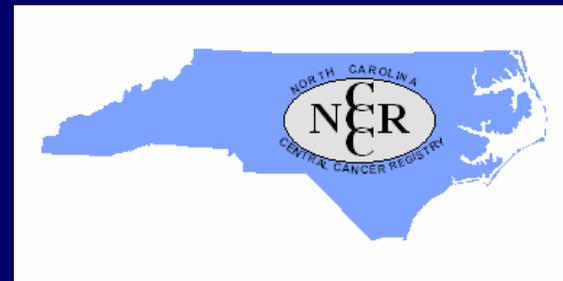


Cancer and the Environment in North Carolina

*Task Force on Prevention
January 14, 2009*

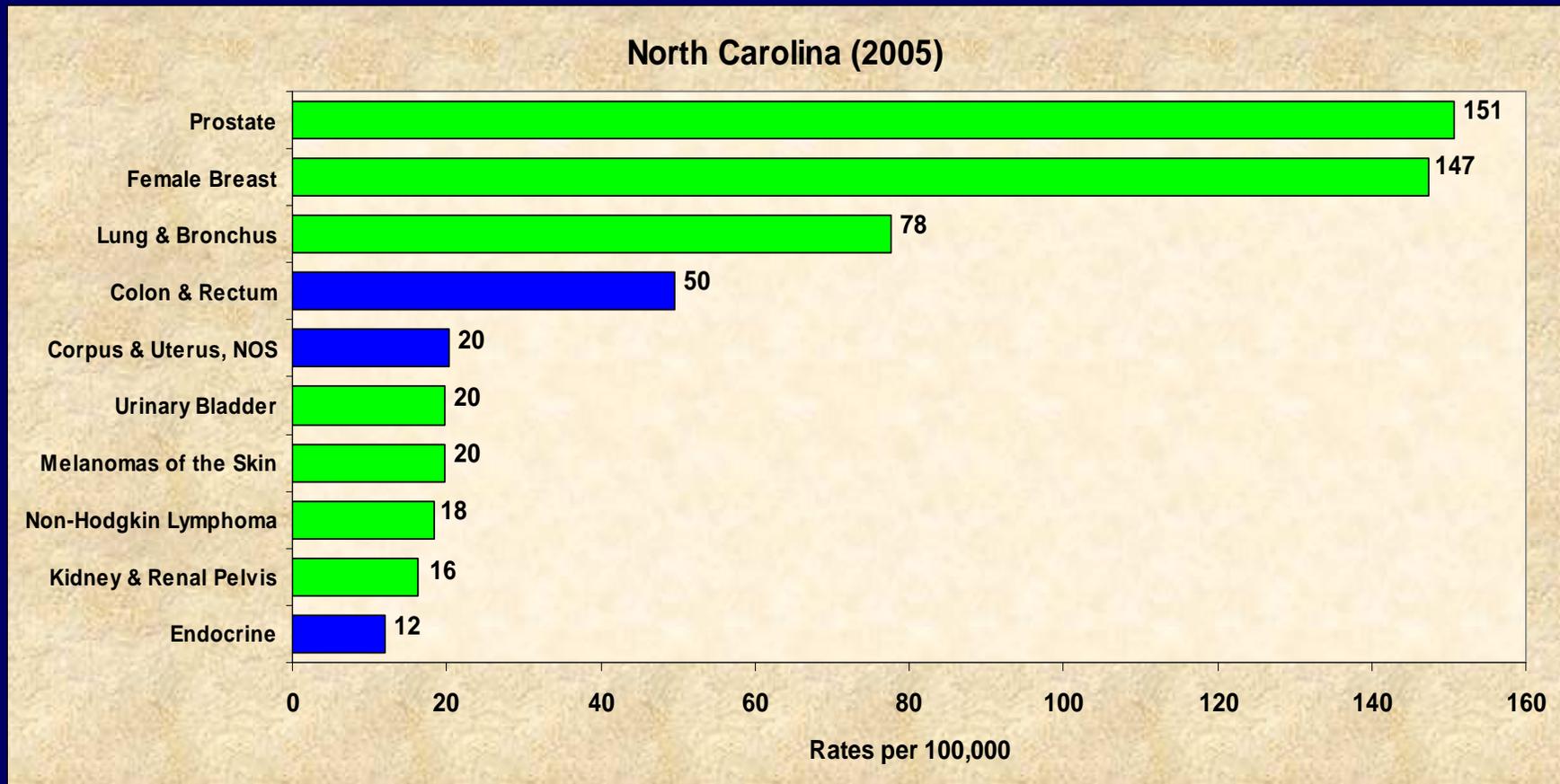
Karen Knight, Director
NC Central Cancer Registry



Functions of a Cancer Registry

- Monitor cancer burden
- Identify variation in incidence
- Respond to public inquiries
- Provide data for research
- Evaluate prevention/control activities
- Provide guidance for resource allocation
- Improve future health planning

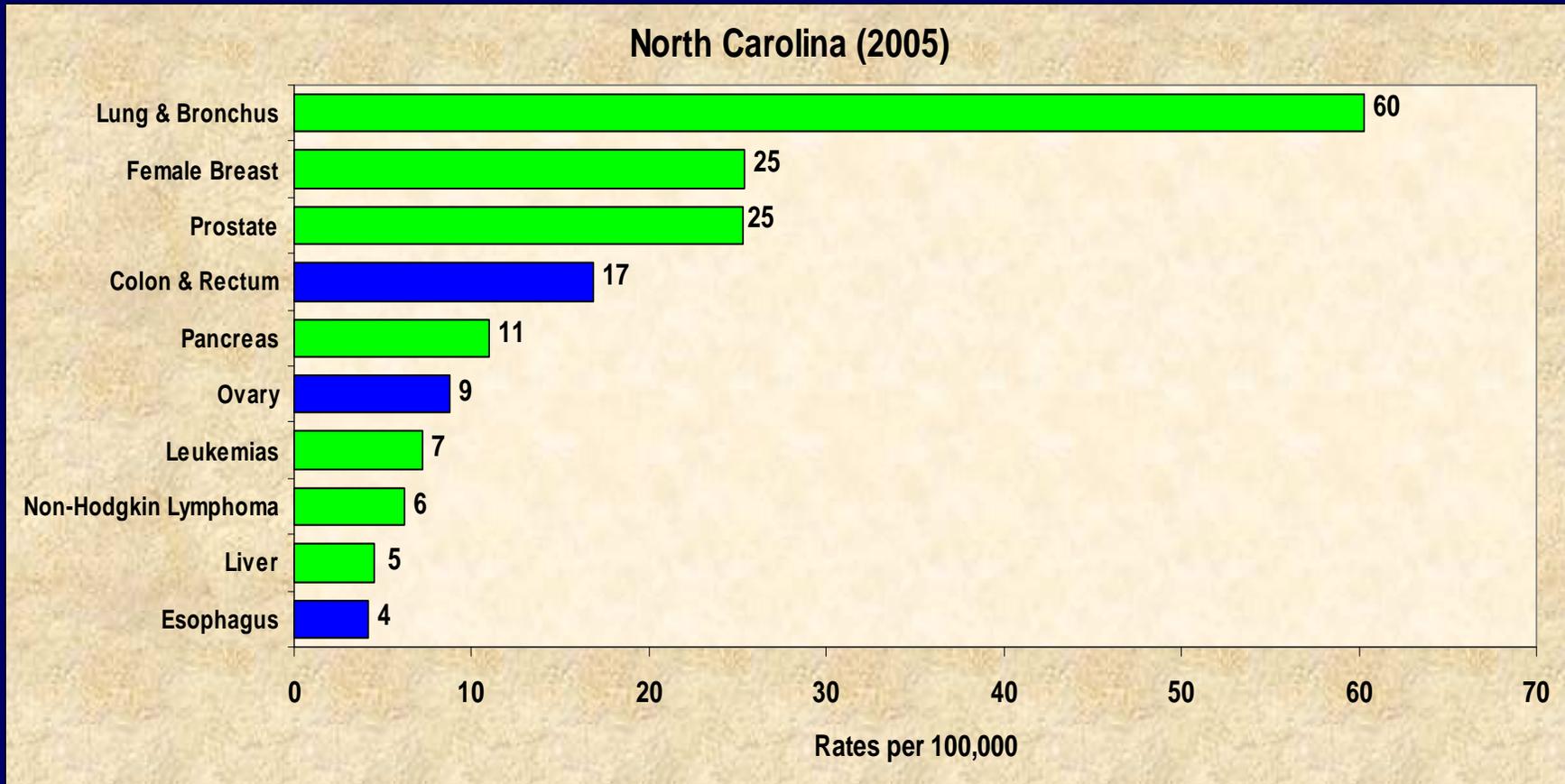
Top Ten Cancer Incidence Rates*



* Source: N.C. Central Cancer Registry

* Rates are age-adjusted to the 2000 U.S. Census Population

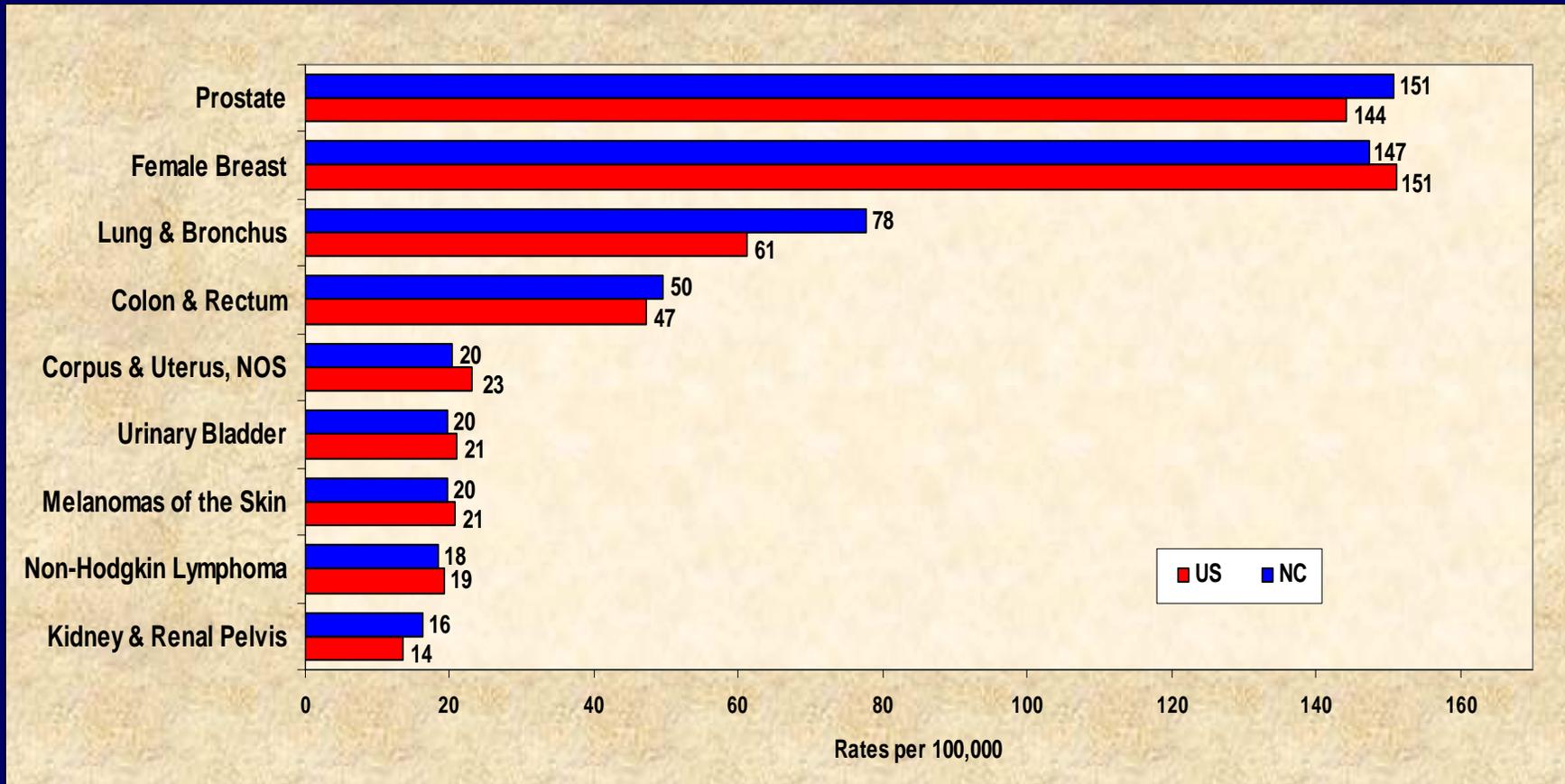
Top Ten Cancer Mortality Rates*



* Source: N.C. Central Cancer Registry

* Rates are age-adjusted to the 2000 U.S. Census Population

N.C. vs. U.S. Rates* (2005)



* Source: N.C. Central Cancer Registry and National Cancer Institute's SEER/Stat

* Rates are age-adjusted to the 2000 U.S. Census Population

Data Uses

- Public Health
 - Cancer Control Plan
 - Service Delivery
 - Public Education and Advocacy
 - Resource Allocation
 - Evaluation
- Research

North Carolina's State Cancer Plan

The Cancer Plan is a collaboration of NC's Comprehensive Cancer Program, and the State's Advisory Committee on Cancer Coordination and Control

<http://www.nccanceradvisory.com/cancerplan.shtml>

- Recommendations include
 - Increase knowledge base, and develop recommendations
 - Increase public awareness
- Both require complete and high quality cancer incidence data

Cancer Incidence Data: Foundational to Research and Policy Recommendations

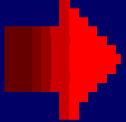
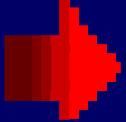
- Cohort studies best source of information
- Linkages of cancer incidence with cohorts/exposure data to better understand cause and effect
- Requires complete incidence reporting to be accurate
- Point in time correlational studies for community education

Examples:

Using Data to Increase Knowledge Base

- ❖ Agricultural Health Study – study of Iowa and NC farmers, **linking** risks such as pesticides and health outcomes, including cancer.
- ❖ **Linkage** with World Trade Center registry for outcomes of 9/11
- ❖ **Maps** of cancer by legislative districts for policy development

Gaps and Recommendations

- Urology office reporting  Improve electronic reporting by urologists/ path labs
- Time delay in geocoding  Increase spatial analysis resources

Recommendations and Costs

Recommendation	First year cost	Recurring annual cost
Electronic reporting		
<ul style="list-style-type: none"> ■ Urology practice pilot ■ Auto-code software ■ Abstracting follow up ■ IT staff - system maintenance 	\$70,000 \$36,311 \$58,769 \$0	\$0 \$36,311 \$58,769 \$78,823
Spatial Analyst	\$78,823	\$78,823
Total	\$243,903	\$252,726

Acknowledgements

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The content of this presentation is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.

CCR statistical staff for their analysis.