

## CANCER REGISTRIES

### WHAT IS THE PUBLIC HEALTH ISSUE?

- Cancer is the second leading cause of death among Americans.
- In 2004, an estimated 563,700 Americans will die of cancer—more than 1,500 people per day.
- About 1.3 million new cases of cancer will be diagnosed in 2004. This estimate does not include *in situ* (pre-invasive) cancer or more than 1 million cases of nonmelanoma skin cancer that also will be diagnosed this year.
- The overall estimated cost for cancer in the United States in 2003 was \$189.5 billion, including healthcare expenditures and lost productivity from illness and death.

### WHAT HAS CDC ACCOMPLISHED?

With funds from CDC's Chronic Disease Prevention and Health Promotion appropriations, CDC's National Program of Cancer Registries (NPCR) is a fundamental component of CDC's state-based cancer control strategy. CDC supports registries in 45 states, the District of Columbia, and 3 territories, representing 96% of the United States population. Data collected by cancer registries enable public health professionals to better understand and address the cancer burden. Registry data are used to determine cancer patterns among various populations; monitor cancer trends over time; guide planning and evaluation of cancer control programs, such as those focused on preventing risk behaviors for cancer (e.g., tobacco use, sun exposure) or focused on deciding when and where cancer screening efforts should be enhanced; and advance clinical, epidemiologic, and health services research. Data collected by registries are also essential for monitoring the treatment provided to those with a diagnosis of cancer. Forty-five programs receive support to enhance existing registries, and four programs receive support to develop and implement new registries. CDC also provides training in data collection, analysis, interpretation, and quality assurance for completeness, timeliness, and quality. CDC has implemented the NPCR Cancer Surveillance System to improve the quality and usefulness of state cancer registries' data.

#### *Example of Program in Action*

In a New Jersey State Cancer Registry study using geographic information systems, two areas in the northeastern part of the state were identified as having unusually high proportions of late-stage breast cancer. Demographic information showed that these communities were more likely to be black, Hispanic, or foreign-born, and to speak a language other than English at home. To increase screenings in these areas, New Jersey produced culturally sensitive information about the availability of screening in various languages, such as Spanish, Polish, and Arabic.

### WHAT ARE THE NEXT STEPS?

CDC's goal is to improve states' ability to report on cancer trends, assess program impact, identify cancer clusters, and respond to public inquiries and reports of suspected increases in cancer occurrence. Since fall 2002, CDC and the National Cancer Institute, in collaboration with the North American Association of Central Cancer Registries, produced a set of official federal cancer incidence statistics from each state having high-quality registry data. The report, *U.S. Cancer Statistics: 2000 Incidence*, includes cancer data from 41 states, 6 metropolitan areas, and the District of Columbia, representing about 84% of the U.S. population. Plans are to produce this report on an annual basis. Availability of regional- and national-level data will facilitate research on rare cancers; cancer among children and racial and ethnic minority populations; and occupation-related cancer. The data will also facilitate special studies focusing on patterns of care for cancer patients.