epidemiologists have helped the SEER Program encompass even wider areas of cancer prevention and control by collecting accurate and accessible data. They include Dr. William Haenszel (bottom right), now Professor at the University of Illinois School of Public Health, who helped shape the program from its earliest days, and Dr. Sidney Cutler.

SEER was formally launched in the early 1970s with seven U.S. geographic reporting areas and Dr. John Young, Jr. (top), now Chief of Cancer Surveillance at the California Department of Health Services, at the helm. He directed the program for more than 15 years, aided by international nosology expert Constance Percy (top right) and Quality Control Field Program staff director Evelyn Shambaugh (top left). Since 1989, Dr. Ben Hankey (bottom center) has directed the program at the NCI.

In January 1973, the seven original geographic areas were the states of Connecticut, Iowa, New Mexico, Utah, and Hawaii and the metropolitan areas of Detroit and San Francisco-Oakland. They were selected due to their unique and diverse ethnic composition as well as existing cancer registration activities through the Regional Medical Program, the Third National Cancer Survey, or the End Results Group.

Today, SEER comprises almost 10% of the United States population with a data base of more than 1.7 million invasive and in situ cases diagnosed between 1973 and 1991 and approximately 120,000 new cases added annually from nine reporting areas.

Data are currently collected from tumor registrars in Connecticut, Hawaii, Iowa, New Mexico, Utah and the metropolitan areas of Detroit, San Francisco-Oakland, Atlanta, and Seattle. Special populations such as Native Americans in Arizona, rural populations in a ten-county Georgia area, and California Hispanics are also included.

Following the addition of 1992 data this year, approximately 14% of the United States population will be covered, including Los Angeles, San Jose, and Monterey Counties, California.

However, the silent heroes of SEER are hospital-based cancer registries and their registrars. They have traditionally been the recognized, although seldom formally acknowledged, backbone for promotion of the continuous care of patients, the evaluation of diagnostic and treatment practices, the assessment of end results, and the description of the nature and magnitude of the cancer problem in defined population groups.

Today, SEER is responding to the expanding priorities of physicians, researchers and survivors. SEER provides the best source of cancer survival information, the best methodological approaches for identifying risk factors, health behavior, and health service practice patterns; tracks patterns of cancer incidence and survival rates among ethnic subgroups; examines occupational and iatrogenic risk factors; assesses the diffusion of new state-of-the-art treatment and technology; and assesses outcome measures while developing new approaches to measuring effectiveness.

For 20 years, SEER has been the leading sentinel keeping watch over the national cancer effort, an invaluable program reporting balanced, unbiased, quality data. It has played, and continues to play, a unique role in bringing statistics to life by personalizing them in ways that benefit both the research community and the individual patient and physician.

Over the next two decades SEER is planning to address areas as diverse as economics (the costs of cancer including insurance coverage, treatment, and homecare), providing objective data for establishing screening guidelines for breast and prostate cancer, the reported identification of tumor markers, genetic patterns of cancer in families, quality of life measurement, the link between immune disorders such as AIDS and subsequent incidence of cancers, illness behavior, comorbidities, and cancer-related psychosocial factors.

For additional information on the December 8, 1993, symposium and reception, please contact Dr. Brenda Edwards, Associate Director, Surveillance Program, Division of Cancer Prevention and Control, National Cancer Institute, Executive Plaza North, Room 342, Bethesda, MD. Telephone: (301) 496-8506; Fax: (301) 402-0816. For further information on SEER, see NCI Monograph No. 57 and J. Natl. Cancer Inst., 57: 741-742, 1976. We are indebted to Dr. Edwards for providing background information and photographs.

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