

2015 FCDS Data Acquisition Manual (FCDS DAM) Summary of Changes

NEW NEOPLASMS TO BE REPORTED

- **8240/3 – ANY Carcinoid Tumor of the Appendix Diagnosed 1/1/2015>**
- **8157/3 – ANY Enteroglucagonoma of the Pancreas**
- **Do NOT Report Historical Dx for Any Neoplasm Diagnosed Prior to Start Year for Specific Type of CA Reporting**
 - **Example:** Do NOT Report Historical Benign/Borderline Brain/CNS Tumor When Diagnosed < 1/1/2004 because reporting of benign/borderline brain tumors did not begin until 1/1/2004 for these neoplasms.

NEW DATA ITEM(s) TO BE REPORTED

SECTION II – Abstracting and Coding Instructions

- NEW - SEER Summary Stage 2000 (directly-coded) is “Required” for ALL Cases 1/1/2015>
- NEW – Date of Most Definitive Surgery (for this neoplasm)
- NEW – Date of Most Definitive Surgery Flag
- NEW - AJCC TNM Cancer Staging System – cTNM and pTNM “Required” for CoC-Accredited Facilities 1/1/2015>
 - Clinical T, N, M and AJCC Clinical Stage Group Items
 - Clinical TNM – Staged By
 - Pathologic TNM and AJCC Pathologic Stage Group Items
 - Pathologic TNM – Staged By
 - Prefix Descriptors (clinical and pathologic)
 - TNM Edition Number

NOTE: All Collaborative Stage Core Data Collection Requirements are Retained for 2015 Cases including SSFs

CHANGED OR UPDATED DATA ITEMS TO BE REPORTED

- NAACCR Item 220 – Sex – 3 Codes Added (Codes 4, 5, 6 for “transsexual”)
- ISO Country Code Items (multiple) – REMOVED ALL REFERENCES TO “FOR HISTORICAL USE ONLY” CODES

APPENDICES

- Appendix C – 2015 NAACCR Recommended Standard Abbreviations - NEW
- Appendix O - ICD-10-CM Casefinding List for Reportable Tumors (MUST BE USED 10/1/2015 forward)
- Appendix Q – Florida Department of Health Letter Regarding Social Security Number (SSN) Requirement

UPDATED OR CLARIFICATION OF SECTION or DATA ITEM(s)

SECTION I – General Instructions

- Section IA – Reportable Neoplasms (clarify reporting of “Watchful Waiting” or “Active Surveillance”)
- Section IA – Reportable Neoplasms – 2 new reportable neoplasms added to reportable list of cancers
- Section IA – Reportable Neoplasms – Clarify Reporting Requirements for AIN III, LIN III, VAIN III, VIN III, PAIN III
- Section IA – Reportable Neoplasms – Clarify Reporting Requirements for Chronic Leukemia
- Section IA – Reportable Neoplasms – Clarify Reporting Requirements for Mammography-Only Dx (BIRADS 4 or 5)
- Section IA – Reportable Neoplasms – Clarify Reporting Requirements for Historical Benign/Borderline Cancers
- Section IA – Annual Reporting Deadline – June 30th
- Section IB – Casefinding – Clarify that Pathology Casefinding Is Required at ALL Facilities for Casefinding
- Section IB – Casefinding - Implementation of ICD-10-CM/PCS with Casefinding Instructions
- Section IB – ICD-9-CM Casefinding List for Reportable Tumors – updated for required-only (no optional codes)
- Section IB – ICD-10-CM Casefinding List for Reportable Tumors – updated for required-only (no optional codes)
- Section IC – FCDS Abstractor Training and FCDS Abstractor Code Policy and Annual Testing Requirement
- Section IC – CoC RQRS and the FCDS 6-month Case Abstracting Requirement (Timeliness)
- Section IC – Clarification About Reporting Historical Unknown Primary with a New Active Cancer
- Section IC – 2015 Required/Recommended Desktop References - Updated

- Section ID – Data Transmission and Quarterly Reporting to FCDS
- Section ID – Data Acceptance Policy – FCDS EDITS
- Section I – Sample 2015 FCDS Reporting Calendar
- Section I – Sample 2015 FCDS Abstract Form with 2015 New Data Items Added

SECTION II – Abstracting and Coding Instructions

- Several Data Item Definitions Were Updated/Clarified
 - Date of Initial Diagnosis – Clarification that Currently There Are NO Tumor Markers that meet standard criteria as “confirmation of cancer” – DO NOT USE CODE 5 for ANY CANCERS AT THIS TIME.
 - Histologic Type ICD-O-3 was clarified to further explain “Site-Associated/Site-Related ICD-O-3 Code Use” and the WHO 2011 Update to ICD-O-3 and introduce the online version of ICD-O-3.1
 - LVI or Lymph Vascular Invasion was further clarified with statement by College of American Pathology and the latest instructions for coding LVI for benign, borderline, in-situ, and invasive cancers.
- Cancer Staging
 - New Sections Have Been Added and/or Clarified Regarding Requirements for Assigning Cancer Stage
 - SEER Summary Stage 2000 – REQUIRED FOR ALL CASES – Guidelines and Link to E-Manual
 - Collaborative Stage Data Collection – REQUIRED FOR ALL CASES
 - CS Site Specific Factors – REQUIRED AS SPECIFIED BY CANCER SITE
 - AJCC TNM Cancer Staging – BOTH clinical and pathologic REQUIRED FOR ALL CoC Facilities
- Treatment
 - Clarification of Reporting Requirements and Revised Definitions for Patients Who Receive Palliative Care, Active Surveillance/Watch and Wait, and Clarification of First Course and Subsequent Treatment
 - Added - Detailed Definitions for Primary Tumor Ablation and for Tumor Embolization
 - 2 New Data Items – Definition and Coding Instructions for Date of Most Definitive Surgical Procedure and the associated Date Flag

APPENDICES – NEW and UPDATED

- Appendix A – Updated - Facility Listings – Hospitals/Surgery Centers/Radiation Therapy Centers
- Appendix C – Updated – Breast Cancer Profile Updated for ER/PR/EHR2 Prognostic Factors
- Appendix C – 2015 NAACCR Standard Abbreviations – NEW
- Appendix G – NEW – 2015 FCDS Record Layout (FCDS Version 15)
- Appendix O – NEW – ICD-9-CM Casefinding List for Reportable Tumors
- Appendix O – NEW – ICD-10-CM Casefinding List for Reportable Tumors
- Appendix P – NEW – 2015 Resources for Registrars