

Register

FCDS ANNUAL CONFERENCE JULY 27-28, 2004 EMBASSY SUITES/USF - TAMPA, FLORIDA

The setting for this years annual conference took place at the Embassy Suites–USF in Tampa, Florida on July 27-28th. FCDS was thrilled with the attendance, surpassing previous years with a total of 140 participants!



This years conference provided all participants with plenty of information on the new reporting requirements for 2004, future direction in Education and Training, and changes to the 2005 Facility Evaluations to name a few.

Day 1 of the annual conference began with a warm welcome from Tara Hylton of DOH and FCDS' Dr. Fleming, and Jill MacKinnon.

The presentations that followed on "State of the State"; "Pathology and Physician Office Reporting;

Education Training Web-Modules"; "2005 Facility Evaluation – Revisions and Modification"; "Reporting Benign Brain Tumors"; and "V10 Edits/Collaborative Stage Edits" encompassed a full agenda of pertinent information on new changes and updates.

We were very excited that Mr. Ryan Intlekofer, CDC accepted our invitation to present on the "NPCR Audit Process and Florida Results". Mr. Intlekofer's presentation summarized the history of cancer registration, National Program of Cancer Registries (NPCR), the audit process and Florida's audit results. We thank him for taking time from his busy schedule to be part of our annual conference.

Many interesting presentations on Data Usage included: "Male Breast Cancer", Jackie Button; "Arsenic

and Cancer", Dr. Lora Fleming; "Head and Neck Cancers", Brad Wohler. Brad also presented a summary of changes that were implemented in this years "2003 Florida Annual Cancer Report", soon to be distributed to all reporting facilities.

In addition informative presentations by Dr. Youjie Huang, Dr. Lora Fleming and Jill MacKinnon on: "DOH Studies and Cancer Cluster Investigation", "Disease Clusters in Occupational and Environmental Health", "Cluster Identification for Cancer Control Efforts Using SatScan" provided participants with an overall understanding of cluster studies from investigation to identification.

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All attendees were invited to a reception from 6:00 – 8:00 p.m. sponsored by the University of Miami School of Medicine/Sylvester Comprehensive Cancer Center. The reception provided a relaxed atmosphere with plenty of food, drinks and the opportunity to meet and network with new and old colleagues after a very informative and dynamic conference!

Day 2 of the Conference began with **“Future of Cancer Research; View from NCI”** presented by Dr. Trapido. Although Dr. Trapido is on leave to NCI, we were excited to learn he would be available to take time from his busy schedule to participate in our annual conference and provide an insight of NCI’s perspective of cancer research. We were all delighted to see him!

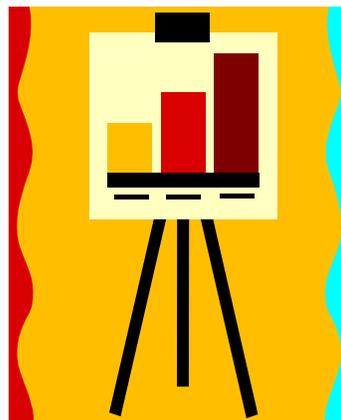
Stuart, Mayra, Edith and Kelly took over the remainder of the conference with their informative session on : **“Data Reporting, Casefinding and Collaborative Staging”**. All of the material was prepared by the CS Task Force and the CDC in their ‘Train the Trainer’ seminar last year. The FCDS staff went over the CS Rules and Guidelines and handed out coding exercises providing for a hands-on and interactive presentation.

Several questions arose during the presentation regarding interpretation of some of the CS data definitions. We requested and received clarification from the CS Task Force. The first question involved a case of a patient with colon cancer, negative liver involvement based upon observation at surgery and negative CT scans of the chest, abdomen and pelvis. The CS Mets Eval code as presented by our staff is 0 because the CT scans document information about metastatic involvement farthest from the primary site. The CS

Task Force agreed that this is the correct answer because the CT scans show that potential metastatic sites outside of the surgical field are negative.

The second question involved a case of a patient with breast cancer, negative regional lymph nodes (RLN's), and less than .2mm ITC's detected by immunohistochemistry. The CS Lymph Nodes code provided by the CS Task Force and presented by our staff was 05, "RLN's with ITC's detected on routine H&E stains". The correct answer is 00, "ITC's detected by immunohistochemistry or molecular methods only". The CS Task Force has updated their training materials to reflect this change. In addition, they agreed that the definitions for codes 00 and 05 in the CS Lymph Nodes table for breast are unclear and therefore will be rewritten.

As part of this years conference, FCDS was pleased to display posters for the participants to view.



The posters displayed were:

- 1) ***MAKING THE GRADE: FACILITY EVALUATIONS***, Brad Wohler, Jaclyn Button;
- 2) ***DOES AUGMENTING INCIDENT DATA WITH OCCUPATION AND INDUSTRY FROM DEATH CERTIFICATES ENHANCE ANALYTICAL CAPABILITY?***, James Carreira, LE Fleming;
- 3) ***MALE BREAST CANCER: WHY IS THE INCIDENCE INCREASING?***, N.C.F. Hodgson,

Jaclyn Button; 4) ***AN EVALUATION OF A BREAST CANCER SCREENING PROGRAM IN FLORIDA***, R Tamer, LE Fleming; 5) ***CANCER OF THE ORAL CAVITY AND PHARYNX: “EPIDEMIOLOGY & RISK FACTORS FOR LATE STAGE DIAGNOSIS***, Brad Wohler, J Wilkinson; 6) ***CANCER INCIDENCE IN A COHORT OF FLORIDA FIRE FIGHTERS***, F Ma, L Fleming; 7) ***THE ROLE OF HEALTH INSURANCE AND TEACHING HOSPITALS IN THE TREATMENT OF LYMPH NODE POSITIVE BREAST CANCER DIAGNOSED IN FLORIDA, JULY 1997 – DECEMBER, 2000***, L Voti, L Richardson; 8) ***PROSTATE CANCER AND ESTROGEN ANALOGUES IN LICENSED PESTICIDE APPLICATORS***, LE Fleming, Curt Hare.

We credit all the researchers who contributed to these posters for applying their knowledge to make use of the data, and to the Florida registrars’ hard work and commitment to excellence in reporting timely, complete and accurate data.

We would like to thank all of the presenters for their time and effort in putting together a great conference!

NCRA’s Program Recognition Committee supported 11 CE hours for this year’s annual conference. Certificate of Attendance was included in the FCDS folder for all participants.

We look forward to seeing you at our 25th year Anniversary conference next year!

DAM Update

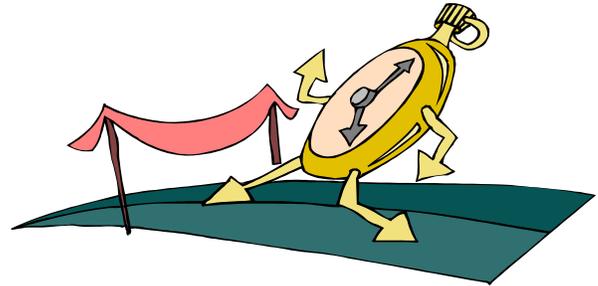
The 2004 FCDS Data Acquisition Manual is available to download from the FCDS website. FCDS will not be distributing hard copies to facilities or contractors.

September 10, 2004

TO: All Facility Registrars and Abstractors

FROM: Jill MacKinnon 

RE: September 30th Reporting Deadline



September 30th is right around the corner and this date marks several important revisions to the FCDS data processing. I have summarized the revisions below:

Case Reporting: September 30th is the reporting deadline for your 2003 cases. The Department of Health must be notified of any facility that is delinquent in submitting their 2003 cases. Secondly, this is implementation date for NAACCR v10.1. After the deadline, records submitted in the current NAACCR v10 will no longer be accepted. The implications of v10.1 are that any case submitted on or after October 1st must be submitted in the new format and must have **all collaborative staging fields completed, regardless of the diagnosis date.**

Pending Records: The v10.1 conversion in October will also affect cases in the pending file which are awaiting correction or documentation for force. These records must be corrected by September 30th. If they are not, the records must be resubmitted in v10.1 with all the collaborative staging fields complete. Please send all the corrections and force documentation to your Field Coordinator immediately.

Batch Upload Revisions: In addition to implementation of national standards, FCDS will implement 'real time edits' for all batch up-loads. That is, immediately upon uploading a batch, your records will undergo the full series of inter and intra-item edit checks. Once all records in the batch have been edited, a message will be returned to you instructing you to download the discrepancy journal. If all records successfully pass the edits, the batch will be accepted and the discrepancy journal will reflect this. If **any** record fails an edit, the **entire batch** will be rejected. The discrepancy journal will reflect which record (s) failed and a description of the error (s). The facility must correct the record on their system and resubmit the batch. This process must continue until all records successfully pass the edit process.

The only records that will be accepted in spite of an error are those records that have an 'over-rideable' discrepancy. That is, a record that does not satisfy national edit criteria but will have the opportunity to be 'forced' into the system with appropriate documentation from the facility. These records will remain in the FCDS pending file until the appropriate documentation is received and accepted. The discrepancy journal will reflect which records failed and based on the error, what documentation is necessary.

Should you have any questions please contact your Field Coordinator.

Thank you.

FCDS Converting to NAACCR Version 10.1— October 1-15, 2004

FCDS will be converting the state registry database to the NAACCR version 10.1 record layout from October 1, 2004 until October 15, 2004. Data will continue to be accepted through FCDS IDEA during this period.

Due to the conversion, please be aware of the following dates. The dates will affect your workload.

Cases received by FCDS on or before September 30, 2004 : All abstracts for diagnosis prior to 2004 may continue to be submitted according to the current reporting guidelines and record layout (NAACCR version 10).

Cases received by FCDS October 1, 2004 and after: All abstracts regardless of diagnosis date must be submitted according to the new reporting guidelines and new NAACCR version 10.1 record layout (This includes the new data items).

Reminder

Effective with NAACCR version 10.1, all Collaborative Staging fields must be completed on ALL cases regardless of date of diagnosis. This includes "historical cases".



**“Autumn is a second
spring when every
leaf is a flower.”
- Albert Camus**

UMSylvester

FCDS Florida Cancer Data System

HEALTH

Register

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

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Completeness Report

**As of September 1, 2004
Calendar Year
2003 Admissions
96% Complete
100% Expected**

FCDS

Florida Cancer Data System

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

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