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

2005

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Acknowledgements

Executive Summary

Cancer is a major health problem in Georgia
- More than 38,400 Georgians will be diagnosed with invasive cancer, and more than 16,500 will die from this disease in 2005.
- Cancer is the second leading cause of death in Georgia. From 1998-2002, cancer accounted for 21% of all deaths.
- Breast, lung and bronchus, and colorectal cancers account for 56% 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 11% more likely than black females to be diagnosed with cancer.
- Prostate, lung and bronchus, and colorectal cancers account for 58% of all new cancers in Georgia among males.
- Prostate cancer is the leading cause of cancer incidence among Georgia males and accounts for 29% of all new cancers in men.
- Black males in Georgia are 20% more likely than white males to be diagnosed with cancer.
- Black males in Georgia are 39% more likely than white males to die of cancer.
- Cancer mortality rates in Georgia have declined at an average annual rate of 1.2% since 1990.

Much of the burden of death and disability from cancer is preventable
- Tobacco use is responsible for about 87% of all lung cancers in Georgia.
- Since 1993, smoking rates in Georgia have been relatively unchanged.
- 30% to 35 % of cancer deaths could be prevented by adopting healthy diet and exercise practices.
- In 2003, 12% of middle school students and 26% of high school students reported currently using some form of tobacco.
- In 2003, 23% of Georgia adults were obese.
- In 2003, only 43% of Georgia adults were physically active on a regular basis.
- In 2003, only 23% of Georgia adults ate 5 or more fruits and vegetables per day.

Some cancers can be detected early, when treatment is most effective
- During 2003, 51% of Georgia females aged 40 and older reported having a mammogram and clinical breast examination within the past year.
- During 2003, 90% of Georgia females aged 18 and older without a hysterectomy reported having a Pap test within the past 3 years.
- During 2002, 41% 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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The challenge
Cancer is the second leading cause of death in Georgia, accounting for 21% of all deaths during 1998-2002 (*Figure 1*). Every year, more than 13,500 Georgians die of cancer and more than 32,600 Georgians are diagnosed with this disease. The most common forms of cancer, lung, colorectal, breast and prostate, account for 57% of all cancer diagnosed and 53% of all cancer deaths.
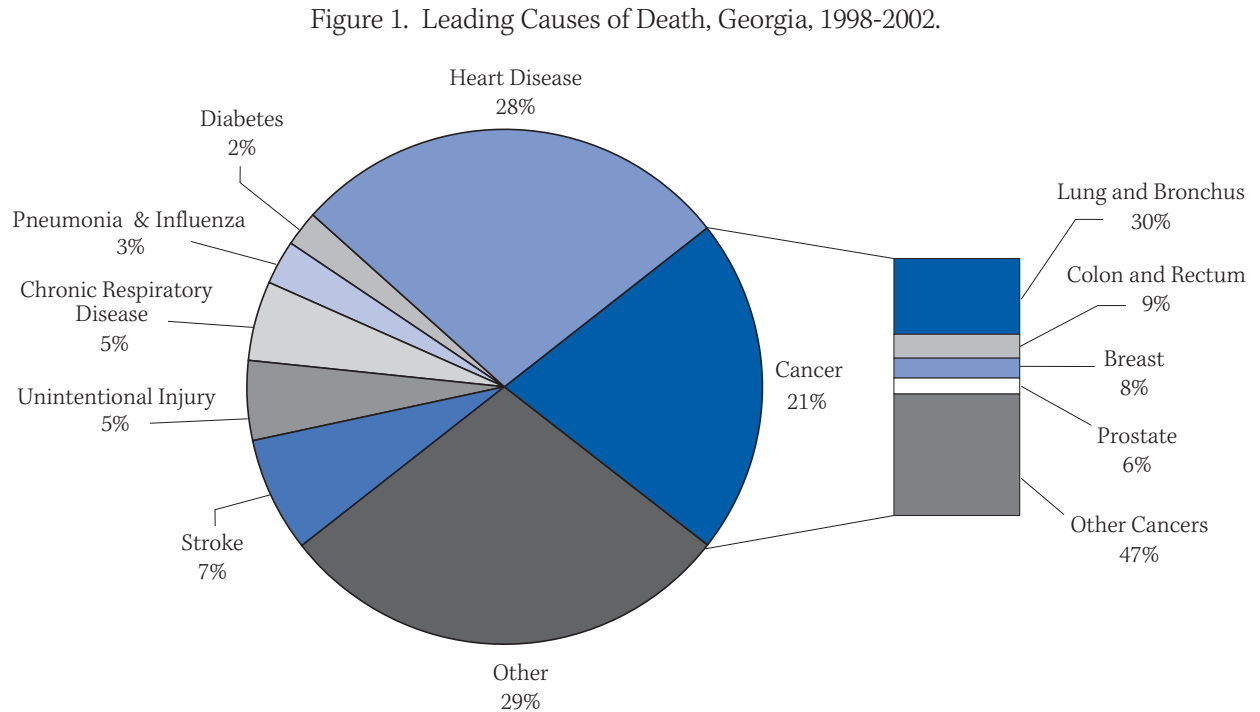
Hope and progress
Currently, there is no universal prevention or cure for all types of cancer. However, the number of lives lost to this disease can be reduced. New and better treatments for cancer continue to be developed and survival rates for cancer are improving. Many cancers can be detected early, 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 2005; 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**, or **http://health.state.ga.us/programs/gccr/data.asp**, call **1-800-ACS-2345**, or visit the American Cancer Society web site at **www.cancer.org**.

Figure 1. Leading Causes of Death, Georgia, 1998-2002.

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

How many new cases are expected to occur this year?
In 2005, an estimated 38,400 Georgians will be diagnosed with cancer — about 105 per day (*Figure 2*). In the United States (U.S.), 1.4 million cases of cancer are expected to occur in 2005. These estimates do not include non-melanoma skin cancer and carcinoma in situ for sites other than urinary bladder. National estimates suggest that more than one million cases of basal and squamous cell skin cancers will be diagnosed in the United States in 2005.

How many people are expected to die of cancer this year?
In 2005, an estimated 16,650 Georgians are expected to die from cancer (*Figure 3*). Cancer is the second leading cause of death in Georgia, with about 1 out of every 5 deaths attributable to cancer. In the U.S., 570,280 cancer deaths are expected to occur in 2005.

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

Who is at risk 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 in individuals aged 55 and older.

In the U.S., males have a 1 in 2 lifetime risk of developing cancer, and females have a 1 in 3 lifetime risk. Lifetime risk refers to the probability that an individual, over the course of a lifetime, will develop cancer.

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

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

Causes of Cancer in the United States
Estimated percentage of total cancer deaths attributable to established causes of cancer

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

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

Figure 2. New Cancer Cases, Georgia, 2005 Estimates

Female	Male
Breast	*Prostate*
5,610	6,110
Lung & bronchus	*Lung & bronchus*
2,350	3,910
Colon & rectum	*Colon & rectum*
2,030	2,200
Uterine corpus	*Bladder (incl. in situ)*
820	1,120
Ovary	*Melanoma*
620	810
Non-Hodgkins lymphoma	*Non-Hodgkins lymphoma*
600	710
Melanoma	*Oral Cavity*
580	660
Uterine cervix	*Kidney and renal pelvis*
440	620
Pancreas	*Leukemia*
430	490
Thyroid	*Pancreas*
400	440
*ALL SITES**	*ALL SITES**
17,780	20,700

Figure 3. Cancer Deaths Georgia, 2005 Estimates

Female	Male
Lung & bronchus	*Lung & bronchus*
1,820	3,150
Breast	*Prostate*
1,180	1,070
Colon & rectum	*Colon & rectum*
780	810
Pancreas	*Pancreas*
440	440
Ovary	*Leukemia*
410	330
Non-Hodgkins lymphoma	*Non-Hodgkins lymphoma*
270	300
Leukemia	*Esophagus*
260	290
*Corpus and uterus, NOS**	*Stomach*
170	230
Multiple myeloma	*Bladder*
170	200
Stomach	*Kidney and renal pelvis*
150	200
*ALL SITES**	*ALL SITES**
7,580	9,080

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

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.

Figure 4. Age-Adjusted Cancer Incidence Rates by County, Georgia, 1999-2002.

Cancer incidence in Georgia

During 1999-2002, an annual average of 32,574 new invasive cancer cases were diagnosed in Georgia: 16,991 among males and 15,583 among females (Table 1-Appendix). Four cancer sites — breast, prostate, lung, and colorectal æ accounted for 57% 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.

Of 159 counties in Georgia, twenty-one counties have incidence rates significantly higher than the state average and thirty-two counties have incidence rates significantly lower than the state average (*Figure 4*).

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

Cancer incidence in Georgia and the United States

- Males in Georgia are 46% more likely than females to be diagnosed with cancer (Table 1-Appendix).
- Prostate cancer (age-adjusted rate 169/100,000) 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 124/100,000) 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.
- Prostate cancer incidence rate is 3% higher among Georgia males than among U.S. males (*Figure 5*).
- Lung cancer incidence rate is 22% higher among Georgia males than among U.S. males (*Figure 5*).
- Melanoma incidence rate is 5% higher among Georgia males than among U.S. males (*Figure 5*). However, these differences are not statistically significant.
- Colorectal and bladder cancer incidence rates are 6% and 18% lower, respectively, among Georgia males than among U.S. males (*Figure 5*).
- Breast cancer incidence rate is 5% lower among Georgia females than among U.S. females (*Figure 6*).
- Lung cancer incidence rate is 4% lower among Georgia females than among U.S. females (*Figure 6*).
- Colorectal and uterine cancer incidence rates are 8% and 25% lower, respectively, among Georgia females than among U.S. females (*Figure 6*).
- Ovarian cancer incidence rate is 7% lower among Georgia females than among US females (*Figure 6*). However, these differences are not statistically significant.

Racial differences in cancer incidence in Georgia

Black males in Georgia are 20% more likely than white males to be diagnosed with cancer, while white females are 11% more likely than black females to be diagnosed with cancer (Table 1-Appendix). The overall age-adjusted cancer incidence rates for 1999-2002 were 663 per 100,000 among black males, 551 per 100,000 among white males, 402 per 100,000 among white female, and 362 per 100,000 among black females.

- Prostate, lung and colorectal cancer incidence rates are higher (76%, 6% and 18%, respectively) among black males than among white males in Georgia (*Figure 7*).
- Bladder cancer and melanoma incidence rates are higher among white males than among black males in Georgia (*Figure 7*).
- Kidney and renal pelvis cancer incidence rates are 25% higher among black males than among white males in Georgia (*Figure 7*). However, these differences are not statistically significant.
- Breast and lung cancer incidence rates are higher (20% and 40%, respectively) among white females than among black females in Georgia (*Figure 8*).
- Colorectal cancer incidence rates are 26% higher among black females than among white females in Georgia (*Figure 8*).
- Uterine and ovarian cancer incidence rates are higher (12% and 27%, respectively) among white females than among black females in Georgia (*Figure 8*). However, these differences are not statistically significant.
- Cervical cancer incidence rates are 44% higher among black females than among white females in Georgia (*Figure 8*). However, these differences are not statistically significant.

Figure 5. Cancer Incidence Rates in Males, Georgia, 1999-2002, and the United States 1998-2002
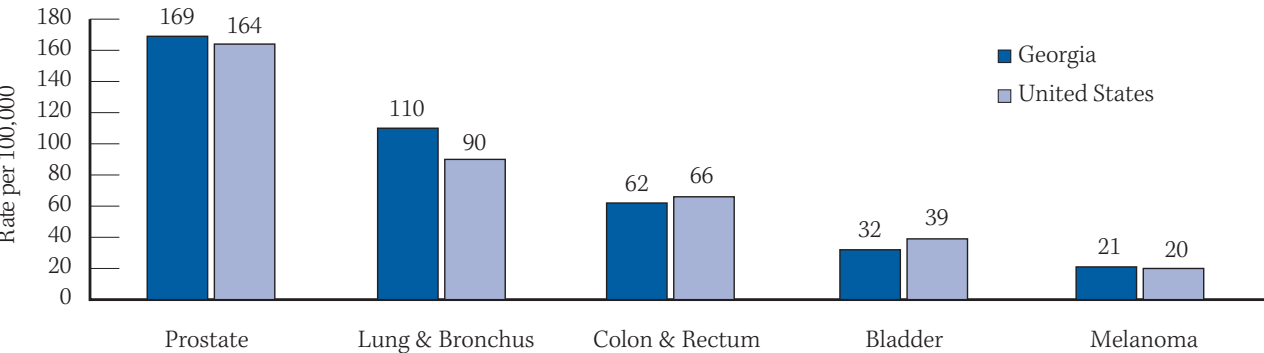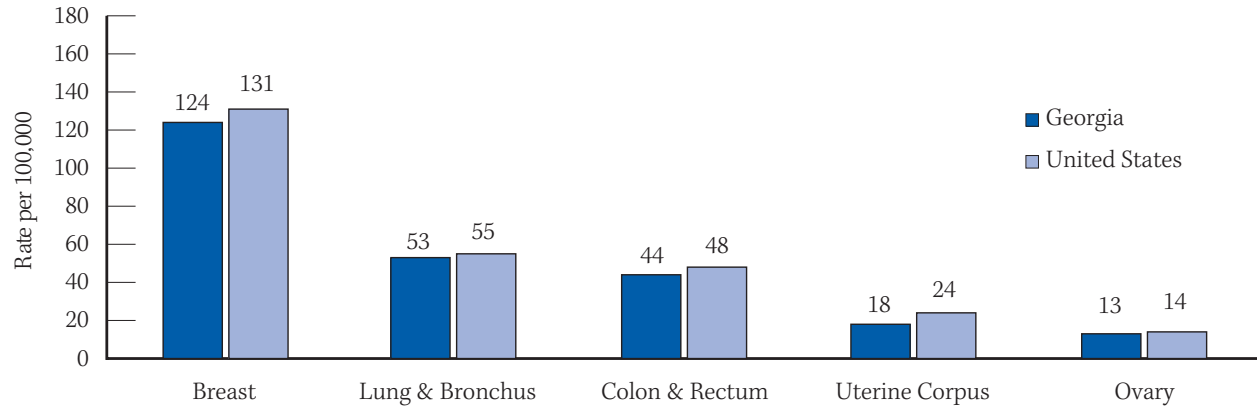

Figure 6. Cancer Incidence Rates in Females, Georgia, 1999-2002, and the United States 1998-2002

Figure 7. Cancer Incidence Rates in Males by Race, Georgia, 1999-2002
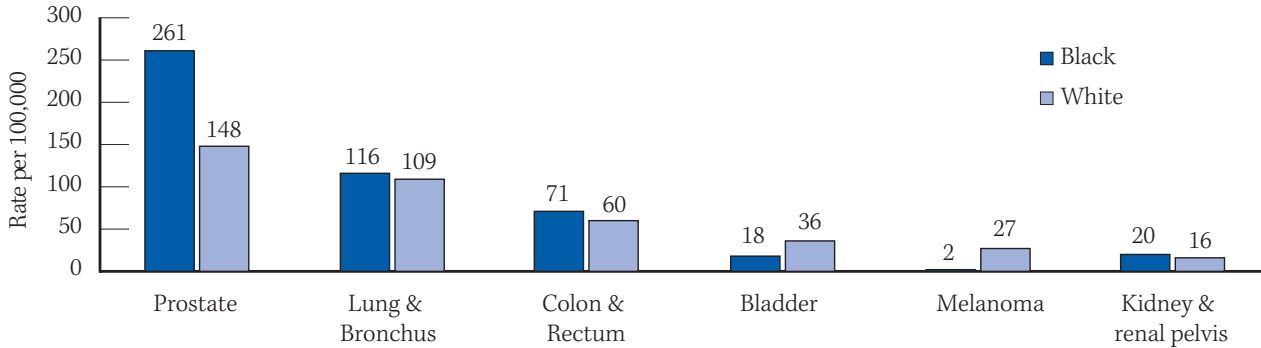
Figure 8. Cancer Incidence Rates in Females by Race, Georgia, 1999-2002
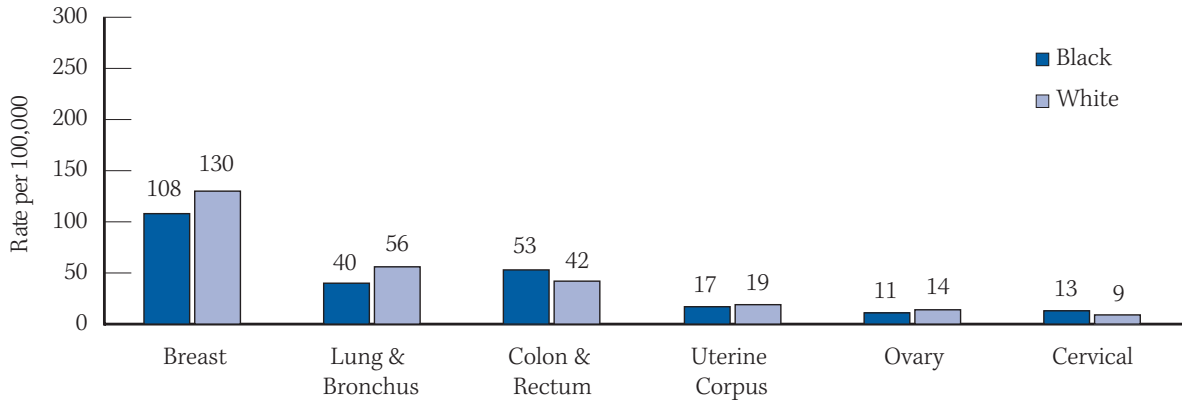
Cancer incidence in Georgia's Hispanic population

From 1999 to 2002, a total of 1,731 invasive cancer diagnoses were reported among Georgia's Hispanic population, an average of 433 per year. Hispanics have a lower overall cancer incidence rate than non-Hispanics: 302 per 100,000 among females compared to the state rate of 390 per 100,000, and 342 per 100,000 among Hispanic males compared to the state rate of 570 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.

- Prostate cancer is the leading cause of cancer incidence among Hispanic males. It accounts for 26% of all cases diagnosed every year.
- Prostate cancer incidence is lower among Hispanic males than among black or white males (*Figure 9*).
- Breast cancer is the leading cause of cancer incidence among Hispanic females and accounts for 28% of all cases diagnosed each year.
- Hispanic females are 78% more likely than white females and 23% more likely than black females to be diagnosed with invasive cervical cancer (*Figure 10*). However these differences are not statistically significant.
- Hispanic females are less likely than white and black females to be diagnosed with breast cancer (*Figure 10*).

Figure 9. Cancer Incidence Rates in Georgia by Race/Ethnicity, Males, 1999-2002
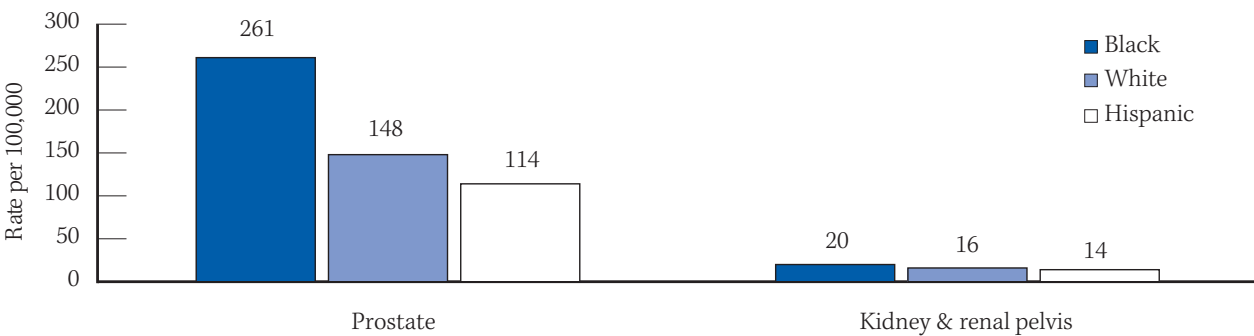
Figure 10. Cancer Incidence Rates in Georgia by Race/Ethnicity, Females 1999-2002
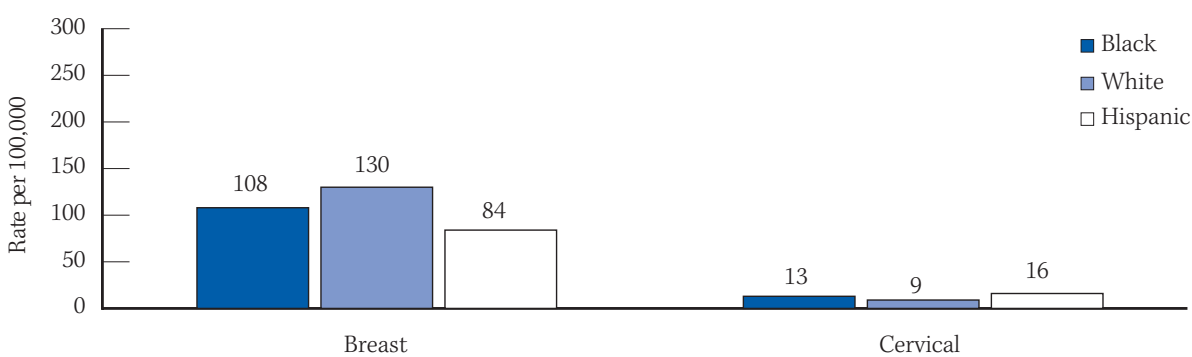
Cancer Mortality

Cancer mortality in Georgia

During 1998-2002, there were an average of 13,509 cancer deaths in Georgia per year: 7,182 among males and 6,327 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 preventing or stopping tobacco use, improving diet, and increasing physical activity and by appropriate use of mammography, colorectal screening, and other early detection examinations.

Males in Georgia are about 65% 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. Nineteen counties have mortality rates that are significantly higher than the state average, while eleven counties have mortality rates significantly lower than the state average (*Figure 11*).

Figure 11. Age-Adjusted Cancer Mortality Rates by County, Georgia, 1998-2002.
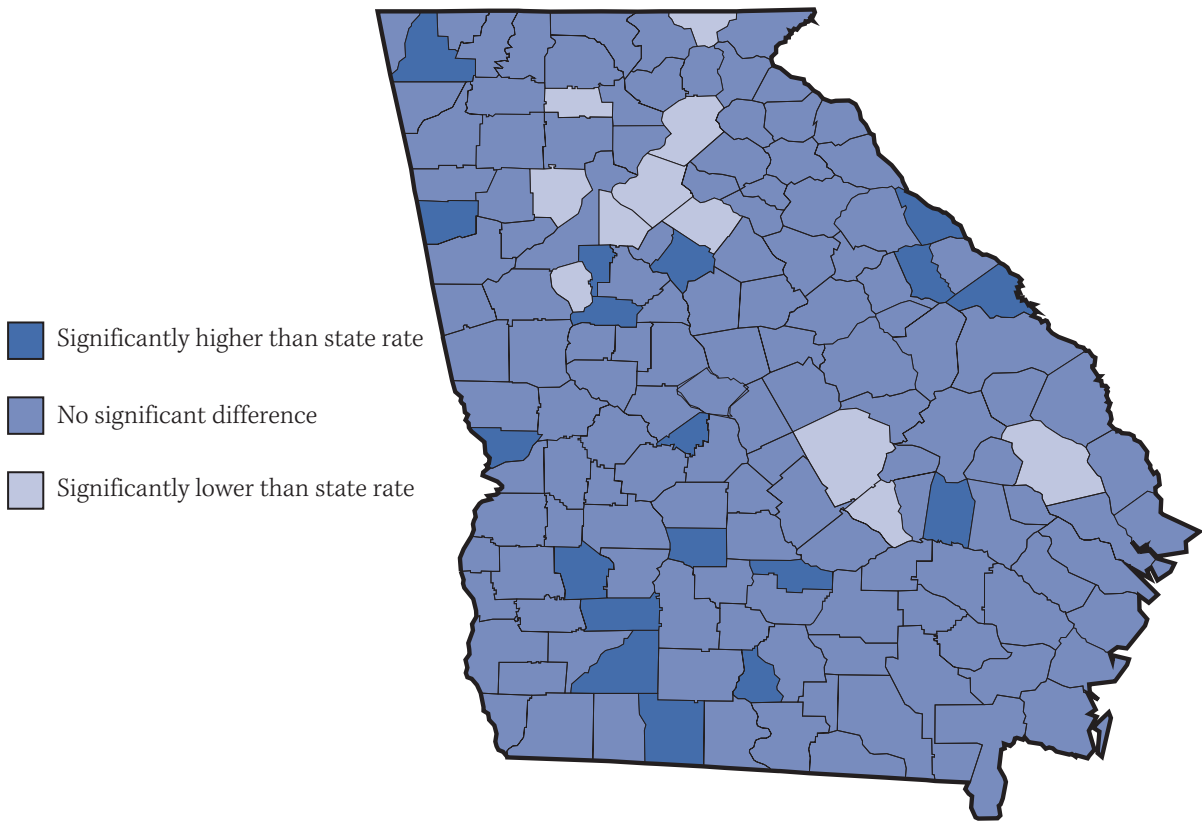
Cancer mortality in Georgia and the United States
· Lung and prostate cancer mortality rates are higher among Georgia males than among U.S. males by 21% and 20%, respectively (*Figure 12*).
· Pancreatic cancer and leukemia mortality rates among Georgia males are similar to that among U.S. males (*Figure 12*).

· Colorectal cancer mortality rates among Georgia males and females are similar to those among U.S. males and females (*Figures 12 &13*).
· Lung, breast, pancreatic, and ovarian cancer mortality rates among Georgia females are similar to those among U.S. females (*Figure 13*).

Figure 12. Cancer Mortality Rates in Males, Georgia and the United States, 1998-2002.

Figure 13. Cancer Mortality Rates in Females, Georgia and the United States, 1998-2002.
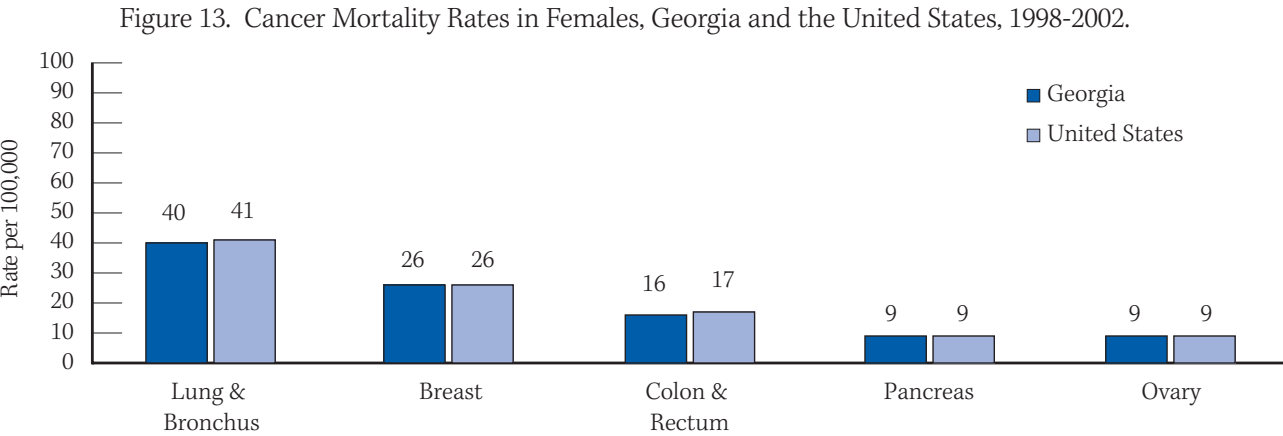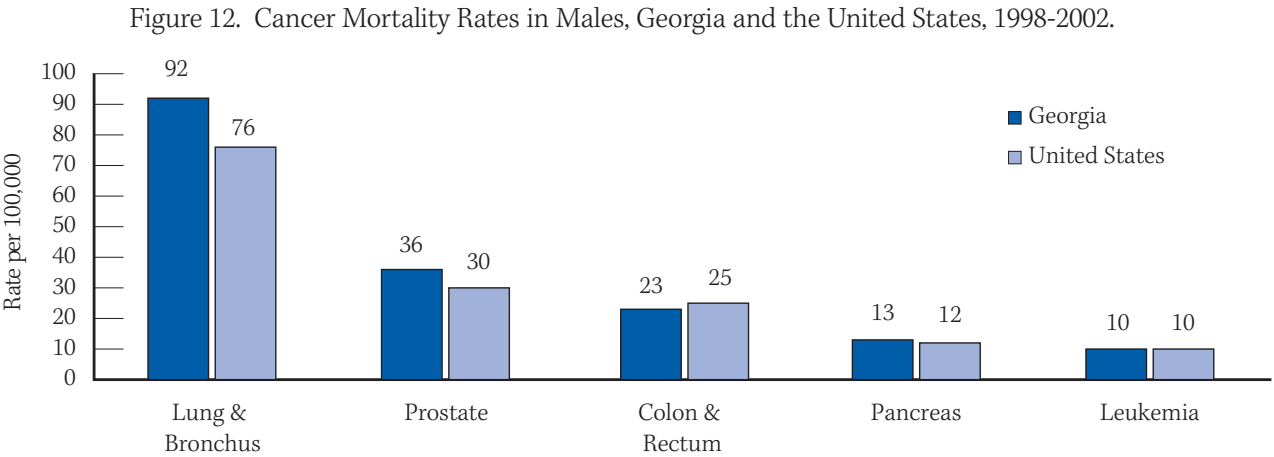
Trends in cancer mortality in Georgia
· Overall cancer mortality rates among Georgia males decreased at an average annual rate of 1.2% since 1988.
· Since 1991, the lung cancer mortality rate for males has been declining at an average annual rate of 1.7% (*Figure 14*).
· During 1980-1992, prostate cancer mortality rates in Georgia increased at an average annual rate of 2.8%. Since 1992, the rates have declined by 3.8% every year.
· During 1980-1990, colorectal cancer mortality rates for males increased at an average annual rate of 1.4%. Since 1990, the rates have been decreasing by 0.8% every year.
· 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 5.0% from 1980-1990. Since then the average annual increase slowed to 1.5% (*Figure 15*). Since 1989, more females have died each year of lung cancer than breast cancer, which, for over 40 years, had been the leading cause of cancer death among females.
· During 1980-1987, breast cancer mortality rates in Georgia increased at an annual average rate of 3.9% followed by an average annual decrease of 1.5%.
· Since 1984, colorectal cancer mortality rates among females in Georgia have been decreasing at a rate of 1.1% per year.
· Mortality rates for cancer of the pancreas and ovary have been relatively steady since 1980.
· During 1980-1999, ovarian cancer mortality rates increased at a rate of about 1.3% per year. Since then, the rates have remained steady.

Figure 14. Trends in Cancer Mortality Rates in Males, Georgia, 1980-2002

Year of Death

Figure 15. Trends in Cancer Mortality Rates in Females, Georgia, 1980-2002

Year of Death
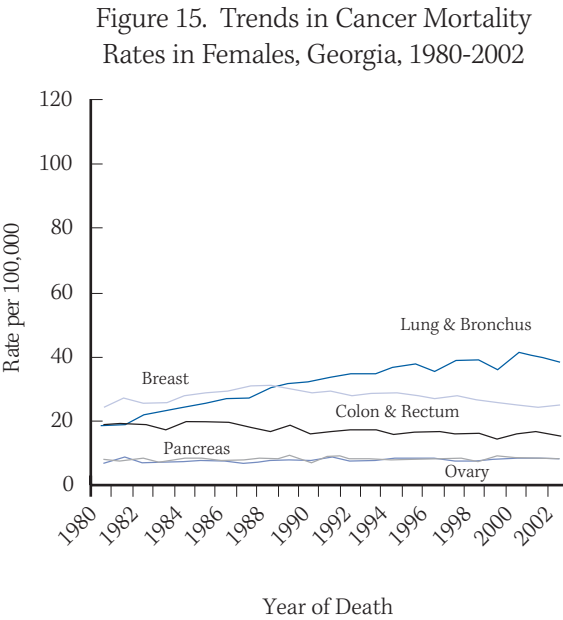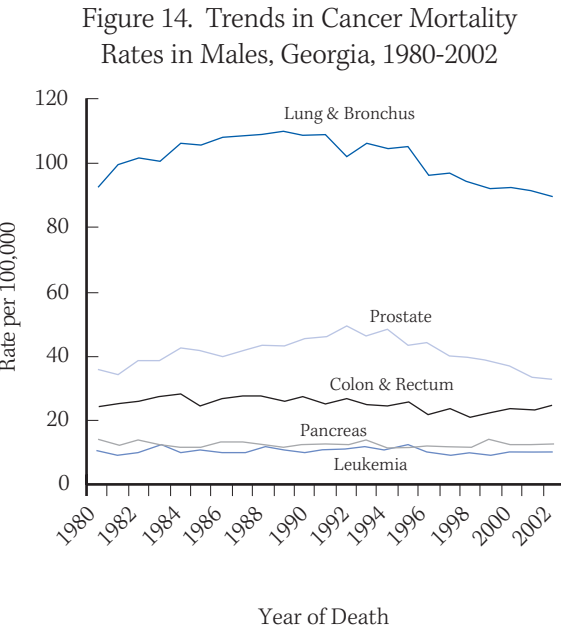
Racial differences in cancer mortality in Georgia

Black males in Georgia are 39% more likely than white males to die of cancer; black females are 13% more likely than white females to die of cancer. From 1998-2002, the overall cancer mortality rates were 349 per 100,000 among black males, 251 per 100,000 among white males, 178 per 100,000 among black females, and 158 per 100,000 among white females.

- Lung, prostate, and colorectal cancer mortality rates are higher (11%, 185%, and 52%, respectively) among black males in Georgia than among white males (*Figure 16*).

- Pancreatic cancer mortality rates are 33% higher among black males in Georgia than among white males (*Figure 16*). However, these differences are not statistically significant.
- Lung cancer mortality rates are 26% lower among black females in Georgia than among white females (*Figure 17*).
- Breast and colorectal cancer mortality rates are higher (33% and71%, respectively) among black females in Georgia than among white females (*Figure 17*).
- Pancreatic cancer mortality rates are 50% higher among black females in Georgia than among white females (*Figure 17*). However, these differences are not statistically significant.

Figure 16. Cancer Mortality Rates in Males by Race, Georgia, 1998-2002.
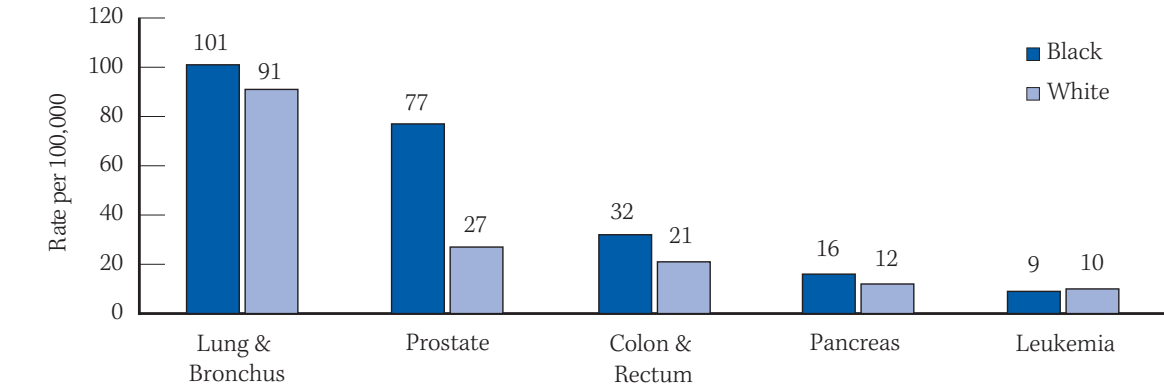
Figure 17. Cancer Mortality Rates in Females by Race, Georgia, 1998-2002.
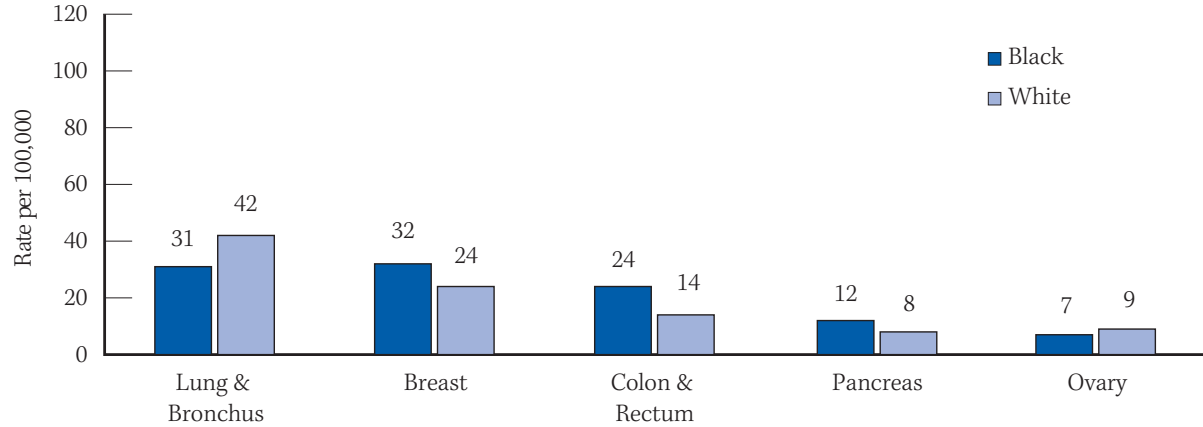
New cases

Breast cancer is the most commonly diagnosed cancer among Georgia females. Currently it accounts for 32% of all female cancer cases. An average of 4,993 new invasive and 1,060 in situ breast cancer cases are diagnosed among Georgia females every year. One in 8 American women will develop breast cancer in her lifetime. Breast cancer can also occur in males, but it is rare.

North Georgia (1-2), Cobb/Douglas (3-1), Fulton (3-2), East Metro (3-4) and Dekalb (3-5) Health Districts have significantly higher incidence rates than the state rate, while the Northwest (1-1), South Central (5-1), North Central (5-2), South (8-1) and Southeast (9-2) Health Districts have significantly lower rates (*Figure 18*).

Deaths

An average of 1,014 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 3.9% between 1980-1987 followed by a decrease of 1.5% per year. This decrease is probably the result of earlier detection through mammography and improved treatment.

The Fulton (3-2) Health District has a significantly higher mortality rate than the state average, while the North (2), South Central (5-1), and Southeast (9-2) Health Districts have significantly lower rates (*Figure 19*).

Figure 18. Age-Adjusted Breast Cancer Incidence Rates by Health District, Georgia, 1999-2002.

Figure 19. Age-Adjusted Breast Cancer Mortality Rates by Health District, Georgia, 1998-2002.
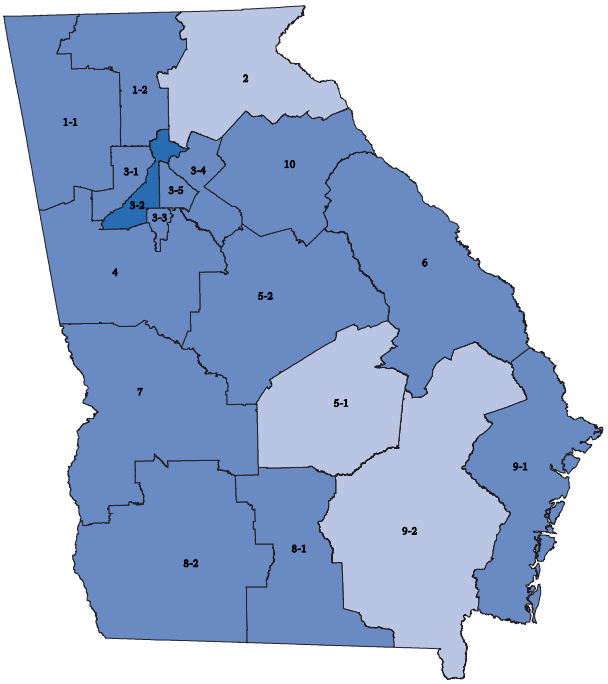
■ Significantly higher than state rate

■ 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 the chance of survival. For breast cancer, the overall five year survival rate is 88%. If the cancer is discovered at a local stage, the survival rate is 98%, but only 80% when discovered at a regional stage and 26% when discovered at a distant stage.

In Georgia from 1999-2002, 68% of the breast cancers were diagnosed at an early stage (in situ and localized) compared to 29% at a late stage (regional and distant) (Figure 20). The percentage diagnosed at an early stage varies among Health Districts, ranging from 59% in South Central (5-1) to 70% in the 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 post-menopausal estrogens
- Breast biopsy with abnormal results
- Previous breast radiation
- Consuming two 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, obesity[1], inactivity, and hormone therapy with estrogen plus progestin after menopause. However, estrogen has a therapeutic use, so consult with your doctor before making this decision. 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, 1999-2002.

- Unknown 3%
- Distant 3%
- Regional 26%
- In Situ 18%
- Localized 50%
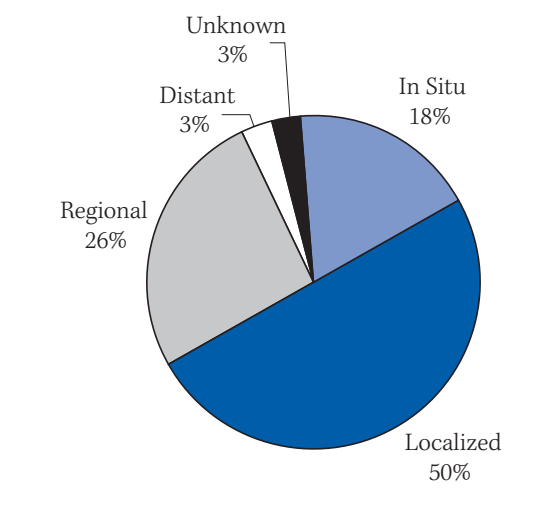
Figure 21. Percent of Early Stage at Diagnosis for Female Breast Cancer by Health District, Georgia, 1999-2002.

Health District	Percent
1-1	66
1-2	65
2-0	69
3-1	67
3-2	69
3-3	61*
3-4	70*
3-5	68
4-0	67
5-1	59*
5-2	66
6-0	65
7-0	69
8-1	69
8-2	68
9-1	67
9-2	62*
10-0	64
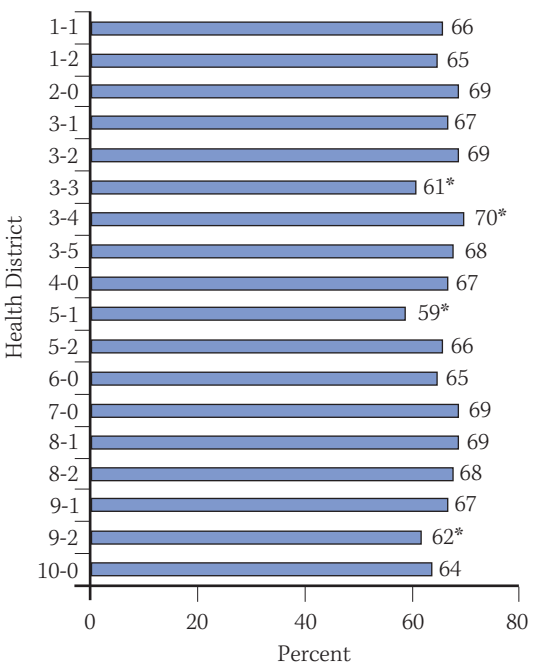
*Significantly higher or lower than the statewide percentage.

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 2003 Behavioral Risk Factor Surveillance System, 51% of women 40 years and older reported having had a mammogram and clinical breast examination within the past year. Women 50-64 years (53%) were more likely than women 40-49 years (49%) or 65 years and older (51%) to have had a mammogram and clinical breast examination (*Figure 22*).

Among the 18 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 Southeast (9-2) to 60% in the Fulton (3-2) Health District (*Figure 23*).

Figure 22. Mammogram and Clinical Breast Examination within the Past Year by Age, Women 40 and Older, Georgia, 2003.

Age Group	Percent
40-49	49
50-64	53
65+	51
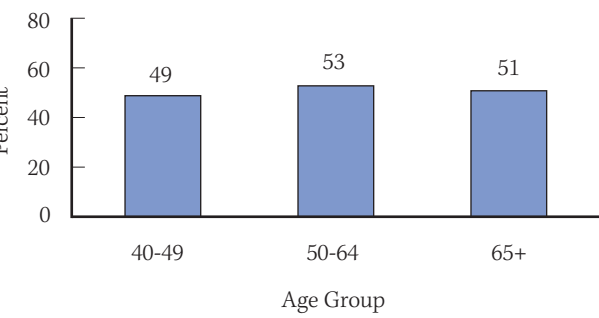
Figure 23. Mammogram and Clinical Breast Examination within the Past Year, by Health District, Women 40 and Older, Georgia, 2000-2003.

Health District	Percent
1-1	48
1-2	56
2-0	54
3-1	56
3-2	60
3-3	48
3-4	53
3-5	59
4-0	51
5-1	51
5-2	54
6-0	52
7-0	52
8-1	52
8-2	48
9-1	58
9-2	45
10-0	55

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 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 earlier, having additional tests, or more frequent exams.

New cases

Yearly, an average of 410 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) and Southeast (9-2) Health Districts have significantly higher incidence rates than the state rate; the DeKalb (3-5) Health District has a significantly lower rate (*Figure 24* and Table A).

Deaths

Yearly, an average of 120 Georgia females die of cervical cancer. In Georgia, mortality rates from cervical cancer have declined nearly 49% during the past 24 years.

The Southwest (8-2) and Southeast (9-2) Health Districts have significantly higher mortality rates than the state average; DeKalb (3-5) and East Central (6-0) Health Districts have significantly lower rates. Clayton (3-3) and North Georgia (1-2) Health Districts had fewer than 20 deaths and rates were not calculated (*Figure 25* and Table A).

Figure 24. Age-Adjusted Cervical Cancer Incidence Rates by Health District, Georgia, 1999-2002.
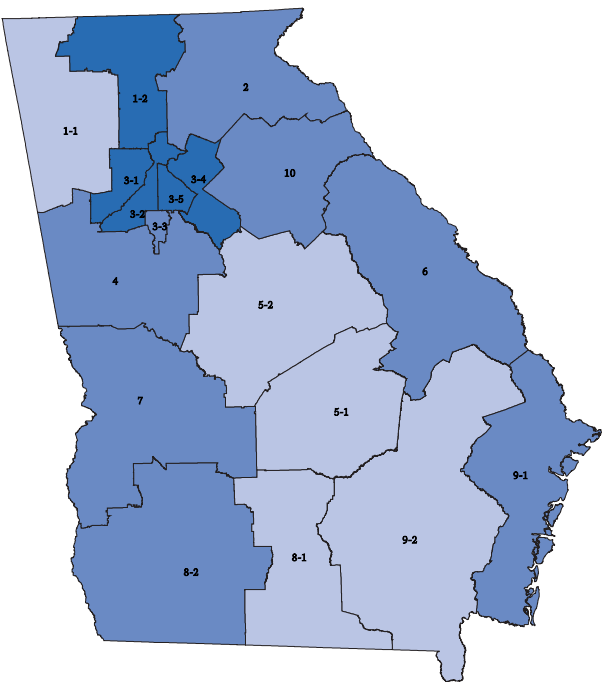
Figure 25. Age-Adjusted Cervical Cancer Mortality Rates by Health District, Georgia, 1998-2002.
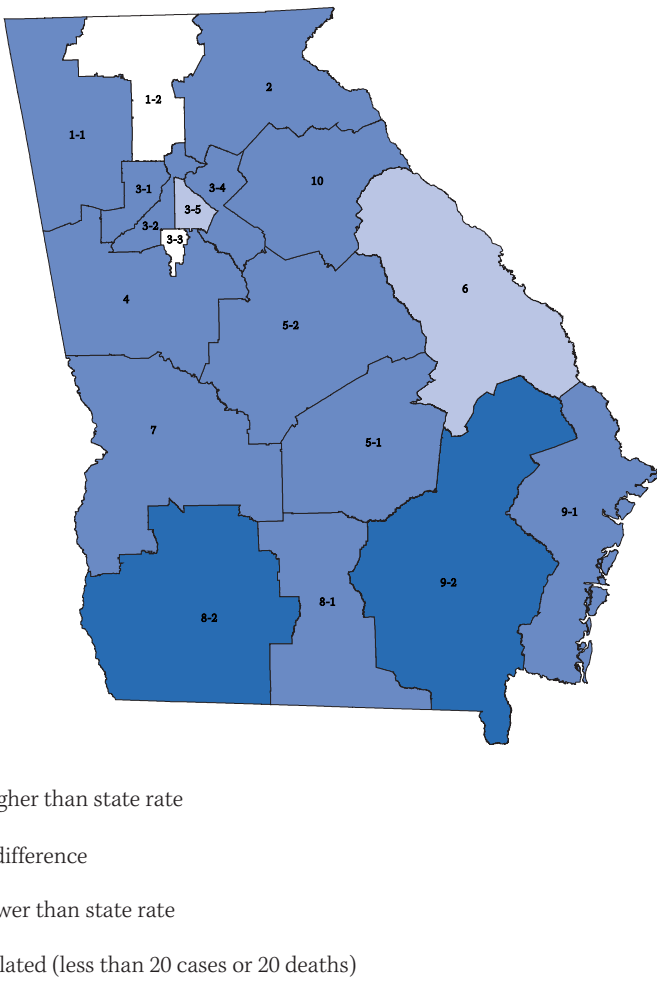
- Significantly higher than state rate
- No significant difference
- Significantly lower than state rate
- Rates not calculated (less than 20 cases or 20 deaths)

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 73%. 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 1999-2002, 53% 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 regular Pap tests or every 2 years using liquid-based tests. At or after age 30, women who have had 3 normal test results in a row may get screened every 2 to 3 years. Alternatively, cervical cancer screening with HPV DNA testing and conventional or liquid-based cytology could be performed every 3 years. 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, 1999-2002.
Note: Cervical cancer in situ is not reported.

Distant 7%
Unknown 7%
Regional 33%
Localized 53%
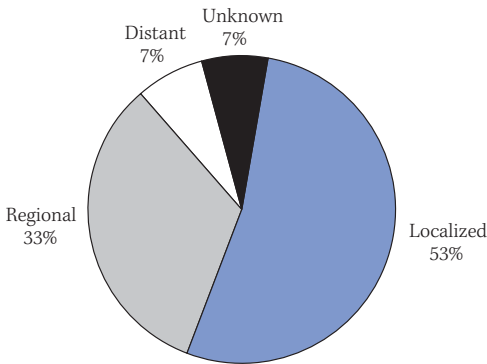
Table A. Average Annual Invasive Cervical Cancer Incidence and Mortality Rate by Health District, Georgia.

Health District	Incidence (1999-2002)		Mortality (1998-2002)	
	Cases	Rate	Deaths	Rate
Georgia	1641	9.8	600	3.0
1-1 Rome	98	9.3	49	3.7
1-2 Dalton	70	10.3	15	—
2-0 Gainesville	96	9.9	28	2.4
3-1 Cobb	118	8.3	36	2.4
3-2 Fulton	166	10.4	52	2.8
3-3 Clayton	40	9.2	11	—
3-4 Gwinnett	125	9.0	34	2.4
3-5 DeKalb	107	8.0	32	2.1
4-0 LaGrange	139	10.8	58	3.7
5-1 Dublin	27	9.2	20	5.4
5-2 Macon	87	8.9	30	2.4
6-0 Augusta	92	10.3	20	1.8
7-0 Columbus	76	10.4	30	3.2
8-1 Valdosta	61	13.9	25	4.4
8-2 Albany	86	11.4	48	5.0
9-1 Savannah	100	10.4	37	3.1
9-2 Waycross	89	14.7	43	5.4
10-0 Athens	64	8.9	32	3.6

Cervical cancer screening in Georgia

According to the 2003 Behavioral Risk Factor Surveillance System, 90% 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, 2003.
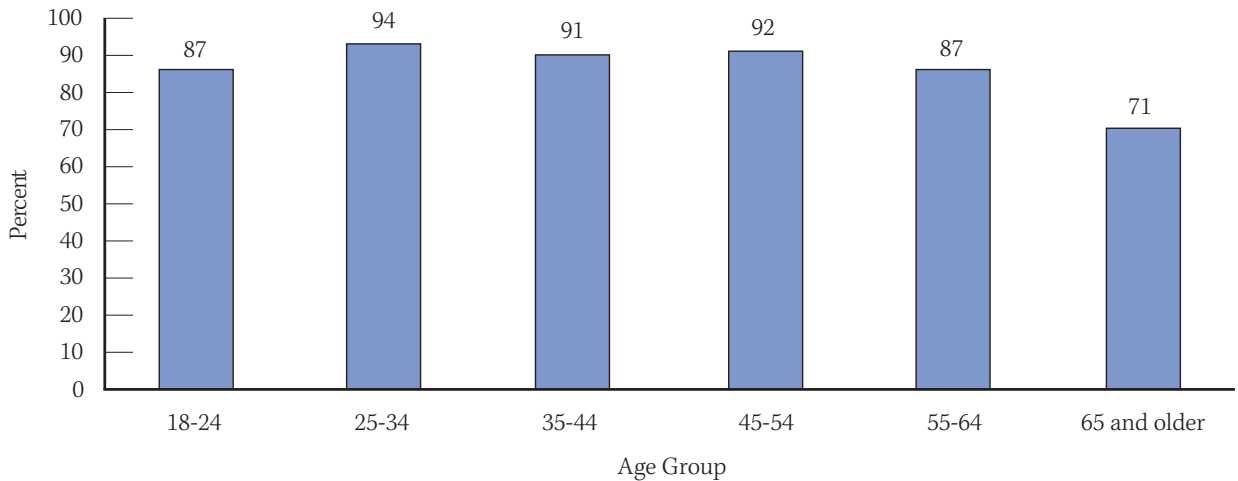
Among the 18 public health districts in Georgia, the percentage of women 18 years and older who had a Pap test within three years ranged from 84% in the North (1-1) to 94% in the North Central (5-2) Health District (*Figure 28*).

Figure 28. Percentage of Women 18 Years and Older Reporting a Pap Test within the Past Three Years, by Health District, Georgia, 2000-2003.
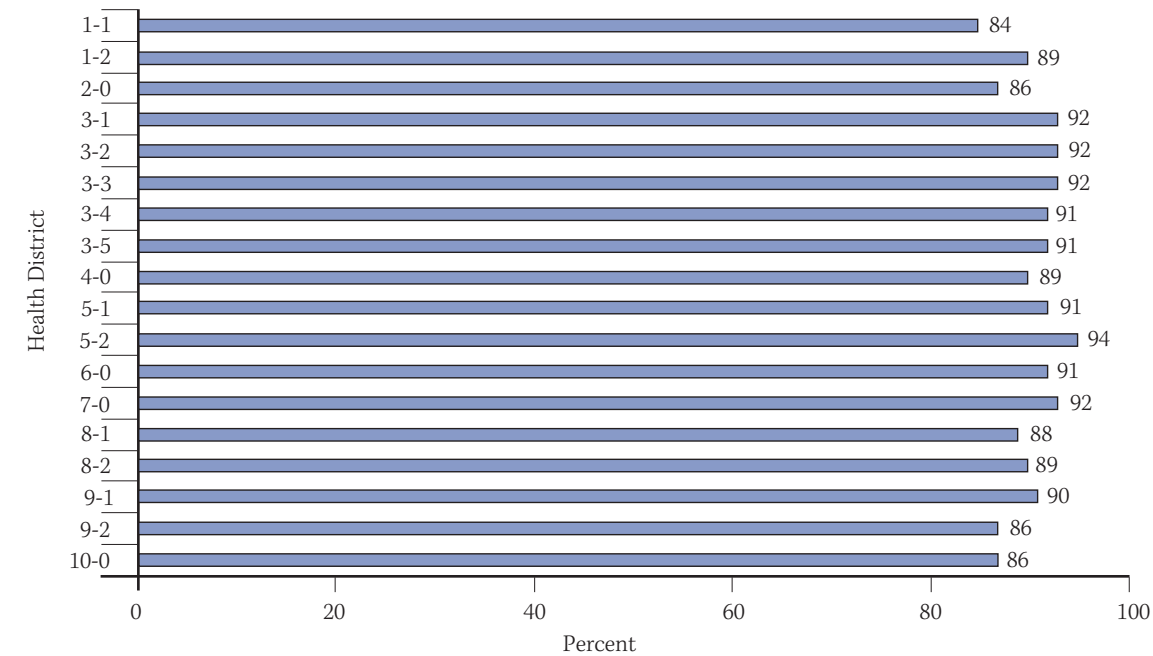
New cases

Colorectal cancer is the third most common cancer diagnosed among Georgia males and females. Yearly, an average of 3,510 new cases of colorectal cancer are diagnosed in Georgia: 1,779 in males and 1,731 in females.

The North Central (5-2) and Southwest (8-2) Health Districts have significantly higher incidence rates than the state for both males and females, while the North (1-1), Clayton (3-3), and East Metro (3-4) Health Districts have significantly lower rates (*Figure 29*).

Figure 29. Age-Adjusted Colorectal Cancer Incidence Rates by Health District, Georgia, 1999-2002.
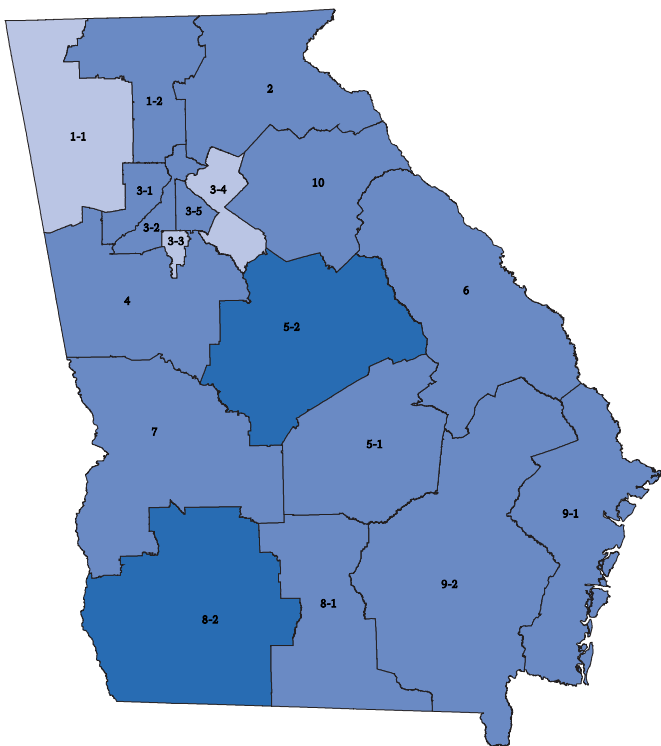
Deaths

Yearly, an average of 1,256 Georgians die of colorectal cancer: 613 males and 642 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 0.8% among males and 0.2% among females.

The Cobb/Douglas (3-1) and East Metro (3-4) Health Districts have significantly lower mortality rates than the state (*Figure 30*).

Figure 30. Age-Adjusted Colorectal Cancer Mortality Rates by Health District, Georgia, 1998-2002.

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 63%. If the cancer is discovered at a local stage, the survival rate is 90%, but only 67% when discovered at a regional stage and 10% 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 1999-2002, 55% of colorectal cancers were diagnosed at a late stage (regional and distant) while only 38% were diagnosed early (in situ and local) (Figure 31). The percentage diagnosed at an early stage varies among Health Districts, ranging from 32% in North (2-0) Health District to 45% in South (8-1) 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, 1999-2002.

Figure 32. Early Stage at Diagnosis for Colorectal Cancer by Health District, Georgia 1999-2002.

*Significantly higher or lower than the statewide percentage.

American Cancer Society Guidelines for Early Detection of Colorectal Cancer

Beginning at age 50, men and women should begin screening with 1 of the examination schedules below:
· A Fecal Occult Blood Test (FOBT) or Fecal Immunochemical test (FIT) every year.
· A flexible sigmoidoscopy (FSIG) every 5 years.
· Annul FOBT or FIT and flexible sigmoidoscopy every 5 years*.
· A double contrast barium enema every 5 years.
· A colonoscopy every 10 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 2002 Behavioral Risk Factor Surveillance System, 21% of adults ages 50 years and older reported having a blood stool test using a home kit within the past 12 months, and 41% 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, 2002.
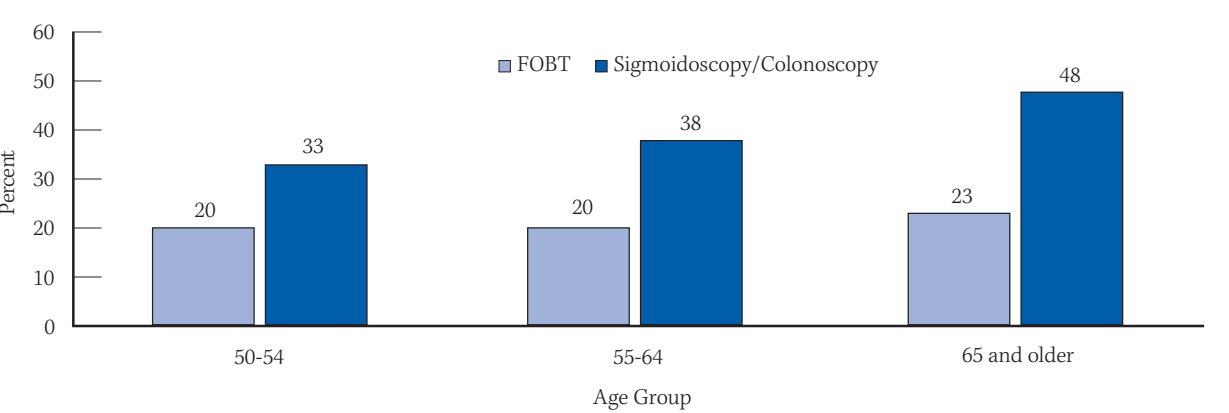
Among the 18 public health districts, the percentage of adults 50 and older who had a blood stool test using a home kit ranged from 10% in the Clayton (3-3) and East Central (6-0) to 35% in the Cobb/Douglas (3-1) Health Districts. The percentage of adults 50 and older who had a sigmoidoscopy or colonoscopy within the past 5 years ranged from 33% in the Southwest (8-2) to 49% 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, 2001-2002.
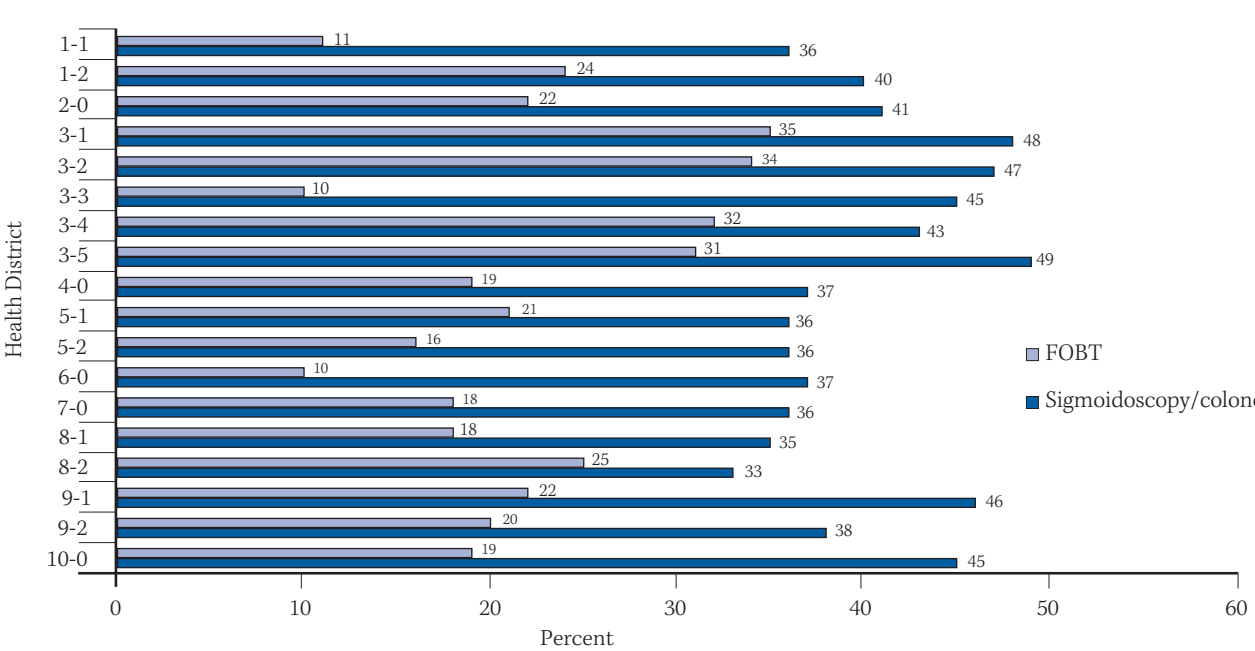
Lung & Bronchus Cancer

New cases
Lung cancer is the most common cancer diagnosed in Georgia and accounts for 16% of all cancer diagnoses. Yearly, an average of 5,215 new cases of lung cancer are diagnosed in Georgia: 3,176 in males and 2,039 in females.

Northwest (1-1), North Georgia (1-2), East Central (6-0), South (8-1) and Southwest (8-2) Health Districts have significantly higher incidence rates than the state rate while Fulton (3-2), DeKalb (3-5) and Northeast (10) Health Districts have significantly lower rates (*Figure 35*).

Deaths
Yearly, an average of 4,069 Georgians die of lung cancer: 2,548 males and 1,521 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.

Northwest (1-1), North Georgia (1-2), Clayton (3-3), North Central (5-2), East Central (6), South (8-1), Southwest (8-2), and Southeast (9-2) Health Districts have significantly higher mortality rates than the state average, while Cobb/Douglas (3-1), Fulton (3-2), East Metro (3-4), DeKalb (3-5), and Northeast (10) Health Districts have significantly lower rates (*Figure 36*).

Figure 35. Age-Adjusted Lung and Bronchus Cancer Incidence Rates by Health Districts, Georgia, 1999-2002.

Figure 36. Age-Adjusted Lung and Bronchus Cancer Mortality Rates by Health Districts, Georgia, 1998-2002.
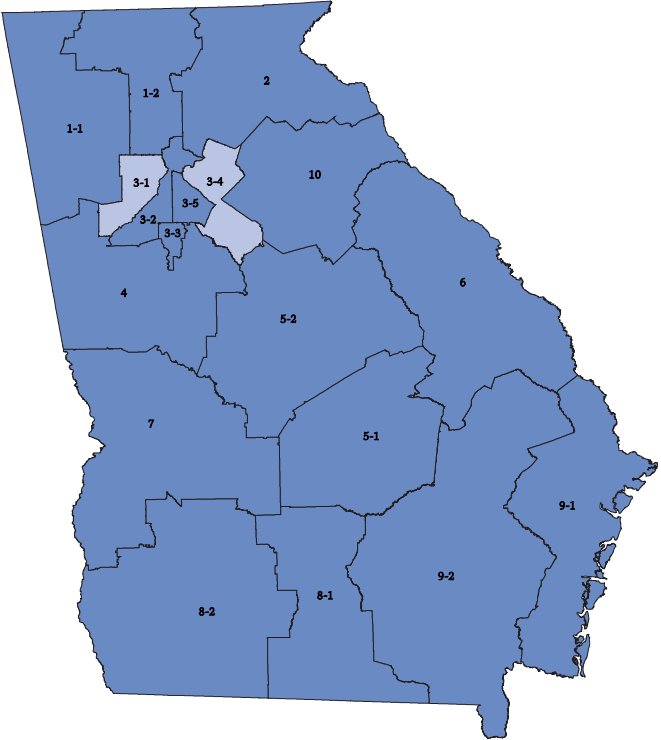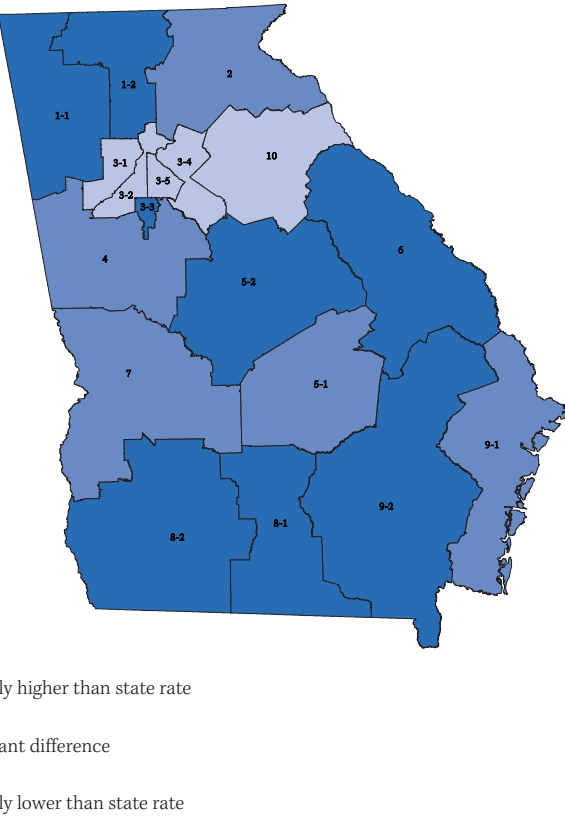

- Significantly higher than state rate
- No significant difference
- Significantly lower than state rate

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 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 1999-2002, 70% 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 58% in South Central (5-1) Health District to 77% 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, 1999-2002.
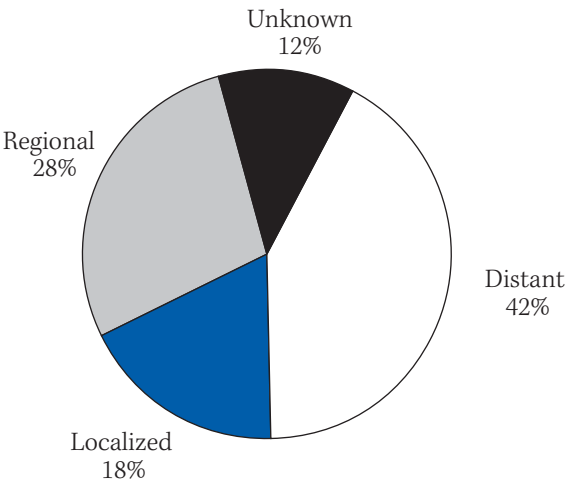
Figure 38. Late Stage at Diagnosis for Lung and Bronchus Cancer by Health District, Georgia, 1999-2002.

*Significantly higher or lower than the statewide percentage.
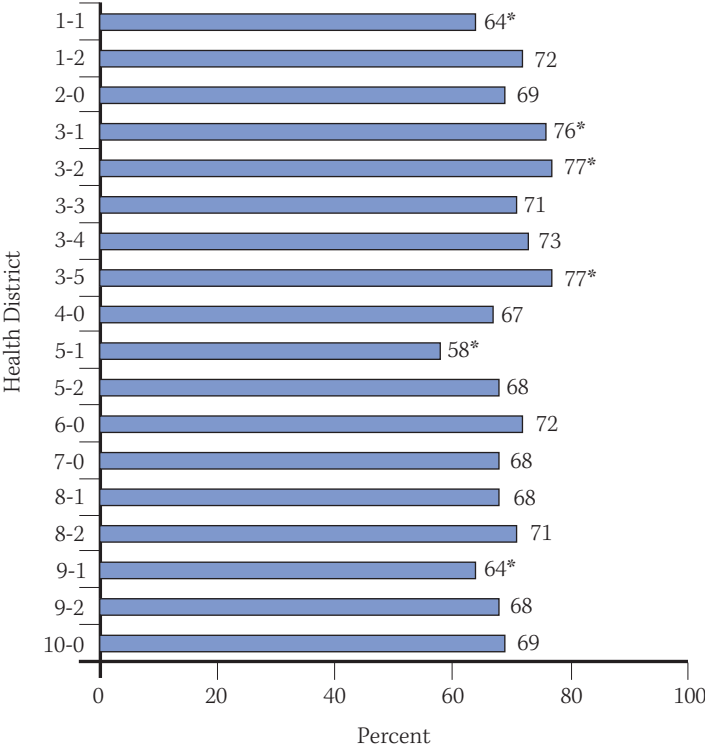
New cases

Prostate cancer is the most commonly diagnosed cancer among Georgia males, accounting for 29% of all male cancer cases. Yearly, an average of 4,967 new cases of invasive prostate cancer are diagnosed among Georgia males.

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

Deaths

Prostate cancer is the second leading cause of cancer death among males. Yearly, an average of 775 Georgia males die of prostate cancer. Since 1992, prostate cancer mortality rates in Georgia decreased at an average annual rate of 3.8%. Mortality rates among black males are more than twice as high as rates among white males.

The Fulton (3-2), North Central (5-2), East Central (6), West Central (7), Southwest (8-2), and Coastal (9-1) Health Districts have significantly higher mortality rates than the state rate, while the North (2), Cobb/Douglas (3-1), and Clayton (3-3) Health Districts, have significantly lower rates (*Figure 40*).

Figure 39. Age-Adjusted Prostate Cancer Incidence Rates by Health District, Georgia, 1999-2002.

Figure 40. Age-Adjusted Prostate Cancer Mortality Rates by Health District, Georgia, 1998-2002.
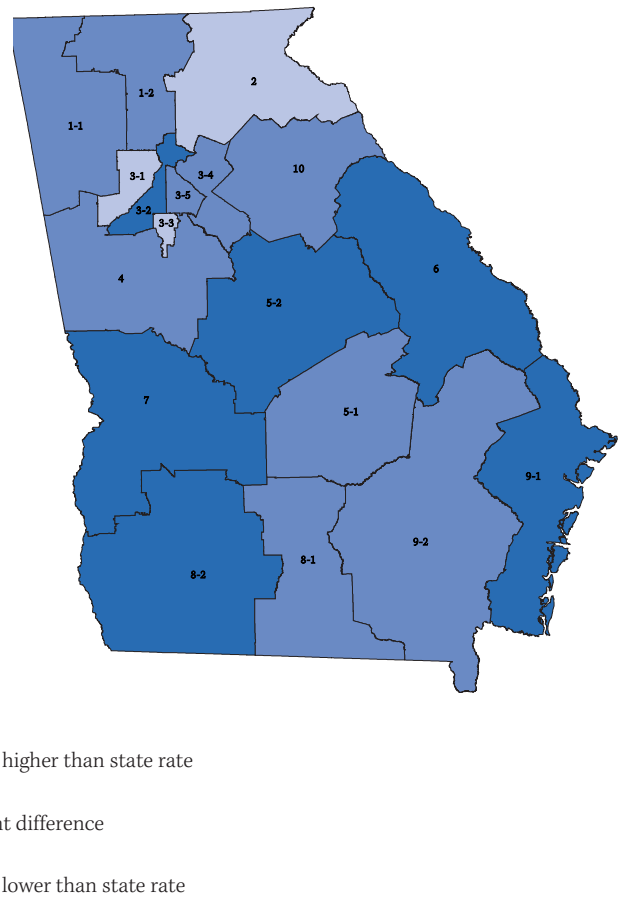
■ Significantly higher than state rate

■ 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 prostate cancer, the five year survival rate is 99%. 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 1999-2002, 78% of prostate cancers were diagnosed at an early stage. The percentage diagnosed at an early stage varies among Health Districts, ranging from 43% in South Central (5-1) Health District to 87% in Clayton (3-3), East Metro (3-4), and Cobb/Douglas (3-1) Health Districts (*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 agreed upon recommendations regarding routine screening for prostate cancer. Men should discuss prostate cancer screening options with their health care professional.
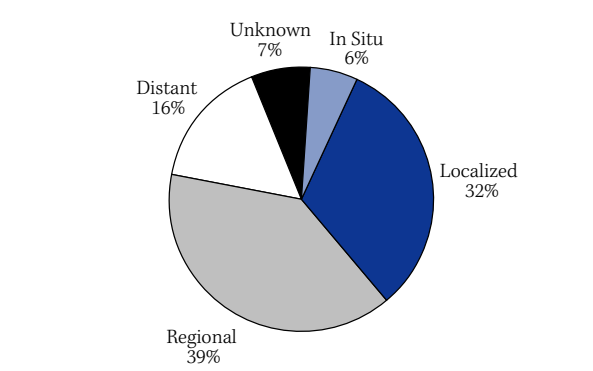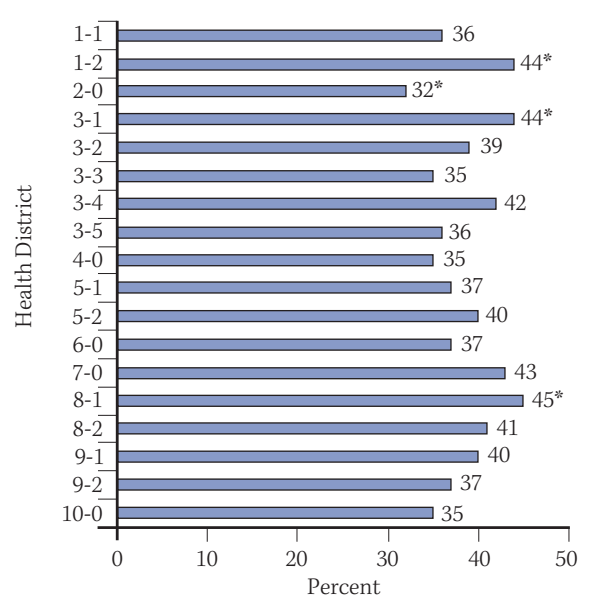
Figure 41. Early Stage at Diagnosis for Prostate Cancer by Health District, Georgia 1999-2002.
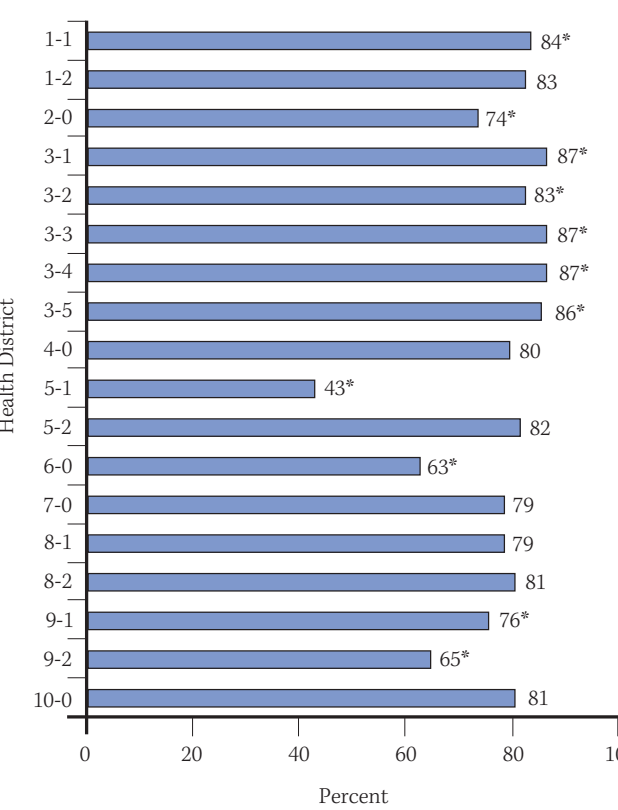
*Significantly higher or lower than the statewide percentage.

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.

New cases

Yearly, an average of 1,223 new cases of malignant melanoma, the most serious form of skin cancer, are diagnosed in Georgia: 692 in males and 531 in females.

North Georgia (1-2), North (2-0), Cobb/Douglas (3-1), and East Metro (3-4) Health Districts have significantly higher incidence rates than the state rate while Clayton (3-3), South Central (5-1), North Central (5-2), East Central (6), West Central (7-0), Coastal (9-1), Southeast (9-2), and Northeast (10) Health Districts have significantly lower rates (*Figure 42*).

Deaths

Yearly, an average of 190 Georgians die of melanoma: 116 males and 73 females. Since 1993, melanoma mortality rates decreased at an average annual rate of about 2.7% among males and about 0.4% among females.

Most health districts in Georgia have mortality rates similar to the state average. North (2-0) Health District has a significantly higher mortality rate than the state rate while Fulton (3-2) and East Central (6-0) Health Districts have significantly lower rates. Clayton (3-3) and South Central (5-1) Health Districts had fewer than 20 deaths and the melanoma mortality rate was not calculated (*Figure 43*).

Figure 42. Age-Adjusted Malignant Melanoma Incidence Rates by Health District, Georgia, 1999-2002.

Figure 43. Age-Adjusted Malignant Melanoma Mortality Rates by Health District, Georgia, 1998-2002.
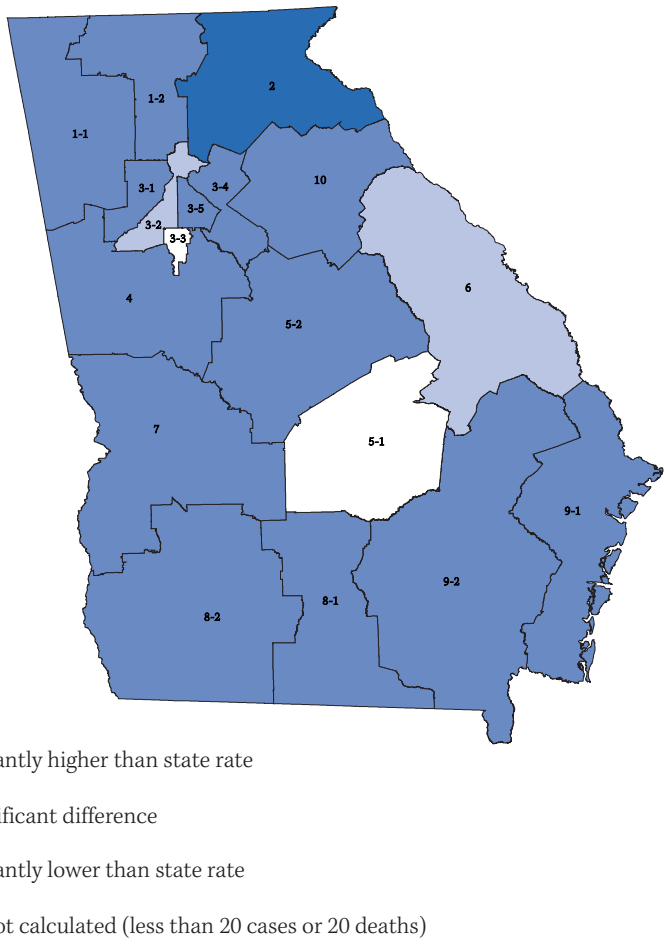
- ■ Significantly higher than state rate
- ■ No significant difference
- ■ Significantly lower than state rate
- □ Rates not calculated (less than 20 cases or 20 deaths)

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 malignant melanoma, the five year survival rate is 91%. If the cancer is discovered at a local stage, the survival rate is 98%, but only 60% when discovered at a regional stage and 16% when discovered at a distant stage.

During 1999-2002, 87% 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 74% in Southeast (9-2) Health District to 92% in Fulton (3-2) and DeKalb (3-5) Health Districts (*Figure 45*).

Risk factors

- Excessive exposure to ultraviolet radiation from sunlight or tanning lamps
- Fair complexion
- Family history
- Multiple or atypical nevi (moles)
- Occupational exposure to coal tar, pitch, creosote, arsenic compounds, or radium

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 and a long sleeved shirt and long pants. Wear sunglasses to protect the skin around the eyes. Use sunscreen with a sun protection factor (SPF) of 15 or higher. Severe sunburns in childhood may increase risk of melanoma in later life. Children should be protected from the sun.

Figure 44. Stage at Diagnosis for Melanoma, Georgia, 1999-2002.

- Distant 2%
- Regional 6%
- Unknown 5%
- In Situ 28%
- Localized 59%
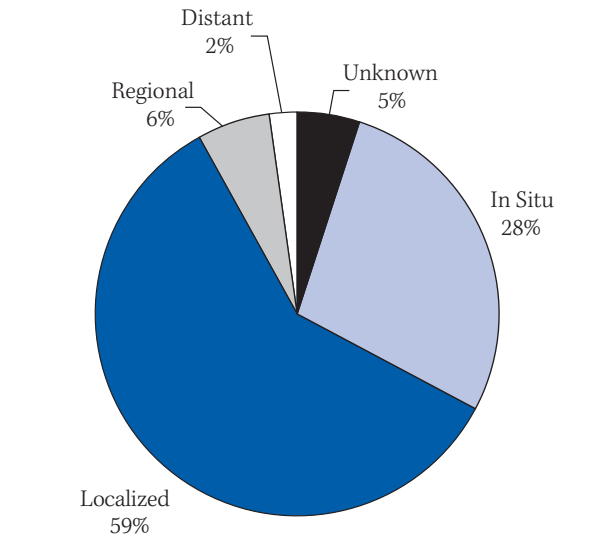
Figure 45. Early Stage at Diagnosis for Melanoma by Health District, Georgia, 1999-2002.

Health District	Percent
1-1	79*
1-2	82
2-0	87
3-1	91*
3-2	92*
3-3	88
3-4	91*
3-5	92*
4-0	85
5-1	85
5-2	84
6-0	81
7-0	75*
8-1	88
8-2	89
9-1	82
9-2	74*
10-0	81
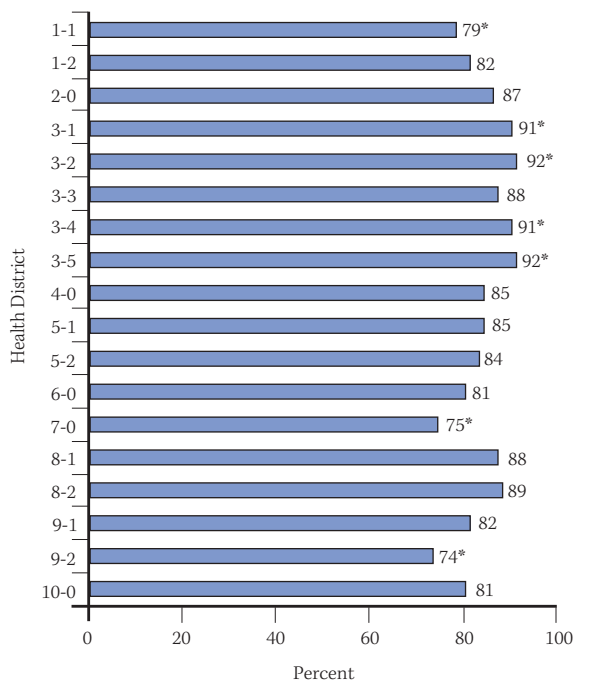
*Significantly higher or lower than the statewide percentage.

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 2003 Behavioral Risk Factor Surveillance Survey, 29% of adults in Georgia reported they had a sunburn in the past 12 months. Men (33%) were more likely than women (25%) 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, 2003.
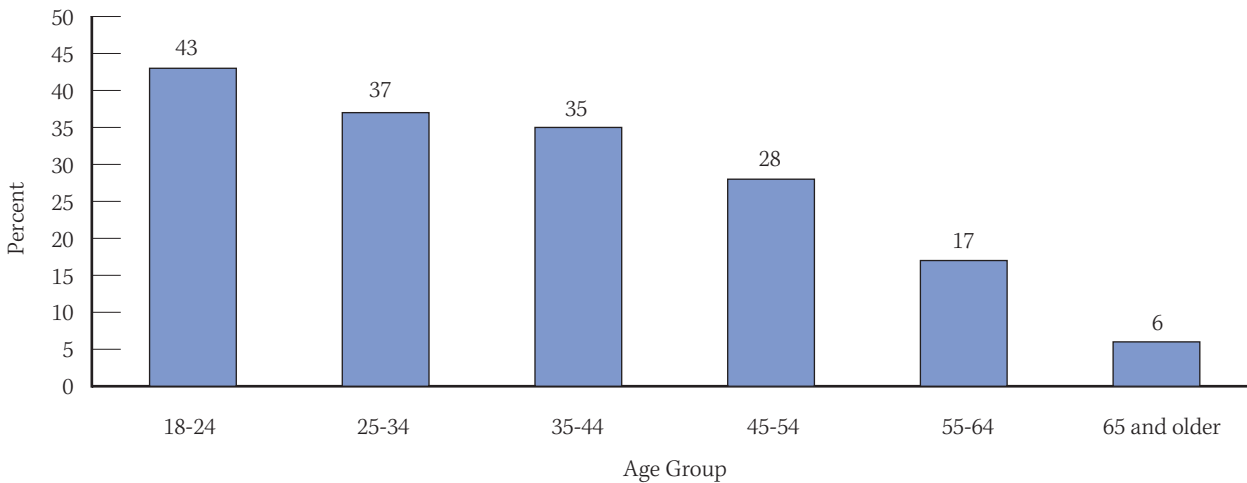
Tobacco use

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 cigarette 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 2003 Behavioral Risk Factor Surveillance System, an estimated 23% of Georgia adults smoke. 27% of males and 20% of females are current smokers. One in four white adults (25%) and nearly one in five black adults (19%) smoke cigarettes. Smoking rates vary by age, with adults aged 45-54 years the most likely to smoke cigarettes (28%) and adults 65 and older the least likely (10%) (*Figure 48*).
- Among the 18 public health districts in Georgia, the prevalence of cigarette smoking ranged from 18% in the Fulton Health District (3-2) to 31% in the Northwest (1-1) Health District (*Figure 49*).

Figure 47. Current Cigarette Use by Year, Adults 18+ Years of Age, Georgia, 1984-2003.
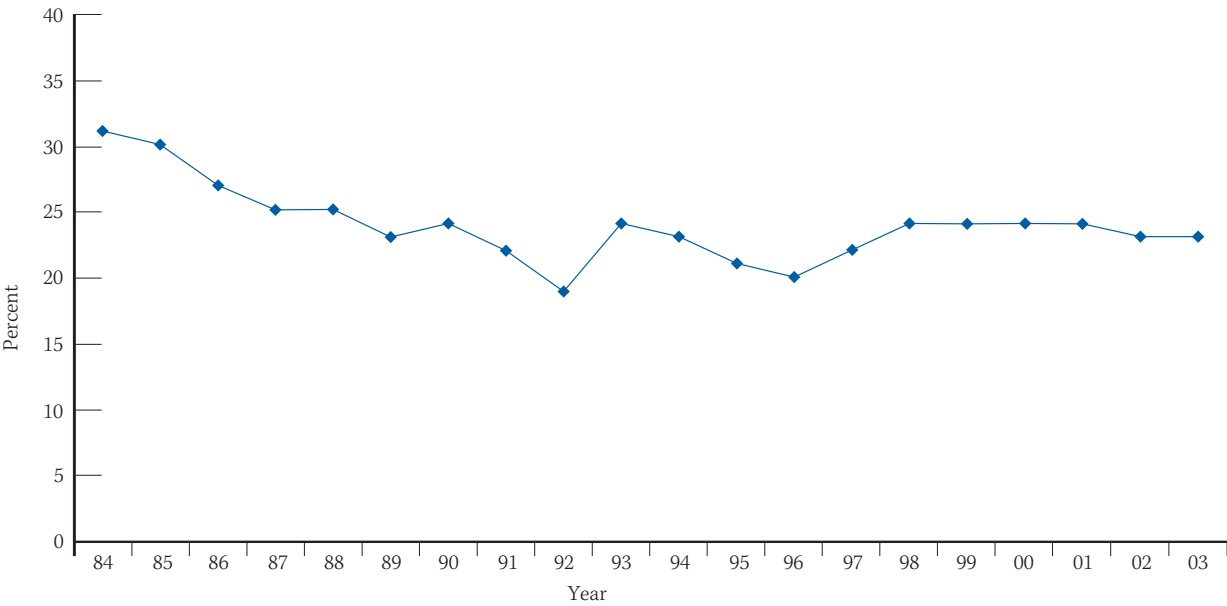
Many smokers want to stop. According to the 2003 Behavioral Risk Factor Surveillance System, 53% of Georgia males and 58% of Georgia females who were current smokers reported that they had tried to quit smoking for at least one day during the past year.

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]

Figure 48. Current Cigarette Use by Age, Georgia Adults, 2003.

Figure 49. Current Cigarette Use by Health District, Georgia Adults, 2000-2003.
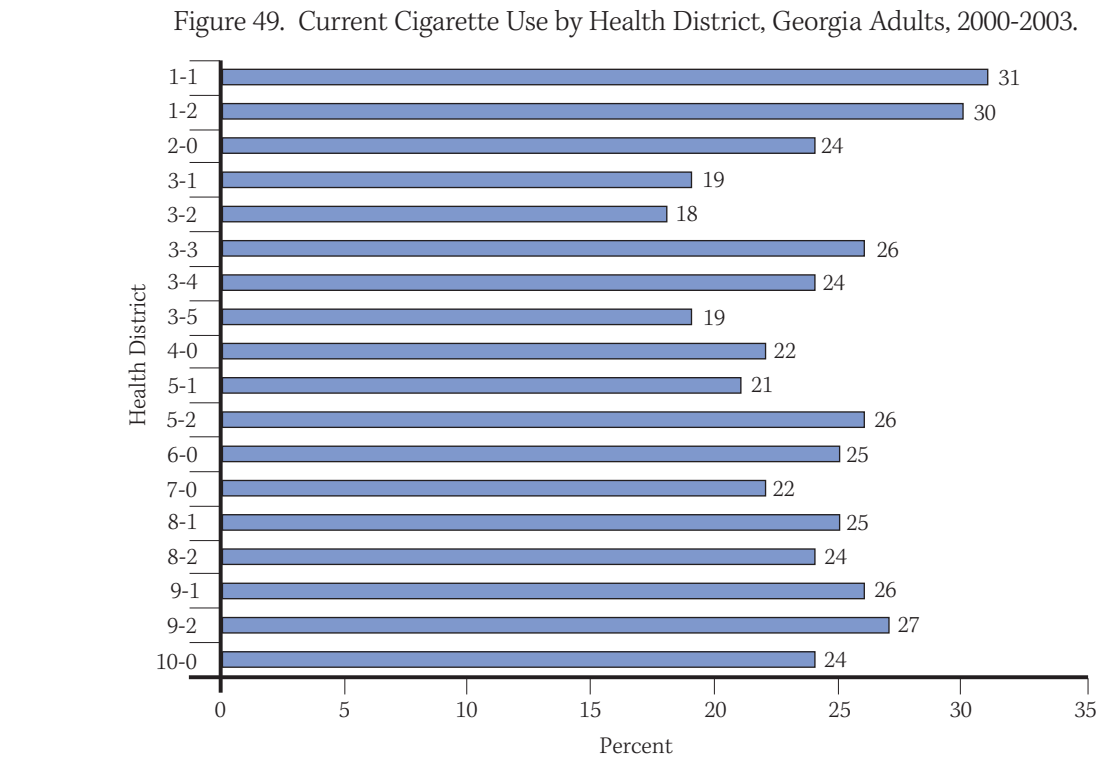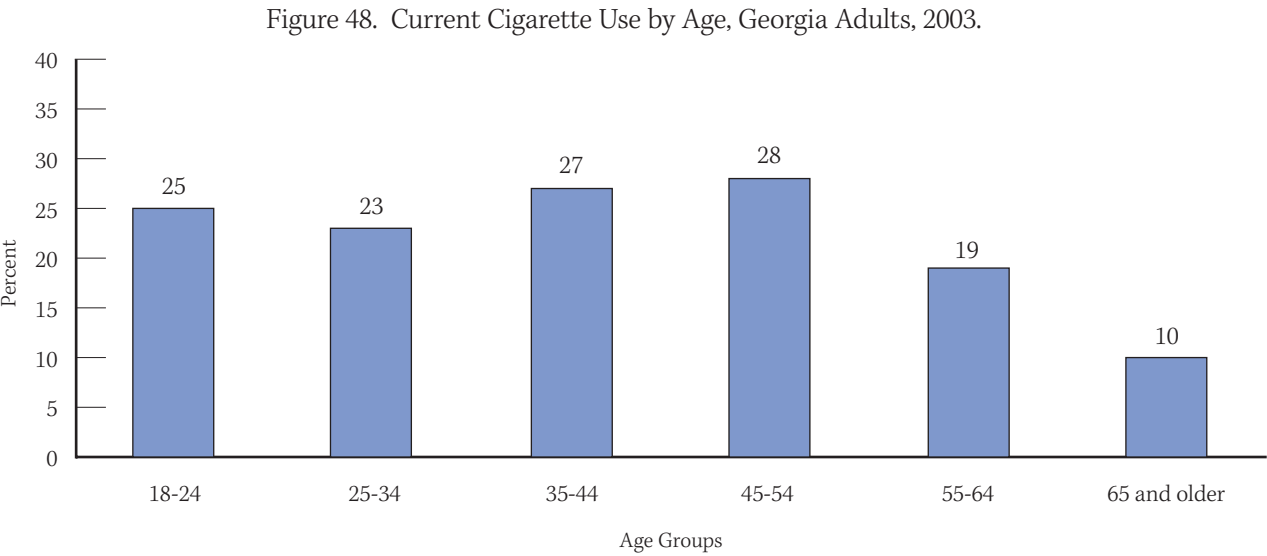
Tobacco use among Georgia youth
In 2003, a Georgia Student Health Survey (GSHS) was conducted to monitor priority health risk behaviors that put youth at risk for the leading causes of morbidity, mortality, and social problems. According to the 2003 Georgia Student Health Survey, 12% of middle school students and 26% of high school students reported using some form of tobacco; 9% of middle school and 21% of high school students were current cigarette smokers

Among males, 11% of middle school students and 23% of high school students reported current cigarette smoking. Among females, 8% of middle school students and 19% of high school students reported current cigarette smoking *(Figure 50)*. White high school students (29%) were three times as likely as black high school students (9%) to smoke cigarettes *(Figure 51)*. The prevalence of cigarette smoking increased at higher grades *(Figure 52)*.

The percentage of Georgia high school students who were current cigarette smokers in 2003 (21%) is lower than the percentage in 1993, but the difference is not statistically significant. This is similar to the prevalence of and trend in smoking among adults.

Comparing the 1993 Youth Risk Behaviors Survey (YRBS) to the 2003 GSHS showed that there was no significant change in percentage of students who smoked cigarettes, overall, by sex, by race, or by grade. There was a significant decrease in the percentage of students who smoked a whole cigarette for the first time before age 13.

Figure 50. Current Cigarette Use by Sex, Georgia Students, 2003.
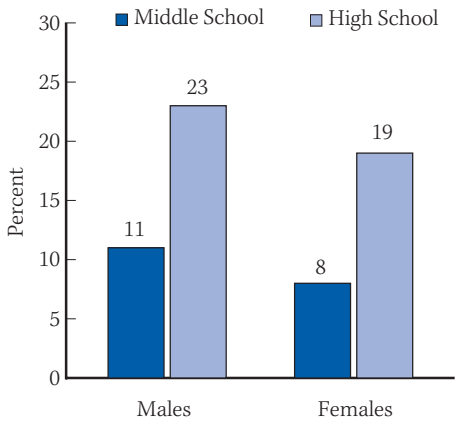
Figure 51. Current Cigarette Use by Race, Georgia Students, 2003.
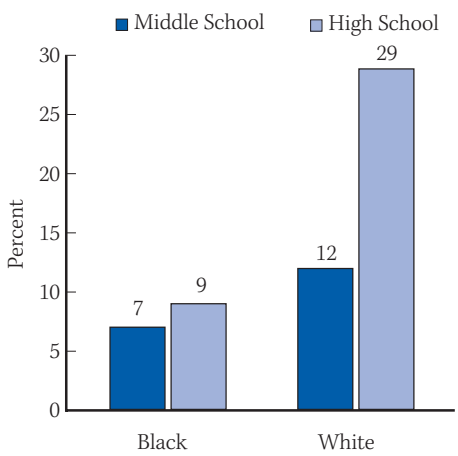
Figure 52. Current Cigarette Use by Grade, Georgia Students, 2003.
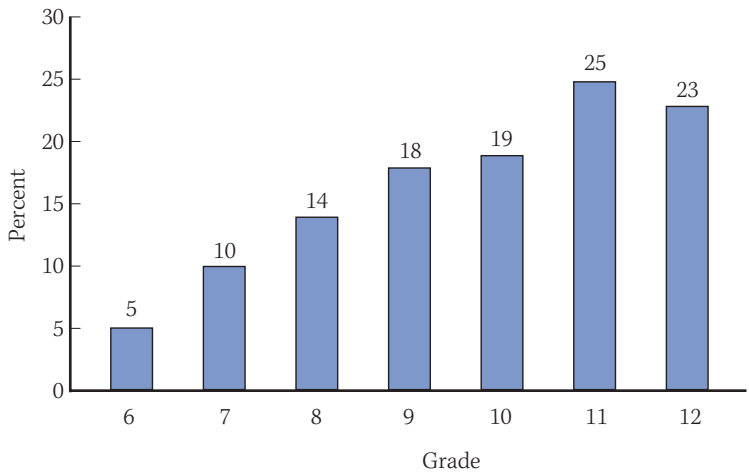
Nutrition, physical activity, and obesity

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 box at right*) 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 (2003), only 23% of Georgia adults were eating the recommended 5 or more servings of fruits and vegetables per day: 37% reported eating 3-4 servings per day, 35% ate 1-2 servings per day, and 5% reported eating less than 1 serving per day (*Figure 53*).

Figure 53. Fruit and Vegetable Servings per Day, Georgia Adults, 2003.
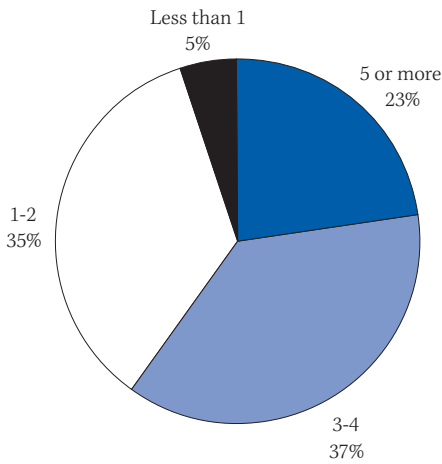
American Cancer Society Guidelines

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 box at lower right*) 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 2003 Behavioral Risk Factor Surveillance System, 25% of Georgia adults reported no leisure time physical activity. Women (27%) were more likely than men (22%) to report no leisure time physical activity. Blacks (28%) were more likely than whites (23%) to report no leisure time physical activity.

• Considering all types of physical activity, including walking for transportation and housework, only 43% 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 54*).

Figure 54. Reported Levels of Physical Activity, Georgia Adults, 2003.
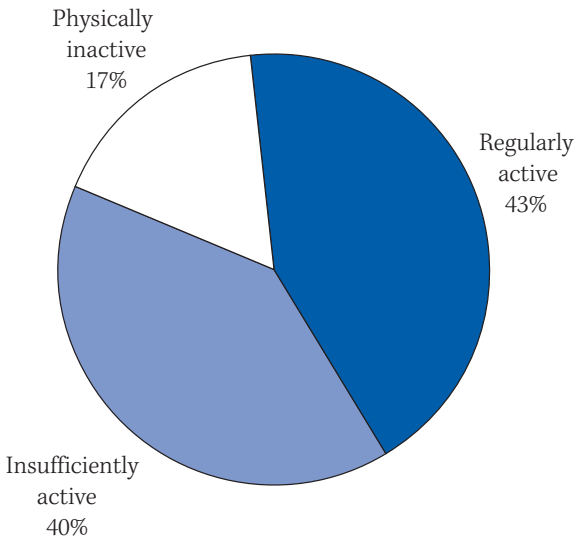
American Cancer Society Guidelines

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, endometrial 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 18.5-24.9 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 2003 Georgia Behavioral Risk Factor Surveillance System, 24% of men and 26% of women are obese based on self-reported height and weight. Among adults, 32% of blacks and 22% of whites are obese. For adults, obesity increases with age, with the highest prevalence reported in the population aged 45-64 years (30%). However, even among young adults aged 18-24 years, 14% are obese (*Figure 55*).

• From 1991 through 2003, the prevalence of obese adults in Georgia more than doubled from 10% to 25% (*Figure 56*).

• The prevalence of obese adults ranges from 19% in the East Metro Health District (3-4) to 30% in the Southeast Health District (9-2) (*Figure 57*).

Figure 55. Percentage of Obese Adults by Age Group, Georgia, 2003.
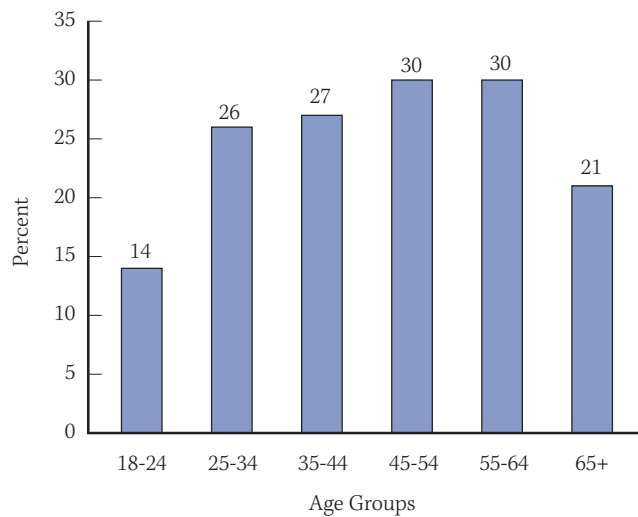
Figure 56. Percentage of Obese Adults by Year, Georgia, 1991-2003.
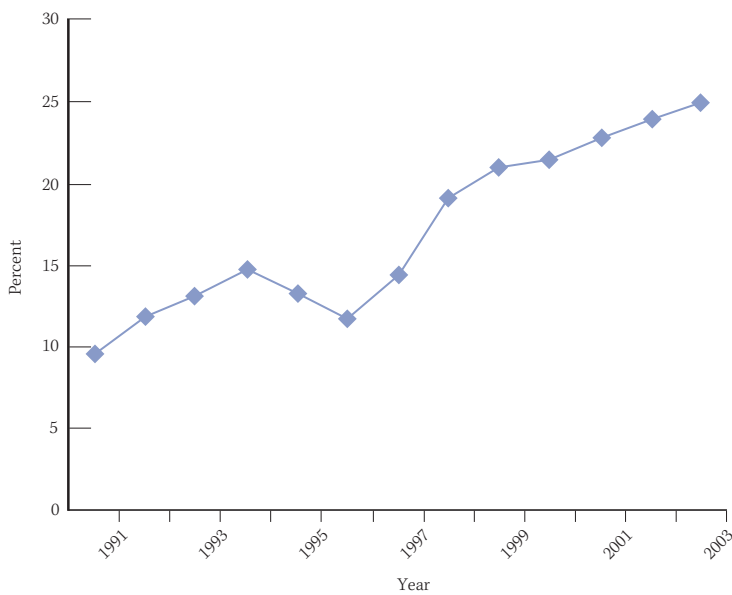
Figure 57. Obese Adults by Health District, Georgia 2000-2003.
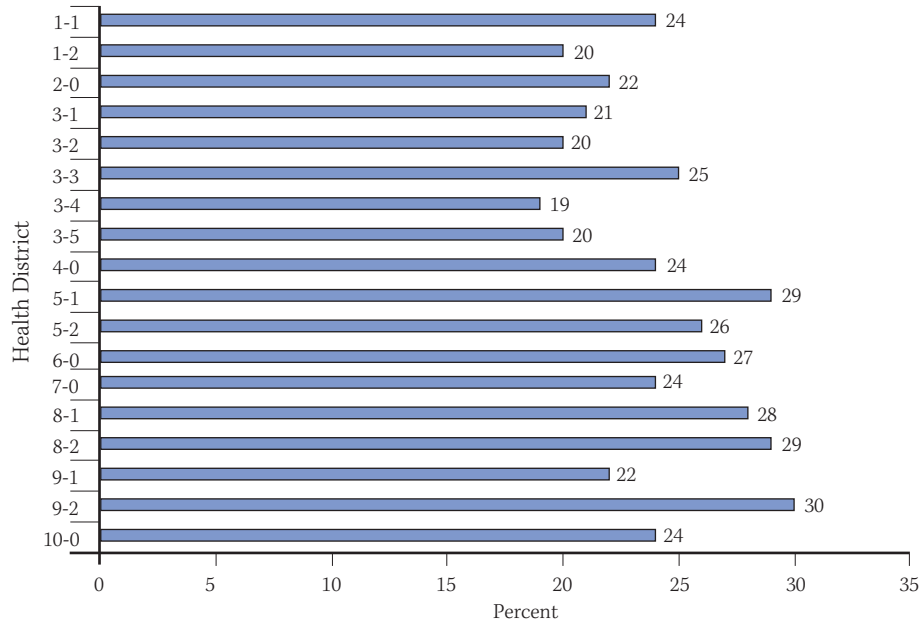
Obesity among youth in Georgia

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 2003 Georgia Student Health Survey, 36% of middle school males, 30% of middle school females, 30% of high school males, and 22% 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 58*).

Figure 58. At Risk for Overweight and Overweight Students, by Race and School, Georgia 2003.
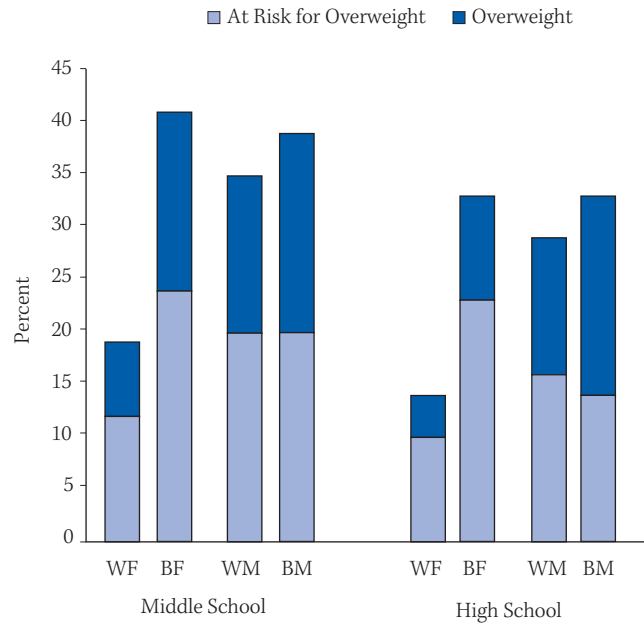
Definitions:

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 plausible values for the true value in the population. For example, a 95% confidence interval for a prevalence estimate shows a range within which the true prevalence probably lies, and in repeated samples of the same size obtained by the same survey method, 95 out of 100 confidence intervals can be expected to include the true population prevalence.

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 were coded using ICD-9 codes (1998) and ICD-10 codes (1999-2002). 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, and Figures 1, 3, 11-17, 25, 30, 36, 40, and 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 Table 1, and Figures 1, 3, 11-17, 25, 30, 36, 40, and 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-O3 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 2005 were obtained from the Office of Planning and Budgeting for the state of Georgia. Population estimates for 1980-2003 and the 2000 US standard population 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 2003 Georgia Student Health Survey (GSHS) report. The GSHS used two stage cluster sample design to produce a representative sample of middle school students in grades 6-8 and high school students in grades 9-12. The purpose of this survey is to collect information on behaviors among youth related to the leading causes of mortality, morbidity, and social problems. The survey was administered by the Division of Public Health's Epidemiology Branch.

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 1998 through 2002. 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 1999-2002 as these are the years in which Cancer Registry data are greater than 95% complete.

The estimated number of cases for 2005 was calculated by multiplying the age-specific state incidence rates (1999-2002) by the age-specific state population estimates for 2005. 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 2005 was calculated by multiplying the age-specific state mortality rates (1998-2002) by the age-specific state population estimates for 2005. 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, Coastal (Savannah)	Chatham, Effingham, Bryan, Camden, Glynn, Liberty, Long, McIntosh
District 9-2, Southeast (Waycross)	Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, Wayne
District 10, Northeast (Athens)	Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton

Table 1: Number of Incident Cancer Cases and Age-Adjusted Cancer Incidence Rates,
Total and Selected Sites, by County and Sex, Georgia, 1999-2002

County	ALL SITES Total Cases	Rate*	Male Cases	Rate*	Female Cases	Rate*	BREAST Female Cases	Rate*	COLON & RECTUM Total Cases	Rate*	Male Cases	Rate*	Female Cases	Rate*	LUNG & BRONCHUS Total Cases	Rate*	Male Cases	Rate*	Female Cases	Rate*	PROSTATE Male Cases	Rate*
Georgia	130297	461.4	67964	569.8	62332	390.7	19973	124.3	14039	51.2	7114	61.8	6925	43.9	20859	76.1	12702	109.9	8157	52.5	19867	168.9
Appling	325	470.2	177	590.4	148	390.2	47	123.0	43	63.4	24	88.9	19	~	50	72.1	36	114.4	14	52.5	51	169.8
Atkinson	107	430.8	55	520.3	52	380.1	18	~	16	~	9	~	7	~	21	80.2	***	~	<5	~	11	~
Bacon	173	421.0	92	538.0	81	352.4	22	96.3	33	80.6	15	~	18	~	33	81.2	18	~	15	~	20	116.0
Baker	64	372.6	38	531.9	26	269.9	6	~	<5	~	<5	~	<5	~	11	~	***	~	<5	~	15	~
Baldwin	724	447.2	411	544.0	313	373.5	99	119.4	76	47.1	44	56.9	32	38.3	145	90.6	93	127.5	52	62.0	109	141.7
Banks	207	385.7	109	453.9	98	340.0	29	102.6	22	39.8	11	~	11	~	44	81.0	29	130.2	15	~	19	~
Barrow	749	494.2	413	655.2	336	392.8	114	135.0	81	54.9	45	71.2	36	42.6	119	83.2	88	145.3	31	38.3	104	165.4
Bartow	1376	524.1	754	666.2	622	426.0	192	130.6	130	50.0	79	68.3	51	35.9	273	104.2	169	143.9	104	72.5	214	201.1
Ben Hill	408	562.9	215	716.5	193	446.6	61	145.8	40	55.3	23	81.6	17	~	94	129.1	59	188.6	35	83.2	57	190.2
Berrien	263	401.2	141	517.1	122	329.8	34	89.3	18	~	11	~	7	~	51	77.1	32	116.8	19	~	38	139.7
Bibb	3076	500.7	1630	664.6	1446	401.6	455	130.1	382	61.9	186	76.7	196	52.8	479	77.8	279	115.0	200	54.8	545	225.2
Bleckley	215	439.5	117	581.2	98	351.6	31	115.5	19	~	9	~	10	~	54	108.2	34	168.0	20	69.1	23	114.2
Brantley	156	293.3	79	321.8	77	276.2	23	77.0	17	~	7	~	10	~	39	70.1	21	77.7	18	~	22	89.3
Brooks	320	435.8	172	559.1	148	354.7	32	79.4	32	42.0	15	~	17	~	65	89.5	43	135.9	22	51.0	56	182.5
Bryan	316	450.4	141	454.0	175	453.8	51	125.7	38	58.8	17	~	21	57.9	52	75.0	29	93.0	23	61.4	28	86.4
Bulloch	698	400.7	348	464.0	350	364.4	121	128.0	79	46.6	38	54.1	41	41.9	104	61.1	67	93.0	37	38.4	100	136.2
Burke	347	434.4	180	554.7	167	369.2	60	132.9	47	58.2	28	79.2	19	~	57	72.8	37	108.1	20	45.0	42	130.7
Butts	337	461.6	189	596.6	148	381.0	46	115.8	27	39.2	15	~	12	~	76	105.5	48	148.5	28	72.2	55	187.2
Calhoun	147	600.4	90	913.6	57	421.1	19	~	17	~	12	~	5	~	23	94.7	***	~	<5	~	35	370.4
Camden	458	459.4	268	635.7	190	333.1	58	94.7	31	35.4	16	~	15	~	87	97.1	60	141.5	27	59.6	87	220.4
Candler	175	416.2	88	457.6	87	384.7	21	101.2	29	66.0	15	~	14	~	29	67.2	18	~	11	~	21	107.9
Carroll	1427	462.2	766	585.2	661	380.3	198	115.6	129	42.7	66	52.9	63	35.8	241	79.3	150	117.2	91	52.9	237	181.3
Catoosa	864	404.5	457	518.2	407	338.6	125	103.2	94	45.0	50	61.8	44	36.2	191	90.3	117	132.5	74	61.3	105	121.1
Charlton	132	360.0	73	440.3	59	297.9	16	~	7	~	<5	~	***	~	31	85.1	18	~	13	~	23	129.0
Chatham	4162	446.5	2047	512.5	2115	400.5	649	126.5	500	53.5	236	60.6	264	48.8	700	74.7	385	97.7	315	58.7	534	132.1
Chattahoochee	66	458.0	40	686.2	26	302.7	7	~	<5	~	<5	~	<5	~	8	~	<5	~	<5	~	11	~
Chattooga	432	383.3	242	491.3	190	306.2	50	83.5	53	46.5	23	45.6	30	45.2	88	77.8	62	126.9	26	41.6	60	118.2
Cherokee	2140	498.4	1082	567.3	1058	451.3	371	152.9	218	55.4	117	64.8	101	47.7	317	81.1	172	98.9	145	68.3	293	155.5
Clarke	1238	446.9	621	538.8	617	390.3	211	137.9	147	53.8	70	63.8	77	47.2	168	62.2	97	87.5	71	45.9	191	165.5
Clay	56	320.8	23	310.7	33	321.2	8	~	<5	~	<5	~	<5	~	12	~	6	~	6	~	<5	~
Clayton	2639	434.3	1354	530.6	1285	368.4	451	122.1	246	44.7	128	54.7	118	37.6	415	76.4	248	108.1	167	54.7	432	174.6
Clinch	130	480.8	76	623.6	54	383.1	16	~	13	~	7	~	6	~	33	120.9	24	193.1	9	~	22	175.5
Cobb	8725	482.6	4374	571.9	4350	423.2	1538	141.2	819	48.5	394	53.0	425	44.9	1154	71.6	648	95.1	506	55.8	1385	182.2
Coffee	618	483.6	332	644.6	286	394.1	80	111.1	69	55.1	34	70.2	35	48.5	101	80.8	62	116.8	39	53.5	117	239.5
Colquitt	853	508.9	493	707.8	360	377.8	112	121.5	107	63.5	56	85.5	51	51.1	151	89.6	97	137.2	54	57.1	130	183.9
Columbia	1272	431.3	647	486.9	625	387.1	228	134.9	142	49.5	82	66.8	60	39.0	196	72.6	113	95.2	83	55.9	158	114.7
Cook	292	452.7	146	554.7	146	403.8	39	109.2	43	64.5	21	91.9	22	58.4	36	56.0	26	97.0	10	~	28	109.6
Coweta	1310	441.8	674	519.3	636	386.7	200	117.7	133	47.9	71	58.3	62	39.9	239	82.5	151	116.7	88	55.5	187	140.4
Crawford	147	339.6	86	464.7	61	259.1	14	~	9	~	<5	~	***	~	27	59.9	14	~	13	~	23	130.0

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

Table 1: Number of Incident Cancer Cases and Age-Adjusted Cancer Incidence Rates,
Total and Selected Sites, by County and Sex, Georgia, 1999-2002

County	ALL SITES Total Cases	Rate*	Male Cases	Rate*	Female Cases	Rate*	BREAST Female Cases	Rate*	COLON & RECTUM Total Cases	Rate*	Male Cases	Rate*	Female Cases	Rate*	LUNG & BRONCHUS Total Cases	Rate*	Male Cases	Rate*	Female Cases	Rate*	PROSTATE Male Cases	Rate*
Georgia	130297	461.4	67964	569.8	62332	390.7	19973	124.3	14039	51.2	7114	61.8	6925	43.9	20859	76.1	12702	109.9	8157	52.5	19867	168.9
Crisp	428	488.4	241	676.8	187	374.3	50	101.5	41	46.8	24	70.1	17	~	78	87.5	54	147.3	24	46.0	60	174.2
Dade	236	383.4	129	454.2	107	322.8	32	94.8	21	34.1	8	~	13	~	50	78.6	37	131.6	13	~	33	114.5
Dawson	271	468.7	156	549.2	115	388.3	33	107.3	30	59.5	15	~	15	~	47	76.0	23	75.8	24	78.1	44	165.3
Decatur	492	429.5	252	544.8	240	363.4	73	111.1	59	51.1	35	72.9	24	34.2	90	78.4	58	127.9	32	49.1	65	144.7
DeKalb	9273	455.9	4615	558.7	4658	390.6	1608	132.0	1000	52.1	476	60.5	524	46.2	1122	59.1	609	79.1	513	46.1	1566	193.9
Dodge	328	415.5	158	475.4	170	394.2	45	107.2	22	28.2	9	~	13	~	58	72.5	35	106.6	23	52.2	48	141.5
Dooly	197	449.6	103	584.0	94	393.1	27	111.9	21	48.1	10	~	11	~	34	79.2	24	134.4	10	~	38	233.0
Dougherty	1879	524.1	1007	698.4	872	417.0	271	133.2	225	63.0	112	78.4	113	52.9	301	83.7	205	142.5	96	44.9	337	232.2
Douglas	1442	493.6	729	563.4	713	442.9	221	131.8	137	48.1	66	52.8	71	45.0	247	89.2	154	126.8	93	61.2	190	151.4
Early	190	340.1	99	422.8	91	290.3	19	~	21	36.0	12	~	9	~	36	65.1	26	110.7	10	~	35	147.5
Echols	57	510.6	28	555.0	29	479.3	9	~	<5	~	<5	~	<5	~	13	~	***	~	<5	~	9	~
Effingham	564	458.0	296	521.9	268	408.1	78	112.8	65	57.5	36	72.5	29	45.7	105	88.1	64	116.1	41	65.9	60	101.8
Elbert	372	404.1	194	505.2	178	347.2	51	102.1	41	43.2	22	58.4	19	~	68	73.5	45	114.7	23	45.8	41	108.9
Emanuel	377	417.8	210	546.9	167	331.4	51	102.6	43	46.4	22	60.6	21	37.6	73	80.8	54	138.9	19	~	46	118.4
Evans	198	477.8	105	599.4	93	396.5	29	121.9	26	63.5	11	~	15	~	42	100.2	31	184.4	11	~	27	149.2
Fannin	475	428.1	254	503.1	221	382.9	66	111.5	46	39.5	24	42.5	22	35.7	94	79.5	60	112.1	34	54.6	59	113.6
Fayette	1475	437.4	770	525.0	705	376.6	251	126.1	132	42.3	69	49.5	63	36.4	181	56.5	103	78.0	78	42.5	293	187.2
Floyd	1785	460.8	917	554.4	868	397.9	258	124.0	189	48.5	91	54.5	98	42.4	315	80.4	184	112.5	131	58.4	289	171.3
Forsyth	1498	477.3	797	571.9	701	407.6	241	132.2	139	48.7	77	60.2	62	40.1	198	70.5	123	103.0	75	48.7	207	146.0
Franklin	374	398.2	202	491.1	172	341.0	46	95.5	52	57.0	29	77.4	23	46.9	70	72.7	48	111.3	22	43.4	52	123.3
Fulton	12609	484.7	6521	605.2	6088	406.6	2010	132.6	1329	53.7	651	64.9	678	46.6	1662	67.3	922	90.7	740	52.0	2124	206.3
Gilmer	448	437.2	255	561.2	193	358.3	65	122.7	42	42.9	31	75.2	11	~	87	81.5	52	113.7	35	61.4	52	110.8
Glascock	52	401.2	23	411.8	29	424.3	9	~	8	~	<5	~	***	~	12	~	***	~	<5	~	<5	~
Glynn	1512	497.3	806	607.9	706	419.6	213	129.0	166	54.4	85	64.2	81	46.4	227	73.3	129	97.8	98	56.5	250	186.4
Gordon	763	461.4	386	544.2	377	411.9	121	133.0	84	52.5	48	72.5	36	39.6	133	80.0	89	124.9	44	47.4	75	109.6
Grady	469	480.1	256	632.5	213	381.9	57	103.2	70	71.4	37	87.8	33	57.0	59	60.9	38	94.0	21	38.4	78	199.3
Greene	307	450.6	189	629.0	118	327.9	39	107.5	35	54.1	17	~	18	~	46	65.6	39	123.2	7	~	55	179.7
Gwinnett	7043	451.3	3510	535.0	3533	398.6	1277	136.3	661	46.5	343	53.0	318	41.2	906	68.0	511	92.1	395	52.5	995	156.8
Habersham	695	438.4	385	531.1	310	365.4	96	116.6	85	53.8	49	65.9	36	41.5	113	69.9	75	103.4	38	43.1	106	142.5
Hall	2224	471.9	1204	594.4	1020	391.3	312	119.9	220	47.8	122	60.7	98	37.9	346	75.2	217	112.8	129	50.0	363	178.5
Hancock	167	421.3	101	589.7	66	303.9	23	107.7	30	77.1	18	~	12	~	26	64.5	20	116.2	6	~	30	173.7
Haralson	462	424.9	261	553.9	201	335.5	57	96.8	38	35.0	19	~	19	~	94	85.4	70	154.0	24	39.9	72	149.0
Harris	394	396.8	203	460.6	191	356.0	69	126.1	46	46.3	25	54.7	21	39.3	57	58.9	40	97.3	17	~	61	138.5
Hart	499	441.1	256	509.1	243	404.2	74	130.1	65	56.5	33	66.7	32	48.2	82	70.2	52	101.6	30	47.8	79	154.5
Heard	182	437.3	96	496.5	86	384.9	27	121.6	23	56.5	8	~	15	~	34	83.6	23	125.7	11	~	26	127.7
Henry	1876	508.0	993	633.1	883	426.0	292	135.4	198	56.7	96	60.2	102	52.8	300	87.3	181	119.4	119	62.9	310	203.1
Houston	1850	495.1	1040	637.1	810	390.2	257	121.7	224	62.4	133	83.6	91	45.3	300	79.8	187	112.6	113	54.6	303	193.3
Irwin	181	432.4	97	542.5	84	361.1	22	102.9	24	58.4	14	~	10	~	33	78.5	22	119.2	11	~	26	151.2
Jackson	703	455.9	388	590.7	315	369.1	89	104.8	80	53.2	42	69.9	38	42.8	131	85.8	84	127.8	47	55.6	86	134.4
Jasper	192	420.6	107	538.6	85	332.1	25	97.4	34	77.6	15	~	19	~	32	72.5	19	~	13	~	26	134.3

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Table 1: Number of Incident Cancer Cases and Age-Adjusted Cancer Incidence Rates,
Total and Selected Sites, by County and Sex, Georgia, 1999-2002

County	ALL SITES Total Cases	Rate*	Male Cases	Rate*	Female Cases	Rate*	BREAST Female Cases	Rate*	COLON & RECTUM Total Cases	Rate*	Male Cases	Rate*	Female Cases	Rate*	LUNG & BRONCHUS Total Cases	Rate*	Male Cases	Rate*	Female Cases	Rate*	PROSTATE Male Cases	Rate*
Georgia	130297	461.4	67964	569.8	62332	390.7	19973	124.3	14039	51.2	7114	61.8	6925	43.9	20859	76.1	12702	109.9	8157	52.5	19867	168.9
Jeff Davis	248	489.7	149	684.5	99	355.0	29	104.5	25	49.2	10	~	15	~	53	103.1	36	163.6	17	~	52	243.1
Jefferson	288	404.0	147	498.6	141	335.6	34	80.0	30	41.1	17	~	13	~	60	83.7	36	122.2	24	56.1	33	116.3
Jenkins	165	462.7	99	685.6	66	330.2	18	~	24	66.9	13	~	11	~	30	85.1	19	~	11	~	26	185.1
Johnson	132	341.6	77	487.8	55	247.6	19	~	16	~	10	~	6	~	22	55.5	12	~	10	~	21	126.7
Jones	355	408.6	196	555.3	159	321.8	39	105.5	39	46.2	24	75.7	15	~	60	68.7	34	95.7	26	52.4	62	181.4
Lamar	305	472.6	161	570.2	144	408.2	44	123.7	46	72.5	25	99.5	21	58.3	46	70.6	31	113.2	15	~	42	144.7
Lanier	152	595.5	72	637.9	80	567.9	18	~	16	~	6	~	10	~	32	127.1	19	~	13	~	16	~
Laurens	821	436.7	425	527.5	396	375.7	128	123.5	121	64.6	58	71.1	63	58.6	131	69.2	94	115.8	37	34.9	103	128.0
Lee	285	394.2	151	468.6	134	339.2	47	110.7	31	44.2	22	70.9	9	~	45	64.5	28	82.1	17	~	42	139.5
Liberty	530	473.1	251	529.9	279	434.4	90	128.5	51	54.3	21	43.0	30	61.8	97	91.0	63	142.4	34	53.2	75	167.0
Lincoln	170	440.1	94	569.4	76	363.1	26	124.1	13	~	8	~	5	~	40	98.8	30	158.7	10	~	23	121.1
Long	92	407.0	50	628.1	42	324.7	11	~	9	~	<5	~	***	~	16	~	11	~	5	~	12	~
Lowndes	1420	493.4	766	641.5	654	400.6	185	113.8	131	45.0	61	48.1	70	43.2	263	92.7	165	139.6	98	60.8	255	225.0
Lumpkin	387	511.7	210	621.2	177	438.6	58	145.3	24	32.3	16	~	8	~	68	93.3	46	148.5	22	53.6	56	167.0
Macon	247	439.4	137	584.3	110	353.0	37	121.0	22	38.8	10	~	12	~	41	73.2	27	120.8	14	~	44	192.3
Madison	466	466.1	255	588.9	211	385.7	66	119.9	54	55.8	30	72.6	24	43.7	73	73.5	42	104.5	31	56.0	68	153.8
Marion	108	406.4	58	509.3	50	334.3	14	~	19	~	12	~	7	~	11	~	***	~	<5	~	13	~
McDuffie	383	456.0	186	532.7	197	414.3	66	141.4	48	57.9	24	68.3	24	50.1	86	102.5	56	160.6	30	62.0	43	123.7
McIntosh	219	489.8	126	595.5	93	391.4	21	85.7	25	57.8	18	~	7	~	47	103.5	28	133.4	19	~	32	142.7
Meriwether	355	371.5	184	464.5	171	313.1	56	104.6	31	32.5	14	~	17	~	60	63.1	38	97.2	22	40.8	51	127.2
Miller	128	406.8	69	545.4	59	329.3	14	~	15	~	6	~	9	~	24	71.9	19	~	5	~	21	165.7
Mitchell	494	539.8	277	780.8	217	419.5	65	129.5	48	51.8	26	71.5	22	40.3	87	95.0	57	156.9	30	57.4	87	263.1
Monroe	408	494.4	237	652.1	171	378.8	48	103.3	47	59.8	26	82.6	21	47.1	67	83.2	45	126.9	22	49.4	88	228.9
Montgomery	119	400.3	72	561.2	47	283.7	11	~	17	~	12	~	5	~	20	67.0	12	~	8	~	18	~
Morgan	289	448.8	161	582.2	128	365.7	38	111.0	32	51.4	15	~	17	~	41	63.3	24	82.5	17	~	49	178.7
Murray	464	406.4	250	507.0	214	334.6	57	86.2	58	54.9	37	81.5	21	34.9	135	119.5	85	166.1	50	80.7	41	100.9
Muscogee	3236	470.2	1638	605.5	1598	394.9	517	130.9	374	55.0	160	61.6	214	51.5	518	75.2	306	113.8	212	51.5	516	189.9
Newton	1112	493.9	616	642.8	496	394.4	164	129.6	102	47.1	62	67.5	40	32.8	192	87.7	125	133.2	67	55.1	174	178.5
Oconee	359	403.6	161	426.1	198	399.1	73	144.2	41	47.0	20	52.6	21	43.6	47	59.6	28	85.9	19	~	37	89.3
Oglethorpe	227	438.4	126	544.1	101	358.1	34	120.4	26	51.1	17	~	9	~	40	77.1	26	105.7	14	~	35	159.8
Paulding	1046	489.1	533	571.4	513	428.8	155	117.2	104	51.9	50	53.7	54	49.9	175	89.2	105	122.5	70	64.8	128	146.8
Peach	476	574.8	259	733.7	217	468.9	64	136.2	54	66.3	25	64.2	29	63.4	77	92.4	46	135.5	31	65.5	85	245.4
Pickens	494	475.4	246	533.1	248	449.0	90	164.3	47	45.3	27	59.7	20	35.2	72	67.2	43	89.5	29	49.5	81	167.4
Pierce	267	423.0	145	552.4	122	350.2	35	99.5	34	53.2	19	~	15	~	49	77.5	31	118.2	18	~	28	116.0
Pike	232	440.2	125	523.7	107	374.6	33	115.0	31	58.6	14	~	17	~	33	62.8	21	89.5	12	~	36	146.5
Polk	753	474.4	401	596.0	352	396.8	91	103.7	71	45.3	27	45.3	44	47.6	168	105.1	113	169.1	55	62.0	121	171.1
Pulaski	188	463.8	102	654.9	86	360.8	22	90.9	14	~	6	~	8	~	35	86.0	21	131.2	14	~	34	215.2
Putnam	396	435.2	235	560.2	161	340.1	46	95.0	49	60.1	28	81.6	21	44.5	67	72.6	36	84.6	31	63.5	82	185.8
Quitman	60	436.1	37	592.1	23	317.1	6	~	6	~	<5	~	<5	~	16	~	9	~	7	~	8	~
Rabun	328	402.3	174	473.9	154	356.5	46	105.3	38	45.6	25	71.6	13	~	69	80.2	35	88.5	34	75.4	44	114.3

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Georgia	130297	461.4	67964	569.8	62332	390.7	19973	124.3	14039	51.2	7114	61.8	6925	43.9	20859	76.1	12702	109.9	8157	52.5	19867	168.9
Randolph	147	425.3	75	567.1	72	349.4	18	~	24	69.5	13	~	11	~	20	56.6	15	~	5	~	23	172.2
Richmond	3141	439.4	1551	518.8	1590	388.3	517	127.1	373	52.9	180	61.3	193	46.9	603	84.8	382	129.6	221	53.6	342	111.7
Rockdale	1253	508.0	671	628.7	582	425.5	201	141.5	110	45.7	60	60.4	50	36.5	197	85.1	124	123.4	73	57.4	200	179.5
Schley	75	502.5	39	677.7	36	431.4	16	~	6	~	***	~	<5	~	12	~	6	~	6	~	7	~
Screven	290	443.6	139	515.0	151	404.5	31	86.9	38	58.0	17	~	21	56.5	53	80.1	25	91.1	28	71.6	39	143.8
Seminole	177	413.9	90	520.2	87	366.7	30	130.4	21	49.8	10	~	11	~	26	58.4	17	~	9	~	22	141.3
Spalding	1000	441.3	502	525.6	498	388.2	155	121.5	115	51.5	52	53.4	63	48.2	174	77.4	106	112.0	68	52.9	137	146.6
Stephens	543	458.7	307	610.5	236	358.7	68	107.7	70	58.2	35	69.5	35	52.3	87	70.5	63	123.3	24	31.8	72	140.8
Stewart	98	369.4	47	430.5	51	328.9	14	~	21	77.8	8	~	13	~	14	~	6	~	8	~	24	180.3
Sumter	570	450.1	302	600.5	268	358.3	76	102.9	69	55.3	30	59.5	39	50.7	96	76.4	71	142.4	25	35.0	92	186.3
Talbot	118	398.6	68	526.7	50	306.2	20	120.1	10	~	5	~	5	~	16	~	***	~	<5	~	24	180.3
Taliaferro	41	390.1	20	435.1	21	372.9	7	~	7	~	<5	~	***	~	<5	~	<5	~	<5	~	6	~
Tattnall	392	484.0	198	559.2	194	455.6	57	134.9	52	64.7	27	75.2	25	57.7	87	108.1	51	141.1	36	83.1	42	121.5
Taylor	166	457.7	94	593.9	72	355.1	13	~	29	80.1	15	~	14	~	27	74.3	16	~	11	~	32	210.5
Telfair	215	412.6	125	593.6	90	300.7	27	97.6	29	55.4	13	~	16	~	34	68.0	23	106.1	11	~	44	222.6
Terrell	283	628.2	159	862.9	124	466.1	33	122.0	39	88.4	20	109.1	19	~	55	121.9	39	218.1	16	~	50	277.5
Thomas	980	539.3	542	740.6	438	417.5	120	113.8	93	51.0	45	62.3	48	45.2	170	93.4	110	147.9	60	55.9	203	281.2
Tift	660	451.9	335	549.9	325	390.5	78	97.5	78	53.8	41	68.2	37	42.5	119	81.4	73	120.8	46	53.3	75	124.2
Toombs	468	454.6	255	630.3	213	361.7	55	93.5	48	46.5	20	55.5	28	45.9	93	90.9	69	169.4	24	41.0	61	153.0
Towns	290	443.2	181	590.1	109	320.6	27	82.1	36	55.8	16	~	20	53.4	55	75.4	41	126.0	14	~	48	142.7
Treutlen	93	337.2	51	427.2	42	280.5	15	~	8	~	***	~	<5	~	20	72.5	12	~	8	~	15	~
Troup	1130	487.0	543	571.8	587	439.4	178	138.3	132	56.8	65	71.3	67	48.8	188	81.5	108	113.4	80	59.5	126	133.4
Turner	198	524.0	107	700.0	91	415.1	22	100.2	21	56.0	15	~	6	~	36	94.5	20	133.2	16	~	31	216.9
Twiggs	186	455.7	112	652.1	74	326.8	16	~	16	~	9	~	7	~	37	90.8	26	152.0	11	~	37	221.1
Union	480	456.6	277	548.0	203	385.8	61	122.3	52	47.5	36	72.3	16	~	72	63.4	41	78.4	31	49.8	88	161.6
Upson	559	451.7	292	570.6	267	378.1	66	98.0	81	64.0	29	57.1	52	69.1	96	77.0	51	99.6	45	62.1	88	169.9
Walker	1250	466.5	649	583.7	601	396.6	179	119.9	130	48.5	50	46.4	80	50.3	294	107.7	194	171.9	100	65.2	150	136.3
Walton	950	437.8	501	534.0	449	372.0	134	110.1	104	49.5	57	62.9	47	40.2	153	71.2	90	100.3	63	52.8	138	151.6
Ware	703	436.8	376	562.3	327	365.2	102	117.7	85	52.5	46	70.8	39	42.6	128	77.7	85	126.2	43	44.4	89	132.9
Warren	137	484.5	63	532.8	74	461.6	21	136.0	17	~	10	~	7	~	33	113.3	23	190.1	10	~	12	~
Washington	372	448.8	200	594.1	172	350.9	46	98.0	44	52.1	19	~	25	48.6	75	91.4	50	151.0	25	52.4	59	177.4
Wayne	486	474.6	268	595.7	218	399.9	72	130.6	57	56.6	30	68.6	27	48.9	72	72.8	43	104.8	29	52.8	78	162.4
Webster	38	359.9	23	488.9	15	~	<5	~	6	~	***	~	<5	~	7	~	***	~	<5	~	6	~
Wheeler	58	235.6	31	282.6	27	224.1	14	~	6	~	<5	~	<5	~	10	~	***	~	<5	~	7	~
White	464	499.7	250	589.4	214	437.2	74	150.6	62	69.8	39	106.2	23	46.0	75	77.5	51	115.3	24	46.1	76	164.5
Whitfield	1429	474.9	736	578.7	693	412.6	217	129.5	149	50.7	80	63.7	69	41.1	293	97.3	174	134.1	119	70.5	199	162.2
Wilcox	179	498.7	98	608.6	81	429.6	21	120.4	18	~	10	~	8	~	41	115.3	27	161.8	14	~	24	160.0
Wilkes	222	414.9	124	539.9	98	337.6	25	82.2	37	66.7	19	~	18	~	47	85.7	30	127.6	17	~	29	126.9
Wilkinson	199	465.9	124	665.0	75	316.5	27	118.2	25	59.6	14	~	11	~	40	92.4	32	171.1	8	~	36	196.9
Worth	370	424.0	202	530.0	168	344.5	42	85.0	45	49.6	27	66.7	18	~	71	82.0	39	105.7	32	66.0	55	146.1

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

Table 2: Number of Cancer Deaths and Age-Adjusted Cancer Mortality Rates,
Total and Selected Sites, by County and Sex, Georgia, 1998-2002

County	ALL SITES Total Deaths	Rate*	Male Deaths	Rate*	Female Deaths	Rate*	BREAST Female Deaths	Rate*	COLON & RECTUM Total Deaths	Rate*	Male Deaths	Rate*	Female Deaths	Rate*	LUNG & BRONCHUS Total Deaths	Rate*	Male Deaths	Rate*	Female Deaths	Rate*	PROSTATE Male Deaths	Rate*
Georgia	67543	202.5	35908	267.8	31635	162.1	5071	25.6	6279	19.1	3067	23.1	3212	16.4	20346	60.8	12741	92.1	7605	39.6	3876	36.3
Appling	166	197.1	96	268.8	70	146.7	11	~	18	~	9	~	9	~	47	54.3	36	91.7	11	~	12	~
Atkinson	58	196.0	28	231.5	30	176.4	5	~	<5	~	<5	~	<5	~	22	75.1	15	~	7	~	<5	~
Bacon	115	228.7	60	304.9	55	191.7	7	~	13	~	8	~	5	~	31	60.9	20	99.9	11	~	6	~
Baker	45	212.7	29	348.6	16	~	5	~	<5	~	<5	~	<5	~	15	~	***		<5	~	<5	~
Baldwin	388	200.4	212	252.5	176	167.9	22	21.1	21	10.8	10	~	11	~	132	67.5	74	85.3	58	56.0	30	41.4
Banks	126	193.0	78	271.1	48	134.9	7	~	10	~	5	~	5	~	51	76.3	38	129.8	13	~	6	~
Barrow	350	194.9	211	295.1	139	132.0	21	19.6	28	15.6	16	~	12	~	114	64.4	80	109.4	34	33.3	17	~
Bartow	672	216.1	374	268.2	298	168.8	43	23.8	59	18.9	35	24.4	24	13.8	239	75.4	148	106.0	91	52.0	36	36.8
Ben Hill	254	275.0	140	387.9	114	207.1	17	~	25	27.5	16	~	9	~	95	103.8	67	182.0	28	53.6	10	~
Berrien	163	201.8	84	251.2	79	170.5	11	~	13	~	6	~	7	~	54	65.0	34	97.7	20	42.6	9	~
Bibb	1627	210.8	902	306.9	725	153.7	116	25.4	170	22.1	90	30.3	80	16.8	483	62.6	300	98.8	183	39.0	125	46.9
Bleckley	153	203.5	93	374.7	60	163.1	8	~	9	~	<5	~	***		55	89.7	42	159.7	13	~	11	~
Brantley	136	218.8	78	281.6	58	173.2	8	~	9	~	<5	~	***		52	78.0	33	108.2	19	~	<5	~
Brooks	172	187.1	102	271.6	70	130.6	12	~	21	22.2	12	~	9	~	57	63.5	39	98.9	18	~	18	~
Bryan	173	212.3	90	244.6	83	190.0	14	~	17	~	10	~	7	~	46	52.9	27	67.0	19	~	8	~
Bulloch	381	181.3	214	246.8	167	138.0	28	22.6	37	17.4	19	~	18	~	104	50.2	69	80.5	35	29.3	30	41.5
Burke	215	223.2	131	347.3	84	151.7	10	~	20	20.6	12	~	8	~	51	53.1	36	88.5	15	~	19	~
Butts	197	228.8	113	307.9	84	171.7	24	47.5	22	27.2	15	~	7	~	71	82.8	44	117.2	27	57.9	10	~
Calhoun	65	201.9	41	361.0	24	112.9	<5	~	5	~	<5	~	<5	~	18	~	***		<5	~	10	~
Camden	203	185.2	108	247.1	95	152.2	15	~	15	~	9	~	6	~	52	47.8	27	53.7	25	42.9	12	~
Candler	107	196.4	60	254.6	47	162.3	7	~	16	~	10	~	6	~	33	64.0	21	86.9	12	~	6	~
Carroll	834	225.2	427	287.0	407	188.5	54	25.2	70	19.1	36	25.2	34	15.3	255	68.9	148	95.1	107	50.2	44	38.1
Catoosa	519	204.4	272	268.2	247	167.6	37	25.0	37	14.6	19	~	18	~	195	76.3	120	118.2	75	50.6	35	42.8
Charlton	79	180.7	48	261.2	31	126.3	<5	~	5	~	<5	~	<5	~	30	67.4	23	115.7	7	~	8	~
Chatham	2424	208.3	1231	261.3	1193	174.7	187	28.4	238	20.5	111	23.8	127	18.3	700	59.9	390	80.1	310	45.5	185	44.3
Chattahoochee	31	226.8	19	~	12	~	<5	~	<5	~	<5	~	<5	~	9	~	***		<5	~	<5	~
Chattooga	287	205.6	160	282.3	127	158.8	20	26.5	27	19.4	10	~	17	~	96	68.3	65	108.7	31	38.7	9	~
Cherokee	896	195.9	464	244.9	432	167.5	77	27.8	84	18.8	45	24.0	39	15.3	273	59.9	161	82.5	112	44.7	39	32.6
Clarke	657	194.4	339	254.5	318	160.5	62	31.4	58	17.4	23	18.2	35	17.7	151	45.0	88	63.5	63	32.1	40	33.7
Clay	48	216.7	27	316.8	21	140.6	<5	~	<5	~	<5	~	<5	~	16	~	7	~	9	~	<5	~
Clayton	1441	216.2	730	264.6	711	184.0	122	28.0	113	17.4	47	17.5	66	17.2	466	71.3	277	103.3	189	49.8	55	27.2
Clinch	72	214.2	48	325.5	24	133.1	5	~	<5	~	<5	~	<5	~	25	75.5	20	144.2	5	~	6	~
Cobb	3682	188.5	1869	236.7	1813	160.0	323	26.1	332	17.1	165	19.7	167	15.2	1077	55.9	632	80.6	445	39.9	153	27.0
Coffee	302	197.7	179	301.9	123	134.8	18	~	30	19.8	16	~	14	~	96	63.0	65	104.7	31	34.3	25	49.2
Colquitt	441	210.3	248	298.4	193	155.1	29	24.4	45	21.6	19	~	26	20.8	134	63.5	94	108.8	40	32.8	24	31.5
Columbia	658	200.5	332	244.7	326	174.3	52	26.0	53	15.6	31	20.7	22	12.0	211	64.1	123	84.6	88	48.3	44	42.4
Cook	199	246.2	116	360.3	83	173.1	16	~	20	24.1	12	~	8	~	62	77.0	43	133.5	19	~	10	~
Coweta	718	216.1	394	281.8	324	166.4	58	28.4	56	16.7	27	18.3	29	14.9	235	68.6	152	106.2	83	43.1	44	42.0
Crawford	105	207.5	57	265.4	48	171.8	8	~	<5	~	<5	~	<5	~	34	59.8	21	78.9	13	~	<5	~
Crisp	263	238.3	141	322.9	122	185.2	17	~	24	21.9	13	~	11	~	94	84.7	62	141.2	32	48.5	8	~

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Table 2: Number of Cancer Deaths and Age-Adjusted Cancer Mortality Rates,
Total and Selected Sites, by County and Sex, Georgia, 1998-2002

County	ALL SITES Total Deaths	Rate*	Male Deaths	Rate*	Female Deaths	Rate*	BREAST Female Deaths	Rate*	COLON & RECTUM Total Deaths	Rate*	Male Deaths	Rate*	Female Deaths	Rate*	LUNG & BRONCHUS Total Deaths	Rate*	Male Deaths	Rate*	Female Deaths	Rate*	PROSTATE Male Deaths	Rate*
Georgia	67543	202.5	35908	267.8	31635	162.1	5071	25.6	6279	19.1	3067	23.1	3212	16.4	20346	60.8	12741	92.1	7605	39.6	3876	36.3
Dade	167	227.6	97	310.0	70	170.9	7	~	17	~	8	~	9	~	56	74.7	38	122.8	18	~	9	~
Dawson	128	191.9	75	226.8	53	155.8	5	~	12	~	7	~	5	~	40	57.1	23	77.1	17	~	8	~
Decatur	323	225.3	185	336.6	138	157.4	28	31.8	40	27.6	23	42.5	17	~	92	64.7	63	111.6	29	34.0	26	51.5
DeKalb	4384	186.9	2140	236.8	2244	158.6	408	27.5	439	19.0	188	20.4	251	17.7	1156	50.3	661	72.8	495	36.2	257	35.8
Dodge	220	221.4	127	331.5	93	161.4	10	~	13	~	8	~	5	~	73	73.1	50	129.6	23	40.0	14	~
Dooly	109	197.9	64	299.3	45	142.6	9	~	13	~	8	~	5	~	33	60.0	27	127.1	6	~	8	~
Dougherty	978	221.0	527	311.6	451	167.9	66	25.3	93	21.1	42	23.5	51	18.2	309	69.2	205	118.3	104	39.2	70	48.6
Douglas	671	202.4	345	237.4	326	175.4	57	28.6	50	15.1	25	16.6	25	13.4	229	66.5	142	96.3	87	45.2	16	~
Early	136	188.6	68	234.8	68	160.0	9	~	14	~	6	~	8	~	39	55.2	27	91.6	12	~	14	~
Echols	24	209.1	15	~	9	~	<5	~	<5	~	<5	~	<5	~	9	~	***		<5	~	<5	~
Effingham	286	203.7	165	277.6	121	154.6	24	28.8	26	20.6	12	~	14	~	79	53.2	56	82.0	23	29.1	14	~
Elbert	236	202.3	134	296.6	102	146.7	16	~	23	19.5	11	~	12	~	75	64.5	50	103.9	25	37.9	18	~
Emanuel	237	208.0	148	321.1	89	129.6	15	~	25	22.4	11	~	14	~	63	55.5	48	99.7	15	~	19	~
Evans	118	226.2	69	333.4	49	156.2	7	~	9	~	<5	~	***		36	68.5	27	128.6	9	~	10	~
Fannin	286	202.2	159	253.6	127	164.2	18	~	30	20.9	16	~	14	~	105	73.0	66	100.4	39	50.1	12	~
Fayette	629	170.2	320	211.4	309	145.1	37	16.7	76	20.5	40	27.0	36	16.2	167	45.1	99	64.0	68	32.0	29	25.3
Floyd	1001	205.7	501	253.3	500	172.1	59	20.9	78	16.0	32	16.2	46	14.9	346	70.8	208	101.5	138	48.9	48	29.4
Forsyth	604	187.7	337	251.7	267	145.3	37	18.7	67	21.7	36	27.5	31	17.5	178	54.7	119	89.3	59	31.6	23	23.4
Franklin	230	195.3	121	259.0	109	167.0	14	~	30	25.4	11	~	19	~	71	58.7	50	101.3	21	30.9	14	~
Fulton	6098	199.6	3055	258.1	3043	166.0	533	28.6	602	20.0	282	24.4	320	17.3	1561	52.0	910	76.1	651	36.7	404	41.2
Gilmer	254	209.4	138	274.7	116	175.5	14	~	22	17.8	11	~	11	~	77	58.1	51	88.3	26	37.4	13	~
Glascock	25	149.2	15	~	10	~	<5	~	<5	~	<5	~	<5	~	8	~	***		<5	~	<5	~
Glynn	819	214.8	444	280.3	375	170.5	65	30.6	63	16.7	29	18.2	34	15.2	227	59.1	139	86.6	88	39.9	62	43.4
Gordon	411	206.5	219	271.8	192	168.3	31	27.1	40	21.1	25	34.2	15	~	126	61.1	85	95.9	41	35.9	21	34.9
Grady	278	227.4	151	307.1	127	174.4	18	~	29	23.7	12	~	17	~	74	60.8	53	106.5	21	28.9	14	~
Greene	175	212.4	106	315.4	69	138.8	13	~	17	~	9	~	8	~	49	56.7	34	91.3	15	~	12	~
Gwinnett	2808	177.7	1454	226.7	1354	148.6	246	24.4	245	16.6	123	20.3	122	14.4	790	50.6	451	69.3	339	38.7	125	30.4
Habersham	371	191.9	202	241.1	169	155.9	32	31.3	35	18.1	15	~	20	18.1	126	64.0	90	105.0	36	33.7	17	~
Hall	1008	182.9	543	239.5	465	147.0	55	17.1	86	15.8	46	20.9	40	12.6	304	54.3	194	81.6	110	34.7	34	21.1
Hancock	108	225.3	62	323.6	46	164.1	<5	~	8	~	<5	~	<5	~	33	66.5	22	108.8	11	~	10	~
Haralson	305	228.1	179	334.2	126	164.5	15	~	29	21.7	11	~	18	~	97	71.7	73	135.1	24	32.1	18	~
Harris	241	203.9	139	283.2	102	154.6	15	~	25	20.9	12	~	13	~	60	50.4	42	87.6	18	~	21	52.0
Hart	278	196.5	151	250.1	127	157.4	14	~	42	29.7	20	34.5	22	25.8	78	53.8	57	90.9	21	27.2	16	~
Heard	98	196.0	55	255.6	43	152.7	<5	~	7	~	<5	~	<5	~	34	66.2	22	90.3	12	~	5	~
Henry	853	206.8	450	260.3	403	172.0	64	25.3	88	22.7	40	25.8	48	20.8	272	65.6	178	98.9	94	40.9	30	27.1
Houston	883	206.6	478	272.6	405	164.6	70	28.2	86	21.2	49	28.6	37	15.7	290	65.7	178	97.9	112	44.4	51	41.9
Irwin	95	176.4	50	229.1	45	138.1	<5	~	9	~	***		<5	~	31	58.5	19	~	12	~	6	~
Jackson	399	216.1	212	277.4	187	173.6	29	27.1	28	15.2	17	~	11	~	133	70.8	80	100.4	53	50.8	16	~
Jasper	117	209.0	70	305.4	47	145.6	8	~	19	~	9	~	10	~	35	62.2	27	116.6	8	~	5	~

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Table 2: Number of Cancer Deaths and Age-Adjusted Cancer Mortality Rates,
Total and Selected Sites, by County and Sex, Georgia, 1998-2002

| | 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	**67543**	**202.5**	**35908**	**267.8**	**31635**	**162.1**	**5071**	**25.6**	**6279**	**19.1**	**3067**	**23.1**	**3212**	**16.4**	**20346**	**60.8**	**12741**	**92.1**	**7605**	**39.6**	**3876**	**36.3**
Jeff Davis	130	209.8	79	293.4	51	148.2	8	~	16	~	10	~	6	~	42	66.9	30	112.2	12	~	6	~
Jefferson	200	220.5	107	305.6	93	165.7	21	40.7	17	~	7	~	10	~	69	77.1	47	132.8	22	41.6	17	~
Jenkins	95	211.9	62	353.3	33	125.3	5	~	7	~	<5	~	<5	~	21	47.3	15	~	6	~	12	~
Johnson	93	184.2	53	269.2	40	132.2	6	~	9	~	<5	~	***	~	29	59.0	21	98.6	8	~	<5	~
Jones	228	217.9	122	300.4	106	175.0	17	~	20	19.0	9	~	11	~	63	60.1	38	81.5	25	41.5	17	~
Lamar	166	211.3	82	254.2	84	188.5	13	~	13	~	<5	~	***	~	46	58.5	33	107.3	13	~	7	~
Lanier	70	226.3	40	316.4	30	167.1	5	~	5	~	<5	~	<5	~	20	67.9	13	~	7	~	<5	~
Laurens	406	172.7	230	235.9	176	130.9	27	21.0	36	15.2	17	~	19	~	100	42.5	78	78.9	22	16.3	24	27.0
Lee	139	185.2	81	258.2	58	136.6	<5	~	9	~	***	~	<5	~	54	67.2	31	85.7	23	51.4	6	~
Liberty	262	219.7	133	271.9	129	188.4	20	28.6	26	21.1	8	~	18	~	90	69.5	61	112.8	29	38.1	13	~
Lincoln	126	270.9	71	361.1	55	216.7	10	~	8	~	<5	~	<5	~	39	80.0	26	127.2	13	~	11	~
Long	62	230.8	29	251.3	33	220.3	<5	~	<5	~	<5	~	<5	~	20	70.3	10	~	10	~	<5	~
Lowndes	735	215.1	380	283.0	355	176.0	51	25.5	63	18.1	30	21.5	33	16.4	241	69.8	144	102.1	97	48.7	45	42.5
Lumpkin	186	208.9	103	271.8	83	168.4	12	~	15	~	10	~	5	~	65	72.7	41	104.0	24	50.0	9	~
Macon	159	226.4	97	338.6	62	151.5	7	~	12	~	***	~	<5	~	50	72.0	35	119.3	15	~	14	~
Madison	256	217.8	129	261.9	127	187.7	18	~	24	22.4	12	~	12	~	71	57.8	40	78.1	31	45.9	11	~
Marion	53	169.1	28	238.7	25	137.9	<5	~	11	~	***	~	<5	~	12	~	7	~	5	~	<5	~
McDuffie	246	237.5	137	351.3	109	176.9	20	33.5	19	~	8	~	11	~	80	76.2	59	142.5	21	34.1	16	~
McIntosh	119	219.8	66	268.4	53	181.2	11	~	11	~	***	~	<5	~	34	58.5	24	91.1	10	~	5	~
Meriwether	217	181.1	116	244.6	101	142.2	10	~	22	18.1	9	~	13	~	58	48.8	36	77.2	22	32.2	14	~
Miller	83	207.8	46	282.1	37	164.8	5	~	<5	~	<5	~	<5	~	26	62.5	18	~	8	~	5	~
Mitchell	266	236.4	154	379.5	112	164.9	15	~	23	20.4	8	~	15	~	83	73.4	60	139.7	23	32.6	18	~
Monroe	208	210.4	116	275.9	92	166.1	9	~	19	~	14	~	5	~	72	70.9	50	111.9	22	40.1	10	~
Montgomery	82	230.0	50	338.5	32	153.5	<5	~	9	~	<5	~	***	~	23	66.3	16	~	7	~	<5	~
Morgan	151	192.9	83	261.9	68	152.4	8	~	19	~	12	~	7	~	41	53.5	27	81.5	14	~	<5	~
Murray	299	224.0	173	304.8	126	167.3	18	~	26	20.8	13	~	13	~	136	98.2	91	150.3	45	58.5	14	~
Muscogee	1817	214.5	927	291.7	890	172.2	154	30.8	171	20.4	65	19.8	106	20.1	510	59.7	314	95.8	196	37.9	111	41.1
Newton	591	225.6	334	317.7	257	169.0	45	29.3	49	19.0	29	27.8	20	13.3	196	73.5	131	118.7	65	43.8	30	38.3
Oconee	184	182.1	100	247.2	84	139.6	16	~	20	20.0	13	~	7	~	46	47.4	26	62.7	20	35.7	9	~
Oglethorpe	120	188.3	65	229.9	55	154.6	11	~	7	~	<5	~	<5	~	32	49.9	20	66.1	12	~	5	~
Paulding	501	220.7	262	272.5	239	186.5	34	23.9	36	16.4	18	~	18	~	176	76.4	106	109.5	70	53.8	18	~
Peach	262	270.3	145	378.0	117	208.8	16	~	25	24.9	12	~	13	~	85	86.5	57	152.0	28	48.2	18	~
Pickens	215	173.4	110	204.4	105	154.3	28	41.9	14	~	***	~	<5	~	63	49.6	42	72.5	21	30.9	14	~
Pierce	161	207.0	94	299.2	67	155.8	12	~	18	~	10	~	8	~	51	65.5	38	121.8	13	~	5	~
Pike	127	205.2	73	266.6	54	155.1	<5	~	14	~	7	~	7	~	29	45.6	20	70.1	9	~	9	~
Polk	436	219.8	226	288.6	210	182.9	38	34.9	33	16.8	16	~	17	~	166	83.0	110	138.4	56	49.4	20	26.8
Pulaski	113	222.6	56	313.5	57	177.7	11	~	14	~	<5	~	***	~	27	53.5	17	~	10	~	11	~
Putnam	198	194.6	110	241.1	88	158.7	7	~	21	22.2	13	~	8	~	61	56.6	36	70.5	25	42.5	10	~
Quitman	34	187.8	23	304.2	11	~	<5	~	<5	~	<5	~	<5	~	14	~	9	~	5	~	<5	~
Rabun	190	185.9	104	240.3	86	152.8	11	~	19	~	13	~	6	~	65	60.0	36	72.9	29	48.5	11	~

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

| | 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	**67543**	**202.5**	**35908**	**267.8**	**31635**	**162.1**	**5071**	**25.6**	**6279**	**19.1**	**3067**	**23.1**	**3212**	**16.4**	**20346**	**60.8**	**12741**	**92.1**	**7605**	**39.6**	**3876**	**36.3**
Randolph	110	240.9	63	386.4	47	160.9	6	~	15	~	7	~	8	~	29	63.8	21	125.0	8	~	8	~
Richmond	1982	228.8	1073	314.3	909	176.9	144	28.3	180	21.0	83	23.8	97	18.8	611	69.9	377	106.6	234	45.5	112	39.2
Rockdale	573	204.9	310	267.4	263	164.4	40	24.1	47	17.2	27	22.8	20	12.8	203	72.0	123	103.1	80	50.2	31	35.9
Schley	42	239.3	23	383.5	19	~	5	~	<5	~	<5	~	<5	~	10	~	***	~	<5	~	5	~
Screven	192	233.8	91	270.1	101	211.0	14	~	29	36.0	12	~	17	~	55	66.1	29	85.3	26	52.6	13	~
Seminole	117	217.0	67	331.8	50	163.7	7	~	14	~	6	~	8	~	25	44.0	17	~	8	~	15	~
Stewart	62	186.0	30	220.8	32	167.2	7	~	6	~	<5	~	<5	~	16	~	8	~	8	~	<5	~
Sumter	337	207.1	183	306.4	154	152.3	26	27.5	33	20.7	14	~	19	~	96	60.9	68	111.0	28	29.6	28	51.1
Talbot	90	250.9	58	386.2	32	155.1	<5	~	9	~	***	~	<5	~	23	61.1	18	~	5	~	9	~
Taliaferro	22	153.8	14	~	8	~	<5	~	<5	~	<5	~	<5	~	<5	~	<5	~	<5	~	<5	~
Tattnall	228	227.3	134	315.1	94	165.2	15	~	17	~	10	~	7	~	83	82.8	50	114.8	33	59.4	9	~
Taylor	95	203.8	47	244.1	48	172.8	9	~	13	~	7	~	6	~	29	62.7	17	~	12	~	6	~
Telfair	153	228.9	89	360.0	64	155.2	7	~	16	~	10	~	6	~	52	81.6	38	146.3	14	~	13	~
Terrell	170	297.9	89	398.9	79	226.5	11	~	25	44.6	11	~	14	~	58	100.4	41	177.8	17	~	8	~
Thomas	547	238.5	290	328.0	257	184.2	38	27.4	46	19.8	25	28.0	21	14.0	166	72.9	113	124.5	53	38.8	37	46.4
Tift	340	189.0	186	258.8	154	143.1	26	25.6	27	15.2	14	~	13	~	104	57.5	64	84.1	40	37.5	25	40.6
Toombs	300	234.6	181	363.6	119	156.3	14	~	21	16.5	9	~	12	~	115	90.0	81	162.2	34	44.8	17	~
Towns	131	155.4	68	175.4	63	141.2	11	~	11	~	<5	~	***	~	46	51.9	29	72.2	17	~	9	~
Treutlen	63	180.9	37	255.5	26	127.0	<5	~	<5	~	<5	~	<5	~	19	~	13	~	6	~	<5	~
Troup	633	217.4	317	281.6	316	177.7	44	25.9	72	24.7	32	28.9	40	21.6	176	60.9	103	88.7	73	42.2	31	32.7
Turner	115	239.5	62	332.3	53	184.7	5	~	6	~	***	~	<5	~	37	76.9	23	122.8	14	~	9	~
Twiggs	101	208.8	64	327.3	37	131.6	5	~	15	~	8	~	7	~	36	72.1	27	130.6	9	~	8	~
Union	245	188.2	139	231.6	106	153.1	11	~	23	20.5	11	~	12	~	81	57.5	56	83.9	25	33.9	8	~
Upson	337	215.8	167	274.6	170	184.3	24	27.3	34	21.5	17	~	17	~	90	57.5	51	82.9	39	42.0	19	~
Walker	755	226.0	432	321.5	323	166.5	47	24.6	61	18.4	35	27.8	26	13.1	287	84.9	190	136.9	97	49.8	32	27.5
Walton	464	182.7	236	229.0	228	155.7	36	24.5	40	15.9	18	~	22	15.3	134	52.0	76	70.3	58	39.8	28	33.5
Ware	425	206.9	227	278.9	198	163.6	24	20.5	34	16.6	12	~	22	18.5	132	64.7	87	103.3	45	37.5	23	33.6
Warren	94	245.8	50	328.6	44	192.2	<5	~	11	~	<5	~	***	~	32	86.9	24	155.8	8	~	10	~
Washington	233	220.9	131	321.1	102	157.5	17	~	25	22.5	11	~	14	~	69	67.4	46	110.3	23	39.2	19	~
Wayne	231	192.8	127	256.2	104	151.3	9	~	24	19.9	9	~	15	~	69	56.4	44	86.6	25	35.6	15	~
Webster	40	293.0	26	446.4	14	~	<5	~	5	~	<5	~	<5	~	5	~	<5	~	<5	~	8	~
Wheeler	43	139.5	25	189.6	18	~	<5	~	6	~	<5	~	13	~	<5	~	***	~	<5	~	<5	~
White	219	195.1	128	260.6	91	148.2	11	~	25	23.4	17	~	8	~	80	67.8	55	103.4	25	40.5	14	~
Whitfield	730	200.3	384	264.2	346	164.7	51	24.4	66	19.0	24	18.6	42	20.1	252	67.8	156	101.2	96	45.8	36	29.5
Wilcox	102	226.9	57	288.3	45	180.1	6	~	8	~	<5	~	<5	~	34	77.1	22	105.5	12	~	6	~
Wilkes	159	235.0	96	349.3	63	166.5	15	~	17	~	8	~	9	~	51	74.1	39	138.8	12	~	12	~
Wilkinson	109	209.8	75	358.2	34	108.4	<5	~	12	~	7	~	5	~	36	66.5	28	122.6	8	~	10	~
Worth	203	191.4	119	269.6	84	137.6	18	~	16	~	10	~	6	~	63	58.9	43	97.6	20	32.8	10	~

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

Mission Statement for Georgia Division of Public Health

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.