

Catchment Area Data Trends in Cancer Indicators and Risk Factor Behaviors in Texas, 2010-2020 Stephanie Nutt, MA, MPA, Travis Anthony, MSDS, Marcita Galindez, MPA, Jacqueline Dan-Jumbo, MPH, Ruth Rechis, PhD The University of Texas MD Anderson Cancer Center

THE UNIVERSITY OF TEXAS MDAnderson Cancer Center

Making Cancer History®

#### Background

Experts have routinely outlined cancer prevention recommendations and defined evidence-based interventions that effectively prevent cancer and detect it at early stages.<sup>1,2</sup>

Despite this evidence, an immense gap exists between what we know about cancer prevention and what we do, including what individuals/families incorporate into their personal lives as well as actions taken by policymakers, employers, governments and others to promote healthier, cleaner environments, and a culture that values and enables health and wellness. Table 1. Texas made modestimprovement on some riskbehaviors but is not meetingHealthy People 2030 Goals.

Health Behavior	Texas 2014 Rate	Texas 2020 Rate	Healthy People 2020 Goal	Healthy People 2030 Goal
Physical Inactivity	27.6%	25.6%	32.6%	21.8%
Obesity	31.9%	35.7%	30.5%	36.0%
Smoking	14.5%	13.2%	12.0%	6.1%
Breast Cancer Screening	76.7%	77.7%	81.1%	80.3%
Cervical Cancer Screening	77.7%	75.0%	93.0%	79.2%
Colorectal Cancer Screening	60.8%	66.8%	70.5%	80.0%

Figure 2. Late-stage incidence and mortality rates have decreased for lung and breast cancer and increased for liver cancer.



#### Goal

To better understand the extent to which rates of preventable cancer risk factors and cancer morbidity and mortality have changed in Texas (the University of Texas MD Anderson Cancer Center's (MD Anderson) catchment area).

## Methods

We calculated changes at the state and public health region levels in rates of:

- Cancer incidence
- Cancer mortalityObesity

Source: Behavioral Risk Factor Surveillance System<sup>3</sup>

Table 2. Texas ranks below thenational average for manyhealth behaviors.

Priority Areas	Topic Area	National Rank			
Modifiable Behaviors	Smoking	11			
	Obesity – Adults	32			
	Obesity – Adolescent	42			
	No Leisure Physical Activity	38			
Screenings	UTD Mammography (45+)	31			
	Stool test/endoscopy (45+)	44			
	Pap/HPV Test (women 25-65)	45			
Source: American Cancer Society, Cancer Statistics Center, Texas Cancer Statistics					
Figure 1 The mortality rate for					

Source: Texas Cancer Registry<sup>4</sup> Baseline years = 2010-2012 and Endline years = 2017-2019 Rates are per 100,000 and age-adjusted to 2000 U.S. Standard

Population Bolded numbers represent a statistically significant difference

Significant progress has been made in lung cancer, and breast cancer has shown some modest progress. Liver cancer late-stage incidence and mortality rates have both increased. Interestingly, while colorectal latestage incidence rate has increased, the mortality rate has decreased.

- Smoking (tobacco)
- Physical activity
- Cancer screening behaviors

We examined data related to all cancer types combined and five preventable cancers:

- female breast (breast)
- cervix uteri (cervical)
- colon and rectum (colorectal)
- liver and intrahepatic bile duct (liver)
- lung and bronchus (lung)

Texas is geographically vast, racially and ethnically diverse, with significant poverty, and lack of health insurance.

Texas Population

by Race /

Ethnicity, %

13

40

40

Other

Hispanic

Non-Hispanic White

Non-Hispanic Black

📃 Asian

Figure 1. The mortality rate for all cancers decreased significantly from 2010-2012 to 2017-2019.

Change in All Cancers Mortality 2010-2012 to 2017-2019 Red error bars denote upper and lower 95% Cl; colored labels indicate error bars do not overlap Rates are per 100,000 & age-adjusted to the 2000 U.S. Standard Population PHR 01 PHR 02 PHR 03 PHR 04 PHR 05 PHR 06 PHR 07 PHR 08 PHR 09 PHR 10 PHR 11

## **Conclusion and future directions**

Progress on key risk factor behaviors in the catchment area has been mixed and show the need to focus more on obesity and physical activity.

Overall, continuing or scaling up efforts to implement evidence-based strategies could significantly reduce the cancer burden in Texas. Currently, these strategies are too rarely or inconsistently practiced.

Texas should continue to monitor progress on indicators related to cancer prevention to assess how cancer prevention strategies are supporting population health goals.

#### Quick Facts

30 million

Residents

254 Counties 260.000

Square miles

# **16.6%** Without health insurance

**14%** Living in poverty



During the study period, cancer mortality rates in our catchment area decreased notably, from 162.1 to 143.6 per 100,000 population. This decline was observed across all PHRs.

#### References

 Islami, F., Goding Sauer, A.G., Miller, K.D., et al. (2018). Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. *CA-Cancer J Clin,68*:31–54. doi:10.3322/caac.21440.
Spratt, J.S. (1981). The primary and secondary prevention of cancer. *Journal of Surgical Oncology,18*: 219-230. <u>https://doi.org/10.1002/jso.2930180302</u>.
<u>https://www.cdc.gov/brfss/index.html</u>
Age-Adjusted Invasive Cancer Incidence and Mortality Rates in Texas. Cancer Incidence File, Mar 2024. Texas Cancer Registry. http://cancerrates.info/tx/