

2013 Georgia Cancer Program and Data Summary

Georgia Comprehensive Cancer Control Program (GCCCCP)

The Georgia Comprehensive Cancer Control Program (GCCCCP) is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) aimed at reducing cancer related morbidity and mortality. The GCCCCP supports a collaborative process through which a community and its partners pool resources to promote cancer prevention, improve cancer detection, increase access to health and social services, and reduce the burden of cancer. These efforts will contribute to reducing cancer risk, detecting cancers earlier, improving treatments, and enhancing survivorship and quality of life for cancer patients.

Breast and Cervical Cancer Screening Program (BCCP)

The Georgia Breast and Cervical Cancer Screening Program provides access to timely breast and cervical cancer screening and diagnostic services. These services are available for low-income, uninsured, and underserved women who are between the ages of 40-64 years for breast cancer and 21-64 years for cervical cancer. Priority is given to never or rarely screened women, and those aged 50-64 years whose income does not exceed 200% of the federal poverty level.

Colorectal Cancer Control Program (CRCCP)

The Centers for Disease Control and Prevention has awarded the state of Georgia a grant to provide colorectal cancer education and screening services to low-income residents age 50 years and older who are underinsured or uninsured. The goal is to increase population-level screening among all persons aged 50 years and older and to reduce the incidence and mortality of colorectal cancer. The program also aims to reduce health disparities associated with receiving colorectal cancer screening.

Georgia Comprehensive Cancer Registry (GCCR)

The Georgia Comprehensive Cancer Registry (GCCR) is a statewide population-based cancer registry collecting all cancer cases diagnosed among Georgia residents since January 1, 1995. This information furthers our understanding of cancer and is used to develop strategies and policies for prevention, control, and treatment. The availability of this data at the state level allows health researchers to analyze geographic, racial, and other differences that provide clues that point to risk factors. This data also helps in determining where early detection, educational, or other programs should be directed.

GCCR is a participant in the National Program for Cancer Registries (NPCR) that was established by the Centers for Disease Control and Prevention (CDC) in 1992 through the Federal Cancer Registry Amendment Act (Public Law 102-515) and is also a participant in the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute.

Women's Health Medicaid Program (WHMP)

The Women's Health Medicaid Program (WHMP) was established to provide treatment for breast and cervical cancer to eligible women in Georgia. WHMP was established in July 2001 by the National Breast and Cervical Cancer Prevention Treatment Act of 2000 and is administered by the Georgia Department of Public Health.

Cancer State Aid (CSA)

The Cancer State Aid Program funds cancer treatment services for eligible low-income uninsured cancer patients in Georgia. Established in 1937 by the Georgia legislature at the request of Georgia physicians, the program is available through participating treatment facilities statewide. Participating facilities agree to treat approved patients at no cost. Physicians who agree to participate donate their services.

Data Source: Georgia Comprehensive Cancer Registry (2006-2010)



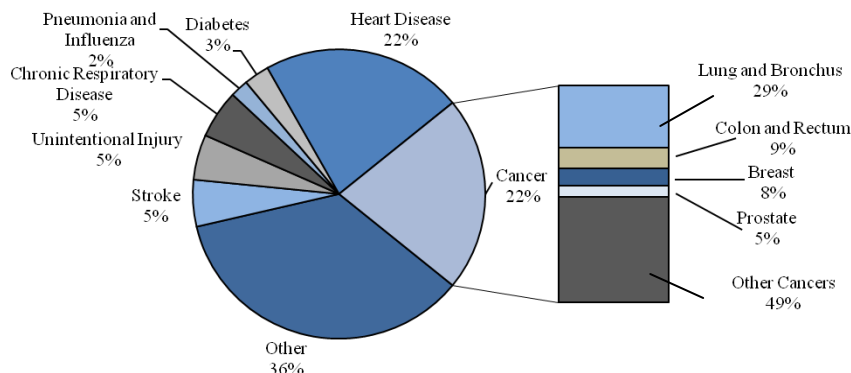
2013 Georgia Cancer Summary

CANCER INCIDENCE AND MORTALITY IN GEORGIA

CANCER MORTALITY

Cancer is the second leading cause of death in Georgia.

Leading Causes of Death in Georgia, 2010



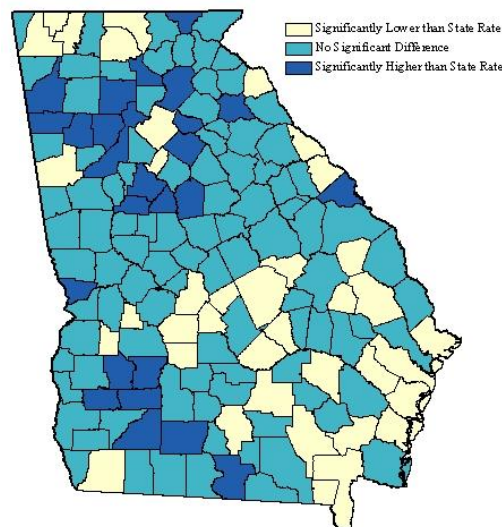
The burden of cancer can be significantly reduced by appropriate use of mammography, colorectal screening, and by other early detection examinations. In addition, cancer can also be reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.

CANCER INCIDENCE, 2006-2010

- During 2006-2010, an annual average of 41,600 new cancer cases were diagnosed in Georgia
- Prostate, lung and bronchus, and colorectal cancers accounted for 55% of all new cancer cases among males in Georgia
- Prostate cancer is the leading cause of cancer incidence among males in Georgia
- Breast, lung and bronchus, and colorectal cancers accounted for 54% of all new cancer cases among females in Georgia
- Breast cancer is the leading cause of cancer incidence among females in Georgia

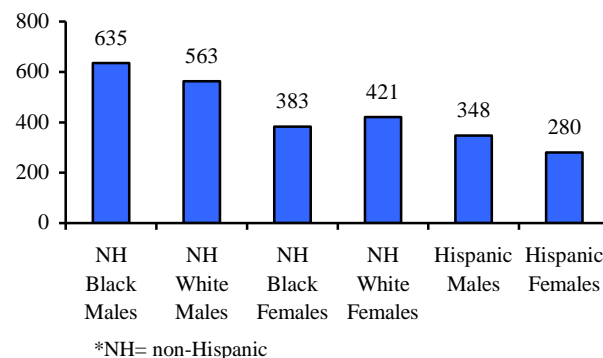
Age-adjusted Cancer Incidence Rates by County, Georgia, 2006-2010

Overall GA Rate: 471 per 100,000 population



Of 159 counties in Georgia, 25 counties have incidence rates significantly higher than the state average and 36 counties have incidence rates significantly lower than the state average.

Age-adjusted Cancer Incidence Rates by Race/Ethnicity and Sex, Georgia, 2006-2010

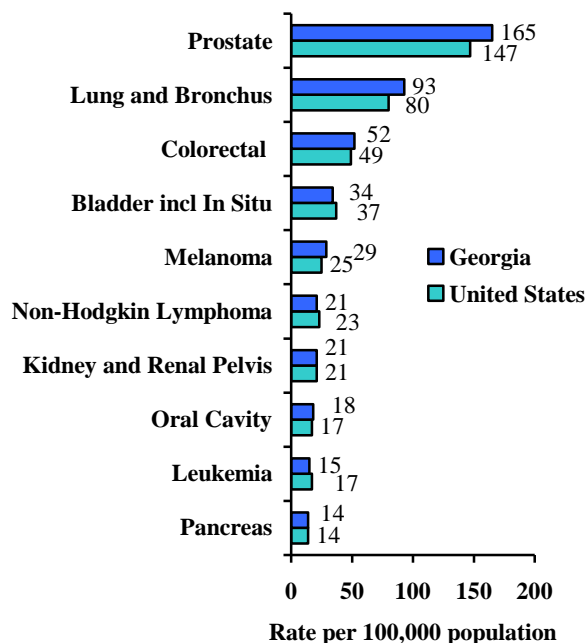


- Non-Hispanic Black males in Georgia are 13% more likely to be diagnosed with cancer than non-Hispanic white males
- Non-Hispanic White females are 10% more likely to be diagnosed with cancer than non-Hispanic black females

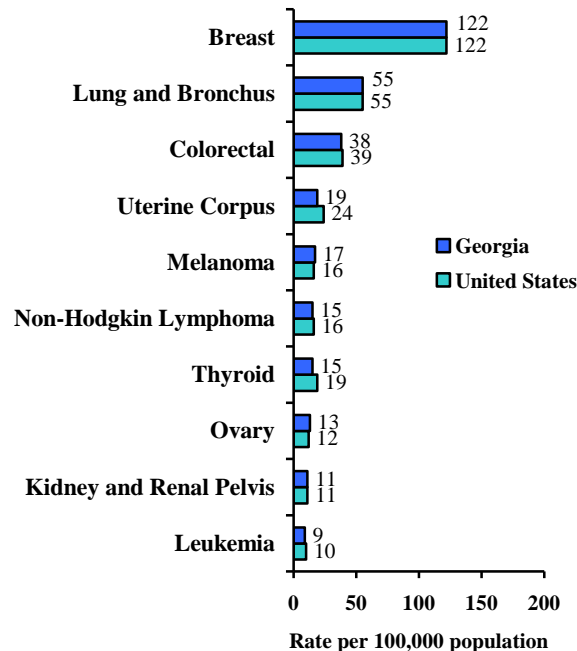
2013 Georgia Cancer Summary

LEADING CAUSES OF CANCER INCIDENCE IN GEORGIA

Age-adjusted Cancer Incidence Rates, Males,
Georgia vs. United States, 2006-2010



Age-adjusted Cancer Incidence Rates, Females,
Georgia vs. United States, 2006-2010



- The overall age-adjusted cancer incidence rate among males in Georgia is 568 per 100,000 and 542 per 100,000 among males in the United States (U.S.).
- Prostate, lung, and colorectal are the top cancer sites among males for both Georgia and the U.S.
- Prostate cancer is the leading cause of cancer among Georgia males and accounts for 30% of all new cases among males each year.
- Prostate cancer, lung cancer, and melanoma incidence rates are higher among Georgia males than among U.S. males.

- The overall age-adjusted cancer incidence rate among females in Georgia is 403 per 100,000 and 419 per 100,000 among females in the U.S.
- Breast, lung, and colorectal are the top cancer sites among females in Georgia and the U.S.
- Breast cancer is the leading cause of cancer among Georgia females and accounts for 31% of all new cancer cases among females each year.

2011 Estimates

- In 2011, an estimated 45,200 Georgians were diagnosed with cancer; about 124 cases per day. An estimated 16,700 Georgians died from cancer in 2011.

In Georgia, males are 41% more likely to be diagnosed with cancer than females.

PROSTATE CANCER

Prostate cancer is the most commonly diagnosed cancer among Georgia males.

PROSTATE CANCER

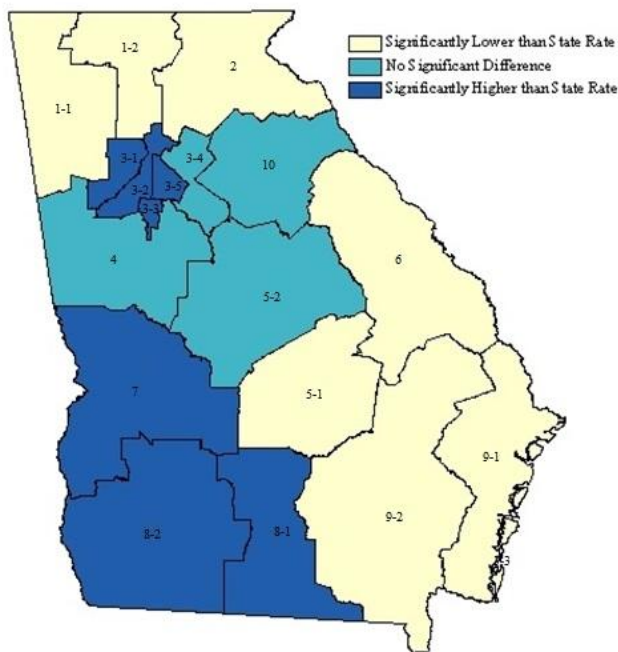
Prostate cancer accounts for 30% of all new cancer cases among males.

Nearly 6,500 cases of prostate cancer were diagnosed in 2010.

The prostate cancer incidence rate among non-Hispanic black males is 78% higher than among non-Hispanic white males in Georgia.

Age-adjusted Prostate Cancer Incidence Rates by Public Health District, Georgia, 2006-2010

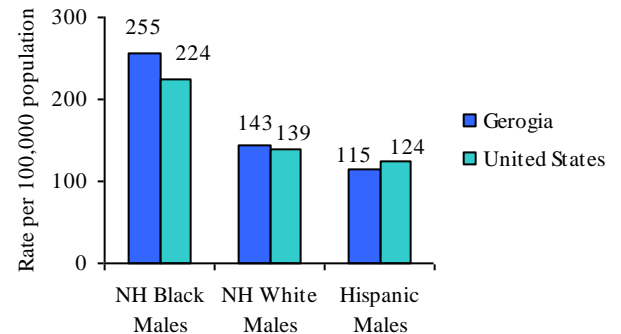
GA Rate among Males: 165 per 100,000 population



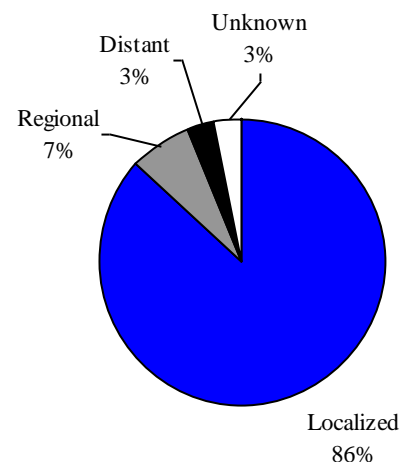
The Northwest (1-1), North Georgia (1-2), North (2), South Central (5-1), East Central (6), Coastal (9-1), and Southeast (9-2) Public Health Districts have significantly lower prostate cancer incidence rates than the state rate.

The Cobb-Douglas (3-1), Fulton (3-2), Clayton (3-3), DeKalb (3-5), West Central (7), South (8-1), and Southwest (8-2) Public Health Districts have significantly higher prostate cancer incidence rates than the state rate.

Age-adjusted Prostate Cancer Incidence Rates by Race/Ethnicity, Georgia vs. the United States, 2006-2010



Prostate Cancer Incidence by Stage at Diagnosis, Georgia, 2006-2010



PREVENTION

Currently the American Cancer Society (ACS) does not recommend routine screening to prevent prostate cancer. However, ACS does emphasize discussing benefits and limitations of early detection and treatment of prostate cancer with a physician.

RISK FACTORS FOR PROSTATE CANCER:

- Increasing age
- Black race
- Family history of prostate cancer
- Genetics

BREAST CANCER

Breast cancer is the most commonly diagnosed cancer among Georgia females.

BREAST CANCER

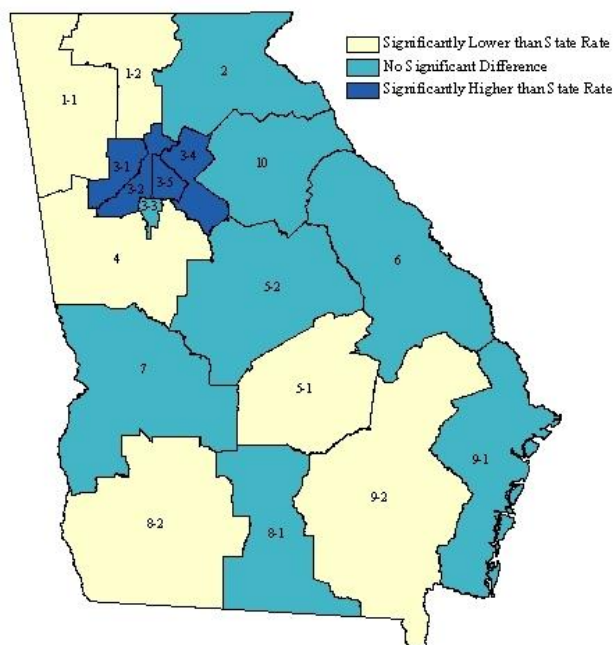
Breast cancer accounts for 31% of all new cancer cases among females.

Over 6,100 cases of breast cancer were diagnosed in 2010.

Non-Hispanic white females are more likely to be diagnosed with breast cancer than non-Hispanic black females; however, non-Hispanic black females are more likely to die from the disease.

Age-adjusted Female Breast Cancer Incidence Rates by Public Health District, Georgia, 2006-2010

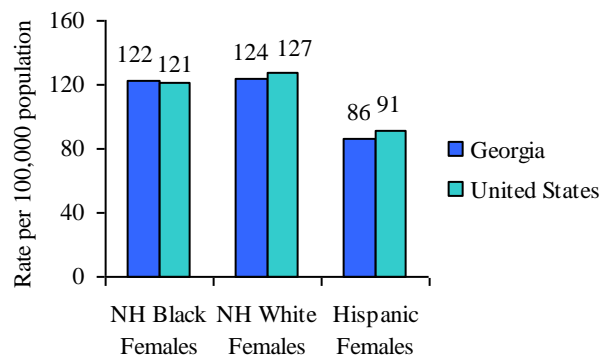
GA Rate among Females: 122 per population



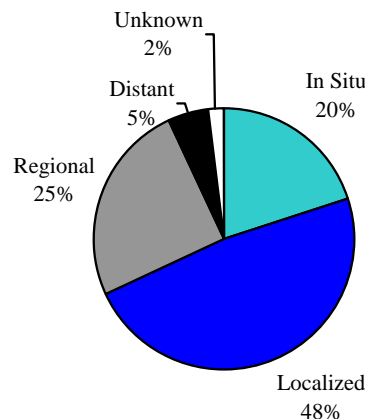
The Northwest (1-1), North Georgia (1-2), Lagrange (4), South Central (5-1), Southwest (8-2), and Southeast (9-2) Public Health Districts have significantly lower rates than the state rate.

The Cobb-Douglas (3-1), Fulton (3-2), East Metro (3-4), and DeKalb (3-5) Public Health Districts have significantly higher incidence rates than the state rate.

Age-adjusted Female Breast Cancer Incidence Rates by Race/Ethnicity, Georgia vs. the United States, 2006-2010



Female Breast Cancer Incidence by Stage at Diagnosis, Georgia, 2006-2010



RESOURCE

The Georgia Breast and Cervical Cancer Screening Program (BCCP) provides access to breast and cervical cancer screening and diagnostic services for low-income, uninsured, and underserved women who are between the ages of 40-64 for breast cancer and 21-64 for cervical cancer. For more information, contact your local county public health department.

RISK FACTORS FOR BREAST CANCER:

- Female sex
- Personal or family history of breast cancer
- Increasing age
- Previous chest radiation
- Genetics
- Obesity
- Physical inactivity

LUNG CANCER

To get help quitting all forms of tobacco, call the Georgia Tobacco Quit Line at **1-877-270-STOP**.

LUNG AND BRONCHUS CANCER

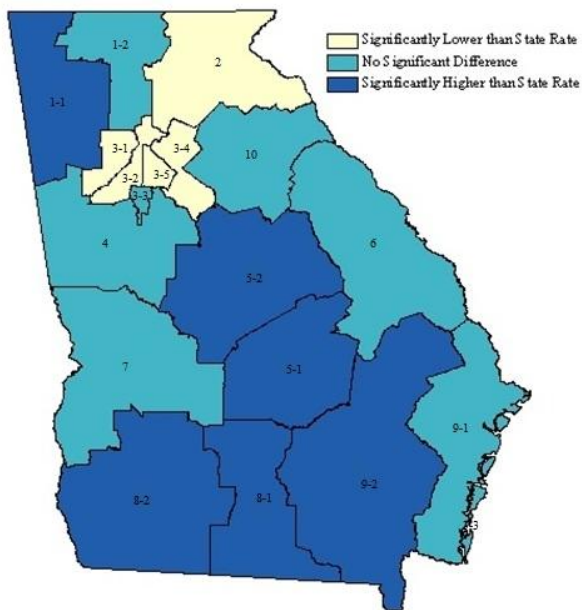
Lung cancer is the second most commonly diagnosed cancer among both males and females.

Lung cancer accounts for 15% of all new cancer cases in Georgia.

Over 6,000 cases of lung cancer were diagnosed in 2010.

Age-adjusted Lung Cancer Incidence Rates by Public Health District, Males, Georgia, 2006-2010

GA Rate among Males: 93 per 100,000 population

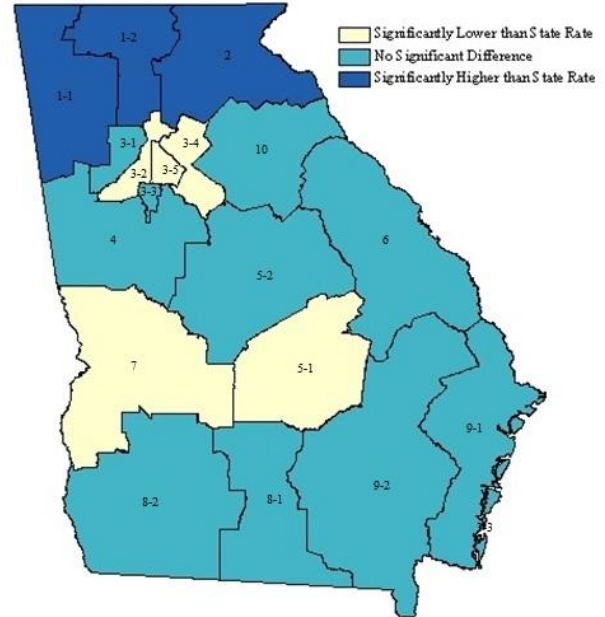


The North (2), Cobb-Douglas (3-1), Fulton (3-2), East Metro (3-4), and DeKalb (3-5) Public Health Districts have significantly lower lung cancer rates than the state rate for males.

The Northwest (1-1), South Central (5-1), North Central (5-2), South (8-1), Southwest (8-2), and Southeast (9-2) Public Health Districts have significantly higher lung cancer rates than the state rate for males.

Age-adjusted Lung Cancer Incidence Rates by Public Health District, Females, Georgia, 2006-2010

GA Rate among females: 55 per 100,000 population



The Fulton (3-2), East Metro (3-4), DeKalb (3-5), South Central (5-1), and West Central (7) Public Health Districts have significantly lower lung cancer rates than the state rate for females.

The Northwest (1-1), North Georgia (1-2), and North (2) Public Health Districts have significantly higher lung cancer rates than the state rate for females.

PREVENTION

The ACS recommends individuals receive a low dose CT scan (LDCT) once per year if they meet the following criteria:

- 55 to 74 years of age
- In fairly good health
- Have at least a 30 year-pack smoking history
- Are either still smoking or have quit within the last 15 years

RISK FACTORS FOR LUNG CANCER:

Tobacco use
Exposure to secondhand smoke
Exposure to certain industrial substances
Radiation exposure
Air pollution

COLORECTAL CANCER

Getting screened and avoiding modifiable risk factors are the best strategies for prevention of cancer.

COLORECTAL CANCER

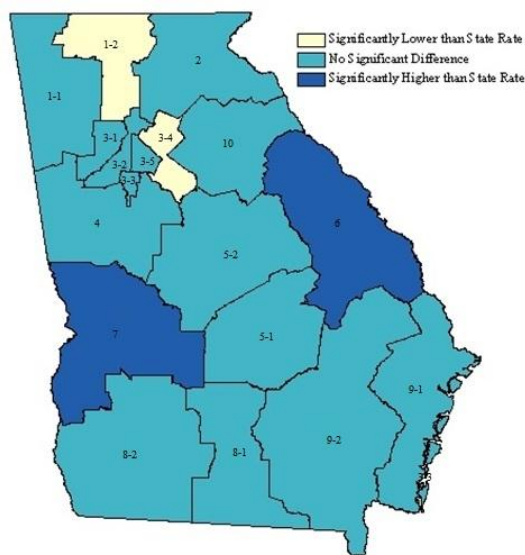
Colorectal cancer is the third most commonly diagnosed cancer among both males and females.

Colorectal cancer accounts for more than 9% of all new cancer cases in Georgia.

Nearly 4,000 cases of colorectal cancer were diagnosed in 2010.

Age-adjusted Colorectal Cancer Incidence Rates by Public Health District, Males, Georgia, 2006-2010

GA Rate among males: 52 per 100,000 population



The North Georgia (1-2) and East Metro (3-4) Public Health Districts have significantly lower colorectal cancer incidence rates than the state rate for males.

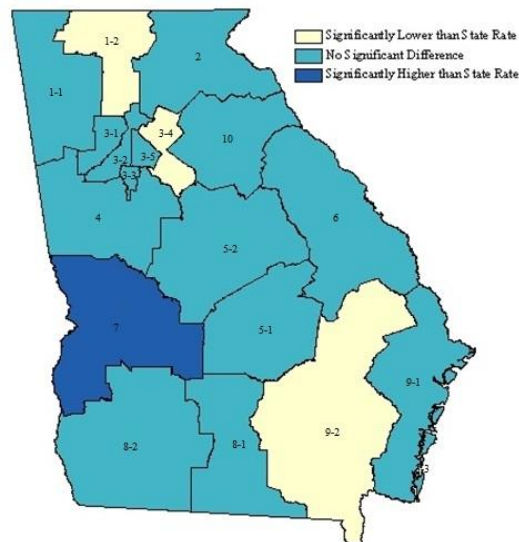
The East Central (6) and West Central (7) Public Health Districts have significantly higher colorectal cancer incidence rates than the state rate for males.

PREVENTION

Colorectal cancer can be prevented by eating a diet high in fiber, participating in physical activity, and being screened to detect and remove precancerous polyps.

Age-adjusted Colorectal Cancer Incidence Rates by Public Health District, Females, Georgia, 2006-2010

GA Rate among Females: 38 per 100,000 population



The North Georgia (1-2), East Metro (3-4), and Southeast (9-2) Public Health Districts have significantly lower than the state rate for females.

The West Central (7) Public Health District has significantly higher colorectal cancer incidence rates than the state rate for females.

RESOURCE

The Georgia Colorectal Cancer Control Program (CRCCP) provides colorectal cancer education and screening services for low-income residents age 50 years and older, who are underinsured or uninsured. For more information, contact the Georgia CRCCP at [404-657-3330](tel:404-657-3330).

RISK FACTORS FOR COLORECTAL CANCER:

- Increasing age
- Personal/family history of colorectal cancer or polyps
- Smoking
- Alcohol consumption
- High fat/low-fiber diet
- Inadequate intake of fruits and vegetables
- Obesity

Cancer is the **second leading cause of death** in Georgia

However, 30% to 35% of cancer deaths can be prevented by eating a healthy diet and being physically active. The Live Healthy Georgia campaign was launched in 2005 to raise awareness about the risk factors for most chronic diseases, including cancer, poor nutrition, lack of regular physical activity, and use of tobacco products. Using five key messages, the campaign focuses on how to reduce those risk factors: eat healthy, be active, be smoke free, get checked, and be positive.



Eat Healthy

A healthy eating plan is one that emphasizes fruits, vegetables, whole grains, fat-free or low-fat milk and milk products; and includes lean meats, poultry, fish, beans, eggs, and nuts; and is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars.

Be Active

Participating in regular physical activity can help to reduce many risk factors for chronic diseases, including obesity and high blood pressure.

Be Smoke Free

Tobacco use is a leading, preventable risk factor for many chronic diseases. Over 10,000 Georgians die each year from tobacco-related illnesses.

Get Checked

Undergoing routine physical check-ups and screenings can prevent some chronic diseases and detect other chronic diseases earlier when treatment may be more effective.

Be Positive

A positive attitude contributes to your overall well-being.

If Georgians follow these guidelines, they can greatly reduce their chances of developing a chronic disease, leading to an improved quality of life and reduced healthcare costs. Everyone benefits!

Data source: Georgia Comprehensive Cancer Registry (2006-2010)

Visit: <http://www.health.state.ga.us/programs/gccr/index.asp> for more information about cancer in Georgia

Date updated: July 2013

Age-adjusted Rates for Incidence are presented for the five-year period 2006-2010.