

# REGISTER

**UMSylvester**  
Comprehensive Cancer Center

A joint project of the Sylvester Comprehensive Cancer Center  
and the Florida Department of Health

UNIVERSITY OF  
**Miami**  
SCHOOL OF MEDICINE

Division of Cancer Prevention and Control

Volume XII, 2001

## NORTH AMERICAN ASSOCIATION OF CENTRAL CANCER REGISTRIES ANNUAL CONFERENCE & WORKSHOPS JUNE 3-9, 2001

*“Changes in Attitudes: Changes in Latitudes”*

By: Jill A. MacKinnon  
Chairman, NAACCR 2001 Planning  
Committee

The Florida Cancer Data System had the honor and pleasure of hosting NAACCR 2001 in June. The theme of the meeting; ‘*Changes in Attitudes, Changes in Latitudes*’, reflected the scientific topics presented. This year we focused on the changes in counting and interpreting population projections, the ever increasing role of cancer surveillance, cancer in special populations, confidentiality and the role of GIS in data usage. From the evaluations and the comments, our members thought the meeting was a huge success from the facilities, to the science to the weather.

For those of you that have been part of putting on an international meeting, I don’t have to tell you what an effort it is. Three years ago when I volunteered FCDS to take this on, I had the foresight to make



Meg Cuadra my co-chair and ask Betty Fernandez to coordinate the meeting. Meg and Betty did a fantastic job, evidenced by the reviews. Over 300 of our colleagues attended the meeting (325 to be exact) and we even brought the entire meeting in under budget. One hundred fifty eight people attended the pre and post conference workshops and we had 23 exhibitors (a record for NAACCR).

The facilities at the Sheraton Bal Harbour Beach Resort were absolutely spectacular. The South

Florida summer weather held out. On the free afternoon our guests were able to enjoy the ocean and pool facilities (with plenty of SPF 45 on of course). The Sheraton staff could not have been more accommodating. The opening reception was held outside above the pool area overlooking the ocean. We gave our guests a real taste of the tropics, complete with Latin food (Paella and roasted pork), a Caribbean steel band playing in the background and

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warm summer breezes blowing gently off the sea. We tried to explain that all of us 'natives' live like this all the time, but they didn't buy it.

I would like to take the opportunity to once again thank Meg Cuadra and Betty Fernandez for organizing this wonderful meeting. As I mentioned earlier, Meg was in charge of the scientific part of the meeting, Betty was in charge of the accommodations and I was in charge of the weather. Thank goodness, it all worked out.

Below are the abstracts from the Florida Cancer Data System, Sylvester Comprehensive Cancer Center, University of Miami School of Medicine, Dept. of Epidemiology and the Florida Department of Health that were presented at the North American Association of Central Cancer Registries (NAACCR) Annual Conference, June 3-9, 2001 at the Sheraton Bal Harbour in Miami Beach, Florida:

### NHIS EVALUATION OF MORTALITY AMONG US FARMERS AND PESTICIDE APPLICATORS

*O. Gomez-Marin, F-C Ma, LE Fleming, D Lee. Dept of Epidemiology & Public Health, University of Miami School of Medicine, Miami, FL.*

The National Health Interview Survey (NHIS) is an annual multipurpose household survey with probability sampling of US population since 1957, with Mortality Follow Up through 1995. The study objective was to assess overall and cause-specific mortality for farmers and pesticide applicators compared to all other US workers. Cox proportional hazard models were used. Nine thousand, five hundred seventy-three (9,573) farmers and pesticide applicators with 378 deaths were identified

from 450,540 US adult workers with 7926 deaths. Farmers and pesticide applicators were significantly older ( $p < 0.001$ ); after adjusting for gender and age, they were healthier. However, mortality due to accidents was

significantly elevated (Relative Risk = 1.98; 95% CI = 1.1, 3.9,

2.92), while respiratory cancer mortality significantly decreased (0.58; [0.39, 0.83]). Controlling for age, there was significantly increased mortality from accidents (men: 1.81 [1.23, 2.65]; women: 3.96 [1.62, 9.71]), with insignificant elevation in male genital cancers and female lymphatic/hematopoietic cancers. In comparisons between farmers and applicators although not significant, applicators were at greater risk of overall and cause-specific mortality (cardiovascular disease, infection, all and respiratory cancers), while farmers were at greater risk for accidents and lymphatic/hematopoietic cancers.

This is the first study to evaluate mortality experience of farmers and pesticide applicators over 2 decades using a sample representative of all US workers. This dataset represents a surveillance resource for morbidity and mortality of US workers. ☞

### TRENDS IN CANCER AMONG SOUTH FLORIDA HISPANIC WOMEN FROM 1981-1998

*J Wilkinson, B Wohler-Torres, E Trapido, L Fleming, L Voti, J MacKinnon, S Peace. Florida Cancer Data System, Sylvester Comprehensive Cancer Center, University of Miami School of Medicine, Miami, Florida*

**Background:** Cancer incidence varies for Hispanic women as compared to non-Hispanic Whites. Nearly sixty percent of the residents in Miami-Dade County, Florida are of Hispanic origin. Adoption of various cancer risks, particularly cigarette smoking, have important consequences for im-



migrant populations. We report here cancer incidence and trend data for Hispanic women from the Florida Cancer Data System from 1981-1998.

**Methods:** Cancer incidences were calculated as age-adjusted rates using the 1970 United States standard million population. Trend analysis was performed using linear regression of 3 year moving averages of incidences for various cancers.

**Results:** Significant increases were seen for Hispanic women for various cancers including breast, lung, small intestine, colorectal, pancreas, brain, kidney, thyroid, and non-Hodgkin's lymphoma.

**Discussion:** Incidence of several important cancers, particularly lung and breast cancer is increasing among South Florida's Hispanic women. Clearly, greater efforts in terms of cancer prevention and control are needed for this vulnerable population. ☞

### CANCER TRENDS AMONG SOUTH FLORIDA'S HISPANIC MALES

*J Wilkinson, B Wohler-Torres, E Trapido, L Fleming, L Voti, J MacKinnon, S Peace. Florida Cancer Data System, Sylvester Comprehensive Cancer Center, University of Miami School of Medicine, Miami, Florida*

**Background:** Cancer incidence and trend data for Hispanics continues to be underreported. The majority of residents in Miami-Dade County, Florida are of Hispanic origin. This presents a unique opportunity to examine cancer rates among this diverse Hispanic community. We report here cancer incidence and trend data for Hispanic males from the Florida Cancer Data System from 1981-1998.

**Methods:** Cancer incidences were calculated as age-adjusted rates using the 1970 United States standard million population. Trend analysis was performed using linear re-



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gression of 3 year moving averages of incidences for various cancers.

**Results:** Significant increases were seen for Hispanic males in various cancers including esophageal, colorectal, lung, liver, pancreas, prostate, bladder, kidney, and non-Hodgkin's lymphoma.

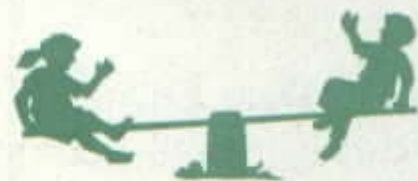
**Discussion:** Analysis of data for South Florida's Hispanic males indicates increasing incidence for several important cancers. Such data is important to inform effective cancer control and prevention efforts for this rapidly increasing segment of the population. ☞

## LYMPHOMA AND LYMPHOID LEUKEMIA INCIDENCE IN FLORIDA CHILDREN: ETHNIC AND RACIAL DISTRIBUTION

*J. Wilkinson, L. Fleming, J. MacKinnon, B. Wohler-Torres, L. Voti, S. Peace, E. Trapido*  
Florida Cancer Data System,  
Sylvester Comprehensive Cancer Center, University of Miami School of Medicine, Miami, Florida

**Background:** Incidence reports for pediatric lymphoma and lymphoid leukemia in Hispanic sub-populations in the US are rare. We hypothesized that Florida's Hispanic children would have higher risks of lymphoma and lymphoid leukemia compared to non-Hispanic White children.

**Methods:** All cases of lymphoid leukemia, Hodgkin's, non-Hodgkin's, and Burkitt's lymphoma in children (< 15



years) in the Florida Cancer Data System from 1985-1997 were studied. Cases were classified as: 1) White; 2) Hispanic; or 3) Black, and stratified by age. Age-adjusted rates for the 3 race-ethnic groups were calculated. Rates for Hispanics and Blacks were compared to Whites as Standardized Rate Ratios (SRR) with 95% confidence intervals (CI).

**Results:** 731 incident cases of pediatric lymphoma and 1,231 cases of lymphoid leukemia were identified during the study period. For children with lymphoma, the SRR for Hispanics was 1.32(1.20-1.44), and for blacks, SRR= 0.68 (0.63-0.72). For lymphoid leukemia, the SRR for Hispanics was 1.29 (1.28-1.30) and for Blacks, 0.55 (0.54-0.56). Similar rates were found for the Hodgkin's and non-Hodgkin's sub-groups.

**Conclusions:** Incidences of Hodgkin's and non-Hodgkin's lymphoma were significantly higher in Florida's Hispanic children, with 30% increased relative risks, compared to Whites. Black children had significantly decreased incidences and risk. Results for lymphoid leukemia were similar. Incidence of lymphoma in Florida's Hispanic children (primarily Cuban and Central American origin) differed from similar reports from Texas and California, whose Hispanics are primarily of Mexican origin. ☞

## BREAST AND CERVICAL CANCER IN FLORIDA: CLOSING THE RACIAL GAP

*JL Schlottmann, Ph.D. and DR Thompson, MPH, Florida Department of Health*

**Introduction:** Mammograms and pap smears have been used for the early detection of Breast and Cervical cancers for at least 15 years. In addition, government programs for the early detection of these types of cancer have been in place in the state of Florida for the last 5 years. Periodically, it is appropriate to evaluate the stage at diagnosis for these cancers in the state, in order to learn about the impact of the programs in place and other factors influencing the rates.

**Methods:** We examined the Average Annual Per-cent Change (AAPC) to compare trends in Florida for two decades since 1981 and to compare the state trend to the national rates trends based on SEER data for the same periods. A comparison of Florida regions according to the late stage diagnosis in the last 5 years was also performed. In addition, logistic regression was used to determine the in-

fluence of factors like age, payer and race in the risk of late stage diagnosis of these two types of cancer.

**Results:** During the 1980's changes in the average annual percent of increase for non-whites and decrease of late breast cancer rates for whites were not significant. At the same time, the increase in rates for early diagnosed breast cancer was highly significant. In the 90's the decrease in late diagnosis breast cancer rates was significant for both racial groups, but decreasing at a faster rate (almost double) for whites than for non-whites. Early diagnosis rates are growing faster for non-whites than for whites in the 90's. The difference among the racial groups may be accounted for by difference in the in-situ trend. The AAPC for cervical cancer show that late stage rates have decreased significantly for non-whites in the 90's but not in the 80's. For whites, the decrease in late stage rates in both periods was not significant. Rates for cervical cancer diagnosed at early stage decreased for both populations during the 80's and has continued decreasing significantly only for non-whites in the 90's. The logistic regression shows that the odds for late stage diagnosis for breast cancer decreases with age. Non-whites are at higher risk of late stage diagnosis for breast cancer than whites and women on government coverage with breast cancer are at higher risk of being diagnosed at late stage than those with other types of insurance. For cervical cancers, the odds of being diagnosed at late stage increase with age, and non-white women are at higher risk of late diagnosis. The type of insurance does not affect the risk of being diagnosed late for cervical cancers.

**Conclusion:** Since mammograms are not very effective at detecting breast cancer in young women's breasts and early diagnosis is a major factor in recovery, it is very important to find effective ways of screening young women for breast cancer. In Florida, it is also crucial that women continue to be screened for cervical cancer beyond their reproductive years, because women 50 years and older are at higher risk of being diagnosed with cervical cancer at late stage than younger women. ☞



## **NEW DATA TRANSMISSION PROCEDURES**

**A**s of July 1, 2001, FCDS will not accept diskettes for data submission. If you send us a diskette, we will return it to you; unprocessed...we won't even look at it. All data must now be submitted over the Internet by accessing the FCDS website (except pathology only case identification reports...but only until we have the pathology case entry module up and running).

Additionally, abstractors will no longer be able to use the free FCDS PC-based abstracting software. It is officially obsolete (except for the path case identification module, which will be phased out over the next 3 months). FCDS has replaced the PC-based software with a web-based case entry module. You do not actually download software from FCDS. Cases are entered directly across the Internet. You sign onto our website onto a secure server (which means that nobody can get into your data). Then data are encrypted before they are sent across the secure server...just to add another layer of security. Finally, there are firewalls between the server and the FCDS computer...to keep outsiders from getting in to the main FCDS database.

Every single person who will be submitting data to FCDS must complete an FCDS Data Entry Access Form in order to receive access permission. The form must be completely filled out. Anyone who plans to use the FCDS Data Entry

Internet Module **MUST** also submit an e-mail address. A user ID and a password from FCDS will be issued before you will be able to send any cases to us.

The FCDS Data Entry Access Form will be made available on the FCDS WebSite. Click on "Download" to access the form.

FCDS plans to hold a complete demonstration of this new technology and a review of the protocol policies and procedures during the FCRA/FCDS Combined Annual Conference in Plantation on August 2, 2001. We will also be hosting another teleconference to review the same information.

If you have any questions please contact Mark Rudolph at 305-243-2626.[ca](mailto:mr@fcds.med.miami.edu)

### **Introducing FCDS IDEA**

The new Internet Data Entry Abstracting (and data submission) tool now available through the FCDS website <http://fcds.med.miami.edu> just click on **FCDS IDEA** to enter cases or update data.



## FIRST COURSE OF TREATMENT:

The COC definition is very simple... "First course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence. No therapy is a treatment option (the patient refused treatment, the family guardian refused treatment, the patient expired before treatment started, or the physician recommended no treatment). Therefore, first course of therapy may be no treatment."

SEER's definition is a bit more detailed but basically says the same thing. Both definitions have become increasingly congruent over the past 5 years and now primarily differ in their "fall-back" recommendations that apply when no treatment plan is recorded, no standard facility practice applies, no protocol applies, no physician is able to provide assistance, and no record of treatment failure or recurrence of disease is available. In this extreme instance, COC recommends a 4-month cutoff for the beginning of first course treatment, and SEER applies a 1-year cutoff.

Adding to the confusion is that the documentation confirming the treatment plan may be fragmented...therefore, often it is difficult to put all of the parts of the planned treatment plan together into a cohesive whole.

This is why there are also Time Period references in both the ROADS and the SEER Coding Manual to qualify first course treatment.

Basically, both definitions refer to a documented, planned first course of treatment where a patient is treated according to a facility's standards of practice. In the absence of a documented planned first course of treatment...in both instances...first course of treatment includes all treatment received before disease progression or treatment failure. If it is undocumented whether there is disease progression/treatment failure and the treatment in question begins more than 4 months from the date of dx (COC Definition) or 1 year from the date of dx (SEER Definition)...then the treatment should not be considered first course.

If treatment is given for symptoms/disease progression after a period of "watchful waiting", this treatment is not considered part of first course treatment. This is particularly important to keep in mind for prostate and chronic lymphocytic leukemia cases.

Registrars also need to keep in mind that just because a doctor states that a treatment is planned as a part of first course that all of the other rules do not apply. Each case must be evaluated individually on its own merits...and the registrar must apply the rules consistently and correctly. Most of the cases that come to us with edit failures for first course treatment dates are in fact incorrectly coded. We only force a small percentage of the cases that fail our first course treatment date edits.

Furthermore, the staging rules and the rules for determining first course of therapy do not necessarily go hand-in-hand. Staging rules have a strict 4-month rule (with the exception of prostate cancers). Registrars must be keenly aware of these differences and must apply the correct rules to the individual data items in question and always refer to the appropriate reference manual(s) when there is a question. ☞



## Teleconference Q & A Corner

*Below are the interesting questions that were asked during the first two 2001 FCDS Educational Teleconferences. FCDS is pleased to provide this type of phone-in educational format as a standard method for delivering new information and providing hands-on training to registrars and other parties interested in cancer information management issues throughout the state of Florida.*

### Q & A from First Teleconference Series:

**May 9, 2001**

#### **“Implementation of 2001 Cancer Reporting Requirements”**

**Do we use the old Path Module from the old FCDS FoxPro software for submitting Path Only cases?**

*Yes, until we have an Internet submission module available. We are also assembling an alternate electronic data submission module aside from a case entry screen for these cases.*

**When will we be able to enter cases in the FCDS Internet Software?**

*July 1, 2001*

**When is the printed copy of the SEER Manual going to be available from SEER?**

*Summer 2001, contact SEER for information.*

**When do we use the old FCDS DAM and when do we use the 2001 FCDS DAM?**

*Begin using the 2001 FCDS DAM for all 2001 Admissions AND for ALL cases beginning July 1, 2001, regardless of admission date.*

**When do we use the ICD-O-2 and when do we use the ICD-O-3?**

*Use ICD-O-2 for cases diagnosed prior to January 1, 2001. Use ICD-O-3 for cases diagnosed on or after January 1, 2001.*

**Do you use ICD-O-2 or ICD-O-3 for unknown date of diagnosis?**

*Use ICD-O-3 for all unknown dates of diagnosis if the patient was admitted or first seen on or after January 1, 2001.*

**Do we print the same 10 cases to send to FCDS that we download to FCDS across the Internet for testing?**

**YES**

### Q & A from Second Teleconference

**Series: June 20, 2001**

#### **“Surgery Coding, New Surgery Fields & SSS2K”**

**If a patient is diagnosed in December 2000 do I use the old (1997) or new (2001) Appendix H, Surgery codes?**

*The Surgery Codes in the 2001 FCDS Data Acquisition Manual, April 2001 - Appendix H are to be used for All cases reported on or after July 1, 2001 regardless of admission or diagnosis date.*

**Where are the “Reason for No Cancer Directed Surgery” codes found in the 2001 FCDS DAM?**

*The “Reason for No Cancer Directed Surgery” codes can be found in Section H-70 of the 2001 FCDS Data Acquisition Manual. These codes are not site-specific. Therefore, they are not included in the Appendix H - Site-Specific Surgery Codes section of the manual.*

**If a patient has a biopsy of the Larynx with a neck dissection and radiation what is the Diagnostic and Staging Procedures code?**

*FCDS does not collect the Diagnostic and Staging Procedures data item (also known as non-cancer directed surgery or biopsy only information) any longer but ACoS does. The coding schema for assigning the surgical codes for Larynx begin on page H-51 in the 2001 FCDS DAM. There is no surgery of the primary site so the data item Surgery of Primary Site should be coded '00'. The data item Scope of Regional Lymph Node Surgery should be coded '2'. The data item Number of Regional Lymph Nodes Removed should be coded '98'. The data item Surgery of Other Regional Sites, Distant Sites or Distant Lymph Nodes should be coded '0'. The data item Reason for No Surgery should be coded '0'.*

**Can you go over using the earliest surgery date with the higher surgery code?**

*If an excisional biopsy is followed by more definitive surgery use the date of the excisional bx but the code of the more definitive surgery. Please do not confuse with the date of the*

Continued on page 7



*first incisional biopsy. This is a rule that has been around for a long time and has always been a bit confusing. Many of the vendor software packages you use allow you to enter multiple surgeries. When your software creates a download for FCDS, it applies this rule and sends FCDS the earliest surgical date (not including incisional or needle biopsy dates) with the most definitive surgical code. This is invisible to you. However, when we need to explain this concept to abstractors and registrars who only have one place to code one surgery and one place to code one surgery date...we need to explain that the earliest date and the most definitive surgery should be coded. Please refer to the 2001 FCDS DAM, page II-67 for a more complete explanation.*

**I am confused by the new fields dealing with lymph node surgery. It looks like with the rules as they are that you can have a greater number of lymph node positive than lymph nodes examined. How do I code these fields?**

*First of all you MUST remember to keep the information used to code the staging lymph node data items (lymph nodes examined, lymph nodes positive) separate from the information used to code the treatment/surgery lymph node data item (lymph nodes examined/removed). One data item is used to code the treatment data item "Lymph Nodes Examined/Removed". Two separate data items are used to code the staging data items "Regional Lymph Nodes Examined" and "Regional Lymph Nodes Removed".*

*The data items "Lymph Nodes Examined/Removed" and "Regional Lymph Nodes Examined" may contain the same value, but the definition of each is somewhat different.*

*Some helpful hints:*

*There is no comparison of nodes examined to nodes positive for the treatment (surgery) lymph node information. It is simply the number of lymph nodes removed during the single-most definitive surgery.*

*There is a comparison of nodes examined to nodes positive for the staging lymph node information. These data items can include lymph nodes from more than one surgical procedure, so long as they have been removed and examined by the pathologist.*

*The rule to which you are referring for lymph nodes positive cannot exceed lymph nodes examined refers to the staging lymph node information and not the surgical lymph node information. ☞*

## **IMPORTANT**

### **FCDS Internet User Account and Web Access**

The FCDS User Account Request Form is now available on the FCDS Website: <http://fcds.med.miami.edu> under the "**Download**" Tab.

Everyone from Vendor Software Users to FCDS Internet Data Entry Abstracting (IDEA) users **MUST** have **INTERNET ACCESS** and an **FCDS User Account** in order to submit data to FCDS beginning July 1, 2001.

The FCDS PC-based Incidence Abstracting Software, Version 3A is now obsolete.

**NO DISKETTES WILL BE ACCEPTED AT FCDS AFTER JULY 1, 2001.**





# Florida is Awarded Silver at NAACCR Meeting

The State of Florida did it again. The Florida Cancer Data System was awarded the Silver Certification by NAACCR for the second year in a row. To be eligible for NAACCR certification, a registry's data must pass certain quality indicators that reflect completeness, timeliness and quality. Once again I am proud to announce, FCDS was awarded the Silver Certification.

There are nine quality indicator categories. FCDS ranked Gold all of them except one. The percentage of 'Death Certificate Only' cases in the FCDS database is above the threshold for Gold Certification; hence the Silver Certification. We are implementing procedures to reduce this percentage in the future, so I hope Gold is in our immediate future.

Congratulations and thank you to all the FCDS Staff, cancer registrars and abstractors in Florida for your excellent work, diligent efforts and professionalism. The Certification belongs to each and ever one of you. ☞



## NAACCR Distinguished Service Award

Our own Steve Peace was awarded NAACCR's Distinguished Service Award at this year's NAACCR annual meeting at the Sheraton Bal Harbour. Each year the NAACCR Board of Directors recognizes an individual within the organization that has contributed greatly to the organization as a whole. This year Steve was the recipient of this prestigious award.

For many years Steve has been very active in NAACCR, sitting on various committees and chairing one of the largest committees, Uniform Data Standards (UDS). The UDS committee is the umbrella committee that brings all the cancer data management partners together in one group. One of the prime responsibilities of UDS is establishing national standards for cancer registration, including the initiation of new data items and defining the associated coding rules. Under Steve's leadership the UDS committee commissioned NAACCR version 9, ICDO-3 and SEER Summary Stage 2000 as national standards and embarked on the 'Collaborative Staging System' that is slated to be implemented in 2002.



Steve has been dedicated to NAACCR and it's mission for many, many years. His contributions are reflected in many different areas of NAACCR from Registry Operations to the Annual Planning Committee to thrashing out the details associated with data items, coding rules and implementation guidelines in the UDS committee.

CONGRATULATIONS Steve..... This award was greatly deserved. Now NAACCR knows what FCDS has known for a long time. ☞



## CALENDAR OF EVENTS

PRINCIPLES AND PRACTICE OF CANCER  
REGISTRATION, SURVEILLANCE, AND CONTROL  
July 9-13, 2001

For more information on these highly  
acclaimed trainings, please visit the  
training web-site at

<http://cancer.sph.emory.edu>

Contact:

Steven Roffers, PA, CTR 404-727-4535

[sroffer@sph.emory.edu](mailto:sroffer@sph.emory.edu)



### CTR APPLICATION & EXAM DEADLINES

Application Date: August 1, 2001

Exam Date: September 15, 2001

<http://www.ncra-usa.org/training.html>



### FCDS 2001 EDUCATIONAL TELECONFERENCE SERIES #3

*"Administrative Issues in  
Florida Cancer Reporting"*

July 25, 2001 (12:00pm - 12:30pm)

Telephone #: 877-232-4392

Call-in Code: 550933



### FCRA/FCDS COMBINED CONFERENCE

August 1-3, 2001

Sheraton Suites

Plantation, FL

Contact:

Donna Acosta 561-362-5156

Mary O'Leary 305-243-4600



### 2001 CDC CANCER CONFERENCE

September 5-7, 2001

Marriott Marquis Hotel

Atlanta, GA

<http://www.cdc.gov/cancer/>

*"Using Science to Build Comprehensive"*

## Best Wishes Dr. Richard Hopkins

Dr. Richard Hopkins will be leaving his  
position within the Florida Department of  
Health in mid July  
to assume a  
position with a  
very large firm in  
private industry.



Among many  
other duties within  
the Department,  
Dr. Hopkins was  
responsible for the  
Florida Cancer  
Data System. His  
vision and insight helped FCDS weather many  
financial, political and operational 'curve balls'  
thrown at us over the past 10 years. He has  
been a great friend and champion of the  
registry.

At the recent NAACCR meeting on Miami  
Beach, Dr. Trapido presented Dr. Hopkins with  
a small token of our appreciation. I am sure  
you join us in wishing him all the best in his  
new position. ☺



**Jean Byers  
Memorial  
Award For  
Excellence  
In Cancer  
Registration**

**Application Deadline is  
August 15, 2001.**



**FLORIDA COMPREHENSIVE  
CANCER CONTROL  
INITIATIVE (FCCCI).**  
*New Comprehensive  
Cancer Control Program in  
Florida*

Dorothy Parker,  
Program Director

Last October, the University of Miami Sylvester Comprehensive Cancer Center received funding from the U.S. Centers for Disease Control and Prevention (CDC) for the Florida Comprehensive Cancer Control Initiative (FCCCI).

FCCCI is taking a new approach to coordinating and integrating cancer control activities in Florida by establishing four regional collaboratives and preparing regional cancer control plans. Health care professionals, community organizations and cancer survivors are being invited to join the collaborative for their region. The Southeast regional collaborative held its first meeting

on April 19 in Miami. The Northwest collaborative will meet July 12 in

Tallahassee. Meetings for the Southwest and Northeast regions will be scheduled in the Fall of 2001. Each collaborative will form task forces on issues that cut across cancer sites, reflecting a

comprehensive approach (e.g., education, clinical services, and policy/access to services). Each task force will identify and prioritize critical issues then develop objectives and strategies for addressing their regional needs. Those who participate are considered *partners* in identifying needs as well as working collaboratively to develop solutions. Once the regional plans are developed, the state cancer plan will be revised, in conjunction with the Cancer Control and Research Advisory Council (C-CRAB) and the Florida Department of Health.



In addition to the collaboratives and regional plans, FCCCI is planning the Miami-Dade Cancer Prevention Project that will address disparities in late-stage diagnosis within Miami-Dade County. A project to address policies for sun safety in the schools is also being developed, and ways

to improve continuing cancer education for physicians and other community healthcare providers are being explored. ☺

*FCCCI staff include:  
Edward Trapido, Sc.D., Principal Investigator (PI); Francisco Tejada, M.D., Co-PI; Dorothy Parker, Program Director; Noel Brathwaite, Ph.D., Health Educator; Jan Domlesky, Planner; and Anson Williams, Outreach Coordinator. For more information, call FCCCI at 305-243-1120 or visit their website: <http://fccci.med.miami.edu>.*



*SPECIAL OFFER*

The California Cancer Registrars Association (CCRA) is collaborating with Santa Barbara City College (SBCC) to offer non-California residents a reduced tuition fee for Cancer Information Management (CIM) courses. Instead of the usual \$136 nonresident tuition fee, the reduced fee is \$70 per unit (credit hour). Students still receive full college credit for the courses. Under this collaboration, students submit their online application but submit their registration/enrollment through the CCRA Treasurer. In addition to the registration fee students are charged a \$2 health fee and a \$25 (nonrefundable) processing fee each semester.

**Questions about the CIM program should be sent to Sue Watkins [watkins@sbcc.net](mailto:watkins@sbcc.net)**

*SPECIAL OFFER*



**South Carolina Cancer Registrars Association CTR Examination Review Workshop**  
**August 10 – August 11, 2001**  
**At Trident Medical Center, Charleston, South Carolina**

**AGENDA**

**August 10, 2001**

8:00 - 8:30 am Registration & Welcome  
8:30 - 10:00 am Anatomy Review, Charles J. Goffman, MD, Trident Hospital  
10:00 - 10:15 am Break  
10:15 - 11:00 am Medical Oncology Terminology, Christine Lewis, RHEA, CCS, CCS-P  
11:00 - 11:30 am Computer Terminology, Stacey Eason, MSPH  
11:30 - 12:30 am Lunch (provided)  
12:30 - 1:30 pm ROADS Review of Registry Operations, Pt I, Kathy Barnes, CTR, Roberta Fogg, CTR  
1:30 - 2:30 pm ROADS Review/ICD-0-2, Part II, Kathy Barnes, CTR, Roberta Fogg, CTR  
2:30 - 2:45 pm Break  
2:45 - 3:45 pm Staging Systems Review, Kathy Barnes, CTR, Roberta Fogg, CTR  
3:45 - 4:30 pm Review Test

8:30 - 9:00 am Abstracting and Coding, Kathy Barnes, CTR, Roberta Fogg, CTR  
9:00 - 10:00 am Registry Operations/ ACOS-COC Standards, Diane Skinner, CTR  
10:00 - 10:15 am Break  
10:15 - 11:30 am Registry Operations, Part II, Diane Skinner, CTR  
11:30 - 12:30 am Lunch (provided)  
12:30 - 2:30 pm Statistics and Epidemiology, Tim Aldrich, PhD, MPH  
2:30 - 2:45 pm Break  
2:45 - 3:30 pm Review Test

**Registration Form**

**Name:** \_\_\_\_\_ **Facility:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Years of Registry experience** \_\_\_\_\_  
**Special Needs (handicap or dietary):** \_\_\_\_\_

**Registration Deadline: July 27, 2001**

**Registration Fee: \$70.00**

**Fax registration form as soon as possible to:** Linda Cope, CTR, (843) 792-3200

**Mail registration form, with check, payable to the SCCRA-CTR Exam Workshop to:**  
Sheri Bailey - SCCRA Treasurer, 105 Grandview Dr, Inman, SC 29349

The fee includes the seminar manual "A Certified Tumor Registrar Examination Preparation Manual by the SCCRA", self-assessment materials, box lunches and all breaks.

**CTR Examination Review Workshop Held at Trident Community Center - Charleston, South Carolina**

This workshop is intended to review and assess the basic cancer registrar's knowledge of cancer registry theory and practice in preparation for the National Cancer Registrars Associations Certified Tumor Registrars (CTR) Certification Examination.

**Workshop Objectives:**

At the end of the workshop, participants should be able to:

- assess areas of strengths and weaknesses in cancer registry theory and practice.
- identify areas requiring concentrated study prior to the examination date.

**Certification Examination For Cancer Registrars Test Date:** September, 2001

**Hotel Information:**

Hampton Inn  
7424 Northside Dr  
N Charleston, SC  
(843) 824-9784

LaQuinta Inn  
2499 LaQuinta Lane  
N Charleston, SC  
(843) 797-8181

Fairfield Inn by Marriott  
7415 Northside Dr.  
N Charleston, SC  
(843) 572-6677

Program is limited to 50 participants

**What to Bring with You:**

- *Cancer Program Manual*, American College of Surgeons Commission on Cancer, 1991.
- *International Classification of Diseases for Oncology (ICD-O)*, Second Edition, World Health Organization, Geneva.
- *Manual for Staging of Cancer*, 5<sup>th</sup> Edition, American Joint Committee on Cancer (AJCC), 1992.
- *Summary Staging Guide, Surveillance, Epidemiology and End Results (SEER) Program*, NIH Publications (or SEER Self-Instructional Book 6).
- Calculator

For Further information contact Linda Cope, CTR at 843-792-6672

*Please Note: The SC Cancer Registrars Association makes no guarantee that registrants who attend this review workshop will pass the Certification Examination.*



## Other News:

### Erratas: ICD-0-3 and SSS2K

ICD-0-3 and SSS2K erratas can be obtained through the FCDS website: <http://fcds.med.miami.edu> by going to Links and selecting SEER under "Cancer Related Sites" then selecting "ICD-0-3 Updates and Clarifications" or for the SSS2K errata, select "Updated SEER Summary Staging Manual".

Or

You can go directly to the SEER website: <http://www-seer.ims.nci.nih.gov> and select "ICD-0-3 Updates and Clarifications" or for the SSS2K errata "Updated SEER Summary Staging Manual".

#### ***Important! Important! Important!***

Everyone from Vendor Software Users to FCDS Internet Data Entry Abstracting (IDEA) users **MUST** have **INTERNET ACCESS** and an **FCDS User Account** in order to submit data to FCDS beginning July 1, 2001. **NO DISKETTES WILL BE ACCEPTED AT FCDS AFTER JULY 1, 2001.**

#### FCDS COMPLETENESS REPORT JULY 1, 2001

CALENDAR YEAR 2000 ADMISSIONS  
95% COMPLETE - 100% EXPECTED  
(REMINDER: ALL CASES WERE DUE JUNE 30, 2001)

FCDS

HEALTH

#### REGISTER

A joint project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

UMS

Miami

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Summer is just beginning!



**FCDS** Florida Cancer Data System

A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

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