Development of a Comprehensive Cancer Control Plan: the Role of the Central Cancer Registry

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Introduction

- Nationwide we have made tremendous progress in cancer control over the past two decades.
- Both cancer incidence and mortality have declined.
- Yet cancer continues to have a huge impact: 1 in 4 deaths in the U.S. is from cancer.
- Improved science does not always translate to better public health.

Why is comprehensive cancer control needed?

- There are limited resources for cancer control.
- Planning decisions often are not based on data.
- Lack of coordination exists among cancer control efforts.
- There are significant disparities in cancer burden.
- Cancer control programs and services are not regularly evaluated

Comprehensive Cancer Control Planning

- The CDC is sponsoring comprehensive cancer control (CCC) planning to encourage all states to develop a plan to optimize and integrate all cancer control.
- Information can be found at: http://www.cdc.gov/cancer/ncccp/index.htm

What is comprehensive cancer control planning?

• CCC planning is defined as "an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation and palliation."

Comprehensive Cancer Control Planning

- One of the building blocks of CCC planning is use of data to inform planning.
- This includes use of cancer registry data to understand the cancer burden and "identify trends and gaps in cancer prevention and control."

CCC Planning in California

- In California, the California Department of Health Services and the American Cancer Society, California Division are facilitating the California Dialogue on Cancer.
- Overall goals are to reduce cancer incidence and mortality.

California Dialogue on Cancer

• Working groups:

- Prostate cancer
- Breast cancer
- Colorectal cancer
- Lung and oral cancer and tobacco control
- Other cancers (skin, liver, cervical, childhood)
- Nutrition, obesity, exercise and cancer

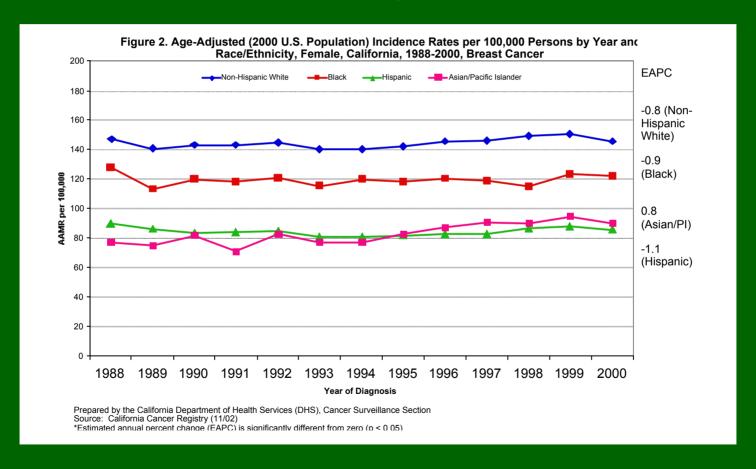
California Dialogue on Cancer.

- A two-day conference was held with stakeholders. Registry staff provided data and attended the conference.
- Participants met in their respective working groups to develop specific goals and strategies.
- Participants met together to identify overarching principles.

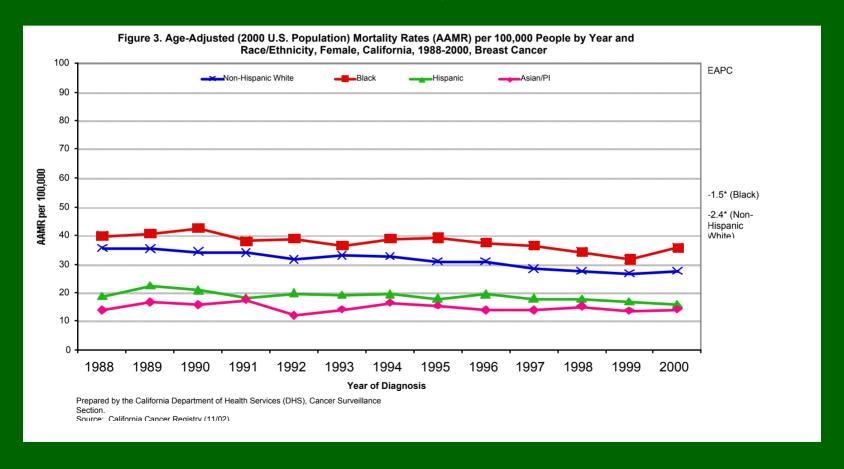
Breast cancer working group

Data supplied by the CCR

Incidence trends in California Breast cancer, 1988-2000



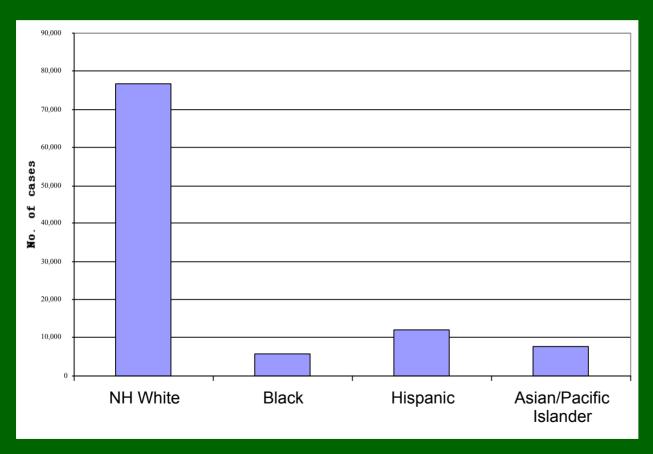
Mortality trends in California Breast cancer, 1988-2000



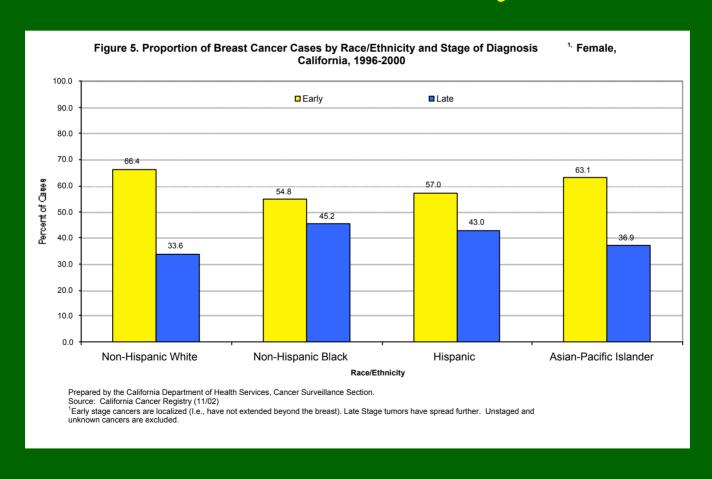
Incidence by race/ethnicity California, 1996-2000

Figure 1. Average Annual Age-Adjusted (2000 U.S. Population) Rates (AAIR) per 100,000 persons by Race/Ethnicity, Females California, 1996-2000, 160 146.8 140 119.7 120 **4AIR per 100,000** 100 90.4 85 40 20 Non-Hispanic Non-Hispanic Asian/Pacific Hispanic White Black Islander Race/Ethnicity Prepared by the California Department of Health Services (DHS), Cancer Surveillance Section. Source: California Cancer Registry (11/02)

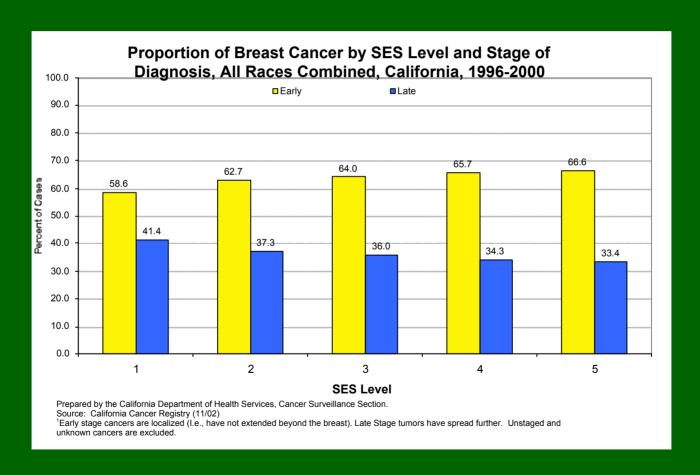
Number of cases of breast cancer by race/ ethnicity



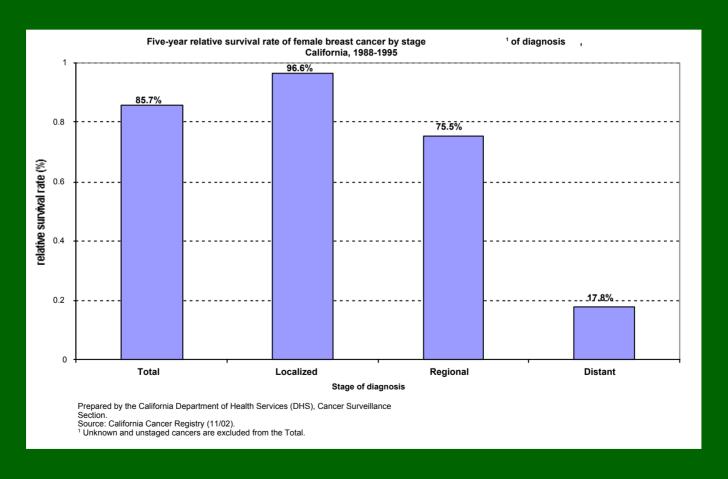
Breast cancer stage at diagnosis by race/ethnicity



Stage at diagnosis by SES level



Survival by stage at diagnosis, California 1988-1995



Breast cancer working group

- The group agreed on goals:
 - Reduce mortality from breast cancer by 36%
 - Reduce morbidity, improve quality of life
 - Advance scientifc and public understanding of modifiable risk factors

Breast cancer working group

- Strategies to accomplish these goals are still under development, but include:
 - Map stage of diagnosis within the state to identify high need areas
 - Map resources and services
 - Educate consumers and policy makers
 - Develop coordinated system to provide resources for detection, diagnosis, treatment

Conclusions

- CDC is encouraging comprehensive cancer control plans in all states.
- One of the requirements of these plans is that they be data driven.
- Central cancer registries are crucial to provide timely and relevant information to inform the process.