

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

- FCDS Main Number – 305-243-4600
- Michael Thiry – Manager Data Acquisition
 - mthiry@med.miami.edu
 - 305-243-2639
- Carlos Alvarez – Field Coordinator
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- Steven Peace – Manager Quality Control and Training
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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 a 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

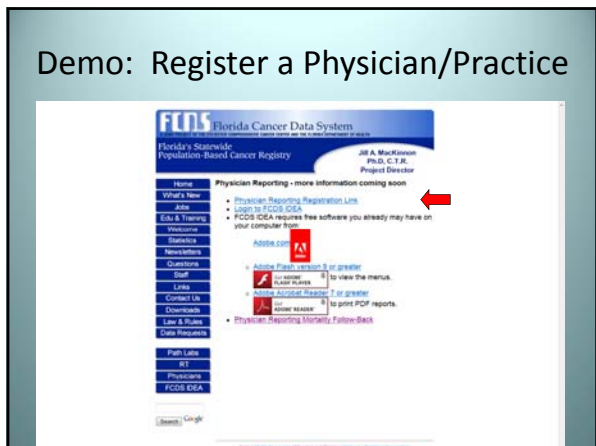
Demo: Register a Physician/Practice

- 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.

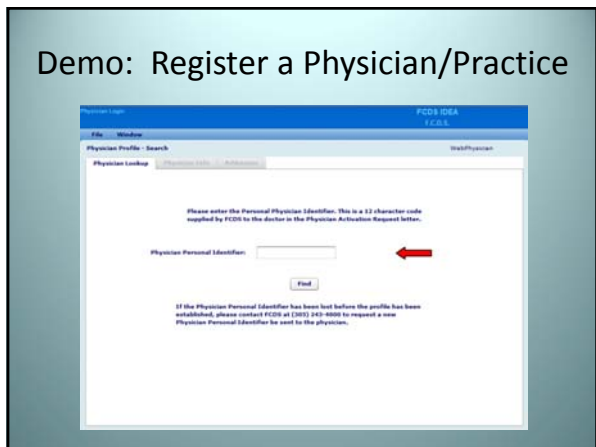
Demo: Register a Physician/Practice



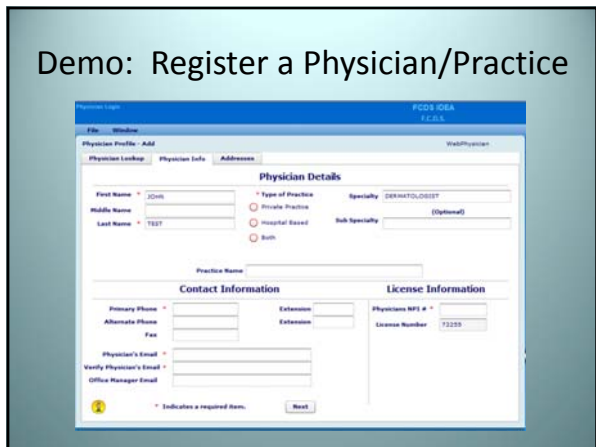
Demo: Register a Physician/Practice



Demo: Register a Physician/Practice



Demo: Register a Physician/Practice



Demo: Register a Physician/Practice

Demo: Create a New IDEA USERID

- Live DEMO
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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.

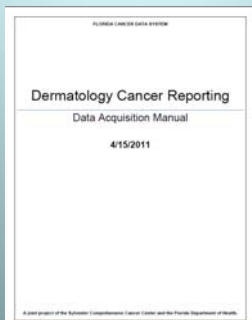
Demo: Create a New IDEA USERID

- TEST YOUR LOGIN: You are now authorized to sign in to the FCDS IDEA system.
- Go To: <http://fcds.med.miami.edu/>.
- 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, contact FCDS at (305) 243-4600.

General Instructions

Data Acquisition Manual
IDEA Data Entry Module
Live Demo

Data Acquisition Manual



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

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 confidentiality, 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.

Section IV – Abstract Form

FEOS Florida Cancer Data System
 A Joint Project of the University of Florida Cancer Center and the Florida Department of Health

DERMATOLOGY
 CONFIDENTIAL ABSTRACT REPORT
 DO NOT MAIL OR FAX TO FEOS

Patient Name (Last, First) _____ p. 2

PATIENT INFORMATION

DATE OF DIAGNOSIS: _____ (YYYYMMDD)

PRIMARY SITE: Site of _____ (see back, etc., sig, mark) LATERALITY: None Right Left Middle Unknown

HISTOLOGY (check ONE)

<input type="checkbox"/> Melanoid Carcinoma	<input type="checkbox"/> Lentigo Maligna Melanoma (*)	<input type="checkbox"/> Lymphosarcoma
<input type="checkbox"/> Invasive Cervical Adenocarcinoma	<input type="checkbox"/> Melanoma superficial spreading (*)	<input type="checkbox"/> Kaposi Sarcoma
<input type="checkbox"/> Squamous Adenocarcinoma	<input type="checkbox"/> Melanoma spindle cell (*)	<input type="checkbox"/> Non-Hodgkin Lymphoma
<input type="checkbox"/> Melanoma in situ (*)	<input type="checkbox"/> Squamous	<input type="checkbox"/> Hodgkin Lymphoma
<input type="checkbox"/> Melanoma Malignant (*)	<input type="checkbox"/> Fibrosarcoma	<input type="checkbox"/> Other Large B Cell Lymphoma
<input type="checkbox"/> Melanoma Nodular (*)	<input type="checkbox"/> Chondrosarcoma	<input type="checkbox"/> Mucosa Fungus
<input type="checkbox"/> Melanoma Amelanoid (*)	<input type="checkbox"/> Leiomyoma	<input type="checkbox"/> Cutaneous T-Cell Lymphoma
<input type="checkbox"/> Lentigo Maligna (*)	<input type="checkbox"/> Sarcoma	

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

(†) Check's Level: I II III IV V Unknown (†) Breslow Depth of Invasion: _____ mm

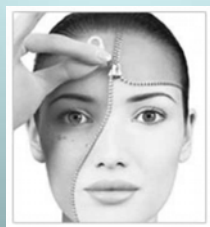
FIRST COURSE TREATMENT INFORMATION

Surgery (Y/N)	<input type="checkbox"/>	Surgery Date	_____ (YYYYMMDD)
Radiation (Y/N)	<input type="checkbox"/>	Radiation Start Date	_____ (YYYYMMDD)
Chemotherapy (Y/N)	<input type="checkbox"/>	Chemotherapy Start Date	_____ (YYYYMMDD)
Hormone Therapy (Y/N)	<input type="checkbox"/>	Hormone Start Date	_____ (YYYYMMDD)
Biologics Tx (Y/N)	<input type="checkbox"/>	Biologics Start Date	_____ (YYYYMMDD)

Questions



Introduction to Skin Cancers



Source: <http://www.healthandbeautyace.com>

Neoplasms of Skin

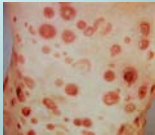
- Neural Tumors
 - Neuroma
 - Merkel Cell Carcinoma
 - PNET/Extraskeletal Ewing Sarcoma
- Appendageal Tumors
 - Apocrine Tumors
 - Eccrine Tumors
 - Sebaceous Tumors
 - Follicular Tumors
- Soft Tissue Tumors
 - Fibroma
 - Leiomyosarcoma
 - Vascular Tumors (hemangioma, Kaposi sarcoma)
 - Dermatofibrosarcoma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



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

Signs and Symptoms

Normal Mole	Melanoma	Signs	Characteristics
		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
		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

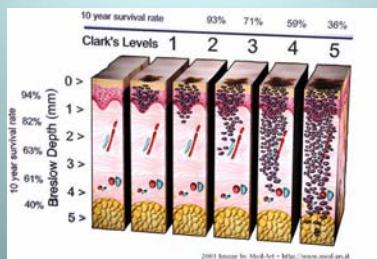
- Sun exposure, particularly during childhood
- Fair skin that burns easily
- Blistering sunburn, especially when young
- Previous melanoma
- Previous non-melanoma skin cancer
- Family history of melanoma
- Large numbers of moles (more than 100)
- Abnormal moles (atypical or dysplastic nevi)

Diagnostic and Staging Procedures

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

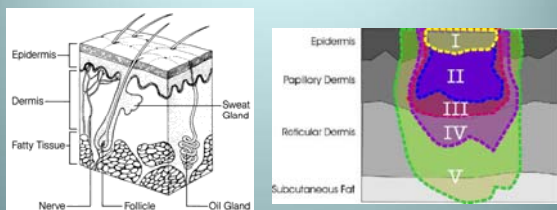


Prognostic Factors



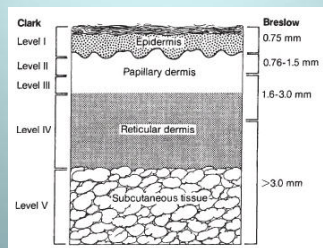
Source: <http://www.med-ars.it/various/livell4.jpg>

Clark's Level



Source: <http://www.ckinfo.com/medicine/anatom>

Measured Thickness (Depth)



<http://i5.photobucket.com/albums/y168/ziwo/melanoma.jpg>

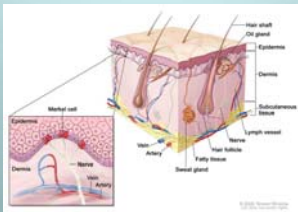
Merkel Cell Carcinoma of the Skin

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

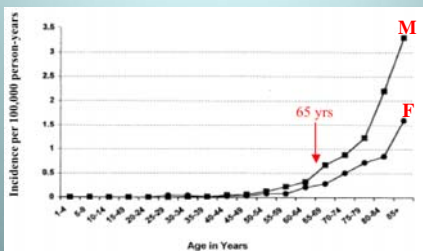


Image courtesy of Paul Nghiem, MD, PhD

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



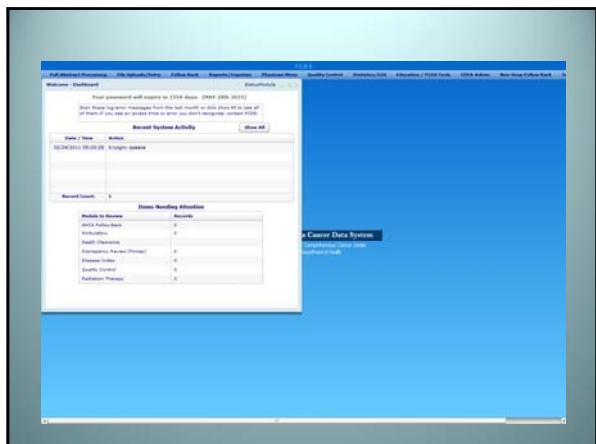
http://www.skincarephysicians.com/skincanceret/merkel_cell_carcinoma.html



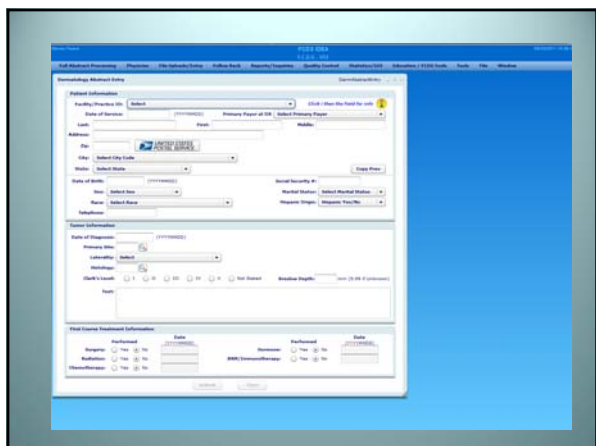


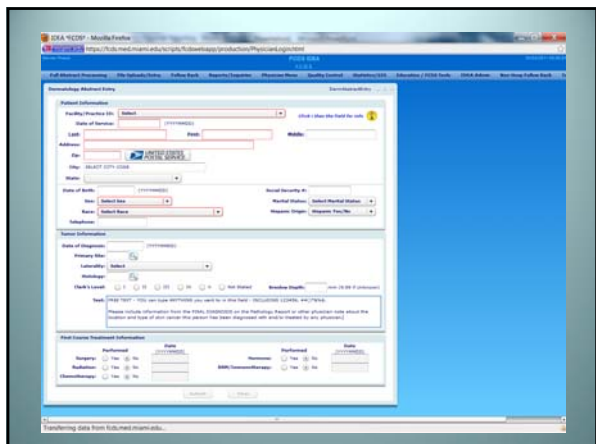
Entering Data – The Cancer Abstract

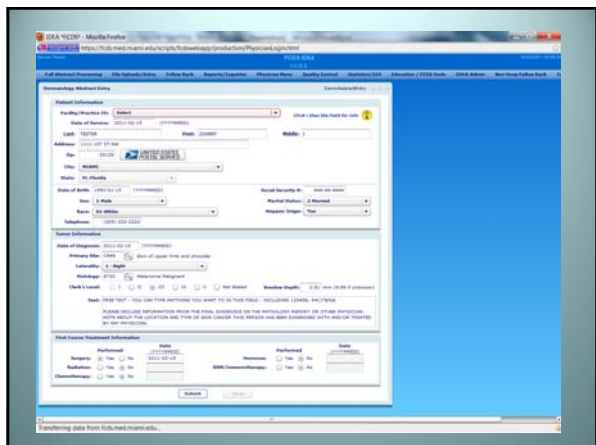
- Live DEMO – Use DAM and System Prompts
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SAVE CASE / CONFIRMATION

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