Cancers of the colon and rectum (CRC) are the 4th most common cancers among Floridians, after lung, breast, and prostate (2003 age-adjusted incidence rate of 46.6 per 100,000), and the 2nd most common cause of death due to cancer, after lung (2003 age-adjusted mortality rate of 15.5 deaths per 100,000). Due to both high incidence and high mortality, CRC is a public health priority. Because the exact cause of CRC is unknown, screening and early detection are the most important factors for survival. 1, 2 Early detection, identifying a cancer in the earliest, most treatable stage, through routine screening is the most effective method for reducing the public health burden of CRC. Hence, characterization and identification of populations needing enhanced screening efforts is important. This study examined the relationship between community-level poverty and the stage at diagnosis of CRC in Florida.

CRC incidence data were obtained from Florida’s statewide cancer registry. Individual CRC data were linked, using place of residence at diagnosis, with the area-based poverty data from the US 2000 Census. The block group data were then combined by poverty level for analysis. Because the rate of total invasive colorectal cancer varied by poverty level, the rate (Continued on page 2)
ratio of the incidence late to early (L:E) stage diagnoses was examined rather than the rate of late stage CRC alone.

With the exception of rural residents, consistent patterns were found of increasing rate ratios of L:E stage CRC for Whites and Non-Hispanic Whites with increasing poverty. The two poorest groups had higher rate ratios of L:E stage, indicating an elevated risk of late stage diagnosis in Florida’s indigent communities. The differences in rate ratios were greatest for urban residents and men. Additional analysis aimed at eliminating potential residual confounding caused by the amplified effects of poverty due to race showed similar patterns among Blacks as seen among Whites and Non-Hispanic Whites. Yet even after adjusting for the higher percentage of Hispanics living in poverty than Non-Hispanic Whites, the Hispanic data did not reveal a relationship between poverty and risk of late stage CRC. The data for rural residents also did not show any potential relationship.

Contrary to previously published studies which indicate rural residents are at increased risk of late stage diagnosis, this study found that rural residents had a similar ratio of L:E stage at diagnosis for CRC compared to urban residents. Numerous studies have focused on distance from services and quality of services as a cause of the increased late stage diagnoses and decreased survival in rural areas. Long or difficult distances to services or a shortage of providers are significant risk factors for late stage CRC cancer. These issues may not be as pertinent for such a densely populated state as Florida. Indeed, these results are consistent with a recent study in another highly populous state, California.

Although this study was consistent with prior research indicating Hispanics are at a greater risk of late stage CRC, a relationship between community poverty and stage at diagnosis for CRC for Hispanics was not seen. Grouping together the diverse ethnic group of Hispanics in Florida may have limited utility for understanding the population.

This study suggests that increased community-level poverty is correlated with a marginal increased risk of late stage CRC diagnosis in Florida, with the exception of rural residents and Hispanics. This study confirmed previous findings from published studies conducted in the Europe and the United States. Although the increased risk is small, this is a potentially important result. Due to a number of factors, including income heterogeneity of a population and temporal change, area-based measures of poverty tend to underestimate associations. And even small increases in risk can result in a large number of excess cases in a population for common diseases, such as CRC. While all groups would benefit from increased screening, poor urban communities may potentially benefit the most.

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(Continued from page 1: Relationship of Community Level Socioeconomic Status on Stage at Diagnosis of Colorectal Cancer)
2004 Cancer Case Admissions Criteria

1. Timeliness- All deadlines met with respect to the 2004 cancer case admissions
   - 2004 Annual Caseload Submission Deadline- June 30, 2005
   - 2004 Death Certificate Notification Deadline- August 18, 2006
   - 2004 AHCA Audit Deadline—February 28, 2006
   - No more than 5% (or 35 cases, whichever number is greater) of the 2004 cancer case admissions reported to FCDS within 2 months (60 days) following the June 30, 2005 deadline (Late reporting of 2004 cancer case admissions)

2. Completeness- All cases reported to FCDS
   - No more than 10% of the 2004 cancer case admissions reported to FCDS within 12 months following the June 30, 2005 reporting deadline. (Due to delinquent 2004 case reporting, missed cases found on Death Certificate Notification or missed cases found on AHCA Completeness Audit)

Facility #  Facility Name
1100  Shands University of Florida
1105  Shands Alachua General Hospital
1300  Gulf Coast Medical Center
1506  Parrish Medical Center
1508  Palm Bay Community Hospital
1601  Westside Regional Med Center
1602  Hollywood Medical Center
1606  Memorial Regional Cancer Center
1609  Imperial Point Medical Center
1610  Memorial Hospital Pembroke
1636  Holy Cross Hospital
1645  Coral Springs Medical Center
1681  Northwest Medical Center
1686  Florida Medical Center
1687  University Medical Center
1688  Memorial Hospital West
1800  Fawcett Memorial Hospital
1836  Peace River Regional Medical Center
1846  Charlotte Regional Medical Center
1900  Seven Rivers Regional Medical Center
1905  Citrus Memorial Hospital
2000  Orange Park Medical Center

Facility #  Facility Name
2146  NCH Healthcare System
2338  Mercy Hospital
2349  Hialeah Hospital
2356  Palm Springs General Hospital
2359  Miami Children’s Hospital
2374  Parkway Regional Medical Center - East
2383  Palmetto General Hospital
2405  Desoto Memorial Hospital
2605  Baptist Medical Center Beaches
2638  St Vincent’s Medical Center
2648  Memorial Hospital Jacksonville
2672  Wolfson Children’s Hospital NCC
2700  West Florida Hospital
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
3805  Highlands Regional Medical Center
3836  Florida Hospital Heartland Division
3890  Florida Hospital Lake Placid

(Continued on page 4)
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**Congratulations to the September 2006 CTR Recipients for the state of Florida**

- Judith M. Bass
- Teresa Braun
- Eva L. Caraway
- Ofelia Fernandez
- Shirlana Gabriel
- Pedro Gonzalez
- Lauren C. Jones
- Stephanie T. Khawly
- Manuel F. Marte
- Carol A. Muir
- Lillian Sheldon-Reece
- Michael K. Tammany
The North American Association of Central Cancer Registries was established in 1987 as an umbrella organization of all interested in the development and application of cancer registration. The "Central" of the North American Association of Central Cancer Registries (NAACCR) refers to population-based registries. There are four membership categories: full, sponsor, sustaining and individual.

NAACCR is comprised of an elected Board of Directors, Administrative staff, an IRB and various committees. NAACCR has 12 Standing Committees: Bylaws, Communications, Data Evaluation and Certification (DEC), Data Use and Research (DUR) Committee, Education, Institutional Review Board (IRB), Information and Technology (IT), Nominating, Program, Registry Operations (ROC), Cancer Registration Steering Committee (CRSC) and Uniform Data Standards (UDS). The Ad-Hoc Committees are Geographic Information Systems (GIS) and Scientific Editorial Board (SEB). FCDS has several staff members represented in most of NAACCR’s Committees.

NAACCR’s Mission Statement is: "A professional organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries; and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America.”

NAACCR is also involved in major activities, such as, establishing standards which include definitions, codes, data exchange procedures, publication, and quality assessment, training and education of registry staff, certify registries, evaluate and publish data, and promote use of registry data.

The certification activities of NAACCR evaluate a central registries completeness, timeliness and quality. The criteria are completeness of key data elements, percent of Death Certificate Only (DCO) cases, rate of duplicate cases, passing EDITS, and Timeliness. The certification level of recognition is a gold or silver status. The Florida Cancer Data System has been recognized with the gold certification, thanks to the many registrars and FCDS staff that have made this happen.

Florida registrars’ comprehensive knowledge of cancer diagnoses, treatment, and information management coupled with their clinical, technical knowledge and skills necessary to abstract reportable benign and cancer cases, allow patient’s health record to be converted into uniform data. As a result, the data are used in multiple publications such as: Bureau of Epidemiology Florida Department of Health & FCDS Annual Report and NAACCR CINA: Cancer in North America. The data are also used in the Annual Report to the Nation which provides an update on the trends in cancer death rates in the United States and presents new information about trends in cancer incidence rates (new cases reported). The National Cancer Institute (NCI), provides a link to this report: [http://www.cancer.gov/cancertopics/factsheet/1997-annual-report-colorectal](http://www.cancer.gov/cancertopics/factsheet/1997-annual-report-colorectal). Furthermore, the data is used in the ACS Cancer Facts & Figures, Special analyses/monographs/manuscripts, data linkage studies, and other research studies.

What do NAACCR and FCDS share? Both organizations share the common goals of collecting complete, high-quality data in an effort to make a difference in the fight against cancer. For more information on NAACCR, please go to their website at: www.naaccr.org

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This Fall, Florida’s cancer registrars, staff of the Department of Health (DOH) and staff at the FCDS offices at the University of Miami Miller School of Medicine were once again honored for the quality of the statewide cancer registry.

At the Statewide Epidemiology Meeting in October, the FCDS received the Golden Partnership Award, which is given for ‘Outstanding Accomplishments in the Field of Epidemiology’. In December, FCDS received the DOH Special Recognition Award at the Department of Health’s Quality Management Showcase. Needless to say, these are both wonderful recognitions and we are very proud to have received them. The partnership in Florida has proven time and time again to be the reason for the success of Florida’s cancer surveillance efforts.

On behalf of Dr. Youjie Huang, Dr. Lora Fleming, Ms. Tara Hylton and all of the FCDS staff, I thank you for your continued support of the cancer prevention and control efforts in Florida and through your dedication and professionalism, making the FCDS one of the finest statewide registries in the nation.

_Jill A. MacKinnon, PhD, CTR_
CALENDAR OF EVENTS

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

NAACCR CTR EXAM READINESS WEBINAR SERIES BY FCDS
Six Webinars—2.5 hours each
Contact: Megsys Herna at 305-243-2625 or mherna@med.miami.edu

NCRA’S CTR EXAM PREP WORKSHOP
Dates: February 10-11, 2007
Location: Phoenix, AZ
Contact: education@ncra-usa.org

CTR EXAM INFORMATION
Application Deadline: January 31, 2007
Testing Ends: March 17, 2007
Website: www.ncra-usa.org

NCRA ANNUAL CONFERENCE
Dates: April 22—25, 2007 – Las Vegas, Nevada
Website: www.ncra-usa.org

COMPLETENESS REPORT—2006 CASE REPORTING

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