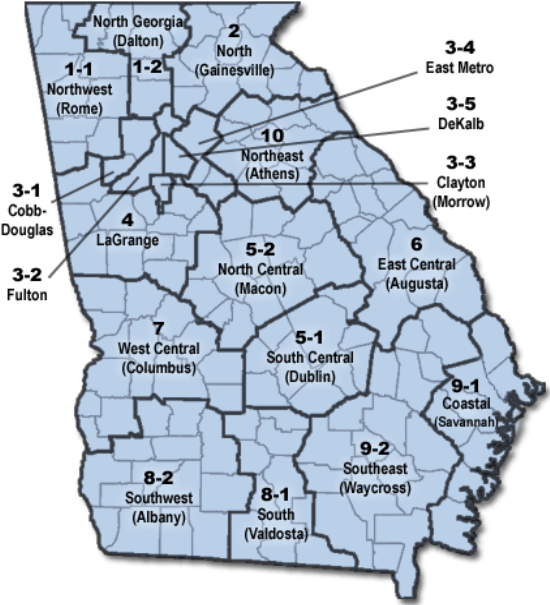


Cancer Surveillance in Georgia

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

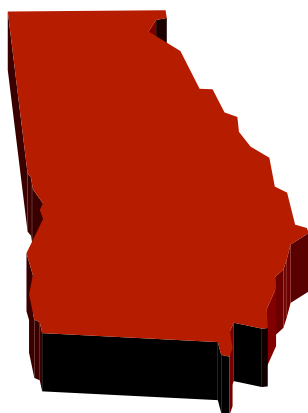
Public Health in Georgia



- 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. **Disease surveillance**: the systematic collection, analysis, and interpretation of health data to gain knowledge about the patterns of disease occurrence in a population
2. **Investigation** (Laboratory, Environmental Health, Epidemiology)
3. **Information for Action**: Control/mitigation/prevention measures

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 National Program for Cancer Registries (NPCR)
 - 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 [United States Cancer Statistics](#).
- 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?

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention

Date: May 6, 2019

To: Kathleen E. Toomey, M.D., M.P.H.
Commissioner and State Health Officer
Georgia Department of Public Health
Two Peachtree Street, NW, 15th Floor
Atlanta, GA 30303-3142

From: Vicki Benard, Ph.D.
Chief, Cancer Surveillance Branch
Division of Cancer Prevention and Control

RE: CDC NPCR Registry of Distinction

We would like to take this opportunity to recognize your State cancer registry as a Centers for Disease Control and Prevention (CDC) **National Program of Cancer Registries (NPCR) Registry of Distinction**.

This achievement indicates that your State cancer registry met the CDC NPCR National Data Completeness and Quality Standard. **Of the 50 cancer registries supported by CDC, your state is one of 22 who achieved this designation for the most recent data submission, indicating the high-quality data available for cancer prevention and control activities at the local, regional, and national levels.** The attached table provides the criteria required to be recognized as meeting NPCR Standards. All standards are set at a level that is indicative of complete, timely, and quality data available for cancer control activities addressing the burden on U.S. citizens.

Meeting these standards also allows your State's data to be included in this year's *United States Cancer Statistics* (USCS) report and other analytic data sets.

The achievement of NPCR Standards exemplifies the progress achieved in creating a national system of cancer surveillance. We commend all who are involved in the collection, analysis, and reporting of cancer incidence and mortality data. Regional- and State-level data can be used to plan and evaluate cancer control programs, conduct research, and monitor cancer trends. Each central cancer registry is crucial to the success of cancer surveillance in the United States. Many advances in cancer surveillance in the United States would have been impossible without the tireless efforts and many achievements of these organizations.

A certificate identifying your State cancer registry as a Registry of Distinction is enclosed. Congratulations on receiving this well-deserved recognition, and thank you for your commitment to high-quality cancer surveillance.

Gold for the last 17 years!

NORTH AMERICAN ASSOCIATION
OF CENTRAL CANCER REGISTRIES

2019 Registry Certification
for 2016 Incidence Data

NAACCR Gold Standard
For Quality, Completeness, and Timeliness

Official Certificate and Report are mailed to the Registry

North American Association
of Central Cancer Registries

The Board of Directors certifies that
Georgia Department of Public Health
has attained the
NAACCR Gold Standard
for Quality, Completeness, and Timeliness

President, NAACCR
June 1, 2019

Date

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 not 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>