

**Happy
Thanksgiving**



WHAT'S NEW :

The following information is currently available on the FCDS website.

- NAACCR WEBINAR:
HOSPITAL CANCER
REGISTRY
OPERATIONS
ON 01/10/2008.
SESSION 3 OF 8
IS BEING HELD AT
SHANDS UNIVERSITY
OF FLORIDA AND
H. LEE MOFFITT
CANCER CENTER
(REGISTRATION
REQUIRED)
- FCDS REGISTER
VOL. 36

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

November 2007 Monthly Memo



News & Information

2007 Jean Byers Memorial Award for Excellence in Cancer Registration 2005 Cancer Case Admissions Criteria



1. Timeliness- All deadlines met with respect to the 2005 cancer case admissions
 - 2005 Annual Caseload Submission Deadline- June 30, 2006
 - 2005 Death Certificate Notification Deadline- September 21, 2007
 - 2005 AHCA Audit Deadline – April 30, 2007
 - No more than 5% (or 35 cases, whichever number is greater) of the 2005 cancer case admissions reported to FCDS within 2 months (60 days) following the June 30, 2006 deadline (Late reporting of 2005 cancer case admissions)
2. Completeness- All cases reported to FCDS
 - No more than 10% of the 2005 cancer case admissions reported to FCDS within 12 months following the June 30, 2006 reporting deadline. (Due to delinquent 2005 case reporting, missed cases found on Death Certificate Notification or missed cases found on AHCA Completeness Audit)



News & Information

CS 01.04 Implementation

Collaborative Staging Manual and Coding Instructions

Version 01.04.00



FCDS will be implementing the Collaborative Staging 01.04 version on **July 1, 2008**. All cases, regardless of their admission or diagnosis date, including historical cases, will need to be reported to FCDS using the Collaborative Staging 01.04 version. During the upcoming months, FCDS will be reviewing new edits checks, recoding specific cases according to the new schemas, replacing the algorithm, etc. FCDS will present a teleconference early in 2008 to address the implementation process. If you have any questions, please contact Meg Herna at 305-243-2625 or mhera@med.miami.edu.

Reformatted Benign Brain and CNS Rules Available

Source: CoC Flash October 2007

Reformatted versions of the Benign Brain and CNS Rules have been developed by NCI SEER and approved by the Registry Operations Committee (ROC) of NAACCR. The rules have not been changed, they are only presented in a different way. The rules are available for downloading at http://seer.cancer.gov/tools/mphrules/benign_brain.html.

You will find a set of Equivalent Terms and Definitions as well as the rules in all three formats: text, matrix, and flowchart.





QUESTION:

MP/H Rules -- Lung: For the case described below, is the 2007 diagnosis a new primary or a recurrence of the 2006 diagnosis? *Please see discussion.*

DISCUSSION:

In March 2006 patient diagnosed with bronchioalveolar adenoca (8250/3) and had wedge resection. Then in November 2006 CT chest shows nodules at the scar suspicious for recurrence. In January, 2007, there was a biopsy of one of the nodules showing adenocarcinoma 8140/3.

Is this part of the original disease process diagnosed in March 2006 or should it be abstracted as a new primary based on 2007 MP/H rules (different at the first 3 digits)?

ANSWER:

Try to obtain more information/clarification on the 2007 diagnosis -- for example, is it metastasis?

Based only on the information provided for this case, the 2007 diagnosis is a separate primary. Use the 2007 MP/H rules to assess the 2007 diagnosis. Begin with rule M3 in the multiple tumors section. Stop at rule M11, multiple primaries.

REFERENCE:

2007 SEER Manual; pgs C-527 - C-528 (Appendix C)

QUESTION:

If a RUL FNA was positive for adenocarcinoma with focal neuroendocrine differentiation, what is the histology code and what MP/H rule applies

ANSWER:

Look at Chart 1. Large cell neuroendocrine carcinoma (8013/3) and adenocarcinoma (8140) are on the same horizontal line on the tree. Use rule H7 and code the numerically higher ICD-O-3 code.

REFERENCE:

2007 SEER Manual; pgs C-513 (Appendix C)

Q&A Section



Education and Training

CTR Exam Review and Basic Skills Workshop

The Florida Cancer Registrars Association (FCRA) will conduct the **CTR Exam Review and Basic Skills Workshop** in late January/early February 2008, in Miami, Florida.

It will consist of a two day workshop at the University of Miami Miller School of Medicine. The Florida Cancer Data System (FCDS) will host the workshop.

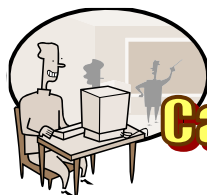
For information please contact:

Mary O'Leary, FCRA Education Chair,

Phone: 305-992-6546

Email: learymo1@bellsouth.net

Education and Training



Principles of Oncology for Cancer Registry Professionals

A. Fritz and Associates
Preparing Cancer Registry Professionals for the Future

December 10-14, 2007 in Reno, NV

Registration fee: \$949.00

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.

Participants are responsible for their own travel, hotel, meals, and incidental expenses.

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

Class size will be limited to 20 registrants.





Deadlines & Reminders



Announcement!

Deadlines & Reminders



→ DON'T
FORGET!

FCDS 2007 QUALITY ASSURANCE AUDIT- RECONCILIATION

PROCESS

FCDS wants to thank all the hospitals that participated in the 2007 Quality Assurance Audit for their cooperation. Re-abstracting of the 2005 analytical cases was its major component. During the first weeks of November, the audited facilities should be receiving a packet containing the Reconciliation Request forms as part of the Quality Assurance Audit Reconciliation Process. The Reconciliation Request forms summarize the comparison of data items coded by the auditor and the data originally submitted to FCDS by the facility. If any discrepancies were found, the field on the report containing the discrepant data item will be preceded with one asterisk (*) indicating the discrepancy. The facilities must review all forms and reply in the following way:

1. If the original submission to FCDS was in error and you agree with the auditor, you would write AGREE on the Reconciliation Request form

OR

2. If you disagree with the auditor, perhaps because your source documents may have been more complete than the ones reviewed by the auditor, write DISAGREE on the Reconciliation Request form and provide a brief explanation indicating the source of any supporting information, such as, pathology reports, Op reports, etc.

FEDS
Florida Endpoints Data System

PROJECT DIRECTOR:
Jill A. Mackinnon, PhD, CTR

ADMINISTRATIVE DIRECTOR:
Gary M. Levin, BA, CTR

EDITORIAL STAFF:
Melissa K. Williams

CONTRIBUTORS:
Betty Fernandez
Megsys C. Herna, BA, CTR
Sarah J. Manson, BS, RHIT, CTR

MILLER
HEALTH

FCRA DS

For any questions or suggestions, please contact the taskforce at taskforce@fcra.org.

Congratulations to Florida's New CTR's

Debra Evans

Peter Pierce

April Rease

Michelle Touiz

Susan Vergauwen

Vonetta Williams

Sharon Wilson

Florida Cancer Data *Cancer Reporting Completeness Report*

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

Total number of *New Cases* added to the FCDS Master file in October 2007: 11,518

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
2007	27,781	978	191	0	140	Pending	29,090	8,593
2006	156,814	4,815	528	0	804	Pending	162,961	2,260
2005	159,328	8,690	2,737	294	954	Pending	172,003	665

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2007	18%	33%
	2006	99%	100%
	2005	100%	100%

**Expected % based on 165,000 reported cases/year*

