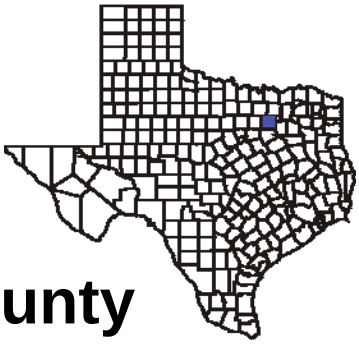
Texas Cancer Council

CANCER PROFILES



November 2007

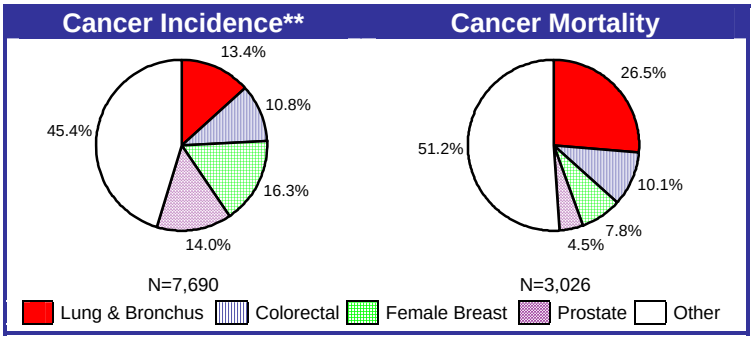
Dallas County

Cancer Deaths* in Dallas County

Cancer was the second leading cause of death in Dallas County in 2004. An estimated one in three Texans will develop cancer sometime during their lifetime. It is estimated that up to 80 percent of all cancer deaths may be preventable.

Cancer Deaths in 2004	Dallas County	Texas
Number of Cancer Deaths	3,026	33,836
Cancer as Percent of All Deaths	22.0%	22.2%

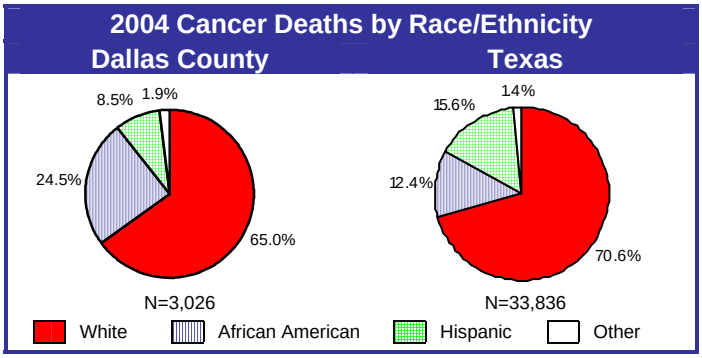
Cancer in Dallas County in 2004 by Type



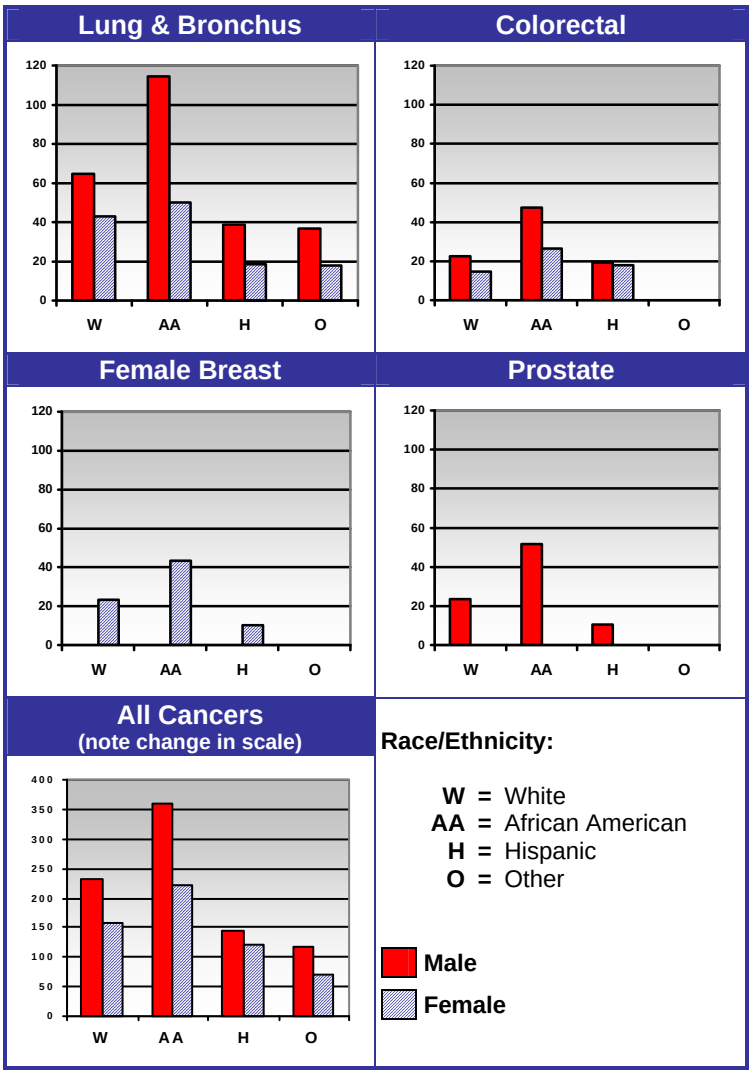
- Other cancer types contributing to incidence included non-Hodgkin lymphoma, urinary bladder, melanoma, corpus uteri, leukemia, oral, kidney, pancreatic, ovarian, and cervical

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

How Cancer Affects Races/Ethnic Groups† in Dallas County



2004 Dallas County Cancer Mortality Rates†† by Race/Ethnicity and Cancer Type



Notes:

* Deaths in persons of unknown age group not included.

** Expected, not actual cancer cases, due to incomplete year 2004 Texas cancer data at publication. Year 2004 expected cases determined by applying California 1995-1999 age-, sex- & race/ethnic-specific incidence rates to 2004 county-specific population. Source: Texas Cancer Registry, 2007.

† 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, 2007.

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 87% of *lung cancers*, smoking is associated with at least l5 other cancers including *head and neck, esophagus, pancreas, uterine cervix, kidney, bladder, stomach,* and *acute myeloid leukemia*. 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 age, inherited genetic mutations, personal or family history of colorectal cancer and/or polyps, inflammatory bowel disease, obesity, physical inactivity, smoking, heavy alcohol consumption, diets high in red or processed meat, and inadequate intake of fruits and vegetables.

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

- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year
- Flexible sigmoidoscopy (FSIG) every 5 years
- Annual FOBT of FIT **and** FSIG every 5 years
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

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

The ACS recommends women 40 and older have an annual mammogram and clinical breast examination; and women 20-39 have a clinical breast exam every three years. Breast self-examination is an option for all women.

Prostate Cancer – The incidence of prostate cancer increases with age; more than 65% of all prostate cancers are diagnosed in men over age 65. African Americans have the highest incidence rates in the world. Obesity may play a role.

All men over 50 should talk with their doctor about the pros and cons of having the prostate-specific antigen (PSA) test and digital rectal exam 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 (HPV), cigarette smoking, and other factors.

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. Starting at 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. The first vaccine to prevent the most common HPV infections that cause cervical cancer has been approved for females aged 9-26 years.

Skin Cancers – Risk factors for melanoma include a personal or family history of melanoma and the presence of moles. Other risk factors for all skin cancers include sun sensitivity, a history of excessive sun exposure, including sunburns, and other factors.

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. Adults should examine their skin regularly and have suspicious lesions or progressive changes in a lesion's size or appearance evaluated promptly by a physician.

Dallas County Cancer Resources

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

- 25 Acute and/or general care hospitals
- 9 Hospitals with American College of Surgeons (ACoS) approved cancer programs
- 5 Freestanding cancer treatment centers
- 43 On-site & 7 mobile accredited mammography facilities
- 40 Home health agencies which serve the county
- 22 Hospices which serve cancer patients in the county

Helpful Cancer Information Sources

Texas Cancer Council	http://www.tcc.state.tx.us
Texas Cancer Information	http://www.texascancer.info
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.

Texas Cancer Information can connect patients, caregivers, the general public, health care policy planners, physicians and other health professionals with reliable online cancer information.

*Risk factor and screening information provided by the American Cancer Society from *Cancer Facts & Figures 2007.*