La. lung cancer rate high

Experts concerned, but have trouble pinpointing reasons

By SONNY ALBARADO and CARL REDMAN
Advocate staff writers

In 1969, the National Cancer Institute reported that 13 Louisiana parishes were among the 30 counties in the nation with the highest incidence of lung cancer.

Since then, the figures have caused a number of questions about the reasons and there has been little agreement from experts on answers. Yet one fact remains: deaths from lung cancer continue to rise.

The situation has been called epidemic by one Baton Rouge lung specialist, but others say that may be overstating the case.

Current statewide statistics show that there is an average of 42.9 lung cancer deaths per 100,000 residents. Several parishes rank much higher than that average, including West Baton Rouge, Orleans, Jefferson, Lafayette, Assumption and Evangeline.

56.3 deaths per 100,000). East Baton Rouge Parish deaths average 36.9 per 100,000.

While the figures give some indication of the magnitude of the problem, they do not address the causes or offer answers on why some parishes have a higher-than-average mortality rate.

“Louisiana knows it has a considerable amount of cancer, but not much else,” said Dr. Eula Palmer, administrator of the Mary Bird Perkins Radiation Treatment Center in Baton Rouge.

There are many unanswered questions.

“We do have a high rate and everybody has their pet theory, but there's not a good solid examination of the subject,” according to Dr. Pelayo Correa, an LSU Medical Center pathologist.

It is difficult to determine the blame for the state's high overall cancer rate and the lung rate particularly, because “it takes a lot of studies, and we have done very little,” Correa said. One reason few studies have been done on Louisiana's specific problem is the lack of unreliable information on cancer victims other than deaths, he said.

The American Cancer Society estimates that 7,600 Louisiana victims of all forms of cancer will die this year. Of that number, 2,200 will be lung cancer victims, ACS figures show. By comparison, 1,200 Louisianians died of the disease in 1969 and 1,555 died in 1975.

The 1983 projections are based on death certificates and do not tell researchers important information about the cancer (See CANCER, Page 8-A)
victims that could help trace the cause of the affliction, according to researchers like Correa.

An important factor in determining causes of lung cancer is reliable sources for estimating the number of new cases. The ACS predicts 14,800 new cases of all forms of cancer in Louisiana in 1983 and 2,500 lung cancer victims.

Those estimates are based on detailed information about new cancer cases that are kept by cancer or tumor registries in 11 major cities. One of those registries is located in New Orleans, but it collects information for only three parishes — Orleans, Jefferson and St. Bernard. It was created by the state in 1974 and is operated by the Department of Health and Human Resources.

Information from the New Orleans-based registry does show that Louisiana has 20 percent more lung cancer when compared to incidence rates from the other 10 registries in the country, Correa said. But such extrapolations of data could be more accurate if a statewide registry existed, the scientist added.

A similar registry exists in Baton Rouge at the Perkins Radiation Center, but it is privately financed and its information has only recently begun to be placed in a statistical computer capable of analyzing what its 10 years of data mean, Mrs. Palmer said.

"We don't have reliable incidence rates because of a lack of a tumor registry," said Dr. Marise Gottlieb, a Tulane Medical School epidemiologist who conducted one of the few Louisiana studies into the relationship between petrochemical industries and lung cancer in nearby residents.

The Legislature recently allocated additional funds to create a state registry that would include the New Orleans registry, East Baton Rouge and 10 surrounding parishes, Lafayette and the Acadia parishes, and the Lake Charles area, according to state health officer Dr. Sarah Braud. She said she hopes North Louisiana will be added later.

A registry is important because it is the only way of counting new cancer cases, of tracing the victim's history to aid researchers in studying cancer causes and of keeping tabs on new trends in cancer activity, according to the researchers.

As a testament to the importance of a statewide registry, Correa noted that the New Orleans-based data center shows that black and white men have the highest rates of lung cancer, but that women are fast catching up.

"Some time ago, white men had more cancer than blacks. Today, blacks have more cancer than whites. There's a phenomenon that needs explanation," he added.

In addition to the lack of a statewide cancer registry, state government and industry have failed to provide for medical research, thus hampering detailed study of the links between cancer and the environment.

"The environment where you live and where you work is very important," Correa said, although he stressed that smoking is still the major cause of lung cancer.

The state has never received its fair share of federal research dollars, according to Ben Fontaine of the American Lung Association of Louisiana. Louisiana business and government also "have never been acclimated to providing for medical research," Fontaine said.

The state created the Louisiana Cancer and Lung Trust Fund several years ago to develop research programs on the problem, but "the Legislature so far has turned its back on giving the trust research funds," he said.

"We've got to hope that the governor's recently created Task Force on Environmental Health will also conclude that Louisiana has a high rate of cancer and recommends funding," Fontaine said.

The Board of Regents, which governs the state's universities other than LSU and Southern, has provided $491,621 in research funds for 23 cancer-related studies since 1980, but Fontaine said more needs to be done.

Studying the causes of cancer also takes time and the cooperation of large numbers of people, Correa and Gottlieb said.

"Suppose one of us develops cancer," Correa said. "We'd have to go back in our history and find out where we worked, what kind of chemicals we were exposed to, what kind of infections, what kind of nutritional background we had, how much we smoked, drank, everything. That's difficult."

"It's not an easy problem to explore and the political ramifications are immense," Dr. Gottlieb said. "That's why it's not been looked into."