



Minnesota Cancer Surveillance System NOTES



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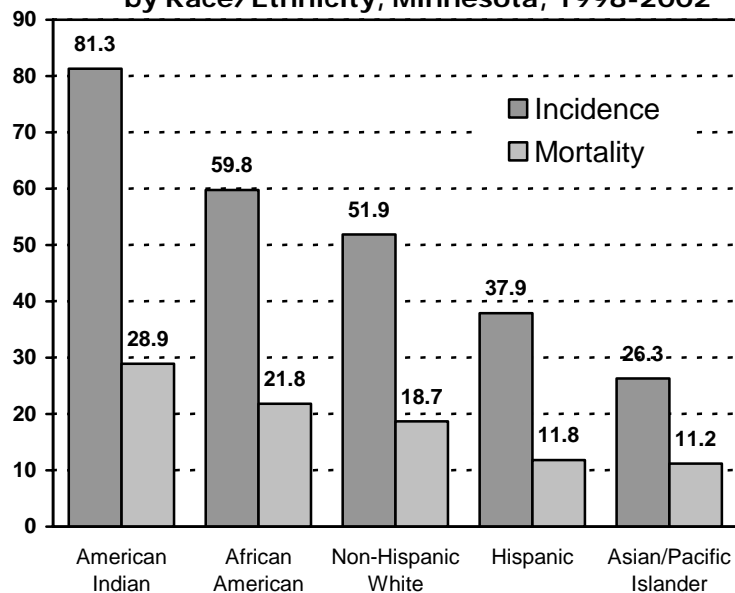
Race, Ethnic and Geographic Disparities in Colorectal Cancer in Minnesota

Carin Perkins, Ph.D., MCSS Epidemiologist

Colorectal cancer incidence and mortality have been declining steadily and significantly in Minnesota since statewide cancer reporting was implemented in 1988. Nonetheless, more than 2,500 Minnesotans were diagnosed with an invasive colorectal cancer in 2002, and more Minnesotans die from this cancer than any other cancer except lung.

The new MCSS biennial report, *Cancer in Minnesota, 1988-2002*, shows that colorectal cancer rates are particularly high among American Indians in Minnesota (Figure 1). After adjusting for population size and age distribution, American Indians were a statistically significant 57 percent more likely to be diagnosed with colorectal cancer than non-Hispanic whites in the state. Colorectal cancer incidence rates among American Indians are more than twice as high in Minnesota than in the geographic areas participating in the SEER Program. The reason for this excess burden of colorectal cancer among American Indians in Minnesota is not known, but it clearly demonstrates a need for increased colorectal cancer screening in this population.

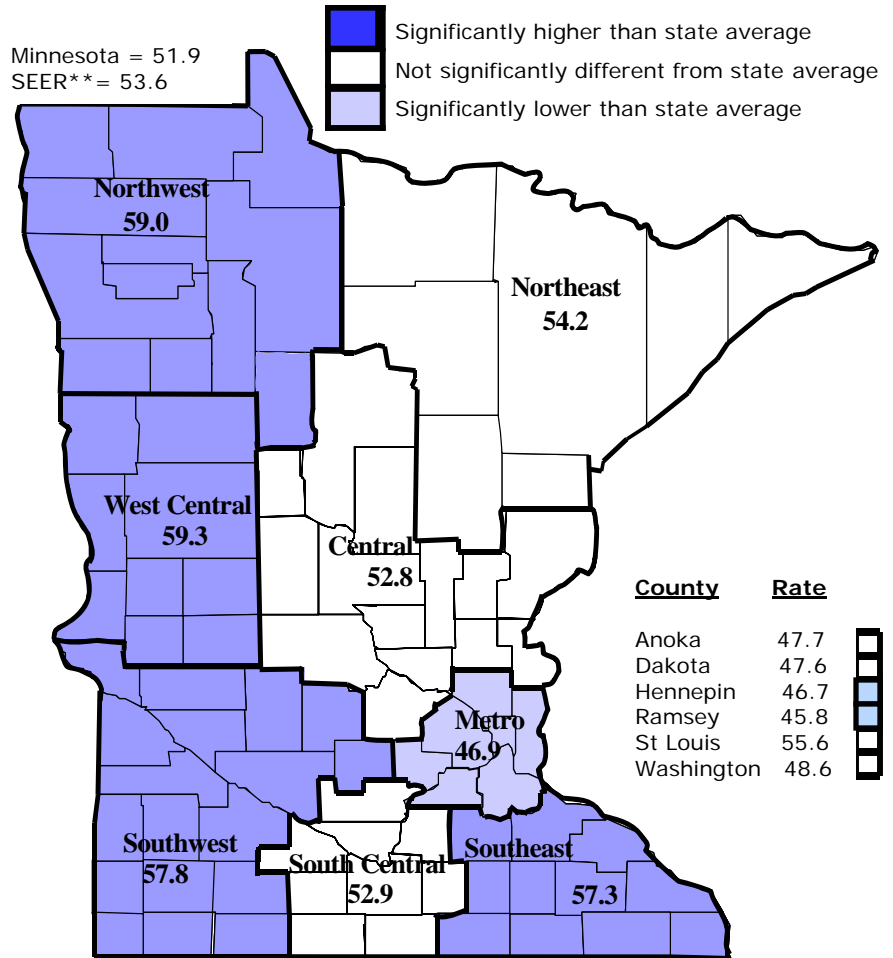
Figure 1: Colorectal Cancer Incidence and Mortality by Race/Ethnicity, Minnesota, 1998-2002



Geographic variation in colorectal cancer incidence was evaluated by dividing the state into eight regions. Only non-Hispanic whites were included in the analyses to minimize the influence of race/ethnic diversity on geographic differences in rates. Geographic variation in colorectal cancer incidence is evident, but is less marked than variation by race/ethnicity: The region with the highest rate is only 26 percent higher than the region with the lowest, compared to a three-fold difference in race/ethnic rates. *(continued on next page)*

Colorectal cancer incidence among non-Hispanic whites is significantly lower in the seven-county Metro area than in the state as a whole, and significantly higher in Southeast, Southwest, West Central, and Northwest Minnesota (Figure 2). Because screening can prevent colorectal cancer by detecting and removing precancerous polyps, it is possible that these differences reflect differences in the proportion of the population receiving routine colorectal cancer screening.

Figure 2: Colorectal Cancer Incidence Rates among non-Hispanic Whites in Minnesota Regions and Six Largest Counties, 1998-2002



For more information, see the new MCSS biennial report **Cancer in Minnesota, 1988-2002** online:
<http://www.health.state.mn.us/divs/hpcd/cdee/mcss>.
 Printed copies will be available in the near future.

Rates are per 100,000 persons, age-adjusted to the 2000 US population. Significance was determined by comparison of 95% confidence intervals. **Non-Hispanic whites in SEER 13 Regions, 1998-2002, SEER Cancer Statistics Review, 1975-2002.

f o s t e s o f

i n t e r s t

Dec 20, 2005
 12p – 1p: 450 CCRB
 University of MN
 Minneapolis, MN

Regulation of breast cell differentiation and gene expression by mechanical signaling from collagen matrices
 Speaker: Patricia J. Keely, Ph.D., Assistant Professor, Department of Pharmacology, University of Wisconsin-Madison. For more information visit <http://www.cancer.umn.edu/aboutus/date.html>

Jan 17, 2006
 12p – 1p: 450 CCRB
 University of MN
 Minneapolis, MN

Targeting of 6-phosphofructo-2-kinase in cancer
 Speaker: Jason Chesney, M.D., Ph.D., Assistant Professor, Department of Medicine, Department of Toxicology and Pharmacology, James Graham Brown Cancer Center, University of Louisville

Feb 7, 2006
 12p – 1p: 450 CCRB
 University of MN
 Minneapolis, MN

Development of profiles for lung cancer diagnosis and prognosis
 Speaker: David G. Beer, Ph.D., Professor, Department of Surgery, Thoracic Section, Department of Radiation Oncology, University of Michigan, Ann Arbor, MI

Feb 11 - 17, 2006
 Hyatt Regency Atlanta
 Atlanta, Georgia

The USCAP 2006 Annual Meeting
 Sponsor: The United States and Canadian Academy of Pathology. The comprehensive program is structured to meet the scientific and utilitarian needs of students of disease. For more details, online registration and forms, go to <http://www.uscap.org/>

The MCSS has Moved!

The central office for the Minnesota Cancer Surveillance System moved to downtown St. Paul on November 14, 2005.

Please note the changes listed below:

New Mailing Address

85 E 7th Place
PO Box 64882
St. Paul, MN 55164-0882

New Courier Address

85 E 7th Place
St. Paul, MN 55101
(Not to be used for US Mail)

New Phone Numbers

MCSS Main 651-201-5900
MCSS Fax 651-201-5926

New Fax Number for Leukemia Reports

Those facilities participating in the rapid reporting study for AML and CML diagnoses should fax reports to **651-201-5926** daily. If you wish to notify us that a fax is coming, or to confirm receipt, please call 651-201-5900.

New Postpaid Envelopes for Reporting Cancers

The MCSS will be sending out postpaid envelopes with our new address for sending in pathology reports as soon as we receive them from the printer. We hope to mail them to you before the first of the year. The envelopes with our previous address will be delivered to us for a few more months, so please continue to use those until you receive your new supply.

ONLINE NEWS SOURCES

Cancer in Minnesota, 1988 – 2002. The Minnesota Cancer Surveillance System's Biennial Report, published November, 2005. <http://www.health.state.mn.us/divs/hpcd/cdee/mcss>

Cancer Plan Minnesota 2005-2010. <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>

National Cancer Institute (NCI) CancerNet. Select any cancer type for introductory overview, statistics, clinical trials, genetics, causes, risk factors, and more:
http://www.cancer.gov/cancer_information/cancer_type

National Cancer Institute (NCI) News Releases. <http://www.cancer.gov/newscenter>

American Cancer Society (ACS) Medical Updates. http://www.cancer.org/docroot/NWS/NWS_1.asp

Cancer Control Planet. Links to comprehensive cancer control resources for public health professionals. This resource site has links sorted by cancer control topic (types of cancer, nutrition, physical activity, etc.) as well as State Cancer Profiles, Research Evidence Reviews, Research-tested Intervention Programs, Program guides and contact information for ACS, CDC and NCI program partners and research partners by state and region, plus more. <http://cancercontrolplanet.cancer.gov/>

WHO: World Health Organization. Cancer news. <http://www.who.int/cancer/en/>



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).

**** ACTION REQUIRED ****

If you want to continue receiving *MCSS Notes*, you must let us know. The Minnesota Department of Health has instituted a new policy regarding paper publications in an effort to minimize costs. *MCSS Notes* will continue to be made available in special formats upon request, but all mailed paper copy will be eliminated and replaced by an electronic version, accessible for download via the internet. If you would like to sign up to receive notification of when the latest issue is posted, please do so by sending your email address to the editor.

If an electronic-only publication is a problem for you, please let the editor know <Kristi.Randall@health.state.mn.us>

***** MCSS Notes is Available Online *****

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

Change of name or address? Please notify the editor.

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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