

JANUARY
2009

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.

- FCDS Teleconference Radiation Therapy Centers Follow-back Process for 2007 case reporting 02/11/2009
- 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 Incidence, Mortality, and Admission counts: 2007 Admissions (Total) Analytic Cases Only
- FCDS Register Vol. 42
- 2004 Florida Annual Cancer Report: Incidence and Mortality



2008 Jean Byers Award for Excellence in Cancer Registration

In accordance with national standards for evaluating completeness, FCDS will be awarding the 2008 Jean Byers Award for Excellence in Cancer Registration. All facilities eligible for the award will be notified and an announcement will be made in the *FCDS Monthly Memo* and *The Register*. In order for reporting facilities (excluding Freestanding Ambulatory Patient Care Centers and Pathology Labs) to receive the Jean Byers Award for Excellence in Cancer Registration for the 2006 cancer case admissions, they must meet the following criteria:

Timeliness- All deadlines met with respect to the 2006 cancer case admissions

2006 Annual Caseload Submission Deadline- June 30, 2007

2006 Death Certificate Notification Deadline- October 15, 2008

2006 AHCA Audit Deadline – July 15, 2008

No more than 5% (or 35 cases, whichever number is greater) of the 2006 cancer case admissions reported to FCDS within 2 months (60 days) following the June 30, 2007 deadline (Late reporting of 2006 cancer case admissions)

Completeness- All cases reported to FCDS

No more than 10% of the 2006 cancer case admissions reported to FCDS within 12 months following the June 30, 2007 reporting deadline. This is due to the delinquent 2006 case reporting, missed cases found on Death Certificate Notification or missed cases found on AHCA Completeness Audit.



Deadlines/Updates/Reminders

QUARTERLY CANCER CASE REPORTING STATUS REPORTS FOR JULY-DECEMBER 2008

FCDS generated the Quarterly Cancer Case Reporting Status Reports for the fourth quarter of 2008, July through December. The reports were mailed in January 2009. All reporting facilities are expected to be 50% complete reporting their 2008 cancer cases. If you have any questions about your report, please contact your FCDS Field Coordinator at (305) 243-4600.

THE QC VISUAL REVIEW OF EVERY 35TH RECORD WILL BE INCREASED TO ONE OF EVERY 25TH - EFFECTIVE FEBRUARY 1, 2009

The QC Sampling Report automatically selects at least one of every 35th case that successfully passes the FCDS Edits and makes it into the FCDS master file. Effective with cases submitted on or after February 1st, 2009, the computer will automatically select one of every 25th case. For facilities reporting fewer than 25 cases, at least one case will be selected at random.

The review will remain the same. Abstracts with questionable coding discrepancies, text versus code discrepancies, or coded data items with omitted supporting required text will be sent to each reporting medical facility via the web. Some cases will require additional documentation to verify/validate the coding. The online process also remains unchanged. Please contact the Quality Control Field Coordinators if you have any questions about the review process at 305-243-4600.

RADIATION THERAPY CENTERS FOLLOW-BACK PROCESS FOR 2007 CASE REPORTING IS NOW WEB-BASED!

WEBINAR February 11, 2009 at 10:30 AM

FCDS recently matched the 2007 cancer records identified by the radiation therapy facilities with the FCDS database. FCDS will no longer be mailing the follow-back requests to the Radiation Therapy Centers. The list of unmatched cancer records is now available online on the FCDS website at <http://fcds.med.miami.edu/>. The list must be reviewed to determine whether or not each of the cases identified must be abstracted and submitted to the FCDS.

For facilities with greater than 35 records identified, if the case does not meet the FCDS reporting criteria, the appropriate Disposition Code must be assigned and submitted to FCDS online. The reportable cases must be assigned Disposition Code 01, abstracted and reported to FCDS via the encrypted web transmission, FCDS IDEA.

For facilities with 35 or less records identified, only copies of patient records must be mailed to FCDS for each of the cases. Please be sure to print the listing of records and mail it along with the copies of patient records. In order to protect and properly handle all packages, particularly those containing confidential patient information, FCDS recommends that you use Federal Express, UPS, Airborne Express or any other type of courier service.

The deadline for the facilities to complete this process, submitting the copies of the medical records or reporting the missed cases and completing the follow-back page online, is May 31, 2009.

FCDS will host a telephone conference/webinar to review the new procedure for the RT Follow-back Online Process. 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. We strongly encourage all Radiation Therapy Center staff responsible for reporting to attend this webinar.

Date: Wednesday, February 11, 2009

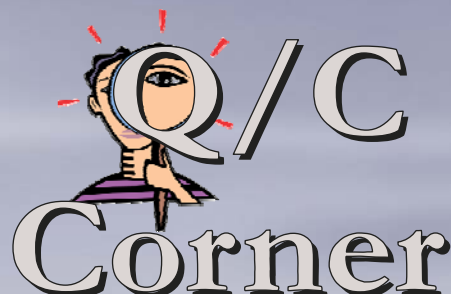
Time: 10:30am - 11:30 am EDT

Dial-in number: (877) 322-9648

Participant code: 681957

To join the session:

<https://webmeeting.med.miami.edu/rtonline/>



Source - CoC I & R

QUESTION:

How do we code Breast SSF #4 if the lymph nodes are negative, but we do not know if IHC studies were done? Note 3 states we are to assume they were not done. It was suggested we use 000, however, the code states the nodes were clinically negative, not examined pathologically. Should 888 read: Not applicable or CS lymph nodes not coded to 000?

ANSWER:

Code SSF4 to 000: Regional lymph nodes negative on H and E, no IHC studies done or unknown if IHC studies done. Nodes clinically negative, not examined pathologically. Description in code 888 is correct, we are referring to the CS Lymph Node Table (2 digits) code 00.

QUESTION:

FORDS states prednisone should be recorded as hormonal therapy, "when administered in combination with chemotherapy, such as MOPP or COPP." Does this also apply if prednisone is administered with a single chemotherapeutic agent, rather than as part of a multi-agent regimen?

ANSWER:

If the prednisone is defined in the chart as cancer treatment it would be hormonal therapy but in most circumstances, however, the prednisone is used to enhance appetite or for non-cancer directed uses.

QUESTION:

Patient with urothelial ca of ureter underwent nephroureterectomy. Pathology report confirmed the urothelial ca, but also revealed involvement of kidney, renal pelvis and ureter by lymphocytic lymphoma. Peripheral blood flow cytometry confirmed lymphocytic leukemia. Does the nephroureterectomy count as definitive surgery for leukemia? Is surgery at primary site 98 and 1 for surgery other site?

ANSWER:

Surgical Procedure of the Primary Site is coded 98 for all cancers for which no "site" is defined (see the paragraph that begins at the bottom of page 28A in FORDS Revised for 2004), including all hematopoietic histologies, as indicated on page 265 of FORDS. Surgical Diagnostic and Staging Procedure is a different item, with a different set of coding instructions that, by definition, excludes surgery done to treat the cancer (see pages 109-110 of FORDS).

FDA Approval for Degarelix



- Approved for advanced prostate cancer

On December 24, 2008, the U. S. Food and Drug Administration (FDA) approved degarelix for injection (Ferring Pharmaceuticals Inc.), a new gonadotropin releasing hormone (GnRH) receptor antagonist, for the treatment of patients with advanced prostate cancer. This indication is based on degarelix's effectiveness in attaining and maintaining serum testosterone suppression to medical castration levels during 12 months of treatment in an open-label, randomized, multicenter, parallel-group study.

A total of 620 patients were randomly selected to receive one of two degarelix dosing regimens or leuprolide for one year: degarelix at a starting dose of 240 mg followed by monthly doses of 160 mg subcutaneously, degarelix at a starting dose of 240 mg followed by monthly doses of 80 mg subcutaneously, or monthly doses of leuprolide 7.5 mg intramuscularly. The primary objective was to demonstrate that degarelix is effective in achieving and maintaining testosterone suppression to castration levels (≤ 50 ng/dL) during 12 months of treatment. The medical castration rates were:

- 98.3 percent (95% CI: 94.8%; 99.4%) in the degarelix 240/160 mg arm
- 97.2 percent (95% CI: 93.5%; 98.8%) in degarelix 240/80 mg arm
- 96.4 percent (95% CI: 92.5%; 98.2%) in the leuprolide 7.5 mg arm

The key secondary analyses showed that no testosterone surges were observed in the degarelix arms and that 96 percent of patients attained medical castration 3 days after the first degarelix dose compared to no patients receiving leuprolide.

The most commonly observed adverse reactions (frequency of >10 percent) in either degarelix arm included injection site reactions (e.g., pain, erythema, swelling or induration), hot flashes, weight increase, and increases in transaminases and gamma-glutamyltransferase. The majority of the adverse reactions were grade 1/2 in severity; grade 3/4 adverse reactions were uncommon. The injection site reactions were transient, with frequencies of 35-44 percent in the degarelix arms compared to a frequency of <1 percent in the leuprolide arm. Hepatic laboratory abnormalities were generally reversible, with grade 3 abnormalities in less than 1 percent of patients. There were no important differences in adverse reactions between the two degarelix arms, except for fewer injection site reactions in the 240/80 mg arm.

The recommended dosing regimen is a starting dose of 240 mg given as two subcutaneous injections of 120 mg each followed by monthly maintenance doses of 80 mg given as a single subcutaneous injection.

NCI's Web site, www.cancer.gov, contains comprehensive information about cancer causes and prevention, screening and diagnosis, treatment and survivorship; clinical trials; statistics; funding, training and employment opportunities; and the institute and its programs. You can also get cancer information online through the LiveHelp instant messaging service at <https://cissecure.nci.nih.gov/livehelp/welcome.asp>. If you live in the United States, you may call the NCI's Cancer Information Service toll-free at 1-800-4-CANCER (1-800-422-6237) for cancer information in English and Spanish! h. For deaf and hard of hearing callers, the TTY number is 1-800-332-8615.

Advanced Quality Abstracting Webinar:

This is a brand new cutting edge program developed by NCRA's Advanced Education Committee led by Herman Menck and taught by some of the industry's leading trainers! This series is aimed at understanding and addressing complex coding issues to reduce discrepancies in collaborative and TN&M staging and multiple primary and histology coding. This is an advanced series based on data compiled from IACoS/COC I&R, SINQ, NPCR Train the Trainer seminars, and state inquiry systems that goes well beyond the basics. This is a quality education program that you can access from the convenience of your own desktop, LIVE! Each webinar will last 90 minutes and end with a live Q&A session.

(Individual webinars are \$50 Member rate /\$75 Regular rate)

Learning Objectives

Participants of this series will:

- Understand how to abstract and code difficult data items.
- Develop a higher competence for quality control/review of other abstractors
- Develop greater confidence with MPH (multiple primary/histology)

Schedule @ 2pm ET

- March 19, 2009 - **Advanced Quality Abstracting for *Head & Neck***
- May 14, 2009 - **Advanced Quality Abstracting for *Lung***

Register now : <http://www.ncra-usa.org/files/public/Adv.Web.pdf>

Cyber Cancer Registry

The Centers for Disease Control and Prevention (CDC) National Program for Cancer Registries (NPCR) and NCRA are collaborating in a project to develop a web-based system to assist in the education of current and future cancer registrars. This Cyber Cancer Registry will consist of modules to provide hands-on training in core aspects of cancer registration for hospital-based registrars, central registry personnel, and cancer information management students. This will include modules in casefinding, abstracting, and follow-up.

In practice, these modules can be used to enhance the education of newly trained cancer registrars and can potentially serve to satisfy part of the clinical practicum for NCRA-approved formal education programs.

Each module will give immediate feedback to the stu-

dent, track the training hours and provide a certificate of completion for each component successfully finished. The Cyber Cancer Registry will be built upon actual medical records, which will be used in all aspects of education.

The initial phase in the development of the Cyber Cancer Registry will focus on hematopoietic primaries. Other primary sites may be requested in the future. Your assistance is requested by providing copies of pertinent information from the medical record. Information provided will be used to simulate casefinding and abstracting activities.

Download Call for Casefinding Reports:

<http://www.ncra-usa.org/i4a/pages/Index.cfm?pageID=3370>



Principles of Oncology Training Program for 2009

AFritz 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/.htm.

2009 CTR Examination Preparation Workshops

AFritz 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 workshop will be August 13-15 prior to the September 12-26 examination period. Register now .

NCCN 14th Annual Conference: Clinical Practice Guidelines & Quality Cancer Care™

March 11 – 15, 2009 The Westin Diplomat, Hollywood, Florida

REGISTRATION FEES ARE:

Physicians, Pharmacists, and other health care related professionals (not including Industry)

After 01/28/2009: \$495.00

Your registration fee includes all conference materials, breakfast and lunch on conference days, and a welcome reception the evening of March 11, where you can discuss issues with NCCN Guidelines Panel Members and other prominent faculty.

Register online or download the registration form, from the NCCN website at:

<http://www.nccn.org/professionals/meetings/14thannual/default.asp>

If you register for the conference and then cannot attend, a substitute attendee may be sent in your place. A \$50 administration fee will be charged for each substitution. A \$50 administration fee will be charged for cancellations received through January 28, 2009. After January 28, the registration fee is not refundable.

Educational Objectives

Following this program, participants should be able to:

- **Roundtable: Cancer as a Chronic Disease: What Should be Done to Serve Cancer Survivors in 2009 and Beyond?**
- **NCCN Non-Small Cell Lung Cancer Guidelines Update**
- **Advances in Minimally Invasive Surgery**
- **NCCN Colon and Rectal Cancers Guidelines Update**
- **NCCN Pancreatic Adenocarcinoma Guidelines Update:**
- **NCCN Soft Tissue Sarcoma Guidelines Update:**
- **Roundtable: Finding and Achieving Value in Cancer Care:**
- **NCCN Task Force Report: Bone Health in Cancer Care:**
- **NCCN Task Force Report: Management of Dermatologic and Other Toxicities Associated with EGFR Inhibition in Patients with Cancer:**
- **NCCN Kidney Cancer Guidelines Update:**
- **NCCN Non-Hodgkin's Lymphomas Guidelines Update:**
- **New NCCN Guidelines: Cutaneous B-cell Lymphoma:**
- **NCCN Task Force Report: Tumor Markers in CML and Lymphomas:**
- **NCCN Breast Cancer Guidelines Update:**
- **NCCN Task Force Report: Integration of ER/PR Tumor Markers into Treatment Planning for Breast Cancer:**
- **NCCN Oncology Outcomes Database Project:**
- **NCCN Ovarian Cancer Guidelines Update:**
- **NCCN Melanoma Guidelines Update:**
- **NCCN Thyroid Carcinoma Guidelines Update:**
- **Advances in Radiation Treatment for Head and Neck Cancers:**
- **Sunday Brunch with the Experts: Considerations in Management of Antiemetic Therapy:**

These objectives are subject to change as agenda is finalized.

Last Update: 1/6/2009

NPCR Education and Training Series (NETS)

Educational Materials for Cancer Registrars

All Modules available on the NAACCR website: http://www.naacccr.org/index.asp?Col_SectionKey=10&Col_ContentID=82

The "Fundamentals of Registry Operations" educational series includes eight training sessions developed by the North American Association of Central Cancer Registries for the National Program of Cancer Registries (NPCR). These materials address various cancer registry functions and the necessary procedures for each. This series is an excellent training resource for new employees and provides reference materials for the experienced professional in either the central or hospital registry. The training includes general and specific information on each subject, tutorials, and a comprehensive test.

CDC-NPCR FUNDAMENTALS OF REGISTRY OPERATIONS CDS

- Disk 1: **Case Ascertainment: Procedures for Central Registries**
- Disk 2: **Principles of Abstracting: Procedures for Central Registries**
- Disk 3: **Data Editing and EDITS: Procedures for Central Registries**
- Disk 4: **Coding and Visual Editing: Procedures for Central Registries**
- Disk 5: **Follow-up: Active and Passive: Procedures for Central Registries**
- Disk 6: **Audits: Casefinding and Reabstracting: Procedures for Central Registries**
- Disk 7: **Data Collection and Coding: Race and Ethnicity: Procedures for Central Registries**
- Disk 8: **Basic Cancer Epidemiology and Biostatistics: Procedures for Central Registries**

CDC-NPCR HOW TO COLLECT HIGH QUALITY CANCER SURVEILLANCE DATA WEBINARS

Note: In order to view the webinar files on your computer, you must first have the WebEx player installed. If you do not have the WebEx player installed, click here to download the .wrf player from WebEx.

- Colon
- Prostate
- Breast
- Lung

Collaborative Stage Training

- CS Modules

Confidentiality Issues

- Anatomy of a Rumor (Real Player)
- Challenges to Data Confidentiality: From Rumor to Court Order (Real Player)
- Confidentiality and the Cancer Registry (Real Player)
- Massachusetts Confidential (Real Player)
- Recent Data Privacy Legislation in Minnesota (Real Player)

Data Interpretation

- Age-adjusting to the Year 2000 Standard

Death Clearance

- Death Clearance Procedures for Central Registries

GIS

- Learn about GIS-related web sites from this descriptive list (PDF)
- Learn about Geocoding
- Learn about Cartography
- Learn about Map Design

Health Level 7 (HL7)

- Adopting the HL7 Standard for Cancer Registry Work by T Tucker, H Howe, BKohler and JP Fulton (Real Player)

Multiple Lesions and Cancer Registry Cases Definitions

- Multiple Primary Module (Zipped PPT - Only applicable to cases diagnosed before 1/1/2007)

Timeliness of Cancer Reporting: Assessment and Improvement

- Timeliness of Cancer Reporting Part 1 (PDF)
- Timeliness of Cancer Reporting Part 2 (PDF)
- Timeliness of Cancer Reporting Part 3 (PDF)

SEER Cancer Registration and Surveillance Online Training Modules

- SEER's Training Web Site

**HAPPY
NEW
YEAR
2009**
January 1st

MLK
Day
January 19th



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Florida Cancer Data System Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF FEBRUARY 5, 2009

Total number of *New Cases* added to the FCDS Master file in January 2009: 14,950

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	71,652	1,650	1	1,265	2	Pending	74,570	14,560
2007	158,626	4,787	222	2,483	0	Pending	166,118	351
2006	164,632	9,126	2,645	1,730	0	2,684	180,817	39

	<u>Actual</u>	<u>Expected</u>
% Complete for:		
	2008	45%
	2007	100%
	2006	100%

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