

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.

Georgia Cancer Data Report

2004



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Suggested Citation—Bayakly AR, McNamara C, Singh S, Steiner CB, Chowdhury PP, Martin LM, Foster G. Georgia Cancer Data Report, 2004. Georgia Department of Human Resources, Division of Public Health, Chronic Disease, Injury, and Environmental Epidemiology Section, and the American Cancer Society, South Atlantic Division, January, 2005. Publication Number: DPH05/004HW

Executive Summary

Cancer is a major health problem in Georgia

- More than 36,500 Georgians will be diagnosed with invasive cancer, and more than 16,000 will die from this disease in 2004.
- Cancer is the second leading cause of death in Georgia. From 1997-2001, cancer accounted for 22% of all deaths.
- Breast, lung and bronchus, and colon and rectum cancers account for 57% of all new cancers in Georgia among females.
- Breast cancer is the leading cause of cancer incidence among Georgia females and accounts for 32% of all new cancers in women.
- White females in Georgia are 10% more likely than black females to be diagnosed with cancer.
- Prostate, lung and bronchus, and colon and rectum cancers account for 59% of all new cancers in Georgia among males.
- Prostate cancer is the leading cause of cancer incidence among Georgia males and accounts for 28% of all cancer incidence in men.
- Black males in Georgia are 22% more likely than white males to be diagnosed with cancer.
- Black males in Georgia are 40% more likely than white males to die of cancer.
- Cancer mortality rates in Georgia have declined at an average annual rate of 1.9% since 1990.

Much of the burden of death and disability from cancer is preventable

- Tobacco use accounts for at least 30% of all cancer deaths.
- Tobacco use is responsible for about 87% of all lung cancers in Georgia.
- Since 1993, smoking rates in Georgia have been relatively unchanged.
- In 2001, 15% of middle school students and 32% of high school students reported currently using some form of tobacco.
- About one-third of cancer deaths are related to diet, nutrition, and physical activity.
- In 2000, only 22% of Georgia adults ate 5 or more fruits and vegetables per day.
- In 2001, only 40% of Georgia adults were physically active on a regular basis.

Some cancers can be detected early, when treatment is most effective

- During 2000-2001, 55% of Georgia females aged 40 and older reported having a mammogram and clinical breast examination within the past year.
- During 2000-2001, 89% of Georgia females aged 18 and older without a hysterectomy reported having a Pap test within the past 3 years.
- During 2001, 42% of Georgia adults aged 50 and older reported having a sigmoidoscopy or colonoscopy in the past five years.

This report reflects the spirit of commitment and dedication to excellence demonstrated by the central cancer registry and its partners in the medical community of Georgia. We hope that this report will be a useful tool in cancer control efforts in Georgia.



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Introduction

The challenge

Cancer is the second leading cause of death in Georgia, accounting for 22% of all deaths during 1997-2001 (*Figure 1*). Every year, more than 13,000 Georgians die of cancer and more than 31,000 Georgians are diagnosed with this disease. The most common forms of cancer, lung, colorectal, breast and prostate, account for 58% of all cancer diagnosed and 53% of all cancer deaths.

Hope and progress

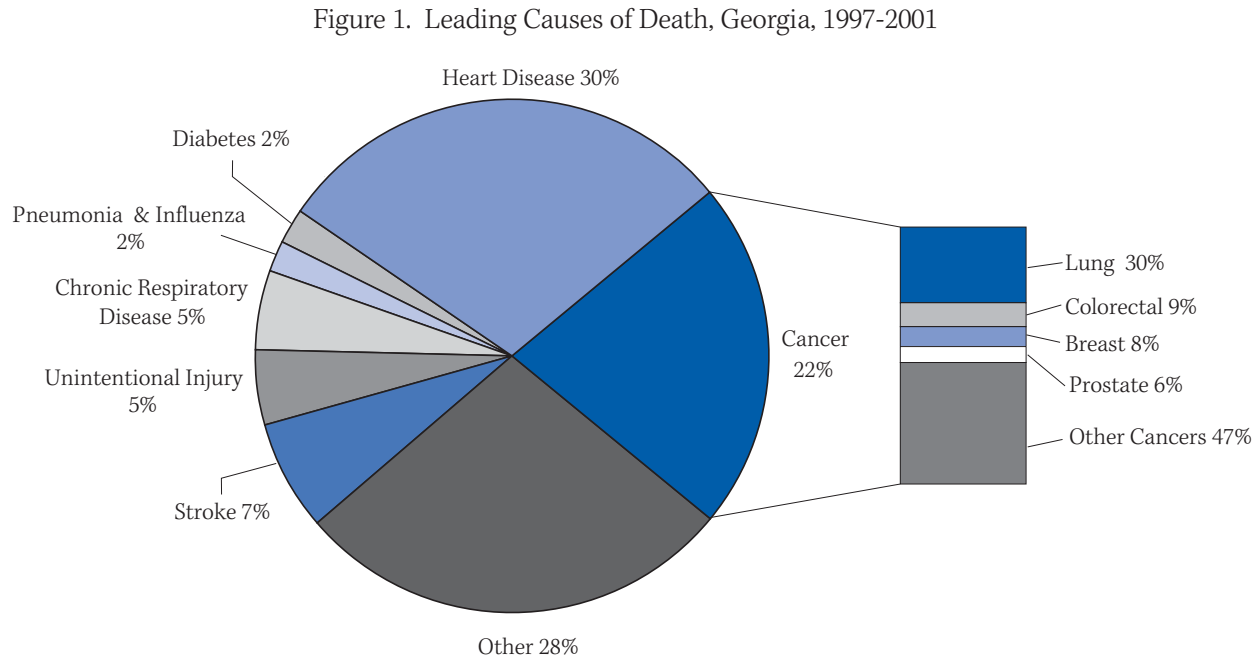
Currently, there is no universal prevention or cure for all types of cancer. However, the number of lives lost to this disease can be reduced. New and better treatments for cancer continue to be developed and survival rates for cancer are improving. Many cancers can be detected early, increasing the chances of successful treatment and survival.

Most importantly, the risk for death from cancer can be reduced by adopting a healthy lifestyle. About 30% of all cancer deaths could be prevented by not smoking. Similarly, 30% to 35% of cancer deaths could be prevented by adopting healthy diet and exercise practices.

Purpose of this report

This report was written to assist health professionals, volunteers and staff of cancer control organizations, community groups and others who are working to reduce the burden of cancer throughout Georgia. Data provided at the state and local level can be used to measure effectiveness of cancer control programs, develop future programs, develop funding proposals, and coordinate effective collaborations.

This report describes the burden of cancer in Georgia and includes: 1) the estimated number of new cancer cases and deaths in 2004; 2) the number of cases and incidence rates for each county; 3) the number of cancer deaths and mortality rates for each county; 4) the prevalence of cancer screening; and 5) the prevalence of cancer risk factors. For more information on cancer, visit the Georgia Division of Public Health web site at www.health.state.ga.us, call **1-800-ACS-2345**, or visit the American Cancer Society web site at www.cancer.org.



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 2004, an estimated 36,550 Georgians will be diagnosed with cancer — about 100 per day (*Figure 2*). In the United States (U.S.), 1.3 million cases of cancer are expected to occur in 2004. These estimates do not include non-melanoma skin cancer and carcinoma in situ for sites other than urinary bladder. Based on national estimates, more than one million cases of basal and squamous cell skin cancers are expected to be diagnosed in 2004.

How many people are expected to die of cancer this year?

In 2004, an estimated 16,130 Georgians are expected to die from cancer (*Figure 3*). Cancer is the second leading cause of death in Georgia, with about 1 out of every 4 deaths attributable to cancer. In the U.S., 563,700 cancer deaths are expected to occur in 2004.

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 of 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 \$171.6 billion: \$60.9 billion for direct medical costs including health expenditure, \$15.5 billion for indirect morbidity costs associated with lost productivity, and \$95.2 billion for indirect mortality costs (cost of lost productivity due to premature death). Georgia cancer costs are approximately \$4.2 billion: \$1.5 billion for direct medical costs, \$370 million for indirect morbidity costs, and \$2.3 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	

Cancer in Georgia in 2004

Figure 2. New Cancer Cases Georgia, 2004 Estimates

<u>Female</u>	<u>Male</u>
Breast	Prostate
5,430	5,710
Lung & bronchus	Lung & bronchus
2,250	3,720
Colon & rectum	Colon & rectum
1,940	2,080
Uterine corpus	Bladder (incl. in situ)
790	1,050
Ovary	Melanoma
610	760
Non-Hodgkins lymphoma	Non-Hodgkins lymphoma
600	670
Melanoma	Oral Cavity
560	620
Uterine cervix	Kidney and renal pelvis
430	570
Pancreas	Leukemia
400	460
Thyroid	Pancreas
360	420
ALL SITES*	ALL SITES*
17,080	19,470

Figure 3. Cancer Deaths Georgia, 2004 Estimates

<u>Female</u>	<u>Male</u>
Lung & bronchus	Lung & bronchus
1,730	3,080
Breast	Prostate
1,150	1,050
Colon & rectum	Colon & rectum
760	760
Pancreas	Pancreas
410	420
Ovary	Leukemia
390	330
Non-Hodgkins lymphoma	Non-Hodgkins lymphoma
270	290
Leukemia	Esophagus
250	280
Corpus and uterus, NOS*	Stomach
170	200
Multiple myeloma	Bladder
160	210
Stomach	Kidney and renal pelvis
140	190
ALL SITES*	ALL SITES*
7,300	8,830

* NOS: Not otherwise specified
* Excludes non-melanoma skin cancer and carcinoma in situ except urinary bladder

Cancer Incidence

Background

The Georgia Comprehensive Cancer Registry (GCCR) was established to collect information on all cancer cases diagnosed in Georgia since 1995. The GCCR is operated by the Georgia Department of Human Resources, Division of Public Health, and is part of the national effort to gain better understanding of cancer in the population. Cancer data are used to estimate cancer incidence rates within Georgia, monitor cancer trends, evaluate possible clusters of cancer, respond to inquiries about cancer from the public, and conduct cancer research. Data from the GCCR also assist state and local agencies in focusing cancer control programs on early detection and the reduction of risk behaviors.

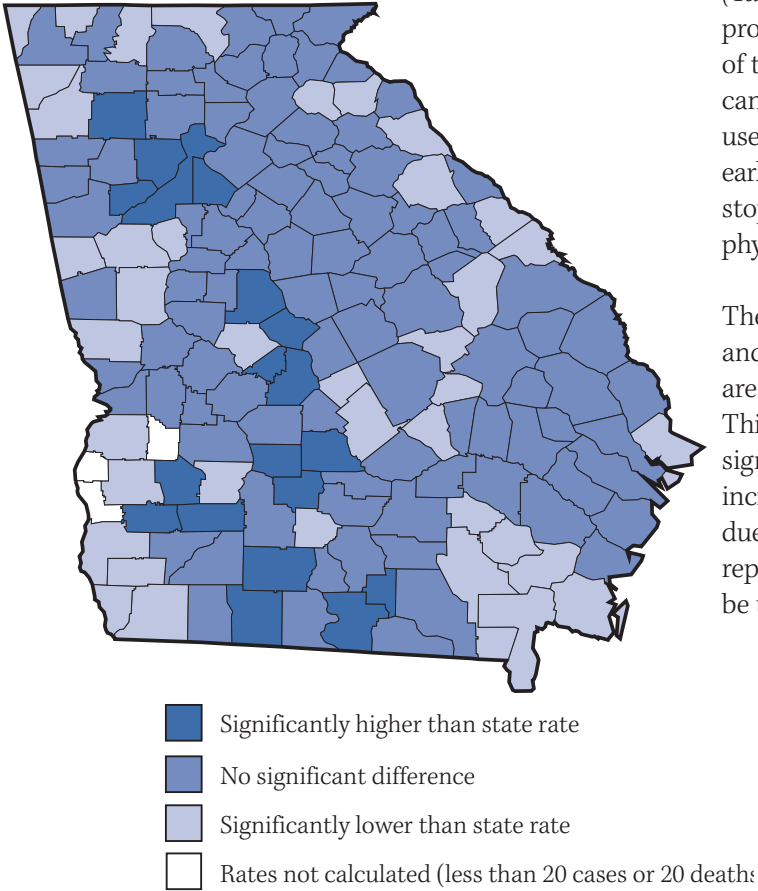
In June 2003, the Georgia Comprehensive Cancer Registry received Gold Certification by the North American Association of Central Cancer Registries (NAACCR) for the diagnosis year 2000. All standards for data completeness, timeliness, and quality were achieved at the highest level. Meeting these standards assures that the data are valid and reliable for use by health care and research communities across the state. In addition, the GCCR data met all the standards set by the Centers for Disease Control and Prevention, National Program of Cancer Registries (NPCR) for cancer diagnosis years 1999 and 2000. As a result, Georgia will be included in the United States Cancer Statistics publication.

Cancer incidence in Georgia

During 1999-2000, an annual average of 30,188 new invasive cancer cases were diagnosed in Georgia: 15,494 among males and 14,694 among females (*Table 1-Appendix*). Four cancer sites—breast, prostate, lung, and colorectal—accounted for 58% of the cancer cases in Georgia. The burden of these cancers can be significantly reduced by appropriate use of mammography, colorectal screening, and other early detection examinations and by preventing or stopping tobacco use, improving diet, and increasing physical activity.

There are twenty counties in rural south Georgia and in metropolitan Atlanta where incidence rates are significantly higher than the state average. Thirty-eight counties have incidence rates significantly lower than the state average. Cancer incidence rates were not calculated for three counties due to the small number of invasive cancer cases reported. Rates based on small numbers tend to be unreliable (*Figure 4*).

Figure 4. Age-Adjusted Cancer Incidence Rates by County, Georgia, 1999-2000



Cancer incidence in Georgia and the United States

- Males in Georgia are 42% more likely than females to be diagnosed with cancer (*Table 1-Appendix*).
- Prostate cancer (age-adjusted rate 156/100,000) is the leading cause of cancer incidence among Georgia males and accounts for 29% of all cancer incidence among males each year.
- Breast cancer (age-adjusted rate 122/100,000) is the leading cause of cancer incidence among Georgia females and accounts for 32% of all cancer incidence among females each year.
- For both males and females, lung and colorectal cancer are the second and third leading causes of cancer incidence.

- Lung cancer incidence rate is 18% higher among Georgia males than among U.S. males (*Figure 5*).
- Prostate cancer incidence rate is 3% lower among Georgia males than among U.S. males, while melanoma incidence rate is the same among Georgia males as among U.S. males (*Figure 5*).
- Bladder and colorectal cancer incidence rates are 23% and 11% lower, respectively, among Georgia males than among U.S. males (*Figure 5*).
- Uterine, ovary, and colorectal cancer incidence rates are 26%, 17%, and 11% lower, respectively, among Georgia females than among U.S. females (*Figure 6*).
- Breast cancer incidence rate is 7% lower among Georgia females than among U.S. females (*Figure 6*).
- Lung cancer incidence rate is 5% lower among Georgia females than among U.S. females (*Figure 6*).

Figure 5. Cancer Incidence Rates in Males, Georgia, 1999-2000, and the United States 1996-2000

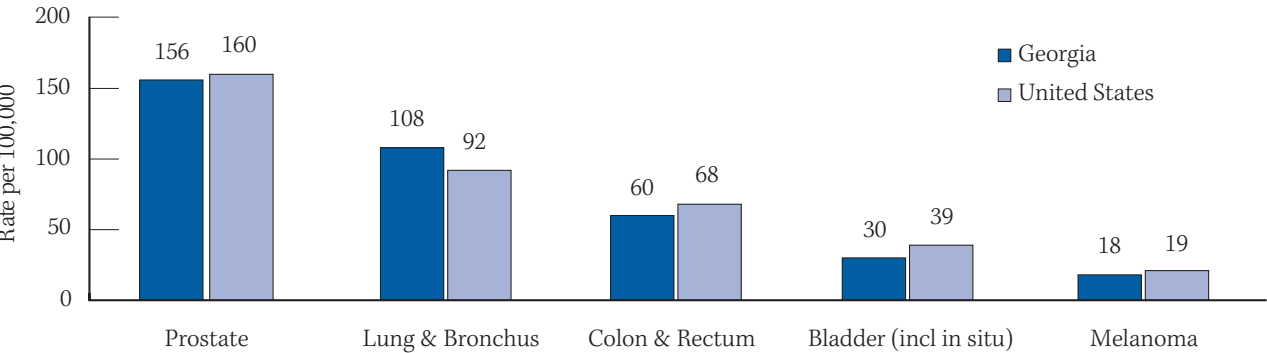
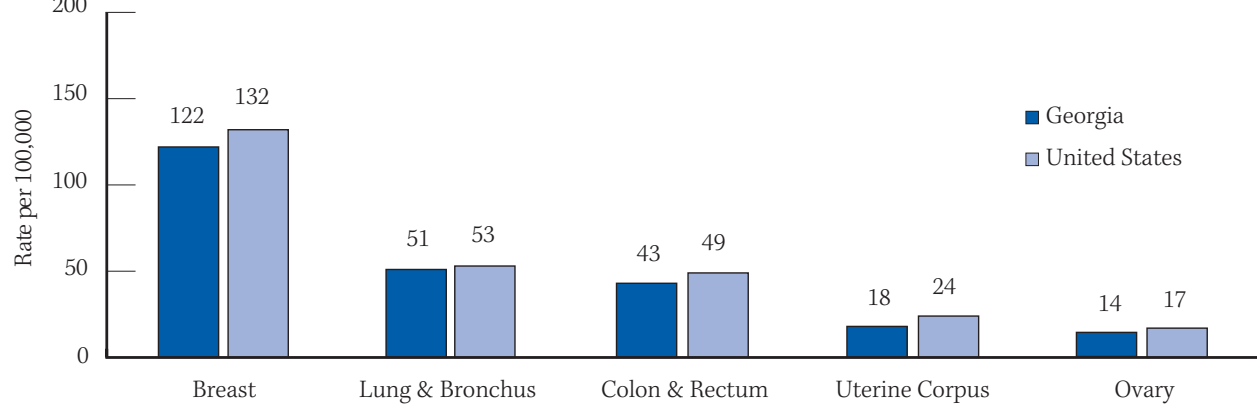


Figure 6. Cancer Incidence Rates in Females, Georgia, 1999-2000, and the United States 1996-2000



Racial differences in cancer incidence in Georgia

- Black males in Georgia are 22% more likely than white males to be diagnosed with cancer, while white females are 10% more likely than black females to be diagnosed with cancer (*Table 1-Appendix*). The overall age-adjusted cancer incidence rates for 1999-2000 were 623 per 100,000 among black males and 510 per 100,000 among white males, and 385 per 100,000 among white females and 349 per 100,000 among black females.
- Prostate, colorectal, and kidney and renal pelvis cancer incidence rates are higher (78%, 18%, and 36%, respectively) among black males than among white males in Georgia (*Figure 7*).

- Black males and white males have similar rates of lung cancer incidence.
- Bladder and melanoma cancer incidence rates are higher among white males than among black males in Georgia (*Figure 7*).
- Breast, lung, uterine, and ovarian cancer incidence rates are higher (18%, 38%, 10%, and 32%, respectively) among white females than among black females in Georgia (*Figure 8*).
- Colorectal and cervical cancer incidence rates are higher (25% and 37% respectively) among black females than among white females in Georgia (*Figure 8*).

Figure 7. Cancer Incidence Rates in Males by Race, Georgia, 1999-2000

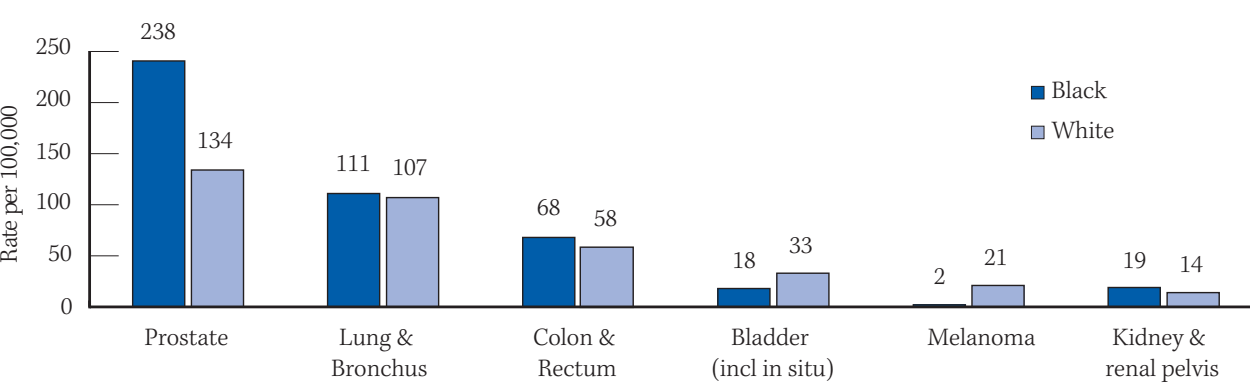
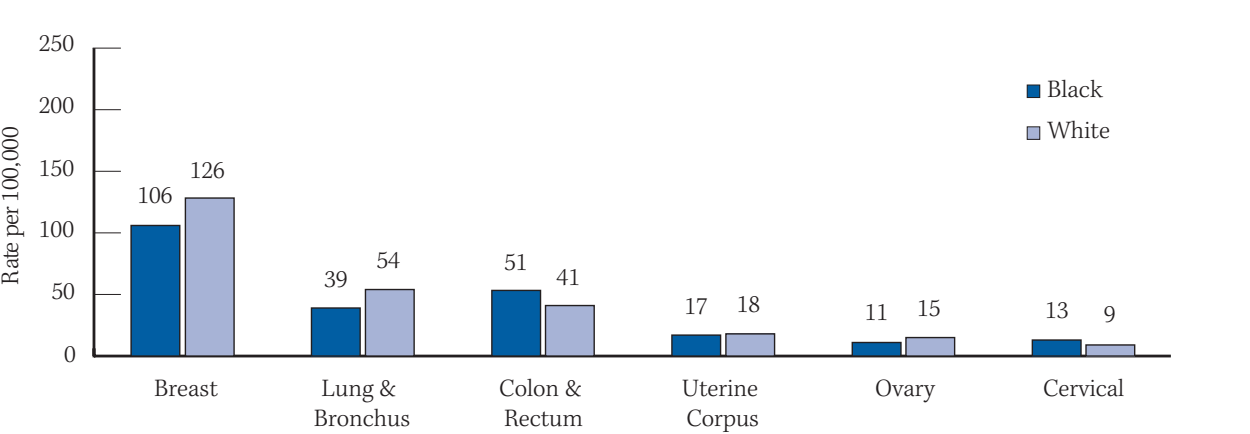


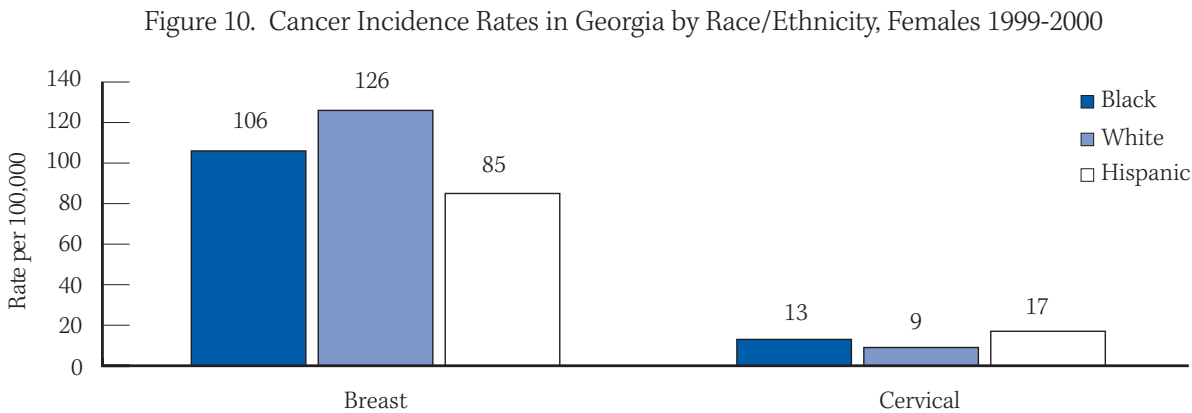
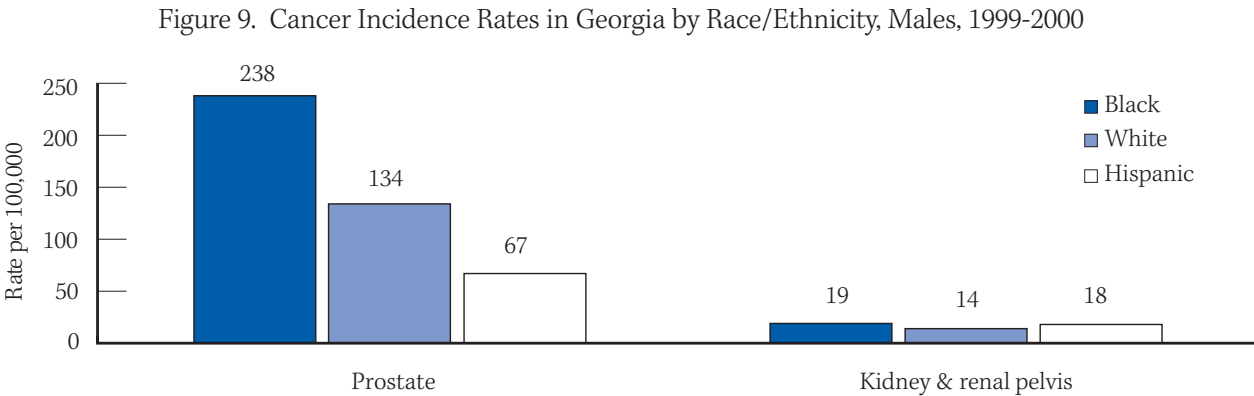
Figure 8. Cancer Incidence Rates in Females by Race, Georgia, 1999-2000



Cancer incidence in Georgia's Hispanic population

For 1999 and 2000, a total of 630 invasive cancer diagnoses were reported among Georgia's Hispanic population, an average of 315 invasive cancer cases diagnosed yearly. Hispanics have a lower overall cancer incidence rate than non-Hispanics: 275 per 100,000 among females compared to the state rate of 378 per 100,000, and 247 per 100,000 among Hispanic males compared to the state rate of 535 per 100,000. Five cancer sites—prostate, colorectal, lung, kidney and renal pelvis, and bladder—account for 48% of cancer cases among Hispanic males, while breast, colorectal, uterus, lung, and cervical account for 56% of all invasive cancer cases among Hispanic females.

- Breast cancer is the leading cause of cancer incidence among Hispanic females and accounts for 30% of all cases diagnosed each year.
- Prostate cancer is the leading cause of cancer incidence among Hispanic males. It accounts for 23% of all cases diagnosed every year.
- Prostate cancer rate is lower among Hispanic males than among black and white males (Figure 9).
- Hispanic males are 31% more likely than white males to be diagnosed with kidney and renal pelvis cancer (Figure 9).
- Hispanic females are 79% more likely than white females and 31% more likely than black females to be diagnosed with invasive cervical cancer (Figure 10).
- Hispanic females are less likely than white and black females to be diagnosed with breast cancer (Figure 10).



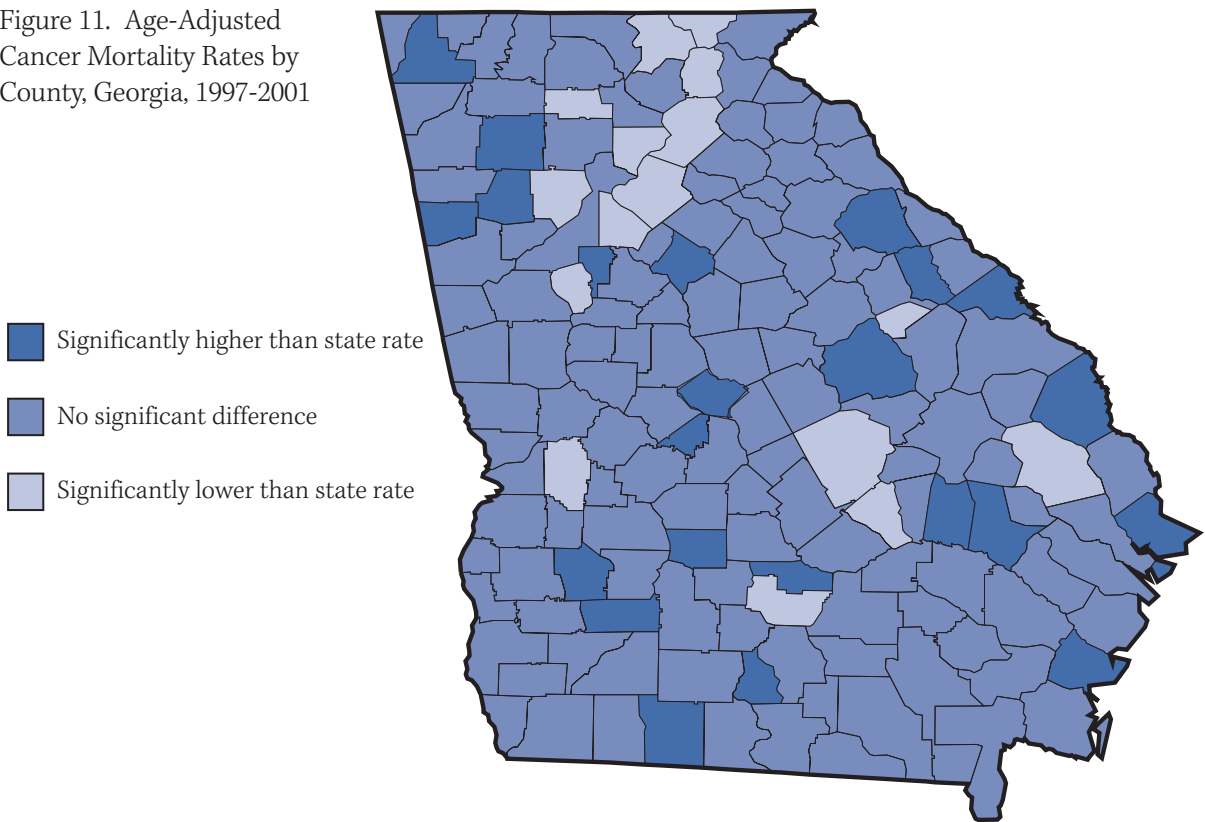
Cancer mortality in Georgia

During 1997-2001, there was an average of 13,322 cancer deaths in Georgia per year: 7,072 among males and 6,250 among females (Table 2- Appendix). Four cancer sites—lung, colorectal, breast, and prostate—accounted for 53% of cancer deaths in Georgia. The burden of these cancers can be significantly reduced by appropriate use of mammography, colorectal screening, and other early detection examinations and by preventing or stopping tobacco use, improving diet, and increasing physical activity.

Males in Georgia are about 66% more likely than females to die of cancer (Table 2-Appendix). Lung cancer is the leading cause of cancer death among Georgia males and females and accounts for 30% of all cancer deaths each year. Among males, prostate and colorectal cancer are the second and third leading causes of cancer death, while breast and colorectal cancer rank second and third among females.

The majority of the counties in Georgia have mortality rates that are similar to the state average. Twenty-three counties have mortality rates that are significantly higher than the state average, while sixteen counties have mortality rates significantly lower than the state average (Figure 11).

Figure 11. Age-Adjusted Cancer Mortality Rates by County, Georgia, 1997-2001



Cancer mortality in Georgia and the United States

- Lung and prostate cancer mortality rates are higher among Georgia males than among U.S. males by 16% and 12%, respectively (Figure 12).
- Pancreatic cancer and leukemia mortality rates are the same among Georgia males than among U.S. males (Figure 12).
- Colorectal cancer mortality rates are 14% lower among Georgia males than among U.S. males and 11% lower among Georgia females than among U.S. females (Figures 12 & 13).
- Breast cancer mortality rates are 8% lower among Georgia females than among U.S. females (Figure 13).
- Lung, breast, pancreatic, and ovarian cancer mortality rates are the same among Georgia females than among U.S. females (Figure 13).

Figure 12. Cancer Mortality Rates in Males, Georgia, 1997-2001, and the United States 1996-2000

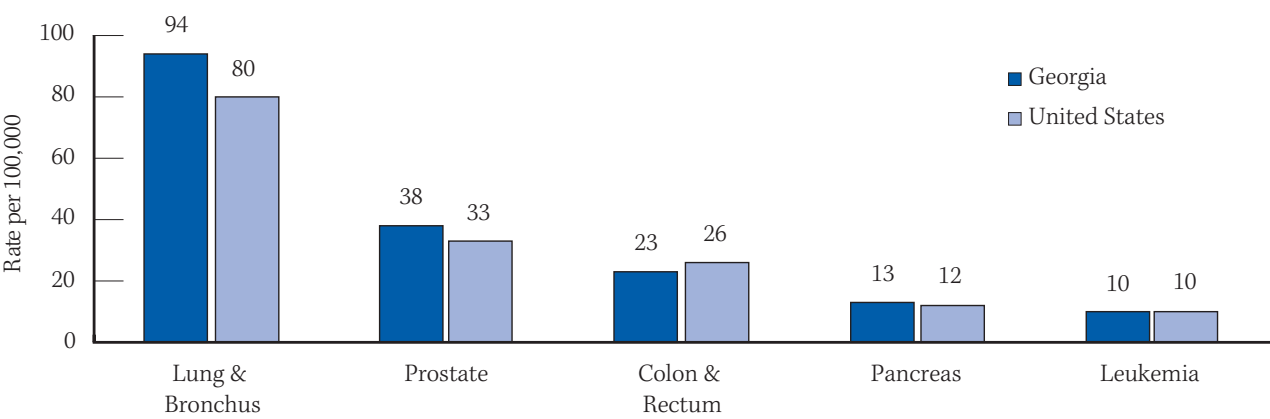
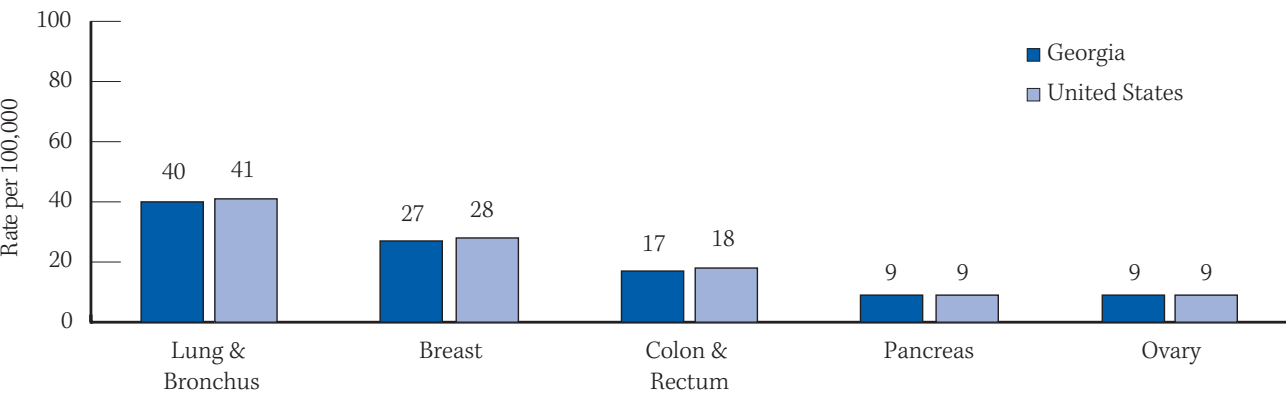


Figure 13. Cancer Mortality Rates in Females, Georgia, 1997-2001, and the United States 1996-2000



Trends in cancer mortality in Georgia

- Overall cancer mortality rates among Georgia males decreased at an average annual rate of 1% since 1990.
- Since 1990, the lung cancer mortality rate for males has been declining at an average annual rate of 1.2% (Figure 14).
- During 1980-1992, prostate cancer mortality rates in Georgia increased at an average annual rate of 2.2% followed by a 1.5% average annual decline during 1993-2001.
- During 1980-1990, colorectal cancer mortality rates for males increased at an average annual rate of 0.6% followed by a 1.0% average annual decline.
- Mortality rates among males for leukemia and cancer of the pancreas have been relatively steady since 1980.
- Overall cancer mortality rates among females, unlike males, have been steadily increasing over the past two decades; however, the increase appears to be slowing in recent years.
- Lung cancer mortality rates increased at an average annual rate of 6.7% from 1980-1990. Since then the increase slowed to 1.3% (Figure 15). Since 1988, more females have died each year of lung cancer than breast cancer, which, for over 40 years, had been the major cause of cancer death among females.
- During 1980-1987, breast cancer mortality rates in Georgia increased at an annual average rate of 3.2% followed by an average annual decrease of 1.5% during 1988-2001.
- Colorectal cancer mortality rates decreased at an average annual percent of 0.6% among males and 0.5% among females from 1980-1989 and increased at a similar rate since then.
- Mortality rates for cancers of the pancreas and ovary have been relatively steady since 1980.

Figure 14. Trends in Cancer Mortality Rates in Males, Georgia, 1979-2001

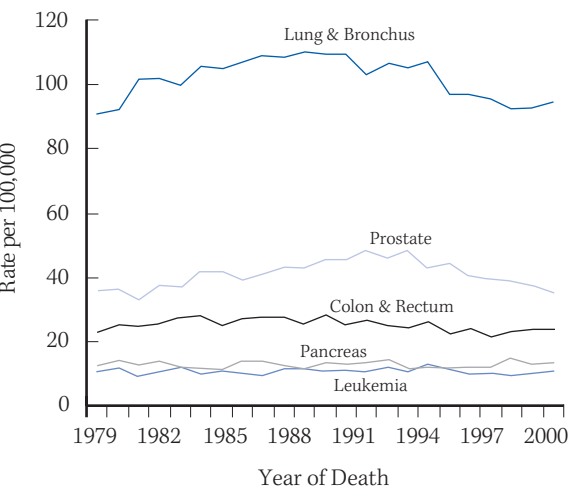
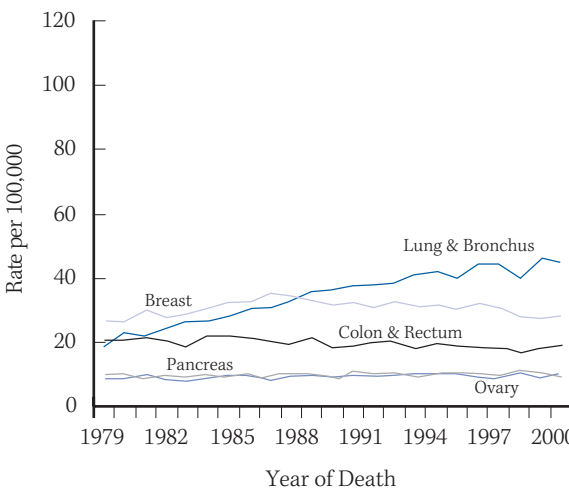


Figure 15. Trends in Cancer Mortality Rates in Females, Georgia, 1979-2001



Racial differences in cancer mortality in Georgia

Black males in Georgia are 40% more likely than white males to die of cancer; black females are 12% more likely than white females to die of cancer. From 1997-2001, the overall cancer mortality rates were 359 per 100,000 among black males, 256 per 100,000 among white males, 180 per 100,000 among black females, and 161 per 100,000 among white females.

- Lung, prostate, colorectal and pancreatic cancer mortality rates are higher (14%, 174%, 54% and 33%, respectively) among black males in Georgia than among white males (Figure 16).
- Breast, colorectal, and pancreatic cancer mortality rates are higher (36%, 58%, and 43%, respectively) among black females in Georgia than among white females (Figure 17).
- Lung and ovarian cancer mortality rates are lower (29% and 22%, respectively) among black females in Georgia than among white females (Figure 17).

Figure 16. Cancer Mortality Rates in Males by Race, Georgia, 1997-2001

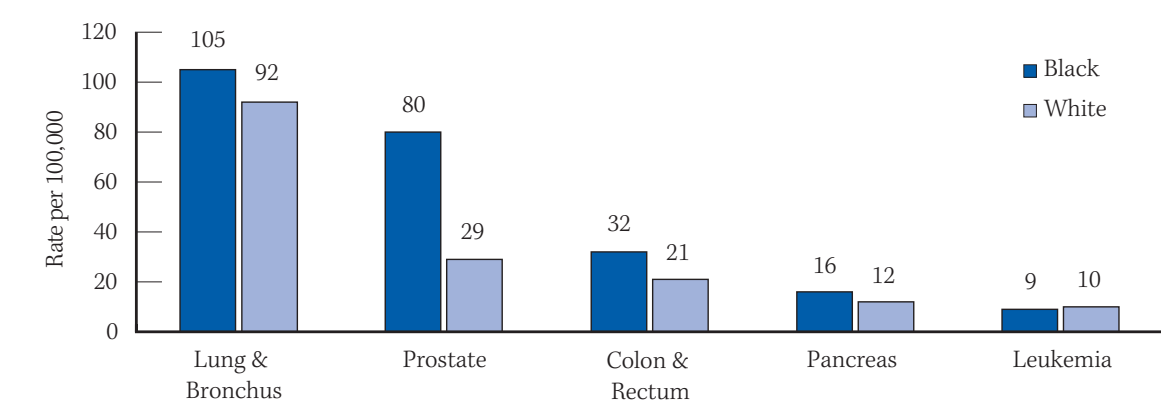
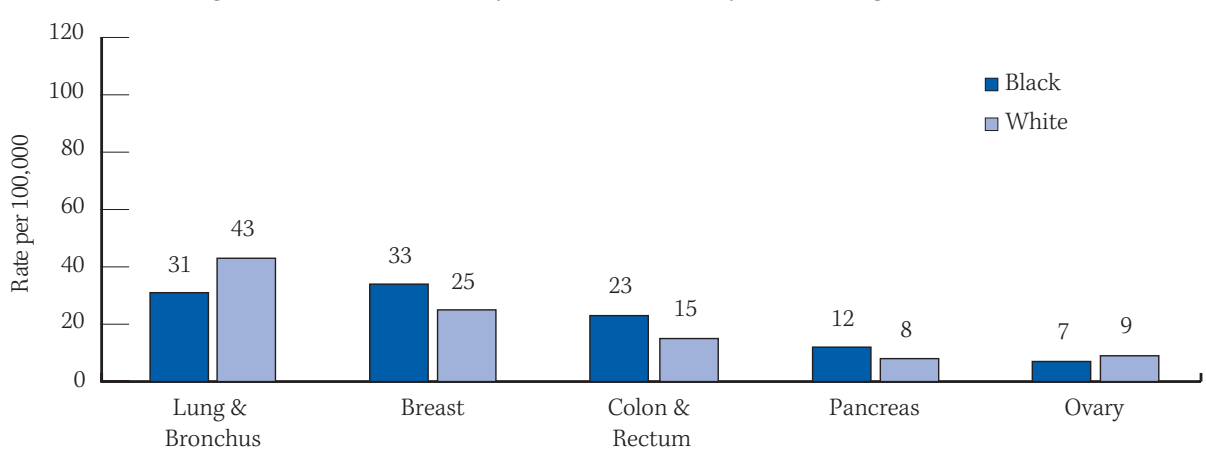


Figure 17. Cancer Mortality Rates in Females by Race, Georgia, 1997-2001

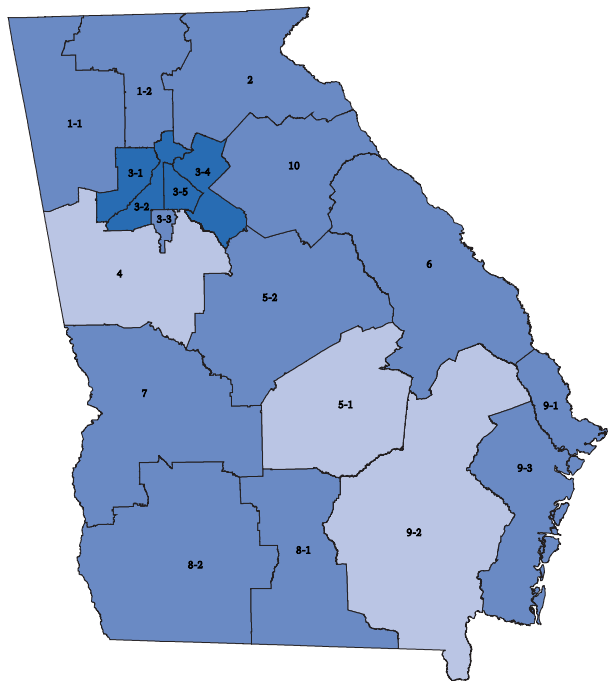


New cases

Breast cancer is the most commonly diagnosed cancer among Georgia females. Currently it accounts for 32% of all female cancer cases. An average of 4,762 new invasive and 958 in situ breast cancer cases are diagnosed among Georgia females every year. One in 8 American females will develop breast cancer in her lifetime. Breast cancer can also occur in males, but is rare.

Cobb/Douglas (3-1), Fulton (3-2), Dekalb (3-5) and East Metro (3-4) Health Districts have significantly higher incidence rates than the state rate, while the LaGrange (4), South Central (5-1), and Southeast (9-2) Health Districts have significantly lower rates (Figure 18).

Figure 18. Age-Adjusted Breast Cancer Incidence Rates by Health Districts, Georgia, 1999-2000

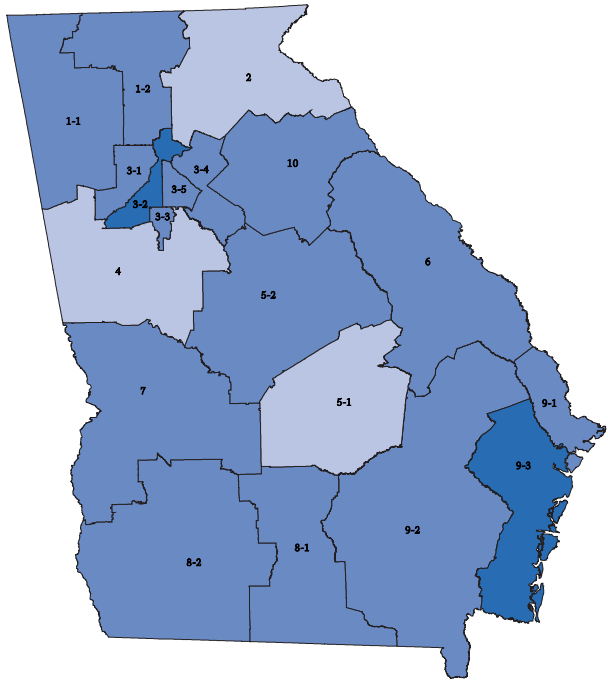


Deaths

An average of 1,019 Georgia females die of breast cancer every year. Breast cancer is the second leading cause of cancer death in Georgia females and it accounts for 16% of all cancer deaths in females. Breast cancer mortality rates increased at an average annual rate of 3.2% between 1980-1987 followed by a decrease of 1.5% per year since 1988. This decrease is probably the result of earlier detection through mammography and improved treatment.

The Fulton (3-2) and Coastal (9-3) Health Districts have significantly higher mortality rates than the state average, while the North (2), LaGrange (4), and South Central (5-2) Health Districts have significantly lower rates (Figure 19).

Figure 19. Age-Adjusted Breast Cancer Mortality Rates by Health Districts, Georgia, 1997-2001



Stage of disease

Stage of disease refers to the extent to which cancer has spread when diagnosed. In general the earlier the stage, the better the chance of survival. For breast cancer, the overall five year survival rate is 86%. If the cancer is discovered at a local stage, the survival rate is 97%, but only 78% when discovered at a regional stage and 23% when discovered at a distant stage.

In Georgia from 1999-2000, 66% of the breast cancers were diagnosed at an early stage (in situ and localized) compared to 30% at a late stage (regional and distant) (Figure 20). The percentage diagnosed at an early stage varies among Health Districts, ranging from 56% in South Central (5-1) to 70% in South (8-1) and East Metro (3-4) Health Districts (Figure 21).

Risk factors

- Increasing age
- Personal or family history of breast cancer
- White race
- A long menstrual history (menstrual periods that start early and end late in life)
- Never having children or having the first child after age 30
- Recent use of oral contraceptives or postmenopausal estrogens
- Breast biopsy with abnormal results
- Previous breast radiation
- Consuming 2 or more drinks of alcohol daily
- Obesity
- Physical Inactivity

Prevention

Although there is no sure way to prevent breast cancer, the best strategy is to avoid the modifiable risk factors, including alcohol, estrogen use, obesity¹, and inactivity. The use of the anti-estrogen drug tamoxifen has been shown to reduce the risk of recurrence in localized breast cancer.

Figure 20. Stage at Diagnosis for Female Breast Cancer, Georgia, 1999-2000

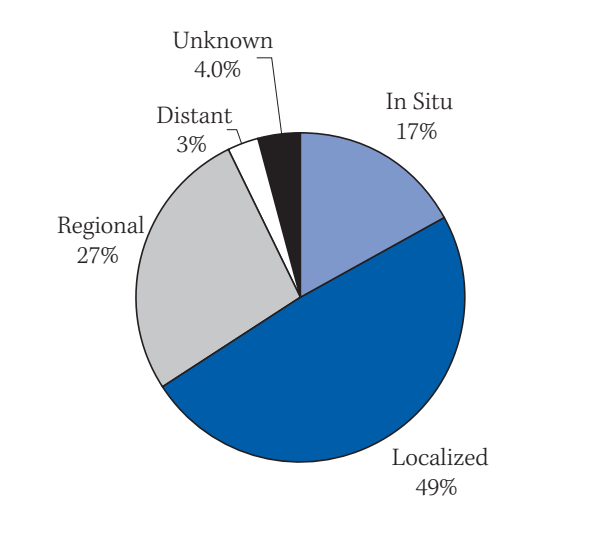
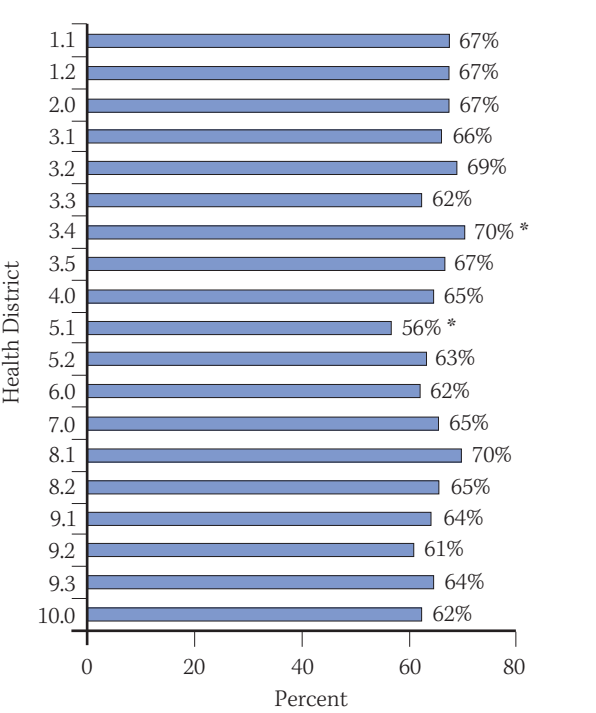


Figure 21. Percent of Early Stage at Diagnosis for Female Breast Cancer by Health District, Georgia, 1999-2000



*Significantly higher or lower than the state rate.

Early detection

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.

Breast cancer screening in Georgia

According to the 2000-2001 Behavioral Risk Factor Surveillance System, 55% of women 40 years and older reported having had a mammogram and clinical breast examination within the past year. Women 50-64 years (62%) were more likely than women 40-49 years (49%) or 65 years and older (54%) to have had a mammogram and clinical breast examination (Figure 22).

Among the 19 public health districts in Georgia, the percentage of women who had a mammogram and clinical breast exam in the past year ranged from 45% in the South Central (5-1) to 62% in the Cobb/Douglas (3-1) Health District (Figure 23).

American Cancer Society

Guidelines for Breast Cancer Screening

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 a 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. 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.

Figure 22. Mammogram and Clinical Breast Examination within the Past Year by Age, Women 40 and Older, Georgia, 2000-2001

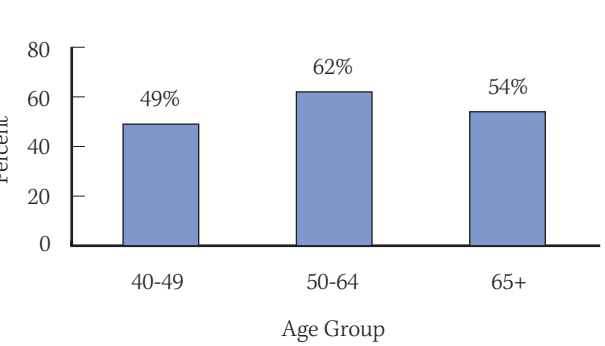
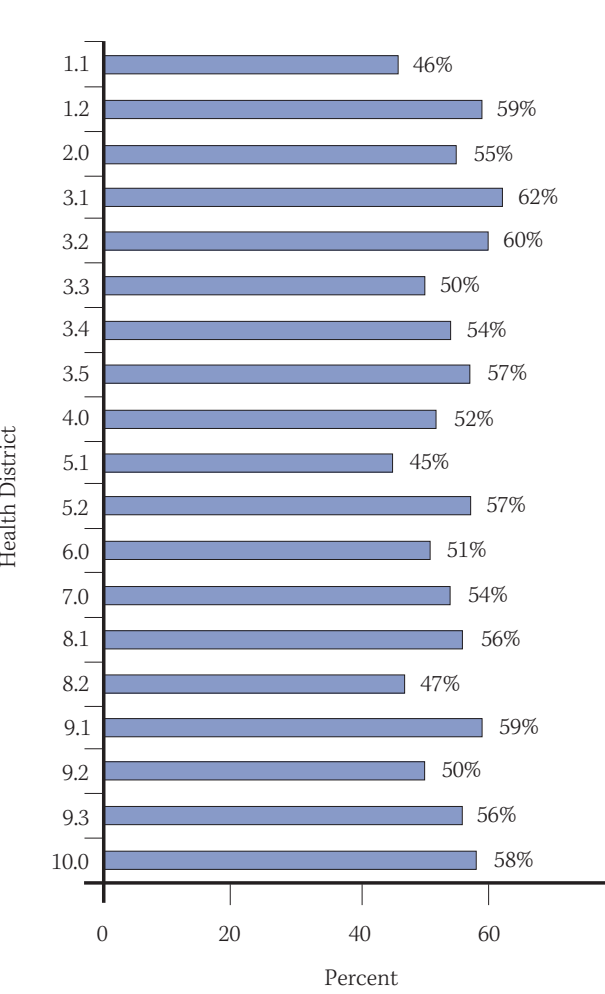


Figure 23. Mammogram and Clinical Breast Examination within the Past Year, by Health District, Women 40 and Older, Georgia, 2000-2001



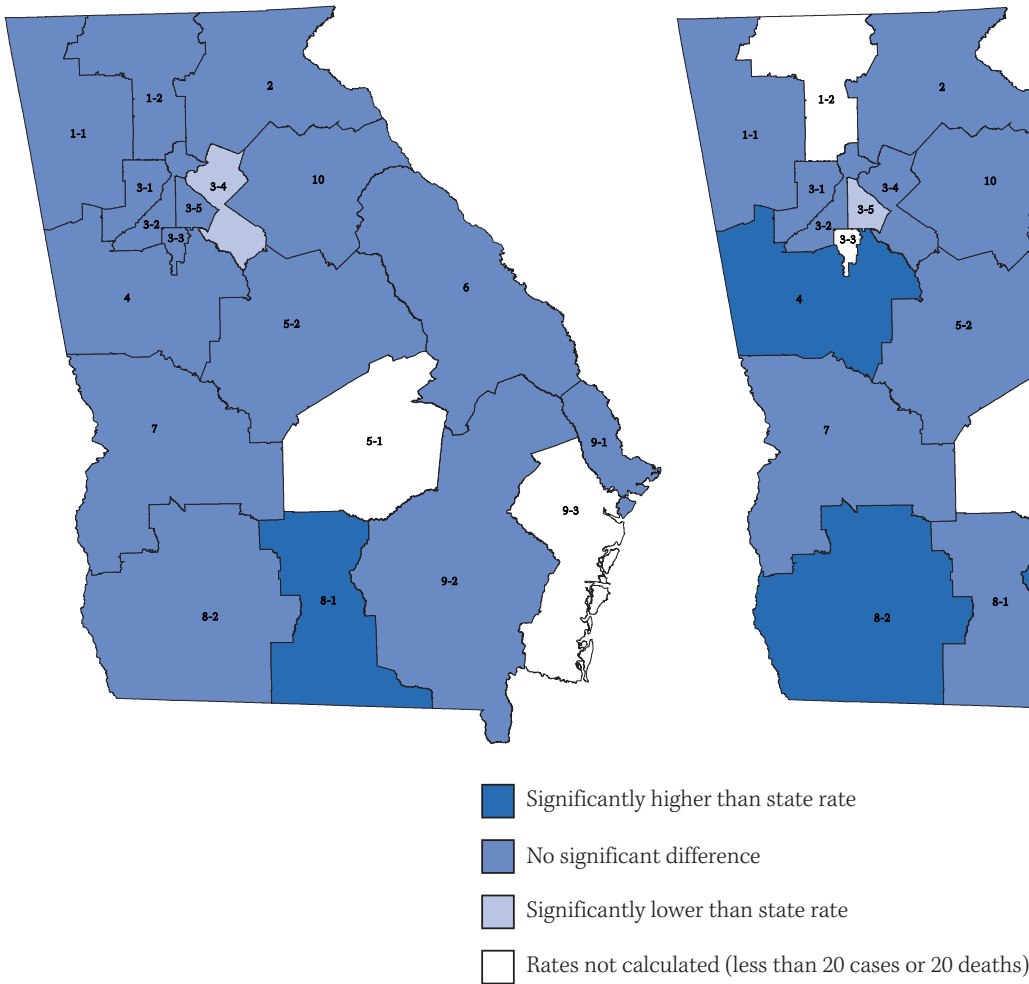
Uterine Cervix Cancer

New cases

Yearly, an average of 412 new invasive cervical cancer cases are diagnosed among Georgia females. In the U.S., incidence rates have decreased over the past decades. As Pap screening has become more prevalent, pre-invasive lesions of the cervix are detected far more frequently than invasive cancer.

Rates vary by Health District. The South (8-1) Health District has a significantly higher incidence rate than the state rate; East Metro (3-4) Health District has a significantly lower rate. South Central (5-1), and Coastal (9-3) Health Districts had less than 20 new cases and rates were not calculated (Figure 24 and Table 1).

Figure 24. Age-Adjusted Cervical Cancer Incidence Rates by Health Districts, Georgia, 1999-2000

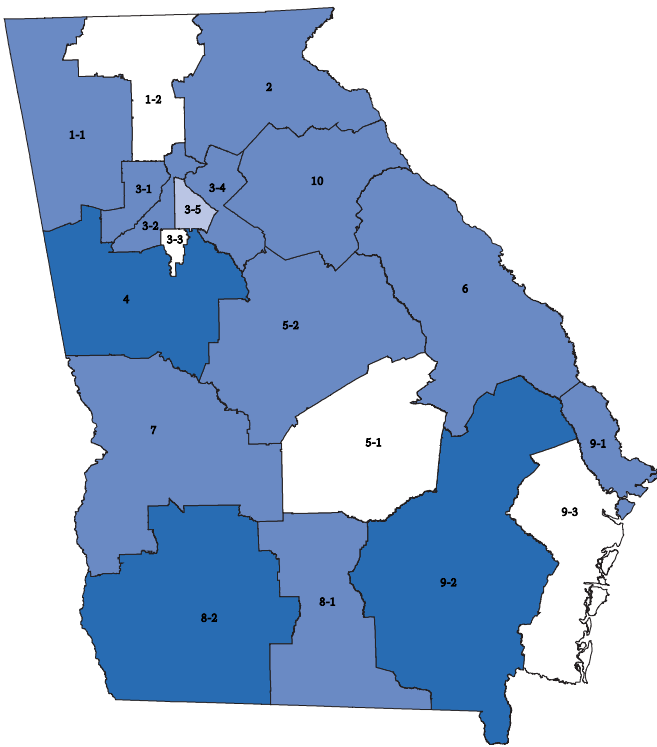


Deaths

Yearly, an average of 120 Georgia females die of cervical cancer. In Georgia, mortality rates from cervical cancer have declined nearly 44% during the past 20 years.

The LaGrange (4), Southwest (8-2), and Southeast (9-2) Health Districts have significantly higher mortality rates than the state average; DeKalb (3-5) Health District has a significantly lower rate. Clayton (3-3), North Georgia (1-2), South Central (5-1), and Coastal (9-3) Health Districts had less than 20 deaths and rates were not calculated (Figure 25 and Table 1).

Figure 25. Age-Adjusted Cervical Cancer Mortality Rates by Health Districts, Georgia, 1997-2001



Stage of disease

Stage of disease refers to the extent to which cancer has spread when diagnosed. In general the earlier the stage, the better chance of survival. For cervical cancer, the overall five year survival rate is 71%. If the cancer is discovered at a local stage, the survival rate is 92%, but only 51% when discovered at a regional stage and 15% when discovered at a distant stage.

Among Georgia women diagnosed with cervical cancer in 1999-2000, 56% had early stage (localized) cancers (Figure 26). The vast majority of invasive cervical cancers can be prevented. Following the guidelines for early detection of cervical cancer helps in the prevention of this cancer.

Risk factors

- Certain types of human papillomavirus
- First intercourse at an early age
- Multiple sex partners, or partners who have had multiple sex partners
- Cigarette smoking

Prevention

Almost all invasive cervical cancers can be prevented. Early detection and treatment of precancerous lesions prevents invasive disease. Cervical cancer can be prevented by delaying onset of first sexual intercourse and limiting the number of lifetime sex partners, both of which reduce exposure to the human papillomavirus and are risk factors beyond their relationship to human papillomavirus.

American Cancer Society Guidelines for Early Detection of Cervical Cancer

Cervical cancer 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 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. Alternatively, cervical cancer screening with HPV DNA testing and conventional or liquid-based cytology can be performed every 3 years. Doctors may suggest more frequent screening for women with HIV or a weak immune system.

Early detection

Deaths from cervical cancer were reduced dramatically with the advent of the Pap smear test in the 1940s. With regular Pap tests and appropriate follow-up care, death from cervical cancer is almost totally preventable.

Figure 26. Stage at Diagnosis for Cervical Cancer, Georgia, 1999-2000

Note: Cervical cancer in situ is not reported

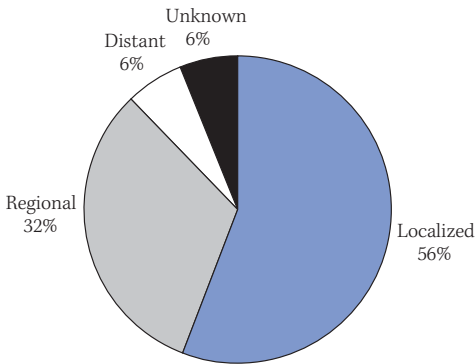


Table 1. Average Annual Invasive Cervical Cancer Incidence and Mortality Rate by Health District, Georgia.

Health District	Incidence (1999-2000)		Mortality (1997-2001)	
	Cases	Rate	Deaths	Rate
Georgia	824	10.1	599	3.1
1-1	47	9.1	45	3.5
1-2	34	10.4	18	—
2-0	56	12.0	26	2.3
3-1	66	9.6	37	2.6
3-2	92	11.8	56	3.1
3-3	20	9.1	9	—
3-4	54	7.6	37	2.7
3-5	58	9.1	28	1.9
4-0	73	11.7	63	4.2
5-1	12	—	18	—
5-2	38	7.8	32	2.6
6-0	44	9.9	24	2.2
7-0	36	9.9	31	3.4
8-1	35	16.1	27	4.8
8-2	45	12.0	46	4.9
9-1	27	9.8	25	3.5
9-2	37	12.2	39	4.9
9-3	17	—	11	—
10-0	33	9.4	27	3.2

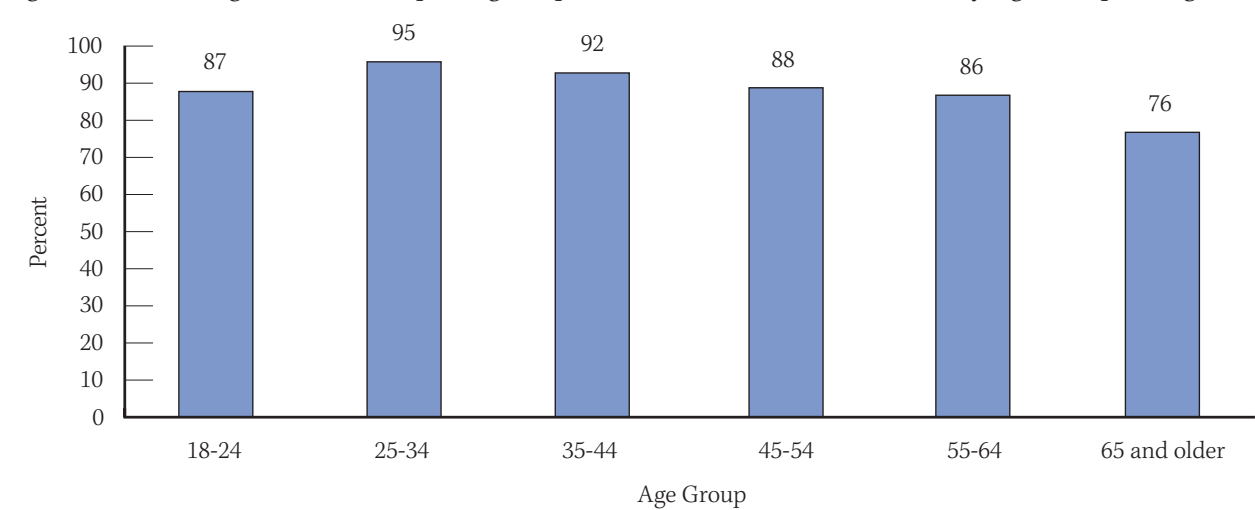
Colon & Rectum Cancer

Cervical cancer screening in Georgia

According to the 2000-2001 Behavioral Risk Factor Surveillance System, 89% of women 18 years and older without a hysterectomy reported having a Pap test within the past 3 years. Women from 18-54

years of age were significantly more likely than women 65 years and older to have had a Pap test within the past three years (*Figure 27*).

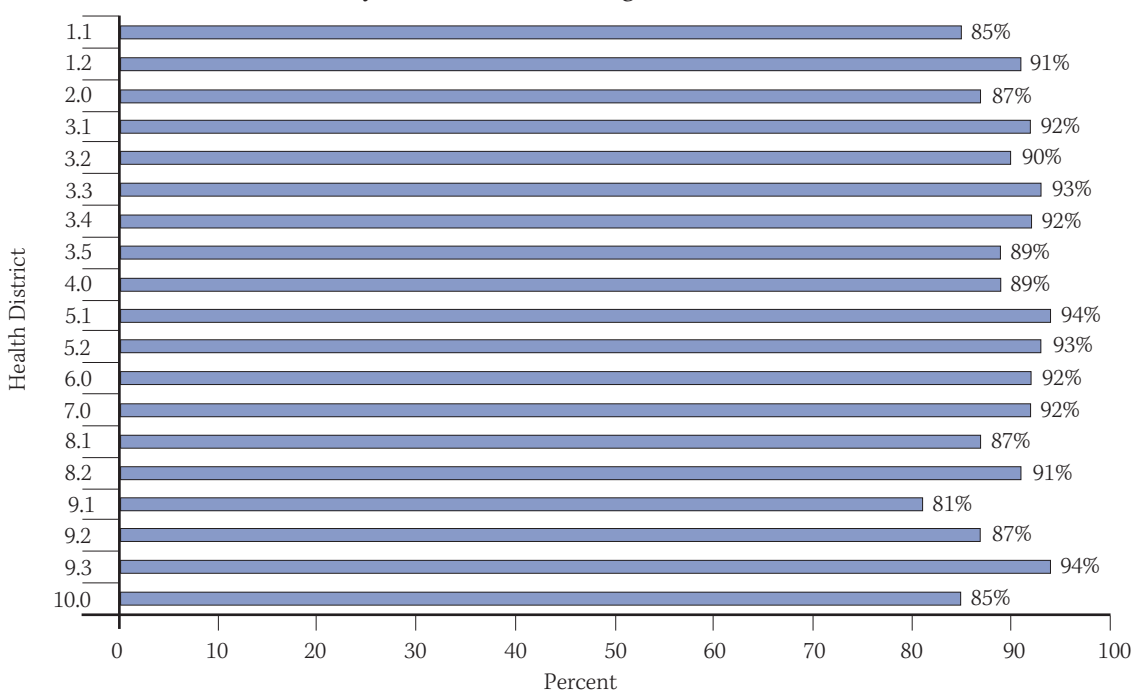
Figure 27. Percentage of Women Reporting a Pap Test Within the Past Three Years by Age Group, Georgia, 2000-2001



Among the 19 public health districts in Georgia, the percentage of women 18 years and older who had a Pap test within three years ranged from 81% in the

East (9-1) to 94% in the South Central (5-1) and Coastal (9-3) Health Districts (*Figure 28*).

Figure 28. Percentage of Women 18 Years and Older Reporting a Pap Test Within the Past Three Years, by Health District, Georgia, 2000-2001

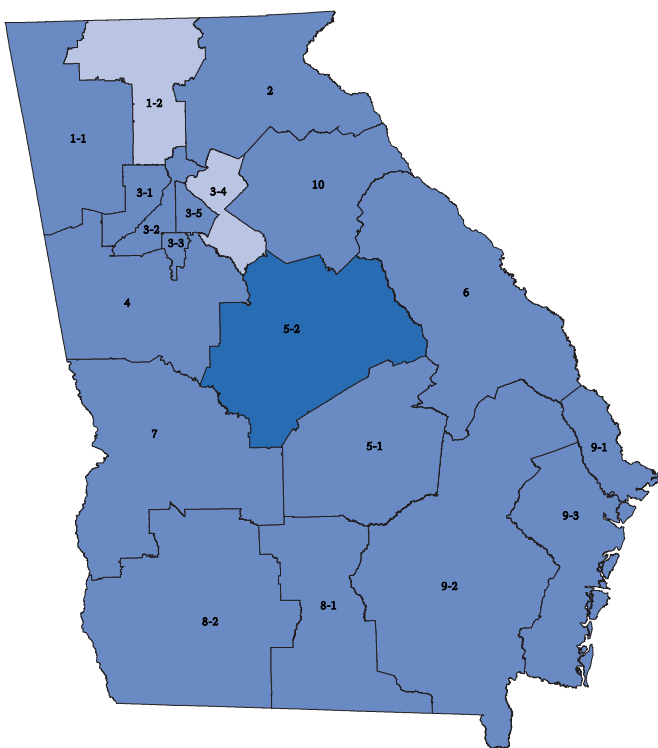


New cases

Colorectal cancer is the third most common cancer diagnosed among Georgia males and females. Yearly, an average of 3,331 new cases of colorectal cancer are diagnosed in Georgia: 1,665 in males and 1,666 in females.

The North Central (5-2) Health District has a significantly higher incidence rate than the state for both males and females, while the North Georgia (1-2) and East Metro (3-4) Health Districts have significantly lower rates (*Figure 29*).

Figure 29. Age-Adjusted Colorectal Cancer Incidence Rates by Health Districts, Georgia, 1999-2000

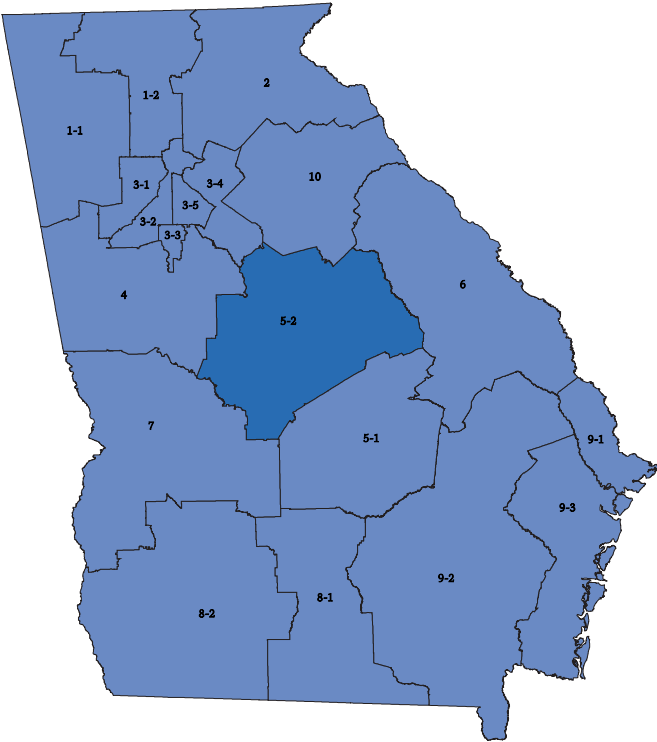


Deaths

Yearly, an average of 1,227 Georgians die of colorectal cancer: 593 males and 634 females. Colorectal cancer is the third leading cause of cancer death among Georgia males and females. Since 1990, colorectal cancer mortality rates decreased at an average annual rate of 0.3% among males and 0.5% among females.

The North Central (5-2) Health District has a significantly higher mortality rate than the state (*Figure 30*).

Figure 30. Age-Adjusted Colorectal Cancer Mortality Rates by Health Districts, Georgia, 1997-2001



- Significantly higher than state rate
- No significant difference
- Significantly lower than state rate

Stage of disease

Stage of disease refers to the extent to which cancer has spread when diagnosed. In general the earlier the stage, the better chance of survival. For colorectal cancer, the overall five year survival rate is 62%. If the cancer is discovered at a local stage, the survival rate is 90%, but only 65% when discovered at a regional stage and 9% when discovered at a distant stage. Early detection and removal of precancerous polyps can greatly reduce the risk of developing or dying of invasive colorectal cancer. During 1999-2000, 54% of colorectal cancers were diagnosed at a late stage (regional and distant) while only 39% were diagnosed early (in situ and local) (Figure 31). The percentage diagnosed at an early stage varies among Health Districts, ranging from 31% in Clayton (3-3) Health District to 45% in East Metro (3-4) Health District (Figure 32).

Risk factors

- Increasing age
- Personal or family history of colorectal cancer, polyps, or inflammatory bowel disease
- Smoking and alcohol consumption
- Physical inactivity
- A high fat or low fiber diet
- Inadequate intake of fruits and vegetables
- Obesity

Prevention

Preventing colorectal cancer saves lives. Strategies for prevention include managing modifiable risk factors (above), such as diet and physical activity, and detection and removal of precancerous polyps.

Early detection

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 colon and rectum.

Figure 31. Stage at Diagnosis for Colorectal Cancer, Georgia, 1999-2000

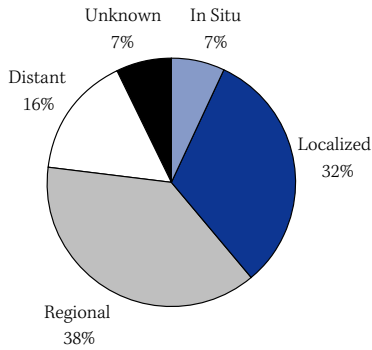
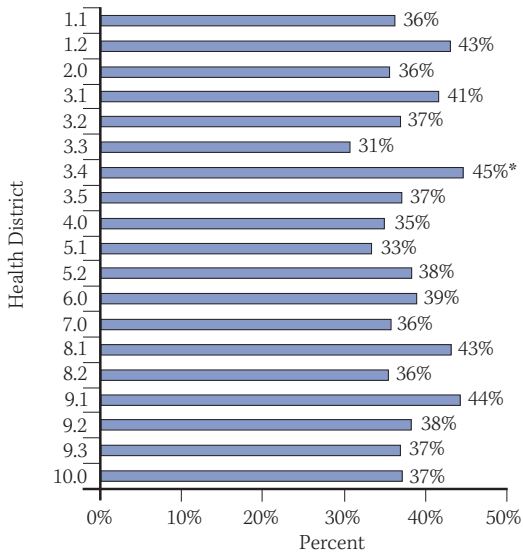


Figure 32. Early Stage at Diagnosis for Colorectal Cancer by Health District, Georgia 1999-2000



*Significantly higher than the state rate.

American Cancer Society Guidelines for Early Detection of Colorectal Cancer

Starting at age 50

- Annual Fecal Occult Blood Test (FOBT) or fecal immunochemical test (FIT)
- Flexible sigmoidoscopy every 5 years.
- Annul FOBT or FIT and flexible sigmoidoscopy (FSIG) every 5 years*
- Colonoscopy every 10 years.
- Double contrast barium enema every 5 years.

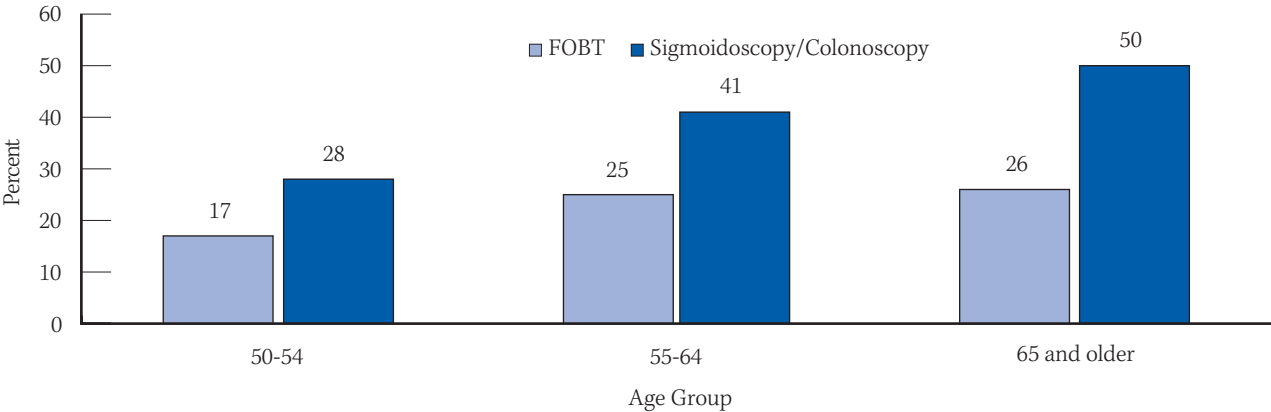
*Combined testing is preferred over either annual FOBT or FIT or FSIG every 5 years alone. People who are at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule.

Colorectal cancer screening in Georgia

According to the 2001 Behavioral Risk Factor Surveillance System, 23% of adults ages 50 years and older reported having a blood stool test using a home kit within the past 12 months, and 42%

had a sigmoidoscopy or colonoscopy within the past five years. Blood stool testing and sigmoidoscopy/colonoscopy is reported more frequently as age increases (Figure 33).

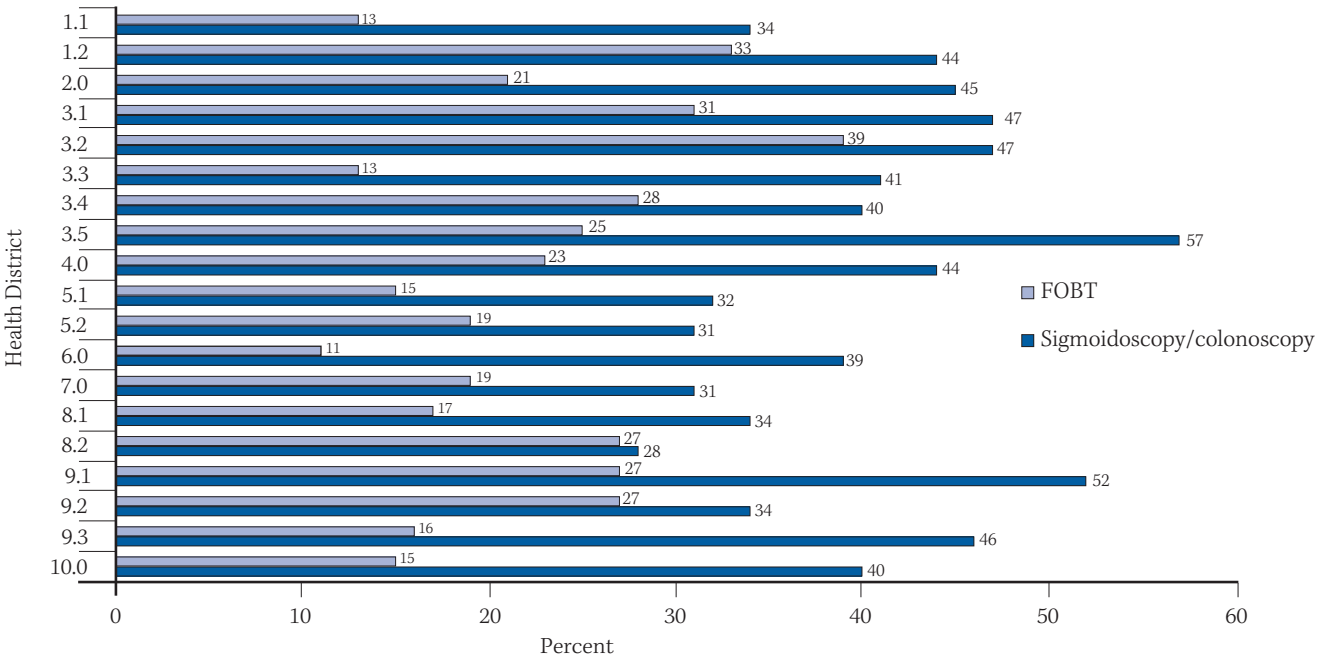
Figure 33. Fecal Occult Blood Test (FOBT) at Home within the Past Year and Sigmoidoscopy/Colonoscopy within the Past 5 Years by Age Group, Adults 50 Years and older, Georgia, 2001.



Among the 19 public health districts, the percentage of adults 50 and older who had a blood stool test using a home kit ranged from 11% in the East Central (6) to 39% in the Fulton (3-2) Health

Districts. The percentage of adults 50 and older who had a sigmoidoscopy or colonoscopy within the past 5 years ranged from 28% in the South West (8-2) to 57% in the DeKalb (3-5) Health Districts (Figure 34).

Figure 34. Fecal Occult Blood Test (FOBT) at Home within the Past Year and Sigmoidoscopy/ Colonoscopy within the Past 5 Years by Health District, Adults 50 Years and older, Georgia, 2001.



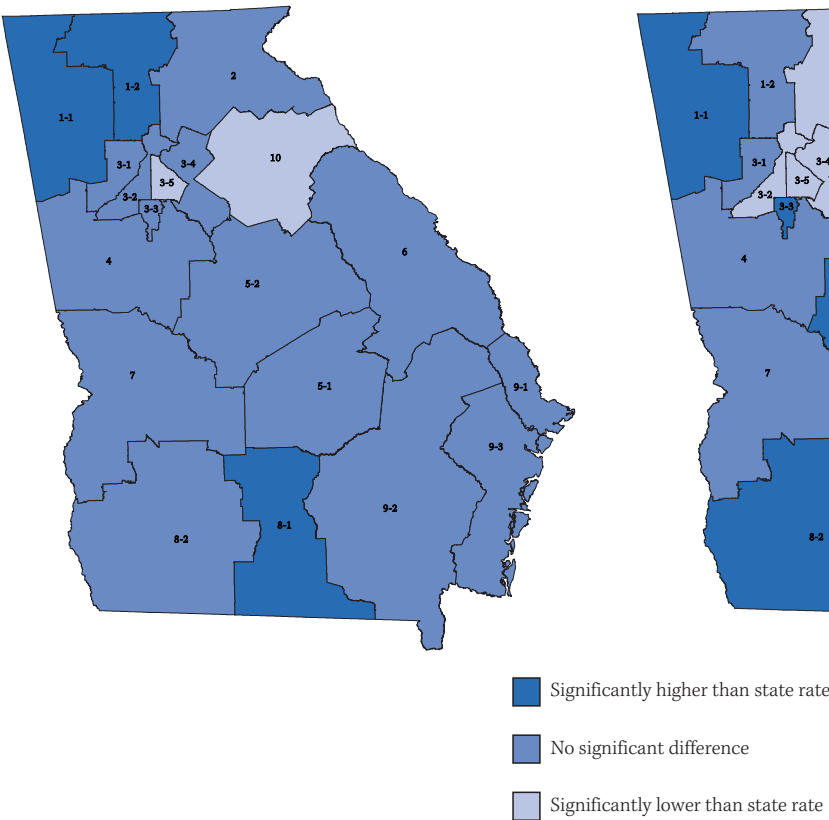
Lung & Bronchus Cancer

New cases

Lung cancer is the most common cancer diagnosed in Georgia and accounts for 16% of all cancer diagnoses. Yearly, an average of 4,951 new cases of lung cancer are diagnosed in Georgia: 3,024 in males and 1,927 in females.

North Georgia (1-2), Northwest (1-1), and South (8-1) Health Districts have significantly higher incidence rates than the state rate while Northeast (10) and DeKalb (3-5) Health Districts have significantly lower rates (Figure 35).

Figure 35. Age-Adjusted Lung and Bronchus Cancer Incidence Rates by Health Districts, Georgia, 1999-2000

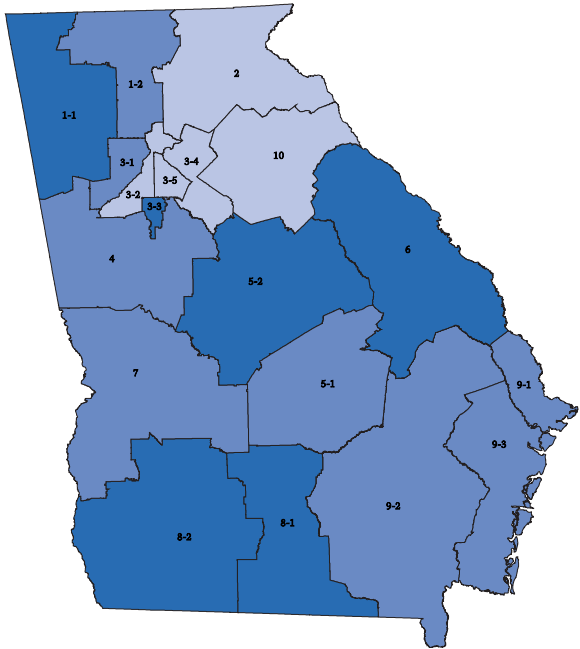


Deaths

Yearly, an average of 4,015 Georgians die of lung cancer: 2,513 males and 1,501 females. Lung cancer deaths account for 30% of all cancer deaths in Georgia. In recent years, mortality rates from lung cancer have declined among males; however, among females, rates have doubled since 1980. Decreasing mortality rates among males are a result of decreased smoking rates over the previous 30 years.

Southwest (8-2), East Central (6), Clayton (3-3), North Central (5-2), Northwest (1-1), and South (8-1) Health Districts have significantly higher mortality rates than the state average, while Fulton (3-2), East Metro (3-4), DeKalb (3-5), Northeast (10), and North (2) Health Districts have significantly lower rates (Figure 36).

Figure 36. Age-Adjusted Lung and Bronchus Cancer Mortality Rates by Health Districts, Georgia, 1997-2001



Stage of disease

Stage of disease refers to the extent to which cancer has spread when diagnosed. In general the earlier the stage, the better chance of survival. For lung and bronchus cancer, the five year survival rate is 15%. If the cancer is discovered at a local stage, the survival rate is 49%, but only 22% when discovered at a regional stage and 3% when discovered at a distant stage. During 1999-2000, 69% of the lung cancers were diagnosed at a late stage (regional and distant) (Figure 37). The percentage diagnosed at a late stage varies among Health Districts, ranging from 54% in South Central (5-1) Health District to 76% in Fulton (3-2) and DeKalb (3-5) Health Districts (Figure 38).

Risk factors

- Tobacco use accounts for 87% of all lung cancer cases
- Exposure to environmental (second-hand) tobacco smoke
- Exposure to certain industrial substances such as arsenic, some organic chemicals, radon, and asbestos, particularly for persons who smoke
- Radiation exposure from occupational, medical, and environmental sources
- Air pollution

Prevention

The best strategy for preventing lung cancer is not to smoke or to stop smoking and to avoid exposure to environmental or second-hand smoke. People who work with potentially cancer-causing chemicals should take appropriate protective measures to avoid harmful exposure.

Early detection

There is no known effective way to routinely screen for lung cancer. Because symptoms often do not appear until the disease is advanced, early detection is difficult.

Figure 37. Stage at Diagnosis for Lung and Bronchus Cancer, Georgia, 1999-2000

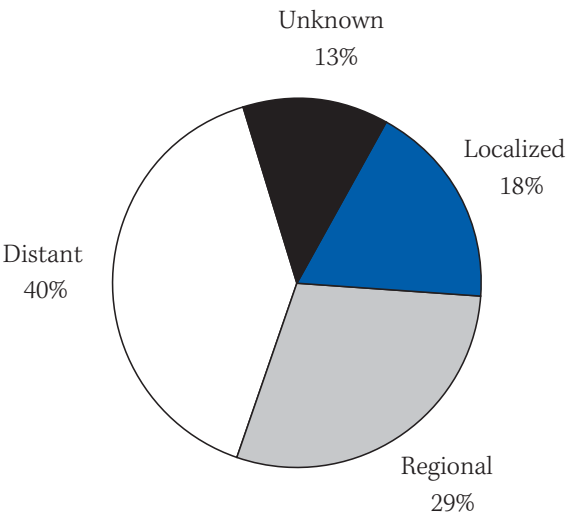
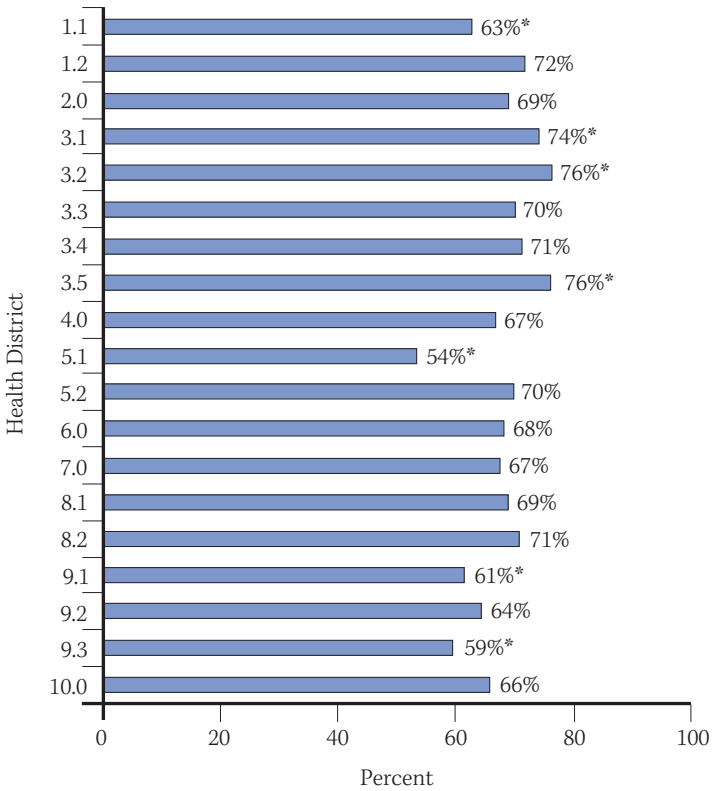


Figure 38. Late Stage at Diagnosis for Lung and Bronchus Cancer by Health District, Georgia, 1999-2000



*Significantly higher or lower than the state rate

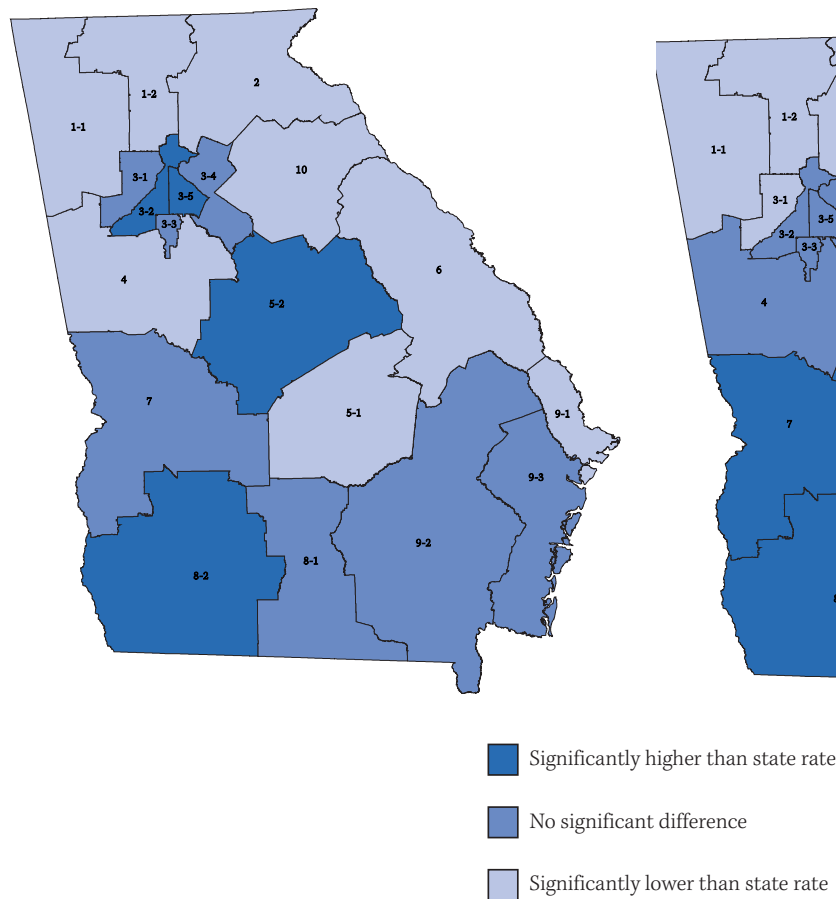
Prostate Cancer

New cases

Prostate cancer is the most commonly diagnosed cancer among Georgia males, accounting for 29% of all male cancer cases. Yearly, an average of 4,427 new cases of invasive prostate cancer are diagnosed among Georgia males.

The Southwest (8-2), DeKalb (3-5), Fulton (3-2), and North Central (5-2) Health Districts have significantly higher incidence rates than the state rate, while the Northwest (1-1), North Georgia (1-2), North (2), Northeast (10), East Central (6), LaGrange (4-0), and East (9-1), have significantly lower rates (Figure 39).

Figure 39. Age-Adjusted Prostate Cancer Incidence Rates by Health Districts, Georgia, 1999-2000

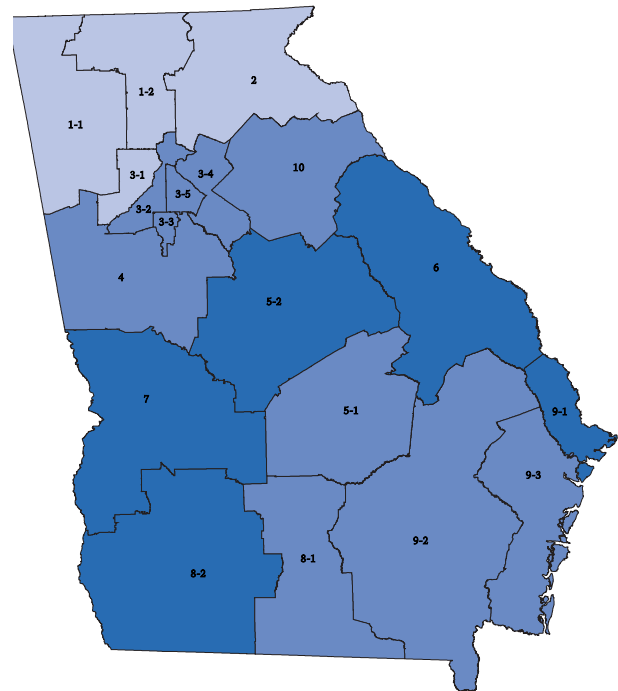


Deaths

Prostate cancer is the second leading cause of cancer death among males. Yearly, an average of 784 Georgia males die of prostate cancer. During the 1980s, prostate cancer mortality rates in Georgia increased at an average annual rate of 2.2% followed by an average decline of 1.5% annually. Mortality rates among black males are twice as high as rates among white males.

The East Central (6), West Central (7), North Central (5-2) and East (9-1) Health Districts have significantly higher mortality rates than the state rate, while the Northwest (1-1), North Georgia (1-2), North (2), and Cobb/Douglas (3-1) Health Districts, have significantly lower rates (Figure 40).

Figure 40. Age-Adjusted Prostate Cancer Mortality Rates by Health Districts, Georgia, 1997-2001



Stage of disease

Stage of disease refers to the extent to which cancer has spread when diagnosed. In general the earlier the stage, the better the chance of survival. For prostate cancer, the five year survival rate is 97%. If the cancer is discovered at a local stage, the survival rate is 100%, but only 34% when discovered at a distant stage. Prostate cancer usually grows more slowly than most other cancers. As a result, the majority of prostate cancers are diagnosed at an early stage (in situ and localized). During 1999-2000, 78% of prostate cancers were diagnosed at an early stage. The percentage diagnosed at an early stage varies among Health Districts, ranging from 34% in South Central (5-1) Health District to 87% in Clayton (3-3) Health District (Figure 41).

Risk factors

- Increasing age
- Black race
- Family history
- Obesity

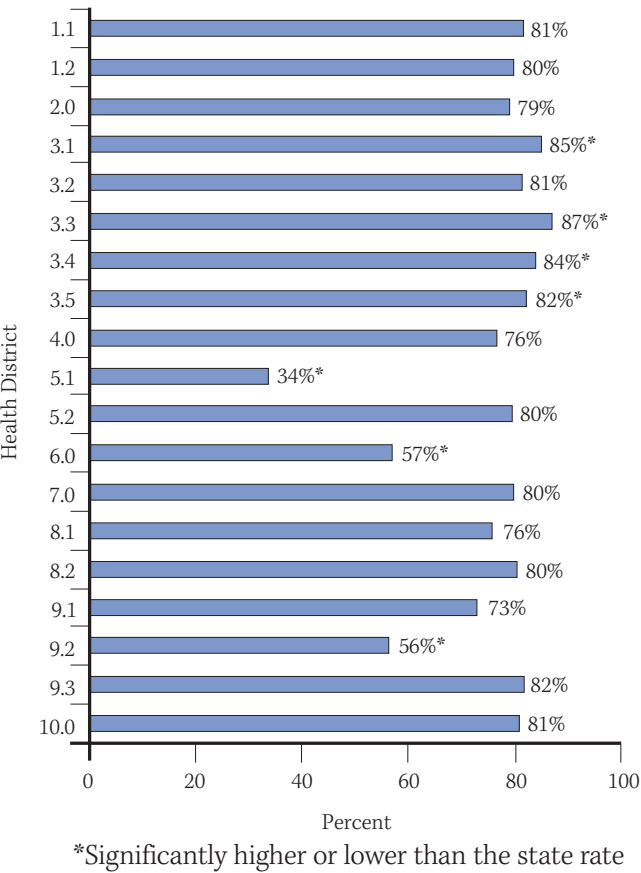
Prevention

There is no known way to prevent prostate cancer. However, maintaining a normal body mass index (BMI) 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.

Early detection

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 have 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.

Figure 41. Early Stage at Diagnosis for Prostate Cancer by Health District, Georgia 1999-2000



American Cancer Society Guidelines for Early Detection of Prostate Cancer

At present, national organizations commonly recommend informed decision making about testing for prostate cancer rather than a recommendation that all men be screened. 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.*

*The American Cancer Society also recommends that the PSA test and the digital rectal examination 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 one or more first-degree relatives diagnosed with prostate cancer at an early age) should begin testing at age 45.

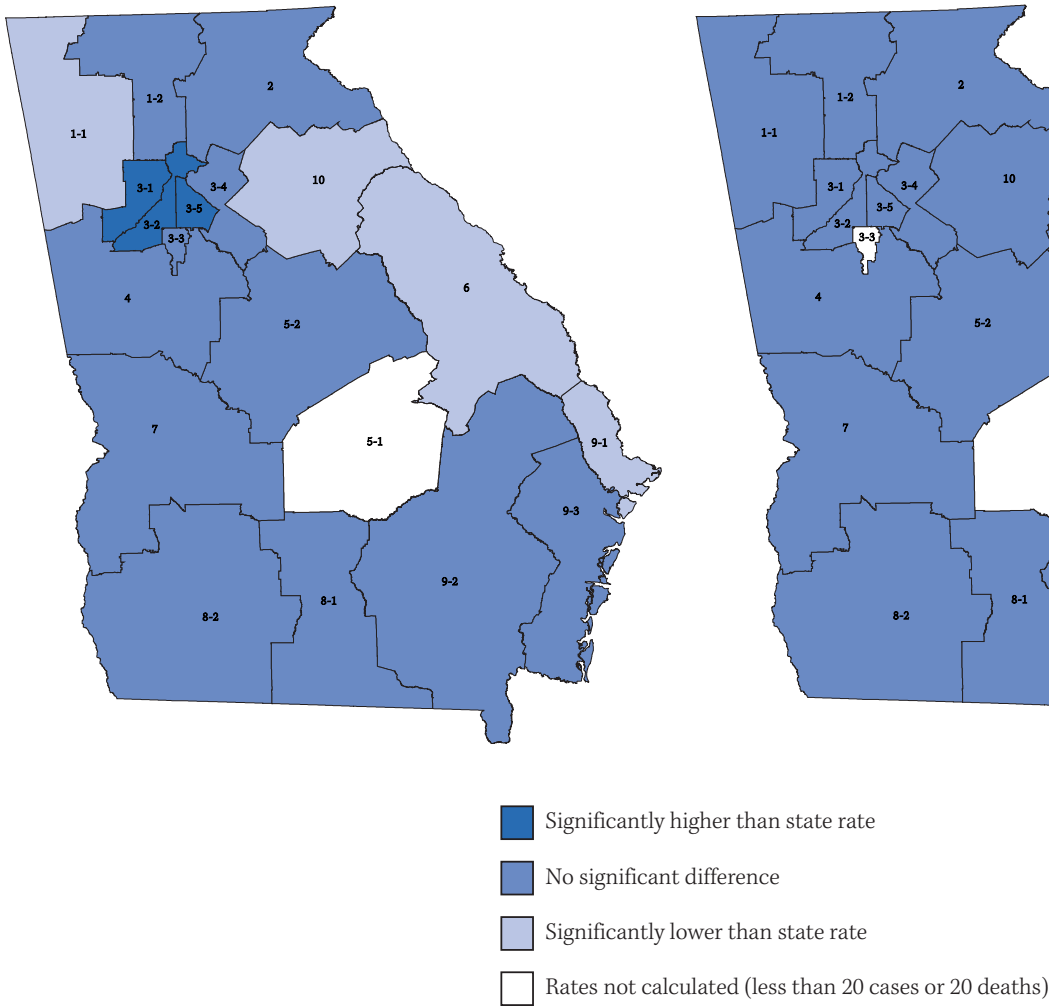
Melanoma

New cases

Yearly, an average of 1,034 new cases of malignant melanoma, the most serious form of skin cancer, are diagnosed in Georgia: 577 in males and 457 in females.

Cobb/Douglas (3-1), DeKalb (3-5), and Fulton (3-2) Health Districts have significantly higher incidence rates than the state rate while Northeast (10), East Central (6), Northwest (1-1) and East (9-1) Health Districts have significantly lower rates (Figure 42).

Figure 42. Age-Adjusted Malignant Melanoma Incidence Rates by County, Georgia, 1999-2000

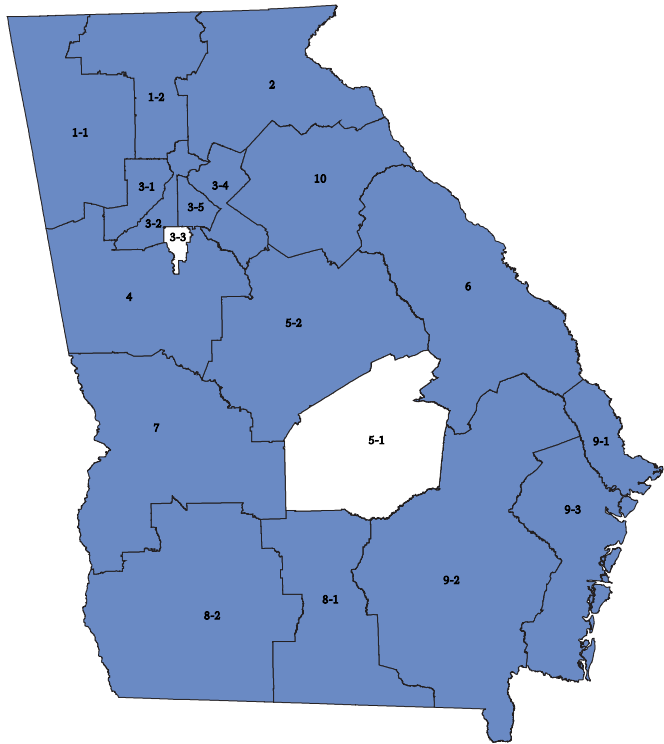


Deaths

Yearly, an average of 178 Georgians die of melanoma: 114 males and 64 females.

Most health districts in Georgia have mortality rates similar to the state average. Clayton (3-3) and South Central (5-1) Health Districts had less than 20 deaths and the melanoma mortality rate was not calculated (Figure 43).

Figure 43. Age-Adjusted Malignant Melanoma Mortality Rates by County, Georgia, 1997-2001



Stage of disease

Stage of disease refers to the extent to which cancer has spread when diagnosed. In general the earlier the stage, the better the chance of survival. For malignant melanoma, the five year survival rate is 89%. If the cancer is discovered at a local stage, the survival rate is 96%, but only 60% when discovered at a regional stage and 14% when discovered at a distant stage.

During 1999-2000, 88% of the malignant melanomas were diagnosed at an early stage (in situ and localized) of disease (Figure 44). The percentage diagnosed at an early stage varies among Health Districts, ranging from 72% in West Central (7) Health District to 96% in Cobb/Douglas (3-1) Health District (Figure 45).

Risk factors

- Excessive exposure to ultraviolet radiation from sunlight or tanning lamps
- Fair complexion
- Family history of melanoma
- Personal history of melanoma
- Multiple or atypical nevi (moles)
- Occupational exposure to coal tar, pitch, creosote, arsenic compounds, or radium
- History of severe sunburn occurring early in life

Prevention

Limit or avoid direct exposure to sun during the midday hours (10 a.m. – 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 an additional source of UV radiation. Severe sunburns in childhood may increase risk of melanoma in later life. Because much exposure to sunlight occurs during childhood or adolescence, protection behaviors should begin early in life. Children should be protected from the sun.

Figure 44. Stage at Diagnosis for Melanoma Cancer, Georgia, 1999-2000

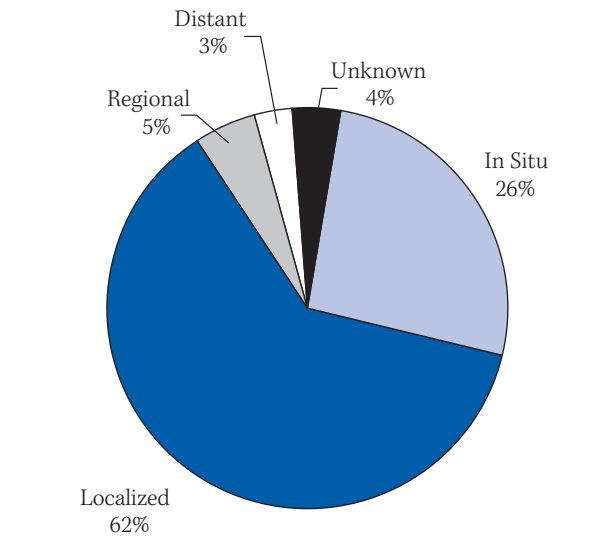
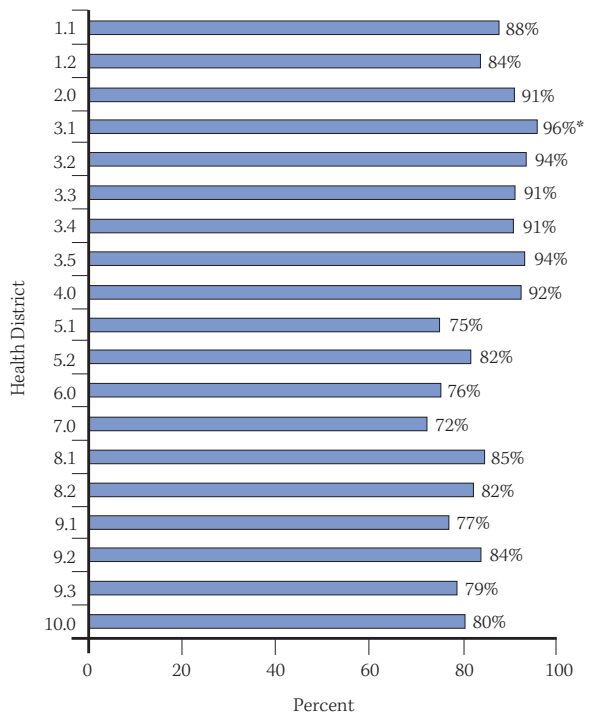


Figure 45. Early Stage at Diagnosis for Melanoma by Health District, Georgia, 1999-2000



*Significantly higher than the state rate

Early detection

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. A simple ABCDE rule outlines the warning signals of melanoma.

- A -Asymmetry: One half of the mole does not match the other half;
- B -Border: The edges of the mole are ragged, notched, or blurred;
- C -Color: The pigmentation is not uniform, with variable degrees of tan, brown, or black;
- D -Diameter: Greater than 6 millimeters (about 1/2 inch).
- E -Enlargement: Any sudden or progressive increase in size of a mole should be of concern.

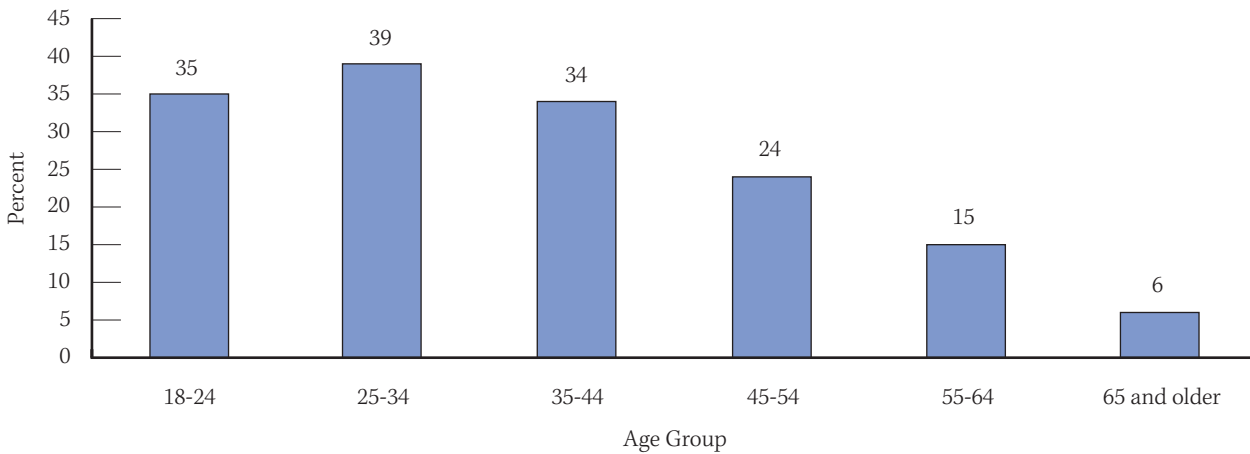
Sun Exposure in Georgia

According to sun exposure data collected on the 1999 Behavioral Risk Factor Surveillance Survey, 27% of adults in Georgia reported they had a sunburn in the past 12 months. Men (31%) were more likely than women (23%) to have had a sunburn, and the likelihood of sunburn decreased significantly with age (Figure 46).

American Cancer Society Guidelines
for Early Detection of Melanoma

- Ages 40 years and older: A skin examination by a health care professional every year and monthly self-examination.
- Ages 20-39 years: A skin examination by a health care professional every three years and monthly self-examination.

Figure 46. Percentage of Adults Reporting a Sunburn Within the Past 12 Months, by Age Group, Georgia, 1999.



Tobacco use

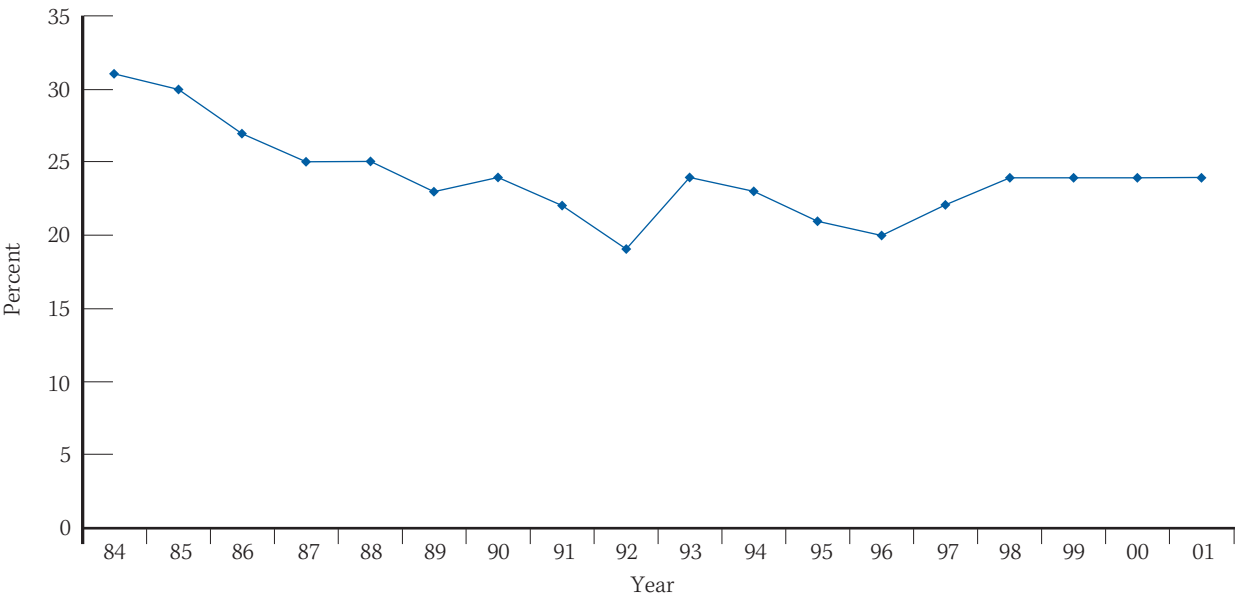
Smoking is a major preventable cause of death in our society. Tobacco use accounts for at least 30% of all cancer deaths and 87% of all lung cancer cases, and is also associated with cancers of the nasal cavities, mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, bladder, stomach and liver, and with myeloid leukemia. In 2001, tobacco use was responsible for 18% (one in six) deaths in Georgia, and Georgians who die as a result of their smoking habit lose an average of 16.4 years of life.

In 1986, the US Surgeon General concluded that the use of spit tobacco is not a safe substitute for smoking cigarettes. Spit tobacco causes cancer and a number of non-cancerous oral conditions, and can lead to nicotine addiction and dependence.² Cigars contain most of the same carcinogens and cancer-producing chemicals found in cigarettes. Regular cigar smoking causes cancer of the lung, oral cavity, larynx and esophagus, and may also be related to cancer of the pancreas.³

Tobacco use among Georgia adults

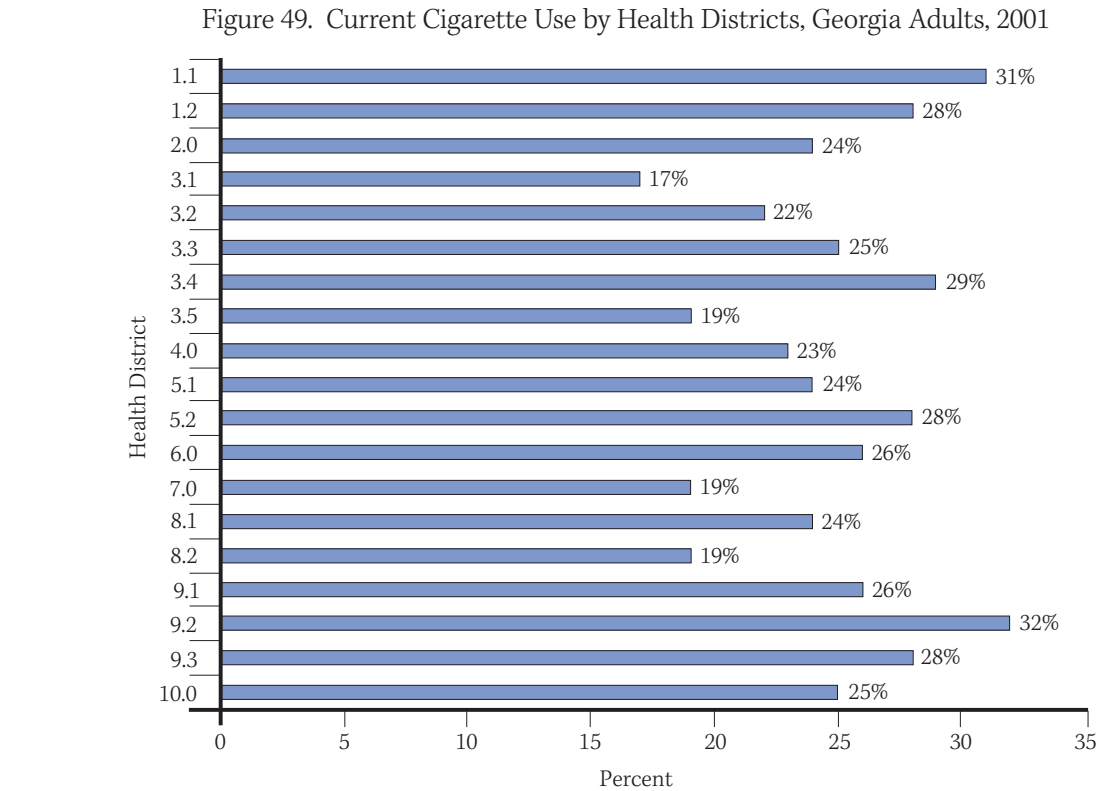
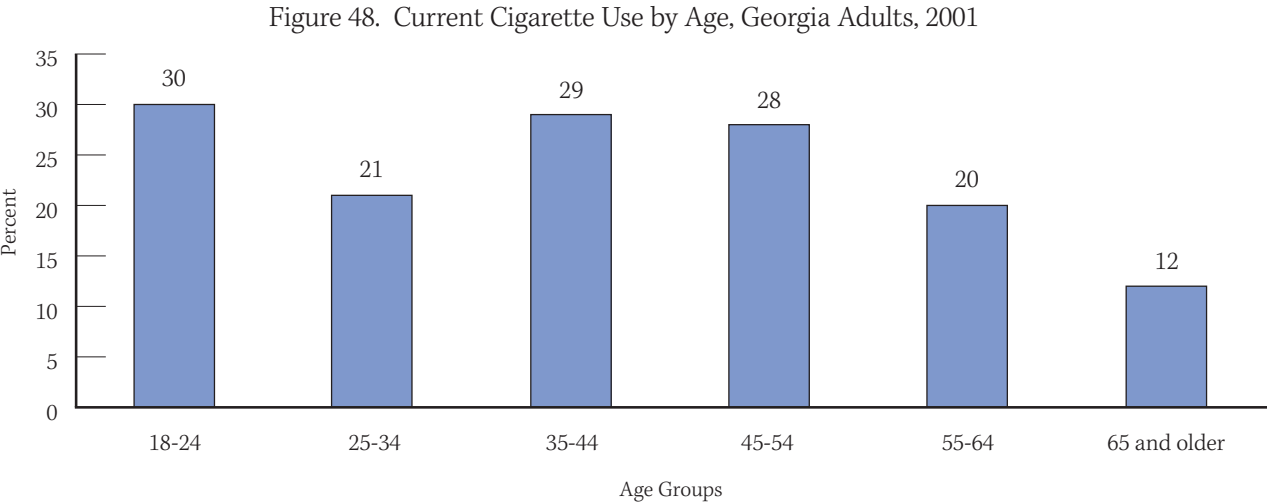
- The prevalence of smoking declined by about 20% between 1984 and 1993, from 31% to 24%; however, the prevalence has been relatively unchanged since 1993 (Figure 47).
- According to the 2001 Behavioral Risk Factor Surveillance System, an estimated 24% of Georgia adults smoke. 26% of males and 22% of females are current smokers. One in four white adults (25%) and one in five black adults (21%) smoke cigarettes. Smoking rates vary by age, with young adults aged 18-24 years the most likely to smoke cigarettes (30%) and adults 65 and older the least likely (12%) (Figure 48).
- Among the 19 public health districts in Georgia, the prevalence of cigarette smoking ranged from 17% in the Cobb/Douglas Health District (3-1) to 32% in the Southeast Health District (9-2) (Figure 49).

Figure 47. Current Cigarette Use by Year, Adults 18+ Years of Age, Georgia, 1984-2001



Many smokers want to stop. According to the 2001 Behavioral Risk Factor Surveillance System, 60% of Georgia males and 59% of Georgia females who were current smokers reported that they had tried to quit smoking for at least one day during the past year.

There are many benefits to stopping smoking. People who quit smoking, regardless of age, live longer than people who continue to smoke. Quitting smoking decreases the risk of developing many cancers and other major diseases, including chronic obstructive pulmonary disease (COPD) and cardiovascular diseases.⁴



Tobacco use among Georgia youth

According to the 2001 Georgia Youth Tobacco Survey, 15% of middle school students and 32% of high school students reported using some form of tobacco:

- 9% of middle school and 24% of high school students were current cigarette smokers
- 5% of middle school and 15% of high school students smoked cigars
- 3% of middle school and 6% of high school students smoked bidis*
- 5% of middle school and 10% of high school students used spit tobacco

Among males, 11% of middle school students and 27% of high school students reported current cigarette smoking. Among females, 7% of middle school students and 20% of high school students reported current cigarette smoking. White high school students (31%) were three times as likely and Hispanic high school students (21%) were twice as likely as black high school students (10%) to smoke cigarettes. The prevalence of cigarette smoking increased at higher grades (*Figure 50*).

In nine of the public health districts in Georgia, current cigarette smoking among middle school students ranged from 4% in Fulton (3-2) to 13% in Northwest District (1-1) and LaGrange (4) Health Districts. In six districts, smoking among high school students ranged from 21% in the East Central District (6) to 28% in the Southwest District (8-2) (*Figure 51*).

The percentage of Georgia high school students who were current cigarette smokers in 2001 (24%) is the same as the percentage in 1993. This is very similar to the prevalence of and trend in smoking among adults.

*bidis (pronounced “bee-dees” are small, thin hand-rolled cigarettes imported to the U.S. primarily from India and other Southeast Asian countries.

Figure 50. Current Cigarette Use by Grade, Georgia Students, 2001

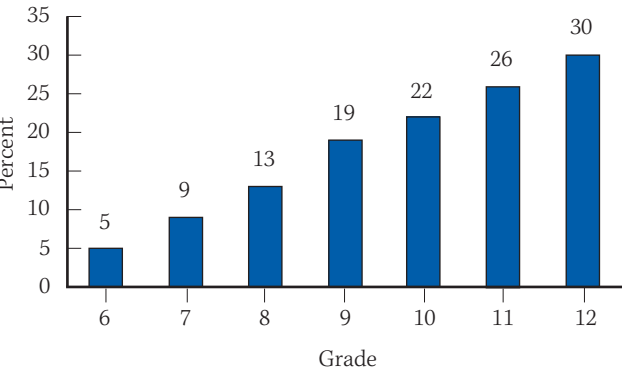
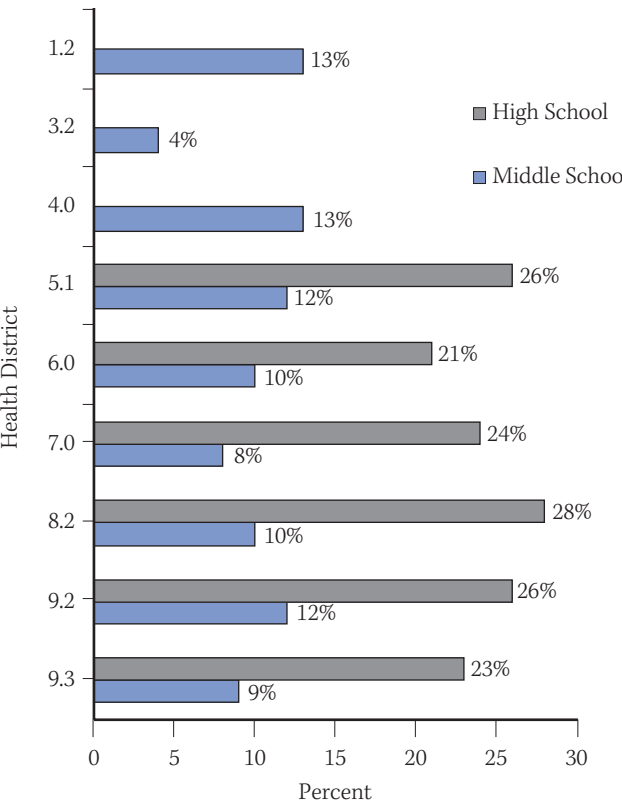


Figure 51. Current Cigarette Use Among Middle and High School Students, by Health District, Georgia Students, 2001



Nutrition, physical activity, and obesity

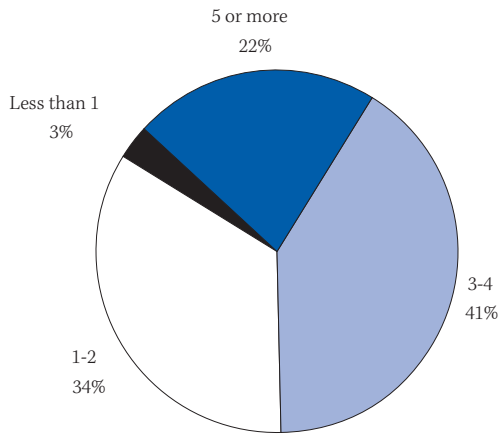
Existing scientific evidence suggests that about one-third of the cancer deaths that occur in the US each year are due to dietary factors.⁵ The introduction of healthful diet and exercise practices at any time from childhood to old age can promote health and reduce cancer risk. Many dietary factors can affect cancer risk, i.e., type of food, food preparation methods, portion sizes, food variety, and overall caloric balance. Cancer risk can be reduced by an overall dietary pattern that includes a high proportion of plant foods (fruits, vegetables, grains and beans), limited amounts of meat, dairy, and other high-fat foods, and a balance of caloric intake and physical activity.

The recommendations of the American Cancer Society Advisory Committee on Diet, Nutrition, and Cancer Prevention (*see text box*) are consistent in principle with the 1992 US Department of Agriculture (USDA) Food Guide Pyramid, the 1995 Dietary Guidelines for Americans, and dietary recommendations of other agencies. Although no diet can guarantee full protection against any disease, these recommendations offer the best nutritional information currently available to help Americans reduce their risk for cancer.

Nutrition in Georgia

- According to the Behavioral Risk Factor Surveillance System (2000), only 22% of Georgia adults were eating the recommended 5 or more servings of fruits and vegetables per day: 41% reported eating 3-4 servings per day, 34% ate 1-2 servings per day, and 3% reported eating less than 1 serving per day (*Figure 52*).

Figure 52. Fruit and Vegetable Servings per Day, Georgia Adults, 2000



American Cancer Society Guidelines

Choose most of the foods you eat from plant sources.

Eat five or more servings of fruits and vegetables each day; eat other foods from plant sources, such as breads, cereals, grain products, rice, pasta, or beans several times each day.

Consumption of fruits and vegetables can reduce the risk for some cancers. The evidence is particularly strong for reducing the risk for colon cancer.

Limit the intake of high-fat foods, particularly from animal sources.

Choose foods low in fat; limit consumption of meats, especially high-fat meats.

High-fat diets have been associated with an increased risk of cancers of the colon and rectum, prostate, and uterine corpus (endometrium).

Limit consumption of alcoholic beverages, if you drink at all.

Alcohol consumption increases the risk for cancers of the mouth, esophagus, pharynx, larynx, and liver. Studies have also noted an association between alcohol consumption and an increased risk for breast cancer. The mechanism is unknown but may be related to alcohol-induced changes in hormones in the blood, or to a carcinogenic effect of alcohol or its metabolites on breast tissue.

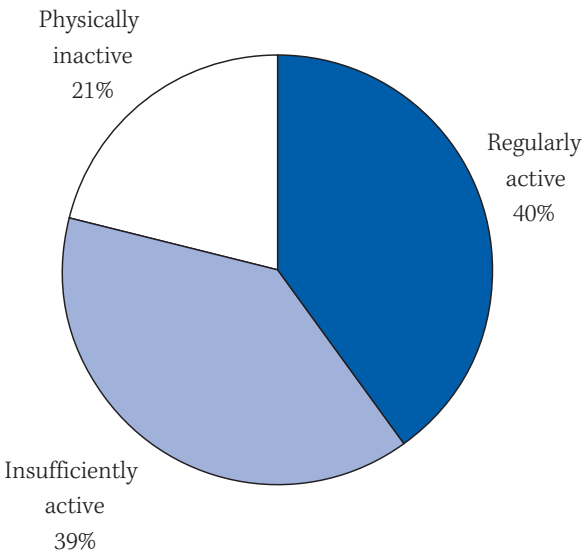
Physical activity

Physical activity can help protect against some cancers, either by balancing caloric intake with energy expenditure or by some other unknown mechanisms.⁵ Moderate physical activity may increase caloric needs and encourage consumption of healthful foods while maintaining a recommended body weight. The physical activity recommendations of the American Cancer Society Advisory Committee on Diet, Nutrition, and Cancer Prevention (*see text box below*) are consistent in principle with the recommendations of the Centers for Disease Control and Prevention, the American College of Sports Medicine, a National Institutes of Health Consensus Conference, and the US Surgeon General.

Physical activity in Georgia

- According to the 2001 Behavioral Risk Factor Surveillance System, 27% of Georgia adults reported no leisure time physical activity. Women (31%) were more likely than men (24%) to report no leisure time physical activity. Blacks (35%) were more likely than whites (24%) to report no leisure time physical activity.
- Considering all types of physical activity, including walking for transportation and housework, only 40% of adults were regularly active (moderate activity at least 5 days a week for 30 or more minutes or vigorous activity at least 3 days a week for 20 minutes or more) (*Figure 53*).

Figure 53. Reported Levels of Physical Activity, Georgia Adults, 2001



American Cancer Society Guidelines

Be physically active: achieve and maintain a healthy weight.

- Be at least moderately active for 30 minutes or more on most days of the week.
- Stay within your healthy weight range

Obesity

An imbalance of caloric intake and output can lead to weight gain and becoming overweight or obese. Obesity increases the risk for chronic disease, including heart disease, type II diabetes, and cancers such as breast, colon, endometrium, esophagus, gallbladder, liver, prostate, ovarian, pancreas, and kidney.⁶

Obesity among Georgia adults

A common measure of healthy weight for adults is body mass index (BMI). Calculated as the ratio of weight (in kilograms) to height squared (in meters), BMI is an indicator of total body fat. For adults 20 years of age and older, a BMI of 18.0-24.9 is considered normal, while adults with a BMI of 25.0-29.9 are considered overweight. Obesity is defined as a BMI of 30.0 or more.

- According to the 2001 Georgia Behavioral Risk Factor Surveillance System, 65% of men and 54% of women are overweight or obese based on self-reported height and weight. Among adults, 68% of blacks and 57% of whites are overweight or obese. For adults, overweight and obesity increases with age, with the highest rates reported in the population aged 55-64 years (71%). However, even among young adults aged 18-24 years, more than one in three (41%) is overweight or obese (Figure 54).
- From 1991 through 2001, the prevalence of obese adults in Georgia more than doubled from 10% to 23%, while the percentage of overweight adults remained fairly stable at around 40% (Figure 55).
- In four of the 19 public health districts in Georgia, more than two-thirds of the adult population is overweight or obese. The prevalence of overweight and obese adults ranges from 51% in the Fulton Health District (3-2) to 68% in the Southwest Health District (8-2) (Figure 56).

Figure 54. Percentage of Overweight or Obese Adults by Age Group, Georgia, 2001

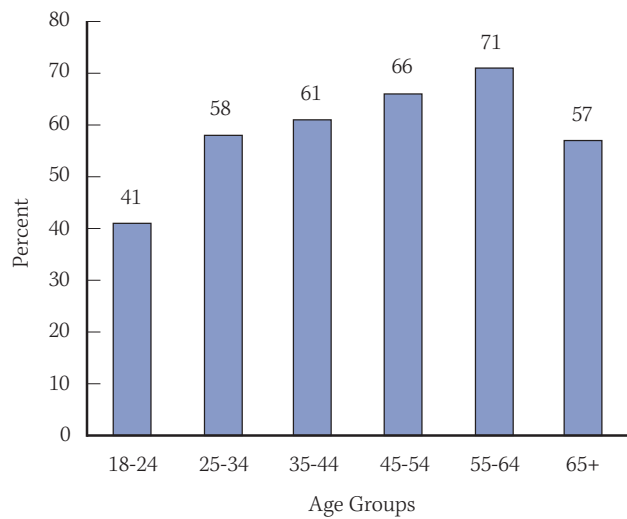


Figure 55. Percentage of Overweight and Obese Adults by Year, Georgia, 1991-2001

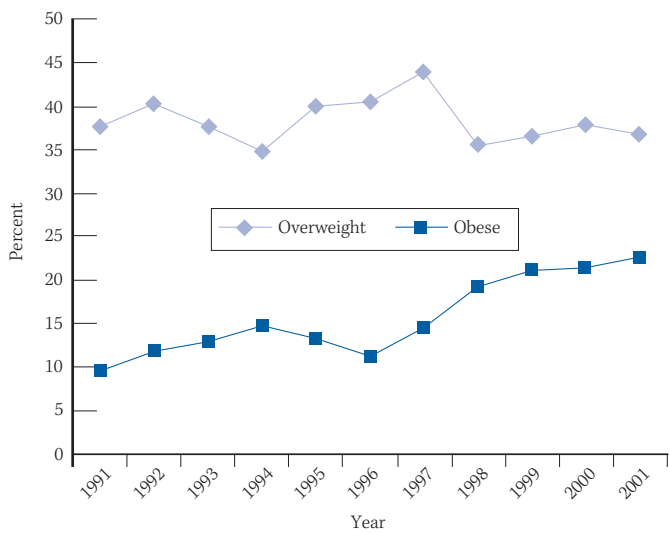
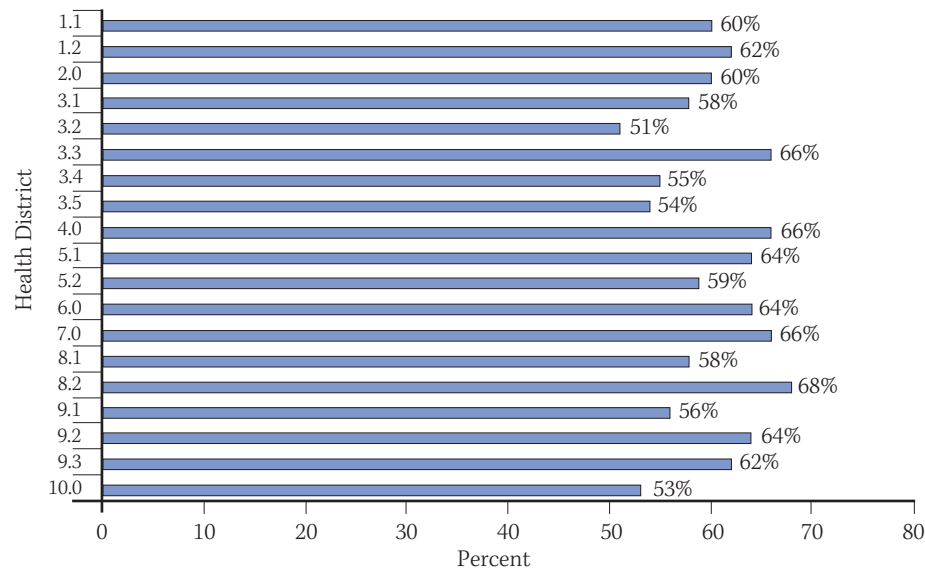


Figure 56. Overweight or Obese Adults by Health District, Georgia 2001

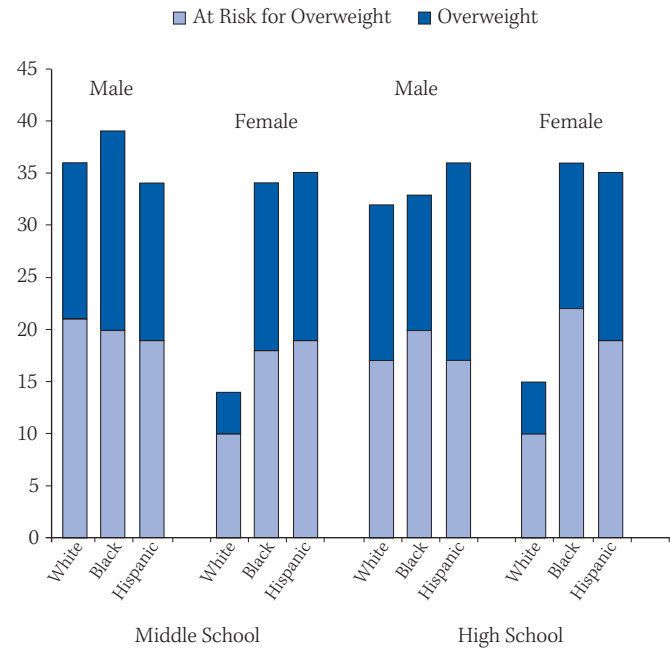


Obesity among youth in Georgia

Defining obesity among children and adolescents is difficult since BMI is age dependent, and height and weight change as a child develops. Growth charts show the distribution of weight-for-height across a range of ages for a reference population and provide a useful means to define childhood overweight based on percentile cut-offs. Children with a BMI-for-age greater than the 85th percentile but less than the 95th percentile are classified as at risk for overweight. Overweight children have a BMI-for-age at or above the 95th percentile. The term “obese” is not used in this classification system.

According to the 2001 Youth Tobacco Survey, 37% of middle school males, 22% of middle school females, 33% of high school males, and 21% of high school females are at-risk-for-overweight or overweight. The percent of white females who are overweight or at-risk-for-overweight is about half that of other race/ethnic and sex groups (Figure 57).

Figure 57. At Risk for Overweight and Overweight Students, by Race/Ethnicity and School, Georgia 2001



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.

Confidence interval: A range of probable values for a prevalence estimate. A 95% confidence interval is one that will contain the true prevalence in 95 out of 100 samples surveyed.

Prevalence: The number of people with a disease or risk factor out of the total number of persons in a population. Often expressed as a percent.

Risk factor: A behavior, characteristic or physical finding that is consistently associated with increased probability of a disease or complications from the disease.

Data Sources:

The number of deaths for the state of Georgia were obtained from the Georgia Department of Human Resources, Division of Public Health, Vital Records Branch. Deaths and death rates for the United States were obtained from the National Center for Health Statistics, Centers for Disease Control and Prevention (CDC). Mortality data was coded using ICD-9 codes (1997-1998) and ICD-10 codes (1999-2001). For Figure 1, the ICD-9 codes for the disease categories were 1) cancer: 140-208; 2) heart disease: 390-398, 402, 404-429; 3) chronic obstructive pulmonary disease: 490-496; 4) diabetes: 250; 5) pneumonia and influenza: 480-487; 6) stroke: 430-438; 7) unintentional injuries: E800-E949; and 8) other: all disease codes not already categorized. For Figure 1, the ICD-10 codes for the disease categories were 1) cancer: C00-C97; 2) heart disease: I00-I09, I11, I13, I20-I51; 3) chronic obstructive pulmonary disease: J40-J47; 4) diabetes: E10-E14; 5) pneumonia and influenza: J10-J18; 6) stroke: I60-I69; 7) unintentional injuries: V01-X59, Y85-Y86; and 8) other: all disease codes not already categorized.

For Tables 1, Figures 1, 3, 11-17, 25, 30, 36 and 40, 43, the ICD-9 codes used to define cancer sites were 1) all cancers: 140.0-208.9; 2) breast: 174.0- 174.9; 3) colon & rectum: 153.0-153.9, 154.0-154.1, 159.0; 4) leukemia: 202.4, 203.1, 204.0-207.2, 207.8, 208.0-208.9; 5) lung & bronchus: 162.2- 162.9; 6) pancreas: 157.0-157.9; 7) prostate: 185; and 8) uterine cervix: 180.0-180.9. For Tables 1, Figures 1, 3, 11-17, 25, 30, 36 and 40, 43, the ICD-10 codes used to define cancer sites were 1) all cancers: C00-C97; 2) breast: C500-C509; 3) colorectal: C180-C209, C260; 4) leukemia: C901, C910-C959; 5) lung & bronchus: C340-C349; 6) pancreas: C250-C259; 7) prostate: C619; and 8) uterine cervix: C530-C539.

The number of new cases and incidence rates by county and for the state of Georgia were obtained from the Georgia Department of Human Resources, Division of Public Health, Georgia Comprehensive Cancer Registry. For Table 1, the ICD-O2 codes used for disease categories were 1) breast: C500-C509; 2) colon & rectum: C180-C189, C260, C199, C209; 3) lung & bronchus: C340-C349; 4) prostate: C619; and 5) uterine cervix: C530-C539. Population projections for 2004 were obtained from the Office of Planning and Budgeting for the state of Georgia. US standard population for 1997-2001 were obtained from the US Bureau of the Census.

Risk factor and screening behavior data were obtained from the Behavioral Risk Factor Surveillance System, a state-based surveillance system administered by the Georgia Department of Human Resources, Division of Public Health, in collaboration with the CDC. The objective of the Behavioral Risk Factor Surveillance System is to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries and preventable infectious diseases in the adult population. Limitations of Behavioral Risk Factor Surveillance System data include bias that may result from self-reporting of behaviors and sampling error as a result of surveying a sample rather than taking a complete population enumeration.

These data also do not include Georgians without a telephone in the household.

Data on youth tobacco use were obtained from the Georgia Youth Tobacco Survey (GYTS). The GYTS is a random sample of students in public schools grades 6-8 and grades 9-12. The purpose of this survey is to collect information on cigarette, smoke-less tobacco, and cigar use; knowledge and attitudes; media and advertising; minors access; school curriculum; environmental tobacco smoke; and cessation. The survey was jointly developed by the Division of Public Health's Tobacco Prevention Program and the CDC.

Methods:

Mortality rates were calculated per 100,000 population and age-adjusted by the direct method to the 2000 U.S. standard population. Except where calculated to show trends, the mortality rates are five-year average annual rates for the period 1997 through 2001. Incidence rates were calculated per 100,000 population and age-adjusted by the direct method to the 2000 U.S. standard population. Rates were calculated for 1999-2000 as these are the years in which Cancer Registry data is greater than 95% complete.

The estimated number of cases for 2004 was calculated by multiplying the age-specific state incidence rates (1999-2000) by the age-specific state population estimates for 2004. The results were then summed to obtain a state estimate. This was done for all sites combined and for each cancer site individually.

The estimated number of deaths for 2004 was calculated by multiplying the age-specific state mortality rates (1997-2001) by the age-specific state population estimates for 2004. The results were then summed to obtain a state estimate. This was done for all sites combined and for each cancer site individually.

For Figures 2 and 3, the top ten sites chosen for cases and deaths were selected by ranking the estimates for each cancer site.

Standard Populations:

Population estimates for this report were provided by the U.S. Census using "bridged" race categories at <http://seer.cancer.gov/popdata/download.html>

To determine a cancer rate, the number of cancer cases or deaths in a given geographic area (numerator) is divided by the total number of people in that area as reported by the Census Bureau (denominator). The Census Bureau routinely updates and revises population estimates. The Bureau calculates 'intercensal' estimates after a new census is completed. For example, using information from both the 1990 and 2000 Censuses, the Bureau obtains better estimates for the 1990s. These revisions are based on the most recent census information and on the best available demographic data reflecting population change. During the 1990 Census, respondents were asked to select one racial classification (white, black, Asian/Pacific Islander, American Indian/Alaska Native.) The 2000 Census asked respondents to select one or more classifications; this resulted in 31 different racial classifications. State and national agencies needed to continue to report trends in disease rates for single-race groups. Therefore, a method was developed by the National Center for Health Statistics in collaboration with the National Cancer Institute using information collected from the National Health Interview Surveys to "bridge" the multi-race classifications from the 2000 Census into single race category. These revisions affected cancer rate calculations for 1990-2000. In general, differences between projected populations and the actual census counts had little impact on the state or regions but these revisions impact rates in small areas such as counties and metropolitan areas. Specifically, in Georgia, bridged estimates lowered the cancer rates among blacks in some metropolitan Atlanta counties below the rates originally calculated by national organizations using earlier population estimates.

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Georgia Public Health Districts	Counties
District 1-1, Northwest (Rome)	Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, Walker
District 1-2, North Georgia (Dalton)	Cherokee, Fannin, Gilmer, Murray, Pickens, Whitfield
District 2, North (Gainesville)	Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Town, Union, White
District 3-1, Cobb/Douglas	Cobb, Douglas
District 3-2, Fulton	Fulton
District 3-3, Clayton (Morrow)	Clayton
District 3-4, East Metro (Lawrenceville)	Gwinnett, Newton, Rockdale
District 3-5, DeKalb	DeKalb
District 4, LaGrange	Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson
District 5-1, South Central (Dublin)	Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox
District 5-2, North Central (Macon)	Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putman, Twiggs, Washington, Wilkinson
District 6, East Central (Augusta)	Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes
District 7, West Central (Columbus)	Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Muscogee, Marion, Quitman, Randolph, Schely, Stewart, Sumter, Talbot, Taylor, Webster
District 8-1, South (Valdosta)	Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner
District 8-2, Southwest (Albany)	Baker, Calhoun, Colquitt, Dougherty, Decatur, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth
District 9-1, East (Savannah)	Chatham, Effingham
District 9-2, Southeast (Waycross)	Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, Wayne
District 9-3, Coastal (Brunswick)	Bryan, Camden, Glynn, Liberty, Long, McIntosh
District 10, Northeast (Athens)	Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton

Statistical Appendix

Table 1:
Number of Incident Cancer Cases and Age-Adjusted Incidence Rates by County, Total and Selected Sites, by Sex, Georgia, 1999-2000 (Age-adjusted to 2000 US Standard population)

Table 1. Number of Incident Cancer Cases and Age-Adjusted Incidence Rates, Selected Sites, by County and Sex, Georgia, 1999-2000

County	ALL SITES						BREAST		COLON & RECTUM						LUNG & BRONCHUS						PROSTATE	
	Total		Male		Female		Female		Total		Male		Female		Total		Male		Female		Male	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Georgia	60376	439.0	30987	535.4	29389	377.9	9524	121.9	6662	50.0	3329	59.9	3333	43.3	9901	74.0	6048	107.7	3853	50.7	8854	155.5
Appling	142	413.1	80	547.6	62	329.3	22	116.1	20	59.5	15	--	5	--	24	69.5	18	--	6	--	17	--
Atkinson	53	411.1	25	450.5	28	388.6	9	--	5	--	<5	--	<5	--	9	--	***	--	<5	--	5	--
Bacon	71	349.6	39	488.7	32	282.4	8	--	15	--	6	--	9	--	12	--	***	--	<5	--	12	--
Baker	33	402.2	18	--	15	--	<5	--	<5	--	<5	--	<5	--	5	--	<5	--	<5	--	7	--
Baldwin	335	417.6	187	486.4	148	356.1	42	102.0	35	44.6	18	--	17	--	70	88.2	49	132.0	21	50.8	51	133.0
Banks	87	332.6	46	379.9	41	294.8	12	--	6	--	<5	--	***	--	19	--	12	--	7	--	9	--
Barrow	316	427.2	167	542.1	149	357.9	51	125.3	39	54.0	23	71.8	16	--	51	73.1	36	121.8	15	--	41	127.9
Bartow	658	524.4	366	686.8	292	415.5	91	127.6	61	50.4	39	72.7	22	32.3	145	114.7	91	162.4	54	77.9	106	206.2
Ben Hill	205	569.1	109	726.2	96	467.1	33	160.3	16	--	9	--	7	--	52	143.2	35	226.3	17	--	28	183.8
Berrien	128	394.1	69	511.3	59	318.1	16	--	13	--	8	--	5	--	27	81.9	18	--	9	--	15	--
Bibb	1525	499.1	797	657.0	728	406.7	229	132.4	200	65.3	99	81.3	101	55.1	244	79.6	140	114.4	104	57.7	279	235.3
Bleckley	88	361.4	53	513.5	35	255.0	10	--	5	--	<5	--	<5	--	26	105.6	18	--	8	--	10	--
Brantley	80	308.5	40	327.5	40	294.8	15	--	11	--	<5	--	***	--	17	--	11	--	6	--	10	--
Brooks	146	395.4	84	548.4	62	285.3	13	--	16	--	8	--	8	--	34	94.2	22	139.2	12	--	25	165.6
Bryan	148	429.8	62	377.4	86	464.9	16	--	23	71.1	11	--	12	--	22	65.4	12	--	10	--	8	--
Bulloch	342	402.4	178	489.9	164	345.2	60	127.0	35	41.9	16	--	19	--	51	61.6	33	95.5	18	--	59	166.2
Burke	158	399.2	80	488.0	78	347.8	33	148.0	19	--	14	--	5	--	27	70.0	18	--	9	--	15	--
Butts	161	448.3	91	600.7	70	371.3	22	115.2	11	--	5	--	6	--	43	121.3	27	170.1	16	--	22	164.0
Calhoun	84	683.7	48	1000.9	36	530.5	13	--	10	--	***	--	<5	--	13	--	***	--	<5	--	17	--
Camden	159	328.4	98	488.0	61	219.8	22	70.9	13	--	7	--	6	--	31	70.3	21	106.5	10	--	30	162.3
Candler	83	390.9	40	422.1	43	356.8	10	--	15	--	7	--	8	--	15	--	8	--	7	--	11	--
Carroll	646	431.9	350	560.1	296	350.1	85	102.9	58	39.8	28	50.0	30	34.4	101	68.2	56	91.6	45	54.0	120	193.9
Catoosa	353	340.4	170	405.1	183	313.3	62	104.6	41	40.3	22	58.6	19	--	73	71.1	44	103.0	29	49.7	39	94.4
Charlton	49	274.8	27	337.1	22	231.5	6	--	<5	--	<5	--	<5	--	12	--	***	--	<5	--	9	--
Chatham	1939	419.4	944	477.1	995	377.2	289	113.3	233	50.5	104	55.8	129	47.6	350	75.0	193	98.1	157	58.3	234	116.3
Chattahoochee	23	344.8	13	--	10	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--
Chattooga	197	355.4	113	465.1	84	276.9	14	--	37	67.1	14	--	23	72.3	36	63.4	27	106.1	9	--	31	121.8
Cherokee	948	464.6	458	500.0	490	439.5	173	150.7	101	53.7	53	59.3	48	47.4	137	75.3	72	93.8	65	63.8	126	138.3
Clarke	594	438.3	283	503.8	311	401.8	110	144.9	82	61.1	42	77.8	40	50.3	82	61.8	48	89.3	34	44.1	78	139.0
Clay	15	--	6	--	9	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--
Clayton	1238	422.5	628	516.1	610	361.5	212	120.5	111	42.1	62	60.4	49	31.0	214	80.9	126	114.3	88	58.9	189	157.8
Clinch	61	451.1	36	568.5	25	349.4	8	--	8	--	<5	--	<5	--	16	--	11	--	5	--	8	--
Cobb	4092	474.5	2012	554.4	2080	423.8	745	143.5	415	50.6	210	59.1	205	44.8	566	73.7	317	99.7	249	57.1	598	166.3
Coffee	280	441.2	151	582.1	129	361.2	29	82.1	39	63.0	14	--	25	70.2	43	68.5	26	94.8	17	--	55	226.8
Colquitt	424	507.4	245	707.2	179	377.8	61	133.8	52	62.0	28	84.9	24	49.2	85	100.6	56	158.8	29	61.3	62	180.2
Columbia	522	372.7	238	387.9	284	363.6	97	116.1	56	38.7	34	52.2	22	29.0	88	67.6	52	89.7	36	50.6	63	104.2
Cook	145	452.5	69	545.2	76	419.6	22	122.3	28	85.4	13	--	15	--	19	--	13	--	6	--	14	--
Crawford	60	279.3	37	402.1	23	199.2	6	--	<5	--	<5	--	<5	--	8	--	***	--	<5	--	10	--

*Average annual rate per 100,000, age-adjusted to the 2000 U.S. standard population. --Rate not calculated for fewer than 20 cases. ***Data not shown for confidentiality reason.

Table 1. Number of Incident Cancer Cases and Age-Adjusted Incidence Rates, Selected Sites, by County and Sex, Georgia, 1999-2000

	ALL SITES						BREAST		COLON & RECTUM						LUNG & BRONCHUS						PROSTATE	
	Total		Male		Female		Female		Total		Male		Female		Total		Male		Female		Male	
County	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Georgia	60376	439.0	30987	535.4	29389	377.9	9524	121.9	6662	50.0	3329	59.9	3333	43.3	9901	74.0	6048	107.7	3853	50.7	8854	155.5
Dade	98	323.8	50	364.8	48	290.4	14	--	12	--	<5	--	***	--	24	78.1	18	--	6	--	9	--
Dawson	125	427.4	67	475.0	58	385.5	19	--	17	--	12	--	5	--	21	69.4	11	--	10	--	17	--
Decatur	213	374.3	108	472.6	105	319.9	34	104.4	29	51.0	18	--	11	--	39	68.7	25	112.7	14	--	22	99.8
DeKalb	4628	467.8	2263	563.7	2365	407.1	833	139.9	492	53.4	216	57.4	276	50.1	594	64.1	336	88.0	258	47.8	758	193.3
Dodge	121	303.5	62	351.4	59	268.1	20	96.7	<5	--	<5	--	<5	--	25	60.9	18	--	7	--	19	--
Dooly	98	439.4	51	550.5	47	383.8	13	--	9	--	<5	--	***	--	17	--	11	--	6	--	26	299.6
Dougherty	918	518.2	497	706.9	421	408.7	143	143.9	114	64.6	53	75.5	61	56.9	152	85.9	105	149.8	47	44.4	174	246.3
Douglas	679	479.1	345	555.4	334	430.9	97	120.7	73	52.5	37	63.0	36	46.3	124	92.4	77	132.2	47	65.3	77	133.2
Early	43	156.5	18	--	25	164.0	<5	--	6	--	<5	--	<5	--	6	--	<5	--	<5	--	<5	--
Echols	23	410.4	11	--	12	--	<5	--	<5	--	<5	--	<5	--	5	--	<5	--	<5	--	5	--
Effingham	291	496.9	152	580.0	139	439.8	35	105.2	31	55.6	20	83.0	11	--	55	97.5	31	128.8	24	79.0	29	106.7
Elbert	160	346.2	82	435.8	78	298.5	21	84.6	18	--	11	--	7	--	28	60.1	18	--	10	--	11	--
Emanuel	184	411.8	97	513.6	87	348.5	28	112.8	18	--	6	--	12	--	31	69.1	26	137.9	5	--	26	135.9
Evans	91	442.4	46	530.5	45	398.0	13	--	12	--	5	--	7	--	22	104.6	14	--	8	--	15	--
Fannin	186	345.1	96	392.1	90	318.9	30	101.3	14	--	7	--	7	--	34	59.0	21	83.8	13	--	22	82.1
Fayette	622	389.3	300	432.9	322	362.3	116	121.7	61	42.2	27	41.4	34	41.9	77	51.9	50	83.8	27	31.3	105	136.1
Floyd	818	426.6	415	513.7	403	371.3	123	121.3	85	44.0	37	46.4	48	40.9	152	78.3	91	115.4	61	53.5	133	158.9
Forsyth	662	458.6	362	570.8	300	377.4	111	134.2	54	44.5	37	73.4	17	--	98	74.5	60	111.0	38	52.1	96	153.5
Franklin	155	328.8	83	404.0	72	283.5	21	86.7	18	--	10	--	8	--	31	63.5	22	98.4	9	--	21	103.0
Fulton	6052	473.1	3048	576.2	3004	407.6	1011	136.0	644	52.6	324	66.0	320	44.3	841	69.4	451	90.0	390	55.7	965	191.3
Gilmer	198	395.1	110	485.0	88	332.9	23	91.8	15	--	10	--	5	--	43	80.7	27	113.8	16	--	18	--
Glascocok	24	385.2	9	--	15	--	7	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--
Glynn	697	463.2	360	556.9	337	403.3	108	132.6	69	45.8	38	58.7	31	35.6	101	65.8	56	90.1	45	51.6	120	183.2
Gordon	344	422.6	177	509.6	167	371.0	61	134.6	34	42.2	22	61.7	12	--	62	75.2	44	127.2	18	--	30	89.3
Grady	213	435.6	109	529.3	104	371.3	27	102.6	35	71.9	15	--	20	68.1	20	40.9	14	--	6	--	32	157.2
Greene	143	436.7	82	557.2	61	350.4	20	118.0	18	--	12	--	6	--	21	60.5	16	--	5	--	21	140.0
Gwinnett	3199	436.4	1545	503.6	1654	396.3	630	145.0	294	44.7	148	49.5	146	40.4	408	65.0	226	86.8	182	50.9	419	146.2
Habersham	305	396.8	169	478.9	136	332.5	43	108.1	32	41.2	16	--	16	--	50	62.9	32	88.9	18	--	47	131.2
Hall	1062	465.9	559	578.0	503	398.3	145	115.1	112	50.4	60	65.2	52	41.6	184	82.8	120	130.0	64	51.1	170	170.5
Hancock	80	402.7	49	588.4	31	287.8	11	--	15	--	7	--	8	--	14	--	***	--	<5	--	16	--
Haralson	213	396.8	126	534.5	87	295.9	23	78.9	18	--	9	--	9	--	41	75.5	30	134.7	11	--	38	152.7
Harris	170	353.1	90	424.4	80	308.4	28	104.7	20	39.8	10	--	10	--	30	63.4	19	--	11	--	27	122.5
Hart	223	391.9	111	443.3	112	368.3	35	115.3	28	47.5	14	--	14	--	38	66.2	24	97.3	14	--	38	150.0
Heard	72	349.8	39	408.1	33	308.3	13	--	8	--	<5	--	<5	--	14	--	9	--	5	--	9	--
Henry	788	455.1	410	556.8	378	390.6	118	116.2	82	51.7	35	50.3	47	52.4	138	85.0	90	125.0	48	53.7	97	138.7
Houston	893	491.9	502	643.5	391	385.8	134	130.1	125	71.3	75	99.3	50	50.8	126	70.5	84	110.0	42	42.1	146	186.7
Irwin	77	371.2	39	451.2	38	331.4	9	--	9	--	***	--	<5	--	15	--	9	--	6	--	11	--
Jackson	320	425.7	177	544.0	143	345.8	46	113.6	35	46.9	15	--	20	45.0	64	86.3	43	134.2	21	52.1	38	119.8
Jasper	101	459.8	59	610.1	42	343.8	11	--	19	--	11	--	8	--	14	--	8	--	6	--	13	--

Table 1. Number of Incident Cancer Cases and Age-Adjusted Incidence Rates, Selected Sites, by County and Sex, Georgia, 1999-2000

County	ALL SITES						BREAST		COLON & RECTUM						LUNG & BRONCHUS						PROSTATE	
	Total		Male		Female		Female		Total		Male		Female		Total		Male		Female		Male	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Georgia	60376	439.0	30987	535.4	29389	377.9	9524	121.9	6662	50.0	3329	59.9	3333	43.3	9901	74.0	6048	107.7	3853	50.7	8854	155.5
Jeff Davis	105	414.1	60	544.8	45	325.6	13	--	8	--	<5	--	<5	--	19	--	12	--	7	--	24	222.5
Jefferson	131	365.6	60	406.8	71	332.0	14	--	11	--	6	--	5	--	30	82.7	17	--	13	--	14	--
Jenkins	74	413.3	43	593.8	31	308.1	10	--	11	--	6	--	5	--	14	--	9	--	5	--	8	--
Johnson	56	297.6	33	422.8	23	225.1	6	--	9	--	<5	--	***	--	14	--	8	--	6	--	7	--
Jones	177	416.1	102	601.9	75	304.2	20	81.9	20	48.4	12	--	8	--	34	80.1	21	123.5	13	--	27	164.0
Lamar	132	414.2	66	477.3	66	375.5	21	120.0	19	--	11	--	8	--	27	83.0	17	--	10	--	11	--
Lanier	78	625.6	31	591.3	47	680.5	11	--	11	--	<5	--	***	--	14	--	8	--	6	--	7	--
Laurens	377	409.0	203	516.4	174	339.1	57	111.3	53	58.2	28	70.3	25	48.4	54	58.1	43	107.8	11	--	49	126.1
Lee	127	353.1	61	372.6	66	344.7	19	--	10	--	5	--	5	--	20	64.2	8	--	12	--	18	--
Liberty	243	451.4	113	504.5	130	421.2	38	113.0	27	56.2	12	--	15	--	52	102.7	35	161.6	17	--	27	120.2
Lincoln	75	399.6	39	527.0	36	349.5	13	--	7	--	<5	--	<5	--	14	--	***	--	<5	--	9	--
Long	43	382.7	22	493.1	21	335.0	<5	--	<5	--	<5	--	<5	--	6	--	<5	--	<5	--	7	--
Lowndes	685	486.8	371	643.9	314	395.0	91	115.0	72	50.6	30	48.8	42	53.0	115	81.1	73	120.5	42	53.1	128	235.7
Lumpkin	163	438.9	90	543.8	73	369.1	23	118.2	11	--	***	--	<5	--	26	71.5	18	--	8	--	29	175.9
Macon	107	381.4	65	544.5	42	267.3	14	--	13	--	5	--	8	--	13	--	***	--	<5	--	19	--
Madison	205	419.4	107	509.1	98	366.0	26	95.6	21	44.0	12	--	9	--	34	69.7	17	--	17	--	24	100.8
Marion	46	359.7	22	423.4	24	322.0	7	--	7	--	<5	--	<5	--	6	--	<5	--	<5	--	5	--
McDuffie	195	467.4	88	525.4	107	457.0	39	170.2	25	59.9	11	--	14	--	43	102.1	29	166.0	14	--	20	126.5
McIntosh	99	466.0	60	604.7	39	346.0	8	--	11	--	***	--	<5	--	22	101.3	15	--	7	--	14	--
Meriwether	151	318.6	76	373.9	75	287.4	21	79.9	14	--	7	--	7	--	27	57.3	15	--	12	--	18	--
Miller	48	311.8	24	389.8	24	284.5	6	--	<5	--	<5	--	<5	--	9	--	***	--	<5	--	<5	--
Mitchell	222	491.0	129	754.5	93	366.5	24	96.2	21	45.5	12	--	9	--	41	90.4	28	157.7	13	--	36	231.3
Monroe	206	510.5	122	691.6	84	380.3	26	113.9	21	51.9	9	--	12	--	37	93.4	28	166.6	9	--	43	235.9
Montgomery	53	368.9	28	432.4	25	315.1	5	--	8	--	<5	--	***	--	9	--	***	--	<5	--	7	--
Morgan	141	443.4	81	597.6	60	343.9	13	--	21	68.8	10	--	11	--	25	78.3	14	--	11	--	27	193.4
Murray	211	375.6	112	454.9	99	315.2	26	81.6	20	40.3	11	--	9	--	73	129.7	48	190.6	25	79.7	19	--
Muscogee	1462	431.7	717	538.0	745	374.6	246	128.1	166	49.6	66	51.7	100	48.5	244	71.6	142	104.9	102	50.5	230	171.8
Newton	506	473.4	300	646.2	206	346.1	74	124.6	52	49.8	34	76.9	18	--	91	86.8	65	144.3	26	44.8	81	166.2
Oconee	166	393.8	67	374.3	99	423.3	40	167.4	19	--	9	--	10	--	22	60.1	12	--	10	--	18	--
Oglethorpe	112	435.4	63	560.3	49	343.8	23	162.7	12	--	***	--	<5	--	14	--	***	--	<5	--	16	--
Paulding	466	467.4	225	526.4	241	430.2	73	115.3	44	47.8	18	--	26	51.8	74	81.0	45	121.1	29	56.5	49	128.3
Peach	230	571.8	128	745.9	102	452.1	23	98.0	23	60.5	11	--	12	--	43	105.9	25	154.5	18	--	38	228.4
Pickens	196	396.0	94	428.4	102	392.5	39	150.0	20	40.8	12	--	8	--	28	53.3	19	--	9	--	33	161.9
Pierce	112	357.7	52	389.6	60	354.3	18	--	17	--	7	--	10	--	25	80.0	15	--	10	--	8	--
Pike	109	430.1	62	538.8	47	338.7	18	--	13	--	5	--	8	--	15	--	***	--	<5	--	15	--
Polk	347	441.7	180	541.2	167	379.8	43	101.3	39	50.4	15	--	24	50.3	73	91.7	51	156.5	22	49.7	61	168.7
Pulaski	80	400.2	44	591.9	36	309.6	10	--	5	--	<5	--	<5	--	12	--	7	--	5	--	16	--
Putnam	171	383.9	102	506.9	69	294.4	18	--	26	67.3	14	--	12	--	25	56.9	14	--	11	--	37	161.9
Quitman	13	--	***	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--
Rabun	156	383.0	77	422.7	79	362.5	22	102.4	17	--	12	--	5	--	35	80.9	17	--	18	--	15	--

*Average annual rate per 100,000, age-adjusted to the 2000 U.S. standard population. --Rate not calculated for fewer than 20 cases. ***Data not shown for confidentiality reason.

Table 1. Number of Incident Cancer Cases and Age-Adjusted Incidence Rates, Selected Sites, by County and Sex, Georgia, 1999-2000

	ALL SITES						BREAST		COLON & RECTUM						LUNG & BRONCHUS						PROSTATE	
	Total		Male		Female		Female		Total		Male		Female		Total		Male		Female		Male	
County	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Georgia	60376	439.0	30987	535.4	29389	377.9	9524	121.9	6662	50.0	3329	59.9	3333	43.3	9901	74.0	6048	107.7	3853	50.7	8854	155.5
Randolph	61	338.1	33	493.6	28	279.1	8	--	9	--	***	--	<5	--	7	--	***	--	<5	--	11	--
Richmond	1454	410.7	691	463.1	763	376.8	245	122.4	200	57.2	99	67.3	101	49.8	274	77.9	163	110.6	111	54.5	124	82.4
Rockdale	574	477.2	324	619.8	250	377.0	81	118.4	51	44.4	32	66.4	19	--	86	77.4	54	116.1	32	52.5	103	189.3
Schley	34	478.6	15	--	19	--	7	--	<5	--	<5	--	<5	--	6	--	<5	--	***	--	<5	--
Screven	136	417.8	73	548.4	63	340.3	15	--	16	--	7	--	9	--	17	--	10	--	7	--	22	164.2
Seminole	34	155.8	18	--	16	--	5	--	<5	--	<5	--	<5	--	6	--	<5	--	<5	--	<5	--
Spalding	474	422.0	234	493.2	240	374.3	78	122.2	52	46.6	24	48.3	28	42.4	85	76.3	48	105.4	37	57.3	67	145.3
Stephens	258	434.7	140	572.3	118	348.1	39	120.7	27	43.6	15	--	12	--	37	61.3	28	110.2	9	--	31	128.7
Stewart	42	307.6	21	380.8	21	246.5	7	--	11	--	<5	--	***	--	9	--	***	--	<5	--	<5	--
Sumter	283	442.6	146	605.3	137	356.9	41	110.0	41	64.8	18	--	23	57.1	56	87.9	43	180.9	13	--	38	157.8
Talbot	58	398.7	34	557.5	24	287.6	7	--	7	--	<5	--	<5	--	7	--	***	--	<5	--	14	--
Taliaferro	27	513.2	13	--	14	--	5	--	6	--	<5	--	***	--	<5	--	<5	--	<5	--	<5	--
Tattnall	193	476.2	97	552.1	96	438.5	30	138.4	23	56.2	13	--	10	--	31	76.4	17	--	14	--	25	150.1
Taylor	82	452.1	49	627.7	33	328.4	7	--	10	--	***	--	<5	--	14	--	7	--	7	--	17	--
Telfair	116	456.5	71	662.5	45	313.2	14	--	21	81.7	11	--	10	--	20	80.8	13	--	7	--	27	267.9
Terrell	131	570.9	68	710.2	63	468.1	18	--	17	--	9	--	8	--	23	99.1	17	--	6	--	21	229.4
Thomas	481	530.7	254	699.5	227	430.6	63	117.5	43	47.5	20	54.6	23	43.2	77	84.7	47	127.3	30	55.8	97	272.5
Tift	279	391.3	145	494.7	134	331.3	31	79.9	40	56.5	20	70.9	20	46.7	50	69.8	33	111.9	17	--	33	114.7
Toombs	205	400.5	107	517.1	98	334.9	29	99.9	18	--	6	--	12	--	50	97.2	36	178.2	14	--	24	117.2
Towns	138	429.0	80	540.7	58	344.5	15	--	21	63.6	8	--	13	--	31	91.0	23	154.3	8	--	17	--
Treutlen	35	253.8	21	344.8	14	--	<5	--	5	--	<5	--	<5	--	8	--	***	--	<5	--	6	--
Troup	530	458.7	262	556.7	268	398.3	80	125.3	70	60.3	29	64.3	41	58.3	95	82.4	54	114.9	41	61.1	61	131.3
Turner	111	593.1	54	728.4	57	529.6	16	--	11	--	***	--	<5	--	20	106.4	10	--	10	--	15	--
Twiggs	85	415.7	58	672.2	27	239.6	7	--	<5	--	<5	--	<5	--	21	101.2	16	--	5	--	20	244.0
Union	202	390.2	114	456.7	88	333.1	27	103.9	27	53.2	17	--	10	--	37	65.1	22	81.8	15	--	28	106.3
Upson	259	417.9	139	556.9	120	338.4	27	79.1	36	56.8	14	--	22	56.9	55	87.8	30	120.1	25	70.3	41	158.7
Walker	567	427.6	295	531.8	272	360.0	93	124.5	64	48.4	23	43.7	41	52.0	126	93.1	92	164.9	34	44.4	72	129.8
Walton	424	415.5	220	505.7	204	356.6	65	113.8	49	50.7	29	72.6	20	35.5	63	62.5	40	94.6	23	41.0	55	124.9
Ware	305	381.2	157	477.0	148	335.4	42	97.1	38	46.8	20	61.6	18	--	54	66.5	30	90.3	24	53.2	37	110.1
Warren	68	468.9	31	503.7	37	448.5	14	--	9	--	<5	--	***	--	19	--	***	--	<5	--	6	--
Washington	189	456.2	105	622.9	84	336.3	19	--	30	70.5	12	--	18	--	42	102.7	30	180.1	12	--	27	160.6
Wayne	219	438.1	118	540.1	101	374.3	33	120.8	27	58.4	13	--	14	--	26	52.3	16	--	10	--	33	143.8
Webster	17	--	10	--	7	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--
Wheeler	40	326.0	20	334.7	20	326.1	10	--	6	--	<5	--	<5	--	9	--	***	--	<5	--	<5	--
White	183	410.1	93	449.8	90	387.2	31	136.1	25	57.8	14	--	11	--	31	63.7	20	85.5	11	--	25	111.4
Whitfield	696	471.9	350	562.5	346	419.4	107	130.5	69	47.8	37	58.5	32	39.1	147	99.2	89	143.8	58	70.1	91	154.1
Wilcox	101	562.4	64	810.2	37	425.8	9	--	10	--	***	--	<5	--	21	117.0	***	--	<5	--	14	--
Wilkes	84	315.2	41	345.6	43	297.4	16	--	12	--	7	--	5	--	17	--	11	--	6	--	8	--
Wilkinson	87	417.2	55	604.9	32	277.9	11	--	14	--	7	--	7	--	13	--	***	--	<5	--	16	--
Worth	182	417.4	98	509.5	84	346.5	20	82.5	23	51.9	12	--	11	--	35	82.0	18	--	17	--	32	165.4

Table 2:
Number of Cancer Deaths and Age-Adjusted Mortality Rates by County, Total and Selected Sites, by Sex, Georgia 1997-2001 (Age-adjusted to 2000 US Standard population)

Table 2. Number of Cancer Deaths and Age-Adjusted Mortality Rates,Selected Sites, by County and Sex, Georgia, 1997-2001

	ALL SITES						BREAST		COLON & RECTUM						LUNG & BRONCHUS						PROSTATE	
	Total		Male		Female		Female		Total		Male		Female		Total		Male		Female		Male	
County	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Georgia	66609	205.8	35357	273.8	31252	164.5	5095	26.6	6134	19.2	2964	23.1	3170	16.6	20073	61.7	12566	94.1	7507	40.1	3921	38.3
Appling	158	190.2	94	266.1	64	135.3	12	--	13	--	6	--	7	--	47	55.4	39	103.8	8	--	12	--
Atkinson	67	221.1	37	295.8	30	175.2	5	--	<5	--	<5	--	<5	--	25	82.0	18	--	7	--	<5	--
Bacon	112	221.8	57	281.2	55	192.4	9	--	13	--	7	--	6	--	31	62.0	21	108.7	10	--	6	--
Baker	36	173.4	21	279.5	15	--	<5	--	<5	--	<5	--	<5	--	11	--	8	--	<5	--	<5	--
Baldwin	382	200.9	214	264.3	168	161.7	23	22.0	27	14.0	15	--	12	--	129	67.7	75	90.4	54	52.8	30	45.6
Banks	112	182.7	76	290.8	36	106.1	6	--	7	--	6	--	<5	--	49	77.7	38	141.7	11	--	5	--
Barrow	341	196.8	195	281.7	146	145.0	22	21.5	24	13.8	14	--	10	--	108	63.6	73	106.8	35	35.8	16	--
Bartow	671	227.2	381	320.0	290	170.3	40	23.0	63	21.5	33	25.2	30	17.9	230	75.7	150	112.8	80	47.2	44	49.3
Ben Hill	220	238.8	120	338.2	100	181.8	13	--	25	27.1	15	--	10	--	78	85.3	54	149.3	24	45.8	9	--
Berrien	168	210.9	90	272.4	78	170.4	8	--	17	--	8	--	9	--	64	78.0	39	113.2	25	53.1	8	--
Bibb	1669	217.4	916	316.1	753	160.3	107	23.5	183	23.9	95	32.7	88	18.5	503	65.4	318	105.0	185	39.5	134	51.4
Bleckley	145	245.0	90	369.2	55	154.1	7	--	9	--	<5	--	6	--	53	87.4	40	153.4	13	--	12	--
Brantley	141	235.3	78	293.2	63	196.0	7	--	10	--	<5	--	6	--	54	83.1	33	108.0	21	62.6	5	--
Brooks	170	187.0	102	278.2	68	128.2	11	--	15	--	8	--	7	--	58	65.1	41	107.1	17	--	19	--
Bryan	168	216.1	88	249.3	80	190.7	12	--	14	--	8	--	6	--	52	63.7	31	83.2	21	49.2	7	--
Bulloch	377	184.1	203	248.1	174	145.9	29	24.2	36	17.4	17	--	19	--	103	50.9	65	80.2	38	32.2	28	40.8
Burke	215	224.9	123	333.2	92	166.5	17	--	21	21.6	13	--	8	--	44	46.7	31	83.1	13	--	20	67.2
Butts	186	222.7	107	293.8	79	168.3	17	--	22	28.0	13	--	9	--	69	81.3	44	117.2	25	54.3	8	--
Calhoun	64	196.3	34	293.2	30	147.2	<5	--	7	--	<5	--	<5	--	15	--	10	--	5	--	6	--
Camden	210	204.9	105	260.4	105	177.8	20	31.3	17	--	10	--	7	--	50	49.4	21	49.1	29	51.2	17	--
Candler	108	201.3	59	253.1	49	168.5	8	--	15	--	10	--	5	--	36	70.0	22	92.1	14	--	5	--
Carroll	781	219.0	397	282.4	384	183.5	54	26.0	65	18.5	33	23.2	32	14.9	235	65.9	130	89.7	105	50.9	49	45.0
Catoosa	490	200.6	260	266.2	230	162.3	37	26.2	32	12.8	17	--	15	--	185	75.0	115	119.4	70	48.6	27	35.9
Charlton	93	219.1	54	305.2	39	166.5	5	--	5	--	<5	--	<5	--	33	76.3	23	123.7	10	--	10	--
Chatham	2492	216.8	1276	276.8	1216	179.7	201	30.8	246	21.5	114	24.9	132	19.1	742	63.9	422	88.0	320	47.5	183	45.6
Chattahoochee	31	258.6	17	--	14	--	<5	--	<5	--	<5	--	<5	--	10	--	7	--	<5	--	<5	--
Chattooga	306	225.9	165	303.1	141	179.7	23	30.6	30	22.8	12	--	18	--	102	73.2	67	117.7	35	44.0	9	--
Cherokee	870	203.5	453	259.0	417	171.2	69	25.5	87	20.6	45	26.7	42	17.0	260	61.2	152	85.7	108	45.6	36	31.9
Clarke	649	196.2	346	268.4	303	154.7	63	32.5	56	17.2	24	19.9	32	16.2	163	49.5	101	75.5	62	31.9	42	37.3
Clay	51	230.8	29	349.6	22	161.0	<5	--	5	--	<5	--	<5	--	14	--	8	--	6	--	<5	--
Clayton	1423	218.3	733	272.9	690	182.2	112	25.9	112	17.7	51	18.6	61	16.4	468	72.3	284	108.0	184	48.8	55	29.7
Clinch	73	221.7	51	362.6	22	123.0	6	--	5	--	<5	--	<5	--	23	70.1	19	--	<5	--	7	--
Cobb	3640	196.7	1858	252.6	1782	164.7	310	26.3	340	18.7	176	23.4	164	15.7	1058	57.6	632	85.3	426	40.1	167	30.9
Coffee	280	185.4	156	263.9	124	139.6	16	--	22	14.7	11	--	11	--	92	60.5	61	96.3	31	35.2	17	--
Colquitt	441	211.3	245	295.9	196	158.1	27	23.2	41	20.1	20	27.8	21	16.9	133	63.0	94	110.4	39	31.9	25	34.4
Columbia	636	206.2	310	242.5	326	184.1	50	26.2	48	15.3	23	15.2	25	14.5	213	69.8	121	90.1	92	53.6	39	42.5
Cook	205	257.8	120	380.1	85	180.1	16	--	19	--	12	--	7	--	63	79.4	44	138.9	19	--	11	--
Coweta	675	209.8	376	289.8	299	161.7	47	24.2	45	13.8	25	18.9	20	10.5	225	69.6	143	106.4	82	45.2	44	47.0
Crawford	93	184.6	52	236.6	41	147.4	9	--	<5	--	<5	--	<5	--	27	49.8	18	--	9	--	<5	--

*Average annual rate per 100,000, age-adjusted to the 2000 U.S. standard population. --Rate not calculated for fewer than 20 cases. ***Data not shown for confidentiality reason.

Table 2. Number of Cancer Deaths and Age-Adjusted Mortality Rates, Selected Sites, by County and Sex, Georgia, 1997-2001

	ALL SITES						BREAST		COLON & RECTUM						LUNG & BRONCHUS						PROSTATE	
	Total		Male		Female		Female		Total		Male		Female		Total		Male		Female		Male	
County	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Georgia	66609	205.8	35357	273.8	31252	164.5	5095	26.6	6134	19.2	2964	23.1	3170	16.6	20073	61.7	12566	94.1	7507	40.1	3921	38.3
Crisp	269	244.0	144	331.4	125	188.4	21	33.4	23	21.1	10	--	13	--	96	86.4	67	154.2	29	43.5	8	--
Dade	165	234.8	92	318.8	73	182.7	8	--	15	--	6	--	9	--	51	69.5	35	118.8	16	--	12	--
Dawson	124	198.1	70	231.5	54	167.2	5	--	10	--	7	--	<5	--	37	54.6	21	72.7	16	--	8	--
Decatur	316	224.7	183	336.3	133	155.1	28	33.2	41	29.0	24	45.2	17	--	89	63.5	61	107.5	28	33.2	25	50.9
DeKalb	4384	192.1	2149	243.8	2235	162.3	416	29.0	423	19.0	179	20.2	244	17.8	1154	51.3	660	74.2	494	36.9	273	38.9
Dodge	223	223.7	133	340.6	90	153.4	7	--	15	--	8	--	7	--	74	73.5	50	125.4	24	41.2	15	--
Dooly	102	183.3	52	234.4	50	155.8	11	--	15	--	7	--	8	--	33	59.1	25	112.8	8	--	6	--
Dougherty	971	222.7	529	315.7	442	166.8	67	26.0	90	20.9	39	22.2	51	18.4	317	71.7	208	120.3	109	41.7	63	45.4
Douglas	671	213.2	346	251.4	325	183.8	55	29.7	50	15.7	25	16.6	25	14.0	220	67.7	132	95.1	88	48.7	22	20.3
Early	140	193.4	70	246.2	70	162.1	12	--	14	--	5	--	9	--	36	49.8	23	78.8	13	--	14	--
Echols	24	196.2	16	--	8	--	<5	--	<5	--	<5	--	<5	--	9	--	7	--	<5	--	<5	--
Effingham	296	220.9	173	306.6	123	164.3	22	28.4	26	21.8	12	--	14	--	88	63.0	61	96.4	27	35.9	16	--
Elbert	242	208.7	126	281.8	116	168.2	16	--	23	19.6	9	--	14	--	71	60.9	41	86.1	30	46.0	17	--
Emanuel	251	223.3	156	343.0	95	140.5	16	--	26	23.6	11	--	15	--	70	62.1	53	111.6	17	--	17	--
Evans	110	213.9	58	287.3	52	172.1	8	--	6	--	<5	--	<5	--	31	59.9	22	107.3	9	--	5	--
Fannin	281	204.9	159	259.8	122	161.1	20	27.8	27	19.3	15	--	12	--	97	69.2	63	100.1	34	43.1	13	--
Fayette	604	177.1	312	226.6	292	146.6	35	16.4	71	20.9	36	25.3	35	17.3	161	46.3	97	65.9	64	32.0	33	31.0
Floyd	979	203.1	501	257.4	478	165.6	61	21.9	81	16.9	36	18.5	45	14.7	337	69.5	205	102.9	132	47.2	44	27.1
Forsyth	544	183.4	291	244.6	253	148.7	39	21.1	60	21.4	30	25.3	30	18.5	161	54.8	105	89.6	56	33.2	22	26.9
Franklin	229	197.6	119	264.0	110	169.6	16	--	26	22.3	7	--	19	--	70	58.9	49	104.8	21	30.2	13	--
Fulton	6086	202.6	3023	261.1	3063	169.6	577	31.6	591	19.9	279	24.9	312	17.0	1568	53.0	914	77.7	654	37.5	385	40.3
Gilmer	239	204.5	124	257.9	115	178.8	10	--	24	21.0	10	--	14	--	71	55.4	45	75.2	26	39.0	9	--
Glascock	23	138.2	13	--	10	--	<5	--	<5	--	<5	--	<5	--	6	--	5	--	<5	--	<5	--
Glynn	832	221.5	445	288.6	387	177.9	74	35.1	61	16.4	26	16.4	35	15.8	228	60.0	133	84.8	95	43.5	68	49.5
Gordon	402	208.0	218	278.0	184	166.0	33	29.8	34	18.6	18	--	16	--	125	62.0	83	98.7	42	37.5	21	35.1
Grady	263	216.1	144	297.5	119	165.4	17	--	22	18.1	8	--	14	--	68	55.8	52	104.5	16	--	19	--
Greene	169	213.7	100	313.6	69	144.2	14	--	16	--	9	--	7	--	45	54.5	31	88.7	14	--	13	--
Gwinnett	2703	184.5	1380	236.8	1323	155.2	236	24.9	246	17.6	120	20.4	126	15.7	732	50.5	416	70.3	316	38.3	131	36.0
Habersham	376	201.4	204	256.6	172	163.5	33	33.1	36	19.4	18	--	18	--	118	61.8	81	98.1	37	35.5	16	--
Hall	987	185.1	536	244.6	451	147.5	55	17.8	81	15.3	43	20.5	38	12.4	299	54.9	195	84.6	104	33.9	42	26.3
Hancock	108	226.3	61	321.8	47	165.8	7	--	7	--	<5	--	5	--	33	68.1	22	109.8	11	--	11	--
Haralson	316	241.7	180	351.1	136	179.4	18	--	30	23.1	11	--	19	--	108	81.8	82	156.3	26	35.4	16	--
Harris	248	218.3	147	320.7	101	156.8	15	--	27	23.6	14	--	13	--	69	59.7	48	104.0	21	31.5	22	56.6
Hart	265	192.0	145	251.2	120	149.7	14	--	39	28.4	19	--	20	23.2	76	54.4	55	91.0	21	29.2	15	--
Heard	94	189.8	55	252.0	39	144.8	<5	--	8	--	<5	--	<5	--	32	63.0	22	89.9	10	--	5	--
Henry	811	211.7	432	268.2	379	175.0	54	23.1	85	23.0	38	26.1	47	21.7	258	67.1	163	100.4	95	44.2	29	28.6
Houston	856	209.8	463	278.1	393	166.5	72	30.1	81	21.1	49	30.3	32	14.2	282	67.0	173	98.7	109	45.3	42	36.8
Irwin	88	165.0	47	222.9	41	130.9	5	--	8	--	7	--	<5	--	30	57.6	20	93.2	10	--	<5	--
Jackson	395	220.5	209	277.9	186	179.1	32	30.8	27	15.0	15	--	12	--	136	75.1	82	105.4	54	53.7	13	--
Jasper	114	211.7	72	319.1	42	133.8	7	--	20	37.7	10	--	10	--	32	57.6	25	101.7	7	--	6	--

Table 2. Number of Cancer Deaths and Age-Adjusted Mortality Rates, Selected Sites, by County and Sex, Georgia, 1997-2001

	ALL SITES						BREAST		COLON & RECTUM						LUNG & BRONCHUS						PROSTATE	
	Total		Male		Female		Female		Total		Male		Female		Total		Male		Female		Male	
County	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Georgia	66609	205.8	35357	273.8	31252	164.5	5095	26.6	6134	19.2	2964	23.1	3170	16.6	20073	61.7	12566	94.1	7507	40.1	3921	38.3
Jeff Davis	130	215.1	79	300.0	51	151.4	7	--	15	--	9	--	6	--	44	71.8	34	130.6	10	--	5	--
Jefferson	201	219.8	107	306.9	94	160.9	20	37.4	23	24.6	9	--	14	--	67	74.7	47	129.3	20	36.3	21	68.6
Jenkins	84	186.0	55	307.6	29	111.1	5	--	6	--	<5	--	<5	--	21	46.5	14	--	7	--	12	--
Johnson	97	193.5	56	279.9	41	133.5	5	--	9	--	<5	--	5	--	30	61.4	22	103.7	8	--	<5	--
Jones	218	217.1	119	301.1	99	168.2	18	--	17	--	5	--	12	--	63	62.2	42	93.5	21	35.5	20	67.9
Lamar	168	216.8	87	276.3	81	182.4	11	--	12	--	6	--	6	--	49	63.1	35	117.1	14	--	9	--
Lanier	68	229.0	40	336.0	28	163.1	<5	--	5	--	<5	--	<5	--	23	80.8	15	--	8	--	<5	--
Laurens	432	187.8	254	268.4	178	135.1	24	18.9	37	16.1	20	22.1	17	--	116	50.2	92	95.4	24	18.3	29	34.5
Lee	133	190.0	71	252.4	62	152.1	<5	--	6	--	<5	--	<5	--	50	66.0	28	85.4	22	52.1	5	--
Liberty	260	231.3	139	306.7	121	186.7	26	39.3	31	25.7	11	--	20	28.8	84	72.5	59	124.0	25	36.8	11	--
Lincoln	113	247.6	66	367.8	47	187.6	7	--	8	--	<5	--	5	--	39	82.6	27	138.9	12	--	11	--
Long	72	266.4	38	325.7	34	228.3	<5	--	5	--	<5	--	<5	--	26	92.3	14	--	12	--	5	--
Lowndes	721	215.6	372	282.2	349	177.4	45	23.1	59	17.4	26	18.0	33	16.8	230	68.0	133	96.7	97	49.8	49	47.1
Lumpkin	173	203.9	103	284.7	70	146.7	14	--	19	--	12	--	7	--	59	68.0	42	109.7	17	--	11	--
Macon	154	219.8	91	326.4	63	150.3	5	--	10	--	6	--	<5	--	45	65.0	32	114.9	13	--	13	--
Madison	254	223.9	129	272.0	125	191.0	17	--	25	23.5	12	--	13	--	71	60.2	43	88.2	28	42.8	10	--
Marion	47	151.2	25	216.4	22	119.2	<5	--	10	--	7	--	<5	--	12	--	7	--	5	--	<5	--
McDuffie	246	240.7	127	339.5	119	194.3	22	35.6	18	--	5	--	13	--	77	73.8	53	133.0	24	40.2	16	--
McIntosh	116	219.9	70	292.6	46	162.3	10	--	7	--	5	--	<5	--	34	60.5	26	101.1	8	--	7	--
Meriwether	228	189.5	124	268.8	104	143.6	9	--	23	19.1	10	--	13	--	62	52.0	40	85.5	22	32.2	19	--
Miller	69	174.2	39	239.3	30	136.5	6	--	<5	--	<5	--	<5	--	21	51.0	12	--	9	--	5	--
Mitchell	257	230.5	146	368.1	111	167.1	17	--	21	18.8	9	--	12	--	82	73.2	58	139.8	24	35.2	12	--
Monroe	219	227.3	123	304.8	96	177.1	12	--	23	25.5	15	--	8	--	69	69.5	50	117.4	19	--	8	--
Montgomery	76	216.9	47	318.7	29	143.6	<5	--	12	--	5	--	7	--	18	--	13	--	5	--	<5	--
Morgan	144	188.1	83	273.3	61	137.7	8	--	19	--	12	--	7	--	47	62.1	31	97.9	16	--	5	--
Murray	291	228.5	156	291.8	135	186.7	19	--	25	21.6	10	--	15	--	125	93.1	78	130.3	47	63.8	18	--
Muscogee	1768	212.1	907	292.3	861	169.3	155	31.6	168	20.4	62	19.2	106	20.4	499	59.3	318	97.5	181	35.4	125	48.3
Newton	567	228.6	310	311.6	257	177.8	48	32.9	45	17.6	26	23.5	19	--	189	74.4	125	121.3	64	44.9	27	36.4
Oconee	189	193.7	101	255.8	88	150.0	16	--	19	--	10	--	9	--	50	52.8	28	68.4	22	39.7	11	--
Oglethorpe	109	176.8	60	227.4	49	140.1	11	--	5	--	<5	--	<5	--	29	46.5	17	--	12	--	7	--
Paulding	487	230.1	250	276.0	237	198.5	35	25.4	35	17.6	18	--	17	--	165	76.2	92	98.3	73	60.3	18	--
Peach	256	270.3	145	399.9	111	200.5	15	--	23	24.4	9	--	14	--	85	88.9	59	160.4	26	46.3	20	73.0
Pickens	189	164.7	105	212.9	84	133.3	24	38.3	11	--	9	--	<5	--	57	48.9	41	79.6	16	--	11	--
Pierce	159	205.8	97	304.3	62	145.6	14	--	16	--	10	--	6	--	49	63.5	38	122.8	11	--	8	--
Pike	129	218.7	73	295.8	56	166.6	<5	--	13	--	6	--	7	--	32	54.3	19	--	13	--	11	--
Polk	443	225.3	236	298.2	207	181.0	39	36.6	31	15.7	15	--	16	--	167	83.5	115	141.9	52	45.9	18	--
Pulaski	107	213.2	49	289.7	58	182.7	12	--	13	--	5	--	8	--	22	43.8	12	--	10	--	11	--
Putnam	192	196.8	111	264.0	81	153.3	7	--	19	--	12	--	7	--	58	56.5	36	78.9	22	39.9	14	--
Quitman	32	183.0	22	307.5	10	--	<5	--	5	--	<5	--	<5	--	11	--	8	--	<5	--	<5	--
Rabun	196	199.8	104	258.7	92	165.6	14	--	22	23.4	12	--	10	--	65	61.3	38	79.9	27	46.1	11	--

*Average annual rate per 100,000, age-adjusted to the 2000 U.S. standard population. --Rate not calculated for fewer than 20 cases. ***Data not shown for confidentiality reason.

Table 2. Number of Cancer Deaths and Age-Adjusted Mortality Rates, Selected Sites, by County and Sex, Georgia, 1997-2001

	ALL SITES						BREAST		COLON & RECTUM						LUNG & BRONCHUS						PROSTATE	
	Total		Male		Female		Female		Total		Male		Female		Total		Male		Female		Male	
County	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Georgia	66609	205.8	35357	273.8	31252	164.5	5095	26.6	6134	19.2	2964	23.1	3170	16.6	20073	61.7	12566	94.1	7507	40.1	3921	38.3
Randolph	107	231.0	60	361.7	47	161.2	5	--	14	--	7	--	7	--	26	57.2	17	--	9	--	9	--
Richmond	1970	230.3	1067	315.9	903	177.8	139	27.7	176	20.7	81	22.8	95	18.7	611	70.7	368	104.7	243	47.7	106	39.1
Rockdale	552	203.6	301	272.1	251	161.4	37	23.1	45	17.5	29	28.7	16	--	197	71.9	118	104.2	79	50.5	26	30.6
Schley	42	249.9	22	374.6	20	203.6	<5	--	<5	--	<5	--	<5	--	10	--	5	--	5	--	5	--
Screven	200	243.1	102	304.4	98	203.5	17	--	26	31.6	14	--	12	--	53	63.3	29	83.7	24	49.3	15	--
Seminole	107	201.9	62	313.2	45	148.3	8	--	16	--	7	--	9	--	24	43.3	19	--	5	--	11	--
Spalding	601	219.2	295	278.3	306	186.5	58	36.0	60	22.0	26	23.3	34	20.5	172	62.2	102	93.2	70	42.7	30	35.0
Stephens	333	223.5	194	336.8	139	162.7	30	38.3	37	24.2	19	--	18	--	96	64.5	70	118.6	26	30.8	21	40.9
Stewart	70	209.8	32	227.2	38	196.8	8	--	6	--	<5	--	5	--	20	58.9	12	--	8	--	5	--
Sumter	342	212.9	185	318.1	157	160.1	27	29.3	35	22.2	16	--	19	--	96	61.2	63	106.5	33	35.5	29	55.1
Talbot	82	228.8	54	369.0	28	133.7	<5	--	9	--	6	--	<5	--	22	58.5	17	--	5	--	8	--
Taliaferro	24	170.9	16	--	8	--	<5	--	5	--	<5	--	<5	--	<5	--	<5	--	<5	--	<5	--
Tattnall	239	239.2	137	326.6	102	177.9	17	--	14	--	7	--	7	--	82	81.6	48	109.1	34	60.3	11	--
Taylor	92	198.1	45	233.1	47	173.4	9	--	10	--	5	--	5	--	31	66.6	16	--	15	--	8	--
Telfair	158	237.3	88	365.5	70	173.2	15	--	13	--	10	--	<5	--	54	83.7	39	150.4	15	--	11	--
Terrell	161	280.2	86	383.4	75	209.3	9	--	18	--	6	--	12	--	58	100.3	42	184.0	16	--	9	--
Thomas	549	241.8	302	344.0	247	179.3	37	27.0	41	17.9	24	26.5	17	--	164	72.5	114	128.2	50	36.8	40	51.4
Tift	333	190.0	184	272.4	149	142.0	24	24.2	28	16.1	14	--	14	--	105	59.6	61	84.3	44	41.8	26	45.2
Toombs	298	235.6	169	341.5	129	167.6	17	--	21	16.6	6	--	15	--	107	84.6	74	148.8	33	44.4	16	--
Towns	125	159.0	65	176.2	60	146.0	10	--	13	--	5	--	8	--	42	50.9	27	71.7	15	--	9	--
Treutlen	70	201.1	38	269.4	32	158.7	<5	--	<5	--	<5	--	<5	--	22	63.1	13	--	9	--	<5	--
Troup	626	215.1	309	280.0	317	177.8	34	20.1	68	23.1	30	27.5	38	19.9	192	66.5	107	92.9	85	49.0	34	35.9
Turner	118	246.5	58	307.7	60	210.9	6	--	7	--	<5	--	<5	--	41	84.8	25	132.1	16	--	6	--
Twiggs	91	186.8	59	303.3	32	113.8	7	--	9	--	5	--	<5	--	35	71.4	25	127.6	10	--	5	--
Union	219	175.8	127	220.9	92	135.8	6	--	23	21.5	8	--	15	--	76	56.7	53	83.5	23	32.2	7	--
Upson	323	207.4	155	257.4	168	181.7	22	25.1	35	22.5	16	--	19	--	83	53.2	47	75.7	36	38.9	21	33.8
Walker	747	227.0	427	321.7	320	167.6	48	26.0	59	18.1	35	28.0	24	12.1	282	84.7	190	140.1	92	47.8	31	27.1
Walton	446	188.2	237	255.7	209	151.9	34	24.6	37	15.9	19	--	18	--	128	53.0	71	72.1	57	41.7	33	44.0
Ware	416	203.8	219	273.6	197	161.7	22	18.1	33	16.1	13	--	20	17.0	129	63.2	87	103.7	42	33.9	21	30.3
Warren	87	223.4	49	318.3	38	156.6	6	--	9	--	<5	--	5	--	30	80.2	23	145.6	7	--	8	--
Washington	262	251.9	139	344.2	123	193.9	14	--	30	27.6	14	--	16	--	79	78.2	45	109.4	34	60.4	21	57.8
Wayne	229	194.6	126	252.8	103	154.4	11	--	21	17.8	6	--	15	--	76	62.3	51	99.3	25	36.3	15	--
Webster	35	261.5	21	366.7	14	--	<5	--	5	--	<5	--	<5	--	<5	--	<5	--	<5	--	6	--
Wheeler	44	142.5	26	202.2	18	--	5	--	<5	--	<5	--	<5	--	15	--	13	--	<5	--	<5	--
White	187	170.9	111	226.4	76	128.0	8	--	22	20.4	12	--	10	--	69	59.3	50	93.9	19	--	11	--
Whitfield	710	199.2	369	262.2	341	165.0	60	29.3	58	17.5	20	17.1	38	18.4	242	66.4	154	103.5	88	42.5	36	29.5
Wilcox	100	220.9	59	300.4	41	154.0	5	--	5	--	<5	--	<5	--	38	85.3	26	127.2	12	--	6	--
Wilkes	170	251.8	100	366.4	70	182.1	18	--	17	--	8	--	9	--	51	75.0	38	132.9	13	--	16	--
Wilkinson	103	204.7	71	350.0	32	108.5	5	--	14	--	8	--	6	--	31	58.6	25	112.9	6	--	8	--
Worth	198	189.2	110	253.1	88	145.6	18	--	21	19.9	13	--	8	--	62	59.0	40	90.8	22	35.9	7	--

Mission Statement for Georgia

Our mission is to promote and protect the health of people in Georgia wherever they live, work, and play. We unite with individuals, families, and communities to improve their health and enhance their quality of life.

Mission Statement for American Cancer Society

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

Mission Statement for Georgia Cancer Coalition

The mission of the Georgia Cancer Coalition is to reduce the number of cancer deaths in the state. In so doing, Georgia intends to become a national leader in cancer control by accelerating prevention, early detection, treatment and research.