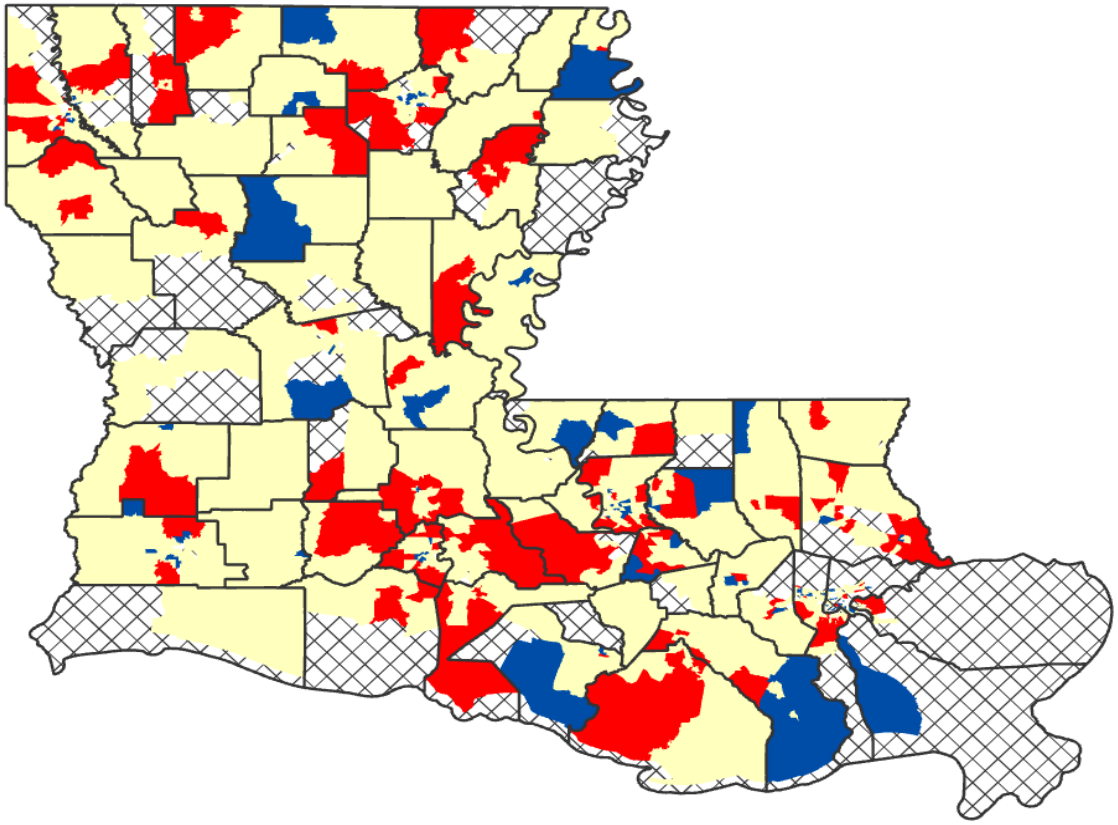
Figure 1. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, All Cancers Combined, 2013-2022



The rate is statistically significantly lower than Louisiana

The rate is not statistically significantly different from Louisiana

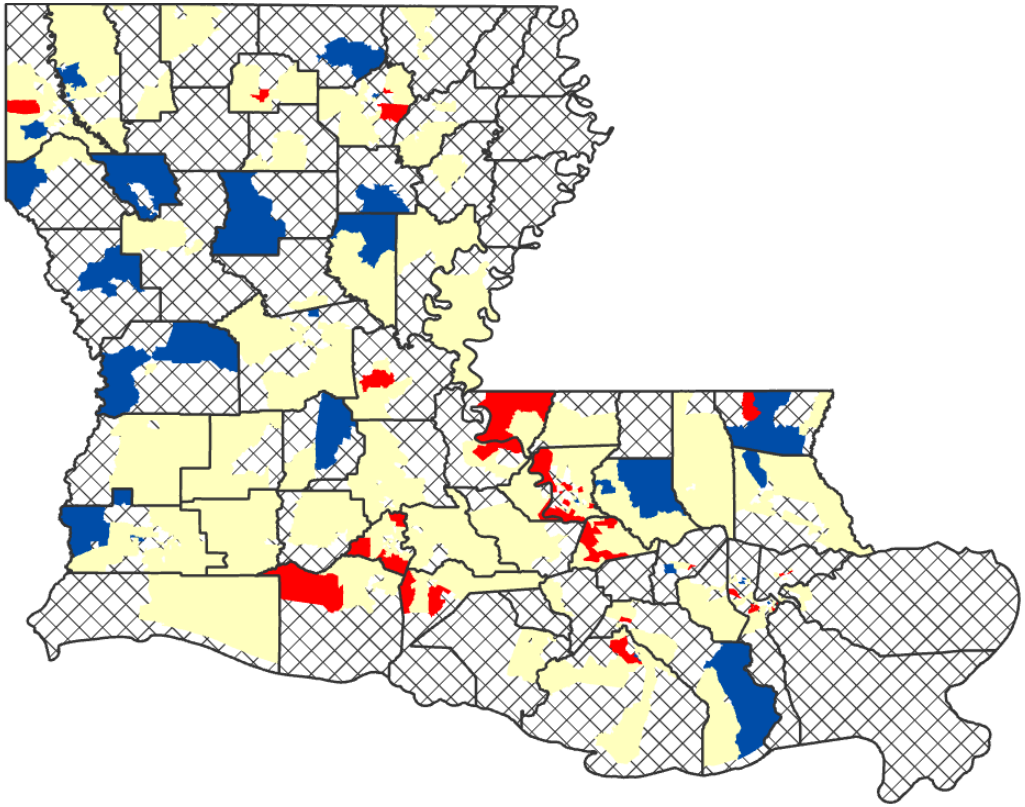
The rate is statistically significantly higher than Louisiana

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

[1]Average annual age-adjusted (2000 US) incidence rates

Louisiana Tumor Registry

Figure 2. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Prostate, 2013-2022



Risk Factors[2]

- Increased age (rises rapidly after age 50)
- Race/Ethnicity: African ancestry
- Family history of prostate cancer in first-degree relative
- Certain inherited genetic conditions, including Lynch syndrome and BRCA1 and BRCA2 mutations
- Hormones: increased dihydrotestosterone (DHT) levels
- U.S. and Caribbean geographical locations
- Taking vitamin E alone or folic acid
- Diets high in dairy and calcium
- Chemical exposures: Arsenic

The rate is statistically significantly lower than Louisiana.

The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

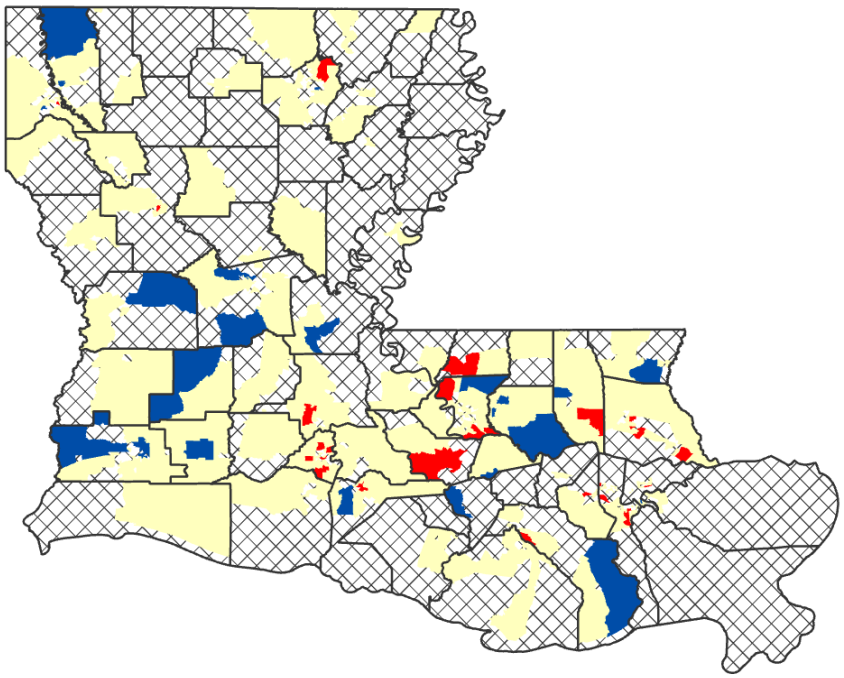
The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 3. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Female Breast, 2013-2022



The rate is statistically significantly lower than Louisiana.

The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

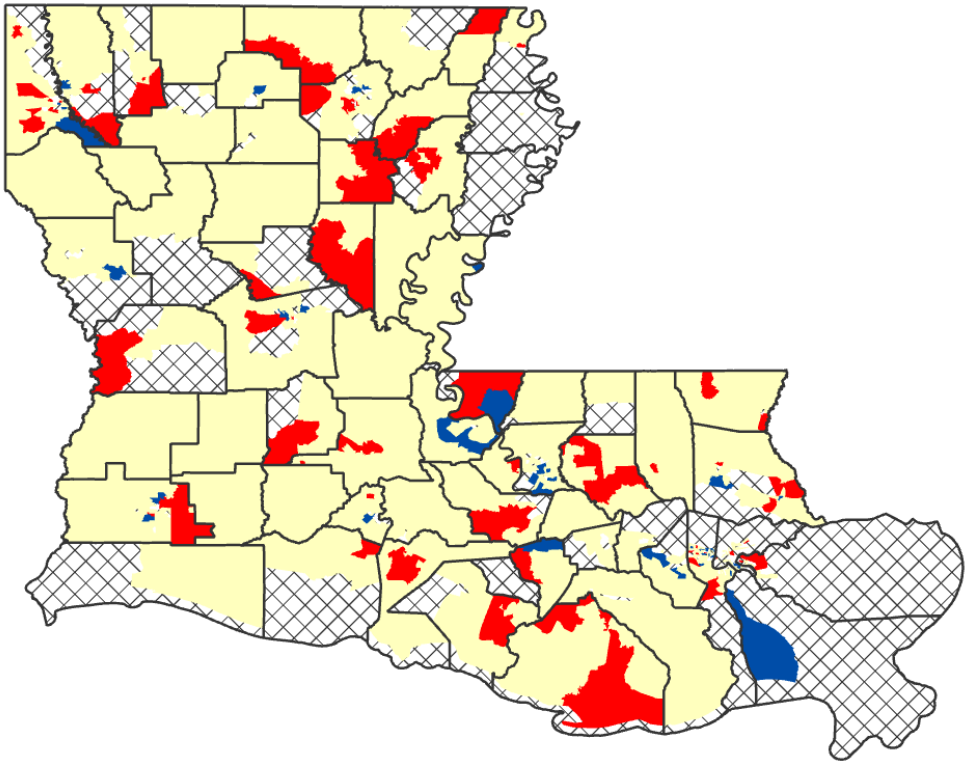
Risk Factors[2]

- Increased age
- Race/ethnicity
- Long menstrual history (starting early and ending later in life)
- Inherited mutations in BRCA1/BRCA2, PALB2, CHEK2, TP53, CDH1, PTEN, STK11, or ATM genes
- Personal or family history of breast or ovarian cancer
- Benign breast conditions (ex. atypical hyperplasia)
- Personal history of ductal or lobular carcinoma in situ, high-dose radiation to chest at young age, or high breast density
- Exposure to diethylstilbestrol (DES) before birth (in utero) or taking it during pregnancy
- Weight gain after age of 18
- Being overweight or obese
- Height (tall/being taller)
- Physical inactivity
- Alcohol consumption
- Birth Controls that use hormones
- Long-term use of combination hormone replacement therapy
- Postmenopausal hormone use
- Not fully carrying a pregnancy to term
- Having no pregnancies at all
- Older age at first pregnancy
- Increased risk for the first 10 years following childbirth
- Not breastfeeding
- Menopausal hormone therapy (combined estrogen and progestin)

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Figure 4. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Lung & Bronchus, 2013-2022



The rate is statistically significantly lower than Louisiana.

The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

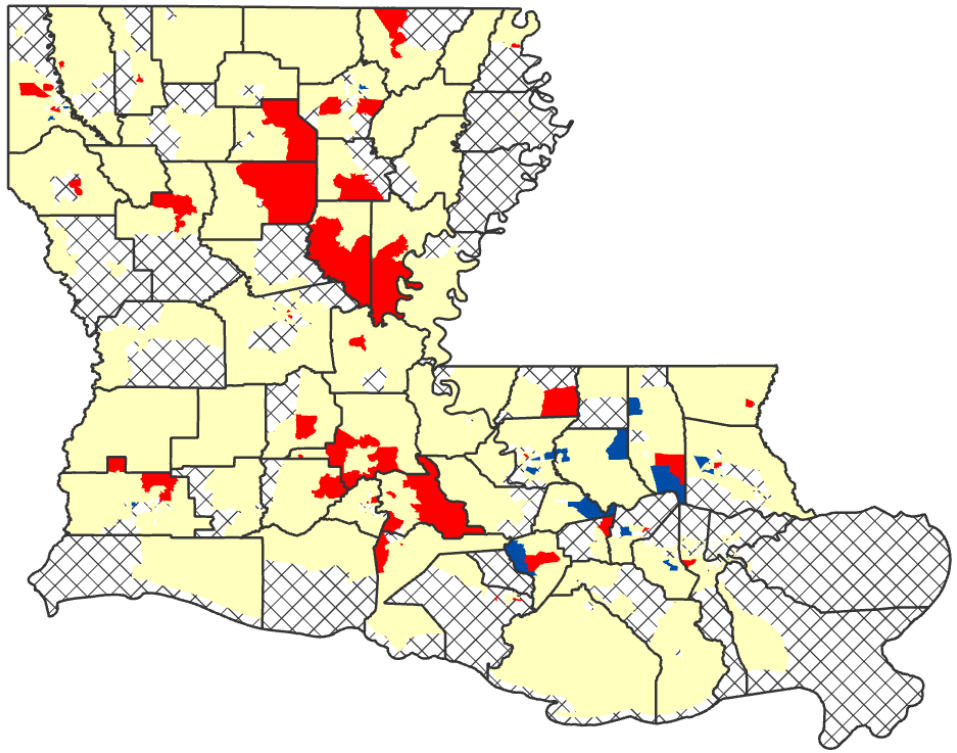
Risk Factors[2]

- Age
- Personal or family history of lung cancer
- Certain genetic causes (especially in families with history of lung cancer)
- Radiation therapy to the chest for other cancers
- Imaging tests such as CT scans
- Atomic weapon radiation
- HIV infection
- Air pollution
- Cigarette, cigar, pipe, and menthol cigarette smoking (increases with amount and years of smoking)
- Exposure to secondhand smoke
- Taking beta carotene supplements (especially in smokers who smoke 1+ packs per day)
- Being overweight or not getting enough exercise
- Occupational exposures
- Exposure to radon gas, asbestos, certain metals (chromium, cadmium, arsenic), silica, beryllium, nickel chromate, some organic chemicals, radiation, vinyl chloride, mustard gas, coal products, diesel exhaust, chloromethyl ethers, or tar and soot
- Arsenic in drinking water

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Figure 5. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Colon & Rectum, 2013-2022



Risk Factors[2]

- Increased age: risk increases after age 50
- Race/ethnicity (more common in African Americans, American Indians, Alaska Natives, and Ashkenazi Jews)
- Personal or family history of colon or rectal cancer and/or polyps
- Personal history of chronic inflammatory bowel disease, ulcerative colitis, Crohn's disease, or ovarian cancer
- Inherited genetic conditions (ex. Lynch syndrome, familial adenomatous polyposis, or hereditary nonpolyposis colon cancer)
- Radiation to the abdomen or pelvis area as part of previous cancer treatment
- Rare inherited syndrome: Peutz-Jeghers syndrome, MUTYH-associated polyposis (MAP), and cystic fibrosis
- Cholecystectomy (surgical removal of the gallbladder)
- Obesity
- Type II diabetes
- Physical inactivity
- Cigarette smoking
- Moderate - heavy alcohol consumption (3+ drinks per day)
- High consumption of red or processed meat
- Low intake of calcium, fruits, vegetables, and whole-grain fiber

The rate is statistically significantly lower than Louisiana.

The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

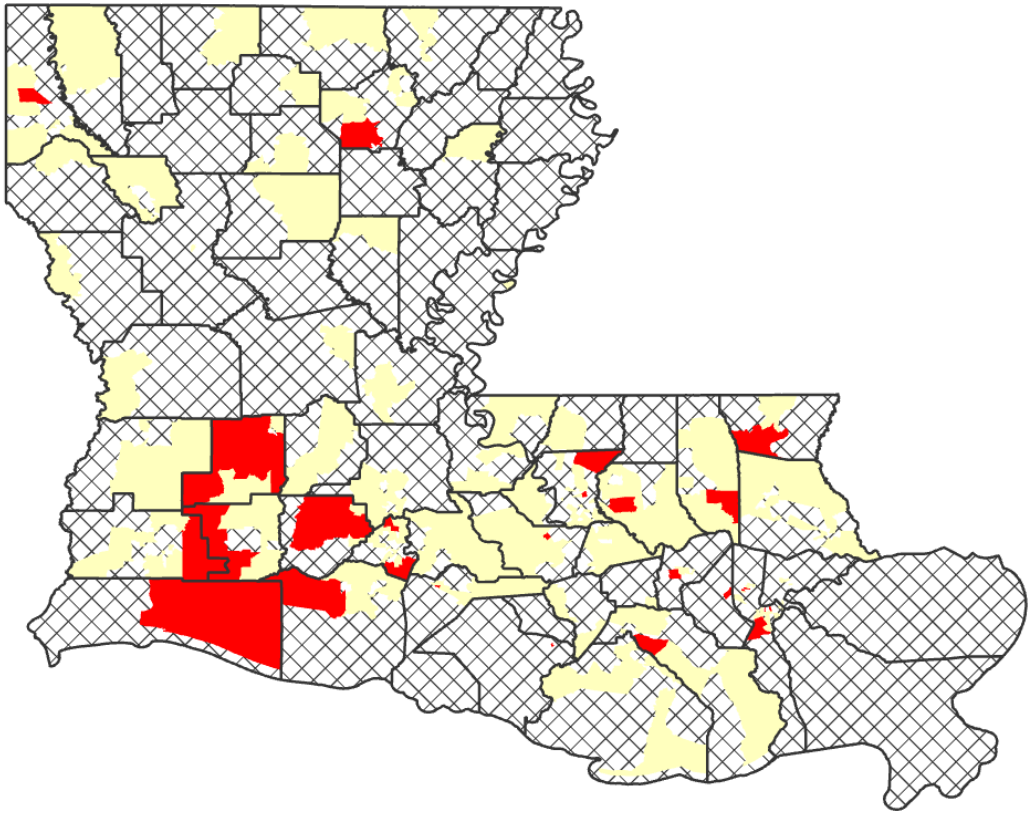
The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 6. Comparison of Cancer Incidence[1] Rates of Individual Census Tracts with Louisiana, Kidney & Renal Pelvis, 2013-2022



Risk Factors[2]

- Obesity
- Cigarette smoking or tobacco use
- Sex
- Race
- High blood pressure
- Family history of kidney cancer
- Genetic and hereditary risk factors including Von-Hippel Lindau syndrome
- Chronic renal failure
- Occupational exposure to chemicals like trichloroethylene or cadmium
- Long-term use of certain pain medicines such as acetaminophen

The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

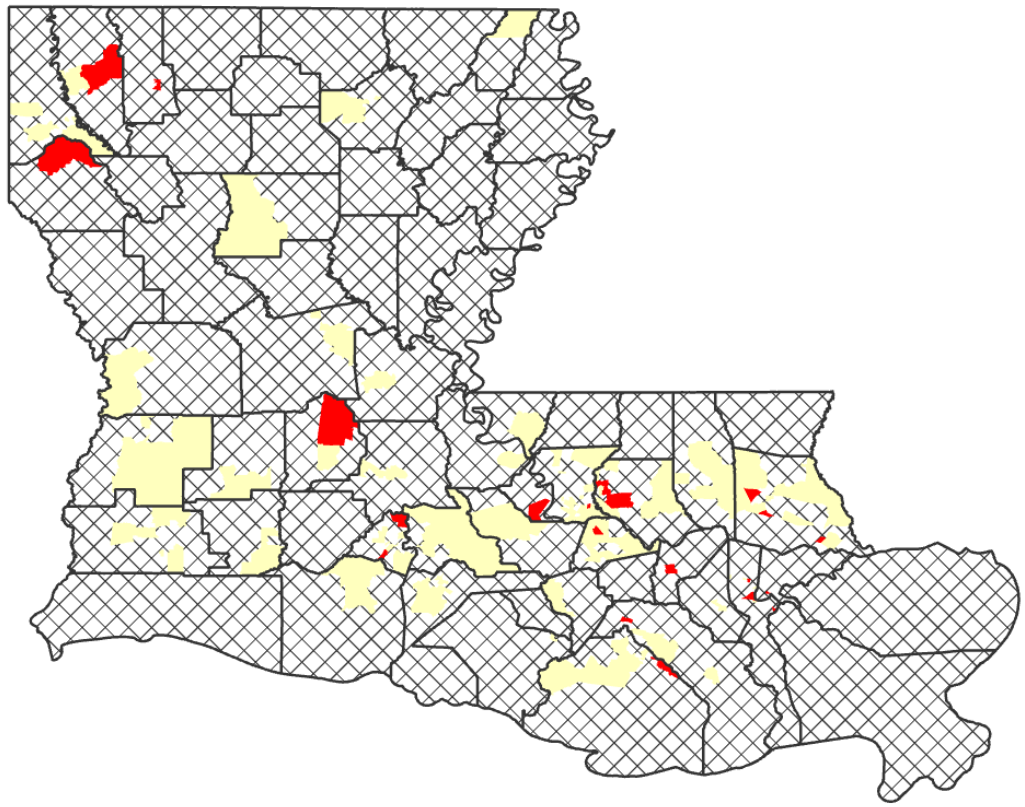
The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 7. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Non-Hodgkin Lymphoma, 2013-2022



The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

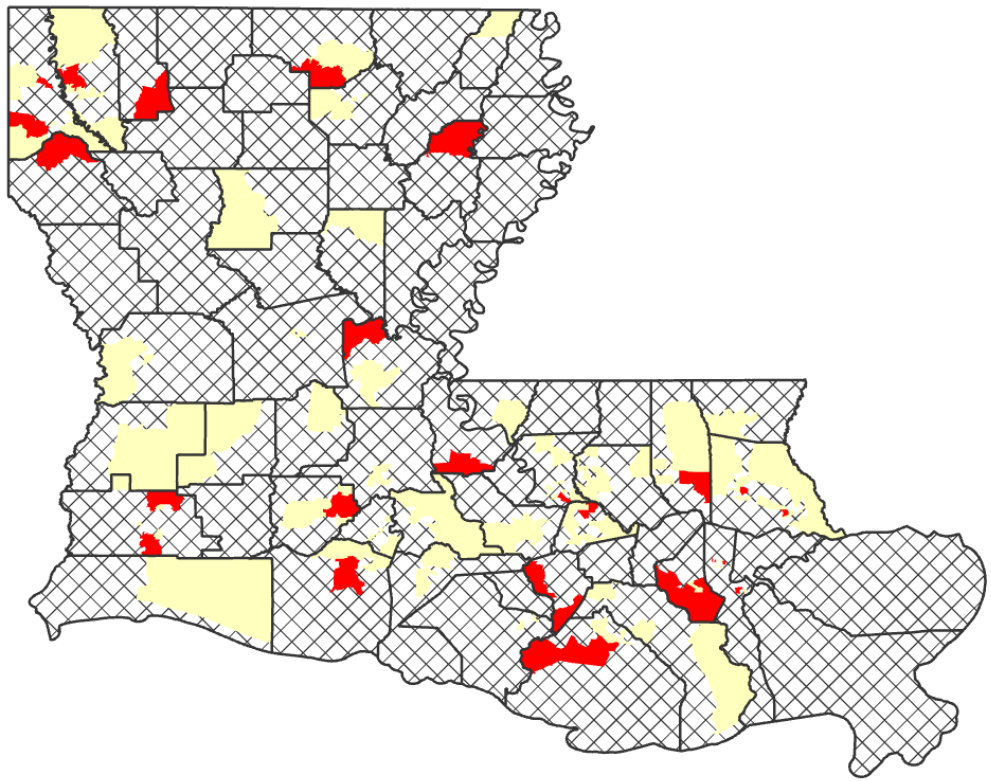
Risk Factors[2]

- Increased age
- Sex (Higher risk if assigned male at birth)
- Race/ethnicity (Higher risk if White)
- Weakened immune system due to HIV infection, inherited immunodeficiency syndromes, or receiving immune suppressants to prevent organ transplant rejection
- Infection with Epstein Barr virus, HIV, HTLV-1, H. pylori, or Hepatitis C virus
- Personal history of autoimmune diseases such as Sjogren syndrome, lupus, celiac disease, or rheumatoid arthritis
- Family history of lymphoma in first degree relative
- Exposure to chemicals such as benzene and certain herbicides and insecticides may be associated with NHL; research is ongoing

[1]Average annual age-adjusted (2000 US) incidence rates
[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 8. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Urinary Bladder, 2013-2022



The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

Risk Factors[2]

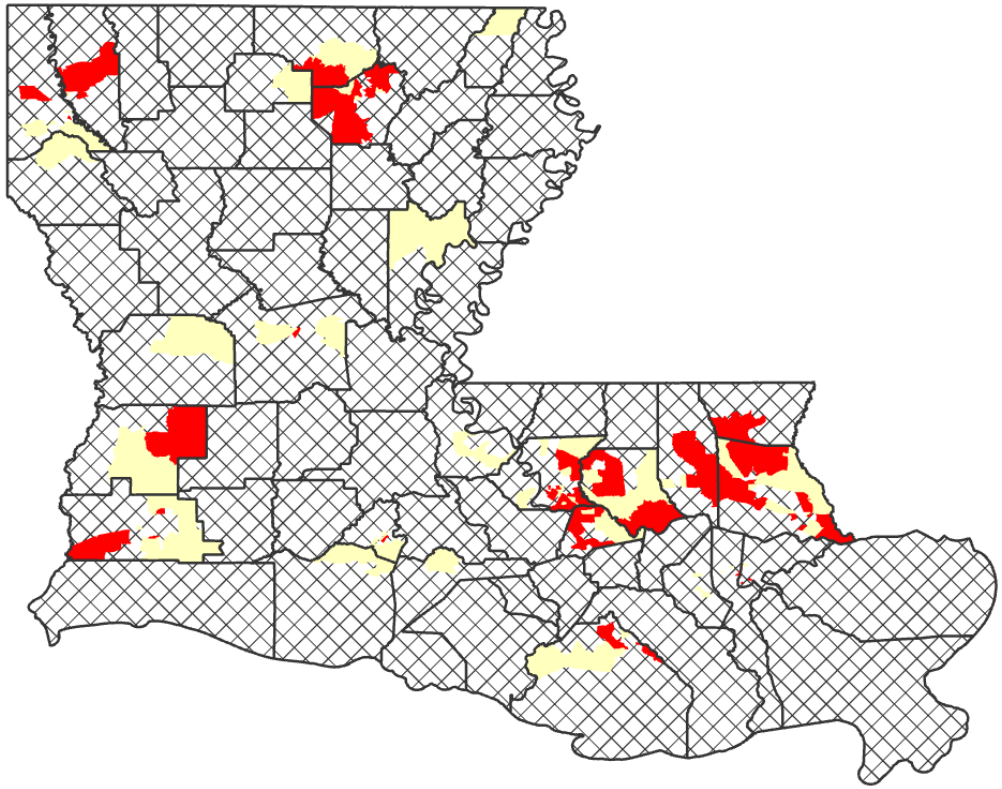
- Race-ethnicity (Higher risk if White)
- Age (> 55 y/o)
- Sex (Higher risk if assigned male at birth)
- Acquired or inherited gene mutations: GSTM1, HRAS, RB1, PTEN/MMAC1, and NAT2
- Smoking and tobacco use
- Working in the dye, rubber, chemical, metal, textile, leather, or aluminum industries
- Working as a hairdresser, mechanist, printer, painter, or truck driver
- Living in a community with high levels of arsenic in the drinking water
- Bladder birth defects (ex. Exstrophy)
- Cancer treatment with radiation to the pelvis or with chemotherapy drugs such as cyclophosphamide or ifosfamide
- Personal or family history of bladder or other urothelial cancer

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 9. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Melanoma of the Skin, 2013-2022



Risk Factors[2]

- Increased age
- Sex (higher risk if assigned male at birth)
- Race (higher risk in White populations)
- Presence of atypical, large, or more than 50 moles
- Heavy exposure to ultraviolet radiation from sunlight or indoor tanning beds
- Having a fair complexion (fair skin that freckles or burns easily, or having natural blonde or red hair, blue or green eyes)
- Personal or family history of melanoma or skin cancer
- Personal history of having at least one severe, blistering sunburn in youth
- Exposure to arsenic

The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

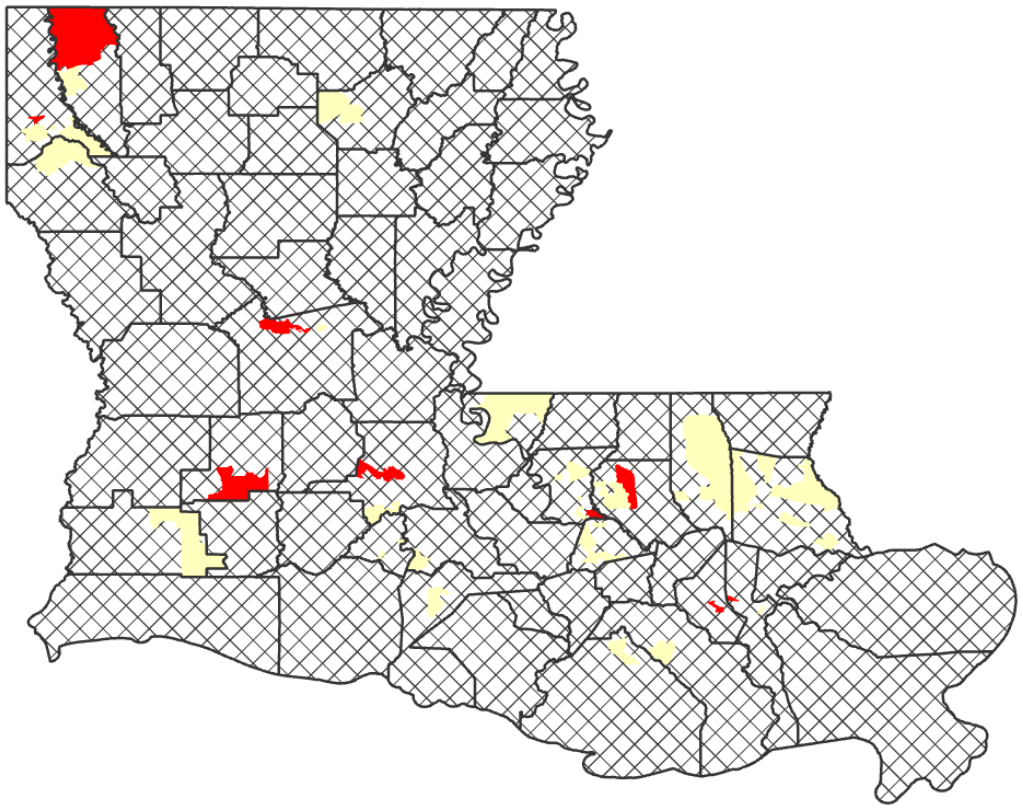
The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 10. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Pancreas, 2013-2022



The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

Risk Factors[2]

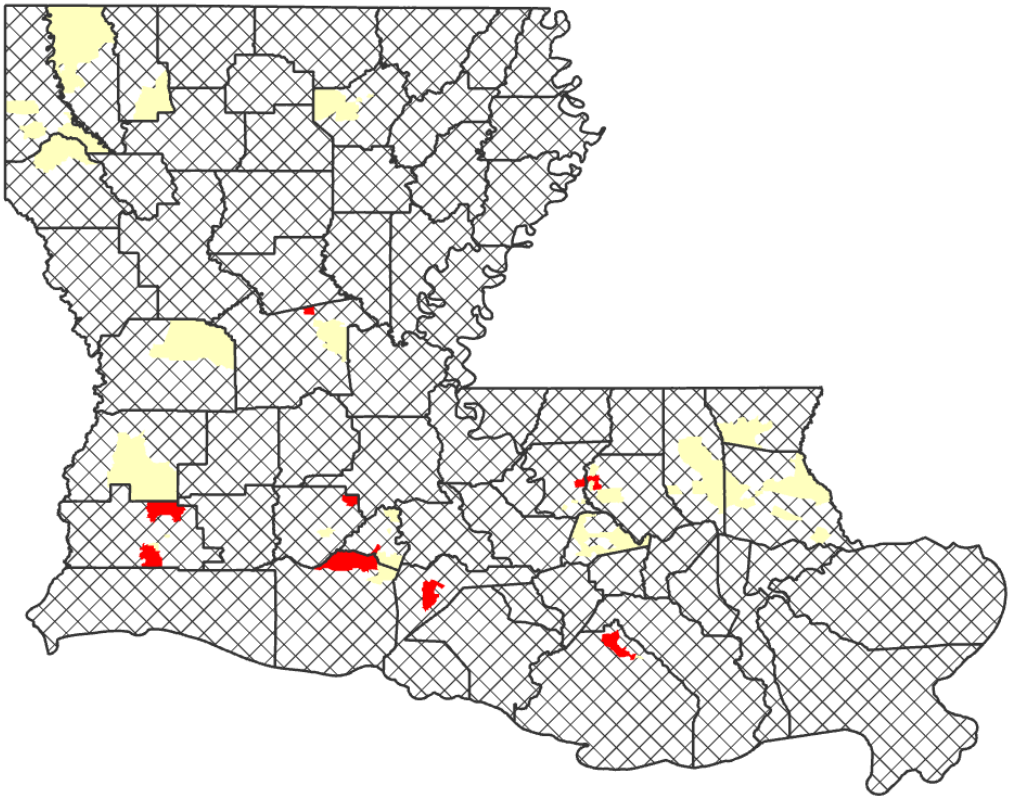
- Age (older than 45 years)
- Sex (higher risk if assigned male at birth)
- Race (African American at higher risk than White)
- Personal history of chronic pancreatitis or diabetes
- Personal history of Lynch syndrome or certain other genetic syndromes
- BRCA1 and BRCA2 mutation carrier
- Family history of pancreatic cancer
- Chronic pancreatitis
- Smoking and tobacco use
- Cigar and use of smokeless tobacco
- Obesity (BMI>30)
- Type II Diabetes
- Heavy occupation exposure to chemicals used in dry cleaning and metal working industries
- Heavy alcohol consumption

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 11. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Leukemia, 2013-2022



The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

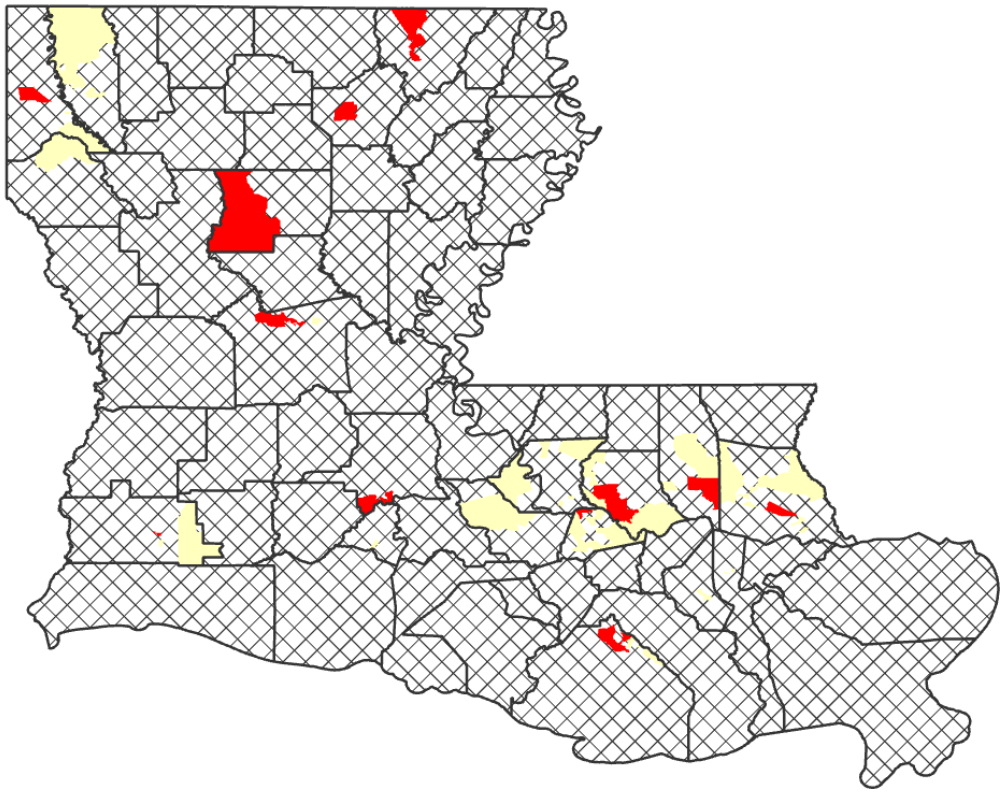
Risk Factors[2]

- Age (extremes of life – childhood and >50)
- Sex (Higher risk if assigned male at birth)
- Race (more common in White individuals than African Americans)
- Viral infections (Human T-cell lymphoma/leukemia virus-1, Epstein-Barr virus)
- Exposure to high levels of radiation
- Exposure to chemotherapy for another cancer
- Occupational exposure to benzene or ethylene oxide
- Certain inherited syndromes, such as Down syndrome, Fanconi syndrome, Bloom syndrome, ataxia telangiectasia, Li-Fraumeni syndrome, and Shwachman-Diamond syndrome

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Figure 12. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Oral Cavity & Pharynx, 2013-2022



Risk Factors[2]

- Age (>55 y/o have higher risk)
- Sex (higher risk if assigned male at birth)
- Personal history of oral cavity and pharynx cancer
- Inherited genetic syndromes: Fanconi anemia or Dyskeratosis congenita
- Diets low in fruits and vegetables)
- Tobacco use (smoked or chewed)
- Excessive alcohol use
- UV exposure, such as by sun exposure
- HPV infection of mouth and throat
- Chronic tongue inflammation such as glossitis, atrophy, hypertrophy, or glossodynia
- Betel nut use and/or Gutka chewing
- Excess body weight

The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

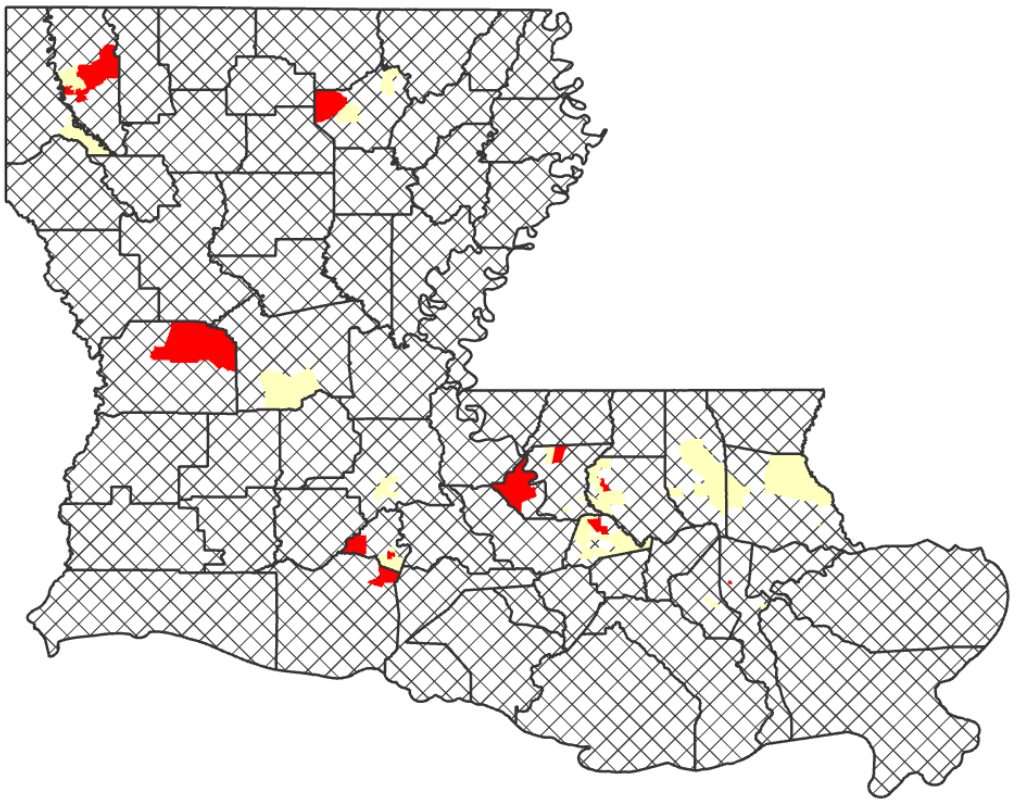
The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 13. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Thyroid, 2013-2022



The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

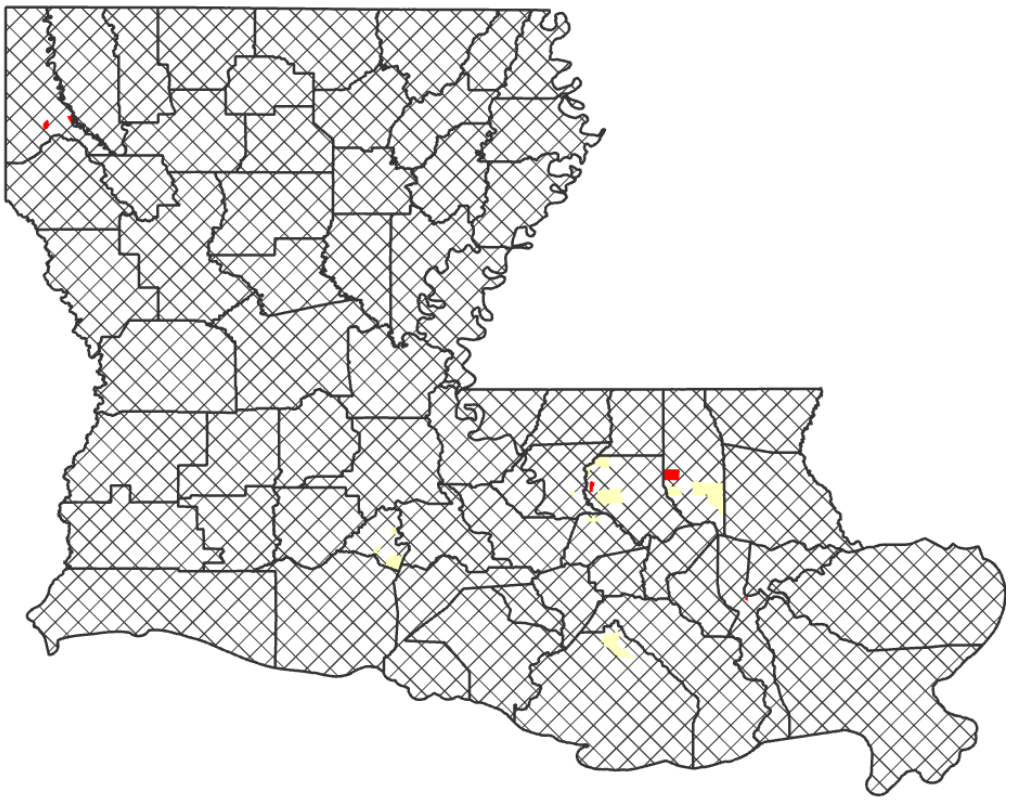
Risk Factors[2]

- Sex (Higher risk if assigned female at birth)
- Age (typically >40 y/o)Race (Higher risk if Asian)
- Personal history of goiter or thyroid nodules
- Personal history of thyroid cancer
- Family history of thyroid cancer from first-degree relatives
- Hereditary diseases such as multiple endocrine neoplasia type 2 (MEN2A or MEN2B), familial adenomatous polyposis (FAP), Gardner syndrome (subtype of FAP), Cowden syndrome, and Carney complex
- Obesity
- Radiation exposure from imaging tests, medical treatments, and nuclear weapons or power plant accidents
- Diet low in iodine

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Figure 14. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Uterus, 2013-2022



The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana.

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

Risk Factors[2]

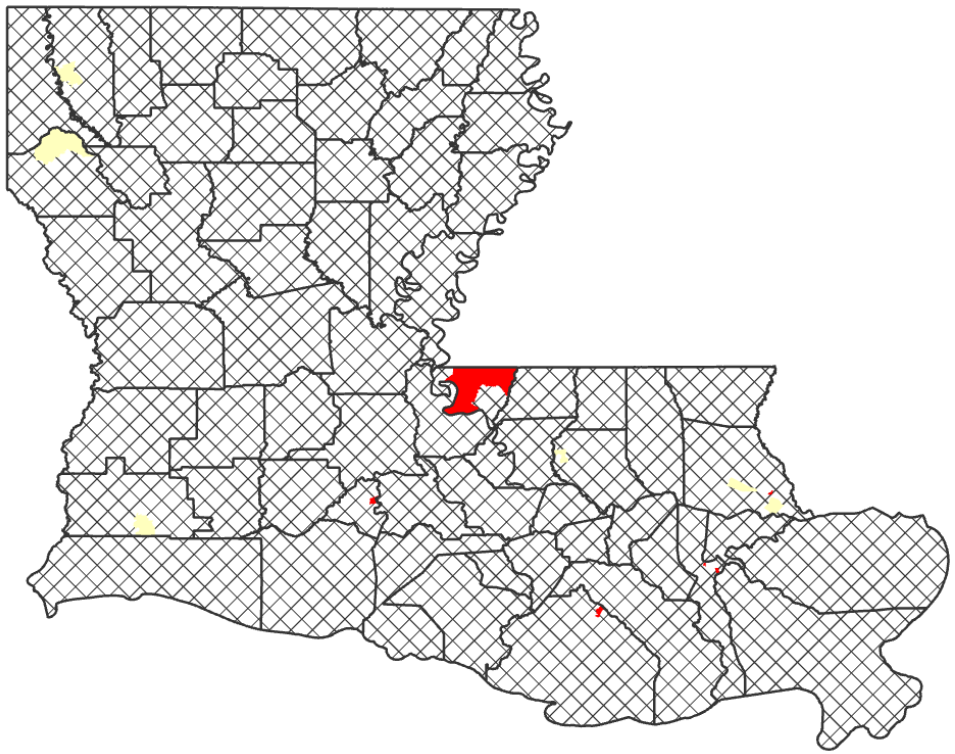
- Age (most common in postmenopausal women)
- Race (Higher risk if White)
- Increased estrogen exposure
- Long menstrual history
- Having no pregnancies at all
- Family history of uterine or colorectal cancer
- Personal history of Lynch syndrome, breast cancer, or ovarian cancer
- Endometrial hyperplasia
- Inherited conditions: Polycystic ovary syndrome (PCOS) and Cowden syndrome
- Pelvic radiation therapy for another cancer
- Obesity (particularly with abdominal fat)
- Increased estrogen exposure
- Use of Tamoxifen
- Metabolic syndrome
- Type II diabetes
- Diets high in fat
- Physical inactivity
- Chemical exposure from hair straighteners

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 15. Comparison of Incidence Rates[1] of Individual Census Tracts with Louisiana, Invasive Liver & Intrahepatic Bile Duct Cancers, 2013-2022



The rate is not statistically significantly different from Louisiana.

The rate is statistically significantly higher than Louisiana

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

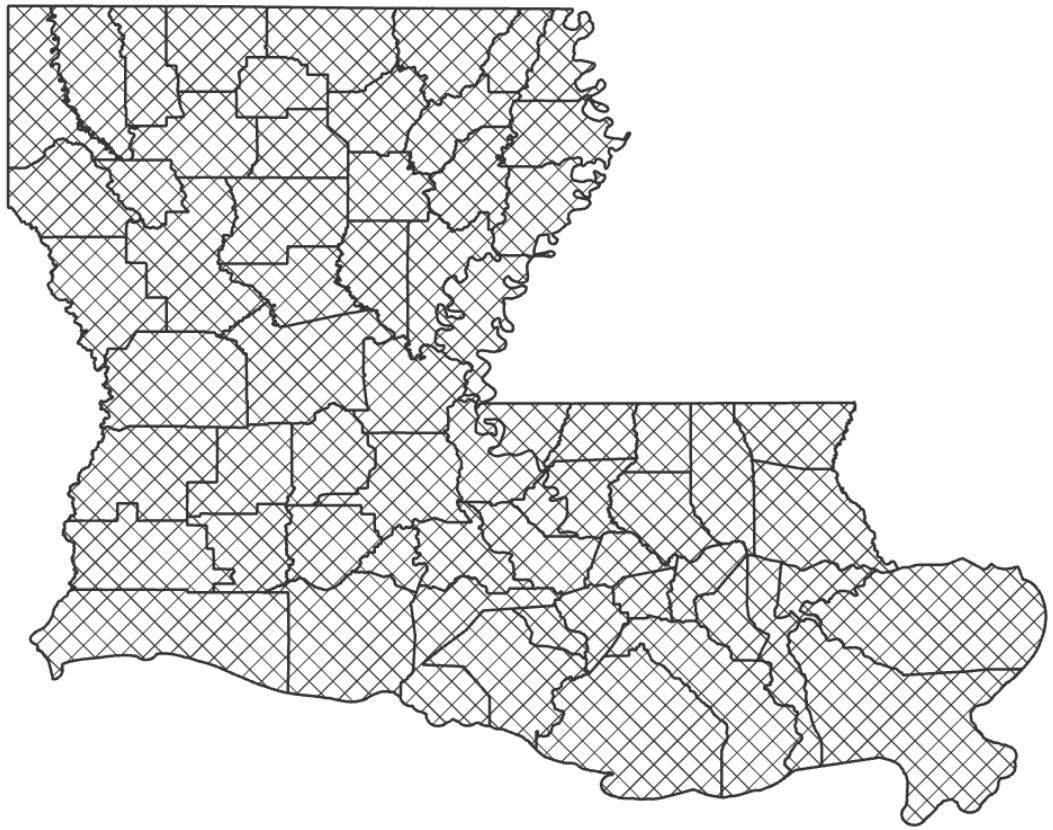
Risk Factors[2]

- Sex (higher risk if assigned male at birth)
- Race/ethnicity (highest rates among Asian Americans and Pacific Islanders)
- Certain genetic conditions
- Cirrhosis of the liver and metabolic dysfunction-associated steatotic liver disease
- Personal history of non-alcoholic steatohepatitis (NASH)
- Tobacco use
- Heavy alcohol consumption
- Obesity
- Chronic Hepatitis B virus or Hepatitis C virus infections
- Exposure to aflatoxin B1, vinyl chloride, or thorium dioxide
- Anabolic steroids
- Type II diabetes

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Figure 16. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Myeloma, 2013-2022



Risk Factors[2]

- Increased age (typically 65+ y/o)
- Sex (Higher risk if assigned male at birth)
- Race/ethnicity (African American>White)
- Having other plasma cell disease like monoclonal gammopathy of undetermined significance (MGUS) or solitary plasmocytoma
- Family history of myeloma
- Exposure to Agent Orange or similar herbicides and chemicals
- Obesity
- Exposure to radiation

The rate is statistically significantly higher than Louisiana.

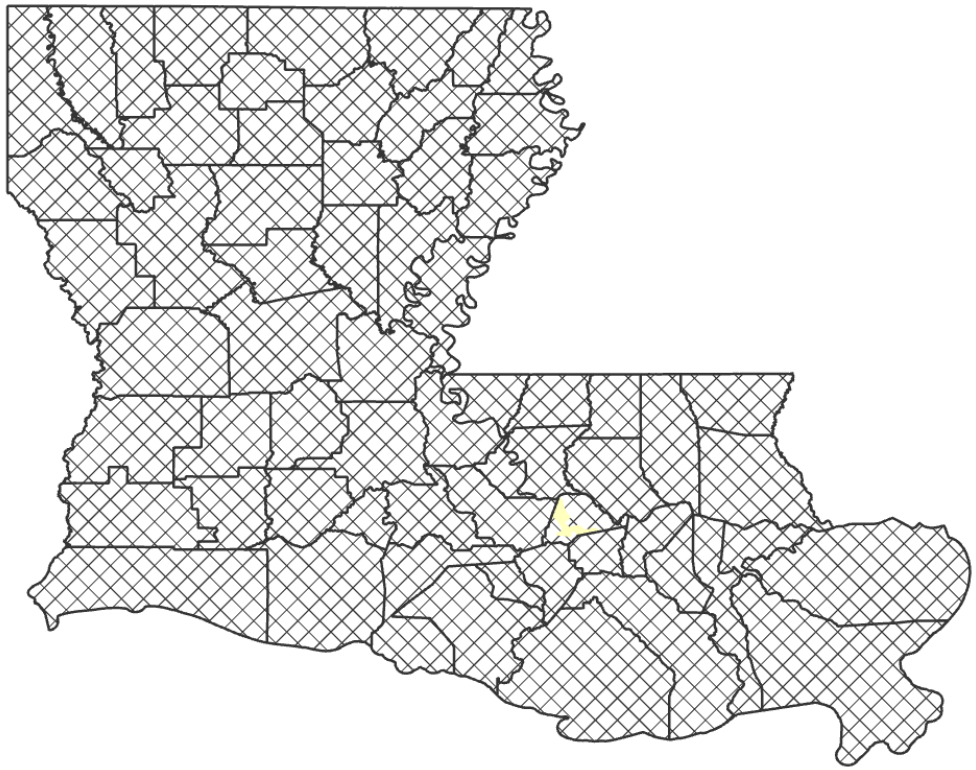
The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry

Figure 17. Comparison of Cancer Incidence Rates[1] of Individual Census Tracts with Louisiana, Stomach, 2013-2022



The rate is not statistically significantly different from Louisiana.

The census tract does not meet the requirements (population count > 20,000 and case count ≥ 16 for the 2013-2022 combined data) for publication of cancer incidence data, which is a restriction in state law that is in compliance with HIPAA rules and the standard of United States Cancer Statistics.

Risk Factors[2]

- Sex (Higher risk if assigned male at birth)
- Age (particularly >60)
- Race/ethnicity (more common among people of color and Native Americans than White people in the US)
- Geography (more common in East Asia, West Asia, Eastern Europe, and South America)
- Certain genetic conditions
- Family history of first-relative stomach cancer
- Inherited gene defects of BRCA1, 2
- Common Variable Immune Deficiency (CVID)
- Medical conditions: chronic H. Pylori infection, Menetrier disease, intestinal metaplasia, chronic atrophic gastritis, pernicious anemia (vitamin B12 deficiency), stomach (gastric) polyps, gastroesophageal reflux disease (GERD)
- Tobacco use
- Alcohol; strongest risk for people consuming 3 or more drinks per day.
- Overweight, obese
- Previous stomach surgeries
- Diet low in fruits and vegetables, high in salted or smoked foods, high in poorly stored or processed foods, high in pickled vegetables, or frequent consumption of grilled or charcoaled meats
- Exposure to very high levels of radiation
- Occupational environment of rubber, metal, or coal industry
- Epstein-Barr virus infection

[1]Average annual age-adjusted (2000 US) incidence rates

[2]American Cancer Society, *Cancer Facts & Figures 2026*; National Cancer Institute, www.cancer.gov.

Louisiana Tumor Registry