

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 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**

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

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>

Annual Meeting



News & Information

FCDS TENTATIVE V10.2 TO V11 IMPLEMENTATION SCHEDULE

PROCESS OBJECTIVES:	TENTATIVE TIMELINE
Review and design changes required to database and software to move from NAACCR V10.2 to V11	February 2006 (Completed)
Assessment of impact of updating to V11. Report will show impact on data collection by the hospital registrars.	March 1, 2006 (Completed)
Release the FCDS 2006 Implementation Guideline for NAACCR V11.	March 1st, 2006 (Completed)
Release the FCDS 2006 Implementation Guideline for NAACCR V11 for NAACCR Metafile 11A.	April 7th, 2006 (Completed)
Plan implementation schedule, setup teleconference with vendors/registrars to discuss implementation schedule and software requirements.	May 2006 (Completed)
Release the FCDS 2006 Implementation Guideline for NAACCR V11 for NAACCR Metafile 11B.	May 22nd, 2006 (Completed)
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.	June 1st, 2006 2:00PM
Alter Database, modify and test all Central Registry software for required changes to the NPCR required data set.	Schedule completion June 15th, 2006
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.	Schedule completion June 15th, 2006
Require cancer registry software vendors to meet revised NPCR required data set. Cease collection of NAACCR V10.2.	Scheduled implementation on July 1st, 2006.
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	Scheduled for July 1 st through July 16 th , 2006
Begin collecting the revised NPCR required data set.	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.

Updated May 22nd, 2006



NAACCR V. 11 RECORD LAYOUT:

Updated May 22nd, 2006

****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, The FCDS IDEA User Account Request Form and the Facility Level Data Access and Account Request memo.

Continued on page 8



Q/C Corner

By: Sarah Manson, BS, RHIT, CTR

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>)

Q & A Section

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 spinde 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



Education and Training

ABSTRACTING CANCER INCIDENCE AND TREATMENT DATA Hospital Tumor Reporting Webinar Series

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:

DATE	TITLE
October 2006	Abstracting Head and Neck Cancer Incidence and Treatment Data
December 2006	Abstracting Central Nervous System Tumor Incidence and Treatment Data
January 2007	Abstracting Urinary System Cancer Incidence and Treatment Data
February 2007	Abstracting Lymphoma Cancer Incidence and Treatment Data
March 2007	Abstracting Colon and Rectum Cancer Incidence and Treatment Data
May 2007	Abstracting Prostate Cancer Incidence and Treatment Data
June 2007	Abstracting Lung Cancer Incidence and Treatment Data
September 2007	Abstracting Breast Cancer Incidence and Treatment Data

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.



Hospital Tumor Reporting Webinar Series





CDC-NPCR Webinars



Education and Training

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



A.Fritz and Associates

Preparing Cancer Registry Professionals for the Future

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>.



Deadlines & Reminders

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

June 30, 11:00pm

- Annual Reporting Deadline

July 3

- FCDS IDEA Single Entry program will be available in the Version 11 format
- 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)
- Approved facilities will be able to upload regular cases

July 3 -16

- FCDS will accept data, but it will not be processed by the Field Coordinators

July 7, 5:00pm

- Field Coordinators will complete the process of all the data submitted in Version 10.2

July 7, after 5:00pm

- FCDS will convert the database to the Version 11 format
- FCDS will implement new edit checks

July 17

- The Field Coordinators will begin processing the cases in the Version 11 format.

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

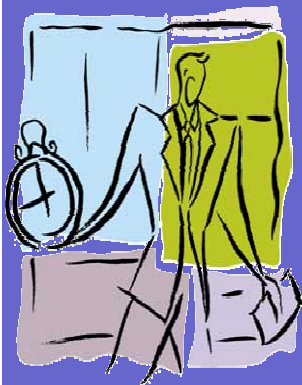
RX TEXT--CHEMO

RX TEXT--HORMONE

RX TEXT--BRM

RX TEXT--OTHER

Deadlines & Reminders





Deadlines & Reminders



Deadlines & Reminders



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.



News & Information

ADDITIONAL FCDS EDITS- EFFECTIVE DATE JULY 1, 2006

Edit 433	Laterality cannot = 9 for this CS Extension
Edit 434	Laterality cannot = 4 for this CS Extension
Edit 435	If Primary Site = C670-C679 and Surgery of Primary Site = 10-27, then CS TS/EXT Eval must = 1
Edit 436	If Primary Site = C500-C509 and SSF6 = 010, then Behavior must = 2
Edit 437	If Primary Site = C500-C509 and SSF6 = 000, then Behavior must = 3
Edit 438	If Morphology = 9421 (Pilocytic/Juvenile astrocytoma), then Behavior must = 3
Edit 439	If Surgery of Primary Site is between 10 and 90 then RX Text – SURGERY MUST NOT Be Blank

TEXT FIELDS

The following text fields will be **REQUIRED** in Version 11 and documentation will need to be entered:

TEXT - PLACE OF DIAGNOSIS	TEXT – DX PROC – OP
TEXT - DX PROC - PE	TEXT – DX PROC – PATH
TEXT – DX PROC – X-RAY/SCANS	TEXT – STAGING
TEXT – DX PROC – SCOPES	TEXT – REMARKS
TEXT – DX PROC – LAB TESTS	

FLC Florida Cancer Data System

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FCRA/FCDS Taskforce

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.

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

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.

ADMISSION YEAR	HOSPITAL	RADIATION	AMBI/SURG	PHYSICIAN OFFICE	DERM PATH	DCO	TOTAL CASES	NEW CASES
2005	109,848	2,995	482	0	404	Pending	113,729	17,479
2004	150,788	4,591	2,934	0	701	Pending	159,014	797
2003	148,914	5,293	3,055	488	682	2,678	161,110	613

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2005	75%	91%
	2004	100%	100%
	2003	100%	100%

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

