

# **Cancer in Louisiana**

## **An Overview and Screening Guide**



**The Louisiana Cancer Prevention and Control Program's  
Cancer-Quality Improvement Project**



# The Louisiana Cancer Prevention and Control Program's Cancer-Quality Improvement Project

The Louisiana Cancer Prevention and Control Program (LCPCP) is part of the National Comprehensive Cancer Control Program managed by the United States Centers for Disease Control and Prevention. The goal of the national program is to achieve significant decreases in the incidence, morbidity, and mortality of cancer among all citizens.

The LCPCP is partnering with Federally Qualified Health Centers (FQHCs) and other primary care practices to assist them in increasing the number of patients screened. The goal is to increase breast, cervical and colorectal cancer screening rates by assisting with quality improvement and policy implementation. Screening and early detection increases the chances that these cancers will be caught at an early or precancerous stage. Unfortunately, too many Louisiana residents have not been screened or are not up to date with their cancer screenings.

## **Why focus on breast, cervical and colorectal cancer screening?**

The number of new cancer cases can be reduced, and many cancer deaths can be prevented. Screening for cervical and colorectal cancers as recommended helps prevent these diseases by finding precancerous lesions so they can be treated before they become cancerous. When found early, breast cancer is easier to treat and the risk of dying from breast cancer is lower.

Screening is effective in preventing and detecting these three cancers early, but it remains underused. Early detection and improved treatment has the ability to lower mortality rates. This booklet seeks to support health centers in carrying out appropriate, sustainable strategies to improve screening rates by presenting prevention and early detection methods, screening guidelines, and risk factors for the selected cancers.



# Overview and Screening Guide

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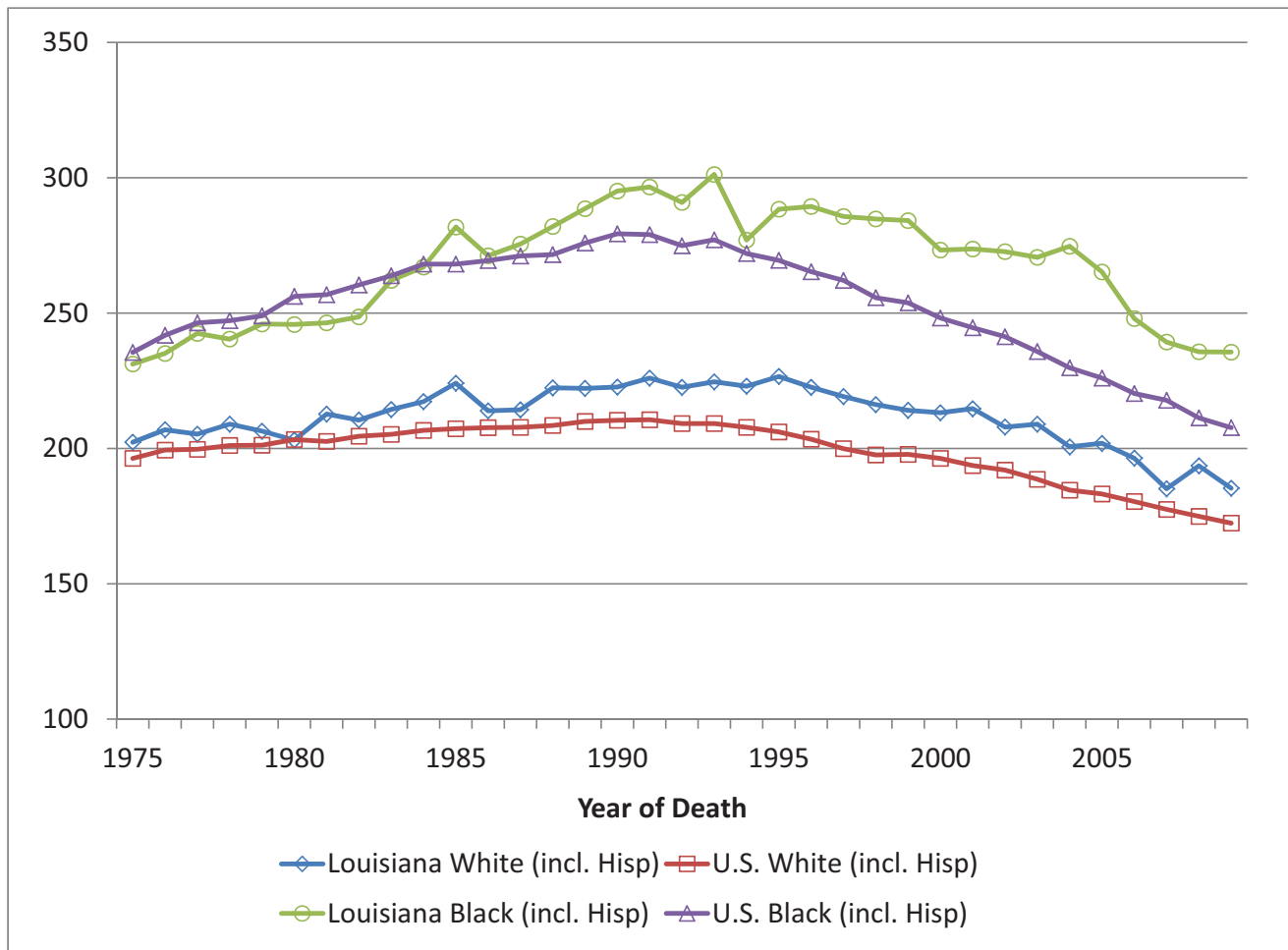
# Cancer in Louisiana

- Louisiana has the fifth highest cancer mortality rate in the nation.<sup>1</sup>
- Cancer is the second leading cause of death in Louisiana, preceded only by heart disease.<sup>2</sup>
- Four cancers account for over half of all new diagnoses and over half of the cancer deaths in Louisiana; breast and colorectal cancers are two of these.<sup>3</sup>
- A disparity between races exists in Louisiana; both the cancer incidence and mortality rates are higher among blacks than whites.<sup>4</sup>
- Although the cancer mortality rate has steadily been declining in Louisiana since the mid-1990's, the state's rate has consistently been higher than the national rate for both races (Figure 1).

## How Patients Can Reduce Their Risk of All Cancers:

- ◇ Obtain regular medical care (carry health insurance)
- ◇ Avoid tobacco
- ◇ Limit alcohol use
- ◇ Eat a diet rich in fruits and vegetables
- ◇ Maintain a healthy weight
- ◇ Be physically active<sup>5</sup>

**Figure 1. Cancer Mortality in Louisiana and the U.S., 1975 - 2009<sup>6</sup>**  
Observed Deaths per 100,000 Resident Population



## Early Diagnosis Increases Survival

When breast, cervical, and colorectal cancers are detected early, the chance that those diagnosed will survive more than five years is drastically increased (Table 1).

**Table 1. National Five-Year Relative Survival by Stage at Diagnosis<sup>7</sup>**

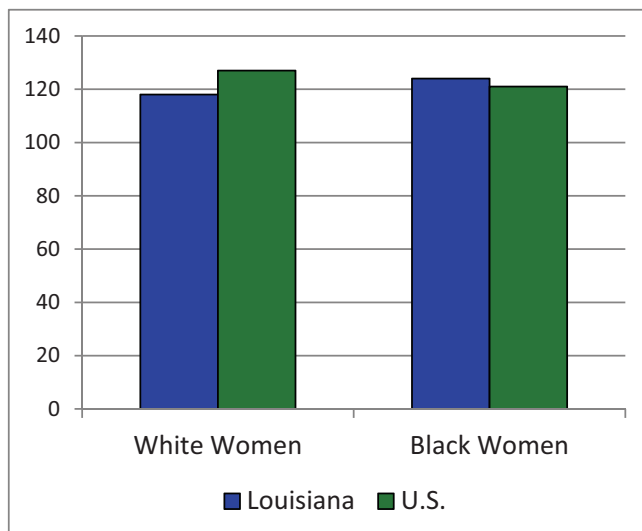
State at Diagnosis	Five-Year Relative Survival		
	Breast	Cervical	Colorectal
<b>Localized</b> (confined to primary site)	99%	91%	90%
<b>Regional</b> (spread to regional lymph nodes)	84%	57%	70%
<b>Distant</b> (cancer has spread to other parts of the body)	24%	16%	13%

## Breast Cancer

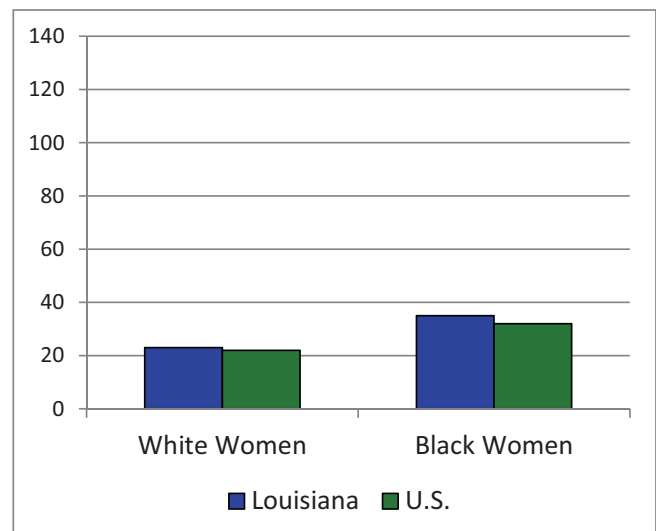
**Figure 2. Incidence and Mortality<sup>6</sup>**

Average Annual Rates per 100,000 Person-Years

### Incidence



### Mortality



Breast cancer is the third most frequently diagnosed cancer in Louisiana, and is the most frequently diagnosed cancer among women, both in the state and nationally. Louisiana women have higher mortality rates, in part, because they are more likely to be diagnosed with late stage breast cancer than those in the U.S.<sup>3</sup>

### **Risk Factors for Breast Cancer**

- Aging
- Being overweight
- Drinking more than one alcoholic drink a day
- Not getting regular exercise
- Not breastfeeding
- Family history of breast cancer
- Genetic risk factors (having changes in the genes BRCA1 or BRCA2)
- Dense breast tissue
- Personal history of breast cancer or having certain benign breast conditions
- Higher total number of lifetime menstrual cycles (being younger when you first had your menstrual period and/or starting menopause at a later age)
- Treatment with radiation therapy to the chest area
- Never giving birth or being older than 30 at the birth of your first child
- Long-term use of hormone therapy with estrogen (used to relieve symptoms of menopause)<sup>8</sup>

### **Breast Cancer Prevention for Your Patients**

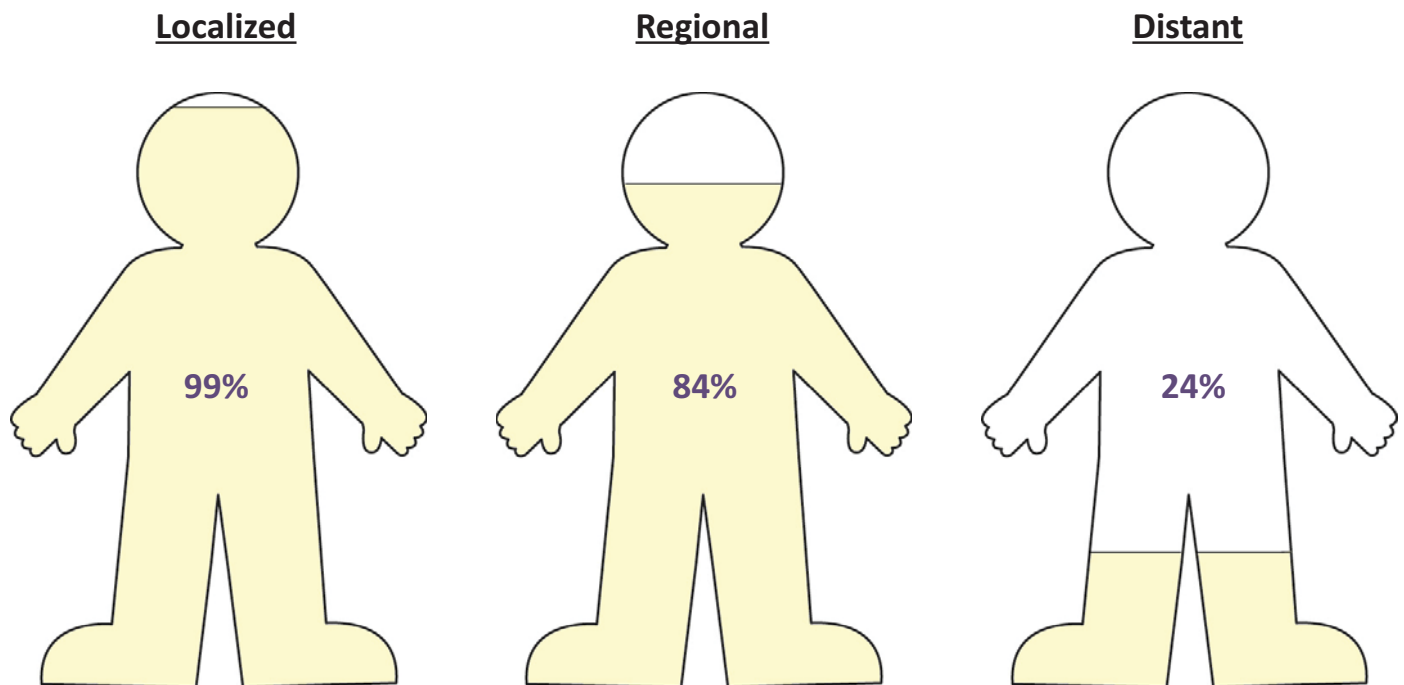
- **Get screened.** Screening exams tend to detect breast cancer earlier (before there are any symptoms), when the likelihood of successful treatment is greatest.<sup>9</sup>
- Avoid hormone replacement therapy (used to manage menopausal symptoms), especially those that contain progesterone.
- Breast-feed your babies. Women who breast-feed their babies for at least a year in total reduce their risk of developing cancer later in life.
- Drink little or no alcohol.
- Get regular exercise.
- Don't smoke.
- Talk to your doctor about medications that can prevent the development of breast cancer. Postmenopausal women with a family history of breast cancer or other breast abnormalities may be at higher risk.<sup>10</sup>

## American Cancer Society Screening Guidelines for Breast Cancer

- ✓ Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
- ✓ Clinical breast exams (CBE's) are recommended about every 3 years for women in their 20's and 30's and every year for women 40 and over.
- ✓ Women should know how their breasts normally look and feel and report any breast change promptly to their health care provide. Breast self-exam (BSE) is an option for women starting in their 20's.

Some women (less than 2% of all U.S. women) with a family history, a genetic tendency, or other factors, should be screened at an earlier age with magnetic resonance imaging (MRI).<sup>11</sup>

**Figure 3. Breast Cancer Five-Year Relative Survival<sup>7</sup>**

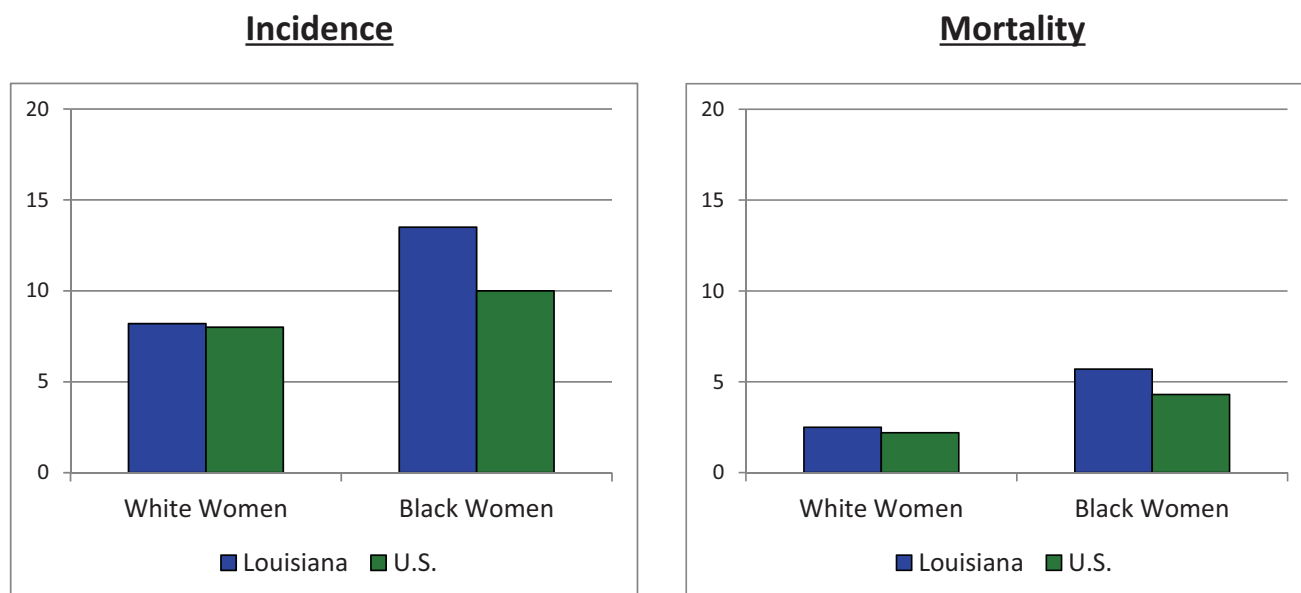


When breast cancer is found at a local stage, almost all women survive more than five years. Survival decreases to about a quarter (24%) when the cancer is found after it has metastasized.<sup>7</sup>



# Cervical Cancer

**Figure 4. Incidence and Mortality<sup>3</sup>**  
Average Annual Rates per 100,000 Person-Years



Black women experience significantly higher incidence and mortality compared to white women, both in Louisiana and the U.S. Among black women, those in Louisiana have a higher incidence and mortality than those in the U.S.<sup>3</sup>

## Risk Factors for Cervical Cancer

- HPV infection
- Smoking
- Having HIV (the virus that causes AIDS) or another condition that lowers your body's immune system, making it harder to fight off health problems
- Using birth control pills for five or more years
- Having given birth to three or more children<sup>12</sup>

## Cervical Cancer Prevention for Your Patients

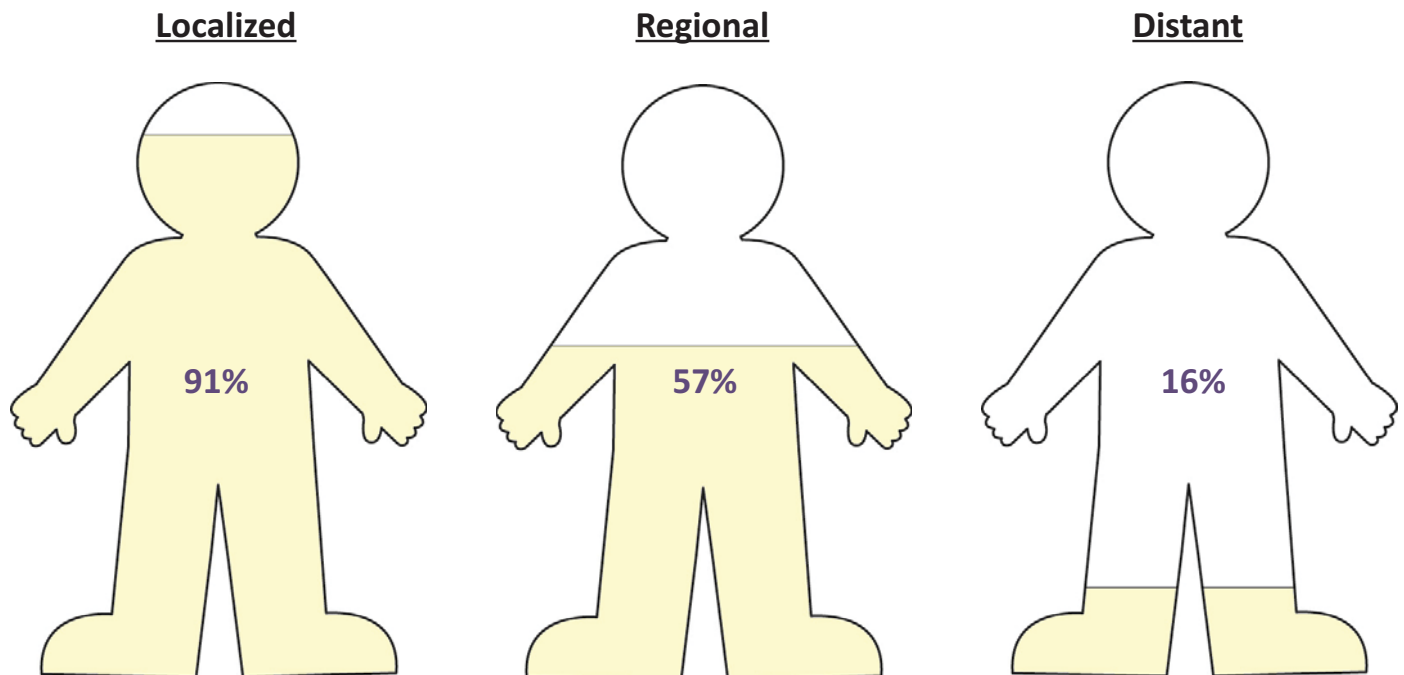
- **Get screened.** The Pap test can find precancerous, cell changes that may become cancerous if they are not treated. The HPV test looks for the virus that can cause these cell changes.<sup>13</sup>
- **Get vaccinated** against the type of human papillomavirus (HPV) that cause most cancers. The vaccine is most effective when received before being sexually active with another person to allow time for development of an immune response. Therefore, the vaccine is recommended for preteen girls and boys, 11 or 12 years old. The vaccine is also recommended to women through age 26 who are not already vaccinated.<sup>13,14</sup>
- **Limit your number of sexual partners** and use condoms during sex. HPV is a sexually transmitted disease.
- **Don't smoke.**<sup>13</sup>

## American Cancer Society Screening Guidelines for Cervical Cancer

- ✓ **Screening should begin at age 21.**
- ✓ **Women between ages 21 and 29** should have a Pap test every 3 years.
- ✓ **Women between the ages of 30 and 65** should have a Pap test plus an HPV test (called “co-testing”) every 5 years. This is the preferred approach, but it is also OK to have a Pap test alone every 3 years.
- ✓ **Women over age 65** who have had regular cervical cancer testing with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be ✓ tested for at least 20 years after that diagnosis, even if testing continues past age 65.
- ✓ **A woman who has had her uterus removed (and also her cervix)** for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer should not be tested.
- ✓ **A woman who has been vaccinated against HPV** should still follow the screening recommendations for her age group.

Some women, because of their health history, may need to have a different screening schedule.<sup>11</sup>

**Figure 5. Cervical Cancer Five-Year Relative Survival<sup>7</sup>**



Women diagnosed with cervical cancer when it's at a local stage have a much greater likelihood of surviving more than five years, compared to those diagnosed when the cancer has already spread regionally or locally (91% versus 57% and 16%, respectively).<sup>7</sup>

# Colorectal Cancer

**Figure 6. Incidence and Mortality<sup>3</sup>**  
Average Annual Rates per 100,000 Person-Years



Colorectal cancer was the fourth most frequently diagnosed cancer and second most common cause of cancer death in Louisiana. Black men have the highest incidence and mortality of colorectal cancer, compared to the other race/sex groups. Black men in Louisiana have higher rates of incidence and mortality than all black men in the U.S.<sup>3</sup>

## Risk Factors for Colorectal Cancer

- Family history of colorectal cancer or colorectal polyps
- Certain genetic syndromes (familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome))
- Being overweight
- Using tobacco
- Drinking alcohol
- Eating too few fruits and vegetables
- A low-fiber and high-fat diet
- Lack of regular physical activity
- Inflammatory bowel disease<sup>15</sup>

## Colorectal Cancer Prevention for Your Patients

- **Get screened.** At least six out of every ten deaths from colorectal cancer could be prevented if all men and women aged 50 years or older were screened routinely.<sup>16</sup> Screening exams can find precancerous polyps (abnormal growths) in the colon before they cause symptoms, and they can be removed before they develop into cancer. Screening can also find colorectal cancer early, when treatment is more likely to be successful and cure the disease.
- Get regular exercise.
- Eat more fruits and vegetables, and lower your fat intake.
- Don't drink alcohol.
- Stop using tobacco.<sup>17</sup>
- Talk to your doctor about certain medications and surgery if you are high-risk. These preventive measures have been shown to reduce the risk of developing precancerous polyps or colorectal cancer.<sup>18</sup>

### American Cancer Society Screening Guidelines for Colorectal Cancer

√ Beginning at age 50, both men and women should follow one of these screening schedules:

#### Tests that find polyps and cancer:

- Colonoscopy every 10 years, or
- Flexible sigmoidoscopy every 5 years\*, or
- Double-contrast barium enema every 5 years\*, or
- CT colonography (virtual colonoscopy) every 5 years\*

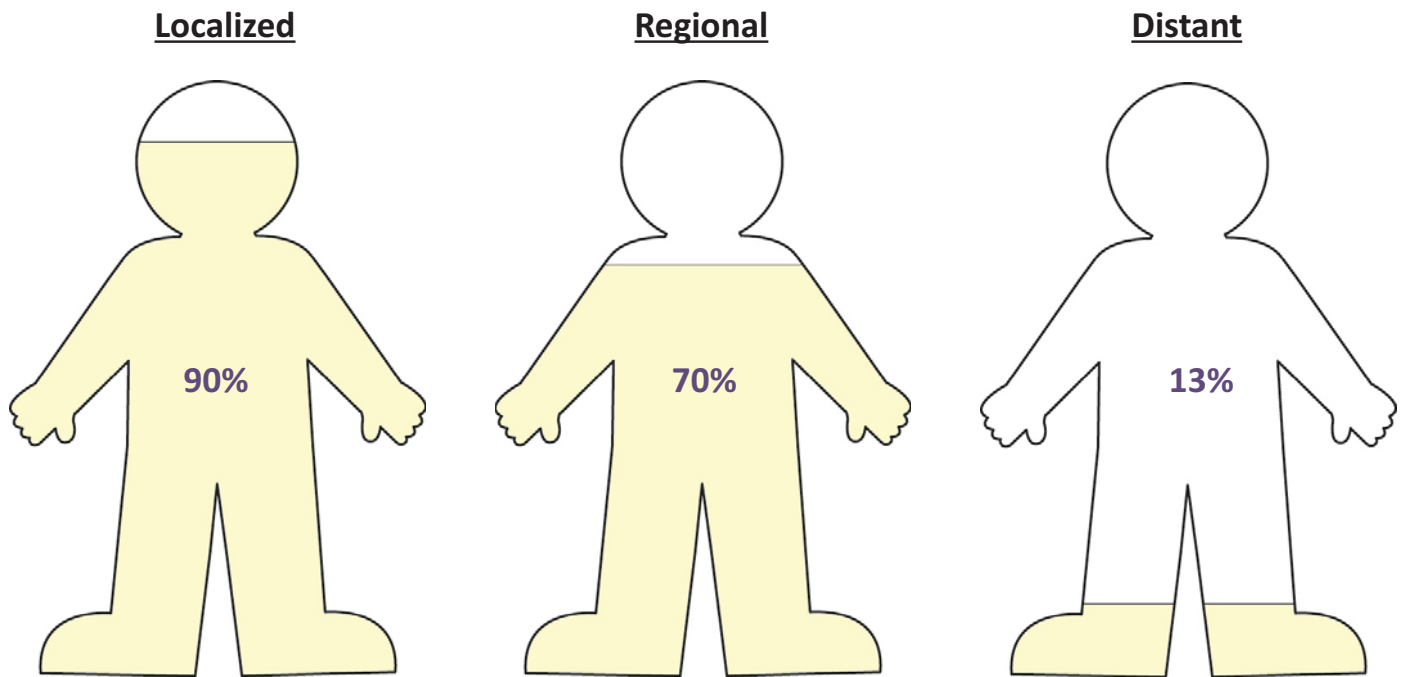
#### Tests that primarily find cancer:

- Yearly fecal occult blood test (gFOBT)\*, or
- Yearly fecal immunochemical test (FIT)\*

*\*If the test is positive, a colonoscopy should be done.*

The tests designed to find both early cancer and polyps are preferred, although more invasive. Some people with a personal or family history should be screened using a different schedule.<sup>11</sup>

**Figure 7. Colorectal Cancer Five-Year Relative Survival<sup>7</sup>**



Ninety percent of those diagnosed with colorectal cancer when it's in a localized stage survive past five years. When the cancer is found after it has spread to other organs of the body, the chance of surviving five years decreases to only 13%.<sup>7</sup>

**Terms used in this booklet:**

**Incidence** - a measure of the frequency (the number of occurrences) which new cases of illness, injury, or other health condition occurs among a population during a specified period

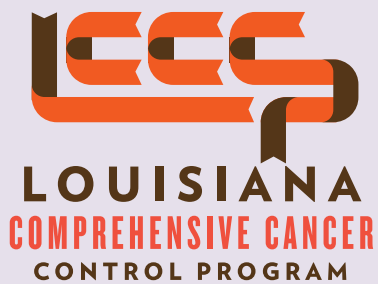
**Mortality** - death<sup>19</sup>

**Relative survival** - survival of the cancer patients in comparison to the general population to estimate the effect of cancer<sup>7</sup>

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**For more information about the Louisiana Cancer Prevention and Control program or to request an electronic version of the Overview and Screening Guide, contact:**  
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