

What's New:

The following information is currently available on the FCDS website.

- NAACCR Webinar: Collecting Cancer Data: Pharynx on 2/05/2009. Session #5 of 12 is being held at 3 Florida facilities and requires registration
- FCDS Monograph: 2007 Cancer Admissions by Facility and Primary Site Admissions (Total), Analytic Cases Only
- 2004 Florida Annual Cancer Report: Incidence and Mortality
- Casefinding List (Revised November 2008)
- FCDS Register Vol. 42

Merry Christmas



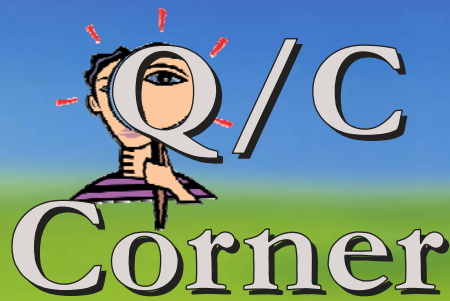
FCDS 2008 QUALITY ASSURANCE AUDIT



This past fall, FCDS conducted the 2008 Quality Assurance Audit. Re-abstracting of the 2006 analytical cases was its major component. Forty-one facilities were randomly selected to participate in the audit. FCDS wants to thank all of these facilities for their cooperation.

During the first weeks of February 2009, FCDS will begin the reconciliation process. All facilities audited will receive a packet containing the Reconciliation Request forms. The Reconciliation Request forms summarize the comparison of data items coded by the auditor during the re-abstracting portion of the audit to the data originally submitted to FCDS by the audited facility through the regular cancer reporting process. If any discrepancies were found, the field on the report containing the discrepant data item will be preceded with one asterisk (*) indicating the discrepancy.

These Quality Assurance reviews are important to FCDS because they allow assessment with regard to standardized interpretation of data definitions, coding rules and guidelines, policies and procedures and serve to identify areas that may require further education and training.



1. What if a pathology report said, "Brain Tumor: meningioma, infiltrating dura," is the behavior code /0, /1, or /3?

ANSWER

This would be coded as 9530/0 because it does not say malignant meningioma. This case is still reportable because it acts similarly to the malignant meningioma. COC I&R 21364

2. Should we report AVM NOS in the CNS?

AV malformation NOS is not reportable

AVM NOS does not have a histology of code in the neoplasm range of 8000/0 - 9999/9. It is not the same as a cavernous malformation. COC I&R 20729

3. Brain surgery code why not to use code 55 vs 20?

Clarification of Primary Brain Surgery Codes in FORDS CoC has taken several steps recently to correct a widespread misinterpretation of the FORDS Primary Brain Surgery codes. The problematic codes are reproduced below with clarifications added in capital letters. The correct code for excision and debulking of a brain tumor is 20. A Code 55 means removal of a lobe. Please review this document closely to understand the surgery codes. COC I&R 26056

4. Primary Site--Meninges: Should the primary site for a meningioma of the right frontal lobe be coded to C71.1 or C70.0?

ANSWER

Code the Primary Site field to C70.0 [cerebral meninges], the suggested site code for most meningiomas. Meningiomas arise from the meninges, not the brain (although they can invade brain). ICD-O-3 does not differentiate the specific location of the brain that the meninges cover. The information of interest to neurologists would have to be captured in an optional or user-defined field.

SEER ID : 20021031

NCRA Webinar Series

This brand new, cutting edge program developed by NCRA's Advanced Education Committee is aimed at understanding and addressing complex coding issues to reduce discrepancies in collaborative and TN&M staging and multiple primary and histology coding.

Each webinar will last 90 minutes and end with a live Q&A session.

UPCOMING DATES

January 22, 2009

Advance Abstracting for Lymphomas
& Hematopoietics

March 19, 2009

Advanced Abstracting for Oral Cavity

May 14, 2009

Advanced Abstracting for Lung

WHO SHOULD ATTEND?

This series is intended for advanced cancer registrars who are comfortable attending a program that goes beyond the basics.

All Webinars start at 2pm EST.

\$50 each/ Member

\$75 each/ Non- Member

1.5 CEs per Webinar

****ONLY PAID REGISTRANTS WILL
RECEIVE CE CREDIT****

Contact Lilly Grossman, Education Manager, at (703) 299-6640, ext. 314
or lgrossman@ncra-usa.org.



January 26 & 27, 2009
Naples Community Hospital in Naples Florida

If you are preparing for the February certification exam or know someone who is this is a great opportunity.

Two days jammed packed with material and instruction preparing you for the next CTR exam.

Go to www.fcra.org, click the link to register, download the registration form and send it to Pat Bentley.

More information is available from Pat Bentley, CTR at patbentley@verizon.net and Walter Sanford, CTR at walter.sanford@nchmd.org.

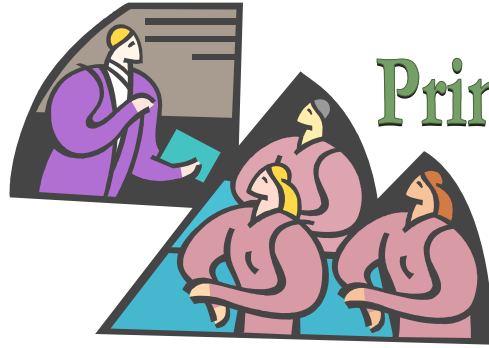
FCDS/NAACCR 2008-2009 Cancer Registry and Surveillance Webinar Series Registration

The Florida Cancer Data System (FCDS), in an effort to promote education, will be presenting the NAACCR Hospital Registrar Webinar Series at three separate locations throughout Florida:

- Boca Raton Community Hospital (Boca Raton)
- Moffitt Cancer Center (Tampa)
- Shands University of Florida (Gainesville)

Register for next webinar: 01/08/2009 Measuring and Minimizing the Disclosure Risk of a Cancer Data Public Use File, Session #4 of 12 on the FCDS website at:

https://fcds.med.miami.edu/scripts/naaccr_webinar.pl



Principles of Oncology Training Program for 2009

A Fritz and Associates
Preparing Cancer Registry Professionals for the Future

April's flagship training course, Principles of Oncology for Cancer Registry Professionals will be offered twice during 2009. This 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. April has been teaching this course for more than 15 years, during which the material has been continually improved and updated.

The course is best suited for registrars with less than three years experience. Although there are no prerequisites for attendance, April recommends that new registrars should work in the registry for 3 to 6 months before attending so that they have a basic knowledge of how a registry operates or, alternatively, have some experience in other medical areas (e.g., nursing, medical records, etc.)

Register now for the classes scheduled for April 20-24 and November 16-20 in Reno, NV.

For more information on the Principles of Oncology program, go to www.afritz.org/pocr.htm.

2009 CTR Examination Preparation Workshops

A Fritz and Associates
Preparing Cancer Registry Professionals for the Future

This course is a concentrated 3-day review of all the areas that may be tested on the CTR exam. The workshop covers the 2009 content of the exam, emphasizing areas that are not usually covered in state meetings or in other short CTR exam prep classes. If you are planning on taking the CTR Examination in 2009, you should consider attending this workshop. For more information on this workshop go to www.afritz.org/CTRws.htm.

The first opportunity to take the CTR Exam in 2009 will be during the period March 7-21. April will hold her preparation workshop in Reno on January 22-24. Our second workshop will be August 13-15 prior to the September 12-26 examination period. Register now for either workshop.



December 22nd



December 26th

Congratulations!
To Florida's Newest
Certified Tumor Registrars.



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Florida Cancer Data System Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF DECEMBER 31, 2008

Total number of *New Cases* added to the FCDS Master file in December 2008: **8,725**

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
2008	50,210	856	1	1,167	2	Pending	52,236	7,948
2007	158,091	4,603	221	2,451	0	Pending	165,366	614
2006	164,541	9,100	2,534	1,730	0	2,688	180,593	163
				<u>Actual</u>		<u>Expected</u>		
% Complete for:		2008		32%		50%		
		2007		100%		100%		
		2006		100%		100%		

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