https://surveillance.cancer.gov/ | https://seer.cancer.gov/

SURVEILLANCE RESEARCH PROGRAM

eNewsletter | Summer 2018

Welcome

SRP Associate Director's Message

Greetings from the Surveillance Research Program! 2018 is only half over, but we've already gotten a lot done this year. Our most notable accomplishment has been our new SEER contract, described in detail on the next page. A special hello and thank you to our returning registries, and congratulations to our new members, New York, Massachusetts, Idaho, and Wisconsin. Welcome Aboard!

I'd like to direct your attention to a few sections in this year's newsletter. Under New on the 'Net, we highlight updates to several of our resources: Cancer Trends Progress Report, our blog (Toward Precision Cancer Surveillance), SEER data, videos, software, and tools. Since our last newsletter, we have collaborated with the CDC, ACS, and NAACCR on the Annual Report to the Nation on the Status of Cancer (ARN). For the first time we split ARN into two parts; Part I included the annual updates of trends in the most common cancer types, and Part II (similar to the "Special Section" of previous reports) highlighted changing trends in prostate cancer. The SEER website hosts the ARN microsite, which includes shareable and tweetable graphics and statistics.

We are looking forward to seeing many of you at our combined Data Quality/SEER*DMS Meeting in September! As always, thanks for your collaboration. Here's to a productive second half of 2018!

Sincerely,

Lynne Penberthy
Associate Director
Surveillance Research Program

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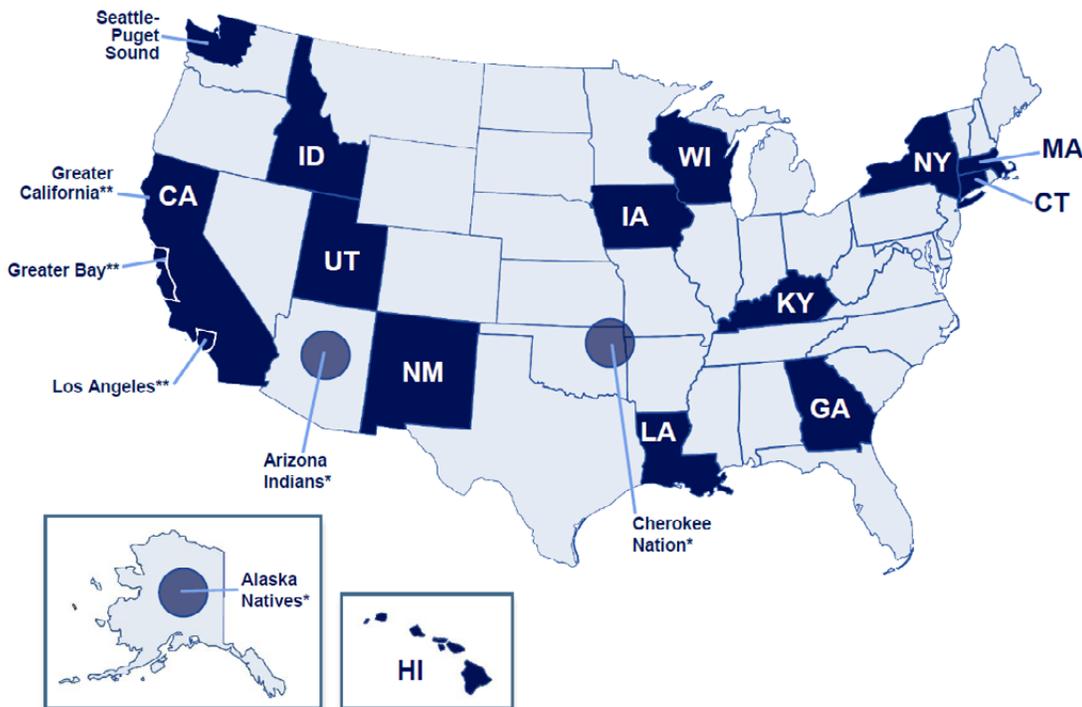Did You Know? Video Series
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Publications
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2018 SEER Renewal Contracts

Seattle-Puget Sound

Greater California**

Greater Bay**

Los Angeles**

Arizona Indians*

Cherokee Nation*

Alaska Natives*

ID WI NY MA CT IA CA UT KY NM LA GA HI

*Subcontract under New Mexico
**Three regions represent the state of California: Greater Bay, Los Angeles, and Greater California

The following population-based cancer registries are part of the SEER program.

- Alaska Native Tumor Registry
- Arizona Indians
- Cherokee Nation
- Connecticut
- Georgia
- Greater Bay Area Cancer Registry
  - San Francisco-Oakland
  - San Jose-Monterey
- Greater California
- Hawaii
- Idaho
- Iowa
- Kentucky
- Los Angeles
- Louisiana
- Massachusetts
- New Mexico
- New York
- Seattle-Puget Sound
- Utah
- Wisconsin

On May 1, 2018, SEER awards were made to 16 cancer registries, four of which are new to SEER, wrapping up the SEER renewal contracts process. There are 12 states (Connecticut, Hawaii, Iowa, Kentucky, Louisiana, New York, New Mexico, Utah, Idaho, Massachusetts, Wisconsin, and Georgia) with central cancer registries; four metropolitan, multi-county areas (Seattle-Puget Sound; San Francisco-Oakland, Los Angeles, and San Jose-Monterey representing California alongside Greater California) with regional registries; and Alaska Natives, Arizona Indians, and Cherokee Nation (Oklahoma) as part of the New Mexico registry.

These new awards increase SEER coverage from 28 percent to 34 percent of the U.S. population. This broad coverage allows SEER to account for diverse populations throughout the U.S., including 31.9 percent of whites, 30.0 percent of blacks, 49.3 percent of American Indians/Alaska Natives, 57.5 percent of Asians, and 68.5 percent of Native Hawaiians/Pacific Islanders.

SEER captures 450,000+ incident cases annually. Approximately 85 percent of cases have real-time electronic pathology (e-path) reporting. Last, several pilot projects involving SEER registries are underway.

For more information about SEER registries, visit: https://seer.cancer.gov/about/.

Updates

Job Opportunities

Applications are being accepted for several positions in SRP:

- Cancer Research Training Award Fellow Sought for Biomedical and Heath Informatics for Cancer Surveillance
- Cancer Research Training Award Fellow Sought for Project Management

For full descriptions of each position and application information, visit surveillance.cancer.gov/jobs/.

Rebecca Ehrenkranz
MPH

Rebecca Ehrenkranz joined the Data Quality, Analysis, and Interpretation Branch of the Surveillance Research Program as a Cancer Research Training Award fellow. She works in data quality and assurance for NCI's SEER Program, assisting in the design and implementation of benchmarks for evaluating prognostic factors in cancer surveillance.

Rebecca is a Montgomery County native. She earned a BA in Health: Science, Society, and Policy and a BA in Islamic and Middle Eastern Studies from Brandeis University. She then earned her MPH from the Johns Hopkins Bloomberg School of Public Health.

Prior to joining NCI, Rebecca worked as a Clinical Investigational Data Analyst for cancer trials at the Dana-Farber Cancer Institute in Boston. During her graduate studies, she held positions in several departments within Johns Hopkins: she conducted data analysis for the macular degeneration program in the ophthalmology department; was a Project Manager in the neurology department where she created and maintained their "Get with the Guidelines" database, which focused on health outcomes for stroke patients; and worked as a Project Coordinator in the infectious disease department for a travelers' health study, focusing on vector-borne diseases.

Rebecca Mintz
MPH

Rebecca Mintz joined the communications team of the Surveillance Research Program as a Cancer Research Training Award fellow. Her work includes disseminating important information related to health disparities in cancer and developing new resource materials.

Rebecca was raised in Vermont. She earned a BA in Anthropology from the University of Vermont. She then attended the University of Minnesota (UMN), Twin Cities, where she earned her MPH in Community Health Promotion. Prior to joining NCI, Rebecca was the lead Data Quality Associate for the Infectious Disease Unit at the University of Vermont Medical Center. She also worked as a Research Assistant on the Green Mountain Fetal Alcohol Spectrum Disorders Project at the University of Vermont Center on Disability and Community Inclusion.

During her graduate studies, Rebecca was selected as an advisory board member for the UMN Office of Equity and Diversity. She also worked for a non-profit organization developing promotional materials for the Summer Food Service Program, conducting community outreach and giving educational trainings about food insecurity and child hunger. She completed an internship with Transit for Livable Communities, where she did policy and advocacy work in St. Paul, Minnesota.

Alison Van Dyke
MD, PhD

Dr. Alison Van Dyke joined the Data Quality, Analysis, and Interpretation Branch of the Surveillance Research Program. Her work focuses on the SEER-linked Virtual Tissue Repository Pilot Studies. For these studies, SRP works with SEER registries to obtain custom annotations of detailed treatment data for pancreas and female breast cancer cases which may have biospecimens available. The goal is to match unusual survival cases with more typical survival controls.

Prior to joining SRP, Dr. Van Dyke earned her MD/PhD from the Wayne State University School of Medicine in 2011 with graduate training in cancer biology. Under the mentorship of Dr. Ann Schwartz, her doctoral research focused on the role of inflammation in non-small cell lung cancer among women and included SEER data. She completed postgraduate medical residency training in anatomic pathology at Yale-New Haven Hospital and surgical subspecialty training in thoracic pathology at the University of Pittsburgh Medical Center. Dr. Van Dyke completed a postdoctoral fellowship in the Infections and Immunoepidemiology Branch of the Division of Cancer Epidemiology & Genetics (DCEG).

Working with Drs. Jill Koshiol and Eric Engels in DCEG, Dr. Van Dyke's postdoctoral research focused on the incorporation of surgical pathology in epidemiologic research. She utilized data from the NCI Cancer Cohort Consortium to investigate the epidemiology of biliary tract cancers. She was also the first researcher to use the digital slide collection from the National Lung Screening Trial to investigate the relationships between lung scarring characteristics and lung cancer development.

Kai Wong
MS

Kai Wong joined the Surveillance Informatics Branch of the Surveillance Research Program as a Cancer Research Training Award fellow. He conducts usability evaluations and enhancement efforts for NCI's Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS) and looks forward to improving user satisfaction by seeing products through to completion.

Kai has lived all over the country, but spent much of his time in Texas. He received a BA in English and Linguistics from the University of Texas at Austin with a minor in computer science. He then attended the University of Central Florida, where he earned his first MS in Modeling and Simulation. Kai earned a second MS in Human Centered Computing at the University of Maryland Baltimore County (UMBC). He is currently a PhD candidate there, where he continues his studies in human-centered computing.

As a research assistant at UMBC, Kai worked on a project that integrated touchless interface technology into laparoscopic surgery operating rooms. He was also the president of the Human Computer Interaction student organization on campus. Prior to joining NCI, Kai worked as a user interface/user experience (UI/UX) designer for the Baltimore Electric Vehicle Initiative (BEVI), which is a non-profit organization focused on electric vehicle education and outreach. At BEVI, Kai conducted stakeholder interviews and analyzed consumer needs to develop an iterative website design.

Sylkk Ansah
BSc

Sylkk Ansah joined the Surveillance Informatics Branch of the Surveillance Research Program as a project coordinator and provides support for the NCI-Department of Energy (DOE) Pilot 3 collaboration.

Sylkk is a native of Alexandria, Virginia, and earned a B.Sc. in Business Administration from the University of Mary Washington in Fredericksburg, Virginia. Prior to joining SRP, Sylkk worked in telecommunications as a Solutions Specialist, where he delivered software solutions to small businesses through data analytics and benchmarking. He also worked in the automotive industry, where he used data analyses to predict customer behavior.

Catherine Wang
PharmD

Catherine Wang has joined the Surveillance Informatics Branch of the Surveillance Research Program as a Cancer Research Training Award fellow in Pharmacy. She works on the collection, evaluation, and utilization of pharmacy data for the enhancement of SEER data. She also supports other treatment-related projects within the NCI Division of Cancer Control and Population Sciences. Her mentor is Donna Rivera.

Catherine is originally from North Potomac, Maryland. She earned her Doctor of Pharmacy from University of Maryland. During her studies, an interest in health economics and outcomes research led her to develop a cost-effectiveness analysis on PARP Inhibitors. She received previous training at Bioverativ (Value Based Outcomes), Ewha Womans University in Korea, and the Food and Drug Administration's Office of Bioequivalence.

Her various rotational experiences have led her to SRP, where she can nurture her interest in methods and approaches to appropriately analyze claims data and understand the data limitations for research and healthcare decision-making purposes.

Yao Yuan
PhD, MPH

Yao Yuan joined the Data Quality, Analysis, and Interpretation Branch of the Surveillance Research Program as a Cancer Research Training Award fellow. She works on the SEER-linked Virtual Tissue Repository Pilot Studies, as well as data linkage projects related to SEER. Yao looks forward to incorporating her background in basic sciences relating to cancer genomics, as well as her analytical skills in public health to contribute to various projects.

Prior to joining the NCI, Yao received her training as a postdoctoral fellow at the NIH Clinical Center conducting translational biomedical research. This was after she received her PhD in Molecular Biology and Immunology from Rutgers University in 2012. She then went on to pursue a Master of Public Health degree from the Johns Hopkins Bloomberg School of Public Health, graduating in May 2018.

Initiatives

NCI-DOE Pilot 3 Collaboration: An Update

The SEER Program is collaborating with four national labs at the Department of Energy (DOE) in a three-year initial pilot project to leverage the capabilities of high performance computing to support implementation of a more advanced population-based cancer surveillance program and to develop an integrated framework for modeling and simulation from individual patient to the population level.

The objective of the pilot is to deliver tools for automating and augmenting the work of central cancer registries. The pilot will also provide an infrastructure that will support the ongoing and sustainable development of scalable algorithms and informatics tools. This infrastructure will enhance the existing national cancer surveillance programs while also expanding the breadth of data captured to integrate more detailed data sources and variables that can be used to model and simulate cancer treatment outcomes.

Using deep learning methods, researchers at participating DOE laboratories have been creating robust Natural Language Processing (NLP) tools to automate the task of identifying and coding cancer site, histology, laterality, grade and behavior of tumors described in pathology reports. These are currently undergoing iterative testing and review by IMS on registry data to ensure that the highest levels of precision and accuracy are achieved. The tools are intended to be incorporated into the registry workflow to reduce the burden of manual entry by the cancer registrars. NCI has also produced an infrastructure to create large manually-annotated datasets to facilitate NLP algorithm development, which have coded data fields and the associated highlighted supporting text.

NCI continues to identify and link external data sources with SEER data to enable the expansion of longitudinal data to form patient trajectories and to support modeling efforts. The team is collaborating with clinical experts to create disease-specific use cases for scalable predictive modeling and analytics using a variety of integrated datasets.

New on the 'Net

Cancer Trends Progress Report (CTPR)
Online Summary of US Cancer Control Measures | Progressreport.cancer.gov

As part of a collaboration with the Implementation Science team, the Surveillance Research Program released the latest Cancer Trends Progress Report in February this year.

Cancer is a major public health concern that affects more than 1.6 million Americans each year. It is the second leading cause of death in the United States. Although the cancer death (mortality) rate continues to decline across all populations, certain groups suffer a greater burden of disease, and the financial and emotional hardships caused by a cancer diagnosis persist. Thus, our nation has made large investments in cancer care and research.

The Cancer Trends Progress Report is an annual report published by the National Cancer Institute's Division of Cancer Control and Population Sciences (DCCPS). The report summarizes the nation's advances against cancer in relation to Healthy People 2020 targets. It includes key measures of progress along the cancer control continuum—including prevention, early detection, diagnosis, treatment, life after cancer, and end of life—and uses national trend data to illustrate where improvements have been made. Measures for lung cancer screening and prostate cancer screening are new to this February 2018 release. Also discussed are the impacts of radon exposure, human papillomavirus (HPV), tobacco advertising, obesity, and e-cigarettes on cancer prevention and survivorship. Additionally, DCCPS Director Robert Croyle, PhD shares his thoughts about advancing scientific progress and research in the Director's Message.

Interactive tools in the report offer the ability to generate custom reports and view trend data by several variables, including sex, age, race, ethnicity, income, and education. The report is especially useful for policy makers, researchers, and public health professionals.

Prevention
Behaviors, such as avoiding sun exposure, indoor tanning, and tobacco are critical to preventing cancer. Receiving the human papillomavirus (HPV) vaccine, which is recommended by the CDC for males and females ages 9 through 26, is another a way to reduce the risk of cancer. HPV is known to cause many types of cancer, including cervical, anal, oropharyngeal, and penile. However, HPV vaccination does not protect against all infections that may cause cancer, so routine screening and early detection are important for prevention and cancer care. Making healthy dietary choices, engaging in regular physical activity, and limiting alcohol consumption may also help prevent cancer.
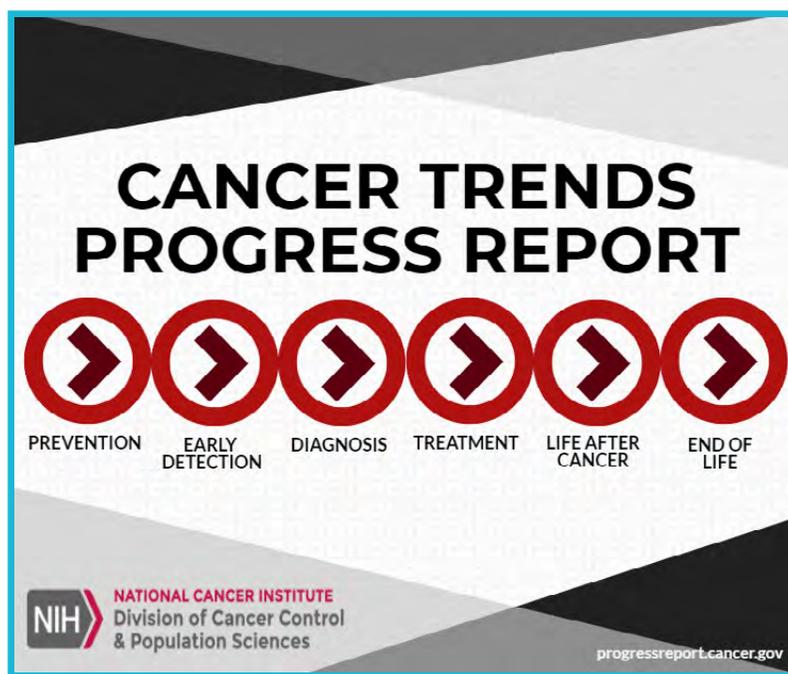
New on the 'Net

CTPR (cont.)

Early Detection
The early detection of cancer is critical because it allows treatment to be given in a timely manner, which is likely to be more effective and increase the chances of survival. Since screening rates are generally lower in populations with less education and lower incomes, later detection contributes to the disparities seen in cancer survival.

Diagnosis
The number of new cancer cases (incidence) helps determine the extent of progress against cancer. A lower incidence rate (number of new cancer cases occurring in a specific population during a specific time period) suggests greater progress. Incidence trends vary by cancer site and by racial and ethnic group. Knowing the stage at cancer diagnosis is also necessary, as it affects survival and the type of treatment.

Treatment
There are several treatment options for people with cancer, including surgery, radiation therapy, immunotherapy, chemotherapy, and hormone therapy. Treatment guidelines are based on rigorous evidence.
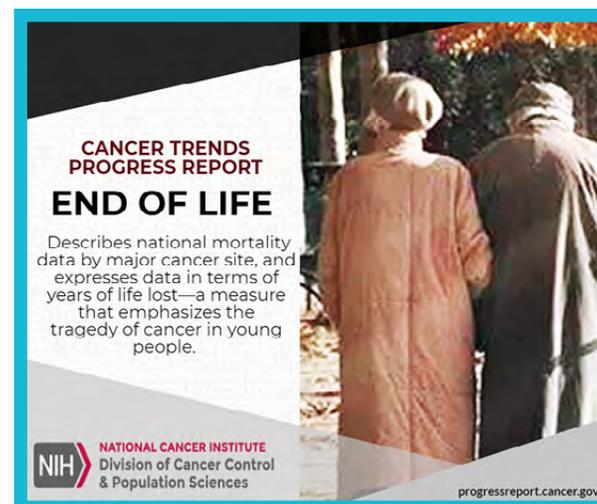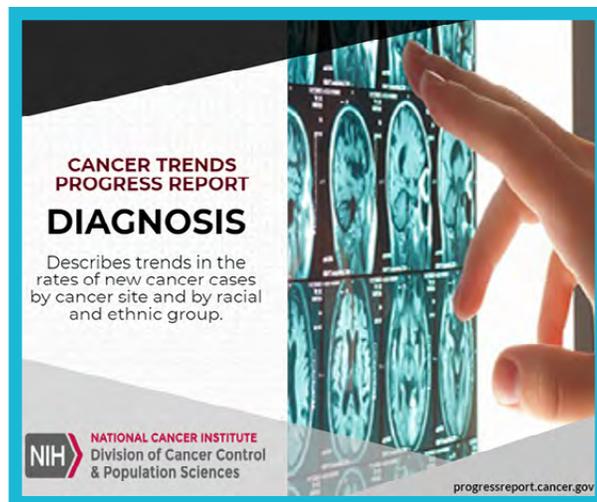
Life After Cancer
Due to medical advances, the length of survival after cancer diagnosis is improving. Yet, certain factors can affect quality of life for cancer survivors. The financial burden of cancer care is steadily rising, and many survivors continue to use tobacco despite increased risk for chronic health conditions and premature death. Maintaining a healthy weight and engaging in regular physical activity can enhance health outcomes after a cancer diagnosis. Taking those steps can also minimize the risk of developing new cancers that are associated with obesity, such as pancreatic, kidney, and esophageal.

End of Life
Reducing the death rate from cancer is a measure of success against this group of diseases. A lower death rate suggests greater progress. Another way to describe the impact of cancer is in person-years of life lost. Person-years of life lost shows the impact of cancer on different age segments in the population.

While the cancer death rate continues to decline across all populations and for many types of cancer, our nation continues to conduct vigorous research to improve outcomes. New data and trends will soon become available. Please visit the site to view the full report, and look ahead to the updated report next year.

CANCER TRENDS PROGRESS REPORT

DIAGNOSIS

Describes trends in the rates of new cancer cases by cancer site and by racial and ethnic group.

NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

progressreport.cancer.gov

CANCER TRENDS PROGRESS REPORT

LIFE AFTER CANCER

Describes the financial burden of cancer care, relative survival rates, and the health behaviors of cancer survivors.

NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

progressreport.cancer.gov

CANCER TRENDS PROGRESS REPORT

END OF LIFE

Describes national mortality data by major cancer site, and expresses data in terms of years of life lost—a measure that emphasizes the tragedy of cancer in young people.

NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

progressreport.cancer.gov

New on the 'Net

Annual Report to the Nation on the Status of Cancer (ARN)

The Annual Report to the Nation on the Status of Cancer (ARN) is a collaborative update from the National Cancer Institute, American Cancer Society, Centers for Disease Control and Prevention, and the North American Association of Central Cancer Registries. It provides the most recent cancer data on rates of new cases, death rates, and trends for the most common cancers in the United States. This year, the Annual Report to the Nation on the Status of Cancer has been published in two different parts. Part I of the report shares national rates and trends of different types of cancers, while Part II focuses on prostate cancer.

PART I HIGHLIGHTS

The Annual Report to the Nation on the Status of Cancer, Part I: National Cancer Statistics provides updates on rates of new cases and deaths for different types of cancers. The main conclusions from the report include: the rate of new cases of cancer continued to decrease for men but remained stable among women; significant declines in cancer death rates continue among both men and women; differences in rates and trends by race and ethnic group remain; progress in reducing cancer mortality has not occurred for all sites, with the most notable exceptions being liver cancer and uterus cancer; early cancer detection and treatment are associated with potential benefits; and continued monitoring of national statistics identifies areas for potential intervention and control to reduce the burden of cancer in the U.S. population. Further information about rates of new cases and deaths for different types of cancers are detailed below:

- **Incidence:** From 2010 through 2014, seven of the 17 more common cancers in men showed significant decreases in incidence, and seven of the 18 more common cancers in women showed significant decreases in incidence.
- **Mortality:** From 2011 through 2015, 11 of the 18 more common cancers in men showed significant decreases in mortality, and 14 of the 20 more common cancers in women showed significant decreases in mortality.
- **Differences in rates and trends by race and ethnic group remain.** For example, black men and women had the highest cancer death rates of any racial or ethnic group for all cancer sites combined. Colorectal cancer was more common among Hispanic men and women than lung and bronchus cancer. Among men, melanoma of the skin ranked fifth in whites and nineteenth in blacks, and liver cancer ranked eleventh in whites, sixth in blacks, and fourth in Asian/ Pacific Islanders.
- **Trends reflect improvements in treatment and early detection.** From 1999 to 2015, colorectal cancer mortality rates decreased, reflecting improved early detection and more effective treatments. Additionally, the five-year survival rates between 2007-2013 for stage I of the most common cancers were 100 percent for breast and prostate cancers. It was 99.5 percent for melanoma of the skin, 88.1 percent for colorectal cancer, and 55.1 percent for lung and bronchus cancer.
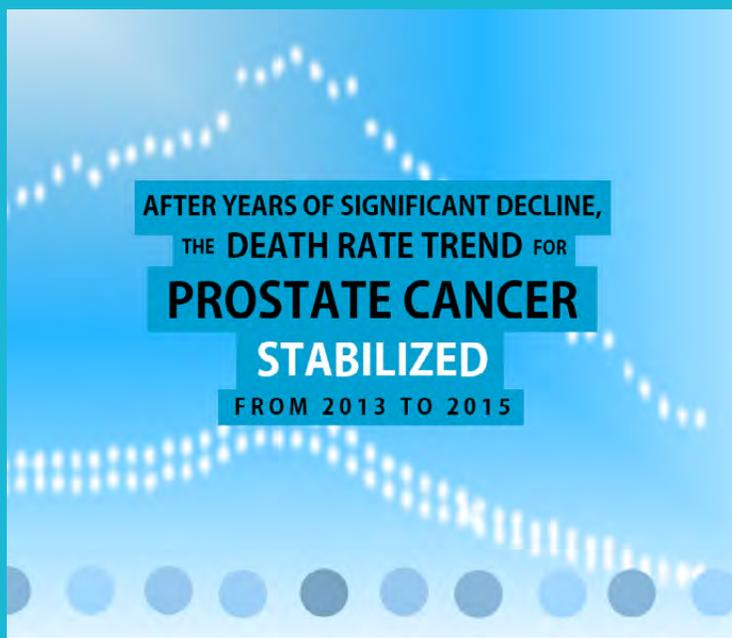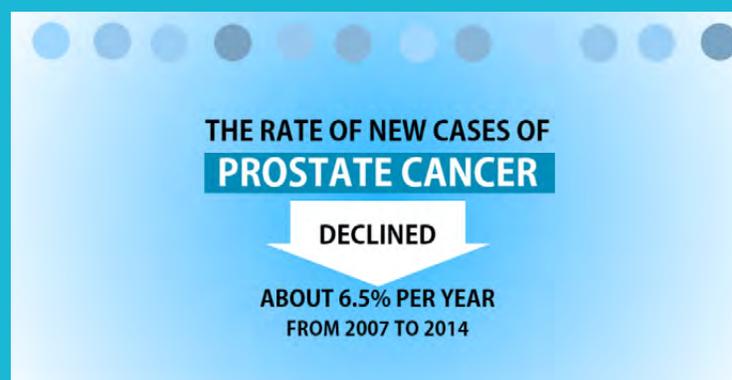
New on the 'Net

ARN (cont.)

PART II HIGHLIGHTS
Prostate Cancer

The Annual Report to the Nation on the Status of Cancer, Part II: Recent Changes in Prostate Cancer Trends and Disease Characteristics examines rates of new cases and deaths for prostate cancer. In particular, the report looks at these national trends and their relationship with prostate-specific antigen (PSA) screening rates, among other factors. The main findings from the report include: there was an increase in the incidence of late-stage disease from 2010 to 2014, a change that chronologically followed new recommendations in the U.S. Preventive Services Task Force guidelines for PSA-based prostate cancer screening; newly diagnosed patients are less likely to present with low-risk localized disease and are consequently less likely to be eligible for active surveillance; and there was no increase in the incidence of patients with other high-risk characteristics to date. The researchers concluded that these findings illustrate a trend of increasing late-stage disease after decreasing PSA screening at the population level.

Other important findings are listed below:
- The rate of new cases of prostate cancer has declined about 6 percent each year since 2007 for all age groups combined.
- After years of significant decline, the death rate trend for prostate cancer stabilized from 2013 to 2015.

To learn more about the Annual Report to the Nation on the Status of Cancer, visit seer.cancer.gov/report_to_nation/.

There has been an increased burden of **late-stage prostate cancer,** and the decline in death rates for **prostate cancer** has leveled off

seer.cancer.gov

THE RATE OF NEW CASES OF **PROSTATE CANCER** DECLINED ABOUT 6.5% PER YEAR FROM 2007 TO 2014

AFTER YEARS OF SIGNIFICANT DECLINE, THE **DEATH RATE TREND** FOR **PROSTATE CANCER** STABILIZED FROM 2013 TO 2015

New on the 'Net

SEER*Stat

SRP has released a new version of SEER*Stat (Version 8.3.5). The download and installation information for the new version can be found here: https://seer.cancer.gov/seerstat.

NCI Map Stories

NCI Map Stories are GIS portal-based interactive maps that help in the visualization of cancer-related geo-spatial data.

These maps are updated periodically to reflect new data and educate the user about a specific cancer topic. See our new updated Map Stories for lung, breast, and prostate cancers here: https://gis.cancer.gov/mapstory.

Map Story: Breast Cancer
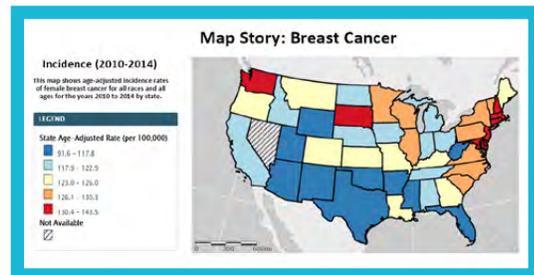
SEER*Explorer

SEER*Explorer is an interactive website that provides easy access to a wide range of SEER cancer statistics. It provides detailed statistics for a cancer site by gender, race, calendar year, age, and for a selected number of cancer sites, by stage and histology.

Explore cancer stats, graphs, & tables with SEER*Explorer

seer.cancer.gov/explorer

With SEER*Explorer, you can:
- Create custom graphs and tables
- Download data and images
- Download SEER*Stat sessions (coming soon)
- Share links to results

What's Included in the Current Release?
The initial release of SEER*Explorer is a beta version that provides access to SEER incidence, SEER survival, U.S. mortality, and lifetime risk statistics including:

- Recent Trends, 2000-2015
- Long Term Trends, 1975-2015
- Rates by Age
- Stage Distribution (incidence only)
- Recent Trends in Survival, 2000-2014 with trend projections to 2018
- 5-year Relative Survival 2008-2014
- Relative Survival Rates by Time Since Diagnosis
- Lifetime Risk Intervals
- Risk Comparison Charts

What Will Future Releases Include?
Prevalence statistics will be available in future releases, as well as the ability to compare cancer sites. The goal of this project is to replace the current Fast Stats and the SEER Cancer Statistics Review with a more robust and flexible website for accessing cancer statistics.

You can test out the beta version here: http://seer.cancer.gov/explorer/

New on the 'Net

SRP Blog

SRP has launched a blog series. In this blog, we share updates with our many stakeholders about initiatives that SRP is spearheading to bring the nation closer to a complete and detailed understanding of the cancer burden.

The blog's commentaries report on key collaborations and other efforts that aim to build an increasingly powerful and useful cancer surveillance infrastructure. We also highlight methods and technologies that are and will be essential for rapidly collecting, analyzing, interpreting, sharing, and applying cancer surveillance data. This blog reflects SRP's research priorities, and is intended to further SRP's mission. In view of the national *All of Us* Research Program and Cancer Moonshot, this is a critical time for the cancer community to focus on precision cancer surveillance.

SEER Cancer Stat Facts

More interactive Cancer Stat Facts are now available! We have a new page on common cancer sites and tongue cancer, and more pages are on the way, including pages on childhood cancer types.

Cancer Stat Facts are a collection of statistical summaries for a number of common cancer types. They were developed to provide a quick overview of frequently-requested cancer statistics. Available statistics may include incidence, mortality, survival, stage, prevalence, and lifetime risk. Links to additional resources from NCI including risk factors, treatment, and clinical trials are also provided. The statistics will be updated annually to coincide with the SEER data release. To view the Cancer Stat Facts, visit: https://seer.cancer.gov/statfacts/.
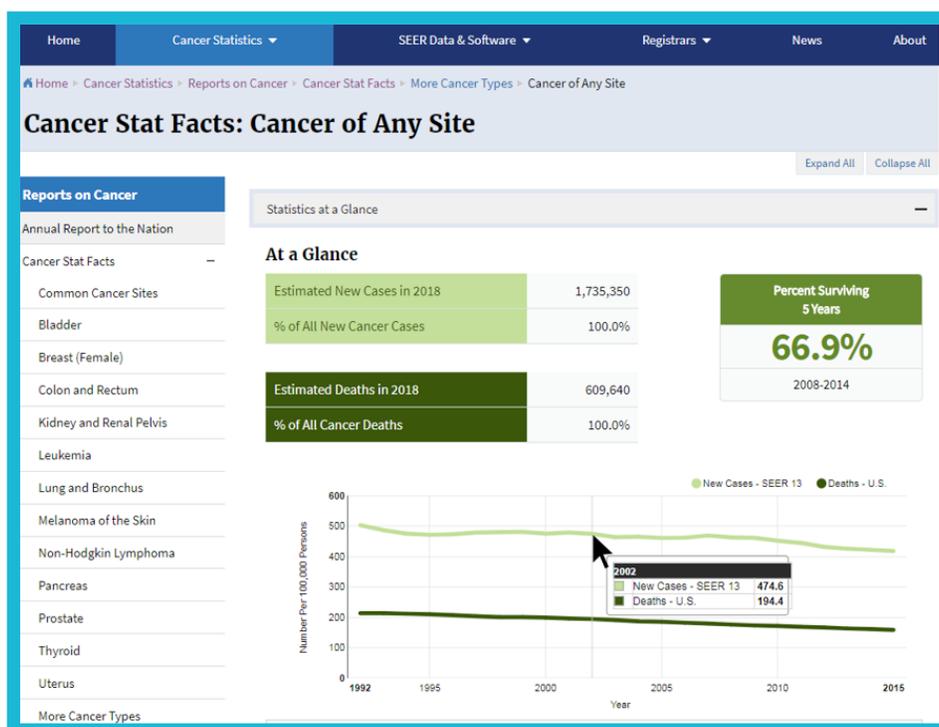
New on the 'Net

Update on the Did You Know? Video Series

The Did You Know? Video Series provides 3- to 4- minute informational videos on various cancer topics. The videos communicate key statistical data on different types of cancer to a lay audience in understandable, clear, and concise language. The Did You Know? Team has recently released videos on Human Papillomavirus (HPV) Statistics, Lung and Bronchus Cancer Statistics, Rare Cancer Statistics, an Update on U.S. Cancer Survival Statistics, and a Did You Know? Promo.

Nine Did You Know? Videos are in NCI's top 20 videos list. Our video on Cancer Statistics has more than 26,000 views, the Breast Cancer Statistics video has over 19,000 views, and the Leukemia Statistics Video has more than 17,000 views! Additionally, the videos on Prostate Cancer Statistics and Colorectal Cancer Statistics have more than 11,000 views each.

This year, the team looks forward to adding more cancer-related topics and is currently developing videos in Spanish to be featured on cancer.gov/espanol. These videos are in the public domain, free and available for your use. Get the conversation started by sharing on social media. Embed them on any website or presentation or email them to family and friends. You can find them on our SEER website at https://seer.cancer.gov/statistics/videos/.

@NCICancerStats reaches 6,000 Twitter followers! Help us continue to grow!

In July 2018, the @NCICancerStats Twitter handle had more than 6,000 followers.

@NCICancerStats provides the latest cancer statistics, information on new online tools, and resources for researchers. Please follow us, retweet us, or like our tweets if you haven't already!

Data

SEER Releases New Data

SEER released new data on April 16, 2018, which also includes
the new Cancer Statistics Review (CSR).

The SEER Cancer Statistics Review (CSR), 1975-2015, published by NCI's Surveillance Research Program, was released on April 16, 2018. The updated Cancer Statistics Review presents the most recent cancer incidence, mortality, survival, and prevalence statistics.

The Surveillance Research Program website has also been updated to reflect the new statistics, including new versions of Joinpoint and DevCan software.

All material in the SEER CSR report is in the public domain and may be reproduced or copied without permission; however, citation of the source is appreciated.

Since the early 1970s, the SEER Program has been an invaluable resource for statistics on cancer in the United States, tracking and reporting trends in incidence, mortality, survival, and prevalence. Researchers at NCI and around the country continue to rely on SEER for the most accurate cancer statistics.

New materials posted include:
- Cancer Statistics Review 1975-2015
- Cancer Stat Fact Sheets
- SEER*Explorer
- Fast*Stats
- The Cancer Query Systems
- Cancer Statistics Animator
- SEER Incidence Data, 1973-2015
- Specialized Databases

For more information, visit https://seer.cancer.gov/data/.
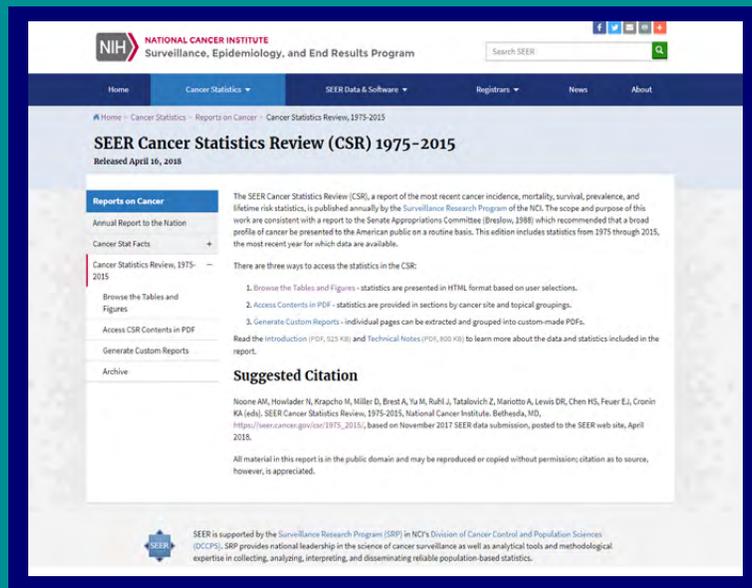
Events

Data Quality Meeting
September 25, 2018

Please save the date for an in-person, on-site SEER Data Quality Management Meeting scheduled for Tuesday, September 25, 2018, a day before the SEER*DMS Face-to-Face 2018 Meeting. This meeting will be held at the NCI Shady Grove Campus in Rockville, Maryland.

The full-day agenda is forthcoming, and the meeting will focus on data quality activities as related to SEER*DMS operations.

SEER*DMS Face-to-Face Meeting
September 26-28, 2018

The SEER*DMS Face-to-Face Meeting (F2F) brings together registry experts from across the country to discuss SEER*DMS initiatives that aim to support the development and enhancement of tools and processes for the cancer registry community. F2F provides a forum to discuss registry-specific insights, considerations, and barriers regarding the development initiatives. It aims to provide clarity and foster communication among all SEER*DMS stakeholders. In its first year, more than 150 attendees participated in the 2017 F2F Meeting in person and online; nineteen cancer registries were represented in person at the meeting. This year's SEER*DMS Face-to-Face Meeting will be held September 26-28, 2018, at the NCI Shady Grove Campus in Rockville, Maryland.

Caption: Group photo of attendees and meeting organizers for the SEER*DMS 2017 Face-to-Face Meeting in Rockville, MD.

Publications

SRP Staff Publications
January 2017 through January 2018

Gonzales FA, Willis GB, Breen N, Yan T, **Cronin KA**, Taplin SH, **Yu M**. An Exploration of Changes in the Measurement of Mammography in the National Health Interview Survey. Cancer Epidemiol Biomarkers Prev 2017 Nov;26(11):1611-1618. Epub 2017 Sep 8. [PubMed Abstract]

Henton M, Gaglio B, Cynkin L, **Feuer EJ**, Rabin BA. Development, Feasibility, and Small-Scale Implementation of a Web-Based Prognostic Tool-Surveillance, Epidemiology, and End Results Cancer Survival Calculator. JMIR Cancer 2017 Jul 20;3(2):e9. [PubMed Abstract]

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Publications

SRP Staff Publications (cont.)
January 2017 through January 2018

Petitti DB, Lin JS, Owens DK, Croswell JM, **Feuer EJ**. Collaborative Modeling: Experience of the U.S. Preventive Services Task Force. Am J Prev Med 2018 Jan;54(1S1):S53-S62. [PubMed Abstract]

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White MC, Babcock F, Hayes NS, **Mariotto AB**, Wong FL, Kohler BA, Weir HK. The history and use of cancer registry data by public health cancer control programs in the United States. Cancer 2017 Dec 15;123 Suppl 24:4969-4976. [PubMed Abstract]

Grants

SRP Grants Awarded in Fiscal Year 2017

Newly funded SRP competing grant awardees for Fiscal Year 2017 are listed below. In addition to these newly funded grants, SRP received and reviewed over 80 new grant applications and currently manages over 100 existing, non-competing grants for continued funding.

> **KEY**
> DAB – Data Analytics Branch
> OAD – Office of the Associate Director
> SRAB – Statistical Research and Applications Branch

SRP Branch	Program Director	Principal Investigator	Research Project Title	Institution
DAB	Rose Fredua	Elizabeth Ogburn	19th IMS New Researchers Conference	Johns Hopkins University
DAB	Nadia Howlader	Ruth Etzioni	ReCAPSE: Recurrence from Claims and PROs for SEER Enhancement	Fred Hutchinson Cancer Research Center
DAB	Angela Mariotto	Liang Zhu	Statistical Analysis for Mixed Outcome Measures in Recurrent Event Studies	University of Texas Health Sciences Center of Houston
DAB	Angela Mariotto	Ross L. Prentice	Statistical Methods for Multivariate Time Data	Fred Hutchinson Cancer Research Center
DAB	Angela Mariotto	Fan Yang	Understanding Causal Effects of a Treatment on Survival in Observational Studies with Unmeasured Confounding and an Application to Effect of PMRT on Breast Cancer Patients	University of Colorado at Denver
DAB	Angela Mariotto	Glenn Heller	Inferential Methods to Assess the Incremental Value of New Biomarkers in Risk Classification Models	Sloan-Kettering Institute of Cancer Research
OAD	Susan Scott	Roman Gulati	Advanced Statistical Modeling and Analytics for Prostate Cancer	Fred Hutchinson Cancer Research Center
SRAB	Eric (Rocky) Feuer	Ulrike Peters	Comprehensive Colorectal Cancer Risk Prediction to Inform Personalized Screening	Fred Hutchinson Cancer Research Center
SRAB	Eric (Rocky) Feuer	Jeremy M.G. Taylor	Statistical Methods for Cancer Biomarkers	University of Michigan at Ann-Arbor
SRAB	Benmei Liu	Molin Wang	Statistical Methods for Analysis of Pooled Continuous Biomarker Data Arisen from Multiple Studies	Harvard School of Public Health
SRAB	Zaria Tatalovich	Tracy Onega	Automated Delineation of Cancer Service Areas	Dartmouth College
SRAB	Li Zhu	James A. Thompson	Estimating and Communicating Spatial Certainty when Childhood Cancers Co-Cluster	Texas A&M University

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