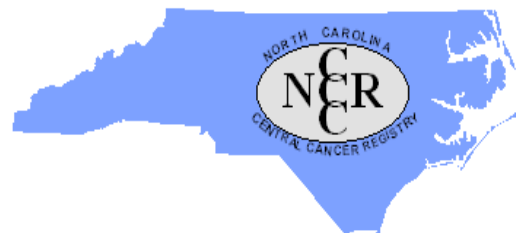


Cluster Analysis at a Glance

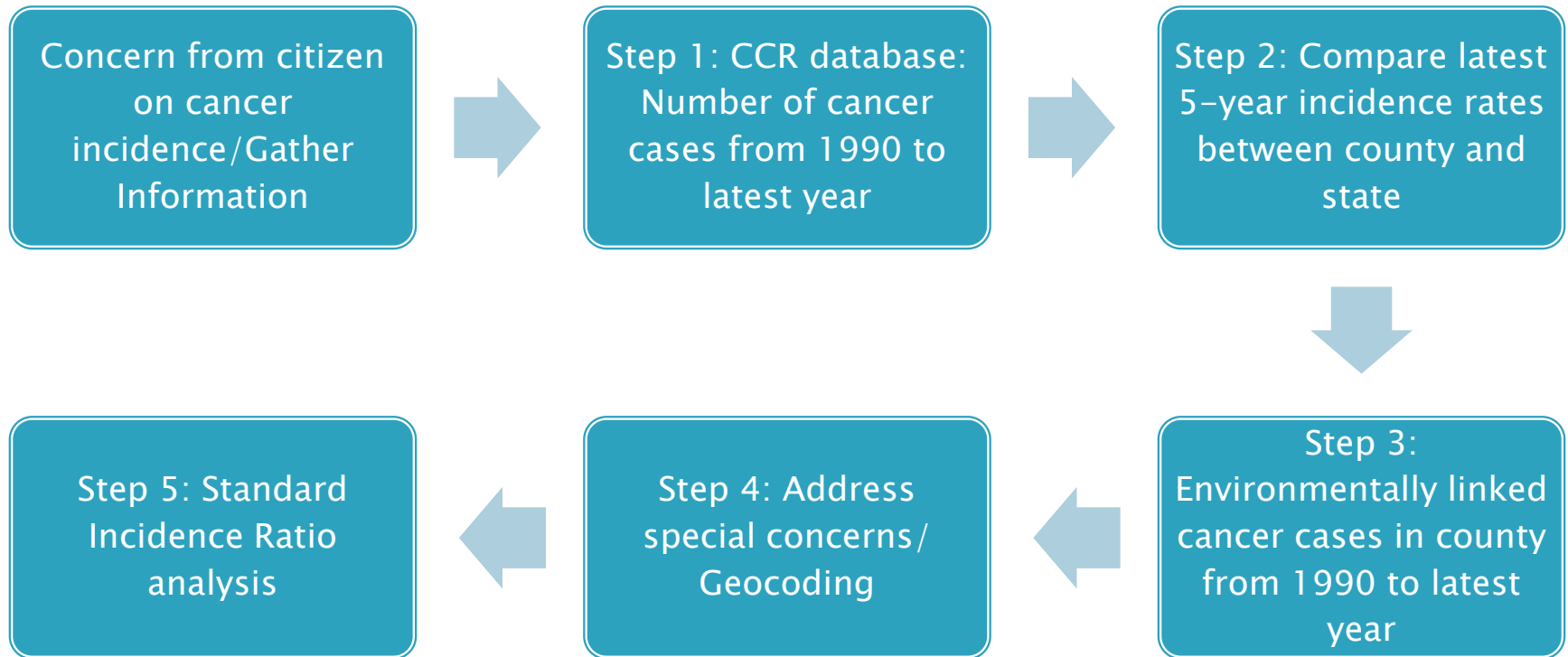
By Soundarya Radhakrishnan
North Carolina Central Cancer Registry



What is a Cancer Cluster

- ▶ A cancer cluster is a greater than expected number of cancer cases that occurs within a group of people in a geographic area over a defined period of time.
 - MMWR, Investigating Suspected Cancer Clusters and Responding to Community Concerns.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6208a1.htm>)

Steps in Cluster Investigation



Gather Information

- Specific area of concern – streets/neighborhood
- Cancer sites
- Ages
- Environmental concerns
- Diagnosis years

Communicate to requestor about timeline



Step 1: CCR Database

Examine distribution of cancer cases in county/area of concern from 1990 – current by:

- Cancer Site:
 - Top 4 cancers combined – 50% of total cancers
 - Cancers of concern – Compared to state

- Age-Group:
 - Pediatric cancers – Less than 2% of total
 - Ages 50 and older – 80% of total cancers

- Year of Diagnosis

Step 2: Comparison of Rates

Compare latest 5-year incidence rates between County and State by

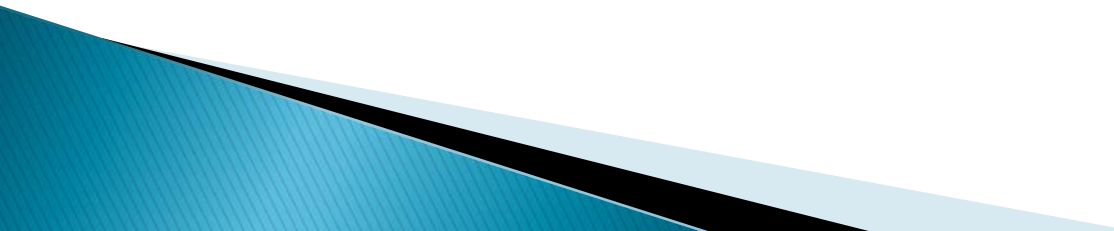
- Cancer Site
- Age-group

Step 3: Cancers Linked to Environmental Factors

Examine distribution of cancers likely to be associated with environmental risk factors

- Liver
- Pancreas
- Brain/other CNS (Central Nervous System)
- Bladder
- Kidney
- Leukemia
- Multiple myeloma
- Non-Hodgkin Lymphoma

Step 4: Geocoding

- ▶ Concern expressed on specific area such as landfill – request referred to geospatial analyst.
 - ▶ Spatial analyst geocodes at Census Block Groups/Census Tract level – determine if cases are concentrated in concerned area.
 - ▶ Geocoded data used for analysis.
- 

Dissemination of Report

After completion of analysis, standard cluster report sent to

- Requestor
- Occupational and Environmental Epidemiology Branch
- Local Health Department

Step 5: Standardized Incidence Ratio (SIR)

- SIR analysis will be conducted for further investigation
- SIR is calculated to see if occurrence of cancer in concerned (study) population is higher compared to general (reference) population

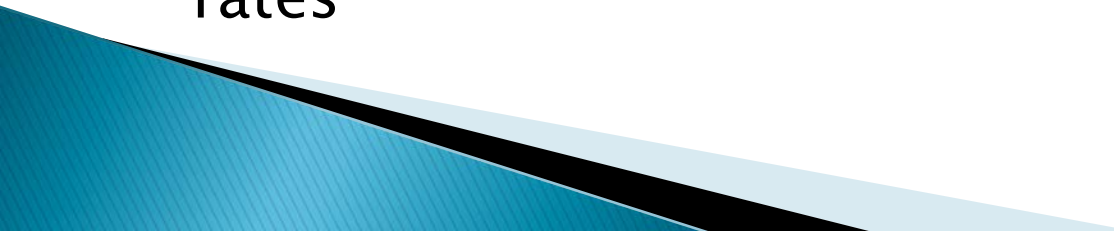
Standardized Incidence Ratio (SIR)

- SIR – Ratio of number of observed cases to number of expected cases
- Observed cases – Cases occurred in concerned (study) population in a specific timeframe (cases from CCR database)
- Expected Cases – Cases that would occur in the concerned population if cancer occurrence is same as the reference population (generally state)

Standardized Incidence Ratio (SIR)

- Expected cases – Estimated using the State cancer incidence by age and population of concerned area for the specific time period
- Divide observed cancer cases in the area for the specific time period by the expected number of cases
$$\text{Observed cases} / \text{Expected cases} = \text{SIR}$$
- SIR of > 1.0 – Indicates that observed number of cases is greater than the expected number of cases – cause for concern

Limitations

- CCR report only includes North Carolina Residents (Address at Diagnosis State, North Carolina) – NC residents diagnosed out of state are included but out of state residents are not included.
 - Time lag in reporting – It takes at least 6 months from time of diagnosis, for facilities to report to CCR.
 - CCR analysis includes only ‘Address at the time of diagnosis’.
 - Small numbers – Lead to uncertainty and instability of rates
- 

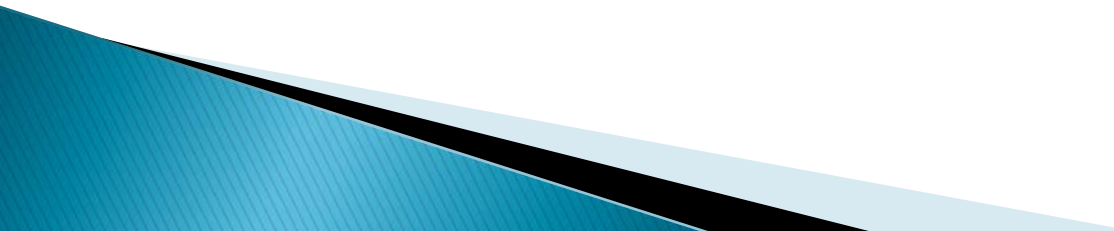
Cancer Cluster Info

- ▶ For more information on cancer cluster investigations and cancer cluster guidelines, please visit <http://www.cdc.gov/nceh/clusters/>
- ▶ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6208a1.htm>

Contact

- For questions or concerns please contact the North Carolina Central Cancer Registry at (919) 715-7289
- Chandrika Rao, Director, NC Central Cancer Registry, Chandrika.Rao@dhhs.nc.gov;
Phone: (919) 715-4574
- Soundarya Radhakrishnan, Statistical Supervisor, NC Central Cancer Registry, Soundarya.Radhakrishnan@dhhs.nc.gov;
Phone: (919) 715-3740

Acknowledgements

- ▶ The Centers for Disease Control and Prevention for its support of the staff and the resources to produce this presentation, under cooperative agreement NC U58DP003933 awarded to the North Carolina Central Cancer Registry.
 - ▶ The content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.
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THANK YOU!