Outline

- Introduction to SEER
- Example of Analysis using SEER Data
- SEER*Stat Tutorial
Surveillance, Epidemiology, and End Results (SEER)

- **SEER mission to support research**
  - Diagnosis, treatment, and outcomes of cancer since 1973
  - Provide baseline data on U.S. cancer incidence and survival trends

- **Population-based registries representing almost 35% of the U.S. population**

- **Over 550,000 incident cases reported annually**
Data quality is an important part of keeping data consistent and a reliable source for cancer statistics.

North American Association of Central Cancer Registries (NAACCR) issues certification for data quality including:

- Case ascertainment 95% or higher completeness
- Fewer than 3% of cases based on death certificates only
- Less than 2% of cases have missing age, sex, and county

Three year lag between diagnosis and reporting of cancer

- November 1st 2020 data submission -> cases diagnosed through 2018 -> Data release on April 15, 2021
U.S. Map with SEER Registries

SEER Registry Initiation Date
- **Red**: 1973-1975 SEER
- **Green**: 1988-1999 SEER
- **Blue**: 2000 SEER Expansion

Evolution of SEER Over Time

- SEER 9 covering years 1975+
  - San Francisco-Oakland, Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, Atlanta
  - Covers 9.4% of the US population

- SEER 13 covering years 1992+
  - SEER 9 plus San Jose-Monterey, Los Angeles, Rural Georgia, Alaska Natives
  - Covers 13.4% of the US population

- SEER 18 covering years 2000+
  - SEER 13 plus California (excluding SF/SJM/LA), Kentucky, Louisiana, New Jersey, Georgia (excluding Atlanta and Rural Georgia)
  - Covers 27.8% of the US population
SEER Expansion in 2018 and 2021

- **SEER has expanded in 2018:**
  New SEER areas include Massachusetts, New York, Wisconsin, and Idaho (36.7% of US population)

- **SEER has expanded again in 2021:**
  New SEER areas include 48% of the US population!

*Subcontract under New Mexico
**Three regions represent the state of California: Greater Bay, Los Angeles, and Greater California
Population Coverage by Race/Ethnicity

PERCENT OF THE POPULATION COVERED BY RACE

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>SEER 9</th>
<th>SEER 13</th>
<th>SEER 18</th>
<th>SEER 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>9.4</td>
<td>13.4</td>
<td>11.5</td>
<td>11.3</td>
</tr>
<tr>
<td>WHITE</td>
<td>8.7</td>
<td>11.5</td>
<td>11.3</td>
<td>11.3</td>
</tr>
<tr>
<td>BLACK</td>
<td>8.8</td>
<td>11.3</td>
<td>12.5</td>
<td>12.5</td>
</tr>
<tr>
<td>AMERICAN</td>
<td>12.5</td>
<td>19.3</td>
<td>30.6</td>
<td>49.3</td>
</tr>
<tr>
<td>ASIAN</td>
<td>17.7</td>
<td>31.0</td>
<td>50.4</td>
<td>57.5</td>
</tr>
<tr>
<td>NATIVE</td>
<td>43.3</td>
<td>49.9</td>
<td>66.5</td>
<td>68.5</td>
</tr>
</tbody>
</table>
Data in SEER Registries

- **Demographic**: age, gender, area of residence, race and ethnicity, marital status.
- **Tumor (cancer)**: primary cancer site, histology, morphology, stage, lab values and tumor markers.
- **Treatment**: treatment in hospital more complete than outpatient (e.g., first course chemotherapy, surgery, radiation).
- **Outcome** (follow-up for vital status): living or deceased, month and year of death and cause of death.
- **SEER data** is linked at the county level with Census data and provide socio-economic variables at the county of residency.
- **Data is consolidated and available for analyses in SEER*Stat**.
Where Are SEER Statistics Reported?

- Fact Sheets – Plain language summaries of key statistics by cancer site

- SEER*Explorer

- State Cancer Profiles (Interactive Maps)

- Annual Report to the Nation - provides an annual update of cancer incidence, mortality, and trends in the United States.
Standard Statistics Reported Using SEER Data

- Incidence: Rate per 100,000

- Trends in incidence, annual percent change in rates, or average annual percent change over a specified time frame

- Prevalence of people alive with a previous diagnosis of cancer

- Cancer Survival Statistics (Relative or Cause Specific Survival)

- Probability of developing or dying of cancer over a lifetime
Example of Analysis Using SEER Data
The Effect of Advances in Lung-Cancer Treatment on Population Mortality

Nadia Howlader, Ph.D., Gonçalo Forjaz, D.V.M., Meghan J. Mooradian, M.D., Rafael Meza, Ph.D., Chung Yin Kong, Ph.D., Kathleen A. Cronin, Ph.D., Angela B. Mariotto, Ph.D., Douglas R. Lowy, M.D., and Eric J. Feuer, Ph.D.
Rapidly declining lung cancer mortality rates

American Cancer Society (ACS) reported largest one-year drop in cancer mortality; decline in deaths from lung cancer drove the record drop last year

This captures overall trend from all subtypes combined

How much do specific lung cancer subtype contribute to this overall trend in mortality?
Trends in Non-small Cell Lung Cancer: Incidence, Mortality, and Survival

A Trends in Incidence and Incidence-Based Mortality

- Observed incidence
- Modeled incidence
- Observed incidence-based mortality

2001–2008, -1.9%\(^a\)
2008–2016, -3.3%\(^a\)
2006–2013, -3.2%\(^a\)
2013–2016, -6.3%\(^a\)
2001–2006, 0.5%
2006–2016, -1.5%
2006–2014, -2.3%
2014–2016, -5.9%\(^a\)

2013, EGFR first-line therapy approved

B Trends in Lung-Cancer–Specific Survival

- Men
- Women

2-year survival (%)


Men


Women
Trends in Small Cell Lung cancer: Incidence, Mortality, and Survival
Conclusions

- **SCLC**: steady decline in mortality explained entirely by lower incidence (potentially attributable to reduced tobacco use)
- **NSCLC**: steady decline initially followed by rapid decline in 2013-2016
  - Mainly explained by dissemination of targeted therapies approved in 2013 for stage IV EGFR+NSCLC as first line therapy
  - Estimates suggest possible population level impacts of targeted therapies