

Register

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

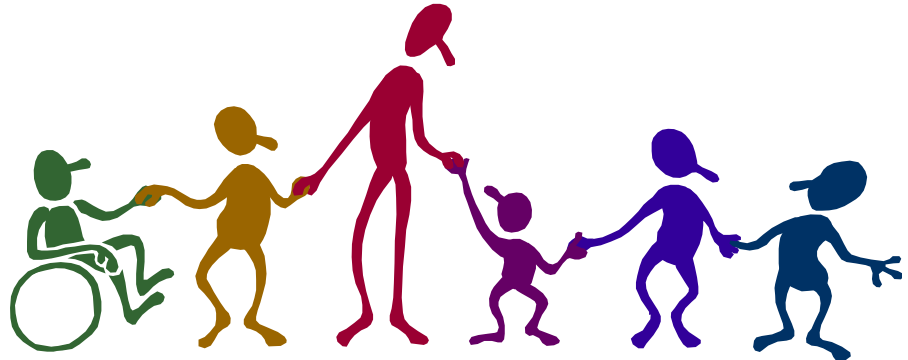
Division of Cancer Prevention and Control

Volume 21, 2003

NAACCR Conference – Honolulu, Hawaii “Harmony & Diversity in Cancer Registration and Surveillance: Meeting Community Health Needs” By Brad Wohler

The annual North American Association of Central Cancer Registries (NAACCR) conference was held June 8 – 14th, 2003 in scenic Honolulu, Hawaii. Forty-five states and provinces from the US and Canada were represented at this year’s conference themed “Harmony and Diversity in Cancer Registration and Surveillance: Meeting Community Health Needs”.

There were a wide variety of sessions devoted to all facets of a Central Cancer Registry, providing the attendees with cutting edge strategies and timely examples for both surveillance and registry operations. Some of the many sessions offered were: Health Services Research and Special Populations Studies, Registry Operations, Education and Training Issues, Electronic Path Re-



porting, Cancer Control Issues, and Spatial Analysis/GIS. There were over 50 posters presented dealing with a myriad of topics.

Daniel Miller (MD, MPH, CDC Secondee to World Bank) stressed in his keynote speech that cancer registries need to reach out to the community to make sure that they are meeting the community health needs. All registries both central and hospital based need to reach out to the community and in doing so create partnerships and cancer registry advocates. Much insight was gained from seeing how other central cancer registries are dealing with many of the same problems that Florida has, namely path re-

porting, record consolidation and HIPAA regulations.

Thanks to the diligent work and
(Continued on page 2)

Inside this issue:	
NAACCR Conference	1–3
National Mammography Day	3
FCDS Annual Meeting	4–5
Prostate Cancer Month	6
Collaborative Staging Manual	6
Calendar of Events	7
FCRA 25th Anniversary	8

(Continued from page 1: NAACCR Conference)
commitment by Florida Registrars and staff at FCDS, Florida data was represented with 3 oral presentations and one poster:

ORAL CANCER: EPIDEMIOLOGY & RISK FACTORS FOR LATE STAGE DIAGNOSIS

B. Wohler-Torres, J. Wilkinson, LE Fleming, J MacKinnon, D. Parker, E. Trapido, J. Goodwin, Florida Cancer Data System (FCDS), Sylvester Comprehensive Cancer Center; University of Miami School of Medicine, Miami, FL

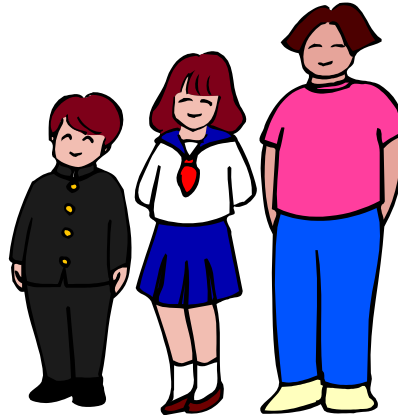
Cancers of the oral cavity consistently rank among the top 10 cancers diagnosed in Florida. For the years 1995 through 1999, there were 11,701 cases of cancer diagnosed in Florida for an annual age-adjusted incidence of 13.11/100,000, with an adjusted mortality rate of 3.48/100,000. Histologically, the majority (80%) of oral cancers are of squamous cell origin. Morphologically, these tumors originate from the epithelial surfaces of the oral cavity, which should increase the chance of their detection via visual inspection as part of physical examination, compared to cancers of deeper tissues. Nevertheless, 61% of oral cancers are diagnosed late at the regional or distant stages.

We present here the descriptive epidemiology of oral cancer among Florida's diverse population, including age, gender, race-ethnicity and urban/rural distributions. Additionally, the association of various patient-centered factors and late-stage oral cancer diagnosis will be presented using logistic regression models. We believe the results of such analyses may better inform oral cancer prevention and control efforts.

COMPARISON OF CANCER INCIDENCE AMONG HISPANIC CHILDREN IN CALIFORNIA AND FLORIDA

J Wilkinson, A Gonzalez, LE Fleming, J MacKinnon, J Button, E Trapido, Florida Cancer Data System, University of Miami School of Medicine, Miami, Florida

Background: Cancer among children, while rare, is a leading cause of pediatric death. California and Florida have sizeable immigrant Hispanic populations from nations of origin, and both have large cancer registry databases. Based on earlier reports, we hypothesized that the incidence of all cancers and for



specific common cancer sites would be higher in Hispanic children from Florida when compared to those from California.

Methods: This project compared pediatric cancer incidence for non-Hispanic White and Hispanic children in California and Florida (1988-1998), using data from the California Cancer Registry and the Florida Cancer Data System (N=23,522 incident cancers). Cases were age stratified (5- year) and cancer sites were defined using ICCC coding.

Results: The standardized cancer incidence ratio (SIR) for Florida Hispanic children was 0.96 (95% CI 0.90-1.02); for California Hispanic children the SIR was 0.88

(0.85-0.91). Hispanic children in both states were at higher risk of leukemia and osteosarcoma. For most other cancer sites, Hispanic SIR's were ≤ 1.0 ; generally California Hispanic children demonstrated more extreme SIR values. Significant differences in age-specific rates were found between the 2 states' for certain cancer sites.

Discussion: Differences in cancer incidence between Hispanic children in California and Florida were less than expected based on previous reports. Hispanic children appeared at increased risk for leukemia and osteosarcoma, and reduced risk for most other common cancer sites.

PATHOLOGY REPORTING VIA THE INTERNET: FLORIDA'S YEAR ONE EXPERIENCE WITH THE CLINICAL LABORATORY IDENTIFICATION PROGRAM (CLIP)

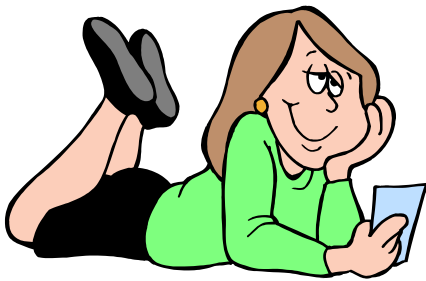
M Alvarez, M Rudolph, JA MacKinnon, G Levin, E Trapido, Florida Cancer Data System, University of Miami School of Medicine, Miami, Florida

In July, 2002, the Florida Cancer Data System (FCDS) began statewide collection and integration of pathology data into the central registry files, using the NAACCR Path Version 9.1 text format. Pathology data are submitted to FCDS via the Web-based batch upload or single records entry module called PATH IDEA. Florida's Clinical Laboratory Identification Program (CLIP) case reporting system is now full operational, using the NAACCR work string as the basis for reportability. All laboratories in the State of Florida (approximately 650) have been identified, contacted and have begun submitting the first six

(Continued on page 3)

(Continued from page 2: NAACCR Conference)
 months of 2002 data to FCDS. Over 250,000 pathology reports have been submitted via PATH IDEA since it's inception.

This presentation will discuss the methodology and specifications, as well as initial results, costs, value, and effectiveness of this system for case identification. As expected, initial results indicate greatly enhanced reporting of non-melanomatous skin cancers as well as other cancer types diagnosed primarily outside traditional hospital venues. Nevertheless, evaluation of such a system presents significant challenges in the future.



CHEMOTHERAPY FOR REGIONAL BREAST CANCER

LC Richardson, AG Hartzema, L Voti, J MacKinnon, LE Fleming, E Trapido; University of Florida, Gainesville, FL; University of Miami, Miami, FL

Age, race/ethnicity, marital status, health insurance and geography have been reported to affect the receipt of chemotherapy for breast cancer. We analyzed Florida Cancer Data System (FCDS) data to determine predictors of receiving chemotherapy among 10,738 women diagnosed with regional stage breast cancer in Florida between July 1997 and December 2000. Women with unknown treatment status and unknown cancer stage were excluded. Health insurance is categorized as private, Medicare (MC), Medicaid (MD), uninsured and unknown. Population characteristics are the following: 42.6% > 65, 79% white, Non-Hispanic, 9.5% Hispanic, 55% married, 5% unin-

sured, 52% have private insurance, 36% have MC, and 3.2% have MD. Multivariable logistic regression was performed to predict receiving chemotherapy. Women with MC were less likely to receive chemotherapy compared to women with private insurance (0.36 (0.33-0.40)) and women with MD and uninsured women were more likely to receive chemotherapy (1.38,1.10-1.74 and 1.46,1.21-1.76). After controlling for age, race/ethnicity, and marital status, women with MD or no insurance remained more likely to receive chemotherapy compared to women with private insurance (1.42,1.12-1.81 and 1.41,1.16-1.71 respectively). Older age was associated with a lower odds of receiving chemotherapy, (0.23,0.20-0.27) in the full model. Uninsured women and those with MC are more likely to receive chemotherapy when indicated. We are currently examining proximity to health care facilities to women at diagnosis as possible predictors of receiving chemotherapy.



National Mammography Day October 17, 2003



The third Friday in October each year is National Mammography Day, first proclaimed by President Clinton in 1993. On this day, or throughout the month, radiologists provide discounted or free screening mammograms. In 2002, more than 680 American College of Radiology (ACR) accredited facilities took part.

OCTOBER IS NATIONAL BREAST CANCER AWARENESS MONTH The Third Friday in OCTOBER is National Mammography Day

In September, several national organizations will have the list of facilities that participate in National Mammography Day. To learn which facilities in your area are taking part in the event, call:

American Cancer Society	(800) 227-2345
National Alliance of Breast Cancer Organizations (NABCO)	(888) 80-NABCO
Y-ME National Breast Cancer Organization	(800) 221-2141



2003 FCDS Annual Meeting

By Megsys Casuso Herna

On July 30th, 2003 FCDS hosted its Annual Meeting at the Belleview Biltmore Resort in Clearwater, Florida. FCDS was delighted by the attendance, including the uninvited guests roaming the fifth floor of the hotel. The main objectives of the annual meeting were to provide reporting facilities, vendors, and contractors an update on the Florida Cancer Data System's cancer surveillance and control efforts in Florida, and to increase the level of knowledge with regard to data acquisition, quality control, data usage, and future directions in cancer surveillance and control.

Jill MacKinnon, Administrative Director of FCDS, opened the conference with a warm welcome. Ms. Mackinnon summarized the 2002-2003 reporting year, and introduced the many changes and challenges that FCDS will undergo in the very near future, including the new procedures for Radiation Therapy Centers for data reporting to FCDS.

Megsys Casuso and Mayra Alvarez presented an overview of the current Florida Department of Health and NPCR requirements for reporting cancer cases by different sources to the Florida Cancer Data System. Megsys presented current issues regarding data reporting to FCDS, which includes past deadlines, current methodologies used in Data Acquisition and Quality Control to measure completeness, timeliness, and quality. For the first time, the Facility Annual Evaluation was introduced and distributed to the Registrars and HIM Directors attending the meeting.

Mayra Alvarez provided an extensive overview of the NAACCR Version 10 data requirements and its new edits. In addition, both Mayra and Mark Rudolph presented an outline of the Florida Clinical Laboratory Identification Program (CLIP) and its latest updates. Over two hundred labs out of 606 labs currently operating in Florida have reported data to FCDS using the FCDS IDEA file upload module. In less than 9 months, FCDS has received approximately over 830,000 records.

Mary O'Leary provided an analysis on current edits, with a detailed look at discrepancy messages. Her presentation focused on the importance of text and supporting documentation by reporting facilities. She also presented hands-on exercises on coding site, histology, staging, and treatment of selected cancers.

Joyce Allan updated the audience on several issues that were

brought to her attention as the FCRA Liaison to FCDS. Some of the issues most prevalent that Joyce presented were the edit overrides, NAACCR Version 10, and the new Abstractor Code necessary to abstract cases. In addition, Joyce discussed her duties as the FCRA-FCDS Liaison, which include attending the C-CRAB meetings and acting as intermediary between FCDS and FCDS for general issues.

As a treat, Mae Whitehead enlightened the audience with a captivating talk entitled "A Hero in All of Us." Mae made tribute to the hard work of the registrars and further emphasized their leadership and their dedication.

With respect to data analysis, several speakers contributed to this year's annual meeting. The presenters included Brad Wohler, Jackie Button, Dr. Youjie Huang, Dr. Lora Fleming, and Dr. Lisa Richardson. Brad presented a concordance study between FCDS and Vital Statistics. He alluded to the fact that the main objective is to improve the quality of the data. Jackie discussed the differences of the Age-Adjusted Incidence Rates included in both the 1999 and the 2000 FCDS Annual Reports. Dr. Fleming presented a very interesting study on firefighters and its occupational carcinogenic exposures. Dr. Huang discussed the fundamental factors, such as race, ethnicity, and region, associated with the late stage of breast, cervical, and colorectal cancers. Dr. Richardson presented a study of the ascertainment of treatment for women diagnosed with stages I and II of breast cancer using the data from the National Breast and Cervical Cancer Early Detection Program.

Once again in keeping with national standards for evaluating timeliness, completeness and quality, FCDS awarded 110 facilities the 2003 Jean Byers Award for the 2001 admissions based on the following criteria:

1. Timeliness- All deadlines met with respect to the 2001 cancer case admissions
2001 Annual Caseload Submission Deadline- June 30, 2002
2001 Death Certificate Notification Deadline- January 15, 2003
2001 AHCA Audit Deadline - May 30, 2003
No more than 5% (or 35 cases, whichever number is greater) of the 2001 cancer case admissions reported to FCDS within 2 months (60 days) following the June 30, 2002 deadline (Late reporting of 2001 cancer case admissions)
2. Completeness- All cases reported to FCDS
No more than 10% of the 2001 cancer case admissions reported to FCDS within 12 months following the June 30, 2002 reporting deadline. (Due to delinquent 2001 case reporting, missed cases found on Death Certificate Notification or missed cases found on AHCA Completeness Audit)



FCDS proudly announced the 2003 Jean Byers Award for Excellence in Cancer
Registration for the 2001 Admission to the following facilities.
Congratulations! FCDS thanks all the Florida hospitals
for their dedication and hard work:



1300 GULF COAST MEDICAL CENTER
1306 BAY MEDICAL CENTER
1505 CAPE CANAVERAL HOSPITAL
1506 PARRISH MEDICAL CENTER
1601 WESTSIDE REGIONAL MED CTR
1602 HOLLYWOOD MEDICAL CENTER
1605 BROWARD GENERAL MEDICAL CENTER
1607 NORTH BROWARD MEDICAL CENTER
1610 MEMORIAL HOSPITAL PEMBROKE
1676 PLANTATION GENERAL HOSP
1681 NORTHWEST MEDICAL CENTER
1686 FLORIDA MEDICAL CENTER
1688 MEMORIAL HOSPITAL WEST
1800 FAWCETT MEMORIAL HOSPITAL
1846 CHARLOTTE REGIONAL MED CENTER
1900 SEVEN RIVERS COMMUNITY HOSPITAL
1905 CITRUS MEMORIAL HOSPITAL
2000 ORANGE PARK MEDICAL CENTER
2146 NCH HEALTHCARE SYSTEM
2246 LAKE CITY MEDICAL CENTER
2306 HOMESTEAD HOSPITAL
2310 ANNE BATES LEACH EYE HOSPITAL
2349 HIALEAH HOSPITAL
2357 PAN AMERICAN HOSPITAL
2359 MIAMI CHILDRENS HOSPITAL
2361 SOUTH SHORE HOSP & MEDICAL CTR
2383 PALMETTO GENERAL HOSPITAL
2405 DESOTO MEMORIAL HOSPITAL
2605 BAPTIST MEDICAL CENTER BEACHES
2636 BAPTIST REG CANCER CENTER-JAX
2638 ST VINCENTS MEDICAL CENTER
2672 WOLFSON CHILDRENS HOSP NCC
2736 BAPTIST HOSPITAL OF PENSACOLA
2738 SACRED HEART HOSPITAL
2870 FLORIDA HOSPITAL - FLAGLER
3701 OAK HILL HOSPITAL
3705 BROOKSVILLE REGIONAL HOSPITAL
3715 SPRING HILL REGIONAL HOSPITAL
3836 FLORIDA HOSP HEARTLAND DIVISION
3903 BRANDON REGIONAL HOSPITAL
3906 TAMPA GENERAL HOSPITAL
3907 UNIVERSITY COMMUNITY HOSP-TAMPA
3937 ST JOSEPH HOSPITAL
3977 MEMORIAL HOSPITAL OF TAMPA
3978 TOWN AND COUNTRY HOSPITAL
3988 SOUTH BAY HOSPITAL
4105 INDIAN RIVER MEMORIAL HOSPITAL
4170 SEBASTIAN RIVER MEDICAL CENTER
4206 JACKSON HOSPITAL
4546 SOUTH LAKE HOSPITAL
4547 FLORIDA HOSPITAL WATERMAN
4601 CAPE CORAL HOSPITAL
4605 LEE MEMORIAL HEALTH SYSTEM
4645 GULF COAST HOSPITAL
4647 LEHIGH REGIONAL MEDICAL CENTER

4670 SOUTH WEST FL REGIONAL MED CTR
4770 TALLAHASSEE COMMUNITY HOSPITAL
5100 BLAKE MEDICAL CENTER
5105 MANATEE MEMORIAL HOSPITAL
5200 OCALA REGIONAL MEDICAL CENTER
5205 MUNROE REGIONAL MEDICAL CENTER
5346 MARTIN MEMORIAL MEDICAL CENTER
5406 LOWER KEYS MEDICAL CENTER
5446 FISHERMENS HOSPITAL
5471 MARINERS HOSPITAL
5505 BAPTIST MEDICAL CENTER NASSAU
5606 TWIN CITIES HOSPITAL
5607 NORTH OKALOOSA MEDICAL CENTER
5670 FORT WALTON BEACH MED CTR
5705 RAULERSON HOSPITAL
5806 HEALTH CENTRAL
5967 OSCEOLA REGIONAL MEDICAL CENTER
6001 COLUMBIA HOSPITAL
6003 DELRAY MEDICAL CENTER
6005 BETHESDA MEMORIAL HOSPITAL
6007 GLADES GENERAL HOSPITAL
6045 WEST BOCA MEDICAL CENTER
6047 GOOD SAMARITAN MEDICAL CENTER
6048 JFK MEDICAL CENTER
6069 PALMS WEST HOSPITAL
6070 PALM BEACH GARDENS MED CENTER
6074 JUPITER MEDICAL CENTER
6106 NORTH BAY HOSPITAL
6170 COMMUNITY HOSP-NEW PORT RICHEY
6171 PASCO COMMUNITY HOSPITAL
6201 NORTHSIDE HOSP HEART INSTITUTE
6203 EDWARD WHITE HOSPITAL
6205 HELEN ELLIS MEMORIAL HOSPITAL
6206 LARGO MEDICAL CENTER
6246 ALL CHILDRENS HOSPITAL
6249 MEASE DUNEDIN HOSPITAL
6252 SUN COAST HOSPITAL
6274 ST PETERSBURG GENERAL HOSPITAL
6305 LAKELAND REGIONAL MED CENTER
6446 PUTNAM COMMUNITY MEDICAL CTR
6570 FLAGLER HOSPITAL
6600 COLUMBIA LAWNWOOD REG MED CTR
6704 GULF BREEZE HOSPITAL
6707 SANTA ROSA MEDICAL CENTER
6805 SARASOTA MEMORIAL HOSPITAL
6810 ENGLEWOOD COMMUNITY HOSP
6846 BON SECOURS VENICE HEALTHCARE CORP
6870 DOCTORS HOSPITAL
6905 CENTRAL FLORIDA REGIONAL HOSPITAL
7405 BERT FISH MEDICAL CENTER
7406 HALIFAX HOSPITAL MEDICAL CENTER
7407 FLORIDA HOSPITAL DELAND
7446 FLORIDA HOSPITAL FISH MEMORIAL
7447 FLORIDA HOSPITAL - OCEANSIDE
7448 FLORIDA HOSPITAL - ORMOND MEMORIAL

A RESOLUTION RECOGNIZING SEPTEMBER 2003 AS “PROSTATE CANCER AWARENESS MONTH” IN FLORIDA

WHEREAS, Florida ranks second highest in the nation in the number of cases of prostate cancer diagnosed and deaths attributed to this disease, the most common type of cancer occurring among men in Florida, with an estimated 15,000 new cases having been diagnosed and 2,400 deaths recorded in the year 2002, and

WHEREAS, African American men, who have the highest prostate cancer death rate in the world, have a 47 percent higher incidence of the disease than white men and twice the mortality rate, and

WHEREAS, the five-year survival rate for patients whose cancers are diagnosed during the early stages is 100

percent; therefore, the American Cancer society recommends annual prostate screening beginning at age 45 for high-risk men such as African Americans and those with a family history of the disease and at age 50 for the rest of the male population, and

WHEREAS, the American Cancer Society strongly supports African American Men’s Health Summits, held in 16 major metropolitan areas of the state and designed to increase prostate cancer awareness and promote prostate screening among African American men in Florida; and Society’s Man-to-Man program is a further attempt to provide much-needed awareness, education, and support in connection with this all-too-

prevalent disease, NOW,
THEREFORE,

Be It Resolved by the House of Representatives of the State of Florida:

That the Florida House of Representatives recognizes the month of September, 2003 as “Prostate Cancer Awareness Month” in Florida and urges all men to become acquainted with the risks associated with prostate cancers, to take preventive steps to minimize those risks, and to consult their doctors about annual prostate cancer screening and compliance with the American Cancer Society’s recommended prostate cancer screening guidelines. ☒



Update on Collaborative Staging and Coding Manual

The Collaborative Stage Task Force is pleased to announce the availability of the following Collaborative Staging System information accessible from a link found on the main page of the American Joint Committee on Cancer Web site at <http://www.cancerstaging.org>

Release Announcement

Collaborative Staging and Coding Manual (www.cancerstaging.org) - electronic version available.

Schema-selection Algorithm (www.cancerstaging.org) - user chooses histology and site and algorithm points to correct schema to use for collaborative stage.

List of 94 Site-specific Schema (www.cancerstaging.org) - The first page of the schema lists all of the fields to be coded. There are then links to each of the individual fields which include the mapping to TNM and summary stages. Any extra tables necessary for the algorithm to calculate T,N,M or stage (AJCC, Summary Stage 1977, Summary Stage 2000) are also supplied.

Application Program Interface Documentation for Programmers and Vendors (www.cancerstaging.org)

Known Issues (www.cancerstaging.org) - Problems in the schemas have been uncovered as the schemas are tested. This provides a list of problems that are currently being fixed.

Implementation is on schedule for cases diagnosed and treated beginning January 1, 2004. This project is a collaborative effort involving the American College of Surgeons, Commission on Cancer, American Joint Committee on Cancer, Canadian Committee for Cancer Staging, Centers for Disease Control and Prevention National Program of Cancer Registries, National Cancer Institute’s Surveillance, Epidemiology, and End Results Program, National Cancer Registrars Association, and North American Association of Central Cancer Registries.

Collaborative Staging and Coding Manual - hard copies to be available from standard-setting organizations Fall 2003.

CALENDAR OF EVENTS

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FCDS INCIDENCE ABSTRACTING WORKSHOP

Dates: October 29 – 31, 2003
Location: DoubleTree Hotel – Coconut Grove, FL
Reg. Fee: \$100.00
Contact: Betty Fernandez/Bleu Heard (305) 243-4600

PRINCIPLES & PRACTICE OF CANCER REGISTRATION, SURVEILLANCE, AND CONTROL

Dates: November 10-14, 2003
Location: Emory University - Atlanta, GA

CANCER CASE ABSTRACTING, STAGING, AND CODING

Dates: November 17 – 21, 2003
Location: Emory University - Atlanta, GA

ADVANCED CANCER REGISTRY TRAINING PROGRAM

Dates: December 8 – 10, 2003
Location: Emory University - Atlanta, GA
Complete details on the Emory courses above are available on the training program website at <http://cancer.sph.emory.edu> or contact Steven Roffers, PA, CTR at (404) 727-4535.

HEAD & NECK CANCER TRAINING MODULE

This is a FREE web-based training module now available 24 hours, 7 days a week online at <http://www.training.seer.cancer.gov>

CTR EXAM INFORMATION

Dates: March 13-27, 2004 & September 11-25, 2004

The Certification Examination will be administered during two 2-week testing periods on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by LaserGrade Computer Testing Inc. For a list of testing sites and additional information call LaserGrade at (800) 211-2754.

EXAM APPLICATION FEES:

NCRA Members = \$200, All other candidates = \$275
Visit the NCRA website at: www.ncra-usa.org for additional information.

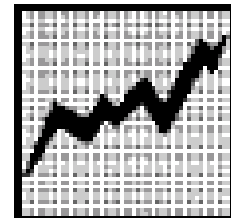
Download the following reports and lists from the FCDS website:

- Facility Alpha List*
- Quarterly Mortality Match*
- Monograph of Cancer In Florida †

*In order to obtain access to the Facility Alpha list and Quarterly Mortality Match the facility must complete the FCDS IDEA User Account Request Form and a Web-Based Report Access Authorization and Account Request Memo.

†Coming soon.

Completeness Report



As of
August 31, 2003

Calendar Year
2003 Admissions
1% Complete
17% Expected

Letter from Jill A. MacKinnon, Administrative Director of the Florida Cancer Data System to all FCRA members on the 25th Anniversary of the Florida Cancer Registrars Association:

July 16, 2003

Dear Florida Cancer Registrars Association Members:

On behalf of the Department of Health and the Florida Cancer Data System let me begin by congratulating you on celebrating your 25th anniversary. I say 'begin' because there are so many accomplishments for which you should be congratulated. Your contribution to the cancer surveillance and control efforts in Florida continues to be the cornerstone for the success of programs such as FCDS. Your dedication and professionalism is unparalleled.

Your commitment, credibility and effort are recognized not only at the State level but at the National level also. This was illustrated by the fact the FCDS was recently awarded gold certification by the North American Association of Central Cancer Registries. As you know the criteria for certification (completeness, timeliness and quality) does not come easily.


I have said many times before, the success of the FCDS is due to the partnership we have with the registry professionals in the State. This profession has the unique ability to continue to excel in spite of the ever-changing nature of the data requirements. For this, you should truly be congratulated.

I look forward to working with FCRA in the future and I hope to be around to celebrate your golden anniversary.

Best wishes and congratulations,



Jill A. MacKinnon, CTR
Administrative Director, FCDS



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

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Autumn begins...



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