



Alabama Cancer Facts and Figures 2005



1.800.ACS.2345
www.cancer.org





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



STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

October 5, 2005

Dear Colleague:

I am pleased to present the third annual Alabama Cancer Facts & Figures produced by the Alabama Statewide Cancer Registry. I would also like to acknowledge the assistance of the American Cancer Society in this collaborative effort.

This 2005 report reflects an improved methodology in the presentation of Alabama's cancer incidence data. The information contained within this report will be helpful in identifying areas in which Alabamians can make important changes that affect their risk of developing cancer.

While the cancer incidence rates for certain types of tumors continue to increase, there are also types in which the rates show a slow decline. These patterns in Alabama are consistent with the national cancer trends. Physical inactivity, obesity, poor nutrition, and tobacco use are major preventable causes of cancer and other diseases. The American Cancer Society estimates that approximately 33 percent of the cancer deaths in 2005 will be related to such lifestyle factors.

It is my hope the information presented in this report will assist in reducing Alabama's cancer burden. By reducing the burden of cancer in Alabama, the lives of our fellow citizens will be improved.

Sincerely,

A handwritten signature in black ink, appearing to read "D. E. Williamson", with a long horizontal flourish extending to the right.

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

The RSA Tower • 201 Monroe Street • Montgomery, AL 36104
P.O. Box 303017 • Montgomery, AL 36130-3017



Working Together To Eliminate Cancer

Welcome to the 3rd edition of Alabama Cancer Facts & Figures.

The American Cancer Society has been leading the fight against cancer for 90 years. This work has been challenging, rewarding and significant, directly impacting millions of Americans. One only needs to look at the change in survival rates to see that progress is being made. Just twenty years ago, the relative five-year cancer survival rate was only 41%. Today it is 64%. Since 1999, the all sites cancer mortality rate among men and women in Alabama has decreased by 2.3%. Recent data shows that cancer incidence rates for lung, colorectal and prostate are lower in Alabama than the national averages.

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

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

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

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

A handwritten signature in black ink, appearing to read "Scott Dillard".

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

Contents

Cancer: Basic Facts	5
Risk Factors	7
2005 Incidence and Mortality Estimates	8
Selected Cancers	10
Lung Cancer	10
Colorectal Cancer	12
Breast Cancer	15
Prostate Cancer	18
Skin Cancer	21
Cervical Cancer	23
Cancer Trends in Alabama	26
Lifestyle Factors and Cancer	30
Tobacco	31
Diet	33
Physical Inactivity	35
Overweight	36
ACS Guidelines on Nutrition and Physical Activity for Cancer Prevention	37
Special Section: Health Disparities	38
Disparities in Cancer Incidence and Mortality	39
National	39
Alabama	41
Alabama Cancer Incidence Map	46
Alabama Cancer Mortality Map	47
Disparities in Stage at Diagnosis and Survival Rates	48
Disparities in Cancer Risk Factors	50
Disparities in Cancer Screening Behaviors	56
American Cancer Society Screening Guidelines for the Early Detection of Cancer in Asymptomatic People	61
American Cancer Society Quality of Life Programs	62
2006-2010 Alabama Comprehensive Cancer Control Plan	64
Glossary	77
Sources	79
Technical Notes and Materials and Methods	80
Tables	83

Who Should Use Cancer Facts & Figures?

The purpose of *Alabama Cancer Facts & Figures* is to provide local cancer data and cancer risk factor information to public health and medical professionals, American Cancer Society volunteers and staff, local community groups, and others who are interested in cancer prevention and control. The goal is to illustrate a variety of factors that affect cancer prevention, detection, and quality of life by providing not only data, but also interpretation of how these factors affect one another. This publication was developed in collaboration with the Alabama Statewide Cancer Registry in the Alabama Department of Public Health. Data provided were the most recent data available at the time of publication. This publication will provide an overview of cancer control issues in Alabama and in no way replaces the relevance or need for reports of the individual state data centers. *Alabama Cancer Facts & Figures* will be updated regularly to provide data for community cancer control planning and evaluation of progress towards the American Cancer Society 2015 Challenge Goals.

American Cancer Society 2015 Challenge Goals

A 50% reduction in age-adjusted cancer mortality rates.

A 25% reduction in age-adjusted cancer incidence rates.

A measurable improvement in the quality of life (physical, psychological, social, and spiritual) from the time of diagnosis and for the balance of life, of all cancer survivors.

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

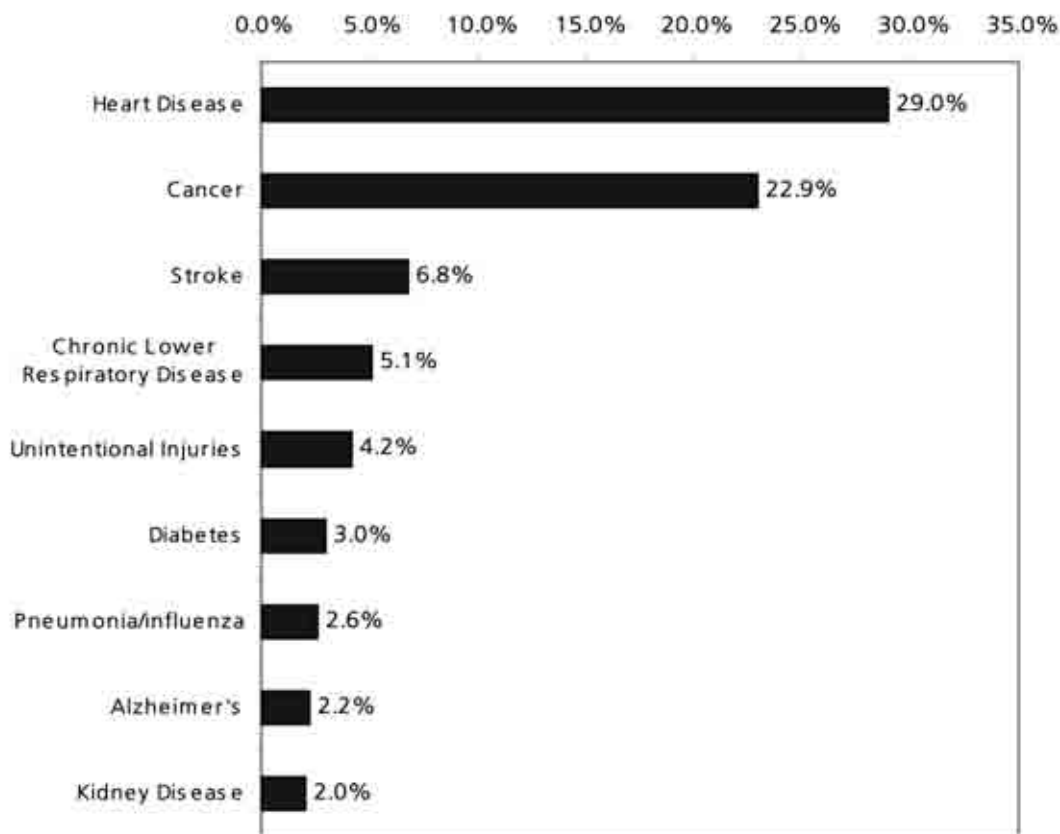
Copies of *Alabama Cancer Facts & Figures* can be obtained from the Alabama Statewide Cancer Registry website: www.adph.org/cancer_registry.



Cancer: Basic Facts

Cancer is the second leading cause of death in the United States; 22.9% of all deaths are due to cancer. Cancer is responsible for one of every four deaths in the United States and in 2005, over 570,280 Americans - more than 1,500 people a day - will die of cancer.

Figure 1: Leading Causes of Death in the United States, 2000



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

What is Cancer?

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

Can Cancer Be Prevented?

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

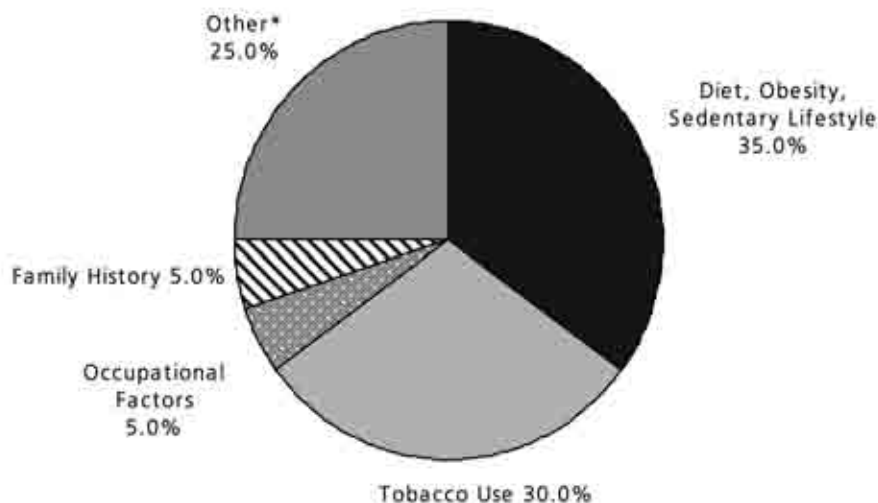
Who is at Risk?

Everyone is at risk of developing cancer. The risk of developing cancer increases as an individual ages - nearly 76% of all cancers are diagnosed at ages 55 and older. In the United States, men have a 1 in 2 chance of developing cancer over the course of a lifetime, and for women, the chance of developing cancer over the course of a lifetime is 1 in 3. The probability that an individual will develop cancer over the course of a lifetime is referred to as one's *lifetime risk*.

The risk of developing cancer is affected further by causal factors, such as tobacco use or a family history of cancer. For example, male smokers are about 20 times more likely to develop lung cancer than nonsmokers. Women who have a first-degree relative (mother or sister) with a history of breast cancer are twice as likely to develop breast cancer as women with no family history. The strength of the relationship between causal factors such as these and a particular cancer is known as *relative risk*.¹

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

Figure 2: Factors Causing Cancer in the United States



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

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

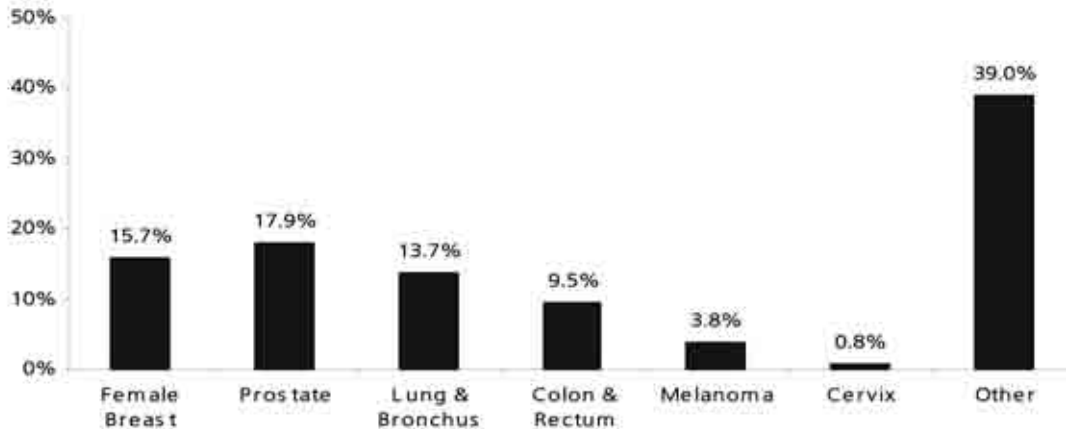
Source: Harvard Report on Cancer Prevention, Cancer Causes and Control, 1996.

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

How Many New Cancer Cases Can We Expect This Year?

An estimated 1,372,910 new cases of cancer are expected to occur in the United States in 2005. In Alabama, there will be approximately 24,320 new cancer cases this year and approximately 66 people will hear that they have been diagnosed with cancer each day.¹

Figure 3: Percentage of Estimated New Cancer Cases for Selected Cancer Sites, Alabama, 2005*



Source: American Cancer Society, Cancer Facts & Figures 2005. National Home Office: American Cancer Society.

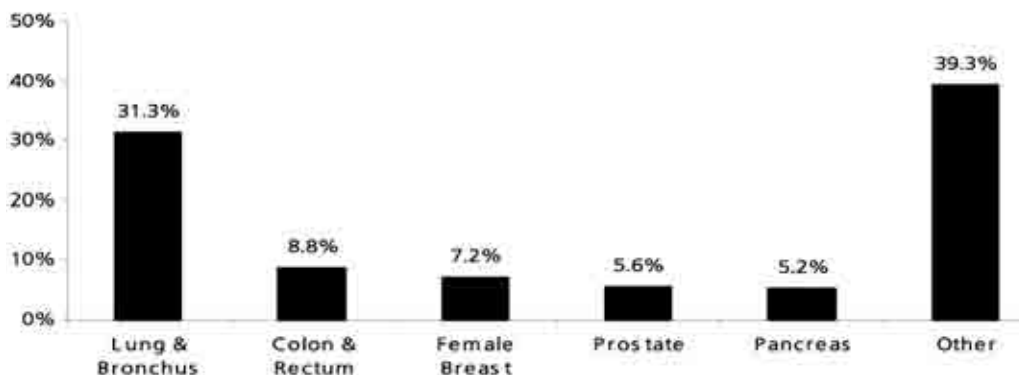
Estimated New Cancer Cases for Selected Cancer Sites, Alabama, 2005*	
Site	New Cases
All Sites	24,320
Female Breast	3,820
Uterine Cervix	200
Colon & Rectum	2,300
Uterine Corpus	670
Leukemia	560
Lung & Bronchus	3,340
Melanoma	920
Non-Hodgkin Lymphoma	940
Prostate	4,360
Urinary Bladder	860

Source: American Cancer Society, Cancer Facts & Figures 2005. National Home Office: American Cancer Society.

How Many Cancer Deaths Can We Expect This Year?

It is estimated that 570,280 people will die from cancer in the United States during 2005 -approximately 1,562 people each day. In Alabama, there will be approximately 10,100 cancer deaths this year, or approximately 27 per day.¹ Lung cancer will account for 3,160 deaths; approximately 31.3% of all estimated cancer deaths in Alabama.

Figure 4: Percentage of Estimated New Cancer Deaths for Selected Sites, Alabama, 2005*



*Rounded to nearest 10. Source: American Cancer Society, Cancer Facts & Figures 2005. National Home Office: American Cancer Society. (US Mortality Public Use Data Tapes, 1969-2002. National Center for Health Statistics, Centers for Disease Control and Prevention, 2004.)

Estimated Cancer Deaths for Selected Cancer Sites, Alabama, 2005*	
Site	Deaths
All Sites	10,100
Brain/Nervous System	210
Female Breast	730
Colon & Rectum	890
Leukemia	360
Liver	290
Lung & Bronchus	3,160
Non-Hodgkin Lymphoma	320
Ovary	300
Pancreas	530
Prostate	570

*Rounded to the nearest 10. Source: American Cancer Society, Cancer Facts & Figures 2005. National Home Office: American Cancer Society. (US Mortality Public Use Data Tapes, 1969-2002, National Center for Health Statistics, Centers for Disease Control and Prevention, 2004.)

Selected Cancers

LUNG CANCER IN ALABAMA

2005 Estimates:

In 2005, it is estimated that 3,340 new lung and bronchus cancer cases will occur in Alabama and 3,160 new deaths from lung and bronchus cancer will occur.¹

Incidence Rates:

Lung cancer incidence rates, for both genders combined, increased by 9.4% between 1996 and 2002 in Alabama (see Figure 16a and Table 2); female lung cancer incidence increased by 23.8% while male lung cancer incidence by 1.7% (see Figures 17 and 18).³ The rate of lung cancer incidence in Alabama is 74.7, both genders combined, for the years 1996-2003.³ This is lower than the United States rate of 76.9 for data year 2001.⁴ With a rate of 101.6, Winston County has the highest rate of lung cancer in Alabama. St. Clair and Walker counties have the 2nd and 3rd highest rates of lung cancer in Alabama with rates of 99.7 and 99.4 respectively. Choctaw County has the lowest rate of lung cancer incidence in Alabama with a rate of 42.1, significantly lower than the state average. Men in Alabama have a much higher rate of lung cancer incidence than women - 111.6 and 48.4 respectively.³ (See Tables 1-5 for additional data.)

Survival Rates:

When diagnosed early at a localized stage, lung cancer has a five-year survival rate of 49.4%. When diagnosed at the regional or distant stage, lung cancer five-year survival rates are only 16.1% and 2.1% respectively.¹ (See Table 21 for additional data)

Risk Factors:

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

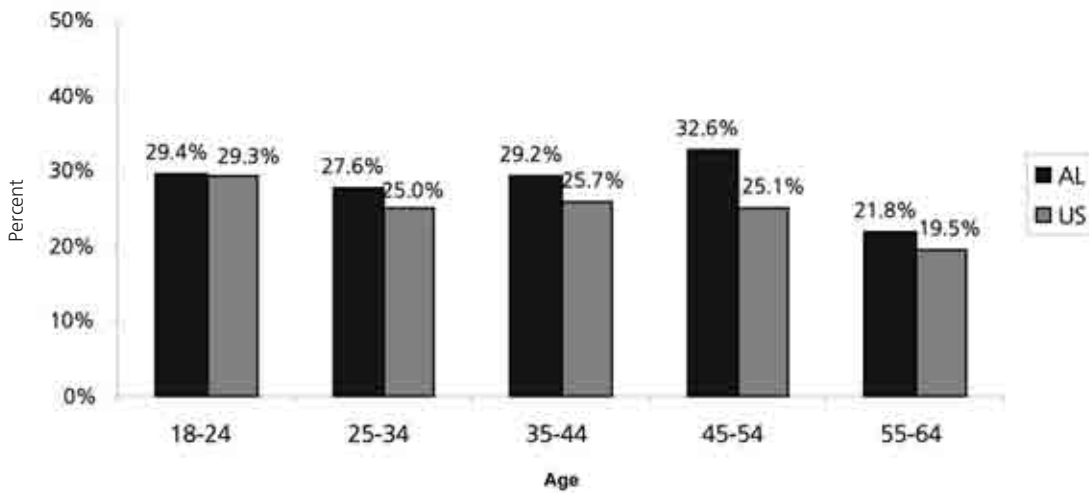
Adult Tobacco Use:

Alabama adults smoke more than the national average. Some 25.4% of Alabama adults age 18 and older are current smokers compared to the national average of 22.4% (see Table 11).⁵ Smoking prevalence varies by race and ethnicity, age, gender, and educational attainment. 32.6% of Alabama adults ages 45-54 are current smokers – this is the highest rate for any age group in Alabama and this is significantly higher than the national average for this age group.⁵ Adult males have higher smoking rates than adult females - 28.6% and 22.5% respectively (see Table 11).⁵ Individuals of lower educational levels and lower income levels have higher cigarette smoking rates than individuals with higher education and income levels (see *Special Section: Disparities in Cancer Risk Factors* for additional data).

Youth Tobacco Use:

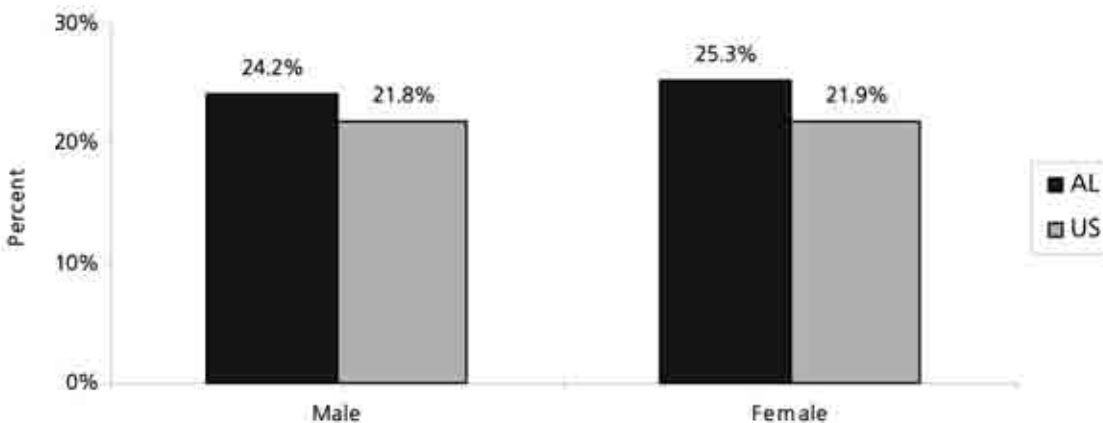
24.7% of Alabama high school students reported current cigarette smoking – this is higher than the national average of 21.9%.⁸ Male high school students in Alabama have lower rates of cigarette smoking than females - 24.2% of males were current cigarette smokers and 25.3% of females were current smokers.⁸ (See Table 12 for additional data) White non-Hispanic high school students have significantly higher rates of cigarette smoking than black non-Hispanic students – 29.6% of white non-Hispanic students smoke while 15.3% of black non-Hispanic students smoke.⁸ (See Table 13 for additional data.)

Figure 5: Current Cigarette Smoking*, Adults Age 18+, by Age, Alabama and US, 2003



*Current cigarette smoking: having ever smoked 100 cigarettes in a lifetime and are current smokers (regular and irregular). Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance. System Public Use Data File 2003, Centers for Disease Control and Prevention.

Figure 6: Current Cigarette Smoking*, High School Students, Alabama and U.S., 2003



*Current cigarette smoking: smoked cigarettes on 1 or more of the 30 days preceding the survey. Source: Youth Risk Behavior Surveillance System, 2003, National Center for Chronic Disease Prevention and Health promotion, Centers for Disease Control and Prevention. MMWR Morbidity and Mortality Weekly Report 2004; 53; No SS-2.

COLORECTAL CANCER IN ALABAMA

2005 Estimates:

In 2005, an estimated 2,300 new cases of colorectal cancer are expected to occur and an estimated 890 cancer deaths are expected to be attributable to colorectal cancer in Alabama.¹

Incidence Rates:

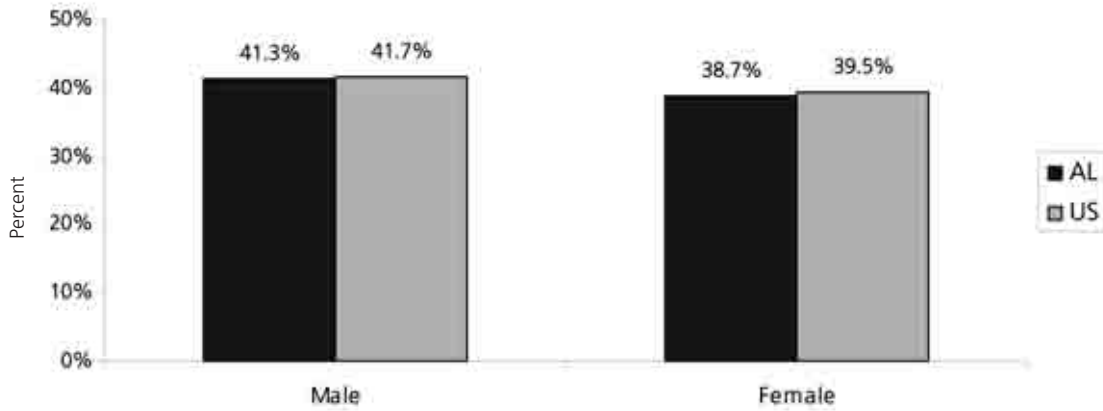
Colorectal cancer incidence rates, for both genders combined, have increased by 5.0% between 1996 and 2002 in Alabama (see Figure 16a and Table 2); male colorectal cancer incidence increased by 7.8% while the female colorectal cancer incidence increased by 3.8% (see Figures 17 and 18).³ The rate of colorectal cancer cases among Alabama residents is 53.0, for both genders combined, for the years 1996-2003.³ This is just slightly lower than the United States average rate of 53.1, both genders combined, for data year 2001.⁴ At a rate of 68.8, Elmore and Clarke counties have the highest rates of colorectal cancer incidence in Alabama, for both genders combined. Walker County, with a rate of 66.8, has the 3rd highest colorectal cancer incidence rate in Alabama. All of these counties are well above the state rate of 53.0. Choctaw County, with a rate of 32.0, has the lowest rate of colorectal cancer incidence in the state. When looking at gender-specific rates, males in Alabama experience a higher rate of colorectal cancer incidence than females – 64.5 and 44.8 respectively.³ (See Tables 1-5 for additional data.)

Colorectal Cancer Screening in Alabama:

When diagnosed at a localized stage, colorectal cancer has a five-year survival rate of 90%; unfortunately, only 39% of cases are diagnosed at this early stage (see Table 21).¹ Several types of screening tests are available for colorectal cancer. The fecal occult blood test (FOBT) screens for blood in a stool sample. A sigmoidoscopy is a procedure in which the inside of the rectum and the lower part of the colon (sigmoid colon) are viewed through a lighted tube (sigmoidoscope) to detect pre-cancerous growths (polyps) or cancer. A colonoscopy is a similar procedure, but the entire colon is viewed through a lighted tube (colonoscope).

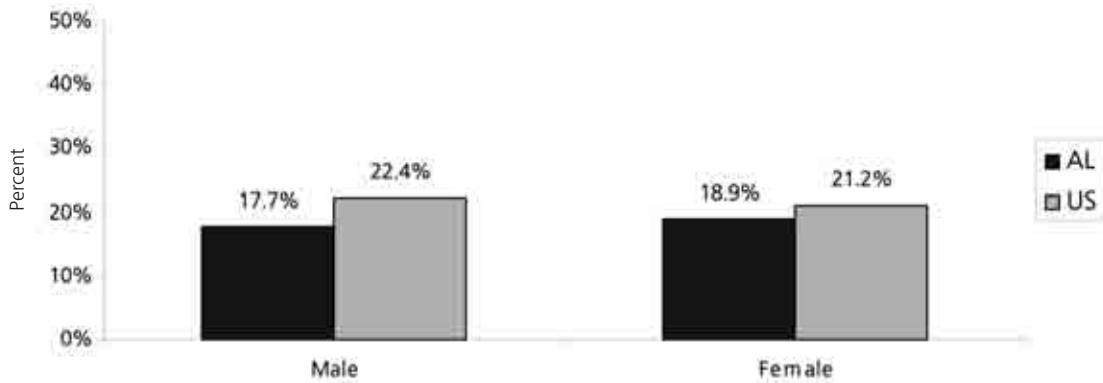
39.8% of Alabama adults age 50 and over reported having a sigmoidoscopy or colonoscopy in the past five years; this is slightly lower than the national rate of 40.5%.⁵ 18.4% of Alabama adults age 50 and over reported having a FOBT within the past year; this is also lower than the national rate of 21.8%. Screening rates vary by gender, age, and race and ethnicity. More adult males in Alabama (41.3%) reported having a sigmoidoscopy or colonoscopy within the past five years than females (38.7%). More adult females in Alabama (18.9%) reported having a FOBT within the past year compared to 17.7% of males. These screening rates are all lower than the national averages.⁵ Older males and females (age 65 and over) have higher screening rates than adults 50-64 years of age – 44.5% and 36.3% respectively. With a rate of 36.6%, adults with lower education have lower screening rates than average.⁵ (See Table 14 for additional data.)

Figure 7: Adults, Age 50+, Reporting a Sigmoidoscopy or Colonoscopy within the Past 5 Years, by Gender, Alabama and U.S., 2002



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

Figure 8: Adults, Age 50+, Reporting a FOBT within the Past Year, by Gender, Alabama and U.S., 2002



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

American Cancer Society Screening Guidelines for Colorectal Cancer:

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

- A fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year
- A flexible sigmoidoscopy (FSIG) every five years
- Annual FOBT or FIT and FSIG every five years*
- A double-contrast barium enema every five years
- A colonoscopy every 10 years

*Combined testing of annual FOBT or FIT and FSIG every five years is preferred over either of these tests alone. People who are at an increased risk for colorectal cancer should talk with a doctor about a different testing schedule.

Risk Factors for Colorectal Cancer:

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

Other risk factors include:

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

Call to Action: *Despite the availability of different colorectal cancer screening methods and the life-saving potential of colorectal cancer screenings, they are not widely used.*

FEMALE BREAST CANCER IN ALABAMA

2005 Estimates:

An estimated 3,820 new cases of female breast cancer are expected to occur in Alabama in 2005 and an estimated 730 cancer deaths are expected to be attributable to breast cancer.¹

Incidence Rates:

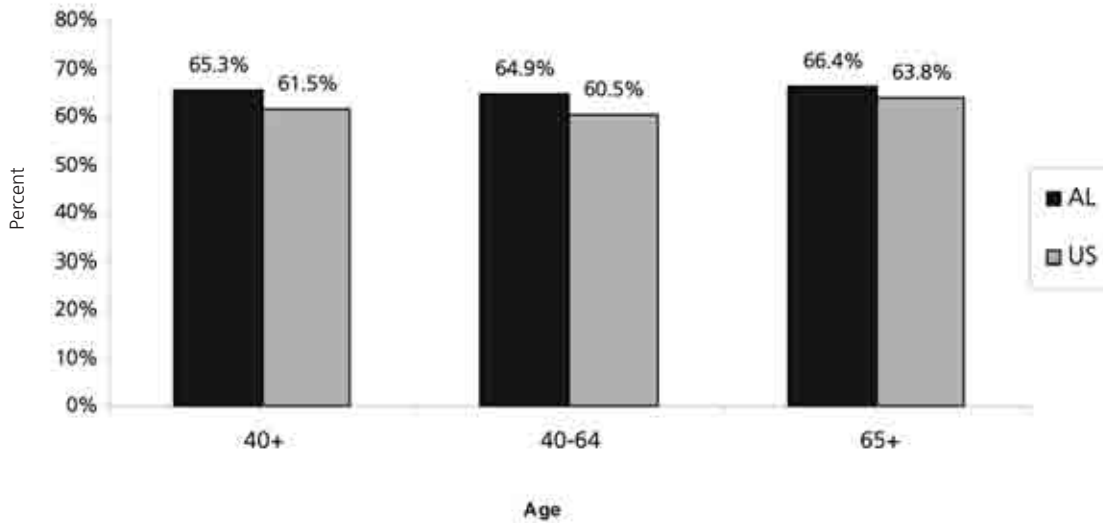
Female breast cancer incidence rates increased by 19.1% between 1996 and 2002 (see Figure 17 and Table 2).³ The rate of female breast cancer incidence in Alabama is 137.4, for the years 1996-2003.³ This rate is higher than the national rate of 127.2, for the year 2001.⁴ At a rate of 169.3, Clarke County has the highest rate of female breast cancer incidence in Alabama. Hale County, with a rate of 164.4, and Morgan County, with a rate of 161.3, have the 2nd and 3rd highest rates in the state. The rate of female breast cancer incidence in these three counties is significantly higher than the state average of 137.4. At a rate of 65.6, Choctaw County has the lowest rate of female breast cancer incidence in Alabama.³ (See Tables 2 and 5 for additional data)

Breast Cancer Screening in Alabama:

When breast cancers are detected and diagnosed at the localized stage, the relative fiveyear survival rate is 97.5%, compared to a rate of only 25.5% for breast cancers detected at the distant stage.¹ (See Table 21 for additional data) 65.3% of Alabama women age 40 and older participated in breast cancer screening in 2002 (see Figure 9).⁵ Alabama women, in all age groups, have higher screening rates than the national averages. At a rate of 70.5%, black non-Hispanic women age 40 and over have the highest rate of screening among Alabama women and a higher screening rate than the nationwide average of 62.8%. Some 64.8% of white non-Hispanic Alabama women report having a mammogram in the past year, this is above the nationwide rate of 62.4%.⁵ (See Table 18 and Figure 18 Special Section for additional data)



Figure 9: Females, Age 40+, Reporting a Mammography in the Past Year, by Age Group, Alabama and U.S., 2002



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

American Cancer Society Screening Guidelines for Breast Cancer:

Women age 40 years and older:

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

Women age 20-39 years:

- Clinical breast examination by a health care professional every 3 years.
- Monthly BSE is an option for women 20 years of age and over. Women at increased risk for developing breast cancer should talk with their doctors about the benefits and limitations of starting mammography earlier, having additional tests (i.e., breast ultrasound and MRI), or having more frequent exams.

Risk Factors for Breast Cancer:

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

Call to Action: Mammography is a very valuable early detection tool - it can identify cancer at an early stage, usually before physical symptoms develop.



PROSTATE CANCER IN ALABAMA

2005 Estimates:

In 2005, it is estimated that 4,360 new cases of prostate cancer will occur in Alabama and 570 cancer deaths are expected to be attributable to prostate cancer in Alabama.¹

Incidence Rates:

The rate of prostate cancer incidence in Alabama increased by 20.9% between 1996 and 2002 (see Figure 18 and Table 2).³ Alabama's prostate cancer incidence rate of 132.1, for the years 1996-2003³, is lower than the United States rate of 161.2, for data year 2001⁴. Wilcox County, with a rate of 180.6, has the highest rate of prostate cancer incidence in Alabama. Hale County and Jefferson County have the 2nd and 3rd highest rates of prostate cancer incidence in Alabama with rates of 179.4 and 177.4 respectively. With a rate of 69.7, Jackson County has the lowest rate of prostate cancer incidence in the state.³ (See Tables 2 and 4 for additional data.)

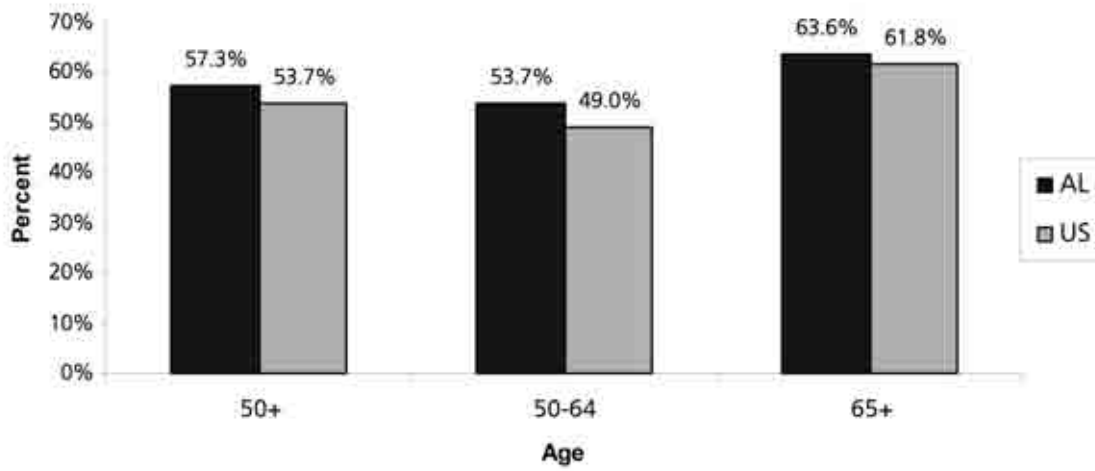
Prostate Cancer Screening in Alabama:

The relative five-year survival rate for prostate cancer is 100% when the cancer is diagnosed and treated at the local or regional stages; distant stage diagnosis has a five-year survival rate of 33.5%.¹ Nearly 80% of all prostate cancers are diagnosed locally or regionally.¹ (See Table 21 for additional data.)

Screening for prostate cancer includes the prostate-specific antigen (PSA) test and digital rectal examination (DRE). In Alabama, 57.3% of men age 50 and older reported having a PSA test in 2002 and 54.1% reported having a DRE. In general, prostate cancer screening rates are higher among Alabama men than the national averages (see Table 19 and Figure 10).⁵ Screening rates vary by age, race and ethnicity, and education levels. White non-Hispanic men have a higher rate of PSA screening than black non-Hispanic men. Conversely, black non-Hispanic men have a higher rate of DRE screening than white non-Hispanic men (see Figure 22 *Special Section*). For both DRE and PSA screenings, younger men (age 50-64 years) and men with lower education levels have lower screening rates.⁵ (See Table 19 for additional data.)

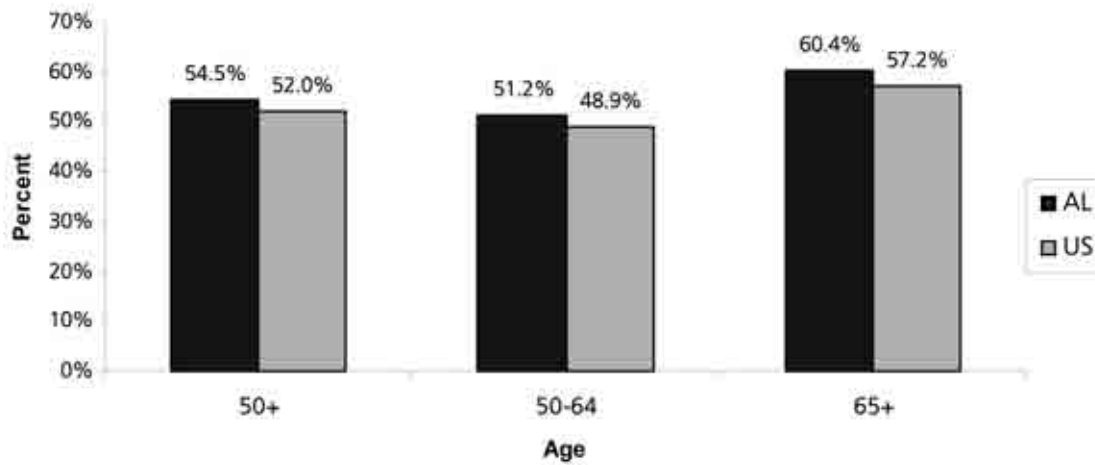


Figure 10: Males, Age 50+, Reporting a PSA Test in the Past Year, by Age Group, Alabama and U.S., 2002



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

Figure 11: Males, Age 50+, Reporting a DRE in the Past Year, by Age Group, Alabama and U.S., 2002



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

American Cancer Society Screening Guidelines for Prostate Cancer:

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

Prostate Cancer Risk Factors:

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

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

SKIN CANCER IN ALABAMA

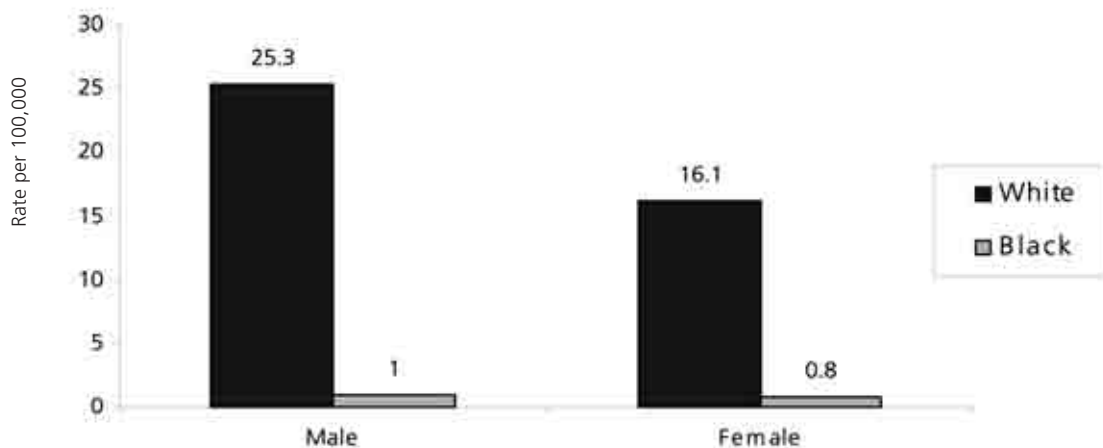
2005 Estimates:

Melanoma is the most serious form of skin cancer. In 2005, it is estimated that 920 new cases of melanoma will occur in Alabama.¹ In the United States, more than 1 million cases of basal cell or squamous cell cancers occur annually. These forms of skin cancer are highly curable and are often not included in skin cancer statistics.¹

Incidence Rates:

The rate of new melanoma cases in Alabama, for males and females combined, has increased by 61% between 1996 and 2002 (see Figure 16 and Table 2); female melanoma incidence increased by 69.4% while the male melanoma incidence increased by 55.8% (see Figures 17 and 18).³ Alabama's melanoma rate of 17.0, for the years 1996-2003³, is slightly higher than the United States rate of 15.8, for the data year 2001⁴. Melanoma is primarily a disease of white non-Hispanic men and women. In Alabama, white non-Hispanic men have an incidence rate of 25.3 versus a rate of 1.0 for black non-Hispanic men. White non-Hispanic women in Alabama have a melanoma rate of 16.1 and black non-Hispanic women have a rate of 0.8.³ (See Figure 12 and Tables 3 - 7 for additional data.) At a rate of 36.9, Henry County has the highest rate of melanoma incidence in Alabama. Geneva and Houston counties have the 2nd and 3rd highest rates of melanoma at 28.1 and 27.0 respectively. With a rate of 1.4, Macon County has the lowest rate of melanoma incidence in Alabama followed closely by Greene and Bullock counties.³ (See Table 3 for additional data.)

Figure 12: Melanoma Incidence Rates*, Males and Females, by Race, Alabama, 1996-2003



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003.

American Cancer Society Screening Recommendations for Skin Cancer:

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

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

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

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

Skin Cancer Risk Factors:

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

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

CERVICAL CANCER IN ALABAMA FEMALES

2005 Estimates:

In 2005, it is estimated that 200 new cases of cervical cancer will occur in Alabama¹

Incidence Rates:

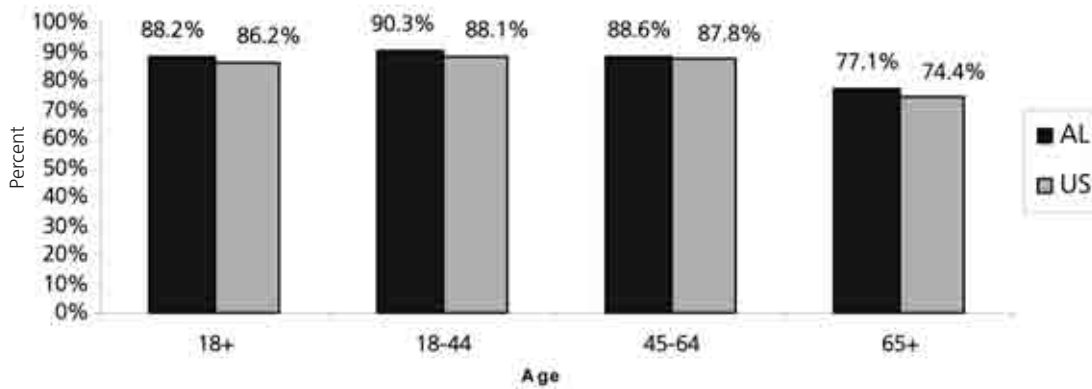
Although cervical cancer incidence and mortality rates have declined dramatically over the past several decades, the cervical cancer incidence rate in Alabama increased by 11.7% between 1996 and 2002 (see Figure 17 and Table 2).³ The Alabama cervical cancer incidence rate of 9.9, for the years 1996-2003³, is slightly higher than the national rate of 9.5, for data year 2001⁴. With a rate of 20.2, Coosa County has the highest rate of cervical cancer incidence in Alabama. Macon County and Clarke County have the 2nd and 3rd highest rates of cervical cancer incidence in Alabama of 20.1 and 18.9 respectively. In Coosa County, which has the highest rate of cervical cancer incidence in Alabama, black non-Hispanic women have a cervical cancer rate of 49.8; white non-Hispanic women have a rate of 7.4.³ (See Tables 3, 5, and 7 for additional data.)

Cervical Cancer Screening in Alabama:

When detected at a localized stage, the five year survival rate for invasive cervical cancer is 92.2% (see Table 21).¹ Cervical cancer is detected primarily by using a Pap test. The Pap test is a simple procedure performed by a health care professional in which a small cell scraping is taken from the cervix during a pelvic exam. The Pap test can detect abnormal cellular changes, which can be treated before ever becoming cancer. Routine Pap testing is not only the best way to reduce deaths from cervical cancer by detecting cancer in its earliest and most treatable stage, but can also reduce the incidence by identifying precancerous conditions that are treatable.

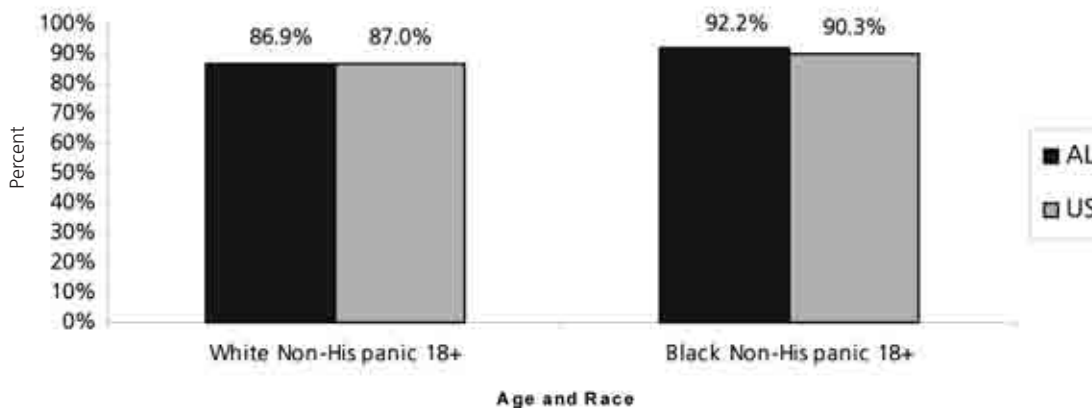
Cervical cancer screening rates vary by age, race and ethnicity, and education levels. In Alabama, 90.3% of women 18-44 and 88.6% of women age 45-64 have had a Pap test within the past three years – this is higher than the national rates of 88.1% and 87.8% respectively (see Figure 13).⁵ At a rate of 92.2%, black non-Hispanic women 18 years of age and over, have the highest rate of cervical cancer screening in Alabama and have a higher rate of screening than the national average of 90.3%.⁵ White non-Hispanic women in Alabama have a lower screening rate of 86.9% which is also slightly lower than the national average of 87.0% (see Figure 14). Women of lower education levels have lower rates of cervical cancer screening - in Alabama, the rate is 78.5%, slightly higher than the national average of 76.5%.⁵ (See Table 20 for additional data.)

Figure 13: Females, Age 18+, Reporting a Pap Test Within the Past 3 Years*, by Age Group, Alabama and U.S., 2002



* Pap test within the preceding 3 years for women with intact uteri. Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

Figure 14: Females, Age 18+, Reporting a Pap Test Within the Past 3 Years*, by Race, Alabama and U.S., 2002



* Pap test within the preceding 3 years for women with intact uteri. Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

American Cancer Society Screening Guidelines for Cervical Cancer:

- Screening should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age.
- Screening should take place annually with a regular Pap test or every two years using liquid-based tests.
- At or after age 30, women who have had three normal consecutive tests may get screened every two to three years. Alternatively, cervical cancer screening with HPV DNA testing and conventional liquid-based cytology could be performed every three years. However, doctors may suggest a woman get screened more often if she has certain risk factors, such as HIV or a weak immune system.
- Women 70 years of age and over who have had three or more consecutive normal Pap tests in the last 10 years may choose to stop cervical cancer screening.

Cervical Cancer Risk Factors:

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

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

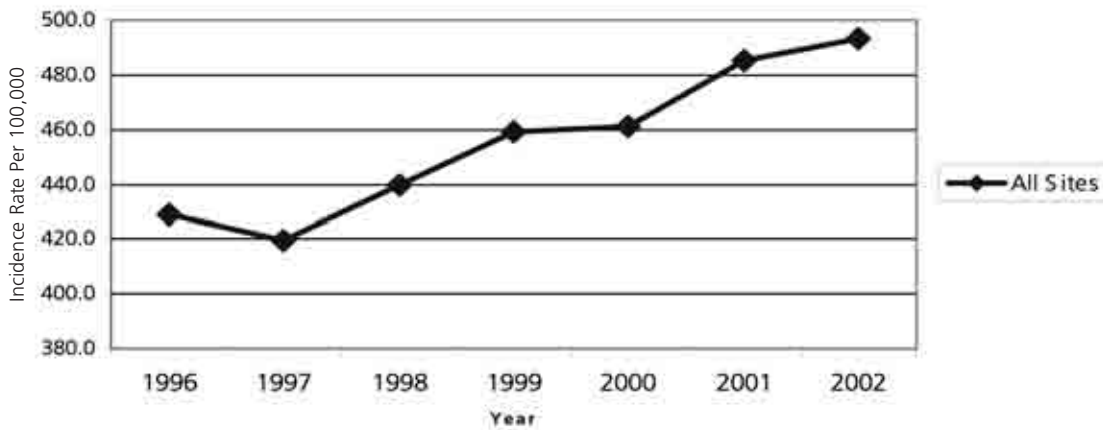
Call to Action: *When cervical cancer is detected at an early stage, it is one of the most successfully treated cancers.*

CANCER TRENDS IN ALABAMA

Trends in All Sites Cancer Incidence and Mortality Rates:

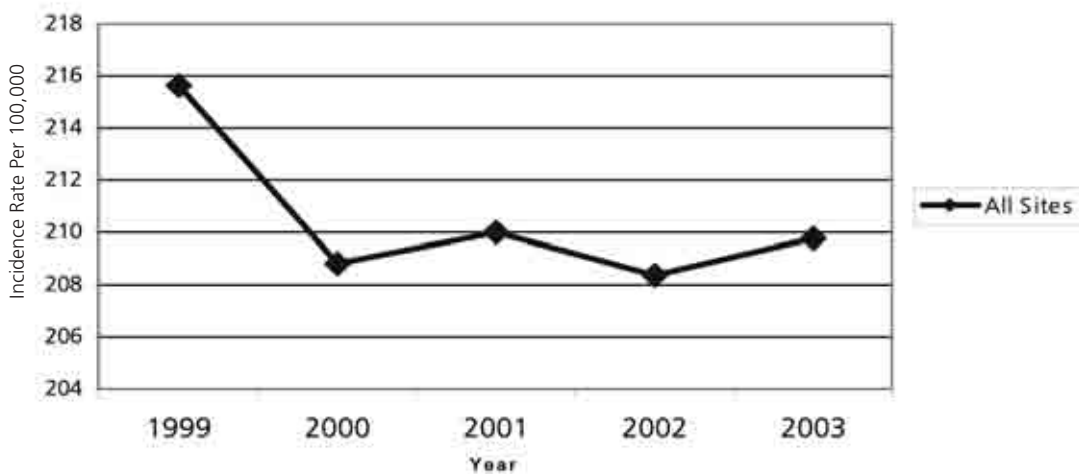
In Alabama, all site cancer incidence rates increased by 15% between 1996 and 2002 (see Figure 15a and Table 2). All site cancer mortality rates declined by 2.8% between 1999 and 2003 (see Figure 15b and Table 10).³

Figure 15a: Trends in Cancer Incidence Rates*, All Sites, Males and Females, Alabama, 1996-2002



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years 1996-2002.

Figure 15b: Trends in Cancer Mortality Rates*, All Sites, Males and Females, Alabama,

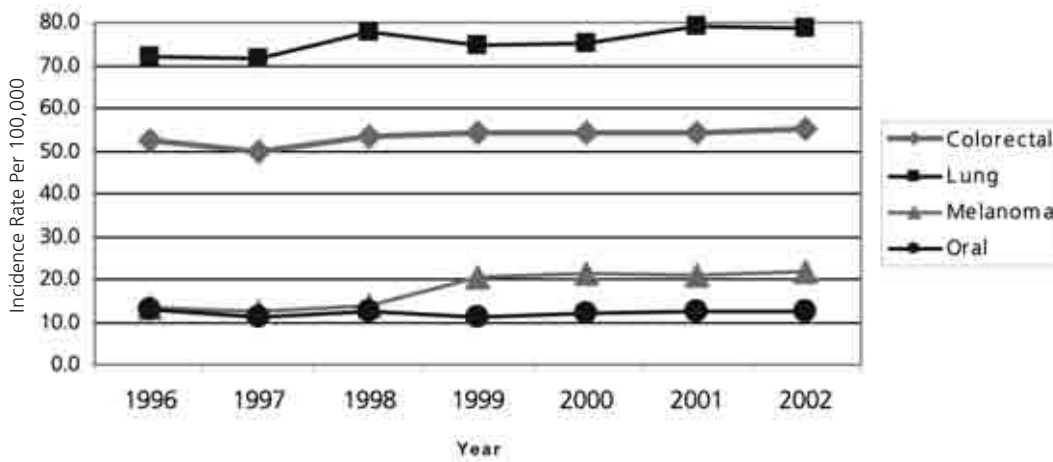


*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years 1999-2003.

Trends in Colorectal, Lung, Melanoma, and Oral Cancer Incidence and Mortality Rates:

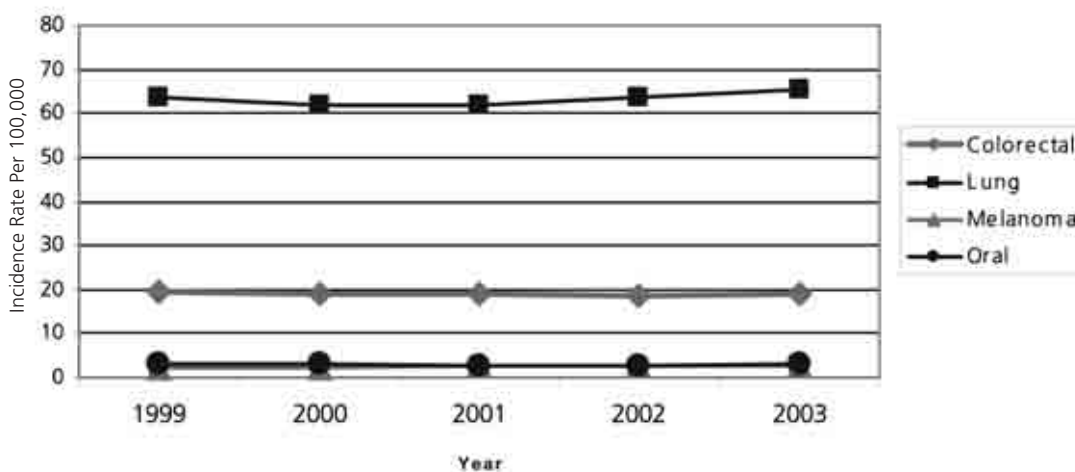
Between 1996 and 2002, colorectal, lung, and melanoma cancer incidence rates increased by 5%, 9.4%, and 61%; oral cancer incidence rates declined by 1.5% (see Figure 16a and Table 2).³ Between 1999 and 2003, lung, melanoma, and oral cancer mortality rates increased by 2.8%, 12.5%, and 3.2%; colorectal cancer mortality rates declined by 1.0% (see Figure 16b and Table 10).³

Figure 16a: Trends in Cancer Incidence Rates*, Select Sites, Males and Females, All Races, Alabama, 1996-2002



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2002.

Figure 16b: Trends in Cancer Mortality Rates*, Select Sites, Males and Females, All Races, Alabama, 1999-2003

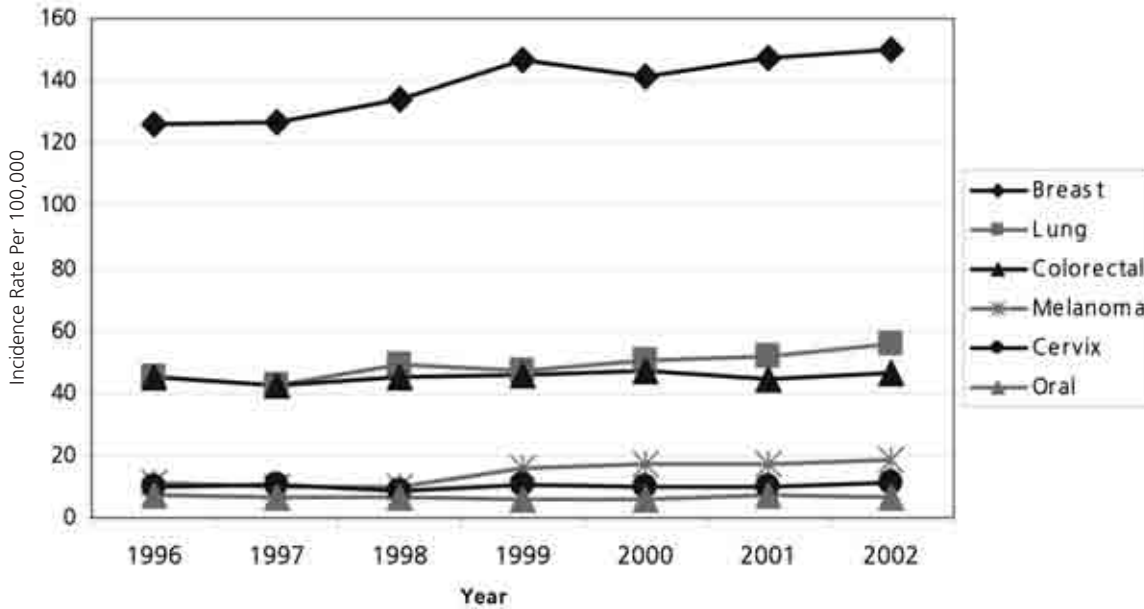


*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1999-2003.

Trends in Female Cancer Incidence Rates, Select Sites:

Between 1996 and 2002, cancer incidence rates among Alabama females increased for breast, lung, colorectal, melanoma, and cervix by 19.1%, 23.8%, 3.8%, 69.4%, and 11.7%, respectively. Cancer of the oral cavity declined by 5.6% between 1996 and 2002.³ (See Figure 17 and following Table for more data.)

Figure 17: Trends in Female Cancer Incidence Rates*, Select Sites, All Races, Alabama, 1996-2002



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2002.

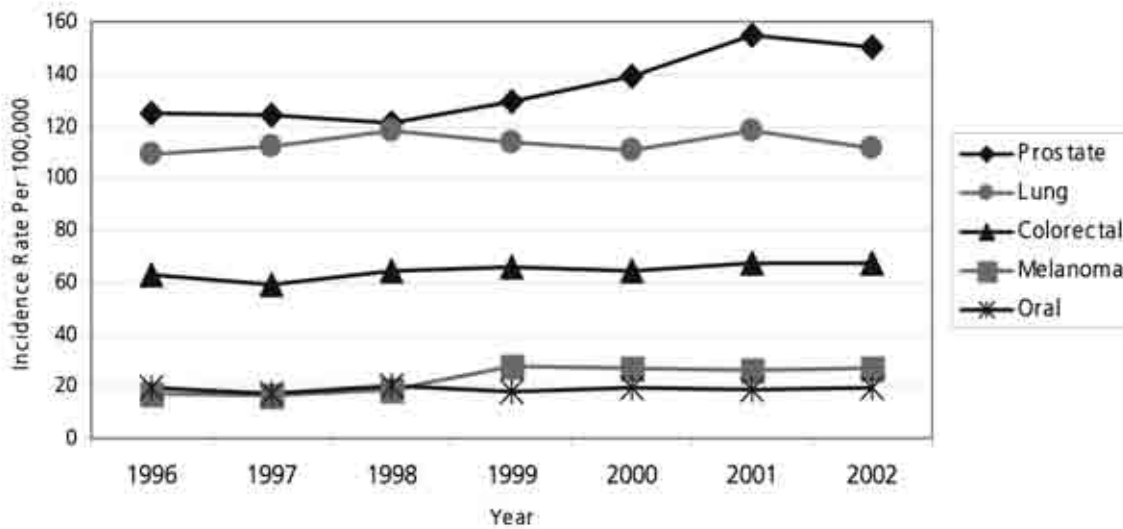
Trends in Female Cancer Incidence Rates*, Select Sites, All Races, Alabama, 1996-2002							
Site	1996	1997	1998	1999	2000	2001	2002
Breast	126.1	126.9	134	146.6	141.2	147.7	150.1
Lung & Bronchus	44.9	42.3	49.1	47	50.2	51.8	55.6
Colon & Rectum	44.9	42.7	44.9	46	47.4	44.8	46.6
Melanoma	11.1	9.9	10.1	15.9	17.5	17.3	18.8
Cervix Uteri	10.2	10.8	8.7	10.4	9.9	10	11.4
Oral Cavity	7.1	6.6	6.4	6	5.7	7.6	6.7

*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2002.

Trends in Male Cancer Incidence Rates, Select Sites:

Between 1996 and 2002, cancer incidence rates among Alabama men increased for prostate, colorectal, lung, and melanoma by 20.9%, 1.7%, 7.8%, and 55.8%, respectively. Cancer of the oral cavity declined by 1.0% between 1996 and 2002.³ (See Figure 18 and following Table for more data.)

Figure 18: Trends in Male Cancer Incidence Rates*, Select Sites, All Races, Alabama, 1996-2002



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2002

Trends in Male Cancer Incidence Rates*, Select Sites, All Races, Alabama, 1996-2002							
Site	1996	1997	1998	1999	2000	2001	2002
Prostate	124.6	124.1	121.4	129.4	139.2	155.1	150.6
Lung and Bronchus	109.3	112.3	118.1	113.7	110.3	118.1	111.2
Colon and Rectum	62.7	59.3	64.4	65.9	64.6	67.6	67.6
Melanoma	17.2	16.4	18.4	27.3	26.8	26.4	26.8
Oral Cavity	19.6	17	20.2	17.6	19.3	18.8	19.4

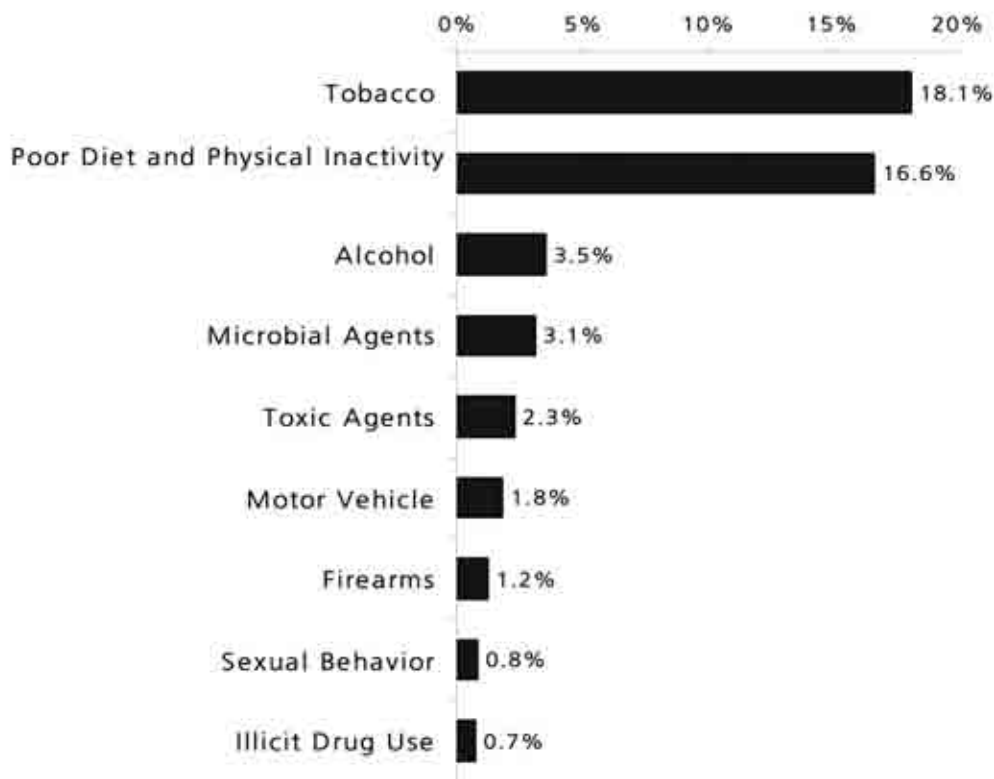
*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2002.

Lifestyle Factors and Cancer

“Much of the burden of cancer in the United States can be traced to modifiable health behaviors that increase one’s risk of disease.”²

Physical inactivity, obesity, poor nutrition, and tobacco use are major preventable causes of cancer and other diseases. In the U.S., the American Cancer Society estimates that approximately 33% (190,090) of the estimated 570,280 cancer deaths in 2005 will be related to poor nutrition, physical inactivity, overweight, obesity, and other lifestyle factors. In addition, it is estimated that 30% (168,400) of the estimated 570,280 cancer deaths in 2005 will be caused by tobacco use.¹ In Alabama, 34.7% of deaths are caused by tobacco, poor diet and physical inactivity - 18.1% of deaths are caused by tobacco and 16.6% of deaths are caused by poor diet and physical inactivity.³

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



Source: Alabama Statewide Cancer Registry (ASCR), 2004.

The Five Major Risk Factors to Cancer Incidence and Mortality

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

TOBACCO USE

The American Cancer Society estimates that in 2005, in the U.S., more than 190,090 cancer deaths are expected to be caused by tobacco use.¹

Tobacco use is a cause of eight cancers:²

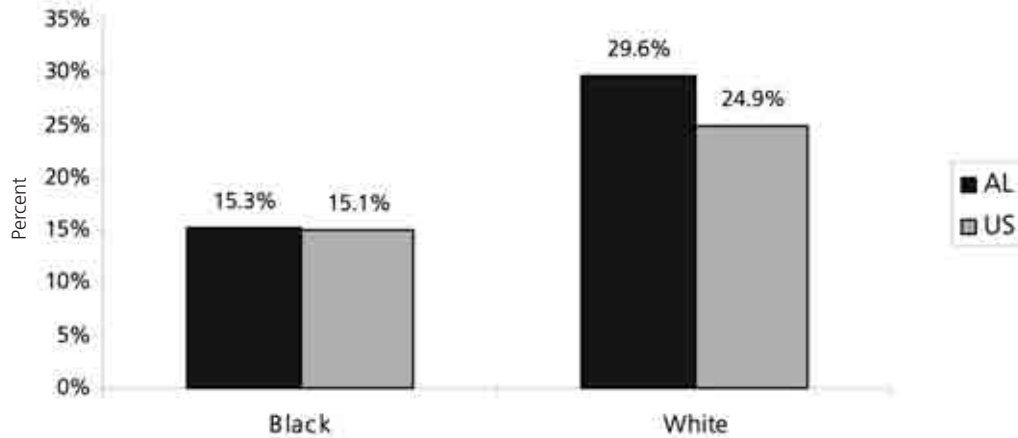
- Lung
- Oral
- Pharyngeal
- Laryngeal
- Esophageal
- Bladder
- Kidney
- Pancreatic

Tobacco use is associated with an increased risk of:²

- Colon cancer
- Cervical cancer
- Leukemia
- Stomach cancer

In Alabama, both adults and youth have higher rates of smoking than the national averages.^{5,8} Among youth, white non-Hispanics have higher rates of cigarette use than black non-Hispanic youths in both Alabama and the U.S.⁸(See Tables 11, 12, and 13, and Figures 5, 6, and 20 for additional data.)

Figure 20: Current Cigarette Smokers*, Grades 9-12, by Race, Alabama and U.S., 2003



*Current cigarette smoking: smoked cigarettes on 1 or more of 30 days preceding survey. Source: Youth Risk Behavior Surveillance System, 2003, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. MMWR Morbidity and Mortality Weekly Report 2004; 53; No SS-2.

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

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

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

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

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

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

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

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

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

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

POOR DIET

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

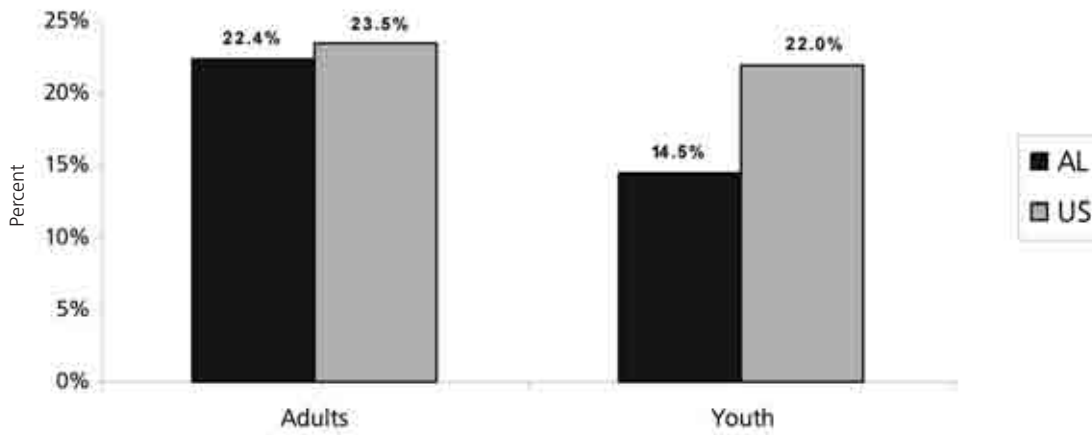
- Pancreatic
- Bladder
- Lung
- Colon
- Mouth
- Pharynx
- Larynx
- Esophagus
- Stomach

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

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

Both adults and youth in Alabama consume fewer fruits and vegetables than the national averages. 22.4% of Alabama adults eat the recommended number of fruits and vegetables each day - less than the national average of 23.5%.^{5,8} Alabama youth have a significantly lower intake of fruits and vegetables than the national average. Only 14.5% of Alabama youth consume the recommended number of fruits and vegetables in comparison to the national rate of 22.0% (see Figure 21). Black non-Hispanic adults consume less fruits and vegetables than white non-Hispanic adults in Alabama and black youth in Alabama consume more fruits and vegetables than white youth. White non-Hispanic youth have the lowest rate of fruit and vegetable consumption when compared to all age groups and races in Alabama.^{5,8} (See Table 15 for additional data.)

Figure 21: Percentage of Adults and Students Grades 9-12, Consuming the Recommended Number* of Fruits and Vegetables Each Day, Alabama and U.S., 2003



*Recommended Number: The American Cancer Society recommends the consumption five or more servings of fruits and vegetables each day. Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.



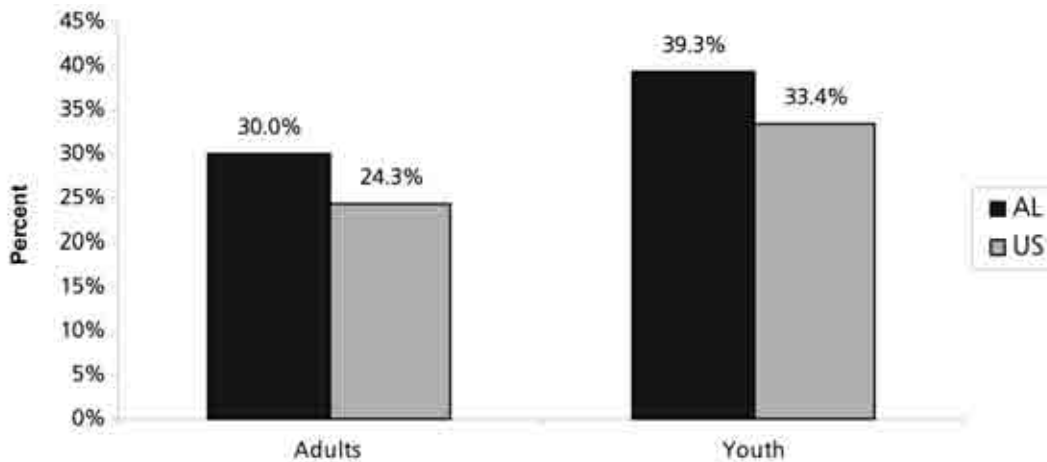
PHYSICAL INACTIVITY

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

- Breast cancer
- Colon cancer

Approximately one-third of Alabama adults are physically inactive and over one-third of Alabama youth are inactive (see Figure 22).^{5,8} There are more physically inactive youth and adults in Alabama than the national averages. Black non-Hispanic adults and youth have higher rates of physical inactivity than white non-Hispanic youth and adults. Adult females are more likely to be inactive than males. 33.8% of adult Alabama females and 25.7% of adult Alabama males report no physical activity – both are higher than the national averages of 26.7% and 21.8% respectively. Young females are also more likely to be physically inactive than young males. 46.6% of young Alabama females are inactive in comparison to 32.4% of young Alabama males – both are higher than the national averages of 40.1% and 26.9% respectively.^{5,8} (See Table 16 for additional data.)

Figure 22: Percentage of Physically Inactive* Adults and Youth Grades 9-12, Alabama and U.S., 2003



*Did not participate in at least 20 minutes of vigorous physical activity on three or more of the past seven days and did not do at least 30 minutes of moderate physical activity on five or more of the past seven days. Source: Adult Data: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention. Youth Data: Youth Risk Behavior Surveillance System, 2003, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

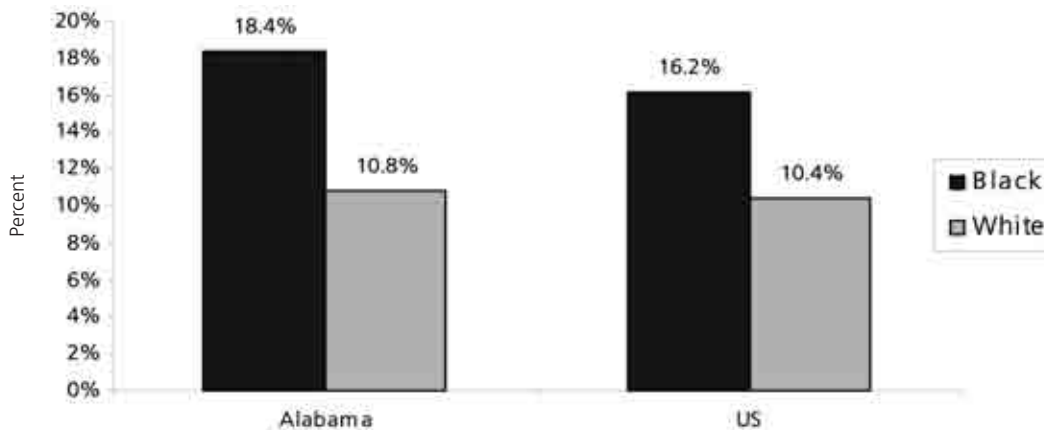
OVERWEIGHT

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

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

In Alabama, 63.3% of adults are overweight - more adults in Alabama are overweight than the national average of 59.4% (see Table 17).⁵ More men in Alabama are overweight than women; 70.0% of adult Alabama males and 57.0% of adult Alabama females are overweight. Some 61.3% of white non-Hispanic Alabama adults are overweight compared to 70.2% of black non-Hispanic Alabama adults.⁵ At 13.5%, more Alabama youth are overweight than the national average of 12.2%.⁸ More black non-Hispanic youth are overweight in Alabama than white non-Hispanics; 18.4% and 10.8% respectively (see Figure 23).⁸ (See Table 17 for additional data.)

Figure 23: Percentage of Overweight Youth Grades 9-12, By Race, Alabama and U.S., 2003



Source: Youth Risk Behavior Surveillance System, 2003, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

AMERICAN CANCER SOCIETY GUIDELINES ON NUTRITION AND PHYSICAL ACTIVITY FOR CANCER PREVENTION

1. Eat a variety of healthful foods, with an emphasis on plant sources.

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

2. Adopt a physically active lifestyle.

- Adults: Engage in at least moderate activity for 30 minutes or more on 5 or more days of the week; 45 minutes or more of moderate to vigorous activity on 5 or more days per week may further enhance reductions in the risk of breast and colon cancer.
- Children and adolescents: Engage in at least 60 minutes per day of moderate to vigorous activity at least 5 days per week.

3. Maintain a healthful weight throughout life.

- Balance caloric intake with physical activity.
- Lose weight if currently overweight or obese.

4. If you drink alcoholic beverages, limit consumption.

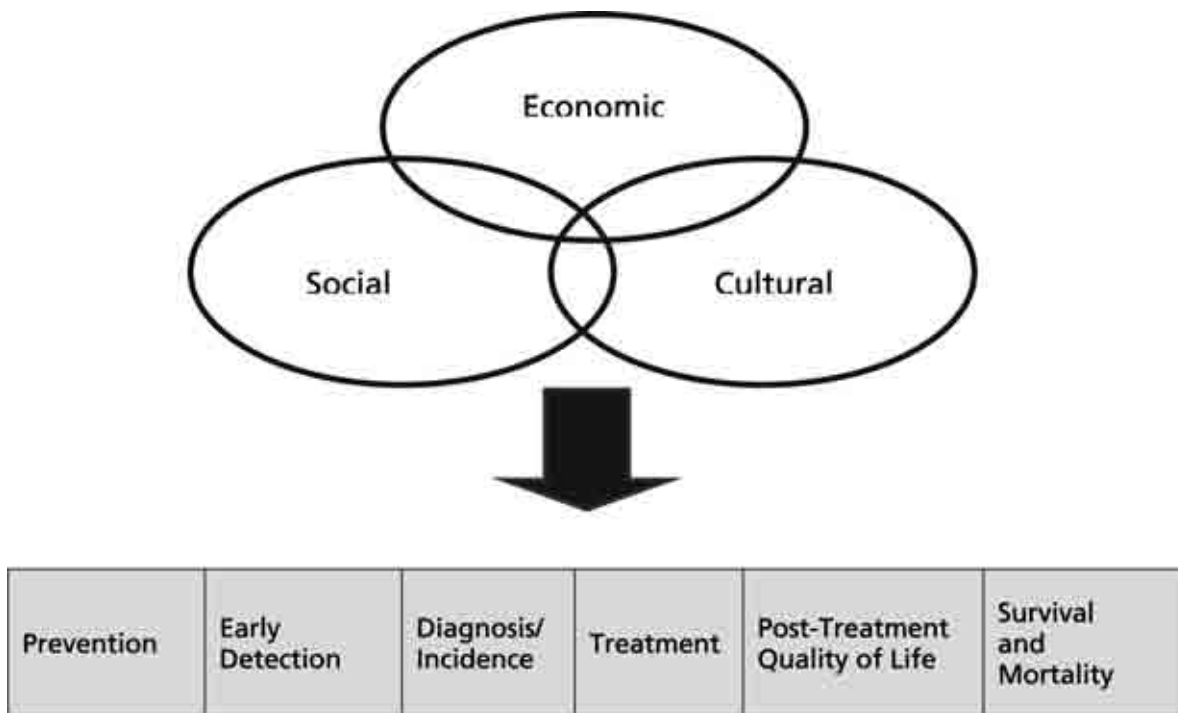


Special Section – Health Disparities

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

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

Figure 1: Factors That Influence Cancer Disparities



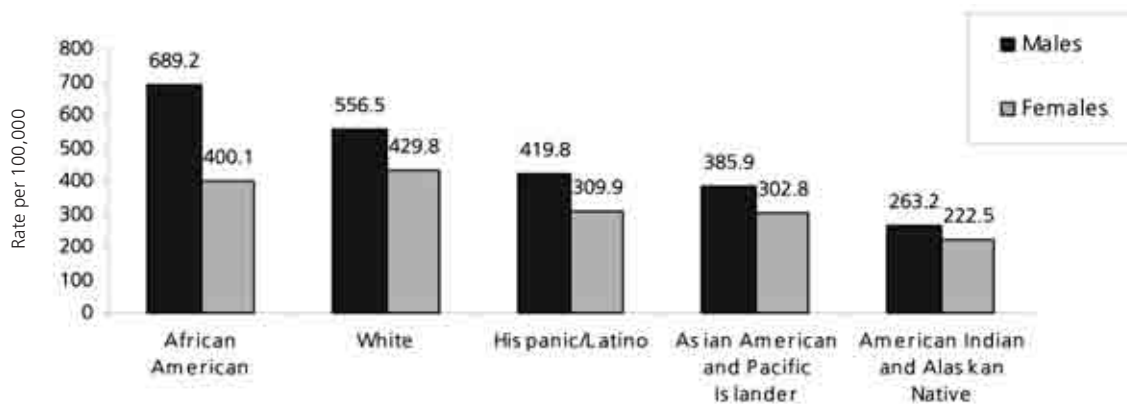
Source: Adapted from: Freeman, HP; Commentary on the meaning of race in science and society. *Cancer Epidemiol Biomarkers Prev* 2003; 12:2325-65 and Institute of Medicine, 2003.⁸

DISPARITIES IN CANCER INCIDENCE AND MORTALITY

A National Picture

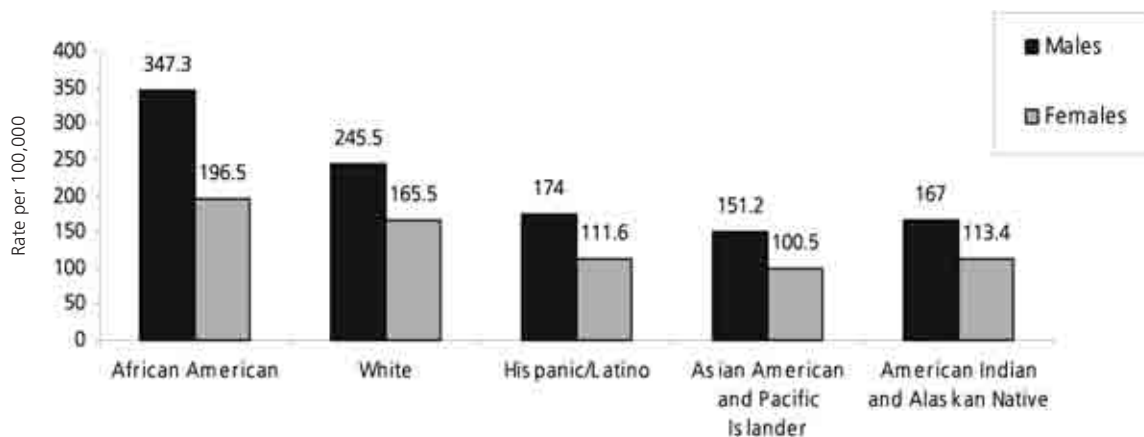
Overall, African Americans are more likely to develop and die from cancer than any other racial or ethnic group. The death rate from cancer among African American males is 1.4 times higher than among white males; African American females are 1.2 times more likely to die from cancer than white females.¹⁰ African Americans have a higher mortality rate for each of the major cancer sites (colorectal, male lung, prostate, female breast). White women in the U.S. have the highest rate of cancer incidence from all cancer sites combined and the highest rate of breast cancer than any other racial and ethnic group of women in the U.S. However, African American women have the highest death rate from all cancer sites combined and the highest death rate from cancers of the breast, colon and rectum, and cervix of all women.¹⁰ (See Table A and Figures 2 and 3 Special Section.)

Figure 2: All Site Cancer Incidence Rates* by Race and Ethnicity, Males and Females, U.S., 1997-2001



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: American Cancer Society, Cancer Facts & Figures 2005, National Home Office: American Cancer Society.

Figure 3: All Site Cancer Mortality Rates* by Race and Ethnicity, Males and Females, U.S., 1997-2001



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: American Cancer Society, Cancer Facts & Figures 2005, National Home Office: American Cancer Society.

Table A: Incidence and Mortality Rates* by Site, Race and Ethnicity, U.S., 1997 – 2001

Incidence	White	African American	Asian American and Pacific Islander	American Indian and Alaska Native	Hispanic/Latino [†]
All Sites					
Males	556.5	689.2	385.9	263.2	419.8
Females	429.8	400.1	302.8	222.5	309.9
Breast (female)	141.7	119.9	96.8	54.2	89.6
Colon & rectum					
Males	63.1	72.9	56.3	38.3	49.6
Females	45.9	56.5	38.6	32.7	32.5
Lung & bronchus					
Males	77.9	117.2	60.5	46.0	45.2
Females	51.3	54.5	28.5	23.4	23.9
Prostate	167.4	271.3	100.7	51.2	140.0
Stomach					
Males	10.8	18.8	21.9	15.7	17.8
Females	5.0	9.9	12.4	8.9	10.0
Liver & intrahepatic bile duct					
Males	7.2	11.8	21.1	8.3	13.5
Females	2.9	3.9	7.7	4.8	5.8
Uterine Cervix	8.9	11.8	9.5	6.0	16.2
Mortality	White	African American	Asian American and Pacific Islander	American Indian and Alaska Native	Hispanic/Latino [†]
All Sites					
Males	245.5	347.3	151.2	167.0	174.0
Females	165.5	196.5	100.5	113.5	111.6
Breast (female)	26.4	35.4	12.5	13.6	17.3
Colon & rectum					
Males	24.8	34.3	15.8	17.1	18.0
Females	17.1	24.5	10.8	11.7	11.6
Lung & bronchus					
Males	76.6	104.1	40.2	49.8	39.6
Females	41.6	39.9	19.2	26.6	14.9
Prostate	30.2	70.4	13.0	20.2	23.5
Stomach					
Males	5.8	13.3	11.9	7.3	9.7
Females	2.8	6.3	7.0	4.1	5.3
Liver & intrahepatic bile duct					
Males	6.1	9.3	15.6	8.3	10.6
Females	2.7	3.8	6.6	4.3	5.1
Uterine Cervix	2.6	5.6	2.8	2.8	3.6

* Per 100,000, age-adjusted to the 2000 U.S. standard population. †Hispanic/Latinos are not mutually exclusive from Whites, African Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives. Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society. (Ries LAG, Eisner MP, Kosary CL, Hankey BF, Miller BA, Clegg L, Mariotto A, Fay MP, Feuer EJ, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2001, National Cancer Institute, Bethesda, MD)

A STATE PICTURE

In Alabama, white non-Hispanics are more likely to develop cancer while black non-Hispanics are more likely to die from cancer (see Table B).⁷ Black non-Hispanic males have higher all site cancer incidence and mortality rates than white non-Hispanic males. White non-Hispanic females have a higher all site cancer incidence rate while black non-Hispanic females have a higher all site cancer mortality rate.⁷ (See Table B Special Section and Tables 6, 7, 8, and 9 for additional data.)

**Table B: Incidence and Mortality Rates* by Site and Race, Alabama, 1996 – 2003
(Incidence) 1999-2003 (Mortality)**

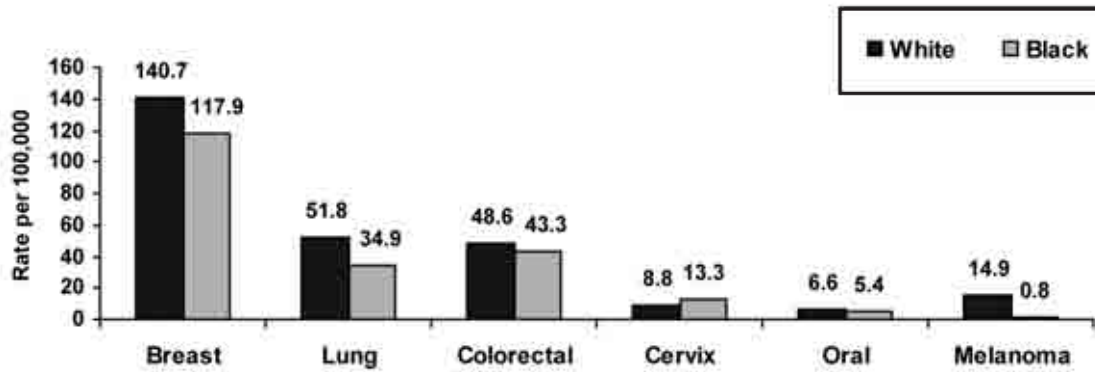
Incidence	White	Black	Mortality	White	Black
All Sites			All Sites		
Males & Females	450.9	420.7	Males & Females	204.8	228.0
Males	525.8	538.4	Males	271.5	325.6
Females	405.5	347.4	Females	162.3	169.1
Breast (female)	140.7	117.9	Breast (female)	24.6	31.1
Colon & rectum			Colon & rectum		
Males	64.5	63.1	Males	22.4	29.9
Females	43.3	48.6	Females	14.3	20.6
Lung & bronchus			Lung & bronchus		
Males	112.9	104.9	Males	97.4	97.6
Females	51.8	34.9	Females	42.6	29.0
Melanoma			Melanoma		
Males	25.3	1.0	Males	4.7	0.2
Females	16.1	0.8	Females	2.1	0.5
Oral			Oral		
Males	19.2	16.6	Males	4.5	6.3
Females	6.6	5.4	Females	1.6	1.4
Prostate	116.3	186.8	Prostate	28.7	69.8
Uterine Cervix	8.8	13.3	Uterine Cervix	2.4	5.4

* Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003 (Incidence) 1999-2003 (Mortality).

Alabama Females

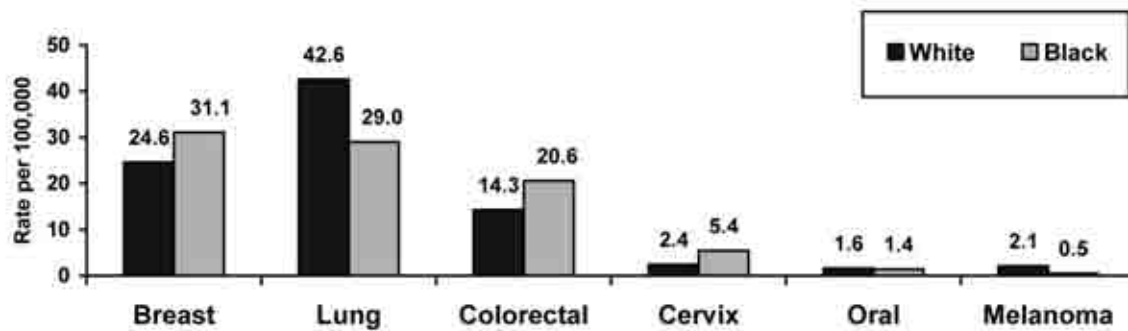
White non-Hispanic females in Alabama have higher all site cancer incidence and breast, colorectal, lung, melanoma and oral cancer incidence than black non-Hispanic females.⁷ Black non-Hispanic females have higher all site cancer mortality and colorectal, breast and cervical cancer mortality than white non-Hispanic females in Alabama.⁷ (See Table B and Figures 4 and 5 Special Section and Tables 7 and 9 for additional data.)

Figure 4: Cancer Incidence Rates*, Select Sites, Females by Race, Alabama, 1996-2003



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003.

Figure 5: Cancer Mortality Rates*, Select Sites, Females by Race, Alabama, 1999-2003

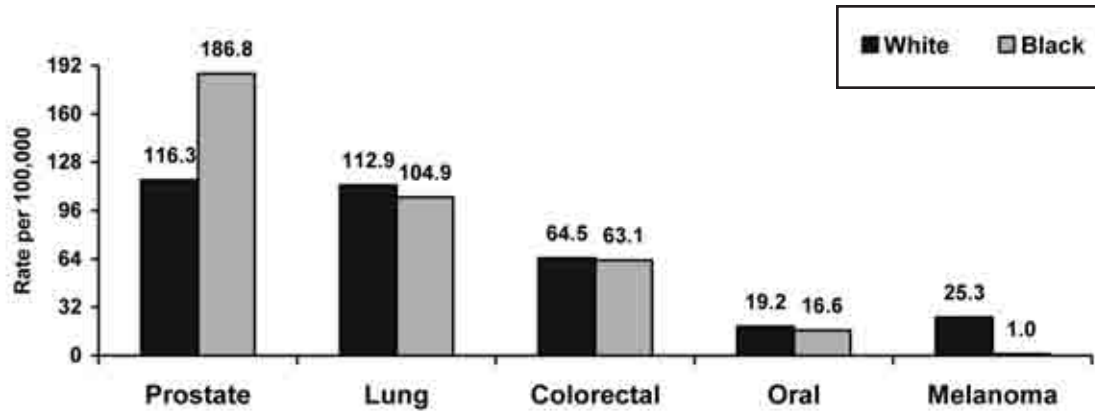


*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1999-2003.

Alabama Males

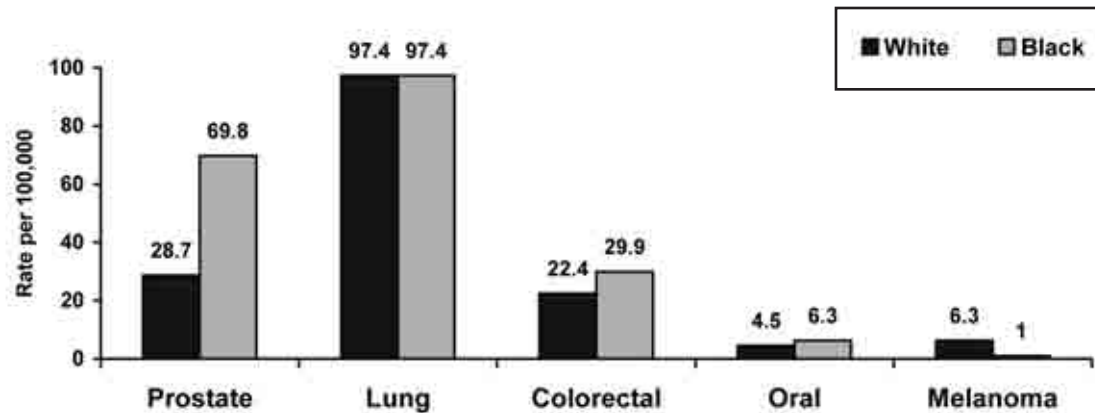
Black non-Hispanic males have higher all site cancer incidence and prostate cancer incidence than white non-Hispanic males.⁷ Black non-Hispanic males also have higher all site cancer mortality and colorectal, lung, oral, and prostate cancer mortality than white non-Hispanic males in Alabama.⁷ (See Table B and Figures 6 and 7 Special Section and Tables 6 and 9 for additional data.)

Figure 6: Cancer Incidence Rates*, Select Sites, Males by Race, Alabama, 1996-2003



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003.

Figure 7: Cancer Mortality Rates*, Select Sites, Males by Race, Alabama, 1999-2003



*Per 100,000, age-adjusted to the 2000 U.S. standard population. Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1999-2003.

A County Picture

Cancer disparities in Alabama exist among different counties and geographic regions. Table C lists the counties with the highest and lowest cancer incidence and cancer mortality rates in Alabama. Figures 8 and 9 (Special Section) provides a visual illustration of cancer burden in Alabama.

Table C: Cancer Incidence and Mortality Rates by County, 10 Highest and Lowest Rates, Males and Females, All Races Combined, Alabama

Rank	Highest Incidence Rates 1996-2003 ⁷		Highest Mortality Rates 1998-2002 ⁶	
1.	Walker	527.4	Russell	251.6
2.	Morgan	520.8	Dallas	250.3
3.	Mobile	513.0	Macon	249.3
4.	Jefferson	512.0	Lawrence	241.5
5.	Houston	508.5	Hale	240.8
6.	Winston	505.7	Calhoun	233.8
7.	St Clair	494.8	Pickens	233.4
8.	Hale	489.6	Mobile	231.7
9.	Calhoun	488.8	Franklin	231.4
10.	Elmore	486.0	Cleburne	230.6
Rank	Lowest Incidence Rates 1996-2003 ⁷		Lowest Mortality Rates 1998-2002 ⁶	
1.	Choctaw	257.8	Limestone	136.9
2.	Sumter	273.0	Shelby	176.3
3.	Randolph	330.7	Clay	185
4.	Bullock	332.5	De Kalb	187.4
5.	Lowndes	340.1	Washington	192.4
6.	Lee	345.0	Henry	193.6
7.	Cherokee	363.3	Geneva	194.9
8.	Marion	364.5	Baldwin	195
9.	Russell	364.8	Pike	195.7
10.	Macon	365.0	Cherokee	197.4
	Alabama	449.5	Alabama	212.0

Source: Incidence Data: Alabama Statewide Cancer Registry (ASCR)2005, Data Years: 1996-2003⁷ Mortality Data: Cancer Control Planet, Data Years 1998-2002.⁶

A national study found that for all cancer sites combined, residents of poorer counties (those with greater than or equal to 20% of the population below the poverty line) have 13% higher death rates from cancer in men and 3% higher death rates from cancer in women compared to more affluent counties (less than 10% below the poverty line).² In Alabama, this pattern is noticeable when examining mortality rates by county.

Russell, Macon and Dallas counties have the three highest rates of cancer mortality in Alabama. These counties have higher percentages of black non-Hispanics, higher levels of poverty, and smaller percentages of high school graduates and persons with bachelor degrees than the state averages. Conversely, the counties with the lowest cancer mortality rates are predominantly white non-Hispanic, have lower levels of poverty, and, apart from Clay County, have higher levels of educational attainment. (See Table C for cancer mortality data and Table D for demographic data.)

Table D: Select Demographic Characteristics of Counties with the 3 Highest and 3 Lowest All Site Cancer Mortality Rates.

	Counties with Highest Mortality Rates			Counties with Lowest Mortality Rates			Alabama
	Russell	Macon	Dallas	Limestone	Clay	Shelby	
Black non-Hispanic	40.8%	84.6%	63.3%	13.3%	15.7%	7.4%	26.0%
White non-Hispanic	56.1%	13.8%	35.4%	82.4%	82.6%	88.6%	71.1%
Hispanic/Latino	1.5%	0.7%	0.6%	2.6%	1.8%	2.0%	1.7%
High School graduates	66.5%	70.0%	70.3%	74.5%	66%	86.8%	75.3%
Bachelor's degree or higher	9.7%	18.8%	13.9%	16.9%	7.8%	36.8%	19.0%
Persons below poverty level	19.9%	32.8%	31.1%	12.3%	17.1%	6.3%	16.1%

Source: U.S. Census Bureau, Census 2000



Disparities in Stage at Diagnosis and Cancer Survival Rates

A National Picture

STAGE AT DIAGNOSIS

When cancer is diagnosed at a localized stage, the relative five-year survival rate is higher than for regional or distant stage diagnoses (see Table 21). Disparities in stage at diagnosis exist along racial and ethnic lines.¹⁰ African Americans have higher rates of distant stage diagnosis for numerous cancers: colorectal, breast, and prostate.¹¹ (See Table E.)

Table E: Stage at Diagnosis of Colorectal, Breast, Prostate, and Cervical Cancer, by Race and Ethnicity, U.S., 1996-2000

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

*Per 100,000, age-adjusted to the 2000 U.S. population. †Hispanics/Latinos are not mutually exclusive from whites, African American, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives. ‡The rate and percent for localized stage represents local and regional stages combined. Source: American Cancer Society, Cancer Facts & Figures 2004. National Home Office: American Cancer Society. (Ries LAG, Eisner MP, Kosary CL, Hankey BF, Miller BA, Clegg L, Mariotto A, Fay MP, Feuer EJ, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2000, National Cancer Institute, Bethesda, Maryland.)

CANCER SURVIVAL RATES

Research has identified that five-year survival rates, for all cancers combined, are 10 percentage points lower among persons who live in poorer census tracts than in more affluent census tracts. However, even when census tract poverty is accounted for, whites have higher five-year survival rates than other racial/ethnic groups.² Although trends in five-year survival rates have improved from 1974 to 2000, disparities still exist. For example, relative five-year survival rates among African Americans are higher now than they were in 1974, however, they are still lower than the survival rates for whites and all races combined (see Table F).¹⁰ African Americans have a relative five-year survival rate of 55%, compared to 66% for whites and 64% for all races.¹⁰

Table F: Trends in Five-Year Relative Survival Rates* (%) by Race and Year of Diagnosis, U.S., 1974 to 2000

Site	Relative 5-Year Survival Rate (%)								
	White			African American			All Races		
	1974 to 1976	1983 to 1985	1995 to 2000	1974 to 1976	1983 to 1985	1995 to 2000	1974 to 1976	1983 to 1985	1995 to 2000
All Cancers	51	54	66 †	39	40	55 †	50	53	64 †
Breast (female)	75	79	89 †	63	64	75 †	75	78	88 †
Cervix Uterine	70	71	74 †	64	61	66	69	69	73 †
Colon	51	58	64 †	46	49	54 †	50	58	63 †
Kidney	52	56	64 †	49	55	64 †	52	56	64 †
Larynx	66	69	67	60	55	51	66	67	65
Leukemia	35	42	48 †	31	34	39	34	41	46 †
Liver	4	6	8 †	1	4	5 †	4	6	8 †
Lung & bronchus	13	14	15 †	11	11	13 †	13	14	15 †
Melanoma	81	85	91 †	67 ‡	75 §	74 ‡	80	85	91 †
Oral cavity	55	55	61 †	36	35	39	54	53	59 †
Ovary	37	40	44 †	41	42	38 †	37	41	44 †
Pancreas	3	3	4 †	3	5	4	3	3	4 †
Prostate	68	76	100 †	58	64	96 †	67	75	99 †
Rectum	49	56	65 †	42	44	55 †	49	55	64 †
Stomach	15	16	22 †	16	19	24	15	17	23 †
Testis	79	91	96 †	76 ‡	88 ‡	87	79	91	96 †
Thyroid	92	93	97 †	88	92	95	92	94	97 †
Urinary bladder	74	78	83 †	48	60	62 †	73	78	82 †

*Survival rates are adjusted for normal life expectancy and are based on cases diagnosed from 1974-76, 1983-85, and 1995 to 2000 and followed through 2001. † The difference in rates between 1974-76 and 1995-2000 is statistically significant ($p < 0.05$). ‡ The standard error of the survival rate is between 5 and 10 percentage points. § The standard error of the survival rate is greater than 10 percentage points. Source: American Cancer Society, Cancer Facts & Figures 2005. National Home Office: American Cancer Society. (Surveillance, Epidemiology, and End Results Program, 1975-2001, Division of Cancer Control and Population Sciences, National Cancer Institute, Bethesda, MD, 2004.)

Disparities in Cancer Risk Factors

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

DISPARITIES IN CANCER RISK FACTORS – A NATIONAL PICTURE

In the United States, men and women of lower education levels and lower income levels have higher rates of smoking, physical inactivity, and obesity (see Table G).^{11,4} There are also difference among racial/ethnic groups.

Table G: Prevalence of Major Risk Factors by Race/Ethnicity, Highest Level of Education, and Income, Adults 18 and Older, U.S., 2000*

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

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

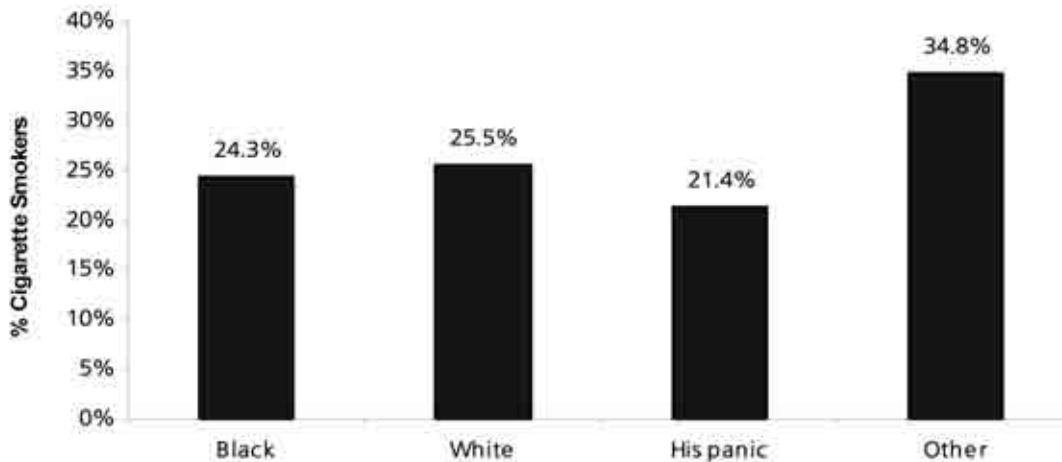
DISPARITIES IN CANCER RISK FACTORS – ALABAMA

In Alabama, the same relationship exists as at the national level - men and women of lower income and lower education levels have higher rates of smoking, physical inactivity, and obesity/overweight. In addition, there are variations among racial/ethnic groups.

Tobacco Use:

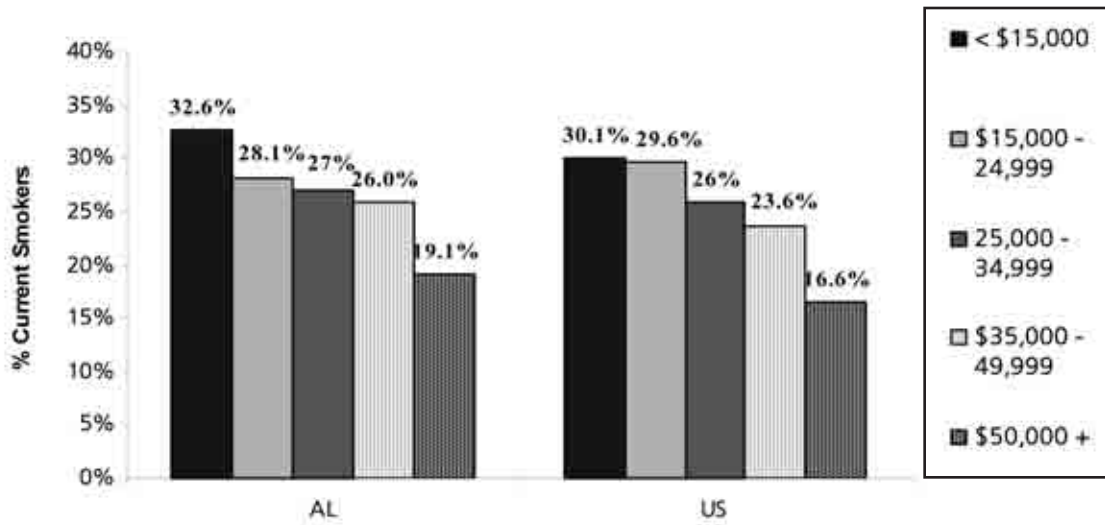
In Alabama, black non-Hispanic adults have lower rates of smoking than white non-Hispanics (see Figure 10 Special Section); at a national level black non-Hispanics have higher rates of smoking than white non-Hispanics and other racial/ethnic groups.³ (See Table 11 for additional data.)

Figure 10: Current Cigarette Smoking*, by Race, Adults, Age 18+, Alabama, 2003



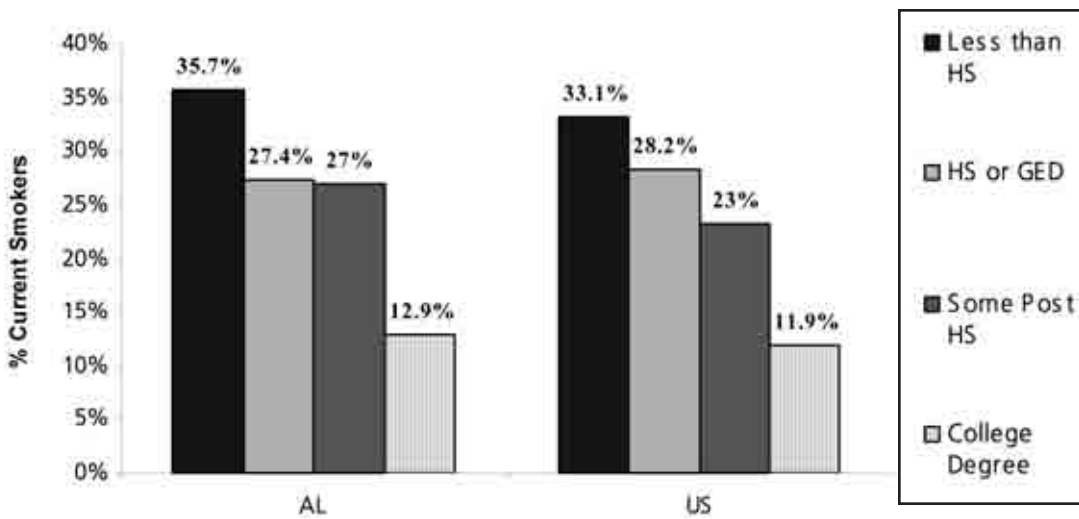
Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention. In both the U.S. and Alabama, the prevalence of cigarette smoking is higher among adults of lower income and lower education levels (See Figures 11 and 12 Special Section).⁴ For example, in Alabama, 35.7% of adults with less than a high school education are current smokers versus 12.9% of adults with a college degree (see Figure 12 Special Section).⁴

Figure 11: Current Cigarette Smokers, Adults 18+, by Income Level, Alabama and U.S.,



Source: Behavioral Risk Factor Surveillance System 2003, Centers for Disease Control and Prevention.

Figure 12: Current Cigarette Smokers, Adults 18+, by Education Level, Alabama and U.S.,



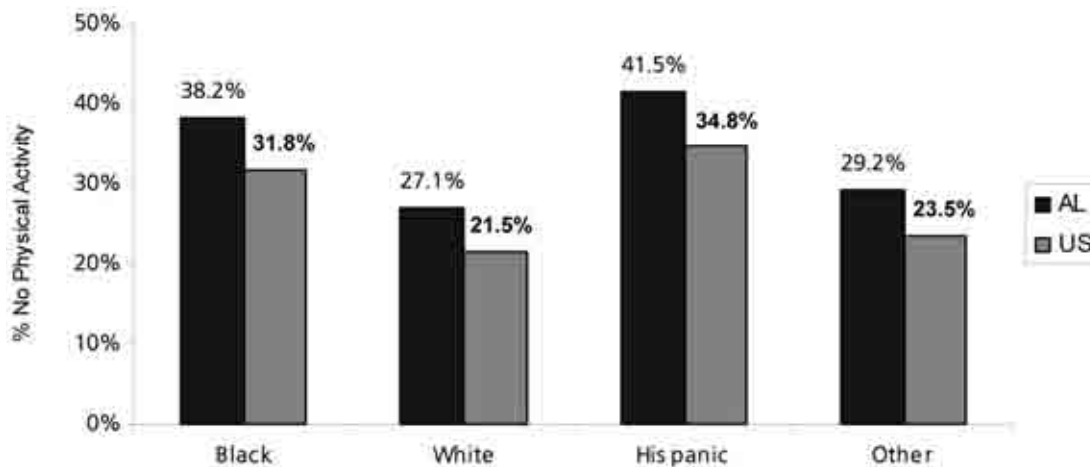
Source: Behavioral Risk Factor Surveillance System 2003, Centers for Disease Control and Prevention.

No Physical Activity:

Taking part in regular physical activity is an important part of maintaining a healthy weight and is associated with a decreased risk of developing breast and colon cancer.¹² Physical activity levels vary by income, education, and race/ethnicity.

In Alabama and the U.S., Hispanic adults have the highest rates of physical inactivity; black non-Hispanic adults have the second highest rates (See Figure 13 Special Section and Table 16).³ Nationwide and in Alabama, white non-Hispanic adults have the lowest levels of physical inactivity than any other group.³ Among youth grades 9-12 in AL and the U.S., black non-Hispanic students have higher rates of physical inactivity than white non-Hispanics (see Table 16 for additional data).¹³

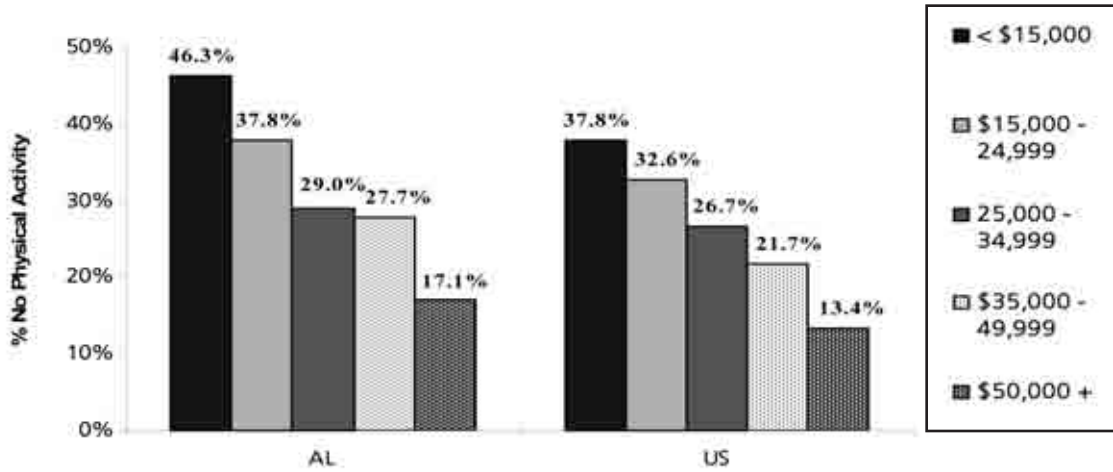
Figure 13: No Physical Activity, Adults 18+, by Race, Alabama and U.S., 2003



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

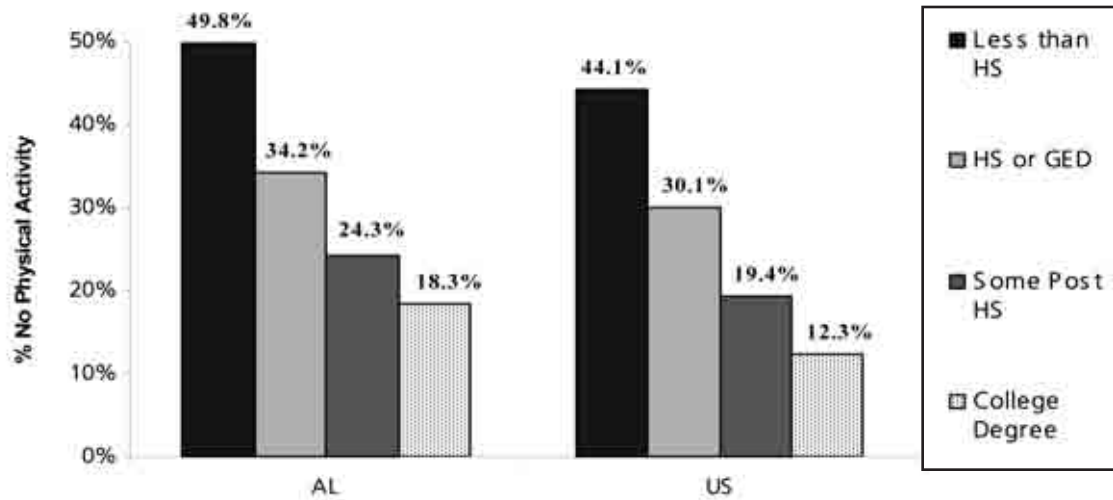
In both the U.S. and Alabama, the prevalence of physical inactivity is higher among adults of lower income and lower education levels (see Figures 14 and 15 Special Section).⁴ For example, in Alabama, 46.3% of adults with an income of less than \$15,000 are physically inactive compared to only 17.1% of adults with an income greater than \$50,000 (see Figure 14 Special Section).⁴

Figure 14: No Physical Activity*, Adults Age 18+, by Income Level, Alabama and U.S., 2003



Source: Behavioral Risk Factor Surveillance System 2003, Centers for Disease Control and Prevention.

Figure 15: No Physical Activity*, Adults 18+, by Education Level, Alabama and U.S., 2003



Source: Behavioral Risk Factor Surveillance System 2003, Centers for Disease Control and Prevention.

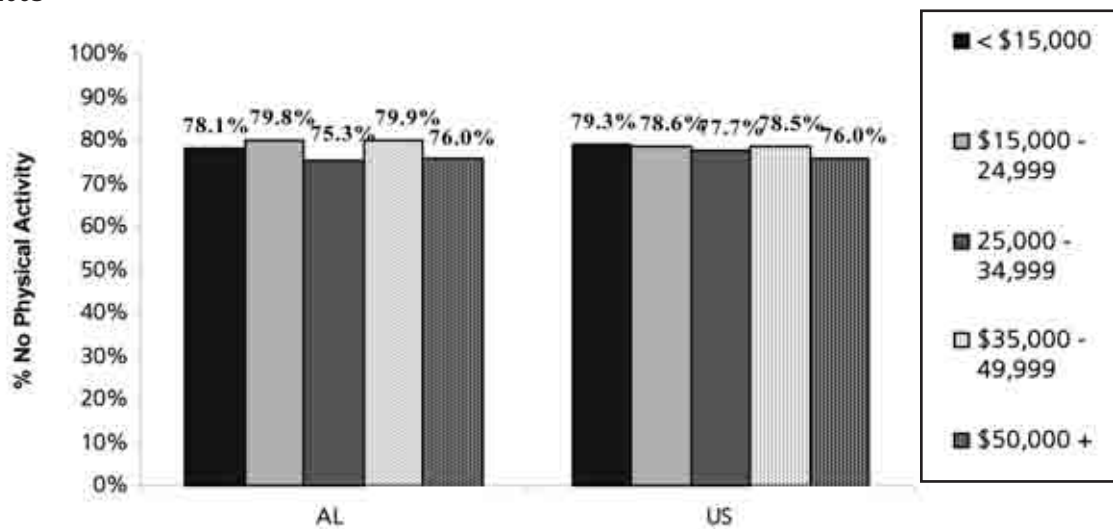
OVERWEIGHT AND POOR DIET:

Being overweight or obese is associated with an increased risk of developing numerous types of cancer in addition to other health problems.¹² In addition, scientific research has shown that about one-third of all US cancer deaths can be attributed to the adult diet, including its effect on obesity.

In Alabama and the U.S., black non-Hispanic youth and adults are heavier than other groups and black non-Hispanic adults eat fewer fruits and vegetables.^{3,13} (See Tables 15 and 17 and Figures 21 and 23 for additional data.)

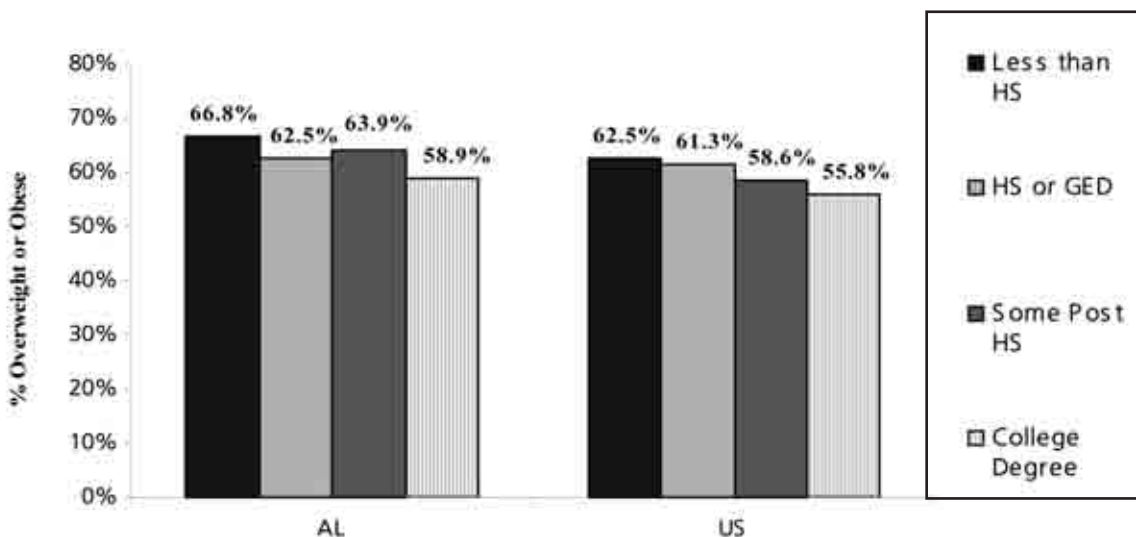
Prevalence of overweight and obesity and consuming fewer fruits and vegetables is slightly higher among adults with lower levels of education and lower income levels, although the gaps are much narrower than the disparities seen for tobacco use and physical inactivity (see Figures 16 and 17 Special Section).^{4,5}

Figure 16: Consuming less than Five Fruits and Vegetables per day, Adults 18+, by Income Level, Alabama and U.S., 2003



Source: Behavioral Risk Factor Surveillance System 2003, Centers for Disease Control and Prevention.

Figure 17: Percentage of Overweight and Obese Individuals*, Adults 18+, by Education Level, Alabama and U.S., 2003



* Overweight = BMI > 25 kg/m², Obese = BMI > 30 kg/m² Source: Behavioral Risk Factor Surveillance System 2003, Centers for Disease Control and Prevention.

Disparities in Cancer Screening – Alabama

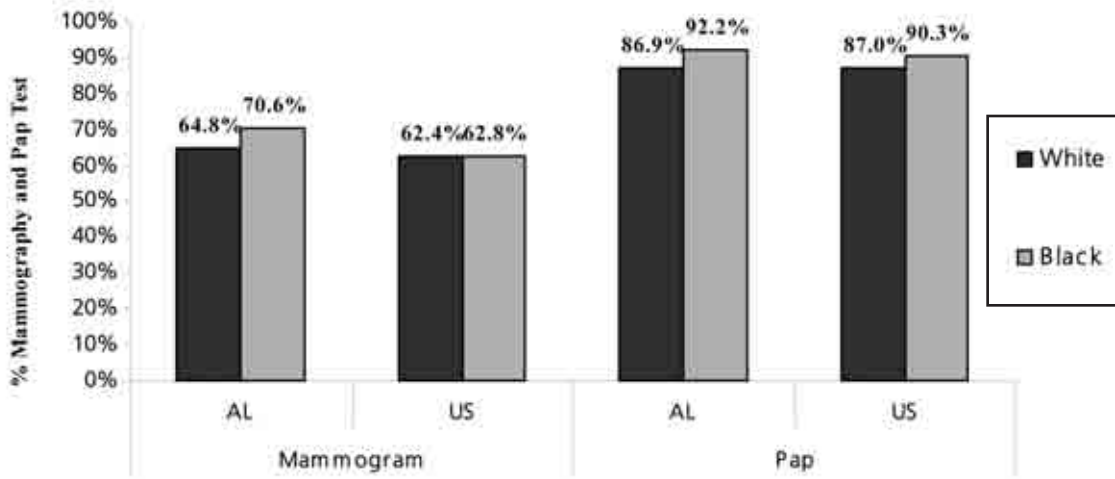
Cancer screening plays an important role in early detection of cancer. Disparities in cancer screening rates vary by race/ethnicity, gender, income level, and education level.

BREAST AND CERVICAL CANCER SCREENING:

Black non-Hispanic females in Alabama and the U.S. have higher rates of breast and cervical cancer screening than white non-Hispanic females. The cancer screening rates among black non-Hispanic females in Alabama are higher than the national averages for both breast and cervical cancers (see Figure 18 Special Section and Table 18).³ In Alabama and the U.S., screening rates are slightly lower for both breast and cervical cancers among females of lower education and lower income levels.⁴ However, this gap is much smaller in Alabama than it is at the national level.⁴ For example, the gap in mammography screening rates between lower (less than \$15,000) and higher (greater than \$50,000) income levels is 6% in Alabama and 10% for the U.S. (see Figure 19 Special Section).

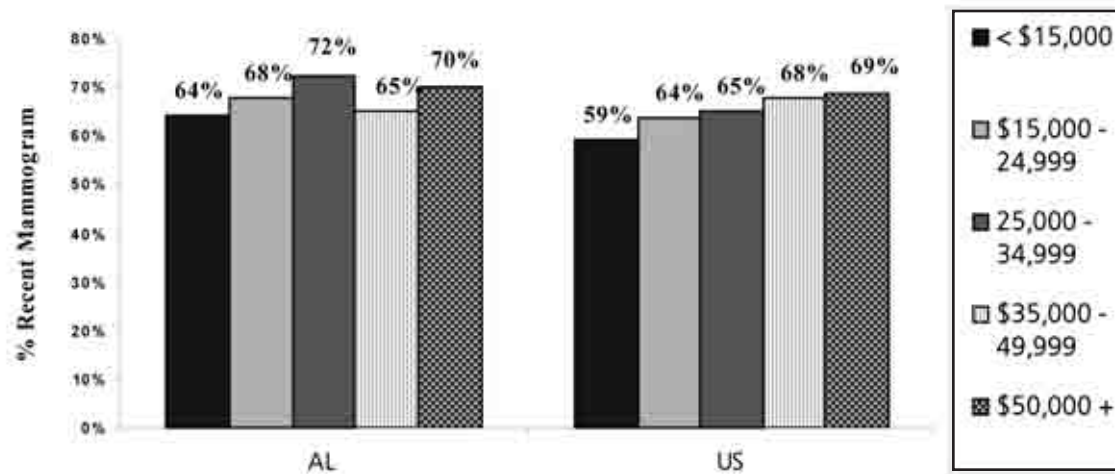


Figure 18: Females Age 40+ Reporting a Mammography in the Past Year, Females Age 18+ Reporting a Recent Pap Test, by Race, Alabama and U.S., 2002



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

Figure 19: Females Age 40+ Reporting a Mammography in the Past Year, by Income Level, Alabama and U.S., 2002

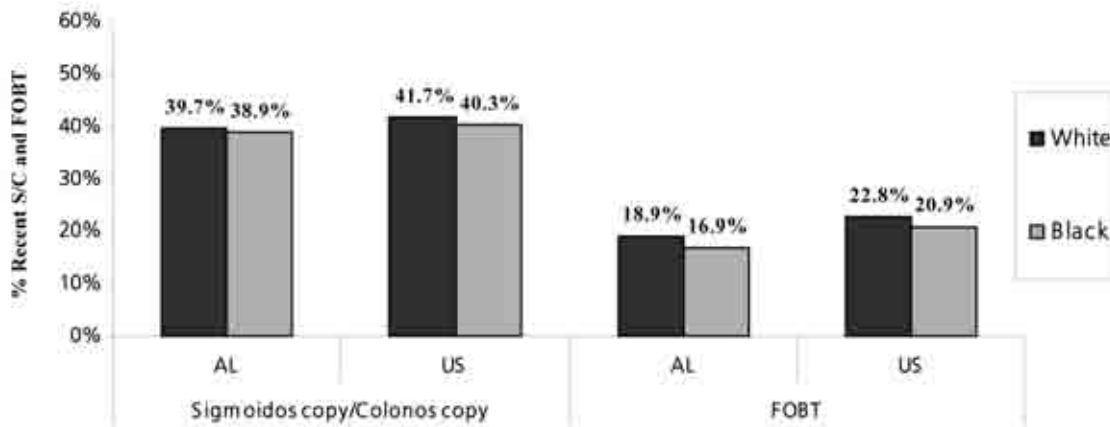


Source: Behavioral Risk Factor Surveillance System 2002, Centers for Disease Control and Prevention.

COLORECTAL CANCER SCREENING:

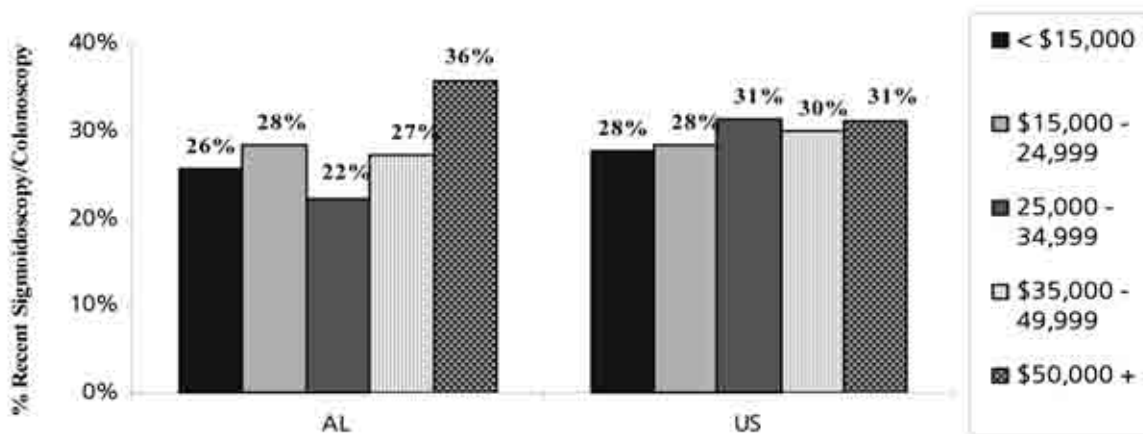
The sigmoidoscopy/colonoscopy (S/C) and fecal occult blood test (FOBT) are colorectal cancer screening components. In Alabama, white non-Hispanics have higher screening rates for both the FOBT and S/C than black non-Hispanics.³ The colorectal screening rates in Alabama are lower than the national averages for both blacks and whites.³ (See Figure 20 Special Section and Table 14 for additional data.) For both FOBT and S/C, rates are lower among individuals of lower income and lower education levels in Alabama and the U.S. (see Figure 21 Special Section).⁴

Figure 20: Recent Sigmoidoscopy/Colonoscopy* and FOBT*, Males and Females 50+, by Race, Alabama and U.S., 2002



*Recent Sigmoidoscopy/Colonoscopy within past 5 years, FOBT within 1 year. Source: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention.

Figure 21: Recent Sigmoidoscopy/Colonoscopy*, Males and Females 50+, by Income Level, Alabama and U.S., 2002

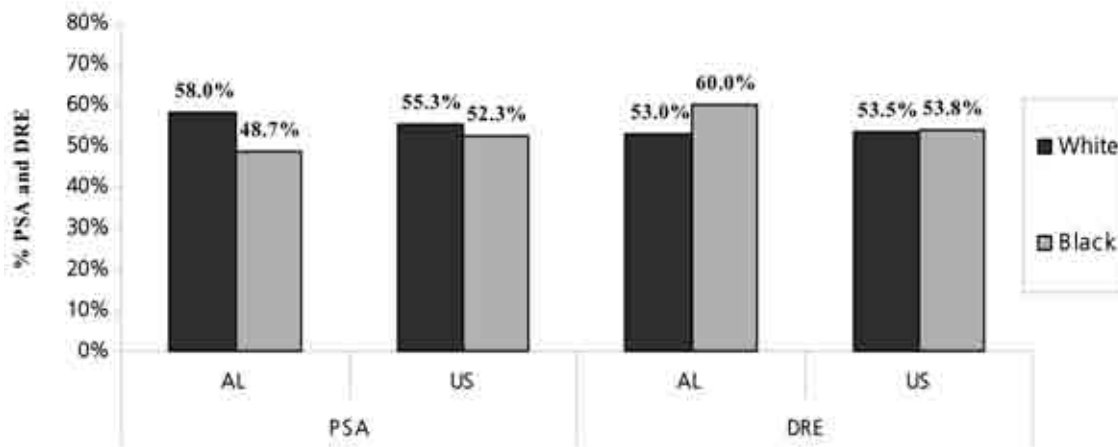


*Recent Sigmoidoscopy/Colonoscopy within past 5 years, FOBT within 1 year. Source: Behavioral Risk Factor Surveillance System 2002, Centers for Disease Control and Prevention.

PROSTATE CANCER SCREENING:

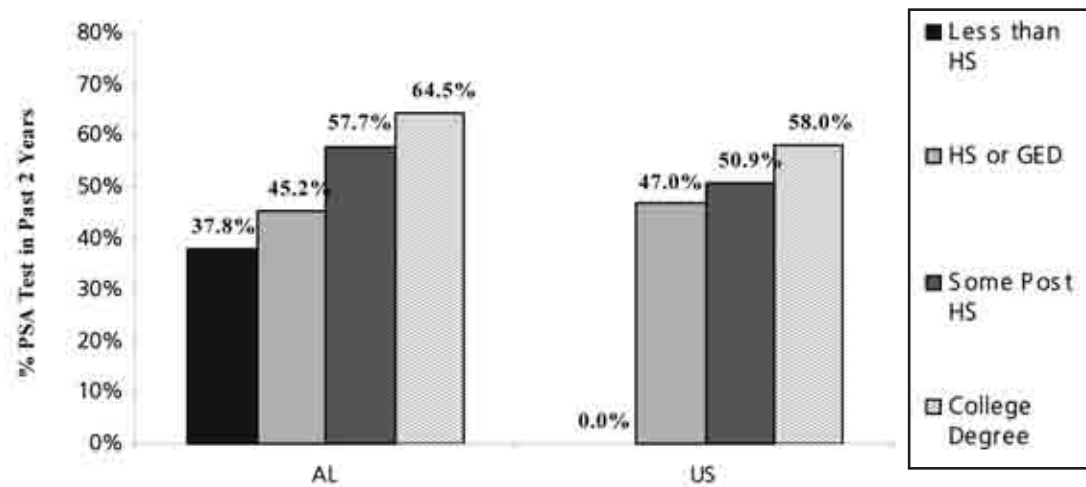
Prostate cancer screening has two components, the PSA (prostate-specific antigen) and DRE (digital rectal examination). Black non-Hispanic males in Alabama have lower rates of PSA screening and higher rates of DRE screening than white non-Hispanic males (see Figure 22 Special Section and Table 19).³ Screening rates also vary among income and education levels - PSA and DRE screening rates are lower among individuals of lower income and education levels.⁴ For example, in Alabama, males with less than high school education have a recent PSA screening rate of 37.8% whereas males with a college degree have a recent PSA screening rate of 64.5% (see Figure 23 Special Section).

Figure 22: Recent PSA*and DRE*, 50+, by Race, Alabama and U.S., 2002



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

Figure 23: Recent PSA*, 50+, by Education Level, Alabama and U.S., 2004



Source: Behavioral Risk Factor Surveillance System 2004, Centers for Disease Control and Prevention

SPECIAL SECTION SOURCES

1. Center to Reduce Cancer Health Disparities. National Cancer Institute, 2005. Website: <http://crchd.nci.nih.gov/>
2. Ward E, Jemal A, Cokkinides V, Singh G, Cardinez C, Ghafoor A, Thun M. Cancer Disparities by Race/Ethnicity and Socioeconomic Status. *CA: A Cancer Journal for Clinicians*, 2004; 54:78-93.
3. American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003. Centers for Disease Control and Prevention.
4. Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention, 2005 (Screening Data most recent available 2002; and, Behavioral Data most recent available: 2003) Website: www.cdc.gov/brfss/
5. Schoenborn CA, Adams PF, Barnes PM, Vickerie JL, Schiller JS. Health Behaviors of Adults: United States, 1999-2001. National Center for Health Statistics. *Vital Health Stat* 10(219) 2004.
6. Cancer Control Planet, Alabama Death Rates 1998-2002. National Cancer Institute.
7. Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003 (Incidence) and 1999-2003 (Mortality). Alabama Department of Public Health. Note: *Rate Per 100,000, age-adjusted to the 2000 United States standard population. Significance determined by comparison of 95% Confidence Intervals. Data Years: 1996- 2003.
8. Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press, 2002.
9. Freeman HP. Commentary on the Meaning of Race in Science and Society. *Cancer Epidemiol Biomarkers Prev*. Mar 2003;12(3):232S-236S.
10. American Cancer Society. *Cancer Facts & Figures 2005*. National Home Office: American Cancer Society, 2005. Note: *Rate Per 100,000, age-adjusted to the 2000 United States standard population.
11. American Cancer Society. *Cancer Facts & Figures 2004*. National Home Office: American Cancer Society, 2004. Note: *Rate Per 100,000, age-adjusted to the 2000 United States standard population.
12. Institute of Medicine, National Research Council of the National Academies. *Fulfilling the Potential of Cancer Prevention and Early Detection*. Washington, DC: The National Academies Press, 2003.
13. Youth Risk Behavior System, 2003 (YRBS), National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. *MMWR Morbidity and Mortality Weekly Report* 2004;53;No SS-2.

Note

Unless otherwise noted or sourced, ethnic and race classifications are based on the US Census classifications: black non-Hispanic = black or African American alone, non- Hispanic; white non-Hispanic = white alone, non-Hispanic; and, Hispanic = Hispanic or Latino.

Screening Guidelines For the Early Detection of Cancer in Asymptomatic People

BREAST

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

COLON & RECTUM

Beginning at age 50, men and women should follow one of the examination schedules below:

- A fecal occult blood test (FOBT) every year
- A flexible sigmoidoscopy (FSIG) every five years
- Annual fecal occult blood test and flexible sigmoidoscopy every five years*
- A double-contrast barium enema every five years
- A colonoscopy every 10 years

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

PROSTATE

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

UTERUS

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

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

CANCER-RELATED CHECKUP

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

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

American Cancer Society Quality of Life Programs

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

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

Cancer Survivors Network is a virtual community created by and for cancer survivors to connect with one another, share experiences, and provide support. It is available 24 hours a day, seven days a week, by calling 1-800-ACS-2345 or by linking through www.cancer.org.

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

The College Scholarship Program is available to students who have had a cancer diagnosis before age 21, maintain a 2.5 GPA, be under the age of 25, and have been accepted to an accredited college, university, or vocational school. The American Cancer Society's Mid-South Division awards \$175,000 in scholarships each year to young cancer survivors pursuing higher education.

The Community Resource Database contains detailed information about programs and services available in communities that offer assistance to those affected by cancer. By calling 1-800-ACS-2345 trained specialists provide callers with information and referrals to resources, including lodging, transportation, medications and other patient support services/programs.

Hope Lodge is a temporary no-cost residential lodging facility for cancer patients and their family members receiving cancer treatment at nearby hospitals. The first Mid-South Division Hope Lodge opened in Birmingham, Alabama, with a similar facility now available in Nashville, Tennessee. Additional Hope Lodges will be opening in New Orleans, Louisiana and Lexington, Kentucky in 2006.

I Can Cope is a patient education program designed to help cancer patients and their loved ones deal with their cancer experience. These stand-alone educational modules provide information about cancer diagnosis and treatment, pain control, money management and nutrition for the cancer patient.

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

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

Reach to Recovery is a peer-support service for patients with a diagnosis of breast cancer. Specially trained Reach to Recovery volunteer visitors allow patients to find “someone like me” and gain support.

Transportation programs provide community appropriate solutions to help cancer patients (in need) get to treatment.

- The American Cancer Society’s Transportation Grants Program provides grants to Social Work Departments of qualifying cancer treatment facilities to help patients (with financial needs) get to treatment.
- The American Cancer Society’s Road to Recovery Program provides transportation for cancer patients to and from treatment appointments. Rides are provided by volunteer drivers who donate their time and the use of their personal vehicles.

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



2006-2010 Alabama Comprehensive Cancer Control Plan

The 2006-2010 Alabama Comprehensive Cancer Control Plan was developed by the Alabama Cancer Control Coalition (ACCCC) and addresses the burden of cancer incidence and mortality within the state. As progress has been made and gaps have been identified, the ACCCC worked to address these and other issues in the 2006-2010 plan. Cancer disparities remain a problem in Alabama. Each section of the plan contains objectives and strategies that focus on tailoring cancer prevention and control messages to reach these populations.

More and more Alabamians are surviving a cancer diagnosis; therefore, an entire section of the plan is dedicated to cancer survivorship. The National Cancer Institute defines an individual as a cancer survivor “from the time of diagnosis, through the balance of his or her life.”ⁱ The ACCCC has chosen to use this term as the plan addresses issues across the cancer care continuum.

Cancer control research is a major component of the plan. ACCCC has included specific goals, outcomes, and objectives in each section to allow for a closer dialogue with researchers.

Success of the 2006-2010 plan involves a partnership among the Alabama Department of Public Health, the American Cancer Society and other public agencies, state academic and research institutions, and community-based private and volunteer organizations whose mission is to reduce the burden of cancer in Alabama.



I. Prevention

Overall Goal: Alabama cancer cases will decline because of adoption of healthy lifestyle choices and modification of social and cultural risk factors.

A. Tobacco

Goal: All Alabamians will abstain from using tobacco products.

Outcome: By 2010, decrease from 20% to 15% the percentage of tobacco product sales in Alabama that are noncompliant of laws prohibiting sales to minors. Data Source: 2003-2004 SYNAR Report

Outcome: By 2010, decrease from 13% to 10% the proportion of Alabama youths in grades 6-8 who smoke cigarettes. Data Source: 2004 Middle School Alabama Youth Tobacco Survey (ALYTS) 1

Outcome: By 2010, decrease from 24% to 16% the proportion of Alabama youths in grades 9-12 who smoke cigarettes. Data Source: 2004 High School ALYTS

Outcome: By 2010, decrease from 25% to 21% the proportion of Alabama adults age 18 and older who smoke cigarettes. Data Source: 2004 Behavioral Risk Factor Surveillance System (BRFSS)

Outcome: By 2010, decrease from 7% to 1% the proportion of Alabama youths in grades 6- 8 who use spit tobacco. Data Source: 2004 Middle School ALYTS

Outcome: By 2010, decrease from 12% to 1% the proportion of Alabama youths in grades 9-12 who use spit tobacco. Data Source: 2004 High School ALYTS

Outcome: By 2010, decrease from 21% to 12% the proportion of Alabama adults age 18 and older who use spit tobacco. Data Source: 1997 BRFSS

Objective 1: Decrease the number of tobacco product sales to minors.

Objective 2: Increase awareness about the risks of tobacco use and exposure among youths in grades 6-12.

Objective 3: Increase the proportion of adult smokers who report trying to quit for one day or longer during the past 12 months.

Objective 4: Advocate for policy changes and legislative efforts that will reduce tobacco use and exposure.

1 All BRFSS and ALYTS data are self-reported.

B. Nutrition & Physical Activity

Goal: All Alabamians will decrease their cancer risk by improving their diet and physical fitness.

Outcome: By 2010, decrease from 14% to 12% the proportion of Alabama youths in grades 9-12 who report being overweight. Data Source: 2003 YRBS2

Outcome: By 2010, decrease from 27% to 24% the proportion of Alabama youths in grades 9-12 who report being slightly or very overweight. Data Source: 2003 YRBS

Outcome: By 2010, decrease from 36% to 32% the proportion of Alabama adults age 18 and older who report being overweight, based on body mass index (BMI). Data source: 2004 BRFSS

Outcome: By 2010, decrease from 29% to 25% the proportion of Alabama adults age 18 and older who report being obese, based on BMI. Data source: 2004 BRFSS

Outcome: By 2010, increase from 15% to 18% the proportion of Alabama youths in grades 9-12 who report eating 5 or more servings of fruits and vegetables every day during the past seven days. Data source: 2003 YRBS

Outcome: By 2010, increase from 23% to 26% the proportion of Alabama adults age 18 and older who report eating 5 or more servings of fruits and vegetables every day. Data source: 2003 BRFSS

Outcome: By 2010, increase from 58% to 68% the proportion of Alabama youths in grades 9-12 who report being physically active (to the point of sweating/breathing hard) for at least 20 minutes a day on 3 or more of the past 7 days. Data source: 2003 YRBS

Outcome: By 2010, increase from 40% to 50% the proportion of Alabama adults age 18 and older who report meeting the recommendations for moderate or vigorous physical activity. Data source: 2003 BRFSS

Objective 1: Increase the availability of evidence-based nutrition education to the public to promote healthy diet choices and weight management.

Objective 2: Advocate for policy changes that promote healthy school nutrition and physical activity environments.

Objective 3: Increase the number of worksites that promote healthy nutrition and physical activity environments.

Objective 4: Advocate for policies that support physical activity in local communities, such as construction of walking trails, sports fields, bicycle paths, and other elements of the built environment.

2 All BRFSS and YRBS data are self-reported.

C. Ultraviolet Light Exposure

Goal: All Alabamians will reduce their skin cancer risk by adhering to recommended UV light protection guidelines.

Outcome: By 2010, decrease from 29% to 25% the proportion of Alabama adults who report having had a sunburn within the past 12 months. Data Source: 2004 BRFSS

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of Alabama adults who report following UV light protection guidelines to reduce the risk of skin cancer. Data Source: 2006 BRFSS

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of Alabama youths in grades 9-12 who report following UV light protection guidelines to reduce the risk of skin cancer. Data Source: 2007 YRBS; PRIDE surveys

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of Alabama parents and guardians who report following UV light protection guidelines for their dependent children. Data Source: 2006 BRFSS

Objective 1: Increase knowledge among the public about the skin cancer risk from UV light and the importance of early detection of skin cancer, especially melanoma.

Objective 2: Educate children and youths about the skin cancer risk from natural and artificial sources of light.

Objective 3: Advocate for tanning bed inspections to include focus on radiation exposure.

D. Research

Goal: Clinical and behavioral research will improve cancer prevention in Alabama, particularly for those populations affected by disparities.

Outcome: By 2010, increase by 10% the number of Alabamians who are participating in cancer prevention research studies. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions



Outcome: By 2010, increase by 10% the number of Alabamians from populations affected by disparities who are participating in cancer prevention research studies. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Outcome: By 2010, increase by 10% the number of cancer prevention research studies in Alabama that specifically target populations affected by disparities. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Outcome: By 2010, increase by 10% the number of community-based cancer prevention research projects in Alabama that are funded through a peer review process. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Objective 1: Increase public awareness about the importance of recruitment and retention in cancer prevention research studies, particularly for populations affected by disparities.

Objective 2: Increase the number of health care professionals who conduct cancer prevention research studies with populations affected by disparities.

Objective 3: Disseminate cancer prevention research findings to populations affected by disparities through appropriate communication methods and channels.

Objective 4: Involve the community as an equal partner with researchers in designing, implementing, evaluating, and disseminating results of cancer prevention research studies.

II. Early Detection

Overall Goal: All cancer cases in Alabama will be detected and diagnosed at an early stage in order to optimize treatment choices and the probability of cure.

A. Breast and Cervical Cancer

Goal: All breast and cervical cancer cases in Alabama will be diagnosed early through quality screening and follow-up services.

Outcome: By 2010, increase from 68% to 73% the percentage of Alabama women 40 and older who report having had a mammogram in the past year. Data Source: 2002 BRFSS³

³ All BRFSS data are self-reported.

£n The ACCCC recognizes that 2004 BRFSS data are available, but has chosen to use the 2002 data to be consistent with the screening recommendations for mammography

Outcome: By 2010, increase from 56% to 65% the utilization of mammography services by medically underserved women enrolled in the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP). Data Source: 2004 ABCCEDP

Outcome: By 2010, increase from 51% to 56% Alabama women's utilization of mammography services covered by Medicare. Data Source: 2004 Alabama Quality Assurance Foundation (AQAF)

Outcome: By 2010, increase from 69% to 74% the proportion of Alabama's breast cancer cases that are diagnosed at Stage I or Stage II (early stage). Data Source: 2002 ADPH/ASCR

Outcome: By 2010, increase from 87% to 93% the percentage of Alabama women age 18 and older who report having had a Pap test within the past 3 years. Data Source: 2004 BRFSS

Outcome: By 2010, increase from 52% to 60% the utilization of cervical cancer screening services by medically underserved women enrolled in ABCCEDP. Data Source: 2004 ABCCEDP

Outcome: By 2010, increase from 50% to 55% the portion of Alabama's cervical cancer cases that are diagnosed at Stage 0 or Stage I (early stage). Data Source: 2002 ADPH/ASCR

Objective 1: Conduct community-based outreach activities to increase awareness among Alabama women regarding the importance of regular breast and cervical cancer screening.

Objective 2: Encourage Alabama's primary care providers to recommend and conduct breast and cervical cancer screening tests for their patients based on clinical guidelines.

Objective 3: Decrease access barriers that prevent women from obtaining recommended breast and cervical cancer screenings.

Objective 4: Increase the number of women who utilize follow-up services after an abnormal breast or cervical cancer screening result.

Objective 5: Advocate for an increase in the capacity of MQSA certified mammography facilities and radiologists in Alabama.

B. Colorectal Cancer

Goal: All colorectal cancer cases in Alabama will be diagnosed early through use of quality screening and follow-up services.

Outcome: By 2010, increase from 24% to 29% the proportion of Alabama men and women age 50 and older who report having a fecal occult blood stool test in the past two years. Data Source: 2004 BRFSS⁴

Outcome: By 2010, increase from 51% to 56% the proportion of Alabama men and women age 50 and older who report ever having a sigmoidoscopy or colonoscopy. Data Source: 2004 BRFSS

⁴ All BRFSS data are self-reported.

Outcome: By 2010, increase from 42% to 47% the proportion of Alabama's colorectal cancer cases diagnosed as Stage I (early stage). Data Source: 2002 ADPH/ASCR

Outcome: By 2010, increase from 17% to 22% the number of primary care physicians who report performing flexible sigmoidoscopies in their offices. Data Source: UAB/DOPMii

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of primary care providers who know that colorectal cancer is preventable. Data Source: Alabama health care provider associations

Objective 1: Increase public awareness regarding colorectal cancer risk factors, early warning signs, and the importance of early detection for prevention and treatment of colorectal cancer.

Objective 2: Educate Alabama's primary care providers to follow established colorectal screening guidelines.

Objective 3: Increase colorectal cancer screening rates among populations affected by disparities.

Objective 4: Advocate for recommended colorectal screening services to be provide for under- and un-insured Alabamians.

C. Prostate Cancer

Goal: All Alabama men will be able to make informed decisions regarding the risks and benefits associated with prostate cancer screening and treatment.

Outcome: By 2010, establish a baseline measure and set an appropriate target to increase the proportion of Alabama men age 40 and older who report being informed of the benefits and risks associated with prostate cancer screening and treatment. Data Source: 2006 BRFSS

Outcome: By 2010, establish a baseline measure and set an appropriate target to increase the proportion of Alabama primary care providers who discuss with their male patients the risks and benefits of prostate cancer screening and treatment. Data Source: AAFP; AQAF

Objective 1: Educate Alabama men aged 40 and older about the benefits and risks associated with prostate cancer screening.

Objective 2: Promote the discussion between primary care providers and their patients about the benefits and risks associated with prostate cancer.

D. Research

Goal: Clinical and behavioral research will improve early detection of cancer in Alabama, particularly for those populations affected by disparities.

Outcome: By 2010, increase by 10% the number of Alabamians who are participating in cancer early detection research studies. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Outcome: By 2010, increase by 10% the number of Alabamians from populations affected by disparities who are participating in cancer early detection research studies. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Outcome: By 2010, increase by 10% the number of cancer early detection research studies that specifically target populations affected by disparities. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Outcome: By 2010, increase by 10% the number of community-based cancer early detection research projects in Alabama that are funded through a peer review process. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Objective 1: Increase public awareness about the importance of recruitment and retention in cancer early detection research studies, particularly for populations affected by disparities.

Objective 2: Increase the number of health care professionals who conduct cancer early detection research studies with populations affected by cancer disparities.

Objective 3: Disseminate cancer early detection research findings to populations affected by disparities through appropriate communication methods and channels.

Objective 4: Involve the community as an equal partner with researchers in designing, implementing, evaluating, and disseminating results of cancer early detection research studies.

III. SURVIVORSHIP

Overall Goal: Quality services and programs for cancer treatment, life-long follow-up care, and end-of-life care will be accessible and geographically available to all Alabamians.

A. Treatment

Goal: All Alabamians diagnosed with cancer will have access to quality cancer treatment services.

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of Alabama cancer patients for whom treatment according to established protocols is initiated or planned within four months of diagnosis. Data Source: ADPH/ASCR; ADPH/Health Promotion & Chronic Disease; Medicaid

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of Alabamians who are knowledgeable about available options for quality cancer treatment. Data Source: ACS; NCI/CIS

Outcome: By 2010, establish a baseline and set an appropriate target to decrease the proportion of Alabama cancer patients who report experiencing severe or increasing pain on a daily basis. Data Source: ACS Pain Survey; Alabama Hospital Association; AQAF

Objective 1: Educate health care professionals and the public about the clinical guidelines for cancer treatment and care.

Objective 2: Promote the use of cancer treatment resources for low-income patients who are under- or uninsured.

Objective 3: Increase awareness among health care professionals and the public about the benefits of and effective strategies for symptom management.

B. Follow-up

Goal: All Alabama cancer survivors will participate in life-long follow-up care and services.

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of Alabamians who are knowledgeable about the importance of cancer followup care and surveillance. Data Source: ADPH/ASCR

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of Alabamians who are knowledgeable about available options for cancer follow-up care. Data Source: ADPH/ASCR

Outcome: By 2010, establish a database that will track follow-up care service utilization by cancer survivors in Alabama. Data Source: ADPH/ASCR

Objective 1: Increase awareness among health care professionals about the importance of routine follow-up care, surveillance, continuum of care services to meet the needs of cancer survivors.

Objective 2: Increase awareness among the public about the importance of routine followup care, surveillance, continuum of care services to meet the needs of cancer survivors.

C. End-of-life Care

Goal: Quality end-of-life care services will be geographically available and accessible to all Alabama cancer survivors.

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of end-stage cancer survivors receiving palliative care or hospice care services. Data Source: 2002 FACTS on Dying; Alabama; AHO Cost Report; NHPCO

Outcome: By 2010, establish a baseline and set an appropriate target to increase the number of in-patient hospice, palliative care, and respite care programs in the state. Data Source: AHO; ADPH

Outcome: By 2010, establish a baseline and set an appropriate target to increase the proportion of Alabama adult cancer survivors who report having a medical advance directive. Data Source: Alabama Hospital Association

Objective 1: Increase awareness among health care professionals and the public about the availability, range of services, and benefits of hospice and palliative care.

Objective 2: Advocate for policy initiatives that increase access to and geographic availability of in-home, residential, and in-patient palliative care and hospice care services statewide.

Objective 3: Develop in-patient hospice, palliative care, and respite care programs for each county or region.

Objective 4: Educate Alabamians about the effective management of pain, other physical symptoms, and psychosocial and spiritual issues of survivors with end-stage cancer.

Objective 5: Increase awareness among Alabamians 19 and older about the need for medical advance directives.

D. Research

Goal: Clinical and behavioral research will improve treatment and quality of life for Alabama cancer survivors, particularly for those populations affected by disparities.

Outcome: By 2010, increase by 10% the number of Alabamians who are participating in cancer survivorship research studies. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Outcome: By 2010, increase by 10% the number of Alabamians from populations affected by disparities in cancer survivorship research studies. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Outcome: By 2010, increase by 10% the number of cancer survivorship research studies in Alabama that specifically target populations affected by disparities. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions



Outcome: By 2010, increase by 10% the number of community-based cancer survivorship research projects in Alabama that are funded through a peer review process. Data Source: ACS; NCI/CIS; Pharmaceutical companies; Research institutions

Objective 1: Increase public awareness about the importance of recruitment and retention in cancer survivorship research studies, particularly for populations affected by disparities.

Objective 2: Increase the number of health care professionals who conduct cancer survivorship research studies with populations affected by cancer disparities.

Objective 3: Disseminate cancer survivorship research findings to populations affected by disparities through appropriate communication methods and channels.

Objective 4: Involve the community as an equal partner with researchers in designing, implementing, evaluating, and disseminating results of cancer survivorship research studies.

IV. Environmental, Medical, and Occupational Exposure

Overall Goal: Cancer cases in Alabama will decrease through limiting exposure to environmental, medical, and occupational carcinogens.

A. Ionizing Radiation Exposure

Goal: Alabamians' exposure to ionizing radiation will be minimized.

Outcome: By 2010, establish a communication system to provide information about the dangers of excessive ionizing radiation exposure to primary health care providers, citizens, employers, regulatory agencies, and the media. Data source: Agency for Toxic Substances and Disease Registry; National Toxicology Program; US

Environmental Protection Agency (EPA); World Health Organization (WHO)/International Agency for Research on Cancer

Outcome: By 2010, increase from 5% to 10% the percentage of Alabama households in high-risk counties which report having been tested for radon exposure. Data Source: ACES; ADPH/Radiation Control

Outcome: By 2010, increase from 3 to 5 the number of Alabama municipalities which have adopted radon testing policies as part of residential building codes. Data Source: ACES; ADPH/Radiation Control

Objective 1: Educate Alabamians about the risks and control of radon (ionizing radiation) both inside and outside the home.

Objective 2: Advocate for mandatory standards for radiology technicians in Alabama.

B. Risk Assessment and Toxicology

Goal: Alabamians' exposure to environmental and occupational carcinogens will be minimized.

Outcome: By 2010, establish a communication system to provide information about known or probable carcinogens to primary health care providers, citizens, employers, regulatory agencies, and the media. Data source: Agency for Toxic Substances and Disease Registry; EPA; National Toxicology Program; World Health Organization/International Agency for Research on Cancer

Objective 1: Characterize known and probable carcinogens according to their degree of risk for cancer, and promote guidelines and recommendations for risk reduction.

C. Research

Goal: Alabamians' exposure to environmental and occupational carcinogens will be limited by evidence-based educational activities.

Outcome: By 2010, establish a clearinghouse of evidence-based data to guide effective education activities for limiting or reducing exposure to carcinogens in Alabama. Data Sources: ADPH Programs; U.S. Census Bureau; CDC; NIH; other published sources

Objective 1: Increase effective exposure reduction education and outreach to Alabamians at risk.

V. Surveillance

Goal: The ACCCC website will become a clearinghouse for all databases relevant to the control of cancer (cancer risk, incidence, prevalence, quality of life, survival, mortality) in Alabama.

Outcome: By 2010, post and maintain a comprehensive, accessible, and up-to-date electronic directory of all databases relevant to planning and implementing cancer control interventions or conducting cancer control research in Alabama. Data Source: ACCCC

Objective 1: Compile a list of databases maintained within ADPH, elsewhere in Alabama, and by regional and federal agencies that are relevant to cancer control in Alabama.



Objective 2: Evaluate identified cancer control databases for content, comprehensiveness, quality, and timeliness.

Objective 3: Determine the feasibility of electronically linking databases at the county, zip code, census tract, or individual level, for better understanding of cancer control needs in Alabama.

Objective 4: Disseminate a master table of cancer control databases in Alabama.

Objective 5: Promote the use of the master table of databases for cancer control interventions and research.

VI. NEW AND EMERGING RESEARCH

Goal: New and emerging research will improve cancer prevention and control in Alabama, particularly for those populations affected by cancer disparities.

Outcome: By 2010, establish a communication system to disseminate new and emerging cancer research findings that will have a positive impact on strategic cancer prevention and control initiatives. Data Source: ADPH/Cancer Prevention Tracking System

Outcome: By 2010, increase the number of health care professionals who report being aware of new and emerging research in Alabama's cancer prevention and control programs. Data Source: Alabama health care professional associations; Alabama Schools of Medicine

Outcome: By 2010, increase public awareness of and participation in new and emerging research studies related to cancer prevention and control. Data Source: Cancer screening and treatment centers; CDC; NCI/CIS; NIH; Pharmaceutical companies

Objective 1: Develop a communication system to effectively disseminate information about new and emerging cancer prevention and control research studies to health care professionals and the general public.

Objective 2: Increase awareness among health care professionals about new and emerging cancer prevention and control research and its application to Alabama's cancer patient populations.

Objective 3: Increase public awareness about the importance of new and emerging cancer prevention and control research studies, particularly for populations affected by cancer disparities.

1 National Cancer Institute. 4 May 2005. <http://dccps.nci.nih.gov/definitions.html>.

1 Eloubeidi, MA, et al. Primary care physicians' knowledge, attitudes, beliefs, and practices regarding colorectal cancer screening in Alabama.

Glossary

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

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

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

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

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

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

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

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

Prevalence: The number of new cases plus survivors.

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

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

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



Cancer Staging

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



Sources

1. American Cancer Society. Cancer Facts & Figures 2005. National Home Office: American Cancer Society, 2005.
2. Institute of Medicine, National Research Council of the National Academies. Fulfilling the Potential of Cancer Prevention and Early Detection. Washington, DC: The National Academies Press, 2003.
3. Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003 (Incidence) 1999-2003 (Mortality). Alabama Department of Public Health. *Note: *Rate Per 100,000, age-adjusted to the 2000 U.S. standard population. Significance determined by comparison of 95% Confidence Intervals.*
4. Cancer Control Planet, StateCancerProfiles.cancer.gov, Centers for Disease Control and Prevention. Data year 2001. *Rate (cases per 100,000 population per year) are age-adjusted to the 2000 U.S. standard population by 5-year age groups. Rates are for invasive cancer only, unless otherwise specified.*
5. American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System (BRFSS) Public Use Data File 2003. Centers for Disease Control and Prevention.
6. American Cancer Society. Cancer Prevention and Early Detection Facts & Figures 2005. National Home Office: American Cancer Society, 2005.
7. American Cancer Society. Cancer Prevention and Early Detection, Facts & Figures 2000. National Home Office, GA: American Cancer Society, 2000.
8. Youth Risk Behavior System, 2003 (YRBS), National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. *MMWR Morbidity and Mortality Weekly Report* 2004 [53] No SS-2.
9. US Department of Health and Human Services. The Health Benefits of Smoking Cessation. US Department of Health and Human Services, Centers for Disease Control and Prevention. Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, 1990.

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

Materials and Methods

Population Estimates

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

Data Sources

Data from Cancer Registries, Health Information Departments, histopathologic laboratories, and physician offices were reported to the ASCR as of June 30, 2004. For cancer cases diagnosed during 1996-2003, the ASCR considered as reportable all incident cases with a behavior code of 2 (in situ, non-invasive) or 3 (invasive, primary site only) in the International Classification of Diseases for Oncology (ICDO) (3rd editions), with the exception of in situ cancer of the cervix. Basal and squamous cell carcinomas of the skin are also excluded, with the exception of those on the skin of the genital organs.

The primary source of cancer incidence data is medical records. Staff at health care facilities abstract cancer incidence data from patients' medical records, enter the data into the facility's own cancer registry if it has one, and then send the data to the ASCR. All reporting sources collect data using uniform data items and codes as documented by the North American Association of Central Cancer Registries. This uniformity means that data items collected by all reporting sources are comparable. For this report, information on primary cancer sites was coded according to the appropriate ICDO edition, and was grouped according to revised SEER recodes dated January 27, 2003, which define standard groupings of primary cancer sites. The January 2003 SEER recodes were used to ensure (1) consistent site-type definitions over time and (2) consistency with other published cancer incidence and mortality data. 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 U.S. standard population, in accordance with a 1998 Department of Health and Human Services recommendation. The 2000 U.S. standard population is based on the proportion of the 2000 population in specific age groups. The proportions of the 2000 population in these age groups serve as weights for calculating age-adjusted incidence rates.

Age-Adjusted Mortality Rates

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

Interpreting the Data

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

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

Please note that differences in registry database completeness and data quality does influence the estimated cancer incidence rates. Because 2003 cases were 90 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. Race information reported to the ASCR is not self-reported by the patient. Information on race is abstracted from medical records, coded according to standard procedures, and then grouped into standard race groupings. In this third Alabama’s Cancer Facts and Figures report, cancer incidence and mortality data are presented for all races combined and for white and black populations in Alabama.

Acknowledgements

The production of this document would not be possible without the efforts of: Jean MacKay, Kevin Stierwald, Pam Bostick, Stephanie Lee, and Rebecca Cowens-Alvarado of the American Cancer Society; Arica White and Vicki Nelson of the Alabama Statewide Cancer Registry; Haley Justice of the Alabama Department of Public Health, Cancer Prevention Division; and Janice Cook of the Alabama Department of Public Health, Cancer Prevention Division.

Special acknowledgment is extended to staff of the Cancer Registries, Hospital Health Information Departments, and histopathologic laboratories, as well as physicians and their staff, whose participation and cooperation help make this publication possible.



Table 1 – Alabama Cancer Incidence Rates, By Site & Sex, 1996-2003 Combined

Males			Females		
	Rate	Count		Rate	Count
All Sites	536.3	81,784	All Sites	398.5	79,377
Oral Cavity and Pharynx	18.9	2,963	Oral Cavity and Pharynx	6.5	1,318
Digestive System	106.2	15,880	Digestive System	68.7	14,191
Esophagus	8.3	1,300	Esophagus	1.9	387
Stomach	9.3	1,376	Stomach	4.9	1,022
Small Intestine	1.7	257	Small Intestine	1.3	264
Colon and Rectum	64.6	9,629	Colon and Rectum	44.8	9,239
Colon excluding Rectum	47.1	6,958	Colon excluding Rectum	34.2	7,077
Rectum	12.1	1,854	Rectum	7.2	1,450
Anus, Anal Canal and Anorectum	1.1	176	Anus, Anal Canal and Anorectum	1.5	300
Liver and Intrahepatic Bile Duct	6.1	924	Liver and Intrahepatic Bile Duct	2.5	509
Gallbladder	0.7	106	Gallbladder	1.0	204
Pancreas	12.3	1,814	Pancreas	8.9	1,864
Other Digestive Organs	0.2	33	Other Digestive Organs	0.2	43
Respiratory System	124.5	19,057	Respiratory System	51.3	10,467
Larynx	10.0	1,578	Larynx	1.9	381
Lung and Bronchus	111.7	17,054	Lung and Bronchus	48.4	9,899
Bones and Joints	1.1	184	Bones and Joints	0.7	141
Soft Tissue including Heart	3.4	533	Soft Tissue including Heart	2.6	498
Skin (excluding Basal and Squamous)	24.7	3,780	Skin excluding Basal and Squamous	15.1	2,903
Melanoma of the Skin	22.7	3,507	Melanoma of the Skin	14.2	2,728
Other Non-Epithelial Skin	1.9	273	Other Non-Epithelial Skin	0.9	175
Breast	2.4	370	Breast	137.7	26,872
Female Genital System	0.0	0	Female Genital System	48.6	9,510
Cervix Uteri	0.0	0	Cervix Uteri	10.0	1,868
Corpus and Uterus, NOS	0.0	0	Corpus and Uterus, NOS	17.4	3,467
Corpus Uteri	0.0	0	Corpus Uteri	16.7	3,345
Uterus, NOS	0.0	0	Uterus, NOS	0.6	122
Ovary	0.0	0	Ovary	13.8	2,753
Vagina	0.0	0	Vagina	1.2	244
Vulva	0.0	0	Vulva	5.8	1,097
Other Female Genital Organs	0.0	0	Other Female Genital Organs	0.4	81
Male Genital System	139.1	21,480	Male Genital System	0.0	0
Prostate	133.6	20,575	Prostate	0.0	0
Testis	3.9	667	Testis	0.0	0
Penis	1.3	196	Penis	0.0	0
Other Male Genital Organs	0.3	42	Other Male Genital Organs	0.0	0
Urinary System	47.0	7,013	Urinary System	15.5	3,165
Urinary Bladder	29.8	4,341	Urinary Bladder	6.9	1,445
Kidney and Renal Pelvis	15.8	2,472	Kidney and Renal Pelvis	8.0	1,597
Ureter	0.9	135	Ureter	0.4	91
Other Urinary Organs	0.5	65	Other Urinary Organs	0.2	32
Eye and Orbit	0.9	144	Eye and Orbit	0.4	85
Brain and Other Nervous System	7.7	1,239	Brain and Other Nervous System	5.6	1,073
Endocrine System	3.6	583	Endocrine System	8.1	1,504
Thyroid	2.9	473	Thyroid	7.5	1,392
Other Endocrine including Thymus	0.7	110	Other Endocrine including Thymus	0.6	112
Lymphoma	21.7	3,378	Lymphoma	15.2	3,052
Hodgkin Lymphoma	2.7	446	Hodgkin Lymphoma	1.9	361
Non-Hodgkin Lymphoma	19.0	2,932	Non-Hodgkin Lymphoma	13.2	2,691
Myeloma	6.5	973	Myeloma	4.1	842
Leukemia	11.9	1,802	Leukemia	7.5	1,493
Lymphocytic Leukemia	5.3	803	Lymphocytic Leukemia	3.2	639
Acute Lymphocytic Leukemia	1.3	215	Acute Lymphocytic Leukemia	0.9	167
Chronic Lymphocytic Leukemia	3.6	527	Chronic Lymphocytic Leukemia	2.1	438
Myeloid and Monocytic Leukemia	5.6	846	Myeloid and Monocytic Leukemia	3.6	715
Acute Myeloid Leukemia	3.6	541	Acute Myeloid Leukemia	2.4	479
Chronic Myeloid Leukemia	1.6	242	Chronic Myeloid Leukemia	0.9	185
Other Leukemia	1.1	153	Other Leukemia	0.7	139
Miscellaneous	16.5	2,405	Miscellaneous	10.9	2,263

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

Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003

Table 2 – Trends in Alabama Cancer Incidence, Selected Sites, 1996-2002

Females					Breast				
Cervix									
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	11.7				Total PC	19.1			
Total APC	1.1		-2.8	5.3	Total APC	3.2*		1.7	4.6
1996 Rate	10.2	0.7	8.9	11.6	1996 Rate	126.1	2.3	121.6	130.7
1997 Rate	10.8	0.7	9.4	12.2	1997 Rate	126.9	2.3	122.4	131.5
1998 Rate	8.7	0.6	7.6	10.0	1998 Rate	134.0	2.4	129.4	138.7
1999 Rate	10.4	0.7	9.1	11.8	1999 Rate	146.6	2.5	141.8	151.5
2000 Rate	9.9	0.7	8.7	11.3	2000 Rate	141.2	2.4	136.5	146.0
2001 Rate	10.0	0.7	8.8	11.4	2001 Rate	147.7	2.5	142.9	152.6
2002 Rate	11.4	0.7	10.0	12.8	2002 Rate	150.1	2.5	145.3	155.1
Males					Male and Female				
Prostate					All Sites				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	20.9				Total PC	15.0			
Total APC	4.3*		1.9	6.7	Total APC	2.8*		1.9	3.7
1996 Rate	124.6	2.6	119.5	129.9	1996 Rate	429.2	3.2	423.0	435.4
1997 Rate	124.1	2.6	119.0	129.4	1997 Rate	419.3	3.1	413.2	425.4
1998 Rate	121.4	2.6	116.4	126.5	1998 Rate	439.8	3.2	433.6	446.0
1999 Rate	129.4	2.6	124.3	134.7	1999 Rate	459.3	3.2	453.0	465.6
2000 Rate	139.2	2.7	133.9	144.7	2000 Rate	461.0	3.2	454.8	467.3
2001 Rate	155.1	2.9	149.5	160.9	2001 Rate	485.3	3.3	478.9	491.8
2002 Rate	150.6	2.8	145.1	156.3	2002 Rate	493.4	3.3	487.0	500.0
Males and Females					Lung				
Colorectal									
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	5.0				Total PC	9.4			
Total APC	1.2*		0.0	2.5	Total APC	1.6*		0.3	2.9
1996 Rate	52.4	1.1	50.3	54.6	1996 Rate	71.9	1.3	69.4	74.5
1997 Rate	49.6	1.1	47.5	51.7	1997 Rate	71.4	1.3	68.9	74.0
1998 Rate	53.2	1.1	51.1	55.4	1998 Rate	77.7	1.3	75.1	80.3
1999 Rate	54.3	1.1	52.1	56.5	1999 Rate	74.8	1.3	72.3	77.4
2000 Rate	54.4	1.1	52.3	56.6	2000 Rate	75.0	1.3	72.5	77.6
2001 Rate	54.4	1.1	52.2	56.6	2001 Rate	79.2	1.3	76.7	81.8
2002 Rate	55.0	1.1	52.9	57.2	2002 Rate	78.7	1.3	76.1	81.3
Melanoma					Oral				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
Total PC	61.0				Total PC	-1.5			
Total APC	10.4*		3.4	17.8	Total APC	0.4		-2.5	3.4
1996 Rate	13.5	0.6	12.4	14.7	1996 Rate	12.7	0.5	11.6	13.8
1997 Rate	12.5	0.5	11.5	13.7	1997 Rate	11.2	0.5	10.2	12.2
1998 Rate	13.6	0.6	12.5	14.7	1998 Rate	12.5	0.5	11.5	13.6
1999 Rate	20.6	0.7	19.2	22.0	1999 Rate	11.1	0.5	10.1	12.1
2000 Rate	21.4	0.7	20.1	22.8	2000 Rate	11.8	0.5	10.8	12.8
2001 Rate	20.8	0.7	19.5	22.2	2001 Rate	12.6	0.5	11.6	13.7
2002 Rate	21.8	0.7	20.4	23.2	2002 Rate	12.5	0.5	11.5	13.6

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

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

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

Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2002.

Table 3 – Alabama Cancer Incidence Rates and Counts, by County, Males and Females,

	All Sites		Lung		Colorectal		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	449.5	160,491	74.7	26,935	53.0	18,855	12.0	4,272	17.0	6,009
Autauga	429.1	1,304	72.9	219	55.7	163	10.0	32	16.4	53
Baldwin	424.2	5,295	67.3	873	51.0	635	10.4	129	17.9	213
Barbour	410.9	943	74.2	172	43.0	99	10.1	23	13.1	30
Bibb	433.9	710	79.8	133	49.6	81	8.9	14	20.3	33
Blount	366.6	1,468	75.0	305	41.3	164	10.4	42	14.1	56
Bullock	332.5	301	54.7	48	49.1	46	8.0	7	3.0	3
Butler	389.2	771	64.6	128	48.4	99	12.4	24	14.4	27
Calhoun	488.8	4,751	92.7	915	55.7	539	15.7	155	14.6	139
Chambers	377.9	1,279	67.6	236	46.3	159	11.0	37	10.7	34
Cherokee	363.3	803	63.7	146	41.7	93	13.0	27	5.1	12
Chilton	375.2	1,187	71.4	228	44.6	140	11.4	37	9.9	32
Choctaw	257.8	360	42.1	60	32.0	45	5.6	8	7.2	10
Clarke	456.0	1,042	67.1	155	68.6	157	11.9	27	13.4	30
Clay	398.4	544	74.1	103	39.0	54	13.5	18	15.4	19
Cleburne	376.2	458	69.4	86	43.0	52	12.1	15	10.2	12
Coffee	403.0	1,519	63.5	243	37.8	143	12.6	48	22.4	82
Colbert	407.7	2,049	74.6	388	55.7	283	11.4	56	13.4	64
Conecuh	424.6	547	72.3	96	56.8	75	8.5	10	19.6	25
Coosa	426.5	459	64.7	71	46.9	51	13.7	15	11.0	11
Covington	388.2	1,444	78.5	300	47.8	182	10.9	41	16.3	57
Crenshaw	414.1	544	67.3	91	45.3	63	19.8	26	13.9	18
Cullman	426.6	2,900	79.5	556	51.8	352	16.5	111	22.9	149
Dale	432.7	1,632	80.6	308	47.1	176	11.6	43	25.4	96
Dallas	466.0	1,772	75.7	290	65.2	251	14.2	54	7.2	26
DeKalb	366.4	1,953	59.3	323	42.8	228	8.4	45	20.1	105
Elmore	486.0	2,269	87.4	401	68.6	313	18.5	87	15.9	77
Escambia	463.4	1,488	83.1	270	53.0	170	12.6	41	17.2	53
Etowah	421.6	4,117	79.9	806	49.4	483	11.9	115	14.9	145
Fayette	374.0	644	56.4	99	43.0	76	10.3	17	19.4	32
Franklin	413.8	1,153	82.9	239	50.1	139	13.7	39	17.1	46
Geneva	414.8	1,007	75.0	187	47.0	116	14.2	34	28.1	65
Greene	427.9	358	58.7	52	47.0	39	14.6	11	2.4	2
Hale	489.6	670	76.3	104	62.1	87	11.0	14	11.0	15
Henry	477.1	730	63.3	100	44.1	69	16.2	25	36.9	51
Houston	508.5	3,591	79.8	568	50.3	353	13.9	98	27.0	188
Jackson	402.4	1,817	70.0	325	49.5	220	11.3	51	20.0	89
Jefferson	512.0	28,457	76.6	4,316	59.6	3,340	12.7	694	18.8	1,034
Lamar	365.0	554	59.1	93	39.2	63	12.5	19	20.4	30
Lauderdale	445.7	3,482	72.4	581	53.8	422	11.9	91	18.6	140
Lawrence	385.7	1,047	72.7	199	52.5	141	13.2	37	15.0	41
Lee	345.0	2,146	52.7	318	39.0	236	8.7	54	10.1	68
Limestone	402.6	1,938	69.3	333	55.8	261	9.4	45	10.9	53
Lowndes	340.1	327	65.5	63	48.5	46	4.0	4	5.2	5
Macon	365.0	686	47.0	89	54.0	107	10.6	19	1.4	3
Madison	454.1	9,227	70.8	1,424	51.7	1,015	9.6	199	18.7	395
Marengo	370.1	722	57.7	114	45.1	89	9.9	19	6.5	12
Marion	364.5	1,065	59.0	177	47.6	142	11.8	36	18.6	53
Marshall	461.5	3,323	85.4	633	51.6	369	15.0	108	19.3	135
Mobile	513.0	15,612	87.8	2,672	60.0	1,809	13.4	410	19.7	603
Monroe	414.5	822	65.2	131	50.6	101	13.5	27	17.8	35
Montgomery	457.6	7,487	68.7	1,119	53.1	862	10.4	170	16.0	267
Morgan	520.8	4,608	84.5	753	57.9	503	14.6	129	18.7	167
Perry	382.7	399	60.4	62	50.9	54	9.7	10	5.4	6
Pickens	382.9	737	73.1	143	39.3	75	9.0	18	11.7	22
Pike	410.2	933	58.9	135	57.0	132	8.6	19	15.2	33
Randolph	330.7	655	45.5	94	43.1	88	9.3	18	9.5	19
Russell	364.8	1,497	70.1	290	45.6	184	9.9	41	8.3	34
Shelby	406.0	3,553	64.6	529	43.7	355	10.5	93	15.9	150
St Clair	494.8	2,094	99.7	422	55.5	234	11.7	50	17.8	74
Sumter	273.0	321	46.6	54	35.0	43	7.0	8	4.2	5
Talladega	454.4	2,722	76.6	473	56.1	328	12.6	75	10.8	63
Tallapoosa	431.1	1,538	62.5	233	50.8	182	13.7	49	11.1	37
Tuscaloosa	445.6	5,308	71.9	855	52.5	618	9.8	117	19.8	238
Walker	527.4	3,352	99.4	645	66.8	426	13.2	84	18.3	114
Washington	394.5	552	69.7	98	44.9	63	5.8	8	12.4	17
Wilcox	409.8	441	51.1	56	60.7	66	8.0	9	8.1	8
Winston	505.7	1,006	101.6	207	53.5	106	18.7	36	24.7	48

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard. Cases with unknown counties are excluded from the analysis.

Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003.

Table 4 – Alabama Cancer Incidence Rates and Counts, by County, Males, All Races, 1996-2003 Combined

	All Sites		Lung		Colorectal		Prostate		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	533.5	81,364	111.6	17,040	64.5	9,620	132.1	20,360	18.8	2,958	22.0	3,391
Autauga	492.4	633	108.8	138	66.3	78	115.1	146	15.6	22	21.1	32
Baldwin	465.2	2,681	85.1	504	57.0	322	108.7	648	15.1	88	22.7	128
Barbour	512.6	493	125.5	119	45.6	44	137.4	130	16.7	16	20.4	20
Bibb	475.4	356	111.0	84	61.9	48	106.3	79	8.6	7	20.9	16
Blount	430.2	764	111.2	197	56.5	99	90.5	164	13.4	26	18.7	33
Bullock	404.1	155	97.3	37	64.3	25	118.4	44	10.2	4	8.5	3
Butler	486.6	402	106.8	89	55.4	45	130.7	110	16.7	13	9.8	8
Calhoun	588.0	2,405	138.5	562	67.3	274	131.8	541	24.8	108	15.8	68
Chambers	449.7	636	106.4	154	57.0	79	84.9	121	18.6	26	14.9	21
Cherokee	473.0	463	100.4	102	57.7	57	126.2	129	21.9	18	5.4	6
Chilton	446.7	623	110.5	155	50.3	66	106.4	149	18.7	29	14.0	20
Choctaw	321.1	194	57.7	36	33.3	19	81.1	51	11.2	7	14.9	9
Clarke	424.4	532	83.4	106	62.7	77	104.8	136	17.5	21	15.4	19
Clay	461.7	279	119.4	74	50.0	29	85.0	52	21.7	13	22.8	13
Cleburne	442.7	236	88.4	49	57.2	30	87.6	47	17.5	9	16.5	9
Coffee	472.8	782	91.5	152	43.5	71	115.3	198	18.9	31	25.0	42
Colbert	471.7	1036	109.0	245	65.6	145	76.6	173	17.2	39	18.6	39
Conecuh	499.6	285	118.3	68	79.2	45	109.8	65	16.9	9	20.5	12
Coosa	474.0	239	94.2	47	49.4	24	109.7	58	20.8	11	14.0	7
Covington	445.5	725	120.4	198	51.2	83	90.8	153	18.2	29	19.9	32
Crenshaw	514.4	289	108.2	62	80.2	45	112.0	64	31.5	17	16.1	9
Cullman	506.4	1,510	126.1	388	60.4	176	94.3	287	22.3	66	29.0	87
Dale	499.4	832	115.2	195	64.2	105	101.6	170	18.1	30	24.1	42
Dallas	581.6	880	118.1	180	78.0	116	166.0	252	21.8	34	8.4	13
DeKalb	434.2	1005	95.7	226	54.4	121	85.1	199	13.3	32	26.4	61
Elmore	571.9	1,169	126.1	255	91.9	181	120.6	244	28.5	63	18.9	43
Escambia	556.8	760	120.4	168	63.6	83	139.8	188	21.4	31	15.8	22
Etowah	516.4	2,106	115.9	486	64.7	245	114.9	481	20.1	83	20.4	85
Fayette	438.6	323	84.9	63	49.5	35	96.4	73	14.2	11	27.8	20
Franklin	500.9	605	134.0	167	58.2	70	74.3	91	22.1	28	23.8	29
Geneva	506.1	536	114.6	126	67.3	69	109.3	118	21.4	23	31.8	34
Greene	543.4	192	103.8	37	69.5	24	139.8	50	32.4	11	0.0	0
Hale	561.5	328	109.2	64	67.4	39	179.4	106	10.5	6	11.9	7
Henry	574.6	374	103.8	70	71.7	46	157.1	102	28.4	19	39.4	25
Houston	620.2	1,841	129.9	387	62.0	178	158.4	489	23.5	69	35.5	106
Jackson	451.9	898	106.3	215	64.0	122	69.7	143	12.4	25	30.1	57
Jefferson	623.9	14,226	114.3	2,601	73.0	1,638	177.4	4,075	20.4	473	25.5	580
Lamar	436.0	286	100.5	67	50.5	33	70.9	48	19.9	13	26.4	17
Lauderdale	526.3	1,751	116.0	392	69.4	226	113.9	383	20.1	67	24.4	79
Lawrence	471.4	562	109.6	132	61.9	75	91.8	109	19.3	24	15.6	20
Lee	406.1	1048	79.8	206	46.7	116	112.0	278	13.4	36	14.4	40
Limestone	478.0	982	111.7	233	69.2	131	119.0	249	15.4	32	12.5	28
Lowndes	400.6	164	91.9	37	51.3	21	115.1	47	2.6	1	9.2	4
Macon	415.4	337	70.6	57	62.5	53	145.7	118	16.5	13	2.6	2
Madison	518.0	4,579	102.2	877	63.6	543	132.8	1,196	14.7	141	24.8	226
Marengo	446.5	366	92.4	76	51.2	41	112.3	92	18.3	16	5.8	5
Marion	396.8	512	95.0	125	51.4	64	81.5	105	20.0	26	21.3	27
Marshall	543.5	1,692	127.2	404	62.2	186	110.5	350	25.4	80	24.3	75
Mobile	624.7	7,993	130.1	1,646	73.9	928	160.5	2,101	21.2	286	27.4	355
Monroe	490.5	424	97.1	84	58.7	51	118.4	104	26.3	23	22.6	19
Montgomery	563.0	3,722	108.1	698	64.3	414	167.1	1,109	18.3	127	22.3	155
Morgan	622.8	2,364	123.3	469	68.8	256	172.1	660	22.3	87	24.1	96
Percy	512.3	223	90.8	39	58.4	25	157.1	69	18.7	8	8.7	4
Pickens	484.7	404	117.7	97	47.5	39	124.2	107	15.2	13	9.9	8
Pike	501.4	473	96.8	92	69.0	65	148.6	141	15.8	16	19.6	18
Randolph	374.3	323	62.7	55	60.2	50	89.1	77	15.6	14	13.4	12
Russell	441.6	765	104.6	180	59.6	97	107.3	187	15.7	29	10.2	18
Shelby	472.9	1,785	93.8	334	50.5	186	130.6	475	16.3	67	19.6	77
St Clair	590.5	1,113	141.5	264	59.1	113	126.3	231	16.2	33	25.8	47
Sumter	331.5	162	63.4	31	36.8	18	94.5	46	8.3	4	6.1	3
Talladega	535.4	1,371	113.2	292	74.0	177	118.5	311	19.9	53	13.0	34
Tallapoosa	503.2	755	98.1	148	61.1	88	142.2	218	21.7	33	17.1	25
Tuscaloosa	513.3	2,639	108.1	549	66.0	331	127.1	657	15.6	79	26.2	138
Walker	629.2	1,700	151.2	411	80.1	217	114.1	314	18.3	53	20.5	57
Washington	522.3	324	107.0	68	58.3	37	147.5	90	10.4	6	22.7	14
Wilcox	567.2	251	86.7	38	82.3	36	180.6	80	14.4	7	11.3	5
Winston	555.1	500	144.7	133	54.4	50	94.2	82	27.3	24	28.9	25

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard. Cases with unknown counties are excluded from the analysis.
 Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003.

Table 5 – Alabama Cancer Incidence Rates and Counts, by County, Females, All Races, 1996-2003 Combined

	All Sites		Lung		Colorectal		Breast		Cervix		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	397.1	79,104	48.4	9,895	44.8	9,232	137.4	26,818	9.9	1,850	6.5	1,314	13.6	2,610
Autauga	395.0	671	48.0	81	50.5	85	145.9	249	8.8	15	5.7	10	12.3	21
Baldwin	395.0	2,613	53.1	369	45.9	313	134.8	883	9.8	56	6.4	41	13.8	85
Barbour	355.5	450	40.7	53	42.0	55	120.7	146	8.5	11	4.9	7	8.5	10
Bibb	408.0	353	55.6	49	36.7	32	140.4	121	11.5	9	8.0	7	19.9	17
Blount	324.3	704	48.1	108	29.5	65	107.5	233	6.2	12	7.5	16	11.1	23
Bullock	298.1	146	22.8	11	36.0	21	108.9	49	11.5	5	6.1	3	0.0	0
Butler	325.3	369	35.2	39	44.9	54	108.7	116	7.2	8	8.8	11	19.3	19
Calhoun	429.5	2,346	62.1	353	46.6	265	134.7	720	12.8	64	8.2	47	13.7	71
Chambers	336.0	643	41.2	82	39.9	80	112.8	208	9.2	15	5.1	11	7.4	13
Cherokee	288.2	340	35.6	44	29.2	36	105.9	120	2.1	2	7.7	9	5.2	6
Chilton	330.6	564	41.8	73	41.7	74	106.5	179	11.7	18	4.6	8	7.2	12
Choctaw	215.9	166	30.2	24	33.1	26	65.6	49	9.2	6	1.2	1	1.3	1
Clarke	492.6	510	47.0	49	76.7	80	169.3	173	18.9	19	5.9	6	10.8	11
Clay	351.0	265	37.7	29	31.0	25	136.9	98	14.6	9	7.1	5	9.5	6
Cleburne	334.4	222	54.9	37	31.9	22	97.3	65	13.0	8	8.4	6	5.4	3
Coffee	356.8	737	43.0	91	33.6	72	122.0	246	7.6	15	7.7	17	20.1	40
Colbert	365.5	1013	49.4	143	47.5	138	117.0	320	7.2	17	6.8	17	9.5	25
Conecuh	374.4	262	38.6	28	40.8	30	138.3	92	14.7	9	1.9	1	17.8	13
Coosa	386.3	220	39.6	24	44.5	27	151.7	85	20.2	10	7.4	4	7.3	4
Covington	350.6	719	48.4	102	45.0	99	115.0	225	7.2	12	5.4	12	14.5	25
Crenshaw	353.3	255	38.5	29	23.6	18	137.8	93	11.3	7	11.5	9	11.4	9
Cullman	376.9	1,390	44.2	168	45.8	176	118.0	430	8.0	26	11.7	45	18.9	62
Dale	389.4	800	54.3	113	33.5	71	120.4	245	8.9	18	6.2	13	27.8	54
Dallas	399.9	892	47.7	110	57.1	135	135.0	289	12.6	25	8.6	20	6.8	13
DeKalb	320.8	948	32.1	97	34.6	107	101.8	296	10.3	27	4.0	13	15.3	44
Elmore	435.3	1,100	58.5	146	51.4	132	149.5	376	16.9	43	9.2	24	13.5	34
Escambia	408.8	728	56.0	102	46.2	87	147.8	258	8.2	13	5.3	10	20.2	31
Etowah	365.9	2,011	54.9	320	41.0	238	116.3	616	12.4	56	5.8	32	11.2	60
Fayette	339.2	321	34.8	36	41.3	41	107.1	97	4.1	4	7.3	6	13.5	12
Franklin	355.4	548	44.8	72	43.3	69	110.2	165	6.5	9	6.7	11	10.8	17
Geneva	359.3	471	46.7	61	31.1	47	122.2	158	12.8	13	8.6	11	24.8	31
Greene	354.7	166	30.1	15	30.2	15	152.5	67	5.2	2	0.0	0	4.2	2
Hale	446.3	342	51.3	40	56.2	48	164.4	118	9.5	7	11.6	8	11.4	8
Henry	420.3	356	33.6	30	25.8	23	139.9	118	7.9	5	5.7	6	35.7	26
Houston	438.7	1,750	44.3	181	42.8	175	157.7	622	11.1	42	7.2	29	21.5	82
Jackson	370.9	918	42.6	110	38.7	98	117.1	288	12.9	29	10.7	26	13.3	32
Jefferson	445.3	14,230	51.8	1,715	50.4	1,702	157.7	4,866	10.6	313	6.8	221	14.8	453
Lamar	321.3	268	30.2	26	31.8	30	106.6	83	17.7	12	7.1	6	17.1	13
Lauderdale	399.5	1,731	41.8	189	43.1	196	142.0	599	6.1	24	5.2	24	14.9	61
Lawrence	324.9	485	44.4	67	43.7	66	89.8	133	10.7	15	8.5	13	14.6	21
Lee	311.0	1096	32.7	112	34.0	119	118.3	414	9.7	37	5.2	18	7.3	28
Limestone	362.4	956	37.8	100	48.9	130	127.3	334	7.0	18	4.9	13	9.5	25
Lowndes	300.5	163	47.9	26	45.7	25	94.3	50	11.5	6	4.9	3	1.8	1
Macon	330.7	349	28.7	32	47.5	54	113.6	111	20.1	19	5.7	6	0.6	1
Madison	414.7	4,647	48.8	547	42.9	472	160.1	1,810	6.6	76	5.3	58	14.7	169
Marengo	322.9	356	32.9	38	41.9	48	114.4	120	7.6	9	2.6	3	7.1	7
Marion	349.0	553	31.7	52	44.9	78	122.4	188	10.4	13	5.2	10	16.1	26
Marshall	412.2	1,631	55.1	229	44.6	183	125.6	490	15.2	54	6.8	28	16.1	60
Mobile	440.9	7,610	58.4	1026	50.2	881	148.1	2,520	9.8	164	7.2	124	14.3	244
Monroe	364.5	397	42.7	47	44.0	50	134.4	140	15.5	16	3.6	4	14.0	15
Montgomery	398.0	3,764	43.9	421	45.9	448	153.8	1,422	10.3	96	4.5	43	11.8	111
Morgan	458.0	2,244	57.0	284	49.5	247	161.3	781	9.6	45	8.4	42	14.9	71
Perry	292.6	176	39.8	23	46.0	29	95.1	55	6.0	4	2.7	2	3.4	2
Pickens	309.6	333	41.5	46	33.1	36	94.3	97	5.2	5	4.3	5	12.5	14
Pike	356.3	460	32.9	43	47.5	67	130.8	159	10.9	13	2.4	3	13.2	15
Randolph	310.7	331	33.6	39	32.4	38	104.3	104	12.1	10	3.8	4	6.7	7
Russell	316.6	732	46.1	110	37.0	87	95.2	219	9.3	20	5.3	12	7.2	16
Shelby	361.4	1,767	43.0	195	37.7	169	134.3	682	5.2	30	5.7	26	13.7	73
St Clair	429.7	979	67.7	158	52.5	120	127.1	288	7.8	17	7.5	17	12.4	27
Sumter	238.0	159	36.0	23	33.7	25	67.3	42	3.7	2	5.7	4	3.2	2
Talladega	405.1	1,351	51.0	181	44.2	151	137.8	448	13.5	40	6.4	22	9.3	29
Tallapoosa	390.1	783	39.2	85	43.4	94	137.3	266	14.6	24	7.6	16	6.8	12
Tuscaloosa	403.0	2,669	45.7	306	42.6	287	149.9	977	9.1	59	5.7	38	15.4	100
Walker	468.7	1,651	64.2	234	57.6	209	140.3	485	13.5	41	8.5	31	16.9	56
Washington	302.7	228	40.0	30	33.1	26	120.8	89	13.6	10	2.6	2	4.2	3
Wilcox	313.0	190	27.6	18	47.8	30	120.9	71	11.8	6	3.3	2	6.0	3
Winston	482.5	506	68.6	74	51.0	56	156.9	162	6.8	6	12.0	12	23.5	23

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard. Cases with unknown counties are excluded from the analysis.

Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003.

Table 6 – Alabama Cancer Incidence Rates and Counts, by County, Males by Race, 1996-2003 Combined

	All Sites				Lung				Colorectal			
	White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	525.8	64,136	538.4	16,086	112.7	13,860	104.9	3,089	64.5	7,681	63.1	1,862
Autauga	467.2	499	537.0	115	118.3	121	61.8	14	64.0	64	68.3	13
Baldwin	465.2	2,459	427.8	196	84.0	461	88.8	41	57.9	300	43.8	21
Barbour	515.9	323	511.3	168	142.4	88	97.2	31	47.3	30	39.9	14
Bibb	993.3	314	98.4	40	234.7	73	23.2	11	136.2	43	11.8	5
Blount	426.1	742	499.5	16	110.7	193	104.0	3	55.3	96	70.5	2
Bullock	326.3	50	434.1	101	94.4	15	100.2	22	44.4	7	73.0	17
Butler	455.6	266	541.0	132	97.0	58	124.6	30	59.9	34	45.1	11
Calhoun	573.7	2,025	663.7	355	136.5	481	156.3	79	66.5	232	67.0	40
Chambers	452.7	475	427.6	157	104.7	117	104.0	37	63.4	64	40.8	15
Cherokee	470.0	436	540.5	22	100.4	97	111.3	4	56.9	53	96.5	3
Chilton	441.3	556	503.5	65	112.0	142	105.9	13	49.1	58	66.3	8
Choctaw	341.2	132	288.2	62	55.7	23	59.0	13	41.8	15	19.1	4
Clarke	500.3	324	351.2	203	94.0	61	75.0	45	71.3	45	57.7	32
Clay	460.6	248	451.3	28	117.1	65	151.3	9	53.9	28	11.2	1
Cleburne	424.9	217	719.3	17	89.1	47	75.5	2	57.6	29	0.0	0
Coffee	468.9	668	450.8	100	90.2	129	104.5	23	45.8	64	21.2	6
Colbert	476.1	909	409.6	117	109.8	216	100.9	29	63.4	123	80.7	22
Conecuh	494.1	197	511.1	87	101.9	41	160.2	27	76.0	32	75.1	13
Coosa	445.5	165	550.8	70	93.7	34	97.8	12	45.2	16	55.3	7
Covington	437.3	647	442.8	65	126.0	188	59.8	9	47.3	70	54.9	8
Crenshaw	528.7	235	415.3	49	109.5	50	103.9	12	82.3	36	70.2	8
Cullman	507.2	1,488	250.0	11	126.5	383	43.7	2	60.6	174	16.0	1
Dale	490.4	709	566.1	118	113.3	168	126.6	26	63.4	90	71.7	15
Dallas	511.3	406	663.2	466	116.6	95	119.3	84	70.6	53	89.8	63
DeKalb	436.4	983	251.9	12	96.7	223	32.4	2	55.9	121	0.0	0
Elmore	566.5	985	539.2	163	124.8	217	122.6	36	89.9	152	88.3	25
Escambia	567.2	585	533.6	167	123.1	132	107.9	35	68.9	68	50.0	14
Etowah	505.0	1,850	589.2	235	114.2	433	122.2	49	62.9	215	77.8	28
Fayette	420.8	280	555.1	40	87.9	59	53.7	4	45.4	29	86.6	6
Franklin	503.3	579	377.5	20	136.0	162	70.9	4	60.2	69	16.4	1
Geneva	492.1	478	689.7	57	110.7	112	162.3	14	65.5	61	91.4	7
Greene	586.0	63	525.7	128	99.7	11	104.5	26	81.7	9	63.8	15
Hale	581.9	174	542.0	153	114.6	35	102.7	29	67.9	21	64.5	18
Henry	597.0	290	518.8	83	114.1	58	73.3	12	78.6	38	49.4	8
Houston	617.6	1,495	627.0	333	131.3	320	122.5	65	63.4	148	53.8	29
Jackson	454.7	860	332.1	29	106.5	205	103.6	9	64.1	117	37.2	3
Jefferson	620.3	9,978	604.5	4,010	116.1	1,886	107.5	705	72.8	1,158	72.0	467
Lamar	428.8	256	450.0	25	98.0	60	85.8	5	47.1	28	88.8	5
Lauderdale	511.8	1,578	565.8	131	115.8	364	120.5	27	67.5	202	97.4	24
Lawrence	480.4	495	433.0	64	110.2	115	105.9	16	63.4	65	61.7	10
Lee	396.7	786	429.7	243	78.0	156	80.2	46	46.2	88	47.7	27
Limestone	476.8	861	443.4	100	116.4	217	67.1	14	70.8	115	63.5	15
Lowndes	421.0	67	392.0	97	105.9	16	84.5	21	43.4	7	56.2	14
Macon	436.9	76	398.0	252	82.5	14	65.2	41	60.5	11	61.7	41
Madison	508.8	3,792	515.7	664	103.9	756	89.8	114	64.8	461	58.7	76
Marengo	421.7	200	476.4	162	89.1	43	97.3	33	66.9	29	35.7	12
Marion	391.7	484	479.6	22	95.1	120	107.7	5	49.0	58	109.0	5
Marshall	539.9	1,648	312.6	18	128.1	400	68.7	3	62.8	184	0.0	0
Mobile	604.8	5,691	647.5	2,156	126.5	1,186	137.2	444	72.7	676	76.6	246
Monroe	488.2	287	477.1	131	106.9	63	75.7	21	61.5	36	51.3	14
Montgomery	524.7	2,309	611.7	1,334	102.9	446	115.4	246	61.4	262	68.3	149
Morgan	631.2	2,200	508.5	150	124.6	437	109.0	31	72.1	247	29.8	8
Perry	477.6	96	546.9	127	75.6	16	101.8	23	55.6	11	58.4	14
Pickens	465.4	264	526.4	139	116.3	65	122.9	32	41.2	23	59.9	16
Pike	469.2	324	563.1	140	94.1	66	98.5	25	73.5	51	55.3	12
Randolph	357.1	259	425.0	58	62.8	47	51.3	7	62.4	44	45.0	6
Russell	459.1	523	398.1	235	115.2	131	84.1	49	64.3	70	49.3	27
Shelby	470.8	1,644	470.3	118	94.1	312	90.6	20	52.2	177	24.1	7
St Clair	588.0	1024	626.2	83	141.5	244	139.5	19	57.7	103	80.1	10
Sumter	363.4	69	299.3	91	61.4	12	61.8	19	32.0	6	38.4	12
Talladega	519.1	1047	560.1	304	114.9	234	105.8	58	73.5	138	65.4	35
Tallapoosa	496.2	608	512.4	143	97.1	119	105.5	29	58.9	71	64.4	17
Tuscaloosa	501.6	2,021	548.9	596	107.9	431	109.3	118	66.5	261	62.7	67
Walker	630.0	1,612	546.6	76	150.8	390	138.8	18	80.4	206	71.1	10
Washington	505.3	231	564.6	84	112.2	53	97.6	15	52.9	25	76.0	11
Wilcox	526.7	102	586.4	147	91.7	17	86.2	21	71.6	14	86.9	22
Winston	552.6	492	967.7	6	143.8	131	211.8	1	54.9	50	0.0	0

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard. Cases with unknown counties are excluded from the analysis.

Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003.

Table 6 (Continued) - Alabama Cancer Incidence Rates and Counts, by County, Males by Race, 1996-2003 Combined

	Prostate				Oral				Melanoma			
	White		Black		White		Black		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	116.3	14,531	186.8	5,433	19.2	2,392	16.6	542	25.3	3,086	1.0	30
Autauga	88.5	95	202.2	43	13.5	16	25.5	6	23.7	30	0.0	0
Baldwin	104.1	576	152.5	66	15.4	82	9.5	5	23.4	119	2.5	1
Barbour	110.7	72	188.1	58	15.2	10	18.1	6	32.5	20	0.0	0
Bibb	230.7	71	20.7	8	13.9	5	4.8	2	47.4	16	0.0	0
Blount	88.4	157	215.9	7	12.7	24	0.0	0	19.1	33	0.0	0
Bullock	66.9	10	140.2	31	12.8	2	7.8	2	15.3	2	5.4	1
Butler	118.7	71	159.4	38	7.4	4	35.9	9	12.3	7	4.9	1
Calhoun	115.6	413	234.4	123	25.0	94	15.6	9	17.7	65	0.0	0
Chambers	74.6	80	110.6	39	19.1	20	14.6	6	18.6	19	2.0	1
Cherokee	126.1	122	129.1	6	23.2	18	0.0	0	4.8	5	19.9	1
Chilton	99.8	127	159.6	20	19.8	28	6.7	1	15.3	20	0.0	0
Choctaw	83.7	34	77.2	17	9.7	4	14.3	3	20.7	8	4.0	1
Clarke	105.1	73	101.9	61	26.6	17	7.9	4	23.5	15	2.0	1
Clay	75.0	41	172.4	10	22.5	12	16.0	1	22.1	11	0.0	0
Cleburne	83.4	43	178.9	4	16.3	8	49.6	1	17.2	9	0.0	0
Coffee	106.9	162	142.8	30	21.3	30	3.1	1	24.5	35	8.1	2
Colbert	69.7	138	104.0	30	17.3	34	16.6	5	19.4	35	3.2	1
Conecuh	107.3	45	119.2	20	20.7	7	11.7	2	29.0	12	0.0	0
Cook	89.3	36	170.2	22	23.0	9	15.6	2	20.8	7	0.0	0
Covington	80.9	125	179.7	26	18.1	26	5.7	1	20.6	30	0.0	0
Crenshaw	102.3	47	118.1	14	35.7	15	8.8	1	20.3	9	0.0	0
Cullman	94.2	282	116.2	5	22.1	64	29.4	1	28.4	84	0.0	0
Dale	91.1	137	160.9	31	17.8	25	25.0	5	28.1	42	0.0	0
Dallas	97.1	82	239.5	163	27.2	23	15.0	11	15.3	12	1.4	1
DeKalb	83.5	190	107.1	5	13.7	32	0.0	0	26.0	59	0.0	0
Elmore	115.8	202	128.4	37	27.2	50	31.9	11	18.9	36	6.4	2
Escambia	126.2	129	185.5	56	22.1	24	20.8	7	20.9	21	1.8	1
Etowah	107.9	408	169.6	66	20.6	76	17.5	7	22.0	82	2.3	1
Fayette	83.8	58	197.4	14	8.7	6	56.5	4	29.2	19	0.0	0
Franklin	70.9	83	162.9	8	23.1	28	0.0	0	25.3	29	0.0	0
Geneva	96.2	97	261.3	21	21.6	21	21.1	2	35.1	34	0.0	0
Greene	153.4	16	134.4	33	45.6	5	26.5	6	0.0	0	0.0	0
Hale	136.2	43	226.3	63	18.6	5	4.2	1	22.5	7	0.0	0
Henry	128.7	64	237.9	37	20.4	10	52.9	9	54.8	25	0.0	0
Houston	136.8	353	251.1	129	24.5	57	19.0	12	42.3	102	1.8	1
Jackson	68.0	133	98.4	9	12.5	24	9.3	1	29.7	53	0.0	0
Jefferson	158.3	2,608	220.5	1,428	21.6	348	17.0	121	29.1	461	0.7	5
Lamar	64.2	40	127.8	7	20.1	12	16.8	1	27.5	16	0.0	0
Lauderdale	99.3	314	174.6	40	20.4	62	17.0	4	24.3	72	0.0	0
Lawrence	93.0	94	80.0	13	21.9	23	5.6	1	18.2	20	0.0	0
Lee	101.7	197	146.3	73	9.2	17	28.4	18	18.8	40	0.0	0
Limestone	104.1	194	195.8	43	16.3	29	10.0	3	13.6	27	0.0	0
Lowndes	100.6	17	125.0	30	6.4	1	0.0	0	24.9	4	0.0	0
Macon	126.5	21	144.4	92	0.0	0	21.0	13	12.9	2	0.0	0
Madison	115.3	897	183.5	228	14.8	116	15.1	24	27.9	213	0.0	0
Marengo	67.7	34	170.7	57	22.5	12	11.5	4	9.9	5	0.0	0
Marion	79.1	98	124.5	5	19.4	24	47.7	2	21.6	26	0.0	0
Marshall	108.1	336	75.4	5	25.7	79	14.6	1	22.7	69	0.0	0
Mobile	140.2	1,364	210.8	701	21.2	206	21.1	79	32.5	308	0.5	2
Monroe	106.9	65	138.1	38	30.3	18	17.7	5	30.3	17	3.8	1
Montgomery	129.3	583	226.0	481	18.0	83	17.9	43	31.5	144	1.4	3
Morgan	169.6	601	198.3	56	22.8	81	17.7	6	24.9	89	3.1	1
Perry	94.0	19	218.6	50	27.9	6	9.5	2	17.8	4	0.0	0
Pickens	101.5	61	173.9	46	18.8	11	7.9	2	13.2	7	0.0	0
Pike	118.6	84	218.9	54	12.4	9	23.5	7	24.0	15	0.0	0
Randolph	80.6	58	126.0	17	17.4	13	7.4	1	15.9	12	0.0	0
Russell	88.2	103	140.0	80	16.4	20	14.0	9	13.5	16	0.0	0
Shelby	124.5	421	188.3	43	16.6	62	14.0	5	20.3	74	0.0	0
St.Clair	122.0	206	190.3	24	17.1	32	5.4	1	28.1	47	0.0	0
Sumter	84.5	17	95.7	28	5.1	1	10.2	3	17.0	3	0.0	0
Talladega	100.1	212	175.9	92	20.6	43	16.3	10	16.2	33	0.0	0
Tallapoosa	137.5	176	156.3	41	19.7	24	28.7	9	20.3	24	0.0	0
Tuscaloosa	108.2	444	193.7	206	15.8	63	14.6	16	32.2	131	1.2	1
Walker	111.0	290	153.9	21	17.9	49	25.1	4	21.0	55	0.0	0
Washington	118.1	54	218.8	32	12.3	5	5.7	1	24.3	11	10.3	1
Wilcox	137.5	27	204.0	51	24.1	5	6.4	2	26.9	5	0.0	0
Winston	94.3	81	97.0	1	26.6	23	95.2	1	28.4	24	0.0	0

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard. Cases with unknown counties are excluded.
 Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003.

Table 7 – Alabama Cancer Incidence Rates and Counts, by County, Females by Race, 1996-2003 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	405.5	62,462	347.4	15,488	51.8	8,316	34.9	1,522	43.3	6,984	48.6	2,152	140.7	21,239	117.9	5,227
Autauga	409.4	560	295.5	96	52.0	71	32.3	10	45.1	61	65.3	21	158.0	218	77.6	25
Baldwin	398.5	2,386	326.8	199	54.3	345	38.6	23	45.7	284	43.8	26	135.3	803	113.2	69
Barbour	376.8	290	318.7	158	53.7	43	20.8	10	40.6	34	44.1	21	125.0	93	107.8	52
Bibb	765.6	303	102.7	46	117.5	46	6.1	3	61.6	25	16.4	7	265.0	104	34.9	15
Blount	326.6	692	251.0	11	49.1	108	0.0	0	29.3	63	44.2	2	107.3	227	111.9	5
Bullock	257.2	43	295.7	98	14.8	3	27.5	8	40.6	7	33.3	14	114.2	18	95.1	29
Butler	336.5	257	283.4	105	43.0	33	17.2	6	42.4	36	41.1	16	115.8	82	87.0	31
Calhoun	427.0	1,953	429.9	369	64.5	312	42.9	37	43.4	209	62.2	52	131.3	590	144.8	124
Chambers	356.9	482	274.0	155	50.8	71	18.2	10	41.6	61	32.6	18	119.3	158	88.7	49
Cherokee	288.4	320	230.7	16	36.1	42	27.0	2	30.1	35	12.6	1	105.8	112	100.9	7
Chilton	327.7	503	335.5	56	42.1	67	36.7	6	41.9	67	42.4	7	102.7	155	123.1	21
Choctaw	235.6	110	183.7	55	35.0	17	22.1	7	34.9	17	27.1	8	73.4	34	52.8	15
Clarke	567.3	333	383.9	172	62.9	38	25.5	11	84.5	50	67.8	30	205.1	119	113.4	51
Clay	354.1	234	280.2	26	42.0	28	9.2	1	31.0	22	35.0	3	135.8	85	106.8	10
Cleburne	324.7	205	499.2	16	54.9	35	35.3	1	25.5	17	160.6	5	94.2	60	154.1	5
Coffee	362.6	624	301.3	100	43.9	78	31.2	10	34.3	62	30.6	10	125.3	208	103.3	34
Colbert	371.8	872	289.6	124	53.9	132	23.5	10	43.7	108	64.0	28	118.1	275	92.0	38
Conecuh	387.5	175	324.0	81	42.3	20	28.7	7	50.9	24	23.3	6	140.0	61	121.9	29
Coosa	399.3	164	334.9	54	46.0	20	23.7	4	51.0	22	24.2	4	149.6	62	141.7	22
Covington	350.2	633	311.3	70	51.1	95	20.5	5	40.6	79	74.0	17	117.7	203	78.5	17
Crenshaw	380.3	207	242.8	42	37.1	22	43.6	7	20.2	12	11.3	2	153.0	77	83.4	14
Cullman	376.1	1,366	240.2	12	44.6	167	18.0	1	45.7	173	23.4	1	118.7	425	77.7	4
Dale	390.6	655	364.4	124	55.5	95	50.6	17	31.9	56	45.0	15	120.2	202	113.0	38
Dallas	431.0	472	360.7	414	57.0	65	37.5	44	59.4	72	54.1	63	147.1	155	119.7	132
DeKalb	323.1	925	185.6	14	31.9	94	16.5	1	34.3	103	40.1	3	103.8	292	27.7	2
Elmore	435.5	917	371.3	152	60.7	128	47.7	17	49.4	106	57.1	22	152.9	322	85.9	38
Escambia	433.6	565	332.0	150	57.2	79	49.3	22	47.3	66	44.9	21	159.1	207	97.9	43
Etowah	363.4	1,761	358.1	230	54.8	284	56.5	36	40.0	205	48.5	32	113.6	531	120.7	76
Fayette	334.3	281	299.0	32	35.5	33	28.2	3	35.4	32	90.4	9	104.3	83	109.4	12
Franklin	350.7	516	382.7	26	45.7	70	29.7	2	42.8	65	71.2	4	109.0	156	95.5	7
Geneva	364.4	427	320.8	42	47.4	55	44.5	6	32.9	45	16.8	2	122.6	142	116.9	15
Greene	452.4	52	320.0	113	43.8	6	24.0	9	34.0	4	30.1	11	193.6	19	143.5	48
Hale	500.6	179	397.2	161	54.2	22	46.8	18	60.4	26	50.5	22	179.5	62	143.5	55
Henry	467.0	276	315.2	78	41.6	27	12.5	3	22.4	15	33.0	8	155.5	91	103.8	26
Houston	446.3	1,412	410.3	327	45.9	151	37.7	29	42.1	139	46.6	36	159.6	501	150.2	120
Jackson	377.6	883	225.4	27	43.6	107	25.3	3	39.6	95	21.7	2	120.1	278	70.7	9
Jefferson	462.5	9,954	391.3	4,047	57.8	1,330	37.2	378	48.0	1,125	54.8	566	166.6	3,439	135.2	1,388
Lamar	328.3	246	230.8	18	30.7	24	11.3	1	32.5	28	27.3	2	111.0	78	56.4	4
Lauderdale	401.0	1,583	358.2	134	42.4	176	36.3	13	42.1	175	59.1	21	145.8	559	100.5	38
Lawrence	337.7	423	283.4	62	49.3	63	19.2	4	41.2	53	60.9	13	93.0	115	81.4	18
Lee	330.3	845	234.9	223	35.8	90	22.0	20	35.1	89	23.1	22	130.6	332	79.5	74
Limestone	366.8	854	303.5	94	39.2	92	26.9	8	50.2	118	37.3	11	127.9	296	110.5	35
Lowndes	391.3	68	258.8	94	84.4	14	33.2	12	48.3	9	43.9	16	131.9	22	76.2	27
Macon	507.8	87	285.7	252	61.2	11	21.5	20	55.9	11	44.9	42	178.7	29	97.9	79
Madison	421.7	3,871	339.9	647	49.5	462	41.4	78	39.5	364	55.9	96	162.4	1,500	126.2	256
Marengo	327.4	189	314.0	165	43.3	27	21.1	11	34.6	22	49.2	26	113.9	64	110.6	55
Marion	342.6	525	356.6	16	32.1	51	24.4	1	44.7	75	35.0	2	120.1	179	87.0	4
Marshall	410.5	1,587	324.2	24	55.1	224	78.9	5	45.1	181	19.4	1	124.8	476	90.4	7
Mobile	451.0	5,458	395.4	2,006	64.6	811	41.5	207	47.9	598	55.0	273	150.8	1,795	134.2	686
Monroe	398.8	283	290.9	109	48.1	36	30.9	11	38.0	29	55.3	21	161.3	109	84.2	31
Montgomery	406.9	2,438	363.8	1,256	45.9	292	38.3	125	41.9	274	51.1	169	160.8	933	129.4	454
Morgan	454.7	2,022	469.9	209	58.2	265	44.1	19	48.1	219	64.7	27	161.6	710	142.2	67
Perry	332.3	84	261.0	92	43.6	12	35.2	11	52.9	13	42.8	16	112.8	27	83.1	28
Pickens	298.1	202	323.7	126	40.0	28	46.1	18	29.3	19	41.2	16	94.5	62	88.5	33
Pike	378.3	326	300.7	128	37.9	33	23.9	10	49.3	48	42.4	19	145.5	117	102.8	42
Randolph	300.6	264	319.7	62	35.8	35	21.1	4	31.6	31	33.7	7	93.3	77	123.4	24
Russell	352.7	511	246.3	211	54.9	84	30.4	26	37.0	56	33.1	28	109.7	160	70.1	59
Shelby	361.4	1,615	316.2	129	43.6	182	31.1	11	38.5	158	27.5	10	134.5	624	114.3	49
St Clair	433.4	913	364.6	61	69.8	151	39.3	7	52.5	111	55.6	9	130.1	272	95.9	16
Sumter	296.8	61	214.3	98	54.8	10	28.9	13	32.6	9	33.6	16	96.2	18	55.0	24
Talladega	415.7	1,064	338.8	266	55.4	154	33.2	26	43.3	116	42.8	33	140.0	349	120.1	92
Tallapoosa	382.6	615	387.6	153	43.7	77	19.8	8	41.5	73	46.5	18	136.8	212	130.0	51
Tuscaloosa	412.3	2,036	369.4	611	47.6	242	39.4	63	40.4	205	49.8	82	155.5	756	127.3	213
Walker	475.2	1,565	326.3	70	65.4	224	48.1	10	57.2	195	60.8	13	143.6	464	95.1	20
Washington	305.0	162	294.9	62	48.6	26	14.1	3	30.8	17	42.5	9	122.4	64	114.2	24
Wilcox	344.6	81	292.9	108	30.2	9	24.4	9	55.4	12	46.1	18	133.7	30	114.3	41
Winston	478.9	497	454.7	4	67.2	72	79.4	1	49.7	54	96.9	1	157.7	161	190.4	1

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard. Cases with unknown counties are excluded from the analysis.
 Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003

Table 7 (Continued) - Alabama Cancer Incidence Rates and Counts, by County, Females by Race, 1996-2003 Combined

	Cervix White		Black		Oral White		Black		Melanoma White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Alabama	8.8	1,196	13.3	606	6.6	1045	5.4	244	16.1	2,321	0.8	36
Autauga	9.6	13	5.7	2	4.1	6	8.9	3	14.1	19	0.0	0
Baldwin	8.1	41	18.6	12	6.4	37	6.0	4	14.4	79	1.8	1
Barbour	4.2	3	14.9	8	3.1	3	7.3	4	13.0	9	0.0	0
Bibb	18.5	7	4.8	2	14.7	6	2.2	1	41.1	16	0.0	0
Blount	6.4	12	0.0	0	7.7	16	0.0	0	11.4	23	0.0	0
Bullock	0.0	0	16.4	5	10.9	2	3.3	1	0.0	0	0.0	0
Butler	5.9	3	13.4	5	9.0	8	7.5	3	22.4	15	5.7	2
Calhoun	11.2	45	21.3	18	7.7	38	8.8	8	16.6	70	0.0	0
Chambers	5.7	6	15.1	9	4.4	7	7.1	4	11.4	12	1.7	1
Cherokee	2.2	2	0.0	0	8.2	9	0.0	0	4.7	5	0.0	0
Chilton	10.4	14	19.0	3	5.1	8	0.0	0	8.2	12	0.0	0
Choctaw	11.8	4	7.3	2	1.9	1	0.0	0	2.0	1	0.0	0
Clarke	17.1	9	22.2	10	4.9	3	6.8	3	18.1	10	0.0	0
Clay	13.5	7	21.1	2	6.8	4	10.8	1	9.0	5	0.0	0
Cleburne	13.7	8	0.0	0	8.8	6	0.0	0	5.6	3	0.0	0
Coffee	8.4	13	3.5	1	7.3	14	9.2	3	24.5	40	0.0	0
Colbert	6.5	12	9.0	4	7.0	15	4.8	2	10.4	23	0.0	0
Conecuh	15.2	5	15.5	4	3.9	1	0.0	0	23.2	11	3.8	1
Coosa	7.4	2	49.8	8	10.7	4	0.0	0	10.7	4	0.0	0
Covington	5.6	7	19.3	4	5.6	11	4.6	1	13.7	21	4.9	1
Crenshaw	11.2	5	12.0	2	12.6	8	8.2	1	15.0	9	0.0	0
Cullman	7.8	25	18.5	1	11.6	44	0.0	0	17.8	58	0.0	0
Dale	8.7	14	9.7	4	5.7	10	3.2	1	33.3	51	0.0	0
Dallas	11.8	9	14.0	16	10.8	13	6.0	7	16.3	13	0.0	0
DeKalb	10.3	26	0.0	0	4.2	13	0.0	0	15.1	42	15.5	1
Elmore	14.8	30	26.7	12	9.1	20	8.7	4	13.8	29	2.7	1
Escambia	4.8	5	15.8	7	6.2	8	1.4	1	29.4	31	0.0	0
Etowah	11.4	44	11.6	8	5.7	28	6.6	4	12.5	58	1.5	1
Fayette	4.7	4	0.0	0	6.6	5	9.6	1	12.4	10	0.0	0
Franklin	5.4	7	26.4	2	7.0	11	0.0	0	9.8	15	0.0	0
Geneva	13.9	12	7.9	1	8.9	10	7.6	1	28.0	31	0.0	0
Greene	18.3	1	3.1	1	0.0	0	0.0	0	7.9	1	0.0	0
Hale	19.9	6	2.5	1	14.4	5	7.9	3	29.8	8	0.0	0
Henry	4.9	2	14.0	3	7.9	6	0.0	0	53.7	25	0.0	0
Houston	10.1	29	15.8	13	6.7	22	8.8	7	27.7	80	1.4	1
Jackson	12.5	26	23.3	3	9.4	22	22.9	3	12.2	28	0.0	0
Jefferson	8.6	155	13.9	147	6.5	146	6.9	71	17.4	339	0.8	8
Lamar	17.3	10	9.9	1	8.1	6	0.0	0	18.0	12	0.0	0
Lauderdale	5.8	20	9.8	4	5.4	23	3.0	1	14.0	52	0.0	0
Lawrence	12.6	14	3.6	1	9.1	12	4.9	1	18.2	21	0.0	0
Lee	8.0	22	12.7	13	5.1	13	4.3	4	9.9	27	1.1	1
Limestone	6.8	15	10.3	3	5.2	12	3.5	1	10.8	25	0.0	0
Lowndes	7.3	1	13.9	5	9.4	2	2.7	1	4.7	1	0.0	0
Macon	35.4	4	18.0	15	4.7	1	5.9	5	9.5	1	0.0	0
Madison	6.3	57	7.9	16	5.2	47	3.2	6	16.5	150	0.0	0
Marengo	6.8	3	9.3	6	0.0	0	5.8	3	12.2	6	1.8	1
Marion	10.8	13	0.0	0	4.8	9	0.0	0	15.0	23	0.0	0
Marshall	15.1	52	0.0	0	7.0	28	0.0	0	15.3	56	0.0	0
Mobile	9.3	104	10.9	56	7.4	90	6.0	32	17.3	199	0.8	4
Monroe	13.3	8	18.8	7	3.9	3	3.2	1	19.2	13	0.0	0
Montgomery	8.0	42	14.0	52	4.1	26	4.9	16	18.9	104	0.5	2
Morgan	8.9	37	15.3	7	8.1	37	7.7	4	15.8	67	3.3	2
Perry	3.8	1	7.9	3	6.1	2	0.0	0	3.8	1	3.1	1
Pickens	1.8	1	9.5	4	6.5	5	0.0	0	18.7	13	2.5	1
Pike	10.0	7	13.4	6	3.5	3	0.0	0	17.0	12	2.4	1
Randolph	12.7	8	5.3	1	3.0	3	5.0	1	7.4	6	5.4	1
Russell	10.4	12	9.3	8	6.5	9	3.3	3	8.1	11	2.3	2
Shelby	4.4	23	13.4	6	6.2	26	0.0	0	14.8	72	0.0	0
St Clair	6.4	13	18.9	3	7.6	16	6.5	1	13.5	27	0.0	0
Sumter	5.8	1	2.4	1	2.8	1	6.2	3	12.0	2	0.0	0
Talladega	9.7	20	22.8	19	6.3	16	8.0	6	12.4	28	1.2	1
Tallapoosa	10.3	12	29.7	12	8.1	14	4.6	2	8.3	11	0.0	0
Tuscaloosa	6.7	31	14.8	26	5.9	30	4.9	8	20.7	98	0.0	0
Walker	13.9	39	10.5	2	8.3	28	5.4	1	16.7	52	0.0	0
Washington	10.3	5	21.5	5	3.6	2	0.0	0	4.3	2	0.0	0
Wilcox	10.9	2	11.5	4	0.0	0	2.3	1	12.7	2	3.4	1
Winston	6.9	6	0.0	0	10.9	11	88.0	1	21.9	21	0.0	0

Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard. Cases with unknown counties are excluded from the analysis.

Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1996-2003.

Table 8 – Alabama Cancer Incidence Rates and Counts, by County, Males and Females, by Race, 1996-2003 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	450.9	126,598	420.7	31,574	77.2	22,176	62.8	4,611	52.2	14,665	54.4	4,014	12.3	3,437	10.2	786	19.8	5,407	0.9	66
Autauga	426.8	1,059	387.3	211	78.4	192	45.8	24	52.5	125	63.5	34	8.3	22	15.4	9	18.6	49	0.0	0
Baldwin	426.0	4,845	367.9	395	67.5	806	60.4	64	51.3	584	44.5	47	10.6	119	7.6	9	18.6	198	2.0	2
Barbour	426.8	613	381.4	326	89.0	131	49.4	41	43.6	64	41.4	35	9.0	13	11.4	10	21.1	29	0.0	0
Bibb	849.3	617	101.0	86	166.6	119	14.4	14	94.6	68	14.9	12	15.1	11	4.0	3	42.7	32	0.0	0
Blount	366.3	1,434	338.3	27	75.5	301	38.6	3	40.9	159	55.7	4	10.2	40	0.0	0	14.4	56	0.0	0
Bullock	278.6	93	342.4	199	54.4	18	55.2	30	41.2	14	51.2	31	11.6	4	5.1	3	5.6	2	1.8	1
Butler	382.5	523	388.3	237	65.0	91	61.2	36	48.4	70	43.0	27	8.2	12	19.9	12	17.1	22	5.0	3
Calhoun	481.6	3,978	514.1	724	93.6	793	84.5	116	53.3	441	66.3	92	15.8	132	11.3	17	17.1	135	0.0	0
Chambers	389.5	957	332.3	312	72.5	188	51.3	47	49.8	125	36.1	33	10.9	27	10.5	10	14.6	31	2.1	2
Cherokee	361.8	756	329.4	38	64.0	139	52.7	6	41.9	88	37.8	4	13.7	27	0.0	0	4.6	10	9.4	1
Chilton	370.5	1,059	405.5	121	72.1	209	65.8	19	44.1	125	52.6	15	12.3	36	3.0	1	11.0	32	0.0	0
Choctaw	278.6	242	224.5	117	44.1	40	38.0	20	36.9	32	22.5	12	5.4	5	6.1	3	10.6	9	1.5	1
Clarke	528.8	657	365.3	375	78.4	99	54.0	56	76.6	95	60.3	62	16.2	20	6.7	7	20.5	25	1.1	1
Clay	399.0	482	347.1	54	75.5	93	67.5	10	40.6	50	25.5	4	13.7	16	12.8	2	15.1	16	0.0	0
Cleburne	363.8	422	570.4	33	69.7	82	51.5	3	39.6	46	86.2	5	11.9	14	22.1	1	10.7	12	0.0	0
Coffee	404.8	1,292	356.8	200	63.3	207	60.3	33	39.0	126	27.8	16	13.6	44	6.6	4	24.5	75	3.6	2
Colbert	413.8	1,781	335.3	241	77.7	348	54.7	39	52.8	231	70.3	50	11.6	49	9.8	7	14.3	58	1.5	1
Conecuh	430.0	372	398.5	168	68.1	61	81.6	34	61.7	56	43.8	19	11.1	8	5.2	2	27.1	23	2.3	1
Coosa	422.3	329	419.6	124	68.3	54	54.6	16	48.7	38	37.7	11	16.4	11	6.6	2	16.6	11	0.0	0
Covington	384.1	1,280	364.2	135	82.5	283	36.1	14	43.6	149	68.2	25	11.0	37	5.4	2	16.2	51	3.0	1
Crenshaw	432.8	442	315.8	91	67.4	72	66.9	19	44.1	48	33.5	10	22.4	23	8.5	2	17.9	18	0.0	0
Cullman	426.5	2,854	249.1	23	79.8	550	28.3	3	51.8	347	20.7	2	16.4	108	13.0	1	22.1	142	0.0	0
Dale	429.5	1,364	438.2	242	81.0	263	78.8	43	45.9	146	56.3	30	11.2	35	11.8	6	29.9	93	0.0	0
Dallas	457.1	878	468.1	880	81.0	160	68.8	128	63.8	125	67.3	126	18.3	36	9.6	18	15.2	25	0.5	1
DeKalb	368.6	1,908	219.5	26	59.7	317	25.6	3	43.3	224	23.1	3	8.6	45	0.0	0	19.9	101	9.4	1
Elmore	483.9	1,902	433.0	315	88.0	345	78.8	53	66.6	258	68.5	47	17.8	70	19.2	15	16.1	65	4.3	3
Escambia	484.3	1,150	401.6	317	85.6	211	72.5	57	56.4	134	44.7	35	13.3	32	10.1	8	24.3	52	1.0	1
Etowah	416.0	3,611	437.7	465	79.3	717	81.0	85	48.3	420	57.7	60	12.1	104	10.6	11	16.2	140	1.8	2
Fayette	365.3	561	385.3	72	58.4	92	36.7	7	38.7	61	81.0	15	7.6	11	26.7	5	19.8	29	0.0	0
Franklin	411.9	1,095	375.5	46	84.1	232	47.9	6	50.6	134	46.4	5	14.4	39	0.0	0	17.2	44	0.0	0
Geneva	413.0	905	455.3	99	73.9	167	91.2	20	47.4	106	45.8	9	14.5	31	13.7	3	31.4	65	0.0	0
Greene	494.2	115	399.4	241	66.3	17	54.8	35	54.9	13	43.8	26	23.6	5	11.4	6	3.9	1	0.0	0
Hale	525.5	353	453.0	314	81.4	57	69.7	47	65.9	47	56.4	40	16.3	10	6.3	4	25.2	15	0.0	0
Henry	512.1	566	388.3	161	72.7	85	36.5	15	45.0	53	39.4	16	13.7	16	22.2	9	53.0	50	0.0	0
Houston	510.6	2,907	494.7	660	81.4	471	71.8	94	50.2	287	49.9	65	13.9	79	13.3	19	33.2	182	1.7	2
Jackson	407.1	1,743	272.3	56	70.7	312	58.4	12	50.1	212	28.8	5	10.7	46	16.9	4	19.2	81	0.0	0
Jefferson	520.4	19,932	470.8	8,057	81.0	3,216	64.4	1,083	58.2	2,283	61.4	1,033	13.1	494	11.2	192	21.8	800	0.8	13
Lamar	366.0	502	313.9	43	58.4	84	42.1	6	38.3	56	50.3	7	13.1	18	7.1	1	21.4	28	0.0	0
Lauderdale	441.1	3,161	430.8	265	72.9	540	67.4	40	52.2	377	75.3	45	12.2	85	8.3	5	18.0	124	0.0	0
Lawrence	397.1	918	341.8	126	75.9	178	54.7	20	52.0	118	61.4	23	14.7	35	5.6	2	18.1	41	0.0	0
Lee	350.3	1,631	305.5	466	54.1	246	44.9	66	39.2	177	32.0	49	6.5	30	14.2	22	13.5	67	0.8	1
Limestone	403.3	1,715	354.1	194	72.2	309	41.9	22	56.3	233	49.5	26	9.8	41	6.8	4	12.1	52	0.0	0
Lowndes	393.3	135	310.0	191	88.9	30	54.0	33	45.8	16	49.1	30	8.6	3	1.5	1	14.7	5	0.0	0
Macon	468.2	163	330.7	504	71.5	25	39.7	61	58.2	22	52.1	83	2.6	1	12.4	18	10.4	3	0.0	0
Madison	453.5	7,663	410.3	1,311	71.9	1,218	61.1	192	50.2	825	57.7	172	9.6	163	8.5	30	21.1	363	0.0	0
Marengo	361.8	389	375.8	327	63.5	70	51.3	44	46.3	51	44.6	38	10.8	12	8.6	7	11.1	11	1.1	1
Marion	358.7	1,009	395.9	38	59.0	171	64.8	6	46.2	133	70.6	7	11.2	33	23.8	2	18.0	49	0.0	0
Marshall	459.0	3,235	328.3	42	85.8	624	76.8	8	52.0	365	12.1	1	15.2	107	6.7	1	18.3	125	0.0	0
Mobile	510.0	11,149	492.9	4,162	90.1	1,997	79.0	651	58.3	1,274	63.4	519	13.6	296	12.4	111	23.5	507	0.7	6
Monroe	429.7	570	368.1	240	72.4	99	49.5	32	48.3	65	54.2	35	15.3	21	9.7	6	23.3	30	1.7	1
Montgomery	445.9	4,747	456.3	2,590	67.5	738	68.2	371	49.7	536	57.7	318	10.3	109	10.1	59	24.0	248	0.7	5
Morgan	522.8	4,222	475.8	359	85.8	702	70.3	50	58.7	466	48.8	35	14.5	118	12.1	10	19.4	156	3.5	3
Perry	390.7	180	375.0	219	55.9	28	61.5	34	54.0	24	48.7	30	16.0	8	4.0	2	9.6	5	1.7	1
Pickers	367.4	466	407.0	265	70.3	93	78.7	50	34.7	42	48.5	32	11.8	16	3.4	2	16.8	20	1.5	1
Pike	411.8	650	390.2	268	61.2	99	51.3	35	61.7	99	44.5	31	7.7	12	10.0	7	19.0	27	1.5	1
Randolph	317.1	523	357.0	120	46.9	82	32.9	11	43.7	75	38.1	13	9.8	16	6.0	2	10.9	18	3.3	1
Russell	391.9	1,034	305.9	446	80.0	215	51.9	75	47.8	126	38.7	55	10.8	29	8.0	12	10.3	27	1.4	2
Shelby	404.9	3,259	368.3	247	65.3	494	52.3	31	44.8	335	26.2	17	10.8	88	6.3	5	16.9	146	0.0	0
St Clair	496.0	1,937	456.9	144	100.9	395	83.7	26	54.8	214	61.1	19	12.2	48	6.5	2	19.5	74	0.0	0
Sumter																				

Table 9 – Alabama Cancer Mortality Rates and Counts, by Site, Sex, and Race, 1999-2003 Combined

	Male and Female						Male					
	All races		White		Black		All races		White		Black	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
All Malignant Cancers	210.5	47,252	204.8	36,222	228.0	10,901	283.0	25,667	271.5	19,610	325.6	5,993
Oral Cavity and Pharynx	2.9	662	2.8	492	3.5	170	4.9	459	4.5	329	6.3	130
Digestive System	45.3	10,131	41.5	7,316	58.3	2,776	59.5	5,462	55.0	3,996	76.7	1,448
Esophagus	3.9	893	3.4	608	5.9	284	7.0	686	6.0	472	10.7	213
Stomach	4.3	953	3.3	585	7.6	363	5.9	536	4.6	331	10.7	203
Small Intestine	0.3	65	0.3	46	0.4	19	0.4	35	0.3	25	0.5	10
Colon and Rectum	19.0	4,240	17.6	3,082	24.2	1,147	23.9	2,131	22.4	1,576	29.9	548
Colon excluding Rectum	16.5	3,669	15.1	2,650	21.3	1,010	20.7	1,826	19.2	1,341	26.4	479
Rectum and Rectosigmoid Junction	2.5	571	2.5	432	2.9	137	3.3	305	3.2	235	3.6	69
Anus, Anal Canal and Anorectum	0.2	40	0.2	31	0.2	9	0.1	13	0.1	10	0.1	3
Liver and Intrahepatic Bile Duct	5.2	1,164	5.0	873	5.8	283	7.6	717	7.4	550	8.1	164
Liver	4.5	1,013	4.3	755	5.2	251	6.7	633	6.4	476	7.6	154
Intrahepatic Bile Duct	0.7	151	0.7	118	0.7	32	1.0	84	1.1	74	0.5	10
Gallbladder	0.6	128	0.5	94	0.7	32	0.5	48	0.6	41	0.3	6
Other Biliary	0.4	88	0.4	75	0.3	12	0.5	47	0.6	39	0.4	7
Pancreas	11.0	2,469	10.5	1,856	12.8	602	13.1	1,205	12.5	918	15.4	284
Other Digestive Organs	0.3	65	0.3	46	0.4	19	0.4	36	0.4	27	0.5	9
Respiratory System	65.2	14,786	66.5	11,960	58.7	2,788	100.9	9,496	100.2	7,533	102.6	1,943
Larynx	1.4	329	1.3	226	2.1	102	2.8	268	2.4	181	4.5	86
Lung and Bronchus	63.4	14,391	65.0	11,685	56.2	2,669	97.6	9,189	97.4	7,323	97.6	1,847
Bones and Joints	0.7	149	0.7	113	0.7	36	0.7	67	0.8	56	0.6	11
Soft Tissue including Heart	1.3	298	1.3	225	1.3	71	1.7	159	1.7	123	1.6	36
Skin excluding Basal and Squamous	3.4	759	4.1	716	0.9	43	5.2	479	6.3	458	1.0	21
Melanoma of the Skin	2.6	577	3.2	558	0.4	19	3.8	358	4.7	353	0.2	5
Other Non-Epithelial Skin	0.8	182	0.9	158	0.5	24	1.4	121	1.6	105	0.7	16
Breast	15.1	3,371	14.1	2,449	18.6	920	0.3	26	0.3	17	0.5	9
Female Genital System	*	*	*	*	*	*	*	*	*	*	*	*
Cervix Uteri	*	*	*	*	*	*	*	*	*	*	*	*
Corpus and Uterus, NOS	*	*	*	*	*	*	*	*	*	*	*	*
Corpus Uteri	*	*	*	*	*	*	*	*	*	*	*	*
Uterus, NOS	*	*	*	*	*	*	*	*	*	*	*	*
Ovary	*	*	*	*	*	*	*	*	*	*	*	*
Vagina	*	*	*	*	*	*	*	*	*	*	*	*
Vulva	*	*	*	*	*	*	*	*	*	*	*	*
Other Female Genital Organs	*	*	*	*	*	*	*	*	*	*	*	*
Male Genital System	*	*	*	*	*	*	37.5	2,919	29.1	1,782	70.1	1,130
Prostate	*	*	*	*	*	*	37.1	2,882	28.7	1,751	69.8	1,124
Testis	*	*	*	*	*	*	0.2	18	0.2	17	0.0	1
Penis	*	*	*	*	*	*	0.1	14	0.1	10	0.2	4
Other Male Genital Organs	*	*	*	*	*	*	0.1	5	0.1	4	0.1	1
Urinary System	7.4	1,652	7.7	1,360	6.1	287	12.0	1,068	12.8	900	9.1	166
Urinary Bladder	3.5	769	3.7	652	2.5	114	6.2	528	6.8	456	4.1	70
Kidney and Renal Pelvis	3.8	845	3.8	677	3.5	166	5.6	521	5.8	428	4.9	93
Ureter	0.1	20	0.1	19	0.0	1	0.1	10	0.1	9	0.1	1
Other Urinary Organs	0.1	18	0.1	12	0.1	6	0.1	9	0.1	7	0.1	2
Eye and Orbit	0.0	9	0.1	9	0.0	0	0.1	6	0.1	6	0.0	0
Brain and Other Nervous System	4.6	1,025	5.2	907	2.3	118	5.8	563	6.5	498	2.9	65
Endocrine System	0.7	165	0.7	124	0.8	39	0.9	81	0.9	66	0.7	13
Thyroid	0.4	94	0.4	66	0.6	27	0.5	44	0.4	32	0.7	11
Other Endocrine including Thymus	0.3	71	0.4	58	0.2	12	0.4	37	0.5	34	0.1	2
Lymphoma	8.0	1,787	8.9	1,563	4.4	219	9.8	909	10.8	788	5.7	117
Hodgkin Lymphoma	0.5	109	0.5	88	0.4	21	0.7	69	0.7	54	0.6	15
Non-Hodgkin Lymphoma	7.5	1,678	8.4	1,475	4.0	198	9.1	840	10.1	734	5.1	102
Myeloma	4.2	942	3.6	634	6.5	306	5.5	496	4.8	347	8.2	148
Leukemia	7.4	1,646	7.6	1,312	6.6	328	9.7	871	10.1	705	8.3	165
Lymphocytic Leukemia	2.2	488	2.2	379	2.2	109	3.0	261	3.1	208	2.7	53
Acute Lymphocytic Leukemia	0.4	85	0.4	65	0.3	20	0.5	49	0.5	39	0.4	10
Chronic Lymphocytic Leukemia	1.7	369	1.6	285	1.8	84	2.3	197	2.4	155	2.3	42
Myeloid and Monocytic Leukemia	2.8	619	2.9	504	2.2	111	3.5	332	3.6	272	2.8	59
Acute Myeloid Leukemia	2.1	477	2.2	386	1.7	87	2.6	245	2.6	201	2.1	43
Chronic Myeloid Leukemia	0.4	96	0.4	77	0.4	19	0.7	62	0.7	48	0.6	14
Other Leukemia	2.4	539	2.5	429	2.2	108	3.2	278	3.3	225	2.8	53
Miscellaneous Malignant Cancer	21.3	4,776	20.8	3,672	22.7	1,089	28.6	2,604	27.8	2,005	31.2	590

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

Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1999-2003

Table 9 (Continued) – Alabama Cancer Mortality Rates and Counts, by Site, Sex, and Race, 1999-2003 Combined

	Female All races		White		Black	
	Rate	Count	Rate	Count	Rate	Count
All Malignant Cancers	164.6	21,585	162.3	16,612	169.1	4,908
Oral Cavity and Pharynx	1.5	203	1.6	163	1.4	40
Digestive System	34.9	4,669	31.6	3,320	45.6	1,328
Esophagus	1.6	207	1.3	136	2.5	71
Stomach	3.1	417	2.4	254	5.4	160
Small Intestine	0.2	30	0.2	21	0.3	9
Colon and Rectum	15.7	2,109	14.3	1,506	20.6	599
Colon excluding Rectum	13.7	1,843	12.4	1,309	18.2	531
Rectum and Rectosigmoid Junction	2.0	266	1.9	197	2.3	68
Anus, Anal Canal and Anorectum	0.2	27	0.2	21	0.2	6
Liver and Intrahepatic Bile Duct	3.4	447	3.1	323	4.1	119
Liver	2.9	380	2.7	279	3.4	97
Intrahepatic Bile Duct	0.5	67	0.4	44	0.8	22
Gallbladder	0.6	80	0.5	53	0.9	26
Other Biliary	0.3	41	0.3	36	0.1	5
Pancreas	9.4	1,264	8.9	938	10.9	318
Other Digestive Organs	0.2	29	0.2	19	0.3	10
Respiratory System	40.5	5,290	43.2	4,427	29.8	845
Larynx	0.5	61	0.4	45	0.6	16
Lung and Bronchus	39.8	5,202	42.6	4,362	29.0	822
Bones and Joints	0.6	82	0.6	57	0.8	25
Soft Tissue including Heart	1.1	139	1.1	102	1.1	35
Skin excluding Basal and Squamous	2.2	280	2.6	258	0.8	22
Melanoma of the Skin	1.7	219	2.1	205	0.5	14
Other Non-Epithelial Skin	0.4	61	0.5	53	0.3	8
Breast	26.2	3,345	24.6	2,432	31.1	911
Female Genital System	16.7	2,172	15.7	1,586	20.0	580
Cervix Uteri	3.1	380	2.4	219	5.4	159
Corpus and Uterus, NOS	3.7	485	2.8	288	6.8	196
Corpus Uteri	1.7	229	1.4	143	3.0	85
Uterus, NOS	1.9	256	1.4	145	3.8	111
Ovary	9.2	1,200	9.8	994	7.1	203
Vagina	0.3	39	0.3	31	0.3	8
Vulva	0.4	49	0.4	43	0.2	6
Other Female Genital Organs	0.1	19	0.1	11	0.3	8
Male Genital System	*	*	*	*	*	*
Prostate	*	*	*	*	*	*
Testis	*	*	*	*	*	*
Penis	*	*	*	*	*	*
Other Male Genital Organs	*	*	*	*	*	*
Urinary System	4.3	584	4.4	460	4.2	121
Urinary Bladder	1.8	241	1.8	196	1.5	44
Kidney and Renal Pelvis	2.4	324	2.4	249	2.5	73
Ureter	0.1	10	0.1	10	0.0	0
Other Urinary Organs	0.1	9	0.0	5	0.1	4
Eye and Orbit	0.0	3	0.0	3	0.0	0
Brain and Other Nervous System	3.6	462	4.2	409	1.8	53
Endocrine System	0.7	84	0.6	58	0.9	26
Thyroid	0.4	50	0.3	34	0.5	16
Other Endocrine including Thymus	0.3	34	0.3	24	0.3	10
Lymphoma	6.6	878	7.5	775	3.4	102
Hodgkin Lymphoma	0.3	40	0.4	34	0.2	6
Non-Hodgkin Lymphoma	6.3	838	7.1	741	3.3	96
Myeloma	3.3	446	2.7	287	5.5	158
Leukemia	5.8	775	5.9	607	5.5	163
Lymphocytic Leukemia	1.7	227	1.6	171	1.9	56
Acute Lymphocytic Leukemia	0.3	36	0.3	26	0.3	10
Chronic Lymphocytic Leukemia	1.2	172	1.2	130	1.4	42
Myeloid and Monocytic Leukemia	2.2	287	2.3	232	1.8	52
Acute Myeloid Leukemia	1.8	232	1.9	185	1.5	44
Chronic Myeloid Leukemia	0.3	34	0.3	29	0.2	5
Other Leukemia	1.9	261	2.0	204	1.8	55
Miscellaneous Malignant Cancer	16.4	2,172	16.0	1,667	17.2	499

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

Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1999-2003

Table 10 – Trends in Alabama Cancer Mortality, Select Sites, 1999-2003 Females

Females									
Cervix					Breast				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	2.5	0.3	1.9	3.3	1999 Rate	26.3	1.0	24.4	28.5
2000 Rate	3.7	0.4	3.0	4.6	2000 Rate	26.1	1.0	24.2	28.2
2001 Rate	3.3	0.4	2.6	4.1	2001 Rate	27.7	1.0	25.7	29.8
2002 Rate	3.0	0.3	2.3	3.7	2002 Rate	25.7	1.0	23.8	27.8
2003 Rate	2.9	0.3	2.3	3.7	2003 Rate	25.4	1.0	23.5	27.4

Males				
Prostate				
	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	40.1	1.7	36.9	43.5
2000 Rate	37.7	1.6	34.6	40.9
2001 Rate	38.7	1.6	35.6	42.1
2002 Rate	36.1	1.6	33.1	39.4
2003 Rate	33.2	1.5	30.3	36.3

Males and Females									
Colorectal					Lung				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	19.4	0.7	18.1	20.7	1999 Rate	63.8	1.2	61.5	66.2
2000 Rate	19.1	0.7	17.8	20.4	2000 Rate	62.0	1.2	59.7	64.3
2001 Rate	18.8	0.6	17.6	20.1	2001 Rate	62.0	1.2	59.8	64.4
2002 Rate	18.6	0.6	17.4	19.9	2002 Rate	63.6	1.2	61.3	66.0
2003 Rate	19.2	0.7	17.9	20.5	2003 Rate	65.6	1.2	63.3	68.0

Melanoma					Oral Cavity & Pharynx				
	Rate/Trend	SE	Lower CI	Upper CI		Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	2.4	0.2	2.0	2.9	1999 Rate	3.1	0.3	2.6	3.7
2000 Rate	2.4	0.2	2.0	2.9	2000 Rate	3.1	0.3	2.6	3.6
2001 Rate	2.6	0.2	2.2	3.2	2001 Rate	2.6	0.2	2.2	3.1
2002 Rate	2.7	0.2	2.3	3.3	2002 Rate	2.7	0.2	2.3	3.3
2003 Rate	2.7	0.2	2.2	3.2	2003 Rate	3.2	0.3	2.7	3.8

All Sites				
	Rate/Trend	SE	Lower CI	Upper CI
1999 Rate	215.6	2.2	211.3	220.0
2000 Rate	208.8	2.2	204.6	213.1
2001 Rate	210.0	2.2	205.8	214.3
2002 Rate	208.4	2.2	204.2	212.7
2003 Rate	209.8	2.2	205.6	214.0

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

Source: Alabama Statewide Cancer Registry (ASCR), 2005. Data Years: 1999-2003

TABLE 11 - Tobacco Use, Adults 18 and Older, Alabama and the U.S., 2003

Current Cigarette Smoking	Alabama	United States
% Total	25.4%	22.4%
% Male	28.5%	25.1%
% Female	22.5%	19.8%
% White only, non-Hispanic	25.5%	22.6%
% Black only, non-Hispanic	24.3%	23.8%
% Other race, non-Hispanic	34.8%	22.4%
% Hispanic	21.4%	18.5%
% Low Education*	33.4%	28.8%

Current cigarette smoking: having ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular)

* Adults 25 years old and older with less than a high school education

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

TABLE 12 - Tobacco Use, High School Students (Grades 9-12), Alabama and the U.S., 2003

Current Cigarette Smoking	Alabama	United States
% Total	24.7%	21.9%
% Male	24.2%	21.8%
% Female	25.3%	21.9%
Current Smokeless Tobacco Use	Alabama	United States
% Male	10.5%	6.7%

Current cigarette smoking: smoked cigarettes on 1 or more of the 30 days preceding the survey. Current Smokeless Tobacco Use defined as used chewing tobacco or snuff on 1 or more of the 30 days preceding the survey

Source: Youth Risk Behavior Surveillance System, 2003, Centers for Disease Control and Prevention.

TABLE 13 - Tobacco Use, High School Students (Grades 9-12), by Race, Alabama and the U.S., 2003

Current Cigarette Smoking	Alabama	United States
% Total	24.7%	21.9%
% Black non-Hispanic	15.3%	15.1%
% White non-Hispanic	29.6%	24.9%

Current cigarette smoking: smoked cigarettes on 1 or more of the 30 days preceding the survey.

Source: Youth Risk Behavior Surveillance System, 2003, Centers for Disease Control and Prevention.

TABLE 14 - Colorectal Cancer Screening, Adults 50 and Older, Alabama and the U.S., 2002

Sigmoidoscopy/Colonoscopy within the Past 5 Years	Alabama	United States
% Total	39.8%	40.5%
% 50-64 years old	36.3%	35.0%
% 65 years and older	44.5%	47.7%
% Male	41.3%	41.7%
% Males 50-64 years old	37.8%	35.8%
% Males 65 years and older	46.5%	50.8%
% Female	38.7%	39.5%
% Females 50-64 years old	34.8%	34.1%
% Females 65 years and older	43.1%	45.6%
% White only, non-Hispanic	39.7%	41.7%
% Black only, non-Hispanic	38.9%	40.3%
% Other race, non-Hispanic	--	33.5%
% Hispanic	--	31.7%
% Low Education*	36.6%	32.5%
Fecal Occult Blood Test within the Past Year	Alabama	United States
% Total	18.4%	21.8%
% 50-64 years old	16.2%	18.9%
% 65 years and older	21.2%	25.4%
% Male	17.7%	22.4%
% Males 50-64 years old	13.7%	19.2%
% Males 65 years and older	23.8%	27.4%
% Female	18.9%	21.2%
% Females 50-64 years old	18.6%	18.7%
% Females 65 years and older	19.4%	24.1%
% White only, non-Hispanic	19.0%	22.8%
% Black only, non-Hispanic	17.0%	20.9%
% Other race, non-Hispanic	--	15.1%
% Hispanic	--	14.2%
% Low Education*	16.2%	15.9%

* Adults 50 years old and older with less than a high school education

-- Data not displayed when 50 or fewer survey respondents in that category

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

TABLE 15 – Fruit and Vegetable Intake, Adults 18+ and Youth Grades 9-12, Alabama and the U.S., 2003

Consume 5 or More Fruits and Vegetables per Day	Alabama	United States
Adults (2003):		
% Total	22.4%	23.6%
% Male	20.1%	18.6%
% Female	24.5%	28.2%
% White only, non-Hispanic	22.8%	23.7%
% Black only, non-Hispanic	20.9%	22.1%
% Other race, non-Hispanic	20.1%	26.7%
% Hispanic	22.3%	22.0%
% Low Education*	16.7%	19.4%
Youth Grades 9-12 (2003):		
% Total	14.5%	22.0%
% Male	15.3%	23.6%
% Female	13.6%	20.3%
% White only, non-Hispanic	10.1%	20.5%
% Black only, non-Hispanic	22.7%	23.2%

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

TABLE 16 - Physical Inactivity, Adults 18+ and Youth Grades 9-12, Alabama and the U.S., 2003

No Physical Activity	Alabama	United States
Adults (2003):		
% Total	30.0%	24.3%
% Male	25.7%	21.8%
% Female	33.8%	26.7%
% White only, non-Hispanic	27.1%	21.5%
% Black only, non-Hispanic	38.2%	31.8%
% Other race, non-Hispanic	29.2%	23.5%
% Hispanic	41.5%	34.8%
% Low Education*	52.1%	48.1%
Youth Grades 9-12 (2003)		
% Total	39.3%	33.4%
% Male	32.4%	26.9%
% Female	46.6%	40.1%
% White only, non-Hispanic	35.9%	31.0%
% Black only, non-Hispanic	44.9%	41.2%

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

TABLE 17 - Overweight**, Adults 18+ and Youth Grades 9-12, Alabama and the U.S., 2003

Overweight **	Alabama	United States
Adults (2003):		
% Total	63.3%	59.4%
% Male	70.0%	67.4%
% Female	57.0%	51.4%
% White only, non-Hispanic	61.3%	58.2%
% Black only, non-Hispanic	70.2%	68.5%
% Other, non-Hispanic	74.3%	47.1%
% Hispanic	64.2%	64.6%
% Low Education*	66.4%	68.6%
Youth Grades 9-12 (2003):		
% Total	13.5%	12.1% %
% Male	15.7%	15.7%
% Female	11.1%	8.3%
% White only, non-Hispanic	10.8%	10.4%
% Black only, non-Hispanic	18.4%	16.2%

* Adults 25 years old and older with less than a high school education

** BMI ≥ 25.0 kg/m²

Source: Adult Data: American Cancer Society Community Assessment ETOOL Version 3.0: Behavioral Risk Factor Surveillance System Public Use Data File 2003, Centers for Disease Control and Prevention. Youth Data: Youth Risk Behavior Surveillance System, 2003, National Center for Chronic Disease Prevention and Health promotion, Centers for Disease Control and Prevention.

TABLE 18 - Breast Cancer Screening, Women 40 and Older, Alabama and the U.S., 2002

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

* Women 40 years old and older with less than a high school education

-- Data not displayed when 50 or fewer survey respondents in that category

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

TABLE 19 - Prostate Cancer Screening, Men Age 50 and Older, Alabama and the U.S., 2002

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

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

*Men 50 years old and older with less than a high school education

-- Data not displayed when 50 or fewer survey respondents in that category

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

TABLE 20 - Cervical Cancer Screening, Women 18 and Older, Alabama and the U.S., 2002

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

*Women 25 years old and older with less than a high school education

-- Data not displayed when 50 or fewer survey respondents in that category

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

TABLE 21 - Five-Year Survival Rates* by Stage at Diagnosis, U.S., 1995-2000

Site	All Stages %	Local %	Regional %	Distant %	Site	All Stages %	Local %	Regional %	Distant %
Breast	87.7	97.5	80.4	25.5	Ovary	44.0	93.5	68.8	28.5
Colon & rectum	63.4	89.9	67.3	9.6	Pancreas	4.4	15.2	6.8	1.8
Esophagus	14.3	29.3	13.3	3.1	Prostate†	99.3	100.0	-	33.5
Kidney	63.9	91.1	59.1	9.3	Stomach	23.3	58.4	22.5	3.1
Larynx	65.1	83.7	48.7	18.7	Testis	95.9	99.4	95.9	71.8
Liver	8.3	18.4	6.2	2.9	Thyroid	96.5	99.6	96.3	61.0
Lung & bronchus	15.2	49.4	16.1	2.1	Melanoma	90.5	97.6	60.3	16.2
Urinary bladder	81.7	94.1	48.8	5.5	Uterine cervix	72.7	92.2	53.3	16.8
Oral cavity	58.7	81.0	50.7	29.5	Uterine corpus	84.4	95.8	67.0	25.6

*Rates are adjusted for normal life expectancy and are based on cases diagnosed from 1995-2000, followed through 2001. †The rate for local stage represents local and regional stages combined. **Local:** An invasive malignant cancer confined entirely to the organ of origin. **Regional:** A malignant cancer that 1) has extended beyond the limits of the organ of origin directly into surrounding organs or tissues; 2) involves regional lymph nodes by way of lymphatic system; or 3) has both regional extension and involvement of regional lymph nodes. **Distant:** A malignant cancer that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis to distinct organs, tissues, or via the lymphatic system to distant lymph nodes.
Source: American Cancer Society, *Cancer Facts & Figures 2005*, National Home Office, GA: American Cancer Society. (Surveillance, Epidemiology, and end results Program, 1975-2001, Division of Cancer Control and Population Sciences, National Cancer Institute, Bethesda, MD.)



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



1.800.ACS.2345
www.cancer.org