

## **WHAT'S NEW :**

The following information is currently available on the FCDS website.

- **INDEPENDENT CONTRACTOR LIST**  
(COMMA SEPARATED TEXT FILE)
- **HEALTHCARE PRACTITIONER REPORTING GUIDELINES OF NOTIFIABLE DISEASES OR CONDITIONS IN FLORIDA** (REVISED NOVEMBER 20, 2006)
- **REGISTER FOR THE FCDS JULY 26-27 ANNUAL MEETING IN TAMPA, FL!**
- **FCDS REGISTER VOL. 35**

## **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 2007 Monthly Memo**



## **News & Information**



## **Registrars Prepare For This Year's Annual Meeting!**

It is time again for the FCDS Annual Meeting. Highlighting last year's Annual Meeting was April Fritz who presented training on the New 2007 Multiple Primary and Histology Coding Rules. In addition to this full-day workshop, FCDS has provided a series of training on the New 2007 MP/H Rules. During these training sessions many of you have had questions or soon after when confronted with possible scenarios that may have not been answered. Knowing this, FCDS has set aside time during this year's Annual Meeting for a half-day Question and Answer Session. Currently we are moving towards the implementation of practicing these new rules and want to raise the comfort level for our registrars. This year's meeting will include Steve Peace, MP/H Taskforce Representative, on the second day to address any questions relating to the New 2007 MP/H Coding Rules. FCDS is asking that Registrars prepare themselves by gathering their questions so that they will not only be answered but shared with fellow registrars. FCDS is asking to have questions in advance so that they can be forwarded to the speaker. Please forward questions to: [smanson@med.miami.edu](mailto:smanson@med.miami.edu) or fax (305)243-4871 Attention: Sarah Manson.

We want this session to be productive in the learning & education of our Registrars. So be prepared and we hope to see you all at this year's Annual Meeting!

Sarah Manson, BS, RHIT, CTR  
Quality Control Field Coordinator  
(305)243-2642





# News & Information



## UPDATE: Implementation of NAACCR Version 11.1

FCDS will be implementing the NAACCR Version 11.1 record layout, the 2007 New Multiple Primary and Histology Coding (MPH) Rules, and the minimal dataset for Class of Case 3 Historical cases on July 1st, 2007 in accordance with national standards. All cases regardless of the diagnosis date (including historical cases) submitted on or after July 1st, 2007 must be in the NAACCR Version 11.1.

No new data items are required to be reported to FCDS. However, FCDS will be converting the existing FCDS database to the new Version 11.1 record layout which includes the 2007 MPH rules, as well as new edit checks. FCDS will continue to accept data through FCDS IDEA during the conversion. This conversion will take place between July 2<sup>nd</sup>, 2007 and July 13<sup>th</sup>, 2007 and should cause minimal processing interruptions.

FCDS hosted a teleconference on May 24, 2007 to discuss the implementation guide and instructions to new record layout and the modification to the Class 3 *Historical* cases, the NAACCR V11.1 format and its impact on data submission. Overall, V11.1 will have very little impact on data reporting to FCDS since the new format has minimal structural change in the Florida state specific fields to accommodate the new historical Class 3 case reporting.

FCDS defined a Class of Case 3 Historical case as a primary reportable neoplasm (malignant or benign/borderline brain/CNS tumors) that it is not active and currently not receiving any treatment AND the patient is seen at the reporting facility for another cancer/benign reportable neoplasm that is active and/or undergoing treatment.

For more information, a 2007 FCDS Implementation Guideline is available in PDF format on the FCDS Website, <http://www.fcds.med.miami.edu> under **What's new**.

## FYI News & Information





By: Sarah J. Manson, BS, RHIT, CTR



**Q & A**

**Section**

*\* Q & A Source:  
SEER Inquiry System*



### QUESTION# 1

Date of diagnosis/Histology--Hematopoietic, NOS: What is the diagnosis date and histology code for this case? Please see case.

#### **CASE:**

3-17-03: Bone marrow biopsy from rt iliac crest: Hypercellular marrow (90%) with extensive involvement by lymphoproliferative disorder (see description). Micro: The bone marrow is diffusely (>90%) involved by a malignant lymphoproliferative disorder. This consists of small lymphocytes, histiocytes, and large atypical cells with prominent nucleoli.

12-22-05 Extensive bone marrow involvement by lymphoproliferative disorder, bone biopsy from femur.

1-27-06 Hem/Onc Physician Note:

Following pt for a lymphoproliferative disorder. ...bone marrow biopsy 2003, suggestive of, but not truly diagnostic, a lymphoproliferative disorder. Therefore, I elected not to do anything, but just follow her.

3-23-06 Hem/Onc Note:

pt with a history of an apparently low-grade lymphoma involving the marrow, as well as, I believe, the liver and recently pathologically diagnosed as a T-cell-rich B-cell lymphoma. ...followed in the past by Dr. \_\_\_\_ and has never actually had any treatment for this lymphoma, although it is documented even three years ago by bone marrow biopsy.

#### ANSWER:

The diagnosis date is 03/17/03. The histology code is 9970/3. The bone marrow biopsy confirms a "Malignant" lymphoproliferative disorder. Apply ICD-O-3 rule F and assign /3 to histology code 9970.

Reference: ICD-O-3 ;pgs 29

### QUESTION#2

Histology--Prostate: Should cases of acinar adenocarcinoma of the prostate be coded as 8550/3 (acinar adenocarcinoma) when diagnosed prior to 1/1/07 only? Please see discussion.

The SEER Multiple Primary and Histology manual, which goes into effect 1/1/07, indicates that this histology should be coded to 8140/3 (adenocarcinoma, NOS). Does this contradict ICD-O-3? Are there other sites besides prostate where acinar adenocarcinoma (8550/3) might arise?

#### ANSWER:

Code acinar adenocarcinoma of the prostate as 8140/3 for cases diagnosed on or after 1/1/2007. Code 8550/3 [acinar adenocarcinoma] may be used for prostate cases prior to 1/1/2007 and for acinar adenocarcinoma of other sites, such as pancreas.

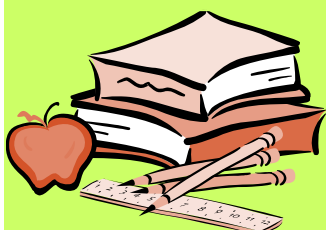
Reference: 2007 MP/H Rules (seer.cancer.gov),  
ICD-O-3



## **Education and Training**



## **Education and Training**



### **Florida Cancer Data System 2007 Annual Meeting**



**July 26-27, 2007**

### **Quorum Hotel in Tampa, Florida.**

All cancer abstracting professionals, administrators from hospitals, ambulatory surgical centers, free-standing radiation facilities, pathology laboratories and those interested in the registry's function, are invited to our two-day meeting. Among various interesting presentations, we will be hosting a full day educational workshop.

For further information please visit the FCDS website at <http://fcds.med.miami.edu/register.html>.



# Education and Training

## *Principles and Practice of Cancer Registration, Surveillance, and Control*

### 5-DAY INTENSIVE COURSE IN CANCER ABSTRACTING, STAGING, & CODING INCLUDES:

- Intensive review of ICD-O coding and Collaborative Staging
- Basic review of multiple primary rules & other staging schemes
- Anatomy, physiology & medical terminology of cancer sites
- Extensive hands-on abstracting using mock medical records
- And much, much, more.....

**WHERE:** Atlanta, Georgia

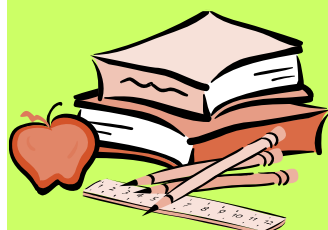
**WHEN:** July 23-27, 2007  
October 15-19, 2007

**COURSE FEE:** \$1,000 for a 5 day training course and comprehensive instructional manual



**REGISTER ONLINE AND OBTAIN MORE  
INFORMATION AT:**

<http://www.sph.emory.edu/GCCS/training/practice/index.html> or **GOOGLE : Georgia  
Center for Cancer Statistics**



**Courses fill up quickly!  
Payment must be received to guarantee space.**

**Education  
and  
Training**





# Education and Training



## Education and Training

### CTR Examination Review and Basic Skills Workshop



#### WHEN:

Monday and Tuesday,  
August 27 and 28, 2007

#### WHERE:

Naples Community Hospital,  
Naples, Florida

#### REGISTRATION FEE:

\$150

*Discount available for the FCRA study guide,  
"Professional Review For Cancer Registrars"*

For more information on the  
CTR Examination Review  
and Basic Skills Workshop  
please contact:

Mary O'Leary, RHIT, CTR  
Education Chair, Florida Cancer  
Registrars Association  
305-992-6546

[learymo@bellsouth.net](mailto:learymo@bellsouth.net)

## Principles of Oncology for Cancer Registry Professionals

July, 2007 in Baltimore, MD (tentative)  
December 10-14, 2007 in Reno, NV

**Registration fee: \$949.00**

**A Fritz and Associates, LLC**  
Preparing Cancer Registry Professionals for the Future

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.



Class size will be limited to 20 registrants.

Participants are responsible for their own travel, hotel, meals, and incidental expenses, except as noted above.

For further information about the Principles of Oncology training program please visit A. Fritz and Associates website at: <http://afritz.org/index.html>



# Deadlines & Reminders



## Deadlines & Reminders



### FCDS CONVERSION TO NAACCR V11.1

Upcoming changes for the FCDS conversion to NAACCR V11.1 will be July 1, 2007. Any facility that is ready to submit their 2007 cases to FCDS may do so in a V11.1 format after July 1, 2007. The V11.1 module will be available for both single entry and batch upload submissions. Please contact FCDS with any additional questions (305) 243-4600.

### POLICIES AND PROCEDURES

#### FCDS is revising certain sections of the FCDS Data Acquisition Manual (DAM) to include the NAACCR V11.1 revisions.

FCDS Data Acquisition Manual (DAM) is expected to be completed in July. The revisions will include updating, modifications and new MPH rules. The final draft of the new manual will be available on the FCDS website in July.

*If you have any suggestions on the content, format, etc. for the DAM. Please contact Mayra Alvarez, at 305-243-4603 with details, or email*

*mayra\_alvarez@miami.edu or Sarah Manson, at 305-243-2642 or e-mail smanson@med.miami.edu.*

### RADIATION THERAPY CENTERS CANCER CASE IDENTIFICATION PROGRAM

Radiation Therapy Centers should have identified and reported all of their cancer cases to the Florida Cancer Data System using the FCDS-IDEA Single Entry or the File Upload modules. The submission of cases are due on **June 30, 2007**. Please contact Betty Hallo at (305) 243-2627 or e-mail her at

[beatriz\\_hallo@miami.edu](mailto:beatriz_hallo@miami.edu) for additional information.

### DEATH CERTIFICATE NOTIFICATION FOLLOW-BACK 2005

FCDS has started the process clearing the Mortality data from Vital Statistic for 2005. The Mortality Follow Back Request Forms 2005 will be mailed to all hospitals by the end of June 2007. The Registrars are responsible for reviewing the medical record for each of the patients identified on the follow-back request forms. Any case found to meet the FCDS Cancer Case Reporting Requirements

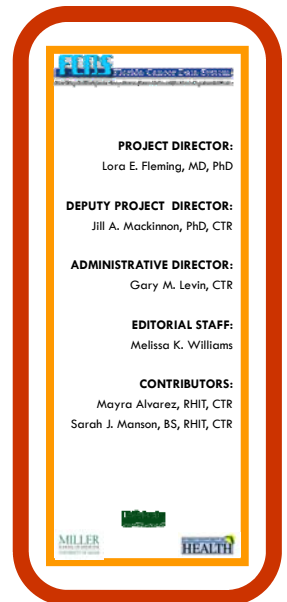
outlined in Section I of the 2007 FCDS DAM needs to be reported by submitting a full cancer case abstract to FCDS using FCDS IDEA (single entry or upload). The accession and sequence number for the cases being submitted as "missed cases" need to be noted on the Mortality Follow Back Request Form. For the cases identified as non-reportable, the Registrars need to provide FCDS with a reasonable explanation as to why the case will not be reported by using the Disposition Codes listing. The deadline to report the "missed cases" and to return the Mortality Follow Back Request Forms is by the end of August, 2007. Please return the completed forms to your Field Coordinator. Please contact your Field Coordinator for additional information or if you have any questions at 305-243-4600.

### QUARTERLY CANCER CASE REPORTING STATUS REPORTS FOR APRIL-JUNE 2007

FCDS will be generating the Quarterly Cancer Case Reporting Status Reports for the second quarter of 2007, April through June. The reports will be mailed the first week of July. All reporting facilities are expected to be 100% complete reporting their 2006 cancer cases. All cases regardless of the diagnosis date (including historical cases) submitted on or after July 1st, 2007 must be in the NAACCR Version 11.1. If you have any questions about your report or the reporting requirements, please contact your FCDS Field Coordinator at (305) 243-4600.

### PATHOLOGY LAB REPORTING

Every anatomic pathology laboratory that reads biopsy and surgical resection specimens collected from patient encounters within the state of Florida MUST electronically submit the specified data for every malignant cancer case and new benign brain/CNS tumors. Specimens read January 1, 2006 through December 31, 2006 must be submitted to FCDS on or before June 30, 2007. If you have any questions please contact Carlos Alvarez at 305-243-2638 or by e-mail at [CALva-rez2@med.miami.edu](mailto:CALva-rez2@med.miami.edu).



## Florida Cancer Data System

# Cancer Reporting Completeness Report

### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF MAY 31, 2007

Total number of New Cases added to the FCDS Master file in May 2007: **18,362**

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
2006	117,740	4,246	365	19	464	Pending	122,834	16,713
2005	157,176	8,289	1,755	4	897	Pending	168,143	1,553
2004	153,201	8,225	3,359	540	726	2,756	168,816	96

		Actual	Expected
% Complete for:	2006	81%	91%
	2005	100%	100%
	2004	100%	100%

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