The Saskatchewan Cancer Registry: uses, opportunities and challenges

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Outline

- Background
- Development of the Saskatchewan Cancer Registry (SCR)
- How SCR data has been used
- Process – data requests
- Opportunities
- Challenges
Background: Saskatchewan

- Western Canadian province ~1 million people
- Major urban centres
  - Regina ~ 210,000
  - Saskatoon ~250,000

Economy
- Agriculture
- Potash Mining
- Uranium Mining
- Oil
Saskatchewan Cancer Agency

- Responsible for provision of cancer services (treatment, prevention, early detection programs, research and education)
- 2 clinics (Regina & Saskatoon)
- Operates the Saskatchewan Cancer Registry (SCR)
- SCR ~ 5000 cancers registrations per year + ~ 2-3000 NMS
Timeline: Development of SCR

- Dates back to 1932, one of the oldest in North America
  - 1932: Voluntary
  - 1944: Compulsory
- Non-melanoma skin cases from 1932
- 1932~2005: Active follow-up
- Computerized cancer registry, records from 1967 onwards
- 1970s: Enhancements, modifications, integration
Timeline: Development of SCR

2003:
- NMSC & in situ cervix cases not actively followed
- Change in follow-up rules
  - in-situ: 5 years
  - invasive: 10 year min.
- Loss to follow-up rate = 1.6%
Current SCR

- 2012: EUREKA
- Customizable system
- Collaboration with NC and CA
- NAACCR Gold Certified 4 years in a row
- Contributed to 10 publications of IARC’s “Cancer incidence in 5 continents”
How SCR data has been used

- Epidemiology and surveillance
- Quality improvement
- Program evaluation & planning
- Cancer outcomes research
Surveillance

- Cancer control reports
- Site-specific cancer trends
- Forecasting future cancer burden
Surveillance: Geographical mapping

Standardized Incidence Ratios for Female Breast Cancer, 1998-2002

Saskatchewan Cancer Control Reports – 1940 and 2003
Process – data requests

Vital Statistics
- Mortality

Laboratories
- Pathology
- Clinical

Cancer Clinics
- Treatment data
- MedOnc Manager/CMS

IT staff
- Cancer Registry Coordinator

Requestor
Opportunities

- Expanded scope for data collection
- Automation of routine tasks
- Data export: standardized formats
- User-accessible statistical summaries for decision makers
- Examine trends on cancer incidence and mortality
- Provide a study base for cancer research
Challenges

- Access to expanded registry data items during on-going integration in a timely manner
- Information technology structure & capacity.
- User training
Challenges

- Improved data linkage
- Availability of improved registry data to assess outcomes/performance measures across cancer journey