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

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California Cancer Cancer Registry
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

Figure 2. Age-Adjusted (2000 U.S. Population) Incidence Rates per 100,000 Persons by Year and Race/Ethnicity, Female, California, 1988-2000, Breast Cancer

Prepared by the California Department of Health Services (DHS), Cancer Surveillance Section
Source: California Cancer Registry (11/02)
*Estimated annual percent change (EAPC) is significantly different from zero (p < 0.05)

Figure 3. Age-Adjusted (2000 U.S. Population) Mortality Rates (AAMR) per 100,000 People by Year and Race/Ethnicity, Female, California, 1988-2000, Breast Cancer

Prepared by the California Department of Health Services (DHS), Cancer Surveillance Section.
Source: California Cancer Registry (11/02)
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,

- Non-Hispanic White: 146.8
- Non-Hispanic Black: 119.7
- Hispanic: 85
- Asian/Pacific Islander: 90.4

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

- NH White
- Black
- Hispanic
- Asian/Pacific Islander

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Breast cancer stage at diagnosis by race/ethnicity

Figure 5. Proportion of Breast Cancer Cases by Race/Ethnicity and Stage of Diagnosis
Female, California, 1996-2000

- Early stage cancers are localized (i.e., have not extended beyond the breast). Late stage tumors have spread further. Unstaged and unknown cancers are excluded.
Stage at diagnosis by SES level

Proportion of Breast Cancer by SES Level and Stage of Diagnosis, All Races Combined, California, 1996-2000

Prepared by the California Department of Health Services, Cancer Surveillance Section.
Source: California Cancer Registry (11/02)
*Early stage cancers are localized (i.e., have not extended beyond the breast). Late Stage tumors have spread further. Unstaged and unknown cancers are excluded.
Survival by stage at diagnosis, California 1988-1995

Five-year relative survival rate of female breast cancer by stage of diagnosis, California, 1988-1995

- Total: 85.7%
- Localized: 96.6%
- Regional: 78.3%
- Distant: 37.8%

Prepared by the California Department of Health Services (DHS), Cancer Surveillance Section.
Source: California Cancer Registry (1/02).
Unknown and unstaged cancers are excluded from the Total.
Breast cancer working group

• The group agreed on goals:
  – Reduce mortality from breast cancer by 36%
  – Reduce morbidity, improve quality of life
  – Advance scientific 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.