

Division of Cancer Prevention and Control

Volume 26, 2005

# 2004 Jean Byers Award for Excellence in Cancer Registration

by Megsys Herna, CTR



In accordance with national standards for evaluating timeliness and completeness, FCDS is proudly awarding the 2004 Jean Byers Award for Excellence in Cancer Registration to over 100 Florida hospitals. In order for reporting facilities (excluding Freestanding Ambulatory Patient Care Centers and Pathology Labs) to receive the Jean Byers Award for Excellence in Cancer Registration for the 2002 cancer case admissions, they must meet the following criteria:

# 1. Timeliness- All deadlines met with respect to the 2002 cancer case admissions

- 2002 Annual Caseload Submission Deadline- June 30, 2003
- 2002 Death Certificate Notification Deadline- December 19, 2003
- 2002 AHCA Audit Deadline August 30, 2004
- No more than 5% (or 35 cases, whichever number is greater) of the 2002 cancer case admissions reported to FCDS within 2 months (60 days) following the June 30, 2003 deadline (late reporting of 2002 cancer case admissions)

## 2. Completeness- All cases reported to FCDS

• No more than 10% of the 2002 cancer case admissions reported to FCDS within 12 months following the June 30, 2003 reporting deadline. (Due to delinquent 2002 case reporting, missed cases found on Death

(Continued on page 2)



(Continued from page 1: 2004 Jean Byers Award for Excellence in Cancer Registration) Certificate Notification or missed cases found on AHCA Completeness Audit)

Following is a listing of Florida hospitals receiving the **2004 Jean Byers Award for Excellence in Cancer Registration:** 

ĽA	chence in Cancer Registration.	
	Facility Name	<u>Facility #</u>
4	ALL CHILDRENS HOSPITAL	6246
44	BAPTIST HOSPITAL OF PENSACOLA	2736
V.	BAPTIST MEDICAL CENTER BEACHES	2605
Ľ	BAPTIST MEDICAL CENTER NASSAU	5505
	BAPTIST REGIONAL CANCER CENTER-JAX	2636
	BAYFRONT MEDICAL CENTER	6248
	BERT FISH MEDICAL CENTER	7405
	BETHESDA MEMORIAL HOSPITAL	6005
	BOCA RATON COMMUNITY HOSPITAL	6046
	BRANDON REGIONAL HOSPITAL	3903
	BROWARD GENERAL MEDICAL CENTER	1605
	CAPE CANAVERAL HOSPITAL	1505
	CAPE CORAL HOSPITAL	4601
	CAPITAL REGIONAL MEDICAL CENTER	4770
	CHARLOTTE REGIONAL MEDICAL CENTER	1846
	CITRUS MEMORIAL HOSPITAL	1905
	Columbia hospital	6001
	COLUMBIA LAWNWOOD REGIONAL MED CTR	6600
	Community hosp of new port richey	6170
	CORAL SPRINGS MEDICAL CENTER	1645
	DESOTO MEMORIAL HOSPITAL	2405
	EDWARD WHITE HOSPITAL	6203
	ENGLEWOOD COMMUNITY HOSP	6810
	FLAGLER HOSPITAL	6570
	FLORIDA HOSPITAL DELAND	7407
	FLORIDA HOSPITAL HEARTLAND DIVISION	3836
	FLORIDA MEDICAL CENTER	1686
	Florida Hospital - Ormond Memorial	7448
1	FORT WALTON BEACH MED CTR	5670
р-	good samaritan medical center	6047
1	GULF BREEZE HOSPITAL	6704

	Facility Name	Facility #
4	GULF COAST MEDICAL CENTER	1300
da -	H LEE MOFFITT CANCER CENTER	3932
1	HALIFAX HOSPITAL MEDICAL CENTER	7406
1	HEALTH CENTRAL	5806
	HEART OF FLORIDA HOSPITAL	6347
	HELEN ELLIS MEMORIAL HOSPITAL	6205
	HIGHLANDS REGIONAL MEDICAL CENTER	3805
	HOLLYWOOD MEDICAL CENTER	1602
	HOLY CROSS HOSPITAL	1636
	IMPERIAL POINT MEDICAL CENTER	1609
	INDIAN RIVER MEMORIAL HOSPITAL	4105
	JACKSON HOSPITAL	4206
	JFK MEDICAL CENTER	6048
	JUPITER MEDICAL CENTER	6074
	KENDALL MEDICAL CENTER	2358
	KINDRED HOSPITAL CENTRAL-TAMPA	3947
	LAKE CITY MEDICAL CENTER	2246
	LAKELAND REGIONAL MEDICAL CENTER	6305
	LARGO MEDICAL CENTER	6206
	LEE MEMORIAL HEALTH SYSTEM	4605
	LEESBURG REGIONAL MEDICAL CENTER	4516
	MANATEE MEMORIAL HOSPITAL	5105
	MARINERS HOSPITAL	5471
	MARTIN MEMORIAL HOSPITAL SOUTH	5390
	MARTIN MEMORIAL MEDICAL CENTER	5346
	MD ANDERSON CANCER CENTER ORLANDO	5848
	MEASE COUNTRYSIDE HOSPITAL	6278
	Mease dunedin hospital	6249
	MEMORIAL HOSPITAL JACKSONVILLE	2648
	MEMORIAL HOSPITAL OF TAMPA	3977
1	MEMORIAL HOSPITAL PEMBROKE	1610
<u>k</u> –	MEMORIAL HOSPITAL WEST	1688
200 	MEMORIAL REGIONAL CANCER CENTER	1606
1		(Continued on page

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Facility Name	Facility #
MERCY HOSPITAL	2338
MIAMI CHILDRENS HOSPITAL	2359
MIAMI HEART INSTITUE	2350
MORTON PLANT HOSPITAL	6250
MUNROE REGIONAL MEDICAL CENTER	5205
N FLORIDA REGIONAL MEDICAL CENTER	1170
NCH HEALTHCARE SYSTEM	2146
NORTH BAY HOSPITAL	6106
NORTH BROWARD MEDICAL CENTER	1607
NORTH OKALOOSA MEDICAL CENTER	5607
NORTH SHORE MEDICAL CENTER	2353
NORTHSIDE HOSP HEART INSTITUTE	6201
NORTHWEST MEDICAL CENTER	1681
oak hill hospital	3701
ORANGE PARK MEDICAL CENTER	2000
orlando reg south seminole hosp	6910
ORLANDO REGIONAL LUCERNE HOSPITAL	5851
ORLANDO REGIONAL ST CLOUD HOSPITAL	5936
PALM BEACH GARDENS MEDICAL CENTER	6070
PALM SPRINGS GENERAL HOSPITAL	2356
PALMETTO GENERAL HOSPITAL	2383
PALMS WEST HOSPITAL	6069
PAN AMERICAN HOSPITAL	2357
PARRISH MEDICAL CENTER	1506
PASCO COMMUNITY HOSPITAL	6171
PLANTATION GENERAL HOSP	1676
PUTNAM COMMUNITY MEDICAL CTR	6446
RAULERSON HOSPITAL	5705
REGIONAL MED CENTER BAYONET POINT	6172
SACRED HEART HOSPITAL	2738
SANTA ROSA MEDICAL CENTER	6707
SARASOTA MEMORIAL HOSPITAL	6805

	Facility Name	<u>Facility #</u>
	SEBASTIAN RIVER MEDICAL CENTER	4170
1	SEVEN RIVERS COMMUNITY HOSPITAL	1900
ľ	Shands Alachua general hospital	1105
	Shands live oak	7105
	Shands starke	1405
	Shands University of Florida	1100
	South bay hospital	3988
	South Miami Hospital	2376
	South west fl regional medical ctr	4670
	st joseph hospital	3937
	st marys hospital	6036
	ST PETERSBURG GENERAL HOSPITAL	6274
	ST VINCENTS MEDICAL CENTER	2638
	sun coast hospital	6252
	TALLAHASSEE MEMORIAL HEALTHCARE	4705
	TOWN AND COUNTRY HOSPITAL	3978
	TWIN CITIES HOSPITAL	5606
	UNIVERSITY COMMUNITY HOSPITAL-TAMPA	3907
	UNIVERSITY COMMUNITY OF CARROLLWOOD	3973
	UNIVERSITY MEDICAL CENTER	1687
	WEST FLORIDA HOSPITAL	2700
	WESTCHESTER GENERAL HOSPITAL	2377
l) I	WESTSIDE REGIONAL MED CTR	1601
r	WOLFSON CHILDRENS HOSP NCC	2672

# JANUARY IS CERVICAL CANCER AWARENESS MONTH



Source: http://www.cdc.gov/omh/ Highlights/2004/HJan04.htm Each year, about 15,000 women in the United States learn that they have cancer of the cervix. Around the world, cervical cancer is often the most common type of cancer among women. Both incidence and mortality for invasive cervical cancer have declined about 40% since the early 1970s.

The highest age-adjusted incidence rate in the <u>Surveillance, Epidemiology, and</u> <u>End Results (SEER) areas</u> occurs among Vietnamese women (43 per 100,000). Their rate is 7.4 times the lowest incidence rate, 5.8 per 100,000 in Japanese women.

Incidence rates of 15 per 100,000 or higher also occur among Alaska Native, Korean, and Hispanic women.

Black women have the highest age-adjusted mortality rate from cervical cancer, and are followed by Hispanic women.

# Esophageal Cancer In Florida 1991-2001 **By Lydia Voti, MS**

#### The Esophagus

The esophagus is a muscular tube connecting the throat to the stomach, and it is part of the digestive tract. It starts below the epiglottis, ending in the upper portion of the stomach. It is usually between 10 and 13 inches long. The heart is directly behind the middle esophagus and the trachea is directly in front of it. The muscular nature of the esophagus allows for propelling food downward, using an array of nerves that coordinate the swallowing motion. The esophagus has an inner lining of "squamous" cells which are very resistant to abrasion and heat; these cells heal quickly when damaged.

#### Figure I Upper Digestive Tract<sup>1</sup>



#### **About Esophageal Cancer in General**

Usually, esophageal cancers start from the inner layer and grow outward. There are 2 main types of esophageal cancer: squamous cell carcinoma and adenocarcinoma. Squamous cell carcinomas form usually in the upper and middle part of the esophagus, while adenocarcinomas usually form in the lower part of the esophagus in the glandular cells that produce and release fluids. Squamous cell carcinomas are more common among African Americans, while adenocarcinomas are more common in whites.

The most common symptoms of esophageal cancer are: painful or difficult swallowing, weight loss, pain behind the breastbone, cough and hoarseness in the voice, indigestion, and heartburn.

## **Risk Factors**

As with most cancers, the risk of developing esophageal cancer increases with age. Esophageal cancer is more often diagnosed in males and in African Americans. Risk factors for esophageal cancer include: tobacco use, heavy alcohol use, and obesity. In addition, a condition known as Barrett's esophagitis is associated with an increased risk of esophageal cancer; in Barrett's esophagitis, the lower portion of the esophagus becomes infiltrated with glandular cells due to the prolonged escape of acid from the stomach back into the

esophagus (a.k.a. gastroesophageal reflux disease). Other causes of chronic irritation or damage to the lining of the esophagus can increase the risk of developing esophageal cancer as well.

For example, in South East Asia, the consumption of pickled vegetables and betel chewing, and in South America the consumption of scolding hot beverages such as mate are considered to be risk factors, with the malignancy being the outcome of chronic mucosal injury<sup>2</sup>.

# Florida and US trends

It is a relatively uncommon cancer in the US. The American Cancer Society estimated that during 2004 approximately 14,000 new esophageal cancer cases would be diagnosed in the US. <sup>1</sup>It is however the 6<sup>th</sup> most common cancer worldwide. The incidence varies a lot and it is highest in Western and South Central Asia<sup>2</sup>.

The incidence rates of esophageal cancer in Florida<sup>3</sup> are similar to those of the US, as reflected by the SEER rates<sup>4</sup>. A significant decrease in the incidence for non-Whites has been observed, in contrast to the incidence for Whites which has remained relatively stable over time (Figure II).



The esophageal cancer mortality rates are slightly lower than the incidence for the decade 1991-2001 but the trends are very similar, with the non-white rates declining over time both at the national and at the state level. The mortality rates for Whites have been stable for that period. (Figure III).





#### Description of patients and the tumors diagnosed in Florida

Over 10,000 cancers of the esophagus were diagnosed among Floridians between 1991 and 2001. The tumors were primarily classified as squamous cell carcinomas (40%), followed by adenocarcinomas (38.9%).

Table	т
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Morphologic Distribution of Esophageal Tumors	
Squamous cell carcinoma	40.0
Adenocarcinoma	38.9
Other	21.1
Total	100.0

The vast majority of the esophageal cancers in Florida reported between 1991-2001 were diagnosed in whites (85.8%) and in non-Hispanics (93.1%). Most of the esophageal cancer patient population was comprised of men (73%). The median age of the patients at diagnosis was 68.7 years. Forty four percent of the tumors presented at an unknown stage at diagnosis (44.2%), while the rest are almost equally divided among local, regional and distant stages (Figure IV). Almost half of the tumors were located at the lower third of the esophagus (41.6%). Table II shows the topographic distribution of the tumors. Approximately 67% of the adenocarcinomas were located at the lower third of the esophagus and 30% over 50% of the squamous cell carcinomas were in the middle and lower thirds of the esophagus.

Topography	%
Lower third of esophagus	41.6
Esophagus, NOS	25.2
Middle third of esophagus	17.1
Upper third of esophagus	6.5
Overlapping lesion of esophagus	3.2
Cervical esophagus	3.0
Thoracic esophagus	2.8
Abdominal esophagus	0.6

#### Table II



#### Treatment

Esophageal cancer is treatable disease with a good prognosis, especially if the disease is diagnosed at an early stage. However, standard non-invasive staging which involves computed tomography and endoscopic ultrasounds does not very accurately assess the depth of the tumor. As a result, one of the difficulties in treating esophageal cancer is the lack of preoperative staging. Alternative methods, such as fine needle aspiration, thoracoscopy, laparoscopy and positron emission to-mography are currently being tested for staging accuracy<sup>5</sup>.

The primary treatment includes surgery to remove the tumor and all or part of the esophagus, or chemotherapy followed by radiation therapy. A number of on-going clinical trials offering non-standard combinations of the previously mentioned treatment modalities or different chemotherapeutic agents are also open for patient participation. Information on these trials can be obtained by contacting the NCI Cancer Information Service at 1-800-4-CANCER, the NCI Cancer Trials web page at <u>http://www.cancer.gov/clinicaltrials</u> or the NIH clinical trials site at <u>http://clinicaltrials.gov</u>

<sup>1</sup> Source: American Cancer Society, http://www.cancer.org

<sup>2</sup> Source World Cancer Report, World Health Organization, International Agency for Research on Cancer, IARC press 2003

<sup>3</sup> Data source for the Florida incidence and mortality rates: Florida Cancer Data System

<sup>4</sup> Data source for the national incidence and mortality rates: Surveillance,

Epidemiology and End Results program (SEER), NCI

<sup>5</sup> Source: http://www.nic.nih.gov



CALENDAR OF EVENTS	UMSylvester Orgenesie Care Care
<ul> <li>A NCRA 31stst Annual Conference</li> <li>Explore the Gateway to Information, Education and all that Jazz Dates: April 10 – 13, 2005</li> <li>Location: Sheraton New Orleans, Louisiana Visit Website for additional information at: http://www.ncra-</li> </ul>	Register A joint project of the Sylvester Comprehensive Cancer and Center and the F lorida D epartment of Health University of Miami School of Medicine PO Box 016960 (D4-11) Miami, FL 33101 305-2434600
<ul> <li><i>usa.org/conference</i></li> <li>NAACCR 2005 Annual Meeting Dates: June 7-9, 2005</li> <li>Location: Cambridge, Massachusetts</li> <li>Vigit Website for additional information at: http://www.paaccr.org</li> </ul>	http://fcds.med.miami.edu Principle Investigator Edward J. Trapido, ScD Deputy Project Director
FCRA Annual Meeting Dates: July 26-27, 2004 Location: Marriott - West Palm Beach, Florida	Administrative Director Jill A. MacKinnon, CTR Editorial Staff FCDS Staff
<ul> <li>FCDS Annual Meeting —25<sup>th</sup> Anniversary Dates: July 28-29, 2004</li> <li>Location: Marriott - West Palm Beach, Florida</li> </ul>	Contributors Megsys C. Herna, CTR; Lydia Voti, MS Graphics Designer Bleu Thompson
Application Deadline: January 31, 2005 Testing Begins: March 5, 2005 Testing Ends: March 19, 2005	With Sincere
Application Deadline: July 31, 2005 Testing Begins: September 10, 2005 Testing Ends: September 24, 2005 Exam Application Fees:	Appreciation of Your Goodwill & Hard Work We Wish You a
<ul> <li>NCKA Members = \$200 US, All other candidates = \$275 US</li> <li>The Certification Examination will be administered during two 2-week testing periods on a daily basis, Monday through Saturday, excluding holidays, at <i>Laser-Grade Computer Testing Inc.'s</i> computer-based testing facilities managed by Professional Testing Corporation.</li> </ul>	New Year filled with Health, Happiness, and
For additional information visit the NCRA website at: www.ncra-usa.org	



Florida Cancer Data System Sylvester Comprehensive Cancer Center University of Miami School of Medicine PO Box 016960 (D4-11) Miami, FL 33101 66046E