

Register

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Relationship of Community Level Socioeconomic Status on Stage at Diagnosis of Colorectal Cancer

By Recinda L. Sherman, MPH, CTR

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-level 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

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Rewrite of Chapter 64D-3, Florida Administrative Code (F.A.C)

The Florida Department of Health has announced the completion of the rewrite of Chapter 64D-3, Florida Administrative Code, which governs disease reporting. The updated version of Chapter 64D-3 became effective November 20, 2006. Florida's specific rule for cancer case reporting to FCDS is Rule 64D-3.034. The updated version of Chapter 64D-3 is available on the Bureau of Epidemiology website http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm or you may log onto the FCDS website <http://fcds.med.miami.edu/> under Law and Rules for the complete document.

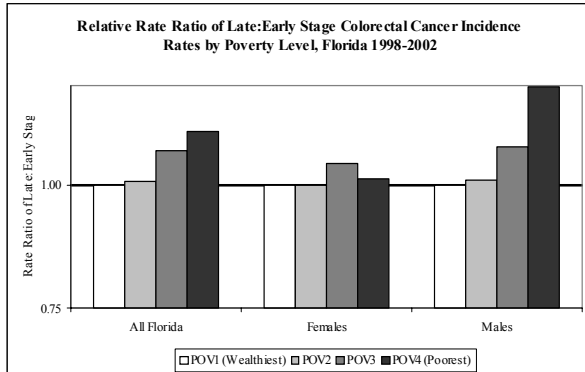
Please contact Megsys Herna, BA, CTR, Data Acquisition, Quality Control & Education Manager, at 305-243-2625 or mhernam@med.miami.edu should you have any questions.

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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.



* Denotes statistical significance at .05 level, poverty 4 (Highest) is reference group for Relative Rate Ratios

Contrary to previously published studies which indicate rural residents are at increased risk of late stage diagnosis,³ 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.^{3,4} Long or difficult distances to services or a shortage of providers are significant risk factors for late stage CRC cancer.⁵ 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.⁶

Although this study was consistent with prior research indicating Hispanics are at a greater risk of late stage CRC,⁷ 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.^{8,9,10,11} 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.¹² 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.

1. Saddler DA and Ellis C. Colorectal Cancer. *Seminars in Oncology Nursing* 1999;15(1):58-69.
2. American Cancer Society. *Cancer Facts and Figures Special Edition 2005*. Atlanta, Ga: American Cancer Society, Inc.; 2005.
3. Ionescu MV, Carey F, Tait IS, Steele JJC. Socioeconomic Status and Stage at Presentation of Colorectal Cancer. *Lancet* 1998;9138(352):1439.
4. Shipp MPL, Desmon R, Accortt N, et al. Population-based Study of the Geographic Variation in Colon Cancer Incidence in Alabama: Relationship to Socioeconomic Status Indicators and Physician Density *Southern Medical Association* 2005;98(1):1076-1082.
5. Yeomans Kinney A, and Harrel J, Slattery M et al. Rural-Urban Differences in Colon Cancer Risk in Blacks and Whites: The North Carolina Colon Cancer Study *The Journal of Rural Health* 2006;22(2):124-130.
6. Parikh-Patel A, Bates JH, and Campleman S. Colorectal Cancer Stage at Diagnosis By Socioeconomic and Urban/Rural Status in California, 1998-2000 (Supplement) *Cancer* early view, published online in advance of print 11 Jul 2006.
7. Stefanidis D, Pollock BH, Miranda J, et al. Colorectal Cancer in Hispanics: A Population at Risk for Earlier Onset, Advanced Disease, and Decreased Survival *American Journal of Clinical Oncology* 2006;29(2):123-126.
8. Mandelblatt J, Andrews H, Kao R, et al. The Late-Stage Diagnosis of Colorectal Cancer: Demographic and Socioeconomic Factors. *American Journal of Public Health* 1996;86(12):1794-1797.
9. Campbell NC, Elliott AM, Sharp L, et al. Rural and Urban Differences in Stage at Diagnosis of Colorectal and Lung cancers. *British Journal of Cancer* 2001; 84(7):910-914.
10. Wu X, Cokkinides V, Chen VW, et al. Associations of Subsite-specific Colorectal Cancer Incidence Rates and Stage of Disease at Diagnosis with County-Level Poverty, by Race and Sex. *Cancer (Supplement)* early view, published on line 26 June 2006.
11. Schwartz KL, Crossley-May H, Vigneau FD, et al. Race, Socioeconomic Status and Stage at Diagnosis for Five Common Malignancies *Cancer Caupoverity and Control* 2003;14:761-766.
12. Krieger N, Williams DR, Moss NE. Measuring Social Class in Public Health Research: Concepts, Methodologies, and Guidelines *Annual Review of Public Health* 1997;18:341-378.

2006 Jean Byers Memorial Award for Excellence in Cancer Registration

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)



Congratulations!

Facility #	Facility Name	Facility #	Facility Name
1100	Shands University of Florida	2146	NCH Healthcare System
1105	Shands Alachua General Hospital	2338	Mercy Hospital
1300	Gulf Coast Medical Center	2349	Hialeah Hospital
1506	Parrish Medical Center	2356	Palm Springs General Hospital
1508	Palm Bay Community Hospital	2359	Miami Children's Hospital
1601	Westside Regional Med Center	2374	Parkway Regional Medical Center - East
1602	Hollywood Medical Center	2383	Palmetto General Hospital
1606	Memorial Regional Cancer Center	2405	Desoto Memorial Hospital
1609	Imperial Point Medical Center	2605	Baptist Medical Center Beaches
1610	Memorial Hospital Pembroke	2638	St Vincent's Medical Center
1636	Holy Cross Hospital	2648	Memorial Hospital Jacksonville
1645	Coral Springs Medical Center	2672	Wolfson Children's Hospital NCC
1681	Northwest Medical Center	2700	West Florida Hospital
1686	Florida Medical Center	2736	Baptist Hospital of Pensacola
1687	University Medical Center	2738	Sacred Heart Hospital
1688	Memorial Hospital West	2870	Florida Hospital - Flagler
1800	Fawcett Memorial Hospital	3701	Oak Hill Hospital
1836	Peace River Regional Medical Center	3705	Brooksville Regional Hospital
1846	Charlotte Regional Medical Center	3715	Spring Hill Regional Hospital
1900	Seven Rivers Regional Medical Center	3805	Highlands Regional Medical Center
1905	Citrus Memorial Hospital	3836	Florida Hospital Heartland Division
2000	Orange Park Medical Center	3890	Florida Hospital Lake Placid

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Facility #	Facility Name	Facility #	Facility Name
3903	Brandon Regional Hospital	6007	Glades General Hospital
3907	University Community Hospital-Tampa	6036	St Mary's Medical Center
3947	Kindred Hospital Central Tampa	6045	West Boca Medical Center
3977	Memorial Hospital of Tampa	6047	Good Samaritan Medical Center
3978	Town And Country Hospital	6048	JFK Medical Center
3988	South Bay Hospital	6069	Palms West Hospital
4105	Indian River Memorial Hospital	6070	Palm Beach Gardens Medical Center
4170	Sebastian River Medical Center	6171	Pasco Community Hospital
4206	Jackson Hospital	6201	Northside Hosp Heart Institute
4516	Leesburg Regional Medical Center	6203	Edward White Hospital
4546	South Lake Hospital	6205	Helen Ellis Memorial Hospital
4547	Florida Hospital Waterman	6246	All Children's Hospital
4590	Leesburg Regional Medical Center North	6248	Bayfront Medical Center
4601	Cape Coral Hospital	6249	Mease Dunedin Hospital
4605	Lee Memorial Health System	6251	St Anthony Hospital
4690	Lee Memorial Hospital Healthpark	6252	Sun Coast Hospital
4705	Tallahassee Memorial Healthcare	6273	Palms of Pasadena Hospital
5100	Blake Medical Center	6274	St Petersburg General Hospital
5200	Ocala Regional Medical Center	6305	Lakeland Regional Medical Center
5202	West Marion Community Hospital	6347	Heart of Florida Hospital
5205	Munroe Regional Medical Center	6446	Putnam Community Medical Center
5390	Martin Memorial Hospital South	6570	Flagler Hospital
5505	Baptist Medical Center Nassau	6600	Columbia Lawnwood Regional Med Center
5606	Twin Cities Hospital	6707	Santa Rosa Medical Center
5607	North Okaloosa Medical Center	6805	Sarasota Memorial Hospital
5670	Fort Walton Beach Med Center	6810	Englewood Community Hosp
5705	Raulerson Hospital	6870	Doctors Hospital
5836	Florida Hospital Cancer Inst South	6936	Florida Hospital Altamonte
5850	Winter Park Memorial Hospital	7005	Villages Regional Hospital
6001	Columbia Hospital	7105	Shands Live Oak
6003	Delray Medical Center	7205	Doctors Memorial Hospital
6005	Bethesda Memorial Hospital	7406	Halifax Hospital Medical Center

Congratulations to the September 2006 CTR Recipients for the state of Florida



Judith M. Bass • *Lauren C. Jones*
Teresa Braun • *Stephanie T. Khawly*
Eva L. Caraway • *Manuel F. Marte*
Ofelia Fernandez • *Carol A. Muir*
Shirlana Gabriel • *Lillian Sheldon-Reece*
Pedro Gonzalez • *Michael K. Tammany*



What is NAACCR?

Mayra Alvarez, RHIT, CTR

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>. 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.naacr.org

FCDS is Honored Once Again



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

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

Dates: January, 2007—March, 2007
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 Begins: March 3, 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

Month	Complete	Expected
July 2006	2%	8%
August 2006	6%	17%
September 2006	15%	25%
October 2006	20%	33%

UMSylvester

FCDS Florida Cancer Data System

FLORIDA DEPARTMENT OF HEALTH

Register

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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
 Recinda Sherman, MPH, CTR; Megsys Herna, BA, CTR; Mayra Alvarez, RHIT, CTR; Jill MacKinnon, PhD, CTR

Graphics Designer
 Bleu Thompson



FCDS Florida Cancer Data System

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FLORIDA CANCER DATA SYSTEM
 SYLVESTER COMPREHENSIVE CANCER CENTER
 MILLER SCHOOL OF MEDICINE UNIVERSITY OF MIAMI
 PO Box 016960 (D4-11) • MIAMI, FL 33101

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