21.7	125	^	^
Jefferson	521.7	23,972	499.7	11,969	78.1	3,685	67.7	1,575	49.2	2,310	57.3	1,340	13.8	628	10.6	272	28.4	1,257	0.9	21
Lamar	499.1	892	509.5	92	84.3	158	71.7	13	58.9	106	^	^	16.3	29	^	^	23.3	37	^	^
Lauderdale	446.7	4,577	536.4	440	74.9	798	77.7	64	46.0	474	78.7	63	12.2	122	14.7	13	28.2	274	^	^
Lawrence	431.5	1,437	443.0	195	80.3	273	48.4	22	47.9	161	67.3	31	13.4	46	^	^	19.8	63	^	^
Lee	386.5	3,037	455.2	1,025	56.8	436	57.4	123	35.8	278	48.1	112	11.1	85	11.3	29	18.5	155	^	^
Limestone	435.5	3,022	397.9	327	77.4	546	49.2	37	45.6	317	48.2	39	10.1	70	11.3	9	17.6	119	^	^
Lowndes	455.4	213	410.1	349	81.1	42	41.6	36	51.4	25	70.6	59	^	^	^	^	19.1	9	^	^
Macon	533.6	246	379.8	749	75.7	35	49.4	98	58.7	26	45.7	90	24.7	12	12.9	26	21.5	10	^	^
Madison	446.1	11,440	449.5	2,373	67.3	1,747	64.8	322	43.0	1,091	54.7	279	12.1	318	8.6	53	21.7	544	^	^
Marengo	411.6	593	422.0	486	63.1	97	55.1	64	42.9	63	60.8	72	10.4	13	15.4	18	17.6	23	^	^
Marion	403.2	1,568	541.0	64	73.3	299	55.9	6	47.1	186	119.3	14	12.4	50	^	^	17.6	63	^	^
Marshall	467.7	4,616	515.4	60	92.8	942	99.3	11	45.9	448	50.1	6	15.5	152	^	^	22.4	211	^	^
Mobile	483.0	14,211	488.3	5,872	83.5	2,496	74.0	881	50.7	1,492	60.4	704	13.5	400	10.0	126	22.3	636	0.7	7
Monroe	411.5	725	417.3	384	67.2	126	53.6	49	50.8	92	55.0	49	7.1	11	9.4	9	26.4	40	^	^
Montgomery	452.6	5,896	425.1	3,827	68.5	929	62.1	539	48.4	647	52.1	460	12.7	165	9.4	93	29.2	363	^	^
Morgan	513.0	5,987	531.2	545	84.4	1,011	85.3	79	48.5	556	62.0	59	13.9	167	10.2	13	25.5	287	^	^
Perry	384.1	209	455.1	338	61.5	38	64.3	49	39.0	23	50.8	37	^	^	7.3	6	13.2	8	^	^
Pickens	445.5	724	481.0	411	66.9	121	76.7	65	44.7	73	55.5	48	9.9	16	8.2	7	22.8	32	^	^
Pike	461.6	999	424.6	406	72.0	167	60.9	56	43.1	91	50.2	48	19.6	41	13.2	13	35.2	70	^	^
Randolph	404.4	963	443.2	195	64.9	159	43.3	19	45.7	110	47.3	20	10.2	23	^	^	16.9	39	^	^
Russell	538.9	1,834	415.7	812	90.2	320	54.7	106	56.7	191	54.8	107	17.4	59	11.2	23	22.0	73	^	^
St. Clair	421.1	3,217	461.9	232	83.8	649	87.1	42	40.2	300	31.2	15	13.2	103	^	^	20.4	149	^	^
Shelby	381.4	5,806	460.3	522	63.5	916	65.6	64	34.6	518	48.3	50	9.6	149	10.7	15	20.4	318	^	^
Sumter	439.4	213	385.3	410	75.0	38	55.8	59	24.4	13	44.8	48	14.1	6	10.4	11	34.2	13	^	^
Talladega	447.0	3,119	425.6	941	81.6	591	57.4	126	49.2	340	50.3	111	11.6	82	9.1	21	21.5	140	^	^
Tallapoosa	399.6	1,692	435.4	450	63.9	282	61.2	62	38.1	164	44.4	46	10.0	41	13.6	14	20.9	83	^	^
Tuscaloosa	445.8	5,624	491.4	1,988	73.6	937	73.3	280	43.4	541	61.1	249	10.2	131	9.2	39	21.2	263	^	^
Walker	533.9	4,260	533.7	203	103.0	860	114.2	42	50.3	400	70.9	27	16.3	130	13.6	6	18.9	138	^	^
Washington	493.2	703	499.9	226	86.5	126	52.1	24	48.8	71	48.4	22	12.3	17	^	^	18.9	25	^	^
Wilcox	521.8	267	543.2	444	58.4	34	78.7	65	79.7	41	76.5	62	12.8	7	15.1	13	40.9	10	^	^
Winston	462.7	1,424	^	^	97.6	308	^	^	49.7	150	^	^	17.4	55	^	^	25.7	74	^	^

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. Rates are for malignant cases only, except for All Sites which contains *in situ* bladder cases. ^Statistic not displayed due to fewer than 6 cases.

Cancer Mortality Tables

Table 9. Alabama Cancer Mortality Rates and Counts, by Site, Race, and Sex, 2002-2011 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	198.1	99,410	192.0	76,385	226.3	22,616	259.2	54,309	247.1	41,857	321.8	12,261
Oral Cavity and Pharynx	2.9	1,474	2.7	1,090	3.5	379	4.6	1,028	4.2	745	6.3	280
Digestive System	44.0	22,097	40.5	16,088	58.8	5,892	58.0	12,402	53.4	9,156	79.4	3,189
Esophagus	4.0	2,052	3.8	1,523	4.9	523	7.3	1,659	7.0	1,256	8.8	397
Stomach	3.7	1,848	2.8	1,124	7.2	708	5.1	1,073	3.9	651	10.8	418
Small Intestine	0.3	128	0.2	95	0.3	33	0.3	63	0.3	46	0.4	17
Colon and Rectum	18.1	8,988	16.4	6,473	25.1	2,484	22.7	4,714	20.6	3,436	32.8	1,262
Colon Excluding Rectum	15.0	7,431	13.5	5,317	21.2	2,087	18.6	3,826	16.8	2,777	27.5	1,035
Rectum and Rectosigmoid Junction	3.1	1,557	2.9	1,156	3.9	397	4.1	888	3.8	659	5.2	227
Anus, Anal Canal, and Anorectum	0.2	105	0.2	75	0.3	30	0.2	48	0.2	32	0.4	16
Liver and Intrahepatic Bile Duct	5.6	2,834	5.3	2,121	6.5	678	8.2	1,816	7.7	1,364	9.6	430
Gallbladder	0.5	257	0.5	182	0.8	73	0.5	96	0.5	80	0.5	16
Pancreas	11.0	5,512	10.5	4,202	13.0	1,286	12.9	2,767	12.5	2,157	15.1	601
Other Digestive Organs	0.2	119	0.2	80	0.4	37	0.3	63	0.3	44	0.5	19
Respiratory System	62.7	31,968	64.0	25,924	58.5	5,930	92.0	19,986	90.8	15,946	99.1	3,975
Larynx	1.4	731	1.2	500	2.2	230	2.6	592	2.2	394	4.5	197
Lung and Bronchus	61.0	31,078	62.5	25,302	56.0	5,665	88.9	19,293	88.1	15,475	94.0	3,755
Bones and Joints	0.6	274	0.6	208	0.6	64	0.7	142	0.7	110	0.7	31
Soft Tissue Including Heart	1.2	586	1.1	428	1.4	153	1.3	284	1.3	220	1.4	64
Skin Excluding Basal and Squamous Melanoma of the Skin	3.7	1,826	4.4	1,714	1.0	108	5.8	1,218	6.8	1,151	1.4	63
Melanoma of the Skin	2.8	1,417	3.5	1,368	0.5	46	4.3	918	5.2	899	0.4	16
Other Non-Epithelial Skin	0.8	409	0.9	346	0.6	62	1.5	300	1.5	252	1.0	47
Breast	13.5	6,737	12.2	4,781	18.5	1,923	0.2	50	0.2	35	0.4	15
Female Genital System	*	*	*	*	*	*	*	*	*	*	*	*
Cervix Uteri	*	*	*	*	*	*	*	*	*	*	*	*
Corpus and Uterus, NOS	*	*	*	*	*	*	*	*	*	*	*	*
Corpus Uteri	*	*	*	*	*	*	*	*	*	*	*	*
Uterus, NOS	*	*	*	*	*	*	*	*	*	*	*	*
Ovary	*	*	*	*	*	*	*	*	*	*	*	*
Vagina	*	*	*	*	*	*	*	*	*	*	*	*
Vulva	*	*	*	*	*	*	*	*	*	*	*	*
Other Female Genital Organs	*	*	*	*	*	*	*	*	*	*	*	*
Male Genital System	*	*	*	*	*	*	30.5	5,451	23.2	3,397	67.2	2,042
Prostate	*	*	*	*	*	*	30.0	5,343	22.7	3,310	66.8	2,021
Testis	*	*	*	*	*	*	0.3	61	0.3	56	^	^
Penis	*	*	*	*	*	*	0.2	40	0.1	25	0.3	15
Other Male Genital Organs	*	*	*	*	*	*	<0.1	7	<0.1	6	^	^
Urinary System	7.9	3,934	8.1	3,219	7.2	704	12.8	2,579	13.2	2,166	11.1	406
Urinary Bladder	3.8	1,862	4.0	1,571	3.1	288	6.9	1,310	7.3	1,141	5.1	166
Kidney and Renal Pelvis	3.9	1,984	4.0	1,577	4.0	400	5.6	1,215	5.6	982	5.7	230
Ureter	0.1	46	0.1	39	0.1	6	0.1	27	0.1	21	^	^
Other Urinary Organs	0.1	42	0.1	32	0.1	10	0.1	27	0.1	22	^	^
Eye and Orbit	0.1	29	0.1	27	^	^	0.1	14	0.1	13	^	^
Brain and Other Nervous System	4.6	2,315	5.3	2,052	2.3	254	5.6	1,271	6.3	1,127	2.9	142
Endocrine System	0.7	345	0.7	266	0.7	76	0.8	168	0.8	131	0.9	35
Thyroid	0.4	207	0.4	160	0.5	46	0.5	95	0.4	74	0.6	21
Other Endocrine Including Thymus	0.3	138	0.3	106	0.3	30	0.3	73	0.3	57	0.3	14
Lymphoma	7.2	3,512	7.7	2,991	4.9	498	9.0	1,853	9.6	1,586	5.9	252
Hodgkin Lymphoma	0.4	205	0.4	159	0.4	45	0.5	114	0.5	87	0.5	26
Non-Hodgkin Lymphoma	6.7	3,307	7.2	2,832	4.5	453	8.5	1,739	9.1	1,499	5.4	226
Myeloma	4.2	2,065	3.5	1,374	7.0	683	5.1	1,058	4.4	729	8.6	326
Leukemia	7.5	3,651	7.7	2,998	6.4	641	10.2	2,043	10.6	1,699	8.8	340
Lymphocytic Leukemia	2.1	1,012	2.2	834	1.8	175	3.0	577	3.1	478	2.5	97
Acute Lymphocytic Leukemia	0.4	190	0.4	155	0.3	32	0.5	114	0.6	94	0.3	18
Chronic Lymphocytic Leukemia	1.5	745	1.6	611	1.4	134	2.2	413	2.2	341	2.0	72
Myeloid and Monocytic Leukemia	3.0	1,487	3.1	1,217	2.6	265	4.0	831	4.2	697	3.3	133
Acute Myeloid Leukemia	2.5	1,218	2.5	992	2.1	221	3.2	674	3.3	564	2.8	109
Chronic Myeloid Leukemia	0.3	162	0.4	134	0.3	28	0.5	89	0.5	72	0.4	17
Other Leukemia	2.4	1,152	2.4	947	2.1	201	3.3	635	3.3	524	3.0	110
Miscellaneous Malignant Cancer	16.9	8,457	16.2	6,414	20.1	2,014	22.6	4,762	21.5	3,646	27.6	1,100

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. ^Statistic not displayed due to fewer than 6 deaths.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 9 (Continued). Alabama Cancer Mortality Rates and Counts, by Site, Race, and Sex, 2002-2011 Combined

	Female					
	All Races		White		Black	
	Rate	Count	Rate	Count	Rate	Count
All Malignant Cancers	157.3	45,101	154.1	34,528	171.3	10,355
Oral Cavity and Pharynx	1.5	446	1.5	345	1.6	99
Digestive System	33.4	9,695	30.4	6,932	45.0	2,703
Esophagus	1.4	393	1.2	267	2.0	126
Stomach	2.7	775	2.1	473	4.8	290
Small Intestine	0.2	65	0.2	49	0.3	16
Colon and Rectum	14.8	4,274	13.4	3,037	20.3	1,222
Colon Excluding Rectum	12.4	3,605	11.2	2,540	17.5	1,052
Rectum and Rectosigmoid Junction	2.3	669	2.2	497	2.8	170
Anus, Anal Canal, and Anorectum	0.2	57	0.2	43	0.2	14
Liver and Intrahepatic Bile Duct	3.5	1,018	3.3	757	4.1	248
Gallbladder	0.6	161	0.4	102	0.9	57
Pancreas	9.4	2,745	8.9	2,045	11.5	685
Other Digestive Organs	0.2	56	0.2	36	0.3	18
Respiratory System	41.7	11,982	44.3	9,978	32.6	1,955
Larynx	0.5	139	0.5	106	0.6	33
Lung and Bronchus	41.0	11,785	43.6	9,827	31.8	1,910
Bones and Joints	0.5	132	0.5	98	0.5	33
Soft Tissue Including Heart	1.1	302	1.0	208	1.4	89
Skin Excluding Basal and Squamous	2.1	608	2.6	563	0.7	45
Melanoma of the Skin	1.8	499	2.2	469	0.5	30
Other Non-Epithelial Skin	0.4	109	0.4	94	0.2	15
Breast	23.7	6,687	21.7	4,746	30.8	1,908
Female Genital System	16.5	4,689	15.5	3,414	20.9	1,253
Cervix Uteri	3.0	794	2.5	473	5.2	318
Corpus and Uterus, NOS	3.5	1,007	2.6	599	6.8	405
Corpus Uteri	1.8	517	1.4	323	3.2	191
Uterus, NOS	1.7	490	1.2	276	3.6	214
Ovary	9.1	2,632	9.5	2,133	8.1	485
Vagina	0.3	91	0.3	73	0.3	17
Vulva	0.4	116	0.4	102	0.2	13
Other Female Genital Organs	0.2	49	0.2	34	0.2	15
Male Genital System	*	*	*	*	*	*
Prostate	*	*	*	*	*	*
Testis	*	*	*	*	*	*
Penis	*	*	*	*	*	*
Other Male Genital Organs	*	*	*	*	*	*
Urinary System	4.6	1,355	4.6	1,053	5.0	298
Urinary Bladder	1.9	552	1.8	430	2.1	122
Kidney and Renal Pelvis	2.7	769	2.6	595	2.8	170
Ureter	0.1	19	0.1	18	^	^
Other Urinary Organs	0.1	15	<0.1	10	^	^
Eye and Orbit	0.1	15	0.1	14	^	^
Brain and Other Nervous System	3.7	1,044	4.3	925	1.8	112
Endocrine System	0.6	177	0.6	135	0.7	41
Thyroid	0.4	112	0.4	86	0.4	25
Other Endocrine Including Thymus	0.2	65	0.3	49	0.3	16
Lymphoma	5.8	1,659	6.2	1,405	4.1	246
Hodgkin Lymphoma	0.3	91	0.4	72	0.3	19
Non-Hodgkin Lymphoma	5.4	1,568	5.8	1,333	3.8	227
Myeloma	3.5	1,007	2.8	645	6.1	357
Leukemia	5.6	1,608	5.8	1,299	5.0	301
Lymphocytic Leukemia	1.5	435	1.5	356	1.3	78
Acute Lymphocytic Leukemia	0.3	76	0.3	61	0.2	14
Chronic Lymphocytic Leukemia	1.1	332	1.1	270	1.0	62
Myeloid and Monocytic Leukemia	2.3	656	2.4	520	2.1	132
Acute Myeloid Leukemia	2.0	544	2.0	428	1.8	112
Chronic Myeloid Leukemia	0.3	73	0.3	62	0.2	11
Other Leukemia	1.8	517	1.8	423	1.5	91
Miscellaneous Malignant Cancer	12.8	3,695	12.3	2,768	15.2	914

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. ^Statistic not displayed due to fewer than 6 deaths.

Source: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Table 10. Trends in Alabama Cancer Mortality, Selected Sites, 2007-2011

Females									
Breast P-Value 0.18					Cervix P-Value 0.66				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-10.2				Total PC	13.2			
Total APC	-2.1		-5.7	1.7	Total APC	1.4		-7.2	10.7
2007 Rate	23.6	0.9	21.9	25.5	2007 Rate	3.0	0.3	2.4	3.7
2008 Rate	23.2	0.9	21.5	25.1	2008 Rate	3.2	0.4	2.6	4.0
2009 Rate	21.9	0.9	20.2	23.7	2009 Rate	2.8	0.3	2.2	3.6
2010 Rate	23.3	0.9	21.6	25.2	2010 Rate	2.8	0.3	2.2	3.6
2011 Rate	21.2	0.9	19.6	23.0	2011 Rate	3.4	0.4	2.7	4.2
Males					Males and Females				
Prostate P-Value 0.04					All Sites P-Value 0.05				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-12.0				Total PC	-4.8			
Total APC	-2.6*		-4.9	-0.3	Total APC	-1.3		-2.6	0.0
2007 Rate	30.2	1.3	27.6	32.9	2007 Rate	195.3	2.0	191.5	199.2
2008 Rate	27.9	1.3	25.5	30.4	2008 Rate	196.7	2.0	192.9	200.6
2009 Rate	27.7	1.2	25.4	30.3	2009 Rate	195.6	2.0	191.8	199.5
2010 Rate	27.6	1.2	25.3	30.1	2010 Rate	189.9	1.9	186.2	193.7
2011 Rate	26.6	1.2	24.3	29.0	2011 Rate	186.0	1.9	182.4	189.7
Males and Females									
Colorectal P-Value 0.24					Lung P-Value 0.24				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-5.8				Total PC	-7.1			
Total APC	-2.5		-7.8	3.1	Total APC	-1.4		-4.2	1.6
2007 Rate	17.2	0.6	16.0	18.4	2007 Rate	60.7	1.1	58.5	62.8
2008 Rate	19.0	0.6	17.9	20.3	2008 Rate	58.8	1.1	56.7	61.0
2009 Rate	17.4	0.6	16.3	18.6	2009 Rate	61.4	1.1	59.3	63.5
2010 Rate	16.8	0.6	15.7	18.0	2010 Rate	59.5	1.1	57.4	61.6
2011 Rate	16.2	0.6	15.1	17.3	2011 Rate	56.4	1.0	54.4	58.4
Melanoma P-Value 0.63					Oral P-Value 0.37				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	-8.7				Total PC	-17.4			
Total APC	-1.9		-12.6	10.1	Total APC	-3.0		-11.6	6.3
2007 Rate	2.9	0.2	2.5	3.4	2007 Rate	3.1	0.2	2.6	3.6
2008 Rate	2.7	0.2	2.3	3.2	2008 Rate	2.8	0.2	2.4	3.3
2009 Rate	3.3	0.3	2.9	3.9	2009 Rate	2.5	0.2	2.1	3.0
2010 Rate	2.7	0.2	2.2	3.1	2010 Rate	3.0	0.2	2.5	3.5
2011 Rate	2.7	0.2	2.2	3.1	2011 Rate	2.5	0.2	2.1	3.0

Rates are per 100,000 and age-adjusted to the 2000 US (19 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), 2013. Data Years: 2007-2011.

National Comparison Tables

Table 11. Alabama and United States Cancer Incidence Rates, by Site, Race, and Sex, 2006-2010*

Males and Females						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	471.6	469.6	470.9	470.2	471.0	477.6
Lung and Bronchus	75.2	77.8	65.5	65.7	66.6	68.1
Colon and Rectum	47.9	46.0	56.0	44.7	43.7	53.1
Melanoma of the Skin	20.5	26.2	1.0	19.4	21.9	1.0
Males						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	574.6	559.5	618.1	542.3	536.1	601.0
Lung and Bronchus	103.4	103.2	105.5	80.1	79.7	94.7
Colon and Rectum	57.2	54.9	68.0	51.7	50.5	62.5
Melanoma of the Skin	27.4	33.9	1.1	24.7	27.5	1.1
Prostate	158.4	135.1	236.0	146.6	136.6	220.1
Females						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	397.5	404.5	374.6	418.8	424.9	395.9
Lung and Bronchus	54.3	58.5	39.3	55.1	56.8	50.4
Colon and Rectum	40.6	38.5	48.1	39.1	38.0	46.7
Melanoma of the Skin	15.7	20.7	1.0	15.6	18.0	1.0
Breast	119.4	117.7	122.2	122.2	123.5	118.4
Cervix	8.6	8.3	9.9	8.0	7.7	10.3

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. *All rates are for malignant cases only, except the rates for All Sites which includes bladder cancer *in situ*.

Source Alabama Data: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2006-2010.

Source United States Data: NAACCR CINA+ Online, 2013. Data Years: 2006-2010.

Table 12. Alabama and United States Cancer Mortality Rates, by Site, Race, and Sex, 2002-2011*

Males and Females						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	198.1	192.0	226.3	183.3	182.3	220.8
Lung and Bronchus	61.0	62.5	56.0	51.6	52.1	56.6
Colon and Rectum	18.1	16.4	25.1	17.8	17.3	24.6
Melanoma of the Skin	2.8	3.5	0.5	2.7	3.1	0.4
Males						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	259.2	247.1	321.8	224.6	221.9	292.6
Lung and Bronchus	88.9	88.1	94.0	67.4	66.9	84.6
Colon and Rectum	22.7	20.6	32.8	21.4	20.8	30.5
Melanoma of the Skin	4.3	5.2	0.4	4.0	4.5	0.5
Prostate	30.0	22.7	67.2	25.0	23.0	55.3
Females						
	Alabama			United States		
	All Races	White	Black	All Races	White	Black
All Sites	157.3	154.1	171.3	155.2	155.1	178.4
Lung and Bronchus	41.0	43.6	31.8	40.0	41.2	38.3
Colon and Rectum	14.8	13.4	20.3	15.1	14.6	20.9
Melanoma of the Skin	1.8	2.2	0.5	1.7	2.0	0.4
Breast	23.7	21.7	30.8	23.9	23.3	32.1
Cervix	3.0	2.5	5.2	2.4	2.2	4.4

Rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard. *At the time of publication, the latest available US rates were for years 2001-2010.

Source Alabama Data: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011.

Source United States Data: CDC WONDER, 2012. Data Years: 2001-2010.

Health Risk and Cancer Screening Behaviors Tables

Table 13. Percentage of Tobacco Use, Adults (2012) and High School Students (2011), Alabama and the US

Current Cigarette Smoking	Alabama	United States
Total Adults	23.8	19.6
Male Adults	26.4	21.6
Female Adults	21.4	17.4
Low Education	38.0	33.0
White	24.2	19.2
Black	22.0	22.7
Hispanic	18.1	18.9
Total High School Students	22.9	18.1
Male High School Students	26.4	19.9
Female High School Students	19.0	16.1
White High School Students	26.5	20.3
Black High School Students	16.2	10.5

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention.

Table 14. Percentage of Colorectal Cancer Screening, Adults 50 and Older, Alabama and the US, 2012

Sigmoidoscopy/Colonoscopy	Alabama	United States
Total Adults	67.8	67.3
Male Adults	65.3	65.8
Female Adults	69.8	68.6
White	68.4	69.6
Black	67.5	66.1
Hispanic	57.2	56.8
Low Education	57.2	55.7
Fecal Occult Blood Test in the Past 2 Years	Alabama	United States
Total Adults	16.7	14.2
Male Adults	28.5	14.4
Female Adults	15.1	14.3
White	14.4	14.1
Black	16.7	17.5
Hispanic	n/a	13.0
Low Education	11.0	13.2

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 15. Percentage of Breast Cancer Screening, Women 40 and Older, Alabama and the US, 2012

Mammogram in the Past 2 Years	Alabama	United States
40 Years and Older	74.3	74.0
White	73.5	74.2
Black	78.1	78.3
Hispanic	67.2	68.7
Low Education	63.4	62.7

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 16. Percentage of Prostate Cancer Screening, Men 50 and Older, Alabama and the US, 2012

PSA within the Past 2 Years	Alabama	United States
50-59 Years Old	46.3	45.1
60-64 Years Old	64.9	61.0
65 Years and Older	69.2	66.7
White	57.1	55.2
Black, 45 Years and Older	49.4	49.0
Low Education	33.0	37.2

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 17. Percentage of Cervical Cancer Screening, Women 18 and Older, Alabama and the US, 2012

Pap Test within the Past 3 Years	Alabama	United States
Total 18 Years and Older	80.1	78.0
White	77.9	77.8
Black	85.9	83.5
Low Education	70.4	72.0

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 18. Percentage of Fruit and Vegetable Intake, Adults 18 and Older, Alabama and the US, 2009

5 or More Fruits and Vegetables per Day	Alabama	United States
Total	20.3	23.4
Male	18.2	19.2
Female	22.3	27.7
White	20.5	24.1
Black	19.5	21.3
Low Education	11.3	18.3

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 19. Percentage of Physical Activity, Adults 18 and Older, Alabama and the US, 2011

Participated in ≥ 150 Minutes Aerobic Physical Activity per Week	Alabama	United States
Total	42.4	51.7
Male	45.4	53.0
Female	39.6	49.9
White	43.1	54.1
Black	40.6	46.4
Hispanic	37.9	44.6
Low Education	31.5	40.1

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Table 20. Percentage of Overweight*, Adults 18 and Older, Alabama and the US, 2012

Overweight	Alabama	United States
Total	67.8	63.4
Male	71.5	69.8
Female	64.2	57.1
White	65.6	62.4
Black	75.3	70.9
Low Education	65.5	66.5

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. *BMI 25 and over.

Sources

1. American Cancer Society. *Cancer Facts & Figures 2013*. Atlanta: American Cancer Society, 2013.
2. Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2002-2011 (Incidence and Mortality). Alabama Department of Public Health. *Note: *Rates Per 100,000, age-adjusted to the 2000 US (19 age groups) standard population excluding in situ cases except bladder.*
3. Alabama Data: Alabama Statewide Cancer Registry (ASCR), 2013. Data Years: 2006-2010. Alabama Department of Public Health. *Note: *Rates Per 100,000, age-adjusted to the 2000 US (19 age groups) standard population excluding in situ cases except bladder.* US Data: NAACCR CINA+ Online, 2013. Data Years: 2006-2010.
4. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS). <http://wonder.cdc.gov/cancer.html>. Data Years: 2001-2010.
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7. The 2004 Surgeon General's Report. *The Health Consequences of Smoking*. Centers for Disease Control and Prevention.
8. Behavioral Risk Factor Surveillance System. Centers for Disease Control and Prevention.

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, Third Edition (2000) was used for incidence data. The International Classification of Diseases, Tenth Revision, Clinical Modification (2003) was used for mortality data. The 95% confidence intervals were calculated for incidence and mortality 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.

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 the National Cancer Institute's (NCI) 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 US 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, 2013. For cancer cases diagnosed during 2002-2011, the ASCR considered as reportable all incident cases with a behavior code of 2 (*in situ*, noninvasive) or 3 (invasive, primary site only) in the International Classification of Diseases for Oncology (ICDO) (3rd edition), 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 consistent site-type definitions over time and consistency with other published cancer incidence and mortality data. Invalid site codes were excluded from the analysis.

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 US standard population, in accordance with a 1998 Department of Health and Human Services recommendation. The 2000 US 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. Because national publications tend to exclude *in situ* cases when calculating incidence rates except for bladder cancer, the ASCR has included a new table (Table 11) that calculates incidence rates in the same fashion. This table was added to facilitate an accurate comparison between Alabama and United States incidence rates. Moreover, the ASCR incidence rates and their associated counts presented in Tables 1-8 are based on the 10 most recent years of data available and exclude *in situ* cases for all sites except urinary bladder. The ASCR chose to make this change to exclude *in situ* cases to bring this publication into line with the national publication standard of excluding *in situ* cases even if doing so prohibits direct comparisons to be made to previous editions of the *Alabama Cancer Facts & Figures*.

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 US standard population. Prior to the release of the *Alabama Cancer Facts & Figures 2007*, cancer deaths of Alabama residents that occurred outside of the state were omitted from the rates. Beginning with *Alabama Cancer Facts & Figures 2007*, these deaths were included in the rate calculations.

Annual Percentage Change (APC)

The Annual Percentage Change (APC) is a summary statistic that represents the average rate of change in a rate over a defined time period and is used to measure trends over time. The APC is calculated by fitting a least squares regression line to the natural logarithm of the rates using the calendar year as a regressor variable.

Interpreting the Data

Published age-adjusted cancer incidence and mortality rates for years before 1999 were calculated using standard populations other than the 2000 US 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 US standard population. This change was motivated by a need to standardize age-adjustment procedures across publications and to update the calculation of age-adjusted rates to more closely reflect the current age distribution of the US population and the current burden of cancer. Because of the aging of the US population, the 2000 US 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 US 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. Please note that differences in registry database completeness and data quality do influence the estimated cancer incidence rates. Because 2011 cases were 95 percent complete at the time of this publication, some rates, especially all sites combined, may vary slightly from the "true" or final rates for the Alabama population. The rates presented here have not been adjusted for completeness differences across the database. The ASCR may update the previous years' data as cancer registries submit data for the new diagnosis year and additional cases from the previous diagnosis years. Users of cancer incidence data should be mindful of this issue for all data used in their comparisons. 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 *Alabama Cancer Facts & Figures 2013*, cancer incidence and mortality data are presented for all races combined and for white and black populations in Alabama.

American Cancer Society Quality of Life Programs

For the nearly 1.7 million cancer patients expected to be diagnosed in 2013 and the approximately 14 million US cancer survivors, the American Cancer Society is available anytime, day or night, to offer free information, programs, services, and community referrals to patients, survivors, and caregivers to help them make decisions through every step of a cancer experience. These resources are designed to help people facing cancer on their journey to getting well.

Information, 24 Hours a Day, Seven Days a Week

The American Cancer Society is available 24 hours a day, seven days a week online at cancer.org and by calling 1-800-227-2345.

Callers are connected with a Cancer Information Specialist who can help them locate a hospital, understand cancer and treatment options, learn what to expect and how to plan, help address insurance concerns, find financial resources, find a local support group, and more. The Society can also help people who speak languages other than English or Spanish find the assistance they need, offering services in 170 languages in total. Information on every aspect of the cancer experience, from prevention to survivorship, is also available through the Society's website, cancer.org. The site contains in-depth information on every major cancer type, as well as on treatments, side effects, caregiving, and coping.

The Society also publishes a wide variety of pamphlets and books that cover a multitude of topics, from patient education, quality of life, and caregiving issues to healthy living. A complete list of Society books is available for order at cancer.org/bookstore. The Society publishes three peer-reviewed journals for health care providers and researchers: *Cancer*, *Cancer Cytopathology*, and *CA: A Cancer Journal for Clinicians*. More information about the journals and their content can be found at acsjournals.com.

Day-to-day Help and Emotional Support

The American Cancer Society can help cancer patients and their families find the resources they need to make decisions about the day-to-day challenges that can come from a cancer diagnosis, such as transportation to and from treatment, financial and insurance needs, and lodging when having to travel away from home for treatment. The Society also connects people with others who have been through similar experiences to offer emotional support.

Help Navigating the Health Care System

Learning how to navigate the cancer journey and the health care system can be overwhelming for anyone, but it is particularly difficult for those who are medically underserved, those

who experience language or health literacy barriers, or those with limited resources. The American Cancer Society Patient Navigator Program was designed to reach those most in need. The largest oncology-focused patient navigator program in the country, it has specially trained patient navigators at 123 cancer treatment facilities across the nation. Patient navigators work in cooperation with patients, family members, caregivers, and facility staff to connect patients with information, resources, and support to decrease barriers and ultimately to improve health outcomes. In 2012, approximately 88,000 people relied on the Patient Navigator Program to help them through their diagnosis and treatment. The Society collaborates with a variety of organizations, including the National Cancer Institute's Center to Reduce Cancer Health Disparities, the Center for Medicare and Medicaid Services, numerous cancer treatment centers, and others to implement and evaluate this program.

Transportation to Treatment

Cancer patients cite transportation to and from treatment as a critical need, second only to direct financial assistance. The American Cancer Society Road To Recovery[®] program matches these patients with specially trained volunteer drivers. This program offers patients an additional key benefit of companionship and moral support during the drive to medical appointments. In 2012, the American Cancer Society provided more than 1.48 million transportation services to more than 81,000 constituents.



Lodging during Treatment

When someone diagnosed with cancer must travel away from home for the best treatment, where to stay and how to afford accommodations are immediate concerns and can sometimes affect treatment decisions. American Cancer Society Hope Lodge® facilities provide free, homelike, temporary lodging for patients and their caregivers close to treatment centers, thereby easing the emotional and financial burden of finding affordable lodging. In 2012, the 31 Hope Lodge locations provided approximately 261,000 nights of free lodging to nearly 50,000 patients and caregivers – saving them more than \$27 million in lodging expenses. The American Cancer Society also provided discounted lodging to many patients and caregivers through arrangements with hotels in some communities without a Hope Lodge facility.

Breast Cancer Support

Through the American Cancer Society Reach To Recovery® program, trained breast cancer survivor volunteers provide one-on-one support, information, and resource referrals to people facing breast cancer. Patients are matched with a volunteer who has had a similar breast cancer experience as well as other similar characteristics. These volunteers will meet one-on-one, either in person, by telephone, or via email, with women anytime throughout their breast cancer experience.

Cancer Education Classes

The I Can Cope® online educational program is available free to people facing cancer and their families and friends. The program consists of self-paced classes that can be taken anytime, day or night. People are welcome to take as few or as many classes as they like. Among the topics offered are information about cancer, managing treatments and side effects, healthy eating during and after treatment, communicating with family and friends, finding resources, and more. The classes are available at cancer.org/onlineclasses.

Hair-loss and Mastectomy Products

Some women wear wigs, hats, breast forms, and special bras to help cope with the effects of mastectomy and hair loss. The American Cancer Society's "tlc" *Tender Loving Care*® magazine/catalog offers informative articles and a line of products to help women who are battling cancer restore their appearance and self-esteem. The "tlc" products and catalogs may be ordered online at tlcdirect.org or by calling 1-800-850-9445. All proceeds from product sales go back into the Society's programs and services for patients and survivors.



Help with Appearance-related Side Effects of Treatment

The Look Good Feel Better® program is a collaboration of the American Cancer Society, the Personal Care Products Council Foundation, and the Professional Beauty Association that helps women learn beauty techniques to restore their self-image and cope with appearance-related side effects of cancer treatment. This free program engages certified, licensed beauty professionals trained as Look Good Feel Better volunteers to provide tips on makeup, skin care, nail care, and head coverings. Information and materials are also available for men and teens. To learn more, visit the Look Good Feel Better website at lookgoodfeelbetter.org or call 1-800-395-LOOK (1-800-395-5665).

Finding Hope and Inspiration

People with cancer and their loved ones do not have to face their cancer experience alone. They can connect with others who want support through the American Cancer Society Cancer Survivors Network® program at csn.cancer.org.

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Oakland, CA 94612-3412
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We **save lives** and create more birthdays
by helping you stay well, helping you get well,
by finding cures, and by fighting back.

cancer.org | 1.800.227.2345



bbb.org/charity

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