



# 2015 FCDS Data Quality Audit Diagnosis Year 2013 Cases

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## AUDIT ORIENTATION AND FACILITY RECONCILIATION INSTRUCTIONS

STEVEN PEACE, CTR



## FCDS Data Quality Audits

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- The CDC NPCR requires that all states receiving funding under this program meet all NPCR Program Standards as defined in the NPCR Program Manual, v2.0 and the NPCR Program Standards 2012-2017.
- These standards are based on authority provided to the CDC under the Public Health Service Act (Title 42, Chapter 6A, Sub-Chapter II, Part M, § 280e) and subsequent amendments, and apply to all reportable cancers as defined in the Act and any amendments.



## FCDS Data Quality Audits

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- The Florida Department of Health (Florida DOH) also requires that Florida's statewide central cancer registry, the Florida Cancer Data System (FCDS), must meet all NPCR Program Standards as defined in the NPCR Program Manual, v2.0 and the NPCR Program Standards 2012-2017.
- FCDS operates the state cancer registry under contract with the Florida DOH.



## FCDS Data Quality Audits

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- The quality of data collected and reported by cancer registries depends upon the completeness of case identification, the completeness and accuracy of case reports, on-time reporting of cases, data quality monitoring including editing and record review, and adherence to national program standards (i.e. text documentation).



- At least once every 5 years, a combination of re-casefinding (completeness) and re-abstracting (data validation) audits from a sampling of source documents are conducted for each hospital-based reporting facility in the state of Florida.

## FCDS Data Quality Audits

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- Every Hospital is Audited at least Once Every 5 Years
- Audits to Assess Completeness of Case Identification
  - AHCA
  - FAPTP
  - E-Billing
  - E-Pathology
  - Vital Statistics
  - Special Studies
- Audits to Assess and Validate Data Quality
  - Data Validation
  - Re-Abstract/Re-Code
  - Source Document Verification

FCDS conducts annual re-casefinding audits via discharge diagnosis and procedures index submitted to the state Agency for Health Care Administration (AHCA) for 100% of in-patient encounters and 100% of ambulatory care patient encounters (hospital/non-hospital) occurring in the state of Florida each year.



## FCDS Data Quality Audits

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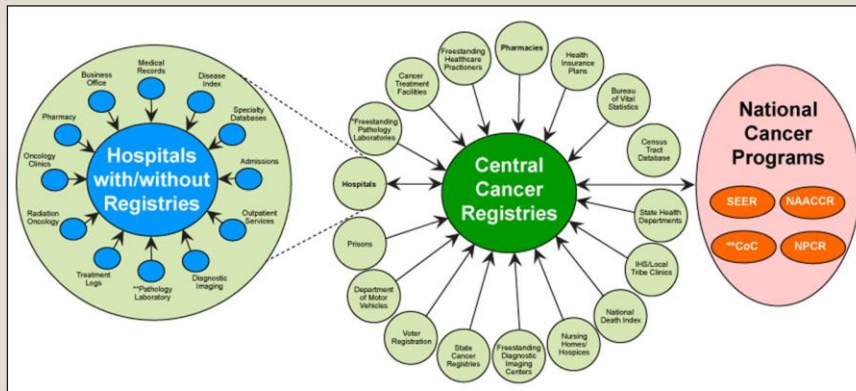
- Examples of Facility-Based Source Documents & Access
  - History and Physical
  - Discharge Summary
  - Operative Report(s)
  - Consultation Report(s)
  - Pathology and Other Lab Report(s)
  - Access to Multiple EMR/EHR System(s)
- Examples of Central Registry Source Documents & Access
  - AHCA Data
  - Abstracted Cases
  - Death Certificates
  - Physician Office Data
  - Electronic Pathology Reports
  - Electronic Copies of Other Primary Documents
  - Remote Access to Electronic Records Systems
  - On-Site Access to Electronic Records Systems



## FCDS Data Quality Audits

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Source Documents, Report Sources, and Flow of Information



## Data Validation with E-Path Verification

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- Audits may include manual/visual review of one or more source documents, data linkages of one or more electronic files from reporting facilities with the central cancer registry database with a cross-walk and/or comparison of output results.
- This audit has 2 components;
  - **First:** a focused review of analytic breast and colon cancer cases diagnosed/treated at the facility with validation (recoding) of data from text only;
  - **Second:** a focused review of e-pathology report(s) from any e-path report source matching hospital registry abstracts with recode of data from pathology report(s).
- Facilities are required to reconcile BOTH data sets for a best code.
- Additional documentation will be required to validate data coded.





## Data Validation with E-Path Verification

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- The visual editing validation and recoding of key data component of this audit is modeled after the NPCR Visual Editing Audit conducted early in 2013 for 2010 diagnoses and consolidation.
- This method utilizes FCDS standard visual editing/QC Review procedures used to convey review findings targeted to specific cancers (breast and colon) that were also part of the CER Project.
- **NOTE: Text Documentation of specific data items has been both a state and national cancer reporting requirement for nearly two decades with requirements and expectations reinforced via QC Review or personal contact with registrars on a routine basis.**

## Text Documentation Required

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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

## Text Documentation Required

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### Text documentation should always include the following components:

- Date(s) – include date(s) references – event chronology
- Date(s) – note when date(s) are estimated [i.e. Date of DX 3/15/2015 (est.)]
- Location – include facility/physician/other location where the event occurred
- Description – include description of the event – positive/negative results
- Details – include as much detail as possible – document treatment plan
- Include “relevant-to-this-person/cancer” information only – edit your text
- DO NOT REPEAT INFORMATION from section to section
- DO USE Standard Abbreviations (Appendix C)
- DO NOT USE non-standard or stylistic shorthand
- Enter “N/A” or “not available” when no information is available for text.

## Text Documentation Required

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Text Data Item Name	Text Documentation Source and Item Description
NAACCR Item #	FCDS Required Text Documentation
Field Length	Example:
Text - Physical Exam H&P	Enter text information from history and physical exams. History and physical examination findings that relate to family history or personal history of cancer diagnosis, physical findings on examination, type and duration of symptoms, reason for admission.
NAACCR Item #2520 Field Length = 1000	Example: Hx RCC Rt Kidney - Dx 9/2011 in Georgia. Adm c/o fever and night sweats. Adm for w/u and found to have enlarged axillary nodes which on biopsy revealed diffuse B-cell lymphoma.
Text - X-rays/Scans	Enter text information from diagnostic imaging reports, including x-rays, CT, MRI, and PET scans, ultrasound and other imaging studies. Date, facility where procedure was performed, type of procedure, detailed findings (primary site, size of tumor, location of tumor, nodes, metastatic sites), clinical assessment, positive/negative results
NAACCR Item #2530 Field Length = 1000	Example: 4/12/14 (Breast Center xyz) Mammo - Rt Breast w/ 1.5cm mass at 12:00 o'clock
Text - Lab Tests	Enter text information from diagnostic/prognostic laboratory tests (not cytology or histopathology). Text for Collaborative Stage Site Specific Factor or SSF documentation. Date(s) of Test(s), facility where test was performed, type of test(s), test results (value and assessment)
NAACCR Item #2530 Field Length = 1000	Example: 4/12/14 (Hosp xyz) ER +, PR -, HER2 neg by IHC method, PSA 5.3 (elevated)
Text - Operative Report	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
NAACCR Item #2560 Field Length = 1000	Example: 4/12/14 (Hosp xyz) right colon resection - Pt was found to have extensive disease in the pelvis (carcinomatosis) and resection was aborted, no biopsies were taken, no specimen obtained.
DX Text - Pathology	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
NAACCR Item #2570 Field Length = 1000	Example: 2/5/14 (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), pT3N1Mx
DX Text - Staging	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.
NAACCR Item #2600 Field Length = 1000	Example: 2/15/14 - T2aN1a per path, distant mets in lungs, ER/PR neg, HER2 neg by IHC method

## Data Validation with E-Path Verification

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- **Barriers and Limitations to Old Methodology**

- Access to ALL Electronic Medical Record Systems increasingly difficult
- Not transferrable to non-hospital/free-standing tx center situation
- Did not take full advantage of available e-data resources
- Cannot find Florida CTR Auditors willing to travel
- Cost of travel and time away from work
- Data Security increasing daily



- Data Validation, Recode Audit and E-Path Verification Method intended to maximize available resources (people, time, travel) and utilize existing readily available “source” documents submitted by pathology labs (path reports) and hospitals (abstracts) across the state of Florida. Review of text and recoding of key data items will validate coded data and review text for compliance with FCDS Reporting Requirements with comparison of source abstracts and electronic pathology reports from across the state of Florida.

## Data Validation with E-Path Verification

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- **Objectives:**

- Identify discrepancies in the interpretation and use of national standard abstracting and coding rules and instructions,
- Identify discrepancies in the interpretation and application of information available in patient records and what is recorded in the text documentation of the abstract,
- Assess the validity and completeness of text, codes and text-supported codes provided to FCDS as part of routine submissions,
- Assess the validity of data submitted when original source abstract codes (and text) are compared to e-pathology coded data (and text).



## Eligibility

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- Facilities were selected according to 5-year selection criteria
  - This audit marks the beginning of a new 5-year audit cycle
  - 41 Facilities were selected according to 5-year selection criteria
  - A facility *may* be selected for only breast cancer audit or only colon cancer audit
- Case Selection was stratified by 2013 reporting year caseload
- Case Selection was stratified separately for colon cases and breast cases
- Case Selection was based upon the following criteria:
 

Strata	Colon	Breast
1	10	16
2	21	47
3	39	104
4	39+	104+

  - Date of Diagnosis 01/01/2013-12/31/2013
  - Primary Site = C180-C189 (colon) or C500-C509 (breast)
  - Behavior = 2 (in-situ) or 3 (malignant)
  - Central Sequence = 00 (only 1 cancer ever reported)
  - ICD-O-3 Histology Not = 9590-9992 (no lymphoma, leukemia, or other malignancy)
  - Class of Case = 10, 11, 12, 13, 14, 20, 21, 22 (hospital analytic – dx/tx at facility)
  - RX SUMM Surgery of Primary Site = 20-70 (resection of primary site performed)
- Pathology Selection has been based on any e-pathology report(s) with Date of Specimen within 30 days of the original Date of Diagnosis (plus or minus 30 days) as documented/coded on the original case abstract.

## Facility Selection - Colon

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It's Your Lucky Day!



Facility	Name
1170	N FLORIDA REGIONAL MEDICAL CENTER
1405	SHANDS STARKE REGIONAL MEDICAL CTR
1601	WESTSIDE REGIONAL MED CTR
1602	MEMORIAL REGIONAL HOSPITAL SOUTH
1649	MEMORIAL HOSPITAL MIRAMAR
1687	UNIVERSITY MEDICAL CENTER
2358	KENDALL MEDICAL CENTER
2372	U OF MIAMI HOSPITAL CLINICS
2736	BAPTIST HOSPITAL OF PENSACOLA
2738	SACRED HEART CANCER CENTER
3906	TAMPA GENERAL HOSPITAL
3938	SOUTH FLORIDA BAPTIST HOSPITAL
3988	SOUTH BAY HOSPITAL
4546	SOUTH LAKE HOSPITAL
4690	LEE MEMORIAL HOSPITAL HEALTHPARK
5606	TWIN CITIES HOSPITAL
6074	JUPITER MEDICAL CENTER
6278	MEASE COUNTRYSIDE HOSPITAL
6446	PUTNAM COMMUNITY MEDICAL CTR
6600	COLUMBIA LAWNWOOD REGIONAL MED CTR
6846	VENICE REGIONAL MEDICAL CENTER
7405	BERT FISH MEDICAL CENTER
7407	FLORIDA HOSPITAL DELAND
7446	FLORIDA HOSPITAL FISH MEMORIAL



## Facility Selection - Breast

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It's Your Lucky Day!



Facility	Name
1170	N FLORIDA REGIONAL MEDICAL CENTER
1508	PALM BAY HOSPITAL
1510	VIERA HOSPITAL
1676	PLANTATION GENERAL HOSP
1687	UNIVERSITY MEDICAL CENTER
1800	FAWCETT MEMORIAL HOSPITAL
2348	DOCTORS HOSPITAL
2376	SOUTH MIAMI HOSPITAL
2700	WEST FLORIDA HOSPITAL
2736	BAPTIST HOSPITAL OF PENSACOLA
2738	SACRED HEART CANCER CENTER
3906	TAMPA GENERAL HOSPITAL
4105	INDIAN RIVER MEMORIAL HOSPITAL
4170	SEBASTIAN RIVER MEDICAL CENTER
5110	LAKEWOOD RANCH MEDICAL CENTER
5200	OCALA REGIONAL MEDICAL CENTER
5446	FISHERMENS HOSPITAL
6068	WELLINGTON REGIONAL MEDICAL CENTER
6251	ST ANTHONY HOSPITAL
6347	HEART OF FLORIDA HOSPITAL
6707	SANTA ROSA MEDICAL CENTER
6936	FLORIDA HOSPITAL ALTAMONTE
7407	FLORIDA HOSPITAL DELAND
7446	FLORIDA HOSPITAL FISH MEMORIAL

## Case Selection

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- Selection site/strata-dependent – may have colon/breast or both
- Date of Diagnosis 01/01/2013-12/31/2013
- Primary Site = C180-C189 (colon) or C500-C509 (breast)
- Behavior = 2 (in-situ) or 3 (malignant)
- Central Sequence = 00
- ICD-O-3 Histology Not = 9590-9992
- Class of Case = 10, 11, 12, 13, 14, 20, 21, 22
- RX SUMM Surgery of Primary Site = 20-70



## FCDS Main Dashboard

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**Re-Abstract Audit Status**

Year: 2013

Beginning Facility: 1170-N FLORIDA REGIONAL MEDICAL CENTER

Ending Facility: 7446-FLORIDA HOSPITAL FISH MEMORIAL

Contractor: Both

Total: 755  
UnMatched: 755

[Export to Excel](#)  
[Complete Facilities](#)

Facility	List	Master Records		Re-Abstract		Complete		Facility		FCDS	
		Abstract	Path	Abstract	Path	Abstract	Path	To Do	Compl	Reco	Reconciliation
1170-N FLORIDA REGIONAL MEDICAL CENTER	<a href="#">Print</a>	33	28	0	0	0	0	0	0	0	0
1405-SHANDS STARKE REGIONAL MEDICAL CTR	<a href="#">Print</a>	3	1	0	0	0	0	0	0	0	0
1508-PALM BAY HOSPITAL	<a href="#">Print</a>	7	6	0	0	0	0	0	0	0	0
1510-VIERA HOSPITAL	<a href="#">Print</a>	9	9	0	0	0	0	0	0	0	0
1601-WESTSIDE REGIONAL MED CTR	<a href="#">Print</a>	9	7	0	0	0	0	0	0	0	0
1603-MEMORIAL REGIONAL HOSPITAL SOUTH	<a href="#">Print</a>	3	1	0	0	0	0	0	0	0	0
1678-PORT ST. JOE GENERAL HOSP	<a href="#">Print</a>	5	4	0	0	0	0	0	0	0	0
1687-UNIVERSITY MEDICAL CENTER	<a href="#">Print</a>	18	16	0	0	0	0	0	0	0	0
1800-FAWCETT MEMORIAL HOSPITAL	<a href="#">Print</a>	8	5	0	0	0	0	0	0	0	0
2348-DOCTORS HOSPITAL	<a href="#">Print</a>	9	8	0	0	0	0	0	0	0	0
2358-KENDALL MEDICAL CENTER	<a href="#">Print</a>	9	8	0	0	0	0	0	0	0	0
2372-U OF MIAMI HOSPITAL CLINICS	<a href="#">Print</a>	9	5	0	0	0	0	0	0	0	0
2376-SOUTH MIAMI HOSPITAL	<a href="#">Print</a>	43	33	0	0	0	0	0	0	0	0
2738-SACRED HEART CANCER CENTER	<a href="#">Print</a>	18	0	0	0	0	0	0	0	0	0
3906-TAMPA GENERAL HOSPITAL	<a href="#">Print</a>	18	15	0	0	0	0	0	0	0	0
<b>Facility Count: 41</b>		<b>473</b>	<b>282</b>								

Not all Abstracts will have a match to e-path

Not all Facilities send FCDS e-path

## Data Items for Text-To-Code Audit

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Data Items to be Validated Abstract Review	
Date of DX	RX Summ – Surg Prim Site
Primary Site	RX Summ – Scope Reg LN Surgery
Laterality	RX Summ – Radiation
Histologic Type	Rad Rx Modality
Behavior Code	RX Summ – Chemo
Grade	RX Summ – Hormone
CS Tumor Size	RX Summ – BRM/Immunotherapy
CS Ext	RX Summ – Other
Regional Nodes Positive	
Regional Nodes Examined	Auditor Text Field(s)
CS LN	
CS Mets	
CS SSFs – Breast Only – SSFs; 1 (ER), 2 (PR), 15 (HER2)	

## Data Items for E-Path Verification Audit

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Data Items to be Validated E-Path Review
Date of DX
Primary Site
Laterality
Histologic Type
Behavior Code
Grade
CS Tumor Size (as available)
CS Ext (as available)
Regional Nodes Positive (as available)
Regional Nodes Examined (as available)
CS LN (as available)
Auditor Text Field(s)

## Auditor Instructions

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- **Text-To-Code Validation**
  - Only Original Text from the Abstract will be used to assign codes
  - Auditor will not be able to view any of the original codes
  - Auditor will code unknown/not available if no text
  - This is same criteria used by CDC Audit
  - Dates must be included in text
  - Standard abbreviations only
  - Auditor blinded to facility
  - Auditor blinded to case
  - Auditor may add text
- **E-Path Re-Code Verification**
  - Only Original Text from Pathology Report will be used to assign codes
  - Auditor will not be able to see any original codes
  - It is possible no pathology report is available
  - Auditor may add notes



# Accessing Data Quality Audit through IDEA

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# Facility Information Sheet

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## FCDS Florida Cancer Data System Florida Statewide Cancer Registry

### 2013 Data Validation Audit with E-Pub Verification - Information Sheet

The Florida Cancer Data System (FCDS) is charged with providing the highest quality data possible for annual cancer case reporting to the Florida Department of Health and the CDC National Program of Cancer Registries (NPCR). Data must meet rigorous standards to be included in local, regional, state, and national cancer rates, reports to Congress, and various cancer surveillance-related publications. FCDS conducts numerous data processing and data quality checks including on-site and remote need audits to various degrees to ensure the data quality standards continue to be met and to identify areas that may require further education and training.

An FCDS Re-auditing (Data Validation) Audit will be performed for this facility using electronic copies of primary medical record documents submitted by this facility (electronic pathology reports plus cancer registry abstracts) to validate the quality of abstracted and coded data for cases submitted to the Florida Cancer Data System (FCDS). The audit has been designed to assess the quality of abstracting and the accuracy of coded data items for cases submitted to the Florida Cancer Data System (FCDS). These audits allow FCDS to assess consistency in interpretation of data definitions, adherence to coding rules and guidelines, policies and procedures and to identify areas that require further education and training. A copy of the audit protocol is available from FCDS.

FCDS is utilizing a new approach to auditing to make better use of electronic medical records this year in an effort to reduce the burden that comes with on-site audits including: detailed planning, auditors travel, workspace, internet access, and other on-site coordination. There will be no on-person travel required. Code and data item reconciliations is required for each discrepancy data item.

**Facility and Case Selection** have been identified for 2013 reporting year based on primary breast cancer and primary colon cancer from calendar year 2011 diagnosis. All cases will be targeted "random" cases (e.g. a patient was first diagnosed and/or first treated at your hospital). All cases will be mailed randomly by the FCDS Audit Team.

#### AUDIT PROCEDURE AND INSTRUCTIONS

- To obtain a PDF copy of the report, the Information Sheet, please go to the FCDS website <http://fdcd.mdc.com> and log in to FCDS. To obtain a PDF copy of the report, the Information Sheet, please go to the FCDS website <http://fdcd.mdc.com> and log in to FCDS.
- Each Case will undergo Two-Phase Audit Evaluation with document code comparison and "random" randomization required.
  - The first evaluation will be a review of the original document compared to original abstract code in a "total review" with "no validation" of the data items. Unreconciled values will be recorded as "unknown" or "unavailable". This is a critical step in all internal FCDS data quality assessments as well as external audit data quality assessment procedures. FCDS, CDC, and the Florida Department of Health have been required to use documentation for our variables since 1997.
  - The second evaluation will be a comparison of original document code compared to recorded values from the last completed review. In electronic pathology reports from the report of the primary site. The year of the abstracting audit will identify any information included in the original pathology report or record that information value during the original abstract.
- Coding Reconciliation will be conducted on the original document compared to the original abstract. The data item will be in the original case abstract in this is no audit of record facility abstracted data quality and not the abstract.
- Reconciliation of Facility-Level Data Discrepancies is required for the audit. During this part of the audit, the originating institution has an opportunity to enter any facility with additional documentation from the audit or provide a rationale for not including required data or code) and/or data abstracting the original case abstract report. Reconciliation is not required.
- A Work Deadline for Reconciliation - Facilities will have four (4) weeks to complete the reconciliation process and address any concerns or discrepancies between the original and abstracted data and will use the abstracted data. The facility must submit a final report of the data item reconciliation and the reconciliation discrepancy. If reconciliation has not been completed within this time frame, all mail records facility will be reviewed with FCDS Review selected as "No".
- Final Review will be conducted by the FCDS Review Team for the Case Quality Control and Review.
- Audit Case Report - Any data item will be mailed following FCDS Standard Data Validation and Final Review Procedures with reference to all current coding guidelines, rules and guidelines. Abstracted data may be compared with original and discrepancy data, records, and final decision including reconciliation as a final review that can be used as a FCDS.
- Facility Audit Summary Report - Facility-specific audit summary data will be aggregated by facility into a Facility Audit Summary Report. The report will be presented in FCDS standard format with major and minor abstracted and reconciled for comparison to the Data Audit Summary Report. Reconciliation to improve accuracy will be included in the facility report.
- Facility Audit Summary Report - All Facility Audit Summary Reports will be aggregated into a Facility Audit Summary Report.
- Electronic Training - All Facility Audit Summary Reports will be used in planning, reviewing education and training needs.

**Outlets:** Please contact Steven Peace at 305-243-4801 or via email at [sp@mdc.com](mailto:sp@mdc.com).



## Facility Information Sheet

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### 2015 Data Validation Audit with E-Path Verification – Information Sheet

The Florida Cancer Data System (FCDS) is charged with providing the highest quality data possible for annual cancer case reporting to the Florida Department of Health and the CDC National Program of Cancer Registries (NPCR). Data must meet rigorous standards to be included in local, regional, state, and national cancer rates, reports to Congress, and various cancer surveillance-related publications. FCDS conducts numerous data processing and data quality checks including on-site and remote record audits in various formats to ensure the data quality standards continue to be met and to identify areas that may require further education and training.

An FCDS Re-abstracting (Data Validation) Audit will be performed for this facility using electronic copies of primary medical record documents submitted by this facility (electronic pathology reports plus cancer registry abstracts) to validate the quality of abstracted and coded data for cases submitted to the Florida Cancer Data System (FCDS). The audit has been designed to assess the quality of abstracting and the accuracy of coded data items for cases submitted to the Florida Cancer Data System (FCDS). These audits allow FCDS to assess consistency in interpretation of data definitions, adherence to coding rules and guidelines, policies and procedures and to identify areas that require further education and training. A copy of the audit protocol is available from FCDS.

FCDS is utilizing a new approach to auditing to make better use of electronic medical records this year in an effort to reduce the burdens that come with on-site audits including: detailed planning, auditor travel, workspace, internet access, and other on-site coordination. There will be no in-person travel required. Code and data item reconciliation is required for each discrepant data item.

**Facility and Case Selection** have been stratified by 2013 reporting year caseload for primary breast cancer and primary colon cancer from calendar year 2013 diagnoses. All cases will be hospital "analytic" cases (e.g. patient was first diagnosed and/or first treated at your hospital). All cases will be audited remotely by the FCDS Audit Team.

## Facility Information Sheet

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### AUDIT PROCEDURES and INSTRUCTIONS

1. To obtain a PDF copy or to reprint this Information Sheet, please go to the FCDS website <http://fcds.med.miami.edu> and log in to FCDS IDEA. If you have Admin or QC User Role - go to the Quality Control Menu. Select FCDS 2015 Quality Assurance Audit then select Information Sheet. A PDF version of this letter will open which can be saved and/or printed at your discretion.
2. Each Case will undergo Two Distinct Audit Evaluations with distinct code comparisons and "best value" resolution required.
  - a. The first evaluation will be a review/recode of abstracted text compared to original abstract codes as a "visual review" with "data validation" of key data items. Undocumented values will be recoded as "unknown/not available". Text is a critical element in all internal FCDS data quality assessments as well as external third party data quality assessment procedures. FCDS, CDC, and the Florida Department of Health have been requiring full text documentation for key variables since 1995.
  - b. The second assessment will be a comparison of original abstract codes compared to recoded values from the text contained within the electronic pathology report from the surgery of the primary site. This part of the re-abstracting audit will identify areas where abstractors may have incorrectly read, interpreted or coded histology/behavior/grade of tumor; overlooked key staging information included in the surgical pathology report; or missed other information when coding the original abstract.
3. Coding Inconsistencies will be documented and returned to the originating facility to be reconciled by a facility registrar. This does not have to be the original case abstractor as this is an audit of overall facility-submitted data quality and not the abstractor.
4. Reconciliation of Facility-Level Data Discrepancies is required for this audit. During this part of the audit, the originating institution has an opportunity to rebut any findings with additional documentation from the record or provide a rationale for not including required text or code(s) selected while abstracting the original cancer incident report. Reconciliation is time sensitive.
5. 4 Week Deadline for Reconciliation - Facilities will have four (4) weeks to complete the reconciliation process and address any concerns or inconsistencies between the original text documentation, coded data and both sets of re-abstracted/re-coded data. The facility must select a "best value" for any data item found to have a coding and/or documentation discrepancy. If reconciliation has not been completed within this time frame, all audit recode findings will be reviewed with FCDS Review selected as "final".
6. Final Reviews will be conducted by the FCDS Senior Manager for Data Quality/Quality Control and Education.
7. Audit Case Report: Key data items will be audited following FCDS Standard Data Validation and Visual Editing Procedures with adherence to all national coding standards, rules and guidelines. Individual cases may be printed with all original and discrepant data, text, recodes, and final decisions including notes printed in a standard format that can be saved as a PDF.
8. Facility Audit Summary Report: Facility-specific audit summary findings will be aggregated by facility into a Facility Audit Summary Report. The report will be presented in FCDS standard format with major and minor annotated and summarized for comparison to the State Audit Summary Report. Recommendations for improvements may be included in your facility report.
9. State Audit Summary Report: All Facility Audit Summary Reports will be aggregated into a State Audit Summary Report.
10. Education Planning: Aggregate findings and recommendations will be used in planning statewide education and training events.

**Questions:** Please contact Steven Peace at 305-243-4601 or via email at [speace@mtami.edu](mailto:speace@mtami.edu).

## Auditor Re-Abstract Entry Main Page

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Re-Abstract Audit

Selection: Abstract Pathology

Contractor: Both

Audit Year: 2013

Type: ☒ Both ☒ Abstract ☐ Path Status: ☒ All ☐ New ☐ Incomplete ☐ Complete \*\*\* Double Click the record you wish to Re-Abstract \*\*\*

Type	Identifier	Status	Primary Site	Hist ICD93	Beh ICD93	Last Changed
Abstract	12309341	New				
Abstract	12309980	New				
Abstract	12310090	New				
Abstract	12328460	New				
Abstract	12331893	New				
Abstract	12333768	New				
Abstract	12340154	New				
Abstract	12344838	New				
Abstract	12344848	New				
Abstract	12344908	New				
Abstract	12344917	New				
Abstract	12344920	New				
Abstract	12345077	New				
Abstract	12346831	New				
Abstract	12352911	New				
Abstract	12354261	New				
Abstract	12359623	New				
Abstract	12363492	New				
Abstract	12366637	New				
Abstract	12366730	New				
Abstract	12367663	New				
Abstract	12370095	New				
Abstract	12370145	New				
Abstract	12377604	New				
Abstract	12377637	New				
Record Cnt:	735					

Abstract

## Auditor Re-Abstract Entry Main Page

28

Re-Abstract Audit

Selection: Abstract Pathology

Contractor: Both

Audit Year: 2013

Type: ☐ Both ☐ Abstract ☒ Path Status: ☒ All ☐ New ☐ Incomplete ☐ Complete \*\*\* Double Click the record you wish to Re-Abstract \*\*\*

Type	Identifier	Status	Primary Site	Hist ICD93	Beh ICD93	Last Changed
Path	12208020	New				
Path	12223028	New				
Path	12223114	New				
Path	12229923	New				
Path	12237500	New				
Path	12240508	New				
Path	12248174	New				
Path	12280062	New				
Path	12280119	New				
Path	12280772	New				
Path	12307744	New				
Path	12309259	New				
Path	12309341	New				
Path	12309980	New				
Path	12310090	New				
Path	12328460	New				
Path	12331893	New				
Path	12344838	New				
Path	12344848	New				
Path	12344908	New				
Path	12344917	New				
Path	12344920	New				
Path	12352911	New				
Path	12354261	New				
Path	12363492	New				
Record Cnt:	282					

Path

## Auditor Tracking Status – Sample Display

29

Re-Abstract Audit 2014

Selection Abstract Pathology

Contractor Both

Type: Both Abstract Path Status: All New

\*\*\* Double Click the record you wish to track

Type	Identifier	Status	Site	Met ID003	Beh ID003	Last Change
Abstract	11905068	Completed	C187	8480	3	05/13/2014 12:52PM
Abstract	11813098	Completed	C180	8140	3	05/13/2014 12:13PM
Abstract	11599529	Completed	C309	8500	3	05/13/2014 09:03AM
Abstract	11758422	Completed	C304	8500	3	05/13/2014 11:54AM
Abstract	11758411	Completed	C304	8500	3	05/13/2014 09:59AM
Abstract	11680014	Completed	C182	8140	3	05/13/2014 09:33AM
Abstract	11599587	Completed	C187	8140	3	05/13/2014 09:27AM
Abstract	11599584	Completed	C180	8480	3	05/13/2014 09:15AM
Abstract	11541627	Completed	C309	8500	3	05/13/2014 04:33PM
Abstract	11541639	Completed	C305	8500	3	05/13/2014 08:52AM
Abstract	11541630	Completed	C302	8500	3	05/12/2014 04:45PM
Abstract	11541602	Completed	C185	8481	3	05/12/2014 03:11PM
Abstract	11541626	Completed	C308	8501	2	05/12/2014 04:01PM
Abstract	11465120	Completed	C308	8500	3	05/12/2014 03:01PM
Abstract	11373211	Incomplete	C305	8500	3	05/12/2014 01:58PM
Path	11373221	Incomplete	C180	8140	3	05/12/2014 02:31PM
Abstract	12491174	Incomplete	C180	8140	3	05/12/2014 11:34AM
Abstract	12482656	Incomplete	C305	8140	1	05/12/2014 11:32AM
Path	12482656	Incomplete	C305	8140		05/12/2014 01:16PM
Abstract	11736918	Incomplete	C180	8140	2	05/12/2014 03:05PM
Path	11373211	Incomplete	C309	8460	3	05/12/2014 02:25PM
Abstract	11451610	New				
Abstract	11438338	New				
Abstract	11438291	New				
Abstract	11451411	New				
Record Cuts	874					

Summary List Selection Save / Complete Save/Incomplete

Tracking Status

Tracking Status

## Text-To-Code Validation Example

30

Re-Abstract Audit - Identifier: 12237535

Selection Abstract Pathology

**All Text**

**Text-Primary Site** BREAST, RIGHT OVERLAPPING

**Text-Histology** DUCTAL AND LOBULAR CARCINOMA, GRADE 2

**Physical Exam - PE**  
2/8/13 58 Y/O FEMALE WITH ABNORMAL HAMMO. NO PALPABLE BREAST ABNORMALITIES.

**X-ray/Scans**  
1/11/13 MAMMO/US: 2.2 CM MASS @ 3:00 RIGHT BREAST. 2/13/13 MRI BREAST: POCI OF CLUMPED HAZELIKE ENHANCEMENT RIGHT INNER BREAST.

**Scopes**  
NONE

**Lab Tests**  
2/8/13 ER/PR (POSITIVE), HER-2/NEU (POSITIVE), CALPORNIN (NEGATIVE), 2/13/13 HER-2/NEU IHC (NEGATIVE) 45-67 35% P53 (FAVORABLE)

**Operative Report**  
2/13/13 RIGHT BREAST LUMPECTOMY, RIGHT SENTINEL LYMPH NODE BIOPSY, COMPLETE RIGHT AXILLARY LYMPH NODE DISSECTION.

**Pathology Report**  
2/8/13 RIGHT BREAST, MASS: INFILTRATING DUCTAL CARCINOMA, MOD DIFF, NOTTINGHAM GRADE 2, 0.2 CM. 2/13/13 RIGHT BREAST LUMPECTOMY, RSLN BIOPSY.

**Staging**  
PTC=7.0CM 1.7 CM. P11A=1/13 RIGHT AXILLARY SENTINEL LYMPH NODE METS (0/1 SLN AND 1/12 SLNs). CNO=NO DISTANT METS.

**Remarks**

**Surgery**  
SENTINEL LYMPH NODE BIOPSY, COMPLETE RIGHT AXILLARY

**RX Summ-Radiation**  
UNKNOWN - TREATMENT LETTER SENT

**Rad - Reg RX Modality**  
NONE

**Chemotherapy**  
4/2/13 ADRIAMYCIN, CYTOXAN 5/28/13 TAXOL

**Hormone**  
UNKNOWN - TREATMENT LETTER SENT

**BRN/Immun**  
NONE

**Other**  
NONE

**Re-Abstract Fields**

Date of DX (YYYYMMDD)

Primary Site

Histology

Behavior

Grade

Laterality

Tumor Size

Extension

Regional Nodes Positive

Regional Nodes Examined

Lymph Nodes

Mets at DX

Site Specific Factor: 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 28: 29: 30: 31: 32: 33: 34: 35: 36: 37: 38: 39: 40: 41: 42: 43: 44: 45: 46: 47: 48: 49: 50: 51: 52: 53: 54: 55: 56: 57: 58: 59: 60: 61: 62: 63: 64: 65: 66: 67: 68: 69: 70: 71: 72: 73: 74: 75: 76: 77: 78: 79: 80: 81: 82: 83: 84: 85: 86: 87: 88: 89: 90: 91: 92: 93: 94: 95: 96: 97: 98: 99: 100: 101: 102: 103: 104: 105: 106: 107: 108: 109: 110: 111: 112: 113: 114: 115: 116: 117: 118: 119: 120: 121: 122: 123: 124: 125: 126: 127: 128: 129: 130: 131: 132: 133: 134: 135: 136: 137: 138: 139: 140: 141: 142: 143: 144: 145: 146: 147: 148: 149: 150: 151: 152: 153: 154: 155: 156: 157: 158: 159: 160: 161: 162: 163: 164: 165: 166: 167: 168: 169: 170: 171: 172: 173: 174: 175: 176: 177: 178: 179: 180: 181: 182: 183: 184: 185: 186: 187: 188: 189: 190: 191: 192: 193: 194: 195: 196: 197: 198: 199: 200: 201: 202: 203: 204: 205: 206: 207: 208: 209: 210: 211: 212: 213: 214: 215: 216: 217: 218: 219: 220: 221: 222: 223: 224: 225: 226: 227: 228: 229: 230: 231: 232: 233: 234: 235: 236: 237: 238: 239: 240: 241: 242: 243: 244: 245: 246: 247: 248: 249: 250: 251: 252: 253: 254: 255: 256: 257: 258: 259: 260: 261: 262: 263: 264: 265: 266: 267: 268: 269: 270: 271: 272: 273: 274: 275: 276: 277: 278: 279: 280: 281: 282: 283: 284: 285: 286: 287: 288: 289: 290: 291: 292: 293: 294: 295: 296: 297: 298: 299: 300: 301: 302: 303: 304: 305: 306: 307: 308: 309: 310: 311: 312: 313: 314: 315: 316: 317: 318: 319: 320: 321: 322: 323: 324: 325: 326: 327: 328: 329: 330: 331: 332: 333: 334: 335: 336: 337: 338: 339: 340: 341: 342: 343: 344: 345: 346: 347: 348: 349: 350: 351: 352: 353: 354: 355: 356: 357: 358: 359: 360: 361: 362: 363: 364: 365: 366: 367: 368: 369: 370: 371: 372: 373: 374: 375: 376: 377: 378: 379: 380: 381: 382: 383: 384: 385: 386: 387: 388: 389: 390: 391: 392: 393: 394: 395: 396: 397: 398: 399: 400: 401: 402: 403: 404: 405: 406: 407: 408: 409: 410: 411: 412: 413: 414: 415: 416: 417: 418: 419: 420: 421: 422: 423: 424: 425: 426: 427: 428: 429: 430: 431: 432: 433: 434: 435: 436: 437: 438: 439: 440: 441: 442: 443: 444: 445: 446: 447: 448: 449: 450: 451: 452: 453: 454: 455: 456: 457: 458: 459: 460: 461: 462: 463: 464: 465: 466: 467: 468: 469: 470: 471: 472: 473: 474: 475: 476: 477: 478: 479: 480: 481: 482: 483: 484: 485: 486: 487: 488: 489: 490: 491: 492: 493: 494: 495: 496: 497: 498: 499: 500: 501: 502: 503: 504: 505: 506: 507: 508: 509: 510: 511: 512: 513: 514: 515: 516: 517: 518: 519: 520: 521: 522: 523: 524: 525: 526: 527: 528: 529: 530: 531: 532: 533: 534: 535: 536: 537: 538: 539: 540: 541: 542: 543: 544: 545: 546: 547: 548: 549: 550: 551: 552: 553: 554: 555: 556: 557: 558: 559: 560: 561: 562: 563: 564: 565: 566: 567: 568: 569: 570: 571: 572: 573: 574: 575: 576: 577: 578: 579: 580: 581: 582: 583: 584: 585: 586: 587: 588: 589: 590: 591: 592: 593: 594: 595: 596: 597: 598: 599: 600: 601: 602: 603: 604: 605: 606: 607: 608: 609: 610: 611: 612: 613: 614: 615: 616: 617: 618: 619: 620: 621: 622: 623: 624: 625: 626: 627: 628: 629: 630: 631: 632: 633: 634: 635: 636: 637: 638: 639: 640: 641: 642: 643: 644: 645: 646: 647: 648: 649: 650: 651: 652: 653: 654: 655: 656: 657: 658: 659: 660: 661: 662: 663: 664: 665: 666: 667: 668: 669: 670: 671: 672: 673: 674: 675: 676: 677: 678: 679: 680: 681: 682: 683: 684: 685: 686: 687: 688: 689: 690: 691: 692: 693: 694: 695: 696: 697: 698: 699: 700: 701: 702: 703: 704: 705: 706: 707: 708: 709: 710: 711: 712: 713: 714: 715: 716: 717: 718: 719: 720: 721: 722: 723: 724: 725: 726: 727: 728: 729: 730: 731: 732: 733: 734: 735: 736: 737: 738: 739: 740: 741: 742: 743: 744: 745: 746: 747: 748: 749: 750: 751: 752: 753: 754: 755: 756: 757: 758: 759: 760: 761: 762: 763: 764: 765: 766: 767: 768: 769: 770: 771: 772: 773: 774: 775: 776: 777: 778: 779: 780: 781: 782: 783: 784: 785: 786: 787: 788: 789: 790: 791: 792: 793: 794: 795: 796: 797: 798: 799: 800: 801: 802: 803: 804: 805: 806: 807: 808: 809: 810: 811: 812: 813: 814: 815: 816: 817: 818: 819: 820: 821: 822: 823: 824: 825: 826: 827: 828: 829: 830: 831: 832: 833: 834: 835: 836: 837: 838: 839: 840: 841: 842: 843: 844: 845: 846: 847: 848: 849: 850: 851: 852: 853: 854: 855: 856: 857: 858: 859: 860: 861: 862: 863: 864: 865: 866: 867: 868: 869: 870: 871: 872: 873: 874: 875: 876: 877: 878: 879: 880: 881: 882: 883: 884: 885: 886: 887: 888: 889: 890: 891: 892: 893: 894: 895: 896: 897: 898: 899: 900: 901: 902: 903: 904: 905: 906: 907: 908: 909: 910: 911: 912: 913: 914: 915: 916: 917: 918: 919: 920: 921: 922: 923: 924: 925: 926: 927: 928: 929: 930: 931: 932: 933: 934: 935: 936: 937: 938: 939: 940: 941: 942: 943: 944: 945: 946: 947: 948: 949: 950: 951: 952: 953: 954: 955: 956: 957: 958: 959: 960: 961: 962: 963: 964: 965: 966: 967: 968: 969: 970: 971: 972: 973: 974: 975: 976: 977: 978: 979: 980: 981: 982: 983: 984: 985: 986: 987: 988: 989: 990: 991: 992: 993: 994: 995: 996: 997: 998: 999: 1000: 1001: 1002: 1003: 1004: 1005: 1006: 1007: 1008: 1009: 1010: 1011: 1012: 1013: 1014: 1015: 1016: 1017: 1018: 1019: 1020: 1021: 1022: 1023: 1024: 1025: 1026: 1027: 1028: 1029: 1030: 1031: 1032: 1033: 1034: 1035: 1036: 1037: 1038: 1039: 1040: 1041: 1042: 1043: 1044: 1045: 1046: 1047: 1048: 1049: 1050: 1051: 1052: 1053: 1054: 1055: 1056: 1057: 1058: 1059: 1060: 1061: 1062: 1063: 1064: 1065: 1066: 1067: 1068: 1069: 1070: 1071: 1072: 1073: 1074: 1075: 1076: 1077: 1078: 1079: 1080: 1081: 1082: 1083: 1084: 1085: 1086: 1087: 1088: 1089: 1090: 1091: 1092: 1093: 1094: 1095: 1096: 1097: 1098: 1099: 1100: 1101: 1102: 1103: 1104: 1105: 1106: 1107: 1108: 1109: 1110: 1111: 1112: 1113: 1114: 1115: 1116: 1117: 1118: 1119: 1120: 1121: 1122: 1123: 1124: 1125: 1126: 1127: 1128: 1129: 1130: 1131: 1132: 1133: 1134: 1135: 1136: 1137: 1138: 1139: 1140: 1141: 1142: 1143: 1144: 1145: 1146: 1147: 1148: 1149: 1150: 1151: 1152: 1153: 1154: 1155: 1156: 1157: 1158: 1159: 1160: 1161: 1162: 1163: 1164: 1165: 1166: 1167: 1168: 1169: 1170: 1171: 1172: 1173: 1174: 1175: 1176: 1177: 1178: 1179: 1180: 1181: 1182: 1183: 1184: 1185: 1186: 1187: 1188: 1189: 1190: 1191: 1192: 1193: 1194: 1195: 1196: 1197: 1198: 1199: 1200: 1201: 1202: 1203: 1204: 1205: 1206: 1207: 1208: 1209: 1210: 1211: 1212: 1213: 1214: 1215: 1216: 1217: 1218: 1219: 1220: 1221: 1222: 1223: 1224: 1225: 1226: 1227: 1228: 1229: 1230: 1231: 1232: 1233: 1234: 1235: 1236: 1237: 1238: 1239: 1240: 1241: 1242: 1243: 1244: 1245: 1246: 1247: 1248: 1249: 1250: 1251: 1252: 1253: 1254: 1255: 1256: 1257: 1258: 1259: 1260: 1261: 1262: 1263: 1264: 1265: 1266: 1267: 1268: 1269: 1270: 1271: 1272: 1273: 1274: 1275: 1276: 1277: 1278: 1279: 1280: 1281: 1282: 1283: 1284: 1285: 1286: 1287: 1288: 1289: 1290: 1291: 1292: 1293: 1294: 1295: 1296: 1297: 1298: 1299: 1300: 1301: 1302: 1303: 1304: 1305: 1306: 1307: 1308: 1309: 1310: 1311: 1312: 1313: 1314: 1315: 1316: 1317: 1318: 1319: 1320: 1321: 1322: 1323: 1324: 1325: 1326: 1327: 1328: 1329: 1330: 1331: 1332: 1333: 1334: 1335: 1336: 1337: 1338: 1339: 1340: 1341: 1342: 1343: 1344: 1345: 1346: 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1513: 1514: 1515: 1516: 1517: 1518: 1519: 1520: 1521: 1522: 1523: 1524: 1525: 1526: 1527: 1528: 1529: 1530: 1531: 1532: 1533: 1534: 1535: 1536: 1537: 1538: 1539: 1540: 1541: 1542: 1543: 1544: 1545: 1546: 1547: 1548: 1549: 1550: 1551: 1552: 1553: 1554: 1555: 1556: 1557: 1558: 1559: 1560: 1561: 1562: 1563: 1564: 1565: 1566: 1567: 1568: 1569: 1570: 1571: 1572: 1573: 1574: 1575: 1576: 1577: 1578: 1579: 1580: 1581: 1582: 1583: 1584: 1585: 1586: 1587: 1588: 1589: 1590: 1591: 1592: 1593: 1594: 1595: 1596: 1597: 1598: 1599: 1600: 1601: 1602: 1603: 1604: 1605: 1606: 1607: 1608: 1609: 1610: 1611: 1612: 1613: 1614: 1615: 1616: 1617: 1618: 1619: 1620: 1621: 1622: 1623: 1624: 1625: 1626: 1627: 1628: 1629: 1630: 1631: 1632: 1633: 1634: 1635: 1636: 1637: 1638: 1639: 1640: 1641: 1642: 1643: 1644: 1645: 1646: 1647: 1648: 1649: 1650: 1651: 1652: 1653: 1654: 1655: 1656: 1657: 1658: 1659: 1660: 1661: 1662: 1663: 1664: 1665: 1666: 1667: 1668: 1669: 1670: 1671: 1672: 1673: 1674: 1675: 1676: 1677: 1678: 1679: 1680: 1681: 1682: 1683: 1684: 1685: 1686: 1687: 1688: 1689: 1690: 1691: 1692: 1693: 1694: 1695: 1696: 1697: 1698: 1699: 1700: 1701: 1702: 1703: 1704: 1705: 1706: 1707: 1708: 1709: 1710: 1711: 1712: 1713: 1714: 1715: 1716: 1717: 1718: 1719: 1720: 1721: 1722: 1723: 1724: 1725: 1726: 1727: 1728: 1729: 1730: 173

## Text-To-Code Validation Example

31

The screenshot shows the PCOR IDEA interface. The 'Re-Abstract' section on the left contains a text area with the following text: "COLON, SPLENIC FLEXURE. ADENOCARCINOMA WITH MUCINOUS AND SERRATED RING FEATURES. 68 YEAR OLD MALE PRESENTS WITH LEFT LOWER QUADRANT ABDOMINAL PAIN WITH BLOATING. MILD CONSTIPATION. NO RECTAL BLEEDING. PE-ABD NORMAL. BS. NO 3/25/2012 NM PET SCAN. NEGATIVE FOR METS. LAP LEFT HEMICOLECTOMY W/ABDOMINAL WALL RESECTION. NORMAL LIVER, GS, STOMACH, BS AND LNS VISUALIZED. EXPECT FOR LNS MASS ADHERENT TO LATERAL ABD WALL AT SPLENIC FLEXURE." The 'Re-Abstract Fields' section on the right has dropdowns for Date of Dx, Primary Site, Histology, Behavior, Select, and Select. A blue arrow points to the 'View full text - double click' button.

## Text-To-Code Validation Example

32

The screenshot shows the PCOR IDEA interface. The 'Re-Abstract' section on the left contains a text area with the following text: "COLON, SPLENIC FLEXURE. ADENOCARCINOMA WITH MUCINOUS AND SERRATED RING FEATURES. 68 YEAR OLD MALE PRESENTS WITH LEFT LOWER QUADRANT ABDOMINAL PAIN WITH BLOATING. MILD CONSTIPATION. NO RECTAL BLEEDING. PE-ABD NORMAL. BS. NO 3/25/2012 NM PET SCAN. NEGATIVE FOR METS. LAP LEFT HEMICOLECTOMY W/ABDOMINAL WALL RESECTION. NORMAL LIVER, GS, STOMACH, BS AND LNS VISUALIZED. EXPECT FOR LNS MASS ADHERENT TO LATERAL ABD WALL AT SPLENIC FLEXURE." The 'Re-Abstract Fields' section on the right has dropdowns for Date of Dx, Primary Site, Histology, Behavior, Grade, Laterality, Tumor Size, Extension, Regional Nodes, Regional Nodes Examined, Lymph Nodes, and Metastasis. A green arrow points to the 'Popups/Dropdowns Available' button.



## Text-To-Code Validation Example

33

Re-Abstract Audit 2014 Identifier: 11248780 ReAbs2014

Selection Abstract Pathology

Text-Primary Site RT BREAST UOQ

Text-Histology PD INVASIVE DUCTAL CA

Physical Exam - PE  
1/20/12 60 Y/O W/FW ADMIT FOR RT BREAST MASTECTOMY. EVALUATED FOR PALPABLE MASS IN RT BREAST. MAMMOGRAM/US POS FOR ABN UOQ. NODENOTOKER.

X-ray/Scans  
1/11/12 (PAIN PHVS) MAMMOGRAM ABN UOQ RT BREAST DESCRIBED AS POSS 2 LESIONS CONTIGUOUS MEASURING APPROX 4.1CM.

Scopes  
NONE

Lab Tests  
1/6/12 (PTA) RT BREAST EX: ER/PR NEGATIVE. HER2 EQUIVOCAL (2+) FISH: NOT AMPLIFIED.

Operative Report  
1/6/12 (PTA) RIGHT BREAST NEEDLE CORE BIOPSY. 1/20/12 RIGHT MRM WITH SLN EX. 2 SLNS IDENTIFIED. PRIMARY BREAST LESION APPEARED TO BE APPROX 4CM.

Pathology Report  
1/6/12 (PTA) RT BREAST NEEDLE CORE EX: INVASIVE PD DUCTAL CARCINOMA, MULT CORES. 0.4LNGEST CORE LENGTH. 1/20/12 TWO LEFT AXILLARY SLNS BEING. RT

Staging  
PATH STAGE (PTA N0-1). PER PHVS MAMMOGRAM DEMONSTRATED 4.1CM ABN WITH NEG US CLINICALLY.

Remarks  
REACHYTTED 2/20/12 WITH NEUTROPENIC FEVER 6/P FIRST CYCLE CHEMOTHERAPY. LAST FUW ADMISSION 2/28-3/3/12 FOR EVAL OF CHEST PAIN. CT CHEST NEG FOR

Surgery 1/20/12 MRM W/SLN/AXILLARY LN DISSECTION

RX Summ-Radiation NONE  
Rad - Reg RX Modality NONE  
Chemotherapy 2/10/12 TAC  
Hormone NONE  
BRN/Immuno NONE  
Other NONE

Re-Abstract Fields

Date of DX (YYYYMMDD) 2012-01-06

Primary Site C504

Histology 8500

Behavior 3 - Malignant

Grade 3 - Poorly Differentiated

Laterality 1 - Right

Tumor Size 041

Extension 100

Regional Nodes Positive 00

Regional Nodes Examined 24

Lymph Nodes 000

Mets at DX 00

Site Specific Factor: 11 020 21 002 151 020 151

RX Summ - Scope Primary Site 51 List

RX Summ - Scope Reg LN Surgery 6-Sentinel node biopsy and code 3, 4 or 5 at same time, or timing not stated

RX Summ-Radiation 0 Hormone 00  
Rad - Reg RX Modality 00 BRN/Immuno 00  
Chemotherapy 03 Other 0

Comments (2,000 characters)  
All items coded are supported by available text

Summary List Selection Save / Complete Save/Incomplete

Don't Forget to Code Scope Reg LN Surg

Enter Comments/Text

SAVE !!

## E-Path Re-Code Validation Example

34

Re-Abstract Audit 2014 Identifier: 11379960 ReAbs2014

Selection Abstract Pathology

Pathology Review - View Record 1 of 4

CLIA Number: Specimen Date: 2012-02-22

Pathology Text

Diagnosis:  
LEFT BREAST BIOPSY AT 200 INVASIVE DUCTAL CARCINOMA NOS COMMENT FOR QUALITY ASSURANCE PURPOSES THIS CASE IS SEEN IN INTRADepartmental CONSULTATION AMENDED REPORT TO FOLLOW PRIOR EVALUATION OF ADDITIONAL ORDERED BREAST STUDY RESULTS LEFT BREAST BIOPSY AT 200 LEFT BREAST ABNORMALITYABNORMAL US THE SPECIMEN IS RECEIVED IN PRESERVE 1207 PM IN A CONTAINER LABELED LEFT BREAST BIOPSY AT 200 AND CONSISTS OF THREE PINK AND YELLOW CYLINDERS OF SOFT TISSUE THAT RANGE IN LENGTH FROM 07 TO 12 CM AND EACH ATTAINS A MAXIMUM WIDTH OF 01 CM ENTIRELY SUBMITTED IN ONE CASSETTE JOIN TWO LEVELS OF SECTIONS SHOW CORE BIOPSES OF BRISTLY TISSUE DEMONSTRATING THE PRESENCE OF INFILTRATING DUCTAL CARCINOMA COMPRISED OF RELATIVELY SMALL CLUSTERS AND NESTS OF NEOPLASTIC EPITHELIAL CELLS SHOWING MODERATE NUCLEAR PLEOMORPHISM AND SOME EVIDENCE OF CENTRAL LUMEN FORMATION THERE ARE LESS THAN 12 MITOSES PER 10 HIGH POWER FIELDS EXAMINED

Clinical History:  
Nature of Specimen:  
Gross Pathology:  
Microscopic Pathology:  
Final Diagnosis:  
Comments:

Re-Abstract Fields

Date of DX (YYYYMMDD)

Primary Site

Histology

Behavior Select

Grade Select

Laterality Select

Tumor Size

Extension

Reg Nodes Positive

Reg Nodes Examined

Lymph Nodes

Comments:

Negation Term NonReportable Term  
Site Term Skin Term  
Skin Site Term Reportable Term

Summary List Selection Save / Complete Save/Incomplete

Multiple Reports

Enter Codes

Dropdowns Available

Enter Comments/Text

SAVE !!

## E-Path Re-Code Validation Example

35

**Multiple Reports**

Re-Abstract Audit 2014    Identification: 11378966    ReAbs2014

Selection    Abstract    **Pathology**

Pathology Review - View Record 2 of 4

CLIA Number: [REDACTED]    Specimen Date: 2012-03-15

**Pathology Text**

Diagnosis:  
A LEFT AXILLARY SENTINEL LYMPH NODES NO HISTOLOGIC OR CYTOLOGIC EVIDENCE OF METASTATIC TUMOR IN TWO LYMPH NODES. LEFT BREAST LUMPECTOMY PRIOR BODY SITE IDENTIFIED NO HISTOLOGIC EVIDENCE OF MALIGNANCY. PROLIFERATIVE FIBROCYTIC CHANGES COMMENT THE ENTIRE SPECIMEN WAS SUBMITTED AND REVIEWED AND THERE IS NO RESIDUAL MALIGNANCY. FIBROCYTIC CHANGES CONSIST OF BENIGN INTRACANAL HYPERPLASIA CYSTIC APOCRINE METAPLASIA WITH MICROCALCIFICATIONS COLUMNAR CELL CHANGES AND HYPERPLASIA WITHOUT ATYPIC RARE LARGE CYTES OR DISRUPTED CHEMICAL STAIN RANCYOTERATIN HAS BEEN ORDERED ON BOTH LYMPH NODES TO EXCLUDE THE POSSIBILITY OF TUMOR THICK SUBSTRATE OF THE PRIOR CORE NEEDLES OF THE LEFT BREAST. CS12815 WILL BE REVIEWED AND A FINAL PATHOLOGIC SYNOPSIS WILL BE BASED ON THE REVIEW. A SENTINEL NODES LEFT AXILLA FS 8 LEFT BREAST CANCEROMA WIDE MARKS INTERIOR SINGLE SUTURE MARKS 1200 TWO SUTURES MARK NO INFILTRATING DUCT CANCER. LEFT BREAST A THE SPECIMEN IS RECEIVED IN A FRESH STATE IN A CONTAINER LABELED LEFT AXILLARY SENTINEL LYMPH NODES AND EMBEDDED IN TWO SMALL MASSES OF FAT ARE TWO WELL DEFINED FLUCTUANT NODULES MEASURING 15 X 08 X 08 CM AND 12 X 08 X 08 CM RESPECTIVELY EACH NODULE IS SERIALY SECTIONED IN A TRANSVERSE FASHION THE CUT SURFACE IS PINK AND FATTY TOUCH PREPARATIONS ARE PERFORMED THE FORMER AND LARGER LYMPH NODE IS SUBMITTED IN CASSETTE 1 AND THE SECOND LYMPH NODE IS CASSETTE 2 FOR FROZEN SECTION. THE SPECIMEN IS RECEIVED IN A FRESH STATE 1134 AM IN A CONTAINER LEFT BODY AND CONSISTS OF A PLATTED FRAGMENT OF FIBROFATTY SOFT TISSUE THAT MEASURES 7 X 35 X 1 CM A SINGLE SUTURE DESIGNATES THE SUPERIOR MARGIN A DOUBLE SUTURE THE MEDIAL MARGIN AND A FINE METAL MARKING NEEDLE PENETRATES THE ANTERIOR ASPECT OF THE SPECIMEN THE SPECIMEN IS SERIALY SECTIONED IN A SEQUENTIAL FASHION COMMENCING AT THE INFERIOR MARGIN AND TERMINATING AT THE POSTERIOR MARGIN THE SPECIMEN CONSISTS OF APPROXIMATELY 70 CONJUGATIONS AND INTERWEAVING BANDS OF FIBROUSLIKE SOFT TISSUE OF VARIABLE PLIABILITY AND FIRMNESS AN OBVIOUS DISCRETE AREA OF INDURATION IS NOT IDENTIFIED THERE IS AN EQUIVOCAL PRIOR BODY SITE THE SPECIMEN IS ENTIRELY SUBMITTED IN 25 CASSETTES. JOHN FROZEN SECTION DIAGNOSES A LEFT AXILLARY SENTINEL LYMPH NODES NO HISTOLOGIC OR CYTOLOGIC EVIDENCE OF METASTATIC TUMOR. IN TWO LYMPH NODES THE SPECIMEN WAS RECEIVED AT 1105 AM DR MC LAUGHLIN NOTIFIED AT 1138 AM JOHN AS A MICROSCOPIC EXAMINATION HAS BEEN PERFORMED AND THE FINDINGS ARE INCORPORATED IN THE DIAGNOSIS.

**Clinical History:**

Summary List    Selection

Re-Abstract Fields

Date of DX: 2012-03-15 (YYYYMMDD)

Primary Site: [REDACTED]

Histology: [REDACTED]

Behavior: [Select]

Grade: [Select]

Laterality: [Select]

Tumor Size: [REDACTED]

Extension: [REDACTED]

Reg Nodes Positive: [REDACTED]

Reg Nodes Examined: [REDACTED]

Lymph Nodes: [REDACTED]

Comments:

Negation Term: NonReportable Term

Site Term: Site Term

Site Site Term: Reportable Term

Save / Complete    Save / Incomplete

**SAVE !!**

**Entry Fields Carry Along**

## E-Path Re-Code Validation Example

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Re-Abstract Audit 2014    Identification: 113789437    ReAbs2014

Selection    Abstract    **Pathology**

Pathology Review - View Record 1 of 2

CLIA Number: [REDACTED]    Specimen Date: 2012-03-15

**Pathology Text**

ADHESIONS ALONG ITS ENTIRE LENGTH THE SPECIMEN IS ORDERED TO REVEAL A VELVETY TANGLED MUCOSA WITH A 22 CM IN GREATEST DIMENSION EDEMATOUS DOMESHAPED AREA THIS AREA IS LOCATED 105 CM FROM THE STAPLED MARGIN AND 122 CM FROM THE OREI MARGIN THE SEROSA OVERLAYS THE DOMESHAPED MUCOSA IS IRREGULAR BLUE AND THE AREA IS SERIALY SECTIONED TO REVEAL A THICKENED BOWEL WALL WHICH IS REMARKABLE FOR A 13 CM IN GREATEST DIMENSION CRISTAL CAVERNOUS AREA THE BOWEL WALL IS PREDOMINANTLY 02 CM THICK SURROUNDING OF CASSETTES CASSETTES C3 THROUGH C4 REPRESENTATIVE DOMESHAPED MUCOSA WITH UNDERLYING CAVERNOUS AREA CASSETTES C5 AND C6 REPRESENTATIVE BOWEL ADJACENT TO PERFORATED SEROSA CASSETTE C7 REPRESENTATIVE UNINVOLVED BOWEL. PROMINENT LYMPH NODES ARE NOT IDENTIFIED WITHIN THE ADPOSE TISSUE DENSEM A SECTIONS FROM THE APPENDICULAR STUMP SHOW APPENDICULAR AND COLONIC TISSUES WITH FOCAL FAT NECROSIS AND FOREIGN BODY TYPE GEAR CELL REACTION THERE IS NO DYSPLASIA OR MALIGNANCY IDENTIFIED 8 SECTIONS FROM THE ILEOCECAL JUNCTION SHOW AN INFLAMMATORY MODERATELY DIFFERENTIATED ADENOCARCINOMA THE TUMOR EXTENDS THROUGH THE MUSCLE WALL AND INTO THE SEROSA TISSUES THE TUMOR EXTENDS TO THE UNKED AND CALUTERIZED EXTERNAL PERINEURAL MARGIN THE TUMOR IS COMPOSED OF IRREGULARLY SHAPED GLANDS AND CRIBIFORM NESTS SURROUNDED BY DENSE DESMOPLASTIC STROMA AREAS OF NECROSIS AND CALCIFICATION ARE SEEN THE PROXIMAL AND DISTAL RESECTION MARGINS ARE BOTH FREE OF MALIGNANCY TEN LYMPH NODES ARE FOUND IN THE PERICOLONIC FAT THE NODES SHOW NO METASTATIC CARCINOMA. 010 C SECTIONS FROM THE ILEUS SHOW PORTIONS OF SMALL BOWEL WITH MARKED SEROSAL GRANULATON TISSUE FIBROSIS AND FOREIGN BODY REACTION THERE IS ADENOCARCINOMA WITHIN THE SEROSA TISSUES AND FOCALLY INVADING THE MUSCLE WALL WHICH APPEARS TO BE DIRECT EXTENSION OF THE TUMOR FROM THE SIGMOID COLON PART 8 COLONRECTAL CARCINOMA SYNOPSIS BASED ON ACC TH Edition 2010 HISTOLOGIC TYPE ADENOCARCINOMA HISTOLOGIC GRADE MODERATELY DIFFERENTIATED GRADE II TUMOR SIZE 45 CM IN GREATEST DIMENSIONS DEPTH OF INVASION THROUGH MUSCULARIS PROPRIA INTO SEROSAL TISSUE AND SHOWING FOCAL DIRECT INVASION OF THE ILEUM LYMPHATICOVASCULAR INVASION NOT IDENTIFIED PERINEURAL INVASION NOT IDENTIFIED PRETUMORAL LYMPHATIC RESPONSE MODERATE MARGINS PROXIMAL AND DISTAL RESECTION MARGINS FREE OF MALIGNANCY CIRCUMFERENTIAL MARGIN FOCALLY INVOLVED MEASUREMENT TO CLOSEST MARGIN 33 CM TUMOR DEPOSITS NONE LYMPH NODES TEN OF TEN LYMPH NODES NEGATIVE FOR METASTATIC CARCINOMA. DISTANT METASTASIS DIRECT EXTENSION OF TUMOR INTO ILEUM SEROSA AND MUSCLE WALL TM STAGING THE NO MX WHICH IS STAGE GROUPING IIC.

Summary List    Selection

Re-Abstract Fields

Date of DX: 2012-03-15 (YYYYMMDD)

Primary Site: C187

Histology: R140

Behavior: 3 - Malignant

Grade: 2 - Moderately Differentiated

Laterality: 0 - None

Tumor Size: 045

Extension: 600

Reg Nodes Positive: 00

Reg Nodes Examined: 10

Lymph Nodes: 000

Comments (2,000 characters):  
sigmoid colon adenocarcinoma, mod diff  
T4B0NM0 pathologic stage

Negation Term: NonReportable Term

Site Term: Site Term

Site Site Term: Reportable Term

Save / Complete    Save / Incomplete

**SAVE !!**

**Enter Comments/Text**

## FCDS IDEA - Dashboard Notification

37

**Welcome - Dashboard**

Your password will expire in 561 days. (MAR 04th 2016)

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

**Recent System Activity** [Show All](#)

Date / Time	Action
05/13/2014 13:42:03	0>Login: space
05/13/2014 14:48:06	952/Reconciliation of Audit menu item chosen.
05/13/2014 14:48:06	0>Login: space
05/13/2014 14:48:06	952/Reconciliation of Audit menu item chosen.
05/13/2014 14:42:34	952/Reconciliation of Audit menu item chosen.

**Items Needing Attention**

Module to Review (double click to review)	Records
2012 QA Audit	19
Consolidated Follow Back	0
Discrepancy Review (Poces)	0
Disease Index	0
FADTP Follow Back	0
Quality Control	0
Radiation Therapy	0

**Florida Cancer Data System**

A Joint Project of the Escholar Comprehensive Cancer Center and the Florida Department of Health

## Accessing Data Quality Audit through IDEA

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**FCDS IDEA**

Florida Cancer Data System

**Quality Control**

- FCDS 2011 Quality Assurance Audit
- FCDS 2014 Quality Assurance Audit
- FCDS 2013 Quality Assurance Audit
- CER Facility Overview
- PACS - Claims Comparison
- CER Facility Listing

**Information Sheet**

**Re-Abstract Entry**

**Reconciliation of Audit**

**FCDS** Florida Cancer Data System

A Joint Project of the Escholar Comprehensive Cancer Center and the Florida Department of Health

# Facility Information Sheet

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## FEDS Florida Cancer Data System Florida Statewide Cancer Registry

### 2013 Data Validation Audit with E-Pub Verification - Information Sheet

The Florida Cancer Data System (FCDS) is charged with providing the highest quality data possible for cancer cases reported to the Florida Department of Health and the CDC National Program of Cancer Registries (NPCR). Data must meet rigorous standards to be included in local, regional, state, and national cancer rate reports to Congress, and various cancer surveillance-related publications. FCDS conducts numerous data processing and data quality checks including on-site and remote audit visits to various facilities to ensure the data quality standards continue to be met and to identify areas that may require further education and training.

An FCDS Re-abstracting (Data Validation) Audit will be performed for this facility using electronic copies of primary medical record documents submitted by this facility (electronic pathology reports plus cancer registry documents) to validate the quality of abstracted and coded data for cases submitted to the Florida Cancer Data System (FCDS). The audit has been designed to assess the quality of abstracting and the accuracy of coded data from cases submitted to the Florida Cancer Data System (FCDS). These audits allow FCDS to assess consistency in interpretation of data information, adherence to coding rules and guidelines, policies and procedures and to identify areas that require further education and training. A copy of the audit protocol is available from FCDS.

FCDS is utilizing a new approach to auditing to make better use of electronic medical records this year in an effort to reduce the burden that comes with on-site audits including detailed planning, auditors travel, workspace, limited access, and other on-site considerations. There will be no in-person travel required. Code and data team recommendations in required for each discrepancy data item.

**Facility and Case Selection** have been identified by 2013 reporting year completed for primary breast cancer and primary colon cancer from calendar year 2011 diagnosis. All cases will be brought "anatomic" cases (e.g. patient was first diagnosed and/or first treated at your facility). All cases will be audited remotely by the FCDS Audit Team.

#### AUDIT PROCEDURES AND INSTRUCTIONS

1. To obtain a PDF copy or to register this information sheet, please go to the FCDS website <http://cds.floridacancer.org> and log in to FCDS. If you have Admin or QC User Roles - go to the Quality Control Menu - Select FCDS 2013 Quality Assurance Audit then select Information Sheet. A PDF version of this sheet will open which can be saved and/or printed at your discretion.
2. Each Case will undergo Two Reviewer Audit Evaluation with either code comparison and "best other" evaluation required.
  - a. The first evaluation will be a review of the abstracted data compared to original abstract code as a "best other" with "best other" evaluation of the data item. Discrepancies will be noted as "discrepancies" or "best other". There is a critical element to the abstract FCDS data quality requirements as well as abstract that part the quality requirements. FCDS, CDC, and the Florida Department of Health have been reporting FCDS data requirements for over 10 years (1995).
  - b. The second evaluation will be a comparison of original abstract code compared to coded values from the best original value the electronic pathology report from the report of the primary site. The part of the abstracting audit will identify areas where electronic data have incorrectly been compared to coded history/histopathology of cancer. Coded values from the best original value included in the original pathology report or second other information when coding the original abstract.
3. Coding discrepancies will be documented and returned to the originating facility to be corrected by a facility representative. This does not have to be the original case abstractor as this is in the role of second other facility-reviewed data quality and not the abstractor.
4. Recommendations of Facility-Level Data Discrepancies is required for this audit. During the part of the audit, the originating facility has no obligation to submit data findings with additional information from the audit to provide a rationale for not including required text or code(s). A facility will abstracting the original - other information. Recommendations to other information.
5. A facility will be required to provide 10 cases for the audit. The audit will be conducted by the facility representative and submit any comments or recommendations to the original site documentation, coded data and best other of the abstracted-included data. The facility must submit a "best other" for any data item found to have a coding or data discrepancy. Recommendations to other information are not required unless the facility has all and send the findings will be returned with FCDS Review selected as "Yes".
6. Facility Review will be conducted by the FCDS Audit Manager for Data Quality/Quality Control and Education.
7. Audit Case Report: For data items will be audited following FCDS Standard Data Validation and Visual Editing Procedures with reference to all abstracting standards, rules and guidelines. Abstracted cases may be grouped with all original and discrepancy data, best, records, and data items including any general a coded from the data item to be used as a "best other".
8. Facility Audit Summary Report: Facility-specific audit summary findings will be aggregated by facility and a Facility Audit Summary Report. The report will be submitted to the facility and will be submitted for review to the Data Quality Manager.
9. Audit Summary Report: Recommendations for improvement may be included in your facility report.
10. Facility Audit Summary Report: All Facility Audit Summary Reports will be aggregated into a Data Audit Summary Report.
11. Education Planning: Aggregate findings and recommendations will be used in planning statewide education and training events.

**Outlines:** Please contact Steven Pearce at 850-243-4801 or via email at [sp@fcds.floridacancer.org](mailto:sp@fcds.floridacancer.org).



# Go to Quality Control – 2015 QA Audit

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**Re-Abstract Reconciliation Version 13.0**

Select a Facility: [Dropdown Menu]

Select a Facility: [Dropdown Menu]

Audit Year: 2012

Click the Record you wish to review

Facility	Accession	Seq	Status	Primary Site	Host	Beh	Med Rec #	Discrepancies	Last Changed
Reabstract	C501	00	Reabstract	C180	8140	3		3	
Reabstract	C501	00	Reabstract	C501	8523	3		11	
Reabstract	C182	00	Reabstract	C180	8140	3		6	
Reabstract	C180	00	Reabstract	C180	8140	3		6	
Reabstract	C508	00	Reabstract	C508	8500	3		8	
Reabstract	C185	00	Reabstract	C185	8481	3		2	
Reabstract	C508	00	Reabstract	C508	8501	2		7	
Reabstract	C509	00	Reabstract	C509	8500	3		10	
Reabstract	C502	00	Reabstract	C502	8500	3		8	
Reabstract	C505	00	Reabstract	C505	8500	3		7	
Reabstract	C509	00	Reabstract	C509	8500	3		4	
Reabstract	C180	00	Reabstract	C180	8480	3		3	
Reabstract	C187	00	Reabstract	C187	8140	3		1	
Reabstract	C182	00	Reabstract	C182	8140	3		3	
Reabstract	C500	00	Reabstract	C500	8500	3		8	
Reabstract	C500	00	Reabstract	C500	8500	3		7	
Reabstract	C500	00	Reabstract	C500	8500	3		8	
Reabstract	C187	00	Reabstract	C187	8480	3		6	
Reabstract	C182	00	Reabstract	C182	8140	3		5	

Record Cnt: 20

Summary List Print Detail Finish Case Return to Selection Tab

**NOTE:** You can only see Your Facility Records

**Status**

**# Discrepancies**

**Print Option**



## Facility Reconciliation - Navigation

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Use Abstract  
Section Tabs

Use Abstract  
Section Tabs

Pathology Tab

NOTE:  
You can  
only see  
Your  
Facility  
Records

Re-Abstract Reconciliation Version 13.0 Current Facility/Accession/Seq: [REDACTED] ReAbstractRecon\_2014

Select a Facility [REDACTED]

Reconciliation Demographic Case Dx CS Text Text 2 Treatment Follow-Up **Pathology**

Tumor Information

Date of DX (YYYYMMDD) 2012-01-12 Flag [REDACTED]

Primary Site C 180 Histology 8140 Discriminator 988 053 Colon

Description Site Summary: C18.0, C18.2-C18.9  
M-8000-8152-8154-8231-8243-8245-8247-8248-8250-8934-8940-9136-9141-9582-9700-9701  
C18.0 Cecum  
C18.2 Ascending colon  
C18.3 Hepatic flexure of colon  
C18.4 Transverse colon  
C18.5 Splenic flexure of colon  
C18.6 Descending colon  
C18.7 Sigmoid colon  
C18.8 Overlapping lesion of colon

Behavior 3 - Malignant

Grade 2 - Moderately Differentiated

Laterality 0 - None

Text-Primary Site CECUM

Text-Histology MD ADENOCARCINOMA

Summary List Print Detail Finish Case Return to Selection Tab

## Facility Reconciliation - Navigation

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NOTE:  
You can  
only see  
Path  
Reports  
That  
Match  
Your  
Facility  
Records

Re-Abstract Reconciliation Version 13.0 Current Facility/Accession/Seq: [REDACTED] ReAbstractRecon\_2014

Select a Facility [REDACTED]

Reconciliation Demographic Address DX Case Dx CS Text Text 2 Treatment Follow-Up **Pathology**

Pathology Review - View Record 1 of 3

CLIA Number: [REDACTED] Specimen Date: 2012-01-16

Pathology Text

Diagnosis: HEMATOCHIEZIA IN PATIENT WITH NEW ONSET ATRIAL FIBRILLATION ON PRADAXA CECUM MASS RECEIVED IS A CONTAINER LABELED WITH THE PATIENTS NAME NUMBER AND CECAL MASS AN ENDOSCOPIC FINDING SHEET ACCOMPANIES THE REQUISITION THE SPECIMEN CONSISTS OF SIXXREGULAR FRAGMENTS OF TAN TISSUE MEASURING FROM 1 UP TO 4 MM IN GREATEST DIMENSIONS THE SPECIMEN IS MARKED AND ENTIRELY SUBMITTED IN ONE CASSETTEGICAL MASS BIOPSY ADENOCARCINOMA MODERATELY TO POORLY DIFFERENTIATED OR ROBERT E BARNES ALSO REVIEWED THE CASE AND CONCURS WITH DIAGNOSTIC INTERPRETATION

Clinical History:

Nature of Specimen:

Gross Pathology:

Microscopic Pathology:

Final Diagnosis:

Comments:

Reportable Term  
NonReportable Term  
Skin Term  
Negation Term  
Site Term  
Skin Site Term

Summary List Print Detail Finish Case Return to Selection Tab

# Facility Reconciliation - Navigation

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NOTE:  
You can  
only see  
Path  
Reports  
That  
Match  
Your  
Facility  
Records

Re-Abstract Reconciliation Version 13.0 Current Facility / Accession/Seq: ReAbstractRecon\_2014

Select a Facility

Selection Reconciliation Demographic Case Dx CS Text Text 2 Treatment Follow-Up Pathology

Pathology Review - View Record 2 of 3

CLIA Number: Specimen Date: 2012-01-20

Pathology Text

Diagnosis:

CECAL MASS RECEIVED IS A CONTAINER LABELED WITH THE PATIENT'S NAME NUMBER AND CECUM THE SPECIMEN CONSISTS OF A PORTION OF COLON CECUM WITH ATTACHED FAT AND AN ATTACHED PORTION OF TERMINAL ILEUM THE SEGMENT OF COLON MEASURES 12 CM IN LENGTH AND RANGES FROM 3 CM IN DIAMETER DISTALLY UP TO 35 CM IN DIAMETER PROXIMALLY THE SEROSA HAS A PARTIALLY SMOOTH TO IRREGULAR PINK/TAN TO RED APPEARANCE WITH SCATTERED ADHESIONS THE BASE OF THE CECUM EVIDENCES A 3 X 15 CM PUCKERED APPEARING AREA THE ATTACHED SEGMENT OF TERMINAL ILEUM MEASURES 35 X 2 X 2 CM THE APPENDIX IS NOT PRESENT OPENING THE SEGMENT OF TERMINAL ILEUM REVEALS THE MUCOSA TO HAVE A FOLDED RED/TAN APPEARANCE THE ILEOCECAL VALVE IS UNREMARKABLE OPENING THE COLON REVEALS THE MUCOSA TO HAVE A FOLDED DARK RED/TAN APPEARANCE WITHIN THE BASE OF THE CECUM CORRESPONDING TO THE AREA OF SEROSAL PUCKERING THERE IS A RAISED TAN PUNGATING TUMOR WHICH MEASURES 45 X 35 CM THE SEROSA UNDERLYING THE AREA OF TUMOR IS STAINED WITH GREEN DYE SECTIONING THROUGH THE AREA OF TUMOR REVEALS A FIRM TAN CUT SURFACE THE AREA OF TUMOR EXTENDS TO BUT NOT GROSSLY THROUGH THE COLON WALL RANGING FROM 03 UP TO 12 CM IN THICKNESS SECTIONING THE ATTACHED COLONIC FAT REVEALS SIXTEEN LYMPH NODE CANDIDATES RANGING IN SIZE FROM 04 UP TO 12 CM IN GREATEST DIMENSIONS REPRESENTATIVE SECTIONS CASSETTE 1 ILEAL RESECTION MARGIN CASSETTE 2 TERMINAL ILEUM AND ILEOCECAL VALVE CASSETTES 3 6 AREA OF TUMOR TO DEMONSTRATE DEPTH OF INVASION TO INCLUDE ADJACENT MUCOSA CASSETTE 7 RANDOM SECTION OF COLON DISTAL TO THE AREA OF TUMOR CASSETTE 8 COLONIC RESECTION MARGIN CASSETTE 9 RADIAL SOFT TISSUE MARGIN CASSETTES 10 12 LYMPH NODE CANDIDATES CECUM RESECTION MODERATELY DIFFERENTIATED ADENOCARCINOMA SPECIMEN CECUM PROCEDURE PARTIAL COLECTOMY TUMOR SITE CECUM TUMOR SIZE 45 CM IN GREATEST DIMENSION HISTOLOGIC TYPE ADENOCARCINOMA HISTOLOGIC GRADE GRADE 2 MODERATELY DIFFERENTIATED GROSS TUMOR PERFORATION NOT PRESENT MICROSCOPIC TUMOR EXTENSION TUMOR INVADERS AT LEAST INTO MUSCULARIS PROPRIA ADDITIONAL STAINS TO FOLLOW MARGINS PROXIMAL FREE OF TUMOR DISTAL FREE OF TUMOR RADIAL FREE OF TUMOR DISTANCE FROM CLOSEST MARGIN CIRCUMFERENTIAL LESS THAN 1 MM LYMPH VASCULAR INVASION NOT IDENTIFIED LYMPH NODES NUMBER EXAMINED 15 NUMBER INVOLVED 0 PATHOLOGIC STAGE TO FOLLOW IMMUNOHISTOCHEMICAL STAIN FOR DESMIN ON A SELECTED BLOCK OF TUMOR DEMONSTRATES THAT THE MUSCULARIS PROPRIA IS NOT IMPACT AT THE DEEPEST PORTION OF PENETRATION BY TUMOR THE TUMORS THEREFORE STAGED T2N0M0 SOME IMMUNOHISTOCHEMICAL REAGENTS USED BY THIS LABORATORY ARE ANALYTE SPECIFIC REAGENTS THESE TESTS WERE DEVELOPED AND THE PERFORMANCE CHARACTERISTICS WERE DETERMINED BY MEMORIAL LABORATORIES THEY HAVE NOT BEEN CLEARED OR APPROVED FOR USE BY THE US FOOD AND DRUG ADMINISTRATION THE FDA HAD DETERMINED THAT SUCH CLEARANCE OR APPROVAL IS NOT NECESSARY

Summary List Print Detail Finish Case Return to Selection Tab

Reportable Term  
NonReportable Term  
Skin Term  
Negation Term  
Site Term  
Skin Site Term

# Facility Reconciliation Example

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NOTE:  
You can  
only see  
Your  
Facility  
Records

Re-Abstract Reconciliation Version 13.0 Current Facility / Accession/Seq: ReAbstractRecon\_2014

Select a Facility

Selection Reconciliation Demographic Address DX Case Dx CS Text Text 2 Treatment Follow-Up Pathology

Discrepant Counts: Original Abstract Re-Abstract Path Re-Abs

Field Original Abstract Re-Abstract Path Re-Abs

Dx Date 2012-01-20 2012-01-20 2012-01-20

Grade 2 2 3

CS Extension 200 200 400

Which Value do you agree with? Original Value Re-Abstracted Value Path Re-Abs Value Neither Value

Reabstracted Dx Date value: 20120112

Justification (10 character Minimum, 1000 character Maximum)

Save Item

Summary List Print Detail Finish Case Return to Selection Tab

Items to check

Navigate Using Tabs to Review Documentation from Abstract & Path Reports

Select Best Value

You Must Justify Each Value

Check Value

Save Each Item/Best Value

Finish Case After All Items Reconciled

## Facility Reconciliation Example

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Re-Abstract Reconciliation Version 13.8

Select a Facility: [Redacted]

Discrepant Count: 10

Field	Original Abstract	Re-Abstract	Path Re-Abstract	Agree	New Value	Comment
Grade	2	2	2	<input checked="" type="checkbox"/>		
Laterality	R	R	R	<input checked="" type="checkbox"/>		
Tumor Size	510	510	510	<input checked="" type="checkbox"/>		
Extension	400	400	400	<input checked="" type="checkbox"/>		
Met. at Dx	00	00	00	<input checked="" type="checkbox"/>		
SSP1	999	999	999	<input checked="" type="checkbox"/>		
SSP2	000	000	000	<input checked="" type="checkbox"/>		
SSP15	999	999	999	<input checked="" type="checkbox"/>		
SSP16	999	999	999	<input checked="" type="checkbox"/>		

Which Value do you agree with? ☐ Original Value ☒ Re-Abstracted Value ☐ Path Re-Abstract Value ☐ Neither Value

Justification (10 character Minimum, 1000 character Maximum)

Save Item Reset

Summary List Print Detail Finish Case Return to Selection Tab

Auditor's Comments: [Redacted]

Path: [Redacted]

## Facility Reconciliation Example

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NOTE: You can only see Your Facility Records

Re-Abstract Reconciliation Version 13.8

Select a Facility: [Redacted]

Discrepant Count: 3

Field	Original Abstract	Re-Abstract	Path Re-Abstract	Agree	New Value	Comment
Dx Date	20120112	20120112	20120116	<input type="checkbox"/>	20120112	First Dx on 1/12/12 with + biopsy
Grade	2	2	3	<input type="checkbox"/>	2	Path and Abstract Agree Mod Diff
CS Extension	200	200	400	<input checked="" type="checkbox"/>		

Which Value do you agree with? ☐ Original Value ☒ Re-Abstracted Value ☐ Path Re-Abstract Value ☐ Neither Value

New CS Extension Value: [Redacted]

Justification (10 character Minimum, 1000 character Maximum)

Original, Re-Abstract, and Path Re-Abstract all incorrect on final review - code 300 based on path final dx extension...details....

Save Item/New Value

Save Item Reset

Summary List Print Detail Finish Case Return to Selection Tab

documentation





## Reconciliation - Sample Notes


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FUS	<h1 style="text-align: center;">Reconciliation Request</h1> <p style="text-align: center;">**Big UserMasterScreen, UserMasterEditForm, UserMail Content**"            (Shaded Areas not Compared)</p>	6/20/2014 9:38:27 AM Page: 27 of 84
<b>Auditor's Comments:</b>  <hr/>		
<b>About:</b> no sites appear until wide resection on 5/21/12, when was original bx of rt breast before wide resection? primary site not documented - coded breast, 1025, left-mammary; focus and diff negative ductal carcinoma, T1metastatic, bullion placed for brachytherapy - with 4 pins.		
<b>Pdx:</b> 4/21/12 - initial bx rt breast - negative for neoplasm; 5/25/12 - microscopic foci of invasive ductal ca tubular pattern - wide resection, 75mm size, Nottingham score 5, well diff, no LCIS, macroscopic ductal carcinoma tubular carcinoma, no lymph nodes examined, T1metastatic		

## Reconciliation - Sample Saved Responses

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[illegible]

	<h1 style="text-align: center;">Reconciliation Request</h1> <p style="text-align: center;">**Tag User=MasterSecond User=MasterThird User=Path.Abbout**</p> <p style="text-align: center;">(Shaded Areas not Compared)</p>	<p>5/15/2014 3:28:59 PM</p> <p>Page: 2 of 40</p>
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## FAQs

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- **How Many Cases Will I Have to Reconcile?**
  - Breast Cases – 0-25
  - Colon Cases – 0-10
  - How Many Data Items Will I Have to Reconcile?
  - Depends on # Discrepant Data Item Values for Each Case
    - Up to 23 Items for Re-Abstract Breast Cases
    - Up to 11 Items for Re-Abstract and Re-Path Cases – shared items
    - Up to 20 Items for Re-Abstract Colon Cases
    - Up to 11 Items for Re-Abstract and Re-Path Cases – shared items
- **How Long Do We Have to Reconcile Cases?**
  - 4 weeks from notification – no exceptions
- **What Happens if I Do Not Reconcile My Cases?**
  - Cases will undergo Final Reconciliation by FCDS without your input and what FCDS decides sticks.

## Audit Summary Reports

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- **Facility-Specific**
- **State Comparison**
- **Major Errors**
  - Incorrect Primary Site or Number of Primaries
  - Incorrect Histology
  - Incorrect Stage Group or Summary Stage
- **Minor Errors**
  - Incorrect Sub-Site
  - More Specific Histology
  - Incorrect Collaborative Stage Core Item or SSF (not for staging)
- **Recommendations**

# Timeline

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11/2014	12/2014	01/2015	02/2015	03/2015	03/2015	04/2015	05/2015	06/2015	07/2015
Protocol Updates	Final Protocol								
		Software Updates	Software Updates						
			Identify Audit Team	Audit Orientation Webcast					
					Audit	Audit			
						Reconciliation	Reconciliation		
								Final Review	
									Update ECDS Record
								Preliminary Audit Report	Final Audit Report

# Questions

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