

Register

A joint project of the Sylvester Comprehensive Cancer Center
and the Florida Department of Health

Division of Cancer Prevention and Control

Volume 35 – April, 2007



Calling All Data FCDS Annual Data Submissions The 1-2 Punch!

By Brad Wohler, MS

Each year the staff at FCDS get busy putting the final touches on the data that you all so diligently collect. Opportunely or NOT, the calls for data always fall right around the holidays. The NAACCR (North American Association of Central Cancer Registries) call for Data is due the first week of December and the NPCR (National Program of Cancer Registries) call for data is due the last week of January.

As if it's not bad enough that both the calls for data fall around the holidays, they are just different enough to create a real headache for the FCDS team. We go through the motions twice with different sets of variables and different diagnosis years. The NPCR call for data includes more variables, and an additional diagnosis year to compute completeness estimates. On the upside, the NPCR Call for Data usually helps prepare for the next NAACCR Call for Data.

Basically the process works like this: sometime late summer or early fall, NAACCR puts out the call for data which includes the variables requested, forms to be filled out, the edit sets (record level and inter-record edits), and any new protocols or programs to be used for the Call. The number of variables almost always increases. And as the number of variables increase so does the number of edits. The edit sets for both 2007 Calls for Data are listed in Table 1; notice that some overlap but many do not.

The first step we do at FCDS in order to prepare for the Call for Data is to look over the variables requested and add any new variables to the extract, but more importantly we compute a quick estimate of the Death Certificate Only (DCO) rate - the Achilles heal of FCDS. Other states have completeness issues; in Florida we have DCO issues. Of course the next order of business is to figure out how to lower the DCO rate and then to run the data through the record level edits as a dry run. The dry run gives us an

idea of what we are going to have to resolve and it also gives us a sense of new edits which need to be added. (*Registrars please note: this is why we put edits in place, to verify accurate data and resolve problems; if there is an edit in place, there is a high probability that it originated from a call for data... the edits at upload are designed to resolve obvious discrepancies in each abstract as they occur not several months later.*)

The next step is to implement any
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new programs or protocols. Normally these protocols and programs are used to compute new variables. An example of this would be the National Hispanic Identification Algorithm, a SAS program that computes a new combined ethnicity based on birthplace, last name, maiden name and ethnicity. A similar protocol would be to match the FCDS database with the Indian Health Service database, to look for coding discrepancies regarding Native Americans. Currently NAACCR is also working on a program to compute race with regard to Asians.

After weeks of searching all over Florida and beyond to resolve the DCO cases, we begin to prepare the final Call for Data set (Call for Data flowchart). We extract the data from the database, put it into the correct NAACCR layout, run all of the programs to compute any new variables and finally run it through the Call for Data record level edits. After those edits have been run, the discrepancies get sent back to the Quality Control staff, who then resolve the discrepancies (this normally takes about two weeks). After all of the record level edits have been resolved, we re-extract the data, run all of the programs again and run the data back through the record level edits program. We repeat the above process until there are no more discrepancies, now the data is about half ready. Keep in mind that records are constantly coming in, and thus more cases mean more chances for record discrepancies. And even though we do have a lot of edit checks, there is no way to catch everything. It can be quite frustrating when we have to re-extract the data simply because of one or two discrepancies.

After the record level edits have all been resolved, we next move onto the inter-record edits (Table 2).

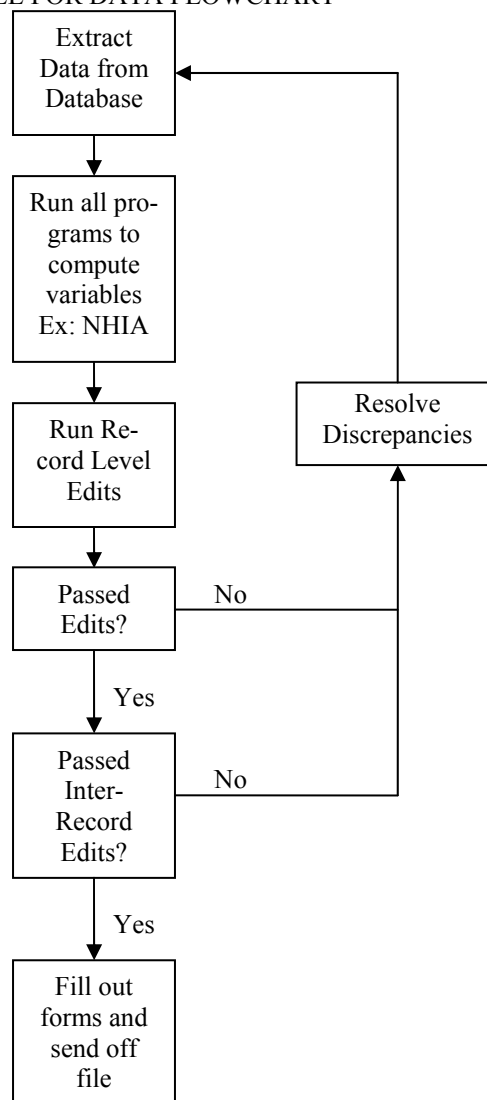
These edits specifically look at those patients with more than one primary cancer, and then compare demographic and tumor information between records. This program only affects a small number of records, but many times these discrepancies can be the most troublesome. The demographic information is easy enough to fix, but sometimes the tumor information (duplicate primaries) can be somewhat problematic. In any case the discrepancies from the inter-record edits are again sent to Quality Control staff, who take approximately another two weeks to resolve the issues. Once the discrepancies have been fixed, we start the whole process over again from the extract... and so it continues until both the record level and inter-

record edits have 0 discrepancies.

All the while that FCDS is clearing the edits and computing new variables we are also simultaneously identifying and resolving duplicate cancer records. This protocol involves reviewing approximately 5,000 plus records in each of two different geographic regions. All records in each of the selected regions are extracted and examined one at a time to determine the number of duplicate records in the database.

Aside from the unduplication protocol, the whole process is repeated for both the NAACCR Call for Data and then again a month later for the NPCR Call for Data.

CALL FOR DATA FLOWCHART



So if you ever feel like we beat you up on the edits or that we ask for too much proof and verification now you know the reason. We try to stay ahead of the punches and take care of discrepancies before they arise with the extensive edits in place, and occasionally via the Calls for Data we find that we need additional edits.

It may be hard to see when you are abstracting one case at a time, but you are indeed making a difference. Looking at the big picture, the data that you all so diligently prepare and submit is used at the local, state and national levels by policy makers and researchers to address the present and future needs of cancer surveillance, prevention and control.

(Continued on page 3)

NAACCR CALL FOR DATA 2007 - Version 11		
Edit Name	Edit Name	Edit Name
Addr at DX--State	Age at Diagnosis	Behavior ICDO3 Conversion
Birth Date	Birthplace	County at DX
CS Extension	CS Lymph Nodes	CS Mets at DX
CS Site-Specific Factor 1	CS Site-Specific Factor 3	CS Version 1st
CS Version Latest	Date of 1st Crs RX--COC	Date of Diagnosis
Date of Initial RX--SEER	Derived SS2000	Derived SS2000--Flag
Diagnostic Confirmation	Grade	Histologic Type ICDO3 Conversion
ICD-O-3 Conversion Flag	IHS Link	Laterality
NAACCR Record Version	NHIA Derived Hisp Origin	Patient ID Number
Primary Site	Race 1	Race 2
Race 3	Race 4	Race 5
RuralUrban Continuum 1993	RuralUrban Continuum 2000	RX Summ--Radiation
RX Summ--Surg Prim Site	Sequence Number--Central	Sex
Spanish/Hispanic Origin	Summary Stage 1977	Summary Stage 2000
Type of Reporting Source	Morphology--Type/Behavior ICDO3	Age, Birth Date, Date of Diagnosis
Age, Primary Site, Morph ICDO3--Adult	Age, Primary Site, Morph ICDO3--Pediatric	Age, Primary Site, Morphology ICDO3
Behav ICDO3, Date of DX, ICDO3 Conv Flag	Behavior Code ICDO3, Seq Num--Central	Behavior ICDO3, Primary Site
Behavior ICDO3, Site, Histology ICDO3	Behavior ICDO3, Summary Stage 1977	Behavior ICDO3, Summary Stage 2000
Birth Date, Date of Diagnosis	County at DX, Addr at DX--State	CS Extension, CS Lymph Nodes, CS Mets at DX
CS Extension, Hematopoietic	CS Extension, Primary Site, Behavior ICDO3	CS Extension, Primary Site, Histol ICDO3
CS Extension, Renal Pelvis/Ureter Schema	CS Items, Date of DX	CS Items, DX Pre-2004
CS Items, Type Reporting Source	CS Lymph Nodes, Primary Site, Histol ICDO3	CS Mets at DX, Primary Site, Histol ICDO3
CS SSF 1, Primary Site, Histol ICDO3	CS SSF 3, Primary Site, Histol ICDO3	CS Version 1st, CS Version Latest
Date of 1st Crs RX--COC, Date of DX	Date of Init RX--SEER, Date of DX	Derived Items, Date of DX
Derived Items, DX Pre-2004	Derived SS2000--Flag, Derived SS2000	Diagnostic Confirm, Seq Num--Central
Diagnostic Confirmation, Behavior ICDO3	Diagnostic Confirmation, Histology ICDO3	Edit Over-rides
EOD--Primary Site, Histology, Behav ICDO3	Hemato ICDO3, Summ Stg 1977	Hist ICDO3, Date of DX, ICDO3 Conv Flag
Laterality, Primary Site	Laterality, Primary Site, Morph ICDO3	Lymphoma ICDO3, Site, Summ Stg 1977
Primary Site, Behavior Code ICDO3	Primary Site, Laterality	Primary Site, Morphology-Imposs ICDO3
Primary Site, Morphology-Type ICDO3	Race 1, Race 2, Race 3, Race 4, Race 5	Race 2, Date of DX
Race 3, Date of DX	Race 4, Date of DX	Race 5, Date of DX
RX Summ--Surg Prim Site, Diag Conf	RX Summ--Surg Prim Site, Primary Site	Seq Num--Central, Prim Site, Morph ICDO3
Sex, Primary Site	Summary Stage 1977, Date of Diagnosis	Summary Stage 1977, Summary Stage 2000
Summary Stage 1977, Type of Reporting Source	Summary Stage 2000, Date of Diagnosis	Summary Stage 2000, Site, Hist, Rpt Srce
Type of Rep Srce (DC),Seq Num--Cent,ICDO3	Type of Report Srce(DC/AO), Diag Conf	Unknown Site, Hist ICDO3, Summ Stg 1977
Unknown Site, Laterality		(Continued on page 4)

NPCR-CSS CALL FOR DATA 2007 - Version 11		
Edit Name	Edit Name	Edit Name
Addr at DX--State	Age at Diagnosis	Behavior ICDO3 Conversion
Birth Date	Birthplace	County at DX
CS Extension	CS Lymph Nodes	CS Mets at DX
CS Site-Specific Factor 1	CS Site-Specific Factor 3	CS Version 1st
CS Version Latest	Date of Diagnosis	Derived SS2000
Derived SS2000--Flag	Diagnostic Confirmation	Grade
Histologic Type ICDO3 Conversion	ICD-O-3 Conversion Flag	IHS Link
Laterality	Morph Coding Sys--Current	NAACCR Record Version
NHIA Derived Hisp Origin	Patient ID Number	Primary Site
Race 1	Race 2	Race 3
Race 4	Race 5	Record Type
Registry ID	Sequence Number--Central	Sex
Site Coding Sys--Current	Spanish/Hispanic Origin	Summary Stage 1977
Summary Stage 2000	Type of Reporting Source	Morphology--Type/Behavior ICDO3
Age, Birth Date, Date of Diagnosis	Age, Primary Site, Morph ICDO3--Adult	Age, Primary Site, Morph ICDO3--Pediatric
Age, Primary Site, Morphology ICDO3	Behav ICDO3, Date of DX, ICDO3 Conv Flag	Behavior Code ICDO3, Seq Num--Central
Behavior ICDO3, Site, Histology ICDO3	Behavior ICDO3, Summary Stage 1977	Behavior ICDO3, Summary Stage 2000
Birth Date, Date of Diagnosis	County at DX, Addr at DX--State	CS Extension, CS Lymph Nodes, CS Mets at DX
CS Extension, Hematopoietic	CS Extension, Primary Site, Behavior ICDO3	CS Extension, Primary Site, Histol ICDO3
CS Extension, Renal Pelvis/Ureter Schema	CS Items, Date of DX	CS Items, DX Pre-2004
CS Items, Type Reporting Source	CS Lymph Nodes, Primary Site, Histol ICDO3	CS Mets at DX, Primary Site, Histol ICDO3
CS SSF 1, Primary Site, Histol ICDO3	CS SSF 3, Primary Site, Histol ICDO3	CS Version 1st, CS Version Latest
Derived Items, Date of DX	Derived Items, DX Pre-2004	Derived SS2000--Flag, Derived SS2000
Diagnostic Confirm, Seq Num--Central	Diagnostic Confirmation, Behavior ICDO3	Diagnostic Confirmation, Histology ICDO3
Edit Over-rides	Hemato ICDO3, Summ Stg 1977	Hist ICDO3, Date of DX, ICDO3 Conv Flag
Laterality, Primary Site	Laterality, Primary Site, Morph ICDO3	Lymphoma ICDO3, Site, Summ Stg 1977
Primary Site, Behavior Code ICDO3	Primary Site, Histology, Behav ICDO3	Primary Site, Laterality
Primary Site, Morphology-Imposs ICDO3	Primary Site, Morphology-Type ICDO3	Race 1, Race 2, Race 3, Race 4, Race 5
Race 2, Date of DX	Race 3, Date of DX	Race 4, Date of DX
Race 5, Date of DX	Seq Num--Central, Prim Site, Morph ICDO3	Sex, Primary Site
Summary Stage 1977, Date of Diagnosis	Summary Stage 1977, Summary Stage 2000	Summary Stage 1977, Type of Reporting Source
Summary Stage 2000, Date of Diagnosis	Summary Stage 2000, Site, Hist, Rpt Srce	Type of Rep Srce (DC),Seq Num--Cent,ICDO3
Type of Report Srce (DC/AO), Diag Conf	Unknown Site, Hist ICDO3, Summ Stg 1977	Unknown Site, Laterality
Addr at DX--Postal Code	Cause of Death	Census Cod Sys 1970/80/90

(Continued on page 5)

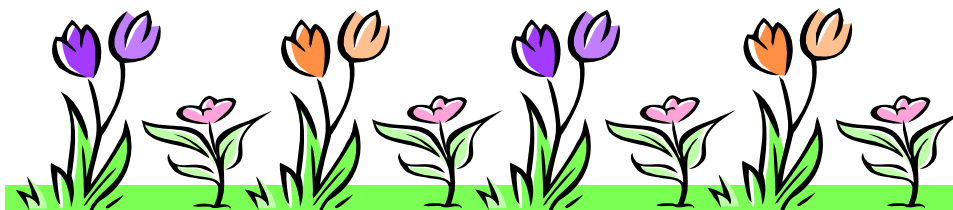
NPCR-CSS CALL FOR DATA 2007 - Version 11

Edit Name	Edit Name	Edit Name
Census Tr Cert 1970/80/90	Census Tr Certainty 2000	Census Tract 1970/80/90
Census Tract 2000	Computed Ethnicity	Computed Ethnicity Source
Date of 1st Crs RX--COC	Date of Initial RX--SEER	Date of Last Contact
Follow-Up Source	ICD Revision Number	Primary Payer at DX
Rad--Regional RX Modality	Reason for No Surgery	RX Summ--BRM
RX Summ--Chemo	RX Summ--Hormone	RX Summ--Other
RX Summ--Radiation	RX Summ--Scope Reg LN Sur	RX Summ--Surg Oth Reg/Dis
RX Summ--Surg Prim Site	RX Summ--Surg/Rad Seq	RX Summ--Transplnt/Endocr
Vital Status	Age, Histologic Type, COD, ICDO3	Census Tract 1970/80/90, Census Cod Sys
CompEthn, Date of Diag	Date of 1st Crs RX--COC, Date Last Contact	Date of 1st Crs RX--COC, Date of DX
Date of Last Contact, Date of Diag.	EthnSrc, Date of Diag	Follow-Up Source, Vital Status
ICD Revision Number, Cause of Death	ICD Revision, Vital Stat, Date Last Contact	RX Summ--Scope Reg LN Sur, Date of DX
RX Summ--Scope Reg LN Sur, Site, ICDO3	RX Summ--Surg Oth Reg/Dis, Date of DX	RX Summ--Surg Prim Site, Date of DX
RX Summ--Surg Prim Site, Site, ICDO3	Surgery, Rad, Surg/Rad Seq	Type of Report Srce (DC/AO), COD
Type of Report Srce (DC/AO), Date of Dx	Type of Report Srce (DC/AO), Vit Stat	Date of Init RX--SEER, Date Last Cont
Date of Init RX--SEER, Date of DX		

TABLE 2

Inter Record Edits

Verify Place of Birth Same on All Records for a Patient	Verify Date of Birth Same on All Records for a Patient
Verify Sequence Number-Central of 00-59 using Age at Diagnosis	Verify Sequence Number-Central of 60-87 using Age at Diagnosis
Verify Race Same on All Records for a Patient	Verify Sex Same on All Records for a Patient
Verify Sequence Number-Central of 00-59 using Dates of Diagnosis	Verify Sequence Number-Central of 60-87 using Dates of Diagnosis
Verify Sequence Number-Central not in Conflict with Number of Primaries in Sequence Range of 00-59, and 99	Verify Sequence Number-Central Not in Conflict with Number of Primaries in Sequence Range of 60-88
Verify Date of Follow-up Same on All Records for a Patient	Verify Same Primary Not Reported Twice for a Person
Verify Vital Status Same on All Records for a Person	Verify Cause of Death Same on All Records for a Person
Verify No Multiple Bladder Primaries Reported for a Person	Verify No Multiple Prostate Primaries Reported for a Person
Verify No Multiple Kaposi Sarcoma Primaries Reported for a Person	Verify Spanish Surname or Origin Same on all Records for a Person
Verify Type of Reporting Source and Sequence Number--Central Seq # 00-59	Verify Type of Reporting Source and Sequence Number--Central Seq # 60-87



FCRA received the proclamation below for National Cancer Registry Week from Florida Governor Charlie Crist



CHARLIE CRIST
GOVERNOR

Cancer Registrars Week

WHEREAS, cancer is one of the leading causes of death in the state of Florida and the nation; and

WHEREAS, Cancer Registrars are healthcare professionals and data management experts that ensure the timely, accurate, and complete collection of quality cancer data and this compilation of data is fundamental to the nation's cancer prevention and treatment efforts; and

WHEREAS, Cancer Registrars bridge the gap between cancer patients and researchers who utilize quality cancer data in order to make a wide variety of public health decisions related to cancer research, diagnosis, and treatment; and

WHEREAS, local and state data is submitted to the National Cancer Database, a nationwide oncology outcomes database maintained by the American College of Surgeons that provides the basis for many patterns of care studies; and

WHEREAS, Florida is proud to honor the Florida Cancer Registry professionals who are fighting cancer with reliable and accurate information;

NOW, THEREFORE, I, Charlie Crist, Governor of the state of Florida, do hereby extend greetings and best wishes to all observing April 7 – 13, 2007 as

Cancer Registrars Week

and urge all residents to familiarize themselves with the important work done in their local cancer registries.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the state of Florida to be affixed at Tallahassee, the Capital, this 9th day of February, in the year two thousand seven.

A blue ink signature of Charlie Crist.

Governor

THE CAPITOL
TALLAHASSEE, FLORIDA 32399 • (850) 488-2272 • Fax (850) 922-4292

FCD\$ 2007 Annual Meeting

**The FCD\$ Annual Meeting will be held on
July 26-27, 2007 at the Quorum Hotel in Tampa, Florida.**

All cancer abstracting professionals, administrators from hospitals, ambulatory surgical centers, freestanding 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 also host one full day of educational workshop.



Please visit the FCD\$ website <http://fcds.med.miami.edu> for more information.

Florida Cancer Data System

NAACCR V11.1 Updates ✧ Effective 7/1/2007

Announcement Date: 3/7/2007

1. No New Data Items are required to be reported to FCDS

FCDS data requirements are aligned with the reporting requirements from the National Program of Cancer Registries (NPCR) at the Center for Disease Control. For diagnosis year 2007, NPCR has not added any new required fields to be collected.

2. New Multiple Primary and Histology Coding Rules

The new Multiple Primary and Histology Coding Rules go into effect starting with cases diagnosed in January 2007. For explanation of the rules, please visit the SEER website at <http://seer.cancer.gov/tools/mphrules/>.

3. Reporting of Class of Case 3 Historical Cases

We are happy to announce that FCDS will be accepting a minimal dataset for Class of Case 3 Historical cases. After a year of discussion by the FCRA/FCDS Task Force, we designed an acceptable method of collecting Class of Case 3 Historical cases with insufficient information in a minimal dataset. This information will be stored in the **FCDS State Specific** section of the NAACCR V11.1 record layout. You are **not required** to use this new format. FCDS will continue to accept these cases as full abstracts as it has in the past.

A **Class of Case 3 Historical case** refers to 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.

a. For every abstract submitted, the record layout will allow for the entry of up to **five (5)** Class of Case 3 Historical cases. The fields required for each of the five cases include:

- | | |
|---|-------------------------------------|
| 1) Sequence Number | 2) Diagnosis Date |
| 3) Morphology (ICDO2/ICDO3 depending on Diagnosis Date) | 4) Primary Site |
| 5) Behavior (ICDO2/ICDO3 depending on Diagnosis Date) | 6) Laterality |
| 7) State of Residence at Diagnosis | 8) County of Residence at Diagnosis |

b. These fields will be edited at time of transmission and will include Sequence Number and Diagnosis Date edit checks. A complete set of edits covering these new fields are currently under review and will be released upon completion.

c. These fields should **ONLY** be used when abstracting a Class of Case 3 Historical case with insufficient information. A complete, full abstract **MUST** be reported to FCDS for those cases with sufficient information in the patient's medical record.

d. **REMEMBER**, the minimal dataset only applies to Class of Case 3 Historical Cases with insufficient information. All other Non-Analytical Class of Case 3 cases and Class of Case 3 Historical cases with sufficient information **REQUIRE** a full abstract to be reported to FCDS.

e. Quality Control for these cases will be increased and documentation supporting the minimal dataset may need to be provided.

4. City, County, Zip Code Edit

a. Due to the increased necessity for GIS/Spatial mapping, we will be implementing edits that verify the proper spelling of city and the validity that the city exists in a particular county and zip code area. The spelling of the city will need to be in an acceptable format that has been established by the United States Postal Service (USPS).

b. This edit will initially be a warning and it will become a **MANDATORY** edit on **1/1/2008**.

c. FCDS will provide a table of all the valid combinations. This table will be made available for download from our web site by 4/1/2007. This information will be updated as we receive current information from the USPS.

5. New Edits

FCDS is currently reviewing the NAACCR 11.1 edits metafile. Once complete, we will be distributing any new or updates to existing edits.

The FCDS 2007 Implementation Guideline which details all the changes for NAACCR Version 11.1 is now available for download http://fcds.med.miami.edu/downloads/dam2007/FCDS_V11.1_Imp_Guide.pdf

FCDS has developed a tentative timeline which includes an implementation timeframe and educational teleconferences on this change http://fcds.med.miami.edu/downloads/dam2007/V11_1_Tentative_Schedule.pdf

Other News

Rewrite of Chapter 64D-3 Florida Administrative Code (F.A.C)

The Florida Department of Health has announced the completion of the rewrite of Chapter 64D-3, Florida Administrative Code, which governs disease reporting. The updated version of Chapter 64D-3 became effective November 20, 2006. Florida's specific rule for cancer case reporting to FCDS is Rule 64D-3.034. The updated version of Chapter 64D-3 is available on the Bureau of Epidemiology website http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm or you may log onto the FCDS website <http://fcds.med.miami.edu/> under Law and Rules for the complete document.

Please contact Megsys Herna, BA, CTR, Data Acquisition, Quality Control & Education Manager, at 305-243-2625 or [mherna@med.miami.edu](mailto:mhern@med.miami.edu) should you have any questions.

COMPLETENESS REPORT—2006 CASE REPORTING

Month	Complete	Expected
July 2006	2%	8%
August 2006	6%	17%
September 2006	15%	25%
October 2006	20%	33%
November 2006	27%	41%
December 2006	37%	50%
January 2007	44%	58%
February 2007	52%	66%

CTR Examination Review and Basic Skills Workshop

Monday and Tuesday August 27 and 28, 2007
Naples Community Hospital, Naples, Florida

Registration: \$100

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

Contact:

Mary O'Leary, RHIT, CTR
Education Chair, Florida Cancer Registrars Association
305-992-6546
learymo1@bellsouth.net

Staff Updates:

Please join us in bidding a sad farewell to Dr. Lydia Voti and Mr. Brian Kunkle. Dr.



Voti resigned from FCDS to join the IARC (International Agency for Research on Cancer) team in Lyon, France. She will be working with the European Cancer Registries. Mr. Kunkle resigned from FCDS in order to work full time on his dissertation at Florida International University.

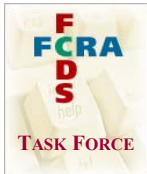
We will miss them both and wish them the best of luck in their future endeavors!



On a happier note, Jessica Osorio has been promoted to a position

within FCDS under the Statistical section of FCDS. With this change we now have a new staff member at FCDS, please join us in welcoming Ambar Mitre to our staff, Ambar will be replacing Jessica in the Reception area.

Congratulations to both!



FCRA/FCDS Task Force Update

By
Joyce Allan & Gary M Levin

The FCRA/FCDS Task Force has been diligently working on a variety of items over the past several months. To recap about our group; we are a group of nine representatives from both associations involved in many segments of the registry field, working to resolve issues that impact everyone. Please remember you can contact us with any of your concerns or ideas via the links on both the FCRA and the FCDS websites. In the last few months, Mary O'leary, CTR has joined our group in her role as the FCRA Education Chair.

Every month, a prearranged conference call is scheduled via the FCDS teleconference line to discuss our ongoing agenda and any new business items communicated via the internet links. Over the past few months we have discussed such things as class of case with a focus on the historical cases, new and ongoing edits, Multiple Primary education and umbrella reporting. Several issues remain ongoing such as the NAACCR edits Metafile versus FCDS edits, future joint education plans with FCDS and FCRA, and the initiation of a possible registrar survey to assist in determining staff requirements. One item remaining unsolved is the concept of "Umbrella" reporting which impacts those institutions with more than one facility abstracting the same patient repeatedly as they move amongst the different hospitals. The issues of sequencing and timing as well as determining the originating facility are still being discussed.

I am very happy to report that one major issue has been resolved; the abstraction of historical only cases will be minimized beginning with the 2007 cases. The Task Force with FCDS approval has determined a minimal data set for those "history only" cases which now require a complete abstract to ensure accurate sequencing of more current and/or active disease primaries. It is important to remember that a "history only" case does not have active disease! The required data set will include for each primary, the topography code, sequence number, diagnosis date, laterality, morphology, county of residence at diagnosis and state of residence at diagnosis. This history only case data set can be used for up to five historic primaries. The data set can be added to the state specific screen in any cancer registry software. FCDS will be working with all of the software vendors to inform them of the data downloading requirements for 2007. Of course, you can still complete and submit a complete historical abstract if you wish.

Remember the taskforce is here to assist YOU in resolving any questions or issues. Please feel free to contact the taskforce at taskforce@fcra.org. We meet the first Thursday of each month to discuss any new and existing issues. As resolutions to issues occur, we will publish them through mass e-mails, FCDS Monthly Memo, FCDS Register, FCRA Sun Times as well as both organizations web sites.

Thanks for all you do, The Taskforce
Joyce Allan, MPH, CTR
Mayra Alvarez, RHIT, CTR
Judy Bass, MS, RN, CPON, CTR
Meg Herna, BS, CTR
Sally Kruse, CTR
Gary Levin, BA, CTR
Sarah Manson, BS, RHIT, CTR
Mary O'Leary, RHIT, CTR
Walter Sanford, CTR

CALENDAR OF EVENTS

CALENDAR OF EVENTS

NCRA Annual Conference

*Rolling Out Advances through Research,
Professionalism, Education and Advocacy*

Dates: April 22 – 25, 2007

Location: Las Vegas, NV

Website: <http://www.ncra-usa.org/conference/program.htm>

NAACCR Annual Conference

"Cancer Knows No Borders"

Dates: June 2-9, 2007

Location: Detroit, MI

Website: <http://www.naacr.org>

FCRA Annual Conference

Date: July 24- 25, 2007

Location: Quorum Hotel – Tampa, FL

Contact: Jamie Suarez: jbsuarez@verizon.net

Barbara DeArmon: darmon0904@yahoo.com

Website: <http://fcra.org>

FCDS Annual Conference

Date: July 26-27

Location: Quorum Hotel – Tampa, FL

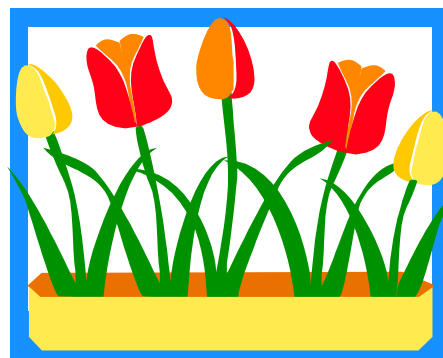
Registration Fee: \$50.00

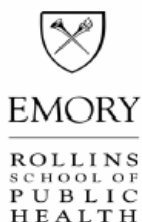
Contact: Bleu Thompson / Betty Fernandez
305-243-4600 or 1-800-906-3034

Website: <http://fcds.med.miami.edu/>



**June 30th is the
FCDS Annual
Deadline for all
2006 Admissions**





**Principles and Practice of Cancer
Registration, Surveillance and Control
Cancer Training Opportunity
Atlanta, Georgia
July 23-27, 2007 ❖ October 15-19, 2007**

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.....

Target Audiences: Registrars new to the field of cancer registration and analysts interested in exploring the details of the data

Course Fee: \$1,000 for a 5 day training course and comprehensive instructional manual

Special Discount: 10% discount for early registration and payment
(Registration and payment received 1 month prior to course)

Course led by: Dr. John L. Young, Jr., DrPH, CTR

- Over 40 years of experience in cancer registration
- Former NCI SEER Program Director
- Director of Georgia Center for Cancer Statistics

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.



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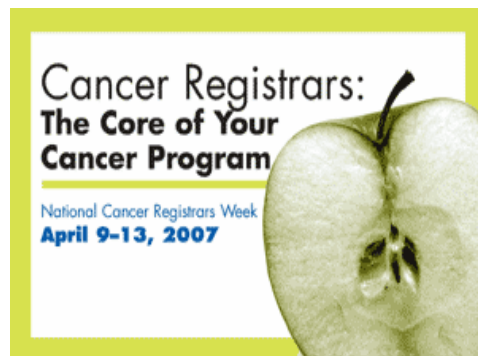
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