Florida Cancer Data System

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

FCDS MAY 2002 MONTHLY MEMO

CLINICAL LABORATORY CANCER IDENTIFICATION PROGRAM

On February 8, 2002 the following letter signed by Dr John Agwunobi, the Florida Secretary of the Department of Health, was mailed out to all Florida Clinical Pathology Laboratories announcing the new Florida Clinical Laboratory Cancer Identification Program. A follow-up program announcement packet is being mailed in June to all Florida licensed Clinical Pathology Labs, including out of state labs licensed in Florida.

"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 the 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 (FL) 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, 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. Typically FCDS has not received cancer incidence information from pathology laboratories that analyze and diagnoses 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 appreciated you assistance and cooperation." John O. Agwunobi, M.D., M.B.A
Secretary, Department of Health

2002 FCDS EDUCATIONAL TELEPHONE CONFERENCE SERIES — 2002-3

Topic: Clinical Laboratory Cancer Identification Program.

Date: June 26, 2002 **Time:** 2pm-3pm

OBJECTIVE: The telephone conference will provide clinical pathology laboratory administrators, registrars, abstractors and contractors with an overview of the new Clinical Laboratory Cancer Identification Program. The conference will cover reporting legislation, reporting requirements, details for case identification, details for the data elements required for case submission, details for data submission via the FCDS IDEA (Internet data transmission protocol) and other related subjects. There will be sufficient time during the call to address any questions or concerns by path lab administrators and registrars.

A PowerPoint slide presentation will be available on the FCDS Website on June 13, 2002 as an adjunct to the conference (http://www.fcds.med.miami.edu). We suggest that you download the presentation and follow the slideshow from your computer during the call. You may also print the slideshow for future reference. If for some reason you do not have access to the FCDS website, you may contact FCDS and we will mail or fax you a copy of the slideshow. Please do not wait until the last minute to request mailed or faxed copies of the slides.

CALL IN INFORMATION:

Date of Conference:	June 26, 2002
Time of Conference:	2pm – 3pm EDT
Name of Conference:	Clinical Laboratory Cancer Identification Program
Telephone Number:	(888) 476-3757 *(This is a Toll-Free Number)*
Call-in Code:	872690

This is the third telephone conference in the FCDS 2002 series. FCDS is pleased to provide this type of phone-in educational format as a standard method for delivering new information and providing hands-on training to registrars and other parties interested in cancer information management issues throughout the state of Florida. Suggestions for future topics are encouraged. Please submit suggestions to FCDS by phone at 1-800-906-3034 or by e-mail at Steven_Peace@miami.edu

FCDS EDIT 0257

FCDS has incorporated a standard NAACCR AND SEER edit (NAACCR IF 42 and SEER IF42) for tumors with insitu stage in a primary site that requires laterality be coded. The edit is triggered whenever a tumor with an insitu stage (breast, melanoma, etc.) that originates in a primary site that requires laterality be coded is coded with a laterality other than 1,2, or 3.

If the Primary Site is a paired organ (C44.1, C44.2, C44.6, C44.7 , C50.*, etc.) and the behavior code is insitu ('2'), then Laterality must be coded as '1', '2', or '3'. (NOTE: The definition for code '3' is: Only one side involved, right or left origin unspecified.)

If the laterality is unknown, use code '3'. Code '9' will generate an edit failure for FCDS Edit 0257.

Reference: FCDS Data Acquisition Manual, page II-30 under laterality: if the laterality is right or left but the laterality is unspecified use a code of '3' rather than a code '9' for sites where laterality is required.

FCRA/FCDS COMBINED ANNUAL CONFERENCE

"KEEPING UP WITH CHANGE"

Conference brochures have just been mailed out to all FCRA members and FCDS mailfile contacts.

Tuesday, July 30, 2002

6:00-8:00 p.m. Early Registration

Wednesday, July 31, 2002

7:30-8:00am	Registration Continental Breakfast
8:00- 8:15 am	Welcome
8:15- 9:15 pm	FCDS Issues Updates
9:15-10:15 am	Prostate Seed Implants Stephen L. Golder, M.D. Kathleen M. Drotar, B.S., R.T.
10:15-10:30 am	Break
10:30am-11:30am	FCDS Technical Issues & New Reporting Program
11:30-12-30 pm	Luncheon
12:30-1:30 pm	Business Meeting and Installation of Officers (FCDS members only)
1:30-3:30 pm	FORDS 2003 Commision on Cancer
3:30-3:45 pm	Break
3:45-5:00 pm	FCDS/DOH:Florida Cancer Surveillance & Control Activities

Thursday, August 1, 2002

7:30-8:00 am	Registration
8:00– 9:00 am	FCDS: Data Acquisition & Case Reporting
9:00-10:00 am	Breast Reconstruction Alan R. Shons, M.D., PhD.
10:00-10:15am	Break
10:15-11:00pm	FCDS: Quality Control Annual Review
11:00-12:00 pm	Understanding Laboratory Reports Tamara Densmore, M.D.
12:00-1:00 pm	Lunch on your own
1:00 - 2:00 pm	Positron Emission Tomography (PET) Robert J. Miller, M.D.
2:00 - 2:45 pm	FCDS: Data Use in Research
2:45 - 3:00 pm	Break
3:00 - 4:00 pm	Myeloproliferative and Myelodysplastic Disorders Richard H. Buck, M.D.
4:00 - 5:00 pm	Aromatase Inhibitors versus Tamoxifen Robert C. Kane, M.D.
6:30 - 8:00 pm	Boat Cruise Reception (Made possible by a grant from Electronic Registry Systems, Inc.)

FCRA FCDS

Friday, August 2, 2002

Steven D. Roffers, PA, CTR

"Let talk about these cases and earn our CE's—Advanced Abstracting, Staging and Coding"

7:30 - 8:00 am	Coffee
8:00 - 10:00 am	Session One
10:00 - 10:15 am	Break
10:15 - 12:15 pm	Session Two

Conference Registration Information:

Contact:
Jaime Suarez, RHIT, CTR
Manatee Memorial Hospital
Cancer Registry
206 Second Street East
Bradenton, FL 34208

(Registration free of $75.00 per person is non-refundable)

For additional information please call:
Jamie Suarez, FCRA Program Chair telephone # (941)745-7539 or
Janet Vogel, FCRA Membership telephone # (941)798-6572)

Hotel Accommodations:
Hyatt Sarasota
1000 Boulevard of the Arts
Sarasota, FL 34236-4989
(941) 953-1234
http://www.fcra.org/members/index.html

REMINDER: Items for conference Goody Bags are still needed. Please contact Jamie Suarez if you have any items you would like to contribute.

UPDATE ON NEW THERAPIES

CORRECTION from FCDS March Monthly Memo:

According to the COC and April Fritz of the NCI SEER Program—Gleevec should be coded as a chemotherapy and not BRM. The mechanism of action utilizes monoclonal antibodies to deliver the chemotherapy.

- Gleevec is a promising new oral treatment for patients with chronic myeloid leukemia (CML)--a rare, life-threatening form of cancer.
- The drug is approved for treating patients with three stages of CML: CML myeloid blast crisis, CML accelerated phase, or CML in chronic phase after failure of interferon-alpha treatment.
- Gleevec has been shown to substantially reduce the level of cancerous cells in the bone marrow and blood of treated patients.
- Gleevec works by blocking the rapid growth of white blood cells. It works directly on the leukemic *cells to inhibit their growth.*

Hormonal Therapy Update

ERDs; Estrogen Receptor Down Regulators: Aromatase Inhibitors
Anti-estrogen drugs called ERDs or aromatase inhibitors are estrogen receptor down regulators. ERDs act by decreasing the number of active estrogen receptors on a cell, or by decreasing their level of responsiveness to estrogen. On April 25, 2002 the FDA approved an ERD called Faslodex (chemical name: fulvestrant) for postmenopausal women with advanced disease for whom tamoxifen is no longer effective.

Aromatase Inhibitors Update

Another approach to anti-estrogen therapy is to lower the amount of estrogen being produced by the body, rather than block estrogen's ability to "turn on" cancer cells. Limiting the amount of estrogen produced means there is less estrogen available to reach cancer cells and make them grow.

In post-menopausal women, estrogen is no longer produced by the ovaries but is converted from another hormone, androgen. Aromatase inhibitors block the action of the substance in the body that converts androgen into estrogen. That means less estrogen in the bloodstream, and less estrogen reaching estrogen receptors to trigger trouble.
Arimidex (chemical name: anastrozole), **Femara** (chemical name: letrozole), and **Aromasin** (chemical name: exemestane) are the aromatase inhibitors in current use, primarily for post-menopausal women with metastatic breast cancer (cancer that has spread beyond the breast). Each is taken in pill form http://www.breastcancer.org/tre_sys_hrt_serd.html

New Drugs Approved by the FDA

Drug Name: Faslodex (fulvestrant)

AstraZeneca's Faslodex has been approved for the treatment of hormone receptor positive metastatic breast cancer. It is indicated for use in postmenopausal women whose disease has progressed after receiving anti-estrogen therapy (such as tamoxifen). The therapy is given as a once-a-month intramuscular injection.

After breast cancer diagnosis, hormone receptor tests can be conducted to determine whether a patient's cancer is responsive to estrogen (known as estrogen receptor positive). If the cancer is found to be estrogen receptor positive, treatment options include an anti-estrogen therapy such as tamoxifen, which blocks the estrogen receptor. Faslodex may be an effective alternative for patients who are not successfully treated with tamoxifen because of its mechanism of action. Instead of blocking the estrogen receptor, Faslodex targets and degrades the estrogen receptors present in breast cancer cells. http://www.centerwatch.com/patient/drugs/dru775.html

Drug Name: Zevalin (Ibritumomab Tiuxetan) Code to Radioisotope (3)

FDA OKs radioactive cancer drug

The government approved a long-awaited treatment for lymphoma -- a drug that uses a "smart bomb" approach to bring radiation directly to cancer cells.

Idec Pharmaceuticals' Zevalin becomes the first radioimmunotherapy drug cleared to sell in the United States. The Food and Drug Administration on Tuesday cleared Zevalin as a treatment for people who have not been helped by all other treatments for a recurrent form of non-Hodgkin's called low-grade, or follicular, lymphoma. CNN_com - FDA OKs radioactive cancer drug - February 20, 2002.htm
Zevalin is for treatment of patients with relapsed or refractory low-grade, follicular, or transformed B-cell non-Hodgkin's lymphoma, including patients with Rituximab (Rituxan) refractory follicular non-Hodgkin's lymphoma. The therapeutic regimen includes Rituximab, Indium-111 Ibritumomab Tiuxetan, and Yttrium-90 Ibritumomab Tiuxetan. http://www.fda.gov/cber/products/ibriide021902.htm

CASEFINDING

Pathology Casefinding - Pathology Casefinding is a Requirement for ALL Reporting Facilities! This means that every abstractor/registrar MUST review ALL of the surgical pathology reports, bone marrow biopsy reports, autopsy reports, etc. that are stored in your pathology department. Every surgical pathology report that contains a diagnosis of cancer and/or qualifies any treatment for cancer MUST be reported.

Every cancer case that meets the Florida reporting requirements outlined in Section I of the FCDS Data Acquisition Manual MUST be abstracted and reported to FCDS...before signing an Affidavit of Completeness.

Pathology Casefinding is not a new requirement...it has been a requirement for casefinding since 1981.

QC Completeness studies have proven time and again that on average between 8% and 15% of all cancer cases seen at any facility go unreported (are missed) if pathology casefinding is not included in the overall casefinding procedure.

Florida QC casefinding audits back up these findings.

SERIOUSLY DELINQUENT LETTERS

Seriously Delinquent letters were mailed May 1, 2002 informing facility administrators where any facility was deemed severely delinquent in reporting their 2001 cancer cases. A copy of the letter was mailed to the registrar and/or the director of Medical Records. A courtesy copy has also been mailed to any contractor responsible for abstracting and reporting cases for a facility. Facilities identified as having reported 55% or less of the estimated annual caseload, based on the average of the last two complete year's reporting, received a letter. Facilities receiving the Seriously Delinquent letter have 60 days in which to complete the reporting of all cancer cases diagnosed and/or treated at the facility between January 1, 2001 and December 31, 2001 in order to meet the June 30 reporting deadline.

QUARTERLY ACTIVITY REPORT

The first Quarterly Activity Report for 2002 was mailed to facility administrators and registrars on April 3, 2002. The report consists of two sections. The Quarterly Activity Summary reflects the FCDS file activity and data submissions for each facility on a quarterly basis. It highlights information about the total number of cases submitted and the quality of the data (good and failed cases). FCDS requires that inpatient facilities submit data at least every quarter; monthly data submission is recommended for any facility with an annual caseload greater than 500. Thus, all facilities should show some file activity every quarter. The Annual Case Summary reflects all cases submitted to FCDS by the facility during the past four reporting years. Please contact Meg Cuadra at (305) 243-2625 should you have any questions about the report.

Education & Training

SEER Update — http://seer.cancer.gov
SEER WEBSITE HAS A NEW LOOK!!

SEER recently introduced several new web-based training modules on their website with additional modules under development. When the site is completed it will contain 12 individual training modules, each covering a particular area of cancer registration.

The following SEER training modules are currently available:

SEER TRAINING MODULES

- SEER Summary Stage 2000
- ICD-O-3 Training module
- Cancer Registration
- Cancer Treatment
- Cancer as a Disease
- Casefinding
- Anatomy & Physiology NEW!
- Diagnostic Test NEW!
- Coding of primary site & Tumor Morphology Coming soon!
- Abstracting a cancer case Coming soon!

INFORMATIONAL MODULES

- ICD-O-3 Satellite Training Video
- Summary Staging 2000 Manual

JUNE 30, 2002 DEADLINE & FCDS IDEA

Since June 30, 2002 falls on a Sunday, the last day that FCDS will accept data for 2001 cancer cases will be Monday, July 1, 2002 at 10:59PM.

FCDS IDEA

FCDS has recently discovered a problem with the FCDS IDEA single case entry program which occasionally causes users to be logged out and the system to shutdown. This has not affected vendor upload. We are working hard to identify and stabilize the problem. Thanks for letting us know when problems arise. **We hope that by the time you read this Microsoft will have solved the problem.**

Future CTR Exam Dates

Application Deadline
August 1, 2002

Exam Date
Sept. 14 2002

Visit both the NBCR and NCRA Websites for ImportantTesting Information:
http://www..nbcr.org
http://www.ncra-usa.org

Education & Training

NCRA Annual Educational Conference, May 21 - 24 2002

The National Cancer Registrars Association will host the **Annual NCRA Educational Conference** at the Opryland Hotel in Nashville, TN on May 21-24, 2002. The theme is "Data Driven, Knowledge Bound, Destiny: The Cure" Visit the NCRA website: www.ncra-usa.org for more information and a PowerPoint presentation on the internet. Email may be sent as follows: info@ncra-usa.org. NCRA telephone numbers are 703-299-6640 (phone); 703-299-6620 (fax).

We're on the Web! FCDS.med.miami.

FCDS Teleconferences on the web:

February 21, 2002 Technical Expertise - Just a Click Away! - Web Tools and Resources for Everyday Abstracting. Slides as PowerPoint 2000 file on the web.

November 14, 2001 Cancer Registry References Review - Part II of II. : FCDS Error Messages, FCDS Error Messages by Category, Slides, PowerPoint 2000 Slides on the web.

October 17, 2001 Cancer Registry References Review - Part I of II. Slides as PowerPoint 2000 file on the web.

August 8, 2001 FCDS Internet Data Entry, Abstracting and Data Submission Policies and Procedures. Slides as PowerPoint file on the web

July 25, 2001 Administrative Issues in Florida Cancer Case Reporting. Slides as PowerPoint file

June 20, 2001 Surgery Coding, New Surgical Fields and SEER Summary Stage 2000. Selected pages from SEER manual, Surgery and Staging Notes. Slides as Power-point file on the web.

May 9, 2001 Florida Cancer Reporting and Implementation Strategies. Files used during the conference call: Staging Changes Summary, PowerPoint file on the web.

REGIONAL WORKSHOP

JUNE 28, 2002 at Jackson Memorial Hospital, Miami, FL will sponsor an FCRA Regional Oncology Workshop. . Location JMH/ Diagnostic Treatment Center, Second Floor, Room 259 at 1900 NW 12 Avenue, Miami, FL. Topic: Gynecological Malignancies. From: 8:00 a.m. to 1:00 p.m. Contact: For more information contact: Lizette Acosta (305) 585-6533 #0 or email lacosta02@um-jmh.org *CEU's applied for.*

NAACCR Annual Conference, June 11 - 13, 2002

The 2002 meeting of the North American Association of Central Cancer Registries will be held at the Westin Harbour Castle Hotel in Toronto, Ontario, Canada from June 11-13, 2002. The theme is "Achieving Equity in Cancer Control." In addition to the main conference, there will be some pre- and post-workshops on registries operations, research and medical informatics. Watch the News & Events section of NAACCR web site for more details as they become available, http://www.naaccr.org, or you can contact Darlene Dale at Cancer Care Ontario, (416) 217-1228, or email Dale@cancercare.on.ca.

FCRA/FCDS Combined Annual Conference, July 31 - August 2, 2002

The Florida Cancer Registrars Association (FCRA) and the Florida Cancer Data System (FCDS) will co-host a combined Annual Educational Conference at the Hyatt Sarasota on Sarasota Bay from July 31, 2002 to August 2, 2002. The cost of the conference is $75. For more information, please contact Jamie Suarez, CTR, FCRA Program Chair at Jsuarez@uhs.com or Bleu Herard, FCDS at 305-243-4600. Program registration and flyers will be mailed to all FCRA members as well as all FCDS-identified facilities, contractors and courtesy mail recipients in May 2002.

Advanced Cancer Registry Training Program, August 5 - 7, 2002

The **Advanced Cancer Registry Training Program** specifically covers: abstracting, staging, and coding really difficult cancer cases; bizarre, rare, and unusual cancer cases; calculating incidence, prevalence, age-adjusted, survival, and other rates; using registry data (preparation, analysis, annual reports, etc.); and using the Internet to locate comparable data and useful cancer information and resources. Participants must have attended the website www.sph.emory.edu/GCCS/training/practice/index.prior to registering for this advanced training (or have at least one year of experience working in a cancer registry). Registration Fee: $500. The course will be held on the campus of Emory University in the Rita Anne Rollins Conference Room located on the 8th Floor of the Rollins School of Public Health, 1518 Clifton Road, NE, Atlanta, GA 30322. For further information about the training program, accommodations or travel arrangements, contact: Steven Roffers, PA, CTR, Phone: 404-727-4535, Fax: 404-727-7261, E-mail: sroffer@sph.emory.edu

Principles of Oncology for Cancer Registry Professionals, July 22-26, 2002 & December 2-6, 2002

Principles of Oncology is an intensive five-day training program in cancer registry operations and procedures emphasizing accurate data collections, basic registry concepts, abstracting, staging, and ICD-O coding. Three volumes of training materials and the NCRA's Workbook for Staging of Cancer, 2nd edition will be provided to registrants.

The program is suitable for oncology program employees (hospital-based and central registry) with minimal knowledge of cancer, anatomy, physiology, and medical terminology. Cancer registrars with less the one year of experience would benefit most from this program, however registrars with up to three years experience and registrars preparing for the CTR exam are welcomed to attend.

For further info., please contact: April Fritz, ART, CTR, Training Program Coordinator, Data Quality Manager , SEER Program, 6116 Executive Blvd, Suite 504, National Cancer Institute, MS 8316, Rockville, MD 20852. Email: april.frtiz@nih.gov. Phone 301-402-1625, fax: 305-496-9949

Principles and Practice of Cancer Registration, Surveillance, and Control, November 4-8, 2002

Principles and Practice of Cancer Registrations, Surveillance, and Cancer Control will be held at the Emory University in Atlanta, Georgia November 4-8, 2002.

A staff of recognized experts in cancer registration, surveillance, and cancer control teaches this intensive and comprehensive training program.

The instructors are accomplished adult trainers and are internationally recognized as leaders in their fields.

Complete details are available on the training program web site at http://cancer.sph.emory.edu or contact Steven Roffers, PA, CTR at (404) 727-4535.

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

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FLORIDA DEPARTMENT OF HEALTH

UNIVERSITY OF Miami

The QC staff has finished performing on-site re-abstracting audits in randomly selected facilities.
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DEADLINES

HOSPITALS

Hospitals should now be reporting November 2001 cancer case

Reminder: All Hospitals should be at least for 90 % complete for the 2001 Reporting Year by the end of May, 2002

FCDS IDEA : Since June 30, 2002 falls on a Sunday, the last day that FCDS will accept data for 2001 cancer cases will be Monday July 1, 2002 at 10:59PM.

AMBULATORY CENTERS CANCER REPORTING PROGRAM (ACCRP)

Ambulatory Centers can expect AHCA 2000 patient encounters sometime in this month