

Cancer Reporting for Dermatologists Florida Statewide Reporting

Florida Department of Health Florida Cancer Data System May 11, 2011



Agenda

- Welcome
- Introductions
- Cancer Reporting in Florida
- Review of Documentation Materials
- Registering a Physician Live Demo
- Creating a new IDEA USERID Live Demo
- Dermatology Data Acquisition Manual
- Introduction to Skin Cancers
- Inputting a Cancer Abstract Live Demo
- Q & A

Introductions

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Cancer Reporting in Florida

FCDS is Florida's statewide cancer surveillance system. FCDS was legislatively mandated in 1978 to collect incidence data on all cases seen in Florida since 1981.

The goal of FCDS is to reduce death and illness due to cancer by providing data on cancer incidence.

Data are used to observe cancer trends and provide a research base for studies into the possible causes of cancer.

Cancer Reporting in Florida (cont.)

- Who needs to report:
 - Any licensed practitioner in the state of Florida that practices medicine, osteopathic, chiropractic medicine, naturopathy or veterinary medicine are required to report under <u>Florida Statue 381.0031</u> or any laboratory licensed under chapter <u>Florida Statute</u> <u>483</u> that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.
 - See the Laws and Rules section of the Dermatology Data Acquisition Manual and our website at:
 - http://fcds.med.miami.edu/inc/lawsrules.shtml

Cancer Reporting in Florida (cont.)

- Physician Reporting
 - Many physicians in the state do not know about their legislatively mandated obligation to report
 - Due to the special skill and knowledge required to report, many are unwilling to undertake the burden
- DOH and FCDS Renewed effort to get all physicians to report
- New software to make reporting easier to eliminate any barriers customized for dermatologists and the cancers they report
- Anyone from the office, with minimal training by FCDS, should be able to complete the reporting

Review of Package Information

- Letter from the Department of Health
 - The departments commitment to improve reporting
 - Physician Personal Identifier
- Dermatology Data Acquisition Manual
 - Legislation and Reporting
 - Guidelines for reporting
 - Reportable Cases
 - Casefinding
 - General Abstracting Instructions
 - Field by field description and explanation of the input fields
 - Instructions on registering a physician and creating an new IDEA USERID

Getting Started

Introduction to IDEA Register a Physician/Practice Create New User ID Live Demonstration

FCDS IDEA

- FCDS IDEA is the Florida Cancer Data System Internet Data Entry and Abstracting System.
- Create New Facility/Practice Accounts
- Create New User Accounts
- Enter Cancer Case Abstracts
- Quality Control

Facility Number (Practice ID)

All dermatologists are required to register in our system.

You must register even if you have previously reported and already have a unique facility number for your practice.

A new Facility Number (Practice ID) will be assigned and sent to you in the Physician Registration Confirmation email as part of the physician/practice registration process.

Retain the new Facility Number (Practice ID) for your records

Use your Facility Number when communicating with FCDS.

Physician Personal Identifier

"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.

Associate User to Physician/Practice

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.

Initial Account Setup: 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.

Associate User to Physician/Practice

Add New User After Initial Setup: 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.

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.

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- 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: Go to the FCDS main web page: <u>http://fcds.med.miami.edu/</u> and go to Physicians

• Live DEMO

- For those of you unable to view the webcast (those participating only by phone) the next several slides will help orient you to the FCDS website, registration process, etc.
- The screenshots are also available in the DAM.



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City *	City *
County Select	County * Select 🔹

- Live DEMO
- For those of you unable to view the webcast (those participating only by phone) the next several slides will help orient you to the FCDS website, registration process, etc.
- The screenshots are also available in the DAM.

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- Unique USERID:
- - USERID"s must be 5 15 alphanumeric characters
- - Passwords must be 8 32 alphanumeric characters
- USERID"s cannot be duplicated.
- 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, an email is generated to the User Email address entered in the profile. You will need to retrieve this email and click on the link embedded 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.
- Go To: <u>http://fcds.med.miami.edu/</u>.
- 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.

General Instructions

Data Acquisition Manual IDEA Data Entry Module Live Demo

Data Acquisition Manual

FLORIDA CANCER DATA SYSTEM
Dermatology Cancer Reporting
Data Acquisition Manual
4/15/2011
A joint project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health.

Data Acquisition Manual

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Data Acquisition Manual

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.

Section I - Guidelines for Reporting

CASE ELIGIBILITY

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.

Reportable Neoplasms

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

Not Reportable Neoplasms

Basal cell and squamous cell carcinoma of non-genital skin ARE NOT REPORTED to FCDS.

ICD-O-3 Code	Term
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

Not Reportable Cases

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

- Casefinding is the term used to describe the method of locating new cancer cases that meet the FCDS case reporting criteria that must be abstracted and reported.
- 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.
- Complete casefinding is a key responsibility of each medical practice reporting cases to FCDS.

Casefinding

- Case identification may be accomplished utilizing unified billing system reports, medical record reviews, surgical pathology report reviews, or any combination.
- Most dermatology/dermatopathology practices include shave, punch, or excisional biopsy and/or wide-excision surgical resection procedures as a part of the practice.
- Please include a review of all anatomic (surgical) pathology reports as your primary casefinding method.

Abstracting and Data Transmission

- Cases should be reported to FCDS within 6 months of initial diagnosis, treatment, or first patient encounter related to this neoplasm.
- FCDS requires that facilities (including physician practices) transmit data at least quarterly. Monthly data submission is recommended for large volume practices.
- FCDS encourages all physician practices to report on a routine and timely basis.

Abstracting and Data Transmission

- A Dermatology Data Entry Module has been created for dermatology practices providing a single site to register a 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.

Section II – Abstracting Instructions

- It is the responsibility of the reporter/abstractor to know the content of the FCDS Data Acquisition Manual (DAM) for Dermatology Cancer Reporting (4/15/2011).
- The DAM Includes explanation of each data item required for Florida Cancer Data System (FCDS) case reporting for Dermatology and Dermato-Pathology Practices Only.
- The DAM 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.

Section II – Abstracting Instructions

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CONFIDENTIALITY

- Privacy protection, systems security, and confidentiality of every patient's personal health information including the healthcare facility or physician practice information continues to be a primary concern when reporting cancer and other types of health condition or disease reporting.
- DO NOT E-MAIL PATIENT INFORMATION TO FCDS
- 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.

Primary Payer at Diagnosis

 Enter the Primary Payer code corresponding 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.

Medicare	Medicare plus Supplement	Medicare + Medicaid	Other
Private Insurance Incl: HMO, PPO	Medicaid	No Insurance	Unknown

• If there is more than one payer or insurance carrier listed in the patient's financial information, record the first insurer listed as the primary payer.

Limited Race Options

- Recognize many of you do not have Race data in your patient encounter registration systems or in your medical records.
- FCDS has limited your options to coding Race
 - White (Caucasian)
 - Black (African American)
 - Native American
 - Asian/Oriental
 - Other
 - Unknown
- Hispanic Origin (whether or not the patient is of any Hispanic Ethnicity) is a separate data item. Persons of any Race may also be Hispanic. This is a distinction made by U.S. Census Bureau not FCDS.

Laterality

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

FIRST COURSE OF TREATMENT

- 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.

FIRST COURSE OF TREATMENT

- 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 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.

FIRST COURSE OF TREATMENT

- 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.

Section III – Register Physician/New User

- Includes all of the information we covered at the beginning of our webcast.
- Use Section III as reference when adding new physician, new practice, new user(s), etc.
- You must have the Physician Personal Identifier from the Florida Department of Health Letter to register a physician.
- Registration results in assignment of Facility/Practice ID and User Accounts associated with a Facility/Practice ID.

Section IV – Abstract Form

A Joint Project of the Sylvester Comprehensive Cancer Data System	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	e Medicare + Supplement Medicaid Unk
PATIENT INFORMATION	
LAST NAME	I
ADDRESS – Number & Street	
STATE ZIP CODE _ _	
DATE OF BIRTH _ _ - _ - _ - _ (YYYYMMDD)	SOCIAL SECURITY # _ - _ - _ - _ _
SEX [] (Male, Female, Transsexual, Other, Unknown) Widowed, Unk)	MARITAL STATUS (Single, Married, Divorced,
RACE White/Black/Asian/Other - see Race Table	SPANISH/HISPANIC ORIGIN (Y/N)
TELEPHONE	iown)
TEXT	

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Section IV – Abstract Form

A Joint Project of the Sylvester Comprehensive Cancer Data System	DERMATOLOGY CONFIDENTIAL ABSTRACT REPORT DO NOT MAIL OR FAX TO FCDS
TUMOR INFORMATION Pa	itient Name (Last, First)p.2
DATE OF DIAGNOSIS _ _ _ - _ - _ - _ (YYYYMMDD)	
PRIMARY SITE <u>Skin of</u> (ear, face, arm, leg, trunk) L/ HISTOLOGY (check ONE)	ATERALITY _ None _ Right _ Left _ Midline _ Unk
Image: Second Additional Additiona Additional Additional Additional Additional	Ianoma (*) I Leiomyosarcoma ial Spreading (*) I Kaposi Sarcoma Cell (*) I Non-Hodgkin Lymphoma I Hodgkin Lymphoma I Diffuse Large B-Cell Lymphoma I Mycosis Fungoides I Cutaneous T-Cell Lymphoma
(*) Clark's Level I II III IV V Unk	(*) Breslow Depth of Invasion mm
FIRST COURSE TREATMENT INFORMATION Surgery II Surgery (Y/N) Radiation (Y/N) Radiation (Y/N) Chemotherapy (Y/N) Hormone Therapy (Y/N) BRM/Immuno Tx (Y/N)	Date

Questions



Introduction to Skin Cancers



Source: http://www.healthandbeautyace.com

Anatomy



Source: http://www.cksinfo.com/medicine/anatom

Anatomy



Source: http://www.cksinfo.com/medicine/anatom

Skin Cancer





situ) or unless otherwise specified. Population counts for denominators are based on Census populations as modified by NCI. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita for 62 counties and parishes in Alabama, Mississippi, Louisiana, and Texas. The 1969-2007 US Population Data File is used with SEER November 2009 data.



invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita for 62 counties and parishes in Alabama, Mississippi, Louisiana, and Texas The 1969-2007 US Population Data File is used with SEER November 2009 data. The 1969-2006 US Population Data File is used with NPCR data November 2008/January 2009 data.

* Data have been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 cases were reported in a specific area-sex-race category.

** Data have been suppressed for states with a population below 50,000 per sex for American Indian/Alaska Native or Asian/Pacific Islanders because of concerns regarding the relatively small size of these populations in some states.

http://statecancerprofiles.cancer.gov











http://fcds.med.miami.edu/inc/statistics Interactive Map/Rates Utility

- Benign
- Atypical
- Malignant
- Metastatic
- Congenital
- Acquired
 - Sun Exposure
 - Viral Exposure
 - Toxic Exposure
 - Vitamin/Mineral Deficiencies



Keratinocytic Tumors

- Basal Cell Carcinoma
- Squamous Cell Carcinoma
- Actinic Keratosis
- Verruca
- Acanthoma
- Melanocytic Tumors
 - Malignant Melanoma
 - Lentigo Maligna
 - Congenital Melanocytic Nevus
 - Bleu Nevi
 - Simple Lentigo
 - Dysplatstic nevus
 - Spitz Nevus



Source: http://www.pathologyatlas.ro/squamous-cell-carcinoma-skin.php

Neural Tumors

- Neuroma
- Merkel Cell Carcinoma
- PNET/Extraskeletal Ewing Sarcoma
- Appendageal Tumors
 - Apocrine Tumors
 - Eccrine Tumors
 - Sebaceous Tumors
 - Follicular Tumors
- Soft Tissue Tumors
 - Fibroma
 - Leimyosarcoma
 - Vascular Tumors (hemangioma, Kaposi sarcoma)
 - Dermatofibrosarcoma Protuberans



Source: http://www.dermis.net/dermisroot/en

Hematolymphoid Tumors

- Mastocytosis
- Parapsoriasis
- Sezary Syndrome
- Mycosis Fungoides
- Hodgkin Lymphoma
- Cutaneous T-cell Lymphoma
- Cutaneous B-cell Lymphoma
- Diffuse Large B-cell Lymphoma
- Langerhans Cell Histiocytosis
- CD30+ T-cell Lymphoproliferative Disorder
- Subcutaneous Panniculitis-like T-cell Lymphoma
- Cutaneous Aggressive Epidermotropic CD8+ Cytotoxic T-cell Lymphoma
- Hydroa Vacciniforme-like Cutaneous T-cell Lymphoma



Source: http://www.ncbi.nlm.nih.gov

Signs and Symptoms

Normal Mole	Melanoma	Sign	Characteristic
3		Asymmetry	when half of the mole does not match the other half
		Border	when the border (edges) of the mole are ragged or irregular
•		Color	when the color of the mole varies throughout
	- Alfa	Diameter	if the mole's diameter is larger than a pencil's eraser

Photographs Used By Permission: National Cancer Institute

Source: National Cancer Institute

Melanoma of the Skin

Types of Melanoma

- Melanoma in situ
- Malignant melanoma, NOS
- Nodular melanoma
- Amelanotic melanoma
- Melanoma in nevus
- Lentigo maligna
- Lentigo maligna melanoma
- Superficial spreading melanoma
- Acral lentiginous melanoma
- Desmoplastic melanoma
- Epithelioid melanoma
- Spindle cell melanoma



Precancerous Terminology

- Pigmented nevi
- Atypical melanosis
- Melanocytic dysplasia
- Benign juvenile melanoma
- Dysplastic melanocytic nevi
- Atypical melanocytic hyperplasia
- Atypical melanocytic proliferation
- Intraepithelial melanocytic neoplasia
- Intraepithelial melanocytic proliferation
- Circumscribed precancerous melanosis
- Intraepithelial atypical melanocytic hyperplasia



How Melanoma Typically Grows

- Melanocyte Typical Atypical Hyperplastic Dysplastic
- Radial/Horizontal Growth Phase The early pattern of growth of cutaneous malignant melanoma in which tumor cells spread laterally into the epidermis. During its horizontal phase of growth, a melanoma is normally flat.
- Vertical Growth Phase The late pattern of growth of cutaneous malignant melanoma in which tumor cells spread from the epidermis into the dermis. As the vertical phase develops, the melanoma becomes thickened and raised.

Risk Factors

- Sun exposure, particularly during childhood
- Fair skin that burns easily
- Blistering sunburn, especially when young
- Previous melanoma
- Previous non-melanoma skin cancer
- Family history of melanoma
- Large numbers of moles (more than 100)
- Abnormal moles (atypical or dysplastic nevi)

Diagnostic and Staging Procedures

- Melafind (?)
- Shave Biopsy
- Punch Biopsy
- Excisional Biopsy
- Wide Local Excision
- Sentinel Node Biopsy



Prognostic Factors



Source: http://www.med-ars.it/various/livelli4.jpg

Clark's Level



Source: http://www.cksinfo.com/medicine/anatom

Measured Thickness (Depth)



http://i5.photobucket.com/albums/y168/ziwo/melanoma.jpg
Merkel Cell Carcinoma of the Skin

Merkel Cell Carcinoma



Image courtesy of Paul Nghiem, MD, PhD

Merkel Cell Carcinoma



Source: http://www.cancer.gov/cancertopics/pdq/treatment/merkelcell

Incidence by Age



Image courtesy of Paul Nghiem, MD, PhD

Diagnostic and Staging Procedures

- Shave Biopsy
- Punch Biopsy
- Excisional Biopsy
- Wide Local Excision
- Sentinel Node Biopsy
- Special Stains Confirm the Diagnosis



Prognostic Factors

- Location
- Depth of invasion
- Measured thickness
- Lymph node involvement



http://www.skincarephysicians.com/skincancernet/merkel_cell_carcinoma.html

- Age and general health (particularly immune status)
- Initial diagnosis or recurrence

Mycosis Fungoides











Kaposi Sarcoma



Source: http://www.pathguy.com



Source: http://virology-online.com/viruses/HHV-6.htm

Entering Data – The Cancer Abstract

- Live DEMO Use DAM and System Prompts
- For those of you unable to view the webcast (those participating only by phone) the next several slides will help orient you to the FCDS website, registration process, etc.
- The screenshots are also available in the DAM.

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SAVE CASE / CONFIRMATION

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 PREVIOUS DEMOGRAPHICS

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.

COPY PREVIOUS DEMOGRAPHICS

- 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.

COPY PREVIOUS DEMOGRAPHICS

- Note 2: Two fields will not copy over.
- Date of Service and Primary Payer
- Rationale: Either or BOTH may change from one encounter to the next as the date of diagnosis, date of biopsy or surgery, or other information may change and insurance coverage may vary due to income or working status.
- You MUST enter the Date of Service for the new primary skin cancer as well as the Primary Payer for this visit.

Questions

