2M+

NEW CASES OF BREAST CANCER DIAGNOSED IN 2018 WORLDWIDE

Susan G. Komen Foundation

1 in 8 WOMEN

WILL BE DIAGNOSED WITH *Breast Cancer* IN THEIR LIFETIME

National Breast Cancer Foundation

COVER UP! THE MOST common sites FOR melanoma

FOR men | FOR women

HEAD
NECK
BACK
TRUNK
ARMS
LEGS

diagnosed each year

27.7

16.7

EQUAL TO 10 CANCER CASES PER 100,000 PEOPLE

Sources:
- http://blog.dana-farber.org/insight/2014/07/what-are-the-most-common-sites-for-melanoma/
- http://seer.cancer.gov/statfacts/html/melan.html
- https://www.freepik.com

DANA-FARBER CANCER INSTITUTE
Discover. Care. Believe.

The risk of CANCER

EXAMPLES OF CANCER DISPARITIES

BREAST CANCER

African American women are nearly twice as likely as white women to be diagnosed with triple-negative breast cancer and are much more likely than white women to die from breast cancer.

KIDNEY CANCER

The highest rates of kidney cancer cases and death in the United States occur among **American Indians/Alaska Natives**.

LIVER CANCER

Rates of liver cancer are higher among **American Indians/Alaska Natives and Asian and Pacific Islanders** than other racial/ethnic groups.

PROSTATE CANCER

African American men are more than twice as likely as white men to die from prostate cancer.

CERVICAL CANCER

Women in rural areas are twice as likely to die from cervical cancer as women in more urban areas.
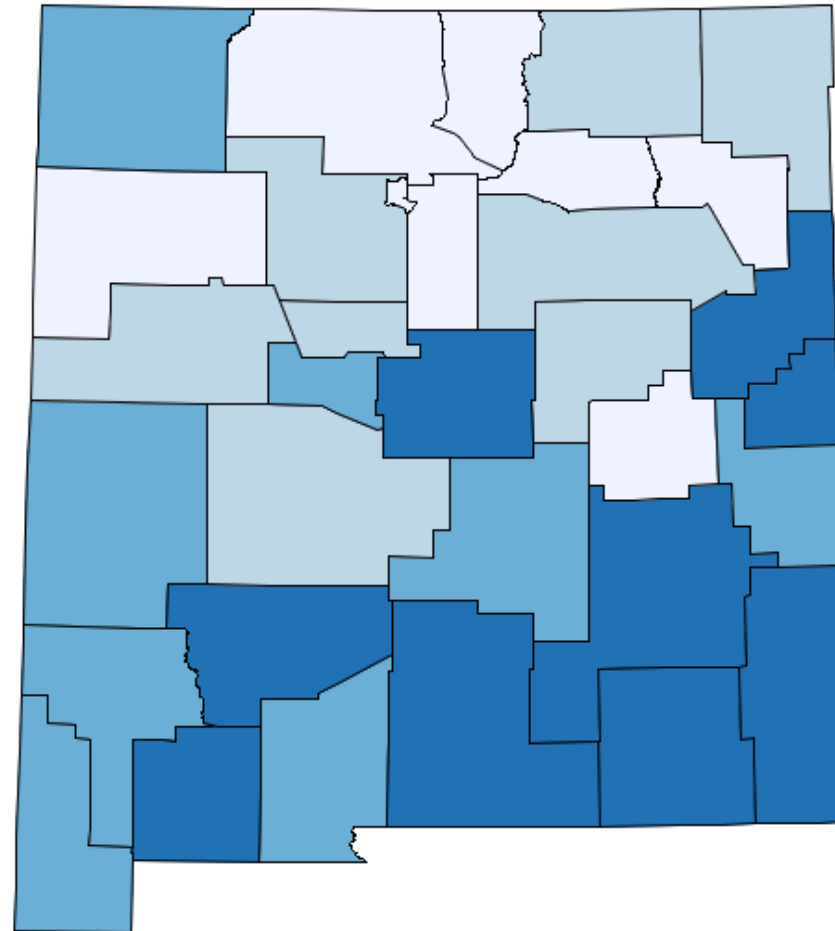
MULTIPLE MYELOMA

African Americans are twice as likely as whites to be diagnosed with and die from multiple myeloma.

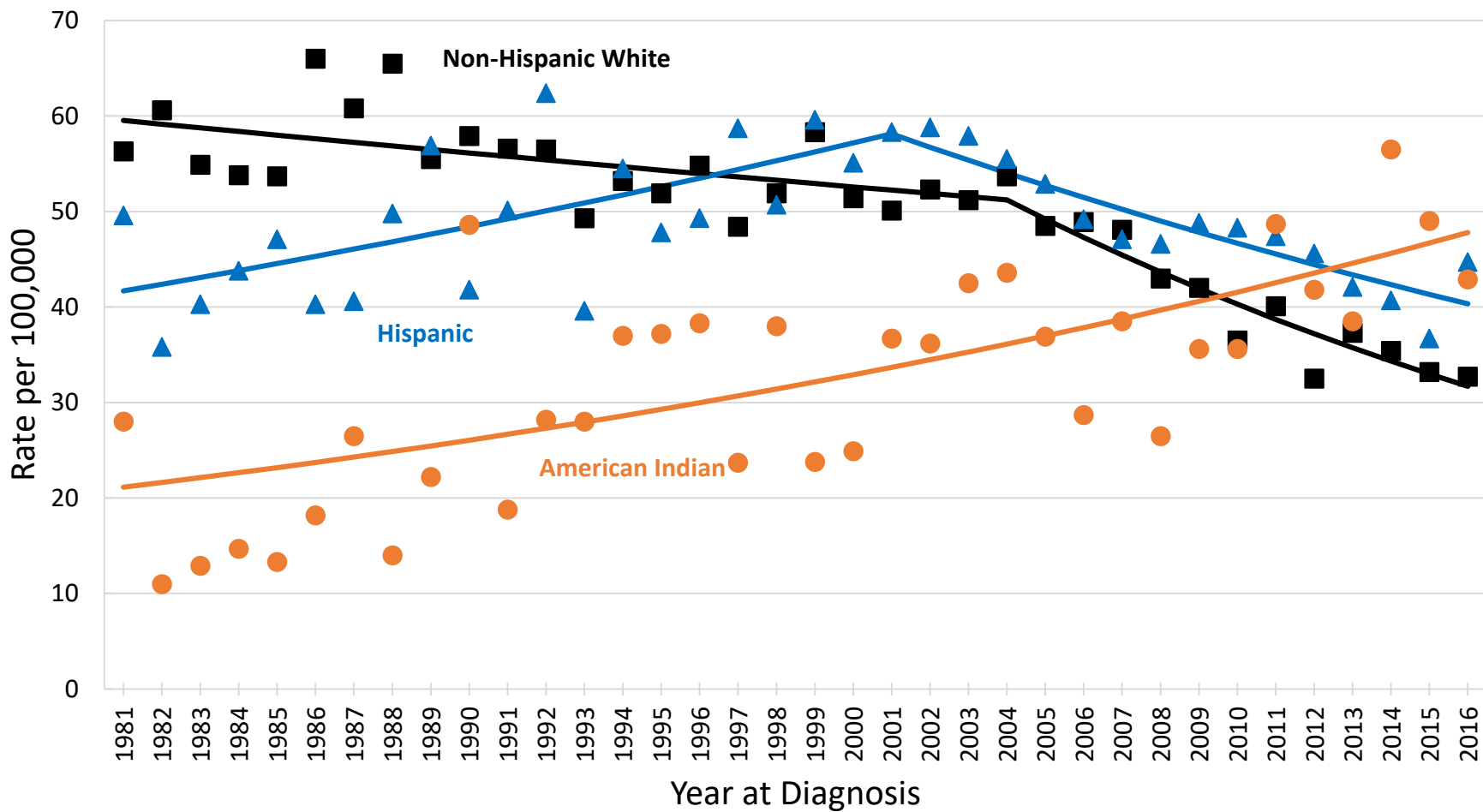National Cancer Institute

Cancers of the Lung and Bronchus
Average Annual Age-Adjusted Incidence Rate per 100,000 (US 2000 Standard)
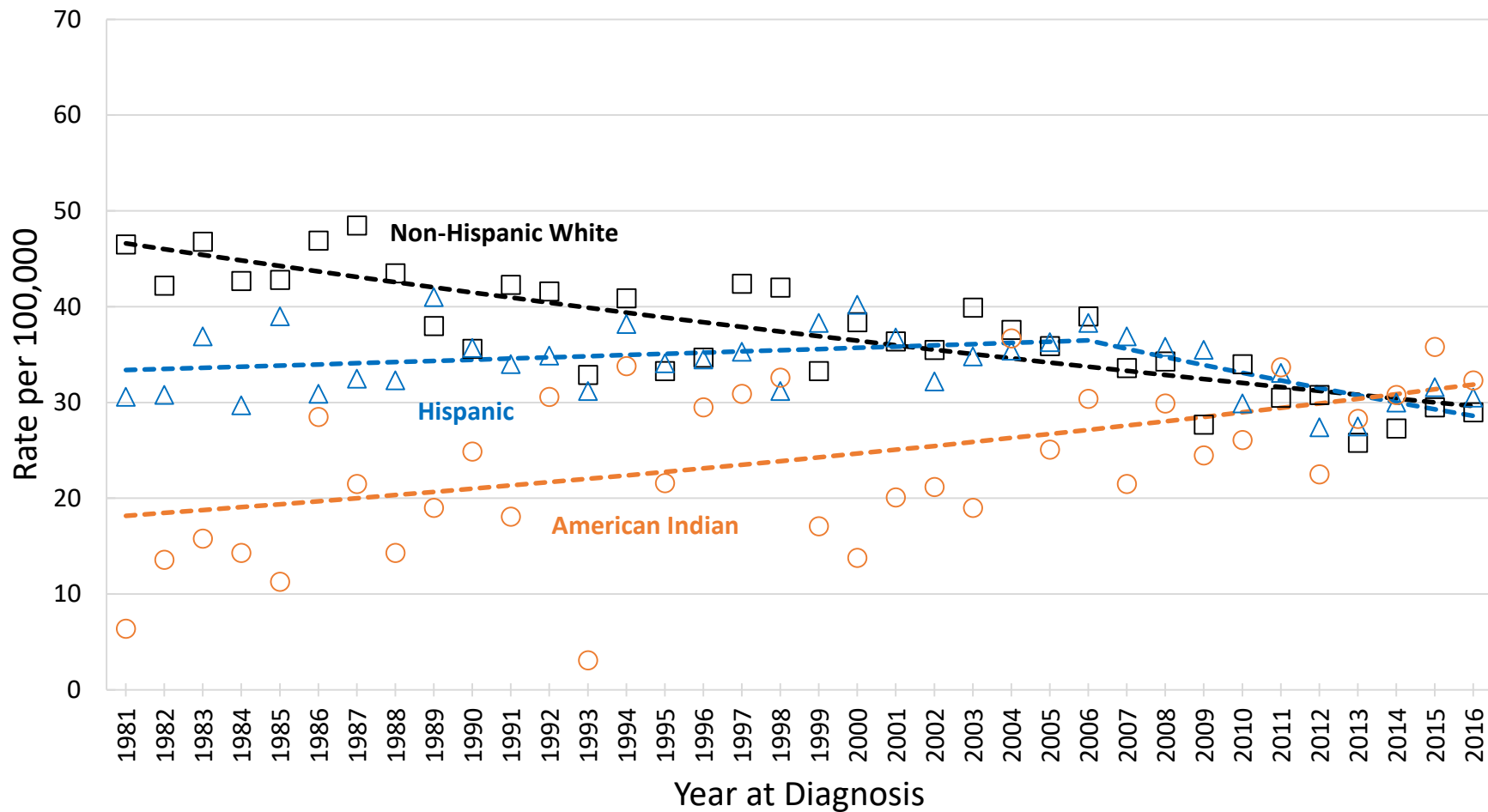New Mexico Residents, 2012-2016

Incidence Rate (Quartiles)   12.7-35.2   35.3-40.5   40.6-50.8   50.9-63.5

Source: New Mexico Tumor Registry

Incidence of Cancers of the Colon and Rectum
Male New Mexico Residents, 1981-2016

Average Annual Age-Adjusted Incidence Rate (US 2000 Standard)
Source: New Mexico Tumor Registry

Incidence of Cancers of the Colon and Rectum Female New Mexico Residents, 1981-2016
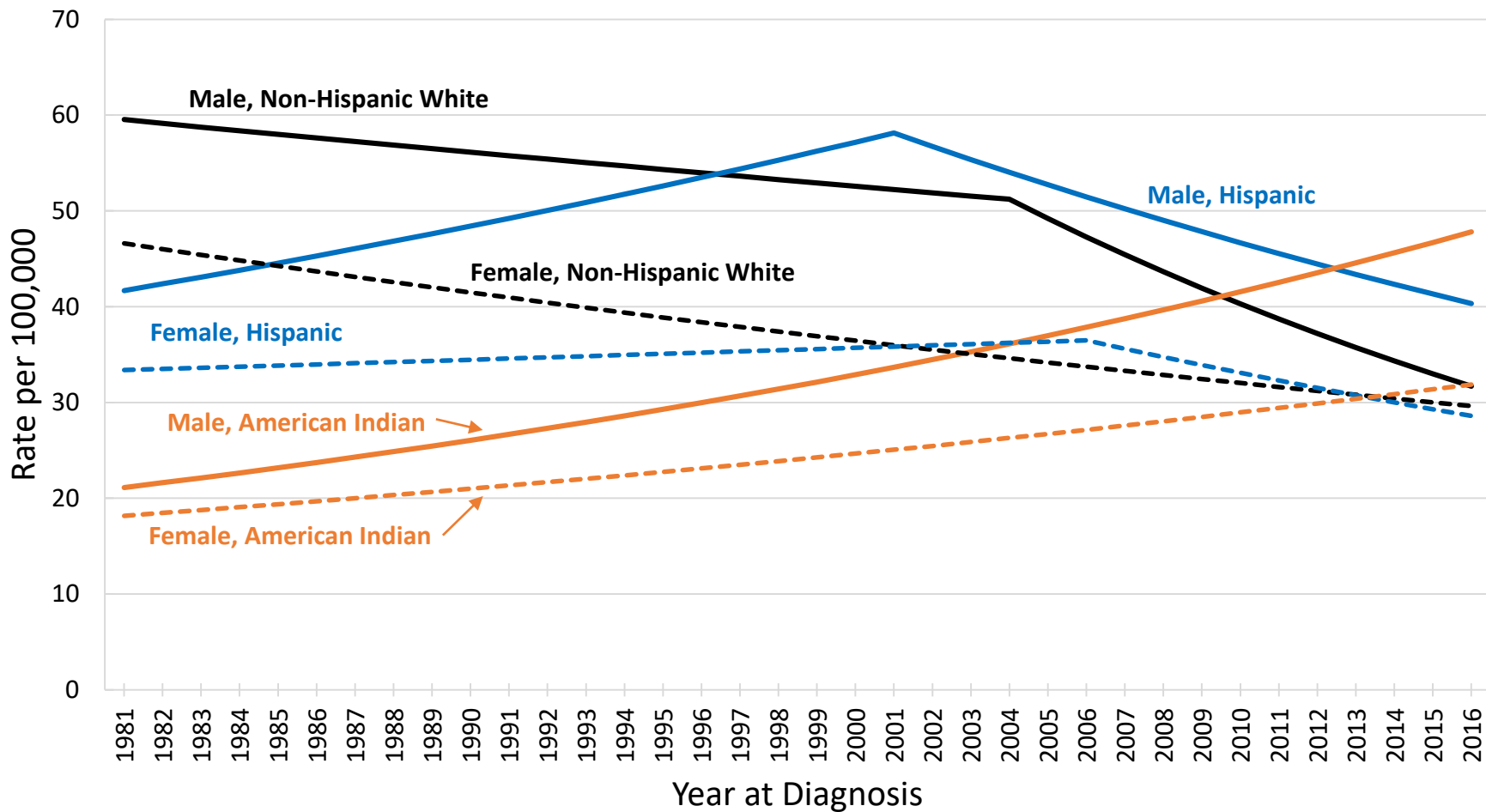

Average Annual Age-Adjusted Incidence Rate (US 2000 Standard)
Source: New Mexico Tumor Registry

Incidence of Cancers of the Colon and Rectum
New Mexico Residents, 1981-2016

Rate per 100,000

Male, Non-Hispanic White

Male, Hispanic

Female, Non-Hispanic White

Female, Hispanic

Male, American Indian

Female, American Indian

Year at Diagnosis

Average Annual Age-Adjusted Incidence Rate (US 2000 Standard)
Source: New Mexico Tumor Registry

What is a Cancer Registry?

- A database of information on cancer diagnosis, characteristics, treatment, and outcomes

- An information system designed for the collection, storage, and management of data on persons with cancer

What is a Population-Based Cancer Registry?

- Collect data on new cancer cases in a defined population

- Emphasis on epidemiology and public health
  - Cancer patterns
  - Temporal trends
  - Cancer control and prevention
  - Guide resource allocation and health policy
  - Research

What is Public Health Surveillance of Cancer?

The systematic collection

of information on cancer

- and -

Timely and effective use of such information

for the purposes of cancer prevention and control

NMTR Mission Statement

Provide timely, high quality data to support public health surveillance, scientific research, patient care, public health practice and public policy to diminish the burden of cancer

What is the NMTR?

- Population-based, central cancer registry

- Conduct public health surveillance for cancer

What is the NMTR?

- Data is collected on incident cancer cases who reside in the coverage area at time of diagnosis

- Area of coverage New Mexico Statewide and Native Americans in Arizona in collaboration with the Arizona Cancer Registry

Our History

- 1966: Established
- 1969: Statewide coverage
- 1973: Founding member of the SEER Program
- Ongoing:
  - Data from the NMTR has contributed to our understanding of the burden of cancer
  - Use of the data assists with the development of cancer prevention and control efforts
  - NMTR-affiliated faculty and staff are involved in cancer surveillance efforts nationally and internationally

Components that make Cancer Surveillance in New Mexico Possible

- Data Collection
- Research and Data Use
- Information Technology
- Business Administration

Dr. Chuck Wiggins – Director – oversees all operations of the New Mexico Tumor Registry

Data Collection

Data are collected from a variety of sources including medical records, pathology reports, death certificates, and more.

- Patient Characteristics
  Ex., name, sex, date of birth, race/ethnicity

- Tumor Characteristics
  Ex., histology, behavior, grade, primary site, stage of disease at diagnosis, date of diagnosis, place of residence (at diagnosis and current)

- Treatment Summary (First Course of Cancer-Directed Therapy)
  Ex., treatment modality, date treatment initiated, facility, physician

- Outcome
  Ex., vital status, date of last information, cause of death for deceased individuals

Research and Data Use

- Analyzes the data and generates reports
- Collaborates with researchers at UNM, as well as with regional, national and international researchers
- Cancer control and prevention efforts with the New Mexico Department of Health and patient advocacy groups
- Provides educational opportunities for UNM students, faculty, and others

Information Technology

- Provides technical assistance and support
- Manages and exchanges electronic data
- Creates and maintains databases
- Ensures data/network security and safety

Business Administration

- Manages the daily financial activities
- Prepares and monitors the budget
- Administers human resources activities
- Develops and implements business policies and procedures

A Very Basic Organizational Chart
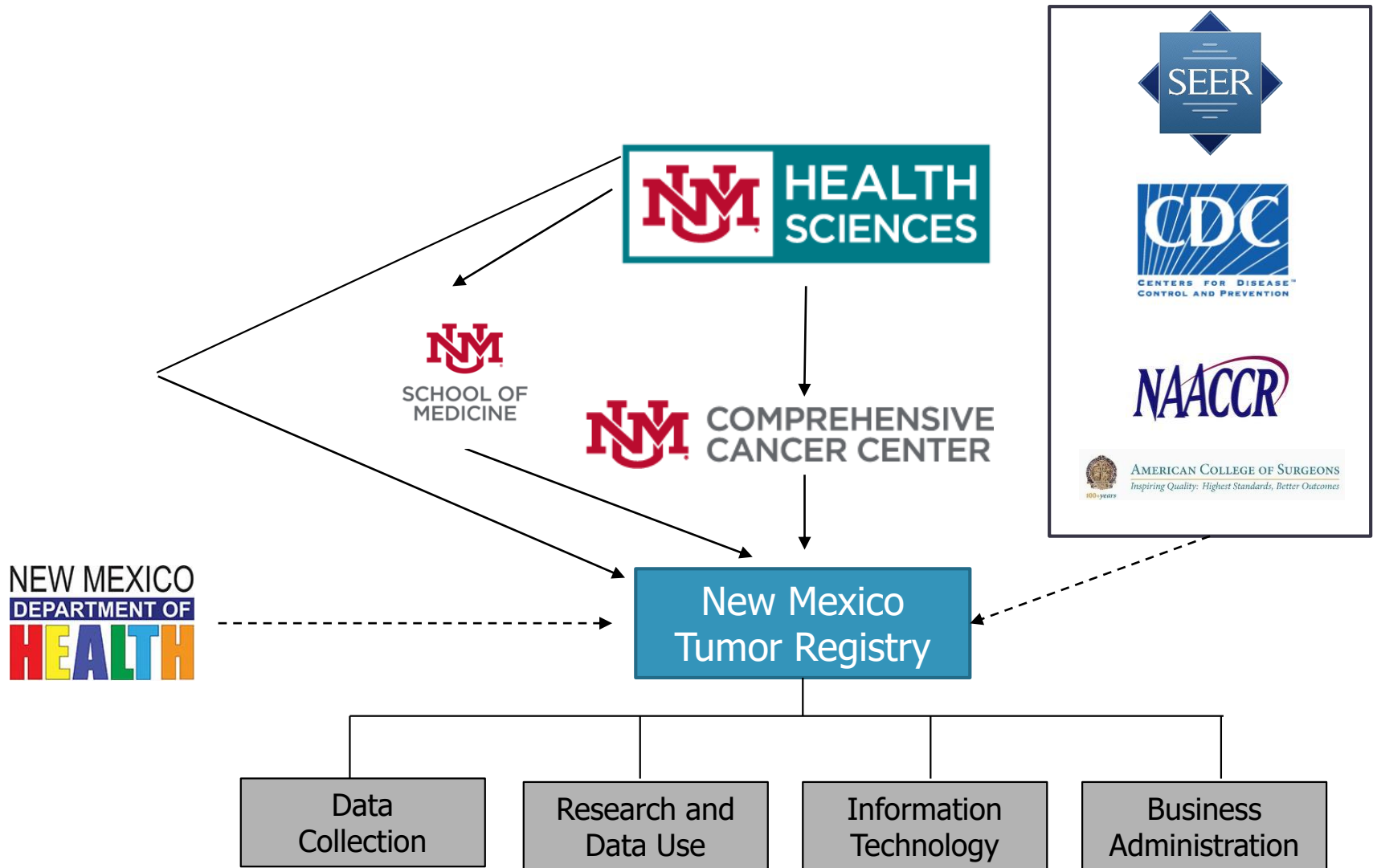
UNM Health Sciences Center

- Our host institution

- Comprehensive Cancer Center

- School of Medicine, Department of Internal Medicine, Division of Epidemiology, Biostatistics, and Preventive Medicine

- Human Research Review Committees/Human Research Protections Office

- Research collaborations

- Mentorship

UNM HSC is HIPAA Hybrid Covered Entity

- *"A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law."*

- Health Insurance Portability and Accountability Act of 1996

  Privacy and security provisions for safeguarding medical information

- Public Health Surveillance is allowed under HIPAA

  § 164.512 Uses and disclosures for which consent, an authorization or opportunity to agree or object is not required

- **NMTR is excluded from the UNM-HSC HIPAA Hybrid Covered Entity… except when we use the data for research purposes**

New Mexico Department of Health

- NMTR is the NMDOH's designee for conducting public health surveillance of cancer

- Cancer is a reportable disease in New Mexico. A reportable disease must be:
  - Considered a risk to the public health
  - Monitored to assist in prevention and control
  - Designated and enforced by state government
  - Funded and administered by local, state, and federal agencies

- Collection of cancer data is mandated under state law (New Mexico Administrative Code: Title 7; Chapter 4; Part 3)

- Work together for cancer prevention and control efforts

National Cancer Institute — Surveillance, Epidemiology, and End Results Program
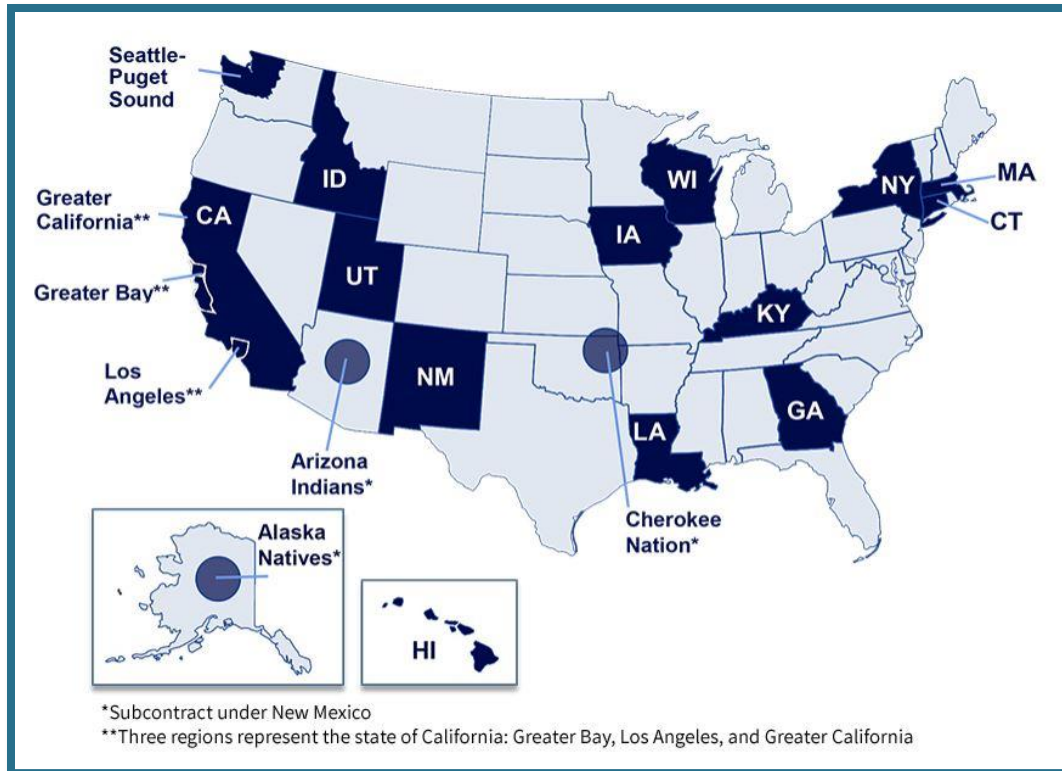
- Provides information on cancer statistics in an effort to reduce the cancer burden among the U.S. population

- Funding agency of the NMTR

Important Things to Remember

- Our work is conducted in accordance with prevailing legal and ethical standards

- Everything we do is governed by well-established policies and procedures

- Any uses of our data must outweigh risks

- We **must** protect:
    - Individuals
    - Institutions, e.g., Health Care Providers
    - Sovereign Tribal Governments

"Purification through use."
– Dr. Charlie Key

Questions?

Thank You!

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