COLORADO

IDAHO

NORTH DAKOTA

UTAH

WYOMING

Cancer Facts and Figures 2000

AMERICAN CANCER SOCIETY®

Hope. Progress. Answers.

ROCKY MOUNTAIN DIVISION

Table of Contents

Expected Numbers of Common Cancers in the Rocky Mountain Division by State, 2000....3
Basic Cancer Data....4
Causes of Cancer....5
Colorado Average Annual New Cancer Cases by County, 1994-98....6
Colorado Average Annual Cancer Deaths by County, 1994-98....7
Idaho Average Annual New Cancer Cases by County, 1994-98....8
Idaho Average Annual Cancer Deaths by County, 1994-98....9
North Dakota New Cancer Cases by County, 1997....10
North Dakota Average Annual Cancer Deaths by County, 1994-98....11
Utah Average Annual New Cancer Cases by County, 1994-98....12
Utah Average Annual Cancer Deaths by County, 1994-98....13
Wyoming Average Annual New Cancer Cases by County, 1994-98....14
Wyoming Average Annual Cancer Deaths by County, 1994-98....15
Breast Cancer....16
Breast Cancer Screening....17
Colon and Rectum Cancer....18
Colon and Rectum Cancer Screening....19
Prostate Cancer....20
Prostate Cancer Screening....21
Lung Cancer....22
Smoking Behaviors....23
Skin Cancer and Sun Exposure....24
Trends in Survival....25
Nutrition, Physical Activity, and Cancer....26
American Cancer Society Guidelines....27
Common Cancers....28
Childhood Cancer....29
Major Cancer Sites....30
Advocacy....32
A Wise Investment in the Fight Against Cancer....33
The Research Program of the American Cancer Society....34
Data Sources....35

INTRODUCTION

The American Cancer Society, Rocky Mountain Division, presents *RMD Cancer Facts and Figures 2000* to assist American Cancer Society volunteers and staff, local community groups, and health professionals in providing programs and services to the public, cancer patients, and their families.

Cancer is a major public health problem in the five states of the Rocky Mountain Division–Colorado, Idaho, North Dakota, Utah, and Wyoming. This publication provides benchmarks to measure progress toward the Society's challenge goals for major reductions in cancer deaths and incidence, and improvement in quality of life for cancer survivors.

For more information you can trust about cancer, contact your American Cancer Society at 800-ACS-2345 or visit our website at www.cancer.org.

ACS 2015 CHALLENGES

The American Cancer Society has set ambitious challenge goals for the year 2015:

- **To reduce the rate of cancer deaths by 50 percent.**
- **To reduce the rate of cancer cases by 25 percent.**
- **To improve the quality of life for all cancer survivors.**

ACKNOWLEDGMENTS

The data for portions of this report have been provided through the cooperation of local agencies, all of which are listed on page 35. These agencies are the primary contributors of cancer-related data specific to Colorado, Idaho, North Dakota, Utah, and Wyoming, and this publication would not have been possible without their assistance. This publication is designed to provide an overview of cancer concerns in the five states of the Rocky Mountain Division and in no way replaces the relevance or need for reports of the individual state organizations.

© 2000, American Cancer Society, Rocky Mountain Division. All rights reserved. Data produced by each state's Department of Health and Central Cancer Registry, as well as data produced by the SEER Program, may be reproduced without permission.

American Cancer Society, Rocky Mountain Division, Communications Department, 2255 S. Oneida St., Denver, CO 80224.

Expected Numbers of Common Cancers in the Rocky Mountain Division by State, 2000

Source: Surveillance Research, American Cancer Society, National Home Office

New Cancer Cases

COLORADO	#	%
Female Breast	2,000	15%
Prostate	1,800	13%
Lung & Bronchus	1,500	11%
Colon & Rectum	1,400	10%
Melanoma of the Skin	700	5%
Non-Hodgkin's Lymphoma	700	5%
Uterine Cervix & Corpus	600	4%
All Cancers	13,400	100%

IDAHO	#	%
Prostate	800	17%
Female Breast	700	15%
Lung & Bronchus	600	12%
Colon & Rectum	500	10%
Melanoma of the Skin	200	5%
Non-Hodgkin's Lymphoma	200	5%
Uterine Cervix & Corpus	100	2%
All Cancers	4,700	100%

NORTH DAKOTA	#	%
Prostate	500	16%
Female Breast	500	15%
Colon & Rectum	400	12%
Lung & Bronchus	300	11%
Non-Hodgkin's Lymphoma	100	5%
Melanoma of the Skin	100	3%
Uterine Cervix & Corpus	100	3%
All Cancers	3,000	100%

UTAH	#	%
Prostate	1,200	23%
Female Breast	900	17%
Colon & Rectum	600	11%
Lung & Bronchus	400	8%
Melanoma of the Skin	400	7%
Non-Hodgkin's Lymphoma	300	6%
Uterine Cervix & Corpus	200	5%
All Cancers	5,100	100%

WYOMING	#	%
Prostate	400	20%
Female Breast	300	16%
Colon & Rectum	300	14%
Lung & Bronchus	200	12%
Melanoma of the Skin	100	5%
Non-Hodgkin's Lymphoma	100	4%
Uterine Cervix & Corpus	100	4%
All Cancers	2,000	100%

Cancer Deaths

COLORADO	#	%
Lung & Bronchus	1,400	23%
Colon & Rectum	600	10%
Female Breast	400	7%
Prostate	300	5%
Non-Hodgkin's Lymphoma	300	5%
Melanoma of the Skin	100	2%
Uterine Cervix & Corpus	100	2%
All Cancers	6,100	100%

IDAHO	#	%
Lung & Bronchus	500	26%
Colon & Rectum	200	10%
Female Breast	200	8%
Prostate	100	7%
Non-Hodgkin's Lymphoma	100	5%
Melanoma of the Skin	<50	2%
Uterine Cervix & Corpus	<50	1%
All Cancers	2,100	100%

NORTH DAKOTA	#	%
Lung & Bronchus	300	24%
Colon & Rectum	200	12%
Female Breast	100	7%
Prostate	100	6%
Non-Hodgkin's Lymphoma	100	5%
Melanoma of the Skin	<50	1%
Uterine Cervix & Corpus	<50	1%
All Cancers	1,300	100%

UTAH	#	%
Lung & Bronchus	400	17%
Colon & Rectum	200	10%
Female Breast	200	9%
Prostate	200	9%
Non-Hodgkin's Lymphoma	100	6%
Melanoma of the Skin	100	2%
Uterine Cervix & Corpus	100	2%
All Cancers	2,300	100%

WYOMING	#	%
Lung & Bronchus	200	25%
Colon & Rectum	100	13%
Female Breast	100	8%
Prostate	100	8%
Non-Hodgkin's Lymphoma	<50	4%
Melanoma of the Skin	<50	2%
Uterine Cervix & Corpus	<50	2%
All Cancers	900	100%

For actual counts of cancer cases and deaths for recent years provided by your state's central cancer registry, see pages 6-15. See also page 35 for contact information.

The projections printed above were calculated from national data sources using apportioning techniques to allow state-by-state estimation for the current year. All numbers are rounded to the nearest 100. All percents are calculated from unrounded numbers.

AMERICAN CANCER SOCIETY

Basic Cancer Data

What is Cancer?

Cancer is a large group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external (chemicals, radiation, and viruses) and internal (hormones, immune conditions, and inherited genetic mutations) factors. These factors may act together or in sequence to cause cancer. Ten or more years often pass between exposures or mutations and detectable cancer. Surgery, radiation, chemotherapy, hormones, and immunotherapy can be used to treat cancer successfully. Many cancers can be cured if detected and treated early. Some cancers can be prevented entirely by adopting healthy behaviors, especially avoidance of tobacco use.

Who Is at Risk of Developing Cancer?

Everyone is at risk of cancer. Lifetime risk refers to the probability that an individual, over the course of a lifetime, will develop cancer or will die from it. In the United States, men have a one-in-two lifetime risk of developing cancer. For women, the risk is one-in-three. Since the occurrence of cancer increases with age, most cases affect middle-aged and older adults. Nearly 80 percent of all cancers are diagnosed in patients ages 55 and older.

How Many New Cases Are Expected to Occur?

It is estimated that 1,220,100 people in the United States will be diagnosed with cancer in the year 2000. In the Rocky Mountain Division states of Utah, Idaho, Wyoming, Colorado, and North Dakota, it is estimated that 28,200 people will be diagnosed with cancer in 2000. These estimates do not include carcinoma in situ (noninvasive cancer) of any site except urinary bladder and do not include basal and squamous cell skin cancers.

How Many People Will Die?

In the Rocky Mountain Division, an estimated 12,700 people will die from cancer in 2000, which means 35 people each day. Nationwide in the year 2000, about 552,200 people will die from cancer—about 1,513 people per day. Cancer is the second leading cause of death in the United States, exceeded only by heart disease.

How Many People Are Surviving Cancer?

In the early 1900s, few cancer patients had any realistic hope of long-term survival. In the 1930s, fewer than one in five patients were still living five years after diagnosis. In the 1940s, it was one in four, and in the 1960s, it was one in three. Today, when normal life expectancy is taken into consideration (factors such as dying of heart disease, accidents, and diseases of old age), a "relative" five-year survival rate of 59 percent is seen for all cancers combined. The relative survival rate is commonly used to measure progress in the early detection and treatment of cancer, and it estimates the proportion of cancer patients who are potentially curable. While these rates provide some indication about the average survival experience of cancer patients in a given population, they are less useful in predicting individual prognoses and should be applied with caution.

Can Cancer Be Prevented?

The American Cancer Society estimates that in the year 2000, over 171,000 deaths nationwide will be caused by tobacco use, and about 19,000 cancer deaths may be related to excessive alcohol use, frequently in combination with tobacco. All cancers caused by tobacco and heavy use of alcohol are completely preventable.

Scientific evidence suggests that about one-third of the 552,200 cancer deaths estimated to occur nationwide in 2000 are related to poor nutrition and other lifestyle factors and could be prevented. Certain cancers are related to viral infections–for example, hepatitis B virus (HBV), human papillomavirus (HPV), human immunodeficiency virus (HIV), and human T-cell leukemia/lymphoma virus I (HTLV-I). In addition, many of the 1.3 million skin cancers that are expected to be diagnosed in 2000 could have been prevented by protection from the sun's rays.

Regular screening examinations by health care professionals can result in the detection of cancer of the breast, prostate, colon, rectum, cervix, testis, oral cavity, and skin at earlier stages, when treatment is more likely to be successful. Self-examinations for cancer of the breast and skin may also result in detection of tumors at earlier stages. The screening-accessible cancers listed above account for about half of all new cancer cases. The five-year relative survival rate for these cancers is about 80 percent. If all Americans participated in regular cancer screenings, this rate could increase to 95 percent. Following American Cancer Society guidelines for the early detection of cancer (see page 27) can save your life and the lives of people you love.

How Important Are Cancer Genes?

The majority of cancers are not hereditary. It is believed that most cancers result from damage to otherwise normal genes; however, a number of inherited genetic changes have been identified which increase the likelihood of developing certain cancers. Research is underway to learn more about these genes and their contribution to the incidence of specific cancers. For example, five to ten percent of breast cancers are estimated to result from inherited forms of specific genes. Women with strong family histories of breast cancer who are interested in receiving tests to identify cancer genes can seek information and advice from genetic counseling centers. At this time, breast cancer gene testing for the general population is not recommended.

Causes of Cancer

Most cancers result from choices we make, both as individuals and as a society. It is estimated that one-third of all cancer deaths are caused by the use of tobacco products and an additional one-third by diet and obesity. Despite this, many people erroneously believe that whether they develop cancer is beyond their control. In fact, effective prevention of many cancers is within your control by following the ACS guidelines listed on page 27. Widespread recognition that many cancers can be prevented would represent a major shift in how the public thinks about this disease.

CAUSES OF DEATH

In the U.S., the two most prominent contributors to all deaths (not just those related to cancer) are tobacco use and unhealthy diet or inactivity. This is because these behaviors are also key risk factors for heart disease, which is the leading cause of death. Following American Cancer Society guidelines for cancer prevention (see page 27) will also lower your risk for other diseases.

Estimated Percentage of Total Cancer Deaths in the U.S. Attributable to Established Causes of Cancer

Risk Factor	Percentage
Tobacco	30%
Adult diet/obesity	30%
Sedentary lifestyle	5%
Occupational factors	5%
Family history of cancer	5%
Viruses/other biologic agents	5%
Perinatal factors/growth	5%
Reproductive factors	3%
Alcohol	3%
Socioeconomic status	3%
Environmental pollution	2%
Ionizing/ultraviolet radiation	2%
Prescription drugs/medical procedures	1%
Salt/other food additives/contaminants	1%

Source: Adopted from the "Harvard Report on Cancer Prevention, 1996."

CAUSES OF DEATH IN U.S., 1990

Ten Leading Causes of Death*		Attributable Causes of Death**	
Heart Disease	720,058	Tobacco	400,000
Cancer	505,322	Diet/Inactivity Patterns	300,000
Cerebrovascular Disease	144,088	Alcohol	100,000
Unintentional Injuries	91,983	Microbial Agents***	90,000
Chronic Lung Disease	86,679	Toxic Agents	60,000
Pneumonia and Influenza	79,513	Firearms	35,000
Diabetes	47,664	Sexual Behavior	30,000
Suicide	30,906	Motor Vehicles****	25,000
Chronic Liver Disease	25,815	Drug Use	20,000
HIV Infection	25,188		
TOTAL	**1,757,216**	**TOTAL**	**1,060,000**

*Source: National Center for Health Statistics, "Advance Report of Final Mortality Statistics, 1990," Monthly Vital Statistics Report, V 41, N 7.
**Source: McGinnis, J.M., and Foege, W.H. "Actual Causes of Death in the United States," The Journal of the American Medical Association, 1993, 270:2207-2212.
***Does not include deaths related to HIV, tobacco, alcohol, illicit drugs, or infections caused by other diseases.
****Does not include accidents linked to alcohol or drug use.

AMERICAN CANCER SOCIETY

COLORADO Average Annual New Cancer Cases by County, 1994-98

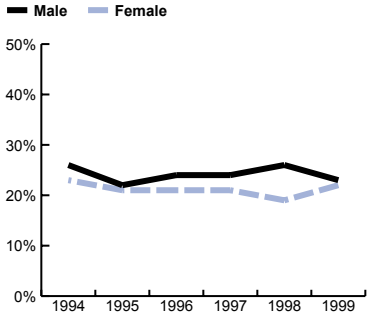
Source: Colorado Central Cancer Registry, Colorado Dept. of Public Health & Environment

Invasive cases only	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Adams	1050	165	130	150	120	40
Alamosa	40	5	5	<5	5	<5
Arapahoe	1505	270	235	160	155	70
Archuleta	30	5	5	<5	<5	<5
Baca	25	<5	<5	<5	<5	<5
Bent	30	<5	5	5	<5	<5
Boulder	870	175	135	85	90	45
Chaffee	85	15	15	10	10	<5
Cheyenne	10	<5	<5	<5	<5	<5
Clear Creek	25	<5	<5	<5	<5	<5
Conejos	30	<5	5	<5	<5	<5
Costilla	10	<5	<5	<5	<5	<5
Crowley	15	<5	<5	<5	<5	<5
Custer	10	<5	<5	<5	<5	<5
Delta	150	25	25	20	15	5
Denver	2295	360	310	285	250	80
Dolores	10	<5	<5	<5	<5	<5
Douglas	290	55	45	25	25	25
Eagle	55	15	5	<5	<5	<5
Elbert	35	5	5	<5	<5	<5
El Paso	1685	265	255	200	175	80
Fremont	205	30	30	25	25	10
Garfield	160	25	30	15	20	5
Gilpin	10	<5	<5	<5	<5	<5
Grand	35	5	5	<5	<5	<5
Gunnison	35	5	5	<5	<5	<5
Hinsdale	<5	<5	<5	<5	<5	<5
Huerfano	35	5	<5	<5	<5	<5
Jackson	5	<5	<5	<5	<5	<5
Jefferson	1820	310	290	205	160	100
Kiowa	10	<5	<5	<5	<5	<5
Kit Carson	35	<5	5	5	<5	<5
Lake	20	<5	<5	<5	<5	<5
La Plata	135	25	20	15	15	10
Larimer	745	135	100	80	80	25
Las Animas	65	5	10	10	10	<5
Lincoln	25	<5	5	<5	<5	<5
Logan	85	10	15	10	15	<5
Mesa	545	85	85	80	55	20
Mineral	<5	<5	<5	<5	<5	<5
Moffat	40	5	5	5	5	<5
Montezuma	95	10	10	15	10	5
Montrose	150	25	25	20	15	5
Morgan	100	15	15	10	15	5
Otero	100	15	20	10	15	<5
Ouray	15	<5	<5	<5	<5	<5
Park	30	<5	5	<5	<5	<5
Phillips	25	<5	5	<5	<5	<5
Pitkin	35	5	5	<5	<5	<5
Prowers	65	10	10	10	5	<5
Pueblo	645	95	105	90	70	20
Rio Blanco	25	<5	<5	<5	<5	<5
Rio Grande	45	5	5	5	5	<5
Routt	45	10	5	5	<5	5
Saguache	20	<5	<5	<5	<5	<5
San Juan	<5	<5	<5	<5	<5	<5
San Miguel	10	<5	<5	<5	<5	<5
Sedgwick	15	<5	<5	<5	<5	<5
Summit	35	5	5	<5	<5	<5
Teller	60	15	10	5	5	5
Washington	25	<5	<5	<5	<5	<5
Weld	550	75	85	65	65	30
Yuma	50	5	10	5	10	<5
TOTAL	**14415**	**2360**	**2165**	**1700**	**1510**	**655**

All numbers are rounded to the nearest multiple of five.

Percent of Colorado Adults (18+) Who are Current Smokers*, by Sex, 1994-1999

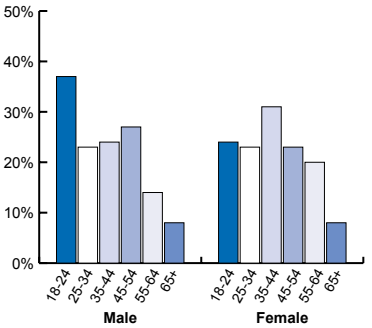
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of Colorado Adults (18+) Who are Current Smokers*, by Age and Sex, 1999

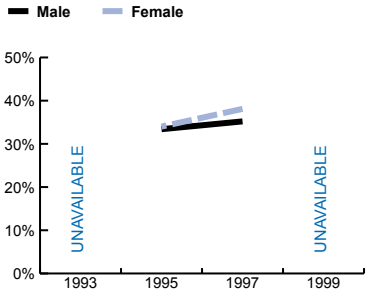
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of Colorado High School Students Who Currently Smoke*, by Sex, 1993-99

Source: YRBS



*Current Smokers are defined as people who smoked cigarettes at least once in the last 30 days.
Data for CO in '97 are unweighted (see p. 35).

COLORADO Average Annual Cancer Deaths by County, 1994-98

Source: Colorado Deptartment of Public Health & Environment

	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Adams	430	35	25	115	45	10
Alamosa	20	<5	<5	<5	<5	<5
Arapahoe	550	50	35	125	60	15
Archuleta	10	<5	<5	<5	<5	<5
Baca	15	<5	<5	<5	<5	<5
Bent	15	<5	<5	<5	<5	<5
Boulder	295	25	20	65	30	5
Chaffee	30	<5	<5	5	<5	<5
Cheyenne	5	<5	<5	<5	<5	<5
Clear Creek	10	<5	<5	<5	<5	<5
Conejos	15	<5	<5	<5	<5	<5
Costilla	5	<5	<5	<5	<5	<5
Crowley	10	<5	<5	<5	<5	<5
Custer	<5	<5	<5	<5	<5	<5
Delta	60	<5	<5	15	5	<5
Denver	975	80	70	220	100	15
Dolores	<5	<5	<5	<5	<5	<5
Douglas	85	5	<5	15	5	5
Eagle	15	<5	<5	<5	<5	<5
Elbert	15	<5	<5	<5	<5	<5
El Paso	615	50	35	160	60	10
Fremont	90	5	5	20	10	<5
Garfield	55	<5	<5	15	5	<5
Gilpin	<5	<5	<5	<5	<5	<5
Grand	10	<5	<5	<5	<5	<5
Gunnison	10	<5	<5	<5	<5	<5
Hinsdale	<5	<5	<5	<5	<5	<5
Huerfano	15	<5	<5	<5	<5	<5
Jackson	<5	<5	<5	<5	<5	<5
Jefferson	665	55	35	155	65	10
Kiowa	<5	<5	<5	<5	<5	<5
Kit Carson	15	<5	<5	<5	<5	<5
Lake	10	<5	<5	<5	<5	<5
La Plata	55	<5	<5	10	<5	<5
Larimer	295	25	20	65	30	5
Las Animas	30	<5	<5	5	<5	<5
Lincoln	15	<5	<5	<5	<5	<5
Logan	40	<5	<5	5	<5	<5
Mesa	235	15	10	70	25	<5
Mineral	<5	<5	<5	<5	<5	<5
Moffat	15	<5	<5	<5	<5	<5
Montezuma	40	<5	<5	10	<5	<5
Montrose	60	5	5	15	5	<5
Morgan	45	<5	<5	10	5	<5
Otero	40	<5	<5	10	<5	<5
Ouray	5	<5	<5	<5	<5	<5
Park	10	<5	<5	<5	<5	<5
Phillips	10	<5	<5	<5	<5	<5
Pitkin	5	<5	<5	<5	<5	<5
Prowers	30	<5	<5	10	<5	<5
Pueblo	265	20	15	70	25	<5
Rio Blanco	10	<5	<5	<5	<5	<5
Rio Grande	20	<5	<5	<5	<5	<5
Routt	15	<5	<5	<5	<5	<5
Saguache	5	<5	<5	<5	<5	<5
San Juan	<5	<5	<5	<5	<5	<5
San Miguel	<5	<5	<5	<5	<5	<5
Sedgwick	10	<5	<5	<5	<5	<5
Summit	5	<5	<5	<5	<5	<5
Teller	20	<5	<5	<5	<5	<5
Washington	10	<5	<5	<5	<5	<5
Weld	220	15	15	50	25	<5
Yuma	20	<5	<5	<5	<5	<5
Unknown	<5	<5	<5	<5	<5	<5
TOTAL	**5595**	**455**	**355**	**1340**	**580**	**105**

All numbers are rounded to the nearest multiple of five.

DID YOU KNOW...

- **Boulder requires all public places to be 100 percent smoke free.**
- **The younger children are when they start using tobacco, the less likely it is that they will be able to quit, and the more likely it is that they will die prematurely of a tobacco related disease.**
- **Every day, 3,000 American youth start smoking. More than one-third will die of a tobacco related disease.**
- **Tobacco contains more than 4,000 chemicals, including 43 known cancer-causing agents.**
- **In a plan for Colorado, Colorado Coalition for the Medically Undeserved (1998) stated that between 1995-1997, an average of 15.2 percent of Colorado residents were uninsured.**
- **Colorado is one of 15 states which offers guaranteed issue health insurance for business groups of one.**
- **Colorado is one of the 17 states with community rating for health insurance plans.**
- **Colorado does not allow a patient to sue his or her managed care organization for medical malpractice, but does have a mandatory appeals process.**
- **According to a Texas Department of Insurance study: "States with a high number of mandated benefits do not have higher uninsured rates than states with a low number of mandates."**
- **Colorado has a law which mandates all private, non-ERISA health plans cover prostate cancer screenings for men. (Over 50 or over 40 and high risk - annual PSA's and DRE.)**
- **Colorado has a law mandating all private, non-ERISA health plans cover mammography screening for women beginning at age 35. (Baseline for ages 35-39, every two years for 40s, each year 50+, or physician recommend)**
- **Colorado does not have a law to mandate health plans to cover the routine costs associated with participation in a clinical trial.**

AMERICAN CANCER SOCIETY

IDAHO Average Annual New Cancer Cases by County, 1994-98

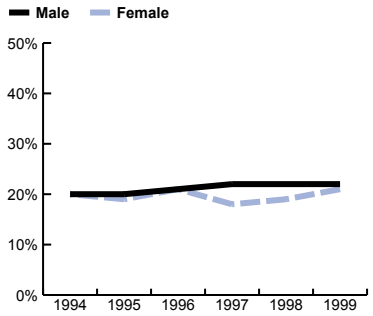
Source: Cancer Data Registry of Idaho

Invasive cases only	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Ada	965	155	145	120	100	55
Adams	20	<5	<5	<5	<5	<5
Bannock	270	45	40	30	30	10
Bear Lake	20	<5	<5	<5	<5	<5
Benewah	40	5	10	5	5	<5
Bingham	120	20	20	10	15	<5
Blaine	55	10	15	5	5	<5
Boise	20	<5	<5	<5	<5	<5
Bonner	155	20	25	20	15	5
Bonneville	260	45	40	25	25	10
Boundary	40	5	5	5	<5	<5
Butte	10	<5	<5	<5	<5	<5
Camas	<5	<5	<5	<5	<5	<5
Canyon	445	65	65	55	50	15
Caribou	30	<5	5	<5	<5	<5
Cassia	80	10	20	10	5	<5
Clark	<5	<5	<5	<5	<5	<5
Clearwater	40	5	10	5	5	<5
Custer	20	<5	<5	<5	<5	<5
Elmore	80	10	10	15	5	<5
Franklin	30	<5	5	<5	<5	<5
Fremont	40	5	10	<5	<5	<5
Gem	75	10	10	10	10	<5
Gooding	60	10	10	10	5	<5
Idaho	65	10	10	10	10	<5
Jefferson	55	10	10	<5	5	<5
Jerome	70	10	10	10	5	<5
Kootenai	460	75	65	70	45	20
Latah	100	15	15	10	10	<5
Lemhi	35	<5	<5	<5	5	<5
Lewis	30	<5	5	<5	<5	<5
Lincoln	15	<5	<5	<5	<5	<5
Madison	40	5	5	<5	5	<5
Minidoka	85	10	15	10	5	<5
Nez Perce	210	30	40	30	25	5
Oneida	10	<5	<5	<5	<5	<5
Owyhee	30	5	5	5	<5	<5
Payette	90	15	15	15	10	<5
Power	25	<5	<5	<5	<5	<5
Shoshone	95	15	15	20	10	<5
Teton	15	<5	<5	<5	<5	<5
Twin Falls	275	40	35	35	30	10
Valley	40	5	5	5	<5	<5
Washington	50	5	5	10	5	<5
TOTAL	**4670**	**705**	**730**	**605**	**505**	**195**

All numbers are rounded to the nearest multiple of five.

Percent of Idaho Adults (18+) Who are Current Smokers*, by Sex, 1994-1999

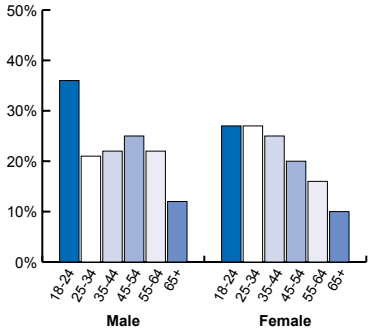
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of Idaho Adults (18+) Who are Current Smokers*, by Age and Sex, 1999

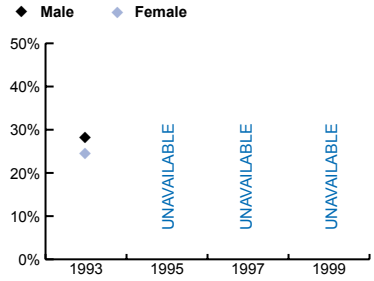
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of Idaho High School Students Who Currently Smoke*, by Sex, 1993-99

Source:YRBS



*Current Smokers are defined as people who smoked cigarettes at least once in the last 30 days.

IDAHO Average Annual Cancer Deaths by County, 1994-98

Source: Idaho Office of Vital Statistics

	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Ada	385	30	25	100	45	5
Adams	10	<5	<5	<5	<5	<5
Bannock	110	10	10	30	10	<5
Bear Lake	10	<5	<5	<5	<5	<5
Benewah	20	<5	<5	5	<5	<5
Bingham	55	5	5	10	5	<5
Blaine	20	<5	<5	5	<5	<5
Boise	10	<5	<5	<5	<5	<5
Bonner	70	5	5	20	10	<5
Bonneville	115	10	10	20	10	<5
Boundary	20	<5	<5	5	<5	<5
Butte	5	<5	<5	<5	<5	<5
Camas	<5	<5	<5	<5	<5	<5
Canyon	190	10	20	50	20	<5
Caribou	10	<5	<5	<5	<5	<5
Cassia	30	<5	<5	5	5	<5
Clark	<5	<5	<5	<5	<5	<5
Clearwater	15	<5	<5	5	<5	<5
Custer	5	<5	<5	<5	<5	<5
Elmore	30	<5	<5	10	<5	<5
Franklin	15	<5	<5	<5	<5	<5
Fremont	15	<5	<5	<5	<5	<5
Gem	35	<5	<5	5	5	<5
Gooding	30	<5	<5	10	<5	<5
Idaho	35	<5	<5	10	<5	<5
Jefferson	25	<5	<5	5	<5	<5
Jerome	30	<5	<5	10	<5	<5
Kootenai	190	15	10	60	15	<5
Latah	40	<5	<5	10	<5	<5
Lemhi	15	<5	<5	<5	<5	<5
Lewis	10	<5	<5	<5	<5	<5
Lincoln	5	<5	<5	<5	<5	<5
Madison	20	<5	<5	<5	<5	<5
Minidoka	35	<5	<5	5	5	<5
Nez Perce	90	10	10	25	10	<5
Oneida	5	<5	<5	<5	<5	<5
Owyhee	15	<5	<5	5	<5	<5
Payette	45	<5	<5	10	<5	<5
Power	10	<5	<5	<5	<5	<5
Shoshone	40	<5	<5	15	<5	<5
Teton	5	<5	<5	<5	<5	<5
Twin Falls	130	10	10	30	10	<5
Valley	15	<5	<5	<5	<5	<5
Washington	25	<5	<5	5	<5	<5
TOTAL	**2000**	**160**	**160**	**510**	**200**	**35**

All numbers are rounded to the nearest multiple of five.

DID YOU KNOW...

- **Idaho has a law mandating all private, non-ERISA health plans cover mammography screening for women. (Baseline for ages 35-39, every two years for 40s, each year 50+, or physician recommend)**
- **Idaho does not have a law which mandates all private, non-ERISA health plans cover prostate cancer screenings for men.**
- **Idaho does not have a law to mandate health plans to cover the routine costs associated with participation in a clinical trial.**
- **Studies show that comprehensive school health education and coordinated school health programs can effectively reduce risky behavior among youth.**
- **The younger children are when they start using tobacco, the less likely it is that they will be able to quit, and the more likely it is that they will die prematurely of a tobacco-related disease.**
- **Every day, 3,000 American youth start smoking. More than one-third will die of a tobacco related disease.**
- **Tobacco contains more than 4,000 chemicals, including 43 known cancer-causing agents.**
- **The tobacco industry spends more money on campaign contributions and lobbying than any industry in the world.**
- **According to a Texas Department of Insurance study: "States with a high number of mandated benefits do not have higher uninsured rates than states with a low number of mandates."**

AMERICAN CANCER SOCIETY

NORTH DAKOTA New Cancer Cases by County, 1997

Source: North Dakota Cancer Registry

Invasive cases only

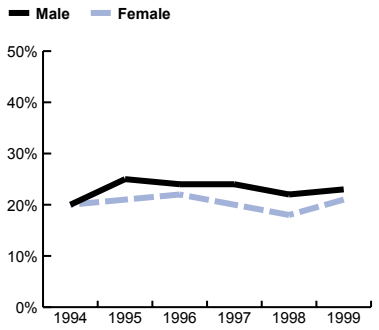
	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Adams	10	<5	<5	<5	<5	<5
Barnes	50	5	10	5	5	<5
Benson	20	<5	10	<5	<5	<5
Billings	<5	<5	<5	<5	<5	<5
Bottineau	55	5	15	<5	5	<5
Bowman	25	<5	5	<5	<5	<5
Burke	15	<5	<5	<5	<5	<5
Burleigh	300	50	45	40	35	5
Cass	480	85	85	65	50	10
Cavalier	20	<5	5	<5	<5	<5
Dickey	25	<5	<5	10	5	<5
Divide	10	<5	<5	<5	<5	<5
Dunn	20	5	<5	<5	<5	<5
Eddy	25	<5	<5	<5	5	<5
Emmons	25	<5	<5	<5	5	<5
Foster	25	<5	<5	<5	5	<5
Golden Valley	10	<5	<5	<5	<5	<5
Grand Forks	180	25	30	20	25	10
Grant	30	10	10	<5	<5	<5
Griggs	20	5	5	<5	<5	<5
Hettinger	20	<5	<5	5	<5	<5
Kidder	15	<5	<5	<5	<5	<5
Lamoure	25	<5	5	<5	5	<5
Logan	20	<5	<5	<5	<5	<5
McHenry	55	10	10	5	<5	<5
McIntosh	35	5	10	<5	5	<5
McKenzie	20	<5	<5	5	<5	<5
McLean	75	5	10	5	10	<5
Mercer	60	5	10	10	10	<5
Morton	120	20	20	20	15	<5
Mountrail	30	<5	5	5	5	<5
Nelson	40	<5	5	5	5	<5
Oliver	10	<5	<5	<5	<5	<5
Pembina	60	<5	10	10	5	<5
Pierce	20	<5	5	<5	<5	<5
Ramsey	65	10	5	<5	10	<5
Ransom	35	5	5	<5	5	<5
Renville	15	<5	<5	<5	<5	<5
Richland	65	10	5	5	10	<5
Rolette	60	10	15	5	10	<5
Sargent	25	5	<5	<5	<5	<5
Sheridan	15	<5	<5	<5	<5	<5
Sioux	10	<5	<5	<5	<5	<5
Slope	<5	<5	<5	<5	<5	<5
Stark	135	15	25	10	20	5
Steele	15	<5	<5	<5	<5	<5
Stutsman	140	15	15	20	35	<5
Towner	20	<5	10	<5	<5	<5
Traill	40	5	10	5	5	<5
Walsh	60	15	10	10	<5	<5
Ward	235	45	50	20	30	<5
Wells	30	<5	10	<5	5	<5
Williams	65	10	10	10	<5	<5
TOTAL FOR STATE	**2990**	**440**	**525**	**360**	**405**	**55**

All numbers are rounded to the nearest multiple of five.

Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Percent of North Dakota Adults (18+) Who are Current Smokers*, by Sex, 1994-1999

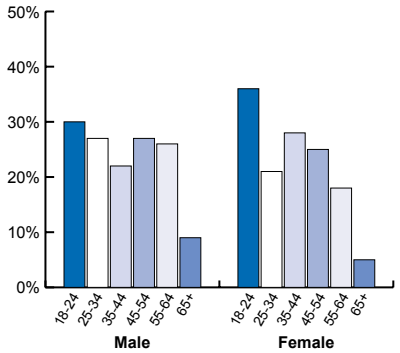
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of North Dakota Adults (18+) Who are Current Smokers*, by Age and Sex, 1999

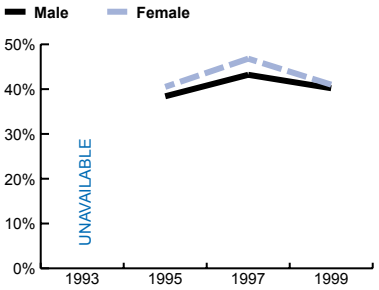
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of North Dakota High School Students Who Currently Smoke*, by Sex, 1993-99

Source: YRBS



*Current Smokers are defined as people who smoked cigarettes at least once in the last 30 days.

NORTH DAKOTA Average Annual Cancer Deaths by County, 1994-98

Source: North Dakota Office of Vital Statistics

	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Adams	10	<5	<5	<5	<5	<5
Barnes	35	<5	<5	10	5	<5
Benson	15	<5	<5	<5	<5	<5
Billings	<5	<5	<5	<5	<5	<5
Bottineau	20	<5	<5	<5	<5	<5
Bowman	10	<5	<5	<5	<5	<5
Burke	10	<5	<5	<5	<5	<5
Burleigh	100	10	10	25	10	<5
Cass	175	15	15	20	20	<5
Cavalier	20	<5	<5	<5	<5	<5
Dickey	20	<5	<5	5	<5	<5
Divide	10	<5	<5	<5	<5	<5
Dunn	10	<5	<5	<5	<5	<5
Eddy	10	<5	<5	<5	<5	<5
Emmons	15	<5	<5	<5	<5	<5
Foster	10	<5	<5	<5	<5	<5
Golden Valley	5	<5	<5	<5	<5	<5
Grand Forks	100	<5	31	30	10	<5
Grant	10	<5	<5	<5	<5	<5
Griggs	10	<5	<5	<5	<5	<5
Hettinger	10	<5	<5	<5	<5	<5
Kidder	10	<5	<5	<5	<5	<5
Lamoure	15	<5	<5	<5	<5	<5
Logan	10	<5	<5	<5	<5	<5
McHenry	20	<5	<5	<5	<5	<5
McIntosh	20	<5	<5	<5	<5	<5
McKenzie	15	<5	<5	<5	<5	<5
McLean	30	<5	<5	10	<5	<5
Mercer	20	<5	<5	5	<5	<5
Morton	50	<5	<5	15	5	<5
Mountrail	20	<5	<5	5	<5	<5
Nelson	20	<5	<5	<5	<5	<5
Oliver	15	<5	<5	<5	<5	<5
Pembina	25	<5	<5	10	<5	<5
Pierce	15	<5	<5	<5	<5	<5
Ramsey	35	<5	<5	5	<5	<5
Ransom	20	<5	<5	<5	<5	<5
Renville	5	<5	<5	<5	<5	<5
Richland	35	<5	<5	5	<5	<5
Rolette	30	<5	<5	10	5	<5
Sargent	10	<5	<5	<5	<5	<5
Sheridan	5	<5	<5	<5	<5	<5
Sioux	<5	<5	<5	<5	<5	<5
Slope	<5	<5	<5	<5	<5	<5
Stark	40	<5	<5	10	<5	<5
Steele	<5	<5	<5	<5	<5	<5
Stutsman	60	<5	5	15	<5	<5
Towner	10	<5	<5	<5	<5	<5
Traill	20	<5	<5	<5	<5	<5
Walsh	40	<5	<5	10	5	<5
Ward	105	10	5	20	15	<5
Wells	20	<5	<5	<5	<5	<5
Williams	50	5	5	10	5	<5
TOTAL	**1350**	**110**	**115**	**350**	**160**	**15**

All numbers are rounded to the nearest multiple of five.

DID YOU KNOW...

- **North Dakota has a law mandating all private, non-ERISA health plans cover mammography screening for women. (Baseline for ages 35-39, every two years for 40s, each year 50+, or physician recommend)**

- **North Dakota does not have a law which mandates all private, non-ERISA health plans cover prostate cancer screenings for men.**

- **North Dakota does not have a law to mandate health plans to cover the routine costs associated with participation in a clinical trial.**

- **Studies show that comprehensive school health education and coordinated school health programs can effectively reduce risky behavior among youth.**

- **The younger children are when they start using tobacco, the less likely it is that they will be able to quit, and the more likely it is that they will die prematurely of a tobacco related disease.**

- **Every day, 3,000 American youth start smoking. More than one-third will die of a tobacco related disease.**

- **Tobacco contains more than 4,000 chemicals, including 43 known cancer-causing agents.**

- **The tobacco industry spends more money on campaign contributions and lobbying than any industry in the world.**

- **According to a Texas Department of Insurance study: "States with a high number of mandated benefits do not have higher uninsured rates than states with a low number of mandates."**

AMERICAN CANCER SOCIETY

UTAH Average Annual New Cancer Cases by County, 1994-98

Source: Utah Cancer Registry

Invasive cases only	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Beaver	25	<5	5	<5	<5	<5
Box Elder	125	20	25	10	15	5
Cache	195	30	40	5	20	10
Carbon	85	15	15	10	10	<5
Daggett	<5	<5	<5	<5	<5	<5
Davis	540	85	115	35	50	25
Duchesne	45	5	10	5	<5	<5
Emery	30	<5	5	<5	<5	<5
Garfield	20	<5	5	<5	<5	<5
Grand	25	5	<5	5	<5	<5
Iron	80	10	20	10	10	<5
Juab	25	<5	5	<5	<5	<5
Kane	25	<5	5	<5	<5	<5
Millard	40	5	10	<5	5	<5
Morgan	20	<5	5	<5	<5	<5
Piute	10	<5	<5	<5	<5	<5
Rich	5	<5	<5	<5	<5	<5
Salt Lake	2500	400	435	200	250	135
San Juan	20	<5	<5	<5	<5	<5
Sanpete	65	10	15	5	10	<5
Sevier	60	10	10	<5	10	<5
Summit	55	10	10	<5	<5	<5
Tooele	105	15	20	15	10	5
Uintah	70	10	15	10	5	<5
Utah	690	110	135	35	70	45
Wasatch	35	5	5	<5	5	<5
Washington	320	45	75	30	35	10
Wayne	10	<5	<5	<5	<5	<5
Weber	560	85	110	50	60	20
TOTAL	**5785**	**895**	**1105**	**445**	**595**	**290**

All numbers are rounded to the nearest multiple of five.

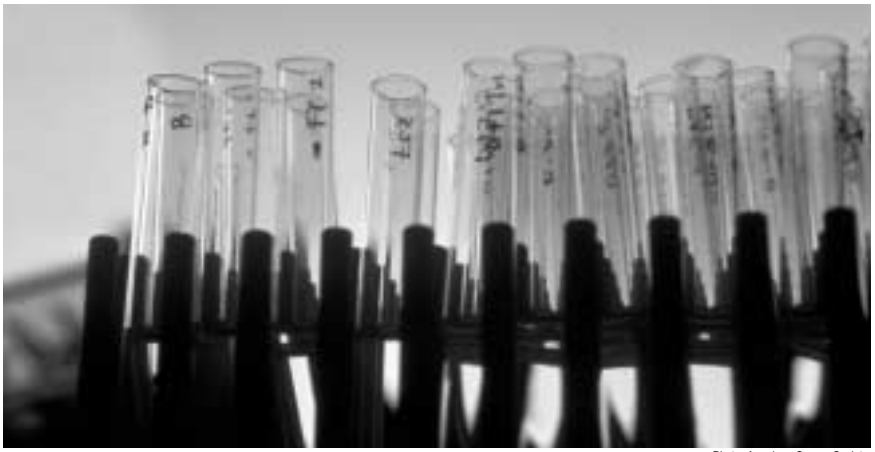
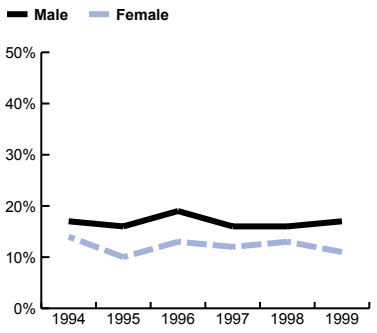


Photo: American Cancer Society

Percent of Utah Adults (18+) Who are Current Smokers*, by Sex, 1994-1999

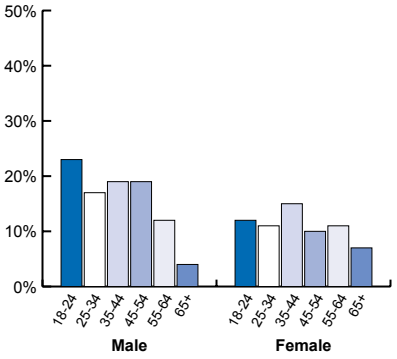
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of Utah Adults (18+) Who are Current Smokers*, by Age and Sex, 1999

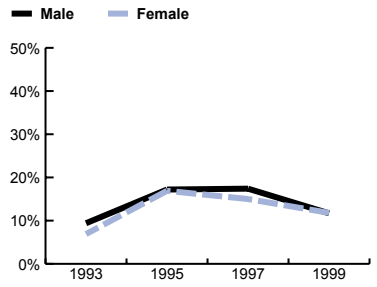
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of Utah High School Students Who Currently Smoke*, by Sex, 1993-99

Source: YRBS



*Current Smokers are defined as people who smoked cigarettes at least once in the last 30 days.

UTAH Average Annual Cancer Deaths by County, 1994-98

Source: Office of Vital Records & Statistics, Utah Department of Health

	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Beaver	10	<5	<5	5	<5	<5
Box Elder	45	5	5	5	5	<5
Cache	65	5	5	5	10	<5
Carbon	35	<5	5	5	5	<5
Daggett	<5	<5	<5	<5	<5	<5
Davis	170	20	15	25	15	5
Duchesne	15	<5	<5	5	<5	<5
Emery	10	<5	<5	<5	<5	<5
Garfield	5	<5	<5	<5	<5	<5
Grand	15	<5	<5	5	<5	<5
Iron	30	5	5	5	5	<5
Juab	10	<5	<5	<5	<5	<5
Kane	10	<5	<5	<5	<5	<5
Millard	15	<5	5	<5	<5	<5
Morgan	5	<5	<5	<5	<5	<5
Piute	5	<5	<5	<5	<5	<5
Rich	<5	<5	<5	<5	<5	<5
Salt Lake	885	80	75	155	100	20
San Juan	10	<5	<5	<5	<5	<5
Sanpete	25	<5	5	5	5	<5
Sevier	25	<5	5	5	5	<5
Summit	15	<5	<5	<5	<5	<5
Tooele	40	5	5	10	5	<5
Uintah	25	5	5	5	<5	<5
Utah	225	25	25	30	25	5
Wasatch	15	<5	<5	<5	<5	<5
Washington	110	10	15	20	10	<5
Wayne	5	<5	<5	<5	<5	<5
Weber	225	20	20	40	25	5
TOTAL	**2,060**	**190**	**200**	**350**	**225**	**45**

All numbers are rounded to the nearest multiple of five.

Photo: American Cancer Society

DID YOU KNOW...

- Utah has the lowest adult smoking rates in the nation.
- The younger children are when they start using tobacco, the less likely it is that they will be able to quit, and the more likely it is that they will die prematurely of a tobacco related disease.
- Every day, 3,000 American youth start smoking. More than one-third will die of a tobacco related disease.
- Tobacco contains more than 4,000 chemicals, including 43 known cancer-causing agents.
- The tobacco industry spends more money on campaign contributions and lobbying than any industry in the world.
- According to a Texas Department of Insurance study: "States with a high number of mandated benefits do not have higher uninsured rates than states with a low number of mandates."
- Utah and Wyoming are the only states in the country which do not have a law mandating all private, non-ERISA health plans, cover mammography screening for women.
- Utah does not have a law which mandates all private, non-ERISA health plans cover prostate cancer screenings for men.
- Utah does not have a law to mandate health plans to cover the routine costs associated with participation in a clinical trial.
- Studies show that comprehensive school health education and coordinated school health programs can effectively reduce risky behavior among youth.

AMERICAN CANCER SOCIETY

WYOMING Average Annual New Cancer Cases by County, 1994-98

Source: Wyoming Cancer Surveillance Program

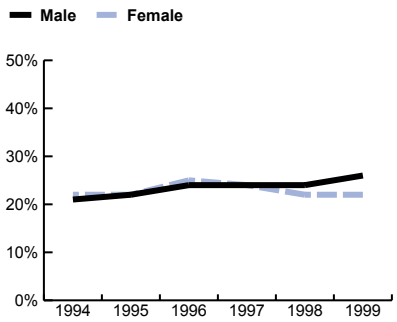
Invasive cases only	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Albany	95	15	20	10	10	<5
Big Horn	60	10	10	10	10	<5
Campbell	75	10	10	10	5	5
Carbon	70	10	10	5	5	<5
Converse	45	5	10	5	<5	<5
Crook	25	<5	5	<5	<5	<5
Fremont	160	20	30	20	15	5
Goshen	50	5	10	5	5	<5
Hot Springs	35	<5	5	<5	<5	<5
Johnson	45	5	10	5	5	<5
Laramie	320	50	60	40	35	10
Lincoln	35	5	5	<5	<5	<5
Natrona	275	35	50	45	25	15
Niobrara	10	<5	<5	<5	<5	<5
Park	105	15	10	15	15	5
Platte	45	5	5	5	<5	<5
Sheridan	145	15	35	20	20	5
Sublette	20	<5	5	<5	<5	<5
Sweetwater	115	15	20	10	15	5
Teton	35	10	5	<5	<5	<5
Uinta	45	5	10	5	<5	<5
Washakie	45	5	10	5	<5	<5
Weston	35	<5	5	<5	5	<5
TOTAL	**1885**	**265**	**340**	**250**	**210**	**70**

All numbers are rounded to the nearest multiple of five.

Photo: American Cancer Society

Percent of Wyoming Adults (18+) Who are Current Smokers*, by Sex, 1994-1999

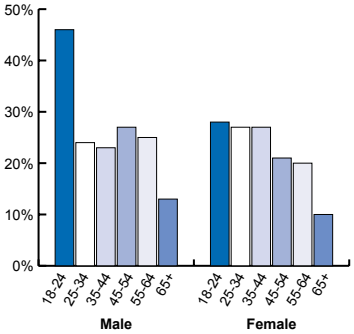
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of Wyoming Adults (18+) Who are Current Smokers*, by Age and Sex, 1999

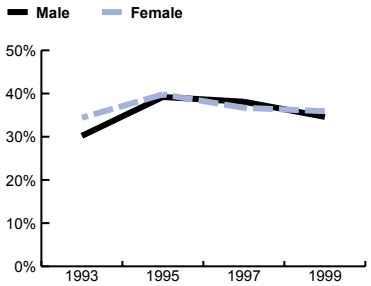
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Percent of Wyoming High School Students Who Currently Smoke*, by Sex, 1993-99

Source: YRBS



*Current Smokers are defined as people who smoked cigarettes at least once in the last 30 days.

WYOMING Average Annual Cancer Deaths by County, 1994-98

Source: Wyoming Office of Vital Statistics

	All Cancers	Female Breast	Prostate	Lung & Bronchus	Colon & Rectum	Melanoma
Albany	40	<5	<5	10	5	<5
Big Horn	25	<5	<5	5	<5	<5
Campbell	35	<5	<5	10	<5	<5
Carbon	30	<5	<5	10	<5	<5
Converse	20	<5	<5	5	<5	<5
Crook	10	<5	<5	<5	<5	<5
Fremont	75	5	5	20	10	<5
Goshen	25	<5	<5	5	<5	<5
Hot Springs	15	<5	<5	<5	<5	<5
Johnson	20	<5	<5	5	<5	<5
Laramie	135	10	10	30	15	<5
Lincoln	15	<5	<5	<5	<5	<5
Natrona	125	10	10	40	10	<5
Niobrara	5	<5	<5	<5	<5	<5
Park	50	5	<5	15	<5	<5
Platte	20	<5	<5	5	<5	<5
Sheridan	30	<5	<5	15	5	<5
Sublette	10	<5	<5	<5	<5	<5
Sweetwater	45	<5	<5	10	5	<5
Teton	15	<5	<5	<5	<5	<5
Uinta	25	<5	<5	5	<5	<5
Washakie	10	<5	<5	5	<5	<5
Weston	15	<5	<5	<5	<5	<5
TOTAL	**845**	**65**	**60**	**215**	**95**	**15**

All numbers are rounded to the nearest multiple of five.

Photo: American Cancer Society

DID YOU KNOW...

- Wyoming has the highest youth chewing tobacco use rate in the nation.
- Studies have found precancerous lesions in the mouths of approximately half of current teenage chewing tobacco users.
- The younger children are when they start using tobacco, the less likely it is that they will be able to quit, and the more likely it is that they will die prematurely of a tobacco related disease.
- Every day, 3,000 American youth start smoking. More than one-third will die of a tobacco related disease.
- Tobacco contains more than 4,000 chemicals, including 43 known cancer-causing agents.
- The tobacco industry spends more money on campaign contributions and lobbying than any industry in the world.
- According to a Texas Department of Insurance study: "States with a high number of mandated benefits do not have higher uninsured rates than states with a low number of mandates."
- Wyoming and Utah are the only states in the country which do not have a law mandating all private, non-ERISA health plans, cover mammography screening for women.
- Wyoming does not have a law which mandates all private, non-ERISA health plans cover prostate cancer screenings for men.
- Wyoming does not have a law to mandate health plans to cover the routine costs associated with participation in a clinical trial.
- Studies show that comprehensive school health education and coordinated school health programs can effectively reduce risky behavior among youth.
- The percentage of Wyoming adults without health care coverage is consistently higher than the U.S. median.

Breast Cancer

Breast cancer is the most common cancer among women in the Rocky Mountain Division states of Colorado, Utah, Wyoming, North Dakota, and Idaho, regardless of race or ethnicity. The probability of survival is enhanced when breast cancer is diagnosed early. If the cancer is confined to the breast when discovered, the five-year survival rate exceeds 95 percent. More information on survival and stage at diagnosis is found on page 25.

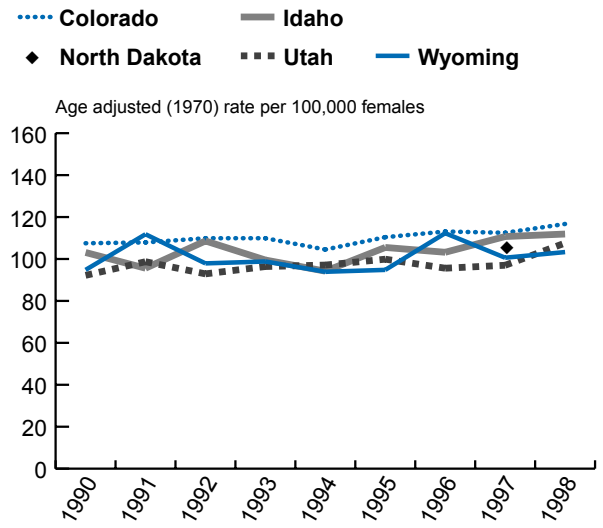
While the incidence of breast cancer in the five-state region has slightly increased over the last decade (see below for state-specific information), rates of death due to breast cancer are on the decline. In Colorado and Wyoming, the proportion of breast cancers diagnosed in early, more treatable stages is increasing. The increase in earlier-stage diagnoses reflects, in part, the successful efforts of the American Cancer Society and other organizations over the last decade to increase breast cancer screening (see page 17), including mammography, clinical breast examinations, and breast self examinations. During the same period, deaths from breast cancer have decreased. This decline has been attributed both to improvements in breast cancer treatments and the benefits of early detection through mammography screening.

While this is very good news for women living in Colorado, Utah, North Dakota, Wyoming, and Idaho, breast cancer still kills more women 35 to 54 years old than any other cancer, and it remains a leading cause of death for all women. In addition, African-American, Hispanic, and Asian/Pacific Islander women have yet to show significant decreases in breast cancer mortality. African-American women are less likely than white women to develop breast cancer, but they are more likely to die from it than are white women. Similarly, while Hispanic and Asian/Pacific Islander women have much lower and very similar risks of developing breast cancer, Hispanic women are less likely to be diagnosed at a very early stage and have a higher mortality rate than Asian women.

Men are not immune from breast cancer, although it is rare. Breast cancer in men is clinically very similar to the disease in women, and survival is also similar when compared to women of the same age and stage at diagnosis; however, the prognosis is often poorer because men tend to be diagnosed at a later stage.

Rates of New Cases* of Female Breast Cancer, by State, 1990-98

Sources: CO, ID, ND, UT, WY Central Cancer Registries

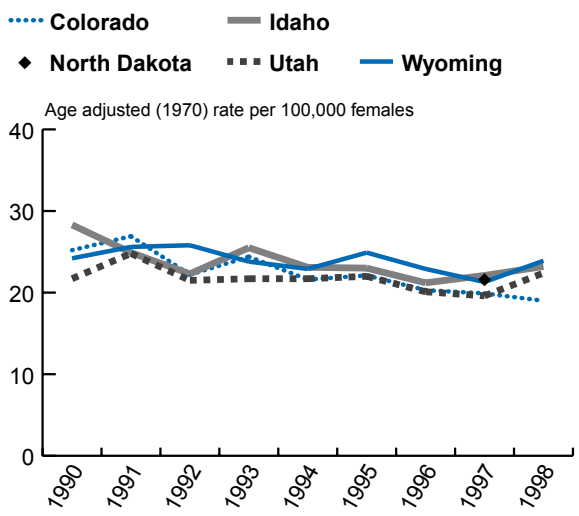


*Invasive cases only.

Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Female Breast Cancer Death Rates, by State, 1990-98

Sources: CO, ID, ND, UT, WY Central Cancer Registries



Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Breast Cancer Screening

Photo: American Cancer Society

Early detection is the best defense against breast cancer. Mammography screening leads to earlier diagnosis and reduced mortality. In 1999, at least 60 percent of women ages 50 and older in each Rocky Mountain Division state reported having had a mammogram and clinical breast examination in the last two years (see charts at right for state-specific information). The percentage of women being screened has steadily increased since 1990. In Utah, Wyoming, North Dakota, Colorado, and Idaho, women living in households with annual incomes of less than $15,000 were less likely to have had a recent mammogram and clinical breast exam than their more affluent neighbors.

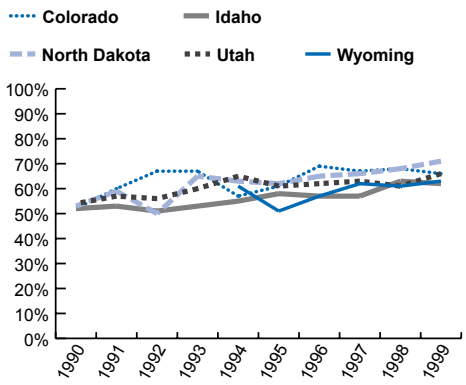
American Cancer Society Initiatives on Breast Health

The American Cancer Society is a leading advocate for breast cancer screening. The ACS program, *Tell A Friend,* helps women learn about early detection and the importance of breast cancer screening.

Through a wide variety of materials, the cancer information line (1-800-ACS-2345), and the website (www.cancer.org), the ACS provides answers to questions about the nature of cancer, its causes, and risk factors.

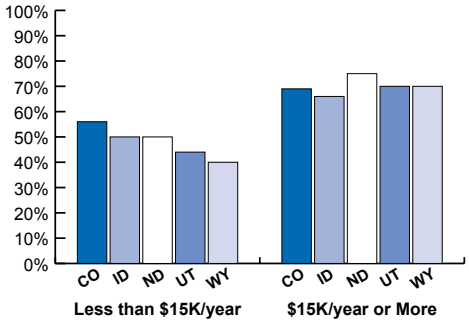
Through *Reach to Recovery* and *Look Good…Feel Better* and other services, the ACS offers breast cancer patients support and services to improve the quality of life for survivors and their families.

Percent of Women 50 and Older With Mammogram and Clinical Breast Exam in the Past 2 Years, by State, 1990-99*
Source: BRFSS

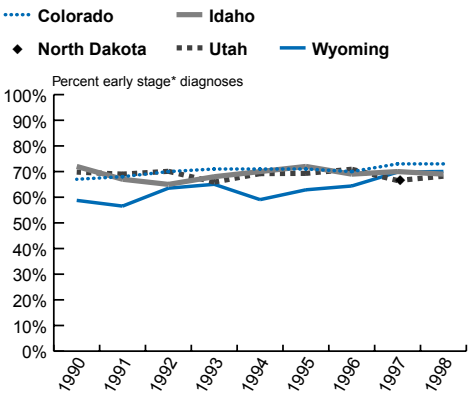


*Data are unavailable for WY in '90-'93.

Percent of Women 50 and Older Who Had a Mammogram and Clinical Breast Exam in the Past 2 Years, by Income, 1999
Source: BRFSS



Percent of Female Breast Cancers Diagnosed at Early Stage*, 1990- 98
Sources: CO, ID, ND, UT, WY Central Cancer Registries



*Early stage defined as in situ and localized, as a percent of all female breast cancer diagnoses, excluding unknowns (SEER summary stage definitions, see p.35).

Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

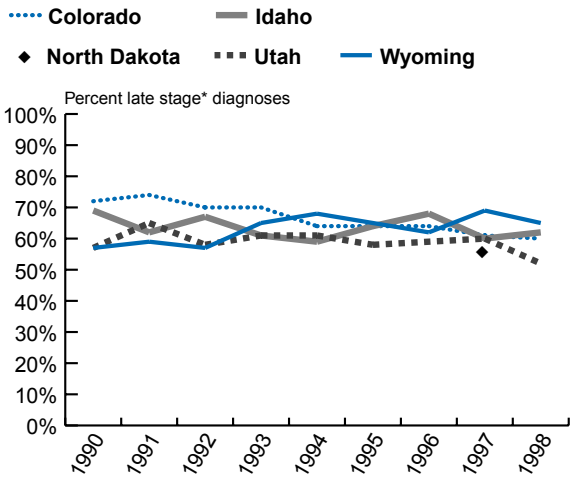
Colon and Rectum Cancer

Colon and rectum cancer is the second most common cause of cancer deaths for men and women in Utah, and is the third most common among Wyoming adults. In Colorado, Idaho, and North Dakota, colon and rectum cancer is the fourth most common cancer among men and women. It is the second most common cause of cancer-related death for men and women in all five states, eclipsed only by lung cancer. Incidence rates for both invasive and in situ colon and rectum cancer have declined steadily since 1985 in most racial and ethnic groups. The apparent increase in colon and rectum cancer incidence in Rocky Mountain Division states in the late 1990s may be due to increased screening behaviors, such as blood stool tests and sigmoidoscopies. Declines in the proportion of colon and rectum cancers diagnosed in late stages may also reflect an increase in screening practices.

Mortality rates from colon and rectum cancer have declined steadily among women since about 1950 and among men since approximately 1985. The reasons for these decreases are not well understood. Increased polyp removal, advances in treatment protocols (such as increased use of new surgical techniques and adjuvant therapies), and other behaviors, including daily use of aspirin or estrogen replacement therapy, along with changes in dietary practices, may be contributing factors.

Percent of Colon & Rectum Cancers Diagnosed at Late Stage*, 1990-98

Sources: CO, ID, ND, UT, WY Central Cancer Registries

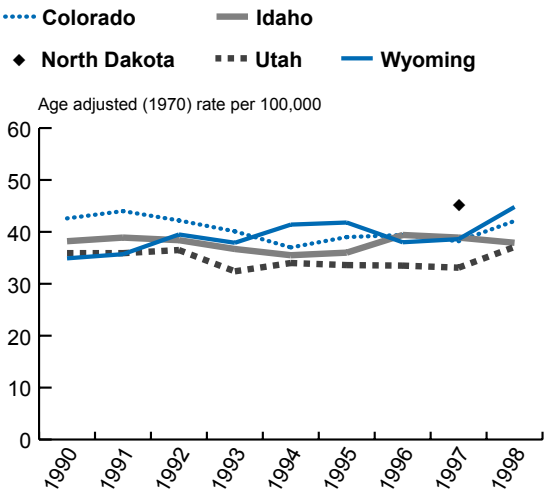


*Late stage defined as regional and distant, as a percent of all invasive colon & rectum cancer diagnoses, excluding unknowns (SEER summary stage definitions, see p. 35).

Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Rates of New Cases* of Colon & Rectum Cancer, by State, 1990-98

Sources: CO, ID, ND, UT, WY Central Cancer Registries

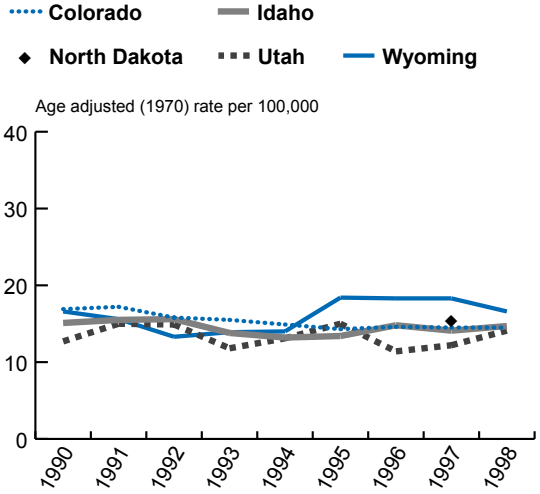


*Invasive cases only.

Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Colon & Rectum Cancer Death Rates, by State, 1990-98

Sources: CO, ID, ND, UT, WY Central Cancer Registries



Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Colon and Rectum Cancer Screening

The chance of surviving colon and rectum cancer exceeds 90 percent when the cancer is diagnosed before it has extended beyond the intestinal wall. The American Cancer Society recommends that both men and women begin routine colon and rectum cancer screening at age 50. For more information on survival, stage at diagnosis, and screening guidelines, refer to pages 25 and 27.

WHO IS AT RISK FOR COLON AND RECTUM CANCER?

Age: Aging is the greatest risk factor for the development of colon and rectum cancer. Of newly diagnosed colon and rectum cancer cases, 73 percent occur in persons 65 years and older.

Familial Factors: Those who have inherited familial adenomatous polyposis (FAP) or hereditary nonpolyposis colon cancer (HNPCC), with known alterations on cancer susceptibility genes, have an increased risk for developing colon and rectum cancer.

Personal Factors: A personal history of colon cancer, intestinal adenomatous polyps, or inflammatory bowel disease also increases a person's likelihood of developing colon and rectum cancer.

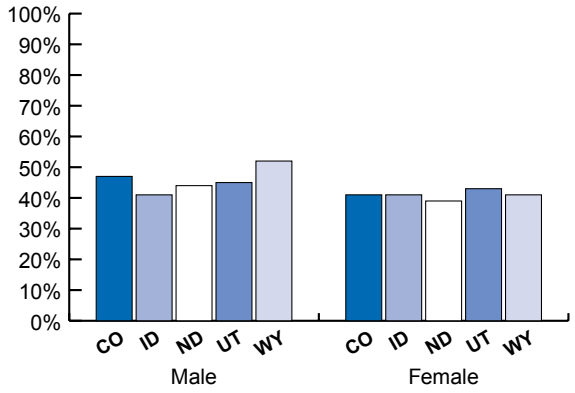
Diet: A diet high in animal fats is thought to increase the risk for developing colon and rectum cancer, while a diet high in vegetables and fruits may be protective.

Physical Activity: Participation in regular physical activity may reduce a person's risk for developing colon and rectum cancer. Obesity has been shown to increase the risk for colon cancer in men.

Hormone Replacement Therapy (HRT): Current use of hormone replacement therapy may decrease the risk for developing colon and rectum cancer in postmenopausal women.

Aspirin Use: Men and women who use nonsteroidal anti-inflammatory drugs may have a decreased risk for developing colon cancer and other cancers of the digestive tract.

Percent of Adults 50 and Older Who Ever Had a Screening Sigmoidoscopy or Colonoscopy, by Sex, 1999
Source: BRFSS



Percent of Adults 50 and Older Who Had a Screening Blood Stool Test Within the Past 2 Years, by Sex, 1999
Source: BRFSS

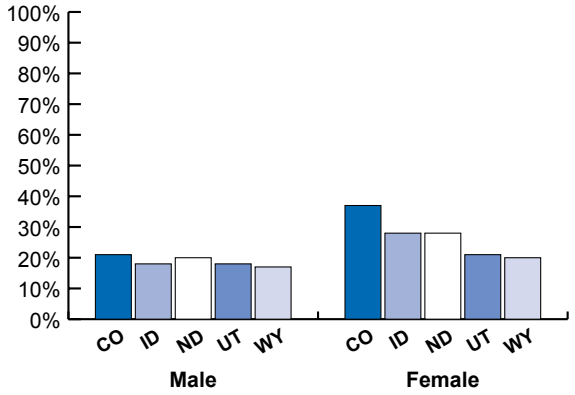


Photo: American Cancer Society

Prostate Cancer

Prostate cancer is the most common cancer among men. Prostate cancer incidence in Utah, Colorado, Idaho, Wyoming, and North Dakota increased in the early 1990s through increased use of prostate-specific antigen (PSA) blood test screenings, which were able to detect disease in men without symptoms. The new emphasis on PSA screening, which happened at different times in different states, found existing cancers years earlier than previous methods, causing the appearance of an increase in new cases. As the new procedure became standard in the late 1990s, incidence rates began to return to the same baseline levels. The apparent increase in incidence was a measurement and detection issue, not an epidemic.

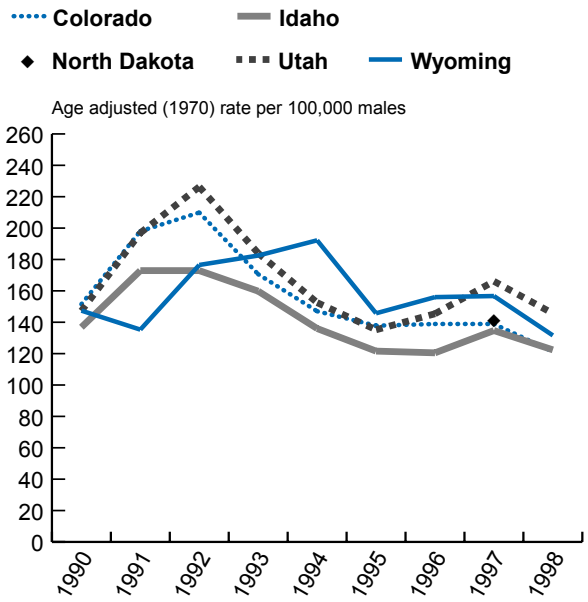
African-American men are at an especially high risk for prostate cancer. They are at least 50 percent more likely to develop prostate cancer than men of other racial and ethnic groups. African-American men are also more than twice as likely to die of prostate cancer than other men are.

While the apparent increase in the rate of new cases of prostate cancer may be alarming, prostate cancer mortality rates have not increased, and in fact, are beginning to decline.

The survival rate for prostate cancer is quite high (see page 25). Nonetheless, it is the second leading cause of cancer-related deaths among men, behind lung cancer. Prostate cancer tends to be diagnosed late in life. About 75 percent of prostate cancers are found in men ages 65 or older.

Rates of New Cases of Prostate Cancer, by State, 1990-98

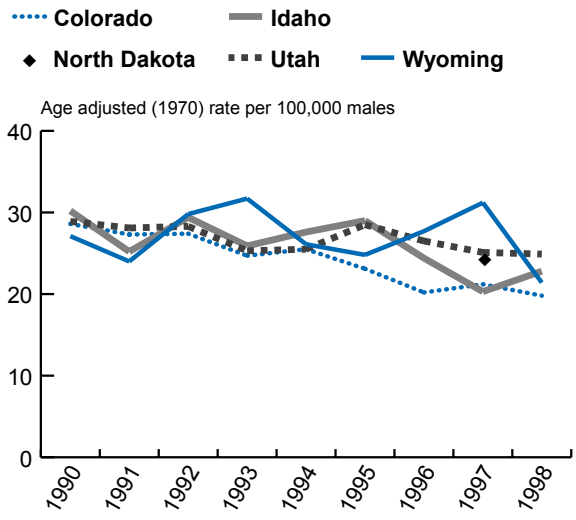
Sources: CO, ID, ND, UT, WY Central Cancer Registries



Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Prostate Cancer Death Rates, by State, 1990-98

Sources: CO, ID, ND, UT, WY Central Cancer Registries



Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Prostate Cancer Screening

Unlike breast cancer, where clinical trials have demonstrated clearly a decrease in mortality following screening, many unknowns surround the early detection of prostate cancer. One of the reasons for uncertainty is that, unlike many other cancers, prostate cancer often grows very slowly. Because of this, many undiagnosed prostate cancers never become life-threatening.

Although early diagnosis and treatment may help some men live longer, it may have no impact on the longevity of others. Since testing for early detection of prostate cancer became common in the early 1990s, the prostate cancer death rate has dropped, but it has not been conclusively proven that this is a direct result of screening. Additionally, prostate cancer treatments can adversely affect a man's quality of life. Studies are underway which may resolve this issue.

ACS recommends that health care providers offer the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) annually, beginning at age 50, to men who have at least a ten-year life expectancy. Men in high-risk groups, such as those with a strong familial predisposition (*i.e.*, two or more affected first-degree relatives) or African-Americans, may begin screenings at a younger age (*i.e.*, 45 years) (see page 27).

The PSA test measures blood levels of a protein made by prostate cells. The higher the PSA level, the more likely the presence of prostate cancer. The test alone does not provide a definitive diagnosis, as some non-cancerous conditions can also elevate PSA levels. A "normal" PSA does not indicate the absence of prostate cancer, as up to 20 percent of men with a "normal" PSA have prostate cancer. Men with a high PSA result or an abnormal digital rectal exam are usually advised to have a repeat PSA test, transrectal ultrasound, or a biopsy to determine if cancer is present.

Men should discuss potential risks and benefits of early detection and treatment with their physicians, to ensure informed decisions about prostate cancer screening and treatment. For more information about this complex issue, contact ACS at 1-800-ACS-2345 or visit us at www.cancer.org.

Photo: American Cancer Society

American Cancer Society Initiatives on Prostate Cancer

The advent of PSA testing has focused much attention on prostate cancer and has compelled many men to learn more about their bodies and their health. It has been a signal to men to participate in their health care in a proactive way. The Man to Man prostate cancer education and support program and other support groups provide prostate cancer patients and their partners a chance to share experiences, to learn more about the disease, and to gain skills to help adjust to their own individual needs after the diagnosis.

Lung Cancer

Lung and bronchus cancer causes more deaths than prostate, breast, colon and rectum, or any other type of cancer. It is the leading cancer-related cause of death among men and women in Colorado, Utah, North Dakota, Wyoming, and Idaho, with the exception of women in Utah, for whom breast cancer is the number one cancer-related killer. Although more cases of breast and prostate cancer are diagnosed, more people die of lung cancer because survival rates are much lower and diagnosis is more likely to take place at an advanced stage (see page 25).

At least 85 percent of lung cancers are caused by smoking cigarettes or other use of tobacco products. When other tobacco-related cancers–such as cancers of the esophagus, larynx, oral cavity, pancreas, stomach, and bladder–are considered, the toll of tobacco addiction is indeed high. The first ACS guideline on cancer prevention is "Don't smoke!" (see page 27).

Due to the long delay between exposure to tobacco and development of cancer, lung cancer rates began increasing about 20 years after smoking became common among Americans. Conversely, once smoking rates begin to decline in a population, it takes two to three decades for lung cancer rates to decline. Nationally, smoking rates among men began declining in the 1960s, but lung cancer rates rose steeply until the mid- to late-1980s. Lung cancer rates among women rose more slowly and have been slower to decline because fewer women smoked and because women smokers both begin smoking and quit smoking at later ages than men.

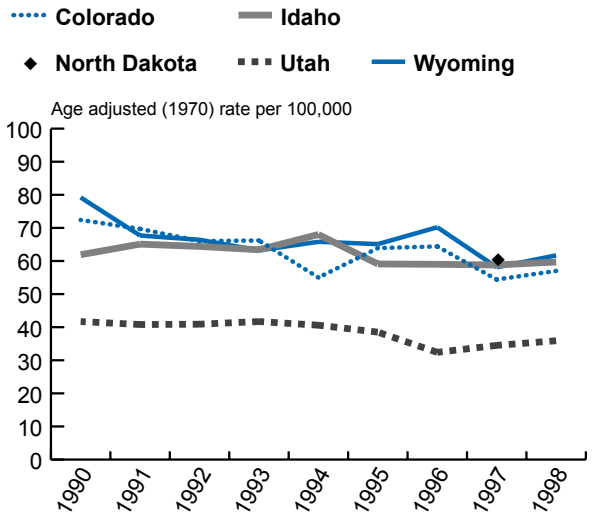
During the 1990s, lung cancer rates for men declined in all five of the Rocky Mountain states. Though lower than the rates for men, the rates for women have been slightly increasing. Measures of adult smoking (see pages 6, 8, 10, 12, 14) show little improvement in the last six years, and age-breakdowns among adult smokers reinforce the problem of young people smoking. The effects of today's smoking trends will not be visible for ten to twenty years-a dangerous time lag that separates action from result in many people's minds. This threat is especially true for young people. To save future lives, and to be healthier in twenty years than we are today, we must find ways to decrease smoking-especially among youth.

Secondhand Smoke

In 1992, the U.S. Environmental Protection Agency declared that secondhand smoke, also called environmental tobacco smoke–ETS–has been proven to cause cancer. Each year, about 3,000 non-smoking adults in the U.S. die of lung cancer as a result of breathing the smoke of others' cigarettes. ETS is particularly harmful to children.

Rates of New Cases of Lung Cancer in Males, by State, 1990-98

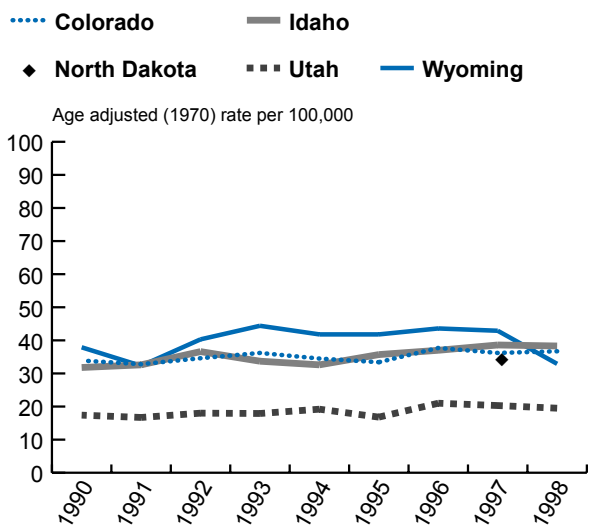
Sources: CO, ID, ND, UT, WY Central Cancer Registries



Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Rates of New Cases of Lung Cancer in Females, by State, 1990-98

Sources: CO, ID, ND, UT, WY Central Cancer Registries



Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Smoking Behaviors

The health of young people–and the adults they will become–is critically linked to the lifestyle behaviors they develop during their school-aged years.

Rigorous studies show that the adoption of coordinated health programs in schools effectively reduce the prevalence of health risk behaviors among youth.

The American Cancer Society Rocky Mountain Division supports the implementation of such comprehensive policies as an essential component of disease prevention.

Coordinated School Health Model

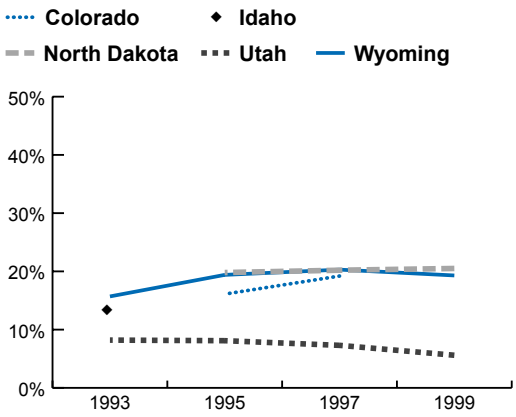
Model: Centers for Disease Control and Prevention

American Cancer Society Initiatives on Tobacco Control

Your American Cancer Society has long been a leader in preventing tobacco use and in helping people to stop using tobacco products. Through advocacy before legislatures, tobacco tax increases, clean air legislation, and decreasing access to tobacco products, we are working to make Colorado, Idaho, North Dakota, Utah, and Wyoming more progressive about tobacco control. Since 1977, the Great American Smokeout, held the Thursday before Thanksgiving each year, has encouraged smokers to quit for one day.

Regular* Smokers Among High School Students, 1993-99

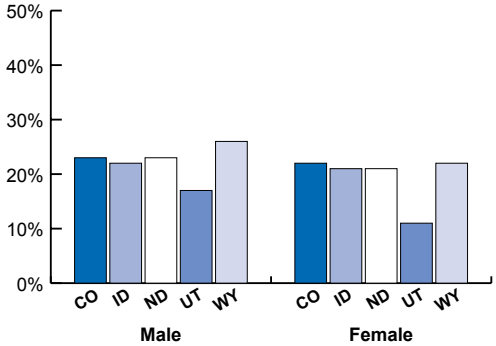
Source: YRBS



*Regular=smoked cigarettes on at least 20 of the last 30 days.
1. Data for CO in '97, ND in '97, and WY in '93 are unweighted (see p. 35).
2. Data for CO in '93, '99, ID in '95-'99, and ND in '93 are unavailable (see p. 35).

Percent of Adults (18+) Who are Current Smokers*, by Sex, 1999

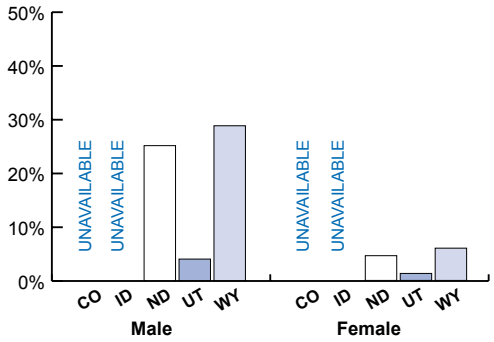
Source: BRFSS



*Current Smokers are defined as people who ever smoked 100 cigarettes and who now report smoking every day or some days.

Current* Smokeless Tobacco Use Among High School Students, by Sex, 1999

Source: YRBS



*Current=used smokeless tobacco at least once in the last 30 days.
1. Data for CO and ID are unavailable (see p. 35).

AMERICAN CANCER SOCIETY

Skin Cancer and Sun Exposure

Skin cancer is frequently associated with exposure to the sun. A small percentage is diagnosed as melanoma, the most serious form of skin cancer. Although melanoma can strike anyone, fair-skinned individuals are especially at risk. As a result, melanoma of the skin is primarily a disease of non-Hispanic white persons. Surgery is the best way to remove any skin cancer diagnosed at an early stage.

CLUES TO EARLY DETECTION

The most common types of skin cancer, basal cell and squamous cell carcinomas, often take the form of a pale, wax-like, pearly nodule, or a red, scaly, sharply outlined patch. The most serious form of skin cancer, melanoma, often starts as a small, mole-like growth. Familiarity with your skin and regular self-examination are the best defenses against all skin cancer. Suspicious growths should be seen by your doctor. To distinguish a normal mole or other pigmented area from one that may be cancerous, use the following guidelines.

- **ASYMMETRY:** one half does not match the other.
- **BORDER:** the edges are irregular, ragged, notched or blurred.
- **COLOR:** the color is not the same all over, but may have differing shades of brown or black, sometimes with patches of red, white, or blue.
- **DIAMETER:** the area is larger than 6 millimeters (about the size of a pencil eraser) or is growing larger.

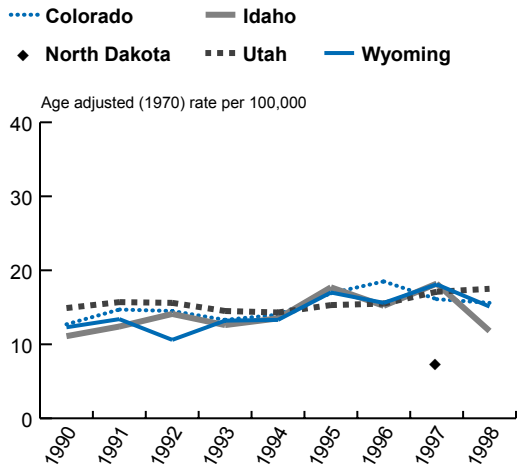
PREVENTING SKIN CANCER

Although not the only factor, sun exposure is a risk factor for cancers of the skin. Skin cancer may appear on skin that has never been exposed to the sun; however, unprotected exposure is the most important known risk factor. In North Dakota, where residents report fewer sunburns than in any of the other Rocky Mountain states, the incidence of melanoma is markedly lower. To limit your risk of skin cancer, follow these common-sense rules.

- **Limit** sun exposure between the hours of 10:00 a.m. and 4:00 p.m., when the sun's rays are strongest.
- **Cover** up with hats and protective clothing.
- **Use** broad-spectrum sunscreen (UVA and UVB, SPF 15+).
- **Avoid** sunlamps and tanning booths.
- **Protect** children from sun exposure.

Rates of New Cases* of Melanoma Skin Cancer, by State, 1990-98**

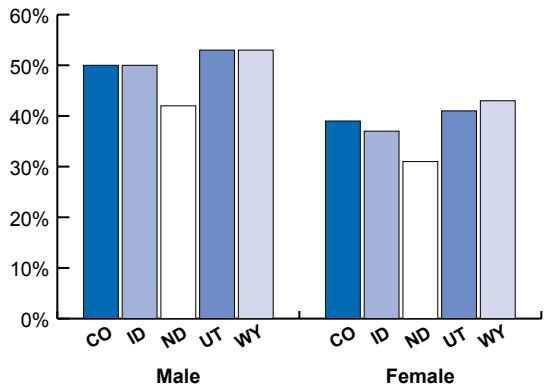
Sources: CO, ID, ND, UT, WY Central Cancer Registries



*Invasive cases only.
**Excludes all other forms of skin cancer.
Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Percent of Adults (18+) With Sunburn* in the Past 12 Months, by Sex, 1999

Source: BRFSS



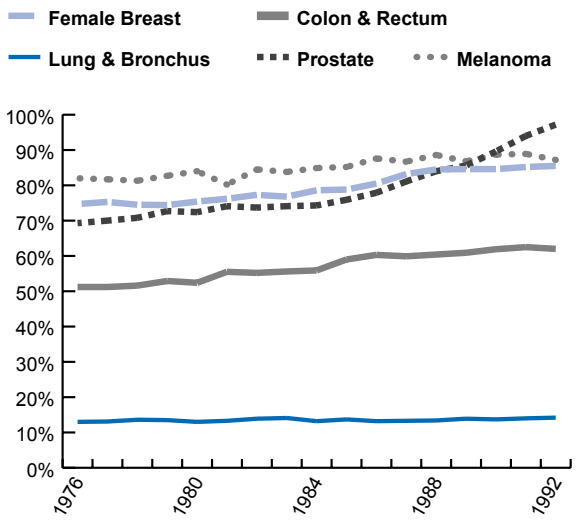
*Sunburn is defined as any time that even a small part of the respondent's skin was red for more than 12 hours.

Trends in Survival

The five-year relative survival has improved for many cancers during the past several decades. The relative survival rate is the survival rate observed for a group of cancer patients compared to the survival rate for persons in the general population who are similar to the patient group with respect to age, gender, race, and calendar year of observation. Relative survival adjusts for normal life expectancy (factors such as dying of heart disease, accidents, and diseases of old age). See chart at right for primary cancer site-specific trends in five-year relative survival. The relative survival rate is commonly used to measure progress in the early detection and treatment of cancer and estimates the proportion of cancer patients who are potentially curable. While these rates provide some indication about the average survival experience of cancer patients in a given population, they are less useful to predict individual prognoses and should be applied with caution.

Common Cancers, Trends in 5 Year Relative Survival, 1976-92

Source: National SEER Program



Survival by Stage at Diagnosis

One of the strongest predictors of survival is the degree to which the cancer has spread, referred to as the stage at diagnosis. Generally, the earlier the stage, the better the prognosis. The following terminology is used to summarize stage at diagnosis:

In Situ: The tumor is at its earliest stage, and has not extended through the first layer of cells (the basement membrane) in the area in which it is growing.

Localized: The tumor has broken through the basement membrane, but is still confined to the original (primary) organ in which it is growing.

Regional: The tumor has spread from the original organ to adjacent organs, lymph nodes or tissues.

Distant: The tumor has spread to other parts of the body, or metastasized through the blood system or lymph system.

Unknown/Unstaged: Insufficient information is available to determine the stage or extent of the tumor at the time of diagnosis.

Five-Year Relative Survival by Stage at Diagnosis, 1989-96

Source: National SEER Program

Site	All Stages	Localized	Regional	Distant
Female Breast	85.0	96.5	77.0	21.4
Cervix Uteri	69.9	91.5	48.6	12.6
Uterus	83.7	95.7	63.5	26.4
Ovary	50.4	94.6	79.0	28.2
Prostate	93.1	100.0	98.5	32.6
Testis	95.4	98.6	96.9	74.8
Oral & Pharynx	54.0	81.3	43.5	21.4
Colon & Rectum	61.3	90.0	65.0	8.3
Pancreas	4.1	17.4	6.3	1.1
Lung & Bronchus	14.1	48.5	20.3	2.3
Melanoma	88.3	95.8	58.5	12.5
Bladder	81.0	93.4	49.0	6.4
Hodgkin's disease	82.1	*	*	*
Non-Hodgkin's Lymphoma	51.6	*	*	*
Leukemia	43.9	*	*	*
Childhood leukemia (0-19)	70.5	*	*	*
Adult leukemia (20+)	39.8	*	*	*

* This staging scheme is not appropriate for lymphomas and leukemias.

AMERICAN CANCER SOCIETY

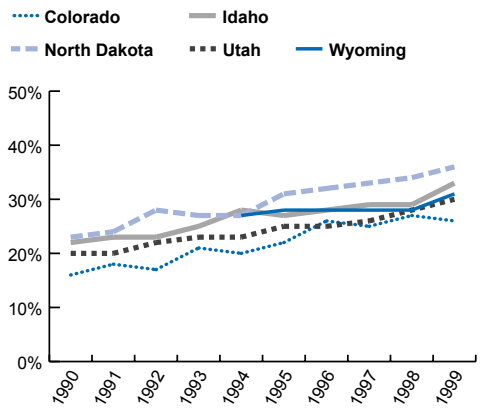
Nutrition, Physical Activity, and Cancer

Existing scientific evidence suggests that poor diet and physical inactivity are responsible for over one-third of cancer deaths (see page 5) and that the risk of cancer is reduced when people eat a healthy diet and participate in regular physical activity.

Despite our image as a healthy and health-conscious region, residents of Colorado, Idaho, North Dakota, Utah, and Wyoming are far from reaching the ACS guidelines on diet and nutrition. The proportion of residents regularly eating the recommended five or more servings of fruits and vegetables per day is small. The proportion of adults who are overweight by body mass index (BMI is calculated from the self-reported height and weight of the individual) has increased steadily over the last decade in all five states. Available data for high school students reveal that about one in six has, or is approaching, a weight problem. These data indicate that levels of physical activity and caloric intake need attention.

Percent of Adults (18+) Who are Overweight*, by State, 1990-1999**

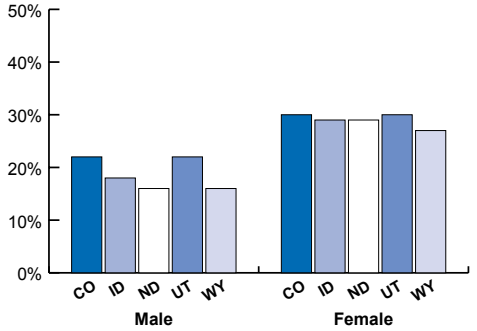
Source: BRFSS



*Based on body mass index ≥ 27.3 for women, ≥ 27.8 for men.
**Data are unavailable for Wyoming in '90, '92-'93.

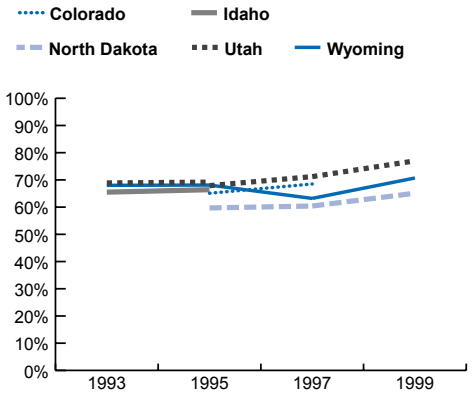
Percent of Adults (18+) Who Eat 5 or More Servings of Fruits and Vegetables per Day, by Sex, 1998

Source: BRFSS



Percent of High School Students Who Exercised Vigorously* on 3 or More Days During the Last 7, 1993-99

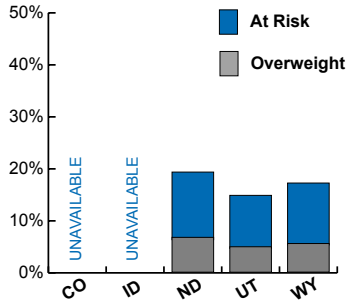
Source: YRBS



*Vigorous Exercise=physical activity for at least 20 minutes that made you sweat and breathe hard.
1. Data for CO in '97, ID in '95, ND in '97, and WY in '93 are unweighted (see p. 35).
2. Data for CO in '93, '99, ID in '97-'99, and ND in '93 are unavailable (see p. 35).

Percent of High School Students At Risk for Overweight* or Overweight, 1999**

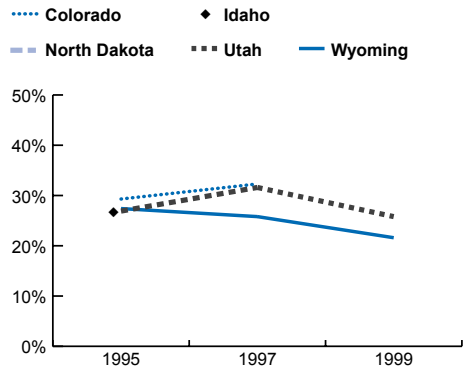
Source: YRBS



*At Risk for Overweight=calculated body mass index (BMI) higher than the 85th percentile, but below the 95th percentile.
**Overweight=calculated body mass index (BMI) at the 95th percentile or higher.
1. Data for CO and ID are unavailable (see p. 35).

Percent of High School Students Who Eat 5 Fruits and Vegetables a Day, 1995-99

Source: YRBS



1. Data for CO in '97 and ID in '95 are unweighted (see p. 35).
2. Data for CO in '99, ID in '97-'99, and ND in '95-'99 are unavailable (see p. 35).

American Cancer Society Guidelines

If you don't smoke, the most important risk factor that you control is a combination of diet and physical activity. Introducing a healthful diet and exercise practice at any time from childhood to old age can promote health and reduce cancer risk. Specific guidelines are:

Health Promotion Guidelines

1. **Don't smoke!**
2. Eat five or more servings of fruits and vegetables a day, and eat foods from other plant sources, such as breads, cereals, grain products, rice, pasta, or beans several times a day.
3. Limit your intake of high-fat foods, particularly from animal sources.
4. Be physically active–at least moderately active for 30 minutes or more on most days of the week–and stay within your healthy weight range.
5. Limit consumption of alcoholic beverages, if you drink at all.

American Cancer Society Guidelines for the Cancer-Related Checkup

A cancer-related checkup is recommended every three years for people ages 20 to 40 years old and every year for people ages 40 and older. This exam should include health counseling and, depending on a person's age, might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries as well as for some non-malignant diseases. Special tests for certain cancer sites are recommended as outlined below. Persons with family or personal histories of cancer should discuss appropriate screening guidelines with their physicians.

American Cancer Society Screening Guidelines

Cancer Site	Test or Procedure	Sex	Age	Frequency
Breast	Breast Self-Exam	F	20 and over	Every month
	Clinical Breast Exam	F	20-40	Every 3 years
			Over 40	Every year
	Mammography	F	40 and over	Every year
Cervix Uteri	Pap Smear	F	Women who are or who have been sexually active or have reached age 18.	Every year; may be less frequent after 3 or more consecutive satisfactory normal annual exams.
	Pelvic Exam	F	18-40	Every 1-3 years
			Over 40	Every year
Colon & Rectum	Stool Blood Test (FOBT) and	M & F	50 and over	Every year
	Flexible Sigmoidoscopy -OR-	M & F	50 and over	Every 5 years
	Total Colon Exam with Double Contrast Barium Enema -OR-	M & F	50 and over	Every 5-10 years
	Colonoscopy	M & F	50 and over	Every 10 years
Prostate	Men age 50+ who have at least a 10-year life expectancy should talk with their health care professional about screening. Men at high risk should consider these tests at an earlier age.			As suggested by health care provider:
	Digital Rectal Exam (DRE)	M	50 and over	Every year
	Prostate Specific Antigen (PSA)	M	50 and over	Every year

AMERICAN CANCER SOCIETY

Common Cancers

Cancer risk varies considerably by age, with fewer than one percent of all cancers occurring before the age of 15, and about 60 percent of all cancers occurring after age 65. In fact, nearly 50 percent of all cancers occur between the ages of 55 to 74, and more cancers occur after age 85 than between birth and age 35. Cancers occurring before the age of 20 are typically nonepithelial in origin with the most common types being leukemias, tumors of the brain and nervous system, and lymphomas.

Five Most Common Cancers and Number of New Cases, by Age and Sex, Rocky Mountain Division, 1997

Sources: CO, ID, ND, UT, WY Central Cancer Registries

MALES

Rank	0-19	20-34	35-44	45-54	55-64	65-74	75+
1	Acute Lymphocytic Leukemia 35	Testis 125	Melanomas of Skin 135	Prostate 335	Prostate 1250	Prostate 2045	Prostate 1380
2	Brain 30	Melanomas of Skin 50	Testis 80	Colon & Rectum 185	Lung & Bronchus 375	Lung & Bronchus 650	Lung & Bronchus 610
3	Non-Hodgkin's Lymphoma 20	Hodgkin's Disease 40	Non-Hodgkin's Lymphoma 65	Melanomas of Skin 165	Colon & Rectum 325	Colon & Rectum 500	Colon & Rectum 560
4	Bones & Joints 20	Non-Hodgkin's Lymphoma 35	Colon & Rectum 45	Lung & Bronchus 125	Bladder 180	Bladder 315	Bladder 355
5	Hodgkin's Disease 15	Brain 30	Lung & Bronchus 30	Non-Hodgkin's Lymphoma 95	Melanomas of Skin 155	Melanomas of Skin 195	Melanomas of Skin 145
All sites	**Total Sites** 225	**Total Sites** 445	**Total Sites** 695	**Total Sites** 1630	**Total Sites** 3170	**Total Sites** 5000	**Total Sites** 4350

FEMALES

Rank	0-19	20-34	35-44	45-54	55-64	65-74	75+
1	Acute Lymphocytic Leukemia 30	Thyroid 135	Breast 570	Breast 1205	Breast 1175	Breast 1195	Breast 1155
2	Brain 20	Melanomas of Skin 100	Thyroid 120	Lung & Bronchus 135	Lung & Bronchus 290	Lung & Bronchus 495	Colon & Rectum 720
3	Hodgkin's Disease 15	Breast 95	Melanomas of Skin 115	Corpus & Uterus; NOS* 135	Colon & Rectum 220	Colon & Rectum 415	Lung & Bronchus 425
4	Soft Tissue (including heart) 15	Cervix Uteri 55	Cervix Uteri 85	Ovary 130	Corpus & Uterus, NOS* 195	Corpus & Uterus, NOS* 225	Non-Hodgkin's Lymphoma 220
5	Bones & Joints 10	Hodgkin's Disease 35	Ovary 70	Colon & Rectum 110	Melanomas of Skin 100	Non-Hodgkin's Lymphoma 150	Corpus & Uterus, NOS* 210
All sites	**Total Sites** 180	**Total Sites** 645	**Total Sites** 1340	**Total Sites** 2400	**Total Sites** 2710	**Total Sites** 3515	**Total Sites** 4210

*Excludes cervix uteri.
Numbers represent absolute counts of new cancer cases in all Rocky Mountain Division states in 1997. All numbers are rounded to the nearest multiple of five.

Childhood Cancer

About 1,900 children or young adults under the age of 20 are diagnosed with cancer each year in Colorado, Idaho, North Dakota, Utah, and Wyoming, about 1,300 of whom are under the age of 15. While only a minor cause of death in infancy, cancer was the third most common cause of death between the ages of 1 and 19 in 1997, following unintentional injuries and homicides.

Progress in the treatment of childhood cancers over the last 30 years has been impressive. Many children with cancer now grow to adulthood and lead productive, satisfying lives. Mortality rates from all childhood cancers combined decreased steadily from 1975 to 1996. This trend has been impacted most by a dramatic improvement in survival from leukemia, which accounts for almost one-third of all cancers in children under the age of 15 and one-fourth of all cancers under age 20. The availability of newer, more effective chemotherapy treatments is the principal cause of improved survival among childhood cancer patients.

Photo: American Cancer Society

Children with cancer should be treated in institutions that provide the intensive treatment, supportive care, and psychosocial services required to achieve these successful outcomes. Clinical trials are available to help improve the outcome for all children with cancer, and must be considered in the evaluation of each child at the time of diagnosis.

Childhood Cancer: Incidence Rates and Number of New Cases Rocky Mountain Division, by State, 1992-1996

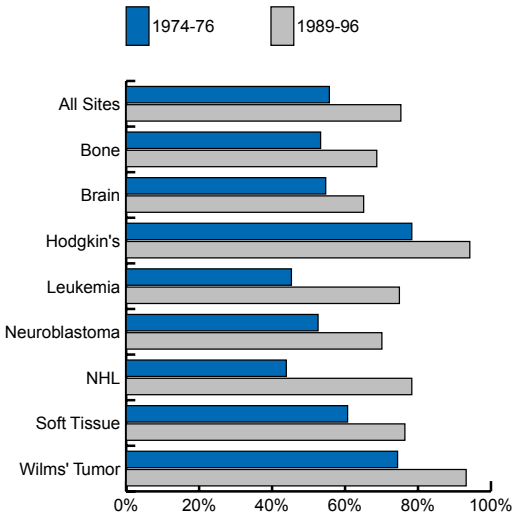
Sources: CO, ID, UT, WY Central Cancer Registries

AGE	CO	ID	ND*	UT	WY
Age Specific Incidence Rates Per 100,000 children					
0-4	19.4	19.0	N/A	20.4	23.6
5-19	14.6	15.6	N/A	14.5	13.9
Age adjusted (1970) Incidence Rates Per 100,000 children					
0-14	13.8	14.9	N/A	15.4	14.8
0-19	15.7	16.3	N/A	15.6	16.0
Number of New Cases, 1992-1996					
0-4	264	84	N/A	185	39
5-9	156	51	N/A	85	21
10-14	148	75	N/A	121	23
Total 0-14	568	210	N/A	391	83
15-19	263	101	N/A	201	39
Total 0-19	831	311	N/A	592	121

*Due to the recent establishment (1997) of a statewide cancer registry, ND time series data are not yet available.

Trends in 5 Year Relative Survival Among Children, 0-14 Years Old

Source: National SEER Program



AMERICAN CANCER SOCIETY

Major Cancer Sites

CORE CANCERS	RISK REDUCTION	EARLY DETECTION (Asymptomatic persons) & WARNING SIGNS (Symptomatic persons)	TREATMENT
Lung & Bronchus	Avoid tobacco products in all forms; stop smoking; avoid second-hand smoke; follow workplace safety practices.	Chest x-rays for high-risk persons only. Nagging cough, coughing up blood, unresolved pneumonia.	Surgery, radiation therapy, and chemotherapy depending on type. In small-cell lung cancer, chemotherapy alone or combined with radiation therapy may be the first choice.
Colon & Rectum	Removal of polyps; follow ACS nutrition guidelines for diets high in fiber and low in fats; recent studies suggest drugs like aspirin may reduce risk.	Beginning at age 50: flexible sigmoidoscopy, stool blood test, or total colon examinations. Rectal bleeding, change in bowel habits, blood in stools.	Surgery at times combined with radiation therapy or chemotherapy. Chemotherapy in advanced cases is under study.
Prostate	While not certain, prudent action would be to follow ACS nutrition guidelines.	Beginning at age 50: digital rectal examination, prostate specific antigen (PSA) test. Difficulty passing urine, blood in urine. These symptoms can be due to benign (non-cancer) conditions.	Early stage: surgery or radiation therapy. Advanced stages: radiation therapy, hormone treatments, or anti-cancer drugs. Radiation therapy can ease painful areas in bones.
Breast	Follow ACS nutrition guidelines; maintain normal weight; exercise three times per week.	Beginning at age 40: mammography, breast self-examinations, annual clinical breast examinations. Breast lump or a thickening; bleeding from nipple; skin irritation; retraction.	Early stage: mastectomy or local removal with radiation therapy. Adjuvant therapy: hormones and/or combination chemotherapy. Later stage: combination chemotherapy or hormones and radiation therapy for selected clinical problems.
Melanoma (Skin)	Protect against sun exposure, especially in childhood; use protective clothing and sun-screens with SPF 15 or greater when exposed to the sun.	Annual skin examinations by an experienced physician; monthly self-exams. Change in a mole or a sore that does not heal.	Early stage: surgery. Advanced stages: surgery, radiation therapy, chemotherapy, immunotherapy.
OTHER CANCERS **Bladder (Urinary)**	Avoid use of tobacco products; use workplace safety precautions if working in high-risk industry.	Health-related checkups may identify early signs and symptoms. Blood in urine.	In situ stage: surgery and possible installation of drugs. Later stages: surgery at times with radiation therapy or chemotherapy. Metastatic disease: radiation therapy and chemotherapy.
Brain	None known.	Health-related checkups may identify early signs and symptoms. Headaches, convulsions, personality changes, visual problems, unexplained vomiting.	In adults: surgery, chemotherapy, or radiation therapy. In children: surgery, chemotherapy, and radiation therapy.

Major Cancer Sites

OTHER CANCERS (continued)	RISK REDUCTION	EARLY DETECTION (Asymptomatic persons) & WARNING SIGNS (Symptomatic persons)	TREATMENT
Cervix Uteri	Safe sex; avoid use of tobacco products.	Beginning at age 18, or at onset of sexual activity, Pap smear and pelvic examination. Abnormal vaginal bleeding.	Precursor lesions: cryotherapy (cold), electrocautery (heat from an electrical current), surgery. Localized: surgery or radiation therapy. Invasive: surgery or radiation therapy. Metastatic: chemotherapy and radiation therapy.
Endometrium (Uterine Cancer)	When considering estrogen replacement therapy, benefits and risks must be considered by woman and her physician.	Pelvic exam; endometrial tissue sampling at menopause if high risk. Vaginal bleeding after menopause.	For uterine hyperplasia, progestins may be used. Surgery sometimes with radiation therapy. Advanced metastases: progestins/chemotherapy.
Hodgkin's Disease	None known.	Health-related checkups may identify early signs and symptoms. Night sweats, itching, unexplained fever, lymph node enlargement.	Early stages: radiation therapy sometimes with chemotherapy. Advanced stages: combination chemotherapy.
Lymphoma (Non-Hodgkin's)	None known.	Health-related checkups may identify early signs and symptoms. Lymph node enlargement, fever.	Usually disseminated at time of diagnosis; chemotherapy is used. At times, autologous bone-marrow transplantation may be used.
Leukemia	Reduce exposure to radiation and hazardous chemicals.	Health-related checkups may identify early signs and symptoms. Fatigue, pallor, repeated infection, easy bruising, nose bleeds.	Combination chemotherapy; bone-marrow transplantation may be used in some cases.
Oral	Avoid tobacco products in all forms and, if you must drink alcohol, do so in moderation.	Regular oral exams. Sore in mouth that does not heal; color change in an area of the mouth.	Radiation therapy and surgery; chemotherapy is being studied.
Ovary	Following ACS nutrition guidelines may be helpful. Prophylactic ovary removal.	Health-related checkups may identify early signs and symptoms. Often "silent;" abdominal symptoms, pain.	Surgery, radiation therapy, and chemotherapy.
Pancreas	Following ACS nutrition guidelines may be helpful.	Health-related checkups may identify early signs and symptoms. Vague abdominal symptoms, pain.	Surgery, radiation therapy, and chemotherapy may be used. Disease is often advanced at the time of diagnosis.
Stomach	Avoid food high in nitrates; consume foods with selenium, beta carotene, and vitamin E.	Health-related checkups may identify early signs and symptoms. Indigestion.	Surgery; combination chemotherapy may be helpful.
Testis	None known	Testicular self-examination in young adult males has been suggested. Testicular mass or enlargement.	Early stage: surgery at times with radiation therapy. Advanced stages: chemotherapy.

Advocacy

The Challenge

Advocacy is an important part of the American Cancer Society's mission. Many public health and cancer detection/prevention programs are funded by or regulated by legislative bodies at the local, state, and national levels. Advocacy by nonprofit organizations and their volunteers is not only legal, but is protected by the United States Constitution. As a charitable organization, there are certain rules that must be followed. For example, the ACS cannot support or campaign against individuals running for office. ACS advocacy efforts focus on two areas: tobacco control and patient rights policies.

Tobacco control advocacy concerns clean indoor air policies, reducing youth access to tobacco products, provision of insurance coverage for smoking cessation treatment, increasing tobacco sales taxes (to help pay for smoking-related illness and tobacco prevention programs, and to deter youth smoking), and opposing attempts at preempting local ordinances.

Advocating on behalf of patient rights deals with issues of insurability, confidentiality, clinical trials, and other topics that enhance the quality of life of cancer patients or make early detection tests more widely available.

Since elected officials respond positively to constituent calls, our organization's goal is to recruit a core group of volunteers to be members of our grassroots network in every legislative district within Idaho, Utah, North Dakota, Wyoming, and Colorado. Lawmakers determine the fate of most cancer research and prevention programs. Our elected officials control the amount of money that the nation's leading cancer research, detection, and prevention programs receive every year.

Most elected officials are responsive to the needs and concerns of the people who elect them, but they only become aware of these needs and concerns when constituents contact them.

The American Cancer Society is working with lawmakers to move the fight against cancer to the top of the legislative list, but we can't do it alone–we need your help. Your phone calls, letters and personal visits with lawmakers today can help secure the research and prevention programs we need to find the cure for cancer tomorrow!

The ACS Action Network is made up of individuals who want to see a cure for cancer now–individuals who want to ensure that fighting cancer is a local, state, and national priority. As a member of the ACS Action Network, you will receive information on cancer-related issues pending on Capitol Hill, state legislatures and city councils, government agencies, and in the media. We will let you know when critical issues are heading for a vote or are about to be ignored. We will also provide information about how to contact your legislator and talking points to help you discuss the issue under consideration.

Consider joining the ACS Action Network and help us help you fight cancer!

Call now, toll-free, 1-877-2-FIGHT-IT (1-877-234-4484)

Research to stop it.
Detection to find it.
Prevention to avoid it.
Legislation to secure it.

A Wise Investment in the Fight Against Cancer

The Rocky Mountain Division of your American Cancer Society, with utmost care, accounts for all contributions and funds that sustain programs of research, service, education, early detection, and prevention. This is a simplified summary of funding sources and how the income was spent to fight cancer during the period of September 1, 1998 to August 31, 1999, the most recent year for which audited figures are available. An audited financial statement is available upon request.

Revenue Received

The American Cancer Society depends on the generosity of donors to fund the fight against cancer. Whether it comes from a foundation for a specific project, a thoughtful bequest, or is generated dollar-by-dollar at a fundraising event, every penny is vital in our fight against cancer.

Personal contributions remained the primary source of income for the ACS in FY 1998/99. Supporters donated in many ways, including memorial gifts, participation in special events, purchases at the Society's resale shops, direct mail, telephone donations, and pledges through the United Way.

Other sources of income include legacies, bequests received through supporters' wills; investment earnings; and grants from the ACS National Home Office, governmental agencies, and foundations.

What We Spent

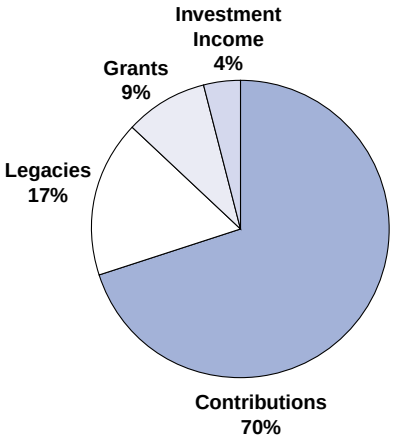
Expenses for the Rocky Mountain Division cancer control programs fall into three major areas: patient support, prevention and risk reduction, and detection and treatment.

The Rocky Mountain Division spends 40 percent of every dollar raised on cancer control programs in Idaho, Colorado, Wyoming, North Dakota, and Utah. These programs include patient services like patient visitations and cancer support groups. It also includes prevention and risk reduction programs, like student education, and detection and treatment programs like skin cancer screenings.

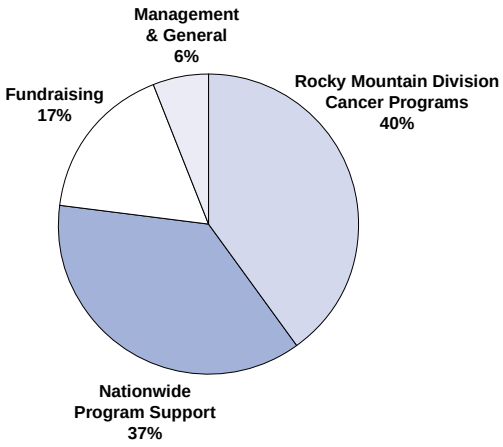
The Rocky Mountain Division sends 37 cents of every dollar raised through unrestricted contributions and legacies to the ACS national headquarters. These funds support research projects and other cancer control programs that are more effectively developed and administered on a national level.

Fundraising expenses support annual educational and crusade activities. Management and general expenses support the overall operation of the Rocky Mountain Division through executive, financial, and administrative services.

1998/99 Revenue



1998/99 Expenses



The Research Program of the American Cancer Society

To date, the American Cancer Society has spent over $2.2 billion on cancer research, growing steadily from $1 million in 1946 to $100.4 million in 1998. We have funded 30 Nobel Prize laureates. As of March 1, 2000, Rocky Mountain Division cancer centers and universities had 28 grants in effect funded by the American Cancer Society, totaling $7.2 million.

ACS funds only the very best research, regardless of where researchers are located. In today's era of instant communications, results of research are available to everyone as soon as they are published.

Major scientific breakthroughs in the last fifteen years have changed how we think about cancer, and as the largest private source of funds for cancer research, the American Cancer Society has been a pivotal influence in those breakthroughs.

Today, nearly 60 percent of people diagnosed with cancer survive the disease. Only 50 years ago those odds were much worse. By making a strong national commitment to research, the American Cancer Society hopes to increase survival rates by developing new treatments and early detection models. By studying the root causes of cancer, we hope to develop more reliable methods of prevention.

Photo: American Cancer Society

American Cancer Society Funded Research

Rocky Mountain Division

Grants in Effect as of 3/1/00	
Boise State University, Idaho	**$446,000**
National Jewish Medical Center, Denver	**$375,000**
Colorado State University, Ft. Collins	**$62,400**
University of Colorado, Boulder	**$1,883,000**
University of Colorado, Denver	**$1,941,000**
Brigham Young University, Provo	**$319,000**
University of Utah, Salt Lake City	**$2,004,000**
Utah State University, Logan	**$236,000**
TOTAL	**$7,226,400**

Data Sources

Cancer incidence and mortality data are based on cases reported to each state's central cancer registry (CCR) and the underlying cause of death reported by each state's Office of Vital Statistics. CCRs are legally mandated, statewide, population-based cancer information centers. Analyses were performed by the registries. All rates are age-adjusted to the 1970 U.S. population. More detailed information on the status of cancer in each state is available from the state's CCR. Unless otherwise specified, incidence data exclude non-melanoma skin cancers and carcinoma in situ, except bladder.

The expected numbers of cancers in 2000 were estimated by the Surveillance Research Program of the American Cancer Society. Projections are calculated from national data sources using apportioning techniques to allow state-by-state estimation. For the most accurate information on cancer in your state, contact your state's CCR.

Survival trends for adults and children are from the Surveillance, Epidemiology, and End Results (SEER) program. More detailed information can be found in "SEER Cancer Statistics Review, 1973-1997," available from SEER and on their website. Survival rates are from cancer incidence data collected on about 10 percent of the U.S. population

Risk factor data have been drawn from each state's Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS), both of which are conducted as collaborations between the Centers for Disease Control and Prevention and state departments of health or education.

Definitions and Abbreviations

SEER summary stage definitions- Stage of disease information is obtained from extent of disease information. The historical stage presented has four levels. An invasive neoplasm confined entirely to the organ of origin is said to be **localized.** A neoplasm that has extended beyond the limits of the organ of origin is said to be **regional.** A neoplasm that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis is said to be **distant.** When information is not sufficient to assign a stage, a neoplasm is said to be **unstaged.**

Unavailable data- For states that did not have overall response rates of 40 percent or more on youth risk behavior surveys, the data are not eligible for publication in the *MMWR (Morbidity and Mortality Weekly Report),* and, as such, are unavailable.

Unweighted data- For states that did not have overall response rates of at least 60 percent and appropriate documentation on youth risk behavior surveys, the data were unweighted, according to the standards of the *MMWR.* No data (weighted or unweighted) are published without a state's permission.

ACS	American Cancer Society
Bladder	In situ and invasive urinary bladder
BMI	Body mass index, calculated from individual height and weight
Brain	Brain and other CNS
BRFSS	Behavioral Risk Factor Surveillance System
CCR	Central Cancer Registry
CDC	Centers for Disease Control and Prevention
C&R	Colon and rectum
CNS	Central nervous system
HIV	Human immunodeficiency virus
Lung	Lung and bronchus
Melanoma	Melanoma of the skin
MMWR	*Morbidity and Mortality Weekly Report*
NCI	National Cancer Institute
NOS	Not otherwise specified
Oral	Oral cavity and pharynx
PSA	Prostate-specific antigen
RMD	Rocky Mountain Division
SEER	NCI Surveillance, Epidemiology, and End Results Program
Urinary	Urinary system, including in situ bladder cancer
Uterus	Corpus uteri and uterus, NOS
YRBS	Youth Risk Behavior Survey

Agencies Contributing Data

Colorado Central Cancer Registry
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530
http://www.cdphe.state.co.us/pp/cccr/cccrhom.asp
303-692-2540

Health Statistics Section
(Mortality data, BRFSS, YRBS)
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530
http://www.cdphe.state.co.us/stats.asp
303-692-2160

Cancer Data Registry of Idaho
802 W. Bannock, Suite 500
P.O. Box 1278
Boise, ID 83701-1278
http://www.idcancer.org/
208-338-5100 x213

BRFSS
Bureau of Vital Records and Health Statistics
Division of Health
Idaho Department of Health and Welfare
450 W. State St., 1st Floor
Boise, ID 83720
http://www2.state.id.us/dhw/hwgd_www/health/vs/brfssindx.htm
208-334-5992

YRBS
HIV, AIDS, & Health Education
Idaho Department of Education
650 W. State St.
P.O. Box 83720
Boise, ID 83720-0027
208-332-6950

North Dakota Cancer Registry
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, ND 58505-0200
701-328-2333

BRFSS
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, ND 58505-0200
701-328-2378

YRBS
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, ND 58505-0200
701-328-3138

Utah Cancer Registry
546 Chipeta Way, Suite 2100
Salt Lake City, UT 84108
801-581-8407

Office of Vital Records and Statistics
Utah Department of Health
288 North 146 West
P.O. Box 141012
Salt Lake City, UT 84114-1012

BRFSS
Utah Department of Health
Office of Public Health Assessment
288 North 146 West
P.O. Box 142101
Salt Lake City, UT 84114-2101
801-538-6108

YRBS
Utah Office of Education
250 East 500 South
Salt Lake City, UT 84111
801-538-7606

Wyoming Cancer Surveillance Program
Wyoming Department of Health
Hathaway Building, 4th Floor
Cheyenne, WY 82002
http://wdhfs.state.wy.us/cancer/
800-458-5847

BRFSS
Wyoming Department of Health
Hathaway Building, 4th Floor
Cheyenne, WY 82002
307-777-6012

YRBS
Comprehensive School Health Education
Hathaway Building, 2nd Floor
Cheyenne, WY 82002-0050
http://www.k12.wy.us
307-777-5315

Rocky Mountain Division Offices and Units

AMERICAN CANCER SOCIETY
Hope. Progress. Answers.

RMD
2255 S. Oneida St.
Denver, CO 80224
303-758-2030

COLORADO

Boulder County
1250 S. Hover Rd., Suite F-2
Longmont, CO 80501
303-776-2689

El Paso/Teller Counties
1445 N. Union Blvd., #B100
Colorado Springs, CO 80909
719-636-5101

Larimer County
344 E. Foothills Parkway, #2E
Ft. Collins, CO 80525
970-226-0148

Mesa County
2754 Compass Dr., #328
Grand Junction, CO 81506
970-242-9593

Mile High
2255 S. Oneida St.
Denver, CO 80224
303-758-2030

Pueblo County
720 N. Main St., #418
Pueblo, CO 81003
719-543-2824

Southwest District
3801 N. Main Ave.
Durango, CO 81301
970-247-0278

Weld County
1020 9th Ave.
Greeley, CO 80631
970-356-9727

IDAHO

Eastern
PO Box 1145
Blackfoot, ID 83221
208-785-2516

Magic Valley
149 West 50 South
Rupert, ID 83350
208-436-5238

Northern
1213 Adeline Ave.
Coeur d'Alene, ID 83814
208-667-9749

Treasure Valley
2676 Vista Ave.
Boise, ID 83705
208-343-4609

NORTH DAKOTA

Bismarck
523 E. Bismarck Expressway, #20
Bismarck, ND 58504
701-224-9954

Fargo
121 Roberts St.
P.O. Box 2309
Fargo, ND 58108-2309
701-232-1385

Minot
600 22nd Ave. NW
Minot, ND 58703
701-838-5550

UTAH

Central
819 Palisade Rd., Box 650099
Sterling, UT 84665
435-835-6351

Greater Salt Lake
941 East 3300 South
Salt Lake City, UT 84106
801-483-1500

Ogden
2404 Washington Blvd., #218
Ogden, UT 84401
801-393-8657

Provo
286 South 600 East, Suite A
Provo, UT 84606
801-373-5886

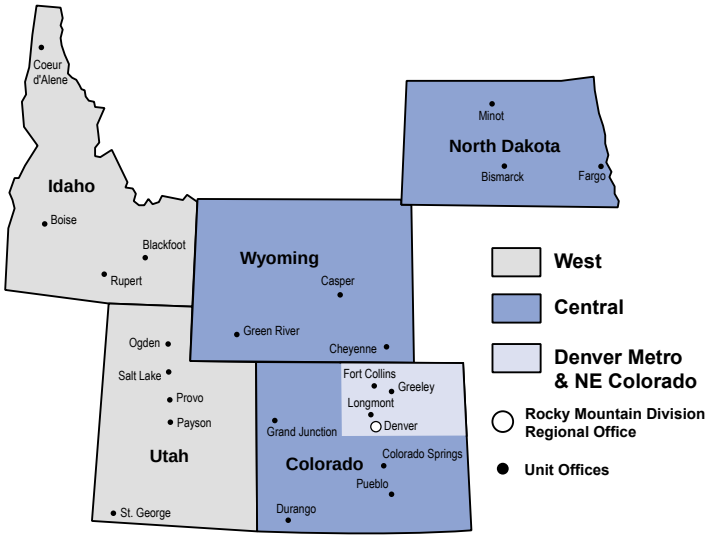
Southern
592 North Mall Dr.
St. George, UT 84790
435-674-9707

WYOMING

Casper
152 N. Durbin St. #312
Casper, WY 82601
307-577-4892

Cheyenne
4202 Ridge Road
P.O. Box 5807
Cheyenne, WY 82003-5807
307-638-3331

Green River
560 Uinta Dr., #3
Green River, WY 82935
307-875-5020



American Cancer Society Mission:

The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through Research, Education, Advocacy, and Service.

Cancer Information Hotline
800-ACS-2345

Visit our website at: http://www.cancer.org