UMSylvester Comprehensive Cancer Center

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

FLORIDA DEPARTMENT OF HEALTH

# Register

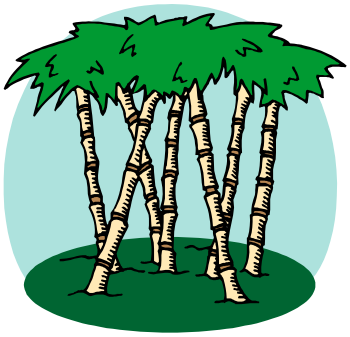
A joint project of the Sylvester Comprehensive Cancer and Center and the Florida Department of Health

Division of Cancer Prevention and Control

Volume XVII, 2002

## Don't Miss the Forest for the Trees

By Jill A. MacKinnon, CTR
Administrative Director, FCDS



Over the past few years in the cancer registration field, all of us have been subjected to many changes in our professional assignments. At the individual reporting facilities, there are ongoing changes in definitions, additional data items and revision of policies regarding data collection. At the central registry, we are affected by the same changes that take place in the reporting facilities and then some… Nor is anyone in cancer registration immune to the age of decreased funding and increased demands. Like you, we here at FCDS are always trying to find new and more efficient ways to do our jobs.

At FCDS, we have ventured into the 21st Century with the development of our Web-based reporting and data dissemination. We have initiated the statewide educational teleconferences. Both applications have proven to be very successful. Data are transferred to FCDS in a more secure and efficient fashion and the teleconferences serve as a wonderful educational tool, allowing us to share information in a cost effective way.

We have all discussed these changes over and over for the past few years until we are tired of hearing about them. With regard to change, we in the field of cancer registration have the unique ability to accept and implement change better than any group I am aware of. I am not implying that we like it, welcome it and don't complain about it. But we take it in stride and continue each day to raise this profession to heights we didn't think were possible before.

Since we have beaten the new operational aspects of cancer registration in Florida to death, I would like to dedicate the remainder of this article to the reason we all put up with these frustrations. The reason we all get out of bed each morning and come into work, despite knowing that we are facing budget cuts,

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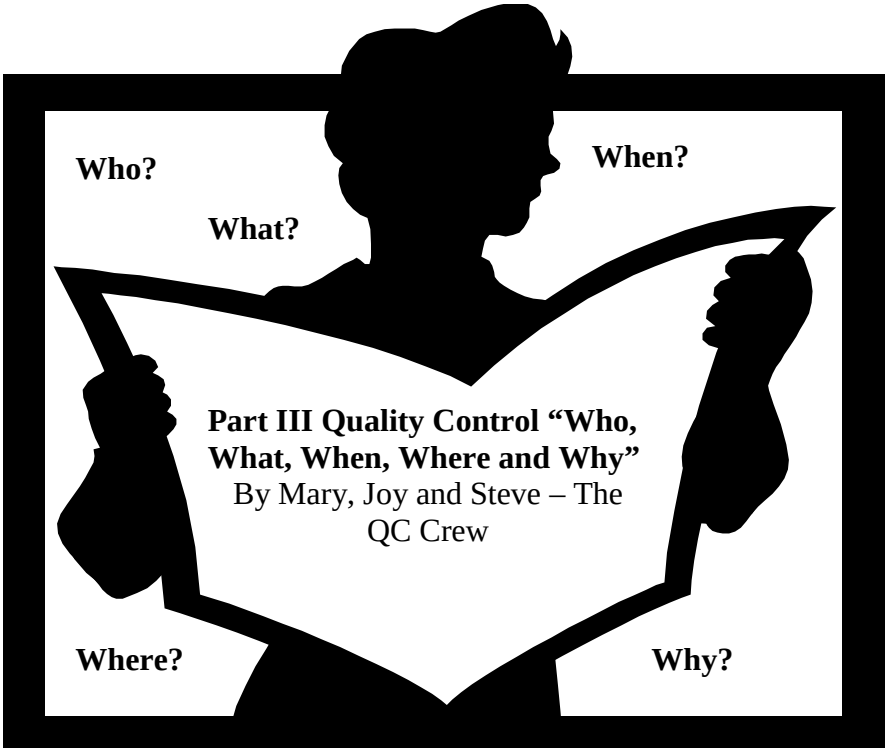
Inside this issue:




**Part III Quality Control "Who, What, When, Where and Why"**

By Mary, Joy and Steve – The QC Crew

In Part I of our series entitled "Quality Control - Who? What? When? Where? Why?" we described the various activities that FCDS has established as program, policy and procedural components of a continuous effort to enhance and improve the overall accuracy, timeliness and completeness of cancer reporting throughout the state of Florida. In Part II we described how these activities affect the people who work in each reporting facility and what your individual responsibility is with regard to each of the various activities that comprise the QC process. In Part III we will discuss how the findings from FCDS quality control activities influence the content and planning of educational programs that are developed and administered by FCDS for Florida registrars and cancer case abstractors. We will also offer some suggestions as to how you can use the findings from FCDS quality control activities to highlight your registry's performance and to make improvements in your own registry's operations.

As was discussed in Part I and Part II of our series, the FCDS Quality Control Program includes numerous activities covering a wide range of topic and content areas. Some of these activities are carried out in day-to-day routine, some are scheduled quarterly, some are annual reviews and site visits and others are ad-hoc activities that are a result of questionable findings identified through data utilization. The outcomes from each of the individual components are reviewed individually as well as in aggregate in order to identify problem areas where registrars and cancer case abstractors may need clarification of coding rules and guidelines, more information with regard to cancer diagnosis, treatment, etiology or epidemiology or whenever new rules or guidelines are introduced. Furthermore, as new information is made available and new technologies are introduced, registrars and abstractors must be informed with regard to how these new discoveries influence the abstracting and coding of cancer case information.

**Day-to-Day Activities**

Day-to-day activities generally involve the outcomes from **computer generated edits** on upload or during the case abstracting process. It might be helpful to you as individuals to keep a record, either mental or otherwise, of the edits most commonly failed during routine edit checking of your data so that you can do a spot check on your abstracts before sending them to FCDS. The best time to check your work is while you still have the medical record in your hand. You can quickly skim over your abstract and review your documentation and coding while the record is fresh in your mind (and still in your office) and look for common oversights, errors and type-o's. For example, if you find that zip code edits are one of the most common edits failed during the edits process, you can quickly look for transposed numbers. Admission clerks and tumor registrars both make simple typing mistakes fairly frequently. Take a quick moment to look over your codes while you still have the record. Another reference that might help

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*Don't Miss the Forest for the Trees*

frustrations, computers and programs that won't do what you want them to do, etc. Why do we do this? One answer is to pay the mortgage…….. But I think the better answer is for the cancer patient…. For the greater good: that of public health.

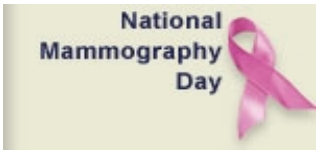
What is Public Health? A good definition states that "Public Health is the Science and Art of (1) preventing disease, (2) prolonging life, and (3) promoting health and efficiency through organized community effort." (Internal Medicine, 1988). Think about this for a minute. This is exactly what we do each and every day. Our data capturing and purification efforts are the foundation of Public Health. The assessment of cancer burden is based on these data, which in turn guide policy makers in determining the cancer surveillance and control programs needed. We may be consumed with the day-to-day workings of our respective registries, perhaps not thinking that what we are doing is preventing disease, prolonging life and promoting health and efficient public health programs. But that is exactly what we are doing.

Remembering the three basic functions of public health (assessment, policy making and assurance) allows us to put what we do in perfect focus. Taking assessment first: Through our efforts of collecting the best data possible, public health professionals are able to assess or view the cancer burden from a global perspective. We are able to look at the "who, what, where and when" of cancer. In this technological age, we are able to combine our data with other data to get a clearer picture of what the problems are in any area under our surveillance system. For example, using our FCDS data, we notice that Black women in Florida have twice the age adjusted incidence rate for late staged breast cancer than White women. This is a public health inequality identified by our data.

Looking at the policy-making aspect, we are able to take what we learn from our data and put the resources and programs in place that will better educate and/or treat the public. For example, the breast cancer stage data discussed above is for Florida as a whole, but there are some areas in Florida where the picture is much worse. Additional programs can be targeted where needed geographically, again using our data.

Finally, with regard to the assurance component, we are able to look at our data over time and provide assurance that the decisions made and the programs we have in place are working. For example, the late stage breast cancer for white women decreased by 56% from 1990 to 1999 and only 39% for black women for that same period. The decrease in both groups is good and indicates that control efforts are working. However, these same data suggest that they are not working equally as well for black women as for white women. This information is fed back to the system in order to develop additional programs for underserved women, or fund additional research to dissolve this disparity.

I am so proud of the cancer registration professionals we have in Florida, and I thank each and every one of you for the outstanding work you continue to do day after day, year after year. We are registrars, we are cancer program managers, and we are public health professionals helping to prevent disease, prolong life and promote health.




**October is National Breast Cancer Awareness Month**

**National Mammography Day – Third Friday of October**

**October 18th 2002**

During 2002 an estimated 203,500 new cases of breast cancer are expected to occur among women in the United States. NBCAM encourages all women to recognize the importance of early breast cancer detection by participating in National Mammography Day. *(Source from NBCAM website: www.nbcam.org).*

*For information on breast cancer and mammograms call the National Cancer Institute's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237)*

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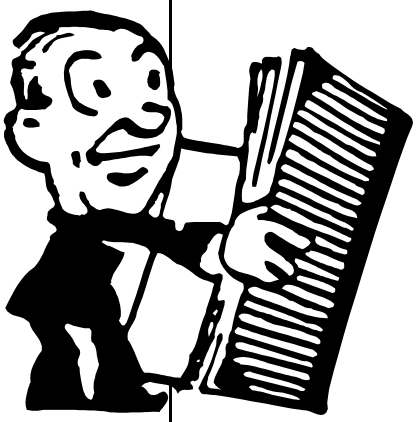
you with this problem can be found on the FCDS website. Our LINKS page includes a link to the US Postal Service website where you can quickly verify coded zip codes that don't "look right" simply by entering the address or by viewing the current range of zip codes for a particular city.

FCDS looks at edit failures in aggregate on a quarterly and annual basis in order to stay abreast of commonly failed FCDS edits. If we see a problem with any particular edit, we try to address the problem and write something up for either the FCDS Monthly Memo or the FCDS Register clarifying or explaining the rules and guidelines for coding the data item(s) in question.



FCDS also reviews edit failures with regard to edit overrides or 'forces' and tries to determine how frequently cancer case abstractors make errors in coding versus how frequently unusual information is verified as valid coding and the edit is overridden. More often than not, the information is coded incorrectly, but this depends on the individual edit in question. For example, if we notice that a particular site and morphology combination is frequently submitted in error, we try to let you know about it by writing something in the monthly memo or newsletter highlighting the particular site or histology and try to make sure to include information that helps explain the correct code selection in these cases.

Finally, FCDS uses both the quarterly and annual edits review process to make modifications to existing edits and to create new edits as new information is learned and data are more closely evaluated for accuracy in coding.

Another component in the FCDS Day-to-Day Activities book includes the review of new abstractor cases. When FCDS quality control staff review the **New Abstractor 25 Cases**, we are not looking to pick apart a new abstractor's work. Rather, we are trying to ensure that they understand the basic coding rules and guidelines and understand how to use their reference manuals. We are also trying to make sure that they understand the specifics of our Florida-only data items. We try to offer the new registrar clarity and insight into coding both standard and state-specific data items through this process. We have found over the years that new abstractors tend to make the same types of mistakes and these can be more easily corrected if the new abstractor is made aware of the problem earlier rather than later, after poor abstracting habits have been learned and reinforced through daily activities.

**Quarterly Activities**

FCDS uses the **Every 25th Abstract Review** findings to evaluate where abstractors are making errors or omissions in their abstracts that the computerized edit checks can't find. We use a spreadsheet to summarize the findings each quarter and then try to write up suggestions and clarifications to policies and procedures to be included in the FCDS Monthly Memo. We have found that the most common omissions continue to be insufficient text documentation in the abstract and text documentation that does not match coded data. This is something that you can correct if you quickly review your codes and text while you still have the medical record in your hand. Yes, it does sound like a time consuming extra step. However, if you actually try it, it only takes a minute and it is well worth the effort. It can actually save time in the long run. Remember that when the FCDS QC Staff review your cases on the Every 25th Abstract Review, they are looking at the summarized abstract without any medical record. This is what you send to us, nothing more, nothing less. If you look at it with the same eyes before you complete the case, you will find any problems before you submit the case to FCDS.

You might consider keeping the notes and comments made on your Every 25th Case Review forms in the back of your mind while you are abstracting. You

might even consider creating a little cheat sheet or a reminder log for yourself and your staff to heighten your awareness of common problems.

Another FCDS quarterly activity worthy of mention involves looking over your **Quarterly Activity Summary**. Take a look at the number of Good, Corrected and Forced cases that you submitted to FCDS during the previous quarter. If you are submitting a large number of Corrected cases, you might want to take a closer look at your edit summary lists and see where your common edit failures are coming from. You can also request a quarterly or annual summary of the edits failed for your facility if that might help you identify problem areas.

**Annual Activities**

The **FCDS On-Site Audits** are one of the most important annual quality control activities for Florida registrars and for FCDS. The findings from these activities are used to evaluate facility-specific and cancer site-specific data items and to help FCDS plan educational programs for the year.

For example, the upcoming **FCDS Teleconference** entitled "Understanding and Coding Cancer Treatment" was introduced as an educational topic as a result of the findings from our 1999 and 2000 On-Site Reabstracting Audits. Another example is our annual reminder instructing registrars as to what the proper components and correct procedures for complete casefinding must include. This annual reminder is based on the result from our annual completeness audits from AHCA, Death Certificate Notification and On-Site Pathology Review Audits. We are surprised to find year-after-year that registrars and cancer case abstractors are

not identifying all of their cancer cases, despite the annual reminders. So, we make sure that we include this reminder each and every year in both our monthly memo and quarterly newsletter to remind everybody what the parts are and how to perform the process.

Completeness is one of the most important areas where we continue to remind everybody how vital it is to identify each and every case of cancer and to report all cases to FCDS. The outcomes from the annual **AHCA Case Matching** procedures can be used to help you identify the types of cases you are missing during your normal routine casefinding procedures. Sometimes, the ICD-9 code list that is being used by the HIM, IS or Medical Records Department for case identification or chart retrieval is missing some of the required codes. In some instances, entire months of cases are missing. By reviewing the types and dates of missed cases, you might be able to improve your completeness.

Most vendor products have the capability of using an ongoing suspense list, so that when you complete an abstract or review a record and find it not reportable, the case is eliminated from the list until you have none left to do. Smaller hospitals and contractors sometimes are in the position of having to rely on other people to identify and retrieve all of the cancer diagnoses and medical records. In this case, a contractor can instruct the Medical Records contact person as to what should be included in the case selection code list, and then review the case lists on an ongoing basis to see if any codes appear to have been inadvertently missed. Both cancer program registrars and free-lance contractors should also retain and maintain good Cases Reviewed But Not Reported to FCDS Lists. This is where you can locate many of your potentially missed ACHA cases, so that you don't have to review each of the non-reportable cases a second time when the AHCA match is run.

The findings from the **Death Certificate Notification (DCN)** procedures are used in a similar manner to the AHCA Case Matching findings. Sometimes you will find that ER-only patients (patients who expired while in the ER or were brought

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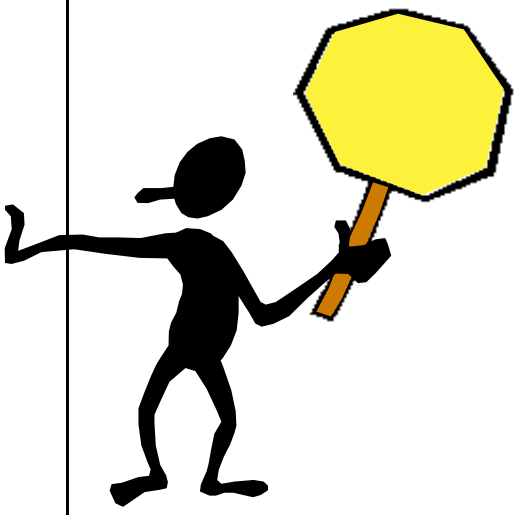
to the ER and pronounced DOA) have been overlooked during the case identification process. If a patient is brought in from a car accident and also has active cancer and they die while in the ER, Cancer will show up on the Death Certificate as one of the causes of death, even though the cause of death was really impact from a Mac truck. The DCN procedures also identify Hospice-only patients. Remember, you only need to report these if your hospital owns the hospice unit. Cases need not be reported if the hospice is only leasing space within your hospital.

The **pathology review** portion of the FCDS Annual On-Site Quality Control Audits is one additional component used to evaluate and verify completeness of cancer case reporting. Audit findings can be used to help the registry or hospital identify casefinding problems that may have gone unnoticed until the outside pathology review was performed. Last year during one of our on-site pathology review audits, we discovered that an entire download of over 200 cases somehow never made it to FCDS from that facility. Nobody realized this until the audit was performed because the facility had never completed following up the AHCA or DCN cases.

In other situations FCDS quality control auditors discovered that they could not perform the review of anatomic surgical pathology reports because of the way the pathology reports were stored in both manual and computerized filing systems. One facility filed all of their pathology reports for all years since the facility opened in a manual alphabetical filing system. It was impossible to perform pathology casefinding at this facility, either by the registrar or the FCDS QC auditor. In several facilities we found that surgical pathology reports were stored in a rather primitive electronic fashion that made it virtually impossible to review all of the reports to identify missed cases.

Findings from both of these situations were used to help evaluate and plan for the introduction of the new pathology reporting system. We have used the findings to develop education and training programs aimed at pathology case identification and case submission protocols.



At the individual facility, findings from these audits can be used to develop new administrative systems to ensure that copies of all pathology reports are sent on a daily, weekly or monthly basis to the person who does the casefinding. These findings might also be used by the facility to develop automated e-path casefinding procedures where pathology reports can be electronically downloaded to the cancer registry vendor system and automatically be uploaded into your cancer case abstract without having the registrar re-enter the information for each case.

Another hidden benefit of reviewing pathology reports in a timely manner is that medical records usually can be located more easily the closer to the patient encounter you try to pull them. Misplaced medical records can be a problem in some healthcare facilities and early case identification can be helpful in locating charts sooner following discharge.

Another issue we have found is that in some facilities pathology reports are pre-screened by someone other than a registrar. This person may not be entirely familiar with the rules for cancer reporting and may screen out some reportable cases during this process. If this is happening in your facility, you can use the results of the pathology audit to identify the types of tumors being overlooked and make suggestions for improvements in the case identification process.

Outcomes from the **re-abstracting** component of the annual FCDS On-Site Audits can be used to reveal potential areas where education and/or training might be needed. The Re-Abstract Summary Report is

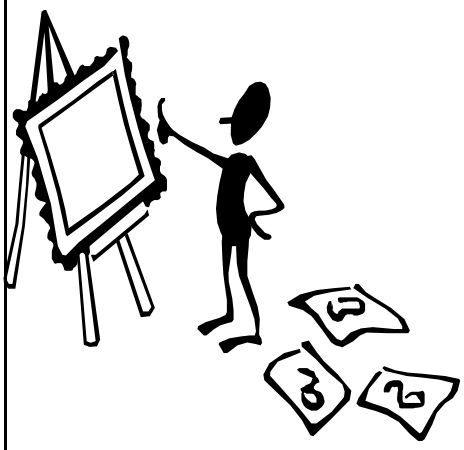
a new aggregate quality control report FCDS is using that displays a summary of the annual re-abstract findings both by facility and by cancer site. These new reports show the difference in the way abstracts were coded vs. the way the FCDS auditor coded the case after both the auditor and the original abstractor reconcile and agree on any differences. These reports have already been used to identify topic areas for FCDS teleconferences.

These audits also help to identify ways to improve abstracting skills including clarification on how to use coding manuals or other reference manuals, review or clarification of coding rules for individual data definitions in the manuals that we use, recommendations to attend tumor boards to further the understanding of the cancer disease process or certain types of cancers, recommendations to administrators for registrars to attend educational meetings and teleconferences, or suggestions and recommendations to avoid using the drop-down menus provided by most vendor software products.

The results of these audits can also help the hospital highlight the high quality of the cancer registry data at your facility or can highlight improvements in data quality from one year to the next. If audit results identify areas of concern, they might be used to document a need for more educational opportunities, additional staff, or a better system of accomplishing the registry's work within the hospital.

**Ad-Hoc QC - Data Utilization**

Findings from the FCDS Ad-Hoc quality control activities are usually cancer site - specific or cancer morphology/type - specific. Findings from data utilization studies are usually presented in a summary format and shared with registrars and cancer case abstractors through our monthly



memo or quarterly newsletter. Sometimes, findings from these types of studies are shared with our state colleagues on a national level so that we can help increase awareness of some problem areas to other state cancer registry programs and national standard setting programs.

There have been numerous instances where findings from Florida quality control activities have influenced national standard setting rules and guidelines and have helped influence national policies and procedures for evaluating and utilizing cancer data in research.

**Summary**

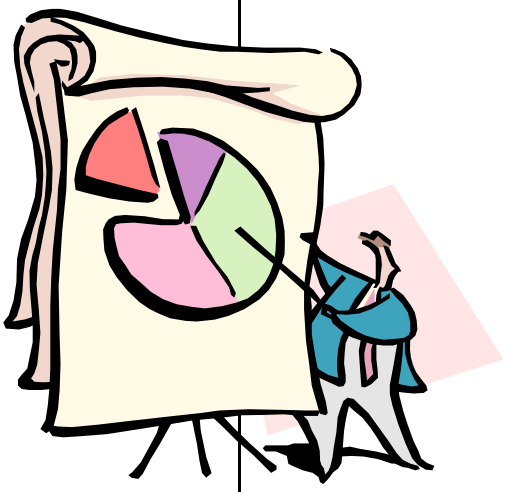
FCDS continues to use the findings from all of the quality control activities that make up the FCDS Quality Control Program in order to identify topic and content areas that can be used to clarify coding rules and guidelines and to help guide education and training activities and programs. FCDS is always looking for topic and content areas for educational presentations, whether they are best suited for our teleconferences or our annual in-person conferences. Furthermore, all of the findings from our QC activities are used to help design and improve our Incidence Abstracting Workshops and to provide information best disseminated in our monthly memo or quarterly newsletter. No matter what the information is…if it will help improve the timeliness, completeness or accuracy of Florida cancer case reporting…we want to know about it.

If you have any topic, content or program suggestions or if any of the current FCDS quality control activities are causing you grief, maybe we can help. Give us a call or drop us an e-mail and let us know what's going on. Our number is 1-800-906-3034 or 305-243-4600.

Thanks and HAPPY auditing. Go out and find something… then share it with someone else. Improvements in program and data quality come incrementally. By sharing this information with others, everybody benefits. We hope that you have benefited from our 3-part series on Quality Control. If you have any suggestions for future articles, please let us know.

# NAACCR 2002 ANNUAL MEETING
# "Achieving Equity in Cancer Control"
## Toronto, Ontario Canada
## June 8 – 15, 2002

The North American Association of Central Cancer Registries (NAACCR) held its annual meeting and workshops June 8-15, 2002 in Toronto, Canada. FCDS was well represented during the conference with 5 papers and one poster presented. We have included the abstracts (summaries) from each of the accepted presentations. If you would like any additional information or would like to view the actual presentations, please visit our website at fcds.med.miami.edu. Each of the presentations is available on the Downloads page for your information and enjoyment.



FCDS was very excited to be able to share the FCDS IDEA and FCDS Educational Teleconference Series with our peers from around the world. Feedback from these two presentations placed FCDS in the spotlight during the conference. Congratulations to all of our Florida registrars as well as the FCDS staff for all of your input into these two hugely successful programs.

In addition to the aforementioned topics, FCDS also presented two scientific papers. One of these papers reviewed FCDS data examining the likelihood that women with ovarian cancer present at a later date with a second primary and where the second primary would likely occur. The second scientific paper examined some of the risk factors associated with a diagnosis of late stage colorectal cancer among Florida residents.

The fifth paper presented reviewed the impact of several new alternate data sources such as free-standing surgical centers and physician office reporting on the overall cancer reporting picture in Florida.

Finally, the FCDS poster that was presented examined the effects of blue green algal exposure in Florida drinking water on the occurrence of colorectal cancers in Florida residents.

Congratulations to the FCDS staff whose papers and posters were accepted.

**CASE REPORTING VIA THE INTERNET: FCDS "I.D.E.A." - FLORIDA'S INTERNET-BASED DATA ENTRY AND ABSTRACTING MODULE**

***Authors: JA MacKinnon, G Levin, M Rudolph, S Peace – Florida Cancer Data System, University of Miami School of Medicine, Miami, Florida***

The Florida Cancer Data System designed and implemented a NAACCR Version 9, Internet-based abstracting and batch record upload module called IDEA in July, 2001. Florida's case reporting from all data sources is now performed entirely via this module.

IDEA was designed to allow hospitals using vendor software to upload their data to FCDS in the NAACCR V9 format. Additionally, facilities and contractors that do not maintain registry software can abstract on-line with interactive full edit reports shared directly with the reporting facility. The module runs the complete set of NAACCR/SEER edits on each 'single entry record' on load. Any record that fails an edit must be corrected prior to being accepted.

This presentation will discuss the methodology, specifications and benefits of this system as opposed to the previous procedures of diskette submission.

*(For the past 23 years Jill MacKinnon has been the Administrative Director for the Florida Cancer Data System. Her background and graduate study is in data base design, statistics, cancer epidemiology and public health. Her educational background is in child psychology (which is helpful sometimes). Jill is a Representative-at-Large on the NAACCR Board of Directors, a member and past chair of the Registry Operations Committee and various other NAACCR committees.)*

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# CALENDAR OF EVENTS

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## FCDS Teleconferences Series

**Date**: October 16, 2002
**Topic:** Understanding and Coding Cancer Treatment
**Time:** 2:00 p.m. – 3:00 p.m.
**Dial-in-number**: (877) 214-0402 (toll free)
**Call-in-Code**: 330892

**Date**: October 29, 2002
**Topic:** Update on the New Clinical Lab Cancer Identification Program
**Time:** 2:00 p.m. – 3:00 p.m.
**Dial-in-number**: (877) 300-8186 (toll free)
**Call-in-Code**: 549450

*Power point presentation slides on the above teleconferences can be accessed through the "Downloads" button on the FCDS website at fcds.med.miami.edu*

## FCDS Incidence Abstracting Workshop

**Dates**: October 23-25, 2002
**Location**: Double Tree - Coconut Grove, FL
**Registration Fee**: $100.00
**Information Contact**: Mayra Alvarez or Bleu Herard at (305) 243-4600
**15 CEU's awarded from AHIMA**

## Principles And Practice of Cancer Registration, Surveillance, and Control

**Dates**: November 4-8, 2002
**Location**: Emory University in Atlanta, Georgia
**Registration Fee**: $900.00 (5-day program)

Complete details on the Emory courses above are available on the training program web site at *cancer.sph.emory.edu* or contact Steven Roffers, PA, CTR at (404) 727-4535.

## FCDS will be a host site for the AJCC Video Conference "Changing Strategies of TNM Staging: Introduction to the AJCC 6TH Edition"

**Date**: November 21, 2002
**Time:** 1:00p.m. - 3:00p.m. (EST)
**Location**: McArthur Engineering Annex
1251 Memorial Drive, Bldg. MCA - Room 202
Coral Gables Campus
**Contact**: Betty Fernandez (305) 243-4600
*For information on additional sites contact:*
*Susan Burkhardt at (312) 202-5313*

## Congratulations, Dr. Trapido!

As we announced at the FCDS/FCRA Annual Meeting, Dr. Edward Trapido will be leaving FCDS for three years and assuming the position of Associate Director for the Epidemiology and Genetics Research Program at the National Cancer Institute. Dr. Trapido will still be involved with the planning issues of FCDS during his tenure with NCI. I know you join us in wishing him all the best in his new assignment.

## Congratulations, Dr. Fleming!

Dr. Lora Fleming has accepted the position of Project Director of FCDS while Dr. Trapido is at NCI. For the past six years Dr. Fleming has been the Research Director for FCDS. We have been so fortunate to work with Dr. Fleming over the past years and look forward to continuing our working relationship with her in a different capacity.

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## UTILIZING NEW METHODOLOGIES AND TECHNOLOGIES IN EDUCATIONAL OUTREACH: WEB-BASED, INTERACTIVE TELECOMMUNICATION CONFERENCES *S Peace*

This presentation will review Florida's recent experience utilizing electronic slide presentations and teleconferencing to deliver educational and other cancer registry-related topics. The teleconferences reach a wide geographic distribution of registrars, administrators and other health professionals in a very cost effective manner.

Changes occur regularly in cancer registration standards and abstracting requirements. This method for delivering educational and other pertinent information allows for the wide dissemination of information to large audiences with no travel expenses and with historical reference documentation available on the FCDS web site following the conference.

This program is being used for instructing new abstractors, introducing new reporting programs and delivering continuing education programs. Participants need only set aside an hour of time to participate in informative and timely dissemination of information and debate of current issues. The sessions include a didactic presentation as well as interactive question and answer sessions.

This program has been very well received by the Florida health professionals and has proven to be an outstanding utilization of time and resources while providing an excellent, up to the moment dissemination of information.

This presentation will cover technology, methodology and costs associated with hosting the conferences as well as a comparison of in-person conferences to teleconferencing.

## IMPACT OF DISCHARGE DATA ON THE COMPLETENESS OF FLORIDA CANCER DATA: IS IT WORTH THE COST AND EFFORT

***JA MacKinnon, S Peace, M Alvarez – Florida Cancer Data System, University of Miami School of Medicine, Miami, Florida***

The Florida Cancer Data System (FCDS) uses the State of Florida's healthcare facility discharge database, maintained by the Agency for Health Care Administration (AHCA), as an annual quality control casefinding audit tool. Florida state law requires that Ambulatory Surgical Centers and Radiation Therapy facilities must report basic demographic (void of patient name), diagnostic and treatment data to the State of Florida on every patient encounter.

As part of the end of year quality control processing FCDS matches approximately 150,000 AHCA records against the FCDS masterfile (approximately 2 million records). The records not matching with one of the FCDS masterfile records are followed back to the reporting facility for a complete abstract.

The AHCA data are received from the State approximately 24 months after the close of the year. The effort involved in this project is great and the yield in number of 'missed' cases is small. However the distribution of the cases 'missed' from the FCDS masterfile show interesting patterns and identify specific patterns of care and tumor types missed in the standard reporting of cancers in Florida.

This presentation will discuss the procedures involved in matching the two data sets, following back the 'unmatched' cases, a complete analysis of the distribution of the 'missed' cases, the impact of these cases on the incidence rates and the costs involved in this effort. The presentation will conclude with a cost/benefit discussion.

*(Steven Peace is the Manager of Education and Training and Quality Control for the Florida Cancer Data System (FCDS). He has over 20 years experience working in the field of cancer information management and has a broad range of experience that includes working with cancer surveillance, clinical research and cancer control programs. Steven has a Bachelor of Science degree from the University of Colorado and is certified through the National Cancer Registrars Association. He has extensive knowledge in all areas of cancer registry operations and now specializes in education/training and data quality issues. Steven has served as the Chairman of the Uniform Data Standards Committee for the North American Association of Central Cancer Registries of which he is currently still a member. He has been a member of the NAACCR Information and Technology Committee, Education Committee and numerous subcommittees and working groups. He has also served actively in both the Florida Cancer Registrars Association and Colorado Cancer Registrars Association during his 20 years in the cancer registry profession.)*

## BLUE GREEN ALGAL EXPOSURE, DRINKING WATER AND COLORECTAL CANCER

***L Fleming, C Rivero, J Burns, C Williams, W Stephan; Florida Cancer Data System and NIEHS Marine & Freshwater Biomedical Sciences Center, University Miami School of Medicine, Miami, FL; CyanoLab, Palatka, FL; St Johns River Management District, Palatka, FL***

The blue green algae or cyanobacteria represent a diverse group of organisms that produce potent natural toxins. Although there has been little epidemiologic research on toxin effects in humans, studies by Yu et al (1995) and Fleming et al (2000) found an increased association between primary liver cancer in humans and the use of surface drinking water sources. Humpage et al (2000) showed in mice that microcystins could potentially "stimulate" preneoplastic colorectal tumor growth. Surface drinking water supplies are particularly vulnerable to the growth of these organisms; in general, current US drinking water treatment practices do not monitor or treat for the blue green algal toxins.

This pilot study was an ecological study using a Geographic Information System (GIS) evaluation of the risk of Colorectal cancer and proximity to a surface water treatment plant at the time of cancer diagnosis. The study linked all Colorectal cancers diagnosed in Florida from 1981-1999 with environmental databases on drinking water sources and treatment plants. No significantly increased risk for colorectal cancer with residence at diagnosis within the distribution area of a surface water treatment plant was found, using various comparison and GIS methodologies. These findings must be interpreted in light of significant issues of latency, high population mobility, and the lack of individual exposure information. Nevertheless, the issue of both acute and chronic human health effects associated with the consumption of surface waters possibly contaminated by blue green algal toxins merits further investigation.

## SECONDARY OVARIAN CANCER AMONG FLORIDA WOMEN

***F Arena, M Rudolph, L Fleming, R Mirhashemi, J Bean, S Peace, J MacKinnon, J Wilkinson; Florida Cancer Data System and the Familial Breast and Ovarian Cancer Clinic; Sylvester Cancer Center, University of Miami School of Medicine, Miami, FL***

**Background:** This study evaluated the risk of secondary primary ovarian cancer incidence and trends from the Florida Cancer Data System among White, Black and Hispanic Florida women from 1981-2000.

**Methods:** All the secondary ovarian primaries were pathologically confirmed not to be a metastatic site from the primary cancers. Standardized Incidence Ratios (SIRs) were calculated for all women, as well as by age at first cancer diagnosis, time from first cancer diagnosis, and race/ethnic groups.

**Results:** Significantly increased risks of ovarian cancer as a second primary were seen for women diagnosed <50 years of age with breast, cervix, corpus uteri, ovary, other genital, colon, rectum, other digestive, bladder, other urinary cancers, and melanoma. Women ≥50 only had an increased risk for ovary and other genital cancers. In general, the greatest risk of a second primary was within the first 4-year interval from first cancer diagnosis. Hispanics and Black women had significantly increased risks for ovarian cancers.

**Discussion:** As seen by Hall et al (2001), ovarian cancer as a second primary is a significantly increased risk for women diagnosed with many types of cancer at < 50 years of age.

*(Dr Fleming is an Associate Professor in the Dept of Epidemiology and Public Health of the University of Miami School of Medicine. Dr Fleming performs research and teaching, and is widely published in the areas of occupational and environmental health and epidemiology. Dr Fleming is the Research Director of the Florida Cancer Data System. (FCDS). With FCDS she has explored issues such as Hispanics and cancer, Pesticide Applicators and cancer incidence and mortality; she is currently working on studies of Firefighters and cancer incidence and mortality, and the possible carcinogenic effects of the blue green algal toxins in drinking water*.)

## RISK FACTORS FOR LATE STAGE COLORECTAL CANCER DIAGNOSIS

***D. Torres, J Wilkinson, L Fleming, J MacKinnon, E Trapido; Florida Cancer Data System, Sylvester Cancer Center, University of Miami School of Medicine, Miami, FL***

**Background:** Colorectal cancer (CRC) is the second most common cause of cancer death in North America. Utilization of effective CRC screening by targeting at risk groups can result in earlier stage at diagnosis with improved prognosis for survival.

**Methods:** All incident cases of CRC from 1994-1999 were identified in the Florida Cancer Data System database. Stage at diagnosis was defined as a dichotomous variable: **early** (ie. in situ or local) and **late** (ie. all other stages). Independent variables of interest included age, gender, urban/rural status (Beale codes), race, and Hipanic ethnicity. Univariate analysis and logistic regression modeling were performed.

**Results:** There were 48,405 CRC cases in the study population. This group was 51% male, 7.1% non-White race, and 8.7% Hispanic. The following independent variables were statistically significant: age, race, and urban status.

**Discussion:** Non-Whites, younger persons (<50 years) and rural residents were at increased risk for a late stage CRC diagnosis. Race and rural residence may represent socio-economic, access to health care, insurance status, educational levels, and other factors. The higher risk for persons <50 years may indicate a low perception of risk among these persons and/or their health providers. This information should prove important in the targeting of specific higher risk groups with focused CRC cancer control and prevention.

*(Dr Wilkinson is an Assistant Professor in the Dept of Epidemiology and Public Health of the University of Miami School of Medicine. With his background as a Pediatric Intensivist, Dr Wilkinson now performs research and teaching, and is published in the areas of pediatrics, intensive care and cancer epidemiology. Dr Wilkinson is the Medical Director of the Florida Cancer Data System (FCDS). With FCDS, he is currently working on studies of Cancer in Hispanics , ovarian cancer and a range of pediatric cancers.)*

# Bon Voyage, Steve!

***As most of you know, Steve Peace will be leaving FCDS to relocate to Washington, D.C. to join Westat as a Medical Information Research Specialist. He has been part of FCDS for the past 8 years and will be missed greatly by his colleagues, peers, and the Florida registrars. Please join us in wishing Steve a fond farewell, best of luck & good wishes as he embarks on a new job and life in Washington, D.C.***


Register

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

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## Completeness Report

As of September 30, 2002
Calendar Year 2002 Admissions
13% Complete — 25% Expected

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

667369

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