

## Re: Brain and Other Central Nervous System Cancers: Recent Trends in Incidence and Mortality

Legler et al. (1) present an analysis of data from the Surveillance, Epidemiology, and End Results (SEER)<sup>1</sup> database that suggests that, except for the elderly more than 85 years of age, rates of brain cancer have stabilized during the period from 1993 through 1995 (the most recent period for which SEER data were available). Although this analysis accurately reflects the SEER data, we wish to point out that a complete description of incidence and survival patterns for brain tumors requires recognition that benign brain tumors, as neoplasia, should also be included under "brain cancer."

In its September 1998 report, "Surveillance of Benign and Malignant Tumors," the National Coordinating Council for Cancer Surveillance's Brain Tumor Working Group (NCCCS-BTWG) summarized the current status of benign brain tumor reporting and cited multiple reasons for including benign brain tumors in analyses of brain cancer incidence and survival (2). Depending on location, histologically benign brain tumors can result in similar or worse outcomes compared with malignant brain tumors. Benign brain tumors can lead to substantial long-term morbidity and high risk for death, making the histopathologic distinction questionable from both clinical and epidemiologic stand points. Moreover, molecular markers indicate that certain benign brain tumors become malignant over time. (3)

In 1997, only 15 state registries collected data for benign intracranial and central nervous system tumors. Although three SEER areas collect information on benign brain tumors, they do not currently report these data. The lack of standardized site and histology groupings for the International Classification of Diseases for Oncology (World Health Organization) brain tumor coding system (4) presents one obstacle to the inclusion and comparison of incidence and survival data for benign and malignant disease.

The Central Brain Tumor Registry of the United States strives to increase state participation in these data collection ef-

forts and standardize brain tumor coding systems. The North American Brain Tumor Coalition supports these efforts and agrees with the conclusions of the NCCCS-BTWG, which state that accurate, complete reporting of both benign and malignant brain tumors is necessary to assess the burden of cancer, to guide cancer control program planning, to prioritize the allocation of health resources, and to facilitate epidemiologic research.

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### REFERENCES

- (1) Legler JM, Ries LA, Smith MA, Warren JL, Heineman EF, Kaplan RS, et al. Brain and other central nervous system cancers: recent trends in incidence and mortality. *J Natl Cancer Inst* 1999;91:1382-90.
- (2) German R, Steele B, Clutter G, editors. Surveillance of primary intracranial and central nervous system tumors: recommendations from the Brain Tumor Working Group. National Coordinating Council for Cancer Surveillance; 1998.
- (3) Yuan S, Miller DW, Barnett GH, Hahn JF, Williams BR. Identification and characterization of human beta 2-chimaerin: association with malignant transformation in astrocytoma. *Cancer Res* 1995;55:3456-61.
- (4) Percy CL, Van Holten V, Muir CS, editors. International Classification of Diseases for Oncology. Geneva (Switzerland): World Health Organization; 1990.

### NOTES

<sup>1</sup>*Editor's note:* SEER is a set of geographically defined, population-based, central cancer registries in the United States, operated by local nonprofit organizations under contract to the National Cancer Institute (NCI). Registry data are submitted electronically without personal identifiers to the NCI on a biannual basis, and the NCI makes the data available to the public for scientific research.

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### RESPONSE

Ms. Segal points out that the Brain Tumor Working Group (BTWG) has stated that accurate, complete reporting of both benign and malignant brain tumors is necessary to assess the burden of cancer. . . . Currently, the National Coordinating Council for Cancer Surveillance (NCCCS), under whose auspices the BTWG prepared their report, has accepted only two of the four recommendations of the BTWG: 1) to derive a standard definition for all primary intracranial and central nervous system tu-

mors and 2) to develop a standard site and histology definition for tabulating and estimating rates of these tumors (1).

The Surveillance, Epidemiology, and End Results (SEER) Program has been laying the groundwork for the possible inclusion of benign brain tumors into its data collection requirements at some future date. SEER staff, including one of the authors of this correspondence (L. A. Gloeckler Ries), were members of the BTWG. Also, two SEER staff members are revising the second edition of the International Classification of Diseases for Oncology (2) to include more histologic types of benign brain tumors. SEER geographic areas have participated in the international field trial to test pilot this revision.

In addition, the BTWG also recommended that a pilot study should be conducted before implementing data collection, to assess the resources and costs required to identify and collect data on benign brain tumors. The SEER Program has funded at least one study to address this issue.

Data related to benign brain tumors are indeed important. But before data collection can begin, a consistent, agreed-on definition of what defines a benign brain tumor based on primary site and histologic type must be established. Until such a definition has been developed, the NCCCS deferred consideration and action on the remaining two recommendations of the BTWG, including the recommendation for the actual collection of data for primary intracranial and extracranial central nervous system tumors by all registries (1).

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## NOTES

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