Appendix S

Summary of Changes

(most changes appear in red throughout the manual)

Acknowledgements and Legal Section

1) Updated FCDS Staff Changes and Florida Department of Health Staff Changes
2) Added HIPAA Privacy Rule 45 CFR 164.512(b) – Exemption for Public Health Activities
3) Added 45 CFR 164.512(b) Disclosures for Public Health Activities to Legal Section

Section I – Guidelines for Cancer Data Reporting

1) Added references to Florida State Law, Public Health Rules, Federal Public Law and HIPAA Privacy Rule to Section I introduction.
2) Added Clarification on 'Patients with chronic neoplastic conditions" to Reportable and Not Reportable Patients
3) Added Clarification on NAACCR Version 22 Table of Comparison of Reportable Cancers for Section I
4) Added Clarification for IACR/WHO Classification of Neoplasms, 5th edition to Section I discussion of ICD-O-3.2 Updates, Guidelines and Instructions for assigning Histology and Behavior to tumors.
5) Clarified Numerous Reportable/Non-Reportable Cancers
   a) Glandular Intraepithelial Neoplasia, Grade III/High Grade Glandular Dysplasia – not reportable
   b) Neoplasms with High Grade Dysplasia in Sites (C160-C166, C168-C169, C170-C173, C178-C179, C181) – reportable
   c) ISUP Reclassification of clear cell papillary renal cell carcinoma of kidney to 8323/1 – Grade 1
6) Added Clarifications for 2021 and 2022 New Reportable Neoplasms/Reclassified Tumors

   2021 New Reportable Neoplasms/Reclassified Tumors
   a. Early or evolving melanoma, in situ and invasive – now reportable neoplasms
   b. ALL Gastro-Intestinal Stromal Tumors (GIST) – now classified 'malignant'
   c. Thymoma Neoplasms – most now classified 'malignant' – see Histology/Behavior Codes

   2022 New Reportable Neoplasms/Reclassified Tumors
   a. LAMN – low grade appendiceal mucinous neoplasm (C18.1)
   b. HAMN – high grade appendiceal mucinous neoplasm (HAMN (C18.1)
   c. Serrated dysplasia, high grade (C160-C166, C168-C169, C170-C173, C178-C179)
   d. Adenomatous polyp, high grade dysplasia (C160-C166, C168-C169, C170-C173, C178-C179)
   e. Intestinal-type adenoma, high grade (C160-C166, C168-C169, C170-C173, C178-C179)
   f. Chondrosarcoma, grade 1
   g. 9 New Histology Codes with Associated New Histology Terms
      - 8455/3 - Intraductal oncocytic papillary neoplasm with associated invasive carcinoma (C250-C254, C257-C259)
      - 8483/3 - Adenocarcinoma, HPV-associated C530-C531, C538-C539)
      - 8484/3 - Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)
      - 8859/3 - Myxoid pleomorphic liposarcoma
      - 8976/3 - Gastroblastoma (C16.0 – C16.9)
      - 9111/3 - Mesonephric-like adenocarcinoma
      - 9366/3 - Round cell sarcoma with EWSR1-non-ETS fusions
      - 9367/3 - CIC-rearranged sarcoma
      - 9368/3 - Sarcoma with BCOR genetic alterations

7) Clarified Reportable Skin Cancers – removed dermatofibrosarcoma protuberans and added others
8) Added Clarification on 'Patients with chronic neoplastic conditions" to Reportable and Not Reportable Patients
9) Revised Section on Pancreatic Neoplasms Reporting so is consistent with SEER Clarifications and Complete with Additional Histologies using the same principles for reporting/not reporting cancers.
10) Clarified positive/suspicious mammogram and Date of Diagnosis with BI-RADS Reportable Section
11) Added Dates to the current version of 2018 Solid Tumor Rules
12) Added Dates to the current version of the Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Rules and Heme DB
13) Revised Ambiguous Terminology Section to clarify use of Definitive Terminology as priority over Ambiguous Terminology – what makes a 'definitive diagnosis' – please read this section thoroughly
14) Added Section Explaining that FCDS DOES NOT ACCEPT NAACCR UPDATE OR MODIFY RECORDS and how this effects the reporting of cancers, correction of cases, edit overrides, historical grid cases, etc.
15) Added 2022 NAACCRv22 Table of CoC, SEER, NPCR, FCDS Reportable Cancers, Non-Reportable Cancers, Multiple Primary Rules and Ambiguous Terminology from the NAACCR Volume II Data Standards and Data Dictionary 2022 document to clarify who is required to report which cases under which program and why these are not in synch – no every program requires the same data.
16) Clarified in Casefinding that Anatomic Surgical Pathology Reports include many different types of reports not just surgical pathology. Other reports now include; biopsy specimen, surgical resection specimen, bone marrow biopsy, needle biopsy and fine needle aspiration biopsy, diagnostic hematology, cytology, immune-histo-cytochemistry, immunophenotype, genetic studies, and autopsy reports and all addenda.
17) Added Clarification - EVERY Facility should be reporting e-pathology reports to FCDS – ALL Facilities
18) Added ICD-10-CM Casefinding List for Reportable Tumors Table – October 1, 2021 and later Table – please note this table has been reorganized and updated for ease of use – share with your IT Dept
19) Note: The General ICD-10-CM Casefinding List and the Detailed ICD-10-CM Casefinding List are both in Appendix O. Appendix O includes every single ICD-10-CM Code Required for Casefinding Florida.
20) Updated Abstractor Training Section since FCDS can no longer support an Abstracting Basics Course
21) Updated Section on FCDS FLccSC (Fundamental Learning Collaborative for the Cancer Surveillance Community)
22) Updated Section on FCDS Abstractor Code Test Standard References Used for Testing
23) Added Section on Making Changes to Existing Abstracts – Repeats some of Update/Modify Records
24) Revised the Required and Recommended Desktop References Section Completely
25) Updated FCDS Responsibilities for Data Acquisition and Training and Education to current

Section II – General Abstracting Instructions

1) Clarified Florida Text Requirements and Rationale
2) Clarified use of Date of First Contact - the FCDS definition is different that the CoC STORE Manual because FCDS does not receive or allow Update or Modify Records and cannot change this date
3) Clarified Timing for Reporting of RCRS/RQRS Cases to FCDS – send in treatment recommended if not yet started and FCDS Deadline is eminent – you can still meet both requirements – use proper codes
4) Added New Data Item – Tobacco Use Smoking Status – 4 previous smoking fields are discontinued

5) Added new data item description and coding instructions for new data item Tobacco Use Smoking Status
6) Added Updates to Histologic Type ICD-O-3 – SEE APPENDIX R
7) Added Large Revision Section to Coding Lymph-Vascular Invasion – edits will reinforce codes
8) Revised DIAGNOSTIC CONFIRMATION section – many errors are being made here – please read
9) Revised descriptions of codes for Diagnostic Confirmation with clarifications and explanations
10) Histologic Type ICD-O-3 – Added Appendix R and Table of Required References to Code Histology
11) Clarified correct coding for Regional Lymph Nodes Positive and Regional Lymph Nodes Examined
12) Clarified use of RX Summ – Scope of Regional Lymph Node Surgery – CODE = 1 still used under TX
13) DO NOT CODE FNA OF REGIONAL LYMLPH NODES (Code = 1) UNDER DIAGNOSTIC PROCEDURES – ONLY THE CODE MEANING WAS CHANGED – IT IS STILL A CODE USED UNDER THE TREATMENT DATA ITEM RX SUMM SCOPE REGIONAL LYMPH NODE SURGERY WHICH IS A TREATMENT DATA ITEM.
14) Lymph Vascular Invasion Section Totally Updated – you must use the new tables or fail edits
15) Added/Clarified Site-Specific Data Items Required by FCDS for 2022 forward
    - Esophagus and EGJ Tumor Epicenter
    - HER2 Overall Summary (Breast ONLY)
    - P16 (Cervix ONLY)
16) Added Entire New Section on Treatment NOT = 99 and FCDS EDIT3038 to reinforce this instruction Excerpt: Treatment was either performed, not performed, recommended or refused. You may not know recommended/refused. It should never be coded as 99 unknown if performed. Do not guess if treatment was performed or not. Do not presume treatment should have been recommended based on published Treatment Guidelines. Treatment Recommended or Refused MUST be documented in the medical record AND it must be coded in the required treatment data item. These instructions are for analytic or non-analytic cases. (clarifications continue after introduction)
17) Section on Tumor Ablation Updated to include new types of ablation and more information explaining ablation – when it is used, why, what types of tumors, and types of ablation
18) Clarification for coding Y90
19) FCDS WILL NOT REQUIRE THE NEW COC BREAST SURGERY FIELDS in 2022 or 2023
20) Clarification on 'double-coding' treatment under Surgery of Primary Site, Scope Reg LN Surg and Surg Other Regional/Distant Sites – this happens with great frequency – do not double-code TX
21) Multiple additions to Radiation Therapy Section explaining different new acronyms and what the type of radiation is for each and how to code them with a website as reference page

APPENDICES

Appendix A – Updated Facilities

Appendix B – No Change

Appendix C – No Change

Appendix D – No Change

Appendix E – No Change

Appendix F – Updated 2022 Sites Specific Surgery Codes

Appendix G – updated FCDSv22 Record Layout

Appendix H – Updated FCDSv22 Required Site Specific Data Items

Appendix I – No Change

Appendix J – No Change

Appendix K – No Change

Appendix L – Updated

Appendix M – No Change

Appendix N – No Change

Appendix O – ICD-10-CM Casefinding Codes - Completely Revised Short and Detailed List

Appendix P – Completely Revised Resources for Registrars for 2022 and Reorganized

Appendix Q – No Change

Appendix R – Completely Updated ICD-O-3.2 Updates for 2022 from NAACCR

Appendix S – Summary of Changes – Completely Revised