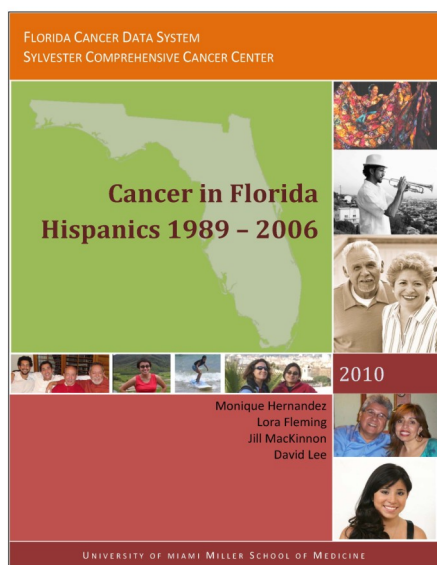


Register

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

Division of Cancer Prevention and Control

Volume 47 – April, 2010



FCDS Makes History!

Hispanic Monograph

By Monique N. Hernandez, Ph.D.

For the first time the Florida Cancer Data System has published a monograph of cancer trends in Florida Hispanics. In Florida, Hispanics make up roughly 21% of the total population, composed of 49% Native-Born

Hispanics and 51% Foreign-Born Hispanics. Cancer in Hispanics is an important issue because overall the Hispanic population in the US has demonstrated lower cancer incidence and mortality rates than Non Hispanic populations¹⁻³. However, in the US, Hispanics are a heterogeneous group, immigrating from Mexico, Puerto Rico, Cuba, and other countries in Central and South America. Moreover, a number of cancers remain elevated among Hispanics as compared to Non Hispanic Whites: cancers of the stomach, liver, uterine cervix, penis, gall bladder, and acute lymphocytic leukemia⁴⁻¹¹. This monograph provides an overview of the Hispanic cancer experience in Florida, and includes information by sub-Hispanic groups to provide a more complete review of the differences.

In the Hispanic monograph, age-adjusted cancer incidence trends are analyzed time and are compared to trends in the Non Hispanic White population. Broken down by tumor site, stage, and sex, trends of the most common cancers were analyzed to identify statistically significant changes in time. In addition to analyzing trends for Florida Hispanics as a whole, the

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monograph describes the distribution of malignancies by Hispanic sub-groups (Cuban, Mexican, Puerto Rican, etc.). Thanks to the work of Dr. Paulo Pinheiro, the application of the Hispanic Origin Identification Algorithm (HOIA) enables more accurate classification of cancers by Hispanic sub-group¹³. Unavailability of sub-Hispanic group data by age from the US Census prevents the estimation of age-adjusted trends at this level of detail. In place of age-adjusted trends by sub-Hispanic group Proportional incidence ratios (PIR) were generated to compare cancer-specific distributions in sub-Hispanic groups to the distribution in Non Hispanic Whites. Results from the data analysis are described in text as well as presented in maps, graphs, and tables. In keeping with a more environmentally friendly office, publication of the Hispanic Monograph is provided in digital form on the FCDS website as are detailed data tables (<http://fcds.med.miami.edu/inc/statistics.Shtml>). The monograph is available as a PDF download and monograph tables are available in PDF and Excel formats. The following is a general summary of the monograph.

Methods

Data were derived from all invasive cancer cases diagnosed in Florida between 1989-2006, and reported to the Florida Cancer Data System (FCDS). Assignment of ethnicity and subpopulation was processed through the recently developed HOIA (Hispanic Origin Identification Algorithm)(Pinheiro et al. 2008). Using Joinpoint 3.3, trend analyses of the top

ten cancers were analyzed as well as elevated cancers in the Hispanic population (<http://srab.cancer.gov/joinpoint>). Proportional incidence ratios were computed to compare the distribution of cancer sites between Hispanic subgroups and Non Hispanic Whites.

Percentage of New Cancer Cases by Ethnicity and Site, 2006

Figures 1 and 2 compare the ranking of primary sites for the year 2006 with the highest proportion of cancer diagnoses in Hispanic males as compared to Non Hispanic White males, and Hispanic females as compared to Non Hispanic White females. Rankings are in order of the top Non Hispanic White cancer diagnoses. Among males, ethnic-specific cancer site rankings were similar for the top four cancers (prostate, lung and bronchus, colorectal, and head and neck). Proportionally, male Hispanics had lower cases of melanoma and bladder cancer, and slightly higher proportions of Non Hodgkin lymphoma, liver and stomach cancer. Among Non Hispanic White females, the top five cancers consisted of cancer of the breast, lung and bronchus, colorectal, and uterus, while for Hispanic females the top five were cancers of the breast, colorectal, lung and bronchus, uterus, and thyroid. Hispanic females also had a higher proportion of cervical cancer, but a lower proportion of melanoma than did Non Hispanic White females.

(Continued on page 3)

FLORIDA'S INCIDENCE TRAINING MODULES

The Florida Cancer Data System is proud to announce the launch of Florida's web-based incidence training modules (web link below). These modules replace our face to face incidence training course.

These modules are intended to give individuals that have little or no background in cancer registration a basic overview and understanding of incidence abstracting in Florida. These modules are not intended for individuals that are already CTR's or as preparation for the CTR test.

Each topic area concludes with a proficiency quiz. This is a paper and pencil test. Once the student has completed all the modules and quizzes, they will send the completed quizzes together with the completed application form to FCDS (see the "instructions" tab on the website). Once the student passes all quizzes they will be issued a "Certificate of Completion" from FCDS.

To access the module visit the web link below:

<http://fcds.med.miami.edu/inc/FCDSOnlineAbstractingCourse.shtml>

Figure 1:

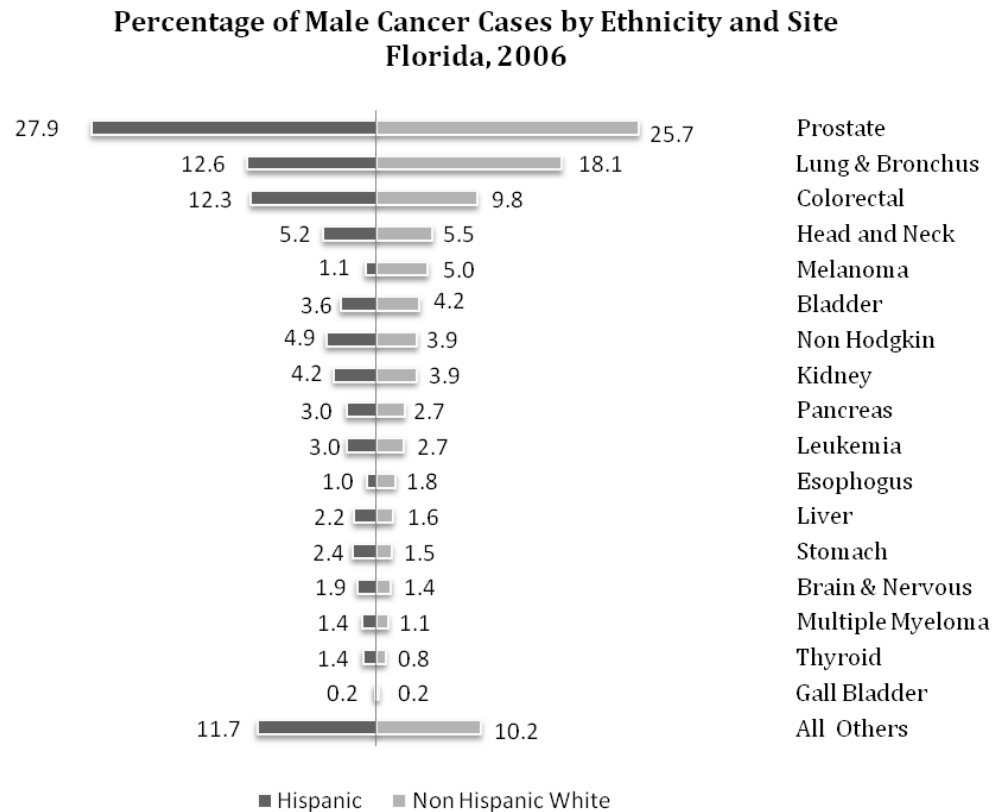
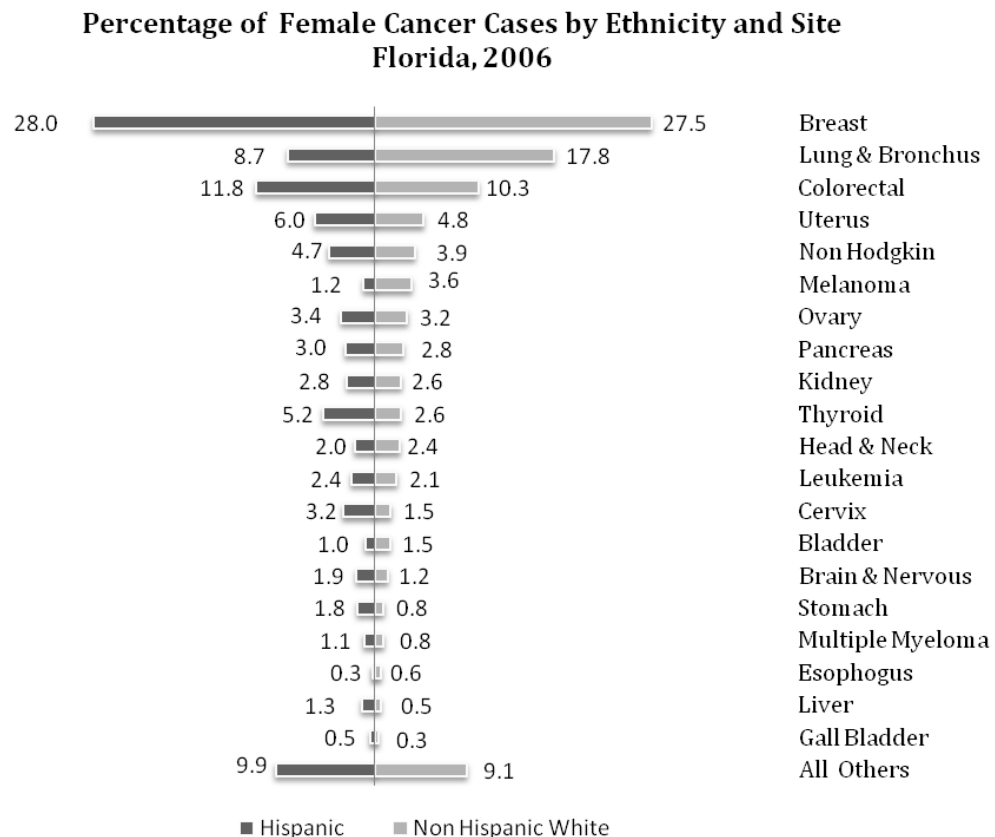


Figure 2:

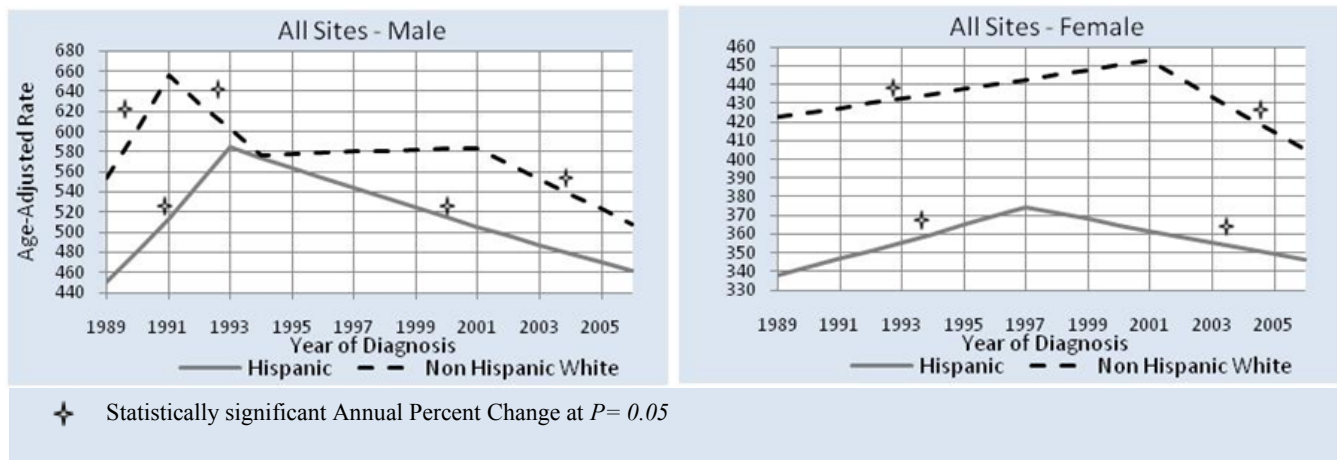


All cancers: Hispanic vs. Non Hispanic White by gender

The highest age-adjusted overall cancer rates in 2006 were found in Non Hispanic White males (512 cases/100,000 persons), followed by Hispanic males (448 cases/100,000), then Non Hispanic White females (406 cases/100,000), and Hispanic females (346 cases/100,000). For all cancers, males had higher rates of cancer than females, regardless of ethnicity

throughout the 1989-2006 time period. In general, for both Hispanics and Non Hispanic Whites, after an initial increase in the first few years, there were decreasing trends in overall cancer rates over time. There was some indication of health disparities in that the rate of decrease in cancer rates over time was greater for both Non Hispanic White males and females (-2.74 and -2.21) compared to Hispanic males and females (-1.81 and -0.86) for all cancers combined since 2001.

Figure 3. Hispanic and Non Hispanic Joinpoint Incidence Trends, All Cancers by Sex, 1986-2006



Cancer Site Distributions and Proportional Incidence Ratios: Hispanic Subgroups compared to Non Hispanic Whites

Among Hispanic subgroups, Cubans had the largest percentages of cancer rates for both men and women. Proportionally, South and Central American Hispanic women had the highest proportions of stomach, gall bladder, cervix, and all other cancers, while Mexican women had the highest proportion of liver cancer. Puerto Rican women had the highest Non Hodgkin lymphoma, and Cuban women the highest proportion of colorectal cancer. South and Central American Hispanic men had the highest proportions of stomach, gall bladder, Non Hodgkin lymphoma, and all other cancers, while Puerto Rican men had the highest proportion of liver cancer, and Cuban males the highest proportion of colorectal cancer. Proportional incidence ratios show substantially elevated proportions of relatively rare cancers (i.e. Stomach, liver, and gall bladder) among Hispanic subgroups compared to Non Hispanic Whites. Cervical cancer was elevated among all Hispanic women subgroups, while

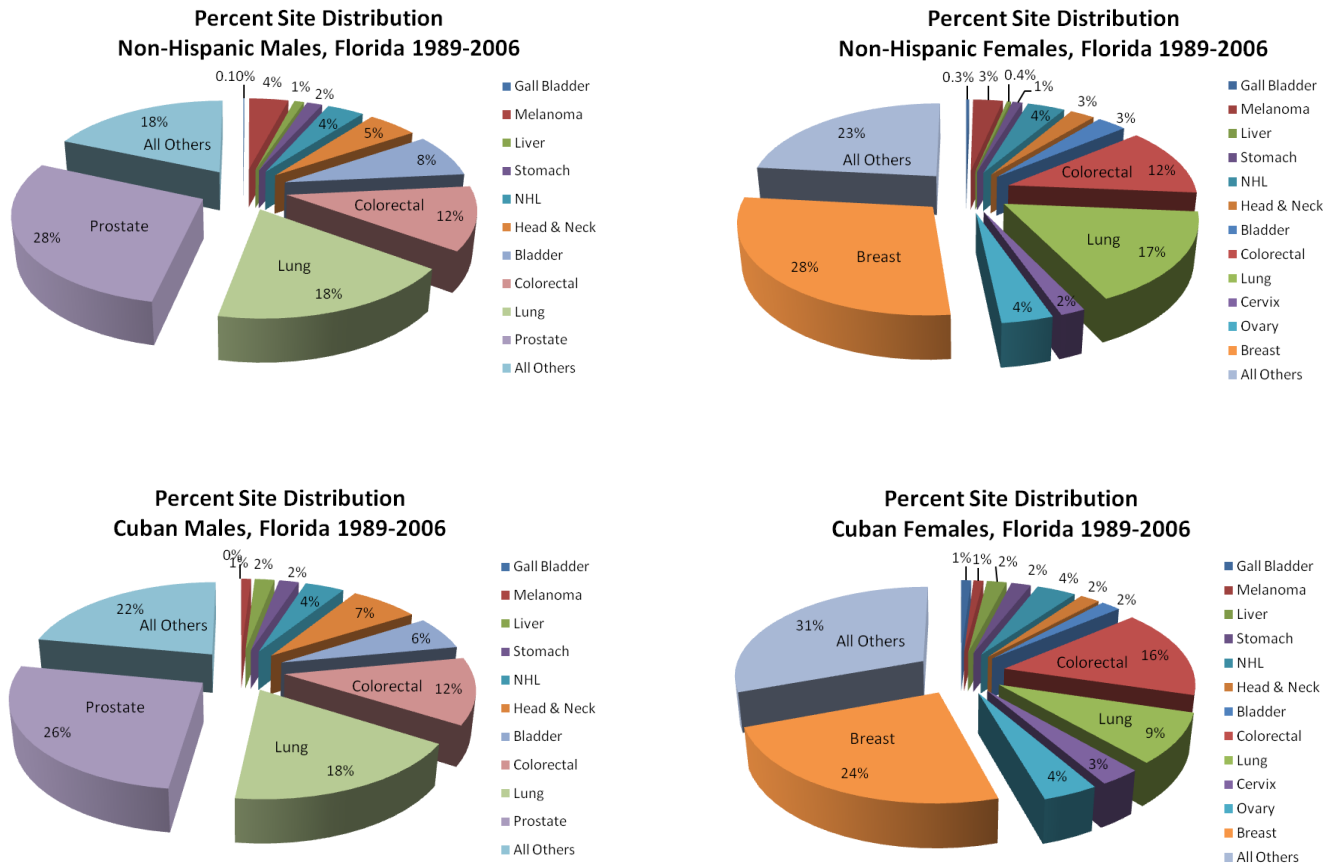
there was an elevated proportion of Non Hodgkin lymphoma and of all other cancers for many of the subgroups for both men and women. Figure 4 shows percent cancer distribution for Non Hispanic Whites and for Cubans. Additional data by sub-Hispanic groups can be viewed on the FCDS website.

CONCLUSIONS:

Overall, Hispanic cancer rates in Florida are lower than rates in the Non Hispanic White population for both men and women. However, rates for cervical, liver, stomach, Non Hodgkin lymphoma, and thyroid cancers are slightly elevated in the Hispanic population. Cancer rate decreases were greater among the Non Hispanic White population, indicating the existence of health disparities between the two groups. Finally, Cubans experienced the highest cancer rates among all Hispanic subgroups. ☹

(Continued on page 5)

Figure 4. Non-Hispanic White vs. Cuban Percent Cancer Distribution by Site and Sex, 1989-2006



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<http://fcds.med.miami.edu/inc/statistics.shtml#hispmmono>

2009 Recipients of the Jean Byers Award for Excellence in Cancer Registration

FCDS is proud to announce the recipients of the 2009 Jean Byers Award for Excellence in Cancer Registration to ninety-eight (98) Florida hospitals for the 2007 data in accordance with national standards for timeliness and completion. Below is the criteria met to receive this award for the 2007 Cancer Case Admissions:

1. Timeliness- All deadlines met with respect to the 2007 cancer case admissions
 - 2007 Annual Caseload Submission Deadline- June 30, 2008
 - 2007 Death Certificate Notification Deadline- September 30, 2009
 - 2007 AHCA Audit Deadline – May 15, 2009
 - No more than 5% (or 35 cases, whichever number is greater) of the 2007 cancer case admissions reported to FCDS within 2 months (60 days) following the June 30, 2008 deadline (Late reporting of 2007 cancer case admissions)
1. Completeness- All cases reported to FCDS
 - No more than 10% of the 2007 cancer case admissions reported to FCDS within 12 months following the June 30, 2008 reporting deadline. (Due to delinquent 2007 case reporting, missed cases found on Death Certificate Notification or missed cases found on AHCA Completeness Audit)

On behalf of the Florida Department of Health and the Florida Cancer Data System, thank you for your continued dedication and for a job well done.

Congratulations!

1100 SHANDS UNIVERSITY OF FLORIDA
1300 GULF COAST MEDICAL CENTER
1405 SHANDS STARKE
1505 CAPE CANAVERAL HOSPITAL
1508 PALM BAY HOSPITAL
1546 HOLMES REGIONAL MEDICAL CENTER
1606 MEMORIAL REGIONAL CANCER CENTER
1609 IMPERIAL POINT MEDICAL CENTER
1645 CORAL SPRINGS MEDICAL CENTER
1676 PLANTATION GENERAL HOSP
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 CTR
2130 PHYSICIANS REG MED CTR PINE RIDGE
2246 LAKE CITY MEDICAL CENTER
2302 JACKSON SOUTH COMMUNITY CENTER
2306 HOMESTEAD HOSPITAL

2338 MERCY HOSPITAL
2348 DOCTORS HOSPITAL
2350 MIAMI HEART INSTITUTE
2353 NORTH SHORE MEDICAL CENTER
2374 JACKSON NORTH MEDICAL CENTER
2376 SOUTH MIAMI HOSPITAL
2383 PALMETTO GENERAL HOSPITAL
2405 DESOTO MEMORIAL HOSPITAL
2605 BAPTIST MEDICAL CENTER BEACHES
2606 SHANDS JACKSONVILLE MEDICAL CENTER
2636 BAPTIST REGIONAL CANCER CENTER-JAX
2638 ST VINCENTS MEDICAL CENTER
2640 BAPTIST MEDICAL CENTER SOUTH
2672 WOLFSON CHILDRENS HOSP NCC
2700 WEST FLORIDA HOSPITAL
2736 BAPTIST HOSPITAL OF PENSACOLA
3705 BROOKSVILLE REGIONAL HOSPITAL
3715 SPRING HILL REGIONAL HOSPITAL
3805 HIGHLANDS REGIONAL MEDICAL CENTER
3890 FLORIDA HOSPITAL LAKE PLACID
3903 BRANDON REGIONAL HOSPITAL
3907 UNIVERSITY COMMUNITY HOSPITAL TAMPA

3932 H LEE MOFFITT CANCER CENTER
3977 MEMORIAL HOSPITAL OF TAMPA
3988 SOUTH BAY HOSPITAL
4105 INDIAN RIVER MEMORIAL HOSPITAL
4170 SEBASTIAN RIVER MEDICAL CENTER
4206 JACKSON HOSPITAL
4516 LEESBURG REGIONAL MEDICAL CENTER
4546 SOUTH LAKE HOSPITAL
4590 LEESBURG REGIONAL MEDICAL CTR NORTH
4647 LEHIGH REGIONAL MEDICAL CENTER
5110 LAKEWOOD RANCH MEDICAL CENTER
5205 MUNROE REGIONAL MEDICAL CENTER
5346 MARTIN MEMORIAL MEDICAL CENTER
5390 MARTIN MEMORIAL HOSPITAL SOUTH
5446 FISHERMENS HOSPITAL
5505 BAPTIST MEDICAL CENTER NASSAU
5670 FORT WALTON BEACH MED CTR
5805 FLORIDA HOSPITAL APOPKA
5836 FLORIDA HOSPITAL CANCER INST SOUTH
5849 FLORIDA HOSPITAL EAST ORLANDO
5850 WINTER PARK MEMORIAL HOSPITAL
5936 ST CLOUD REGIONAL MEDICAL CENTER
5969 CELEBRATION HEALTH FL HOSPITAL
5970 FLORIDA HOSPITAL KISSIMMEE
6003 DELRAY MEDICAL CENTER
6007 GLADES GENERAL HOSPITAL
6036 ST MARYS MEDICAL CENTER

6045 WEST BOCA MEDICAL CENTER
6047 GOOD SAMARITAN MEDICAL CENTER
6069 PALMS WEST HOSPITAL
6070 PALM BEACH GARDENS MEDICAL CENTER
6074 JUPITER MEDICAL CENTER
6170 COMMUNITY HOSP OF NEW PORT RICHEY
6172 REGIONAL MED CENTER BAYONET POINT
6201 NORTHSIDE HOSP HEART INSTITUTE
6203 EDWARD WHITE HOSPITAL
6205 HELEN ELLIS MEMORIAL HOSPITAL
6206 LARGO MEDICAL CENTER
6246 ALL CHILDRENS HOSPITAL
6249 MEASE DUNEDIN HOSPITAL
6250 MORTON PLANT HOSPITAL
6274 ST PETERSBURG GENERAL HOSPITAL
6278 MEASE COUNTRYSIDE HOSPITAL
6305 LAKELAND REGIONAL MEDICAL CENTER
6347 HEART OF FLORIDA HOSPITAL
6348 LAKE WALES HOSPITAL
6570 FLAGLER HOSPITAL
6600 COLUMBIA LAWNWOOD REGIONAL MED CTR
6936 FLORIDA HOSPITAL ALTAMONTE
7005 VILLAGES REGIONAL HOSPITAL
7105 SHANDS LIVE OAK
7205 DOCTORS MEMORIAL HOSPITAL
7405 BERT FISH MEDICAL CENTER
7406 HALIFAX HOSPITAL MEDICAL CENTER

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FCDS Annual Meeting

July 22-23, 2010

Register on-line: www.fcds.med.miami.edu



Renaissance Hotel at Seaworld® Orlando, Florida

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Overview of FCDS Reporting Requirements for 2010

(Preliminary as of March, 1, 2010)

The Florida Cancer Data System is *in the process of finalizing* the Florida reporting requirements for all cases submitted on or after July 1st, 2010. Once completed, we will publish an implementation guide with all of these requirements. A blast e-mail will be sent when the guide is available. In the meantime, here is a summary of changes based on the information that is currently available.

- Date formats will change from MMDDCCYY to CCYYMMDD when the date is known. The codes 00000000, 88888888, and 99999999 are no longer valid and will be represented as eight (8) spaces.
- The format when the month and year are known and the day is unknown will be CCYYMM with two spaces representing the unknown day (e.g. 201001__).
- When the year is known and valid with the month and day unknown it will be coded as CCYY with four spaces representing the unknown month and day (e.g. 2010____).
- There will be 10 date flag fields relating to the specific date fields collected by the FCDS. These flags are used as a reason code as to why a date consists of eight spaces. Partial valid dates will not require a flag.
- All submissions must be in the NAACCR Version 12 format. These standards can be located at http://www.naacr.org/index.asp?Col_SectionKey=7&Col_ContentID=133. An updated FCDS data acquisition manual reflecting the Version 12 requirements will be made available once it is completed.
- Race 1-5 have additional race codes for each. Some have changed so be sure to use your manual when coding this data item. Code 09 was retired and codes 15, 16 and 17 were added.
- Laterality has an additional code of 5 for a paired site, midline tumor.
- Diagnostic confirmation field has added code 3 - Positive histology PLUS – positive immunophenotyping AND/OR positive genetic studies (Used only for hematopoietic and lymphoid neoplasms 95903-99923)

- Text fields have been expanded to allow for additional text. Please keep your text concise and meet the text standards defined by FCDS.
- Patient name and address fields have been expanded.
- The CS Extension field has expanded from a two digit to a three digit field.
- The CS Lymph Nodes field has expanded from a two digit to a three digit field.
- The new CS Lymph Vascular Invasion field will be required for specific schemas.
- There will be additional SSF data items collected. We are planning to collect all Site Specific Factors necessary to derive 6th/7th edition TNM, Stage Group, SS1977 and SS2000. We will also require SSF25 (schema discriminator) for applicable sites. The site specific factors required will be schema dependent.
- SSF1, SSF2, SSF8-SSF14 will be required for the breast schema.
- Class of case has gone from a one digit to two digit field. Codes are divided into analytic (00, 10-14, 20-22) and non-analytic groups (30-38, 40-43, 49 and 99).

Hematopoietic and Lymphoid Neoplasm Rules

The Hematopoietic and Lymphoid Neoplasm Rules have changed effective 1/2010. Implementation of these rules will require new histology terms, ICD-O codes and four newly reportable diseases where the behavior was changed from /1 to /3. Changes with these rules also include transformations collected as a new primary. There will be a Hematopoietic Database, which replaces the February 2001 Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Disease. Information can be found on these rules at <http://seer.cancer.gov/tools/heme/index.html>. CR

Web Sites to Monitor on 2010 Changes

- **FCDS** – <http://fcds.med.miami.edu>
- **NAACCR** – <http://www.naacr.org>
- **AJCC Collaborative Stage** – <http://cancerstaging.org/cstage/index.html>
- **COC** - <http://www.facs.org/cancer/coc/fordsmanual.html> (Last Update released 2/23/2010)
- **SEER** - <http://seer.cancer.gov/registrars/>

CALENDAR OF EVENTS

CALENDAR OF EVENTS

NAACCR CANCER REGISTRY & SURVEILLANCE WEBINAR SERIES 2009-2010

Time: 9:00 am—12:00 pm
Locations: Baptist Regional Cancer Center (Jacksonville, FL) *New Site*
 Boca Raton Community Hospital (Boca Raton, FL)
 Gulf Coast Medical Center (Panama City, FL)
 H. Lee Moffitt Cancer Center (Tampa, FL)
 M.D. Anderson Cancer Center (Orlando, FL) *New Site*
 Shands University of Florida (Gainesville, FL)
Contact: Meg Herna at 305-243-2625 or mherna@med.miami.edu
To Register: <http://fcds.med.miami.edu>

Date	Topic
05/06/2010	Using Geographic Information Systems (GIS) for Mapping and Spatial Analysis
06/03/2010	Collecting Cancer Data: Esophagus and Stomach
07/01/2010	Using CINA Data in Cancer Surveillance Activities
08/05/2010	Collecting Cancer Data: Lip and Oral Cavity
09/02/2010	Coding Pitfalls

NCRA ANNUAL CONFERENCE

Date: April 21-23, 2010
Location: Palm Springs, CA
Website: <http://www.ncra-usa.org>

NAACCR ANNUAL CONFERENCE

Date: June 19-25, 2010
Location: Quebec City, QC, Canada
Website: <http://www.naacr.org>

FCRA ANNUAL CONFERENCE

Date: July 20-21, 2010
Location: Orlando, FL
Website: <http://fcra.org>

FCDS ANNUAL CONFERENCE

Date: July 22-23, 2010
Location: Orlando, FL
Website: <http://fcds.med.miami.edu>

**Live out
 of your
 Imagination,
 not your
 History!**

Stephen Covey

CANCER AWARENESS

APRIL

National Cancer Control Month

MAY

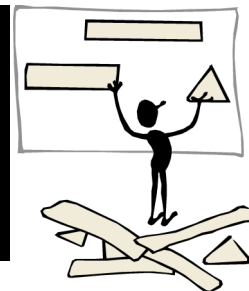
Melanoma/Skin Cancer Detection and Prevention Month

JUNE

National Cancer Survivors Day
 (June 6th)

"Source: 2010 National Health Observances, National Health Information Center,
 Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Washington, DC."

FCDS is Reorganizing 2010: What Else Can Change?



The landscape of disease surveillance is changing. The role of the legislative mandated, population-based, statewide cancer registry (operated by SCCC under contract from the Florida Department of Health) is changing to meet the future needs of disease surveillance.

Data collected by the Florida Cancer Data System (FCDS) is no longer being submitted exclusively in predetermined formats from hospital cancer registries. Cancer patient data are coming to FCDS from various sources, in various layouts. As funding and detailed requirements emerge from the American Recovery and Reinvestment Act (ARRA) of 2009, the role of the FCDS Data Acquisition unit is shifting from processing fixed length records to data capture from a variety of sources. FCDS will begin augmenting base data from hospital facility and physician Electronic Medical Record (EMR), electronic pathology reports, statewide hospital discharge databases, Social Security Administration files, mortality records, driver's license bureaus, etc.

We have several opportunities to begin working with AHCA, CDC and other national partners to get on the 'Information Super Highway'. Funding from the ARRA (both direct and indirect) will allow FCDS to build the infrastructure to accommodate the changes and lay the groundwork for electronic data capture. As more data will be submitted to us from different sources and in different formats electronically, it is vitally important the data be integrated into our system in a systematic and strategic way.

In order to accommodate the new data structure and operating procedures, effective February 1st, FCDS underwent an operational reorganization. This was accomplished in a threefold manner. The Data Acquisition and Quality Control/Education units will be separated into two divisions. They will continue to work together as one unit, however each division will have its' own manager responsible for the efficient operations of

each division and ensure that they work well together. The third part of this process is the formation of a new division at FCDS. This division will be responsible for monitoring cancer abstracting national reporting standards and for heading our enhanced patient and tumor consolidation system. The reorganization will be accomplished as follows:

1. Mr. Michael Thiry has been promoted to the Manager of Data Acquisition. Mr. Thiry and his staff (Anne Auguste, Betty Hallo, Alfonso Rodriguez and Carlos Alvarez) will work with reporting facilities to maintain their high standards of data completeness, timeliness and quality. In addition, using his expertise in management, he will lead an effort to streamline our current operations with the hopes of adding new reporting sources to increase the value of our data at the national and state level as well as to researchers using our data. Mr. Thiry can be reached at 305-243-2639 or e-mailed at mthiry@med.miami.edu.
2. Dr. Jill MacKinnon will be acting as the interim Manager of Quality Control and Education. FCDS has initiated a national search looking for a permanent manager for this division. Dr. MacKinnon and the QC staff (Meg Herna, Mayra Alvarez, Sarah Manson and Melissa Williams) will provide the leadership in order to enhance quality control and to convert lessons learned in the QC area to be translated into education and training. Additionally, the training initiatives associated with the new data acquisition standards will be enormous. With all the changes in national reporting requirements for 2010 and in the foreseeable future, it is important that we operate efficiently, plan for future quality control requirements and increase and improve our educational opportunities. Dr. MacKinnon can be reached at

(Continued on page 11)

305-243-3426 or e-mailed at jill_mackinnon@miami.edu. We will keep you posted as to when this position is filled.

3. Mrs. Megsys Herna has been promoted to lead our new division responsible for the monitoring of national reporting standards and developing operational methods for our enhanced patient and tumor consolidation systems. This division will initially be part of the Quality Control and Education division. This division will be responsible for monitoring national standards from organizations including NAACCR, COC, AJCC and SEER. Based on these findings, recommendations will be presented which will lead to the incorporation of these changes into registry

and reporting operations. In addition, this division will be responsible for monitoring the quality of our enhanced patient and tumor consolidation. This division will review each consolidated case to make sure that data is consistent and passes all national edits. Mrs. Herna can be reached at 305-243-2625 or e-mailed at mherna@med.miami.edu.

We look forward to working with each of you and are very excited about the reorganization. With the constant change in reporting requirements, this will make FCDS even more efficient and responsive to your cancer abstract reporting needs. Thank you for all your hard work and together we will get through all these changes. ☺

National Cancer Registrar Week April 12-16, 2010

What is National Cancer Registrar Week (NCRW)?

NCRW was established as an annual celebration to promote the **amazing work** of Cancer Registry professionals. Founded by National Cancer Registrars Association ([NCRA](http://www.ncra-usa.org/)), NCRW is officially celebrated the second full week in April; however, by the nature of their work, cancer registrars should be celebrated year-round for their **incredible dedication** toward quality cancer data management.

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



CHARLIE CRIST
GOVERNOR

NATIONAL CANCER REGISTRARS WEEK

WHEREAS, cancer is one of the leading causes of death in the State of Florida and the nation; and

WHEREAS, Cancer Registrars are health care professionals and data management experts that ensure the timely, accurate, and complete collection of quality cancer data and this compilation of data is fundamental to the nation's cancer prevention and treatment efforts; and

WHEREAS, Cancer Registrars bridge the gap between cancer patients and researchers who utilize quality cancer data in order to make a wide variety of public health decisions related to cancer research, diagnosis, and treatment; and

WHEREAS, local and state data is submitted to the National Cancer Database, a nationwide oncology outcomes database maintained by the American College of Surgeons that provides the basis for many patterns of care studies; and

WHEREAS, Florida Cancer Registrars submit local cancer data to the state cancer registry, the Florida Cancer Data System (FCDS), allowing for statewide cancer surveillance and research activities; and

WHEREAS, Florida is proud to honor the Florida Cancer Registry professionals who are fighting cancer with reliable and accurate information;

NOW, THEREFORE, I, Charlie Crist, Governor of the State of Florida, do hereby extend greetings and best wishes to all observing April 12 – 16, 2010 as **National Cancer Registrars Week**.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed at Tallahassee, the Capitol, this 22nd day of January, in the year two thousand ten.

Charlie Crist
Governor

COMPLETENESS REPORT—2009 CASE REPORTING

Month	Complete	Expected
July 2009	4%	8%
August 2009	9%	17%
September 2009	17%	25%
October 2009	24%	33%
November 2009	30%	41%
December 2009	40%	50%
January 2010	45%	58%
February 2010	54%	66%



Register

A joint project of the Sylvester Comprehensive Cancer Ctr 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.



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