

# The Criterion



California Cancer Registry

September, 2011 - Vol 4, Issue 3

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## About this Issue

Katheryne Vance, BA, CTR

Each season has unique characteristics and there are those of us that favor one season over the others. Fall is my favorite. Yes, even for a native born person from the southern part of this great state, I can tell when it is fall! The mornings are crisper, the shadows cast by the late afternoon sun are different, and the trees are trying to hang on to the last bit of warmth before the leaves fall.

This early fall has been different in that the nation commemorated the tenth anniversary of September 11, 2001. One theme that ran through the public ceremonies was the urging of each one of us to recommit to every aspect of our individual lives. This fall, take the time to get organized and recommit ourselves to continuing to collect and report high quality data to assist the California Cancer Registry's mission of Searching for Causes and Cures.

The article *Texting 101* by Mari Carlos, CTR, will assist you in documenting reported data. *Every Minute Counts: CSv 02.03* informs you of an organizational tool that will aid in using the electronic Collaborative Stage Manual. The Cancer Prevention Institute of California provided *Young Hispanic Women Born in the US at Greater Risk for Thyroid Cancer than Foreign-Born Hispanic Women*. This article represents how much the California Cancer Registry and the Regional Registries value the committed cancer registrars that provide valuable data for research.

## Young Hispanic Women Born in the US at Greater Risk for Thyroid Cancer than Foreign-Born Hispanic Women

Pamela Horn-Ross, Ph.D.  
Cancer Prevention Institute of California

### CPIC Study Points to Preventable Environmental Factors

The Cancer Prevention Institute of California (CPIC) has found that young Hispanic women who are born in the US are more likely to develop thyroid cancer than their foreign-born counterparts. This finding could provide insight into ways to prevent this cancer, which is becoming increasingly common in young persons.

“Previous research about thyroid cancer has been limited to looking at Hispanic women as a single group, but thanks to innovative research methods, CPIC is able to look at cancer patterns based on patients’ birthplace and has found important differences,” said CPIC Research Scientist Dr. Scarlett Lin Gomez.

The study found that Hispanic and white women in California have the same overall rates of papillary thyroid cancer, which accounts for about 80% of all thyroid cancers. However, US-born Hispanic women have significantly higher rates than white women, while foreign-born Hispanic women have significantly lower rates. Such a big difference by birthplace shows that something about living in the US since birth has an effect on the development of papillary thyroid cancer.

“When cancer rates vary by birthplace, this difference points to modifiable risk factors (such as diet, physical activity and other factors that may change with immigration and acculturation) that could provide clues to help us prevent this disease” said CPIC Research Scientist Dr. Pamela Horn-Ross.

Thyroid cancer disproportionately affects young women, and is of particular concern for the US-born Hispanic population, as it is substantially younger (median age of 25.9 years vs. 35.3 years) and growing at a faster rate (58% vs. 23% increase from 1990 to 2000) than the general population.

Additionally, the study found that papillary thyroid cancer rates are rising year over year in all racial and ethnic groups investigated in the study period (1988-2004). The increase ranged from 3.5% to 6.0% per year among young foreign-born and older US-born Hispanic women, respectively. The increase among white women was 5.3% per year (for the period 1993-2004).

“Given the rising rates of a cancer affecting young women, and the rapidly growing Hispanic population in this country, further research is needed to help us understand this substantial increase in thyroid cancer incidence and take steps toward prevention,” Dr. Horn-Ross said.

The findings from this study were published in the latest issue of the journal *Cancer*. Funding for the study came from the National Cancer Institute’s Surveillance, Epidemiology and End Results (SEER) Program.

## Texting 101

Mari Carlos, CTR  
Cancer Surveillance Program - Los Angeles

Text documentation of all codes is a long standing requirement for cancer abstracts, but just how important is it?

The GOAL: All of us want to produce data that are clean, accurate, and useable. The epidemiologists who use cancer data require a high level of accuracy in these data in order to achieve our mutual primary objective – to aid in the search for the causes and cures for cancer.

The PROBLEM: An unsupported code is viewed with skepticism by epidemiologists and investigators. It is their prerogative, and frequently their choice, to exclude your lab values (for instance) because they see no text documentation to support the codes. *In other words, your perfectly good case will probably NOT be included in studies when all that was needed to save the good data was a short line of text on the abstract.*

The SOLUTION: Document!\* Document!\* Document!\* Take the time necessary to support your codes. Your documentation can be shortened by use of the approved abbreviations found in Appendix M of Volume I, but

must still contain all of the necessary supporting information.

#### References:

Volume I, I.1.6.3 Coding: “Much of the information is entered in codes consisting of numbers or characters. Codes **must** be supported by text documentation on the abstract.”

DSQC Memo 2000-02: “If a code is not supported by documentation on the abstract, then it will be counted as a discrepancy. Example: The abstract has the tumor size coded as 024, but there is no mention of the tumor size anywhere in the text of the abstract. Tumor size will be changed to 999 and this will be counted as a discrepancy.”

DSQC Memo 2011-02: Documenting Collaborative Stage Site Specific Factors. This memo reiterates the coding and documentation directive in Volume I, I.1.6.3 stated above. Additionally the memo states that, “This standard includes coding of laboratory tests and tumor markers for Collaborative Stage site specific factors. *The abstract must contain information to support the code used.* Supporting documentation should include information as to whether the test is performed at the facility or not.”

\*Document ONLY with the text necessary to support your codes. Please refrain from adding frivolous and extraneous text to your abstract, i.e. any text that does not pertain directly to the cancer being abstracted.

## Every Minute Counts: CSv02.03

**Katheryne Vance, BA, CTR**  
**California Cancer Registry**

Registrars need all the abstracting tools possible in order to streamline the abstracting process. The Collaborative Stage Team has created and made available a hyperlinked CS coding manual. This free program is available at: [www.cancerstaging.org/cstage/manuals/coding0203.html](http://www.cancerstaging.org/cstage/manuals/coding0203.html)

What are the attributes of the program? It will automatically check to see if there is enough space on your computer prior to installation. It will automatically check for Adobe Reader ® and direct the user to a free version of the reader if necessary. Once these initial steps are satisfied, the program will install 32 files into one folder on your computer. The files include:

- 29 PDF files of the schema groups
- Part 1, Section 1 (general rules)
- Part 1, Section 2, (site-specific notes)
- Table of Schemas (master list)

The program installs an icon on your desktop and it also includes a readme file of instructions.

The hyperlinked CS coding manual links together various sections of the manual making it easier to jump from the schemas to Part 1, Sections 1 and 2, for more detailed explanations and instructions. Additionally, registrars can personalize the manual by inserting electronic sticky notes and highlighting important areas.

## **In Memmori**

**Frank Soto**, CNExT Help Desk Technician, passed away suddenly at home on August 13, 2011. His California Cancer Registry and C/NET Solutions colleagues knew him as a friendly and nice man who was always smiling. At the funeral services his father spoke of him as a good son who was always respectful. Over one hundred of his CNExT customers sent their condolences which often contained gratitude for Frank's expertise and commitment to solving their CNExT issues. These were given to the family who clearly took comfort in knowing that he was so well liked and respected.

**Jerilyn Bartulis**: Sadly, Jerilyn Bartulis, CTR, a cancer registrar in Southern California for over 30 years, died September 15, 2011 after a long battle with endometrial cancer.

**Paul Meier**: Statistician, co-author of the Kaplan-Meier Estimator: [click here](#).

## **Educational Opportunities**

November 2-4 , 2011, 38th CCRA Annual Meeting, Culver City. Contact: Maia Bohm at [Bohm.Maia@hcahealthcare.com](mailto:Bohm.Maia@hcahealthcare.com)

November 14, 2011, C-CCRA Annual Meeting, California Cancer Center, Fresno. Contact: Mary Leyser at [mleyser@communitymedical.org](mailto:mleyser@communitymedical.org)

November 18, 2011, Region 4 Registrars Educational Meeting, Marion Medical Center, Santa Maria. Contact: Katheryne Vance at [kvance@ccr.ca.gov](mailto:kvance@ccr.ca.gov)

December 14, 2011, N-CCRA Educational Meeting, CPIC, Fremont. Contact: Kathleen Davidson-Allen at [Kathleen.Davidson-Allen@cpic.org](mailto:Kathleen.Davidson-Allen@cpic.org)

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