WYOMING CANCER SURVEILLANCE PROGRAM

WSCP Newsletter

Spring 2013

Welcome Amanda

The search is over and we are pleased to announce that Amanda Watson has joined our team as a third abstractor. She will be responsible, primarily, for the South Western portion of the state.

My name is Amanda Watson. I have an Associate's degree in Health Information Technology and am one class away from a Bachelor's degree in Health Information Management. I'm a Wyoming native, but also have spent some time in Turkey and Utah due to my husband's Air Force career.

I was intrigued by this position because of my choice of degree. A few of my classes touched upon the subject of cancer registries and ever since then I thought that it would be an interesting career choice. I feel that being an abstractor is an important piece of a very large puzzle of trying to prevent future cancer cases and ultimately understanding more about cancer through the data that is collected.

Inside this issue:

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Rising Rate of Advanced Breast Cancer in Younger Women

According to The American Cancer Society, about one in eight women in the US will develop invasive breast cancer during their lifetime. This is a statistic that has not changed much over the years. But let's look at the numbers a little closer.

The AMA projected number of new invasive breast cancer for 2013 is 232,340 and 64,640 new in-situ cases. Since 2002, new cases of invasive breast cancer has been decreasing possibly due to the number of post menopausal women eliminating the use of hormone replacement therapy.(1)

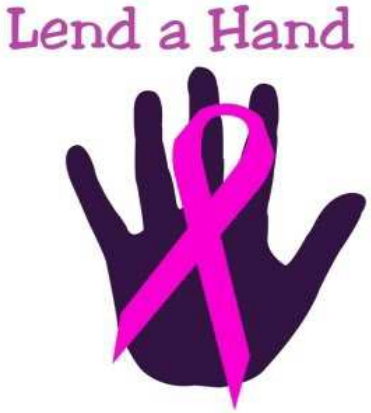
On the flip side, there has been a small but increasing number of "younger" women being diagnosed with invasive breast cancer. That is, defining young as women less than 40 years of age. According to Komen, that would be about 5% of all newly diagnosed invasive breast cancers in the US. (2)

This begs the question; "Why are younger women having a rise in advanced breast cancer?" In researching this subject, most of the articles refer to a report by the Journal of the American Medical Association (JAMA) from the February 2013 issue. This JAMA report notes a near doubling in the rate of metastatic breast cancer in younger women age 25-39 between 1976 and 2009. Though small, the increase is statistically significant with 2.9 cases per 100,000 in 2009 from 1.53 per 100.000 in 1976. The researchers for this study analyzed data from SEER based on information from 936,497 women who had breast cancer from 1976-2009. Of those, 53,502 were 25-39 years old, of which 3,438 had advanced breast cancer (metastatic or distant disease). The younger women were the only group that showed to have an increase in metastatic disease. (3)

The contributing factors for this increase may be due to obesity, genetics (BRCA1/BRCA2 mutation), use of tobacco and alcohol or a hormone relationship (use of birth control pills, abortion or having children later in life or fewer children). The report also noted that breast cancer in younger women tends to be metastatic at the time of diagnosis. These tumors are also more likely to be aggressive, high grade, and receptor negative. (4)

To date, the cause of rising invasive breast cancers in young women remains unknown. Though the numbers remain small, the probability of invasive breast cancer in young women will continue to rise as they have since 1976.

Submitted by : Deb Broomfield



http://cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics
http://ww5.komen.org/BreastCancer/YoungWomenandBreastCancer.html
http://media.jamanetwork.com/news-itm/study-finds-small-increase-of-advanced-breast-cancer-among-younger-women
http://ww5.komen.org/BreastCancer/YoungWomenandBreastCancer.html

Quantity vs. Quality

I sit here contemplating how I should begin, I realize that this is about "letting go" of emotions regarding quantity life and death. The inevitable will happen to all of us, it's a known fact. So when is it OK to say no more I want quality life?

Hope is a positive feeling that things will work out with positive expectations. Hope empowers us to set goals and be rewarded when the goals have been met. (1)

When the dreaded diagnosis of Cancer is given, each person reacts differently, some want to "fight" and kill the cancer. They put their trust in their physician(s) and accept the effects of chemo drugs and radiation treatments hoping that they will have more time and possibly a cure. Experimental studies are an option when the protocol treatments no longer work. Oncologists may suggest trial studies. These may not help the patient, but they may help some one in the future.

Sometimes we get caught up in battling the disease for more time and forget about the quality of life.
I have read several articles that suggest that when cancer is diagnosed, the patient should add a palliative care specialist to their medical team. This doesn't mean that there will be no treatment; it means that they will be part of the team in caring for the patient's needs not just the disease.

Hospice care is a type of palliative care where treatment for the disease is no longer beneficial or when the patient elects comfort care without treatment. Physicians do not request hospice care until they estimate that the patient has less than 6 months to live.

With today's medicine, we are able to cure diseases we were unable to cure many years ago, that is a blessing but it can also be a curse. Some times the recommended treatment is worse than the disease. If treatment is not working, saying "no" to further treatment is not giving up. It is not an indication of hopelessness; it is a time to set new goals; to add quality to the rest of your life, check things off your "bucket list", and to enjoy your family and friends, taking time to smell the roses.

So, when do you say "NO"? --- When you are tired of the side effects of the treatments. When you realize that nothing more can be done, when your physician advises you that the treatments are not working, after you make peace with yourself; and most of all when you are ready.

Submitted by : Vicki Moxley

http://en.wikipedia.org/wiki/Hope

Do you know the answers:

Histology codes 8000 and 8010 are interchangeable. T/F

Effective with 2013 cases, multiplicity of tumors is no longer required. T/F

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WYOMING CANCER SURVEILLANCE PROGRAM

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Upcoming Events

July

7-11-13 NAACCR Webinar—Geographic Information Systems

August

8-1-13 NAACCR Webinar — Cancer Registry Quality Control
8-21/8-23 NPCR Technical Assit. -- Atlanta

September

9-5-13 NAACCR Webinar — Coding Pitfalls
9-18/9-20-13 Rocky Mountain Cancer Data System workshop—Kansas City

October

10-3-13 NAACCR Webinar — Lip & Oral Cavity

November

11-7-13 NAACCR Webinar – Prostate

December

12-5-13 NAACCR Webinar --Ovary

WCSP newsletter is a semi-annual publication of the Wyoming Cancer Surveillance Program (WCSP). This and previous issues are also available online at:
http://www.health.wyo.gov/phsd/wcsp/news.html

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