

Register

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

Division of Cancer Prevention and Control

Volume 56 – December 2012

Do you know your Field Coordinator?

Each facility reporting to FCDS is assigned a Field Coordinator. The Field Coordinator has primary responsibility for all activity of their facilities from timeliness, questions, issues, problems, status updates...everything!

Every cancer case submission from every facility is processed by a Field Coordinator. A case does not get into the FCDS system unless a Field Coordinator has run case edits, reviewed cases for duplicates, corrected non-forcible discrepancies, reviewed forcible cases and force them, if appropriate.

The FCDS Field Coordinators stay abreast of the latest rules, standards and changes to be able to assist reporting facilities with questions and to properly assess case input correctness.

Good communication between a reporting facility and the Field Coordinator is important for both parties. The Field Coordinators are an excellent resource for reporting facilities to ask questions and get guidance on a wide range of issues. Providing the Field Coordinators with information on

issues a facility is encountering can help the field coordinator make proper assessments on a facilities status.

The better FCDS understands the issues and problems a facility may be dealing with, the better we can try and help work through any issues. Get to know your Field Coordinator! Make them aware of any problems your registry is experiencing or ask them any questions you have on reporting. The Field Coordinators are here to help you.

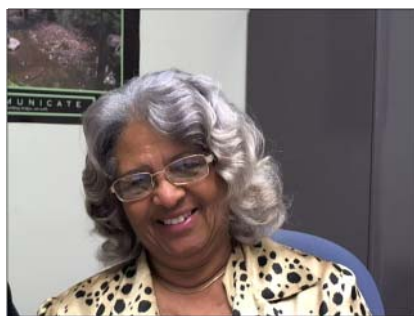
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*At the close of another year, we gratefully pause to
Wish you a Beautiful Holiday Season and
a New Year of Peace and Happiness.*



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The following facilities:

Fac.#	Facility Name
1170	N FLORIDA REGIONAL MEDICAL CENTER
1300	GULF COAST MEDICAL CENTER
1306	BAY MEDICAL CENTER
1505	CAPE CANAVERAL HOSPITAL
1506	PARRISH MEDICAL CENTER
1510	VIERA HOSPITAL
1601	WESTSIDE REGIONAL MED CTR
1602	MEMORIAL REGIONAL HOSPITAL SOUTH
1606	MEMORIAL REGIONAL CANCER CENTER
1607	NORTH BROWARD MEDICAL CENTER
1609	IMPERIAL POINT MEDICAL CENTER
1610	MEMORIAL HOSPITAL PEMBROKE
1636	HOLY CROSS HOSPITAL
1645	CORAL SPRINGS MEDICAL CENTER
1649	MEMORIAL HOSPITAL MIRAMAR
1676	PLANTATION GENERAL HOSP
1681	NORTHWEST MEDICAL CENTER
1686	FLORIDA MEDICAL CENTER
1687	UNIVERSITY MEDICAL CENTER
1900	SEVEN RIVERS REGIONAL MEDICAL CTR
2000	ORANGE PARK MEDICAL CENTER
2130	PHYSICIANS REG MED CTR-PINE RIDGE
2140	PHYSICIANS REG MEDICAL CTR COLLIER
2146	NCH HEALTHCARE SYSTEM
2150	NORTH COLLIER HOSPITAL
2246	LAKE CITY MEDICAL CENTER
2304	AVENTURA HOSP AND COMP CANCER CTR
2306	HOMESTEAD HOSPITAL
2307	WEST KENDALL BAPTIST HOSPITAL
2336	BAPTIST HOSPITAL OF MIAMI
2338	MERCY HOSPITAL
2348	DOCTORS HOSPITAL
2349	HIALEAH HOSPITAL
2353	NORTH SHORE MEDICAL CENTER
2376	SOUTH MIAMI HOSPITAL
2378	CORAL GABLES HOSPITAL
2383	PALMETTO GENERAL HOSPITAL
2605	BAPTIST MEDICAL CENTER BEACHES
2606	SHANDS JACKSONVILLE MEDICAL CENTER
2636	BAPTIST REGIONAL CANCER CENTER-JAX
2638	ST VINCENTS MEDICAL CENTER
Fac.#	Facility Name
2640	BAPTIST MEDICAL CENTER SOUTH
2650	MAYO CLINIC HOSPITAL
2660	ST. LUKE-ST VINCENT'S HEALTHCARE
2672	WOLFSON CHILDRENS HOSP NCC
2700	WEST FLORIDA HOSPITAL
2736	BAPTIST HOSPITAL OF PENSACOLA
2738	SACRED HEART CANCER CENTER
2870	FLORIDA HOSPITAL - FLAGLER
3701	OAK HILL HOSPITAL
3715	SPRING HILL REGIONAL HOSPITAL
3903	BRANDON REGIONAL HOSPITAL
3907	FLORIDA HOSPITAL TAMPA
3936	ST JOSEPHS HOSPITAL NORTH
3937	ST JOSEPH HOSPITAL
3947	KINDRED HOSPITAL CENTRAL TAMPA
3973	FLORIDA HOSPITAL CARROLLWOOD
3974	KINDRED HOSPITAL BAY AREA TAMPA
3977	MEMORIAL HOSPITAL OF TAMPA
3978	TOWN AND COUNTRY HOSPITAL
3988	SOUTH BAY HOSPITAL
4105	INDIAN RIVER MEMORIAL HOSPITAL
4170	SEBASTIAN RIVER MEDICAL CENTER
4516	LEESBURG REGIONAL MEDICAL CENTER
4546	SOUTH LAKE HOSPITAL
4547	FLORIDA HOSPITAL WATERMAN
4601	CAPE CORAL HOSPITAL
4605	LEE MEMORIAL HEALTH SYSTEM
4645	REG CANCER CTR GULF COAST HOSPITAL
4690	LEE MEMORIAL HOSPITAL HEALTHPARK
4770	CAPITAL REGIONAL MEDICAL CENTER
5105	MANATEE MEMORIAL HOSPITAL
5110	LAKEWOOD RANCH MEDICAL CENTER
5200	OCALA REGIONAL MEDICAL CENTER
5202	WEST MARION COMMUNITY HOSPITAL
5346	MARTIN MEMORIAL MEDICAL CENTER
5390	MARTIN MEMORIAL HOSPITAL SOUTH
5406	LOWER KEYS MEDICAL CENTER
5446	FISHERMENS HOSPITAL
5471	MARINERS HOSPITAL
5505	BAPTIST MEDICAL CENTER NASSAU
5606	TWIN CITIES HOSPITAL
5607	NORTH OKALOOSA MEDICAL CENTER
5610	SACRED HEART HOSP EMERALD COAST
5705	RAULERSON HOSPITAL
5805	FLORIDA HOSPITAL APOPKA
5836	FLORIDA HOSPITAL CANCER INST SOUTH
5848	MD ANDERSON CANCER CENTER ORLANDO
5849	FLORIDA HOSPITAL EAST ORLANDO
5850	WINTER PARK MEMORIAL HOSPITAL
5851	ORLANDO REGIONAL MEDICAL CENTER
5852	DR P PHILLIPS HOSPITAL
5891	ARNOLD PALMER MEDICAL CENTER
5936	ST CLOUD REGIONAL MEDICAL CENTER
5969	CELEBRATION HEALTH FL HOSPITAL
5970	FLORIDA HOSPITAL KISSIMMEE
6001	COLUMBIA HOSPITAL
6003	DELRAY MEDICAL CENTER
6005	BETHESDA MEMORIAL HOSPITAL
6007	LAKESIDE MEDICAL CENTER
6036	ST MARYS MEDICAL CENTER
6046	BOCA RATON REGIONAL HOSPITAL
6047	GOOD SAMARITAN MEDICAL CENTER

Edith Alvin's Facilities continued:

Fac.#	Facility Name
6048	JFK MEDICAL CENTER
6068	WELLINGTON REGIONAL MED CENTER
6069	PALMS WEST HOSPITAL
6070	PALM BEACH GARDENS MEDICAL CENTER
6105	FLORIDA HOSPITAL ZEPHYRHILLS
6106	NORTH BAY HOSPITAL
6170	COMMUNITY HOSP OF NEW PORT RICHEY
6171	PASCO REG MED HOSPITAL
6203	EDWARD WHITE HOSPITAL
6205	HELEN ELLIS MEMORIAL HOSPITAL
6206	LARGO MEDICAL CENTER
6248	BAYFRONT MEDICAL CENTER
6249	MEASE DUNEDIN HOSPITAL
6250	MORTON PLANT HOSPITAL
6251	ST ANTHONY HOSPITAL
6252	SUN COAST HOSPITAL
6273	PALMS OF PASADENA HOSPITAL
6274	ST PETERSBURG GENERAL HOSPITAL
6278	MEASE COUNTRYSIDE HOSPITAL
6290	KINDRED HOSP BAY AREA ST PETERSBURG
6305	LAKELAND REGIONAL MEDICAL CENTER
6349	WINTER HAVEN HOSPITAL
6390	WINTER HAVEN HOSPITAL REGENCY
6446	PUTNAM COMMUNITY MEDICAL CTR
6570	FLAGLER HOSPITAL
6600	COLUMBIA LAWNWOOD REG MED CTR
6647	ST LUCIE MEDICAL CENTER
6704	GULF BREEZE HOSPITAL
6705	JAY HOSPITAL
6707	SANTA ROSA MEDICAL CENTER
6846	VENICE REGIONAL MEDICAL CENTER
6870	DOCTORS HOSPITAL
6910	ORLANDO REG SOUTH SEMINOLE HOS
6936	FLORIDA HOSPITAL ALTAMONTE
7005	VILLAGES REGIONAL HOSPITAL
7205	DOCTORS MEMORIAL HOSPITAL
7405	BERT FISH MEDICAL CENTER
7406	HALIFAX HOSPITAL MEDICAL CENTER
7407	FLORIDA HOSPITAL DELAND
7446	FLORIDA HOSPITAL FISH MEMORIAL
7447	FLORIDA HOSPITAL - OCEANSIDE
7448	FLORIDA HOSPITAL - ORMOND MEMORIAL
9084	HALIFAX MEDICAL CENTER-PORT ORANGE



Carlos Alvarez

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All Physicians Offices, All Radiation Treatment Centers, All Out of State, and the following Facilities:

Fac.#	Facility Name
1205	ED FRASER MEMORIAL HOSPITAL
1671	KINDRED HOSP S FL HOLLYWOOD
1673	KINDRED FT LAUDERDALE
1705	CALHOUN LIBERTY HOSPITAL
2090	KINDRED HOSPITAL NORTH FLORIDA
2346	KINDRED HOSP S FL CORAL GABLES
2651	SPECIALTY HOSPITAL JACKSONVILLE
2905	GEORGE E WEEMS MEMORIAL HOSPITAL
3605	HENDRY REGIONAL MEDICAL CENTER
4005	DOCTORS MEMORIAL HOSPITAL - BONIFAY
4205	CAMPBELLTON GRACEVILLE HOSPITAL
4816	NATURE COAST REGIONAL HOSPITAL
5005	MADISON COUNTY MEMORIAL HOSPITAL
5207	KINDRED HOSPITAL OCALA
6000	A G HOLLEY STATE HOSPITAL
6815	COMPLEXCARE AT RIDGELAKE
7305	LAKE BUTLER HOSPITAL HAND SURG. CTR
7390	N FLORIDA RECEPTION MED CTR HOSP
7605	HEALTHMARK REGIONAL MEDICAL CENTER
7705	NW FLORIDA COMMUNITY HOSPITAL

(Continued on page 4)



Runners create detailed plans to prepare for race day.

Let the NAACCR CTR Exam Preparation and Review Webinar Series help you prepare as you race to the March 2013 CTR exam finish line.

The NAACCR CTR Exam Preparation & Review Webinar Series is an online course with nine 2-hour sessions presented live once a week on Tuesdays from 1 to 3 pm ET January 8 through March 5, 2013. The course is designed to prepare for the March 2013 CTR exam. The course includes "live" lectures presented by experienced instructors, Q&A sessions, study materials, take home quizzes, and a timed practice test. If a participant is unable to attend one of the live sessions, she/he may stream a recording of the live session and watch the session whenever time allows.

Please visit www.naacr.org for more information.

(Continued from page 3: Do you know your Field Coordinator?)



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All Surgical Centers and the following Facilities:

Fac.#	Facility Name
1100	SHANDS UNIVERSITY OF FLORIDA
1405	SHANDS STARKE REGIONAL MEDICAL CTR
1508	PALM BAY HOSPITAL
1546	HOLMES REGIONAL MEDICAL CENTER
1547	WUESTHOFF MEDICAL CENTER- ROCKLEDGE
1548	WUESTHOFF MEDICAL CENTER MELBOURNE
1605	BROWARD GENERAL MEDICAL CENTER
1647	CLEVELAND CLINIC HOSPITAL
1688	MEMORIAL HOSPITAL WEST
1800	FAWCETT MEMORIAL HOSPITAL
1836	PEACE RIVER REGIONAL MEDICAL CENTER
1846	CHARLOTTE REGIONAL MEDICAL CENTER
1905	CITRUS MEMORIAL HOSPITAL
2205	SHANDS LAKE SHORE REGIONAL MED CTR
2302	JACKSON SOUTH COMMUNITY CENTER
2305	JAMES M JACKSON MEMORIAL HOSPITAL
2310	ANNE BATES LEACH EYE HOSPITAL
2347	UNIVERSITY OF MIAMI HOSPITAL
2351	MOUNT SINAI MEDICAL CENTER

Fac.#	Facility Name
2356	PALM SPRINGS GENERAL HOSPITAL
2357	METROPOLITAN HOSPITAL
2358	KENDALL MEDICAL CENTER
2359	MIAMI CHILDRENS HOSPITAL
2372	U OF MIAMI HOSPITAL CLINICS
2374	JACKSON NORTH MEDICAL CENTER
2377	WESTCHESTER GENERAL HOSPITAL
2379	LARKIN COMMUNITY HOSPITAL
2405	DESOTO MEMORIAL HOSPITAL
2648	MEMORIAL HOSPITAL JACKSONVILLE
3300	SACRED HEART HOSPITAL ON THE GULF
3505	FLORIDA HOSPITAL WAUCHULA
3705	BROOKSVILLE REGIONAL HOSPITAL
3805	HIGHLANDS REGIONAL MEDICAL CENTER
3836	FLORIDA HOSPITAL HEARTLAND DIVISION
3890	FLORIDA HOSPITAL LAKE PLACID
3906	TAMPA GENERAL HOSPITAL
3908	SHRINERS HOSPITALS FOR CHILDREN
3932	H LEE MOFFITT CANCER CENTER
3938	SOUTH FLORIDA BAPTIST HOSPITAL
4206	JACKSON HOSPITAL
4647	LEHIGH REGIONAL MEDICAL CENTER
4705	TALLAHASSEE MEMORIAL HEALTHCARE
5100	BLAKE MEDICAL CENTER
5205	MUNROE REGIONAL MEDICAL CENTER
5670	FORT WALTON BEACH MED CTR
5806	HEALTH CENTRAL
5967	OSCEOLA REGIONAL MEDICAL CENTER
6045	WEST BOCA MEDICAL CENTER
6074	JUPITER MEDICAL CENTER
6172	REGIONAL MED CENTER BAYONET POINT
6201	NORTHSIDE HOSP HEART INSTITUTE
6246	ALL CHILDRENS HOSPITAL
6346	BARTOW MEMORIAL HOSPITAL
6347	HEART OF FLORIDA HOSPITAL
6348	LAKE WALES HOSPITAL
6805	SARASOTA MEMORIAL HOSPITAL
6810	ENGLEWOOD COMMUNITY HOSPITAL
6905	CENTRAL FLORIDA REGIONAL HOSPITAL
7105	SHANDS LIVE OAK REGIONAL MED CTR

COMPLETENESS REPORT—2011 CASES REPORTING

Month	Complete	Expected	Month	Complete	Expected
Jul 2011	1%	8%	Jan 2012	35%	58%
Aug 2011	2%	17%	Feb 2012	45%	66%
Sep 2011	7%	25%	Mar 2012	56%	75%
Oct 2011	14%	33%	Apr 2012	64%	83%
Nov 2011	22%	41%	May 2012	76%	91%
Dec 2011	28%	50%	Jun 2012	91%	100%

COMPLETENESS REPORT—2012 CASES REPORTING

Month	Complete	Expected	Month	Complete	Expected
Jul 2012	2%	8%	Sep 2012	13%	25%
Aug 2012	7%	17%	Oct 2012	20%	33%



Newly Certified Tumor Registrars in the state of Florida

Shawn C. Brass
Jennifer Brown
Calypso Dogde
Lorraine Flowers
Deborah F. Jordan-Reith
Jacqueline Yvette Kenney
Laura J. Kindergan

Michelle C. Lester
Yolanda Arlette Morales
Deborah Mulini
Tanna Oliver
Karen Jenny Street
Janette Wienecke
William S. Yuen



NAACCR Fast Stats - An Interactive Online Tool for Quick Access Cancer Statistics

Do you want to compare incidence rates in your state/province with other states/provinces? Do you want to know where your state/province stands in terms of the incidence rates compared with the national rates?

The information is right at your fingertips now. NAACCR has created a new interactive online tool for quick access to key US and Canada cancer statistics for major cancer sites by age, sex, race/ethnicity, and registry.

You will be able to run cancer statistics easily using the tool. You have the options to display the output in either graph or table with or without 95% CI. Graphs can be downloaded as an image file for PowerPoint presentations. Tables can be downloaded as an Excel file for further modification.

Please try this new tool at <http://faststats.naacccr.org/>, you will like it!

Source: NAACCR Narrative Spring 2012

Twelve SEER Resources for Cancer Registrars

<http://www.seer.cancer.gov/registrars/>

- Ask a SEER Registrar
- SEER Inquiry System (SINQ)
- 2012 Hematopoietic and Lymphoid Neoplasms Rules and Database
- 2012 SEER Program Manual
- 2012 Casefinding Lists
- SEER*Rx
- Required SEER Site-Specific Factors for Collaborative Stage



- Data collection Answers from the CoC, NPCR, SEER Technical Workgroup
- Multiple Primary and Histology Coding Rules
- SEER Abstracting Tool (SEER*Abs)
- SEER Training Website
- SEER Self Instructional Manuals for Cancer Registrars

Notes from the Statistical Unit Data in Action

2012 CDC Data Evaluation Report

By Recinda Sherman, MPH, CTR



The last edition of the Register, Volume 55, announced the individual recipients of the Jean Byers Abstractor Award Recognition, an Award for Excellence in Cancer Registration for Florida abstractors that submitted cases for facilities that received the Jean Byers Award. The previous edition of the Register, Volume 54, listed those Jean Byers Award Facilities, facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting. FCDS has an analogous annual evaluation by NAACCR, and the Florida registry continues to receive the highest central registry certification, Gold, for excellence in data completeness, quality and timeliness.

The motive behind these awards and recognitions is to reward abstractor's efforts and to emphasize that timely, accurate, and comprehensive cancer data is critical for our mission of cancer surveillance. Population-based cancer data is designed to monitor cancer burden, target and evaluate cancer prevention and control efforts, guide resource allocation, and plan for future public health needs. Central and local cancer registry data is also often used for clinical and epidemiologic research into cancer causes, progression and treatment.

FCDS has been a CDC-NPCR registry since 1994, and since 2001, all NPCR registries receive a detailed Data Evaluation Report that details the completeness, accuracy and timeliness of their data submission. The report focuses on 5 data quality criteria: 1) Percent Completeness after adjusting for duplicates; 2) Percent Duplicate; 3) Percent Death Certificate Only; 4) Percent Missing Critical Data Elements; and 5) Percent Passing Edits. Each central registry must meet minimum standards on these measures in order to be included in the United States Cancer Statistics (USCS) publications (<http://apps.nccd.cdc.gov/uscs/>). This article provides an overview of how Florida com-

pares nationally on these criteria based diagnosis year 2010 data submission.

Percent Completeness: *The percentage of observed to expected, unduplicated cases where the expected cases are estimated using methods developed by NAACCR (method version 2 <http://www.naacr.org/>).*

The national data quality standard is 95% completeness and 90% for USCS publication inclusion. For the 2012 submission, Florida exceeded the national data quality standard for completeness for diagnosis years 2005-2009 but fell short for 2010 with only 87% estimated completeness. However, the national average for completeness for diagnosis year 2010 was only 86%.

Completeness estimates were similar for whites and blacks for diagnosis year 2010, but specific sites were estimated to be very incomplete (completeness estimated at <75%) including Kidney Renal, Melanomas, Urinary Bladder, and hematopoietic cancers. These sites are a known issue since cases are increasingly being managed outside of the hospital system. They are currently being targeted for increased collection efforts focused directly with the physician. Additionally, liver cancer was estimated as under reported for black men and white women, which may reflect incompatibility between incidence and mortality counting of primary liver cancer.

Duplicates: *The percentage of duplicate cases. Central Registries perform a procedure to eliminate duplicate cases reported from multiple facilities prior to submission.*

The national data quality standard is <1% unresolved duplicate rate, and Florida met this standard every year with an unresolved duplicate rate at 0.00%. Florida does well on this quality criterion with the national range being 0.00% to 1.8% for diagnosis years 2005-2010.

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Death Certificate Only: *The percentage of cases with information obtained only from a death certificate. Central Registries work to reduce this number through death clearance (identifying cancer cases in mortality data that are not in the central registry) and follow-back (following up with the physician or facility listed on the death certificate to obtain clinical information).*

The national data quality standard for DCO rate is <3% and <5% for USCS publication eligibility. Florida's DCO rate for 2009 was the lowest ever at 2.07% . The national range is 0.04 to 5.44% with an average of 1.9%. Florida's DCO rate is likely inflated due to our distinctively large numbers of retirees and 'snow birds' who pass away from cancer in Florida but who were diagnosed in another, like New York.

Critical Data Elements: *The percentage of missing age, sex, race and county. These data elements are considered the minimum necessary for reporting population-based cancer incidence data.*

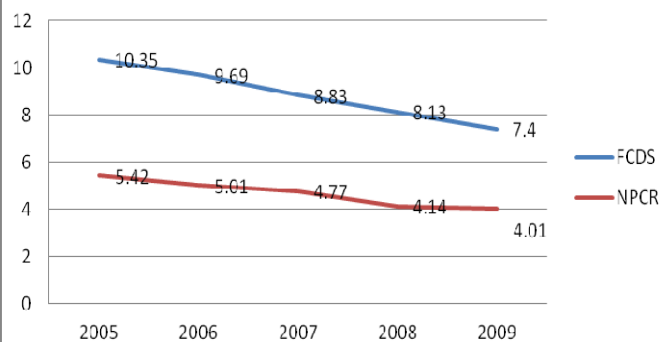
The national data quality standard is <2% missing age, sex and county and less than 3% missing race, 3% and 5%, respectively, for inclusion in USCS data. Florida has met these criteria every year and has 0.00% missing for age, 0.02% missing for sex, 0.66% missing for race, and 0.0% missing for county for diagnosis year 2010. The national range is 0.00-0.05%, 0.0-0.14%, 0.00-3.83%, and 0.00-4.06% for missing age, sex, race, and county, respectively.

Edits: *The percentage that pass edits including single-field edit, inter-field variable edits, and multiple record edits for cases with multiple primary cancers. This includes core edits, considered necessary for essential cancer surveillance, and advanced edits, considered necessary for research and advanced surveillance activities.*

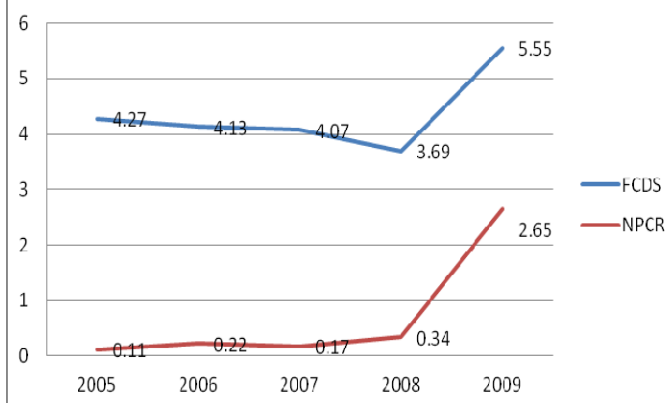
The national data quality standard is 99% passing and 97% passing for USCS data eligibility. Florida ensures all records pass the core single and inter-field edits prior to submission and has a resultant 100% pass rate. The range for the nation is 99.91 – 100% passing edits.

The CDC DER also includes a Data Quality Indicator Report—DQI for years 2005-2009 which covers 41 variables and compares our quality with other SEER and NPCR registries. This year, Florida had fewer variables with a higher percentage of missing or non-specific codes compared to the nation than in the past, which is an improvement. Variables in which the FCDS percentage is higher than the NPCR registries, problem areas, are illustrated in the following graphs. With the exception of Summary Stage and Census Tract, Florida is less than 1% above the NPCR median on these variables. With the recent efforts on tumor consolidation, we expect the percent of unknown stage 2000 to decrease. And FCDS is currently working to improve the geocoding match to decrease the number of missing census tracts.

**Derived Summary Stage 2000,
Unknown/Unstaged**

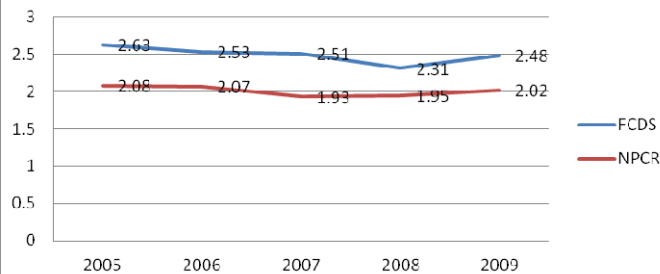


Census Tract, Blank

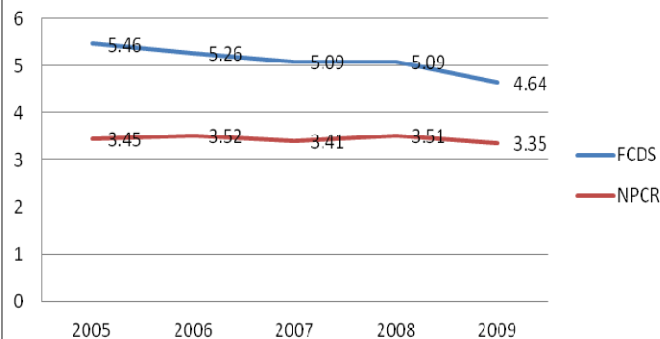


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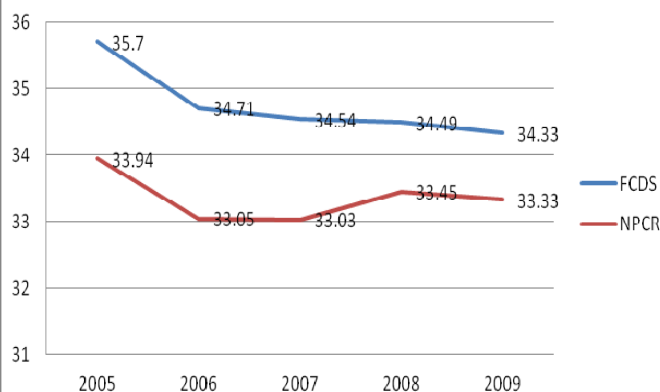
Topography, Unknown Primary Site C80.9



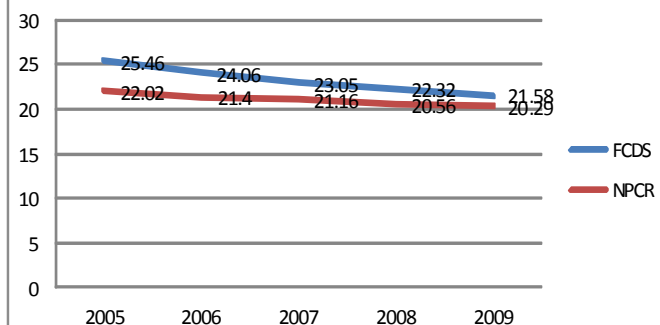
Morphology Non-specific neoplasms (8000-8005)



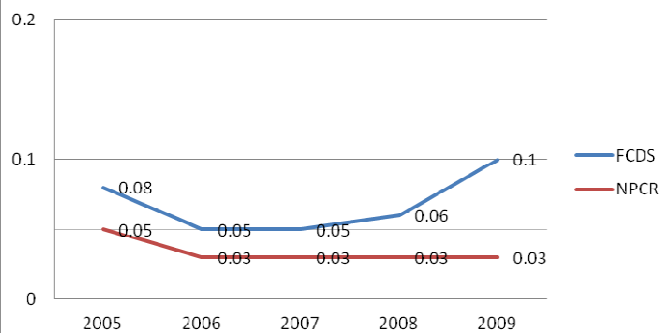
Grade (9, blank) excludes DCO, C80.9



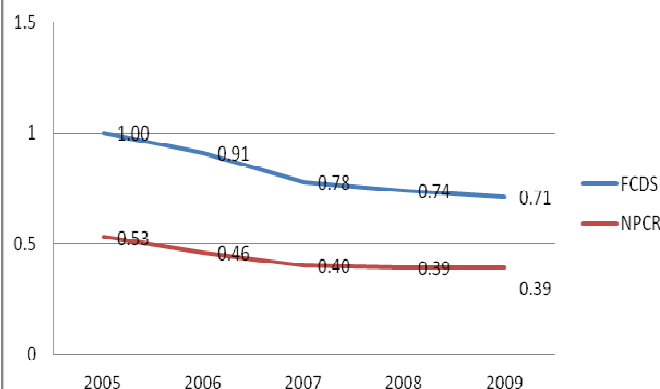
Sequence Number (Central), Two or more



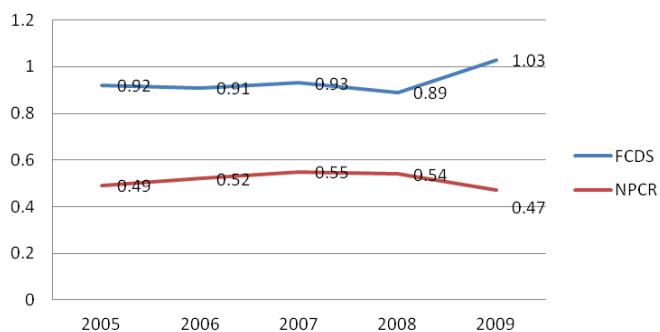
Birthplace, Not in US but NOS



RX Summ Surg Prim Site, Surgery NOS

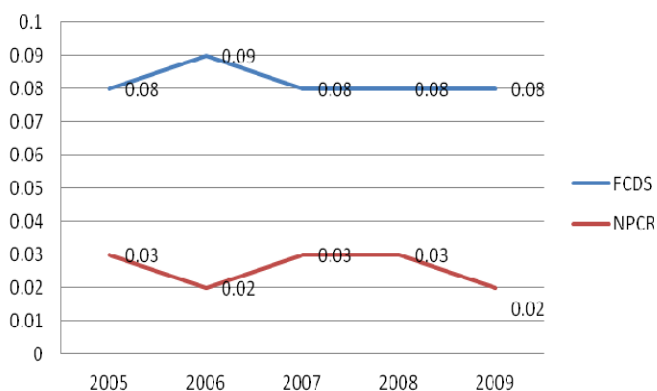


Over-ride Ill-defined site, Overused

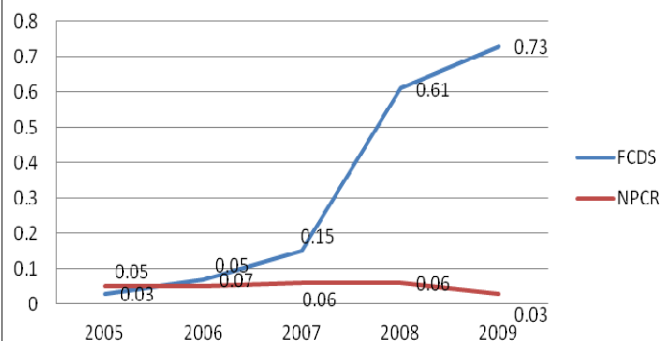


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Over-ride Site/Lat/SeqNo, Overused



Over-ride Histology, Type and Behavior, Overused



As you can see, FCDS has only 11 of the 41 variables reflecting lower quality than the nation and the majority of those are near the national median. While there are areas requiring improvement, stage and completeness of some sites, overall Florida has high

quality cancer registry data compared to other NPCR registries. It is due to targeted efforts at the central registry level combined with the attentiveness and dedication of our CTRs that continue to maintain and improve the quality and efficacy of our data. ♦

ATTENDANCE CERTIFICATES NO LONGER DISTRIBUTED FOR WEBINARS/WEBCASTS

NAACCR No longer distributes Webinar Attendance Certificates to prove you participated in any of their webcasts. **INSTEAD -- NOW** you must complete an on-line quiz that is linked from the NAACCR/FCDS Webinar Registration Page. This change in policy was introduced during the first NAACCR Webinar of the 2012-2013 Schedule (Stomach and Esophagus Cancers). Once the quiz has been completed you will receive a Direct Link to the quiz and subsequent certificate unless you failed the quiz.

FCDS in similar fashion STOPPED distributing Attendance Certificates to FCDS Webcast participants a couple of years ago. However, you should be getting a confirmation of attendance in your regular e-mail (also check SPAM Filter) from GO TO Meeting if you both registered and attended.

FCDS Tracks all Registrants/All Attendees. We soon will also be tracking who views a recorded webcast sometime after the live meeting was originally recorded. We expect by the end of the year to track registrar participation in any and all FCDS-sponsored activities including our extensive education and training outreach programs.

Finally, if you ever have an issue from NCRA that while you were being audited they did not see any FCDS Certificates of Attendance - Please instruct NCRA to contact me directly and I will provide that confirmation.

Thank you,
Steven Peace, BS, CTR
speace@med.miami.edu or 305-243-4601

2012 NAACCR Annual Conference Overview

Portland, Oregon • June 2012

By Jill MacKinnon, PhD, CTR



Once again, it is our honor and privilege to talk about the wonderful work done by Florida registrars and the FCDS staff at statewide and national meetings. The State of Florida's cancer surveillance system success and robustness is directly attributable to the data collection, quality and completeness of the statewide data..... which is directly attributable to the Florida partnership, comprised of the Florida Department of Health, the hospital and non-hospital cancer reporters and the staff of the Florida Cancer Data System.

We at FCDS have the distinct pleasure of using the data to keep Florida on the cutting edge of population based research. Each year, the presentations at NAACCR become more sophisticated and relevant to the cancer surveillance community as a direct result of passive data augmentation with other data sources. We at FCDS are dedicated to making Florida's cancer surveillance data better and better through innovative data collection mechanisms which augment the existing abstracted data.

As you can see, Florida was well represented with six oral presentations: "Accuracy and Precision of the NAACCR Geocoder" presented by Recinda Sherman; "Pro-active reporting of physician Medical Claims Data: Capturing Complete Treatment Data and Identifying Physician Office Missed Cases" presented by Dr. Jill MacKinnon; "Automated Tumor Consolidation: The Florida Algorithm" presented by Gary Levin; "Educational Outreach – A Glimpse into FCDS Current and Future Education Plans" presented by Steven Peace; "Template Assessing Data Quality for CINA Deluxe" presented by Brad Wohler; and last but not least "Caputuring EMR Data for Cancer Care Re-

search and Validation of Registry Data: A Florida Case Study" presented by Dr. Monique Hernandez.

Also presented were three Posters: "Linking Cancer Registry Data to perform Outcomes-based Comparative Effectiveness Research (CER) - Florida, 2011" by Jason Feldman of the Florida Department of Health; "Linking data from the National Health Interview Survey (NHIS) and the Florida Cancer Data System (FCDS): Project Update" by Laura McClure; "Which county is it? When Reported county does not match Geo-coded County" by Recinda Sherman.

Below are the abstracts of the Oral and Poster presentations presented this year at the 2012 NAACCR conference. Should you have any questions or would like additional information on any of the topics, please feel free to contact the authors directly. Additionally, if you should have an idea for a topic using FCDS data please contact us.

I couldn't be more proud. On behalf of the Florida Department of Health and the Staff of the FCDS, I thank you,

ORAL PRESENTATIONS:

ACCURACY AND PRECISION OF THE NAACCR GEOCODER

R Sherman, D Lee

Cancer maps are a useful and popular tool for aiding public health policy and for targeting public health activities to areas of high need. However, public health practitioners often focus solely on the map and subsequent results rather than on the quality of the underlying, geo-coded data. Despite geo-coding documentation stating 100% match at the street level, it is imprudent to assume the result is error free. The geo-coding process is subject to uncertainty because error can be introduced at any of the multiple steps. Currently, there is no standard metric for describing the quality of a geo-

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code and often even the simplest, the geo-coding match rate, is unreported in the published articles. NAACCR used items #365 and #366 (Census Tract Certainty and GIS Coordinate Quality) to guide researchers on the quality of individual geo-code cases. But the hierarchy assumption of these variable, e.g. that a street level match is always more precise than a zip code level match, does not always apply.

NAACCR is currently unveiling a free geo-coder available through MyNAACCR to enable standardization of geo-coding among the central cancer registries. This system was tested for accuracy against a test set of Florida cancer cases as well as an environmental data set with known longitude/latitudes determined by GPS. The accuracy of the NAACCR geo-coder is compared to a national fee-for-service geo-coder.

Because the NAACCR geo-coder is not proprietary, the cancer surveillance community will have some leverage in determining the type and extent of the meta data returned with each geo-code. One available metric which describes the distance the case lies within, for instance the geographic size of the zip code, is compared to known locations from the environmental data set used for testing. The applicability and implications for use of this geo-coding quality metric in cancer research will be discussed.

PRO-ACTIVE REPORTING OF PHYSICIAN MEDICAL CLAIMS DATA: CAPTURING COMPLETE TREATMENT DATA AND IDENTIFYING PHYSICIAN OFFICE MISSED CASES

J MacKinnon, L Penberthy, M Hernandez, D Gentry, G Levin

Background: Capturing complete first course treatment data from hospital sources can be a challenge. Abstracts from hospitals that are not CoC approved present a greater challenge. Additionally, as a result in the change in the diagnosis and management of some cancers, a growing number of cancer cases are not entering a hospital setting. The solution used in Florida is to capture data directly from the attending physician. However, Florida has over 900 licensed 'Oncology' specialty physicians, making this a challenging operation.

Methods: The Florida Cancer Data System, using a modified version of an automated software system for processing billing data which uses a validated methodology to capture coded data directly from the private physician's office allowing for the incorporation of the expanded treatment data into the statewide surveillance

system. Using funding from the CDC's Comparative Effectiveness Research has allowed FCDS to develop this methodology. Florida physicians submit either a copy or an extract from the '837' medical billing claim to FCDS immediately after they submit the claim to the insurance company for processing. The claims data are uploaded to the FCDS via an SSL connection and processed through the MD Office Automated Software. The software consolidates the person/tumor data, parses the 837 data into 56 specific NAACCR fields, cross-walks the CPT, HCPCS and ICD9 codes into NAACCR standards and creates a NAACCR record. The output NAACCR record is then uploaded into the FCDS system and is either used to augment an existing record or creates a new record if the person/tumor does not exist.

Results: Automated capture of billing data from community oncology practices offers an opportunity to efficiently and effectively supplement critical missing data for cancer surveillance- treatment provided in the outpatient setting. The use of such data offers an incentive for physicians to participate through automating the follow up process for them, and offering the opportunity to monitor key quality indicators, thus making such reporting a collaborative effort between practices and the central registry.

AUTOMATED TUMOR CONSOLIDATION: THE FLORIDA ALGORITHM

G Levin, W Scharber, M Herna, P Stearns, S Peace

Background: Tumor consolidation has always been a very visual review process. No standards or consensus best practices have been developed to accomplish this extremely burdensome process. Florida has developed field level tumor consolidation rules, a computer algorithm and integrated it into registry operations.

Purpose: Development of the algorithm was designed to reduce the burden of registry consolidators and increase consistency and efficiency.

Methods: Each consolidated tumor field was reviewed by a team of CTRs, including tumor information, stage, and treatment. Business rules were developed for each of these fields along with QC review flags. A list of review flags were developed for conditions that will require visual review by consolidators. The software was developed as a set of .NET dll's separating the database access from the algorithms, so that the core can be shared with other registries. Each review flag was then reviewed by the team validating the need for a visual review. The results from the consolidation were run

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through Call for Data Edits with excellent results. The algorithm was then integrated into daily registry operations.

Results: The resources required to consolidate tumor data was significantly reduced. Use of automated consolidation with QC review flags allows routine discrepancies to be resolved via business rules. The review flag methodology allows QC Staff to focus on discrepancies in need of a resolution. Incidence rates were consistent with rates prior to the implementation of the algorithm.

Conclusions: Automated tumor consolidation is possible. Next steps will be to offer it to NAACCR for a workgroup to evaluate it with the goal of evolving the algorithm for use in the United States and Canada.

EDUCATIONAL OUTREACH - A GLIMPSE INTO FCDS CURRENT AND FUTURE EDUCATION PLANS

Steven Peace, Gary Levin, Jill MacKinnon

Background: FCDS has been focusing intently on enhancing and coordinating Education and Training Outreach Programs for the past two years. Since all central registries play a role in education and training for registrars in their state it is important to ensure all registrars and all central registry staff receive the training they need at the level they can understand (new registrar, 2nd year registrar, experienced CTR).

Methods: FCDS makes extensive use of web casts and teleconferences to conduct statewide education. The training process involves Examples of the scope and depth of presentations include; FCDS Annual Meeting (2 days), FCDS Monthly Webcasts, NAACCR Monthly Webinars, monthly staff in-services, monthly FCDS EDITS Metafile Update, FCDS On-Line Abstractor Training Course, and outreach webcasts for special audiences.

Results: FCDS has achieved variable results on education and training, depending upon topic of interest, method of presentation (in-person, live, webinar, recorded webinar, topic of interest, availability of participants).

TEMPLATE ASSESSING DATA QUALITY FOR CINA DELUXE

B Wohler, M Hsieh, X Wu, M Jamison, B Qiao, B Huang, P Andrews, Q Yu, A Jemal, U Ajani

Background: The NAACCR Data Assessment Work Group was created in 2010 to assess the quality and completeness of specific variables contained in CINA Deluxe and to provide recommendations to researchers on how the data can be used. This group has been hard

at work over the last several months drafting a data quality template that is both easy to read and understands. This presentation will discuss the process that the group went through, current format of the template and also present the data quality profile filled out for a handful of variables pertaining to cancer stage from the CINA Deluxe dataset.

Methods: The group worked through several rough drafts of a template using CS derived stage data. Drafts of the template were presented to both the CURC & DECC committees for their feedback.

Results: The current templates consist of the following (exclusion criteria), years covered, cancer sites, citation, number of registries included, reference (such as data dictionary), and tables. The tables contain the 25-75% percentile, minimum, median, maximum, upper whisker and the number of registries outside upper whisker by diagnosis year. The variable of interest (such as stage) is also broken down by age, race/ethnicity, diagnostic confirmation, type of report source and urban/rural continuum by diagnosis year as well.

Discussion: It is hoped that the researchers using CINA Deluxe will find the templates a useful tool to aid them in planning their analysis.

CAPTURING EMR DATA FOR CANCER CARE RESEARCH AND VALIDATION OF REGISTRY DATA: A FLORIDA CASE STUDY

M Hernandez, J MacKinnon, Y Huang, J Feldman, W Scharber, T Hylton, A Adams

Background: Current cancer registry data provide incomplete information to determine treatment efficacy, delays and overall quality of care. The Florida Cancer Data System (FCDS) sought to develop methods to accept and process hospital EMRs for patients diagnosed with invasive cancers for a targeted study, and evaluate existing FCDS cancer data.

Methods: Electronic patient records from a large health care system consisting of nine hospitals were abstracted for 2007—2010 admissions. A trigger event using ICD-9CM invasive cancer codes were utilized to identify patient records. Together with hospital staff, the FCDS reviewed and identified EMR data elements most closely related to NAACCR standard data items and treatment information. Electronic medical records were transmitted via secure FTP, processed in a relational database, and linked to FCDS data. Text-based pathol-

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ogy data were processed using an algorithm to identify cancer-relevant records for analysis.

Results: A total of 253,570 patient encounter records were triggered and transmitted to the FCDS from the hospital EMR. Records represented patient data for every hospital encounter. Patient data included detailed treatment such as chemotherapy, radiation and surgery, pathology, discharge reports, medication list, and demographic data. Hospital records consisted of both discrete and text data elements.

Conclusion: Hospital EMR data provide more granularity for patient treatment information and hospital encounters and can include critical treatment trends as well as add high quality data to research. A limitation of the project is that the transmission and processing methodology was specific to the capabilities of the hospital EMR system, which may not be similar across hospital systems. This will be less limited as EMR systems incorporate more standardized formats such as CDAs and HL7s.

POSTERS:

LINKING CANCER REGISTRY DATA TO PERFORM OUTCOMES-BASED COMPARATIVE EFFECTIVENESS RESEARCH (CER)—FLORIDA, 2011

Jason Feldman, Monique Hernandez, Jill Mackinnon, Youjie Huang, Tara Hylton, Avalon Adams-Thame

Background: National cancer data collection requirements include treatment data in gross categories, making it impossible to use incidence registry data alone for robust outcomes-based CER. Florida hospitals and physicians are required to report patient information to the Florida Cancer Data System (FCDS). FCDS collected granular cancer treatment information by linking patient pathology and incidence data with detailed treatment data from hospitals and physician offices to investigate patient outcomes.

Methods: Five counties (Broward, Miami-Dade, Palm Beach, Orange, and Hillsborough) were selected as project target sites. FCDS surveyed select hospital abstractors to obtain information about their electronic data submission practices. FCDS staff then conducted onsite case validation to collect hospital records and medical claims information for demographic and treatment data for patients diagnosed with breast, colorectal and CML cancers in 2011. The Florida DOH and FCDS completed data linkages with the Agency for Health Care Administration to analyze statewide cancer

co-morbidity data. Cancer patient data were enhanced with medication therapies. Medical claims data allow FCDS to follow-back to providers for remaining data gaps. The DOH and FCDS staff performed physician outreach.

Results: 22 of 23 hospitals surveyed use an ERM or hospital information system, 75% of hospital EMR systems use discrete data combined with scanned images (using no national standard). Medical claims data represent a nationally recognized standard for coding diagnoses and medical procedures and also provide the majority of data necessary for a complete cancer abstract. Despite outreach, physician reporting is low, resulting in missed cases and incomplete treatment information

Implications for Public Health: Enhanced medical data linkages will institute ongoing data-capture for rates of completed therapy needed to achieve better treatment outcomes and to perform outcomes-based research.

LINKING DATA FROM THE NATIONAL HEALTH INTERVIEW SURVEY (NHIS) AND THE FLORIDA CANCER DATA SYSTEM (FCDS): PROJECT UPDATE

Laura A McClure, Monique Hernandez, Jill A MacKinnon, Brad Wohler, Donna M Miller, Recinda Sherman, Cristina A Fernandez, David J Lee

Background: Previously our study team completed a trial linkage between data from the 1987 National Health Interview Survey (NHIS) of the National Center for Health Statistics (NCHS) and the Florida Cancer Data System (FCDS) database. We then undertook a full linkage of all NHIS years and the FCDS database. Because the NHIS collects a wealth of cancer-related information and has been linked to other national administrative records, this linkage provides a highly enriched source for cancer surveillance research.

Purpose: The purpose of this project is to assess the feasibility and logistics of linking national population-based survey data with individual state cancer registries. The ultimate goal is to develop a model for conducting linkages between NCHS population-based surveys and the CDC National Program of Cancer Registries and SEER Cancer Registries.

Methods: Employing a probabilistic algorithm through LinkPlus version 2, we conducted a linkage between 1986-2009 NHIS data and 1981-2010 FCDS data using Social Security number, name, date of birth, and sex.

(Continued on page 14)

Matching scores were assigned to identify true, false, and questionable matches. All questionable matches were reviewed manually.

Results: There were 1,913,210 NHIS records submitted for linkage to 2,520,333 FCDS records, resulting in a total of 10,406 matched cases that represent NHIS participants diagnosed with cancer in Florida prior to or subsequent to their NHIS interview. The de-identified, linked data will be deposited in the secure NCHS Research Data Center (RDC) to be analyzed by approved researchers.

Conclusions: Results from this linkage indicate this is a feasible and worthwhile research endeavor. Similar linkages conducted by other central cancer registries would represent an unparalleled data resource for evaluating cancer risk factors, screening behaviors, and healthcare assess and utilization in a large sample of cancer patients.

WHICH COUNTY IS IT? WHEN REPORTED COUNTY DOES NOT MATCH GEOCODED COUNTY

R Sherman, B Wohler

Florida Cancer Data System (FCDS) currently reports county level cancer rates based on the county denoted by the reporting facility. However, the process of geocoding cancer cases can often result in a change or “improvement” from

one county to another-most often to a contiguous county or sometimes one in close proximity. This represents a problem with publishing cancer rates by county-which county is it? Do the geocode based rates represent an improvement or introduce additional error?

Moving from reported county for rates to geocoded county for rates resulted in a loss as great as 60% for one Florida county and a gain as high as 120% for another. The change in rates varies by county over time with the biggest impact on medium size counties. The rates also are impacted due to the level of geocoding coverage-some counties have a higher geocoding rate than others. We postulated a “move” to a contiguous county was often based on zip codes crossing county lines. And a move to a county in close proximity is often the result of the facility’s county being reported instead of the patients. And, although this scenario is less common, we hypothesized that a cancer case reported in a county quite far from the geocoded county resulted from either data entry error or geocoding error. But how do we know? FCDS is considering publishing cancer rates based on geocoded county. But as we considered this change, we needed to understand the characteristics of cancer cases that are reported and geocoded to different counties. There are a variety of implications from changing how we publish county rates-including caveats that must be written in annual reports and the allusion of dramatic changes in rates for counties with cancer cluster concerns.

This presentation details the characteristics of “moving” cases and tests the above assumptions. ♦



The 2012 Hematopoietic Database and Manual are now posted on the SEER website. Please see the website for instructions on downloading the Manual and stand-alone Database as well as information on the web-based Database.

The URLs for accessing the homepage and Hematopoietic Database and Manual are:

- Hematopoietic Project home page (Hematopoietic Manual and stand-alone Heme DB)
<http://seer.cancer.gov/tools/heme/>
- Hematopoietic & Lymphoid Database (web-based Heme DB)
<http://seer.cancer.gov/seertools/hemelymph>

These tools have been developed for use beginning with cases diagnosed 1/1/2012. If implementation of these tools for 2012 cases is not possible in your registry at this time, please contact Margaret (Peggy) Adamo at adamom@mail.nih.gov

Note that the ICD-O-3, ICD-9 and ICD-10 code lists for the Hematopoietic diseases will be available for viewing, searching, printing and exporting from the Hematopoietic Database website in early June. Those requiring programmatic access to any of the data stored in the Hematopoietic Database, which includes the information in these lists, should access this information through the new SEER API which will be available on the SEER website in early June. ♦

CALENDAR OF EVENTS

CALENDAR OF EVENTS

NAACCR CANCER REGISTRY & SURVEILLANCE WEBINAR SERIES 2012-2013

Time: 9:00 am—12:00 pm

Locations: Boca Raton Community Hospital (**Boca Raton, FL**)

Baptist Regional Cancer Center (**Jacksonville, FL**) • H. Lee Moffitt Cancer Center (**Tampa, FL**)

M.D. Anderson Cancer Center (**Orlando, FL**) • Shands University of Florida (**Gainesville, FL**)

Gulf Coast Medical Center (**Panama City, FL**) • Florida Cancer Data System (**Miami, FL**)

Contact: Steve Peace at 305-243-4600 or speace@med.miami.edu

To Register: <http://fcds.med.miami.edu>

Date	Topic
01/10/13	Collecting Cancer Data: Bone and Soft Tissue
2/07/13	Collecting Cancer Data: Central Nervous System
3/07/13	Abstracting and Coding Boot Camp: Cancer Case Scenarios
4/04/13	Collecting Cancer Data: Breast
5/02/13	Collecting Cancer Data: Bladder and Renal Pelvis
6/06/13	Collecting Cancer Data: Kidney
7/11/13	Topic in Geographic Information Systems
8/01/13	Cancer Registry Quality Control
9/5/13	Coding Pitfalls

FCDS 2012 EDUCATIONAL WEBCAST SERIES

Time: 1:00 pm—3:00 pm

Dial-in Number: 1-888-830-6260

Participant Code: 753049

To Register: <http://fcds.med.miami.edu>

Date	Topic
12/13/12	Improving Data Quality Using FCDS Data Quality Reports
01/17/13	Pediatrics Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment
02/21/13	Genitourinary Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment

Program Recognition Continuing Education Hours

Date	Event Title	CE Hours	Event Number
7/24/12	FCRA Annual Conference	12	2012-070
7/26/12	FCDS Annual Conference	9	2012-065
8/16/12	FCDS Webcast Series: What's New for 2012 and More - Annual Conf Review	2	2012-155
9/20/12	FCDS Webcast Series: FCDS Learning Management System—2012 New	2	2012-156
10/18/12	FCDS Webcast Series: GYN Neoplasms-Background/Anatomy/Risk Factor	2	2012-157
12/13/12	FCDS Webcast : Improving Data Quality Using FCDS EDITS & Data Quality Reports	2	2012-158
1/17/13	FCDS Webcast: Pediatric Neoplasms Intro-Background/Anatomy/Risk Factors	2	2012-159
2/21/13	FCDS Webcast: Genitourinary Neoplasms-Background/Anatomy/Risk Factors	2	2012-160

Educational Resources for Registrars

Reference Book/Manual for Abstracting Web Address For Source Notes		
2012 FCDS (Florida Cancer Data System) Data Acquisition Manual	http://www.fcds.med.miami.edu/inc/DAM.shtml	Details cancer data reporting guidelines and casefinding mechanisms for identifying reportable cancers.
2012 CoC FORDS Manual (Facility Oncology Data Standards)	http://www.facs.org/cancer/coc/standards.html	FORDS errata is issued quarterly and posted on the website.
2007 MPH Rules - Solid Tumors, rev Aug 24, 2012	http://www.seer.cancer.gov/tools/mphrules/index.html	On the home page click on "Information for Cancer Registrars", MP/H Rules
2012 MPH Rules - Heme/Lymph Neoplasms and Interactive Heme/Lymph Database	http://seer.cancer.gov/seertools/hemelymph/	On the home page click on "Information for Cancer Registrars", Hematopoietic & Lymphoid Neoplasm Project
ICD-O-3 Coding Materials	http://www.seer.cancer.gov/icd-o-3/index.html	On the home page click "Data Collection Tools", Errata and Clarifications".
Collaborative Stage Data Collection System	http://www.cancerstaging.org/cstage	On the home page click the link "news" to see if there are updates.
SEER *Rx - Interactive Drug Database	http://seer.cancer.gov/seertools/seerrx/	A one-step lookup for coding oncology drug and regimen treatment categories in cancer registries
AJCC Staging Manual 7 th Edition (plus errata)	http://www.springer.com/medicine	Springer (publisher) ISBN: 978-0-387-88440-0
Education and Training Materials Web Address For Training Materials Notes		
FCDS Education & Training On-Line Abstractor Training Course and Recorded Webcasts/ Teleconferences and Registration for FCDS-sponsored Educational Events	http://www.fcds.med.miami.edu/inc/training.shtml and http://www.fcds.med.miami.edu/inc/teleconferences.shtml	On-Line Abstractor Training Course, Recorded FCDS Educational Webcasts, Annual Meeting Presentations, Special Announcements, and more
SEER Cancer Registrar Training Modules	http://www.seer.cancer.gov/training/index.html	Self Instruction Modules on many abstracting topics including Collaborative Staging and Multiple Primary and Histology Coding Rules .
CoC/AJCC Online Education	http://www.eo2.commpartners.com/users/acs	On-Demand Webinars, CLP Education
NAACCR Webinars	http://www.naacrcinc.webex.com/mw03061b/mywebex/	FCDS sponsors 6 host locations across Florida for the monthly educational webinars
Brain Tumor Registry Reporting Training Materials	http://www.cdc.gov/cancer/npcr/training	This includes a Power Point presentation on Benign Brain and CNS Tumors along with speaker notes. It also has exercises with answers provided.
Newsletters Web Address Notes		
FCDS Monthly Memo	http://www.fcds.med.miami.edu/inc/newsletters.shtml	Florida Cancer Data System's monthly memo written especially for registrars. (used as a source for updates/ replacement pages to manuals)
FCDS Register (Quarterly Newsletter)	http://www.fcds.med.miami.edu/inc/newsletters.shtml	Florida Cancer Data System's newsletter

Educational Resources for Registrars

Newsletters Web Address Notes continues

COC Flash	http://www.facs.org/cancer/cocflash.html	Commission on Cancer's newsletter.
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Online Help For Abstracting Questions

Ask a SEER Registrar/SEER Inquiry System	http://www.seer.cancer.gov/seer inquiry/index.php	Type in a topic, search, and it will show you similar questions that other registrars have submitted along with the answers.
CAnswer Forum (Inquiry and Response System)	http://cancerbulletin.facs.org/forums/	Type in a topic, search, and it will show you similar questions that other registrars have submitted along with the answers.

2012 Resources and References for Registrars

2012 Casefinding/Reportable List	<ul style="list-style-type: none"> 2012 FCDS Data Acquisition Manual (FCDS DAM)
2012 Coding Manual and Instructions	<ul style="list-style-type: none"> 2012 FCDS Data Acquisition Manual (FCDS DAM) 2012 CoC Facility Oncology Data Standards (CoC FORDS)
2007 MPH Rules - Solid Tumors	<ul style="list-style-type: none"> 2007 MPH Rules – Solid Tumors
2012 MPH Rules - Heme/Lymph Neoplasms	<ul style="list-style-type: none"> 2012 MPH Rules and Database – Heme/Lymph Neoplasms
ICD-O-3 Primary Site/Histology Codes	<ul style="list-style-type: none"> ICD-O-3 (except for Heme/Lymph Neoplasms – codes 9590-9989) 2012 MPH Rules - Heme/Lymph Neoplasms for all codes 9590-9992
Collaborative Stage Data Collection System, v2	<ul style="list-style-type: none"> Part I – Section 1 – General Instructions Part I – Section 2 – Lab Tests, Tumor Markers, and SSF Notes Part II – Site Specific Coding Schema <ul style="list-style-type: none"> Natural Order Alphabetical Order Schema Groups
Free-Standing Software Applications	<ul style="list-style-type: none"> 2012 Heme/Lymph Rules and Database SEER*Rx
Internet Access to Online Resources	<ul style="list-style-type: none"> http://fcds.med.miami.edu/inc/whatsnew http://www.facs.org/cancer http://www.cancerstaging.org/cstage http://seer.cancer.gov/tools/mphrules http://seer.cancer.gov/tools/seerrx http://seer.cancer.gov/tools/heme http://www.ncra-usa.org http://www.naaccr.org http://who.int/classifications/icd/adaptations/oncology/en

SEER*Rx- Interactive Drug Database

Released May 4, 2012 (software updated May 7, 2012)

SEER*Rx is available in two formats: a web-based tool and as stand-alone software.

<http://seer.cancer.gov>



FCDS is GOLD!

Thank each and every one of you for your contribution to the NAACCR certification process. This award recognizes the population-based cancer registries that have achieved excellence in the areas of completeness of case ascertainment, quality of the data and timeliness. It is a real testament to our staff and partnership with Florida's abstracting professionals.

Florida Cancer Registry

NAACCR

Registry Certification on Quality, Completeness & Timeliness of 2009 Data Summary of Certification Measures

Registry Element	Gold Standard	Silver Standard	Actual Measure*	Measurement Error Allowed	Standard Achieved
1. Completeness of case ascertainment	95%	90%	98.8%	1.0%	Gold
2. Completeness of information recorded					
▶ Missing/unknown "age at diagnosis"	≤2%	≤3%	0.0%	-0.4%	Gold
▶ Missing/unknown "sex"	≤2%	≤3%	0.0%	-0.4%	Gold
▶ Missing/unknown "race"	≤3%	≤5%	0.9%	-0.4%	Gold
▶ Missing/unknown "State/Province & county"	≤2%	≤3%	0.0%	-0.4%	Gold
3. Death certificate only cases	≤3%	≤5%	2.1%	-0.4%	Gold
4. Duplicate primary cases	≤1 per 1000	≤2 per 1000	0.0 per 1000	-0.4 per 1000	Gold
5. Passing EDITS	100%	97%	100.0%	Not applicable	Gold
6. Timeliness	Data submitted within 23 months of close of accession year.				Gold
Certification Status					Gold

* Measures are truncated to one decimal place. The measure for completeness of case ascertainment includes an adjustment for unresolved duplicates.

Cancer Awareness

JUNE 2012

CANCER SURVIVORS DAY—JUNE 3RD
SARCOMA AWARENESS WEEK—JUNE 12TH—18TH

SEPTEMBER 2012

CHILDHOOD CANCER AWARENESS
GYNECOLOGIC & OVARIAN CANCER AWARENESS
LEUKEMIA & LYMPHOMA AWARENESS
PROSTATE CANCER AWARENESS WEEK—SEP. 18TH—24TH
THYROID CANCER AWARENESS

OCTOBER 2012

BREAST CANCER AWARENESS
NATIONAL MAMMOGRAPHY DAY—OCT 18TH

NOVEMBER 2012

LUNG & PANCREATIC CANCER AWARENESS

"Source: 2012 National Health Observances, National Health Information Center, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Washington, DC."



Register

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

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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.

NEW NCRA UPDATE 2012 GUIDELINES ON INFORMATICS WHICH CAN BE USEFUL FOR THE CTR EXAM

NCRA's updated resourceful publication (May 2012; 259 pgs) includes information about informatics that a hospital registrar will find practical. PDF is available at no charge for NCRA Members - \$0.

<http://www.ncra-usa.org/i4a/pages/index.cfm?pageID=3664>

<http://www.ncra-usa.org/i4a/ams/amsstore/itemview.cfm?ID=135>



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