

MAY
2008

MONTHLY
JOURNAL OF
UPDATES AND
INFORMATION

Florida Cancer Data System

Monthly Memo

What's New:

The following information is currently available on the FCDS website.

- The 2008 FCDS Annual Meeting Online Registration Now Available
- FCDS Teleconference: AHCA Follow-back Online Process for Ambulatory Surgery Centers
- FCDS/FCRA NAACCR Hospital Registrar Webinar Series Abstracting Upper Gastrointestinal Tract Cancer Incidence and Treatment Data on 07/10/2008. Session #7 of 8 is being held at 3 Florida facilities
Requires Registration
- The winners of the Jean Byers Award for Excellence in Cancer Registration

Happy Memorial Day



Observed May 26th



Florida Cancer Data System 2008 Annual Meeting July 24-25, 2008

The Florida Cancer Data System invites you to participate in the Annual meeting of the Florida Statewide Cancer Registry. The annual meeting will be held on July 24-25, 2008 at the Crowne Plaza Hotel at Sawgrass Mills following the Florida Cancer Registrars' Association Annual Meeting on July 22-23, 2008.

On-Line Registration : <https://fcds.med.miami.edu/register.html>

Registration Fee: \$50.00/person

****Registration Fee is non-refundable**

DAY 1 8:30 - 5:00 PM GENERAL SESSION

- DOH - Update
- FCDS - State of the State
- FCDS Implementation Update
- Web-Based QC & Follow-back
- Data Usage & Research
- National Surveillance Partners

DAY 2 8:30 - 2:00 PM EDUCATIONAL WORKSHOPS *(Concurrent sessions)*

- Session 1 - Basic Abstracting
- Session 2 - Advanced Workshop on Lymphoma with Staging, Treatment, and Exercises

**Question:**

When an FNA is done on a regional lymph node of the lung, does tissue need to be removed before this is coded as surgery or nondefinitive procedure? If cytology/cells only removed is this still coded as FNA/biopsy of lymph node under surgery or as a nondefinitive surgery?

Answer:

As per page 138 of FORDS, record surgical procedures which aspirate, biopsy, or remove regional lymph nodes in an effort to diagnose or stage disease in the scope of regional lymph nodes surgery field. This is also documented as 1 in the scope of regional lymph surgery.

Reference:

Fords pg. 138; CoC I&R #16332

Question:

If a breast case was coded to tubulolobular carcinoma and the pathologist said to code to tubular carcinoma, is tubular the code to use?

Answer:

Tubulolobular is actually two histologies, tubular and lobular. Use the single tumor invasive module and code to 8524. Rule H18, code 8524 (lobular mixed with other types of carcinoma) when the tumor is lobular (8520) and any other carcinoma.

Reference:

MP/H Coding Manual, Breast Rules; CoC I &R #22410

Clicks @ FCDS

The FCDS webinar Quality Control Abstract Record Review
and

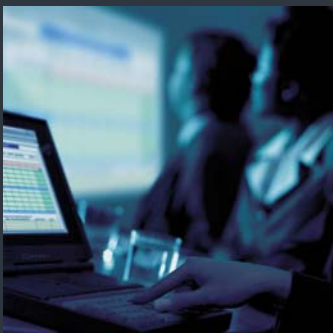
AHCA Follow-back Online Process for Hospitals

<http://fcds.med.miami.edu/inc/downloads.shtml#tele>



FCDS Tentative V11.1 to V11.2 Implementation Schedule

PROCESS OBJECTIVES:	TIMELINE
Review and design changes to the database and software required to move from NAACCR V11.1 to V11.2. This includes the CS 01.04 revisions and the new edit checks.	On-going. Completion scheduled for May 30th, 2008
Release the FCDS 2007 Implementation Guideline for NAACCR V11.2.	June 2nd, 2008
Release tentative implementation schedule for NAACCR V11.2.	June 2nd, 2008
Teleconference with vendors and registrars to discuss 2007 Implementation Guidelines.	Scheduled for June 2008
Alter database, modify and test all central registry software for required modifications.	Schedule completion June 15th, 2008
Revise and make available to all reporting facilities and cancer registry software vendors the FCDS 2008 Data Acquisition Manual.	Schedule completion July 1st, 2008
Require all reporting facilities to meet new NAACCR V11.2 reporting requirements. Cease collection of NAACCR V11.1.	Scheduled implementation on July 1st, 2008.
Finish all V11.1 processing by FCDS Staff, but allow reporting facilities to upload V11.2 data during this timeframe. Once V11.1 processing is complete, implement updated modules.	Scheduled for July 1st through July 7th, 2008.
Begin processing NAACCR V11.2.	Scheduled to begin collecting on July 7th, 2008 all records regardless of diagnosis date in Version 11.2 format. All attempts will be made to start processing earlier than July 7th, 2008.



NAACCR CTR EXAM READINESS WEBINAR SERIES

The NAACCR CTR Exam Readiness Webinar offers real-time interactive instruction with a live instructor(s) in a small group setting. The course includes eight 2-hour sessions carefully prepared to reflect the changes to the 2008 CTR Exam, and a short follow-up post exam session. The class will meet Tuesday afternoons from 1-3 ET beginning July 22nd. Subscribers may have 2-3 participants at each site.

Online registration is available from NAACCR through RegOnline.

For more information, please visit the NAACCR website at http://www.naacr.org/index.asp?Col_SectionKey=10&Col_ContentID=473



Principles and Practice of Cancer Registration, Surveillance, and Control

July 21-25, 2008 and Oct 13-17, 2008

BASIC COURSE

PRINCIPLES AND PRACTICES OF CANCER REGISTRATION, SURVEILLANCE AND CONTROL

- 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.....

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.



General concepts of SEER's 2007 Multiple Primary and Histology Coding Rules will be tested in the closed-book part of the 2008 CTR Exams. Open book testing on MP/H items will not be tested in 2008.

CS Manual Version 01.03.00 will be tested; bring this Version for the open book section.

THE FALL 2008 EXAM DATES:

Testing Window:

September 13- 27, 2008

Application Due by:

July 31, 2008

- Immediate reporting of test results for the Computer-based Exams will be available to candidates.
- All questions are multiple-choice
- The passing score is 175 questions (out of 250 questions).

For more information, please visit the National Cancer Registrars Association's website at <http://www.ctrexam.org/index.html#2008>.

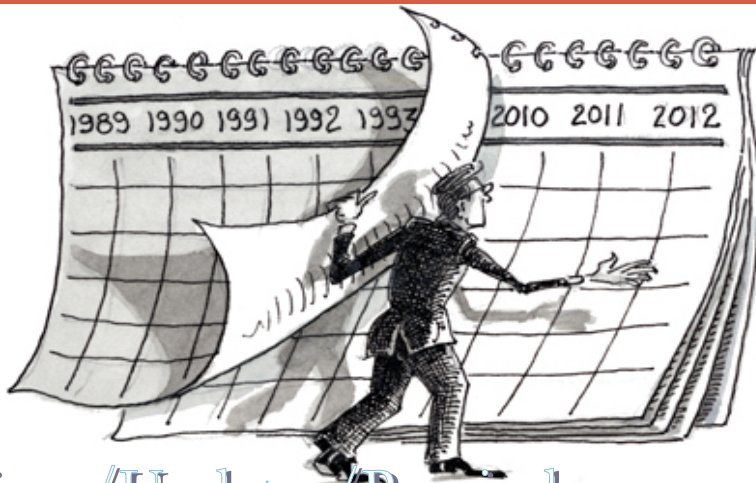
Brain Code? Clarification

On the February 14, 2008, NAACCR webinar, Cancer Treatment How to Code Surgery, it was stated that a gross total resection of a brain tumor should be coded 20, local excision and code 55 for lobe resection. Everyone used code 55 when the surgeon reported a "gross total resection" was performed. Debulking procedures were coded to 40, partial resection. FORDS surgery codes for brain were collapsed into general procedures which were not defined. If code 20 is used with any procedure removing tumor, there is no code to differentiate between debulking and gross removal of the mass.

What are definitions of codes 20, 40 and 55?

What should registries do that have used codes 40 and 55 for procedures that only removed tumors?

The NAACCR webinar is correct. The current codes were devised by neurosurgeons who were interested in depicting the way they look at surgical procedures. If you once used ROADS, it may help to know that ROADS codes 20-23 (which include debulking as well as subtotal resection of the tumor) and codes 30-32 (which include gross or total resection of the tumor) were collapsed into FORDS code 20. ROADS codes 40-43 (partial resection of lobe or meninges) became FORDS code 40. ROADS codes 50 (brain lobectomy) and 60 (radical resection) were collapsed into FORDS code 55. Debulking is generally used in preparation for systemic or radiotherapy, and can be identified that way. Generally, when a registry discovers an item may be systematically miscoded, it is advisable to review the affected cases and correct them.



Deadlines/Updates/Reminders

RADIATION THERAPY CENTERS CANCER CASE IDENTIFICATION PROGRAM

Free-standing Radiation Therapy Centers are responsible for identifying and reporting all of their cancer cases to the Florida Cancer Data System using the FCDS-IDEA Single Entry or the File Upload modules. The deadline to submit the 2007 cases is June 30, 2008. Please contact your Field Coordinator, Betty Hallo, CTR at 305-243-2627 for more information.

AHCA FOLLOWBACK ANNUAL AUDIT - 2006

The AHCA Follow-back process is now web-based. FCDS will no longer be mailing the AHCA follow-back requests to the hospitals or the ambulatory surgery centers.

The deadline for the hospitals to complete the online AHCA requests is July 15, 2008. A recording of the May 15th AHCA Follow-back Online Process for Hospitals teleconference is now available on our website - direct link: http://fcds.med.miami.edu/downloads/teleconferences/AhcaFollowback_hospital.html.

FCDS will have a telephone conference on May 22nd to review the new procedures for the AHCA Follow-back Web-based Process. The teleconference will be aimed at the Ambulatory Surgery Centers. Please see below for specific details on the call. The teleconference is free of charge. A PowerPoint slide presentation will be available on the FCDS web site, <http://fcds.med.miami.edu>, as an adjunct to the conference, as well as the instructions to access the system for the Question and Answer session at the end of the presentation. Note that the teleconference will be an interactive webinar. You must go to the link below to be able to view the webinar. We recommend that you test the link prior to the webinar. A recording of the May 22nd teleconference will also be available on our website.

AHCA FOLLOW-BACK ONLINE PROCESS FOR AMBULATORY SURGERY CENTERS

Date: May 22nd, 2008

Time: 10:00am EDT - 12:00pm EDT

Dial-in number: 888-422-7124

Participant code: 173633

To join the session: <https://webmeeting.med.miami.edu/fcdsahcaambi/>

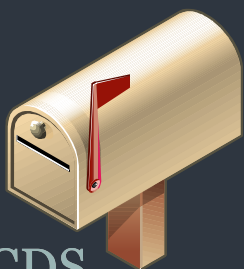
Edit Update:

FCDS Edit 450

Update:

WARNING: The zip code, county, and/or city name spelling combination is not valid according to the United States Postal Service (USPS).

Edit 450 is currently a "Warning." The City Name must be spelled in conformance with the United States Postal Service (USPS) list of acceptability. This edit will validate the city spelling, the zip and county code within the city. FCDS has added 193 extra zip-city-county combinations thanks to the new 'comprehensive' zip4 data file from USPS. This should lessen the error 450 problems. **This edit will become mandatory on July 1st, 2008.**



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)

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Florida Cancer Data System Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF APRIL 30, 2007

Total number of *New Cases* added to the FCDS Master file in April 2008: 11,782

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	99,003	3,269	197	22	1,194	Pending	103,756	11,138
2006	160,190	8,610	578	0	1,049	Pending	170,622	580
2005	159,862	8,868	2,836	385	1,048	2,694	175,823	64

	<u>Actual</u>	<u>Expected</u>
% Complete for:		
2007	63%	83 %
2006	100%	100%
2005	100%	100%

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