FLORIDA CANCER DATA SYSTEM

JULY/AUGUST 2005 MONTHLY MEMO

25th Anniversary

Happy Fourth of July

WHAT'S NEW:

THE FOLLOWING INFORMATION IS CURRENTLY AVAILABLE ON THE FCDS WEBSITE.

- REGISTRAR VOL. 28
- COLLABORATIVE STAGING UPDATES LINKS
- NAACCR EDUCATIONAL RESOURCES
- REGISTRAR 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
Miller 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
Miller School of Medicine
1550 NW 10th Ave, Fox Bldg, Room 410
Miami, FL 33136

News and Information

SEER*RX DRUG DATABASE SOFTWARE NOW AVAILABLE

The SEER Program is pleased to announce the availability of SEER*Rx, the cancer registrar's interactive antineoplastic drug database on July 1, 2005. This downloadable database replaces SEER Self-instructional Manual Book 8, Antineoplastic Drugs, effective for cases diagnosed January 1, 2005 and after.

There is NO CHARGE for this program. SEER*Rx can be downloaded from http://www.seer.cancer.gov/seerrx. Registration of your email address, name and institution is necessary in order to obtain the password required to download the program to the desktop of your computer. Once you download and install the program on your computer, you do not have to connect to the internet to use it. The information you supply will be used for no other purpose than to maintain an e-mail list that will notify you of updates to the database or changes to the software, which will be approximately every six months.

SEER*Rx allows you to look up the treatment category for over 1600 drugs and the individual treatment categories for the drugs in over 700 regimens. The screen provides information on generic name, brand name, NSC number, drug category and subcategory, cancer sites where the drug is used, and other details, including whether or not the drug should be coded as treatment. As noted, this program replaces the printed Book 8 (published in 1993) and the update to Book 8 issued in May 2002. The categories for a few drugs have changed, notably some monoclonal antibodies such as Avastin, Velcade, Rituxan, Herceptin, and a few others that have been determined to be cytostatic chemotherapy agents rather than traditional immunotherapy. Recoding of these agents for cases diagnosed prior to 2005 is not required or recommended.

Deadlines & Reminders

QUALITY CONTROL ACTIVITIES

Thyroid Cases Needing Visual Review

During the recent database switch to NAACCR Version 10.2 and Collaborative Staging Version 01.02 most records were able to be managed by computer conversions, except for a series of thyroid cases that did not conform to any specific conversion guidelines recommended by the CS Task Force; thus, needing manual review and recoding by the reporting facilities.

Copies of the abstracts residing in the FCDS master file coded to the primary site of thyroid (C73.*) that the CS Lymph Nodes and CS Mets at DX data fields were coded properly according to the Collaborative Staging guidelines but now the codes are obsolete based on the new Collaborative Staging 0102 were mailed to the reporting facility for visual review and recoding using the Collaborative Staging new codes.

All forms must be returned to FCDS by August 16, 2005. Please contact your Field Coordinator if you have any questions at 305-243-4600.

QC Sampling Report

The FCDS Edits are computer generated; designed to detect invalid codes, blank fields and perform cross-validation between interrelated fields. In contrast, the QC Sampling Report is designed to visually edit abstracted data not detected by the computerized edits checks. The QC sampling report allows a trained eye to detect discrepancies, deficiencies and inconsistent coding. It is also used to identify lack of understanding in abstracting concepts, data definitions, and coding selections that may require additional training. Furthermore, this report can be used to identify problems with vendor software ranging from incorrect default values to data transfer problems.

The QC Sampling Report automatically selects at least one of every 50th case that successfully passes the FCDS Edits and makes it into the FCDS master file. For facilities reporting fewer than 50 cases, at least one case is selected at random. Each case selected is placed in a file that can be printed at any time. The report is printed monthly and is sorted by Medical Facility and responsible Field Coordinator.

Abstracts with questionable coding discrepancies, text versus code discrepancies, or coded data items with omitted supporting required text will be mailed to each reporting medical facility. Some cases will require additional documentation to verify/validate the coding. Please contact the Quality Control Field Coordinators if you have any questions about the reports at 305-243-4600.

2005 Reabstracting and Casefinding Audits

The Florida Cancer Data System (FCDS) is responsible for maintaining a high quality large-scale clinical research database. Casefinding and Reabstracting Audits are a standard part of the FCDS quality control objective as outlined in the 2005 FCDS Data Acquisition Manual. Site visits are one of the methods used to assure that these audits are performed throughout the state of Florida. Thirty-one facilities were selected at random to participate in the 2005 Casefinding and Reabstracting Audits. FCDS has contracted with The Sein Group, Inc. to perform the audits. The diagnosis year for the cases to be reabstracted is 2003 and it will only include analytical cases. The Collaborative Staging fields will not be audited for this year's audit.

A Pathology Laboratory Case Identification Audit (Casefinding Audit) will be performed in order to assess completeness of cancer case identification and case reporting. Pathology reports will be reviewed for audit year 2003 (February, June, and October) and compared to the case reports previously submitted by the facility to FCDS.

A Reabstracting Audit will be performed in order to assess data quality. Medical records will be audited and abstracted by the Sein Group, Inc. auditor. Comparison will be made between the audited data and the data originally submitted by the facility. These audits allow assessment with regard to standardized interpretation of data definitions, coding rules and guidelines, policies and procedures and serve to identify areas that may require further education.

What the facility needs to do prior to the audit date:

Coordinate with the Health Information Management/Medical Records Department to make the attached list of medical records available for review.

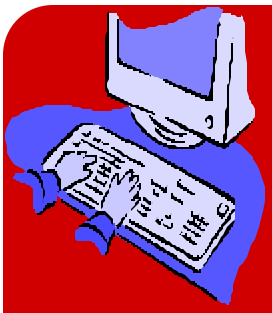
Coordinate with the Pathology Laboratory Department to make all Surgical Pathology Reports, Bone Marrow Biopsy Reports and Autopsy Reports for the months of February, June and October 2003 available for review.

Arrange a workspace large enough to accommodate one or two people with enough desk space to spread out reference manuals, medical records, etc.

All audits performed by FCDS are mandated and monitored by the Florida Department of Health. Please contact your Field Coordinator if you have any questions at 305-243-4600.

Cont'd on page 4

Education and Training



DATA COLLECTION OF NON-MALIGNANT PRIMARY CNS TUMORS HANDS-ON EXERCISES

1. The patient had an intracranial biopsy on July 1, 2004, and the tumor pathology was WHO grade I schwannoma.

Reportability: ❍ Yes ❍ No

Primary Site: (C_ _. _)

Histology: (_ _ _ _/ _ _)

2. CT scan identified a non-glial tumor in the temporal lobe on October 1, 2004. The tumor was removed and final pathologic diagnosis was meningioma of the left temporal dura.

Reportability: ❍ Yes ❍ No

Primary Site: (C_ _. _)

Histology: (_ _ _ _/ _ _)

3. The final pathologic diagnosis for a procedure performed on January 2, 2004 was well-differentiated pituitary adenoma.

Reportability: ❍ Yes ❍ No

Primary Site: (C_ _. _)

Histology: (_ _ _ _/ _ _)

DATA COLLECTION OF NON-MALIGNANT PRIMARY CNS TUMORS HANDS-ON EXERCISE

Source: Seer Training Modules (Exercise Set One Questions: 5, 6, and 10)
http://training.seer.cancer.gov/module_bbt/unit03_handson_exercises.html.

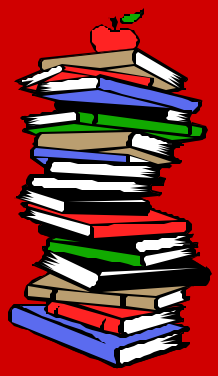
Answers on page 5

Deadlines & Reminders

Cont'd from page 2

Death Certificate Notification Follow-Back 2003

The deadline to report the "missed cases" and to return the *Mortality Follow Back Request Forms* is August 12, 2005. Please return the forms to your Field Coordinator. Please contact your Field Coordinator for additional information or if you have any questions at 305-243-4600.



Education and Training

NAACCR CTR Exam Readiness Institute

NAACCR is offering the NAACCR CTR Exam Readiness Institute on August 25-26, 2005 at the Willis Conference Center in Nashville, TN. The purpose of the Institute is to prepare eligible candidates to take the CTR exam. Topics covered include: cancer registry organization and operation; anatomy, physiology, and histology; abstracting and coding; statistics and epidemiology; computer principles; ICD-O-3; and Collaborative Staging and AJCC Cancer Staging, 6th Edition.

Please inform central registry staff, hospital-based cancer registry staff, and hospital cancer incidence reporters preparing to take the CTR exam that this educational opportunity is available. Link to What's New: Training on the NAACCR home page at www.naaccr.org to find more information including registration form, agenda, goals, and hotel information.

For further information about NAACCR CTR Exam Readiness Institute or other NAACCR training opportunities, please contact:

Shannon Vann, CTR
Program Manager
Education and Training
NAACCR Inc.
(315) 682-6543
svann@naaccr.org

New Melanoma Site -Specific Module

The National Cancer Institute in collaboration with the Rollins School of Public Health at Emory University is pleased to announce that a new module is now available on the NCI training web site at: www.training.seer.cancer.gov .

This new site-specific module is for melanoma of the skin and is the first to contain Collaborative Staging as a part of the exercises. Also, all of the older modules are being converted to a new format and are being updated by adding collaborative staging to the exercise portion of the module. Currently, the modules for breast and leukemia and lymphoma have been updated and lung cancer will be updated soon.

Education and Training

DATA COLLECTION OF NON-MALIGNANT PRIMARY CNS TUMORS HANDS-ON EXERCISES ANSWERS

Question #1

Reportable: Yes
Primary site: C72.5 cranial nerves NOS
Histology: 9560/09 schwannoma NOS

Non-malignant intracranial tumors are reportable for cases diagnosed January 1, 2004 and later. Intracranial schwannoma with no specific site identified is coded to cranial nerves NOS. The reference is ICD-O-3, page 24, Rule A – "If the diagnosis does not specify the tissue of origin, code the appropriate tissues suggested in the alphabetic index for each ill-defined site in preference to the "NOS" category." Schwannoma arises from the nerve sheath and consists of Schwann cells in a collagenous matrix.

The grade for all benign and borderline tumors is 9 (unknown, not applicable). The reference is ICD-O-3, page 30, Rule G, paragraph 1 – "Only malignant tumors are graded." WHO grade is not coded as part of the histology, but it is coded in a collaborative stage site-specific factor.

Question #2

Reportable: Yes
Primary site: C70.0 cerebral meninges
Histology: 9530/09 meningioma NOS

Meningioma, unless stated to be malignant, is a non-malignant tumor, and this case is reportable because it was diagnosed after January 1, 2004. The site is assigned to cerebral meninges because meningioma is a tumor of the meninges covering the brain, not of the temporal lobe itself. The reference is ICD-O-3, page 32, Rule H - "Use the topography code provided when a topographic site is not stated in the diagnosis. This topography code should be disregarded if the tumor is known to arise at another site."

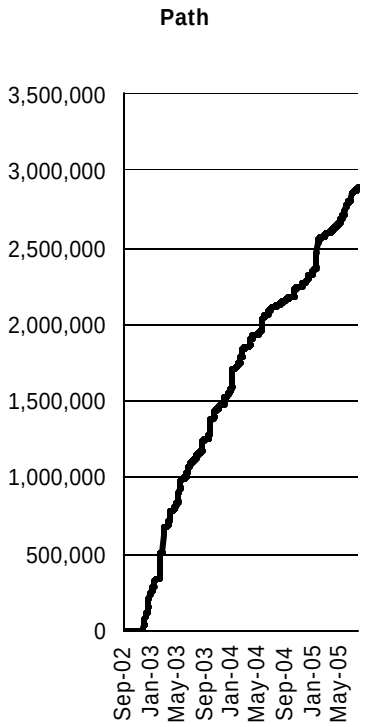
Question #3

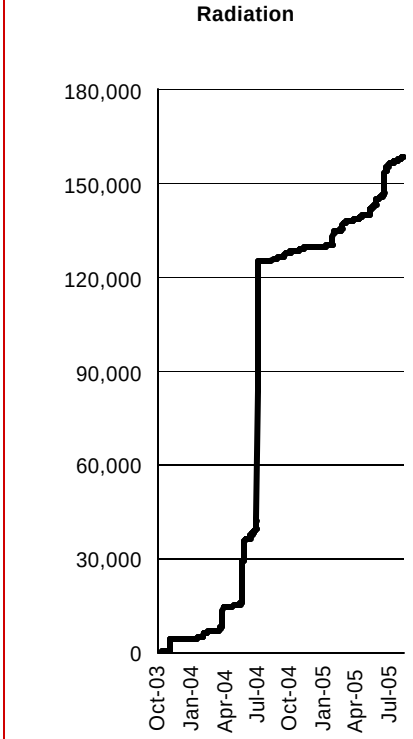
Reportable: Yes
Primary site: C75.1 pituitary gland
Histology: 8272/09 pituitary adenoma NOS

Well differentiated pituitary adenoma is an intracranial non-malignant tumor diagnosed after January 1, 2004. The 6th digit of the histology code is 9 even though the tumor is described as well-differentiated because the grade code for all non-malignant tumors 9. The reference is ICD-O-3, page 30, Rule G, paragraph 1 – "Only malignant tumors are graded."

Florida Cancer Data System

Pathology & Radiation Reporting





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CANCER REPORTING COMPLETENESS REPORT

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JULY 31, 2005

Total number of *New Cases* added to the FCDS Master file in July 2005: 6,645

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
2005	1,084	111	0	0	0	**Pending**	1,195	1,073
2004	131,886	3,599	714	5	241	**Pending**	136,445	4,796
2003	147,281	3,530	2,427	416	663	**Pending**	154,317	826

		Actual	Expected
Complete for:	**2005**	**1%**	**8%**
	2004	**90%**	**100%**
	2003	**100%**	**100%**

**Expected % based on 152,000 reported cases/year*