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 XVIII, 2002

Pancreatic Cancer in Florida (1991 - 1999)

By Lydia Voti, MS

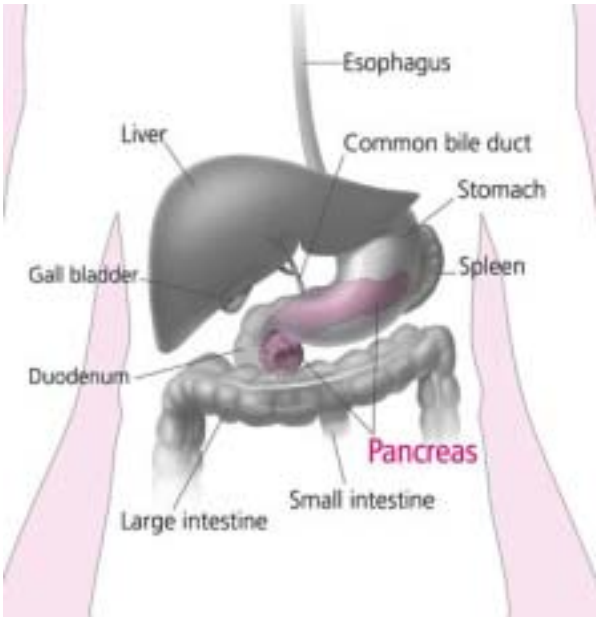
About the pancreas and its functions

The pancreas is a 6-inch long gland that is shaped like a flat pear and is located deep in the abdomen between the stomach and the spine. The pancreatic gland is surrounded by the liver, the intestine and other organs. One of its most important functions is the production of insulin and other hormones. These hormones control the energy storage mechanisms in the body that come from the digestion process. The pancreas also produces enzymes that assist the digestion process. These enzymes are released to the small intestine through a system of ducts.

Pancreatic cancers and risk factors

Most pancreatic cancers begin in the pancreatic ducts. A more rare type of pancreatic cancer occurs in the islet cells that make insulin and hormones.

As with most cancers, pancreatic cancer is a disease occurring mostly in the elderly population, and more often in people over the age of 60. Males are more prone to this cancer than females and Blacks are more likely than Hispanics or Whites to be diagnosed with this cancer. Diabetics are at a higher risk for developing pancreatic cancer than non-diabetics. There are behavioral and genetic risk factors associated with the risk of developing pancreatic cancer: smoking almost doubles the risk of this cancer; family history of pancreatic, ovarian or colon cancers in first-degree relatives has been linked to increased risk of developing pancreatic cancer. Anecdotal evidence suggests that chronic pancreatitis may increase the risk of pancreatic cancer. Other studies suggest that exposure to chemicals and high fat diets increase the chance of developing this cancer.



Pancreatic cancer is a rather asymptomatic disease in the early stages, or with symptoms that could be easily taken for a simple infection. This is why it is often diagnosed at later stages when more noticeable symptoms appear. This leaves little room for a good prognosis as pancreatic cancer is very difficult to treat even at earlier stages.

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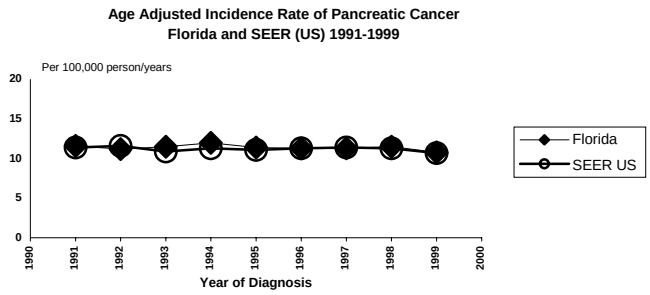
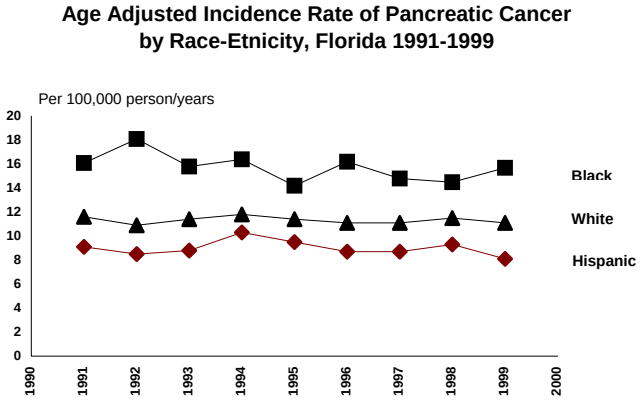
Florida and US Trends

Incidence

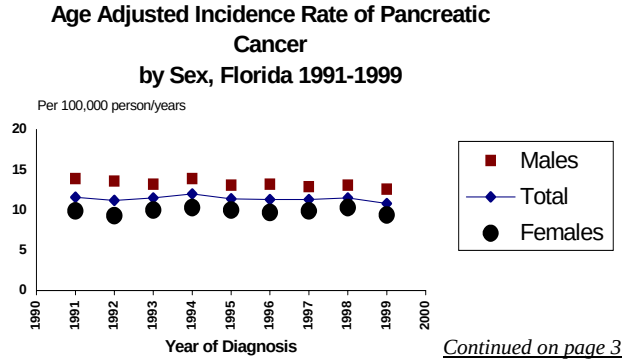
Between 1991 and 1999, an average of 2,500 cases were diagnosed and recorded by the 9 SEER registries annually. In Florida, the annual number of new pancreatic cancers diagnosed is similar. On the average, 2,100 new cases have being diagnosed in Florida annually for the past 9 years. The age adjusted incidence rates of pancreatic cancer in Florida are similar to that of the US, as reflected by the 9 SEER registries' data.



Florida's statistics confirm the documented US trends: Higher incidence rates have been recorded for Blacks compared to Whites and Hispanics. For the period 1991-1999, the age adjusted incidence rates for Blacks ranged between 12.1 and 18.1 cases per 100,000, and from 8 to 11.6 per 100,000 for Whites and Hispanics.



In terms of gender differences, a similar and consistent trend is observed over time, with males having higher incidence rates than females.



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Tallahassee, FL

Betty Hardy
Alva, FL

Janice Hargrove
Jacksonville, FL

Sharry Herring
Merritt Island, FL

Alexandra Kaufman
Miami, FL

Kelly Large
Miami, FL

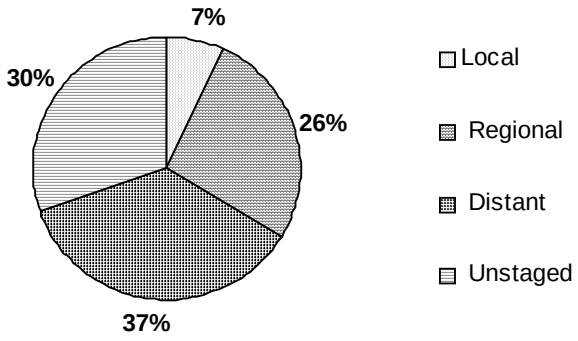
Greder Morgan
St. Petersburg, FL

Continued from page 2: Pancreatic Cancer in Florida

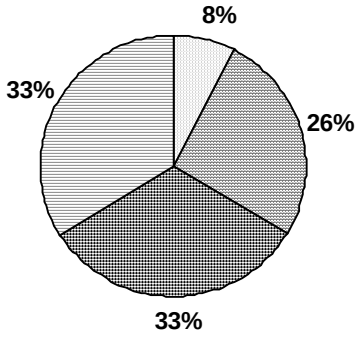
There is a high percentage of unstaged pancreatic cancers (30% for Men and 33% for Women). About half of the unstaged cases are based on data only collected from death certificates that contain no staging information. The rest of the unstaged pancreatic cancers are reported by hospitals and this figure is much higher than the percentage of unstaged disease reported by hospitals for other cancer sites.

An issue to consider with pancreatic cancer is that the disease is often far advanced by the time symptoms occur (and the diagnosis is established) and also that pancreatic cancers are very often diagnosed clinically after serious life-threatening symptoms surface. Therefore physicians may try to treat these symptoms first while they are trying to establish a definitive diagnosis. Also, on some occasions, clinicians have to perform life-saving procedures such as bypass surgery at diagnosis so that the system can function for a while. It is therefore possible that by the time a diagnosis has been confirmed, the person's health is either already severely compromised and no further stage related diagnostic workup is undertaken, or that due to the nature of the bypass surgery there isn't much staging information in the operative report. Another plausible explanation for the high percentage of unstaged disease is that –unlike other types of cancer- the outlook for both early and late stage pancreatic cancers continues to be rather dismal, therefore extensive diagnostic workup and treatment are not pursued and often only palliative therapy is recommended.

Stage Distribution for Pancreatic Cancers
Men- Florida 1991-1999

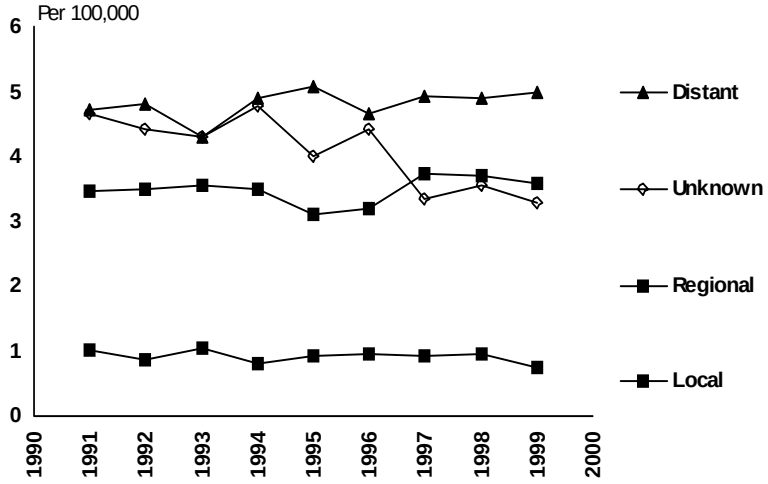


Stage Distribution for Pancreatic Cancers
Women- Florida 1991-1999

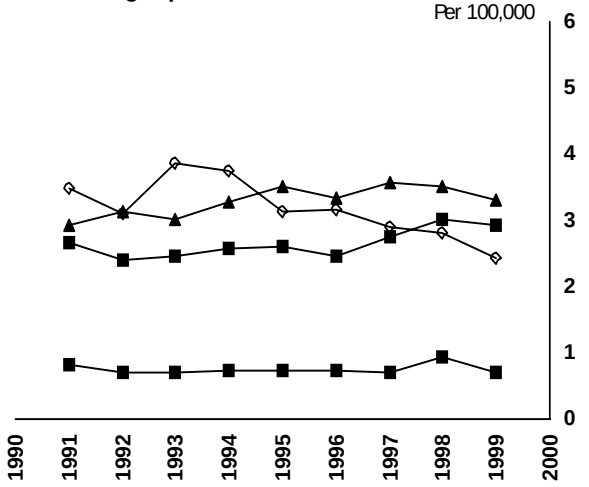


The incidence rates of pancreatic cancer diagnosed at an early stage are stable over time and there is a slight increase in the rates of regional and distant stage disease. Interestingly enough, the incidence rates for males and females are very close for localized (early stage) disease, whereas significant differences are observed in the incidence rates of pancreatic cancers of advanced stage (regional and distant). Females have significantly lower rates of advanced stage disease than males.

Florida 1991-1999
Stage Specific Incidence for Men



Florida 1991-1999
Stage Specific Incidence for Women



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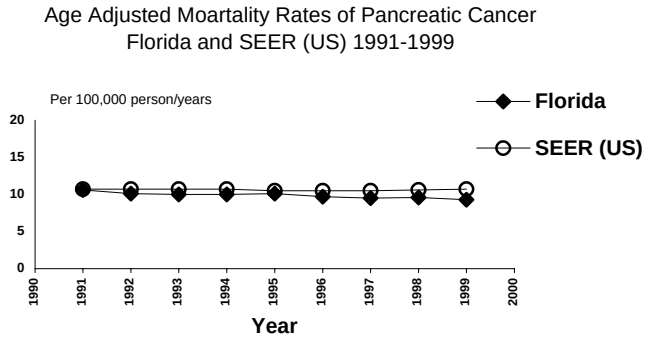
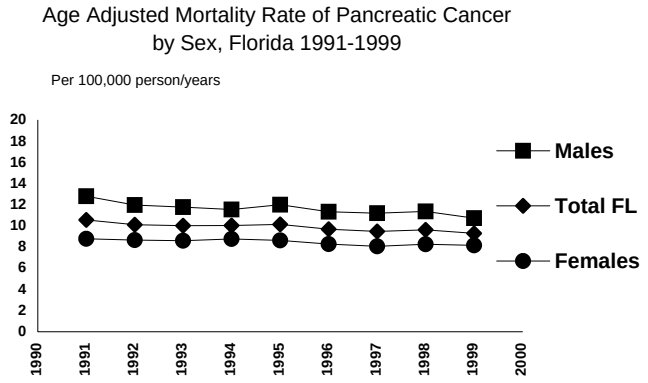
Continued from page 3: Pancreatic Cancer in Florida

Mortality

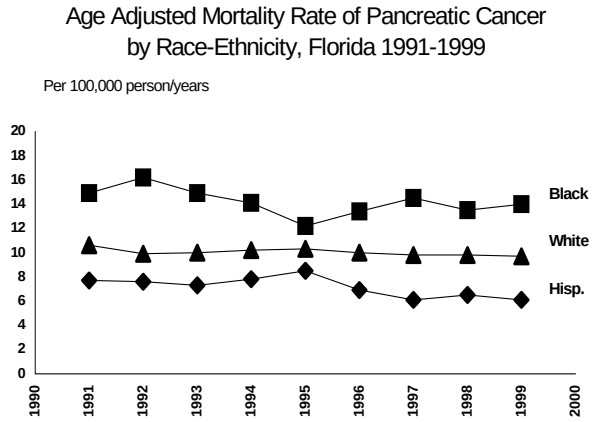
Pancreatic cancer is a highly lethal disease with the poorest likelihood of survival among all cancers. It accounts for 5% of all cancer deaths. It is the 5th leading cause of cancer deaths in the US, with a mortality rate of 10.7 deaths per 100,000 (person/years) in 1999 and the 5th leading cause of cancer deaths in Florida, with a mortality rate of 9.3 deaths per 100,000 person years. In 1999, 1,973 deaths were recorded in Florida with pancreatic cancer as the underlying cause. And on the average, for the period 1991-1999, pancreatic cancer has been the underlying cause of death for 1,850 Floridians annually.



As with the incidence rates for males, the mortality rates of males are higher than those of females as well.



Similarly, Blacks have higher mortality rates than Whites or Hispanics, with the gap closing slightly in 1995, yet remaining significantly different after that. There is also a small decline in the mortality rates of pancreatic cancer in the Hispanic population.



Treatment

Pancreatic cancer is very hard to control and cure with current treatments, unless diagnosed at an early stage. Patients are often referred to clinical trials and advised to choose palliative care for improving their quality of life. The National Cancer Institute (NCI) has several publications with information on clinical trials, offered to the public through the Cancer Information System (1-800-4-CANCER). Additional information on treatment and relevant publications can be found on the NCI web site (http://cancer.gov/publications).

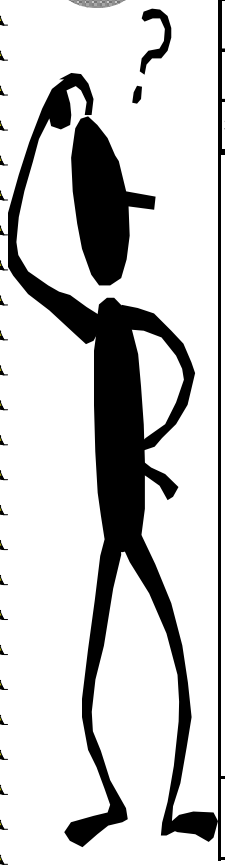
Completeness Report

As of November 30, 2002
Calendar Year 2002 Admissions
25% Actual — 42% Expected

Congratulations to Dr. Jay Wilkinson for his article on *"Cancer Among Hispanic Women in South Florida: an 18-year Assessment"*. His article was accepted for publication and featured in the October issue of CANCER, 2002.

Sharpen your Skills!

PUZZLE



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38											39		

Across

1	BRM immunotherapy code 2
4	chemo surgical procedure
6	outside
9	major or minor
10	8 down
11	toxic chemicals
13	first word of C 06.9
14	around
16	artery or pelvis
18	single lesion
19	cervical _____
20	1st digit of either hand
23	axillary _____
25	C 49.0
26	mucosal lymphoma (abbrev)
27	very, very old
30	gastric _____
32	8500/2 (abbrev)
33	breast or pancreas
36	Not a 90 degee angle
38	first site, most important
39	Children's Oncology Group (abbrev)

Down

1	8140
2	texas tea, black gold
3	tiny
5	tap or column
7	_____ sinus
8	acute lymphocytic leukemia (abbrev)
12	C 69.0
15	lower outer quadrant (abbrev)
16	part of eye
17	part of ear
21	related to or found in urine
22	term which should NOT be considered as diagnostic of cancer unless used following cancer directed therapy
24	muscle
28	absence of clinical evidence of cancer
29	non-invasive
30	part of mouth
31	part of finger or toe
32	_____ metastasis from brain primary
34	atomic energy commission (abbrev)
35	C 44.7
37	x (as in 2.3 x 4.1 cm)

Answer key will be featured on the next issue of the Register

FCRA/FCDS 2002 COMBINED CONFERENCE
" KEEPING UP WITH CHANGE"

The Florida Cancer Registrars Association and the Florida Cancer Data System once again joined efforts this year to bring an excellent educational and informative program at the Annual Conference July 31 – August 2 in Sarasota, Florida. Our expectations were surpassed with 143 registrants! FCDS wishes to congratulate the joint efforts of the FCRA/FCDS 2002 program committee on an excellent job!

The conference was opened with a welcome by Ms. Barbara DeArmon, President of FCRA and Dr. Edward Trapido, Director of FCDS.

Following the welcome, the first two presentations were given by Ms. Jill MacKinnon and Mr. Steven Peace. Ms. MacKinnon's presentation on *"FCDS State of the State"* began by thanking all of the reporting facilities and central office staff for their partnership and teamwork throughout the year. She continued to highlight the many changes implemented this past year beginning with the web-based reporting module (IDEA) to new procedures implemented for the Jean Byers' Awards presentation. Mr. Peace' presentation on *"My How We've Changed"* took us through a time capsule on the progress made on cancer reporting, beginning in the early years with "The National Cancer Act of 1937" continuing through the accomplishments made throughout the years, and plans for the future.

Next was Dr. Stephen Golder's presentation on *"Seed Implantation of Prostate Cancer"*. This was a very informative presentation summarizing the different treatments available for prostate cancer patients.

Mr. Mark Rudolph and Ms. Mayra Alvarez were next with their presentations on *"FCDS IDEA Summary"* and *"Florida Clinical Laboratory Cancer Identification Program (CLIP)"*. Mr. Rudolph presented an overview of the FCDS IDEA and featured upcoming attractions for future implementation to the IDEA. Ms. Alvarez gave a thorough presentation on the CLIP program beginning with the introduction of the program announcement sent to facilities in February from the Department of Health (DOH), to who must report, what must be reported, options for case identification and the deadline for 2002 case submission.

After the productive morning sessions concluded, a luncheon for FCRA members and guests followed. On this occasion the FCRA's annual business meeting and installation of the 2003 FCRA president and other members of the FCRA Executive Committee are announced.

Congratulations to the incoming FCRA officers and best wishes on a productive 2003!

The afternoon session opened with a very informative presentation given by Ms. Asa Carter of the Commission on Cancer. As part of her presentation Ms. Carter began by giving a quick overview of the Commission On Cancer's mission and structure. She then introduced and reviewed the "Facility Oncology Registry Data Standards 2003" (FORDS manual).

The first day concluded with informative and interesting presentations by Dr. Edward Trapido, on *"Needs Assessment for Comprehensive Cancer Control Planning in Florida: 2002 Telephone Survey Results"*, Dr. James Wilkinson's presentation featured two studies: *"Patient Factors Associated with Late Stage Colorectal Cancer Diagnosis"* and *"Second Ovarian Cancer Among Florida Women"*, Ms. Lydia Voti's presentation on *"Ideas for FCDS Data Usage for Facilities"* and Mr. Yougie Huang's presentation on *"DOH Studies"*. These presentations provided the audience with valuable reports and studies that are achieved thanks to the data collection efforts from all the cancer registrars and reporting facilities. This would not be possible without their relentless effort and dedication!

The second morning of the conference began with a very informative session presented by Ms. Meg Cuadra and Ms. Mayra Alvarez. Ms. Cuadra's presentation on *"Data Acquisition and Case Reporting"* and *"Florida Ambulatory Care Centers Cancer Reporting Program"* gave the audience an overview of the reporting process throughout the year and clearly documented the important role the Ambulatory and Radiation Centers play in cancer reporting. Ms. Alvarez's presentation on *"The Alvarez Matrix Using AHCA Discharge Data for Case Identification"* provided an overview of how the "Alvarez Matrix" provides FCDS with an excellent QC tool.

The presentation that followed on *"Breast Reconstruction"* by Dr. Alan Shons of the University of South Florida provided interesting information on recent de-

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CALENDAR OF EVENTS

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FCDS INCIDENCE ABSTRACTING WORKSHOP
Dates: March 26—28, 2003
Location: Double Tree Hotel, Coconut Grove, FL
Reg. Fee: $100.00
Contact: Mayra Alvarez at 305-243-4600
15 CEU's awarded from AHIMA

NCRA 2003 ANNUAL EDUCATIONAL MEETING
Dates: May 13—16, 2003
Location: Pittsburgh, PA
Website: http://www.ncra-usa.org

NAACCR 2003 MEETING
Date: June 10—12, 2003
Location: Honolulu, Hawaii
Website: http://www.naaccr.org/

FCDS 2003 ANNUAL MEETING
Dates: July 30, 2003
Location: Clearwater, FL
Website: http://fcds.med.miami.edu

FCRA 2003 ANNUAL MEETING
Dates: July 31 — August 1, 2003
Location: Clearwater, FL
Website: www.fcra.org

2003 COURSES OFFERED AT EMORY UNIVERSITY

Principles and Practice of Cancer Registration, Surveillance, and Control
Dates: March 17—21, 2003
August 18—22, 2003
October 20—24, 2003

Cancer Case Abstracting, Staging and Coding
Dates: March 24—28, 2003
August 25—29, 2003
October 27—31, 2003

Advance Cancer Registration Training Program
Dates: July 16—18, 2003
November 5—7, 2003

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

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velopments on breast reconstruction and how they are more successful to the psychological integrity of the patient.

Mr. Steve Peace, Ms. Joy Houlahan and Ms. Mary O'Leary were next with presentations on *"QC Summary Reports"*, *"FCDS on-site Audits"*, *"National Standards NAACCR Working Groups"* and *"Quality Control & Education"*. These presentations provided the audience with a review of the many components of the Quality Control Activities. The QC staff is always available to answer questions/ concerns from Florida facilities and individual abstractors.

The mornings' conference concluded with an important and informative presentation on *"HIPAA Compliance Regulations"* presented by Ms. Beth Kost, Vice President of Professional Services, HIPAA. This session informed the listeners of the new regulations on Cancer reporting under HIPAA. The new regulation becomes effective on April 14, 2003 for all covered entities including hospitals and physicians.

The afternoon sessions continued with a presentation by Dr. Robert J. Miller on *"Positron Emission Tomography (PET)"*.

Ms. Jackie Button and Mr. Brad Wohler-Torres presentation on *"2002 Florida Annual Cancer Report Incidence and Mortality, 1999"* and *"Thyroid Cancer Incidence Trends Preliminary Analysis"* provided the audience with valuable reports and studies.

The final two presentations for the day were given by Dr. Richard Buck on the similarities and differences between "Myeloproliferative Disorders & Myelo dysplastic Syndrome" and Dr. Robert Kane's presentation on "Aromatase Inhibitors Versus Tamoxifen" gave the audience a comparison of the positive and negative effects of the A.I. v.s. T drugs.

After a full day of informative and interesting presentations, a grant made possible

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Continued from page 7: FCRA/FCDS Conf.

from Electronic Registry Systems provided FCRA members and guests with the enjoyment and relaxation of a Boat Cruise Reception complete with food, entertainment and the perfect setting for networking among colleagues and peers!

Day 3 of the conference concluded with a dynamic presentation from Steven Roffers, PA, CTR from Emory University. His well received presentation on *"Lets talk about these cases and earn our CE's: Advanced Abstracting, Staging and Coding"* was beneficial to both the experienced and novice abstractors.

We wish to thank all of the FCRA and FCDS presenters, Asa Carter, CTR of CoC, Beth Kost, RHIA of HIPAA, Steven Roffers, PA, CTR of Emory University and all the Physicians for taking time off their busy schedules and bringing us an excellent program!

Next years' conference will be at the Belleview Biltmore Resort and Spa in Clearwater, Florida. You can visit their website at: www.belleveiwbiltmore.com to get a glimpse of this beautiful resort! FCDS and FCRA will be returning to back-to-back conferences as in years' past. The FCDS conference will be held on July 30th, 2003 for a full day of presentations and the FCRA conference will follow on July 31st and August 1st, 2003. Hope to see you there!

By Betty Fernandez

"The problem with many things is the pre-conceived ideas we have about them!"

Tishan

Register

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