

METHODS

SOURCES OF DATA

Incidence

The Florida Cancer Data System (FCDS) provided data for this report on cancer incidence and stage at diagnosis. Hospitals, pathology laboratories, ambulatory surgical centers, radiation therapy facilities, and physicians' offices report new cancer cases to the FCDS per section 385.202, *Florida Statutes (F.S.)*.

Incidence rates are based on cancers diagnosed in Florida residents during the respective reporting year. The data do not include cancers diagnosed before a person became a Florida resident. The majority of cancer cases in Florida residents diagnosed in other states are captured in the FCDS database through sharing of cancer incidence data among states, according to the North American Association of Central Cancer Registries (NAACCR) Procedure Guidelines (page two, Series I, Data Exchange). Cases are tallied according to the year of initial diagnosis. People with multiple primary cancers contribute multiple records to the database.

The FCDS has implemented various case-finding strategies to ensure the completeness of the database. New procedures are introduced to adapt to changes in the diagnosis and treatment of cancer in outpatient settings.

A procedure referred to as "mortality follow-back" ascertains unreported cancer cases from death data. Death certificates are checked annually to identify cancer-related deaths. If a cancer-related death is found without a matching incidence record, it is investigated to obtain a cancer incidence abstract. An incidence record is created based on information from the death certificate only when information regarding a cancer-related death is not available from the hospital or physician. Death-certificate-only cases are included in the FCDS database for all years since 1991.

A similar process implemented by the FCDS in 1995 uses hospital discharge data from the Florida Agency for Health Care Administration (AHCA) to identify missed cases. All hospital discharge records for patients in Florida with a diagnosis of cancer are compared to the FCDS database. Cancer cases in the AHCA data that are missing in the FCDS database are "followed back" to the hospital to obtain complete reports. The follow-back procedure has also been employed to obtain new cancer cases from ambulatory surgical centers since 1997.

The NAACCR has established guidelines to evaluate data from its member registries. Six criteria measure data quality, timeliness, and completeness. The FCDS has achieved the highest standard defined by NAACCR, receiving "Gold Certification" for quality, completeness, and timeliness for data collected each year from 2000 to the present.

Prevalence of Cancer Screening and Current Cigarette Use

Since 1986, Florida has used the BRFSS survey to collect data on the prevalence of cancer screening in Floridians. The Florida BRFSS is an anonymous telephone survey of adults age 18 years and older in households with telephones. The Florida survey is part of a larger, ongoing study sponsored by the CDC to survey and monitor major behavioral risks for premature morbidity and mortality among adults. Respondents are randomly selected to ensure that survey data are representative of all adults.

Survey respondents were asked if they had ever received certain cancer screening tests and when their last screening examinations occurred. For breast cancer, females age 40 and older were asked if they received a mammogram test or a clinical breast examination within the past two years. Females age 18 and older were asked if they received a Pap smear testing for cervical cancer within the past two years. For colorectal cancer, residents age 50 and older were asked if they received a sigmoidoscopy examination within the past five years and fecal occult blood tests (FOBT) within the past two years. For prostate cancer, males age 40 and older were asked if they received a prostate specific antigen (PSA) test and digital rectal examination within the past two years.

The prevalence of current smoking was estimated based on the BRFSS survey data. Current smokers were defined as adults who had smoked at least 100 cigarettes during their life and were smokers on some or all of the past 30 days when the survey was conducted. More information about the Florida BRFSS can be found on the DOH website: <http://www.floridahealth.gov/reports-and-data/survey-data/behavioral-risk-factor-surveillance-system/index.html>. BRFSS results by state since 1995 are available online at: <http://apps.nccd.cdc.gov/brfss/index.asp>.

Mortality

The Florida DOH Office of Vital Statistics provides information on cancer deaths in Florida from death certificates. Cancer deaths are defined as those for which the underlying cause of death on the death certificate is cancer. The underlying cause of death is coded according to the International Classification of Diseases, Tenth Edition (ICD-10). All deaths are tabulated of Florida residents with an underlying cause of ICD-10 codes B21._, C00 through C97, and D45._ to D47._ that have been confirmed as cancer-related deaths through follow-back.

Hospital Discharge

AHCA provides hospital inpatient discharge data that include length of hospital stay and charges for inpatients with a principal diagnosis of cancer. All acute care hospitals and short-term psychiatric hospitals licensed under Chapter 395, *F.S.*, are required to report inpatient discharge data to AHCA. The conditions leading to hospitalization are coded according to the International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM). Cancer discharges are defined as those for which the

principal diagnosis is cancer (ICD-9-CM code range from 140 through 239). These data are presented by patients' county of residence, as well as by sex and race.

Population

The Florida Consensus Estimating Conference provided population estimates as well as adjusted population estimates for 1981 to the present. Population figures for the reference year are presented in Appendix A.1 for the state and for each sex, race, and age group. Appendix A.2 lists population figures for Florida counties. Appendix B shows population by race and sex from 1981 to the present.

The 2000 United States (U.S.) standard million population was first used for the *1998 Florida Annual Cancer Report* to calculate age-adjusted incidence and mortality rates, following national reporting guidelines. Incidence and mortality rates standardized to the 2000 U.S. standard million population cannot be compared to rates standardized to another population, such as the 1970 U.S. standard million population. Therefore, the age-adjusted rates in this report cannot be meaningfully compared to those in Florida Annual Cancer Reports prior to 1998. For trend analyses, all rates in this report have been age-adjusted to the 2000 standard. For more information about the differences in rates due to age-adjustment with these standard populations, see "Age-adjusting to the Year 2000 Standard" under the heading "Education and Training, Training Modules Online" at the NAACCR web site at: <http://www.naacr.org>.