

APRIL
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 Facility Change Form
- NAACCR Webinar: Using the National Death Index in Registry Mortality Ascertainment Activities on **5/07/2009**. Session #8 of 12 is being held at 3 Florida facilities and requires registration
- The winners of the Jean Byers Award for Excellence in Cancer Registration
- FCDS Register Vol. 43

Jacksonville, FL



The FCDS 2009 Annual Meeting

The Florida Cancer Data System invites you to participate in the Annual Meeting of the Florida Statewide Registry. The annual meeting will be held July 23rd-24th, 2009, at the Hyatt Regency Jacksonville Riverfront Hotel following the Florida Cancer Registrar's Association Annual Meeting on July 21st-22nd, 2009.

TOPICS:

DOH-UPDATE ■ FCDS-STATE OF THE STATE ■ FCDS IMPLEMENTATION UPDATE ■
WEB-BASED QC & FOLLOWBACK ■ DATA USAGE & RESEARCH ■
NATIONAL SURVEILLANCE PARTNERS ■ EDUCATIONAL WORKSHOP

REGISTRATION FEE: \$50.00/person

****Online Registration:** <https://fcds.med.miami.edu/scripts/register.pl> **

Please complete online registration form and mail the registration confirmation along with \$50.00 check or money order payable to Florida Cancer Data System by July 10th, 2009 to:

Florida Cancer Data System

PO. Box 016960 (D4-11)

Miami, FL 33101

Attention: Bleu Thompson



Happy Easter



Deadlines/Updates/Reminders

AHCA 2007 FOLLOW-BACK RECORDS FOR THE AMBULATORY SURGERY

CENTERS

The AHCA 2007 follow-back records for the Ambulatory Surgery Centers are now available online for review. The deadline is June 30, 2009.

FCDS completed the matching of the 2007 Ambulatory Discharges reported by the facilities' Finance-Billing/Medical Records Department to the Agency for Health Care Administration (AHCA). All records with principal or secondary diagnosis of cancer were linked to the FCDS database.

There are FCDS AHCA follow-back records for year 2007 available online for review. FCDS is now sending email notifications of records to review instead of mailing paper. If you do not have the FCDS IDEA AHCA Follow-back menu, you may request it or delegate it to another person (if you are a facility administrator/cancer registry manager).

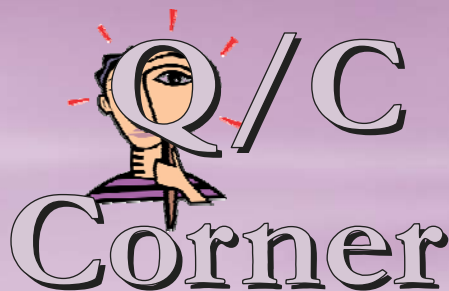
Reporting Options:

1) If there are 35 or less records identified, you need to submit copies of patient records (Face sheet, Summary, History & Physical, Operative Reports, Consultation Reports, Pathology Reports, Radiology Reports, Laboratory Reports and all other pertinent reports (if available) to FCDS for each of the records. Please mail a printed copy of the list along with the copies of the medical records. In order to protect and properly handle all packages, particularly those containing confidential patient information, we ask that US Postal Service mail including Express mail, Priority mail, and Certified mail be sent to FCDS via the PO Box address below. FCDS street address should only be used for Courier packages (Federal Express, UPS, Airborne Express). Please review FCDS General Mailing Recommendations at the FCDS website: <http://fcds.med.miami.edu/inc/contactus.shtml>.

2) If there are more than 35 records identified, you must review each case to decide if the case is reportable or non-reportable according to the FCDS Cancer Case Reporting Requirements outlined in Section I of the FCDS DAM. If the case is found to be non-reportable, assign the appropriate disposition code and press the submit button. If the record was previously reported to FCDS, then press the submit button, assign disposition code 07, accession number, and sequence number and press the submit button. In addition, upon review, any case found to meet the FCDS Cancer Reporting Requirements and found not to have been previously reported must be reported to FCDS using IDEA. Assign a disposition code of 01, accession number, and sequence number to the reportable cases and press the Submit button.

The deadline to complete the review and submission of any missed cases, including paper copies of medical records, is June 30, 2009.

Please keep in mind that all audits conducted by FCDS are dictated and closely monitored by the Florida Department of Health. Should you have any questions, please contact your Field Coordinator, Anne Auguste at (305) 243-2633.



Source: CS Staging Website, <http://www.cancerstaging.org/cstage/faq.html#prostate>

Prostate - CS Staging

QUESTION:

If a needle biopsy was done because of elevated PSA, and we don't have any clinical information to confirm whether the case was clinically apparent or inapparent, is the CS Extension coded as 15 (Tumor identified by needle biopsy, e.g., for elevated PSA) or as 30 (Not stated if Stage A or B, T1 or T2, clinically apparent or inapparent)?

ANSWER:

Revised Answer, 10/15/07. In this case, the best code is 30, since there is no clear statement of apparent or inapparent. After consultation with the AJCC curators for genitourinary tumors, a new note has been added to CS Extension to simplify coding in these situations. The new note reads, "A clinically inapparent tumor is one that is neither palpable nor reliably visible by imaging. An apparent tumor is palpable or visible by imaging. Do not infer inapparent or apparent tumor based on the registrar's interpretation of terms in the DRE or imaging reports. A physician assignment of cT1 or cT2 is a clear statement of inapparent or apparent respectively. Code to 30 (which maps to T2 NOS) in the absence of a clear physician's statement of inapparent or apparent. "

[Previous answer dated 9/23/04: Code what is known. It is known that the needle biopsy was done because of elevated PSA (Extension code 15).]

QUESTION:

Prostate CS Site Specific Factors 1 and 2 What are the main differences between the two?

ANSWER:

SSF 1 for prostate is the actual lab value of the PSA. SSF 2 is the interpretation of that lab value, in other words whether it is normal or elevated. Studies have shown that PSA values are considered elevated at different points for different age groups, so knowing what the actual value is and whether it was considered elevated. (April, 2004)



Georgia Center for Cancer Statistics

THE NATIONAL CANCER INSTITUTE'S ATLANTA SEER CANCER REGISTRY
IN CONJUNCTION WITH
THE ROLLINS SCHOOL OF PUBLIC HEALTH,
THE GEORGIA CENTER FOR CANCER STATISTICS,
AND THE WINSHIP CANCER INSTITUTE

May 11-15, 2009

INTERMEDIATE COURSE:

CANCER CASE ABSTRACTING, STAGING, AND CODING

Cancer Surveillance: Epidemiology and Data Utilization is designed to help participants learn the basics of cancer epidemiology and more effective ways to utilize cancer data. Topics will include descriptive epidemiology, analytic epidemiology, survival analysis, administrative/clinical uses of registry data, data presentation, advanced data editing, data analysis and cancer abstracting

July 20-24, 2009

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.



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

May 14, 2009 - Advanced Quality Abstracting for Lung

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

Principles of Oncology Training Program



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 November 16-20, 2009 in Reno, NV.

For more information on the Principles of Oncology program, go to

afritz.org/index.html.

2009 CTR Examination Preparation Workshops



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, in Reno, NV,
prior to the September 12-26, 2009 examination period.

Register now .

NAACCR CTR Exam Readiness Webinar Series



THE WEBINAR SERIES INCLUDES:

- Online interactive 'live' instruction with experienced instructors
- Eight 2-hour sessions carefully prepared to reflect the changes to the 2009 CTR exam
- Q&A sessions, study materials, take home tests
- A timed practice test

The webinar series will be presented once a week Tuesdays July 21 through September 8, 2009 from 1-3 p.m. Eastern Time (ET). The testing window for the CTR exam is September 12-26, 2009. The webinar series includes a one-hour follow-up session on Tuesday, September 29, 2009 from 1-2 p.m. ET

Online registration and a course syllabus can be accessed from the NAACCR website, www.naacr.org. Contact Shannon Vann (svann@naacccr.org; 217-698-0800 ext. 9) or Jim Hofferkamp (jhofferkamp@naacccr.org; 217-698-0800 ext. 5) for more information.

Passover



April 9th



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Florida Cancer Data System Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF APRIL 02, 2009

Total number of *New Cases* added to the FCDS Master file in April 2009: 19,342

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	101,502	2,605	2	1,760	2	Pending	105,871	17,742
2007	159,501	6,147	272	2,486	0	Pending	168,406	1,521
2006	164,773	9,062	2,785	1,730	0	2,684	181,034	79

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2008	64%	75%
	2007	100%	100%
	2006	100%	100%

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