

**Happy  
Memorial Day**



### WHAT'S NEW:

The following information is currently available on the FCDS website.

- **ON-LINE REGISTRATION FOR THE FCDS ANNUAL CONFERENCE, JULY 27-28, 2006, AND BROCHURE**
- **FCDS 2006 IMPLEMENTATION GUIDE FOR NAACCR VERSION 11** (REVISED 4/7/2006; ADDS NEW AND UPDATED EDITS FOR CASES RECEIVED AFTER 7/1/2006) - APPLIES TO FACILITIES SUBMITTING FULL CANCER ABSTRACTS, NOT PATH OR RT IDENTIFICATION DATA
- **FCDS MONOGRAPH: 2004 ADMISSIONS (TOTAL), ANALYTIC CASES ONLY**
- **FLORIDA ANNUAL CANCER REPORT: 2001 INCIDENCE AND MORTALITY**

### 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

## April/May 2006 Monthly Memo

### FCDS ANNUAL MEETING JULY 27-28, 2006



#### The 2006 Florida Cancer Data System Annual Conference

*July 27-28, 2006*

Embassy Suites Hotel- Fort Myers  
Estero, FL

The Florida Cancer Data System invites you to participate in the Annual Meeting of the Florida Statewide Cancer Registry. The annual meeting will be held on July 27-28 at the Embassy Suites Hotel following the Florida Cancer Registrars' Association Annual Meeting July 25-26.

#### **REGISTER ONLINE!**

Fill out the **On-line Registration Form** and submit it along with your \$50.00 registration check payable to "Florida Cancer Data System" by July 21, 2006 to:

Florida Cancer Data System  
University of Miami Miller School of Medicine  
P.O. Box 016960 (D4-11); Miami, FL 33101  
Attn: Bleu Thompson

For more information:

<https://fcds.med.miami.edu/register.html>



# News & Information

## NAACCR VERSION 11

**FCDS IMPLEMENTATION DATE IS JULY 1, 2006**

On July 1, 2006, FCDS will begin collecting the data in the NAACCR Version 11 record layout. All reporting facilities will be asked to submit 10 test cases in the Version 11 record layout for verification. In addition, FCDS will be incorporating additional edits to the FCDS edits metafile. Please see below the additional edit numbers and descriptions.

# NAACCR Version 11

EDIT #	EDIT DESCRIPTION
390	If Regional Nodes Positive = 01-97, then CS Lymph Nodes cannot = 00
391	If Regional Nodes Examined = 99, then RX Summ-Scope Reg LN Surgery must = 9
392	If RX Summ-Surg Prim Site = 10-90 AND RX Summ-Radiation = 1-6, then RX Summ-Surg/Rad Seq MUST = 2-6, or 9
393	If RX Summ-Scope Reg LN Surgery = 1-8 AND RX Summ-Radiation = 1-6, then RX Summ-Surg/Rad Seq MUST = 2-6, or 9
394	If RX Summ-Surg Oth Reg/Dis = 1-8 AND RX Summ-Radiation = 1-6, then RX Summ-Surg/Rad Seq MUST = 2-6, or 9
395	If RX Summ--Surg Prim Site = 00, RX Summ--Scope Reg LN Sur = 0, and RX Summ--Surg Oth Reg/Dis = 0 or RX Summ--Radiation = 0, then RX Summ--Surg/Rad Seq MUST = 0
396	If RX Summ--Surg Prim Site = 10-90 AND Rad--Regional RX Modality = 20-98, then RX Summ--Surg/Rad Seq MUST = 2-6, or 9
397	If RX Summ--Scope Reg LN Surgery = 1-8 AND Rad--Regional RX Modality = 20-98, then RX Summ--Surg/Rad Seq MUST = 2-6, or 9
398	If RX Summ--Surg Oth Reg/Dis = 1-8, AND Rad--Regional RX Modality = 20-98, then RX Summ--Surg/Rad Seq MUST = 2-6, or 9
399	If RX Summ--Surg Prim Site = 00, RX Summ--Scope Reg LN Sur = 0, RX Summ--Surg Oth Reg/Dis = 0 OR Rad--Regional RX Modality = 00, then RX Summ--Surg/Rad Seq MUST = 0
400	If RX Summ--Surg Prim Site = 98, RX Summ--Scope Reg LN Sur = 9, and RX Summ--Surg Oth Reg/Dis = 0 or Rad--Regional RX Modality = 00, then RX Summ--Surg/Rad Seq MUST = 0
401	If Reporting Source is 6 (autopsy only) then RX Summ--Surg/Rad Seq must = 0
402	RX Summ--Surg/Rad Seq MUST = 0, 2-6, or 9
403	If Reporting Source is 6 (autopsy only), then Rad--Regional RX Modality must = 00
404	Rad--Regional RX Modality is not a valid code

*Continued on page 3*



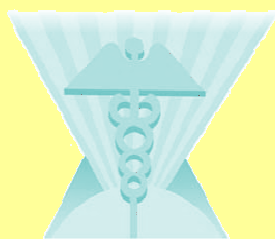
# News & Information

*Continued from page 2*

EDIT #	EDIT DESCRIPTION
405	If RX Summ—Radiation = 1-5, then Rad--Regional RX Modality must not = 00
406	If RX Summ-Radiation = 9, then Rad--Regional RX Modality must be = 99
407	If RX Summ-Radiation = 0,7, or 8, then Rad--Regional RX Modality must be = 00
408	If Date of Diagnosis is 2003 or greater, then Rad--Regional RX Modality CANNOT = 80 or 85
410	If Reporting Source is 6 (autopsy only), then RX Summ--Systemic Sur Seq must = 0
411	RX Summ-Systemic Sur Seq MUST = 0,2-6, or 9
412	If RX Summ-Surg Prim Site = 10-90 and RX Summ-BRM = 01, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
413	If RX Summ--Scope Reg LN Surgery = 1-8 and RX Summ-BRM = 01, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
414	If RX Summ--Surg Oth Reg/Dis = 1-8 and RX Summ-BRM = 01, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
415	If RX Summ--Surg Prim Site = 10-90 and RX Summ—Chemo = 01-03, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
416	If RX Summ--Scope Reg LN Surgery = 1-8 and RX Summ-Chemo = 01-03, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
417	If RX Summ--Surg Oth Reg/Dis = 1-8 and RX Summ-Chemo = 01-03, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
418	If RX Summ--Surg Prim Site = 10-90 and RX Summ-Hormone = 01, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
420	If RX Summ--Surg Oth Reg/Dis = 1-8 and RX Summ-Hormone = 01, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
421	If RX Summ--Surg Prim Site = 10-90 and RX Summ--Transplnt/Endocr = 10-40, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
422	If RX Summ--Scope Reg LN Surgery = 1-8 and RX Summ-Transplnt/Endocr = 10-40, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
423	If RX Summ--Surg Oth Reg/Dis = 1-8 and RX Summ-Transplnt/Endocr = 10-40, then RX Summ--Systemic Sur Seq MUST = 2-6, or 9
424	If Surg Prim Site, Scope Reg LN Surg and Surg Oth Reg/Dis ALL = 0 OR BRM, Chemo, Hormone, and Transplnt/Endocr ALL = 00,82-87, then RX Summ--Systemic Sur Seq MUST = 0
425	If Surg Prim Site = 98, Scope Reg LN Surgery = 9 and Surg Oth Reg/Dis = 0 OR BRM, Chemo, Hormone, and Transplnt/Endocr ALL = 00,82-87, then RX Summ--Systemic Sur Seq MUST = 0

*Continued on page 5*

**NAACCR**  
**Version**  
**11**





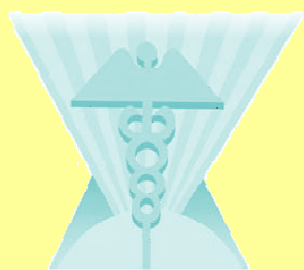
**\*\*New\*\***

## FOLLOW-UP INQUIRY PROGRAM

### NEW - FOLLOW-UP INQUIRY PROGRAM

FCDS has implemented a new menu option under the FCDS IDEA called Follow-up Inquiry. The Follow-up Inquiry program was designed to assist the CoC approved cancer registries with their follow-up activities. The program will ask the user the Facility Number, the Accession Number, and Sequence Number. Once this information is validated in the FCDS master file, the program will retrieve the Vital Status, the Date of Last Contact or Date of Death, and the Cause of Death for that patient. The users that already have Web-based Report Access will automatically have access to the Follow-up Inquiry program. As the Facility Administrator or Cancer Registry Manager, if you wish other users to have access to the Follow-up Inquiry program, please complete the two forms attached, The FCDS IDEA User Account Request Form and the Facility Level Data Access and Account Request memo.

## Types of Langerhans Cell Histiocytosis



Types of Langerhans Cell Histiocytosis (Class 1 above)				
Name/Diagnosis	ICD-O-3	Organ systems involved	Number of lesions	Reportable?
Langerhans cell histiocytosis, NOS Langerhans cell granulomatosis Histiocytosis X, NOS Langerhans cell granulomatosis Type II histiocytosis	9751/1	Not stated	Not stated	No
Langerhans cells histiocytosis, unifocal Langerhans cell granulomatosis, unifocal Langerhans cell histiocytosis, mono-ostotic Eosinophilic granuloma (solitary)	9752/1	Single (usually bone)	Single	No
Langerhans cell histiocytosis, Multifocal Langerhans cell histiocytosis, poly-ostotic Hand– Schuller-Christian disease [obs] Eosinophilic granuloma, multifocal	9753/1	Single (usually bone)	Multiple	No
Langerhans cell histiocytosis, disseminated Langerhans cell histiocytosis, generalized Letterer-Siwe disease Acute progressive histiocytosis X Nonlipid reticuloendotheliosis [obs] Progressive disseminated Langerhans cell histiocytosis Acute differentiated progressive histiocytosis Acute infantile reticuloendotheliosis Acute reticulosis of infancy	9754/3	Multiple (bones, skin, liver, spleen, lymph nodes)	Multiple	Yes

**Note:** Other terms used to describe syndromes considered to be Langerhans cell histiocytosis (LCH) include reticuloendotheliosis, Hashimoto-Pritzker syndrome, self-healing histiocytosis, and pure cutaneous histiocytosis (none of which are reportable).

**Source:** *Abstracting and Coding Guide for the Hematopoietic Diseases*: [http://training.seer.cancer.gov/ss\\_module08\\_lymph\\_leuk/pdfs/Abst%20Coding%20Guide%20Heme%20Diseases.pdf#xml=http://search01.imsweb.com/cgi-bin/twbsearch/pdffi.txt?query=langerhans&pr=srp&prox=page&rorder=750&rprox=750&rdfreq=500&rwfreq=250&rlead=750&sufs=2&order=r&cq=&cid=431ee54b7](http://training.seer.cancer.gov/ss_module08_lymph_leuk/pdfs/Abst%20Coding%20Guide%20Heme%20Diseases.pdf#xml=http://search01.imsweb.com/cgi-bin/twbsearch/pdffi.txt?query=langerhans&pr=srp&prox=page&rorder=750&rprox=750&rdfreq=500&rwfreq=250&rlead=750&sufs=2&order=r&cq=&cid=431ee54b7)



# News & Information

## FCDS CODING RULES FOR STATE GEOCODE, COUNTY AND ZIP CODE FOR CURRENT ADDRESS AND ADDRESS AT DIAGNOSIS:

### For Current Address:

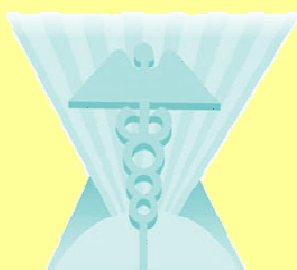
1. In Florida
  - a. State Geocode = 035
  - b. County Code = 11-77
  - c. Zip Code = Valid Zip Code within County
2. Out of State/US Possession
  - a. State Geocode = Valid Geocode for State
  - b. County Code = 88
  - c. Zip Code = Valid Zip Code for State/US Possession
3. Out of Country
  - a. State Geocode = Valid Geocode for Country
  - b. County Code = 90
  - c. Zip Code = 88888 (Other than Canada) 99999 (Canada) – Upload will convert Canadian Format to 99999

### For Address at Diagnosis:

1. In Florida
  - a. State Geocode = 035
  - b. County Code = 11-77 or 99 (Unknown)
  - c. Zip Code = Valid Zip Code within County or 99999 (Unknown)
2. Out of State/US Possession
  - a. State Geocode = Valid Geocode for State or 999 (Unknown)
  - b. County Code = 88
  - c. Zip Code = Valid Zip Code for State/US Possession or 99999 (Unknown)
3. Out of Country
  - a. State Geocode = Valid Geocode for Country or 999 (Unknown)
  - b. County Code = 90
  - c. Zip Code = 88888 (Other than Canada) 99999 (Canada) – Upload will convert Canadian Format to 99999

## FCDS Coding Rules

**NAACCR  
Version  
11**



*Continued from page 3*

EDIT #	EDIT DESCRIPTION
426	Invalid character(s) exist(s) in NAME—ALIAS
427	Invalid character(s) exist(s) in ADDR AT DX--SUPPLEMENTL
428	If RX Summ-Radiation = 1-5, then RX Text--Rad (BEAM) OR RX Text--Radiation Oth MUST NOT Be Blank
429	If RX Summ-Chemo = 01,02, or 03, then RX TEXT-CHEMO MUST NOT Be Blank
430	If RX Summ-Hormone = 01, then RX TEXT-HORMONE MUST NOT Be Blank
431	If RX Summ-BRM = 01, then RX Text-BRM MUST NOT Be Blank
432	If RX Summ-Other = 1-3, or 6, then RX TEXT-OTHER MUST NOT Be Blank



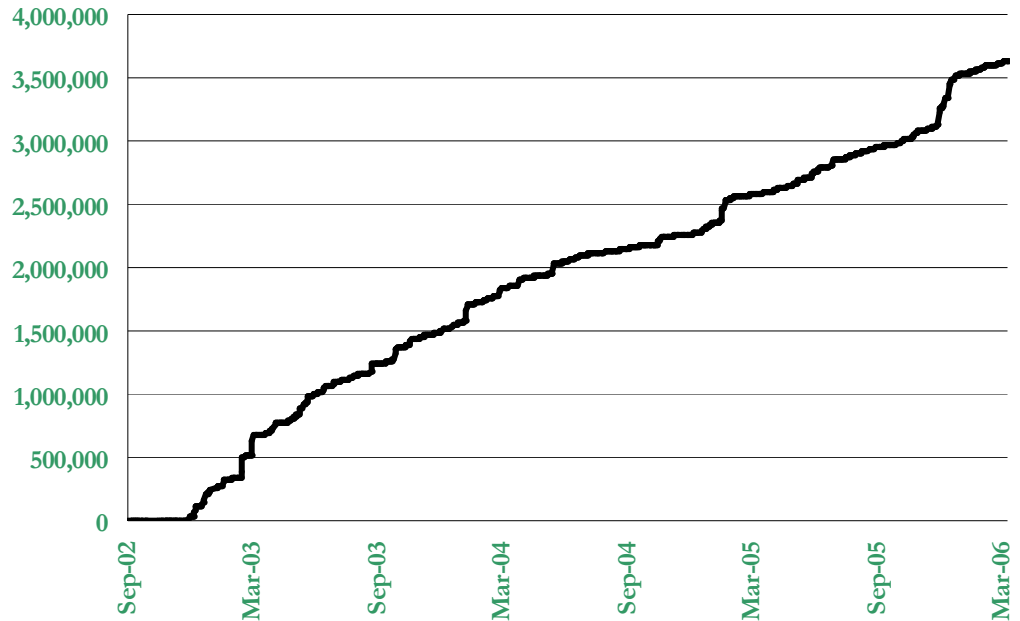


# Florida Cancer Data System Pathology Labs & Radiation Therapy Centers Reporting

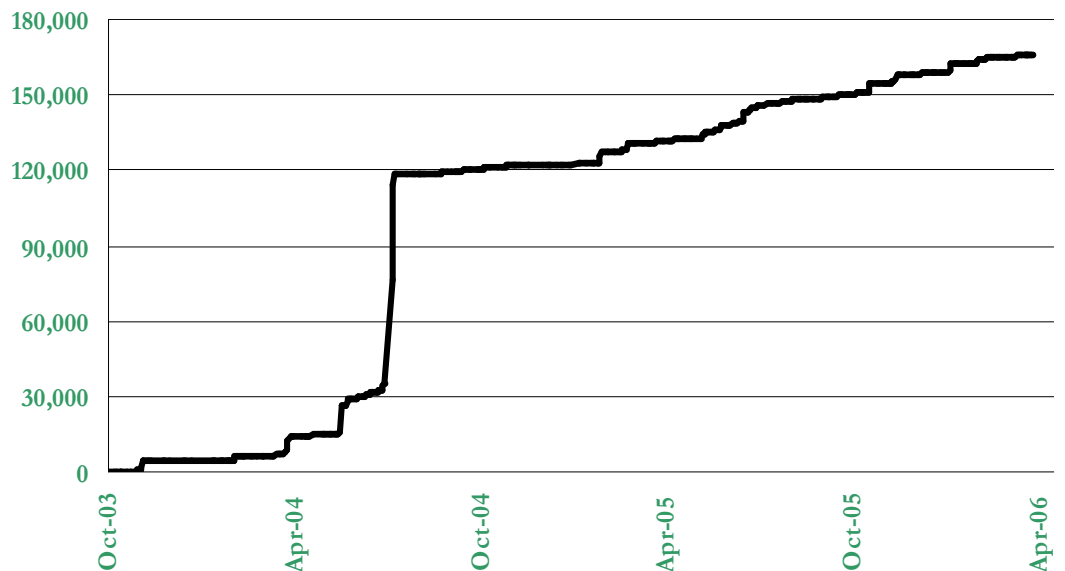


## News & Information

Path



Radiation





# News & Information



**USF  
College  
of  
Public Health  
Names  
FCDS  
Project Director  
2006  
Florida  
Outstanding  
Woman in  
Public Health**

The Florida Cancer Data System's Project Director Lora E. Fleming, M.D., Ph.D., was named Florida's Outstanding Woman in Public Health for 2006 by the University of South Florida College (USF) of Public Health. The College bestows the award each year to a woman whose career accomplishments and leadership have contributed significantly to the field of public health in Florida. Dr. Fleming was honored at an awards ceremony on Wednesday, April 5, at the USF College of Public Health Auditorium in Tampa, Florida.

Dr. Fleming is a professor in the Department of Epidemiology and Public Health at the University of Miami's Miller School of Medicine

and holds a joint appointment in the Rosenstiel School of Marine and Atmospheric Science. She earned a joint MD-MPH degree from Harvard Medical School and Harvard School of Public Health. She completed her residency in family practice at Montefiore Hospital in Bronx, NY, and earned a PhD in epidemiology from Yale School of Public Health.

"Dr. Fleming is never too busy to field anxious 'cold' calls from workers or other community members concerned about asbestos work-site exposures or possible local cancer cluster in the state. Her advice is always scientifically-based, clearly delivered and never patronizing," said David Lee, PhD, a colleague at the University of

Miami School of Medicine who has worked with Dr. Fleming on several studies funded by the National Institute for Occupational Safety and Health and other agencies.

The Florida Outstanding Woman in Public Health Award was initiated by USF in 1988, and nominations are solicited from public health practitioners across the state.

*Source: USF College of Public Health News (<http://publichealth.usf.edu/news.html>), Association of Schools of Public Health ([http://www.asph.org/fridayletter/article\\_view.cfm?FLE\\_Index=3531&FL\\_Index=1407](http://www.asph.org/fridayletter/article_view.cfm?FLE_Index=3531&FL_Index=1407)), and University of Miami Leonard M. Miller School of Medicine E-Update, April 25, 2006 (<http://e-update.med.miami.edu>).*

## Congratulations to Florida's Newest Certified Tumor Registrars

**FLORIDA'S  
NEW  
CERTIFIED  
TUMOR  
REGISTRARS**



Gary M. Levin	- Coral Springs, FL
Adela M. Douglas	- Hollywood, FL
Paulo Pinheiro, MDPS	- Miami, FL
Melissa K. Blakley	- Orange City, FL
Kimberly A. Gavin	- Ormond Beach, FL
Shamblin Mary Knight	- St. Petersburg, FL
Leah R. Gnauck	- Seminole, FL
Kioka T. Walcott	- Tampa, FL
Rhonda L. Buchenhain	- Wesley Chapel, FL
Pamela D. Gant	- Winter Haven, FL



# News & Information

For Immediate Release  
Office of the Press Secretary  
March 29, 2006

## Cancer Control Month, 2006

*A Proclamation by the President of the United States of America*

During National Cancer Control Month, we continue the fight against cancer and work to reduce the risk of this deadly disease among our citizens.

Cancer survival rates are increasing, with approximately 10 million survivors in the United States. New understanding of diseases, better diagnostic tools, and innovative treatments help provide hope and healing to those who have been diagnosed with cancer. Across our country, cancer patients are living longer and fuller lives.

Despite these advances, cancer is still the second leading cause of death in our country, and some cancers, such as breast, prostate, lung, leukemia, and melanoma, continue to be too prevalent. By increasing public awareness and encouraging people to take appropriate steps to protect themselves, we can help prevent certain types of cancer. Individuals can reduce the risk of developing the disease by avoiding tobacco and excessive alcohol and by making healthy lifestyle choices. These include eating well, exercising regularly, and avoiding significant weight gain. I also encourage all Americans to get regular preventive screenings and speak with a health care provider about additional ways to reduce the risk of developing cancer.

My Administration is dedicated to furthering our progress in the fight against cancer. We lead the world in cutting edge medical research, and I have requested \$5.9 billion in my fiscal year 2007 Budget for cancer-related activities within the Department of Health and Human Services. America will continue to aggressively fight cancer, encourage innovative research, and spread hope to those affected.

As we observe Cancer Control Month, I commend the strength and courage of cancer survivors, whose perseverance is an inspiration to all Americans. Our Nation is grateful for the generosity and skill of our medical professionals. These healers, along with the loving family members and friends of cancer patients, reflect the compassionate spirit of our people and help build a healthier future for our citizens. Cancer can be prevented, treated, and defeated, and we will continue to strive to reach the day when the battle to beat cancer has been won.

In 1938, the Congress of the United States passed a joint resolution (52 Stat. 148; 36 U.S.C. 103) as amended, requesting the President to issue an annual proclamation declaring April as "Cancer Control Month."

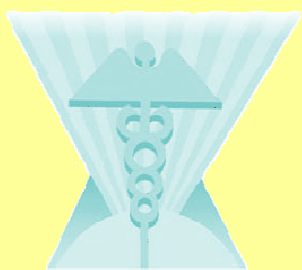
NOW, THEREFORE, I, GEORGE W. BUSH, President of the United States of America, do hereby proclaim April 2006 as Cancer Control Month. I encourage citizens, government agencies, private businesses, nonprofit organizations, and other interested groups to join in activities that will increase awareness of how to prevent and control cancer.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-ninth day of March, in the year of our Lord two thousand six, and of the Independence of the United States of America the two hundred and thirtieth.

GEORGE W. BUSH



April 2006  
Cancer  
Control Month





# Q & A Section



## Q/c Corner

By: Sarah Manson, BS, RHIT, CTR,

### Question:

When abstracting craniopharyngiomas, do we code these to craniopharyngeal duct which for ICD-O is C75.2 under endocrine glands or to the brain ICD-O = C71.9?

### Answer:

Craniopharyngiomas can occur anywhere along the embryologic tract of the craniopharyngeal duct (third ventricle, sella turcica, and even the pharynx). Unless there is a more specific description of the location of the craniopharyngioma, use the default code listed in ICD-O-3 for craniopharyngioma, which is C75.2. Curator

### Source:

ICD-O 3 page(s) expert was used as the resolution source.

### Question:

Histology/Behavior Code--Thyroid: What code is used to represent the histology "micropapillary carcinoma" of the thyroid?

### Discussion:

The ICD-O-3 includes "micropapillary intraductal (C50.\_)" [8507/2], "micropapillary serous (C56.9)" [8460/3] and "micropapillary transitional cell (C67.\_)" [8131/3] but does not seem to include a micropapillary code for a thyroid primary.

### Answer:

Code the Histology field to 8507/3 [micropapillary carcinoma]. According to rule H, the topography code listed in the ICD-O is disregarded if the tumor is known to arise in another site. In this case, the site is thyroid [C73.9] so the topography code of breast [C50.\_] can be disregarded for this histology. Apply the matrix principle to change the Behavior Code from 2 to 3.

### Source:

ICD-O-3 ; pgs 29, 32 (Rule F, Rule H)



## Education and Training



# Education and Training

## FCDS Teleconference Series

On Thursday, June 1st, 2006, FCDS will host a phone conference entitled FCDS Implementation of the NAACCR Version 11 Record Layout. The teleconference will be free of charge.

The call in Information is as follows:

**Date:** Thursday, June 1st, 2006  
**Time:** 2:00 p.m. – 4:00 p.m. EST  
**Dial In Number:** (877) 807-5706  
**Participant Code:** 383021

A PowerPoint slide presentation will be available on the FCDS Website, <http://www.fcds.med.miami.edu>, as an adjunct to the conference, as well as the instructions to access the system for the Question and Answer session at the end of the presentation. 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.

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### NAACCR CANCER REGISTRY DATA COLLECTION AND MANAGEMENT INSTITUTE

**Hosted by:**

**The Massachusetts Cancer Registry**

May 23-24, 2006

John Hancock Conference Center,  
40 Trinity Place,  
Boston, MA

#### **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.

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





# Education and Training

## PRESS RELEASE

### **FOR IMMEDIATE RELEASE**

March 24, 2006

Contact: Michael Hechter, Programs Director

National Cancer Registrars Association

Telephone (703) 299-6640 Email: [ctrexam@ncra-usa.org](mailto:ctrexam@ncra-usa.org)



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### **NCRA's Council on Certification Announces Changes to Exam Content Outline and Eligibility**

National Cancer Registrars Association's Council on Certification recently announced future changes to the Certified Tumor Registrar (CTR®) examination. The new Exam Content Outline and Weighting will be implemented for the 2007 certification exams; all 2006 CTR Exams will continue to follow the existing Exam Content.

The new Exam Content Outline will feature three subject areas (Registry Organization & Operation; Abstracting, Coding, & Follow-up; and Data Analysis & Interpretation) compared to the current seven subject areas. No new subject areas were added; rather subject areas were either combined or renamed. Further, the open book portion (Data Analysis & Interpretation) will be weighted 4% more – 20% of the CTR Exam.

All changes were based on NCRA's Council on Certification's Job Task Analysis successfully conducted in summer 2003. The Exam Content Outline and Weighting changes will take effect for the 2007 CTR Exams.

**For further details on Exam Content Outline and Weighting, please refer to:**

<http://www.ctrexam.org/pdfs/ContentOutline07.pdf>.

New Eligibility Routes will be phased-in starting with the 2008 certification exams; the current Eligibility Routes will continue for the 2006-2007 CTR Exams. NCRA's Council on Certification reviewed NCRA's Workforce Study, other feedback from the profession and the current eligibility criteria seeking baseline criteria for candidates to sit for the certification exam.

Changes will affect current Eligibility Routes 1 and 2. By 2010, all eligible Exam candidates will be required to have a minimum of an Associate's Degree in an allied health field.

For more detailed Exam Eligibility Route information, please refer to:

<http://www.ctrexam.org/pdfs/Eligibility2008.pdf>

National Cancer Registrars Association's Council on Certification evaluates individuals requesting certification as Certified Tumor Registrars (CTRs), and other certifications as approved by the Council, and to establish, oversee and administer the mechanisms to accomplish this purpose.

<http://www.ctrexam.org>

National Cancer Registrars Association  
1340 Braddock Place, Suite 203, Alexandria, Virginia 22314  
Tel (703) 299-6640 • Fax (703) 299-6620 • [www.ncra-usa.org](http://www.ncra-usa.org)



## **Changes to Exam Content Outline and Eligibility**





# 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





# Deadlines & Reminders



# Deadlines & Reminders

## SERIOUSLY DELINQUENT LETTER

Facilities that have 55% or less of their 2005 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 2006 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 to complete the reporting. Facilities failing to meet state cancer reporting requirements by June 30, 2006 will be referred to the Florida Department of Health.

FCDS continues to work with individual facilities under extenuating circumstances. Please contact your Field Coordinator immediately at (305) 243-4600 to discuss your plans to meet the reporting deadline of June 30, 2006.

## QUARTERLY ACTIVITY REPORTS FOR JANUARY THROUGH MARCH 2006

FCDS generated the Quarterly Activity Reports for the first quarter of 2006, January through March. The reports were mailed the second week of April. All reporting facilities are expected to be 75% complete reporting their 2005 cancer cases.

## 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.

## 2004 DEATH CERTIFICATE NOTIFICATION PROCESS

The FCDS staff is currently working on the Death Certificate Clearance process for the 2004 hospital and non-hospital deaths. The 2004 FCDS Mortality Follow Back Request Forms will be mailed to reporting facilities the second week of June 2006. The missed cases found through this process and all follow-back forms will be required to be reported and returned by mid-August 2006. All cases submitted on or after July 1st, 2006 will need to be in the NAACCR Version 11 record layout.

If you have any questions, please contact FCDS at (305) 243-4600.





The **FCRA/FCDS TASK FORCE** is actively working on many issues that all registrars are facing. If you have any questions, issues, or suggestions that you would like the task force to review please email them to [taskforce@fcra.org](mailto:taskforce@fcra.org).

The task force meets the first Thursday of each month and will respond back to your inquiries as quickly as possible.



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## Florida Cancer Data System

# Cancer Reporting Completeness Report

### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF APRIL 30, 2006

Total number of New Cases added to the FCDS Master file in April 2006: **11,175**

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	92,676	2,729	426	0	313	Pending	69,144	10,263
2004	150,435	4,452	2,624	0	688	Pending	158,199	800
2003	148,439	5,155	3,058	488	681	2,706	160,527	112

		Actual	Expected
% Complete for:	2005	63%	83%
	2004	100%	100%
	2003	100%	100%

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

