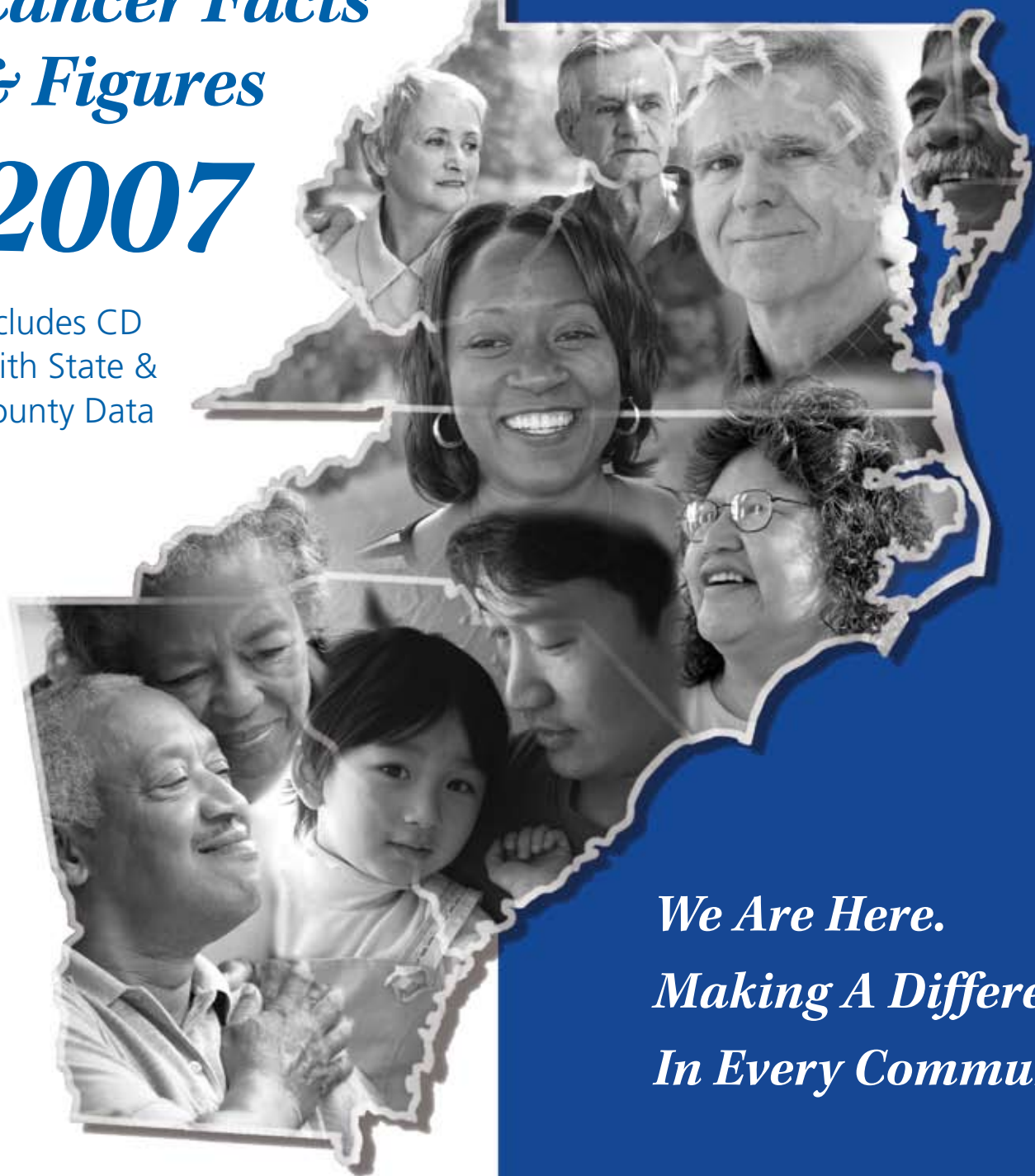


South Atlantic Division Cancer Facts & Figures 2007

Includes CD
With State &
County Data



*We Are Here.
Making A Difference
In Every Community.*

Delaware	North Carolina
District of Columbia	South Carolina
Georgia	Virginia
Maryland	West Virginia



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

This year's *Cancer Facts & Figures* contains one special section entitled Cervical Cancer and the HPV Vaccine. This section outlines cervical cancer epidemiology (including incidence, mortality and survival), screening guidelines, etiology and research on cervical cancer. The development of the human papillomavirus (HPV) vaccine is highlighted in this section, along with American Cancer Society recommendations for the HPV vaccine use to prevent cervical cancer and its precursors.

How to Use *Cancer Facts & Figures* for Planning Cancer Control

South Atlantic Division Cancer Facts & Figures 2007 provides a comprehensive resource for state and community cancer control planning and implementation. The South Atlantic Division is comprised of Delaware, District of Columbia, Georgia, Maryland, North Carolina, South Carolina, Virginia and West Virginia. The publication includes data on cancer incidence, staging and mortality for the following cancer sites: breast, cervix, colorectal, lung and bronchus, melanoma of the skin and prostate for the South Atlantic Division.

This publication includes the following information: demographics, cancer incidence, mortality and staging data and prevalence rates for behavioral risk factors and screening practices. The following sections describe how this information can be useful in planning, implementing and evaluating cancer control interventions.

Demographic Data

Demographic data describe the population distribution within a community. These data include age, race, income, education, as well as a host of other variables that describe the socioeconomic and cultural variation within a community. Demographic data are helpful in identifying populations most at risk for cancer in order to better target our efforts. We must, however, 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 describe the burden of specific types of cancer and the impact of cancer on a population within a specific time period. The number of new cancer cases can be helpful in planning a particular survivorship program.

Comparing the number of new cancer cases from year to year is not recommended because population demographics change over time. Further, it is difficult to compare cancer patterns

across two or more regions in the same year because of potential differences in population characteristics. Therefore age-adjusted incidence rates, which account for population differences, should be used to track year-to-year changes in cancer occurrence. Age-adjusted cancer incidence rates are the number of people per 100,000 who are diagnosed with cancer during a given time period, with adjustment for the age distribution of the population. Cancer incidence rates are used to monitor changes in the occurrence of cancer over a period of years, frequently over a five-year time period.

Deaths due to cancer are referred to as cancer mortality. Cancer deaths, or mortality counts, are also used to describe the cancer burden in a community. Cancer mortality rates are defined as the number of people per 100,000 dying of the disease during a given time period. Age-adjusted mortality rates, like age-adjusted incidence rates, account for population differences and should be used when comparing cancer mortality patterns from different populations. These rates are also frequently averaged over a five-year time period.

Statistical Significance

Individual county/ward incidence and mortality rates are tested statistically to determine whether or not these rates are statistically significantly different from the overall state rate. If an incidence or mortality rate is significantly lower than the state rate, this is indicated by a '<' placed next to the rate and if a rate is significantly higher than the state rate, a '>' is next to that rate.

A statistically significant lower or higher rate does not necessarily mean that the difference is biologically or clinically important or interesting. These differences could have occurred by chance alone since we are making multiple comparisons.

Cancer Staging Data

Cancer staging is the process of describing the extent or spread of the 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 invaluable to community partners by identifying segments of the population in need of screening as well as to monitor effects of a screening program. While it is important that cancer be diagnosed at any stage, the earlier a cancer is diagnosed, the more likely it can be successfully treated and thus decrease overall cancer mortality.

Risk Factor Data

There are ways of decreasing the risk of or preventing certain types of cancer. All cancers known to be caused by cigarette smoking and heavy use of alcohol could be prevented com-



pletely.¹ Eating a healthy diet, engaging in physical activity and maintaining a healthy weight are behaviors that reduce the risk of developing cancer. The prevalence of each of these modifiable risk behaviors among both adults and youth is reported here by state since they are 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 increases the risk of cancers of the pancreas, cervix, kidney, bladder and stomach, and acute myeloid leukemia.¹ Utilizing tobacco prevalence data to identify differences between gender, race/ethnicity, age and educational status will help focus comprehensive efforts to decrease consumption of tobacco products in specific populations. Identification of populations with high smoking rates will also help to target 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 2007 are related to nutrition, physical inactivity and being overweight or obese.¹ Overweight and obesity are clearly associated with increased risk of developing many cancers, including breast (postmenopausal), colon, endometrium, esophagus and kidney. It is believed that obesity increases risk for cancers of the pancreas,

gallbladder, thyroid, ovary and cervix, and for multiple myeloma, Hodgkin lymphoma and aggressive prostate cancer.² Excessive body weight may also 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 in 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 receive an annual mammogram. Because these data are reported by age, race and education level, readers can identify certain demographic categories in which women may be in greater need of early detection messaging and outreach. While these data are reported here only on the state level, they are still useful in getting a picture of the status of early detection of breast cancer.

Colorectal Cancer Screening

The percentage of adults 50 and older who have received either a sigmoidoscopy or colonoscopy within the past five years are reported here by age, sex, race and low education within each state. Based on the screening data, one can determine the age groups and/or race/ethnicity populations that may be in greater need of early detection messaging and outreach. For example, if sigmoidoscopy/colonoscopy test rates are lower among men in a state, community partners might concentrate on raising awareness about the importance of colorectal screening through messages targeted to men age 50 and over.

Prostate Cancer Screening

The percentage of men 50 and older who have received a prostate specific antigen (PSA) test within the past year is reported in this publication by state. These data can also help to 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 within communities.

¹American Cancer Society, Cancer Facts & Figures 2007. Atlanta, GA: 2007.

²American Cancer Society, Cancer Prevention & Early Detection Facts and Figures 2007. Atlanta, GA: 2007.

³U.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 (SAD), comprised of Delaware, District of Columbia, Georgia, Maryland, North Carolina, South Carolina, Virginia and West Virginia, has a diverse and growing population of 38,497,323 residents (2006 estimate). The primary racial and ethnic categories of the SAD population are White (65.0%), Black (24.3%), Asian/Pacific Islander (2.9%) and Hispanic (5.8%).

The subpopulations of the Hispanic/Latino in the Division are Mexican at 47.4% of the 2,249,164 Hispanics, other Hispanic (not Mexican, Cuban or Puerto Rican) at 39.9%, Puerto Rican at 10.1% and Cuban at 2.6%. States with the highest concentrations of these subgroups are: Mexican in North Carolina (4.6% of total state population), other Hispanic (not Mexican, Cuban or Puerto Rican) in the District of Columbia at 4.6%, Puerto Rican in Delaware with 3.4% of the state population and Cuban at 0.2% in Delaware, Georgia, Maryland and Virginia.

The largest subpopulations of Asian Americans are Asian Indian (23.4% of the Asian population), Chinese (17.0%), Korean (16.2%), Vietnamese (12.3%) and Filipino (12.3%). States with the highest concentrations of these subgroups are: Asian Indian in Delaware (1.4% of state population), Chinese in Maryland (1.1%), Korean in Maryland (0.9%), Vietnamese in Virginia (0.6%) and Filipino in Virginia (0.8%).

Approximately 24.5% of residents in the South Atlantic Division are under age eighteen; Georgia has the largest population (26.0%) and the District of Columbia has the smallest population (19.5%) in this age category. Overall, 65.5% of the SAD population is twenty-five or older: the District of Columbia has the largest proportion (70.0%) and Georgia has the smallest proportion (63.7%). Residents age 65 and over comprise 11.8% of the total SAD population, with the highest in West Virginia (15.8%) and the lowest in Georgia (10.0%).

Data on household income and educational attainment are useful when planning cancer control activities because they can help focus on underserved subpopulations within a community. Individuals with lower household incomes and fewer years of education often have lower insurance rates and more barriers to attaining healthcare which can lead to lower screening rates and higher cancer mortality rates. Overall, 5.1% of the eligible workforce in the South Atlantic Division is unemployed; the District of Columbia has the highest percentage at 10.9%. 8.4% of the SAD households have incomes below \$10,000 and West Virginia has the highest percentage at 13.1%. Approximately 20.2% of the Division population has less than a high school diploma and this category is highest in West Virginia with 24.7%.



Estimated State Population By Race And Hispanic Ethnicity, 2006

	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	38,497,323		546,363		848,084		9,053,884		5,643,321		8,717,079		4,268,048		7,599,244		1,821,300	
White/Non-Hispanic	25,017,395	65.0	166,327	30.4	587,991	69.3	5,375,152	59.4	3,321,162	58.9	5,919,045	67.9	2,784,363	65.2	5,147,703	67.7	1,715,652	94.2
Black/Non-Hispanic	9,349,564	24.3	302,266	55.3	169,383	20.0	2,640,229	29.2	1,612,539	28.6	1,864,162	21.4	1,236,265	29.0	1,467,467	19.3	57,253	3.1
American Indian/Non-Hispanic	178,875	0.5	1,163	0.2	2,457	0.3	19,829	0.2	13,602	0.2	104,449	1.2	14,058	0.3	19,670	0.3	3,647	0.2
Asian/Pacific Islander/Non-Hispanic	1,106,296	2.9	16,561	3.0	22,617	2.7	242,157	2.7	265,239	4.7	156,547	1.8	46,768	1.1	345,668	4.5	10,739	0.6
Hispanic*	2,249,164	5.8	47,672	8.7	51,644	6.1	650,614	7.2	318,757	5.6	562,191	6.4	141,670	3.3	461,064	6.1	15,552	0.9
Other/Non-Hispanic	51,177	0.1	1,578	0.3	1,097	0.1	12,047	0.1	9,808	0.2	9,610	0.1	3,460	0.1	12,414	0.2	1,163	0.1

*Hispanic is an ethnicity, not a race.

Data Source: Claritas Inc., Copyright © 2006 Thomson Medstat. All rights reserved.

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+	19,481,187		281,985		440,510		4,561,755		2,969,281		4,408,087		2,102,191		3,903,795		813,583	
Unemployed^	997,603	5.1	30,782	10.9	22,381	5.1	240,165	5.3	135,445	4.6	228,891	5.2	120,233	5.7	160,910	4.1	58,796	7.2
Total Households	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	1,238,346	8.4	29,928	12.4	20,032	6.1	286,734	8.6	125,035	5.9	311,370	9.1	171,438	10.3	194,195	6.6	99,614	13.1
\$10,000 - \$15,000	715,842	4.8	13,067	5.4	13,066	4.0	160,847	4.8	71,834	3.4	181,251	5.3	96,824	5.8	119,536	4.1	59,417	7.8
\$15,000 - \$25,000	1,561,989	10.6	22,447	9.3	30,959	9.5	345,654	10.4	164,453	7.7	400,927	11.7	206,361	12.3	273,544	9.4	117,644	15.5
\$25,000 - \$35,000	1,649,616	11.1	24,528	10.2	33,693	10.3	369,536	11.1	187,930	8.8	421,651	12.3	208,751	12.5	300,236	10.3	103,291	13.6
\$35,000 - \$50,000	2,331,896	15.8	34,530	14.3	50,185	15.3	523,806	15.8	296,767	13.9	577,450	16.9	281,179	16.8	443,273	15.2	124,706	16.4
\$50,000 - \$75,000	2,922,822	19.7	38,707	16.0	69,147	21.1	665,394	20.0	428,325	20.1	681,306	19.9	326,413	19.5	586,129	20.0	127,401	16.8
\$75,000 - \$100,000	1,757,331	11.9	24,198	10.0	43,396	13.3	397,335	11.9	309,163	14.5	367,818	10.8	173,452	10.4	380,009	13.0	61,960	8.2
\$100,000+	2,622,049	17.7	53,986	22.4	66,941	20.4	576,220	17.3	547,572	25.7	476,533	13.9	207,695	12.4	628,009	21.5	65,093	8.6

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+	25,224,931	65.5	382,421	70.0	568,391	67.0	5,765,800	63.7	3,709,178	65.7	5,720,564	65.6	2,801,749	65.6	5,011,857	66.0	1,264,971	69.5
0 - 8th Grade	1,815,192	7.2	30,328	7.9	28,393	5.0	430,568	7.5	184,717	5.0	436,925	7.6	226,787	8.1	351,363	7.0	126,111	10.0
High School: No Diploma	3,268,778	13.0	55,486	14.5	70,935	12.5	790,572	13.7	401,624	10.8	788,179	13.8	422,418	15.1	553,334	11.0	186,230	14.7
High School Graduate	7,146,882	28.3	78,444	20.5	179,528	31.6	1,657,939	28.8	988,827	26.7	1,613,149	28.2	836,001	29.8	1,294,828	25.8	498,166	39.4
College: No Degree	5,076,201	20.1	58,556	15.3	111,449	19.6	1,188,236	20.6	759,486	20.5	1,173,804	20.5	545,073	19.5	1,029,180	20.5	210,417	16.6
College: Assoc. Degree	1,471,526	5.8	10,556	2.8	37,715	6.6	303,916	5.3	199,678	5.4	390,710	6.8	188,786	6.7	285,454	5.7	54,711	4.3
College: Bachelor's Degree	4,071,074	16.1	69,095	18.1	87,853	15.5	923,929	16.0	675,132	18.2	899,638	15.7	386,860	13.8	915,304	18.3	113,263	9.0
College: Graduate Degree	2,375,278	9.4	79,956	20.9	52,518	9.2	470,640	8.2	499,714	13.5	418,159	7.3	195,824	7.0	582,394	11.6	76,073	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

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Estimated New Cancer Cases & Deaths, 2007

Estimated New Cancer Cases by Site and State, 2007*

State	All Cases	Female Breast	Uterine Cervix	Colon & Rectum	Uterine Corpus	Leukemia	Lung & Bronchus	Melanoma of the Skin	Non-Hodgkin Lymphoma	Prostate	Urinary Bladder
DE	4,530	560	†	480	130	110	770	190	170	800	220
DC	2,540	320	†	270	70	60	380	60	100	540	90
GA	35,440	4,520	330	3,690	810	960	5,780	1,460	1,370	5,850	1,360
MD	26,390	3,560	190	2,870	810	630	4,130	1,150	1,160	4,690	1,150
NC	38,210	4,870	280	4,290	1,020	1,070	6,290	1,630	1,610	6,040	1,690
SC	21,370	2,600	190	2,230	480	550	3,460	870	780	3,380	840
VA	35,090	4,570	280	3,530	970	900	5,360	1,510	1,390	5,330	1,380
WV	10,490	1,180	80	1,210	310	300	2,110	410	430	1,430	500
SAD**	174,060	22,180	1,350	18,570	4,600	4,580	28,280	7,280	7,010	28,060	7,230
U.S.	1,444,920	178,480	11,150	153,760	39,080	44,240	213,380	59,940	63,190	218,890	67,160

Estimated Cancer Deaths by Site and State, 2007*

State	All Cases	Brain/ Nervous System	Female Breast	Colon & Rectum	Leukemia	Liver	Lung & Bronchus	Non-Hodgkin Lymphoma	Ovary	Pancreas	Prostate
DE	1,810	†	120	160	70	†	580	60	50	100	90
DC	1,020	†	80	100	†	†	260	†	†	60	60
GA	14,950	280	1,120	1,340	540	360	4,500	470	420	820	630
MD	10,210	230	830	970	390	250	2,900	320	270	640	540
NC	16,880	360	1,240	1,480	610	420	5,150	570	450	980	800
SC	8,940	190	570	790	330	230	1,750	260	220	510	420
VA	13,740	280	1,100	1,320	500	370	4,290	360	390	800	600
WV	4,610	90	280	480	130	110	1,450	170	140	220	160
SAD**	72,160	1,430	5,340	6,640	2,570	1,740	20,880	2,210	1,940	4,130	3,300
U.S.	559,650	12,740	40,460	52,180	21,790	16,780	160,390	18,660	15,280	33,370	27,050

*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.

Data Source: American Cancer Society, Cancer Facts and Figures, 2007



Incidence and Mortality

Cancer Incidence Rates for Selected Sites, 2000-2004*, by State and US

	ALL SITES	BREAST	CERVICAL	COLORECTAL			LUNG AND BRONCHUS			MELANOMA	PROSTATE
	Both Genders	Female	Female	Both Genders	Male	Female	Both Genders	Male	Female	Both Genders	Male
DE	501.3	125.3	8.6	54.3	65.5	45.7	76.9	96.4	62.6	18.3	173.0
DC	538.5	172.4	12.5	62.7	64.5	61.2	66.9	84.7	52.3	12.1	200.9
GA	468.8	124.1	9.3	51.4	61.8	44.0	75.8	107.4	53.5	18.1	166.1
MD	NA	128.2	NA	53.3	62.6	46.4	68.0	86.5	54.8	NA	179.3
NC	469.8	144.9	7.9	52.5	62.8	44.9	69.7	97.5	50.2	23.9	154.7
SC	473.7	120.8	9.1	54.1	65.1	45.9	74.4	105.4	51.8	18.0	173.7
VA	432.2	121.9	7.1	49.4	57.6	43.3	65.1	85.2	50.4	16.0	157.7
WV	489.7	115.9	10.5	61.3	71.9	53.4	88.5	117.0	67.8	16.2	144.5
US	470.1	127.8	8.7	51.6	60.8	44.6	64.5	81.2	52.3	18.5	168.0

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

* Maryland data are 1998-2002 and are not available for all sites, cervical and malignant melanoma

Source: DE, DC, GA, MD, NC, SC, VA and WV Cancer Registries; US Estimates: http://seer.cancer.gov/csr/1975_2004/, based on November 2006 SEER data submission, posted to the SEER web site, 2007.

Cancer Mortality Rates for Selected Sites, 2000-2004, by State and US

	ALL SITES	BREAST	CERVICAL	COLORECTAL			LUNG AND BRONCHUS			MELANOMA	PROSTATE
	Both Genders	Female	Female	Both Genders	Male	Female	Both Genders	Male	Female	Both Genders	Male
DE	201.7	26.2	2.9	19.7	24.4	16.5	60.4	79.0	46.8	3.1	28.1
DC	221.0	32.4	3.7	23.3	24.3	22.5	55.9	71.1	43.3	1.3	37.1
GA	199.3	25.4	2.8	19.1	23.3	16.4	60.1	88.5	40.6	2.6	32.6
MD	199.3	27.7	2.4	20.9	25.1	17.9	56.7	74.0	44.5	2.7	30.0
NC	199.1	25.3	2.6	19.0	23.0	16.2	60.0	87.4	40.9	2.9	32.4
SC	204.6	25.9	2.9	20.0	24.5	16.6	60.8	90.6	39.7	2.6	34.8
VA	196.4	27.0	2.3	19.5	23.5	16.6	56.7	77.0	42.3	2.9	30.9
WV	217.0	25.2	3.5	22.2	26.4	18.9	69.9	95.1	51.5	2.9	26.0
US	192.7	25.5	2.6	19.4	23.5	16.4	54.7	73.4	41.1	2.6	27.9

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

Data Sources: DC, DE, GA, NC and SC cancer registries; MD Vital Statistics Administration, VA Center for Health Statistics; WV Health Statistics Center; US: http://seer.cancer.gov/csr/1975_2004/, based on November 2006 SEER data submission, posted to the SEER web site, 2007.



Trends in Cancer Incidence and Mortality

In 1996, the American Cancer Society Board of Directors set an ambitious challenge goal of a 50% reduction in age-adjusted cancer mortality rates by the year 2015. In 1998, the Board of Directors set a parallel challenge goal for a 25% reduction in age-adjusted cancer incidence rates by 2015. As of 2004, the cancer incidence for the U.S., based on SEER data, has decreased 4.9% since 1990. Only one South Atlantic Division (SAD) state, Virginia, has a 2004 incidence rate that is lower than the U.S. rate.

As a measure of our progress towards the 2015 goal, U.S. cancer mortality rates have decreased 13.6% since 1990. Moreover, the absolute number of cancer deaths in the U.S. decreased for the second consecutive year. From 2003 to 2004, the number of recorded cancer deaths decreased by 1,160 in men and by 1,854 in women, resulting in a total decrease of 3,014 total cancer deaths. This drop was significantly larger than the 369 fewer deaths reported from 2002 to 2003, which marked the first decline in actual number of cancer deaths since 1930, when nationwide mortality data began to be compiled. The decrease in the number of Americans dying from cancer is a result of declining cancer death rates outpacing the impact of growth and aging of the population.

Each of the states within SAD, however, has a 2004 cancer mortality rate that is higher than the U.S. rate. The National Cancer Institute ranks age-adjusted cancer mortality rates from 1 to 51, with 1 being the highest (worst) rate. The District of Columbia ranks 3rd highest in the Nation for all cancers combined (4th among men and 2nd among women). The District ranks highest in mortality from colorectal cancer, both in men and women, and highest in the U.S. for mortality from cancers of the prostate, breast and cervix. West Virginia ranks in the top ten in mortality from all sites combined (4th), colorectal cancer (3rd), lung cancer (2nd), cervical cancer (3rd) and in men, malignant melanoma (7th). Prostate cancer mortality ranks high in Georgia (6th), North Carolina (7th), South Carolina (4th) and Virginia (8th), in addition to the District of Columbia (1st). Men in Delaware rank 2nd highest in mortality from malignant melanoma. Among Delaware women, mortality from all sites combined ranks 9th and lung cancer ranks 6th. In Virginia, mortality from malignant melanoma ranks 5th in women and breast cancer mortality is 8th highest.

Data Source for Cancer Mortality Rankings: http://seer.cancer.gov/csr/1975_2004/, based on November 2006 SEER data submission, posted to the SEER web site, 2007. Note that mortality rates and rankings from SEER may differ from those issued by the individual states.

State Rankings* of Selected Cancer Mortality Rates by SAD State, Both Sexes Combined

SAD State	All Sites	Colon / Rectum	Lung / Bronchus	Malignant Melanoma
DE	12	25	12	7
DC	3	1	26	51
GA	18	31	16	31
MD	21	13	19	29
NC	20	33	17	18
SC	13	24	15	34
VA	22	27	18	19
WV	4	3	2	11

State Rankings* of Selected Cancer Mortality Rates by SAD State, Males

SAD State	All Sites	Colon / Rectum	Lung / Bronchus	Malignant Melanoma	Prostate
DE	17	19	15	2	29
DC	4	1	17	48	1
GA	11	29	10	35	6
MD	22	16	23	24	15
NC	12	33	12	19	7
SC	8	20	8	30	4
VA	19	26	18	25	8
WV	9	4	7	7	41

State Rankings* of Selected Cancer Mortality Rates by SAD State, Females

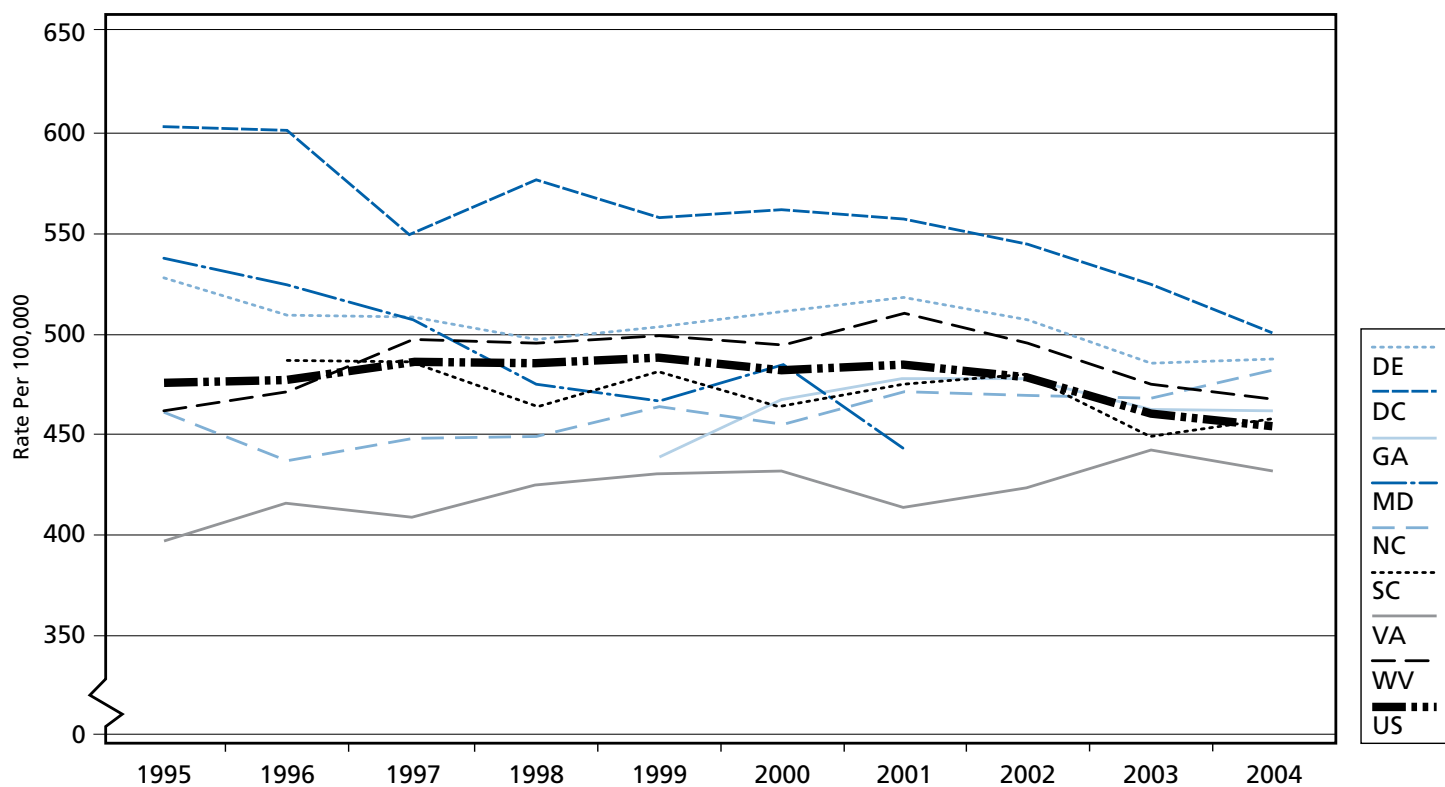
SAD	All Sites	Colon / Rectum	Lung / Bronchus	Malignant Melanoma	Breast (female)	Cervix
DE	9	25	6	23	11	10
DC	2	1	36	51	1	1
GA	27	29	29	26	23	16
MD	14	14	18	33	6	26
NC	28	31	26	16	24	20
SC	31	26	33	38	18	11
VA	24	27	23	5	8	32
WV	3	2	3	25	25	3

Note: Rankings are of Average Cancer Mortality Rates for all races combined for 2000-2004 that are age-adjusted to the 2000 U.S. standard population.

** A rank of 1 indicates the highest (worst) age-adjusted mortality rate for that cancer among the 50 states and the District of Columbia and 51 is the best (lowest) rate among all 51 states and the District of Columbia*

Source: Ries LAG, Melbert D, Krapcho M, Mariotto A, Miller BA, Feuer EJ, Clegg L, Horner MJ, Howlader N, Eisner MP, Reichman M, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2004, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2004/, based on November 2006 SEER data submission, posted to the SEER web site, 2007.

Cancer Incidence Rates, All Sites, by State and U.S., 1995-2004*

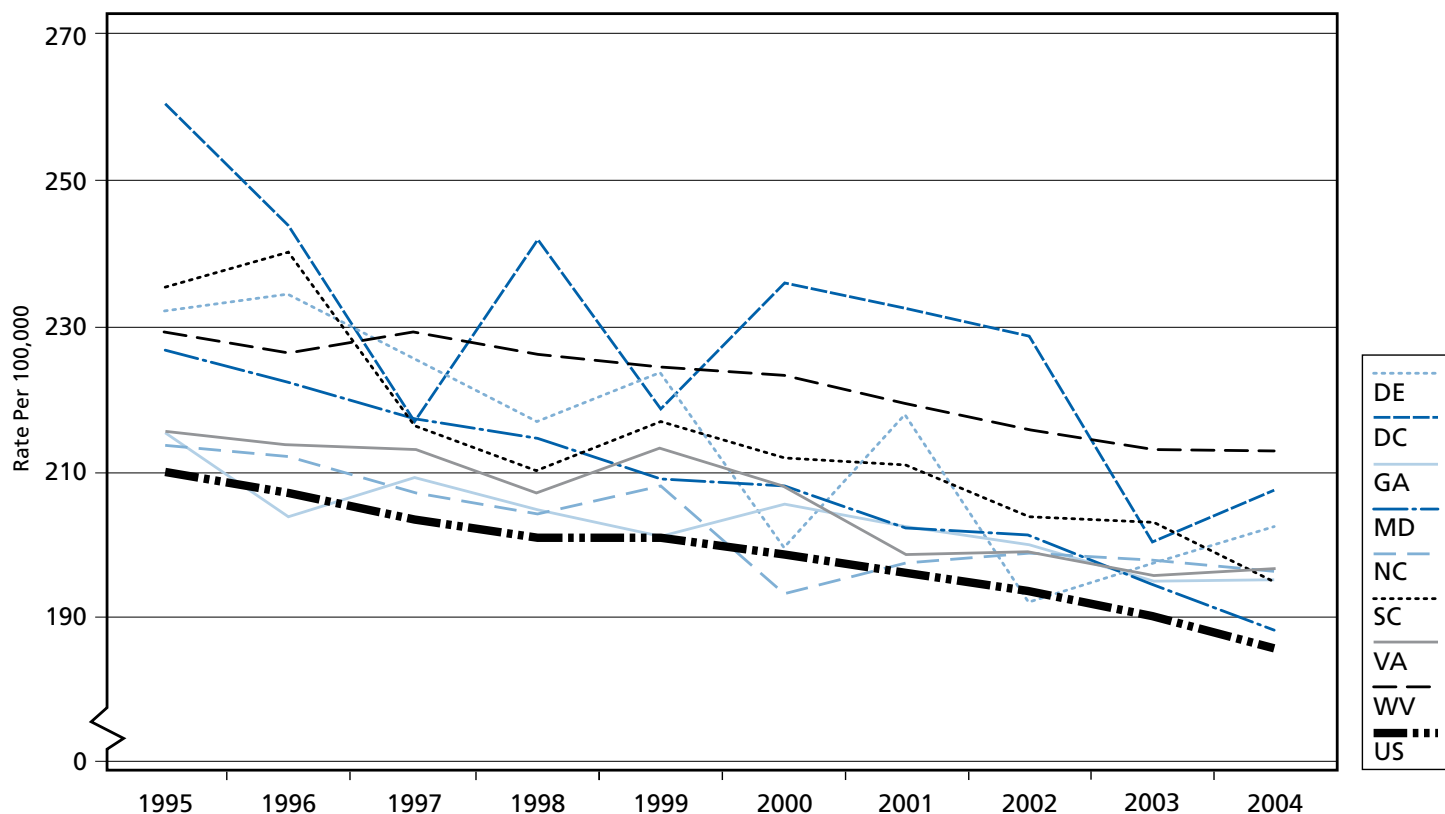


Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.

*Georgia data years, 1999-2004, South Carolina data years, 1996-2004, Maryland data years 1995-2001

Data Sources: DC, DE, MD, GA, NC, SC, VA and WV cancer registries; US: http://seer.cancer.gov/csr/1975_2004/, based on November 2006 SEER data submission, posted to the SEER web site, 2007.

Cancer Mortality Rates, All Sites, by State and U.S., 1995-2004*



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

Data Sources: DC, DE, GA, NC and SC cancer registries; MD Vital Statistics Administration, VA Center for Health Statistics; WV Health Statistics Center; US: http://seer.cancer.gov/csr/1975_2004/, based on November 2006 SEER data submission, posted to the SEER web site, 2007.

Cervical Cancer and the HPV Vaccine

Cervical Cancer and the HPV Vaccine

Cervical cancer begins in the lining of the cervix, the lower part of the uterus. Cancer of the cervix forms slowly, as normal cells change to pre-cancerous cells and then to cancer. It is estimated that this transition takes an average of 20 years, although it can happen more quickly. For some women, these pre-cancer cells disappear over time but for other women, these cells need treatment.

Epidemiology of cervical cancer

In 2007, an estimated **11,150 cases of invasive cervical cancer** will be diagnosed in the United States, and an estimated **3,670 women will die from this disease**. Globally, cervical cancer is the second most common cause of cancer death in women, with an estimated 510,000 newly diagnosed cervical cancer cases and 288,000 deaths. In developing countries, cervical cancer is often the most common cancer in women.

The age-adjusted **incidence rate** of cervical cancer in the U.S. for 2000-2004 was 8.7 cases per 100,000 women. White women had an incidence rate of 8.5/100,000 and the incidence rate for black women was 11.4/100,000. Incidence among Hispanic women was nearly two-fold higher than among non-Hispanic whites. Age-specific incidence rates among white women decreased after ages 40-44 whereas incidence among black women tended to increase with age. Among women ages 65 and older, the incidence rate among black women was more than twice

that of white women (25.8/100,000 among black and 11.7/100,000 among white women).

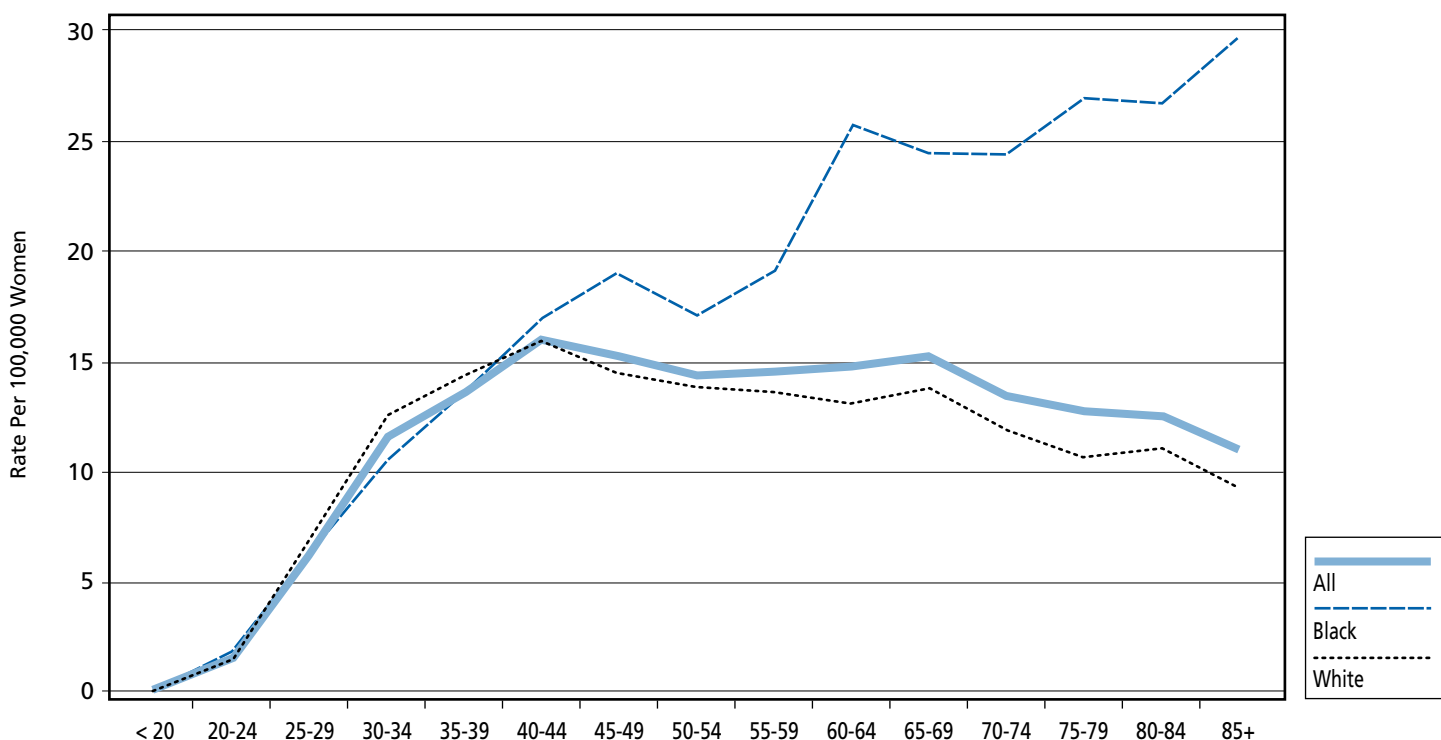
In the U.S. during 2000-2004, the age-adjusted **mortality rate** for cervical cancer was 2.6 deaths per 100,000 women.

Mortality from cancer of the cervix was more than twice as high among black (4.9/100,000) than among white women (2.3/100,000). By ethnicity, mortality was also higher among Hispanic white women (3.5/100,000) than among non-Hispanic white women (2.2/100,000). Although cervical cancer mortality increased among both white and black women as they aged, the racial disparity was even greater than that seen for incidence. Among women ages 65+ with cervical cancer, black women die at a rate that is 2.8 times that of white women (16.3/100,000 for black and 5.8/100,000 for white women).

During 1996-2003 in the U.S., the **five-year relative survival rate** from all cervical cancers was 71.6%. (The five-year survival rate represents women who are living five years past diagnosis, whether disease-free, in remission or under treatment.) If, however, the cervical cancer is diagnosed in the **localized stage**, the 5-year relative survival rate is 92%. Localized cancer is the stage

Among women ages 65+ with cervical cancer, black women die at a rate that is 2.8 times that of white women (16.3/100,000 for black and 5.8/100,000 for white women).

Cervical Cancer Incidence, US, 2000-2004, by Race and Age Group



Among all women diagnosed in the localized stage of cervical cancer, white women had a more favorable survival; the five-year survival rate was 92.8% for white women and only 85.7% for black women.

at which the cancer has not spread to other areas of the body.

Unfortunately during the time period 1996-2003, only 51% of cervical cancer cases were diagnosed in the localized stage and this proportion shows disparity by race; 53% localized stage among white and 44% localized stage among black women.



Among all women diagnosed in the localized stage of cervical cancer, white women had a more favorable survival; the five-year survival rate was 92.8% for white women and only 85.7% for black women.

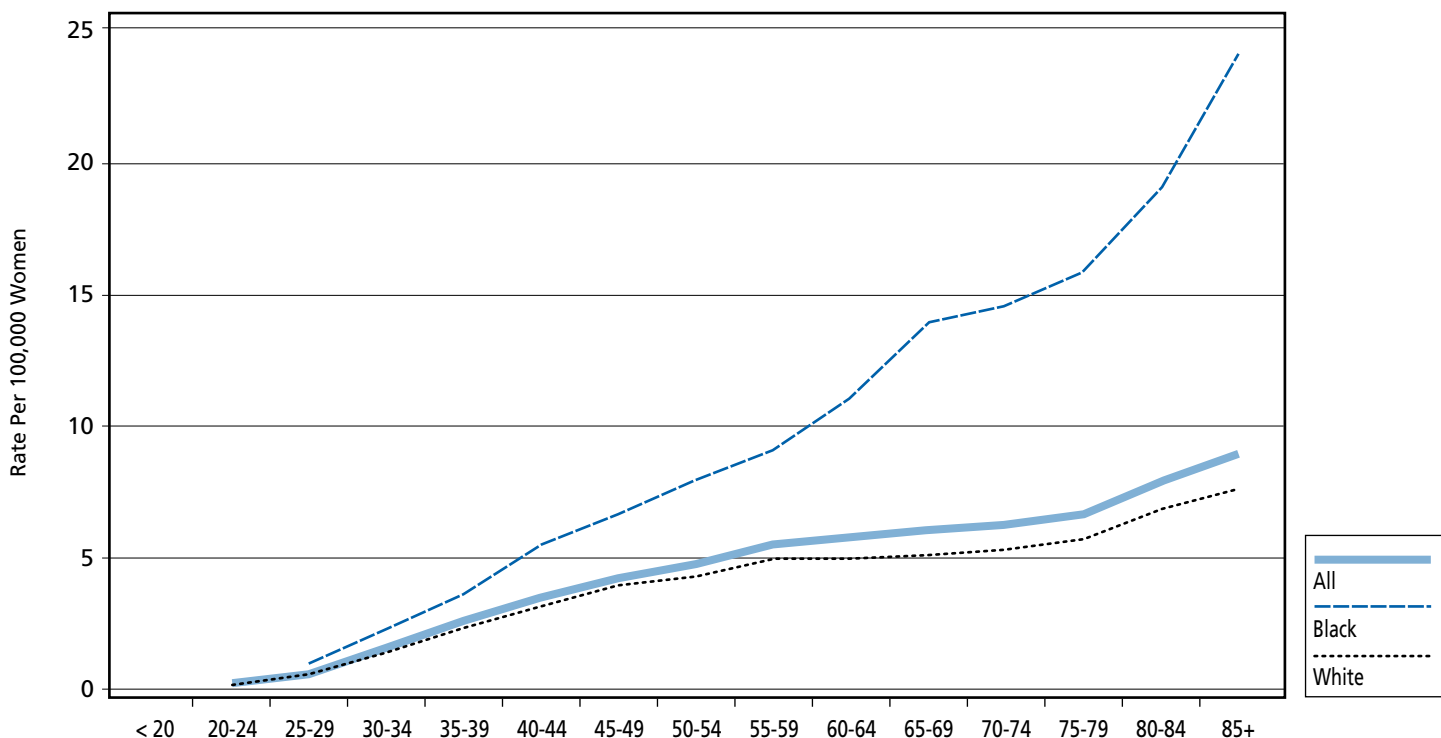
Early Detection of Cervical Cancer

The purpose of cancer screening is the early detection, diagnosis and treatment of pre-cancer and cancerous cells. The most successful strategy for cervical cancer prevention has been the implementation of population-based organized and opportunistic screening programs that use the Pap test. The Pap test identifies abnormal changes in the cells in the cervix. A small sample of cells are taken from the cervix and examined under a microscope. This simple test can be done as part of a regular pelvic exam.

The American Cancer Society recommends that:

- All women should begin regular Pap tests approximately 3 years after becoming sexually active but no later than 21 years of age.
- If a woman who has reached age 30 has had three negative Pap tests in a row, she may get screened every 2-3 years, at the judgment of her doctor.

Cervical Cancer Mortality, US, 2000-2004, by Race and Age Group



Continued

Half of all women who develop cervical cancer in the United States have never been screened, and an additional 10% will have not been screened within 5 years of their diagnosis.

Cervical cancer screening has successfully decreased cervical cancer incidence and mortality. U.S. cervical cancer incidence rates have decreased by 75% and mortality by 74% in the 50 years following the introduction of cervical cytology in 1949 and have con-

tinued to decrease in the current decade. Half of all women who develop cervical cancer in the United States have never been screened, and an additional 10% will have not been screened within 5 years of their diagnosis.

Although rates of cervical cancer incidence and related mortality in the U.S. have fallen following successful use of the Pap test, significant racial and ethnic disparities exist with regard to incidence, mortality and survival associated with the diagnosis of cervical cancer. The disparities in cervical cancer incidence and mortality between non-Hispanic white women and other racial/ethnic groups increase with age, particularly African American women in the South and Hispanic white women. Cervical cancer incidence remains high among these groups because of limited resources and poor access to health care, which is further exacerbated by social and cultural barriers.

Causes of Cervical Cancer

Virtually all cervical cancers are causally related to infections by HPV. There are over 30 different types of HPV that infect the genitalia, about half of which are associated with increased risk of cervical cancer. Approximately 70% of cervical cancers are caused by HPV types 16 or 18. About 500,000 precancerous lesions are diagnosed each year in the United States and about 50% to 60% are attributable to HPV16 and HPV18.

Risk factors for cervical cancer include (1) having sex at an early age, (2) having sex with multiple partners, or having sex with men who have had many partners, (3) cigarette smoking and (4) being poor.



Cervical Cancer Research

Over the last 60 years, the American Cancer Society has funded 154 extramural grants totaling \$44.5 million on cervical cancer. One grant went to Robert C. Rose, MD, PhD, a University of Rochester virologist involved in the cervical cancer vaccine research used specifically for Gardasil. Its use is quickly becoming widespread. The vaccine holds enormous promise for reducing cervical cancer morbidity and mortality, particularly in developing nations.

To date, two prophylactic HPV vaccines have been developed. One of the vaccines, Gardasil (Merck & Co., Inc.), protects against HPV types 6, 11, 16, and 18 and the other, Cervarix (GlaxoSmithKline), protects against types 16 and 18. The goal of prophylactic vaccination is to reduce the incidence of HPV-related genital disease and precancerous lesions.

Gardasil, the first vaccine developed to prevent cervical cancer and other diseases caused by certain types of human papillomavirus (HPV), was the first vaccine licensed by the Food and Drug Administration (FDA). If administered prior to exposure to sexually transmitted viruses, the vaccine can protect women from ultimately developing cervical cancer.

The American Cancer Society (ACS) has developed guidelines for the use of the prophylactic human papillomavirus (HPV) vaccine for the prevention of cervical intraepithelial neoplasia and cervical cancer. These recommendations are based on a formal review of the available evidence:

Summary of American Cancer Society Recommendations for Human Papillomavirus (HPV) Vaccine Use to Prevent Cervical Cancer and Its Precursors

- Routine HPV vaccination is recommended for females aged 11 to 12 years.
- Females as young as age 9 years may receive HPV vaccination.
- HPV vaccination is also recommended for females aged 13 to 18 years to catch up missed vaccine or complete the vaccination series.
- There are currently insufficient data to recommend for or against universal vaccination of females aged 19 to 26 years in the general population. A decision about whether a woman aged 19 to 26 years should receive the vaccine should be based on an informed discussion between the woman and her health care provider regarding her risk of previous HPV exposure and potential benefit from vaccination. Ideally the vaccine should be administered prior to potential exposure to genital HPV through sexual intercourse because the potential benefit is likely to diminish with increasing number of lifetime sexual partners.
- HPV vaccination is not currently recommended for women over age 26 years or for males.
- Screening for cervical intraepithelial neoplasia and cancer should continue in both vaccinated and unvaccinated women according to current ACS early detection guidelines.

It is important to vaccinate patients before the age at which exposure is likely to occur. The lower age limit is bound by the age of study participants, the youngest being aged 9 years. These studies, however, only evaluated safety and immune response against HPV. The lower age limit for studies of effectiveness of Gardasil is 16 years and for Cervarix is 15 years. While HPV-related cervical disease remains an important health issue for girls and women of all ages, the effectiveness and potential benefit of HPV vaccines for females aged 19 years and older in the general population are less clear than for girls younger than age 19 years.

Women who receive HPV vaccine should follow current screening guidelines because there is insufficient evidence to change screening recommendations. Benefits from HPV vaccines may be offset if vaccinated women acquire a false sense of protection that results in decreased compliance with recommended cervical cancer screening. A critical need in the United States and other countries with cervical screening is to understand the integration of vaccination with, and likely impact on, screening.

Sources:

Ries LAG, Melbert D, Krapcho M, Mariotto A, Miller BA, Feuer EJ, Clegg L, Horner MJ, Howlader N, Eisner MP, Reichman M, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2004, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2004/, based on November 2006 SEER data submission, posted to the SEER web site, 2007.

American Cancer Society Guideline for Human Papillomavirus (HPV) Vaccine Use to Prevent Cervical Cancer and Its Precursors; D Saslow, PE Castle, JT Cox, DD Davey, MH Einstein, DG Ferris, SJ Goldie, DM Harper, W Kinney, A-B Moscicki, KL Noller, CM Wheeler, T Ades, KS Andrews, MK Doroshenko, KG Kahn, C Schmidt, O Shafey, RA Smith, EE Partridge, (for The Gynecologic Cancer Advisory Group) and F Garcia. CA Cancer J Clin 2007;57:7-28.) © American Cancer Society, Inc., 2007.



DEMOGRAPHICS

State Level Data, 2006 Estimates

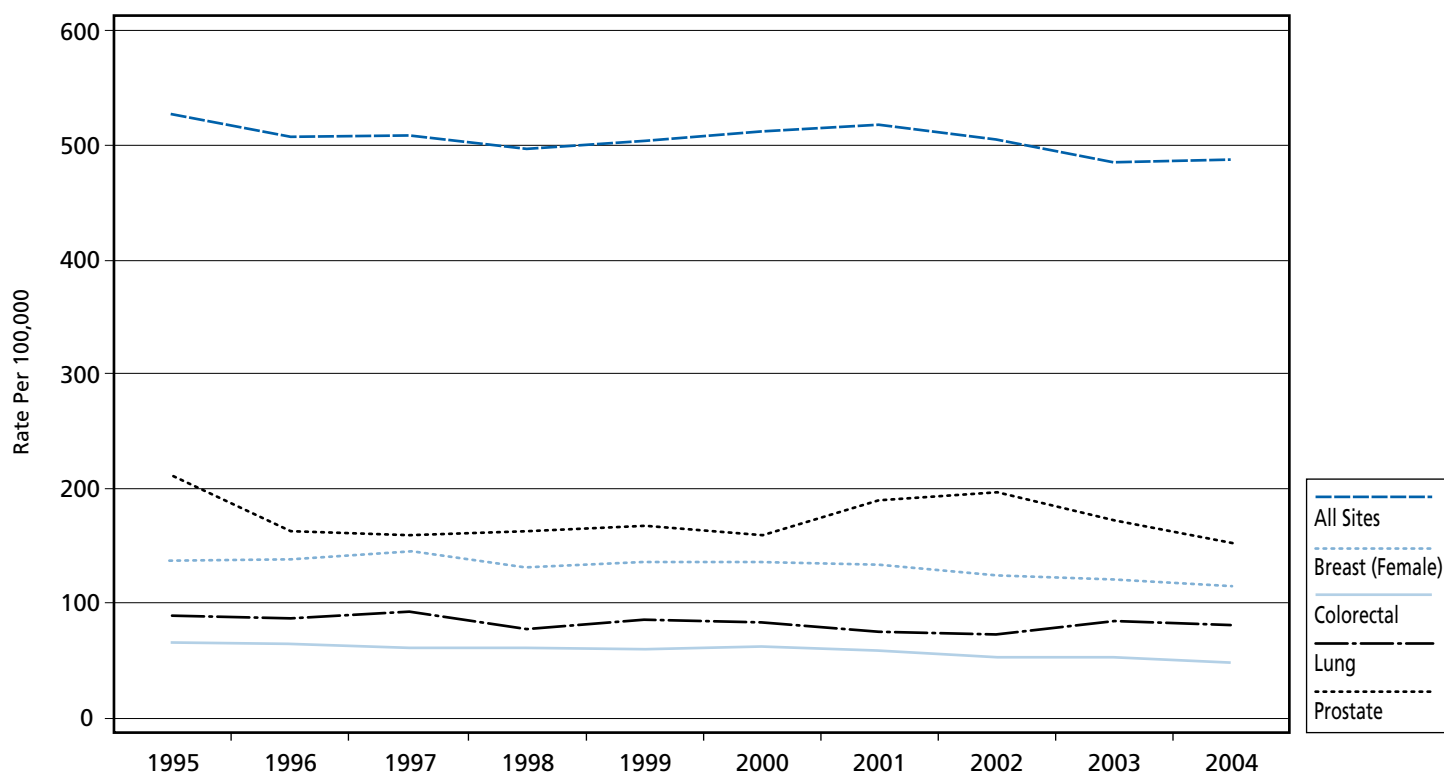
2000 Census Population	783,600	
2006 Estimate ¹	848,084	
White, Non-Hispanic	587,991	69.3%
Black, Non-Hispanic	169,383	20.0%
Native American, Non-Hispanic	2,457	0.3%
Asian/Pacific Islander, Non-Hispanic	22,617	2.7%
Other/Multi-Race, Non-Hispanic	1,097	0.1%
Hispanic	51,644	6.1%
Persons under 18 years old	23.1%	
Persons 65 years old and over	13.4%	
Population with less than high school education	8.4%	
Households with income < \$15,000 per year	3.9%	
Median household income	\$55,135	

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

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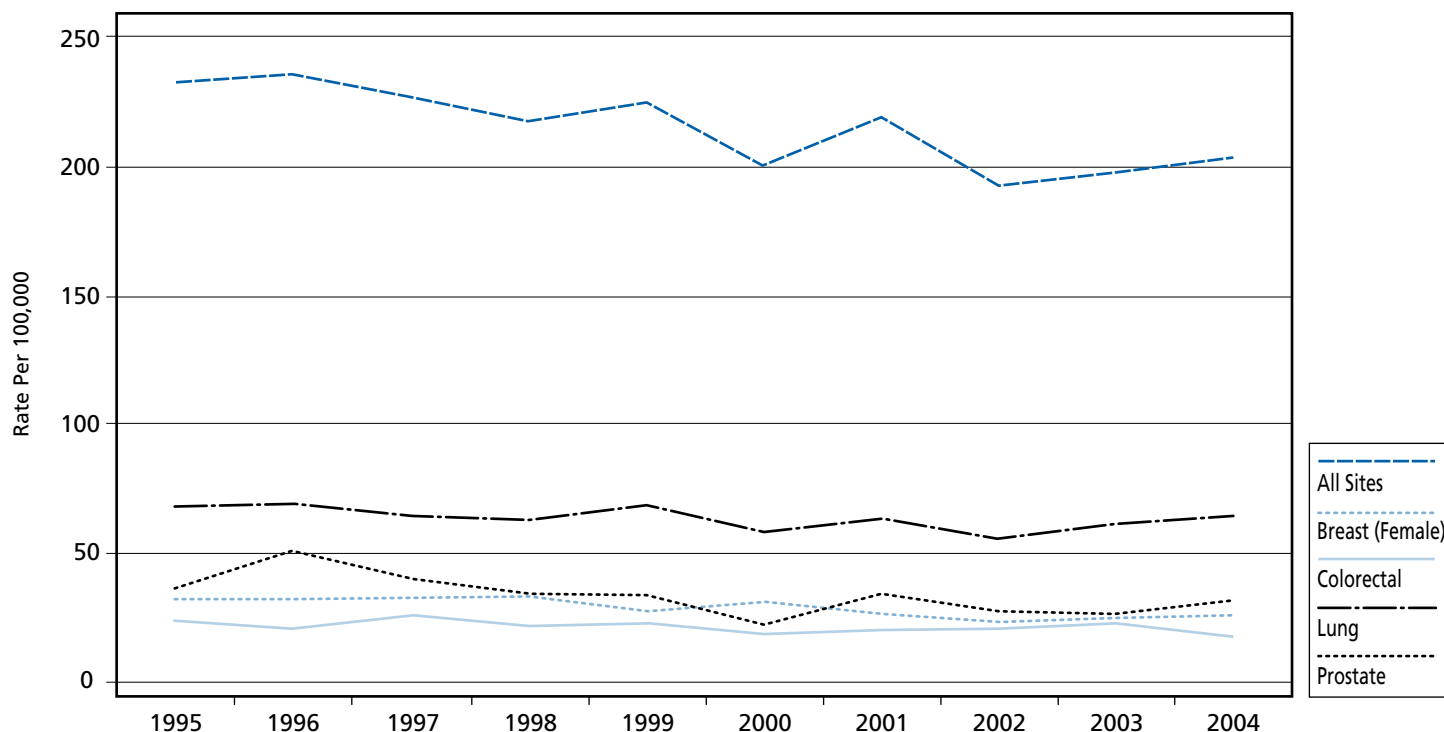


Delaware Cancer Incidence Rates by Cancer Site (1995-2004)



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Source: Delaware Cancer Registry, 2007

Delaware Cancer Mortality Rates by Cancer Site (1995-2004)



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Source: Delaware Cancer Registry, 2007

Delaware At a Glance



Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 100%
- **Tobacco excise tax:** \$0.55 (rank 37th)
- **State quitline:** 1-866-409-1858; multiple session telephone counseling
- **Adult Smoking Rate:** 21.7% in 2006 (was 24.5% in 2004)
- **High School Smoking Rate:** 21.2% (was 23.5% in 2003)
- **Covered by Medicaid for Smoking Cessation:** nicotine gum, nicotine patch, prescription nasal spray, prescription inhaler, Zyban
- **FY2007 Tobacco Settlement Revenues:** \$23.1 million (estimate)
- **FY2007 State Tobacco Tax Revenues:** \$83.8 million (estimate)
- **Total Annual State Revenues from Tobacco:** \$106.9 million (estimate)
- **FY2006 Tobacco Prevention Spending:** \$10.3 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 9.6%
- **CDC's Annual Funding Recommendations:** \$8.6-18.5 million
- **Percentage of CDC Minimum Recommendations:** 119.4% (rank 2nd)
- **Annual Smoking Caused Health Costs:** \$284 million



BCCEDP* — Screening for Life

- **Target Population:** Women 18-64 (cervical) Women 40-64 (breast), uninsured or underinsured, under 250% of Federal Poverty Level, <http://www.dhss.delaware.gov/dhss/dph/dpc/sfl.html>
- **Unique Aspect of Screening for Life:** Includes comprehensive screening and treatment services for colorectal cancer.
- **State Mammography Rate (Women 40+):** 83.7% in 2006 (was 69.7% in 2004)
- **State Mammography Rate (Women 40+, Low Education):** 84.4% in 2006 (was 65.2% in 2004)



Colorectal

- **Mandatory coverage for colorectal screening:** Yes
- **State screening program:** Screening for Life - fulltime colorectal care navigators and advocates in each hospital system. Target population for men and women: ages 50-64 (average risk) and ages 18-49 (increased/high risk).
- **Fecal Occult Blood Test (FOBT) Rate (ever had among ages 50+):** 18.2%
- **Sigmoidoscopy/Colonoscopy Rate (ever had among ages 50+):** 53.7%

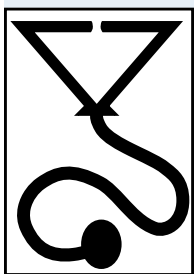


Prostate

- **State screening program:** Pending funding/legislation, prostate cancer screening may also be added to Screening for Life. Several healthcare systems offer periodic free/low-cost screenings.
- **PSA Test (50+):** 59.5%
- **PSA Test (45+, African American):** 54.5%

Additional Screening Initiatives:

- The Cancer Screening Nurse Navigation Program provides individuals in need of cancer screening with education, information, resources and support to undergo colorectal cancer screening. The program will be expanded to include breast, cervical and prostate cancer screening.
- The Champions of Change Program is a grassroots initiative to increase cancer screening among high risk populations, including racial/ethnic minorities. The Champions partner with the Cancer Screening Nurse Navigators to provide individualized support to those in need of screening.



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 4 main clinics; 2 satellite clinics
- **State fund for Uninsured Cancer Patients:** Delaware Cancer Treatment Program - currently covers one year of treatment for eligible Delawareans and

may be extended to two year coverage pending funding/legislation. www.dhss.delaware.gov/dhss/dph/dpc/catreatment.html

- **Uninsured Population (18+):** 9.6% in 2006 (was 10.5% in 2004)
- **Number of ACoS approved hospitals:** 9
- **Number of NCI Cancer Centers:** 0
- **Percent of population living in rural areas:** 21.1%



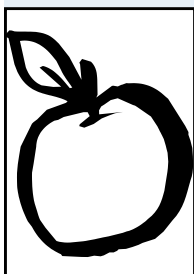
State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** The Delaware Cancer Consortium is in the fourth year of implementation. A new four-year plan is under development. www.delawarecancerconsortium.org/
- **Accomplishments:** In the third year of Delaware's State Cancer Plan, *Turning*

Commitment into Action, the Delaware Cancer Consortium has seen achievements in the areas of screening and early detection, tobacco prevention, environmental risk reduction, disparities elimination, enhancing the quality of cancer care statewide and paying for treatment for the uninsured.

Accomplishments in year three include:

- Screened 1,141 Delawareans for colorectal cancer and prevented 584 potential cancers.
- Adult smoking at an all-time low of 20.7 percent.
- Served 193 uninsured Delawareans through the Delaware Cancer Treatment Program.
- Launched an innovative education campaign on radon and how to limit exposure to cancer causing toxins at home.



Nutrition and Physical Activity

- **State coalition:** Governor's Council on Lifestyle and Fitness: www.dhss.delaware.gov/dph/dpc/gclfreportcard05.html; Delaware Coalition to Promote Physical Activity; The Delaware Center for Health Promotion (U.D./Lt. Governor/Healthy Delaware Foundation): www.behealthydelaware.org; Delaware Division of Public Health - The Lt. Governor's Challenge: www.getupanddosomething.org; Delaware Division Services for Aging and Adults with Disabilities - Walk Delaware, Senior Olympics Obesity initiatives: www.dhss.delaware.gov/dhss/dsaapd/index.html;

- **Nemours Health and Prevention Services:** 5-2-1-Almost None: Our Prescription for Health: www.nemours.org/internet?url=no/nhps/pubs/521.html; The Sussex County Child Health Promotion Collaborative: www.nemours.org/internet?url=no/nhps/cyp/collaborative/child_health.html
- **No Physical Activity:** 23.4% (was 21.8% in 2004)

- **Moderate Physical Activity:** 45.3% (was 52.1% in 2004)
- **Eat 5 Fruits and Vegetables a Day:** 21.2% (was 22.0% in 2004)
- **Percent of Population Overweight:** 63.8% in 2006 (was 59.8% in 2004)

Accomplishments:

- **Delaware public schools implemented three measures funded by the General Assembly this school year:** HB 471 created a pilot program for physical education and physical activity in six schools, expanded to 18 schools with a generous donation from the Nemours Foundation. A companion bill, HB 372, created a fitness testing program in all public and charter schools, starting with one elementary grade, and expanding to middle and high school in future years. The legislature also created a Statewide Health Advisory Council, which is overseeing these efforts and will report on progress annually. These initiatives resulted from a legislative task force on physical education.

- **DE Health Information Network (DHIN):** was created in 1997 to advance the creation of a state-wide health information and electronic data interchange network for public and private use. The mission of DHIN, currently in planning stages, is "To facilitate the design and implementation of an integrated, statewide health data system to support the information needs of consumers, health plans, policymakers, providers, purchasers and research to improve the quality and efficiency of health care services in Delaware." <http://dhcc.delaware.gov/information/dhin.shtml>

*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).

Delaware Cancer Incidence, 2000-2004, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races ¹			White			Black			All Races ¹			White			Black		
	Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate	
ALL SITES	21,379	501.3		17,489	484.7		3,176	533.7		11,253	595.8		9,184	568.7		1,688	684.6	
BREAST (FEMALE)																		
CERVICAL																		
COLORECTAL	2,308	54.3		1,896	52.0		333	60.1		1,206	65.5		1,004	63.3		162	71.7	
LUNG & BRONCHUS	3,307	76.9		2,772	75.2		483	85.6		1,815	96.4		1,516	93.4		269	114.1	
MELANOMA	771	18.3		696	20.0		^	~		456	24.2		417	26.7		^	~	
PROSTATE										3,328	173.0		2,549	153.6		642	261.7	

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.

Source: Delaware Cancer Registry, 2007

Delaware Cancer Stage at Diagnosis, Percent of Total Cases, 2000-2004, by Site and Race

	In Situ				Local				Regional				Distant				Unknown/Unstaged			
	All Races ¹		All Races ¹		All Races ¹		All Races ¹		All Races ¹		All Races ¹		All Races ¹		All Races ¹		All Races ¹		All Races ¹	
	White	Black	White	Black	White	Black	White	Black	White	Black	White	Black	White	Black	White	Black	White	Black	White	Black
BREAST (FEMALE)	21.6	17.2	22.1	17.2	51.1	52.2	51.3	57.5	22.7	21.4	29.7	29.7	2.7	2.7	3.2	3.2	1.9	1.6	1.6	3.0
CERVICAL ²					52.6	51.3			31.4	35.3	20.0	20.0	7.4	5.0	15.0	15.0	8.6	8.4	7.5	7.5
COLORECTAL (FEMALE) ³					32.1	32.4			45.1	45.5	45.2	45.2	15.5	15.3	19.2	19.2	7.3	6.8	5.7	5.7
COLORECTAL (MALE) ³					36.3	36.0			42.1	43.3	38.4	38.4	16.1	15.6	17.1	17.1	5.5	5.2	3.7	3.7
MELANOMA (SKIN) ²					79.9	79.5		^	8.4	9.3	0.0	0.0	3.5	3.8	0.0	0.0	8.2	7.3	0.0	0.0
PROSTATE ²					86.5	86.7		87.4	6.4	6.8	5.3	5.3	3.2	3.0	3.9	3.9	3.8	3.5	3.5	3.5

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.

¹Includes White, Black and other races

²Stages reported for invasive cervical, melanoma and prostate cancers only.

³In situ and local stages combined for colorectal cancer

Source: Delaware Cancer Registry, 2007

^ Percent based on number of cases 5 or less not reported due to confidentiality issues

Delaware Cancer Mortality, 2000-2004, by Site, Gender and Race														
	BOTH GENDERS					MALE					FEMALE			
	All Races ¹		White		Black	All Races ¹		White		Black	All Races ¹		White	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	8,553	201.7	7,116	194.8	1,295	236.6	4,465	250.7	3,730	241.7	663	304.8	3,386	163.6
BREAST (FEMALE)											623	26.2	495	24.4
CERVICAL											65	2.9	41	2.2
COLORECTAL	828	19.7	675	18.5	145	27.4	424	24.4	348	23.1	71	33.8	327	15.5
LUNG & BRONCHUS	2,588	60.4	2,195	59.4	359	65.8	1,458	79.0	1,227	76.9	211	92.1	968	46.6
MELANOMA (SKIN)	131	3.1	129	3.6	^	~	89	4.9	88	5.6	^	~	41	2.1
PROSTATE							442	28.1	344	25.1	88	49.9		

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 5 or less not reported due to confidentiality issues

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

Source: Delaware Cancer Registry, 2007

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 old 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 old 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.

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 old 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., 2005

	% Delaware	% U.S.
Total	20.7	20.6
18-24 years old	25.5	26.2
25-34 years old	26.1	23.7
35-44 years old	23.6	23.0
45-54 years old	23.9	22.7
55-64 years old	17.3	18.7
65 years and older	7.9	9.0
Male	22.5	22.7
Female	19.1	18.6
White only, non-Hispanic	20.9	21.0
Black only, non-Hispanic	20.8	21.0
Other race only, non-Hispanic	11.8	18.5
Hispanic	23.8	17.9
Low Education**	32.3	27.2
Female 18-44	23.5	21.7

* Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).

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

Source: Behavioral Risk Factor Surveillance System, 2005

Physical Activity, Adults 18 and Older, Delaware and U.S., 2005

No Leisure Time Physical Activity*	% Delaware	% U.S.
Total	23.4	25.2
Male	20.3	22.8
Female	26.3	27.4
White only, non-Hispanic	21.4	22.1
Black only, non-Hispanic	33.1	32.4
Other race only, non-Hispanic	30.6	25.1
Hispanic	22.8	35.9
Low Education**	53.2	47.6

* Participation in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise during the past month (other than regular job)

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

Source: Behavioral Risk Factor Surveillance System, 2005

Nutrition, Adults 18 and Older, Delaware and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% Delaware	% U.S.
Total	21.2	24.3
Male	17.2	19.7
Female	25.0	28.7
White only, non-Hispanic	22.2	24.3
Black only, non-Hispanic	14.1	23.8
Other race only, non-Hispanic	25.2	28.1
Hispanic	18.7	22.9
Low Education*	13.1	19.8

* Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Overweight*, Adults 18 and Older, Delaware and U.S., 2005

	% Delaware	% U.S.
Total	63.0	61.3
Male	70.7	68.9
Female	55.7	53.8
White only, non-Hispanic	61.6	59.9
Black only, non-Hispanic	75.4	71.1
Other race only, non-Hispanic	45.1	48.8
Hispanic	65.8	66.8
Low Education**	74.7	70.4

*Overweight is defined as having body mass index of 25 kg/m² or greater

**Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Youth Risk Behavior

Tobacco Use, High School Students, Delaware and U.S., 2005

Current Cigarette Smoking*	% Delaware	% U.S.
Total	21.2	23.0
Male	19.7	22.9
Female	22.8	23.0
Current Smokeless Tobacco Use**		
Total	5.1	8.0
Male	7.9	13.6
Female	2.2	2.2

* 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, 2005

Nutrition, High School Students, Delaware and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% Delaware	% U.S.
Total	16.3	20.1
Male	18.6	21.4
Female	13.7	18.7

Source: Youth Risk Behavior Surveillance System, 2005

Physical Activity, High School Students, Delaware and U.S., 2005

Met Current Physical Activity Level*	% Delaware	% U.S.
Total	na	35.8
Male	na	43.8
Female	na	27.8
Met Previous Physical Activity Level**		
Total	65.0	68.7
Male	71.6	75.8
Female	58.3	61.5

* Activities that increased their heart rate and made them breathe hard some of the time for at least 60 minutes/day on 5 or more of the 7 days preceding the survey

** At least 20 minutes of vigorous physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey

Source: Youth Risk Behavior Surveillance System, 2005

Overweight, High School Students, Delaware and U.S., 2005

At Risk for Becoming Overweight*	% Delaware	% U.S.
Total	15.1	15.8
Male	14.4	15.8
Female	15.8	15.5
Overweight**		
Total	14.1	13.1
Male	17.5	16.0
Female	10.5	10.0

* Students who were at or above the 85th percentile but below the 95th 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

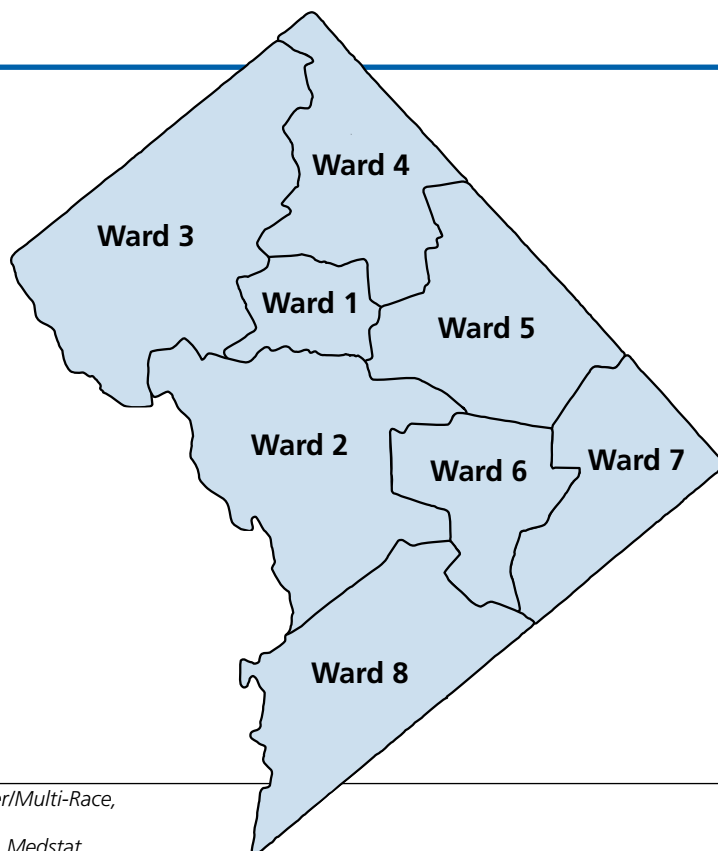
Source: Youth Risk Behavior Surveillance System, 2005

District of Columbia

DEMOGRAPHICS

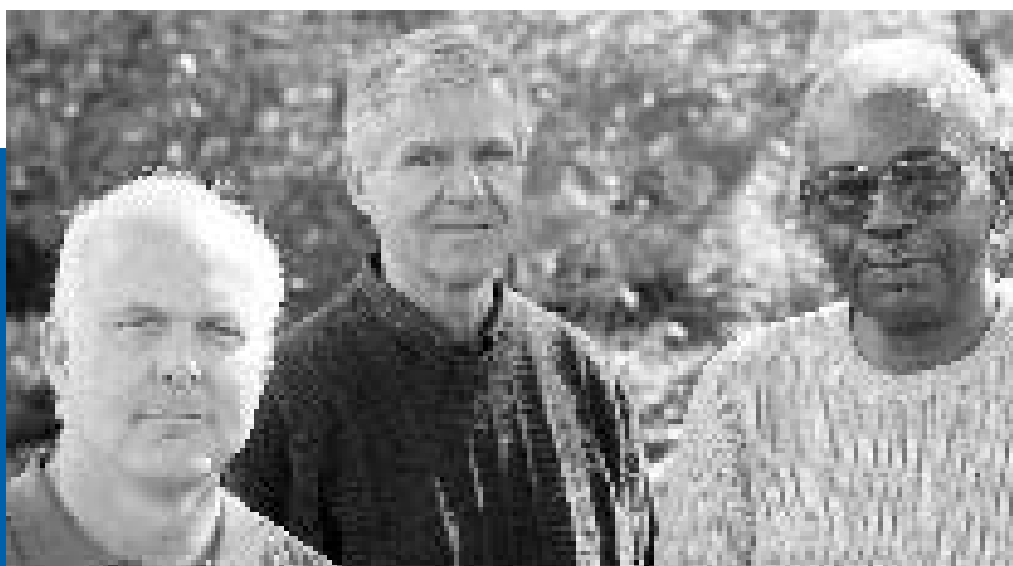
State Level Data, 2006 Estimates

2000 Census Population	572,059	
2006 Estimate ¹	546,363	
White, Non-Hispanic	166,327	30.4%
Black, Non-Hispanic	302,266	55.3%
Native American, Non-Hispanic	1,163	0.2%
Asian/Pacific Islander, Non-Hispanic	16,561	3.0%
Other/Multi-Race, Non-Hispanic	1,578	0.3%
Hispanic	47,672	8.7%
Persons under 18 years old	19.5%	
Persons 65 years old and over	12.4%	
Population with less than high school education	10.2%	
Households with income < \$15,000 per year	7.9%	
Median household income	\$48,196	

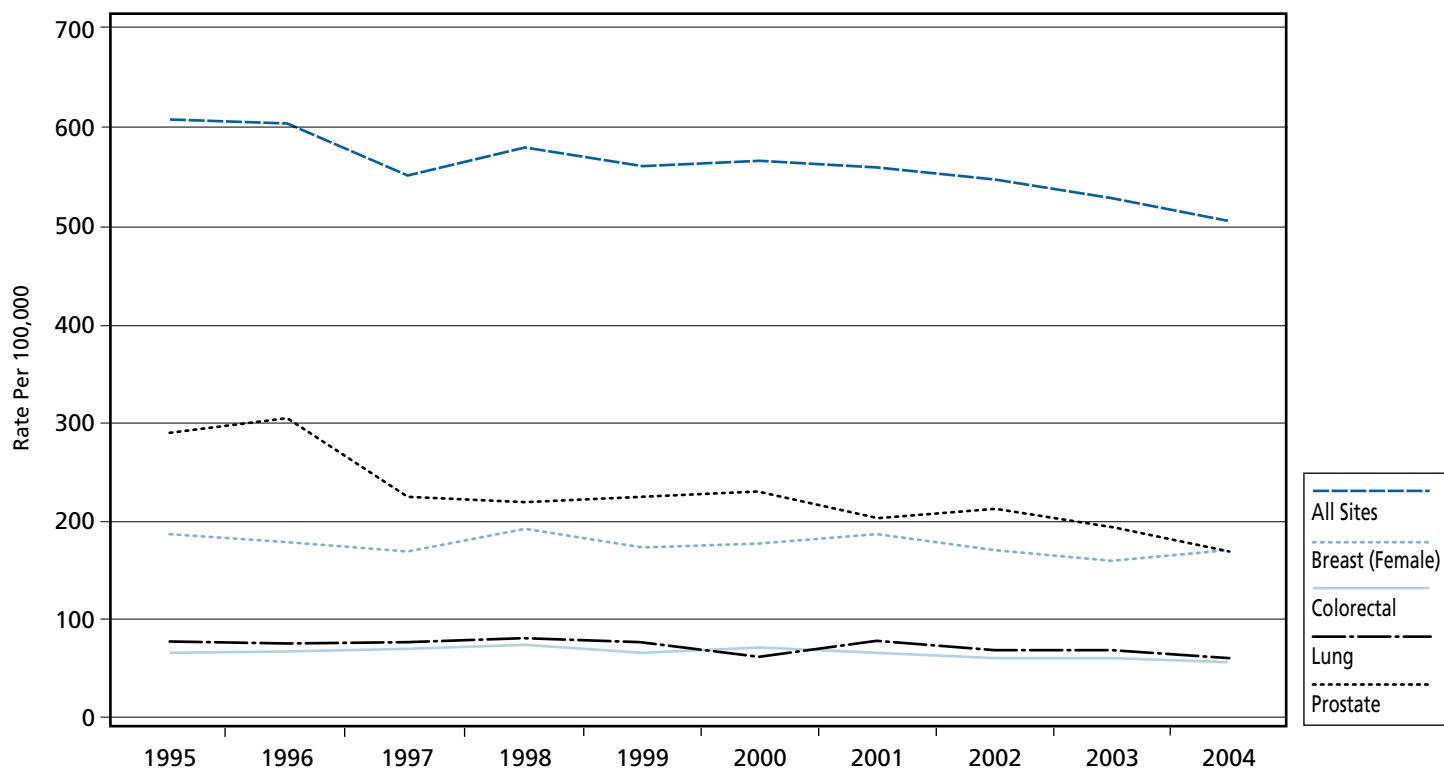


¹ Total is sum of White, Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.

Data Source: Copyright © 2006, Claritas Inc., Copyright © 2006 Thomson Medstat.
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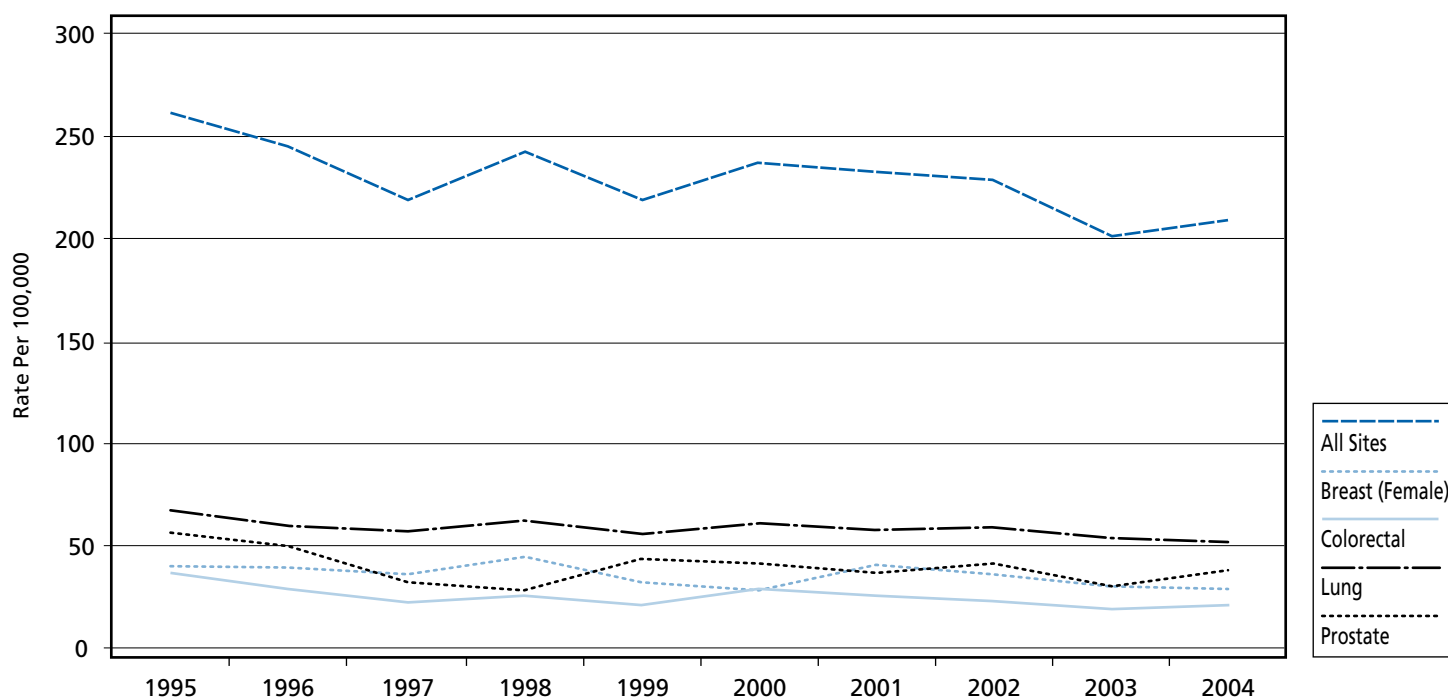


District of Columbia Cancer Incidence Rates by Cancer Site 1995-2004



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, 2007

District of Columbia Cancer Mortality Rates by Cancer Site 1995-2004



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, 2007

District of Columbia At a Glance



Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 100%
- **Tobacco excise tax:** \$1.00 (rank 21st)
- **State quitline:** 1-800-QUIT-NOW, National Cancer Institute's Smoking Quitline
- **Adult Smoking Rate:** 20.1% (was 21.0% in 2004)
- **High School Smoking Rate:** 9.2% (was 13.2% in 2003)
- **Covered by Medicaid for Smoking Cessation:** nicotine gum, nicotine patch, prescription nasal spray, Zyban
- **FY2007 Tobacco Settlement Revenues:** \$35.4 million (estimate)
- **FY2007 State Tobacco Tax Revenues:** \$22.2 million (estimate)
- **Total Annual State Revenues from Tobacco:** \$57.7 million (estimate)
- **FY2006 Tobacco Prevention Spending:** \$500,000
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 0.9%
- **CDC's Annual Funding Recommendations:** \$7.5-14.6 million
- **Percentage of CDC Minimum Recommendations:** 6.7% (rank 42nd)
- **Annual Smoking Caused Health Costs:** \$243.0 million



BCCEDP* — Project WISH

- **Target Population:** Women 40-64, Uninsured or Underinsured
- **State Mammography Rate (Women 40+):** 63.0%
- **State Mammography Rate (Women 40+, Low Education):** 66.2%



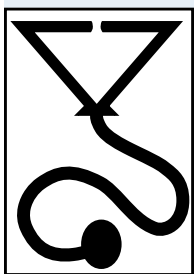
Colorectal

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



Prostate

- **State screening program:** None
- **PSA Test (50+):** 52.8%
- **PSA Test (45+, African American):** 42.6%



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 4 main clinics; 49 satellite clinics
- **State fund for Uninsured Cancer Patients:** DC HealthCare Alliance
- **Uninsured Population (18+):** 11.2% (was 12.1% in 2004)
- **Number of ACoS approved hospitals:** 7
- **Number of NCI Cancer Centers:** 1 Comprehensive Cancer Center

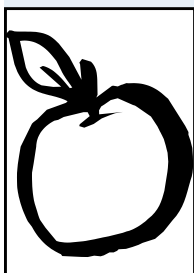
- **Percent of population living in rural areas:** 0%



State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** DC Cancer Plan 2005-2010 was published in 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 guide for survivors, caregivers 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:** DC Cancer Consortium addresses nutrition and physical activity in the DC Cancer Plan.
- **Obesity initiatives:** Being addressed through a DC Department of Health Initiative under Maternal Health.
- **No Physical Activity:** 22.4% (was 22.3% in 2004)
- **Moderate Physical Activity:** 53.0% (was 52.1% in 2004)

- **Eat 5 Fruits and Vegetables a Day:** 32.2% (was 29.5% in 2004)
- **Percent of Population Overweight:** 55.1% (was 55.4% in 2004)

**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).*

District of Columbia Cancer Incidence, 2000-2004, By Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races ¹			White			Black			All Races ¹			White			Black		
	Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate	
ALL SITES	14,901	538.5	4,209	498.5	538.5	592.3	7,430	595.8	2,005	539.1	5,052	661	7,471	491.5	2,204	466.9	4,889	534.9
BREAST (FEMALE)													2,610	172.4	920	194.9	1,552	170.7
CERVICAL													194	12.5	36	7.5	135	14.7
COLORECTAL	1,733	62.7	381	45.4	1,284	76.2	803	64.5	190	51.4	576	75.1	930	61.2	191	40.7	708	77.1
LUNG & BRONCHUS	1,839	66.9	398	48.0	1,396	83.3	1,050	84.7	208	56.9	815	106.8	789	52.3	190	40.9	581	63.7
MELANOMA	347	12.1	239	27.0	18	~	193	15.0	134	34.7	11	~	154	9.7	105	20.9	7	~
PROSTATE							2,491	200.9	612	166.2	1,761	230.2						

Note: Data exclude basal and squamous cell skin cancers 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

Source: District of Columbia Cancer Registry, 2007

District of Columbia Cancer Stage at Diagnosis, 2000-2004, 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	6.5	8.5	4.8	36.7	42.4	35.1	17.2	15.9	18.1	17.2	12.7	19.5	22.5	20.5	22.4
BREAST (FEMALE)	17.5	19.1	16.0	42.6	44.2	42.3	21.1	19.5	22.4	4.2	2.6	5.4	14.6	14.6	13.9
CERVICAL ²				39.2	55.6	36.3	26.3	22.2	30.4	9.8	5.6	11.9	24.7	16.7	21.5
COLORECTAL (FEMALE) ³				39.9	42.9	38.6	25.6	27.2	26.0	15.6	12.0	16.8	18.9	17.8	18.6
COLORECTAL (MALE) ³				37.9	43.7	35.9	26.3	25.8	26.7	18.2	14.7	19.3	17.7	15.8	18.1
MELANOMA (SKIN) ²				57.9	62.3	33.3	6.5	5.7	26.7	2.3	2.3	6.7	33.3	29.7	33.3
PROSTATE ²				69.0	75.6	69.4	5.7	5.7	5.9	4.8	2.6	5.7	20.5	16.0	18.9

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.

¹Includes White, Black and other races

²Stages reported for invasive cervical, melanoma and prostate cancers only

³In situ and local stages combined for colorectal cancer

Source: District of Columbia Cancer Registry, 2007

District of Columbia Cancer Mortality, 2000-2004, By Site and Race																		
BOTH GENDERS									MALE						FEMALE			
	All Races¹			White			Black			All Races¹			White			Black		
	Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate	
ALL SITES	6,099	221.0		1,352	162.6		4,670	277.1		3,121	250.7		672	183.9		2,411	314.1	
BREAST (FEMALE)																492	32.4	
CERVICAL																56	3.7	
COLORECTAL	645	23.3		135	16.2		502	29.7		303	24.3		71	19.4		228	29.6	
LUNG & BRONCHUS	1,537	55.9		320	38.5		1,204	71.7		883	71.1		180	49.3		695	90.9	
MELANOMA (SKIN)	36	1.3		25	~		11	~		23	~		18	~		^	~	
PROSTATE										463	37.1		75	20.7		382	49.1	

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

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

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

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

Source: District of Columbia Cancer Registry, 2007

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 old 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 old 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.

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 old 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., 2005

	% District of Columbia	% U.S.
Total	20.1	20.6
18-24 years old	21.3	26.2
25-34 years old	18.4	23.7
35-44 years old	20.0	23.0
45-54 years old	29.1	22.7
55-64 years old	22.5	18.7
65 years and older	10.8	9.0
Male	22.9	22.7
Female	17.6	18.6
White only, non-Hispanic	13.6	21.0
Black only, non-Hispanic	23.6	21.0
Other race only, non-Hispanic	15.5	18.5
Hispanic	20.6	17.9
Low Education**	31.0	27.2
Female 18-44	16.2	21.7

* Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).

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

Source: Behavioral Risk Factor Surveillance System, 2005

Physical Activity, Adults 18 and Older, District of Columbia and U.S., 2005

No Leisure Time Physical Activity*	% District of Columbia	% U.S.
Total	22.4	25.2
Male	19.3	22.8
Female	25.1	27.4
White only, non-Hispanic	8.6	22.1
Black only, non-Hispanic	31.4	32.4
Other race only, non-Hispanic	17.6	25.1
Hispanic	20.3	35.9
Low Education**	48.1	47.6

* Participation in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise during the past month (other than regular job)

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

Source: Behavioral Risk Factor Surveillance System, 2005

Nutrition, Adults 18 and Older, District of Columbia and U.S., 2005		
Eating 5 or More Fruits and Vegetables per Day	% District of Columbia	% U.S.
Total	32.2	24.3
Male	28.7	19.7
Female	35.4	28.7
White only, non-Hispanic	34.9	24.3
Black only, non-Hispanic	31.3	23.8
Other race only, non-Hispanic	26.0	28.1
Hispanic	30.4	22.9
Low Education*	31.0	19.8

* Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Overweight*, Adults 18 and Older, District of Columbia and U.S., 2005		
	% District of Columbia	% U.S.
Total	55.1	61.3
Male	59.0	68.9
Female	51.7	53.8
White only, non-Hispanic	38.3	59.9
Black only, non-Hispanic	68.4	71.1
Other race only, non-Hispanic	38.7	48.8
Hispanic	48.4	66.8
Low Education**	74.3	70.4

*Overweight is defined as having body mass index of 25 kg/m² or greater

**Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Youth Risk Behavior

Tobacco Use, High School Students, District of Columbia and U.S., 2005		
Current Cigarette Smoking*	% District of Columbia	% U.S.
Total	9.2	23.0
Male	9.7	22.9
Female	8.8	23.0
Current Smokeless Tobacco Use**		
Total	1.8	8.0
Male	2.7	13.6
Female	1.0	2.2

* 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, 2005

Nutrition, High School Students, District of Columbia and U.S., 2005		
Eating 5 or More Fruits and Vegetables per Day	% District of Columbia	% U.S.
Total	19.6	20.1
Male	21.8	21.4
Female	17.6	18.7

Source: Youth Risk Behavior Surveillance System, 2005

Physical Activity, High School Students, District of Columbia and U.S., 2005		
Met Current Physical Activity Level*	% District of Columbia	% U.S.
Total	18.2	35.8
Male	22.5	43.8
Female	14.2	27.8
Met Previous Physical Activity Level**		
Total	47.3	68.7
Male	54.8	75.8
Female	39.9	61.5

* Activities that increased their heart rate and made them breathe hard some of the time for at least 60 minutes/day on 5 or more of the 7 days preceding the survey

** At least 20 minutes of vigorous physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey

Source: Youth Risk Behavior Surveillance System, 2005

Overweight, High School Students, District of Columbia and U.S., 2005		
At Risk for Becoming Overweight*	% District of Columbia	% U.S.
Total	20.7	15.8
Male	21.6	15.8
Female	19.8	15.5
Overweight**		
Total	10.6	13.1
Male	13.0	16.0
Female	8.3	10.0

* Students who were at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey.

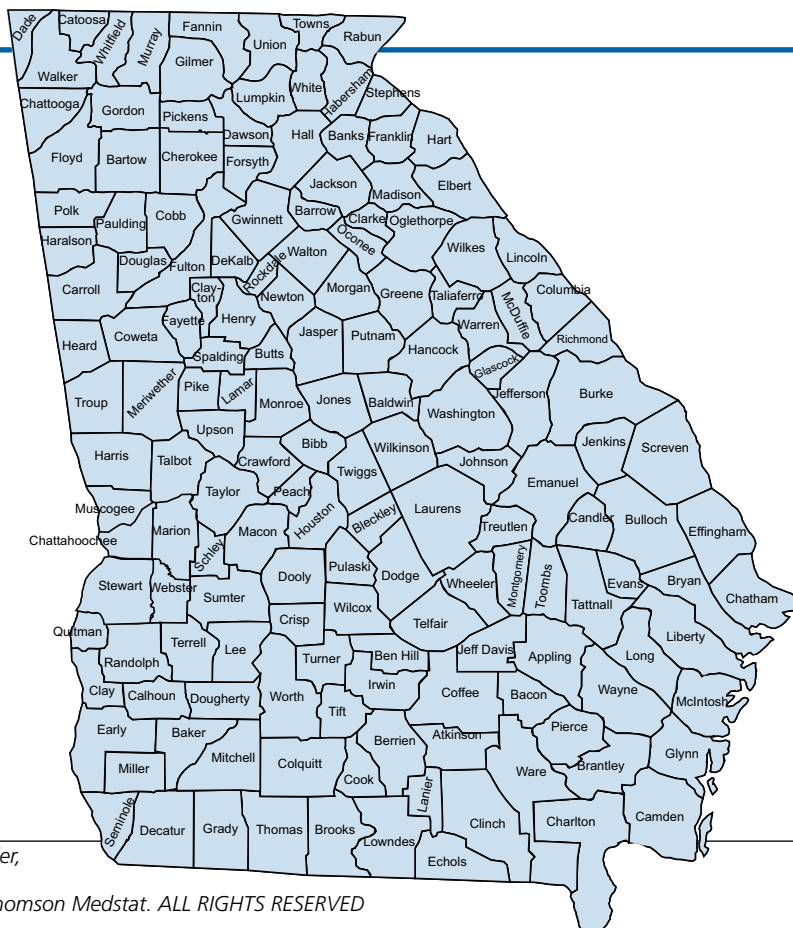
** Students who were at or above the 95th percentile for body mass index, by age and sex, based on reference data from the National Health and Nutrition Examination Survey

Source: Youth Risk Behavior Surveillance System, 2005

DEMOGRAPHICS

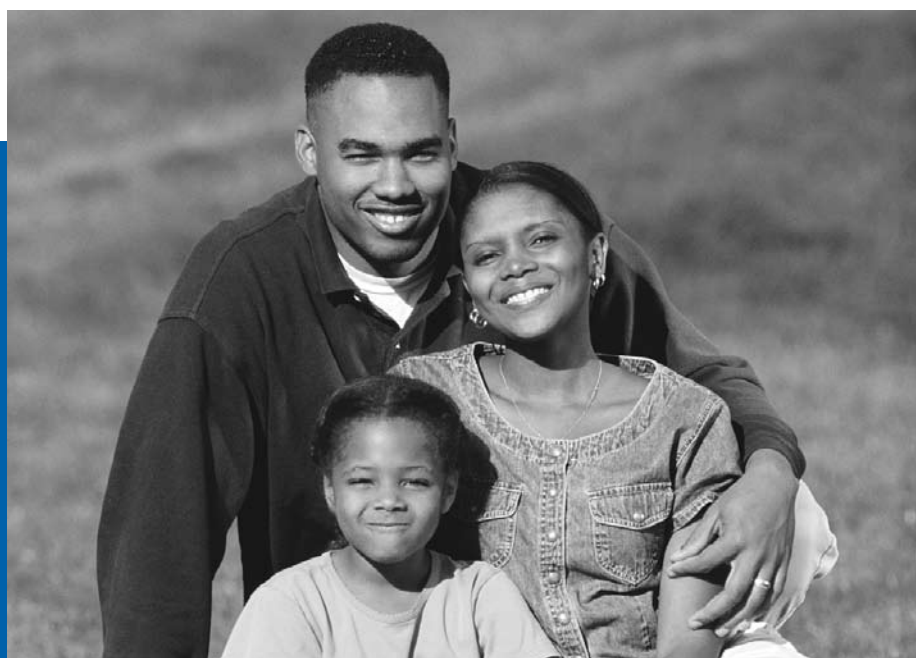
State Level Data, 2006 Estimates

2000 Census Population	8,186,453	
2006 Estimate ¹	9,053,884	
White, Non-Hispanic	5,375,152	59.4%
Black, Non-Hispanic	2,640,229	29.2%
Native American, Non-Hispanic	19,829	0.2%
Asian/Pacific Islander, Non-Hispanic	242,157	2.7%
Other/Multi-Race, Non-Hispanic	12,047	0.1%
Hispanic	650,614	7.2%
Persons under 18 years old	26.0%	
Persons 65 years old and over	10.0%	
Population with less than high school education	8.7%	
Households with income < \$15,000 per year	4.9%	
Median household income	\$49,299	

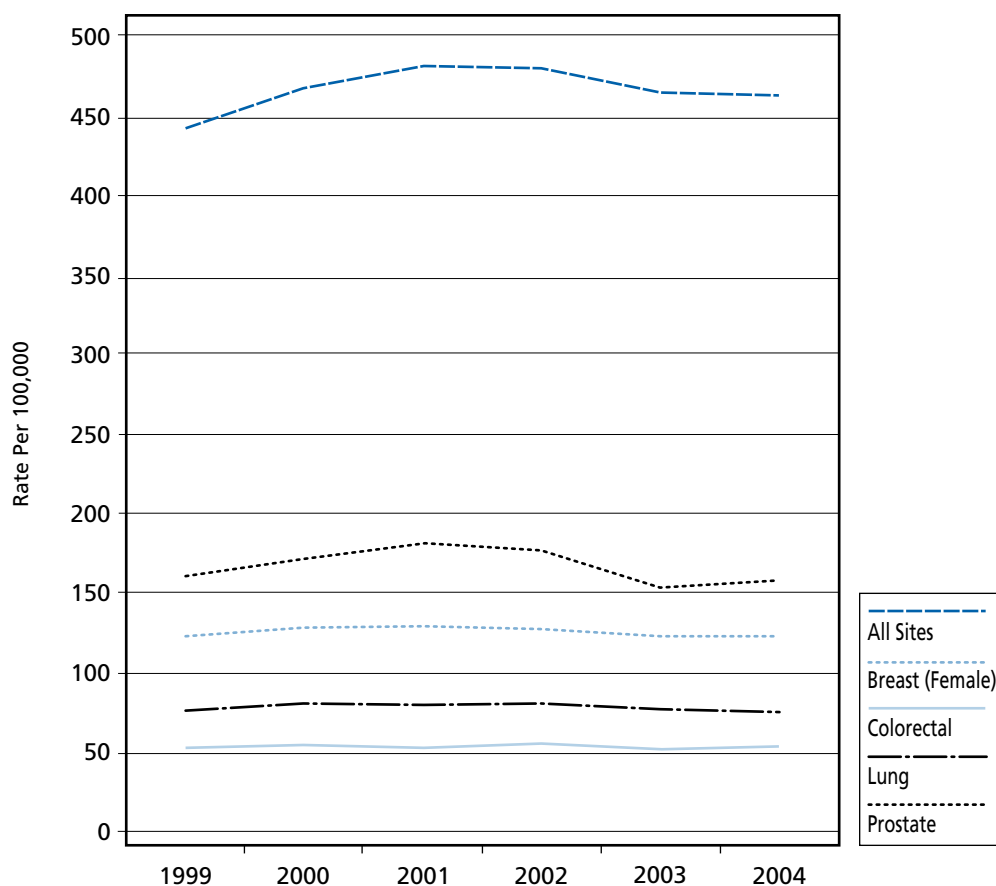


¹ Total is sum of White, Black, Native American, Asian/Pacific Islander, Other/Multi-Race, and Hispanic.

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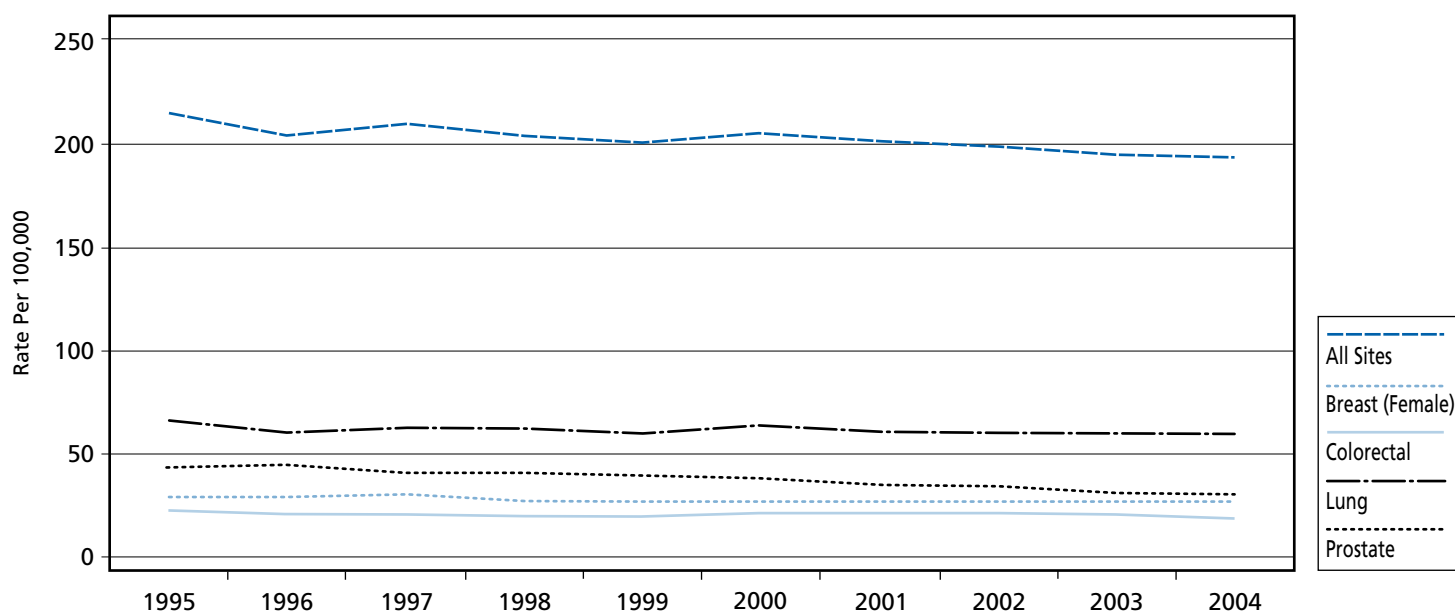


Georgia Cancer Incidence Rates by Cancer Site (1999-2004)



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Source: Georgia Comprehensive Cancer Registry, 2007

Georgia Cancer Mortality Rates by Cancer Site (1995-2004)



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: Georgia Comprehensive Cancer Registry, 2007

Georgia At a Glance



Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 13.5%
- **Tobacco excise tax:** \$0.37 (rank 41st)
- **State quitline:** 1-877-270-7867; multiple session telephone counseling; www.livehealthygeorgia.org
- **FY2007 State Tobacco Tax Revenues:** \$246.6 million (estimate)
- **Total Annual State Revenues from Tobacco:** \$389.9 million (estimate)
- **FY2006 Tobacco Prevention Spending:** \$2.3 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 0.6%
- **CDC's Annual Funding Recommendations:** \$42.6-114.3 million
- **Percentage of CDC Minimum Recommendations:** 5.4% (rank 44th)
- **Annual Smoking Caused Health Costs:** \$2.25 billion
- **Adult Smoking Rate:** 22.2% (was 20.1% in 2004)
- **High School Smoking Rate:** 17.2% (was 20.9% in 2003)
- **Medicaid coverage for smoking cessation:** None
- **FY2007 Tobacco Settlement Revenues:** \$143.3 million (estimate)



BCCEDP*-Breast and Cervical Cancer Program (BCCP)

- **Target Population:** Women 40-64, Uninsured, Under 200% of Federal Poverty Level - <http://www.georgia-cancer.org/treat-screening.php>
- **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%



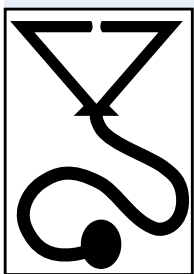
Colorectal

- **Mandatory coverage for colorectal 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
- **Fecal Occult Blood Test (FOBT) Rate (50+):** 18.2%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 43.9%



Prostate

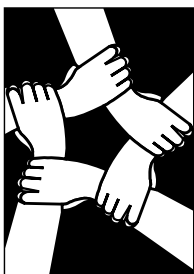
- **State screening program:** None
- **PSA Test (50+):** 57.3%
- **PSA Test (45+, African American):** 49.2%



Access to Care

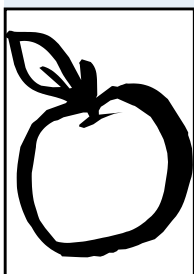
- **Number of Federally Qualified Health Centers and free clinics:** 24 main clinics; 122 satellite clinics
- **State screening program:** Cancer State Aid
- **Uninsured Population (18+):** 18.7% (was 19.3% in 2004)
- **Number of ACoS approved hospitals:** 43
- **Number of NCI Cancer Centers:** 0

- **Percent of population living in rural areas:** 18.9%



State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** The Georgia Cancer Coalition, in its 6th year, has a new plan written that covers 2008-2012 and is ready for roll out in fall 2007. Over 100 stakeholders from across the state were engaged in a facilitated work group process to design the state plan. <http://www.georgiacancer.org/>
- **Accomplishments:** The Georgia Tobacco Quit Line fielded more than 35,000 calls since its inception in 2001. The Breast Cancer License Plate Initiative contributes to the Indigent Care Trust Fund that supports breast cancer screenings and treatment for underserved women.



Nutrition and Physical Activity

- **State coalition:** Policy Leadership for Active Youth (PLAY) Leadership Council
- **Obesity initiatives:** None
- **No Physical Activity:** 27.2% (was 25.9% in 2004)
- **Moderate Physical Activity:** 42.0% (was 42.4% in 2004)
- **Eat 5 Fruits and Vegetables a Day:** 23.2% (was 22.8% in 2004)

- **Percent of Population Overweight:** 63.1% (was 59.7% in 2004)

Additional Initiatives:

- Pain and Palliation initiatives were included in the new State Cancer Plan and Georgia will develop a State Cancer Pain Coalition as a result.

*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).

Georgia Cancer Incidence, 2000-2004, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races ¹			White			Black			All Races ¹			White			Black		
	Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate	
ALL SITES	172,263	468.8		127,748	473.4		39,604	483.1		89,971	574.8		66,637	565.8		21,034	661.8	
BREAST (FEMALE)																		
CERVICAL																		
COLORECTAL	18,343	51.4		13,144	49.4		4,725	60.5		9,399	61.8		6,915	60.0		2,239	73.2	
LUNG & BRONCHUS	26,976	75.8		21,226	79.2		5,341	69.0		16,232	107.4		12,571	108.5		3,426	113.2	
MELANOMA	7,015	18.1		6,751	24.6		96	1.1		3,949	23.6		3,828	31.0		49	1.4	
PROSTATE										25,785	166.1		17,391	145.9		7,819	259.3	

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

Source: Georgia Comprehensive Cancer Registry, 2007

Georgia Cancer Stage at Diagnosis, Percent of Total Cases, 2000-2004, by Site and Race

	In Situ				Local				Regional				Distant				Unknown/Unstaged			
	All Races ¹		White		All Races ¹		Black		All Races ¹		White		All Races ¹		White		All Races ¹		White	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
BREAST (FEMALE)	18.5	18.8	17.6	17.6	49.0	51.4	41.6	41.6	26.1	24.2	31.6	31.6	3.5	2.7	6.0	3.0	2.9	2.9	3.3	3.3
CERVICAL ²					50.1	53.7	42.5	42.5	35.5	31.8	43.1	43.1	8.3	7.7	9.8	5.9	6.5	6.5	4.5	4.5
COLORECTAL (FEMALE) ³					40.5	41.7	38.4	38.4	36.3	36.6	35.4	35.4	16.3	15.2	19.0	6.8	6.5	6.5	7.2	7.2
COLORECTAL (MALE) ³					40.8	42.1	37.2	37.2	36.2	36.5	34.7	34.7	17.2	15.9	21.3	5.8	5.5	5.5	6.8	6.8
MELANOMA (SKIN) ²					83.6	83.8	64.6	64.6	7.5	7.4	20.8	20.8	3.0	2.9	7.3	5.9	5.9	5.9	7.3	7.3
PROSTATE ²					82.1	83.5	79.1	79.1	7.5	7.6	7.2	7.2	3.6	2.6	5.6	6.8	6.3	6.3	8.1	8.1

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

Source: Georgia Comprehensive Cancer Registry, 2007

Georgia Cancer Mortality, 2000-2004, by Site, Gender and Race																		
	BOTH GENDERS					MALE					FEMALE							
	All Races¹		White		Black		All Races¹		White		Black		All Races¹		White		Black	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
ALL SITES	69,628	199.3	51,447	192.1	17,603	230.8	36,643	258.3	27,111	244.3	9,242	326.8	24,336	158.7	8,361	177.7		
BREAST (FEMALE)																		
CERVICAL																		
COLORECTAL	6,587	19.1	4,560	17.3	1,970	26.4	3,264	23.3	2,347	21.5	884	31.4	3,323	16.4	2,213	14.3	1,086	23.7
LUNG & BRONCHUS	21,071	60.1	16,738	62.0	4,218	55.5	12,951	88.5	10,099	87.9	2,790	95.0	8,120	40.6	6,639	43.6	1,428	31.2
MELANOMA (SKIN)	959	2.6	933	3.3	24	~	590	3.7	579	4.7	10	~	369	1.8	354	2.3	14	~
PROSTATE																		

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.

Source: Georgia Comprehensive Cancer Registry, 2007

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 old 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 old 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.

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 old 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., 2005

	% Georgia	% U.S.
Total	22.2	20.6
18-24 years old	29.4	26.2
25-34 years old	24.4	23.7
35-44 years old	23.1	23.0
45-54 years old	24.9	22.7
55-64 years old	18.8	18.7
65 years and older	9.1	9.0
Male	25.0	22.7
Female	19.4	18.6
White only, non-Hispanic	24.4	21.0
Black only, non-Hispanic	19.6	21.0
Other race only, non-Hispanic	13.4	18.5
Hispanic	13.1	17.9
Low Education**	32.0	27.2
Female 18-44	22.3	21.7

* Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).

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

Source: Behavioral Risk Factor Surveillance System, 2005

Physical Activity, Adults 18 and Older, Georgia and U.S., 2005

No Leisure Time Physical Activity*	% Georgia	% U.S.
Total	27.2	25.2
Male	23.0	22.8
Female	31.3	27.4
White only, non-Hispanic	25.1	22.1
Black only, non-Hispanic	31.5	32.4
Other race only, non-Hispanic	24.1	25.1
Hispanic	33.9	35.9
Low Education**	52.3	47.6

* Participation in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise during the past month (other than regular job)

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

Source: Behavioral Risk Factor Surveillance System, 2005

Nutrition, Adults 18 and Older, Georgia and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% Georgia	% U.S.
Total	23.2	24.3
Male	19.5	19.7
Female	26.7	28.7
White only, non-Hispanic	22.9	24.3
Black only, non-Hispanic	23.5	23.8
Other race only, non-Hispanic	20.7	28.1
Hispanic	24.0	22.9
Low Education*	16.6	19.8

* Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Overweight*, Adults 18 and Older, Georgia and U.S., 2005

	% Georgia	% U.S.
Total	63.1	61.3
Male	68.5	68.9
Female	57.6	53.8
White only, non-Hispanic	60.8	59.9
Black only, non-Hispanic	69.5	71.1
Other race only, non-Hispanic	43.6	48.8
Hispanic	67.1	66.8
Low Education**	64.5	70.4

*Overweight is defined as having body mass index of 25 kg/m² or greater

**Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Youth Risk Behavior

Tobacco Use, High School Students, Georgia and U.S., 2005

Current Cigarette Smoking*	% Georgia	% U.S.
Total	17.2	23.0
Male	18.9	22.9
Female	15.4	23.0
Current Smokeless Tobacco Use**		
Total	7.4	8.0
Male	12.4	13.6
Female	2.3	2.2

* 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, 2005

Nutrition, High School Students, Georgia and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% Georgia	% U.S.
Total	18.1	20.1
Male	19.9	21.4
Female	16.4	18.7

Source: Youth Risk Behavior Surveillance System, 2005

Physical Activity, High School Students, Georgia and U.S., 2005

Met Current Physical Activity Level*	% Georgia	% U.S.
Total	33.9	35.8
Male	43.7	43.8
Female	24.0	27.8
Met Previous Physical Activity Level**		
Total	65.9	68.7
Male	74.5	75.8
Female	57.2	61.5

* Activities that increased their heart rate and made them breathe hard some of the time for at least 60 minutes/day on 5 or more of the 7 days preceding the survey

** At least 20 minutes of vigorous physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey
Source: Youth Risk Behavior Surveillance System, 2005

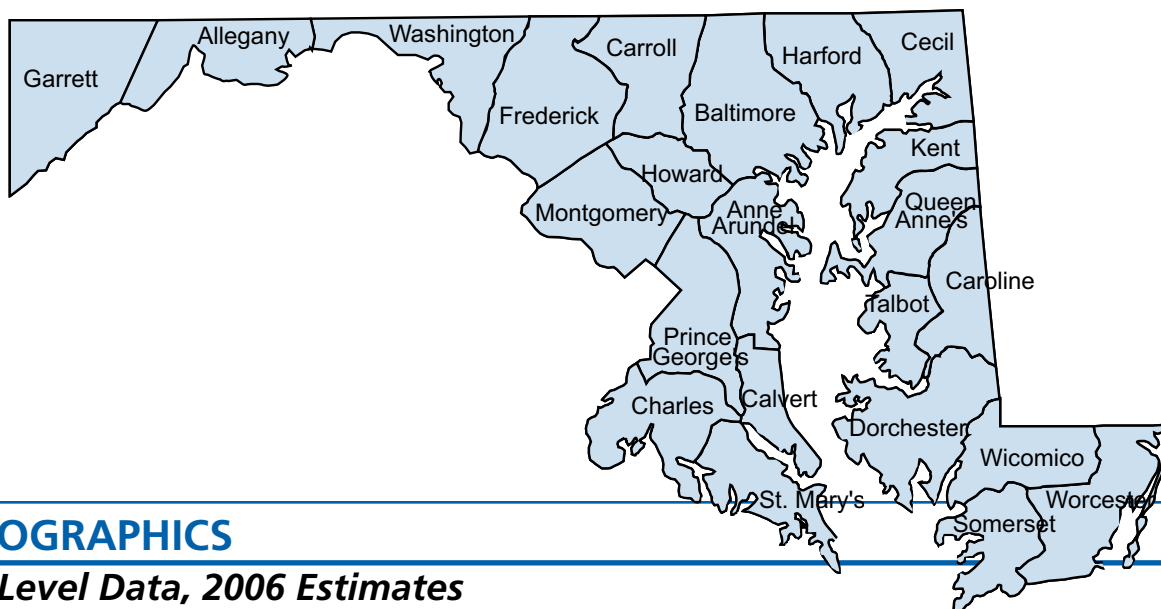
Overweight, High School Students, Georgia and U.S., 2005

At Risk for Becoming Overweight*	% Georgia	% U.S.
Total	14.9	15.8
Male	14.9	15.8
Female	14.8	15.5
Overweight**		
Total	12.4	13.1
Male	15.0	16.0
Female	9.8	10.0

* Students who were at or above the 85th percentile but below the 95th 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, 2005

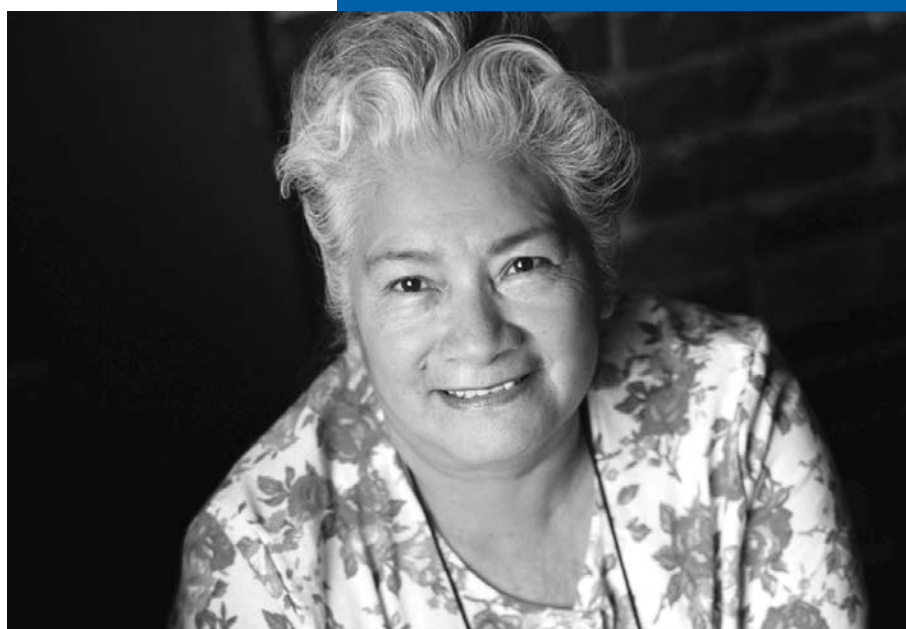


DEMOGRAPHICS

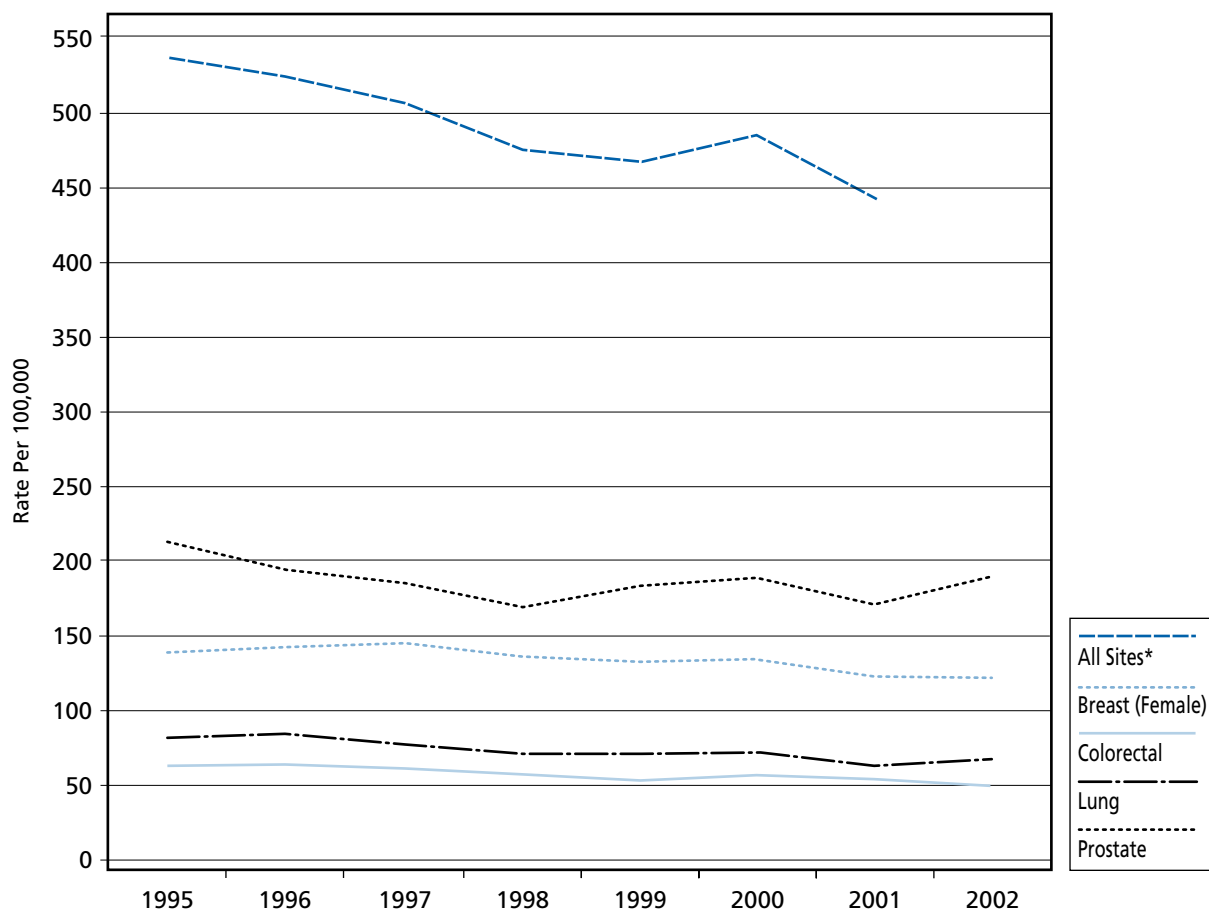
State Level Data, 2006 Estimates

2000 Census Population	5,296,486		Persons under 18 years old	24.9%
2006 Estimate ¹	5,643,321		Persons 65 years old and over	11.7%
White, Non-Hispanic	3,321,162	58.9%	Population with less than high school education	7.1%
Black, Non-Hispanic	1,612,539	28.6%	Households with income < \$15,000 per year	3.5%
Native American, Non-Hispanic	13,602	0.2%	Median household income	\$62,365
Asian/Pacific Islander, Non-Hispanic	265,239	4.7%		
Other/Multi-Race, Non-Hispanic	9,808	0.2%		
Hispanic	318,757	5.6%		

¹ Total is sum of White, Black, Native American, Asian/Pacific Islander, Other/Multi-Race and Hispanic.
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Maryland Cancer Incidence Rates by Cancer Site 1995-2002

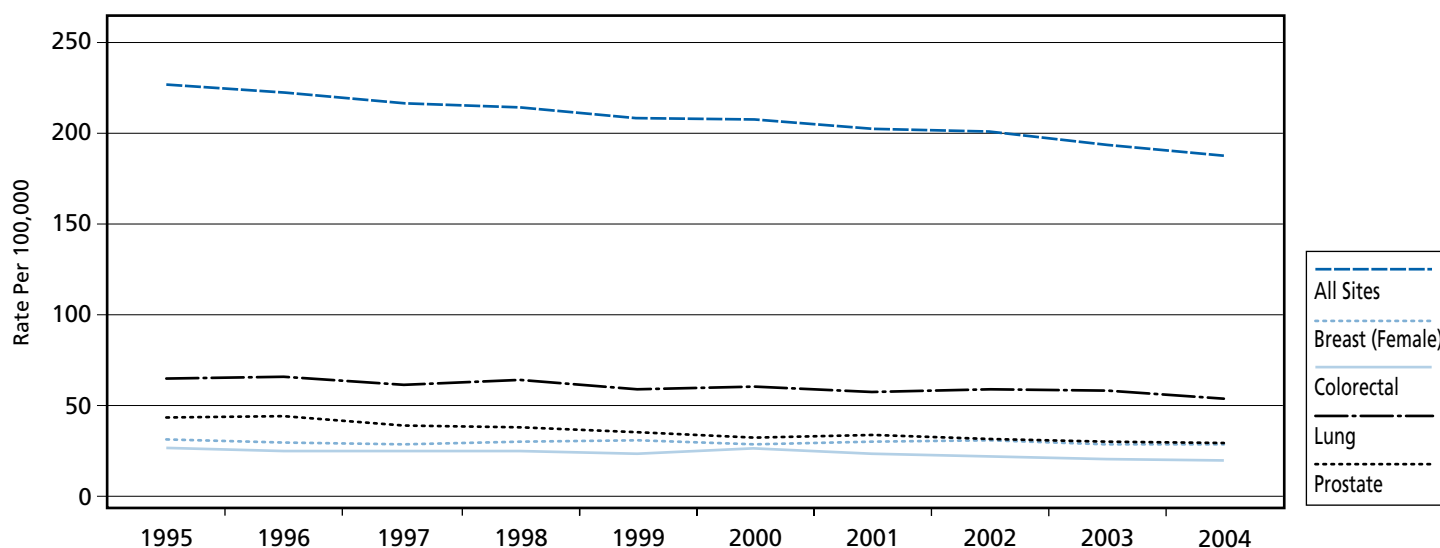


Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.

* Incidence data for all sites combined are only through 2001.

Source: Maryland Cancer Registry

Maryland Cancer Mortality Rates by Cancer Site 1995-2004



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

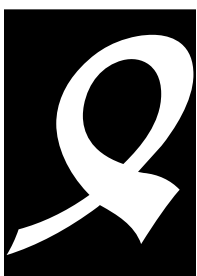
Source: Maryland Vital Statistics Administration, 2007

Maryland At a Glance



Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 38.9%
- **Tobacco excise tax:** \$1.00 (rank 21st)
- **State quitline:** 1-800-QUIT-NOW; multiple session telephone counseling, www.smokingstopshere.com
- **FY2007 State Tobacco Tax Revenues:** \$273.8 million (estimate)
- **Total Annual State Revenues from Tobacco:** \$405.7 million (estimate)
- **FY2006 Tobacco Prevention Spending:** \$18.7 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 4.6%
- **CDC's Annual Funding Recommendations:** \$30.3-78.6 million
- **Percentage of CDC Minimum Recommendations:** 61.7% (rank 15th)
- **Annual Smoking Caused Health Costs:** \$1.96 billion.
- **Adult Smoking Rate:** 19.0% (was 19.7% in 2004)
- **High School Smoking Rate:** 16.5% (was 17.0% in 2003)
- **Covered by Medicaid for Smoking Cessation:** nicotine patch, prescription nasal spray, prescription inhaler, Zyban, individual counseling
- **FY2007 Tobacco Settlement Revenues:** \$131.9 million (estimate)



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

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



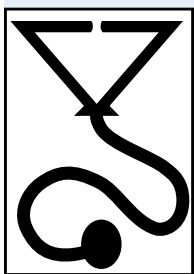
Colorectal

- **Mandatory coverage for colorectal screening:** Yes
- **State screening program:** Cigarette Restitution Funds are distributed to local County health departments and 22 of 24 departments run CRC screening programs with these monies.
- In 2005, the Baltimore City Colorectal Cancer Collaborative received a 3-year grant from the CDC to implement a citywide colorectal cancer screening demonstration program.
- **Fecal Occult Blood Test (FOBT) Rate (50+):** 21.7%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 54.5%



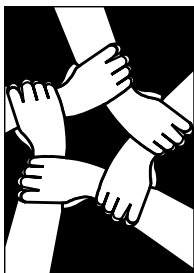
Prostate

- **State screening program:** Cigarette Restitution Funds are distributed to local County health departments and several run screening programs with these monies.
- **PSA Test (50+):** 54.4%
- **PSA Test (45+, African American):** 45.0%



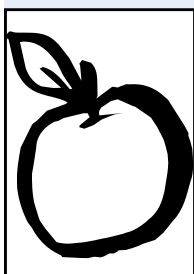
Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 15 main clinics; 92 satellite clinics
- **State fund for Uninsured Cancer Patients:** State-funded program pays for breast and cervical cancer diagnosis and treatment.
- **Uninsured Population (18+):** 12.7% (was 13.3% in 2004)
- **Number of ACoS approved hospitals:** 38
- **Number of NCI Cancer Centers:** 1 Comprehensive Cancer Center
- **Percent of population living in rural areas:** 5.3%



State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** Maryland Comprehensive Cancer Control Plan is currently implementing the 2004-2008 cancer plan. www.MarylandCancerPlan.org
- **Accomplishments:**
 - ▶ Hosted “Workforce and Diversity: A Public Health Forum” in April 2007 in collaboration with the Maryland State Council on Cancer Control.
 - ▶ “Cervical Cancer Vaccines: A Public Health Forum” was held in August 2006.
 - ▶ Hosted the 13th Annual State Conference on Cancer Control in November 2006 with over 400 attendees.
- **This Year’s Activities:** To continue establishing priorities for implementation and working to bring the cancer prevention, education and screenings messages contained in the Maryland cancer plan to the citizens of Maryland through programs and partnerships.



Nutrition and Physical Activity

- **State coalition:** Maryland Healthy Eating and Active Lifestyle (HEAL) Coalition: www.healthyactivemaryland.org/
- **Obesity initiatives:** Maryland Obesity Symposium - “Healthy Active Maryland: Practical Approaches to Address Obesity” is being held June 6, 2007.
- Maryland State Nutrition Action Plan (SNAP) focuses educational efforts on parents and teachers. www.fns.usda.gov/oane/SNAP/Accomplishments/Maryland.htm
- Maryland Nutrition and Physical Activity Plan - www.kentonthemove.org/pdf/NPA_Summary.pdf
- **No Physical Activity:** 22.9% (was 21.8% in 2004)
- **Moderate Physical Activity:** 49.2% (was 49.3% in 2004)
- **Eat 5 Fruits and Vegetables a Day:** 28.8% (same in 2004)
- **Percent of Population Overweight:** 61.2% (was 58.6% in 2004)

Additional Initiatives:

- Current CDC grant is investigating the role of the Insurers to improve colorectal cancer screening benefit utilization.

*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).

Maryland Cancer Incidence, 1998-2002*, By Site, Gender and Race

	Both Genders						Male						Female					
	All Races ¹			White			Black			All Races ¹			White			All Races ¹		
	Cases	Rates		Cases	Rates		Cases	Rates		Cases	Rates		Cases	Rates		Cases	Rates	
ALL SITES*	118,419	475.3	87,427	466.5	24,774	467.1				60,356	567.7					58,046	413.9	
BREAST (FEMALE)										18,336	128.2		13,615	132.0		3,965	114.2	
CERVICAL*										1,172	8.3		682	7.0		358	10.1	
COLORRECTAL	13,259	53.3	9,803	51.5	2,862	56.2	6,587	62.6	4,947	61.0	1,314	64.4	4,855	44.2		1,547	50.9	
LUNG & BRONCHUS	17,011	68.0	13,062	68.6	3,659	69.7	9,250	86.5	6,996	84.9	2,086	98.4	6,064	56.8		1,573	51.1	
MELANOMA*	4,359	16.9	3,755	20.1	55	1.0	2,464	21.9								1,894	13.4	
PROSTATE							19,565	179.3	13,143	156.4	4,638	230.8						

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

* Data for all sites, cervical and melanoma are for 1997-2001

¹ Includes White, Black and other races

Data Source: Maryland Cancer Registry

Maryland Cancer Stage at Diagnosis, Percent of Total Cases, 1998-2002*, by Site, Gender and Race

	Local			Regional			Distant			Unknown/Unstaged		
	All Races ¹			All Races ¹			All Races ¹			All Races ¹		
	White	Black		White	Black		White	Black		White	Black	
BREAST (FEMALE) ²	57.9	60.5	51.8	27.3	26.1	32.4	3.8	3.6	4.5	10.9	9.7	11.3
COLORRECTAL (FEMALE) ³	30.9	32.4	28.0	39.2	39.6	41.3	15.3	15.4	17.0	14.5	12.4	13.6
COLORRECTAL (MALE) ³	31.5	33.1	29.3	39.0	40.2	37.3	15.8	15.1	19.6	13.6	11.5	13.8
MELANOMA*	49.3	55.9	32.7	5.8	6.5	10.9	2.9	3.2	5.5	42.0	34.5	50.9
PROSTATE ²	62.0	65.9	67.2	7.1	7.3	8.1	2.9	2.5	4.6	28.1	24.4	20.1

Notes: Stages not reported for lung and bronchus cancer due to unavailability of cost-effective early detection test.

* Data for melanoma are for 1997-2001

¹ Includes White, Black and other races

² Stages reported only for invasive breast (female) and prostate cancers.

³ In situ and local stages combined for colorectal cancer

Data Source: Maryland Cancer Registry

Notes on Maryland Cancer Registry Data

Incidence data for recent years from the Maryland Cancer Registry have been suppressed since these data are undergoing a data quality review and were unavailable at time of publication. Maryland state and county data for incidence year 2003 will not be included as single year data or multiple year data. Incidence data for all cancer sites combined, malignant melanoma and cervix are only shown up to 2001 or multiple years up to 2001 (e.g., 1997-2001). Incidence data for cancers of the breast, colon/rectum, lung/bronchus and prostate are shown up to 2002, or multiple years up to 2002 (e.g. 1998-2002). Data on stage at diagnosis are available for 1998-2002 only for cancers of the breast, colon/rectum and prostate.

Maryland Cancer Mortality, 2000-2004, By Site, Gender and Race																		
	Both Genders						Male						Female					
	All Races¹			White			Black			All Races¹			White			Black		
	Deaths	Rates		Deaths	Rates		Deaths	Rates		Deaths	Rates		Deaths	Rates		Deaths	Rates	
ALL SITES	51,325	199.3		37,715	192.5		12,677	237.4		25,998	244.4		19,123	233.3		6,405	312.7	
BREAST (FEMALE)																4,146	27.7	
CERVICAL																361	2.4	
COLORECTAL	5,337	20.9		3,827	19.5		1,410	27.6		2,643	25.1		1,932	23.7		663	33.9	
LUNG & BRONCHUS	14,616	56.7		10,994	56.2		3,428	63.6		8,071	74.0		5,949	71.1		2,012	93.3	
MELANOMA (SKIN)	696	2.7		666	3.4		25	~		450	4.0		435	5.1		14	~	
PROSTATE										2,757	30.0		1,791	24.5		937	61.0	

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.

Source: Maryland Vital Statistics Administration, 2007

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 old 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 old 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.

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 old 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., 2005		
	% Maryland	% U.S.
Total	19.0	20.6
18-24 years old	24.4	26.2
25-34 years old	20.1	23.7
35-44 years old	20.4	23.1
45-54 years old	21.3	22.7
55-64 years old	18.2	18.7
65 years and older	9.9	9.0
Male	19.7	22.7
Female	18.4	18.6
White only, non-Hispanic	17.5	21.0
Black only, non-Hispanic	23.8	21.0
Other race only, non-Hispanic	12.1	18.5
Hispanic	20.3	17.9
Low Education**	39.9	27.2
Female 18-44	20.5	21.7

* Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).

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

Source: Behavioral Risk Factor Surveillance System, 2005

Youth Risk Behavior

Physical Activity, Adults 18 and Older, Maryland and U.S., 2005

No Leisure Time Physical Activity*	% Maryland	% U.S.
Total	22.9	25.2
Male	19.8	22.8
Female	25.7	27.4
White only, non-Hispanic	20.9	22.1
Black only, non-Hispanic	28.0	32.4
Other race only, non-Hispanic	21.8	25.1
Hispanic	22.4	35.9
Low Education**	49.9	47.6

* Participation in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise during the past month (other than regular job)

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

Source: Behavioral Risk Factor Surveillance System, 2005

Nutrition, Adults 18 and Older, Maryland and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% Maryland	% U.S.
Total	28.8	24.3
Male	24.6	19.7
Female	32.6	28.7
White only, non-Hispanic	28.2	24.3
Black only, non-Hispanic	28.3	23.8
Other race only, non-Hispanic	33.9	28.1
Hispanic	32.3	22.9
Low Education*	16.3	19.8

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

Source: Behavioral Risk Factor Surveillance System, 2005

Overweight*, Adults 18 and Older, Maryland and U.S., 2005

	% Maryland	% U.S.
Total	61.2	61.3
Male	68.7	68.9
Female	54.0	53.8
White only, non-Hispanic	58.9	59.9
Black only, non-Hispanic	72.0	71.1
Other race only, non-Hispanic	43.1	48.8
Hispanic	58.0	66.8
Low Education**	69.1	70.4

*Overweight is defined as having body mass index of 25 kg/m² or greater

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

Source: Behavioral Risk Factor Surveillance System, 2005

Tobacco Use, High School Students, Maryland and U.S., 2005

Current Cigarette Smoking*	% Maryland	% U.S.
Total	16.5	23.0
Male	17.2	22.9
Female	16.0	23.0
Current Smokeless Tobacco Use**		
Total	2.9	8.0
Male	4.4	13.6
Female	1.3	2.2

* 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, 2005

Nutrition, High School Students, Maryland and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% Maryland	% U.S.
Total	19.9	20.1
Male	21.4	21.4
Female	18.2	18.7

Source: Youth Risk Behavior Surveillance System, 2005

Physical Activity, High School Students, Maryland and U.S., 2005

Met Current Physical Activity Level*	% Maryland	% U.S.
Total	32.4	35.8
Male	42.8	43.8
Female	21.9	27.8
Met Previous Physical Activity Level**		
Total	64.2	68.7
Male	75.9	75.8
Female	52.6	61.5

* Activities that increased their heart rate and made them breathe hard some of the time for at least 60 minutes/day on 5 or more of the 7 days preceding the survey

** At least 20 minutes of vigorous physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey

Source: Youth Risk Behavior Surveillance System, 2005

Overweight, High School Students, Maryland and U.S., 2005

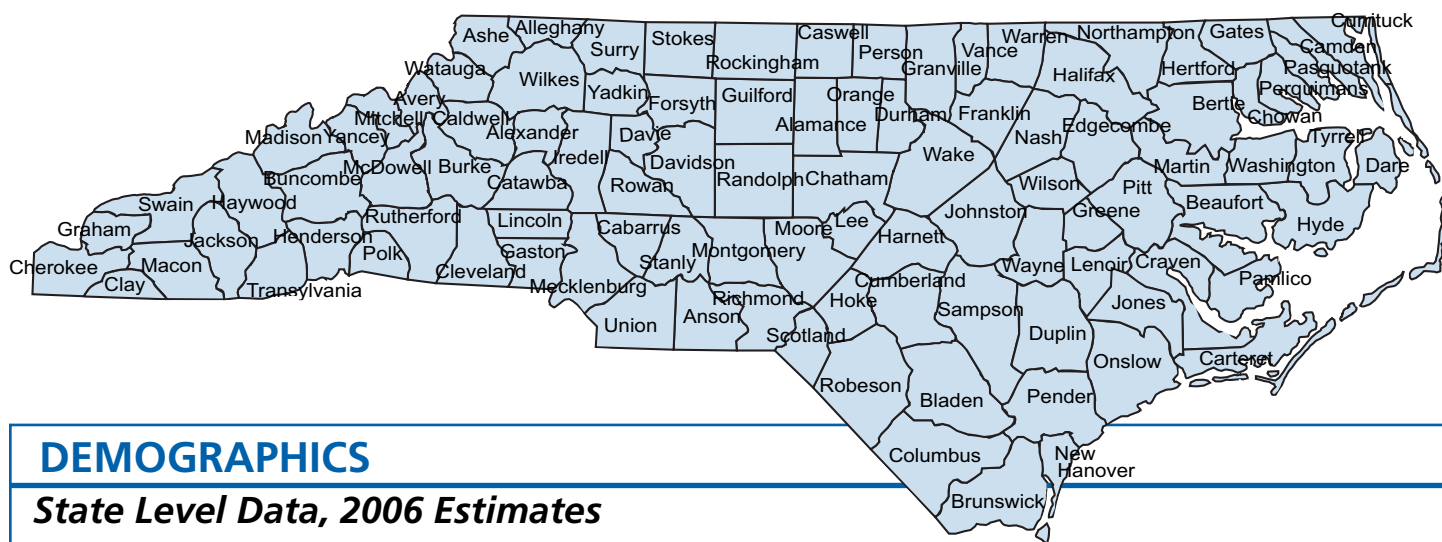
At Risk for Becoming Overweight*	% Maryland	% U.S.
Total	16.1	15.8
Male	16.3	15.8
Female	15.8	15.5
Overweight**		
Total	12.6	13.1
Male	15.5	16.0
Female	9.6	10.0

* Students who were at or above the 85th percentile but below the 95th 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, 2005

North Carolina



DEMOGRAPHICS

State Level Data, 2006 Estimates

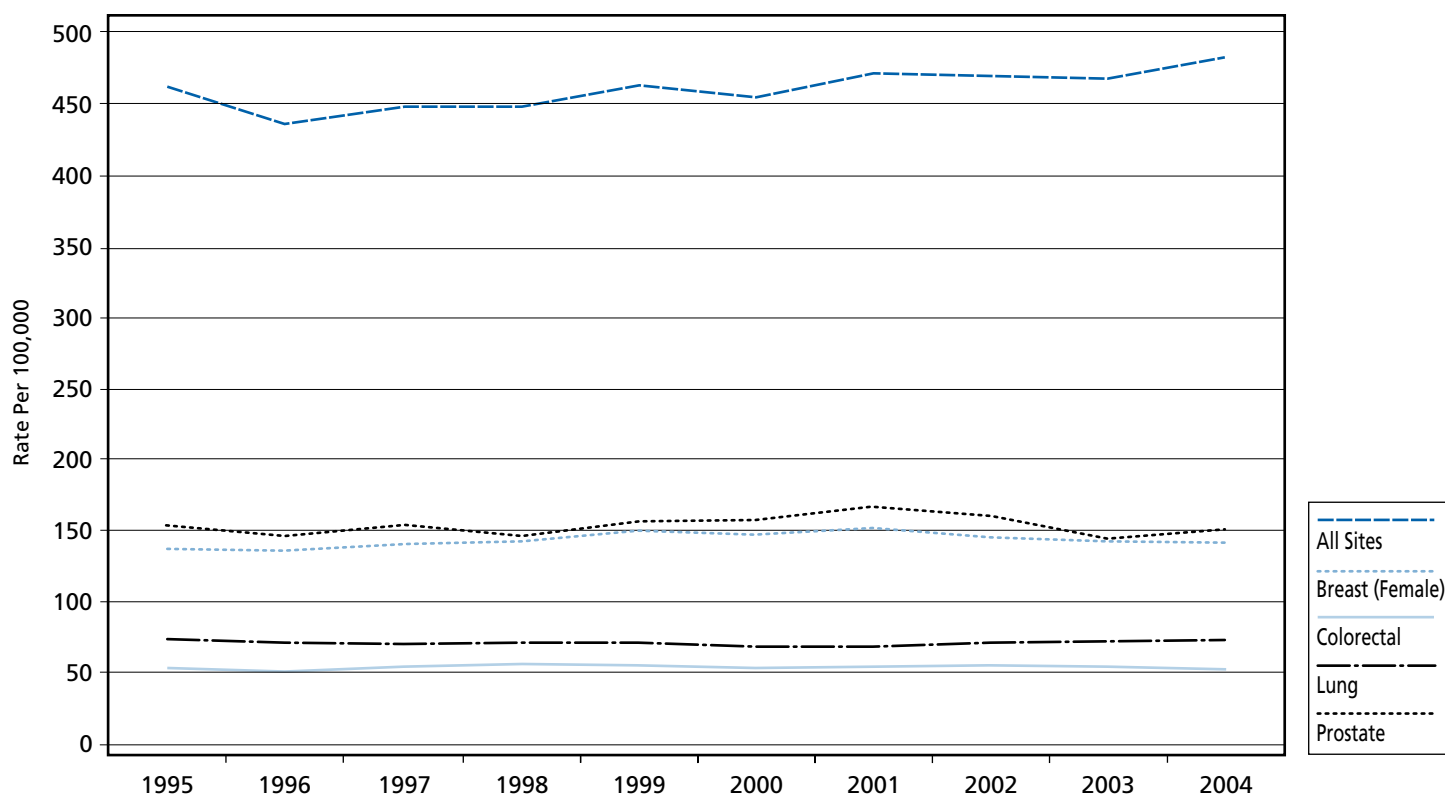
2000 Census Population	8,049,313	Persons under 18 years old	24.4%
2006 Estimate ¹	8,717,079	Persons 65 years old and over	12.4%
White, Non-Hispanic	5,919,045	Population with less than high school education	9.0%
Black, Non-Hispanic	1,864,162	Households with income < \$15,000 per year	5.7%
Native American, Non-Hispanic	104,449	Median household income	\$45,005
Asian/Pacific Islander, Non-Hispanic	156,547		
Other/Multi-Race, Non-Hispanic	9,610		
Hispanic	562,191		

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

Data Source: Copyright © 2006, Claritas Inc., Copyright © 2006 Thomson Medstat. ALL RIGHTS RESERVED



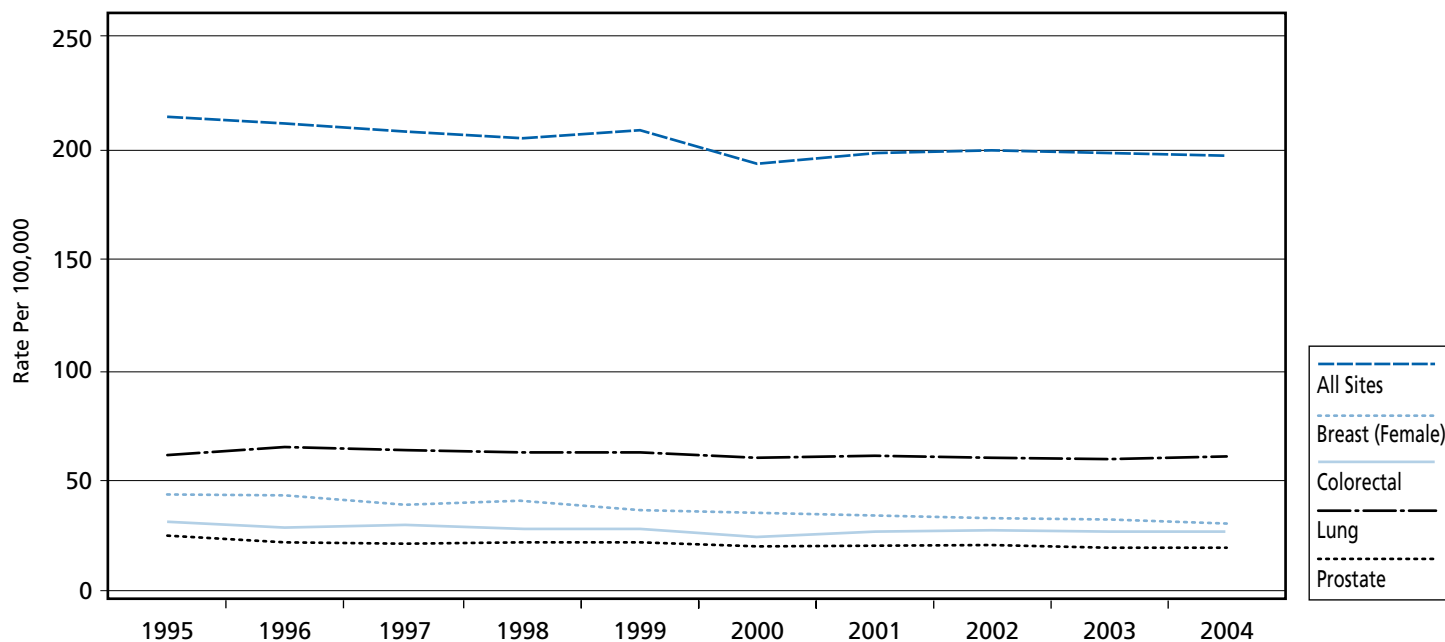
North Carolina Cancer Incidence Rates by Cancer Site (1995-2004)



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

Source: North Carolina Central Cancer Registry, 2007

North Carolina Cancer Mortality Rates by Cancer Site (1995-2004)



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

Source: North Carolina Central Cancer Registry, 2007

North Carolina At a Glance



Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 0.008%
- **Tobacco excise tax:** \$0.35 (rank 44th)
- **State quitline:** 1-800-QUIT-NOW; multiple session telephone counseling
- **Adult Smoking Rate:** 22.7% (was 23.2% in 2004)
- **High School Smoking Rate:** 24.9% (was 24.8% in 2003)
- **Medicaid coverage for Smoking Cessation:** nicotine gum, nicotine patch, prescription nasal spray, prescription inhaler, Zyban
- **FY2007 Tobacco Settlement Revenues:** \$136.1 million (estimate)
- **FY2007 State Tobacco Tax Revenues:** \$258.7 million (estimate)
- **Total Annual State Revenues from Tobacco:** \$394.8 million (estimate)
- **FY2006 Tobacco Prevention Spending:** \$15.0 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 4.3%
- **CDC's Annual Funding Recommendations:** \$42.6-118.6 million
- **Percentage of CDC Minimum Recommendations:** 40.2% (rank 21st)
- **Annual Smoking Caused Health Costs:** \$2.46 billion



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

- **Target Population:** Women 50-64, Uninsured or Underinsured, Under 200% of Federal Poverty - www.communityhealth.dhhs.state.nc.us/cancer.htm
- **Unique Aspect of BCCCP:** Has CDC funding for the WISEWOMAN program enhancement that provides integrated cardiovascular screening and education on nutrition, physical activity, and tobacco use for BCCCP clients.
- **State Mammography Rate (Women 40+):** 62.5%
- **State Mammography Rate (Women 40+, Low Education):** 52.6%



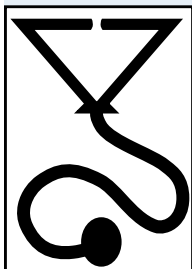
Colorectal

- **Mandatory coverage for colorectal screening:** Yes
- **State screening program:** Colorectal cancer screening is promoted but there is no formal state screening activity.
- **Fecal Occult Blood Test (FOBT) Rate (50+):** 28.5%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 48.7%



Prostate

- **State screening program:** No.
- Prostate health and informed decision making are promoted per CDC guidelines and based on USPSTF recommendations.
- **PSA Test (50+):** 57.4%
- **PSA Test (45+, African American):** 45.4%



Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 28 main clinics; 111 satellite clinics
- **State fund for Uninsured Cancer Patients:** The NC Cancer Assistance Unit provides limited funding for diagnosis and treatment for eligible patients. www.communityhealth.dhhs.state.nc.us/cancer/ccp.htm
- **Uninsured Population (18+):** 22.5% (was 21.8% in 2004)
- **Number of ACoS approved hospitals:** 39
- **Number of NCI Cancer Centers:** 3 Comprehensive Cancer Centers

- **Percent of population living in rural areas:** 30.5%

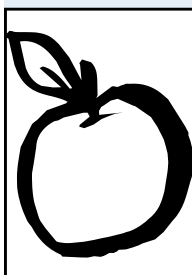


State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** North Carolina continues implementation of the NC Cancer Control Plan - 2001-2006 while it also is developing the new Cancer Plan, which is scheduled to be completed by June 30, 2007. The new Plan will not cover a five-year period but will, instead, be a web-based “Living Plan” that will be continuously updated and tracked. www.nccancer.com/

- **Accomplishments:**

- Creation of the North Carolina Cancer Partnership, a coalition model to work in coordination with the NC Advisory Committee on Cancer Coordination and Control.
- Provided supplemental funding for 20 community-based, cancer-focused health disparity projects in partnership with NC Office of Minority Health.
- Creation of fifteen Work Groups focusing on specific cancers and topics.
- Organized and conducted a 3-hour CME program entitled “What Every Family Physician Should Know About Cancer” at the annual meeting of the NC Academy of Family Physicians. Approximately 450 FP’s were in attendance. Dr. Rich Wender, current President of the ACS, was the primary presenter. Produced a companion publication entitled “What Every Family Physician Should Know About Cancer.” This program was co-sponsored by the ACS and NCI’s Cancer Information Service.
- Released skin cancer awareness materials and newspaper/magazine advertisements in conjunction with the NC Department of Public Instruction’s SunSense Program.
- Provided funding and support for the General Baptist State Convention (Center for Health & Healing) to promote “Picture Me Tobacco Free” and “Tobacco Free Church Grounds Initiative.”
- Provided funding and support for the Northwest Tobacco Prevention Coalition.
- Participated in the NC Chronic Disease Collaborative to work with primary care medical practices and community health centers on best practices for cancer screening.
- Co-sponsored the annual meeting of the NC Minority Prostate Cancer Awareness Action team.



Nutrition and Physical Activity

- **State coalition:** Eat Smart, Move More...North Carolina Leadership Team
www.ncpanbranch.com/ or www.eatsmartmovemorenc.com/index.html
- **Obesity initiatives:** In addition to Eat Smart, Move More; the North Carolina Health and Wellness Trust Fund provides support for several adolescent-specific projects.
www.healthwellnc.com/hwtfc/htmlfiles/fundprty_obesity.htm
- **No Physical Activity:** 25.6% (was 24.8% in 2004)
- **Moderate Physical Activity:** 42.1% (was 37.7% in 2004)

- **Eat 5 Fruits and Vegetables a Day:** 22.5% (was 23.2% in 2004)

- **Percent of Population Overweight:** 62.8% (was 61.4% in 2004)

*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).

North Carolina Cancer Incidence, 2000-2004, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races ¹			White			Black			All Races ¹			White			Black		
	Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate	
ALL SITES	194,591	469.8	156,653	471.6	34,485	481.6	99,013	556.0	79,216	544.6	18,096	638.5	95,544	415.5	77,414	427.2	16,380	384.9
BREAST(FEMALE)													33,045	144.9	26,640	148.7	5,845	135.7
CERVICAL													1,727	7.9	1,194	7.2	456	10.4
COLORECTAL	21,555	52.5	16,875	50.9	4,332	62.1	10,985	62.8	8,774	61.3	2,061	74.1	10,565	44.9	8,101	43.1	2,267	54.3
LUNG & BRONCHUS	28,761	69.7	23,778	71.1	4,618	66.1	17,064	97.5	13,839	96.1	3,011	109.0	11,692	50.2	9,934	53.3	1,607	38.8
MELANOMA	9,949	23.9	9,744	29.6	72.0	1.0	5,615	30.9	5,522	37.4	28	1.0	4,332	19.3	4,220	24.5	44	1.1
PROSTATE							27,875	154.7	20,524	138.1	6,771	246.0						

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

Source: North Carolina Central Cancer Registry, 2007

North Carolina Cancer Stage at Diagnosis, Percent of Total Cases, 2000-2004, by Site and Race

	In Situ			Local			Regional			Distant			Unknown/Unstaged		
	All Races ¹			All Races ¹			All Races ¹			All Races ¹			All Races ¹		
	White	Black		White	Black		White	Black		White	Black		White	Black	
BREAST (FEMALE)	18.0	18.0	17.0	51.0	53.0	43.0	25.0	24.0	31.0	4.0	3.0	6.0	2.0	2.0	3.0
CERVICAL ²				55.0	58.0	46.0	32.0	30.0	37.0	9.0	8.0	12.0	4.0	4.0	5.0
COLORECTAL (FEMALE) ³				43.0	44.0	40.0	36.0	36.0	34.0	16.0	15.0	19.0	5.0	5.0	7.0
COLORECTAL (MALE) ³				43.0	44.0	41.0	35.0	36.0	33.0	16.0	16.0	20.0	6.0	4.0	6.0
MELANOMA (SKIN) ²				53.0	53.0	49.0	6.0	6.0	10.0	2.0	2.0	10.0	4.0	4.0	10.0
PROSTATE ²				81.0	82.0	76.0	9.0	9.0	9.0	4.0	3.0	6.0	6.0	6.0	9.0

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

Source: North Carolina Central Cancer Registry, 2007

North Carolina Cancer Mortality, 2000-2004, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races ¹			White			Black			All Races ¹			White			Black		
	Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate	
ALL SITES	80,500	199.1		63,317	192.1		16,307	237.6		42,633	258.0		33,412	244.2		8,780	340.7	
BREAST (FEMALE)																		
CERVICAL																		
COLORECTAL	7,635	19.0		5,831	17.8		1,723	25.2		3,772	23.0		2,922	21.6		814	31.3	
LUNG & BRONCHUS	24,475	60.0		20,098	60.3		4,132	60.0		14,970	87.4		12,041	84.9		2,774	103.1	
MELANOMA (SKIN)	1,175	2.9		1,142	3.5		29	0.4		727	4.2		712	4.9		13	~	
PROSTATE										4,523	32.4		2,933	25.3		1,547	73.8	

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.

Source: North Carolina Central Cancer Registry, 2007

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
***Women 40-64	36.8	32.9

* Mammogram within the past year.

** Women 40 years old 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 old 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.

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 old 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	22.7	20.6
18-24 years old	28.2	26.2
25-34 years old	27.4	23.7
35-44 years old	24.6	23.1
45-54 years old	25.9	22.7
55-64 years old	19.6	18.7
65 years and older	9.3	9.0
Male	25.6	22.7
Female	19.9	18.6
White only, non-Hispanic	23.3	21.0
Black only, non-Hispanic	22.3	21.0
Other race only, non-Hispanic	27.2	18.5
Hispanic	16.1	17.9
Low Education**	27.4	27.2
Female 18-44	23.5	21.7

* Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).

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

Source: Behavioral Risk Factor Surveillance System, 2004

Physical Activity, Adults 18 and Older, North Carolina and U.S., 2004

No Leisure Time Physical Activity*	% North Carolina	% U.S.
Total	25.6	25.2
Male	22.8	22.8
Female	28.3	27.4
White only, non-Hispanic	21.1	22.1
Black only, non-Hispanic	32.3	32.4
Other race only, non-Hispanic	29.4	25.1
Hispanic	46.9	35.9
Low Education**	45.9	47.6

* Participation in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise during the past month (other than regular job)

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

Source: Behavioral Risk Factor Surveillance System, 2005

Nutrition, Adults 18 and Older, North Carolina and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% North Carolina	% U.S.
Total	22.5	24.3
Male	18.6	19.7
Female	26.2	28.7
White only, non-Hispanic	24.4	24.3
Black only, non-Hispanic	17.1	23.8
Other race only, non-Hispanic	24.3	28.1
Hispanic	16.3	22.9
Low Education*	14.7	19.8

* Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

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

	% North Carolina	% U.S.
Total	62.8	61.3
Male	68.2	68.9
Female	57.4	53.8
White only, non-Hispanic	60.6	59.9
Black only, non-Hispanic	73.7	71.1
Other race only, non-Hispanic	52.1	48.8
Hispanic	64.8	66.8
Low Education**	66.5	70.4

*Overweight is defined as having body mass index of 25 kg/m² 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

Tobacco Use, High School Students, North Carolina and U.S., 2005

Current Cigarette Smoking*	% North Carolina	% U.S.
Total	24.9	23.0
Male	26.4	22.9
Female	23.0	23.0
Current Smokeless Tobacco Use - not available		

* 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, 2005

Overweight, High School Students, North Carolina and U.S., 2005

At Risk for Becoming Overweight*	% North Carolina	% U.S.
Total	15.7	15.8
Male	15.5	15.8
Female	16.0	15.5
Overweight**		
Total	13.5	13.1
Male	15.6	16.0
Female	11.3	10.0

* Students who were at or above the 85th percentile but below the 95th 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, 2005

Nutrition, High School Students, North Carolina and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day - data not available

Physical Activity, High School Students, North Carolina and U.S., 2005

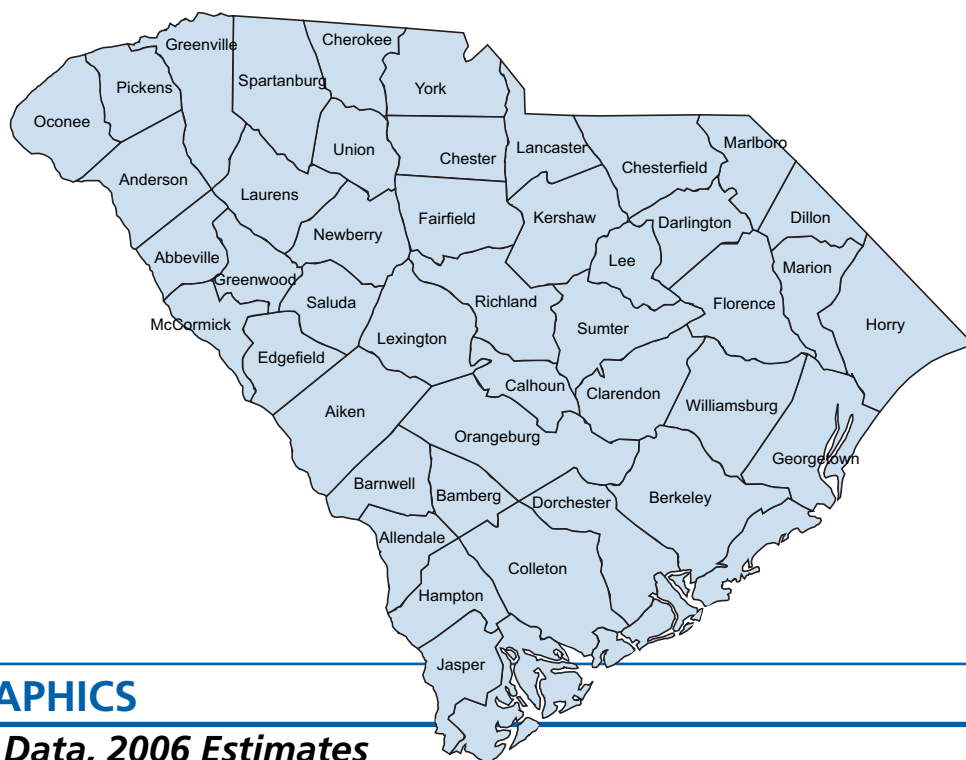
Met Current Physical Activity Level*	% North Carolina	% U.S.
Total	45.9	35.8
Male	56.4	43.8
Female	35.7	27.8
Met Previous Physical Activity Level**		
Total	na	68.7
Male	na	75.8
Female	na	61.5

* Activities that increased their heart rate and made them breathe hard some of the time for at least 60 minutes/day on 5 or more of the 7 days preceding the survey

** At least 20 minutes of vigorous physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey

Source: Youth Risk Behavior Surveillance System, 2005

South Carolina



DEMOGRAPHICS

State Level Data, 2006 Estimates

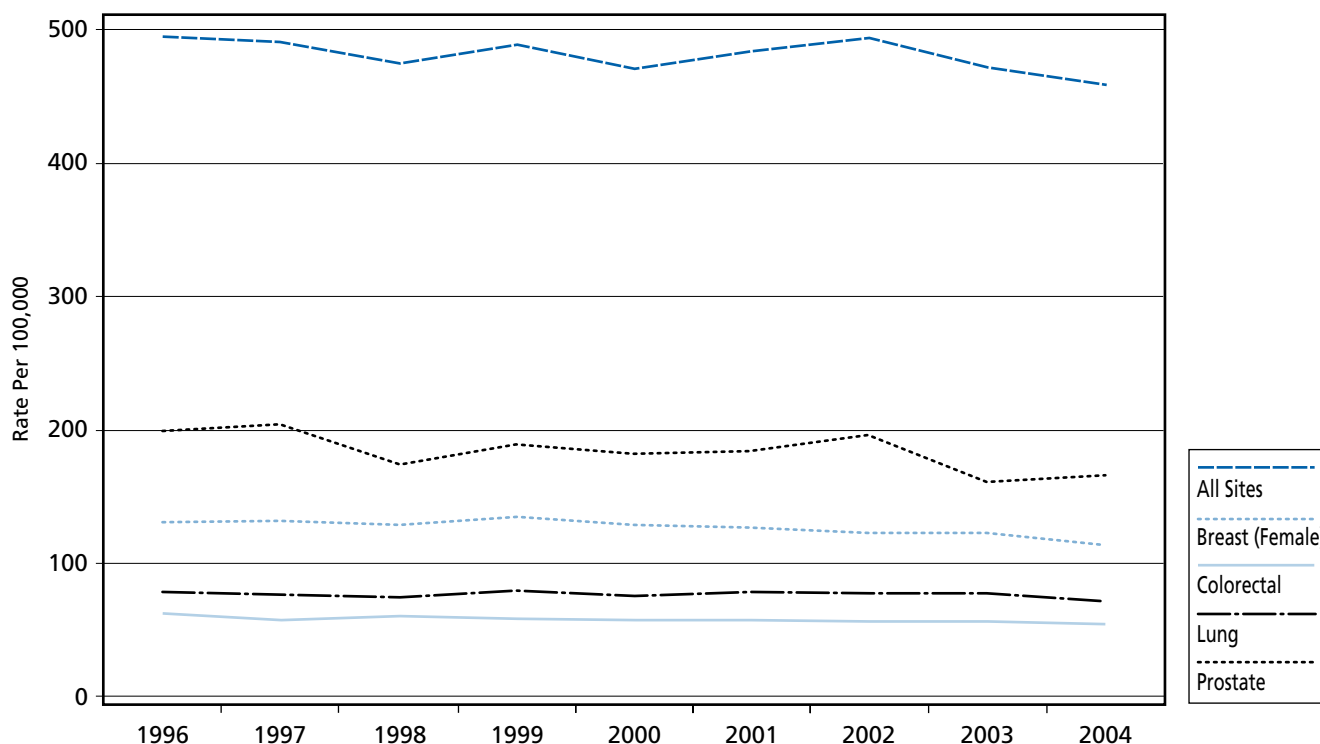
2000 Census Population	4,012,012	Persons under 18 years old	24.1%
2006 Estimate ¹	4,268,048	Persons 65 years old and over	12.8%
White, Non-Hispanic	2,784,363	Population with less than high school education	9.9%
Black, Non-Hispanic	1,236,265	Households with income < \$15,000 per year	6.3%
Native American, Non-Hispanic	14,058	Median household income	\$42,843
Asian/Pacific Islander, Non-Hispanic	46,768		
Other/Multi-Race, Non-Hispanic	3,460		
Hispanic	141,670		

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

Data Source: Copyright © 2006, Claritas Inc., Copyright © 2006 Thomson Medstat. ALL RIGHTS RESERVED



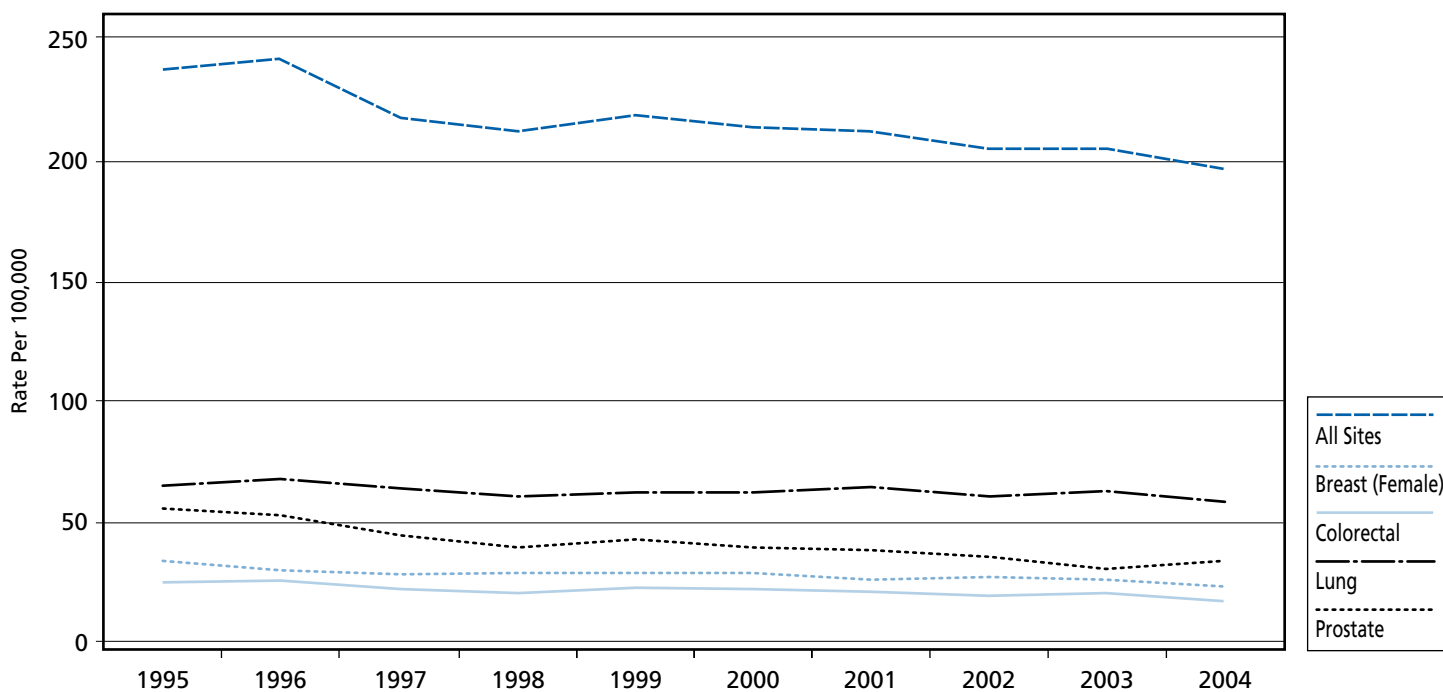
South Carolina Cancer Incidence Rates by Cancer Site (1996-2004)



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

Source: South Carolina Central Cancer Registry, 2007

South Carolina Cancer Mortality Rates by Cancer Site (1995-2004)



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

Source: South Carolina Central Cancer Registry, 2007

South Carolina At a Glance



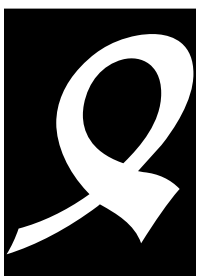
Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 6.1%
- **Tobacco excise tax:** \$0.07 (rank 51st)
- **State quitline:** 1-800-QUIT-NOW; multiple session telephone counseling
- **Adult Smoking Rate:** 22.6% (was

24.5% in 2004)

- **High School Smoking Rate:** 23.5% (was 24.4% in 2003)
- **Covered by Medicaid for Smoking Cessation:** nicotine gum, nicotine patch, prescription nasal spray, prescription inhaler, Zyban, group and individual counseling
- **FY2007 Tobacco Settlement Revenues:** \$68.7 million (estimate)

- **FY2007 State Tobacco Tax Revenues:** \$32.1 million (estimate)
- **Total Annual State Revenues from Tobacco:** \$100.8 million (estimate)
- **FY2006 Tobacco Prevention Spending:** \$2.0 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 2.0%
- **CDC's Annual Funding Recommendations:** \$23.9-62.0 million
- **Percentage of CDC Minimum Recommendations:** 8.4% (rank 38th)
- **Annual Smoking Caused Health Costs:** \$1.09 billion



BCCEDP* — The Best Chance Network (BCN)

- **Target Population:** Women 47-64, Uninsured or Underinsured, Under 200% of Federal Poverty Level-
www.scdhec.net/health/chcdp/cancer/bcn.htm
- **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%



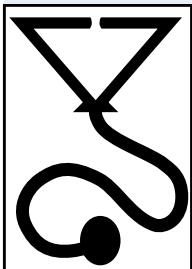
Colorectal

- **Mandatory coverage for colorectal screening:** No
- **State screening program:** None
- **Fecal Occult Blood Test (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

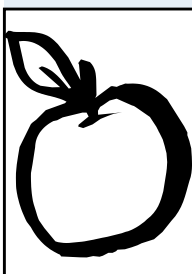
- **Number of Federally Qualified Health Centers and free clinics:** 19 main clinics; 95 satellite clinics
- **State fund for Uninsured Cancer Patients:** None
- **Uninsured Population (18+):** 22.3% (was 19.7% in 2004)
- **Number of ACoS Approved Hospitals:** 18
- **Number of NCI Cancer Centers:** 0

- **Percent of population living in rural areas:** 24.2%



State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** The Comprehensive Cancer Plan is in its second year of implementation. www.scdhec.net/health/chcdp/cancer/cancer_plan.htm
- **Accomplishments:** State cancer coalition successfully advocated for expansion of the Medicaid Treatment Act and also for an increase in insurance coverage for colorectal cancer screening. www.sccanceralliance.org/
- **Additional Initiative:** South Carolina is a pilot state for the Historically Black Colleges and Universities Tobacco Initiative at Allen University.



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, South Carolina Coalition for Obesity Prevention Efforts (SCCOPE) www.scdhec.gov/health/chcdp/obesity/coalition.htm
- **No Physical Activity:** 26.3% (was 23.9% in 2004)
- **Moderate Physical Activity:** 45.2% (was 46.2% in 2004)

- **Eat 5 Fruits and Vegetables a Day:** 21.0% (was 22.2% in 2004)
- **Percent of Population Overweight:** 64.5% (was 61.3% in 2004)

*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).

South Carolina Cancer Incidence, 2000-2004, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE											
	All Races¹			Black			All Races¹			White			Black			All Races¹			White			Black		
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		
ALL SITES	98,262	473.7	73,736	470.4	23,709	487.1	53,006	590.1	39,476	568.1	13,142	675.4	45,256	393.4	34,260	403.4	10,567	365.7						
BREAST (FEMALE)																								
CERVICAL																								
COLORECTAL	11,110	54.1	8,078	51.7	2,950	61.8	5,748	65.1	4,269	62.5	1,437	74.7	5,362	45.9	3,809	43.5	1,513	53.2						
LUNG & BRONCHUS	15,479	74.4	12,175	76.4	3,212	67.3	9,431	105.4	7,256	104.0	2,131	110.7	6,048	51.8	4,919	56.0	1,081	38.4						
MELANOMA	3,727	18.0	3,661	23.9	56	1.2	2,122	23.2	2,101	30.0	17	~	1,605	14.4	1,560	19.7	39	1.4						
PROSTATE							15,798	173.7	10,633	149.0	5,028	266.3												

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

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

Source: South Carolina Central Cancer Registry, 2007

South Carolina Cancer Stage at Diagnosis, Percent of Total Cases, 2000-2004, by Site and Race

	In Situ			Local			Regional			Distant			Unknown/Unstaged		
	All Races ¹			All Races ¹			All Races ¹			All Races ¹			All Races ¹		
	White	Black	White	White	Black	White	White	Black	White	Black	White	Black	White	Black	White
BREAST (FEMALE)	17.8	17.9	17.4	49.3	51.6	41.8	25.6	24.0	30.5	3.7	3.0	5.9	3.6	3.4	4.4
CERVICAL ²				58.0	60.7	53.2	28.5	27.0	31.4	6.7	6.2	7.6	6.8	6.1	7.8
COLORECTAL (FEMALE) ³				40.7	41.3	38.8	36.0	36.4	35.1	15.8	14.8	18.6	7.5	7.5	7.5
COLORECTAL (MALE) ³				43.7	45.1	39.5	34.7	35.0	33.9	15.7	14.6	18.9	6.0	5.3	7.7
MELANOMA (SKIN) ²				80.7	81.0	60.7	7.4	7.3	12.5	3.6	3.4	14.3	8.3	8.3	12.5
PROSTATE ²				77.4	78.3	75.5	8.9	9.4	7.7	4.2	3.1	6.5	9.6	9.2	10.3

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

Source: South Carolina Central Cancer Registry, 2007

South Carolina Cancer Mortality, 2000-2004, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races¹			White			Black			All Races¹			White			Black		
	Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate	
ALL SITES	41,584	204.6	30,090	193.8	11,322	241.8	22,690	271.6	16,388	252.0	6,238	348.4	18,894	161.1	13,702	155.2	5,084	178.8
BREAST (FEMALE)													2,992	25.9	2,014	23.3	965	33.2
CERVICAL													326	2.9	165	2.0	154	5.3
COLORECTAL	4,019	20.0	2,827	18.4	1,182	25.4	2,050	24.5	1,446	22.4	602	32.9	1,969	16.6	1,381	15.5	580	20.4
LUNG & BRONCHUS	12,546	60.8	9,820	62.0	2,684	56.9	7,895	90.6	6,035	88.8	1,842	97.8	4,651	39.7	3,785	42.7	842	30.0
MELANOMA (SKIN)	522	2.6	495	3.2	27	0.6	334	3.9	327	4.9	10	~	188	1.6	168	2.0	20	~
PROSTATE							2,414	34.8	1,372	25.5	1,036	71.8						

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.

Source: South Carolina Central Cancer Registry, 2007

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 old 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	72.0	71.8
65 years and older	71.0	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, 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 old 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.

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 old 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., 2005

	% South Carolina	% U.S.
Total	22.6	20.6
18-24 years old	27.7	26.2
25-34 years old	25.7	23.7
35-44 years old	25.5	23.1
45-54 years old	26.1	22.7
55-64 years old	20.1	18.7
65 years and older	10.0	9.0
Male	25.3	22.7
Female	20.1	18.6
White only, non-Hispanic	24.2	21.0
Black only, non-Hispanic	18.6	21.0
Other race only, non-Hispanic	23.5	18.5
Hispanic	20.2	17.9
Low Education**	31.7	27.2
Female 18-44	23.8	21.7

* Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).

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

Source: Behavioral Risk Factor Surveillance System, 2005

Physical Activity, Adults 18 and Older, South Carolina and U.S., 2005

No Leisure Time Physical Activity*	% South Carolina	% U.S.
Total	26.3	25.2
Male	22.2	22.8
Female	30.0	27.4
White only, non-Hispanic	22.6	22.1
Black only, non-Hispanic	33.9	32.4
Other race only, non-Hispanic	26.1	25.1
Hispanic	28.1	35.9
Low Education**	48.6	47.6

* Participation in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise during the past month (other than regular job)

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

Source: Behavioral Risk Factor Surveillance System, 2005

Nutrition, Adults 18 and Older, South Carolina and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% South Carolina	% U.S.
Total	21.0	24.3
Male	17.8	19.7
Female	24.0	28.7
White only, non-Hispanic	21.5	24.3
Black only, non-Hispanic	19.7	23.8
Other race only, non-Hispanic	24.0	28.1
Hispanic	23.6	22.9
Low Education*	13.7	19.8

* Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Overweight*, Adults 18 and Older, South Carolina and U.S., 2005

	% South Carolina	% U.S.
Total	64.5	61.3
Male	71.7	68.9
Female	57.6	53.8
White only, non-Hispanic	61.0	59.9
Black only, non-Hispanic	73.7	71.1
Other race only, non-Hispanic	58.2	48.8
Hispanic	63.4	66.8
Low Education**	67.5	70.4

*Overweight is defined as having body mass index of 25 kg/m² or greater

**Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Youth Risk Behavior

Tobacco Use, High School Students, South Carolina and U.S., 2005

Current Cigarette Smoking*	% South Carolina	% U.S.
Total	23.5	23.0
Male	24.2	22.9
Female	22.7	23.0
Current Smokeless Tobacco Use**		
Total	10.7	8.0
Male	18.2	13.6
Female	3.2	2.2

* 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, 2005

Physical Activity, High School Students, South Carolina and U.S., 2005

Met Current Physical Activity Level*	% South Carolina	% U.S.
Total	32.3	35.8
Male	41.4	43.8
Female	23.1	27.8
Met Previous Physical Activity Level**		
Total	66.1	68.7
Male	73.4	75.8
Female	58.8	61.5

* Activities that increased their heart rate and made them breathe hard some of the time for at least 60 minutes/day on 5 or more of the 7 days preceding the survey

** At least 20 minutes of vigorous physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey

Source: Youth Risk Behavior Surveillance System, 2005

Nutrition, High School Students, South Carolina and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% South Carolina	% U.S.
Total	16.2	20.1
Male	18.0	21.4
Female	14.1	18.7

Source: Youth Risk Behavior Surveillance System, 2005

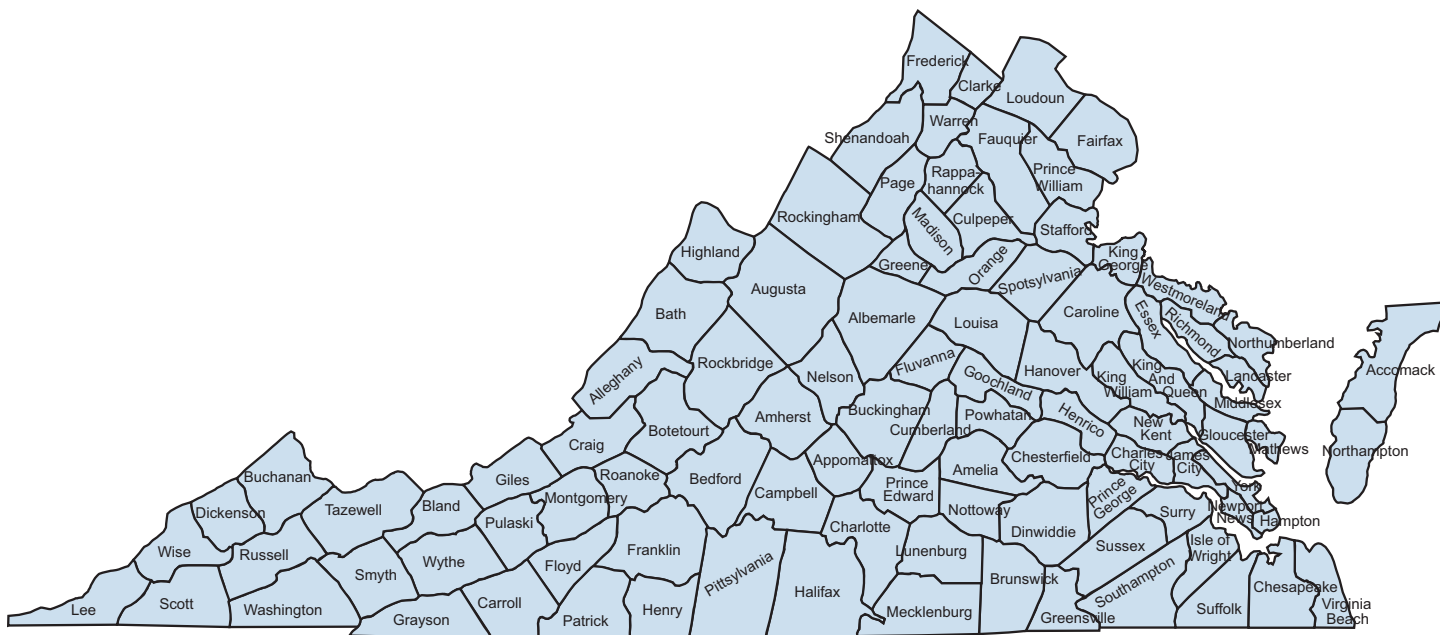
Overweight, High School Students, South Carolina and U.S., 2005

At Risk for Becoming Overweight*	% South Carolina	% U.S.
Total	13.7	15.8
Male	12.7	15.8
Female	14.7	15.5
Overweight**		
Total	12.7	13.1
Male	16.8	16.0
Female	8.6	10.0

* Students who were at or above the 85th percentile but below the 95th 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, 2005



VIRGINIA DEMOGRAPHICS

State Level Data, 2006 Estimates

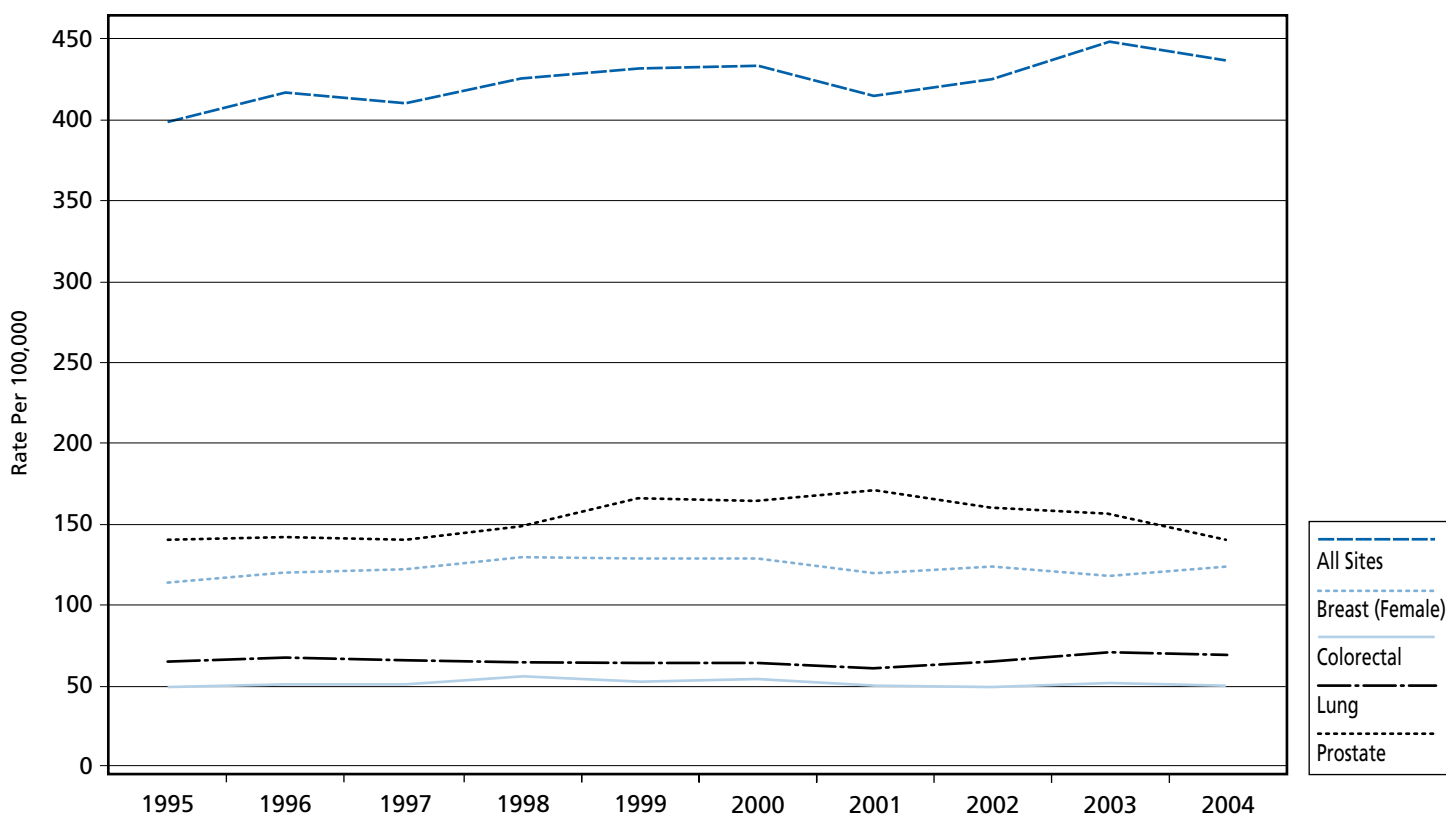
2000 Census Population	7,078,515		Persons under 18 years old	23.9%
2006 Estimate ¹	7,599,244		Persons 65 years old and over	11.6%
White, Non-Hispanic	5,147,703	67.7%	Population with less than high school education	7.3%
Black, Non-Hispanic	1,467,467	19.3%	Households with income < \$15,000 per year	4.1%
Native American, Non-Hispanic	19,670	0.3%	Median household income	\$55,128
Asian/Pacific Islander, Non-Hispanic	345,668	4.5%		
Other/Multi-Race, Non-Hispanic	12,414	0.2%		
Hispanic	461,064	6.1%		

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

Data Source: Copyright © 2006, Claritas Inc., Copyright © 2006 Thomson Medstat. ALL RIGHTS RESERVED



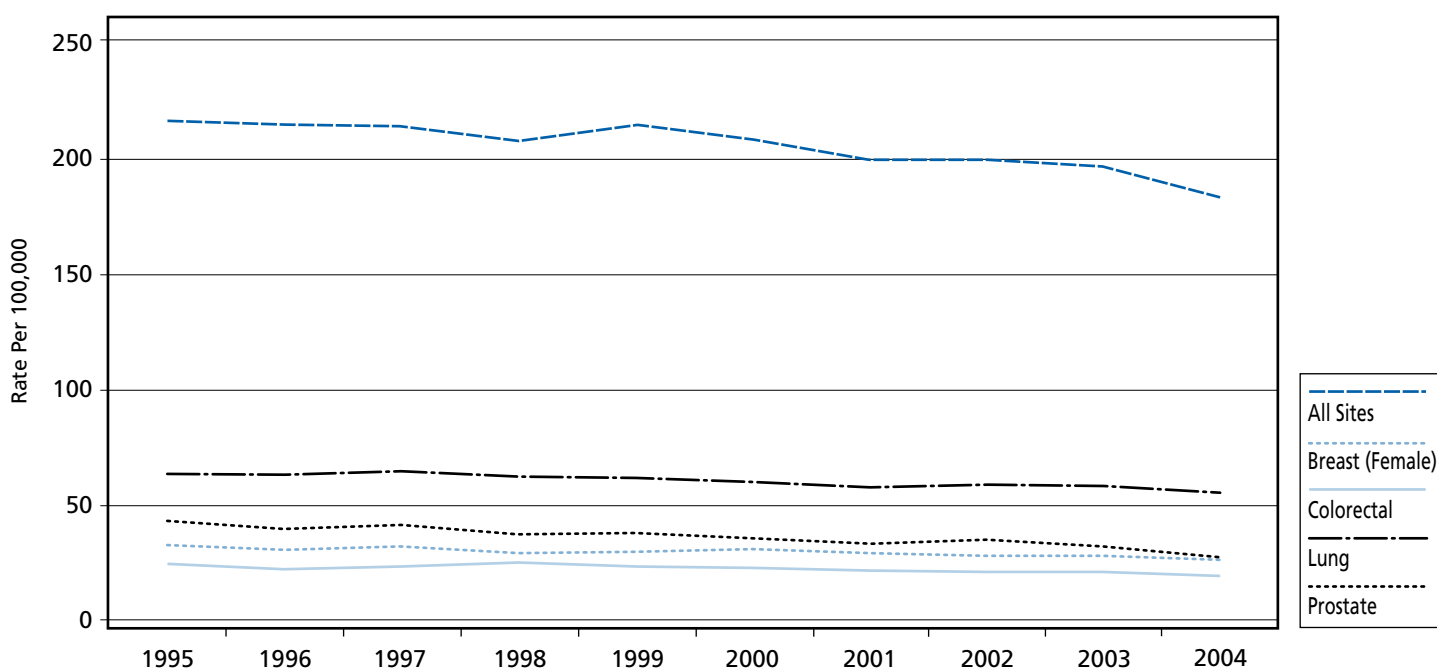
Virginia Cancer Incidence Rates by Cancer Site (1995-2004)



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

Source: Virginia Cancer Registry, 2007

Virginia Cancer Mortality Rates by Cancer Site (1995-2004)



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

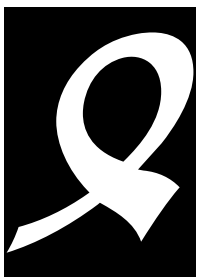
Data Source: Virginia Center for Health Statistics, 2007

Virginia at a Glance



Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 0%
- **Tobacco excise tax:** \$0.30 (rank 46th)
- **State quitline:** 1-800-QUIT-NOW; multiple session telephone counseling www.vahealth.org/cdpc/tobaccouse/quitline.asp
- **Adult Smoking Rate:** 20.6% (was 20.9% in 2004)
- **High School Smoking Rate:** 22.0% (was 21.0% in 2003)
- **Covered by Medicaid for Smoking Cessation:** prescription nasal spray, prescription inhaler, Zyban, group and individual counseling
- **FY2007 Tobacco Settlement Revenues:** \$119.3 million (estimate)
- **FY2007 State Tobacco Tax Revenues:** \$183.8 million (estimate)
- **Total Annual State Revenues from Tobacco:** \$303.2 million (estimate)
- **FY2006 Tobacco Prevention Spending:** \$13.5 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:** 34.7% (rank 24th)
- **Annual Smoking Caused Health Costs:** \$2.08 billion



BCCEDP* — Every Woman's Life (EWL)

- **Target Population:** Women 50-64, Uninsured or Underinsured, Under 200% of Federal Poverty Level www.vahealth.org/breastcancer/
- **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%



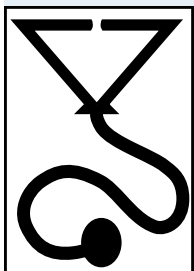
Colorectal

- **Mandatory coverage for colorectal screening:** Yes
- **State screening program:** No formal statewide program yet. In 2006, state dollars were allocated to pilot four screening sites, utilizing the Breast & Cervical Cancer Education/Screening Program infrastructure.
- A statewide Colorectal Cancer Task Force has received funding from DFA for one year to begin implementation of objectives from the April 2006 conference.
- **Fecal Occult Blood Test (FOBT) Rate (50+):** 18.3%
- **Sigmoidoscopy/Colonoscopy Rate (50+):** 51.5%



Prostate

- **State screening program:** No statewide program. Screenings take place in various hospitals every September; those locations are listed on the Virginia Prostate Cancer Coalition website. www.vapcacoalition.org/ The Virginia General Assembly allocated \$50,000 to Virginia Department of Health to implement prostate cancer education and awareness around the state; several local coalitions received funds to do this.
- **PSA Test (50+):** 54.3%
- **PSA Test (45+, African American):** 47.7%



Access to Care

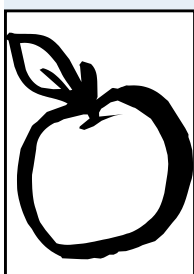
- **Number of Federally Qualified Health Centers and free clinics:** 21 main clinics; 132 satellite clinics
- **State fund for Uninsured Cancer Patients:** Uninsured Medical Catastrophe Fund
- **Uninsured Population (18+):** 12.8% (was 15.9% in 2004)
- **Number of ACoS approved hospitals:** 47
- **Number of NCI Cancer Centers:** 2

- **Percent of population living in rural areas:** 14.5%



State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** Cancer Plan Action Coalition (C-PAC) remains active in the implementation phase; re-write of plan was completed this year. www.vahealth.org/cdpc/cancerprev/VCP.asp
- **Accomplishments:** Established an Advisory Board for the first time, comprised of leaders of state cancer centers, non-profits, key government and community members. Also established a Colorectal Task Force to submit a funding plan to Dialogue for Action to implement objectives of April 2006 conference; received \$25,000.



Nutrition and Physical Activity

- **State coalition:** The Virginia Dept of Health's CHAMPION Initiative continues to compile statewide resources and information in order to provide an aggressive and coordinated strategic plan for obesity prevention. The final report is due in 2008 at which time funding opportunities will be available to implement CHAMPION approved programs at the community level. www.vahealth.org/wic/Champion.asp
- **Obesity initiatives:** Six health districts in Virginia have received funding from the Virginia Department of Health Chronic Disease Prevention Grant Program to aggressively address the issue of obesity (especially childhood obesity), nutrition and physician exercise.

- **No Physical Activity:** 21.4% (was 21.9% in 2004)
- **Moderate Physical Activity:** 50.8% (was 49.4% in 2004)
- **Eat 5 Fruits and Vegetables a Day:** 26.2% (was 25.8% in 2004)
- **Percent of Population Overweight:** 61.3% (was 60.0% in 2004).

*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).

Virginia Cancer Incidence, 2000-2004, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races ¹			White			Black			All Races ¹			White			Black		
	Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate	
ALL SITES	152,426	432.2		120,897	427.5		26,456	457.7		79,148	515.5		62,273	498.4		14,296	603.7	
BREAST (FEMALE)																		
CERVICAL																		
COLORECTAL	17,142	49.4		13,361	47.7		3,331	59.1		8,646	57.6		6,799	55.5		1,625	70.3	
LUNG & BRONCHUS	22,523	65.1		18,255	65.1		3,870	69.4		12,763	85.2		10,196	83.2		2,353	102.7	
MELANOMA	5,757	16.0		5,397	18.9		65	1.2		3,305	20.6		3,099	24.0		32	1.4	
PROSTATE										24,443	157.7		17,968	141.5		5,514	235.7	

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

Source: Virginia Cancer Registry, 2007

Virginia Cancer Stage at Diagnosis, Percent of Total Cases, 2000-2004, by Site and Race

	In Situ			Local			Regional			Distant			Unknown/Unstaged		
	All Races ¹			All Races ¹			All Races ¹			All Races ¹			All Races ¹		
	White	Black		White	Black		White	Black		White	Black		White	Black	
BREAST (FEMALE)	19.6	79.4		16.8	48.8		24.0	76.0		3.7	74.2		3.9	71.8	
CERVICAL ²															
COLORECTAL (FEMALE)	6.3	72.7		23.9	32.1		37.7	78.5		6.8	69.5		5.8	63.7	
COLORECTAL (MALE)	8.2	81.5		15.4	32.7		36.3	79.6		15.9	76.7		6.9	71.9	
MELANOMA (SKIN) ²															
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.

Source: Virginia Cancer Registry, 2007

Virginia Cancer Mortality, 2000-2004, by Site, Gender and Race																		
	BOTH GENDERS						MALE						FEMALE					
	All Races¹			White			Black			All Races¹			White			Black		
	Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate	
ALL SITES	66,970	196.4		52,233	189.2		13,637	249.8		34,741	246.5		26,946	234.0		7,268	339.9	
BREAST (FEMALE)																		
CERVICAL																		
COLORECTAL	6,601	19.5		5,002	18.2		1,496	27.6		3,317	23.5		2,546	22.2		726	33.0	
LUNG & BRONCHUS	19,397	56.7		15,674	56.5		3,497	64.0		11,155	77.0		8,846	74.6		2,181	99.0	
MELANOMA (SKIN)	1,006	2.9																
PROSTATE																		
										3,700	30.9		2,453	24.9		1,217	68.1	

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

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

Source: Virginia Center for Health Statistics, 2007

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 old 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 old 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.

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	54.3	52.3
50-64 years old	50.9	46.7
65 years and older	60.7	62.1
White only, non-Hispanic	56.5	54.3
Black only, non-Hispanic (45+)	47.7	44.0
Low Education**	40.0	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 old 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., 2005

	% Virginia	% U.S.
Total	20.6	20.6
18-24 years old	23.5	26.2
25-34 years old	24.6	23.7
35-44 years old	26.6	23.1
45-54 years old	19.7	22.7
55-64 years old	18.9	18.7
65 years and older	7.8	9.0
Male	21.5	22.7
Female	19.7	18.6
White only, non-Hispanic	20.1	21.0
Black only, non-Hispanic	20.3	21.0
Other race only, non-Hispanic	21.5	18.5
Hispanic	30.5	17.9
Low Education**	29.2	27.2
Female 18-44	23.4	21.7

* Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular).

** Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Physical Activity, Adults 18 and Older, Virginia and U.S., 2005

No Leisure Time Physical Activity*	% Virginia	% U.S.
Total	21.4	25.2
Male	18.2	22.8
Female	24.4	27.4
White only, non-Hispanic	19.0	22.1
Black only, non-Hispanic	30.8	32.4
Other race only, non-Hispanic	24.5	25.1
Hispanic	19.3	35.9
Low Education**	47.4	47.6

* Participation in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise during the past month (other than regular job)

** Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Nutrition, Adults 18 and Older, Virginia and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% Virginia	% U.S.
Total	26.2	24.3
Male	21.8	19.7
Female	30.3	28.7
White only, non-Hispanic	26.3	24.3
Black only, non-Hispanic	26.2	23.8
Other race only, non-Hispanic	26.9	28.1
Hispanic	20.1	22.9
Low Education*	18.7	19.8

* Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Overweight*, Adults 18 and Older, Virginia and U.S., 2005

	% Virginia	% U.S.
Total	61.3	61.3
Male	70.4	68.9
Female	52.3	53.8
White only, non-Hispanic	60.0	59.9
Black only, non-Hispanic	72.9	71.1
Other race only, non-Hispanic	44.1	48.8
Hispanic	59.5	66.8
Low Education**	72.6	70.4

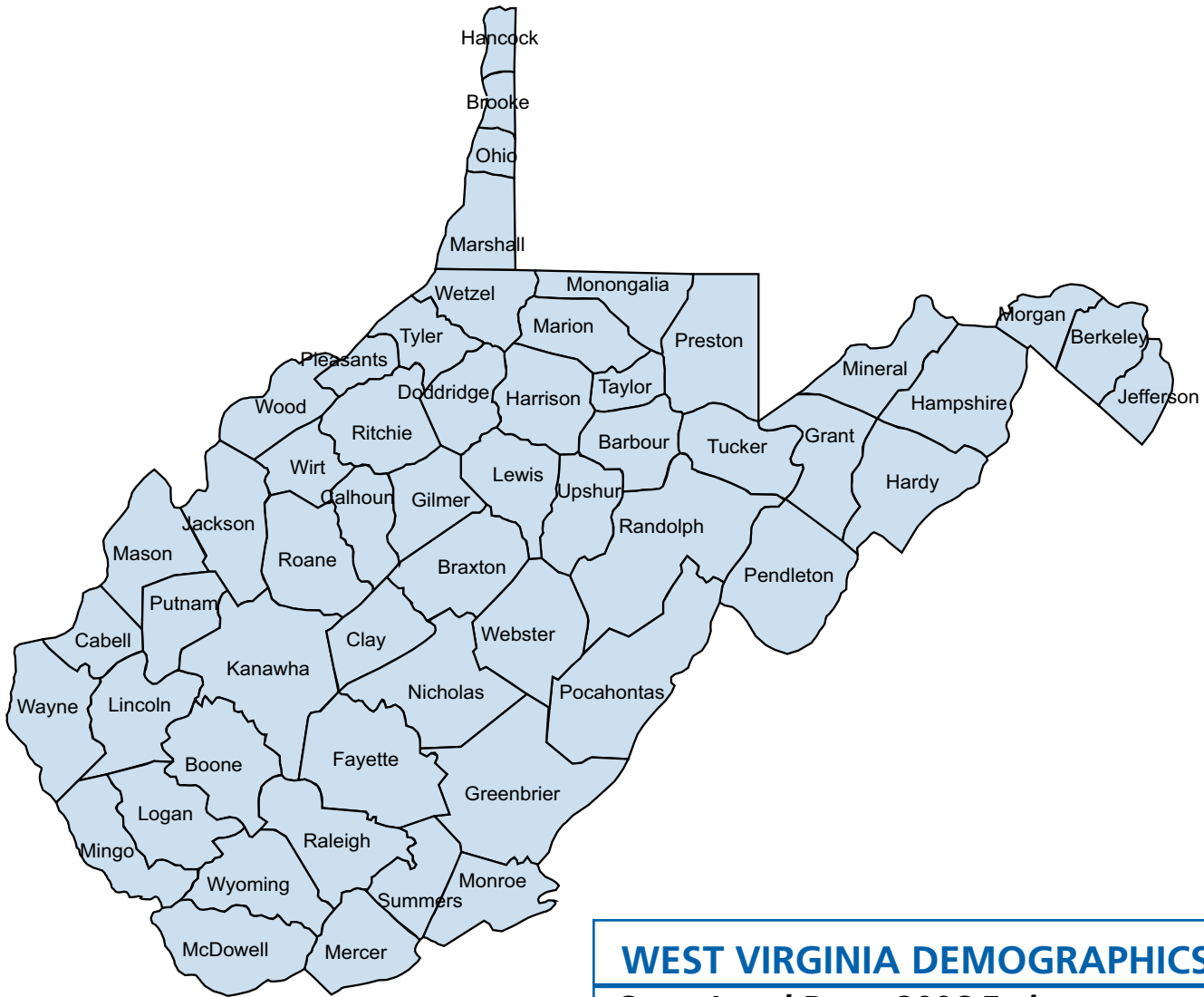
* Overweight is defined as having body mass index of 25 kg/m² or greater

** Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Youth Risk Behavior

Data are not available since Virginia 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

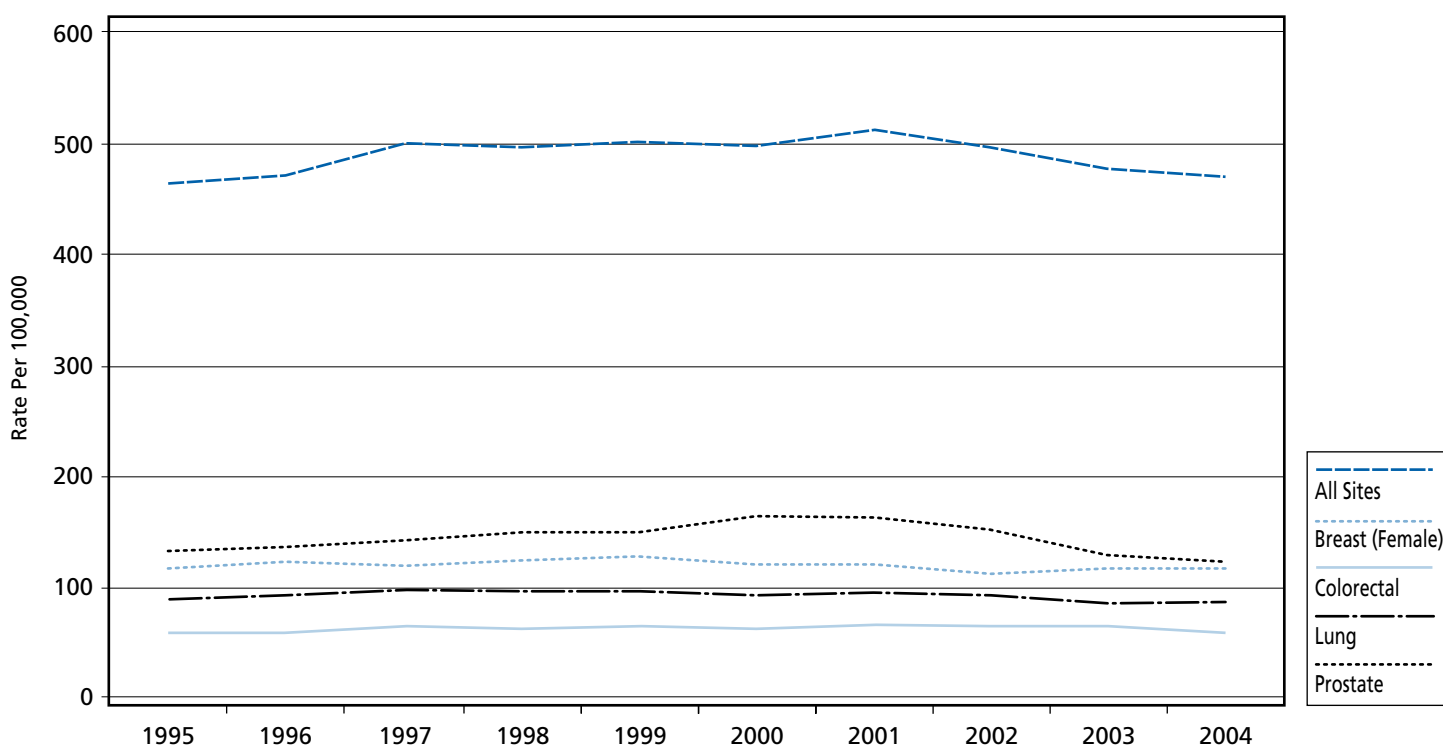
State Level Data, 2006 Estimates

2000 Census Population	1,808,344	
2006 Estimate ¹	1,821,300	
White, Non-Hispanic	1,715,652	94.2%
Black, Non-Hispanic	57,253	3.1%
Native American, Non-Hispanic	3,647	0.2%
Asian/Pacific Islander, Non-Hispanic	10,739	0.6%
Other/Multi-Race, Non-Hispanic	1,163	0.1%
Hispanic	15,552	0.9%
Persons under 18 years old	20.9%	
Persons 65 years old and over	15.8%	
Population with less than high school education	10.2%	
Households with income < \$15,000 per year	8.7%	
Median household income	\$34,959	

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

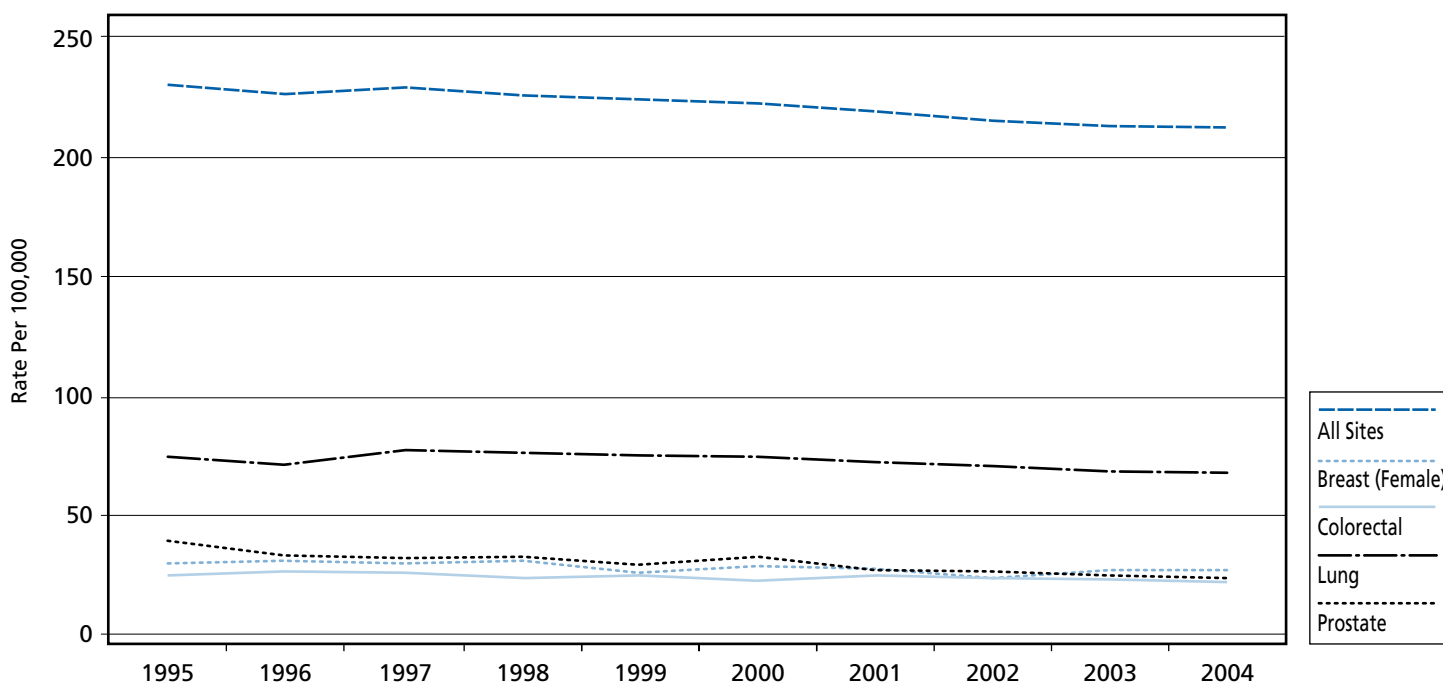
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West Virginia Cancer Incidence Rates by Cancer Site (1995-2004)



Note: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Data Source: West Virginia Cancer Registry, 2007

West Virginia Cancer Mortality Rates by Cancer Site (1995-2004)



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, 2007

West Virginia At a Glance



Tobacco

- **Percent of Population Covered by Clean Indoor Air Laws:** 81.0%
- **Tobacco excise tax:** \$0.55 (rank 37th)
- **State quitline:** 1-877-966-8784
- **Adult Smoking Rate:** 26.6% (was 26.9% in 2004)
- **High School Smoking Rate:** 25.3% (was 28.5% in 2003)
- **Covered by Medicaid for Smoking Cessation:** nicotine gum, nicotine patch, prescription nasal spray, prescription inhaler, Zyban, individual counseling, telephone counseling
- **FY2007 Tobacco Settlement Revenues:** \$51.7 million (estimate)
- **FY2007 State Tobacco Tax Revenues:** \$112.4 million (estimate)
- **Total Annual State Revenues from Tobacco:** \$164.1 million (estimate)
- **FY2006 Tobacco Prevention Spending:** \$5.4 million
- **Tobacco Prevention Spending Percent of Tobacco Revenue:** 3.3%
- **CDC's Annual Funding Recommendations:** \$14.2-35.4 million
- **Percentage of CDC Minimum Recommendations:** 38.1% (rank 22nd)
- **Annual Smoking Caused Health Costs:** \$690 million



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 - www.wvdhhr.org/bccsp/
- **Unique Aspect 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%



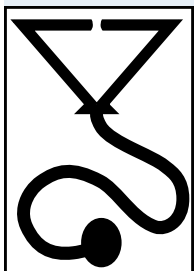
Colorectal

- **Mandatory coverage for colorectal 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. The WVCCI (West Virginia Colorectal Cancer Initiative) is funded by a cooperative agreement between WV Dept of Health and Human Resources and CDC to raise awareness and knowledge among the public and health professionals about the critical role screening plays in prevention and early detection of colon cancer. www.wvdhhr.org/bph/oehp/Cancer/colorectal.htm
- **Fecal Occult Blood Test (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 men.
- **PSA Test (50+):** 53.3%
- **PSA Test (45+, African American):** N/A

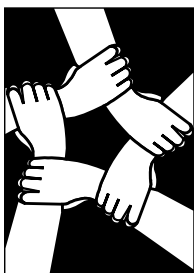


Access to Care

- **Number of Federally Qualified Health Centers and free clinics:** 34 main clinics; 153 satellite clinics
- **State fund for Uninsured Cancer Patients:** WV Legislature set up a Catastrophic Illness Commission in 1999 to provide funds when other avenues are exhausted.
- **Uninsured Population (18+):** 22.2% (was 22.7% in 2004)
- **Number of ACoS Approved Hospitals:** 11

■ **Number of NCI Cancer Centers:** 0

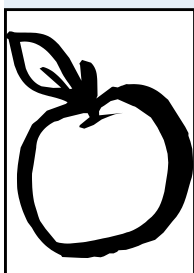
■ **Percent of population living in rural areas:** 44.8%



State Comprehensive Cancer Control

- **Status of Cancer Control Plan:** Mountains of Hope Coalition is in implementation phase. www.wvdhhr.org/bph/oehp/Cancer/coalition.htm
- **Accomplishments:** The Plan rewrite is complete with rollout reception in May 2007.
- **This Year's Activities:**
 - ▶ Forums have been held on ovarian and prostate cancers with information for public, professionals and survivors.

▶ Several active workgroups are working on updating the objectives for prevention, detection, treatment/quality of life.



Nutrition and Physical Activity

- **State coalition:** The West Virginia Coalition for Physical Activity is working to develop a comprehensive plan for obesity. www.wvdhhr.org/bph/oehp/hp/card/pahome1.htm In addition, Action for Healthy Kids, Physical Activity and Nutrition Program through the state Bureau of Health are active in this initiative. The On the Move program ran several pilot projects, including Physicians on the Move, Schools on the Move and Seniors on the Move.

- **Obesity initiatives:** West Virginia is one of two states to revise its Medicaid program to allow 160,000 beneficiaries to sign a personal responsibility contract with on of the requirements to progress to a healthy weight level. Every three months those who sign a contract can earn credits toward additional benefits if criteria are met.

■ **Physical Activity Initiatives:** All of West Virginia's 157 middle schools are receiving the video game "Dance, Dance Revolution" where students move their feet on a special mat that corresponds to symbols on the screen to get them moving at various paces. Officials hope to put the game in all 753 public schools within three years.

■ **No Physical Activity:** 28.6% (was 24.6% in 2004)

■ **Moderate Physical Activity:** 39.4% (was 42.4% in 2004)

■ **Eat 5 Fruits and Vegetables a Day:** 20.0% (was 18.7% in 2004)

■ **Percent of Population Overweight:** 65.5% (was 64.0% in 2004)

■ **Additional Initiative:** Clean indoor air regulations now exist in all 55 counties in West Virginia, a large percentage of them focused on workplace. The partnership of West Virginia Bureau for Public Health, Division of Tobacco Prevention and the American Cancer Society advocates for stronger tobacco control measures.

*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).

West Virginia Cancer Incidence, 2000-2004, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races ¹			White			Black			All Races ¹			White			Black		
	Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate		Cases	Rate	
ALL SITES	52,316	489.7	50,821	493.5	1,289	468.3	27,121	577.4	26,352	580.8	670	602.6	25,195	432.1	24,469	436.1	619	390.3
BREAST (FEMALE)													6,593	115.9	6,397	116.8	160	103.9
CERVICAL													526	10.5	500	10.4	20	~
COLORECTAL	6,611	61.3	6,398	61.4	190	67.4	3,335	71.9	3,252	72.5	71	64.6	3,276	53.4	3,146	53.2	119	71.0
LUNG & BRONCHUS	9,660	88.5	9,447	89.7	192	70.4	5,544	117.0	5,407	118.0	123	112.5	4,116	67.8	4,040	69.1	69	43.1
MELANOMA	1,660	16.2	1,652	16.8	^	~	948	20.3	944	21.0	^	~	712	13.5	708	14.0	^	~
PROSTATE							6,882	144.5	6,618	143.5	237	220.6						

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 5 or less not reported due to confidentiality issues

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

Source: West Virginia Cancer Registry, 2007

West Virginia Cancer Stage at Diagnosis, Percent of Total Cases, 2000-2004, 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
BREAST (FEMALE)	17.3	17.3	13.5	50.0	50.2	40.0	24.0	23.7	36.8	4.2	4.2	3.2	4.5	4.5	6.5
CERVICAL ²				47.9	48.8	30.0	28.1	27.0	45.0	10.5	10.4	15.0	13.5	13.8	10.0
COLORECTAL (FEMALE) ³				43.4	43.2	49.6	32.9	33.0	28.8	14.0	14.0	14.4	9.7	9.8	7.2
COLORECTAL (MALE) ³				43.8	44.0	36.5	33.0	33.2	27.0	14.7	14.5	23.0	8.5	8.3	13.5
MELANOMA (SKIN) ²				76.5	76.5	33.3	9.6	9.7	0.0	4.1	4.1	0.0	9.8	9.7	66.7
PROSTATE ²				74.7	74.7	73.4	5.7	5.7	5.5	4.2	4.0	9.7	15.5	15.6	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

Source: West Virginia Cancer Registry, 2007

West Virginia Cancer Mortality, 2000-2004, by Site, Gender and Race

	BOTH GENDERS						MALE						FEMALE					
	All Races¹			White			Black			All Races¹			White			All Races¹		
	Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate		Deaths	Rate	
ALL SITES	23,397	217.0	22,395	218.0	677	207.4	12,179	268.4	11,836	273.9	331	235.2	11,218	182.6	10,559	180.5	346	189.6
BREAST (FEMALE)													1,499	25.2	1,436	25.3	61	34.2
CERVICAL													189	3.5	186	3.6	^	~
COLORECTAL	2,387	22.2	2,296	22.4	90	27.7	1,185	26.4	1,143	26.7	41	29.8	1,202	18.9	1,153	19.0	49	25.8
LUNG & BRONCHUS	7,605	69.9	7,438	71.7	162	49.6	4,445	95.1	4,360	97.9	84	57.8	3,160	51.5	3,078	52.5	78	42.6
MELANOMA (SKIN)	305	2.9	304	3.1	^	~	200	4.3	199	4.5	^	~	105	1.8	105	1.9	^	~
PROSTATE							1,049	26.0	989	25.7	60	48.0						

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.

Source: West Virginia Health Statistics Center, 2007

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 old 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.

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 old 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.

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.
50 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 old 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., 2005

	% West Virginia	% U.S.
Total	26.6	20.6
18-24 years old	38.2	26.2
25-34 years old	34.4	23.7
35-44 years old	29.1	23.1
45-54 years old	28.4	22.7
55-64 years old	25.3	18.7
65 years and older	10.5	9.0
Male	27.4	22.7
Female	26.0	18.6
White only, non-Hispanic	26.3	21.0
Black only, non-Hispanic	17.0	21.0
Hispanic		18.5
Low Education**	35.0	17.9
Female 18-44	35.5	27.2
???.	34.5	21.7

* Ever smoked 100 cigarettes in lifetime and are current smokers (regular and irregular)

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

Source: Behavioral Risk Factor Surveillance System, 2005

Physical Activity, Adults 18 and Older, West Virginia and U.S., 2005

No Leisure Time Physical Activity*	% West Virginia	% U.S.
Total	28.6	25.2
Male	25.6	22.8
Female	31.3	27.4
White only, non-Hispanic	28.5	22.1
Black only, non-Hispanic	32.2	32.4
Hispanic	32.9	35.9
Low Education**	42.6	47.6

* Participation in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise during the past month (other than regular job)

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

Source: Behavioral Risk Factor Surveillance System, 2005

Nutrition, Adults 18 and Older, West Virginia and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% West Virginia	% U.S.
Total	20.0	24.3
Male	17.0	19.7
Female	22.9	28.7
White only, non-Hispanic	20.3	24.3
Black only, non-Hispanic	9.2	23.8
Hispanic	21.9	22.9
Low Education*	15.8	19.8

* Adults 25 years old and older with less than a high school education
Source: Behavioral Risk Factor Surveillance System, 2005

Overweight*, Adults 18 and Older, West Virginia and U.S., 2005

	% West Virginia	% U.S.
Total	65.5	61.3
Male	71.6	68.9
Female	59.5	53.8
White only, non-Hispanic	65.7	59.9
Black only, non-Hispanic	72.1	71.1
Low Education**	71.0	70.4

*Overweight is defined as having body mass index of 25 kg/m² or greater

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

Source: Behavioral Risk Factor Surveillance System, 2005

Youth Risk Behavior

Tobacco Use, High School Students, West Virginia and U.S., 2005

Current Cigarette Smoking*	% West Virginia	% U.S.
Total	25.3	23.0
Male	25.6	22.9
Female	24.8	23.0
Current Smokeless Tobacco Use**		
Total	14.9	8.0
Male	26.5	13.6
Female	3.0	2.2

* 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, 2005

Nutrition, High School Students, West Virginia and U.S., 2005

Eating 5 or More Fruits and Vegetables per Day	% West Virginia	% U.S.
Total	22.1	20.1
Male	23.0	21.4
Female	21.2	18.7

Source: Youth Risk Behavior Surveillance System, 2005

Physical Activity, High School Students, West Virginia and U.S., 2005

Met Current Physical Activity Level*	% West Virginia	% U.S.
Total	37.3	35.8
Male	43.3	43.8
Female	31.2	27.8
Met Previous Physical Activity Level**		
Total	68.1	68.7
Male	71.9	75.8
Female	64.1	61.5

* Activities that increased their heart rate and made them breathe hard some of the time for at least 60 minutes/day on 5 or more of the 7 days preceding the survey

** At least 20 minutes of vigorous physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey

Source: Youth Risk Behavior Surveillance System, 2005

Overweight, High School Students, West Virginia and U.S., 2005

At Risk for Becoming Overweight*	% West Virginia	% U.S.
Total	16.0	15.8
Male	14.7	15.8
Female	17.3	15.5
Overweight**		
Total	14.5	13.1
Male	19.2	16.0
Female	9.8	10.0

* Students who were at or above the 85th percentile but below the 95th 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, 2005

American Cancer Society Guidelines for Nutrition and Physical Activity

An estimated one-third of cancer deaths in the US each year are due to factors related to nutrition and physical activity and another one-third of cancer deaths are associated with tobacco use. Behavioral factors such as diet, physical activity and tobacco use account for most of the variation in individual cancer risk. Adopting healthy habits at any time in life can positively impact individual cancer risk. The American Cancer Society's Guidelines for Nutrition and Physical Activity for Cancer Prevention recommend diet and activity habits that can reduce individual cancer risk.

This year there are two significant updates to the guidelines: an increased emphasis on weight control to reduce cancer risk and a change in the recommendations for physical activity.

The American Cancer Society updates the Guidelines for Nutrition and Physical Activity for Cancer Prevention every five years to more accurately reflect current scientific evidence on the importance of weight control, physical activity, healthy diet and community

action. This year there are two significant updates to the guidelines: an increased emphasis on weight control to reduce cancer risk and a change in the recommendations for physical activity. The recommendations have been re-ordered, with the top recommendation being to maintain a healthy weight. The new guidelines now recommend at least 30 minutes of moderate to vigorous physical activity over and above the activities of daily life, with 45 to 60 minutes of intentional exercise being preferable.

The Guidelines also include a key recommendation for Community Action, encouraging public, private and community organizations to work together to create social and physical environments that make it easier for people to make healthy food and activity choices. This recommendation for community action recognizes that a supportive social environment is essential if individuals at all levels of society are to have genuine opportunities to choose healthy behaviors

Preventing Cancer

For the great majority of Americans who do not smoke cigarettes, dietary choices and physical activity are the most important ways to reduce cancer risk. The American Cancer Society recommends:

- Maintain a healthy weight throughout life by balancing caloric intake with physical activity.
- Adopt a physically active lifestyle, with adults getting at least 30 minutes of moderate-to-vigorous physical activity above usual activities on five or more days of the week.
- Eat a healthy diet, with an emphasis on vegetables, fruits, whole grains and legumes, limiting consumption of processed and red meats, and limit portion sizes
- If you drink alcoholic beverages, limit consumption to no more than one drink per day for women or two per day for men.

Weight

- People who are overweight or obese tend to have higher levels of insulin and estrogen circulating in their blood. These hormones are related to cell growth and are thought to influence cancer risk. It is important to maintain a healthy weight throughout life. The Society recommends that you lose weight if you are overweight or obese.
- Body Mass Index or BMI is a calculation used by health providers to categorize a person's weight as normal, overweight or obese. A BMI of 25.0 - < 30.0 or 'Overweight' indicates an increased risk of disease; persons with a BMI in the 30.0 - < 40.0 range (Obese I or Obese II) have a very high risk of disease and those in the 'Extremely Obese' category (40.0 and over) have an extremely high risk of disease. Refer to the table on page 77 to estimate your BMI using your height in inches and weight in pounds.
- The American Cancer Society recommends maintaining a Body Mass Index* of 25 or less. If you're overweight or obese, you are at a higher risk for many types of cancer. Important ways to maintain a healthy weight or lose weight if necessary are to increase your physical activity and watch portion sizes, especially of food high in calories, fat and/or added sugars.



Physical Activity

- Physical activity is a critical factor in cancer prevention, in part because being active helps to maintain a healthy weight.
- The Society recommends adults engage in at least 30 minutes of moderate to vigorous physical activity, above usual activities, on five or more days per week with 45 to 60 minutes of intentional physical activity preferable.

Nutrition

- The Society recommends choosing most foods from plant sources, such as vegetables, fruits, legumes and whole grains.
- Research indicates that if Americans ate a healthy, balanced diet that emphasized plant foods and that helped maintain a healthy weight along with physical activity, nearly one-third of all cancer deaths in the United States could be prevented.
- Consuming at least five servings of vegetables and fruit each day is an important part of eating a plant-based diet. Vegetables and fruit are loaded with cancer fighting antioxidants and phytochemicals that may help protect against cancer.

Alcohol

- If you drink alcohol, you should limit your consumption: men should have no more than two drinks per day; women should have no more than one drink per day.
- Research shows that the more alcohol consumed, the higher the risk of getting some kinds of cancer.
- The strongest associations between alcohol use and cancer are with oral, esophageal, laryngeal, pharyngeal and liver cancers.

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.

Body Weight in Pounds According to Height and Body Mass Index (BMI) for Adults

BMI (kg/m ²)	19	20	21	22	23	24	25	26	27	28	29	30	35	40
Height (in.)	Weight (lb.)													
58	91	96	100	105	110	115	119	124	129	134	138	143	167	191
59	94	99	104	109	114	119	124	128	133	138	143	148	173	198
60	97	102	107	112	118	123	128	133	138	143	148	153	179	204
61	100	106	111	116	122	127	132	137	143	148	153	158	185	211
62	104	109	115	120	126	131	136	142	147	153	158	164	191	218
63	107	113	118	124	130	135	141	146	152	158	163	169	197	225
64	110	116	122	128	134	140	145	151	157	163	169	174	204	232
65	114	120	126	132	138	144	150	156	162	168	174	180	210	240
66	118	124	130	136	142	148	155	161	167	173	179	186	216	247
67	121	127	134	140	146	153	159	166	172	178	185	191	223	255
68	125	131	138	144	151	158	164	171	177	184	190	197	230	262
69	128	135	142	149	155	162	169	176	182	189	196	203	236	270
70	132	139	146	153	160	167	174	181	188	195	202	207	243	278
71	136	143	150	157	165	172	179	186	193	200	208	215	250	286
72	140	147	154	162	169	177	184	191	199	206	213	221	258	294
73	144	151	159	166	174	182	189	197	204	212	219	227	265	302
74	148	155	163	171	179	186	194	202	210	218	225	233	272	311
75	152	160	168	176	184	192	200	208	216	224	232	240	279	319
76	156	164	172	180	189	197	205	213	221	230	238	246	287	328

BMI	Weight Category
18.5 or less	Underweight
18.5 - 24.9	Normal
25.0 - 29.9	Overweight
30.0 - 34.9	Obese I
35.0 - 39.9	Obese II
40 or greater	Extremely Obese

Accessed at www.consumer.gov/weightloss/bmi.htm April 2007.

Note: the site said the following:

Adapted with permission from Bray, G.A., Gray, D.S., Obesity, Part I, Pathogenesis, West J. Med. 1988: 149: 429-41.

American Cancer Society Screening Guidelines

For the Early Detection of Cancer in Asymptomatic People

Site	Recommendation
Breast	<ul style="list-style-type: none"> Yearly mammograms are recommended 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 exam should be part of a periodic health exam about every 3 years for women in their 20s and 30s, and every year for women 40 and older. Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exam 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 (i.e., breast ultrasound and MRI), or having more frequent exams.
Colon & rectum	<p>Beginning at age 50, men and women should begin screening with 1 of the examination schedules below:</p> <ul style="list-style-type: none"> A fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year A flexible sigmoidoscopy (FSIG) every 5 years Annual FOBT or FIT and flexible sigmoidoscopy every 5 years* A double-contrast barium enema every 5 years A colonoscopy every 10 years <p><i>*Combined testing is preferred over either annual FOBT or FIT, or FSIG every 5 years, alone. People who are at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule.</i></p>
Prostate	<p>The PSA test and the digital rectal examination should be offered annually, beginning at age 50, to men who have a life expectancy of at least 10 years. Men at high risk (African American men and men with a strong family history of 1 or more first-degree relatives diagnosed with prostate cancer at an early age) should begin testing at age 45. For both men at average risk and high risk, information should be provided about what is known and what is uncertain about the benefits and limitations of early detection and treatment of prostate cancer so that they can make an informed decision about testing.</p>
Uterus	<p>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 age 30, women who have had 3 normal test results in a row may get screened every 2 to 3 years. Alternatively, cervical cancer screening with HPV DNA testing and conventional or liquid-based cytology could be performed every 3 years. However, doctors may suggest a woman get screened more often if she has certain risk factors, such as HIV infection or a weak immune system. Women aged 70 years and older who have had 3 or more consecutive normal Pap tests in the last 10 years may choose to stop cervical cancer screening. Screening after total hysterectomy (with removal of the cervix) is not necessary unless the surgery was done as a treatment for cervical cancer.</p> <p>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).</p>
Cancer-related checkup	<p>For individuals undergoing periodic health examinations, a cancer-related checkup should include health counseling and, depending on a person's age and gender, might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some nonmalignant diseases.</p>

American Cancer Society guidelines for early cancer detection are assessed annually in order to identify whether there is new scientific evidence sufficient to warrant a reevaluation of current recommendations. If evidence is sufficiently compelling to consider a change or clarification in a current guideline or the development of a new guideline, a formal procedure is initiated. Guidelines are formally evaluated every 5 years regardless of whether new evidence suggests a change in the existing recommendations. There are 9 steps in this procedure and these "guidelines for guideline development" were formally established to provide a specific methodology for science and expert judgment to form the underpinnings of specific statements and recommendations from the Society. These procedures constitute a deliberate process to ensure that all Society recommendations have the same methodological and evidence-based process at their core. This process also employs a system for rating strength and consistency of evidence that is similar to that employed by the Agency for Health Care Research and Quality (AHCRO) and the US Preventive Services Task Force (USPSTF).

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The American Cancer Society is the largest source of private, not-for-profit cancer research funds in the United States, second only to the federal government. The number of all grants awarded in fiscal year 2006 (300) increased 5% over that in fiscal year 2005 (285).

In 2006, the 60th anniversary of the Society's Research Department, scientific advances in cancer care came from both applied and basic research. Notably, the first vaccine for cervical cancer, created with the help of Society-funded researchers, received federal approval. Its use is quickly becoming widespread. The vaccine holds enormous promise for reducing cervical cancer morbidity and mortality, particularly in developing nations. This edition of *South Atlantic Division Cancer Facts & Figures* contains a special section entitled Cervical Cancer and the HPV Vaccine.

In addition to the extramural program, the American Cancer Society conducts epidemiologic, surveillance and behavioral research at the National Home Office.

The American Cancer Society Epidemiology and Surveillance Research Department

maintains ongoing surveillance of patterns and trends in the occurrence of cancer, risk factors for cancer, screening examinations, and cancer patient care in the United States. It also conducts ongoing epidemiologic research analyses designed to explore possible causal links between cancer risk factors and cancer occurrence.

In 1994, the American Cancer Society's Board of Directors established the Behavioral Research Center (BRC) which is integral to the achievement of the American Cancer Society's 2015 goals, since one half to two thirds of cancer deaths can be linked to behavioral factors. BRC research has focused on 5 aspects of the cancer experience, from prevention, through detection and screening, treatment, to survivorship, and end-of-life issues. It also focuses on eliminating cancer disparities in cancer risk and treatment among special populations, including minorities, the poor, rural populations and other underserved groups.

As of January, 2007, there are 98 grants totaling \$44,920,500 in the South Atlantic Division. The extramural program supports research projects as well as training grants in selected health professions.



American Cancer Society Research in the South Atlantic Division

1/1/2007 Current Grants 98 Totaling \$44,920,500

DISTRICT OF COLUMBIA		9 GRANTS	TOTAL \$4,119,500
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		6	3,368,500
Maja Maric, Ph.D.	Disulfide Bond Processing and the Immune Response (\$543,000)		
Vanessa B. Sheppard, Ph.D.	Narrowing the Gap in Breast Adjuvant Therapy for African American Women (\$729,000)		
Peter G. Shields, M.D.	Institutional Research Grant* (\$247,500)		
Kathryn L. Taylor, Ph.D.	Quality of Life of Long-Term Prostate Cancer Survivors in the PLCO Trial (\$400,000)		
Todd Waldman, M.D., Ph.D.	Initiation and Effector Mechanisms of a PTEN-Dependent Size Checkpoint (\$720,000)		
Judy H. Wang, Ph.D.	Promoting Adherence to Mammography Use in Chinese Women (\$729,000)		
The Catholic University of America		1	\$40,000
Philip M. Domingue, M.S.W.	Clinical Trial of Adapted Emotionally Focused Therapy for Bereaved Parents (\$40,000)		
GEORGIA		13 GRANTS	TOTAL \$7,393,000
Emory University		9	5,528,000
Heath Accuff Elrod, Ph.D.	The Role of COX-2 in Perifosine-induced Apoptosis (\$138,000)		
E. Kathleen Adams, Ph.D., M.S.	Breast and Cervical Cancer in GA: BCCPTA Implementation and Effects (\$ 426,000)		

* 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.

Continued

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)		
Hinh Ly, Ph.D.	Telomerase Dysfunction in Aplastic Anemia and Myelodysplastic Syndromes (\$720,000)		
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	1,565,000
Karen L. Abbott, Ph.D.	Identification of Glycoprotein Biomarkers of Breast Carcinoma (\$138,000)		
Scott T. Dougan, Ph.D.	The Role of Nodal-Related Genes in Embryonic Development (\$707,000)		
Michael J. McEachern, Ph.D.	Telomere and Telomerase Function in Yeast (\$720,000)		
Morehouse School of Medicine		1	300,000
Beverly D. Taylor, M.D.	Physician Training Award in Preventive Medicine (\$300,000)		
MARYLAND		26 GRANTS	TOTAL \$10,454,000
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		13	6,029,000
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)		
Leisha Emens, M.D., Ph.D.	Manipulating Immunoregulatory Pathways to Maximize Breast Cancer Immunity (\$720,000)		
Eric Grote, Ph.D.	Cell Fusion of Mating Yeast (\$720,000)		
Kalina Hristova, Ph.D.	Role of FGFR3 Transmembrane Domain in Cancer (\$645,000)		
Jon R. Lorsch, Ph.D.	Mechanism of Action of a Central Translation Factor, eIF5B (\$720,000)		
Helai P. Mohammad, Ph.D.	The Role of CBX7 in Tumor Suppressor Gene Silencing (\$138,000)		
Joel L. Pomerantz, Ph.D.	Function of CARD11 in T Cell Receptor Signaling (\$720,000)		
Jonathan D. Powell, M.D., Ph.D.	De Novo Methylation as a Means of Promoting Tumor-induced T cell Tolerance (\$720,000)		
Richard B. Roden, Ph.D.	Papillomavirus L2 in Infection (\$774,000)		
Kathy J. Ruble, BSN, MSN, PNP	Musculoskeletal Outcomes after Childhood Bone Marrow Transplant (\$30,000)		
Ricky Soong, Ph.D.	NMR Studies of Potential Hydrogen Bonding in Glu391 FGFR3 Mutant Dimers (\$138,000)		
Maryland Biotechnology Institute		1	538,000
Wuyuan Lu, Ph.D.	Mirror Image Phage Display Targeting Survivin (538,000)		
NIH/National Cancer Institute		2	232,000
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)		
University of Maryland, Baltimore		7	1,587,000
Mary Ellen Haisfield-Wolfe, BSN, MS, RN, OCN	Uncertainty and First Line Treatment for Head and Neck Cancer Patients (\$30,000)		
Volker Mai, Ph.D., M.P.H.	Diet, Microflora and Colorectal Carcinogenesis in African Americans (\$727,000)		
Debrah W. Miller, M.A.	Masters Degree Scholarship in Cancer Nursing (\$20,000)		
Jayne M. Phillips, B.S.N., B.A.	Masters' Degree Scholarship in Cancer Nursing (\$20,000)		
Alan Tomkinson, Ph.D.	Institutional Research Grant* (\$220,000)		
David J. Weber, Ph.D.	Small Molecule Inhibitors of S100 Proteins (\$540,000)		
Myra Woolery, MN	Constipation in the Pediatric Oncology Patient (\$30,000)		

* 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.

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		35 GRANTS	TOTAL \$15,099,000
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		5	\$1,154,000
Angela M. Brinegar, BSN	Masters Degree Scholarship in Cancer Nursing (\$20,000)		
Ian Cushman, Ph.D.	Role of IcmT-Catalyzed Methylation in Rho Signaling and Cancer (\$138,000)		
Uma Sankar, Ph.D.	Role of Calcium Signaling in Hematopoietic Stem Cell Self-renewal (\$138,000)		
David R. Sherwood, Ph.D.	Genetic Analysis of Cell-Invasive Behavior (\$720,000)		
Michael J. Thomenius, Ph.D.	Scythe Regulation of Apoptosis in Vertebrates and Invertebrates (\$138,000)		
Duke University Medical Center		6	2,504,000
Andrew Berchuck, M.D.	Barbara Thomason Ovarian Cancer Professorship (\$500,000)		
Jeffrey T. Chang, Ph.D.	Decomposing the RB/E2F Pathway into Functional Components (\$124,000)		
Emily J. Chenette, Ph.D.	A Genomic Approach to Dissecting Ras Signaling in Lung Cancer (\$138,000)		
Herbert K. Lyerly, M.D.	Institutional Research Grant* (\$360,000)		
Jeffrey C. Rathmell, Ph.D.	Glucose Metabolism and Cell Death in Cancer (\$720,000)		
Tso-Pang Yao, Ph.D.	Functional Analysis of a Cytoplasmic Deacetylase HDAC6 (\$662,000)		
University of North Carolina, Chapel Hill		19	\$8,776,000
Noel T. Brewer, Ph.D.	Genomic Testing to Select an Optimal Breast Cancer Treatment (\$684,000)		
Matthew L. Cheever, Ph.D.	R7-RGS Proteins: Essential Components in Heterotrimeric G Protein Signaling (\$138,000)		
Jeanette G. Cook, Ph.D.	Control of Prereplication Complexes in Mammalian Cells (\$688,000)		
Samuel Cykert, M.D.	Lung Cancer Surgery: Anatomy of Decisions against Life Saving Care (\$1,733,000)		
Renee Doughman, Ph.D.	Characterization of Slit-Robo GTPase Activating Protein 2 in Tumorigenesis (\$138,000)		
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)		
Kevin D. Healy, Ph.D.	DLC-1 Tumor Suppression, Aberrant Rho GTPase Activation, and Lung Cancer (\$138,000)		
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)		
Deborah S. Porterfield, M.D., M.P.H.	Physician Training Award in Preventive Medicine PTAPM-01-085-05 (\$300,000)		
Wendy Kimryn Rathmell, M.D., Ph.D.	Genetic Determinants of Renal Cell Carcinoma (\$829,000)		
Kent L. Rossman, Ph.D.	Regulation of Asef by the Adenomatous Polyposis Coli (APC) Tumor Suppressor (\$94,000)		
Nasser M. Rusan, Ph.D.	Neural Stem Cells: Mitotic-spindle and Contractile Ring Positioning (\$138,000)		
Jeff Sekelsky, Ph.D.	Drosophila Blm in Double-strand Break Repair (\$720,000)		
Sophia K. Smith, B.S., M.S.W.	Quality of Life of Aging and Elderly Lymphoma Survivors (\$40,000)		
John Michael Thomson, Ph.D.	The Role of MicroRNAs in Tumorigenesis (\$138,000)		

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Continued

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)		
University of North Carolina, Charlotte		1	\$756,000
Christine Richardson, Ph.D.	Influence of Repetitive Elements on Repair of DSBs and Translocations (\$756,000)		
Wake Forest University		3	1,189,000
Kristie L. Foley, Ph.D.	Colon Cancer Treatment, Surveillance, and Survival among the Poor (\$274,000)		
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		5 GRANTS	TOTAL 2,769,000
Medical University of South Carolina		2	693,000
Kenneth D. Chavin, M.D., Ph.D.	Effects of Obesity on Musculocutaneous Flaps Used for Breast Reconstruction		
Carolyn E. Reed, M.D.	Institutional Research Grant* (\$240,000)		
University of South Carolina		3	2,076,000
Dan A. Dixon, Ph.D.	Post-Transcriptional Targeting COX-2 Gene Expression in Colorectal Cancer		
Douglas L. Pittman, Ph.D.	Understanding the Roles of RAD51-Related Genes in Cancer Initiation (\$722,000)		
Bao Ting Zhu, Ph.D.	Endogenous Estrogen-Fatty Acid Esters: Mammary Selective Hormones and Carcinogens		
VIRGINIA		9 GRANTS	TOTAL 4,366,000
University of Virginia		5	2,631,000
Todd W. Bauer, M.D.	Role of uPAR Signaling in Pancreatic Cancer Growth, Invasion and Metastasis (\$729,000)		
Loren D. Erickson, Ph.D.	Targeting Plasma Cell Precursors as the Multiple Myeloma Stem Cell (\$717,000)		
J. Thomas Parsons, Ph.D.	Institutional Research Grant* (\$270,000)		
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)		
University of Virginia Health System		1	138,000
Michael R. Elliott, Ph.D.	The Role of ELMO1 in Apoptotic Cell Engulfment In Vivo (\$138,000)		
Virginia Commonwealth University		3	1,597,000
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		1 GRANT	TOTAL \$720,000
West Virginia University			
Bing-Hua Jiang, Ph.D.	Role of P13K Signaling in Ovarian Tumorigenesis (\$720,000)	1	\$720,000

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DATA SOURCES

Cancer Incidence Data: Delaware Cancer Registry, District of Columbia Cancer Registry, Georgia Comprehensive Cancer Registry, Maryland Cancer Registry, North Carolina Central Cancer Registry, South Carolina Cancer Registry, Virginia Cancer Registry and West Virginia Cancer Registry supplied state and county level incidence data. The Surveillance, Epidemiology and End Results (SEER) Program of the National Cancer Institute (<http://www.seer.cancer.gov>) is the source of estimates of U.S. incidence data.

Data on Stage at Diagnosis: Data on stage at cancer diagnosis were also provided by the Delaware Cancer Registry, District of Columbia Cancer Registry, Georgia Comprehensive Cancer Registry, Maryland Cancer Registry, North Carolina Central Cancer Registry, South Carolina Cancer Registry, Virginia Cancer Registry and West Virginia Cancer Registry.

Cancer Mortality Data: Delaware Cancer Registry, District of Columbia Cancer Registry, Georgia Comprehensive Cancer Registry, Maryland Vital Statistics Administration, North Carolina Central Cancer Registry, South Carolina Cancer Registry, and Virginia and West Virginia Centers for Health Statistics supplied the mortality data in this publication. The source for U.S. mortality data is the SEER Program of the National Cancer Institute at <http://www.seer.cancer.gov>

Five-year Counts of New Cancer Cases and Deaths: Numbers of cancer cases and deaths are presented as total counts for the 5-year period 2000-2004 unless otherwise noted. For an average annual count, divide the 5-year count by five.

Estimates of New Cancer Cases and Deaths: Estimates of new cancer cases and deaths for 2007 are provided by the American Cancer Society, Surveillance Research Department. Beginning in 2007, estimated new cancer cases were computed using a new, more accurate method developed by researchers at the National Cancer Institute and the American Cancer Society. Improvements in the new model include use of data from a much larger percentage of the US population, allowance for geographical variation in cancer incidence, adjustment for delays in reporting and the inclusion of many socio-demographic, medical facility, lifestyle and cancer screening behavior variables. For more information, see http://www.cancer.org/docroot/stt/stt_0.asp. Due to the new methodology, the table on 'How to Estimate Cancer Statistics Locally' has been eliminated from this publication.

Demographic Data: Claritas, Inc. Updated annually, Claritas demographic estimates for 2006 are based on the 2000 U.S. Census. Copyright © 2006 Thomson Medstat. ALL RIGHTS RESERVED.

Risk Factor Data

Adult Risk Factor Data: The Behavioral Risk Factor Surveillance System (BRFSS) is 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 computer-assisted telephone interviews with adults ages 18 and older who live in a household in a state or US territory. BRFSS data are reported on an annual basis although not all questions are asked annually. Unless otherwise noted, risk factor data are from the 2005 BRFSS survey and screening data are from 2004.

Youth Risk Factor Data: The Youth Risk Behavior Surveillance System (YRBSS) is a state-based survey of the CDC and NCCDPHP in voluntary collaboration with states. The survey is designed to provide state and local prevalence estimates on health risk behaviors, such as tobacco use, unhealthy dietary behaviors and physical inactivity, among youth and young adults who attend public high schools. The YRBSS is a biennial survey conducted on odd-numbered years. Not all states participate in the YRBS.

Youth Tobacco Data: The Youth Tobacco Survey (YTS), developed by the 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. Not all states participate in the YTS.

Notes on Risk Factor Data

Low Education: individuals in an age group (at least 25 years old) without a high school diploma or GED

Recent Mammogram: women ages 40+ with a mammogram within the past year

Recent Pap Test: women ages 18+ within the past 3 years

Recent Sigmoidoscopy/Colonoscopy: sigmoidoscopy/colonoscopy within the past 5 years

Prostate-Specific Antigen (PSA) test: men ages 50+ or African American men ages 45+, PSA within the past year

Adult Smoking Rate: 18+, current cigarette smokers, (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) from YRBSS 2005 and YTS 2005

Leisure Time Activity (BRFSS): ages 18+ with participation in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise during the past month (other than regular job)



Physical Activity at Currently Recommended Level (YRBSS): activities that increased their heart rate and made them breathe hard some of the time for at least 60 minutes/day on 5 or more of the 7 days preceding the survey

Physical Activity at Previously Recommended Level (YRBSS): at least 20 minutes of vigorous physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey

Nutrition: eat 5 or more fruits or vegetables per day

Percent of Population Overweight: Body Mass Index of 25.0 kg/m² or higher

Uninsured Population: ages 18 and over who do not have health insurance.

TECHNICAL NOTES

Notes on Delaware Cancer Registry Data

Delaware has been working hard to improve non-hospital case reporting, and has enjoyed some success in this area. This improved — and still improving — reporting has led to identification of cases previously unknown to the Registry, increasing the number of incident cases captured. Until reporting by non-hospital providers becomes as routine and complete as that of our hospital providers, it is important to recognize that increases in incidence rates may result from increased reporting versus truly increased incidence. Readers should exercise particular caution in interpreting rates during this period of transition.

Notes on Virginia Cancer Registry Data

Data in the Virginia Cancer Registry (VCR) reflect a conservative account of the disease. Not all outpatient facilities 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 been able to assess the extent to which these biases exist, so interpret the data with caution.

Notes on Maryland Cancer Registry Data

Incidence data for recent years from the Maryland Cancer Registry have been suppressed since these data are undergoing a data quality review and were unavailable at time of publication. Maryland state and county data for incidence year 2003 will not be included as single year data or multiple year data. Incidence data for all cancer sites combined, malignant melanoma and cervix are only shown up to 2001 or multiple years up to 2001 (e.g., 1997-2001). Incidence data for cancers of the breast, colon/rectum, lung/bronchus and prostate are shown up to 2002, or multiple years up to 2002 (e.g. 1998-2002). Data on stage at diagnosis are available for 1998-2002 only for cancers of the breast, colon/rectum and prostate.

AT A GLANCE REPORTS

Data Sources

Tobacco: Americans For Nonsmokers' Rights Foundation, 2007 (www.no-smoke.org); State Medicaid Tobacco Dependence Treatment Survey 2005, (*MMWR* (2006) 55(44):1194-1197; Campaign for Tobacco-Free Kids, 2007 www.tobaccofreekids.org)

BCCEDP: State Breast and Cervical Cancer Early Detection Program, 2004 Insurance Coverage Data: National Cancer Institute: State Cancer Legislative Database, 2007;

Access to Care: *Health Resources and Services Administration's Bureau of Health Professionals*, 2005; Unite for Sight, Inc., 2007 (Federally Qualified Health Center and free clinic Information) <http://uniteforsight.org/freeclinics.php>; ACoS Approved Hospitals: <http://web.facs.org/cpm/default.htm>; Rural population data based on 2006 estimates (Census Economic Research Service, USDA) www.ers.usda.gov/statefacts/; Transportation programs: American Cancer Society's Community Resource Directory, April, 2007.

Risk Factor Data: *Behavioral Risk Factor Surveillance System (BRFSS)*, 2004, 2005; *Youth Tobacco Survey (YTS)*, 2005 (VA), *Youth Risk Behavior Surveillance System (YRBSS)*, 2005 (DE, DC, GA, MD, NC, SC, WV).

State Cancer Registries & Vital Statistics

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www.schs.state.nc.us/SCHS/CCR/

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www.scdhec.gov/co/phsis/biostatistics/SCCCR/scccrmain.htm

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Phone: (804) 864-7865
www.vahealth.org/cdpc/cancer/index.asp

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www.vdh.virginia.gov/healthstats/

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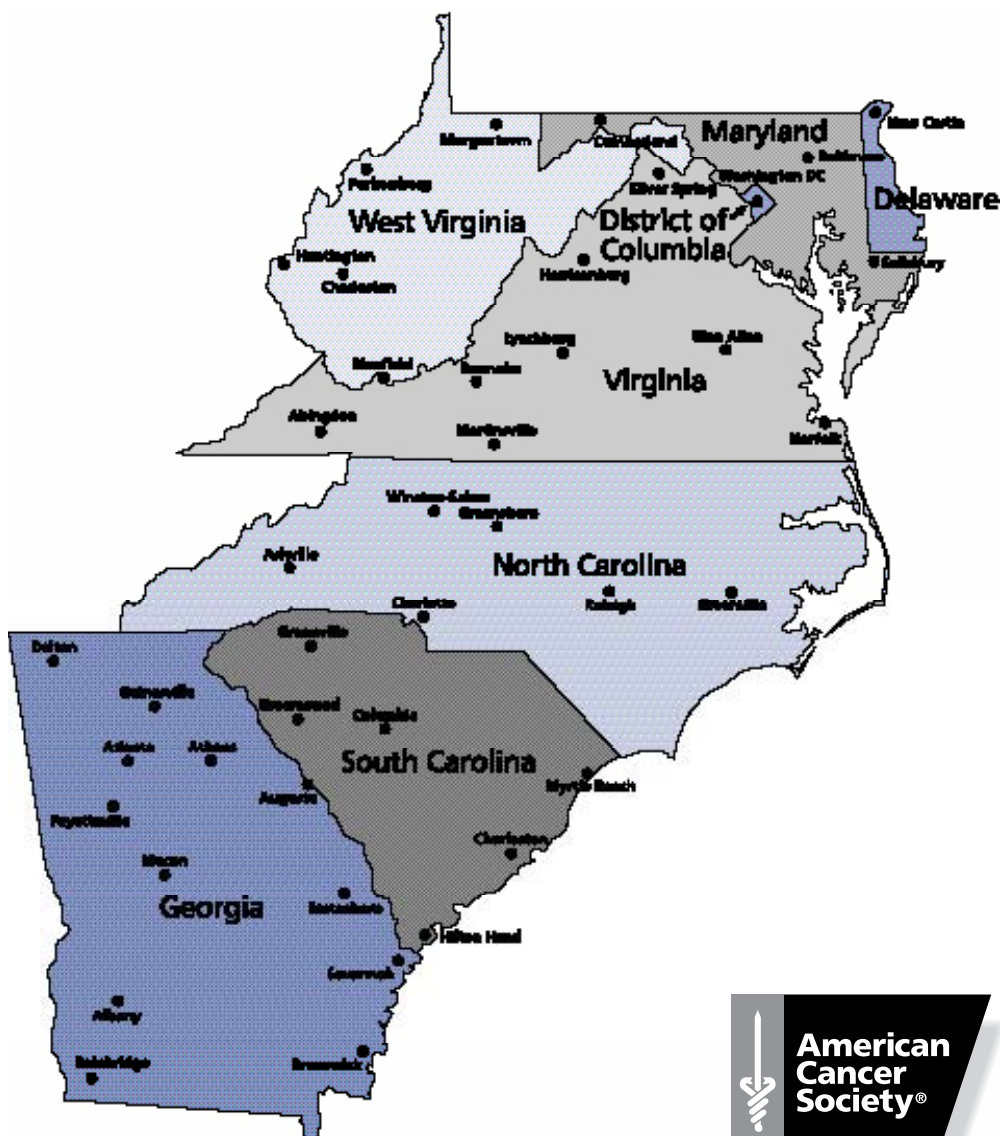
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