

# Surveillance Research Program Bulletin

Web sites: [surveillance.cancer.gov](http://surveillance.cancer.gov); [seer.cancer.gov](http://seer.cancer.gov)

## Mission Statement

The Surveillance Research Program (SRP) directs the collection and analysis of pertinent data in order to answer key questions about cancer incidence, morbidity, mortality, and cancer-related health status in diverse regions and populations in the United States. As part of the SRP mission, the Cancer Statistics Branch (CSB) manages the Surveillance, Epidemiology, and End Results (SEER) Program, an integrated, comprehensive, multiple population-based cancer registry system authorized by the National Cancer Act of 1971.

SRP also provides leadership, through its Statistical Research and Applications Branch (SRAB), in developing statistical methodologies appropriate for analyzing trends and for evaluating the impact of cancer control interventions as well as geographic, social, behavioral, genetic, and health care delivery factors on the cancer burden.

An authoritative source of information on cancer incidence and survival, SEER currently collects and publishes data covering approximately 26 percent of the U.S. population. Established in 1973, the SEER Program provides the greatest longevity and highest level of standardization for population-based cancer information in the United States.

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## Highlights



### SEER\*Stat Training Offered for the First Time at Society for Epidemiologic Research (SER) Meeting

A team from the Surveillance Research Program (SRP)/Cancer Statistics Branch (CSB) and Information Management Systems, Inc. (IMS), conducted a premeeting workshop on analyzing Surveillance, Epidemiology, and End Results (SEER) cancer data with SEER\*Stat software at the 40th Annual Meeting of the SER, June 19–22, 2007, in Boston, MA. SEER\*Stat training team members included Barry Miller (CSB), Marie-Joséphine Horner (CSB), Don Green (IMS), Marty Krapcho (IMS), and Steve Scoppa (IMS). The all-day workshop was the first to offer SEER\*Stat training to an audience beyond the cancer registry community. More than 20 participants, including experienced epidemiologists, graduate students, physicians, and professors, attended. New to SEER\*Stat training was a session that emphasized SEER\*Stat's ability to use county-level attributes and allowed participants to examine variables related to socioeconomic status and their impact on cancer incidence.

Barry Miller, Dr.P.H., a CSB epidemiologist, stated, "A lot of the participants were not just getting training, but also evaluating what was in the [SEER\*Stat] software. We received interesting comments regarding the use of p-values versus confidence intervals in rates analyses."

For more information on upcoming SEER\*Stat workshops and training sessions, visit <http://seer.cancer.gov/>.



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## E-Path Software Discussed at 2007 NAACCR Conference

During the North American Association of Central Cancer Registries (NAACCR) Annual Meeting June 2–9, 2007, two sessions on electronic pathology (E-Path) were held. Carol Kosary, M.A., a CSB mathematical statistician presented an overview of the potential uses of electronic sources such as E-Path in cancer surveillance as used in SEER\*DMS and through the Hawaii Tumor Registry's interfacing of E-Path for managing its residual tissue repository specimens. "The sessions allowed us to discuss E-Path conceptually," commented Kosary, "and to analyze E-Path as a model for electronic reporting, as well as the next logical steps in moving beyond E-Path, such as future expansion to other electronic record types, including diagnostic imaging, hematology, medical, or surgical records."

Designed by the software engineering firm Artificial Intelligence in Medicine (AIM), E-Path provides a solution for the automated electronic submission of pathology reports, especially for rapid case ascertainment and case-finding by central cancer registries. Since 2004, NCI's SEER Program and AIM have been collaborating to install E-Path within all SEER registries. Currently, more than 100 installations are in various states of completion.

## NPCR and SEER Hold First Hematopoietic and



## Lymphoid Diseases Conference

The Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR) and NCI's SEER Program held a conference on current issues in hematopoietic and lymphoid diseases July 9–11, 2007, at the Atlanta Perimeter Center Marriott in Atlanta, GA. As a CDC/NCI joint effort, the 3-day conference was the first of its kind to bring together in one setting world-renowned hematopathologists, researchers, clinical oncologists, cancer registry experts, epidemiologists, informatics specialists, and public health administrators. SRP staff members in attendance included Peggy Adamo, R.H.I.T., C.T.R., Lois Dickie, C.T.R., Carol Johnson, C.T.R., Denise Lewis, Ph.D., M.P.H., and Lynn Ries, M.S.

In consideration of the new classification system of lymphoid neoplasms for epidemiologic research proposed by the International Lymphoma Epidemiology Consortium (InterLymph) and the forthcoming release of the 2008 World Health Organization (WHO) Classification of Tumors of Hematopoietic and Lymphoid Tissues, the goals for the conference were to: (1) understand the lymphatic and immune systems from a cancer surveillance standpoint; (2) understand and discuss current issues regarding the classification and reporting of lymphatic and hematopoietic diseases; and (3) begin developing a model to identify, capture, and code these diseases identified from any location at which they may be diagnosed and/or treated.

"The sessions helped identify areas in need of additional attention and resources and provided opportunities to work together to address the needs of the community," stated Steve Peace, C.T.R., Senior Study Director at Westat. "The hematopoietic and lymphoid diseases represent one of the most rapidly evolving areas in cancer research," continued Peace.

"The outcome of this meeting will be used to inform the activities of the SEER hematopoietics workgroup," stated Denise Lewis, an NCI epidemiologist. "There was good brainstorming and discussion on issues facing C.T.R.s in central and hospital registries. Physicians also were made aware of the issues and provided valuable input," commented Lois Dickie, public health analyst.

## Cancer Statistics Review

The SEER *Cancer Statistics Review* (CSR) is an annual report of the most recent cancer incidence, mortality, survival, prevalence, and lifetime risk statistics. Published by NCI's CSB, this year's report provides statistics from 1975–2004, the most recent year for which data are available. It includes information on more than 7 million cancer cases diagnosed between 1973 and the end of the 2004 diagnosis year. Through the CSR search function, users can extract and group pages to create customized PDF files. Links also are provided at <http://seer.cancer.gov> to access specific tables and graphs in the CSR.

Ries LAG, Melbert D, Krapcho M, Mariotto A, Miller BA, Feuer EJ, Clegg L, Horner MJ, Howlander N, Eisner MP, Reichman M, Edwards BK (eds). SEER Cancer Statistics Review, 1975–2004, National Cancer Institute. Bethesda, MD, [http://seer.cancer.gov/csr/1975\\_2004/](http://seer.cancer.gov/csr/1975_2004/).

## Updates to State Cancer Profiles Web Site

The State Cancer Profiles Web site, <http://statecancerprofiles.cancer.gov>, which provides dynamic views of cancer statistics used in prioritizing cancer control efforts, was updated in July 2007 to include the latest incidence, mortality, and risk-factor data. This update included new incidence data for diagnosis year 2003, provided by CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) from data originally submitted to NPCR in January 2006. Incidence data for diagnosis year 2004, submitted to NCI's SEER Program in November 2006, also was added. From CDC's National Vital Statistics System, new mortality data were provided to update death data through 2004. New 2005 and 2006 Behavioral Risk Factor Surveillance System (BRFSS) data were included as well.

## New Monographs

### *Assessment of Measures of Health Disparities Monograph*

This report provides an empirical analysis of the performance and suitability of potential measures used to monitor and measure progress toward eliminating health disparities in cancer-related health outcomes. It complements a previous monograph that evaluated measures of health disparity on theoretical grounds. This new monograph presents results from 22 separate analyses in 10 case studies of trends in selected cancer-related health disparities. Included are assessments of socioeconomic, race, ethnic, and geographic disparities in a selected range of cancer-related outcomes, such as



mortality, incidence, risk factors, and screening. The monograph examines the consistency of health-disparity measures across cancer-related outcomes and sheds light on the implications of choosing different disparity measures to analyze the same data for monitoring progress toward reducing health disparities.

Harper S, Lynch J. Selected Comparisons of Measures of Health Disparities Using Databases Containing Data Relevant to Healthy People 2010 Cancer-Related Goals. NCI Cancer Surveillance Monograph Series, Number 7. National Cancer Institute. NIH Pub. No. 07-6281. Bethesda, MD, 2007.

To be released in November 2007, at [www.seer.cancer.gov/publications](http://www.seer.cancer.gov/publications).

### *SEER Cancer Survival Monograph*

This monograph examines cancer patient survival as influenced by patient and tumor characteristics for cancers diagnosed during the period 1988–2001 in the SEER geographic areas covering approximately one-fourth of the U.S. population. Each chapter covers a distinct anatomical site and/or histologic types. The monograph presents descriptive analyses of cancer survival rates and provides detailed information to the medical community concerned with prognosis.



Available October 28, 2007, at [www.seer.cancer.gov/publications](http://www.seer.cancer.gov/publications).

## Funding Opportunities

### Cancer Control Grants

NCI's Division of Cancer Control and Population Sciences (DCCPS) currently funds a portfolio of more than 900 grants and contracts. A wide range of research is supported, including in surveillance, epidemiology, behavioral science, health promotion, dissemination and diffusion, and cancer survivorship. Future funding opportunities may be viewed at <http://cancercontrol.cancer.gov/funding.html>.

### Research Supplements to Promote Diversity in Health-Related Research

In an effort to promote diversity in the research community, funding is available for administrative supplements to NIH researchers who support and recruit fellow researchers from underrepresented racial and ethnic groups. For more information, visit [http://dccps.nci.nih.gov/funding\\_minority.html](http://dccps.nci.nih.gov/funding_minority.html).

## Employment Opportunities

NCI is inviting applications for several positions within SRP, DCCPS. Candidates for all positions must demonstrate a strong record of analytical and methodological research and scientific collaboration. U.S. citizenship or permanent residency is required for federal positions. The U.S. Department of Health and Human Services (HHS) and NIH are equal opportunity employers. Salary is commensurate with experience, and the positions are located in Rockville, MD, near Washington, DC. For each position, send a letter summarizing your experience and interests and a complete CV, including the names of three references, by electronic mail to the listed contact.

### Position in Spatial Statistics

SRP has an active program of research in the statistical analysis of spatial and temporal patterns of cancer, spatial data visualization, and Geographic Information Systems (GIS) (<http://gis.cancer.gov/>). Opportunities exist for collaboration and leadership in the areas of spatial statistics and geographically related analysis throughout NCI and with other NIH Institutes, other federal agencies, and the extramural research community.

*Requirements:* A Ph.D. in biostatistics or a related field and experience in spatial statistical methods applications and research, with an emphasis on model-based methods. Experience in one or more of the following areas also is desirable: disease-rate mapping, geovisualization, GIS, and cancer registry data analysis.

**Contact:** Eric J. (Rocky) Feuer, Ph.D., Chief, Statistical Research & Applications Branch, [rf41u@nih.gov](mailto:rf41u@nih.gov)

### Positions in Mathematical Statistics and Biostatistics

NCI has several positions available within the SEER Program. Each position includes responsibility for initiating and managing collaborative analyses with scientists from NCI and other Institutes, agencies, and academic centers. Current openings include Senior Mathematical Statistician (minimum 4 years' postdoctoral experience) and Biostatistician (minimum 2 years' postdoctoral experience).

**Contact:** Judith Swan, M.H.S., Surveillance Research Program, [js60y@nih.gov](mailto:js60y@nih.gov)

### Quantitative Epidemiologist/Social Scientist

SRP is inviting applications for a quantitative epidemiologist/social scientist with a focus on social correlates of cancer. The position focuses on utilization of novel measures of health disparities, examination of individual versus ecologic measures of socioeconomic status, and/or geospatial analysis.

*Requirements:* A graduate degree and several years' experience related to the study of health disparities.

**Contact:** Judith Swan, M.H.S., Surveillance Research Program, [js60y@nih.gov](mailto:js60y@nih.gov)

### Fellowship and Sabbatical Positions in Cancer Surveillance Research

SRP invites applications from qualified candidates in the area of cancer surveillance research. The positions range from summer-only to 1-year appointments. Successful candidates will come into contact with scientists and public health professionals representing a variety of research disciplines. Mechanisms include the Cancer Research Training Award (CRTA) and the Intergovernmental Personnel Act (IPA) sabbatical position.

**Contact:** Dr. Ram Tiwari, Statistical Research and Applications Branch, [tiwarir@mail.nih.gov](mailto:tiwarir@mail.nih.gov)

For further information on all positions, see:

<http://surveillance.cancer.gov/>

<http://seer.cancer.gov/>

<http://srab.cancer.gov/>

## Training Opportunities

### 2008 NCRA Annual Conference



The National Cancer Registrars Association (NCRA) will hold its 34th annual conference April 27–30, 2008, in Minneapolis, MN. For more information on this meeting, including on registering for the program and presenting posters, visit <http://www.ncra-usa.org/conference/>.



### 2008 NAACCR Annual Conference

The 2008 North American Association of Central Cancer Registries (NAACCR) Annual Conference will be held June 9–12, 2008, in Denver, CO, at the Grand

Hyatt Denver. Further information on the conference program and registration may be found on the NAACCR Web site at <http://www.naacr.org>.

### 2008 SER Annual Meeting

The 41st Annual Meeting of the Society for Epidemiologic Research (SER) is scheduled for June 24–27, 2008, in Chicago, IL. For further information, visit <http://www.epiresearch.org>.

### MP/H Coding Rules Online Breeze Web Casting

Registrars can find advanced training on the 2007 Multiple Primary and History (MP/H) Coding Rules covering breast,

colon, lung, and urinary cancer sites through the NCI SEER Program's new online training sessions, titled "Beyond the Basics." Problems registrars have encountered using the rules are clarified and addressed. The sessions, complete with transcripts, cases, answers and rationale, and continuing education certificates, are accessible through the SEER Web site at [http://www.seer.cancer.gov/tools/mphrules/training\\_advanced.html](http://www.seer.cancer.gov/tools/mphrules/training_advanced.html). For training on the basics of MP/H coding rules, registrars can continue to access online training sessions, titled "The Fundamentals," at [http://www.seer.cancer.gov/tools/mphrules/training\\_basics.html](http://www.seer.cancer.gov/tools/mphrules/training_basics.html), which covers head and neck, lung, colon, breast, urinary, melanoma, kidney, brain, and other cancer sites. Contact Antoinette Percy-Laurry at [percy@mail.nih.gov](mailto:percy@mail.nih.gov) with questions regarding this training.

### Principles of Oncology Training Program in Cancer Registry Operations and Procedures

A. Fritz and Associates is offering a 5-day training program in cancer registry operations and procedures entitled "Principles of Oncology," December 10–14, 2007, in Reno, NV. The course is endorsed by the NCRA and NAACCR and recommended by NCI's SEER Program. The registration fee for the program is \$949. For more information, including registration procedures and a daily class schedule, visit <http://www.afritz.org/pocr.htm>.

## SRP News

### CISNET Grantees Awarded Dissemination and Diffusion Supplement

In August 2007, two Cancer Intervention and Surveillance Modeling Network (CISNET) grantees were approved for funding under the Dissemination and Diffusion of Surveillance Research supplements. A supplement was awarded to Jeanne Mandelblatt, M.D., M.P.H., of Georgetown University, Washington, DC, for her existing CISNET grant, titled "The SPECTRUM of Breast Cancer Disparities." This supplement, which will be led by co-Principal Investigator Michael Stoto, Ph.D., also of Georgetown University, will support the dissemination of



Michael Stoto, Ph.D.

a simulation to determine the expected effects of changes in screening, risk factors, and treatment on predicted breast cancer mortality of women in the DC area.

The second supplement was awarded to David Levy, Ph.D., from the Pacific Institute for Research & Evaluation in Calverton, MD, for his current CISNET grant, titled "A Simulation of Tobacco Policy, Smoking, and Lung Cancer." This supplement will support the dissemination of SimSmoke, a dynamic computer

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simulation model to track changes in smoking behavior and mortality for policymakers and health advocates. The simulation model will assess the effect of tobacco control policies in reducing smoking-related morbidity and mortality in Kentucky.

This is the second year that DCCPS has supported supplements for the dissemination and diffusion of surveillance



David Levy, Ph.D.

information. DCCPS anticipates releasing a similar notice for applications in FY08, which will be circulated to SRP grantees and posted on the SRP and DCCPS Web sites. For more information, contact Emily Dowling at [dowlinge@mail.nih.gov](mailto:dowlinge@mail.nih.gov).

## SRP Staff News

### Kevin Dodd, Ph.D., Moves to DCP



Kevin Dodd, Ph.D.

Kevin Dodd, Ph.D., a Mathematical Statistician in SRAB since 1999, left SRP to join the Biometry Research Group of NCI's Division of Cancer Prevention (DCP). In his new position, Dr. Dodd will continue his work in the field of dietary assessment and measurement error. He also will serve as the DCP representative to the Nutrition and Behavior subcommittee, part of the

Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial (PLCO). Dr. Dodd received his Ph.D. from Iowa State University in 1999.

### Steve Meersman, Ph.D., Moves to Rhode Island Department of Health



Stephen C. Meersman, Ph.D.

In April 2007, Stephen C. Meersman, Ph.D., moved to a new position as the Provision of Care Program Manager at the Office of HIV/AIDS and Viral Hepatitis at the Rhode Island (RI) Department of Health. In this position, Dr. Meersman will oversee the RI AIDS Drug Assistance Program (ADAP), a pharmacy benefit program conducted in accordance with the

Ryan White CARE Act to help low-income, uninsured, and

underinsured HIV/AIDS-affected populations. Dr. Meersman also will coordinate Title II services and affiliated programs. This includes providing community-based and statewide HIV/AIDS support services.

Dr. Meersman worked at SRP for 2 years developing a research agenda to integrate surveillance data from the SEER Program and ecological databases to address social determinants of cancer health disparities. Serving as liaison between SRP and the wider NCI community, Dr. Meersman chaired both the Health Disparities Seminar Series and the DCCPS Health Disparities Interest Group.

## Awards

### Bill Davis, Ph.D., Receives SPAIG Award



William Davis, Ph.D. (right), with ASA President Mary Ellen Bock

William Davis, Ph.D., an SRAB mathematical statistician, was awarded the Statistical Partnerships among Academe, Industry and Government (SPAIG) award from the American Statistical Association (ASA), an NCI collaboration that includes the biostatistics departments of the University of Michigan and the University of Pennsylvania, CDC's National Center for Health Statistics and

the Behavioral Surveillance Branch of the National Center for Chronic Disease Prevention and Health Promotion, and Information Management Systems, Inc. (IMS). NCI began

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the project for which Dr. Davis received the award in response to the challenge of determining how information from multiple surveys can be combined to provide single, small-area estimates of cancer risk factors and cancer screening behavior. In addressing this challenge, Dr. Davis recognized the complementary strengths of moderate-size, in-person surveys with high response rates and large RDD surveys with moderate response rates. "We've been working with other academic and government researchers on this problem for 6 years now. It is gratifying to see our effort recognized through a national award from the most prominent U.S. statistical association. I'd like to take complete credit, but I've just been a good team player," stated Dr. Davis.

The award was presented July 31, 2007, in Salt Lake City, UT, at the Presidential Address Session during ASA's Annual Meeting. For information on future ASA meetings, visit <http://www.amstat.org>.

#### ***Xihong Lin, Ph.D., Receives NCI MERIT Award***



Xihong Lin, Ph.D.

In June 2007, Xihong Lin, Ph.D., professor of Biostatistics at Harvard University and member of the Dana-Farber Cancer Institute, received NCI's MERIT Award for work on her grant, "Statistical Methods for Correlated and High-Dimension Biomedical Data." Dr. Lin's project proposes to develop advanced statistical informatics

methods for high-dimensional genomic data in population studies, such as gene (SNP) selection, joint effects of genes in a genetic (metabolic) pathway, gene-gene (SNP-SNP) interactions, and gene-environment interactions. Dr. Lin expressed her gratitude to NCI for this coveted award and added that, "with the rapid progression of biotechnology and genomics, quantitative research such as biostatistics and computer sciences becomes increasingly critical in advancing modern health sciences research. This MERIT award will allow me to focus better on advancing the field and develop a long-term plan by working closely with health sciences researchers."

Dr. Lin received her Ph.D. in biostatistics from the University of Washington in 1994 and has published more than 90 articles

in peer-reviewed journals. Dr. Lin also serves as Principal Investigator for two NCI-funded conference grants that address statistical issues in biomedical and cancer research.

#### **New Hires**

##### ***Monica Jackson, Ph.D., Joins SRP***



Monica Jackson, Ph.D.

Monica Jackson, Ph.D., joined SRAB as a mathematical statistician in May 2007 under the Intergovernmental Personnel Act (IPA). Dr. Jackson comes to SRP on sabbatical from American University (AU). She received a Ph.D. in applied mathematics and scientific computation and completed her thesis, "Spatial Data Analysis for Discrete Data on a Lattice" at the University of Maryland. She obtained her B.S. in mathematics and M.S. in applied mathematics from Clark Atlanta University in Atlanta, GA. Dr. Jackson also worked at Emory University as a postdoctoral researcher in biostatistics. Currently, she serves as assistant professor of statistics in AU's Department of Mathematics and Statistics. Her credentials include publications in *Contemporary Mathematics*, *Encyclopaedia of Environmetrics*, and *Geographical Analysis*, and numerous invited lectures throughout the United States. During her sabbatical at SRAB, Dr. Jackson will work on projects in the fields of spatial data analysis. Despite her busy schedule, Dr. Jackson makes time for other interests such as bowling. She also enjoys swimming and amateur photography, especially portraiture.

##### ***Leyda Su Ham Joins SRP***

Leyda Su Ham, D.O., M.P.H., M.B.A., joined SRP as a Health Communications Intern through a Cancer Research Training Award (CRTA) fellowship in the Office of the Associate Director in July 2007. Dr. Su Ham graduated this year after being dually enrolled in the Nova Southeastern University (NSU) College of Osteopathic Medicine and Master in Public Health Program in Ft. Lauderdale, FL. Her previous experience includes interning at the Caridad Health Center in Boynton Beach, FL, and working as a graduate research assistant at NSU's Institute for

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Leyda Su Ham, D.O.,  
M.P.H., M.B.A.

Child Health Policy. She holds a B.S. in biology and an M.B.A. from NSU's Farquhar College of Arts and Sciences and H. Wayne Huizenga School of Business and Entrepreneurship, respectively. Dr. Su Ham has strong interests in preventive medicine, public health administration, and health communications. At SRP, she will be involved in the initiation, development, and

production of a variety of media, surveillance research, and other health promotion projects. Away from the office, Dr. Su Ham enjoys spending time with her family and friends, traveling, reading, rollerblading, and Web design.

#### ***Kimberly Walters Joins SRP***

Kimberly A. Walters joined SRAB in July 2007 as a biostatistician through the CRTA fellowship program. Ms. Walters



Kimberly Walters, B.S.  
CRTA Fellow

is a Ph.D. candidate in biostatistics at The Ohio State University (OSU) and plans to graduate in June 2008. Ms. Walters has a B.S. in chemistry with a minor in mathematics from the Rensselaer Polytechnic Institute in Troy, NY. She has provided statistical support for a National Institute of Mental Health (NIMH)-funded psychology intervention study and is a member of the American

Statistical Association, Caucus of Women in Statistics, and Mensa. Ms. Walters made a presentation on "Giving Treatment to Controls: When Is It a Good Idea?" at the 2007 Joint Statistical Meeting in Salt Lake City, UT. As a CRTA fellow for the summer term, Ms. Walters worked with Dr. Ram Tiwari on cancer surveillance research projects. One of these projects was a paper, "Comparing Age-Adjusted Rates in Overlapping Regions or Time Intervals." In her spare time, she enjoys contemporary fiction, books on CD, aerobics, Pilates, yoga, and listening to National Public Radio.

## **New SRP Publications**

Clegg LX, Reichman ME, Hankey BF, Miller BA, Lin YD, Johnson NJ, Schwartz SM, Bernstein L, Chen VW, Goodman MT, Gomez SL, Graff JJ, Lynch CF, Lin CC, Edwards BK. Quality of race, Hispanic ethnicity, and immigrant status in population-based cancer registry data: implications for health disparity studies. *Cancer Causes Control*. 2007 Mar;18(2):177-87. Epub 2007 Jan 11.

Cronin-Fenton DP, Ries LA, Clegg LX, Edwards BK. Rising incidence rates of breast carcinoma with micrometastatic lymph node involvement. *J Natl Cancer Inst*. 2007 Jul 4;99(13):1044-9. Epub 2007 Jun 27.

Graubard, BI, Hartman AM, Gilpin EA, Murray DM, Stillman FA. Contributors: Gibson JT, Davis W. Chapter 9. Final outcomes: analytical methods and results. In: National Cancer Institute. *Evaluating ASSIST: A Blueprint for Understanding State-level Tobacco Control*. Tobacco Control Monograph No. 17. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH Pub. No. 06-6058, October 2006.

Mariotto AB, Etzioni R, Krapcho M, Feuer EJ. Reconstructing PSA testing patterns between black and white men in the United States from Medicare claims and the National Health Interview Survey. *Cancer*. 2007 May 1;109(9):1877-86.

Mariotto AB, Rowland JH, Ries LA, Scoppa S, Feuer EJ. Multiple cancer prevalence: a growing challenge in long-term survivorship. *Cancer Epidemiol Biomarkers Prev*. 2007 Mar;16(3):566-71.

Ravdin PM, Cronin KA, Howlader N, Berg CD, Chlebowski RT, Feuer EJ, Edwards BK, Berry DA. The decrease in breast cancer incidence in 2003 in the United States. *N Engl J Med*. 2007 Apr 19;356(16):1670-4.

Yu B, Barrett MJ, Kim HJ, Feuer EJ. Estimating joinpoints in continuous time scale for multiple change-point models. *Comput Stat Data Anal*. 2007 Feb 1;51(5):2420-7.

## SEER Registry News



### 2007 SEER Manager and PI Meeting

The 2007 SEER Program Managers and Principal Investigators (PI) Meetings will be held November 7–9, 2007, at the Neuroscience Building located at 6001 Executive Boulevard, Rockville, MD. Individuals from NCI's DCCPS and SEER's 18 cancer registries are invited to discuss issues in cancer surveillance. For more information, visit <http://www.scgcorp.com/seerpi2007>, or contact Betsy Flagg at [eflagg@mail.nih.gov](mailto:eflagg@mail.nih.gov).

### SEER Data Name Change

With the latest SEER Data for the years 1973–2004 released in April 2007, the SEER "Public Use" file has been renamed the SEER "Limited Use" file. The change is in name only and reflects the fact that users always have been required to sign and abide by a data-use agreement to guarantee confidentiality. It also corresponds with legislative requirements and privacy-protection practices that ensure user awareness of the responsibilities involved when using the data. Researchers should rest assured that the name change does not affect any procedures and that the data source still can be accessed and used as before. Citations in journal articles currently submitted or in press need not be corrected; however, citations in new journal articles should use the term "Limited Use" in place of "Public Use."



### SEER Registry Staff Profiles

**Thomas C. Tucker, Ph.D., M.P.H.,  
Director, Kentucky Cancer Registry (KCR)**



Thomas C. Tucker, Ph.D.,  
M.P.H.

Thomas C. Tucker, Ph.D., M.P.H., is Director of the KCR, Associate Director for Cancer Prevention and Control at the University of Kentucky, Markey Cancer Center, and Chair of the Epidemiology Department in the College of Public Health. Dr. Tucker's dedication to the science of cancer surveillance has spanned more than 30 years. Under his guidance and direction,

the KCR has continued to grow and has become one of the

### Kentucky Deploys Web-Based GIS System for Cancer Incidence and Mortality Data

Since August 2002, the Kentucky Cancer Registry (KCR), a SEER registry, has provided a Web-based geographic information system (GIS) for state and local cancer data, hosted at <http://cancer-rates.info>. Users can publicly access and query cancer incidence and mortality data using selectable criteria such as geography, cancer site, and diagnosis year(s). NCI recently provided funding to add the SEER registries of Iowa, Connecticut, New Mexico, Hawaii, and Seattle to the Web site. New Jersey SEER registry data have been available on [cancer-rates.info](http://cancer-rates.info) since 2004.

The [cancer-rates.info](http://cancer-rates.info) Web site complements the State Cancer Profiles Web site (<http://statecancerprofiles.cancer.gov/>) and includes context-sensitive links to the State Cancer Profiles site; State Cancer Profiles provides reciprocal Web links to [cancer-rates.info](http://cancer-rates.info). [Cancer-rates.info](http://cancer-rates.info) permits each participating registry to manage its individual Web site and its own data. In contrast, the State Cancer Profiles Site is designed to present a consistent and uniform view of cancer data for all U.S. states. [Cancer-rates.info](http://cancer-rates.info) also includes data for all SEER site groups, statewide age-specific data, and bar graphs for comparing incidence and mortality rates among geographical regions.

highly recognized registries in the United States. Established as a population-based central cancer registry in 1990 by the state legislature, the KCR was selected by NCI to join its SEER program in 2001. This designation was a reflection of the KCR's record of excellence as a population-based cancer reporting system.

"Being part of the SEER program definitely has made the KCR a stronger registry," stated Dr. Tucker. "The SEER program registries are required to maintain very high standards for quality, completeness, and timeliness. These quality standards have helped to insure that the SEER registries are among the best cancer registries in the world."

In addition to overseeing the KCR, Dr. Tucker is actively involved in population-based cancer research at the state,

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national, and international levels. Serving as PI for both NCI's SEER Program and the CDC's NPCR, his research analyzes variations in the patterns of care for stage III colorectal cancer in Kentucky, explores human growth factors related to colon cancer, and examines factors related to cervical cancer incidence and mortality in Appalachian Kentucky. He has participated in developing methods for estimating the completeness of case ascertainment in population-based cancer registries.

Dr. Tucker contributed to the cancer control literature in such notable publications as the *Journal of the National Cancer Institute*, *Journal of Rural Health*, *Annals of Internal Medicine*, *Journal of the Kentucky Medical Association*, and *Journal of Registry Management*. He also is a co-editor of the second edition of the book, *Central Cancer Registries: Design, Management, and Use*, which was published in 2007 and serves as an independent reference for central cancer registry methodology.

Dr. Tucker also is active in NAACCR. He served as president and as a member of the Board of Directors. He chaired the NAACCR Committee that developed certification standards for central cancer registries and chaired the first NAACCR Uniform Data Standards Committee. He currently chairs the Data Evaluation and Certification committee.

Dr. Tucker received a number of awards for his work in cancer surveillance and cancer control. He was recognized by the Association of Community Cancer Centers (ACCC) with the "Outstanding Service" award. More recently, he received the Calum S. Muir Award for "lifetime contributions to cancer surveillance," NAACCR's highest honor.

#### **Selected SEER Publications From Dr. Tucker:**

Tucker T. Using central cancer registry data for cancer control. In: Menck H, Deapen D, Phillips J, and Tucker T, eds. *Central cancer registries: design, management and use*. 2nd ed. Dubuque, IA: Kendall/Hunt Publishing Company, 2007.

Weir H and Tucker T. Certification for central cancer registries. In: Menck H, Deapen D, Phillips J, and Tucker T, eds. *Central cancer registries: design, management and use*. 2nd ed. Dubuque, IA: Kendall/Hunt Publishing Company, 2007.

Tucker T, Huang B, Klinglesmith R, Tuckson, W. Colorectal Cancer Subcommittee of the KMA Cancer Committee. Colorectal screening practices in Kentucky. *J Ky Med Assoc*. 2005 Aug; 103(8)349-53.

Lengerich EJ, Tucker TC, Powell RK, Colsher P, Lehman E, Ward AJ, Siedlecki JC, and Wyatt SW. Cancer incidence in Kentucky, Pennsylvania, and West Virginia: disparities in Appalachia. *J Rural Health*. 2005 Winter;21(1):39-47.

Tucker T and Howe H. Measuring the quality of population-based cancer registries: the NAACR perspective. *J Reg Manage*. 2001;28(1):41-45.

#### **Joanne Harris, Chief of the Cancer Surveillance Unit, Detroit Cancer Registry**



Joanne Harris, C.T.R.

Joanne Harris, a Certified Tumor Registrar since 1983, serves as Chief of the Cancer Surveillance Unit in the Division of Epidemiology at the Barbara Ann Karmanos Cancer Institute in Detroit, MI. Mrs. Harris has an impressive record of dedication to cancer research, having spent more than 40 years fighting cancer in her home state. Beginning as a clerk-typist and abstractor at the Karmanos Institute in the early 1960s and 1970s, Mrs. Harris achieved extensive experience, including supervisory and managerial, in cancer data collection and abstracting. This led to her becoming Associate Director of Cancer Surveillance in 1982. Just 2 years later, she became Chief, a position she has held for more than 20 years.

She oversees the collection of data for cancer research that is used by scientists worldwide. Specifically, she manages the daily operations of the Detroit SEER Program, also known as the Metropolitan Detroit Cancer Surveillance System (MDCSS). She oversees the abstracting and editing of cancer registry information and ensures compliance with the SEER contract. She served on the SEER advisory committee from 1996–1999 and has been on the E-path subcommittee since 2005.

Mrs. Harris has been a driving force in ensuring quality control. She emphasized, "Quality control is important to

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ensure data accuracy. In the Detroit registry, we stress and require documentation. In fact, coding is only as good as your documentation. We also perform quality checks on case findings and cancer registry abstracts. We take great care in checking for inconsistencies in both the central and area hospital registries so that organizations that rely on us receive the most accurate information."

"Registries have become important in the fight against cancer. Over the past 40 years, I have seen changes in survival rates that would not be visible if you did not collect this information in a registry," explained Mrs. Harris. "Many special studies have been developed out of the data pulled from the registry, looking in-depth at genetics, social behaviors, economics, and other factors that cause some people to get cancer. You could not have

such important research if you did not have a registry from which to glean this information."

Mrs. Harris has been a member of the Karmanos Cancer Hospital Cancer Committee since 2001 and serves on several committees as a member of the NCRA, NAACCR, and Michigan Cancer Registrars Association (MICRA). For MICRA, she served as president from 1989–1990 and in the dual roles of liaison and historian from 1993–1999.

In describing her overall experience in cancer research, Mrs. Harris stated, "It has been wonderful. There always is a goal to reach, and I am learning continuously. It also is very satisfying to know that, in the end, the data I am helping to collect are helping in the fight against cancer."



## New SEER Publications

Bane AL, Beck JC, Bleiweiss I, Buys SS, Catalano E, Daly MB, Giles G, Godwin AK, Hibshoosh H, Hopper JL, John EM, Layfield L, Longacre T, Miron A, Senie R, Southey MC, West DW, Whittemore AS, Wu H, Andrulis IL, O'Malley FP. BRCA2 mutation-associated breast cancers exhibit a distinguishing phenotype based on morphology and molecular profiles from tissue microarrays. *Am J Surg Pathol.* 2007;31(1):121-28.

Blair CK, Sweeney C, Anderson KE, Folsom AR. NSAID use and survival after breast cancer diagnosis in post-menopausal women. *Breast Cancer Res Treat.* 2007;101(2):191-97.

Chang ET, Canchola AJ, Lee VS, Clarke CA, Purdie DM, Reynolds P, Bernstein L, Stram DO, Anton-Culver H, Deapen D, Mohrenweiser H, Peel D, Pinder R, Ross RK, West DW, Wright W, Ziogas A, Horn-Ross PL. Wine and other alcohol consumption and risk of ovarian cancer in the California Teachers Study cohort. *Cancer Causes Control.* 2007;18(1):91-103.

Chang ET, Lee VS, Canchola AJ, Clarke CA, Purdie DM, Reynolds P, Anton-Culver H, Bernstein L, Deapen D, Peel D, Pinder R, Ross RK, Stram DO, West DW, Wright W, Ziogas A, Horn-Ross PL. Diet and risk of ovarian cancer in the California Teachers Study Cohort. *Am J Epidemiol.* 2007 April 1;165(7): 802-13. Epub 2007 Jan 8.

Huang KP, Weinstock MA, Clarke CA, McMillan A, Hoppe RT, Kim YH. Second lymphomas and other malignant neoplasms in patients

with mycosis fungoides and Sezary syndrome: evidence from population-based and clinical cohorts. *Arch Dermatol.* 2007;143(1):45-50.

Ka'opua LS, Gotay CC, Boehm PS. Spiritually based resources in adaptation to long-term prostate cancer survival: perspectives of elderly wives. *Health Soc Work.* 2007;32(1):29-39.

Keegan TH, Gomez SL, Clarke CA, Chan JK, Glaser SL. Recent trends in breast cancer incidence among 6 Asian groups in the Greater Bay Area of Northern California. *Int J Cancer.* 2007;120(6):1324-29.

Madeleine MM, Anttila T, Schwartz SM, Saikku P, Leinonen M, Carter JJ, Wurscher M, Johnson LG, Galloway DA, Daling JR. Risk of cervical cancer associated with Chlamydia trachomatis antibodies by histology, HPV type and HPV cofactors. *Int J Cancer.* 2007;120(3):650-5.

Mitra N, Heitjan DF. Sensitivity of the hazard ratio to nonignorable treatment assignment in an observational study. *Stat Med.* 2007;26(6):1398-1414.

Polednak AP. Suicide among breast cancer patients who have had reconstructive surgery: a population-based study. *Psychosomatics.* 2007;48(2):178-9.

Saltzstein SL, Behling CA. Age and time as factors in the left-to-right shift of the subsite of colorectal adenocarcinoma: a study of 213,383 cases from the California Cancer Registry. *J Clin Gastroenterol.* 2007;41(2):173-7.

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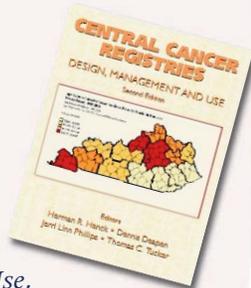
Sun LM, Li CI, Huang EY, Vaughan TL. Survival differences by race in nasopharyngeal carcinoma. *Am J Epidemiol.* 2007;165(3):271-8.

Trivers KE, Gammon MD, Abrahamson PE, Lund MJ, Flagg EW, Kaufman JS, Moorman PG, Cai J, Olshan AF, Porter PL, Brinton LA, Eley JW, Coates RJ. Association between reproductive factors and breast cancer survival in younger women. *Breast Cancer Res Treat.* 2007;103(1):93-102.

Wakelee HA, Chang ET, Gomez SL, Keegan TH, Feskanich D, Clarke CA, Holmberg L, Yong LC, Kolonel LN, Gould MK, West DW. Lung cancer incidence in never smokers. *J Clin Oncol.* 2007;25(5):472-8.

### Publication Highlight

Dr. Thomas Tucker, Director of the Kentucky Cancer Registry, recently contributed as a book editor and author of two chapters in the second edition of *Central Cancer Registries: Design, Management and Use*,



recently published by Kendall/Hunt Publishing Company. Dr. Tucker's two chapters are entitled Using Cancer Registries for Cancer Control, and Certification for Central Cancer Registries. The second chapter was written in collaboration with Dr. H. Weir. Considered the "bible for central cancer registries," the book provides an overview of these registries and details the complex processes involved in planning, designing, operating, and ensuring the use of central registries with a population-based mindset. The book covers practical issues—such as use of technology, selection and training of staff, and quality control—as well as followup procedures, incidence and survival rate calculation and interpretation, types of studies, prevention and control applications, and legal issues. Written at a graduate level, the book can be used as a general source textbook, a bibliographic reference of publications on central registry methodology, a study reference for registry exams, or as course training material.

Menck H, Deapen D, Phillips J, and Tucker T, eds. *Central cancer registries: design, management and use.* Dubuque, IA: Kendall/Hunt Publishing Company, 2007.



### CISNET Staff Profile

Ruth Etzioni, Ph.D., University of Washington



Ruth Etzioni, Ph.D.

Ruth Etzioni, Ph.D., is a full member of the Public Health Sciences Division of the Fred Hutchinson Cancer Research Center and an affiliate professor of biostatistics and health services at the University of Washington. She is a PI for the CISNET prostate group.

Dr. Etzioni's work with prostate surveillance has focused on creating mathematical and computer models to answer the following questions: (1) What is the value of prostate-specific antigen (PSA) screening versus advances in prostate cancer treatment? (2) What are the costs of PSA screening? and (3) What is the link between disparities in care and racial differences in prostate cancer outcomes? In tackling these challenging

and controversial problems, Dr. Etzioni created an innovative simulation model of disease progression and prostate cancer outcomes that is the only model to date to track biomarker growth as part of its description of the disease's natural history.

Building on her previous CISNET work, "PSA Screening and U.S. Prostate Cancer Trends," which modeled the contributions of PSA screening to mortality declines, Dr. Etzioni's current project, "Modeling U.S. Prostate Cancer Trends: PSA, Treatment, and Race," relates trends in disease incidence and mortality to trends in screening and treatment among U.S. whites and blacks. Dr. Etzioni describes her field of study as varied and interdisciplinary. Her work in developing and implementing statistical models for prostate cancer depends heavily on synthesizing information on the natural history of disease and increases in PSA levels before diagnosis, racial differences in the use of interventions, and outcomes of treatment and screening. Through these models, Dr. Etzioni hopes to better quantify the impact of PSA screening, prostate cancer prevention, and treatment advances on disease incidence and mortality.

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She believes strongly that well-founded and transparent models are essential when projecting the benefits and costs of cancer control interventions and should be used routinely in developing public health policies for prostate cancer.

Born in South Africa, Dr. Etzioni moved to the United States in 1986 and received both her M.S. and Ph.D. degrees in statistics at Carnegie Mellon University in Pittsburgh, PA, before joining the Fred Hutchinson Cancer Center in 1992. She also is a leader of the biostatistics core for the Northwest Prostate Cancer Specialized Program of Research Excellence (SPORE), working on immunohistochemical studies and microarray experiments, and is an affiliate investigator for the Early Detection Research Network (EDRN) at the Data Management Coordination Center, working on biomarker development.

Dr. Etzioni has been an NIH and NCI grantee since 2000. Additionally, she has published articles in such peer-reviewed journals as the *Journal of the National Cancer Institute*, *International Journal of Biostatistics*, *American Journal of Epidemiology*, and *Cancer Epidemiology, Biomarkers, and Prevention*.

Excited to be a part of such a revolutionary program, Dr. Etzioni explained that her CISNET collaborations have allowed her to become a better modeler than when she first began to look at the issue of PSA screening 10 years

ago. She feels that the role of CISNET is to ensure that state-of-the-art methods are used to develop models in a collaborative setting that builds deep understanding of both the substantive and mathematical aspects. Dr. Etzioni stated that, "A population really is the ultimate uncontrolled experiment. CISNET recognizes the nature of this uncontrolled experiment and understands what it takes to make quantitative versus speculative inferences."

#### Selected CISNET Publications From Dr. Etzioni

Inoue LYT, Etzioni R, Morrell C, Müller P. Modeling disease progression with longitudinal markers. *J Am Stat Assoc* (in press).

Mariotto AB, Etzioni R, Krapcho M, Feuer EJ. Reconstructing prostate-specific antigen (PSA) testing patterns among black and white men in the U.S. from Medicare claims and the National Health Interview Survey. *Cancer*. 2007 Mar 19;109(9):1877-86.

Telesca D, Gulati R, Etzioni R. Estimating lead time and overdiagnosis associated with PSA screening from prostate cancer incidence trends. *Biometrics*. 2007 May 14 [Epub ahead of print].

Shaw PA, Etzioni R, Zeliadt SB, Mariotto M, Karnofski K, Penson DE, Weiss NS, Feuer EJ. An ecologic study of PSA screening and prostate cancer mortality in nine geographic areas of the U.S. *Am J Epidemiol*. 2004 Dec 160(11):1059-69.

Zeliadt SB, Penson DE, Albertsen PC, Concato J, Etzioni RD. Race independently predicts prostate specific antigen testing frequency following a prostate carcinoma diagnosis. *Cancer*. 2003 Aug 1;98(3):496-503.

reduce colorectal cancer mortality in the U.S.: mortality projections for scenarios of risk-factor modification, screening, and treatment. *Cancer*. 2006 Aug 24;107(7):1624-33.

#### Prostate Working Group

Tsodikov A, Garibotti G. Profile information matrix for nonlinear transformation models. *Lifetime Data Anal*. 2006 Oct 5 [Epub ahead of print].



#### New CISNET Publications

##### Colorectal Working Group

Rutter CM, Miglioretti DM, Yu O. A hierarchical non-homogeneous Poisson model for meta-analysis of adenoma counts. *Stat Med*. 2007;26:98-109.

Vogelaar I, van Ballegooijen M, Schrag D, Boer R, Winawer SJ, Habbema JD, Zauber AG. How much can current interventions

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