Cancer Clusters and Related Activities at CDC

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Cancer Clusters

- Role of CDC/NCEH
- Environmental Agents and Cancer
- Cluster Science
- Cancer Cluster Activities at CDC
- State Protocols
- Next Steps

CDC and Cancer Clusters

1960's-1980's:

Multiple cancer cluster investigations Cause-Effect relationships not shown Move towards uniform methods by health depts

1989: National Conference on Clusters of Health Events AJE July 1990; 132(1)

1990: MMWR Guidelines for Investigating Clusters of Health Events, 1990;39:1-16

1990-present:

Participation in a few cluster investigation

NCEH Involvement in Cancer Clusters

- Centralized office to handle clusters
- Prior to 2002 CDC cluster response by NCEH, NCCDPHP, NIOSH, ATSDR
- 2002 need for lead office recognized
- NCEH/EHHE assigned lead in cancer clusters

Classic Cluster Studies

Occupational

- 1770's Chimney sweeps scrotal cancer
- 1920's Radium dial painters osteosarcoma
- 1960's asbestos workers mesothelioma
- 1970's vinyl chloride monomer angiosarcoma

Non occupational:

1971 diethylstilbestrol -vaginal carcinoma

Environmental Exposures and Cancer

Known

- Benzene leukemia
- Arsenic skin, liver cancer
- Radon lung cancer
- Aflatoxin liver
- Epstein Barr Virus nasopharyngeal, Burkitt's lymphoma
- 2,3,7,8 TCDD- sarcoma, hematopoietic

Suspected

- Trichloroethylene various cancers
- Disinfection By Product's bladder cancer

Recent Cluster Investigations

Long Island NY

www.health.state.ny.us/nysdoh/consumer/cancer/cancerqasave.htm

Woburn MA

www.state.ma.us/dph/beha/cau/reports/woburn/woburn.htm

Toms River NJ www.state.nj.us/health/eoh/hhazweb/dovertw-p.htm

Fallon NV

www.cdc.gov/nceh/clusters

Issues in Cluster Investigation

- Exposure Assessment
- Denominators
- Delineating boundaries (census tracts, zip codes, circular boundaries)
- Migration
- Latency
- Records/data sources/case ascertainment
- Complex disease/ risk factors

The Status of Cancer Cluster Activities at CDC

NCEH initiated seven projects on cancer clusters

- 1. Uniform CDC inquiry system: CCPITS
- 2. Cluster Web site
- 3. Review of state protocols on clusters
- 4. Reviewed media coverage of cancer clusters
- 5. Site visits to states w/cluster investigations
- 6. Convened two workshops
- 7. Created electronic cancer cluster listserv

Cancer Cluster Public Inquiry Triage Inquiry System

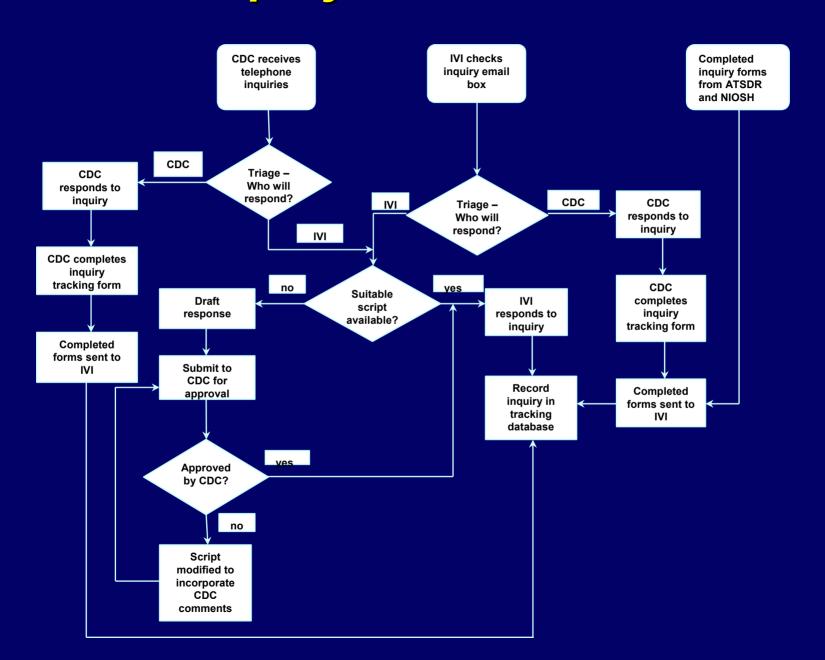
May 2002: NCEH initiated CCPITS

Goals:

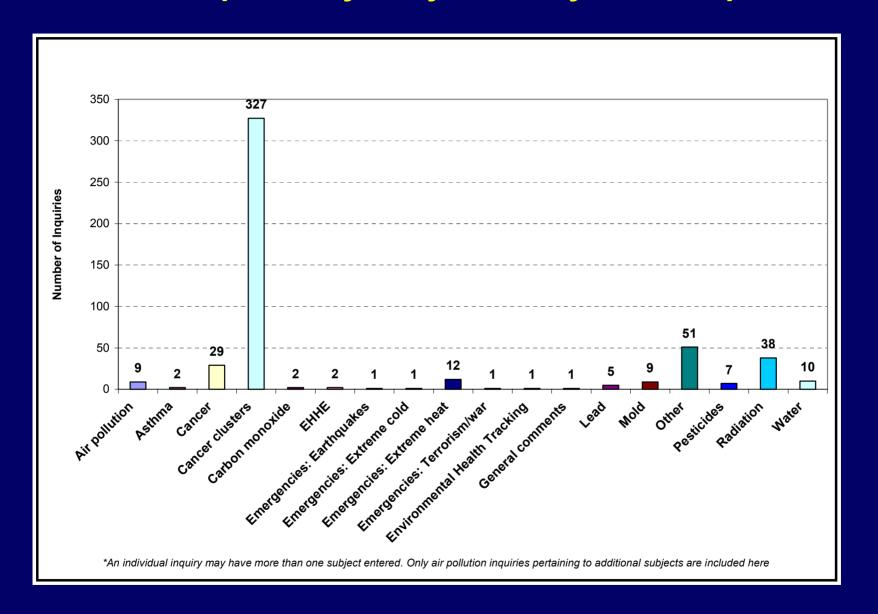
To provide centralized system for accurate, consistent, and timely response to cluster inquiries

To increase coordination/info sharing within CDC and among partners: NCCDPHP/DCPC, NIOSH, ATSDR, state health departments

CCPITS Inquiry Process Flowchart



Number of Inquiries by Subject -- May 2002 -September 2003*



CCPITS Contact Information

Address:

- Division of Environmental Hazards and Health Effects
- National Center for Environmental Health
- **Centers for Disease Control and Prevention**
- **Re: Cancer Clusters**
- 1600 Clifton Rd, NE, MS E-19
- Atlanta, GA 30333
- Toll Free: 1-888-232-6789
- E-mail: EHHEing@cdc.gov
- Web site: http://www.cdc.gov/nceh/clusters

Web Resources

www.cdc.gov/nceh/clusters

- Cancer Clusters
- General Information
 - About cancer clusters
 - Cancer cluster FAQ
- CDC activities
 - Investigations
- Resources
- Contacts for more information

In collaboration with RTI International -

- Requested copies of any documentation related to cancer cluster inquiry and investigation protocol
 - -50 states and territories responded
 - -6 states did not respond
- Developed a tool to compare the protocols
 - -more than 300 descriptors
 - -At least 2 independent raters

Comparison parameters included-

- Level of detail
- Education provided to callers
- Responsibility for investigation/gathering information
- Decision tree/algorithm
- Sequence of activities
- Available data resources/delineate responsibilities

- Level of detail varied significantly among states
- Length of protocol did not predict level of detail
- Many followed 1990 guidelines
- Every state provided education to callers
- Caller often required to provide info about cancer type(s), number and location of case(s), potential exposures

State Protocol Review (cont'd)

- Most states have decision tree/algorithm to proceed toward investigation
- Great variation among states
- Variety and depth often reflect resources
- Most states not specific about roles and responsibilities
- Majority of states' protocols did not include communications or community liaison plans

Review Instrument -

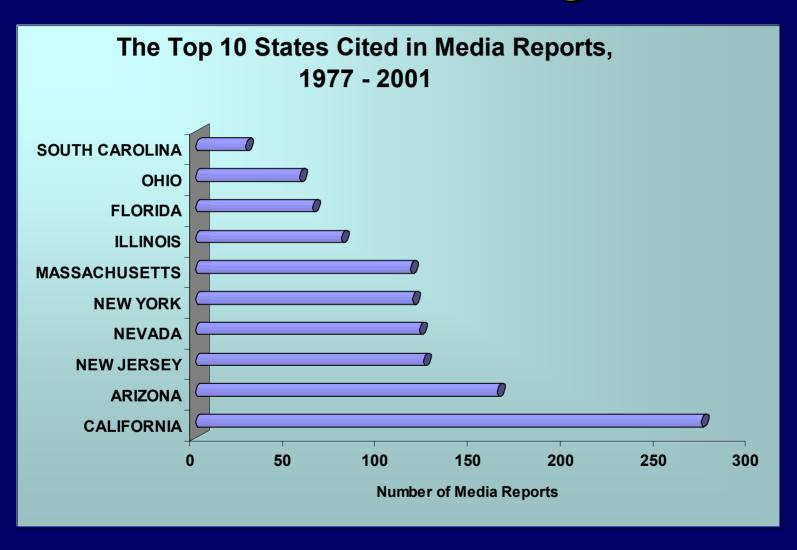
There is no gold standard for cancer cluster protocols.

The 1990 Guidelines were the only uniform baseline available.

Media coverage of cancer cluster reports

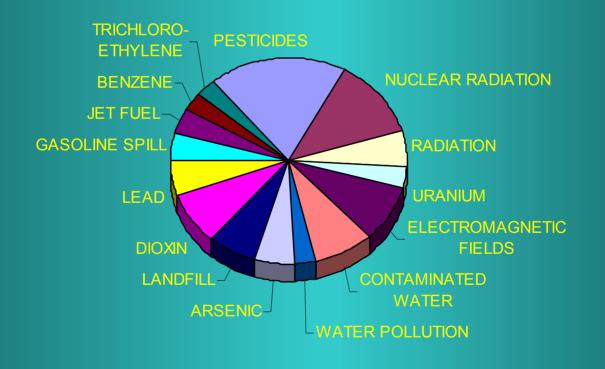
- Identify and characterize media reports on cancer clusters via extensive literature search
- Between 1977-2001 there were 1440 reports

Media coverage



Media coverage

Top 15 Environmental Exposures Reported in Newspapers



State site visits 2002

Goal: To further understand state health departments' experiences during recent high profile cancer cluster investigations

- New Jersey. Childhood leukemia, brain, and CNS cancers in Toms River Township
- Arizona. Case-referent study of childhood leukemia in Maricopa County, 1965-1990
- Ohio. Incidence of leukemia in Marion County.

State site visits

Commonalities across sites

- Protocols continue to evolve
- Educational component pivotally important
- Standardized forms enhance information gathering
- Tracking database increases effectiveness
- Decision trees are state-dependent
- Established procedure important
- Capable, trained staff essential
- Reliability of data sources predicts success

Two one-day workshops March 11 and 12, 2003

Goals:

- Dialogue
- Assess capacity at the state level and develop mechanisms for state-federal communication and collaboration

Participants

California Missouri Washington

Georgia Minnesota Texas Florida New York Massachusetts So. Carolina

Lessons learned during the workshops: Strengths

- All states take a systematic approach
- All states triage incoming inquiries
- Response varies greatly depending upon state experience and politics
- All states interested in better science and methods
- All states provide education to caller
- Most states generally follow 1990 CDC guidelines
- All states have web sites that address cancer clusters

Lessons learned during the workshops: Limitations

- Scientific methods inadequate
- Insufficient staff dedicated to topic
- Data quality unpredictable
- Appropriate control or reference populations problematic
- Inherent complexities: small numbers, latency
- Public trust/distrust
- Media influence
- Politics vs. science

Lessons learned during the workshops: States' wants and needs

- Validation of state response
- Funding, additional FTEs
- Training (CDC sponsored workshops about methods, media)
- Information/data sharing (CDC-sponsored listserv)
- Assistance with complex investigations
- Enhanced credibility with the public
- Centralized CDC contact
- Validated educational materials

Cancer Cluster Listserv

- NCEH/CDC sponsored
- Mechanism for communication, information dissemination
- More than 150 participants
 - State health departments
 - Cancer registries
 - Academics
 - Federal government

Lessons Learned

- Cancer clusters continue to concern the public
- Strong similarity among state response plans
- Need for state and federal coordination
- Time to consider new approaches
 - genetic component of cancer clusters
 - aggregating data across states
 - uniform questionnaire modules

Next Steps in Cancer Cluster Activity for NCEH

- Continue CCPITS Inquiry System
- Future CDC-sponsored workshops/training
- Enrich NCEH / clusters website

- Continue providing assistance to states
- Increase publication activity on cancer clusters



