



Cancer Facts & Figures for African Americans 2000-2001



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About the cover: *Adrinka* is a highly valued hand-printed or embroidered cloth. Each symbol has a name derived either from a proverb, a historical event, human, animal, or plant behavior, or from the name of the object on whose shape the symbol was based. The heart-shaped symbol that appears on the cover is called *Sankofa* which means “wisdom in learning from the past in building on the future.”

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CANCER STATISTICS FOR AFRICAN AMERICANS

INTRODUCTION

In 1999, nearly 35 million African Americans constituted almost 13% of the total United States population. The number of African Americans increased by about 4.2 million between 1990 and 1999, although the rate of growth is expected to slow down over the next several decades. In 1999, 7% of African Americans were foreign born, representing an increasing portion of the population.

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. Cancer affects all populations in the United States, but especially African Americans. It is second only to heart disease as a cause of death (Table 1). This report provides current statistics on cancer occurrence, risk factors for cancer, and trends in screening for cancer among African Americans.

Although African Americans have experienced higher rates of cancer for many years, there have been some key improvements in recent years.^{1,2} Death rates for all

cancer sites combined have declined substantially among African Americans since 1991, as have incidence rates since 1993.^{1,2} Increased efforts in providing education to African Americans about the relation of lifestyle choices and cancer can help lessen the burden of cancer in this population.²

New Cases

Estimated New Cases: About 130,800 new cancer cases are expected to be diagnosed among African Americans in 2001. The most commonly diagnosed cancers among African-American men will be prostate cancer (37%), followed by cancer of the lung (15%) and colon and rectum cancers (9%). The most common cancers among African-American women will be breast cancer (31%), followed by lung (12%) and colon and rectum cancers (12%) (Figure 1).

Trends in Incidence Rates: During 1973-1993, the incidence of cancer in African Americans increased substantially.² During 1993-1997, this long-term trend appeared to reverse, and the incidence of all cancers combined decreased on average about -2.5% per year.¹ The decline between 1993 and 1997 is steeper among African-American men than women. (For more information on rates and trends in specific cancers, see Selected Cancers, pages 4 to 7.)

Deaths

Reported Deaths: In 1997, the five leading causes of death in African Americans were heart diseases, cancer, cerebrovascular diseases, accidents, and diabetes. Among African-American children aged 1-14 years, cancer ranks third among the leading causes of death. The five leading causes of death among African-American children are accidents, homicide, cancer, congenital anomalies, and heart disease (Table 1).

Estimated Deaths: About 63,500 African Americans are expected to die from cancer in 2001. Lung cancer accounts for the largest number of cancer deaths among both men (30%) and women (21%), followed by prostate cancer in men (19%) and breast cancer in women (19%). For both men and women, cancer of the colon and rectum and cancer of the pancreas are expected to rank third and fourth as leading causes of cancer death (Figure 1).

Table 1. Leading Causes of Death Among African Americans, US, 1997

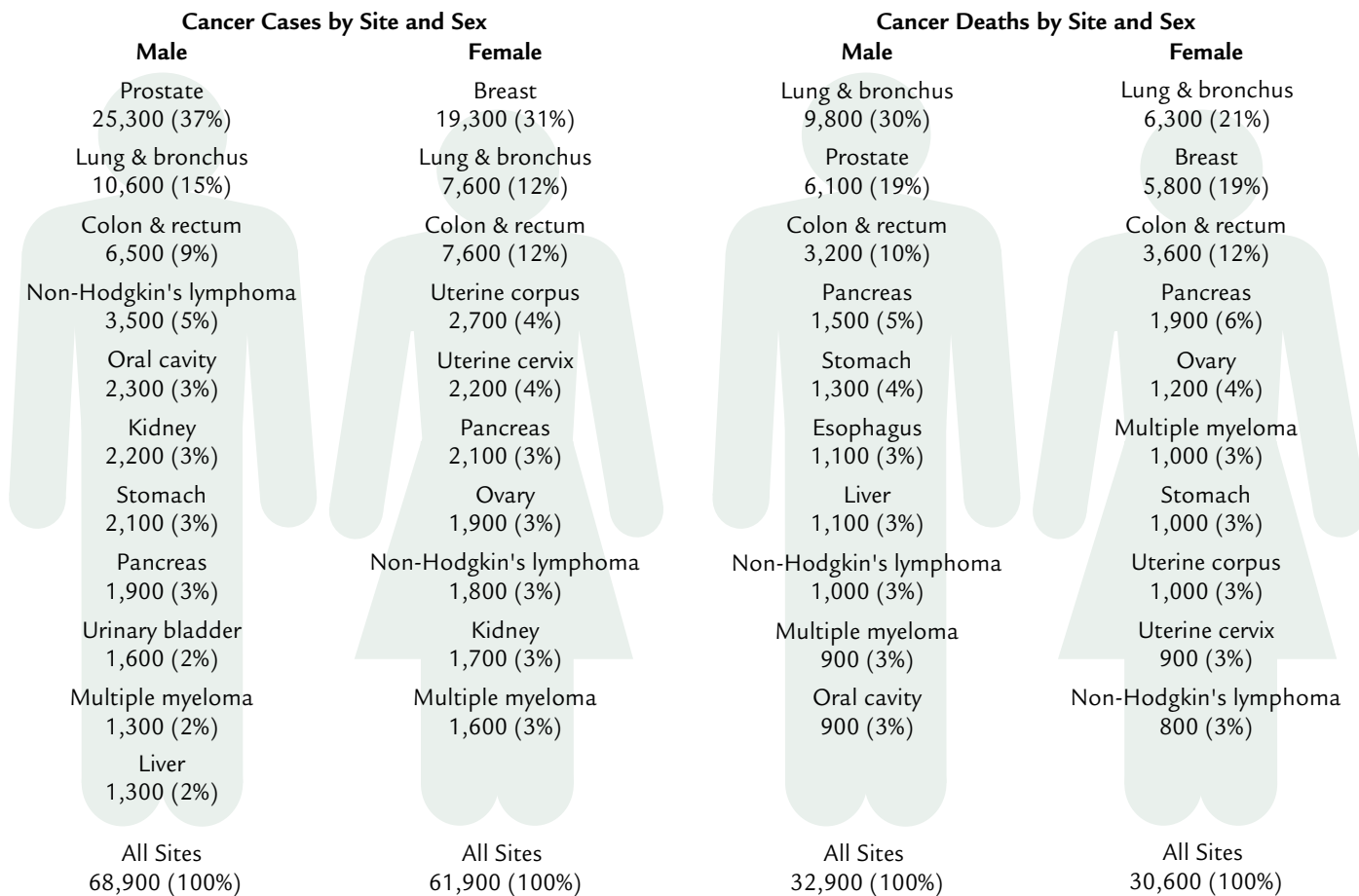
All Ages Cause of Death	No. of Deaths	Death Rate per 100,000 Population*	% of Total Deaths
Heart diseases	77,174	258.1	27.9
Cancer	61,333	213.4	22.2
Cerebrovascular diseases	18,131	59.9	6.6
Accidents	12,665	37.2	4.6
Diabetes	11,130	38.4	4.0
All causes	276,520	903.1	100.0
Children Aged 1-14			
Cause of Death	No. of Deaths	Death Rate per 100,000 Population*	% of Total Deaths
Accidents	1,208	14.1	36.9
Homicide	327	3.8	10.0
Cancer	224	2.6	6.8
Congenital anomalies	206	2.4	6.3
Heart disease	148	1.7	4.5
All causes	3,273	38.2	100.0

*Rates are age-adjusted to the 1970 US standard population.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 1999.

American Cancer Society, Surveillance Research, 2000.

Figure 1. Leading Sites of New Cancer Cases* and Deaths Among African Americans, 2001 Estimates†



*Excludes basal and squamous cell skin cancer and in situ carcinomas except urinary bladder.

†Estimates are rounded to the nearest 100.

Estimates of new cases are projected based on incidence rates from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program, 1979-1997.

American Cancer Society, Surveillance Research, 2000.

Trends in Death Rates: After increasing during 1960-1991, death rates among African Americans for all cancer sites combined declined substantially during 1991-1997, on average, -1.1% per year.¹ The decline for African-American men (-1.7% per year) was larger than the decline for African-American women (-0.5% per year). (For more information on rates and trends in specific cancers, see Selected Cancers, pages 4 to 7.)

Survival

Rates and Trends: Five-year relative survival rates are commonly used to monitor progress in the early detection and treatment of cancer. Five-year relative survival rates are reasonable indicators of the average survival experience of cancer patients in a given population, but they are less informative when used to predict individual prognosis. In general, African Americans with cancer have shorter survival times than whites

at all stages of diagnosis. This difference is believed to be due to poverty, reduced access to medical care, later diagnosis (because of less availability or utilization of screening and early detection procedures), or other factors that may affect cancer survival. Identifying and understanding these factors has become an active area of research.

The overall 5-year cancer survival rate among African Americans improved from approximately 27% during 1960-1963 to 49% during 1989-1996. Relative 5-year survival rates are higher among persons diagnosed at younger ages (52% among African Americans diagnosed before age 45) than in persons diagnosed at older ages (43% among those diagnosed after age 75). Cancer among African Americans is frequently diagnosed after the disease has spread to regional or distant sites.¹

SELECTED CANCERS

FEMALE BREAST

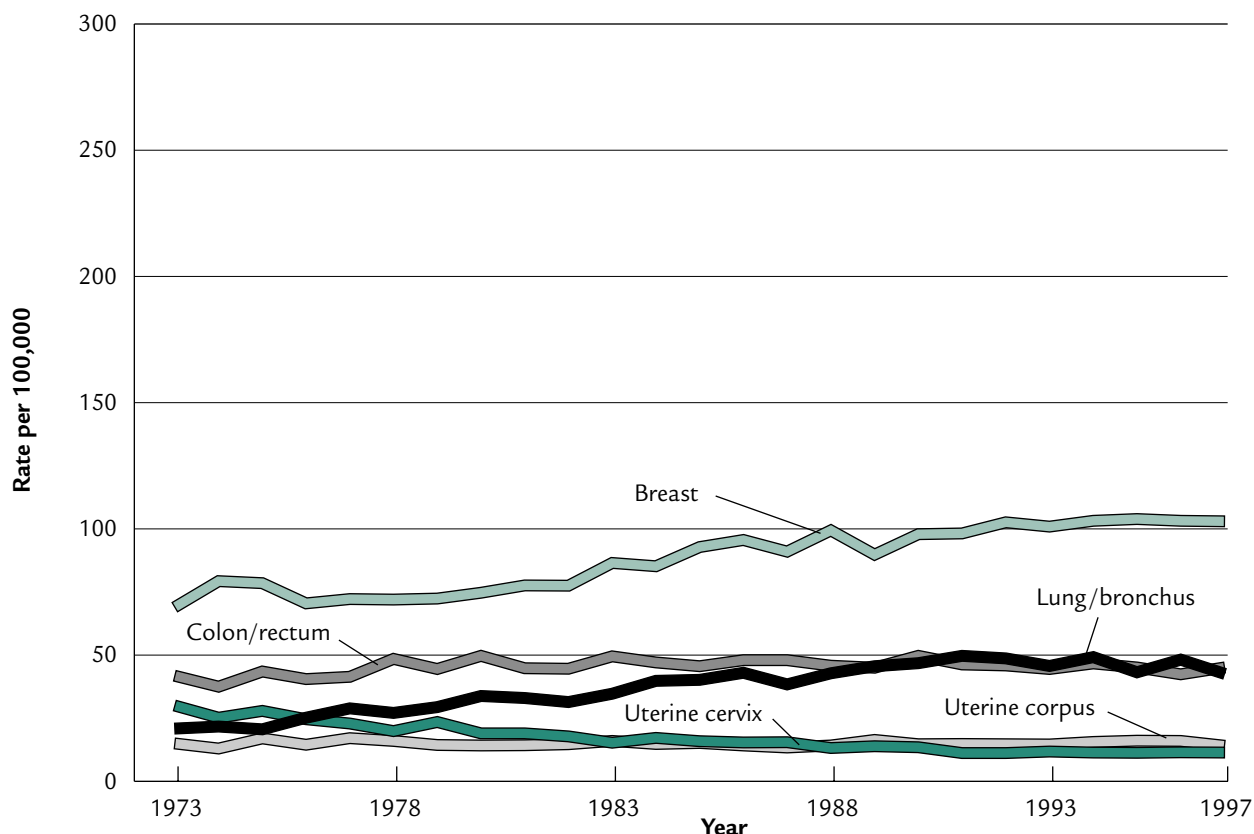
New Cases

An estimated 19,300 new cases of breast cancer are expected to occur among African-American women in 2001. Breast cancer is the most common cancer among African-American women, although the incidence rate of newly diagnosed cases is about 13% lower in African-American women than in white women. Trends in breast cancer incidence among African-American women over the past 30 years show three distinct phases: a period of stable rates during 1973-1980, followed by a rapid increase during 1980-1987, and then stabilization from 1988-1997.¹ The more rapid increase of breast cancer rates in the 1980s can be attributed to earlier diagnosis through increased use of breast cancer screening methods, particularly mammography (Figure 2a).

Deaths

An estimated 5,800 deaths from breast cancer are expected to occur among African-American women in 2001. Breast cancer ranks second among causes of cancer death among African-American women, exceeded only by lung cancer. Breast cancer death rates among African-American women increased at a modest rate for many years and recently appear to have leveled off at approximately 31 per 100,000 (Figure 3a). Among women younger than age 50, breast cancer death rates may have begun to decline. Despite this stabilization, death rates among African-American women are still approximately 28% higher than among white women. This may be related to later stages at diagnosis or a greater likelihood of being diagnosed with estrogen-receptor-negative tumors or more aggressive tumors, which are more difficult to treat.^{2, 3}

Figure 2a. Age-Adjusted Cancer Incidence Rates*, African-American Females, by Site, US, 1973-1997



*Rates are age-adjusted to the 1970 US standard population.
Source: Surveillance, Epidemiology, and End Results Program, Division of Cancer Control and Population Sciences, National Cancer Institute, 2000.

American Cancer Society, Surveillance Research, 2000.

Survival

The 5-year relative survival rate for breast cancer among African-American women is 71%, compared with 86% among whites.¹ A recent study showed that about 75% of the racial differences in survival between these two populations may be explained by stage at diagnosis, specific characteristics of the tumor, the presence of additional illness, and sociodemographic factors.⁴ Fifty-one percent of all breast cancers among African-American women are diagnosed at a local stage, when 5-year relative survival rates are 89%. If the cancer has spread regionally, however, the 5-year survival rate decreases to 64%. If there are distant metastases, the 5-year survival rate is only 15%. More general information about breast cancer is available in the American Cancer Society publication *Breast Cancer Facts and Figures* (8610.99), or visit the ACS website at www.cancer.org.

COLON & RECTUM

New Cases

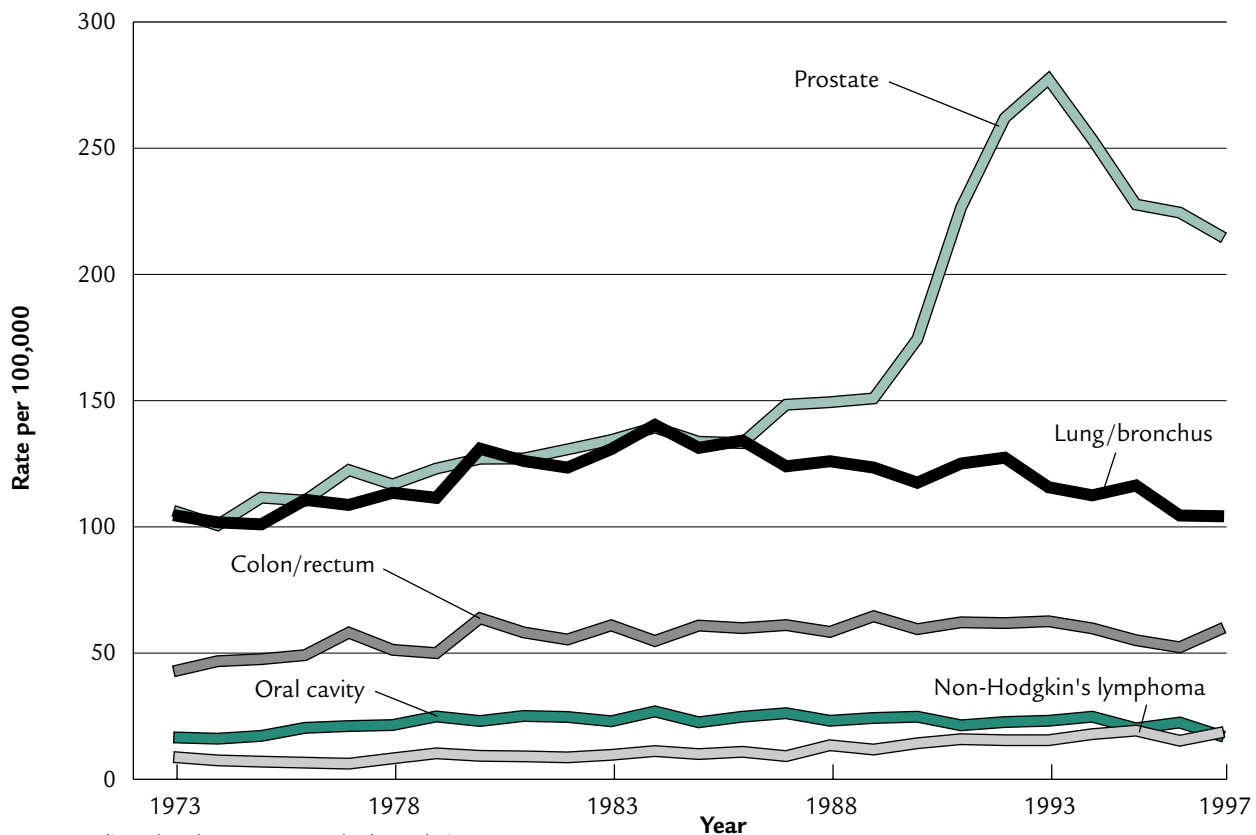
An estimated 14,100 cases of colorectal cancer are expected to occur among African Americans in 2001.

Colorectal cancer is the third most common cancer in African-American men and women. Incidence rates among African Americans have changed little since 1980, although there is some evidence of a recent decline, with rates dropping on average about -1.3% per year between 1990 and 1997 (Figures 2a & 2b).¹ Reasons for the decline in the occurrence of cancers of the colon and rectum are not well understood but may be due to increased screening, estrogen replacement therapy, dietary factors, or increased polyp removal which prevents progression to invasive cancers.²

Deaths

An estimated 6,800 deaths from colorectal cancer are expected to occur among African Americans in 2001. Colorectal cancer is the third leading cause of cancer death among both African-American men and women. Overall, the rate of death from cancer of the colon and rectum in African Americans appears to be declining in men and women (Figures 3a & 3b).² This decrease in mortality reflects both decreasing incidence rates and increasing survival.

Figure 2b. Age-Adjusted Cancer Incidence Rates*, African-American Males, by Site, US, 1973–1997



*Rates are age-adjusted to the 1970 US standard population.
Source: Surveillance, Epidemiology, and End Results Program, Division of Cancer Control and Population Sciences, National Cancer Institute, 2000.

American Cancer Society, Surveillance Research, 2000.

Survival

The 5-year relative survival rate from colorectal cancer among African Americans was 52% for those diagnosed during 1989-1996. The 5-year relative survival rates among whites were higher (62%). When colorectal cancers are detected in an early, localized stage, the 5-year survival rate among African Americans is 84%; however, only 33% of these cancers are discovered at that stage.¹

LUNG & BRONCHUS

New Cases

An estimated 18,200 cases of lung cancer are expected to occur among African Americans in 2001, accounting for roughly 14% of cancer diagnoses. Cancer of the lung is the second most common cancer in both African-American men and women. Since 1985, lung cancer incidence rates among African Americans have decreased substantially, on average -1.0% per year.¹ However, there is some evidence that incidence rates have been decreasing faster since 1990. These declines were apparent for both African-American men and women (Figures 2a & 2b).

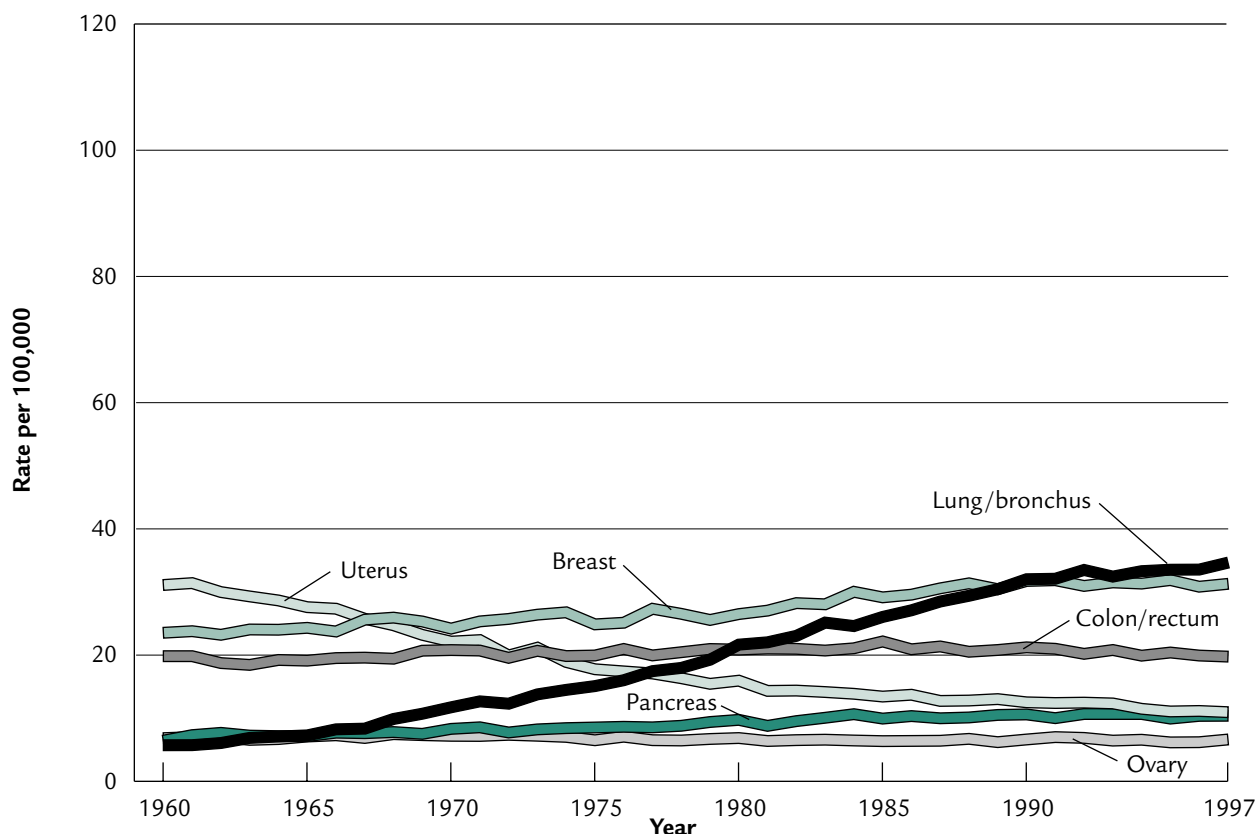
Deaths

An estimated 16,100 deaths from lung cancer are expected to occur among African Americans in 2001. Lung cancer kills more African Americans than any other cancer. In the 1970s, lung cancer death rates increased substantially on average about +2.9% per year among African-American men and about +6.6% per year among African-American women; death rates increased, but not as quickly, in the 1980s (Figures 3a & 3b).¹ However, during 1990-1997, lung cancer death rates in African-American men decreased substantially on average -2.1% per year, while rates in women increased only slightly (+1.0% per year).¹ The decline in death rates among men probably is a result of decreases in the prevalence of smoking over the previous 30 years. Declines are not yet apparent in women because the smoking patterns of women lag behind those of men.^{2,5}

Survival

The 5-year relative survival rate from lung cancer was 11% among African Americans diagnosed during 1989-1996. The 5-year relative survival rate among

Figure 3a. Age-Adjusted Cancer Death Rates*, African-American Females, by Site, US, 1960-1997



*Rates are age-adjusted to the 1970 US standard population.

Source: US Mortality Public Use Data Tapes 1960-1997, National Center for Health Statistics, Centers for Disease Control and Prevention, 2000.

American Cancer Society, Surveillance Research, 2000.

whites was only slightly higher (14%).¹ When lung cancer is detected at a localized stage, the 5-year relative survival rate among African Americans is 42%; however, only 13% of lung cancer cases are discovered at that stage. Symptoms of lung cancer generally do not appear until the disease is in an advanced stage.

PROSTATE

New Cases

An estimated 25,300 cases of prostate cancer are expected to occur among African-American men in 2001, accounting for 37% of all cancers diagnosed among African-American men. Prostate cancer incidence is roughly 60% higher in African-American men than in white men. During 1989-1992 prostate cancer incidence rates increased +21.8% per year, but between 1992 and 1997 the incidence rate declined approximately -4.7% per year (Figure 2b).¹ The dramatic, but short-term increase in prostate cancer incidence rates was likely due to earlier diagnosis in men through increased use of prostate-specific antigen (PSA) blood test screenings.

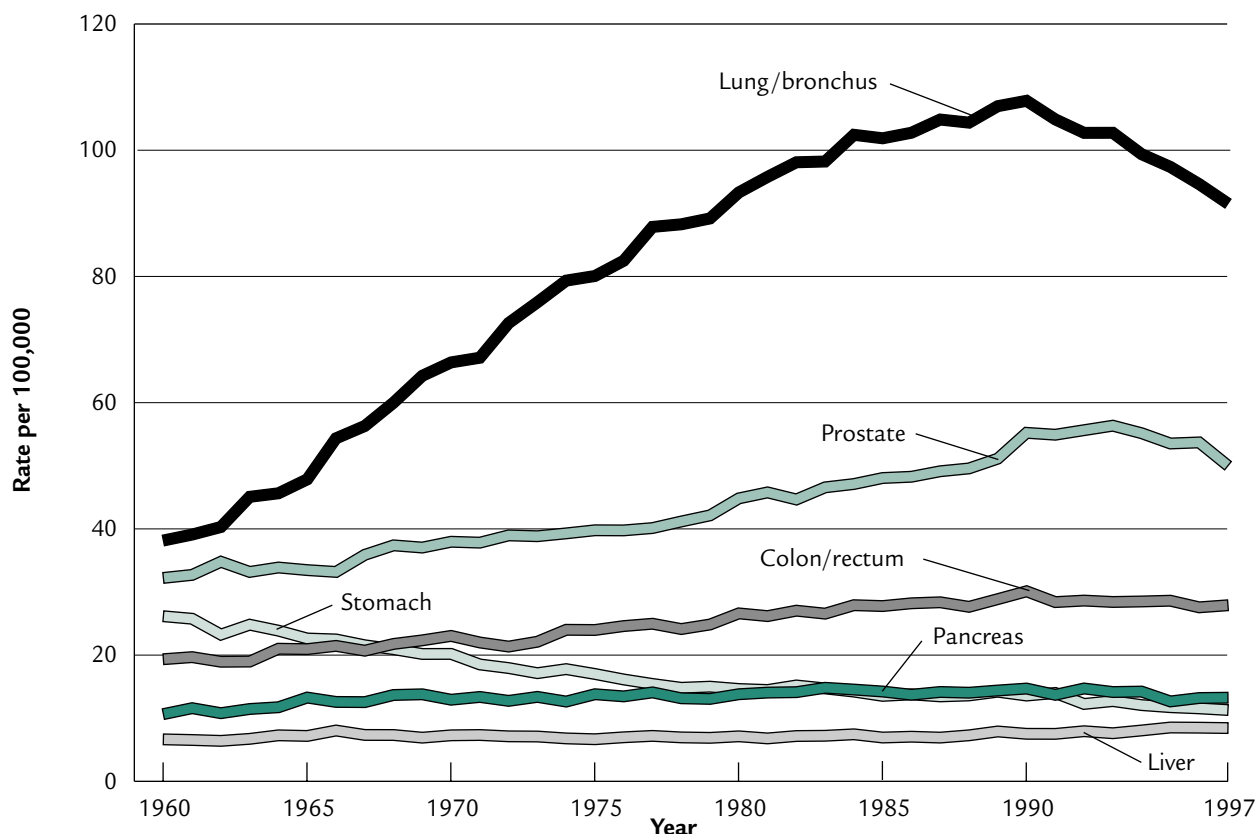
Deaths

An estimated 6,100 deaths from prostate cancer are expected to occur among African-American men in 2001. Prostate cancer is the second leading cause of cancer death among African-American men. Among ethnic and racial groups, African Americans have the highest prostate cancer mortality rate. After a long-term increasing trend, prostate cancer death rates in African-American men peaked in 1993 and decreased on average -2.3% per year subsequently (Figure 3b).¹ The reasons for the recent decrease in prostate cancer death rates are being researched.⁵

Survival

The overall 5-year relative survival rate for prostate cancer among African Americans is 87%. About 74% of all prostate cancers among African Americans are discovered at the local and regional stages; the 5-year relative survival rate for African Americans whose tumors are diagnosed at these stages is 98%. Survival rates drop to 30% when the cancer has spread to distant sites.¹

Figure 3b. Age-Adjusted Cancer Death Rates*, African-American Males, by Site, US, 1960-1997



*Rates are age-adjusted to the 1970 US standard population.

Source: US Mortality Public Use Data Tapes 1960-1997, National Center for Health Statistics. Centers for Disease Control and Prevention, 2000.

American Cancer Society, Surveillance Research, 2000.

BEHAVIORAL RISK FACTOR STATISTICS

TOBACCO USE

Tobacco is the most preventable cause of premature death in the United States and is responsible for about 30% of all cancer deaths.⁶ Most lung cancers, as well as many cancers of the lip and oral cavity, larynx, esophagus, pancreas, cervix, bladder, and kidney can be attributed to cigarette smoking. Both incidence and death rates from lung cancer are higher among African-American men than among whites, even though African Americans begin smoking at an older age and smoke fewer cigarettes per day. Susceptibility to developing lung cancer from smoking may be affected by the type of cigarettes smoked, more complete smoking of a cigarette, nutritional status, or genetic differences.⁷

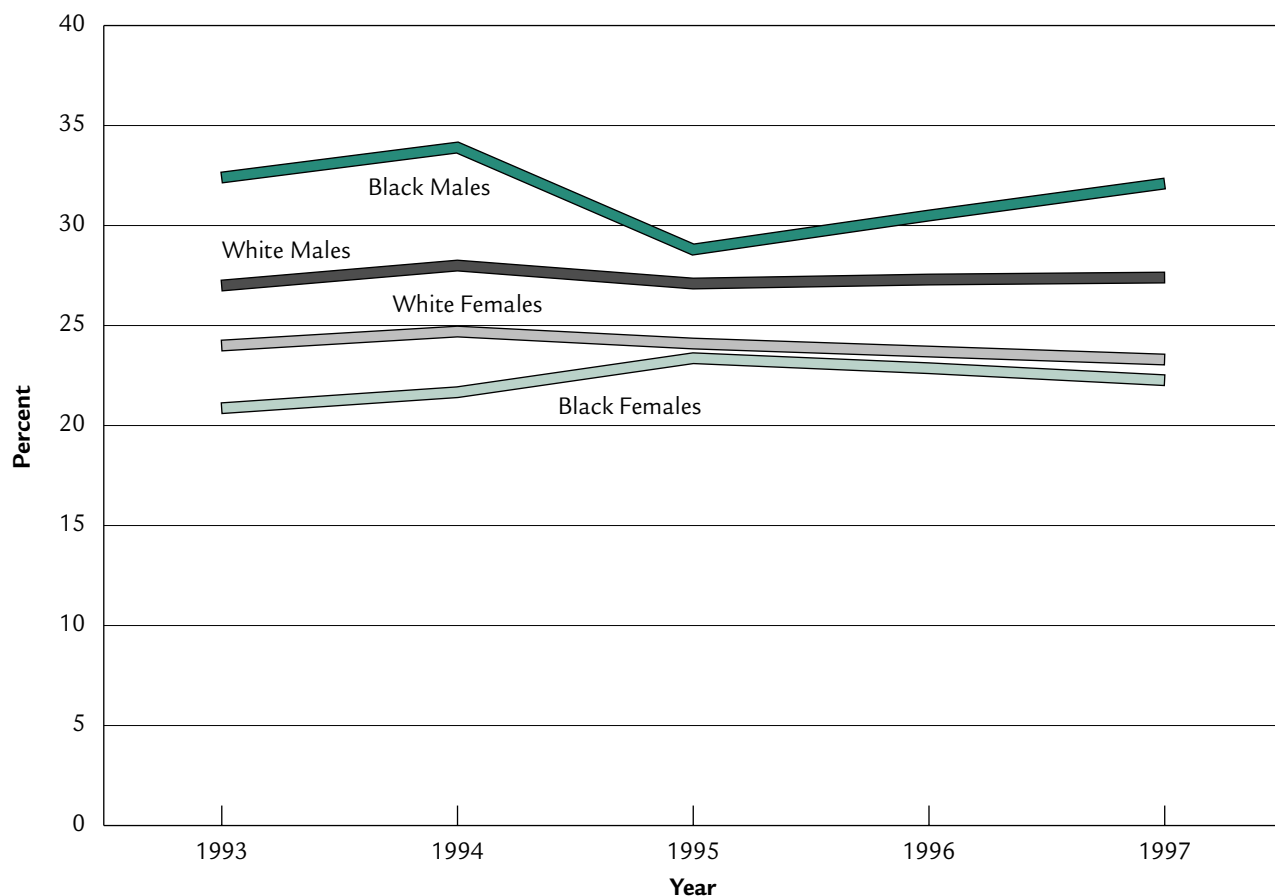
Adult Cigarette Smoking

In 1995, 5.7 million African Americans were smokers in the United States.⁸ In 1997, 32.1% of African-American men and 22.4% of women reported that they were current cigarette smokers (Figure 4a). The prevalence of smoking among African-American men and women is still much higher than the Healthy People 2010 goal of 12%.⁷

Youth Tobacco Use

An estimated 3,000 young persons begin smoking each day.⁷ For over a decade, African-American youth have had the lowest prevalence of cigarette smoking compared with other racial and ethnic groups. However, according to the Youth Risk Behavior Surveillance

Figure 4a. Trends in the Percentage of Current Cigarette Smokers*, Adults 18+, US, 1993-1997



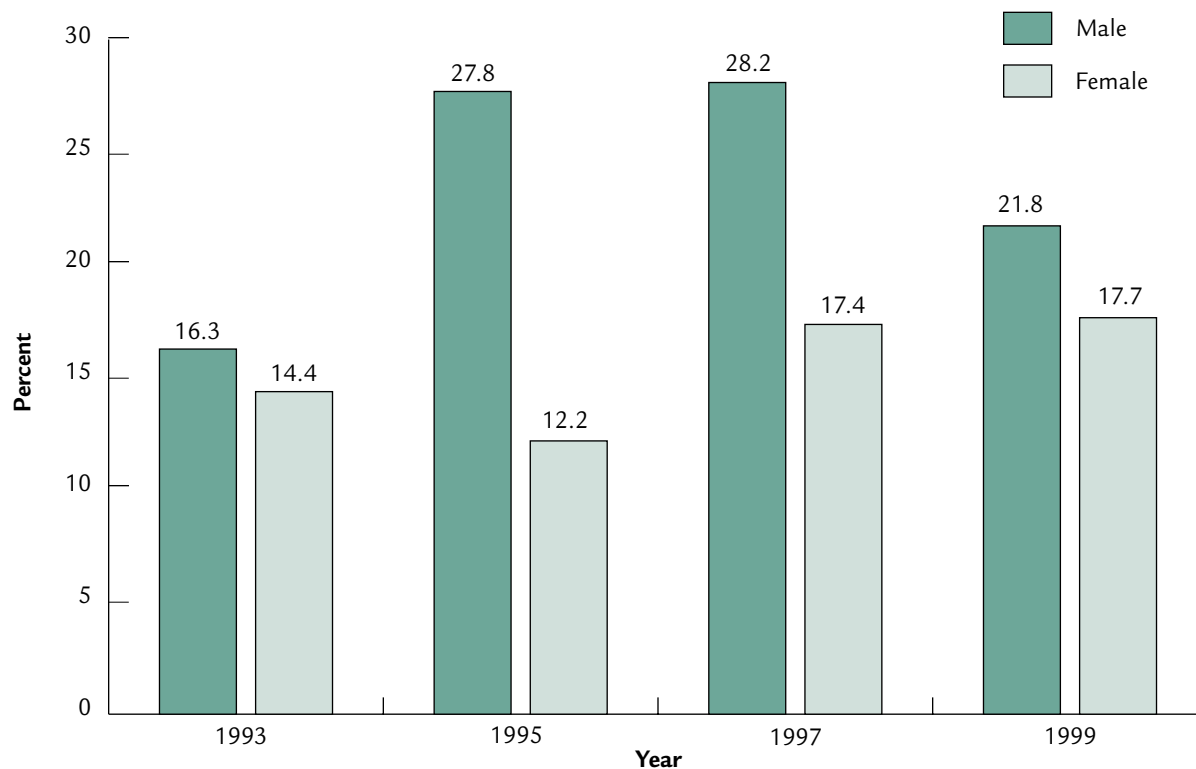
*Persons who reported having smoked more than 100 cigarettes and who reported now smoking every day or on some days.

Source: National Health Interview Survey, 1993, 1994, 1995, 1997, data for 1996 are interpolated.

National Center for Health Statistics, Centers for Disease Control and Prevention.

American Cancer Society, Surveillance Research, 2000.

Figure 4b. Trends in the Percentage of Current Cigarette Smokers*, Non-Hispanic African-American High School Students, US, 1993–1999



*Smoked cigarettes on 1 or more of the 30 days preceding the survey.
 Source: Youth Risk Behavior Surveillance Survey, 1993, 1995, 1997, 1999.
 National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

American Cancer Society, Surveillance Research, 2000.

Survey (YRBSS), the prevalence of current cigarette smoking in 1999 among African-American high school students has increased approximately 34% among males and 23% among females since 1993 (Figure 4b).⁹

OVERWEIGHT, OBESITY, AND PHYSICAL ACTIVITY

Overweight and Obesity

An estimated 107 million adults are overweight or obese in the United States.⁷ Obesity is associated with an increased risk of several chronic diseases, including cancers of the gallbladder, breast, cervix, uterus, ovary, colon, and prostate.¹⁰ Overall, approximately one in three US adults were overweight in 1994.¹⁰ According to the recently adopted federal definition of overweight (Body Mass Index ≥ 25 kg/m²), more than half of all Americans are now considered overweight.¹¹

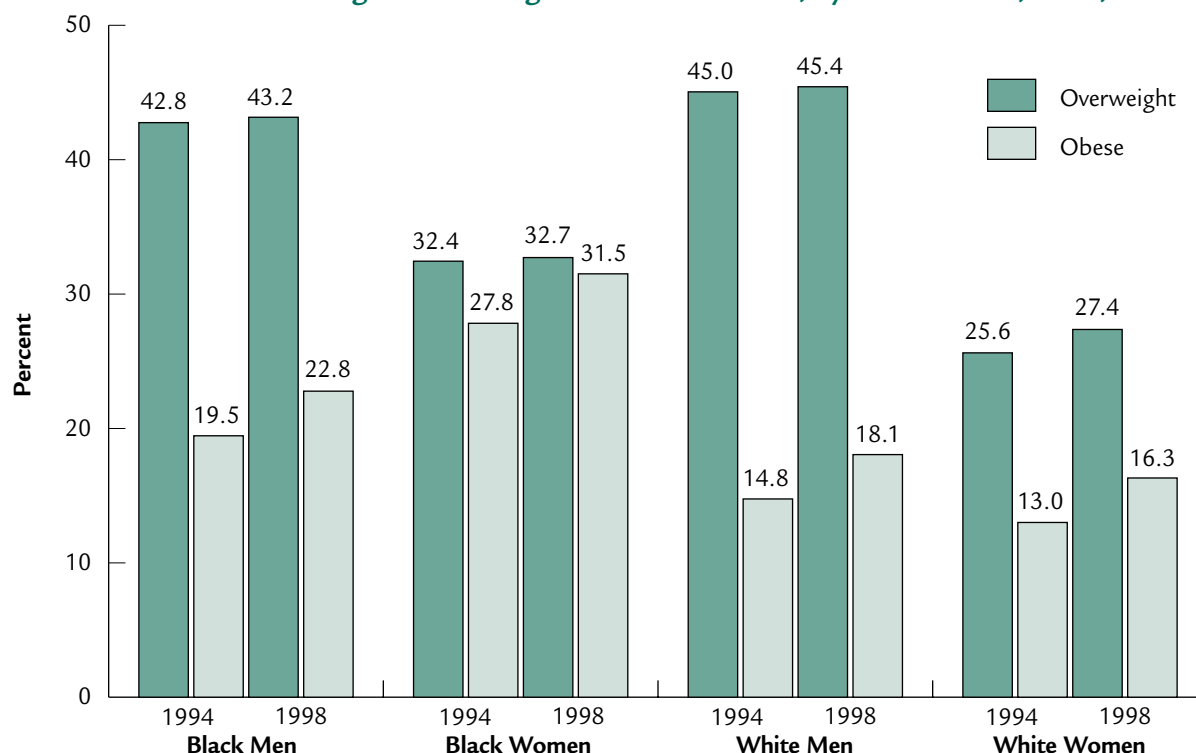
The proportion of US adults aged 20 to 74 years who are overweight has consistently increased over the past decade, particularly among African-American women.

During the period 1960-1962, 42% of African-American women were overweight, compared with 22% of African-American men. By 1998, 64% of African-American women were overweight and 32% of African-American women were characterized as obese (Body Mass Index ≥ 30 kg/m²) (Figure 5). This trend in adult obesity is moving away from the Healthy People 2010 goal of an obesity prevalence of only 15%.⁷

Physical Activity

Studies have shown that regular physical activity is associated with a reduced risk of colon cancer, and among women, physical activity in adolescence and early adulthood may protect against development of breast cancer.¹² In 1995, the Centers for Disease Control and Prevention and the American College of Sports and Medicine recommended that adults engage in 30 minutes or more of moderate intensity physical activity on most or all days of the week. In 1997, only 15% of all adults participated in moderate physical activity, three or more times a week.⁷

Figure 5. Trends in the Percentage of Overweight and Obese Adults, by Sex and Race, 1994, 1998



Source: Behavioral Risk Factor Surveillance System, 1994, 1998, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

American Cancer Society, Surveillance Research, 2000.

Data from the 1998 Behavioral Risk Factor Surveillance System (BRFSS) show that more than one-third of African-American adults (33.8%) reported no leisure-time physical activity, with African-American women more likely than men to be physically inactive (39.9% versus 25.9%, respectively).¹² The physical activity objectives of Healthy

People 2010 aim for 30% of adults to be moderately physically active for 30 minutes, three or more times per week. African-American men (21.2%) were more likely to report regular, sustained physical activity than women (15.2%), but regular vigorous activity levels did not differ by sex (men 13.2%, women 11.7%) (Table 2).

Table 2. Participation in Physical Activity, Adults, by Race and Sex, US*, 1998

	% African American†	% White‡
No leisure-time physical activity		
Male	25.9	25.1
Female	39.9	28.2
Total	33.8	26.7
Regular, sustained physical activity‡		
Male	21.2	22.2
Female	15.2	21.0
Total	17.8	21.6
Regular, vigorous physical activity§		
Male	13.2	13.6
Female	11.7	14.4
Total	12.3	14.0

*Estimates based on median of 50 states and District of Columbia. Estimates exclude missing, don't know/not sure, and refused responses. †Non-Hispanic.

‡At least 5 times a week, 30 minutes or more per session, regardless of intensity. §At least 3 times a week, 20 minutes or more per session, 50% or more of capacity.

Source: Behavioral Risk Factor Surveillance System, CD-ROM 1998, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2000.

American Cancer Society, Surveillance Research, 2000.

USE OF SCREENING TESTS

Screening tests are used to detect cancer early, at a stage when it is still highly curable. In fact, for some cancers, early detection efforts can even prevent cancers from occurring, through the identification and removal of pre-cancerous lesions. Screening can also greatly improve the chances of cure, extend life, reduce the extent of treatment needed, and improve quality of life for cancer patients.

Breast and Cervical Cancer Screening

In 1987, only 19.0% of African-American women aged 50 and older reported use of mammography screening for breast cancer within three years prior to the interview. However, by 1997 the proportion of African-American women aged 50 and older who reported receiving a mammogram within two years prior to the interview had increased to 76.1% (Table 3). Increases (approximately 35%) were also seen between 1987 and 1997 for Pap tests among women aged 18 and older.¹³

Colorectal Screening

The use of colorectal screening tests among African Americans has also increased over the past several years. In 1987, only 4% of African Americans reported having had a screening proctoscopic examination within the past three years; by 1997, 28.2% of African Americans reported having a proctoscopic screening exam within the past five years (Table 3). Similar increases in screening were seen for the fecal occult blood test. Although use of colorectal screening tests has improved among African-American adults, the percentage of people being screened still remains low.

Table 3. Reported Use of Screening Tests Among African Americans Within 3 Years Prior to Interview, US

	1987	1992	1994	1997
Mammography				
Women 50+	19.0	50.4	62.6*	76.1*
Clinical Breast Exam				
Women 50+	52.1	64.2	75.2*	78.2
Pap Test				
Women 18+	67.5	71.6	83.6	91.1
Colorectal Screening				
Adults 50+				
Proctoscopy/ sigmoidoscopy	4.0	10.3	NA	28.2†
Fecal occult blood test	15.8	22.4	NA	20.3‡

NA = not available.

*Within 2 years.

†Within 5 years.

‡Within 1 year.

Sources: Behavioral Risk Factor Surveillance System, 1998. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. National Health Interview Survey, Cancer Control Supplements 1987, 1992, 1994. National Center for Health Statistics, Centers for Disease Control and Prevention.

American Cancer Society, Surveillance Research, 2000.

SOURCES OF STATISTICS

New Cancer Cases: The estimated numbers of new US cancer cases among African Americans in 2001 were calculated by fitting the estimated numbers of cancer cases that occurred each year in the US from 1979 through 1997 to a statistical forecasting model. The estimated numbers of US cases from 1979 through 1997 were calculated using cancer incidence from the regions of the US included in the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute, and population data collected by the US Bureau of the Census.

Incidence Rates: Incidence rates are defined as the number of people per 100,000 population who develop disease during a given period of time. Incidence data for the report were collected by the SEER program along with the population data collected by the US Bureau of the Census. All incidence rates in this publication are age-adjusted to the 1970 US standard population.

Cancer Deaths: The estimated numbers of US cancer deaths among African Americans in 2001 were calculated by fitting the number of cancer deaths from 1979 through 1997 to a statistical forecasting model. Data on the number of deaths were obtained from the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention.

Death Rates: Death rates are defined as the number of people per 100,000 dying of a disease during a given period of time. Death rates were reported by the SEER program using data on cancer deaths from the National Center for Health Statistics along with population data from the US Bureau of the Census. All death rates in this publication are age-adjusted to the 1970 US standard population.

Survival Rates: A survival rate represents the proportion of patients who remain alive a specific amount of time, such as five years, after their diagnosis. To adjust

for normal life expectancy (factors such as dying of heart disease, accidents, diseases of old age), a relative survival rate is calculated. The relative survival rate is obtained by dividing the observed survival among a group of cancer patients by the expected survival for persons in the general population who are similar to the patient group with respect to age, gender, race, and calendar year of observation.

Behavioral Risk Factor Surveillance System (BRFSS): The BRFSS is an ongoing system of surveys conducted by the state health departments in cooperation with the Centers for Disease Control and Prevention. The methods used are generally comparable from state to state and from year to year, allowing states to compare their risk factor prevalence with national data. The interviews are conducted by telephone, and interview questions cover selected health issues and preventive health measures.

National Health Interview Survey (NHIS): The NHIS is a continuous nationwide sample survey conducted by the National Center for Health Statistics since 1957. It consists of personal interviews in a population-based national sample of about 40,000 households. Data are collected on the personal, sociodemographic, and health characteristics of the members of these households.

Youth Risk Behavior Surveillance System (YRBSS): The YRBSS consists of national, state, and local school-based biennial surveys of representative samples of 9th through 12th grade high school students. Students in the national sample completed a self-administered questionnaire regarding priority health-risk behaviors. In addition to tobacco use, behaviors that were included in the survey are: alcohol and other drug use, unintentional and intentional injuries, sexual behaviors, unhealthy dietary behaviors, and physical inactivity.

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ACS-New England Division, Inc.

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ACS-Ohio Division, Inc.

5555 Franz Road
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(614) 889-6578 (F)

ACS-Pennsylvania Division, Inc.

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(717) 534-1075 (F)

ACS-Rocky Mountain Division, Inc. (CO, ID, ND, UT, WY)

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(303) 758-7006 (F)

ACS-Southeast Division, Inc.

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ACS-Southwest Division, Inc.

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(602) 381-3096 (F)

ACS-Texas Division, Inc.

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