FLORIDA CANCER DATA SYSTEM

Dermatology Cancer Reporting

Data Acquisition Manual

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A joint project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health.

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FLORIDA CANCER DATA SYSTEM

PREFACE

In 1978, the Department of Health and Rehabilitative Services, now known as the Florida Department of Health, contracted with the Sylvester Comprehensive Cancer Center/University of Miami School of Medicine to implement and maintain the Florida Cancer Data System (FCDS). FCDS has been fully operational and collecting incidence data on cancer cases seen in Florida hospitals on or after January 1, 1981. Ambulatory diagnostic/treatment centers and pathology laboratories began cancer case reporting with patients seen on or after July 1, 1997.

Cancer reporting to FCDS is mandated by Florida statutes. All cancer cases seen in any health facility licensed under Florida Statute Chapters 395 and 483, and Section 408.07(20), F.S., and practitioners licensed under Chapters 458, 459, and 464, F.S., must be reported to FCDS according to Florida Statutes Section 385.202. This includes all hospitals, ambulatory diagnostic and treatment centers, clinical laboratories and physician offices. Cancer incidence information shall be reported as specified by Florida Administrative Code, Rules 64D-3.006 and 64D-3.034. Copies of key legislation and DOH rules are included in this manual. Please contact FCDS for a full listing or copies of legislation and/or DOH Rules related to cancer reporting in Florida.

Currently, FCDS processes over 185,000 cancer cases each year. When these cases are unduplicated, there are approximately 100,000 newly diagnosed incidence cancer cases per year. Currently, the FCDS database contains approximately 3,700,000 cases.

CONFIDENTIALITY

According to Florida Statute 381, Public Health: General Provisions, “Information submitted in reports required by this section is confidential, exempt from the provisions of s.119.07 (1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient.”

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) became law April 14, 2001. While most organizations have two full years, until April 14,2003 to comply, questions regarding how this new law impacts cancer reporting have arisen. The North American Association of Central Cancer Registries (NAACCR) has provided materials that address these questions. As you will see, HIPAA regulations only impact current state cancer reporting procedures. Specifically,

> **HIPAA allows for the reporting of identifiable cancer data to public health entities. Because the Florida Cancer Data System falls under the definition of a public health entity, HIPAA allows your facility to continue to report data to us in compliance with state law. Written informed consent from each cancer patient reported to public health entities is not required under HIPAA; rather healthcare providers must simply document that reporting has occurred.**

FCDS continues to adhere to all Florida Statues and Department of Health guidelines, and follow strict security measures to assure patient and institutional confidentially.

IMMUNITY FROM LIABILITY

No institution or individual complying with Florida statutes 385.202, 405.01, 381.0031, and Florida State Administrative Code(may not have latest update) Rules 64D-3.004 and 64D3.034 shall be civilly or criminally liable for divulging information or providing materials to the statewide registry as required by the law.

FLORIDA STATE LAW

Title XXIX

PUBLIC HEALTH

Chapter 381
Public Health: General Provisions

381.0031 Report of diseases of public health significance to department.--

(1) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.

(2) Periodically the department shall issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection (1).

(3) Reports required by this section must be in accordance with methods specified by rule of the department.

(4) Information submitted in reports required by this section is confidential, exempt from the provisions of s. 119.07(1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient.

(5) The department may obtain and inspect copies of medical records, records of laboratory tests, and other medical-related information for reported cases of diseases of public health significance described in subsection (2). The department shall examine the records of a person who has a disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of diseases of public health significance, notwithstanding any other law to the contrary. Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary. Release of medical records and medical-related information to the department by a health care practitioner, licensed health care facility, or laboratory, or by an authorized employee or agent thereof, does not constitute a violation of the confidentiality of patient records. A health care practitioner, health care facility, or laboratory, or any employee or agent thereof, may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section.

(6) The department may adopt rules related to reporting diseases of significance to public health, which must specify the information to be included in the report, who is required to report, the method and time period for reporting, requirements for enforcement, and required follow-up activities by the department which are necessary to protect public health.

This section does not affect s. 384.25.

History.--s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 67, ch. 77-147; s. 4, ch. 89-311; s. 2, ch. 90-347; s. 15, ch. 91-297; s. 2, ch. 95-188; s. 184, ch. 96-406; s. 175, ch. 97-101; s. 4, ch. 98-151; s. 252, ch. 98-166; s. 8, ch. 2000-367.

Note.--Former s. 381.231.

385.202 Statewide cancer registry.--

(1) Each facility licensed under chapter 395 and each freestanding radiation therapy center as defined in s. 408.07 shall report to the Department of Health such information, specified by the department, by rule, which indicates diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and radiation, surgical, or other methods of diagnosis or treatment for each cancer diagnosed or treated by the facility or center. Failure to comply with this requirement may be cause for registration or licensure suspension or revocation.

(2) The department shall establish, or cause to have established, by contract with a recognized medical organization in this state and its affiliated institutions, a statewide cancer registry program to ensure that cancer reports required under this section shall be maintained and available for use in the course of any study for the purpose of reducing morbidity or mortality; and no liability of any kind or character for damages or other relief shall arise or be enforced against any hospital by reason of having provided such information or material to the department.

(3) The department or a contractual designee operating the statewide cancer registry program required by this section shall use or publish said material only for the purpose of advancing medical research or medical education in the interest of reducing morbidity or mortality, except that a summary of such studies may be released for general publication. Information which discloses or could lead to the disclosure of the identity of any person whose condition or treatment has been reported and studied shall be confidential and exempt from the provisions of s. 119.07(1), except that:

(a) Release may be made with the written consent of all persons to whom the information applies;

(b) The department or a contractual designee may contact individuals for the purpose of epidemiologic investigation and monitoring, provided information that is confidential under this section is not further disclosed; or

(c) The department may exchange personal data with any other governmental agency or a contractual designee for the purpose of medical or scientific research, provided such governmental agency or contractual designee shall not further disclose information that is confidential under this section.

(4) Funds appropriated for this section shall be used for establishing, administering, compiling, processing, and providing biometric and statistical analyses to the reporting facilities. Funds may also be used to ensure the quality and accuracy of the information reported and to provide management information to the reporting facilities.

(5) The department may, by rule, classify facilities for purposes of reports made to the cancer registry and specify the content and frequency of the reports. In classifying facilities, the department shall exempt certain facilities from reporting cancer information that was previously reported to the department or retrieved from existing state reports made to the department or the Agency for Health Care Administration. The provisions of this section shall not apply to any facility whose primary function is to provide psychiatric care to its patients.

History.--ss. 2, 3, 4, 9, ch. 78-171; s. 5, ch. 82-213; s. 2, ch. 83-234; s. 96, ch. 86-220; s. 1, ch. 90-6; s. 3, ch. 95-188; s. 201, ch. 96-406; s. 190, ch. 97-101; s. 31, ch. 97-237; s. 24, ch. 99-397.

Note.--Former s. 381.3812.

64D-3.034 Cancer Reporting.

(1) Reporting Requirements:
    a. Each facility and laboratory licensed under Chapters 395 and 483, and Section 408.07(20), F.S., respectively and practitioners licensed under Chapter 458, 459, 464, F.S., are required to report to the Florida Cancer Data System as required by Section 385.202, F.S., within six (6) months of each diagnosis and within six (6) months of the date of each treatment.
    b. Each facility shall submit each cancer case report electronically.
    c. The data items, coding schemes, definitions, record layouts, and reporting procedures are to follow the guidance provided in the Florida Cancer Data System Data Acquisition Manual (2005, or current edition), incorporated by reference, available at http://www.fcds.med.miami.edu/inc/downloads.shtml.
(2) Not with standing (1), each facility, center, and laboratory that reports cancer cases to the Florida Cancer Data System shall make its records available for on-site review by the department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New Editorial Note: History-Formerly 10D-3.77, 10D-3.077, and 64D-3.006 (3) (5).

64D-3.006

64D-3.006 Reports, Medical Facilities and Freestanding Radiation Therapy Centers.

(1) The chief administrative officer of each civilian facility licensed under Chapter 395, F.S., and freestanding radiation therapy centers, as defined in Section 408.07, F.S., shall (and the United States military and Veterans Administration hospitals are requested to) appoint an individual from the staff, hereinafter referred to as "reporting officer," who shall be responsible for reporting cases or suspect cases of diseases on the notifiable disease list in persons admitted to, attended to, or residing in the facility (cf. Notification by Laboratories, Rule 64D-3.003, F.A.C.).

(2) Reporting of a case or suspected case of notifiable disease or condition by a facility or center fulfills the requirements of the licensed practitioner to report; however, it is the responsibility of the practitioner to ensure that the report is made as stipulated in Rule 64D-3.002, F.A.C. Reports shall be made within 72 hours of diagnosis. Special provisions for reporting sexually transmissible diseases, including HIV infection, are found in Rule 64D-3.016, F.A.C., and for cancer, in subsection 64D-3.006(3), F.A.C.

(3) Reporting of cancer cases by a licensed practitioner, a hospital facility licensed under Chapter 395, F.S., and freestanding radiation therapy centers, as defined in Section 408.07, F.S., to the Florida Cancer Data System as required by Section 385.202, F.S., shall be accomplished within six (6) months of the date of each diagnosis and within six (6) months of the date of each treatment.

(4) Florida Cancer Data System staff will provide each freestanding ambulatory surgical center with an annual list of cancer cases for which reports are required and allow three (3) months from the date of notification for submission of reports to the Florida Cancer Data System for each case on the list. This annual list will be generated by comparing the ambulatory patient data maintained by the Agency for Health Care Administration with the Florida Data System file for each calendar year. This comparison will be made each year after the Florida Cancer Data System file for each year is complete, including all hospital and pathology laboratory data expected for that year. The list sent to each freestanding ambulatory surgical center will contain only those records from the Agency for Health Care Administration ambulatory patient dataset or from cancer case data received from ambulatory centers that cannot be matched with any previously reported case.

(5) For reportable cancer cases, each family licensed under chapter 395, F.S., and each freestanding radiation therapy center as defined in Section 408.07, F.S., shall electronically submit to the Florida Cancer Data System all available data items as specified in the Data Acquisition Manual and Confidential Abstract Report. Those facilities and centers with fewer than thirty-five (35) cancer cases annually requiring abstracting may submit to FCDS paper copies of portions of the case record that include all available information that is needed for abstracting by FCDS staff. The coding schemes, record layouts, and definitions for these items are those issued by the Florida Cancer Data System in its Data Acquisition Manual and Confidential Abstract Report, DOH Form 2029, dated July 1997, incorporated herein by reference. These documents are available from the Florida Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee Florida 32399-1720.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History–New 12-29-77, Amended 6-7-82, Formerly 10D-3.77, Amended 2-26-92, 7-21-96, Formerly 10D-3.077, Amended 11-2-98, 7-5-99, 6-4-00.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

This Section details cancer reporting guidelines and casefinding mechanisms for identifying reportable cancers. All reporting facilities including dermatology and dermato-pathology practices must adhere to the following guidelines for cancer data reporting. The Florida Cancer Data System (FCDS) is charged with maintaining a high quality database of useable, timely, complete and accurate cancer data for every reportable case of cancer in the state of Florida. These guidelines have been established as a means to achieve and maintain this objective. It is the responsibility of both the reporting facility and the facility abstractor to know the content of the FCDS Data Acquisition Manual for the Dermatology Cancer Reporting and to update it upon receipt of any changes from FCDS. This responsibility exists without regard to whether or not case abstracting and reporting is being performed by an employee of the reporting facility or physician practice or through some contractual arrangement with an independent abstracting agency or individual.

CASE ELIGIBILITY

1. Reportable Cases

   Determination of whether or not a given primary neoplasm is reportable is made by reference to the histology and behavior codes of the *International Classification of Diseases for Oncology, 3rd edition (ICD-O-3)*. The ICD-O-3 lists a preferred Histologic term along with synonyms, any of which applies.

   The following **malignant** and **in situ neoplasms of the skin** (C44) **are reportable to FCDS**:

Code	Term	Code	Term
8247/3	Merkel Cell Carcinoma	8800/3	Sarcoma
8400/3	Sweat Gland Adenocarcinoma	8810/3	Fibrosarcoma
8410/3	Sebaceous Adenocarcinoma	8832/3	Dermatofibrosarcoma
8720/2	Melanoma In Situ	8850/3	Liposarcoma
8720/3	Melanoma Malignant	8890/3	Leiomyosarcoma
8721/3	Melanoma Nodular	9140/3	Kaposi Sarcoma
8730/3	Melanoma Amelanotic	9591/3	Non-Hodgkin Lymphoma
8742/2	Lentigo Maligna	9650/3	Hodgkin Lymphoma
8742/3	Lentigo Maligna Melanoma	9680/3	Diffuse Large B-Cell Lymphoma
8743/3	Melanoma Superficial Spreading	9700/3	Mycosis Fungoides
8772/3	Melanoma Spindle Cell	9709/3	Cutaneous T-Cell Lymphoma

2. Not Reportable Cases

a) **Basal cell and squamous cell carcinoma of non-genital skin are not reported to FCDS**.

b) Only the following malignant neoplasms of non-genital skin sites are not reportable:

8000/3 – 8005/3	Neoplasm, malignant, NOS of the skin
8010/3 – 8046/3	Epithelial carcinoma, NOS of the skin
8050/3 – 8084/3	Papillary and squamous cell neoplasm of the skin
8090/3 – 8110/3	Basal cell carcinoma of the skin

c) Patients seen only in consultation for a second opinion to confirm a diagnosis or a treatment plan are not reportable.

d) Patients in remission (no evidence of neoplasm) and not receiving primary surgical, prophylactic or adjuvant therapy are not reportable. (Note: A wide excision performed as follow-up treatment for a previously excised melanoma is primary surgical treatment (first course of treatment) for melanoma of the skin and must be reported to FCDS.)

CASEFINDING (Screening Medical Records and Reports to Identify Cancers of Interest)

Casefinding is the general term used to describe the method of locating new cancer cases that meet the FCDS case reporting criteria that need to be abstracted and reported to FCDS. Complete casefinding is a key responsibility of each medical practice reporting cases to FCDS. A patient may be seen multiple times at a physician practice, but may only requires **one abstract per neoplasm** be completed and reported to FCDS.

Case identification may be accomplished utilizing unified billing system reports, medical record reviews, surgical pathology report reviews, or any combination of monitoring and review of these documents. The intent of casefinding is to identify each new case of cancer that must be abstracted and reported to FCDS and to track whether or not each case has been reported.

Since most dermatology/dermatopathology practices include shave, punch, or excisional biopsy and/or wide-excision surgical resection procedures as a part of the practice, it may be optimal to include a review of all anatomic (surgical) pathology reports to identify reportable neoplasms seen in your practice, and to include routine review of pathology reports as your primary casefinding method.

Please remember that while malignant melanoma tends to be the most obvious and most common skin malignancy that a dermatology practice would have to report, it is not the only skin malignancy that is reportable to FCDS. Refer to the Case Eligibility section of this manual for details on reportable/not-reportable skin neoplasms, or contact FCDS if you have any questions.

ABSTRACTING AND DATA TRANSMISSION

All cases must be abstracted, coded, and transmitted to FCDS electronically in accordance with FCDS Data Submission Policies and Procedures. Cases should be reported to FCDS within 6 months of initial diagnosis, treatment, or first patient encounter related to this neoplasm.

A Dermatology Data Entry Module has been created for dermatology/dermatopathology practices providing physicians and physician practices a vehicle to register their practice, establish user account(s), and to enter cases with sufficient data to meet the FCDS reporting criteria. This module is specific to dermatology cases. Cases tagged as complete are automatically transmitted to FCDS via the dermatology module. FCDS may “follow-back” to the reporting practice or facility should any data be found incomplete, incorrect, or inconsistent.

Instructions for Registering a Physician Practice and User Account Registration allowing access to the FCDS Dermatology Data Entry Module are provided on the FCDS website, in recorded webcasts, and in this Data Acquisition Manual, Section III.

FCDS requires that facilities (including physician practices) transmit data at least quarterly. This ensures that cancer reporting does not lag or is left unattended. Monthly data submission is recommended for large volume practices. Quality control studies have proven that frequent data submissions result in fewer errors and improved data quality. FCDS encourages all physician practices to report on a routine and timely basis.

RELEASE OF INFORMATION

FCDS will not release any patient information directly to any contractor due to liability and confidentiality issues regarding contractual agreements not involving FCDS. Furthermore, the guidelines set forth under HIPAA (Health Insurance Portability and Accountability Act) impose additional restrictions regarding the release and re-release of patient information under many circumstances.

FCDS understands that this policy may present challenges to some contractors who abstract and report cancer cases to FCDS for physician practices. However, any contract between a healthcare facility, including physician practice or group, and a private contractor where FCDS is not a party to the contract cannot include allowances for FCDS to release patient information to anyone other than the reporting facility.

Contractors must make arrangements with their clients (facility or physician practice) to forward any FCDS correspondence that includes patient information to them (contractor). This includes, but is not limited to edit discrepancies, quality control inquiries, verification of patient information, etc.

Any discrepancies or omissions that are discovered after an abstract has been transmitted will be forwarded to the healthcare facility, not to the contractor.

CONFIDENTIALITY

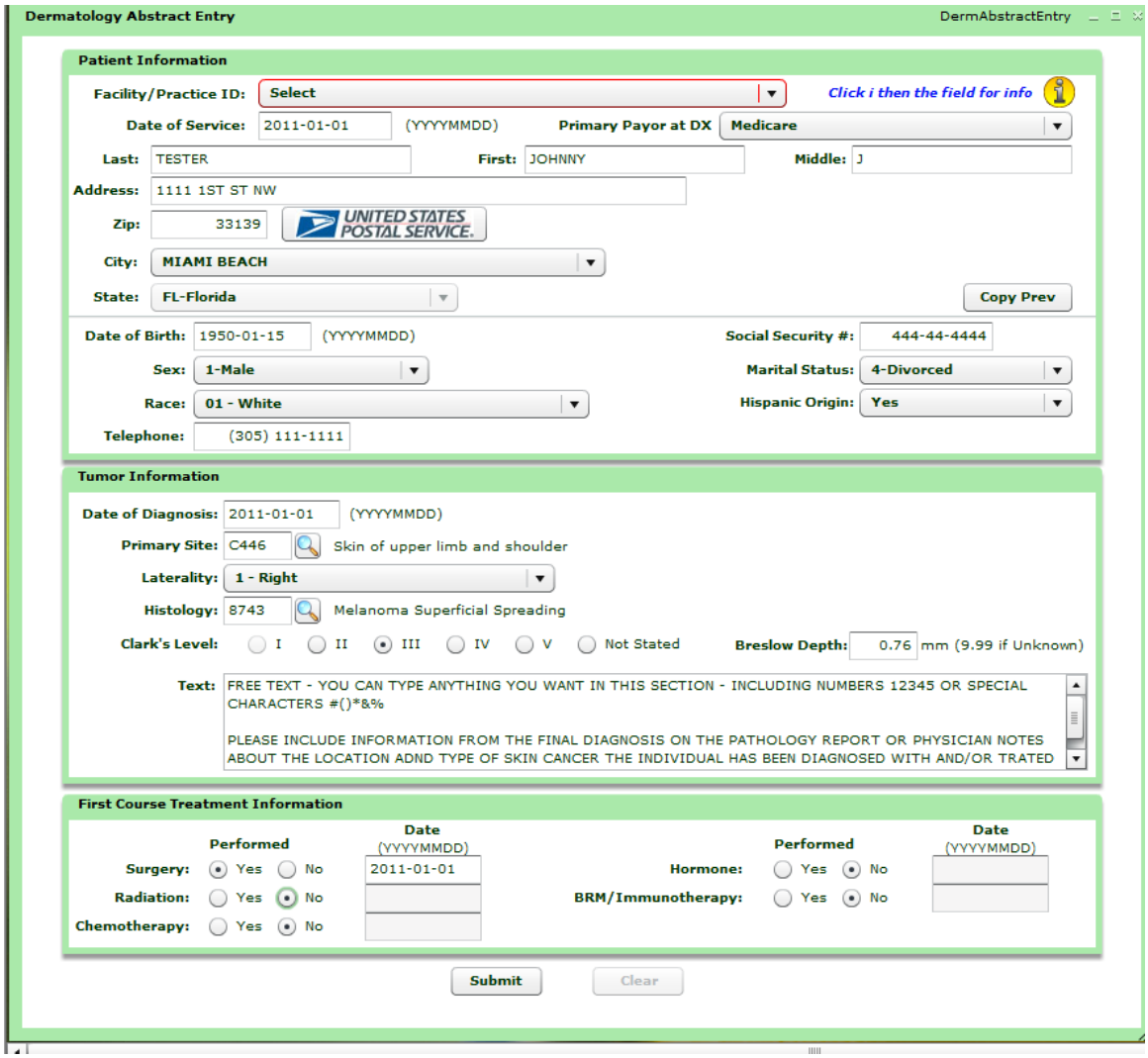
Privacy protection and confidentiality of each patient"s personal health information and healthcare facility or physician practice information continues to be a primary concern when reporting cancer and other types of health condition or disease reporting. Please, take care when mailing, faxing and discussing cases over the phone. AND PLEASE, DO NOT E-MAIL PATIENT INFORMATION TO FCDS. Instead of including patient name, SSN, or date of birth on any correspondence, include a legible patient identifier, such as a unique case identification number used by you and FCDS-only on any correspondence to verify patient identification. Most correspondence can be successfully completed over the telephone or via FCDS IDEA without fear of violation of patient or facility confidentially, security of information systems or HIPAA laws, rules, or guidelines.

SECTION II: GENERAL ABSTRACTING INSTRUCTIONS

It is the responsibility of every dermatology or dermato-pathology practice reporter/abstractor to know the content of the *FCDS Data Acquisition Manual (DAM)* for Dermatology Cancer Reporting and to update it upon receipt of any change from FCDS.

This manual is intended to explain each data item required for Florida Cancer Data System (FCDS) case reporting for Dermatology and Dermato-Pathology Practices Only. It should be used as the primary information resource for any data item that must be coded and documented for dermatology reporting and in accordance with Florida cancer reporting rules and statutes. Descriptions are intended to provide sufficient detail to achieve consensus in submitting the required data. In no way does this manual imply any restriction on the type or degree of detail information collected, classified or studied within any facility-based registry.

Below is a screenshot of a nearly completed case of malignant melanoma of the skin of the right shoulder. The information has been contrived to represent an actual case. The image has been included to provide the user with a visual display of what the completed record should look like and how simple the cancer reporting module for dermatology practices is to use. Various data completing routines, drop down menus and radio buttons are included as appropriate to guide the user to the best responses for the case they are abstracting. There is also a large free-text box which may be used to type in any information you feel is unique or should be confirmed in text to ensure the case is accurate and complete as coded for follow-up or quality control studies.



PATIENT INFORMATION

FACILITY/PRACTICE ID

Facility/Practice ID is a unique four-digit FCDS-assigned number used to identify the physician, physician group, or medical practice that is reporting the case. (aka: FCDS Facility ID).

The magnifying glass icon next to this data item can be used to look-up your Facility/Practice ID, but only if your practice has already been registered with FCDS.

You must have a Facility/Practice ID to complete any case entry. If you have not registered your practice or do not have a Facility ID/Practice ID, go to Section III of this manual for instructions on registering. If you do not know the Facility ID but are certain you have registered the facility or practice, please contact FCDS.

DATE OF SERVICE

The Date of Service represents the initial date this patient first came to this practice for evaluation, diagnosis, or treatment of this cancer (aka: Date of First Contact). Enter the date of service that is closest to the Date of Diagnosis or date of first procedure for this cancer. Enter all dates in YYYYMMDD order without - or /.

- **The Date of Service cannot precede the Date of Diagnosis by more than 30 days.**
- **The Date of Service can also be the Date of Diagnosis.**
- **Unknown is unacceptable in any part of this date field.**

PRIMARY PAYER AT DX

Enter the Primary Payer code that corresponds to the patient"s primary method of payment or medical insurance coverage on the date of initial diagnosis and/or date of treatment at your practice. If there is more than one payer or insurance carrier listed in the patient"s financial information, record the first insurer.

PATIENT LAST NAME

Enter the patient"s full last name. Blanks, spaces, hyphens, and apostrophe marks are allowed.

PATIENT FIRST NAME

Enter the patient"s full first name with no special characters (e.g., no periods). Blanks, spaces, hyphens, and apostrophe marks are NOT allowed.

PATIENT MIDDLE NAME OR INITIAL

Enter the patient"s middle name or middle initial with no special characters (e.g., no periods). If the patient does not have a middle name or if the middle name is unknown, leave this field blank.

ADDRESS

Enter the number and street of the patient"s residence at the time of diagnosis, including apartment number. Leave blanks between numbers and words. Do not abbreviate street names. UNKNOWN is not a valid address. If the patient"s residence is not known, enter the address of the physician practice (dermatologist) responsible for diagnosis/treatment of this neoplasm. PO Box is allowed, but discouraged and must be entered as PO Box 1123 without periods and spaced just as is shown in this example.

ZIP CODE

Enter the numeric zip code that corresponds to the patient's residence at the time of diagnosis. If the patient"s residence is not known, enter the address of the physician practice (dermatologist) responsible for diagnosis/treatment of this neoplasm. The data entry system will automatically enter the city and state that corresponds to the zip code you entered if this is a Florida zip code. If the patient lives outside of Florida, please be sure that the zip code you enter is valid for the state from which the patient resides.

CITY

Enter the full name of the city or town in which the patient resides at the time of diagnosis. DO NOT ABBREVIATE – the name must match USPS city name. If the patient"s residence is not known, enter the city of the physician practice (dermatologist) responsible for diagnosis/treatment of this neoplasm. The system will automatically enter the city and state that corresponds to the zip code you entered if this is a Florida zip code.

STATE

Enter the alphabetical abbreviation corresponding to the state in which the patient resides at the time of diagnosis. Out of country residents, Canadian residents, and unknown place of residence require special codes listed in the drop down menu.

DATE OF BIRTH

Enter the Date of Birth of the patient. A date of birth is required for every case. Estimate the date of birth based on the age of the patient when date of birth information is not available. Enter all dates in YYYYMMDD order without - or /.

SOCIAL SECURITY #

Enter the patient"s nine-digit Social Security Number without - or /. A Medicare number with an "A" suffix is the same number as the patient's Social Security Number. Medicare numbers with a “B” or “D” suffix indicate the Social Security Number belongs to someone other than the patient (i.e., spouse) and should NOT be used. If the patient"s Social Security Number is unknown or incomplete, enter 999999999.

SEX

Enter the code that corresponds to this patient's Sex.

MARITAL STATUS

Enter the patient"s Marital Status on this Date of Service.

RACE

This term identifies a person"s Race. Enter the patient's Race if known by selecting from the listing. If the Race is not known, select Unknown (code 99). FCDS has provided only a limited selection for Race in this module. Note: Hispanic is not a race (see Hispanic Origin).

HISPANIC ORIGIN

This term identifies persons of Spanish/Hispanic surname or ethnicity. Persons of Spanish or Hispanic Origin may be of any race. Hispanic Origin may be coded based on last name only.

TELEPHONE NUMBER

Enter the current telephone number including the area code as a single string of numbers. Do not include spaces, parenthesis, or dashes (i.e. 3052434600). The system will automatically format the phone number when you press enter or tab to the next field [i.e. (305)243-4600]. If you do not know the patient"s telephone number, please enter 9999999999.

TUMOR INFORMATION

DATE OF DIAGNOSIS

The Date of Diagnosis is the date a physician first declares the patient to have cancer. Often cancer is suspected before proven. Do not enter the date cancer is suspected, but the date of actual diagnosis. Note: The date of biopsy is often the date of diagnosis unless diagnostic imaging (CT, PET, x-ray) or other diagnostic testing confirms a cancer diagnosis prior to biopsy. Enter all dates in YYYYMMDD order without - or /. The Date of Diagnosis cannot be greater than 30 days beyond the Date of Service entered on the form. Select the Date of Service closest to the Date of Diagnosis. The two fields are used together to assess time to diagnosis.

Coding Instructions

1. The diagnosis date refers to the first diagnosis of this cancer by any *recognized medical practitioner.* This is often a clinical diagnosis and may not ever be confirmed histologically. The diagnosis date refers to the date of the first clinical diagnosis and not necessarily to the date of histologic confirmation. Use the first date of diagnosis whether clinically or histologically confirmed.

2. In the absence of a definitive diagnosis date for patient diagnosed at the reporting facility:
   a) the date of first contact may be entered as the date of diagnosis, or
   b) the date of first cancer-directed therapy may be recorded as the date of diagnosis.

3. If the only information is “Spring of,” “Middle of the year,” “Fall,” approximate these as April, July, and October, respectively. For “Winter of,” it is important to determine whether the beginning of the year or the end of the year is meant before approximating the month.

4. If the only information is “recently,” the date of diagnosis should be estimated as one month prior to month and year of admission. You may estimate the day as the 15th of the month.

5. If the only information is “several months ago,” the date of diagnosis should be estimated as three months prior to the month and year of admission. You may estimate the day as the 15th of the month.

PRIMARY SITE

This field corresponds to the anatomic origin of this neoplasm. Only skin anatomic sites are available for the Dermatology Abstract Entry Module. Select from the listing of anatomic locations of the skin that corresponds to this malignancy. If you do not know the origin of this cancer, select Code C449 Skin, NOS and continue. You may also re-order the list by clicking on the bolded text in the table.

Note: Some anatomic skin sites require that you code whether this tumor is located on the right or left side (i.e. arm, ear, leg, shoulder). Skin sites that require a side or laterality are indicated in the table below.

LATERALITY

Laterality is coded for sites specified in the table below. Code whether this tumor is located on the right or left side. A tumor may also be “midline”. Enter the side or laterality that corresponds to this neoplasm only.

Primary Site	Site Description	Laterality
C44.1	Skin of eyelid	Left or Right
C44.2	Skin of external ear	Left or Right
C44.3	Skin of other and unspecified parts of face (includes “midline”)	Left, Right, Midline
C44.5	Skin of trunk (includes “midline”)	Left, Right, Midline
C44.6	Skin of upper limb and shoulder	Left or Right
C44.7	Skin of lower limb and hip	Left or Right

HISTOLOGY

Record this field from the Final Diagnosis section of the pathology report. Only select neoplasms of the skin are available in the Dermatology Abstract Entry Module.

Some terms are more specific than others. Histologic types available include but are not limited to malignant melanoma, melanoma in situ, lentigo maligna, dermatofibrosarcoma, mycosis fungoides, Merkel cell carcinoma, sebaceous adenocarcinoma, T-cell Lymphoma, B-cell Lymphoma, etc.

Select the histologic term that best corresponds this malignancy.

If the pathology report states the tumor is "in situ" be sure to select the entry that includes "in situ" in the text.

You can re-order the list by clicking on the bolded text in the table to sort alphabetically, numerically, etc.

CLARK'S LEVEL (Melanoma Only)

Clark's Level is a cancer staging system used to describe the extent of primary tumor spread into the layers of the skin and is used primarily for melanoma of the skin. Clark's Level describes the level of anatomical invasion of the melanoma into or through the various layers of the skin. Clark's Level is found in the pathology report. Clark's Level will be stated as Clark's Level I, II, III, IV, or V or may not be stated at all. Select the Clark's Level that corresponds to the level documented in the pathology report under the Final Diagnosis. You will not be allowed to enter Clark's Level unless the neoplasm is one of the various types of melanoma.

BRESLOW DEPTH OF INVASION (Melanoma Only)

Breslow Depth of Invasion measures tumor thickness or depth (vertical dimension), rather than size of the tumor. The depth of invasion of the primary tumor is recognized as an important predictor for risk of nodal metastases in some skin neoplasms. The depth of invasion or tumor thickness measurement is measured in hundredths of millimeters. You must enter this value as **_._ _ mm** and **be sure to include the decimal point** or you will get an error message.

TEXT (INCLUDE FOR ALL CASES)

This is a free text field that is 1000 characters in length. Enter the Final Diagnosis from the Pathology Report or Physician Note that corresponds to this neoplasm. You may enter other information pertinent to this case at your discretion. There is plenty of room to enter information about unusual patient, tumor or treatment characteristics or to further describe information that may not fit into the pre-defined drop down selection menus. This field may be used as a quality control field for visually editing coded data items of interest.

FIRST COURSE TREATMENT INFORMATION

FIRST COURSE OF TREATMENT: The first course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence. For skin cancers the first course of treatment usually includes surgery of the primary site (origin of the tumor) plus or minus a sentinel lymph node removal. A wide excision of the primary tumor bed is also common as is included as surgery coded as first course of treatment. While the “yes”/”no” responses sound simple, they are key fields.

Other treatment such as chemotherapy, hormonal therapy, radiation therapy, or other therapy may be administered for melanoma and non-melanoma skin cancers including lymphoma of skin and Kaposi sarcoma.

A general guideline to follow when assessing any treatment should be coded as “first course of therapy” is that if treatment was started within the first six (6) months following the date of diagnosis, and in the absence of new disease or progression of disease, the treatment may be recorded as first course therapy. If the treatment started longer than six months after the date of diagnosis, do not include the treatment in the coded section, but enter the information in the TEXT field.

Please record only treatment that your record indicates were actually given, not just planned/recommended. If there is no indication in the record that treatment was given, enter “no”. If treatment was given, enter “yes” and provide a date of treatment. If you enter “yes” for any treatment, you must also include a date of treatment.

IMPORTANT NOTE: *You may estimate the date of treatment if you are sure a specific type of treatment was given but are not sure of the date. HOWEVER, do not enter “planned” or “recommended” treatments. You may*

add these plans and/or recommendations to the TEXT Notes, but do not code them as though they were done. FCDS will pick up the treatment from another reporting source if the treatment was actually given.

SURGERY

Use the radio button to indicate whether or not surgery was performed as treatment for this neoplasm. Surgical resection of a skin neoplasm may include partial or complete removal of the tumor.

SURGERY DATE

Enter the date that corresponds to the surgical removal of the neoplasm. Enter all dates in YYYYMMDD order without - or /. If no surgery was performed you will leave this field blank.

RADIATION

Use the radial button to indicate whether or not radiation therapy was administered as treatment for this neoplasm. Radiation therapy may include radioactive implants, beam radiation, or other forms of therapy-related skin irradiation to the tumor or to any metastatic site(s).

RADIATION DATE

Enter the date that corresponds to the initial or starting date for administration of this therapy. Enter all dates in YYYYMMDD order without - or /. If no radiation was performed you will leave this field blank.

CHEMOTHERAPY

Use the radial button to indicate whether or not chemotherapy or any other anti-neoplastic agent(s) were administered as treatment for this neoplasm. Chemotherapy may be given as a single agent or using multiple anti-neoplastic agents.

CHEMOTHERAPY DATE

Enter the date that corresponds to the initial or starting date for administration of this therapy. Enter all dates in YYYYMMDD order without - or /. If no chemotherapy was administered you will leave this field blank.

HORMONE

Use the button to indicate whether or not hormonal therapy was administered as treatment for this neoplasm.

HORMONE DATE

Enter the date that corresponds to the initial or start date for administration of this therapy. Enter all dates in YYYYMMDD order without - or /. If no hormonal therapy was administered you will leave this field blank.

BRM / IMMUNOTHERAPY

Use the button to indicate whether or not any biological agents or immunotherapy was administered as treatment for this neoplasm. Biological response modifiers (BRM) illicit an immune response from the patient's own immune system and are often referred to as immunotherapy.

BRM / IMMUNOTHERAPY DATE

Enter the date that corresponds to the initial or starting date for the administration of any BRM or immunotherapy agent(s). Enter all dates in YYYYMMDD order without - or /. If no immunotherapy was administered you will leave this field blank.

SAVE YOUR WORK

Once you have completed the case you MUST click on the Submit Button to Save the Case. You may also Clear the Case and start over if you feel you have made errors that you cannot correct. Once saved, the case will automatically be forwarded to FCDS where it will be processed and reviewed by our quality control team.

CONFIRMATION ABSTRACT SUBMITTED SUCCESSFULLY

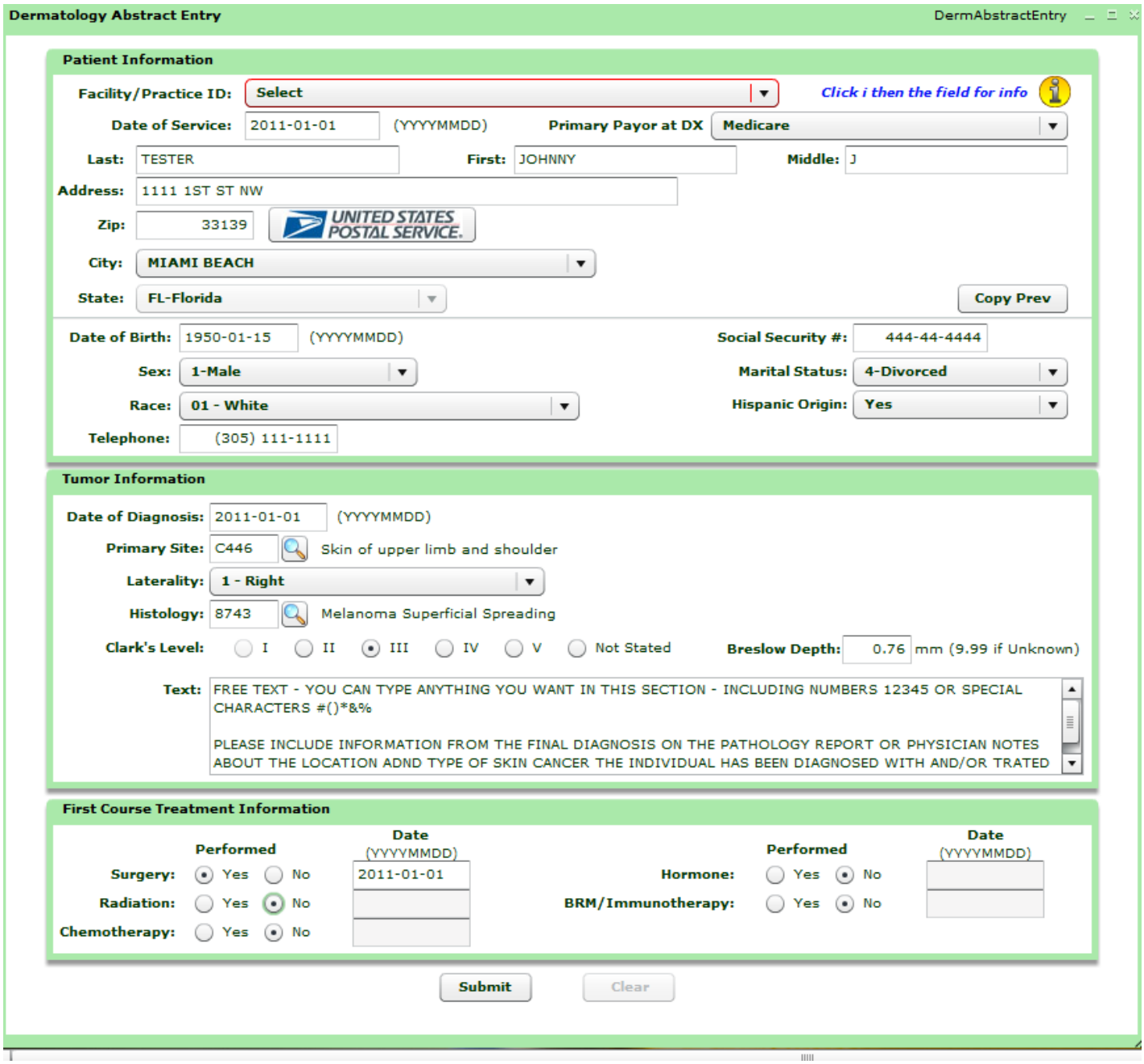
Once you have clicked the Submit Button you will receive a pop-up that declares that the case was "Successfully Completed" and that the "Abstracted was Submitted – Thank You." Please press OK to go to the next case in your data entry queue.

COPY PREV BUTTON

We have included a "Copy Prev" button in the Patient Information Section of the data entry form. If the patient you are entering has a current diagnosis of more than one reportable primary skin cancer and you plan to abstract and report both cases at the same time (different location of tumor than the original (i.e.2 melanomas), different histology (merkel cell carcinoma and melanoma), opposite side of the body (right and left), etc.), you may click on the "Copy Prev" button and all of the Patient Information from the previous abstract will copy over to a brand new abstract where you can begin entering new information for the new 2nd or 3rd skin cancer.

Note 1: Do not enter "historical" skin or other cancers. An historical cancer is a previously diagnosed skin or other primary neoplasm or cancer for which the patient currently has no symptoms and is not under treatment. If the patient is being seen for this cancer as an active malignancy, then you should report it to FCDS. Please remember that FCDS is only interested in skin cancers from dermatology practices. This is why we have designed your data entry form to accommodate only skin cancers. Other forms of cancer will be reported by other types of facilities such as hospital in-patient, ambulatory surgery centers, radiation therapy centers, etc.

Note 2: Two fields will not copy over – Date of Service and Primary Payer – because these can change from one encounter to the next as the date of diagnosis may change and insurance coverage may vary. You will need to enter the Date of Service for the new primary skin cancer as well as the Primary Payer for this visit.


Dermatology Abstract Entry
DermAbstractEntry
Patient Information
Facility/Practice ID: Select
Click i then the field for info
Date of Service: 2011-01-01 (YYYYMMDD)
Primary Payor at DX: Medicare
Last: TESTER
First: JOHNNY
Middle: J
Address: 1111 1ST ST NW
Zip: 33139
UNITED STATES POSTAL SERVICE.
City: MIAMI BEACH
State: FL-Florida
Copy Prev
Date of Birth: 1950-01-15 (YYYYMMDD)
Social Security #: 444-44-4444
Sex: 1-Male
Marital Status: 4-Divorced
Race: 01 - White
Hispanic Origin: Yes
Telephone: (305) 111-1111
Tumor Information
Date of Diagnosis: 2011-01-01 (YYYYMMDD)
Primary Site: C446 Skin of upper limb and shoulder
Laterality: 1 - Right
Histology: 8743 Melanoma Superficial Spreading
Clark's Level: I II III IV V Not Stated
Breslow Depth: 0.76 mm (9.99 if Unknown)
Text: FREE TEXT - YOU CAN TYPE ANYTHING YOU WANT IN THIS SECTION - INCLUDING NUMBERS 12345 OR SPECIAL CHARACTERS #()*&%
PLEASE INCLUDE INFORMATION FROM THE FINAL DIAGNOSIS ON THE PATHOLOGY REPORT OR PHYSICIAN NOTES ABOUT THE LOCATION ADND TYPE OF SKIN CANCER THE INDIVIDUAL HAS BEEN DIAGNOSED WITH AND/OR TRATED
First Course Treatment Information
Performed
Date (YYYYMMDD)
Surgery: Yes No 2011-01-01
Radiation: Yes No
Chemotherapy: Yes No
Hormone: Yes No
BRM/Immunotherapy: Yes No
Submit
Clear

SECTION III: REGISTER A PHYSICIAN / NEW USER ACCOUNT

"Physician Personal Identifier" is a unique 12 character code specific to each Dermatologist identified through the Florida Department of Health. The "Physician Personal Identifier" can be found at the top of the letter sent to you by the Florida Department of Health announcing enhanced Dermatology Cancer Reporting through FCDS. The "Physician Personal Identifier" is required: to register a Physician; to create a new user account in the FCDS IDEA cancer reporting system; and to access the FCDS IDEA cancer reporting system to abstract and report cancer cases in compliance with Florida reporting statutes/rules.

Physician Registration and Facility Number

All dermatologists are required to register in our system. Even if you have previously reported and already have a unique facility number for your practice, this new system will assign a new facility number for each physician. This new facility number will be sent in the Physician Registration Confirmation email you will receive after registration. Please retain this number for your records and use it when communicating with FCDS.

Association of a USER to a Physician

Once a physician is registered, each user that will be inputting cancer abstracts for that physician must associate themselves with that physician. This can be done in 2 ways. If you are accessing the system for the first time, you will be prompted, at the completion of the registration process, if you want to create a new user. If you then create a user, you will be automatically associated to the physician you registered.

If you want to associate a user after the initial setup, sign into the IDEA system, access the Physician tab at the top of the screen and then select „Physician Registration". Input the „Physician Personal Identifier" for the physician you want to associate to and you will be prompted to either complete their profile (if this had not already been completed) or associate yourself with this physician.

One of the benefits of associating yourself with each physician is that the new abstract module will provide a drop down menu for the selection of your associated physicians for selection on inputting your abstracts.

If you already have an FCDS IDEA USERID:

You can use your existing FCDS IDEA userid and password to register a physician and to submit Dermatology Abstracts. You do **NOT** need to create a new userid to access this new system. To access the Physician Registration form, sign into IDEA, go to the Physician tab along the top of the screen and select Physician Registration. Your userid will automatically associate with any physician you register.

STEP 1: LOCATE THE LETTER SENT BY DOH WITH YOUR "PHYSICIAN PERSONAL IDENTIFIER".

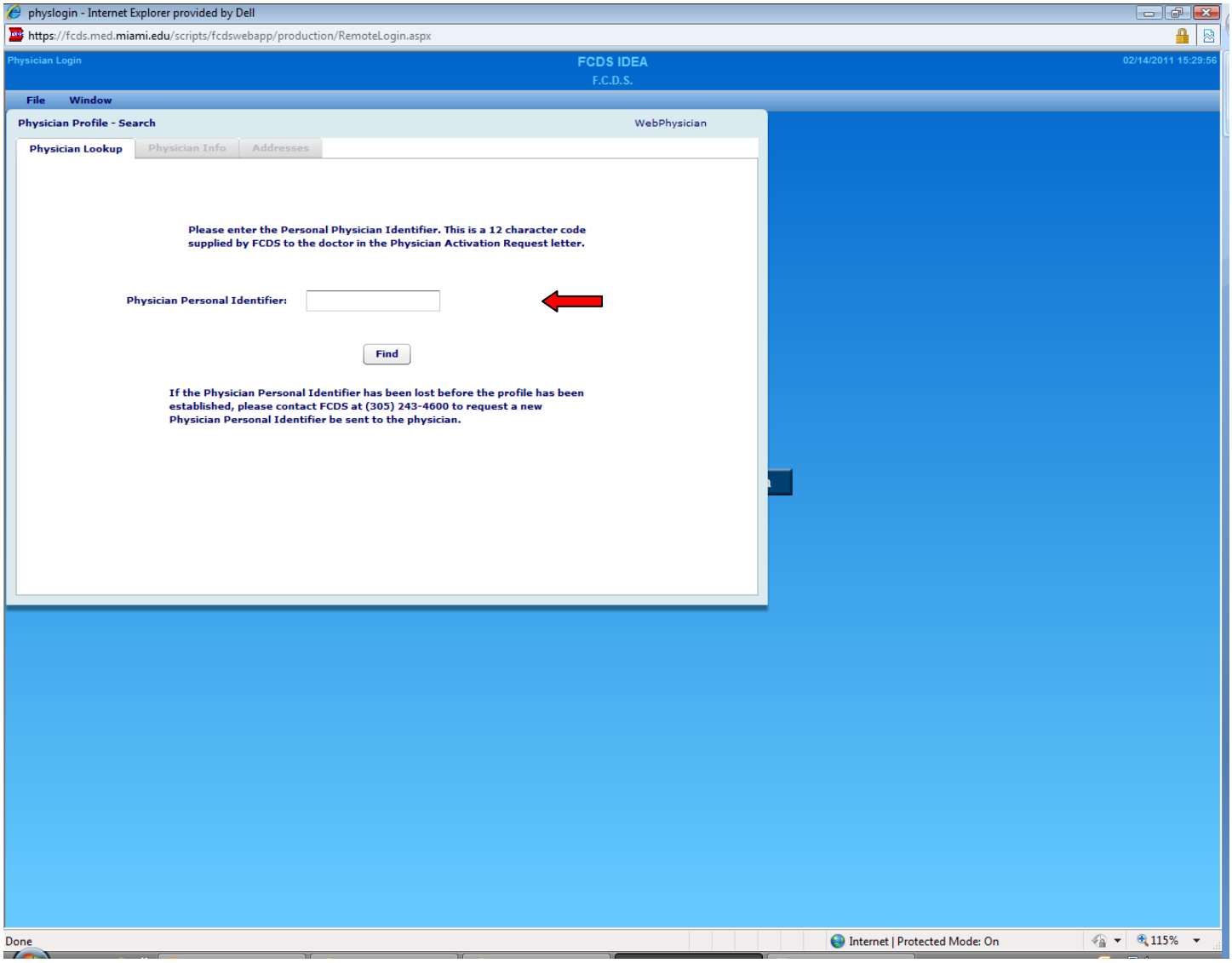
If you cannot locate this letter, please contact FCDS at (305) 243-4600 and ask for Mike Thiry, FCDS Data Acquisition Manager.

STEP 2: REGISTER PHYSICIAN

To begin, access the FCDS main web page at: http://fcds.med.miami.edu/

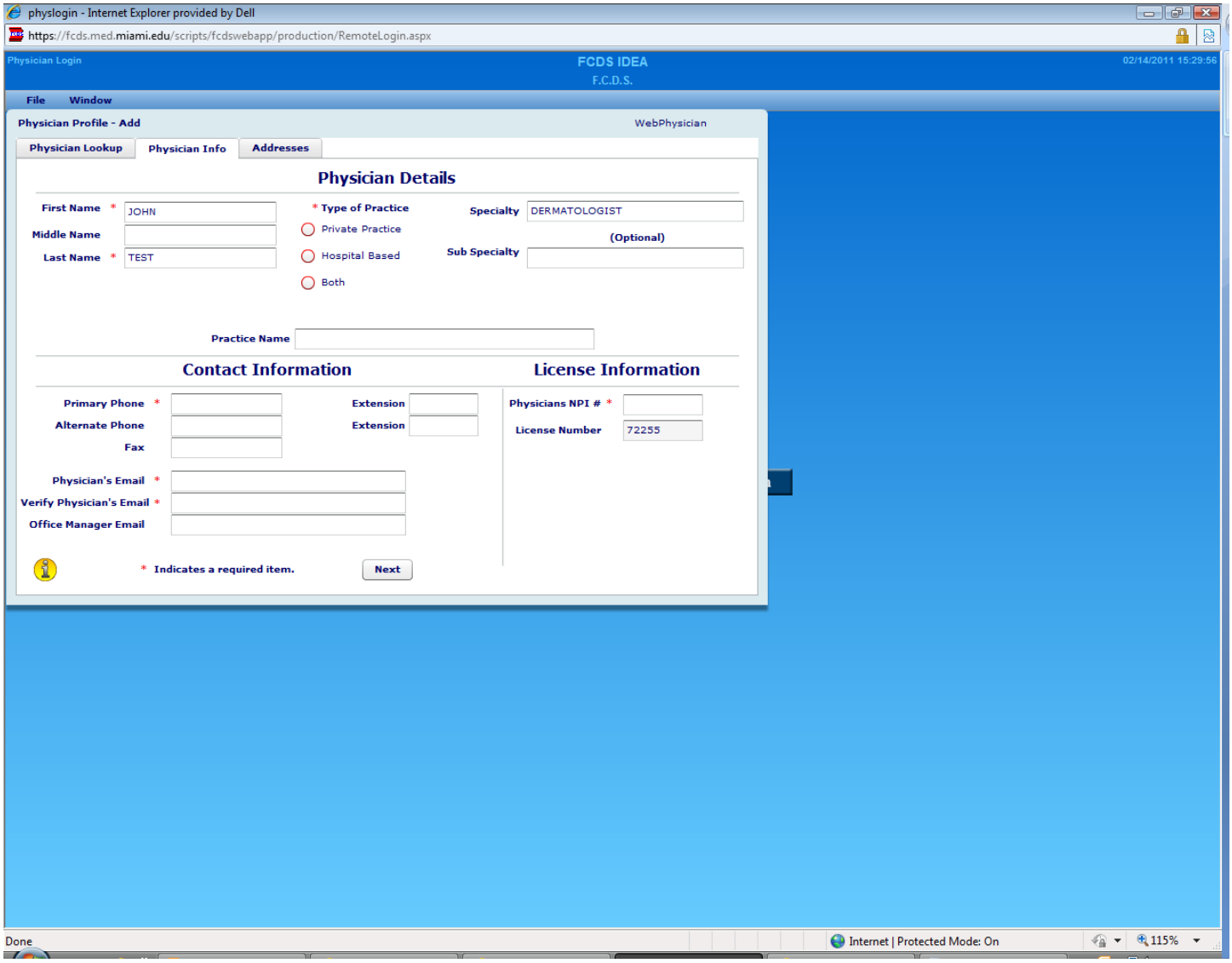
Locate the “Physicians” button in the menu on the left side of the screen. Click on the “Physicians” link to navigate to the Physician reporting section of the site. This is where you will find information on Dermatology Cancer Reporting and the Data Acquisition Manual.

Locate the “Physician Reporting Registration Link” menu item to go to the Physician Profile Search, Physician Lookup screen.



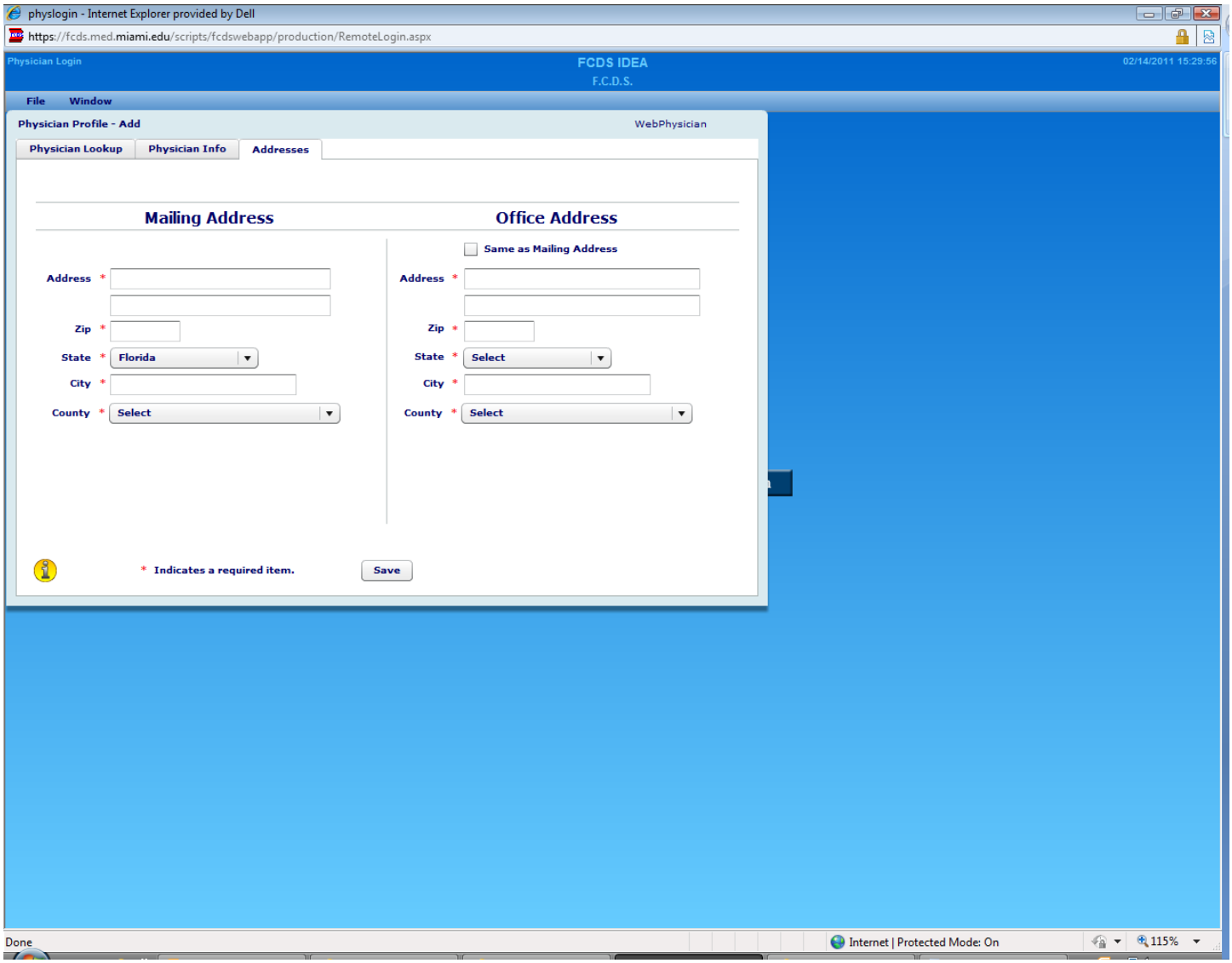
Enter your “Physician Personal Identifier” in the appropriate box on this screen. The identifier can be entered with or without the dashes shown on the letter.

Press “Find” and you will be taken to a Physician Profile screen.



Complete all fields marked with an asterisk (*). The asterisk indicates “required” data.

Be sure to complete both entry screens to ensure all physician practice data are included.



Press “Save” to ensure the information you entered is saved in your profile.

An email will be generated to the Physicians” email address that contains a confirmation link that must be acknowledged to complete the registration process.

REQUIRED: Open the confirmation e-mail and click on the link to complete your registration.

STEP 3: CREATE USER ACCOUNT

At the completion of the physician registration process you will be prompted to create a new FCDS IDEA USER ACCOUNT, edit the physician profile or exit. You will need an IDEA USERID/Password to enter cases and to submit Dermatology Abstracts. If you already have an FCDS IDEA USERID/Password you do not need to create a new one to access the Physician Abstract Module. You can log in with your existing FCDS log in. However, you will need to associate a physician to your USERID the first time you want to report.

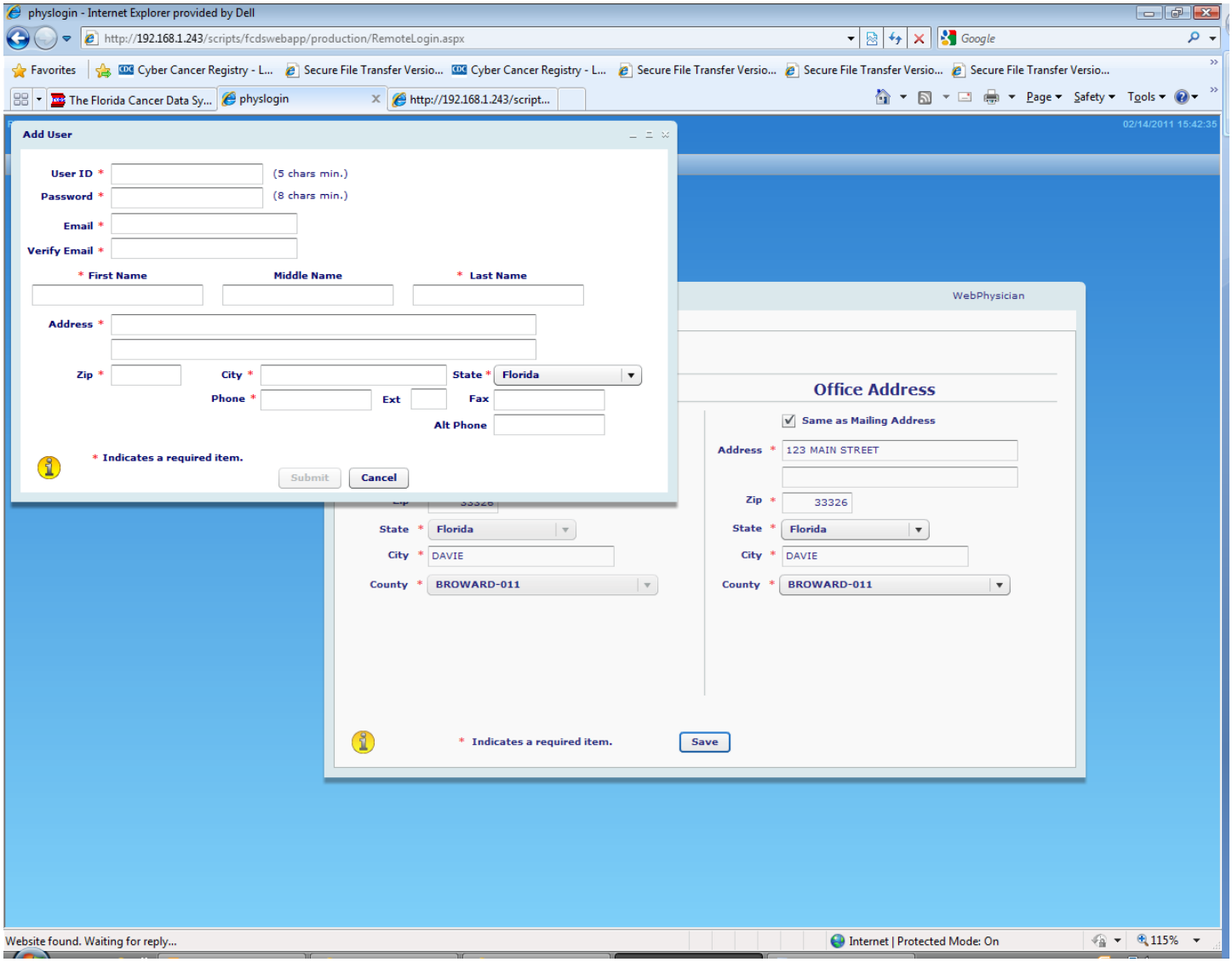
Create Unique USERID: The process to establish an FCDS IDEA USERID and password is a process that begins with you creating a unique USERID of your choosing and a unique password, again of your choosing, while adhering to some simple rules:

- All USERID"s must be 5 - 15 alphanumeric characters

- All passwords must be 8 – 32 alphanumeric characters

USERID"s cannot be duplicated and a check will be made at entry time to determine if that USERID is already in use. If so, you will be prompted to choose another USERID.

Once your USERID and Password have been validated you will need to complete the remaining Profile items on the screen. All items on this screen marked with an asterisk (*) are required and must be completed.



Press "Submit" to ensure the information you entered is saved in your profile.

Once completed and saved, an email is generated to the User Email address entered in the profile. You will need to retrieve this email and click the link embedded in it to complete the registration process.

REQUIRED: Open the confirmation e-mail and click on the link to complete your registration.

TEST YOUR LOGIN: You are now authorized to sign in to the FCDS IDEA system. Simply go to our home page: http://fcds.med.miami.edu/. Find the FCDS IDEA button down the left hand of the screen, click on it and then click on the “Access the New IDEA Login Page”.

If you have any problems with your new user account, contract FCDS at (305) 243-4600.

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

DERMATOLOGY
CONFIDENTIAL ABSTRACT REPORT
DO NOT MAIL OR FAX TO FCDS

FACILITY/PRACTICE ID |__|__|__|__|

DATE OF SERVICE |__|__|__|__|-|__|__|-|__|__| (YYYYMMDD)

PRIMARY PAYER |__| Not Insured |__| Private/HMO/PPO |__| Medicare |__| Medicare + Supplement |__| Medicaid |__| Unk

PATIENT INFORMATION

LAST NAME |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

FIRST NAME |__|__|__|__|__|__|__|__|__|__|__|__|__|__| MIDDLE NAME/INITIAL |__|__|__|__|__|__|__|__|__|__|__|__|__|__|

ADDRESS – Number & Street

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

CITY |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

STATE |__|__| ZIP CODE |__|__|__|__|__|

DATE OF BIRTH |__|__|__|__|-|__|__|-|__|__| (YYYYMMDD)

SOCIAL SECURITY # |__|__|__|-|__|__|-|__|__|__|__|

SEX |__| (Male, Female, Transsexual, Other, Unknown)

MARITAL STATUS |__| (Single, Married, Divorced, Widowed, Unk)

RACE |__|__| White/Black/Asian/Other - see Race Table

SPANISH/HISPANIC ORIGIN |__| (Y/N)

TELEPHONE |__|__|__|- |__|__|__|-|__|__|__|__| (enter 999-999-999 if unknown)

TEXT	

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

DERMATOLOGY
CONFIDENTIAL ABSTRACT REPORT
DO NOT MAIL OR FAX TO FCDS

TUMOR INFORMATION

Patient Name (Last, First) _____p.2

DATE OF DIAGNOSIS |__|__|__|__|-|__|__|-|__|__| (YYYYMMDD)

PRIMARY SITE **Skin of …** _____ (ear, face, arm, leg, trunk) LATERALITY |__| None |__| Right |__| Left |__| Midline |__| Unk

HISTOLOGY (check ONE)

|__|	Merkel Cell Carcinoma	|__|	Lentigo Maligna Melanoma (*)	|__|	Leiomyosarcoma
|__|	Sweat Gland Adenocarcinoma	|__|	Melanoma Superficial Spreading (*)	|__|	Kaposi Sarcoma
|__|	Sebaceous Adenocarcinoma	|__|	Melanoma Spindle Cell (*)	|__|	Non-Hodgkin Lymphoma
|__|	Melanoma In Situ (*)	|__|	Sarcoma	|__|	Hodgkin Lymphoma
|__|	Melanoma Malignant (*)	|__|	Fibrosarcoma	|__|	Diffuse Large B-Cell Lymphoma
|__|	Melanoma Nodular (*)	|__|	Dermatofibrosarcoma	|__|	Mycosis Fungoides
|__|	Melanoma Amelanotic (*)	|__|	Liposarcoma	|__|	Cutaneous T-Cell Lymphoma
|__|	Lentigo Maligna (*)	|__|	Sarcoma			

(*) Enter from Pathology Report (Final Dx) - Clark's Level and Breslow Depth of Invasion for ALL (*) Histologic Types.

(*) Clark's Level |__| I |__| II |__| III |__| IV |__| V |__| Unk (*) Breslow Depth of Invasion __.__ __ mm

FIRST COURSE TREATMENT INFORMATION

Surgery (Y/N)	|__|	Surgery Date	|__|__|__|__|-|__|__|-|__|__| (YYYYMMDD)
Radiation (Y/N)	|__|	Radiation Start Date	|__|__|__|__|-|__|__|-|__|__| (YYYYMMDD)
Chemotherapy (Y/N)	|__|	Chemo Start Date	|__|__|__|__|-|__|__|-|__|__| (YYYYMMDD)
Hormone Therapy (Y/N)	|__|	Hormone Start Date	|__|__|__|__|-|__|__|-|__|__| (YYYYMMDD)
BRM/Immuno Tx (Y/N)	|__|	BRM/Immuno Date	|__|__|__|__|-|__|__|-|__|__| (YYYYMMDD)