# NAACCR Webinar Series: Using CINA data

July 8, 2010

#### Questions

- Please use the Q&A panel to submit your questions
- Send questions to "All Panelists"

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# 

#### **CINA**

- Participation in CINA Voluntary
- Five different CINA Products they differ in
  - Data items available
  - Years of data
  - Procedures for access
  - Registry consent

## **Five CINA Products**

- Cancer in North America (CINA) Monograph
- 2. CINA in SAS
- 3. CINA+ Online
- 4. CINA+ in SEER\*Stat
- 5. CINA Deluxe

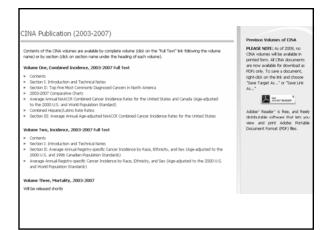


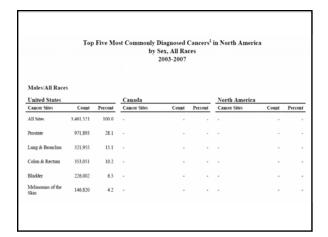
# 1. CINA Monograph

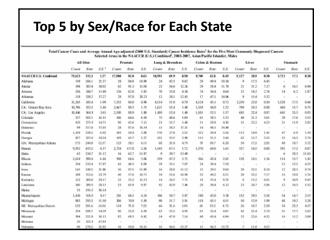
- Current edition covers 2003-2007
- Four volumes
  - I. Combined incidence
  - II. Registry-specific incidence
  - III. Mortality
  - IV. Appendices

## 1. CINA Monograph

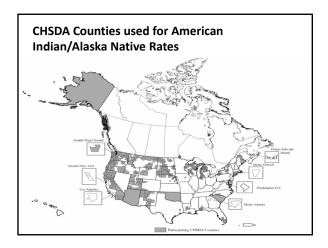
- Available as pdf only
- US data includes 49 states + DC (99% of population, excluding territories)
- 100% of Canadian data
- Volume I includes combined data for 46 states (93% of population), no Canadian data

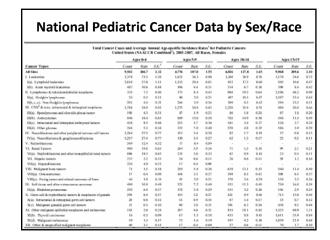


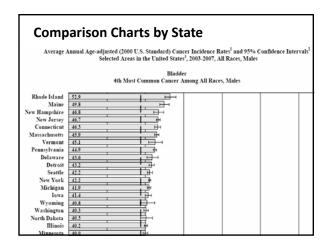




National Rates for All Sites by Sex/Race										
Itational	Matt	.3 10	. ~	5	CS	Dy J	CA, I	uc	C	
Total C						d Cancer I		Rates*		
	NA				103-200	7, All Race				
		MALES	(ALL R			FEMALES (ALL RACES)				
		Adj. Rate		Adj. Rate			Adj. Rate		Adj. Rote	
SITES	Count	2000 U.S.	S.E.	1996 Cdn	S.E.	Count	2000 U.S.	S.E.	1996 Cdn	S.E
All Sites	3,461,521	552.5	0.30	528.9	0.29	3,213,675	414.7	0.23	400.2	0.2
Oral Cavity & Pharynx	105,737	16.0	0.05	15.5	0.05	47,345	6.1	0.03	5.9	0.0
Lip	7,114	1.2	0.01	1.1	0.01	2,466	0.3	0.01	0.3	0.0
Tongue	29,279	4.4	0.03	4.2	0.03	12,670	1.6	0.01	1.6	0.0
Major salivary gland	9,965	1.6	0.02	1.5	0.02	7,138	0.9	0.01	0.9	0.0
Floor of mouth	6,560	1.0	0.01	1.0	0.01	2,951	0.4	0.01	0.4	0.0
Gum & other mouth	12,043	1.9	0.02	1.8	0.02	9,955	1.3	0.01	1.2	0.0
Nasopharynx	5,540	9.8	9.01	9.8	9.91	2,455	6.3	9.01	9.3	9.6
Oropharynx	4,932	0.7	0.01	0.7	0.01	1,740	0.2	0.01	0.2	0.0
Hypopharynx	8,425	1.3	0.01	1.2	0.01	2,164	0.3	0.01	0.3	0.0
Digestive System	656,828	105.5	0.13	99.8	0.12	565,550	70.6	0.09	66.4	0,0
Esophagus	55,076	8.7	0.04	8.3	0.04	15,936	2.0	0.02	1.9	0.0
Stomach	59,519	9.7	0.04	9.1	0.04	38,241	4.8	0.02	4.5	0.0
Small intestine	14,718	2.3	0.02	2.2	0.02	13,160	1.7	0.01	1.6	0.0
Colon excl. rectum	245,157	40.1	0.08	37.7	0.08	258,891	32.0	0.06	30.0	0.0
Rectum & rectosigmoid	107,894	17.0	0.05	16.2	0.05	81,577	10.4	0.04	9.9	0.0
Amus, anal canal & anorectum	8,567	1.3	0.01	1.3	0.01	13,794	1.8	0.02	1.7	0.0
Liver	56,871	8.7	0.04	8.3	0.04	21,158	2.7	0.02	2.6	0.0
Gallbladder	4,890	0.8	0.01	0.8	0.01	11,165	1.4	0.01	1.3	0.0
Pancreas	81,764	13.2	0.05	12.5	0.04	82,959	10.2	0.04	9.6	0.0
Respiratory System	574,871	93.1	0.12	88.7	0.12	452,509	57.8	0.09	55.6	0.0
Larynx	45,139	7.0	0.03	6.7	0.03	11,680	1.5	0.01	1.5	0.0
Lung & bronchus	521,955	84.9	0.12	80.8	0.11	435,717	55.6	0.08	53.5	0.0
Bones & Joints	7,213	1.1	0.01	1.1	0.01	5,930	0.8	0.01	0.8	0.0
Soft Tissue (incl. heart)	23,827	3.7	0.02	3.6	0.02	20,343	2.7	0.02	2.6	0.0
Skin (excl. basal & sq.)	159,099	25.1	0.06	24.1	0.06	120,822	16.2	0.05	16.0	0.0
Melanomas of the skin	146,820	23.1	0.06	22.2	0.06	111,711	15.0	0.05	14.9	0,0
Breast (excl. in site)	8.563	1.4	0.01	1.3	0.01	923,609	120.7	0.13	117.3	0.1







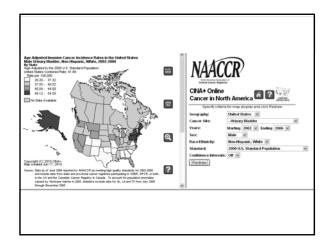
Registry-sp Site/Sex/R				Cou	nts a	nd R	ates	by		
Total Ca	ncer Case	s and Ave Yu		nnual Age 003-2007,			ncidence l	Rates*		
		MALES	(ALL R	ACES)			FEMALE	S (ALL	RACES)	
SITES All Sites Oral Cavity & Pharvex	Count 239	Adj. Rate 2000 U.S. 401.5 8.0	S.E. 29.84 3.24	Adj. Rate 1996 Cdn 388.2 7.9	S.E. 27.69 3.28	Count 242	Adj. Rate 2000 U.S. 362:9 6.8	S.E. 25.93 2.81	Adj. Rate 1996 Cdn 347.4 6.9	S.E. 24.36 2.87
Lip	-	-		,,,,	-		-			2.07
Tongue Major salivary gland							-			
Floor of mouth Gum & other mouth		-	-	-	-		-	- :	-	-
Nasopharynx Oropharynx	:				:	:				
Hypopharynx Digestive System	70	104.7	13.78	103.8	13.51	46	76.6	12.49	72.2	11.53
Esophagus Stomach	*	12.7	4.93	12.3	4.77				-	
Small intestine Colon excl. rectum	30	443	8.70	45.0	8.78	21	37.1	8.80	35.5	8.27
Rectum & rectosigmoid	16	22.0	5.89	22.4	6.05	9	12.7	4.93	11.1	4.18
Anus, anal canal & anorectum Liver										
Gallbladder Pancreas		- :					- :		:	
Respiratory System Larynx	30	59.9	12.15	57,4	11.16	28	49,6	10.33	46.5	9,48
Lung & bronchus	27	51.3	10.61	50.1	10.11	28	49.6	10.33	46.5	9,48

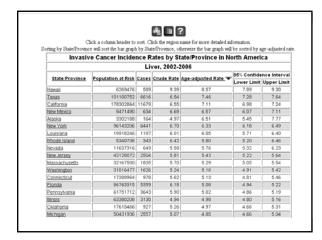
### 2. CINA in SAS

- SAS dataset containing virtually all of the data contained in the Monograph:
  - Age-adjusted rates by site, sex, race, state/province; separate rates for pediatric cancers
  - Latest years are 2002-06
  - Race limited to white/black/Hispanic

## 3. CINA+ online

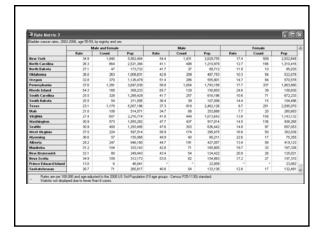
- The same data, minus the pediatric data, with a mapping feature added
- High-quality registries only
- 2002-06 is the latest available





### 4. CINA+ in SEER\*Stat

- The same data, in a SEER\*Stat database
- Includes 5-year age groups
- High-quality registries only; 2002-06 latest
- Requires signing a user agreement



#### 5. CINA Deluxe

- Expanded list of data items
- Expanded number of years
  - 1995 to most recent year
    - Not all registries that are included contribute data for entire time period
    - Requires a minimum of 3consecutive years of high quality data
    - Quality standards must be met for each year
- · Used for research

#### **Access to CINA Deluxe**

- Access for research
- NAACCR member or collaborating with a NAACCR member
- Submit proposal (may request funding up to \$5,000 or no funding)
- Research Proposal Review Subcommittee

#### **Access to CINA Deluxe**

- Access for research (cont)
  - IRB review
  - Registry consent (either active or passive)
  - Researcher Data Use Agreement
  - Prior to publication review by NAACCR Scientific Editorial Board

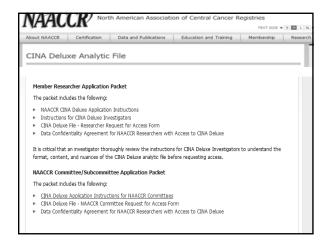


Table 2. Data Variables	and Codes Available in the CINA Deluxe	e Standard File
Data Item Number	Item Name	Grouped? Item Precision
20	Patient ID Number	No, as reported
80	Addr at DX—State	FIPS code for province, state, or territory
220	Sex	Male and Female
230 (19 age groups)	Age at Diagnosis	0, 1-4, 5-9,85+
380	Sequence Number-Central	No, as reported
390	Date of Diagnosis	MMYYYY, MM limited uses & excluded for West Virginia
400	Primary Site	SEER Site Groups and Topography Codes
410	Laterality	No, as reported
440	Grade	No, as reported
490	Diagnostic Confirmation	No, as reported
500	Type of Reporting Source	No, as reported
522	Histologic Type (ICD-O-3)	SEER modified ICCC Groups and by histologic code
523	Behavior Code (ICD-O-3)	No, as reported
1990-2074	EDITS overrides	No, as reported
160	Race 1 (U.S. Only)	No, as reported
161	Race 2 (U.S. Only)	No, as reported
162	Race 3 (U.S. Only)	No, as reported
163	Race 4 (U.S. Only)	No, as reported
164	Race 5 (U.S. Only)	No, as reported

190	Spanish/Hispanic Origin (U.S. only)	No, as reported
191	NHIA v2 Derived Hisp Origin (U.S. Only)	No, as derived
192	IHS Link	No, as reported
	Race (IHS Link Enhanced)	No, as derived
759	SEER Summary Stage 2000 (U.S. Only, 2001-03)	No, as reported
760	SEER Summary Stage 1977 (U.S. Only, 1995-2000)	No, as reported
2810	CS Extension	As Reported
2830	CS Lymph Nodes	As Reported
2850	CS Mets at DX	As Reported
2880	CS Site-specific Factor 1 for C384	As Reported
2900	CS Site-specific Factor 3 for C619	As Reported
2935	CS Version 1st	As Reported
2936	CS Version Latest	As Reported
3020	Derived SS2000 (2004+)	No, as derived
3050	Derived SS2000 Flag	As Reported
3300	Rural Urban Continuum 1993	00-99,98,99, calculated); blank
3310	Rural Urban Continuum 2000	00-99,98,99, calculated); blank

Data Elements I	included when Collected/submitted by Registry	
880	TNM Path T	As Reported
890	TNM Path N	As Reported
900	TNM Path M	As Reported
910	TNM Path Stage Group	As Reported
920	TNM Path Descriptor	0-6, 9
930	TNM Path Staged By	0-9
940	TNM Clin T	As Reported
950	TNM Clin N	As Reported
960	TNM Clin M	As Reported
970	TNM Clin Stage Group	As Reported
980	TNM Clin Descriptor	0-6,9
990	TNM Clin Staged By	0-9
1000	TNM Other T	As Reported
1010	TNM Other N	As Reported
1020	TNM Other M	As Reported
1030	TNM Other Stage Group	As Reported
1040	TNM Other Staged By	0-9
1050	TNM Other Descriptor	0-6,9
1060	TNM Edition Number	00-66,88,99
1260	Date of Initial Rx-SEER	MM/YYYY
1270	Date of 1st CRs RX -COC	MMYYYY
1290	Rx Summ-Surg Prim Site	No as reported
1360	Rx Summ-Radiation	No as reported

# Commonly requested data elements in a customized file:

- Single year of age
- County
- Proposed: Poverty indicator based on census tract (not census tract itself)

"The release of additional variables is contingent upon the availability of the data item in the registry's submissions and the registry's consent"

NAACCR - CINA Delu:	xe File 1995-2006 Availa	able Registries and	Years
June 25, 2009			
U.S. Registries	Years Available		
Alabama	1998-2006		
Alaska	1996-2006		
Arizona	1995-2005		
Arkansas	2001-2006		
California	1995-2006		
Greater Bay	1995-2006		
Los Angeles	1995-2006		
Colorado	1995-2006		
Connecticut	1995-2006		
Delaware	1995-2006		
District of Columbia	1997-2001,2003-2006		
Florida	1995-2006		
Georgia	1999-2006		
Atlanta	1995-2006		
Hawaii	1995-2006		
Idaho	1995-2006		
Illinois	1995-2006		
Indiana	1998-2006		
Iowa	1995-2006		
Kentucky	1995-2006		
Louisiana	1995-2006		
Maine	1995-2006		
Massachusetts	1997-2006		

Review: Current Tools Available

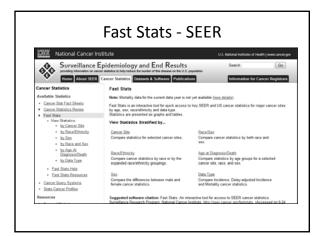
- CINA Publication
- CINA in SAS
- CINA+ online
- CINA+ in SEER\*Stat
- CINA Deluxe

Numbers are great, but what if there was a better way to display those numbers visually so that a broader audience could understand the data?

- Something that is easily accessible
- Something is straightforward to use
- Something that will get results quickly

Coming to the NAACCR Website later this summer....

**NAACCR Fast Stats!** 



#### Fast Stats - SEER

Fast Stats is an interactive tool for quick access to SEER and US cancer statistics for major cancer sites by age, sex, race/ethnicity and data type.

Statistics are presented as graphs and tables.

#### Fast Stats - SEER

Stratify results by:

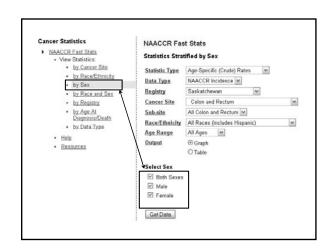
- Cancer Site
- Race/Ethnicity
- Sex
- Race/sex
- Age at Diagnosis/Death
- Data Type

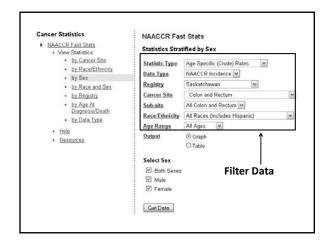
# NAACCR Fast Stats Work in progress...

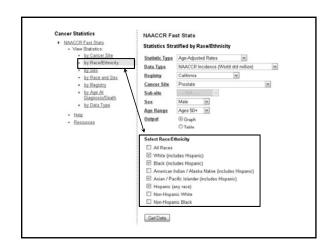
- Use current 5 year data
- Focus on incidence statistics
  - Age adjusted rates
  - Age-specific (crude) rates
- To be added later?
  - Long term trend data
  - Delay Adjusted data
  - More years

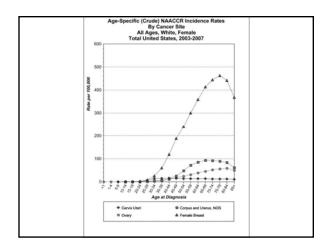
### Fast Stats - CINA

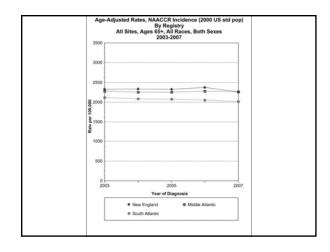
- Stratify results by Cancer Site
- Race/Ethnicity
- Sex
- Race/sex
- Age at Diagnosis
- Data Type

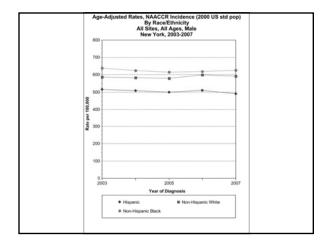


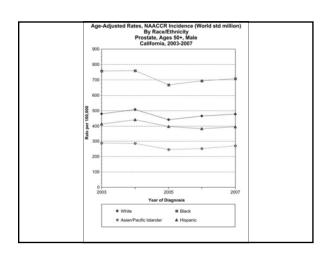


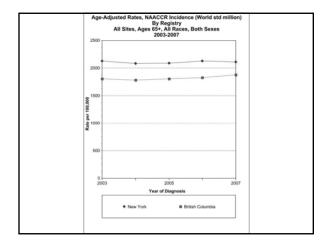












#### **NAACCR Fast Stats**

- Make NAACCR data more accessible
- Create a tool that is
  - Flexible
  - Easy to navigate
  - Easy to use
  - Produce results quickly

**Questions?** 

Examples of Usage of CINA Products

#### Cancer Control P.L.A.N.E.T.

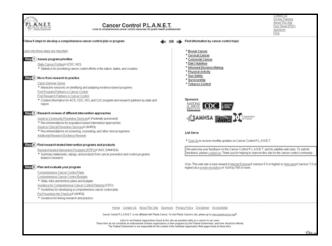
Plan, Link, Act, Network, with Evidence-based Tools

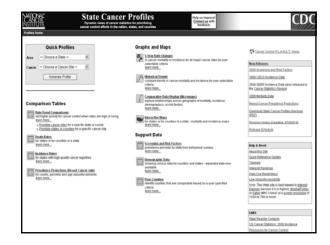
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Michael Sanchez, MPH, CHES Public Health Advisor National Cancer Institute

#### **Overview**

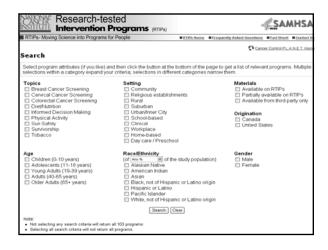
- ➤ What is Cancer Control P.L.A.N.E.T.?
- ➤ Tools and resources available on P.L.A.N.E.T.
- ➤ How can P.L.A.N.E.T. assist with comprehensive cancer control planning?

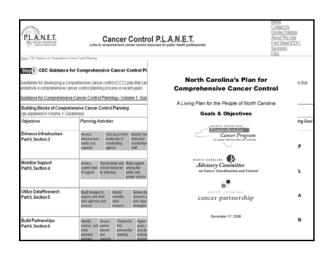












#### **Assess Program Priorities**

- ➤ Comprehensive cancer control planning
- **≻** Assessment
  - Primary data
  - Secondary data
- ➤ Integrate surveillance into cancer control planning
- ➤ Step 1 State Cancer Profiles

#### **State Cancer Profiles**

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Antoinette Percy-Laurry, MSPH
Public Health Analyst
National Cancer Institute
SEER Program

#### State Cancer Profiles – Overview

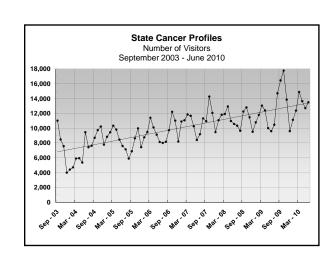
- > Statistics for prioritizing cancer control activities
  - Step 1 of Cancer Control P.L.A.N.E.T.
  - National, state, and local levels
- ➤ Collaboration
  - National Program of Cancer Registries (NPCR)
  - Surveillance, Epidemiology and End Results Registries (SEER)

#### **Available Data**

- ➤ Cancer incidence, mortality data and prevalence data
- ➤ Latest data years currently available
  - 2007 NCI/SEER incidence
  - 2006 CDC/NPCR incidence, NCHS mortality
- ➤ About 20 different cancer sites
- Screening and risk factor data from BRFSS

# **State Cancer Profiles Usage**

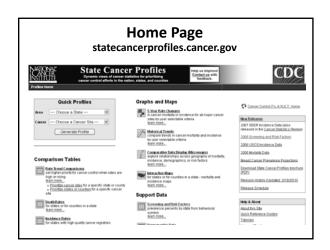
- > Primary audience
  - State and local cancer control planners
- > Resource for
  - Presentations, reports, proposals
  - Training or lectures
  - Priority setting; planning
  - Implementing cancer control projects
    - -Assessing the impact of cancer control projects
  - Comparing state cancer data with other states
- Reviewing trends in cancer
- > International
  - ■Canada



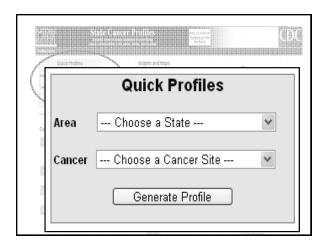
# **State Cancer Profiles**Web Site Demonstration

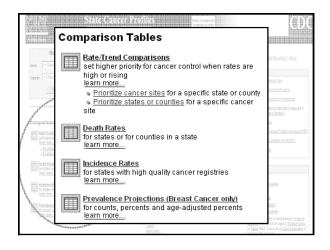
NAACR Webinar July 8, 2010

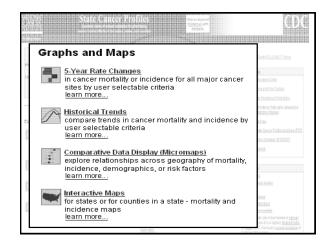
James Cucinelli Senior Systems Analyst Information Management Services (IMS)

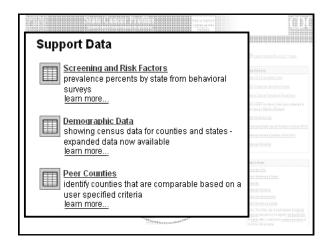


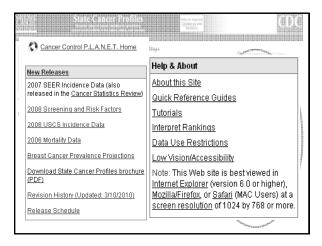


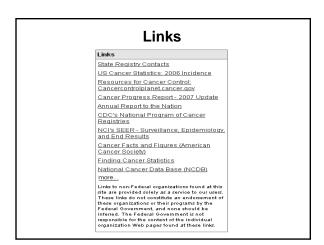


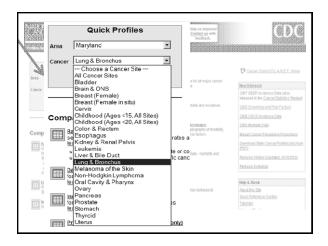


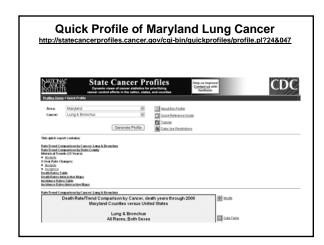


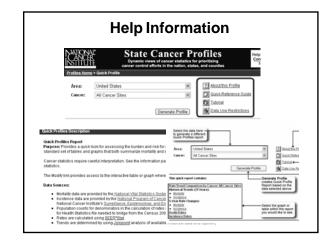


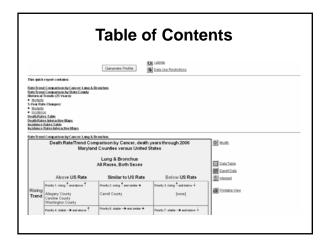


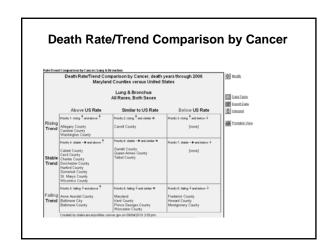


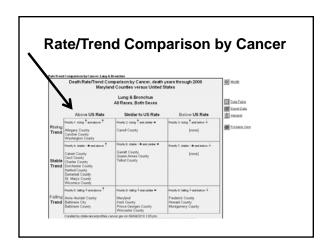


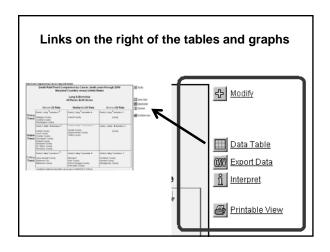


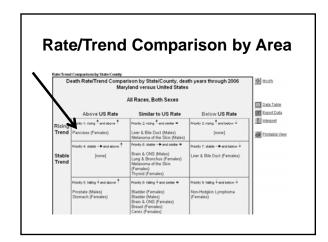


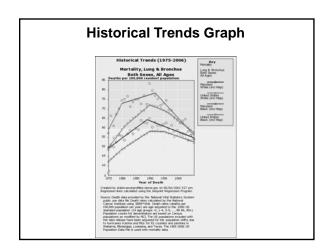


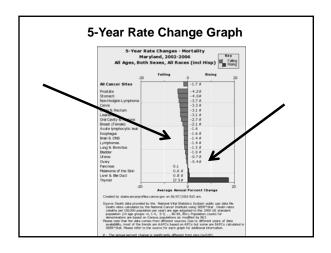


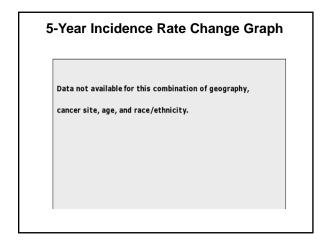


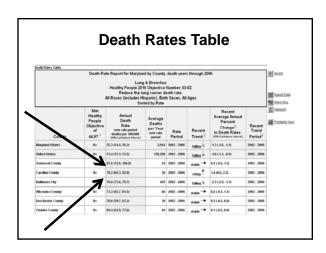


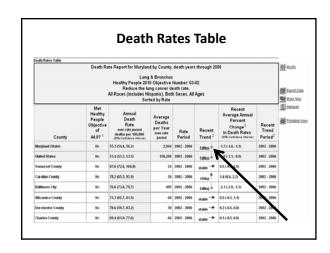


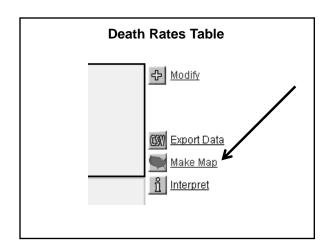


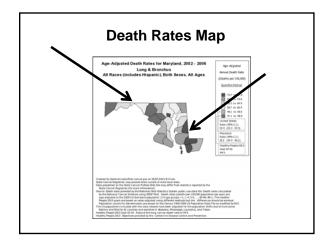


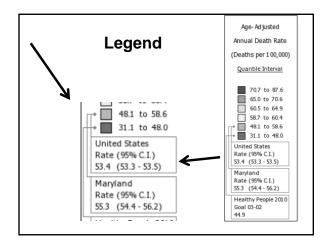


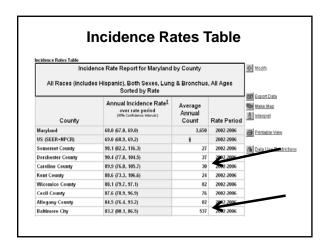


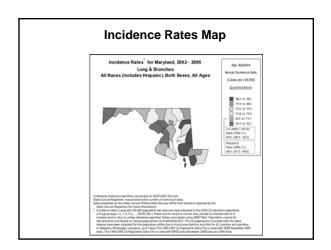


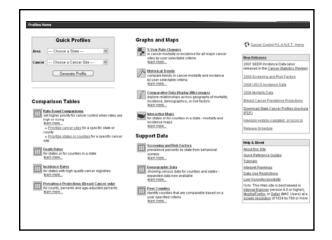












# **Sections in Quick Profile**

- ➤ Rate/Trend Comparisons by Cancer and Area (7%)
- ➤ Death Rates (14%)
- ➤Incidence Rates (35%)
- ➤5-Year Rate Change (3%)
- ➤ Historical Trends (8%)
- ➤Interactive Maps (26%)

#### **Screening and Risk Factors**

Clinical Breast Exam in Past 2 Years, Age 40+ Fruit and Vegetable Servings of 5 or More per Day Home Blood Stool Test Used in Past Year, Age 50+ Home Blood Stool Test Used in Past 2 Years, Age 50+ Home BST Past Yr or Sig or Colon Past 5 Years, Age 50+ Home BST Past Yr or Sig or Colon Past 10 Years, Age 50+ Mammogram in Past 2 Years, Age 40+ Mammogram in Past 2 Years, Age 50+ Overweight or Obese (BMI greater than or equal to 25.0 kg/m2) Pap Smear at Least Once, No Hysterectomy, Age 18+ Pap Smear in Past 3 Years, No Hysterectomy, Age 18+ Physical Activity: No Leisure-Time Activity in Past Month, Age 18+ Sigmoidoscopy or Colonoscopy at Least Once, Age 50+ Sigmoidoscopy or Colonoscopy in Past 5 Years, Age 50+ Sigmoidoscopy or Colonoscopy in Past 10 Years, Age 50+ Smokers (Current), Age 18+ Smokers (Ever), Age 18+

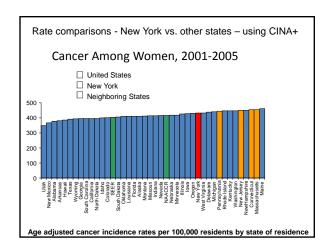
## **Demographic Data**

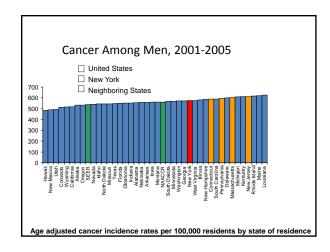
- ➤ Population: Age Groups
- ➤ Population: Race Groups
- **≻**Education
- **≻**Income
- **≻**Poverty ➤ Housing
- >Urban/Rural
- ➤ Workforce: Unemployed

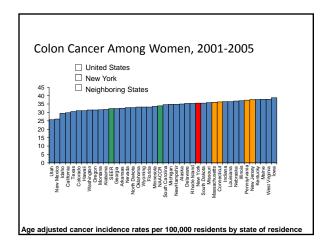
# **Questions**

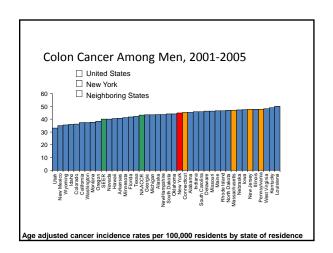


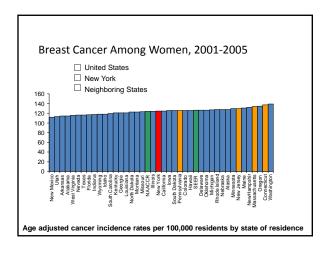
Please visit: statecancerprofiles.cancer.gov ccplanet.cancer.gov

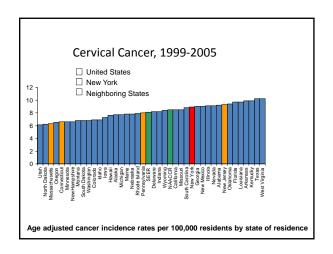


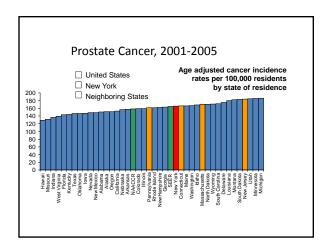










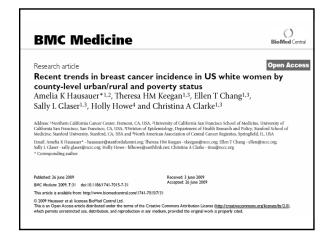


#### **Recent Publications Using CINA Deluxe Data**

- Hausauer AK, Keegan TM, Chang ET, Glaser SL, Howe HH, Clarke CA. Recent breast cancer incidence changes by rural/urban and poverty status, United States, 1997-2004. BMC Medicine 2009; 7: 31.
- Hao, Y et al. Trends in colorectal cancer incidence rates by age, race/ethnicity, and indices of access to medical care, 1995-2004 (United States). Cancer Causes Control 2009; 20(10): 1855-1863.

#### **Recent Publications Using CINA Deluxe Data**

- 3. Barnholtz-Sloan J. Incidence trends of invasive cervical cancer in the United States by combined race and ethnicity, Cancer Causes Control 2009; 20(7): 1129-38.
- 4. Greenlee RT. The occurrence of rare cancers in U.S. adults, 1995-2004. *Public Health Reports* 2010; 125(1): 28-43.
- Boscoe FP, Schymura MJ. Solar ultraviolet-B exposure and cancer incidence and mortality in the United States, 1993-2002. BMC Cancer 2006, 6: 264.



# There was a substantial drop in breast cancer incidence rates between 2001-2004 in the US

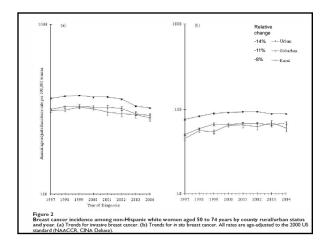
Hypotheses to explain this include:

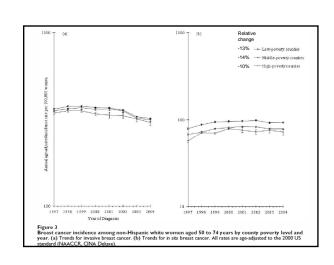
- Widespread discontinuation of hormone therapy after the early termination of the Women's Health Initiative trial in 2002.
- 2. Saturation of mammogram screening programs by 2000.
- Drop in number of women receiving mammograms after 2001.
- 4. Combinations of the above.

- The incidence drop was concentrated among HR+ tumors among non-Hispanic white women over 50 years of age.
- The drop was nearly absent among African-American women and women under 50
- This supports hypothesis #1.
- This study focused on rural/urban and poverty status
  - If rate changes were less among poorer, more rural women that would further support hypothesis #1

- CINA Deluxe was used because SEER data are "disproportionately urban".
- 29 registries were used (including nearly all of SEER)
- 69% of total US population

- Limited to white non-Hispanic women (n=475,523 invasive and 111,885 in situ cases)
- HR and HER2/neu status not available
- Counties were classified as urban, suburban, rural using USDA rural/urban continuum codes
- County-level poverty classified as low, medium, high using standard cut points
- · Quarterly rate trends were assessed

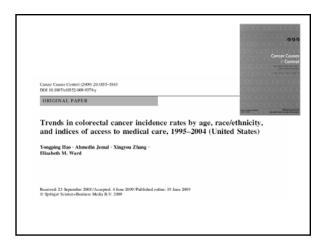




- Joinpoint analysis showed trend most pronounced following announcement of early termination of the Women's Health Initiative trial
- California Health Interview Survey respondents aged 50 to 74 – current estrogen use dropped twice as much in urban versus rural counties between 2001 and 2003 (9.1% versus 4.4%)

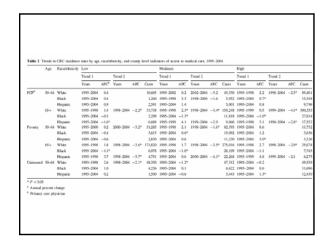
#### Conclusion

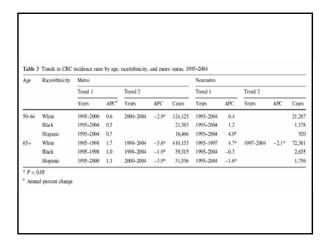
 Evidence supports hypothesis #1. (It could have been much stronger with census tract level poverty since urban variations in poverty are not captured at the county scale)



- Colorectal cancer incidence in the US has decreased sharply since 1998
- Has the decrease been seen equally by age, race/ethnicity, and in all areas? (i.e. have disparities widened?)
- Used CINA data from 19 registries covering 53% of US population

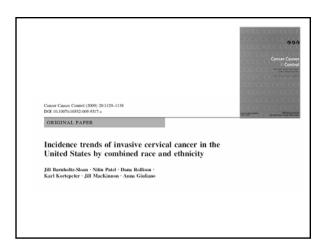
Age	Race/	Trend 1		Trend 2	Cases	
	ethnicity	Years	APC <sup>a</sup>	Years	APC	
50–64	White	1995–1998	1.9	1998-2004	-1.7*	145,441
	Black	1995-2004	0.6			22,561
	Hispanic	1995-2004	0.9			17,389
65+	White	1995–1998	1.8	1998-2004	-3.5*	482,588
	Black	1995–1998	1.0	1998-2004	-1.8*	41,958
	Hispanic	1995–1998	3.4*	1998–2004	-2.6*	33,301





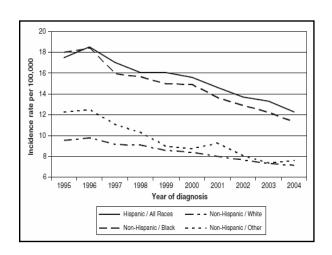
#### **Conclusions**

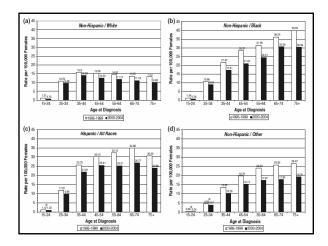
- Younger, minorities, those in poorer communities with less medical access have not seen the same reductions as the nation as a whole, in some cases no reductions at all.
- May be related to barriers to endoscopic screening.
   The results coincide with absolute changes in screening rates from BRFSS using the same indicators.



- Reviewed cervical cancer incidence trends by race/ethnicity and region from 1995-2004
- One of the first applications of the NHIA variable
- 22 states with high quality data for the full 10 year period

Variable of interest	1995-19	1995–1999			004	2000-2004 versus 1995-1999	
	Count	Incidence rate (95% CI)	APC	Count	Incidence rate (95% CI)	APC	Rate ratio (95% CI)
Overall	43,107	10.86 (10.76, 10.96)	$-3.10^{b}$	38,295	9.04 (8.95, 9.13)	-4.55 <sup>b</sup>	0.83 (0.82, 0.84) <sup>a</sup>
Race/Ethnicity							
Hispanic/all races	8,062	16.96 (16.58,17.36)	-3.15	8,288	13.86 (13.55, 14.17)	$-5.55^{b}$	0.82 (0.79, 0.84) <sup>a</sup>
Non-Hispanic/White	26,208	9.22 (9.11, 9.34)	$-2.76^{b}$	22,126	7.70 (7.60, 7.81)	$-4.17^{b}$	0.84 (0.82, 0.85) <sup>a</sup>
Non-Hispanic/Black	6,161	16.54 (16.12, 16.96)	$-5.23^{b}$	5,333	12.95 (12.61, 13.31)	$-6.43^{b}$	0.78 (0.75, 0.81) <sup>a</sup>
Non-Hispanic/other	2,219	10.93 (10.47, 11.41)	$-7.86^{b}$	2,121	8.15 (7.80, 8.51)	$-5.09^{b}$	0.75 (0.70, 0.79) <sup>a</sup>
Region of the country-NCH	S						
West	11,779	9.89 (9.72, 10.07)	-2.14	10,807	8.29 (8.13, 8.45)	-4.71 <sup>b</sup>	0.84 (0.82, 0.86) <sup>a</sup>
Midwest	4,714	10.93 (10.62, 11.25)	-1.11	4,087	9.14 (8.86, 9.42)	$-6.42^{bc}$	0.84 (0.80, 0.87) <sup>a</sup>
South	13,562	12.00 (11.80, 12.20)	$-3.18^{b}$	12,452	10.16 (9.98, 10.34)	$-4.87^{b}$	0.85 (0.83, 0.87) <sup>a</sup>
Northeast	13,052	10.71 (10.52, 10.89)	$-4.65^{b}$	10,949	8.66 (8.50, 8.82)	$-3.27^{b}$	0.81 (0.79, 0.83) <sup>a</sup>
Histological type of tumor							
Adenocarcinoma	7,363	1.85 (1.81, 1.90)	-1.64	7,205	1.70 (1.66, 1.74)	$-2.50^{b}$	0.92 (0.89, 0.95) <sup>a</sup>
Squamous cell carcinoma	30,163	7.62 (7.53, 7.71)	-3.02	26,255	6.21 (6.13, 6.29)	-4.91 <sup>b</sup>	0.81 (0.80, 0.83) <sup>a</sup>
SEER summary stage							
Early (localized)	21,707	5.50 (5.42, 5.57)	-2.7	18,413	4.41 (4.35, 4.48)	$-6.65^{bc}$	0.80 (0.79, 0.82) <sup>a</sup>
Late (regional/distant)	16,487	4.15 (4.09, 4.22)	-2.25	16,270	3.79 (3.74, 3.85)	-1.18	0.91 (0.89, 0.93)a
Unstaged	4,913	1.21 (1.17, 1.24)	$-7.69^{b}$	3,608	0.83 (0.8, 0.85)	$-8.37^{b}$	0.68 (0.66, 0.72) <sup>a</sup>





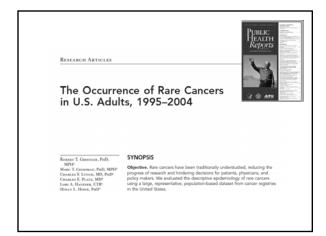
Variable of interest	Hispanic/all races to non-Hispanic/White RR (95% CI)	Non-Hispanic/Black to non-Hispanic/White RR (95% CI)	Non-Hispanic/Other to non-Hispanic/White RR (95% CI)
Five-year time period			
1995-1999	1.84a (1.79-1.89)	1.79a (1.74-1.84)	1.19a (1.13-1.24)
2000-2004	1.80° (1.75-1.85)	1.68a (1.63-1.73)	1.06a (1.01-1.11)
Region of the country			
West	2.05° (1.98-2.11)	1.34ª (1.26-1.42)	1.29a (1.23-1.34)
Midwest	2.01° (1.85-2.17)	1.92° (1.82-2.03)	1.18° (1.03-1.35)
South	1.55a (1.50-1.60)	1.58a (1.53-1.63)	0.92 (0.83-1.02)
Northeast	1.89a (1.82-1.97)	1.86° (1.80-1.92)	1.14ª (1.06-1.23)
Histological type of tumor			
Adenocarcinoma	1.33ª (1.27-1.39)	0.89ª (0.84-0.95)	0.97 (0.90-1.04)
Squamous cell carcinoma	1.98a (1.93-2.02)	1.97° (1.93-2.02)	1.16a (1.12-1.21)
SEER summary stage			
Early (localized)	1.57ª (1.53-1.61)	1.34ª (1.29-1.38)	0.97 (0.93-1.02)
Late (regional/distant)	2.06a (2.00-2.12)	2.13a (2.06-2.19)	1.35a (1.29-1.42)
Unstaged	2.06a (1.94-2.18)	2.39a (2.25-2.54)	0.90 (0.80-1.02)

# **Conclusions**

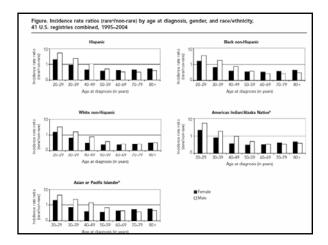
- All groups are declining rapidly; disparities between race/ethnicity groups are being maintained
- Stage distribution of racial/ethnic minorities is also considerably worse

# **Conclusions (cont)**

- Much higher age at diagnosis for racial/ethnic minorities – consistent with stage distribution and possibly reflective of social and cultural barriers to screening.
- Continued Pap smear screening should be considered for women 65+ among groups at higher risk.



- Used CINA to maximize case counts
- 1995-2004, 39 states (80% of population), over 9 million cancers
- Rare = any cancer with a rate below 15 per 100,000
- 60 of 71 types are rare, accounting for 25% of tumors
- Rare cancers more common among younger, nonwhite and Hispanic



#### Conclusion

- Tumors uncommon in the population are often poorly documented in the medical and public health literature
- Even rates fewer than 1 per million result in hundreds of cases in the CINA file potentially available for further research

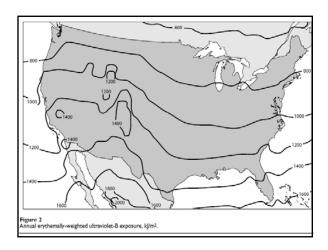
#### Conclusion (cont.)

- CINA provides opportunities to explore disease etiology and possibly lead to advances in treatment and prognosis
- Concluding sentence: "We hope that our descriptive analysis encourages such uses of this robust national cancer data resource"



- Previous researchers in US, Japan, Norway, Europe generally have noted a north-south gradient in cancer mortality for many cancers
- Anticarcinogenic effect of vitamin D, particularly for digestive and reproductive cancers, is a wellestablished hypothesis with biological plausibility
- Our paper looked at incidence, expanded the number of sites analyzed, and adjusted for more confounders





Variable	Definition	Source	Geographic Level	Sex-specific	Race-specif
Ago	10-year age groups from 35-44 to 75-84, and 85+	SEER	County	х	х
Poverty	% of households below poverty rate	2000 US Consus	County	×	×
Income	Median household income in dollars	2000 US Census	County	-	x
Smoking	Age-adjusted lung and bronchus cancer mortality rate	SEER	County	×	×
Exercise	% with no exercise in last 30 days	BRFSS 1994-2002 (even years) & 2001	State	×	×
Alcohol	Average number of drinks in past 30 days	BRFSS 1997, 1999, 2001, 2002	State	×	Х
Outdoor occupation	% of workers in agriculture, forestry, fishing, hunting, or construction	2000 US Census	County	×	
Urban/rural	% rural population Average annual PM2.5 concentrations	2000 US Census	County		
Air quality	(values for ~ 600 counties known, remainder were interpolated)	US EPA AirNow database 2000	County		

Table 2: Relative risk of incidence and mortality related to solar UV-B exposure, northern versus southern United States boundary', non-Hispanic whites (95% CI in parentheses): Cancer sites with strongest evidence of an inverse association with solar UV-B exposure.

Cancer site		Incidence	Mortality		
	Males	Females	Males	Females	
Esophagus (males)	1.27 (1.21-1.34)		1.36 (1.31-1.41)		
Stomach	1.42 (1.35-1.49)	1.27 (1.19-1.36)	1.31 (1.26-1.36)	1.26 (1.21-1.32)	
Colon	1.11 (1.08-1.13)	1.14 (1.11-1.16)	1.27 (1.24-1.30)	1.24 (1.22-1.27)	
Rectum	1.27 (1.23-1.32)	1.14 (1.09-1.18)	1.53 (1.45-1.60)	1.37 (1.30-1.44)	
Gallbladder (females)		1.86 (1.66-2.09)		1.98 (1.82-2.16)	
Other biliary	1.20 (1.07-1.35)	1.21 (1.07-1.36)	1.56 (1.40-1.75)	1.58 (1.43-1.76)	
Uterus		1.49 (1.45-1.53)		1.52 (1.46-1.58)	
Vulva		1.18 (1.09-1.29)		1.93 (1.72-2.17)	
Prostate	1.20 (1.19-1.22)		1.17 (1.15-1.19)		
Bladder	1.13 (1.10-1.16)	1.15 (1.11-1.20)	1.24 (1.20-1.28)	1.21 (1.15-1.27)	
Hodgkin lymphoma	1.16 (1.04-1.29)	1.19 (1.05-1.34)	1.14 (1.00-1.30)	1.25 (1.09-1.43)	
Myeloma	1.19 (1.12-1.27)	1.22 (1.14-1.31)	1.16 (1.11-1.22)	1.16 (1.11-1.21)	

\*Adjusted for the variables listed in Table 1 and excluding high-migration counties. Incidence includes states and counties shown in Figure 1 for the period 1989-2002; mortally includes entire United States except. Asks and Hawaii for the period 1993-2002.

\*\*Phalibative risk of revisiving annual energies of 650 kJ/m<sup>2</sup> for eyhabatility weighted utfavorities exposure (a value typical of northern Maine, Minnesota or Washington) versus annual average of 1540 kJ/m<sup>2</sup> (a value typical of southern Florida, Texas, or Arizona). Table 3: Relative risk of incidence and mortality related to solar UV-B exposure, northern versus southern United States boundary, non-Hispanic whites (95% CI in parentheses): Cancer sites with weaker evidence of an inverse association with UV-B exposure (see notes for Table 2).

Cancer site		Incidence	Mortality		
	Males	Females	Males	Females	
Esophagus (females)		1.08 (0.99-1.19)		1.21 (1.14-1.28)	
Small intestine	1.15 (1.03-1.28)	1.20 (1.07-1.35)	1.07 (0.93-1.22)	1.24 (1.08-1.42)	
Gallbladder (males)	1.13 (0.94-1.35)		1.58 (1.38-1.82)		
Pancreas	1.09 (1.05-1.14)	1.17 (1.13-1.22)	1.06 (1.03-1.09)	1.11 (1.08-1.14)	
Breast		1.06 (1.05-1.07)		1.15 (1.13-1.17)	
Kidney	1.09 (1.05-1.13)	1.17 (1.11-1.22)	1.12 (1.08-1.17)	1.20 (1.14-1.25)	
Thyroid (females)		1.10 (1.05-1.16)		1.30 (1.16-1.47)	
Non-Hodgkin lymphoma	1.08 (1.05-1.12)	1.09 (1.05-1.12)	1.12 (1.08-1.15)	1.15 (1.12-1.18)	
Leukemia	1.09 (1.04-1.13)	1.15 (1.10-1.20)	1.07 (1.03-1.10)	1.09 (1.06-1.13)	

Table 4: Relative risk of incidence and mortality related to solar UV-8 exposure, northern versus southern United States boundary, non-Hispanic whites (95% CI in parentheses): Cancer sites with no evidence of an inverse association with solar UV-8 exposure (see notes for Table 2.)

Cancer site	Incidence		Mortality	
	Males	Females	Males	Females
Liver and intrahepatic bile duct	1.01 (0.95–1.08)	1.05 (0.96–1.14)	0.88 (0.85-0.92)	0.85 (0.81-0.89)
Nose, nasal cavity, and inner ear	0.80 (0.68-0.95)	0.85 (0./1-1.03)	0.93 (0./6–1.13)	0.99 (0.80-1.23)
Larynx	0.87 (0.82-0.92)	0.80 (0.72-0.89)	1.04 (0.98-1.11)	0.96 (0.86-1.07)
Bone and joint	0.83 (0.69-1.01)	0.95 (0.78-1.17)	0.62 (0.54-0.72)	0.57 (0.49-0.66)
Soft tissue, including heart	0.84 (0.77-0.92)	0.94 (0.85-1.03)	1.10 (1.02-1.19)	1.23 (1.14-1.33)
Ovary		1.03 (0.99-1.06)		1.09 (1.06-1.11)
Brain and other nervous system	1.08 (1.02–1.14)	1.07 (1.01–1.14)	0.91 (0.87-0.94)	0.86 (0.83-0.90)
Thyroid (males)	1.05 (0.96-1.13)		1.00 (0.87-1.16)	
Miscellaneous sites	0.83 (0.79-0.86)	0.93 (0.890.97)	1.16 (1.13-1.18)	1.23 (1.20-1.26)

**Questions?** 

## Next Month...

- Lip and Oral Cavity
  - August 5, 2010

## ...September Webinar

- Coding Pitfalls
  - September 2, 2010
- October starts the 2010/2011 webinar series!

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