# Cancer Surveillance in Georgia

Ethylene Oxide Public Meeting – Cobb/Cherie L. Drenzek, DVM, MS/State Epidemiologist & Chief Science Officer / Aug. 19, 2019

Public Health in Georgia
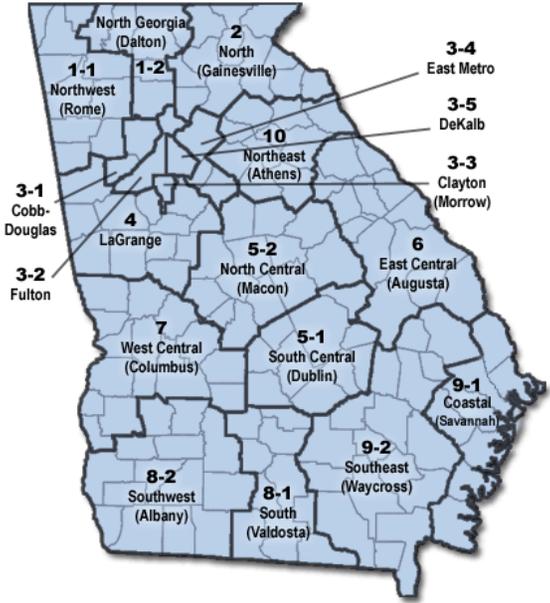
- 1 State Health Department

- 18 District Health Departments

- 159 County Health Departments

What does Public Health Do?

Monitors and protects the health of communities
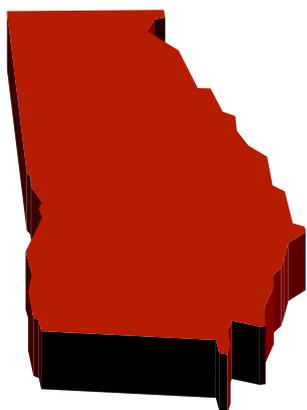
1. **<u>Disease surveillance:</u>** the systematic collection, analysis, and interpretation of health data to gain knowledge about the patterns of disease occurrence in a population

2. **<u>Investigation</u>** (Laboratory, Environmental Health, Epidemiology)

3. **<u>Information for Action</u>**: Control/mitigation/prevention measures

Cancer Surveillance in Georgia

NOTIFIABLE DISEASE/ CONDITION REPORTING
All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

https://dph.georgia.gov/notifiable-diseases

- Cancer is a **notifiable** condition in Georgia

- By law (O.C.G.A § 31-12-2a), all healthcare providers in Georgia are <u>required</u> to report all cancer diagnoses to the Georgia DPH.

- Cancer reports are received from:

  - Hospitals
  - Outpatient surgical facilities
  - Laboratories
  - Radiation therapy facilities
  - Medical oncology facilities
  - Physicians and Physician's Offices

How are Cancer Reports Collected and Maintained?

- **Georgia Comprehensive Cancer Registry (GCCR)**
- Statewide population-based cancer registry
- Established in Georgia on January 1, 1995
- Collects information about all cancer cases diagnosed among Georgia residents over time, from first diagnosis through first course of treatment.
- Facilities report cases electronically into the GCCR, with extensive follow-up data collection, editing, and review over time by cancer registrars and DPH staff.
- Reporting agreements are maintained with other states to capture cases among Georgia residents diagnosed/treated out of state.
- Data are not "real-time"; most recent complete data are for 2016

Georgia Comprehensive Cancer Registry

- Is part of the CDC's <u>National Program for Cancer Registries (NPCR)</u>
  - Established in 1992 through the Federal Cancer Registry Amendment Act
  - Currently, CDC supports a network of 50 state cancer registries
  - State cancer registries submit deidentified cancer data to CDC once/year; these national data are published in the <u>United States Cancer Statistics.</u>
- GCCR also partners with Emory University's Georgia Center for Cancer Statistics (GCCS) as part of the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute.

Cancer Registry Data Quality

- CDC has established national standards to ensure the completeness, timeliness, and quality of cancer registry data.
- Standards are evaluated by the North American Association of Central Cancer Registries (NAACCR)—they annually review state registries' ability to produce complete, accurate, and timely data (reviewed at 12 months and 23 months after diagnosis year).
- Registries that meet the highest standards receive NAACCR certification (Gold, Silver, Bronze levels).

Are Georgia Cancer Surveillance Data Accurate?
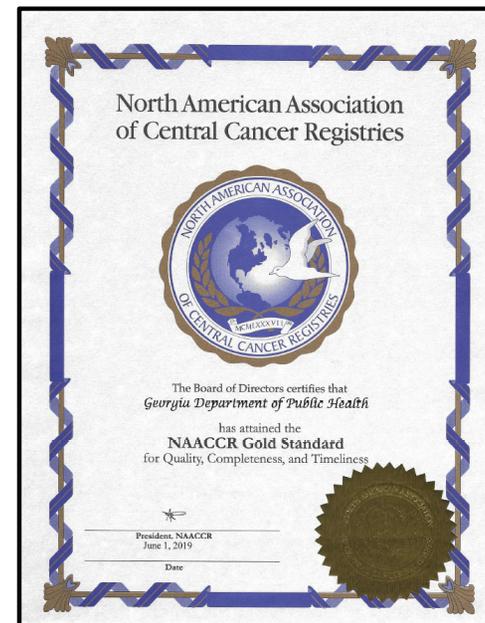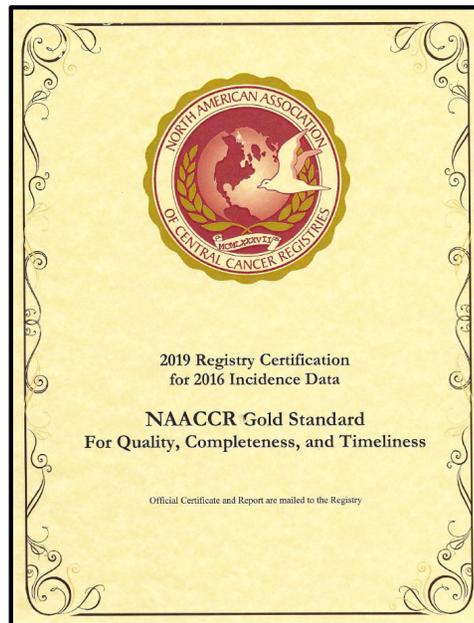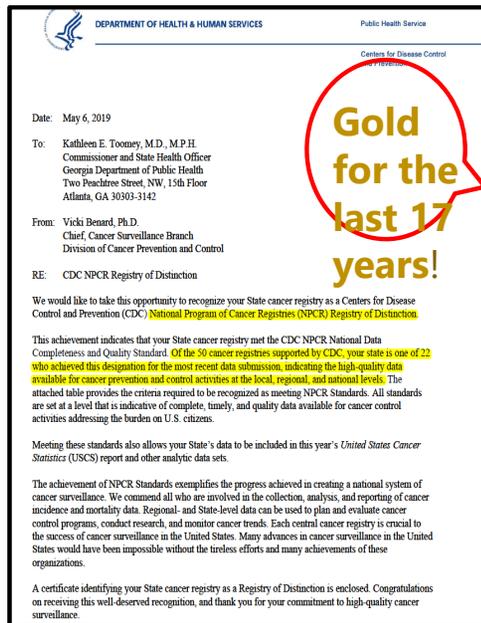
What is done with the data collected in the Registry?

- Calculate cancer incidence rates for the state of Georgia
- Provide cancer incidence and mortality data to cancer control programs to assist them in developing strategies and evaluating their effectiveness
- Make data available to the public, policymakers, researchers, and healthcare professionals
- Stimulate cancer control research
- Identify cancer patterns in various populations and/or identify high-risk groups (perhaps in response to an inquiry)

Current Cancer Data Inquiry

- **Is there evidence of increased cancer incidence in the area(s) surrounding the facility of concern?**

- Systematic analytic **process**

- 1st define area(s) of concern, define timeframe of interest, calculate incidence rates for all cancers and cancers of concern, compare to other areas (like the county or state as a whole), etc.

- Preliminary analysis of cancer incidence in the zipcode areas near the facilities did <u>not</u> show increased rates of cancer overall, nor for any of the cancers known to be associated with ethylene oxide.

- But this is just the first step...zipcode areas are large and may not accurately reflect the area of risk.

Next Steps

- We need to calculate the cancer incidence in **small geographic areas of risk** (census tracts and/or within 1 mile) surrounding the facility
- Different methodology; used in Illinois and Colorado studies (similar facilities)
- ATSDR support
- Analysis work beginning

More Information

- Georgia Department of Public Health
- http://dph.Georgia.gov/Georgia-comprehensive-cancer-registry