HEALTH AND HAZARDOUS SUBSTANCES
REGISTRY
NEWSLETTER
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Spring 2000

Early Detection of Breast Cancer in Counties Participating in the Illinois Breast and Cervical Cancer Program

The Illinois Breast and Cervical Cancer Program (IBCCP) provides free or reduced cost mammograms, Pap tests, and other related screening and diagnostic services to income-eligible Illinois women. Funded through the U.S. Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, it began as a demonstration program in 1995 in DuPage, Lake and Peoria counties. Illinois continued to receive federal funding to augment IBCCP in 1996 and 1997. In 1999, IBCCP was able to begin providing screening services to eligible women living in all 102 Illinois counties.

The IBCCP targets women who are at or below 200 percent of the federal poverty guideline. Women eligible for breast cancer screening services must be age 40 to 64. Although the program places special emphasis on targeting minority women and those living in rural areas of the state, IBCCP provides services to all eligible women, regardless of race, ethnicity or cultural background. For more information about the Illinois Breast and Cervical Cancer Program, please call the Women's Health Helpline at #1-888-522-1282.

One indication of successful breast cancer screening programs is the percentage of cases diagnosed at the *in situ* stage. This is the earliest stage of breast cancer when the tumor is small and most curable. To test for possible effects of IBCCP on the percentage of *in situ* cases, data were evaluated for the periods 1988-1992 and 1993-1997. These data were obtained from the Illinois State Cancer Registry, the only source for population-based cancer incidence for the state.

For counties that participated in IBCCP, *in situ* diagnosis of breast cancer cases was made in 10.1 percent of cases for the period 1988-1992 (Table 1, Figure 1). For the same counties, *in situ* diagnosis was made in 13.3 percent of cases for the period 1993-1997. For counties not participating in the program, *in situ* diagnosis was made in 9.5 percent of cases for 1988-1992 and 12.2 percent of cases for 1993-1997.

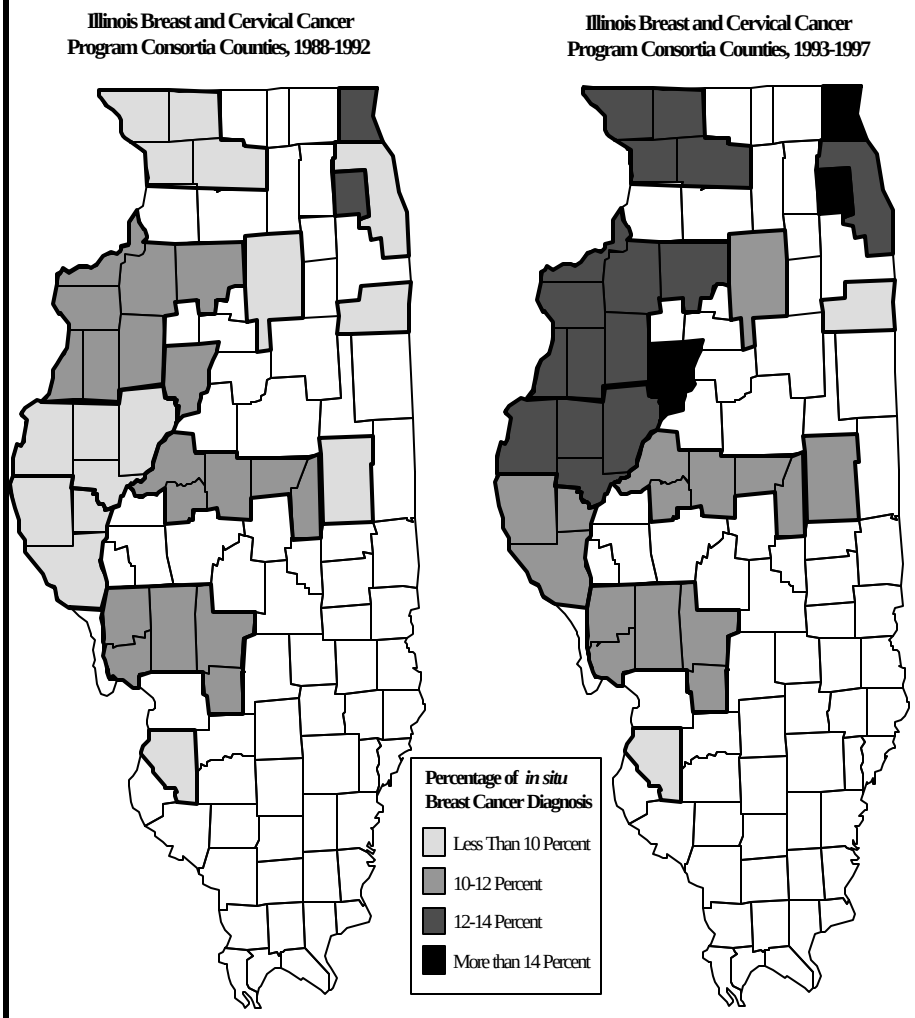
Although the differences do not appear to be great between IBCCP participants and nonparticipants, the effects are diluted in this analysis at two levels. First, the period of program implementation overlaps with the 1993-1997 period but does not encompass it. Two full five-year periods were needed in order to generate statistically stable values when using the small numbers of cases reported in some counties. Secondly, IBCCP targets a low-income subgroup of the entire county population. ISCR does not record income, so specific information for this subgroup could not be separated out. Nevertheless, results in this simple analysis show improvement throughout IBCCP counties between 1988-1992 and 1993-1997 as well as slightly higher improvement in participating counties relative to nonparticipating counties for the same periods.

Table 1. Percentage of *in situ* Breast Cancer Incidence for Illinois Breast and Cervical Cancer Program Consortia Counties, 1988-1992 and 1993-1997

Consortia County Groups	Percentage of *in situ* Breast Cancer Incidence 1988-1992	1993-1997
Adams-Brown-Pike	8.2	11.7
Champaign	8.2	11.6
Cook	9.6	13.2
DuPage	12.7	15.9
Fulton-Hancock-McDonough-Schuyler	9.9	12.5
Kankakee	4.8	9.6
Lake	13.8	15.3
La Salle	8.3	11.1
De Witt-Logan-Mason-Menard-Piatt	10.6	11.3
Bond-Greene-Jersey-Macoupin-Montgomery	10.5	10.7
Peoria	11.9	16.2
Bureau-Henderson-Henry-Knox-Mercer-Rock Island-Warren	10.7	12.7
St. Clair-East Side Health District	8.9	9.6
Carroll-Jo Daviess-Ogle-Stephenson	7.1	12.6
Totals for Participating Counties	10.1	13.3
Totals for Nonparticipating Counties	9.5	12.2
Grand Totals for Illinois	9.9	13.0

Source: Illinois Department of Public Health, Illinois State Cancer Registry, December 1999

Figure 1. Percentage of *in situ* Breast Cancer Incidence for Illinois Breast and Cervical Cancer Program Consortia Counties, 1988-1992 and 1993-1997



Source: Illinois Department of Public Health, Illinois State Cancer Registry, February 1999

Illinois State Cancer Registry

Tips for Using the EDITS Program

Unable to locate file? When an error code comes up "unable to locate file," recheck the information in the area for Input Data File. Most common errors are typos in the file name or the entire path name was not used. Make sure the drive letter (for example, A:\ ) is put in before the rest of the file name.

Can't print your output report? No problem. The file c:/editsv6/output.rpt is created as an ASCII text document and can be viewed and printed from any word processing program. If you don't think you have a word processing program on your machine, Windows comes with both WordPad and NotePad loaded. Just go to Start, Program, Accessories, and choose WordPad. In WordPad, go to File, Open; then go to C:\editsv6 and change the document types at the bottom of the open screen to all types to see the filename output.rpt. Open the file. It can now be printed, comments can be added, and it can be saved as a .doc, .txt, .wpd or other word processing file type.

Tired of wasting paper? Send your final output report along with your clean data file. It can be sent as an attached electronic file in the same E-mail with the data. It can be saved on the same diskette as the patient data. Think paperless. A clean output.rpt file sent with your data lets us know that you not only ran the EDITS, but have sent us an errorless submission.

Why won't my EDITS run? If you or your information technology staff have installed EDITSv6 on a new computer and EDITS won't run, or an error message that says "unable to locate desired version of FoxPro," try changing the command line on the shortcut to read c:\editsv6\edits.exe +x. If you start your program from DOS instead of using a shortcut, then go to c:\editsv6> and type in genedits +x; then hit ENTER. Some systems require the addition of the space and then the + and x symbols in order to use extended memory.

Adverse Pregnancy Outcomes Reporting System

Timeliness of reporting is essential for rapid case ascertainment in the Adverse Pregnancy Outcomes Reporting System (APORS). Hospitals are the primary source of APORS cases. Any infant death that occurred or infant condition (see side bar for APORS case criteria) diagnosed prior to the newborn hospital discharge must be reported to the Illinois Department of Public Health. The Illinois Health and Hazardous Substances Registry rules and regulations require hospitals to report an APORS case within seven days of discharge from the newborn stay. Rapid case ascertainment allows local health department nursing staff to quickly contact the parents of these high-risk infants so that follow-up services can be offered and begun.

Most Illinois hospitals meet this seven-day requirement. Recently, hospitals were reviewed for timeliness of reporting for 8,189 cases born in 1999. These cases had been entered in the APORS database by December 3, 1999. One hundred thirty-seven hospitals had reported infants with the average elapsed time per hospital (date of infant discharge to the report date) of 7.36 days. The range of elapsed time was zero to 35.57 days. One hundred hospitals had reporting averages of less than eight days. Eight hospitals averaged 14 to 21 days for reporting, 11 hospitals required 21 to 28 days, and three hospitals more than 28 days. APORS staff will offer technical assistance to any hospital that consistently misses the seven-day deadline.

Adverse Pregnancy Outcomes Reporting System: Case Criteria

An adverse pregnancy outcome case consists of any infant who meets one of the criteria set forth below prior to discharge from newborn hospitalization.

- Infant death
- Birth weight less than 1,500 grams
- Congenital anomaly
- Positive diagnosis of drug toxicity or withdrawal
- Serious congenital infection
- Congenital endocrine, metabolic or immune disorder
- Congenital blood disorder
- Other serious conditions such as fetal alcoholism, retinopathy of prematurity and intrauterine growth retardation
- Discharge from an intensive care unit when the infant stayed more than 24 hours

For a more detailed explanation of the APORS case definition or to receive a copy of the pertinent regulations, please contact the APORS manager, Trish Egler, at 217-785-7133 or at tegler@idph.state.il.us.

Feedback and continuing education are key to hospital reporting of APORS cases. The first priority of hospital labor and delivery, newborn nursery and neonatal intensive care staffs' is quality infant care. Making sure that APORS cases are reported is a lesser priority. Staff turnover and hospital issues can negatively affect APORS reporting. Evaluating the timeliness of a hospital's submissions is one tool the APORS program can use to reinforce reporting requirements. In the fall, APORS plans to evaluate the timeliness of reporting for all 1999 births from all facilities. A report will be sent to each reporting facility with its specific results.

Occupational Disease Registry

The Occupational Safety and Health Program of the Illinois Occupational Disease Registry has successfully completed its first annual survey of non-fatal occupational injuries and illnesses for the year 1998. The survey, which was conducted in cooperation with the U.S. Bureau of Labor Statistics, sampled 5,967 private companies and governmental agencies in Illinois. The result indicated a total of 319,700 workplace related injuries in Illinois during 1998, which represented an incidence rate of 67 cases per 1,000 full-time workers. Of the total number of injuries, about 44 percent were incidents resulting in days away from work, days of restricted work activity only or a combination of the two.

A total number of 18,800 workplace related illnesses occurred among Illinois workers in 1998, resulting in an incidence rate of about four cases per 1,000 full-time workers. For both injuries and illnesses, mining and transportation industries had higher than average rates, while finance, insurance and real estate sectors had lower than average rates. A detailed report of the survey findings will be published in an upcoming Epidemiologic Report Series by the Division of Epidemiologic Studies.

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