



**Assessment of the Occurrence of Cancer
Parker County, Texas
2000–2012
July 13, 2015**

Prepared by the
Texas Department of State Health Services

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Executive Summary

Citizen concern prompted the Environmental and Injury Epidemiology and Toxicology Unit (EIET) and Texas Cancer Registry (TCR) of the Texas Department of State Health Services (DSHS) to examine the occurrence of cancer in Parker County, Texas.

DSHS followed the Centers for Disease Control and Prevention (CDC) and Council of State and Territorial Epidemiologists (CSTE) 2013 guidelines to investigate if an excess of three types of childhood cancer existed in a geographic area selected in collaboration with community members. In accordance with these guidelines, the purpose of this assessment is to determine whether the observed number of cancer cases is statistically significantly greater than expected. It is not intended to determine the cause of the observed cancers or identify possible associations with any risk factors.

DSHS staff analyzed TCR data available for a 13-year period (2000 to 2012). United States Census data was used to estimate the population in the selected geographic area. Standardized incidence ratios (SIRs) were calculated as the number of observed cases divided by the number of expected cases in the area of concern. A 95 percent confidence interval (CI) was calculated for each SIR to determine statistical significance. For all three cancers analyzed, the observed number of cases was not statistically significantly different than expected.

This analysis did not indicate any excess of childhood acute lymphoid leukemia (ALL), acute myeloid leukemia (AML), or bone cancer in the area investigated. However, given community concerns about cases diagnosed more recently than 2012, DSHS will update this analysis upon request.

Background

Citizen concern prompted the Environmental and Injury Epidemiology and Toxicology Unit (EIET) and Texas Cancer Registry (TCR) of the Texas Department of State Health Services (DSHS) to examine the occurrence of cancer in Parker County, Texas. Local residents were concerned about a possible excess of childhood cancer cases occurring among students of the Aledo Independent School District. While residents did not identify a specific environmental exposure of concern, they were worried about possible exposures related to oil, gas, and waste-water injection wells in their area.

The Centers for Disease Control and Prevention (CDC) and Council of State and Territorial Epidemiologists (CSTE) define a cancer cluster as a greater than expected number of cancer cases that occurs within a group of people in a geographic area over a defined period of time¹. DSHS followed the CDC and CSTE 2013 Guidelines for Investigating Suspected Cancer Clusters and Responding to Community Concerns¹ to investigate the occurrence of cancer in this community.

The CDC and CSTE guidelines include four steps¹. The first step is to collect information about the community's concerns. The second step, reported here, is to determine whether the observed number of cancer cases is statistically significantly greater than expected. It is important to note that the data and statistical analysis conducted at this step cannot determine if cancers observed in the community are associated with environmental, lifestyle, or other risk factors.

The guidelines also provide additional steps that can be followed when appropriate. The third step is to evaluate the feasibility of performing an epidemiologic study to examine if exposure to a specific risk factor is associated with the suspected cancer cluster, and the fourth step is to conduct an epidemiologic study, if deemed feasible in step three. Many factors are considered in making the determination to progress to steps three or four. The CDC and CSTE guidelines state, "only a small fraction of cancer cluster inquiries might meet the statistical and etiological criteria to support a cluster investigation through all the steps outlined..."¹

Methods

Consistent with the CDC and CSTE guidelines, DSHS collaborated with the community to select the geographic area, time frame, and cancers to be included in this analysis. Childhood cancers included in the analysis were: acute lymphoid leukemia (ALL), acute myeloid leukemia (AML), and bone cancer. TCR cancer data for the time period from 2000 to 2012 were evaluated in accordance with community concerns. The geographic area of investigation was identified by the community, and is comprised of five census tracts defined according to census tract boundaries for the year 2010². The area investigated is shown in Figure 1.

This document outlines the results from step two and only addresses the question, "Is there a statistically significant excess of cancer in the area of investigation?"

¹ Centers for Disease Control and Prevention, *Investigating Suspected Cancer Clusters and Responding to Community Concerns*. MMWR, 2013. 62: p. 22.

² US Census Bureau. .Available from: <http://www.census.gov/geo/maps-data/maps/reference.html>

Data Sources

For each cancer type, the number of cases observed from 2000 to 2012 in the area included in the investigation was obtained from the TCR (Incidence – Texas, 1995-2012, SEER*Prep 2.5.2). The TCR is responsible for the collection, maintenance, and dissemination of high-quality Texas population-based cancer data, and meets national CDC timeliness and data quality standards, as well as North American Association of Central Cancer Registry certification standards. Childhood cancers (those occurring among individuals ages 0 to 15 years) were defined according to the International Classification of Childhood Cancer³. Statewide cancer rates for the same time period were also obtained from the TCR.

Population estimates for 2000 to 2012 were calculated using linear interpolation based on population counts obtained from the United States Decennial Census⁴ for the years 2000 and 2010. This method, outlined by the United States Census Bureau⁵, assumed population growth occurred in a linear manner.

Statistical Analysis

To determine if a statistically significant excess of cancer existed in the area investigated, the number of observed cancer cases was compared to what would be expected for the area based on cancer rates in the State of Texas. Characteristics such as race, sex, and age are closely related to cancer. To ensure that differences between the numbers of observed and expected cancer cases are not simply due to differences in these demographic characteristics, the expected numbers of cancer cases were calculated by multiplying the age-, sex-, and race-specific cancer incidence rates of Texas residents (reference population) by the number of people in the corresponding demographic groups in the area of investigation.

Standardized incidence ratios (SIRs) were calculated to determine if an excess of cancer exists in the area. The SIR is the number of observed cases compared to (divided by) the number of expected cases for each cancer type. A SIR greater than 1.00 indicates that the observed number of cases of a specific cancer type is higher than expected and a SIR less than 1.00 indicates that the observed number of cases of a specific cancer type is lower than expected.

Few, if any, communities will have exactly the same rate as the average state rate for a similar population; most will be higher or lower. Therefore, 95 percent confidence intervals (CI) were calculated for the SIRs to determine if the observed number of cases was statistically significantly different than expected. If a 95 percent CI (range) includes 1.00, no statistically significant excess (or reduction) of cancer is indicated. If a 95 percent CI does not contain 1.00, the SIR is outside the expected range and is statistically significant. When using a 95 percent CI,

³ **Steliarova-Foucher E, Stiller C, Lacour B, and Kaatsch P**, *International Classification of Childhood Cancer, third edition*. Cancer, 2005. **103**(7): p. 1457-1467.

⁴ **United States Census Bureau**. *American FactFinder*. 2012; Available from: <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.

⁵ **US Census Bureau**. *Methodology for the Intercensal Population and Housing Unit Estimates: 2000 to 2010*. 2012; Available from: http://www.census.gov/popest/methodology/2000-2010_Intercensal_Estimates_Methodology.pdf.

5 percent of SIR values calculated is expected to be statistically significantly higher or lower than the state average due to random chance alone.

In all cases, when results are described as significant or not significant, DSHS is referring only to statistical significance, with the understanding that all cases of cancer are significant to the individual, the family, and friends of the individuals who are affected.

Results

Table 1 presents the number of observed cases, the number of expected cases, the SIRs, and the corresponding 95 percent CIs for each cancer type evaluated in the area with all census tracts analyzed together. The number of childhood AML, ALL, and bone cancer in the area investigated were not statistically significantly different than expected. No excess of the three cancers analyzed was observed.

Table 1. Standardized Incidence Ratios (SIRs) and 95 percent Confidence Intervals (CIs) for Selected Cancers in Five Parker County Census Tracts Analyzed Together, 2000–2012.

Cancer Type	Observed*	Expected*	SIR	95% CI
Childhood				
ALL	≤5	<2	1.20	(0.25, 3.52)
AML	≤5	<2	1.45	(0.04, 8.09)
Bone	≤5	<2	1.67	(0.20, 6.05)

*For observed case counts less than or equal to five, numbers have been suppressed to protect confidentiality

Discussion

Consistent with the second step of the CDC and CSTE guidelines for investigating suspected cancer clusters, the primary purpose of this step (assessment) is to determine whether the observed number of cases is statistically significantly greater than expected¹. It is not intended to determine the cause of the observed cancers or identify possible associations with any risk factors.

The assessment step in a cancer cluster investigation has several inherent limitations, and results should be interpreted with these limitations in mind. Cancer is not a single disease, but rather many different diseases. Different types of cancers vary in etiologies (causes or origins) and may not share the same predisposing factors. Cancers may be associated with a variety of factors such as genetics, lifestyle, and socioeconomic status. Because cancer is common, cases might appear to occur with alarming frequencies within a community even when the number of cases is within the expected rate for the population.

Additionally, cancer incidence data are based on residence at the time of diagnosis. As people move, it becomes more difficult to determine whether living in the area of investigation is associated with an excess of cancers, because residential history is not tracked. It is possible that

former residents who developed cancer no longer lived in the area at the time of diagnosis, and these cases would not be included in this assessment. It is also possible that new people have moved into the area and then were diagnosed with cancer; these cases are included in this assessment.

Recommendations and Next Steps

This analysis did not identify any statistically significant excess of childhood AML, ALL, or bone cancer in the area investigated. Citizens were concerned about diagnoses that may have occurred more recently than 2012. However, TCR data are not yet complete for that time period, and could not be included in this analysis. Given community concerns about cases diagnosed more recently than 2012, DSHS will update this analysis upon request when new data becomes available.

Additional Information

For additional information about cancer clusters, visit the Centers for Disease Control and Prevention, “About Cancer Clusters,” web page at <http://www.cdc.gov/nceh/clusters/about.htm>.

For additional information on cancer risk factors, visit the American Cancer Society, “What Causes Cancer?” web page at <http://www.cancer.org/cancer/cancercauses/index>.

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Figure 1. Selected Parker County Census Tracts (2010).

