

# REGISTER

## North American Association of Central Cancer Registries Annual Meeting April 18-20, 2000

*“The Challenges of Cancer Surveillance in the New Millennium: Uniformity and Diversity”*

This year FCDS will again be very well represented with the approval of eight abstracts submitted for presentation at the North American Association of Central Cancer Registries Annual Meeting (NAACCR) in New Orleans, Louisiana, April 18-20, 2000. This year's theme for the conference is *“The Challenges of Cancer Surveillance in the New Millennium: Uniformity and Diversity”*. The abstracts will be presented by the Florida Cancer Data System, University of Miami School of Medicine and Department of Health staff. Thanks to your diligent efforts and commitment to report your data to the Florida Statewide Cancer Registry, we have the opportunity to present these abstracts.

### Primary Liver Cancer, Blue Green Algae and Drinking Water

LE Fleming, C Rivero, K Shea, J Burns, C Williams, A Rowan, J Stinn, S Wiersma.  
University of Miami, Miami, FL.; South Florida Water Management District, Jacksonville, FL.; Florida Dept of Health, Tallahassee, FL.

The blue green algae or cyanobacteria represent a diverse group of organisms that produce highly potent natural toxins. There have been numerous case reports of severe morbidity and mortality in domestic animals from exposure to these toxins through drinking contaminated water. A major potential route of exposure of humans to these toxins is through the



consumption of contaminated drinking water. Surface drinking water supplies are particularly vulnerable to the growth of these organisms and their toxins; in general, current drinking water treatment practices in the US do not monitor or treat for the blue green algal toxins. In China, Yu et al (1995) found an increased association between primary liver cancer in humans and the use of surface drinking water sources.

All primary liver cancer cases reported to the Florida Cancer Data System (FCDS) from 1981-1997 were collected in conjunction with the

Florida Dept. of Environmental Protection (DEP) and the South Florida Water Management District (SFWMD) databases on drinking water sources and treatment plants. In addition, drinking water sampling results from surface and other water sources tested specifically for the blue green algal toxins by the SFWMD and DEP were incorporated into the exposure data. Using Geographic Information System (GIS), the possible association of residence at the time of diagnosis of primary liver cancer and proximity to a surface water treatment plant for all primary liver cancers in Florida was examined.

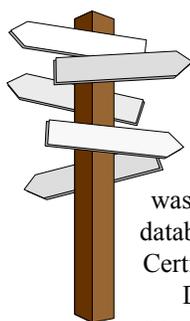
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## Impact Of Death Certificate Only Cases On Incidence Rates.

*B Wohler-Torres, R Duncan, LE Fleming, L Voti, J MacKinnon, S Peace, M Alvarez. Florida Cancer Data System, Sylvester Comp. Cancer Center, University of Miami School of Medicine, Miami, FL*

The Florida Cancer Data System implemented Death Certificate processing beginning with the 1995 diagnosis year. Death Certificate processing is primarily used as a casefinding mechanism. Unmatched Cancer related Death Certificates become Death Certificate notifications, resulting in 3 possible scenarios: 1) The case was



already in the database, 2) The case was missed by the facility and consequently was reported as a new case, and 3) the case was included in the database as Death Certificate Only (DCO).

DCO's can have a powerful effect on rates for any given year since the diagnosis year assigned is the year of death. This presentation will review two years of DCO data and examine their impact on cancer rates. The distribution of DCO's by site will be presented. The 5% benchmark for DCO's, set by NAACCR, was used and all sites exceeding it were examined. Possible explanations will be given for those sites with greater than 5% DCO's. In addition, the distribution of DCO's by county was analyzed. Higher percentages of DCO's were found among counties sharing boundaries with other states. Some of these counties had higher than 10% of their cases coming from DCO's.

Of particular interest are the effects of DCO's on sparsely populated counties where the addition of a few cases can dramatically increase the rates for a given year. Furthermore, when rates are broken down by race and gender the inclusion of DCO's can double or even triple the incidence

rates. Finally, trends for particular sites were examined from 1985 to 1996 with the rates computed pre and post DCO inclusion. Over time, the effects of DCO's for small counties and for race and gender breakdowns did not dramatically accentuate the already erratic rates.

## A Nested Case Control Study Of Organochlorine Pesticide Levels And Prostate Cancer In Florida Pesticide Applicators

*T Dukowitz, LE Fleming, C Hare, JA Bean, M Rudolph, D Squicciarini. Florida Cancer Data System, Sylvester Comprehensive Cancer Center, University of Miami, Miami, FL; Dept of Chemistry, University of Miami, Miami, FL; Cincinnati Childrens Medical Center, Cincinnati, OH.*

Significant increases in the endocrine-based prostate cancers were found in several epidemiologic studies of pesticide-exposed workers, both farmers and pesticide applicators. In the case of prostate cancer, this increase is contrary to current etiologic theories related to the protective effects of vitamin D; thus, occupational exposures such as pesticides need to be considered as possible risk factors. Recent work has revealed that certain lipophilic and environmentally persistent pesticides (the organochlorines such as DDT) as well as other similar compounds are estrogen analogues. Furthermore, recent investigations suggest that rats exposed perinatally to high dose estrogen may have an increased risk of developing prostate cancer. Therefore, the possible role of pesticide exposure, specifically the organochlorines and their derivatives, in prostate cancer deserves to be investigated further.

This pilot nested case control study of incident prostate cancer evaluated organochlorine levels in a subpopulation from a cohort of 35,000 Florida pesticide applicators licensed since 1975. After identification linkage with the Florida Cancer Data System (FCDS), alive prostate cancer cases living in South Florida (Monroe, Dade, Broward and Palm Beach Counties)

were evaluated by an administered questionnaire and organochlorine blood sample analysis for their pesticide body burden. They were compared to age, sex and county-matched alive controls from the same pesticide applicators cohort using the same analytical methods. The risk of increased organochlorine levels by cancer status was examined.

## Changes In The Classification Of GYN Malignancies: How Recent Developments Are Affecting Cancer Rates.

*S Peace, L Voti. Florida Cancer Data System, Sylvester Comprehensive Cancer Center, University of Miami School of Medicine, Miami, Florida*

Recent developments in the understanding of certain gynecologic malignancies have led to changes in the classification of these tumors by pathologists. Historically, most mucinous and serous tumors with ovarian involvement were classified as malignancies originating in the ovary (ovarian primary). New understandings regarding the origins of these malignancies led pathologists to begin reclassifying many of these malignancies as peritoneal primaries or unknown primaries beginning in the mid-1990s.

This change in the understanding and classification of what used to categorically be classified as GYN malignancies is now affecting ovarian and peritoneal cancer rates. Tumors that were once classified as ovarian malignancies are now not even being accounted for in any GYN cancer statistics. Furthermore, it now appears that ovarian cancer rates are declining when in reality cancer rates for mucinous and serous tumors have remained relatively stable. Cancer surveillance researchers are presented with a new challenge: How should they address changes in classification of historically stable tumor groups when these changes significantly affect cancer rates over

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time? This presentation will: review past and present classifications for ovarian malignancies; will examine recent trends in Florida's cancer rates for ovarian and peritoneal malignancies; will examine the inconsistencies in tumor classifications between pathologists and cancer surveillance programs and how these inconsistencies can affect epidemiologic research.

### Primary Liver Cancer In Florida

*K Shea, LE Fleming, B Wohler Torres, J MacKinnon, L Voti. Florida Cancer Data System, Sylvester Comp. Cancer Center, University of Miami School of Medicine, Miami, FL.*

Primary liver cancer has been associated with exposure to a number of pathogens and environmental/occupational toxins. The toxins identified have included aflatoxins and the blue green algal toxins, while infection with the hepatitis viruses (particularly hepatitis B and hepatitis C) have been most strongly associated with the subsequent development of primary liver cancer. With increasing spread of exposure, the incidence of primary liver cancer is increasing worldwide. Persons from developing nations are at particular risk for these exposures and this cancer. In addition, primary liver cancer appears to be increasing among Hispanics.

Using the Florida Cancer Data System (FCDS), Florida's incidence tumor registry, the incidence of primary liver cancer was evaluated from 1981-1997. The incidence was evaluated by age, gender and race/ethnic group for trends over this time

period, as well as geographic location. In particular, the risk and trends of primary liver cancer were examined in Florida's large and multi-cultural Hispanic population.

### Interstate Data Exchange: The Bare Necessities.

*S Peace, J Mackinnon, M Alvarez, M Rudolph. Florida Cancer Data System, Sylvester Comprehensive Cancer Center, University of Miami School of Medicine, Miami, Florida*

The concept of exchanging shared cancer cases between central cancer registries is not new. Most central cancer registries acknowledge the added value of including



shared cases in central registry databases. However, interstate data exchange continues to be plagued with problems. National data standards and data exchange standards do exist. Yet, differences in the minimum data item requirements for case completeness exist between many central cancer registries. Incomplete data for individual cancer records is also a significant area of concern. Additionally, inconsistencies among individual data items including the use of non-standard codes and differences in the interpretation of how data items should be coded add to data exchange problems. Each of these issues contributes to the substantial challenges that interstate data exchange presents to central cancer registries.

This presentation will: review the costs and benefits associated with interstate data exchange; identify existing barriers to successful interstate data exchange; identify the minimum requirements of a cancer case; and examine the concept of exchanging a 'Critical Core' of cancer case data for successful interstate data exchange. Real world examples will be given in order to demonstrate common problems encountered with the exchange of cancer case data between the Florida Cancer Data System and other states.

### Prostate Cancer In South Florida Hispanics

*B Wohler-Torres, L Voti, S Peace, J MacKinnon, LE Fleming, E Gheiler, R Tiguert. Florida Cancer Data System (FCDS), Sylvester Cancer Center; Dept of Urology, University of Miami School of Medicine, Miami, FL.*

The introduction of Prostate Specific Antigen (PSA) in 1989 was followed by massive widespread prostate cancer screening efforts. Florida's population based incidence cancer registry, the Florida Cancer Data System (FCDS), provides a unique opportunity to explore the initial results of these screening efforts in a large population of Hispanic prostate cancer patients in Miami-Dade County (Florida) from 1981-1995.

During this time period, there was an increase in the number of Hispanic prostate cancer cases in concordance with an increasing Hispanic population. Age-Adjusted Hispanic prostate cancer rates remained similar to White Non Hispanic rates, and less than Black Non Hispanic rates. All 3 populations showed significantly increasing trends

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**REMINDER:**  
Requests for Alpha lists, reports, etc. must be made in writing to your Field Coordinator.

**Completeness Report**  
As of April 1, 2000 only 60% of 1999 cases are in the FCDS database, 75% of 1999 cases should be in the FCDS database.  
**All 1999 cases are due June 30, 2000.**

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( $p < 0.002$ ) in their prostate cancer rates starting in 1990. However, a significant peak in the age adjusted rate for prostate cancer was reached by White Non Hispanics (154.2 cases/100,000 py) and Black Non Hispanics (215.1/100,000 py) in 1992; in Hispanics, this peak age adjusted rate (148.5 cases/100,000 py) was not reached until 1994. Age at diagnosis and stage at diagnosis patterns were also examined.

Overall, the incidence of prostate cancer increased dramatically during this time period among all 3 race/ethnic groups, probably associated with the PSA Screening. However, the impact of screening was seen substantially earlier in the White and Black Non Hispanic populations than in the

Hispanic population in South Florida. These initial findings have implications for future prostate cancer screening and detection programs in multi-race/ethnic populations such as the expanding US Hispanic community.

### **A Case Control Study Evaluation Of A Breast Cancer Screening Program Efficacy**

*R Tamer, L Fleming, M Blake, D Thompson, L Voti, J Davis, J MacKinnon, J Bryant, J Bean. Florida Cancer Data System, Sylvester Comprehensive Cancer Center, University of Miami, Miami, FL; Florida BCCEDP, Florida Dept of Health, Tallahassee, FL;*

In Florida, a Center for Disease Control and Prevention (CDC) funded initiative has targeted socio-economically disadvantaged women for breast and cervical cancer screening. Since 1995, women aged 50-64 (or 40-50 if symptomatic) with incomes 200% below the federally-defined poverty limit without health insurance and living in various metropolitan areas in Florida have been eligible to participate. To date, the Florida Comprehensive Breast and Cervical Cancer Early Detection Program (BCCEDP) has screened over 11,000 women, detecting over 120 previously undiagnosed breast cancers.

This study was a matched case control study of women with breast cancer to evaluate the hypothesis that

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## **Q. C. Corner** - By Joy Houlahan, CTR

While doing the "Every 50<sup>th</sup> record review" for the final quarter of 1999, I found that the top 10 categories of discrepancies were basically the same as in previous quarters. The discrepancies occurred in : the Documentation, the Coding of the Nodes, the Stage, the Class of Case, the Tumor Size, the Morphology, the TX dates, the Surgery, the Site, and the County of Diagnosis.

To assist you for the coming year, I thought I would give you some pointers:

- The number one category on the list was the "**Documentation**". There was either no documentation or poor documentation of the Site, Morphology, Grade, Stage and Behavior. Text documentation sufficient to substantiate what you coded is required. In other words you have to justify with the documentation text what you coded in the abstract. **See FCDS DAM pg. II-34, item 58.**
- The next category was the "**Nodes**". That is, knowing when to use 98/00 and when to use 99/99 - **see FCDS DAM pg. II-23, 24 or the ROADS manual.** The rules are the same both for "Number of Nodes Examined" and "Number of Nodes found Positive".
- Next came the "**Stage**". Sometimes this was documented as one thing and coded as another. Please make sure that the documentation is consistent with the coding of the stage. **See FCDS DAM pg. II-19 through 21, Item 36 & 37.**
- Next discrepancy category was the coding of the "**Class of Case**". You have to know if the patient got his/her first course treatment at your facility or not. **See FCDS DAM pg. II-14 Item 31.**
- Next was the "**Tumor Size**". It was either coded one thing and documented as another or it was a melanoma that was coded to size of lesion rather than depth of invasion. Remember also that the "Size of tumor" field is recorded in mm, a melanoma with depth of invasion 1.35mm should be coded as 001 or a 1.75mm depth of invasion should be coded as 002 **See FCDS DAM pg. II-21&22 item 38** for a complete listing.
- Next came the "**Morphology**". That is, reading the path report and figuring out what the correct morphology is. Be sure that what you code as morphology can be substantiated with the text you supply in the documentation. **See FCDS DAM pg. II-17 Item 33.**
- Other discrepant categories were : "**TX dates**", "**Surgery Code**", "**Site** (sub site), and "**County of Diagnosis**". Usually these were problems related to transposed numbers, or carelessness in coding what was documented.

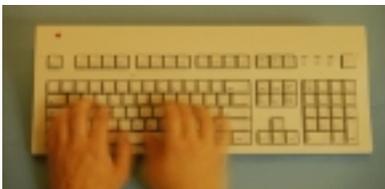
Remember that all of the data items are important and the documentation is the key when performing QC work. Please try to be very careful when abstracting. Take your time. Also, review the abstract after filling it. Make sure there are no inconsistencies. FCDS relies on each of you for high quality and accurately coded data. We are striving to provide the best and most complete information possible to researchers and the Department of Health. Thanks

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breast cancer cases in the BCCEDP were more likely to be diagnosed at an earlier stage than those not screened in the BCCEDP. After performing a linkage with the Florida Cancer Data System (FCDS), all confirmed cases of breast cancer were matched with two age, gender, race/ethnic controls recently diagnosed with breast cancer from the FCDS database. One group of controls was from the same census tract as the case, and the other was selected from a similar socio-economic census tract without access to the BCCEDP Program. The stage at diagnosis was compared using odds ratios between the cases and controls; additional variables were examined. Thus, this analysis evaluated the efficacy of an early detection program for breast cancer in socio-economically disadvantaged women in terms of increasing early stage at diagnosis.

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## Distance Learning



Santa Barbara City College (SBCC) is now offering online programs for distance learning. Among SBCC's current online academic offerings is a two-year Health Information Technology (HIT) associate's degree. For additional information on SBCC's online courses visit [online.sbcc.net](http://online.sbcc.net) or e-mail Sue Watkins at [watkins@sbcc.net](mailto:watkins@sbcc.net).

# NOTIFICATION TO FACILITIES THAT ARE CHRONIC FCDS POLICY OFFENDERS

In mid-July 2000 a memo will be mailed out to the administrators of facilities that have been identified as having continued and chronic problems in meeting FCDS cancer reporting deadlines and/or adhering to FCDS policies and procedures. Meeting reporting and other deadlines and following FCDS policies and procedures are one component of the mandatory cancer reporting program which is legislatively mandated in the state of Florida. Failure to meet reporting requirements may be grounds for the suspension and/or revocation of your facility's license to operate.

### Chronic problems may include but are not limited to:

- ◆ Failure to comply with FCDS Policies and Procedures
- ◆ Failure to meet deadlines for End of Year Reporting
- ◆ Failure to meet deadlines for Death Certificate Notification of Missed Cases
- ◆ Failure to meet deadlines for AHCA Notification of Missed Cases
- ◆ Failure to meet deadlines for Quality Control Projects

FCDS wishes to acknowledge the fine efforts put forth on behalf of the many reporting facilities who DO continually meet Florida cancer reporting requirements...we Thank You. The Florida statewide cancer surveillance system cannot be effective in its efforts to reduce morbidity and mortality attributed to cancer without the complete and continued cooperation from ALL Florida healthcare facilities.

If you feel that your facility might be a chronic offender and you would like one last opportunity to redeem yourself and your program before being added to this list...contact Steven Peace (305) 243-4602. Steve will provide you with details and a timeline for cleaning up any outstanding cases for which you are still responsible. FCDS does maintain complete records regarding each facility's performance in meeting deadlines & adherence to policies & procedure. This is your final opportunity to stay off this list.

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## March, 2000

### National Colorectal Cancer Awareness Month

*The President of the United States William J. Clinton has proclaimed March, 2000 as National Colorectal Cancer Awareness Month. To "encourage health care providers, advocacy groups, policymakers, and concerned citizens across the country to help raise public awareness of the risks and methods of prevention of colorectal cancer and to use the power of our knowledge to defeat this silent disease".*

## CALENDAR OF EVENTS

### FCDS INCIDENCE TRAINING WORKSHOP

Date: May 22 - 24, 2000  
Place: Holiday Inn, Miami, FL  
Contact: Betty Fernandez or Mayra  
Alvarez at 305-243-4600



### NATIONAL CANCER REGISTRARS ASSOCIATION ANNUAL MEETING "PREPARING FOR THE 21<sup>ST</sup> CENTURY: EDUCATION IS KNOWLEDGE"

Date: May 9-13, 2000  
Place: Albuquerque Convention  
Center, Albuquerque, NM  
Contact: www.ncra-usa.org



### CANCER CONTROL AND RESEARCH ADVISORY BOARD (C-CRAB) MEETING

Date: June 8, 2000  
Place: Tampa Airport Marriott Hotel  
Contact: Dorothy Parker at  
(813)632-1339



### FCRA/JMH ONCOLOGY WORKSHOP

Date: June 16, 2000  
Place: Jackson Memorial Hospital,  
Miami, FL  
Contact: Alice Moody, CTR at  
(305)585-6038  
*CEU's will be applied for from: NCRA,  
AHIMA & Assoc. of Nurses*



### CTR EXAM DATES:

Application Deadline: Aug. 1, 2000  
Examination Date: Sep. 16, 2000  
Visit: www.nbcr.org



### FLORIDA CANCER DATA SYSTEM ANNUAL MEETING

Date: August 14-15, 2000  
Place: Melbourne Beach Hilton  
Oceanfront, Indialantic, FL



### FLORIDA CANCER REGISTRARS ASSOCIATION ANNUAL MEETING

Date: August 16-18, 2000  
Place: Melbourne Beach Hilton  
Oceanfront, Indialantic, FL



### ANNUAL TOWN HALL MEETING

Date: September 29, 2000  
Place: Jackson Memorial Hospital,  
Miami, FL  
Contact: Alice Moody, CTR at  
(305)585-6038  
*CEU's will be applied for from: NCRA,  
AHIMA & Assoc. of Nurses*

## Director's Corner

By Jill MacKinnon, CTR

Life is never dull at the central registry but these past months have been particularly active and interesting. Besides all of our routine activities we responded to the national 'Call for Data', responded to the CDC renewal, and had eight papers accepted for presentation at the NAACCR meeting. I would like to take this opportunity to touch upon the highlights of each of these activities.

**The NAACCR Call for Data** – On an annual basis the North American Association of Central Cancer Registries (NAACCR) requests tabular incidence data from each member registry. Our data are combined with all other states' data and used to produce 'Cancer in North America' (CINA). The criteria for having data accepted for publication in CINA are very strict, including a variety of quality standards that must be met. I am so pleased to announce that, for the fourth year in a row, Florida's data have been accepted for publication in CINA. I am ecstatic to announce that for the first time ever, **Florida has received NAACCR certification.**

I can hear you ask, what does NAACCR certification mean? Well it means that collectively here in Florida we do one heck of a good job! We have never been certified before because of our inability to reduce the number of Death Certificate Only cases to the minimum acceptable level. **Thanks to you and your efforts, this year WE DID IT.**

**CDC Renewal** – We just submitted the State of Florida response to the CDC RFP. The new National Program of Cancer Registries (NPCR) criteria will require collection of several additional variables (new race fields and treatment variables), and the addition of several additional activities (enhanced quality control/special studies, education/training and data usage). Detailed documentation of the new variables and activities will be forthcoming.

With the advent of the newly required variables beginning with January 1, 2001 cases, the FCDS software will be obsolete. I can foresee that we will implement the new data set in late November or early December, 2000 in order to be ready for the change over.

In an earlier memo we gave everyone advanced warning that this was likely to occur. It is official, the current FCDS PC based software will not be sufficient as an abstract transmission vehicle after December, 2000. However, FCDS staff are developing Web-based data transmission applications. The Web-based data entry system will allow abstractors to enter data directly to FCDS. Additionally, facilities that are using proprietary software will upload their data to FCDS via the Web. **NO MORE DISKETTES !!!!!** The facility data (uploaded from proprietary software or entered directly) will be edited immediately upon upload, giving the abstractor immediate feedback regarding their records and the ability to correct the data at that time.

Specific information will be coming to you in the near future. **For now, please keep in mind that FCDS will provide a Web-based data entry and edits software to facilities and abstractors at no cost.** Facilities and abstractors must have access to the Internet.

**Paper Presentation** – As you have already seen, much of this addition of the *Register* is dedicated to the papers that were accepted by NAACCR for presentation at this year's annual meeting. The FCDS staff are proudly presenting your data. If you have any suggestions for future papers or projects please let us know.

*I want to take this opportunity to thank each and every one of you for your continuing efforts in making Florida one of finest central registries in the Nation.*

## FCDS RECEIVES “SILVER STATUS” ON NAACCR CERTIFICATION PROCESS

In the past the Florida Cancer Data System has submitted their data for evaluation as part of the NAACCR certification process. With this years’ submission of the 1997 data we have received NAACCR certification acquiring **Silver Status**. This formal certification process was developed for two primary reasons: 1) To establish an objective criteria for recognizing population based cancer registries which have achieved excellence in the areas of completeness, quality and timeliness; and 2) To provide confidential feedback which individual registries can use both to target their current resources and to argue for necessary additional resources.

This is a tremendous accomplishment, and we wish to thank you for helping us acquire this status. This is as much your achievement as ours. We look forward to your continued support in reporting quality, complete and timely data.

<b>NAACCR Registry Certification on Quality, Completeness &amp; Timeliness of 1997 Data</b>					
<b>Summary of Certification Measures</b>					
<b>Registry Element</b>	<b>Gold Standard</b>	<b>Silver Standard</b>	<b>Actual Measure*</b>	<b>Measurement Error Allowed</b>	<b>Standard Achieved</b>
1. Completeness of case ascertainment	95%	90%	107.0%	1.0%	Gold
2. Completeness of information recorded					
• Missing/unknown Aage at diagnosis@	<=2%	<=3%	0.0%	-0.4%	Gold
• Missing/unknown Asex@	<=2%	<=3%	0.0%	-0.4%	Gold
• Missing/unknown Arace@	<=3%	<=5%	0.8%	-0.4%	Gold
• Missing/unknown AState/Province & county@	<=2%	<=3%	0.0%	-0.4%	Gold
3. Death certificate only cases	<=3%	<=5%	4.8%	-0.4%	Silver
4. Duplicate primary cases	<=1 per 1000	<=2 per 1000	0.1 per 1000	-0.4 per 1000	Gold
5. Passing EDITS	99%	97%	100.0	+0.5%	Gold
6. Timeliness	Data submitted within 24 months of close of accession year.				Gold
<b>Certification Status</b>					<b>Silver</b>

\* Standard rounding techniques were applied to actual measures, except item 1. Actual measure for completeness of case ascertainment includes an adjustment for unresolved duplicates.



# NATIONAL CANCER REGISTRARS WEEK APRIL 10 - 14, 2000

*In recognition of National Cancer Registrars Week, the Florida Cancer Data System would like to take this opportunity to thank you for your participation and support of Florida's Statewide Cancer Registry. Your dedication and support has made Florida one of the best registries in the Nation.*

*We find ourselves in a demanding and sometimes confusing time, medical care is changing; disease registration is changing; and the demands placed on registry data for research is increasing.*

*We continue to ask a lot of you. Your unwavering support during the enhancement has been tremendous. The Florida Cancer Data System could not operate without the professional hospital cancer registrars in the State.*

*Once again we thank you, congratulate you and salute you in your special week of recognition.*



## REGISTER

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



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## IN MEMORIAM:

Carolyn Niblock Slough passed away on Sunday, February 6, 2000. Ms. Slough was a Tumor Registrar at Nemours Children's Clinic. We wish to express our sincere condolences and sympathy to her family and friends. Memorials in lieu of flowers may be made to Nemours Children's Clinic.



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

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