WHAT'S NEW:
THE FOLLOWING INFORMATION IS CURRENTLY AVAILABLE ON THE FCDS WEBSITE.

• TELECONFERENCE
APRIL 26, 2005:
FCDS COLLABORATIVE STAGING EDITS

• RECIPIENTS OF THE JEAN BYERS AWARD FOR EXCELLENCE IN CANCER REGISTRATION

• EDUCATION AND TRAINING WEB MODULES
(Under Edu and Training)

• 2003 FLORIDA ANNUAL CANCER REPORT: INCIDENCE AND MORTALITY FOR 2000

FCDS MAILING INFORMATION
US Postal Service mail including Express mail, Priority mail, and Certified mail should be sent to the following PO Box address:
FCDS/University of Miami School of Medicine
P. O. Box 016960 (D4-11)
Miami, FL 33101

FCDS STREET ADDRESS
SHOULD ONLY BE USED FOR COURIER PACKAGES
(FedEx Express, UPS, Airborne Express)

FCDS/University of Miami School of Medicine
1550 NW 10th Ave, Fox Bldg, Room 410
Miami, FL 33136

NEW AND MODIFIED FCDS EDITS
(If you have questions please contact your field coordinator.)

What's New:
The following information is currently available on the FCDS website.

- Teleconference: April 26, 2005 - FCDS Collaborative Staging Edits
- Recipients of the Jean Byers Award for Excellence in Cancer Registration
- Education and Training Web Modules (Under Edu and Training)

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News and Information

New and Modified FCDS Edits
(If you have questions please contact your field coordinator.)

Edit #233: "Surgery of primary site equals 10-90, but Dx method is not equal to 1, 2, or 4." This edit has been modified to "Surgery of primary site equals 20-90, but Dx method is not equal to 1, 2, or 4." This edit will no longer fail when radiofrequency ablation, cryosurgery, photodynamic therapy, etc. are coded and the dx method is not 1, 2, or 4.

Edit #377: "Patient has multiple primaries and Dx confirmation is not equal to 1, 2, 4, or 5 on all sequences." This is a new edit that checks an incoming record with sequence greater than 01 and less than 60 for diagnostic confirmation. If the diagnostic confirmation is 1, 2, 4, or 5 it then checks the previous sequence(s) submitted in the FCDS master file for a diagnostic confirmation not equal to 1, 2, 4, or 5. If the dx confirmation on the case in the master file is not 1, 2, 4, or 5 AND it has not already been forced for the dx confirmation code, then the incoming record fails Edit #377. This edit is an NPCR required edit. It forces review of multiple primary cancers when one of the primaries is coded to a site other than ill-defined or unknown and is not microscopically confirmed or confirmed by a positive lab test/marker study. It is important to verify that the non-microscopically-confirmed case is indeed a separate primary from any others that may have been reported. If the case is accurate as coded, and the number of primaries is correct, the case will be forced. In order to "force" this case, we are not asking for documentation of the diagnostic confirmation on the record that already exists in the FCDS master file. We are only asking for documentation to confirm the incoming record is a new primary.

Edits 378 and 379: "Patient has multiple sequences with an ill-defined primary, ill-defined lymphoma, or ill-defined leukemia." These are new edits for ICD-O-2 and ICD-O-3. When an incoming record with sequence greater than 00 and less than 60 does not meet the ill defined site, ill defined lymphoma or ill defined leukemia criteria, the previous sequence(s) in the FCDS master file is checked. If the master file record meets the ill-defined criteria, the incoming record fails edit 378(ICD-O-3) or 379(ICD-O-2). This is an NPCR required edit. Multiple primaries require review for a person for whom the site or histology is ill-defined or unspecified. To override this case, we are only asking for documentation that the incoming record is a separate primary from the previous case. Again, we are not asking for documentation from the original record.
These are the "Ill-Defined" criteria for ICD-O-2 and ICD-O-3:

**ICD-O-2**

1. Primary Sites C760-C768 or C809 and Histology ICD-O-2 less than 9590.
2. Primary Sites C770-C779 and Histology ICD-O-2 not in range 9590-9717.
3. Primary Sites C420-C424 and Histology ICD-O-2 not in range 9590-9941.
4. Any site code and Histology ICD-O-2 9720-9723, 9740-9741.

**ICD-O-3**

1. Primary Sites C760-C768 or C809 and Histology ICD-O-3 less than 9590.
2. Primary Sites C770-C779 and Histology ICD-O-3 not in range 9590-9729.
3. Primary Sites C420-C424 and Histology ICD-O-3 not in range 9590-9989.
4. Any site code and Histology ICD-O-3 9740-9758.

Edit # 288 has been divided into two edits. Edit # 288 is now "For any histologic type other than 9140 (KS), if CS Extension = 95, then CS Tumor Size must = 000."

Edit # 383 is a new edit number. This was previously the second part of edit # 288. Edit # 383 reads: "For any primary site other than C42.0-C42.4, C76.0-C76.5, C76.7-C76.8, C77.0-C77.5, C77.8-C77.9, and C80.9, if the CS Tumor Size = 000, then CS Extension must = 95.

Edits 381 and 382: "ICD-O-2 case being submitted and ICD-O-3 case exists with a previous sequence number. Cases must be submitted with diagnosis dates in sequential order." These are new edits to check that ICD-O-2 and ICD-O-3 cases are sent in sequential order. Edit 381 checks an incoming ICD-O-2 record, with a sequence greater than 01, for an ICD-O-3 record with a previous sequence in the FCDS master file. Edit 382 checks an incoming ICD-O-2 record, with a sequence greater than 01, for an ICD-O-3 record with a previous sequence being submitted in the same batch. Edit 381 will not cause an entire batch upload to fail, but the facility will need to let the field coordinator know to change the sequence numbers to reflect the proper order of diagnosis dates. Edit 382 will cause the entire batch upload to fail and you must correct the sequence numbers before the batch is accepted.

Edit # 380: "Cannot have sequence 62 and sequence 60 in pending file." This is a new edit to check that sequence 60 and 62 with the same accession number are not being submitted within the same batch. Sequences must be corrected to 61 and 62 before the cases will be accepted.
March 30, 2005

Dear Colleague:

The Florida Cancer Data System is recruiting Quality Control Field Coordinators. FCDS is a joint project of the Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine and the Florida Department of Health. The University is a wonderful employer offering many fringe benefits, including tuition remission at the University of Miami for the employee and their dependents. Additionally, for those of you that live up North, very few places can beat the weather in South Florida. Interested parties may send their resume to jill_mackinnon@miami.edu

GENERAL DUTIES & RESPONSIBILITIES:
A. Work in conjunction with assigned Data Acquisition Field Coordinator to:
   1. Develop and implements QC record review and follow back (data request) procedures to assigned facilities. Review and critique every 25th record submitted by facility.
   2. Coordinate with programming staff, develop, populate and maintain computerized applications for facility information, including e-mail transmission of QC follow-back requests.
   3. Responsible for review of all 'exceptional' records (together with their scientific/ medical justification) and 'force' the records into the FCDS database.
   4. Responsible for review and approval of all 'new non-CTR abstractors' in the State of Florida by reviewing a sample of 25 abstracts. These cases must adhere to national data abstracting and coding standards.
   5. Integrating results of annual on-site QC audits into training needs.

B. Review and approve all records identified by ad-hoc studies including but not limited to:
   1. All pediatric abstracts submitted to FCDS (approximately 500 per year).
   2. All male breast (approximately 1,000 per year).
   3. Un-resolved duplicates.
   5. Other ad-hoc sites as defined by quality control studies.

C. Assist with the abstracting of cancer information from freestanding cancer facilities from copies of medical records submitted (approximately 4,500-5,000 cases per year).

D. Assist with the development and design of web-based training program for new abstractors in the State of Florida and for Central Cancer Registry III, II and I's.

E. Responsible for responding to technical questions arising from hospital and non-hospital sources.

F. Ensure that continuing education requirements for certification are met by attending tumor boards and professional conferences as required.

EDUCATION & EXPERIENCE:
Formal Certification-Certified Tumor Registrar/CTR. Must have thorough knowledge of ICD-O-2, ICD-O-3 ICD-9 and ICD-10 coding background and cancer abstracting from the medical records. Must have relevant work experience in a cancer registry. Working knowledge of computer-based data system required. Develop and implements follow back (data request) procedures as a result of the Pathology Laboratory case finding. Abstract and/or coordinate abstracting of freestanding cancer information from copies of medical records submitted. Excellent skills in English (both verbal and written) required.

Jill A. MacKinnon
Deputy Project Director
Florida Cancer Data System
University of Miami School of Medicine
Phone: (305) 243-3426
Fax: (305) 243-4871

March 2005 Monthly Memo
SERIOUSLY DELINQUENT LETTER

Facilities that have fewer than 55% of their 2004 total annual caseload reported to FCDS by the end of April will receive a Seriously Delinquent letter. The letter will be mailed the first week of May 2005 to the facility Administrator with a copy to the Tumor Registrar or Health Information Management Director. The intent of the letter is to inform the facility that state mandated reporting of cancer cases to the Florida Cancer Data System (FCDS) is seriously delinquent and that the facility has 60 days in which to complete the reporting.

Facilities failing to meet state cancer reporting requirements by June 30, 2005 will be referred to the Florida Department of Health.

2003 AHCA OUT-PATIENT AUDIT

Facilities with fewer than 35 cancer cases identified on the “AHCA Ambi Unmatched Cancer Records Request 2003” listing need only submit copies of patient records to FCDS for each of the cases on the list. A Batch Transmittal Form must be included with any chart copies submitted. The following reports (if available) from each patient record must be submitted by April 29, 2005: Face sheet, Summary, History & Physical, Operative Reports, Consultation Reports, Pathology Reports, Radiology Reports, Laboratory Reports and all other pertinent reports.

Any facility with greater than 35 cancer cases identified on the “AHCA Ambi Unmatched Cancer Records Request 2003” list must determine whether or not each of the identified record must be reported to the FCDS by referring to the FCDS reporting criteria outlined in Section I of the 2004 FCDS Data Acquisition Manual. If the case meets the FCDS reporting criteria, a full case abstract must be submitted to FCDS by April 29, 2005.

If you have any questions, please contact your FCDS Field Coordinator, Anne Auguste at (305) 243-4600.

QUARTERLY CANCER CASE REPORTING STATUS REPORTS FOR JANUARY THROUGH MARCH 2005

FCDS will be generating the Quarterly Cancer Case Reporting Status Reports for the first quarter of 2005, January through March. The reports will be mailed the first week of April. All reporting facilities are expected to be 75% complete reporting their 2004 cancer cases. Since FCDS no longer counts the failed cases within a batch upload after the implementation of the On-line Edits program on January 18, 2005, the number of failed cases for the quarter will not be noted on the reports. If you have any questions about your report, please contact your FCDS Field Coordinator at (305) 243-4600.

PATHOLOGY LAB REPORTING

Every anatomic pathology laboratory that reads biopsy and surgical resection specimens collected from patient encounters within the state of Florida MUST electronically submit the specified data for every malignant cancer case. Specimens read January 1, 2004 through December 31, 2004 must be submitted to FCDS on or before June 30, 2005.
EDUCATIONAL RESOURCES

The North American Association of Central Cancer Registries (NAACCR) maintains a listing of educational and training resources available to the cancer registry community. The listing entitled Cancer Registry Education and Training Resources 2004 is updated annually and includes reference manuals, publications, reports, workbooks, self-instructional material, software and web resources, formal cancer registry certificate programs, accelerated training programs, certification workshops, continuing and advanced programs, and Canadian offerings. It can be accessed on the NAACCR website at www.naaccr.org, under education and training, resources and training program for cancer registrars.

The following organizations are contributors to the resource list and can be contacted to provide additional information about the publications or programs listed:

American College of Surgeons Commission on Cancer: http://www.facs.org/index.html
American Joint Committee on Cancer: http://www.cancerstaging.org
Canadian Association of Provincial Cancer Registries http://www.capca.ca/
Centers for Disease Control and Prevention/ National Program of Cancer Registries: http://www.cdc.gov
Health Canada: http://www.hc-sc.gc.ca/english
International Union Against Cancer: http://www.uicc.org
National Cancer Institute/ Surveillance, Epidemiology, and End Results (SEER) Program: http://www.cancer.gov
National Cancer Registrars Association: http://www.ncra-usa.org
NAACCR: http://www.naaccr.org
Statistics Canada: http://www.statcan.ca

The FCDS Data Acquisition Manual is also one of the tools necessary for cancer data abstracting and reporting in Florida. The manual provides a detailed explanation of the current cancer case requirements for Florida and a description of each of the mandatory data items. The DAM may be downloaded from the FCDS website at http://fcds.med.miami.edu. FCDS also offers on-line training modules in topics such as, ICD-O-3, Reporting Requirements for CNS Tumors, Collaborative Staging, Part I and Part II, Correct and Delete Single Entry Records, and Interactive Web based Edits. In addition, FCDS conducts regional educational workshops based on the needs of reporting facilities in a given region of the State.

If you have any questions, please feel free to contact FCDS at (305) 243-4600.
Education and Training

FCDS COLLABORATIVE STAGING EDITS

Presented by:
Megsys Hema, CTR

Date: Tuesday, April 26, 2005
Time: 2:00 P.M. - 4:00 P.M.
Dial in number: 877-807-5706
Participant code: 465216

NATIONAL CANCER REGISTRARS ASSOCIATION (NCRA) 2005 ANNUAL CONFERENCE

Explore the Gateway to Information, Education and all that Jazz is the theme for the 2005 Annual NCRA Conference to be held in New Orleans, April 10-13, 2005.

The Sheraton New Orleans Hotel is the host of the 2005 NCRA Annual Educational Conference.

April 11
- Strategic Implications for Recruitment, Retention, Recognition
- Career Satisfaction from Cancer Registrar Workforce Study

April 12
Three Tracks to fit your Cancer Registry Specific needs look for sessions broken into tracks for:
- Hospital Registrars
- Central Registrars
- Cancer Program Managers

April 13
- Collaborative Stage Overview
- 3 Hands-on workgroups

For further information visit the NCRA website at: http://www.ncra-usa.org/conference

NAACCR 2005 ANNUAL MEETING

“A NEW SEASON FOR CANCER SURVEILLANCE”

The NAACCR Annual Meeting will be held at the Hyatt Regency Cambridge in Boston Cambridge, Massachusetts, June 4 - June 11, 2005.

Visit the NAACCR website at http://www.naaccr.org, for further information.
**FLORIDA CANCER REGISTRARS ASSOCIATION (FCRA) 2005 ANNUAL MEETING**

The FCRA Annual Meeting
Marriott-West Palm Beach, Florida

Visit the FCRA website at http://www.fcra.org, for further information.

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**FLORIDA CANCER DATA SYSTEM (FCDS) 2005 ANNUAL MEETING**

The FCDS Annual Meeting
July 28 - 29, 2005.
Marriott-West Palm Beach, Florida

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**PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS**

Principles of Oncology is an intensive five-day training program in cancer registry operations and procedures emphasizing accurate data collection. The program provides approximately 35 hours of classroom and individualized instruction on basic registry concepts, such as abstracting, staging (Collaborative Staging, summary staging and TNM), ICD-O coding, and using other resources available to registrars. Attendees will have the benefit of lectures as well as a variety of practical exercises. Three volumes of training materials prepared especially for this program will be provided to registrants, together with other printed materials.

This program is endorsed by the National Cancer Registrars Association (NCRA) and the North American Association of Central Cancer Registries (NAACCR). NAACCR also serves as the fiscal agent for this program.

Class size will be limited to 25 registrants.
July 25 - 29, 2005
Bolger Center for Leadership Development
Potomac, Maryland

Registration fee: $745.00*

* The registration fee is reduced for participants who stay at the conference center.

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**2005 CTR EXAM**

Application Deadline: July 31, 2005
Testing Begins: September 10, 2005
Testing Ends: September 24, 2005

Exam Application Fees:
NCRA MEMBERS: $200
ALL OTHER CANDIDATES: $275

The Certification Examination will be administered during two 2-week testing periods on a daily basis, Monday through Saturday, excluding holidays, at LaserGrade Computer Testing Inc’s computer-based facilities managed by Professional Testing Corporation.

For additional information visit the NCRA website at: www.ncra-usa.org
Cancer Reporting Completeness Report

Total number of New Cases added to the FCDS Master file in March 2005: 11,362

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

<table>
<thead>
<tr>
<th>ADMISSION YEAR</th>
<th>HOSPITAL</th>
<th>RADIATION</th>
<th>AMBI/SURG</th>
<th>PHYSICIAN OFFICE</th>
<th>DERM PATH</th>
<th>DCO</th>
<th>TOTAL CASES</th>
<th>NEW CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>52,517</td>
<td>1,883</td>
<td>447</td>
<td>0</td>
<td>3</td>
<td>Pending</td>
<td>54,850</td>
<td>10,504</td>
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<tr>
<td>2003</td>
<td>143,967</td>
<td>3,493</td>
<td>1,102</td>
<td>0</td>
<td>696</td>
<td>Pending</td>
<td>149,258</td>
<td>652</td>
</tr>
<tr>
<td>2002</td>
<td>149,140</td>
<td>3,316</td>
<td>2,347</td>
<td>462</td>
<td>870</td>
<td>3,628</td>
<td>159,763</td>
<td>206</td>
</tr>
</tbody>
</table>

Complete for:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>41%</td>
<td>67%</td>
</tr>
<tr>
<td>2003</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2002</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Expected % based on 135,000 reported cases/year