



Cancer Facts

The American Cancer Society estimates that 61,310 new cancer cases will be diagnosed in Ohio in 2006. Of these, 24,740 are predicted to result in death.

One in two males and one in three females – about 40 percent of the population – are estimated to develop cancer in their lifetime.

The four most commonly diagnosed cancers in Ohio are lung, breast, prostate and colon cancers.

What are cancer registrars?

Cancer registrars are data management experts who report cancer statistics for various healthcare agencies. In addition to abstracting data from medical records for inclusion in cancer registries, registrars work closely with clinicians and cancer program administrators to provide support for cancer program development and ensure compliance with reporting standards. Traditionally, cancer registrars were trained on the job. Today, formal education programs at colleges around the country teach cancer data management. In Northeast Ohio, Cuyahoga Community College offers a program in medical record coding that provides a foundation for cancer registrars. Cancer registrars can become certified through the National Cancer Registrars Association.

Cancer registrars are facing many of the same challenges as those employed in other healthcare professions. Population trends suggest there will be an increased need for cancer registrars and yet at the same time, there are fewer people entering the profession than retiring, resulting in an insufficient workforce.

What cancer registries are used in Ohio?

Cancer registries house demographic information on cancer patients, as well as information about diagnosis, treatment and outcomes. There are two primary registries that collect information on Ohioans.

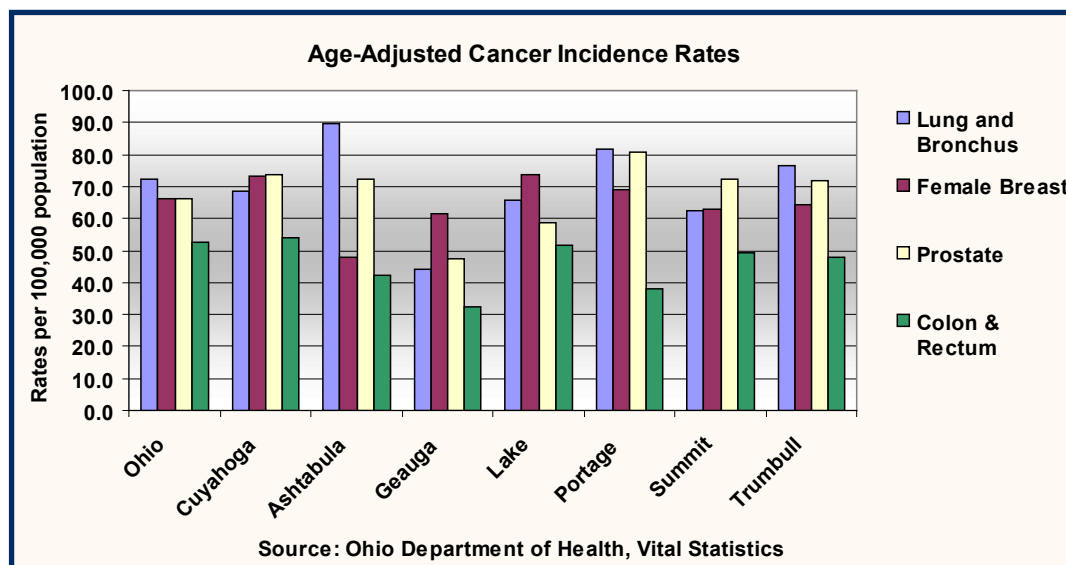
OCISS

Since 1992, the Ohio Cancer Incidence Surveillance System (OCISS), located at the Ohio Department of Health, has been collecting and analyzing cancer incidence data for all Ohio residents. OCISS is funded through Centers for Disease Control and Prevention under the National Program of Cancer Registries. All Ohio providers of medical care are charged by law with reporting to OCISS all cancers diagnosed and/or treated in Ohio. These data are widely used by public health professionals, medical researchers and others to promote many cancer prevention and control activities in Ohio and to support important medical research.

NCDB

The National Cancer Data Base (NCDB) was established in 1989 by the American College of Surgeons and the American Cancer Society to serve as a comprehensive clinical surveillance resource for cancer care in the United States. Data on all types of cancer are collected and submitted to the NCDB based on standards set by the

American College of Surgeons Commission on Cancer (CoC) and the North American Association of Central Cancer Registries (NAACCR). Participation in the database is required for cancer programs seeking approval by the CoC. CoC-approved facilities treat approximately 80 percent of cancer patients.





How are cancer registries used?

Cancer registries serve a variety of research, epidemiological and public health purposes. Some uses include:

- Educational institutions across Ohio use state registry data to support research initiatives on topics such as health disparities and treatment outcomes. For example, researchers at Case Western Reserve University used OCISS data to support research into the effects of race, income, education and geographical distribution on the stage at which breast and cervical cancers are diagnosed.
- The Ohio Department of Health uses cancer data to evaluate and provide recommendations to address concerns regarding elevated cancer rates in geographic areas. For example, an assessment of OCISS data revealed a significantly higher-than-expected number of brain and central nervous system cancers and leukemia among residents under age 18 in Avon Lake in Lorain County. OCISS data was also used to discover high uterine cancer incidence among residents of Newbury Township in Geauga County.
- Data is also used by healthcare providers to plan community outreach activities such as smoking cessation programs and education initiatives regarding the impact of diet and exercise on health, including cancer risk.

What more can the registries do?

In recent years, increasing emphasis has been placed on quality and outcomes measurement in healthcare. For example, the Centers for Medicare and Medicaid Services (CMS) initiated in 2005 and renewed for 2006 a demonstration project aimed at improving quality of care for cancer patients. Under the project, physicians would qualify for additional payments if they reported specific information to CMS. This is an example of a project that could be incorporated into existing registries, using existing protocols for collecting data, and enriching the information already contained in the registries, rather than creating a new reporting system as was done with this project.

What can Congress do?

- Support funding for bolstering the workforce by passing H.R. 215 / S. 473 and appropriating the funds to support the legislation. H.R. 215, the Allied Health Professions Reinvestment Act, would assist more people in entering allied health professions, including cancer registry, by authorizing \$28 million per year through 2009 to support their education and training.
- Ensure adequate funding for cancer registries and research. Initial budget proposals included cuts in funding for 2007, but two amendments passed by the Senate in March (S.AMDT. 3048 and S.AMDT. 3067) would restore health and education funding and increase the budgets for the National Cancer Institute and several programs within the Centers for Disease Control and Prevention. Adequate funding under the current federal budget is essential to ensuring a robust and effective network of state cancer registries.
- Urge the Centers for Medicare and Medicaid Services to use registries when engaging in quality initiatives. The existing registries are a valuable resource that can be made even more useful through usage by CMS.