

REPORT ON CANCER IN NEVADA 1997-2001

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PREFACE

This report provides a comprehensive overview of the risks and burden of cancer in Nevada from 1997 to 2001. Cancer represents a group of diseases that will affect nearly half of the population at some time during their lifetime. Nationally, cancer-related costs total billions of dollars in treatment annually. Cancer has also consistently been the second leading cause of death for Nevada and the Nation for the last 20 years. This report provides a variety of information on cancer from four different data sources and has been organized to focus on specific aspects of cancer, (e.g. screening, diagnosis, inpatient treatment, mortality, and survival rate) with each section adding to the overall picture of cancer in Nevada.

The first section provides a comparison of the 22 leading types of cancer that comprise 91.8% of all types of cancer in Nevada; including incidence, inpatient hospital discharges, mortality, and survival rate subsections for comparison.

The second section includes various statistics on all cancers, reported among Nevada residents, to provide a complete look at cancer in the state. There are subsections for diagnosis, treatment, mortality and survival rate statistics for the 1997 to 2001 period.

The top ten leading types of cancer diagnosed in Nevada from 1997 to 2001, which accounts for 74.9% of the total number of cancer cases, are then highlighted within their own section to provide a more detailed look at the types of cancer that are most prevalent in Nevada. The reader should note that these types of cancer are presented based on the number of cases reported. Therefore, those cancers whose ranking is within the top ten based on inpatient discharges or mortality are not necessarily highlighted within their own section.

Statistics on those cancers not highlighted in the top ten sections are available in the Overview section and in a general section for All Other Cancers at the end of this report, where the remaining twelve leading cancers are briefly profiled.

Each major section in this report includes regional, gender, racial/ethnic, and age statistics in order to draw attention to potential targets for prevention and treatment efforts. These efforts in prevention and treatment will help to achieve progress toward reducing the risks and burden of Cancer in Nevada.

For note, trend statistics are not included in this edition of the *Report on Cancer in Nevada* since the estimated completeness of earlier cancer reporting was significantly lower than in more recent years, which would significantly affect any trends that would be included in this report. However, trend information will be included in the next edition.

This report is also available online at the Center for Health Data and Research's website: <http://health2k.state.nv.us/nihds/publications/index.htm>

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FEEDBACK AND SUGGESTIONS

TECHNICAL NOTES

This report brings together information from four primary data sources. The Nevada Central Cancer Registry (NCCR) within the Bureau of Health Planning and Statistics provided cancer incidence data. The Center for Health Information Analysis at the University of Nevada, Las Vegas (UNLV) provided inpatient hospital discharge (UB92) data. The Office of Vital Records (OVR), also within the Bureau of Health Planning and Statistics, provided the mortality data for this report. The Center for Applied Research at the University of Nevada, Reno (UNR) provided the Behavioral Risk Factor Surveillance System (BRFSS) data that were used to determine the rates of cancer screening.

General considerations that were made for this report include:

- **Aggregation of Data**

This is a statistical report. Every attempt has been made to present the data in a format that does not allow the identification of any individual. While demographic information such as sex, race/ethnicity and age has been included in aggregate form, no attempt should be made to identify any individual detailed in this report.

- **Types of Cancer Classification Systems**

The classification of the types of cancer was based upon a different coding system for each data source. The NCCR uses the International Classification of Disease, Oncology coding structure (ICD-O) that includes Topography (Primary Site) as well as Morphology (Tumor Type). This is similar to the ICD-10 system used in the 1999 and 2001 mortality data, to classify types of cancers. The 1997 to 1998 mortality data were coded using the ICD-9 classification system, which was also used by the inpatient hospital discharge data. A more detailed description of the codes used for this report is listed under considerations for each data source below, as well as in Appendix B.

- **Each data source is exclusive**

While this report presents cancer data from four different sources, it is important to remember that each dataset is external to the others. Individual records were not linked for this report, so caution should be used when comparing data from each data source.

- **Selection of Residence**

Only those events where the person was recorded as a Nevada resident at the time of diagnosis, time of discharge or time of death were included in this report. Those individuals who were listed as an Out of State resident were excluded.

- **County/Region of Residence**

This report details regional data as: Clark County, Washoe County and All Other Counties, as regions. This aggregation of the 15 remaining counties within Nevada was implemented to accommodate the significantly smaller population

sizes in these counties. Aggregation of the smaller population minimizes any fluctuations in the disease rates presented in this report that may occur due to the large variance in the number of cancer events for each area due to the small size of the resident population for these remaining counties. The counties included in the All Other Counties region are: Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

- **Map Representation**

The maps presented in this report are provided to facilitate visual comparisons of rates within the state. However, caution should be used when interpreting these rates due to the small cell size and large variance that are present within many of the smaller counties in Nevada.

- **Gender Specific Cancer Rates**

For gender specific cancers, such as Prostate, Female Breast, Cervix Uteri, Corpus Uteri & Uterus Not Otherwise Specified (NOS), and Ovary Cancers the rates listed in this report are per 100,000 gender-specific population, unless otherwise noted.

- **Calculation of Rates and Confidence Intervals**

Rates and their respective confidence intervals were not calculated for those categories where the number of events was less than ten.

- **Racial/Ethnic Groups**

Race/ethnicity groups used in this report: White, Black, Native American, Asian, and Hispanic were calculated to be mutually exclusive, except for the National rates where a similar population base could not be calculated. So, National rates for racial/ethnic groups are calculated based on either the race or ethnicity listed on the record. These rates may not be directly comparable with others listed in this report.

While every effort was made to develop reliable comparisons between all the data sources, each source had their own unique factors to consider. Below, in detail, are the specific differences between each source and how this report uses each type of information.

CANCER INCIDENCE STATISTICS:

The cancer incidence statistics used for this report are from the NCCR, which compiles cancer cases that are reported by, or abstracted from, hospitals and pathology labs in Nevada. Both Chapter 457 of the Nevada Revised Statutes and those regulations adopted by the State Board of Health regulate the Nevada Central Cancer Registry. More information on the reporting of information on cancer can be found under Chapter 457 of the Nevada Administrative Code. The NCCR also receives information from other states on Nevada residents who were diagnosed, or are being treated, in other states. The main considerations for this data source include:

- **Cancer Registry Reporting**

The NCCR is a population-based registry. The validity of the numbers and rates used in this report depend on the completeness of cancer reporting, as well as the accuracy of the population estimates used. The North American Association of Central Cancer Registries (NAACCR) estimates the most current year of data presented in this report (2001) at 100% complete for case ascertainment and meets all other requirements for gold certification. The estimated average completeness for case ascertainment over the five years of data presented in this report is 93.2%, which exceeds the 90% case ascertainment requirement set by NAACCR for gold certification.

- **Updated Data**

The NCCR is constantly being updated with new information, so the numbers published in this report may not match, or be directly comparable, with previously published data. The data that are presented in this report are from the NCCR as of June 2004.

- **Type of Cancers Reported**

The number of cases included in this report are those reported as having an invasive disease, except for Breast and Urinary Bladder Cancer that also include those diagnosed with an in situ cancer. This distinction is not available in the other data sources.

- **Type of Cancer Classification System**

The type of cancer was classified based on ICD-O2 Topography and Morphology codes. These codes provide levels of detail to the type of cancer that are not included in either the inpatient hospital discharge or mortality data. A detailed list of the actual groupings used for cancer incidence data, using both Topography and Morphology codes, can be found in Appendix B.

- **Survival Rates & Calculation**

The survival rates listed in this report may not be directly comparable to National survival statistics. The reader should exercise caution in comparing statistics listed in this report to those nationally reported. Major factors that should be considered are:

1. The survival rates do not include those reported as an Autopsy Only or Death Certificate Only (DCO) case.
2. Only those individuals who died from cancer and those still alive at last update are included in these calculations. Those dying from other causes of death are not included. However, it should be noted that the cause of death is not necessarily specific to the type of cancer listed at time of diagnosis. This is to include those cases where the cancer may have metastasized to another site.
3. The NCCR actively matches registry records to the Nevada Death Registry on a continuous basis. National statistics are usually based on

data submitted at a certain point in time without future updates and data improvements. While calculations account for this difference, caution should be used when comparing the two areas.

4. Those individuals who are recorded as having multiple primaries are included for the first primary only.
5. Calculations exclude records with invalid dates and unknown ages.
6. National statistics typically exclude those cases not actively followed. This report does not make this exclusion.

INPATIENT HOSPITAL DISCHARGE STATISTICS:

Inpatient Hospital Discharge data used for this report were compiled by the Center for Health Information Analysis (CHIA) at the University of Nevada, Las Vegas (UNLV/CHIA) from the universal billing form #92, (UB92) for inpatient hospital discharges. These data represent patients discharged from January 1, 1997 through December 31, 2002, inclusive. This information was gathered and computerized by UNLV/CHIA as part of a contractual agreement between the Department of Human Resources and the University of Nevada under the authority granted in Section 439B of the Nevada Revised Statutes. The information was then given to the Center for Health Data and Research where it was analyzed for this report.

The main considerations for this data source include:

- **Primary Diagnosis Selection**

The number of resident inpatient discharges detailed in this report is based on a primary diagnosis of cancer. However, the database contains up to fourteen additional diagnoses. The difference between the two classifications is that there were 59,688 inpatient discharges that had cancer as any of the fifteen diagnoses. The number drops to 33,235 for those with cancer as the primary diagnosis. So, approximately 58.6% of the inpatient discharges related to cancer are published in this report. This was done to minimize any confusion that might occur from someone being treated for different types of cancer, as well as to focus on those discharges where cancer was the primary reason for being admitted.

- **Occurrence Based Data**

These statistics are based on the occurrence of inpatient hospital discharges. An individual could be counted more than once had they been admitted to the hospital for cancer more than once during this period. So, caution should be used when comparing inpatient hospital discharge data to the other data sources in this report.

- **Type of Cancer Classification System**

The inpatient hospital discharge statistics were coded with the ICD-9 system. This is the same structure that is used for the 1997 to 1998 mortality data. However, mortality data changed in 1999 to the ICD-10 version. A detailed list of the codes used to produce the groupings provided in this report for inpatient hospital discharge statistics can be found in Appendix B.

- **Racial/Ethnic Groups**

Race/ethnicity information is not available in this database.

MORTALITY STATISTICS:

Mortality statistics used in this report are from the Nevada Death Registry maintained by the Office of Vital Records. The OVR, within the Bureau of Health Planning and Statistics, is the official government entity that collects, processes and maintains the State of Nevada's vital records. Deaths are first recorded at the county level before being forwarded to the State Registrar. Funeral Directors, or persons acting as such, are legally charged with filing death certificates.

These certificates are checked for completeness and accuracy and then entered into a database on the State mainframe computer system. When a certificate is found to be inaccurate or incomplete, staff follow up with the providing entity in accordance with NRS 440.150 to make the necessary corrections and/or additions to make the record satisfactory and complete. It should be noted that the quality of mortality data presented in this report is directly related to the accuracy and completeness of the information contained on the death certificates.

The main considerations for this data source include:

- **Underlying Cause of Death**

The mortality data presented in this report are classified by the underlying (primary) cause responsible for death. Only those deaths where the underlying cause of death was cancer are included in this report.

- **Type of Cancer Classification System**

The 1997 to 1998 data used for this report were originally coded using the ICD-9 coding structure, while the 1999 and 2002 data were coded using the ICD-10 system. The ICD-9 system is a purely numeric coding system while the ICD-10 is an alphanumeric system. While there are many similarities between the ICD-9 and ICD-10 groupings, there are some differences between the types of cancer within the two versions. While there are comparability ratios available for the conversion between the two systems, the groups used in this report are based upon some customized groupings of which comparability ratios are unavailable. The mortality numbers in this report have not been adjusted for coding differences that may have occurred with the transition from the ICD-9 to ICD-10 system. A detailed list of the actual groupings used for cancer mortality data, with both the ICD-9 and ICD-10 codes, can be found in Appendix B.

CANCER SCREENING STATISTICS:

The cancer screening data shown in this report come from the Behavioral Risk Factor Surveillance System (BRFSS), which is funded by the Center for Disease Control and Prevention (CDC). The data were compiled by the Center for Applied Research at the University of Nevada, Reno (UNR/CAR), through the nation's largest telephone survey. The survey covers years from 1996 to 2001. This information was gathered and computerized by the Center for Applied Research as part of a contractual agreement between the Department of Human Resources and the University of Nevada. The information was then given to the Center for Health Data and Research where it was analyzed for this report.

The main considerations for this data source include:

- **Age of Respondents**

The survey covers only those people 18 years of age and older.

- **Frequency of questions**

The tables presented in this report are not for 1996 to 2001 inclusively. Some of the questions were asked on alternate years, while some have only been asked once. So, caution should be used when comparing these data.

- **Weighted percentages**

The percentages listed in this report are weighted on the survey population characteristics and may not match percentages that are directly calculated from the numbers listed in the table.

NATIONAL STATISTICS:

The only national cancer statistics provided in this report are for cancer incidence. This information is from the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program. This program is the most comprehensive source of population-based cancer incidence information available for the United States. SEER covers approximately 14 percent of the US population through 11 population-based cancer registries and three supplemental registries.

The information presented in this report is based upon the customized use of SEER's public-use data featured within the SEER*Stat program. The databases used for calculations were the "SEER 11 Registries Public-Use Nov 2001 Sub for Expanded Races (1992-2001)" and "SEER 11 Registries Public-Use Nov 2001 Sub for Hispanics (1992-2001)". These databases are based upon SEER's 11 population-based cancer registries, which are: Atlanta, Connecticut, Detroit, Hawaii, Iowa, Los Angeles, New Mexico, San Francisco-Oakland, San Jose-Monterey, Seattle-Puget Sound, and Utah. These registries have been designed to represent the incidence of cancer within the aggregate population of the United States.

The main considerations for this data source include:

- **Aggregation of Data**

National statistics published in this report follow the guidelines in the SEER Public-Use data agreement. Therefore, those categories where the number is less than five are not shown.

- **Cancer Registry Reporting**

The national data in this report are based upon data collected from population-based registries. The validity of the numbers and rates used in this report depend upon the completeness of the cancer reporting, as well as the accuracy of the population estimates used.

- **Period of Reportable Data**

The most recent SEER data available are for the 1995 to 2001 period. So, it should be noted that comparisons in this report are based upon the 1997 to 2002 period for Nevada and the 1996 to 2001 period nationally.

- **Type of Cancers Reported**

The number of cases listed in this report are those cases reported as having malignant behavior, except for Breast and Urinary Bladder Cancer that include those diagnosed with an in situ behavior, in order to be comparable with Nevada data.

- **Prostate Cancer Stage Revision**

Prostate Cancer cases where the stage of cancer at time of diagnosis was originally coded as “Localized/regional (Prostate Cases 1995+)” are shown as localized within this report. Therefore, there will not be any regionally diagnosed cases of Prostate Cancer for the Nation listed in this report.

- **Racial/Ethnic Groups**

Race/ethnicity groupings, similar to Nevada, were not available for rates, since the population estimates provided in SEER*Stat were not organized in a similar format. Rates were available by either race or ethnicity, which means that the national rates presented in this report represent rates of Whites, Blacks, Native Americans and Asians (of any ethnicity) and Hispanics (of any race). Caution should be used when interpreting these rates, which may not be directly comparable with others listed in this report.

POPULATION ESTIMATES:

The Nevada population data used in this report are based on the database established by the Nevada State Demographer’s Office and the Nevada Department of Taxations, as well as 1990 and 2001 Census data from the US Bureau of the Census.