Florida Cancer Data System

A JOINT PROJECT OF THE SYLVESTER COMPREHENSIVE CANCER CENTER AND THE FLORIDA DEPARTMENT OF HEALTH

FCDS 2013-2014 QUALITY IMPROVEMENT EDUCATION AND TRAINING

FCDS Webcast Series

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NAACCR · SEER · NPCR National Program of Cancer Registries · Florida HEALTH · ajcc · CS Collaborative Stage Data Collection System · American College of Surgeons Cancer Programs · Commission on Cancer

Continuing Education Hours

NCRA CEU #	Date	Event	Sponsor	CEU Hrs
2013-114	7/25/2013 - 7/26/2013	FCDS Annual Conference, Sunrise, FL	FCDS	8.25
2013-115	8/22/2013	Webcast: "What's New for 2013 and More - Annual Meeting Review"	FCDS	2
2013-116	9/19/2013	Webcast: "Lung Neoplasms-Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx"	FCDS	2
2013-117	10/24/2013	Webcast: "New Developments in FCDS Quality Improvement and Education and Training"	FCDS	2
2013-118	11/21/2013	Webcast: "Breast Neoplasms-Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx"	FCDS	2
2013-119	12/12/2013	Webcast: "Colon/Rectum Neoplasms- Background/ Anatomy/Risk Factors/MPH Rules/CSv02.04/SSF/Tx"	FCDS	2
2013-120	1/17/2014	Webcast: "FCDS Learning Management System – What's New for 2014 and Version 2.0 of FCDS LMS"	FCDS	2
2013-121	2/21/2014	Webcast: "Lymphoid Neoplasms - Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/SSF/Tx"	FCDS	2

Presentation Outline

- **Rule Makers for National Data Collection**
- **NPCR Program Standards 2012-2017**
- **NAACCR Certification Criteria**
- **FCDS Data Quality Program**
  - Data Quality Goals
  - Data Quality Policy
  - Data Quality Activities
  - Data Quality Audits
  - Data Quality Reports
- **FCDS Education and Training Program**
- **FCDS "Future Vision"**
- **Current FCDS QC Issues**

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Rule Makers for National Data Collection

CDC NPCR – FCDS Participates in NPCR

- State/Central Registries – 98% of US Population – State/Federal Legislation
- Data Acquisition Manual

ACoS Commission on Cancer

- ACoS Cancer Programs – CoC Cancer Program Standards - Voluntary
- National Program for Breast Centers – NAPBC Standards – Voluntary
- FORDS

NCI SEER Program

- SEER Registries – 28% of US Population – State/Federal Legislation
- 26 percent of African Americans, 41 percent of Hispanics, 43 percent of American Indians and Alaska Natives, 54 percent of Asians, and 71 percent of Hawaiian/Pacific Islanders.
- SEER Program Manual

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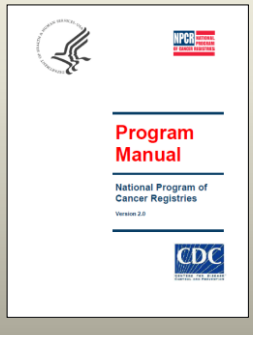
NPCR Program Standards, 2012-2017



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NPCR Program Standards, 2012-2017

All funded programs must meet the following standards:

- Legislative Authority
- Administration
- Data Collection, Content, and Format
- Electronic Data Exchange
- Data Completeness/Timeliness/Quality
- Linkages
- Data Quality Assurance and Education
- Data Use and Data Monitoring
- Data Submission
- Collaborative Relationships

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NPCR Program Standards, 2012-2017

- Data being evaluated for the **National Data Quality Standard** (formerly known as the 24-Month Standard), must meet the following five data quality criteria:
  - Data are 95% complete based on observed-to-expected cases as computed by CDC.
  - There are 3% or fewer death-certificate-only cases.
  - There is a 1 per 1,000 or fewer unresolved duplicate rate.
  - The maximum percent missing for critical data elements are:
    - 2% age
    - 2% sex
    - 3% race
    - 2% county
  - 99% pass a CDC-prescribed set of standard edits.

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NPCR Program Standards, 2012-2017

- Data being evaluated for the **Advanced National Data Quality Standard** (formerly known as the 12-Month Standard), must meet the following data quality criteria:
  - Data are 90% complete based on observed-to-expected cases as computed by CDC.
  - There is a 2 per 1,000 or fewer unresolved duplicate rate
  - The maximum percent missing for critical data elements are:
    - 3% age
    - 3% sex
    - 5% race
    - 3% county
  - 97% pass a CDC-prescribed set of standard edits.

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NPCR Program Standards, 2012-2017

- Data Quality Assurance and Education
  - The central cancer registry has an overall program of quality assurance that is defined in the registry operations manual.
  - The quality assurance program consists of, but is not limited to:
    - A designated certified tumor registrar (CTR) responsible for the quality assurance program.
    - Quality assurance activities should be conducted by qualified experienced CTR(s) or CTR-eligible staff.
    - At least once every 5 years, a combination of case-finding and re-abstracting audits from a sampling of source documents are conducted for each hospital-based reporting facility, and may include external audits by CDC or SEER.
    - Data consolidation procedures are performed according to the central cancer registry protocol and nationally accepted abstracting and coding standards as available.
    - Audits of a routine sample of consolidated cases at the central cancer registry.
    - Feedback is provided to reporting sources on data quality and completeness.

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NPCR Program Standards, 2012-2017

- Data Quality Assurance and Education
  - The central cancer registry has an overall education program that is defined in the registry operations manual.
  - The education program consists of, but is not limited to:
    - Training for central cancer registry staff and reporting sources to assure high quality data.
    - A designated education/training coordinator who is a qualified, experienced CTR.
    - Where feasible, the education/training coordinator may be regionally-based, such that CDC-NPCR applicants collaborate to identify one applicant to provide the education/training coordinator for activities to be carried out in the full region.

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Annual Report to the Nation

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NAACCR Gold Certification Criteria

- Case ascertainment = **95% or higher completeness**.
- **< 3%** of cases are reported by **Death Certificate Only**.
- **< 0.1% duplicate case reports** are in the file.
- **100% error-free data.**
- **< 2% of cases are missing age, sex, or county**.
- **< 3% of cases are missing race.**
- The file is submitted to NAACCR for evaluation within 23 months of the close of the diagnosis year under review.

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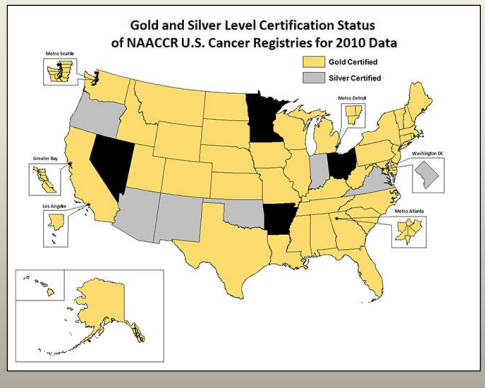

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The FCDS Data Quality Program

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FCDS Data Quality Pyramid

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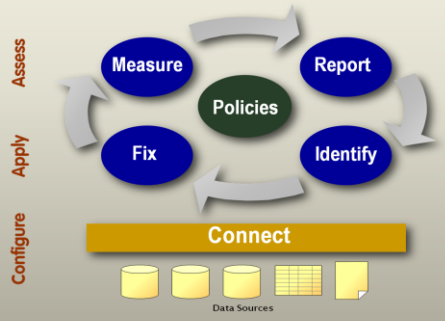
FCDS Quality Improvement



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Foundation - Communication/Education

- Technical Answers by Telephone or E-mail
- Email (E-Mail Blast for Urgent or Timely Information)
- Email (Individual for questions or if you are having problems)
- FCDS IDEA (QC Review, Edits/Corrections, Documentation)
- FCDS RECAP – FCDS Internal Tool for Data Processing
- FCDS On-Line Abstractor Training Course
- FCDS Annual Meeting – face-to-face
- FCDS Memo – every two months
- FCDS Web Broadcasts

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FCDS Data Quality Program - Goals

- Goals:
  - Population-Based Reporting
  - Highest Quality Data Possible
  - Confidentiality, Privacy, Data Security

- Objectives:
  - Improve Communications
  - Improve Feedback Loop
  - Improve Completeness
  - Improve Data Quality
  - Improve Usefulness
  - Improve Timeliness
  - Improve Education
  - Improve Reports
  - Improve Training

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FCDS Data Quality Program - Goals

- Establish, perform, manage Quality Improvement/Quality Control projects
- Apply national and internal standards for data collection, aggregation, etc
- Systematically measure performance against those standards
- Assess outcomes and performance measures
- Develop measurement and evaluation tools
- Develop quality enhancement strategies
- Assess registry needs and satisfaction
- Monitor completeness, quality and timeliness
- Provide education and training to improve data quality

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FCDS Data Quality Program - Methods

- Florida Cancer Reporting Legislation
- Florida Public Health Administration Rules
- FCDS Policy and Procedures (FCDS DAM)
  - Internal Policy and Procedures
  - External Policy and Procedures
  - Monitoring Data Quality and Performance
- Quality Assurance / Quality Improvement Activities
  - Monitor operations workflow and data quality and take action to improve future quality, maximizing correct reporting and characterizing the reporting process in measurable terms.
- Perform External Linkage to Improve Data
  - Obtain and/or validate data items by linking central cancer registry databases with clinical and non-clinical state and national databases
    - Using death certificate data to add missing vital status and race
    - Using claims data to complete first course of treatment data

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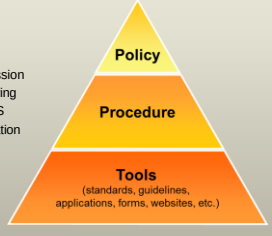
FCDS Data Quality Program - Methods

- FCDS Policy
  - FCDS Abstractor Code Requirement
  - FCDS EDITS Requirement
  - Text Documentation Requirement
  - Deadlines and IT Security
- FCDS Procedures
  - FCDS IDEA – Communication/Transmission
  - FCDS Internal Data Processing Monitoring
  - FORCES/CORRECTIONS/DELETIONS
  - Patient and Tumor Linkage & Consolidation
- FCDS Monitoring / Audits
  - Audits for Completeness
  - Audits for Timeliness
  - Audits for Accuracy
- FCDS Data Quality Reports
  - Quarterly/Annual Status Reports
  - Ad Hoc Reports
  - Audit Results



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FCDS Data Quality Program - Policy

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FCDS Data Quality Program - Policy

FCDS Abstractor Code – A National Model for QC

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FCDS Data Quality Program - Policy

FCDS Text Documentation Requirements

DATA ITEMS REQUIRING COMPLETE TEXT DOCUMENTATION	
Date of DX	RX Summ – Surg Prim Site
Seq No	RX Summ – Scope Reg LN Surgery
Sex	RX Summ – Surg Oth Reg/Distant
Primary Site	RX Date – Surgery
Subsite	RX Summ – Radiation
Laterality	Rad Rx Modality
Histologic Type	RX Date – Radiation
Behavior Code	RX Summ – Chemo
Grade	RX Date – Chemo
	RX Summ – Hormone
CS Tumor Size	RX Date – Hormone
CS Ext	RX Summ – BRM/Immunotherapy
CS Tumor Ext/Eval	RX Date – BRM/Immunotherapy
Regional Nodes Positive	RX Summ – Transplant/Endocrine
Regional Nodes Examined	RX Date – Transplant/Endocrine
CS LN	RX Summ – Other
CS LN Eval	RX Date - Other
CS Mets	
CS Mets Eval	Any Unusual Case Characteristics
All FCDS Req'd SSFs	Any Pertinent Patient/Family History

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FCDS Data Quality Program - Policy

FCDS Text Documentation Requirements

APPENDIX L FCDS TEXT DOCUMENTATION REQUIREMENTS

Text documentation is an essential component of a complete electronic abstract and is heavily utilized in quality control, to validate data at time of FCDS and NPCR Audits, and for special studies. Text documentation is required to justify coded values and to supplement information not transmitted with coded values. **FCDS recommends that abstractors print and post this document for easy reference.** Adequate text is a data quality indicator and will be major part of QC.

Text documentation should always include the following components:

- Date(s) – include date(s) references – this allows the reviewer to determine event chronology
- Date(s) – note when date(s) are estimated [i.e. Date of DX 3/15/2011 (est.)]
- Location – include facility/physician/other location where the event occurred (test/study/treatment/other)
- Description – include description of the event (test/study/treatment/other) – include positive/negative results
- Details – include as much detail as possible – document treatment plan even if treatment is initiated as planned
- Include "relevant-to-this-person/cancer" information only – edit your text documentation
- DO NOT REPEAT INFORMATION from section to section
- DO USE Standard Abbreviations (Appendix B)
- DO NOT USE non-standard or stylistic shorthand
- Enter "N/A" or "not available" when no information is available related to any specific text area.

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FCDS Data Quality Program - Policy

FCDS Text Documentation Requirements

APPENDIX L FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description *FCDS Required Text Documentation* Example:
Text - Operative Report NAACCR Item #2560 Field Length = 1000	Enter text information from surgical operative reports (not diagnostic needle, incisional biopsy). Include observations at surgery, tumor size, and extent of involvement of primary or metastatic sites. *Date of procedure, facility where procedure was performed, type of surgical procedure, detailed surgical findings, documentation of residual tumor, evidence of invasion of surrounding areas* **Example: 4/12/11 (Hosp xyz) right colon resection - Pt was found to have extensive disease in the pelvis (carcinomatosis) and resection was aborted**
DX Text - Pathology NAACCR Item #2570 Field Length = 1000	Enter text information from cytology and histopathology reports. *Date of specimen/resection, facility where specimen examined, pathology accession #, type of specimen, final diagnosis, comments, addenda, supplemental information, histology, behavior, size of tumor, tumor extension, lymph nodes (removed/biopsied), margins, some special histo studies* **Example: 2/5/11 (Hosp xyz) – Path Acc # - Rectum: Final Dx: adenoca, 2.5cm, ext. to pericolic fat. 1/22 lymph nodes + , margins neg, S100 stain is positive (melanoma, sarcoma)**
DX Text - Staging NAACCR Item #2600 Field Length = 1000	Enter **Details of Collaborative Stage** and other stage information not already entered in other text areas. Include specific information on Tumor Size, Extension of Primary Tumor, Metastatic Sites, etc. *Organs involved by direct extension, size of tumor, status of margins, sites of distant metastasis, special consideration for staging, overall stage, etc.* **Text for SSF documentation if not under Labs.** **Example: 2/15/11 - T2aN1a per path, distant mets in lungs, ER/PR neg, HER2 neg by IHC method**
RX Text - Surgery NAACCR Item #2610 Field Length = 1000	Enter text describing the surgical procedure(s) performed as part of 1st course treatment. *Treatment plan, date surgery performed, type of procedure, facility where surgery was performed* **Example: 2/15/11 (Hosp xyz) - rt breast mrm w/ax ln dissection**

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FCDS Data Quality Program - Policy

FCDS EDITS Metafile and EDITS PASS Requirement

FCDS transitioned from an Oracle-based edits program written by FCDS contractors to the National Standard EDITS Metafile in September 2010.

Standard EDITS include Field-Item, Inter-Item and Intra-Item Edits

- Edits validate codes, crosscheck relationships between data items (male with prostate cancer) and checks for blank fields.
- The FCDS EDITS Metafile was created for Florida, specifically to accommodate the reporting of historical cases among other FCDS special coding requirements
- FCDS has also included edits in the metafile for common abstracting errors identified through re-abstracting audits.

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FCDS Data Quality Program - Policy

- Deadlines and Data Monitoring Policy and Procedures
- Confidentiality of Protected Health Information
- IT Security Policy and Procedures
- Patient Privacy and HIPAA
- No Paper Policy
- Other

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FCDS Data Quality Program - Procedures

- FCDS EDITS Metafile
- FCDS Correction / FORCE / Delete
- FCDS QC Review of Every 25th Record – Visual Editing
- Patient and Tumor Linkage and Consolidation Procedures
- FCDS Audit Findings Link Back to Education
- FCDS Data Use Link Back to Procedures

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FCDS Data Quality Program - EDITS

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Standard Sources for EDITS

- NCI SEER
- CDC NPCR
- ACOS COC
- Other States
- Collaborative Stage
- FCDS for Florida-Specific
- NAACCR EDITS Working Group

NPCR NATIONAL PROGRAM OF CANCER REGISTRIES

ajcc

SEER

COLLABORATIVE STAGE DATA COLLECTION SYSTEM

Commission on Cancer

Florida Cancer Data System

NAACCR

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FCDS EDITS Check For Conditions

- Blank Field Checks – Single Item Edit
- Valid Code Checks – Single Item Edit
- Valid Date Checks – Single Item Edit
- Inter-Field Edits – Relationships Between Items
- Inter-Record Edits – Relationships Between Cases
- CS Edits – Core
- CS Edits – Staging
- CS Edits – SSFs
- Inter-Field CS and Other Item Edits (scope, surg)
- Link CS Stage and SSF Data to Treatment Plan

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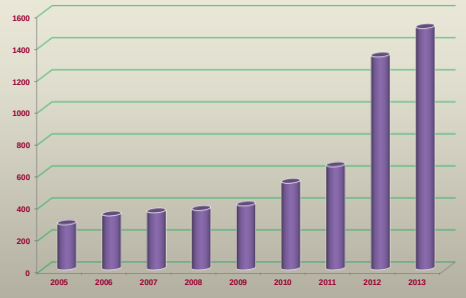
Number of Edits Over Time



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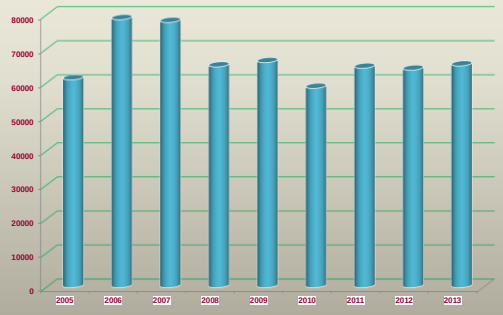
Total Edit Failures Over Time



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Category	Error #	Warning	Force	Description
Age Edits	81	N	Y	Invalid [illegible] Morphology for patient over age 5 based on ICD-O-3
Age Edits	82	N	Y	[illegible] Site for patient under age 15
Class of Case Edits	149	N	N	Class of Case equal 38 (autopsy only) or 49 (DCO) and Vital Status not equal 0 (dead)
Class of Case Edits	150	N	N	Class of Case equal 5 and all Rx not equal 00 or 0
Collaborative Staging Edits	1	N	N	There is missing data (blank field) or invalid characters exist in the data for this data item
Collaborative Staging Edits	287	N	N	If CS Extension is 950, CS Lymph Nodes cannot = 000 and CS Mets at DX cannot be 00
Dx Confirmation Code Edits	219	N	Y	ICD-O-3 Behavior 2 requires Dx Confirmation 1, 2, or 4
Grade Code Edits	204	N	N	Grade must = 6 for this ICD-O-3 Morph code
Grade Code Edits	834	N	N	Grade should be coded to Implied Grade for this histology
Grade Code Edits	841	N	N	Grade [illegible]
Invalid Codes Edits	10	N	N	[illegible] not valid
Invalid Codes Edits	12	N	N	ICD-O-2 Morphology not valid
Invalid Codes Edits	102	N	N	Facility Code not valid
Probable Duplicate Edits	106	N	Y	Probable duplicate detected in master file
Sequence Edits	40	N	Y	Sequence greater than zero with IB-Defined primary site, IB-Defined Lymphoma, or IB-Defined Leukemia
Sex/Site Edits	11	N	N	Sex not valid with Site
Site Code Edits	52	N	N	Site equals C50.* and Morphology equals 8521
Site/Morphology Edits	190	N	Y	ICD-O-3 Morphology not valid with Site or not reportable to FCDS
Site/Morphology Edits	207	N	Y	ICD-O-3 morphology cannot equal 8521/3 when site = C50.*. Verify morphology code
Therapy and Date Edits	268	N	Y	Breast, Prostate - Transplnt/Endocr Surg Rx Date must be less than 365 days after Diagnosis Date
Therapy and Date Edits	269	N	Y	Transplnt/Endocr Surg RX Date must be less than 240 days after Diagnosis
Warnings	[illegible]	Y	N	[illegible]NG: Other Rx is greater than 0 or less than 9
Warnings	359	Y	N	WARNING: Please verify this case is reportable. Check Sect. I of the FCDS DAM for reportability guidelines
Warnings	989	Y	N	WARNING: NPI Number Invalid or assigned after last registry update

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FCDS and National EDITS – Coming Soon!

- Updates to SEER Site/Type Table
  - 2013 Hematopoietic and Lymphoid Neoplasm Site/Type
  - 2014 Hematopoietic and Lymphoid Neoplasm Site/Type
  - 2015 ICD-O-3 Updates – New Histology Codes and New Site/Type
  - General Updates to Site/Type Combinations
- Increasingly Complex Inter-Field EDITS
- Treatment EDITS linked to cancer profile
- Treatment EDITS linked to cancer stage
- Clinical Edit Checks
  - NCCN/ASCO Guidelines
  - NCDB Submission Edits
  - RQRS (Rapid Quality Reporting System)
  - CP3R (Cancer Program Practice Profile Reports)

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Staying Current - FCDS EDITS

- Understand FCDS EDIT and what each is designed to do
- Review FCDS EDITS Messages – make them more clear
- Identify FCDS EDITS that are "FORCEABLE"
- Understand FCDS EDITS/CORRECTION/FORCE Process
- Understand FCDS FC/QC responsibilities and expectations
  - External FCDS EDITS Metafile to be used by Registrars
  - Internal FCDS EDITS Metafile used by FCDS
  - FCDS Metafile Excel Sheet documenting changes
- Registrar Interest in Learning How to Use Edit Writer

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Staying Current - FCDS EDITS

http://fcds.med.miami.edu/inc/downloads.shtml#fcdsdatafiles

What's New / Downloads

FCDS Data Files

- Independent Contractor List (comma separated text file) This list of independent contractors is provided as a courtesy and should not be considered a complete list (as the list is updated only twice per year). Additionally, the Florida Cancer Data System makes no recommendations about the individual's abilities or skills and takes no responsibility for the quality of their work. Inclusion on this list is by request of the independent contractor.
- Zip code, Fips County, Florida City Name Verification file (comma separated text file) This can be used by abstracting vendors to lower the number of county/zip/city errors for abstracts submitted to FCDS. The USPS Zip/County/Address Lookup Page has the very latest zipcodes.
- Current list of FCDS Edit messages as a comma separated file. This link downloads the latest FCDS Edit Messages with Force/Warning flags. Sorted by category/edit#.
- FCDS/NAACCR EDITs Metafile - Updated metafiles will be posted here when there are corrections/changes, so check this page for new versions:
  - 13.0A Metafile (July 28), posted 08/8/2013 10:50am, Metafile changes

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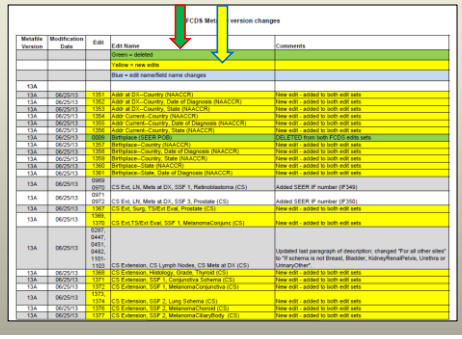
Staying Current - FCDS EDITS Metafile



Metafile Version	Modification Date	Edit	Edit Name	Comments
			Green = deleted	
			Yellow = new edits	
			Blue = edit name/field name changes	
13A				
13A	06/25/13	1351	Addl at DX--Country (NAACCR)	New edit - added to both edit sets
13A	06/25/13	1352	Addl at DX--Country, Date of Diagnosis (NAACCR)	New edit - added to both edit sets
13A	06/25/13	1353	Addl at DX--Country, State (NAACCR)	New edit - added to both edit sets
13A	06/25/13	1354	Addl Current--Country (NAACCR)	New edit - added to both edit sets
13A	06/25/13	1355	Addl Current--Country, Date of Diagnosis (NAACCR)	New edit - added to both edit sets
13A	06/25/13	1356	Addl Current--Country, State (NAACCR)	New edit - added to both edit sets
13A	06/25/13	0009	Birthplace (SEER POB)	DELETED from both FCDS edits sets
13A	06/25/13	1357	Birthplace--Country (NAACCR)	New edit - added to both edit sets
13A	06/25/13	1358	Birthplace--Country, Date of Diagnosis (NAACCR)	New edit - added to both edit sets
13A	06/25/13	1359	Birthplace--Country, State (NAACCR)	New edit - added to both edit sets
13A	06/25/13	1360	Birthplace--State (NAACCR)	New edit - added to both edit sets
13A	06/25/13	1361	Birthplace--State, Date of Diagnosis (NAACCR)	New edit - added to both edit sets
13A	06/25/13	0969 0970	CS Ext, LN, Mets at DX, SSF 1, Retinoblastoma (CS)	Added SEER IF number (IF349)
13A	06/25/13	0971 0972	CS Ext, LN, Mets at DX, SSF 3, Prostate (CS)	Added SEER IF number (IF350)
13A	06/25/13	1367	CS Ext, Surg, TS/Ext Eval, Prostate (CS)	New edit - added to both edit sets
13A	06/25/13	1365 1370	CS Ext,TS/Ext Eval, SSF 1, MelanomaConjunc (CS)	New edit - added to both edit sets
13A	06/25/13	0328 0447, 0451, 0482, 1101- 1103	CS Extension, CS Lymph Nodes, CS Mets at DX (CS)	Updated last paragraph of description: changed "For all other sites" to "If schema is not Breast, Bladder, Kidney/RenalPelvis, Urethra or Urinary/Other"
13A	06/25/13	1369	CS Extension, Histology, Grade, Thyroid (CS)	New edit - added to both edit sets
13A	06/25/13	1371	CS Extension, SSF 1, Conjunctiva Schema (CS)	New edit - added to both edit sets
13A	06/25/13	1372	CS Extension, SSF 1, MelanomaConjunctiva (CS)	New edit - added to both edit sets
13A	06/25/13	1373, 1374	CS Extension, SSF 2, Lung Schema (CS)	New edit - added to both edit sets
13A	06/25/13	1376	CS Extension, SSF 2, MelanomaThyroid (CS)	New edit - added to both edit sets
13A	06/25/13	1377	CS Extension, SSF 2, MelanomaOtherBody (CS)	New edit - added to both edit sets

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Master List(s) – FCDS EDITS

Category	Error Code	Warning Flag	Force Flag	Description
Age Edits	81	N	Y	Invalid Site and Morphology for patient over age 5 based on ICD-O-2
Age Edits	82	N	Y	Invalid Site for patient under age 15
Class of Case Edits	149	N	N	Class of Case equal 38 (autopsy only) or 49 (DCO) and Vital Status not equal 0 (dead)
Class of Case Edits	520	N	N	If Class of Case equal 38 (autopsy only), then Date of Diagnosis and Date of Last Contact must be the same date.
Collaborative Staging Edits	287	N	N	If CS Extension is 950, CS Lymph Nodes cannot = 000 and CS Mets at DX cannot be 00
Collaborative Staging Edits	288	N	N	If CS schema is not KaposiSarcoma, MelanomaSkin, Conjunctiva, MelanomaConjunctiva, MelanomaChoroid, MelanomaIris, MelanomaCiliaryBody, or LymphomaOcularAdnexa: If CS Extension = 950, then CS Tumor Size must = 000.
Grade Code Edits	1263	N	N	Unknown Primary Site (C809), Grade must = 9
Grade Code Edits	1300	N	N	Grade must = 5, 8, or 9 for this ICD-O-3 Morph code
Invalid Codes Edits	10	N	N	Site not valid
Invalid Codes Edits	14	N	N	Abstractor code not valid
Morphology Code Edits	839	N	Y	Histology is not valid
Morphology Code Edits	840	N	Y	Invalid Histology for in situ
Out of Range Edits	19	N	N	County Residence Current out of range (11-77, 88 or 90) or not numeric
Out of Range Edits	22	N	N	Hispanic Origin is out of range (0 through 7 or 9)
Probable Duplicate Edits	106	N	Y	Probable duplicate detected in master file
Sequence Edits	40	N	Y	Sequence greater than zero with Ill-Defined primary site, Ill-Defined Lymphoma, or Ill-Defined Leukemia
Sequence Edits	63	N	N	If Date of 1st Contact is less than 1981, Sequence Number--Hospital cannot = 00 or 60
Therapy and Date Edits	113	N	N	If Surgery Primary Site = 00 and Scope Reg LN Surg = 0 and Surg Oth/Reg/Dist = 0 then Surg Date must equal 00000000
Therapy and Date Edits	119	N	N	If RX Summ--Chemo = 00, 82, or 85-87 (chemo not given) then RX Date--Chemo must be blank and RX Date--Chemo Flag field must = 11 (no chemo).
Warnings	60	Y	N	WARNING: Other Rx is greater than 0 or less than 9
Warnings	359	Y	N	WARNING: Please verify this case is reportable. Check Sect. I of the FCDS DAM for reportability guidelines

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2012 Corrections/Deletions/FORCES

All Cases Processed	Receipt Date 2012	% of Total Cases
Good	182,449	93.8%
Corrected	5,146	2.6%
Forced	2,866	1.5%
Deleted	1,965	1.0%
Total Processed	194,426	100%

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2012 QC Review Summary

QC Review/Visual Edit	# Cases	% of Total
Total Cases Processed	194,426	100%
Total Cases Selected	10,007	4.6% of ALL
No Additional Review	7,396	74% of Sample
QC Review Follow-Back	2,611	26% of Sample
2nd Review - No Change	834	8.3%
2nd Review - FORCE	50	0.5%
2nd Review - CORRECT	1,693	16.9%
2nd Review - DELETE	34	0.3%

43

Visual Editing of Cases

- **Rationale for Visual Editing**
- **Standards for Visual Editing**
- **Timing for Visual Editing**
  - New Abstractor Review
  - Automated QC Review
  - Individual Case Corrections/Forces
  - Case Consolidation
  - Special Studies
  - Audits

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FCDS Data Quality Program – Every 25th

FCDS QC Visual Review - Every 25th Record

- 2012 Added All Male Breast and All Pediatric Neoplasms to QC Review

GOAL: Evaluate whether or not the case makes sense as coded or is something missing or unusual that edits would not catch. Does the case make sense as coded or is something missing or "off" with case as coded.

By selecting one of every 25th records received plus male breast and all pediatric cases, FCDS visually edits at least 5% of the total cases submitted each year. Other cases visually edited are cases being evaluated for FORCES, Corrections, Special Studies, and During Data Use (up to 10% of annual cases).

- The QC Abstract Review Process is a 3-step process - fully automated.
  - **Step 1: initial review**
  - **Step 2: feedback to/from the registrar with opportunity to defend coding**
  - **Step 3: third party mediation assesses the first reviewer's findings, the facility's comments, any recommended corrections, or feedback and come to a final determination on the case – the mediators decision is final**
- **Records with discrepant data must be resolved by the reporting facility.**
- **"Agree", "OK", "Done" are NOT Acceptable Responses to Inquiries**

45

Visual Review – What We Are Seeing

- **Treatment Documented in Text BUT NOT CODED**
- If you get a QC Review asking you to code treatment and in your system it is coded – FCDS didn't get the code – you must contact your vendor to see why not transmitted.
- **Replies on QC Review still are lacking clear answers**
- **"ok" – "updated abstract" – "agree" are NOT answers**.
- Replies on QC Change in Primary Site MUST include complete RESTAGING – this is often overlooked and must not only be restaged – but must be in text fields.
- **Treatment Planned versus Treatment Delivered - CONFIRM**

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Visual Review – What We Are Seeing

- You CAN copy and paste from EMR – BUT PLEASE EDIT the copy and paste and be sure it is relevant / complete AND be sure that you include the FINAL DIAGNOSIS.
- EDIT – EDIT – EDIT – some of you ramble and it does not make sense or you copy and paste without reading text
- Some facilities not coding complete first course treatment and FCDS knows patient had additional surgery because we get the e-path report from your facility showing txs.
- Okay to save time – but please do not sacrifice quality or complete reporting or it will come back to you with questions

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Visual Review – The Panoramic View

- Are there many blank spaces?
- Is code 9 (unknown) used frequently?
- Are there other numeric red flags (.8, 88, 8)?
- Are all dates in logical order?
- Are text fields significantly different from coded field translations?
- Is treatment appropriate for site and stage?
- Is there logical progression from stage at initial diagnosis to recurrence and recurrence sites?
- Does the abstract tell a complete story?

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Visual Review – Demographic Items

- Surname – Spanish origin
- Race – Surname – Place of birth
- Area code – County
- Date of birth – Date of diagnosis
- Sex – Name
- Sex – Primary site
- Age – Occupation
- Age – Marital status
- Age – Primary site and histology
- Address – Place of diagnosis
- City -- County

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Visual Review – Diagnosis Items

- Primary site code – Text
- Histology code – Text
- Site – Laterality – Histology
- Behavior – Diagnostic confirmation
- Dx confirmation – Histology > 8000
- Are dates in logical sequence?
- Is Dx date the earliest documented?
- Class of case – Facility referred to/from
- Dx date – Place of diagnosis
- Site – Type of admission
- Sequence no. – Other primaries

50

Visual Review – Staging Items

- Stage – Primary site
- CS codes – Procedures text
- CS Extension – Summary stage – cT / pT
- CS Extension – SSFs (by site)
- Age – Pediatric stage
- CS Lymph Nodes – Summary stage – cN / pN
- CS Lymph Nodes – SSFs (by site)
- Tumor size > 100
- Nodes pos/exam – Surgery
- CS Mets at Dx – Summary stage – cM / pM
- Staging basis – Dates of treatment

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Visual Review – Treatment Items

- Planned first course listed?
- Treatment – Primary site – Stage
- Treatment code – Procedure name
- Treatment – Facility referred from/to
- Surgery – Operative findings text
- Surgery – Pathology text
- Date 1st surg – Date most definitive surg
- Date most definitive surg – Date surg discharge
- Surg prim site – Margins
- Surg prim site – Scope reg LN
- Surg prim site – Reason no surg

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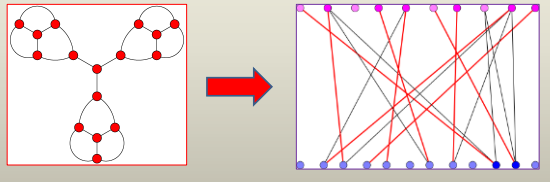
Visual Review – Treatment Items

- Surgery – Radiation – RT/surgery seq
- Date RT start – Date RT end
- Location of RT – Facility referred from/to
- RT treatment volume – Reason no RT
- RT treatment volume – Boost volume
- Systemic tx – Primary site
- Systemic tx date – Chemo – Hormone – Immunotherapy
- Systemic tx date – Date most definitive surgery – Systemic/surgery sequence
- Hematologic Transplant & Endocrine Procedure – Primary site
- RT treatment volume – Palliative care

53

Patient and Tumor Match, Link & Consolidate



BEST INFORMATION AVAILABLE FROM ALL SOURCES

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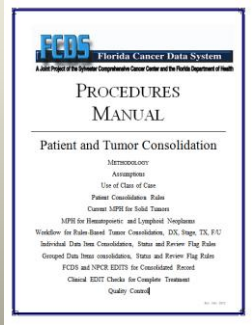
Patient and Tumor Match, Link & Consolidate

- Electronic edits, Visual Editing, Patient and Tumor Matching
- Comparison of individual data and data items
- Records received are checked for duplicate reporting
- Multiple reports for same patient are merged to capture most complete demographic data
- Multiple reports for same patient are checked for new tumors (same vs. new primary)
- Multiple reports for the same tumor are merged to capture most complete diagnostic, staging and treatment data

55

Patient and Tumor Match, Link & Consolidation


FCDS Florida Cancer Data System

PROCEDURES MANUAL

Patient and Tumor Consolidation

Methodology
Assumptions
Use of Class of Case
Patient Consolidation Rules
Current MPH for Solid Tumors
MPH for Hematopoietic and Lymphoid Neoplasms
Workflow for Rules-Based Tumor Consolidation, DX, Stage, TX, FU
Individual Data Item Consolidation, Status and Review Flag Rules
Grouped Data Items consolidation, Status and Review Flag Rules
FCDS and NPCR EDITS for Consolidated Record
Clinical EDIT Checks for Complete Treatment
Quality Control

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FCDS Data Quality Program - Audits

- Introduction to FCDS Audits – Topic Selection / Protocol
- Audits to Assess Completeness
- Audits to Assess Timeliness
- Audits to Assess Accuracy
- Reconciliation Process
- External Audits
- Other

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FCDS Data Quality Program - Audits

- Annual audits
  - Completeness
  - Timeliness
  - Data Quality/Validation

- Targeted audits
  - Identify extent of specific problems
  - Identify individual data collector training needs
  - Review and improve data quality in problem areas
- Random audits
  - Validate central registry data for research purposes
  - Identify unknown problem areas
  - Identify general data collector training needs
  - Review and improve data quality in unknown areas

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FCDS Data Quality Program - Audits

- **Study/Audit Timeline**
- **Protocol Template**
  - Introduction
  - Purpose
  - Description of Study
    - Sample size
    - Study population
  - Audit Notification
  - Audit Procedures
  - Reconciliation Procedures
  - Data Analysis plan
  - Feedback plan
  - Recommendations
- **Protocol Review**

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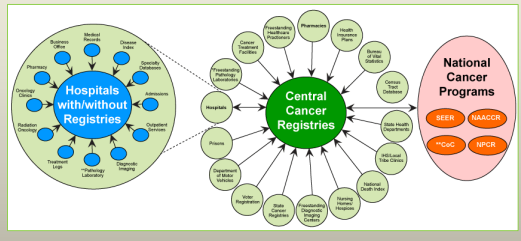
Completeness



The NPCR–AERRO scope diagram shown above is a simple flow diagram that identifies hospital and central registry data sources in a ranked order, based on the quantity of useful data that are available and reported to the central cancer registry.

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Completeness

- Casefinding is not just a Discharge Diagnosis Index
- Pathology Casefinding is Critical because HIM misses 10% or more of all cases because they don't have info available at time of discharge or for ambulatory surgeries
- FCDS will soon be conducting e-path completeness audits to ensure all cases are reported in addition to AHCA and Mortality and FAPTP as well as complete tx.
- Too many cases are being missed from pathology.
- Too much hospital-based treatment is not reported.

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Complete Casefinding

- Pathology Reports – up to 10% of cases missed by HIM
- Other Lab Reports – bone marrow, autopsy, addenda, etc.
- In-Patient Discharge Diagnosis Index
- Out-Patient Services Diagnosis/Procedures Index
- Other Ambulatory Patient Services
  - Specialty Clinics – melanoma, head & neck, GI, GYN, etc.
  - Breast Diagnostic/Treatment Center
  - Diagnostic Imaging Center
  - Radiation Oncology Center
  - Medical Oncology Infusion Center
- ICD-9-CM Required Codes
- ICD-10-CM Required Codes

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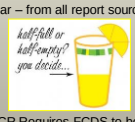
Audits to Assess Completeness

The extent to which all required cases have been reported to FCDS. FCDS file completeness is assessed using:

- ACHA (covers 100% audit of all In-Patient and Out-Patient Visits)
- FAPTP – Florida Association of Pediatric Tumor Programs
- Breast Cancer Early Detection Program Match
- Interstate Data Exchange
- Annual Death Clearance
- Field Casefinding Audits
- E-Path Matching
- Other Linkages
- NDI

NPCR Requires FCDS to be 90% complete 12 months after close of dx year – from all report sources



NPCR Requires FCDS to be 95% complete 24 months after close of dx year – from all report sources

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Audits to Assess Completeness

Casefinding Audits

- QC staff will periodically perform on-site review of casefinding procedures and casefinding sources within each facility. (Medical Records, e-path, clinics, other).
- If any case is found to meet the cancer reporting requirements outlined in Section I, the case must be abstracted and reported to FCDS.
- For any case found that does not meet the cancer reporting requirements outlined in Section I, an explanation must be submitted to FCDS detailing the reason it will not be reported.
- Facilities must explain why they did not report the case – or must immediately abstract and submit the case to FCDS as a "late report".
- When missed cases are abstracted and submitted, they are classified as a "missed case" found as a result of the audit and counted as a "late report".
- FCDS will add matching and follow-back of e-path records to facility submissions in the future as an annual routine Casefinding Audit and will also be used for Data Validation comparing text-to-code assignments against the original e-path report.

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Audits to Assess Completeness

AHCA Clearance and Casefinding Audit

- AHCA is the Agency for Health Care Administration with a primary function of tracking ALL patient encounters (diagnosis, treatment, billing, etc.) for nearly all healthcare facilities in the state of Florida
- ANNUAL Match the FCDS Master File to the Florida AHCA files for both inpatient and outpatient/ambulatory patient encounters. All Facilities.
- FCDS provides each reporting facility with a list of Unmatched AHCA Cases (cases that appear in the AHCA files but have no matching record in the FCDS Master File) and available in FCDS IDEA on the FCDS website.
- Facilities must explain why they did not report the case – or must immediately abstract and submit the case to FCDS as a "late report".
- When missed cases are abstracted and submitted, they are classified as a "missed case" found as a result of the audit and counted as a "late report".

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Audits to Assess Completeness

Death Clearance and Casefinding Audit

- Many registrars do not recognize Annual Death Clearance as a casefinding audit, but it is. The Florida Bureau of Vital Statistics tracks every birth and death in the state of Florida and has for many years.
- FCDS Conducts an ANNUAL matching of the entire FCDS Master File (3.5 million records) to the annual Vital Statistics Mortality File
- Any "cancer-related" Florida deaths without a matched record in the FCDS Master File are followed back to the hospital or physician authorizing the VS report to determine why the facility/physician did not submit the case.
- Facilities must explain why they did not report the case – or must immediately abstract and submit the case to FCDS as a "late report".
- When missed cases are abstracted and submitted, they are classified as a "missed case" found as a result of the audit and counted as a "late report".

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Audits to Assess Completeness

FAPTP Clearance and Casefinding Audit

- Many registrars do not recognize this as an audit, but it is. The Florida Association of Pediatric Tumor Programs (FAPTP) captures data on pediatric tumors diagnosed and/or treated within their consortium of hospitals and cancer programs.
- FCDS Conducts an ANNUAL matching of the entire FCDS Masterfile (3.5 million records) to the annual FAPTP File
- Any records found not to match the FCDS Masterfile but having been seen in the facility are followed back to determine why they did not send the case.
- Facilities must explain why they did not report the case – or must immediately abstract and submit the case to FCDS as a "late report".
- When missed cases are abstracted and submitted, they are classified as a "missed case" found as a result of the audit and counted as a "late report".

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Audits to Assess Timeliness

Timeliness is determined by measuring how long it takes from the time a patient walks through the door of your facility for a diagnosis to be made, treatment plan to be created and initiated, the case is abstracted, the case is uploaded to FCDS without error and more.

- Standard Set by NAACCR, CDC/NPCR, ACoS/CoC, FCDS:
  - 95% cases submitted within 6 months from date of service.
  - 100% of cases must be reported by June 30th.
- FCDS Annual June 30th Deadline
- FCDS Quarterly Status Reports
- Once-A-Year Submissions DO NOT Meet Reporting Requirements
  - Monthly Reporting is preferred so you stay current
  - Quarterly Reporting for Facilities with >500 cases/year

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2014 Change to CoC Standard 5.2

- CoC Standard 5.2 was the 6-month Abstracting Requirement
- **2014 Standard 5.2 was Changed to RQRS Reporting AND On-Time Completed Case Reporting to NCDB in January**
- **NO CHANGE IN FCDS ANNUAL JUNE 30 DEADLINE**
- **NO CHANGE IN FCDS 6-MONTH REPORTING**
- **SUBMIT COMPLETED CASE TO FCDS**
- FCDS not yet set up to receive Update/Modify Records

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Audits to Assess Accuracy/Data Quality

The extent to which the data submitted has been correctly and consistently coded and reflects the clinical, diagnostic, descriptive, decisions for treatment planning, or other information contained in the medical record.

- FCDS Abstractor Code Required for Each Abstractor
- FCDS Abstractor Code Annual Renewal
- Policy for Data Submission
- Standard FCDS EDITS Metafile
- Text Documentation Requirements
- Case Corrections / Forces (Edit Override)
- QC Visual Editing – A 3-step Process
- Audits for Completeness
- Audits for Accuracy
- External Audits
- Data Use

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Audits to Assess Accuracy/Data Quality

FCDS Validation/Re-abstracting Audits

- The FCDS Quality Control staff and/or outside contract agents working on behalf of FCDS perform on-site or remote access source record review of abstracting and coding by re-abstracting cases from original source paper or electronic medical records for cases previously submitted to FCDS.
- Re-abstracting/Validation Audits assess the consistency in interpretation, instruction and use of standard data definitions, coding rules and guidelines, reference resources, and policies and procedures; and serve to identify areas that may require further education and training
- Reconciliation of Re-abstracting Audit Inconsistencies between original data and audited data is an Important Component: Key data items are evaluated and any discrepancy noted between the auditor's findings and the original abstract findings are returned to the facility for reconciliation.
- 2014 – Intensive Visual Editing Audit and E-Path Data Validation

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External Audits

CDC NPCR Audits (Casefinding/Re-Abstracting/Consolidation)

- The CDC NPCR staff and/or outside contract agents working on behalf of NPCR perform on-site and/or remote review of FCDS Policy and Procedures Manuals, routine operations, standard FCDS EDITS, QC Review, Audits, and Record Consolidation operations and outcomes.
- The CDC NPCR staff and/or outside contract agents working on behalf of NPCR perform on-site and/or remote audits of sources records as well as consolidated FCDS Master File records by reviewing paper and/or electronic medical records, FCDS Master File records, and other available source records on cases previously submitted to FCDS.
- Reconciliation of differences between original data and audited data is an important component: Key data items are evaluated and any discrepancy noted between the auditor's findings and the original abstract findings or consolidation findings are returned to FCDS for reconciliation.

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FCDS Data Quality Reports

- FCDS Upload EDIT Discrepancy Journal
- FCDS Quarterly Status Report
- FCDS Data Quality Indicator Report
- FCDS Re-Abstracting Study Report
- NPCR Data Quality Indicator Reports
- NAACCR Certification

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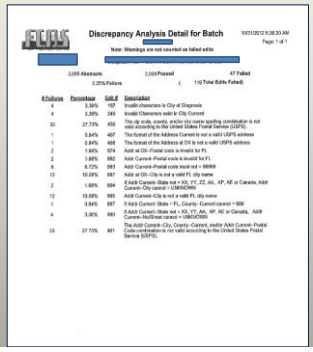
Discrepancy Analysis Detail For Batch



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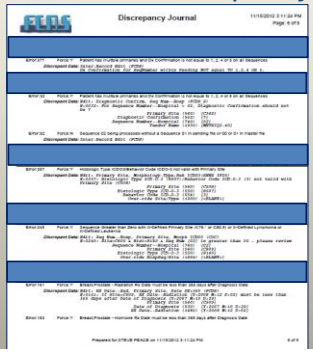
FCDS Edit Check Discrepancy Journal



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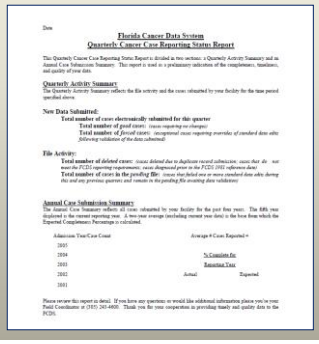
FCDS Quarterly Status Report



FCDS Data Quality Indicator Report

Florida Cancer Data System - Facility Data Quality Indicator Report (DQIR) for 2010

Analytic cases[1] (extracted 3/13/2013)

1647 CLEVELAND CLINIC HOSPITAL

Data Quality Indicator/Admission Year	Goals	2010 Facility %	2010 Florida Facilities %	2009 Facility %	2009 Florida Facilities %	2008 Facility %	2008 Florida Facilities %	2007 Facility %	2007 Florida Facilities %	2006 Facility %	2006 Florida Facilities %
Demographics											
Total Analytic Cases		996	110,737	938	114,920	801	114,097	756	111,937	607	109,056
Sex Unknown (9)	0 %	0.000	0.002	0.000	0.030	0.250	0.046	0.000	0.045	0.000	0.061
Race not U.S., NOS (98)	< 1%	1.707	1.088	0.959	0.916	4.120	0.837	5.413	0.718	2.142	0.701
Race Unknown (99)	< 1%	0.301	0.839	1.492	1.236	0.125	1.129	0.661	1.244	0.824	1.251
Ethnicity Unknown (9)	< 1%	0.703	0.956	1.599	0.797	3.246	0.967	2.116	0.620	2.471	0.659
Birth Year Unknown	0 %	0.000	0.002	0.000	0.002	0.000	0.002	0.000	0.001	0.000	0.003
Birth Month Unknown	0 %	0.000	0.003	0.000	0.002	0.000	0.002	0.000	0.001	0.000	0.003
Birth Day Unknown	0 %	0.000	0.005	0.000	0.002	0.000	0.002	0.000	0.001	0.000	0.003
Birthplace US NOS/Unknown (888,999)		92.068	75.090	88.273	73.072	93.634	73.224	94.577	71.804	89.621	71.371
Primary Payor Unknown (99)	0 %	3.012	1.588	11.620	1.154	46.067	1.441	10.714	1.156	10.708	1.344
Marital Status Unknown (9)	< 2%	5.522	2.484	3.945	2.337	5.493	1.975	1.323	1.789	2.471	2.206
Missing/Impossible SSN*[2]	< 1%	12.442	1.901	7.996	1.840	8.093	1.959	7.296	1.725	2.002	1.593
Ungeocodables (Certainty 9)[2]	< 2%	0.115	0.131	0.000	0.129	0.000	0.120	0.000	0.141	0.000	0.112
PO Boxes (Certainty 5)[2]	0%	1.382	2.168	2.265	2.544	1.372	2.368	1.481	2.465	2.002	2.331
Tumor Characteristics											
Diagnostic Confirmation											
Not Microscopically Confirmed (5-8)	< 2%	3.213	0.501	3.838	0.391	1.748	0.332	2.381	0.339	1.647	0.344
DX Method Unknown (9)	0%	0.000	0.097	0.213	0.046	0.125	0.032	0.132	0.035	0.165	0.039
Topography											
Other/Ill-Defined Sites (C76x)	< 1%	0.000	0.032	0.107	0.087	0.000	0.046	0.000	0.024	0.000	0.014
Unknown Primary Site (C809)	< 1%	1.104	1.964	1.173	1.994	0.375	1.902	0.794	1.991	0.988	2.148
Morphology Non-specific (8000-8005)	< 2%	1.305	1.996	1.386	2.134	0.250	2.011	0.794	2.191	1.153	2.218
Grade Unknown (excludes C80.9)	< 2%	29.618	34.672	32.836	34.366	27.840	34.564	24.339	34.337	25.330	34.364
Derived/Summary Stage-2000 Unknown (9)	< 2%	2.108	6.227	2.345	6.820	2.247	7.134	2.778	7.572	3.460	8.154

* 999999999, 123456789, 111111111, 222222222, 333333333, 444444444, 555555555, 666666666, 777777777, 888888888, 000000000, 773000000, 987654321

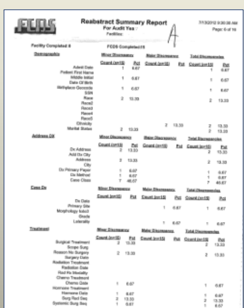
[1] Analytic according to FCDS (class of case: 0 - 22 or 34 - 42)

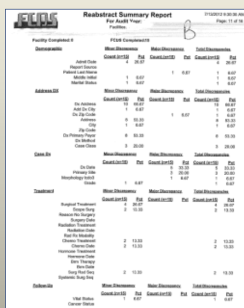
[2] Percentages based on analytic cases of Florida residents at time of DX only.

FCDS Re-Abstracting Audit Report

- Major Difference
  - Affects incidence counts
  - Affects research
  - Examples: diagnosis year, primary site, sex
- Minor Difference
  - Does not affect incidence counts
  - Examples: quadrant of breast, type of resection
- Unknown-to-Known
  - Valid data found but initially coded as unknown
  - Difference depends on data item

FCDS Re-Abstracting Audit Report





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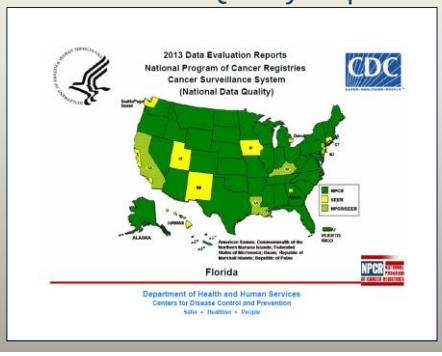
NPCR Data Quality Reports



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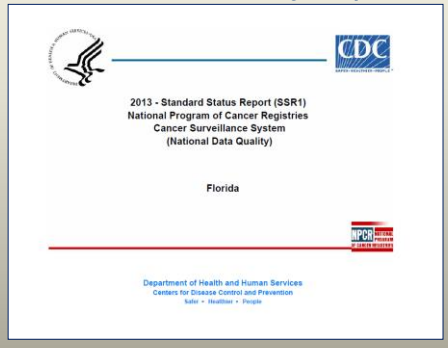
NPCR Data Quality Reports



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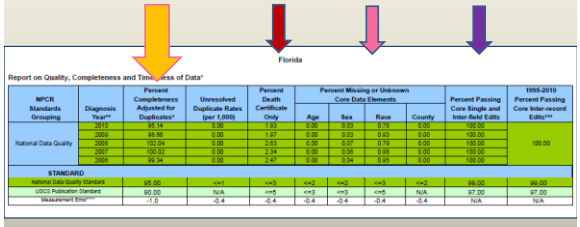
NPCR Data Quality Reports



Florida

Report on Quality, Completeness and Timeliness of Data*

NPCR Standards Grouping	Diagnosis Year**	Percent Completeness Adjusted for Duplicates*	Unresolved Duplicate Rates (per 1,000)	Percent Death Certificate Only	Percent Missing or Unknown Core Data Elements				Percent Passing Core Single and Inter-field Edits	1995-2010 Percent Passing Core Inter-record Edits***
					Age	Sex	Race	County		
National Data Quality	2010	95.14	0.00	1.83	0.00	0.03	0.79	0.00	100.00	100.00
	2009	99.66	0.00	1.97	0.00	0.03	0.93	0.00	100.00	
	2008	102.04	0.00	2.83	0.00	0.07	0.79	0.00	100.00	
	2007	100.02	0.00	2.34	0.00	0.06	0.99	0.00	100.00	
	2006	99.34	0.00	2.47	0.00	0.04	0.91	0.00	100.00	
STANDARD										
National Data Quality Standard		95.00	<=1	<=3	<=2	<=2	<=3	<=2	95.00	95.00
USCS Publication Standard		90.00	N/A	<=5	<=3	<=3	<=5	N/A	97.00	97.00
Measurement Error		-1.0	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	N/A	N/A

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NPCR Data Quality Reports

2010 Dx Year

Final Completeness Estimates Adjusted for Reference Mortality and Duplicate Records			
Total Incident Cases	102166	Adjusted Total Incident Cases	102166
Race Proportional Completeness, Adjusted for Reference Mortality	95.14	Expected Incident Cases	107383
%Unresolved Duplicates*	0.00	Final Completeness Estimates, Adjusted for Reference Mortality and Duplicate Records	95.14

* 0.00 indicates all duplicates are resolved.

2009 Dx Year

Final Completeness Estimates Adjusted for Reference Mortality and Duplicate Records			
Total Incident Cases	106772	Adjusted Total Incident Cases	106772
Race Proportional Completeness, Adjusted for Reference Mortality	98.66	Expected Incident Cases	108217
%Unresolved Duplicates*	0.00	Final Completeness Estimates, Adjusted for Reference Mortality and Duplicate Records	98.66

* 0.00 indicates all duplicates are resolved.

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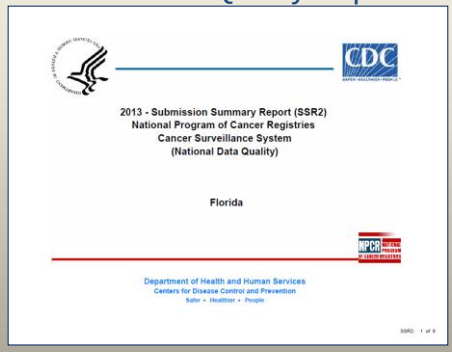
NPCR Data Quality Reports



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NPCR Data Quality Reports

Florida

Table 1: Submission Summary

	Record Status					
Diagnosis Year	Records Received	Non-reportable Records	Reportable Records	Invasive Records*	In Situ Records	Benign Brain Records
2010	112237	0	112237	102166	6648	3331
2009	117864	0	117864	106772	7249	3543
2008	119027	0	119027	108297	7345	3385
2007	116530	0	116530	106427	7313	3190
2006	114304	0	114304	104454	6606	3244
<= 2005 **	114791	0	114791	105770	5907	8314
Prior to NPCR Reference Year	0	0	0	0	0	
Total	1727753	0	1727753	1613836	50892	23657

* Invasive records include in situ bladder.
** Includes all submitted records from the NPCR reference year through 2005.

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NPCR Data Quality Reports

Florida

Table 3 : Percentage of Over-Ride Flagged Fields -- Grouped by Edit Name and Diagnosiss Year

	OVER-RIDE FLAG NAME												
	Age/Site/Morph [1990]	SeqNo/DxConf [2000]	Site/Lat/SeqNo [2010]	Site/Type [2030]	Histology [2040]			Report Source [2060]	Ill-define Site [2066]	Leuk, Lymphoma [2070]	Site/Behavior [2071]	Site/Lat/Morph [2074]	
	ASSOCIATED EDIT NAME												
Diagnosis Year	Age, Primary Site, Morphology (NAACCR IF16)	Diagnostic Confirm, Seq Num-Central (SEER IF23)	Site/Histology/Laterality/Sequence Number (IR09)	Primary Site, Morphology -Type Check (SEER IF25)	1 = Morphology--Type&Behavior (SEER MORPH)	2 = Diagnostic Confirmation, Behavior Code (SEER IF31)	3 = Both 1 and 2 Apply	Type of Report Srce(DC),Seq Num--Central (SEER IF04)	Seq Num--Central, Primary Site, Morph (SEER IF22)	Diagnostic Confirmation, Histology Type (SEER IF48)	Primary Site, Behavior Code (SEER IF39)	Laterality, Primary Site, Morphology (SEER IF42)	Percentage of Records with Over-Ride flags*
2010	0.12	1.26	0.27	0.72	0.76	0.00	0.00	0.03	0.83	0.00	0.01	0.00	4.00
2009	0.09	1.02	0.22	0.69	0.69	0.00	0.00	0.02	0.85	0.00	0.00	0.00	3.59
2008	0.11	0.94	0.26	0.65	0.57	0.00	0.00	0.04	0.75	0.00	0.00	0.00	3.32
2007	0.11	0.89	0.30	0.67	0.19	0.00	0.00	0.03	0.78	0.00	0.00	0.00	2.97
2006	0.10	0.86	0.25	0.92	0.12	0.00	0.00	0.05	0.76	0.01	0.00	0.00	3.07
	SEER OVER-RIDE FLAG QUALITY MEASURES**												
	0.16	0.93	0.38	1.32	0.23	0.02	0.02	0.12	0.40	0.04	0.06	0.07	

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NPCR Data Quality Reports

2013 - Data Quality Indicator Report (DQI)
National Program of Cancer Registries
Cancer Surveillance System
(National Data Quality)

Florida

Department of Health and Human Services
Centers for Disease Control and Prevention
Safer • Healthier • People

DQI: 1 of 6

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NPCR Data Quality Reports

Table 1: Core Cancer Surveillance Data

Data Quality Indicator* \ Diagnosis Year	2006		2007		2008		2009		2010		NPCR Median(Range)	SEER Median(Range)**
	FL	NPCR Median(Range)	FL	NPCR Median(Range)	FL	NPCR Median(Range)	FL	NPCR Median(Range)	FL	NPCR Median(Range)	2006-2010	2005-2009
Demographics												
County at Diagnosis [90]												
Blank	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)
Unknown (999)	0.00	0.01(0.00 - 0.66)	0.00	0.02(0.00 - 1.06)	0.00	0.02(0.00 - 0.49)	0.00	0.04(0.00 - 0.77)	0.00	0.03(0.00 - 1.06)	0.02(0.00 - 1.06)	0.00(0.00 - 1.19)
County Recode (000)	0.00	0.00(0.00 - 23.81)	0.00	0.00(0.00 - 22.83)	0.00	0.00(0.00 - 23.16)	0.00	0.00(0.00 - 23.93)	0.00	0.00(0.00 - 22.44)	0.00(0.00 - 23.93)	0.00(0.00 - 0.00)
Spanish/Hispanic Origin [190]												
Blank	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)
Unknown (9)	0.54	2.86(0.00 - 24.64)	0.62	2.63(0.00 - 22.97)	0.74	2.43(0.00 - 30.81)	0.58	3.07(0.00 - 21.34)	0.76	2.50(0.00 - 24.34)	2.77(0.00 - 30.81)	1.24(0.00 - 8.61)
NHIA Derived Hisp Origin [191]												
Blank	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)
Invalid (9)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)
Birthdate [240]												
Year (<1860 or >2010, blank)	0.00	0.00(0.00 - 0.04)	0.00	0.00(0.00 - 0.02)	0.00	0.00(0.00 - 0.04)	0.00	0.00(0.00 - 0.05)	0.00	0.00(0.00 - 0.07)	0.00(0.00 - 0.07)	0.00(0.00 - 0.03)
Birthplace [250]												
Not in US but NOS (998)	0.05	0.03(0.00 - 1.05)	0.05	0.03(0.00 - 1.82)	0.06	0.04(0.00 - 2.64)	0.11	0.03(0.00 - 2.34)	0.03	0.04(0.00 - 2.18)	0.03(0.00 - 2.64)	0.09(0.00 - 4.06)
Unknown (999, Blank)	57.62	62.91(7.62 - 83.07)	58.11	63.97(7.62 - 87.71)	58.61	68.63(9.30 - 86.08)	58.76	69.93(9.38 - 85.73)	61.39	64.69(11.46 - 88.44)	68.77(7.62 - 88.44)	47.69(3.91 - 72.21)
Tumor Characteristics												
Sequence Number-Central [380]												
Two or more (01 - 35)	27.97	22.12(15.57 - 27.97)	27.78	21.90(15.64 - 27.78)	27.30	21.45(15.18 - 27.30)	26.71	20.95(14.31 - 26.71)	25.81	20.79(13.88 - 25.81)	21.54(13.88 - 27.97)	21.51(15.13 - 27.77)
Unspecified (99)	0.00	0.00(0.00 - 1.27)	0.00	0.00(0.00 - 0.01)	0.00	0.00(0.00 - 0.01)	0.00	0.00(0.00 - 0.01)	0.00	0.00(0.00 - 0.02)	0.00(0.00 - 1.27)	0.00(0.00 - 0.07)
Date of Diagnosis [390]												
Month (blank)	0.04	0.30(0.00 - 2.00)	0.05	0.27(0.00 - 2.47)	0.05	0.29(0.00 - 2.86)	0.03	0.21(0.00 - 2.62)	0.04	0.24(0.00 - 2.54)	0.26(0.00 - 2.86)	0.00(0.00 - 0.00)
Topography [400]												
Other/Ill Defined Sites (C76.0 - C76.8)	0.03	0.10(0.03 - 0.20)	0.05	0.10(0.04 - 0.28)	0.07	0.11(0.03 - 0.25)	0.06	0.10(0.04 - 0.19)	0.06	0.11(0.02 - 0.21)	0.10(0.02 - 0.28)	0.08(0.00 - 0.66)
Unknown Primary Site (C80.9)	2.50	2.07(1.16 - 2.89)	2.48	1.93(1.19 - 2.80)	2.29	1.94(1.10 - 2.90)	2.42	2.00(1.19 - 2.94)	2.46	1.94(1.13 - 2.77)	1.97(1.10 - 2.94)	1.66(0.87 - 2.52)
Morphology [420]												
Non-specific Neoplasms (8000 - 8005)	5.07	3.59(1.67 - 7.24)	4.99	3.61(1.66 - 7.61)	4.95	3.52(1.75 - 7.16)	4.53	3.50(1.83 - 7.09)	4.41	3.41(1.73 - 6.87)	3.51(1.66 - 7.61)	2.48(1.46 - 6.72)
Diagnostic Confirmation [490] excludes DCO												
Not Microscopically Confirmed (5, 6, 7, 8)	3.16	3.83(2.04 - 6.28)	3.09	3.82(2.17 - 6.39)	3.02	3.84(2.04 - 6.44)	3.20	3.98(1.86 - 6.62)	3.47	3.66(2.09 - 5.96)	3.82(1.85 - 6.44)	3.48(2.36 - 7.00)
Unknown (9) and Blank	0.37	1.00(0.06 - 3.99)	0.63	0.86(0.03 - 3.67)	0.39	0.98(0.03 - 3.98)	0.41	0.96(0.06 - 4.03)	0.43	0.82(0.01 - 6.01)	0.92(0.01 - 6.01)	0.60(0.00 - 2.31)
Tumor Miscellaneous												
Grade [440] (9, blank) excludes DCO, C80.9	33.31	32.89(27.38 - 37.15)	33.36	32.99(27.63 - 36.47)	33.39	33.39(28.35 - 36.88)	33.32	33.32(27.89 - 39.06)	33.68	31.52(26.17 - 40.73)	32.94(26.17 - 40.73)	33.81(27.23 - 38.75)
Laterality [410] paired organs only												
Only 1 side and side NOS (3)	0.17	0.13(0.00 - 1.33)	0.16	0.13(0.00 - 1.16)	0.16	0.11(0.00 - 0.64)	0.20	0.09(0.02 - 1.10)	0.15	0.11(0.01 - 1.28)	0.11(0.00 - 1.33)	0.14(0.00 - 1.77)
Unknown (9, blank)	2.58	2.52(1.18 - 4.87)	2.41	2.33(0.91 - 5.49)	2.51	2.32(1.36 - 4.46)	2.16	2.31(1.11 - 6.00)	2.09	2.25(0.95 - 5.68)	2.32(0.91 - 6.00)	1.68(0.42 - 3.25)

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NPCR Data Quality Reports

Table 1: Core Cancer Surveillance Data

Data Quality Indicator* \ Diagnosis Year	2006 FL	2006 NPCR Median(Range)	2007 FL	2007 NPCR Median(Range)	2008 FL	2008 NPCR Median(Range)	2009 FL	2009 NPCR Median(Range)	2010 FL	2010 NPCR Median(Range)	NPCR Median(Range) 2006-2010	SEER Median(Range)** 2005-2009
Blank	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 100.00)	0.00(0.00 - 0.00)
Unknown (999)	12.97	9.47(0.00 - 17.42)	10.32	8.12(0.00 - 16.13)	9.37	7.29(0.00 - 16.74)	8.93	7.02(0.00 - 14.23)	7.63	6.04(3.88 - 14.06)	7.59(0.00 - 17.42)	6.40(3.46 - 11.98)
CS Mets at DX [2850]												
Blank	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 100.00)	0.00(0.00 - 0.00)
Unknown (99)	7.87	6.34(0.00 - 20.58)	6.43	5.90(0.00 - 16.00)	5.77	5.51(0.00 - 15.98)	5.66	5.09(0.00 - 15.76)	3.96	3.90(2.23 - 16.86)	5.26(0.00 - 20.58)	3.60(1.78 - 10.22)
Derived Summary Stage 2000 [3020]												
Unknown/Unstaged (9)	8.09	5.04(2.62 - 13.20)	7.37	4.83(2.54 - 9.79)	6.89	4.26(2.18 - 10.88)	6.41	4.36(2.53 - 10.60)	5.52	4.08(1.96 - 11.33)	4.47(1.96 - 13.20)	2.84(1.36 - 7.44)
Blank	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)
First Course Treatment												
RX Summ Surg Prim Site [1290]												
Blank	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)
Surgery, NOS (90)	0.94	0.48(0.11 - 3.68)	0.79	0.40(0.08 - 3.41)	0.79	0.39(0.13 - 3.66)	0.74	0.42(0.07 - 3.94)	0.87	0.40(0.13 - 3.42)	0.41(0.07 - 3.94)	0.20(0.00 - 2.06)
Unknown (99)	3.45	3.54(0.84 - 12.86)	2.98	3.23(0.69 - 13.09)	3.14	3.17(0.44 - 12.94)	2.34	2.50(0.52 - 13.36)	2.07	2.78(0.63 - 10.89)	3.14(0.44 - 13.36)	1.28(0.44 - 5.93)
Blank and Unknown Combined	3.45	3.54(0.84 - 12.86)	2.98	3.23(0.69 - 13.09)	3.14	3.17(0.44 - 12.94)	2.34	2.50(0.52 - 13.36)	2.07	2.78(0.63 - 10.89)	3.14(0.44 - 13.36)	1.28(0.44 - 5.93)
RX Summ Scope Reg LN Sur [1292]												
Blank	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)
Unknown (9)	16.87	16.75(12.84 - 24.01)	16.50	16.26(12.62 - 24.21)	16.43	16.04(12.22 - 25.14)	15.83	16.15(11.59 - 27.45)	15.84	16.15(12.85 - 27.41)	16.16(11.59 - 27.45)	28.87(23.79 - 32.83)
Blank and Unknown Combined	16.87	16.75(12.84 - 24.01)	16.50	16.26(12.62 - 24.21)	16.43	16.04(12.22 - 25.14)	15.83	16.15(11.59 - 27.45)	15.84	16.15(12.85 - 27.41)	16.16(11.59 - 27.45)	28.87(23.79 - 32.83)
RX Summ Surg Oth Reg/Dis [1294]												
Blank	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)
Unknown (9)	11.24	3.82(0.95 - 14.66)	10.94	4.11(0.88 - 14.43)	11.28	4.02(0.76 - 13.81)	10.71	3.86(1.04 - 16.19)	10.76	3.67(1.03 - 14.67)	3.83(0.76 - 16.19)	1.32(0.52 - 9.89)
Blank and Unknown Combined	11.24	3.82(0.95 - 14.66)	10.94	4.11(0.88 - 14.43)	11.28	4.02(0.76 - 13.81)	10.71	3.86(1.04 - 16.19)	10.76	3.67(1.03 - 14.67)	3.83(0.76 - 16.19)	1.32(0.52 - 9.89)
Reason for No Surgery [1340]												
Blank	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)	0.00(0.00 - 0.00)
Unknown (9)	3.86	7.18(0.94 - 20.67)	3.38	7.10(0.93 - 18.94)	3.68	6.68(0.97 - 19.06)	2.63	6.23(1.11 - 21.66)	2.48	6.76(0.99 - 23.02)	6.66(0.93 - 23.02)	1.42(0.48 - 6.76)
Blank and Unknown Combined	3.86	7.18(0.94 - 20.67)	3.38	7.10(0.93 - 18.94)	3.68	6.68(0.97 - 19.06)	2.63	6.23(1.11 - 21.66)	2.48	6.76(0.99 - 23.02)	6.66(0.93 - 23.02)	1.42(0.48 - 6.76)
RX Summ Radiation [1360]												
Blank	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00	0.00(0.00 - 100.00)	0.00(0.00 - 100.00)	0.00(0.00 - 0.00)
Unknown (9)	3.44	2.69(0.00 - 17.07)	3.17	2.62(0.00 - 14.26)	3.39	2.75(0.00 - 16.49)	2.64	2.60(0.00 - 15.43)	2.38	2.79(0.00 - 86.66)	2.72(0.00 - 86.66)	1.20(0.24 - 10.66)
Blank and Unknown Combined	3.44	3.31(0.16 - 100.00)	3.17	3.75(0.49 - 100.00)	3.39	3.64(0.60 - 100.00)	2.64	3.39(0.91 - 100.00)	2.38	3.33(0.99 - 100.00)	3.39(0.16 - 100.00)	1.20(0.24 - 10.66)
RX Summ Surg/Rad Seq [1380]												
Blank	0.00	0.00(0.00 - 0.03)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.05)	0.00	0.00(0.00 - 0.26)	0.00	0.00(0.00 - 0.82)	0.00(0.00 - 0.82)	0.00(0.00 - 0.00)
Unknown (9)	0.24	0.22(0.00 - 6.09)	0.19	0.16(0.00 - 5.99)	0.20	0.19(0.00 - 5.81)	0.27	0.12(0.00 - 6.66)	0.31	0.13(0.00 - 5.46)	0.16(0.00 - 6.66)	0.03(0.00 - 1.26)
Blank and Unknown Combined	0.24	0.22(0.00 - 6.09)	0.19	0.16(0.00 - 5.99)	0.20	0.19(0.00 - 5.81)	0.27	0.13(0.00 - 6.66)	0.31	0.18(0.00 - 5.46)	0.17(0.00 - 6.66)	0.03(0.00 - 1.26)
RX Summ Chemo [1390]												
Blank	0.00	0.00(0.00 - 0.01)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00	0.00(0.00 - 0.00)	0.00(0.00 - 0.01)	N/A
Unknown (99)	6.04	5.69(1.22 - 48.09)	4.33	5.49(0.69 - 39.47)	4.30	5.03(1.07 - 22.13)	2.61	3.33(1.02 - 21.16)	2.37	4.24(1.01 - 14.90)	4.65(0.69 - 48.09)	N/A

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NAACCR Registry Certification

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Other – Reinforcement

- ✓Monitor Compliance with Feedback to Registrar and Administration
- ✓Data Quality and Timeliness Reports to Administration
- ✓Targeted Education and Training Programs
  - FCDS Annual Conference
  - FCDS Annual Series of Webcasts
    - 5 per year or as needed
    - Recorded and archived
  - FCDS On-Line Abstractor Training Course
  - Published Resources for Registrars
  - Monthly NAACCR Educational Webcast Series at 7 Locations in FL

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Other – Incentives and Rewards

- Jean Byers Award including Publication of Name in Register
- Individual Abstractor Recognition Certificates
- Other Recognition – Future of Rewards

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FCDS Education and Training

- **New Registrar Recruitment**
- **Instruction:** FCDS/National Coding Rules and Guidelines
- **Instruction:** FCDS/National Policy/Procedures
- **Re-Instruction:** Existing Rules/Procedures – **Correct Problems**
- **Instruction:** Changes To / New Rules/Procedures
- **Continuing Education – Increase Knowledge Base**
- **Retention of Qualified Staff**

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FCDS Education and Training

- On-Line Abstracting Course for New Registrars
- FCDS Abstractor Code
- FCDS Annual Conference
- FCDS Annual Webcast Series
- NAACCR Cancer Registry Webinar Series
- NAACCR CTR Exam Prep and Review Webinar Series
- Ad Hoc Webcasts for New Programs/Policy/Procedure/Other
- FCDS Staff In-Services
- FCDS EDITS In-Services
- Personalized Instruction

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FCDS Education and Training

NCRA CEU #	Date	Event	Sponsor	CEU Hrs
2013-114	7/25/2013 - 7/26/2013	FCDS Annual Conference, Sunrise, FL	FCDS	8.25
2013-115	8/22/2013	Webcast: "What's New for 2013 and More - Annual Meeting Review"	FCDS	2
2013-116	9/19/2013	Webcast: "Lung Neoplasms-Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx"	FCDS	2
2013-117	10/24/2013	Webcast: "New Developments in FCDS Quality Improvement and Education and Training"	FCDS	2
2013-118	11/21/2013	Webcast: "Breast Neoplasms-Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx"	FCDS	2
2013-119	12/12/2013	Webcast: "Colon/Rectum Neoplasms- Background/ Anatomy/Risk Factors/MPH Rules/CSv02.04/SSF/Tx"	FCDS	2
2013-120	1/17/2014	Webcast: "FCDS Learning Management System – What's New for 2014 and Version 2.0 of FCDS LMS"	FCDS	2
2013-121	2/21/2014	Webcast: "Lymphoid Neoplasms - Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/SSF/Tx"	FCDS	2

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FCDS Education and Training

Event	CEU Education Hours
FCDS Annual Meeting	8-10
FCDS Webcasts	10-16
NAACCR Webinars	36
NAACCR CTR Exam Prep	n/a
ANNUAL TOTAL FCDS-Sponsored	60+ hours of education offered FREE each year

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Other New Education Portals

http://www.CancerRegistryEducation.org

NCRA's Center for Cancer Registry Education

- Live Webinars
- Learning Modules
- Online Courses
- CTR Exam Study Materials
- Online CTR Exam Practice Test
- More to Come

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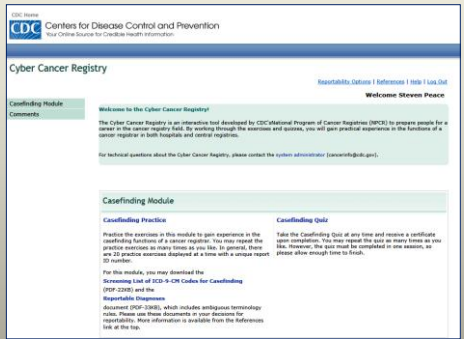
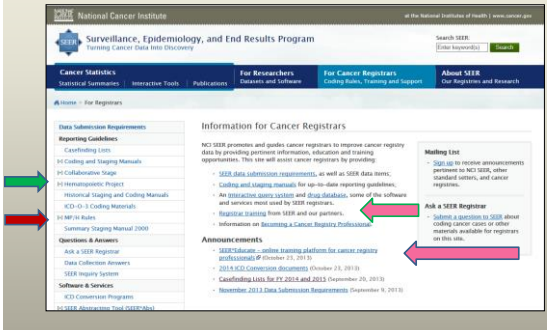
Other New Education Portals



98

Other New Education Portals



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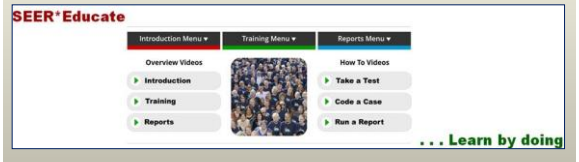
Other New Education Portals

Surveillance Epidemiology and End Results
providing information on cancer statistics to help reduce the burden of this disease on the U.S. population

https://educate.fhcrc.org/

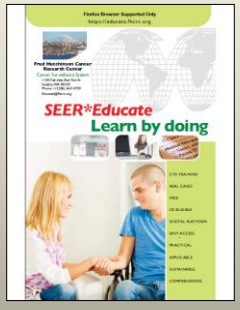


Medical Terminology | Computer Principles | ACoS/CoC Standards

Real-Life Case Scenarios

100

Other New Education Portals



- *Prepare for CTR exam*
- *Earn CEU credits free*
- *Train on real-life case scenarios*
- *Learning new coding schemes, rules, and guidelines*
  - *295 Practice Cases*
  - *12 Major Site Groups*
  - *60+ Data Items Coded*

101

Other New Education Portals

http://eo2.commpartners.com

Welcome to the Cancer Programs Education Portal of the American College of Surgeons. This site holds a wealth of educational opportunities for individuals involved in cancer care and work with the following organizations: the Commission on Cancer, the National Accreditation Program for Breast Centers, and the American Joint Committee on Cancer.

Need assistance logging in or navigating this site? The videos below will guide you through creating a new user account on the site and how to order and view content.

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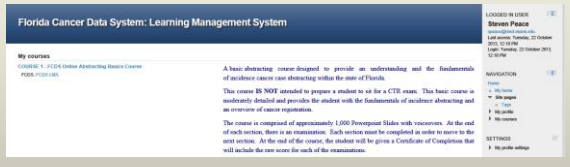
Other New Education Portals

http://moodle.med.miami.edu/server/moodle/



FCDS Online Abstracting Basics Course
FCDS Abstractor Code Initial Exam
FCDS Abstractor Code Renewal Exam
Other State Abstractor Code Exams
More to Come

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FCDS "Future Vision"

http://jessie-emergentmediamarkets.blogspot.com

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How is QC/Education Changing?

- FCDS Goals and Objectives have not changed
- FCDS will continue all reporting requirements.
- FCDS making every attempt to make any changes minimal.
- FCDS making every attempt to make any changes seamless.
- FCDS will continue to plan for upcoming changes
  - TNM, SS2000, physician reporting, and more
- FCDS will continue enforcing deadlines/reporting compliance.
- FCDS will continue to be available for technical Q&A.

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How is QC/Education Changing?

- Monitoring Activities will likely be enhanced
- Feedback to Hospitals still being planned
- Some QC Activities will be cut back
  - FCDS will continue all EDITS requirements.
  - FCDS will continue to perform QC Reviews.
  - FCDS will continue to perform completeness audits with F/B.
  - FCDS will continue to perform validation audits and reconciliation.
- Some Education/Training Activities will be cut back
  - FCDS will continue to offer NAACCR Webinars.
  - FCDS will continue to offer NAACCR CTR Prep Series.
  - FCDS will continue to host an Annual Meeting.
  - FCDS will continue to host a Florida Webcast Series.

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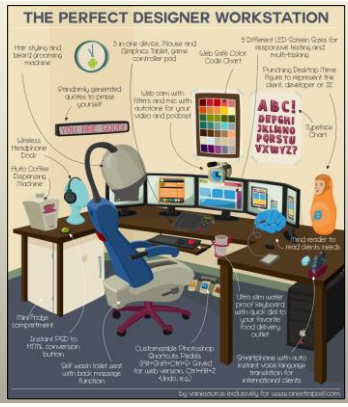

CURRENT FCDS QC ISSUES

108

Reportable Cases - Required

Reporting Historical Cancers to FCDS – FCDS DAM

- Although the American College of Surgeons/Commission on Cancer does not require accredited facilities to abstract historical cases, FCDS does require the collection and reporting of certain historical cancers.
- **DEFINITION:** A historical case (Class of Case 33) refers to a primary reportable neoplasm (malignant or benign/borderline brain/CNS tumors).
- Patients diagnosed with any cancer during their lifetime are many times more likely to develop new cancers. It is very important for researchers to know the number and types of any and all cancers each patient has during his/her lifetime in order to effectively research and evaluate cancer incidence.

109

Reportable Cases - Required

Reporting Historical Cancers to FCDS – FCDS DAM

If a patient has at least one primary reportable neoplasm which is active or under treatment, all other primary reportable neoplasms the patient has ever had (active or inactive), regardless of the date of diagnosis, must be reported. Each case of cancer must be abstracted and reported separately.

Information about these previous (historical) primaries may be sketchy. The abstractor should attempt to complete an abstract with as much information as is available in the medical record.

110

Class of Case

The Class of Case reflects the facility's role in managing the cancer, whether the cancer is required to be reported by CoC, and whether the case was diagnosed after the program's Reference Date.

FCDS relies on accurate Class of Case coding

Documentation often lacking or insufficient in text

Some Registrars only want to abstract cases required by CoC

Florida Statute overrules voluntary reporting to CoC

111

Class of Case

Analytic Classes of Case	
Initial diagnosis at reporting facility	
00	Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
10	Initial diagnosis at the reporting facility or in a staff physician's office AND part or all of first course Treatment or a decision not to treat was at the reporting facility, NOS. If it is **not known** that the patient actually **went somewhere else,** code *Clase of Case* 10
11	Initial diagnosis in staff physician's office AND part of first course treatment was done at the reporting facility
12	Initial diagnosis in staff physician's office AND all first course treatment or a decision not to treat was done at the reporting facility
13	Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.

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Class of Case

Analytic Classes of Case	
Initial diagnosis at reporting facility	
14	Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
Initial diagnosis elsewhere	
20	Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS
21	Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility
22	Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

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Class of Case

Non-Analytic Classes of Case	
Patient appears in person at reporting facility	
30	Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only) NOTE: The 2010 FORDS Manual changed the definition Class of Case = 30 the CoC added a new component to what previously had been "consult only." The addition is for cases where the facility is part of the "staging workup after initial diagnosis elsewhere." These cases are "analytic" to FCDS and in Florida a "consult only" case only refers to a case where the facility provides a second opinion without additional testing.
31	Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care
32	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (**active disease**)

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Class of Case

33	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (**disease not active**)
34	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis AND part or all of first course treatment by reporting facility
35	Case diagnosed before program's Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility
36	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis elsewhere AND all or part of first course treatment by reporting facility
37	Case diagnosed before program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility
38	Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death
Patient does not appear in person at reporting facility	
40	Diagnosis AND all first course treatment given at the same staff physician's office
41	Diagnosis and all first course treatment given in two or more different staff physician offices

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Class of Case

Non-Analytic Classes of Case	
Patient appears in person at reporting facility	
42	Non-staff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility)
43	Pathology or other lab specimens only
49	Death certificate only
99	Non-analytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for analytic cases).

116

Social Security Number

- SSN is a required data item
- FCDS relies heavily on correct SSN in abstracts
- Healthcare payments rely heavily on correct SSN on bill
- AHCA only includes DOB and SNN – no names

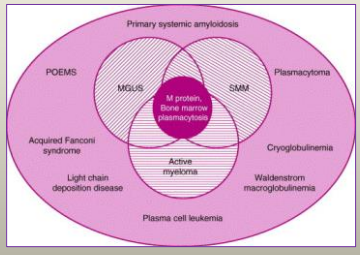
- Partial SSN
- SSN not available
- SSN not accessible to me
- How to locate SSN in medical record
- Future of SSN in cancer registration and FCDS
- What to do when AHCA SSN and Registry SSN don't match?

117

Inflammatory Carcinoma of Breast

- Inflammatory carcinoma of the breast is a clinico-pathologic entity characterized by diffuse erythema and edema (peau d'orange) of the breast, often without underlying mass.
- Inflammatory carcinoma is primarily a clinical diagnosis with skin changes that usually arise quickly in the affected breast.
- A biopsy is required to demonstrate cancer either within the dermal lymphatics or in the breast parenchyma itself.
- Involvement of dermal lymphatics alone does not indicate inflammatory carcinoma in the absence of clinical findings.
- Clinical findings should involve majority of the skin of breast.
- The term of inflammatory carcinoma should not be applied to a patient with neglected locally advanced cancer of the breast presenting late in the course of her disease.

Plasma Cell Neoplasm Staging



Plasma Cell Neoplasm Staging

Table 1: The Durie-Salmon Staging System for Multiple Myeloma

Stage	Hemoglobin	Calcium	Myeloma Protein	Bone Lesions
I[a]	>10 g/dL	Normal or ≤12 g/dL	IgG peak <5 g/dL IgA peak <3 g/dL Bence-Jones protein <4 g/24 h	None or solitary bone plasmacytoma only
II[b]	Not I or III	Not I or III	Not I or III	Not I or III
III[c]	<8.5 g/dL	>12 mg/dL	IgG peak >7 g/dL IgA peak >5 g/dL Bence-Jones protein >12 g/24 h	>3 lytic lesions

[a] *Stage I must demonstrate all of the criteria.*
[b] *Stage II defined as all patients who do not qualify as Stage I or III.*
[c] *Stage III must demonstrate one or more of the criteria.*
Source: Reference 7.

Plasma Cell Neoplasm Staging

Collaborative Stage for TNM 7 - Revised 10/25/2011

MyelomaPlasmaCellDisorder

Plasma Cell Disorders including Myeloma

- 9731 Plasmacytoma, NOS (except C441, C690, C695-C696)
- 9732 Multiple myeloma (except C441, C690, C695-C696)
- 9734 Plasmacytoma, extramedullary (except C441, C690, C695-C696)
- Note 1: This schema was added in V0203. Originally these histologies were part of the HemeRetic schema.
- Note 2: AJCC does not define TNM staging for this site.

CS Tumor Size = **988**	CS Site-Specific Factor 7 = **988**
CS Extension	CS Site-Specific Factor 8 = **988**
CS Tumor Size/Ext Eval = **9**	CS Site-Specific Factor 9 = **988**
CS Lymph Nodes	CS Site-Specific Factor 10 = **988**
CS Lymph Nodes Eval = **9**	CS Site-Specific Factor 11 = **988**
Regional Nodes Positive = **99**	CS Site-Specific Factor 12 = **988**
Regional Nodes Examined = **99**	CS Site-Specific Factor 13 = **988**
CS Mets at DX	CS Site-Specific Factor 14 = **988**
CS Mets Eval = **9**	CS Site-Specific Factor 15 = **988**
CS Site-Specific Factor 1	CS Site-Specific Factor 16 = **988**
OBSOLETE - Janus Kinase 2 (JAK2) (also known as JAK2 Exon 12)	CS Site-Specific Factor 17 = **988**
	CS Site-Specific Factor 18 = **988**
CS Site-Specific Factor 2	CS Site-Specific Factor 19 = **988**
Durie-Salmon Staging System	CS Site-Specific Factor 20 = **988**
CS Site-Specific Factor 3	CS Site-Specific Factor 21 = **988**
Multiple Myeloma Terminology	CS Site-Specific Factor 22 = **988**
CS Site-Specific Factor 4 = **988**	CS Site-Specific Factor 23 = **988**
CS Site-Specific Factor 5 = **988**	CS Site-Specific Factor 24 = **988**
CS Site-Specific Factor 6 = **988**	CS Site-Specific Factor 25 = **988**

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Plasma Cell Neoplasm Staging

- **CS Extension**
- Note 1: Osseous plasmacytomas are localized tumors occurring in the bone. There may be soft tissue extension.
- Note 2: Extraosseous (extramedullary) plasmacytomas are plasma cell neoplasms that arise in tissues other than bone. The most common sites are the upper respiratory tract, the gastrointestinal tract, lymph nodes, bladder, central nervous system (CNS), breast, thyroid, testis and skin.
- Note 3: Criteria for the diagnosis of multiple myeloma include: presence of clonal bone marrow plasma cells or plasmacytoma, presence of an M-protein in serum and/or urine, and the presence of related organ or tissue impairment. Do not use this criteria to determine the diagnosis of multiple myeloma. Code according to histologic confirmation or physician statement according to the AJCC 7th edition.
- Note 4: Multiple myeloma or plasma cell myeloma is a widely disseminated plasma cell neoplasm, characterized by a single clone of plasma cells derived from B cells that grows in the bone marrow. It is always coded to 810 or 820 for systemic involvement.

Plasma Cell Neoplasm Staging

Code	Description
100	OBSOLETE DATA RETAINED V0203 Localized disease (single/solitary/unifocal/isolated/mono-ostotic), may be coded for: Plasmacytoma, NOS (M-9731/3)(solitary myeloma) Plasmacytoma, extramedullary (M-9734/3) (not occurring in bone)
110	Single plasmacytoma lesion WITHOUT soft tissue extension or unknown if soft tissue extension (9731)
200	Single plasmacytoma lesion WITH soft tissue extension (9731)
300	Single plasmacytoma lesion occurring in tissue other than bone (9734)
400	Multiple osseous or multiple extraosseous plasmacytoma lesions (9731, 9734)
500	Plasmacytoma, NOS (9731) Not stated if single or multiple, not stated if osseous or extraosseous
800	OBSOLETE DATA RETAINED V0203 Systemic disease (poly-ostotic); All histologies including those in 100
810	Plasma cell myeloma/multiple myeloma/myelomatosis (9732)
820	Myeloma, NOS Excludes plasma cell myeloma or multiple myeloma (see code 810)
	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record

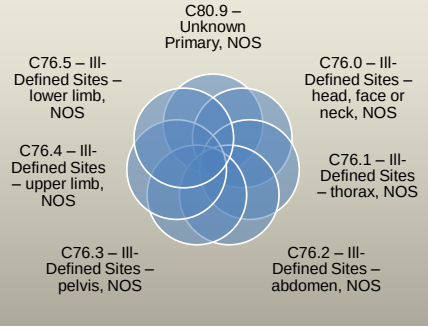
9317

9734

9732

123

Unknown Primary/Ill-Defined Site



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Unknown Primary/Ill-Defined Site

- **Rule H. Use the topography code provided when a topographic site is not stated in the diagnosis. This topography code should be disregarded if the tumor is known to arise at another site.**

Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

When the point of origin **cannot be determined**, use a topography code for overlapping sites:

- C02.8 Overlapping lesion of tongue
- C08.8 Overlapping lesion of major salivary glands
- C14.8 Overlapping lesion of lip, oral cavity, and pharynx.

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Unknown Primary/Ill-Defined Site

Site Title	Site Code	Histology Title	Histology Codes
Skin, Arm	C44.6	Carcinoma, Melanoma, Merkel Cell, Mycosis Fungoides, Cutaneous T-Cell Lymphoma of Arm	8010 8720-8970 8747 9700 9709
Soft Tissue, Arm	C49.1	Sarcoma	8800-8921
Peripheral Nerve, Arm	C47.1	Sarcoma	8800-8921
Bone, Arm	C40.3	Sarcoma (osteo)	9180-9194
Lymph Nodes, Arm	C77.3	Lymphoid Neoplasms	See Heme DB

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First Course of Treatment

First course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient **before disease progression or recurrence**.

- **Watch and Wait** – If first course of treatment is to do nothing but watch and wait – **as soon as the patient has a change in status (rising PSA, clinical evidence of disease, etc.) – the patient has disease progression and the first course of treatment (watch and wait) is OVER.** Treatment given after the change in patient cancer status is subsequent TX.

- **Do not code ancillary drugs as treatment – use SEER*Rx**

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Palliative Care or Palliative Treatment

The term “palliative” or “palliation” may be used in two different contexts: (a) as meaning non-curative and (b) as meaning the alleviation of symptoms. Either can be first course of treatment. Either can be subsequent treatment. Either can be end-of-life.

Some palliative treatments fall within the definition of cancer-directed treatment and some treat the patient but not the cancer.

Palliative treatment may qualify the patient as **analytic** if it is given as part of the planned first course of treatment.

Palliative treatment may qualify the patient as **non-analytic**, if it given as subsequent treatment for recurrence or progression.

128

Coding Surgery Fields Correctly

- Surgery of Primary Site
  - Do not code colostomy as 90
  - Do not code unknown if surgery performed as 99
  - Use best code available
- Scope of Regional Lymph Node Surgery
- Surgery of Other Regional or Distant Sites
- Reason No Surgery
- Date of Surgery – know what your vendor is sending FCDS
- Treatment Status – don’t forget watch & wait/observation
- Surg/Rad Seq
- Surg/Systemic Seq

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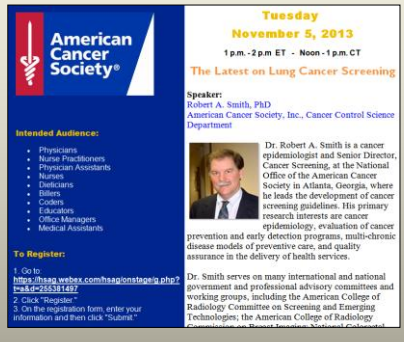
One More Webinar



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References / Resources

Dryden M and Brogan K. Quality Control. Chapter 20 in Menck H, et al. *Central Cancer Registries: Design, Management and Use, second edition*. Kendall Hunt Publishing Co., 2007.

Hilsenbeck SG, et al. *Quality Control for Cancer Registries*. National Cancer Institute, U.S. Department of Health and Human Services, 1985.

Hilsenbeck SG. Quality Control. Chapter 7 in: Menck H, et al. *Central Cancer Registries: Design, Management and Use*. Harwood Academic Publishers, 1994.

Ross F. Quality Control of Cancer Registry Data. Chapter 21 in Menck H, et al. *Cancer Registry Management: Principles and Practice, second edition.* Kendall Hunt Publishing Co., 2004.

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References / Resources

NAACCR *Standards for Cancer Registries Volume III: Standards for Completeness, Quality, Analysis, and Management of Data,* October 2004.

NPCR Educational Materials for Cancer Registrars

- Volume 3: Data Editing and EDITS: Procedures for Central Registries
- Volume 4: Coding and Visual Editing: Procedures for Central Registries
- Volume 6: Audits: Casefinding and Reabstracting: Procedures for Central Registries

Unpublished materials provided by National Program of Cancer Registries

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Questions