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 NAACR VERSION 11** (REVISED 5/22/2006; 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**

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**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

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**FLORIDA CANCER DATA SYSTEM**

**June 2006 Monthly Memo**

**FCDS 2006**

July 27-28, 2006
Embassy Suites Hotel- Fort Myers
Estero, FL

**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
UM-Miller School of Medicine
P.O. Box 016960 (D4-11)
Miami, FL 33101

Attn: Bleu Thompson

For more information:
http://fcds.med.miami.edu
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, The FCDS IDEA User Account Request Form and the Facility Level Data Access and Account Request memo.

NEW - FOLLOW-UP INQUIRY PROGRAM

<table>
<thead>
<tr>
<th>PROCESS OBJECTIVES</th>
<th>TENTATIVE TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and design changes required to database and software to move from NAACCR V10.2 to V11</td>
<td>February 2006 (Completed)</td>
</tr>
<tr>
<td>Assessment of impact of updating to V11. Report will show impact on data collection by the hospital registrars.</td>
<td>March 1, 2006 (Completed)</td>
</tr>
<tr>
<td>Release the FCDS 2006 Implementation Guideline for NAACCR V11 for NAACCR Metafile 11A.</td>
<td>April 7th, 2006 (Completed)</td>
</tr>
<tr>
<td>Plan implementation schedule, setup teleconference with vendors/registrars to discuss implementation schedule and software requirements.</td>
<td>May 2006 (Completed)</td>
</tr>
<tr>
<td>Release the FCDS 2006 Implementation Guideline for NAACCR V11 for NAACCR Metafile 11B.</td>
<td>May 22nd, 2006 (Completed)</td>
</tr>
<tr>
<td>Version 11 Implementation Teleconference for all registrars and vendors. Follow up conference call by posting to the web a document summarizing what was discussed and agreed upon during teleconference.</td>
<td>June 1st, 2006 2:00PM</td>
</tr>
<tr>
<td>Alter Database, modify and test all Central Registry software for required changes to the NPCR required data set.</td>
<td>Schedule completion June 15th, 2006</td>
</tr>
<tr>
<td>Revise and distribute to all cancer record abstractors and cancer registry software vendors all pertinent pages of revised FCDS Data Acquisition Manual and software enhancement requirements to accommodate the revised NPCR required data set.</td>
<td>Schedule completion June 15th, 2006</td>
</tr>
<tr>
<td>Finish all V10.2 processing but allow uploading of V11 data during this time-frame. Once processing complete convert all data and implement updated modules.</td>
<td>Scheduled for July 1st through July 16th, 2006</td>
</tr>
<tr>
<td>Begin collecting the revised NPCR required data set.</td>
<td>Scheduled to begin collecting on July 17th, 2006 all records regardless of diagnosis date in Version 11 format. All attempts will be made to start processing earlier than July 17th, 2006.</td>
</tr>
</tbody>
</table>

Updated May 22nd, 2006
Question:
Reportability--Brain and CNS: Is an "intradural extramedullary schwannoma (neurilemoma)" reportable?

Example: Pt underwent laminectomy and excision of intradural extramedullary tumor. Many schwannomas located in the spinal area arise in a nerve root (non-reportable site). Do we assume that all schwannomas along the spinal column occur in nerve roots (and thus are not reportable) or do we accession this case because the tumor was intradural? Is there a default decision for tumors described as intradural extramedullary tumors, NOS?

Answer:
This case is not reportable. According to an expert consultant, schwannomas must be derived from Schwann cells which are not a part of the CNS, so they must all come from peripheral nerves, thus they all come from nerve roots and as such are NOT REPORTABLE.

Please see http://www.cdc.gov/cancer/npcr/training/index.htm for more information.

Reference:
1. ICD-O-3
2. NPCR Website (http://www.cdc.gov/cancer/npcr)

Question:
Histology--Corpus uteri: How should histology be coded on this endometrial case?

The path report for the TAH stated the endometrium contained an endometrial polyp measuring 6x3x3cm. Within the polyp there was endometrial carcinosarcoma (Malignant Mixed Mullerian tumor), endometrial adenocarcinoma, and some areas of high grade spindle sarcoma. There is no myometrial invasion by the tumor. (The Endometrial bx before surgery was positive for Malignant Mixed Mullerian tumor.)

Answer:
Assign code 8980 [Carcinosarcoma, NOS]. According to the WHO Classification of tumors, Malignant mullerian mixed tumor is a synonym for carcinosarcoma and carcinosarcoma is now the preferred terminology rather than malignant mixed Mullerian tumor.

Carcinosarcoma is has both malignant epithelial and mesenchymal components. The epithelial component is usually glandular (adenocarcinoma in this case). The mesenchymal component is usually sarcoma (as in this case).

Reference:
1. WHO Class of Female Gen Tumors ;pgs 245 (2003)
2. ICD-O-3
The North American Association of Central Cancer Registries (NAACCR) is presenting a series of web seminars (webinars) for cancer data collectors. A webinar includes a presentation by an instructor with an audio portion (telephone) and a visual portion (computer through the Internet). Both are needed to participate in this interactive education, although in many locations the connection allows multiple participants to attend for one low cost! Participants are able to ask questions and answers will be provided during the session.

Course Description:

Each webinar will address cancer data collection for a specific site and will include information on anatomy, multiple primary and histology coding rules, collaborative staging, and treatment data items as required by the American College of Surgeons (ACoS) Commission on Cancer (CoC). Didactic exercises will be completed and answers with rationale will be presented. There will also be a question and answer session.

Tentative Schedule:

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2006</td>
<td>Abstracting Head and Neck Cancer Incidence and Treatment Data</td>
</tr>
<tr>
<td>December 2006</td>
<td>Abstracting Central Nervous System Tumor Incidence and Treatment Data</td>
</tr>
<tr>
<td>January 2007</td>
<td>Abstracting Urinary System Cancer Incidence and Treatment Data</td>
</tr>
<tr>
<td>February 2007</td>
<td>Abstracting Lymphoma Cancer Incidence and Treatment Data</td>
</tr>
<tr>
<td>March 2007</td>
<td>Abstracting Colon and Rectum Cancer Incidence and Treatment Data</td>
</tr>
<tr>
<td>May 2007</td>
<td>Abstracting Prostate Cancer Incidence and Treatment Data</td>
</tr>
<tr>
<td>June 2007</td>
<td>Abstracting Lung Cancer Incidence and Treatment Data</td>
</tr>
<tr>
<td>September 2007</td>
<td>Abstracting Breast Cancer Incidence and Treatment Data</td>
</tr>
</tbody>
</table>

Webinar series includes: Eight webinars and each will be four hours long. The series will begin in October 2006 and end in September 2007.

Subscriptions: Only $800 to subscribe to the entire series. Limited availability in each of the webinars can be purchased for $175 per session after the subscription period closes.

Registration Period: June 1, 2006 through August 15, 2006.

Contact the NAACCR program manager of education and training, Shannon Vann, CTR, at svann@naaccr.org or 315/682-6543 for answers to your questions about the webinar series. For more information about training opportunities through NAACCR, Inc., check the NAACCR website at www.naaccr.org.
CDC-NPCR How to Collect High Quality Cancer Surveillance Data Webinars

The following webinars are available on the NAACCR website at http://www.naaccr.org/index.asp?Col_SectionKey=10&Col_ContentID=82.

- Colon (WebEx player)
- Prostate (WebEx player)
- Breast (WebEx player)
- Lung (WebEx player)

Note: In order to view the webinar files on your computer, you must first have the WebEx player installed. Download from the NAACCR web-site.

PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS

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.
FCDS VERSION 11 IMPLEMENTATION SCHEDULE

FCDS will be converting the existing database to the new NAACCR Version 11 record layout according to national standards for data collection. All the cases after the conversion, regardless of their admission or diagnosis date (including “historical” cases), must be submitted to FCDS in the Version 11 format. In the new format, FCDS will be collecting thirteen additional fields. These fields are listed below. There will also be new edit checks to validate the newly collected fields. In addition, all reporting facilities that use a software vendor to submit data to FCDS through the FCDS upload program will be required to upload ten cases as a test and mail along to FCDS printouts of the uploaded cases for approval. The test is to assure that the cases are being submitted in the correct Version 11 record layout. Those facilities that use the FCDS IDEA single entry program will not be required to submit test cases. Please refer to the time table below. FCDS will make every attempt to get all the conversion worked out before the scheduled date in order to be able to process data sooner. Should you have any questions, please contact Meg Herna at 305-243-2625.

**FCDS conversion time table**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 30, 11:00pm</td>
<td>Annual Reporting Deadline</td>
</tr>
<tr>
<td>July 3</td>
<td>FCDS IDEA Single Entry program will be available in the Version 11 format</td>
</tr>
<tr>
<td></td>
<td>Facilities using a software vendor to submit cases to FCDS will be able to upload 10 test cases for approval (Field Coordinators must have the hard copy of the test cases for approval)</td>
</tr>
<tr>
<td></td>
<td>Approved facilities will be able to upload regular cases</td>
</tr>
<tr>
<td>July 3 -16</td>
<td>FCDS will accept data, but it will not be processed by the Field Coordinators</td>
</tr>
<tr>
<td>July 7, 5:00pm</td>
<td>Field Coordinators will complete the process of all the data submitted in Version 10.2</td>
</tr>
<tr>
<td>July 7, after 5:00pm</td>
<td>FCDS will convert the database to the Version 11 format</td>
</tr>
<tr>
<td></td>
<td>FCDS will implement new edit checks</td>
</tr>
<tr>
<td>July 17</td>
<td>The Field Coordinators will begin processing the cases in the Version 11 format.</td>
</tr>
</tbody>
</table>

**Version 11 New Fields**

- RX SUMM--SURG/RAD SEQ
- RAD--REGIONAL RX MODALITY
- RX SUMM--SYSTEMIC SUR SEQ
- NAME--ALIAS
- ADDR AT DX--SUPPLEMENTL
- TEXT--PRIMARY SITE TITLE
- TEXT--HISTOLOGY TITLE
- RX TEXT--RADIATION (BEAM)
- RX TEXT--RADIATION OTHER
- RX TEXT--CHEMO
- RX TEXT--HORMONE
- RX TEXT--BRM
- RX TEXT--OTHER
**NO FAXES**

FCDS will not accept faxed documentation for cases requiring an edit override (FORCE) during the last week of June. We understand that Florida Registrars, in an attempt to meet their reporting requirements, would like to be able to fax to FCDS their documentation for forces to speed up the process; however, we ask that you plan your case reporting and the submission of corrections with ample time to avoid any last minute rush.

**NO ABSTRACT REVIEW FOR NEW ABSTRACTORS**

During the month of June, FCDS will not be reviewing paper abstracts from new abstractors for approval. FCDS will keep the abstracts for review and approval after July 1st, 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 January 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 1, 2006 will need to be in the NAACCR Version 11 record layout.

If you have any questions, please contact your field coordinator at (305) 243-4600.
**Florida Cancer Data System**

**Cancer Reporting Completeness Report**

**TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF MAY 31, 2006**

Total number of New Cases added to the FCDS Master file in May 2006: **18,889**

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>109,848</td>
<td>2,995</td>
<td>482</td>
<td>0</td>
<td>404</td>
<td>Pending</td>
<td>113,729</td>
<td>17,479</td>
</tr>
<tr>
<td>2004</td>
<td>150,788</td>
<td>4,591</td>
<td>2,934</td>
<td>0</td>
<td>701</td>
<td>Pending</td>
<td>159,014</td>
<td>797</td>
</tr>
<tr>
<td>2003</td>
<td>148,914</td>
<td>5,293</td>
<td>3,055</td>
<td>488</td>
<td>682</td>
<td>2,678</td>
<td>161,110</td>
<td>613</td>
</tr>
</tbody>
</table>

% Complete for:

- **2005**: 75%  
- **2004**: 100%  
- **2003**: 100%

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