

Register

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

Division of Cancer Prevention and Control

Volume 39 – April, 2008



HISPANIC ETHNICITY AND BIRTHPLACE

By Paulo Pinheiro, MD, MSc, CTR

With nearly 4 million Hispanics, Florida is the US State with the highest diversity in its Hispanic population. The US Government has, in the past, produced statistics on Mexicans, Puerto Ricans, Cubans and others. However, with the increase of the foreign Spanish-speaking population, the tendency is to collect information on other groups as well, e.g., Central and South American, Dominicans (from the Dominican Republic) and Spaniards (from Spain). In cancer registration, for each of these groups, NAACCR data item code 190 has a specific value. Because of the increasing interest in studying cancer in each Hispanic subpopulation, data items 190 (Spanish or Hispanic origin) and 250 (birthplace) are increasingly important in our database.

Data item 190: Spanish/Hispanic Origin

Code	Definition
0	Non-Spanish; non-Hispanic (including Portuguese and Brazilian)
1	Mexican (includes Chicano)
2	Puerto Rican
3	Cuban
4	South or Central American (except Brazil)
5	Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
6	Spanish, NOS; Hispanic, NOS; Latino, NOS (There is evidence other than surname or maiden name that the person is Hispanic, but he/she cannot be assigned to any category of 1-5.)
7	Spanish surname only (The only evidence of the person's Hispanic origin is surname or maiden name and there is no contrary evidence that the person is not Hispanic.)
8	Dominican Republic
9	Unknown whether Spanish or not



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FCDS is presently trying to calculate rates for each Hispanic subgroup but has encountered problems in the specificity of data item 190 (how often a specific Hispanic subgroup is recorded), in the completeness of data item 250 and in the accuracy of both item 190 and 250, which are essential to learn each individual's Hispanic subgroup. Specificity of data item 190 (Hispanic origin) is very low across the State with only 42% of the total cases having a specific Hispanic Origin subgroup ascribed. Central Florida (31% specificity) and North Florida (22%) fare worse than South Florida at 48%. By county of residence, Bay and Sarasota fared the best in this variable with 63% specificity.

For data item 250 (birthplace), Central Florida has a specific birthplace for 29% of all Hispanics, North Florida 19% and South Florida 57%. Sarasota County has specific data on birthplace for 75% of the Hispanic recorded cases.

In terms of accuracy the biggest problem arises with the way data item code 190 is structured, assigning 0 for non-Hispanic and 6 for Hispanic NOS. There is a natural tendency in recorded cases to identify Hispanic NOS as 1, when in data item 190, 1 corresponds to Mexican ethnicity. As a result (see table 1) in the FCDS database, the majority of subjects classified as being of Mexican origin were actually born in Cuba and Puerto Rico! This supports the hypothesis of some important degree of differential misclassification in data item 190 value 1, with too many Hispanic individuals being described as Mexican.

There is not much CTR's across the state can do in this regard, as ethnicity and birthplace are normally collected by the medical facilities independently. The collection of this information is costly and many facilities do not record these items with the ideal degree of specificity.

However, whenever the CTR can make a difference, she/he should keep in mind the following.
For data item 190:

- Hispanic NOS is 6, NOT 1
- If the birthplace or ethnicity is an island (e.g., Puerto Rico, Cuba, Dominican Republic) the Hispanic Origin code is NEVER 4 (Latin America, Central or South America), but specific codes 2, 3 and 8 respectively.
- Spanish, if in the sense of Hispanic, should be coded 6. Spanish =5 should be reserved for individuals from Spain or another specified country other than those described in 1,2,3,4 or 8.
- Brazilian is not Hispanic (Hispanic Origin code=0) and the birthplace code for Brazil is 341.

Table 1. Subjects diagnosed in 1999-2001 in Florida, with specific ethnicity and birth place

Data item 190 - Hispanic origin	Data item 250 Country of Birth				
	US	Mexico	Puerto Rico	Cuba	Other country
MEXICAN=1	147	232	196	278	2
PUERTO RICAN=2	45	1	1267	9	2
CUBAN=3	18	0	2	7259	4
SOUTH&CENTRAL AMERICAN=4	20	18	6	4	1860

FINALLY , if the hospital does not currently collect this information, FCDS suggests and encourages the Registrar to start dialogue with the hospital admission/administration to try to persuade them to collect the birthplace and ethnicity data as standard operating procedure.☺

"The smallest deed is better than the greatest intention."
John Burroughs



The Florida Cancer Data System invites all Cancer Abstracting Professionals, Administrators from Hospitals, Ambulatory Surgical Centers, Freestanding Radiation Facilities, Pathology Laboratories, Doctors offices and those interested in the registry's function to its annual conference on July 24-25. The two-day conference will provide important information essential to the registry field, uses of the data and an educational forum.

Additional information on registration will soon be available on the FCDS website: <http://fcds.med.miami.edu>

**FCDS WILL IMPLEMENT COLLABORATIVE STAGING 01.04 &
NAACCR VERSION 11.2 IN JULY 2008**

FCDS will be implementing the Collaborative Staging 01.04.00 version and the NAACCR 11.2 version on July 1, 2008. Cases using the Collaborative Staging version 01.03 will not be accepted after July 1, 2008. All cases, regardless of their admission or diagnosis date, including historical cases, will need to be reported to FCDS using the Collaborative Staging 01.04.00 version. In addition, FCDS will not accept any 2008 diagnosis year cases until July 1st, 2008. During the upcoming months, we will be reviewing new edits checks, recoding specific cases according to the new schemas, and replacing the algorithm. FCDS will present a teleconference in the near future to address the implementation process.

National Cancer Registrars Week, April 7–11 to Spotlight Registrars' Significant Role in Nation's Fight Against Cancer

Theme of "Cancer Registrars: More than Just Statistics" Highlights the Foundation that Cancer Registrars Provide for Cancer Research, Education, Prevention and Quality Improvement

Cancer registrars around the world will join with their colleagues and local community leaders to commemorate the annual National Cancer Registrars Week, April 7–11, 2008. The 2008 theme "Cancer Registrars: More than Just Sta-

tistics" reflects the expansive role of cancer registrars and cancer registry data across the spectrum of cancer-related initiatives. As the Trust for America's Health reported in its analysis of state cancer registries, "Information is the most vital tool for finding ways to more effectively treat and prevent the disease."

"Cancer registrars are at the core of the nation's anti-cancer efforts, so it is imperative that the information we provide is of the highest standard," said Sally Kruse, CTR, National Cancer Registrars Association (NCRA) President. "We are

data collection and management experts with the training, specialized skills, and eye for detail to provide the high quality data required in all avenues of cancer statistics and research."

Cancer registrars work in the complete range of cancer treatment and research settings managing a wide range of demographic and medical data on people with cancer. The information is submitted to state and national cancer registries for use in research, treatment, and prevention initiatives, enabling cancer programs to accurately determine cancer patient populations, measure outcomes of treatment and survival, and formulate plans for quality improvement.

"As we focus on the contributions of cancer registrars, it is especially important that we also highlight the growing demand for trained and qualified cancer registrars as key components of all cancer control initiatives," said Kruse. "We must work together with our allies in the health community to ensure that we continue to recruit and train qualified candidates to enter into the cancer registry field."

Quality cancer data is central to the nation's cancer fighting efforts and cancer registrars are the first link in capturing data on patients diagnosed with cancer. This data often results in the publication of groundbreaking research, such as the American Cancer Society's annual cancer statistics. Key results in the study are based on data from two national registries—the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute and the Centers for Disease Control and Prevention's National Program of Cancer Registries (NPCR).

Cancer registrars will mark National Cancer Registrars Week with staff recognition events, social activities, educational sessions and displays. ☞

Source: <http://www.ncra-usa.org>



CALENDAR OF EVENTS

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NCRA 34TH ANNUAL EDUCATIONAL CONFERENCE

Twin Goals: Educating and Advocating for Cancer Registrars

Date: April 28th—May 1st, 2008
Location: Hilton Minneapolis, Minneapolis, MN
Website: www.ncra-usa.org

HOSPITAL REGISTRY WEBINAR SERIES

MAY —SEPTEMBER 2008 ♦ 9:00AM—1:00PM

Dates:
May 8th: *Data Quality and Data Use*
July 10th: *Abstracting Upper Gastrointestinal Tract Cancer Incidence and Treatment Data*
Sep. 11th: *Abstracting Other Digestive System Cancer Incidence and Treatment Data*

Locations:
 Boca Raton Community Hospital (Boca Raton, FL)
 Moffitt Cancer Center (Tampa, FL)
 Shands University of Florida (Gainesville, FL)

Contact: Meg Herna at 305-243-2625 or mhera@med.miami.edu
To Register: <http://fcds.med.miami.edu>

NAACCR ANNUAL CONFERENCE 2008

"Ascending New Heights in Cancer Surveillance"

Date: June 7—14, 2008
Location: Grand Hyatt Denver, Denver, Colorado
Website: www.naacr.org

FCDS ANNUAL CONFERENCE

Date: July 24—25, 2008
Location: Crowne Plaza Hotel at Sawgrass Mills, Ft. Lauderdale, FL
Contact: Bleu Thompson / Betty Fernandez at 305-243-4600

Benign Brain and CNS MP/H Coding Rules

Revised February 8, 2008

The rules for benign brain and CNS are available in three formats: flowchart, matrix and text. The different formats were developed to meet the needs of different learning styles. The rules are identical in each of the three formats. Using all three formats is not recommended. It is best to choose one format. Do not combine old rules with the new.

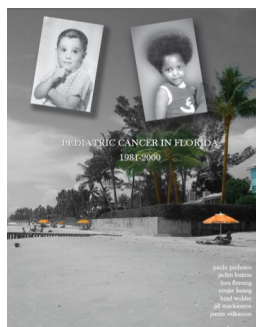
NOTICE: Correction to Rule M4 in Benign Brain and CNS MP/H Coding Rules

Rule M4 (all formats):

Tumors with ICD-O-3 **topography** codes that are **different** at the second (Cxxx), third (Cxxx), or **fourth** (Cxxx) characters are multiple primaries.

For additional information or to download the rules visit www.ncra-usa.org

Source: NCRA website



PEDIATRIC CANCER IN FLORIDA

Recently FCDS mailed the Pediatric Cancer in Florida report to Hospital Facilities and some courtesy contacts. Only limited copies were printed, however the report is available to view/download from our website at:

http://fcds.med.miami.edu/downloads/Pediatric/Pediatric_Cancer_in_Florida.pdf

If you have any questions on the report, or would like additional information, please contact Dr. Paulo Pinheiro at 305-243-4600.

COMPLETENESS REPORT—2007 CASE REPORTING

Month	Complete	Expected
July 2007	1%	8%
August 2007	6%	17%
September 2007	12%	25%
October 2007	18%	33%
November 2007	23%	41%
December 2007	33%	50%
January 2008	40%	58%
February 2008	46%	66%

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FLORIDA DEPARTMENT OF
HEALTH

Register

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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.

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