

Cancer in Los Angeles County

CANCER

SURVEILLANCE

PROGRAM

**BIBLIOGRAPHY
1972-2013**



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LOS ANGELES CANCER SURVEILLANCE PROGRAM

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opulation-based cancer registration in Los Angeles County was a vision of Brian E. Henderson, MD in 1969. He envisioned a

rapid ascertainment and registration system in which the developing science of cancer epidemiology could achieve important research breakthroughs into the causes of human cancers. He recognized that the size and diversity of the Los Angeles County population would allow study of common as well as less common cancers, of persons of all ages and, of certain racial and ethnic groups in which little or no previous research findings were available.

With a team which included Thomas M. Mack, MD, Malcolm Pike, PhD, Susan Preston-Martin, PhD, John Hisserich, PhD and a dedicated staff, data collection commenced later that same year and, by 1972, was essentially complete for the County.

In addition to these persons, an epidemiologic research team was recruited and, just one year later, in 1973, five peer-reviewed articles were published in medical journals. As can be seen in this volume, the pace of research output has steadily increased to an average of one published research paper per day.

The directors of the program over the 40 year period include Dr. Mack as well as Roland Phillips, MD, Ronald K. Ross, MD and currently, Dennis Deapen, DrPH. Other key leaders of the program over the years include Herman Menck, MBA, Judith Boone, Donna Morrell and Leslie Bernstein, PhD. Of course, all of these individuals must thank the many staff members of the program who have collected the information and assured its accuracy and completeness. Furthermore, cancer registrars representing hospitals across the county have contributed since 1987.

But much of the hard work represented in this volume was performed by the many scientists whose names are listed. Each citation typically required years of work, from developing an hypothesis, writing a compelling research proposal, and collecting and analyzing the research data before the published report could be prepared. Again, without countless research staff persons, these projects could not have been conducted.

The science of epidemiology is the study of patterns of disease among people. It is those people, persons diagnosed with cancer and, in many studies, our neighbors throughout Los Angeles County without cancer, who have willingly participated in these many research projects, giving their time to further our understanding of the causes and ways to prevent cancer. It is to these people, the participants in the research studies, that we dedicate this volume.

**THE CANCER
SURVEILLANCE
PROGRAM FOR LOS
ANGELES COUNTY**

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he Cancer Surveillance Program (CSP) is the population-based cancer registry for Los Angeles County and it identifies and

obtains information on all incident (newly diagnosed) cancer patients within the geographic boundaries of the County. The registry was organized in 1970 and it operates within the administrative structure of the University of Southern California (USC) Keck School of Medicine and the USC/Norris Comprehensive Cancer Center. The registry became essentially population-based by 1972, and complete incidence data for Los Angeles County are available from that year onward. To date, the CSP computerized database contains over 1,700,000 records, and more than 37,000 newly diagnosed cancer cases are added each year.

Currently, funding for the registry is primarily shared by a contract from the Department of Public Health of the State of California, the National Cancer Institute's Surveillance Epidemiology and End Results (SEER) program, and the Centers for Disease Control and Prevention's National Program of Cancer Registries.

The CSP was initially developed with the voluntary cooperation of hospitals and other institutions, clinics and medical laboratories equipped to diagnose cancer in Los Angeles County. In 1987, the CSP became the regional registry for Los Angeles County for the new California Cancer Registry. The CSP is one of ten such regional registries providing, as a group, statewide coverage. In September 1992, the CSP became a SEER registry, the consortium of 17 population-based cancer registries which provides the federal government's National Cancer Institute with a "snapshot" of cancer incidence and survival across the United States.

Uses of CSP Data for Research

The CSP was originally developed as a resource for identifying patient populations for research on the causes of cancer; with the institution of the California Cancer Registry in the 1980's the California legislature stated that the cancer registry data are to be used to "determine the sources of malignant neoplasms and evaluate measures designed to eliminate, alleviate or ameliorate their effect." Thus, scientific research continues to be a prominent goal of the program.

A high priority has always been placed on exploring demographic patterns and trends in cancer incidence among the racially and ethnically diverse population of Los Angeles County.

The CSP data serve as a descriptive epidemiological resource to generate new hypotheses regarding specific cancer sites or histologic subtypes, to monitor descriptive trends and patterns of cancer incidence, and to identify demographic subgroups at high risk of cancer. Many of the hypotheses tested in previous and ongoing case-control studies conducted by cancer epidemiologists affiliated with the CSP have arisen from these descriptive epidemiological studies. Another important function of the CSP is to provide communitywide or hospital-specific data on cancer occurrence as a service to the community.

The other most important use of the CSP for research purposes has been to generate rosters of cancer patients who are eligible for research studies. Since 1973, we estimate that over 60,000 cancer patients have been contacted after having been found eligible to participate in one of many case-control studies being conducted at any given time. In such studies, additional information about each of these patients is gathered by personal interview, record abstraction, or by the processing of laboratory specimens. The results are then compared with similar information gathered from healthy persons (controls), who have been chosen to represent the population from which the cases came. The CSP receives occasional requests from community physicians or from the County and State Health Departments seeking assistance in investigating perceived cancer risks from environmental exposures. Usually these requests are based on apparent clustering of cancer cases in a short time period and in a defined geographic area. A routine examination of the pertinent CSP data can usually evaluate the magnitude of the risk in relation to an appropriate comparison group in the County.

Finally, the CSP is used for analytic studies of the cohort design. In such studies, a large roster of Los Angeles residents who have had in common a particular exposure of public health interest (e.g., an occupational exposure or a specific medical treatment) are matched to the CSP registry of cases in order to see whether or not an excess of cancer cases has appeared among them.

The CSP has been the most productive cancer registry in the world during the past few decades, in terms of scientific contributions toward understanding the demographic patterns and the etiology of specific cancers, as illustrated by this bibliography of more than 2600 publications contributed to scientific journals.

Protection of Confidentiality

All reports and summaries produced for distribution by the CSP, such as those presented here, are in statistical form, without any personal identifying information. All individual studies using confidential information obtained from the registry are individually reviewed by the USC Institutional Review Board (or, for studies from outside investigators, by another federally approved institutional review board), as is the registry itself on a regular basis.

