STATE CANCER REGISTRIES AND ENVIRONMENTAL PUBLIC HEALTH TRACKING

Dennis Deapen, DrPH
Los Angeles Cancer Surveillance Program
2004 National Environmental Public Health
Tracking Conference
March 24-26, 2004
Philadelphia, Pennsylvania

OVERVIEW

- Brief overview of state cancer registries including types of data reported and quality of the data.
- How can EPHT meet the needs of NAACCR and the State Cancer Registry staff?
- Identify any concerns that NAACCR/Cancer Registry has regarding the linkage of environmental data with cancer registry data.

WHAT IS NAACCR?

- North American Association of Central Cancer Registries
- "Central" = population-based ~ states



WHAT IS NAACCR?

- Established in 1987
- Organization of organizations interested in the development and application of cancer registration
- Four membership categories: full, sponsor, sustaining, individual



NAACCR STRUCTURE

- Governed by elected Board of Directors
- IRB
- Various Ad Hoc Groups



WHAT IS NAACCR?

13 Standing Committees:

- Bylaws
- Data Evaluation & Publication
- Data Use & Confidentiality
- Education
- Information & Technology
- Membership
- Program

- Public Relations
- Registry Certification
- Registry Operations
- Uniform Data Standards
- Web



RESOURCES

- Dues
- Sponsor contributions many are in-kind
- ◆ CDC cooperative agreement infrastructure
- ◆ NCI contract cancer surveillance
- ◆ CDC contract education
- NCI Conference grant



MISSION: AN ORGANIZATION TO ...

... develop and promote uniform data standards for cancer registration; provide education and training; certify population-based registries; aggregate and publish data from central cancer registries; and promote the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of

MAJOR ACTIVITIES

- Establish standards: definitions, codes, data exchange, publication, quality
- Train and educate registry staff
- Certify registries: assess quality
- Evaluate and publish data
- Promote use of registry data



CERTIFICATION

- Completeness of case ascertainment
- Completeness of key data elements
- Percent DCO cases
- Rate of Duplicate Cases
- Passing EDITS
- Timeliness



CERTIFICATION

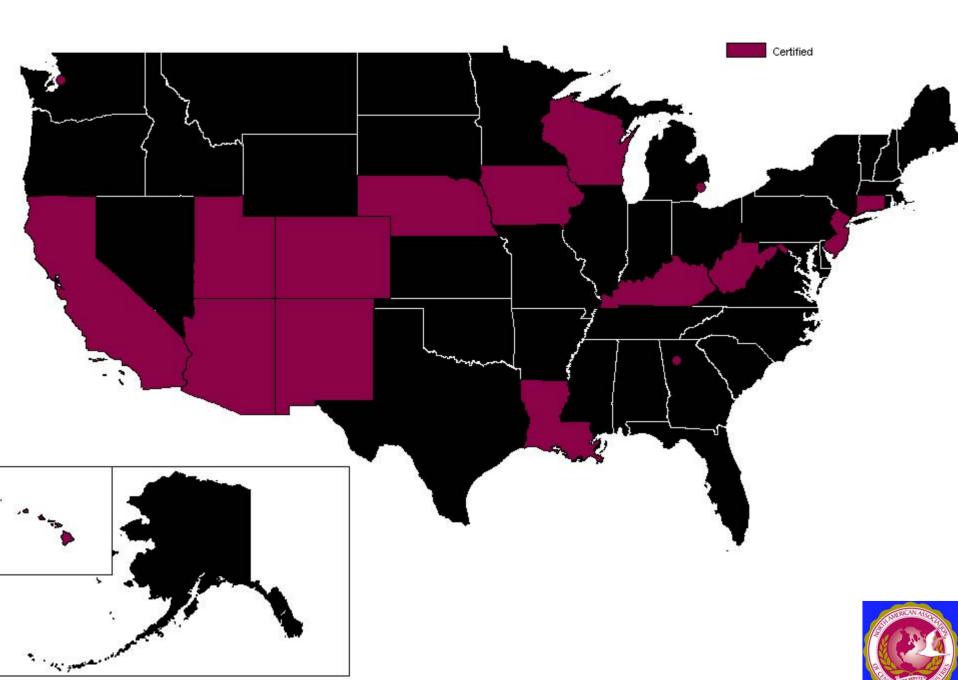
- Level of Recognition: Gold or Silver
- Annual review
- Submit 2001 data file by December 2003 (within 23 months)
- Feedback
 - Achievement on all criteria
 - Certificate

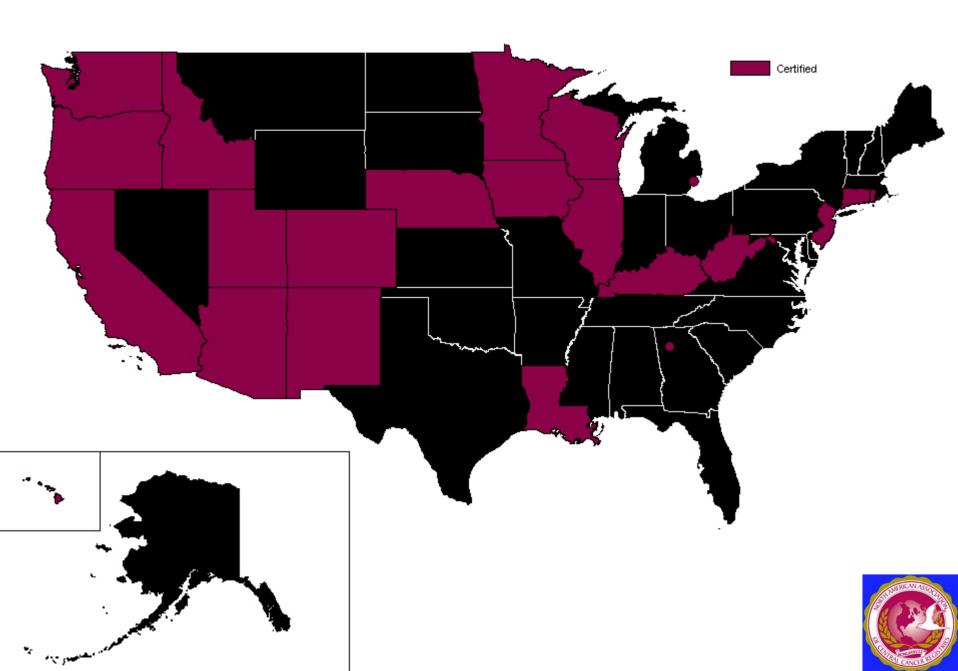


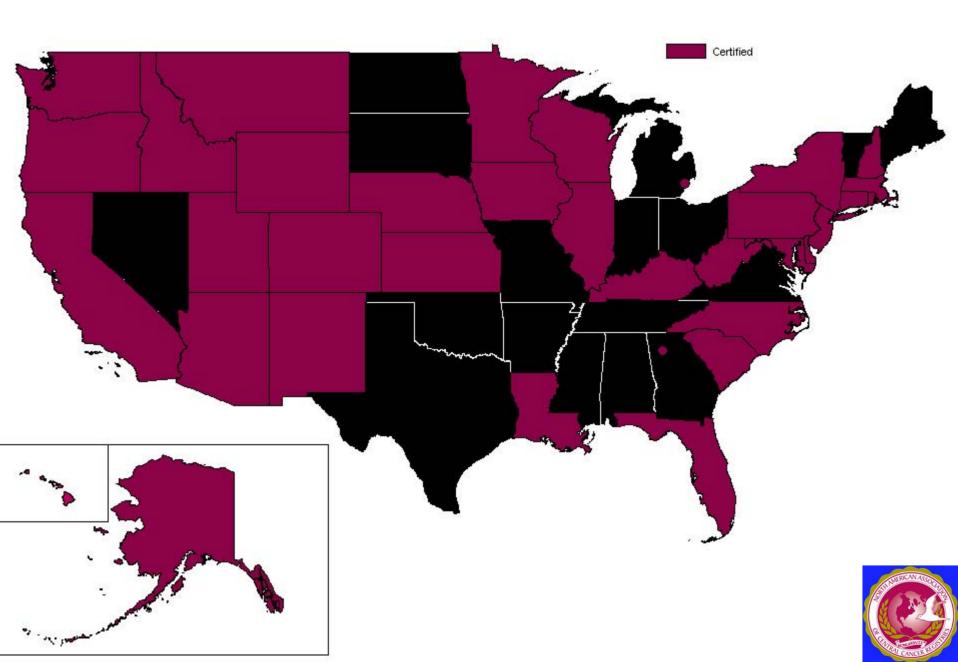
CERTIFICATION RESULTS OF 2000 DATA

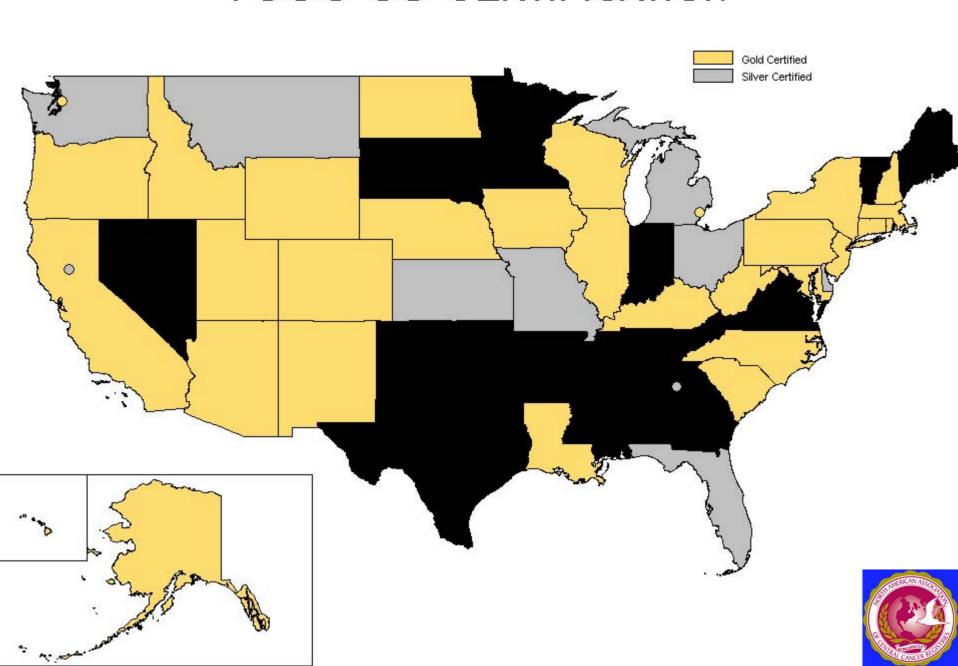
- 67 of 74 participated for 2000 data
 - 56 US; 10 Canadian
- For 2000, 60 registries were certified
- Certification Levels
 - 41 Gold
 - 19 Silver

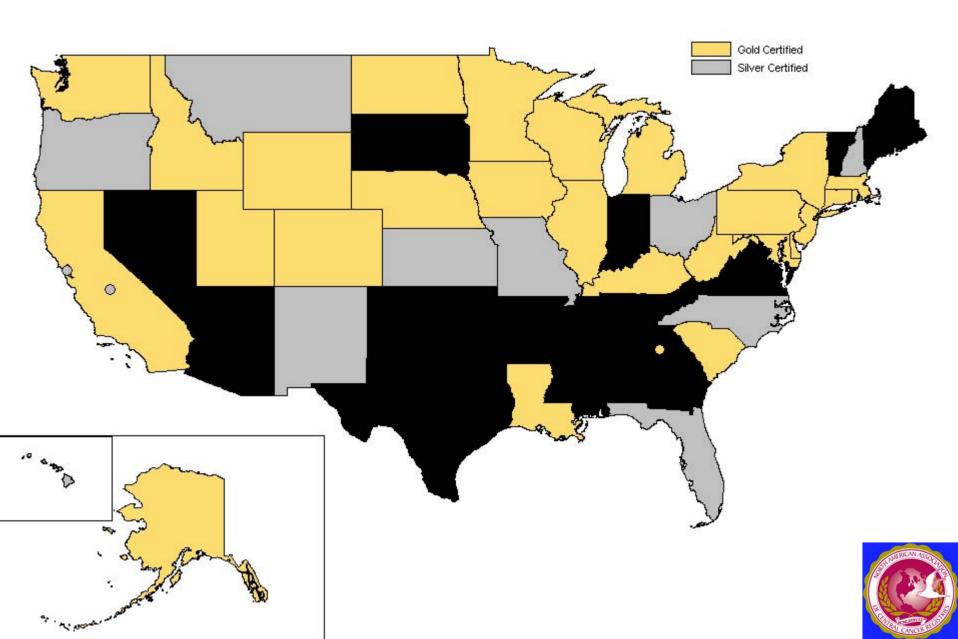


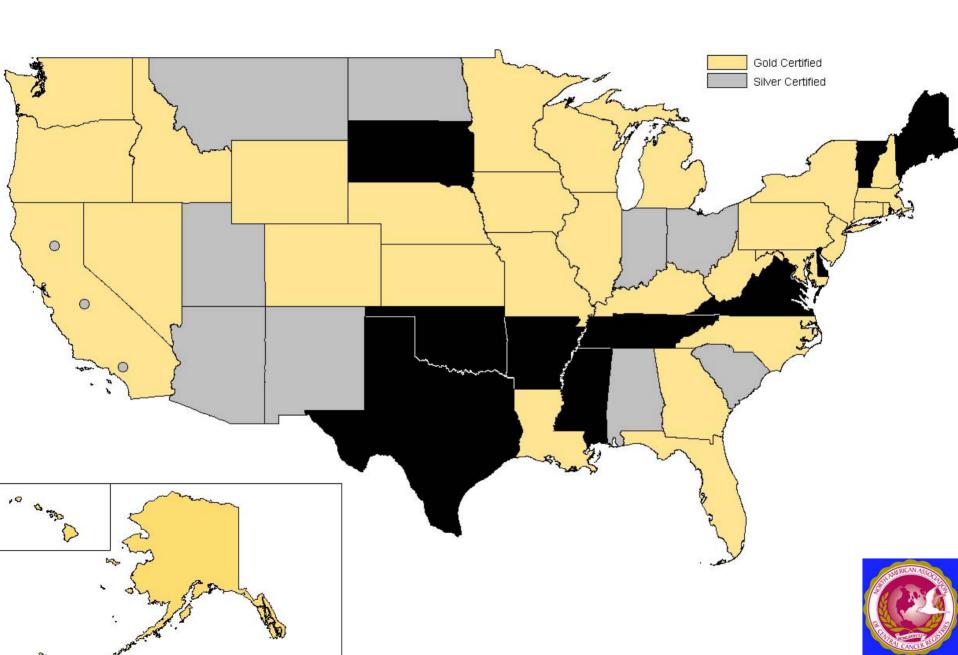












DATA USE FILES

- CINA: Cancer in North America
- PUBLIC USE: CINA Plus Online
 - Interactive online query system
- ◆ RESEARCH: CINA Deluxe
 - Data imbedded in SEER*Stat software using client-server platform
 - Discretionary Release



USE OF REGISTRY DATA

- Annual Report to the Nation
- ACS Cancer Facts & Figures
- Special analyses/monographs/manuscripts
- Data linkage studies*
- Patient contact studies*

*through individual registries

NAACCR

NAACCR, Inc.

2121 West White Oaks Dr

Springfield, IL 62704-6495

217.698.0800 (phone)

217.698.0188 (fax)

www.naaccr.org

NATIONAL PICTURE

- 50 state registries, plus some regional registries
- Substantial differences by
 - State regulations
 - Structure
 - Size
 - Years of experience
 - Research/health monitoring experience

NATIONAL PICTURE

- Funding of registries
 - State
 - CDC (National Program of Cancer Registries)
 - NCI (Surveillance, Epidemiology and End Results)
 - Research grants

TYPES OF DATA REPORTED

- Officially designated by states
- Strongly encouraged by NPCR and SEER
- NAACCR standard data set
- Local options

TYPES OF DATA REPORTED

- NAACCR standard
- Patient identifiers
 - Name
 - Address + census tract (geocoding optional)
 - Date of birth
 - Social security number
 - Race/ethnicity/birthplace
 - Occupation/industry
 - Socioeconomic status indicators (optional)

TYPES OF DATA REPORTED

- Descriptors of the cancer
 - Anatomic site/subsite/laterality/histology
 - Stage
- First course treatment
- Vital status follow-up (optional)

SUMMARY: REGISTRY DATA AND QUALITY

- Quality = timeliness, completeness, accuracy
- Variable, but improving
- Treatment sketchy, outpatient mostly missing

HOW CAN EPHT MEET THE NEEDS OF NAACCR AND THE STATE CANCER REGISTRIES?

- Each state is different
- General support
 - Provision of funding
 - Educating government and public
 - Public relations/communication skills & tools
- Specific to environmental issues
 - Technical support
 - Partnerships
 - Knowledge base

HOW CAN STATE CANCER REGISTRIES ASSIST ENVIRONMENTAL PUBLIC HEALTH TRACKING?

- Work to be performed by registry or outside investigator or both?
 - Small area (cluster) analyses
 - Studies of occupational groups
 - Population-based epidemiologic studies of environmental exposures
 - Other?

- Confidentiality
 - addressable (although not all registries may have experience)
- Sound science vs. zealist activism
 - ecological fallacy = bad public health
- Registry and environmental experts public relations challenges
 - hiding results?
 - racist?

- Reporting/complete file delay
 - Current best: >95% complete 14 months after calendar year, e.g., 2002 complete by March '04
 - Current worst: >95% complete 3-4 years after calendar year
 - Last reported cases are non-random, e.g. out patient diagnoses (melanoma, prostate, breast)
- Could be improved with additional resources
- Death data available sooner but cancer is underreported and not population-based

Pseudo electronic reporting

Electronically stored data



Manually extracted and entered into cancer registry reporting software



Electronically submitted

- True electronic reporting
 - Electronic <u>casefinding</u> of pathology report-based diagnoses implemented in several hospitals and labs
 - Myriad data systems in use
 - Insufficient demographic data included
- Efforts underway to develop full electronic reporting

- Latency period
 - 5-40 years for most cancers
 - Registries only capture patient's address at dx, no length of residence
 - Makes registry-based environmental exposure studies very expensive
 - Risk both false positive and false negative results

- National or multistate data (NAACCR, SEER, NPCR) are de-identified
- No multistate access/approval system

LOOKING TO THE FUTURE

- Share/build upon experience
 - NAACCR workshop Salt Lake City 6/11/04
- Build capacity
 - Faster, electronic reporting
- Identify challenges/lacking capacities