

**Building State-based Infrastructure for
Data Driven, Evidence Based
Cancer Control
in the United States**

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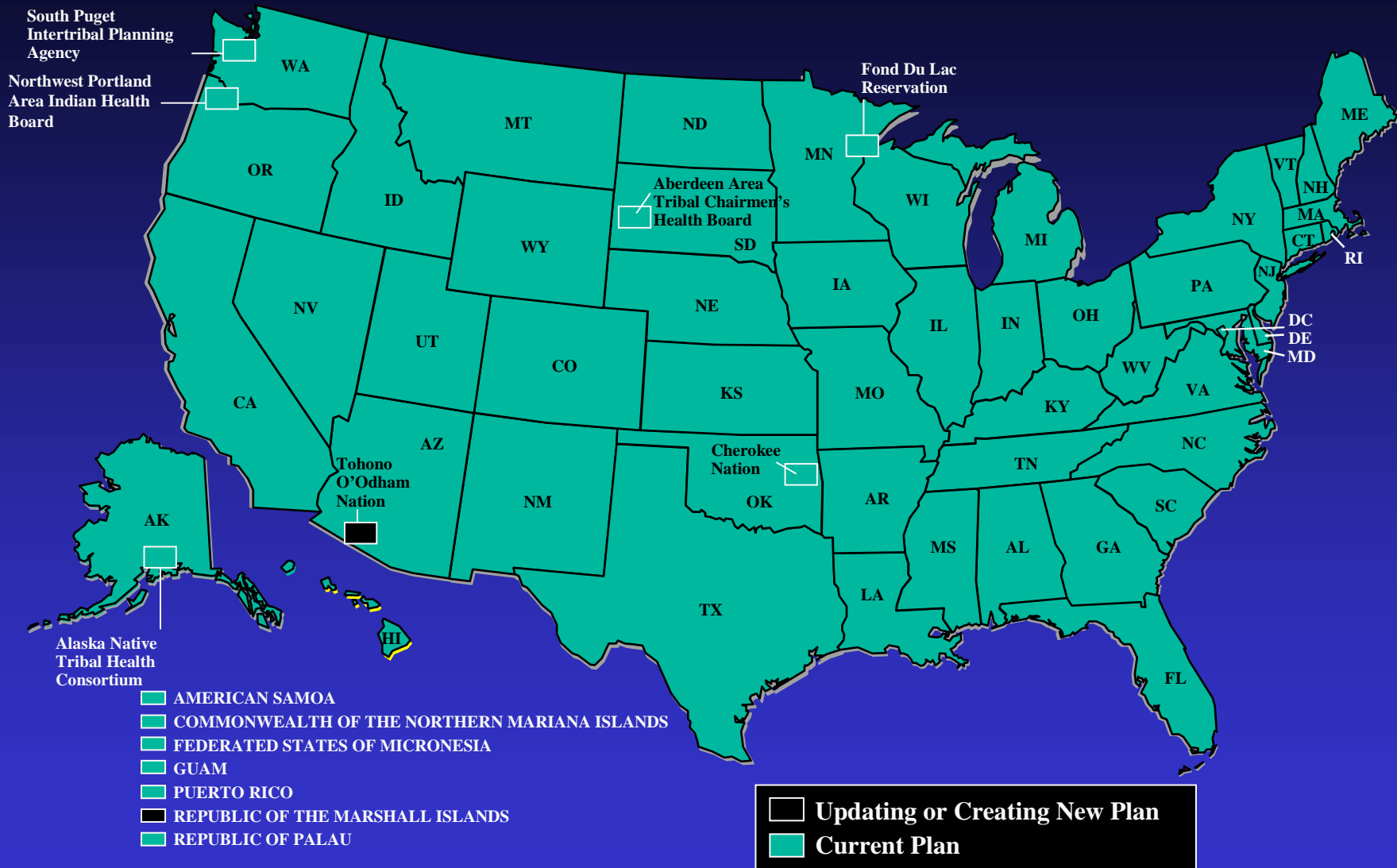
Division of Cancer Prevention and Control



Collaborating to Conquer Cancer

Comprehensive cancer control is a collaborative process through which a community and its partners pool resources to reduce the burden of cancer.

2008 National Comprehensive Cancer Control Program Status of Cancer Plans



National Comprehensive Cancer Control Program
 Division of Cancer Prevention and Control
 National Center for Chronic Disease Prevention and Health Promotion
 Coordinating Center for Health Promotion



Institute of Medicine (IOM) Reports

“ We all want to believe that when people get cancer, they will receive medical care of the highest quality. Even as new scientific breakthroughs are announced, though, many cancer patients may be getting the wrong care, too little care, or too much care, in the form of unnecessary procedures.”

(IOM 1999)

“[CDC]...has great potential to facilitate national, population-based assessments of the quality of cancer care ...”

(IOM 2000)



**“... to facilitate the population-based assessments
of the quality of cancer care ...”**

DCPC is funding and collaborating with state population-based cancer registries to conduct patterns of cancer care (POC) studies.

The first POC studies were conducted in conjunction with the CONCORD study.

Reducing the Cancer Burden

Data Driven

**Describe the
burden
(surveillance)**

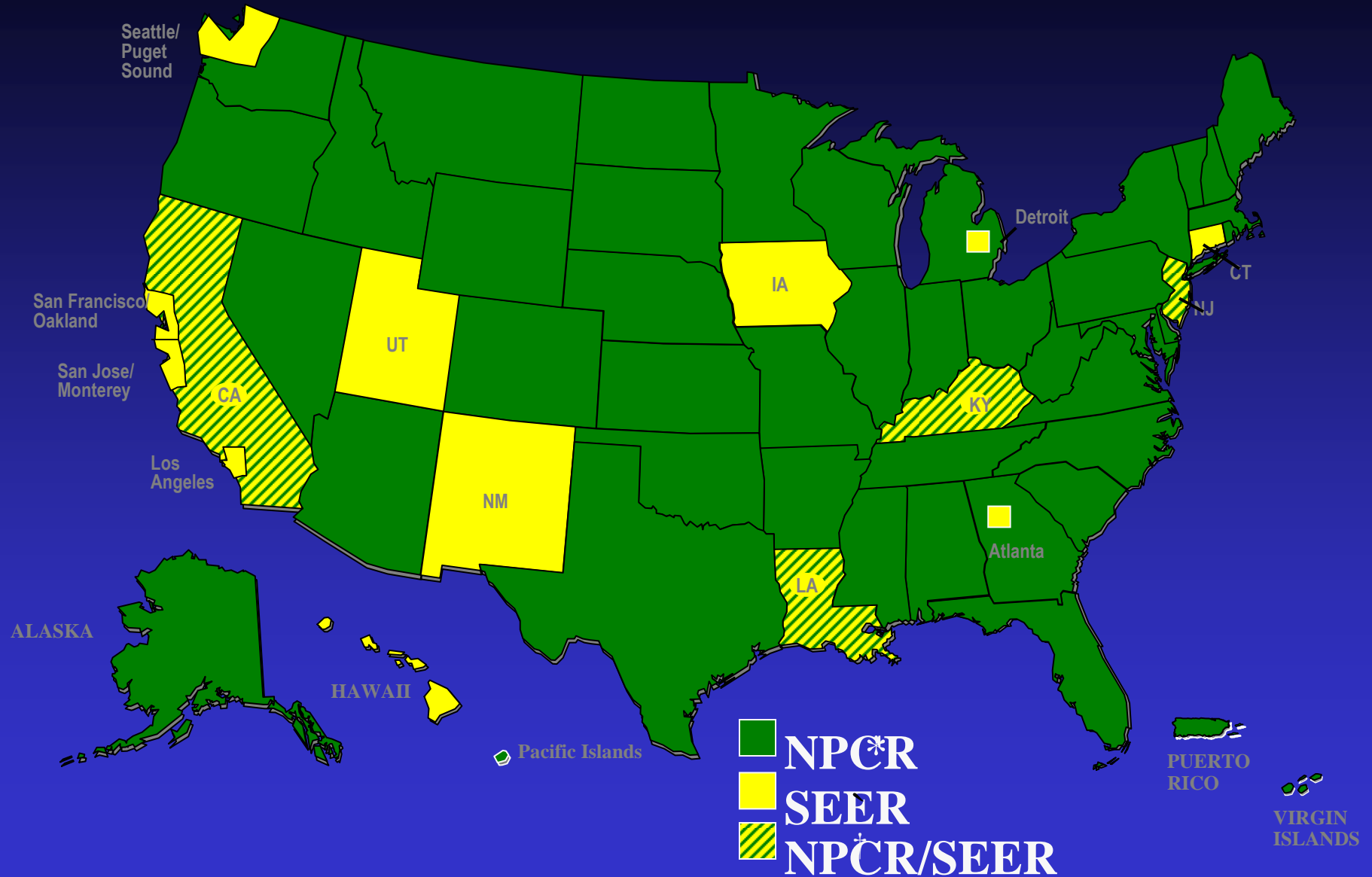
Understand
reasons for
disparities

*Coordination &
Resource-based*

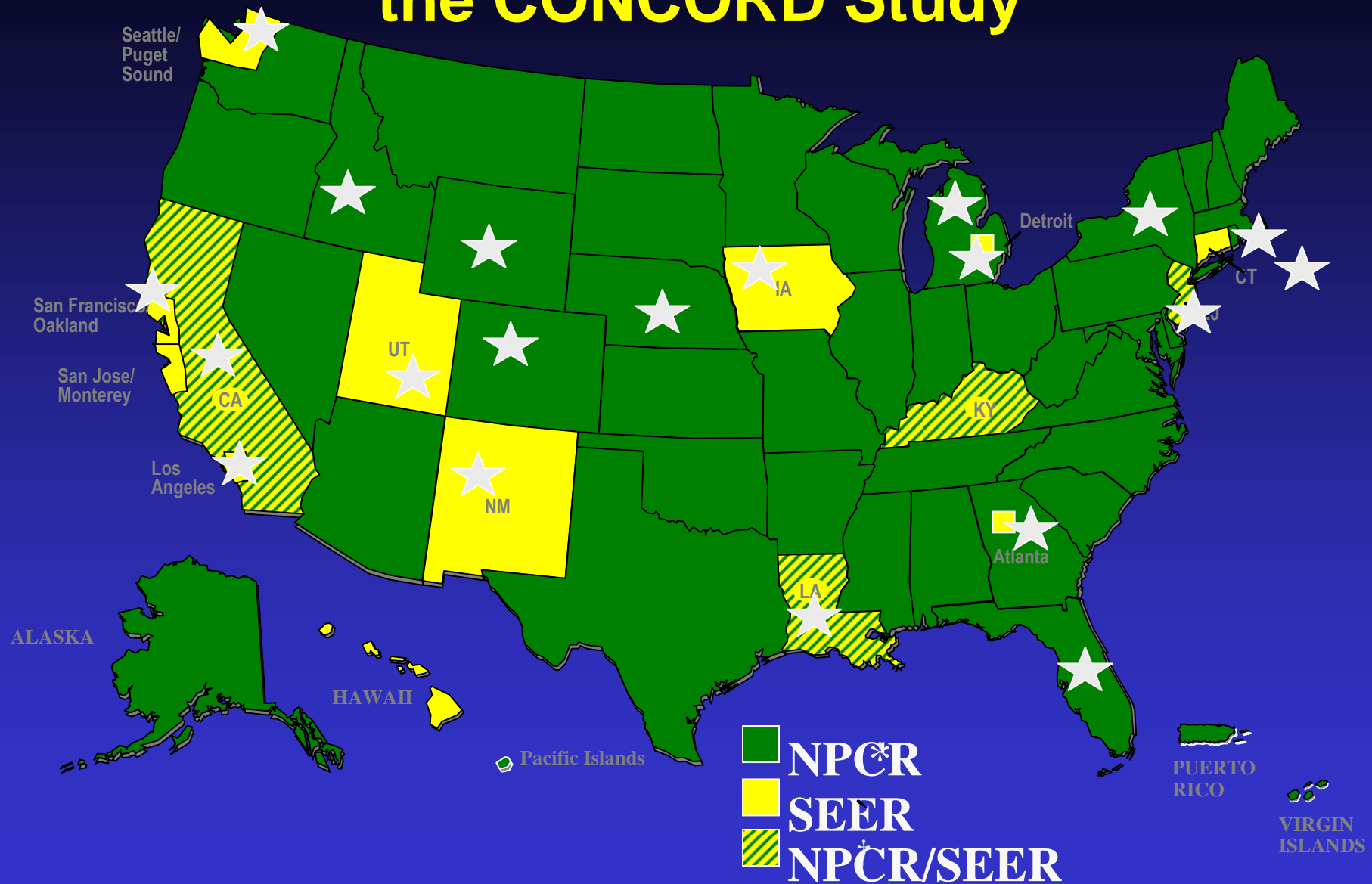
Evidence-based

Implement public health strategies to
reduce disparities

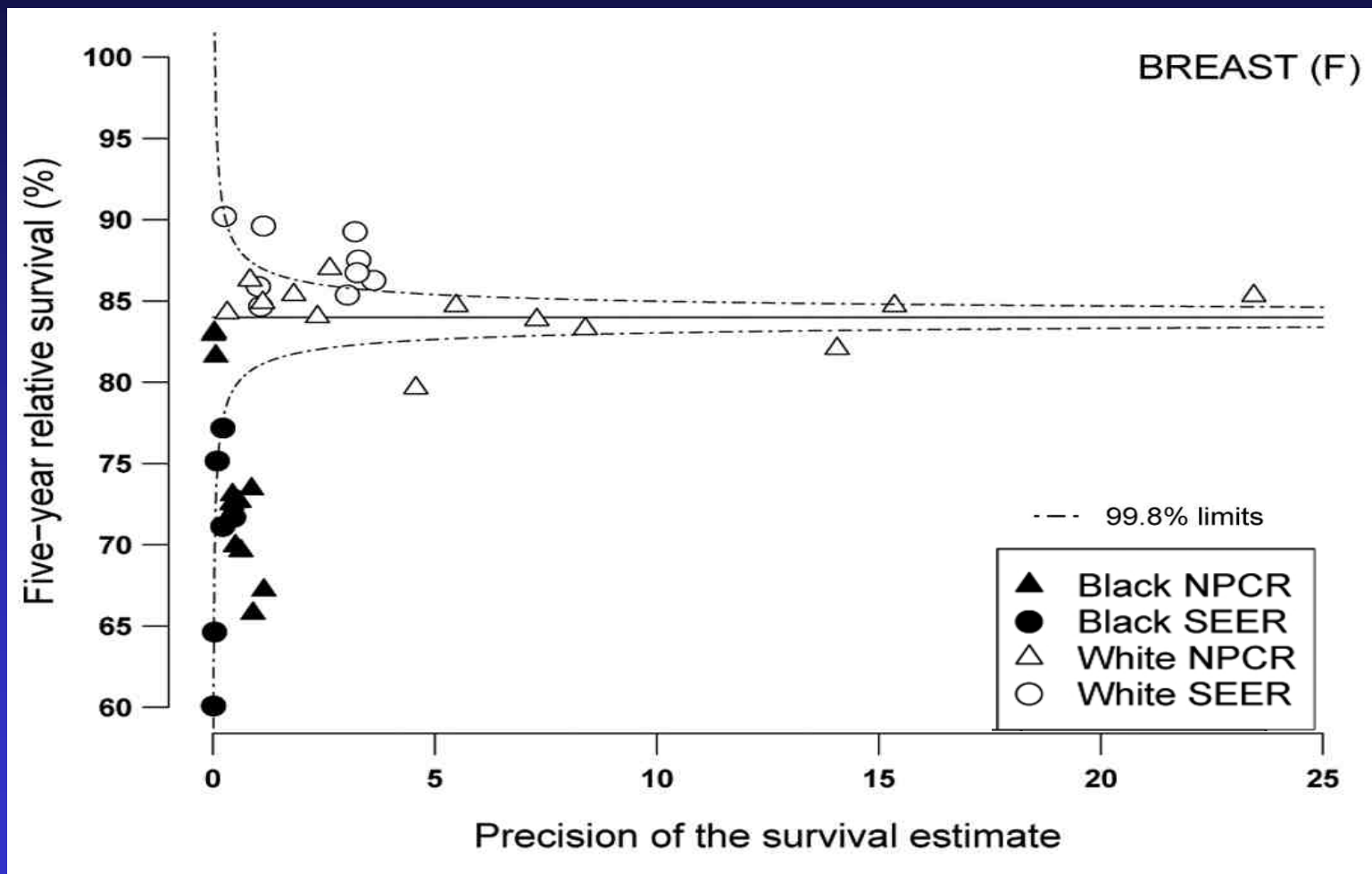
Federally Funded Cancer Registries



Cancer Registries Participating in the CONCORD Study



Five-year relative survival (%), breast (F) USA, 1990-99, by race and program area



Reducing the Cancer Burden

Data Driven

Describe the burden

Understand reasons for disparities (research)

Evidence-based

Coordination & Resource-based



Implement public health strategies to reduce disparities

Breast, Colon, and Prostate Cancer Data Quality and Treatment Patterns of Care Studies

- ◆ Objective: to assess the quality of cancer data and to determine factors associated with the receipt of guideline concordant treatment
- ◆ 1st Primary invasive cancer - patients 18+ years
 - Localized breast cancer
 - Stage III colon cancer
 - Localized prostate cancer
- ◆ Diagnosed 1997, followed through 2002
- ◆ Participating PBCRs: CA, CO, IL, LA, NY, RI, SC

Breast, Colon, and Prostate Cancer Data Quality and Treatment Patterns of Care Studies

- ◆ Breast Cancer (N=2,362) :
 - Compared to white women, black women were
 - more likely to undergo a mastectomy
 - less likely to receive radiation therapy following breast conserving surgery
 - less likely to receive guideline concordant hormonal therapy
 - more like to receive chemotherapy
 - Tumors diagnosed in black women tended to be larger, hormone receptor negative and higher grade
 - Black women had more co-morbidities
 - Conclusions: after adjusting for adverse tumor biology and co-morbidities, racial differences in treatment contributed to lower survival among black women compared to white women

(Wu et al., 2008)

Reducing the Cancer Burden

Data Driven

Describe the burden

Understand reasons for disparities

Resource-based

Evidence-based



Implement public health strategies to reduce disparities

DCPC Programs, Initiatives, and Campaigns

DCPC Programs, Initiatives, and Campaigns

National Breast and Cervical Cancer Early Detection Program



Skin Cancer



Get the Facts About Gynecologic Cancer



References Related to the POC studies

- ◆ Byers TE, Wolf HJ, Bauer KR, Bolick-Aldrich S, Chen VW, Finch JL, Fulton JP, Schymura MJ, Shen T, Van Heest S, Yin X; for the Patterns of Care Study Group. *Cancer* 2008;113(3):582–591.
- ◆ Wu X, Richardson LC, Khan A, Fulton JP, Cress RD, Shen T, Wolf HJ, Bolick-Aldrich S, Chen VW. *Journal of the National Medical Association* 2008;100(5):490–498.
- ◆ German RR, Wike JM, Wolf HJ, Schymura MJ, Roshala W, Shen T, Schmidt B, Stuckart E. Quality of cancer registry data: findings from CDC–NPCR's Breast, Colon, and Prostate Cancer Data Quality and Patterns of Care study. *Journal of Registry Management* 2008;35(2):67–74.
- ◆ Alley LG, Fulton JP, Wike JM, Kahn AR, Roshala W, Chen VW, Rycroft RK, Bolick-Aldrich S, German R, Snodgrass J. Studying patterns of care: an evaluation of a project using CDC–NPCR data. *Journal of Registry Management* 2008;35(1):27–33.
- ◆ Alley LG, Chen VW, Wike JM, Schymura MJ, Rycroft RK, Shen T, Bolick-Aldrich S, Roshala W, Fulton JP. CDC–NPCR's Breast, Colon, and Prostate Cancer Data Quality and Patterns of Care study: overview and methodology. *Journal of Registry Management* 2007;34(4):148–157.
- ◆ McDavid K, Schymura MJ, Armstrong L, Santilli L, Schmidt B, Byers T, Steele CB, O'Connor L, Schlag NC, Roshala W, Darcy D, Matanoski G, Shen T, Bolick-Aldrich S. *Cancer Causes and Control* 2004;15(10):1057–1066.
- ◆ *Results from colon and prostate analyses are in press*

**For more information on the
CDC DCPC studies**

<http://www.cdc.gov/cancer>

Disclaimer

The findings and conclusions in this presentation are those of the presenter, and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

