

Register

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Division of Cancer Prevention and Control

Volume 33, 2006

NAACCR 2006 Annual Conference

“Cancer Surveillance: A Harvest for Cancer Control”

Regina, Saskatchewan - June 10th-16th, 2006

By: Gary Levin, CTR



The North American Association of Central Cancer Registries annual conference for 2006 was hosted by the Saskatchewan Cancer Registry in Canada. The conference was held at the Delta Regina hotel in Regina Saskatchewan. This hotel is most famous for the fact that the Queen of England stayed here during her trip to Regina.

Regina is the capital of Saskatchewan and is the home of many beautiful parks and the legislature for the province. The premier park in Regina is Wascana Park. Wascana Park is the largest urban park in North America and is used primarily by residents for jogging, biking, walking, rollerblading, and rowing on the lake in a canoe. In addition, Regina is the home of the Royal Canadian Mounted Police Training Academy. Every RCMP officer is trained at this facility. They also offered a museum and tours of the facility.

FCDS was well represented at the conference as four abstracts were approved for presentation. The presentations using Florida’s data were: “**Does Best = Better? The Virtual Patient Record**”, presented by Brad Wohler; “**The Relationship of Community Level SES and Stage**

at Diagnosis of Colorectal Cancer in Florida” presented by Recinda Sherman; “**Regional Variations in Tobacco-Associated Cancer Trends**” prepared by David Lee and presented by Jill MacKinnon and “**The Role of the Distance to Radiation Therapy Facilities in the Treatment of Local Breast Cancer**” presented by Lydia Voti.

In addition, Gary Levin participated as faculty in the Post Conference Workshop “E-Reporting: More Than Just E-Path”. He presented information about the rationale and challenges encountered during Florida’s move toward electronic reporting.

The following are the abstracts for these presenters:

DOES BEST = BETTER? THE VIRTUAL BEST PATIENT RECORD

B Wohler, J MacKinnon, L Voti, G Levin, L Fleming: Florida Cancer Data Systems, University of Miami Miller School of Medicine, Miami, FL.

Creating the "best cancer record" can easily be compared to hitting a moving target. Each time a record comes into the central cancer registry and is successfully matched with an existing record; it potentially could change the

"virtual" record. The Florida Cancer Data System has divided the implementation of the "best" record into two phases; the first being the "best patient" and the second the "best tumor". Putting into practice the "best patient" phase of the best cancer record has several implications; one of the major benefits is the replacement of unknown with known data. On the other hand, substituting one demographic value for another could have a large consequence, particularly in small populations. Furthermore, data submitted from the hospital will not necessarily match data reported from the state registry, causing potential challenges for the hospital reports and their marketing staff; not to mention the quality control audits at

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the central registry level. Finally, with the implementation of the best patient record phase, cancer surveillance can be used to more accurately identify where resources are most needed. This presentation will present a brief methodology used in the creating the best patient record phase and emphasize the implications on the rates and counts.

THE RELATIONSHIP OF COMMUNITY LEVEL SES AND STAGE AT DIAGNOSIS OF COLORECTAL CANCER IN FLORIDA

R Sherman, L Voti, J MacKinnon, and L Fleming: Florida Cancer Data Systems, University of Miami Miller School of Medicine, Miami, FL.

Background: In Florida and the US, colorectal cancer (CRC) is the 4th most common cancer among men and women combined, following lung/bronchus, breast, and prostate cancers, respectively. CRCs comprise the 2nd most common cancer related death, following lung/bronchus deaths. Because prognosis is largely dependent upon stage of cancer at diagnosis, routine screening can reduce both the burden and mortality of CRC through early diagnosis and removal of precancerous polyps. Some of the largest differences in overall cancer survival among social classes occur in cancers with fairly good prognosis, such as CRC. Lower socioeconomic (SES) groups may have lower screening rates, leading to cases diagnosed at a later stage may partially explain poorer survival among lower SES groups.

Methods: This is an ecological, cross-sectional study examining the influence of SES on the stage at diagnosis of CRC in Florida. Incidence data from the cancer registry were combined with census demographic data and were aggregated to the block group level. Block groups were then aggregated into quintiles based on the level of SES.

Results: Sex-race/ethnicity-stage specific age-adjusted rates for block

groups of various SES levels were computed and compared using Rate Ratios. Limitations of the study and public health relevance of the results are discussed.

REGIONAL VARIATION IN TOBACCO-ASSOCIATED CANCER TRENDS

DJ Lee, L Voti, J MacKinnon, LG Koniaris, LE Fleming, Y Huang, B Wohler, D Franceschi: Florida Cancer Data System and Dept of Surgery, University of Miami Miller School of Medicine, Miami, FL; Florida Department of Health, Bureau of Epidemiology, Tallahassee, FL

Background: This study compares Florida cancer trends with 9 national Surveillance, Epidemiology, and End Results (SEER-9) registries.

Methods: Pooled, age-adjusted incidence rates and rate ratios were computed for each tobacco-associated cancer for 1999-2001 to compare Florida to SEER-9. Age adjusted cancer incidence trends were evaluated using join point regression analysis for years 1981-2001.

Results: For 1999-2001, black female and male Floridians had significantly lower rates of lung, bladder, and kidney cancer relative to SEER-9 black females and males. The opposite was evident for white female and male Floridians with significantly higher rates of lung, oral, and laryngeal cancer. Cause-specific incidence trends for 1981-2001 varied considerably in Florida relative to SEER-9. Lung cancer incidence rates remained largely unchanged for white female Floridians since 1992 while in SEER-9 a significant annual reduction in rates of 2.5% was noted for 1998-2001. Oral cancer incidence rates among white male Floridians have been flat since 1981; among SEER-9 white males, rates declined annually 1.4%.

Conclusion: Progress in the reduction of tobacco-associated cancers among white Floridians has lagged behind the progress noted in other regions of the US indicating that additional region-targeted public health measures focusing

on smoking prevention and smoking cessation are needed.

THE ROLE OF THE DISTANCE TO RADIATION THERAPY FACILITIES IN THE TREATMENT OF LOCAL BREAST CANCER

L Voti, L Richardson, I Reis, LE Fleming, J Mackinnon, JWW Coebergh: Florida Cancer Data System and Division of Biostatistics, University of Miami Miller School of Medicine, Miami FL; CDC, Atlanta GA; Department of Public Health, Erasmus Medical Center, The Netherlands

Background: Breast conserving surgery combined with radiation (BCSR), the recommended alternative treatment to mastectomy for local breast cancer, may not be used as widely as it could due to limited access to healthcare.

Methods: Local breast cancers reported to Florida's registry were linked to the Agency of Healthcare Administration inpatient and outpatient databases, to supplement the registry's treatment data, resulting in 18,903 cases treated with BCSR or mastectomy. The odds of receiving BCSR were modeled as a function of distance to the closest radiation therapy facility, adjusting for health insurance, age, race/ethnicity and marital status.

Results: Distance to the closest radiation therapy facility decreased the odds of BCSR by 3% per 5-mile increase. Compared to the uninsured, privately insured women were 49% more likely to receive BCSR and Medicare patients were 37% more likely. Each year increase in age at diagnosis reduced the odds of BCSR by 1%. Compared to white non-Hispanic, Hispanic women were 38% less likely to receive BCSR. Married women were 23% more likely to receive BCSR compared to singles.

Conclusions: Distance to radiation therapy facilities may negatively impact the likelihood of BCSR in Florida, even after adjusting for other factors. ❖

Florida Cancer Data System Annual Meeting – July 27-28, 2006 Embassy Suites Ft. Myers – Estero, FL



The 2006 Florida Cancer Data System annual conference was held in Florida's Gulf Coast at the newly built Embassy Suites in Ft. Myers/Estero on July 27th- 28th. The Ft. Myers/Estero area provided guests with several beaches within close distance to enjoy on their leisure time as well as the Miromar Outlet Center mall. Both FCRA and FCDS were the first groups to inaugurate the brand new hotel. The facilities and services were excellent throughout the conference.

We were very pleased with the attendance this year in excess of 100 participants!

Day 1 of our meeting commenced with a warm "Welcome and Introduction" from Dr's. Huang, Fleming and MacKinnon. After the welcome and introduction, Dr. MacKinnon's "State of the State" updated the participants of current issues at FCDS and thanking all of the facilities for their valuable contribution to Florida's Gold Certification Standard from NAACCR for the 4th consecutive year. (Included in each of the participants' packet was a copy of the NAACCR Gold Standard certificate for facilities to share with their staff and administrators.) This certificate of excellence is achieved thanks to the diligent and hard work of both the FCDS staff, all of Florida's reporting facilities and the support of the Florida Department of Health.

Presentations that followed were: "DOH Update" by Dr. Huang and Ms. Tara Hylton; "Colorectal Cancer & Socio-economic Status" by Recinda Sherman; "FCDS/FCRA Task force" by Gary Levin; "Supporting your Coded Data with Text Documentation" by Meg Herna and "NAACCR v11 Overview" by Gary Levin.

After a few updates on the FCDS' requirements, the next presentations offered valuable information on the use of the data, these were: "Tobacco Related Cancers" by Dr. David Lee; "Best patient Record" by Brad Wohler and last but not least, Dr. Lora Fleming's presentation on "Cancer Screening (?) in US Workers".

These presentations filled the first part of the morning with an abundance of updates and important information for all the participants.

Following the lunch break the meeting continued with Dr. Leonidas Koniaris presentation on "Cancer Treatment and High Volume Centers". Following, Mayra Alvarez' presented "Hands-on QC Review-What to look for" giving the audience an opportunity to review QC sample cases themselves.

The afternoon session continued with Jackie Buttons' "Union County's Whacky Rates"; Mark Rudolph's "Web Enhancements"; Mayra Alvarez' "Quality Control Feedback"; "Annual Report Overview" by Brad Wohler and the final presentation for the day by Dr. MacKinnon "Cancer Registrars Workforce Study" pointed out the need for recruitment in the cancer registry field.

After a full day of interesting and informative topics, FCDS invited all guests to join in for a relaxing, fun-filled reception sponsored by the Sylvester Comprehensive Cancer Center. Dr. Fleming's suggestion of karaoke for our reception added a little excitement to the evening. We had the opportunity to join in or enjoy everyone's talents, providing for a few moments of our own "American Idol" (without Simon's critic, thankfully)!

Day 2 was a full day of hands-on sessions presented by April Fritz of AFritz and Associates on "Multiple Primaries & Histology Coding Rules 2007".

Ms. Fritz went over the major changes with the Multiple Primary rules effective with the 2007 diagnosed cases. Topics included: "MP/H Rules 101", "New Data Fields", "Colon Cancer Rules", "Breast Cancer Rules", and "Head and Neck Rules". Exercises were provided for each of the sites.

Ms. Fritz wrapped up the meeting with questions at the end of the session. This presentation provided the participants with a great educational session that will help them with their 2007 cases.

We would like to extend our thanks and appreciation to all the presenters for their contribution in making our meeting a success! Special thanks to Dr. Huang, Ms. Tara Hylton, Dr. Fleming, Dr. Lee, Dr. Koniaris and Ms. April Fritz for taking the time from their busy schedules to participate and present

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(Continued from page 3: Florida Cancer Data System Annual Meeting)

such valuable information at our annual meeting.

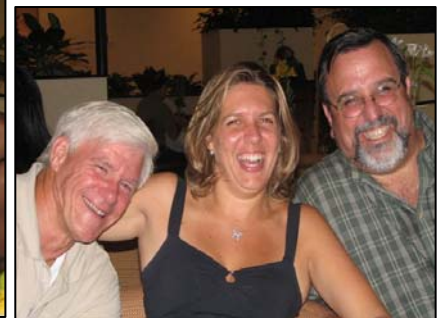
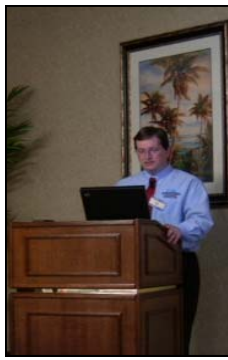
Thanks to all the participants who attended, we hope to see you again next year!

Below are some pictures of the FCDS staff and meeting participants at our conference and fun-filled reception sponsored by the Sylvester Comprehensive Cancer Center.

The Certificate of Attendance was provided in your packets, NCRA approved 13 CE hours (Program Recognition #: 2006-165).

For your convenience, some of the topics of the annual conference can be downloaded from our website: <http://fcds.med.miami.edu> (click on the "downloads" button on the left-hand side.) ❖

By: Betty Fernandez, Administrative Manager



Staff Updates:



As most of you know, Mae Whitehead accepted a position with the American Cancer Society. Mae was part of FCDS for 12 years she will be greatly missed by all her colleagues. Also, leaving FCDS is Sharonda Boone. Sharonda accepted another position within the University of Miami. We will miss both of them and extend our congratulations on their new positions.

Anne Auguste and Betty Hallo have taken over Mae's duties as Field Coordinator. September's Monthly Memo provided a list of the facilities that will be handled by either Betty or Anne. You can visit the FCDS webpage at: <http://fcds.med.miami.edu> to access the list.

New to FCDS are Jessica Osorio and Paulo Pinheiro. Jessica will be working in the Administrative division. Paulo will be working in the Statistical division of FCDS. Please join us in welcoming both Jessica and Paulo.

CALENDAR OF EVENTS

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PRESENTED BY NAACCR: HOSPITAL REGISTRARS AND CANCER REPORTERS WEBINARS

Eight Webinars – 4 hours each

Dates: October, 2006 – September, 2007
Contact: Shannon Vann, CTR
svann@naaccr.org or (315) 682-6543

PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS

Dates: December 4-8, 2006 – Reno, Nevada
Website: *http://www.afritz.org/*

NCRA's CTR EXAM PREP WORKSHOP

Dates: February 10-11, 2007
Location: Phoenix, AZ
Contact: *education@ncra-usa.org*



The FCRA/FCDS Task Force is actively working on many issues that all registrars are facing. If you have any questions, issues or suggestions that you would like the task force to review, please email them to *taskforce@fcra.org*.

The task force meets the first Thursday of every month. We will respond back to your inquiries as quickly as possible.

EASILY NETWORK WITH PEERS

NCRA's Special Interest Groups are now sharing information online via NCRA's SIG Listservs — the fastest way to stay in touch with the field. Just visit your interest and click "Join This Group" to start desktop networking.

CANCER PROGRAM MANAGERS, CENTRAL SIG, FEDERAL SIG, HOSPITAL SIG,
 NCI-DESIGNATED COMPREHENSIVE CANCER CENTERS, PEDIATRIC SIG, REGISTRY SERVICES SIG

For more information visit NCRA's website: *http://www.ncra-usa.org/*

Source: NCRA website



NATIONAL MAMMOGRAPHY DAY OCTOBER 20TH, 2006



OCTOBER IS NATIONAL BREAST CANCER AWARENESS MONTH

The third Friday in October each year is National Mammography Day. On this day, or throughout the month, we encourage women to make a mammography appointment.

To find a facility in your area, please call:
 American Cancer Society (800) 227-2345
 National Cancer Institute (800) 4-CANCER

Source: *http://www.nbcam.org*



NEW CONTENT OUTLINE FOR THE CTR EXAM

Implementation: Starting for 2007 CTR Exams

Based on the findings of the Job Task Analysis, NCRA's Council on Certification has reviewed the current examination content outline and made some adjustments to be implemented starting in 2007. No new categories or subjects have been added. Some categories have been combined and renamed, and a greater level of detail has been added.

For additional information visit:
www.ctrexam.org

Source NCRA website

COMPLETENESS REPORT - 2005 CASE REPORTING

Month	Complete	Expected
November 2005	23%	41%
December 2005	31%	50%
January 2006	39%	58%
February 2006	45%	66%
March 2006	56%	74%
April 2006	63%	83%
May 2006	75%	91%
June 2006	97%	100%
July 2006	98%	100%
August 2006	100%	100%

COMPLETENESS REPORT—2006 CASE REPORTING

Month	Complete	Expected
July 2006	2%	8%
August 2006	6%	31%

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Miller School of Medicine ♦ University of Miami
PO Box 016960 (D4-11) ♦ Miami, FL 33101
305-243-4600 ♦ <http://fcds.med.miami.edu>

Principle Investigator
Edward J. Trapido, ScD

Project Director
Lora Fleming, MD, PhD

Deputy Project Director
Jill A. MacKinnon, PhD, CTR

Administrative Director
Gary M. Levin, CTR

Editorial Staff
FCDS Staff

Contributors
Gary M. Levin, CTR; Betty Fernandez;
Megsys C. Herna, BA, CTR

Graphics Designer
Bleu Thompson

Collaborative Staging Version 01.03—FCDS Implementation Process

In response to questions and concerns raised by registrars about the FCDS implementation schedule of the recently released Collaborative Staging Version 01.03, we wanted to take a moment to clarify the FCDS implementation process. The changes to Collaborative Stage version 01.03 include the following:

1. Clarification of existing notes and definitions.
2. Addition of new codes to the following two schemas
 - a. Liver and Intrahepatic Bile Ducts (C220-C221) - added Code 62 ((63)+(65)) to CS Extension
 - b. Ethmoid Sinus (C311) - added Code 62 (Base of skull, NOS), 63 (Cribriform plate) and 64 (Medial wall or floor of orbit; orbital plate)
3. Required review of:
 - a. Ethmoid Sinus (C311) - due to additional codes added.
 - b. Other Lip (C002, C005, C008-C009) – due to a mapping change in SS1977 and SS2000 comparing previously code CS Lymph Nodes 12 that should be coded to 10 when involvement of the parotid lymph node is noted. When these nodes are involved it will be mapped to RN instead of D.



Effective October 2nd, 2006, FCDS will be accepting both Version 01.02 and 01.03. We recommend that all cases that include the Liver/Intrahepatic Bile Ducts and Ethmoid Sinus be set aside until your updated software has been installed. At that time please code the appropriate fields and submit the abstracts to FCDS. All other abstracts can be submitted as usual.