Spring 2002

About 12,400 children and adolescents in the United States were diagnosed with cancer in 2001. Cancer is the third leading cause of death in children between 1 and 19 years of age (*Figure1*).

We estimate that about 325 children are diagnosed with and more than 50 children die from cancer each year in Georgia.

Because of significant advances in therapy, over 75% of children diagnosed with cancer will survive 5 years or more, an increase of almost 40% since the early 1960's.

The types of cancers that occur in children differ from those most commonly seen in adults. Leukemias, central nervous system tumors, and lymphomas account for almost 50% of all childhood cancer diagnoses and over 60% of childhood cancer deaths.

# **Cancer in Children**

The stage of growth and development is an important difference between adults and children; the immaturity of children's organ systems has important treatment implications.

Because treatment for some childhood cancers is more successful than for others, survival rates differ between cancer types.

The cause of most childhood cancers is not known. Radiation exposure contributes to a few types of childhood cancers. Some are the result of a familial predisposition.

Mortality rates for all childhood cancers combined decreased steadily from 1979 to 1999 in Georgia. This decrease results from improvements in treatment and survival for most childhood cancers, especially leukemia and lymphoma.

Incidence rates for all childhood cancers combined increased steadily from

1975 to 1998 in Metro Atlanta. Some of this increase is due to changes in diagnostic technology, reporting, and classification.

Between 1993 and 1997, there were 730 cancer diagnoses among children aged 0 to 19 years living in selected counties in Georgia. The age-adjusted incidence rate for this time period was 154.5 per 1,000,000 (*Table 1*).

The highest cancer incidence rate was for leukemia, followed by CNS neoplasms.

Overall, males had a higher cancer incidence rate than females. This difference was most apparent in soft tissue sarcomas, leukemias, and lymphomas.

Children aged 0 to 4 years were most likely to be diagnosed with leukemias, neuroblastomas, or renal tumors. Children aged 15 to 19 years were more likely to be diagnosed with lymphomas, especially Hodgkin lymphoma.

Figure 1. Childhood Mortality by Cause Ages 1 to 19 Years, Georgia 1999

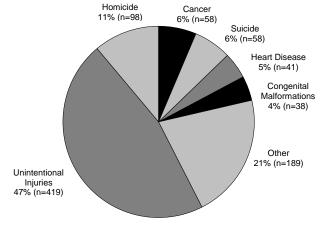


Table 1. Age-Adjusted Childhood (Ages 0 to 19) Cancer Incidence Selected Counties\* in Georgia 1993-1997

Site	Cases	Rate**
All Types	730	154.5
Leukemias	164	34.2
Lymphoma and other reticuloendothelial neoplasms	91	20.4
CNS & Misc. Intracranial & Intraspinal Neoplasms	108	23.5
Sympathetic Nervous System Tumors	52	9.8
Retinoblastomas	20	3.6
Renal Tumors	52	9.9
Hepatic Tumors	10	
Malignant Bone Tumors	38	8.7
Soft Tissue Sarcomas	60	12.7
Germ Cell, Trophoblastic & Other Gonadal Neoplasms	48	10.2
Other Epithelial & Unspecified Neoplasms	86	19.1

<sup>\*</sup> Selected counties include: Bryan, Bulloch, Burke, Chatham, Clayton, Cobb, Columbia, DeKalb, Effingham, Evans, Fulton, Glascock, Greene, Gwinnett, Hancock, Jasper, Jefferson, Jenkins, McDuffie, Morgan, Putnam, Richmond, Screven, Taliaferro, Warren, and Washington.

# Special Bulletins

Cancer Data on the Internet. For quick stats, check out NAACCR's CINA+ Online at www.naaccr.org/CINAPlus/index.html. CINA+ Online is an interactive, online query system where users will be able to

request specific cancer information by year, geography, sex, race, cancer type, and age and by any combination of these variables.

**ROADS Manual Updates** may be found on the AcoS website at www.facs.org. Click on "Commission on Cancer" then "ROADS Updates". There are revised pages for tumor size.

<sup>\*\*</sup> Average annual rate per 1,000,000, age-adjusted to the 1970 US standard population.

## FAQ's

Q: What should be included in the text areas of an abstract?

A: In general, text is required and should justify ALL coded data fields. For diagnostic procedures, text should include date, name of procedure and findings pertinent to the cancer. Pathology text should include date of surgery, specimen number, tumor size, histology, grade, extent of disease including lymph node involvement. Treatment text should include date and type of treatment given. See GCCR Policy and Procedure Manual, Section IV, Required Data Set.

Q: What guidelines should I use to code grade/differentiation? A: There is detailed information about coding grade in ICDO3 pages 30 – 31 and ROADS manual pages 111 – 113. The SEER Program Code manual pages 102 - 104 covers the same information, but gives much more detail regarding coding grade for prostate, breast, lymphoma and astrocytoma cases. To order a SEER Program Code Manual (3rd Edition 1998) go to the SEER website www.seer.cancer.gov and select Publications/Hardcopy Publications Ordering Form.

**Q**: If a date of initial diagnosis is not clear, should the diagnosis date be estimated and if so what are the guidelines?

A: The diagnosis date should be approximated. GCCR recommends using the full date (month, day and year) that best describes the documentation in the medical record (rather than 9's for one or more segments of the date and rather than the date the patient was first seen at the reporting facility as indicated in ROADS page 102).

Example 1: Current admission date of 03/05/02. Medical record states that patient was diagnosed last month. Use 02/01/02 as the estimated diagnosis date and justify in text.

Example 2: Current admission date of 04/20/01. Medical record state that patient was diagnosed last year. Use 01/01/00 as the estimated diagnosis date and justify in text.

If there is absolutely no information regarding the date of diagnosis use all 9's (99/99/9999).

## Mark Your Calendars...

#### **NCRA Annual Meeting**

May 21-24, 2002 Nashville, Tennessee http://www.ncra-usa.org

#### **NAACCR Annual Meeting**

June 9-15, 2002 Toronto, Ontario, Canada http://www.naaccr.org

#### **Cancer Registry Training**

Advanced Cancer Registry Training Program
August 5-7, 2002

Complete details are available at http://cancer.sph.emory.edu. Financial assistance is available. Contact your regional coordinator.

#### Registry Training on the Web

Cancer registry training is always available on SEER's website at: http://training.seer.cancer.gov

Georgia Comprehensive Cancer Registry Georgia Department of Human Resources 2 Peachtree St NW 14<sup>th</sup> Floor Atlanta, GA 30303-3142

# Star

### The following electronic reporters have submitted timely, accurate, and complete data every month from Sept 2001 through Feb 2002:

- Athens Regional Medical Center
- Camden Medical Center
- Coliseum Medical Center
- Henry Medical Center
- Houston Medical Center
- John D. Archbold Memorial Hospital
- Medical Center of Central Georgia
- Memorial Health University Med Ctr
- Middle Georgia Hospital
- NE Georgia Medical Center
- Palmyra Medical Center
- Phoebe Putney Memorial Hospital
- SE Georgia Regional Medical Center
- South Georgia Medical Center

- St Francis Hospital
- St Joseph's Hospital Atlanta
- St Mary's Healthcare System
- Tift General Hospital
- VA Medical Center Dublin
- Wellstar Health System

## The following photocopy reporters have submitted timely and complete data every month from Sept 2001 through Feb 2002:

- **Baptist Hospital Worth County**
- **Brooks County Hospital**
- Calhoun Memorial Hospital
- Charlton Memorial Hospital
- Clinch Memorial Hospital
- Coffee Regional Medical Center
- **Dodge County Hospital**
- Early Memorial Hospital
- **Emory Adventist Hospital**
- Flint River Community Hospital
- Grady General Hospital
- Irwin County Hospital

- Jefferson County Hospital
- Jenkins County Hospital
- Kindred Hospital
- McDuffie Regional Medical Center
- Meadows Regional Medical Center
- Memorial Hospital of Adel
- Miller County Hospital
- Minnie G Boswell Memorial Hospital
- Mitchell County Hospital
- Monroe County Hospital
- Morgan Memorial Hospital
- Newton General Hospital

- North Georgia Medical Center
- Peach Regional Medical Center
- Perry Hospital
- Polk Medical Center
- Putnam General Hospital
- Screven County Hospital
- Southwest GA Regional Medical Center
- Tattnall Memorial Hospital
- Walton Medical Center
- Washington County Regional Med Ctr
- Wills Memorial Hospital

Great job! Keep up the good work!

# Thank You Note from the Georgia Comprehensive Cancer Registry GCCR thanks the following hospitals for submitting cancer data at least two months out of three (Dec 2001, Jan and Feb 2002).

Hospitals Reported Three Months Out of Three			
	Palmyra Medical Center		
	Peach Regional Medical Center		
	Peachtree Regional Hospital		
	Perry Hospital		
	Phoebe Putney Memorial Hospital		
	Piedmont Hospital		
	Polk Medical Center		
	Putnam General Hospital		
	Rabun County Memorial Hospital		
	Redmond Regional Medical Ctr		
	Rockdale Hospital		
· · · · · · · · · · · · · · · · · · ·	Screven County Hospital		
	SE Georgia Regional Medical Ctr		
	Smith Hospital		
	South Georgia Medical Center		
	Southwest GA Regional Med Ctr		
	Southwest Hospital & Medical Ctr		
	Spalding Regional Hospital		
	St Francis Hospital		
	St Joseph's Hospital – Atlanta		
	St Joseph's Hospital – Augusta		
	St Joseph's Candler Health Sys		
	Stephens County Hospital		
	Stewart Webster Hospital		
	Sumter Regional Hospital		
	Sylvan Grove Hospital		
	Tattnall Memorial Hospital		
	Taylor-Telfair Regional Hospital		
	The Medical Center		
	Tift General Hospital		
	University Hospital		
	Upson Regional Medical Center		
	VA Medical Center – Dublin		
	Walton Medical Center		
	Washington County Reg Med Ctr		
	Wayne Memorial Hospital		
Newton General Hospital	Wellstar Health System		
North Georgia Medical Center	Wesley Woods Geriatric Hospital		
Northside Hospital	Wildwood Lifestyle Center & Hosp		
Oconee Regional Medical Center	Wills Memorial Hospital		
Reported Two Months Out of Ti	hree		
Emory Dunwoody Medical Center	Southern Regional Medical Center		
Liberty Regional Medical Center	Tanner Health System		
Murray Medical Center	Taylor Regional Hospital		
	Union General Hospital		
New lan Hospital	Cilion Conoral Hoopital		
North Fulton Regional Hospital Satilla Regional Medical Center	VA Medical Center – Atlanta West Georgia Health System		
	Fayette Community Hospital Flint River Community Hospital Flint River Community Hospital Floyd Medical Center Georgia Baptist Meriwether Hosp Gordon Hospital Grady General Hospital Grady Health System Gwinnett Medical Center Habersham County Medical Ctr Hamilton Medical Center Hart County Hospital Henry Medical Center Houston Medical Center Hutcheson Medical Center Irwin County Hospital Jasper Memorial Hospital Jeff Davis Hospital Jefferson County Hospital Jenkins County Hospital John D. Archbold Memorial Hosp Kindred Hospital Macon Northside Hospital McDuffie Regional Medical Center Meadows Regional Medical Ctr Medical Center of Central Georgia Memorial Hospital and Manor Memorial Hospital of Adel Middle Georgia Hospital Miller County Hospital Miller County Hospital Minnie G Boswell Mem Hospital Minnie G Boswell Mem Hospital Minnie G Boswell Mem Hospital Morgan Memorial Hospital Monroe County Hospital		