



Florida Cancer Data System

March/April 2007 Monthly Memo



News & Information

WHAT'S NEW :

The following information is currently available on the FCDS website.

- NAACCR V11.1 UPDATES
- ZIP CODE, FIPS COUNTY, FLORIDA CITY NAME VERIFICATION FILE (COMMA SEPARATED TEXT FILE)
- CANCER TRAINING: PRINCIPLES AND PRACTICE OF CANCER REGISTRATION, SURVEILLANCE AND CONTROL, JULY 23-27, OCTOBER 15-19, 2007 IN ATLANTA, GEORGIA
- DATA COLLECTION OF PRIMARY CENTRAL NERVOUS SYSTEM TUMORS: (DOWNLOADS) CDC WEBSITE: <http://www.cdc.gov/cancer/npcr/training/pdfs/braintumorguide.pdf>
- 2005 CANCER ADMISSIONS BY FACILITY AND PRIMARY SITE, ADMISSIONS (TOTAL), ANALYTIC CASES ONLY

FCDS MAILING INFORMATION

US Postal Service mail including Express mail, Priority mail and Certified mail should be sent to the following PO Box address:

FCDS/University of Miami
Miller School of Medicine
P. O. Box 016960 (D4-11)
Miami, FL 33101

FCDS STREET ADDRESS SHOULD ONLY BE USED FOR COURIER PACKAGES (Federal Express, UPS, Airborne Express)

FCDS/University of Miami
Miller School of Medicine
1550 NW 10th Ave, Fox Bldg,
Room 410
Miami, FL 33136



FCDS TENTATIVE V11 TO V11.1 IMPLEMENTATION SCHEDULE

PROCESS OBJECTIVES:	TIMELINE:
Review and design changes to the database and software required to move from NAACCR V11 to V11.1. This includes the implementation of new multiple primary and histology coding rules and Florida handling of Class of Case 3 Historical abstracts.	On-going. Completion scheduled for April 2007
Release the FCDS 2007 Implementation Guideline for NAACCR V11.1.	April 1 st , 2007
Release tentative implementation schedule for NAACCR V11.1.	April 1 st , 2007
Teleconference with vendors and registrars to discuss 2007 Implementation Guidelines.	Scheduled for May 2007
Teleconference with vendors and registrars to discuss Class of Case.	Scheduled for May 2007
Alter database, modify and test all central registry software for required modifications.	Schedule completion June 15 th , 2007
Revise and make available to all reporting facilities and cancer registry software vendors the FCDS 2007 Data Acquisition Manual.	Schedule completion June 15 th , 2007
Require all reporting facilities to meet new NAACCR V11.1 and FCDS reporting requirements. Cease collection of NAACCR V11.	Scheduled implementation on July 1 st , 2007.
Finish all V11 processing by FCDS Staff, but allow reporting facilities to upload V11.1 data during this timeframe. Once V11 processing is complete, implement updated modules.	Scheduled for July 1 st through July 15 th , 2007.
Begin processing NAACCR V11.1.	Scheduled to begin collecting on July 16 th , 2007 all records regardless of diagnosis date in Version 11.1 format. All attempts will be made to start processing earlier than July 16 th , 2007.

Updated April 1st, 2007



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Florida Cancer Data System NAACCR V11.1 Updates EFFECTIVE 7/1/2007

ANNOUNCEMENT DATE: 3/7/2007

1. No New Data Items are required to be reported to FCDS

FCDS data requirements are aligned with the reporting requirements from the National Program of Cancer Registries (NPCR) at the Center for Disease Control. For diagnosis year 2007, NPCR has not added any new required fields to be collected.

2. New Multiple Primary and Histology Coding Rules

The new Multiple Primary and Histology Coding Rules go into effect starting with cases diagnosed in January 2007. For explanation of the rules, please visit the SEER website.

(<http://seer.cancer.gov/tools/mphrules/>)

3. Reporting of Class of Case 3 Historical Cases

We are happy to announce that FCDS will be accepting a minimal dataset for Class of Case 3 Historical cases. After a year of discussion by the FCRA/FCDS Task Force, we designed an acceptable method of collecting Class of Case 3 Historical cases with insufficient information in a minimal dataset. This information will be stored in the **FCDS State Specific** section of the NAACCR V11.1 record layout. You are **not required** to use this new format. FCDS will continue to accept these cases as full abstracts as it has in the past.

A **Class of Case 3 Historical case** refers to a primary reportable neoplasm (malignant or benign/borderline brain/CNS tumors) that it is not active and currently not receiving any treatment **AND** the patient is seen at the reporting facility for another cancer/ benign reportable neoplasm that is active and/or undergoing treatment.

a. For every abstract submitted, the record layout will allow for the entry of up to **five (5)** Class of Case 3 Historical cases. The fields required for each of the five cases include:

1. Sequence Number
2. Diagnosis Date
3. Primary Site
4. Morphology (ICDO2/ICDO3 depending on Diagnosis Date)
5. Behavior (ICDO2/ICDO3 depending on Diagnosis Date)
6. Laterality
7. State of Residence at Diagnosis
8. County of Residence at Diagnosis

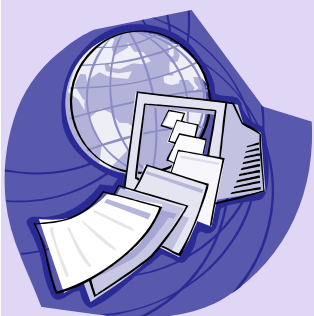
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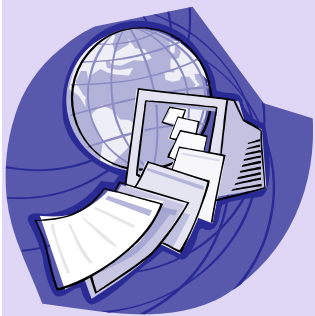




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- b. These fields will be edited at time of transmission and will include Sequence Number and Diagnosis Date edit checks. A complete set of edits covering these new fields are currently under review and will be released upon completion.
- c. These fields should **ONLY** be used when abstracting a Class of Case 3 Historical case with insufficient information. A complete, full abstract **MUST** be reported to FCDS for those cases with sufficient information in the patient's medical record.
- d. **REMEMBER**, the minimal dataset only applies to Class of Case 3 Historical Cases with insufficient information. All other Non-Analytical Class of Case 3 cases and Class of Case 3 Historical cases with sufficient information **REQUIRE** a full abstract to be reported to FCDS.
- e. Quality Control for these cases will be increased and documentation supporting the minimal dataset may need to be provided.

4. City, County, Zip Code Edit

- a. Due to the increased necessity for GIS/Spatial mapping, we will be implementing edits that verify the proper spelling of city and the validity that the city exists in a particular county and zip code area. The spelling of the city will need to be in an acceptable format that has been established by the United States Postal Service (USPS).
- b. This edit will initially be a warning and it will become a **MANDATORY** edit on **1/1/2008**.
- c. FCDS will provide a table of all the valid combinations. This table will be made available for download from our web site by 4/1/2007. This information will be updated as we receive current information from the USPS.

5. New Edits

FCDS is currently reviewing the NAACCR 11.1 edits metafile. Once complete, we will be distributing any new or updates to existing edits.

The FCDS 2007 Implementation Guideline which details all the changes for NAACCR Version 11.1 is now available for download:

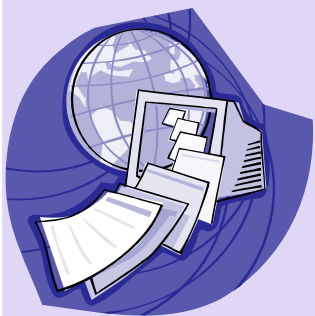
http://fcds.med.miami.edu/downloads/dam2007/FCDS_V11.1_Imp_Guide.pdf

FCDS has developed a tentative timeline which includes an implementation timeframe and educational teleconferences on this change.

http://fcds.med.miami.edu/downloads/dam2007/V11_1_Tentative_Schedule.pdf



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FCDS Educational Teleconferences Series:

2007 Multiple Primary and Histology Coding Rules



FCDS is currently hosting a series of teleconferences addressing the 2007 Multiple Primary and Histology Coding Rules. The series began in December 2006, followed with two scheduled presentations every month concluding on April 12, 2007. The schedule for the remaining teleconferences has been listed below with the dial-in number and participant code. Please note that the dial in information is the same for all the teleconferences. The teleconferences are always free of charge.

A PowerPoint slide presentation along with exercises will be available on the FCDS Website, <http://www.fcds.med.miami.edu>, as an adjunct to each of the teleconferences, as well as the instructions to access the system for the Question and Answer session at the end of each presentation. If you have any questions, please feel free to contact Mayra Alvarez at 305-243-4603 or mayra_alvarez@miami.edu.

Dial-in information for all the teleconferences:

Dial In Number: 888-296-1938

Participant Code: 471495

DATE	TITLE
Thursday, April 12, 2007	Other Sites Coding Rules
<p>*The teleconference will be presented on the scheduled date from 10:00 am—12:00 pm.* Teleconference is NCRA approved for Two CEs</p>	

FCDS Modified Edits

EDIT 443

If Primary Site = C61.9 and Surgery of Primary Site = 19-26, then CS TS/Ext-Eval must = 1

EDIT 259

Scope Reg LN Surgery must equal 9 for C42.0-C42.1, C42.3- C42.4; Morph 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989; C770-C779 & Morph 9590-9729 or C70.0-C72.9, C76.0-76.8 or C80.9



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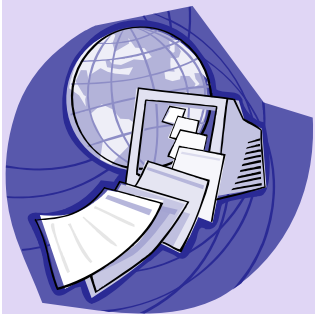
Cancer Registrars Week April 7-13, 2007



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CHARLIE CRIST
GOVERNOR

Cancer Registrars Week

WHEREAS, cancer is one of the leading causes of death in the state of Florida and the nation; and

WHEREAS, Cancer Registrars are healthcare professionals and data management experts that ensure the timely, accurate, and complete collection of quality cancer data and this compilation of data is fundamental to the nation's cancer prevention and treatment efforts; and

WHEREAS, Cancer Registrars bridge the gap between cancer patients and researchers who utilize quality cancer data in order to make a wide variety of public health decisions related to cancer research, diagnosis, and treatment; and

WHEREAS, local and state data is submitted to the National Cancer Database, a nationwide oncology outcomes database maintained by the American College of Surgeons that provides the basis for many patterns of care studies; and

WHEREAS, Florida is proud to honor the Florida Cancer Registry professionals who are fighting cancer with reliable and accurate information;

NOW, THEREFORE, I, Charlie Crist, Governor of the state of Florida, do hereby extend greetings and best wishes to all observing April 7 – 13, 2007 as

Cancer Registrars Week

and urge all residents to familiarize themselves with the important work done in their local cancer registries.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the state of Florida to be affixed at Tallahassee, the Capital, this 9th day of February, in the year two thousand seven.


Governor

THE CAPITOL
TALLAHASSEE, FLORIDA 32399 • (850) 488-2272 • FAX (850) 922-4292



Q/C Corner

By: Mayra Alvarez RHIT, CTR



Brain Tumor Registry Reporting Training Materials Collection and Coding Clarifications for Central Nervous System (CNS) Tumors

Date of Clarification: March 27, 2006

Q&A Section

**Questions taken from
National Program of
Cancer Registries (NPCR)*

Question #1: Is it possible for a benign schwannoma to arise on the spinal cord or does one always arise from nerve roots coming off the cord? Example: The medical record indicates a C2-C3 schwannoma. Is this a reportable neoplasm?

Answer: Anatomically, schwannomas must be derived from Schwann cells which are not a part of the CNS; therefore, they must all come from peripheral nerves, and as such come from nerve roots. The definition of reportable non-malignant sites includes the spinal cord (C72). It does not include "spinal nerves" (C47) consequently, schwannomas of the spinal cord area are NOT REPORTABLE.

Question #2: If the surgeon states "resection of intradural extramedullary schwannoma." does this mean that the tumor is outside the cord but within the dura?

Answer: Yes, but it also means it is on a peripheral nerve root and therefore is NOT REPORTABLE.

Question #3: Are vestibular schwannomas reportable?

Answer: Vestibular schwannomas, also known as acoustic neuromas, arise from the VIIIth cranial nerve (C72.4). Tumors of the cranial nerves ARE REPORTABLE. Code these tumors to acoustic nerve C72.4 M-9560/0





Education and Training

Principles and Practice of Cancer Registration, Surveillance, and Control



EMORY
ROLLINS
SCHOOL OF
PUBLIC
HEALTH



Education and Training

5-DAY INTENSIVE COURSE IN CANCER ABSTRACTING, STAGING, & CODING

Includes:

- Intensive review of ICD-O coding and Collaborative Staging
- Basic review of multiple primary rules & other staging schemes
- Anatomy, physiology & medical terminology of cancer sites
- Extensive hands-on abstracting using mock medical records
- And much, much, more.....

WHERE:

Atlanta, Georgia

WHEN:

July 23-27, 2007
October 15-19, 2007

COURSE FEE:

\$1,000 for a 5 day training course and comprehensive instructional manual

Register online and obtain more information at:

<http://www.sph.emory.edu/GCCS/training/practice/index.html>

or GOOGLE : Georgia Center for Cancer Statistics

Courses fill up quickly! Payment must be received to guarantee space.

Principles of Oncology for Cancer Registry Professionals

May 7-11, 2007 in Reno, NV
July, 2007 in Baltimore, MD (tentative)
December 10-14, 2007 in Reno, NV

Registration fee: \$949.00

Principles of Oncology is a concentrated five-day training program in cancer registry operations and procedures emphasizing accurate data collection methods. The training program includes extensive site-specific, hands-on case coding, abstracting and staging sessions using practice cases that are representative of the many situations registrars may face.

Class size will be limited to 20 registrants.

Participants are responsible for their own travel, hotel, meals, and incidental expenses, except as noted above.

For further information about the Principles of Oncology training program please visit A. Fritz and Associates website at: <http://afritz.org/index.html>





Education and Training



Education and Training

CTR Examination Review and Basic Skills Workshop

WHEN:

Monday and Tuesday August 27 and 28, 2007

WHERE:

Naples Community Hospital, Naples, Florida

REGISTRATION FEE:

\$150

*Discount available for the FCRA study guide,
"Professional Review For Cancer Registrars"*

For more information on the CTR Examination Review
and Basic Skills Workshop please contact:

Mary O'Leary, RHIT, CTR

Education Chair, Florida Cancer Registrars Association

305-992-6546

learymo@bellsouth.net

New SEER Training Module Available 2007 Multiple Primary/Histology Rules

The National Cancer Institute in collaboration with the Rollins School of Public Health at Emory University is pleased to announce that the first of two training modules for the 2007 Multiple Primary/Histology rules is now available on the NCI training web site at <http://www.training.seer.cancer.gov>

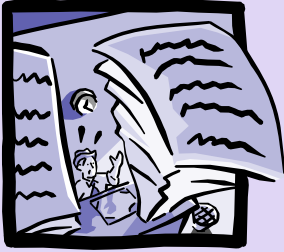
Continuing Education Credits are being requested from the NCRA for completing this module at any time during the next six months.

The second module which will consist of site-specific exercises should be available shortly.





Deadlines & Reminders



2005 AHCA FOLLOW-BACK REQUEST FORMS

FCDS recently mailed the 2005 AHCA Follow-back Request Forms to the hospitals and the ambulatory surgical centers.

Upon review of the forms, any case found to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the 2006 FCDS DAM and found not to have been previously reported must be reported to FCDS by the hospitals no later than April 30, 2007 and by the ambulatory surgical centers no later than May 30, 2007. The ambulatory surgical centers with less than 35 reportable cases on their list must only submit patient medical records to FCDS by April 30, 2007.

Please keep in mind that all audits conducted by FCDS are dictated and closely monitored by the Florida Department of Health.

Should you have any questions or have not received the 2005 AHCA Follow-back Request Forms at this time, please contact your Field Coordinator at (305) 243-4600.

Deadlines & Reminders





FLCS Florida Cancer Task Force System
 Improving Quality of Cancer Care Through Systematic Reporting

PROJECT DIRECTOR:
 Lara E. Fleming, MD, PhD

DEPUTY PROJECT DIRECTOR:
 Jill A. Mackinnon, PhD, CTR

ADMINISTRATIVE DIRECTOR:
 Gary M. Levin, CTR

EDITORIAL STAFF:
 Melissa K. Williams

CONTRIBUTORS:
 Mayra B. Alvarez, RHIT, CTR
 Megs C. Herna, BA, CTR

MILLER
 HEALTH

**FCRA
 DS**

For any questions or suggestions, please contact the taskforce at taskforce@fcra.org.

Florida Cancer Data System

Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF MARCH 01, 2007

Total number of New Cases added to the FCDS Master file in February 2007: 13,453

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
2006	75,247	2,817	246	0	322	Pending	78,632	11,558
2005	154,211	7,259	588	4	889	Pending	162,973	1,833
2004	152,975	8,190	3,321	540	722	2,756	168,513	62

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2006	52%	66%
	2005	100%	100%
	2004	100%	100%

*Expected % based on 152,000 reported cases/year