CANCER IN NORTH AMERICA, 1993-1997

EXECUTIVE SUMMARY

NAACCR is pleased to release this two-volume monograph of cancer incidence and mortality in North America for 1993 to 1997. This is NAACCR's 10th release of cancer incidence and the 4th release of cancer mortality statistics. The monograph reflects not only the efforts of the NAACCR Data Evaluation and Publication Committee, but also central cancer registry staff in 50 U.S. states and regions and 12 Canadian provinces and territories; the NAACCR sponsor organizations, the National Cancer Institute and the Centers for Disease Control and Prevention; staff from Information Management Services, Inc.; editors at the Louisiana Tumor Registry and the NAACCR Executive Office; and thousands of cancer registrars and abstractors throughout North America. As a result of their diligence, support, and effort, we are able to translate cancer data into meaningful information.

Sixty-two registries, more than ever before, participated this year. Data were received from 50 U.S. and 12 Canadian cancer registries. Of these, data from 28 U.S. central cancer registries (23 states and 5 metropolitan areas) and six Canadian cancer registries met the criteria for highest quality data for 1993 to 1997 and were used to compute the combined cancer incidence rates for each of the countries. To be included in the combined rates, each registry was required to submit five years of data that passed rigorous criteria for completeness of reporting, non-duplication of records, and internal consistency among data items. The 28 U.S. registries in the combined rate provided data that represents nearly 50 percent of the total U.S. population, with about 49 percent of the U.S. white population and 43 percent of the black population. The Canadian combined rate represents about 33 percent of the Canadian population.

This monograph is a more timely release of statistics than we have previously released. This year both the 1992 to 1996 and the 1993 to 1997 versions of *Cancer in North America* were completed. This means that registries throughout North America were able to register the vast majority of new cases; complete quality assurance protocols; complete follow-back of all cancer deaths; and have a data file available for analysis and submission to NAACCR within 23 months of the close of the 1997 diagnosis year. This achievement is remarkable. It is also worth noting that although the work was done more quickly, data completeness was not compromised. In fact, the quality of the data included in this volume is the best we have ever seen. It represents more registries, not only meeting NAACCR standards of completeness and quality, but exceeding those standards. Further, more registries are using their high quality data in research, cancer control interventions and evaluations, and policy development. It is with great pride that we release *Cancer in North America, 1993-1997*, on behalf of the entire NAACCR membership.

For the first time this year, two tables summarizing the five most common cancer types for eight race groups and for persons of Hispanic origin have been added to the combined section for the United States. These include cancer burden information for Filipino, Japanese, Chinese, Vietnamese, Korean, American Indian/ Alaska Natives, and Hispanic populations, in addition to comparable information for the black population, white population, and the U.S. population as a whole. Among males, prostate cancer is the most common cancer type for all the groups, except the Vietnamese, where lung cancer leads, and Korean males, where stomach cancer is the most common. Liver cancer is included among the top five common sites for the each of the Asian populations, except Japanese males. Cancer of the lung and cancer of the colon and rectum are on the top five list for males of all race/ethnic groups. American Indian/ Alaska Native males are the only group that has kidney cancer ranking among the top five most common sites.

The second table presents comparable information for females in each of these populations. Breast cancer is the most common cancer type in each of the groups. Both cancer of the lung and cancer of the colon and rectum also rank among the top five most common types in each of the populations. Cancer of the cervix persists as one the most common cancers for Hispanic, black, Vietnamese, Korean, and American Indian/ Alaskan Native women. Ovarian cancer is among the most common types for white and Chinese women, but not the other groups.

NAACCR is working on assessments of race/ethnic identifiers in U.S. cancer registries. This effort will enable us to expand the presentation of cancer incidence rates in future monographs for more race and ethnic groups. Evaluation of population identifiers for American Indians/Alaskan Natives, Asian/Pacific Islanders, and Hispanic persons will be a primary focus during the next year. With the availability of national, annual population estimates for these populations, we hope to be able to compute standardized, age-adjusted incidence rates for them.

Cancer in North America, 1993-1997 continues to include mortality data for all states and provinces, as well as comparable statistics for the United States, Canada, and North America. Special tables of combined rates for the United States and Canada, sorted by country, race (where applicable), and U.S. region (for mortality statistics) are included in this monograph to facilitate comparisons of rates among registry areas. In Volume One, Incidence, these special tables present only the registries achieving NAACCR's highest standards of quality to minimize the effect that under-ascertainment of cases would have on interpreting differences among the registries.

Finally, three special reports are included. Two of these papers were completed by collaborative multi-institutional groups of investigators convened by NAACCR to use *CINA* data in addressing important epidemiologic questions, in evaluating current issues of data quality, and in enhancing information that can be derived from the annual *Call-for-data.* The first presents the results of a study of geographic variation in the incidence of colorectal cancer from 1991 to1995 among states and areas in the United States. The analysis found substantial variation in rates across the United States. A declining trend in incidence was also noted for most states during this five-year period.

The second paper describes the final phase of a three-year effort to develop and test a computer method to evaluate the reliability of data describing the stage of disease at diagnosis. Stage is a critically important variable to users of cancer registry data. It has been a difficult variable to apply routine, cost-effective registry operations to assess its reliability and quality. The authors of this paper describe such a method and propose to continue their collaborative work to improve the reliability and quality of data collected on stage of disease through training and implementation of these operations.

The final paper addresses the impact of technologic advances and standardization of data exchange methods on cancer registry operations. Health Level Seven (HL7) is an American national standard for electronic data exchange that is used in some parts of the health care industry. Some of its features offer attractive alternatives to data exchange hurdles faced by central cancer registries. However, the technologic capabilities must be weighed with the practical, administrative, and managerial issues facing cancer registries today because both are critical to successful implementation. The views of 10 cancer registry directors were solicited by interview and a consolidation of their responses are presented.

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Editor

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VOLUME ONE: INCIDENCE

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