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 Florida Statute 381.0031 or any laboratory licensed under chapter Florida Statute 483 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.
Demo: Register a Physician/Practice
Demo: Register a Physician/Practice

• 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: http://fcds.med.miami.edu/ and go to Physicians
Demo: Register a Physician/Practice

• 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.
Demo: Register a Physician/Practice
Demo: Register a Physician/Practice

Physician Reporting - more information coming soon

- Physician Reporting Registration Link
- Login to FCDS IDEA
- FCDS IDEA requires free software you already may have on your computer from:
  - Adobe.com
    - Adobe Flash version 9 or greater
      - Get Adobe Flash Player to view the menus.
    - Adobe Acrobat Reader 7 or greater
      - Get Adobe Reader to print PDF reports.
- Physician Reporting Mortality Follow-Back
Demo: Register a Physician/Practice

Please enter the Personal Physician Identifier. This is a 12 character code supplied by FCDS to the doctor in the Physician Activation Request letter.

Physician Personal Identifier: 

Find

If the Physician Personal Identifier has been lost before the profile has been established, please contact FCDS at (305) 243-4600 to request a new Physician Personal Identifier be sent to the physician.
Demo: Register a Physician/Practice
Demo: Register a Physician/Practice
Demo: Create a New IDEA USERID

- 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.
Demo: Create a New IDEA USERID
Demo: Create a New IDEA USERID

• 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.
Demo: Create a new IDEA 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.
Demo: Create a New IDEA USERID

- 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.
Demo: Create a New IDEA USERID

• TEST YOUR LOGIN: You are now authorized to sign in to the FCDS IDEA system.
• Go To: [http://fcds.med.miami.edu/](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.
General Instructions

Data Acquisition Manual
IDEA Data Entry Module
Live Demo
Data Acquisition Manual

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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

<table>
<thead>
<tr>
<th>Code</th>
<th>Term</th>
<th>Code</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>8247/3</td>
<td>Merkel Cell Carcinoma</td>
<td>8800/3</td>
<td>Sarcoma</td>
</tr>
<tr>
<td>8400/3</td>
<td>Sweat Gland Adenocarcinoma</td>
<td>8810/3</td>
<td>Fibrosarcoma</td>
</tr>
<tr>
<td>8410/3</td>
<td>Sebaceous Adenocarcinoma</td>
<td>8832/3</td>
<td>Dermatofibrosarcoma</td>
</tr>
<tr>
<td>8720/2</td>
<td>Melanoma In Situ</td>
<td>8850/3</td>
<td>Liposarcoma</td>
</tr>
<tr>
<td>8720/3</td>
<td>Melanoma Malignant</td>
<td>8890/3</td>
<td>Leiomyosarcoma</td>
</tr>
<tr>
<td>8721/3</td>
<td>Melanoma Nodular</td>
<td>9140/3</td>
<td>Kaposi Sarcoma</td>
</tr>
<tr>
<td>8730/3</td>
<td>Melanoma Amelanotic</td>
<td>9591/3</td>
<td>Non-Hodgkin Lymphoma</td>
</tr>
<tr>
<td>8742/2</td>
<td>Lentigo Maligna</td>
<td>9650/3</td>
<td>Hodgkin Lymphoma</td>
</tr>
<tr>
<td>8742/3</td>
<td>Lentigo Maligna Melanoma</td>
<td>9680/3</td>
<td>Diffuse Large B-Cell Lymphoma</td>
</tr>
<tr>
<td>8743/3</td>
<td>Melanoma Superficial Spreading</td>
<td>9700/3</td>
<td>Mycosis Fungoides</td>
</tr>
<tr>
<td>8772/3</td>
<td>Melanoma Spindle Cell</td>
<td>9709/3</td>
<td>Cutaneous T-Cell Lymphoma</td>
</tr>
</tbody>
</table>
Not Reportable Neoplasms

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

<table>
<thead>
<tr>
<th>ICD-O-3 Code</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>8000/3 – 8005/3</td>
<td>Neoplasm, malignant, NOS of the skin</td>
</tr>
<tr>
<td>8010/3 – 8046/3</td>
<td>Epithelial carcinoma, NOS of the skin</td>
</tr>
<tr>
<td>8050/3 – 8084/3</td>
<td>Papillary and squamous cell neoplasm of the skin</td>
</tr>
<tr>
<td>8090/3 – 8110/3</td>
<td>Basal cell carcinoma of the skin</td>
</tr>
</tbody>
</table>
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
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.

<table>
<thead>
<tr>
<th>Primary Payer</th>
<th>Medicare</th>
<th>Medicare plus Supplement</th>
<th>Medicare + Medicaid</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance Incl: HMO, PPO</td>
<td>Medicaid</td>
<td>No Insurance</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

- 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 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.

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

<table>
<thead>
<tr>
<th>FACILITY/PRACTICE ID</th>
<th>DERMATOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF SERVICE</td>
<td>CONFIDENTIAL ABSTRACT REPORT</td>
</tr>
<tr>
<td>PRIMARY PAYER</td>
<td>DO NOT MAIL OR FAX TO FCDS</td>
</tr>
<tr>
<td>PATIENT INFORMATION</td>
<td></td>
</tr>
<tr>
<td>LAST NAME</td>
<td></td>
</tr>
<tr>
<td>FIRST NAME</td>
<td></td>
</tr>
<tr>
<td>MIDDLE NAME/INITIAL</td>
<td></td>
</tr>
<tr>
<td>ADDRESS – Number &amp; Street</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>SOCIAL SECURITY #</td>
</tr>
<tr>
<td>SEX</td>
<td>MARITAL STATUS</td>
</tr>
<tr>
<td>RACE</td>
<td>SPANISH/HISPANIC ORIGIN</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>(enter 999-999-999 if unknown)</td>
</tr>
</tbody>
</table>

**TEXT**

---
### Section IV – Abstract Form

**TUMOR INFORMATION**

- **DATE OF DIAGNOSIS**: ____________ (YYYYMMDD)
- **PRIMARY SITE**: Skin of ________ (ear, face, arm, leg, trunk)
- **LATERALITY**: [ ] None [ ] Right [ ] Left [ ] Midline [ ] Unk

**HISTOLOGY** (check ONE)

<table>
<thead>
<tr>
<th>Merkel Cell Carcinoma</th>
<th>Lentigo Malign Melanoma (*)</th>
<th>Leiomysarcoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweat Gland Adenocarcinoma</td>
<td>Melanoma Superficial Spreading (*)</td>
<td>Kaposi Sarcoma</td>
</tr>
<tr>
<td>Sebaceous Adenocarcinoma</td>
<td>Melanoma Spindle Cell (*)</td>
<td>Non-Hodgkin Lymphoma</td>
</tr>
<tr>
<td>Melanoma In Situ (*)</td>
<td>Sarcoma</td>
<td>Hodgkin Lymphoma</td>
</tr>
<tr>
<td>Melanoma Malignant (*)</td>
<td>Fibrosarcoma</td>
<td>Diffuse Large B-Cell Lymphoma</td>
</tr>
<tr>
<td>Melanoma Nodular (*)</td>
<td>Dermatofibrosarcoma</td>
<td>Mycosis Fungoides</td>
</tr>
<tr>
<td>Melanoma Amelanotic (*)</td>
<td>Liposarcoma</td>
<td>Cutaneous T-Cell Lymphoma</td>
</tr>
<tr>
<td>Lentigo Maligna (*)</td>
<td>Sarcoma</td>
<td></td>
</tr>
</tbody>
</table>

(*) 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**

<table>
<thead>
<tr>
<th>Surgery (Y/N)</th>
<th>Surgery Date [ ] [ ] [ ] [ ] [ ] [ ] [ ] (YYYYMMDD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation (Y/N)</td>
<td>Radiation Start Date [ ] [ ] [ ] [ ] [ ] [ ] (YYYYMMDD)</td>
</tr>
<tr>
<td>Chemotherapy (Y/N)</td>
<td>Chemo Start Date [ ] [ ] [ ] [ ] [ ] [ ] (YYYYMMDD)</td>
</tr>
<tr>
<td>Hormone Therapy (Y/N)</td>
<td>Hormone Start Date [ ] [ ] [ ] [ ] [ ] [ ] (YYYYMMDD)</td>
</tr>
<tr>
<td>BRM/Immunotherapy (Y/N)</td>
<td>BRM/Immunotherapy Start Date [ ] [ ] [ ] [ ] [ ] [ ] (YYYYMMDD)</td>
</tr>
</tbody>
</table>
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

Historical Trends (1975-2007)
Incidence, SEER 9 Registries
Melanoma of the Skin, Both Sexes
All Ages

Key
Incidence
SEER 9 Registries
Melanoma of the Skin
Both Sexes
All Ages
White (incl. HISP)
Black (incl. HISP)

Cases per 100,000 resident population

Year of Diagnosis

Created by statecancerprofiles.cancer.gov on 12/01/2010 3:26 pm.
Regression lines calculated using the Jointpoint Regression Program.

Source: Incidence data provided by the SEER Program. Rates calculated by the National Cancer Institute using SEER*Stat.
Rates are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in 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 1990-2007 US Population Data File is used with SEER November 2009 data.

Melanoma of the Skin
All Races (includes Hispanic), Both Sexes, All Ages

Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)
Quantile Interval
22.5 to 34.8
20.5 to 22.4
18.2 to 20.4
16.4 to 18.1
14.6 to 16.3
9.1 to 14.5
Suppressed

US (SEER + NPCR)
Rate (95% C.I.)
18.3 (18.2 - 18.4)
Florida
Rate (95% C.I.)
17.8 (17.5-18.0)

Created by statecancerprofiles.cancer.gov on 12/01/2010 3:30 pm.
State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).

Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) 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 1990-2007 US Population Data File is used with SEER November 2009 data. The 1969-2000 US Population Data File is used with NPCR data November 2006/January 2009 data.

Data have been suppressed to ensure confidentiality and stability of rate estimates. Rates are suppressed if fewer than 16 cases were reported in a specific area-race category.
** Data have been suppressed for states with a population below 5,000 per sex for American Indian/Native Alaskan or Asian/Pacific Islanders because of concerns regarding the relatively small size of these populations in some states.

http://statecancerprofiles.cancer.gov
Skin Cancer

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

Click for more information about Union Co...

Title: (1) Select multiple counties by holding down CTRL key; (2) Click right mouse button to clear selections, print, & export
Neoplasms of Skin

- Benign
- Atypical
- Malignant
- Metastatic

- Congenital
- Acquired
  - Sun Exposure
  - Viral Exposure
  - Toxic Exposure
  - Vitamin/Mineral Deficiencies
Neoplasms of Skin

• 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

Neoplasms of Skin

- 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
Neoplasms of Skin

- 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

# Signs and Symptoms

<table>
<thead>
<tr>
<th>Normal Mole</th>
<th>Melanoma</th>
<th>Sign</th>
<th>Characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Asymmetry</td>
<td>when half of the mole does not match the other half</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Border</td>
<td>when the border (edges) of the mole are ragged or irregular</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Color</td>
<td>when the color of the mole varies throughout</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diameter</td>
<td>if the mole’s diameter is larger than a pencil’s eraser</td>
</tr>
</tbody>
</table>

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

• Age and general health (particularly immune status)

• Initial diagnosis or recurrence

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

http://www.dermis.net/dermisroot/en/
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.
Your password will expire in 1554 days. (MAY 28th 2015)

Scan these log/error messages from the last month or click show all to see all of them. If you see an access time or error you don’t recognize, contact FCDS.

Recent System Activity

<table>
<thead>
<tr>
<th>Date / Time</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/24/2011 09:03:28</td>
<td>0Login: speece</td>
</tr>
</tbody>
</table>

Items Needing Attention

<table>
<thead>
<tr>
<th>Module to Review</th>
<th>Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCA FollowBack</td>
<td>0</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>0</td>
</tr>
<tr>
<td>Death Clearance</td>
<td>0</td>
</tr>
<tr>
<td>Discrepency Review (Forces)</td>
<td>0</td>
</tr>
<tr>
<td>Disease Index</td>
<td>0</td>
</tr>
<tr>
<td>Quality Control</td>
<td>0</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>0</td>
</tr>
</tbody>
</table>
Click i then the field for info

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, not applicable or incomplete, enter 999999999.
Dermatology Abstract Entry

Patient Information

Facility/Practice ID: Select
Date of Service: 2011-02-15
Address: 1111 1ST ST NW
City: MIAMI
State: FL-Florida
Date of Birth: 1950-01-15
Sex: 1 Male
Race: 01-White
Telephone: (305) 222-2222

Social Security #: 444-44-4444
Marital Status: 2-Married
Hispanic Origin: Yes

Tumor Information

Date of Diagnosis: 2011-02-15
Primary Site: C446 Skin of upper limb and shoulder
Laterality: 1 - Right
Histology: 8729 Melanoma Malignant
Clark's Levels: [ ]
Breslow Depth: 0.51 mm (9.99 if Unknown)

Text: FREE TEXT - YOU CAN TYPE ANYTHING YOU WANT TO IN THIS FIELD - INCLUDING 123456. XXXX.
PLEASE INCLUDE INFORMATION FROM THE FINAL DIAGNOSIS AND THE PATHOLOGY REPORT OR OTHER PHYSICIAN
NOTE ABOUT THE LOCATION AND TYPE OF SKIN CANCER THIS PERSON HAS BEEN DIAGNOSED WITH AND/OR TREATED
BY ANY PHYSICIAN.

First Course Treatment Information

Performed dates [YYYYMMDD]
Surgery: [ ] No [ ] Yes
Radiation: [ ] No [ ] Yes
Chemotherapy: [ ] No [ ] Yes
Hormone: [ ] No [ ] Yes
BRM/Immunotherapy: [ ] No [ ] Yes

Date [YYYYMMDD]
Surgery:
Radiation:
Chemotherapy:
Hormone:
BRM/Immunotherapy:

Submit Clear

Transferring data from fcds.med.miami.edu...
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