

## REPORTABLE INCIDENCE CASES

**ICD-9-CM DIAGNOSIS CODE (W/ PREFERRED ICDO-3 TERMINOLOGY)**

Reportable cases (with diagnosis date 2004 or later) include all invasive and *in situ* malignant neoplasms and benign specified neoplasms of the brain and CNS as listed below:

<u>ICD-9-CM</u>	<u>Terminology</u>
140.0 – 208.9	Malignant neoplasms (primary and secondary)
225.0	Benign neoplasm of brain, NOS
225.1	Benign neoplasm of cranial nerves
225.2	Benign neoplasm of cerebral meninges; cerebral meningioma
225.3	Benign neoplasm of spinal cord, cauda equina
225.4	Benign neoplasm of spinal meninges; spinal meningioma
225.8	Benign neoplasm of other specified sites of nervous system
225.9	Benign neoplasm of nervous system, part unspecified
227.3	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, Rathke's pouch, sella turcica
227.4	Benign neoplasm of pineal gland, pineal body
230.0 – 234.9	Carcinoma <i>in situ</i> (excludes 232-skin* and 233.1-cervix uteri*)
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct
237.1	Neoplasm of uncertain behavior of pineal gland
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges; NOS, cerebral, spinal
237.70	Neurofibromatosis, Unspecified von Recklinghausen Disease
237.71**	Neurofibromatosis, Type One von Recklinghausen Disease
237.72	Neurofibromatosis, Type Two von Recklinghausen Disease
237.9	Neoplasm of uncertain behavior of other/unspecified parts of nervous system; cranial nerves
238.4	Polycythemia vera
238.6	Solitary plasmacytoma, extramedullary plasmacytoma
238.7	Other lymphatic and hematopoietic tissue diseases: Chronic myeloproliferative disease Myelosclerosis with myeloid metaplasia Essential thrombocythemia Refractory cytopenia with multilineage dysplasia Myelodysplastic syndrome with 5q syndrome Therapy-related myelodysplastic syndrome
239.0 – 239.9**	Neoplasms of unspecified nature
273.2	Gamma heavy chain disease; Franklin disease
273.3	Waldenstrom macroglobulinemia
284.9	Refractory anemia without sideroblasts; Refractory anemia, unspecified
285.0	Refractory anemia with ringed sideroblasts; excess blasts; with excess blasts in transformation
288.3	Hypereosinophilic Syndrome
289.8	Acute myelofibrosis

**Note:** Reportable diagnoses include VIN III, VAIN III, AIN III, juvenile astrocytoma, pilocytic, astrocytoma and piloid astrocytoma.

\* Exclusions: Basal/squamous cell carcinoma of skin, except of the genitalia, and *in situ* carcinoma of the cervix uteri and PIN III are not reportable.

\*\* Code 237.71 and Codes 239.0 – 239.9 may not be reportable, however, these diagnoses may indicate a reportable condition and should be reviewed.

1/2005

## REPORTABLE MORTALITY ICD-10 CODES

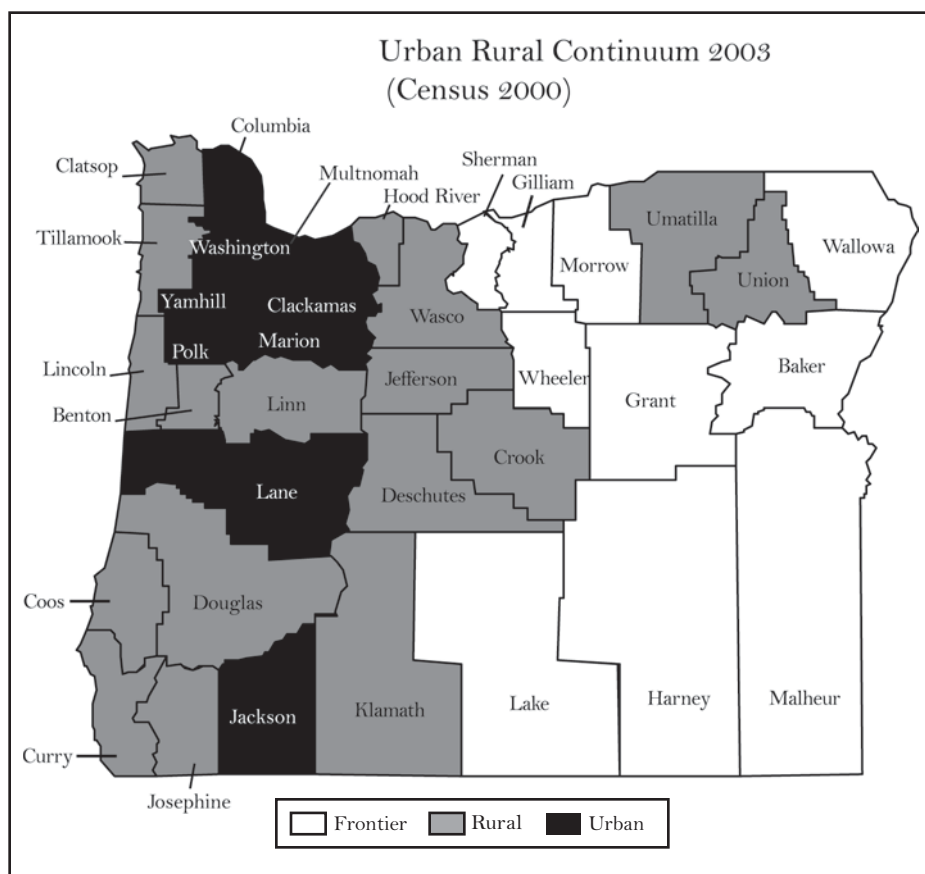
**Mortality Recodes for Cancers  
Newly Reportable in 2001**

ICD-9	ICD-O Histology (Site C42.1)	ICD-10	Added to Miscellaneous Mortality Category
238.4 207.1	9950/3	D45	Polycythemia Vera
284.9 238.7 285.0	9980/3 9982/3 9983/3 9984/3 9985/3 9986/3 9987/3 9989/3	D46	Myelodysplastic Syndrome
238.7	9960/3 9961/3	D47.1	Chronic myeloproliferative disease (myelofibrosis with myeloid metaplasia, myeloproliferative disease, NOS, myelosclerosis (megakaryocytic) with myeloid metaplasia)
238.7	9962/3	D47.3	Essential (hemorrhagic) thrombocytopenia (idiopathic hemorrhagic thrombocytopenia)

URBAN/RURAL CONTINUUM

Urban/Rural Continuum  
Codes for Oregon, 2003

County	Density Designation
Baker	Frontier
Benton	Rural
Clackamas	Urban
Clatsop	Rural
Columbia	Urban
Coos	Rural
Crook*	Rural
Curry	Rural
Deschutes	Rural
Douglas	Rural
Gilliam	Frontier
Grant	Frontier
Harney	Frontier
Hood River	Rural
Jackson	Urban
Jefferson	Rural
Josephine	Rural
Klamath	Rural
Lake	Frontier
Lane	Urban
Lincoln	Rural
Linn	Rural
Malheur	Frontier
Marion	Urban
Morrow	Frontier
Multnomah	Urban
Polk	Urban
Sherman	Frontier
Tillamook	Rural
Umatilla	Rural
Union	Rural
Wallowa	Frontier
Wasco	Rural
Washington	Urban
Wheeler	Frontier
Yamhill	Urban



\* Classified as Frontier in previous reports based on 1990 census

## RESEARCHER ASSURANCES FORM

**Assurances Form**

**The undersigned agrees to (initial each statement, sign and date):**

- \_\_\_ accept responsibility for the ethical conduct of the study and the protection of the rights, privacy and welfare of the individuals whose private health information is retained in the OSCaR registry;
- \_\_\_ conduct this study in compliance with the protocol as reviewed and approved by OSCaR and/or the Advisory Committee;
- \_\_\_ submit all proposed study changes, including those accepted by an IRB, to OSCaR to seek approval prior to implementing changes. This includes but is not limited to change in venue, change in PI or other investigators, change in study focus, and any change requiring IRB approval;
- \_\_\_ report upon discovery all unanticipated problems, protocol violations, and breaches of confidentiality to OSCaR;
- \_\_\_ submit copies of literature and formal presentations generated using OSCaR data;
- \_\_\_ pay all relevant fees prior to receiving OSCaR data (see Schedule of Research Fees); and
- \_\_\_ complete dataset received from OSCaR will be destroyed upon conclusion of the study and OSCaR will be informed.

I agree to comply with the above requirements. I attest that information in this Research Proposal Review Form and attachments are true and complete. I also attest that I have no conflicts of interests to disclose regarding this study.

Non-compliance to this agreement may result in termination of the study approval. This means approval for OSCaR study data may be revoked. If this occurs, proof is required that all data obtained from OSCaR for the purposes of this study are destroyed. If this occurs, no investigator on this study may benefit from the use of OSCaR data either monetarily, including grant funding, nor through publications, presentations, or any other means.

\_\_\_\_\_ Date \_\_\_\_\_ (P.I. signature)

## PATIENT NOTIFICATION LETTER



Oregon  
Ted Kulongoski, Governor

Department of Human Services  
Health Services  
Oregon State Cancer Registry  
800 NE Oregon Street, Suite 730  
Portland, OR 97232-2162  
(503) 731-4858 Telephone  
(503) 731-4848 Fax  
(971) 673-0372 TTY-Nonvoice

May 23, 2005

Dear \_\_\_\_\_:

In 1995, the Oregon State Legislature established the Oregon State Cancer Registry (OSCaR). At the time, Oregon was one of only a few states without a statewide cancer registry. Today, every state has one. The purpose of the registry is to understand how cancer affects Oregonians and what can be done to fight it. Information from the registry is used to target early detection of cancer and prevention efforts, develop screening and treatment programs, and evaluate cancer clusters. Registry information is also used in academic research studying the causes and/or treatment of specific cancer types.

Sometime in the last couple of years, you had a medical evaluation that showed cancer or a closely related condition. This letter is to inform you that your case has been reported to OSCaR, in compliance with Oregon law (statute ORS 432.520). Information such as your name, address, age, sex, characteristics and type of cancer, and details of diagnosis and treatment are included in this HIGHLY CONFIDENTIAL record. The information in the registry is granted legal protection under Oregon law and cannot be accessed even by court subpoena (statute ORS 432.530).

So that this information can help in future cancer research, we are enclosing a form on which you can indicate your willingness to participate in research studies. Before the release of any confidential data, all research studies must be reviewed for compliance with strict criteria as provided by law (statute 432.540). If you do not return the research participation form, researchers will consult with your physician if you qualify for a study. Regardless of how you are contacted, your participation in any research project is strictly voluntary and you may decline at any time.

If you have any questions, please contact OSCaR's Program Manager at (503) 731-4858 or via email [OSCaR.OHD@state.or.us](mailto:OSCaR.OHD@state.or.us). Visit our website for general information about OSCaR, to view our latest annual report, *Cancer in Oregon*, and to see a list of current research activities: [www.healthoregon.org/oscar](http://www.healthoregon.org/oscar)

Sincerely yours,

Richard Leman, MD  
Medical Epidemiologist, Oregon State Cancer Registry

## SEER SITE RECODE ICD-O-3 DEFINITION

Site Group	Primary Site	Histologic Type
<b>Oral cavity and Pharynx</b>		
Lip	C000-C009	
Tongue	C019-C029	
Salivary gland	C079-C089	
Floor of mouth	C040-C049	
Gum & other mouth	C030-C039,C050-C059,C060-C069	
Nasopharynx	C110-C119	
Tonsil	C090-C099	
Oropharynx	C100-C109	
Hypopharynx	C129,C130-C139	
Other Oral Cavity and Pharynx	C140,C142-C148	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Digestive system</b>		
Esophagus	C150-C159	
Stomach	C160-C169	
Small intestine	C170-C179	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Colon and Rectum</b>		
<b>Colon excluding rectum</b>		
Cecum	C180	
Appendix	C181	
Ascending Colon	C182	
Hepatic Flexure	C183	
Transverse Colon	C184	
Splenic Flexure	C185	
Descending Colon	C186	
Sigmoid Colon	C187	
Large Intestine, NOS	C188-C189,C260	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Rectum &amp; Rectosigmoid Junction</b>		
Rectosigmoid Junction	C199	
Rectum	C209	
<b>Anus, Anal Canal &amp; Anorectum</b>	C210-C212,C218	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Liver &amp; Intrahepatic Bile Duct</b>		
Liver	C220	
Intrahepatic Bile Duct	C221	
<b>Gallbladder</b>	C239	
<b>Other Biliary</b>	C240-C249	
<b>Pancreas</b>	C250-C259	
<b>Retroperitoneum</b>	C480	
<b>Peritoneum, Omentum &amp; Mesentery</b>	C481-C482	
<b>Other Digestive Organs</b>	C268-C269,C488	excluding 9590-9989, and sometimes 9050-9055, 9140*

## SEER SITE RECODE ICD-O-3 DEFINITION (CONTINUED)

<b>Respiratory System</b>		
<b>Nose, Nasal Cavity and Middle Ear</b>	C300-C301,C310-C319	
<b>Larynx</b>	C320-C329	
<b>Lung and Bronchus</b>	C340-C349	
<b>Pleura</b>	C384	
<b>Trachea, Mediastinum &amp; Other Respiratory Organs</b>	C339,C381-C383,C388,C390,C398,C399	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Bones and joints</b>	C400-C419	
<b>Soft tissue including Heart</b>	C380,C470-C479,C490-C499	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Skin excluding Basal and</b>		
Melanomas of the Skin	C440-C449	8720-8790
Other Non-Epithelial Skin	C440-C449	excluding 8000-8005, 8010-8045, 8050-8084, 8090-8110, 8720-8790, 9590-9989, and sometimes 9050-9055, 9140*
<b>Breast</b>	C500-C509	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Female Genital System</b>		
<b>Cervix</b>	C530-C539	
<b>Corpus and Uterus, NOS</b>		
Corpus	C540-C549	
Uterus, NOS	C559	
<b>Ovary</b>	C569	
<b>Vagina</b>	C529	
<b>Vulva</b>	C510-C519	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Other Female Genital Organs</b>	C570-C589	
<b>Male Genital System</b>		
<b>Prostate</b>	C619	
<b>Testis</b>	C620-C629	
<b>Penis</b>	C600-C609	
<b>Other Male Genital Organs</b>	C630-C639	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Urinary System</b>		
<b>Urinary Bladder</b>	C670-C679	
<b>Kidney and Renal Pelvis</b>	C649,C659	
<b>Ureter</b>	C669	
<b>Other Urinary Organs</b>	C680-C689	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Eye &amp; Orbit</b>	C690-C699	sometimes 9050-9055, 9140*
<b>Brain and Other Nervous System</b>		
<b>Brain</b>	C710-C719	excluding 9530-9539, 9590-
<b>Cranial Nerves Other Nervous System</b>	C710-C719	9530-9539
	C700-C709,C720-C729	excluding 9590-9989, and sometimes 9050-9055, 9140*

## SEER SITE RECODE ICD-O-3 DEFINITION (CONTINUED)

<b>Endocrine system</b>		
<b>Thyroid</b>	C739	excluding 9590-9989, and sometimes 9050-9055, 9140*
<b>Other Endocrine (including</b>	C379,C740-C749,C750-C759	
<b>Lymphomas</b>		
<b>Hodgkin Lymphoma</b>		9650-9667
Hodgkin—Nodal	C024,C098–C099,C111, C142,C379,C422,C770-C779	
Hodgkin—Extranodal	All other sites	
<b>Non-Hodgkin lymphoma</b>		
NHL—Nodal	C024,C098,C099,C111,C142, C379,C422,C770-C779	9590-9596, 9670- 9671, 9673, 9675, 9678-9680, 9684, 9687, 9689-9691, 9695, 9698-9702, 9705, 9708-9709, 9714-9719, 9727- 9729, 9823, 9827
NHL— Extranodal	All sites except C024, C098-C099, C111, C142, C379, C422, C770- C779	9590-9596, 9670- 9671, 9673, 9675, 9678-9680, 9684, 9687, 9689-9691, 9695, 9698-9702, 9705, 9708-9709, 9714-9719, 9727-9729
	All sites except C024, C098-C099, C111, C142, C379, C420-C422, C424, C770-C779	9823, 9827
<b>Myeloma</b>		9731-9732, 9734
<b>Leukemia</b>		
<b>Lymphocytic Leukemia</b>		
Acute Lymphocytic Leukemia		9826, 9835-9837
Chronic Lymphocytic Leukemia	C420-C421,C424	9823
Other Lymphocytic Leukemia		9820, 9832-9834, 9940
<b>Myeloid and Monocytic Leukemia</b>		
Acute Myeloid Leukemia		9840, 9861, 9866, 9867, 9871- 9874, 9895-9897, 9910, 9920
Acute Monocytic Leukemia		9891
Chronic Myeloid Leukemia		9863, 9875, 9876, 9945, 9946
Other Myeloid/Monocytic Leukemia		9860, 9930
<b>Other Leukemia</b>		
Other Acute Leukemia		
Other Chronic Leukemia		9801, 9805, 9931
Aleukemic, Subleukemic and NOS		9733, 9742, 9800, 9831, 9870, 9948, 9963, 9964
	C420-C421, C424	9827
<b>Mesothelioma+</b>		9050-9055
<b>Kaposi's Sarcoma+</b>		9140
Miscellaneous		9740-9741, 9750- 9758, 9760- 9769, 9950, 9960-9962, 9970, 9975, 9980, 9982-9987, 9989
	C760-C768, C809	excluding 9590-9989, and sometimes 9050-9055, 9140*
	C42-0-C424 C770-C779	
<b>Invalid</b>	Site or histology code not within valid range or site code not found in this table.	

+ The Site Recode variable can be created with or without Mesothelioma (9050-9055) and Kaposi Sarcoma (9140) as separate groupings. The table above documents both possibilities.

## SEER CAUSE OF DEATH RECODES

<b>Cancer Causes of Death</b>	<b>ICD-9 (1979-1998) #</b>	<b>ICD-10 (1999+) #</b>
<b>All Malignant Cancers</b>	140-208, 238.6	C00-C97
<b>Oral Cavity and Pharynx</b>		
Lip	140	C00
Tongue	141	C01-C02
Salivary Gland	142	C07-C08
Floor of Mouth	144	C04
Gum and Other Mouth	143, 145	C03, C05-C06
Nasopharynx	147	C11
Tonsil	146.0-146.2	C09
Oropharynx	146.3-146.9	C10
Hypopharynx	148	C12-C13
Other Oral Cavity and Pharynx	149	C14
<b>Digestive System</b>		
Esophagus	150	C15
Stomach	151	C16
Small Intestine	152	C17
<b>Colon and Rectum</b>		
Colon excluding Rectum	153, 159.0	C18, C26.0
Rectum and Rectosigmoid Junction	154.0-154.1	C19-C20
Anus, Anal Canal and Anorectum	154.2-154.3, 154.8	C21
<b>Liver and Intrahepatic Bile Duct</b>		
Liver	155.0, 155.2	C22.0, C22.2-C22.4, C22.7, C22.9
Intrahepatic Bile Duct	155.1	C22.1
Gallbladder	156	C23
Other Biliary	156.1-156.2, 156.8-156.9	C24
Pancreas	157	C25
Retroperitoneum	158	C48.0
Peritoneum, Omentum and Mesentery	158.8-158.9	C45.1+, C48.1-C48.2
Other Digestive Organs	159.8-159.9	C26.8-C26.9, C48.8
<b>Respiratory System</b>		
Nose, Nasal Cavity and Middle Ear	160	C30-C31
Larynx	161	C32
Lung and Bronchus	162.2-162.5, 162.8-162.9	C34
Pleura	163	C38.4, C45.0+
Trachea, Mediastinum and Other Respiratory Organs	162.0, 164.2-164.3, 164.8- 164.9, 165	C33, C38.1-C38.3, C38.8, C39
<b>Bones and Joints</b>	170	C40-C41
<b>Soft Tissue including Heart</b>	164.1, 171	C47, C49, C38.0, C45.2+
<b>Skin excluding Basal and</b>		
Melanoma of the Skin	172	C43
Other Non-Epithelial Skin	173	C44, C46+
<b>Breast</b>	174-175	C50

## SEER CAUSE OF DEATH RECODES (CONTINUED)

<b>Female Genital System</b>		
Cervix Uteri	180	C53
<b>Corpus and Uterus, NOS</b>		
Corpus Uteri	182	C54
Uterus, NOS	179	C55
Ovary	183	C56
Vagina	184	C52
Vulva	184.1-184.4	C51
Other Female Genital Organs	181, 183.2-183.5, 183.8-183.9, 184.8-184.9	C57-C58
<b>Male Genital System</b>		
Prostate	185	C61
Testis	186	C62
Penis	187.1-187.4	C60
Other Male Genital Organs	187.5-187.9	C63
<b>Urinary System</b>		
Urinary Bladder	188	C67
Kidney and Renal Pelvis	189.0-189.1	C64-C65
Ureter	189.2	C66
Other Urinary Organs	189.3-189.4, 189.8-189.9	C68
<b>Eye and Orbit</b>		
	190	C69
<b>Brain and Other Nervous System</b>		
	191, 192	C70, C71, C72
<b>Endocrine System</b>		
Thyroid	193	C73
Other Endocrine including Thymus	164.0, 194	C37, C74-C75
<b>Lymphoma</b>		
Hodgkin Lymphoma	201	C81
Non-Hodgkin Lymphoma	202.9	C82-C85, C96.3
<b>Myeloma</b>	203.0, 238.6	C90.0, C90.2
<b>Leukemia</b>		
<b>Lymphocytic Leukemia</b>		
Acute Lymphocytic Leukemia	204	C91.0
Chronic Lymphocytic Leukemia	204.1	C91.1
Other Lymphocytic Leukemia	202.4, 204.2, 204.8-204.9	C91.2-C91.4, C91.7, C91.9
<b>Myeloid and Monocytic Leukemia</b>		
Acute myeloid	205.0, 207.0, 207.2	C92.0, C92.4-C92.5, C94.0, C94.2
Acute Monocytic Leukemia	206	C93.0
Chronic Myeloid Leukemia	205.1	C92.1
Other Myeloid/Monocytic Leukemia	205.2-205.3, 205.8-205.9, 206.1-206.2, 206.8-206.9	C92.2-C92.3, C92.7, C92.9, C93.1, C93.2, C93.7, C93.9
<b>Other Leukemia</b>		
Other Acute Leukemia	208	C94.4, C94.5, C95.0
Aleukemic, subleukemic and NOS	203.1, 207.1, 207.8, 208.1-208.2, 208.8-208.9	C94.7, C95.1, C95.2, C95.7, C95.9
<b>Mesothelioma (ICD-10 only) +</b>	N/A	C45+
<b>Kaposi Sarcoma (ICD-10 only) +</b>	N/A	C46+
<b>Miscellaneous Malignant Cancer</b>	159.1, 195-199, 202.3, 202.5-202.6, 203.8	C26.1, C45.7+, C45.9+, C76-C80, C88, C96.0-C96.2, C96.7, C96.9, C97

# All ICD codes are tested for validity prior to generating this variable. Those deemed invalid are classified as Unknown/missing/invalid COD. Those deemed valid but not meeting the definition of any above grouping are classified as Other Cause of Death.

+ This variable can be created with or without Mesothelioma (C45) and Kaposi Sarcoma (C46) as separate groupings. The table above documents both possibilities. Note this is only possible with ICD-10.

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## GLOSSARY

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**African American** – The race rates for African Americans include all cases classified as African American regardless of ethnicity (Hispanic origin).

**Age** – The age of the patient is in completed years (rounded) at the time of diagnosis or death.

**Age-Adjusted Rate** – Since cancer rates tend to vary with age, and since populations vary with respect to their age distribution, incidence and mortality rates are age-adjusted to allow comparison of rates between different populations with different age distributions. In this report, age-adjusted rates are calculated by the direct method, using the age distribution of the 2000 United States standard population with 19 age groups. All age-adjusted rates are expressed per 100,000 individuals per year and include rates of invasive cancer only.

**Age-Specific Incidence Rate** – The number of new cases diagnosed per 100,000 individuals over a specified time period for a specified age group. Age-specific rates show the variation in cancer incidence by age group and are presented for males, females, and for the total population. Age groups are divided into five-year age groupings.

**American Indian/Alaskan Native** – The race rates for American Indian/Alaskan Natives include all cases classified as American Indian/Alaskan Native regardless of ethnicity (Hispanic origin).

**APC (Trend)** – Average Annual Percent Change, or trend, is the average percent change in the annual rate among years for time period analyzed.

**Asian/Pacific Islander** – The race rates for Asian/Pacific Islander include all cases classified as Asian or Pacific Islander regardless of ethnicity (Hispanic origin).

**Benign** – A benign tumor has abnormal growth without cancerous behavior.

**Cancer Site** – The human organ or system in which the malignancy originates; the anatomical site.

**Carcinogen** – A substance scientifically proven to cause cancer.

**CDC** – Centers for Disease Control and Prevention is a federal agency that develops and applies disease prevention and control, environmental health, health promotion and education activities to improve the health of the people of the United States.

**Childhood Cancer** – Cancer occurring in an individual between the ages of 0 and 14 is classified as a childhood cancer.

**Colonoscopy** – An examination of the entire colon with a flexible scope that allows a doctor to see and closely inspect the inside of the entire colon for signs of cancer or polyps.

**Crude Rate** – The number of new cases of cancer, or cancer deaths, during the year expressed as a rate per 100,000 persons in the population, without regard to the age distribution of the population.

**Current Trend** – Trend based on the latest five-years of available data.

**Ethnicity** – Rates based on ethnicity are for persons of Hispanic origin only.

**Fecal Occult Blood Test (FOBT)** – A chemical test to detect blood in stool, used as a screening test for colorectal cancer.

**Frontier County** – Frontier counties are extremely rural counties with a population of < 6 people per square mile.

**Healthy People 2010** – Healthy People 2010 is the prevention agenda for the United States. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.

**Hispanic** – An ethnic category that is not mutually exclusive from whites or other racial groups.

**Histology** – Also known as morphology, this describes the cell type of the tumor, its structure, and biologic activity.

**Historical Trend** – Trend based on all available years of data.

**ICCC** – The International Classification of Childhood Cancer (ICCC) is used for tumors occurring in children, ages 0-14, and is based on tumor morphology rather than the site of the tumor, as for adults.

**ICD-9** – The Ninth Revision of the International Classification of Diseases. Mortality data for years 1996-1998 are recorded using ICD-9. This classification system is not directly compatible with the ICD-O classification system used for cancer reporting.

**ICD-10** – The 10th Revision of the International Classification of Diseases. Mortality data recording converted to ICD-10 with death year 1999. This classification system mirrors the ICD-O system used for cancer reporting.

**ICD-O-3** – The Third Edition of the International Classification of Diseases for Oncology. A further classification of the ICD system designed for use specifically for cancer. Cancer incidence is reported to the Registry using the ICD-O system. The ICD-10 cancer site classifications are based on this system.

**Incidence** – The number of new cases of a given type of cancer diagnosed during a specified time period. Cancer incidence is not the same as the number of Oregonians diagnosed with cancer since one person could be diagnosed with more than one cancer.

**In Situ Cancer** – An *in situ* cancer is a tumor that fulfills all microscopic criteria for malignancy but does not invade or penetrate surrounding tissue. *In situ* cancers are not included in the calculation of incidence rates and thus are not presented in incidence tables, with the exception of *in situ* bladder cancer. However, *in situ* cancers are classified as early stage and are included in the sections presenting stage at diagnosis.

**Invasive Cancer** – A malignant tumor that has penetrated surrounding tissue. These are cancers diagnosed in the local, regional, or metastatic stages – no *in situ* diagnoses with the exception of urinary bladder cancers.

**Localized** – A cancer of localized stage is a tumor that is invasive but remains restricted to the site of origin. Localized cancers are classified as early stage cancers.

**Leukemias** – Cancers that develop in blood-forming tissue.

**Lymphomas** – Cancers that develop from cells in the lymphatic system

**Malignant** – A tumor made up of cancer cells of a type that can spread to other parts of the body is considered malignant.

**Mammography** – The use of x-rays to create a picture of the breast (mammogram) that can show signs of breast cancer before it can be felt.

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**Metastatic/Distant** – The most advanced stage of a cancer in which cells from the original tumor break away, travel to other parts of the body, and continue to grow. Although the cancer has spread to an additional site or sites, it is still named after the original site of the tumor. These cancers are classified as late stage cancers.

**Morbidity** – The incidence or prevalence (i.e., the number of people living with cancer) of a disease in a population.

**Mortality** – The number of deaths with cancer as the underlying cause of death during a specified time period.

**M/I Ratio** – The M/I (mortality-to-incidence) ratio provides a measure of disease severity. The M/I ratio is the number of deaths divided by the number of invasive cases (for a particular cancer). The closer a value is to 1.0, the poorer the prognosis for that cancer. It is possible to have an M/I Ratio exceed 1.0 if the number of deaths for a population is greater than the number of new diagnoses during the specific time period.

**NAACCR (North American Association of Central Cancer Registries)** – NAACCR is a professional organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries; and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America.

**Non-Hispanic** – An ethnic category that is not mutually exclusive from whites or other racial groups.

**NPCR (National Program of Cancer Registries)** – NPCR was established by the Centers for Disease Control and Prevention (with the passage of Public Law 102-515). NPCR collects information on cancer cases from registries covering 96% of the nation's population.

**Papanicolaou (Pap) Smear** – The collection of cells from the cervix (the lower, narrow end of the uterus that forms a canal between the uterus and vagina) and their examination under a microscope.

**Race** – There are four, mutually exclusive race categories used in this report: African American, American Indian/Alaskan Native, Asian/Pacific Islander, and White.

**Regional** – An invasive malignant tumor that has spread by direct extension to adjacent organs or tissues and/or has spread to regional lymph nodes, but appears to have spread no further. Regional cancers are classified as late stage cancers.

**Routine Cancer Screening** – For purposes of analysis, routine cancer screening is defined as follows:

**Breast Cancer Screening** – Historically, routine mammography has been defined as women, ages 52-64, who received a mammogram within the past two years. A minimum age of 52 is used to allow women two years to receive their first routine mammogram. This is the definition used for analysis purposes for this report. Now routine mammography is recommended for women starting at age 40. Subsequent reports will include screening data for both age-groups.

**Cervical Cancer Screening** - Routine cervical cancer screening is defined as all women 18-64 who have a cervix and have received a Pap test within the past three years.

**Colorectal Cancer Screening** - Routine colorectal screening is defined as persons age 50 and older who have 1) received FOBT within the last year and endoscopy within the last five years (the preferred screening method of the American Cancer Society), or 2) who have received FOBT within the last year and/or endoscopy within the last five years.

**Rural County** – A county without a major city (50,000 people or more), not in an urbanized area with a population of at least 100,000, and with a population density > 6 persons per square mile.

**SEER (Surveillance, Epidemiology, and End Results)** – A program of the National Cancer Institute, SEER is an authoritative source of information on cancer incidence and survival in the United States.

**Sigmoidoscopy/Proctosigmoidoscopy** – An exam of the rectum and the lower part of the colon with a thin, flexible, lighted scope to find polyps, abnormal areas, and tumors.

**Stage at Diagnosis** – The degree to which a tumor has spread from its site of origin at the time of diagnosis. Cancer stage is often related to survival and is used to select appropriate treatment. Patients with early stage disease have better long-term survival. Detecting cancers at an early stage may lead to a reduction in mortality. The cancer stages, in order of increasing spread, are *in situ*, localized, regional, and distant. *In situ* and localized tumors are referred to as early stage tumors; regional and distant tumors are referred to as late stage tumors. A number of cancers are also reported as unstaged (unknown stage at diagnosis).

**Unstaged/Unknown** – Insufficient information is available to determine the stage of disease at the time of diagnosis, or the case was reported with missing stage data. Cancer cases are often unstaged because the patient's current medical situation contraindicates clinical workup required to stage the case (often due to advanced age or comorbid conditions) or because the patient decides to forgo standard treatment or procedures. Unstaged/unknown cases can sometimes be classified as late stage diagnoses, but they are removed from the stage at diagnoses analysis for this report.

**Urban County** – A county with at least one major city (50,000 people or more) or an urbanized area with a population of at least 100,000. Counties that experience a high degree of social and economic "attachment" to a metropolitan area are also considered part of that metropolitan area.

# APPENDIX I

## REFERENCES

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