

Healthy People 2010 Operational Definition

3-15. Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.

National Data Source	Surveillance, Epidemiology, and End Results Program (SEER), NIH, NCI.
State Data Source	Surveillance, Epidemiology, and End Results Program (SEER), NIH, NCI.
Healthy People 2000 Objective	Not applicable.
Changes since the 2000 Publication	None.
Measure	Percent.
Baseline	59 (1989-95)
Target	70
Target-Setting Method	19 percent improvement. For a discussion of target-setting methods, see Part A, section 4.
Numerator	5-year observed survival rate.
Denominator	5-year expected survival rate.
Population Targeted	Resident cancer survivors (selected areas-see Comments).
Questions Used To Obtain the National Baseline Data	Not applicable.
Expected Periodicity	Annual.
Comments	This measure is tracked with a calculation commonly referred to as the relative survival rate. The relative survival rate is calculated using a procedure whereby the observed survival rate is adjusted for expected mortality. The relative survival rate represents the likelihood that a patient will not die from causes associated specifically with the given cancer before some specified time (usually 5

years) after diagnosis.

To calculate the relative survival rate, the observed survival rate is divided by the expected survival rate. The observed survival rate is based on all causes of death-no one is excluded except for those lost to follow up. The expected survival rate is based on life tables of surviving 1 year in the general population based on age (single year), race, sex, and year (1970, 1980, 1990) of the cohort of cancer patients. This calculation is used so that one does not have to depend on the accuracy and completeness of the cause of death information in order to calculate the effect of the cancer.

Survival rates are from the SEER program. They are based of data from population-based registries in the states of Connecticut, New Mexico, Utah, Iowa, Hawaii; as well as the cities of Atlanta, GA; Detroit, MI; Seattle-Puget Sound, WA; and San Francisco-Oakland, CA. The 1989-95 survival rates used in the baseline are based on patient follow up through 1996, and subsequent data points follow the pattern of follow up through one year after the listed diagnosis years.

Additional information on the SEER program can be found at the following Web site:

<http://www.seer.cancer.gov/>

See Appendix A for focus area contact information.