

# Register

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

Division of Cancer Prevention and Control

Volume 51 – April 2011



## Notes from the Statistical Unit Data in Action

# FCDS Bibliographic References

*By Dr. Monique Hernandez*

The Florida Cancer Data System is the central cancer registry for the state of Florida and is responsible for providing high quality data that enable sound scientific research on cancer. The collection of data, quality control, and data dissemination are all critical operations employed by FCDS to fulfill the functions of monitoring cancer, identifying cancer patterns in the population and across geographies, and providing useful information to improve cancer surveillance and control. While much of the data collected by FCDS is described in annual reports and monographs on cancer burden and trends, it is also used by a larger research community seeking to describe trends and associations to particular risk factors. The FCDS actively maintains a database of the peer-reviewed scientific publications that utilize FCDS data in their study. This article highlights a few of those studies and

their research findings, as well as the process of collecting bibliographic references that use FCDS data in the analysis.

The FCDS Publication Bibliography is a compilation of peer-reviewed scientific publications that use FCDS data. These references are collected in one of two ways: The most direct way is through correspondence between researchers who utilize FCDS data and FCDS at the time of publication release. Current protocol requires researchers who request confidential data to sign a confidentiality agreement mandating submission of any reports, articles and publications resulting from the use of the data. While these agreements are signed and notarized, it does not always ensure compliance of this rule. Therefore, FCDS has produced an algorithm to identify relevant publications. These searches are employed using the names of principal investigators and researchers in

the data request database, as well as a list of search terms, such as 'cancer' and 'Florida'. Using the search engine PubMed, these queries are submitted and a collection of publications are produced and stored for manual review, at which point the

*(Continued on page 2)*

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**Figure 1**

**FCDS Publication Reviewer**  
You Have 35 Publications to Review

Searched	Authors	Title	Journal Info
Meir Stampfer Data Request PI	David J Hunter, Graham A Colditz, Susan E Hankinson, Susan Malspeis, Donna Spiegelman, Wendy Chen, Meir J Stampfer, Walter C Willett	Oral contraceptive use and breast cancer: a prospective study of young women.	Cancer Epidemiol Biomarkers Prev 10/08/2010;19(10):2496-502
Meir Stampfer Data Request PI	Paul L Nguyen, Jing Ma, Jorge E Chavarro, Matthew L Freedman, Rosina Lis, Giuseppe Fedele, Christopher Fiore, Weiliang Qiu, Michelangelo Fiorentino, Stephen Finn,	Fatty acid synthase polymorphisms, tumor expression, body mass index, prostate cancer risk, and survival.	J Clin Oncol 08/31/2010;28(25):3958-64
Lynn Rosenberg Data Request PI	Patricia F Coogan, Judith Parsells Kelly, Brian L Strom, Lynn Rosenberg	Statin and NSAID use and prostate cancer risk.	Pharmacoepidemiol Drug Saf 07/05/2010;19(7):752-5
Meir Stampfer Data Request PI	Mara S Meyer, Kathryn L Penney, Jennifer R Stark, Fredrick R Schumacher, Howard D Sesso, Massimo Loda, Michelangelo Fiorentino, Stephen Finn, Richard J Flavin,	Genetic variation in RNASEL associated with prostate cancer risk and progression.	Carcinogenesis 09/02/2010;31(9):1597-603
Meir Stampfer Data Request PI	Sara Lindström, Jing Ma, David Altshuler, Edward Giovannucci, Elio Riboli, Demetrius Albanes, Naomi E Allen, Sonja I Berndt, Heiner Boeing, H Bas Bueno-de-Mesquita,	A large study of androgen receptor germline variants and their relation to sex hormone levels and prostate cancer risk. Results from the National Cancer Institute Breast and	J Clin Endocrinol Metab 09/08/2010;95(9):E121-7

**Abstract:**

**BACKGROUND:** Previous studies convincingly showed an increase in risk of breast cancer associated with current or recent use of oral contraceptives from the 1960s to 1980s. The relation of contemporary oral contraceptive formulations to breast cancer risk is less clear. **METHODS:** We assessed lifetime oral contraceptive use and the specific formulations used among 116,608 female nurses ages 25 to 42 years at enrollment in 1989, and subsequently updated this information every 2 years. We related this information to risk of breast cancer up to June 1, 2001. **RESULTS:** During 1,246,967 person-years of follow-up, 1,344 cases of invasive breast cancer were diagnosed. Past use of any oral contraceptive was not related to breast cancer risk [multivariate relative risk (RR), 1.12; 95% confidence interval 0.95-1.33]. Current use of any oral contraceptive was related to a marginally significant higher risk (multivariate RR, 1.33; 95% CI, 1.03-1.73). One specific formulation substantially accounted for the excess risk: the RR for current use of triphasic preparations with levonorgestrel as the progestin was 3.05 (95% CI, 2.00-4.66;  $P < 0.0001$ ). **CONCLUSIONS:** Current use of oral contraceptives carries an excess risk of breast cancer. Levonorgestrel used in triphasic preparations may account for much of this elevation in risk. **IMPACT:** Different oral contraceptive formulations might convey different risks of breast cancer; ongoing monitoring of these associations is necessary as oral contraceptive formulations change.

**Affiliation:** Department of Epidemiology, Harvard School of Public Health, Boston, Massachusetts, USA. [dhunter@hsph.harvard.edu](mailto:dhunter@hsph.harvard.edu)

relevancy of each article is determined. Figure 1 is a snapshot of the FCDS Publication Reviewer.

Currently, there are 50 publications on the FCDS Publication Bibliography with publication dates that range from 1994 to 2010, a majority of which have been published within the past five years. Journals that have published these papers include the journal *Cancer*, the *American Journal of Clinical Oncology*, *Environmental Health Perspectives*, and *Cancer Epidemiology Biomarkers & Prevention*. Table 1 lists a broad

**Table 1 FCDS Publication Bibliography Topics**

Paper Topics and General Subject Matter	% of Papers
Descriptive epidemiology/analysis of outcomes	44
Racial and Ethnic Differences	26
Geographic and Spatial Analysis	8
Facility-based analysis (hospital volume, teaching facility, etc.)	12
Socioeconomic Status	8
Behavioral Risk factors/Screening	8
Treatment Outcomes	10
Policy	4
Registry operations	2
*Note that percents do not add to 100 as articles can fall in multiple categories	

(Continued on page 3)


distribution of articles by main topic and subject matter.

Of the analytical papers on cancer outcomes by race and ethnicity, Dr. Molina and colleagues (2008) produced a paper entitled, “African American and Poor Patients Have a Dramatically Worse Prognosis for Head and Neck Cancer.” The FCDS database was used to identify all 20,915 incident cases of head and neck (HN) cancers diagnosed in the state of Florida between the years 1998-2002. These data were used in a survival analysis and were stratified by demographic, social, and clinical characteristics. Survival estimates were then assessed in relation to these characteristics through a Cox multivariate analysis. After controlling for demographics, comorbidities, clinical characteristics, and treatment, African American (AA) patients had a hazard ratio of 1.365 ( $p < .001$ ) compared to White patients. This means that during the study period, the risk of death for an AA patient with head and neck cancer was about 37% greater than for White patients, regardless of differences in the aforementioned attributes. Additional findings showed an independent effect of area-level poverty after controlling for demographics and comorbidities, with a hazard rate of 1.139 ( $p < .001$ ). Relationships also were found between area level poverty and

alcohol consumption rates. Their final recommendation was in promoting early diagnosis in those from low SES groups and among AA patients as well as encouraging future research into differences in tumor biology.

Author Dolwick Grieb and colleagues (2009) recently published a paper on “Food Groups and Renal Cell Carcinoma: Results from a Case-Control Study,” where they found that eating vegetables significantly reduced risk of renal cell carcinoma in the total sample, and among men. The FCDS database was used to select incident cases of renal cell carcinoma for patients older than age 20 and where diagnosis occurred between the years 2000 and 2004. A total of 459 cases were identified, of which 335 living persons agreed to participate in the study. Of the vegetables that were significant, spinach, other greens and tomatoes reduced the risk. Consumption of red meat, however, increased the risk significantly among the total sample and among women. In the discussion section the authors delve into the mechanisms behind these food groups that they believe could influence risk. In particular, they investigate studies that distinguish between how meat is prepared, and the level of “doneness”, claiming that frying meat produces heterocyclic amines, a carcinogen, that gets absorbed quickly by the kidneys and may be responsible for the relationship between consumption of red

meat and increased renal cell carcinoma.

The FCDS bibliographic database is an important documentation of published scientific research that utilizes FCDS data. These papers describe trends and outcomes that are useful in cancer planning and control. Two such papers are showcased here to highlight the various goals and aims in cancer research and ways that FCDS data are used. In the near future these bibliographic references will be made available on the FCDS website and updated periodically. For more on the studies described in this article see the list of references for full citations. 

#### References:

Dolwick Grieb SM, Theis RP, Burr D, Benardot D, Siddiqui T, Asal NR. Food groups and renal cell carcinoma: results from a case-control study. *J Am Diet Assoc.* 03/30/2009;109(4):656-67

Molina MA, Cheung MC, Perez EA, Byrne MM, Franceschi D, Moffat FL, Livingstone AS, Goodwin WJ, Gutierrez JC, Koniaris LG. (2008) African American and poor patients have a dramatically worse prognosis for head and neck cancer: an examination of 20,915 patients. *Cancer.* Vol. 113(10): 2797-2806

## FCDS/NAACCR EDITs Metafile Version changes

For the most recent changes to the FCDS/NAACCR Metafile (Version 12D) as well as Versions 12B and 12C visit the FCDS webpage: [www.fcds.med.miami.edu/](http://www.fcds.med.miami.edu/) under “What’s New”.

The list includes the modification dates, edits, edit name and comments.

## COMPLETENESS REPORT—2010 CASES

Month	Complete	Expected
Jul 2010	0%	8%
Aug 2010	0%	17%
Sep 2010	4%	25%
Oct 2010	7%	33%
Nov 2010	14%	41%
Dec 2010	23%	50%
Jan 2011	31%	58%
Feb 2011	41%	66%
<b>Mar 2011</b>	<b>48%</b>	<b>75%</b>



# 2010 Recipients of the Jean Byers Award for Excellence in Cancer Registration



FCDS is proud to announce the recipients of the 2010 Jean Byers Award for Excellence in Cancer Registration to one hundred thirty-seven (137) Florida hospitals for the 2008 data in accordance with national standards for timeliness and completion. Below is the criteria met to receive this award for the 2008 Cancer Case Admissions:

**1. Timeliness- All deadlines met with respect to the 2008 cancer case admissions**

- 2008 Annual Caseload Submission Deadline- June 30, 2009
- 2008 Death Certificate Notification Deadline- September 30, 2010
- 2008 AHCA Audit Deadline – May 15, 2010
- No more than 5% (or 35 cases, whichever number is greater) of the 2008 cancer case admissions reported to FCDS within 2 months (60 days) following the June 30, 2009 deadline (Late reporting of 2008 cancer case admissions)

**2. Completeness- All cases reported to FCDS**

- No more than 10% of the 2008 cancer case admissions reported to FCDS within 12 months following the June 30, 2009 reporting deadline. (Due to delinquent 2008 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.

Below are the facilities receiving the 2010 Award:

**HOSP# HOSPITAL NAME**

1105	SHANDS ALACHUA GENERAL HOSPITAL
1300	GULF COAST MEDICAL CENTER
1405	SHANDS STARKE
1505	CAPE CANAVERAL HOSPITAL
1506	PARRISH MEDICAL CENTER
1508	PALM BAY COMMUNITY HOSPITAL
1546	HOLMES REGIONAL MEDICAL CENTER
1547	WUESTHOFF MEDICAL CENTER- ROCKLEDGE
1548	WUESTHOFF MEDICAL CENTER MELBOURNE
1601	WESTSIDE REGIONAL MED CTR
1602	MEMORIAL REGIONAL HOSPITAL SOUTH
1606	MEMORIAL REGIONAL CANCER CENTER

**HOSP# HOSPITAL NAME**

1607	NORTH BROWARD MEDICAL CENTER
1609	IMPERIAL POINT MEDICAL CENTER
1636	HOLY CROSS HOSPITAL
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

(Continued on page 5)

HOSP#	HOSPITAL NAME
1900	SEVEN RIVERS REGIONAL MEDICAL CTR
1905	CITRUS MEMORIAL HOSPITAL
2000	ORANGE PARK MEDICAL CENTER
2140	PHYSICIANS REG MED CTR-COLLIER
2146	NCH HEALTHCARE SYSTEM
2246	LAKE CITY MEDICAL CENTER
2306	HOMESTEAD HOSPITAL
2310	ANNE BATES LEACH EYE HOSPITAL
2336	BAPTIST HOSPITAL OF MIAMI
2338	MERCY HOSPITAL
2347	UNIVERSITY OF MIAMI HOSPITAL
2348	DOCTORS HOSPITAL
2349	HIALEAH HOSPITAL
2350	MIAMI HEART INSTITUE
2353	NORTH SHORE MEDICAL CENTER
2359	MIAMI CHILDRENS HOSPITAL
2372	U OF MIAMI HOSPITAL CLINICS
2376	SOUTH MIAMI HOSPITAL
2377	WESTCHESTER GENERAL HOSPITAL
2378	CORAL GABLES HOSPITAL
2383	PALMETTO GENERAL HOSPITAL
2605	BAPTIST MEDICAL CENTER BEACHES
2606	HANDS JACKSONVILLE MEDICAL CENTER
2636	BAPTIST REGIONAL CANCER CENTER-JAX
2638	ST VINCENTS MEDICAL CENTER
2640	BAPTIST MEDICAL CENTER SOUTH
2650	MAYO CLINIC HOSPITAL
2700	WEST FLORIDA HOSPITAL
2736	BAPTIST HOSPITAL OF PENSACOLA
2738	SACRED HEART HOSPITAL
3701	OAK HILL HOSPITAL
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
3947	KINDRED HOSPITAL CENTRAL TAMPA
3973	UNIVERSITY COMM OF CARROLLWOOD
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

HOSP#	HOSPITAL NAME
4547	FLORIDA HOSPITAL WATERMAN
4601	CAPE CORAL HOSPITAL
4605	LEE MEMORIAL HEALTH SYSTEM
4647	LEHIGH REGIONAL MEDICAL CENTER
4690	LEE MEMORIAL HOSPITAL HEALTHPARK
5100	BLAKE MEDICAL CENTER
5205	MUNROE REGIONAL MEDICAL CENTER
5406	LOWER KEYS MEDICAL CENTER
5446	FISHERMENS HOSPITAL
5505	BAPTIST MEDICAL CENTER NASSAU
5606	TWIN CITIES HOSPITAL
5607	NORTH OKALOOSA MEDICAL CENTER
5610	SACRED HEART HOSP EMERALD COAST
5670	FORT WALTON BEACH MED CTR
5705	RAULERSON HOSPITAL
5806	HEALTH CENTRAL
5836	FLORIDA HOSPITAL CANCER INST SOUTH
5848	MD ANDERSON CANCER CENTER ORLANDO
5851	ORLANDO REGIONAL LUCERNE HOSPITAL
5852	SAND LAKE HOSPITAL
5891	ARNOLD PALMER HOSPITAL
5936	ST CLOUD REGIONAL MEDICAL CENTER
5967	OSCEOLA REGIONAL MEDICAL CENTER
6001	COLUMBIA HOSPITAL
6003	DELRAY MEDICAL CENTER
6007	LAKESIDE MEDICAL CENTER
6036	ST MARYS MEDICAL CENTER
6045	WEST BOCA MEDICAL CENTER
6046	BOCA RATON COMMUNITY HOSPITAL
6047	GOOD SAMARITAN MEDICAL CENTER
6048	JFK MEDICAL CENTER
6069	PALMS WEST HOSPITAL
6070	PALM BEACH GARDENS MEDICAL CENTER
6074	JUPITER MEDICAL CENTER
6106	NORTH BAY HOSPITAL
6170	COMMUNITY HOSP OF NEW PORT RICHEY
6171	PASCO REG MED HOSPITAL
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
6248	BAYFRONT MEDICAL CENTER
6249	MEASE DUNEDIN HOSPITAL
6250	MORTON PLANT HOSPITAL
6251	ST ANTHONY HOSPITAL

(Continued on page 6)

(Continued from page 5: 2010 Recipients of the Jean Byers Award for Excellence in Cancer Registration)

6252	SUN COAST HOSPITAL
6274	ST PETERSBURG GENERAL HOSPITAL
6278	MEASE COUNTRYSIDE HOSPITAL
6305	LAKELAND REGIONAL MEDICAL CENTER
6347	HEART OF FLORIDA HOSPITAL
6446	PUTNAM COMMUNITY
6570	FLAGLER HOSPITAL
6600	COLUMBIA LAWNWOOD REG MED CTR
6647	ST LUCIE MEDICAL CENTER
6704	GULF BREEZE HOSPITAL
6805	SARASOTA MEMORIAL HOSPITAL
6810	ENGLEWOOD COMMUNITY HOSPITAL
6870	DOCTORS HOSPITAL
6905	CENTRAL FLORIDA REGIONAL HOSPITAL
6910	ORLANDO REGIONAL SOUTH SEMINOLE HOS
6936	FLORIDA HOSPITAL ALTAMONTE
7005	VILLAGES REGIONAL HOSPITAL
7205	DOCTORS MEMORIAL HOSPITAL
7405	BERT FISH MEDICAL CENTER
7406	HALIFAX HOSPITAL MEDICAL CENTER

# Cancer Awareness

**APRIL 2011**  
CANCER CONTROL MONTH

**MAY 2011**  
MELANOMA/SKIN CANCER DETECTION & PREVENTION MONTH

**JUNE 2011**  
NATIONAL CANCER SURVIVORS DAY—5<sup>TH</sup>

"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 Annual Meeting

## July 28—29, 2011

**Renaissance Tampa International Plaza Hotel**  
**Register Online at *[fcds.med.miami.edu](http://fcds.med.miami.edu)***

### Topics:

- NPCR CER and AHRQ Projects and Data Requirements
- 2011 Changes to FCDS Data Collection
- Collaborative Stage Data Collection System Version 02.03.02
- FCDS Quality Control - Feedback on Data Quality
- CSv2 Educational Workshop



# CALENDAR OF EVENTS

## CALENDAR OF EVENTS

### NAACCR CANCER REGISTRY & SURVEILLANCE WEBINAR SERIES 2010-2011

**Time:** 9:00 am—12:00 pm  
**Locations:** Baptist Regional Cancer Center (Jacksonville, FL)  
 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)  
 Shands University of Florida (Gainesville, FL)  
**Contact:** Steve Peace at 305-243-4600 or [speace@med.miami.edu](mailto:speace@med.miami.edu)  
**To Register:** <http://fcds.med.miami.edu>

Date	Topic
5/5/11	Collecting Cancer Data: Prostate
6/2/11	Best Practices for Developing and Working with Survival Data
7/7/11	Complete Case Identification and Ascertainment

### NCRA ADVANCE QUALITY ABSTRACTING WEBINAR SERIES REGISTRATION OPEN

**Contact:** [www.ncra-usa.org](http://www.ncra-usa.org)

Date	Topic
4/14/11	Advance Quality Abstracting of Hematopoietics
5/26/11	Advance Quality Abstracting of Pancreas

### NCRA ANNUAL MEETING

**Date:** May 15—18, 2011  
**Location:** Orlando, FL at Disney's Coronado Springs Resort  
**Website:** <http://www.ncra-usa.org>

### NAACCR ANNUAL MEETING

**Date:** June 18—24, 2011  
**Location:** Louisville, KY at the Kentucky International Convention Center  
**Website:** <http://www.naaccr.org>

### FCRA ANNUAL MEETING

**Date:** July 26—27, 2011  
**Location:** Tampa, FL at the Renaissance Tampa international Plaza Hotel  
**Website:** <http://www.fcra.org/>

### FCDS ANNUAL MEETING

**Date:** July 28—29, 2011  
**Location:** Tampa, FL at the Renaissance Tampa international Plaza Hotel  
**Website:** <http://fcds.med.miami.edu>

# Change: the constant at any level in Cancer Registry.

By Gema Midence, MBA, CTR, Quality Control Coordinator

**A**daptability is defined as the ability to change (or be changed) to fit changing circumstances. It is also a defining characteristic found within the most skilled cancer registrar. Within the past 30 years, the cancer registry field has grown from a process of basic medical data collection to a rigorously demanding and respected profession; seen as a major component to cancer patient care.

As cancer registrars we understand the demands of a changing environment. Today, the demand to acquire new knowledge and accompanying skills grows exponentially to the demand for quality and accuracy. In many ways, this parallels my transition as a registry manager of a single hospital registry to my current position at FCDS--whose database contains approximately 3.7 million abstracts and receives 180,000 new records each year resulting in 110,000 new cancer incidences.

FCDS is one of the largest population-based, cancer incidence registries in the nation and, from personal experience, has the learning curve that would accompany a registry of such size.


In the time that I have been here, my working knowledge of cancer registration has expanded to gain an understanding of the underbelly of our profession. As registrars, we are pulled in many directions and asked to follow through on the demands from multiple sources--- our facility's administration, physicians, the American College of Surgeons and yes, the State (FCDS). There isn't much reprieve for registrars these days whether their registry is big or small. I've been there before and now that I am here at FCDS, I can tell you that the pressure is just as intense at this level. It would have made a world of difference knowing then what I have learned now.

Changing, learning, adapting and multitasking are constants in the cancer registry field but the momentum of these skills swings at a greater speed at FCDS. There are many examples of how the environment of a central cancer registry is (more often than not) over-

whelmingly dynamic in contrast to a hospital registry. Essentially, we all know that once a record is reported to the State, that single facility record becomes a piece of a patients cancer incidence puzzle. However, the back-end operations of a central cancer registry are by far more complex that I would have ever imagined.

Within the first six months of joining the Quality Control and Education team at FCDS, I have been fortunate enough to participate on a few of the NAACCR working groups and listened in on the "think-tank" discussions behind the implementation of new data collection standards and the introduction of new edits before the release of the metafile. This has been for me the most intense and interesting aspect of a central cancer registry because I had often wondered, "Why am I picking up this field? ... Why do we need 25 site specific factors... etc."

Furthermore, my position on the QC team, has given me the far reaching opportunity to learn from others not only nationally but also within our own offices. It is truly amazing how much preparation goes on before any upcoming changes are rolled-out on a national level and how the State prepares to adapt its systems and its people (our staff and state registrars) to minimize any impact in the accuracy, timeliness and completeness of data collection--- no pressure. Likewise, by working alongside our statisticians, text fields and codes gain their rightful significance: the human impact of cancer.

I am excited to be a part of a challenging environment like FCDS and much more so to act as an advocate for the registrars in Florida while I am here. I hope to meet most of you at the state meeting this year in Tampa as well as to work together with all of you in exchanging ideas and tackling many of the new obstacles that are ahead as we transition into 2011. I look forward to the next 6 months at FCDS and completing my first year of this new learning experience. Stay tuned! 







## JOB OPENINGS AT FCDS (UNIVERSITY OF MIAMI)

FCDS has employment opportunities for 10 positions that have been established to provide technical support for the CDC/NPCR Comparative Effectiveness Research Project (CER) with 3-year funding provided

by CDC and AHRQ under the American Recovery and Reinvestment Act of 2009 (ARRA).

Below is the information on the positions:

- 3 - CER Field Coordinator positions (Sr. Compliance Representative)
- 3 - CER QC Coordinator positions (Senior Regulatory Analyst)
- 2 - Statistical Analysts (CER and AHRQ)

UM position numbers for Field Coordinator and QC Coordinator openings are noted below:

- CER Position Number(s) – Sr. Compliance Representative (Field Coordinator): 041840, 041841, 041842.
- CER Position Number(s) - Senior Regulatory Analyst (QC Coordinator): 041790, 041789, 041788.

### Position Postings and How to Apply:

In order to apply for these positions, please go to the Official job postings located at: <http://careers.med.miami.edu>. Using the "Department/Hospital" pull down menu, scroll to Sylvester Comprehensive Cancer Center and click "Begin Search". Click on the position title "Sr. Compliance Representative" or "Senior Regulatory Analyst". Click "Apply Online".

Once you have applied, please e-mail your resume to Jill MacKinnon at [jill\\_mackinnon@miami.edu](mailto:jill_mackinnon@miami.edu)



Miller School of Medicine • University of Miami  
PO Box 016960 (D4-11) • Miami, FL 33101  
305-243-4600 • <http://fcds.med.miami.edu>

*Principal Investigator/Project Director*  
Jill A. MacKinnon, PhD, CTR

*Administrative Director*  
Gary M. Levin, BA, CTR

*Editorial Staff*  
FCDS Staff

*Contributors*  
Dr Monique Hernandez  
Mike Thiry  
Betty Fernandez  
Steve Peace  
Gema Midence

*Graphics Designer*  
Bleu Thompson



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](mailto:taskforce@fcra.org).

The task force meets the first Thursday of every month. We will respond back to your inquiries as quickly as possible.



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

