



# Surveillance Research Program Bulletin

Web sites: <http://surveillance.cancer.gov>;  
<http://seer.cancer.gov>

The Surveillance Research Program (SRP) directs the collection and analysis of data to answer key questions about cancer incidence, morbidity, mortality, and cancer-related health status in diverse regions and populations in the United States.

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## Summer 2010

### Highlights



Harold Varmus

#### Harold Varmus, M.D., Appointed to Lead the National Cancer Institute

On May 17, 2010, President Barack Obama announced his intent to appoint Harold Varmus, M.D., to serve as Director of the National Cancer Institute (NCI). Dr. Varmus first joined the National Institutes of Health (NIH) as a member of the U.S. Public Health Service in 1968. He then returned to serve as NIH Director from 1993–1996, under former president Bill Clinton. During his tenure, he guided construction of a new clinical center, strengthened the intramural research program, recruited outstanding leaders, and helped to initiate a doubling of the NIH budget.

Dr. Varmus received a B.A. in English literature from Amherst College, a master's degree in English from Harvard University, a medical degree from Columbia University's College of Physicians and

Surgeons, and was trained in internal medicine at Columbia-Presbyterian Medical Center. After completing his training, Dr. Varmus worked at the University of California, San Francisco (UCSF) as a member of their medical faculty. During this time, he conducted scientific work on cancer genes and retroviruses, and was a co-recipient of the 1989 Nobel Prize in Physiology or Medicine for studies of the genetic basis of cancer. In January 2000, he became President of the Memorial Sloan-Kettering Cancer Center (MSKCC) in New York City.

In an e-mail to NCI staff, Francis Collins, M.D., Ph.D., NIH Director, said that Dr. Varmus "brings unmatched expertise at all levels—not only in cutting-edge scientific research, but also as a leader in the development of strategies for improving patient care, in scientific education and training, and in the design of novel public-private partnerships." He also stated, "I want to express my appreciation to John Niederhuber, M.D., for his dedicated service and fine leadership of NCI over these past years."

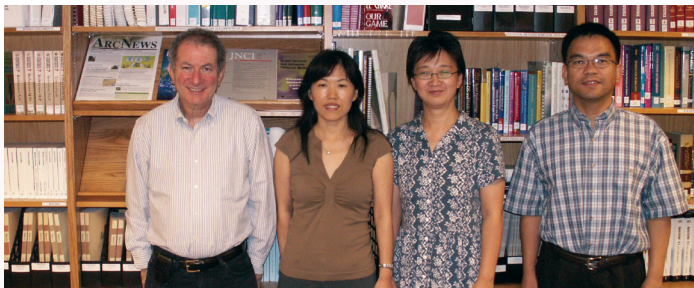
## SRP Reorganization: Update

SRP's reorganization into four new branches became official in April 2010. In addition to the **Office of the Associate Director**, SRP has expanded from two branches, formerly known as the Cancer Statistics Branch and the Statistical Research and Applications Branch, into four new collaborative and integrated branches, as described below.



The Office of the Associate Director (l. to r.): Brenda Edwards (Associate Director), Antoinette Percy-Laurry, Lawrence Hwang, Terri Harshman, Amy Garson, and Judith Swan. Not pictured: Lynn Ries and Diane Hazel-Barrett

**Statistical Methodology and Applications Branch** (Eric J. "Rocky" Feuer, Ph.D., Chief)—The Statistical Methodology and Applications Branch (SMAB) conducts and supports research to provide optimal statistical methods for the collection, analysis, and presentation of biostatistical measures related to NCI's cancer control, surveillance, and epidemiology programs. SMAB supports research and applications that evaluate interventions to reduce the cancer burden while collaborating with cancer research communities to fully utilize these methods and results. The branch also develops software and data to disseminate statistical models and methods in the statistical and health policy communities; provides consultation on the design and analysis of cancer surveillance, control, spatial-temporal analysis, genetic studies, and intervention studies; and supports extramural research through a portfolio of grants and contracts.



The Statistical Methodology and Applications Branch (l. to r.): Eric J. "Rocky" Feuer (Chief), Benmei Liu, Li Zhu, and Huann-Sheng Chen. Not pictured: Miquel Sample-Jubilee and Shunpu Zhang

**Surveillance Systems Branch** (David Stinchcomb, M.A., M.S., Chief)—The Surveillance Systems Branch (SSB) coordinates a national program that measures and reports the cancer burden in the U.S. population and its sub-groups, along with accurate estimates of cancer incidence, morbidity, survival, mortality, and other associated indicators. It also directs a quality control program that maintains standards for collecting and reporting cancer data and integrates advances in informatics into program management and operations and dissemination of surveillance data; develops software that improves programmatic functions such as cancer registry operations and statistical analysis of data and communications; collaborates with organizations that promote the creation and comparability of cancer surveillance information systems; and manages a portfolio of grants and contracts.



The Surveillance Systems Branch (l. to r., top row): Leon Sun, Lois Dickie, Zaria Tatalovich, Margaret (Peggy) Adamo, Jennifer Ruhl (l. to r., bottom row): Dave Stinchcomb (Chief), Carol Johnson, Carol Kosary, Elizabeth (Betsy) Flag

**Data Analysis and Interpretation Branch** (Kathleen Cronin, Ph.D., Chief)—The Data Analysis and Interpretation Branch (DAIB) provides leadership for the analysis and interpretation of patterns and trends in cancer surveillance data. This includes developing new statistical methods and tools, planning and directing cancer surveillance studies, applying various techniques to the analysis and presentation of cancer statistics, and combining systems to measure progress in reducing the cancer burden.



The Data Analysis and Interpretation Branch (l. to r.): Mandi Yu, Nadia Howlader, Milton Eisner, Sean Altekruise, Kathy Cronin (Chief), Denise Lewis, and Minjung Lee



**Data Modeling Branch** (Angela Mariotto, Ph.D., Acting Chief)—The Data Modeling Branch (DMB) supports research on statistical and mathematical models to understand the impact and effectiveness of cancer control interventions and the impact of economic, health care delivery, and utilization factors on the cancer burden. DMB also coordinates research to evaluate and improve estimates of cancer progress measures such as survival, prevalence, and quality of life; develops software for use in integrating statistical models into data systems; establishes methods and models for use of data from multiple sources; disseminates knowledge and understanding of models, methods, and software tools necessary to utilize surveillance data for research purposes and policy evaluation; and supports modeling and statistical methodology research in the extramural community through various grants and contracts.



The Data Modeling Branch (l. to r.): Michelle Dunn, Angela Mariotto (Acting Chief), Rose Fredua, and Hyunsoon Cho

## Surveillance Planning Workshop: Update and Next Steps

At the quarterly SRP miniretreat on March 31, 2010, DAIB Branch Chief Kathy Cronin, Ph.D., presented updates on surveillance planning activities. The first Surveillance Implementation Group (SIG) met in 1999. More recently, the Surveillance, Epidemiology, and End Results (SEER) Program held a visioning meeting in April 2008, and a second SIG was convened for a planning workshop in October 2009. At the 1999 meeting, the first SIG identified relevant research priorities and created an implementation plan for NCI-funded surveillance research. These priorities—which were addressed over the following decade—included improving methods of data collection, improving representativeness of cancer burden estimates, producing and disseminating a national report card on the cancer burden, supporting molecular and genetic research for surveillance, and developing a training strategy.

The 2009 workshop identified five focus areas and addressed each of these in presentations and breakout discussions. From these discussions, five new priority areas were identified and a plan was developed to address each in the short-, mid-, and long-term. The new priority areas are as follows:

1. Provide a more complete depiction of the burden of cancer in the United States—past, present, and future.
2. Collect better quality data on the burden of cancer in the United States more efficiently, through effective utilization of electronic tools.
3. Improve understanding of the differences and disparities in the burden of cancer in the United States.
4. Better understand the continuum in the burden of cancer in the United States, from risk to prognosis.
5. Communicate cancer statistics more effectively to researchers and users, and make the data more accessible and understandable to all.

The next steps in the process will be to complete the workshop report and to hold an SRP retreat to discuss the report and the results of the 2009 workshop. The main objectives of the retreat will be: understanding SRP's new organization, orienting staff to current SRP activities, and fostering the sharing of knowledge and collaboration between the new branches; and reviewing and prioritizing findings from the 2009 workshop and determining strategies to implement the next round of changes.

## NCI and Affiliates Host Spring 2010 NETWORK Meeting

On April 7–9, 2010, the Network for Cancer Control Research Among American Indian and Alaska Native Populations (NETWORK) held its spring meeting at NCI. The 3-day meeting opened with a Native American welcome, followed by updates from NCI, the Center to Reduce Cancer Health Disparities (CRCHD), the Centers for Disease Control and Prevention (CDC), the Spirit of EAGLES, the Northwest Tribal Registry, and the Indian Health Service (IHS). The agenda also included a discussion of funding opportunities and a half-day planning session for the triennial National Conference, "Changing

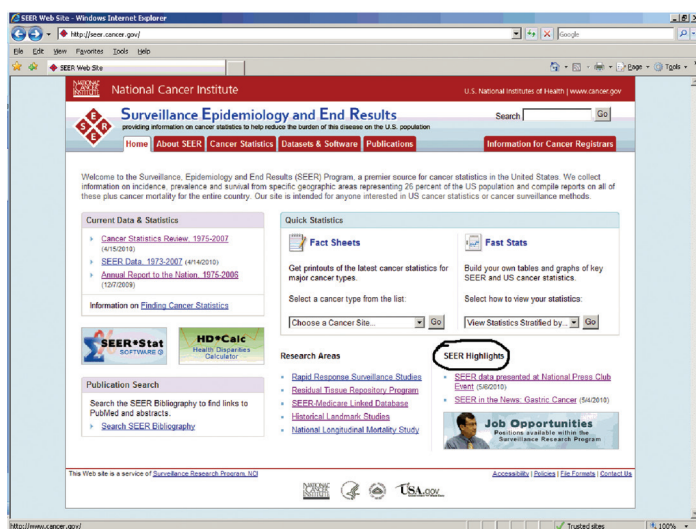
Patterns of Cancer in Native Communities,” which will take place in September 2010 at the Westin Seattle. For more information on NETWORK activities and the conference, visit <http://www.nativeamericanprograms.org>. Additional information about NCI’s Native American initiatives is available at <http://surveillance.cancer.gov/disparities/native>.

## National Center for Health Statistics Mortality Data Released July 1

CDC’s National Center for Health Statistics (NCHS) released its annual mortality datasets on July 1, 2010. These mortality data are a fundamental source of demographic, geographic, and cause-of-death information. They also are used to present the characteristics of those dying in the United States, determine life expectancy, and compare U.S. mortality trends with other countries. These datasets will be made available through the CDC Web site, NCI’s SEER\*Stat, and the *SEER Cancer Statistics Review*. Additional information about the NCHS Mortality Datasets is available at <http://www.cdc.gov/nchs/deaths.htm>.

## SEER Highlights on the Web

In April 2010, the SEER Web site (<http://seer.cancer.gov>) revamped its “SEER Highlights” section. “SEER Highlights” will be a recurring feature that includes up-to-date news articles, press releases, and summaries regarding research and current events that pertain to the SEER Program and use of SEER data. These news articles also will be featured regularly in this newsletter.



SEER staff members are encouraged to submit interesting and newsworthy articles about SEER to Judith Swan at [swanj@mail.nih.gov](mailto:swanj@mail.nih.gov).

## Gastric Cancer—Trends Suggest Increase in Cancers of the Lower Stomach for Younger Whites

Cancer of the lower stomach has decreased overall in American adults but has increased in whites age 25 to 39, a study finds. The work, led by NCI researchers, is published in the May 5, 2010, issue of the *Journal of the American Medical Association*. Cancers of the upper and lower parts of the stomach are thought to have different causes. Cancers of the upper stomach may be related to acid reflux, whereas a major cause of lower stomach cancers is infection with the bacterium *Helicobacter pylori* (*H. pylori*). Most stomach cancers are diagnosed in people 65 years of age or older. In the United States, stomach cancer is higher among African Americans, Asian Americans, and Hispanics. “Overall stomach cancer incidence trends primarily reflect higher rates in older individuals,” said study author William F. Anderson, M.D., Division of Cancer Epidemiology and Genetics, NCI. “But incidence rates that are specific to particular age groups can provide important clues about future cancer trends that may vary from group to group.”

The research team analyzed data from NCI’s SEER Program, which collects cancer incidence and survival data from population-based registries that cover 26 percent of the U.S. population. The NCI team identified 39,003 cases of noncardia gastric cancer diagnosed from 1977 through 2006. They then compared changes in incidence rates during this 30-year period in groups defined by age, race, and other factors. The researchers found that the overall incidence rates (cases per 100,000 people) of noncardia gastric cancers declined over the 30-year study period for all races. Specifically, rates dropped from 5.9 to 4.0 among whites, from 13.7 to 9.5 among blacks, and from 17.8 to 11.7 among other racial groups. However, among whites, different age groups had markedly different incidence rate trends. Even though incidence rates fell from 20 to 13 among people age 60–84 and from 3 to 2 among those age 40–59, the rates increased from 0.27 to 0.45 among those age 25–39. In contrast, incidence rates of noncardia cancer declined for nearly all age groups among blacks and people of other races. Although noncardia gastric cancer risk is substantially greater for Hispanic than non-Hispanic whites, the SEER data did not distinguish ethnicity-specific rates until 1992. The investigators conducted an analysis for the time period



1992–2006 among non-Hispanic whites and observed age-specific trends similar to those seen during the entire 1977–2006 study period among whites overall.

Because infection of the stomach lining by *H. pylori* is a primary cause of noncardia gastric cancer, changes in infection patterns during the last 50 years might explain the difference in incidence trends between younger and older whites. The declines in noncardia gastric cancer seen in the older cohorts are consistent with observed declines in *H. pylori* infection, reflecting improved hygiene and less crowding during childhood, when the infections typically are acquired. The increase in younger cohorts may indicate a change in the age at infection or even a reversal of the long-term decline in the prevalence of the infection. It also may be possible that a new carcinogenic process is emerging, perhaps unmasked by eradication of *H. pylori*. Apart from *H. pylori* infection, nutritional exposures, such as consuming salt and salt-preserved foods, have been implicated as risk factors for noncardia gastric cancer. Tobacco smoking is another risk factor for upper and lower stomach cancers.

“Fortunately, the overall burden of stomach cancer has been declining among all racial groups in the United States. However, increasing rates in 25-to-39-year-old whites could mean there is an important new risk factor to be identified,” said Charles S. Rabkin, M.D., senior author of the NCI study. The team concludes that additional studies are needed to confirm the trends and investigate risk factors for stomach cancer in younger whites.

Reference: Anderson WF, Camargo MC, Fraumeni Jr JF, et al. Age-specific trends in the incidence of noncardia gastric cancer in United States adults. *JAMA*. 2010 May 5;303(17):1723-8.

## SEER Data Presented at National Press Club Event: Scarlett Lin Gomez Speaks at Asian & Pacific Islander American Health Forum



Scarlett Lin Gomez

On May 6, 2010, Scarlett Lin Gomez of the Cancer Prevention Institute of California spoke at the National Press Club in Washington, DC. The forum, entitled “Beyond Reform: Health Concerns and Disparities Among America’s Fastest Growing Populations,” was hosted by the Asian & Pacific Islander American Health Forum (APIAHF) and the Kellogg Foun-

ation, and addressed health disparities among Asian American, Native Hawaiian, and Pacific Islanders. The event launched the *American Journal of Public Health’s* recent special issue, which highlighted the health of Asian and Pacific Islander populations in the United States. During her address, Dr. Gomez discussed significant findings from two of her recently published papers: “Hidden Breast Cancer Disparities in Asian Women: Disaggregating Incidence Rates by Ethnicity and Migrant Status,” and “Disparities in Breast Cancer Survival Among Asian Women by Ethnicity and Immigrant Status: A Population-Based Study.” Both studies were based on statewide California SEER data collected from the Greater Bay Area Cancer Registry, the Los Angeles Cancer Surveillance Program, and the California Cancer Registry.

In the first study, Dr. Gomez and colleagues examined trends in breast cancer incidence rates among specific Asian populations in California to determine if disparities existed based on immigrant status and age. They found that breast cancer rates were higher among U.S.-born Chinese and Filipina women than in foreign-born Chinese and Filipina women. In contrast, U.S.- and foreign-born Japanese women had similar breast cancer incidence rates. Additionally, U.S.-born Chinese and Filipinas under the age of 55 also had higher rates of breast cancer than white women of the same age. Overall trends indicated that breast cancer incidence rates have been increasing over time for most groups of Asian women in the United States. This indicates a need to increase awareness about breast cancer among Asian populations, improve targeted cancer control measures, and fund additional research to identify the factors that are contributing to the surprisingly high rates.

In the second study, Dr. Gomez and colleagues found that foreign-born Asians were more likely than U.S.-born to be diagnosed at an advanced stage. Furthermore, survival after breast cancer was poorer among foreign-born Asians, even after adjusting for stage, age, socioeconomic status, and other factors. These findings point to the importance of continuing to increase access to and knowledge about screening, particularly among foreign-born women, and the need for further research to understand the factors contributing to their poorer survival.

For more information about APIAHF, visit the Asian & Pacific Islander American Health Forum Web page at <http://www.apiahf.org>. For more information on the studies, the citations are:



Gomez SL, Quach T, Horn-Ross PL, et al. Hidden breast cancer disparities in Asian women: disaggregating incidence rates by ethnicity and migrant status. *Am J Public Health*. 2010 Apr 1;100 Suppl 1:S125-31. Epub 2010 Feb 10.

Gomez SL, Clarke CA, Shema SJ, et al. Disparities in breast cancer survival among Asian women by ethnicity and immigrant status: a population-based study. *Am J Public Health*. 2010 May;100(5):861-9. Epub 2010 Mar 18.

## SRP Staff Participates in NAACCR Annual Meeting

Surveillance Research Program (SRP) staff members attended and contributed to the Annual Meeting and Workshops of the North American Association of Central Cancer Registries (NAACCR), June 19–26 in Quebec City, Canada. This year's conference, entitled "Renewed Collaboration: A Modern Paradigm for Cancer Surveillance," addressed the role, opportunities, and challenges of collaboration and how it can improve relationships, lead to joint projects, and foster learning. The program included workshops that were sponsored and presented by SRP staff members, with topics ranging from cancer registrar training to trends and patterns in cancer incidence, including:

**Peggy Adamo, RHIT, CTR, Dave Stinchcomb, M.A., M.S., Lynn Ries, M.S., and Carol Johnson, B.S., CTR,** held a training session at a SEER Workshop entitled "**2010 Hematopoietic and Lymphoid Project: What It Means for Central Registries.**" This session had four primary objectives: (1) Educate the central registries about when and how they should use the new hematopoietic rules and database; (2) Provide a tutorial for using the new hematopoietic database; (3) Discuss data analysis over time and delay adjustment; (4) Introduce the audience to tools that will be made available to central registries to aid in implementing the 2010 hematopoietic rules.

**Peggy Adamo** also gave a presentation entitled "**Highlights From the New 2010 SEER Program Manual: Process and Content,**" which provided an overview of revisions made to the new *SEER Program Manual* and described the revision process. Topics included: background on the *SEER Program Manual*, the process used to identify and catalogue proposed changes, the process used to revise the *Manual*, and an overview of the 2010 revisions.

**Li Zhu, Ph.D.,** gave a presentation entitled "**Trends and Patterns of Childhood Cancer Incidence in the United States, 1995–2009.**" The purpose of this study was to investigate incidence rates, case counts, and

demographic variables related to childhood cancer in the United States from 1995–2009. Dr. Zhu created a generalized linear mixed effects model and applied it to a CINA data set that contained observed childhood cancer counts from 1995–2006. Covariates such as measures of income, education, housing, urban/rural status, health insurance coverage, smoking, obesity, and cancer screening were included in the analysis. Temporal trends and spatial distribution patterns also were compared among various subpopulations and cancer subsites. Once data analysis is completed, the resulting set of predictions will provide a complete count and rate estimate of childhood cancers in the United States.

**Jennifer Ruhl, RHIT, CCS, CTR,** discussed "**ICD-9-CM Updates and U.S. Adoption of ICD-10 Coding Standard: Major Changes in Health Information Coding Practice and Implications for Cancer Surveillance.**" Ms. Ruhl described updates being implemented for the ICD-9-CM, ICD-10, and other coding standards that are used by cancer surveillance programs for casefinding, case matching, record linkage, and other purposes. Currently, ICD-9 is updated biannually, and ICD-10 is updated every 3 years. However, in 2013, ICD-10-CM will become the coding standard for diagnosis and procedure coding in the United States, which will affect cancer surveillance programs and registrars. To prepare for this transition, the SEER Program will create a working group that will support the cancer registry and cancer surveillance community from 2011–2014, while this conversion takes place.

**Brenda Edwards, Ph.D.,** discussed "**A Web-Based Interactive System To Calculate Survival for Recently Diagnosed Cancer Patients.**" This presentation highlighted NCI's Cancer Survival Query System (CSQS)—an online tool designed to provide survival predictions using population-based data from the SEER Program and individualized patient data from physicians. CSQS provides probabilities of dying from cancer and other causes and of surviving for various points in time subsequent to diagnosis. It accounts for cancer and comorbidities simultaneously, which allows for a more accurate assessment of survival. CSQS was developed in collaboration with physicians, cancer advocacy groups, and patients. It is hoped that CSQS will "assist clinicians in calibrating their intuition about survival for individuals, thereby improving their ability to provide more accurate estimates of cancer prognoses."

NAACCR's next annual meeting will be in Louisville, KY, June 18–25, 2011.

## Employment Opportunities

### Mathematical Statisticians

SRP has several openings for Mathematical Statisticians to study trends and evaluate the impact of cancer control interventions as well as geographic, socioeconomic, behavioral, genetic, and health care delivery factors on the cancer burden. Areas of interest for the program include:

- Using state-of-the-art methods to ensure that cancer data are accurate and to detect outliers and understand their source. Methods include data mining, data visualization, and small area estimation.
- Analysis of large and complex data sets. Population data in cancer surveillance have a complex structure that includes time and space correlations, multilevel structure, and missing data. Methods may involve spatio-temporal analysis of data, imputation techniques, and hierarchical and multilevel regression models.

- Developing and evaluating new cancer progress measures and methods for analyzing and presenting national cancer statistics. Examples are survival cure models, change-point models, back-calculation methods, and competing risk modeling.
- Analysis and simulation modeling to better understand and project trends in cancer data.
- Developing risk and prognostic prediction models for patients.

Each position includes responsibility for initiating and managing collaborative analyses with scientists from NCI and other Institutes, agencies, and academic centers, and managing a portfolio of grants and contracts. SRP is seeking applicants with doctoral degrees in statistics, biostatistics, or a related area, with experience analyzing and interpreting health statistics. Excellent communication and interpersonal skills are essential.

**Contact:** Angela Mariotto, Ph.D., Acting Chief, Data Modeling Branch, [mariotta@mail.nih.gov](mailto:mariotta@mail.nih.gov)

## Training and Meeting Opportunities

### APHA Annual Meeting and Exposition

The American Public Health Association (APHA) will hold its 138th Annual Meeting and Exposition from November 6–10, 2010, in Denver, CO. This year's theme will be "Social Justice: Public Health Imperative." Sessions will explore the reasons certain populations bear a disproportionate burden of disease and mortality, and ways the public health community can address the causes of these inequities. The program will feature opening and closing general sessions, more than 1,000 scientific sessions and discussions, full- and half-day learning institutes, an exposition, and a public health awards reception. Registration fees range from \$200 to \$730, depending on registration date and membership status. For additional information and to register, visit <http://www.apha.org/meetings>.

### Training Opportunities for CTRs

#### *CTR Exam Preparation Workshop*

This course will be a concentrated 3-day review of areas that may be tested on the Certified Tumor Registrar (CTR) Exam. The program will include classroom presentations and discussion, opportunities to ask questions, case exercises, and a practice exam with immediate feedback. It will be held August 12–14, 2010, in Reno, NV. The registration fee is \$375. For additional course information and to register, visit <http://www.afritz.org/CTRws.htm>.

#### *National Program of Cancer Registries*

The Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR) offers training tools to cancer registry personnel who are interested in honing their skills in the field of cancer registration. Online training modules and other materials available through the NPCR Web site provide updated educational materials that are geared for cancer registry employees (both hospital and central), CTRs, and incidence reporters. These resources have been approved by the American College of Surgeons (ACoS) Commission on Cancer, NCI's



SEER Program, and NAACCR. For additional information, visit <http://www.cdc.gov/cancer/npcr/training/index.htm>.

### *Principles of Oncology for Cancer Registry Professionals*

This course is a concentrated 5-day training program in cancer registry operations and procedures entitled “Principles of Oncology for Cancer Registry Professionals.” The program will emphasize accurate data collection methods and include extensive, site-specific, hands-on case coding, abstracting, and staging sessions using practice cases. The course is endorsed by the National Cancer Registrars Association (NCRA) and NAACCR, and is recommended by NCI’s SEER Program. It will be held November 8–12,

2010, in Reno, NV. The registration fee is \$995, and all workshop materials will be provided. For additional course information, prerequisites, and registration materials, visit <http://www.afritz.org/pocr.htm>.

### *The National Cancer Registrars Association*

NCRA offers an array of educational opportunities for professionals who are interested in furthering their knowledge in the field of cancer registration. Classes range from workshops and seminars to Webinars and online college programs. For additional information, visit <http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=3281> and <http://www.ncra-usa.org>.

## SRP News

### New Hires



Armen Ghazarian

**Armen Ghazarian** joined SRP in June 2010 as an intern in the DAIB. Mr. Ghazarian received his B.S. in biological sciences in 2008 from the University of Maryland, College Park, and will graduate with an M.P.H. in epidemiology in December 2010. While pursuing his B.S., he worked as a laboratory technician at Virion Systems, Inc., where he conducted research

on Herpes Simplex Virus Type II, using different animal models. He currently is employed at the National Center for Research Resources (NCRR) as a program assistant to the Director. At SRP, Mr. Ghazarian will develop questions to be used in the Behavioral Risk Factor Surveillance System (BRFSS) and National Health Interview (NHIS) Surveys. Outside of the office, he enjoys swimming, lifting weights, and traveling.

**Ruzong Fan, Ph.D.**, joined SRP in May 2010 as an SMAB visiting scholar through an Intergovernmental Personnel Act (IPA) assignment. Dr. Fan received a master’s and doctoral degree in biostatistics from the University of Michigan, Ann Arbor, in 1998. In 2001, he joined the

Department of Statistics at Texas A&M University as an Assistant Professor and became an Associate Professor in 2006. Dr. Fan’s research interests include statistical genetics and stochastic processes and applications. In statistical genetics, his primary focus is developing and applying statistical methodology for gene mapping of complex diseases. In stochastic processes and applications, he has worked on stochastic differential equations, Markov processes, Dirichlet space theory, infinite dimensional stochastic analysis, and nonstandard analysis. During his summer position with SMAB, Dr. Fan’s research will focus on statistical methods of gene-gene and gene-environment interactions of complex diseases. In his spare time, Dr. Fan enjoys hiking and reading.



Catherine Olumba

**Catherine Olumba** joined SRP in June 2010 as a summer assistant. She is a junior at the University of Utah and is pursuing a bachelor’s degree in English, with dual enrollment in a pre-pharmacy program. During the summer, Ms. Olumba will work as an office clerk and provide administrative assistance to SRP staff members. In her free

time, she enjoys reading, spending time with friends, watching movies, and learning about current trends in medicine and health care.



## Other SRP Staff News



Kathy Cronin

### Kathy Cronin Appointed DAIB Branch Chief

Kathy Cronin, Ph.D., has been appointed as Chief of DAIB. Since joining SRP 13 years ago as a mathematical statistician in the Statistical Research and Applications Branch (SRAB), Dr. Cronin has provided extensive leadership on various cancer surveillance

projects. In particular, she worked to develop statistical models and related software for reporting cancer survival and other measures of the cancer burden; served as the Scientific Coordinator for the Cancer Intervention and Surveillance Modeling Network (CISNET) Breast Cancer Group since 2000; is an NCI representative for the Healthy People 2010 and 2020 initiatives; has been a statistical editor for the *Journal of the National Cancer Institute* since 2002; and took a leading role in organizing and overseeing SRP's strategic planning efforts in 2009.

Dr. Cronin received a Master of Public Health degree from Johns Hopkins University and a Ph.D. in Operations Research from Cornell University. Before coming to SRP, Dr. Cronin started her career at NCI as a Cancer Prevention Fellow in the Division of Cancer Prevention's Biometry Research Group, under Phil Prorok.

In her new role as DAIB branch chief, Dr. Cronin will help coordinate research efforts related to the analysis of cancer trends and will work with extramural researchers to help them access and interpret SEER data. When asked about this transition in her career, Dr. Cronin stated, "I am looking forward to the challenges associated with my new role as branch chief and am excited about working closely with everyone in DAIB."



Nalini Padmanabhan

### Nalini Padmanabhan Transitions to New Position With NIAID

On May 3, Health Communications Fellow **Nalini Padmanabhan, M.P.H.**, transitioned to a contracting position as a Writer-Editor with the Office of Communications and Government Relations (OCGR) at the National

Institute of Allergy and Infectious Diseases (NIAID). At SRP, Nalini wrote and edited the *SRP Bulletin*, developed content for multiple SRP Web sites, assisted in revising the *SEER Manual of Operating Procedures*, and participated in other projects. In her new position, she will develop print and online materials such as press releases and fact sheets and will interface with the media. "I had a wonderful experience during my time at SRP," said Nalini. "I learned something from every project I worked on and enjoyed getting to know everyone there."



## SEER Registry Staff Profile

### Cathryn Phillips, CTR, Connecticut Tumor Registry



Cathryn Phillips

Cathryn Phillips, CTR, is a Registrar of Tumor Records (registry manager) at the Connecticut Tumor Registry. Ms. Phillips began her career in Medical Records, receiving a Certified Tumor Registrar (CTR) Certification in 1989 from the National Cancer Registrars Association (NCRA). She received a B.A. in Sociology from Wagner

College in 1977 and pursued graduate studies at the University of Connecticut's Graduate School of Social Work from 1980–1982. In 1980, she began her career at the Hospital of Saint Raphael in New Haven, CT, as a Medical Records Manager. Her responsibilities included managing daily operations, ensuring data quality, training cancer registry and release-of-information staff, evaluating and supporting information systems, and working as an institutional privacy officer.

After spending 20 years with the Hospital of Saint Raphael, Ms. Phillips joined the Connecticut Tumor Registry in 2000. Her current work focuses on three major areas. The first is registry operations and management. As a registry manager, Ms. Phillips is responsible for overseeing contract administration; ensuring data quality and security; managing data requests; training



registry operations staff in data collection, coding, and quality improvement; and providing research support to the registry.

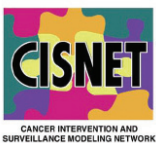
Secondly, Ms. Phillips is involved in an ongoing effort to evaluate the availability and location of various data items required for the implementation of Collaborative Stage version 2 in Connecticut facilities. Tasks for this initiative include surveying local hospitals to determine the types of data and records that are collected (or not collected), determining how easily this information can be accessed, and ascertaining how well the Connecticut Tumor Registry is performing when compared to its affiliates. Preliminary findings from this ongoing study were expected to be released in June.

Ms. Phillips recently conducted a survey and analysis on the collection and reporting of comorbid diabetes data to the Connecticut Tumor Registry. The purpose of this study was to examine the correlation between cancer and diabetes as comorbid conditions. Ms. Phillips sent a data-collection survey to 30 local hospitals in the Connecticut area. Information relevant to the analysis included types of data sources, coding, how data were collected, and challenges/obstacles hospitals encountered while collecting cancer data. Early findings indicate that current comorbid diagnoses of diabetes and cancer are consistent with past findings. Further research is needed to understand the factors contributing to this trend. Ms. Phillips co-authored an article about this study with Dr. Anthony Polednak (former PI of the Connecticut Tumor Registry) that was

recently accepted for publication in the summer edition of the *Journal of Registry Management*.

Ms. Phillips is proud of her professional accomplishments. When asked why she chose to be a CTR she said, "Being a CTR has given me opportunities to apply my managerial and educational experiences to the field of cancer surveillance and research." She continued, "My work at the Connecticut Tumor Registry gives me numerous opportunities to collaborate with colleagues in research and epidemiology. Discussions with these individuals have resulted in significant changes to data reporting and collection here in Connecticut. I also have been fortunate to work with a very diverse group of individuals who are looking at the feasibility of establishing a biorepository in Connecticut for use by various approved researchers."

When asked about the future of the field and the outlook of her profession, Ms. Phillips replied, "Registrars will need to have a more advanced education than currently is mandated, due to the increasing complexity of data collection requirements. Registrars will require additional skills in the areas of data analysis and research support, as well as increased competence in information technology and security. Recent developments in data collection, such as the revisions to rules for accessing and sequencing hematopoietic and lymphoid neoplasms, require a fairly broad knowledge of these diseases. The complexity of tagging systems also has increased exponentially over time, requiring significantly more knowledge and understanding of various disease characteristics."



## CISNET Staff Profile

### Karen Kuntz, Sc.D., University of Minnesota School of Public Health



Karen Kuntz

Karen Kuntz, Sc.D., is a professor in the Division of Health Policy and Management at the University of Minnesota's School of Public Health (SPH). She has conducted public health research with a focus on health decision science at the SPH since 2006. Before that, she was on the faculty of the

Harvard School of Public Health since 1997. She taught courses in decision analysis and modeling for 16 years, and served as a mentor for many doctoral students and clinical fellows. She received a number of awards for her research and mentoring, including a Mentoring Award from the Harvard School of Public Health in 2004. Dr. Kuntz also served as President of the Society of Medical Decision Making (SMDM) from 2004–2005, and currently serves as chair of SMDM's Methodology and Policy Initiative. She is co-chair of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR)-SMDM Task Force on Good Modeling Practices.

Dr. Kuntz's research includes the CISNET study, "A Population-Based Policy Model for Colorectal Cancer," for which she has been Principal Investigator since 2000. This study



has three main goals: (1) to develop a population-based model that incorporates changes in risk factors, screening, and treatment over time; (2) to explain the trends in colorectal cancer incidence and mortality in the United States; and (3) to use microsimulation modeling to evaluate relevant policy questions pertaining to colorectal cancer control in collaboration with the other colorectal cancer CISNET modeling groups. "When we first started this study, we did not have a model that could look at the various factors that may increase a person's risk for developing or dying from colorectal cancer. This research serves as a valuable opportunity for us to improve our techniques for modeling colorectal cancer and leverage the available data to gain insight into the natural history of this disease."

Dr. Kuntz began working on colorectal cancer modeling in the mid-1990s. Originally, she was interested in modeling colorectal cancer to study the cost-effectiveness associated with various colorectal cancer screening strategies. In 1999, she responded to a CISNET Request For Applications (RFA) and, with the additional funding, began developing a population-based model that included the trends and effects of risk factors, screening, and treatment.

Since beginning her work under the CISNET RFA in 1999, Dr. Kuntz has created and improved upon models that are used to study colorectal cancer. In 2008, she, along with other colleagues from the CISNET Colorectal Cancer group, provided projected clinical outcomes associated with various screening strategies to the U.S. Preventive Services Task Force (USPSTF) to support the update of colorectal cancer screening guidelines for individuals at average risk of developing colorectal cancer. Also in 2008, the CISNET colorectal cancer models helped to inform the Centers for Medicare and Medicaid Services

(CMS) in its National Coverage Determination for computed tomographic (CT) colonography screening for colorectal cancer by conducting a cost-effectiveness analysis of this technology compared with other screening tests covered by Medicare, such as colonoscopy.

Despite her significant accomplishments, Dr. Kuntz and colleagues continue to look for new ways to study colorectal cancer. Her current and future research efforts will focus on studying different adenoma/carcinoma pathways that have not yet been modeled, and looking at mutations and biomarkers that may impact cancer risk. Dr. Kuntz also hopes to validate her model by comparing model-projected outcomes with the results of recently published ongoing clinical trials of colorectal cancer screening.

### *Selected Recent Publications*

Colorectal Cancer Mortality Projections, National Cancer Institute, NIH, DHHS, Bethesda, MD, December 2007, <http://cisnet.cancer.gov/projections/colorectal>.

Knudsen AB, Lansdorp-Vogelaar I, Rutter CM, et al. Cost-effectiveness of CT colonography to screen for colorectal cancer. *J Natl Cancer Inst* (in press).

Zauber AG, Lansdorp-Vogelaar I, Knudsen AB, et al. Evaluating test strategies for colorectal cancer screening: a decision analysis for the U.S. Preventive Services Task Force. *Ann Intern Med*. 2008 Nov 4;149:659-69.

Zauber AG, Lansdorp-Vogelaar I, Wilschut J, et al. Cost-effectiveness of DNA stool testing to screen for colorectal cancer: report to AHRQ and CMS from the Cancer Intervention and Surveillance Modeling Network (CISNET) for MISCAN and SimCRC Models. December 20, 2007. Available from: <https://www.cms.hhs.gov/mcd/viewtechassess.asp?where=index&tid=52>

Levy DT, Mabry P, Graham AL, et al. Exploring scenarios to dramatically reduce smoking prevalence: a simulation model of the three-part cessation process. *Am J Public Health*. 2010 Jul;100(7):1253-9. Epub 2010 May 13.

### **Prostate Working Group**

Wever EM, Draisma G, Heijnsdijk EA, et al. Prostate-specific antigen screening in the United States vs. in the European Randomized Study of Screening for Prostate Cancer-Rotterdam. *J Natl Cancer Inst*. 2010 Mar 3;102(5):352-5.

## **Recent CISNET Publications**

### **Lung Working Group**

Abrams DB, Graham AL, Levy DT, et al. Boosting population quits through evidence-based cessation treatment and policy. *Am J Prev Med*. 2010 Mar;38(3 Suppl):S351-63.

Levy DT, Graham AL, Mabry PL, et al. Modeling the impact of smoking-cessation treatment policies on quit rates. *Am J Prev Med*. 2010 Mar;38(3 Suppl):S364-72.

Levy DT, Mabry PL, Graham AL, et al. Reaching Healthy People 2010 by 2013: a SimSmoke simulation. *Am J Prev Med*. 2010 Mar;38(3 Suppl):S373-81.

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