South Atlantic Division Cancer Facts & Figures

2006

American Cancer Society®

We Are Here.
Making A Difference
In Every Community.

South Atlantic Division, Inc.

American Cancer Society Mission Statement

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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Introduction

New for *Facts & Figures 2006*

This year, *At a Glance* sections have been added for each state in the South Atlantic Division. These new sections offer a snapshot of each state's cancer control activities in tobacco, breast, colorectal, prostate, access to care, nutrition and physical activity and state comprehensive cancer control. Some of the new information in *At a Glance* includes percent of population covered by clean indoor air laws, tobacco settlement and tax revenues, target population of state Breast and Cervical Cancer Early Detection Programs (BCCEDP), status of state screening programs for prostate and colorectal cancers, and number of transportation resources for cancer patients in each state. This information is intended to raise awareness of cancer control activities and aid in more effective planning to reduce the cancer burden in our communities.

Another new addition is a section discussing the unequal cancer burden in minority populations with a focus on African American women disproportionately being affected by breast cancer. Research has shown that many factors contribute to the disparity and raising awareness may be a first step in reversing this trend.

Lastly, County Level Data (Ward Level Data for the District of Columbia) has been added as a CD insert on the inside back cover. Because many cancer control activities take place at the county level, making this data available can help counties have a more thorough understanding of the cancer burden in their community.

How to Use Cancer Facts & Figures for Planning Cancer Control

The *South Atlantic Division Cancer Facts & Figures 2006* was developed to provide a comprehensive resource for state and community cancer control planning and implementation. The publication includes cancer incidence, staging and mortality data for the following cancer sites: breast, cervical, colorectal, lung and bronchus, melanoma and prostate. The South Atlantic Division is comprised of Delaware, the District of Columbia, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia.

This section describes the types of information included in this publication and how the data and information may be useful in planning and implementing cancer control interventions. The publication includes the following data: demographics, cancer incidence, mortality, staging, risk factor and screening data.

Demographic Data

Demographic data describes the population distribution of a community. Data may include age, race, income, education, as well as a host of other variables that describe the socioeconomic and cultural variation in the community. Demographic data are helpful in identifying the populations most at risk for cancer to better target our efforts. We must ensure that interventions utilize messages and human resources reflective of the racial and cultural make-up of the community.

Cancer Incidence and Mortality Data

New cancer cases are called cancer incidence. Cancer incidence data identify the burden of specific types of cancer and the impact of cancer on a population. The number of cancer cases, or case counts, can be helpful in planning a particular survivorship program.

Comparing the number of new cancer cases from two or more years is difficult because the population changes. Further, it is difficult to compare cancer cases in two or more counties or regions because the population is not always similar. Therefore incidence rates, which account for the population differences, rather than counts, should be used. Cancer incidence rates are the number of people per 100,000 who are diagnosed with cancer during a given time period. Incidence rates can be used to monitor cancer increases and decreases over a period of years.

Deaths due to cancer are referred to as cancer mortality. Cancer deaths, or mortality counts, can also be used to describe the burden of cancer in the community. Cancer mortality rates are defined as the number of people per 100,000 dying of the disease during a given year. Mortality rates, like incidence rates, account for population differences, and should be used when comparing data.

Cancer Staging Data

Cancer staging is the process of describing the extent or spread of cancer from the site of origin. The earlier a cancer is diagnosed, the greater the likelihood of survival.

Communities often launch initiatives to promote screening (early detection) of cancer. Thus, staging data can be valuable to the community to monitor the effect of the screening program. While it is important that cancer be diagnosed at all stages, the earlier cancer is found, the more likely it can be successfully treated and decrease overall cancer mortality.

Risk Factor Data

There are ways of decreasing the risk of or preventing certain types of cancer. All cancers caused by cigarette smoking and heavy use of alcohol could be prevented completely.[1] Consuming a healthy diet, engaging in physical activity and maintaining a healthy weight are behaviors that reduce the risk of cancer. The prevalence of each of these modifiable risk behaviors among both adults and youth is reported in this publication by state and are important factors that impact each state's cancer burden. It is estimated that obtaining recommended cancer screening tests and adopting healthy behaviors such as good

nutrition, reasonable body weight and regular physical exercise could eliminate at least 50% of cancer deaths.[2]

Tobacco Use

Thirty percent of cancer deaths, including nearly 90% of lung cancer deaths, are the result of tobacco use.[3] Tobacco use, primarily cigarette smoking, has been associated most strongly with cancers of the lung, bronchus, and other respiratory organs, but also with colorectal, cervical, and bladder cancers. Utilizing tobacco prevalence data to identify differences between gender, race/ethnicity, age and educational status will help focus comprehensive efforts on specific populations to decrease consumption of tobacco products. Identification of populations with high smoking rates will also help to identify areas where policies and ordinances regarding clean indoor air may be needed.

Nutrition, Overweight and Physical Activity

Nearly one third of cancer deaths expected to occur in 2006 are related to nutrition, physical inactivity and being overweight or obese.[1] Both nutrition and unhealthy bodyweight has been associated with breast and colorectal cancer and may strongly impact one's quality of life as a cancer survivor. Physical activity is important because it helps a person lose or maintain a healthy weight while also reducing the risk for other diseases. By examining behavioral data related to nutrition, weight, and physical exercise, community groups can focus awareness campaigns on populations that are less likely to follow the cancer prevention guidelines.

Youth data on tobacco use, nutrition and physical activity can be used in much the same way as the adult data. The data can be used to communicate the need for strengthening tobacco laws that limit access to youth as well as to promote the importance of comprehensive school health programs.

Screening Data

Breast Cancer Screening

This report provides the percentage of women 40 and older in each state that receives an annual mammography. Because the data are reported by age, race and low education, readers can identify women in certain demographic categories who may be in greater need of early detection messaging and outreach. While the data are a couple years old and reported only on the state level, they are still useful in assessing the status of early detection of breast cancer.

Colorectal Cancer Screening

This publication reports the percentage of adults 50 and older by age, sex, race and low education who have received either a sigmoidoscopy or colonoscopy within the past five years by state. Based on the screening data, one can determine the age groups and/or race/ethnicity groups that may be in greater need of early detection messaging and outreach. If the sigmoidoscopy/colonoscopy test rates are lower among men in the state, the community might concentrate on raising awareness about the importance of colorectal screening through tailored messages targeted to the male population over 50 years old.

Prostate Cancer Screening

The percentage of men 50 and older that have received a prostate specific antigen (PSA) test within the past year is reported by state. The data can help focus awareness campaigns and leverage national media promotions. Combining screening data with cancer incidence, mortality and staging data can help more thoroughly illustrate the prostate cancer burden in communities.

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[1] *American Cancer Society,* Cancer Facts & Figures 2006. *Atlanta, GA: 2006.*
[2] *American Cancer Society,* Cancer Prevention & Early Detection Facts and Figures 2005. *Atlanta, GA: 2005.*
[3] *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.* Reducing the Health Consequences of Smoking: 25 Years of Progress. *Atlanta, GA: 1989.*

Demographics

The South Atlantic Division, comprised of Delaware, the District of Columbia, Georgia, Maryland, North Carolina, South Carolina, Virginia and West Virginia, has a diverse and growing population of 38,027,145 residents (2005 estimate). The primary racial and ethnic categories of the population are White (66%), Black (24%), Asian Pacific Islander (3%) and Hispanic (5%). The largest subpopulations of Hispanics are Mexican at 47% and Other Hispanic (not Mexican, Cuban or Puerto Rican) at 41%. The largest subpopulations of Asian Americans are Asian Indian (23%), Chinese (17%) and Korean (16%).

Approximately 25% of the residents in the South Atlantic Division are under age eighteen, 65% are over age twenty-five, and 12% are over age sixty-five. Georgia has the largest population under age eighteen at 26%, the District of Columbia has the largest population from 25-39 at 27% and West Virginia has the highest population of residents over age 65 at 16%.

Household income and educational attainment are helpful categories when planning cancer control activities because they can help focus on a specific subpopulation in need within a community. Individuals with lower household incomes and fewer years of education often correlate with lower insurance rates and more barriers to attaining healthcare; and in turn, often have lower screening rates and higher mortality rates.

About 5.4% of the total population in the South Atlantic Division is unemployed; the District of Columbia has the highest percentage at 12.4%. West Virginia has the highest percentage of households with incomes below $10,000 at 13.5%. Approximately 20% of the Division population has less than a high school diploma.

ESTIMATED STATE POPULATION BY RACE AND HISPANIC ETHNICITY, 2005

	South Atlantic Division		District of Columbia		Delaware		Georgia		Maryland		North Carolina		South Carolina		Virginia		West Virginia	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Total	**38,027,145**		**556,900**		**834,069**		**8,905,416**		**5,602,916**		**8,567,623**		**4,212,051**		**7,532,363**		**1,815,807**	
White/Non-Hispanic	25,054,215	65.9	155,974	28.0	594,129	71.2	5,451,429	61.2	3,416,813	61.0	5,856,949	68.4	2,725,286	64.7	5,144,736	68.3	1,708,899	94.1
Black/Non-Hispanic	9,126,201	24.0	313,817	56.4	156,699	18.8	2,502,118	28.1	1,531,372	27.3	1,840,331	21.5	1,259,104	29.9	1,463,605	19.4	59,155	3.3
American Indian/ Non-Hispanic	176,655	0.5	1,134	0.2	2,335	0.3	19,879	0.2	13,981	0.2	102,382	1.2	13,628	0.3	19,873	0.3	3,443	0.2
Asian / Pacific Islander/Non-Hispanic	1,054,266	2.8	17,798	3.2	21,779	2.6	222,161	2.5	255,602	4.6	151,466	1.8	47,627	1.1	324,672	4.3	13,161	0.7
Hispanic	2,036,682	5.4	55,978	10.1	45,671	5.5	588,209	6.6	276,426	4.9	508,936	5.9	122,287	2.9	426,557	5.7	12,618	0.7
Other/Non-Hispanic	579,126	1.5	12,199	2.2	13,456	1.6	121,620	1.4	108,722	1.9	107,559	1.3	44,119	1.0	152,920	2.0	18,531	1.0

Estimated State Population By Household Income*

	South Atlantic Division		District of Columbia		Delaware		Georgia		Maryland		North Carolina		South Carolina		Virginia		West Virginia	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Workforce 16+	18,219,189		254,875		402,488		4,217,979		2,798,212		4,106,598		1,944,259		3,761,822		732,956	
Unemployed^	986,639	5.4	31,705	12.4	21,832	5.4	236,615	5.6	134,547	4.8	225,264	5.5	118,828	6.1	159,287	4.2	58,561	8.0
Total Households																		
Count	14,586,184		244,710		320,459		3,274,782		2,107,911		3,355,509		1,639,356		2,891,780		751,677	
<$10,000	1,262,221	8.7	30,600	12.5	20,174	6.3	293,715	9.0	128,699	6.1	312,357	9.3	172,515	10.5	202,458	7.0	101,703	13.5
$10,000 - $15,000	731,596	5.0	13,303	5.4	13,483	4.2	163,724	5.0	74,468	3.5	182,206	5.4	97,489	5.9	125,490	4.3	61,433	8.2
$15,000 - $25,000	1,581,141	10.8	22,991	9.4	31,392	9.8	348,238	10.6	169,046	8.0	400,799	11.9	206,528	12.6	283,108	9.8	119,039	15.8
$25,000 - $35,000	1,657,426	11.4	25,083	10.3	34,118	10.6	368,315	11.2	191,694	9.1	419,627	12.5	207,470	12.7	307,517	10.6	103,602	13.8
$35,000 - $50,000	2,322,206	15.9	35,146	14.4	50,115	15.6	517,130	15.8	299,986	14.2	571,620	17.0	278,190	17.0	446,053	15.4	123,966	16.5
$50,000 - $75,000	2,852,772	19.6	39,097	16.0	67,554	21.1	642,997	19.6	425,700	20.2	664,040	19.8	316,586	19.3	573,985	19.8	122,813	16.3
$75,000 - $100,000	1,689,158	11.6	24,420	10.0	41,751	13.0	380,563	11.6	301,093	14.3	354,215	10.6	165,749	10.1	362,676	12.5	58,691	7.8
$100,000+	2,489,664	17.1	54,070	22.1	61,872	19.3	560,100	17.1	517,225	24.5	450,645	13.4	194,829	11.9	590,493	20.4	60,430	8.0

State Population By Educational Attainment**

	South Atlantic Division		District of Columbia		Delaware		Georgia		Maryland		North Carolina		South Carolina		Virginia		West Virginia	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Population 25+	24,886,508	65.4	389,297	69.9	550,762	66.0	5,662,124	63.6	3,694,800	65.9	5,617,828	65.6	2,753,607	65.4	4,962,820	65.9	1,255,270	69.1
0 - 8th Grade	1,797,393	7.2	30,904	7.9	27,381	5.0	424,396	7.5	183,776	5.0	431,430	7.7	224,072	8.1	350,448	7.1	124,986	10.0
High School:																		
No Diploma	3,229,093	13.0	56,650	14.6	68,568	12.4	777,410	13.7	398,883	10.8	776,617	13.8	416,611	15.1	549,642	11.1	184,712	14.7
High School																		
Graduate	7,045,040	28.3	80,151	20.6	173,695	31.5	1,624,534	28.7	982,879	26.6	1,585,125	28.2	822,403	29.9	1,282,045	25.8	494,208	39.4
College: No Degree	5,001,248	20.1	59,658	15.3	107,787	19.6	1,165,201	20.6	756,439	20.5	1,151,487	20.5	534,575	19.4	1,017,186	20.5	208,915	16.6
College: Assoc.																		
Degree	1,448,774	5.8	10,709	2.8	36,510	6.6	298,049	5.3	198,867	5.4	383,057	6.8	185,224	6.7	282,029	5.7	54,329	4.3
College: Bachelor's																		
Degree	4,013,779	16.1	70,093	18.0	85,577	15.5	908,789	16.1	674,238	18.2	879,962	15.7	378,858	13.8	903,904	18.2	112,358	9.0
College: Graduate																		
Degree	2,351,181	9.4	81,132	20.8	51,244	9.3	463,745	8.2	499,718	13.5	410,150	7.3	191,864	7.0	577,566	11.6	75,762	6.0

**Percent Based on Total Household Count*
^Percent Based on Population 16+
***Percent Based on Population 25+*
Percents may not add up to 100 due to rounding

Estimated New Cancer Cases & Deaths, 2006

Estimated New Cancer Cases by Site and State, 2006*

State	All Cases	Female Breast	Uterine Cervix	Colon and Rectum	Uterine Corpus	Leukemia	Lung and Bronchus	Melanoma of the Skin	Non-Hodgkin Lymphoma	Prostate	Urinary Bladder
DE	4,190	570	†	430	110	130	550	240	190	690	190
DC	2,680	470	†	300	170	50	290	80	120	510	240
GA	36,650	5,920	370	3,690	950	820	4,860	1,490	1,470	5,490	1,460
MD	25,870	4,310	210	2,750	780	630	3,320	1,100	1,060	4,290	1,130
NC	40,890	6,290	260	4,120	1,180	990	5,480	1,970	1,840	7,120	1,600
SC	22,530	3,170	160	2,370	500	520	3,040	860	940	3,770	850
VA	34,990	6,080	210	3,690	1,010	800	4,840	1,730	1,060	6,000	1,460
WV	11,280	1,400	100	1,320	280	240	1,640	470	560	1,460	470
SAD**	**179,080**	**28,210**	**1,310**	**18,670**	**4,980**	**4,180**	**24,020**	**7,940**	**7,240**	**29,330**	**7,400**
U.S.	**1,399,790**	**212,920**	**9,710**	**148,610**	**41,200**	**35,070**	**174,470**	**62,190**	**58,870**	**234,460**	**61,420**

**Rounded to the nearest 10. Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder.*
†Estimate is 50 or fewer cases.
***South Atlantic Division*
Note: These estimates are offered as a rough guide and should be interpreted with caution. They are calculated according to the distribution of estimated cancer
Data Source: American Cancer Society, Cancer Facts and Figures, 2006

Estimated New Cancer Deaths by Site and State, 2006*

State	All Sites	Brain/Nervous System	Female Breast	Colon and Rectum	Leukemia	Liver	Lung and Bronchus	Non-Hodgkin Lymphoma	Ovary	Pancreas	Prostate
DE	1,690	†	110	160	80	†	510	60	50	100	80
DC	1,080	†	90	110	†	†	270	†	†	70	60
GA	14,790	300	1,140	1,370	520	360	4,530	470	410	790	640
MD	10,440	220	830	1,020	400	280	3,090	340	270	620	500
NC	16,500	360	1,210	1,530	630	410	5,100	590	440	940	830
SC	9,090	180	610	880	330	230	2,830	300	200	500	440
VA	14,120	270	1,170	1,370	510	360	4,510	340	380	780	700
WV	4,550	90	270	490	150	110	1,530	180	130	200	170
SAD**	**72,260**	**1,420**	**5,430**	**6,930**	**2,620**	**1,750**	**22,370**	**2,280**	**1,880**	**4,000**	**3,420**
U.S.	**564,830**	**12,820**	**40,970**	**55,170**	**22,280**	**16,200**	**162,460**	**18,840**	**15,310**	**32,300**	**27,350**

**Rounded to the nearest 10. Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder.*
†Estimate is 50 or fewer cases.
***South Atlantic Division*
Note: These estimates are offered as a rough guide and should be interpreted with caution. They are calculated according to the distribution of estimated cancer
Data Source: American Cancer Society, Cancer Facts and Figures, 2006

How to Estimate Cancer Statistics Locally, 2006

Multiply community population by:

To obtain the estimated number of...	All Sites	Female Breast*	Colon & Rectum	Lung	Prostate*
New cancer cases	0.0047	0.0014	0.0005	0.0006	0.0016
Cancer deaths	0.0019	0.0003	0.0002	0.0005	0.0002
People who will eventually develop cancer	0.4156	0.1322	0.0566	0.0658	0.1793
People who will eventually die of cancer	0.2110	0.0291	0.0224	0.0537	0.0310

**For female breast cancer multiply by female population, and for prostate cancer multiply by male population.*
Note: The American Cancer Society recommends using data from state cancer registries, when it is available, to more accurately estimate local cancer statistics. These registries count the number of cancers that occur in localities throughout each state.
Data Source: DevCan: Probability of Developing or Dying of Cancer Software, Version 6.0, Statistical Research and Applications Branch, National Cancer Institute, 2005. http://srab.cancer.gov/devcan

Cancer Incidence Rates, All Sites, by State and U.S., 1995-2003*

	1995	1996	1997	1998	1999	2000	2001	2002	2003
DE	526.5	507.7	507.6	495.7	501.8	513.4	520.4	508.8	480.0
DC	603.7	600.4	545.1	549.5	533.1	535.2	509.3	496.0	491.3
GA					437.4	465.0	476.8	477.7	458.5
MD	536.0	524.5	507.6	475.8	467.4	483.6	444.4	493.2	
NC	437.2	420.9	430.8	434.0	443.9	471.6	442.7	424.5	440.5
SC		486.5	485.7	465.0	480.5	463.5	473.7	479.9	450.4
VA	398.6	415.6	408.4	424.4	430.4	432.4	413.4	423.1	441.3
WV	460.8	470.0	496.8	494.3	497.6	493.2	507.3	491.3	463.1
US	**475.7**	**477.3**	**484.2**	**485.5**	**486.6**	**480.2**	**478.9**	**471.4**	

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
**Georgia data years: 1999-2003, South Carolina data years: 1996-2003, Maryland data years: 1995-2002, U.S. data years: 1995-2002*
Data Sources: DC, DE, MD, GA, NC, SC, VA and WV cancer registries; Surveillance, Epidemiology and End Results (SEER)

Cancer Mortality Rates, All Sites, by State and U.S., 1995-2003*

	1995	1996	1997	1998	1999	2000	2001	2002	2003
DE	231.8	234.0	225.7	217.0	223.2	201.7	219.8	194.3	200.3
DC	260.7	244.0	219.3	246.4	241.5	238.3	236.5	230.9	200.1
GA	215.1	203.9	208.7	204.7	201.1	205.2	202.6	200.2	196.7
MD	226.8	222.4	217.1	214.7	208.8	207.9	202.2	201.1	
NC	213.1	212.4	206.9	205.0	207.3	203.7	203.8	201.4	195.1
SC	234.9	240.0	216.5	210.2	216.4	212.1	210.7	203.7	202.7
VA	215.1	213.4	212.8	207.1	212.8	207.8	198.7	198.7	195.7
WV	229.7	225.9	229.1	225.9	224.4	223.3	219.2	215.5	212.7
US	**209.9**	**207**	**203.6**	**200.8**	**200.7**	**198.6**	**195.7**	**193.5**	

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
**Maryland data years: 1995-2002, U.S. data years: 1995-2002*
Data Sources: DC, DE, GA, NC and SC cancer registries; VA Center for Health Statistics; WV Health Statistics Center; American Cancer Society, Department of Epidemiology and Surveillance Research, National Center for Health Statistics

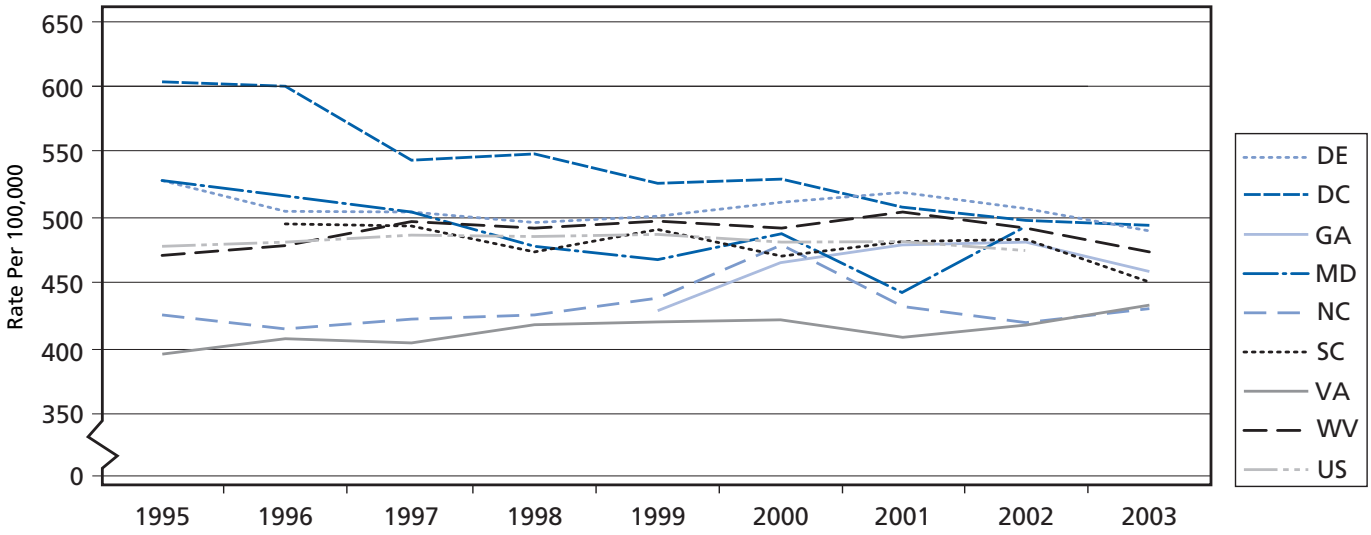
Trends

The American Cancer Society has set goals to reduce cancer mortality rates by 50% and reduce cancer incidence by 25% by the year 2015. As of 2002, the U.S. cancer incidence rate declined 7.6% from the 1992 baseline. The overall U.S. cancer incidence rate has declined but may now be leveling off. Though there has been some fluctuation from the mid-1990s to 2003, the overall incidence rates of Delaware, the District of Columbia, Maryland and South Carolina have decreased (Figure 1). Although Georgia and West Virginia's overall incidence rates have not declined, they decreased between 2002 and 2003. Decline in incidence rates may be a result of a decrease in unhealthy behaviors such as tobacco use or increased use of screening/diagnostic techniques.

The U.S. cancer mortality rate decreased 10% from 1991 to 2002. There was an average decline of approximately 0.9% per year since 1991, the baseline for the American Cancer Society's goal. In the South Atlantic Division, Georgia and North Carolina are 10-24% toward reaching the 2015 goal of a 50% decrease in cancer mortality. The rest of the states in our division are less than 10% toward reaching the 2015 goal. Though there is some variance, cancer mortality rates in all states in the South Atlantic Division and the District of Columbia have been declining since the mid-1990s (Figure 2). Unfortunately, all mortality rates of the states in the South Atlantic Division and the District of Columbia still exceed the U.S. rate.

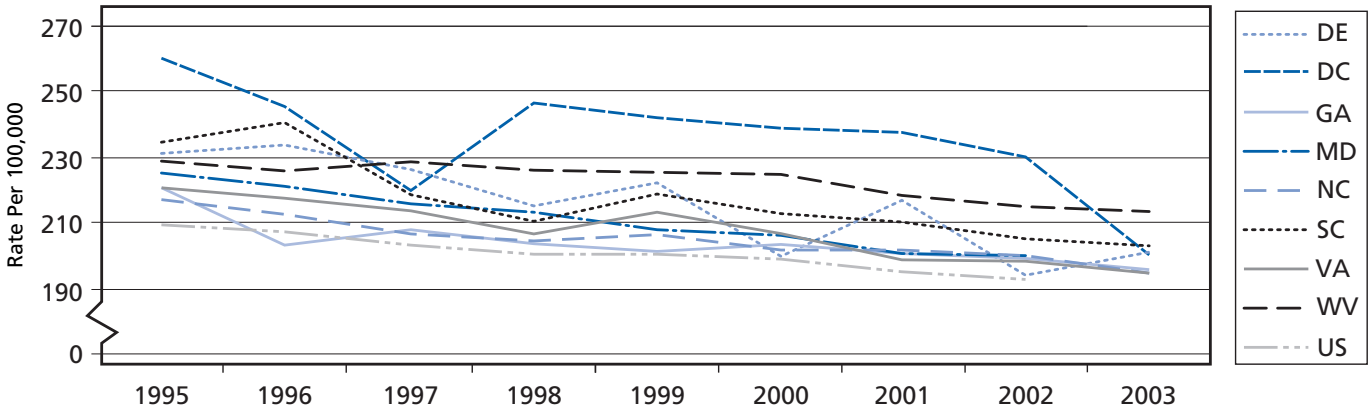
Data Source: American Cancer Society, Research & Cancer Control Science

Cancer Incidence Rates, All Sites, by State and U.S., 1995-2003*



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
**Georgia data years: 1999-2003, South Carolina data years: 1996-2003, Maryland data years: 1995-2002, U.S. data years: 1995-2002*
Data Sources: DC, DE, MD, GA, NC, SC, VA and WV cancer registries; Surveillance, Epidemiology and End Results (SEER)

Cancer Mortality Rates, All Sites, by State and U.S., 1995-2003*



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
**Maryland data years: 1995-2002, U.S. data years: 1995-2002*
Data Sources: DC, DE, GA, NC, and SC cancer registries; VA Center for Health Statistics; WV Health Statistics Center; American Cancer Society, Department of Epidemiology and Surveillance Research, National Center for Health Statistics

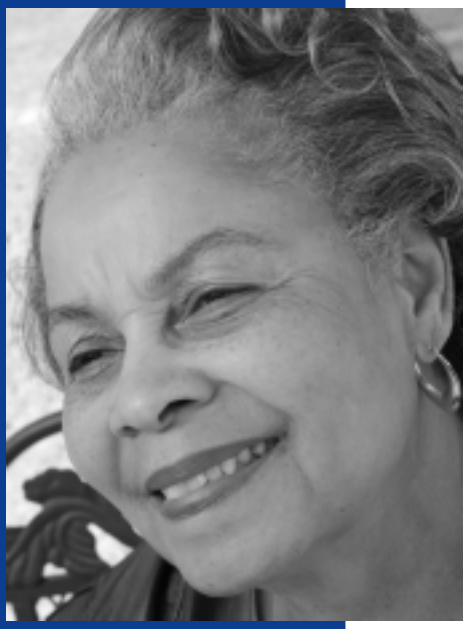
Eliminating Disparities in Special Populations

There are a number of factors that play a role in the risk of developing cancer and receiving access to appropriate care to detect and treat cancer. These factors include, but are not limited to, education, income, employment, insurance status, cultural beliefs, religious beliefs, language, and literacy level. The United States' diversity is one of its most renowned and unique qualities. It is crucial to insure that adequate care is made available to all people and that no group is disproportionately affected by cancer.[1]

According to the 2000 U.S. Census, the nation's diverse racial populations include 13% African American; 4% Asian American and Pacific Islander; and <1% American Indian and Alaska Native. It is estimated that 13% of the U.S. population is Hispanic/Latino. African Americans are more likely to die from cancer than any other racial or ethnic population. The death rate among African American males is 40% higher than white males and the death rate among African American females is 18% higher than white females.[2] In addition, African Americans have a higher mortality rate than whites in colorectal, male lung, female breast and prostate cancers and a higher incidence rate for all of these cancers except female breast.[3]

Factors Contributing to Unequal Cancer Burden

Factors that contribute to the differences in cancer burden statistics associated with race may be socioeconomic disparities, unequal access to medical care, or disparities in treatment. Poverty is an important factor influencing disparities in diagnosis and treatment in some cancers because it is associated with the underlying risk factors for cancer, such as tobacco use and obesity, as well as access to early detection and treatment.



Racial and ethnic groups are more likely to be poor and lack health insurance coverage. Only 8% of the white population live below the federal poverty line compared to 24% of African Americans and 22% of Hispanic/Latinos. In the United States, approximately 11% of the white population is uninsured compared to 20% of African Americans and 32% of Hispanic/Latinos. While Medicare provides cancer screening benefits as part of health insurance coverage for most Americans aged 65 and over; cancer screening for individuals under 65 is not always available or accessible.[1] Further, privately insured Americans may not always have cancer screening benefits. People lacking insurance coverage and living in poverty are more likely to be treated at later stages of the disease and more likely to die from cancer.[3]

People lacking insurance coverage and living in poverty are more likely to be treated at later stages of the disease and more likely to die from cancer.

Asian American women are the first American population to experience cancer as the leading cause of death.

African Americans are more likely than any other racial group to be diagnosed with advanced stage disease and have a lower likelihood of surviving five years after diagnosis. Many studies have shown that compared to other racial groups, Asian and Pacific Islander women in the US have the lowest cancer screening rates and are diagnosed at a later stage of cancer. This may be one reason cancer is the leading cause of death for Asian American women. Asian American women are the first American population to experience cancer as the leading cause of death.[1]

There are some cancers that disproportionately affect certain racial/ethnic groups due to genetic factors or behavioral factors such as diet and screening use. The rate of newly diagnosed breast cancer cases in African American women is about 9% lower than in white women; however, mortality rates are much higher. Common cancers in the Asian and Pacific Islander

continued

Cervical cancer incidence rates in Hispanic women are twice that of white women.

population include liver, stomach, and nasopharyngeal cancers. The Hispanic population experiences lower incidence and mortality rates for all cancers combined but carries a higher burden of cancers of the stomach, liver, and cervix than non-Hispanic whites. Cervical cancer incidence rates in Hispanic women are twice that of white women.[1]

Other cultural and genetic factors that influence cancer risk can increase or decrease cancer rates. For example, women from cultures where early marriage is encouraged are likely to have a lower risk of breast cancer because they are likely to have children at an earlier age, which lowers breast cancer risk. Individuals who don't smoke or who maintain a vegetarian diet due to cultural or religious beliefs will experience a lower risk of many cancers. Genetic factors may also explain differences in observed rates of cancer in some populations. For example, women from population groups with an increased frequency of mutations in the BRCA1 and BRCA2 genes, which includes women of Ashkenazi Jewish descent, have an increased risk of breast, colorectal, and ovarian cancer. Genetic factors may also play a role in the elevated risk of prostate cancer among African American men.

Finally, 1 in every 5 individuals in the United States has some form of disability. Being disabled creates a variety of barriers to receiving recommended cancer screenings, such as transportation and access to specialists who can treat the disability and provide cancer treatment or screenings. Some disabilities limit individuals' abilities to communicate their concerns to health care providers or to understand the recommendations from health care providers.[1]

African American Women Disproportionately Affected by Breast Cancer

The breast cancer incidence rate among white women over 40 is higher than that of African American women over 40. However, in the same population, the mortality rate is higher in African American women than white women[4]. This means that although less African American women are being diagnosed with cancer, proportionally more are dying from the disease. In addition, African American women are more likely to be diagnosed at a later stage of the disease. There are a few possibilities for this. Some researchers found biological differences in tumor characteristics of white and African American women, with African American women having more aggressive tumors[5]. Some researchers believe the disparity is due to socioeconomic factors including lack of access to healthcare, lack of insurance and lower income[6]. Other claim psychosocial and cultural variables combined with socioeconomic status can explain the racial disparity in breast cancer mortality[7].

Researchers claim socioeconomic factors and cultural beliefs lead to lower mammography rates, resulting in a later stage at diagnosis. While this is a possibility, the current risk factor data show the U.S. rate of mammograms for all women over 40 is 58.3%, the white rate is 59.3% and the black rate is 59.2%[8]. Although screening rates need to improve for all races, it appears black and white women over 40 are being screened at approximately the same rate.

A fourth reason for the disparity may be early onset of breast cancer in African American women. While breast cancer screening and awareness is generally focused on women over 40, nationwide, there are more than 250,000 women under 40 living with breast cancer, and over 11,500 young women will be diagnosed in the next year[9]. And, African American women younger than 40 have higher incidence and mortality rates of breast cancer than the same age range of white women. Incidence rates for black women younger than 40 are between 10% and 40% higher than those of whites[10]. In fact, research shows African American women, on average, develop breast cancer 10 years earlier than white women[4]. In addition, the overall five-year survival rate for African American women younger than 45 is 65.9%; the white survival rate is 79.2%; stage at diagnosis survival rates are shown in Table 1[11].

Breast Cancer Stage at Diagnosis Survival Rates of Women Younger than 45 Years, by Race

	Local	Regional	Distant
African American	83.3	57.9	14.9
White	90.3	71.9	23.8

While breast cancer screening and awareness is generally focused on women over 40, nationwide, there are more than 250,000 women under 40 living with breast cancer, and over 11,500 young women will be diagnosed in the next year.

While it is likely that a combination of these factors are responsible for the racial disparity, it seems the recommended age for mammography screening may not benefit African American women the way it does others, since research has shown that, on average, African American women develop breast cancer 10 years earlier than white women[4,12]. Earlier screening may allow the possibility of catching a tumor, even if it is more aggressive, at an early age. Further, although cultural beliefs and socioeconomic status are barriers to African American women of any age receiving breast cancer screening, lowering the age may offer women that are able to be screened and found to have breast cancer, to be diagnosed at an earlier stage[4].

Research shows African American women, on average, develop breast cancer 10 years earlier than white

Though early screening is an important aspect, all factors must be addressed to have a significant impact in reducing the disparity. More culturally appropriate outreach and targeted initiatives focused on early detection and prevention to African American communities and efforts to decrease barriers associated with these factors, like lack of insurance and access to medical care, must also be considered.

[1]*American Cancer Society, Surveillance Research,* Special Populations Directory, *2005.*

[2]*American Cancer Society, Surveillance Research,* Cancer Facts and Figures, *2006.*

[3]*American Cancer Society, Surveillance Research,* Cancer Facts and Figures, *2005.*

[4]*Aziz, H., Hussain, F., Sohn, C., Mediavillo, R., Saitta, A., Hussain, A., Brandys, M., Homel, P., & Rotman, M. Early Onset of Breast Carcinoma in African American Women with Poor Prognostic Factors.* American Journal of Clinical Oncology. *1999;22(5):436.*

[5]*Dansey, RD, Hessel, PA, Browde, S, Lange, M, Derman, D, & Nissenbaum, M. Lack of Significant Independent effect of race on survival of breast cancer.* American Journal of Obstetrics and Gynecology. *1997;176:S233.*

[6]*Hunter, C., Redmond, C., Chen, V., Austin, D., Greenberg, R., Correa, P., et al. Breast Cancer: Factors Associated with Stage at Diagnosis in Black and White Women.* Journal of the National Cancer Institute. *1993;85(14):1129.*

[7]*Lannin, D., Matthews, H., Mitchell, J., Swanson, M., Swanson, F., & Edwards, M. Influence of Socioeconomic and Cultural Factors on Racial Differences in Late-Stage Presentation of Breast Cancer. 1998;179(22):1801.*

[8]*Behavioral Risk Factor Surveillance System, Centers for Disease Control & Prevention, 2004.*

[9]*Young Survivor's Coalition Website, 2006.* www.youngsurvival.org.

[10]*Brinton, L., Benichou, J., Gammon, M., Brogan, D., Coates, R., & Schoenberg, J. Ethnicity and Variation in Breast Cancer Incidence.* Int. J. Cancer. *1997;73:349.*

[11]*Swanson, G., Haslam, S. & Azzouz, F. Breast cancer among young African-American women: A summary of data and literature and of issues discussed during the "Summit Meeting on Breast Cancer among African American Women," Washington, DC, Sept 8-10, 2000.* Cancer. *2002;97(S1):273.*

[12]*Campbell, J. Breast Cancer-Race, Ethnicity, and Survival: A Literature Review.* Breast Cancer Research and Treatment. *2002;74(2)187.*

Delaware

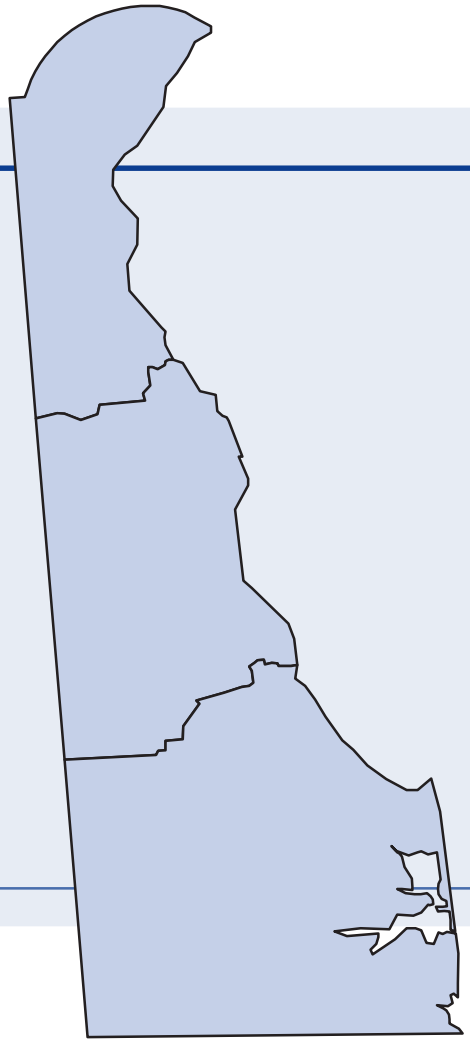
DEMOGRAPHICS

State Level Data, 2005 Estimates

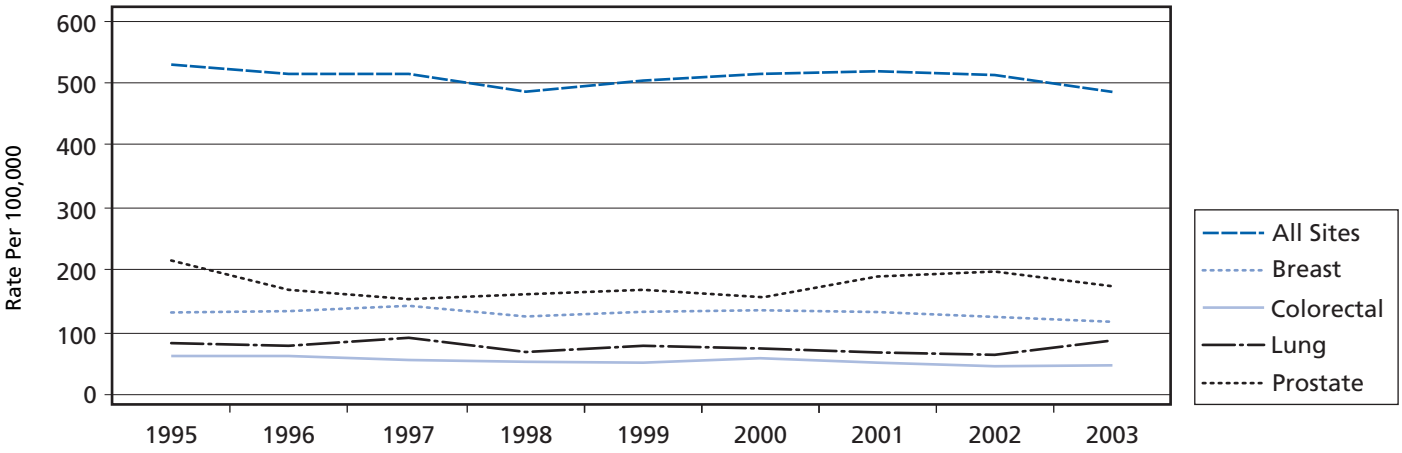
Population, 2000 Census	783,600
Population, 2005 Estimate[1]	834,067
White, Non-Hispanic	594,127
Black, Non-Hispanic	156,701
Native American, Non-Hispanic	2,338
Asian/Pacific Islander, Non-Hispanic	21,774
Other/Multi-Race, Non-Hispanic	13,460
Hispanic	45,667
Persons under 18 years old	24.0%
Persons 65 years old and over	13.3%
Population with less than high school education	11.5%
Households with income <$15,000 per year	10.5%
Median household income	$48,062

[1] *Total is sum of White,Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.*

Data Sources: U.S. Census, Claritas Inc., Copyright © 2005 Thomson Medstat. All rights reserved.

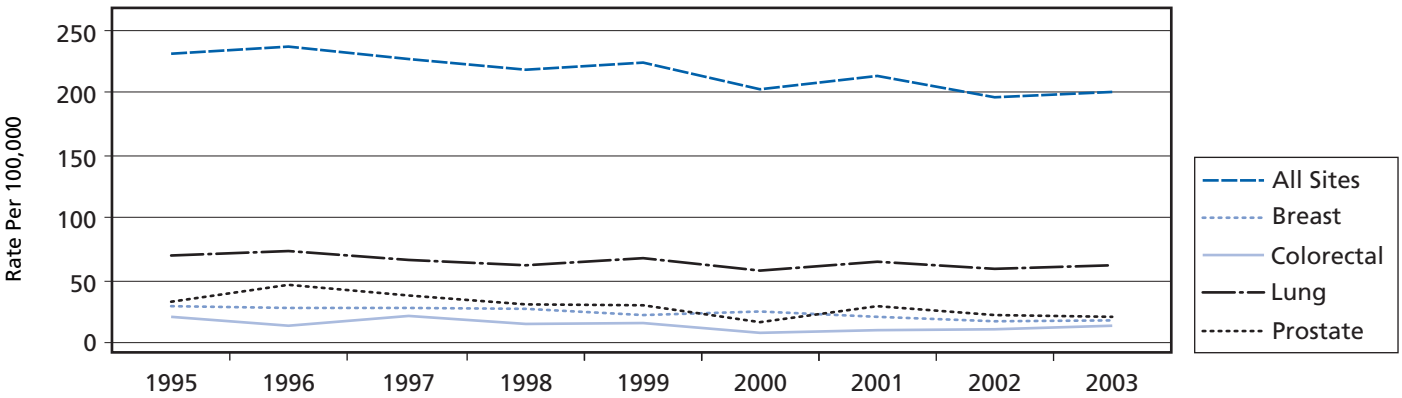


Delaware Cancer Incidence Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: Delaware Cancer Registry, 2006

Delaware Cancer Mortality Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: Delaware Cancer Registry, 2006

Delaware At a Glance

Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 100%
- **Tobacco excise tax:** $0.55
- **State quitline:** 1-866-409-1858; telephone counseling, network of trained face to face counselors, 8 week supply of free NRT available to all residents while supplies last
- **Adult Smoking Rate:** 24.5%
- **High School Smoking Rate:** 23.5%
- **Covered by Medicaid for Smoking Cessation:** Nicotine Gum, Nicotine Patch, Prescription Nasal Spray, Prescription Inhaler, Zyban
- **FY2006 Tobacco Settlement Revenues:** $23.9 million (estimate)
- **FY2006 State Tobacco Tax Revenues:** $70.4 million (estimate)
- **Total Annual State Tobacco Revenues From Tobacco:** $94.4 million (estimate)
- **FY2006 Tobacco Prevention Spending:** $9.2 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 9.7%
- **CDC's Annual Funding Recommendations:** $8.63-18.46 million
- **Percentage of CDC Minimum Recommendations:** 106.6%
- **Annual Smoking Caused Health Costs:** $262 million

BCCEDP — Screening for Life*

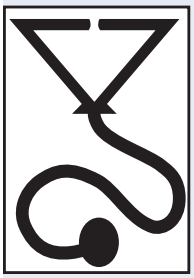
- **Target Population:** Women 50-64, Uninsured or Underinsured, Under 250% of Federal Poverty Level
- **Unique Aspect of Screening for Life:** The state has added resources to the program to include comprehensive screening and treatment services for colorectal cancer.
- **State Mammography Rate (Women 40+):** 69.7%
- **State Mammography Rate (Women 40+, Low Education):** 65.2%

Colorectal

- **Mandatory insurance coverage for colorectal cancer screening:** Yes
- **State screening program:** Screening for Life
- **FOBT Rate (50+):** 18.2%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 53.7%

Prostate

- **State screening program:** None, but several healthcare systems offer periodic free/low-cost screenings
- **PSA Test (50+):** 59.5%
- **PSA Test (45+, African American):** 54.5%



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 4 main clinics; 1 satellite clinic
- **State fund for Uninsured Cancer Patients:** Delaware Cancer Treatment Program
- **Uninsured Population (18+):** 10.5%
- **Number of ACoS approved hospitals:** 7
- **Number of NCI Cancer Centers:** 0
- **Percent of population living in rural areas:** 20.0%
- **Number of Transportation Resources:** 38

State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** In year four of plan implementation
- **Accomplishments:** Fulltime colorectal care coordinators and advocates in each hospital system; cancer navigators placed in every hospital system; cancer treatment program in place-funding secured for the future; disparities issues are being addressed.

Nutrition and Physical Activity

- **State coalition:** None
- **Obesity initiatives:** None
- **No Physical Activity:** 21.8%
- **Moderate Physical Activity:** 52.1%
- **Eat 5 Fruits and Vegetables a Day:** 22.0%
- **Percent of Population Overweight:** 59.8%

NAACCR 2004 Certification of 2002 Incidence Data

This certification signifies the level of completeness, timeliness, accuracy of cancer incidence data reported by the state cancer registries

- **Certification Level:** Silver
- **Criteria:** 90% Completeness
  97% Passing Edits
  <=5% Death Certificate Only Cases
  <=2/1000 Duplicate Reports
  <=3% Missing Data in Sex, Age or County Field
  <=5% Missing Data in Race Field

**The Breast and Cervical Cancer Early Detection Program (BCCEDP) is a CDC-funded program in every state administered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

See page 85 for data sources and notes on risk factor data.

Delaware Cancer Incidence, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ALL SITES	**20,793**	**503.5**	**17,095**	**493.4**	**3,072**	**539.8**	**10,850**	**594.4**	**8,883**	**574.4**	**1,637**	**691.1**	**9,943**	**439.7**	**8,212**	**437.8**	**1,435**	**434.0**
BREAST(FEMALE)													2,884	129.2	2,396	130.2	412	117.8
CERVICAL													184	8.6	130	7.9	43	11.4
COLORECTAL	2,327	56.7	1,916	54.8	345	65.0	1,180	66.7	992	65.7	165	74.7	1,137	48.8	924	46.5	180	58.4
LUNG & BRONCHUS	3,238	77.8	2,723	76.9	466	86.0	1,780	97.9	1,483	95.3	268	119.3	1,458	63.2	1,240	63.6	198	63.4
MELANOMA	674	16.4	624	18.6	^	~	394	21.6	374	24.4	^	~	279	12.8	250	14.4	^	~
PROSTATE							3,275	176.2	2,534	159.5	621	263.1						

Note: Data exclude basal and squamous cell skin and in situ cancers except urinary bladder. Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
^ Number of cases 5 or less not reported due to confidentiality issues
~ Number of cases too small (25 or less) to calculate reliable rate.
Data Source: Delaware Cancer Registry, 2006

Delaware Cancer Stage at Diagnosis, Percent of Total Cases, 1999-2003, by Site and Race

	IN SITU			LOCAL			REGIONAL			DISTANT			UNKNOWN/UNSTAGED		
	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black
ALL SITES	**8.5**	**9.0**	**4.9**	**42.8**	**42.9**	**42.6**	**20.6**	**20.3**	**22.7**	**18.4**	**18.1**	**20.7**	**9.7**	**9.7**	**9.1**
BREAST (FEMALE)	21.2	21.6	17.8	51.7	52.6	48.7	22.0	20.9	27.2	2.7	2.7	3.2	2.4	2.2	3.2
CERVICAL[2]				53.8	50.0	62.8	31.0	35.4	18.6	6.5	4.6	14.0	8.7	10.0	4.7
COLORECTAL (FEMALE)[3]				32.4	32.8	30.1	45.8	46.1	46.4	15.0	14.5	18.9	6.9	6.6	4.6
COLORECTAL (MALE)[3]				35.0	34.7	39.1	41.8	42.7	38.0	16.8	16.1	20.1	6.4	6.5	2.8
MELANOMA (SKIN)[2]				79.4	79.3	100.0	8.5	9.1	0.0	3.9	4.2	0.0	8.3	7.4	0.0
PROSTATE[2]				85.5	85.8	85.8	6.7	7.0	6.3	3.4	3.2	4.0	4.4	4.1	3.9

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.
[1]Includes White, Black and other races
[2]Stages reported for invasive cervical, melanoma and prostate cancers only.
[3]In situ and local stages combined for colorectal cancer
Data Source: Delaware Cancer Registry, 2006

Delaware Cancer Mortality, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	**8,466**	**206.9**	**7,010**	**200.3**	**1,312**	**250.6**	**4,388**	**256.1**	**3642**	**246.9**	**673**	**326.8**	**4078**	**174.9**	**3368**	**169.6**	**639**	**204.8**
BREAST (FEMALE)													612	26.7	481	24.8	119	35.2
CERVICAL													76	3.5	54	3.0	18	~
COLORECTAL	851	21.0	694	19.9	148	29.3	439	26.1	365	25.3	69	33.9	412	17.4	329	16.1	79	26.0
LUNG & BRONCHUS	2,545	61.5	2,143	60.5	369	70.4	1,447	81.1	1,204	78.4	224	103.3	1,098	47.0	939	47.1	145	47.7
MELANOMA (SKIN)	130	3.2	127	3.7	^	~	86	5.0	84	5.7	^	~	44	2.0	43	2.4	^	~
PROSTATE							429	28.5	325	25.0	96	57.0						

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.

[1] Includes White, Black and other races

^ Number of deaths 5 or less not reported due to confidentiality issues

~ Number of deaths too small (25 or less) to calculate reliable rate.

Data Source: Delaware Cancer Registry, 2006

Adult Risk Behavior

Early Detection

Recent Mammogram*, Women 40 and Older, Delaware and U.S., 2004

	% Delaware	% U.S.
40 years and older	69.7	58.3
40-64 years old	68.8	56.8
65 years and older	71.8	61.7
White only, non Hispanic	69.7	59.3
Black only, non- Hispanic	72.2	59.2
Low Education**	65.2	49.6
Uninsured***	46.4	32.9

** Mammogram within the past year.*
*** Women 40 years and older with less than a high school education*
****Women 40-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Pap Test*, Women 18 and Older, Delaware and U.S., 2004

	% Delaware	% U.S.
18 years and older	85.6	85.2
18-44 years	87.6	87.3
45-64 years old	77.9	71.8
65 years and older	77.0	71.2

** A pap test within the preceding 3 years for women with intact uteri.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Sigmoidoscopy/Colonoscopy*, Adults 50 and Older, Delaware and U.S., 2004

	% Delaware	% U.S.
50 years and older	53.7	45.1
50-64 years old	54.8	39.5
65 years and older	62.0	52.6
Male, 50 years or older	52.4	46.1
Male, 50-64 years old	43.9	40.3
Male, 65 years and older	65.2	55.1
Female, 50 years and older	54.8	44.3
Female, 50-64 years old	50.6	38.8
Female, 65 years and older	59.6	50.9
White only, non-Hispanic	54.4	46.9
Black only, non-Hispanic	52.0	43.4
Low Education**	44.3	36.0
Uninsured***	22.2	18.6

** Sigmoidoscopy/Colonoscopy within the past 5 years.*
*** Adults 50 years and older with less than a high school education*
****Adults 50-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening or diagnosis.
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Prostate-Specific Antigen Test*, Men 50 and Older, Delaware and U.S., 2004

	% Delaware	% U.S.
50 years and older	59.5	52.3
50-64 years old	52.2	46.7
65 years and older	71.0	62.1
White only, non-Hispanic	60.5	54.3
Black only, non-Hispanic (45+)	54.5	44.0
Low Education**	45.2	38.7

** Prostate-specific antigen test within the past year for men who reported they were not told by a doctor, nurse, or other health professional that they had prostate cancer*
*** Adults 50 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Prevention

Current Cigarette Smoking*, Adults 18 and Older, Delaware and U.S., 2004

	% Delaware	% U.S.
Total	**24.5**	**20.9**
18-24 years old	34.6	26.8
25-34 years old	26.5	24.3
35-44 years old	29.3	23.7
45-54 years old	27.6	23.0
55-64 years old	18.5	17.7
65 years and older	10.2	9.0
Male	28.4	23.2
Female	20.9	18.7
White only, non-Hispanic	23.5	21.3
Black only, non-Hispanic	24.2	22.1
Other race only, non-Hispanic	36.8	19.5
Hispanic	27.9	17.2
Low Education**	36.6	27.7
Female 18-44	25.7	21.9

** Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).*
*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Physical Activity, Adults 18 and Older, Delaware and US, 2004

No Leisure Time Physical Activity	% Delaware	% U.S.
Total	**21.8**	**23.8**
Male	20.4	21.2
Female	23.2	26.1
White only, non-Hispanic	19.1	20.6
Black only, non-Hispanic	35.2	30.5
Other race only, non-Hispanic	22.2	23.6
Hispanic	30.3	35.0
Low Education**	46.5	46.6

*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Nutrition, Adults 18 and Older, Delaware and the U.S., 2003

Eating 5 or more Fruits & Vegetables per day	% Delaware	% U.S.
Total	**22.0**	**23.5**
Male	18.5	18.6
Female	25.3	28.2
White only, non-Hispanic	21.6	23.7
Black only, non-Hispanic	20.8	22.1
Other race only, non-Hispanic	36.9	26.7
Hispanic	23.1	22.0
Low Education*	18.0	19.4

** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2003

Overweight*, Adults 18 and Older, Delaware and U.S., 2004

	% Delaware	% U.S.
Total	**59.8**	**60.2**
Male	68.7	68.1
Female	51.2	52.4
White only, non-Hispanic	58.6	58.6
Black only, non-Hispanic	71.2	69.3
Other race only, non-Hispanic	49.3	48.3
Hispanic	54.2	66.0
Low Education**	68.1	69.9

**Overweight is defined as having body mass index of 25 kg/m^2 or greater*
***Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Youth Risk Behavior

Tobacco Use, High School Students, Delaware and the U.S., 2003

	% Delaware	% U.S.
Current Cigarette Smoking*		
Total	**23.5**	**21.9**
Male	21.8	21.8
Female	25.1	21.9
Current Smokeless Tobacco Use**		
Total	**3.4**	**6.7**
Male	5.8	11.0

** 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*
Source: Youth Risk Behavior Surveillance System, 2003

Nutrition, High School Students, Delaware and U.S., 2003

Eating 5 or more Fruits & Vegetables per day	% Delaware	% U.S.
Total	**19.5**	**22.0**
Male	21.7	23.6
Female	17.2	20.3

Source: Youth Risk Behavior Surveillance System, 2003

Physical Activity, High School Students, Delaware and U.S., 2003

	% Delaware	% U.S.
Moderate Physical Activity*		
Total	**22.6**	**24.7**
Male	24.9	27.2
Female	20.3	22.1
Vigorous Physical Activity**		
Total	**57.2**	**62.6**
Male	65.4	70.0
Female	49.0	55.0

** Activities that did not cause sweating and hard breathing (such as fast walking) for 30 minutes or more on 5 or more of the 7 days preceding the survey.*
*** Activities causing sweating or hard breathing (such as running) for 20 minutes or more on 3 or more of the 7 days opreceding the survey*
Source: Youth Risk Behavior Surveillance System, 2003

Overweight, High School Students, Delaware and U.S., 2003

	% Delaware	% U.S.
At Risk for Becoming Overweight*		
Total	**16.7**	**14.8**
Male	16.4	15.2
Female	17.0	14.4
Overweight**		
Total	**13.5**	**12.1**
Male	17.1	15.7
Female	9.6	8.3

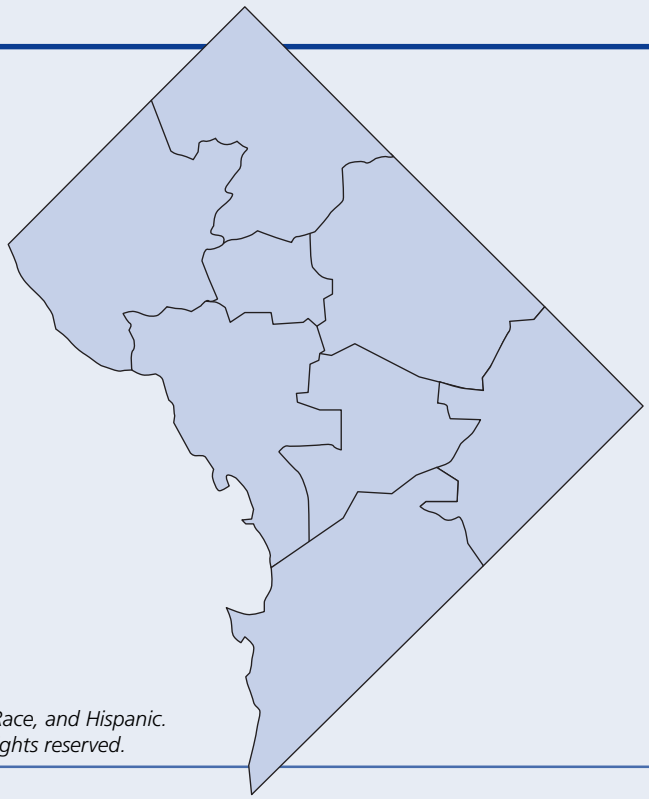
** Students who were at or above the 85th percentile but below the 95% percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey.*
*** Students who were at or above the 95th percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey*
Source: Youth Risk Behavior Surveillance System, 2003

District of Columbia

DEMOGRAPHICS

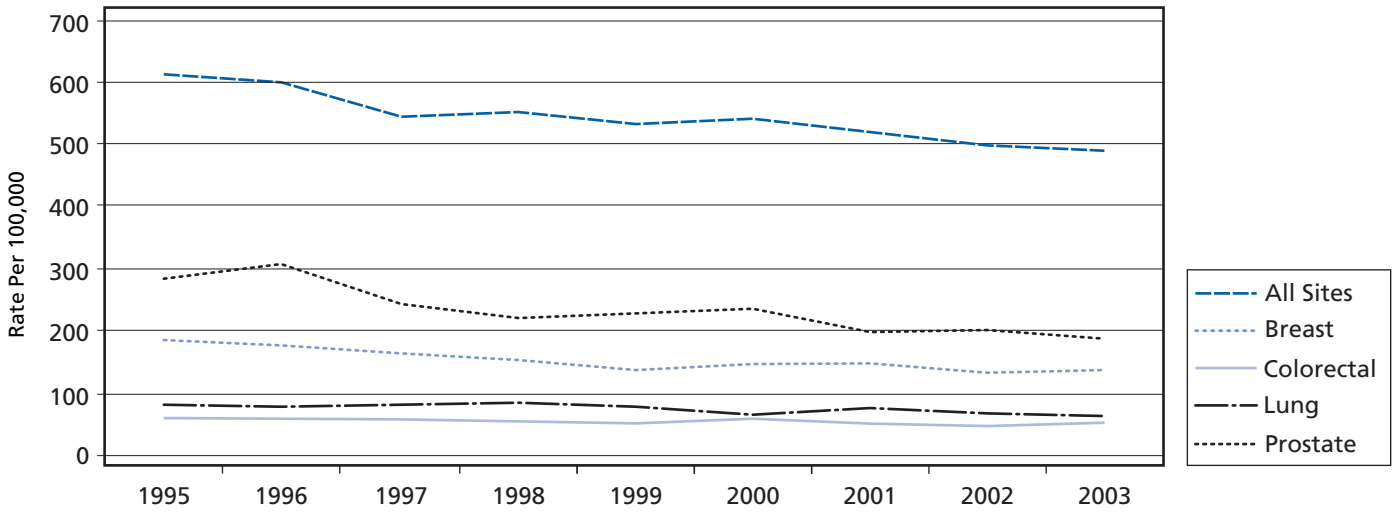
State Level Data, 2005 Estimates

Population, 2000 Census	572,059
Population, 2005 Estimate[1]	556,901
White, Non-Hispanic	155,974
Black, Non-Hispanic	313,816
Native American, Non-Hispanic	1,135
Asian/Pacific Islander, Non-Hispanic	17,799
Other/Multi-Race, Non-Hispanic	12,198
Hispanic	55,979
Persons under 18 years old	19.0%
Persons 65 years old and over	12.3%
Population with less than high school education	15.7%
Households with income <$15,000 per year	17.9%
Median household income	$49,020



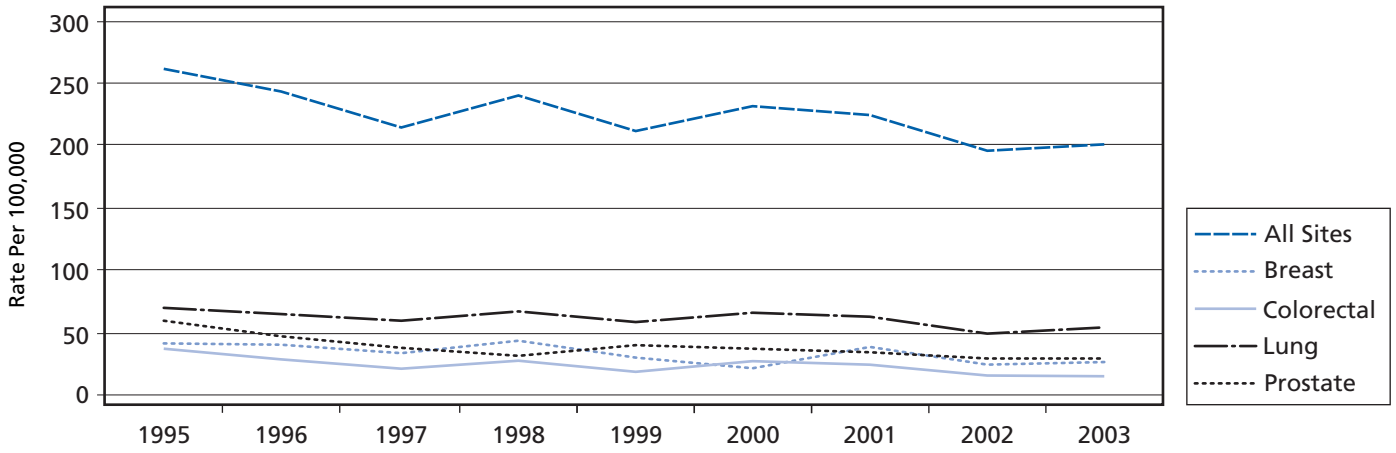
[1] Total is sum of White,Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.

District of Columbia Cancer Incidence Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: District of Columbia Cancer Registry, 2006

District of Columbia Cancer Mortality Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: District of Columbia Cancer Registry, 2006

District of Columbia at a Glance

Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** Percent not available due to recent Smoke-free workplace legislation that went into effect April 1, 2006.
- **Tobacco excise tax:** $1.00
- **State quitline:** None
- **Adult Smoking Rate:** 21.0%
- **High School Smoking Rate:** 13.2%
- **Covered by Medicaid for Smoking Cessation:** Prescription Nasal Spray, Zyban
- **FY2006 Tobacco Settlement Revenues:** $36.7 million (estimate)
- **FY2006 State Tobacco Tax Revenues:** $20.8 million (estimate)
- **Total Annual State Tobacco Revenues From Tobacco:** $57.7 million (estimate)
- **FY2006 Tobacco Prevention Spending:** $400,000 (estimate)
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 0.7%
- **CDC's Annual Funding Recommendations:** $7.48-14.57 million
- **Percentage of CDC Minimum Recommendations:** 5%
- **Annual Smoking Caused Health Costs:** $224.1 million

BCCEDP — Project WISH*

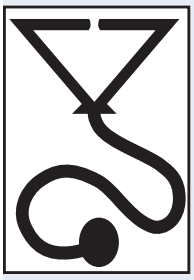
- **Target Population:** Women 40-64, Uninsured or Underinsured
- **Unique Aspects of Project Wish:** Local funding has allowed the program to offer mammograms to women who are 40-49 and not covered under the CDC grant. Employs Lay Health Navigators to help women access program services and keep their appointments.
- **State Mammography Rate (Women 40+):** 63%
- **State Mammography Rate (Women 40+, Low Education):** 66.2%

Colorectal

- **Mandatory insurance coverage for colorectal cancer screening:** Yes
- **State screening program:** None
- **FOBT Rate (50+):** 27.3%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 54.8%

Prostate

- **State screening program:** No comprehensive program, but in fiscal year 2006 the District granted Howard University $250,000 for 4,000 PSAs and 112 biopsies.
- **PSA Test (50+):** 52.8%
- **PSA Test (45+, African American):** 42.6%



Access to Care

- **Number of Federally Qualified Health Centers and free clinics: 3 main clinics;** 47 satellite clinics
- **State fund for Uninsured Cancer Patients:** DC HealthCare Alliance
- **Uninsured Population (18+):** 12.1%
- **Number of ACoS approved hospitals:** 8
- **Number of NCI Cancer Centers:** 1 Comprehensive Cancer Center
- **Percent of population living in rural areas:** 0%
- **Number of Transportation Resources:** 17

State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** *DC Cancer Plan 2005-2010* was published April, 2006; and at that time the DC Cancer Coalition transitioned to become the DC Cancer Consortium
- **Accomplishments:** Completion and Publication of the *DC Cancer Plan* with involvement from over fifty organizations and multiple individuals.
- **This Year's Activities:** The first implementation priorities include a colorectal educational and screening initiative, a community resource directory for survivors and healthcare providers and enhancing relationships with neighborhood organizations and community health centers. Other activities planned are the creation of a Consortium website and developing infrastructure.

Nutrition and Physical Activity

- **State coalition:** None
- **Obesity initiatives:** None
- **No Physical Activity:** 22.3%
- **Moderate Physical Activity:** 43.7%
- **Eat 5 Fruits and Vegetables a Day:** 29.5%
- **Percent of Population Overweight:** 55.4%

NAACCR 2004 Certification of 2002 Incidence Data

This certification signifies the level of completeness, timeliness, accuracy of cancer incidence data reported by the state cancer registries

- **Certification Level:** Silver
- **Criteria:** 90% Completeness
  97% Passing Edits
  <=5% Death Certificate Only Cases
  <=2/1000 Duplicate Reports
  <=3% Missing Data in Sex, Age or County Field
  <=5% Missing Data in Race Field

**The Breast and Cervical Cancer Early Detection Program (BCCEDP) is a CDC-funded program in every state administered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

See page 85 for data sources and notes on risk factor data.

District of Columbia Cancer Incidence, 1999-2003, By Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ALL SITES	**15,161**	**544.6**	**4,298**	**506.0**	**10,147**	**600.9**	**7,678**	**612.4**	**2,064**	**552.1**	**5,273**	**685.9**	**7,483**	**489.0**	**2,234**	**470**	**4,874**	**529.8**
BREAST (FEMALE)													2,540	166.8	913	192.4	1,511	165.2
CERVICAL													215	13.5	31	6.4	141	15.2
COLORECTAL	1,772	63.8	399	47.5	1,314	77.4	811	64.8	202	54.4	582	75.5	961	62.9	197	42	732	79.1
LUNG & BRONCHUS	1,933	70.0	430	51.6	1,457	86.5	1,115	89.5	229	62.5	857	111.8	818	53.9	201	43	600	65.4
MELANOMA	356	12.3	254	28.4	17	~	191	14.8	137	35.7	10	~	165	10.2	117	22.6	7	~
PROSTATE							2,621	210.2	642	173.4	1,874	243.5						

Note: Data exclude basal and squamous cell skin and in situ cancers except urinary bladder. Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
~ Number of cases too small (25 or less) to calculate reliable rate.
Data Source: District of Columbia Cancer Registry, 2006

District of Columbia Cancer Stage at Diagnosis, 1999-2003, Percent of Total Cases, by Site and Race

	IN SITU			LOCAL			REGIONAL			DISTANT			UNKNOWN/UNSTAGED		
	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black
ALL SITES	**1.0**	**1.6**	**0.8**	**37.1**	**44.0**	**35.0**	**17.9**	**16.8**	**19.0**	**16.8**	**12.0**	**19.3**	**27.2**	**25.6**	**25.8**
BREAST (FEMALE)	2.7	3.8	1.9	44.6	48.1	43.1	21.9	21.4	22.7	3.9	2.6	4.9	27.0	24.1	27.5
CERVICAL[2]				33.5	54.8	36.9	22.8	19.4	30.5	9.3	3.2	11.3	34.4	22.6	21.3
COLORECTAL (FEMALE)	1.5	1.5	1.5	30.8	40.5	28.0	27.6	29.0	28.0	16.8	12.0	18.4	23.3	17.0	24.1
COLORECTAL (MALE)	1.8	0.5	2.2	27.4	34.0	25.9	28.6	28.6	29.1	18.2	11.8	20.2	24.1	25.1	22.7
MELANOMA (SKIN)[2]				31.6	39.7	35.3	3.8	3.4	29.4	0.8	0.8	5.9	61.5	53.1	29.4
PROSTATE[2]				67.9	76.8	67.0	5.8	6.5	5.7	5.1	2.3	6.0	21.2	14.3	21.2

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.
[1] Includes White, Black and other races
[2] Stages reported for invasive cervical, melanoma and prostate cancers only.
Data Source: District of Columbia Cancer Registry, 2006

District of Columbia Cancer Mortality, 1999-2003, By Site and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	**5,404**	**194.7**	**1,174**	**140.3**	**4,162**	**245.6**	**2,785**	**222.3**	**591**	**160.7**	**2,163**	**279.9**	**2,619**	**172.1**	**583**	**124.3**	**1,999**	**216.9**
BREAST (FEMALE)													504	33.1	120	25.5	376	40.9
CERVICAL													67	4.4	10	~	55	6.0
COLORECTAL	650	23.4	140	16.7	501	29.5	300	23.9	75	20.4	222	28.7	350	23.0	65	13.8	279	30.3
LUNG & BRONCHUS	1,569	56.7	325	39.0	1,231	73.0	893	71.5	174	47.5	712	92.6	676	44.6	151	32.3	519	56.6
MELANOMA (SKIN)	31	1.1	23	~	8	~	21	~	16	~	^	~	10	~	7	~	^	~
PROSTATE							478	38.1	74	20.3	397	50.7						

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.

[1] Includes White, Black and other races

^ Number of deaths 5 or less not reported due to confidentiality issues

~ Number of deaths too small (25 or less) to calculate reliable rate.

Data Source: District of Columbia Cancer Registry, 2006

Adult Risk Behavior

Early Detection

Recent Mammogram*, Women 40 and Older, District of Columbia and U.S., 2004

	% District of Columbia	% U.S.
40 years and older	63.0	58.3
40-64 years old	62.6	56.8
65 years and older	63.9	61.7
White only, non Hispanic	65.2	59.3
Black only, non- Hispanic	63.8	59.2
Low Education**	66.2	49.6
Uninsured***	41.3	32.9

** Mammogram within the past year.*
*** Women 40 years and older with less than a high school education*
****Women 40-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Pap Test*, Women 18 and Older, District of Columbia and U.S., 2004

	% District of Columbia	% U.S.
18 years and older	88.2	85.2
18-44 years	88.7	87.3
45-64 years old	74.8	71.8
65 years and older	73.0	71.2

** A pap test within the preceding 3 years for women with intact uteri.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Sigmoidoscopy/Colonoscopy*, Adults 50 and Older, District of Columbia and U.S., 2004

	% District of Columbia	% U.S.
50 years and older	54.8	45.1
50-64 years old	49.3	39.5
65 years and older	62.3	52.6
Male, 50 years or older	53.0	46.1
Male, 50-64 years old	46.0	40.3
Male, 65 years and older	64.5	55.1
Female, 50 years and older	56.0	44.3
Female, 50-64 years old	52.1	38.8
Female, 65 years and older	61.0	50.9
White only, non-Hispanic	62.1	46.9
Black only, non-Hispanic	52.2	43.4
Low Education**	40.0	36.0
Uninsured***	17.4	18.6

** Sigmoidoscopy/Colonoscopy within the past 5 years.*
*** Adults 50 years and older with less than a high school education*
****Adults 50-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening or diagnosis.
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Prostate-Specific Antigen Test*, Men 50 and Older, District of Columbia and U.S., 2004

	% District of Columbia	% U.S.
50 years and older	52.8	52.3
50-64 years old	50.7	46.7
65 years and older	56.7	62.1
White only, non-Hispanic	60.0	54.3
Black only, non-Hispanic (45+)	42.6	44.0
Low Education**	NA	38.7

** Prostate-specific antigen test within the past year for men who reported they were not told by a doctor, nurse, or other health professional that they had prostate cancer*
*** Adults 50 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Prevention

Current Cigarette Smoking*, Adults 18 and Older, District of Columbia and U.S., 2004

	% District of Columbia	% U.S.
Total	**21.0**	**20.9**
18-24 years old	20.1	26.8
25-34 years old	19.5	24.3
35-44 years old	28.3	23.7
45-54 years old	30.7	23.0
55-64 years old	16.9	17.7
65 years and older	8.1	9.0
Male	25.1	23.2
Female	17.3	18.7
White only, non-Hispanic	15.3	21.3
Black only, non-Hispanic	24.7	22.1
Other race only, non-Hispanic	19.3	19.5
Hispanic	20.6	17.2
Low Education**	27.2	27.7
Female 18-44	18.2	21.9

** Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).*
*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Physical Activity, Adults 18 and Older, District of Columbia and US, 2004

No Leisure Time Physical Activity	% District of Columbia	% U.S.
Total	**22.3**	**23.8**
Male	17.2	21.2
Female	26.7	26.1
White only, non-Hispanic	7.8	20.6
Black only, non-Hispanic	31.5	30.5
Other race only, non-Hispanic	13.1	23.6
Hispanic	20.3	35.0
Low Education**	49.1	46.6

*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Nutrition, Adults 18 and Older, District of Columbia and the U.S., 2003

Eating 5 or more Fruits & Vegetables per day	% District of Columbia	% U.S.
Total	**29.5**	**23.5**
Male	24.8	18.6
Female	33.5	28.2
White only, non-Hispanic	35.6	23.7
Black only, non-Hispanic	26.2	22.1
Other race only, non-Hispanic	28.9	26.7
Hispanic	21.1	22.0
Low Education*	17.2	19.4

** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2003

Overweight*, Adults 18 and Older, District of Columbia and U.S., 2004

	% District of Columbia	% U.S.
Total	**55.4**	**60.2**
Male	59.7	68.1
Female	51.5	52.4
White only, non-Hispanic	37.0	58.6
Black only, non-Hispanic	68.8	69.3
Other race only, non-Hispanic	39.6	48.3
Hispanic	47.4	66.0
Low Education**	68.7	69.9

**Overweight is defined as having body mass index of 25 kg/m^2 or greater*
***Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Youth Risk Behavior

Tobacco Use, High School Students, District of Columbia and U.S., 2003

Current Cigarette Smoking*	% District of Columbia	% U.S.
Total	**13.2**	**21.9**
Male	14.6	21.8
Female	12.0	21.9
Current Smokeless Tobacco Use**		
Total	5.0	6.7
Male	7.5	11.0

** 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*
Source: Youth Risk Behavior Surveillance System, 2003

Nutrition, High School Students, District of Columbia and the U.S., 2003

Eating 5 or more Fruits & Vegetables per day	% District of Columbia	% U.S.
Total	**21.3**	**22.0**
Male	22.6	23.6
Female	20.2	20.3

Source: Youth Risk Behavior Surveillance System, 2003

Physical Activity, High School Students, District of Columbia and U.S., 2003

	% District of Columbia	% U.S.
Moderate Physical Activity*		
Total	**15.5**	**24.7**
Male	17.1	27.2
Female	13.9	22.1
Vigorous Physical Activity**		
Total	**44.4**	**62.6**
Male	52.4	70.0
Female	36.8	55.0

** Activities that did not cause sweating and hard breathing (such as fast walking) for 30 minutes or more on 5 or more of the 7 days preceding the survey.*
*** Activities causing sweating or hard breathing (such as running) for 20 minutes or more on 3 or more of the 7 days opreceding the survey*
Source: Youth Risk Behavior Surveillance System, 2003

Overweight, High School Students, District of Columbia and U.S., 2003

	% District of Columbia	% U.S.
At Risk for Becoming Overweight*		
Total	**16.8**	**14.8**
Male	16.3	15.2
Female	17.3	14.4
Overweight**		
Total	**13.5**	**12.1**
Male	15.5	15.7
Female	11.5	8.3

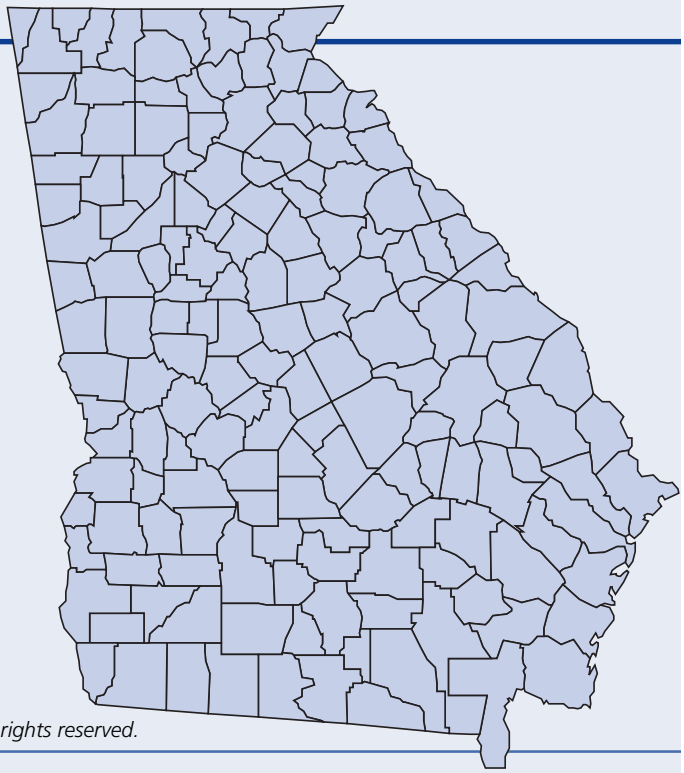
** Students who were at or above the 85th percentile but below the 95% percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey.*
*** Students who were at or above the 95th percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey*
Source: Youth Risk Behavior Surveillance System, 2003

Georgia

DEMOGRAPHICS

State Level Data, 2005 Estimates

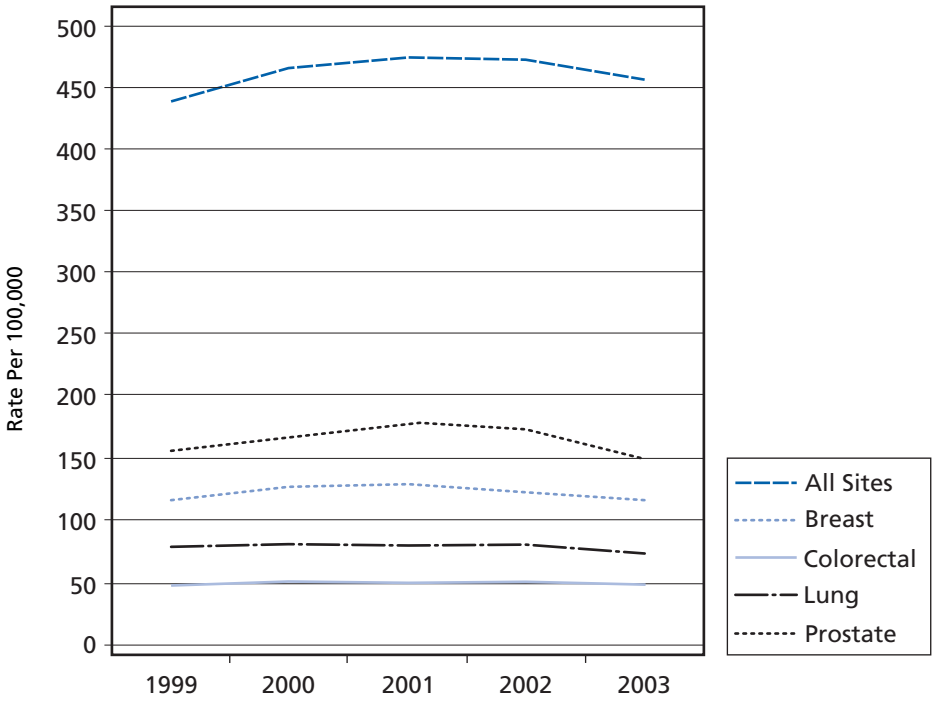
Population, 2000 Census	8,186,453
Population, 2005 Estimate[1]	8,905,415
White, Non-Hispanic	5,451,426
Black, Non-Hispanic	2,502,122
Native American, Non-Hispanic	19,875
Asian/Pacific Islander, Non-Hispanic	222,165
Other/Multi-Race, Non-Hispanic	121,612
Hispanic	588,215
Persons under 18 years old	26.3%
Persons 65 years old and over	9.8%
Population with less than high school education	13.5%
Households with income <$15,000 per year	14.0%
Median household income	$38,966



[1] Total is sum of White,Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.

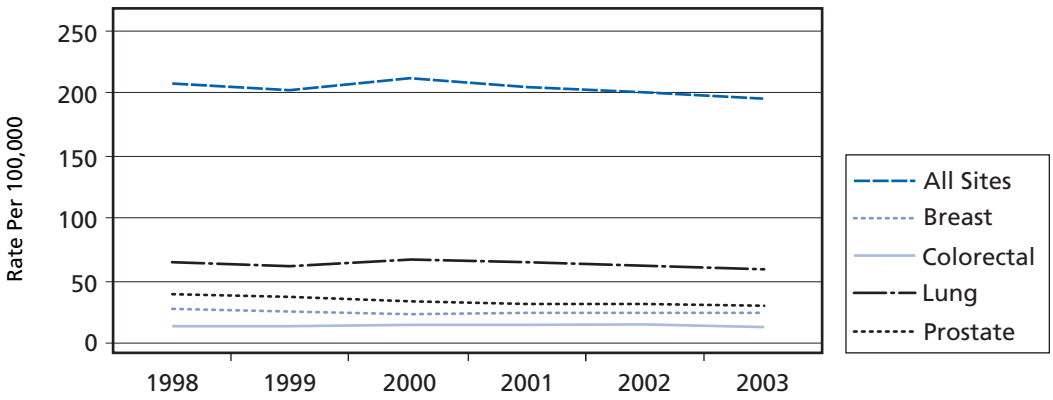
Data Sources: U.S. Census, Claritas Inc., Copyright © 2005 Thomson Medstat. All rights reserved.

Georgia Cancer Incidence Rates by Cancer Site 1999-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: Georgia Comprehensive Cancer Registry, 2006

Georgia Cancer Mortality Rates by Cancer Site 1998-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: Georgia Comprehensive Cancer Registry, 2006

Georgia at a Glance

Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 13.4%
- **Tobacco excise tax:** $0.37
- **State quitline:** 1-877-270-7867; multiple session telephone counseling
- **Adult Smoking Rate:** 20.1%
- **High School Smoking Rate:** 20.9%
- **Medicaid coverage for smoking cessation:** None
- **FY2006 Tobacco Settlement Revenues:** $148.5 million (estimate)
- **FY2006 State Tobacco Tax Revenues:** $228.7 million (estimate)
- **Total Annual State Tobacco Revenues From Tobacco:** $377.3 million (estimate)
- **FY2006 Tobacco Prevention Spending:** $3.1 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 5.1%
- **CDC's Annual Funding Recommendations:** $42.59-114.34 million
- **Percentage of CDC Minimum Recommendations:** 7.3%
- **Annual Smoking Caused Health Costs:** $2.07 billion

BCCEDP-Breast and Cervical Cancer Program (BCCP)*

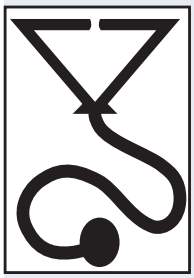
- **Target Population:** Women 40-64, Uninsured, Under 200% of Federal Poverty Level
- **Unique Aspects of BCCP:** Employs Client Navigators in some health districts to assist with client recruitment and navigation. Also contracts with the American Cancer Society to manage recruitment.
- **State Mammography Rate (Women 40+):** 59.2%
- **State Mammography Rate (Women 40+, Low Education):** 48.8%

Colorectal

- **Mandatory insurance coverage for colorectal cancer screening:** Yes
- **State screening program:** None, but a state work group was formed in 2005 to address colorectal cancer screening for the uninsured or underinsured in the state
- **FOBT Rate (50+):** 18.2%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 43.9%

Prostate

- **State screening program:** None
- **PSA Test (50+):** 57.3%
- **PSA Test (45+, African American):** 49.2%



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 18 main clinics; 65 satellite clinics
- **State Fund for Uninsured Cancer Patients:** Cancer State Aid
- **Uninsured Population (18+):** 19.3%
- **Number of ACoS approved hospitals:** 41
- **Number of NCI Cancer Centers:** 0
- **Percent of population living in rural areas:** 28.3%
- **Number of Transportation Resources:** 372

State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** The Georgia Cancer Coalition is in its 5th year
- **Accomplishments:** The Georgia Cancer Quality Information Exchange was created to establish systems, procedures, and resources to gather and aggregate all of the data necessary to measure the 52 metrics recommended by the 2005 Institute of Medicine cancer quality measurement study. Georgia is one of the few, if not the only state, whose Comprehensive Cancer Control plan is funded by the Tobacco Master Settlement Agreement dollars.
- **This year's Activities:** Strategic plan is being revised and updated.

Nutrition and Physical Activity

- **State coalition:** Policy Leadership for Active Youth (PLAY) Leadership Council
- **Obesity initiatives:** None
- **No Physical Activity:** 25.9%
- **Moderate Physical Activity:** 42.4%
- **Eat 5 Fruits and Vegetables a Day:** 22.8%
- **Percent of Population Overweight:** 59.7%

Additional Initiatives:

- PLAY and Healthcare Georgia Foundation held statewide summit to define the state's challenge and begin development of a comprehensive plan to reduce risk of overweight among Georgia's youth; summary of the dialogue and findings was issued in November, 2005.

NAACCR 2004 Certification of 2002 Incidence Data

This certification signifies the level of completeness, timeliness, accuracy of cancer incidence data reported by the state cancer registries

- **Certification Level:** Gold
- **Criteria:** 95% Completeness
  100% Passing Edits
  <=3% Death Certificate Only Cases
  <=1/1000 Duplicate Reports
  <=2% Missing Data in Sex, Age or County Field
  <=3% Missing Data in Race Field

**The Breast and Cervical Cancer Early Detection Program (BCCEDP) is a CDC-funded program in every state administered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

See page 85 for data sources and notes on risk factor data.

Georgia Cancer Incidence, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ALL SITES	**165,319**	**463.3**	**125,209**	**460.9**	**37,815**	**482.0**	**86,120**	**570.4**	**64,869**	**550.6**	**20,126**	**666.5**	**79,198**	**393.6**	**60,340**	**403.3**	**17,689**	**370.2**
BREAST (FEMALE)													25,140	124.0	19,179	128.2	5,601	111.6
CERVICAL													2,069	9.8	1,342	9.1	660	12.6
COLORECTAL	17,728	51.1	13,054	49.0	4,474	59.9	9,022	61.7	6,811	59.5	2,104	72.2	8,706	43.8	6,243	41.4	2,370	52.8
LUNG & BRONCHUS	26,310	76.0	20,928	78.2	5,199	69.7	15,942	109.0	12,466	108.1	3,368	115.7	10,368	52.9	8,462	56.7	1,831	41.1
MELANOMA	6,374	16.9	6,130	21.8	96	1.2	3,608	22.2	3,482	27.7	49	1.6	2,766	13.3	2,648	17.9	47	1.0
PROSTATE							24,826	166.4	17,096	144.7	7,406	260.6						

Note: Data exclude basal and squamous cell skin and in situ cancers except urinary bladder. Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
Data Source: Georgia Comprehensive Cancer Registry, 2006

Georgia Cancer Stage at Diagnosis, Percent of Total Cases, 1999-2003, by Site and Race

	IN SITU			LOCAL			REGIONAL			DISTANT			UNKNOWN/UNSTAGED		
	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black
ALL SITES	**7.8**	**8.5**	**5.2**	**41.9**	**43.0**	**38.4**	**21.1**	**20.5**	**23.2**	**19.1**	**18.2**	**22.3**	**10.1**	**9.8**	**10.9**
BREAST (FEMALE)	17.9	18.2	17.0	49.1	51.3	41.7	26.2	24.6	31.7	3.5	2.8	6.0	3.2	3.1	3.6
CERVICAL[2]				52.1	54.9	46.0	33.8	31.0	40.6	7.6	7.2	8.3	6.5	6.9	5.1
COLORECTAL (FEMALE)	6.5	6.3	6.7	32.6	34.1	29.1	37.5	37.7	37.0	16.2	15.1	19.2	7.2	6.8	8.0
COLORECTAL (MALE)	6.6	6.5	6.9	32.9	34.3	28.8	37.2	37.5	35.9	16.9	15.6	21.3	6.4	6.1	7.1
MELANOMA (SKIN)[2]				59.0	59.3	48.2	5.6	5.5	18.4	2.3	2.3	7.0	4.9	4.7	10.5
PROSTATE[2]				80.8	82.6	76.8	7.6	7.7	7.5	3.6	2.6	5.9	8.0	7.1	9.7

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.
[1] Includes White, Black and other races
[2]Stages reported for invasive cervical, melanoma and prostate cancers only.
Data Source: Georgia Comprehensive Cancer Registry, 2006

Georgia Cancer Mortality, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	**68,446**	**201.1**	**50,568**	**192.5**	**17,332**	**238.0**	**36,140**	**263.0**	**26,662**	**246.2**	**9,202**	**343.4**	**32,306**	**162.7**	**23,906**	**158.2**	**8,130**	**180.1**
BREAST (FEMALE)													5,143	25.5	3,583	23.7	1,527	31.5
CERVICAL													593	2.9	368	2.5	215	4.4
COLORECTAL	6,455	19.2	4,474	17.2	1,925	27.1	3,198	23.5	2,280	21.4	889	33.3	3,257	16.3	2,194	14.3	1,036	23.6
LUNG & BRONCHUS	20,635	60.5	16,389	61.9	4,149	57.3	12,768	90.2	9,934	88.8	2,777	100.0	7,867	40.2	6,455	43.1	1,372	31.4
MELANOMA (SKIN)	925	2.6	897	3.3	26	0.4	562	3.6	552	4.5	9	~	363	1.8	345	2.3	17	~
PROSTATE							3,782	34.4	2,273	26.0	1,497	73.0						

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
~ Number of deaths too small (25 or less) to calculate reliable rate.
Data Source: Georgia Comprehensive Cancer Registry, 2006

Adult Risk Behavior

Early Detection

Recent Mammogram*, Women 40 and Older, Georgia and U.S., 2004

	% Georgia	% U.S.
40 years and older	59.2	58.3
40-64 years old	58.7	56.8
65 years and older	60.6	61.7
White only, non Hispanic	59.8	59.3
Black only, non- Hispanic	56.7	59.2
Low Education**	48.8	49.6
Uninsured***	38.8	32.9

** Mammogram within the past year.*
*** Women 40 years and older with less than a high school education*
****Women 40-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Pap Test*, Women 18 and Older, Georgia and U.S., 2004

	% Georgia	% U.S.
18 years and older	87.5	85.2
18-44 years	88.9	87.3
45-64 years old	69.7	71.8
65 years and older	68.9	71.2

** A pap test within the preceding 3 years for women with intact uteri.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Sigmoidoscopy/Colonoscopy*, Adults 50 and Older, Georgia and U.S., 2004

	% Georgia	% U.S.
50 years and older	43.9	45.1
50-64 years old	40.6	39.5
65 years and older	49.4	52.6
Male, 50 years or older	43.8	46.1
Male, 50-64 years old	41.1	40.3
Male, 65 years and older	49.5	55.1
Female, 50 years and older	44.0	44.3
Female, 50-64 years old	40.1	38.8
Female, 65 years and older	49.3	50.9
White only, non-Hispanic	44.8	46.9
Black only, non-Hispanic	43.2	43.4
Low Education**	36.0	36.0
Uninsured***	32.1	18.6

** Sigmoidoscopy/Colonoscopy within the past 5 years.*
*** Adults 50 years and older with less than a high school education*
****Adults 50-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening or diagnosis.
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Prostate-Specific Antigen Test*, Men 50 and Older, Georgia and U.S., 2004

	% Georgia	% U.S.
50 years and older	57.3	52.3
50-64 years old	55.0	46.7
65 years and older	62.6	62.1
White only, non-Hispanic	60.2	54.3
Black only, non-Hispanic (45+)	49.2	44.0
Low Education**	38.8	38.7

** Prostate-specific antigen test within the past year for men who reported they were not told by a doctor, nurse, or other health professional that they had prostate cancer*
*** Adults 50 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Prevention

Current Cigarette Smoking*, Adults 18 and Older, Georgia and U.S., 2004

	% Georgia	% U.S.
Total	**20.1**	**20.9**
18-24 years old	26.5	26.8
25-34 years old	23.1	24.3
35-44 years old	18.2	23.7
45-54 years old	22.5	23.0
55-64 years old	16.8	17.7
65 years and older	11.2	9.0
Male	22.4	23.2
Female	17.9	18.7
White only, non-Hispanic	20.4	21.3
Black only, non-Hispanic	19.4	22.1
Other race only, non-Hispanic	24.1	19.5
Hispanic	9.9	17.2
Low Education**	30.7	27.7
Female 18-44	19.2	21.9

** Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).*
*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Physical Activity, Adults 18 and Older, Georgia and US, 2004

No Leisure Time Physical Activity	% Georgia	% U.S.
Total	**25.9**	**23.8**
Male	21.7	21.2
Female	29.8	26.1
White only, non-Hispanic	23.9	20.6
Black only, non-Hispanic	30.0	30.5
Other race only, non-Hispanic	30.1	23.6
Hispanic	18.4	35.0
Low Education**	49.5	46.6

*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Nutrition, Adults 18 and Older, Georgia and U.S., 2003

Eating 5 or more Fruits & Vegetables per day	% Georgia	% U.S.
Total	**22.8**	**23.5**
Male	19.9	18.6
Female	25.6	28.2
White only, non-Hispanic	23.4	23.7
Black only, non-Hispanic	20.3	22.1
Other race only, non-Hispanic	33.9	26.7
Hispanic	22.7	22.0
Low Education*	13.8	19.4

** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2003

Overweight*, Adults 18 and Older, Georgia and U.S., 2004

	% Georgia	% U.S.
Total	**59.7**	**60.2**
Male	67.1	68.1
Female	52.3	52.4
White only, non-Hispanic	56.9	58.6
Black only, non-Hispanic	68.4	69.3
Other race only, non-Hispanic	54.1	48.3
Hispanic	46.7	66.0
Low Education**	68.5	69.9

**Overweight is defined as having body mass index of 25 kg/m^2 or greater*
***Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Youth Risk Behavior

Tobacco Use, High School Students, Georgia and U.S., 2003

	% Georgia	% U.S.
Current Cigarette Smoking*		
Total	**20.9**	**21.9**
Male	23.2	21.8
Female	18.7	21.9
Current Smokeless Tobacco Use**		
Total	**7.6**	**6.7**
Male	13.9	11.0

** 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*
Source: Youth Risk Behavior Surveillance System, 2003

Nutrition, High School Students, Georgia and U.S., 2003

Eating 5 or more Fruits & Vegetables per day	% Georgia	% U.S.
Total	**16.8**	**22.0**
Male	20.0	23.6
Female	13.7	20.3

Source: Youth Risk Behavior Surveillance System, 2003

Physical Activity, High School Students, Georgia and U.S., 2003

	% Georgia	% U.S.
Moderate Physical Activity*		
Total	**25.4**	**24.7**
Male	28.8	27.2
Female	22.0	22.1
Vigorous Physical Activity**		
Total	**59.0**	**62.6**
Male	67.9	70.0
Female	50.0	55.0

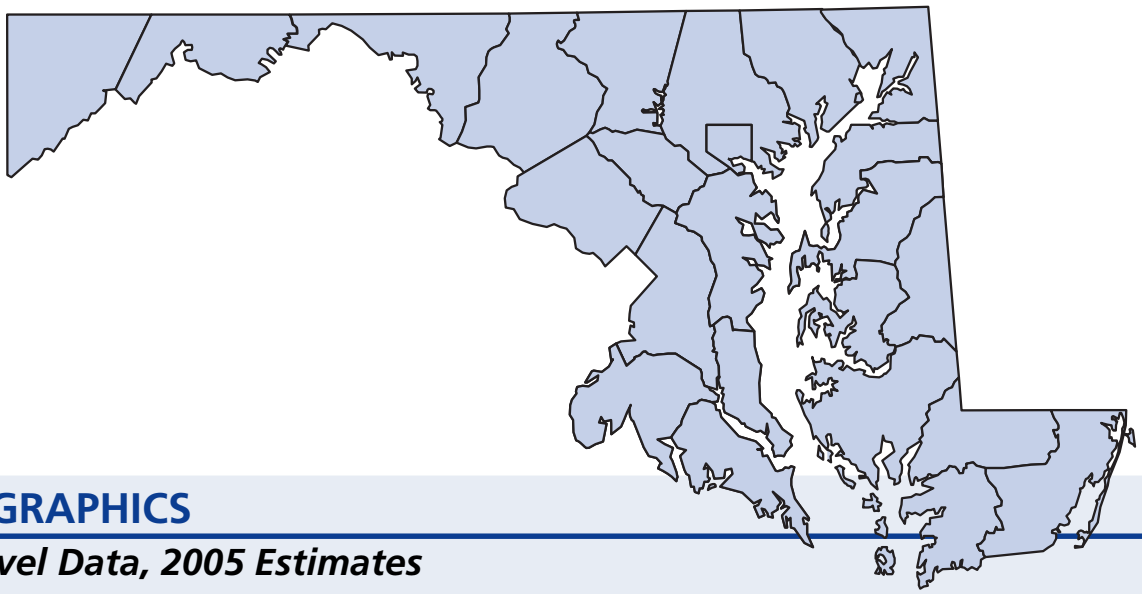
** Activities that did not cause sweating and hard breathing (such as fast walking) for 30 minutes or more on 5 or more of the 7 days preceding the survey.*
*** Activities causing sweating or hard breathing (such as running) for 20 minutes or more on 3 or more of the 7 days opreceding the survey*
Source: Youth Risk Behavior Surveillance System, 2003

Overweight, High School Students, Georgia and U.S., 2003

	% Georgia	% U.S.
At Risk for Becoming Overweight*		
Total	**15.1**	**14.8**
Male	15.0	15.2
Female	15.1	14.4
Overweight**		
Total	**11.1**	**12.1**
Male	15.4	15.7
Female	6.6	8.3

** Students who were at or above the 85th percentile but below the 95% percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey.*
*** Students who were at or above the 95th percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey*
Source: Youth Risk Behavior Surveillance System, 2003

Maryland



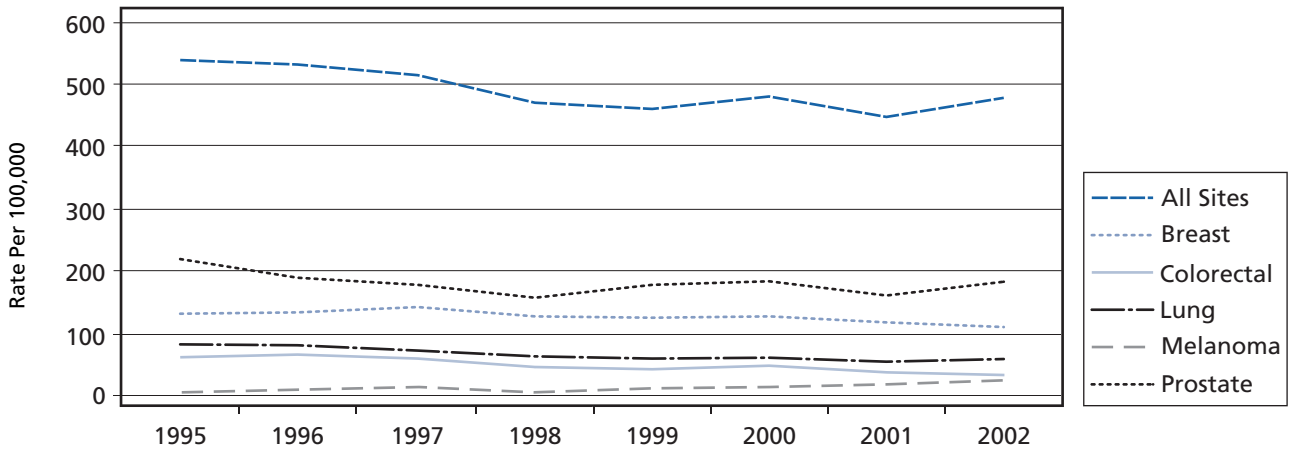
DEMOGRAPHICS

State Level Data, 2005 Estimates

Population, 2000 Census	5,296,486	Hispanic	276,427
Population, 2005 Estimate[1]	5,602,912	Persons under 18 years old	24.8%
White, Non-Hispanic	3,416,809	Persons 65 years old and over	11.6%
Black, Non-Hispanic	1,531,361	Population with less than high school education	10.4%
Native American, Non-Hispanic	13,974	Households with income <$15,000 per year	9.6%
Asian/Pacific Islander, Non-Hispanic	255,605	Median household income	$60,632
Other/Multi-Race, Non-Hispanic	108,736		

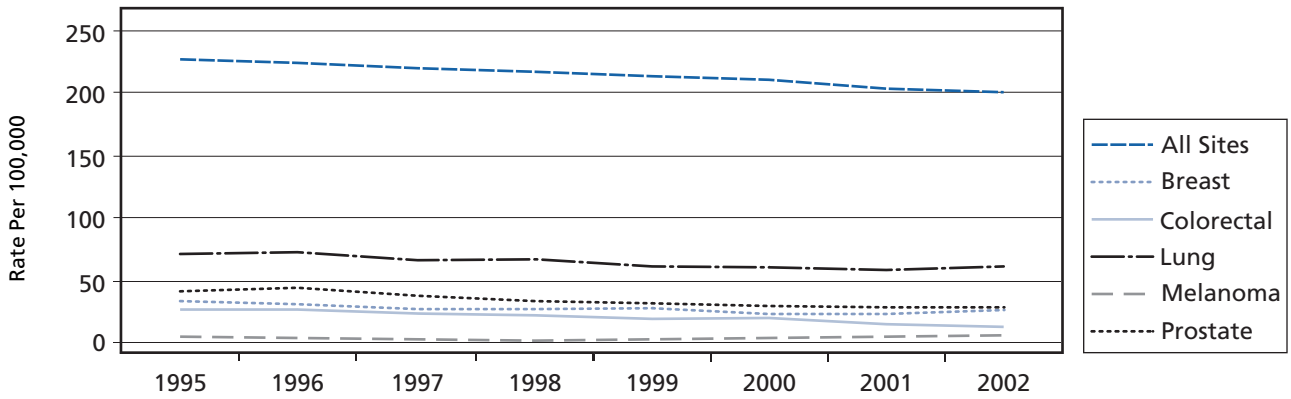
[1] Total is sum of White,Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.

Maryland Cancer Incidence Rates by Cancer Site 1995-2002



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: Maryland Cancer Registry, 2005

Maryland Cancer Mortality Rates by Cancer Site 1995-2002



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Source: American Cancer Society, Dept. of Epidemiology and Surveillance Research, National Center for Health Statistics

Maryland at a Glance

Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 32%
- **Tobacco excise tax:** $1.00
- **State quitline:** None
- **Adult Smoking Rate:** 19.7%
- **High School Smoking Rate:** 17.6%
- **Covered by Medicaid for Smoking Cessation:** Prescription Nasal Spray, Prescription Inhaler, Zyban
- **FY2006 Tobacco Settlement Revenues:** $136.8 million (estimate)
- **FY2006 State Tobacco Tax Revenues:** $263.2 million (estimate)
- **Total Annual State Tobacco Revenues From Tobacco:** $400.0 million (estimate)
- **FY2006 Tobacco Prevention Spending:** $9.2 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 2.3%
- **CDC's Annual Funding Recommendations:** $30.3-78.6 million
- **Percentage of CDC Minimum Recommendations:** 30.4%
- **Annual Smoking Caused Health Costs:** $1.8 billion

Additional Initiatives:

- Current Request for Proposal is out for a Quitline in the state.

BCCEDP — Breast and Cervical Cancer Screening Program (BCCSP)*

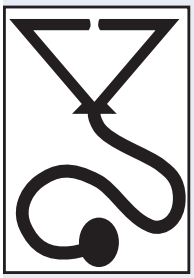
- **Target Population:** Women 40-64, Uninsured, Under 250% of Federal Poverty Level
- **Unique Aspect of BCCSP:** Employs Lay Health Outreach workers to recruit women from priority populations.
- **State Mammography Rate (Women 40+):** 63.3%
- **State Mammography Rate (Women 40+, Low Education):** 65.1%

Colorectal

- **Mandatory insurance coverage for colorectal cancer screening:** Yes
- **State screening program:** None, but Cigarette Restitution Funds are distributed to local County health departments and many run screening programs with these monies.
- **FOBT Rate (50+):** 21.7%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 54.5%

Prostate

- **State screening program:** None, but Cigarette Restitution Funds are distributed to local County health departments and many run screening programs with these monies.
- **PSA Test (50+):** 54.4%
- **PSA Test (45+, African American):** 45.0%



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 11 main clinics; 42 satellite clinics
- **State fund for Uninsured Cancer Patients:** Maryland Cancer Fund, currently not operational; Maryland Health Insurance Plan often used as transition coverage
- **Uninsured Population (18+):** 13.3%
- **Number of ACoS approved hospitals:** 37
- **Number of NCI Cancer Centers:** 1 Comprehensive Cancer Center
- **Percent of population living in rural areas:** 13.9%
- **Number of Transportation Resources:** 245

State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** Currently implementing the 2004-2008 cancer plan.
- **Accomplishments:** Hosted the 12th Annual State Conference on Cancer Control with over 400 attendees. Presentations included environment and cancer, emerging issues from the medical directors of Johns Hopkins and University of Maryland and a panel discussion on cancer patient navigation through a confusing healthcare environment.
- **This Year's Activities:** To continue establishing priorities for implementation and working to bring the messages contained in the Maryland cancer plan to the citizens of Maryland through programs and partnerships.

Additional Initiatives:

- Baltimore City Colorectal Cancer Collaborative received a 3-year grant from CDC to implement a citywide colorectal cancer screening program beginning Spring, 2006.
- Current CDC grant investigating the role of the Insurers to improve colorectal cancer screening benefit utilization
- Maryland's Dialogue for Action was held in June, 2005 with a focus on the role of primary care providers in colorectal cancer screening.

Nutrition and Physical Activity

- **State coalition:** Maryland Healthy Eating and Active Lifestyle Coalition
- **Obesity initiatives:** Development of State Nutrition and Physical Activity plan for release May 3, 2006; Student Health and Fitness Act in currently in legislation to increase physical education in schools
- **No Physical Activity:** 21.8%
- **Moderate Physical Activity:** 49.3%
- **Eat 5 Fruits and Vegetables a Day:** 28.8%
- **Percent of Population Overweight:** 58.6%

NAACCR 2004 Certification of 2002 Incidence Data

This certification signifies the level of completeness, timeliness, accuracy of cancer incidence data reported by the state cancer registries

- **Certification Level:** Gold
- **Criteria:** 95% Completeness
  100% Passing Edits
  <=3% Death Certificate Only Cases
  <=1/1000 Duplicate Reports
  <=2% Missing Data in Sex, Age or County Field
  <=3% Missing Data in Race Field

**The Breast and Cervical Cancer Early Detection Program (BCCEDP) is a CDC-funded program in every state administered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

See page 85 for data sources and notes on risk factor data.

Maryland Cancer Incidence, 1999-2003, By Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ALL SITES*	**120,115**	**472.8**	**89,431**	**471.2**	**25,247**	**459.9**	**61,472**	**564.4**	**45,398**	**546.4**	**12,982**	**591.7**	**58,627**	**411.0**	**44,029**	**422.0**	**12,261**	**374.9**
BREAST (FEMALE)													18,429	126.1	13,699	130.8	4,120	114.1
COLORECTAL	13,200	51.8	9,762	50.5	3,009	56.2	6,550	60.3	4,965	59.6	1,354	63.0	6,647	45.4	4,796	43.3	1,654	51.9
LUNG & BRONCHUS	17,192	67.4	13,109	67.9	3,793	69.6	9,267	84.6	6,947	83.0	2,151	98.0	7,923	54.9	6,160	57.0	1,642	51.0
PROSTATE							19,240	170.8	13,497	15.7	5,256	23.3						

Note: Data exclude basal and squamous cell skin and in situ cancers except urinary bladder. Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
Data Source: Maryland Cancer Registry, 2006
**All Sites Reported for 1998-2002*

Maryland Cancer Stage at Diagnosis, Percent of Total Cases, 1999-2003, by Site and Race

	LOCAL			REGIONAL			DISTANT			UNKNOWN/UNSTAGED		
	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black
ALL SITES[2]*	**41.1**	**42.8**	**38.7**	**21.0**	**20.9**	**23.2**	**16.6**	**16.4**	**19.1**	**20.1**	**18.3**	**18.6**
BREAST (FEMALE)[2]	57.9	60.2	50.6	28.2	26.7	32.7	3.8	3.5	4.7	10.1	9.6	12.0
COLORECTAL (FEMALE)[3]	31.9	33.3	28.4	38.0	39.5	34.5	16.4	15.0	19.9	13.7	12.2	17.2
COLORECTAL (MALE)[3]	31.5	32.7	27.9	38.8	38.6	39.0	15.9	15.8	17.3	13.8	12.9	15.8
PROSTATE[2]	67.0	67.4	66.8	6.7	6.6	7.0	2.8	2.3	4.0	23.5	23.7	22.2

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.
[1]Includes White, Black and other races
[2]Stages reported for invasive all sites, breast (female) and prostate cancers only.
[3]In situ and local stages combined for colorectal cancer
Data Source: Maryland Cancer Registry, 2006
**All Sites Reported for 1998-2002*

Maryland Cancer Mortality, 1998-2002, By Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	**51,348**	**207.7**	**38,107**	**200.4**	**12,428**	**248.2**	**26,184**	**259.3**	**19,348**	**246.3**	**6,419**	**336.5**	**25,164**	**175.0**	**18,759**	**170.9**	**6,009**	**197.3**
BREAST (FEMALE)													4,114	28.5	2,904	26.9	1,153	35.1
CERVICAL													373	2.6	215	2.1	147	4.3
COLORECTAL	5,499	22.5	4,003	21.1	1,394	29.0	2,683	26.9	1,958	25.1	671	36.5	2,816	19.3	2,045	18.0	723	24.6
LUNG & BRONCHUS	14,594	58.9	11,120	58.4	3,319	65.5	8,198	78.9	6,128	76.1	1,980	98.3	6,396	45.0	4,992	46.0	1,339	44.8
MELANOMA (SKIN)	643	2.5	615	3.2	26	0.5	411	3.8	397	4.8	^	~	232	1.6	218	2.1	^	~
PROSTATE							2,855	33.1	1,867	26.9	961	68.5						

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
~ Number of deaths too small (25 or less) to calculate reliable rate.
Data Source: American Cancer Society, Dept. of Epidemiology and Surveillance Research, National Center for Health Statistics, 2005

Adult Risk Behavior

Early Detection

Recent Mammogram*, Women 40 and Older, Maryland and U.S., 2004

	% Maryland	% U.S.
40 years and older	63.3	58.3
40-64 years old	60.9	56.8
65 years and older	69.9	61.7
White only, non Hispanic	63.6	59.3
Black only, non- Hispanic	64.5	59.2
Other race only, non-Hispanic	46.8	51.6
Low Education**	65.1	49.6
Uninsured***	40.1	32.9

** Mammogram within the past year.*
*** Women 40 years and older with less than a high school education*
****Women 40-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Pap Test*, Women 18 and Older, Maryland and U.S., 2004

	% Maryland	% U.S.
18 years and older	88.8	85.2
18-44 years	89.7	87.3
45-64 years old	77.7	71.8
65 years and older	78.7	71.2

** A pap test within the preceding 3 years for women with intact uteri.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Sigmoidoscopy/Colonoscopy*, Adults 50 and Older, Maryland and U.S., 2004

	% Maryland	% U.S.
50 years and older	54.5	45.1
50-64 years old	49.4	39.5
65 years and older	63.1	52.6
Male, 50 years or older	55.2	46.1
Male, 50-64 years old	48.7	40.3
Male, 65 years and older	67.3	55.1
Female, 50 years and older	53.8	44.3
Female, 50-64 years old	49.9	38.8
Female, 65 years and older	59.9	50.9
White only, non-Hispanic	56.7	46.9
Black only, non-Hispanic	49.0	43.4
Low Education**	47.0	36.0
Uninsured***	18.2	18.6

** Sigmoidoscopy/Colonoscopy within the past 5 years.*
*** Adults 50 years and older with less than a high school education*
****Adults 50-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening or diagnosis.
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Prostate-Specific Antigen Test*, Men 50 and Older, Maryland and U.S., 2004

	% Maryland	% U.S.
50 years and older	54.4	52.3
50-64 years old	51.0	46.7
65 years and older	61.4	62.1
White only, non-Hispanic	57.4	54.3
Black only, non-Hispanic (45+)	45.0	44.0
Low Education**	29.0	38.7

** Prostate-specific antigen test within the past year for men who reported they were not told by a doctor, nurse, or other health professional that they had prostate cancer*
*** Adults 50 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Prevention

Current Cigarette Smoking*, Adults 18 and Older, Maryland and U.S., 2004

	% Maryland	% U.S.
Total	**19.7**	**20.9**
18-24 years old	24.7	26.8
25-34 years old	25.0	24.3
35-44 years old	19.2	23.7
45-54 years old	19.8	23.0
55-64 years old	19.0	17.7
65 years and older	10.0	9.0
Male	22.7	23.2
Female	16.9	18.7
White only, non-Hispanic	19.8	21.3
Black only, non-Hispanic	20.2	22.1
Other race only, non-Hispanic	19.0	19.5
Hispanic	17.2	17.2
Low Education**	34.4	27.7
Female 18-44	19.5	21.9

** Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).*
*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Physical Activity, Adults 18 and Older, Maryland and the US, 2004

No Leisure Time Physical Activity	% Maryland	% U.S.
Total	**21.8**	**23.8**
Male	19.6	21.2
Female	23.8	26.1
White only, non-Hispanic	19.5	20.6
Black only, non-Hispanic	26.9	30.5
Other race only, non-Hispanic	24.0	23.6
Hispanic	21.5	35.0
Low Education**	48.7	46.6

*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Nutrition, Adults 18 and Older, Maryland and U.S., 2003

Eating 5 or More Fruits & Vegetables per Day	% Maryland	% U.S.
Total	**28.8**	**23.5**
Male	24.0	18.6
Female	33.2	28.2
White only, non-Hispanic	28.7	23.7
Black only, non-Hispanic	27.1	22.1
Other race only, non-Hispanic	28.9	26.7
Hispanic	32.4	22.0
Low Education*	19.9	19.4

** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2003

Overweight*, Adults 18 and Older, Maryland and U.S., 2004

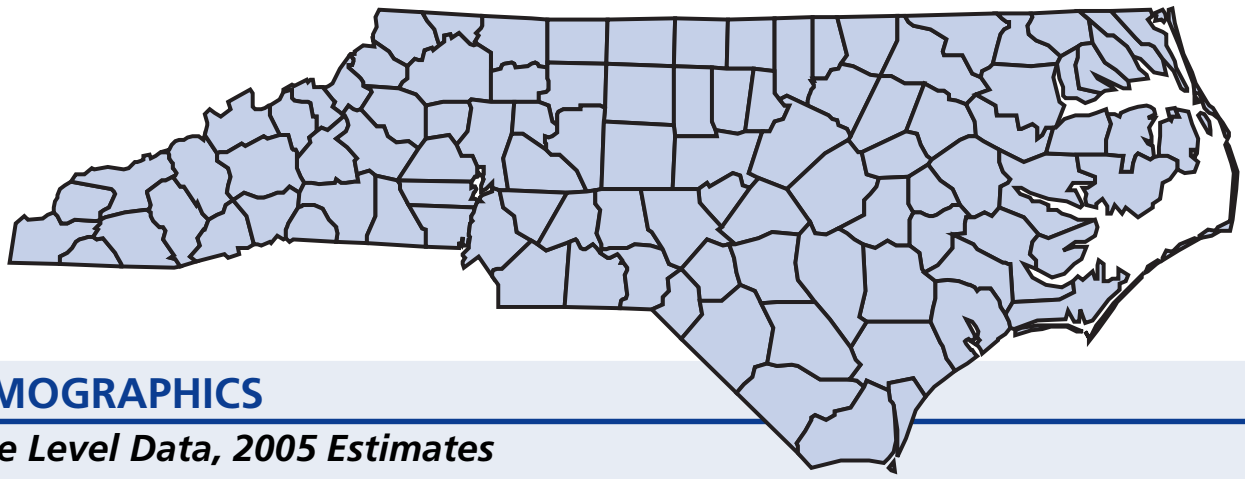
	% Maryland	% U.S.
Total	**58.6**	**60.2**
Male	64.7	68.1
Female	52.9	52.4
White only, non-Hispanic	57.1	58.6
Black only, non-Hispanic	67.7	69.3
Other race only, non-Hispanic	47.1	48.3
Hispanic	41.4	66.0
Low Education**	71.1	69.9

**Overweight is defined as having body mass index of 25 kg/m^2 or greater*
***Adults 25 years old and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Youth Risk Behavior

Data are not available since state did not participate in the Youth Risk Behavior Surveillance System, a voluntary collaboration between the state's departments of health and education and the Centers for Disease Control and Prevention.

North Carolina

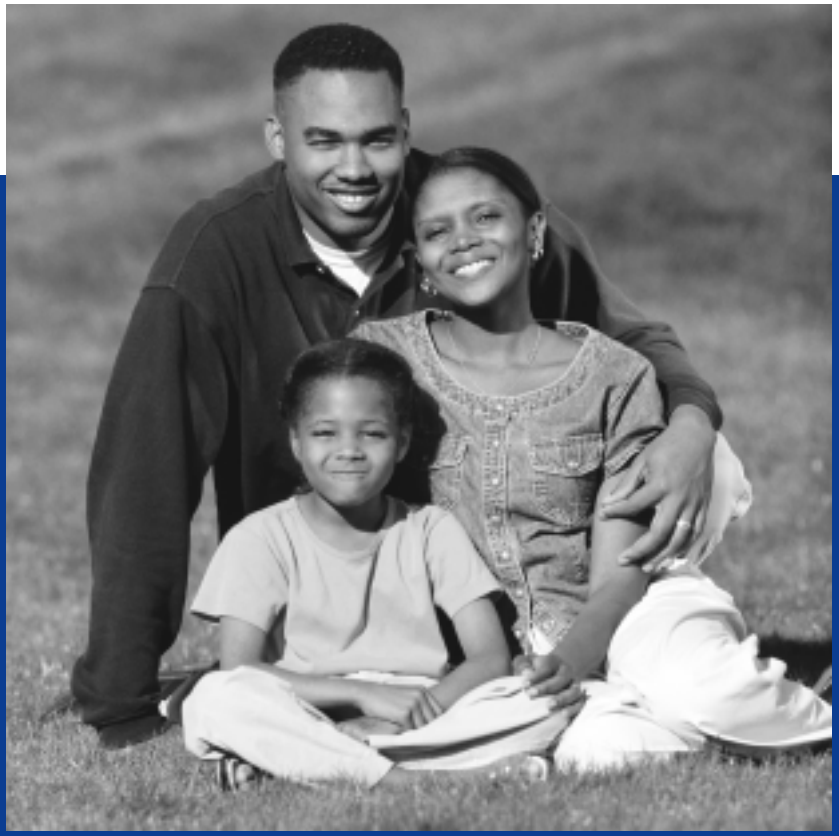


DEMOGRAPHICS

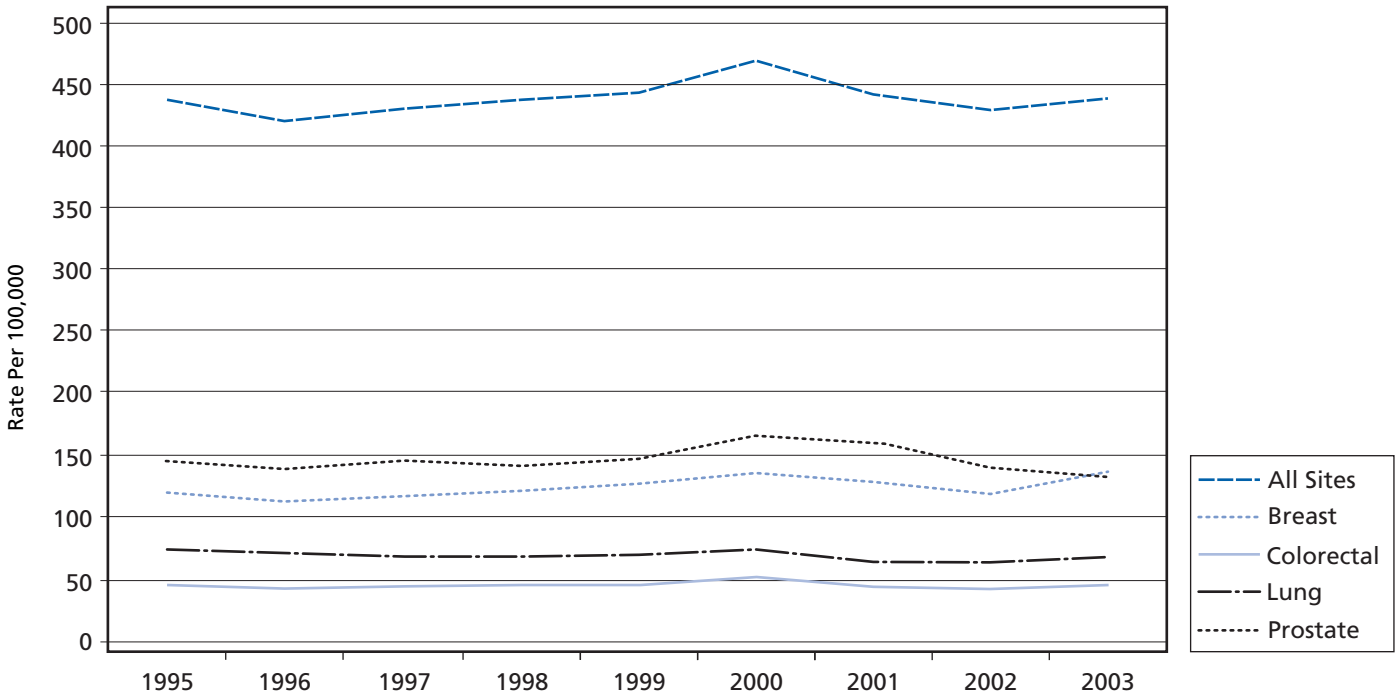
State Level Data, 2005 Estimates

Population, 2000 Census	8,049,313	Hispanic	508,948
Population, 2005 Estimate[1]	8,567,628	Persons under 18 years old	24.6%
White, Non-Hispanic	5,856,957	Persons 65 years old and over	12.3%
Black, Non-Hispanic	1,840,333	Population with less than high school education	14.1%
Native American, Non-Hispanic	102,383	Households with income <$15,000 per year	14.7%
Asian/Pacific Islander, Non-Hispanic	151,456	Median household income	$40,275
Other/Multi-Race, Non-Hispanic	107,551		

[1] Total is sum of White,Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.

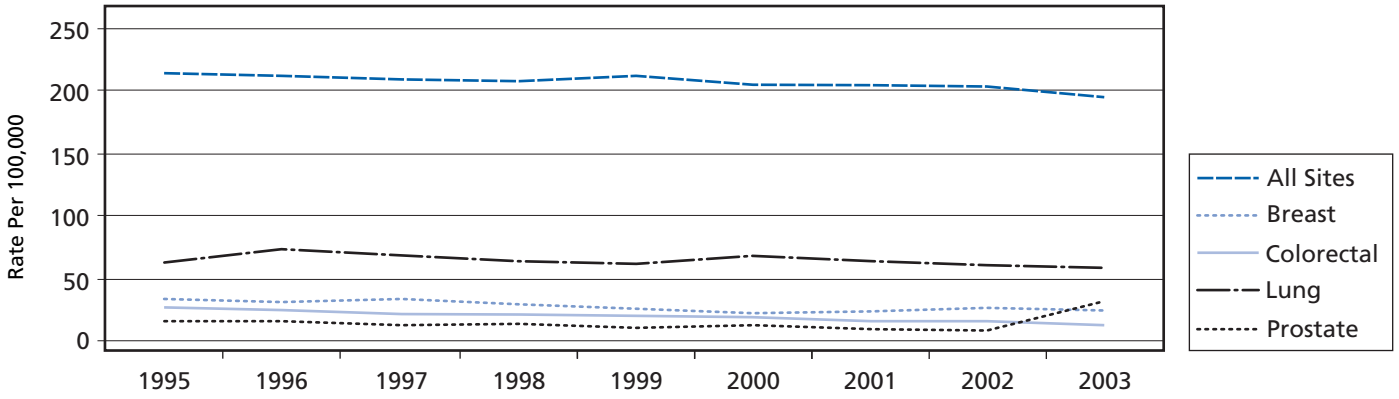


North Carolina Cancer Incidence Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: North Carolina Cancer Registry, 2006

North Carolina Cancer Mortality Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: North Carolina Cancer Registry, 2006

North Carolina at a Glance

Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 0.008%
- **Tobacco excise tax:** $0.30 ($0.05 increase effective 7/1/06)
- **State quitline:** 1-800-QUIT-NOW; multiple session telephone counseling
- **Adult Smoking Rate:** 23.2%
- **High School Smoking Rate:** 24.8%
- **Medicaid coverage for Smoking Cessation:** Prescription Nasal Spray, Prescription Inhaler, Zyban
- **FY2006 Tobacco Settlement Revenues:** $141.2 million (estimate)
- **FY2006 State Tobacco Tax Revenues:** $153.7 million (estimate)
- **Total Annual State Tobacco Revenues From Tobacco:** $294.9 million (estimate)
- **FY2006 Tobacco Prevention Spending:** $15 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 5.1%
- **CDC's Annual Funding Recommendations:** $42.59-118.63 million
- **Percentage of CDC Minimum Recommendations:** 35.2%
- **Annual Smoking Caused Health Costs:** $2.26 billion

Additional Initiatives

- The state is funding a 6-county pilot to test media promotion and grassroots marketing of a full service Quitline to teens, with a focus on reaching African American high school age youth.
- Pilot project state with the Historically Black Colleges and Universities Tobacco Initiative

BCCEDP — Breast and Cervical Cancer Control Program (NC BCCCP)*

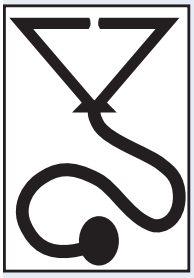
- **Target Population:** Women 50-64, Uninsured or Underinsured, Under 200% of Federal Poverty
- **Unique Aspect of BCCSP:** Has CDC funding for the WISEWOMAN program enhancement, which provides integrated cardiovascular screening and education on nutrition, physical activity, and tobacco use for BCCEDP clients.
- **State Mammography Rate (Women 40+):** 62.5%
- **State Mammography Rate (Women 40+, Low Education):** 52.6%

Colorectal

- **Mandatory insurance coverage for colorectal cancer screening:** Yes
- **State screening program:** No
- **FOBT Rate (50+):** 28.5%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 48.7%

Prostate

- **State screening program:** No
- **PSA Test (50+):** 57.4%
- **PSA Test (45+, African American):** 45.4%



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 27 main clinics; 128 satellite clinics
- **State fund for Uninsured Cancer Patients:** State-Aid Cancer Program
- **Uninsured Population (18+):** 21.8%
- **Number of ACoS approved hospitals:** 38
- **Number of NCI Cancer Centers:** 3 Comprehensive Cancer Centers
- **Percent of population living in rural areas:** 39.8%
- **Number of Transportation Resources:** 399

State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** Currently on the third plan in the state, a revised plan will be available Summer, 2006.
- **Accomplishments:** Great coordination on the tobacco excise tax increase in the past year.
- **This Year's Activities:** Working on the rewrite and recertification of the state cancer plan; strong emphasis on the cancer control months across the state during quarterly meetings.

Nutrition and Physical Activity

- **State coalition:** Nutrition and Physical Activities Standards Act
- **Obesity initiatives:** Eat More, Move More; Weight Loss Matters for Kids; Wizdom Kit
- **Physical Activity:** 24.8%
- **Moderate Physical Activity:** 37.7%
- **Eat 5 Fruits and Vegetables a Day:** 23.2%
- **Percent of Population Overweight:** 61.4%

NAACCR 2004 Certification of 2002 Incidence Data

This certification signifies the level of completeness, timeliness, accuracy of cancer incidence data reported by the state cancer registries

- **Certification Level:** Silver
- **Criteria:** 90% Completeness
  97% Passing Edits
  <=5% Death Certificate Only Cases
  <=2/1000 Duplicate Reports
  <=3% Missing Data in Sex, Age or County Field
  <=5% Missing Data in Race Field

**The Breast and Cervical Cancer Early Detection Program (BCCEDP) is a CDC-funded program in every state administered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

See page 85 for data sources and notes on risk factor data.

North Carolina Cancer Incidence, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ALL SITES	**173,340**	**429.3**	**138,989**	**425.9**	**31,339**	**447.4**	**89,288**	**513.4**	**70,962**	**496.0**	**16,826**	**607.2**	**84,052**	**374.4**	**68,027**	**381.2**	**14,513**	**348.1**
BREAST(FEMALE)													27,232	122.6	22,025	125.2	4,760	112.6
CERVICAL													1,744	8.1	1,207	7.4	463	10.7
COLORECTAL	19,407	48.6	15,305	47.1	3,793	55.6	9,756	57.4	7,841	56.0	1,780	65.4	9,651	42.1	7,464	40.3	2,013	49.2
LUNG & BRONCHUS	28,127	69.8	23,286	70.7	4,498	65.8	16,719	97.4	13,579	95.6	2,940	108	11,408	50.3	9,707	53.0	1,558	38.4
MELANOMA	5,980	14.7	5,870	18.2	49	0.7	3,365	18.7	3,320	22.7	17	~	2,615	11.9	2,550	15.1	32	0.8
PROSTATE							26,786	153.1	19,847	136.5	6,403	238.6						

Note: Data exclude basal and squamous cell skin and in situ cancers except urinary bladder. Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
~ Number of cases too small (25 or less) to calculate reliable rate.
Data Source: North Carolina Central Cancer Registry, 2006

North Carolina Cancer Stage at Diagnosis, Percent of Total Cases, 1999-2003, by Site and Race

	IN SITU			LOCAL			REGIONAL			DISTANT			UNKNOWN/UNSTAGED		
	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black
ALL SITES	**17.2**	**17.5**	**16.1**	**51.2**	**53.0**	**43.3**	**25.1**	**23.8**	**30.9**	**3.8**	**3.3**	**6.1**	**2.7**	**2.4**	**3.5**
BREAST (FEMALE)				57.0	59.6	49.7	29.6	28.0	33.3	8.5	7.9	10.4	5.0	4.5	6.7
CERVICAL[2]				36.1	37.1	32.5	40.5	40.8	39.8	16.3	15.6	19.0	7.0	6.6	8.6
COLORECTAL (FEMALE)[3]				36.2	37.1	32.1	40.1	40.4	38.7	17.5	16.6	21.2	6.2	5.9	8.0
COLORECTAL (MALE)[3]				82.0	82.1	67.3	8.2	8.2	14.3	3.7	3.6	6.1	6.1	6.0	12.2
MELANOMA (SKIN)[2]				80.1	82.0	74.8	8.6	8.7	8.3	4.0	3.2	6.3	7.3	6.1	10.5
PROSTATE[2]															

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.
[1]Includes White, Black and other races
[2]Stages reported for invasive cervical, melanoma and prostate cancers only.
[3]In situ and local stages combined for colorectal cancer
Data Source: North Carolina Central Cancer Registry, 2006

North Carolina Cancer Mortality, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	**79,816**	**201.5**	**62,703**	**193.9**	**16,279**	**242.7**	**42,346**	**263.2**	**33,106**	**248.4**	**8,830**	**351.8**	**37,470**	**162.8**	**29,597**	**159.0**	**7,449**	**181.6**
BREAST (FEMALE)													5,786	25.5	4,288	23.5	1,422	33.9
CERVICAL													609	2.7	409	2.4	189	4.5
COLORECTAL	7,631	19.4	5,830	18.2	1,732	26.0	3,769	23.6	2,927	22.1	814	32.4	3,862	16.5	2,903	15.3	918	22.5
LUNG & BRONCHUS	24,122	60.3	19,802	60.5	4,098	60.9	14,847	88.9	11,924	86.1	2,786	106	9,275	40.5	7,878	42.5	1,312	32.4
MELANOMA (SKIN)	1,157	2.9	1,130	3.5	23	~	725	4.2	712	5.1	11	~	432	1.9	418	2.3	12	~
PROSTATE							4,574	33.7	2,970	26.3	1,556	75.9						

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
~ Number of deaths too small (25 or less) to calculate reliable rate.
Data Source: North Carolina Central Cancer Registry, 2006

Adult Risk Behavior

Early Detection

Recent Mammogram*, Women 40 and Older, North Carolina and U.S., 2004

	% North Carolina	% U.S.
40 years and older	62.5	58.3
40-64 years old	62.2	56.8
65 years and older	63.1	61.7
White only, non Hispanic	63.3	59.3
Black only, non- Hispanic	63.5	59.2
Other race only, non-Hispanic	50.4	51.6
Hispanic	44.6	53.7
Low Education**	52.6	49.6
Uninsured***	36.8	32.9

** Mammogram within the past year.*
*** Women 40 years and older with less than a high school education*
****Women 40-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Pap Test*, Women 18 and Older, North Carolina and U.S., 2004

	% North Carolina	% U.S.
18 years and older	88.2	85.2
18-44 years	90.4	87.3
45-64 years old	77.5	71.8
65 years and older	76.9	71.2

** A pap test within the preceding 3 years for women with intact uteri.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Sigmoidoscopy/Colonoscopy*, Adults 50 and Older, North Carolina and U.S., 2004

	% North Carolina	% U.S.
50 years and older	48.7	45.1
50-64 years old	43.0	39.5
65 years and older	56.5	52.6
Male, 50 years or older	51.1	46.1
Male, 50-64 years old	44.8	40.3
Male, 65 years and older	61.5	55.1
Female, 50 years and older	46.7	44.3
Female, 50-64 years old	41.4	38.8
Female, 65 years and older	53.2	50.9
White only, non-Hispanic	50.6	46.9
Black only, non-Hispanic	42.7	43.4
Other races only, non-Hispanic	37.3	34.6
Hispanic	35.4	34.4
Low Education**	39.3	36.0
Uninsured***	20.1	18.6

** Sigmoidoscopy/Colonoscopy within the past 5 years.*
*** Adults 50 years and older with less than a high school education*
****Adults 50-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening or diagnosis.
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Prostate-Specific Antigen Test*, Men 50 and Older, North Carolina and U.S., 2004

	% North Carolina	% U.S.
50 years and older	57.4	52.3
50-64 years old	51.7	46.7
65 years and older	67.7	62.1
White only, non-Hispanic	60.6	54.3
Black only, non-Hispanic (45+)	45.4	44.0
Other races only, non-Hispanic	42.6	46.3
Low Education**	40.5	38.7

** Prostate-specific antigen test within the past year for men who reported they were not told by a doctor, nurse, or other health professional that they had prostate cancer*
*** Adults 50 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Prevention

Current Cigarette Smoking*, Adults 18 and Older, North Carolina and U.S., 2004

	% North Carolina	% U.S.
Total	**23.2**	**20.9**
18-24 years old	28.5	26.8
25-34 years old	25.4	24.3
35-44 years old	26.9	23.7
45-54 years old	25.3	23.0
55-64 years old	22.2	17.7
65 years and older	10.2	9.0
Male	26.2	23.2
Female	20.0	18.7
White only, non-Hispanic	23.7	21.3
Black only, non-Hispanic	23.1	22.1
Other race only, non-Hispanic	25.3	19.5
Hispanic	18.5	17.2
Low Education**	30.2	27.7
Female 18-44	22.4	21.9

** Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).*
*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Physical Activity, Adults 18 and Older, North Carolina and US, 2004

No Leisure Time Physical Activity	% North Carolina	% U.S.
Total	**24.8**	**23.8**
Male	22.2	21.2
Female	27.2	26.1
White only, non-Hispanic	21.2	20.6
Black only, non-Hispanic	31.9	30.5
Other race only, non-Hispanic	27.5	23.6
Hispanic	40.8	35.0
Low Education**	46.2	46.6

*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Nutrition, Adults 18 and Older, North Carolina and U.S., 2003

Eating 5 or More Fruits & Vegetables per Day	% North Carolina	% U.S.
Total	**23.2**	**23.5**
Male	19.4	18.6
Female	26.7	28.2
White only, non-Hispanic	24.7	23.7
Black only, non-Hispanic	18.7	22.1
Other race only, non-Hispanic	31.2	26.7
Hispanic	15.4	22.0
Low Education*	17.4	19.4

** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2003

Overweight*, Adults 18 and Older, North Carolina and U.S., 2004

	% North Carolina	% U.S.
Total	**61.4**	**60.2**
Male	68.1	68.1
Female	54.9	52.4
White only, non-Hispanic	58.9	58.6
Black only, non-Hispanic	73.6	69.3
Other race only, non-Hispanic	57.1	48.3
Hispanic	57.6	66.0
Low Education**	69.6	69.9

**Overweight is defined as having body mass index of 25 kg/m^2 or greater*
***Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Youth Risk Behavior

Tobacco Use, High School Students, North Carolina and U.S., 2003

	% North Carolina	% U.S.
Current Cigarette Smoking*		
Total	**24.8**	**21.9**
Male	26.3	21.8
Female	23.3	21.9
Current Smokeless Tobacco Use**		
Total	**NA**	**6.7**
Male	NA	11.0

** 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*
Source: Youth Risk Behavior Surveillance System, 2003

Nutrition, High School Students, North Carolina and U.S., 2003

Fruits & Vegetables per Day	% North Carolina	% U.S.
Total	**17.8**	**22.0**
Male	19.6	23.6
Female	15.9	20.3

Source: Youth Risk Behavior Surveillance System, 2003

Physical Activity, High School Students, North Carolina and U.S., 2003

	% North Carolina	% U.S.
Moderate Physical Activity*		
Total	**22.3**	**24.7**
Male	24.7	27.2
Female	20.0	22.1
Vigorous Physical Activity**		
Total	**61.2**	**62.6**
Male	67.8	70.0
Female	54.7	55.0

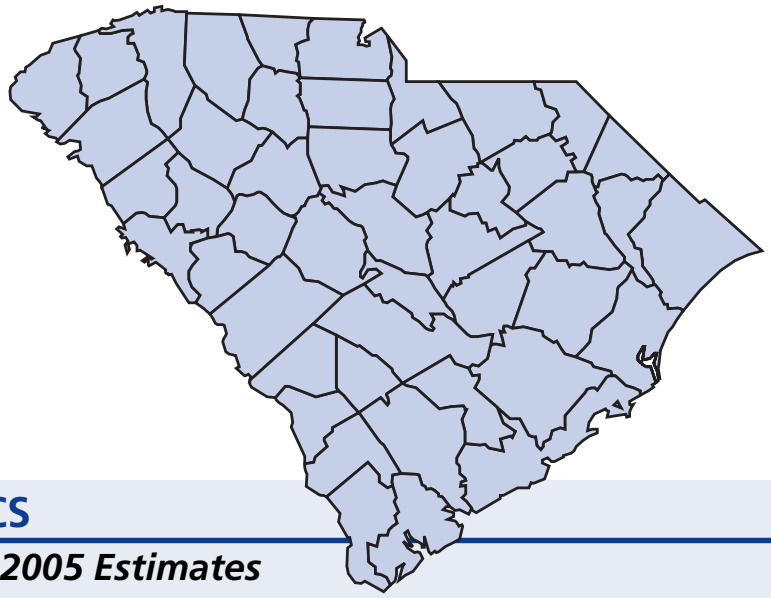
** Activities that did not cause sweating and hard breathing (such as fast walking) for 30 minutes or more on 5 or more of the 7 days preceding the survey.*
*** Activities causing sweating or hard breathing (such as running) for 20 minutes or more on 3 or more of the 7 days opreceding the survey*
Source: Youth Risk Behavior Surveillance System, 2003

Overweight, High School Students, North Carolina and U.S., 2003

	% North Carolina	% U.S.
At Risk for Becoming Overweight*		
Total	**14.7**	**14.8**
Male	14.9	15.2
Female	14.5	14.4
Overweight**		
Total	**12.5**	**12.1**
Male	16.6	15.7
Female	8.2	8.3

** Students who were at or above the 85th percentile but below the 95% percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey.*
*** Students who were at or above the 95th percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey*
Source: Youth Risk Behavior Surveillance System, 2003

South Carolina



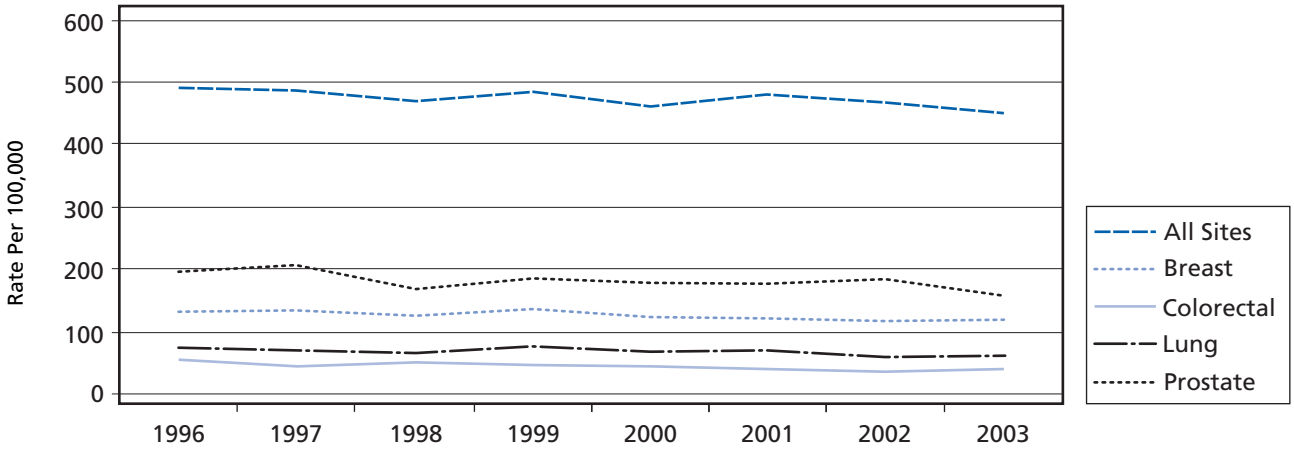
DEMOGRAPHICS

State Level Data, 2005 Estimates

Population, 2000 Census	4,012,012	Hispanic	122,289
Population, 2005 Estimate[1]	4,212,057	Persons under 18 years old	24.3%
White, Non-Hispanic	2,725,294	Persons 65 years old and over	12.7%
Black, Non-Hispanic	1,259,098	Population with less than high school education	15.2%
Native American, Non-Hispanic	13,626	Households with income <$15,000 per year	16.5%
Asian/Pacific Islander, Non-Hispanic	47,629	Median household income	$37,705
Other/Multi-Race, Non-Hispanic	44,121		

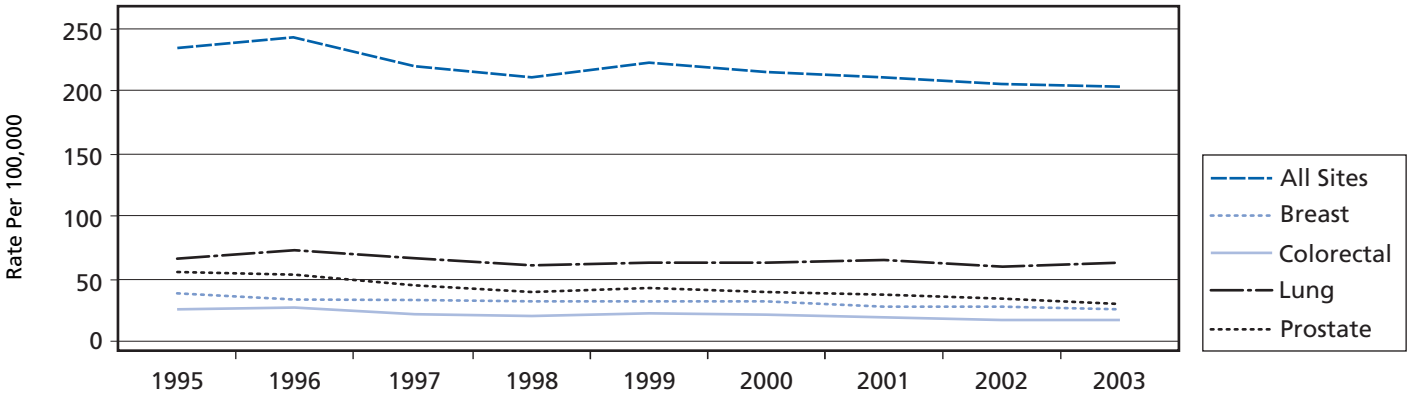
[1] Total is sum of White,Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.
Data Sources: U.S. Census, Claritas Inc., Copyright © 2005 Thomson Medstat. All rights reserved.

South Carolina Cancer Incidence Rates by Cancer Site 1996-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: South Carolina Cancer Registry, 2006

South Carolina Cancer Mortality Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: South Carolina Cancer Registry, 2006

South Carolina at a Glance

Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 0%
- **Tobacco excise tax:** $0.07
- **State quitline:** 1-800-QUIT-NOW; single session telephone counseling
- **Adult Smoking Rate:** 24.5%
- **High School Smoking Rate:** 24.4%
- **Covered by Medicaid for Smoking Cessation:** None
- **FY2006 Tobacco Settlement Revenues:** $71.2 million (estimate)
- **FY2006 State Tobacco Tax Revenues:** $29.0 million (estimate)
- **Total Annual State Tobacco Revenues From Tobacco:** $100.2 million (estimate)
- **FY2006 Tobacco Prevention Spending:** data not available
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** data not available
- **CDC's Annual Funding Recommendations:** $23.9-62.0 million
- **Percentage of CDC Minimum Recommendations:** data not available
- **Annual Smoking Caused Health Costs:** $1.0 billion

Additional Initiatives:

- Pilot state for the Historically Black Colleges and Universities Tobacco Initiative

BCCEDP — The Best Chance Network (BCN)*

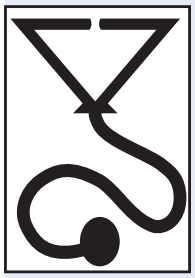
- **Target Population:** Women 47-64, Uninsured or Underinsured, Under 200% of Federal Poverty Level
- **Unique Aspect of BCN:** Contracts with the American Cancer Society to provide recruitment and service delivery coordination services; currently employs 9 staff for recruitment and 7 staff to support BCN providers and offer professional development opportunities.
- **State Mammography Rate (Women 40+):** 56.1%
- **State Mammography Rate (Women 40+, Low Education):** 45.3%

Colorectal

- **Mandatory insurance coverage for colorectal cancer screening:** No
- **State screening program:** None
- **FOBT Rate (50+):** 17.0%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 46.8%

Prostate

- **State screening program:** No
- **PSA Test (50+):** 52.8%
- **PSA Test (45+, African American):** 46.2%



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 19 main clinics; 95 satellite clinics
- **State fund for Uninsured Cancer Patients:** None
- **Uninsured Population (18+):** 19.7%
- **Number of ACoS Approved Hospitals:** 18
- **Number of NCI Cancer Centers:** 0
- **Percent of population living in rural areas:** 39.5%
- **Number of Transportation Resources:** 67

Additional Initiatives:

- Pilot state for the prescription assistance plan

State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** The Comprehensive Cancer Plan is in its first year of implementation
- **Accomplishments:** Published annual "report card" across the state, which grades South Carolina on various cancer control topics compared to other states.

Nutrition and Physical Activity

- **State coalition:** Healthy Schools and Healthy South Carolina
- **Obesity initiatives:** Governor's Healthy Challenge, Weight Loss Matters for Kids; Wizdom Kit
- **No Physical Activity:** 23.9%
- **Moderate Physical Activity:** 46.2%
- **Eats 5 Fruits and Vegetables a Day:** 22.2%
- **Percent of Population Overweight:** 61.3%

NAACCR 2004 Certification of 2002 Incidence Data

This certification signifies the level of completeness, timeliness, accuracy of cancer incidence data reported by the state cancer registries

- **Certification Level:** Gold
- **Criteria:** 95% Completeness
  100% Passing Edits
  <=3% Death Certificate Only Cases
  <=1/1000 Duplicate Reports
  <=2% Missing Data in Sex, Age or County Field
  <=3% Missing Data in Race Field

**The Breast and Cervical Cancer Early Detection Program (BCCEDP) is a CDC-funded program in every state administered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

See page 85 for data sources and notes on risk factor data.

South Carolina Cancer Incidence, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ALL SITES	**94,940**	**469.3**	**70,770**	**462.1**	**22,897**	**484.5**	**50,984**	**583.8**	**37,580**	**554.8**	**12,689**	**675.1**	**43,956**	**390.9**	**33,190**	**399.0**	**10,208**	**362.7**
BREAST (FEMALE)													13,864	124.1	10,546	127.9	3,178	111.1
CERVICAL													1,064	9.9	647	8.7	389	13.3
COLORECTAL	10,879	54.4	7,897	51.8	2,865	62.0	5,639	65.9	4,201	63.3	1,373	74.1	5,240	45.9	3,696	43.1	1,492	54.0
LUNG & BRONCHUS	15,311	75.4	12,057	77.4	3,162	68.2	9,454	108.4	7,275	106.7	2,132	113.9	5,857	51.3	4,782	55.6	1,030	37.6
MELANOMA	3,545	17.5	3,395	22.7	49	1.1	2,061	23.0	1,990	29.0	13	~	1,484	13.6	1,405	18.1	36	1.3
PROSTATE							15,657	178.4	10,474	151.	4,864	269.1						

Note: Data exclude basal and squamous cell skin and in situ cancers except urinary bladder. Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
~Number of cases too small (25 or less) to calculate reliable rate.
Data Source: South Carolina Central Cancer Registry, 2006

South Carolina Cancer Stage at Diagnosis, Percent of Total Cases, 1999-2003, by Site and Race

	IN SITU			LOCAL			REGIONAL			DISTANT			UNKNOWN/UNSTAGED		
	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black
ALL SITES	**8.5**	**9.3**	**5.4**	**41.1**	**41.9**	**38.2**	**19.9**	**19.4**	**21.9**	**18.7**	**18.0**	**21.1**	**11.9**	**11.3**	**13.2**
BREAST (FEMALE)	17.3	17.3	17.1	50.6	53.1	42.4	24.6	23.0	29.8	3.6	2.9	5.8	4.0	3.7	4.9
CERVICAL[2]				61.1	64.0	55.5	25.2	23.3	29.0	7.5	6.2	10.0	6.2	6.5	5.4
COLORECTAL (FEMALE)[3]				39.5	40.2	37.7	37.1	37.7	35.9	15.5	14.5	18.1	7.9	7.6	8.4
COLORECTAL (MALE)[3]				43.7	44.8	40.0	34.8	35.3	33.4	15.3	14.3	18.8	6.2	5.6	7.8
MELANOMA (SKIN)[2]				81.2	81.9	55.1	6.7	6.7	18.4	3.3	3.3	14.3	8.7	8.0	12.2
PROSTATE[2]				75.5	77.0	73.1	9.2	9.6	8.4	4.4	3.2	7.1	11.0	10.2	11.4

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.
[1]Includes White, Black and other races
[2]Stages reported for invasive cervical, melanoma and prostate cancers only.
[3]In situ and local stages combined for colorectal cancer
Data Source: South Carolina Central Cancer Registry, 2006

South Carolina Cancer Mortality, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	**41,351**	**208.9**	**29,865**	**197.2**	**11,324**	**248.8**	**22,569**	**278.3**	**16,193**	**256.3**	**6,310**	**363.0**	**18,782**	**164.1**	**13,672**	**158.4**	**5,014**	**181.3**
BREAST (FEMALE)													3,036	26.9	2,057	24.3	966	34.2
CERVICAL													347	3.1	184	2.3	159	5.6
COLORECTAL	4,091	20.9	2,886	19.3	1,194	26.4	2,093	25.8	1,482	23.7	608	34.2	1,998	17.3	1,404	16.1	586	21.3
LUNG & BRONCHUS	12,384	61.5	9,644	62.3	2,698	58.8	7,812	92.0	5,911	89.2	1,880	102.9	4,572	39.9	3,733	43.0	818	30.0
MELANOMA (SKIN)	516	2.6	492	3.3	24	~	330	3.9	324	5.0	10	~	186	1.7	168	2.0	18	~
PROSTATE							2,460	36.7	1,386	26.6	1,069	76.6						

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population. Rates are per 100,000 and age-adjusted to the 2000 US Std Million (18 age groups) standard.
[1] Includes White, Black and other races
~ Number of deaths too small (25 or less) to calculate reliable rate.
Data Source: South Carolina Central Cancer Registry, 2006

Adult Risk Behavior

Early Detection

Recent Mammogram*, Women 40 and Older, South Carolina and U.S., 2004

	% South Carolina	% U.S.
40 years and older	56.1	58.3
40-64 years old	55.8	56.8
65 years and older	56.9	61.7
White only, non Hispanic	55.8	59.3
Black only, non- Hispanic	57.4	59.2
Low Education**	45.3	49.6
Uninsured***	37.4	32.9

** Mammogram within the past year.*
*** Women 40 years and older with less than a high school education*
****Women 40-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Pap Test*, Women 18 and Older, South Carolina and U.S., 2004

	% South Carolina	% U.S.
18 years and older	86.9	85.2
18-44 years	89.4	87.3
45-64 years old	72	71.8
65 years and older	71	71.2

** A pap test within the preceding 3 years for women with intact uteri.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Sigmoidoscopy/Colonoscopy*, Adults 50 and Older, South Carolina and U.S., 2004

	% South Carolina	% U.S.
50 years and older	46.8	45.1
50-64 years old	43.0	39.5
65 years and older	52.2	52.6
Male, 50 years or older	47.3	46.1
Male, 50-64 years old	42.5	40.3
Male, 65 years and older	55.1	55.1
Female, 50 years and older	46.5	44.3
Female, 50-64 years old	43.5	38.8
Female, 65 years and older	50.2	50.9
White only, non-Hispanic	49.3	46.9
Black only, non-Hispanic	42.6	43.4
Low Education**	38.2	36.0
Uninsured***	18.9	18.6

** Sigmoidoscopy/Colonoscopy within the past 5 years.*
*** Adults 50 years and older with less than a high school education*
****Adults 50-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening or diagnosis.
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Prostate-Specific Antigen Test*, Men 50 and Older, South Carolina and U.S., 2004

	% South Carolina	% U.S.
50 years and older	52.8	52.3
50-64 years old	49.5	46.7
65 years and older	59.1	62.1
White only, non-Hispanic	55.6	54.3
Black only, non-Hispanic (45+)	46.2	44.0
Low Education**	31.6	38.7

** Prostate-specific antigen test within the past year for men who reported they were not told by a doctor, nurse, or other health professional that they had prostate cancer*
*** Adults 50 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Prevention

Current Cigarette Smoking*, Adults 18 and Older, South Carolina and U.S., 2004

	% South Carolina	% U.S.
Total	**24.5**	**20.9**
18-24 years old	30.3	26.8
25-34 years old	30.4	24.3
35-44 years old	28.2	23.7
45-54 years old	28.6	23.0
55-64 years old	18.4	17.7
65 years and older	8.7	9.0
Male	28.1	23.2
Female	21.2	18.7
White only, non-Hispanic	24.1	21.3
Black only, non-Hispanic	22.0	22.1
Other race only, non-Hispanic	32.3	19.5
Hispanic	36.6	17.2
Low Education**	36.6	27.7
Female 18-44	25.2	21.9

** Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).*
*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Physical Activity, Adults 18 and Older, South Carolina and US, 2004

No Leisure Time Physical Activity	% South Carolina	% U.S.
Total	**23.9**	**23.8**
Male	20.2	21.2
Female	27.3	26.1
White only, non-Hispanic	20.7	20.6
Black only, non-Hispanic	29.7	30.5
Other race only, non-Hispanic	22.3	23.6
Hispanic	31.7	35.0
Low Education**	46.6	46.6

*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Nutrition, Adults 18 and Older, South Carolina and U.S., 2003

Eating 5 or More Fruits & Vegetables per Day	% South Carolina	% U.S.
Total	**22.2**	**23.5**
Male	17.9	18.6
Female	26.1	28.2
White only, non-Hispanic	22.6	23.7
Black only, non-Hispanic	19.7	22.1
Other race only, non-Hispanic	27.7	26.7
Hispanic	22.1	22.0
Low Education*	16.6	19.4

** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2003

Overweight*, Adults 18 and Older, South Carolina and U.S., 2004

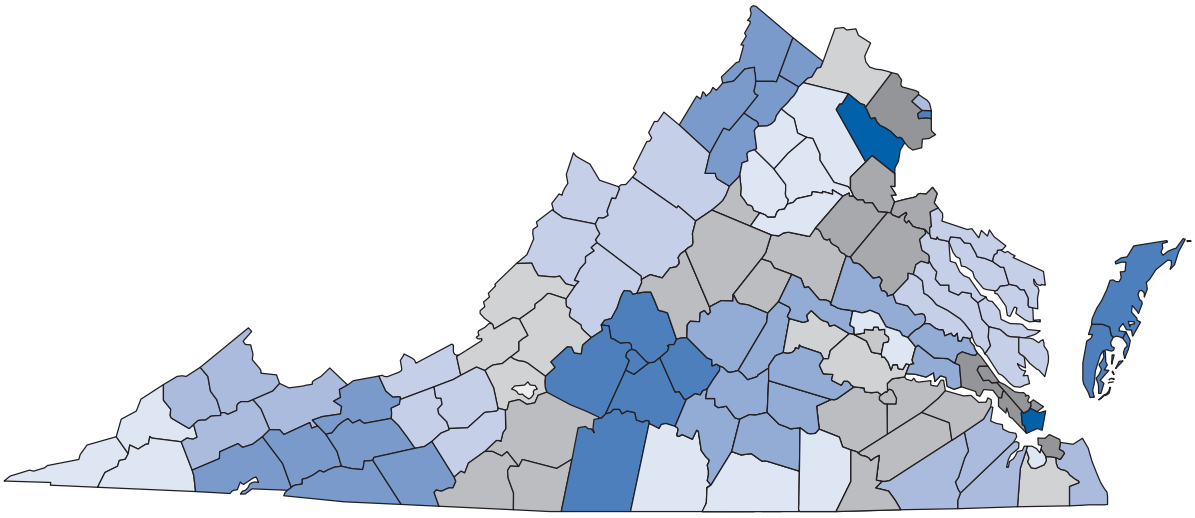
	% South Carolina	% U.S.
Total	**61.3**	**60.2**
Male	67.9	68.1
Female	54.9	52.4
White only, non-Hispanic	57.7	58.6
Black only, non-Hispanic	71.8	69.3
Other race only, non-Hispanic	54.7	48.3
Hispanic	61.0	66.0
Low Education**	67.0	69.9

**Overweight is defined as having body mass index of 25 kg/m^2 or greater*
***Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Youth Risk Behavior

Data are not available since state did not participate in the Youth Risk Behavior Surveillance System, a voluntary collaboration between the state's departments of health and education and the Centers for Disease Control and Prevention.

Virginia



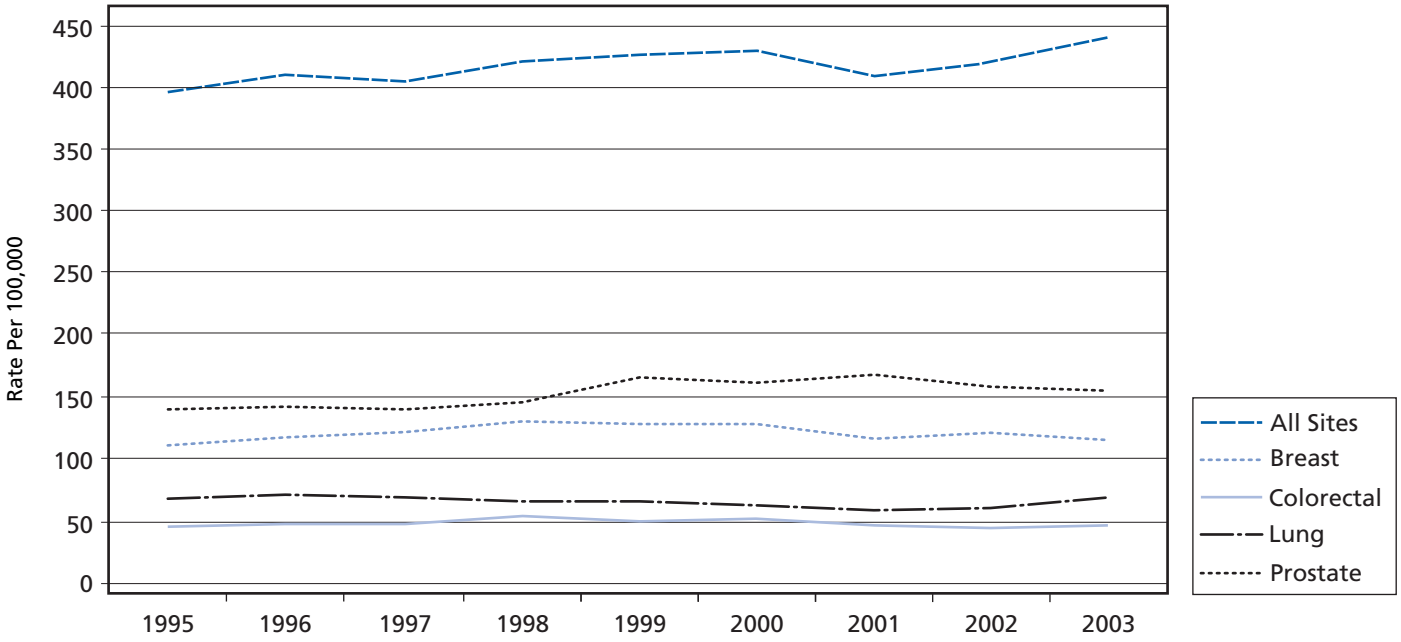
VIRGINIA DEMOGRAPHICS

State Level Data, 2005 Estimates

Population, 2000 Census	7,078,515	Hispanic	426,559
Population, 2005 Estimate[1]	7,532,357	Persons under 18 years old	24.2%
White, Non-Hispanic	5,144,710	Persons 65 years old and over	11.6%
Black, Non-Hispanic	1,463,617	Population with less than high school education	11.9%
Native American, Non-Hispanic	19,873	Households with income <$15,000 per year	11.3%
Asian/Pacific Islander, Non-Hispanic	324,680	Median household income	$42,391
Other/Multi-Race, Non-Hispanic	152,918		

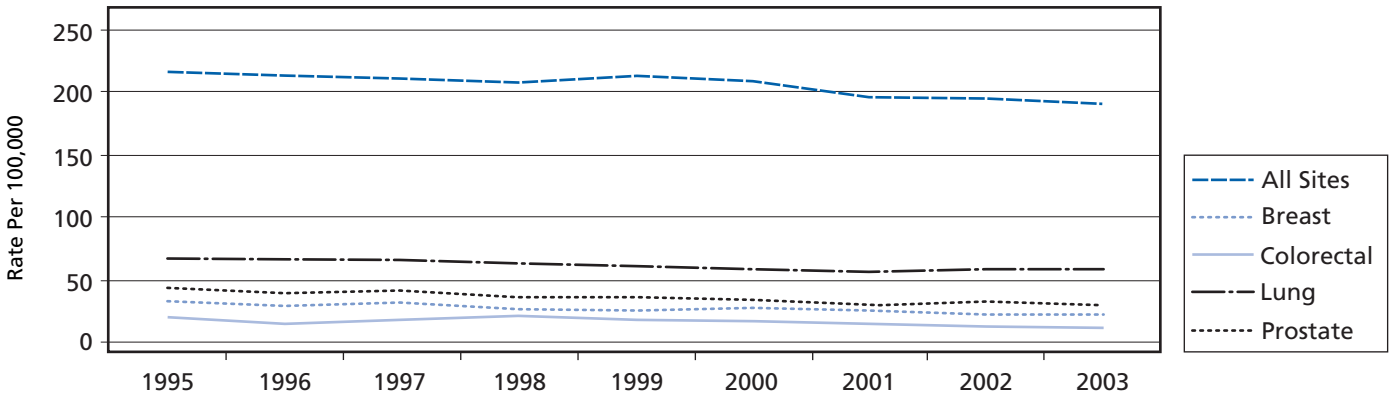
[1] Total is sum of White,Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.
Data Sources: U.S. Census, Claritas Inc., Copyright © 2005 Thomson Medstat. All rights reserved.

Virginia Cancer Incidence Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: Virginia Cancer Registry, 2006

Virginia Cancer Mortality Rates by Cancer Site 1998-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: Virginia Center for Health Statistics, 2006

Virginia at a Glance

Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 0%
- **Tobacco excise tax:** $0.30
- **State quitline:** 1-877-856-5177; multiple session telephone counseling
- **Adult Smoking Rate:** 20.9%
- **High School Smoking Rate:** 21.0%
- **Covered by Medicaid for Smoking Cessation:** Prescription Nasal Spray, Prescription Inhaler, Zyban
- **FY2006 Tobacco Settlement Revenues:** $123.8 million (estimate)
- **FY2006 State Tobacco Tax Revenues:** $159.2 million (estimate)
- **Total Annual State Tobacco Revenues From Tobacco:** $282.9 million (estimate)
- **FY2006 Tobacco Prevention Spending:** $12.8 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 4.5%
- **CDC's Annual Funding Recommendations:** $38.9-106.9 million
- **Percentage of CDC Minimum Recommendations:** 32.9%
- **Annual Smoking Caused Health Costs:** $1.92 billion

BCCEDP — Every Woman's Life (EWL)*

- **Target Population:** Women 50-64, Uninsured or Underinsured, Under 200% of Federal Poverty Level
- **Unique Aspect of EWL:** Involves several coalitions around the state that assist with local recruitment and program coordination.
- **State Mammography Rate (Women 40+):** 59.5%
- **State Mammography Rate (Women 40+, Low Education):** 53.9%

Colorectal

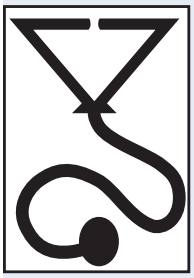
- **Mandatory insurance coverage for colorectal cancer screening:** Yes
- **State screening program:** None
- **FOBT Rate (50+):** 18.3%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 51.5%

Additional Initiatives:

- A statewide Dialogue for Action colon cancer conference will be held April 2006.

Prostate

- **State screening program:** None
- **PSA Test (50+):** 54.3%
- **PSA Test (45+, African American):** 47.7%



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 16 main clinics; 90 satellite clinics
- **State fund for Uninsured Cancer Patients:** Uninsured Medical Catastrophe Fund
- **Uninsured Population (18+):** 15.9%
- **Number of ACoS approved hospitals:** 45
- **Number of NCI Cancer Centers:** 2 Cancer Centers

- **Percent of population living in rural areas:** 27.0%
- **Number of Transportation Resources:** 722

State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** C-PAC is currently in the implantation phase
- **Accomplishments:** On-site education programs on colon and prostate cancer information/guidelines delivered targeting rural physician offices in the state; survey of free clinics and community health centers was conducted to determine the cancer programs and services offered by each.
- **This Year's Activities:** Current workgroups focusing on pursuing specific goals and objectives of the plan.

Nutrition and Physical Activity

- **State coalition:** Virginia Action for Healthy Kids; SNAP: State Nutrition Action Plan
- **Obesity initiatives:** CHAMPION through the state health department
- **No Physical Activity:** 21.9%
- **Moderate Physical Activity:** 49.4%
- **Eat 5 Fruits and Vegetables a Day:** 25.8%

- **Percent of Population Overweight:** 60.0%

Additional Initiatives:

- During 2004-05, a series of local forums on best practices and recommendations on nutrition, physical activity and obesity were held to collect information to develop a strategic plan that addresses obesity and compile a statewide resource guide including an electronic directory on successful community and state programs.

NAACCR 2004 Certification of 2002 Incidence Data

This certification signifies the level of completeness, timeliness, accuracy of cancer incidence data reported by the state cancer registries

- **Certification Level:** None

**The Breast and Cervical Cancer Early Detection Program (BCCEDP) is a CDC-funded program in every state administered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

See page 85 for data sources and notes on risk factor data.

Virginia Cancer Incidence, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ALL SITES	**147,601**	**428.2**	**117,395**	**423.8**	**25,597**	**453.9**	**76,929**	**513.9**	**60,580**	**496.8**	**13,934**	**603.1**	**70,672**	**370.0**	**56,815**	**374.8**	**11,663**	**354.5**
BREAST (FEMALE)													23,496	122.6	18,872	124.7	3,912	116.0
CERVICAL													1,438	7.6	1,022	7.1	336	9.7
COLORECTAL	16,788	49.7	13,162	48.1	3,223	58.9	8,495	58.5	6,749	56.8	1,549	68.9	8,293	43.2	6,413	41.4	1,674	52.3
LUNG & BRONCHUS	21,555	63.6	17,472	63.6	3,723	68.2	12,275	83.8	9,794	81.6	2,280	101.8	9,280	48.9	7,678	50.4	1,443	45.5
MELANOMA	5,415	15.3	5,056	18.1	57	1.0	3,144	20.0	2,931	23.1	31	1.4	2,271	11.9	2,125	14.4	26	0.8
PROSTATE							24,392	162.1	17,943	145.1	5,483	241.4						

Note: Data exclude basal and squamous cell skin and in situ cancers except urinary bladder. Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
Data Source: Virginia Cancer Registry, 2006

Virginia Cancer Stage at Diagnosis, Percent of Total Cases, 1999-2003, by Site and Race

	IN SITU			LOCAL			REGIONAL			DISTANT			UNKNOWN/UNSTAGED		
	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black
ALL SITES				**43.1**	**44.2**	**39.3**	**21.6**	**21.4**	**22.9**	**18.0**	**17.5**	**20.4**	**12.2**	**11.4**	**13.4**
BREAST (FEMALE)	19.1	19.2	18.7	49.4	50.7	44.1	24.0	23.1	28.2	3.5	3.3	4.6	3.9	3.7	4.4
CERVICAL[2]				49.4	52.3	42.9	32.3	30.6	36.9	9.4	8.7	11.6	8.8	8.3	8.6
COLORECTAL (FEMALE)[3]				32.4	32.9	31.1	43.0	43.7	39.7	16.3	15.5	19.5	9.2	8.9	10.1
COLORECTAL (MALE)[3]				34.2	34.8	31.8	41.2	41.7	39.5	17.2	16.6	19.8	8.1	7.7	9.5
MELANOMA (SKIN)[2]				71.1	73.5	52.6	8.1	8.5	14.0	3.8	3.9	17.5	17.0	14.2	15.8
PROSTATE[2]				71.2	73.7	68.7	8.3	8.6	7.7	3.4	2.8	5.8	17.0	14.8	17.8

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.
[1] Includes White, Black and other races
[2] Stages reported for invasive all sites, cervical, melanoma and prostate cancers only.
[3] In situ and local stages combined for colorectal cancer
Data Source: Virginia Cancer Registry, 2006

Virginia Cancer Mortality, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	**67,291**	**202.5**	**52,485**	**194.8**	**13,745**	**258.5**	**34,923**	**255.3**	**27,057**	**241.9**	**7,341**	**351.6**	**32,368**	**168.9**	**25,428**	**164.6**	**6,404**	**201.8**
BREAST (FEMALE)													5,298	27.6	3,971	25.9	1,236	37.7
CERVICAL													472	2.5	310	2.1	146	4.5
COLORECTAL	6,670	20.3	5,074	19.0	1,495	28.5	3,299	24.2	2,532	22.9	724	33.9	3,371	17.4	2,542	16.2	771	24.6
LUNG & BRONCHUS	19,287	57.8	15,632	57.7	3,440	64.5	11,207	79.4	8,917	77.2	2,164	100.4	8,080	42.5	6,715	43.8	1,276	40.8
MELANOMA (SKIN)	979	2.9																
PROSTATE							3,841	33.0	2,531	26.6	1,281	73.1						

Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
Data Source: Virginia Center for Health Statistics, 2006

Adult Risk Behavior

Early Detection

Recent Mammogram*, Women 40 and Older, Virginia and U.S., 2004

	% Virginia	% U.S.
40 years and older	59.5	58.3
40-64 years old	58.0	56.8
65 years and older	63.4	61.7
White only, non Hispanic	59.4	59.3
Black only, non- Hispanic	64.1	59.2
Hispanic	61.9	53.7
Low Education**	53.9	49.6
Uninsured***	36.5	32.9

** Mammogram within the past year.*
*** Women 40 years and older with less than a high school education*
****Women 40-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Pap Test*, Women 18 and Older, Virginia and U.S., 2004

	% Virginia	% U.S.
18 years and older	87.1	85.2
18-44 years	87.7	87.3
45-64 years old	76.9	71.8
65 years and older	76.5	71.2

** A pap test within the preceding 3 years for women with intact uteri.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Sigmoidoscopy/Colonoscopy*, Adults 50 and Older, Virginia and U.S., 2004

	% Virginia	% U.S.
50 years and older	51.5	45.1
50-64 years old	48.0	39.5
65 years and older	56.9	52.6
Male, 50 years or older	49.8	46.1
Male, 50-64 years old	45.2	40.3
Male, 65 years and older	57.7	55.1
Female, 50 years and older	53.0	44.3
Female, 50-64 years old	50.5	38.8
Female, 65 years and older	56.3	50.9
White only, non-Hispanic	53.0	46.9
Black only, non-Hispanic	53.4	43.4
Other races only, non-Hispanic	32.4	34.6
Hispanic	36.7	34.4
Low Education**	40.3	36.0
Uninsured***	32.9	18.6

** Sigmoidoscopy/Colonoscopy within the past 5 years.*
*** Adults 50 years and older with less than a high school education*
****Adults 50-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening or diagnosis.
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Prostate-Specific Antigen Test*, Men 50 and Older, Virginia and U.S., 2004

	% Virginia	% U.S.
50 years and older	52.8	53.7
50-64 years old	52.3	49.0
65 years and older	53.5	61.8
White only, non-Hispanic	53.0	55.3
Black only, non-Hispanic	61.3	52.3
Low Education**	45.7	42.0

** Prostate-specific antigen test within the past year for men who reported they were not told by a doctor, nurse, or other health professional that they had prostate cancer.*
*** Men 50 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Prevention

Current Cigarette Smoking*, Adults 18 and Older, Virginia and U.S., 2004

	% Virginia	% U.S.
Total	**20.9**	**20.9**
18-24 years old	28.6	26.8
25-34 years old	26.3	24.3
35-44 years old	23.6	23.7
45-54 years old	20.8	23.0
55-64 years old	15.7	17.7
65 years and older	8.3	9.0
Male	22.4	23.2
Female	19.5	18.7
White only, non-Hispanic	20.7	21.3
Black only, non-Hispanic	21.7	22.1
Other race only, non-Hispanic	16.2	19.5
Hispanic	15.3	17.2
Low Education**	28.8	27.7
Female 18-44	23.8	21.9

** Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).*
*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Physical Activity, Adults 18 and Older, Virginia and US, 2004

No Leisure Time Physical Activity	% Virginia	% U.S.
Total	**21.9**	**23.8**
Male	19.8	21.2
Female	23.9	26.1
White only, non-Hispanic	18.9	20.6
Black only, non-Hispanic	27.9	30.5
Other race only, non-Hispanic	15.2	23.6
Hispanic	43.1	35.0
Low Education**	48.4	46.6

*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Nutrition, Adults 18 and Older, Virginia and U.S., 2003

Eating 5 or More Fruits & Vegetables per Day	% Virginia	% U.S.
Total	**25.8**	**23.5**
Male	18.6	18.6
Female	32.6	28.2
White only, non-Hispanic	25.9	23.7
Black only, non-Hispanic	23.0	22.1
Other race only, non-Hispanic	29.8	26.7
Hispanic	33.9	22.0
Low Education*	18.6	19.4

** Adults 25 years old and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2003

Overweight*, Adults 18 and Older, Virginia and U.S., 2004

	% Virginia	% U.S.
Total	**60.0**	**60.2**
Male	69.1	68.1
Female	50.8	52.4
White only, non-Hispanic	58.0	58.6
Black only, non-Hispanic	69.5	69.3
Other race only, non-Hispanic	48.5	48.3
Hispanic	66.4	66.0
Low Education**	71.9	69.9

**Overweight is defined as having body mass index of 25 kg/m^2 or greater*
***Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Youth Risk Behavior

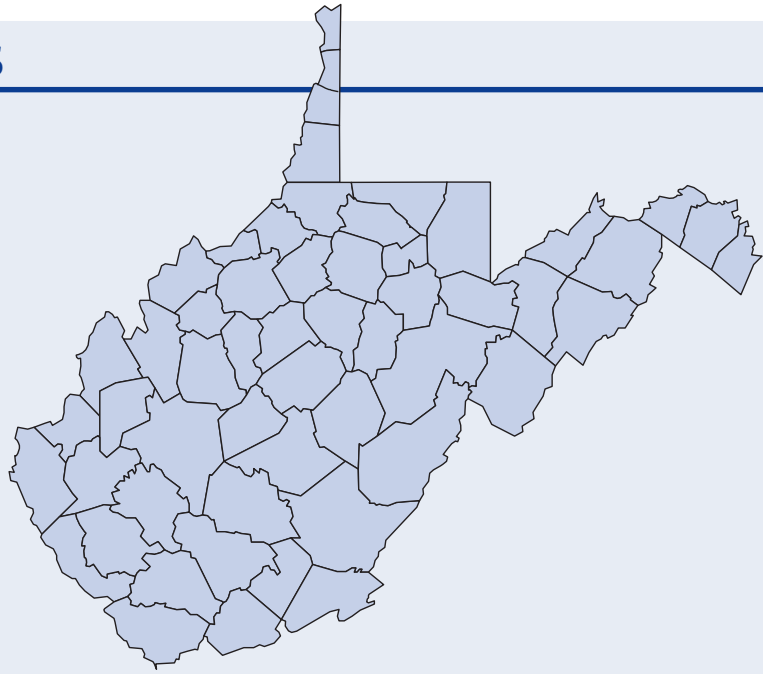
Data are not available since state did not participate in the Youth Risk Behavior Surveillance System, a voluntary collaboration between the state's departments of health and education and the Centers for Disease Control and Prevention.

West Virginia

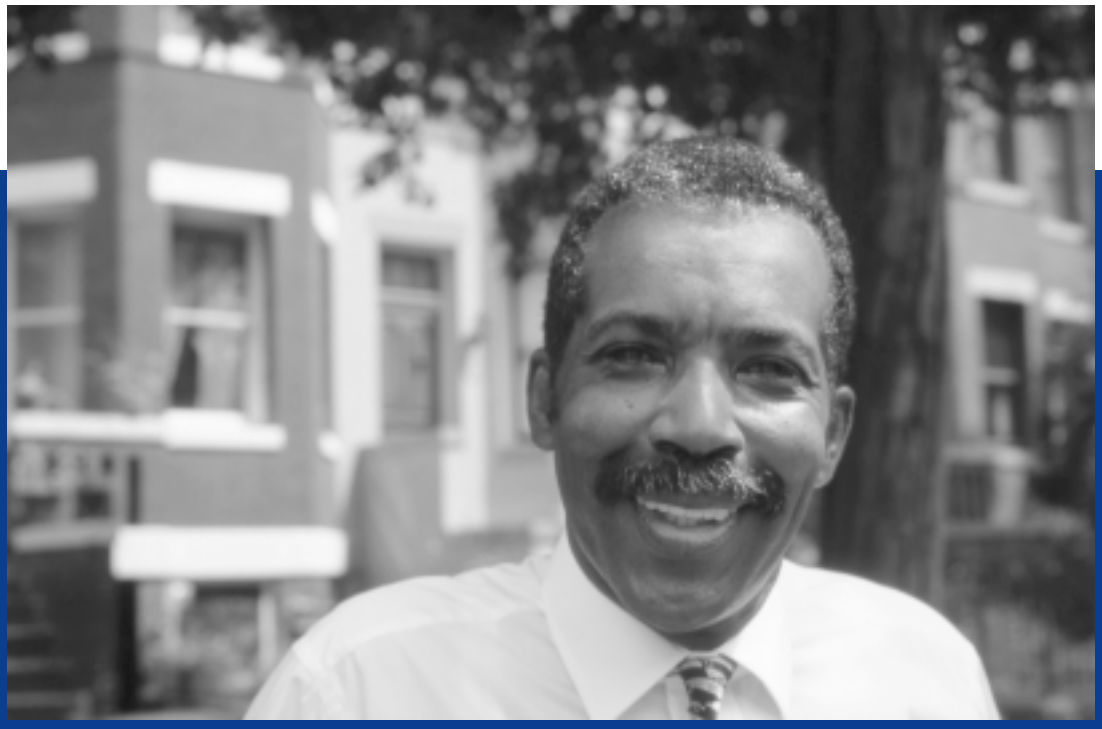
WEST VIRGINIA DEMOGRAPHICS

State Level Data, 2005 Estimates

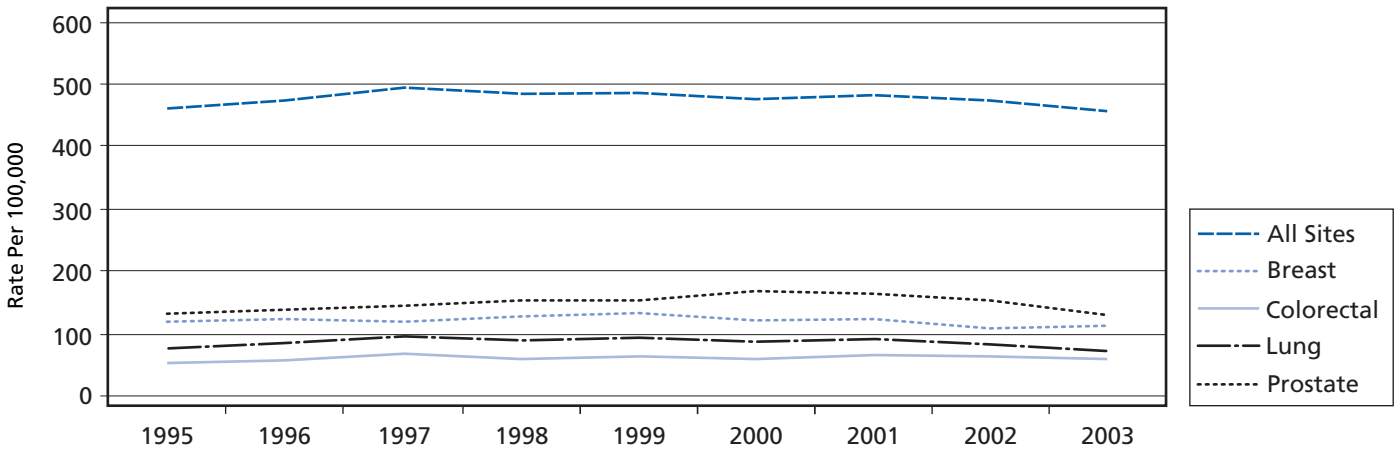
Population, 2000 Census	1,808,344
Population, 2005 Estimate[1]	1,815,806
White, Non-Hispanic	1,708,900
Black, Non-Hispanic	59,170
Native American, Non-Hispanic	3,451
Asian/Pacific Islander, Non-Hispanic	13,150
Other/Multi-Race, Non-Hispanic	18,521
Hispanic	12,614
Persons under 18 years old	21.3%
Persons 65 years old and over	15.6%
Population with less than high school education	17.1%
Households with income <$15,000 per year	21.7%
Median household income	$30,754



[1] Total is sum of White,Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.

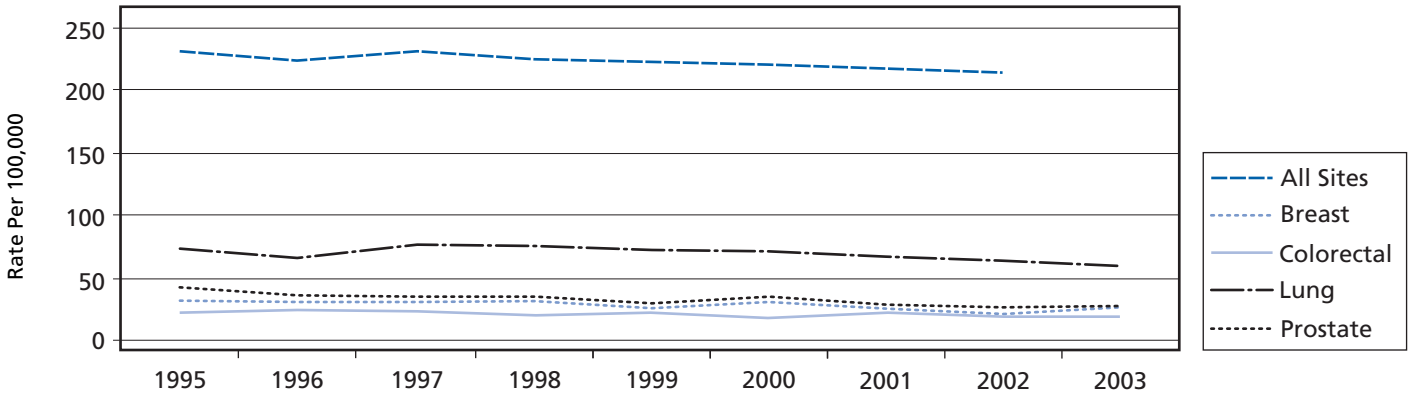


West Virginia Cancer Incidence Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: West Virginia Cancer Registry, 2006

West Virginia Cancer Mortality Rates by Cancer Site 1995-2003



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: West Virginia Health Statistics Center, 2006

West Virginia at a Glance

Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 72.8%
- **Tobacco excise tax:** $0.55
- **State quitline:** 1-877-966-8784
- **Adult Smoking Rate:** 26.9%
- **High School Smoking Rate:** 28.5%
- **Covered by Medicaid for Smoking Cessation:** Nicotine Gum, Nicotine Patch, Prescription Nasal Spray, Prescription Inhaler, Zyban, Individual Counseling, Telephone Counseling
- **FY2006 Tobacco Settlement Revenues:** $53.6 million (estimate)
- **FY2006 State Tobacco Tax Revenues:** $102.0 million (estimate)
- **Total Annual State Tobacco Revenues From Tobacco:** $155.6 million (estimate)
- **FY2006 Tobacco Prevention Spending:** $5.9 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 3.8%
- **CDC's Annual Funding Recommendations:** $14.2-35.4 million
- **Percentage of CDC Minimum Recommendations:** 41.7%
- **Annual Smoking Caused Health Costs:** $636 million

Additional Initiatives:

- Grant-funded initiative for tobacco-free worksites in 6 counties; by December, 2005, 5 of the 6 counties had enacted 100% smoke-free, clean indoor air regulations; 25 accounts have been established and 4 accounts have conducted Health Risk Assessments and created Worksite Wellness Operating Plans.

BCCEDP — Breast and Cervical Cancer Screening Program (BCCSP)*

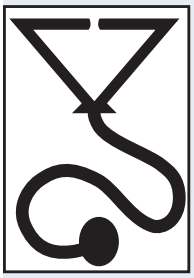
- **Target Population:** Women 50-64 (Women 40-49 if high risk), Uninsured or Underinsured, Under 200% of Federal Poverty Level
- **Unique Aspects of BCCSP:** Employs regional Cancer Information Specialists who manage client recruitment and navigation in their assignment areas. Has CDC funding for the WISEWOMAN program enhancement, which provides integrated cardiovascular screening and education on nutrition, physical activity, and tobacco use for BCCSP clients.
- **State Mammography Rate (Women 40+):** 58.1%
- **State Mammography Rate (Women 40+, Low Education):** 44.8%

Colorectal

- **Mandatory insurance coverage for colorectal cancer screening:** Yes
- **State screening program:** None, but the state comprehensive cancer program has an initiative in conjunction with Mary Babb Randolph Cancer Center that addresses screening needs of underserved
- **FOBT Rate (50+):** 19.8%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 37.3%

Prostate

- **State screening program:** None, but the state comprehensive cancer program has an initiative in conjunction with Mary Babb Randolph Cancer Center that addresses screening needs of underserved
- **PSA Test (50+):** 53.3%
- **PSA Test (45+, African American):** N/A



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 28 main clinics; 87 satellite clinics
- **State fund for Uninsured Cancer Patients:** Catastrophic Illness Commission
- **Uninsured Population (18+):** 22.7%
- **Number of ACoS Approved Hospitals:** 13
- **Number of NCI Cancer Centers:** 0
- **Percent of population living in rural areas:** 53.9%
- **Number of Transportation Resources:** 301

State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** Mountains of Hope Coalition, the state cancer plan, is currently in implementation phase.
- **Accomplishments:** Sponsored a Colon Cancer Conference in Spring, 2005
- **This Year's Activities:** Several active workgroups are working on updating the objectives for prevention, detection, treatment/quality of life.

Nutrition and Physical Activity

- **State coalition:** Governor's Healthy Lifestyles Commission; Wellness Council of West Virginia
- **Obesity initiatives:** Action for Healthy Kids; Physical Activity and Nutrition Program through the state Bureau of Public Health
- **No Physical Activity:** 24.6%
- **Moderate Physical Activity:** 42.4%
- **Eat 5 Fruits and Vegetables a Day:** 18.7%
- **Percent of Population Overweight:** 64.0%

NAACCR 2004 Certification of 2002 Incidence Data

This certification signifies the level of completeness, timeliness, accuracy of cancer incidence data reported by the state cancer registries

- **Certification Level:** Gold
- **Criteria:** 95% Completeness
  100% Passing Edits
  <=3% Death Certificate Only Cases
  <=1/1000 Duplicate Reports
  <=2% Missing Data in Sex, Age or County Field
  <=3% Missing Data in Race Field

**The Breast and Cervical Cancer Early Detection Program (BCCEDP) is a CDC-funded program in every state administered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

See page 85 for data sources and notes on risk factor data.

West Virginia Cancer Incidence, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
ALL SITES	**52,117**	**492.4**	**50,634**	**496.1**	**1,318**	**485.8**	**26,974**	**583.3**	**26,214**	**586.6**	**678**	**629.1**	**25,143**	**433.6**	**24,420**	**437.6**	**640**	**406.3**
BREAST (FEMALE)													6,642	117.4	6,442	118.3	167	108.9
CERVICAL													567	11.3	546	11.3	18	~
COLORECTAL	6,572	61.4	6,361	61.6	189	67.8	3,285	72.1	3,200	72.6	71	67.0	3,287	53.7	3,161	53.6	118	72.3
LUNG & BRONCHUS	9,710	89.9	9,483	90.9	208	77.3	5,563	118.8	5,428	119.8	124	115.7	4,147	68.7	4,055	69.7	84	52.8
MELANOMA	1,567	15.5	1,564	16.1	^	~	909	19.6	907	20.3	^	~	658	12.7	657	13.2	^	~
PROSTATE							6,986	149.3	6,723	148.3	243	232.9						

Notes: Data exclude basal and squamous cell skin and in situ cancers except urinary bladder. Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
^ Number of cases 5 or less not reported due to confidentiality issues
~ Number of cases too small (25 or less) to calculate reliable rate.
Data Source: West Virginia Cancer Registry, 2006

West Virginia Cancer Stage at Diagnosis, Percent of Total Cases, 1999-2003, by Site and Race

	IN SITU			LOCAL			REGIONAL			DISTANT			UNKNOWN/UNSTAGED		
	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black	All Races[1]	White	Black
ALL SITES	**6.7**	**6.8**	**3.8**	**40.7**	**40.7**	**38.5**	**18.9**	**18.9**	**18.9**	**19.9**	**19.8**	**23.0**	**13.8**	**13.8**	**15.8**
BREAST (FEMALE)	16.9	17.0	13.0	50.9	51.0	42.7	23.2	22.9	32.8	4.0	4.0	3.6	5.1	5.1	7.8
CERVICAL[2]				50.1	50.5	38.9	27.5	27.1	33.3	9.2	8.8	22.2	13.2	13.6	5.6
COLORECTAL (FEMALE)[3]				41.9	41.7	48.0	34.4	34.4	32.8	14.4	14.5	13.6	9.3	9.4	5.6
COLORECTAL (MALE)[3]				42.6	42.8	34.2	34.0	34.2	27.6	14.9	14.7	26.3	8.5	8.3	11.8
MELANOMA (SKIN)[2]				78.0	78.1	50.0	8.4	8.4	0.0	3.9	3.9	0.0	9.6	9.6	50.0
PROSTATE[2]				74.2	74.2	73.7	6.0	6.0	7.0	4.2	4.0	8.2	15.6	15.8	11.1

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.
[2]Stages reported for invasive cervical, melanoma and prostate cancers only.
[3]In situ and local stages combined for colorectal cancer
Data Source: West Virginia Cancer Registry, 2006

West Virginia Cancer Mortality, 1999-2003, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races[1]		White		Black		All Races[1]		White		Black		All Races[1]		White		Black	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	**23,440**	**221.7**	**22,719**	**222.9**	**694**	**251.9**	**12,211**	**278.8**	**11,862**	**288.9**	**336**	**322.0**	**11,229**	**184.9**	**10,857**	**179.6**	**358**	**213.5**
BREAST (FEMALE)													1,466	25.1	1,401	24.9	62	39.4
CERVICAL													196	3.6	194	3.8	^	~
COLORECTAL	2,404	22.8	2,312	22.7	91	32.6	1,191	27.7	1,145	27.5	45	43.4	1,213	19.3	1,167	19.3	46	26.6
LUNG & BRONCHUS	7,696	72.1	7,527	73.0	164	59.6	4,495	99.3	4,416	100.9	78	73.1	3,201	52.6	3,111	53.1	86	49.4
MELANOMA (SKIN)	314	3.1	313	3.2	^	~	189	4.2	188	4.4	^	~	125	2.2	125	2.3	^	~
PROSTATE							1,076	27.6	1,011	26.8	65	68.3						

Notes: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
[1] Includes White, Black and other races
^ Number of deaths 5 or less not reported due to confidentiality issues
~ Number of deaths too small (25 or less) to calculate reliable rate.
Data Source: West Virginia Health Statistics Center, 2006

Adult Risk Behavior

Early Detection

Recent Mammogram*, Women 40 and Older, West Virginia and U.S., 2004

	% West Virginia	% U.S.
40 years and older	58.1	58.3
40-64 years old	57.6	56.8
65 years and older	59.2	61.7
White only, non Hispanic	58.5	59.3
Low Education**	44.8	49.6
Uninsured***	31.7	32.9

** Mammogram within the past year.*
*** Women 40 years and older with less than a high school education*
****Women 40-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Pap Test*, Women 18 and Older, West Virginia and U.S., 2004

	% West Virginia	% U.S.
18 years and older	82.2	85.2
18-44 years	86.6	87.3
45-64 years old	65.3	71.8
65 years and older	64.6	71.2

** A pap test within the preceding 3 years for women with intact uteri.*
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Sigmoidoscopy/Colonoscopy*, Adults 50 and Older, West Virginia and U.S., 2004

	% West Virginia	% U.S.
50 years and older	37.3	45.1
50-64 years old	34.6	39.5
65 years and older	40.7	52.6
Male, 50 years or older	37.1	46.1
Male, 50-64 years old	34.1	40.3
Male, 65 years and older	41.7	55.1
Female, 50 years and older	37.5	44.3
Female, 50-64 years old	35.2	38.8
Female, 65 years and older	40.0	50.9
White only, non-Hispanic	37.8	46.9
Low Education**	32.8	36.0
Uninsured***	18.9	18.6

** Sigmoidoscopy/Colonoscopy within the past 5 years.*
*** Adults 50 years and older with less than a high school education*
****Adults 50-64 who reported that they did not have coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.*
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening or diagnosis.
Source: Behavioral Risk Factor Surveillance System, 2004

Recent Prostate-Specific Antigen Test*, Men 50 and Older, West Virginia and U.S., 2004

	% West Virginia	% U.S.
550 years and older	53.3	52.3
50-64 years old	49.2	46.7
65 years and older	60.3	62.1
White only, non-Hispanic	52.9	54.3
Low Education**	34.0	38.7

** Prostate-specific antigen test within the past year for men who reported they were not told by a doctor, nurse, or other health professional that they had prostate cancer*
*** Adults 50 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Prevention

Current Cigarette Smoking*, Adults 18 and Older, West Virginia and U.S., 2004

	% West Virginia	% U.S.
Total	**26.9**	**20.9**
18-24 years old	37.6	26.8
25-34 years old	32.7	24.3
35-44 years old	35.7	23.7
45-54 years old	28.6	23.0
55-64 years old	21.0	17.7
65 years and older	10.0	9.0
Male	27.4	23.2
Female	26.4	18.7
White only, non-Hispanic	26.8	21.3
Black only, non-Hispanic	24.1	22.1
Hispanic	22.8	17.2
Low Education**	34.5	27.7
Female 18-44	34.7	21.9

** Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).*
*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Physical Activity, Adults 18 and Older, West Virginia and US, 2004

No Leisure Time Physical Activity	% West Virginia	% U.S.
Total	**24.6**	**23.8**
Male	21.3	21.2
Female	27.5	26.1
White only, non-Hispanic	24.9	20.6
Black only, non-Hispanic	26.2	30.5
Hispanic	14.2	35.0
Low Education**	42.8	46.6

*** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Nutrition, Adults 18 and Older, West Virginia and U.S., 2003

Eating 5 or More Fruits & Vegetables per Day	% West Virginia	% U.S.
Total	**18.7**	**23.5**
Male	15.1	18.6
Female	22.1	28.2
White only, non-Hispanic	18.3	23.7
Black only, non-Hispanic	13.9	22.1
Other race only, non-Hispanic	26.2	26.7
Hispanic	25.3	22.0
Low Education*	13.0	19.4

** Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2003

Overweight*, Adults 18 and Older, West Virginia and U.S., 2004

	% West Virginia	% U.S.
Total	**64.0**	**60.2**
Male	72.1	68.1
Female	56.3	52.4
White only, non-Hispanic	64.1	58.6
Black only, non-Hispanic	63.5	69.3
Hispanic	63.6	66.0
Low Education**	66.3	69.9

**Overweight is defined as having body mass index of 25 kg/m^2 or greater*
***Adults 25 years and older with less than a high school education*
Source: Behavioral Risk Factor Surveillance System, 2004

Youth Risk Behavior

Tobacco Use, High School Students, West Virginia and U.S., 2003

	% West Virginia	% U.S.
Current Cigarette Smoking*		
Total	**28.5**	**21.9**
Male	25.6	21.8
Female	31.4	21.9
Current Smokeless Tobacco Use* - High School (2003)		
Total	**13.6**	**6.7**
Male	23.3	11.0

** 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*
Source: Youth Risk Behavior Surveillance System, 2003

Nutrition, High School Students, West Virginia and U.S., 2003

Eating 5 or More Fruits & Vegetables per Day	% West Virginia	% U.S.
Total	**20.6**	**22.0**
Male	20.7	23.6
Female	20.6	20.3

Source: Youth Risk Behavior Surveillance System, 2003

Physical Activity, High School Students, West Virginia and U.S., 2003

	% West Virginia	% U.S.
Moderate Physical Activity*		
Total	**27.4**	**24.7**
Male	32.8	27.2
Female	21.7	22.1
Vigorous Physical Activity**		
Total	**66.3**	**62.6**
Male	73.7	70.0
Female	58.4	55.0

** Activities that did not cause sweating and hard breathing (such as fast walking) for 30 minutes or more on 5 or more of the 7 days preceding the survey.*
*** Activities causing sweating or hard breathing (such as running) for 20 minutes or more on 3 or more of the 7 days opreceding the survey*
Source: Youth Risk Behavior Surveillance System, 2003

Overweight, High School Students, West Virginia and U.S., 2003

	% West Virginia	% U.S.
At Risk for Becoming Overweight*		
Total	**15.1**	**14.8**
Male	15.5	15.2
Female	14.7	14.4
Overweight**		
Total	**13.7**	**12.1**
Male	19.5	15.7
Female	7.4	8.3

** Students who were at or above the 85th percentile but below the 95% percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey.*
*** Students who were at or above the 95th percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey*
Source: Youth Risk Behavior Surveillance System, 2003

American Cancer Society Screening Guidelines

For the Early Detection of Cancer in Asymptomatic People

Site	Recommendation
Breast (Female)	■ Yearly mammograms starting at age 40. The age at which screening should be stopped should be individualized by considering the potential risks and benefits of screening in the context of overall health status and longevity. ■ Clinical breast exams (CBE) should be part of a periodic health exam, about every 3 years for women in their 20s and 30s, every year for women 40 and over. ■ Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s. ■ Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI) or having more frequent exams.
Colorectal	Beginning at age 50, men and women should begin screening with at least **ONE** of the examination schedules below: ■ A fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year** ■ A flexible sigmoidoscopy (FSIG) every five years ■ Annual FOBT or FIT and flexible sigmoidoscopy every five years * ■ A double-contrast barium enema every 5 years ■ A colonoscopy every 10 years **Combined testing is preferred over either annual FOBT or FSIG every 5 years, alone. People who are at moderate or high risk of colorectal cancer should talk with a doctor about a different testing schedule.* ***FOBT take home tests, which include collecting two samples from three consecutive specimens is the preferred method of collection. The FOBT often done in physicians' offices, collecting a single stool sample on a fingertip during a digital rectal exam is not an adequate substitute for the take-home method. Toilet-bowl FOBT tests are also not recommended.*
Prostate	The Prostate Specific Antigen (PSA) blood test and the digital rectal examination (DRE) 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 a first-degree relatives diagnosed with prostate cancer at an early age) should begin testing at age 45. Information should be provided to all men about the benefits and limitations of testing so that an informed health decision about testing can be made with the clinician's assistance.
Uterus	***Cervix:*** Screening should begin approximately 3 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 2 years using liquid-based tests. At or after the age of 30, women who have had three normal test results in a row may get screened every 2 to 3 years with cervical cytology (either conventional or liquid-based Pap test) alone, or every 3 years with an human papillomavirus test plus cervical cytology. 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 a 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 at the time of menopause 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	During periodic health examinations, the cancer related check-up should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity and skin. Health counseling on tobacco, sun exposure, diet and nutrition, sexual practices, environmental and occupations exposures and other cancer risk factors may also be included.

The American Cancer Society guidelines for early detection are assessed annually in order to identify whether there is scientific evidence to warrant a re-evaluation of current recommendations. If new 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 or not new evidence suggests a change in the existing recommendations.

American Cancer Society Recommendations

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

Recommendations for Individual Choices

- Eat a variety of healthful foods, with an emphasis on plant sources.
- Eat five or more servings of a variety of vegetables and fruits each day.
- Choose whole grains in preference to processed (refined) grains and sugars.
- Limit consumption of red meats, especially those high in fat and processed.
- Choose foods that maintain a healthful weight.
- Adopt a physically active lifestyle.
- **Adults:** engage in at least moderate activity for 30 minutes or more on 5 or more days of the week; 45 minutes or more of moderate to vigorous activity on 5 or more days per week may further enhance reductions in the risk of breast and colon cancer.
- **Children and adolescents:** engage in at least 60 minutes per day of moderate-to-vigorous physical activity at least 5 days per week.
- Maintain a healthful weight throughout life.
- Balance caloric intake with physical activity.
- Lose weight if currently overweight or obese.
- If you drink alcoholic beverages, limit consumption.

Recommendations for Community Action

- Public, private, and community organizations should work to create social and physical environments that support the adoption and maintenance of healthful nutrition and physical activity behaviors.
- Increase access to healthful foods in schools, worksites, and communities.
- Provide safe, enjoyable, and accessible environments for physical activity in schools and for transportation and recreation in communities.

Last updated March 2002

Cancer Research

2006 Marks a Milestone

This year, 2006, marks the 60th anniversary of the American Cancer Society's Research Department. We're proud of what has been accomplished. When the American Cancer Society Research Program began in 1946, most researchers believed that cancer was a single disease that attacked many organs. Later, as effective treatments for one form of cancer proved useless against another, research revealed that each type of cancer was different. The Society began to say that cancer was as many as 100 different diseases. State of the art genetics now indicates that every cancer patient has a different disease. Cancer's diversity is part of the challenge in finding a cure. But there is no reason to lose hope as researchers have come full circle. It is the similarities between all forms of cancer, not the differences that suggest optimal strategies for prevention, treatment and cure. None of the exciting new advances in human genomics would have been possible without the research of Society grantees in the 50s, 60s, and 70s.

Following are the American Cancer Society Research Program areas:

- ***Intramural Epidemiology & Surveillance*** — *publishes descriptive information about trends in cancer and the causes and prevention of cancer*
- ***Behavioral Research Center*** — *conducts original behavior research, survivorship, technology, transfer and quality-of-life studies*
- ***Extramural Grants and Training Programs*** — *funds investigators with brilliant ideas to find ways to improve access to care, quality of life, and methods to prevent, detect and treat cancer*

In the Beginning

It all started in 1953 when Jim Watson, along with Francis Crick, described the structure of DNA and how gene replication took place, for which they won a Nobel Prize. In the 60s and 70s, Society-supported researchers discovered enzymes in bacteria that cut DNA at specific sequences—leading to a total of four more Nobel Prizes. All of these Nobel Prize winners were supported by the Society very early in their careers—one reason the Society's Research Program continues to concentrate today on beginning researchers. Society-supported researchers have already introduced Herceptin for breast cancer and Rituxan for lymphoma, genetically engineered immune molecules that attach tumor-specific proteins. Some of the new molecular medicines will prevent cancers from happening, and others will cure pre-existing cancers. Those are the goals cancer researchers have been striving toward for the last 30 years.

Today

The Society today funds some of the most promising areas of cancer research: genetics, chemoprevention, targeted therapies, monoclonal antibodies, and vaccines. The advances in research, along with gains in diagnosis and treatment, have also helped to change attitudes. Today, over 10 million Americans are alive who have been diagnosed with cancer in their lifetime. ACS has had a role in every major advance in cancer research. Yesterday's investment materializing today, and it all started with one woman and $1Mill dedicated to cancer research; a down payment on years of discovery and application that continue.

Currently, the South Atlantic Division has 96 grants in effect totaling $41,086,900 in 25 institutions. As of January 1, 2006, the American Cancer Society was supporting 841 current multi-year grants totaling over $424 million.

Total Current American Cancer Society Research and Training Grants in the South Atlantic Division

1/1/2006 Current Grants 96 Totalling $41,086,900

DISTRICT OF COLUMBIA		8 GRANTS	$3,870,000
Children's National Medical Center		***1***	***$12,000***
Lynn L. Hardesty, M.S.S., L.I.C.S.W.	Master's Training Grant in Clinical Oncology Social Work ($12,000)		
George Washington University		***1***	***$699,000***
David Leitenberg, M.D., Ph.D.	CD45 Regulation of T Lymphocyte Activation ($699,000)		
Georgetown University		***5***	***$2,911,500***
Robert B. Dickson, Ph.D.	Institutional Research Grant* ($247,500)		
Radoslav Goldman,Ph.D.	Pheno/Genotypic Markers of Response to Genotoxic Stress in Cancer Risk ($432,000)		
Maja Maric, Ph.D.	Disulfide Bond Processing and the Immune Response ($543,000)		
Marja T. Nevalainen, M.D., Ph.D.	Androgen-Independent Growth Signaling Pathways in Prostate Cancer ($960,000)		
Judy H. Wang, Ph.D	Promoting Adherence to Mammography Use in Chinese Women ($729,000)		
Georgetown University Medical Center		***1***	***$247,500***
Robert B. Dickson, Ph.D.	Institutional Research Grant* ($247,500)		

GEORGIA — 13 GRANTS — $7,412,000

Emory University		***10***	***$5,754,000***
E. Kathleen Adams, Ph.D., M.S.	Breast and Cervical Cancer in GA: BCCPTA Implementation and Effects ($426,000)		
Gabriela D. Denning, Ph.D.	Role of the TOS Motif for the Tumor Suppressor Activity of PTEN ($85,000)		
Scott E. Devine, Ph.D.	Genomic Integration of the Ty1 Retrotransposon ($875,000)		
David H. Howard, Ph.D.	The Impact of Prognosis on the Treatment of Patients with Localized Tumors ($608,000)		
Joshy Jacob, Ph.D.	B Cell Memory ($720,000)		
Gilbert J. Kersh, Ph.D.	Regulation of T Cell Fate ($720,000)		
Janice M. Moser, D.Phil.	Role of Methylation in the Establishment of Latency in Gamma-Herpesviruses ($124,000)		
Paula M. Vertino, Ph.D.	Role of TMS1 in Apoptosis and Carcinogenesis ($756,000)		
Keqiang Ye, Ph.D.	Dissection of the Nuclear GTPase PIKE Signaling ($720,000)		
Wei Zhou, Ph.D.	Disease Progression in Patients with 8p Allelic Imbalance Prostate Tumors ($720,000)		
University of Georgia		***3***	***$1,658,000***
Karen L. Abbott, Ph.D.	Identification of Glycoprotein Biomarkers of Breast Carcinoma ($138,000)		
Edward T Kipreos, Ph.D.	Function of the CUL-2 Cell Cycle Regulator in C. Elegans ($800,000)		
Michael J. McEachern, Ph.D.	Telomere and Telomerase Function in Yeast ($720,000)		

MARYLAND — 28 GRANTS — $10,696,400

Carnegie Institution of Washington		***2***	***$248,000***
Michael Buszczak, Ph.D.	Proteomic Analysis of the Nucleolus in Drosophila Melanogaster ($124,000)		
Catherine E. Huang, Ph.D.	Structure-Function Analysis of Condensin SMC Proteins in Yeast ($124,000)		
Johns Hopkins Hospital		***1***	***$717,000***
Michael M. Xing, Ph.D.	Clinical Use of Gene Mutation and Methylation Markers in Thyroid Cancer ($717,000)		
Johns Hopkins University		***17***	***$6,537,000***
David Berman, M.D., Ph.D.	Hedgehog Signaling Links Bladder Injury and Cancer ($720,000)		
Barbara Biedrzycki, BSN, MSN	Research Participation: Decision Making and Outcomes ($30,000)		
Robert A. Casero, Ph.D.	Institutional Research Grant* ($240,000)		
Katherine M. Clegg Smith, Ph.D.	The Relationship Between Media Advocacy and Tobacco Attitudes and Use ($434,000)		
Eric Grote, Ph.D.	Cell Fusion of Mating Yeast ($720,000)		
Kalina Hristova, Ph.D.	Role of FGFR3 Transmembrane Domain in Cancer ($645,000)		
Mark Landree, Ph.D.	Analysis of Chemotaxis Dictyostelium Discoideum and Mice ($118,000)		
Jon R. Lorsch, Ph.D.	Mechanism of Action of a Central Translation Factor, eIF5B ($720,000)		
Charles H. Maris, Ph.D.	The Immunobiology of TTP and its Role in Tumor-Induced Tolerance ($138,000)		
Helai P. Mohammad, Ph.D.	The Role of CBX7 in Tumor Suppressor Gene Silencing ($138,000)		
Duojia Pan, Ph.D.	A Drosophila Model of Tuberous Sclerosis ($752,000)		
Jonathan D. Powell, M.D., Ph.D.	De Novo Methylation as a Means of Promoting Tumor-induced T cell Tolerance ($720,000)		
Kevin Pruitt, Ph.D.	MBD Proteins and Aberrant Gene Silencing in Colorectal Cancer ($124,000)		
Linda M. Resar, M.D.	The Role of HMG-I/Y in Lymphoid Malignancy ($90,000)		
Richard B. Roden, Ph.D.	Papillomavirus L2 in Infection ($774,000)		
Ricky Soong, Ph.D.	NMR Studies of Potential Hydrogen Bonding in Glu391 FGFR3 Mutant Dimers ($138,000)		
Michelle A. Starz-Gaiano, Ph.D.	Steroid Hormone Signaling in Cell Motility ($124,000)		
Theresa Swift-Scanlan, BSN, MS, RN	Epigenetic Modifiers of Breast Cancer Risk ($30,000)		
Michael M. Xing, Ph.D.	Clinical Use of Gene Mutation and Methylation Markers in Thyroid Cancer ($ 717,000)		
NIH/National Cancer Institute		***3***	***$356,400***
Joseph W. Landry, Ph.D.	Biological Roles of Mammalian NURF in Development and Cancer ($94,000)		
Yatrik M. Shah, Ph.D.	Mechanisms for Species Difference to Fibrate-Induced Liver Tumors ($138,000)		
Carin K. Vanderpool, M.B, B.Ch., B.A.O.	Analysis of Stress-induced Regulatory RNAs ($124,400)		
University of Maryland, Baltimore		***3***	***$1,487,000***
Volker Mai, Ph.D., M.P.H.	Diet, Microflora and Colorectal Carcinogenesis in African Americans ($727,000)		
Alan Tomkinson, Ph.D.	Institutional Research Grant* ($220,000)		
David J. Weber, Ph.D.	Small Molecule Inhibitors of S100 Proteins ($540,000)		
University of Maryland, College Park		***1***	***$631,000***
Jin-Shan Hu, Ph.D.	Structural Studies of DNA Repair Nucleases: RecB and WRN ($631,000)		
University of Maryland, Rockville		***1***	***$720,000***
Zvi Kelman, Ph.D.	Structure and Function of the MCM Helicase ($720,000)		

NORTH CAROLINA — 33 GRANTS — $13,327,500

Bowman Gray School of Medicine at Wake Forest University Health Sciences		***1***	***$720,000***
Jason M. Grayson, Ph.D.	Mechanisms of Apoptosis of CD8+ T Cells During Viral Infection ($720,000)		
Duke University		***4***	***$603,500***
Ian Cushman, Ph.D.	Role of Icmt-Catalyzed Methylation in Rho Signaling and Cancer ($138,000)		
Herbert K. Lyerly, M.D.	Institutional Research Grant* ($307,500)		
Uma Sankar, Ph.D.	Role of Calcium Signaling in Hematopoietic Stem Cell Self-renewal ($138,000)		
Penny P. Stollery, BSN	Master's Degree Scholarships in Cancer Nursing ($20,000)		

Continued

NORTH CAROLINA CONTINUED

Duke University Medical Center		***5***	***$2,092,000***
Andrew Berchuck, M.D.	Barbara Thomason Ovarian Cancer Professorship ($500,000)		
Andrea H. Bild, Ph.D.	Prediction of Oncogenic Pathway Deregulation in Tumorigenesis ($50,000)		
Jeffrey T. Chang, Ph.D.	Decomposing the RB/E2F Pathway into Functional Components ($124,000)		
James Koh, Ph.D.	Chromatin Immunoprecipitation Through the Retinoblastoma Tumor Suppressor ($756,000)		
Tso-Pang Yao, Ph.D.	Functional Analysis of a Cytoplasmic Deacetylase HDAC6 ($662,000)		
Research Triangle Institute		***1***	***$716,000***
Nicholas H. Oberlies, Ph.D.	Isolation of Potential Anticancer Agents from Basidiomycetes (mushrooms) ($716,000)		
University of North Carolina, Chapel Hill		***20***	***$8,281,000***
Samuel Cykert, M.D	Lung Cancer Surgery: Anatomy of Decisions against Life Saving Care ($1,733,000)		
Elizabeth A. Duncan, M.D., Ph.D.	Defining the Role of NF-kappaB and Glutamate in N-myc Mediated Oncogenesis ($124,000)		
Robert J. Duronio, Ph.D.	Genetic Analysis of SCF E3 Ubiquitin Ligase Function in Drosophila ($720,000)		
Dorothy A. Erie, M.S., Ph.D.	Structure-Function Studies of the Initiation of DNA Mismatch Repair ($720,000)		
Sundeep Kalantry, Ph.D.	Mechanisms of Imprinted X-inactivation ($124,000)		
Michelle A. Kilmon, Ph.D.	Mechanisms of Maintaining Tolerance ($124,000)		
Laura Linnan, D.Sc.	Linking Beauty and Health to Reduce Cancer Risk Among African American Women ($1,158,000)		
Rihe Liu, Ph.D.	Novel Calmodulin-binding Proteins in Regulating Ubiquitin-Proteasome System ($720,000)		
Hilary R. Plake, Ph.D.	The Enantioselective Total Synthesis of GKK1032B ($80,000)		
Deborah S. Porterfield, M.D., M.P.H.	Physician Training Award in Preventive Medicine PTAPM-01-085-05 ($300,000)		
Kent L. Rossman, Ph.D.	Regulation of Asef by the Adenomatous Polyposis Coli (APC) Tumor Suppressor ($94,000)		
Heather Y. Schultz, Ph.D.	The Role of Drosophila Blm in Maintaining Genome Stability ($124,000)		
Jeff Sekelsky, Ph.D.	Drosophila Blm in Double-strand Break Repair ($720,000)		
Stuart D. Shumway, Ph.D.	TSC1 and TSC2 Bridge Cell Cycle and Cell Growth Regulation ($124,000)		
Sophia K. Smith, B.S., M.S.W.	Quality of Life of Aging and Elderly Lymphoma Survivors ($40,000)		
Kris A. Steinbrecher, Ph.D.	Role of NF-kappaB in Intestinal Inflammation and Colorectal Cancer ($124,000)		
John Michael Thomson, Ph.D.	The Role of MicroRNAs in Tumorigenesis ($138,000)		
Kristi L. Williams, Ph.D.	Monarch-1: A Pyrin/NBD/LRR Protein as a Regulator of TLR Activation ($85,000)		
Ann M. Winter-Vann, Ph.D.	Impact of the Interaction between MEKK1 and Rho Proteins on Metastasis ($138,000)		
Yi Zhang, Ph.D.	Analysis of NuRD: A Nucleosome Remodeling and Histone Deacetylase Complex ($911,000)		
Wake Forest University		***2***	***$915,000***
Thomas Hollis, Ph.D.	Structural Biology of DNA Repair Proteins ($720,000)		
David P. Miller, M.D.	Overcoming Literacy Barriers in Colorectal Cancer Screening ($195,000)		

SOUTH CAROLINA — 2 GRANTS — $885,000

Medical University of South Carolina		***1***	***$240,000***
Carolyn E. Reed, M.D.	Institutional Research Grant* ($240,000)		
University of South Carolina		***1***	***$645,000***
Bao Ting Zhu, Ph.D.	Endogenous Estrogen-Fatty Acid Esters: Mammary Selective Hormones and Carcinogens		

VIRGINIA — 10 GRANTS — $4,038,000

University of Virginia		***6***	***$2,347,000***
Michael R. Elliott, Ph.D.	The Role of ELMO1 in Apoptotic Cell Engulfment In Vivo ($138,000)		
J. Thomas Parsons, Ph.D.	Institutional Research Grant* ($270,000)		
Bryce M. Paschal, Ph.D.	Regulation of Nucleocytoplasmic Transport ($850,000)		
Scott M. Strayer, M.D., M.P.H.	An Intervention to Improve Smoking Cessation Counseling by Medical Students ($195,000)		
P. Todd Stukenberg, Ph.D.	Dynamics of Vertebrate Kinetochore ($720,000)		
Michelle L. VanLith, Ph.D.	Modification of a T cell Epitope from the Tumor Antigen Tyrosinase ($174,000)		
University of Virginia Medical Center		***1***	***$124,000***
Cynthia J. Guidi, Ph.D.	The Histone Variant H2A.Z in DNA Repair and Colorectal Cancer Progression ($124,000)		
Virginia Commonwealth Universtiy		***3***	***$1,567,000***
David A. Gewitz, Ph.D.	Institutional Research Grant* ($240,000)		
Alton Hart, M.D., M.P.H.	A Decision Making Tool for Prostate Cancer Screening ($640,000)		
Bruce E. Hillner, M.D.	Targeted Cost-Effectiveness Assessments in Cancer Treatments ($687,000)		

WEST VIRGINIA — 1GRANT — $720,000

West Virginia University		***1***	***$720,000***
Bing-Hua Jiang, Ph.D.	Role of P13K Signaling in Ovarian Tumorigenesis ($720,000)		

** Institutional Research Grant is a block grant awarded to an institution. The institution establishes its own review board to award smaller grants to its junior investigators.*

Oncology Drugs Funded by the American Cancer Society

DRUG	DRUG TYPE	CANCER TYPE	ACS FUNDED CONTRIBUTER	YEAR
Aminopterin	antifolate	childhood leukemia	Sydney Farber	1947
Methotrexate (Amethropterin; Rheumatrex, Trexall, Methotrexate Sodium, MTX)	antimetabolite	breast, head and neck, lung, stomach, and esophagus cancers. Acute lymphoblastic leukemia (ALL), sarcomas, non-Hodgkin's lymphoma (NHL), gestational trophoblastic cancer, and mycosis fungoides (cutaneous T-cell lymphoma).	Sydney Farber	1947
***5 fluorouracil** (5-fluoro-2,4 (1H,3H)-pyrimidinedione; Adrucil)	antimetabolite	Colon and rectal cancer; Breast cancer; Gastrointestinal cancers including: anal, esphageal, pancreas and gastric (stomach); Head and neck cancer; *Hepatoma (liver cancer); Ovarian cancer; Topical use (cream or solution) in basal cell cancer of the skin	Charles Heidelberger	1958
***Interferon alpha** (Intron® A (interferon alfa-2b), Roferon-A® (interferon alfa-2a), alpha interferon, IFN-alpha)	protein cytokine — belongs in a general class of man-made substances called biological response modifiers	hairy cell leukemia, malignant melanoma, AIDS-related Kaposi's sarcoma, follicular non-Hodgkin's lymphoma. Chronic myelogenous leukemia (CML), renal cell cancer, cervical cancer, carcinoid syndrome, medullary thyroid cancer, multiple myeloma, basal and squamous cell skin cancers, low-grade non-Hodgkin's lymphoma, cutaneous T-cell lymphoma (mycosis fungoides). Blood disorders such as: polycythemia vera, essential thrombocytopenia, thrombocytopenia purpura.	Society alloted $3 Million for development and testing of this first bio-therapy	1986
***Taxol** (Paclitaxel, Onxal)	a plant alkaloid, a taxane and an antimicrotubule agent	breast, ovarian, lung, bladder, prostate, melanoma, esophageal, as well as other types of solid tumor cancers	David Kingston	1986
Doxyrubicin and Daunorubicin (Cerubidine; daunorubicin hydrochloride; daunomycin; rubidomycin hydrochloride)	Anthracyclines antitumor antibiotic	breast cancer; acute myelogenous leukemia; acute lymphoblastic leukemia		1987
Camptothecin and derivatives (Camptothecin-11, CPT-11; Camptosar)	plant alkaloid and topoisomerase I inhibitor	Metastatic colon or rectal cancer	Milan Potmesil	1996
Letrozole (Femara-novartis)	aromatase inhibitor	estrogen receptor positive or hormone receptor unknown locally advanced or metastatic (spread) breast cancer	Nancy Davidson	1997
Herceptin (Trastuzumab)	monoclono antibody	metastatic breast cancer	Dennis Slamon	1998
Aromasin (Exemesstain)	aromatase inhibitor	breast cancer		1999

Continued

Oncology Drugs Funded by the American Cancer Society Continued

DRUG	DRUG TYPE	CANCER TYPE	ACS FUNDED CONTRIBUTER	YEAR
Raloxifene (Evista)	selective estrogen receptor modulators, SERM	Breast cancer	Craig Jordan	1999
Celebrex (Celecoxib)	cox2 inhibitor	colon cancer		2000
Erbitux (Cetuximab; C225)	monoclonal antibody and signal transduction inhibitor	metastatic colorectal cancer; head and neck	John Mendelson; also Albert LoBuglio and Leonard Saltz	2000
Mylotarg (Gemtuzumab Ozogamicin)	monoclono antibody	CD33 positive acute myeloid leukemia (AML)	Irwin Bernstein & Eric Sievers	2000
Trisenox (Arsenic Trioxide)	natural product	acute promyelocytic leukemia (APL); multiple myeloma, chronic myelogenous leukemia, and acute myelogenous leukemia	Raymond Warrell	2000
Gleevec (STI571; Imatinib Mesylate; Glivec)	signal transduction inhibitor — protein-tyrosine kinase inhibitor	myelogenous leukemia; Gastrointestinal stromal tumors; now active against poxvirus	Brian Druker	2001
Zevalin (Ibritumomab Tiuxetan)	monoclonal antibody that is linked with a radioactive substance Yttrium-90	B-cell lymphoma; certain types of non-Hodgkin's lymphoma	Thomas Witzig; Ron Levy	2002
Avastin (Becacizumab)	monoclonal antibody and antiagiogenesis	non-squamous lung cancer & colon cancer	John Hainsworth	2003
Bexxar (Tositumomab and Iodine I - 131)	monoclonal antibody	types of non-Hodkin's Lymphoma		2003
Iressa (Gefitinib)	a signal transduction inhibitor - epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor	non-small cell lung cancer; no longer advertised	Mark Kris	2003
Proscar (Finasteride)		prostate cancer (CML)	Ian Thompson, Scott Lippman, Charles Coltman, Gary Miller	2003
Velcade (Bortezomib)	proteasome inhibitor	multiple myeloma (blood cancer)	Kenneth Anderson, Sundar Jagannath, Bart Barlogie, Paul Richardson in clinical trials, Aaron Ciechanover, Avram Hershko, and Irwin Rose —discovery of proteosome	2003

Continued

Oncology Drugs Funded by the American Cancer Society Continued

DRUG	DRUG TYPE	CANCER TYPE	ACS FUNDED CONTRIBUTER	YEAR
Alimta (pemetrexed)	Antimetabolites	Malignant mesothelioma; metastatic non-small cell lung cancer	Nicholas Vogelzang	2004
BMS-354825	ABL Kinase inhibitor	Gleevec — resistant chronic myelogenous leukemia (CML)	Charles Sawyers	2004
Tarceva (Erlotinib)	an epidermal growth factor receptor (EGFR) inhibitor — protein-tyrosine kinase inhibitor	non-small cell lung cancer (NSCLC)	A team led by Harold Varmus, MD, shows that a family of enzymes known as protein-tyrosine kinases are involved in the regulation of cell growth.	2004
Lenalidomide (Revlimid®)	antiangiogenesis, thalidomide analog	multiple myeloma (blood cancer)	Carla Wilson and Bart Barlogie test lenalidomide in phase II and III	2005
Thalidomide (Thalomid®)	antiangiogenesis	multiple myeloma (blood cancer)	Paul Richardson, Sundar Jagannath test thalidomide in multiple myeloma	2005
***Tamoxifen** (Nolvadex)	anti-estrogen	breast cancer	Craig Jordan, Bernard Fisher, Richard Love	1974; 1978
Rituxan (Rituximab)	monoclono antibody	certain types of non-Hodgkin's lymphoma	Ron Levy	1997 (1998?)
Provenge (APC8015) Dendreon Corp.	immunotheropeutic vaccine	prostate cancer (CML)	Frank Valone	2005 phase III trial
Cyclosporins	biogenic amine uptake inhibitors			

**Several established cancer drugs have been rediscovered to have antiangiogenic properties: taxol, 5 fluorouracil, interferon alpha, thalidomide and tamoxifen.*

Source: American Cancer Society, Research and Cancer Control Science; American Cancer Society Guide to Oncology Drugs

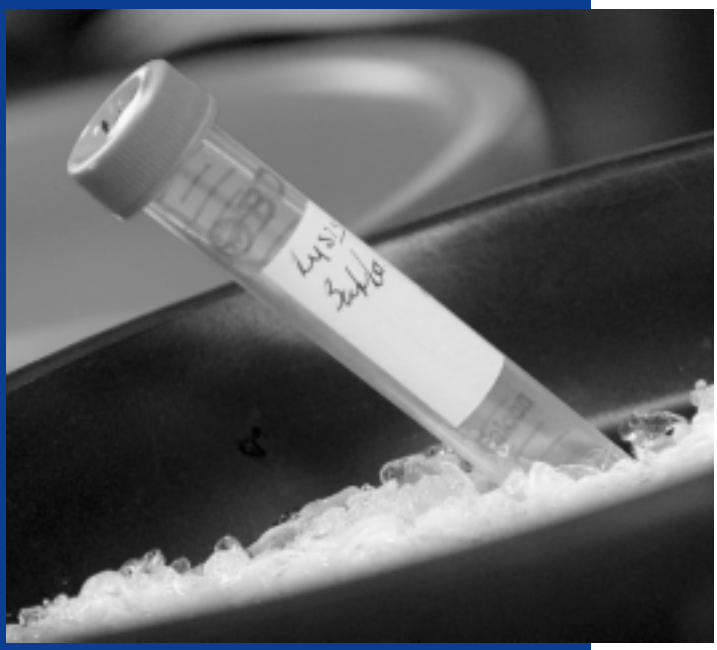
Data Sources & Technical Notes

Data Sources

Incidence Data: Delaware Cancer Registry, District of Columbia Cancer Registry, Georgia Cancer Registry, Maryland Cancer Registry, North Carolina Cancer Registry, South Carolina Cancer Registry, Virginia Cancer Registry, and West Virginia Cancer Registry for state-level incidence data. The Surveillance, Epidemiology and End Results (SEER) Program of the National Cancer Institute was the source of the U.S. incidence data.

Staging Data: Delaware Cancer Registry, District of Columbia Cancer Registry, Georgia Cancer Registry, Maryland Cancer Registry, North Carolina Cancer Registry, South Carolina Cancer Registry, Virginia Cancer Registry, and West Virginia Cancer Registry for stage at diagnosis data.

Mortality Data: Delaware Center for Health Statistics, District of Columbia Cancer Registry, Georgia Cancer Registry, North Carolina Cancer Registry, South Carolina Cancer Registry, Virginia Center for Health Statistics, West Virginia Center for Health Statistics supplied the mortality data in this publication. The source for the Maryland and U.S. mortality data was National Center for Health Statistics data calculated by the American Cancer Society, Surveillance Research Department.



*Incidence and Mortality Total 5-Year Counts

State incidence and mortality data are presented as total counts for the 5-year period 1999-2003 unless otherwise noted. For an average annual count, divide the 5-year count by five.

Estimates of New Cancer Cases and Deaths: Estimates were calculated by the American Cancer Society, Surveillance Research Department.

Demographic Data: Claritas, Inc. Updated annually, Claritas demographic estimates are based on the 2000 U.S. Census.

Risk Factor Data

Adult Risk Factor Data: Behavioral Risk Factor Surveillance System (BRFSS), a survey of the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), and the US states and territories. Data are gathered through monthly, computer-assisted telephone interviews with adults aged 18 and older, living in household in a state or US territory. BRFSS data are reported on an annual basis. However, not all questions are asked annually.

Youth Risk Factor Data: Youth Risk Behavior Surveillance System (YRBSS), a survey of the CDC and NCCDPHP in collaboration voluntarily with states. The survey is designed to provide national, state, and local prevalence estimates on health risk behaviors, such as tobacco use, unhealthy dietary behaviors, physical inactivity and others, among youth and young adults who attend public and private high schools. The YRBSS is a biennial survey conducted on odd-numbered years.

Youth Tobacco Data: Youth Tobacco Survey (YTS), developed by the Centers for Disease Control and Prevention (CDC), includes international, national, and state school-based surveys of middle school and high school students. The YTS and YRBSS use identical sampling methods and the same wording for questions about tobacco use to enable states to use the high school data on tobacco use collected by both surveys. All states do not participate in the YTS.

Technical Notes

Notes on Delaware Cancer Registry Data

The data supplied by the Delaware Cancer Registry are provisional.

Notes on Virginia Cancer Registry Data

Data in the Virginia Cancer Registry (VCR) reflect a conservative account of the disease. Not all hospitals, outpatient families, and private pathology laboratories report cases to the registry yet.

Virginia residents sometimes travel out-of-state for diagnosis and treatment and may not be reported to the VCR. While the registry does maintain exchange agreements with cancer registries in neighboring states, there is some lag time in posting those cases. Cancer data for areas primarily in Southwest Virginia may be under-reported; interpret these data carefully. Because the completeness of reporting varies in different areas of the state, some observed differences in case counts or rates are most likely reporting artifacts. For instance, rates may be higher in more urbanized areas because case ascertainment is more complete. Similarly, case reporting may be more complete for certain racial groups, cancer sites, or diagnosis stages. Cancer registry staff have not be able to assess the extent to which these biases exist, so use the data with caution.

Notes on Maryland Cancer Registry Data

All sites combined, cervical and melanoma incidence data for Maryland have been suppressed. These data are currently undergoing a data quality review and were unavailable at the time of publication.

At A Glance Reports

Data Sources

Tobacco Data: State Medicaid Tobacco Dependence Treatment Survey, 2003, analyzed by center for health and public policy studies, UC Berkeley; Campaign for Tobacco-Free Kids, 2005; Americans For Non-Smokers Rights Foundation, 2006; District of Columbia Department of Health (DC only).

BCCEDP Information: State Breast and Cervical Cancer Early Detection Program, 2004

Insurance Coverage Data: National Cancer Institute: State Cancer Legislative Database, 2005

Federally Qualified Health Centers Information: Health Resources and Services Administration's Bureau of Health Professionals, 2005, Unite for Sight, Inc., 2005

Rural Population Data: Census 2000

Transportation Programs: American Cancer Society's Community Resource Directory, 2/28/06

Risk Factor Data: Behavioral Risk Factor Surveillance System, 2003, 2004; Youth Tobacco Survey, 2005 (SC, NC), Youth Tobacco Survey, 2002 (MD), Youth Tobacco Survey, 2003 (VA) Youth Risk Behavior Surveillance System, 2004 (DE, DC, GA, WV)

Incidence Data Certification: North American Association of Central Cancer Registries, 2004.

Notes on Risk Factor Data

Adult Smoking Rate: 18+, Current Cigarette Smoking, (ever having smoked 100 cigarettes in lifetime and are current smokers — regular and irregular)

High School Smoking Rate: Current Cigarette Use (having smoked cigarettes on one or more of the past 30 days)

Mammography Rate: Women 40+, within the past year

Low Education: individuals that are at least 25+ without a High School diploma or GED

FOBT Rate: 50+, within the past year

Sigmoidiscopy/Colonoscopy Rate: within the past 5 years

PSA test: Men 50+, African American men 45+, within the past year

No Leisure time physical activity: 18+

Moderate Physical Activity: 18+, 30+ minutes of moderate physical activity five or more days per week or vigorous physical activity for 20+ minutes three or more days per week

Eat 5 Fruits & Vegetables per day: 18+

Percent of Population Overweight: 18+, BMI of 25.0 kg/m_ or higher

Uninsured Population: 18-64 years, Do Not Have Health Insurance

State Cancer Registries

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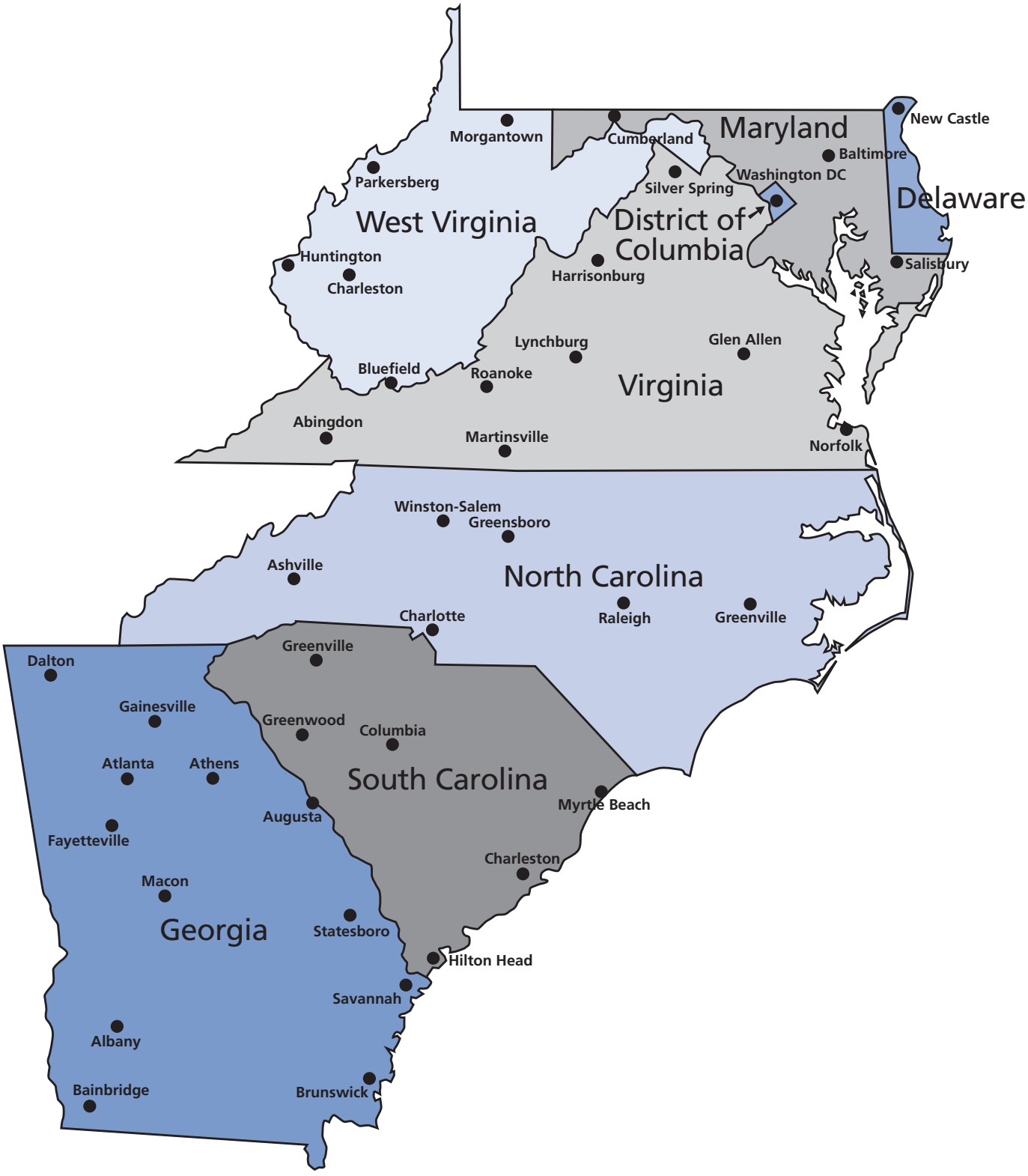
American Cancer Society South Atlantic Division Map



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No matter who you are, we can help. Contact us anytime, day or night, for information and support.

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