

MONTHLY
JOURNAL OF
UPDATES AND
INFORMATION

Monthly Memo

What's New:

The following information is currently available on the FCDS website.

**JEAN BYERS AWARD
FOR EXCELLENCE IN CANCER
REGISTRATION :**
Current and Past Winners

**FCDS/NAACCR
WEBINAR SERIES:**
Collecting Cancer Data:
Bladder, 3/03/2011,
BEING HELD AT 6
FLORIDA
FACILITIES AND
requires registration

**RESOURCES FOR
REGISTRARS**
***UPDATED**
01/14/2011

FCDS REGISTER
VOL. 50



FCDS

**2011 Annual
Conference**

The 2011 Florida Cancer Data System Annual Conference is being held July 28-29, 2011 at the Renaissance Tampa International Plaza Hotel. The FCRA Annual conference is at the same hotel and precedes the FCDS conference.

TOPICS:

- 2011 Changes to FCDS Data Collection
- NPCR CER and AHRQ Projects and Data Requirements
- Collaborative Stage Data Collection System Version 02.03.02
- FCDS Quality Control - Feedback on Data Quality
- CSv2 Educational Workshop

REGISTRATION ONLINE: <https://fcds.med.miami.edu/scripts/register.pl>

REGISTRATION FEE: \$50.00

You may visit the hotel reservation link available on the FCDS registration page (click or copy and paste link listed) or call 1-800-644-2685 and reference the group code "**CERCERA**" to get the group rate of **\$129.00**.

*****Deadline for group rate reservations 7/4/2011.*****

For more information you may contact:

Bleu Thompson
bthompson@med.miami.edu
305-243-2635

Deadlines, Updates, & Reminders

FLORIDA CENTRAL CANCER REGISTRY SPECIALIST



The University of Miami, Miller School of Medicine has two opportunities available for a Central Cancer Registry Specialist located on our Medical Campus in Miami, Florida. This individual will be responsible to be the primary point of contact between the Florida Cancer Data System (FCDS), Florida's statewide population based cancer registry, and our reporting sources (hospitals, physician offices, radiation treatment centers and surgery centers). Primary duties include the processing, review and correction of submitted cancer abstracts by the reporting sources, developing relationships with each assigned facility and being the primary contact for questions and issues.

Position requirements are:

1. A minimum of two years experience in a cancer registry;
2. NCRA certification as a Certified Tumor Registrar (CTR) or CTR eligible with cancer abstracting.

Send resumes to mthiry@med.miami.edu or call 305-243-2639 for more information.

FCDS IS NOT ACCEPTING ANY 2011 CASES.

Please hold any abstracted 2011 cases until you hear from FCDS that we are prepared to receive the 2011 cases.

A few of you have already tried to slip one or two cases in – we will delete them.

Thank you.

~ FCDS QC Team



Deadlines, Updates, & Reminders

SR REGULATORY ANALYST/QUALITY CONTROL COORDINATOR

FCDS, Florida's population-based state-wide cancer registry, has an exciting job opportunity for an experienced CTR as a Senior Regulatory Analyst/Quality Control Coordinator. The QC Coordinator will work directly with the Manager of Data Quality and Education and Training and the FCDS Data Quality Team. The FCDS Data Quality Team is involved in the overall planning and delivery of various data quality studies across the state of Florida (reporting completeness, abstracting completeness, and coding accuracy) as well as ad hoc data quality and quality improvement activities that combine to make-up the FCDS Quality Control Plan. The FCDS Data Quality Team is also actively involved in the development and delivery of high quality education and training programs geared toward both new and experience cancer registrars. This is a challenging and rewarding position for a highly motivated CTR. FCDS is a busy hub of activity that includes cancer reporting from many types of report sources.

Routine responsibilities include: the Quality Control of abstracted/coded data to ensure that all cases received by FCDS are accurate and reliable and that data meet or exceed national data quality standards; re-casefinding and re-abstracting field audits and audit reconciliation activities; response to technical inquiries from in-the-field registrars, and serving as a subject matter expert to both hospital registry staff and the staff at the central registry. Experience with electronic data capture, e-path, and other electronic health records including EMRs is also highly desirable.



Qualified individuals should have a bachelor's degree and at least three years relevant work experience in a cancer registry as a CTR. Applicants must demonstrate a working knowledge of ICD-O-3, ICD-9-CM, ICD-10 including ICD-10-CM/PCS, and HCPCS/CPT coding. Understanding of national cancer case abstraction and cancer registry coding standards and related best practices is a requirement. Experience in epidemiological and/or clinical research studies is a plus.

The University of Miami, Miller School of Medicine is proud to offer those who lead with us competitive salaries, medical; and dental benefits, tuition remission, vacation, university paid holidays and much, much more. The University of Miami is an Equal Opportunity/Affirmative Action Employer. Please send cover letter and resume/CV to Steven Peace at speace@med.miami.edu.



NCRA 37th Educational Conference For Cancer Registry Professional

Date: May 15—18, 2011

Location: Orlando, FL at Disney's Coronado Springs Resort

The following events are offered through the online Registration Site in the order as they appear below:

- NCRA Full Conference Registration: Mon., May 16th – Wed., May 18th
- NCRA One Day Only Registration: Mon., Tues., Wed., May 16th-May 18th
- Guest Registration: Monday, May 16th-18th
- Fundamentals of Abstracting Workshop: Mon., May 16th – Wed., May 18th
- Central Cancer Registry: Design Management & Use Workshop: Sat., May 14th & Sun. May 15th
- NAPBC Workshop: Saturday, May 14th
- Survey Savvy Review Workshop: Sunday, May 15th

For more information on the NCRA Annual Conference visit the NCRA website at:

<http://www.ncra-usa.org>

FCDS/NAACCR 2010-2011 Cancer Registry and Surveillance Webinar Series Registration

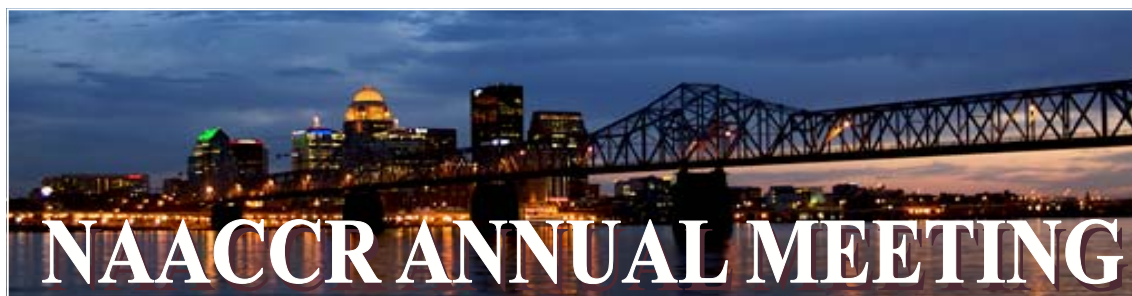
The Florida Cancer Data System is happy to announce that for another year we will be presenting the NAACCR 2010-2011 Webinar Series at six locations throughout Florida:

- Boca Raton Community Hospital (Boca Raton, FL)
- Moffitt Cancer Center (Tampa, FL)
- M.D. Anderson Cancer Center Orlando (Orlando, FL)
- Shands University of Florida (Gainesville, FL)
- Gulf Coast Medical Center (Panama City, FL)
- Baptist Regional Cancer Center (Jacksonville, FL)

Registration is required for each webinar.

To register please visit the registration page at:

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



The Kentucky Cancer Registry is hosting the 2011 NAACCR Annual Conference. The conference will be held at the Hyatt Regency Louisville and the Kentucky International Convention Center, which is directly across the street from the Hyatt. Attendee registration is available on the NAACCR website. Please visit the website to view the most up to date information regarding the 2011 conference.

Date:

June 18—24, 2011

Location:

Louisville, KY

at the Kentucky International Convention Center

Website:

<http://www.naaccr.org>

NCRA ADVANCE QUALITY ABSTRACTING WEBINAR SERIES REGISTRATION OPEN

Exciting webinar series aimed at understanding and addressing complex abstracting coding issues. This is an advanced series based on data compiled from registries' most frequent abstracting data edit discrepancies. Each webinar will include a 5-8 minute topic overview and will conclude with a question and answer session. The objective is to provide a program that is focused on addressing complex issues that go well beyond the basics.

Schedule of Webinars and Topics:

- **GYN** - December 16, 2010
- **Anatomy** - January 13, 2011
- **Melanoma** - February 17, 2011
- **Thyroid** - March 31, 2011*
- **Hematopoietics** - April 14, 2011*
- **Pancreas** - May 26, 2011*

* - *webinar sessions remaining*

Time: All webinars will start promptly at **2:00 p.m. Eastern Standard Time.**
(Please adjust starting time to your specific time zone.)

It is recommended that you block 60 to 90 minutes for each webinar.

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

ONLINE REGISTRATION IS AVAILABLE:

<http://www.ncra-usa.org/i4a/pages/index.cfm?pageID=3647>

For more information contact:

Lilly Grossman at 703-299-6640 x314

or email Lgrossman@ncra-usa.org





QUESTIONS? AND ANSWERS.

QUESTION:

For a microscopic focus of cancer in a LN, is that considered a positive LN? The pathologist and managing staged it as N=0.

ANSWER:

Lung is not a site in CS where microscopic focus = neg lymph node. ANY evidence of involvement is positive involvement of the lymph node for lung primary, regardless of physician statement.

QUESTION:

I have had a few cases now where the patients had LNS removed on mediastinoscopy because doctors felt patient wouldn't tolerate surgery. The LNS were negative. It was decided to take them for a wedge and at the time of wedge they did a LN dissection. The LNS in both procedures were from different stations. Can I count all the LNS?

ANSWER:

Yes, you can count all lymph nodes as regional nodes when mediastinoscopy is approach for LN removal – unless specifically stated to be outside the chest area which is unlikely.

QUESTION:

Another scenario is where a LN dissection was done at time of resection and all LNS were neg. A month later, but prior to any RT/chemo, the patient had an FNA of a LN and it was positive. My question here is.. I should be able to count the FNA as another LN, correct? I'm thinking that because they removed the LNS first and they were negative, that the FNA was obviously from a different LN... does this sound correct?

ANSWER:

Yes, you are correct – any lymph node removal prior to other treatment and still in the first course of therapy without other evidence of disease progression should be included in stage data collection.



Histology

QUESTION:

SEER Program (<http://seer.cancer.gov>)

Histology: What is the best histology code for the following case?

11/2006 Pt had surgery for a 6 cm mass in the RUQ arising in the falciform ligament.
Path Dx: Perivascular epithelioid cell neoplasm (PEComa) of uncertain malignant potential.
In 10/2009 a liver Bx showed metastatic perivascular epithelioid cell neoplasm.

ANSWER:

Assign histology code 8005/3 [malignant clear cell tumor]. According to our expert pathology consultant, this is the best histology code available at this time for the occasional tumor which is designated as malignant. The appearance of metastatic disease clearly defines this case as malignant.

REFERENCES:

Source 1: ICD-O-3

Source 2: WHO Class Soft Tissue & Bone
pgs: 221-222
Notes: 2002

Dr. Platz had this to say:

The bottom line is, we don't have a code for PECOMA 8005 (clear cell tumor) seems to be the best default at the moment, because it has so few cases in our database at the moment (making it easier to go back and review to find cases once PECOMA has a code, if we wish). (See my earlier comments.) Since most cases are not designated malignant (they appear to be LMP at worst), we won't be reporting them (unfortunately, since we will lose the opportunity to learn more about the entity). As far as the case below is concerned, the appearance of metastatic disease clearly defines this one as malignant, so it is reportable. I would go with 8005/3. I guess we backdate to 2006, though that was not the original interpretation.

There is also an I&R with this answer:

By definition, PECOMA is a "mesenchymal tumor with perivascular clear cell and epithelioid features that coexpresses melanocytic and muscle markers. Family members of this tumor entity include angiomyolipoma (kidney, 8860/0; liver, 8860/0), lymphangiomyomatosis (lung, 9174/1) and clear cell tumor (lung, 8005/0). They can range from benign to malignant. At this point, advice from pathology advisors recommends clear cell tumor, 8005/3 as the best code to place the occasional tumor which is designated as malignant, (and does not fit into one of the other coded categories above), until we get a specific ICDO code for the entity.



January 1st

January
17th

President's Day

February
12th**PROJECT DIRECTOR:**

Jill A. Mackinnon, PhD, CTR

ADMINISTRATIVE**DIRECTOR:**

Gary M. Levin, BA, CTR

EDITORIAL STAFF:

Melissa K. Williams

CONTRIBUTORS:

Steven Peace, BS, CTR.



Florida Cancer Data System Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JANUARY 31, 2011Total number of *New Cases* added to the FCDS Master file in January 2011: 14,306*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
2010	50,698	741	71	281	0	Pending	51,791	13,844
2009	166,762	3,585	117	3,411	26	Pending	173,875	418
2008	172,167	8,682	2,817	5,139	3	2,950	191,758	44

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2010	31%	58%
	2009	100%	100%
	2008	100%	100%

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