Annual Report on Cancer: Death Rates Decline, Survival Rates Improve

Overall cancer death rates continue to decrease in men, women, and children for all major racial and ethnic groups, according to the latest *Annual Report to the Nation on the Status of Cancer, 1975–2014.* The report, released on March 31, found that death rates during the period 2010–2014 decreased for 11 of the 16 most common types of cancer in men and 13 of the 18 most common types of cancer in women, including lung, colorectal, female breast, and prostate cancers. Death rates increased for cancers of the liver, pancreas, and brain in men and for liver and uterine cancer in women. The report found that overall cancer incidence rates (expressed as rates of new cancers) decreased in men but stabilized in women during the period 1999–2013. The report is released each year in a collaborative effort by the American Cancer Society, the Centers for Disease Control and Prevention, the National Cancer Institute (NCI), and the North American Association of Central Cancer Registries (NAACCR).

The report also included a special section on survival trends. When compared with statistics from more than 30 years before, 5-year survival for cancers diagnosed from 2006 to 2012 increased significantly for all but 2 types of cancer: cervical and uterine. The greatest absolute increases in survival (≥25%) were seen in prostate and kidney cancers as well as non-Hodgkin lymphoma, myeloma, and leukemia. Cancers with the lowest 5-year relative survival of those diagnosed from 2006–2012 were pancreas (8.5%), liver (18.1%), lung (18.7%), esophagus (20.5%), stomach (31.1%), and brain (35%). Those with the highest were prostate (99.3%), thyroid (98.3%), melanoma (93.2%), and female breast cancer (90.8%).

"While this report found that 5-year survival for most types of cancer improved among both blacks and whites over the past several decades, racial disparities for many common cancers have persisted, and they may have increased for prostate cancer and female breast cancer," said Lynne T. Penberthy, MD, MPH, associate director of the NCI Surveillance Research Program. "We still have a lot of work to do to understand the causes of these differences, but certainly differences in the kinds and timing of recommended treatments are likely to play a role."

"The continued drops in overall cancer death rates in the United States are welcome news, reflecting improvements in prevention, early detection, and treatment," said Betsy A. Kohler, MPH, CTR, executive director of NAACCR. "But this report also shows us that progress has been limited for several cancers, which should compel us to renew our commitment to efforts to discover new strategies for prevention, early detection, and treatment, and to apply proven interventions broadly and equitably."

The full report is available at: https://academic.oup.com/jnci/article-lookup/doi/10.1093/jnci/djx030.

National Cancer Institute

NRC Seeks Comments on Patient Release

The U.S. Nuclear Regulatory Commission (NRC) announced in April that the agency is once again requesting comments from the general public on its patient release programs. Regulations associated with these programs have been most widely applied to patients treated with ^{131}I. With a deadline for comments of June 12, the NRC is seeking input on whether additional or alternate criteria are needed and whether to clarify the NRC's current patient release requirements. The information will be used to determine whether significant regulatory changes to the NRC patient release requirements are warranted.

Key questions on which comments are requested include: (1) Should the NRC develop an activity-based patient release threshold? (2) Should the NRC amend current regulations to clarify the time frame for the current dose limit in 10 CFR 35.75(a) for releasing individuals? (3) Should the NRC continue to apply the same dose criteria of 5 mSv (0.5 rem) to all members of the general public, including family members, young children, pregnant women, caregivers, hotel workers, and other members of the public when considering the release of patients? (4) Should the NRC include a specific requirement for the release of a patient who is likely to expose young children or pregnant women to doses above the public dose limit? (5) Should the NRC have a specific requirement for the licensee to have a patient isolation discussion with patients in sufficient time prior to the administration to provide the patient time to make isolation arrangements or the licensee to make plans to hold the patient, if the patient cannot be immediately released? (6) Should the NRC explicitly include the time frame for providing instructions in the regulations (e.g., the instructions should be given prior to the procedure)?

During the comment period NRC has held 2 public/webcast meetings at its Rockville, MD, headquarters. The complete text of the request, including multiple subquestions and instructions for submitting comments, is available at https://www.regulations.gov/document?D=NRC-2017-0094-0001.

Nuclear Regulatory Commission