March 31, 2026

Cancer Incidence in Louisiana by Census Tract, 2013-2022, Q & A

Q1: What is the Louisiana Tumor Registry (LTR) and what does it do?

A1: LTR is a statewide population-based cancer registry authorized by law to collect data on all reportable cancer cases occurring among Louisiana residents. A registry serves as an official count of a specific thing and its associated identifying information. For example, the Louisiana Vital Records Registry maintains records on births and deaths that occurred in Louisiana.

A cancer registry systematically collects data on reportable cancers, which includes patient demographics, cancer type, stage at diagnosis, and the first course of treatment, as well as survival. This information is used to answer questions such as: Are more or fewer people getting colorectal cancer from one reporting period to the next?

LTR's job is to collect high-quality, complete, and timely cancer data, which guides and supports cancer prevention and control activities, as well as many other cancer-related programs and research. Policymakers, state health departments, cancer control programs and other qualified health professionals decide if further action is warranted based on the LTR data.

LTR's excellence is attested by the National Cancer Institute (NCI), the Centers for Disease Control and Prevention (CDC), and the North American Association of Central Cancer Registries (NAACCR). LTR consistently achieves the benchmark of 98% case completeness set forth by NCI and has received a first-place award for data quality and completeness from NCI's Surveillance, Epidemiology, and End Results (SEER) program since 2009. LTR is considered one of the leading cancer registries in the nation.

For more detail on LTR, please visit: https://publichealth.lsuhsc.edu/louisiana-tumor-registry/

Q2: How is the Louisiana Tumor Registry (LTR) funded?

A2: LTR is funded by the National Cancer Institute (NCI), the Centers for Disease Control and Prevention (CDC), and the state of Louisiana.

Q3: Where does the Louisiana Tumor Registry (LTR) obtain cancer data?

A3: LTR collects cancer incidence data from all healthcare facilities and providers that diagnose and/or treat Louisiana cancer patients. By law, these facilities and providers must communicate all reportable cases to LTR. Through interstate data exchanges, LTR currently obtains data on Louisiana residents diagnosed and/or treated out-of-state from 50 population-based cancer registries: 45 state cancer registries and the registries of the District of Columbia, 3 United States territories, and Bermuda.

Q4: Why does it take so long for cancer registry information to be published?

A4: Timeliness of Louisiana Tumor Registry (LTR) data consistently exceeds the benchmark set by the National Cancer Institute (NCI)'s Surveillance, Epidemiology, and End Results (SEER) Program.

Cancer registry data is retrospective, and cancer cases cannot be collected until they occur and are reported – this takes months.

The following outlines the major steps conducted by LTR staff to complete one cancer case:

- Identify a reportable case from hundreds of sources.
- Review the medical record and extract pertinent information for over 800 data items for each cancer.
- Verify all information to ensure accuracy.
- Consolidate information from multiple sources into a consolidated record for each reportable cancer case.

Once the above steps are complete, the following quality assurance activities are conducted every year to ensure identification of all cases and high data quality:

- Consolidate information from multiple sources by reviewing over 761,000 source records yearly and eliminate duplication for patients diagnosed and/or treated by multiple providers.
- Link with death certificates and statewide in-patient discharge data to capture missing cases.
- Link with the National Death Index, Social Security Administration, and the Centers for Medicare and Medicaid Services (Medicare only) to obtain follow-up information.
- Casefinding audits are conducted each year for selected hospitals to identify missed cases. Other quality assurance audits are also conducted.

Q5: Why did the Louisiana Tumor Registry (LTR) not publish data at the census tract level before 2018?

A5: Previously, laws governing the actions of LTR prohibited the release of data below the parish level. In 2017, the Louisiana Legislature passed House Bill No. 483 (Act No. 373), authorizing LTR, for the first time ever, to publish cancer incidence counts and rates by census tract. LTR is not allowed, by the same law, to publish data that would disclose the identity of any person to whom the data was related, thus violating the requirements of the Health Insurance Portability and Accountability Act (HIPAA), which governs the use and disclosure of protected health information (45 CFR 164.514), as well as the rules of the United States Cancer Statistics (USCS) publications.

Q6: Why isn't the cancer incidence rate for every census tract in Louisiana reported?

A6: The Louisiana Tumor Registry (LTR) can only report cancer incidence rates for individual census tracts that meet the publication criteria. Federal Health Insurance Portability and Accountability Act (HIPAA) law prohibits publication of health information by geographic

area when the underlying population is less than 20,000. The United States Cancer Statistics (USCS) publication standards for generating reliable cancer incidence rates requires case counts of 16 or more. However, all census tracts in Louisiana were included when calculating the state rate.

Q7: What is a census tract? How do I know which census tract I live in?

A7: Census tracts are small, relatively permanent statistical subdivisions of a parish. Census tracts generally have a population size between 1,200 and 8,000 people.

To identify the census tract in which you live, please follow the instructions in the report on page vi and use the links to the census tract reference maps on page vii.

Q8: Why do you report cancer incidence by census tract but not zip code?

A8: Act No. 373 mandates the use of census tracts instead of ZIP codes because ZIP codes do not have fixed geographic boundaries. Created by the U.S. Postal Service for mail delivery, ZIP codes are based on carrier routes and can change over time, sometimes even splitting individual housing units.

In contrast, census tracts are more stable, geographically consistent, and exist even in areas without mail service, making them a more reliable unit for reporting cancer incidence.

Q9: Why isn't the cancer I want to know about listed? How were these cancers selected?

A9: If the cancer type you are interested in is not included in the report, this means that no census tracts meet the publication criteria for that type of cancer. All cancer types that met the publication criteria were included in the report.

Q10: Are cancer incidence rates higher in the industrial corridor?

A10: The industrial corridor consists of Ascension, East Baton Rouge, Iberville, St. Charles, St. James, St. John the Baptist, and West Baton Rouge parishes. Four additional parishes have also been included in the industrial corridor: Jefferson, Orleans, St. Bernard, and Plaquemines Parishes. Industrial corridor census tract cancer incidence rates vary when compared to the overall Louisiana rate, with some tracts exhibiting higher rates, some with rates similar to that of Louisiana, and some lower.

Q11: Does "Cancer Alley" exist?

A11: Given the data routinely collected by the Louisiana Tumor Registry (LTR), this question cannot be answered. LTR collects data on cancer diagnosis, treatment and survival according to the national data standards and data dictionary of central cancer registries but does not collect information on individual risk factor exposures, such as tobacco, obesity, poor diet, family history of cancer, physical inactivity, or exposure to environmental pollutants (i.e. years of exposure, exposure level, etc.).

Assessing an individual's exposure to the above factors and their association with cancer would involve well-designed research studies. Given the limited number of studies investigating whether residents in the industrial corridor have an increased cancer risk, the existence of "Cancer Alley" has not been proven thus far.

Q12: Can cancer registry reports be used to evaluate a link between emissions and cancer?

A12: The Louisiana Tumor Registry (LTR), like other state cancer registries, collects standardized data on reportable cancers. State cancer registries do not track exposure to risk factors such as emissions.

Cancer encompasses over 100 different diseases with various causes, including smoking, viruses, alcohol use, heredity, obesity, radiation, and industrial exposures. Many cancers have no identified cause, and they often have long latency periods—sometimes 20 to 40 years—before developing. This makes it challenging to directly link cancer cases to specific exposures.

Additionally, cancer registries record cases based on the patient's address at the time of diagnosis, not past residences or potential exposure locations. This means someone diagnosed in one location may have lived in a high-exposure area in the past, making it difficult to establish a connection between emissions and cancer rates. In some cases, this could even result in lower reported cancer rates in high-exposure areas.

If LTR data shows an unusually high cancer incidence in a specific area, the Office of Public Health may investigate a potential "cancer cluster" (a greater-than-expected number of cancer cases in a defined area over time[1]). However, due to the factors mentioned above, linking such a cluster to a specific cause is extremely difficult.

Ultimately, cancer registry data alone cannot prove or disprove a link between cancer and industrial emissions.

Q13: Why did you combine 10 years of data in this report?

A13: To comply with Health Insurance Portability and Accountability Act (HIPAA) and the United States Cancer Statistics (USCS) publication standards, we combined multiple years of data together to increase the number of census tracts meeting the publication requirements (population count > 20,000 and number of cancer cases ≥ 16). If we used only one year of data, no census tracts would have met the publication criteria.

In this report, cancer incidence data from 2013 through 2022 are included. This report does not include cancer cases diagnosed after 2022, because the most recent, complete cancer incidence data in Louisiana is through diagnosis year 2022. This reporting delay is consistent with state cancer registries operating throughout the United States.

[1] https://www.cancer.gov/about-cancer/causes-prevention/risk/substances/cancer-clusters-fact-sheet

Q14: Why did you use a different population data source beginning with the 2020 census tract report?

A14: In our 2018 and 2019 reports, we utilized the 2010 Census population data. The year 2010 fell in the middle of the diagnosis years that were included in those reports, so using population counts from the 2010 Census was appropriate assuming a steady population growth over those years. However, as we add diagnosis years that are further away from 2010, the use of the 2010 population as the population count for these later diagnosis years could overestimate the cancer incidence rate. Therefore, for our 2020 report and subsequent reports, we decided to utilize population data from Woods & Poole Economics, Inc., which estimates the population count for each individual year at the census tract level. The population estimates for postcensal years (2010-2023) are based on the 2010 Census. For more details on the methodology utilized by Woods & Poole, please see the methods section of *Cancer Incidence in Louisiana by Census Tract, 2013-2022*. This technical report explains the methods for developing these population estimates in detail:https://seer.cancer.gov/censustract-pops/NCITECH_24_HYB1023_and_TRT2K09.pdf. Prior to making this decision, we consulted with experts from the National Cancer Institute and conducted an analysis to ensure that these population estimates would result in reliable incidence rates.

Q15: What does invasive mean with regard to a cancer diagnosis?

A15: An invasive cancer is a cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues. Only invasive cancer cases are included in the report to be consistent with cancer surveillance publications. The only exception is bladder cancer for which both in situ and invasive cancers are included due to the difficulty in distinguishing in situ and invasive cancers of the bladder.[2]

Q16: Do any of your data visualization tools include the census tract data from this report?

A16: Yes, our Cancer InFocus data visualization includes the census tract data from Volume 9 of our census tract report: https://publichealth.lsuhsc.edu/louisiana-tumor-registry/data-usestatistics/louisiana-data-interactive-statistics/cancer-infocus.aspx/. This platform allows you to view cancer incidence data by census tract along with environmental factors, access-to-care indicators, and socioeconomic characteristics.

[2] USCS Cautionary Notes: https://www.cdc.gov/united-states-cancer-statistics/public-use/cautionary-notes.html