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

- FCDS REGISTER VOL. 27
- RECIPIENTS OF THE JEAN BYERS AWARD FOR EXCELLENCE IN CANCER REGISTRATION
- EDUCATION AND TRAINING WEB MODULES (Under Edu and Training)
- NAACCR 2004 EDUCATIONAL AND TRAINING RESOURCES
- EDUCATIONAL RESOURCES

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 N W 10th Ave, Fox Bldg, Room 410
Miami, FL 33136

FLORIDA CANCER DATA SYSTEM
APRIL/MAY 2005 MONTHLY MEMO

DEATH CERTIFICATE NOTIFICATION PROCESS OPTIMIZED TO HELP REGISTRARS REPORT MISSED CASES

Reporting missed cases to FCDS found through the Death Certificate Notification process has just become easier. No more paper forms to complete for missed cases. FCDS has optimized the follow-back procedure for the Death Certificate Notification process in an effort to help the Registrars submit missing cases to FCDS. Starting with the 2003 data, hospitals will receive a list entitled Mortality Follow Back Request Form of identified patients who expired at their hospital with a cancer-related cause of death. The Registrars will be responsible for reviewing the medical record for each of the patients identified and any case found to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the 2004 FCDS DAM and found not to have been previously reported will need to be reported by submitting a full cancer case abstract to FCDS using FCDS IDEA. The accession and sequence number for the cases being submitted as "missed cases" will need to be noted on the Mortality Follow Back Request Form. For the cases identified as non-reportable, the Registrars will need to provide FCDS with a reasonable explanation as to why the case will not be reported. A list of Disposition Codes will accompany the Mortality Follow Back Request Forms. FCDS is currently in the final stages of matching the 2003 data from Vital Statistics with the FCDS database. The Mortality Follow Back Request Forms 2003 will be mailed to all hospitals in June 2005.

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 # 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.

(Continued on page 2)
CANCER REPORTING COMPLETENESS REPORT

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF APRIL 30, 2005

<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>
<th>Expected %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>79,123</td>
<td>1,968</td>
<td>549</td>
<td>0</td>
<td>88</td>
<td>Pending</td>
<td>81,728</td>
<td>11,398</td>
<td>54%</td>
</tr>
<tr>
<td>2003</td>
<td>145,203</td>
<td>3,501</td>
<td>2,006</td>
<td>2</td>
<td>656</td>
<td>Pending</td>
<td>151,368</td>
<td>1,175</td>
<td>100%</td>
</tr>
<tr>
<td>2002</td>
<td>149,313</td>
<td>3,316</td>
<td>2,571</td>
<td>462</td>
<td>872</td>
<td>2,789</td>
<td>159,323</td>
<td>159</td>
<td>100%</td>
</tr>
</tbody>
</table>

Complete for:

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>54%</td>
<td>83%</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 152,000 reported cases/year

Edit 308: If Morph ICD-O-3 = 8720-8790 (Melanoma) & the Primary Site = C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632, C690, C693 or C694 & If CS Tumor Size = 000 then, CS SSF 1 must = 000. Primary Sites C690, C693 or C694 were added and C690-C695 or C698-C699 were removed.

Edit 358: Malignant Melanoma of the Skin, Vulva, Penis and Scrotum: If SSF 3=000, then CS Lymph nodes must = 00, 13-15, or 99. Codes 13-15 are now allowed if the SSF 3=000.
2003 AHCA Out-Patient Audit

Facilities with fewer than 35 cancer cases identified on the “AHCA Ambi Unmatched Cancer Records Request 2003” listing needs only submit copies of patient records to FCDS for each of the cases on the list by April 29, 2005.

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 not submitted your cancer cases to FCDS, please contact your Field Coordinator, Anne Auguste, CTR, at 305-243-4600. All audits performed by FCDS are closely monitored by the Florida Department of Health for compliance.

Pathology Lab Reporting

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

What’s New on Oncology Drugs:

New Drug Combo Shows Promise for Multiple Myeloma
Thalidomide and Dexamethasone Effective Before Stem Cell Transplant

http://www.cancer.org/docroot/NWS/content/NWS_1_1x_New_Drug_Combo_Showd_Promise_for_Multiple_Myeloma.asp

Brain Cancer Drug Gets Wider Approval Temodar Improves Glioblastoma Survival

http://www.cancer.org/docroot/NWS/content/NWS_1_1x_Brain_Cancer_Drug_Gets_Wider_Approval.asp
**FCDS Collaborative Staging Edits**

The teleconference entitled FCDS Collaborative Staging Edits will be presented for a second time on Tuesday, May 17, 2005 from 2:00 P.M. until 4:00 P.M. EDT and it will be free of charge. FCDS received several telephone calls and e-mails from registrars requesting that the presentation be offered again since there were technical difficulties during the first teleconference.

A PowerPoint slide presentation is available on the FCDS website, http://www.fcds.med.miami.edu, as an adjunct to the teleconference. We recommend that the participants download the presentation and follow the slideshow from a computer during the call. For those participants that do not have access to the FCDS website, please contact FCDS for a copy of the slideshow.

**Call Information is as follows:**

**Date:**
Tuesday, May 17, 2005

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

**Dial In Number:**
1-888-622-5357

**Participant Code:**
270975

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**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 - 11, 2005.

Visit the NAACCR website at http://www.naaccr.org, for further information.

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**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.
**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.

For further information, please visit the SEER website: [http://seer.cancer.gov/training/oncology/](http://seer.cancer.gov/training/oncology/)

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**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: [http://www.ncra-usa.org](http://www.ncra-usa.org)
MAY

National Observation of Skin Cancer

http://www.cancer.org

Happy Memorial Day