



# *Minnesota Cancer Surveillance System NOTES*



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## **Cervical Cancer Control in Minnesota**

*Carin Perkins, Ph.D., MCSS Epidemiologist*

Cancers reported to MCSS have been used to assess the effectiveness of cervical cancer control in Minnesota. The report *Cervical Cancer Control in Minnesota: assessing its effectiveness with data from the Minnesota Cancer Surveillance System* provides a detailed look at the epidemiology of this preventable cancer in Minnesota. It is posted on the MCSS web site.

- The incidence of invasive cervical cancer and mortality from this disease are significantly lower in Minnesota than in the U.S. as a whole. Based on this criterion alone, cervical cancer control in our state is highly effective.
- Nonetheless, about 175 Minnesota women are diagnosed with this preventable disease each year, and about 35 die. The burden of cervical cancer is greater than indicated by its frequency relative to other cancers because over half of the women are less than 45 years of age when diagnosed. Every invasive cervical cancer represents one of three failures: a failure to screen, a failure to detect abnormalities when screened, or a failure to adequately follow-up on detected abnormalities.
- Despite the overall effectiveness of cervical cancer control, women of color in Minnesota are two times more likely to be diagnosed with an invasive cervical cancer than non-Hispanic white women, and are three times more likely to die of this disease; they are more likely to be

diagnosed at a later stage, at an older age, and with a squamous cell carcinoma. This pattern indicates that race/ethnic disparities in cervical cancer occurrence in Minnesota are primarily due to less effective screening among women of color. (See Figure 1: *Cervical Cancer by Race and Ethnicity, Minnesota, 1998-2002*, page 2.)

- Women living outside the seven-county Metro Area are 30 percent more likely to be diagnosed with an invasive cervical cancer than women living in the Metro Area, and are also somewhat more likely to be diagnosed at a later stage, at an older age, and with a squamous cell carcinoma. Although urban/rural differences are less consistent and are of a smaller magnitude than race/ethnic differences, this pattern is also indicative of less effective cervical cancer screening outside of the seven-county Metro Area. (See Figure 2: *Cervical Cancer among non-Hispanic White Women by Residence, Minnesota, 1998-2002*, page 2.)
- Whether these race/ethnic and geographic disparities result from limited access to or utilization of cervical cancer screening, poorer quality of screening, or a lower likelihood of receiving timely and recommended treatment of detected abnormalities cannot be determined from the available data. A study to collect information on the health insurance, screening, and medical histories of women diagnosed with cervical cancer in Minnesota is needed to better understand why this preventable disease is still being diagnosed in our state.

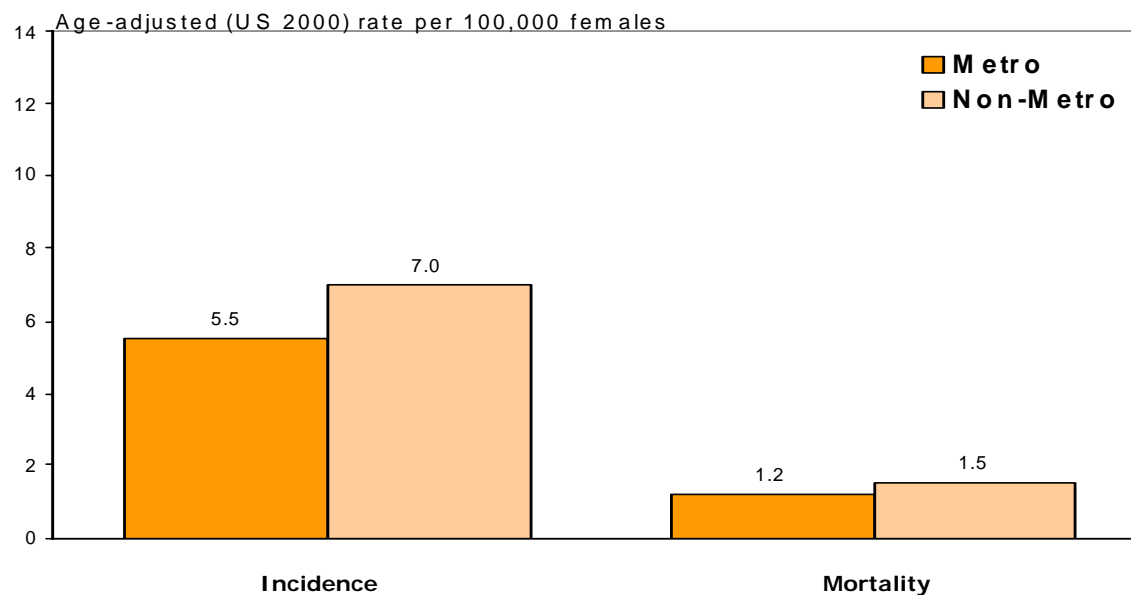
*(continued on next pg)*

**Figure 1: Cervical Cancer by Race and Ethnicity, Minnesota, 1998-2002**



Source: Minnesota Cancer Surveillance System (April 2005) and Minnesota Center for Health Statistics. Analyses performed by MCSS. Women of color are American Indian, Asian/Pacific Islander, black, or Hispanic.

**Figure 2: Cervical Cancer among non-Hispanic White Women by Residence, Minnesota, 1998-2002**



Source: Minnesota Cancer Surveillance System (April 2005) and Minnesota Center for Health Statistics. Analyses performed by MCSS. Metro Minnesota includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties, non-Metro is all other counties.

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EVENTS OF

INTEREST

**April 25, 2006**

8am – 5pm  
Earle Brown Heritage Center  
6155 Earle Brown Drive  
Brooklyn Center, MN

**Cancer Summit 2006: The Power of Collaboration.**

*Sponsored by the Minnesota Cancer Alliance.* Keynote Speaker: Tim Byers, M.D., M.P.H., University of Colorado Cancer Center. Learn how the MN Cancer Alliance is working to move Cancer Plan MN into action; hear the latest MN cancer statistics and clinical updates; participate in workshops. Register by April 10: <http://www.cancerplanmn.org>

**April 25, 2006**

12pm – 1pm: 450 CCRB  
University of MN  
Minneapolis, MN

**The Transcription factor ZEB1 in uterine cancers.**

Speaker: Jennifer Richer, Ph.D., Assistant Professor, Department of Medicine, University of Colorado Health Sciences Center. For more information, visit <http://www.cancer.umn.edu/aboutus/date.html>

**May 16, 2006**

12pm – 1pm: 450 CCRB  
University of MN  
Minneapolis, MN

**Role of Myeloid Translocation Gene family members in acute leukemia and stem cell functions.**

Speaker: Scott Hiebert, Ph.D., Professor, Department of Biochemistry, Vanderbilt University.

**May 23, 2006**

12pm – 1pm: 450 CCRB  
University of MN  
Minneapolis, MN

**Lifestyle influence on breast cancer risk and recurrence.**

*Co-sponsored by the Minnesota Obesity Center.* Speaker: Rowan T. Chlebowski, M.D., Ph.D., Professor of Medicine at UCLA; Chief, Division of Medical Oncology and Hematology Harbor-UCLA Medical Center.

**June 10 – 16, 2006**

Delta Regina Hotel  
1919 Saskatchewan Drive  
Regina, Saskatchewan  
S4P 4H2 Canada

**Cancer Surveillance: A Harvest for Cancer Control.** The annual meeting and workshops of the North American Association of Central Cancer Registries (NAACCR). Cancer researchers and surveillance experts will discuss current challenges and opportunities in cancer registration and surveillance. Experts will discuss cancer registry data and its application and importance in cancer control initiatives. For registration forms and more, visit: <http://www.naacr.org> and select "NAACCR Annual Meeting 2006."

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# ONLINE NEWS SOURCES

**Minnesota Cancer Surveillance System.** From this home page, directly access *Cancer in Minnesota 2004: Preliminary Report*; *Cancer in Minnesota 1988 – 2002*; *Cervical cancer control in Minnesota: Assessing its effectiveness with data from the Minnesota Cancer Surveillance System*; and previous publications including several Epidemiology Reports.

<http://www.health.state.mn.us/divs/hpcd/cdee/mcss/index.html>

**Cancer Plan Minnesota 2005-2010.** Access *Minnesota Cancer Update 2005*, a brief update of key statistics provided in *Minnesota Cancer Facts and Figures 2003* for cancer in general and five common cancers - lung, colorectal, prostate, female breast, and cervical. Cancer rates are presented for American Indians, African Americans, Asian/Pacific Islanders, non-Hispanic whites, and for the first time, Hispanics. Data cover all cancers diagnosed among Minnesota residents through the end of 2002 reported to the Minnesota Cancer Surveillance System as of March 2005. Information on tobacco use and cancer screening among Minnesota adults from the Behavioral Risk Factor Survey is also updated.

<http://www.cancerplanmn.org>

**CDC State Cancer Burden Data.** Minnesota cancer burden data with comparison of Minnesota cancer burden to that of the nation. <http://www.cdc.gov/cancer/CancerBurden/mn/htm>

**MCSS Notes: Minnesota Cancer Surveillance System's quarterly newsletter.** Previous issues available, dated back to January of 2004.

<http://www.health.state.mn.us/divs/hpcd/cdee/mcss/MCSSNotes.html>

**NAACCR Real-Time Reporting Task Force.** Report to the Board, January, 2006.

[http://www.naacr.org/filesystem/pdf/RTR%20Final\\_02-21-06\\_without%20tracking.pdf](http://www.naacr.org/filesystem/pdf/RTR%20Final_02-21-06_without%20tracking.pdf)



**The Minnesota Cancer Surveillance System (MCSS)** is the state's cancer registry. It is an ongoing program within the Section of Chronic Disease and Environmental Epidemiology at the Minnesota Department of Health (MDH).

### Staffing Update

The MCSS has experienced several staffing changes in the past months:

- Mary Winnett, MCSS Epidemiologist between September 2004 and April 2005, is now Minnesota's State Chronic Disease Epidemiologist.
- Margee Brown joined the MCSS as an Epidemiologist in July, transferring from another epidemiology position within the Chronic Disease and Environmental Epidemiology Section. Welcome, Margee!
- Jenny Neuman, Medical Records Technician 1, who had been with the MCSS for 13½ years, left in August to work in a hospital registry. We are envious of the hospital! We are about to begin interviewing to fill behind Jenny.
- Erin Seaverson, MCSS Epidemiologist, who had been with the MCSS for about two years, left in October to work in the private sector. We miss her and wish her well in her new endeavor! Because of funding cuts, her position will not be filled.
- Wendy Scharber, MCSS Assistant Director for Information Management, who had been with the MCSS since before the MCSS existed, is transitioning to work in the private sector. She has been available primarily to answer questions since December and will resign when her successor is hired. We miss her and wish her well in her new enterprise! We plan to begin interviewing candidates for her successor in April.

### MCSS Notes

*MCSS Notes* is published quarterly by the Minnesota Department of Health, Minnesota Cancer Surveillance System (MCSS), in cooperation with the Minnesota Society of Pathologists (MSP). Upon request, this information will be made available in alternate format, such as large print, Braille, or cassette.

Dianne Mandernach,  
Commissioner of Health

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