

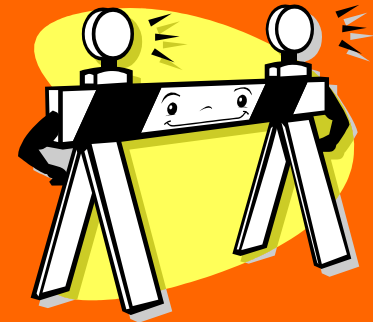
Register

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

Division of Cancer Prevention and Control

Volume 36 – July, 2007

NAACCR Annual Conference
“Cancer Knows No Borders”
20th Year Anniversary
Detroit, Michigan - June 4 – 8, 2007
By Recinda Sherman, MPH, CTR



The North American Association of Central Cancer Registries (NAACCR) annual conference for 2007 was hosted by the Metropolitan Detroit Cancer Registry in Detroit, Michigan. This year’s theme was “Cancer Knows No Borders”, which was underscored by the conference hotel location that overlooked the Detroit International Riverfront and Windsor, Canada. Plenary highlights included a focus on the application of geography in cancer research, quality of cancer care, and interoperability standards in cancer registration.

Florida was well represented with five oral presentations:

“*Second Neoplasm’s in 3-Yr Survivors of Childhood Cancer*”, presented by Dr. Paulo Pinheiro; “*Enhancing Incidence Registries with Passive End-Results Reporting*”, presented by Dr. Jill MacKinnon; “*Reported Screening of US Workers for Skin Cancer*”, presented by Dr. Lora Fleming; “*Geographic Clusters of Oral Cancers*” and “*State of GIS Activities*”

Among NAACCR Member Registries”, both presented by Recinda Sherman (please see abstracts below).

The Florida registry also received the certificate indicating NAACCR Gold Certification for Data Quality and Completeness, and Recinda Sherman received a NAACCR Merit Award based on extent of involvement in NAACCR activities.

NAACCR also celebrated its 20th Anniversary at this year’s conference and highlights included acknowledgement of Dr. Jill MacKinnon’s involvement in the organization since its inception and an historical slideshow of past annual conferences. As usual, it was a wonderful time for the Florida attendees to place names

(Continued on page 2)



Inside this Issue:

NAACCR Annual Conference	1-3
Completeness Report	3
Gold Certification	4
Calendar of Events	5
Death Cert Follow-Back	5
HIPAA Security Update	6

with faces, make friends from colleagues, and benefit from sharing the group expertise in our field.

Below are the Abstracts presented by FCDS:

SECOND NEOPLASMS IN 3-YR SURVIVORS OF CHILDHOOD CANCER

P Pinheiro, J Wilkinson, J Button, B Wohler Torres, J MacKinnon, D Lee, N Stein, LE Fleming; FCDS, Miami, FL

Background: Second malignant neoplasms (SMN) occur after a primary diagnosis of cancer in children with increasing incidence as a result of improved survival rates. We identified the major sites of primary neoplasms and SMNs and classified them according to therapy undertaken (radiotherapy, chemotherapy, neither, both).

Materials: Cases of multiple malignancies from the Florida Cancer Data System (FCDS) in individuals with a first cancer diagnosed before age 20 and between 1981-2000 who survived at least three years.

Results: Despite a relatively low incidence of SMN, more than 220 individuals were identified. *The highest proportion of first cancers occurred for: Hodgkin's disease, Brain tumors and Acute Lymphocytic Leukemia.* The most common SMN sites included: Thyroid cancer with 17% of the SMN count and Acute Myeloid Leukemia (AML), Brain Cancer and Breast Cancer with 10% each.

Conclusions: As in other population-based registries, thyroid and breast cancers tended to follow Hodgkin's disease, while AML was more frequent after chemo and/or radiotherapy treatments for a variety of primary cancers. The proportion of "secondary" AML is increasing. Given the low survival for AML, it is very important that the treatment protocol for first neoplasms, particularly in children, should take into account the risk of development of a second, potentially more fatal, tumor.

ENHANCING INCIDENCE REGISTRIES WITH PASSIVE END-RESULTS REPORTING

JA MacKinnon, S Manson, M Alvarez, Florida Cancer Data System, University of Miami Miller School of Medicine, Miami, Florida

Background: With the inclusion of hospital discharge data, incidence registries funded by State Departments of Health and the CDC NPCR program can enhance population-based, statewide incident data and begin to simulate an end-results system. Hospital discharge

data have long been used for case finding and quality control purposes. However, expanding the utilization of these data will allow for inclusion of longitudinal treatment data beyond first course and inclusion of co-morbid conditions.

Methods: Using probabilistic matching algorithms, data from state hospital discharge databases (both inpatient and outpatient) are merged with statewide cancer registry databases. Using the CPT and/or ICD9 procedures codes (and their respective dates), treatment data are recoded into NAACCR treatment categories.

Results: Applying the Elixhauser co-morbidity index and methodology to the hospital discharge data, each patient in the central cancer registry was assigned one or more of the 32 co-morbid conditions. Having co-morbidity as part of the registry data is very important for research because patient clinical characteristics are usually measured and controlled in outcomes research

REPORTED SCREENING OF US WORKERS FOR SKIN CANCER

LE Fleming, WG LeBlanc, DJ Lee, R Kirsner, AJ Caban Martinez, KL Arheart, K Chung Bridges, S Christ, KE McCollister, T Pitman; FCDS, Miami, FL USA

Background/Purpose: Describe proportion of US adult workers reporting a skin cancer screening examination at visit to a primary healthcare provider in the past 12 months, as well as reported lifetime evaluation for skin cancer.

Methods: A nationally representative random sample of the adult U.S. worker population, using the 2000 cancer control module supplement to the National Health Interview Survey (NHIS).

Results: Study population represented an estimated 128,480,200 US adult workers. Lifetime and 12-month reported clinical skin examination prevalence was 13% and 6%, respectively. US Workers with typically elevated occupational exposure to UV light were less likely to have ever received a skin examination than the average US worker, including: Farm operators/managers (11%), Farm workers (6%), Forestry/fishing (5%), Construction/extractive trades (7%), Construction laborers (4%).

Conclusions: Early detection of skin cancer by periodic skin examination by primary care physicians may improve survival. Routine examinations by primary care physicians frequently does not include a thorough skin exam. Physicians should be even more vigilant with patients at increased risk of excessive occupational sun exposure.

GEOGRAPHIC CLUSTERS OF ORAL CANCER IN FLORIDA

R Sherman, J MacKinnon, Y Huang, L Fleming, and D Lee, Florida Cancer Data Systems (FCDS), University of Miami, Miami, FL.

Background: A multi-disciplinary team addressing tobacco related issues has been working to identify geographic areas in Florida with higher burdens of tobacco-associated cancers. Identification of tobacco-associated cancer clusters can be a useful public health tool for targeting communities which require the attention of the public health community.

Methods: Behavioral, demographic, and cancer incidence and mortality data were analyzed using SatScan spatial scan software to identify clusters of oral cancers at the block group level. Numerous SatScan runs were conducted with varying program parameters to examine variation in results.

Results: A framework for the systematic identification of high risk communities in need of tobacco-related interventions was developed. Ultimately, small, overlapping clusters were identified when evaluating both invasive and late stage oral cancers. Larger clusters were identified for mortality data that only minimally overlapped the incidence clusters.

Implications: Interpretation of these results requires a careful review of the number of cases in a cluster as well as the underlying demographic characteristics of the community. Specific methods were developed to aid in the reproducibility and applicability of the results for community interventions.

STATE OF GIS ACTIVITIES AMONG NAACCR MEMBER REGISTRIES

RL Sherman¹, DK O'Brien², L Voti¹, and R Skinner³, ¹Florida Cancer Data Systems, ²Alaska Cancer Registry, ³Baystate Health

Background: The NAACCR GIS Committee was formed to address the appropriate uses of geographic information systems (GIS) in cancer registry practice. One of the current focuses of the group is to assess the GIS capabilities and training needs of the NAACCR membership. Two GIS surveys have been conducted to assess registry capacity and to identify areas where GIS tools or resources may be needed.

Methods: Two surveys were conducted. The first was done by NPCR in 1999. A second, more extensive survey was done by the NAACCR GIS Committee in 2005. Where compatible, survey results were compared.

Results: In 2005, 82% of central registries were geocoding their data. This represents an increase of 86% since 1999. Nearly half of all central registries are mapping their cancer data and 36% of central registries are performing spatial analysis. Efforts toward standardizing practices are needed. There continues to be a lack of institutionalized support for GIS activities at the central registry level; training needs are not being met.

Implications: GIS & spatial analysis capacity are evolving among central registries. The results of the surveys have identified methods to support local cancer control activities at the sub-county level, identify potential tools to improve understanding of cancer's effects on state populations, support small-area analysis, and increase data quality.

COMPLETENESS REPORT—2006 CASE REPORTING

Month	Complete	Expected
July 2006	2%	8%
August 2006	6%	17%
September 2006	15%	25%
October 2006	20%	33%
November 2006	27%	41%
December 2006	37%	50%
January 2007	44%	58%
February 2007	52%	66%
March 2007	63%	75%
April 2007	70%	83%
May 2007	82%	91%
June 2007	92%	100%

FCDS Conversion to NAACCR V11.1

Upcoming changes for the FCDS conversion to NAACCR V11.1 will be July 1, 2007. Any facility that is ready to submit their 2007 cases to FCDS may do so in a V11.1 format after July 1, 2007. The V11.1 module will be available for both single entry and batch upload submissions.

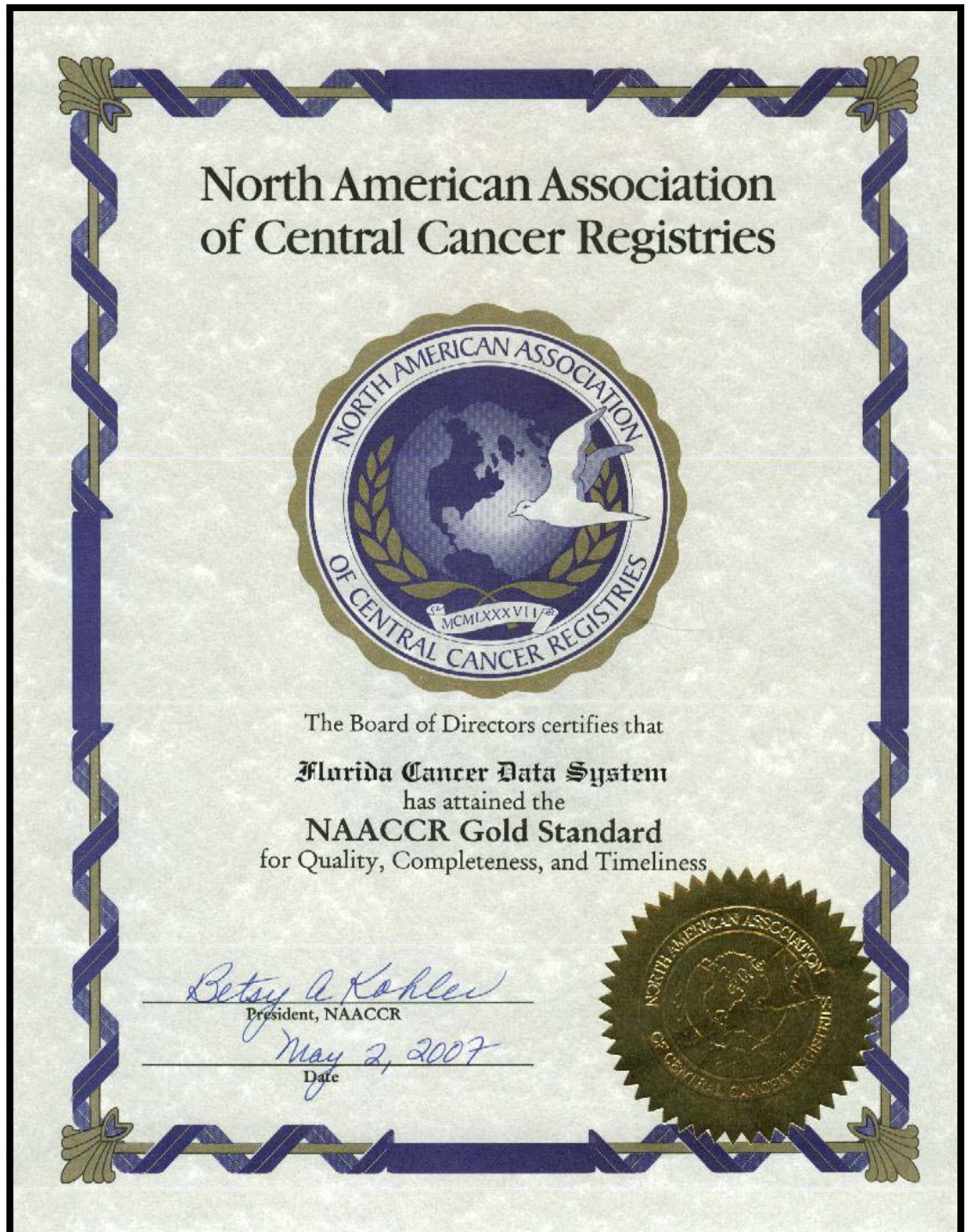
Please contact FCDS with any additional questions (305) 243-4600.

As you know this certification assesses Florida's ability to manage the statewide cancer surveillance efforts by measuring completeness, timeliness and quality. This certification is a testament to the professionalism and dedication of the DOH staff, our staff and the facility-based personnel and independent abstractors.

CONGRATULATIONS to all and thank you for all your support. We could not have done this without each and everyone giving over 100% as always.

Thank you,
Dr Jill MacKinnon

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CALENDAR OF EVENTS

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PRINCIPLES AND PRACTICE OF CANCER REGISTRATION, SURVEILLANCE AND CONTROL 5-DAY INTENSIVE COURSE IN CANCER ABSTRACTING, STAGING & CODING

Date: July 23- 27, 2007
October 15-19, 2007
Location: Atlanta, GA
Website: <http://www.sph.emory.edu/GCCS/training/practice/index.html>

FCRA ANNUAL CONFERENCE

Date: July 24- 25, 2007
Location: Quorum Hotel – Tampa, FL
Contact: Jamie Suarez: jbsuarez@verizon.net
Barbara DeArmon: darmon0904@yahoo.com
Website: <http://fcra.org>

FCDS ANNUAL CONFERENCE

Date: July 26-27, 2007
Location: Quorum Hotel – Tampa, FL
Contact: Bleu Thompson / Betty Fernandez
305-243-4600 or 1-800-906-3034
Website: <http://fcds.med.miami.edu/>

CTR EXAMINATION REVIEW AND BASIC SKILLS WORKSHOP

Date: August 27-28, 2007
Location: Naples, FL
Contact: Mary O’Leary at 305-992-6546 or
learymo@bellsouth.net

PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS

Date: July 2007—Baltimore, MD
December 2007—Reno, NV
Website: <http://afritz.org/index.html>

DEATH CERTIFICATE NOTIFICATION FOLLOW-BACK 2005

FCDS has started the process of clearing the Mortality data from Vital Statistic for 2005. The Mortality Follow Back Request Forms 2005 mailed to all hospitals by the end of July 2007.

The Registrars are responsible for reviewing the medical record for each of the patients identified on the follow-back request forms. Any case found to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the 2007 FCDS DAM needs to be reported by submitting a full cancer case abstract to FCDS using FCDS IDEA (single entry or upload). The accession and sequence number for the cases being submitted as “missed cases” need to be noted on the Mortality Follow Back Request Form. For the cases identified as non-reportable, the Registrars need to provide FCDS with a reasonable explanation as to why the case will not be reported by using the Disposition Codes listing.

Please contact your Field Coordinator for additional information or if you have any questions at 305-243-4600.

Congratulations to the March 2007 CTR Recipients for the state of Florida

Joyce Calvert—Port Saint Lucie, FL

Karen Saenz—Fort Walton Beach, FL

Nikki Seco—Sarasota, FL

April Stebbins—Jacksonville, FL



HIPAA Security Update: Exercise Caution When Using Public Wireless Access Points

As high-speed wireless networks become more common, unsuspecting users are giving computer hackers effortless access to their wireless-enabled laptops, PDAs, smart phones, and the information on these devices. People who think they are signing onto the Internet through a wireless hotspot (sometimes called “Wi-Fi”) might actually be connecting to a look-alike network, created by a malicious user who can steal sensitive information, such as your username and password.



The risk is especially high at coffee shops, hotels, airports and other places with a high turnover of laptop users. Many malicious individuals are setting up laptops to act as wireless access points with legitimate-sounding names such as “Tmobile,” “Free Wireless Access,” “Hilton,” etc. Wireless access for your laptop is definitely convenient and easy, but you must take precautions to ensure you do not compromise your login credentials or confidentiality of any sensitive data stored on your device.

Source: <http://med.miami.edu/hipaa/public/x54.xml>.

UMSylvester

FCDS Florida Cancer Data System

FLORIDA DEPARTMENT OF HEALTH

Register

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

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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.

FCDS

Florida Cancer Data System

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FLORIDA CANCER DATA SYSTEM
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