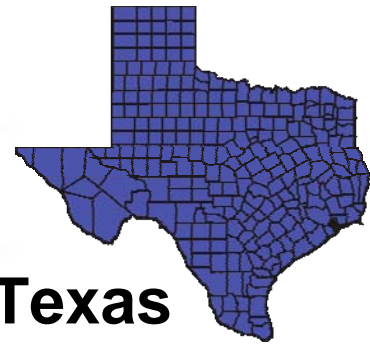


# Texas Cancer Council

## CANCER PROFILES



Texas

August 2006

### Cancer Deaths\* in Texas

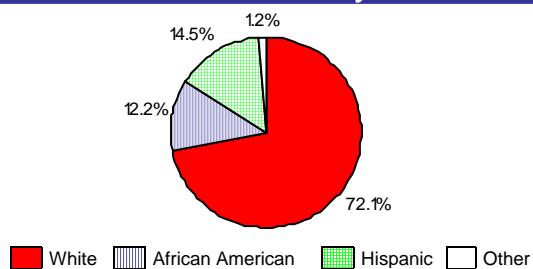
Cancer was the second leading cause of death in Texas in 2002. An estimated one in three Texans will develop cancer sometime during their lifetime. It is estimated that over 80 percent of all cancer deaths may be preventable.

#### Texas Cancer Deaths in 2002

Number of Cancer Deaths	34,122
Cancer as Percent of All Deaths	22.0%

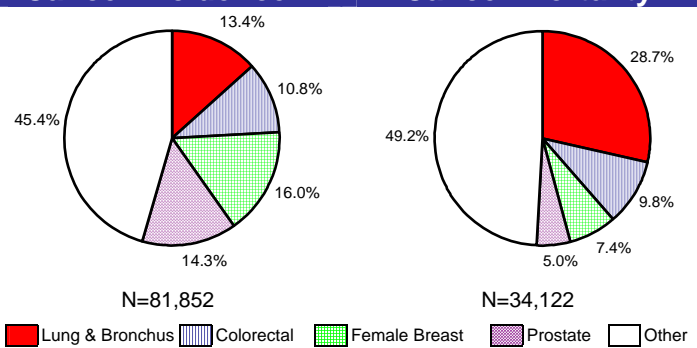
### How Cancer Affects Races/Ethnic Groups† in Texas

#### 2002 Texas Cancer Deaths by Race/Ethnicity

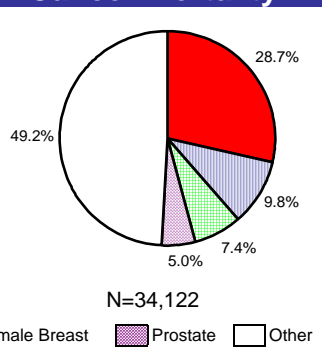


### Cancer in Texas in 2002 by Cancer Type

#### Cancer Incidence\*\*



#### Cancer Mortality



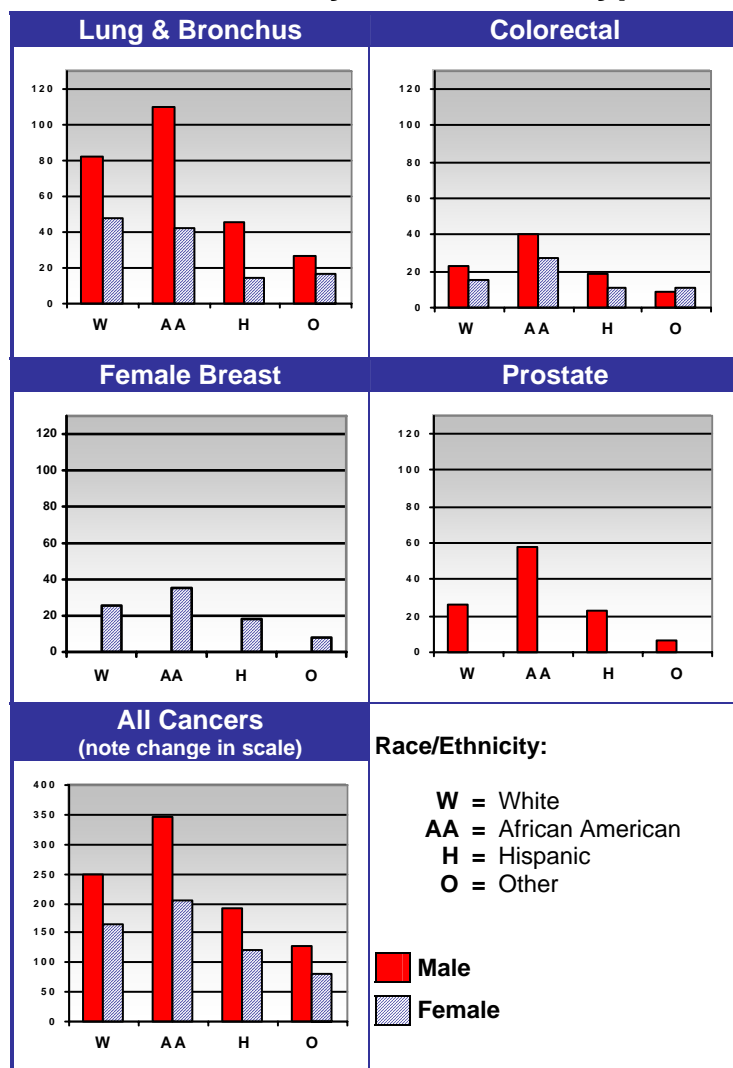
☆ Other cancer types contributing to incidence included urinary bladder, non-Hodgkin lymphoma, melanoma of the skin, corpus uteri, leukemia, oral, kidney, pancreatic, ovarian, and cervical.

☆ Other cancer types contributing to mortality included pancreatic, leukemia, non-Hodgkin lymphoma, liver, kidney, brain and nervous system, stomach, ovarian, myeloma, esophageal, urinary bladder, and melanoma of the skin.

#### Notes:

- \* Deaths in persons of unknown age group not included.
- \*\* Expected, not actual cancer cases, due to incomplete year 2002 Texas cancer data at publication. Year 2002 expected cases determined by applying California 1995-1999 age-, sex- & race/ethnic-specific incidence rates to 2002 Texas population. Source: Texas Cancer Registry, 2004.
- † Deaths in persons of unknown race not reflected in race/ethnicity breakdown.
- †† Rates are per 100,000 and age-adjusted to the 2000 U.S. standard. Rates are not calculated for five or fewer deaths due to instability of the rate. Rates presented are derived from data provided by the Texas Cancer Registry, 2004.

### 2002 Texas Cancer Mortality Rates†† by Race/Ethnicity and Cancer Type



## Population at Risk

**Cancer incidence rises with age**; adults in mid-life or older are most affected. In Texas, as in the nation, the growing numbers of older adults will increase the number of people affected by cancer, thereby making present-day prevention efforts all the more imperative. In addition, **medically underserved segments** of the Texas population are affected to a greater degree.

- ☆ **African Americans** are more likely to have cancer discovered late and have a higher mortality rate.
- ☆ **Hispanics** often face financial and language barriers that impede their access to screening and treatment.
- ☆ **Rural and low-income populations** have geographic and financial barriers to prevention and treatment resources.

## Cancer Risks & Recommendations from the American Cancer Society (ACS)\*

**Tobacco-Related Cancers** – In addition to being responsible for 90% of *lung cancers*, smoking is associated with *cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, and bladder*. Smoking accounts for at least 30% of all cancer deaths, is a major cause of heart disease, cerebrovascular disease, chronic bronchitis, and emphysema, and is associated with gastric ulcers. Avoidance of tobacco products greatly reduces risk.

**Colorectal Cancers** – Risk factors include personal or family history of colon cancer, polyps, inflammatory bowel disease, diets high in fat and low in fiber, smoking, and alcohol use. Almost 75% of colon cancers occur in people with no known risk factors.

Beginning at age 50, both men and women at average risk should follow one of these five screening options:

- Yearly fecal occult blood test (FOBT) plus flexible sigmoidoscopy every 5 years
- Flexible sigmoidoscopy every 5 years
- Yearly fecal occult blood test (FOBT)
- Colonoscopy every 10 years
- Double-contrast barium enema every 5 to 10 years

**Female Breast Cancer** – Risk factors include age, personal or family history of breast cancer, increased breast density, a long menstrual history, obesity after menopause, never having children or having their first child after age 30, and high alcohol consumption.

The ACS recommends women over 40 have an annual mammogram and clinical breast examination, and, optionally, perform monthly breast self-examination. Women ages 20-39 should have a clinical breast examination by a health care professional every 3 years and perform breast self-examination monthly.

**Prostate Cancer** – The incidence of prostate cancer increases with age; more than 80% of all prostate cancers are diagnosed in men over age 60. African Americans have the highest incidence rates in the world. Dietary fat may play a role.

All men over 50 should talk with their doctor about having the prostate-specific antigen (PSA) test and digital rectal examination every year. Men at increased risk (African-American men and men who have a first-degree relative diagnosed with prostate cancer at a young age) should consider these tests at age 45.

**Cervical Cancer** – Cervical cancer risk is linked to sexually transmitted infections with certain types of human papilloma virus and cigarette smoking.

Screening should begin approximately 3 years after a woman begins having intercourse, but no later than 21 years of age. Screening should be done every year with regular Pap tests or every two years using liquid-based tests. At, or after age 30, women with no additional risk factors who have had 3 or more normal test results in a row may consider getting screened every 2-3 years.

**Skin Cancers** – A primary risk factors for skin cancer is too much ultraviolet radiation exposure. Others include fair skin, certain familial conditions, and large congenital moles.

Limit or avoid sun exposure from 10 a.m. - 4 p.m.. When outdoors, cover up and use sunscreen with a solar protection factor (SPF) of 15 or higher. Because of increased risk of melanoma in later life, children, in particular, should be protected from the sun. Annual skin examinations by a physician and monthly self-exams can assist in detecting early cancers.

## Cancer Resources Available in Texas

*The following resources include both public and private entities that have reported to the Texas Cancer Data Center that they provide services in Texas.*

- ☆ 391 Acute and/or general care hospitals
- ☆ 68 Hospitals with American College of Surgeons (ACoS) approved cancer programs
- ☆ 54 Freestanding cancer treatment centers
- ☆ 490 On-site & 36 mobile accredited mammography facilities
- ☆ 399 Home health agencies
- ☆ 138 Hospices which serve cancer patients

## Helpful Cancer Information Sources

- ☆ Texas Cancer Council <http://www.tcc.state.tx.us>
- ☆ Texas Cancer Data Center <http://www.txcancer.org>
- ☆ American Cancer Society 1-800-227-2345
- ☆ Cancer Information Service 1-800-4-CANCER
- ☆ Texas Cancer Registry 1-800-252-8059



The Texas Cancer Council is the state agency promoting cancer awareness and prevention, early diagnosis, treatment and quality of life through collaborative and innovative programs and services.

TCDC is an information service, funded by the Texas Cancer Council, dedicated to empowering Texans with the knowledge needed to reduce the human and economic impact of cancer.