

## Introduction

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The Oregon State Cancer Registry (OSCaR) was established by the 1995 Oregon Legislature to conduct statewide cancer surveillance and to guide cancer control program planning. The registry began collecting information on all reportable cancers diagnosed in Oregon as of January 1, 1996. The enabling statute defines the purpose of OSCaR as follows:

*“The purpose of the registry shall be to provide information to design, target, monitor, facilitate, and evaluate efforts to determine the causes or sources of cancer and benign tumors among the residents of Oregon and to reduce the burden of cancer and benign tumors in Oregon.”*

Data from OSCaR provide an overview of all reportable cancers diagnosed in Oregon, including all cancers except basal or squamous cell carcinomas of the skin and *in situ* cervical cancers. Non-melanoma skin cancer is reportable when it occurs on the skin of the genitalia. Cancer incidence data, which are collected by registrars trained in cancer reporting, provide a more complete picture of cancer among Oregonians than can be obtained from mortality data alone. This information is useful for cancer prevention program staff, clinicians, policymakers, and for the public to understand the impact of cancer among Oregonians.

By combining information from the statewide cancer registry, death certificates, and health behavior surveys, it becomes possible to answer a variety of epidemiological questions. This information will help cancer control programs identify at-risk populations as well as support epidemiologic studies of risk factors and cancer etiology. Many such questions are covered in this report including the following:

- *How many Oregonians are diagnosed with cancer each year?*
- *Which cancers are the most common?*
- *Which cancers are the deadliest (most deaths per diagnosed case)?*
- *What are the trends in cancer incidence and mortality?*
- *Which groups of Oregonians are disproportionately affected by cancer?*
- *What geographic areas in the state have higher cancer mortality?*

OSCaR also collects information on the stage of disease (the level of a cancer's progression) at the time of diagnosis. This is an important indicator of the effectiveness of screening efforts, as well as a determinant of treatment options and a predictor of survival for many types of cancers. For example, detecting female breast cancer in the early stages (through self exam, clinical breast exam, or mammography) is thought to reduce mortality and has a strong influence over whether a woman with breast cancer can be successfully treated.