

## FCDS JUNE & July 2002 MONTHLY

### CLINICAL LABORATORY CANCER IDENTIFICATION PROGRAM

#### 2002 FCDS EDUCATIONAL TELEPHONE CONFERENCE SERIES, Number 3 - June 26, 2002

**OBJECTIVE:** The telephone conference provided clinical pathology laboratory administrators, pathologists, vendors, cancer registrars, abstractors and contractors with an overview of the new FCDS Clinical Laboratory Cancer Identification Program. The Teleconference covered reporting legislation, reporting requirements, details for electronic 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.

Below are the questions and answers and caller concerns discussed during the call. Please refer to the PowerPoint slide presentation and full notes available on the FCDS website for background and additional clarification for each question.

*NOTE: Most of the answers to the questions asked both during and after the teleconference can be found in the presentation notes. Please take the time to read the prepared materials before contacting FCDS with questions.*

#### Q & A Session:

Q: Does the responsibility of reporting fall to the clinician who treats the patient or the dermatopathologist who reads the specimen?

A: The dermatopathologist/pathology lab must report the information contained in the pathology report, nothing more. FCDS will match each pathology report against the FCDS Masterfile to identify unreported cancers which will then be followed-back to the ordering physician/clinician in order to complete a full case abstract. Path lab reporting is only for case identification which will lead to FCDS contacting the clinician for more information for each unreported case.

Concern: One physician voiced concern over the perceived lack of confidentiality under this or any other disease surveillance program, stating, "Privacy of patients is being destroyed. Patients are upset and don't want to be hunted down. Governments have trashed peoples' privacy. The doctors feel harassed and coerced."

Response: FCDS is very much aware of patient privacy and health records confidentiality issues, including new rulings under HIPAA. FCDS has included extensive security measures to ensure patient information remain secure and confidential under this and all FCDS cancer reporting programs. The caller was invited to address additional concerns to Dr Agwunobi, Florida's Secretary of the Department of Health., directly.

Q: If a patient has breast cancer diagnosed on excisional biopsy that is later followed by mastectomy, and there is no residual cancer in the mastectomy specimen, does the lab need to report the mastectomy specimen recognizing that SNOMED would not pick up the cancer diagnosis from the mastectomy specimen if there is no residual tumor?

A: The lab does not need to report the negative specimen as FCDS would have received the positive specimen as well. The positive specimen reported to FCDS would be used for matching and follow-back if the case has never been reported to FCDS.

Q: Do labs need to follow back cancers in cases where a patient has a historical cancer as outlined in the FCDS Data Acquisition Manual.

A: The FCDS Data Acquisition Manual should not be used for pathology case identification or reporting under CLIP. This manual is a cancer registrars reference for case identification and case abstracting. Path lab reporting is designed to only report to FCDS the information contained on the path report, nothing more. No follow-back or abstracting is necessary under this program.

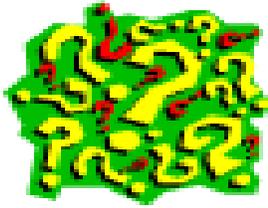
Q: Who is supposed to report if the lab only handles the preparation of specimens as a "pass-through" and simply passes it on to another lab who actually reads the specimen and makes the diagnosis?

A: FCDS needs to know if any lab is a "pass-through" lab, and to whom the specimen is passed on for specimen review. The final lab is responsible for reporting. Contact FCDS directly if your lab is considered a "pass-through" lab.

Q: The NAACCR word-search file includes some benign terms such as adenoma. Are labs supposed to report benign tumors?

A: FCDS will review the NAACCR word-search file and remove these terms. The revised file will be posted on the FCDS website before the end of July 2002.

continued on page 2



**Q.** Pt was admitted with anemia. He had CBC which was abnormal. He had a liver/spleen scan, which was normal CXR normal, cervical spine series, normal. No other w/u was done Bone marrow aspirate as follows: Bone marrow bx - mildly hypercellular marrow due to panmyelosis, myeloid:erythroid ratio 4:1, reactive lymphoid aggregates with mild lymphocytosis, decreased storage iron, no ringed sideroblasts identified, no tumor or granuloma seen.

ADDENDUM #1 immunophenotyping results from CAD are consistent with a B-cell small lymphocytic lymphoma/ chronic lymphocytic leukemia. review of the bone marrow bx however fails to demonstrate conclusive marrow involvement. Pt discharged, no other info.

Should this be coded to:

9670 site C77.9 ?

9670 site C80.9 ?

9823 site C42.1 ?

**A. April Fritz, SEER/  
Carol Johnson, COC**

The code histology should be 9670 and site as C80.9

Reason: The positive immunophenotype is a diagnosis. SEER rules are that when the dx is lymphoma/leukemia, it is coded to lymphoma (nodes) when nodes or solid organs are involved and to leukemia (bone marrow) when only bone marrow/blood are involved. Since both nodes and BM are negative, the site would be unknown.

**Q&A Continued:**

**Q:** What about basal cell carcinoma and squamous cell carcinoma on the NAACCR word-search file? Are labs supposed to report these tumors?

**A:** FCDS will remove basal cell carcinoma from the word-search file. Unfortunately, squamous cell carcinoma cannot be removed from the list because many cancers other than skin cancer can be squamous cell cancers. FCDS is devising a method for reducing the number of squamous cell cancers of the skin that might be reported under the CLIP program. FCDS does not want any BCC or SCC of skin sites reported under the CLIP program.

**Q:** How is FCDS identifying labs required to report under this program? Some labs and clinicians send specimens to labs outside the state of Florida for diagnosis. Are these out of state labs included as reporting entities under CLIP?

**A:** All labs licensed to read tissue that is collected or removed from patients in Florida and identified by the Florida Agency for Health Care Administration (AHCA) as such must comply with the new CLIP program. If your lab has a waiver or exemption, you must forward FCDS a current copy of the Certificate of Waiver/Exemption that you received from AHCA.

**Q:** Our lab will have a difficult time going back and identifying all cases from Florida back to January 2002. Can we start reporting as of July 1, 2002?

**A:** Contact FCDS. FCDS will try to work with each lab individually if lab personnel feel that they cannot meet the January 1, 2002 start date.

**Q:** Our lab is not computerized at all. What do we do?

**A:** Contact FCDS, directly. We will ask you for more information about your lab and try to develop a work plan for your facility. FCDS has developed a single-record entry program that can be used by labs to enter single records. This program will be demonstrated in the near future for anybody who might need to use it.

**Q:** If a Florida lab diagnoses a case and needs an outside consult for it, who is responsible for reporting the case? Example was a case diagnosed at first as a non-reportable skin cancer, then with more study the consult diagnosed melanoma.

**A:** This depends on the level of diagnosis for each case. If any reportable cancer diagnosis is made by either lab, that lab must report the case. If both labs make a cancer diagnosis that meets the criteria for reporting, then both must report the case.

**Q:** What is the \$2,000 estimated expense you mentioned?

**A:** FCDS estimates that it not cost any lab or software vendor more than an estimated \$2,000 to modify existing path lab transcription and/or database software to accommodate the new CLIP reporting program. If any lab feels that they will need to spend more than this amount as a one-time expense, the lab needs to contact FCDS. This program is intended to be extremely low cost and low maintenance for every lab. If you expect that this will be a heavy burden for your lab, contact FCDS and we will discuss your particular situation and work with you to reduce start-up costs.

**Q:** I read in the FCDS Data Acquisition Manual that if any facility sees fewer than 35 cases a year, that they do not need to report electronically to FCDS. Does this also apply to path labs?

**A:** Yes, this does apply to labs as well. However, FCDS must approve every facility that feels they might fit into this reporting category. Few facilities actually meet the criteria outlined under this facility reporting exception. These labs will send FCDS copies of the pathology reports.

**Q:** Just to clarify...FCDS just wants an electronic copy of the lab's transcribed path report, correct?

**A:** YES, that is basically all we want.

A PowerPoint slide presentation and presenter's notes are available on the FCDS Website (<http://www.fcds.med.miami.edu>). Please review this presentation and notes before contacting FCDS with questions. And, be sure to visit the Path Labs Section of our website for up-to-date information on this new program. THANK YOU.



# FCRA/FCDS COMBINED ANNUAL CONFERENCE

## "KEEPING UP WITH CHANGE"

Conference brochures have 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  
 Luncheon  
 11:30-12:30 pm Business Meeting and Installation of Officers (FCRA members only)  
 12:30-1:30 pm FORDS 2003  
 Commission on Cancer  
 1:30-3:30 pm Break  
 3:30-3:45 pm FCDS/DOH:Florida Cancer Surveillance & Control Activities  
 3:45-5:00 pm

### **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 TBA  
 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.



### **Friday, August 2, 2002**

#### **Steven D. Roffers, PA, CTR**

"Let's 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

#### **Lymphoma ?**

**Q.** A patient has bilateral involvement of eye orbits and no other disease anywhere else. It is a mantle cell lymphoma.

Would the SEER code be 80 (because of bilat organ involvement)? If not, what would it be & why?

Also, in the general stage, would you code it as a "7" distance mets?

#### **A. FCDS:**

Our state registry does not require or QC EOD Coding and forward the question to NCI in order not to give the incorrect reply.

#### **NCI Q & A:**

Carol Johnson  
 For the case you cite, the AJCC code would be IE. Using the IE, the EOD extension code would be 11. The Summary Stage is localized.

## Conference Registration Information:

#### **Contact:**

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

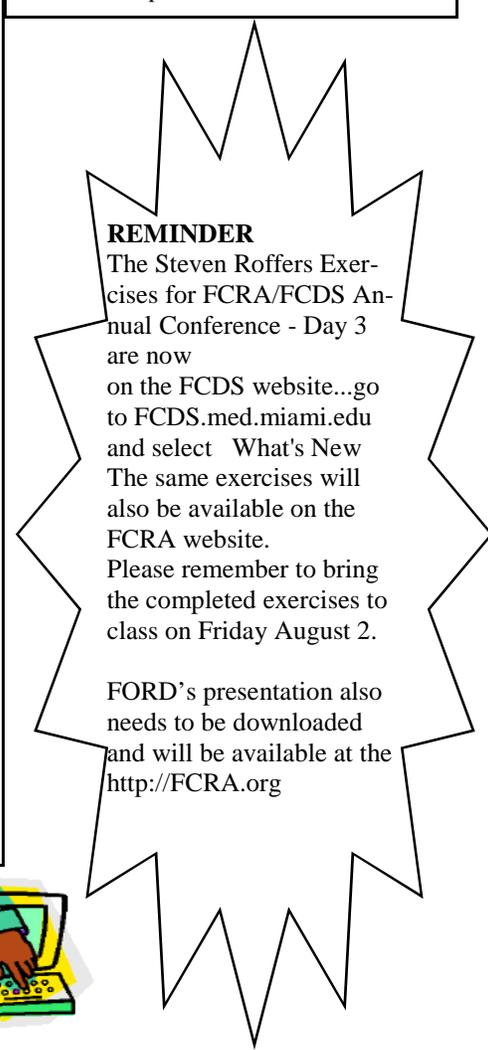
(Registration free of \$75.00 per person is non-refundable)

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



#### **REMINDER**

The Steven Roffers Exercises for FCRA/FCDS Annual Conference - Day 3 are now on the FCDS website...go to [FCDS.med.miami.edu](http://FCDS.med.miami.edu) and select What's New. The same exercises will also be available on the FCRA website. Please remember to bring the completed exercises to class on Friday August 2.

FORD's presentation also needs to be downloaded and will be available at the <http://FCRA.org>



**Ambulatory Care Centers Cancer Reporting Program**

On June 17, 2002, FCDS completed the matching of the 2000 outpatient discharges reported by Florida Ambulatory Care Centers' Finance-Billing/Medical Records Department to the Agency for Health Care Administration (AHCA). All records with principal or secondary diagnoses of cancer were linked to the FCDS database. Only records reported to AHCA but not matched to an FCDS record will appear on the lists titled "AHCA Ambi Unmatched Cancer Records Request."

On June 18, 2002, FCDS mailed out the "AHCA Ambi Unmatched Cancer Records Request" lists for 2000 to the Florida Ambulatory Care Centers. The 2000 listings included patient encounters between January 1, 2000 and December 31, 2000. The centers will only receive notification for cases that have never been reported from any other source to FCDS.

**Facilities With Fewer Than 35 Cancer Cases On The "AHCA Ambi Unmatched Cancer Records Request" List - Copies Of Records Only**

Any facility with fewer than 35 cancer cases identified on the "AHCA Ambi Unmatched Cancer Records Request" list need only submit copies of patient records to FCDS for each of the cases on the list. FCDS will do the abstracting. A Batch Transmittal Form must be included with any chart copies submitted.

The following reports (if available) from each patient record must be submitted before August 31, 2002: Face sheet, Summary, History & Physical, Operative Reports, Consultation Reports, Pathology Reports, Radiology Reports, Laboratory Reports and all other pertinent reports.

**FACILITIES WITH GREATER THAN 35 CANCER CASES ON THE "AHCA AMBI UNMATCHED CANCER RECORDS REQUEST" LIST - FULL CASE REPORTING REQUIRED**

**EACH CASE MUST BE REVIEWED.** The facility must determine whether or not each of the identified case records must be reported to the FCDS by referring to the FCDS reporting criteria outlined in Section I of the *FCDS Data Acquisition Manual*. If the case meets the FCDS reporting criteria, a full case abstract must be submitted to FCDS before August 31, 2002. All data submitted to FCDS must be via the encrypted Internet transmission, FCDS IDEA. For further information, visit the FCDS website at <http://fcds.med.miami.edu>. If the case does not meet the FCDS reporting criteria, the appropriate Disposition Code must be documented on the "AHCA Ambi Unmatched Cancer Records Request" list and returned to FCDS before August 31, 2002.

**Faxing Edit Corrections To FCDS**

Once again this year FCDS will enforce the policy not to accept any faxed edit corrections and/or documentation for cases requiring an edit override (FORCE) during the last week of the month of June 2002. We understand that Florida registrars, in an attempt to meet their reporting requirements, would like to be able to fax to FCDS their corrections and/or documentation for forces to speed up the process. However, we ask that you plan your case reporting and the submission of corrections with ample time to avoid any last minute rush.

**FCDS Comprehensive Incidence Abstracting Software - 100% OBSOLETE—DO NOT USE**

The FCDS Comprehensive Incidence Abstracting Software is 100% Obsolete. Do Not Use this software to abstract or report any data to FCDS (including path lab cases).

All case records, including case abstracts AND pathology reports, must be submitted to FCDS using the FCDS IDEA (Internet Data Entry and Abstracting) protocol via the Internet.

For more information visit the FCDS website at <http://www.fcds.med.miami.edu> or contact FCDS at

**FDA APPROVED ONCOLOGY AGENTS NOT LISTED IN SEER BOOK 8**

SEER has recently made available a 4-paged table that lists numerous chemotherapy, hormonal therapy, immunotherapy, radiotherapy and ancillary drugs that have been approved as cancer treatment agents since the printing of SEER Book 8.

Please download your copy of this table from either the SEER website or the FCDS website.



**SEER UPDATE ON NEW THERAPIES**

From the SEER Inquiry System — SINQ — <http://seer.cancer.gov/sinq/>

How do you code the drug Gleevec for treatment of Chronic Mylogenous Leukemia?

**Answer: *Final Answer from SEER***

Gleevec should be classified as a chemotherapy agent, albeit a unique one. It is definitely not a hormone, nor an "other therapy" and it doesn't fit the definition of immunotherapy very well. Gleevec seems to work the same way many other chemo drugs do, by disrupting cell division, but for malignant cells containing the BCR-ABL protein only, rather than for normal and abnormal cells together. When the cells can't divide and create a new generation, they simply die. This meets the definition of an antineoplastic chemotherapy agent.

**JEAN BYERS AWARD**

In accordance with national standards for evaluating completeness, FCDS will be revising the procedures for awarding the Jean Byers Award for Excellence in Cancer Registration. Please do not submit the Jean Byers Application. Further details will be announced at the FCRA/FCDS 2002 Annual Meeting.

**AFFIDAVIT OF COMPLETENESS**

FCDS has decided to terminate the process of registrars having to sign the Affidavit of Completeness to attest to the completion of the reporting of their cancer cases after the end of the reporting year. Different methods of verifying completeness are currently being developed by FCDS.

**Q. Is Myelodysplasia reportable?**

**A. SEER, Abstracting coding Guide for the Hematopoietic Disease, pg 47**

Myelodysplasia (NOS) is a term with 2 meanings: the bone marrow mal-function and malignancy and also disorders of spinal cord development as spina-bifida). The term is sometimes used as a synonym for myelodysplastic syndrome, NOS (M-9989/3). Make sure that the diagnosis refers to the hematopoietic disease. Then determine whether the physician is using the term generically to describe bone marrow mal-function (such as thrombocytopenia or pancytopenia) or referring to myelodysplasia as part of a neoplastic syndrome (with reference to refractory anemia or some other reportable term). Myelodysplasia as a spinal cord disorder or describing a category of bone marrow failure (with reference to the—penias) is not reportable.

**SERIOUSLY DELINQUENT LETTERS**

Seriously Delinquent letters were mailed May 1, 2001 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 was also 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 second Quarterly Activity Report for 2002 was mailed to facility administrators and registrars on July 16, 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

**REMINDER  
DEADLINE  
JUNE 30, 2002**

June 30, 2002 was the Deadline for reporting all 2001 Cases to FCDS. If you still have outstanding 2001 cases to report to FCDS, please report them ASAP to avoid intervention by the Florida Department of Health and your facility administration.



**GENERAL MAILING INSTRUCTIONS TO FCDS:**

In order to protect and properly handle all packages, particularly those containing confidential patient information, we ask that US Postal Service mail including Express mail, Priority mail, and Certified mail be sent to FCDS via the PO Box address below:

FCDS/ University of Miami  
School of Medicine  
PO BOX 016960 (D4-11)  
Miami, FL 33101

FCDS street address should only be used for Courier packages (Federal Express, UPS, Airborne Express).

FCDS/University of Miami  
School of Medicine  
1550 NW 10 AVE, Room 410  
Miami, FL 33136

## CASEFINDING

Please be sure to review your 2002 Medical Records/HIM ICD-9 diagnostic code listing that you use for casefinding to be sure that the following codes and diagnoses are included and reported for 2002. These conditions became reportable in 2001 and we have learned that several facilities still do not include these cases in casefinding efforts.

ICD-9 codes include:  
236.0, 238.4, 238.7, 285.0

These codes include the following reportable cancers:

Reportable Diagnoses for 236.0:  
(M8931/3) - Endometrial stromal sarcoma, low grade  
(M8931/3) - Endolymphatic stromal myosis  
(M8931/3) - Endometrial stromatosis,  
(M8931/3) - Stromal Endometriosis  
(M8931/3) - Stromal myosis, NOS

Reportable Diagnosis for 238.4:  
(M9950/3) - Polycythemia (primary) (rubra) (vera)

Reportable Diagnoses for 238.7:  
(M9960/3) - Chronic myeloproliferative disease  
(M9961/3) - Myelosclerosis with myeloid metaplasia  
(M9962/3) - Essential thrombocythemia  
(M9985/3) - Refractory cytopenia with multilineage dysplasia  
(M9986/3) - Myelodysplastic syndrome with 5q- syndrome  
(M9987/3) - Therapy related myelodysplastic syndrome

Reportable Diagnoses for 285.0:  
(M9980/3) - Refractory anemia  
(M9982/3) - Refractory anemia with ringed sideroblasts  
(M9983/3) Refractory anemia with excess blasts  
(M9984/3) - Refractory anemia with excess blasts in transformation

If you have any questions regarding any of these conditions, please contact FCDS for more information.

## MYELOYDYSPLASIA OR MYELOYDYSPLASTIC SYNDROME — HELP IS HERE !!!

Myelodysplasia (NOS) is a term with two meanings: the bone marrow malfunction and malignancy and also disorders of spinal cord development (such as spina bifida). The term is sometimes used as a synonym for myelodysplastic syndrome, NOS (M-9989/3). Make sure that the diagnosis refers to the hematopoietic disease. Then determine whether the physician is using the term generically to describe bone marrow malfunction (such as thrombocytopenia or pancytopenia) or referring to myelodysplasia as part of a neoplastic syndrome (with reference to refractory anemia or some other reportable term). Myelodysplasia as a spinal cord disorder or describing a category of bone marrow failure (with reference to the -penias) is not reportable.

Ref. Abstracting and Coding Guide for Hematopoietic Diseases, Including ICD-O-3 codes M-9731/3 to M-9764/3, M-9920/3 to M-9989/3, SEER Program Training Materials, National Cancer Institute, www.seer.cancer.gov, May, 2002.

FCDS strongly recommends that every cancer registrar and abstractor have a copy of this new and important reference guide from SEER.

## MYELOYDYSPLASTIC SYNDROME Q&A

We are finding that most of the myelodysplastic syndrome cases that we identified during our 2001 casefinding have no date of diagnosis documented. Are these cases reportable? What date should we use for date of diagnosis? How do we determine the first course of therapy with these cases? Many of the cases we reviewed have had numerous transfusions over many months. If my hospital gives only the 2nd transfusion and it has been 7 months since the original diagnosis, is this considered first course therapy?

**Answer:** *Final from SEER SINQ & FCDS*

Cases with an unknown date of diagnosis identified or first admitted prior to January 1, 2002 should not be accessioned and are not reportable. Cases with unknown dates of diagnosis that are admitted on and after 1/1/2002 should be accessioned and are reportable (with an estimated diagnosis date of January 1, 2001 in order to pass FCDS Edits). The First course of treatment for these hematopoietic primaries lasts until there is a treatment change. For the case you cite, the second transfusion (7 months after diagnosis) would still be considered a part of the first course of treatment. However, the date associated with the transfusion therapy should actually be the date of the first transfusion. Remember that treatments such as transfusions and aspirin only apply to myelodysplastic syndromes and not to other hematopoietic diseases (leukemia, multiple myeloma, etc.).

### ORDER YOUR COPY

SEER Abstracting & Coding Guide for Hematopoietic Diseases, Including ICD-O-3 codes M-9731/3 to M-9764/3, M-9920/3 to M-9989/3, SEER Program Training Materials, National Cancer Institute, www.seer.cancer.gov, May 2002

<h2 style="text-align: center;">Education &amp; Training</h2>	<h2 style="text-align: center;">FCRA REGIONAL WORKSHOP Rescheduled</h2>	<h3 style="text-align: center;">Principles of Oncology for Cancer Registry Professionals, July 22-26, 2002 &amp; December 2-6, 2002</h3>				
 <p style="text-align: center;">We're on the Web! FCDS.med.miami.edu</p>	<p>The JUNE 28, 2002 FCRA Regional Workshop on GYN Malignancies which was to be held at Jackson Memorial Hospital, Miami, FL has been rescheduled for November 1, 2002. Jackson Memorial Hospital will sponsor the FCRA Regional Oncology Workshop at the JMH/ Diagnostic Treatment Center, Second Floor, Room 259 at 1900 NW 12 Avenue, Miami, FL on Friday, November 1, 2002 from: 8:00 a.m. to 1:00 p.m. Topic: Gynecological Malignancies. For more information contact: Lizette Acosta (305) 585-6533 #0 or email lacosta02@um-jmh.org <i>CEU's have been applied for.</i></p>	<p>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.</p>				
<p><b>FCDS Teleconferences on the web:</b>  <b>June 26, 2002</b> Florida Clinical Laboratory Cancer Identification Program (CLIP). Slides as PowerPoint 2000 file with notes.  <b>June 5, 2002</b> ACCRP 2002—Ambulatory Centers Cancer Reporting Program Requirements for 2002. Slides as PowerPoint 2000 file with notes.  <b>February 21, 2002</b> Technical Expertise - Just a Click Away! - Web Tools and Resources for Everyday Abstracting. Slides as PowerPoint 2000 file with notes.  <b>November 14, 2001</b> Cancer Registry References Review - Part II of II. : FCDS Error Messages, FCDS Error Messages by Category, Slides, PowerPoint 2000 Slides.  <b>October 17, 2001</b> Cancer Registry References Review - Part I of II. Slides as PowerPoint 2000 file.  <b>August 8, 2001</b> FCDS Internet Data Entry, Abstracting and Data Submission Policies and Procedures. Slides as PowerPoint file.  <b>July 25, 2001</b> Administrative Issues in Florida Cancer Case Reporting. Slides as PowerPoint file  <b>June 20, 2001</b> Surgery Coding, New Surgical Fields and SEER Summary Stage 2000. Selected pages from SEER manual, Surgery and Staging Notes. Slides as Power-point file.  <b>May 9, 2001</b> Florida Cancer Reporting and Implementation Strategies. Files used during the conference call: Staging Changes Summary, PowerPoint file.</p>	<h3 style="text-align: center;">FCRA/FCDS Combined Annual Conference, July 31 - August 2, 2002</h3> <p>The Florida Cancer Registrars Association (FCRA) and the Florida Cancer Data System (FCDS) will co-host the FCRA/FCDS 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 Jsuaraz@uhs.com or Bleu Herard, FCDS at 305-243-4600.</p>	<p>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 than 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.</p> <p>For further info., please contact: April Fritz, RHIT, CTR, Training Program Coordinator, Data Quality Manager , SEER Program, 6116 Executive Blvd, Suite 504, National Cancer Institute, MS 8316, Rockville, MD 20852. Email: april.fritz@nih.gov. Phone 301-402-1625, fax: 305-496-9949</p>				
<h3 style="text-align: center;">FCDS INCIDENCE ABSTRACTING WORKSHOP, October 23-25, 2002</h3>	<h3 style="text-align: center;">Advanced Cancer Registry Training Program, August 5 - 7, 2002</h3> <p>The <b>Advanced Cancer Registry Training Program</b> 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 reviewed the website <a href="http://www.sph.emory.edu/GCCS/training/practice/index">www.sph.emory.edu/GCCS/training/practice/index</a> 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</p>	<h3 style="text-align: center;">Principles and Practice of Cancer Registration, Surveillance, and Control, November 4-8, 2002</h3>				
<p>FCDS conducts semi-annual workshops in incidence cancer case reporting. The three-day intensive course covers only the basics of cancer reporting for Florida. The October 23-25, 2002 workshop will cover all of the 2001 reporting requirements. The cost of this workshop is \$100.00. The workshop will be held in Double Tree in Coconut Grove, FL. For more information please contact Bleu Herard 800-906-3034 / 305-243-4600 or Betty Fernandez at (305) 243-2635.</p>		<p>Principles and Practice of Cancer Registrations, Surveillance, and Cancer Control will be held at the Emory University in Atlanta, Georgia November 4-8, 2002.</p> <p>A staff of recognized experts in cancer registration, surveillance, and cancer control teaches this intensive and comprehensive training program.</p> <p>The instructors are accomplished adult trainers and are internationally recognized as leaders in their fields.</p> <p>Complete details are available on the training program web site at <a href="http://cancer.sph.emory.edu">http://cancer.sph.emory.edu</a> or contact Steven Roffers, PA, CTR at (404) 727-4535.</p>				
<h4 style="text-align: center;">Future CTR Exam Date</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Application Deadline</th> <th style="text-align: left;">Exam Date</th> </tr> </thead> <tbody> <tr> <td>August 1, 2002</td> <td>Sept. 14.,2002</td> </tr> </tbody> </table> <p>Visit both the NCRA Website for Important Testing Information: <a href="http://www.ncra-usa.org">http://www.ncra-usa.org</a></p>	Application Deadline	Exam Date	August 1, 2002	Sept. 14.,2002		
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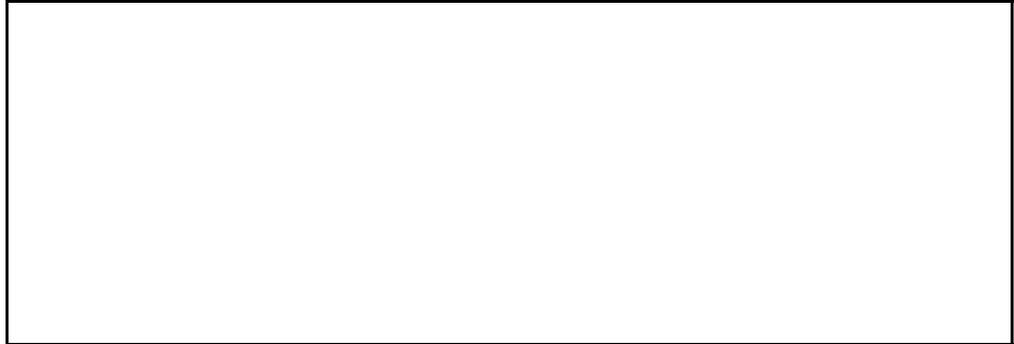
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 ★  
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 ★ Megsys Cuadra, CTR  
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**Florida Cancer Data System**  
**University of Miami School of Medicine**  
**P.O. Box 016960 (D4-11)**  
**Miami, FL 33101**



The QC staff is performing the every 25 from all facilities.

**DEADLINES**

**HOSPITALS**

Hospitals should now be reporting December 2001 cancer cases

**Reminder:** All Hospitals should be for 100 % complete for the 2001 Reporting Year by the end of **June 30 2002**

**AMBULATORY CENTERS CANCER REPORTING PROGRAM (ACCRP)**

Ambulatory Centers AHCA 2000 patient encounters is DUE by **August 31, 2002**

**Hospital submissions for 2000 and 2001 cancer cases**

