



*Happy St. Patty's Day*

#### WHAT'S NEW:

The following information is currently available on the FCDS website.

- **NAACCR V11 IMPLEMENTATION TENTATIVE SCHEDULE JANUARY-JULY 2006**  
Applies to facilities submitting full cancer abstracts, not Path or RT data
- **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, Airborne Express*)

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

## FLORIDA CANCER DATA SYSTEM

### March 2006 Monthly Memo



## News & Information

### *FCDS 2006 Implementation Guide*

(Applies to facilities submitting full cancer abstracts, not Path and RT identification data)



The new FCDS 2006 Implementation Guide is now available.

This guide outlines and describes all changes that will be required by FCDS in regards to the NAACCR Version 11 data standards.

These data standards will be required for all data submissions starting July 1st, 2006.

Please feel free to download the document at:

[http://fcds.med.miami.edu/downloads/dam2006/FCDS\\_V11\\_Imp\\_Guide.pdf](http://fcds.med.miami.edu/downloads/dam2006/FCDS_V11_Imp_Guide.pdf)



APRIL 3rd-7th, 2006

*Working Today for a Healthier Tomorrow*

# Q/c Corner

By: Mayra B. Alvarez, RHIT, CTR

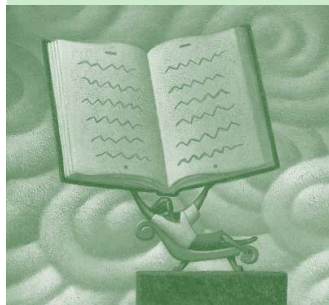
If you have not already updated your CS manual, new information was released in 2005. Remember to keep your materials updated. Also listed are other resources and information available on the FCDS website at <http://fcds.med.miami.edu>.

## **COLLABORATIVE STAGING MANUAL AND CODING INSTRUCTIONS:**

- Updates to Part II of the CS Manual (Replacement Pages Part II Version 01.02.00-Non-head/neck released 8/19/2005 :  
[http://www.cancerstaging.org/cstage/cs\\_nonhead\\_neck\\_replpgs01.02.00.pdf](http://www.cancerstaging.org/cstage/cs_nonhead_neck_replpgs01.02.00.pdf)
- Replacement Pages Part II Version 01.02.00 (head/neck) released 5/25/2005:  
[http://www.cancerstaging.org/cstage/cs\\_head\\_neck\\_replpgs01.02.00.pdf](http://www.cancerstaging.org/cstage/cs_head_neck_replpgs01.02.00.pdf)
- Melanoma Scheme Only released 8/19/2005:  
[http://www.cancerstaging.org/cstage/cs\\_melanoma\\_replpgs01.02.00.pdf](http://www.cancerstaging.org/cstage/cs_melanoma_replpgs01.02.00.pdf)
- Errata Changes and corrections since the manuals were printed. Errata for the Printed Manual, part 1, replacement pages part I released 10/10/2005:  
<http://www.cancerstaging.org/cstage/csm1replace.pdf>

## **OTHER USEFULL RESOURCES:**

- SEER\*RX Interactive Antineoplastic Drugs Database:  
SEER developed a one-step lookup for coding oncology drug and regimen treatment categories in cancer registries. This is a free program and can be downloaded from the SEER website or link to <http://seer.cancer.gov/tools/seerrx/>
- Recording Tumor Markers:  
Recording Tumor Markers in Collaborative Staging System Site-Specific Factors prepared by April Fritz, RHIT, CTR and approved by the CS Task Force and its medical consultants.  
<http://www.cancerstaging.org/cstage/tumormarkers.pdf>
- The Florida Cancer Data System Data Acquisition Manual (DAM) will be updated in several months using current material released by national standard-setters. The new updated DAM/replacement pages will be posted at <http://fcds.med.miami.edu>, under FCDS 2006 DAM.
- There are NEW changes in cancer reporting and FCDS will be using NAACCR V11 for 2006 cases. Posted on our website is the NAACCR V11 Implementation Tentative Schedule Jan-July 2006 (applies to facilities submitting full cancer abstracts, not Path or RT data):  
[http://fcds.med.miami.edu/downloads/dam2006/V11\\_Tentative\\_Schedule.pdf](http://fcds.med.miami.edu/downloads/dam2006/V11_Tentative_Schedule.pdf)



Check  
Your  
Resources





# Q/c Corner

By: Sarah Manson, BS, RHIT, CTR,

## Q & A Section

### QUESTION

Multiple primaries/Histology--Breast: (please see discussion for case details.)

Is it correct to code only 1 primary?

What is (are) the correct histology code(s)?

What is (are) the correct extent(s) of disease?

### DISCUSSION

Excisional biopsy of a breast mass: 1.0 cm tumor that was infiltrating ductal carcinoma, high grade, with an associated intraductal component with comedonecrosis.

Pathology report for the mastectomy three weeks later: no residual tumor was found near the original biopsy site. In another portion of the same breast was found high-grade intraductal carcinoma involving the nipple ducts, with Paget Disease of the nipple. (No size was given for this.)

### ANSWER

This is a single primary. According to Exception 3 of Multiple Primary Rule 6 for multiple tumors, combinations of Paget disease and ductal carcinoma are a single primary. The histology code for this case is 8541 [Paget disease and infiltrating duct carcinoma]. Assign CS extension code 10 [confined to breast tissue] based on the information above.

### REFERENCES

1. ICD-O-3
2. 2004 SEER Manual; pgs 13 (Rule 6, Exception 3)

### QUESTION

Primary Site/CS Extension/CS Lymph Nodes:

Based on the limited information (please see discussion) how would this case be coded

### DISCUSSION

3/13/04 CT scan Chest: extensive mediastinal, subcarinal, rt hilar lymphadenopathy; separate tumor mass in medial rt lung

3/16/04 Bronchoscopy: RLL/RML completely obstructed with extrinsic compression. Impression: CA of lung with hilar adenopathy.

Bronchial wash: PD non small cell CA

Bx RLL: up to 0.2 cm PD Aden carcinoma c/w primary lung CA. Treatment not recommended.

Expired 5/03/04.

### ANSWER

The primary is in the right lung according to the available information.

Assign CS extension code 10 [Tumor confined to one lung]. The only information on extension is that there is a tumor in one lung.

Assign CS Lymph Nodes code 20 [Mediastinal and subcarinal lymph node involvement]. The CT scan confirms mediastinal and subcarinal lymphadenopathy.

Code tumor Size as 999 [Unknown]. "Completely obstructed" is not a size. Do not code the size of the biopsy specimen.

### REFERENCES

2004 SEER Manual ;pgs C386-C389  
(July 1, 2005)

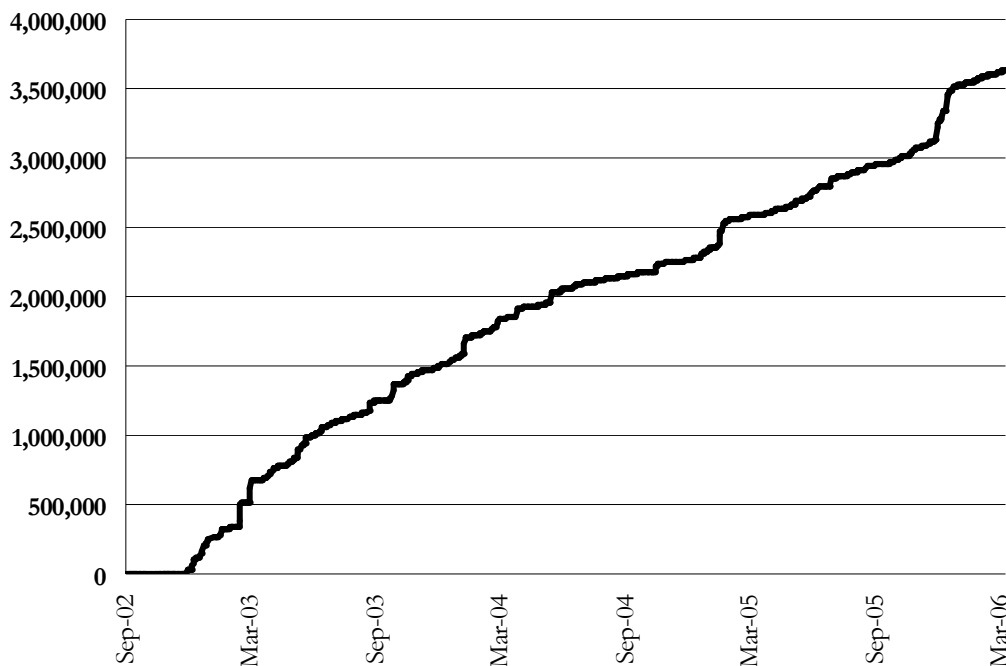
# Pathology & Radiation Reporting



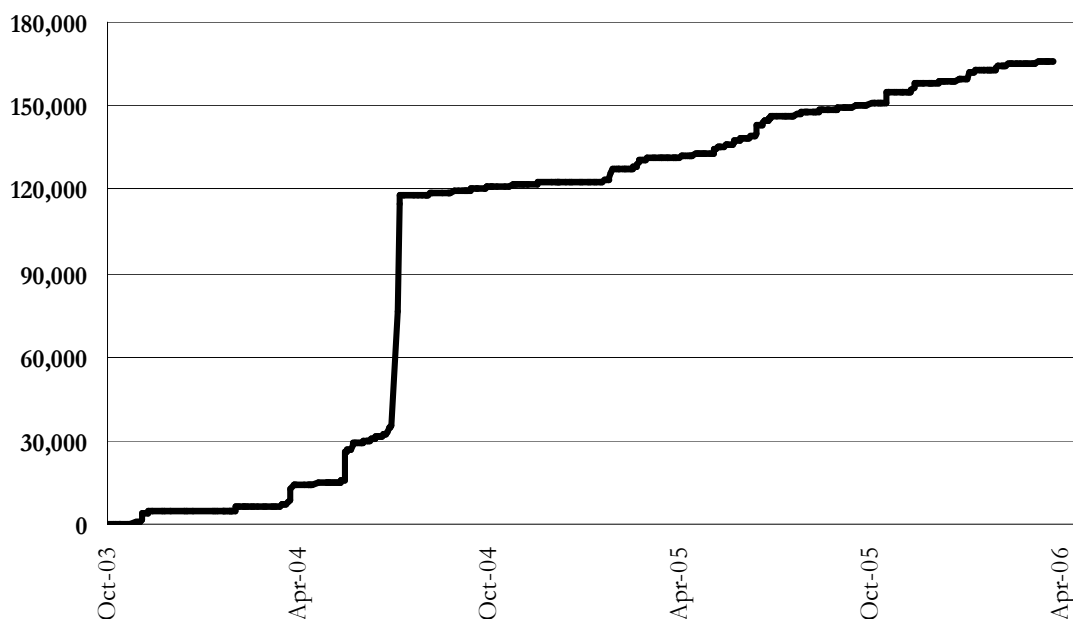
## Florida Cancer Data System Pathology Labs & Radiation Therapy Centers Reporting



Path



Radiation





# Education and Training

NAACCR Cancer Registry Data Collection and Management Institute  
Hosted by the Massachusetts Cancer Registry  
May 23-24, 2006

## Target Audience:

- Central cancer registry staff
- Hospital-based cancer registrars
- Reporting facility cancer incidence reporters
- Staff responsible for data collection or quality control

**Course Description:** The workshop will focus on site-specific collaborative staging. The sites covered include corpus uteri, ovary, breast, lymphoma, head and neck sites, and lung. The curriculum was developed in conjunction with the Massachusetts Cancer Registry.

**Reference Materials:** Attendees will need to bring with them to the workshop the Collaborative Staging Manual and Coding Instructions, Version 01.02.00.

## Location:

John Hancock Conference Center  
40 Trinity Place  
Boston, MA

*The registration fee includes continental breakfast, morning and afternoon breaks, and lunch.*

**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.naacr.org](http://www.naacr.org) under the heading of Education and Training.



# Education and Training







# Education and Training

**A. Fritz and Associates**

Preparing Cancer Registry Professionals for the Future

## PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS

May 22-26, 2006 – Reno, Nevada  
July 17-21, 2006 – Little Rock, Arkansas  
December 4-8, 2006 – Reno, Nevada  
Registration fee: \$895.00

Principles of Oncology is a concentrated five-day training program in cancer registry operations and procedures emphasizing accurate data collection methods. The training program includes extensive site-specific, hands-on case coding, abstracting and staging sessions using practice cases that are representative of the many situations registrars may face.

This program is endorsed by the National Cancer Registrars Association (NCRA) and the North American Association of Central Cancer Registries (NAACCR) and recommended by the SEER Program of the National Cancer Institute.

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 how to use other resources available to registrars. Attendees will have the benefit of lectures as well as a variety of practical exercises. Extensive training materials prepared especially for this program will be provided to registrants, as well as publications from other registry sources.

*Class size will be limited to 25 registrants.*

For more information please visit A.Fritz and Associates website at: <http://afritz.org/index.html>.

## Education and Training



### CTR FALL TESTING SCHEDULE

Application Deadline:

July 31, 2006

Testing Begins:

Saturday, September 16, 2006

Testing Ends:

Saturday, September 30, 2006



# Education and Training

## NCRA ANNUAL CONFERENCE



## Education and Training

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, 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***

*Located adjacent to the Marriott Crystal Gateway  
which will serve as the location of the NCRA Annual Conference.*

**LOCATION:** Sheraton Crystal City, Arlington, VA.

**DATES:** Saturday, May 6, 2006 – Monday 8, 2006 (7am – 5pm each day).

*The training program is being held concurrently with the NCRA Annual Conference.*

### ***ANNUAL CONFERENCE ENCORE SESSIONS***

#### **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).

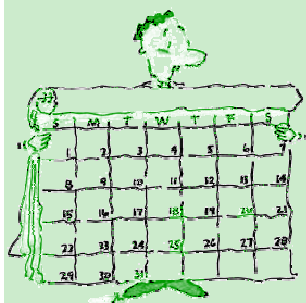




# Deadlines & Reminders



## 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 in February.

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 was due 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 was due 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 was due to FCDS by March 15, 2006.

#### PATH LAB REPORTING

Every anatomic pathology laboratory that reads biopsy and/or surgical resection specimens collected from patient encounters within the state of Florida MUST electronically submit the specified data for every malignant cancer and reportable CNS/Benign tumor case. Specimens read between July 1, 2005 and December 31, 2005 must be submitted to FCDS on or before June 30, 2006.





**FCDS** Florida Cancer Data System  
A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

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## 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: **11,202**

*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	66,594	1,888	232	0	225	Pending	68,939	8,869
2004	149,334	4,141	1,478	0	598	Pending	155,551	1,950
2003	148,266	4,992	3,052	488	676	2,738	160,205	383

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2005	45%	66%
	2004	100%	100%
	2003	100%	100%

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

