Lung and Bronchus Cancer

Lung and bronchus cancers impact the respiratory system. The bronchi are tubes that connect the trachea (windpipe) with smaller tubes in the lungs called bronchioles.\(^1,2\) Most lung cancers begin in cells that line the bronchi, but also can begin in other parts of the lung such as the trachea, bronchioles, or alveoli (tiny air sacs attached to the bronchioles).\(^2\)

For treatment purposes, lung and bronchus cancers are grouped into small cell cancers and non-small cell cancers, which account for 10-15% and 85-90% of all lung and bronchus cancers, respectively.\(^2,3\) Small cell lung cancer grows more quickly than non-small cell lung cancer and is more likely to metastasize; however, it is less common than non-small cell lung cancer.\(^3\) There are no recommended screening tests for lung and bronchus cancer for asymptomatic people.\(^4\)

Lung and bronchus cancer is the second-most common cancer diagnosis and the leading cause of cancer death among both men and women in the U.S. and Texas.\(^4\) It is estimated that, in 2007, approximately 12,016 Texas men and women will be diagnosed with lung and bronchus cancer and 10,974 will die of the disease.\(^5\) In the U.S., males have a higher risk of lung and bronchus cancer than females.\(^4\) Hispanic men and women are at lower risk of developing lung and bronchus cancer compared to non-Hispanics. African-American men are at greater risk of lung and bronchus cancer than white men, while white women have a higher risk than African-American women.\(^6\) Like most cancers, increasing age is a risk factor for lung and bronchus cancer, but the most important risk factor is cigarette smoking.\(^4\) Other risk factors include exposure to secondhand cigarette smoke, radon, asbestos, certain metals and organic chemicals, air pollution, and a history of tuberculosis.\(^4,7\)

Lung and Bronchus Cancer in South Texas

The incidence of lung and bronchus cancer in South Texas was 51.5 cases per 100,000 persons in 2000-2004. South Texas had a lower incidence of lung and bronchus cancer than the rest of Texas (72/100,000) and nationwide (64.8/100,000). Hispanics in South Texas had a similar incidence of lung and bronchus cancer as Hispanics in the rest of Texas; however, non-Hispanic whites in South Texas had a lower incidence (69/100,000) when compared to non-Hispanic whites in the rest of Texas (78/100,000). As seen nationwide, Hispanics had a lower incidence of lung and bronchus cancer than non-Hispanic whites in South Texas. Non-Hispanic whites in South Texas had twice the risk of lung cancer as Hispanics (Figure 5.13).
The incidence of lung and bronchus cancer is rare until ages 30-44, and then rises until ages 75-79 for Hispanics and ages 80-85 for non-Hispanic whites. Incidence declines among non-Hispanic whites at ages 85 and older, but levels off for Hispanics at ages 75 and older (Figure 5.14). Among those age 40 and older in South Texas, non-Hispanic whites have a statistically significantly higher incidence than Hispanics.
As seen nationwide, South Texas males had a higher incidence of lung and bronchus cancer than females. The incidence of lung and bronchus cancer was nearly two times higher among non-Hispanic white males than non-Hispanic white females, and was nearly three times higher among Hispanic males than Hispanic females (Figure 5.15).

The lung and bronchus cancer mortality rate in South Texas was 40.2 deaths per 100,000 persons. Lung cancer mortality rate patterns were very similar to those for lung cancer incidence.

References


Liver and Intrahepatic Bile Duct Cancer

Liver and intrahepatic bile duct cancer occurs either in the liver, an organ which metabolizes nutrients, makes bile, and detoxifies chemicals, or in the intrahepatic bile duct, a tube within the liver that carries bile to the gallbladder. There are no recommended screening tests for liver and intrahepatic bile duct cancer for asymptomatic people.

Liver and intrahepatic bile duct cancer is relatively rare in both Texas and the U.S. It is the 13th most common cancer diagnosis in U.S. men and the 18th in women. It is estimated that, in 2007, approximately 1,398 Texas residents will be diagnosed with liver and intrahepatic bile duct cancer and 1,353 residents will die of the disease. The incidence of liver and intrahepatic bile duct cancer increases with age, and men are twice as likely as women to develop liver cancer. Hispanic men and women have a much higher risk of developing liver and intrahepatic bile duct cancer than non-Hispanics. Asian and Pacific Islanders have the highest risk of liver and intrahepatic bile duct cancer.

Key Point: South Texas had a higher incidence of liver cancer than the rest of Texas or nation. South Texas Hispanics had a higher incidence than those in the rest of Texas, and a higher incidence than non-Hispanic whites in South Texas.