

Register

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

Division of Cancer Prevention and Control

Volume 28, 2005



2005 NAACCR ANNUAL CONFERENCE
“A New Season for Cancer Surveillance”
Cambridge, Massachusetts
June 7th—9th, 2005

The North American Association of Central Cancer Registries annual conference for 2005 was hosted this year by the Massachusetts Cancer Registry. The conference was held at the Hyatt Regency in Cambridge, MA overlooking the Boston Skyline along the Charles River. Dates of the conference were June 7-9, in addition to pre and post conference courses. The theme for this year’s conference, “A New Season for Cancer Surveillance” represents new initiatives in cancer surveillance and research.

FCDS was well represented as four

abstracts were approved for presentation as part of the conference. The presentations using Florida’s data were: “**Cancer Rates & HIV Related Malignancies**”, presented by Brad Wohler; “**Cluster Response Inquiry System (CRIS): Developing a GIS Tool to Investigate Cancer Clusters**” presented by Gary Levin; “**The Association of Socioeconomic status and Late Stage Breast Cancer Clusters in Florida; A Geographic Analysis Using SATSCAN**”, presented by Jill MacKinnon. And last but not least “**The Final Frontier: Results of Naïve Bayesian Anti-spam Filters for Detection of Reportable Pathology Cases**”, presented by Mark Rudolph.

Following are the abstracts for these presenters:

CANCER RATES & HIV RELATED MALIGNANCIES
B. Wohler, S. Peace, J. Wilkinson, M. Alvarez, J. MacKinnon, L. Fleming, Florida Cancer Data System (FCDS), University of Miami, Miami, Florida, USA

Long term cancer risk for HIV+ / AIDS patients is not well-established, but in-

creased cumulative risk, as well as earlier age of incidence, for both HIV-related and unrelated cancers, may be associated with increased life expectancy in this population. Some investigators have predicted that up to 40% of people living with AIDS will develop some form of cancer in their lifetime.

In the 1980’s registries for both HIV and cancer worked collaboratively to share information in order to improve surveillance for both conditions and this collaboration was important in the identification and determination of incidence for AIDS related cancers. Later when HIV surveillance

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data became “super confidential”, this reciprocal data sharing came to an end. Cancer registries continued to provide data to HIV surveillance systems, but were unable to reliably identify whether incident cases were AIDS associated. In light of the increasing prevalence of persons living with HIV/AIDS due to decreased AIDS related mortality, the lack of data sharing between the respective surveillance systems has greater public health significance. HIV surveillance cannot independently determine emerging cancer trends among HIV positive people, and cancer surveillance lacks reliable data regarding positive or missed matches to any HIV cases.

This presentation will examine implications from the lack of communication through data analysis and propose new ideas for better communication. Perspectives from both the HIV surveillance and cancer registries perspectives will be presented.

CLUSTER RESPONSE INQUIRY SYSTEM (CRIS): DEVELOPING A GIS TOOL TO INVESTIGATE CANCER CLUSTERS *M Jeffe, L Voti, JA MacKinnon, Gary Levin, M Rudolph, L Fleming, Florida Cancer Data System (FCDS), University of Miami, Miami, FL USA*

The ability to rapidly assess cancer clusters represents an important responsibility of the health department, which is often contacted by private citizens or organizations regarding suspected cancer clusters. In order to perform these tasks in a timely and efficient manner, selected health official must have access to the appropriate tools and technology.

To meet this challenge, the Florida Cancer Data System (FCDS), University of Miami Department of Geography, and the Florida Department of Health (DOH) have created the Cluster Response Inquiry System (CRIS). CRIS provides selected users with the

ability to identify census tracts of interest and compute expected cancer cases at the tract level. It subsequently integrates them with other cluster analysis output as well as with relevant environmental and demographic data into a Geographic Information System (GIS).

This presentation provides an overview of this tool and its development in collaboration with the Florida DOH. Issues such as the geocoding accuracy of cancer records and the small numbers involved with certain cancer sites at finer geographic levels will be presented. The challenges of integrating GIS data with the FCDS database will be also discussed.



THE ASSOCIATION OF SOCIO-ECONOMIC STATUS AND LATE STAGE BREAST CANCER CLUSTERS IN FLORIDA; A GEOGRAPHIC ANALYSIS USING SATSCAN *JMacKinnon, M Rudolph, Florida Cancer Data system (FCDS), university of Miami, Miami, FL, USA*

Florida’s late stage incident breast cancer data from 1998 to 2002 and 2000 block group data from the Census Bureau were imported into the cluster detection software *SatScan* to identify areas of excess late stage breast cancer in the State of Florida. The different cluster groups were analyze to assess any differences among women with late stage breast cancer and socioeconomic status.

Methods: Approximately 15,000 women diagnosed with regional or distant stage breast cancer residing in approximately 6,000 block groups were imported into *SatScan*. From these data *SatScan* identified areas within Florida as ‘high’ clusters (areas with higher than expected cases) and ‘low’ clusters (areas with lower than expected cases). The block group cluster designations were appended to the base cancer and census

files for analysis at the patient level and at the geographic level. The Census block group median household income and ratio of income to poverty was used as the proxy SES indicator and tricotomized into severe poverty, working poverty and non-poverty.

Utilization of the results of the *SatScan* software to identify areas for targeted cancer control and intervention programs can be a very valuable tool for the public health professional. The ability to go below the county level, down to the neighborhood area, makes the use of ecologic data more plausible for targeted interventions.

THE FINAL FRONTIER: RESULTS OF NAIVE BAYESIAN ANTI-SPAM FILTERS FOR DETECTION OF REPORTABLE PATHOLOGY CASES, *M Rudolph, L Voti, M Alvarez, Florida Cancer Data System (FCDS), University of Miami, Miami, Florida, USA.*

FCDS has collected over 2.2 million electronic pathology (e-path) records from over 370 Florida pathology labs since 2002. Integrating e-path has posed significant technical challenges. In particular, NAACCR phrase filters resulted in too many false positives. Therefore, FCDS has been investigating Naive Bayesian Anti-spam filters for the detection of reportable pathology cases to more accurately and efficiently screen the high volume of pathology records for potential new cancer cases.

FCDS will demonstrate the final results of using Bayesian filters to identify the largest set of potential follow-back records without having to visually examine all records. Integrating Bayesian filters insures the completeness, accuracy, and validity of certain diagnoses, offers additional information for quality control purposes and increases the scope of path lab reporting above and beyond case finding. ☺

FCDS Gold Again!

Thanks to the diligent work of all the staff and administrators from all the reporting facilities in the State of Florida for their continued and diligent efforts in submitting complete, timely and quality data. And to all the FCDS staff members as well as the Florida Department of Health for their support in helping us achieve the NAACCR GOLD STANDARD once again this year.

Congratulations!

Florida Cancer Registry

NAACCR Registry Certification on Quality, Completeness & Timeliness of 2002 Data

Summary of Certification Measures					
Registry Element	Gold Standard	Silver Standard	Actual Measure*	Measurement Error Allowed	Standard Achieved
1. Completeness of case ascertainment	95%	90%	102.6%	1.0%	Gold
2. Completeness of information recorded					
< Missing/unknown "age at diagnosis"	<=2%	<=3%	0.0%	-0.4%	Gold
< Missing/unknown "sex"	<=2%	<=3%	0.0%	-0.4%	Gold
< Missing/unknown "race"	<=3%	<=5%	0.5%	-0.4%	Gold
< Missing/unknown "State/Province & county"	<=2%	<=3%	0.0%	-0.4%	Gold
3. Death certificate only cases	<=3%	<=5%	2.9%	-0.4%	Gold
4. Duplicate primary cases	<=1 per 1000	<=2 per 1000	0.0 per 1000	-0.4 per 1000	Gold
5. Passing EDITS	100%	97%	100.0%	Not applicable	Gold
6. Timeliness	Data submitted within 24 months of close of accession year.				Gold
Certification Status					Gold

* Measures are truncated to one decimal place. The measure for completeness of case ascertainment includes an adjustment for unresolved duplicates.



Steady increase in phishing attacks reported

As predicted by leading vendors and experts in information security, the number of phishing attacks is on the rise. Phishing is a method used to steal confidential information such as passwords, credit card numbers, and other personal financial information. Steadily innovative phishing techniques are being used by fraudsters to steal money and identities. As a reminder, you should never respond to e-mails that ask for personal information. Banks or other legitimate businesses will not e-mail you to ask that you verify personal information. Always check with the organization by phone.



HIPAA Security Awareness Reminder: Beware of e-mail hoaxes

At any given moment, there are thousands of e-mail hoaxes circulating on the Internet. E-mail hoaxes usually come in the form of chain letters containing false or misleading information. They play on the reader's emotions, prompting them to engage in a meaningless activity or compromise their personal information. Examples of e-mail hoaxes include:

- Prizes for taking surveys, dialing a certain phone number (#77), or forwarding e-mails to as many online users as possible.
- Fake virus alerts or fake security updates.
- Requests to sign e-mail petitions or to donate funds to a "worthy cause," such as the recent tsunami disaster.
- Fictitious warnings or news releases about the government, companies, institutions, or upcoming events.
- Promises of unlimited financial gain from making a specific investment, or joining a "get-rich-quick" scheme.

Some individuals create e-mail hoaxes just to see how far their message can get. Others have more sinister purposes, such as identity theft, fraud, and harvesting good e-mail addresses for spammers or hackers. If you receive what you suspect to be an e-mail chain letter, do not respond or forward to other users. Visit one of the following Web sites that track Internet hoaxes: www.datafellows.com/hoaxes/hoax_new.shtml; www.ifccfbi.gov/strategy/pressroom.asp; or www.ftc.gov/bcp/menu-internet.htm. Once you have confirmed the message is a hoax you should delete it immediately. ☺

Source: University of Miami

CALENDAR OF EVENTS

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FCRA ANNUAL MEETING

DATES: July 26-27, 2005
LOCATION: Marriott - West Palm Beach, FL
WEBSITE: www.fcra.org

FCDS ANNUAL MEETING - 25TH YEAR

DATES: July 28-29, 2005
LOCATION: Marriott - West Palm Beach, FL
WEBSITE: http://fcds.med.miami.edu

PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS

DATES: July 25-29, 2005 & December 5-9, 2005
LOCATION: Bolger Center for Leadership Development
 Potomac, Maryland
WEBSITE: http://seer.cancer.gov/training/oncology

2005 CTR EXAM INFORMATION

APPLICATION DEADLINE: July 31, 2005
TESTING BEGINS: September 10, 2005
TESTING ENDS: September 24, 2005
WEBSITE: www.ncra-usa.org
EXAM APPLICATION FEES: NCRA Members = \$200 US
 All other candidates = \$275 US

UMSylvester
Comprehensive Cancer Center

FCDS
Florida Cancer Data System

HEALTH
Florida Department of Health

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NAACCR Version 10.2 and the CS 01.02 Implementation

FCDS implemented the NAACCR Version 10.2 record layout and the Collaborative Staging 01.02 revisions on July 1st, 2005 in accordance with national standards. All cases regardless of the diagnosis date (including historical cases) submitted on or after July 1st, 2005 must be in the NAACCR Version 10.2 and must include the CS 01.02 changes.

FCDS converted the existing FCDS database to the new Version 10.2 record layout which included the revised Collaborative Stating (CS 01.02), as well as added and tested the new edit checks. FCDS continued to accept data through FCDS IDEA during the conversion.



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FCDS Celebrates 25th Year Anniversary