SEER: Report (Card) to the Nation

Defining the metrics of success, or failure, is often ignored when undertaking an important initiative. The National Cancer Act of 1972 had a very clear metric of success: to eliminate cancer in time for the 200th Birthday of the Nation as a gift to the world. It was a tall order, indeed. But the people who would be measuring the success, or failure, of the National Cancer Program took the longer view in establishing the National Cancer Institute’s (NCI) Surveillance, Epidemiology, and End Results (SEER) Program on January 1, 1973. The acronym was an obvious reference to the potential of the program to become an all-seeing crystal ball on trends in cancer in the United States. It was a good choice. As Dr. Joseph Fraumeni has said: “Visionary in concept, SEER has earned its name with its unprecedented ability to identify emerging trends, geographic variation, ethnic disparities and other patterns that have provided new directions for epidemiologic research into cancer and its control [1].”

Not everyone has agreed. In the worst of times, the SEER data have been used by critics in Congress and elsewhere as a Report Card to the Nation, where the failing grades are easy to spot, rather than a research tool. The C’s, D’s, and F’s on the SEER Report Card are largely due to two unfortunate realities: continued use of tobacco with its missed opportunities in preventing disease and slower than hoped for progress in developing curative therapy for advanced disease in the most important common solid tumors of adulthood.

What does SEER show us today? There are some very big thoughts here. Cancer will affect 1 out of 2 men and 1 out of 3 women in their lifetimes. This would seem to justify sustained and enhanced research in this important public health problem. And there are some passing grades to be found as well. The death rate from lung cancer, the leading killer, continues to fall despite a slow increase in disease incidence. Colorectal cancer death rates have been declining since the 1970s. In addition, prostate cancer death rates have been falling since 1994, an observation which has led to important research on the potential value of screening and early diagnosis in this disease. SEER also shows us disparities in progress in these very same diseases, especially in underserved populations and special populations.

SEER will turn 30 on January 1, 2004, and the NCI is planning a celebration of this important public health resource. The party will include a narrative of the past, present, and future of the SEER program, a comprehensive bibliography of SEER publications, a collection of landmark SEER publications of special impact, and commissioned papers. Please join them at http://seer.cancer.gov/ and read in this current issue the role and significance of the SEER Program [2]. I predict you’ll give them an “A.”

REFERENCE


2 Gloeckler Ries LA, Reichman ME, Lewis DR et al. Cancer survival and incidence from the surveillance, epidemiology, and end results (SEER) program. The Oncologist 2003;8:541-552.