



HAPPY ST. PATRICK'S DAY

# FLORIDA CANCER DATA SYSTEM

## MARCH 2005 MONTHLY MEMO

### 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 Train-  
ing)
- 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**  
(Federal Express, UPS, Airborne  
Express)

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



## 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.



## FCDS EDITS



### New and Modified FCDS Edits

(Continued from page 1)

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 # 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.

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 # 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.

# News and Information

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](mailto: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.
  4. Consolidated patient and tumor records.
  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

CENTRAL  
CANCER  
REGISTRY  
QUALITY  
CONTROL  
FIELD  
COORDINATORS



# Deadlines & Reminders

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## 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.

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## 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.

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## 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.

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## 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.**

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# Education & Training

## 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.naacr.org](http://www.naacr.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.naacr.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  
2005  
EDUCATIONAL  
TELEPHONE  
CONFERENCE**

## FCDS COLLABORATIVE STAGING EDITS

*Presented by:*  
Megsys Herna, CTR

**Date:** Tuesday, April 26, 2005

**Time:** 2:00 P.M. - 4:00 P.M.

**Dial in number:** 877-807-5706

**Participant code:** 465216



**NCRA  
2005  
ANNUAL  
CONFERENCE**

## 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**

## 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.naacr.org>, for further information.*

# Education and Training



## FCRA ANNUAL MEETING

### FLORIDA CANCER REGISTRARS ASSOCIATION (FCRA) 2005 ANNUAL MEETING

The FCRA Annual Meeting  
July 26 -27, 2005.  
Marriott-West Palm Beach, Florida

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

## FCDS ANNUAL MEETING

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

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

## PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS

### 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.



## 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 *Laser-Grade Computer Testing Inc's* computer-based facilities managed by Professional Testing Corporation.

For additional information visit the NCRA website at [www.ncra-usa.org](http://www.ncra-usa.org)



## Florida Cancer Data System

# Pathology & Radiation Reporting



**PROJECT DIRECTOR:**  
Lora Fleming, MD, PhD

**DEPUTY PROJECT DIRECTOR:**  
Jill Mackinnon, CTR

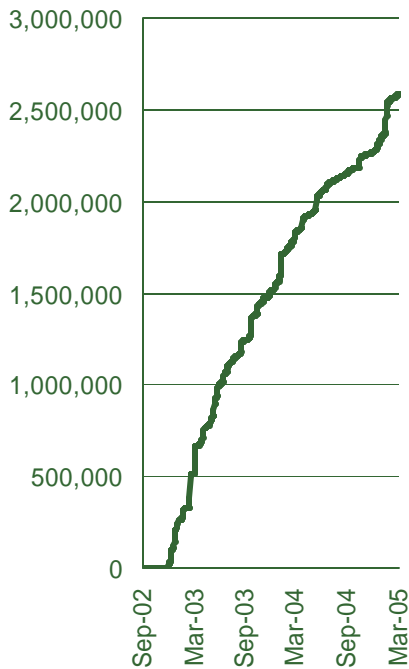
**ADMINISTRATIVE DIRECTOR:**  
Gary Levin

**EDITORIAL STAFF:**  
Mark Rudolph, M.S.  
Mayra Alvarez, RHIT, CTR  
Melissa K. Williams

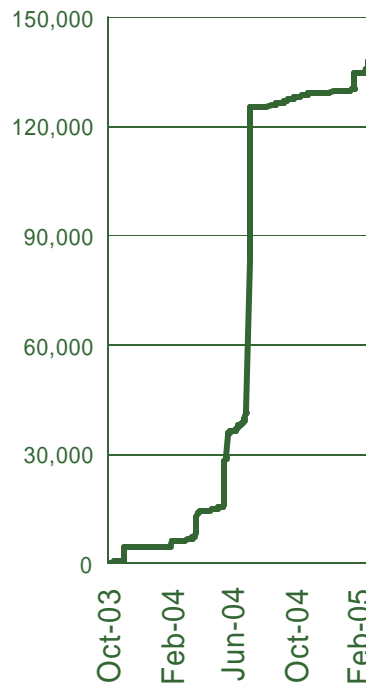
**CONTRIBUTORS:**  
Kelly Large, CTR  
Megsys Herna, CTR



**Path**



**Radiation**



## CANCER REPORTING COMPLETENESS REPORT

### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF FEBRUARY 28, 2005

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.*

ADMISSION YEAR	HOSPITAL	RADIATION	AMBI/SURG	PHYSICIAN OFFICE	DERM PATH	DCO	TOTAL CASES	NEW CASES
2004	52,517	1,883	447	0	3	Pending	54,850	10,504
2003	143,967	3,493	1,102	0	696	Pending	149,258	652
2002	149,140	3,316	2,347	462	870	3,628	159,763	206
Complete for:						<u>Actual</u>		<u>Expected</u>
		2004				41%		67%
		2003				100%		100%
		2002				100%		100%

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

