

# **Radiation Therapy Id Project**

## **Data Access Manual**

**May 2016**

## **Radiation Therapy Id Project – Data Access Manual**

### **ACKNOWLEDGEMENTS**

The Florida Cancer Data System gratefully acknowledges the following sources for their contribution to this manual:

- Centers for Disease Control and Prevention/National Program of Cancer Registries (CDC/NPCR)
- Florida Department of Health (DOH)
- University of Miami/Sylvester Comprehensive Cancer Center (UM/SCCC)
- North American Association of Central Cancer Registries (NAACCR)
- National Cancer Institute/Surveillance, Epidemiology & End Results Program (NCI/SEER)
- Commission on Cancer/American College of Surgeons (COC/ACoS)

FCDS would like to especially thank all of the dedicated registrars and abstractors who have worked with FCDS over the years for their hard work and countless contributions. Without their input the Florida Cancer Data System would not be positioned at the national forefront in statewide cancer registration.

Beginning January 1, 2003, all Florida Radiation Therapy Centers must send a list of patient identifiers to the Florida Cancer Data System. There are two methods of submitting these data items: file upload or single web entry.

With the file upload method, you must send a file in a specific format and layout. With the single web entry method, you must enter and save each record on the web data entry screen.

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### Tab separated file layout for uploads via FCDS IDEA

Field#	Item Name	Maximum Field Length
1.	FCDS Facility Number	4
2.	Patient ID / Medical Record #	12
3.	Patient Social Security Number	9
4.	Patient Last Name	25
5.	Patient First Name	14
6.	Patient State	2
7.	Patient Zip Code	5
8.	Patient Date of Birth	8
9.	Date of Encounter	8
10.	Patient Sex	1
11.	Patient Race	2
12.	<b>ICD-9-CM or ICD-10-CM Diagnosis Code</b>	<b>7 ***</b>

#### File structure notes:

- Files must be in ASCII, with one CR/LF sequence at end of each record.
- Fields are separated by 1 tab character, beginning after field 1 and no tab after field 12. Since there are 12 fields, each record must have exactly 11 separating tabs. Files with extra/missing tabs - in any record - will be rejected.
- No embedded CR/LF, TABS other than as field separators, or other control characters in text fields.
- No quotes "" around fields, just data.
- Dates are in YYYYMMDD format – do not add “/” or “-“. Dates will be validated (don't submit 99999999 or 20030229)..
- No "Header" records with variable names, just data.
- All fields are required. Do not use blanks for missing information. Required fields that are missing/unknown, such as Sex, have codes for missing.
- Field lengths are the maximum allowed length for that field. Don't add extra trailing spaces to field.
- Files may be compressed before upload using the DOS/Windows ZIP compression standard. PKZIP or WINZIP are examples of programs that produce the correct compressed format. Do not add a zip password.
- **\*\*\* The ICD Code is validated based on Encounter Date. Dates after 9/30/2015 require ICD-10 Codes. Earlier Dates require ICD-9 Codes.**

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Field#	Item Name	Maximum Field Length
1	FCDS Facility Number	4

This is a required data item containing the FCDS Facility number for your Radiation Center. Contact FCDS if your facility is not on this list.

Field#	Item Name	Maximum Field Length
2	Patient ID or Medical Record Number	12

This is a required data item containing your facility's patient id number or medical record number that will uniquely identify a patient in your records.

Field#	Item Name	Maximum Field Length
3	Patient Social Security Number	9

This is a required data item containing the patient's Social Security Number. Enter 999999999 in this field if the SSN is unknown or missing.

Field#	Item Name	Maximum Field Length
4	Patient Last Name	25

This is a required data item containing the patient's last name.

Field#	Item Name	Maximum Field Length
5	Patient First Name	14

This is a required data item containing the patient's first name.

Field#	Item Name	Maximum Field Length
6	Patient State	2

This is a required data item containing the USPS 2 character Postal abbreviation for the patient's address state. Appendix B has a list of valid state abbreviations.

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Field#	Item Name	Maximum Field Length
7	Patient Zip code	5

This is a required data item containing the USPS 5 digit Postal code for the patient's address.

Field#	Item Name	Maximum Field Length
8	Patient Date of Birth	8

This is a required data item containing the patient's date of birth in YYYYMMDD format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected.

Field#	Item Name	Maximum Field Length
9	Date of Encounter	8

This is a required data item containing the date of encounter at your facility in YYYYMMDD format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected

Field#	Item Name	Maximum Field Length
10	Patient Sex	1

This is a required data item containing the patient's sex. Use the following codes: 1=Male, 2=Female, 3=Hermaphrodite, 4=Transsexual, 9=Unknown/not stated

Field#	Item Name	Maximum Field Length
11	Patient Race	2

This is a required data item containing the patients race. Use the following codes:

Code	Definition
1	White
2	Black
3	American Indian, Aleutian, Eskimo
4	Chinese
5	Japanese
6	Filipino
7	Hawaiian

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8	Korean
9	Asian Indian, Pakistani
10	Vietnamese
11	Laotian
12	Hmong
13	Kampuchean (Cambodian)
14	Thai
15	Asian Indian or Pakistani, NOS
16	Asian Indian
17	Pakistani
20	Micronesian, NOS
21	Chamorroan
22	Guamanian, NOS
25	Polynesian, NOS
26	Tahitian
27	Samoan
28	Tongan
30	Melanesian, NOS
31	Fiji Islander
32	New Guinean
88	No Further Race Documented
96	Other Asian including Asian, NOS and Oriental ,NOS
97	Pacific Islander, NOS
98	Other
99	Unknown

Field#	Item Name	Maximum Field Length
12	ICD-9-CM or ICD-10-CM Diagnosis Code	7

This is a required data item containing the ICD-9 or ICD-10 code with decimals and will be validated against the FCDS Case finding list found on the FCDS website ([fcds.med.miami.edu](http://fcds.med.miami.edu)) under Downloads->Data Acquisition Manual.

The ICD Code is validated based on Encounter Date. Dates after 9/30/2015 require ICD-10 Codes. Earlier Dates require ICD-9 Codes.

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### USPS State Abbreviations

ALABAMA	AL	NEBRASKA	NE
ALASKA	AK	NEVADA	NV
ARIZONA	AZ	NEW HAMPSHIRE	NH
ARKANSAS	AR	NEW JERSEY	NJ
CALIFORNIA	CA	NEW MEXICO	NM
COLORADO	CO	NEW YORK	NY
CONNECTICUT	CT	NORTH CAROLINA	NC
DELAWARE	DE	NORTH DAKOTA	ND
DISTRICT OF COLUMBIA	DC	OHIO	OH
FLORIDA	FL	OKLAHOMA	OK
GEORGIA	GA	OREGON	OR
HAWAII	HI	PENNSYLVANIA	PA
IDAHO	ID	PUERTO RICO	PR
ILLINOIS	IL	RHODE ISLAND	RI
INDIANA	IN	SOUTH CAROLINA	SC
IOWA	IA	SOUTH DAKOTA	SD
KANSAS	KS	TENNESSEE	TN
KENTUCKY	KY	TEXAS	TX
LOUISIANA	LA	UTAH	UT
MAINE	ME	VERMONT	VT
MARYLAND	MD	VIRGINIA	VA
MASSACHUSETTS	MA	WASHINGTON	WA
MICHIGAN	MI	WEST VIRGINIA	WV
MINNESOTA	MN	WISCONSIN	WI
MISSISSIPPI	MS	WYOMING	WY
MISSOURI	MO	OUTSIDE UNITED STATES	XX
MONTANA	MT		

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## FCDS Radiation Therapy File Upload page

**Upload Files** UploadRT

### Upload Radiation Therapy Files to FCDS

\* Uploaded files must be in FCDS Radiation Therapy Version 1.0 format.  
\* Please refer to the FCDS Radiation Therapy Data Access Manual on our Website under Downloads for complete file layout information

[File Format](#)

**Enter the full path + filename. Ex: C:\STATEDATA.txt**  
**Use the browse button to find/double-click-on/open file:**

**File:**  [Browse](#)

**Options:**

Upload file is in Windows compressed ZIP format (faster uploads)

TEST for missing data items - no data sent to FCDS

**Contact your FCDS Field Coordinator for questions about edit errors  
or your software vendor about other errors.**

Upload\_RT.pl

[Upload](#) [Cancel](#)



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## Batch Receipt 4535

5/2/2016 12:22:14 PM  
Page: 3 of 3  
V 15.0

### Confirmation of Receipt:

Thank you for your data. Examine this report to verify what you have submitted to FCDS is correct. Close this window after you have saved or printed this report for your records. You uploaded the following Data:

FCDS Batch number: 4535 for Verification, Facility: 8602 - FLORIDA CANCER AFILIATES  
FCDS Field Coordinator: CARLOS ALVAREZ 305-243-2638

Verification

Rec #	Accession	Sex	Med Record	Site	Histology	Behavior
1			MR55555555	185		
2			MR55555555	186		
3			MR55555555	187		
4			MR55555555	187		
5			MR55555555	C40		

## Confirmation of Receipt

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## Example of file upload errors

Batch Receipt  
4536

5/2/2016 12:23:16 PM

Page: 1 of 3

V 15.0

### Batch Upload Message Log:

<u>Rec #</u>	<u>Fac/Accession/Seq</u>	<u>Date and Time</u>	<u>Message</u>
		05/02/2016 12:23:14	FCDS File Upload for: GARY M LEVIN (develope). Upload start time: Mon May 2 12:23:14 2016
		05/02/2016 12:23:14	Upload type: Tab Delimited Radiation Therapy format
		05/02/2016 12:23:14	Reading from plain text file: rt5 bad May2016.txt.
4		05/02/2016 12:23:14	File structure error: ICD CODE (field#12) [187.1] is not a valid ICD 10 code for Encounter Date [20151001]. ICD-10 is used for encounter dates after 9/30/2015.
6		05/02/2016 12:23:14	File structure error: ICD CODE (field#12) [C40.10] is not a valid ICD 9 code for Encounter Date [20150930]. ICD-9 is used for encounter dates before 10/1/2015.
		05/02/2016 12:23:14	No data from this rt5 bad May2016.txt upload file has been stored at FCDS. The entire file has been rejected because there were 2 errors (missing information, out of range codes, ...) in the upload file. Please make corrections in the program that created the upload file, make a new upload file, and resubmit the data to FCDS. Contact your vendor FIRST if you believe the data you coded was correct, but the upload still had errors. Contact FCDS about other errors. The file structure and data dictionary can be found on our website fcds.med.miami.edu. Ending upload program.

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## Single Record Web Entry Screen

RT Case Finding RTSingleEntry

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**RT Case Finding**

Select Facility

Patient ID

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**Patient Information**

Patient Last Name

First Name

Social Security Number

Date of Birth (YYYYMMDD)

Sex

Race

State

Zip Code

---

**Treatment Information**

Encounter Date (YYYYMMDD)

ICD9  ICD10

ICD 10 Disease Code

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