APPENDIX I

Free-Standing Radiation Therapy Centers
Cancer Case Identification Program

Sending Radiation Therapy data to FCDS

Beginning January 1, 2003, all Florida Radiation Therapy Centers must send a list of patient identifiers to the Florida Cancer Data System. There are two methods of submitting these data items: file upload or single web entry. With the file upload method, you must send a file in a specific format and layout. With the single web entry method, you must enter and save each record on the web data entry screen.

Tab separated file layout for uploads via FCDS IDEA

Field #	Item Name	Maximum Field Length
1.	FCDS Facility Number	4
2.	Patient ID / Medical Record	12
3.	Facility Name	4
4.	Patient Last Name	25
5.	Patient First Name	14
6.	Patient Social Security Number	9
7.	Patient Date of Birth (YYYYMMDD)	8
8.	Patient Sex	1
9.	Patient Race	2
10.	Patient State	2
11.	Patient Zip Code	5
12.	Patient Encounter Date (YYYYMMDD)	8
13.	ICD-9-CM Diagnosis Code	5

File structure notes:
- Files must be in ASCII, with one CR/LF sequence at end of each record.
- Fields are separated by 1 tab character, beginning after field 1 and no tab after field 12. Since there are 12 fields, each record must have exactly 11 separating tabs. Files with extra/missing tabs - in any record - will be rejected.
- No embedded CR/LF, TABS other than as field separators, or other control characters in text fields.
- No quotes "" around fields, just data.
- Dates are in YYYYMMDD format – do not add "/" or "-". Dates will be validated (don't submit 99999999 or 20030229)..
- No "Header" records with variable names, just data.
- All fields are required. Do not use blanks for missing information. Required fields that are missing/unknown, such as Sex, have codes for missing.
- Field lengths are the maximum allowed length for that field. Don't add extra trailing spaces to field.
- Files may be compressed before upload using the DOS/Windows ZIP compression standard. PKZIP or WINZIP are examples of programs that produce the correct compressed format.

DATA ITEM DESCRIPTIONS

Field#	Item Name	Maximum Field Length
1	FCDS Facility Number	4

This is a required data item containing the FCDS Facility number for your Radiation Center. Appendix A has a list of FCDS Facility numbers. Contact FCDS if your facility is not on this list.

Field#	Item Name	Maximum Field Length
2	Patient ID or Medical Record Number	12

This is a required data item containing your facility's patient ID number or medical record number that will uniquely identify a patient in your records. If no medical record number or patient ID is available use 999999999.

Field#	Item Name	Maximum Field Length
3	Facility Name	4

This is a required data field that uniquely identifies each facility by name.

Field#	Item Name	Maximum Field Length
4	Patient Last Name	25

This is a required data item containing the patient's last name.

Field#	Item Name	Maximum Field Length
5	Patient First Name	14

This is a required data item containing the patient's first name.

Field#	Item Name	Maximum Field Length
6	Patient Social Security Number	9

This is a required data item containing the patient's Social Security Number. Enter 9s in this field if the SSN is unknown or missing.

Field#	Item Name	Maximum Field Length
7	Patient Date of Birth	8

This is a required data item containing the patient's date of birth in (YYYYMMDD) format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected.

Field#	Item Name	Maximum Field Length
8	Patient Sex	1

This is a required data item containing the patient's sex. Use the following codes:
1=Male, 2=Female, 3=Hermaphrodite, 4=Transsexual, 9=Unknown/not stated

Field#	Item Name	Maximum Field Length
9	Patient Race	2

This is a required data item containing the patients race. Use the following codes:
1=White, 2=Black, 3=American Indian, 98=Other, 99=Unknown

Field#	Item Name	Maximum Field Length
10	Patient State	2

This is a required data item containing the USPS 2 character Postal abbreviation for the patient's address state. Appendix B has a list of valid state abbreviations.

Field#	Item Name	Maximum Field Length
11	Patient Zip code	5

This is a required data item containing the USPS 5 digit Postal code for the patient's address.

Field#	Item Name	Maximum Field Length
12	Date of Encounter	8

This is a required data item containing the date of encounter at your facility in (YYYYMMDD) format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected

Field#	Item Name	Maximum Field Length
13	ICD-9-CM Diagnosis Code	5

FCDS CASEFINDING LIST FOR REPORTABLE TUMORS - *JULY 2010*

The following ICD-9-CM list is to be used to identify potentially reportable tumors. Some ICD-9-CM codes contain conditions that are not reportable. These records still need to be reviewed and assessed individually to verify whether or not they are reportable to FCDS.

* = Required for review   + = Optional for review

+ 042	AIDS (review cases for AIDS-related malignancies)
* 140.0-209.36	Malignant neoplasms (excluding skin 173.0-173.9 with morphology codes 8000–8110)
* 209.70-209.79	Secondary neuroendocrine tumors
* 225.0-225.9	Benign neoplasm of brain and spinal cord neoplasm
* 227.3-227.4	Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures
* 227.9	Benign neoplasm; endocrine gland, site unspecified
* 228.02	Hemangioma; of intracranial structures
* 230.0-234.9	Carcinoma in situ (excluding cervix – 233.1)
+ 235.0-239.9	Neoplasms of uncertain behavior
* 236.0	Endometrial stroma, low grade (8931/3)
* 237.0-237.9	Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system
* 238.4	Polycythemia vera (9950/3)
* 238.6-238.79	Other lymphatic and hematopoietic tissues
* 239.6-239.89	Neoplasms of unspecified nature
+ 258.02-258.03	Multiple endocrine neoplasia (MEN) type IIA and IIB
* 273.2	Other paraproteinemias
* 273.3	Waldenstrom's macroglobulinemia (9761/3)
+ 285.22	Anemia in neoplasic disease
* 288.3	Hypereosinophilic syndrome (9964/3)
*288.4	Hemophagocytic syndromes (9751/3, 9754/3)
* 289.83	Myelofibrosis NOS (9961/3)
+ 338.3	Neoplasm related pain (acute, chronic); Cancer associated pain
* 511.81	Malignant pleural effusion (code first malignant neoplasm if known)
* 692.7	Malignancy due to solar radiation (9725/3 hydroa vacciniforme-like lymphoma)
* 758.0	Myeloid leukemia associated with Down Syndrome
* 789.51	Malignant ascites (code the first malignant neoplasm if known)
+ 795.81-795.89	Abnormal tumor marker
* 795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
* 795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
* 796.76	Papanicolaou smear of anus with cytologic evidence of malignancy
+ 999.81	Extravasation of vesicant chemotherapy
+ V07.31-V07.39	Other prophylactic chemotherapy
+ V07.8	Other specified prophylactic measure
+ V10.0-V10.9	Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment)
+ V42.81-V42.82	Organ or tissue replaced by transplant, Bone marrow transplant
* V58.0	Encounter for radiotherapy
* V58.1	Encounter for chemotherapy and immunotherapy
+ V66.1	Convalescence following radiotherapy
+ V66.2	Convalescence following chemotherapy
+ V67.1	Radiation therapy follow-up
+ V67.2	Chemotherapy follow-up
+ V71.1	Observation for suspected malignant neoplasm
+ V76.0-V76.9	Special screening for malignant neoplasm
+ V87.41	Personal history of antineoplastic chemotherapy