

Register

UM Sylvester
Comprehensive Cancer Center

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

UNIVERSITY OF
Miami
SCHOOL OF MEDICINE

Division of Cancer Prevention and Control

Volume XV, 2002

FCDS Educational Teleconference Series - A Success!

FCDS was very excited to be able to present the first FCDS Educational Teleconference for 2002 on February 22nd. This teleconference, entitled "Technical Expertise at a Click - Web-Based Tools for Everyday Abstracting" provided participants with a fast-paced interactive tour through many of the most powerful and useful websites and internet-based webtools available to registrars.

One of the sites visited has only been available for three weeks and it is an incredible one-stop cancer information resource! Another webtool gives the registrar full one-touch access to the full ROADS, SEER Program Manual, ICD-O-2 and ICD-O-3, NAACCR Volume II Standards and SEER EOD...with interactive connections between all of the manuals for data items common to any or all of the manuals! WOW!

If you are asking yourself, "What is it? Or Where is it?" then you must have missed the teleconference. Shame on you! You missed the best teleconference yet! Even registrars who visit many of these websites on a regular basis confessed that they learned much more than



they imagined they would during the one-hour teleconference.

The teleconference PowerPoint presentation, along with presenter notes is still available on the FCDS website, <http://fcds.med.miami.edu>. You can still download the presentation and print out the presenter notes and take yourself through the presentation website tours at your own pace, in your own time. Or, you can just bring up the full presentation and read the notes while you surf from site to site. You won't get the full effect or all of the information

presented, but you will still get a good idea of the tools available and where to find information that you can refer back to at any time during your day-to-day activities.

One powerful feature in the presentation that you should try out is clicking on the website that is printed on the slide in the PowerPoint presentation, this will take you directly to the website, without doing anything else, depending on how your personal computer happens to be set up. Pretty cool, huh?!!

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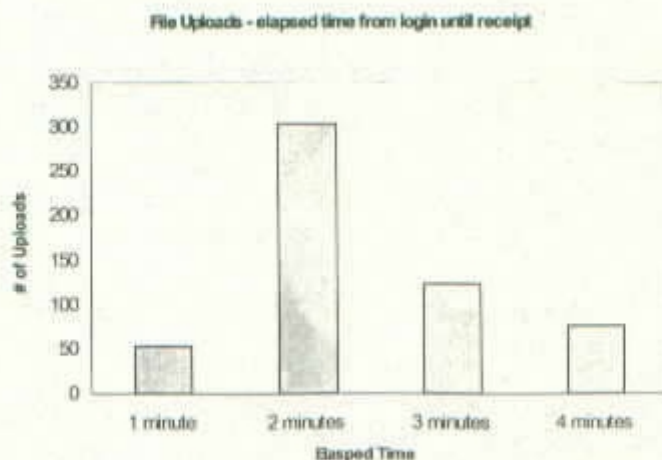
FCDS IDEA SUMMARY

Since the start of the FCDS IDEA system in July, 2001 there have been 3,926 successful logins and 340 login name and password errors. Only 568 people utilized the Logout menu selection after they had completed their work. **Please remember to logout when finished with the FCDS IDEA system.**

File uploads of vendor-generated data

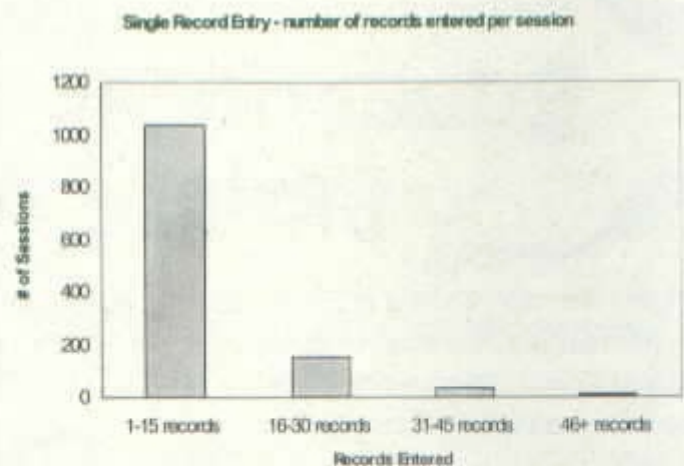
For facilities that submit their data via vendor software, there were 659 successful file uploads. 110 batches were rejected for several reasons: file layout, invalid facility number, or other format issues. The most common reason: old 7-digit accession number instead of the 9-digit number. FCDS requires vendor-generated files to follow the NAACCR version 9. Please refer to the file structure documented in our FCDS Data Acquisition Manual (DAM), Appendix F - available on our website: <http://fcds.med.miami.edu>.

The median amount of time from login until an upload was processed is 114 seconds. The following chart demonstrates that most uploads take between 1 and 2 minutes to complete. A number of factors may affect the amount of time for an upload to process: your computer and Internet access speeds, the number of people accessing your Internet Service Provider's computers, and the load on the FCDS web computer.

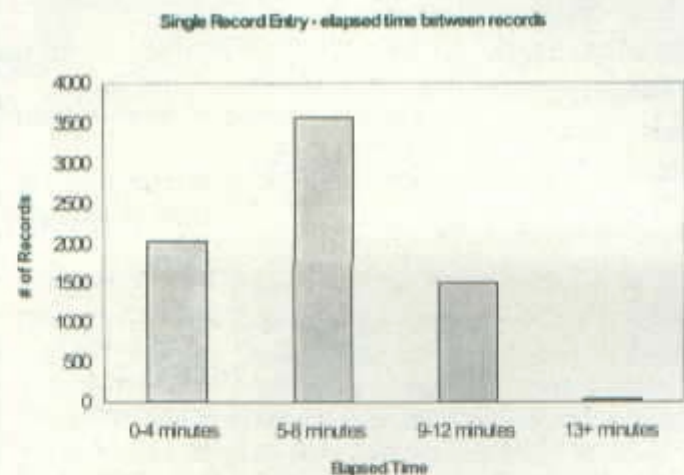


FCDS Single Abstracting Data Entry

For hospitals and contractors who used the FCDS Single Abstract Entry web program, there have been 1,231 individual login sessions where between 1 and 55 abstracts were entered. For most sessions, less than 15 records were entered.



The median amount of data entry time spent between one abstract and another was 321 seconds. Most records were entered in under 8 minutes.



Note: some users may pre-code the data before signing on to the FCDS IDEA system, while others may code directly from the hospital chart. ☒

Cancer Trends Among Hispanic Men in South Florida: 1981 - 1998

By James D. Wilkinson, MD, MPH



Background: Hispanics now represent a majority of residents in Miami-Dade County, Florida. We present here new cancer incidence and mortality data for South Florida's Hispanic men for the period 1990-1998, and compare it to a previous report from the 1980's. Periodic updating of

cancer incidence data, reflecting current population distribution, lifestyle and environmental risk factors, is necessary to optimally inform cancer prevention and control activities.

Methods: The study population consisted of all incident cancer cases (1981-1998) occurring in males from Miami-Dade County, as found in the Florida Cancer Data System database; cases were divided into 2 nine-year periods for analysis. Age-standardized incidence and mortality rates were computed for fourteen common cancer sites; rates for Hispanic men were compared to non-Hispanic Whites as Standardized Rate Ratios (SRR) with 95% confidence intervals (C.I.). Incidence and mortality trends were analyzed using linear regression.

Results: Nearly 70,000 incident cancer cases were analyzed. For 1990-1998, the top five incident cancers for both race/ethnic groups were the same. The overall decreased cancer risk for Hispanic men (SRR= 0.80; 95% C.I.= 0.79-0.82), compared to non-Hispanic Whites, remained essentially constant over the two study periods. Cancer incidence increased similarly for the two race-ethnic groups; cancer mortality decreased, with a sharper decrease for non-Hispanic Whites, resulting in apparent convergence of mortality trends recently.

Conclusions: Differences in cancer risk for South Florida's Hispanic men have not attenuated over the past 20 years. With cancer incidence significantly less for Hispanics, while mortality approaches that of non-Hispanic Whites, cancer prevention and control strategies targeted at this ethnic group become increasingly important. ☒

CoC Announcement



New Data Standards Manual "FORDS" (formerly *ROADS* Vol. II)

The commission on Cancer is nearing the completion of its new data standards manual titled "Facility Oncology Registry Data Standards." "FORDS" is the result of an 18-month effort by a workgroup comprised of multidisciplinary CoC physicians along with representatives from the American Cancer Society, North American Association of Central Cancer Registries, National Cancer Registrars Association, hospital registrars, and software providers. The manual is a complete overhaul of its predecessor "Volume II: Registry Operations and Data Standards" (ROADS).

"FORDS" will contain an enhanced section on general rules for coding and 167 data items. Of the 167 data items, 96 have been retained from "ROADS", some with revision, and 71 are new items, only half of which will require abstracting. Notably, "FORDS" will not include information related to registry operations. This information will appear in an upcoming revision to "Volume I: Cancer Program Standards."

Presentations of the new "FORDS" material will be available at the upcoming NCRA meeting in May. Each will include a slide presentation, exercises, and handouts. Beginning in July, the CoC will have speakers available on a limited basis to present the material to individual associations/organizations. For details visit their website at: <http://www.facs.org/dept/cancer/coc/presrequests.html>.

Implementation of the "FORDS" will be required of all CoC-approved cancer programs starting with cases diagnosed January 1, 2003. A letter to hospital cancer registrars has been posted on their website at <http://www.facs.org/dept/cancer/index.html> ☒



Part One of Quality Control – Who? What? Where? When? Why?

By Mary, Joy & Steve – The QC Crew



The Quality Control Program of FCDS is an ongoing series of projects collectively designed to promote accuracy, timeliness and completeness of cancer reporting to our state registry. These projects are necessary in order to measure and evaluate the completeness of cancer case reporting and to systematically assess data quality. Findings from these projects are also used to provide input and direction to various FCDS educational programs intended to enhance and improve cancer case abstracting skills among Florida registrars. (Note: 2001 FCDS DAM, Section I, Part H includes helpful information on each of the components that collectively make up the FCDS Quality Control Program.)

You are all familiar with the standard FCDS edits. This is the FCDS QC activity that is most familiar to every Florida registrar. However, these edits are only one small (albeit significant) component in the overall FCDS QC Program. FCDS data are subject to numerous internal and external quality control activities throughout the year, many of which are computerized, some of which are not.

In the next two issues of the FCDS Register we hope to familiarize you with the various components that feed into a comprehensive quality control program; the purpose of each activity; when each of the activities should be carried out for both individual and composite activities



(timing); who is responsible for each activity and why each activity is important to you as an abstractor. The activities include components unique to the facility or hospital registry, components unique to the central registry (FCDS) and many activities that are shared by both.

External Edits & Audits: We won't spend a lot of time here discussing the processing and audit procedures that are initiated outside FCDS, but we thought that you might be interested in knowing that FCDS data and the FCDS program go through extensive data editing and program auditing from outside agencies just like you do at the facility level. Many of these studies, though invisible to you,

are a standard part of FCDS annual operating procedures. FCDS data are subject to evaluation as a part of our contractual agreements with the CDC as well as a part of our voluntary participation in NAACCR. All FCDS data must be externally QC'd in order to be included in the annual CDC/NPCR state program evaluations and in order to be included in the annual Cancer In North America (CINA) publication. FCDS data are also subject to data quality studies and data quality indicator analyses every year as a part of the annual NAACCR Central Cancer Registry Certification process. These reviews examine five years of data at a time and are performed each year on a different five-year period.

Additionally, NAACCR and CDC conduct periodic on-site visits to both the FCDS offices and randomly selected Florida hospitals in order to evaluate the completeness, accuracy and timeliness of Florida cancer reporting.

Facility Edits & Audits: Quality control plays an important role in not only the day-to-day activities of every registrar but also periodically when annual or ad hoc auditing takes place. This is especially true if the registrar works in an ACoS/CoC approved cancer program. High-quality cancer reporting is supported by numerous activities and program requirements for large and small registries and include the CoC required 10% sample review of abstracts by physicians, casefinding audits and re-abstracting projects by the central cancer registry, standard computerized data editing during case abstracting, periodic surveys by the ACoS as required for cancer program approval,

and through the annual activities of the National Cancer Data Base. The concept of producing high quality data is constantly emphasized and reinforced to both new and 'seasoned' registrars. *(Note: Standard FCDS QC activities should be considered as only one component in a cadre of QC activities for any approved cancer program. They are not sufficient to support all of the QC requirements for a CoC approved cancer program.)*

Approval of New Abstractors is an activity that presents an opportunity for the FCDS QC staff to review the initial work of two types of abstractors: those who are new to our profession, and experienced abstractors from other states who are new to Florida. For new abstractors who are just beginning to submit data to FCDS, this is a great opportunity to get valuable feedback about their work from an experienced tumor registrar. There is emphasis on using the various manuals and paying close attention to data definitions and coding rules. We ask that 25 abstracts be submitted on paper, before they are subjected to electronic edits. This gives the QC staff the opportunity to really follow the abstractor's thought process and can prompt us to give constructive advice and spot potential problems. For experienced people who are just starting to work in Florida, this process can also clarify what we expect in the way of text documentation, and how to report cases according to Florida's specific rules. This entire procedure is beneficial to Florida's database in the sense that it encourages high quality abstracting, and at best it can establish a rapport between "new" folks and the staff of our state registry. It also helps to establish strong abstracting skills early in a registrar's career.

FCDS Edits: Most people think that QC at FCDS starts and ends with the electronic edits that are run during cancer case submissions. Most vendor software includes data item edits that ensure valid codes are entered during the abstracting process, field-by-field. Some vendor software run additional inter-field data edits once a case has been

completed. Inter-field edits are edits such as "does this histology go with this site" or "can a woman have prostate cancer". Additionally, many Florida registrars use special vendor software edit packages to run edits prior to forwarding data to FCDS. Other registrars wait until they hear from FCDS to find out how their data fare once the edits have been run. Needless to say, lots of edits are run on each data item you enter during the abstracting process.

During edits processing, certain data fail edits for a variety of reasons. Sometimes there are type-o's, sometimes data are incorrect, sometimes edits fail with data that actually fit the case scenario but just don't fit the 'normal' case abstracting picture. FCDS asks each registrar to review and correct (if necessary) each data item for the cases that they abstract. We occasionally hear about somebody other than the original abstractor reviewing and making corrections to somebody else's abstracts. We really discourage folks from doing this because unless you review your own reports, you may never know that you are doing something wrong. Keep in mind that sometimes the data originally submitted are actually correct. Don't just change codes to make the case pass an edit. If your data are correct, FCDS simply requests that abstractors provide us with supporting documentation to show that the abstract was coded correctly. The edit can be 'overridden' or 'forced' into the FCDS Masterfile with the codes that you have verified are correct, even if they don't pass the standard edits. The standard edits are designed to pick up common errors in abstracting, incorrect use of codes, incomplete data and unlikely or impossible combinations of data such as a woman with prostate cancer. Also keep in mind that this process is an opportunity for the abstractor to look more closely at data definitions and to make special mental notes of changes in reporting requirements.

At least one registry coordinator has said that she uses the FCDS edits as a discussion platform for abstracting issues in her registry. Her staff sits

together, discusses the items on the edit report, and uses the registry manuals to decide on the most accurate way to code each discrepant case. This promotes consistency in her registry and also in state reporting.

Although the edits serve as the first quality check for incoming abstracts, many other FCDS activities go beyond computers and incorporate the human element. The field coordinators and the QC staff all work together on various elements of QC. This is where we depart from automated QC and use the eyes and brains of experienced tumor registrars to evaluate data.

Visual review of every 25th record is the process by which a sample of each facility's abstracts is looked at in order to evaluate individual cases for abstracting quality. Each of the cases has already successfully passed the electronic edits, and resides in the FCDS Master File. A closer look is given to these cases, and questions are asked, especially as the text fields are read. Does the case make sense, in general? Does the text mention that this is the left side of a paired organ, yet the code indicates right? Is the histology code different than the text indicates? Is the case staged, yet all that was done was a colonoscopy? Or, does text describe involvement of a distant site, yet the code indicates local or unstaged? Sometimes the text indicates a prior reportable cancer yet only one sequence has been submitted. Once this task is complete at FCDS, the reviewed cases are sent back to the reporting facility and we ask for replies or feedback, and make corrections if necessary. For a more detailed look at this process, please refer to the last FCDS Register lead article.

FCDS Site Visits - Each year the QC staff of FCDS travels around the state to visit numerous hospitals in person. These site visits are designed to evaluate the completeness and quality of the facilities' cancer reporting by going directly to the source. FCDS site visits have two major

CALENDAR OF EVENTS

FCDS INCIDENCE ABSTRACTING WORKSHOP

April 17 - 19, 2002

DoubleTree Hotel - Coconut Grove
Miami, FL

Registration Fee: \$100.00

Mayra Alvarez at 305-243-4600



28TH ANNUAL NATIONAL CANCER REGISTRARS ASSOCIATION CONFERENCE

"Data Driven, Knowledge Bound, Destiny: Cure!"

May 21 - 24, 2002

Opryland Hotel, Nashville, TN

703-299-6640 ext. 15

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



NAACCR 2002 ANNUAL MEETING

"Achieving Equity in Cancer Control"

June 11 - 13, 2002

The Westin Harbour Castle Hotel

Toronto Canada

<http://www.naacr.org/>



FCRA/FCDS COMBINED CONFERENCE

July 31 - August 2, 2002

Hyatt Sarasota on Sarasota Bay

Registration Fee: \$75.00

Jamie Suarez - FCRA 941-745-7539

Betty Fernandez - FCDS 305-243-4600



Continued from page 1: FCDS Educ. Teleconf.

Continuing Education Credit – All FCDS Educational Teleconferences are eligible as Continuing Education Credits for registrars and other healthcare professionals. FCDS does maintain a list of callers should you ever need them for CE Auditing purposes.

FCDS is currently performing a cost benefit analysis of providing Florida registrars with this type of educational teleconferencing. So far, this is hands-down an incredibly effective and inexpensive means by which to make, up-to-date and important information available to registrars around our state. We look forward to providing Florida registrars with high-quality and increasingly informative teleconferences throughout the year. Stay tuned. ☎

—————
**Welcome
Back, Brad!**



Brad Wohler-Torres
has re-join the FCDS
Statistical Staff as
Manager,
Statistical Analysis.

components. A "re-abstracting" audit is one of the components. The QC auditor takes a small sample of the original medical records that are the source documents for abstracts that have already been submitted to FCDS. The QC Staff person actually abstracts the case again from the original source medical record. Later this reabstracted record is compared to the original abstract that was originally submitted to FCDS by the reporting facility.

A report is generated showing any discrepancies between the audited abstract and the original abstract. The report shows both the original data with the audited data alongside with an * indicating any discrepancies between the two records. These reports are returned to the reporting facility so each original abstractor can challenge the FCDS QC staff findings (yes, we make mistakes, too!). Once any differences have been resolved, a second QC record is generated at FCDS that shows the resolved case.

The resolved case records are later used in a larger data analysis that incorporates findings from all of the audited hospitals to examine trends in reporting and to look for problem data items.

The other component of the site visit is case identification through original pathology laboratory report review. Original surgical pathology reports representing 3 months of each lab's tissue examinations are visually reviewed by the auditor. Reportable diagnoses are compared against a list of all cases already reported to FCDS during that time period. Missed cases that are confirmed cancers as demonstrated on a surgical pathology report are recorded and forwarded to the reporting facility. The facility then must abstract and report any missed cases. If a lot of cases have been missed, the auditor may recommend that the facility initiate a complete review of the full year surgical pathology case reports.

Pathology report case auditing gives FCDS a good idea of a facility's completeness, sometimes revealing major case finding problems and sometimes showing that the facility's case identification methods are excellent. For facilities that don't have their own cancer registries, if a large case finding gap is identified, it is often an eye opener to the administrator responsible for contracting cancer reporting.

Reviewing 100% of the pathology reports from your own facility as a standard quarterly or annual backup procedure performed after you have already identified all reportable cancer cases through the ICD-9 discharge diagnosis index, is a very effective technique to ensure completeness of cancer reporting. Don't just rely on your pathology lab to forward all reports to your office...you won't get them all no matter how good your lab is.

AHCA Completeness Audits—FCDS also performs automated case identification audits each year when we do the annual matching of the FCDS Masterfile to the Florida Agency for Health Care Administration (AHCA) files for both inpatient and ambulatory patient care encounters. These audits provide feedback on the completeness of case identification and case reporting by each reporting facility. Unmatched cases are followed back to each facility to be reviewed.

DCN Completeness Audits—FCDS also performs annual matching of the FCDS Masterfile to the Florida Bureau of Vital Statistics Death files. These audits provide yet another avenue for feedback on the completeness of case identification and case reporting for each reporting facility by examining patient encounters resulting in death.

The AHCA and DCN Completeness Audits complement each other and cross-checking is performed to insure that duplicate cases are not requested for each audit. If any case is found to have been missed during the normal case reporting year, each missed case must be abstracted and submitted to FCDS. Any

case identified through these auditing procedures is already delinquent and should be reported right away to FCDS. These cases should all be viewed as high-priority cases for reporting.

Audit trails do exist throughout FCDS and we do keep track of facilities that do not respond to audit and record requests. If you ever want to know how many cases were missed during any audit procedure and where your facility stands with regard to reporting old delinquent cases, please contact your Field Coordinator or QC Staff person.

All FCDS quality control activities are conducted in harmony with education-related projects and the spirit of "give and take" with all the abstractors and administrators throughout Florida. Sharing ideas has continually improved our quality program as we work towards the common goal of maintaining a high quality cancer database for Florida.

Part II of our QC Series will include information on how these procedures and audits affect each person at each facility and what your responsibilities are for each of the processes. Finally, in Part III we will summarize with a review of how the findings from these audits and procedures effect planning of educational activities for FCDS and all Florida registrars and cancer case abstractors and how you can use the findings from these audits with reports on your registries performance. ☛

**FCDS Annual Deadline
(June 30th) ...just a
couple months away.**



**Don't wait until
the last minute,
send your work in now.**

Frequently Asked Questions & Answers about HIPAA Regarding Cancer Reporting

(Source prepared by NAACCR, revised February 26, 2002)

1

When does HIPAA become effective?



The regulations were approved by President Bush on April 12, 2001. The official effective date of the regulations is April 14, 2001. Covered entities, including hospitals and physicians, have two (2) years to comply (by April 14, 2003), except for small health plans which have until April 14, 2004 to comply.

2

What is a "Public Health Authority" under HIPAA?



Under HIPAA a "Public Health Authority" refers to "an agency or authority of the United States, a State or territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate." "...Such agencies are authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions." *Central Cancer registries and hospital cancer registries if required to report cancer cases* are considered public health authorities because their duties are mandated by state laws.

3

What is a covered Entity under HIPAA?



A "Covered Entity" is a health care plan, a healthcare clearinghouse, or a healthcare provider who transmits any health information in electronic form for financial and administrative transactions. A "health care provider" is "a provider of medical or health services, and any other person who furnishes, bills or is paid for health care in the normal course of business."

4

What if a patient does not want follow-up information to be collected?



State-mandated cancer reporting typically does not require patient informed consent nor can individuals elect to be removed from reporting. In a state which allows the collection of follow-up cancer data for public health purposes, it can be collected regardless of consent from a patient.

5

Will private practice physicians be permitted to continue to provide follow-up information to hospital cancer registries without patient consent?



No.

[The answer provided as of September 17, 2001 has been revised as of February 25, 2002 based on a meeting of NAACCR representatives with DHHS staff. It is now believed that hospital cancer registries are not viewed as public health authorities. However, NAACCR is continuing to work with DHHS on alternative mechanisms to receive follow-up data.]

6

How does HIPAA impact the data collection of non-reportable/benign diseases (i.e. benign brain, CIN III, Co-morbid conditions)?



HIPAA does not obstruct any state law that supports or mandates the reporting of such cases.

7

Are private practice physicians still required to report new cancer cases?



Yes, in compliance with state reporting regulations. The central cancer registry has a reportable list that identifies which cancers are reportable, and all reportable cancers should be reported, as required by state law.

8

Is there specific legal documentation that supports the requirement to release cancer patient information to any agency?



Individual state laws and regulations document cancer reporting requirements. Central registries should be able to provide copies of their state's law (s) and regulation (s) upon request.

9 What, if any, are the consequences of not cooperating with state cancer registry requests for new cancer case information?



HIPAA does not obstruct any state law that supports or mandates the reporting of diseases or injury for public health purposes. Penalties for failing to comply with state reporting are specified in the state law and often consist of significant fines.

10 Doesn't HIPAA nullify the state law for reporting cancer cases to central cancer registries?



No. Public health reporting under the authority of state law is specifically exempted from HIPAA rules.

11 Once HIPAA is in place, will pathology labs be able to continue to send new cancer case information to the state cancer registry?



Yes. Public health reporting under the authority of state law is specifically exempted from HIPAA rules.

12 Since HIPAA is federal, will it override the state laws?



No. HIPAA does not obstruct any state law that supports or mandates the reporting of diseases or injury for public health purposes.

13 If the government-authorized public health entity is not located in the same state as the covered entity, is it still ok under HIPAA to provide the data?



Yes. In fact, the definition of a "public health entity" was broadened in the section "Uses and Disclosures for Public Health Activities", which states specifically "... We broaden the scope of allowable disclosures... by allowing covered entities to disclose protected health information not only to U.S. public health authorities but also, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority."

Pathology Laboratories and Freestanding Radiation Therapy Centers Reporting Requirements

Letter from John O. Agwunobi, M.D., M.B.A., Secretary, Florida Department of Health

Florida has the highest crude incidence rate of cancer in the nation, and cancer is the second leading cause of death in the state. Nearly 93,000 new cases of cancer were reported in Florida in 1999 alone, and in that same year, cancer accounted for about one in four (over 37,000) deaths in the state.



The Florida Cancer Data System (FCDS) is Florida's statewide cancer surveillance system and was established by Florida Statute 385.202 in 1978. Subsequently, the Florida Department of Health contracted with the Sylvester Comprehensive Cancer Center at the University of Miami School of Medicine to design and implement this surveillance system, which began collecting cancer incidence data in 1981. Since that time, FCDS has amassed a database containing approximately two million cancer incidence records.

These valuable data are routinely used to inform health professionals and educate citizens regarding specific cancer risks, respond to questions and concerns about cancer, focus cancer control activities in the state, monitor the occurrence of cancer, aid in research studies, and develop health services and screening programs.

All facilities licensed under Florida Statute 395, which includes pathology laboratories and freestanding radiation therapy centers as defined by Florida Statute 408.07, are required to report cancer incidence data to FCDS. Reportable cancer incidence information is defined by Rule 64D-3.006, which includes, but is not limited to, diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, radiation, or surgical treatment. Copies of the referenced

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FCDS REPORTING DEADLINE

FCDS has received several inquiries regarding the extension of the June 30, 2002 reporting deadline. Registrars have suggested that the delays in the timeliness of reporting cancer cases by their facility was a result of not being able to submit data to FCDS following the changes to the FCDS reporting requirements and the changes to Internet data submission which went into effect July 1, 2001.

FCDS was fully operational and able to receive data from all vendors as well as individual case abstracts submitted via the FCDS IDEA by the second week of July 2001. Our system was 'under construction' and non-operational for only the first two weeks of July 2001 while we converted our 2 million record database and implemented all of our new reporting programs. FCDS began to receive actual data from reporting facilities using vendor software on August 8, 2001, one week following the FCRA/FCDS Annual Conference where we demonstrated the new Internet reporting system.

While we do realize that there were some minor delays in cancer reporting that can be attributed to these changes, registrars were instructed by both FCDS and their vendors to continue abstracting cases at a normal pace to avoid falling behind in abstracting. In

order to keep case abstracting up-to-date and to allow for ease in resolving any system problems resulting from data submissions, the vendors and FCDS would take care of conversion and data submission issues and reporting problems with minimal effort on the part of registrars and abstractors.

We also realize that registrars have had to take some additional time to resolve new edit discrepancies and to adjust to new reporting policies and procedures. However, these changes do not warrant an extension of the annual reporting deadline beyond the usual June 30th deadline date.

FCDS has never been in the position to grant extensions. Once the June 30th deadline has passed, FCDS forwards a list of facilities found to be delinquent in reporting to the Florida Department of Health. The DOH then assumes the role of bringing delinquent reporting facilities into the 6 month reporting timeline by working with facility administrators to develop action plans to meet the statutory requirement as outlined in the Florida Statutes and Administrative Rules.

FCDS and the Florida Department of Health will continue to monitor and address delays in reporting on an individual reporting facility basis. We will work closely with any facility experiencing delays in reporting and make every attempt to support and

promote timely reporting by all reporting facilities in the state of Florida.

If you feel that your facility will be late in reporting cancer cases to FCDS, please take time to carefully assess the reporting needs of your facility. Then contact FCDS in writing and suggest an action plan that can be used to bring your facility into the reporting timeline. FCDS will forward your action plan to the DOH should your facility be found to be delinquent on June 30, 2002.

Both FCDS and the Florida Department of Health would like to thank all registrars, abstractors and reporting facilities for supporting FCDS and helping to ensure that cancer case reporting in Florida continues to be complete, timely and of high quality. Please also remember that if FCDS or DOH can ever be of assistance to help explain or support your registry, please do not hesitate to contact us. We are always happy to help facility administrators and managers understand the importance of cancer reporting and we can be of help in providing justification and support for financial and administrative support for your registry.

Thank you for your continued support. ☐

National Cancer Registrar's Week April 8-12, 2002

On behalf of the Florida Cancer Data System (FCDS) we would like to take this opportunity to sincerely thank all of the registrars for their participation and support of Florida's Statewide Cancer Registry. Your dedication and support has made Florida one of the best registries in the nation.

Cancer registrars provide information to FCDS by collecting data from the facilities' medical records, pathology labs, physicians, and death certificates. The data is used by researchers, health planners, physicians, epidemiologists and others concerned about cancer.

Congratulations during National Cancer Registrar's Week, we salute you in your special week of recognition. It is a time to reflect and thank all Florida registrars for their hard work and dedication to the field of cancer research. ☒

NEW PROCEDURE UPDATES:

FCDS reviews AHCA cancer patient data annually as a retrospective quality control completeness tool. The AHCA database provides an after-the-fact case finding mechanism, insuring cancer cases reported to AHCA are also in the FCDS database.

For facility identification purposes, AHCA uses a facility identification number that is uniquely assigned to each facility. This number is not the same as the facility's license number and does not have any thing to do with the ownership of the facility.

In order for FCDS to match data with AHCA, each facility in the FCDS database must have a unique number that corresponds to the AHCA facility number. Therefore, each facility must report cancer cases to FCDS using the proper FCDS-assigned facility identification number. Simply put, if AHCA assigns a unique facility number, that facility must report to FCDS using a unique FCDS facility number. ☒

"AJCC CANCER STAGING MANUAL, SIXTH EDITION" TO PUBLISH IN MAY

The American Joint Committee on Cancer (AJCC) is using the American Society of Clinical Oncology (ASCO) meeting on May 18-21, 2002 in Orlando, Florida to showcase the "AJCC

Cancer Staging Manual, Sixth Edition." The Sixth Edition will go into effect with cancer cases diagnosed beginning January 1, 2003.



Organized by disease site into 48 comprehensive chapters, the Sixth Edition features major revisions to the chapters on melanoma and breast cancer, and numerous new drawings illustrate key anatomic sites. Additional user-friendly enhancements include: a summary of changes in the TNM classification from the previous edition at the beginning of each chapter, color-coordinated page tabs for easy access between chapters, a comprehensive index, and a CD-ROM containing TNM staging forms for both individual and institutional use. The price of the manual is \$59.95. The handbook version of the Sixth Edition contains the entire text of the original manual, without the staging forms and CD-ROM. The handbook price is \$39.95.

See the new Springer-Verlag Web site (<http://www.cancerstaging.net>) to preview the "AJCC Cancer Staging Manual, Sixth Edition." The site provides the complete Table of Contents, a sample chapter, a sample staging form, and information on the features and benefits of the new edition. The Sixth Edition can be purchased online now at <http://www.cancerstaging.net>. ☒

Continued from page 9: Pathology Laboratories

statutes and rules can be found at <http://www.leg.state.fl.us/statutes/index.cfm>.

Typically, FCDS has not received cancer incidence information from pathology laboratories that analyze and diagnose cancer cases for patients that reside in Florida. In an effort to improve the quality of data and the "case finding" capabilities of FCDS, the directors of all pathology laboratories that process tissue taken from Florida patients will soon be contacted by staff from FCDS to establish a reporting protocol. These data are essential in our effort to continually improve cancer surveillance in Florida.

We ask that you join the reporting partnership that has developed during the 21-year existence of FCDS. Through this partnership synergy, many lives have been saved and the lives of all Floridians have been improved. We appreciate your assistance and cooperation.

Please visit the Florida Statutes website at <http://www.leg.state.fl.us/statutes/index.cfm>, Title XXIX, Chapters 385 and 408.

Completeness Report

As of April 1, 2002
Calendar Year 2001 Admissions
52% Complete - 75% Expected

FCDS

Register

HEALTH

A Joint Project of the Sylvester Comprehensive
Cancer Center and the Florida
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To a new beginning...Spring!



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FCDS Florida Cancer Data System

A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

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