

Register

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

Division of Cancer Prevention and Control

Volume 49 – October 2010



Notes from the Statistical Unit Data in Action

THE PROBLEM WITH MISSING DATA

BY RECINDA SHERMAN, MPH, CTR

As folks in the field know, cancer registries are public grants funded with public monies. FCDS and other cancer registries allow for the systematic analysis of cancer data to identify burden and trends of cancer and to generate hypotheses about cancer risk and etiology. Cancer registration is the fundamental surveillance method in the United States to systematically collect information about incidence and types of cancer, the anatomic location, extent of disease at the time of diagnosis, kinds of treatment received by cancer patients, and the outcomes of treatment and clinical management.

But a repository of information is not the goal of the registry. Florida Statute 385.202 states “The department shall establish...a statewide cancer registry program to ensure that cancer reports required under this section shall be maintained

and available for use in the course of any study for the purpose of reducing morbidity or mortality”. Because the ultimate goal is to reduce the burden of cancer among Floridians, collecting data is merely the beginning. Cancer registry data must be used. As Brad Wohler mentioned in the previous edition of The Registrar, the Florida data is used extensively by local and national researchers. While much of the research is intended to improve our understanding of cancer pathology, clinical progression, and etiology; or to describe populations at risk, conducting the research is also merely another step towards reducing cancer burden. The research must be followed by appropriate action such as developing or choosing appropriate and effective public health interventions for at risk populations.

But what if there is error in research? This could result in an inappropriate public health response. This is a

grievous prospect particularly because not only would the intervention fail to protect the population but it would possibly be a waste of public health funds. One of the ways errors can be introduced in research is through data missing in the registry data itself. Missing data can distort the conclusions of

(Continued on page 2)

Inside this Issue:

| | |
|---------------------------------|-----|
| The Problem with Missing Data | 1–2 |
| New Address Edits Clarification | 3–4 |
| New CTR Requirement | 5 |
| FCDS Annual Meeting | 6–8 |
| 2010 Reporting Requirements | 9 |
| Announcements | 10 |
| Calendar of Events | 11 |
| Reminder for FCDS IDEA Users | 12 |

research and result in ineffective public health response.

There are two types of data missingness: random missingness and systematic missingness. Both types can negatively impact researcher's results. Random missingness occurs when there is no pattern driving the missing data—the probability that variables are missing is not dependent upon the data itself but on chance. Systematic missingness is when the probability that variables are missing is dependent upon the data itself; there is a pattern driving the missingness.

Random missingness is difficult to address from the data collection standpoint, but fairly straightforward to handle during analysis. However, if random missingness is not addressed appropriately through analytic methods, it can lead to reduced power of the analysis. Reduced power in the analysis can lead to inconclusive or missed associations. This means a researcher can miss a very real problem because the results are not statistically significant.

Systematic missingness is difficult to adjust for statistically, but, once the root source is identified, the data collection piece can be resolved. Systematic missingness not only reduces the power of analysis, but can also lead to erroneous conclusions. But the good news is that CTR's and other registry personnel can address systematic missingness and reduce the likelihood of biased and incorrect research.



Missing data in cancer registries reflect two problems: 1) absence of clinical assessment and 2) failure of the surveillance system to capture the information. While the US cancer surveillance system is robust and follows national and international standards, systemic influences on


missing data have been reported and can potentially bias results. Let's look at two data items commonly used in academic research: stage at diagnosis and grade. Stage of disease at diagnosis,

which is a proxy for both screening uptake in a population and prognosis, and histologic grade, which is a proxy for aggressiveness of the cancer, are often missing in population based registries.

National patterns have emerged for completeness of stage and grade. Completeness of stage and grade is inversely related to socioeconomic status (SES). This means a patient with higher SES is less likely to have missing stage or grade. In fact, data quality overall that is reported from affluent areas is generally higher than in more impoverished areas. And missing stage and grade is higher among blacks than whites. Further, research on FCDS data show that cases reported to the central registry based on information from the death certificate alone, are an incomplete abstract missing both stage and grade, are not only patients that cross state lines to receive health care but also are patients more likely to live in areas of lower income. This means that the type of case (i.e. low income) influences the probability of whether stage or grade is missing in the FCDS data. So not only is research using these variables potentially missing important associations

due to reduced statistical power, but there is the potential of biased or incorrect results.

According to the latest Data Quality Indicator Report issued in 2009 by the CDC, Florida has a higher percentage of unstaged and ungraded cases compared to the other NPCR Registries. Florida has nearly double the percentage of unstaged cases for diagnosis year 2006 compared to other registries (8.9% compared to 4.8). While the percentage of ungraded cases is higher, Florida is more comparable to other NPCR registries for ungraded cases (36.2% versus 32.7%).

As mentioned previously, stage and grade data may be missing due to lack of clinical assessment. This is beyond the scope of any cancer registrar. But data are also missing when variables are not appropriately captured during abstracting. Electronic medical records (EMR) have the potential to consolidate key data about a patient and their cancer in one place. Whether EMR will increase registry data quality remains to be seen. In the meantime, it is the diligence and dedication of our CTR's that will continue to improve and maintain the high quality data of FCDS. 

References:

- 1) Adams J, White M, Forma D. Are There Socioeconomic Gradients in the Quality of Data Held by UK Cancer Registries? *Journal Epidemiology Community Health* 2004;58:1052-3.
- 2) Boscoe FP, McLaughlin, C, Schymura, MJ, Kielb, CL. Visualization of the Spatial Statistic Using Nested Circles. *Health & Place*, 2003;9:273-277.
- 3) Klassen, AC, Curriero F, Kulldorff M, Alberg, AJ, Platz, EA, Neloms ST. Missing Stage and Grade in Maryland Prostate Cancer Surveillance Data, 1992-1997 *American Journal Preventive Medicine* 2006;30(2S):S77-S87).
- 4) Sherman, RL. 2006. Relationship of Community Level Socioeconomic Status on Stage at Diagnosis of Colorectal Cancer (a master's thesis), OHSU, Portland, Oregon 2006.

New Address Edits Clarification



FCDS has received a number of calls regarding our new Address Edits which are now working correctly. We felt it was important to share the 2010 FCDS address field requirements with everybody – so you understand the requirements and the associated edits. Vendors were sent a blast email notifying them of this FCDS requirement.

Our primary focus continues to be on Florida residents, Florida Zip Codes, and Florida County Codes, and has always been used to identify ways to simplify data collection and to simplify how data is interpreted by researchers and other non-registry people. Most of the people who use our data have limited understanding or interest in learning about the inter-field relationships between our standard address fields (which states and counties and zip codes go together). They just want to use the data. We avoid this problem by limiting allowable codes for out of Florida counties and by not allowing the use of country codes in the county field.

While the FCDS field and code set requirements have changed, our requirements conceptually follow a long-standing policy.

- Different requirements are in place for the Address at DX and Address Current fields.
- FCDS Address at DX requirements are dependent upon Class of Case.
- Florida residents have specific requirements.
- Out of Florida residents may have different requirements and allowable values than Florida residents.

Below are the Tables we use in our programs to verify Address fields for reference:

| Address Current - State | Class of Case | Address Status | County | Zip Code |
|--|---------------|-----------------------------|----------|-----------|
| FL | 00-99 | Full Known Address Required | Valid FL | Valid FL |
| Non-FL exclude XX,YY,ZZ,AA, AP,AE and Canada | 00-99 | Full Known Address Required | 998 | State Zip |
| XX,YY | 00-99 | Unknown Permitted | 998 | 88888 |
| ZZ (NOT ALLOWED) | | | | |
| Canada,AA,AP,AE | 00-99 | Unknown Permitted | 998 | 99999 |

| Address At Dx - State | Class of Case | Address Status | County | Zip Code |
|--|-------------------------|---|--------------|------------------|
| FL | 00-30,34-43 | Full Address Required | Valid FL | Valid FL |
| FL | 31-33 | Full Address allowed but Unknown is permitted | Valid FL,999 | Valid FL,99999 |
| Non-FL exclude XX,YY,ZZ,AA, AP,AE and Canada | 00-14,34,35,38,40,41,42 | Full Known Address Required | 998 | State Zip |
| Non-FL exclude XX,YY,ZZ,AA, AP,AE and Canada | 20-33,36-37,43 | Full Address allowed but Unknown is permitted | 998 | State Zip, 99999 |
| XX,YY | 00-99 | Unknown Permitted | 998 | 88888 |
| ZZ | 00-99 | Unknown Permitted | 999 | 99999 |
| Canada,AA,AP,AE | 00-99 | Unknown Permitted | 998 | 99999 |

(Continued on page 4)

This is a summary of what the tables mean – in (hopefully) a somewhat easier to understand language.

- **COUNTY CODES - FCDS only allows Florida County Codes – if any residence is out of Florida – the county must = 998 or 999.**
- **The requirements for Address at DX differ depending on the Class of Case (see the table for details).**
 - **If the patient is diagnosed or diagnosed and treated in Florida – FCDS requires a complete Address at DX – regardless if Florida resident or not.**
 - o No unknowns allowed. There are rules in place for unknown residence – refer to the FCDS DAM.
 - o Florida residents have specific requirements
 - o Non-Florida residents have different requirements
 - **But, if a patient is only treated or the case is historical or the case represents a recurrence – Address at DX information can include “unknowns”.**
 - o Unknowns are allowed
 - o Florida residents have specific requirements
 - o Non-Florida residents have different requirements
 - o If the address is unknown – some specific codes must be used
 - **If the Address at DX information is known – regardless of class of case – then we expect it to pass the address edits that are in place.**
- **The requirements for Current Address DO NOT depend on Class of Case (see the table for details)**
 - **No unknowns are allowed.** There are rules in place for unknown residence – refer to the FCDS DAM.
 - Florida residents have specific requirements.
 - Non-Florida residents have specific requirements. ☞



CoC Flash Special Announcement

On Monday, October 4, 2010 the Commission on Cancer (CoC) will officially launch the new CAnswer Forum to replace the Inquiry and Response System. The Inquiry and Response System will remain accessible as a view only resource so that users can continue to research previously submitted questions and answers. The shift to this new platform will provide an opportunity for the user community to become more engaged in, and participate in a dialogue about how they interpret and use the data standards to abstract cancer cases, and how they interpret and use the cancer program standards to support accreditation. Thus the new system will allow for knowledge sharing among the user community working with data and cancer program standards on a daily basis.

The CAnswer Forum is a web-based and robust virtual bulletin board accessible to all cancer care professionals. The new format includes specific forums for discussion on all relevant topics such as American Joint Committee on Cancer

TNM staging, CoC Cancer Program Standards, Collaborative Stage (CS), Facility Oncology Registry Data Standards (FORDS), National Cancer Data Base (NCDB) Quality Tools, Multiple Primary/Histology (MP/H), ICD-0, Hematopoietic disease, and related topics. The user community can post questions to various forums as well as answer questions that others may have posted, thus serving as a resource available 24 hours a day, 7 days a week. The exceptions to this community-based system include the Collaborative Stage Forum inquires which will be answered by the Collaborative Stage Technical Advisory Panel (CTAP) and the Multiple Primary/Histology (MP/H), ICD-0, and hematopoietic inquires which will be answered by a panel from SEER.

All participants will be required to complete a one-time registration within the new CAnswer Forum and create a user ID and password (if you are a CoC Data links user, you may want to use the same password). To register please go to the following link, <http://cancerbulletin.facs.org/forums/> and become an active participant in this new

virtual environment by sharing your knowledge and lending your expertise to support the cancer care community.

Once you register and navigate to the home page in the system you will notice a host of supportive and instructional information. Click on “help” and the system will bring you to the FAQ documents where you will find everything you need to know about how to use the system, e.g. General Forum Use, Settings and Profile features, and Reading and Posting questions. Don’t miss the resource section where you can access the former Inquiry and Response System. Additional resources will be posted here in the near future and the Forum Calendars where educational program dates are posted.

We invite you to access the new CAnswer Forum today!

If you have any questions regarding the CAnswer Forum, please email CAnswerforum@facs.org

Source: CoC Flash Newsletter at <http://www.facs.org/cancer/>

New CTR Eligibility Requirement

CTR EXAMINATION: The National Cancer Registrars Association's (NCRA) Council on Certification promotes standardization in the collection and use of cancer data through examination and certification of Cancer Registrars and other cancer data specialists. The CTR®, Certified Tumor Registrar, credential marks achievement, fosters professional pride, and is nationally recognized in recruitment and retention of registry personnel. Exam Application Forms, Registration Deadlines, Examination Handbooks, and other information is available on the NCRA Council on Certification Website <http://www.ctrexam.org>.

2011 CTR EXAMINATION DATES

- **March 5-19, 2011** (Application due by January 31, 2011)
- **September 10-24, 2011** (Application due by July 31, 2011)

ELIGIBILITY: Candidates for the CTR examination must meet eligibility requirements that include a combination of experience in a CTR-staffed cancer registry and education in an NCR-accredited program or allied health degree. Candidates must meet all requirements in one or more of the following eligibility routes:

Route A:

Experience: Successful completion of 160 hours of work practicum in a CTR-staffed cancer registry.

Education: NCRA-Accredited Associate Degree Program or successful completion of an NCRA-Accredited Formal Education Program and successful completion of a minimum of an Associate degree or equivalent.

Route B:

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the Cancer Registry field.

Education: Successful completion of an Associate degree or equivalent in an approved college level curriculum in a recognized allied health field as determined by NCRA's Council on Certification.

Route C:

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the Cancer Registry field.

Education: Successful completion of a minimum of an Associate degree or equivalent and license or certification in a recognized allied health field as determined by NCRA's Council on Certification.

Route D:

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the Cancer Registry field.

Education: Successful completion of a Master's level or higher college level curriculum in a recognized allied health field.

2011 CTR Exam – Resources



2011 CTR Exam Handbook & Application — COMING SOON!

CSv2 will be tested on 2011 exams, specifically Bladder, Breast, Colon, Lung, & Prostate.

Updated resources for 2011 exams:

[AJCC Manual 7th Edition](#)

[NAACCR's Data Stds Vol II, v 12.1](#)

[SEER Program Coding & Staging Manual 2010](#)

[Hema Coding Manual 2010](#)

Visit www.ctrexam.org for more information



FCDS Annual Meeting

FCDS held our 2010 annual meeting on July 22-23 at the beautiful Renaissance Orlando at SeaWorld Hotel in Orlando. We were thrilled to count more than 150 registry professionals in attendance. Our conference objectives were incredibly ambitious and included presentations to help registrars and cancer case abstractors: understand 2010 changes to national cancer surveillance data collection standards; understand 2010 changes to FCDS Core data collection requirements; understand the impact of 2010 changes on abstracting, coding and quality control activities; understand how to use the 2010 Hematopoietic and Lymphoid Coding Rules; understand how to use the 2010 Collaborative Stage Data Collection System, version 2; and then explain how to apply the 2010 changes to cancer case data collection procedures in Florida healthcare and cancer reporting facilities.

NCRA approved the program for 10.75 CE Hours. NCRA Recognition Number 2010-086.

For your convenience and reference, the agenda and all presentations from the annual conference are available on our web site at: <http://fcds.med.miami.edu/inc/downloads.shtml#fcdsannualconferences>.

Recognizing that two-days of FCDS meetings immediately following two full days of educational presentations hosted by the Florida Cancer Registrars Association (FCRA) would not provide sufficient background and training to address the many 2010 changes; FCDS announced a planned

6-part webcast series that would immediately follow the annual meeting with the first webcast to be held on July 29th. This 6-part planned webcast series is expected to provide additional training on Collaborative Stage, Hematopoietic and Lymphoid Neoplasms, and other 2010 cancer reporting changes. Of note is that since our original announcement, the series has since been expanded to 9 webcasts in recognition of the level of training needed by our Florida registrars and abstracting community. Each two-hour webcast is being recorded. All recordings and handouts including slides, additional materials, practice cases and answer sheets covered in the 2010 FCDS Educational Webcast Series is available on the FCDS website.



FCDS was very happy to be able to host a drawing for two AJCC Cancer Staging Manuals, 7th edition. Sally Kruse and Nancy Maul were the

lucky winners. Congratulations to both Nancy and Sally!!

Now, back to the meeting; Dr. Youjie Huang and Dr. Jill MacKinnon welcomed conference participants with a special announcement that this year



represents the 30 year anniversary of FCDS and the long-term collaboration between the

Florida Department of Health and FCDS through the University Of Miami Miller

School Of Medicine. We have all seen tremendous change in healthcare delivery, technology, and scientific discovery over the past 30 years. And, the registry community including, FCDS, cancer registrars, and the Florida healthcare community has grown with these changes. Cancer data standards and reporting requirements have continued to evolve along with changing healthcare and medical research industries. FCDS would like to offer a special thanks to all of our Florida registrars and all of the various cancer case reporting facilities for 30 years of continued support and growth. We can all boast of an exemplary state-wide cancer program with collaboration, cooperation and participation from across all Florida's healthcare communities, cancer registrars, and cancer surveillance partners.



Dr MacKinnon provided us with her annual *State of the State* address and a high-level overview of FCDS activities during the past 12 months and into the next 12 months. This is an exciting time for FCDS with some highly-anticipated program enhancements we hope will come about through our participation in the CDC's National Program of Cancer Registries through special funding sources being made available under the American Recovery and Reinvestment Act of 2009. More on

(Continued on page 7)

these new activities will be forthcoming as we learn more about program requirements and Florida's level of participation.

Dr Youjie Huang provided us with a *DOH Update on Research* by sharing one particular program success and a vision of some additional enhancements anticipated under the Agency for Healthcare Research and Quality (AHRQ), also with funding made available under the American Recovery and Reinvestment Act of 2009. The notable program success was that FCDS and the Florida Department of Health through a special agreement with the national Centers for Medicare and Medicaid Services (CMS), Florida was granted permission to match FCDS data with Medicare files. Florida is the first non-SEER registry to be granted this permission. This is a highly coveted prize that FCDS and DOH are proud to be a part of with special thanks to the folks at CMS for recognizing the value of a FCDS/CMS linkage. The new AHRQ project is exciting in that it provides FCDS and DOH with some new data streams including Medicaid data and Electronic Medical Records (EMR) links with several pilot facilities in Florida. This will provide FCDS with a new dimension in data capture and data use and will serve as some of the new infrastructure and evolving foundation for electronic reporting and data enhancement into the immediate future. We are very excited so much is happening on the e-reporting front across our state and across the country. Registrars need not be concerned; there will always be plenty for you to do, even in a new era of electronic reporting. Your expertise in understanding these data and in providing high quality summary cancer data will continue to grow and evolve right alongside.

Brad Wohler shared some additional detail on the special project with the FCDS, DOH, and CMS collaboration and continued investigations into the



Utility of Financial Data for Registry Enhancement. Brad discussed the level of patient matching demonstrated when FCDS cancer records were matched with the national CMS files as well as the enhanced data that can be used to supplement FCDS data by filling in gaps in treatment course information and long-term follow-up accomplished via this linkage.

Steven Peace introduced the list of *NAACCRv12.0 and 2010 Transition/Implementation* topic(s) and went into some detail as to the types of procedural changes, data item changes, new data items, and core requirements FCDS would be enforcing for 2010 reporting slated to begin on July 1, 2010. FCDS recognized that some vendor abstracting software and release of some 2010 national reporting standards had been delayed, which in turn may have caused various setbacks in vendor and hospital 2010 implementation timelines. FCDS was very happy to announce that the FCDS IDEA single entry module is up and running and a process is already in place for facilities who utilize vendor-provided cancer registry software to begin pre-approving upload batches of transmission files in v12. FCDS also recognized that there is a steep learning curve associated with the new 2010 requirements and that you registrars are, have been, and are expected to continue diligently attending education and training programs in an effort to become proficient with the new requirements. We anticipate that following the initial learning curve that abstracting will return to normal and reporting will settle back into routine.

Steven Peace and Mayra Espino discussed how the new 2010 standards are expected to affect *FCDS Quality Control/Quality Improvement* activities including electronic edits, visual editing, and data



quality studies like the re-abstracting field studies. FCDS plans to enhance the Quality Control Standards for both electronic edits and visual editing in 2010-2011 with anticipated publication of Florida standards before the end of the year. FCDS is standardizing the FCDS Edits incorporating national EDITS Metafile use, national standard edits, and some unique-to-Florida edits that may be introduced as new national standards. Visual Editing Standards are being written in light of greatly expanded text fields that the CDC NPCR Data Quality Program expects to better document all coding choices and facility QC of cases. FCDS will comply with this enhanced view of visual editing and expanded text requirements with new standards and additional visual editing of data submitted from all reporting sources. Mayra shared the results of the 2007 FCDS Re-Abstracting Field Studies and recognized deficient areas along with recommendations for improvement. There were no huge surprises in the field study. However, FCDS is paying attention to deficient areas and using the results of this and other studies to enhance and develop high quality education and training programs geared toward improving outcomes in future years.

The core content of Jill MacKinnon's presentation on *The CTR and the EMR (Electronic Medical Record)* had already been covered in earlier presentations of *Data Enhancement* and new program announcements. FCDS recognizes that in 2010 the EMR is a reality and we are working hard to leverage FCDS alongside Florida Registrars and other contributing cancer and affiliated healthcare programs to best utilize the EMR and existing data streams including billing data, treatment data, pharmacy data and other key healthcare delivery electronic records

(Continued on page 8)

systems to enhance and evolve cancer reporting across the state. We recognize and appreciate all of the various contributing and collaborating agencies, programs, healthcare facilities, and registrars for their combined significant contributions in this emerging and challenging field. Mark Rudolph and Steven Peace presented an overview and demonstration of the NEW FCDS IDEA. FCDS IDEA is now being hosted on a new platform, has a new look and feel, but essentially does everything that the old IDEA did...just faster and smarter. These changes were introduced alongside the 2010 changes and upgrades to NAACCRv12. While this incorporates many levels of changes all at once, FCDS felt the time was right to upgrade all systems at the same time to position our registry for the next 5-10 years and allow us greater flexibility and capability to address the continuous changing cancer reporting environment into the future. If you have any questions about the new IDEA, please contact Mark Rudolph or your FCDS Field Coordinator.

Steven Peace closed the day with a whirlwind introduction to the *2010 Hematopoietic and Lymphoid Neoplasm Coding Rules and Database*. The materials from this 1 ½ hour presentation were a synthesis of 6 hours of SEER-sponsored presentations developed to introduce the new rules and database. Steve reassured the audience that there would be additional Florida training provided on the rules and database during at least two of the upcoming webcasts in the FCDS 2010 Educational Webcast Series.

Day 2 was just as jam-packed as Day 1 beginning with Mayra Alvarez and Steven Peace providing a big-picture but still somewhat in-depth training on what is contained in and how to use the *Collaborative Stage Data Collection System Coding Instructions – Part I and Part II*. The Part I Instructions are broken down into Part I – Section 1: General Instructions, and Part I – Section 2: Lab Tests, Tumor Markers, and Site Specific Factor Notes. The information provided included an introduction to basic rules that govern Collaborative Stage Data Collection and detailed information on Lab Tests and Site Specific Factors. Information included in these two presentations will be directed at individual cancer sites and site-specific rules and schema, and will be reinforced and coupled with cancer-site-specific presentations of Collaborative Stage Data Collection requirements during the FCDS 2010 Educational Webcast Series.

Steven Peace reviewed in detail the *2010 Key Abstracting and Coding References and Resources*. A handout was provided as a reference to registrars so they would know what, where, and when different resources and references changed and which resources and references must be used for all 2010 cases. Jill MacKinnon was very excited to announce the availability of the *FCDS Online Incidence Abstractor Training Course*. This new method of instruction for new abstractors includes on-line recordings, presentations, and web-based self-instruction. Registered students must take a quiz at the end of

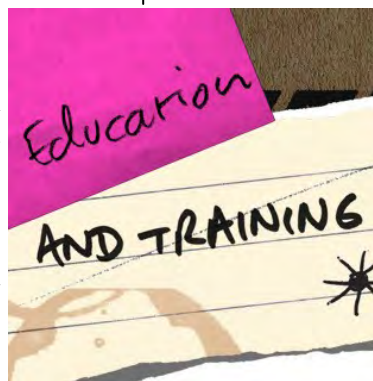
each section and work practice cases to meet abstracting standards. FCDS plans to continue enhancements following our initial roll-out of the new course. For 2011 we plan to update the staging and coding sections and to introduce self-testing and a “must-pass” requirement to move on to the next module. This is an exciting project that will move new abstractors along a cancer reporting learning curve and will serve as an evolving training resource for FCDS and Florida registrars both new and experienced.

We concluded our Day 2 activities with a fun game of Hematopoietic and Lymphoid Neoplasm

Jeopardy brought to FCDS with permission by the NCI SEER Program. SEER developed the game to be used with the 2010 Advanced Topics for Cancer Registry Professionals in Palm Springs, California. Steven Peace was one of the key developers and the host for Heme/Lymph Jeopardy 2010.

We would like to thank all of the presenters for their contributions in making our meeting a success! Special thanks to our speakers Dr Youjie Huang, Ms. Tara Hylton, Dr Jill MacKinnon, and Steven Peace.

Next years' meeting will be held in Tampa, Florida. We look forward to seeing you there! ☺



2010 Reporting Requirements

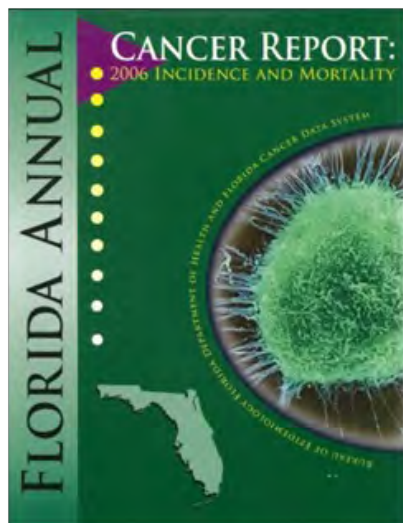


The Florida Department of Health (DOH) has asked FCDS to remind all Florida cancer registrars and cancer reporting entities that they are legislatively mandated to submit cases to FCDS within 6 months of diagnosis. We are aware that the Commission on Cancer (CoC) announced in the 8/31/2010 CoC Flash that they plan to extend their abstracting requirement for completing 2010 cases from June 30, 2011 to January 2012 for the National Cancer Data Base Call for Data. However, Florida cancer reporting requirements are separate from the CoC requirements for accreditation and NCDB Call for Data. The Florida Department of Health (DOH) and Florida Cancer Data System (FCDS) must continue to be in compliance with CDC National Program of Cancer Registries reporting deadline. FCDS will closely monitor reporting completeness and timeliness through the 2010 reporting year cycle and we will report progress regularly to the Florida Department of Health.

DOH and FCDS recognize that some vendor abstracting software and release of some 2010 national reporting standards was delayed, which in turn may have caused various setbacks in your respective 2010 implementation timelines. We also recognize that there is a steep learning curve associated with the new 2010 requirements and that you have been diligently attending education and training programs in an effort to become proficient with the new requirements.

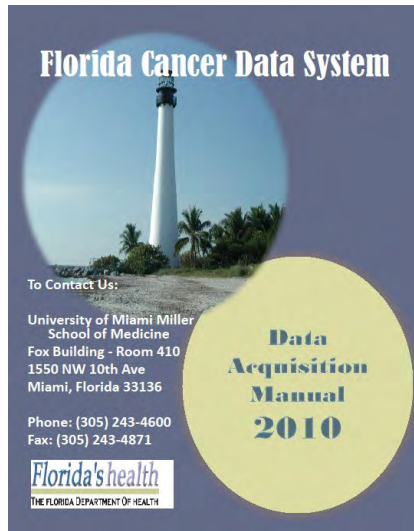
We appreciate your longstanding efforts to support the Florida Department of Health and FCDS in retaining our excellent reporting standards. Your contributions continue to be the structural underpinning of the Florida cancer surveillance efforts. If the DOH and/or FCDS staff can support you at your facilities and with your facility administration to remain in compliance with Florida cancer reporting legislation, please let us know. The best way to do this is by communicating through the FCRA/FCDS task force. You can access them at taskforce@fcra.org or by clicking on the Task Force Picture on the FCDS web site: <http://fcds.med.miami.edu/inc/contactus.shtml>.

Annual Report



Now available on line at
<http://fcds.med.miami.edu/>
 Click on "What's new" tab

DAM 2010



Now available on line at
<http://fcds.med.miami.edu>
 Click on "What's new" tab

PRE-APPROVAL PROCESS

For those that need a refresher course on the Pre-approval process, please go to the FCDS website (fcds.med.miami.edu), click on the "downloads" button, click on FCDS teleconferences, click on 2010 and search for July 7th, "FCDS IDEA Training". This session demonstrates the 2010 Pre-Approval Process.

Below is a summary of the process:

File Structure Check – As your abstracts are uploaded we check to make sure that each field has the proper length and data type. For example, if we find letters or spaces included in the histology field, it would fail file structure check. If your abstracts fail file structure, please contact your vendor or IT Department in order to resolve these discrepancies.

Pre-Approval of Abstracts – It is important to ensure that the data that is submitted is what you expect us to receive. To accommodate this, we select 10 random abstracts from your initial submission and ask you to verify each field of each abstract to ensure the data is in fact in the proper field locations you coded it for. Once all 10 abstracts are reviewed and approved, the batch will be subjected to edits and you will be able to use the normal batch upload processing going forward. If any of the 10 abstracts cannot be verified, this abstract sample will be removed from our system and you will need to fix the problem and submit your batch again for review.

Upload/Edit Abstracts – The process remains the same as the previous version. You will be able to upload a batch of abstracts. The FCDS edits metafile will be processed against your batch. If all edits are passed, the cases will be accepted into our system for further processing by your field coordinator. If these edits fail, the batch will be rejected and you will be asked to correct the abstracts with discrepancies and resubmit the batch.

For further instructions or questions, please contact your Field Coordinator.



Cancer Awareness

OCTOBER

NATIONAL BREAST CANCER AWARENESS MONTH
 NATIONAL MAMMOGRAPHY DAY (OCTOBER 22ND)

NOVEMBER

LUNG CANCER AWARENESS MONTH

"Source: 2010 National Health Observances, National Health Information Center, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Washington, DC."



SEER*Rx 1.5.0 (updated 9/27/10)
 TO OBTAIN THE MOST RECENT
 VERSION VISIT THE
 SEER WEBSITE AT:

<http://seer.cancer.gov/tools/seerrx/>

CALENDAR OF EVENTS

CALENDAR OF EVENTS

NAACCR CANCER REGISTRY & SURVEILLANCE WEBINAR SERIES 2010-2011

- Time:** 9:00 am—12:00 pm
- Locations:** Baptist Regional Cancer Center (Jacksonville, FL)
Boca Raton Community Hospital (Boca Raton, FL)
Gulf Coast Medical Center (Panama City, FL)
H. Lee Moffitt Cancer Center (Tampa, FL)
M.D. Anderson Cancer Center (Orlando, FL)
Shands University of Florida (Gainesville, FL)
- Contact:** Steve Peace at 305-243-4600 or speace@med.miami.edu
- To Register:** <http://fcds.med.miami.edu>

| Date | Topic |
|----------|---|
| 10/07/10 | Collecting Cancer Data: Endometrium |
| 11/04/10 | Collecting Cancer Data: Hematopoietic Disease |
| 12/02/10 | Collecting Cancer Data: Liver and Biliary Tract |

FCDS 2010 EDUCATIONAL WEBCAST SERIES

- Time:** 1:00 pm—3:00 pm
- Dial-in Number:** 877-807-5706
- Participant Code:** 261452
- Link to web session:** <https://webmeeting.med.miami.edu/fcfs2010educationseries/>

| Date | Topic | CE Hours | NCRA Program Recognition Number |
|------------|---|----------|---------------------------------|
| 7/29/10 | Collaborative Stage: Lung <i>* Recorded & posted on the FCDS website*</i> | 2 | 2010-105A |
| 08/12/2010 | Collaborative Stage: Breast <i>* Recorded & posted on the FCDS website*</i> | 2 | 2010-105B |
| 08/26/2010 | Collaborative State: Prostate <i>* Recorded & posted on the FCDS website*</i> | 2 | 2010-105C |
| 09/09/10 | Collaborative Stage: Colon <i>* Recorded & posted on the FCDS website*</i> | 2 | 2010-105D |
| 09/23/10 | Hematopoietic and Lymphoid Part I <i>* Recorded & posted on the FCDS website*</i> | 2 | 2010-105E |
| 9/30/10 | Hematopoietic and Lymphoid Part II <i>* Recorded & posted on the FCDS website*</i> | 2 | 2010-105F |
| Pending | FCDS Reportable: 2010 Casefinding and the NEW Class of Case Codes | 2 | Pending |
| Pending | Heme/Lymph Part III—Collaborative Stage for Hematopoietic and Lymphoid Neoplasms | 2 | Pending |
| Pending | Collaborative State: Malignant Melanoma and Other Skin Cancers | 2 | Pending |

REMINDER FOR FCDS IDEA USERS THAT SEND FULL ABSTRACTS VIA FCDS IDEA FILE UPLOAD:



We are getting a few batches of records that were uploaded, but not verified. Remember that the first upload per facility is what we call the **Verification/Pre-approval Batch**.

- Ten records from your first upload are randomly chosen.
- You must then visually review these 10 records using the FCDS IDEA menu choice.
 - Full Abstract Processing
 - V12
 - Pre-Approval
- Review the 10 records to make sure that your vendor software is putting the data in the correct places in the upload file.
 - After you press the 'pass' button on each of the 10 records and click on the 'approve batch' button
 - Then FCDS/NAACCR Edits will be run on the entire batch.
 - If the batch passes edits, then FCDS has the records and you are done with this batch.
 - If the batch fails edits, the edit journal will print the errors.
 - You must make corrections on your system
 - Make a new upload file
 - Re-upload the file to us

The pre-approval/verification process will be skipped in future batches since you already visually inspected 10 records. ☺

Register

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

Miller School of Medicine • University of Miami
PO Box 016960 (D4-11) • Miami, FL 33101
305-243-4600 • <http://fcds.med.miami.edu>

Principal Investigator/Project Director
Jill A. MacKinnon, PhD, CTR

Med Director
Lora Fleming, MD, PhD

Administrative Director
Gary M. Levin, BA, CTR

Editorial Staff
FCDS Staff

Contributors
Recinda Sherman
Dr. Jill MacKinnon
Mike Thiry
Betty Fernandez
Steve Peace

Graphics Designer
Bleu Thompson



The FCRA/FCDS Task Force is actively working on many issues that all registrars are facing. If you have any questions, issues or suggestions that you would like the task force to review, please email them to taskforce@fcra.org.

The task force meets the first Thursday of every month. We will respond back to your inquiries as quickly as possible.



HAPPY THANKSGIVING!

As President, on October 3rd 1789, George Washington created the first Thanksgiving Day designated by the national government of the United States of America and issued the first national Thanksgiving Day Proclamation in the year 1789 and again in 1795. The tradition of giving a Thanksgiving Proclamation continues to this day.

*The staff of the Florida Cancer Data System
wish you a Happy Thanksgiving.*