

## Cancer Surveillance Series: Inauguration

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For several decades, a vital mission of the National Cancer Institute (NCI) has been to measure the national burden of cancer through incidence, morbidity, mortality, and survival statistics and to evaluate the impact of cancer-related risk factors, health behaviors, and health services on the trends observed. The unprecedented advances in computer and information technology, with the attendant expansion in statistical methodologies and national and local databases for evaluating health behaviors and outcomes, have greatly enhanced the NCI's ability to fulfill that mission. The improvements in cancer surveillance have also generated mounting interest among health professionals and the general public about factors that contribute to the cancer burden and that can be modified through both individual and societal efforts. As a result, scientists within the NCI's Division of Cancer Control and Population Sciences and the Division of Cancer Epidemiology and Genetics are working with the editorial staff of the Journal to develop the Cancer Surveillance Series, consisting of research articles that address the emerging patterns of cancer in various population groups in the United States and that explore the various elements (risk factors, screening, diagnosis, and treatment) affecting these patterns at the national or regional level.

Another objective of the series is to publicize the data sources and systems that are available for cancer surveillance research, including methodologic developments in measuring and evaluating various aspects of the cancer burden. In particular, the series will provide a forum for a wide dissemination of the latest analysis and evaluation of cancer statistics in the United States, with special emphasis on data from population-based cancer registries in the NCI-coordinated Surveillance, Epidemiology, and End Results Program<sup>1</sup> (SEER), as well as on national mortality statistics. The series will examine not only time trends in cancer incidence, mortality, and survival but also racial disparities, geographic variations, and other patterns that may provide exciting new directions for research in cancer epidemiology and control.

To inaugurate this series, the current issue of the Journal presents a three-part article evaluating incidence and mortality trends for prostate cancer and the impact of prostate-specific antigen screening, attribution bias, and other factors; a report

that clarifies recent trends in incidence and mortality rates for childhood cancer; and an article on the dramatic changes taking place in the geographic patterns of lung cancer mortality. Subsequent issues of the Journal will feature articles that analyze the incidence and mortality trends for breast cancer, colon cancer, brain tumors, and non-Hodgkin's lymphoma.

Also planned are papers on the developing field of cancer surveillance research, including efforts to link high-quality data from population-based cancer registries across the country with population-level data from health surveillance systems, such as the National Center for Health Statistics (Hyattsville, MD) surveys on health behaviors, medical examinations and health outcomes, and the Health Care Financing Administration (Baltimore, MD) Medicare census data on medical care and claims. The development of geospatial data systems and statistical tools for utilizing information on demographics, health behaviors, and environmental exposures is further expanding our capacity to understand and interpret the variations in cancer statistics. In formulating hypotheses about the determinants of the cancer burden across the United States, efforts will be made to incorporate advances in basic, clinical, epidemiologic, health services, and statistical sciences that may help guide further research and public health initiatives. Through the collaboration of scientists across the NCI and the extramural research community, the series will provide an opportunity to maximize the potential of cancer surveillance programs for measuring the progress of the National Cancer Program and for providing new epidemiologic leads into the causes and control of cancer.

### NOTE

<sup>1</sup>SEER is a set of geographically defined, population-based, central cancer registries in the United States, operated by local nonprofit organizations under contract to the National Cancer Institute (NCI). Registry data are submitted electronically to the NCI on a biannual basis, and the NCI makes the data available for analysis.

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