Cancer Facts and Figures 2003

ALABAMA

American Cancer Society®

The American Cancer Society is the nationwide, community-

based, voluntary health organization dedicated to eliminating

cancer as a major health problem by preventing cancer, saving

lives and diminishing suffering from cancer, through research,

education, advocacy and service.

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February 10, 2003

Dear Colleague:

I am pleased to introduce *Alabama's Cancer Facts & Figures*, the first annual report of the Alabama Statewide Cancer Registry (ASCR) produced in collaboration with the American Cancer Society (ACS), and would like to gratefully acknowledge the assistance from the ACS in producing this publication.

This report contains cancer incidence data, collected by the ASCR, for cases diagnosed 1996-2000, and is the first report that provides rates age-adjusted using the recommended year 2000 standard population. County-specific rates are provided by race and sex for the most commonly diagnosed cancers and those for which public health interventions exist to reduce the cancer burden: lung, colon/rectum, female breast, prostate, cervix, oral, and melanoma. Additional information on age-adjustment is included in this report.

The success of the ASCR is a collaborative effort and I wish to recognize the dedication of hospital cancer registrars, physicians and their staff members, Department of Public Health personnel, and the many other people who make cancer registration possible.

I hope this report will prove to be a valuable resource for everyone interested in reducing the cancer burden on Alabama residents. Your comments and suggestions are welcome. Please feel free to visit our website at www.adph.org/cancer_registry to view this and other cancer-related reports, or to contact us with your comments or suggestions.

Sincerely,

Reda J. Wilson, RHIT, CTR, MPH
Director, Alabama Statewide Cancer Registry

Working Together To Eliminate Cancer

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

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

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

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

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

Sincerely,

Scott Dillard
American Cancer Society
State Vice President, Alabama

Who Should Use Cancer Facts & Figures?

The purpose of Cancer Facts and 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.

The publication was developed in collaboration with the Alabama Department of Public Health. Data provided were the most recent data available at the time of publication. This publication will provide an overview of cancer control issues in Alabama and in no way replaces the relevance or need for reports of the individual state data centers. Cancer Facts and 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.

2015 Challenge Goals for Controlling Cancer

- To double the number of lives saved from cancer.
- To facilitate the continued decline in new cases of cancer.
- To advocate for the highest quality of life for cancer patients and their families.
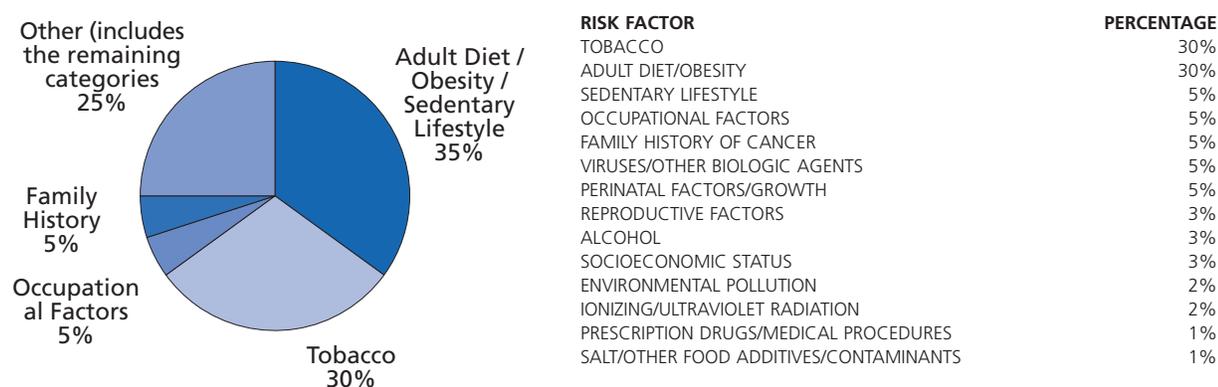
What is Cancer?

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. By following American Cancer Society screening guidelines, cancer can 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, and avoiding use of tobacco products and environmental tobacco smoke.

Who is at Risk?

Everyone is at risk of developing cancer. This risk increases as individuals age; most cancers are diagnosed among adults middle-aged or older. Nearly 80% of all cancers are diagnosed at ages 55 and older. In the United States, men have a one in two chance of developing cancer over the course of a lifetime, and for women over the course of a lifetime, the chance is one in three. This is one's lifetime risk. The risk can be affected further by causal factors, such as tobacco use or a family history of cancer. For example, smokers are ten times more likely to develop lung cancer than nonsmokers. Women who have a first-degree relative (mother or sister) with a history of breast cancer are twice as likely to develop breast cancer as women with no family history. The strength of the relationship between causal factors such as these and a particular cancer is known as relative risk.

Figure 1 – Factors Causing Cancer in the United States

RISK FACTOR	PERCENTAGE
TOBACCO	30%
ADULT DIET/OBESITY	30%
SEDENTARY LIFESTYLE	5%
OCCUPATIONAL FACTORS	5%
FAMILY HISTORY OF CANCER	5%
VIRUSES/OTHER BIOLOGIC AGENTS	5%
PERINATAL FACTORS/GROWTH	5%
REPRODUCTIVE FACTORS	3%
ALCOHOL	3%
SOCIOECONOMIC STATUS	3%
ENVIRONMENTAL POLLUTION	2%
IONIZING/ULTRAVIOLET RADIATION	2%
PRESCRIPTION DRUGS/MEDICAL PROCEDURES	1%
SALT/OTHER FOOD ADDITIVES/CONTAMINANTS	1%

"SOURCE: CANCER CAUSES & CONTROL, HARVARD REPORT ON CANCER PREVENTION, 1996"

*Other factors includes viruses, growth & reproductive factors, alcohol, socioeconomic status, environmental pollution & radiation, prescription drugs/medical procedures, and food additives/salt/contaminants.
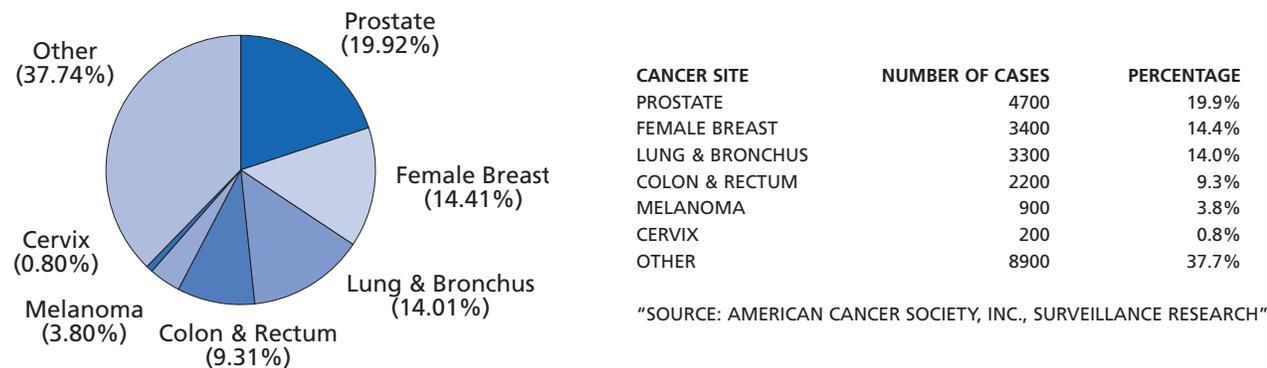
Call to Action

Studies suggest that avoiding tobacco and leading a healthy lifestyle could prevent two-thirds of the 9.800 cancer deaths expected to occur in 2003. (Source: Cancer Causes & Control, Harvard Report on Cancer Prevention, 1996)

How Many Cancer Cases Can We Expect This Year?

An estimated 1,334,100 new cases of cancer (excluding non-melanoma skin cancer and carcinoma in situ except urinary bladder) are expected to occur in the United States in 2003. In Alabama, there will be approximately 23,600 new cancer cases this year. Thus, 64 people each day will hear that they have been diagnosed with cancer. These cancers will be the focus of this publication.

Figure 2 – Percentage of Estimated New Cancer Cases, Alabama 2003

CANCER SITE	NUMBER OF CASES	PERCENTAGE
PROSTATE	4700	19.9%
FEMALE BREAST	3400	14.4%
LUNG & BRONCHUS	3300	14.0%
COLON & RECTUM	2200	9.3%
MELANOMA	900	3.8%
CERVIX	200	0.8%
OTHER	8900	37.7%

"SOURCE: AMERICAN CANCER SOCIETY, INC., SURVEILLANCE RESEARCH"

How Many Cancer Deaths Can We Expect This Year?

Slightly more than half a million people will die from cancer (excluding non-melanoma skin cancer and carcinoma in situ except urinary bladder) in the United States during 2003. That is more than 1,500 people each day. Cancer is the second leading cause of death in the United States, exceeded only by heart disease. One out of every four deaths in the U.S. is from cancer. In Alabama, there will be approximately 9,800 cancer deaths this year, or 27 per day.

Figure 3 – Percentage of Estimated Cancer Deaths, Alabama 2002

CANCER SITE	NUMBER OF CASES	PERCENTAGE
LUNG & BRONCHUS	3000	30.6%
COLON & RECTUM	900	9.2%
FEMALE BREAST	600	6.1%
PROSTATE	600	6.1%
OTHER	4700	48.0%

"SOURCE: AMERICAN CANCER SOCIETY, INC., SURVEILLANCE RESEARCH"
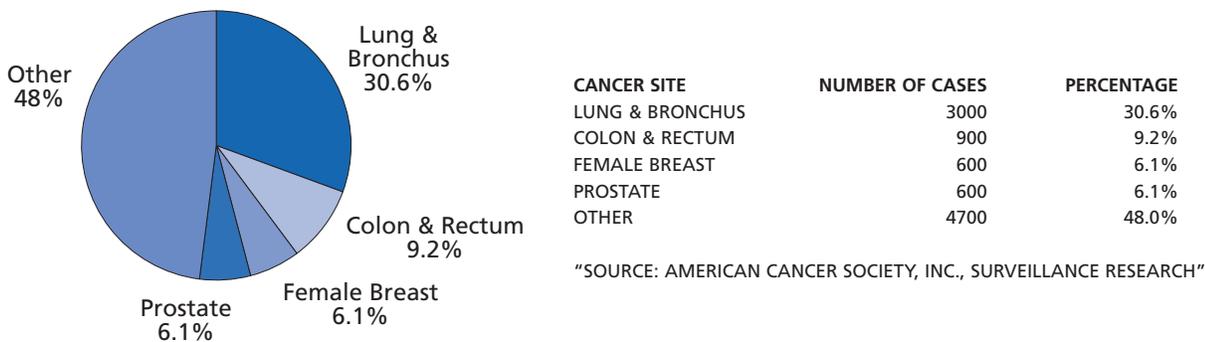
Lung Cancer Incidence in Alabama Residents

The rate of new lung cancer cases among Alabama residents is 71.6 per 100,000 for both genders combined (1996-2000). This is significantly higher than the United States average rate of 63.9 per 100,000 (1996-2000). Calhoun and Marhsall Counties have lung cancer rates that are significantly higher than the statewide rate for both genders combined, while Cherokee, Choctaw, Lee, Macon, and Randolph Counties have significantly lower rates. (See Tables 3-8 on pages 36-43 for additional county-level data.) When looking at gender-specific rates, men in Alabama experience a much higher rate of lung cancer incidence than women - 108.7 per 100,000 versus 45.1 per 100,000 respectively.

Between 1996-2000, the rate of new cases of lung cancer has declined significantly (19.0%) among Alabama men. The rate of new cases decreased for Alabama women also. Between 1996-2000, the rate decreased 10%.

*Per 100,000, age-adjusted to the 2000 United States standard population. Significance determined by comparison of 95% Confidence Intervals. Source: Alabama Statewide Cancer Registry, 2002.

Adult Prevalence of Cigarette Smoking in Alabama

Nearly 97% of lung cancer cases are due to cigarette smoking.

25.2% of Alabama adults 18 and older are current smokers. Smoking prevalence varies by race and ethnicity, age, and educational attainment. 24.6% White non-Hispanic smoke compared to 19.8% Black non-Hispanic. Females, age 18-44, have higher smoking rates than other age groups (27.9%). 29.7% of adults with less than a high school education smoke. (See Table 9 on page 44 for detailed data.)

Figure 4 – Current Tobacco Use, Adults Age 18+, by Age, Alabama 2000

*Adults 18+ who have ever smoked 100 cigarette and are current smokers (regular and irregular) Source: Behavioral Risk Factor Surveillance Systen Public Use Data File, 2001, Centers for Disease Control and Prevention.

32.3% 32.5% 28.7% 24.7% 23.0%

Youth Prevalence of Cigarette Smoking in Alabama

When looking at current cigarette smoking (smoked cigarettes on one or more of the 30 days preceding the survey) among high school students, nearly 30.2% of youth surveyed were current smokers. When comparing genders, 32.5% of males compared to 27.8% of females were current smokers. The rate among middle school students is 19.1%. (See Tables 10 & 11 on page 44 for detailed data.)

Source: Youth Tobacco Survey, 2000, Centers for Disease Control and Prevention

Colorectal Cancer Incidence in Alabama Residents

The rate of new colorectal cancer cases among Alabama residents is 48.2 per 100,000 for both genders combined (1996-2000). This is lower than the United States average rate of 54.2 per 100,000 (1996-2000). Dallas County has a significantly higher rate of new colorectal cases than Alabama for both genders combined, while Russell County has a significantly lower rate. (See Tables 3-8 on pages 36-43 for additional county-level data.)

When looking at gender-specific rates, men in Alabama experience a higher rate of colorectal cancer incidence than women - 57.8 per 100,000 versus 41.2 per 100,000 respectively. Between 1996-2000, the rate of new cases of colorectal cancer declined 7.0% among Alabama men. Among Alabama women, the rate of new colorectal cancer cases declined 8.0% between 1996-2000. (See Figures 15 &16 on pages 20.)

Studies suggest that this decline may be due to increased and improved screening. Routine screening greatly increases the chances of finding and treating polyps before they develop into cancer. It also increases the chance of diagnosing colorectal cancer at an earlier, more treatable stage. When diagnosed early at a localized stage, colorectal cancer has a five-year survival rate of 90%.
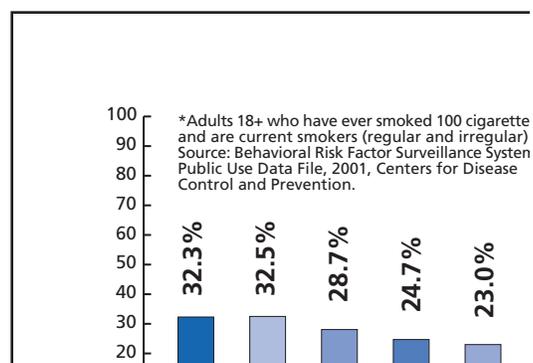
*Per 100,000, age-adjusted to the 2000 United States standard population. Significance determined by comparison of 95% Confidence Intervals. Source: Alabama Stateweide Cancer Registry, 2002.

American Cancer Society Screening Recommendations for Colorectal Cancer

Beginning at age 50, men and women at average risk should follow one of the examination schedules below:
1. Fecal Occult Blood Test (FOBT) every year, or
2. Flexible sigmoidoscopy every five years*, or
3. FOBT every year and flexible sigmoidoscopy every five years*, (Of these three options, the ACS prefers option 3) or
4. Double-contrast barium enema every 5 years*, or
5. Colonoscopy every 10 years*.
*A digital rectal exam (DRE) should be done at the same time as sigmoidoscopy, colonoscopy, or double-contrast barium enema. People who are at increased risk for colorectal cancer should talk with a doctor about a different testing schedule.

Colorectal Cancer Screening in Alabama

There are several types of screening tests 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). Beginning at age 50, all adults should discuss these screening options with their physicians. Adults who are at increased risk for colorectal cancer because of their personal or family history should talk to their physicians about beginning screening at an earlier age.

Figure 5 indicates that fewer Alabama males received a sigmoidoscopy or colonoscopy within the past 5-years than females in 2001 (35.2% versus 39.1% respectively). However, Figure 6 indicates that more Alabama males than females received a FOBT within the past year in 2001 (7.2% versus 6.7% respectively). The same pattern can be seen with increasing age. Colorectal cancer screening also varies with race as well as with education. (See Table 12 on page 45 for detailed data.)

Figure 5 – Sigmoidoscopy / Colonoscopy in Past 5 Years by Gender, Alabama, 2001

Source: Behavioral Risk Factor Surveillance System Public Use Data File, 2001, Centers for Disease Control and Prevention.

35.2% % Male
39.1% % Female
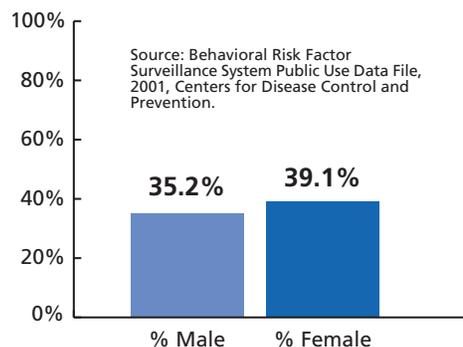
Figure 6 - Fecal Occult Blood Test in Past Year by Gender, Alabama, 2001

Source: Behavioral Risk Factor Surveillance System Public Use Data File, 2001, Centers for Disease Control and Prevention.

7.2% % Male
6.7% % Female
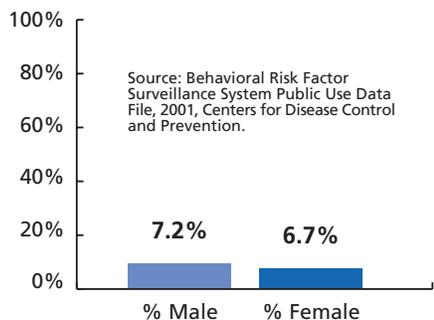
Risk Factors for Colorectal Cancer

- Personal or family history of colorectal cancer or polyps
- Inflammatory bowel disease
- Consumption of red meat
- Lack of screening leading to decreased diagnosis and treatment of colorectal polyps
- Physical inactivity

Other possible risk factors may include:
- Obesity
- Alcohol
- Smoking

Only about 23% of Alabama adults eat the recommended number of fruits and vegetables each day. Only one-third of Alabama adults are physically active on a regular basis. Women are slightly more likely to participate in some type of moderate physical activity than men. White non-Hispanic individuals are more likely than Black non-Hispanics to eat five fruits and vegetables a day. White non-Hispanic individuals are more likely than Black non-Hispanics to participate in moderate physical activity. (See Tables 13 & 14 on page 46 for detailed data.)

Figure 7 – Nutrition* and Physical Activity**, Alabama Adults 18 and Older, 1994 - 2000

Source: Behavioral Risk Factor Surveillance System Public Use Data File, 2001, Centers for Disease Control and Prevention.
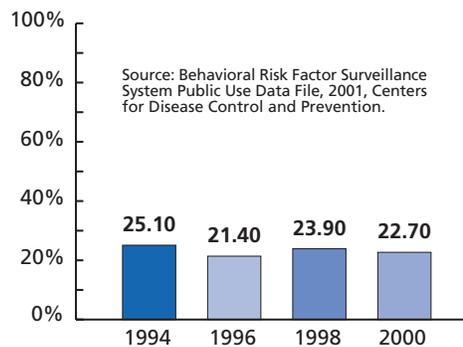
*Five A Day - percent of adults eating five or more fruits and vegetables a day; ** Physical Activity - at least 5 times per week, 30 minutes or more per session.

According to the Youth Risk Behavior Survey, the majority of Alabama youth participate in at least some type of physical activity. A larger percentage of male youth participate in physical activity than female youth. Only about 13.1% of Alabama youth eat the recommended number of fruits and vegetables each day.

Figure 8 – Moderate* and Vigorous** Physical Activity, High School Students, by gender, 2001

Source: Behavioral Risk Factor Surveillance System Public Use Data File, 2001, Centers for Disease Control and Prevention.
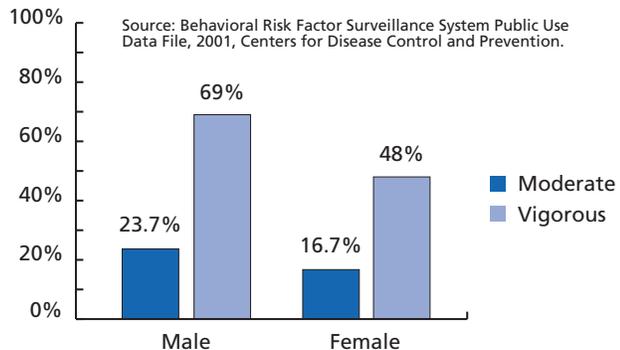
*Moderate - activities that did not cause sweating or hard breathing (such as fast walking) for 30 minutes or more on five or more of the seven days preceding the survey. ** Vigorous - activities causing sweating and hard breathing (such as running) for 20 minutes or more on three or more of the seven days preceding the survey.

Overweight* in Alabama Adults

According to the Behavioral Risk Factor Survey in 2000, 69% of Alabama men and 54.7% of women were overweight as determined by body mass index (BMI) - the ratio of weight to height. 60.5% of white, non-hispanic persons were overweight compared to 69.2% of black, non-hispanic persons. Regular physical activity and improved dietary habits would help to reduce overweight and obesity, thereby decreasing the number of people at risk for colorectal cancer and other cancers related to diet and exercise.

*BMI of 25.0 kg/m2 or greater. Source: Behavioral Risk Factor Surveillance System Public Use Data File 2001, Centers for Disease Control and Prevention.

Call to Action

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

Female Breast Cancer Incidence in Alabama Females

The rate of new female breast cancer cases among Alabama women is 113.8 per 100,000 (1996-2000). This is significantly lower than the United States average rate of 132.1 per 100,000 (1996-2000). In 2000, the percentage of women 40 and older who had a mammogram within the past year in Alabama was 58.5% compared to a U.S. average of 62.6%. Greene County has a significantly higher rate of female breast cancer incidence than the statewide average, while Choctaw County has a significantly lower rate. (See Tables 5 & 7 on pages 37 & 40 for additional county-level data.)

Between 1996-2000, the rate of new cases of female breast cancer decreased slightly (5.0%) among Alabama women. (See Figures 15 on page 20.) When breast cancers are detected early in the localized stage, the relative five-year survival rate is 97%, compared to a rate of 21% for cancers detected late.

*Per 100,000, age-adjusted to the 2000 United States standard population. Significance determined by comparison of 95% Confidence Intervals. Source: Alabama Statewide Cancer Registry, 2002.

American Cancer Society Screening Recommendations for Breast Cancer

Women age 40 years and older
- Annual mammogram
- Annual clinical breast examination by a health care professional (close to and preferably before the scheduled mammogram)
- Monthly breast self-examination

Women age 20-39 years:
- Clinical breast examination by a health care professional every 3 years
- Monthly breast self-examination

Mammography is able to detect the earliest sign of breast cancer before it can be felt or seen physically.

Breast Cancer Screening in Alabama

Overall, 58.5% of women age 40 and older received a mammogram within the past year in Alabama. Women of White non-Hispanic origin were screened at a lower rate than Black non-Hispanic women (57.8% versus 63.0% respectively). (See Table 15 on page 47 for detailed data.)

Figure 9 – Mammography within the Past Year, Alabama Women Age 40+

Source: Behavioral Risk Factor Surveillance System Public Use Data File, 2000, Centers for Disease Control and Prevention.

58.5% 56.5% 62.4%

40+   40-64   65+
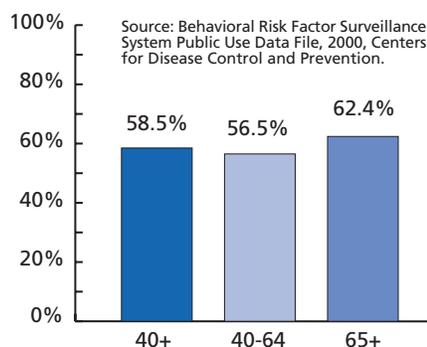
Risk Factors for Breast Cancer

- Increasing age
- Personal or family history of breast cancer
- Biopsy-confirmed atypical hyperplasia
- Long menstrual history (menstrual periods that started early and ended late in life)
- Obesity after menopause
- Recent use of oral contraceptives or post-menopausal estrogens and progestins
- Never having children or having the first child after age 30
- Consuming alcohol beverages

Call to Action

Nearly all breast cancers can be treated successfully if diagnosed early. All women age 40 and older should have an annual mammogram and clinical breast exam, in addition to doing monthly breast self-examination.

Prostate Cancer Incidence in Alabama Males

The rate of new cases of prostate cancer in Alabama declined slightly at 5.0% between 1996-2000. (See Figure 16 on page 20.) However, Alabama still has a significantly lower incidence rate (1996-2000) of prostate cancer (121.5 per 100,000) than the United States average (179.0 per 100,000) This lower rate in Alabama is believed to be due to under-reporting to the ASCR. Relative five-year survival for prostate cancer is 100% when the cancer is diagnosed and treated at the local or regional stages. Nearly 80% of all prostate cancers are diagnosed locally or regionally.

Greene County has a significantly higher rate of prostate cancer incidence than the Alabama average. Choctaw County has a significantly lower rate than the state average. (See Tables 4 & 6 on pages 36 & 38 for additional county-level data.)

*Per 100,000, age-adjusted to the 2000 United States standard population. Significance determined by comparison of 95% Confidence Intervals. Source: Alabama Statewide Cancer Registry, 2002.

American Cancer Society Screening Recommendations for Prostate Cancer

* Prostate-specific antigen (PSA) screening and digital rectal examination (DRE) should be offered annually beginning at age 50 to men who have a life expectancy of at least 10 years.
* African-American men, and men who have a first-degree relative diagnosed with prostate cancer at a young age, should begin testing at age 45.
Patients should be given information about the benefits and limitations of testing.

Prostate Cancer Screening in Alabama

Screening for prostate cancer includes the prostate-specific antigen (PSA) blood test and a digital rectal examination (DRE). PSA detects elevated levels of a gland protein made primarily by the prostate. In Alabama, nearly 55.9% of men ages 50 and older have had at least one PSA test and 86% have had at least one DRE. The prevalence of these tests decrease when looking at screening within the past year. Only 59% of Alabama men 50 and older have had a PSA within the past year and 53.8% have had a DRE within the past year.

Figure 13 – Prostate Cancer Screening Among Alabama Males Age 50+, 2000

Source: Behavioral Risk Factor Surveillance System Public Use Data File, 2001, Centers for Disease Control and Prevention.

AGE	PSA*	DRE*
50+ YEARS	55.9	53.8
50-64 YEARS	51.5	52.7
65+ YEARS	62	55.4
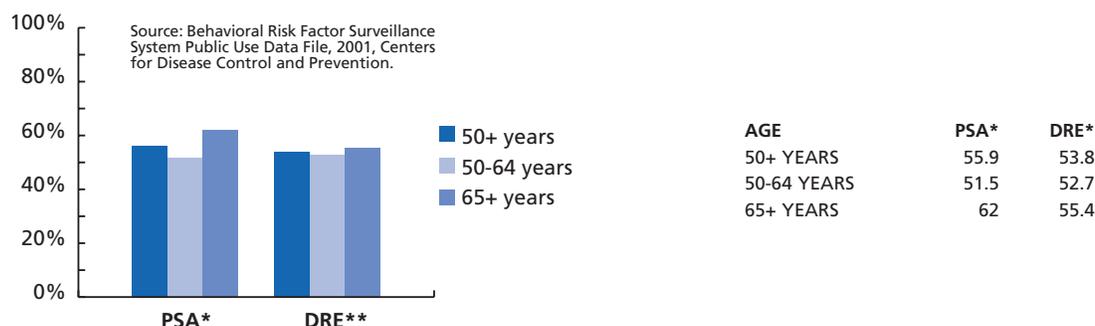
*PSA - Prostate Specific Antigen test; **DRE - Digital Rectal Examination.

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

Prostate Cancer Treatment Options

Treatment options for prostate cancer include surgery and radiation, as well as hormonal therapy and chemotherapy. The type of treatment chosen is dependent on age, stage of the cancer, and other medical factors. Additionally, the option of "watchful waiting" may be appropriate, particularly for older men with low-grade and/or early stage tumors.

Call to Action

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 Incidence in Alabama Residents

The 1996-2000 skin cancer incidence rate for Alabama is significantly lower than the United States average for both genders combined (11.1 per 100,000 versus 15.6 per 100,000, respectively). This lower rate is believed to be due to under-reporting to the ASCR. The rate of new cases of skin cancer (squamous and basal cell carcinoma of skin excluded) has increased 11% among Alabama men between 1996-2000. However for women, the rate of new cases of skin cancer between 1996-2000 declined 4%. (See Figures 15 & 16 on pages 20.)

When looking at Alabama counties, DeKalb and Henry have significantly higher skin cancer incidence rates than the Alabama average (1996-2000), while Bullock, Macon, and Sumter Counties have significantly lower rates. (See Table 3-8 on pages 36-43 for additional county-level data.)

*Per 100,000, age-adjusted to the 2000 United States standard population. Significance determined by comparison of 95% Confidence Intervals. Source: Alabama Statewide Cancer Registry, 2002.

American Cancer Society Screening Recommendations for Skin Cancer

- Adults should practice skin self-exam regularly.

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. If a suspicious lesion is found, a doctor should examine it promptly.

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
- Occupation 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 Incidence in Alabama Females

The rate of new cases of cervical cancer in Alabama declined nearly 12% between 1996-2000. (See Figure 15 on page 20.) There is no difference between the Alabama average incidence rate and the United States average.

Bullock, Clarke, Coosa, and Monroe Counties have significantly higher rates of cervical cancer incidence than the Alabama average. Cherokee and Pickens Counties have significantly lower rates than the state average. (See Tables 5 & 7 on pages 37 & 40 for additional county-level data.)

*Per 100,000, age-adjusted to the 2000 United States standard population. Significance determined by comparison of 95% Confidence Intervals. Source: Alabama Statewide Cancer Registry, 2002.

American Cancer Society Screening Recommendations for Cervical Cancer

* Annual Pap test and pelvic examination for all women who are or have been sexually active, or who are age 18 and older. After three or more consecutive satisfactory examinations with normal findings, the Pap test may be performed less frequently at the discretion of the health care provider.

Cervical Cancer Screening in Alabama

Cervical cancer is detected using a Pap test. The Pap test is a simple procedure performed by a health care professional in which a small cell scraping is taken from the cervix during a pelvic exam. The Pap test can detect abnormal cellular changes, which can be treated before ever becoming cancer. Routine Pap testing is not only the best way to reduce deaths from cervical cancer by detecting cancer in its earliest and most treatable stage, but can also reduce the incidence by identifying pre-cancerous conditions that are treatable. In Alabama, 86.6% of women ages 18 and older have had a Pap test within the past three years. The prevalence of this test vary by age and race. Figure 14 shows that as age increases, prevalence decreases. (See Table 16 on page 47 for detailed data.)

Figure 14 – Recent Pap Test Among Alabama Females Age 18+, 2000*

Source: Behavioral Risk Factor Surveillance System Public Use Data File, 2000, Centers for Disease Control and Prevention.
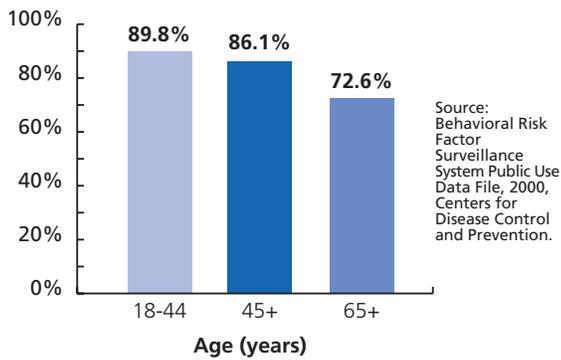
*A Pap test within the preceding three years for women with intact uteri.

Cervical Cancer Risk Factors

Cervical cancer risk factors are closely associated with sexual behavior and with sexually transmitted infection of a certain type of human papillomavirus (HPV), commonly known as genital warts.
* Having sex at an early age
* Many sexual partners
* Having partners that have had many sexual partners
* Cigarette smoking

Call to Action

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

Trends in Cancer Incidence Rates for Alabama Females

Figure 15 indicates the trends in cancer incidence for Alabama females between 1996-2000. Cancer incidence rates for all sites combined decreased 9% during this time period (394.9/100,000 to 361.0/100,000). Breast cancer incidence rates decreased nearly 5% from 122.9/100,000 to 116.5/100,000, while cervical cancer incidence rates decreased 12% (11.0/100,000 to 9.7/100,000). Colorectal cancer incidence rates decreased 8% from 49.3/100,000 to 45.6/100,000. Lung cancer incidence rates have decreased 10% (52.0/100,000 to 45.6/100,000). A 4% decrease in skin cancer incidence rates also occurred (9.6/100,000 to 9.2/100,000) during this time period.

Figure 15 – Cancer Incidence Trends, Selected Sites, Alabama Females, 1996-2000
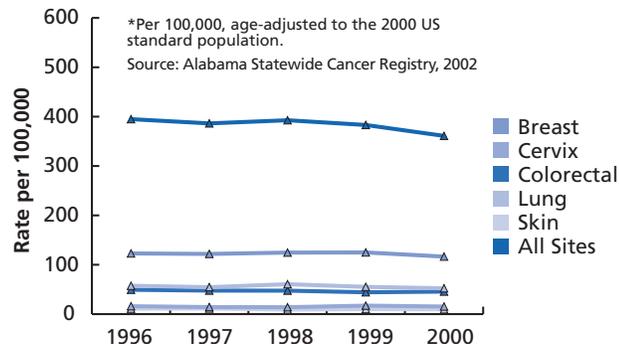
SITE	1996	1997	1998	1999	2000	% CHANGE
BREAST	122.9	121.9	124.6	124.9	116.5	-5%
CERVIX	11	11.3	9.2	10.2	9.7	-12%
COLORECTAL	49.3	47.6	47.5	44.2	45.6	-8%
LUNG	52	49.2	55.2	49.8	46.9	-10%
SKIN	10.6	8.9	8.6	11.8	10	-6%
ALL SITES	394.9	386.3	392.7	383.1	361	-9%

*PER 100,000, AGE-ADJUSTED TO THE 2000 US STANDARD POPULATION.
SOURCE: ALABAMA STATEWIDE CANCER REGISTRY, 2002

Trends in Cancer Incidence Rates for Alabama Males

Figure 16 indicates the trends in cancer incidence for Alabama males between 1996-2000. The rate of cancer incidence for all sites combined decreased nearly 13% during this time period (466.5/100,000 to 407.6/100,000). Colorectal cancer incidence rates decreased 7% from 53.1/100,000 to 49.3/100,000. Lung cancer incidence rates have decreased 19% (102.7/100,000 to 82.8/100,000). The rate of prostate cancer incidence decreased 5% (116.9/100,000 to 110.5/100,000) during this same time period. Skin cancer incidence rates increased nearly 11%, rising from 12.6/100,000 to 14.0/100,000.

Figure 16 – Cancer Incidence Trends, Selected Sites, Alabama Males, 1996-2000
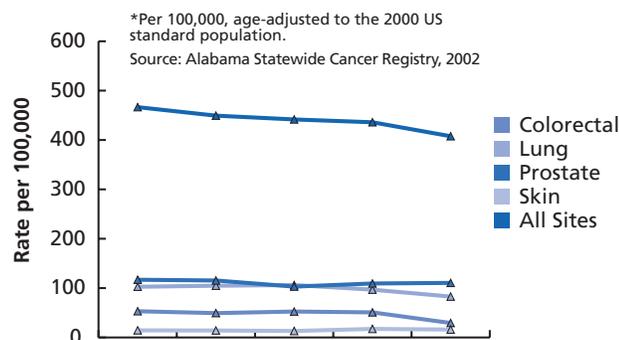
	1996	1997	1998	1999	2000	% CHANGE
COLORECTAL	53.1	49.3	52.5	50.8	29.3	-12%
LUNG	102.7	104.8	106.2	96.8	82.8	-19%
PROSTATE	116.9	115.4	103	109.3	110.5	-5%
SKIN	14.4	14.1	13.1	17.3	16	11%
ALL SITES	466.5	449.3	441.6	435.9	407.6	-13%

*PER 100,000, AGE-ADJUSTED TO THE 2000 US STANDARD POPULATION.
SOURCE: ALABAMA STATEWIDE CANCER REGISTRY, 2002

Estimated New Cancer Cases by Site for Alabama, 2003

Site	New Cases
All Sites	23,600
Female Breast	3,400
Uterine Cervix	200
Colorectal	2,200
Uterine Corpus	600
Leukemia	500
Lung & Bronchus	3,300
Melanoma	900
Non-Hodgkin's Lymphoma	800
Prostate	4,700
Urinary Bladder	800

Estimated New Cancer Deaths by Site for Alabama, 2003

Site	Deaths
All Sites	9,800
Brain/Nervous System	200
Female Breast	600
Colorectal	900
Leukemia	300
Liver	300
Lung & Bronchus	3,000
Non-Hodgkin's Lymphoma	400
Ovary	200
Pancreas	500
Prostate	600

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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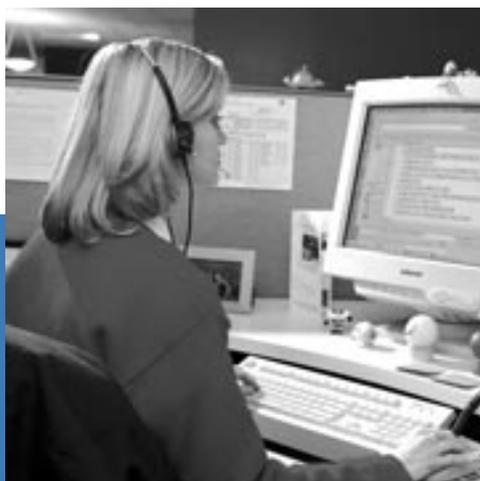
Alabama State Cancer Plan

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

I. PREVENTION GOALS & OUTCOMES

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

A. Tobacco-Related

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

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

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

Data Source: 2000 BRFSS, 1999 YBRFSS

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

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

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

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

B. Ultraviolet Light Exposure

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

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

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

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

Data Source: 1999 BRFSS, 1999 YBRFSS

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

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

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

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

C. Nutrition

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

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

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

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

Data Source: 2000 BRFSS, 1999 YBRFSS

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

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

D. Physical Activity

GOAL: TO IMPROVE OVERALL PHYSICAL FITNESS THROUGH PARTICIPATION IN REGULAR PHYSICAL ACTIVITY.

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

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

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

Data Source: 2000 BRFSS, 1999 YBRFSS

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

II. EARLY DETECTION

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

A. Breast and Cervical

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Colorectal Cancer

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

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

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

Data Sources: 1999 BRFSS, 1996-1998 ASCR

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

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

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

C. Prostate Cancer

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

Outcome: To be established, see Surveillance, Objective1, Strategy 2.

Data Source: ACSR

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

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

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

III. TREATMENT AND CARE

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

A. Accessibility

GOAL: TO REDUCE FINANCIAL BARRIERS TO CARE FOR CANCER PATIENTS WHO ARE UNINSURED OR UNDERINSURED

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

Data Source: 1996-1998 ASCR

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

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

B. Availability

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

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

Data Source: Data Source: 1996-1998 ASCR

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

C. Quality

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

Outcome: Increase by 10% by 2005 proportion of patients where treatment according to the prevailing standards of care has been recommended and/or received.
Data Source: 1996-1998 ASCR

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

D. Pain Management

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

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

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

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

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

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

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

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

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

E. Psychosocial

**GOAL: TO ENSURE AWARENESS AND PROMOTE THE PRACTICE OF EFFECTIVE STRATEGIES FOR THE MAN-
AGEMENT OF PSYCHOLOGICAL/PSYCHIATRIC SYMPTOMS AND PSYCHOSOCIAL DISTRESS, INCLUDING
EMOTIONAL AND SPIRITUAL ISSUES, AMONG PATIENTS, FAMILY MEMBERS, HEALTHCARE PROFESSION-
ALS, AND THE GENERAL PUBLIC SO THAT CANCER PATIENTS SUFFERING FROM THESE PROBLEMS CAN RE-
SUME ACTIVE, PRODUCTIVE LIVES.**

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

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

Data Source: ACS

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

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

cancer support groups and services.

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

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

IV. ENVIRONMENTAL / OCCUPATIONAL

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

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

Data Source: ADPH, ADEM, OSHA

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

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

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

V. RESEARCH

A. Clinical Trials

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

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

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

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

Data Source: NCI, UAB Recruitment and Retention Shared Facility

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

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

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

B. Behavior Research

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

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

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

Data Source: UAB Research Programs Progress Reports

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

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

VII. SURVEILLANCE

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

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

Data Source: ACSR

Objective 1: To achieve Gold Standard certification.

VIII. EVALUATION

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

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

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

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

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

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

B.   Document participation in colorectal cancer education activities.
C.   Document participation in prostate cancer education activities.

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

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

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

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

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

Glossary

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

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

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

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

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

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

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

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

Prevalence: The number of new cases plus survivors.

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

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

Sigmoidoscopy: A procedure in which a health care 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.

Technical Notes

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

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

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Table 1 – Alabama Cancer Incidence Rates, by Site & Sex, 1996-2000*

	Male Rate	Male Count	Female Rate	Female Count	Male and Female Rate	Male and Female Count
All Types	486.1	45,926	349.5	43,302	403.4	89,228
Bladder	28.8	2,587	6.4	829	15.4	3,416
Brain & CNS	7.8	783	5.5	660	6.6	1,443
Breast (Female)			113.8	13,791		
Cervix			10	1,161		
Colorectal	57.8	5,322	41.2	5,289	48.2	10,611
Esophagus	8	775	1.9	238	4.6	1,013
Kidney	13.9	1,342	7.1	884	10.1	2,226
Larynx	9.3	908	1.9	230	5.1	1,138
Leukemia	10.9	1,034	6.8	834	8.5	1,868
Liver	4.8	447	1.8	235	3.1	682
Lung	108.7	10,292	45.1	5,716	71.6	16,008
Hodgkin Disease	2.6	270	1.9	221	2.2	491
Non-Hodgkin Lymphoma	18.1	1,719	12.6	1,587	15	3,306
Melanoma	14.6	1,403	8.6	1,025	11.1	2,428
Myeloma	6.1	567	3.7	471	4.7	1,038
Oral Cavity	18.1	1,747	6.2	780	11.5	2,527
Ovary			14.2	1,751		
Pancreas	12	1,096	8.7	1,129	10.1	2,225
Prostate	121.5	11,586				
Stomach	9.1	821	4.6	596	6.5	1,417
Testis	3.9	414				
Thyroid	2.6	257	6.7	780	4.8	1,037
Uterus			17.7	2,197		

*Rates are per 100,000 and age-adjusted to the 2000 U.S. (5-year groups) standard.

Table 2 – Trends in Alabama Cancer Incidence, Selected Sites, 1996-2000*

		1996	1997	1998	1999	2000	%Change
Cervix		11	11.3	9.2	10.2	9.7	-12%
Colorectal	Male	53.1	49.3	52.5	50.8	49.3	-7%
	Female	49.3	47.6	47.5	44.2	45.6	-8%
Female Breast		122.9	121.9	124.6	124.9	116.5	-5%
Lung	Male	102.7	104.8	106.2	96.8	82.8	-19%
	Female	52	49.2	55.2	49.8	46.9	-10%
Melanoma	Male	12.6	12.6	12.2	15.7	14	11%
	Female	9.6	8	7.6	10.9	9.2	-4%
Oral	Male	18.5	16.2	17.5	14.7	16.8	-9%
	Female	7.8	7.7	6.3	6.7	6.1	-22%
Prostate		116.9	115.4	103	109.3	110.5	-5%
Skin	Male	14.4	14.1	13.1	17.3	16	11%
	Female	10.6	8.9	8.6	11.8	10	-6%
All Sites	Male	466.5	449.3	441.6	435.9	407.6	-13%
	Female	394.9	386.3	392.7	383.1	361	-9%

*Rates are per 100,000 and age-adjusted to the 2000 U.S. (5-year groups) standard.

Table 3. Alabama Cancer Incidence Rates, by County, Both Genders Combined, 1996-2000*

	All Sites		Lung		Colorectal		Oral		Melanoma	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Autauga	362.3	666	70.7	128	43.5	77	7.4	14	11.5	22
Baldwin	318.5	2,409	56.4	445	43.4	326	8.7	65	9.8	71
Barbour	346.3	482	59.8	84	34.6	48	6.8	9	11	15
Bibb	385.5	364	76.9	73	41.5	39	11	10	11.7	11
Blount	316.2	755	76.7	186	37.8	88	8.8	21	5.3	13
Bullock	270.1	148	43.8	23	40.3	23	9.2	5	1.6	1
Butler	350.5	429	56.8	72	46.6	59	9.4	11	11.1	13
Calhoun	447.5	2,702	89.8	550	53	318	14.8	91	10.2	60
Chambers	293.5	618	54.6	118	35.5	77	9.6	20	4.9	10
Cherokee	251.9	330	35.2	49	32.4	43	11.8	14	3.1	4
Chilton	270.2	521	58.9	115	31.9	61	10.6	21	6.6	13
Choctaw	153.8	129	37.5	32	16.3	14	2.4	2	5.8	5
Clarke	395.1	557	61.8	88	58.4	83	10.7	15	7.2	10
Clay	340.7	284	66.7	57	30.7	27	16.3	13	11.6	9
Cleburne	287.3	214	53.1	40	31.8	24	5.1	4	3.1	2
Coffee	338.8	787	60.7	143	38.5	90	12.3	29	11.8	27
Colbert	318.6	982	60.9	196	40.3	127	8.5	26	6	17
Conecuh	333.1	265	60.8	50	41.3	34	2.3	2	7.7	7
Coosa	442.2	292	73.9	49	55.9	37	13.6	9	8.2	5
Covington	317.3	729	67	157	40.8	95	10.6	24	11.6	24
Crenshaw	333.7	274	71.2	60	40	35	16.6	14	5.8	5
Cullman	360.3	1,505	71.1	305	45.4	189	14.4	60	11.2	44
Dale	353.9	829	71.1	168	40.5	94	10.6	24	12.1	29
Dallas	439.9	1,035	78.2	184	66.7	159	12.3	29	4	9
DeKalb	311	1,013	54.2	181	39.6	128	10.1	33	15.4	49
Elmore	407.2	1,158	80	224	60.7	169	13	38	6.8	20
Escambia	299.6	590	57.7	115	36.8	73	6.6	13	10.5	20
Etowah	352	2,150	70.9	450	41.9	254	9.2	56	7.8	49
Fayette	308.4	324	43.5	47	36.2	39	4.9	5	15.8	16
Franklin	353.7	610	78.1	138	40.2	69	10.9	19	10.7	18
Geneva	331.2	497	62.2	95	34.3	52	12	18	13.1	19
Greene	589.3	303	75.5	41	64.2	33	23.5	11	9.2	5
Hale	467.3	396	76.1	64	58.8	52	8.8	7	7.1	6
Henry	393	370	53.6	52	39.8	39	14.8	14	18.6	15
Houston	442.4	1,863	78	329	46.4	193	14	59	15.4	65
Jackson	309.1	846	57.7	162	35.8	96	9.3	25	10.9	30
Jefferson	443.3	15,499	71.9	2,552	52.7	1,860	12.3	424	9.5	323
Lamar	290.9	274	54.8	53	29.5	30	17.2	16	5.5	5
Lauderdale	358.2	1,721	66.2	325	44.4	214	9.7	45	6.4	29
Lawrence	320	532	68.6	114	46.6	76	11.2	19	6.9	12
Lee	214.6	807	36.5	134	26.3	95	7.1	27	3.4	13
Limestone	328.8	966	65.1	191	45.4	129	8.6	25	5.8	18
Lowndes	287.7	164	59.3	34	38.7	22	1.8	1	3.5	2
Macon	299.1	345	37.5	44	42.2	53	8	9	1.3	2
Madison	382	4,781	67	836	47.8	579	8	101	10	131
Marengo	338.6	411	56.6	69	40.8	50	7.6	9	5.1	6
Marion	295.4	531	52	96	41.3	76	10.2	19	12.8	22
Marshall	380.7	1,711	70.6	328	49.1	219	12.8	58	13	57
Mobile	470	8,873	89.5	1,688	53.7	1,004	13.2	251	14.7	278
Monroe	434.7	528	80.3	98	49.8	61	16.5	20	11.8	14
Montgomery	419.1	4,229	68.1	686	50.8	509	10	101	11.4	117
Morgan	454.6	2,492	77.5	429	51.7	279	14.9	81	11.6	64
Perry	337.1	222	58.1	38	47.1	32	14.8	9	4.6	3
Pickens	312.6	379	69.7	86	27.4	33	6.6	8	3.9	4
Pike	354.4	499	59.9	84	61.3	88	7.8	10	9	12
Randolph	209.9	251	33.9	42	28.5	35	6.2	8	3.3	4
Russell	168.2	429	41.9	107	20.8	53	3.9	10	2.4	6
St Clair	359.5	1,015	82.2	232	40.7	114	7.7	22	6.5	19
Shelby	301.9	1,584	52.2	259	31.9	156	8.7	46	6.5	39
Sumter	206.2	151	46.1	32	24	18	8.4	6	0	0
Talladega	386.5	1,486	69.7	274	49.4	185	12.1	46	6.3	24
Tallapoosa	353.4	804	52.1	123	42.6	98	13	30	4.5	10
Tuscaloosa	397.3	2,955	67.9	504	50.3	369	9.4	69	11.9	88
Walker	448.2	1,752	86.1	343	51.4	201	12.7	50	12.7	48
Washington	334.2	287	65.2	56	41.9	36	8.2	7	3.6	3
Wilcox	340.2	228	55.3	37	51.5	34	7	5	6.8	4
Winston	394.3	539	79.9	113	38.6	53	11.3	15	12.7	17
Alabama	403.4	89,228	71.6	16,008	48.2	10,611	11.5	2,527	11.1	2,428
United States	475.7	1,255,176	63.9	166,922	54.2	140,681	11.4	29,983	15.6	42,280

*Rates are per 100,000 and age-adjusted to the 2000 U.S. (5-year groups) standard.

Table 4. Alabama Cancer Incidence Rates, by County, Males, 1996-2000*

County	All Sites Rate	All Sites Count	Lung Rate	Lung Count	Colorectal Rate	Colorectal Count	Prostate Rate	Prostate Count	Oral Rate	Oral Count	Melanoma Rate	Melanoma Count
Autauga	402.5	313	108.3	84	43.1	30	80.9	65	14.5	12	13.3	12
Baldwin	352	1,230	76.3	273	46	159	73.3	268	12.5	45	14	48
Barbour	433.1	251	100.9	57	37.9	22	117.1	67	12.1	6	19.8	11
Bibb	450.4	189	118.6	50	51.3	22	98.1	40	13.3	6	13.5	6
Blount	373.9	393	112.8	120	56.1	55	78.7	85	9.6	11	6	7
Bullock	311	71	79.4	18	57.1	13	64.7	14	12.5	3	5	1
Butler	421.1	217	93.3	49	45.2	23	102.4	54	12.7	6	2	1
Calhoun	561	1,419	138.9	351	66.6	167	127.7	323	25.1	67	9.6	26
Chambers	371.1	328	89.6	82	44.2	39	71.2	62	15.7	14	8	7
Cherokee	322.9	184	56.2	35	47.6	28	76.3	45	23.6	11	3.1	2
Chilton	321.7	270	91.2	78	34.7	28	72.1	60	14.9	14	12.2	11
Choctaw	178.2	65	57.7	22	16.9	6	20.9	8	5.5	2	11.1	4
Clarke	425.9	288	93.4	63	60.7	40	108.2	75	16.3	11	8.8	6
Clay	390.3	145	103	39	26.9	10	64.1	24	24.7	9	13.7	5
Cleburne	325	106	62.7	21	39	13	74.5	24	8	3	0	0
Coffee	372.9	382	91.4	93	42.1	43	74.5	79	16.7	17	12.9	13
Colbert	378.6	512	92.1	128	50.2	69	66.4	92	11.6	16	10.8	13
Conecuh	378.8	133	93.3	33	57	20	88.5	32	5.2	2	8.1	3
Coosa	526	162	110.5	34	58.2	17	103	34	21.3	7	13.7	4
Covington	339.5	343	100.4	103	45.8	45	71.9	75	16.1	15	12	12
Crenshaw	406.4	143	115.3	42	62.4	22	73.8	26	30.1	10	8.1	3
Cullman	429.8	779	113.8	215	52.9	92	78.6	145	19.3	34	14.2	26
Dale	404.9	418	104.2	109	51.9	53	84.6	85	16.2	16	12.3	14
Dallas	569.9	529	126.6	118	74.4	68	145.2	136	17.2	16	5.1	5
DeKalb	365.7	520	90.7	132	50.9	70	55.9	80	15.6	23	17.8	25
Elmore	472.3	588	119.9	147	83.3	99	90.6	117	23.6	32	4.5	7
Escambia	350.9	293	84.4	72	43.7	34	78.4	63	10.8	10	10.4	9
Etowah	438.5	1,109	102.2	266	53.9	126	96.3	248	15.3	40	10.3	27
Fayette	361.2	165	67.5	31	28.3	13	84.6	39	6.4	3	19.8	9
Franklin	428.3	325	129.7	102	43.3	32	53.3	41	18.7	15	14.7	11
Geneva	417.9	270	97.2	66	43.3	28	98.8	64	16	11	17.9	12
Greene	725.3	158	115.9	26	86	18	206.3	46	49.1	10	8.8	2
Hale	584.2	210	125.50	45	64.9	23	176.2	64	5.9	2	11.1	4
Henry	495.9	196	93.6	39	70.3	28	148.3	59	24.9	10	23.6	9
Houston	550.2	961	124.5	219	59.8	101	142.9	258	22.7	39	23.3	42
Jackson	340.3	405	90.6	109	45.6	53	50.9	63	9.9	12	12.8	16
Jefferson	551.2	7,923	108	1,556	65.1	913	159.4	2,324	19.8	287	14.1	202
Lamar	356.2	147	88.8	37	45.4	19	46.5	20	26.1	11	12.4	5
Lauderdale	412	846	112.7	230	51.8	104	71.3	148	15.2	31	8.6	18
Lawrence	400.4	292	110	78	43.1	32	84.5	61	15.3	12	10.7	9
Lee	243.3	385	58.8	92	32.1	50	59.5	92	10.7	17	3.6	5
Limestone	397.6	495	113.3	144	53.1	59	98.8	124	13.2	17	5.1	8
Lowndes	334.3	80	73.1	17	24.9	6	95.8	23	4.4	1	8.4	2
Macon	333.8	167	57.9	29	46.7	26	125.6	63	14.7	7	2.2	1
Madison	436.5	2,393	95.9	513	56.7	307	111.7	615	12.1	69	12.8	73
Marengo	441.3	223	95.5	49	50.8	25	120.2	60	16.7	9	5.6	3
Marion	309.6	246	82.8	68	45.6	36	58.4	46	17.9	14	14.6	11
Marshall	448.7	875	106.1	213	57.4	110	90.1	175	22	43	15.5	32
Mobile	585.2	4,650	133.5	1,042	64.1	498	150.4	1,233	21.9	181	22.1	176
Monroe	520.5	277	116.5	62	59.9	32	137.8	74	28	15	12.6	7
Montgomery	524.4	2,144	107.5	430	65.2	256	150.3	621	18.2	78	16.7	71
Morgan	534.9	1,271	112.2	267	60.6	140	143.8	349	22	53	14.3	35
Perry	478.3	130	100.5	27	51.5	14	127.4	35	33.6	9	3.8	1
Pickens	423.5	221	118	61	34.3	18	111	60	9.3	5	4.6	2
Pike	456.5	260	114.4	65	83.4	47	119.2	68	14.8	9	9.1	5
Randolph	229.6	120	47.2	26	34.1	17	53.7	29	10.6	6	3.8	2
Russell	198.7	212	60.2	64	29.5	29	44.7	47	5.9	7	2.9	3
St Clair	439.4	556	117.2	148	45.1	57	94.4	116	8.9	12	8.9	12
Shelby	373	851	81.3	175	38.8	86	110.8	238	13.2	32	8.5	23
Sumter	249.6	77	58.1	17	20.5	6	70.8	22	13.5	4	0	0
Talladega	462.2	763	105.2	172	58.5	90	105.7	179	21.9	37	6.2	11
Tallapoosa	387.9	372	79.9	78	38.4	37	96.5	92	19.6	19	6.4	6
Tuscaloosa	474	1,521	104	329	64.2	199	117.6	381	15	47	16.4	54
Walker	545.1	906	132.4	224	60	99	108.6	182	17.4	31	14.9	26
Washington	435.6	164	104.4	40	55.6	22	102.8	37	14.4	5	8	3
Wilcox	486.4	134	87.2	24	56.3	15	150.8	42	13.8	4	11.4	3
Winston	446.2	273	121.9	77	44.4	27	80.3	48	20	11	17.6	10
Alabama	486.1	45,926	108.7	10,292	57.8	5,322	121.5	11,586	18.1	1,747	14.6	1,403
United States	570.5	649,578	84.4	94,814	64.5	70,800	179	200,186	17	20,123	19.5	23,559

Rates are per 100,000 and age-adjusted to the 2000 U.S. (5-year groups) standard.

Table 5. Alabama Cancer Incidence Rates, by County, Females, 1996-2000*

County	All Sites Rate	Count	Lung Rate	Count	Colorectal Rate	Count	Breast Rate	Count	Cervix Rate	Count	Oral Rate	Count	Melanoma Rate	Count
Autauga	342.5	353	43.3	44	45.7	47	124.2	128	7.8	8	1.9	2	9.9	10
Baldwin	292.4	1,179	40.4	172	40.2	167	97.4	385	6.2	22	5.2	20	6	23
Barbour	298.3	231	34.9	27	33.4	26	88.1	66	10.2	8	3.8	3	5.7	4
Bibb	338.5	175	44.7	23	31.8	17	106.6	54	10.9	5	7.7	4	9.9	5
Blount	277.7	362	49.2	66	25.1	33	86.2	112	5	6	8	10	4.8	6
Bullock	253.5	77	17.4	5	28	10	67.6	19	18.8	5	6.7	2	0	0
Butler	305.5	212	32	23	48.3	36	90.8	59	7.8	5	6.6	5	18.7	12
Calhoun	377	1,283	56.8	199	42.3	151	109.9	365	13.7	43	6.5	24	10.4	34
Chambers	242.3	290	29	36	30.1	38	80.8	90	4.4	5	4.7	6	2.2	3
Cherokee	206.3	146	18	14	19.9	15	79.2	54	1.8	1	4.5	3	3.2	2
Chilton	240.2	251	34.3	37	29.9	33	64.9	66	9	9	6.6	7	2.1	2
Choctaw	138.1	64	21.3	10	17	8	40.6	18	5.2	2	0	0	2.1	1
Clarke	370.5	269	33.7	25	56.7	43	124.3	88	20.6	14	5.5	4	5.6	4
Clay	302.8	139	38.5	18	34	17	102.2	44	11.5	4	9.3	4	10.3	4
Cleburne	266.4	108	45.8	19	26.4	11	82.6	33	5.3	2	2.6	1	6.3	2
Coffee	317	405	37.9	50	35	47	103.3	130	8.8	10	9	12	10.9	14
Colbert	277.9	470	37.9	68	32.4	58	88.3	146	6.2	9	6	10	2.8	4
Conecuh	308.7	132	37.9	17	29.6	14	113.2	45	15.4	5	0	0	7	4
Coosa	369.5	130	41.6	15	54.6	20	132.9	46	20.8	6	6.6	2	2.6	1
Covington	300.4	386	41.6	54	37.4	50	95.3	116	5.9	6	6.2	9	12.3	12
Crenshaw	284.8	131	40.1	18	25.5	13	98.9	43	6.2	2	7.5	4	3.6	2
Cullman	317.2	726	38.7	90	41	97	105.4	237	6	12	10.7	26	9	18
Dale	321.3	411	45.6	59	31.1	41	105.1	132	9.9	13	6	8	12.6	15
Dallas	364.3	506	46.4	66	61.7	91	108.2	145	11.1	14	9	13	3.4	4
DeKalb	270.8	493	26.4	49	30.8	58	85.3	151	4.3	7	4.9	10	13.4	24
Elmore	370.4	570	50.1	77	44.7	70	132.3	202	9.9	15	3.9	6	8.5	13
Escambia	268.7	297	37.6	43	33.3	39	88.6	95	5.8	6	2.1	3	10.8	11
Etowah	300.7	1,041	49.9	184	34.6	128	86.2	287	11.8	34	4.6	16	6.5	22
Fayette	274.5	159	24.2	16	42.7	26	68.7	38	3.8	2	3.9	2	11.9	7
Franklin	299.8	285	36.9	36	38.6	37	85.7	80	5.7	5	3.7	4	6.9	7
Geneva	277.7	227	36.6	29	25.9	24	84	69	13.8	9	8.6	7	8.6	7
Greene	511.6	145	53	15	48.9	15	204.4	54	7.5	2	2.3	1	10.3	3
Hale	386.4	186	38.7	19	51	29	146.6	65	9.8	4	10.9	5	4.8	2
Henry	332.9	174	23.7	13	20.9	11	112.1	58	5.5	2	6.1	4	14.1	6
Houston	376.5	902	45.3	110	37.7	92	122.2	289	8.6	20	8.4	20	10	23
Jackson	291.7	441	34	53	27.9	43	86.2	130	10.6	15	9	13	9.5	14
Jefferson	376	7,576	47.8	996	44.4	947	127.6	2,475	11.2	208	6.7	137	6.4	121
Lamar	248.5	127	30.9	16	17.9	11	75.1	35	15.2	6	9.9	5	0	0
Lauderdale	326.7	875	33.8	95	39.5	110	110.3	289	6.7	16	4.8	14	4.5	11
Lawrence	263	240	38.8	36	47.6	44	56.1	50	11.7	10	7.6	7	3.2	3
Lee	197.9	422	20.1	42	21.2	45	71.6	152	6.4	14	4.7	10	3.7	8
Limestone	290.7	471	28.6	47	42.8	70	91.7	147	8.3	13	4.9	8	6.3	10
Lowndes	257.5	84	51.6	17	48.3	16	82	26	6	2	0	0	0	0
Macon	276.7	178	22.3	15	37.6	27	96.4	56	14.8	9	2.6	2	1	1
Madison	345.5	2,388	46.6	323	40.1	272	121.5	848	6.3	45	4.6	32	8.1	58
Marengo	270.6	188	28	20	34.9	25	94.5	62	7.9	6	0	0	4.9	3
Marion	290.8	285	28.5	28	36.8	40	93.7	89	7.5	6	4.2	5	11.1	11
Marshall	337.1	836	43.9	115	42.8	109	95.5	234	14.3	32	5.8	15	10.7	25
Mobile	392.9	4,223	59.1	646	46.3	506	122	1,294	9.9	103	6.5	70	9.6	102
Monroe	376.4	251	54.5	36	42.5	29	129	82	20.8	13	6.9	5	10.7	7
Montgomery	355.8	2,085	42.9	256	42	253	133.6	764	10.6	62	3.8	23	7.9	46
Morgan	401.2	1,221	52.3	162	45	139	135.5	407	7.5	22	9	28	9.8	29
Perry	236.8	92	28.8	11	44.1	18	68.2	26	5.3	2	0	0	5.3	2
Pickens	227.7	158	35.1	25	22.9	15	64.9	45	3.6	2	4.1	3	3.7	2
Pike	294.4	239	23.5	19	46.1	41	108	83	9.9	7	1.5	1	10.1	7
Randolph	202.3	131	23.2	16	23.5	18	67	41	8.4	4	2.7	2	3.4	2
Russell	149.2	217	28.6	43	16.3	24	39.8	57	3.7	5	2.1	3	2.2	3
St Clair	301.5	459	53.9	84	37.9	57	76.4	116	7.6	11	6.5	10	4.9	7
Shelby	250.6	733	30.6	84	25.8	70	90.7	276	4.6	16	5.1	14	5	16
Sumter	180	74	38.7	15	27	12	47.4	19	5.6	2	4.4	2	0	0
Talladega	336.4	723	45.5	102	43.6	95	95.5	204	13.3	26	4.1	9	6.5	13
Tallapoosa	335	432	32.6	45	43.9	61	115.1	143	11.4	12	8.2	11	3	4
Tuscaloosa	345.7	1,434	41.7	175	40.1	170	122.7	501	8.9	36	5.4	22	8.6	34
Walker	390	846	53.1	119	46.3	102	119.5	256	12.6	24	8.3	19	10.7	22
Washington	265.7	123	34.4	16	29.4	14	97.1	44	11.1	5	4.3	2	0	0
Wilcox	245.6	94	33.8	13	48.2	19	75.5	28	15.9	5	3	1	3	1
Winston	359	266	47.1	36	33.5	26	124.5	90	6.2	4	5.1	4	9.8	7
Alabama	349.5	43,302	45.1	5,716	41.2	5,289	113.8	13,791	10	1,161	6.2	780	8.6	1,025
United States	413.5	605,598	49.1	72,108	46.6	69,881	132.1	189,634	10.2	14,937	6.7	9,860	12.7	18,721

*Rates are per 100,000 and age-adjusted to the 2000 U.S. (5-year groups) standard.

Table 6. Alabama Cancer Incidence Rates, by County, Males by Race, 1996-2000*

County	All Sites White Rate	All Sites White Count	All Sites Black Rate	All Sites Black Count	Lung White Rate	Lung White Count	Lung Black Rate	Lung Black Count	Colorectal White Rate	Colorectal White Count	Colorectal Black Rate	Colorectal Black Count
Autauga	391	245	401.1	55	115	71	66	9	42	24	41.4	5
Baldwin	347	1,109	361	101	75	247	82.8	23	48	152	23.9	7
Barbour	425	160	461.7	90	95	36	110.3	21	45	17	25.8	5
Bibb	594	162	135.5	20	167	45	30.8	5	62	17	20.5	3
Blount	366	380	935	11	111	117	289.6	3	54	53	221.5	2
Bullock	303	29	294.8	41	91	9	69.3	9	39	4	65.2	9
Butler	395	145	464.2	69	96	36	82.3	12	52	18	35.6	5
Calhoun	538	1,179	689.2	220	135	295	170.7	53	66	143	66	23
Chambers	364	242	377.8	83	85	61	97.6	21	47	31	36.1	8
Cherokee	308	166	581.3	14	51	31	86.8	2	47	26	101.2	2
Chilton	319	242	328	26	92	71	82.9	7	33	24	49.7	4
Choctaw	184	43	162.9	21	58	15	53.9	7	23	5	6.8	1
Clarke	424	168	432.5	116	80	32	111.9	30	63	24	59.9	16
Clay	376	125	479.3	18	93	32	201.2	7	30	10	0	0
Cleburne	302	95	817	10	63	20	71	1	37	12	0	0
Coffee	370	328	369.3	49	89	79	108.8	13	44	38	29	5
Colbert	382	448	305	52	96	116	67.4	12	49	59	54.5	9
Conecuh	339	84	475	48	74	18	151.2	15	49	13	65.7	7
Coosa	512	116	561.6	42	109	24	102.1	8	71	15	23.8	2
Covington	319	293	391.3	33	104	97	73.7	6	38	34	83.3	7
Crenshaw	427	120	259.6	19	114	34	114.9	8	71	20	27.1	2
Cullman	425	760	382.3	8	113	211	34.6	1	50	86	66.4	2
Dale	387	351	562.8	64	102	95	125.9	14	50	45	65.2	8
Dallas	482	238	675.3	284	126	63	126	53	68	32	84.1	36
DeKalb	365	508	325.2	6	92	132	0	0	51	69	0	0
Elmore	461	487	453.7	84	121	128	93.8	17	74	77	93.9	17
Escambia	375	237	306.2	55	94	61	52	11	47	28	39.6	6
Etowah	425	965	499.1	124	100	235	108.4	27	54	111	54	13
Fayette	342	141	526	24	70	29	38.5	2	24	10	72.2	3
Franklin	432	314	232.2	7	130	98	64.9	2	45	32	0	0
Geneva	393	232	723.7	35	90	57	156.7	8	41	24	97.2	4
Greene	1,143	81	506.7	76	205	14	74.4	12	157	11	50.7	7
Hale	631	116	550.70	94	139.2	26	113.7	19	55	10	74.5	13
Henry	498.3	146	480.6	48	97.1	30	78	8	84.3	25	28.2	3
Houston	536.9	769	614.4	185	125.9	182	121.6	36	60.7	84	57.4	17
Jackson	340	386	293.3	14	91	105	99.3	4	44.3	50	24.8	1
Jefferson	547.4	5,604	539.3	2,186	111.9	1,159	95.6	388	64.9	651	61.6	243
Lamar	350.8	132	423.8	14	91.3	35	51	2	36.5	14	151.6	5
Lauderdale	396	754	463.7	64	111.3	211	145.4	19	51.1	94	68	10
Lawrence	414	260	317.4	28	112.1	69	106.1	9	44.3	28	48.5	4
Lee	228.2	274	298.6	106	58	70	65.1	22	32.1	37	33.5	13
Limestone	392	430	337.7	44	115.8	132	66.9	8	58.1	55	27.4	4
Lowndes	329.8	31	328.2	48	69.6	6	75.7	11	10.5	1	34.2	5
Macon	301.1	33	325.7	126	56.9	6	57.4	22	51.7	6	43.2	19
Madison	411.2	1,920	484.9	356	98.3	446	87.1	64	57.2	262	57.4	41
Marengo	382.2	111	502	106	67.2	20	128.8	27	70.4	19	25.4	5
Marion	308.5	235	296	8	82.6	65	96.3	3	45.1	34	91.5	2
Marshall	440.7	845	235.2	6	106.9	211	37.3	1	57.8	109	0	0
Mobile	561.5	3,300	624.8	1,258	131	763	138.7	272	62.6	363	68.1	131
Monroe	482.9	176	583.3	96	114.3	41	121.6	20	57.7	21	65.3	11
Montgomery	477.5	1,327	571.5	738	103.1	282	111.1	139	56.9	152	77.2	99
Morgan	537	1,179	502.1	84	111.8	247	119.7	20	62.6	134	36.1	6
Perry	462.6	59	492.1	70	97.4	13	100.9	14	57.5	7	39.1	6
Pickens	427.1	151	426.3	70	121	42	115.5	19	36.3	13	29.7	5
Pike	431.1	181	484.9	71	108	45	124.8	19	86.7	36	62.8	8
Randolph	203.4	90	359.3	28	43.6	21	48.2	4	28.3	12	62.5	5
Russell	193.6	136	198.2	71	61.9	44	58.1	20	32.9	22	23.3	7
St Clair	431.2	504	507.6	44	115.4	135	115.8	11	42.9	50	61.8	5
Shelby	372	783	323.7	48	81.9	163	90.1	12	40.4	82	25.7	4
Sumter	199.8	25	269.1	51	18.3	2	82.6	15	0	0	32.8	6
Talladega	431.9	564	517.4	177	101.1	131	121.4	41	54.7	68	60.7	19
Tallapoosa	359.4	282	491.2	87	77.5	61	96.5	17	36.2	29	45.7	8
Tuscaloosa	462.5	1,166	508.9	340	103.5	258	107	71	60.4	149	76.8	48
Walker	548.4	864	412.2	34	134.5	216	90.4	7	60.7	95	37.5	3
Washington	402	112	546.1	45	101.1	29	130.9	11	54.3	16	63.2	5
Wilcox	454.3	56	495.4	76	83.8	10	87.2	13	48.6	6	61.3	9
Winston	435.8	265	1,038.00	4	122.8	77	0	0	44.8	27	0	0
Alabama	464	35,325	504.2	8,979	109	8,349	104	1,829	57	4,193	57.9	1,015
United States	568	533,347	703.6	63,955	83	76,849	124.1	11,169	64	58,319	70.7	6,091

Table 6. (continued)

County	Prostate White Count	Prostate White Rate	Prostate Black Count	Prostate Black Rate	Oral White Count	Oral White Rate	Oral Black Count	Oral Black Rate	Melanoma White Count	Melanoma White Rate	Melanoma Black Count	Melanoma Black Rate
Autauga	73.6	47	107	15	11.4	8	31	4	15.9	12	0	0
Baldwin	67.4	230	123.8	33	12.4	41	9.2	3	14.2	43	3.8	1
Barbour	99.4	39	150.1	28	6.1	2	23.1	4	30.9	11	0	0
Bibb	137.2	36	21.6	3	16.5	5	7.6	1	17.4	5	0	0
Blount	76.1	81	311.8	4	8	9	0	0	6.2	7	0	0
Bullock	29.9	3	78.7	10	21.1	2	5.3	1	13.9	1	0	0
Butler	78.3	31	156.5	23	12.2	4	13.9	2	0	0	7	1
Calhoun	109.7	244	239.8	74	26.4	61	12.2	4	11.3	26	0	0
Chambers	59	39	98.6	21	15.7	11	13.1	3	9.1	6	0	0
Cherokee	75.9	42	102.6	3	25.1	11	0	0	3.2	2	0	0
Chilton	70.7	53	81.7	6	16.4	14	0	0	13.3	11	0	0
Choctaw	23.8	6	15.4	2	4	1	8.8	1	12.7	3	6.8	1
Clarke	93.1	39	124.1	34	27.9	11	0	0	9.6	4	3.9	1
Clay	56.8	19	93.9	4	24.6	8	29.5	1	15.6	5	0	0
Cleburne	74.5	23	38.8	1	5.3	2	85.9	1	0	0	0	0
Coffee	68.5	64	109.1	14	19.2	17	0	0	13	11	7.1	1
Colbert	57.1	69	86.3	15	10.9	13	18.5	3	11.9	12	0	0
Conecuh	79.9	21	114	11	7.3	2	0	0	11.1	3	0	0
Coosa	89.7	22	162.6	12	16.7	4	27.7	2	20.1	4	0	0
Covington	58.8	56	148.8	13	14.5	12	0	0	11	10	0	0
Crenshaw	61	17	80.1	6	37.6	10	0	0	10	3	0	0
Cullman	78.1	142	175.6	3	19.1	33	0	0	14.5	26	0	0
Dale	75.5	68	143	16	12.9	11	49.1	5	14.2	14	0	0
Dallas	76.1	40	223.4	91	19.8	10	13.5	6	10.6	5	0	0
DeKalb	54.1	76	122.5	2	15.3	22	0	0	17.4	24	0	0
Elmore	89.7	99	82.3	15	22.6	25	31.9	6	1.6	2	11	2
Escambia	75.1	46	102.8	17	12.8	9	2.7	1	13.4	8	2.9	1
Etowah	93.1	215	117.6	29	15.6	37	14.2	3	11	26	0	0
Fayette	72.2	30	199.1	9	4.8	2	25	1	22.1	9	0	0
Franklin	52.2	39	90.6	2	19.5	15	0	0	15.5	11	0	0
Geneva	79.4	47	356.4	17	17.5	11	0	0	19.9	12	0	0
Greene	369.5	27	117.9	18	68.7	5	37.5	5	30.7	2	0	0
Hale	159.9	31	195.4	33	14.8	2	0	0	21.9	4	0	0
Henry	115.7	36	225.7	22	10	3	70	7	33.7	9	0	0
Houston	120.5	184	247.2	72	22.6	30	23.8	9	27.7	40	3.1	1
Jackson	48.4	57	101.5	5	9.5	11	16.5	1	12.6	15	0	0
Jefferson	142.9	1,512	194.6	775	20.3	206	17.6	75	18.5	184	0.7	3
Lamar	45	18	66.3	2	25.8	10	30.6	1	13.7	5	0	0
Lauderdale	55.7	110	102	14	16	30	6.3	1	8.3	16	0	0
Lawrence	85.7	53	69.5	6	17.7	12	0	0	12.2	9	0	0
Lee	50.9	61	87.2	28	6.1	6	28.5	11	4.7	5	0	0
Limestone	83.7	94	165.9	21	14.3	16	4.8	1	5.7	8	0	0
Lowndes	79.5	8	97.7	14	11.7	1	0	0	18.7	2	0	0
Macon	102.9	11	125.2	49	0	0	19.1	7	9.9	1	0	0
Madison	87.7	423	160.2	111	11.8	55	15.2	14	13	65	0	0
Marengo	64.9	19	187.5	39	27	9	0	0	9.2	3	0	0
Marion	59.5	45	25	1	17.4	13	49.4	1	15.3	11	0	0
Marshall	84.6	162	74.9	2	21.9	42	33.4	1	13.8	28	0	0
Mobile	129.7	794	208.4	424	20.3	122	25.6	57	25.3	148	0.4	1
Monroe	123.7	46	145	24	29.6	11	24.2	4	15.6	6	7	1
Montgomery	115.6	331	195.4	247	17.3	51	18.8	26	22.6	64	1	2
Morgan	141.3	318	184	29	22.2	49	21	4	13.7	30	5.9	1
Perry	68.6	9	184.1	26	36.6	5	30.7	4	7.5	1	0	0
Pickens	95.6	36	145.9	24	13.2	5	0	0	7.1	2	0	0
Pike	106.2	45	150.8	22	13.4	6	17.9	3	10.6	4	0	0
Randolph	48.2	22	76.2	6	12.4	6	0	0	4.5	2	0	0
Russell	37.7	26	56.1	20	6.4	5	4.6	2	1.3	1	0	0
St Clair	93.8	106	107.6	9	9.5	12	0	0	9.8	12	0	0
Shelby	104.4	208	120.8	16	13.7	30	8.4	2	9	22	0	0
Sumter	70	9	70.8	13	7.9	1	17.4	3	0	0	0	0
Talladega	89	121	156.5	52	21.3	28	21.6	9	6.5	9	0	0
Tallapoosa	86.1	70	129.6	21	19.4	15	20.8	4	6.5	5	0	0
Tuscaloosa	101.6	261	174.3	116	14.7	37	15.7	10	20	51	0	0
Walker	107.5	171	128.3	10	17.8	30	11.9	1	14.7	24	0	0
Washington	71.4	19	195.3	16	13.9	4	0	0	11	3	0	0
Wilcox	112.7	14	168.6	27	32.4	4	0	0	26.7	3	0	0
Winston	77.3	46	204.2	1	20.2	11	0	0	14.2	8	0	0
Alabama	101	7,897	167.9	2,920	17.9	1,382	17	326	15.7	1,197	0.9	17
United States	172.9	160,499	275.3	23,822	16.7	16,088	21.9	2,261	22.4	22,105	1.3	118

Table 7 – Alabama Cancer Incidence Rates, by County, Females by Race, 1996-2000*

County	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
Autauga	368.4	302	208.7	42	49.4	40	19.9	4	43	35	47.7	10	137.8	114	53	10
Baldwin	292.1	1,062″	271.8	103	40.9	159	34.8	13	41.1	154	34.9	13	96.7	345	84.8	32
Barbour	304.3	146	285.3	84	45.3	21	19.6	6	32.9	16	36.4	10	87.5	42	83.6	24
Bibb	423	145	157.8	27	62.2	21	10.3	2	36	13	24.5	4	138.5	47	35.8	6
Blount	275.9	353	308.5	6	50.1	66	0	0	24	31	97.6	2	85.4	109	35.4	1
Bullock	220.5	23	246.5	50	8.6	1	17.6	3	26	3	24.3	6	89.4	9	44.5	9
Butler	314	149	240.2	54	39.6	21	6.2	1	45.6	24	41.5	10	93.4	40	63.6	14
Calhoun	371.4	1,062	378	195	59.4	177	29.2	15	38.1	117	62.9	31	108.2	302	115.7	60
Chambers	243	210	235.7	80	39.1	34	5.8	2	31.4	29	27.8	9	73.5	60	89.8	30
Cherokee	206	138	172.6	7	17.5	13	22.8	1	21	15	0	0	78	50	74	3
Chilton	234.8	221	225.6	23	34.6	34	20.5	2	27.2	27	60.2	6	63.3	58	58.7	6
Choctaw	127.4	37	159.6	27	23.5	7	18.5	3	13.6	4	23	4	35.3	10	48.8	8
Clarke	405.6	183	299.6	82	44	21	14.7	4	63.4	30	49.8	13	138.1	61	87.7	24
Clay	307	122	278.7	15	42.3	17	15.5	1	31.8	14	60.2	3	102.2	38	92.7	5
Cleburne	237.2	91	726.8	14	43.6	17	73.2	1	15	6	247.1	5	76.4	29	217.7	4
Coffee	308.5	332	309.3	59	33.8	38	35.2	7	36.1	41	30.9	6	104.4	109	103.1	19
Colbert	284.6	408	210	54	40	61	28.8	7	30.6	47	43.7	11	93.9	132	55.5	14
Conecuh	303.6	87	293.8	43	32.7	10	41.4	6	34.1	11	18.3	3	114.5	31	96.8	13
Coosa	368.5	95	349.3	33	52.8	14	10.3	1	66.6	17	31.9	3	120.6	32	140.2	13
Covington	286.1	322	248.9	34	42.2	48	28.2	4	31	37	59.7	8	94.1	100	53.4	7
Crenshaw	293.9	102	218.6	23	35.7	13	55.8	5	16	7	18.8	2	106.8	34	69	7
Cullman	314.3	711	380.2	8	38.7	89	37	1	40.2	94	57.8	1	105	233	137.7	3
Dale	306.9	324	378.7	71	42.5	46	63.6	11	30.5	34	34.9	7	101	105	126.3	23
Dallas	388.9	275	332.5	229	66.9	48	26.4	18	63	49	59.8	42	111.6	76	102.8	68
DeKalb	268.6	477	319.6	11	26.5	48	31.3	1	29.9	55	61.6	2	86.1	148	67.4	2
Elmore	366.8	467	318.2	82	52.2	67	41.2	9	41.5	54	61.3	15	128.4	163	87.2	24
Escambia	285.5	232	221.8	60	40.6	35	29.9	8	31.9	28	39.1	11	101.8	81	49.6	13
Etowah	296.8	909	282.4	109	49.9	164	52.1	20	35.1	115	33.1	13	85.1	250	74.6	28
Fayette	264.3	136	277.4	18	23	14	31.2	2	34.1	19	109.9	7	64.6	32	81.6	5
Franklin	296.8	270	320.6	12	37.6	35	18.2	1	37.1	34	94.2	3	84.9	76	86.4	3
Geneva	269.7	198	343	27	36.6	26	41.5	3	27.7	23	13.6	1	83	61	87.4	7
Greene	845.7	62	370.9	79	97.7	7	36.9	8	62.3	4	48.8	11	294.3	19	171.2	34
Hale	431.3	96	348.6	90	51.9	13	24.1	6	53.7	15	48.9	14	154.1	33	135.8	32
Henry	365.9	133	242.7	38	27.5	11	13.1	2	13.3	5	37.2	6	132.7	47	63.5	10
Houston	379.2	721	367.7	175	48	94	32.5	15	38	75	36.8	17	118.8	223	137.5	66
Jackson	298.3	427	135.2	9	34.4	51	33.5	2	29.4	43	0	0	89.2	127	27.5	2
Jefferson	387.4	5,334″	338.6	2,138	52.9	773	34.9	216	41.6	626	49.5	313	133.9	″1,768″	107.7	673
Lamar	249.7	115	202.4	9	31.6	15	0	0	17.7	10	18.5	1	76.3	32	73.8	3
Lauderdale	331.5	810	266.7	60	34.8	90	23.3	5	39.2	100	42.7	9	114.6	273	71.6	16
Lawrence	274.1	211	223.3	27	41.6	33	15.6	2	43.2	34	82.6	10	63.8	47	27.5	3
Lee	202.2	309	174.4	103	23.2	35	12	7	19.6	30	22.3	13	77.5	118	51.9	30
Limestone	287.4	411	276.6	52	28.8	42	28.7	5	42.9	62	33	6	86.9	123	114.4	22
Lowndes	358.8	36	213	46	69.5	7	46.8	10	65.1	7	41.6	9	140.2	13	53.8	11
Macon	370.4	38	256.2	137	55.6	6	15.8	9	29.8	4	38.5	22	145.3	13	86.5	42
Madison	342.2	1,961	309.1	335	46.6	272	40	44	36.5	209	55.1	53	118.9	686	107.1	123
Marengo	270.8	98	267.2	88	39.7	15	14.3	5	24	10	46.8	15	87.8	31	98.5	30
Marion	283.8	269	317.2	7	28.4	27	47.4	1	36.2	38	0	0	94.5	87	47.4	1
Marshall	332.7	809	287.9	11	43.2	111	85.5	3	42.5	106	50.3	2	95.4	229	25.5	1
Mobile	395.4	3,009	373.2	1,138	64.4	507	43.9	132	45.3	357	48	144	122.9	919	113.8	350
Monroe	396.6	173	333.2	75	57.4	26	48	10	41.9	19	44.4	10	151.4	63	83.8	19
Montgomery	348.2	1,326	345.4	706	43.1	174	39.2	77	37	151	49.2	97	135.5	501	112.5	235
Morgan	397.6	1,103	440.4	112	53.2	151	40.9	10	43.2	122	69.7	17	137.7	377	107	28
Perry	327.7	53	165.9	39	57.5	10	4.9	1	58.5	9	34.8	9	104.6	16	45.5	10
Pickens	231.7	101	212	53	38.9	17	31.1	8	19.6	8	23.8	6	70.8	31	51.5	13
Pike	316.5	172	234.6	61	29.1	16	8.4	2	49.1	30	39.7	11	115.1	59	87.3	22
Randolph	192	101	221.3	26	23	13	17.7	2	21.6	14	22.7	3	56.4	28	100.4	12
Russell	158.4	145	127	67	31.1	30	24.4	13	17.6	17	13.9	7	45.5	41	29.2	15
St Clair	297.7	419	319.6	35	56.1	81	26.3	3	36.7	51	57.1	6	75.7	106	90.9	10
Shelby	244.4	652	284.3	68	30.4	77	28.3	6	26.3	65	17.7	4	88.4	245	106.1	27
Sumter	224.2	29	159.9	45	81.2	9	21.8	6	19.3	3	30.9	9	64.1	8	39.9	11
Talladega	338.9	558	278.7	143	47.8	84	29.3	15	41.8	71	43.6	21	97.6	160	79	40
Tallapoosa	322.7	333	343.1	88	34.1	39	20.6	5	42.1	48	42	11	112.3	111	121	31
Tuscaloosa	347.8	1,084	329.8	336	42.5	136	37.2	37	36.9	118	49.7	51	128.2	394	101.2	104
Walker	395.5	803	297.2	38	53.6	113	49	6	45.8	95	46.4	6	121.6	244	91.8	12
Washington	275.1	90	262.5	31	41.8	14	8.7	1	30.1	10	33	4	105.9	34	83.4	10
Wilcox	277.8	44	218.2	50	37.8	7	28.6	6	45.6	7	51	12	107.6	15	57.4	13
Winston	347.2	255	1,313.10	4	46	35	0	0	31.2	24	193.8	1	122.9	88	781.7	2
Alabama	348.2	33,585	314.5	8,450	47.6	4,768	33	867	39.2	3,961	45.2	1,213	113.9	10,751	98.4	2,621
United States	424	506,241	404.8	51,873	51	61,609	53.2	6,606	46	57,721	55.8	6,769	137	159,108	120.7	15,886

Table 7 – continued

	Cervix				Oral				Melanoma		
	White		Black		White		Black		White		Black
RATE	COUNT	RATE	COUNT	RATE	COUNT	RATE	COUNT	RATE	COUNT	RATE	COUNT
7.5	6	9.2	2	1.2	1	0	0	12.8	10	0	0
4.8	15	15.1	6	5	17	6.9	3	6.2	21	2.9	1
3.5	2	19.9	6	3.5	2	3.6	1	7.7	3	0	0
13.4	4	7	1	8.8	3	5.2	1	12.3	4	0	0
5.1	6	0	0	8.2	10	0	0	4.8	6	0	0
10.1	1	21.6	4	8.6	1	5.2	1	0	0	0	0
7.1	2	13.6	3	5	3	9.6	2	19.7	9	9.7	2
13.2	33	19.2	10	6.3	20	5.2	3	11.9	32	0	0
3.9	3	5.6	2	3	3	9	3	2.1	2	2.8	1
1.9	1	0	0	4.9	3	0	0	3.5	2	0	0
6.8	6	21.2	2	7.4	7	0	0	2.4	2	0	0
5.4	1	5.4	1	0	0	0	0	3.5	1	0	0
21.2	8	20.6	6	6.4	3	3.8	1	9.3	4	0	0
10.1	3	15.6	1	10.9	4	0	0	12.4	4	0	0
2.8	1	0	0	2.8	1	0	0	6.7	2	0	0
9.1	8	5.6	1	8.6	10	10.2	2	12.9	14	0	0
5.1	6	10.9	3	6.3	9	3.7	1	2.4	3	0	0
20.3	4	6.2	1	0	0	0	0	10.4	4	0	0
6.5	1	56.6	5	9.9	2	0	0	3.4	1	0	0
5.5	4	7.6	1	6.2	8	0	0	9.8	8	0	0
4.4	1	9.9	1	9.5	4	0	0	4.5	2	0	0
6.1	12	0	0	10.4	25	0	0	9.2	18	0	0
8.2	9	17.9	4	6.3	7	0	0	13	12	0	0
11.2	6	11.1	8	11.3	9	6.2	4	7.4	4	0	0
3.8	6	0	0	5	10	0	0	12.5	22	31	1
8.9	11	14.2	4	2.4	3	10.7	3	9.4	12	4.5	1
2.8	2	11	3	2	2	2.5	1	15.1	11	0	0
10.3	26	9.8	4	4.6	14	5.9	2	6.7	20	2.4	1
4.4	2	0	0	4.4	2	0	0	10.8	6	0	0
6	5	0	0	3.9	4	0	0	5.9	6	0	0
12.9	7	28.4	2	8.3	6	12.1	1	9.8	7	0	0
36.5	2	0	0	9.4	1	0	0	9.2	1	0	0
23.2	4	0	0	12.3	3	9	2	12.4	2	0	0
3.8	1	7.9	1	8.5	4	0	0	20.9	5	0	0
9.2	16	8.2	4	7.7	15	10.3	5	12.9	22	2.4	1
10.7	14	16.5	1	8.7	12	12.1	1	7.6	11	0	0
9.2	107	15.1	96	6.5	92	6.9	42	8.4	103	0.1	1
14.6	5	0	0	11.4	5	0	0	0	0	0	0
6.5	14	8.6	2	5.3	14	0	0	4.5	10	0	0
12	8	6.5	1	8.8	7	0	0	4	3	0	0
2.5	4	14.4	9	4.6	7	5.2	3	4.5	7	1.8	1
8.9	12	5.7	1	4.8	7	5.6	1	7.1	10	0	0
0	0	8.7	2	0	0	0	0	0	0	0	0
0	0	17.4	9	0	0	3.2	2	15.6	1	0	0
6.6	38	4.2	5	4.4	25	3.6	4	8.2	47	0	0
9.3	3	3.5	2	0	0	0	0	9.3	3	0	0
7.8	6	0	0	3.4	4	0	0	9.6	9	0	0
14.2	31	0	0	5.9	15	0	0	9.9	23	0	0
9.2	65	11.1	34	6.5	49	6.3	20	11.7	85	0.3	1
16.2	6	26.9	6	7.7	4	5.3	1	17.9	7	0	0
8.3	28	14.7	32	3.5	14	4.3	8	12.3	43	0.9	2
6.9	18	16.1	4	8.7	25	6.7	2	10.6	28	2.3	1
6.1	1	5.4	1	0	0	0	0	6.1	1	4.7	1
0	0	8.7	2	6.3	3	0	0	5.9	2	0	0
11.6	5	7.3	2	2.3	1	0	0	14.2	6	0	0
5.9	2	9	1	3.2	2	0	0	4.4	2	0	0
5.3	4	1.8	1	3.5	3	0	0	2.5	2	1.9	1
5.4	7	26.9	3	6.2	9	10.4	1	5.4	7	0	0
3.8	12	10.5	3	5.6	14	0	0	4.9	14	0	0
9.1	1	3.8	1	0	0	6.3	2	0	0	0	0
10.6	14	18.2	10	4.2	7	3.8	2	9.4	13	0	0
9.5	7	17	5	8.8	10	3.5	1	3.9	4	0	0
5.9	17	15.9	17	5.4	17	5.1	5	11.4	33	0	0
13.2	23	9	1	8	17	15.3	2	11.1	21	0	0
9.6	3	7.6	1	6	2	0	0	0	0	0	0
11.1	1	19.2	4	0	0	3.7	1	0	0	5.5	1
6.2	4	0	0	5.2	4	0	0	7.1	5	0	0
8.6	739	13	358	6.3	622	5.1	137	9.3	835	0.6	17
9.6	11,071	13.3	1,906	6.7	8,042	6.8	892	14.9	17,390	0.9	121

Table 8. Alabama Cancer Incidence Rates, by County, Both Genders Combined by Race, 1996-2000*

| County | All Sites | | | | Lung | | | | Colorectal | | | |
| | White | | Black | | White | | Black | | White | | Black | |
	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Autauga	369.3	547	287.1	97	76.3	111	40.2	13	41.3	59	44.3	15
Baldwin	316.6	2,171	306.8	204	56.2	406	55.2	36	44.8	306	30.7	20
Barbour	350.2	306	341.8	174	63.9	57	52.5	27	37.5	33	31.5	15
Bibb	493.3	307	149.7	47	106.5	66	20.7	7	48.1	30	23.3	7
Blount	312.4	733	515.6	17	76.6	183	98.1	3	36.5	84	138.7	4
Bullock	244.6	52	261.8	91	48.6	10	38.4	12	30.7	7	41	15
Butler	344.4	294	333.5	123	63.1	57	36.6	13	46.3	42	40.4	15
Calhoun	435	2,241	492.9	415	89.7	472	82.4	68	50.2	260	66.2	54
Chambers	290.2	452	291.7	163	58.4	95	42.6	23	37.2	60	31.1	17
Cherokee	245.5	304	311.3	21	32.9	44	40.5	3	32.8	41	34.5	2
Chilton	265.8	463	268.5	49	59.2	105	49.4	9	29.4	51	57.3	10
Choctaw	153.1	80	155.1	48	40.1	22	32.9	10	17.4	9	15.4	5
Clarke	406.9	351	367.4	198	59.1	53	63.5	34	62.3	54	54.4	29
Clay	335.5	247	360.2	33	64.4	49	90.9	8	30.6	24	34.6	3
Cleburne	262.5	186	718.9	24	52.1	37	71.8	2	24.7	18	136.8	5
Coffee	332.8	660	332	108	57.7	117	62.7	20	39.5	79	31.3	11
Colbert	323.7	856	247.1	106	63.8	177	44.7	19	39	106	47.7	20
Conecuh	314.1	171	361.3	91	50.7	28	83.1	21	40.7	24	37.3	10
Coosa	437.2	211	428	75	79.3	38	51.9	9	67.6	32	29.7	5
Covington	299.5	615	301	67	69	145	44.5	10	33.8	71	68.3	15
Crenshaw	345.9	222	240.8	42	69.2	47	77.8	13	38.3	27	22.2	4
Cullman	356.5	1,471	407	16	70.7	300	38.9	2	43.7	180	72.8	3
Dale	338.9	675	443.5	135	69.3	141	85.9	25	39.5	79	47.3	15
Dallas	421.2	513	454.2	513	89.7	111	64.1	71	65.1	81	68.7	78
DeKalb	309.5	985	314.3	17	55.1	180	19.4	1	39.3	124	37.5	2
Elmore	400.6	954	363.9	166	82.1	195	61.5	26	55.6	131	74.4	32
Escambia	321.4	469	245.2	115	63.3	96	40.6	19	37.6	56	36.4	17
Etowah	344.1	1,874	363.8	233	70	399	74.1	47	41.9	226	41.3	26
Fayette	294.4	277	375.6	42	43.8	43	35.1	4	30	29	91.4	10
Franklin	353.3	584	274.5	19	78.4	133	40.5	3	40.2	66	49.3	3
Geneva	317.1	430	474.8	62	59.8	83	84.5	11	34.5	47	43.1	5
Greene	944.1	143	419	155	135.7	21	49.9	20	100.9	15	49.7	18
Hale	512.8	212	428.1	184	90.9	39	60.3	25	56.7	25	60.1	27
Henry	411.4	279	335.1	86	57.6	41	38.9	10	41	30	34.1	9
Houston	438.4	1,490	461.2	360	80.5	276	66.5	51	47	159	44.7	34
Jackson	312.5	813	200.4	23	58.3	156	57.4	6	36.3	93	11.7	1
Jefferson	448.6	10,938	414.1	4,324	76.6	1,932	58.7	604	51.2	1,277	53.9	556
Lamar	290.1	247	266	23	56.2	50	24.8	2	26.1	24	61.5	6
Lauderdale	354.8	1,564	336.3	124	66.4	301	68.9	24	43.9	194	53.4	19
Lawrence	332.1	471	261.6	55	71.3	102	53	11	45	62	68.3	14
Lee	209.9	583	220.2	209	38.5	105	31.5	29	25.3	67	27.4	26
Limestone	323.9	841	290.6	96	66.5	174	42.1	13	46.9	117	30.8	10
Lowndes	333.8	67	257	94	64.9	13	58.3	21	40.6	8	38.2	14
Macon	330.1	71	283.3	263	55.3	12	32.9	31	40.4	10	41.3	41
Madison	369.2	3,881	380.2	691	68	718	59.6	108	46	471	56.7	94
Marengo	315.3	209	357.3	194	51.5	35	60.5	32	42.8	29	38.7	20
Marion	290.4	504	275.1	15	51.5	92	73	4	40.5	72	43.9	2
Marshall	374.6	1,654	277.5	17	70.4	322	75.1	4	48.9	215	35.1	2
Mobile	461.3	6,309	472.4	2,396	91.8	1,270	81	404	52.7	720	56	275
Monroe	426.7	349	438.5	171	79.6	67	79.4	30	48.6	40	52.5	21
Montgomery	395.6	2,653	429.9	1,444	66.4	456	67	216	44.9	303	59.7	196
Morgan	454.2	2,282	457.1	196	78	398	72.9	30	51.7	256	55.1	23
Perry	385.1	112	295.1	109	72.9	23	43.3	15	58.4	16	36.2	15
Pickens	316.8	252	301.6	123	72.2	59	66.4	27	26.4	21	26.2	11
Pike	359.8	353	316.8	132	61.6	61	50.8	21	66.5	66	44.8	19
Randolph	193.6	191	266.6	54	32.2	34	29.6	6	25	26	38.4	8
Russell	171.7	281	154.3	138	44.9	74	37.1	33	23.3	39	16.5	14
St Clair	354.2	923	376.3	79	82.7	216	67	14	39	101	52	11
Shelby	297.9	1,435	289.8	116	52.2	240	49.3	18	32.9	147	20.5	8
Sumter	208.1	54	200.8	96	49.7	11	46.1	21	10.6	3	31.1	15
Talladega	376.2	1,122	369.3	320	69.6	215	65.5	56	47.2	139	48.8	40
Tallapoosa	334.2	615	399	175	52.2	100	50.2	22	40.6	77	44.6	19
Tuscaloosa	394.3	2,250	398.6	676	68.4	394	65.1	108	47.4	267	60	99
Walker	452.8	1,667	338.4	72	87.4	329	64.7	13	51.4	190	42	9
Washington	325.3	202	370.8	76	68.5	43	59.8	12	42	26	45.5	9
Wilcox	345.8	100	326.7	126	54.8	17	51.9	19	46.8	13	55	21
Winston	383.4	520	1,014.40	8	79.8	112	0	0	37.3	51	141	1
Alabama	394	68,910	387.6	17,429	73	13,117	61.2	2,696	47	8,154	50.3	2,228
United States	480	1,039,588	526.6	115,828	64	138,458	82.6	17,775	54	116,040	61.9	12,860

Table 8 - continued

County	Oral White Rate	Oral White Count	Oral Black Rate	Oral Black Count	Melanoma White Rate	Melanoma White Count	Melanoma Black Rate	Melanoma Black Count
Autauga		9	12.1	4	14.3	22	0	0
Baldwin	8.5	58	8	6	10	64	3.2	2
Barbour	4.7	4	10.2	5	16.9	14	0	0
Bibb	13	8	7.3	2	14.5	9	0	0
Blount	8.2	19	0	0	5.4	13	0	0
Bullock	13.7	3	5.3	2	4.7	1	0	0
Butler	7.8	7	11.5	4	11	9	8.1	3
Calhoun	15.5	81	7.7	7	11.8	58	0	0
Chambers	8.8	14	10.8	6	5.5	8	1.8	1
Cherokee	12.6	14	0	0	3.2	4	0	0
Chilton	11.7	21	0	0	7.3	13	0	0
Choctaw	1.8	1	3.6	1	7.4	4	2.6	1
Clarke	16.6	14	1.9	1	9.3	8	2	1
Clay	17.2	12	12.1	1	13.6	9	0	0
Cleburne	4	3	34.2	1	3.2	2	0	0
Coffee	13.4	27	5.7	2	12.8	25	3.3	1
Colbert	8.3	22	10	4	6.3	15	0	0
Conecuh	3.3	2	0	0	11.3	7	0	0
Coosa	12.9	6	11.3	2	12.1	5	0	0
Covington	9.9	20	0	0	9.7	18	0	0
Crenshaw	21.1	14	0	0	7.2	5	0	0
Cullman	14.2	58	0	0	11.4	44	0	0
Dale	9.2	18	19.5	5	13.1	26	0	0
Dallas	14.7	19	9	10	8.7	9	0	0
DeKalb	10	32	0	0	14.8	46	20.8	1
Elmore	11.7	28	18.6	9	5.8	14	7.1	3
Escambia	7.4	11	3.4	2	14.2	19	1.7	1
Etowah	9.3	51	8.9	5	8.2	46	1.4	1
Fayette	4.4	4	9.9	1	16.4	15	0	0
Franklin	11.3	19	0	0	10.5	17	0	0
Geneva	12.6	17	7.3	1	14.7	19	0	0
Greene	41.9	6	16	5	17.7	3	0	0
Hale	14.1	5	5.1	2	15.8	6	0	0
Henry	9.2	7	29.2	7	26.8	14	0	0
Houston	13.4	45	15.9	14	18.8	62	2.9	2
Jackson	8.9	23	14.3	2	9.9	26	0	0
Jefferson	12.5	298	11.3	117	12.5	287	0.4	4
Lamar	17.8	15	12.1	1	6.2	5	0	0
Lauderdale	10.4	44	2.5	1	6.3	26	0	0
Lawrence	13	19	0	0	8.1	12	0	0
Lee	4.7	13	14.7	14	4.3	12	1.2	1
Limestone	9.1	23	5.7	2	6.6	18	0	0
Lowndes	5	1	0	0	8.7	2	0	0
Macon	0	0	9.9	9	11.3	2	0	0
Madison	7.6	80	8.7	18	10.3	112	0	0
Marengo	13	9	0	0	9.3	6	0	0
Marion	9.3	17	22.8	1	12.2	20	0	0
Marshall	12.8	57	15.8	1	11.8	51	0	0
Mobile	12.6	171	14.3	77	17.3	233	0.3	2
Monroe	17.9	15	13.7	5	17.1	13	3	1
Montgomery	9.6	65	10.1	34	16.4	107	0.9	4
Morgan	14.8	74	12.9	6	11.7	58	3.7	2
Perry	16.3	5	13.1	4	6.5	2	2.8	1
Pickens	9.7	8	0	0	6.2	4	0	0
Pike	7.8	7	7.7	3	11.3	10	0	0
Randolph	7.4	8	0	0	4.1	4	0	0
Russell	4.8	8	2	2	1.9	3	1.2	1
St Clair	7.8	21	5.7	1	7.2	19	0	0
Shelby	9.2	44	3.7	2	6.7	36	0	0
Sumter	3.6	1	10.9	5	0	0	0	0
Talladega	11.8	35	11.9	11	7.9	22	0	0
Tallapoosa	13.3	25	10.4	5	5.2	9	0	0
Tuscaloosa	9.4	54	9.1	15	15.1	84	0	0
Walker	12.7	47	14.9	3	12.8	45	0	0
Washington	9.5	6	0	0	5	3	0	0
Wilcox	12.8	4	2	1	12.8	3	3.2	1
Winston	11.4	15	0	0	9.8	13	0	0
Alabama	11.5	2,004	10.2	463	12	2,032	0.8	34
United States	11.2	24,130	13.4	3,153	18	39,495	1.1	239

Table 9 – Tobacco Use, Adults 18 and Older, Alabama and the U.S., 2001

Current Cigarette Smoking	Alabama	U.S. Median
% Total	23.9%	23.4%
% Male	25.8%	25.5%
% Female	22.1%	21.5%
% White only, non-Hispanic	24.6%	22.9%
% Black only, non-Hispanic	19.8%	22.8%
% Other race only, non-Hispanic	32.2%	28.0%
% Hispanic	31.9%	23.2%
% Female 18-44	27.9%	26.3%
% Low Education*	29.7%	29.9%
Current Smokeless Tobacco Use		
% Male	--	9.9%

Current Cigarette Smoking defined as having ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular)
*Adults 25 years old and older with less than a high school education
-- Data not displayed when 50 or fewer survey respondents in that category
Source: Behavioral Risk Factor Surveillance System Public Use Data File 2001, Centers for Disease Control and Prevention

Table 10 – Tobacco Use, High School Students, Alabama, 2000, and the U.S., 2000

Current Cigarette Smoking	Alabama	U.S.
% Total	30.2%	28.0%
% Male	32.5%	28.8%
% Female	27.8%	27.3%
Current Smokeless Tobacco Use		
% Male	17.4%	14.8%

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

Table 11 – Tobacco Use, Middle School Students, Alabama, 2000, and the U.S., 2000

Current Cigarette Smoking	Alabama	U.S.
% Total	19.1%	11.0%
% Male	22.1%	11.7%
% Female	15.7%	10.2%

Current Cigarette Smoking defined as smoked cigarettes on 1 or more of the 30 days preceding the survey
-- Data not available
Source: Youth Tobacco Survey, 2000, Centers for Disease Control and Prevention

Table 12 – Colorectal Cancer Screening, Adults 50 and Older, Alabama and the U.S., 2001

Sigmoidoscopy/Colonoscopy within the Past 5 Years	Alabama	U.S. Median
% Total	37.4%	37.4%
% 50-64 years old	31.2%	32.6%
% 65 years and older	44.7%	45.1%
% Male	35.2%	38.7%
% Males 50-64 years old	27.2%	32.0%
% Males 65 years and older	46.5%	48.3%
% Female	39.1%	36.6%
% Females 50-64 years old	34.8%	31.7%
% Females 65 years and older	43.5%	42.4%
% White only, non-Hispanic	38.7%	39.2%
% Black only, non-Hispanic	32.7%	35.3%
% Other race only, non-Hispanic	--	26.6%
% Hispanic	--	31.9%
% Low Education*	31.7%	33.3%
Fecal Occult Blood Test within the Past Year		
% Total	6.9%	23.4%
% 50-64 years old	5.4%	20.3%
% 65 years and older	8.8%	26.7%
% Male	7.2%	23.6%
% Males 50-64 years old	6.0%	20.2%
% Males 65 years and older	9.1%	29.2%
% Female	6.7%	23.0%
% Females 50-64 years old	4.9%	20.6%
% Females 65 years and older	8.6%	25.5%
% White only, non-Hispanic	7.1%	24.1%
% Black only, non-Hispanic	6.2%	21.6%
% Other race only, non-Hispanic	--	16.5%
% Hispanic	--	16.0%
% Low Education*	6.6%	19.3%

*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: Behavioral Risk Factor Surveillance System Public Use Data File 2001, Centers for Disease Control and Prevention

Table 13 – Nutrition, Adults 18 and Older, Alabama and the U.S., 2000

Eating 5 or More Fruits and Vegetables per Day	Alabama	U.S. Median
% Total	22.7%	23.2%
% Male	22.6%	18.8%
% Female	22.8%	26.9%
% White only, non-Hispanic	22.2%	23.5%
% Black only, non-Hispanic	21.6%	21.9%
% Other race only, non-Hispanic	--	23.8%
% Hispanic	--	22.8%
% Low Education*	17.1%	20.1%

*Adults 25 years old and older with less than a high school education
-- Data not displayed when 50 or fewer survey respondents in that category
Source: Behavioral Risk Factor Surveillance System Public Use Data File 2000, Centers for Disease Control and Prevention

Table 14 – Physical Activity, Adults 18 and Older, Alabama and the U.S., 2001

No Leisure Time Physical Activity	Alabama	U.S. Median
% Total	31.2%	25.3%
% Male	27.6%	22.8%
% Female	34.4%	27.5%
% White only, non-Hispanic	28.9%	22.9%
% Black only, non-Hispanic	37.5%	33.2%
% Other race only, non-Hispanic	36.9%	25.4%
% Hispanic	29.9%	35.7%
% Low Education*	53.0%	48.6%

*Adults 25 years old and older with less than a high school education
-- Data not displayed when 50 or fewer survey respondents in that category
Source: Behavioral Risk Factor Surveillance System Public Use Data File 2001, Centers for Disease Control and Prevention

Table 15 – Mammography, Women 40 and Older, Alabama and the U.S., 2000

Mammogram within the past year	Alabama	U.S. Median
% 40 years and older	58.5%	62.6%
% 40-64 years old	56.5%	62.5%
% 65 years and older	62.4%	65.3%
% White only, non-Hispanic	57.8%	62.9%
% Black only, non-Hispanic	63.0%	66.7%
% Other race only, non-Hispanic	--	55.4%
% Hispanic	--	65.7%
% Low Education*	49.9%	53.4%

*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: Behavioral Risk Factor Surveillance System Public Use Data File 2000, Centers for Disease Control and Prevention

Table 16 – Pap Test, Women 18 and Older, Alabama and the U.S., 2000

Pap Test within the Past 3 Years	Alabama	U.S. Median
% 18 years and older	86.6%	86.8%
% 18-44 years old	89.8%	89.0%
% 45-64 years old	86.1%	87.8%
% 65 years and older	72.6%	74.4%
% White only, non-Hispanic	85.7%	87.2%
% Black only, non-Hispanic	88.5%	88.8%
% Other race only, non-Hispanic	--	78.5%
% Hispanic	--	83.7%
% Low Education*	75.1%	76.1%

*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: Behavioral Risk Factor Surveillance System Public Use Data File 2000, Centers for Disease Control and Prevention

Age Adjustment to the Year 2000 Standard

Epidemiologists use a statistical method called "age-adjustment" to compare groups of people with different age compositions. For example, without adjusting for age, it would be inaccurate to compare the cancer rates of the state of Florida, which has a large elderly population, to that of Alaska, which has a younger population. This is especially true when examining cancer rates, since cancer is generally a disease of older people. Without adjusting for age, it would appear that the cancer rates for Florida are much higher than Alaska. However, once the ages are adjusted, it appears their rates are similar.

In this publication, we use the most recent US census (2000) as the baseline for our age-adjustment. This is a change from previous issues and other statistics we have published. Prior to this, most of our statistics were based on the 1970 census. This change brings us into alignment with federal agencies that publish statistics. This new standard population will apply to data from calendar year 1999 and forward. The change will also require a recalculation of age-adjusted rates for previous years to allow valid comparisons between current and past years.

The purpose of shifting to the Year 2000 Standard is to more accurately reflect contemporary incidence and mortality rates, given the aging of the US population. On average, Americans are living longer because of the decline in infectious and cardiovascular diseases. Our longer life span is allowing us to reach the age where cancer and other chronic diseases become more common. Using the Year 2000 Standard in age-adjustment instead of the 1970 or 1940 standards allows age-adjusted rates to be closer to the actual, unadjusted rate in the population.

The impact on a particular cancer of changing to the Year 2000 Standard will vary depending on the ages at which that particular cancer generally occurs. In looking at the statistics nationally for all cancers combined, average annual age-adjusted incidence rate for 1994-98 will increase approximately 20% when adjusted to the Year 2000 compared to the Year 1970 Standard. For cancers, such as colon cancer, that occur mostly at older age, the Year 2000 Standard will increase incidence by up to 25%, whereas for cancers such as acute lymphocytic leukemia, the new standard will decrease the incidence by about 7%. These changes are caused by the increased representation of older ages (for all cancer and prostate cancer) or by the decreased representation of younger ages (for acute lymphocytic leukemia) in the Year 2000 Standard compared to the Year 1970 Standard.

It is important to note that in no case will the actual number of cases/deaths or age-specific rates change; only the age-standardized rates which are weighted to the different age-distribution.

Screening Guidelines For the Early Detection of Cancer in Asymptomatic People

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

COLON & RECTUM
Beginning at age 50, men and women should follow one of the examination schedules below:
·   A fecal occult blood test (FOBT) every year
·   A flexible sigmoidoscopy (FSIG) every five years
·   Annual fecal occult blood test and flexible sigmoidoscopy every five years*
·   A double-contrast barium enema every five years
·   A colonoscopy every 10 years
*Combined testing is preferred over either FOBT, or FSIG every 5 years, alone. People who are at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule.

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

UTERUS
Cervix: Screening should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age. Screening should be done every year with regular Pap tests or every two years using liquid-based tests. At or after age 30, women who have had three normal test results in a row may get screened every 2-3 years. However, doctors may suggest a woman get screened more often if she has certain risk factors, such as HIV infection or a weak immune system. Women 70 years and older who have had three or more consecutive normal Pap tests in the last 10 years may choose to stop cervical cancer screening. Screening after total hysterectomy (with removal of the cervix) is not necessary unless the surgery was done as a treatment for cervical cancer.
Endometrium: The American Cancer Society recommends that all women should be informed about the risks and symptoms of endometrial cancer, and strongly encouraged to report any unexpected bleeding or spotting to their physicians. Annual screening for endometrial cancer with endometrial biopsy beginning at age 35 should be offered to women with or at risk for hereditary nonpolyposis colon cancer (HNPCC).

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

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

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

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