



Happy Fourth of July

WHAT'S NEW:

The following information is currently available on the FCDS website.

- FLORIDA DEPT. OF HEALTH MEDICAL LICENSE SEARCH USEFUL FOR CASE FOLLOW-UP
- TYPE OF REPORTING SOURCE NAACCR ITEM #500 - CODING INSTRUCTIONS
- ON-LINE REGISTRATION FOR THE FCDS ANNUAL CONFERENCE, JULY 27-28, 2006, AND BROCHURE
- FCDS 2006 IMPLEMENTATION GUIDE FOR NAACCR VER. 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 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)

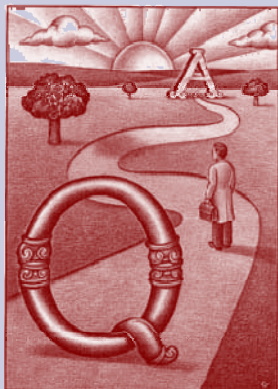
FCDS/University of Miami
Miller School of Medicine
1550 NW 10th Ave, Fox Bldg,
Room 410
Miami, FL 33136

Florida Cancer Data System

July 2006 Monthly Memo

FCDS Strikes Gold





Q & A Section



Q/C Corner

By: Sarah Manson, BS, RHIT, CTR

Question:

Grade, Differentiation--All Sites: What code is used to represent this field when there are invasive and in situ components in a tumor, but only the in situ component is graded (e.g., Invasive ductal carcinoma with high grade ductal carcinoma in situ)?

Answer:

Code the Grade, Differentiation field to 9 [Cell type not determined, not stated or not applicable]. The grade is taken from the invasive component only.

References:

SPCSM 2004; pgs 92

Florida DAM II – 31

Question:

Grade, Differentiation--All Sites: What code is used to represent this field when a pathology report describes a tumor as a low grade neoplasm consistent with a specific histologic type (e.g., Low grade neoplasm consistent with carcinoid)?

Answer:

Code the Grade, Differentiation field to 2 [Low grade].

References:

SPCSM 2004; pgs 97

Florida DAM II—32



Education and Training

NAACCR CTR Exam Readiness Institute

August 15-16, 2006

Nashville, Tennessee

GOALS

- Prepare eligible candidates to take the Certified Tumor Registrar (CTR) exam.
- Increase participants knowledge and understanding of
 - o Cancer registry organization and operation
 - o Anatomy, physiology, and histology
 - o Abstracting and coding
 - o Statistics and epidemiology
 - o Computer principles
 - o ICD-O-3
 - o Staging systems
 - Collaborative Staging
 - AJCC Cancer Staging, 6th Edition
- Answer participants questions about the CTR exam

Target Audience

- CTR eligible cancer registrars and cancer incidence reporters
- CTR eligible allied health professionals
- CTR eligible public health professionals
- Basic Knowledge/Skills/Prerequisites
- CTR Eligibility

For further details please contact:

Ms. Shannon Vann

Phone Number: (315) 682-6543

Fax: Number: (217) 698-0188

Email: svann@naaccr.org

Education and Training

NAACCR 2006 TOOLKIT WORKSHOP:

Technical Tools For Data Use And Research

September 25, 26, and 27th 2006

Willis Conference Center

Nashville, Tennessee

Topics Include:

Basic SEER*Stat, Advanced SEER*Stat, NAACCR Call for Data Refresher, NAACCR Method to Calculate Completeness, and Geographic Information Systems

Visit the NAACCR Website at www.naaccr.org for more details.

Sponsored by NAACCR and NCI



The National Cancer Registrars Association has an online education center.

NCRA's online education center is the premiere website providing online educational resources for Cancer Registrars.

The NCRA Online Education Center offers numerous education activities for all experiences levels, whether you are preparing for the CTR Exam or looking for CE opportunities to maintain your credential. You may also catch up on what you may have missed at NCRA's Annual Educational Conference by checking out the encore sessions section of the site.

You can visit their website at: <http://www.creducationcenter.org>





Education and Training

FLORIDA CANCER REGISTRARS ASSOCIATION CTR Examination Review & Basic Skills Workshops

AUGUST 24-25, 2006

SARASOTA MEMORIAL HOSPITAL

WALDERMERE BUILDING, CYPRESS ROOM

SARASOTA, FLORIDA

WORKSHOPS OBJECTIVES

CTR Exam Review Workshop: Purpose is to assist participants to prepare to write the Certification Examination for Cancer Registrars, to review the fundamentals of cancer data management and ACoS/Commission on Cancer Standards and to identify areas requiring concentrated study. Presentations will be based upon the Exam Contents outline identified in the Handbook for Candidates, distributed by the Professional Testing Corporation and the NCRA Council for Certification.

ATTENDEES MUST BRING THE FOLLOWING REFERENCES:

- International Classification of Diseases for Oncology - Third Edition (ICD-O 3rd Ed.)
- AJCC Cancer Staging Manual – 6th Ed.

ALSO RECOMMENDED TO BRING:

- Facility Oncology Registry Data Standards (FORDS)
- CoC Cancer Program Standards 2004

BASIC SKILLS WORKSHOP: Purpose is to introduce new cancer registrars to cancer registry functions and the skills required by these functions. Bringing the above references, especially ICDO-3 is strongly recommended but not required.

REGISTRATION DEADLINE: August 15, 2006

REGISTRATION FEE: \$100.00

For brochure and registration information please visit the FCRA website at::

<http://fcra.org/index.shtml>

Education and Training





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 an 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 12, 2006	Abstracting Head and Neck Cancer Incidence and Treatment Data
December 14, 2006	Abstracting Central Nervous System Tumor Incidence and Treatment Data
January 11, 2007	Abstracting Urinary System Cancer Incidence and Treatment Data
February 8, 2007	Abstracting Lymphoma Cancer Incidence and Treatment Data
March 8, 2007	Abstracting Colon and Rectum Cancer Incidence and Treatment Data
May 10, 2007	Abstracting Prostate Cancer Incidence and Treatment Data
June 14, 2007	Abstracting Lung Cancer Incidence and Treatment Data
September 13, 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.

Education and Training





News & Information



News and Information



FCDS IDEA SINGLE ABSTRACT ENTRY VERSION 11 MODULE

A new feature has been added to the FCDS IDEA Single Abstract Entry Version 11 module. The RX Summ- Surgery of Primary Site and all the Collaborative Staging fields now have list buttons. You will be able to select the site-specific surgery codes and the Collaborative Staging codes from the screen. FCDS recommends that you continue referring to your coding manuals for specific coding instructions, and not to rely only on the list buttons.

TYPE OF REPORTING SOURCE

CLARIFICATION

In response to all the questions and confusion surrounding the new coding of Type of Reporting Source (NAACCR data item #500), we have made the coding instructions available on the FCDS web-site under What's New. SEER has provided additional definitions and coding instructions.

TYPE OF REPORTING SOURCE

The Type of Reporting Source identifies the source documents used to abstract the case. This is not necessarily the original document that identified the case; rather, it is the source that provided the best information.

For example, if a case is identified through a pathology laboratory report review and all the source documents used to abstract the case are from the physician's office, code this data item 4.

Codes

1. Hospital inpatient; Managed health plans with comprehensive, unified medical records
2. Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)
3. Laboratory Only hospital-affiliated or independent)
4. Physician's Office/Private Medical Practitioner (LMD)
5. Nursing/Convalescent Home/Hospice

6. Autopsy Only
7. Death Certificate Only
8. Other hospital outpatient units/surgery centers

Note: When multiple source documents are used to abstract a case, use the following priority order to assign a code for Type of Reporting Source: 1, 2, 8, 4, 3, 5, 6, 7.

Definitions

Managed health plan: HMO or other health plan (e.g. Kaiser, Veterans Administration, military facilities) in which all diagnostic and treatment information is maintained centrally (in a unit record) and is available to the abstractor.

Physician office: Examinations, tests and limited surgical procedures may be performed in a physician office. If called a surgery center, but cannot perform surgical procedures under general anesthesia, code as a physician office.

Serial record: The office or facility stores information separately for each patient encounter.

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Surgery center: Surgery centers are equipped and staffed to perform surgical procedures under general anesthesia. Patient does not stay overnight.

Unit record: The office or facility stores information for all of a patient's encounters in one record with one record number.

CODE DEFINITIONS			
CODE	LABEL	SOURCE DOCUMENTS	PRIORITY
1	Hospital inpatient; Managed health plans with comprehensive, unified medical records	<ul style="list-style-type: none"> Hospital inpatient Offices/facilities with unit record HMO physician office or group HMO affiliated free-standing laboratory, surgery, radiation or oncology clinic Includes outpatient services of HMOs and large multi-specialty physician group practices with unit record.	1
2	Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)	<ul style="list-style-type: none"> Facilities with serial record (not a unit record) Radiation treatment centers Medical oncology centers (hospital affiliated or independent) There were no source documents from code 1.	2
3	Laboratory Only (hospital-affiliated or independent)	Laboratory with serial record (not a unit record) There were no source documents from codes 1, 2, 8, or 4.	5
4	Physician's Office/Private Medical Practitioner (LMD)	<ul style="list-style-type: none"> Physician's office that is NOT an HMO or large multi-specialty physician group practice. There were no source documents from codes 1, 2 or 8.	4
5	Nursing/Convalescent Home/Hospice	<ul style="list-style-type: none"> Nursing or convalescent home or a hospice. There were no source documents from codes 1, 2, 8, 4, or 3.	6
6	Autopsy Only	<ul style="list-style-type: none"> Autopsy The cancer was first diagnosed on autopsy. There are no source documents from codes 1, 2, 8, 4, 3, or 5.	7
7	Death Certificate Only	<ul style="list-style-type: none"> Death certificate Death certificate is the only source of information; follow-back activities did not identify source documents from codes 1, 2, 8, 4, 3, 5 or 6. If another source document is subsequently identified, the Type of Reporting Source code must be changed to the appropriate code in the range of 1, 2, 8, 4, 3 or 6.	8
8	Other hospital outpatient units/surgery centers	<ul style="list-style-type: none"> Other hospital outpatient units/surgery centers. Includes, but not limited to, outpatient surgery and nuclear medicine services. There are no source documents from codes 1 or 2.	3

News
and
Information



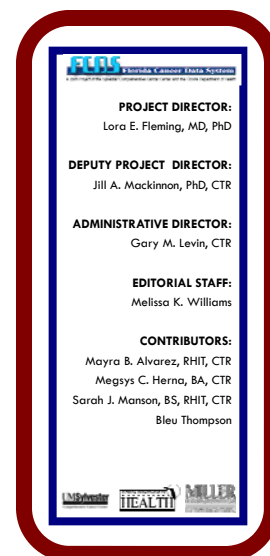


Deadlines & Reminders

JUNE 30TH DEADLINE

Facilities failing to meet the reporting requirement deadline of June 30th, 2006 will be reported to the Florida Department of Health (DOH) in July.

If you feel that your facility will be late in reporting cancer cases to FCDS, please take this time to evaluate the reporting needs of your facility. Please contact FCDS in writing suggesting an action plan that can be used to bring your facility into compliance. FCDS will forward your action plan to the DOH should your facility be found to be delinquent on July 1st, 2006.



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 JUNE 29, 2006

Total number of New Cases added to the FCDS Master file in June 2006: **32,432**

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	138,807	4,113	534	0	451	Pending	143,923	29,981
2004	151,383	5,750	3,001	0	702	Pending	160,841	1,806
2003	149,539	5,315	3,057	488	682	2,677	161,758	645

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2005	95%	100%
	2004	100%	100%
	2003	100%	100%

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

