



Minnesota Cancer Surveillance System NOTES



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Summer 2007

Volume 20 No. 2

MCSS Data used in Two Important Initiatives



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Recently, data from the MCSS have played an important role in two very important public health issues. The MCSS was established in 1988 with the primary objectives to:

- Monitor the occurrence of cancer in Minnesota and describe the risks of developing cancer;
- Inform health professionals and educate citizens regarding specific cancer risks;
- Answer the public's questions and concerns about cancer;
- Promote cancer research; and
- Guide decisions about how to target cancer control resources.

Since its establishment, these objectives have frequently led to the MCSS into addressing environmental and occupational health concerns.

Mesothelioma in Iron Miners

In 1997, the MCSS reported that the rate of mesothelioma in men in the seven-county region of northeastern Minnesota was over 70 percent higher than the statewide average for the period 1988-1994. This excess has continued or increased through 2004. Mesothelioma is a rare form of cancer whose primary and only known cause is asbestos exposure, usually several decades prior to the time of diagnosis. The rate in women is not elevated, pointing to the likelihood of occupational exposures. The mesothelioma findings and the long history of health outcomes associated with iron miners led to a case study of mesoethelioma that was completed in 2003 (*Cancer Incidence Rates in Northeastern Minnesota With An Emphasis on Mesothelioma – Epidemiology Report 03: 1*). <http://www.health.state.mn.us/divs/hpcd/cdee/mcss/index.html#majormcssreports>

This study documented that iron miners were at risk for mesothelioma. Seventeen miners were determined at that time to have developed mesothelioma. It was also determined that in 14 of the 17 men exposure to commercial asbestos had occurred in the conduct of

(continued on next page)

the jobs that these men held. Commercial asbestos was used in many aspects of the mining industry including furnace insulation and brake linings of heavy equipment. Commercial asbestos is a known risk factor for mesothelioma.

In the last year, the MCSS has identified 41 additional cases in former miners raising the total number of cases to 58. To rigorously investigate other risk factors for mesothelioma in iron miners, the MDH is proposing to conduct a case-control study in collaboration with the University of Minnesota. Cases of mesothelioma will be updated through the MCSS. Controls will be mine workers that have not developed mesothelioma will be selected. Several measures of exposure to commercial asbestos and mining dust will be evaluated. Other factors developed from the occupational histories will also be incorporated into the analyses.

It is hoped that an important question can now be answered; Is there is an increased risk of mesothelioma with increasing mine dust exposure controlling for exposure to commercial asbestos and other factors?

Cancer Incidence in Dakota and Washington Counties

The widely-publicized presence of perfluorochemicals (PFCs) in city drinking water supplies and private wells in a variety of eastern Metro area communities has raised many concerns among citizens, their elected officials, and public health officials. Among the health concerns raised among Dakota County and Washington County is whether community cancer rates are unusually high in communities where PFCs have been detected. While the potential exposures and health risks of these chemicals continue to be evaluated by federal, state, academic, and industry scientists, it is important to address public concerns of increased cancer occurrence by examining cancer rates in these counties. Data from the MCSS was used to address these concerns in a recently released report (*June 7, 2007 – Cancer Incidence in Dakota and Washington Counties – Epidemiology Report 07: 1*).

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

The analyses were provided at the county level for the 15-year period 1988-2002. In addition, for eight zip codes representing communities with known contamination, cancer incidence data from the MCSS were examined for the time period 1996-2004. The countywide analyses compared that incidence to the entire state. The zip code level analyses compared that incidence to the entire Metro area.

The fundamental finding of this report reassured residents that there was no evidence of a “cancer epidemic” occurring in their county or community. The conclusions of this report reinforced the important role MCSS has in addressing these types of concerns and addressed several of the limitations of cancer incidence data for identifying cancer risks due to environmental exposures:

- Monitoring cancer rates and trends in Minnesota is one of the important objectives of the MCSS. While detailed epidemiological studies and toxicological data from animal studies are usually required to assess cancer risks for establishing health standards, detailed profiles of cancer rates serve a critical role in informing the public as to the actual occurrence of cancers in their communities.
 - Overall cancer rates in Washington and Dakota Counties are very similar to the rest of the state.
 - Rates of specific types of cancer among county residents are comparable to the state-wide average; the small number of deviations is consistent with random variability.
- Cancer rates in the profiled communities within Washington and Dakota Counties have more statistical uncertainty compared to county or Metro rates due to the small populations and these rates must be interpreted very cautiously; the few elevations and deficits for specific types of cancer are typical of cancer rates in other small populations in Minnesota. Overall cancer rates, as well as rates for specific cancers for all eight communities combined, are virtually identical to Metro area rates.



August 13—16
Hyatt Regency
Atlanta Georgia

Meeting Future Challenges—2007 CDC Cancer Conference
Four days of presentations and discussions on key issues related to cancer prevention and early detection. More information:
<http://www.cdccancerconference.net/>

September 17 & 18
Best Western Boston
Boston, MA

Clinical Controversies in Multiple Myeloma
Frontline Therapy: Nikhil Munshi, MD *Dana Farber Cancer Institute* Transplantation: William Bensinger, MD *University of Washington* Relapsed/Refractory: Paul Richardson, MD *Dana Farber Cancer Institute*
Supportive Care: Sagar Lonial, MD *The Winship Institute Emory University* Clinical Trials: Kenneth Anderson, MD *Dana Farber Cancer Institute*

September 27—29
Sheraton Society Hill
Philadelphia, PA

The 2007 Gastrointestinal Oncology Conference
This Conference will feature distinguished speakers covering a broad spectrum of topics ranging from basic science to clinical therapeutics. Presenters and discussants will explore current issues and debate controversial topics. This program should be of interest to professionals actively engaged clinically or scientifically in all facets of GI cancer research and care.

**NAACCR Hospital Registry
Webinars offered in
2007 – 2008.**

The 2007—2008 NAACCR webinar series begin on October 11th with a Hospital Registry session focusing on “Abstracting Melanoma Cancer Incidence and Treatment Data.” The Central Registry series begins on October 25th.

Topics this year include: Hospital Registry Operations, Coding Cancer Treatment and Data Quality and Use.

The webinar series runs through May 2008. More information will be posted on the MCSS website once time and locations have been confirmed.

Online Resources

**University of Minnesota
Cancer Center**

[HTTP://WWW.CANCER.UMN.EDU](http://www.cancer.umn.edu)

Oncolink

[HTTP://ONCOLINK.UPENN.EDU](http://oncolink.upenn.edu)

American Cancer Society

[HTTP://WWW.CANCER.ORG](http://www.cancer.org)

National Cancer Institute

[HTTP://WWW.CANCER.GOV/](http://www.cancer.gov/)

Center for Disease Control

[HTTP://WWW.CDC.GOV/CANCER/](http://www.cdc.gov/cancer/)

Cancer News

[HTTP://WWW.CANCERNEWS.COM](http://www.cancernews.com)



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).

2007 Legislation that Affects MCSS

Although it affects primarily acute disease surveillance, the Omnibus Health and Human Services Finance bill (Laws of Minnesota, Chapter 147, Art. 19, Sec. 4, Subd. 6, signed May 25, 2007) contained language (in italics, below) that affects MCSS:

Disease Surveillance. Of the state government special revenue fund appropriation, \$2,000,000 the first year is for redesigning and implementing coordinated and modern disease surveillance systems for the department, *and for modifying the Minnesota Cancer Surveillance database and communicating with providers to include occupational and residential histories.* This is a onetime appropriation.

MCSS received a portion of the appropriation and is planning the database modifications. When we have completed the database modifications, *MCSS Notes* will include an article that specifies a method for reporting any available information on occupational and residential histories. The standards in statute and rules for reporting data to MCSS have not been changed.

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.

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MCSS Study Update

John Soler

One of the main goals for MCSS is to support and enable high quality research in the State of Minnesota. To that end, we work on case determination to provide researchers with a population-based group of cases for study. Two studies are currently ongoing, and one has recently ended. They are the "Cooperative Family Registry for Colorectal Cancer Studies" (CFR) which ended on June 30, the "Predictors of Adult Leukemia Minnesota" (PALM) and the study, "Indoor Tanning Use, DNA Repair and Risk of Melanoma" (Melanoma).

The CFR is a multi-center registry recruiting patients and their families with a familial history of colorectal cancer. The purpose is to study both genetic and environmental risk factors of colorectal cancer. The Minnesota based centers are the Mayo Clinic (Dr. Norelane Lindor) and the University of Minnesota (Dr. Timothy Church). The recruitment of patients and families began in 1998, ending a few years ago at the University, and ended on June 30 at the Mayo Clinic. Nationwide, over 11,000 families have been enrolled (over 1000 of which were from the Mayo Clinic study), thereby meeting recruitment goals. Over the years, MCSS has contacted nearly 3400 physicians for permission to contact their patient regarding this study. Thank you to all of you and your staff who have helped to evaluate the appropriateness for contacting patients for this study. Without your help, these types of research would not be possible.

A few of the many research questions currently being studied include micro-satellite instability (MSI), immunohistochemistry testing of tumors, lifestyle factors associated with MSI, new genetic tests for families of non-MSI individuals, pedigree studies, genetic linkage studies (looking for more genes as predictors), the role of hormones, and much more. For more details regarding current research, questions see the "Colon Cancer Update" published by the Mayo Clinic arm of this study (contact Sherry Gustafson (507) 538-0094).

The PALM study is studying adults with acute or chronic myeloid leukemia and examining the relationship between genetic and lifestyle factors between cases in hopes of discovering causes/risk factors. This study is directed by Dr. Julie Ross of the University of Minnesota Cancer Center. Recruitment of patients began in 2005 with just over 300 contacts to date. Because of the poor prognosis for this type of cancer (especially acute myeloid in older age groups), MCSS and the study are trying to locate and contact living Minnesota residents with the diagnosis of acute or chronic myeloid leukemia, between the ages of 20 and 79, and diagnosed between June 1, 2005 and 2009. These patients must be contacted as quickly as possible – preferably within days or weeks of a diagnosis. Because of the usual time delay in cancer reporting to MCSS, we have asked our reporting entities to look for these diagnoses and report them as quickly as possible. More importantly, the study has contacted many of the physician groups and facilities most likely to be making the diagnoses. These facilities have completed the specific IRB process, which allows physicians to report cases they diagnose directly to the study. This is the quickest way for the study to contact a patient.

Some facilities have special arrangements for reporting to the study. We thank all those who have acted as sentinels in the facilities and pathology labs who are looking for these diagnoses as well as the over 100 physicians MCSS has contacted for permission to contact their patient. For more information on this study or to learn more about reporting a case, contact Melissa Hansen with the PALM study at (612) 625-3910.