The Florida Cancer Data System
Monthly Memo
Monthly Journal of Updates and Information

JANUARY/FEBRUARY 2012

Jean Byers Abstractor Award Recognition

Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting. We recognize that the facilities that achieve this quality standard are staffed by outstanding professionals that made it possible for the facility to be recognized with this award.

This year we are recognizing those individuals that contributed to a facility recognized for this award by presenting a certificate for Excellence in Cancer Reporting to all abstractors that submitted cases for the recognized facilities. This certificate is a way for FCDS to show our gratitude and appreciation to those individuals that were responsible for helping a facility reach this exceptional quality standard. Thank you for your continued support and dedication.

ALICIA ABRAHAM
JANICE ALEXANDER
JOYCE ALLAN
BERNADETTE ANASTASI
BARBARA ANDERSON
VICTOR ANGLES
CECILIA ANNIS
SUSANA ARIAS
PATRICIA ATCHLEY

JENNIFER ATTWOOD
MARICHU AUFFENBERG
KELLY BARTLETT
KATHRYN BAUMAN
LANA BENEDICT
LISA BERRY
MARCIA BERRY
LEIGH BISHOP
MELISSA BLAKLEY

JUDITH BONNER
MARGARET BONO
LISA BORODEMOS
BESSIE BROKENBURR-HENDERSON
JENNIFER BROWN
TAMMY BUNZE
HEATHER BURNER
MARY BURTON

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WHAT'S NEW:

The following information is currently available on the FCDS website.

FCDS/NAACCR EDITs Metafile - 12.1B Metafile, posted 02/06/2012 8:15am, 12.1B Metafile changes, minor changes to Reason No Radiation edits.

FCDS/NAACCR WEBINAR SERIES: NAACCR 2011-2012 CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES - COLLECTING CANCER DATA: LOWER DIGESTIVE SYSTEM, 04/05/2012, BEING HELD AT 7 FLORIDA FACILITIES AND requires registration.

The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981.

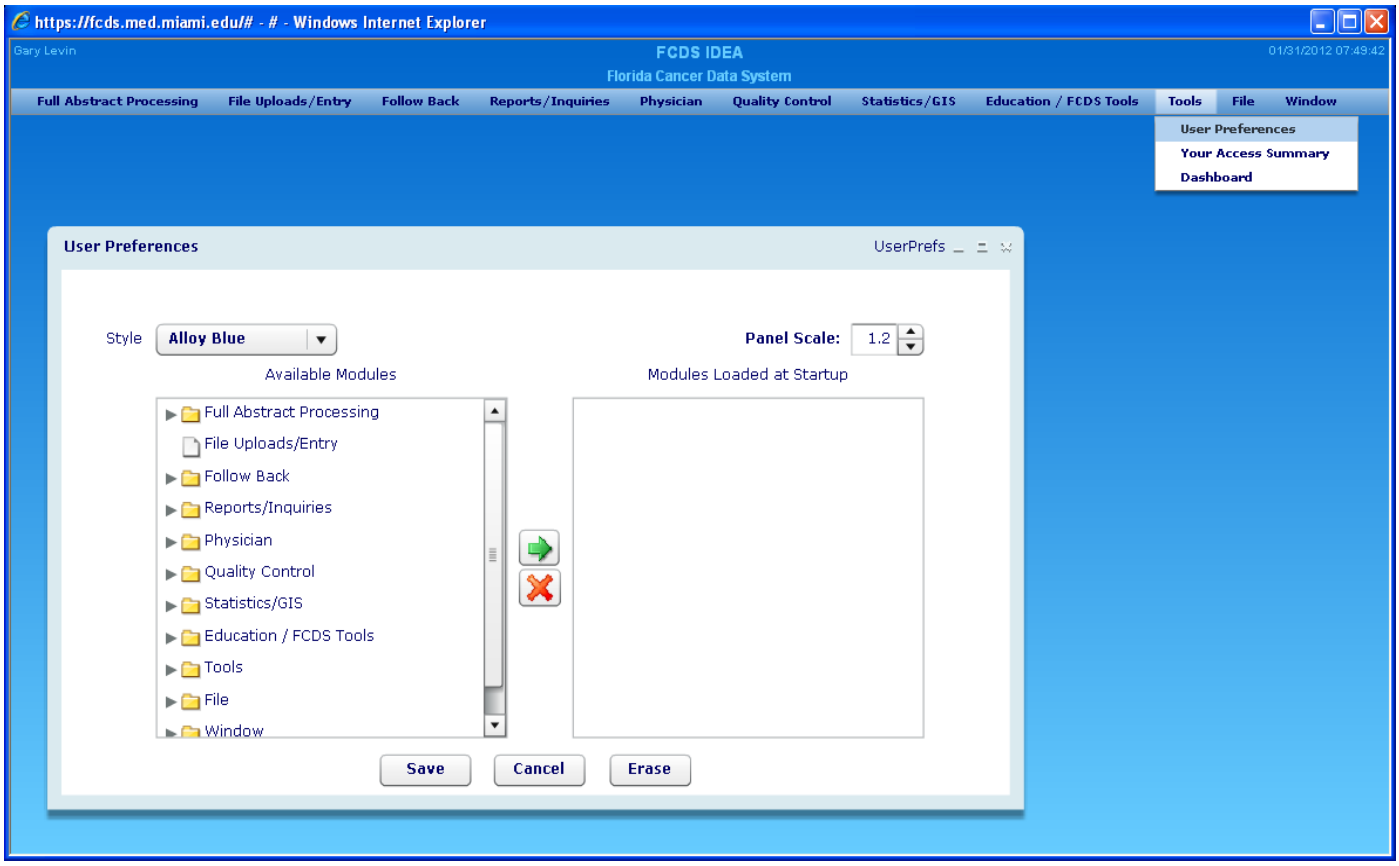
Adjusting Panel Size

Effecting All Modules

Note: This works for both FCDS IDEA and FCDS RECAP (the internal FCDS back office application)

From the menu select Tools.

Then select User Preferences:



The Panel Scale in the top right will adjust the size of all modules. 1 is the standard size. All numbers greater than 1 will increase the panel size. All numbers less than 1 will decrease the panel size. You must click the Save button at the bottom of the screen to retain the selected value. For the change to take effect you can either exit out of IDEA/RECAP or click File from the menu and then Close All. (See Sample on Page 4.)

(Continued on page 3)

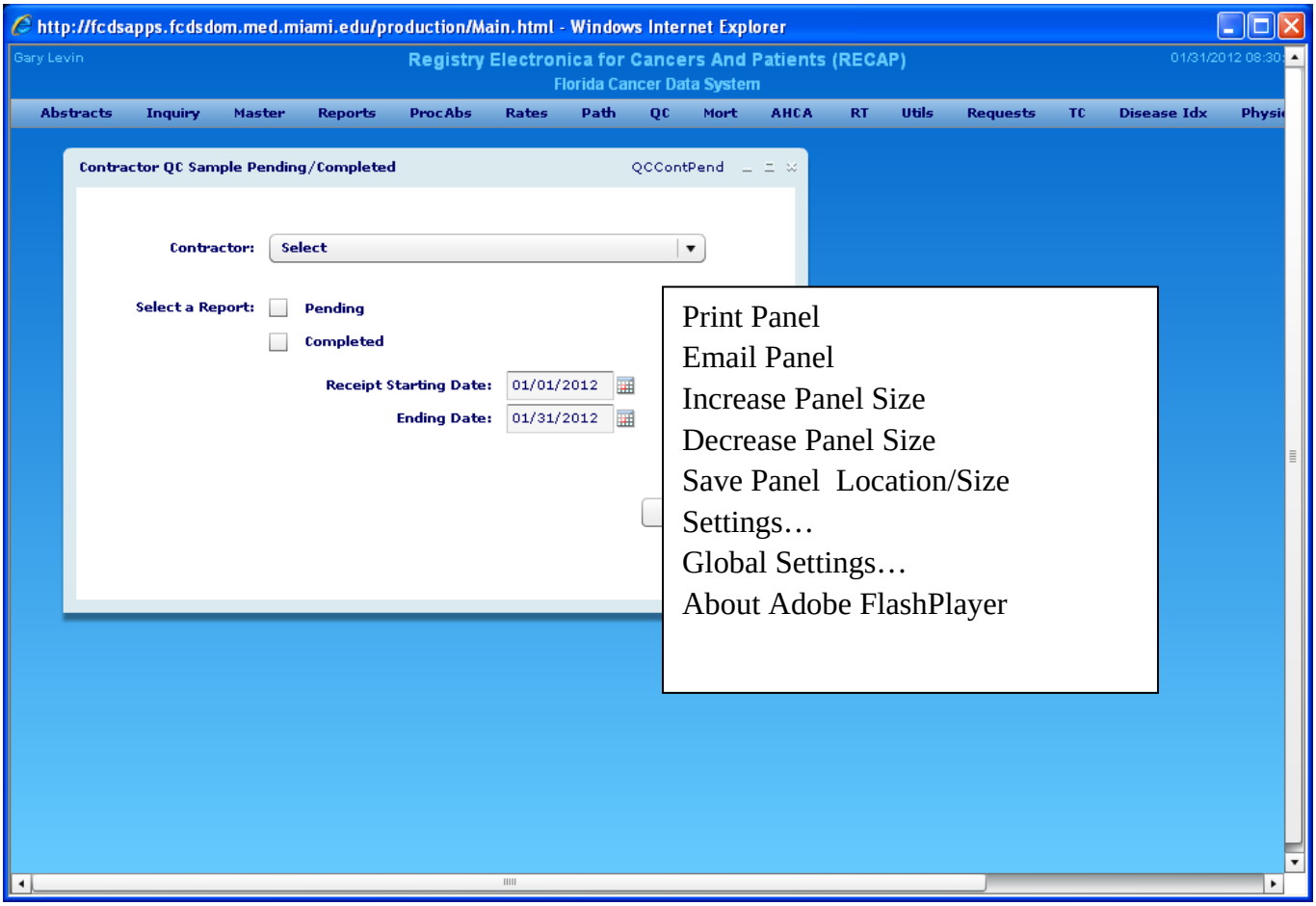
Adjusting Panel Size

(Continued from page 2)

Effecting One Module:

Note: This works for both FCDS IDEA and FCDS RECAP (the internal FCDS back office application) While in a module, right mouse button click. A pop-up like below will appear. Click Increase Panel Size or Decrease Panel Size to see the effect. If you like the effect you must click Save Panel Location / Size. Each time you enter this panel the size will be changed. This change will ONLY effect the one module you were in. If you choose to move the panel and then click Save Panel the placement of that panel will be recalled each time the module is called. Each Increase in panel size corresponds to the panel size in the User Preference module. The base size is 1 and each increase is .2. (See Sample on Page 4.)

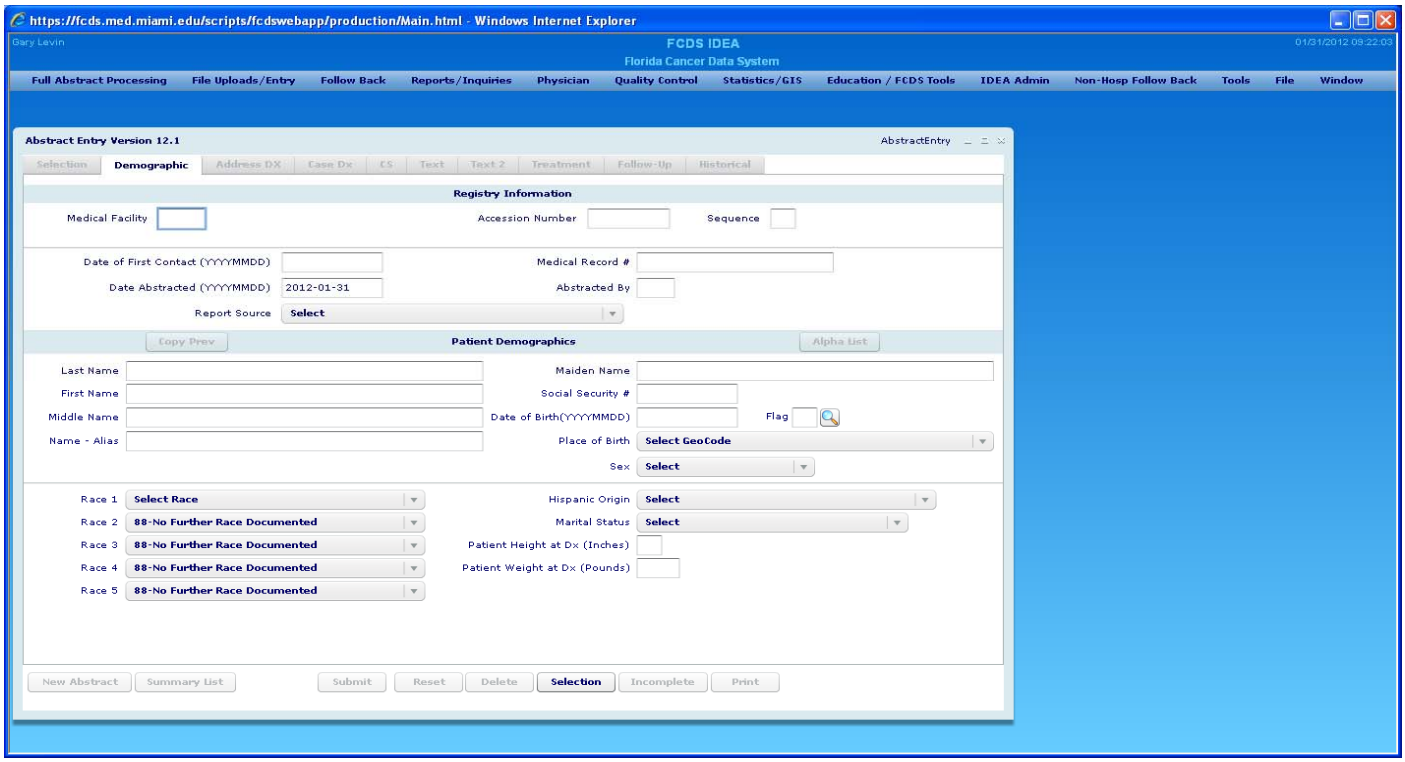
(Continued on page 4)



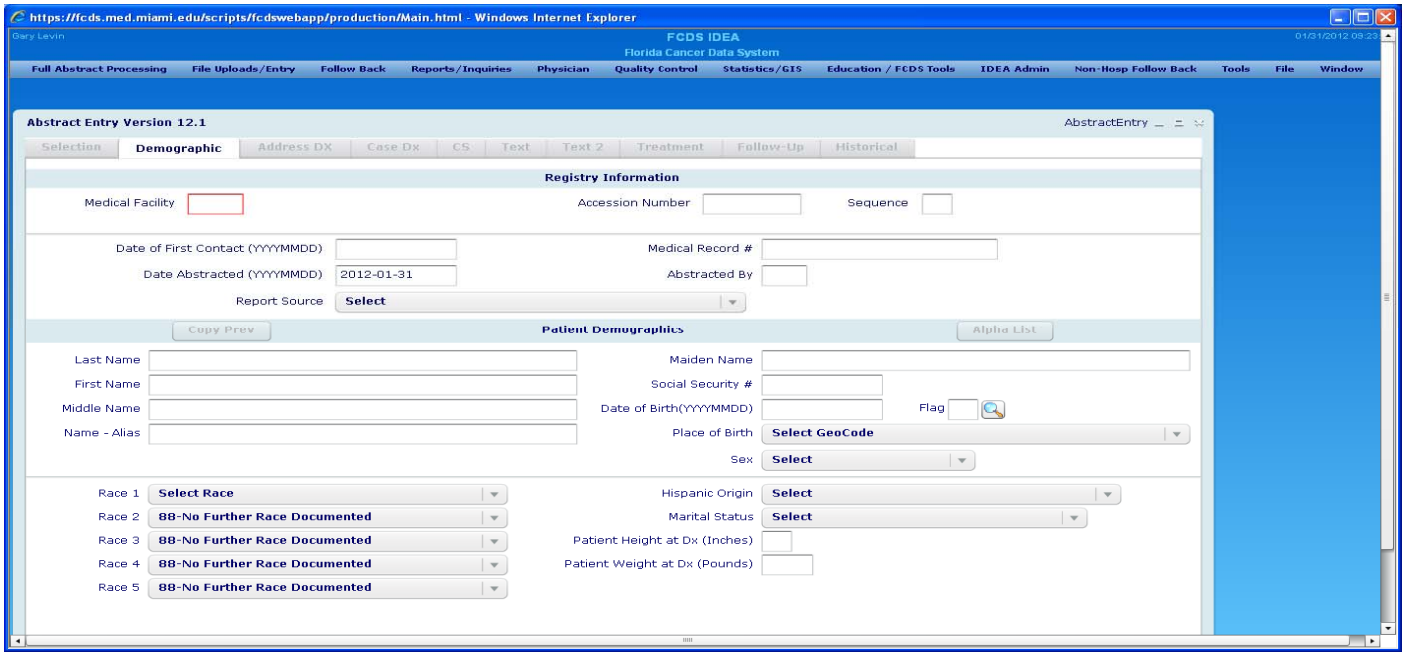
Adjusting Panel Size

(Continued from page 3)

Before Increase Panel Size was selected:



After Increase Panel Size was selected:



*Notice that the scroll bars have been added so that you can access the button at the bottom.

Jean Byers Abstractor Award Recognition

(Continued from page 1)

JOYCE CALVERT

EVA CARAWAY

CHARLA CARTER

JOAN CHAMBERLAND

SUZAN CHASTAIN

RITA CHMELA

JOAN CLARK

DENISE COLBURN

KATHERINE COOK

CHRISTIANNE COX

JENNETTE COX

KAREN COYNE

CHARISSE CREECH

JIMMIE CUMMINS

MAUREEN CURCIO

HARRIET DAME

RANDIE DAVIS

SALLY DAVIS

ABELARDO DE LA RUA

ANNA DELUAGUE

BARBARA DEARMON

MARIA DELGADO

WANDA DIAZ

MARIA DIAZ-PAGAN

DANA DILUCCIO

KATIE DOSS

PATRICIA DOWNEY-JOHNSTON

CLAUDIA DOWNS

ANGIE DROZ

CHARLENE DUELGE

BETHANEY DUPUIS

MARTINA DURAN

SOPHIA EBNER

MAYRA ESPINO

ELIZABETH EXILUS

PENELOPE FELD-PAUSCH

PATRICIA FENTON

OFELIA FERNANDEZ

SUSAN FINN

ALAN FISH

STEPHANIE FOX

BARBARA FRAZIER

INDIA FREEMAN

JANICE FULLER

FREDERICK FURNER

JUDITH FUTERFAS

GERALDO GALLARDO

PAMELA GANTT

DEBRA GARDEMANN

KELLIE GARLAND

KIMBERLY GAVIN

LANA GEOGHAGAN

AMPARA GERENA

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BONNIE GRALNIK

JUDY GURECKIS

BEATRIZ HALLO

JOHANNA HANELINE

BARBARA HARDY

JANICE HARGROVE

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MARGARET HARRELL

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MARY HOPMANN

SUSAN HUFFSTUTLAR

JUDYTH HULS KUDER

CAROL HUTCHISON

ARMAND IGNACIO

ILEANA IVIRICU

LORETHA JAMES

BRIGITTE JOHNSON

FAITH JOHNSON

TIFFANY JOHNSON

JENNIFER JONES

NICOLA JONES

PATRICIA JONES

PENNY JONES

CINDY JULIUS

JENNIFER KASSAN

JACQUELINE KENNEY

STEPHANIE KHAWLY

LAURA KINDERGAN

JAMES KING, JR.

ELIZABETH KIROL

KELLY LARGE

(Continued on page 6)

Jean Byers Abstractor Award Recognition

(Continued from page 5)

TAMARA LEHMAN

DEBBIE LOGUE

BARBARA LORENTSON

NELPHA MALIBAGO

LAQUITA MALONE

JULIE MANNA

MANUAL MARTE

ELIZABETH MARTINEZ

LINDSEY MASON

MARY LOU MASON

CELIA MATHEWS

STACYE MATHIS

NANCY MAUL

PENNY MAY

ALBA MAYA

MELISSA MCCARTHAN

MARSHA MCDANIEL

MELISSA MCMULLEN-WHITE

GLADYS MEJIA

MARGARITA MENA

MERCEDES MENA-ALLAUCA

DINAH MERRILL

JORGE MIGOYA

CHRIS MILLER

ZEIDA MOLINA

SOPHIA MONARREZ

GREDER MORGAN

ADRIENNE MORITH

CAROL MUIR

ANNA MUSCHLER

TERRI MYERS

LESLIE NEVIUS

JOYCE NEWHOUSER

MARY NEWTON

ADELE NISSEN

IGNACIA NUNEZ

MARY OLEARY

CATHERINE ONEILL

SUSAN OHLIN

ROSEMARY OTRUBA

PAM PARKER

GRACE PATRICK

LYNNE PEARSON

KIMBERLY PERDUE

PETER PIERCE

FELIX QUINONES

SADE RAY

PAULA RICCIO

DOUGLAS RICHARDS

ARTHUR ROBERTSON

SUSAN ROBERTSON

ELLEN ROBINSON

NELSON ROJAS

SHARON ROLLE

MARIE ROMULUS

DORSI ROVIN

KAREN SAENZ

SUSAN SAFARIAN

LAURA SALSBURY

CINDY SANBORN

WALTER SANFORD

JENNIFER SANKY

KATHLEEN SASLOW

MELISSA SCHMIDT

LOUISE SCHUMAN

MELISSA SCHUSTER

ILEETA SCOLARO

MELINDA SCOTT

NIKKI SECO

ADELA SEIDMAN

MARIANA SHAHIDPOUR

EILEEN SHARKEY

LILLIAN SHELDON-REECE

RANDY SLAVENS

DOLLY SMITH

LISA SMITH

TRACY SMITH

SUSAN SMITH-PIERCE

RASSY SPROUSE

APRIL STEBBINS

JACQUELINE STEELE

JOAN STERLING

SANDRA STEWART

RAQUEL SUAREZ

ANABEL SUMMERLIN

MICHAEL TAMMANY

PAULETTE THOMAS

SHARON THOMAS

MICHELLE TOURIZ

DIANNA TRIMM

J. TROTTER

GLORIA UNDERHILL

ROBERTO URRUCHI

GASTON VELIZ

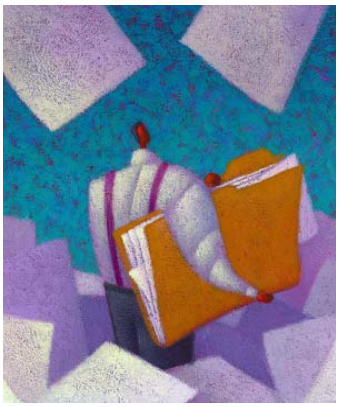
SUSAN VERGAUWEN

(Continued on page 8)

The Emerging Evidence about the Role of Obesity in Cancer

Source: http://www.cancer.gov/ncicancerbulletin/111511/page2

Dr. Rachel Ballard-Barbash



Concern about the public-health consequences of obesity has risen as its prevalence has increased worldwide. Obesity rates have more than doubled since 1980, according to the World Health Organization. In the United States alone, the 2007–2008 National Health and Nutrition Examination Survey results show that 34.2 percent of adults 20 years of age or older are overweight, 33.8 percent are obese, and 5.7 percent are extremely obese. In 1988–1994, in contrast, only 22.9 percent of adults were obese.

A recent NIH research initiative, based on simulation modeling, estimated the public health and economic consequences of the continued rise in obesity among the aging populations of the United States and the United Kingdom. The researchers found that, by 2030, 65 million more U.S. residents will be obese, and that this increase will carry associated costs of $48 to $66 billion per year for treating obesity-related diseases. Clearly, the costs of obesity are substantial and increasing rapidly.

Many people are familiar with the evidence that obesity increases the burden of common chronic diseases such as diabetes, cardiovascular disease, asthma, and arthritis. Surprisingly, despite decades of research indicating a strong association between obesity and cancer incidence and prognosis, obesity's contribution to cancer has been widely recognized only recently.

Before effective cancer screening and treatments were commonly available, many people were not diagnosed until their cancer was advanced, when they may have already experienced weight loss and cachexia. In addition, patients undergoing cancer treatment often experienced significant nausea and vomiting, which led to further weight loss. Cancer was thus considered to be associated with weight loss, rather than with obesity.

Research during the 1970s in animal models and epidemiologic studies examining factors influencing breast cancer began to suggest, however, that higher body mass index (BMI) ratings increased the risk of breast cancer. Since then, extensive research at the basic, clinical, and population levels by investigators around the world has shown that obesity is associated with an increased risk of cancers of the endometrium, postmenopausal breast, gastrointestinal tract (colon, pancreas, adenocarcinoma of the esophagus, and gallbladder), kidney, and thyroid, as well as aggressive forms of prostate cancer. Adult weight gain and increased amounts of abdominal body fat have also been associated with increased risk for several cancers.

During the last two decades, an extensive body of research has begun to identify an association between obesity and worse prognosis and outcomes among some cancer patients, particularly those with breast, prostate, and colon cancer. In interpreting the research on cancer risk and prognosis, it is important to understand that obesity is associated with physical inactivity and poor dietary practices that may also increase the risk for cancer.

Researchers are exploring the many potential mechanisms by which obesity may influence cancer risk and prognosis. Early research focused on the effect of obesity on adverse changes in sex hormones such as estrogens and androgens, particularly during puberty, pregnancy, and menopause.

More recent research has examined mechanisms related to insulin and related growth factors, adipokines (cytokines secreted by fat tissue), other metabolic and growth factors, inflammatory factors, altered immune response, and oxidative stress, relative to all phases of cellular growth and cell death. Researchers are also looking at the effects of obesity and of energy expenditure and intake—at the cellular and whole-body level—on many other mechanisms that may influence cancer. Other research indicates that sleep, alterations in circadian rhythms, and changes in the microbiome may also influence obesity and cancer.

Although important findings have already been made about the links between obesity and cancer, much research remains to be done in a number of areas. For example,

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relatively few studies of obesity and cancer risk have adjusted for the potential effects of physical activity; more have adjusted for dietary factors that may influence cancer risk, such as total calories or amount and types of dietary fat consumed. In addition, no clinical research to date has examined the effect of weight loss on the initial development of cancer; nor have clinical trials been funded to test the effect of weight loss on the likelihood of dying from cancer once diagnosed.

This special issue of the NCI Cancer Bulletin explores how NCI is supporting extensive research at the cellular, animal, and clinical levels to address these gaps in our knowledge about the role of obesity in cancer. NCI's initiatives include partnerships with institutes across NIH, that seek to advance research to understand the environmental, policy, and social forces that may be contributing to the worldwide obesity epidemic.

For example, given the substantial evidence showing how difficult it is to reverse obesity once it occurs, much research is focused on obesity prevention in children, families, and the communities in which they live, play, and work. NCI is working with its partners at NIH, the U.S. Department of Agriculture, the Centers for Disease Control and Prevention, and the Robert Wood Johnson Foundation on the National Collaborative on Childhood Obesity Research . This initiative seeks to enhance the implementation and effectiveness of research to identify multilevel individual, social, environmental, and policy factors that may help to reverse the rising trends in childhood obesity, particularly among populations that are at the greatest risk of obesity and its adverse consequences.

Obesity prevention efforts, such as the Let's Move campaign, are also important, not just because they seek to help control childhood obesity, but because they may also reduce cancer-related morbidity and mortality in the United States.

(Continued from page 6)

PATRICIA WALSACK

SHEILA WALSH

ANA WALTON

LUCILLE WEEMS

FAITH WHITWAM

VICKIE WICKMAN

AMY WILKES

WENDY WILLIAMS

KEM WONG

JANET WYRICK

JENNIFER YOUNG

VICTORIA YOUNG

KATHY ZAMORA

CELIA ZAPATA

SANTIAGO ZAPATA

SARA HOLTON

CINDY TILLMAN

BUBBLELA SIMMONS

2011 FCDS Educational Webcast Series

Each 2-hour webcast is now available on the FCDS website, http://fcds.med.miami.edu/inc/teleconferences.shtml . **NCRA approved CEUs (2 each)**, note the program recognition numbers in the chart below.

DATE	TITLE	NCRA Program Recognition Number
*8/18/11	FCDS 2011 Text Documentation/Visual Editing and Introduction to CSv02.03.02	2011-162
*9/15/11	Colon/Rectum Cancer - 2011 MPH Rules/CSv02.03/Site Specific Factors and Treatment	2011-167
*9/29/11	Breast Cancer - 2011 MPH Rules/CSv02.03/Site Specific Factors and Treatment	2011-168
*11/02/11	Myeloid Neoplasms (CML/AML/MDS) - 2011 MPH Rules/CSv02.03/Site Specific Factors and Treatment	2011-169
*11/17/11	Lung Cancer - 2011 MPH Rules/CSv02.03/Site Specific Factors and Treatment	2011-170
*12/15/11	Genitourinary (Kidney, Bladder, Prostate) - 2011 MPH Rules/CSv02.03/Site Specific Factors and Treatment	2011-171
*1/19/12	Brain and CNS Tumors - 2012 MPH Rules/CSv02.03/Site Specific Factors and Treatment	2011-172
*2/16/12	Head and Neck Cancers - 2012 MPH Rules/CSv02.03/Site Specific Factors and Treatment	2011-173

* Webcasts available on the FCDS website, on the Downloads page: http://fcds.med.miami.edu/inc/teleconferences.shtml

C19.9 Satellite Tumor Nodules Edit

Per CSv2 Part I Section 1

Discontinuous (satellite) tumor deposits (peritumoral nodules) for colon, appendix, rectosigmoid and rectum. Tumor nodules in pericolic or perirectal fat without evidence of residual lymph node structures can be one of several aspects of the primary cancer: discontinuous spread, venous invasion with extravascular spread, or a totally replaced lymph node. These various aspects are handled in different ways in CS. Furthermore, there are different definitions in the sixth and seventh editions of the AJCC Cancer Staging Manual for discontinuous tumor nodules found near the primary site.

a. In the seventh edition and CSv2, if the primary tumor is localized or maps to T1 or T2, code CS Lymph Nodes as 050 if the only information available is the presence of tumor nodules in pericolic fat. In addition, code the total number of tumor deposits in the appropriate Site-specific Factor for Tumor Deposits. If there are tumor deposits and involved regional lymph nodes, code the information on regional lymph nodes in CS Lymph Nodes, the number of positive nodes in Lymph Nodes Positive, and the number of tumor deposits in the appropriate Site-specific Factor for Tumor Deposits.

Effective January 1, 2011 Part I – Section 1 – Page 47
Version 02.03.02

NAACCR 2011-2012 Webinar Series

The Florida Cancer Data System is happy to announce that for another year we will be presenting the NAACCR Cancer Registry and Surveillance Webinar, 2011-2012 series at seven locations throughout Florida:

- **Boca Raton Regional Hospital (Boca Raton)**
- **Moffitt Cancer Center (Tampa)**
- **M.D. Anderson Cancer Center Orlando (Orlando)**
- **Shands University of Florida (Gainesville)**
- **Gulf Coast Medical Center (Panama City)**
- **Baptist Regional Cancer Center (Jacksonville)**
- **Florida Cancer Data System (Miami)**

DATE/TIME	TOPIC
*10/06/2011	Collecting Cancer Data: Larynx Including Mucosal Melanoma of Larynx
*11/03/2011	Collecting Cancer Data: Ovary
*12/01/2011	Collecting Cancer Data: Thyroid and Adrenal Gland
*01/05/2012	Collecting Cancer Data: Pancreas
*02/02/2012	Collecting Cancer Data: Lung
*03/01/2012	Abstracting and Coding Boot Camp: Cancer Case Scenarios
04/05/2012	Collecting Cancer Data: Lower Digestive System
05/03/2012	Collecting Cancer Data: Hematopoietic
06/14/2012	Using and Interpreting Data Quality Indicators
07/12/2012	ICD-10-CM and Cancer Surveillance
08/02/2012	Collecting Cancer Data: Melanoma of Skin
09/06/2012	Coding Pitfalls

* Webcasts available on the FCDS website, on the Downloads page: http://fcds.med.miami.edu/inc/teleconferences.shtml

Special thanks to the hosting facilities for their participation and support. For a complete description of the webinars, click here: https://fcds.med.miami.edu/scripts/naaccr_webinar.pl

Please go to the FCDS website to register online for your location of choice. Registration link is: https://fcds.med.miami.edu/scripts/naaccr_webinar.pl. A separate registration will be required for each webinar. The number of participants allowed to be registered for each webinar will be dependent on space availability. For more information, please contact Steve Peace at 305-243-4601 or speace@med.miami.edu.

NAACCR CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES

Seven Florida facilities will host the 2011-2012 webinar series, *registration is required*

REGISTER FOR THE NEXT WEBINAR

FCDS *is now the host site for Miami , FL with space for 25-30 participants.*

Links to each of the webinars within the 2010-2011 NAACCR Webinar series is now available on the FCDS website. You may access the recording, copy of the slides, Q&A, and CE Certificate for each webinar from the series. A CE Certificate has been provided for those viewing the recording of the webinars.

QUESTIONS? ANSWERS.

FCDS Q/C and Education Divison

QUESTION:

How do we differentiate between reportable GIST and non reportable?

I have a 2.5cm low grade GIST. Is this reportable or do they have to say malignant GIST (which used to be called a GISS)?

ANSWER:

Characteristics of GISTs that are predictive of aggressive behavior are mitotic rate greater than 5 per 10 high-power fields (HPF), size larger than 5 cm and 10 cm, and location (small bowel GISTs of comparable size and mitotic rate are generally more aggressive than gastric GISTs). However, tumors with low mitotic index (< 5 per 50 HPF) and smaller size (2-5 cm) can also metastasize. So while gastric GISTs are commonly less aggressive than those of no gastric intestinal origin, they still maintain the propensity for distant spread. Therefore, most GIST are today reportable as malignant tumors of the GI Tract (stomach, bowel wall, etc.) It is always clear when a GIST has already metastasized that it is malignant because it is behaving in a malignant fashion Low grade tumors are less likely to grow and spread rapidly, but still can. Therefore, the cancer reporting world is moving closer and closer to asking that all GIST be reported and shifting this out of /1 for NOS to /3 for all types.

Florida Cancer Data System
Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF DECEMBER 31, 2011

Total number of *New Cases* added to the FCDS Master file in December, 2011: **12,926**

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

Admission Year	Hospital	Radiation	Ambi/Surg	Physician Office	Derm Path	DCO	Total Cases	New Cases
2011	41,311	253	56	4,909	0	**Pending**	46,529	**10,819**
2010	158,145	3,973	103	1,373	57	**Pending**	163,651	**2,031**
2009	172,175	10,007	3,375	3,148	73	**2,191**	190,969	**76**

		Actual	Expected
% Complete for:	**2011**	**28%**	**50%**
	2010	99%	100%
	2009	100%	100%

Expected % based on 165,000 reported cases/year

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JANUARY 31, 2012

Total number of *New Cases* added to the FCDS Master file in January, 2012: **13,885**

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

Admission Year	Hospital	Radiation	Ambi/Surg	Physician Office	Derm Path	DCO	Total Cases	New Cases
2011	51,859	308	56	5,295	0	**Pending**	57,518	**10,989**
2010	159,035	5,636	103	1,376	57	**Pending**	166,207	**2,556**
2009	172,243	10,253	3,401	3,148	73	**2,191**	191,309	**340**

		Actual	Expected
% Complete for:	**2011**	**35%**	**58%**
	2010	100%	100%
	2009	100%	100%

Expected % based on 165,000 reported cases/year

The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981 when it was contracted by the State of Florida Department of Health in 1978 to design and implement the registry. The University of Miami Miller School of Medicine has been maintaining FCDS (http://fcds.med.miami.edu) since that time.

The FCDS is wholly supported by the State of Florida Department of Health, the National Program of Cancer Registries (NPCR) of the Centers for Disease Control and Prevention (CDC) and the Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine.

FCDS
PO Box 016960 (D4-11)
Miami, FL 33101

Phone: 305-243-4600
800-906-3034
Fax: 305-243-4871
http://fcds.med.miami.edu