

**FCDS** Florida Cancer Data System  
A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

## Quality Control Abstract Record Review Findings

Sarah Manson BS, RHIT, CTR  
Mayra Alvarez RHIT, CTR  
Quality Control Field Coordinators



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## Introduction to Review Findings

- Period October -February 2008
- Every 35<sup>th</sup> case is reviewed
  - Started in January 2008
- Reportability coding issues
- Identifies questions on edits
- Identifies areas for education and training

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## Visually Edited Data Items

- Primary site
- Histology
- Behavior
- Grade
- Laterality
- Class of case
- Diagnosis method
- Place of diagnosis
- Date of Initial Diagnosis
- CS Staging (15) fields
- 1<sup>st</sup> course treatment
- Text documentation

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 **COMMON ERRORS**

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**Common Errors**

- Why is the case being reported?
  - Class of Case 3
    - Recurrent- state that the patient presented to your facility with known active disease
    - Cancer status should be 2-evidence of cancer
    - Historical (full abstract)- state that the case is indeed a historical ca
      - This case must come in with an active cancer

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**Common Errors**

- Class of Case 0 misused
  - Based on DAM pg 62
    - A patient diagnosed at the reporting facility and all of the first course treatment was performed elsewhere or the decision not to treat was made at another facility

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### Common Errors

- Tumor Grade
  - Discrepancy-not converting
  - Refer to the DAM pgs 74-79
    - Codes are given with a number of variations of statements indicating grade, but it is recognized that terminology can vary widely

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### Common Errors

- Blood Smear(**DX Confirmation I**)
  - Also known as: Peripheral smear, Manual differential, Red blood cell morphology
  - Formally known as: Peripheral blood smear
  - Related tests: CBC, Differential, RBC, WBC, Platelet Count, Reticulocyte count, Hemoglobin variants

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### Common Errors

- Melanoma SSF I
  - Code measured thickness (depth) of tumor (Breslow's measurement) not size
    - Code the measurement in hundredths of millimeters (not millimeters)
- CS Tumor Size
  - Code the size of the tumor, not depth or thickness

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### Common Errors

- Brain SSF I
  - For primary tumors of the brain and spinal cord (C710-C729) do not use the who grade in the grade field
    - Code the WHO grade in the data item CS Site-Specific Factor I

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### Common Errors

- Breast SSF 4, SSF 5
  - Discrepancy-coded to 001
    - Use code 000-009 only to report results of IHC; otherwise, histologically negative lymph nodes on routine H and E stains, i.e., only when CS Lymph Nodes is coded 00.

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### Common Errors

- CSTS/Ext Evaluation Codes
  - Make sure the procedure constitutes pathological staging
  - Not just 0,1,3
    - If the patient has neoadjuvant treatment use code 5 or 6 depending your CS size/extension information coded

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### Common Errors

- Lymphoma tumor CSTS/Ext-Eval
  - Code 0 if no staging laparotomy done
  - Code 3 if staging laparotomy done

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### Common Errors

- Melanoma Surgery Codes
  - No specimen sent to pathology from surgical events 10-14
  - Specimen sent to pathology from surgical events 20-27

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### Common Errors

- Melanoma Surgery Codes
  - Codes 30 to 33 include less than a wide excision, less than 1 cm margin or margins are unknown. If it is stated to be a **wide excision or re-excision, but the margins are unknown, code to 30**
  - Code 45 represents a wide excision in which it is known that the margins of excision are greater than 1cm

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**Common Errors**

- 1<sup>st</sup> Course Information
  - Discrepancy- Omitted Dates
    - 2<sup>nd</sup> course information is recorded and the case is not clear
  - Remarks field
    - Use this field to record your 2<sup>nd</sup> course information

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**Common Errors**

- Unknown Head & Neck Cancer
- Discrepancy-Coded to C760 or C809
  - Based on the 2007 MP/H Coding Rules, pg18 in the Terms and Definitions
    - When the point of origin **cannot be determined**, use a topography code for overlapping sites:
      - C02.8 Overlapping lesion of tongue
      - C08.8 Overlapping lesion of major salivary glands
      - C14.8 Overlapping lesion of lip, oral cavity and pharynx

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**Common Errors**

- Unknown Primary Site for Melanoma
  - Based on DAM pg 66
    - Code the primary site to C449

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### Common Errors

- Primary site for Meningioma
  - Discrepancy-Coded to C71 vs. C70
    - A meningioma is a tumor that develops from the tissue covering the brain and spinal cord. This tissue is called the meninges and is comprised of three membrane layers: the outer layer is the dura mater; the middle is the arachnoid, and the inner layer is the pia mater.

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### Common Errors

- Renal Transitional Cell Carcinoma
- Coded to C649 vs. C659
  - Based on the 2007 MP/H Coding Rules, pg 55 in the Terms and Definitions
    - Transitional cell carcinoma rarely arises in the kidney parenchyma (C649). Transitional cell ca found in the upper urinary system usually arises in the renal pelvis (C659). Only code transitional cell carcinoma to the kidney in the rare instance when pathology confirms the tumor originated in the **parenchyma** of the kidney

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### Common Errors

- Lymph Nodes Removed or Examined
  - Discrepancy-coded in the reverse
    - Regional nodes positive
      - Code 98 for no nodes examined
    - Regional nodes examined
      - Code 00 for no nodes examined

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### Common Errors

- No Text Documentation
  - Discrepancy-coded values are not supported
    - Text- DX Proc- PE
    - Text- DX Proc- X-RAYS/SCANS
    - Text- DX Proc- PATH

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### Documenting Tips

- Answer these three questions:
  - When?
    - Make sure that you include dates so that the sequence of events are clear
  - What?
    - Make sure to capture all the necessary details of the patients diagnosis
  - Where?
    - Define your facilities role in the care of the patient

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### Documenting Tips

Text Tool:

<http://fcds.med.miami.edu/downloads/dam2007/17%20TextTool.pdf>

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### Responding to FCDS

- Agree or Disagree- Sample Report must come back to FCDS
  - Soon to change
  - Online QC Review
  - Tentative date- April 1, 2008
  - Teleconference March 20 at 10AM
- Corrections- must be specific to the item that needs to be updated
- Do not submit any documentation

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### References

- 2007 FCDS Data Acquisition Manual-DAM
  - <http://fcds.med.miami.edu/inc/downloads.shtml>
- 2007 Multiple Primary & Histology Coding Rules
  - <http://seer.cancer.gov/tools/mphrules/download.html>
- Collaborative Staging Manual
  - <http://www.cancerstaging.org/cstage/manuals.html>

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### Thanks for your Participation!

Are there any questions?

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**Q & A Mode**

- have a question?
  - Press the #1 then #0 on your phone
  - “You will be notified when the speaker/host is ready for your question”
  - Please ask your question after the tone”
- withdraw a question?
  - Press the #1 then #0 on your phone

*(The participant asking the question remains on talk mode until the host releases them)*

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**FCDS** Florida Cancer Data System  
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**Certificate of Attendance**

Quality Control Abstract Review Findings  
Continuing Education Teleconference  
March 10, 2008  
10:00AM-12:00PM

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Name

MILLER SCHOOL OF MEDICINE UNIVERSITY OF MIAMI  
UMSylvester Comprehensive Cancer Center  
FLORIDA DEPARTMENT OF HEALTH

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