

2016 FCDS Lung Audits

(DX = 2014 or 2015)



FCDS ANNUAL CONFERENCE ORLANDO, FLORIDA 7/27/2016



STEVEN PEACE, CTR MEG HERNA, CTR





CDC & Florida DOH Attribution





"We acknowledge the Centers for Disease Control and Prevention, for its support of the Florida Cancer Data System, and the printing and distribution of the materials for the 2015-2016 FCDS Webcast Series under cooperative agreement DP003872-03 awarded to the Florida Department of Health. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention".



FCDS would also like to acknowledge the Florida Department of Health for its support of the Florida Cancer Data System, including the development, printing and distribution of materials for the 2015-2016 FCDS Webcast Series under state contract CODJU. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Florida Department of Health.

Presentation Outline



- 2016 Audit Process Lung
- 2014 Selected Facilities & Cases
- 2015 Selected Facilities & Cases
- Audit Summary Reports
- Audit Technical Summary Report
- FCDS Webcast Lung Cancer Data Quality & Staging
- ACS National Great American Smokeout Same Day as Webcast

Data

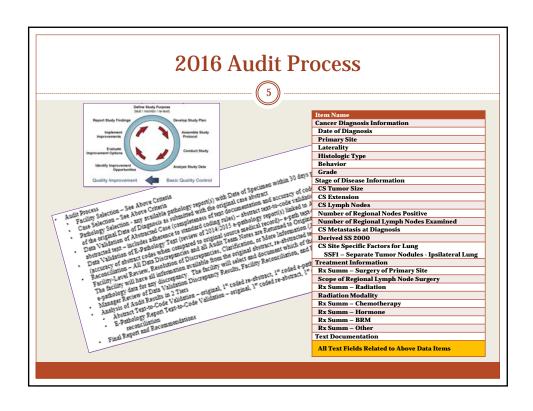
Audit

Quality

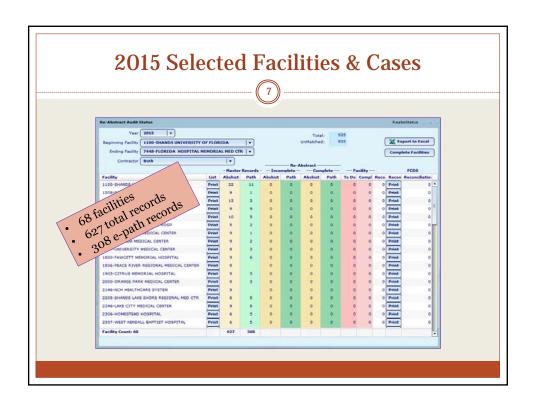
• 2017 Audit Plan – Dx Year 2016 – Male Genitourinary System?

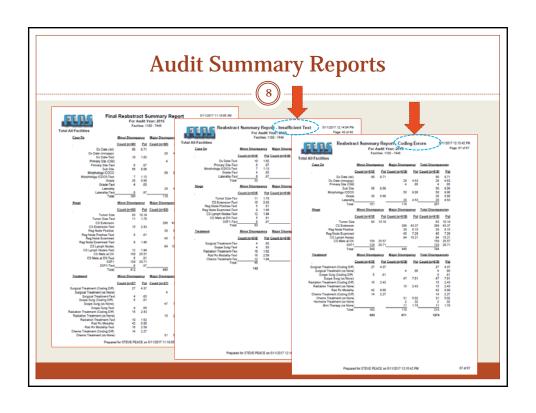
PCOS DATA VALIDATION AUDIT with E-PATH VERIFICATION FCDS DATA VALIDATION AUDIT with E-PATH VERIFICATION Diagnosis Vers: 2014 or 2015 Caser Site: Lang Hespital Analytic Cases Only Facilities: Appendix A Facilities: Appendix A Pretice Table of Contents Page Pretice Table of Contents Background. 5 Construction Contents Page Pretice Table of Contents Background. 5 Construction Contents Page Pretice Table of Contents Background. 5 Control Section Contents Page Pretice Table of Contents Page Pretice Table of Contents Salary Declaracy Page Pretice Table of Contents Salary Declaracy Page Pretice Table of Contents Page Page Pretice Table of Contents Page Page Pretice Table of Contents Page Page Page Pretice Table of Contents Page Page Page Page Page Page Pretice Table of Contents Page Page Page Page Page Page Pretice Table of Contents Page Page

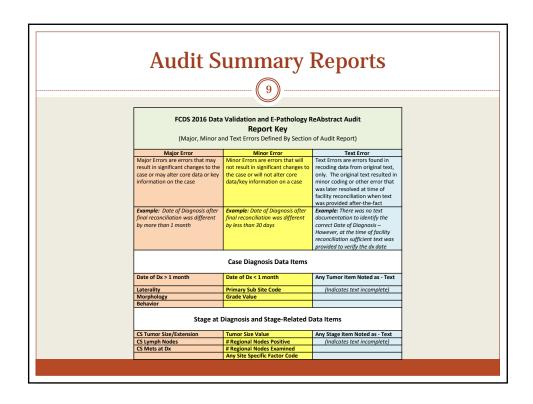
2

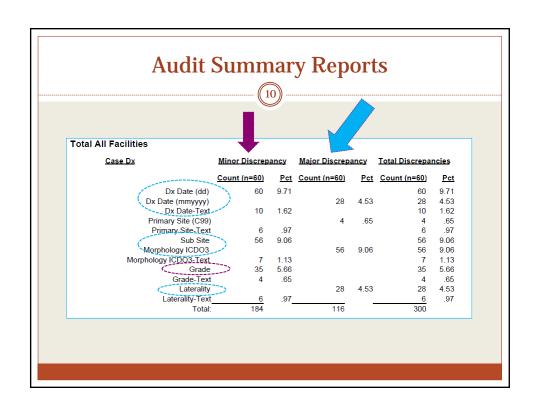


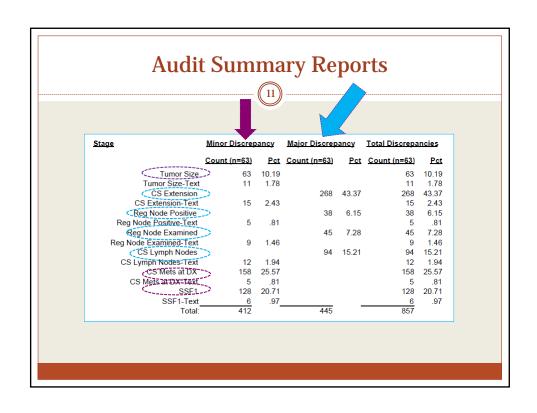


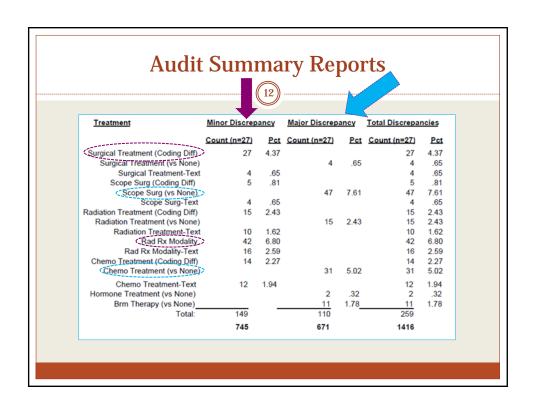












Audit Technical Summary Report



- FCDS always uses Abstractor Text Documentation during AUDITS over text from e-pathology-only because the registrar may not have had access to all of the e-pathology report(s) at the time of abstract.
- Then why include the e-pathology as a part of the audit?
- Any Facility or Reconciliation Case(s) that did not meet the Reconciliation Deadline were counted as errors due to No Response.
- Never Change Your Data Until the FINAL REPORTS are issued.
- Date of Diagnosis Imaging versus Biopsy/Resection
- Primary Site vs. Mass of Mediastinal or Hilar Nodes on Imaging

Audit Technical Summary Report

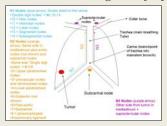


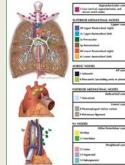
- Clarify the Difference between Atelectasis, Obstructive Pneumonitis, Consolidation, and (Malignant/Non-Malignant) Pleural Effusion
 - Atelectasis/Pneumothorax = Complete or Partially Collapsed Lung
 - <u>Pneumonitis</u> inflammation of the walls of the alveoli in the lungs, often caused by a virus.
 - Obstructive Pneumonitis pneumonitis resulting in bronchial obstruction
 - <u>Consolidation</u> a region of lung tissue that has filled with liquid or blood or pus instead of air
 - <u>Pleural Effusion/Hemothorax</u> a buildup of extra fluid in the space between the lungs and the chest wall.
 - ▼ Most pleural effusions are hemorrhagic or bloody which indicates malignant pleural effusion without even looking at cytology
 - ★ Any pleural effusion in lung cancer is deemed "malignant" and must be proven "negative" x 2-3 cytology examinations
 - ➤ When pleural effusion described as "minimal" or "small" it may not be 'treated' as with involvement still code as malignant pleural effusion for consistency in staging cases
 - Primary Tumor Extension to either Pleura is not the same as pleural effusion

Audit Technical Summary Report



- Tumor Size 000 (no evidence of primary tumor) vs. 999 (unk)
- Several Regional Lymph Node Issues
 - N1, N2 and N3 are ALL "regional lymph nodes"





- Must look at whether hilar or mediastinal nodes do not treat as same
- Coding FNA of Regional Lymph Node in Scope of Reg Lymph Node Surgery
- o Coding Regional Lymph Nodes Examined / Regional Lymph Nodes Positive
- Disconnect between Surgery of Primary Site Code 30 versus 33 and "regional" node definitions – often code 33 is for mediastinal node removal

Audit Packet & Facility Reports



Audit Packet Includes:

- Audit Cover Letter
- Audit Technical Summary Report Audit Findings
- Audit Report Key
- Final Reabstract Summary Report Data Tables
- o Reabstract Summary Report Insufficient Text
- Reabstract Summary Report Coding Errors Only

Facility Reports via FCDS IDEA (HOSPADMIN)

- Confidential Reports for Your Facility Only
- Your Facility Summary Reports compare to audit summary
- o Individual Case Reports with Reconciliation Documentation

Webcast: Lung Cancer Data Quality & Staging



Day

- FCDS Webcast on 11/16/2017
- Lung Cancer Facts
- FCDS Audit Findings
- FCDS Audit Recommendations
- Review of Lung Anatomy for Staging
- Review of Lung Cancer Staging Issues
 - SS2000 and SS2018
 - o AJCC 7th edition
 - o AJCC 8th edition
 - o SSFs Site Specific Items Required for Staging
- Staging & Site Specific Items Practice Cases
- Latest Research
- Q&A





- Genitourinary System
 - Kidney
 - Bladder
 - Prostate
- 2016 Diagnosis Year
- Analytic Cases Only
- ~65 Facilities
- ~500 cases
- Sample will include free-standing radiation therapy centers
- FOCUS: Grade Rules, MPH Rules, Staging, Treatment

