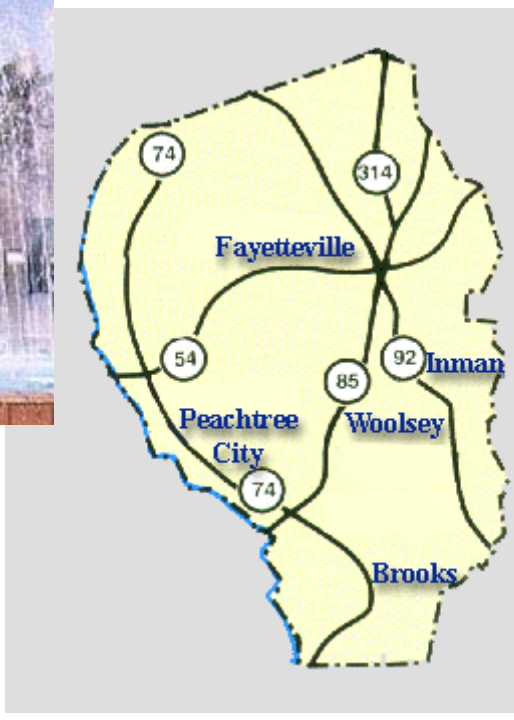
Cancer in Peachtree City

A Special Report by the Georgia Comprehensive Cancer Registry



Georgia Department of Human Resources
Division of Public Health

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Peachtree City – History and Background

The area of Peachtree City was first settled by Woodland Era Indians about 2,000 years ago. In 1775, William McIntosh, Jr., son of a Scotsman and a Creek Indian woman, was born. He later became Chief of the Lower Creek Indian tribes who lived in Georgia. McIntosh believed that the Indians and white settlers could live in peace. In 1821, he ceded Creek land to the federal government, part of which became Fayette County. McIntosh was killed by fellow tribesmen in 1825. Following his death, his two wives and several of his children stayed for several months at the Ware plantation, located in what is now Peachtree City. In honor of Chief McIntosh, many towns and roads in Fayette County were originally given Scottish names.

In the 1950s, a group of real estate developers amassed over 12,000 acres in Fayette County to build a planned community. Peachtree City was chartered March 9, 1959. The city was to be developed into villages, each with its own shopping areas, recreational facilities, and elementary schools. Peachtree City's current villages are Aberdeen, Braelinn, Glenloch, Kedron, and West.

In the original plan, Peachtree City was expected to have between 75,000 and 80,000 residents. In the mid 1970s, the Land Use Plan was revised to allow for between 40,000 and 50,000 residents. In 2000, the US Census count for Peachtree City was about 32,000. The final population is expected to reach approximately 36,000 residents within the current city limits.

Peachtree City features a host of amenities, including three golf courses, two lakes, a 2,200 seat amphitheater, a state-of-the-art tennis center, an indoor swimming complex, and numerous other recreational facilities. Peachtree City's system of paved recreational paths is enjoyed by people on foot, bicycles, and golf carts. The 70-mile network of paths connects neighborhoods, retail centers, churches, schools, and recreation areas, using tunnels and bridges to safely cross major thoroughfares.

Encompassing 15,637 acres, or approximately 24 square miles, Peachtree City is geographically located in northwestern Georgia and is found in Fayette County. It is situated about 15 miles south of the city limits of Atlanta and is considered part of the metro Atlanta area. Average rainfall is 48.6 inches per year. Land elevations range from 740 to 961 feet above sea level. The general terrain of the area is characteristic of the Piedmont region of Georgia, featuring hills with broad ridges, sloping uplands, and relatively narrow valleys.

Peachtree City is accessible via Interstate 85 and State Highways 54 and 74. Peachtree City Falcon Field is located on the western fringes of the city and Hartsfield-Jackson Atlanta International Airport is located about 20 miles north. There is direct railway freight service provided by CSX (Chessie Seaboard Railroad).

For more information about Peachtree City, please visit the official website: http://www.ptcgovernment.org/.

Purpose of This Report

Every year, the Georgia Division of Public Health receives several inquiries about cancer rates in Peachtree City. In an effort to eliminate any misconceptions about the area, the Georgia Comprehensive Cancer Registry decided to perform a complete cancer data analysis. It is the intention of the authors to present factual information that can help alleviate undue concern for all Peachtree City residents.

Basic Cancer Information

What is cancer?
Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the growth is not controlled, it can result in death. Cancer is caused by both internal and external factors. Many cancers can be prevented by lifestyle changes and many can be cured if detected and treated promptly.

How many new cases are expected to occur this year?
In 2005, an estimated 38,400 Georgians were diagnosed with cancer — about 105 per day. In the United States (U.S.), 1.4 million cases of cancer are expected to occur in 2005. These estimates do not include non-melanoma skin cancer and carcinoma in situ for sites other than urinary bladder. National estimates suggest that more than one million cases of basal and squamous cell skin cancers were diagnosed in the United States in 2005.

How many people are expected to die of cancer this year?
In 2005, an estimated 16,650 Georgians were expected to die from cancer. Cancer is the second leading cause of death in Georgia, with about 1 out of every 5 deaths attributable to cancer. In the U.S., 570,280 cancer deaths were expected to occur in 2005.

Can cancer be prevented?
Many cancers can be prevented. Nearly two-thirds of cancer deaths can be linked to modifiable risk factors such as tobacco use, diet, obesity, and lack of exercise. In addition, many skin cancers could be prevented by protection from the sun's rays. Regular screening exams by a health care provider can result in early detection of many cancers, when treatment is more likely to be successful.

Who is at risk for developing cancer?
Everyone. Since the occurrence of cancer increases as individuals age, most cancers affect adults who are middle-aged or older. Nearly 73% of all cancers in Georgia are diagnosed at age 55 and older. In the U.S., males have a 1 in 2 lifetime risk of developing cancer, and females have a 1 in 3 lifetime risk. Lifetime risk refers to the probability that an individual, over the course of a lifetime, will develop cancer.

How is cancer treated?
Cancer is commonly treated by surgery, radiation, chemotherapy, hormones, immunotherapy (agents to stimulate the body's defenses), or a combination of two or more of these methods.

What are the costs of cancer?
The financial costs of cancer are great both to the individual and to society as a whole. Estimates from the National Institutes of Health put the overall annual cost for cancer in the U.S. at $189.8 billion: $69.4 billion for direct medical costs including health expenditure, $16.9 billion for indirect morbidity costs associated with lost productivity, and $103.5 billion for indirect mortality costs (cost of lost productivity due to premature death). Georgia cancer costs are approximately $4.6 billion: $1.7 billion for direct medical costs, $406 million for indirect morbidity costs, and $2.5 billion for indirect mortality costs.

Causes of Cancer in the United States

Estimated percentage of total cancer deaths attributable to established causes of cancer

Risk Factor	*Percentage*
Tobacco	30%
Adult diet/obesity	30%
Sedentary lifestyle	5%
Occupational factors	5%
Family history of cancer	5%
Viruses/other biologic agents	5%
Perinatal factors/growth	5%
Reproductive factors	3%
Alcohol	3%
Socioeconomic status	3%
Environmental pollution	2%
Ionizing/ultraviolet radiation	2%
Prescription drugs/medical procedures	1%
Salt/other food additives/contaminants	1%

Source: Cancer Causes & Control, Harvard Report on Cancer Prevention, 1996

State of Georgia

Cancer Incidence

During 1999-2002, an annual average of 32,574 new invasive cancer cases were diagnosed in Georgia: 16,991 among males and 15,583 among females *(Table 1)*. Four cancer sites – breast, prostate, lung, and colorectal – accounted for 57% of the cancer cases in Georgia. The burden of these cancers can be significantly reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.

- Males in Georgia are 46% more likely than females to be diagnosed with cancer.
- Prostate cancer is the leading cause of cancer incidence among Georgia males (average annual age-adjusted rate 168.9 per 100,000). It accounts for 29% of all cancer cases among males each year.
- Breast cancer is the leading cause of cancer incidence among Georgia females (124.3 per 100,000). It accounts for 32% of all cancer cases among females each year.
- For both males and females, lung and colorectal cancer are the second and third leading causes of cancer incidence.

Cancer Mortality

During 1999-2003, an annual average of 13,689 Georgians died from cancer: 7,228 males and 6,461 females *(Table 2)*. Breast, prostate, lung, and colorectal accounted for 53% of the cancer deaths in Georgia. Cancer mortality can be greatly reduced through appropriate screening. In most cases, the earlier a cancer is found and treated, the better the chances are for survival.

- Males in Georgia are 62% more likely than females to die from cancer.
- Lung cancer is the leading cause of cancer mortality among both Georgia males (90.2 per 100,000) and females (40.2 per 100,000). It accounts for 35% of all cancer deaths among males and 24% among females each year.
- Prostate and colorectal cancer are the second and third leading causes of cancer deaths among males.
- Breast and colorectal cancer are the second and third leading causes of cancer deaths among females.

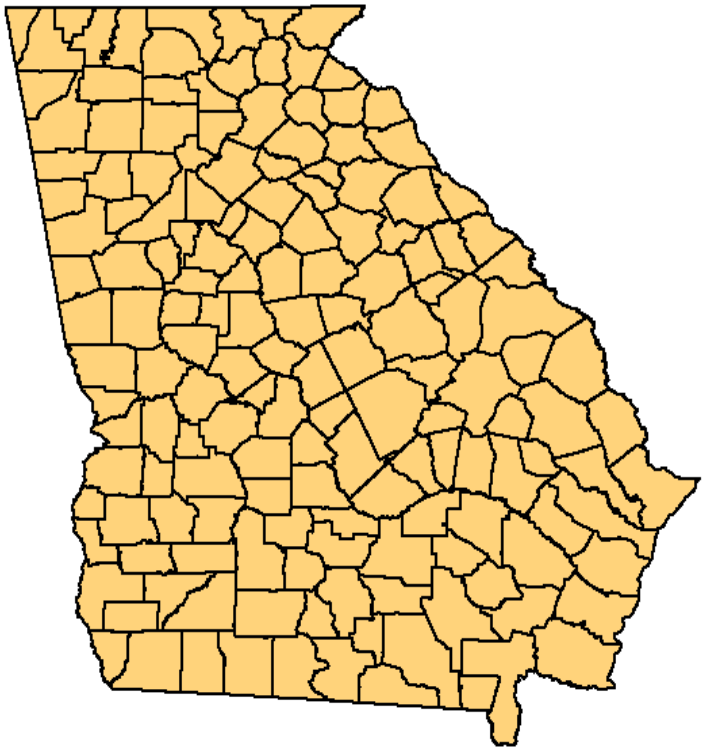


Table 1. Age-adjusted Cancer Incidence Rates, Georgia, 1999-2002

Site	Total		Male		Female	
	Cases	Rate	Cases	Rate	Cases	Rate
All Sites	130,297	461.4	67,964	569.8	62,332	390.7
Oral Cavity	3,332	11.5	2,264	17.2	1,068	6.7
Esophagus	1,395	5.0	1,068	8.7	327	2.1
Stomach	1,877	6.8	1,091	9.4	786	5.0
Colon and Rectum	14,039	51.2	7,114	61.8	6,925	43.9
Liver	962	3.4	655	5.3	307	1.9
Pancreas	2,859	10.6	1,421	12.4	1,438	9.2
Larynx	1,485	5.2	1,214	9.8	271	1.7
Lung and Bronchus	20,859	76.1	12,702	109.9	8,157	52.5
Bone and Joints	244	0.7	140	0.9	104	0.6
Melanoma	4,893	16.4	2,769	21.5	2,124	12.9
Breast	--	--	--	--	19,973	124.3
Uterine Cervix	--	--	--	--	1,641	9.8
Uterine Corpus	--	--	--	--	2,886	18.1
Ovary	--	--	--	--	2,083	13.1
Prostate	--	--	19,867	168.9	--	--
Testis	--	--	708	4.0	--	--
Kidney and Renal Pelvis	3,420	12.0	2,097	16.8	1,323	8.4
Bladder (Incl in situ)	4,803	17.9	3,552	32.5	1,251	8.0
Brain and Other Nervous System	1,881	6.2	1,034	7.4	847	5.2
Thyroid	1,979	6.2	478	3.3	1,501	8.9
Hodgkin Lymphoma	840	2.5	457	2.9	383	2.2
Non-Hodgkin Lymphoma	4,563	16.0	2,397	19.0	2,166	13.6
Multiple Myeloma	1,599	5.8	844	7.4	755	4.8
Leukemias	2,897	10.2	1,612	13.3	1,285	8.0

Note: All rates are average annual rates per 100,000 population, age-adjusted to the 2000 US standard million population.

Table 2. Age-adjusted Cancer Mortality Rates, Georgia, 1999-2003

Site	Total		Male		Female	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Sites	68,446	201.1	36,140	263.0	32,306	162.7
Oral Cavity	1,030	2.9	669	4.4	361	1.8
Esophagus	1,567	4.4	1,191	7.8	376	1.9
Stomach	1,418	4.2	812	5.7	606	3.0
Colon and Rectum	6,455	19.2	3,198	23.5	3,257	16.3
Liver	1,148	3.3	726	4.9	422	2.1
Pancreas	3,595	10.7	1,749	12.6	1,846	9.4
Larynx	517	1.5	424	2.9	93	0.5
Lung and Bronchus	20,635	60.5	12,768	90.2	7,867	40.2
Melanoma	925	2.6	562	3.6	363	1.8
Breast	--	--	--	--	5,143	25.5
Cervix	--	--	--	--	593	2.9
Corpus and Uterus, NOS	--	--	--	--	740	3.8
Ovary	--	--	--	--	1,785	9.0
Prostate	--	--	3,782	34.4	--	--
Testis	--	--	36	0.2	--	--
Kidney and Renal Pelvis	1,320	3.8	817	5.7	503	2.5
Bladder	1,313	4.1	847	6.9	466	2.3
Brain and Other Nervous System	1,474	4.0	826	5.0	648	3.2
Thyroid	137	0.4	59	0.4	78	0.4
Hodgkin Lymphoma	152	0.4	83	0.5	69	0.3
Non-Hodgkin Lymphoma	2,345	7.0	1,194	8.5	1,151	5.8
Multiple Myeloma	1,430	4.3	709	5.2	721	3.7
Leukemias	2,417	7.1	1,317	9.7	1,100	5.5

Note: All rates are average annual rates per 100,000 population, age-adjusted to the 2000 US standard million population.

Georgia Health District 4-0 – LaGrange

Cancer Incidence

- During 1999-2002, an annual average of 2,547 new invasive cancer cases were diagnosed in Health District 4-0: 1,324 among males and 1,223 among females *(Table 3)*.
- Males are 42% more likely than females to be diagnosed with cancer in District 4-0.
- The overall age-adjusted cancer incidence rate for males in District 4-0 is 555.5 per 100,000 population. This is lower than the rate for Georgia males (569.8 per 100,000), but this difference is not statistically significant.
- Prostate, lung, and colorectal are the top cancer sites among males in District 4-0.
- Prostate and lung cancer incidence rates for males in District 4-0 are similar to those for Georgia males.
- The colorectal cancer incidence rate is lower for males in District 4-0 than for Georgia males, but this difference is not statistically significant.
- The esophageal cancer incidence rate is significantly lower for males in District 4-0 than for Georgia males.
- The overall age-adjusted cancer incidence rate for females in District 4-0 is 390.8 per 100,000 population. This is similar to the rate for Georgia females (390.7 per 100,000).
- Breast, lung, and colorectal are the top cancer sites among females in District 4-0.
- Breast, lung, and colorectal cancer incidence rates for females in District 4-0 are similar to those for Georgia females.
- The thyroid cancer incidence rate is significantly lower for females in District 4-0 than for Georgia females.

Cancer Mortality

- During 1999-2003, an annual average of 1,107 cancer deaths occurred in Health District 4-0: 568 among males and 539 among females *(Table 4)*.
- Males are 49% more likely than females to die from cancer in District 4-0.
- The overall age-adjusted cancer mortality rate for males in District 4-0 is 255.1 per 100,000 population. This is lower than the rate for Georgia males (263.0 per 100,000), but this difference is not statistically significant.
- Lung, prostate, and colorectal are the leading causes of cancer death among males in District 4-0.
- The lung cancer mortality rate for males in District 4-0 is similar to that for Georgia males.
- The prostate cancer mortality rate is significantly lower for males in District 4-0 than for Georgia males.
- The colorectal cancer mortality rate is higher for males in District 4-0 than for Georgia males, but this difference is not statistically significant.
- The esophageal cancer mortality rate is significantly lower for males in District 4-0 than for Georgia males.
- The overall age-adjusted cancer mortality rate for females in District 4-0 is 171.2 per 100,000 population. This is significantly higher than the rate for Georgia females (162.7 per 100,000).
- Lung, breast, and colorectal are the leading causes of cancer death among females in District 4-0.
- Lung, breast, and colorectal cancer mortality rates for females in District 4-0 are higher than those for Georgia females, but these differences are not statistically significant.

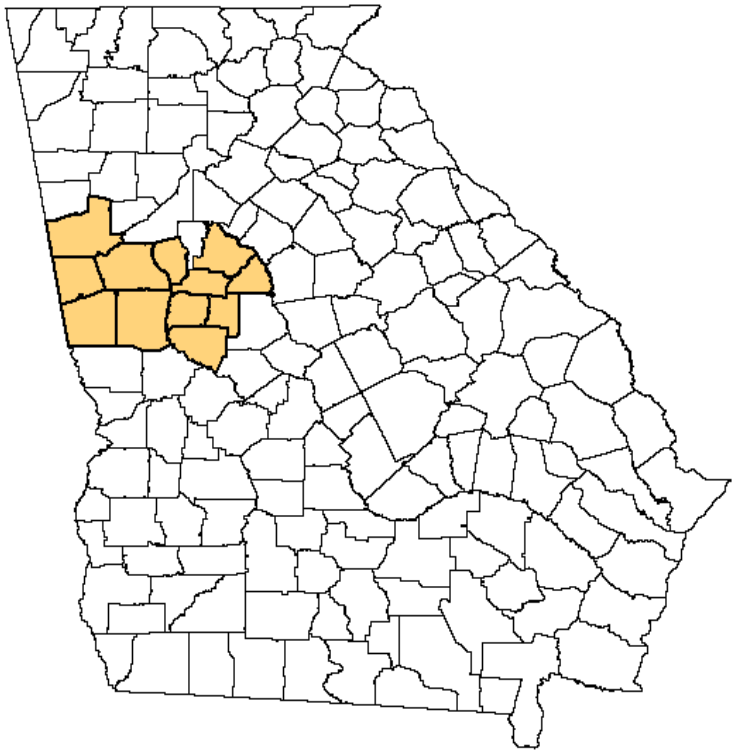


Table 3. Age-adjusted Cancer Incidence Rates, Georgia Health District 4-0, 1999-2002

Site	Total		Male		Female	
	Cases	Rate	Cases	Rate	Cases	Rate
All Sites	10,188	456.0	5,295	555.5	4,893	390.8
Oral Cavity	252	11.1	176	17.4	76	6.0
Esophagus	89	4.0*	66	6.5*	23	1.9
Stomach	148	6.9	83	9.1	65	5.2
Colon and Rectum	1,078	49.8	524	57.2	554	44.6
Liver	76	3.4	48	5.0	28	2.2
Pancreas	223	10.5	103	10.7	120	9.6
Larynx	128	5.6	106	10.5	22	1.7
Lung and Bronchus	1,668	76.4	1,011	108.0	657	53.6
Bone and Joints	26	1.0	14	~	12	~
Melanoma	422	18.0	232	22.4	190	14.9
Breast	--	--	--	--	1,546	122.6
Uterine Cervix	--	--	--	--	139	10.8
Uterine Corpus	--	--	--	--	224	17.8
Ovary	--	--	--	--	165	13.1
Prostate	--	--	1,588	166.7	--	--
Testis	--	--	39	3.1	--	--
Kidney and Renal Pelvis	265	11.8	158	16.2	107	8.6
Bladder (Incl in situ)	415	19.4	321	35.9	94	7.6
Brain and Other Nervous System	161	6.8	85	7.6	76	6.0
Thyroid	112	4.6*	28	2.6	84	6.5*
Hodgkin Lymphoma	54	2.3	25	2.1	29	2.3
Non-Hodgkin Lymphoma	343	15.5	172	17.7	171	13.9
Multiple Myeloma	131	6.1	76	8.9	55	4.5
Leukemias	230	10.4	127	13.6	103	8.1

Notes: All rates are average annual rates per 100,000 population, age-adjusted to the 2000 US standard million population.
* Rate is significantly lower than the state rate ($p<.05$).
~ Rates not calculated where the number of cases is less than twenty.

Table 4. Age-adjusted Cancer Mortality Rates, Georgia Health District 4-0, 1999-2003

Site	Total		Male		Female	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Sites	5,533	203.6	2,840	255.1	2,693	171.2†
Oral Cavity	76	2.6	43	3.4	33	2.1
Esophagus	108	3.8	81	6.3*	27	1.7
Stomach	110	4.1	67	6.0	43	2.7
Colon and Rectum	524	19.8	260	24.3	264	16.7
Liver	78	2.9	44	3.8	34	2.1
Pancreas	304	11.5	136	11.8	168	10.7
Larynx	46	1.7	34	2.8	12	~
Lung and Bronchus	1,678	61.4	1,028	89.1	650	41.9
Melanoma	80	2.8	40	3.3	40	2.5
Breast	--	--	--	--	420	26.2
Cervix	--	--	--	--	59	3.7
Corpus and Uterus, NOS	--	--	--	--	52	3.4
Ovary	--	--	--	--	157	10.0
Prostate	--	--	259	29.5*	--	--
Testis	--	--	<5	~	--	--
Kidney and Renal Pelvis	117	4.2	78	6.4	39	2.5
Bladder	100	3.9	68	6.8	32	2.0
Brain and Other Nervous System	129	4.5	62	4.8	67	4.2
Thyroid	10	~	5	~	5	~
Hodgkin Lymphoma	16	~	11	~	5	~
Non-Hodgkin Lymphoma	181	6.8	84	7.7	97	6.2
Multiple Myeloma	118	4.5	56	5.4	62	3.9
Leukemias	209	7.8	123	11.7	86	5.4

Notes: All rates are average annual rates per 100,000 population, age-adjusted to the 2000 US standard million population.
* Rate is significantly lower than the state rate (p<.05).
† Rate is significantly higher than the state rate (p<.05).
~ Rates not calculated where the number of cases is less than twenty.

Fayette County, Georgia

Cancer Incidence

- During 1999-2002, an annual average of 369 new invasive cancer cases were diagnosed in Fayette County: 193 among males and 176 among females *(Table 5)*.
- Males are 39% more likely than females to be diagnosed with cancer in Fayette County.
- The overall age-adjusted cancer incidence rate for males in Fayette County is 525.0 per 100,000 population. This is significantly lower than the rate for Georgia males (569.8 per 100,000).
- The overall age-adjusted cancer incidence rate for females in Fayette County is 376.6 per 100,000 population. This is lower than the rate for Georgia females (390.7 per 100,000), but this difference is not statistically significant.
- Prostate, lung, and colorectal are the top cancer sites among males in Fayette County.
- Breast, lung, and colorectal are the top cancer sites among females in Fayette County.
- The prostate cancer incidence rate is higher for males in Fayette County than for Georgia males, but this difference is not statistically significant.
- The breast cancer incidence rate for females in Fayette County is similar to that for Georgia females.
- Lung, colorectal, and pancreatic cancer incidence rates are significantly lower in Fayette County than in Georgia as a whole.
- Melanoma and brain cancer incidence rates are significantly higher in Fayette County than in Georgia as a whole.

Cancer Mortality

- During 1999-2003, an annual average of 131 cancer deaths occurred in Fayette County: 64 among males and 66 among females *(Table 6)*.
- Males are 37% more likely than females to die from cancer in Fayette County.
- The overall age-adjusted cancer mortality rate for males in Fayette County is 203.0 per 100,000 population. This is significantly lower than the rate for Georgia males (263.0 per 100,000).
- Lung, colorectal, and prostate are the leading causes of cancer death among males in Fayette County.
- Lung and prostate cancer mortality rates are significantly lower for males in Fayette County than for Georgia males.
- The colorectal cancer mortality rate is higher for males in Fayette County than for Georgia males, but this difference is not statistically significant.
- The overall age-adjusted cancer mortality rate for females in Fayette County is 148.6 per 100,000 population. This is lower than the rate for Georgia females (162.7 per 100,000), but this difference is not statistically significant.
- Lung, breast, and colorectal are the leading causes of cancer death among females in Fayette County.
- Lung and breast cancer mortality rates for females in Fayette County are lower than those for Georgia females, but these differences are not statistically significant.
- The colorectal cancer mortality rate for females in Fayette County is similar to that for Georgia females.

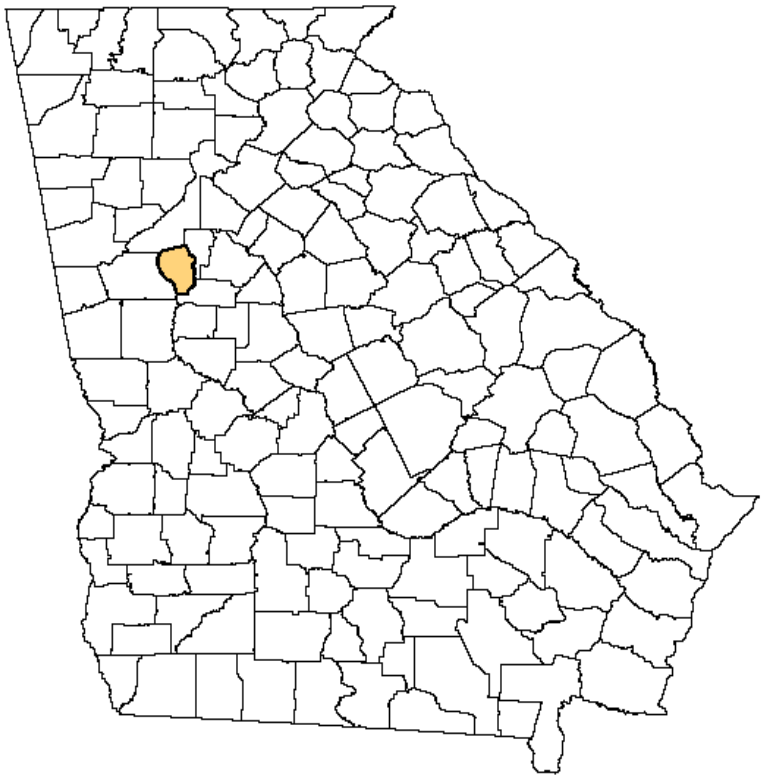


Table 5. Age-adjusted Cancer Incidence Rates, Fayette County, Georgia, 1999-2002

Site	Total		Male		Female	
	Cases	Rate	Cases	Rate	Cases	Rate
All Sites	1,475	437.4*	770	525.0*	705	376.6
Oral Cavity	35	10.0	25	15.8	10	~
Esophagus	10	~	***	~	<5	~
Stomach	16	~	11	~	5	~
Colon and Rectum	132	42.3*	69	49.5	63	36.4
Liver	7	~	***	~	<5	~
Pancreas	22	6.9*	12	~	10	~
Larynx	<5	~	<5	~	<5	~
Lung and Bronchus	181	56.6*	103	78.0*	78	42.5*
Bone and Joints	<5	~	<5	~	<5	~
Melanoma	96	26.4†	58	35.5†	38	19.9†
Breast	--	--	--	--	251	126.1
Uterine Cervix	--	--	--	--	8	~
Uterine Corpus	--	--	--	--	32	17.1
Ovary	--	--	--	--	33	17.6
Prostate	--	--	293	187.2	--	--
Testis	--	--	6	~	--	--
Kidney and Renal Pelvis	30	9.7	20	16.9	10	~
Bladder (Incl in situ)	55	18.5	42	33.3	13	~
Brain and Other Nervous System	34	9.9†	17	~	17	~
Thyroid	28	8.0	5	~	23	12.0
Hodgkin Lymphoma	7	~	<5	~	<5	~
Non-Hodgkin Lymphoma	46	14.8	19	~	27	15.4
Multiple Myeloma	17	~	6	~	11	~
Leukemias	34	9.7	20	12.4	14	~

Notes: All rates are average annual rates per 100,000 population, age-adjusted to the 2000 US standard million population.
* Rate is significantly lower than the state rate (p<.05).
† Rate is significantly higher than the state rate (p<.05).
~ Rates not calculated where the number of cases is less than twenty.

Table 6. Age-adjusted Cancer Mortality Rates, Fayette County, Georgia, 1999-2003

Site	Total		Male		Female	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Sites	653	168.4*	321	203.0*	332	148.6
Oral Cavity	7	~	<5	~	***	~
Esophagus	9	~	***	~	<5	~
Stomach	14	~	8	~	6	~
Colon and Rectum	73	19.5	37	24.1	36	16.3
Liver	10	~	***	~	<5	~
Pancreas	38	9.9	18	~	20	8.8
Larynx	6	~	<5	~	<5	~
Lung and Bronchus	169	43.4*	96	59.0*	73	32.9
Melanoma	13	~	8	~	5	~
Breast	--	--	--	--	50	20.7
Cervix	--	--	--	--	<5	~
Corpus and Uterus, NOS	--	--	--	--	<5	~
Ovary	--	--	--	--	27	12.2
Prostate	--	--	28	23.4*	--	--
Testis	--	--	<5	~	--	--
Kidney and Renal Pelvis	16	~	***	~	<5	~
Bladder	12	~	***	~	<5	~
Brain and Other Nervous System	26	6.3	10	~	16	~
Thyroid	<5	~	<5	~	<5	~
Hodgkin Lymphoma	<5	~	<5	~	<5	~
Non-Hodgkin Lymphoma	21	5.7	10	~	11	~
Multiple Myeloma	18	~	8	~	10	~
Leukemias	21	5.8	12	~	9	~

Notes: All rates are average annual rates per 100,000 population, age-adjusted to the 2000 US standard million population.
* Rate is significantly lower than the state rate (p<.05).
~ Rates not calculated where the number of cases is less than twenty.

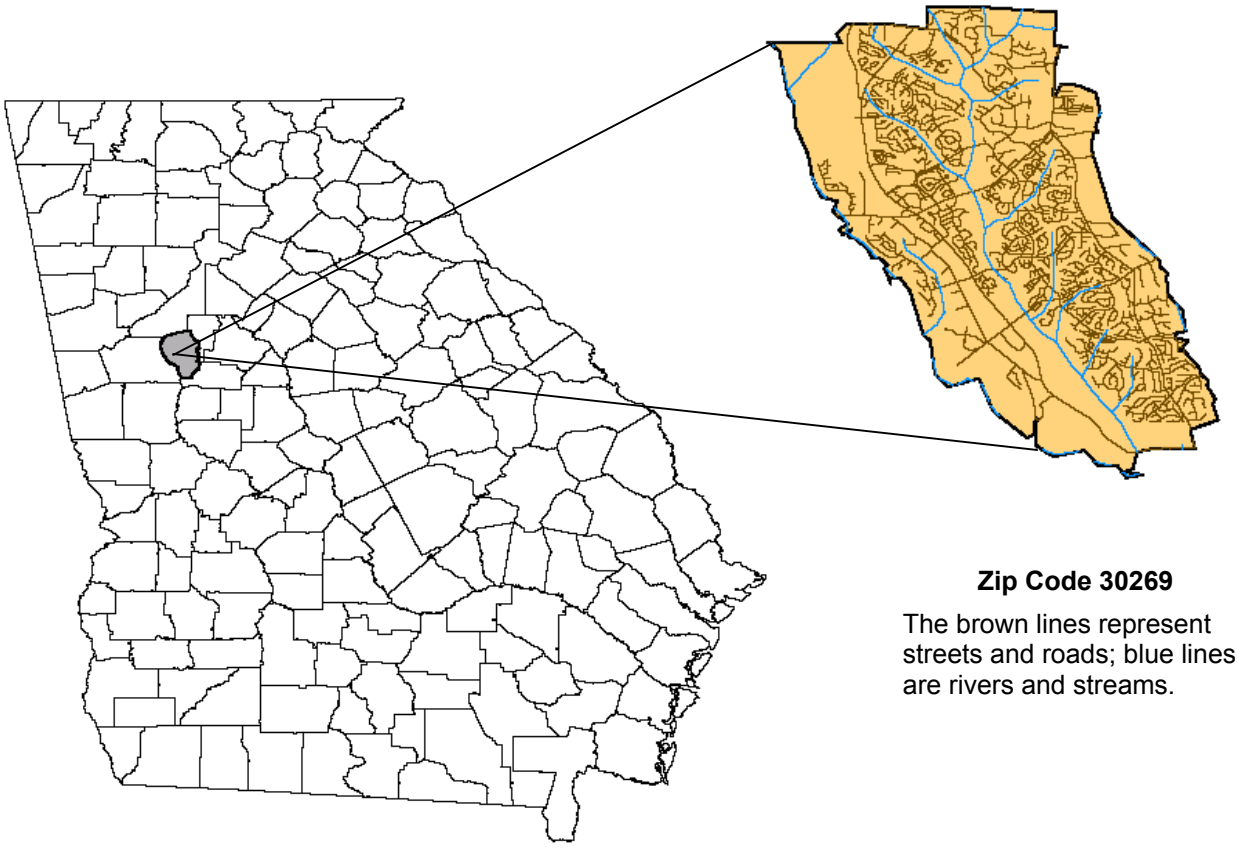
Peachtree City, Georgia (Zip Code 30269)

Cancer Incidence

- During 1999-2002, an annual average of 112 new invasive cancer cases were diagnosed in Peachtree City: 57 among males and 55 among females *(Table 7)*.
- Males are 39% more likely than females to be diagnosed with cancer in Peachtree City.
- The overall age-adjusted cancer incidence rate for males in Peachtree City is 513.9 per 100,000 population. This is lower than the rate for Georgia males (569.8 per 100,000), but this difference is not statistically significant.
- The overall age-adjusted cancer incidence rate for females in Peachtree City is 369.8 per 100,000 population. This is lower than the rate for Georgia females (390.7 per 100,000), but this difference is not statistically significant.
- Prostate and breast are the top cancer sites in Peachtree City.
- The prostate cancer incidence rate is higher for males in Peachtree City than for Georgia males, but this difference is not statistically significant.
- The breast cancer incidence rate for females in Peachtree City is similar to that for Georgia females.
- The lung cancer incidence rate is significantly lower in Peachtree City than in Georgia as a whole.
- The melanoma incidence rate is significantly higher in Peachtree City than in Georgia as a whole.

Cancer Mortality

- During 1999-2003, an annual average of 43 cancer deaths occurred in Peachtree City: 22 among males and 21 among females *(Table 8)*.
- Males are 56% more likely than females to die from cancer in Peachtree City.
- The overall age-adjusted cancer mortality rate for males in Peachtree City is 233.0 per 100,000 population. This is lower than the rate for Georgia males (263.0 per 100,000), but this difference is not statistically significant.
- The overall age-adjusted cancer mortality rate for females in Peachtree City is 149.8 per 100,000 population. This is lower than the rate for Georgia females (162.7 per 100,000), but this difference is not statistically significant.
- Lung cancer is the leading cause of cancer death among both males and females in Peachtree City.
- The lung cancer mortality rate is significantly lower for males in Peachtree City than for Georgia males.
- The lung cancer mortality rate for females in Peachtree City is lower than those for Georgia females, but this difference is not statistically significant.



Zip Code 30269

The brown lines represent streets and roads; blue lines are rivers and streams.

Table 7. Age-adjusted Cancer Incidence Rates, Peachtree City, Georgia, 1999-2002

Site	Total		Male		Female	
	Cases	Rate	Cases	Rate	Cases	Rate
All Sites	448	426.5	227	513.9	221	369.8
Oral Cavity	12	~	***	~	<5	~
Esophagus	<5	~	<5	~	<5	~
Stomach	5	~	<5	~	<5	~
Colon and Rectum	37	39.8	19	~	18	~
Liver	<5	~	<5	~	<5	~
Pancreas	6	~	<5	~	<5	~
Larynx	<5	~	<5	~	<5	~
Lung and Bronchus	36	37.9*	19	~	17	~
Bone and Joints	<5	~	<5	~	<5	~
Melanoma	36	29.5†	20	40.1	16	~
Breast	--	--	--	--	79	126.7
Uterine Cervix	--	--	--	--	<5	~
Uterine Corpus	--	--	--	--	7	~
Ovary	--	--	--	--	13	~
Prostate	--	--	84	184.8	--	--
Testis	--	--	<5	~	--	--
Kidney and Renal Pelvis	7	~	<5	~	<5	~
Bladder (Incl in situ)	26	27.7	20	54.1	6	~
Brain and Other Nervous System	12	~	5	~	7	~
Thyroid	9	~	<5	~	***	~
Hodgkin Lymphoma	6	~	<5	~	<5	~
Non-Hodgkin Lymphoma	13	~	7	~	6	~
Multiple Myeloma	<5	~	<5	~	<5	~
Leukemias	12	~	5	~	7	~

Notes: Peachtree City is defined as Zip Code 30269.
All rates are average annual rates per 100,000 population, age-adjusted to the 2000 US standard million population.
* Rate is significantly lower than the state rate (p<.05).
† Rate is significantly higher than the state rate (p<.05).
~ Rates not calculated where the number of cases is less than twenty.

Table 8. Age-adjusted Cancer Mortality Rates, Peachtree City, Georgia, 1999-2003

Site	Total		Male		Female	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Sites	214	181.8	111	233.0	103	149.8
Oral Cavity	<5	~	<5	~	<5	~
Esophagus	<5	~	<5	~	<5	~
Stomach	5	~	<5	~	<5	~
Colon and Rectum	23	20.2	14	~	9	~
Liver	<5	~	<5	~	<5	~
Pancreas	16	~	10	~	6	~
Larynx	<5	~	<5	~	<5	~
Lung and Bronchus	48	41.6*	26	54.5*	22	33.0
Melanoma	<5	~	<5	~	<5	~
Breast	--	--	--	--	13	~
Cervix	--	--	--	--	<5	~
Corpus and Uterus, NOS	--	--	--	--	<5	~
Ovary	--	--	--	--	8	~
Prostate	--	--	7	~	--	--
Testis	--	--	<5	~	--	--
Kidney and Renal Pelvis	8	~	***	~	<5	~
Bladder	6	~	***	~	<5	~
Brain and Other Nervous System	7	~	<5	~	***	~
Thyroid	<5	~	<5	~	<5	~
Hodgkin Lymphoma	<5	~	<5	~	<5	~
Non-Hodgkin Lymphoma	8	~	<5	~	<5	~
Multiple Myeloma	<5	~	<5	~	<5	~
Leukemias	8	~	<5	~	***	~

Notes: Peachtree City is defined as Zip Code 30269.
All rates are average annual rates per 100,000 population, age-adjusted to the 2000 US standard million population.
* Rate is significantly lower than the state rate (p<.05).
*** Counts less than five and those that allow calculation of counts less than five are concealed for confidentiality purposes.
~ Rates not calculated where the number of cases is less than twenty.

Breast Cancer

Breast cancer is the most common cancer in Georgia women, and the second leading cause of cancer death among Georgia women. Based on data from the Georgia Comprehensive Cancer Registry, an estimated 5,600 new cases of breast cancer were diagnosed in 2005, and 1,180 Georgia women were expected to die from this disease. The breast cancer incidence rate for females in Peachtree City (average annual age-adjusted rate 126.7 per 100,000 population) is similar to that for Georgia females (124.3 per 100,000). There are about 3 deaths due to breast cancer every year among women in Peachtree City.

We do not yet know exactly what causes breast cancer, but we do know that certain risk factors are linked to the disease. A risk factor is anything that indicates a person has a higher than normal chance of getting a disease such as cancer. Different cancers have different risk factors. Some risk factors, such as smoking, can be controlled. Others, like a person's age or family history, can't be controlled. But having a risk factor, or even several, doesn't mean that a person will get the disease.

While all women are at risk for breast cancer, the following factors can increase a woman's chances of having the disease: increasing age, personal or family history of breast cancer, white race, a long menstrual history (early menarche or late menopause), never having children or having the first child after 30, use of oral contraceptives or postmenopausal estrogens, history of abnormal breast biopsy, previous breast radiation, consuming 2 or more drinks of alcohol daily, obesity, and physical inactivity.

Early detection of breast cancer saves lives. Mammograms and clinical breast exams are both important screening tools. A mammogram, or low-dose x-ray of the breast, is valuable because it can identify breast abnormalities before a woman or her health care provider can feel them. The American Cancer Society recommends that for women in their 20s and 30s, a clinical breast exam should be a part of a periodic health exam, about every 3 years. Yearly mammograms and clinical breast exams should begin at age 40. Women at increased risk (e.g. women with 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, or more frequent exams.

Cervical Cancer

Cervical cancer is the eighth most common cancer in Georgia women. An estimated 440 new cases of cervical cancer were diagnosed in 2005, and 130 Georgia women were expected to die from this disease. From 1999-2002, there were fewer than five cases of cervical cancer in Peachtree City.

We now have a better understanding of the steps that take place when cells in the cervix become cancerous. Also, there are certain known risk factors for cervical cancer. In looking at risk factors, it is useful to focus on those that can be controlled. But those that can't be controlled can also serve to remind women about the importance of getting a Pap test.

For cervical cancer, the most important risk factor is infection with HPV (human papillomavirus). This infection can be passed from one person to another during sexual activity. Having sexual activity at a young age makes HPV infection more likely. Also, women who have many sexual partners or who have sexual contact with men who have many partners have a greater chance of getting HPV. Other risk factors for cervical cancer include smoking, a diet low in fruits and vegetables, physical inactivity, and obesity.

Almost all cervical cancers can be prevented. Early detection and treatment of precancerous lesions prevents invasive disease. Cervical cancer can usually be found early by having regular Pap tests. The American Cancer Society recommends that cervical cancer screening should begin approximately 3 years after a woman begins having sex (vaginal intercourse), but no later than 21 years of age. Screening should be done ever year with conventional Pap tests or every two years with liquid-based Pap tests. At or after age 30, women who have had three normal test results in a row may get screened every 2 to 3 years.

Colorectal Cancer

Colorectal cancer is the third most commonly diagnosed cancer in Georgia men and women. It is also the third most common cause of cancer death among Georgia men and women. An estimated 4,200 new cases of colorectal cancer were diagnosed in 2005, and about 1,580 Georgians were expected to die from this disease. The colorectal cancer incidence rate for residents of Peachtree City (39.8 per 100,000 population) is lower than that for Georgia as a whole (51.2 per 100,000), but this difference is not statistically significant. The colorectal cancer mortality rate for residents of Peachtree City (20.2 per 100,000 population) is similar to that for Georgia as a whole (19.2 per 100,000).

Although we do not know the exact cause of most colorectal cancers, researchers have identified several risk factors that increase a person's chance of developing colorectal cancer. These include older age, personal or family history of colorectal cancer, polyps, inflammatory bowel disease, smoking and alcohol consumption, physical inactivity, a high fat or low fiber diet, a diet low in fruits and vegetables, physical inactivity, and obesity.

Preventing colorectal cancer saves lives. Strategies for prevention include managing modifiable risk factors, such as diet and physical activity, and detection and removal of precancerous polyps. There are four effective tools available for screening for colorectal cancer. They are fecal occult blood tests, which detect blood in a person's stool sample; sigmoidoscopy, an examination of the rectum and lower colon using a lighted flexible tube; colonoscopy, an examination of the entire colon using a long, lighted flexible tube; and double contrast barium enema, a series of x-rays after inserting barium into the colon and rectum. The American Cancer Society recommends beginning colorectal cancer screening at age 50. People should talk with their doctor about their screening options to decide which is best for them.

Lung and Bronchus Cancer

Lung and bronchus cancer is the second most commonly diagnosed cancer in Georgia, but it is the most common cause of cancer death in Georgia. An estimated 6,170 new cases of lung and bronchus cancer were diagnosed in 2005, and about 4,890 Georgians were expected to die from this disease. The lung and bronchus cancer incidence rate for residents of Peachtree City (37.9 per 100,000 population) is significantly lower than that for Georgia as a whole (76.1 per 100,000). The lung and bronchus cancer mortality rate for residents of Peachtree City (41.6 per 100,000 population) is significantly lower than that for Georgia as a whole (60.5 per 100,000).

Smoking is by far the leading risk factor for lung cancer. Tobacco smoke causes more than 8 out of 10 cases of lung cancer. People who don't smoke but who breathe the smoke of others also have a higher risk of lung cancer. Non-smoking spouses of smokers, for example, have a 30% greater risk of developing lung cancer than do spouses of nonsmokers. Workers exposed to tobacco smoke in the workplace are also more likely to get lung cancer. Other risk factors for lung cancer include exposure to asbestos, radon, uranium, arsenic, vinyl, chloride, nickel chromates, coal products, mustard gas, chloromethyl ethers, gasoline, and diesel exhaust. An increased risk for lung cancer has also been associated with infection with tuberculosis or pneumonia, personal or family history of lung cancer, and poor diet.

The best strategy for preventing lung cancer is not to smoke or to stop smoking and to avoid environmental or second-hand smoke. People who work with potentially cancer-causing chemicals should take appropriate measures to avoid harmful exposure. There is no known way to routinely screen for lung cancer. Because symptoms often do not appear until the disease is advanced, early detection is difficult.

Melanoma

Melanoma is the fifth most commonly diagnosed cancer among Georgia males and the seventh most commonly diagnosed cancer among Georgia females. An estimated 1,380 new cases of melanoma were diagnosed in 2005, and about 210 Georgians were expected to die from this disease. The melanoma incidence rate for residents of Peachtree City (29.5 per 100,000 population) is significantly higher than that for Georgia as a whole (16.4 per 100,000). From 1999-2003, there were fewer than five deaths from melanoma in Peachtree City.

Melanoma has been associated with UV radiation exposure, a history of severe sunburns, abnormal moles, having many (more than 50) ordinary moles, fair skin, personal history of melanoma or other skin cancer, family history of melanoma, and weakened immune system. Melanoma is far more common among whites than blacks.

Strategies for preventing melanoma include avoidance of exposure to UV radiation. Limit or avoid direct exposure to the sun during the mid-day hours (10 a.m. to 4 p.m.). When outdoors, wear a hat that shades the face, neck, and ears, as well as clothing that covers as much as possible of the arms, legs, and torso. Wear sunglasses to protect the skin around the eyes. Use sunscreen with a sun protection factor (SPF) of 15 or higher. Avoid tanning beds and sun lamps, which provide additional UV radiation. Severe sunburns in childhood may increase risk for melanoma in later life. Because much exposure to sunlight occurs during youth, protection behaviors should begin early in life. Children should be protected from the sun.

Careful inspection of the skin can detect melanoma early so that it can be treated successfully. Recognition of changes in skin growths or the appearance of new growths is the best way to find early skin cancer. Adults should practice regular skin self-examination. Suspicious lesions should be evaluated promptly by a physician. The American Cancer Society recommends monthly self-examination for all adults and a skin examination by a health care professional every 3 years for adults aged 20-39 years and yearly for adults over age 40.

Prostate Cancer

Prostate cancer is the most common cancer in Georgia men, and the second leading cause of cancer death among Georgia men. An estimated 6,100 new cases of prostate cancer were diagnosed in 2005, and 1,070 Georgia men were expected to die from this disease. The prostate cancer incidence rate for males in Peachtree City (184.8 per 100,000 population) is higher than that for Georgia males (168.9 per 100,000), but this difference is not statistically significant. There is about 1 death due to prostate cancer every year among men in Peachtree City.

We do not know exactly what causes prostate cancer, but we do know that certain risk factors are linked to the disease. These include increasing age, black race, family history, a diet high in fat and low in fruits and vegetables, physical inactivity, and obesity. There is no known way to prevent prostate cancer. However, maintaining a normal body mass index through a healthy diet and physical activity reduces the risk for death. Known risk factors such as age, race, and family history cannot be controlled.

A blood test for prostate specific antigen (PSA) and digital rectal examination of the prostate gland are two tools commonly used to detect prostate cancer early. Neither the PSA nor the digital rectal examination has been proven to reduce mortality from prostate cancer. Currently, there are no commonly accepted recommendations regarding routine screening for prostate cancer. Men should discuss prostate cancer screening options with their health care professional.

Brain Cancer

Brain cancer is the fifteenth most commonly diagnosed cancer among both males and females in Georgia. An estimated 530 new cases of brain cancer were diagnosed in 2005, and about 340 Georgians were expected to die from this disease. Every year there are about 3 cases and 1 death due to brain cancer in Peachtree City.

A few risk factors associated with brain cancer are known, such as radiation therapy for a previous cancer, immune system disorders, and family history. However, most brain tumors are not associated with any known risk factors.

No blood test or other screening examination is currently available to detect cancer in the central nervous system. A brain or spinal cord tumor is usually initially suspected because of the symptoms it causes. Symptoms typically occur gradually and become worse over time. Such symptoms may be generalized (headache, nausea, vomiting, or blurred vision) or specific (seizures, numbness, impaired speech and motor skills, or a change in personality). None of the symptoms mentioned are specific for brain or spinal cord tumors, and they all may be caused by other disorders.

Conclusions

Cancer incidence and mortality rates in Peachtree City look very similar to those for Georgia as a whole, with the exceptions of low incidence and mortality rates of lung cancer and an elevated incidence rate of melanoma.

The prevention message is clear: Peachtree City residents (and all Georgians) should continue to avoid smoking and excessive alcohol use, eat more fruits and vegetables and less animal fat, get plenty of physical activity, maintain a healthy weight, and avoid sun exposure. They should get regular check-ups and cancer screenings to find cancers early. In most cases, the earlier a cancer is found and treated, the better the chances are for survival.

Additional Resources for Cancer Information

Georgia Comprehensive Cancer Registry
http://health.state.ga.us/programs/gccr/

Georgia Cancer Control Program
http://health.state.ga.us/programs/cancer/

Georgia Cancer Coalition
http://www.georgiacancer.org

American Cancer Society
http://www.cancer.org

National Cancer Institute
http://www.cancer.gov

Technical Notes

Definitions:
Age-adjusted rate: A rate calculated in a manner that allows for the comparison of rates derived from populations with different age structures.
Cancer incidence rate: The number of new cancer cases occurring in a population during a specified period of time. Often expressed per 100,000 population.
Cancer mortality rate: The number of cancer deaths occurring in a population during a specified period of time. Often expressed per 100,000 population.

Data Sources:
The number of deaths and mortality rates for the state of Georgia were obtained from the Georgia Department of Human Resources, Division of Public Health, Vital Records Branch. The number of deaths and mortality rates for the United States were obtained from the North American Association of Central Cancer Registries (NAACCR) and from the Surveillance, Epidemiology, and End Results (SEER) program, National Cancer Institute. Mortality data were coded using ICD-10 codes. ICD-10 site groupings were based on the SEER Cause of Death Recode variable and may be found at http://seer.cancer.gov/codrecode/.

The number of new cases and incidence rates for the state of Georgia were obtained from the Georgia Department of Human Resources, Division of Public Health, Georgia Comprehensive Cancer Registry. The number of new cases and incidence rates for the United States were obtained from NAACCR. Incidence data were coded using ICD-O-2 codes (1999-2000) and ICD-O-3 codes (2001-2002). ICD-O-2 and ICD-O-3 were based on the SEER Incidence Site Recode variable and may be found at http://seer.cancer.gov/siterecode/.

Population projections for 2005 were obtained from the Office of Planning and Budget for the state of Georgia. Population estimates for 1999-2003 and the 2000 US standard million population were obtained from the US Bureau of the Census.

Methods:
Incidence rates were calculated per 100,000 population and age-adjusted by the direct method to the 2000 US standard million population. The incidence rates are four-year average annual rates for the period 1999 through 2002, as these are the years in which Georgia Comprehensive Cancer Registry data are greater than 95% complete. Mortality rates were calculated per 100,000 population and age-adjusted by the direct method to the 2000 US standard population. The mortality rates are five-year average annual rates for 1999-2003.

The estimated number of cases for 2005 was calculated by multiplying age-specific incidence rates for 1999-2002 by age-specific population projections for 2005. The estimated number of deaths for 2005 was calculated by multiplying age-specific mortality rates for 1999-2003 by age-specific population projections for 2005.