

**1995
ANNUAL REPORT**

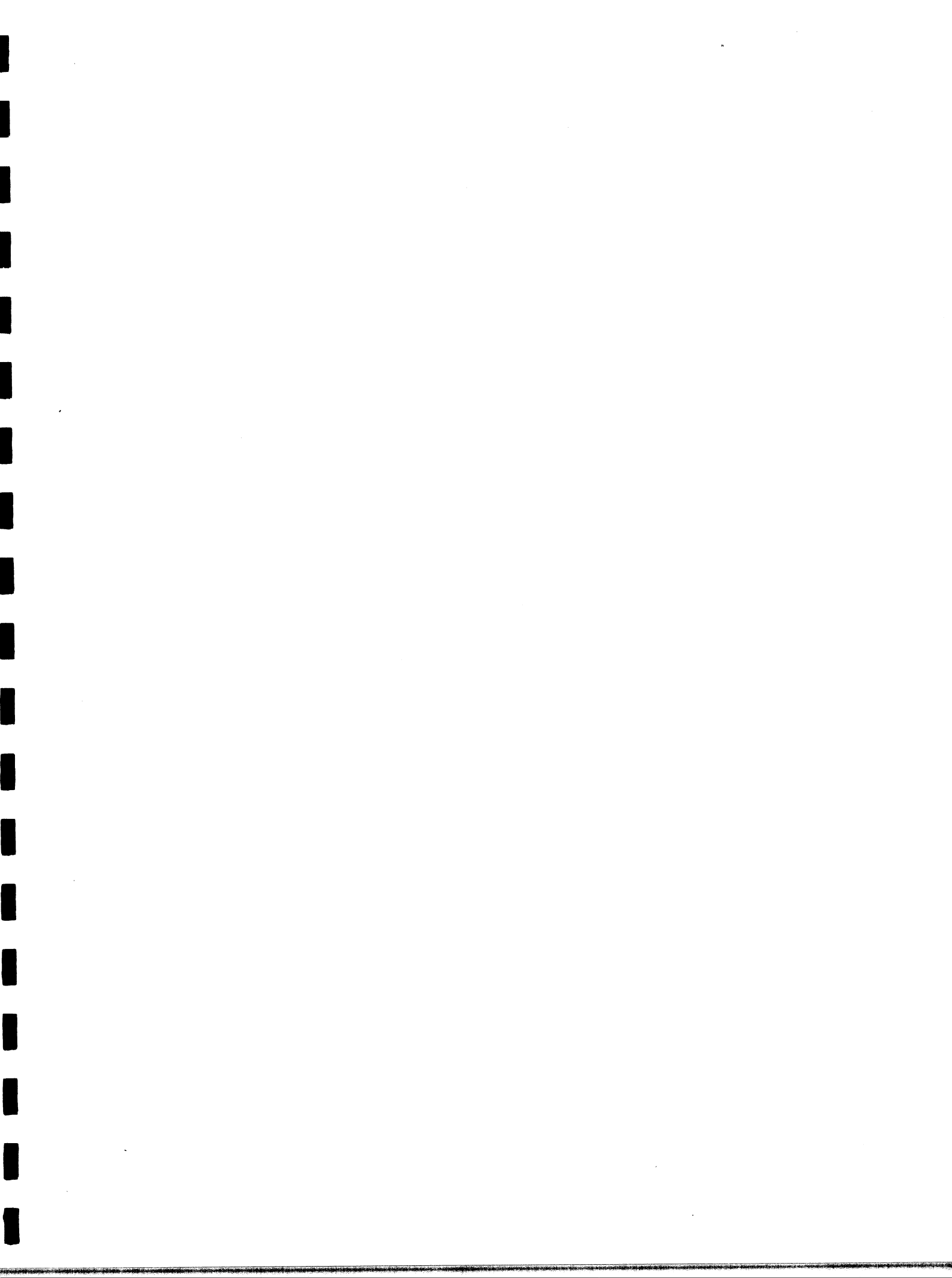
Submitted to the Governor and Legislature
pursuant to Section 240.5121, Florida Statutes

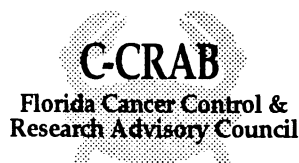
February 15, 1996

John C. Ruckdeschel, M.D., Chair
Dorothy F. Parker, M.H.S., Coordinator

C-CRAB Office
H. Lee Moffitt Cancer Center & Research Institute
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EXECUTIVE SUMMARY

Breast Cancer Treatment Options Brochure: C-CRAB received a \$50,000 appropriation to develop and distribute a brochure on treatment options for newly diagnosed breast cancer patients, enabling C-CRAB to fulfill its statutory mandate (s. 240.5121(4)(m), F.S.). The appropriation resulted from a recommendation of the Breast Cancer Task Force (see page 8). The brochure will be distributed to physicians statewide for their use in complying with their mandate (ss. 458.324 and 459.0125, F.S.) to inform breast cancer patients about "medically viable treatment alternatives" (see page 1 and 7).

C-CRAB Meetings: C-CRAB held two Council meetings and one Executive Committee meeting in 1995. The main issues discussed were: (1) cancer-related bills in 1995 legislative session; (2) recommendations of C-CRAB's Cancer Registry Enhancement Technical Advisory Group; (3) plans for the breast cancer treatment options brochure; (4) future directions for C-CRAB; (5) selection of priorities for the 1996 Florida Cancer Plan; (6) improving communication with organizations represented on C-CRAB; and (7) 1996 legislative activities (see page 4).

Florida Cancer Plan: C-CRAB plans to revise the Florida Cancer Plan in 1996. The top two priorities will remain breast and cervical cancer screening, and prevention of smoking-related cancers. Insurance issues and access to care is the third priority. Other issues include: exposure to environmental tobacco smoke, skin cancer, coordination of cancer program activities, and screening for colorectal and prostate cancer. The plan will also include an update on cancer rates, changes in cancer screening practices, and an update on cancer control programs in Florida (see page 5).

Legislative Activities: C-CRAB reviewed 26 cancer-related bills filed during the 1995 Legislative session. For those that C-CRAB endorsed, letters were sent to bill sponsors and members of the relevant House and Senate committees (see pages 5-6).

Technical Advisory Groups: C-CRAB created two Technical Advisory Groups (TAGs) in 1995: one for the Cancer Registry Enhancement project, and the other for the breast cancer treatment options brochure (see pages 6-7).

CANCER CONTROL AND RESEARCH ADVISORY COUNCIL (C-CRAB)

1995 ANNUAL REPORT

Statutory Authority and Appropriations

C-CRAB's enabling statute (s. 240.5121, F.S.) was modified slightly as a result of Senate Bill 548 that addressed recommendations from the Florida Breast Cancer Task Force (see page 8). The change was in subsection (4)(m). It enables C-CRAB to purchase, as well as to prepare, a breast cancer treatment options brochure. SB 548 also included a \$50,000 appropriation to C-CRAB for the brochure. Funds were appropriated from General Revenue to the H. Lee Moffitt Cancer Center for FY 1995-1996.

The Legislature also renewed its \$15,000 appropriation to C-CRAB for travel expenses for members to attend meetings. This amount is included in H. Lee Moffitt Cancer Center's appropriation.

As in previous years, no funds were appropriated to the *Florida Cancer Control and Research Fund* (s. 240.5121(6), F.S.). Therefore, C-CRAB was not able to award any grants or contracts for cancer control, prevention, education, training, or research.

Membership

A list of current C-CRAB members can be found in **Appendix 1**. Governor Chiles made the following appointments in 1995:

Members Reappointed:

W. Jarrard Goodwin, M.D., University of Miami School of Medicine
Richard S. Hopkins, M.D., Department of Health and Rehabilitative Services
Jeffrey P. Krischer, Ph.D., Florida Association of Pediatric Tumor Programs
Janet Patten, General Public
James W. Orr, M.D., Florida Obstetric and Gynecologic Society
Edward J. Trapido, Sc.D., Sylvester Comprehensive Cancer Center

New Members:

Robert L. McGuire, M.D., American Cancer Society
Edward M. Copeland, M.D., University of Florida College of Medicine

Bylaws and Officers

No changes to the C-CRAB bylaws were made in 1995.

John C. Ruckdeschel, M.D., representative from the H. Lee Moffitt Cancer Center, was appointed as C-CRAB Chairperson in October 1995. He replaced Warren E. Ross, M.D., from the University of Florida College of Medicine, who served as Chairperson from 1993 to 1995.

Dr. Ruckdeschel appointed the following members to the C-CRAB Executive Committee:

Robert McGuire, M.D., American Cancer Society
Clarence H. Brown, III, M.D., M.D. Anderson Cancer Center Orlando
Jean A. Byers, C.T.R., Florida Tumor Registrars Association
Richard Hopkins, M.D., Department of Health and Rehabilitative Services
Herbert D. Kerman, M.D., Florida Society of Clinical Oncology
Jeffrey P. Krischer, Ph.D., Florida Association of Pediatric Tumor Programs
Nancy P. Mendenhall, M.D., Shands Cancer Center
Edward J. Trapido, Sc.D. (Sylvester Comprehensive Cancer Center)

C-CRAB Meetings

Council Meetings

Two Council meetings were held in 1995: May 31 and November 21. A copy of the minutes can be found in **Appendices 2A and 2B**.

The main issues at the May 31 meeting were: (1) cancer-related bills from 1995 legislative session; (2) recommendations of C-CRAB's Cancer Registry Enhancement Technical Advisory Group; (3) plans for the breast cancer treatment options brochure; and (4) future directions for C-CRAB. At the November 10 meeting, there was discussion on: (1) the breast cancer treatment options brochure; (2) selection of priorities for the 1996 Florida Cancer Plan; (3) improving communication with organizations represented on C-CRAB; and (4) 1996 legislative activities.

Executive Committee Meetings

The C-CRAB Executive Committee met on September 6, 1995. Issues discussed included nomination of the chairperson, the breast cancer treatment options brochure, revising the Florida Cancer Plan, and 1996 legislative strategies (see minutes in **Appendix 3**).

Florida Cancer Plan

C-CRAB approved the last Florida Cancer Plan in 1993. In 1994, C-CRAB submitted a Florida Cancer Plan Update to the Governor and Legislature. The Update included a status report on activities and accomplishments relating to recommendations in the 1993 plan.

In 1995, C-CRAB decided to revise the plan in 1996. The priorities for the new plan were established at the November C-CRAB meeting (see page 6 of November 21 meeting minutes, Appendix 2A). It was decided that the top two priorities remain breast and cervical cancer screening, and prevention of smoking-related cancers. Insurance issues and access to care is the third priority. Other issues to be included in the 1996 plan are: exposure to environmental tobacco smoke, skin cancer, coordination of cancer program activities, and screening for colorectal and prostate cancer. The plan will also include an update on cancer rates, changes in cancer screening practices, and an update on cancer control programs in Florida.

Legislative Activities

C-CRAB reviewed cancer-related bills introduced during the 1995 legislative session. The C-CRAB Coordinator prepared a summary of each bill, then surveyed C-CRAB members to develop position statements. The following bills were reviewed. Those marked with an asterisk (*) were endorsed by C-CRAB, and letters of support were sent to bill sponsors and members of the House and Senate committees that reviewed the bills.

Tobacco Issues:

- | | |
|----------------------|--|
| * HB 209 and SB 236 | Clean Indoor Air Act/No Smoking in Restaurants |
| * HB 1349 | Taxes on Tobacco Products |
| * HB 463 and SB 574 | Age Requirement for Tobacco Products |
| * HB 593 and SB 1454 | Minors Smoking on School Property |

Breast Cancer Issues:

- | | |
|----------------------|--|
| * HB 453 and SB 886 | Breast Cancer Awareness Month |
| * SB 2088 | Florida Cancer Control and Research Advisory Council |
| * HB 1533 | Mammograms |
| * SB 548 | Insurance Requirements re: Fibrocystic Conditions |
| * HB 853 and SB 1616 | Health Insurance Policy Coverage (re: mammograms) |

Other Issues:

- | | |
|-----------------------|--|
| * HB 451 and SB 485 | Insurance Coverage for Cancer Related Drugs |
| HB 549 and SB 498 | Practice and Teaching of Medicine |
| * HB 1425 and SB 2478 | Corporate Tax Credit for Cancer Screening Procedures |

- | | |
|--|--|
| * HB 1769 and SB 1764
SB 698 and HB 135 | American Cancer Society License Plate
Firefighters and Paramedics Suffering Cancer in the Line
of Duty |
| HB 19 and SB 42 | Repeal of Medicaid Third Party Liability Act |
| * HB 2379 and SB 2488 | Office of Minority Health |

Of the above bills, three passed and were enacted into law:

- ✓ SB 548/HB 1388/SB 2088 - selected recommendations from the Breast Cancer Task Force
- ✓ HB 453/SB 886 - establishing October as Breast Cancer Awareness Month
- ✓ SB 486/HB 451 - insurance coverage for off-label drugs

In addition, C-CRAB sent letters to members of the House Health and Life Insurance Subcommittee regarding a section of PCB-3 that would allow the state's cancer centers to provide diagnosis and treatment of cancer in all health maintenance contracts.

Technical Advisory Groups

C-CRAB's method for addressing specific issues is to create Technical Advisory Groups (TAGs) which include C-CRAB members as well as others with expertise and interest in that issue. In 1995, there were two TAGs:

Cancer Registry Enhancement TAG

Section 385.202, F.S., requires hospitals to report cancer cases to a state cancer registry. The Florida Cancer Data System (FCDS) has served as the state cancer registry since 1979. It is operated by the University of Miami under contract from HRS. In 1994, the HRS State Health Office received a grant from the federal Centers for Disease Control and Prevention to enhance FCDS and to participate in the National Cancer Registry Program. The goals of the enhancement are to increase the completeness and timeliness of reporting of cancer cases, and to increase publication and analysis of cancer incidence data for Florida.

In 1994, C-CRAB formed a TAG to consult with HRS and FCDS staff on the registry enhancement project. The TAG met twice in 1995: February 10 and May 31 (see minutes, **Appendices 4A and 4B**). The issues addressed by the Cancer Registry Enhancement TAG were:

1. Getting support from the Florida Hospital Association regarding changes in data collection.
2. Working with the Florida Society of Pathologists to discuss reporting of non-hospital cases.
3. Changing language in the statute to expand reporting requirements beyond hospitals and to give HRS rule-making authority for cancer reporting requirements.
4. Qualifications of individuals who collect and submit data to FCDS.

Issue #4 resulted in the following formal recommendation adopted by C-CRAB at its May 31 meeting:

Regarding the issue of the qualifications of individuals who collect and submit cancer patient information to the Florida Cancer Data System, the Cancer Control and Research Advisory Council (C-CRAB) recommends that:

- 1. Data collection and reporting be carried out by Certified Tumor Registrars (CTR), CTR-eligibles, or persons supervised by a CTR; and*
- 2. The Florida Tumor Registrars Association and the Florida Cancer Data System suggest and develop an appropriate curriculum and schedule for training individuals for entry level positions in the field.*

The recommendation was sent to FCDS, the Florida Tumor Registrars Association, the Florida Hospital Association, the American Cancer Society, and others.

Breast Cancer Treatment Options Brochure TAG

As mentioned on Page 3, the C-CRAB statute calls for C-CRAB to develop a brochure on breast cancer treatment options. The brochure can be used by physicians in Florida who are required by statute (ss. 458.324 and 459.0125, F.S.) to inform newly diagnosed breast cancer patients about "medically viable treatment alternatives."

In 1995, C-CRAB received \$50,000 from General Revenue funds to develop and distribute a brochure on breast cancer treatment options. This was the first time C-CRAB received funding to fulfill its statutory mandate. In the mid-1980s, when C-CRAB was part of HRS State Health Office, a brochure was purchased from a commercial health education company. It was distributed until 1992 when C-CRAB decided the information was no longer current. Since 1992, requests for information have been referred to either the American Cancer Society or the Cancer Information Service, which distributes material from the National Cancer Institute.

To develop a new brochure, C-CRAB formed a Technical Advisory Group (TAG). Twenty individuals volunteered, including physicians, nurses, health educators, and breast cancer survivors. TAG members were sent sample brochures from other states and agencies, and a questionnaire about content and format for the new brochure for Florida. A TAG meeting was held on October 23 (see minutes, **Appendix 5**). Based on the discussion and other feedback, a draft was prepared and mailed to TAG members for review in December. Focus groups of breast cancer survivors will be used to pretest the brochure. The final version will be completed by April 1996. Plans are also being developed for an effective means to distribute the brochure.

Breast Cancer Task Force

In 1993, the Florida Legislature created the Breast Cancer Task Force to make recommendations for increasing awareness of early detection of breast cancer (Chapter 93-175, Laws of Florida). The Task Force was created independent of C-CRAB, but like C-CRAB, was placed under the H. Lee Moffitt Cancer Center. The C-CRAB Coordinator served as Coordinator of the Breast Cancer Task Force for its 18-month existence.

The Task Force's final report was presented to the Governor at a press conference at the Capitol on January 10. The press conference was attended by Governor Chiles, Bill Nelson, Senators John Grant and Howard Forman, Representatives Debby Sanderson, Sally Hayman and Bob Casey, Task Force members Beverley Grant and Margie Mixson, Zola Lett (American Cancer Society and American Association of Retired Persons), H. Lee Moffitt, Dr. Charles Mahan and staff from the HRS State Health Office, Shirley Grantham (president of Florida's Business and Professional Women's Association), and others who support breast cancer programs. Copies of the report were also sent to members of the House and Senate.



The Legislature addressed some recommendations made by the Task Force during the 1995 session. SB 548, which by the end of the session had incorporated parts of SB 2088 and HB 1533, passed and was signed by Governor Chiles. A bill signing ceremony was held in the Governor's Office on October 11, 1995.



Other Statewide Cancer Control Programs

Breast and Cervical Cancer Early Detection Program

In 1994, the HRS State Health Office received a grant from the federal Centers for Disease Control and Prevention (CDC) for a breast and cervical cancer screening and education program. In 1995, the State Health Office awarded money to five local areas to provide screening and diagnostic services for uninsured women. Part of the state program includes an advisory group, the **Florida Breast and Cervical Cancer Coalition**.

Staff from C-CRAB and the Breast and Cervical Cancer Program have developed a collaborative relationship. The C-CRAB Coordinator, Dorothy Parker, attends coalition meetings, serves on the Evaluation Workgroup, and is on the Administrative Steering Committee. Several C-CRAB members also serve on the Coalition. The director of the Breast and Cervical Cancer Early Detection Program, Margo Blake (State Health Office, Family Health Services), attends C-CRAB meetings and provides updates on the program's activities. At the November 21 C-CRAB meeting, it was decided that a plan being developed by the Breast and Cervical Cancer Program would be incorporated into the 1996 Florida Cancer Plan.

Tobacco-Free Florida Coalition

C-CRAB is an organizational member of the Tobacco-Free Florida (TFF) Coalition, a group of organizations concerned with reducing tobacco use in Florida. Coordination between C-CRAB and the TFF Coalition includes regular attendance at C-CRAB meetings and updates from TFF staff member Dr. Joyner Sims. The C-CRAB Coordinator regularly attends Coalition meetings. She also serves on the Coalition's Executive Committee. Two C-CRAB members are also members of the TFF Coalition. Activities of the Coalition are funded by a grant from CDC and from the Robert Wood Johnson Foundation.

Activities that C-CRAB participated in during 1995 include writing letters in support of the U.S. Food and Drug Administration's (FDA) proposed regulations for tobacco. Letters were sent to members of Florida's U.S. congressional delegation, FDA, and President Clinton. C-CRAB also wrote letters to Governor Chiles and key legislators in support of the Medicaid Third Party Liability Act and the suit against tobacco companies.

Five-A-Day Partnership

C-CRAB is also a member of Florida's 5-A-Day Partnership. The 5-A-Day Program, a partnership between the National Cancer Institute (NCI) and the Produce for Better Health Foundation, promotes increased consumption of fruits and vegetables as a means to better health, including cancer prevention. The C-CRAB Coordinator attended all Partnership

meetings in 1995 and served on the Steering Committee. Information about the 5-A-Day Program is shared with C-CRAB members through the newsletters and at meetings.

C-CRAB Newsletter

Four issues of the C-CRAB Newsletter were published in 1995 (see **Appendix 6**). The newsletter has a mailing list of more than 250 individuals and organizations interested in cancer control.

Plans for 1996

1. Complete the breast cancer treatment options brochure. Distribute it to doctors' offices throughout the state and promote its use through a series of public education and media activities.
2. Revise the Florida Cancer Plan and distribute it to agencies and organizations involved with cancer control.
3. Support legislation that enhances cancer control.
4. Continue to monitor health care and insurance activities in Florida that will effect cancer services.
5. Continue collaboration with statewide activities, such as the Breast and Cervical Cancer Early Detection Program, the Tobacco-Free Florida Coalition, and the Five-A-Day Partnership.
6. Through the Cancer Registry Enhancement Technical Advisory Group (TAG), continue to work with HRS and the Florida Cancer Data System to improve cancer reporting and to produce reports on cancer incidence in Florida.

LIST OF APPENDICES

- 1 **Membership List**

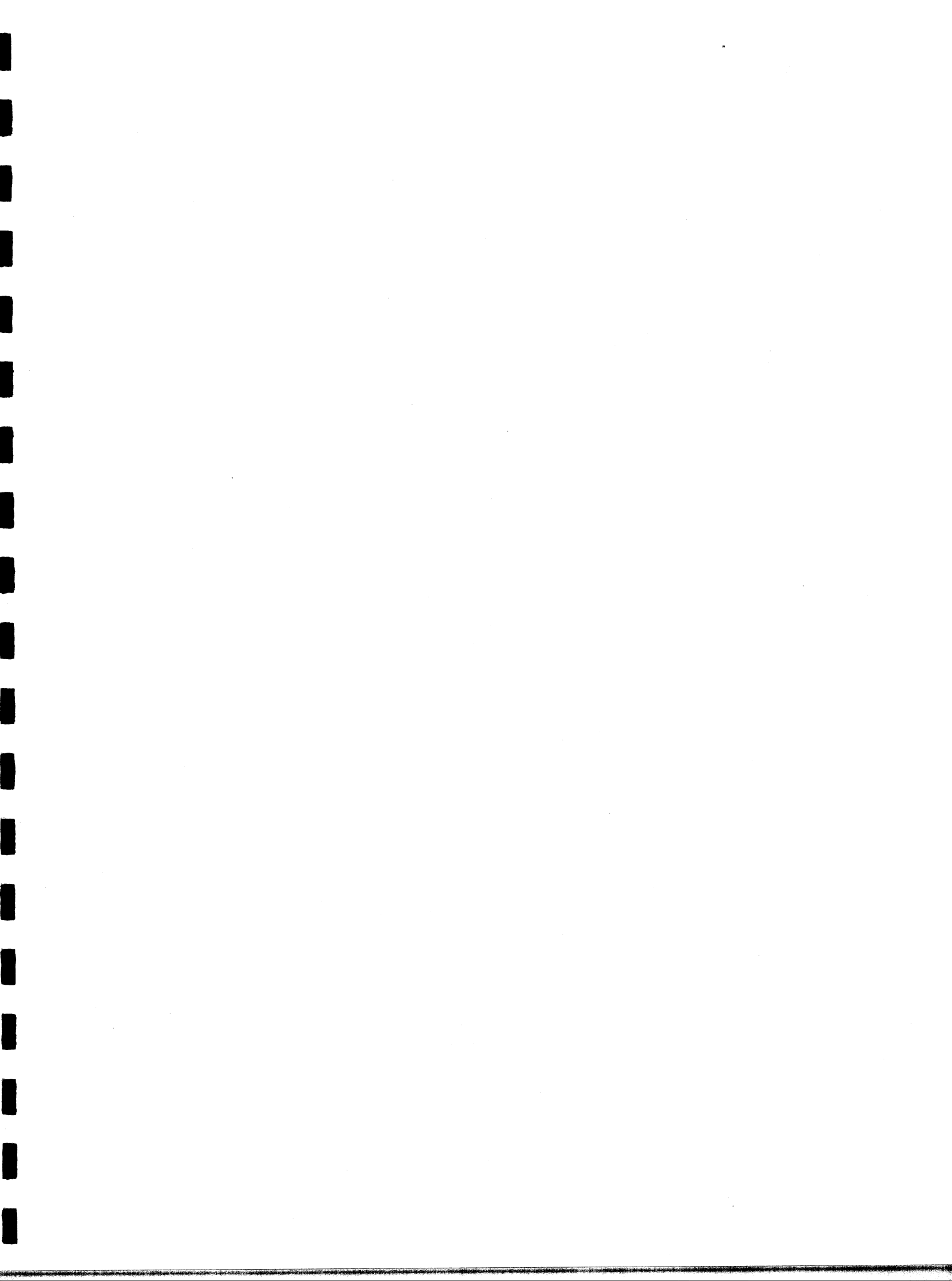
- 2 **Council Meeting Minutes**
 - 2A May 31, 1995
 - 2B November 21, 199

- 3 **Executive Committee Minutes**
 September 6, 1995

- 4 **Cancer Registry Enhancement Technical Advisory Group
Minutes**
 - 4A February 10, 1995
 - 4B May 31, 1995

- 5 **Breast Cancer Treatment Options Technical Advisory Group
Minutes**
 October 23, 1995

- 6 **C-CRAB Newsletters**
 - Vol. 3, Number 1 February 1995
 - Vol. 3, Number 2 May 1995
 - Vol. 3, Number 3 August 1995
 - Vol. 3, Number 4 November 1995

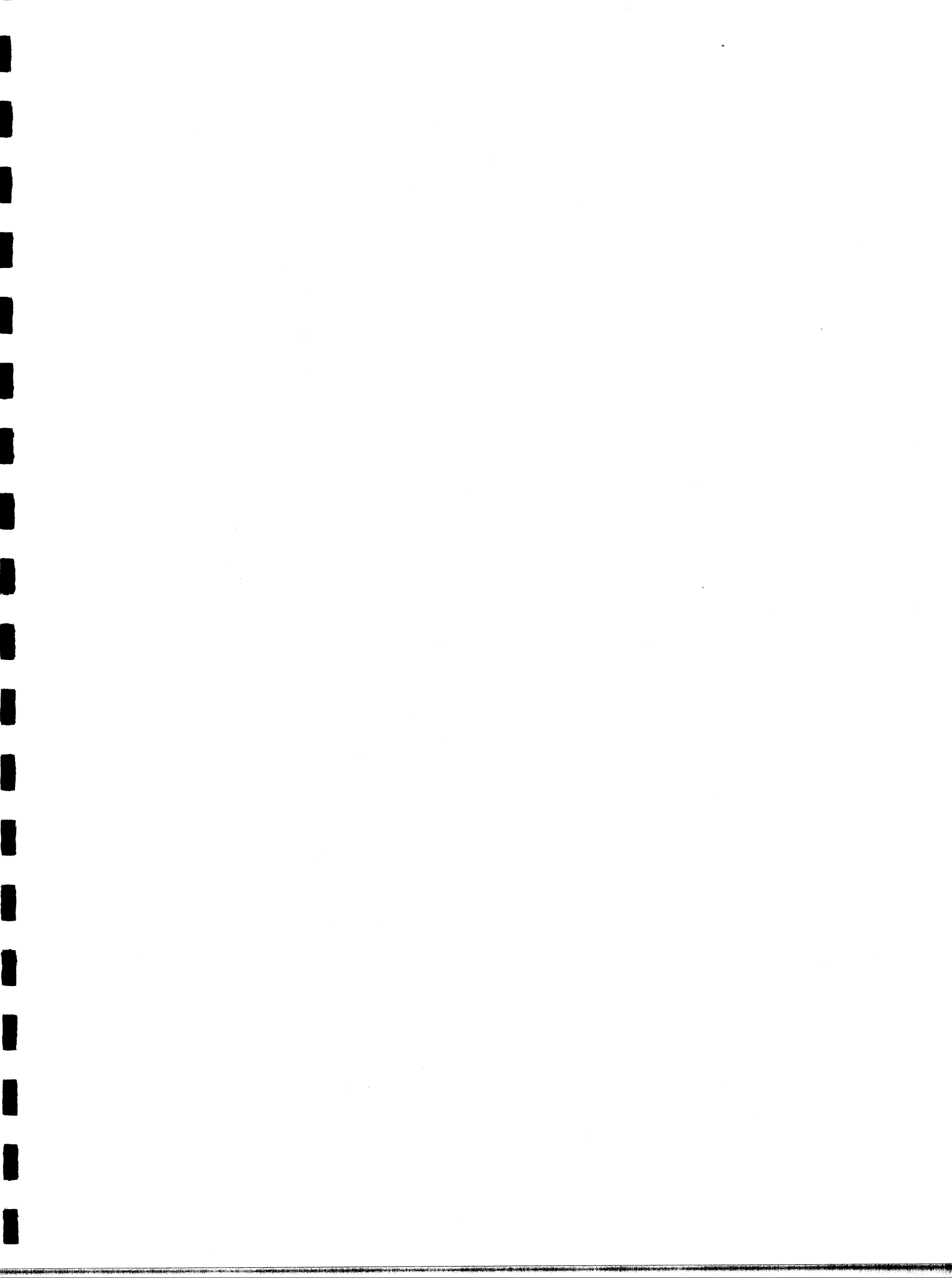


**CANCER CONTROL AND RESEARCH ADVISORY COUNCIL (C-CRAB)
MEMBERSHIP LIST**

Name & Address	Dates of Term	Organization Represented
Annie Betancourt 10691 N. Kendall Dr., Suite 103 Miami, FL 33176	2/16/94-12/31/95	General Public
Clarence H. Brown, III, M.D. Vice Pres. for Medical Affairs & Medical Director M.D. Anderson Cancer Center Orlando 85 W. Miller St. Orlando, FL 32806	1/1/93-7/1/96	Statutory teaching hospital affiliated with a community cancer center (M.D. Anderson Cancer Center Orlando)
Senator Ginny Brown-Waite Hernando Govt. Complex, Rm. 361 20 N. Main St. Brooksville, FL 35601	1/1/93-7/1/96	Florida Senate
Jean A. Byers, C.T.R. 3160 Auburn Blvd. Ft. Lauderdale, FL 33312	2/10/94-12/1/97	Florida Tumor Registrars Association
Rebecca L. Caires 3450 Palencia Dr., Apt. 2305 Tampa, FL 33168	4/21/94-12/31/97	Association of Community Cancer Centers
Denis Cavanagh, M.D. Harbourside Medical Tower 4 Columbia Dr., Suite 470 Tampa, FL 33606	4/7/93-12/1/96	University of South Florida College of Medicine
Kerry E. Chamberlain, D.O. 13644 Walsingham Rd. Largo, FL 34644	1/14/94-12/1/97	Florida Osteopathic Medical Association
Edward M. Copeland, M.D. Chair, Department of Surgery University of Florida Box J-286 Gainesville, FL 32610-0286	1/31/96-12/1/97	University of Florida College of Medicine
Marcia W. DeSonier, R.N., L.S.C.W. Cancer Support Services Baptist Hospital P.O. Box 17500 Pensacola, FL 32522-7500	1/14/94-12/1/97	Florida Hospital Association
Jane D. Garcia, A.R.N.P. EMSA 1200 S. Pine Island R. Ft. Lauderdale, FL 33324	4/8/93-12/1/96	Florida Nurses Association

Name & Address	Dates of Term	Organization Represented
W. Jarrard Goodwin, Jr., M.D. Sylvester Comprehensive Cancer Center University of Miami 1475 N.W. 12th Avenue Miami, FL 33136	12/31/95-12/31/99	University of Miami School of Medicine
Richard S. Hopkins, M.D., M.S.P.H. State Epidemiologist 1317 Winewood Blvd. Tallahassee, FL 32399-0700	12/31/95-12/31/99	Dept. of Health and Rehabilitative Services
James T. Howell, M.D. Director, Health Policy and Cost Control Agency for Health Care Administration 325 John Knox Rd., Suite 301 Atrium Tallahassee, FL 32303	9/20/93-9/19/97	Agency for Health Care Administration
Herbert D. Kerman, M.D. Halifax Medical Center 303 N. Clyde Morris Blvd. Daytona Beach, FL 32015	1/14/94-12/1/97	Florida Society of Clinical Oncology
Jeffrey P. Krischer, Ph.D. Associate Center Director for Clinical Research and Cancer Control H. Lee Moffitt Cancer Center & Research Institute 12902 Magnolia Dr. Tampa, FL 33612-9497	12/31/95-12/31/99	Florida Association of Pediatric Tumor Programs
Phillip J. Marty, Ph.D. Dept. of Community & Family Health USF College of Public Health, MDC 56 13201 Bruce B. Downs Blvd. Tampa, FL 33612	9/20/93-9/19/97	University of South Florida College of Public Health
Robert L. McGuire, M.D. 4101 N.W. 4th St., Plantation, FL 33317	1/31/96-12/31/99	American Cancer Society
George R. McSwain, M.D. 5601-D 21 Ave., N. Bradenton FL 34209	1/30/95-12/1/98	American College of Surgeons
Nancy P. Mendenhall, M.D. Dept. of Radiation Oncology Univ. of Florida Health Science Center P.O. Box 100385 Gainesville, FL 32610-0385	9/20/93-9/19/97	Shands Cancer Center
James W. Orr, M.D. Patty Berg Cancer Center Southwest Florida Regional Medical Center 2675 Winkler Ave., Suite 160 Ft. Myers, FL 33901	12/1/95-12/1/99	Florida Obstetric and Gynecologic Society

Name & Address	Dates of Term	Organization Represented
Janet Patten 911 Hays St. Tallahassee, FL 32301	1/30/95-12/1/98	General Public
John C. Ruckdeschel, M.D., Chair Center Director & CEO H. Lee Moffitt Cancer Center & Research Institute 12902 Magnolia Dr. Tampa, FL 33612	1/14/94-12/1/97	H. Lee Moffitt Cancer Center & Research Institute
Representative Debby Sanderson 4800 N.E. 20th Terr., Suite 401 Ft. Lauderdale, FL 33308	2/1/93-10/1/96	Florida House of Representatives
William M. Schiff, D.D.S. 236 Candia Ave. Coral Gables, FL 33134	4/8/93-12/1/96	Florida Dental Association
Frances Sykes 13327 Lake George Pl. Tampa, FL 33618	9/20/93-12/1/96	Consumer/general public
Jeno E. Szakacs, M.D. 3041 Samara Dr. Tampa, FL 33618	1/14/94-12/1/97	Florida Society of Pathologists
Stuart R. Toledano, M.D. Department of Pediatrics University of Miami P. O. Box 016960 (R-131) Miami FL 33101	2/25/94-12/1/97	Florida Pediatric Society
Edward J. Trapido, Sc.D. Associate Director Sylvester Comprehensive Cancer Center P.O. Box 016960 (D4-11) Miami, FL 33101	1/30/95-12/1/98	Sylvester Comprehensive Cancer Center
Vacant		Department of Education
Vacant		Southeastern University of the Health Sciences
Vacant		Florida Radiological Society



**CANCER CONTROL AND RESEARCH ADVISORY COUNCIL (C-CRAB)
MEETING MINUTES**

May 31, 1995

Tampa Airport Marriott Hotel

MEMBERS PRESENT:

Annie Betancourt
General Public
Clarence H. Brown, M.D.
M.D. Anderson Cancer Center Orlando
Jean Byers
Florida Tumor Registrars Association
Rebecca Caires
Assn. of Community Cancer Centers
Denis Cavanagh, M.D.
Univ. of South Florida College of Medicine
Kerry Chamberlain, D.O.
Florida Osteopathic Medical Association
Marcia DeSonier
Florida Hospital Association
Jane Garcia, A.R.N.P.
Florida Nurses Association
Richard Hopkins, M.D.
HRS, Cancer Epidemiology Program
Herbert Kerman, M.D.
Florida Assn. of Clinical Oncology
Jeffrey Krischer, Ph.D.
Florida Assn. of Pediatric Tumor Programs
Nancy Mendenhall, M.D.
Shands Cancer Center
Janet Patten
General Public
Warren Ross, M.D. (Chairperson)
Univ. of Florida School of Medicine
John Ruckdeschel, M.D.
H. Lee Moffitt Cancer Center
Debby Sanderson
Florida House of Representatives
Frances Sykes
General Public
Jeno Szakacs, M.D.
Florida Society of Pathologists
Stuart Toledano, M.D.
Florida Pediatric Society
Edward Trapido, Sc.D.
Sylvester Comprehensive Cancer Center

REPRESENTATIVES FOR MEMBERS:

Jeff Gregg for Jim Howell, M.D.
Agency for Health Care Administration
Everett Shockett, M.D. for Charles Eytel, M.D.
American Cancer Society
Gregg Smith for Beth Bacon-Pituch
Department of Education

MEMBERS ABSENT:

Ginny Brown-Waite
Florida Senate
Daniel Finkelstein, D.O.
Southeastern Univ. of Health Sciences
W. Jarrard Goodwin, M.D.
University of Miami College of Medicine
Jack MacDonald, M.D.
Florida Medical Association
Phillip Marty, Ph.D.
Univ. of South Florida College of Public Health
George McSwain, M.D.
American College of Surgeons
James Orr, M.D.
Florida OB/GYN Society
William Schiff, D.D.S.
Florida Dental Association

GUESTS:

Margo Blake
HRS Family Health Services
Jill MacKinnon
Florida Cancer Data System
Joyner Sims, Ph.D.
HRS Office of Health Promotion and Wellness
Debby Walters
Agency for Health Care Administration
Gail Zavelson
University of Florida College of Medicine

STAFF:

Dorothy Parker, Coordinator

The meeting was called to order by the Chairman, Dr. Warren Ross. Members and guests were introduced.

A motion was made to approve the minutes from the November 10, 1994 meeting. The motion was seconded, and the minutes were approved.

Membership Update

A revised membership list was distributed. The following changes have been made since the last meeting: (1) Dr. Richard Hopkins was appointed as the HRS representative, replacing Dr. John Witte; and (2) Beth Bacon-Pituch resigned as the Dept. of Education representative. Gregg Smith will take her place until a new representative is appointed.

World No-Tobacco Day

It was announced that today, May 31, is World No-Tobacco Day. The public awareness campaign is sponsored by the World Health Organization. This year's emphasis is on the worldwide economic burden of tobacco.

Cancer Registry Enhancement Technical Advisory Group

Dr. Hopkins gave an update on the cancer registry enhancement activities. At the last C-CRAB meeting, a Technical Advisory Group (TAG) was created to advise HRS and FCDS in implementing the changes to the statewide cancer registry. The first TAG meeting was February 10, 1995 (see minutes in handouts). It met again this morning (May 31) where a recommendation was made regarding the qualifications and training of abstractors.

Dr. Kerman moved that C-CRAB adopt the TAG's recommendation, which is as follows:

C-CRAB recommends that: (1) Data collection and reporting are carried out by Certified Tumor Registrars (CTR), CTR-eligibles, or persons supervised by a CTR; and (2) that the Florida Tumor Registrars Association and the Florida Cancer Data System suggest an appropriate curriculum and schedule for training entry level positions.

Discussion: Dr. Shockett asked if there was legal authority to require abstractors to have CTR training. The reply was that there was none. He also asked about the quality of data abstracted by CTRs vs. non-CTRs. Jill MacKinnon described the computer edit checks performed on data submitted to FCDS which picks up most errors. However, since the process of detecting and correcting errors is time consuming and costly, it is important that abstractors be well-trained to reduce the number of errors.

Action: The motion to approve the recommendation of the TAG was approved unanimously.

Legislative Update

A summary of the outcome of cancer bills in the 1995 Florida Legislature was distributed and discussed. C-CRAB members were sent a questionnaire in March to ask their opinion of these bills, and letters were sent to the sponsors of bills that C-CRAB supported.

Breast Cancer Bills: Of the five bills that were based on recommendations of the Breast Cancer Task Force, only one passed in both houses (SB 548 by Senator Casas - see handouts), although it has not yet been signed by the Governor. The bill includes a \$50,000 appropriation for C-CRAB to produce/prepare and distribute a breast cancer treatment options pamphlet. The C-CRAB statute requires that this be done "if funds are specifically appropriated by the legislature." SB 548 also amends the cancer reporting statutes to require reporting from non-hospital sources. The recommended language to require first-dollar coverage for mammograms was changed at the request of the insurance industry; the final language provides for first-dollar coverage only if the insured person pays an additional premium.

A resolution declaring October as Breast Cancer Awareness Month passed again this year; Debby Sanderson was the primary sponsor in the House. This was the first year that there was also a Senate sponsor, Katherine Harris.

Another of this year's successes was Debby Sanderson's off-label drug bill. The bill requires insurance companies to cover cancer treatment with drugs approved by the FDA for other indications, assuming that such treatment meets medical practice standards. A copy of the bill (SB 486) was provided in the handout material.

Tobacco and Clean Indoor Air Bills: None of the tobacco-related bills passed. However, two HRS staff positions to enforce the Clean Indoor Air Act were in the HRS budget. The responsibility to enforce the Clean Indoor Air Act falls under Dr. Hopkins' department. Currently there is one position funded with federal block grant money. If the two new positions are approved, it will be the first time that the state has provided staff support for this activity.

There was discussion about the insurance industry and the tobacco industry's efforts with cancer-related insurance issues (such as mammography) and their opposition to strengthening the Clean Indoor Air Act. It was agreed that future legislative initiatives need to address the concerns of these two powerful and influential industries.

Plans for C-CRAB

Dr. Ross asked for discussion about the current and future role of C-CRAB considering the fact that attempts to get state funding for cancer control programs have not been successful. The following points were mentioned:

1. The Florida Cancer Plan is useful to HRS when applying for federal funds because it identifies specific priorities. C-CRAB's approval of the Plan helps to justify programs in the priority areas.
2. The Florida Cancer Plan has also been helpful to AHCA in legislative analyses.
3. C-CRAB helps bring together people with common interests and facilitates communication between agencies.
4. C-CRAB helps give direction to legislation and it can try to influence legislators regarding cancer control issues.
5. Although C-CRAB has not received funding, there has been progress in the state in the getting funding for programs such as tobacco control, and breast and cervical cancer screening.
6. The possibility of getting state funding in the future should not be abandoned.
7. If all federal funding to states is in block grants, C-CRAB could play a role in making recommendations and advocating for cancer control funding.
8. C-CRAB needs to keep legislators aware of the high cancer rates in Florida.
9. C-CRAB needs to think about effective ways to influence decision-makers and legislators.

The issue of hiring a professional lobbyist was raised (this has been discussed at previous meetings). Since C-CRAB is part of a state-funded agency, lobbying is not appropriate. Dr. Brown asked if it would be better if C-CRAB were not part of a state agency. It was suggested that lobbying could best be accomplished through C-CRAB's member agencies, many of which have their own lobbyists.

Regarding this year's plan to get funding for C-CRAB as part of Moffitt's budget request, Dr. Ruckdeschel reported that the strategy was not successful because state agencies, including Moffitt, were asked by the legislature to submit budgets with a 25% reduction. Although the final budget was not reduced, it was not feasible to include substantial funding for C-CRAB activities. Since state funding for C-CRAB is not forthcoming, it was suggested that member organizations could contribute to C-CRAB's expenses. This will be discussed further by the Executive Committee.

Dr. Ross thanked members for sharing their thoughts. He indicated that he was glad to hear positive comments and that there was interest in continuing C-CRAB's activities.

Florida Cancer Plan

The last Florida Cancer Plan was developed in 1993. An update was published in 1994. Considering the activities in tobacco-control and breast and cervical cancer--the two priorities identified in the 1993 plan--the next cancer plan could focus on other areas, e.g., insurance and managed care issues. To establish priorities in 1993, C-CRAB members participated in a Delphi-type process. It was suggested that a similar process be used again. The Executive Committee will discuss this at its next meeting and decide how to proceed.

Breast Cancer Treatment Options Pamphlet

Assuming the appropriation for C-CRAB to develop and distribute a breast cancer treatment options pamphlet is approved, C-CRAB needs to decide how to accomplish this. In 1985, C-CRAB and HRS purchased a brochure from Kammes Publication. This brochure is no longer distributed because the treatment information is not current. Dorothy Parker has been acquiring brochures from other states with similar mandates, and from other agencies, e.g., ACS, NCI. Although Florida statutes require physicians to inform breast cancer patients of treatment options using a pamphlet provided by C-CRAB, this requirement is not enforced. Dr. Ross indicated that this issue will be discussed at the next Executive Committee meeting, and a committee will be appointed to work on this project.

Update on Statewide Activities

Block Grants: Dr. Hopkins stated that all federal health dollars may be allocated to states as block grants instead of categorical funding. This would affect Florida's grants for breast and cervical cancer, tobacco, the cancer registry, and other health programs. Although block grants offer more flexibility to the states, less money will be given to the states. Since Florida has a large and growing population, the implications of block grant funding are more crucial than for states with smaller and more stable populations. The Florida legislature will be responsible for allocating block grant funding. C-CRAB (and the Florida Cancer Plan) could have an important role in providing direction for cancer control funding.

District Cancer Profiles: Dr. Hopkins mentioned that his office is preparing District Cancer Profiles as part of the NCI-funded Data-Based Intervention Research project. The profiles will include incidence and mortality data (tables and figures) for the major cancer sites for each of the 15 HRS districts, as well as narrative text. Dr. Hopkins agreed to send a copy of the district profile to C-CRAB members for the district in which they live. Each district profile also contains state data.

Breast and Cervical Cancer Program: Margo Blake, program manager for the breast and cervical cancer program in HRS Family Health Services, gave an update on activities of the project and the Florida Breast and Cervical Cancer Coalition. She announced that the Proposal Request Document

(PRD) will be released on June 15 with a July 15 due date. HRS plans to award 5-7 grants to counties or districts to provide breast and cervical cancer screening and diagnostic services, as well as outreach, education, and surveillance. There was discussion about the importance of identifying treatment resources since the grant will not pay for treatment. Margo offered to send a copy of the PRD to all C-CRAB members. She encouraged them to work with their local county public health unit if they want to participate in developing a program in their area.

Healthy Communities, Healthy People: Dr. Joyner Sims, HRS Office of Health Promotion and Wellness, distributed copies of the new *Healthy Communities, Healthy People* Plan. This is the second biennial plan, and is designed as a blueprint for community health planning. It was developed with participation from many individuals around the state, including some C-CRAB members.

Tobacco Programs: Dr. Sims also reported on the activities of the Tobacco Free Florida Coalition. He mentioned that Florida was invited to apply for an additional money from the Robert Wood Johnson Foundation for a statewide media campaign. Information on the \$13 million proposal will be discussed at the next Coalition meeting on June 19.

5-A-Day Partnership: The 5-A-Day Partnership is also managed out of Dr. Sims' department. The partnership involves health professionals and produce industry representatives. The goal is to promote the consumption of fruits and vegetables. Dorothy Parker has been attending Partnership meetings on behalf of C-CRAB. She announced that she will be asking C-CRAB members to contact the agency they represent on C-CRAB to help publicize 5-A-Day week, which will be in September.

Next Meeting: The next C-CRAB meeting will be held in the fall (date to be selected later). An Executive Committee meeting will be held during the summer.

The meeting was adjourned at 3:40 p.m.

Minutes prepared by D. Parker, 6/2/95

**CANCER CONTROL AND RESEARCH ADVISORY COUNCIL (C-CRAB)
MEETING MINUTES**

November 21, 1995

Tampa Airport Marriott Hotel

MEMBERS PRESENT:

Jean Byers
Florida Tumor Registrars Association
Kerry Chamberlain, D.O.
Florida Osteopathic Medical Association
Marcia DeSonier
Florida Hospital Association
W. Jarrard Goodwin, M.D.
University of Miami College of Medicine
Richard Hopkins, M.D.
HRS, Cancer Epidemiology Program
Jeffrey Krischer, Ph.D.
Florida Assn. of Pediatric Tumor Programs
Phillip Marty, Ph.D.
Univ. of South Florida College of Public Health
Robert McGuire, M.D.
American Cancer Society
George McSwain, M.D.
American College of Surgeons
James Orr, M.D.
Florida OB/GYN Society
John Ruckdeschel, M.D. (Chair)
H. Lee Moffitt Cancer Center
William Schiff, D.D.S.
Florida Dental Association
Frances Sykes
General Public
Stuart Toledano, M.D.
Florida Pediatric Society
Edward Trapido, Sc.D.
Sylvester Comprehensive Cancer Center

REPRESENTATIVES FOR MEMBERS:

Ted Copeland, M.D. (for Warren Ross, M.D.)
Univ. of Florida School of Medicine

MEMBERS ABSENT:

Annie Betancourt
General Public
Clarence H. Brown, M.D.
M.D. Anderson Cancer Center Orlando
Ginny Brown-Waite
Florida Senate
Rebecca Caires
Assn. of Community Cancer Centers
Denis Cavanagh, M.D.
Univ. of South Florida College of Medicine
Jane Garcia, A.R.N.P.
Florida Nurses Association
Jim Howell, M.D.
Agency for Health Care Administration
Herbert Kerman, M.D.
Florida Assn. of Clinical Oncology
Jack MacDonald, M.D.
Florida Medical Association
Nancy Mendenhall, M.D.
Shands Cancer Center
Janet Patten
General Public
Debby Sanderson
Florida House of Representatives
Jeno Szakacs, M.D.
Florida Society of Pathologists

GUESTS:

Carl Bender
American Cancer Society
Margo Blake
HRS Family Health Services
Robert Powell
Sylvester Cancer Center
Joyner Sims, Ph.D.
HRS Office of Health Promotion and Wellness
Jo Beth Speyer
Cancer Information Service

STAFF:

Dorothy Parker, Coordinator

Administrative Business

Dr. Ruckdeschel called the meeting to order. Members and guests were introduced. A motion was made to approve the minutes from May 31, 1995. The motion was seconded, and the minutes were approved. A revised membership list was distributed.

C-CRAB Chairperson and Executive Committee

Dr. Ross's term as Chair ended in September, and he resigned from C-CRAB shortly after that. C-CRAB will send a plaque to him in recognition of his service and leadership over the past five years.

Based on the recommendation of the Executive Committee, and the agreement via mail ballots from C-CRAB members, Dr. Ruckdeschel's name was forwarded to the Governor as the Council's recommendation to succeed Dr. Ross. On November 9, Governor Chiles appointed Dr. Ruckdeschel as C-CRAB Chair.

Executive Committee: In his capacity as Chair, Dr. Ruckdeschel appointed members to the Executive Committee. The standing members (according to C-CRAB bylaws) include the representative from Moffitt (himself), Shands (Dr. Mendenhall), Sylvester (Dr. Trapido), HRS (Dr. Hopkins), and from ACS (Dr. McGuire, pending appointment by the Governor). Dr. Brown, Jean Byers, Dr. Kerman and Dr. Krischer were also appointed

Improving Communication with C-CRAB Organizations

To improve communication with organizations represented on C-CRAB, a questionnaire was distributed to C-CRAB members to ask for ideas on how to better communicate with the organization they represent. Members not at the meeting will be mailed the questionnaire. The results will be tallied after all results are in, and Dorothy Parker will follow up on suggestions offered.

Breast Cancer Treatment Options Brochure

The Breast Cancer Treatment Options Technical Advisory Group (TAG) met in October. Since there were diverse opinions among TAG members and others about the scope of the brochure, Dr. Ruckdeschel asked that C-CRAB help with this decision. Three options were presented, ranging from a specific brochure on treatment options distributed only to patients, to a more comprehensive brochure with wider distribution. The following points were raised in discussion:

1. By going beyond the mandate, we may compromise our ability to reach the intended target group.
2. We should focus on treatment and supplement with existing materials.
3. CIS can help distribute the brochure, and could include it as part of a packet with other breast cancer information.

4. Act quickly. We need to demonstrate to the Legislature that funds were used effectively and efficiently. We should not ask for more if we have not spent the initial amount.
5. Brochures will be distributed to physicians at no cost, but if the supply runs out, we may have to explore ways to cover the costs for printing and mailing.

The consensus was to keep the brochure limited to the mandate (treatment options) and to act quickly in producing and distributing it.

Florida Cancer Data System (FCDS)

Dr. Trapido gave an update on enhancement activities at FCDS. He described the expanded data set that complies with federal requirements. He also described plans to expand reporting to hospital-based pathology laboratories and freestanding radiation and surgical centers that will improve reporting of cases treated only on an outpatient basis. Several research projects are being conducted, including one on multiple myeloma. A copy of the latest FCDS Newsletter was distributed.

Florida Breast and Cervical Cancer Early Detection Program

Margo Blake, Program Manager for the breast and cervical cancer program, from HRS Family Health Services, gave an update on the project. Five sites were funded in September to provide screening and diagnostic services: Dade County, Duval County, Hillsborough County, Pinellas County, and a five-county area in northern Florida that includes Jackson, Holmes, Calhoun, Washington and Liberty Counties. CDC has said that there will be no increased funding next year, which means the program will not be able to expand to other areas of the state.

The Breast and Cervical Cancer Coalition met on November 14. The five workgroups (Service Delivery, Public Education, Professional Education, Surveillance, and Evaluation/Quality Assurance) met to discuss development of a plan for each area, as required by CDC. Margo asked C-CRAB how these plans could be integrated into the Florida Cancer Plan. It was agreed to bring up this question during the discussion of the Florida Cancer Plan.

Margo also mentioned a survey on clinicians' screening practices conducted by Betty Gulitz, Ph.D., at the University of South Florida College of Public Health. Funding for the study was awarded by HRS Cancer Epidemiology Program from the NCI-funded Data Based Intervention Project. A sign up sheet for copies of the report was circulated. Dr. Ruckdeschel encouraged the publication of the survey results, and asked Dr. Marty if he could follow up on this.

Tobacco-Free Florida Coalition

Dr. Sims reported on activities of the Tobacco-Free Florida Coalition (TFFC). The greatest contribution during the first two years has been to facilitate communications between member agencies and organizations, and to relay information from federal to state to local levels. Community participation has increased; there are currently 23 local tobacco-free coalitions in the state that have

sponsored a variety of educational and legislative activities.

TFFC's objectives for 1995-96 are to support Governor Chiles' efforts to preserve the Medicaid Third Party Liability Act, and to support approval and implementation of the proposed FDA regulations on the advertisement and sale of tobacco products to minors. The FDA Commissioner, Dr. David Kessler, was the guest speaker at the TFFC meeting on September 29.

Dr. Phil Marty completed his two-year term as Chair of the TFFC. The new Chair is Marshall Deason, an attorney from Tampa. Dorothy Parker is also on the Coalition's Executive Committee as Secretary. The next Coalition meeting will be in January 1996. An upcoming and controversial issue is a bill filed in the state legislature is to criminalize the possession of tobacco for minors.

Dorothy Parker asked if there were plans to revise the Tobacco-Free Florida Plan, and Dr. Sims said that there were.

Florida Cancer Plan

Dr. Ruckdeschel gave a brief history and overview of the existing Florida Cancer Plan, which was approved by C-CRAB in 1993. Tobacco-control and breast and cervical cancer early detection were the top, and coequal, priorities.

Dr. Ruckdeschel commended both the Breast and Cervical Cancer Program and the Tobacco-Free Florida Coalition for their progress and successes in these priority areas over the past few years.

The Florida Cancer Plan is submitted to the Legislature and to state agencies. It is also referenced in grant applications submitted to government and private agencies. Dr. Trapido asked about the role of research in the plan, but it was agreed that funding for research is hard to sell to the state legislature.

Due to the low response rate to the questionnaire mailed to C-CRAB before the meeting, the exercise of ranking priorities was conducted during the meeting. A list of seven topics from the 1993 plan was distributed. The following is a summary of the discussion about each.

Breast and Cervical Cancer Screening

- Several members expressed support for keeping breast and cervical cancer as a priority.
- There was also support for integrating the Florida Cancer Plan with other plans.
- Breast and cervical cancer should remain a priority because there are effective interventions and because early diagnosis helps reduce mortality.
- Other issues, such as access to state-of-the-art breast cancer treatment (e.g., breast conserving surgery and reconstruction), are also important.
- Older women and minorities be targeted because data show they are less likely to get routine screening.

It was agreed that the breast and cervical cancer plan(s) developed by the HRS program should be both a separate document and included as part of the Florida Cancer Plan.

Tobacco Control/Reducing Smoking Prevalence

- Still a national priority.
- We should take advantage of current publicity at the national and state level.
- We could narrow the focus to youth prevention.
- Include focus on exposure to involuntary/environmental tobacco smoke.

Colorectal Cancer

- An up and coming area for early intervention; it has greatest prospect for decreasing morbidity and mortality with fecal occult screening and colonoscopy.
- Advances in developing virtual reality colonoscopy using a spiral CAT scan might make the procedure more acceptable to the public.

Prostate Cancer

- Guidelines from national agencies do not recommend routine screening, although there is strong support among some groups.

Melanoma

- Melanoma may be a larger problem than we think; tumor registrars are noticing an increase in the number of cases and fatalities.
- Existing incidence and mortality data indicate that rates are not particularly high in Florida. However, there may be incomplete reporting. FCDS is in the process of finding out how many cases are missed, by collecting data from ambulatory facilities.
- CDC is promoting education for children.
- Australia has a successful model of a nationwide, government-supported program to promote the use of sunscreen, including providing sunscreen to as part of school supplies.
- Don't limit issue to melanoma; include other skin cancers. However, FCDS does not collect data on some others.
- Focus on pediatricians and parents, not just children.

Access to care/insurance issues

- Several members concurred that this is an important and timely issue, and that it is something C-CRAB can and should take a position with the Legislature.
- Insurance companies are reluctant to fund prevention unless there is good evidence that it is cost-effective (yet many men are getting PSAs).
- Some people are screened and diagnosed but cannot get treatment for financial reasons.

Coordination of Cancer Control Research Efforts

- Remember that the R in C-CRAB is for "research."
- "Research" refers to applied and translational research, not basic science.
- There is no other group that can advocate for cancer control at the state level.

- Cancer control activities in HRS are spread out in several departments. Fortunately, staff in all departments communicate and work together.
- The message to the legislation should be: look at what has been done in cancer prevention and control, what has been successful, and what else needs to be done.

Following the discussion, members ranked the priorities. Two more were added to the list: (1) a combination of access to care and coordination of cancer control, and (2) exposure to environmental tobacco smoke. The average scores from the 19 responses are listed below (lower score = higher priority):

Access to breast and cervical cancer screening	2.85
Reducing smoking prevalence	2.95
Access to care/insurance issues	3.61
Exposure to environmental tobacco smoke	5.05
Melanoma (skin cancer)	5.58
Access to care & coordination of cancer control	5.63
Coordination of cancer control	5.74
Cancer of the colon and rectum	5.79
Cancer of the prostate	6.89

The top priorities remain breast and cervical cancer and tobacco issues, with insurance and access being third. The 1996 Florida Cancer Plan will be drafted accordingly. Items with higher scores (lower priorities) will also be included in the plan.

Legislative Issues for C-CRAB

A list of potential legislative priorities was distributed for discussion. It was agreed that C-CRAB needs to take a more active role in the legislature.

Copies of the material developed two years ago, which included with a budget request, were distributed as a reminder of previous efforts to request funding from the Legislature. That approach was not successful. A much smaller request was developed for last year but was not pursued because it came at a time when state agencies were asked to submit a plan to reduce their budgets by 25%.

Ideas for approaching the legislature in 1996 were discussed. Holding a C-CRAB meeting in Tallahassee with specific "lobbying" assignments for members was suggested. However, it was pointed out that we would need a specific bill and a bill sponsor, and those activities need to be done well before the session. Waiting until 1997 was suggested.

It was agreed that C-CRAB should focus on its advocacy role this year. Any efforts to get funding should focus on supplementing existing and successful programs, e.g., the breast and cervical cancer program. Margo Blake stated that CDC has asked states to do precisely that.

Issues for advocacy:

- Support efforts of the Triagency Coalition on Smoking OR Health and the Tobacco-Free Florida Coalition to strengthen the Clean Indoor Air Act (e.g., requiring smoke-free restaurants and removing the preemption clause), tobacco excise tax increases (if proposed), and supporting FDA regulation of tobacco advertisements and sales to minors.
- Legislation that ensures access to cancer center services for patients on managed care plans.

Jean Byers stated that, to her knowledge, no bill has been filled regarding the training and qualifications for persons reporting to the state cancer registry. C-CRAB has already made an official recommendation regarding this issue, and would support a bill that reflects the previous recommendation.

As in previous years, C-CRAB members will be asked to help support and advocate for bills that promote cancer control. Staff will communicate with members via faxes.

Dr. Ruckdeschel mentioned that Moffitt will continue to request funds for C-CRAB staff, operating expenses, and members' travel as part of its state appropriation.

Funding for Pediatric Tumor Programs

Dr. Toledano asked if C-CRAB would help support continued funding from Children's Medical Services (CMS), a division of HRS, for pediatric tumor programs in Florida. The programs include seven Regional Pediatric Oncology Centers, the Florida Association of Pediatric Tumor Programs, and the Statewide Patient Information Reporting System. Comments were made by others about the importance of these programs and their value to children with cancer and their families.

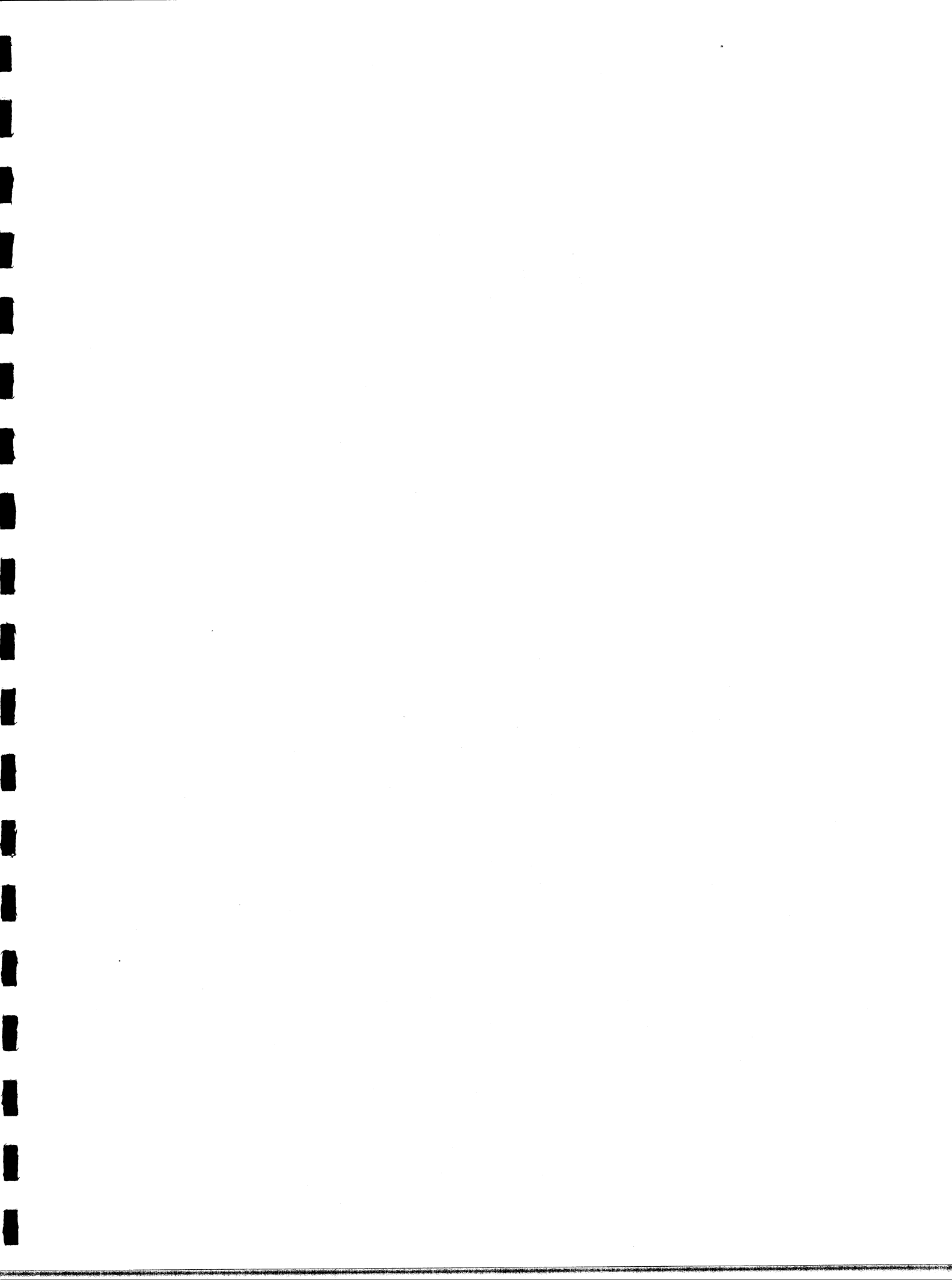
It was agreed that C-CRAB will send letters of support to the Governor, Speaker of the House, President of the Senate, Secretary of HRS, and others with influence in this area. Dorothy will follow up with this, using the draft letter provided by Dr. Toledano and incorporating benefits discussed at the meeting.

Bone Marrow Transplant Rule

A copy of the Administrative Rule 10D-127.001 on Bone Marrow Transplantation was distributed. The rule became effective November 9, 1995. Unless it is challenged, it prescribes the conditions for which bone marrow transplantation is considered accepted within the appropriate oncological specialty and not experimental. This has implications for insurance coverage.

The meeting was adjourned at 3:50 p.m.

Minutes prepared by D. Parker, 11/29/95



**MINUTES
C-CRAB EXECUTIVE COMMITTEE**

September 6, 1995
1:00 - 3:00 p.m.

Tampa Airport Marriott Hotel
Florida Medical Association Office

Present: Jean Byers Jeff Krischer, Ph.D.
 Carl Bender (for Charles Eytel) Robert Powell (for Ed Trapido)
 Richard Hopkins, M.D. John Ruckdeschel, M.D.

Absent: Warren Ross, M.D.
 Clarence Brown, M.D.

Staff: Dorothy Parker

Dr. Ross was unable to attend and asked Dr. Ruckdeschel to chair the meeting.

Nomination of New Chairperson

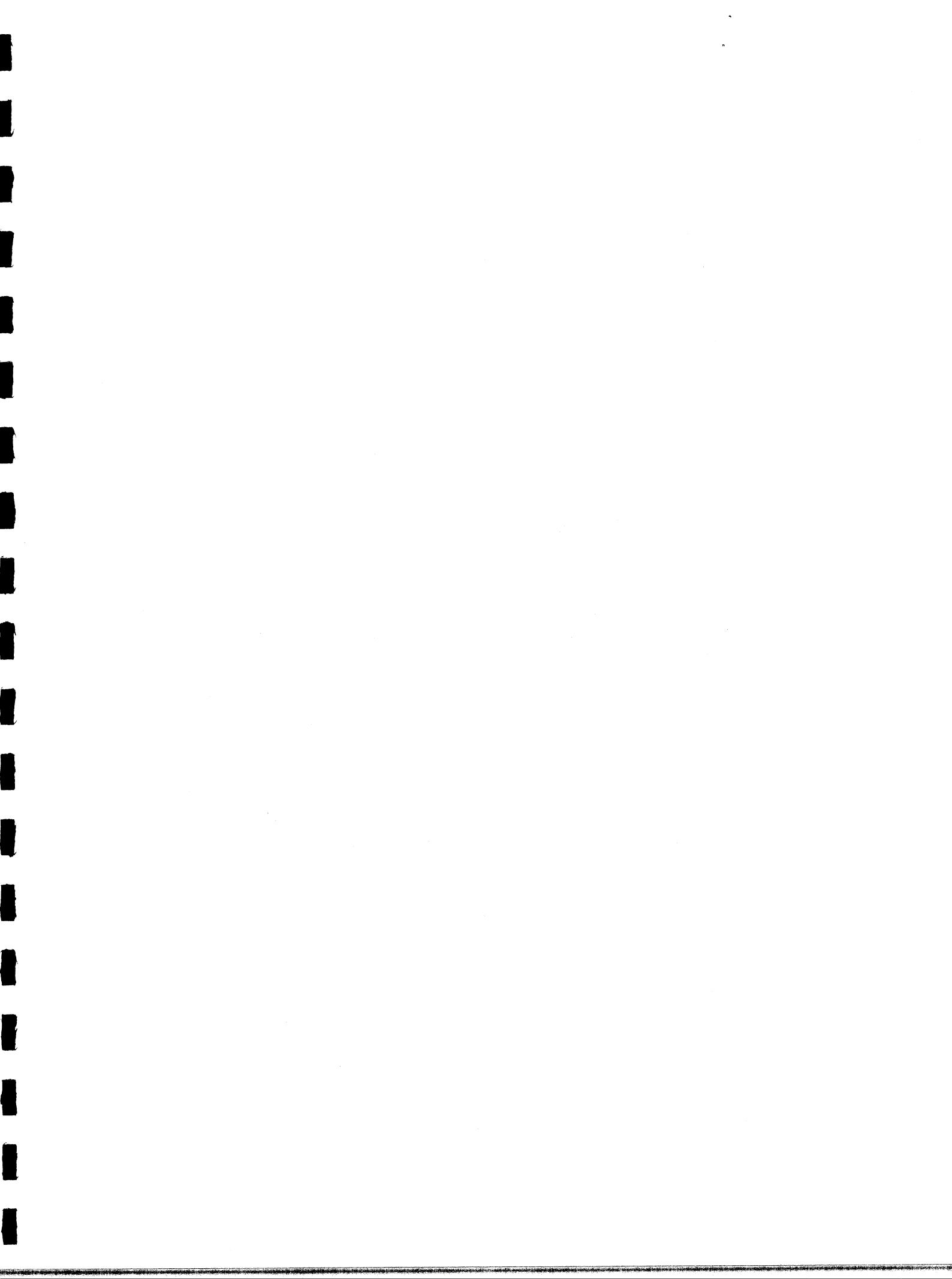
Dr. Ross is stepping down as Chair; his two-year term is up. The process for selecting a new Chair is for the Executive Committee to nominate someone, then for the full C-CRAB to approve the nomination which is forwarded to the Governor’s office for approval.

Mr. Bender nominated Dr. Ruckdeschel. There were no other nominations. Dr. Hopkins mentioned that in the past, the informal policy was that the Chair not be someone from a university-based cancer center. He did not perceive any problems or conflicts with having had such a chair for the past two years. Others agreed. Dr. Ruckdeschel’s nomination was approved unanimously.

A ballot will be sent to C-CRAB members asking for approval of Dr. Ruckdeschel’s nomination or for other nominations. Members will also be asked if they are interested in being on the Executive Committee, or if they want to nominate someone for it.

Membership Issues

The Southeastern Health Sciences University indicated that they do not have anyone to replace Dr. Finkelstein whose term ended in July. Dr. Ruckdeschel suggested sending another letter. Suggestions for filling the Florida Radiologic Society vacancy were also discussed. Dorothy Parker mentioned that eight members’ terms will be ending in December. Letters will be sent to the appropriate organizational directors by October asking for nominations.



Breast Cancer Treatment Options Brochure

Dorothy Parker gave an update on activities to date (see handout for details). A Technical Advisory Group has been established and their first meeting is scheduled for October 23. It was agreed that using a focus group to assess the brochure is a good idea.

Mr. Powell raised the issue of genetic screening for breast cancer, and asked if there was anyone on the TAG with expertise in that area. It was agreed that the brochure should mention genetic screening in the section that addresses follow-up issues. The brochure should describe familial risk factors and that a test will be available in the future. It should also say that patients should call their local cancer center to find out more about the test's availability. Dr. Ruckdeschel suggested that Dr. Gail Shaw from Moffitt be asked to assist the TAG with developing this section.

Electronic and cyberspace methods for distributing the brochure were discussed. It was suggested that C-CRAB could have a home page on the Internet, and to make available the breast cancer brochure, the Florida Cancer Plan, and any other material we develop. This will only reach a small group of people, however.

Suggestions for distribution of the brochure included physicians, hospitals, Reach to Recovery, linking to pathology reports, and faxback technology. We should ask the Florida Medical Association to remind physicians that state law requires patients to be informed about breast cancer treatment options and that the C-CRAB brochure can help satisfy that requirement. The costs of printing and mailing will be high. It was suggested that physicians and hospitals could bulk order the brochures at cost, and that orders should be placed directly with the printer rather than with C-CRAB staff. These are issues that the TAG needs to discuss.

Florida Cancer Plan

The Florida Cancer Plan is due for a full revision. The priorities in the 1993 plan - early detection of breast and cervical cancer, and tobacco control - are being addressed by several statewide projects. The next set of priorities might include those defined in the previous plan as emerging issues: prostate cancer, colorectal cancer, and melanoma.

It was agreed that a survey will be sent to C-CRAB members before the next meeting to see if they think that all or some of the three "emerging issues" should be the new priorities, or if there are other issues that should be addressed. The results will be discussed at the next C-CRAB meeting. Technical Advisory Groups can be formed to work with each priority area. The TAGs can hold workshops to review the current knowledge and data about each issue and develop specific recommendations.

Legislative Strategies for 1996

Dr. Hopkins mentioned the Tobacco-Free Florida Coalition's legislative priorities: strengthening the Clean Indoor Air Act (CIAA) by requiring smoke-free restaurants and removing the preemption clause, and increasing the tobacco excise tax. He commented that he would like to focus on enforcing the existing CIAA (the responsibility for enforcement comes under his department). He will be hiring staff to help enforce the CIAA, e.g., in the workplace and hotels. Enforcement in airports was also mentioned.

Dr. Krischer inquired about asking the legislature to match federal money that the state has received, e.g., for the breast and cervical cancer early detection grant. Could the state provide funding to expand the program to more counties, or to supplement unfunded costs in the counties that received grants, or to expand the program to include other types of cancer? These are questions to be raised at the next C-CRAB meeting.

Dr. Ruckdeschel mentioned access to cancer centers for patients on managed care plans. Language was included in a bill last session, but the bill did not pass. C-CRAB could continue to support this issue next year.

The proposed cancer control infrastructure involving the university-based cancer centers is still a viable idea and should be brought up again.

First dollar coverage for mammograms, which did not pass last year, should be revisited. Dorothy offered to find out from the Department of Insurance what is happening with the new language, i.e., for first-dollar coverage to be available for an additional premium.

Dr. Hopkins mentioned that HRS is putting together a "glitch bill" that will include minor changes to existing statutes, i.e., dropping the section of the cancer registry statute requiring the state to reimburse hospitals for data collection. Dorothy asked if correcting an error in the section on fibrocystic conditions from last session's breast cancer bill could be included. Dr. Hopkins asked her to send him the information and he would see if it could be added.

Jean Byers asked about putting something in the law about cancer reporting being done by Certified Tumor Registrars (CTR). Last spring C-CRAB recommended that the work should be done by a CTR, CTR-eligible, or someone supervised by a CTR. Further action on this issue can be discussed at the next C-CRAB meeting.

Dr. Hopkins agreed that the Cancer Registry TAG should meet on November 21 for one hour before the full C-CRAB meeting.

Appropriations for next year: (1) Ongoing funding for the breast cancer brochure, and (2) travel money for C-CRAB members [not discussed at meeting--added to minutes by Coordinator]

Agenda for November 21 C-CRAB Meeting

Agenda items will include:

1. Nomination of new Chairperson and selection of new Executive Committee
2. Breast Cancer Treatment Options Brochure - report from TAG
3. Selecting priorities for the Florida Cancer Plan and creation of TAGs for each priority
4. Legislative issues for 1996
5. Progress reports from HRS (the Breast and Cervical Cancer Early Detection Program, the Tobacco Free Florida Coalition, etc.), ACS, and each of the three cancer centers - Sylvester, Shands and Moffitt.

New Business

Jean Byers asked if C-CRAB wished to take a stand on a Florida supreme court ruling on a patient's family member suit against a physician for not providing information about a genetic condition. There was no consensus that this would be an issue for C-CRAB at this time. However, it was agreed that the breast cancer brochure should mention a patient's responsibility for informing family members of any genetic risk.

Jean also asked about increasing awareness of C-CRAB among the agencies represented on the Council, and about how members relay information C-CRAB activities to their agencies. Dr. Ruckdeschel asked that she and Dorothy work on this issue, and bring suggestions to the next C-CRAB meeting.

The meeting was adjourned at 3:00 p.m.

**CANCER CONTROL & RESEARCH ADVISORY COUNCIL (C-CRAB)
Cancer Registry Enhancement Technical Advisory Group**

MINUTES

February 10, 1995
10:00 a.m. - 2:00 p.m.
Tampa Airport, Florida Medical Association Office

Present:

C-CRAB Members

Jean Byers (Florida Tumor Registrars Association)
Marcia DeSonier (Florida Hospital Association)
Richard Hopkins, M.D. (HRS)
Herbert Kerman, M.D. (FLASCO)
Jeno Szakacs, M.D. (Florida Society of Pathologists)
Ed Trapido, Sc.D. (Sylvester Comprehensive Cancer Center)

Others

Jill MacKinnon (FCDS)
Susan Smith (H. Lee Moffitt Cancer Center)
Doug Palin (HRS)
Bessie Johnson (Tampa General Hospital)

Staff: Dorothy Parker (C-CRAB)

After introductions, the group decided to choose a chairperson. Dr. Hopkins was nominated, and voted to be the Chair.

Dr. Hopkins provided background information about the federal grant and the National Cancer Registry Program (Public Law 102-515). He also reviewed the history of the Florida Cancer Data System (FCDS), and Florida's cancer reporting laws.

Dr. Hopkins then summarized the role of the Technical Advisory Group (TAG):

1. To become familiar with the new CDC reporting and policy requirements,
2. To assist in obtaining full cooperation for all hospital and non-hospital reporting facilities,
3. To help support the transition to provider-supported independent abstracting,
4. To help hospital and non-hospital facilities meet reporting obligations, and
5. To draft a letter of support which could be sent to reporting institutions/facilities.

Cost of Reporting: FCDS currently pays hospitals 30¢ per case. It also pays for independent abstractors to collect information from hospitals that do not have a cancer registry. Florida is the only state to pay for case reporting. Since the federal requirements prohibit states from paying for

case reporting--they think it should be the responsibility of the reporting facility--Florida needs to change its policy.

The challenge is to gain support from hospitals to absorb the cost of reporting. Since cancer is reportable by law, they are required to participate. Non-hospital facilities (e.g., independent pathology laboratories and ambulatory treatment centers) that will be required to report in the future also need to be sold on the idea of doing so at their own cost.

What FCDS Can Offer to Hospitals (in return for reporting): Since FCDS can no longer pay hospitals for reporting, they can offer services, e.g., (1) they can prepare hospital-specific reports to give hospitals a picture of their cancer caseload, (2) they can provide the raw data so hospitals can do their own analyses and reports, and (3) they can provide assistance in getting American College of Surgeons' approval for a hospital's cancer program.

Reporting from Non-Hospital Pathology Laboratories: FCDS envisions collecting basic information from non-hospital pathology laboratories to help ensure that cases are not missed. The basic information needed from the pathology labs is (1) patient's name, (2) date of specimen, (3) results, and (4) the physician's name.

The issue of reporting histology vs. cytology was discussed. Only histologic information would be required initially. However, cytologic information may be needed if the procedure was definitive, e.g., fine needle aspirations, but not cervical or sputum cytologies. Labs would not need to report cases when they know that the patient was hospitalized or an outpatient at a hospital since it would be the hospital's responsibility to report that case.

FCDS would review the information from the labs to see if the case had already been reported. If not, they would contact the physician to collect additional information. One problem is that such follow-back is expensive and time consuming. Another problem is the time frame for follow-back: until the hospital reports are submitted, FCDS cannot tell if a patient identified by a pathology lab has been missed.

Information about the new requirements needs to be communicated to pathologists across the state. Dr. Hopkins asked Dr. Szakacs if he would relay this information to the Executive Committee of the Florida Society of Pathologists, and possibly to put the issue on the agenda for their next meeting. Dr. Szakacs agreed. Jill MacKinnon offered to provide written information to Dr. Szakacs that describes exactly what FCDS wants from the labs: (1) the specific information, (2) the format, and (3) the procedure for doing it.

Time frame for Reporting: Under the new federal guidelines, hospitals are required to report cases within six months of diagnosis, which is the American College of Surgeons (ACoS) standard. There was discussion about the feasibility of complying with this.

Jean Byers brought up the issue of eliminating the four-month limitation, e.g., not being able to report a case prior to four months. If this could be done for patients who have died, it would make it easier for registrars to comply with the six-month deadline for all cases. Jill MacKinnon stated that cases could be reported without waiting 4 months.

There was also discussion about reporting limited information for historical cases. Jill said that CDC requires a full record, but she will discuss this with them further.

Hospitals Without a Cancer Registry: Approximately 160 hospitals in the state have no cancer registry. Most, but not all, are small hospitals. There was discussion about how to collect case reports from these hospitals if the independent abstractors are no longer paid by FCDS to do it.

There was also discussion about corporate hospitals and hospital mergers, and their impact on cancer reporting. The point was made that the corporate hospital chains are interested in outcome measures, and may therefore be interested in cancer registry data. On the other hand, if it is not an income-producing activity, there may be resistance, and someone may try to change the law.

The issue of requiring a Certified Tumor Registrar (CTR) to oversee registries at small hospitals was also discussed. This needs to be brought up with the Florida Hospital Association.

Staging: The issue of collecting TNM staging was discussed (as recommended by the Florida Breast Cancer Task Force). Since TNM staging is not done at all hospitals, it was decided that **group staging** (Stage I, II, III, IV) could reasonably be collected, in addition to the current **summary staging** (local, regional, distant). Dorothy Parker will check with the Breast Cancer Task Force to see if this is acceptable.

Statute Changes: Dr. Hopkins reviewed two sections of Florida statutes that relate to cancer reporting (Chapters 381 and 385). Several changes in language were suggested that would (1) give rule-making authority to HRS which, in effect, would allow them to specify the type of information collected, and (2) broaden the reporting requirements to non-hospital facilities. Dorothy Parker offered to ask Senator Howard Forman to include these changes in his bill that is addressing recommendations made by the Breast Cancer Task Force.

Other Data Bases: There was discussion about working with other state agencies that collect cancer data. For example, the Agency for Health Care Administration (AHCA) collects hospital discharge data, data from ambulatory surgery centers, and data from the Community Health Purchasing Alliances (CHPAs). FCDS proposes to use AHCA data to get cases from out-patient radiotherapy clinics and other ambulatory facilities. The limitations of linking AHCA and FCDS data were discussed, e.g., AHCA data does not include the patient's name, but does have the social security number.

Workshops: FCDS staff presented a schedule of workshops that will be held in several locations across the state to inform hospitals and cancer registrars about the reporting changes. It was suggested that teleconferencing be used to reach people in the Florida panhandle, so they don't have to travel far to attend the workshops.

Follow-up of Issues Discussed:

1. Dr. Szakacs will talk to the Florida Society of Pathologists, after getting further information from Jill MacKinnon, about reporting from pathology labs.
2. Marcia DeSonier will talk to Florida Hospital Association staff about getting their support for the proposed changes, and about CTR oversight.
3. Dorothy Parker will try to get language changed in the Florida Statutes via the proposed breast cancer bills to expand reporting requirements beyond hospitals, and to give HRS rule making authority for reporting requirements.
4. Dr. Hopkins asked for comments to the letter that he and his staff have drafted to describe the registry changes to hospitals. He plans to send the letter out in the next week or two.
5. FCDS staff will look into teleconferencing for the proposed workshops.
6. Another meeting of the TAG was suggested for 6-8 weeks. Issues will also be discussed at the next full C-CRAB meeting, which will probably be in late May.

The meeting was adjourned at 2:20 p.m.

Minutes prepared by D. Parker, 2/28/95 (Rev. 5/5/95)

**CANCER CONTROL & RESEARCH ADVISORY COUNCIL (C-CRAB)
Cancer Registry Enhancement Technical Advisory Group**

MINUTES

May 31, 1995

10:00 a.m. - 12:00 p.m.

Tampa Airport, Florida Medical Association Office

Present:

C-CRAB Members:

Jean Byers (Florida Tumor Registrars Association)

Marcia DeSonier (Florida Hospital Association)

Jeff Gregg - for Jim Howell, M.D. (Agency for Health Care Administration)

Richard Hopkins, M.D. (HRS)

Herbert Kerman, M.D. (FLASCO)

Jeno Szakacs, M.D. (Florida Society of Pathologists)

Ed Trapido, Sc.D. (Sylvester Comprehensive Cancer Center)

Others:

Bill Buckley (HRS)

Bessie Johnson (Tampa General Hospital)

Jill MacKinnon (FCDS)

Susan Smith (H. Lee Moffitt Cancer Center)

Staff: Dorothy Parker (C-CRAB)

Introduction/Review of Goals: After TAG members introduced themselves, Dr. Hopkins reviewed the goals of the CDC grant. He also described Florida's priorities, as he sees them, which have changed somewhat since the last TAG meeting.

The main goal is to improve accuracy, completeness and timeliness of case reporting with minimal disruption of the existing system. To accomplish this goal, and to focus on efforts that will produce the highest yield, the following activities are ranked in order of priority:

1. Collect information from veterans' and military hospitals
2. Match cases with death certificates (death clearance) to identify patients who have died.
3. Collect information from hospital-based pathology laboratories on patients not admitted to hospitals.
4. Collect information from ambulatory surgical centers and ambulatory radiation therapy centers.
5. Collect information from independent pathology laboratories.

Dr. Trapido noted that better dissemination of information collected by the registry is another goal.

Minutes: Minutes from the last TAG meeting of February 10, 1995 were adopted.

Changes to the Cancer Reporting Law: Bill Buckley reported that SB 548 passed in the House and Senate and is awaiting the Governor's signature. Sections 2 and 3 of the bill amend the cancer reporting statutes by requiring physicians other than admitting physicians to report cancer. The bill also gives HRS rule-making authority. There are no specific sanctions for physicians or hospitals who do not report.

Update of Year 1 Activities: Jill MacKinnon provided an update on activities during the first year of the CDC grant:

1. Four regional workshops were held. They accomplished the goals of informing hospitals and tumor registrars about the changes.
2. The database conversion has been accomplished; FCDS is now receiving data in the new format. Changes are being made with the software vendors, and more matching algorithms have been added to reduce duplication.
3. HRS has postponed the date for changing to the new system to July 1996; they will continue paying independent abstractors for one more year. This will give hospitals without in-house registries time to plan for how they will assume the financial and operational responsibility for reporting.
4. Jill will be meeting with cancer registries from other large states (e.g., California, New York, Texas) to discuss problems that are unique to states with very large numbers of cases.
5. FCDS is field-testing software for laptop computers to be used by independent abstractors.
6. A monograph has been prepared using 1992 data; it includes the number of cases and rates for each county in the state by cancer site, gender and race. Dr. Trapido suggested the next report should include data from 1987-1993, and include comparisons to national data.
7. FCDS will be doing a quarterly newsletter.
8. The first new staff person has been hired with the federal grant money. She will work with quality control. FCDS will be hiring additional staff: registrars, programmers, and secretarial support.

Data from Ambulatory Facilities: Bill Buckley mentioned that HRS and the Agency for Health Care Administration (AHCA) have discussed exchanging data tapes, e.g., the cancer registry, hospital discharge, and ambulatory care center data. Jeff Gregg, who is in the AHCA Health Policy department, offered to serve as a liaison with the Center for Health Statistics when a new director for the Center is hired.

The following concerns, limitations and questions about using AHCA ambulatory data for case finding were discussed:

1. The reliability of the out-patient database.
2. Limitations of trying to match records without names. AHCA data does not include names; matching would be done only on social security number, date of birth, and other demographics.
3. Problems with the accuracy of coding; cases are sometimes coded as cancer when they are not true cancer cases. One needs to check with the pathology reports to confirm the diagnosis.
4. Once a cancer patient has been identified from AHCA tapes, how do you do follow-back to physicians and request information if you don't have the patient's name?
5. Could FCDS require ambulatory centers to create a subset of the data that they submit to AHCA that contains only cancer patients and includes the patient's name?
6. Could oncologists be responsible for reporting, as is done with the pediatric tumor registry?

These issues need further discussion, and possibly pilot studies.

Case Finding/Reporting from Pathologists: Pathology reports that cancer registrars get from their hospital's pathologists include non-hospitalized patients. Instead of discarding those reports, the registrars could forward them to the central registry as a means of identifying non-hospitalized cancer patients.

FCDS has developed a short report that they would like to get from pathologists that includes the patient's name, date of birth, hospital number, pathology number, and diagnosis. Dr. Szakacs agreed to discuss this further with Jill MacKinnon.

Qualifications of Persons Reporting Cases to FCDS: It is preferable that reporting be done by a Certified Tumor Registrar (CTR), CTR-eligible, or by someone supervised by a CTR. The law does not stipulate the qualifications of the reporting individual; perhaps the law could be amended in the future.

Susan Smith mentioned that there are abstractors who are not CTRs, but are CTR-eligible, who do not wish to take the CTR exam. This raises the question, if someone is CTR-eligible, will they eventually be required to take the CTR exam? The issue of training for abstractors was also discussed. Jill mentioned that some training is planned.

Dr. Kerman moved that the TAG make a recommendation regarding this issue, as follows:

(1) Data collection and reporting are carried out by a CTR, CTR-eligibles, or a person supervised by a CTR; and (2) that the Florida Tumor Registrars Association and the Florida Cancer Data System suggest an appropriate curriculum and schedule for training entry level positions.

The motion was approved, and it was agreed to take the recommendation to C-CRAB for approval.

Publication of Data: Dr. Trapido and Jill MacKinnon outlined plans for disseminating data. They have prepared a monograph with 1992 data, and will be working on one with 1993 and 1994 data. Dr. Hopkins mentioned the District Cancer Profiles his office is preparing for each of the 15 HRS districts. The profiles will include incidence, mortality, stage of disease, and risk factor information.

Block grants: If the federal government decides to distribute cancer control funds to states in the form of block grants, this will affect the cancer registry program. It will also make it difficult to have uniform data among states.

TAG membership: It was suggested that someone from the medical records association serve on the TAG. Dorothy Parker will follow-up on this.

Next meeting: Unless something comes up that requires immediate attention, the TAG will meet in approximately six months in conjunction with the next C-CRAB meeting.

The meeting was adjourned at 12:00 p.m.

Minutes prepared by D. Parker, 6/5/95

**Cancer Control & Research Advisory Council (C-CRAB)
Breast Cancer Treatment Options Technical Advisory Group**

MINUTES

October 23, 1995

1:30 - 4:00 p.m., Tampa Airport Marriott Hotel

Members Present: Miriam Bell, H. Lee Moffitt Cancer Center
 Beth Ingle, M.D. Anderson Cancer Center Orlando
 Jan Marshburn, H. Lee Moffitt Cancer Center
 Heather Murphy, HRS State Health Office
 Sharlene Weiss, Univ. of Miami
 Gail Zavelson, Shands Cancer Center

Staff: Dorothy Parker, C-CRAB Coordinator

The purpose of the meeting was solicit input from TAG members into the development and distribution plan for a breast cancer treatment options brochure, as mandated by state statute. A summary of the questionnaire results was presented (n=8), followed by a discussion of the following issues.

1. *Should the scope of the brochure be limited to treatment options, as required by statute, or be more comprehensive?*
 It should be more than the minimum; it is a good opportunity to get information out.

2. *Should the brochure include a form for the patient to sign to acknowledge receipt of the brochure?*
 No. If the purpose is to protect the physician against liability, this is not a good method because receipt of the brochure does not indicate that treatment options were explained. Physicians concerned about liability can document in the patient's chart that the patient was informed. The cover letter to physicians could mention this.

 If the purpose is to evaluate distribution, the return rate will probably be low and therefore the results not useful (e.g., Michigan's experience).

3. *Should the brochure include information on the following?*
 - a. *Clinical trials*
 Yes. Mention that clinical trials provide an opportunity to participate in new treatment. Need to dispel the notion that they are a last-ditch effort, or that patients are being used as "guinea pigs." Keep in mind cultural differences in how clinical trials are perceived. Also mention that women treated in community hospitals may be

- eligible if their physician or hospital is participating in a cooperative agreement with a cancer center or research group.
- b. *Diagnostic procedures*
Yes, if space permits. Include diagrams (e.g., for fine needle aspiration). The information may help women feel more comfortable with the procedures they have already had, and provides the bigger picture of breast cancer management.
 - c. *Alternative therapies*
People are interested in this information. The brochure should reference material from NCI that addresses these issues.
 - d. *Types of surgery*
Need to get a consensus on definitions, e.g., quadrantectomy vs. partial mastectomy
 - e. *Post-treatment issues*
Yes. They are an integral part of breast cancer management. Include section on nutrition (reference NCI's Eating Tips) for women undergoing treatment (e.g., loss of appetite, weight gain), and also for maintaining a low-fat diet after treatment. Mention exercise - both arm exercises and general fitness, e.g., walking - and that women do not have to be debilitated after treatment.
 - f. *Genetic screening*
Yes. Include a brief paragraph that says it is still in the research phase, and list where to get more information. There was concern that this opens a "pandora's box," that there are no easy answers, and it may cause anxiety. But it needs to be addressed. Stress surveillance of high risk women.
 - g. *Breast Self Examination (BSE)*
Yes, because other breast may get cancer. Beth Ingle will provide information about MD Anderson's technique.
4. *Should the brochure include a Question and Answer format?*
Yes. Prefer it at the end of each section (like ACS) with space for writing own questions.
 5. *Comprehension factors*
 - Keep at 8th grade reading level; do not include too much text.
 - Considering many patients are over 65, make print (font) size large enough so that it is easy to read.
 - Consider cultural sensitivity: if pictures of women, include all races and age groups (liked California's cover)

6. *Overall, which of the other brochures did you like best?*
Combination of Wisconsin and California's. Also, diagrams in L.W. Blake's. ACS is very comprehensive.
7. *General appearance of brochure*
 - Not full size paper (more like ACS, California and Wisconsin).
 - Liked layout of Wisconsin's brochure - not too cluttered, border on each page, 2 color print. Also like California's - with text in margins
 - Light weight paper for keeping mailing costs down.
 - Don't use glossy paper.
 - Don't use pink or purple (purple denotes death for some Hispanics).
8. *Distribution*
 - Send cover letter to all physicians in appropriate specialties (primary care and oncology). Mention that state law requires them to inform patients about treatment options, and that the legislature has given C-CRAB funding to do this brochure. Get endorsement from agency that will have some clout, e.g., Florida Medical Association (FMA) or other group. No politicians.
 - In letter, include samples of brochure and order form. Give them a maximum number they can order. If they want more, they can order them at cost since the budget is limited (see Budget section re: suggestions for getting additional funding). There is concern that doctors will not reorder if they have to pay.
 - Ask Bureau of Professional Regulations for mailing list, and/or if they will do mailing. Consider mailing out with license renewal to get physicians' attention.
 - Ask FMA for mailing list.
 - Inform nurses through Florida Nurses Association and Oncology Nursing Society; they can play a key role in making sure patient gets brochure.
 - Ask to get on agenda for professional society meetings and/or to include information in newsletters.
 - Get list of HMOs from the Department of Insurance; send a letter to their medical directors and their head case manager.
 - Consider distributing at diagnostic centers if diagnoses are made there, e.g., one-stop centers.
7. *Faxback system (toll-free number to request brochure)*
Not likely to work; fax machines often don't work; the line may be busy; inconvenient; material would have to be shortened or else the fax would be too long.
8. *Translating into Spanish*
 - Dr. Weiss mentioned a study that found younger bilingual women don't mind brochure in English, but older women prefer Spanish. Since breast cancer occurs more in older women, this is important.
 - Need to consider differences in Spanish language from different countries.
 - Try to get volunteers to translate; maybe people in Miami can help. Ask Jule

Kornfeld at CIS. Also, ask her about NCI's editing service. Dr. Weiss will ask about who does their translation. Ask Dr. Jorge Obeso (National Hispanic Leadership Initiative in Cancer).

- In the cover letter, mention that brochure is available in two languages, and ask how many of each they want (include samples).
- Given limited resources, translation to other languages, e.g., Haitian Creole, is not feasible.

9. *Suggestions for title*

- Keep it short, something like *Choices for Breast Cancer* (Wisconsin) or *For Women Who Have Breast Cancer* (ACS)
- Suggested title: *If You Have Breast Cancer*

10. *Budget*

- When draft is ready, we can get estimates on printing costs. Get quotes from university printing offices plus private (may be less expensive).
- To help with mailing costs, ask FMA and/or BPR, FNA, and other professional societies for free mailing lists (use C-CRAB representatives)
- HRS can mail to CPHU medical directors.

11. *Supplemental funding*

- Ask for contributions to help with printing and distribution costs, e.g., pharmaceutical drug companies, Florida Division of the American Cancer Society, private foundations (e.g., South Florida Health Foundation - interested in minority health issues); insurance companies in Florida.
- Ask Phi Beta Psi - a non academic sorority - interested in breast cancer (Beth Ingle to provide contact person)

12. *Focus groups*

Limit to 8-10 people each; include different ethnic groups; use experienced focus group leaders (try to get on volunteer basis); use former patients; do at major cancer centers (e.g., Shands, Moffitt, MD Anderson, Sylvester)

13. *Evaluation*

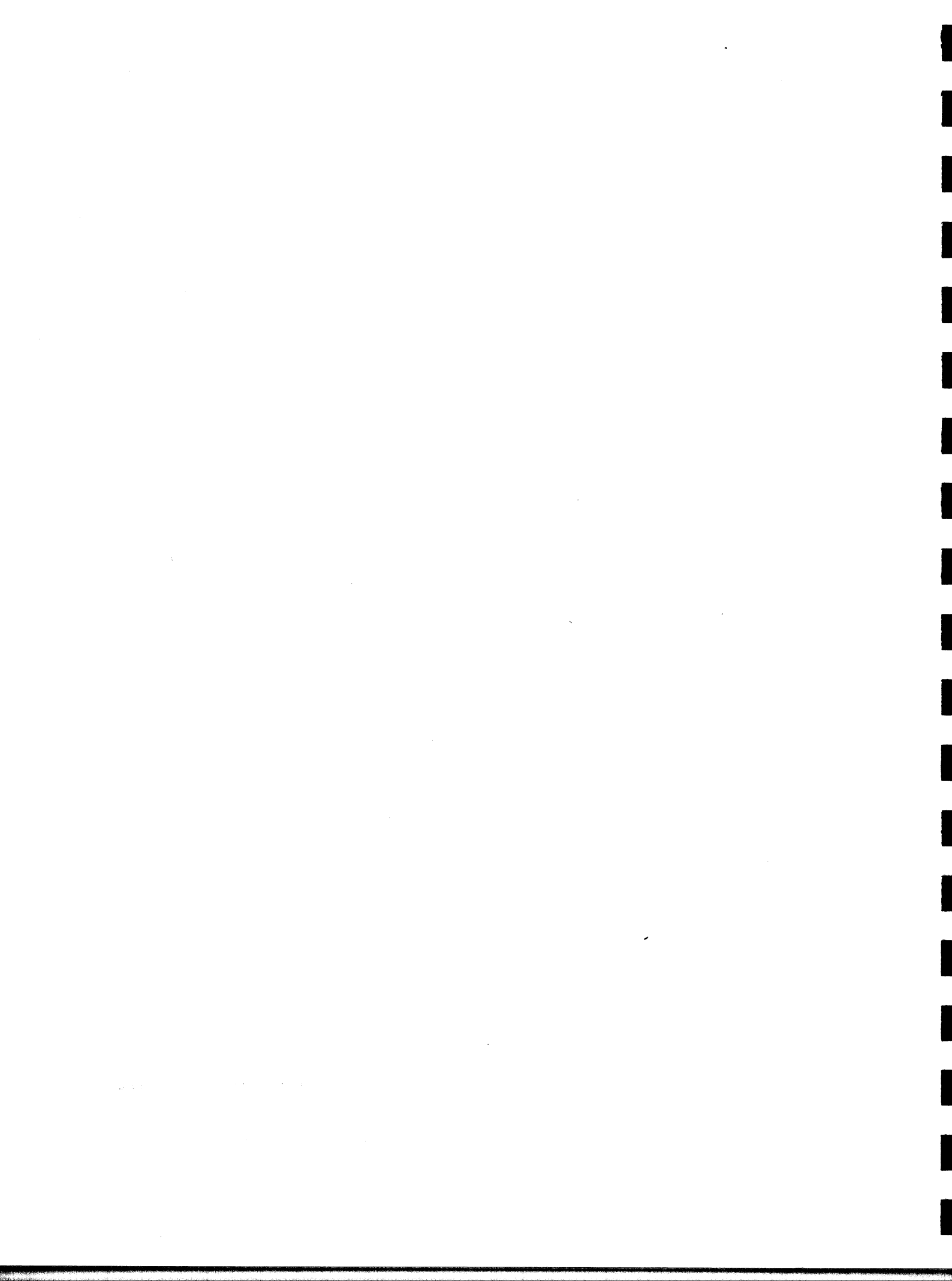
- Number of brochures ordered will give some indication.
- Survey to physicians to ask if they use brochures.
- Would be nice to have baseline data on how many women are given information, but not sure how to get that.
- How do other states evaluate their brochure?
- Why do an evaluation? helpful if we want to ask the Legislature for money, or just to report to them about how their funds are being spent.
- Consider sample surveys in different parts of the state - using TAG members and the Breast and Cervical Cancer Coalition members
- Anecdotal feedback might be useful.

- Are there urban/rural differences in use of brochure?

14. *Next steps*

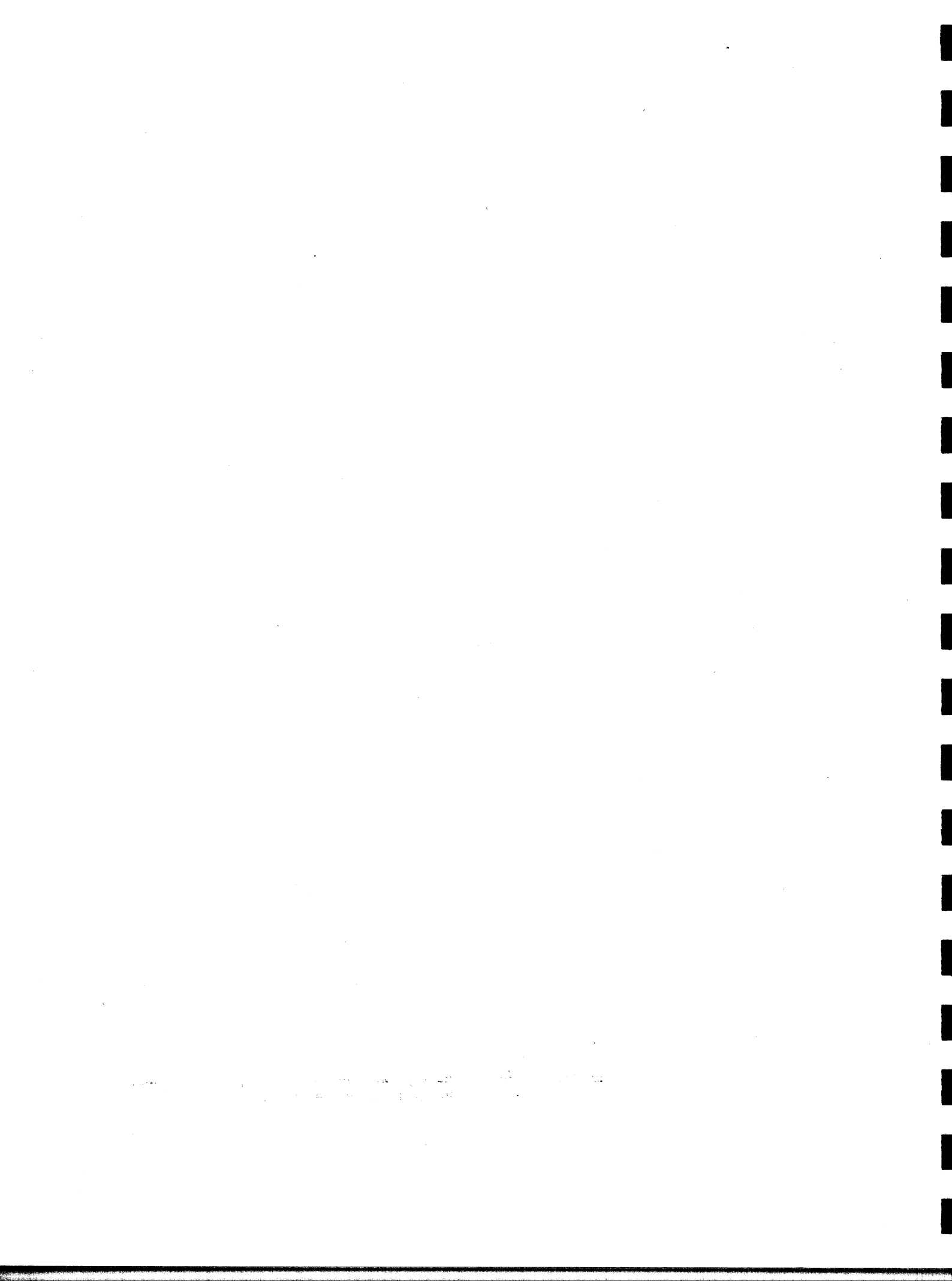
- Get input from physicians not at today's meeting.
- Develop a first draft; start with cutting and pasting Wisconsin and California brochure.
- Distribute first draft to TAG members to review.
- Others who can review draft: physicians at cancer centers, C-CRAB Executive Committee; Florida Breast and Cervical Cancer Coalition Administrative Steering Committee.
- Report on activities at Nov. 21 C-CRAB meeting
- Focus groups after 2nd draft ready.
- Consider conference call for next meeting (after first draft is reviewed).

Minutes prepared by D. Parker, 10/28/95

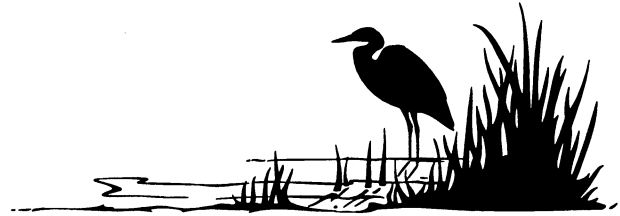


APPENDIX 6

C-CRAB NEWSLETTERS



CCRAB NEWSLETTER



Volume 3, Number 1

February 1995

CCRAB NEWS ITEMS



NEXT MEETING

The next CCRAB meeting is scheduled for May 31, from 1:00 - 4:00 p.m., at the Tampa Airport Marriott Hotel. A meeting notice and a preliminary agenda will be mailed to CCRAB members in March.

CCRAB ANNUAL REPORT

The 1994 Annual Report was submitted to the Governor and Legislators on February 15, as required by statute. A copy of the report was mailed to all CCRAB members, to the presidents or directors of the organizations represented on CCRAB, and to others. The report includes a summary of the year's activities, minutes from meetings, and copies of previous newsletters.

FLORIDA CANCER PLAN UPDATE

A status report on the 1993 Florida Cancer Plan was also submitted to the Governor, Legislators and others on February 15. The 1994 Florida Cancer Plan Update lists specific recommendations from the 1993 plan and describes the status of each. Most of the accomplishments during 1994 were in the two priority areas: breast and cervical cancer, and tobacco-related cancers. At the next CCRAB meeting, there will be discussion about plans for developing the 1995 Florida Cancer Plan.

CCRAB APPOINTMENTS

Dr. Richard Hopkins has been appointed to replace Dr. John Witte as the HRS representative. Dr. Witte

has taken a position as the Deputy District Administrator for Health in the new HRS District 15, which includes Indian River, Okeechobee, St. Lucie, and Martin Counties.

Reappointments: The following CCRAB members were recently reappointed for a four-year term: Janet Patten (General Public), George R. McSwain, M.D. (American College of Surgeons), and Edward Trapido, Sc.D. (Sylvester Comprehensive Cancer Center).

CANCER REGISTRY TAG

A Technical Advisory Group (TAG) was created to work with HRS and the Florida Cancer Data System (FCDS) in implementing enhancements to the registry. Last year, HRS received a federal grant that enables Florida to participate in the National Cancer Registry Program, but requires certain changes to comply with federal requirements.

The TAG includes CCRAB members Dr. Richard Hopkins (TAG Chair), Jean Byers, Marcia DeSonier, Dr. Herbert Kerman, Dr. Jenő Szakacs, and Dr. Ed Trapido. Other TAG members are Susan Smith (Moffitt Cancer Center), Bessie Johnson (Tampa General Hospital), Jill MacKinnon (FCDS), and HRS Cancer Epidemiology staff. If anyone else is interested in participating, please notify Dorothy Parker.

The first meeting of the TAG was held on February 10 in Tampa. The group discussed collecting data from non-hospital facilities, e.g., pathology laboratories and ambulatory treatment centers. They also considered the impact of stopping reimbursements to hospitals for reporting. Statutory changes that would give HRS the authority to develop Administrative Rules to specify reporting requirements, e.g., type of staging,

Cancer Control and Research Advisory Council (CCRAB)

@ the H. Lee Moffitt Cancer Center & Research Institute
12902 Magnolia Dr., Tampa, FL 33612-9497
Phone: (813) 632-1339

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Coordinator: Dorothy F. Parker, M.H.S.
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Fax: (813) 632-1334

and that would expand the requirement for reporting cancer to non-hospital facilities were also discussed.

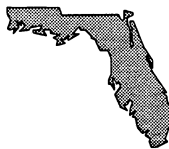
FCDS and HRS are planning a series of training workshops in April and May to inform hospital tumor registrars and others about the registry enhancement.

A copy of the minutes from the February 10 TAG meeting will be sent to all CCRAB members, and the issues will be discussed at the next CCRAB meeting.

1995 LEGISLATIVE SESSION

The 1995 Legislature is scheduled to be in session from March 7 through May 5. As in previous years, the CCRAB Coordinator, Dorothy Parker, will keep track of all cancer-related bills, and send letters of support on behalf of CCRAB to the bill sponsors and to relevant committee members. As soon as all bills are filed, Dorothy will mail a survey to CCRAB members to ascertain their position on each bill. A prompt reply to the survey will help in getting the letters of support to the appropriate legislators in a timely manner.

FLORIDA NEWS ITEMS



BREAST CANCER TASK FORCE

The Florida Breast Cancer Task Force submitted its Final Report and Recommendations to the Governor and Legislature last month. A press conference was held in the Capitol on January 10. The Governor and several legislators attended the event, which was covered by newspapers and television stations throughout the state.

Legislation: Two bills will be introduced during the 1995 legislative session to implement some of the recommendations in the Task Force report. Senator Howard Forman (Hollywood) is sponsoring a bill that requires "first dollar" coverage for mammograms, appropriates money to CCRAB for the breast cancer treatment options brochure, requires the Bone Marrow Transplant Panel to continue to review scientific evidence, prohibits denial of insurance for women with fibrocystic breast disease, and amends the cancer

reporting statutes. Representative Mark Ogles (Bradenton) and Senator Katherine Harris (Sarasota) have also filed a bill that clarifies the definition of risk for breast cancer, ensures coverage for women with fibrocystic breast disease, and requires "first dollar" coverage for mammograms by insurance companies and health maintenance contracts.

BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

The Breast and Cervical Cancer Program has moved from the HRS Cancer Epidemiology section to its new home in Family Health Services. Cancer Epidemiology staff will continue to be involved in the program, however, particularly with the surveillance component. The comprehensive program will provide funding for screening and diagnostic services for low-income, minority and elderly women; public and professional education; quality assurance; and evaluation and surveillance.

A Proposal Request Document (PRD) will be issued to the HRS districts and county public health units in mid-April. Health care providers are encouraged to work with their county or district HRS offices to develop a plan for their community. Five to seven sites will be funded the first year. Additional sites will be funded in following years, pending the availability of federal funds.

There was a meeting of the *Florida Breast and Cervical Cancer Coalition* Administrative Steering Committee February 3 in Miami. The next Coalition meeting will be held in May; people who are on the mailing list for the Coalition will receive a notice when the specific date and venue are determined. For more information, contact Cheryl Robbins at (904) 488-5226 x170.

TOBACCO CONTROL PROGRAMS

The *Tobacco-Free Florida Coalition* met in Jacksonville on December 15. Six regional advocacy coordinators and a state media coordinator have been hired by ACS under the *SmokeLess States Project*. The regional coordinators are developing county-level Tobacco-Free Coalitions that will bring together local tobacco control interests to develop educational programs and to support tobacco control legislation.

The Tobacco-Free Florida Coalition has endorsed the position statements of the Tri-Agency Coalition on Smoking OR Health: (1) to increase both state and federal excise taxes on tobacco, and to allocate at least some state tax revenue for anti-tobacco and school health initiatives; and (2) to strengthen the Florida Clean Indoor Air Act by removing the preemption clause (to allow local governments to impose more stringent laws than those enacted by the state), and to work toward smoke-free restaurants.

STATE SUES TOBACCO COMPANIES

On February 21, Governor Chiles announced that the State of Florida is suing tobacco companies, as allowed under the Medicaid Third Party Liability Act enacted last year. If successful, the suit could result in a payment of up to \$1.4 billion to reimburse the state for medical expenses for Medicaid clients who became ill from using tobacco products. It is estimated that tobacco products killed more than 28,000 Floridians in 1992 and cost the state nearly \$300 million in Medicaid costs. The suit also asks the courts to bar the tobacco industry from using Joe Camel or other advertisements that appeal to children.

Massachusetts, Mississippi and Minnesota filed similar lawsuits last year, and other states could follow if these efforts are successful. However, to date, tobacco companies have never paid any damages despite hundreds of lawsuits against them.

BREAST CANCER PROJECTS IN MIAMI

Screening Practices Among Hispanic Women: The Sylvester Comprehensive Cancer Center received a grant from the Health Foundation of South Florida to conduct a pilot study in Hialeah to determine breast cancer screening behaviors among older Hispanic women and their reasons for use or non-use of early detection services. As part of the educational and informational intervention, a breast cancer mini-summit and health fair is planned for April to coincide with Minority Cancer Awareness Month. Drs. Ed Trapido and Jorge Obeso are the principal investigators of this study, which will provide baseline information about the Hispanic community's disease prevention behaviors.

Mobile Mammography Van #2: The Health Foundation of South Florida has also awarded the Sylvester Comprehensive Cancer Center money for a second mobile mammography van and funds to repair and update the existing van. Both vans provide free or low-cost mammograms to medically underserved women throughout Dade County. The second van will allow the University of Miami to increase its screening program to cover approximately 8,000 women per year. Additional financial support has come from Jackson Memorial Hospital. Since 1987, the Early Detection Program at Sylvester has screened 19,000 women, 70% of whom had not previously been screened. Since 1987, the percent of local stage breast cancers has increased from 6% to 50%.

FLORIDA CLEAN INDOOR AIR ACT

The toll-free number for the Florida Clean Indoor Air Act (800-337-3742) received 3,249 calls during 1994, including 418 requests for copies of the law and 309 complaints. They conducted 32 inspections, there were four administrative proceedings, and one exemption was granted.

Currently, there is only one funded position in HRS to enforce the Clean Indoor Air Act. Funding for additional staff is included the Governor's budget for next year, which will enable HRS to increase its efforts to respond to inquiries and violations.

UNIVERSITY OF FLORIDA SKIN CANCER PROJECT

The University of Florida received a grant from the American Cancer Society, Florida Division, to teach children about the risks of skin cancer. The program involved a three-day intervention, including student-made videos, a slogan contest, lectures and hands-on activities. Follow-up surveys at the "test" school and at a "control" school found that children who participated in the program had more knowledge about skin cancer and sun exposure, had better attitudes about using sunscreen, and were eight times more likely to use sunscreen than the children in the school with no program.

NATIONAL CANCER CONTROL ISSUES



CANCER CONTROL FUNDING IN OTHER STATES

California: California plans to award \$20 million for breast cancer research in 1995. The funding comes from a 2¢ per pack increase in the state cigarette tax that went into effect January 1, 1994. The tax is expected to generate \$38 million annually; 45% will go to a breast cancer research program administered by the University of California. The remainder will go to the state Department of Health Services for detection services for uninsured and underinsured women, and for the collection of breast cancer-related data. The research funds will be awarded to investigators annually for research into the causes, development, prevention and earlier detection of breast cancer. (*The Cancer Letter*, Dec. 14, 1994)

Massachusetts: In 1992, Massachusetts established a Breast Cancer Research Program administered by the Department of Public Health. The Program receives \$1 million annually from a 25¢ per pack state cigarette tax. The money is granted to investigators for biomedical research, bench-to-clinical (translational) research, or cancer control. It also supports a breast cancer research lecture series. For 1995, 17 grants have been awarded to researchers. A total of 31 investigators were funded in the previous two years. (*The Blue Sheet*, Dec. 16, 1994)

ENVIRONMENTAL CAUSES OF BREAST AND PROSTATE CANCERS STUDIED

Cape Cod, Massachusetts: The Boston-based Silent Spring Institute has undertaken a study to identify environmental factors contributing to the high incidence of breast and prostate cancer in several Cape Cod towns. High incidence rates were identified in a report published by the state health department. The Massachusetts Breast Cancer Coalition successfully lobbied the state legislature to fund research in this area. The study is supported by a \$1.2 million grant and will look into xenoestrogen compounds, which are known to be "widespread environmental pollutants" and may play a role in cancers that have hormonal components. (*The Blue Sheet*, Jan. 11, 1995)

Long Island, New York: Federal and state researchers are investigating clusters of high breast cancer incidence rates on Long Island. They are looking for possible links to environmental pollutants from a variety of sources, including automobile and airplane emissions and water pollutants. (*The Blue Sheet*, Jan. 11, 1995)

CANCER PANEL RECOMMENDS BETTER RISK INFORMATION ON CIGARETTE PACKAGES

In December, the President's Cancer Panel recommended changes to consumer information about the content of cigarette smoke. The Panel claimed that the current information is outdated or incomplete, and does not take into account how a person smokes, e.g., how many puffs per minute or how much is inhaled. They concluded that low tar and nicotine cigarettes may not decrease a person's risk of cardiovascular or lung disease because of the way in which people smoke them. (*Oncology Times*, Feb. 1995)

COLORECTAL CANCER: THE VALUE OF FECAL OCCULT BLOOD SCREENING

In a recent editorial in *Oncology Times*, Dr. Robert Young (Fox Chase Cancer Center) reminded clinicians about a 1993 study published in the *New England Journal of Medicine* (Mandel et al. 1993:1365-1371) about the benefit of fecal occult blood testing. The study found that "annual screening for colorectal cancer using the fecal occult blood test can reduce mortality from this disease by 33 percent." This finding is based on a study conducted over a 13-year period and involved more than 46,000 participants in a randomized clinical trial. The reduction in mortality was observed only among people who were screened annually, not those screened every other year.

There will be an estimated 138,200 new cases of colorectal cancer in 1995 and 55,300 deaths. A 33% reduction in mortality could save more than 18,000 lives. (*Oncology Times*, Feb. 1995)



C-CRAB NEWSLETTER



Volume 3, Number 2

May 1995

C-CRAB NEWS ITEMS



MEETING REMINDER

The next C-CRAB meeting will be
Wednesday, May 31, from 1:00 - 4:00 p.m.,
at the Tampa Airport Marriott Hotel.

STATE CANCER REGISTRY ENHANCEMENT

A C-CRAB Technical Advisory Group (TAG) has been working with HRS and the Florida Cancer Data System (FCDS) to help implement the registry enhancement grant that HRS received last year. Florida is now one of 38 states participating in the National Cancer Registry Program, which is funded by the Centers for Disease Control and Prevention.

A series of workshops has been held around the state to inform hospital administrators and tumor registrars about the registry changes, which include an expanded reporting form, electronic reporting, reporting schedule, and new training requirements for data collectors.

In April, HRS staff met with Florida Hospital Association representatives to discuss the new reporting requirements. They plan to meet with the Florida Pathologists Society Executive Board this summer to discuss reporting from non-hospital laboratories.

The Cancer Registry TAG will meet on May 31, from 10:00 a.m. to 12:00 p.m. A full update will be provided to C-CRAB in the afternoon.

LEGISLATIVE UPDATE

C-CRAB Position on Cancer Bills: Based on the results of the questionnaire sent to C-CRAB members in March (to which 18 members replied), letters were sent to the sponsors and cosponsors of the bills for which there was support: four tobacco-related bills; breast cancer bills; bills regarding off-label drugs for cancer patients; a corporate tax credit for businesses that contribute to cancer screening programs; and an ACS car license plate. There was also a bill that repealed the 1994 law enabling the state to sue tobacco companies. The outcome of these bills will be presented at the May 31 C-CRAB meeting.

Breast Cancer Task Force Bills: As a result of the Breast Cancer Task Force report, several legislators introduced bills to implement selected recommendations: SB 548 by Senator Roberto Casas (member of the Task Force), SB 2088 by Senator Howard Forman, HB 853 by Representative Victor Crist (and SB 1616 by Senator Grant), and HB 1533 by Representative Mark Ogles. Also, a section of a committee bill from the House Insurance Committee (H.IN.PCB-3) initially included a section on first-dollar coverage for mammograms. Throughout the eight weeks of the legislative session, these bills evolved through a series of amendments. In the end, SB 548 was approved by both the Senate and the House and will most likely become law. More information will be available after the legislative session ends.

MEMBER NEWS

The Halifax Medical Center (HMC) Regional Oncology Center in Daytona Beach received the 1994 Awareness Achievement Award from the Board of Sponsors of National Breast Cancer Awareness

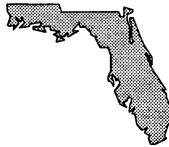
Cancer Control and Research Advisory Council (C-CRAB)

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Coordinator: Dorothy F. Parker, M.H.S.
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Month. **Herbert Kerman, M.D.**, accepted the award on behalf of HMC, with Jane Broadhurst, Cancer Screening Coordinator, and Walter Craig, M.D., Chief of Mammography Services.

George R. McSwain, M.D., was appointed the Southern Area Chair of the Cancer Liaison Program of the American College of Surgeons' Commission of Cancer. The Southern Area extends from Washington, D.C. to Texas. For the past seven years, Dr. McSwain has served as the Florida State Chair of the Cancer Liaison Program.



NEWS FROM AROUND THE STATE

BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

HRS Family Health Services in Tallahassee recently hired Margo Blake as manager for the Breast and Cervical Cancer Program. Additional staff are being hired. Sandy Wilkins, of former C-CRAB fame, will be the Coordinator for Surveillance.

A Proposal Request Document will soon be sent to the HRS districts, county public health units, and members of the Florida Breast and Cervical Cancer Coalition. Health care providers are encouraged to work with their county or district HRS offices to develop a plan for their community. Five to seven sites will be funded the first year. Additional sites will be funded in following years, depending on the availability of federal funds.

Florida Breast and Cervical Cancer Coalition:

The next Coalition meeting will be May 24, from 9:30 a.m. to 4:30, at the Hilton Metro Center Hotel in Tampa. C-CRAB members who are interested in attending but have not received information about the meeting should contact Sandy Wilkins at (904) 922-9944.

TOBACCO CONTROL PROGRAMS

Tobacco-Free Florida Coalition: The Tobacco-Free Florida Coalition spent the past few months working on its legislative agenda to increase excise taxes on tobacco and to strengthen the Florida Clean Indoor Air Act.

They are also preparing a supplemental application to the Robert Wood Johnson Foundation (RWJF) for an additional grant of several million dollars. The money will be used for a statewide media campaign targeted at young people. C-CRAB sent a letter of support for the supplemental grant application. In 1994, the Coalition received \$1.9 million as part of the SmokeLess States Initiative to develop regional advocacy programs, promote their legislative agenda, and develop a media campaign.

Local tobacco-free coalitions are being formed across the state. The six regional advocacy coordinators hired through the RWJF SmokeLess States Grant are helping communities with this process. Some local coalitions are applying for grants from the HRS Office of Health Promotion and Wellness for community-based tobacco prevention projects. For information about a coalition in your area, call Patti Spain at (904) 487-3220.

TOBACCO: LEADING CAUSE OF DEATH

The December 1994 issue of the *Journal of the Florida Medical Association* featured an article by Joyner Sims, Ph.D., on tobacco-related deaths and tools for measuring the prevalence of tobacco use. Dr. Sims is the HRS Assistant Health Officer for Health Promotion and Wellness Program. The article presents Florida data from national surveys such as the Behavioral Risk Factor Surveillance System, Smoking-Attributable Mortality, Morbidity and Economic Cost, the Youth Risk Behavior Survey, and the Pregnancy Risk Assessment Monitoring System. There are an estimated 28,000 tobacco-related deaths each year in Florida.

HEALTH COMMUNITIES, HEALTHY PEOPLE PLAN FOR 1995-1996

The HRS Office of Health Promotion and Wellness recently released the second biennial Health Communities, Healthy People plan, *Building Health Communities*. The plan is mandated as part of the 1992 Health Care Reform Act. It provides a framework for Florida's health promotion activities, and is designed to help communities plan local activities. The plan includes strategies in several areas relating to cancer prevention: Tobacco, Diet and Nutrition, and Environmental Toxins. Copies of the plan will be distributed to C-CRAB members at the next meeting.

5-A-DAY PARTNERSHIP

The Florida 5-A-Day Partnership, a coalition of health professionals and produce industry representatives organized to promote fruits and vegetable consumption for better health, met in Orlando on April 26. Members learned about promotional activities of the Florida Department of Education, the Department of Agriculture, and the WIC program, and about several food bank programs that distribute surplus food, including fresh produce, to agencies that provide food to those in need. The group also discussed plans for 5-A-Day Week, which will be September 10-16. For additional information, call Nancy Boyack at (904) 487-3220.

COMPREHENSIVE MELANOMA CENTER

M.D. Anderson Cancer Center Orlando has developed a Comprehensive Melanoma Center that offers coordinated, comprehensive care for diagnosed melanoma patients. The center includes surgical and medical oncologists, pathologists, nuclear medicine specialists, a dietician and a social worker. Clinical trials are also available for melanoma patients through the M.D. Anderson Cancer Center in Houston.

WEST FLORIDA STEREOTACTIC BIOPSY UNIT

The West Florida Regional Medical Center in Pensacola has expanded its mammography services to include the LORAD StereoGuide™ breast biopsy unit. The first in the area, the new system offers computer guided x-ray imaging to precisely locate a suspicious abnormality within 1mm. An automated needle is then inserted to remove a core of the tissue for a biopsy. The procedure avoids internal scarring that can interfere with future mammograms, and costs two-thirds less than surgical biopsy.

HOSPICE TRAINING CENTER

The Hospice Institute of the Florida Suncoast, located in Largo (Pinellas County), recently received a Hospice and Palliative Care Education Grant from NCI. The 3-year grant for \$288,603 will be used "to develop and maintain a national training center of excellence to improve the quality and availability of hospice services . . . through education, research and consulting services." For more information, call (813) 586-4432.

MOFFITT BEGINS HISPANIC OUTREACH

H. Lee Moffitt Cancer Center's *Lifetime Cancer Screening* Program has developed an education and outreach program, including posters and brochures, to increase breast cancer screening among Hispanic migrant workers in Hillsborough County. They are also offering free screening to patients at the Suncoast Community Health Centers in Ruskin and Dover. The materials were developed with grant funds from AVON and the National Alliance of Breast Cancer Organizations.

UPCOMING CONFERENCES

UF Oncology Symposium: The *First Annual Oncology Symposium* sponsored by the University of Florida Cancer Center will be held June 8-11 at the Buena Vista Palace in Orlando. For program and registration information, contact the Office of Continuing Medical Education, University of Florida College of Medicine at (904) 392-3143 or (800) 633-2122.

USF Conference: The 15th Annual Cancer Conference and Slide Seminar on *Tumors and Tumor-Like Lesions of the Breast and Female Reproductive System* will be held June 16-18 at the Colony Beach and Tennis Resort on Longboat Key. The conference is sponsored by the USF College of Medicine, Dept. of Pathology and Laboratory Medicine, and the H. Lee Moffitt Cancer Center. For additional information, call (813) 974-3133.

FAPTP Conference: The Florida Association of Pediatric Tumor Programs (FAPTP) will sponsor its 19th annual seminar on *Advances in Pediatric Hematology/Oncology*, November 16-18, 1995, at the Sheraton Plaza Hotel in Orlando. The program will include information on nursing, medical, and psychosocial care of childhood hematologic and oncologic problems. Sixteen contact units will be offered to nurses. The Florida Association of Pediatric Oncology Nurses will hold its annual meeting on November 16. For information, call (813) 632-1310.



NATIONAL CANCER CONTROL NEWS ITEMS



CANCER CENTERS FORM NETWORK

Thirteen academic cancer centers recently formed the *National Comprehensive Cancer Network* to develop marketing strategies and practice guidelines, and to evaluate outcomes in oncology care. The immediate goal is to enhance the centers' position in competing for patients in managed care plans, and to increase access to network institutions through national managed care contracts. The network includes: City of Hope Medical Center, Dana-Farber Cancer Institute, Fox Chase Cancer Center, Fred Hutchinson Cancer Research Center, Johns Hopkins Oncology Center, M.D. Anderson Cancer Center, Memorial Sloan-Kettering Cancer Center, Northwestern University Laurie Cancer Center, Ohio State University Comprehensive Cancer Center, St. Jude Children's Research Hospital, Stanford University Medical Center, University of Michigan Comprehensive Cancer Center, and University of Nebraska Medical Center. The M.D. Anderson Cancer Center in Orlando is the only Florida provider participating in the network. Other centers may be included in the future. (*The Cancer Letter*, 1/27/95)

PROSTATE CANCER SCREENING DEBATE

Most of the recent increase in the incidence of prostate cancer is attributed to an increase in PSA screening. And the debate about the effectiveness of prostate cancer screening continues. Several recently published studies add to the debate, but do not resolve it. Gann et al. (*JAMA* 273(4):289-94) found an increased risk of prostate cancer in men with PSA values less than the usual cutoff, but point out that cost and the ability to treat screen-detected prostate cancers must be considered in policy decisions. Krahn et al. (*JAMA* 272(10):773-80) used a cost-utility model, from which they concluded PSA, transrectal ultrasound (TRUS) or digital rectal examination (DRE) to screen asymptomatic men. Limitations of the model, however, are pointed out in the editorial (pp. 813-814). Littrup et al. (*Cancer* 74(12):3146-58) looked at PSA, TRUS and DRE results as prognostic indicators for biopsies. They found the most cost-effective combination is PSA density and DRE results.

Other researchers have found that age-specific PSA levels would reduce unnecessary biopsies and are better predictors of who will develop cancer.

The efficacy of prostate cancer screening is also being studied in the NCI-funded Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial, a 16-year randomized, controlled trial that began in 1992 that will include 148,000 participants. The trial may help NCI formulate guidelines for prostate cancer screening. The Centers for Disease Control and Prevention is planning a workshop on prostate cancer screening for September 1995 to help develop a consensus on this topic.

TOBACCO GOALS REVISED

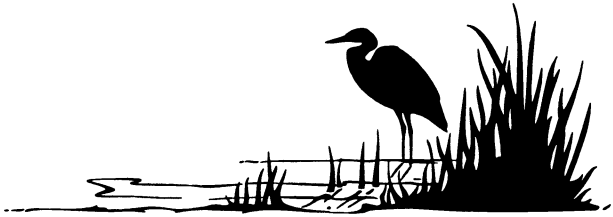
The *Healthy People 2000* goal to reduce the prevalence of cigarette smoking to 15% by the year 2000 will unlikely be met, according to CDC. In 1987, an estimated 29% of adults smoked, and the rate was decreasing at about one percentage point per year. However, in the 1990s, the cessation rate has slowed. An estimated 25% of adults still smoked in 1993. Therefore, two new objectives have been proposed in the 1995 revision of *Healthy People 2000*: (1) to increase federal and state excise taxes on tobacco products, and (2) universal health-plan coverage for treating nicotine addiction.

Smoking Among Black Teens Down: One survey has found that smoking among African-American high school seniors has dropped from 26.8% in 1976 to 4.4% in 1993. For the same period, the rate among white high school seniors only fell from 28.8% to 22.9%. The reason for the lower smoking rate among Black teens is thought to be strong and effective community, family and cultural influences to stop smoking. (*Journal of the National Cancer Institute*, 4/19/95)

NEW BLOOD TEST FOR CERVICAL CANCER?

Researchers at Loyola Medical Center in Chicago claim that a new blood test that detects the human papilloma virus, which is associated with cervical cancer, may be an early indicator for the disease. Research findings were presented in February at the annual meeting of the Society of Gynecologic Oncology. The human papilloma virus is thought to cause 95% of cervical cancers. (*The Nation's Health*, April 1995).

C-CRAB NEWSLETTER



Volume 3, Number 3

August 1995

C-CRAB NEWS ITEMS



C-CRAB Meetings

The next C-CRAB meeting will be Tuesday, **November 21**, from 1:00 p.m. to 4:00 p.m. at the Tampa Airport Marriott Hotel.

The C-CRAB Executive Committee will meet September 6 from 1:00 p.m. to 3:00 p.m. at the Florida Medical Association office in the Tampa Airport Marriott Hotel.

Breast Cancer Treatment Options Pamphlet

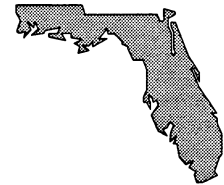
C-CRAB received a \$50,000 appropriation from the Florida Legislature to produce and distribute a breast cancer treatment options pamphlet. The appropriation enables C-CRAB to fulfill one of its statutory mandates for the first time in a decade. A Technical Advisory Group (TAG) is being formed to work on this project. The TAG will review brochures from other states and organizations to select material for the Florida pamphlet. A TAG meeting will be scheduled prior to the November 21 C-CRAB meeting. If you would like to serve on the TAG and have not yet notified Dorothy Parker, please do so as soon as possible.

Revision of Florida Cancer Plan

The last Florida Cancer Plan, approved by C-CRAB in 1993, will be revised for 1996. By the end of August, C-CRAB members will be sent a questionnaire asking them to identify priorities for the

1996 Plan. The results will serve as the basis for discussion at the November 21 C-CRAB meeting. A Technical Advisory Group (TAG) will be formed to work on revising the Plan. If you are interested in serving on the Cancer Plan TAG, please contact Dorothy Parker by September 1. The revised Plan will be submitted to the Governor and Legislature before the Legislature convenes next March.

CANCER CONTROL NEWS FROM AROUND THE STATE



Breast and Cervical Cancer Early Detection Program

The HRS State Health Office, Family Health Services, issued a request for proposals to all HRS district offices and county public health units on June 15 as part of the process of selecting communities to receive federal funds for breast and cervical cancer programs. Sixteen proposals were submitted for the July 17 deadline. A review committee was convened to rank the proposals, and HRS staff conducted site visits to applicants with the highest scores. The funding decision will be made by the end of August. Those selected will receive up to \$217,000 for the first year to provide free or low cost screening and diagnostic services for breast and cervical cancer for medically underserved women, as well as outreach and education programs.

The next meeting of the **Florida Breast and Cervical Cancer Coalition** is scheduled for November 14. For more information, call Margo Blake at (904) 488-5226 x127.

Cancer Control and Research Advisory Council (C-CRAB)


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Medicaid Third Party Liability Act: Possible Override of Governor's Veto?

Last February, the State of Florida filed suit against the tobacco industry to recover billions of dollars in Medicaid payments it has made for health problems attributed to tobacco-related illnesses. During the 1995 legislative session, a bill was passed that repealed the law allowing the state to file the suit. Governor Lawton Chiles vetoed the bill but legislators may override his veto during a special session that may be called this fall or during the 1996 session. The Tobacco-Free Florida Coalition is urging people to contact their legislators to express support for the lawsuit against tobacco companies. C-CRAB has already written to Governor Chiles in support of his veto.

 **C-CRAB members are encouraged to write to Governor Chiles and their legislators to express support for the law suit and the veto.**

The Tobacco-Free Florida Coalition has more information on this issue, including a short video produced by the Coalition to Clean the Air for Florida Taxpayers. Please contact Rhonda Thomas at (904) 487-3220.

HRS Awards Tobacco Prevention Grants

In July, the HRS Office of Health Promotion and Wellness awarded three \$10,000 grants for youth-oriented anti-tobacco programs. The awards went to Baker, Charlotte and Taylor Counties based on their competitive proposals.

The Baker County NIC (Nicotine Isn't Cool) Team plans to increase the number of teens participating in NIC Team's peer education activities, and sponsor activities for teen prenatal classes and community-based programs for teens and their families. They will also develop a training kit on how to start a NIC Team in other counties. Charlotte County plans to develop a video for 4th and 5th graders and sponsor other school-based programs. Taylor County's Youth Tobacco Free Education Program will organize students to participate in a variety of activities such as demonstrations to other students of a smoking machine, broadcasts on local radio stations, testing the air quality in smoking and nonsmoking areas of local restaurants, and producing a student newsletter.

Last year, the Office of Health Promotion and Wellness awarded eleven grants for developing local coalitions, media projects targeting youth and/or minorities, and a variety of demonstration projects. Funds are made available through the Centers for Disease Control and Prevention Office of Smoking and Health IMPACT project. For more information, contact Patti Spain at (904) 487-3220.

Smoke-Free Class of 2000

The Smoke-Free Class of 2000 is a nationwide 12-year tobacco prevention program sponsored by the American Cancer Society, the American Heart Association, and the American Lung Association. Florida's program is also sponsored by the Florida Medical Association and the Department of Education. The students who started this program when they were in first grade will be entering 8th grade in the fall. Each year they have been presented with a curriculum designed specifically for their grade level. The 8th grade educational package, "Too Smart to Start - Too Cool to Smoke," includes a video on developing healthy life skills and empowering youth to become involved in tobacco control issues. The package is distributed to all public and private schools throughout the state.

5-A-Day Week: September 10-16, 1995

The third annual National 5-A-Day Week will be September 10-16. This year's theme, "Take the 5-A-Day Challenge," is designed to provide specific information on how to incorporate more servings of fruits and vegetables into daily eating patterns. People will be encouraged to challenge their friends and coworkers to keep a record of all servings of fruits and vegetables each day to see who is eating the appropriate number of servings.


What is considered a serving? One medium fruit; 6 oz. of fruit or vegetable juice; ½ cup of cut up fruit; ½ cup of raw or cooked vegetables; 1 cup of raw, leafy vegetables; ¼ cup of dried fruit, and ½ cup of dried, cooked, or canned peas or beans.

The Florida 5-A-Day Partnership will hold its quarterly meeting on August 15 in Tampa. For information on the partnership call Nancy Boyack at (904) 487-3220; to order a free copy of the new publication, *Time to Take 5*, call 1-800-4-CANCER.

Enquiring Minds Want to Know...Who Uses FCDS Data?

During the past year, the Florida Cancer Data System (FCDS), the HRS Cancer Epidemiology Program and the HRS Environmental Epidemiology Program have documented more than 180 requests for cancer registry data. They also received numerous inquiries that did not require data analysis and therefore were not recorded.

The majority of documented requests (40%) was for program planning information, 21% for non-peer reviewed research, 12% from the media, 8% from the public, and 2% from the legislature. Approximately 4% was related to investigations of possible cancer clusters. In addition, data were provided for peer-review research projects at the University of Miami, the H. Lee Moffitt Cancer Center, the American Cancer Society national headquarters, the Orlando Regional Health Care System, Ohio State University, and the Agency for Toxic Substances and Disease Registry in Atlanta.

 If you or your organization have used FCDS data, HRS staff would like to hear from you regarding the usefulness of the data. If you conducted a study and published your results, they would appreciate receiving a copy of the publication. Please contact either Doug Palin at (904) 922-5089 or Keith Vossberg at (904) 922-9880.

Bone Marrow Transplant Rule

The proposed rule for bone marrow transplantation (BMT) was submitted to the Bureau of Administrative Code and the Joint Administrative Procedures Committee in July. The rule is based on recommendations of the Bone Marrow Transplant Panel. It lists the procedures for which BMT is considered accepted within the appropriate oncological specialty and not experimental. A copy of the rule was published in the July 28, 1995 issue of the *Florida Administrative Weekly*. For more information, call Sandra Wilkins at (904) 922-9944.

M.D. Anderson Cancer Center Orlando

M.D. Anderson Cancer Center Orlando, an affiliate of the M.D. Anderson Cancer Center in Houston, Texas, recently began holding patient treatment planning

sessions with Houston experts through telemedicine, a system that allows doctors to communicate via video-conferences and exchange diagnostic images via the Internet. The July 24 issue of *U.S. News & World Report* ranked the country's best hospitals, which included the M.D. Anderson Cancer Center in Houston.

Shands Research on Non-Hodgkin's Lymphoma

Researchers at the University of Florida Shands Cancer Center are evaluating a new treatment for indolent non-Hodgkin's lymphoma. This form of lymphoma affects 20,000-25,000 people a year in the U.S. (this is the type Jackie Kennedy Onassis had). The median survival is 8-10 years with standard chemotherapy. There has been little improvement in survival rates over the past 30 years. The Shands study involves treatment with a combination of fludarabine and interferon. James Lynch, M.D. and colleagues hope to enroll 35 patients. They will be the only site in the U.S. to use polymerase chain reaction (PCR) to document response to the drug combination for those patients whose blood contains the necessary molecular fingerprint for PCR. For more information, call 1-800-633-2122, x2-4611.

Dr. Krischer Appointed to NCI Committee

Jeffrey Krischer, Ph.D., C-CRAB representative of the Florida Association of Pediatric Tumor Programs, and Associate Center Director for Clinical Research and Cancer Control at the H. Lee Moffitt Cancer Center, was invited to serve on the National Cancer Institute (NCI) Cancer Centers and Research Programs Review Committee. As a member of this committee, Dr. Krischer will participate in reviewing grant applications and contract protocols submitted to NCI and make recommendations to the National Cancer Advisory Board regarding the proposals.

Pediatric Oncology in the Tampa Bay Area

The inpatient pediatric program at the H. Lee Moffitt Cancer Center closed June 30 and moved to All Children's Hospital in St. Petersburg. The closure is linked to changes by the University of South Florida's Department of Pediatrics and will result in more comprehensive medical care being available to pediatric patients. A joint program with Moffitt, Tampa General Hospital, and All Children's Hospital

is being developed in which Moffitt will maintain its outpatient pediatric program; the Cynthia Wells King School will relocate to Tampa General; and physicians at all three hospitals will continue joint research.

FAPTP Research

The Florida Association of Pediatric Tumor Programs (FAPTP), under the direction of Jeffrey Krischer, Ph.D., is conducting several studies of pediatric brain cancer in Florida. Cases are identified through the Statewide Patient Information Reporting System (SPIRS), a pediatric cancer registry maintained by FAPTP, and the Florida Cancer Data System. More than 600 cases of pediatric brain cancer were diagnosed in Florida from 1981 to 1990. Astrocytomas were the most common type. The distribution of pediatric tumors is being examined by county within Florida, and Florida's rates are being compared to national rates from NCI's Surveillance, Epidemiology, and End Results (SEER) program. FAPTP researchers are also conducting a case-control study of pediatric melanoma to identify risk factors, e.g., sunlight exposure, history of severe sunburn, family history of melanoma, chemical exposures, and a variety of noncancerous skin conditions. For more information, call Zuber Mulla at (813) 632-1314.

Upcoming Seminars

The Florida Association of Pediatric Tumor Programs (FAPTP) will hold its 19th annual seminar, *Advances in Pediatric Hematology/Oncology*, on November 16-18 at the Sheraton Plaza Hotel in Orlando. The seminar will offer current information on nursing, medical and psychosocial care of childhood hematologic and oncologic programs, and will include nationally renowned speakers and round table discussions for sharing clinical experiences. The Florida Association of Pediatric Oncology Nurses (FAPON) will hold its annual business meeting/dinner on November 16. For more information call FAPTP at (813) 632-1310.

Florida Tumor Registrars Association (FTRA) will hold its 17th annual seminar September 22-23 at the Grosvenor Resort at Walt Disney Village, Lake Buena Vista. The seminar will consist of a one-day workshop on FCDS plus one day of guest speakers on a variety of cancer-related topics. For more information, call Carol Michel at (407) 793-6500.

In conjunction with the FTRA seminar, the Florida Cancer Data System (FCDS) will hold its 2nd annual meeting, *Partners in Registries, Research and Results*, on September 21 at the Grosvenor Resort. The meeting will include a status report on the CDC registry enhancement grant, training and abstracting updates, and a discussion of monographs produced by FCDS. There is no registration fee but registration is requested. For information, call Betty Fernandez at (305) 243-4600.




NATIONAL ISSUES

Tobacco Regulation Sought by FDA... Letters of Support Needed

The U.S. Food and Drug Administration (FDA) has proposed to President Clinton and Congress that nicotine be classified as a drug because of its addictive properties. This would enable the FDA to impose regulatory restrictions on the sale of tobacco products. The FDA recommends measures such as banning the sale of cigarettes from unattended vending machines, stricter laws on restricting tobacco sales to minors, curbing advertisements and promotions that appeal to youth, and adding warnings on cigarette packages and ads about nicotine's addictiveness and other hazardous ingredients in tobacco.

Anti-tobacco organizations including the Smoking Control and Advocacy Resource Center and the Coalition on Smoking OR Health are urging individuals and organizations to write or call their legislators *immediately* to express support for these measures.

The Florida Tobacco Free Coalition, of which C-CRAB is a member, distributed an *Action Alert* asking Coalition members to participate in the letter-writing campaign. On July 27, letters were sent on behalf of C-CRAB to President Clinton and all Florida legislators expressing C-CRAB's support for FDA regulation of tobacco.

 **C-CRAB members are encouraged to write their own letters.** For additional information, addresses, and/or sample letters, contact Patti Spain at the HRS Office of Health Promotion and Wellness at (904) 487-3220.

C-CRAB NEWSLETTER



Volume 3, Number 4

November 1995

C-CRAB NEWS ITEMS



C-CRAB MEETING REMINDER

November 21

1:00 p.m. - 4:00 p.m., Tampa Airport Marriott

Agenda items: priorities for the Florida Cancer Plan; breast cancer treatment options brochure; legislative agenda; improving communication with organizations represented on C-CRAB; cancer registry enhancement program; presentations from the Florida Breast and Cervical Cancer Program and the Tobacco-Free Florida Coalition.

Please RSVP to the C-CRAB Coordinator if you have not already done so.

Dr. Ross Resigns

Warren Ross, M.D., who has served on C-CRAB since 1990, and has been Chair since 1993, announced his resignation last month. His expanding responsibilities as Chief Executive Officer of the University of Florida Health System have put increasing demands on his time. C-CRAB extends its appreciation to Dr. Ross for his leadership and participation over the past five years.

Appointing a New Chair: John C. Ruckdeschel, M.D., C-CRAB representative from the H. Lee Moffitt Cancer Center, was recommended by the Executive Committee to be the next Chair. C-CRAB members endorsed the recommendation, as indicated by the results of a mailed ballot. Dr. Ruckdeschel will serve as Acting Chair pending his appointment as Chair by the Governor.

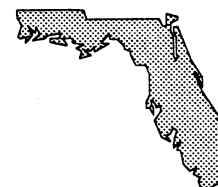
Breast Cancer Treatment Options TAG

C-CRAB formed a Technical Advisory Group (TAG) in September to help plan for developing and distributing a breast cancer treatment options brochure. State law requires physicians to inform newly diagnosed breast cancer patients of their treatment options. The TAG met on October 23 and provided valuable ideas regarding the content, format and distribution of the brochure. A draft is being prepared this month, and its progress will be discussed at the November 21 meeting.

Cancer Registry TAG

C-CRAB's advisory group working with HRS Cancer Epidemiology staff and the Florida Cancer Data System will meet on November 21, from 10:00 a.m. - 11:30 a.m. at the Tampa Airport Marriott. A report on their activities will be presented to C-CRAB at the afternoon meeting the same day.

CANCER CONTROL NEWS FROM AROUND THE STATE



Breast and Cervical Cancer Early Detection Program

The HRS State Health Office awarded funding to five sites to provide breast and cervical cancer screening, diagnostic, and tracking services to low-income and uninsured women. The five sites are: Dade County, Duval County, Hillsborough County, Pinellas County, and the five-county area of Jackson, Holmes, Calhoun, Washington and Liberty Counties. HRS hopes more federal funding will be made available next year to expand the program to other counties.

Cancer Control and Research Advisory Council (C-CRAB)

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Acting Chair: John C. Ruckdeschel, M.D.
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The **Florida Breast and Cervical Cancer Coalition**, which serves as an advisory and planning group to the Breast and Cervical Cancer Early Detection Program, meets *November 14* at the Westshore Holiday Inn Crowne Plaza in Tampa, from 9:30 a.m. to 4:00 p.m. The agenda includes presentations from the funded sites and from the Lee County Breast Screening Program, plus workgroup discussions in the afternoon. For more information, call Margo Blake at (904) 488-2901.

National Hispanic Leadership Initiative on Cancer (NHLIC)

The University of Miami is one of the nine sites participating in the NCI-sponsored NHLIC program, *En Acción Contra el Cáncer*. Together with the ENCORE^{plus} program at the YWCA, they helped develop Dade County's breast and cervical cancer program (see above). *En Acción* will help recruit Hispanic women from Little Havana, particularly those who are older and have not assimilated into the local medical system. Preliminary studies in the area show that these women will comply with screening once given access to and financial assistance for services. Role models, community volunteers and health care professionals will help educate high risk women about the importance of screening and followup.

FDA-Certified Mammography Facilities

The Cancer Information Service (CIS) announced in September that people can call their toll-free number (1-800-4-CANCER) for a listing of FDA-certified mammography facilities in their area. The 1992 Mammography Quality Standards Act requires mammography facilities across the nation to meet uniform quality standards enforced by the Food and Drug Administration. The American Cancer Society, Florida Division, also has a comprehensive listing of mammography facilities in the state, available by ACS district. Their toll-free number is 1-800-227-2345.

Mammography Among Medicare Patients

An article in the *Morbidity and Mortality Weekly Review* (44(41):777-781) examined mammography use among the 16 million women enrolled in Medicare between 1991-1993. Since 1991, Medicare Part B has

covered biennial screening mammograms; it reimburses 80% after the \$100 annual deductible.

The article states that only four million women (25%) had at least one mammogram during the three-year period. Utilization rates decreased with age. For all age groups, black women were less likely to get a mammogram. The findings are consistent with previous studies. Reasons for the low rate may include: (1) variations in screening guidelines for older women; (2) financial barriers (copayments and deductibles) and other access barriers for low income women; and (3) limited awareness of the Medicare benefit (a 1992 study found that 66% of elderly women did not know that Medicare covers mammograms).

Promotion Planned: To increase utilization rates, the Health Care Financing Administration is sponsoring outreach programs across the country. In Florida, where approximately 45% of Medicare women are getting mammograms, the **Florida Medical Quality Assurance, Inc.** (Florida's Medicare peer review organization) is initiating a statewide campaign to increase awareness and utilization. In addition to an extensive public and professional education campaign, they are developing specific programs for urban, low income and minority populations. They have also formed a *Mammography Coalition*. The C-CRAB Coordinator has been invited to serve on the coalition.

Tobacco-Free Florida Activities

FDA Commissioner Speaks: The Tobacco-Free Florida Coalition held a meeting on September 29 at the USF College of Public Health that featured the Food and Drug Administration (FDA) Director, Dr. David Kessler, and Michael Erikson, Director of the CDC Office of Smoking and Health. The speakers' main message was to request support for their efforts to classify nicotine as a drug, to regulate tobacco, and to restrict youth access to tobacco.

C-CRAB members are requested to write to the FDA to express support for their proposed regulations. *The FDA has extended the deadline for receiving public comment from November 9, 1995 to January 2, 1996.*

Anti-Tobacco Media Campaign Targeted at Teens: In September, the Tobacco-Free Florida Coalition launched an advertising campaign that warns teens about the dangers of smoking. They are working with the advertising and marketing company, WestGroup, which has conducted extensive research on the teen market. Their research included focus groups of junior and senior high school students across the state to gather information about the teen's attitudes and smoking behaviors. The Tampa Bay area was chosen for a pilot campaign that runs from September 4 through December 2. The spots will run on local MTV programming, e.g., Beevis and Butthead, MTV Unplugged, Top 20 Sports, MTV Games, and other programs watched by teens. A radio campaign is also running on WFLZ. The campaign is funded by the Coalition's grant from the Robert Wood Johnson Foundation, but they are seeking corporate sponsors to expand the program.

Statewide Conference: The Tobacco-Free Florida Coalition sponsored a conference on November 2-3 in Orlando for members of the state and local coalitions. The topic was *Making Smoking History...Power Through Community Action*. Community-based advocacy strategies were discussed, and methods to enhance local involvement in tobacco prevention and control were presented.

Florida Clean Indoor Air Act

The Florida Clean Indoor Air program received almost 1,900 calls on its toll-free line from January 1 through August 30, 1995. Most calls were inquiries about how the Clean Indoor Air Act applies to places of employment, to register a complaint of violation of the law, or to request a copy of the law. HRS reports that most enclosed shopping malls are in compliance with the Act, and most airports either are in compliance with the law or have been designated smoke-free. The program coordinator, Donna Arnold, is focusing on violations in convenience stores, about which she receives many complaints. For more information, or to report a problem, call 1-800-337-3742.

Senator Ginny Brown-Waite Appointed Health Care Committee Chair

C-CRAB member Ginny Brown-Waite (R-Hernando County) has been appointed as Chair of the Senate Health Care Committee, replacing Senator Alberto Gutman. She will also serve on the Ways and Means Subcommittee on Human Services, and the Senate Select Committee on Social Services Reform.

New HRS Secretary

The Governor recently appointed Edward Feaver to head the Department of Health and Rehabilitative Services (HRS). Mr. Feaver has been the Acting Secretary of HRS since last June when the Senate rejected Jim Towey's appointment. He served as the Deputy Secretary for Health from 1988-1994. Besides his experience with HRS, Mr. Feaver has also worked with Florida's Department of Commerce and Department of Community Affairs.

5-A-Day Happenings

September 10-16 was *5-A-Day Week* nationwide. The Florida 5-A-Day Partnership, the HRS Office of Health Promotion and Wellness, the Cancer Information Service, and many others around the state conducted activities to promote the consumption of fruits and vegetables. Media packets and fruit baskets were delivered to major media markets throughout the state. In Miami, Brooks Tropicals, a distributor of tropical fruits, displayed their products to elementary school children. Pasco County exhibited a "Fitness With 5" display in a local mall. In Palm Beach County, "5-A-Day Fix" was the theme for a weekly nutrition television show.

FCDS Holds 2nd Annual Meeting

The Florida Cancer Data System (FCDS) held its 2nd Annual Meeting in Orlando on September 21. It was held the day preceding the Florida Tumor Registrars Association's annual meeting, and many participants attended both. Dr. Trapido, FCDS Project Director, gave an overview of cancer trends over the past decade, and FCDS staff discussed changes in the registry resulting from the CDC Enhancement Grant.

Cortelis Center Opens in Miami

The Sylvester Comprehensive Cancer Center recently opened the *Cortelis Center for Research and Treatment in Psychosocial Oncology* to meet the emotional and support needs of cancer patients and their families. The center was made possible by fundraising efforts of Alec and Louise Cortelis. Services include: group counseling and classes; individual and family counseling; stress reduction and biofeedback; relaxation, medication, imagery and self-hypnosis; acupuncture, massage and physical therapy; nutrition counseling; pastoral counseling; community outreach; and many other programs. For more information, call (305) 243-4129.

Moffitt Opens Research Center

The H. Lee Moffitt Cancer Center & Research Institute opened the *Moffitt Research Center* last month. The newly-renovated four-story building is across from the main hospital, and includes more than 100,000 square feet of laboratory space, offices, and clinic areas. The programs housed in the building are: Cancer Cell Biology (directed by Warren J. Pledger, Ph.D.); Immunology (Julie Djeu, Ph.D.); Molecular Oncology (Richard Jove, Ph.D.); and Cancer Control (Jeffrey Krischer, Ph.D.). Moffitt's senior adult oncology and the hematology/oncology clinics and outpatient chemotherapy treatment areas are on the ground floor.

The C-CRAB office will be in the Moffitt Research Center after November 8.

Early Bills Filed in Florida Legislature

The following is a partial list of cancer-related bills that have already been filed for the 1996 session.

SB 12: Senator Buddy Dyer (Orlando) filed a bill that would allow the Agency for Health Care Administration to file suit only against tobacco companies to recover expenses paid under Medicaid. With the existing language, they can sue any third party.

SB 32: Senator John Grant (Tampa) filed a bill that further restricts youth access to tobacco, prohibits persons less than 18 from possessing tobacco products, and specifies penalties. Representative Steven Feren (Plantation) filed a similar bill (**HB 87**) that includes specific penalties for noncriminal tobacco violations.

HB 79: Filed by Representative Suzanne Jacobs (Delray Beach), prohibits smoking in or near a school (submitted last year but did not pass).

Health Care Reform & Universal Coverage

Floridians for Health Security are mounting a drive to amend the state constitution to include universal health coverage under a state-run, single-payer system. They are circulating signature petitions to get the issue on the ballot for the 1996 general election. The group opposes Governor Chiles's reform efforts that involve a managed competition approach and regional purchasing alliances.

NATIONAL CANCER NEWS



BRCA1 and Genetic Testing

A recent article in *Nature Genetics* gained public attention last month by stating that 1% of DNA samples from Ashkenazi Jews (Jews of Eastern Europe descent) contain a specific mutation in the BRCA 1 gene (185delAG). The mutation may predispose its carriers to breast, ovarian, colon or prostate cancers. It was found not only in families at high risk for cancer but in a subset of the general population. NCI Director, Dr. Richard Klausner announced that NCI will conduct a study to quantify the risk associated with the specific mutation. They plan to test 3,000-5,000 Ashkenazi Jews in the Washington, DC area, and collect information about their medical and family history. Population screening is not recommended at this time; scientists still do not know whether, and to what degree, having the altered gene increases a person's risk of developing cancer. For more information, call CIS at 1-800-4-CANCER.

The issue of genetic testing raises many ethical and legal issues. Dr. Klausner and Francis Collins, Director of the National Center for Human Genome Research, testified at a hearing of the Senate Cancer Coalition. They expressed concern about insurers use of genetic test results to deny coverage, regulation of biotechnology companies conducting genetic tests, and the public perception of and demand for such tests.

