

FLORIDA CANCER DATA SYSTEM

February 2006 Monthly Memo

WHAT'S NEW:

THE FOLLOWING
INFORMATION IS
CURRENTLY AVAILABLE ON
THE FCDS WEBSITE.

NAACCR V11
 IMPLEMENTION
 TENATIVE SCHEDULE
 JANUARY-JULY 2006

Applies to facilities submitting full cancer abstracts, not Path or RT data

 FCDS TELECONFERENCE FEBRUARY 28TH

Quality Control Sampling Reports Findings

- FCDS MONOGRAPH: 2004
 ADMISSIONS (TOTAL),
 ANALYTIC CASES ONLY
 (What's New tab)
- FCDS ARCHIVE OF MONTHLY MEMOS AND THE REGISTRARS
 (Newsletters tab)
- FLORIDA ANNUAL CANCER
 REPORT: 2001 INCIDENCE
 AND MORTALITY
 (What's New tab)

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,

FCDS/University of Miami

Miller School of Medicine

1550 NW 10th Ave, Fox Bldg,

Miami, FL 33136

Airborne Express)

News & Information

Log Off Warning in the FCDS IDEA Single Entry Program

The FCDS IDEA Single Entry program has a new feature. It will now give you a warning before automatically logging you off the system. A window will pop up after 50 minutes of inactivity alerting the user that there 10 minutes remaining to continue logged on to the program.

Clarification on Abstractor Code and Request Form

All abstractors must have an approved 'cancer abstractor code'. The abstractor code is part of the edit process, therefore, if a code is incorrect, the abstracts (or batch) will be returned unprocessed. This code may **NOT** be shared with other abstractors. Each abstractor that submits work to FCDS in a hospital-based registry must have their own unique abstractor code. Individuals abstracting for multiple facilities need only one abstractor code. The abstractor code is a <u>3 digit letter/number code (ex: 4FC) coded on the abstract</u>. *This is not the FCDS IDEA user id (ex: mrudolph).*

The abstractor code is renewed each year and will remain the same.

The Pathology and Radiation users don't need the 3 letter abstractor code.

The Abstractor Code Request Form:

The following form applies to FCDS users sending full cancer abstracts to FCDS, not Rediation Therapy Centers or Path Labs (CLIP project).							
FE	Florida Cancer I	Data System					
A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health							
Florida Cancer Data System Cancer Abstractor Code Request Form							
Please mail or Fax this form to your FCDS Field Coordinator							
Contact	us at 305 2 43-4600 if you have not received your account informa	ation within a few days.					
☐ My abstrac	ctor code: will expire soon. Please r	enew it for another year.					
Name (last, first middl	e)						
Institution or Facility Nam	е						
FCDS Facility							
Phone numb							
Fax numb	*						
Address, City, State, Z Email address (for contact purposes on do not email confidential date							
Yes - Year certified No I have been abstracting cancer I attest the above information is that I know and understand the	or Registrar (CTR)? Please check one: information since year: strue and correct; that I will not share my absolved ones, policies and procedures for abstract						
Cancer Data System.							
Signature:	Date:	D Check this box to have your new code faxed back					
Return this form to FCDS:	Florida Cancer Data System University of Miami PO Box 018960 (D4-11) Miami, FL 33101 FAX: 305-243-4871 / Phone: 305-243-4600	your new code raxed back to you.					
FCDS Use Only:							
Abstractor Code:	Expiration Date:						
FCDS Field Coordinator:	Date:						
Form processed by:	Date:						

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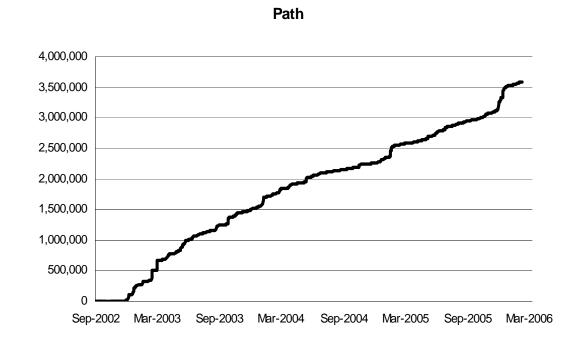
Florida Cancer Data System Pathology Labs & Radiation

Therapy

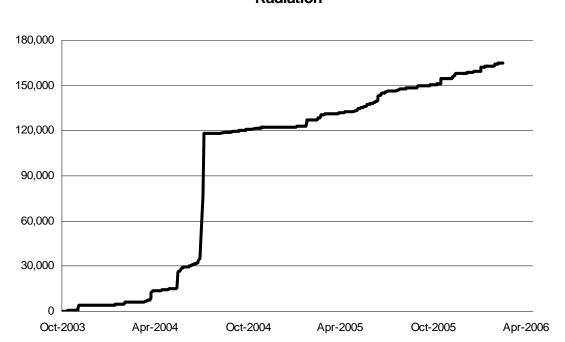
Centers

Reporting

Pathology & Radiation Reporting



Radiation







AND

TRAINING

FCDS Teleconference Series

On Tuesday, February 28, 2006, FCDS will present a telephone conference entitled Quality Control Sampling Reports Findings (October-December 2005). The teleconference will be free of charge.

The call in Information is as follows:

Date: Tuesday, February 28, 2006 **Time:** 2:00 p.m. – 4:00 p.m. EST

Dial In Number: 877-322-9654

Participant Code: 784678

PowerPoint slide presentations will be available on the FCDS Website, http://www.fcds.med.miami.edu, as an adjunct to the conferences, as well as the instructions to access the system for the Question and Answer session at the end of the presentations. We recommend that the participants download the presentations 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.

FCDS is please to provide this type of educational format as a method for providing training in cancer information and reporting requirement issues in the state of Florida. If you have any suggestions for future topics, please submit them to Megsys Herna via email at mherna@med.miami.edu or 1-800-906-3034.

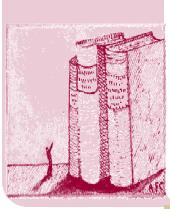
All FCDS Teleconferences can be found on the FCDS website under the Downloads Tab.

2006

- January 30 & 31, 2006 Teleconference: AHCA 2004 Audit Process for Hospitals and Ambulatory Surgery Centers,
 - January 30th: Hospital teleconference
 - Slides and Handouts,
 - January 31st: Ambulatory Surgery Center teleconference
 - Slides and Handouts

<u>2005</u>

- November 8, 2005 Quality Control Sampling Reports Findings
 - Slides and Handouts
- October 18, 2005 FCDS Text Requirements
 - Slides and Handouts, QC Text Tool
- June 23, 2005 FCDS Updates on Data Submission
 - PDF Slides and Handouts
- April 26 & May 17, 2005: FCDS Collaborative Staging Edits,
 - PDF slides, PowerPoint slides, and Handouts
- March 15, 2005 FCDS Sequence Edits: How Do They Affect On-Line Uploads
 - PDF slides, PowerPoint slides, Edit Messages







AND

TRAINING

NCRA ANNUAL CONFERENCE



The Annual Conference is full of educational opportunities, be it the Plenary Sessions, 5 Breakout Session Categories, or the Exhibit Hall. Whatever your pleasure, this section has the information you need to plan a successful trip to Washington, DC.

LOCATION: Crystal Gateway Marriott Hotel, Arlington, VA.

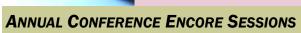
To find out what's going on during each day of the Annual Conference visit the NCRA website at: http://www.ncra-usa.org/pdfs/conference/program06.pdf.



FUNDAMENTALS OF ABSTRACTING FOR NEW CANCER REGISTRARS WORKSHOP

(Location: Sheraton Crystal City Hotel, next to the NCRA Conference hotel: Crystal Gateway Marriott.)

DATES: Saturday, May 6, 2006 – Monday 8, 2006 (7am – 5pm each day). The training program is being held concurrently with the NCRA Annual Conference.



2006 Conference preorder

Bring The Conference Home On CD-ROM!

Bring home the Conference on CD-ROM for Staff and Co-Workers! Through our unique partnership with Blue Sky Broadcast most sessions from our Annual Educational Conference will be available on CD-ROM for \$75 (including shipping)!

You can view specific lectures or everything that was captured. Also, by completion of the CE form included on the CD-ROM those who did not attend the conference can earn CE's towards their CTR (additional CE fees required).







AND

TRAINING



NPCR EDUCATION AND TRAINING SERIES: HOW TO COLLECT HIGH QUALITY CANCER SURVEILLANCE DATA

March 20-23, 2006

The William F. Bolger Center for Leadership Development Potomac, MD

April 3-6, 2006

Marriott Evergreen Conference Resort Atlanta, GA

Course Description:

The workshop will focus on gray areas in cancer data abstracting relevant for data collectors in both incidence and population-based cancer registries. Topics will include the NPCR quality assurance audit findings, coding complex and compound histology with ICD-O-3, collaborative staging, collection of treatment data, site-specific abstracting and coding as well as use of Registry Plus software products.

Reference Materials:

Attendees will need to bring the following materials with them to the workshop:

- International Classification of Diseases for Oncology, Third Edition (ICD-0-3)
- Collaborative Staging Manual and Coding Instructions, Version 01.02.00 If you don't want to travel with the entire manual, bring the breast, lung, colon, rectosigmoid/rectum, prostate, melanoma of skin, and brain and cerebral meninges, other parts of central nervous system chapters. Also bring the card that includes the standard tables.

Instructor:

Shannon Vann, CTR; Program Manager of Education and Training; NAACCR, Inc.

Please visit the NAACCR website for details on the above training at www.naaccr.org under the heading of Education and Training





AND

TRAINING





NPCR EDUCATION AND TRAINING SERIES:
How to Collect High Quality Lung Cancer Surveillance Data
March 30, 2006
1:00 - 5:00 p.m. Eastern

<u>Agenda</u>

Lung site-specific data collection: Anatomy, histology coding, abstracting, collaborative staging, first course treatment

Questions from participants

Lung exercise review

Reference Materials

Attendees will need the following materials to complete the web conference exercises:

- International Classification of Diseases for Oncology, Third Edition
- Collaborative Staging Manual and Coding Instructions, Version 01.02.00
 - Lung chapter
- FORDS
 - Treatment codes
- SEER Program Coding and Staging Manual 2004
 - Histology coding rules

Format

Web conference

- Minimum requirements to attend a fully interactive event using Event Manager for Windows
 - Windows 98. Me. NT. 2000. or XP
 - Intel x86 (Pentium 400MHZ +) or compatible processor
 - Microsoft Internet Explorer 5, 6, Mozilla 1.6 or later, or Netscape 4.7, 7.x
 - JavaScript and cookies enabled in the browser
 - 56K or faster Internet connection
 - Separate phone line for the teleconference portion
- Minimum requirements to attend a fully interactive event for Mac OS:
 - Mac OS 10.2.x or later
 - Internet Explorer 5.2 or Safari 1.1 or later
 - JavaScript and cookies enabled for the browser
 - Java 1.3.1 or later
 - 56K or faster Internet connection
 - Separate phone line for the teleconference portion

<u>Instructor</u>

Shannon Vann, CTR Program Manager of Education and Training NAACCR, Inc.

This web conference is supported by contract #200-2001-00044 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.





Deadlines & Reminders

FAPTP/FCDS QUALITY CONTROL REVIEW

In an effort to ascertain the completeness and the quality of the pediatric cancer data collected by FCDS, the FCDS database was matched with the data from FAPTP (Florida Association of Pediatric Tumor Program, Inc.) for diagnoses years 2001 through 2003. Records were linked at the patient and at the tumor level. At the patient level, the records were matched by first name, last name, sex, date of birth, and county of residence. At the tumor level, the primary site, the morphology, and the date of diagnosis were used to determine the common tumors. A listing of records that were reported to FAPTP that did not match to an FCDS record and/or copies of abstracts that may have primary site and/or morphology discrepancies were mailed to the hospitals. Missed cases and site and/or morphology discrepancies were reconciled. All forms and abstracts were due to FCDS according to the current reporting guidelines and record layout no later than February 17, 2006.

These Quality Assurance reviews are important to FCDS because they assess case assessment to standardized interpretation of data definitions, coding rules and guidelines, policies and procedures and serve to identify areas that may require further education and training.

AHCA AUDIT-2004 CASES

HOSPITALS

Upon review of the Unmatched Cancer Records Request 2004 listing, any case found to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the 2005 FCDS DAM and found not to have been previously reported must be reported to FCDS by February 28, 2006.

AMBULATORY SURGERY CENTERS

Any facility with fewer than 35 cancer cases identified on the Unmatched Cancer Records Request 2004 listing has to submit only 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 March 15, 2006: 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 on the "AHCA Ambi Unmatched Cancer Records Request" list must determine whether (or not) the identified records must be reported to the FCDS by referring to the FCDS reporting criteria outlined in Section I of the 2005 FCDS Data Acquisition Manual. If the case meets the FCDS reporting criteria, a full case abstract must be submitted to FCDS by March 15, 2006.



ANNUAL MAIL FILE REVIEW

The Annual Mail File Review forms were mailed to all FCDS mail recipients on January 26, 2006. Please be sure to review the document. In an effort to efficiently correspond with you, please make any and all corrections to the information provided directly on the form itself. Forms are to be returned to FCDS by March 10, 2006. You may fax the form to 305-243-4871. Please feel free to contact FCDS anytime throughout the year to inform us of any changes.





Florida Cancer Data System

Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF FEBRUARY 28, 2006

Total number of New Cases added to the FCDS Master file in February 2006: 7,611

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
2006	63,695	1,887	232	0	224	Pending	66,038	5,970
2005	149,036	4,140	1,256	0	598	Pending	155,030	1,429
2004	148,182	4,908	3,049	488	676	2,738	160,041	212

		<u>Actual</u>	Expected
% Complete for:	2006	43%	66%
	2005	100%	100%
	2004	100%	100%

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

