

National Program of Cancer Registries Cervical Cancer Incidence Data Transcript

Slide 1

IRENE HALL: Good morning. First, I would like to say a few words about the status of cancer registration in the U.S. Cancer registration allows us to assess the burden of the disease as well as evaluate intervention strategies, so it's very important that we have registration in all states, as well as in the substate level, so that we can actually look at small geographic areas.

Slide 2

The good news is: We do have central cancer registries in all states. However, the data quality at this time varies. What you see here is , in red, the states that are funded by the National Program of Cancer Registries of the CDC for enhancement of cancer registries. The blue states are in the development phase of cancer registration. And of course, the white states are those that are NCI SEER-funded states, and they have longstanding, good data, which you just heard about from Carol Kosary. As to data quality, the states that have the yellow diamonds are states that have been certified by the North American Association for Cancer Registries as having high-quality data. The NPCR program was implemented in 1994, and so we call our reference year 1995. The data you will see, that I present, are from 1995 through 1998. And so, at this point in time the CDC has implemented a national call for data for our program, which was the first call this year. However, the different states have different data-release restrictions, so at this point in time, we cannot use the data for projects like this. And we had to go to individual states and ask them to submit the data to us for this project. (Tape 1. Side B. 11-28-01).

Slide 3

DR. HALL: The data to ask the states were selected based on having high-quality data as was indicated with the yellow diamonds in the previous slide. And in the beginning, we grouped the data by rurality, the counties by rurality based on the field codes which are actually developed for the U.S. Department of Agriculture. And so what you see here, HMRC, actually stands for High Mortality Rural Counties. So counties were selected that had historically high mortality based on the slides that Susan Devesa showed, and then they were grouped into whether they were rural counties or other counties, so ORC is other rural counties. Of the 18 states, 11 states provided information. This is the information for white women. So what you'll see is that, in general, the incidence rates for cervical cancer ranged from 6.1 to 15.3 per 100,000 in high-mortality rural counties, which is higher than for other rural counties and state incidence rates. Now what is even more important is to look at staged data. So the percent local stage, in general, there are some states where the percent local stage is lower in rural counties than in other counties or the state rates.

Slide 4

So in summary, we have a higher incidence and lower percent local stage in rural counties, which may indicate that there are problems with early detection. I already alluded to some of the limitations of the data in general. Basically, access to the data at this point and time as well as small numbers. When you actually go down to the county level, there are very few cases and so the numbers become small. So we need to improve our cancer surveillance. We need to make sure that all states have high-quality data to assess the incidence of cervical cancer, as well as other cancers, of course. And to be able to do that on a sub-state level. However, we also find that there may be some problems. And actually looking at the sub-state level, rather than looking at it nationally can really pinpoint where interventions are needed. And so I encourage you to go back and look at your state data and actually look at it by county because that might tell you a lot of the story. Thank you.