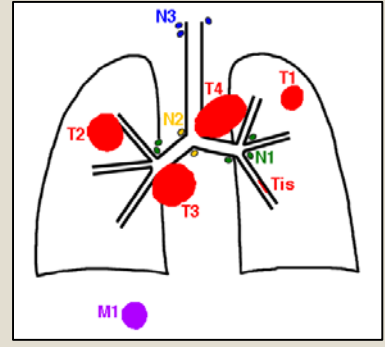
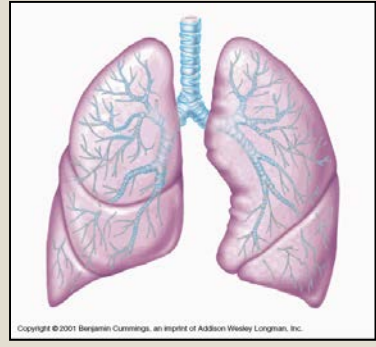


FCDS Data Quality Audit Diagnosis Year 2014 and 2015 Cases

1

AUDIT RECONCILIATION INSTRUCTIONS

STEVEN PEACE, CTR
12/15/2016



FCDS Data Quality Audits

2

- 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

3

- 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 NCPR Program Standards 2012-2017.
- FCDS operates the state cancer registry under contract with the Florida DOH.



FCDS Data Quality Audits

4

- 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

5

- **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

6

- **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**

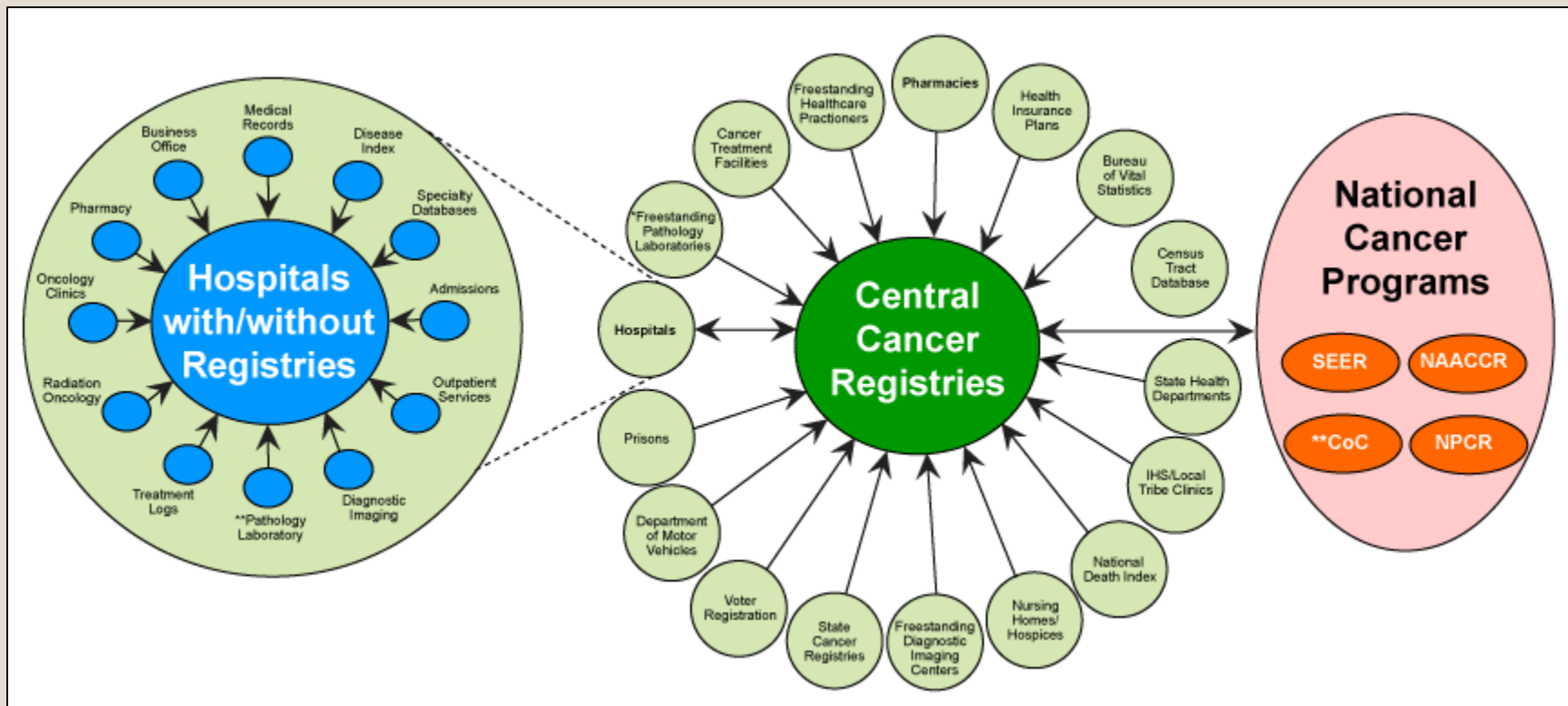
- AHCA Data
- Abstracted Cases
- Death Certificates
- Physician Office Data
- Electronic Pathology Reports
- Electronic Copies of Other Primary Documents
- Remote Access to Electronic Records Systems
- On-Site Access to Electronic Records Systems



FCDS Data Quality Audits

7

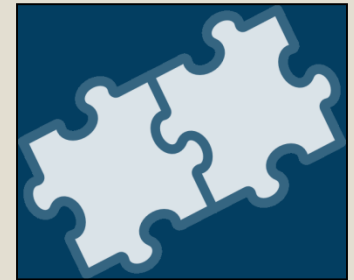
Source Documents, Report Sources, and Flow of Information



Data Validation with E-Path Verification

8

- 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 lung 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 when not available.



Data Validation with E-Path Verification

- 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 to convey review findings targeted to specific cancers.
- **NOTE: Text Documentation of specific data items has been both a state and national cancer reporting requirement for two decades with requirements and expectations reinforced via QC Review or personal contact with registrars on a routine basis.**

Text Documentation Required

10

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

11

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 3/15/2014 (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

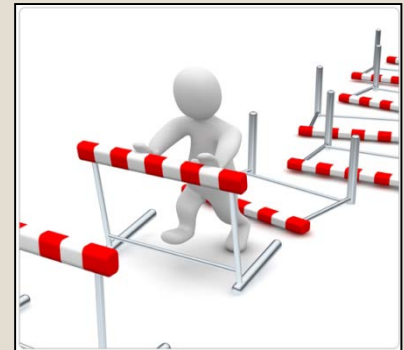
12

Text Data Item Name	Text Documentation Source and Item Description FCDS Required Text Documentation
NAACCR Item # 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 #2550 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 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
NAACCR Item #2570 Field Length = 1000	(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

13

- **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

14

- **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

15

- Facilities will be selected according to 5-year selection criteria
- Case Selection will be based upon the following criteria:
 - Date of Diagnosis 01/01/2014-12/31/2014 OR 01/01/2015-12/31/2015 – not both
 - Primary Site = C34.0-C34.9 (lung)
 - 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)
- Selection will include at least 5 “analytic” Lung Cancer Cases
- Selection will include no more than 25 “analytic” Lung Cancer Cases
- Pathology Selection will be 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 – 2014 DX

16



It's Your Lucky Day!



2014 Lung Cancer Diagnosis	
Facility #	Facility Name
1306	Bay Medical Center
1505	Cape Canaveral Hospital
1548	Wuesthoff Medical Center Melbourne
1602	Memorial Regional Hospital South
1605	Broward Health
1606	Memorial Regional Cancer Center
1609	Imperial Point Medical Center
1645	Coral Springs Medical Center
1900	Seven Rivers Regional Medical Center
2304	Aventura Hospital and Comp Cancer Ctr
2310	Anne Bates Leach Eye Hospital
2338	Mercy Hospital
2348	Doctors Hospital
2358	Kendall Medical Center
2376	South Miami Hospital
2377	Westchester General Hospital
2640	Baptist Medical Center South
2648	Memorial Hospital Jacksonville
2650	Mayo Clinical Hospital
2660	St Luke - St Vincent's Healthcare
2700	West Florida Hospital
2736	Baptist Hospital of Pensacola
3505	Florida Hospital Wauchula
3715	Spring Hill Regional Hospital
3890	Florida Hospital Lake Placid
3906	Tampa General Hospital
3937	St Joseph Hospital
3938	South Florida Baptist Hospital
3988	South Bay Hospital
4170	Sebastian River Medical Center
4206	Jackson Hospital
4516	Leesburg Regional Medical Center
4546	South Lake Hospital
4605	Lee Memorial Health System
4647	Lehigh Regional Medical Center
5105	Manatee Memorial Hospital
5202	West Marion Community Hospital
5346	Martin Memorial Medical Center
5471	Mariners Hospital
5505	Baptist Medical Center Nassau
5607	North Okaloosa Medical Center
5670	Fort Walton Beach Medical Center
5705	Raulerson Hospital
5836	Florida Hospital Cancer Inst South
5848	UF Health Cancer Center at Orlando
5849	Florida Hospital East Orlando
5850	Winter Park Memorial Hospital
5967	Osceola Regional Medical Center
5969	Celebration Health FL Hospital
6045	West Boca Medical Center
6047	Good Samaritan Medical Center
6048	JFK Medical Center
6170	Medical Center of Trinity
6203	Edward White Hospital
6205	Florida Hospital North Pinellas
6278	Mease Countryside Hospital
6347	Heart of Florida Hospital
6348	Lake Wales Hospital
6810	Englewood Community Hospital
6870	Doctors Hospital
6905	Central Florida Regional Hospital
7005	Villages Regional Hospital
7405	Florida Hospital New Smyrna
7406	Halifax Hospital Medical Center

Facility Selection – 2015 DX

17



It's Your Lucky Day!



2015 Lung Cancer Diagnosis	
Facility #	Facility Name
1100	Shands University of Florida
1508	Palm Bay Hospital
1510	Viera Hospital
1607	North Broward Medical Center
1647	Cleveland Clinic Hospital
1676	Plantation General Hospital
1681	Northwest Medical Center
1687	University Medical Center
1688	Memorial Hospital West
1836	Peace River Regional Medical Center
1846	Charlotte Regional Medical Center
2146	NCH Healthcare System
2306	Homestead Hospital
2307	West Kendall Baptist Hospital
2347	University of Miami Hospital
2351	Mount Sinai Medical Center
2372	U of Miami Hospital Clinics
2378	Coral Gables Hospital
2379	Larkin Community Hospital
2383	Palmetto General Hospital
2605	Baptist Medical Center Beaches
2606	Shands Jacksonville Medical Center
2638	St Vincent's Medical Center
2738	Sacred Heart Cancer Center
3701	Oak Hill Hospital
3705	Bayfront Health Brooksville
3836	Florida Hospital Heartland
3903	Brandon Regional Hospital
3907	Florida Hospital Tampa
3910	St Joseph's Hospital South
3932	H Lee Moffitt Cancer Center
3936	St Joseph's Hospital North
3973	Florida Hospital Carrollwood
3978	Tampa Community Hospital
4105	Indian River Memorial Hospital
4601	Cape Coral Hospital
5100	Blake Medical Center
5110	Lakewood Ranch Medical Center
5203	St Vincent's Med Center Clay County
5205	Munroe Regional Medical Center
5606	Twin Cities Hospital
5610	Sacred Heart Hospital Emerald Coast
5805	Florida Hospital Apopka
5900	Poinciana Medical Center
5970	Florida Hospital Kissimmee
6003	Delray Medical Center
6005	Bethesda Memorial Hospital
6036	St Mary's Medical Center
6070	Palm Beach Gardens Medical Center
6104	Florida Hospital Wesley Chapel
6106	North Bay Hospital
6171	Bayfront Health, Dade City
6172	Regional Medical Center Bayonet Point
6248	Bayfront Medical Center
6249	Mease Dunedin Hospital
6250	Morton Plant Hospital
6251	St Anthony Hospital
6274	St Petersburg General Hospital
6305	Lakeland Regional Medical Center
6446	Putnam Community Medical Center
6600	Columbia Lawnwood Regional Medical
6704	Gulf Breeze Hospital
6805	Sarasota Memorial Hospital
6936	Florida Hospital Altamonte
7105	Shands Live Oak Regional Med Center
7205	Doctors Memorial Hospital

Case Selection

18

- Date of Diagnosis 01/01/2014-12/31/2014 OR
- Date of Diagnosis 01/01/2015-12/31/2015 – not both
- Primary Site = C34.0 – C34.9 (lung)
- 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



FCDS Main Dashboard

Re-Abstract Audit Status ReabsStatus

Year: **2014** Total: 956

Beginning Facility: **1306-BAY MEDICAL CENTER** UnMatched: 956

Ending Facility: **7406-HALIFAX HOSPITAL MEDICAL CENTER**

Contractor: **Both** [Export to Excel](#)

[Complete Facilities](#)

Facility	List	Re-Abstract				Facility				FCDS		
		- Master Records		-- Incomplete --		--- Complete ---		To Do	Compl	Reco	Reconciliation	
		Abshist	Path	Abshist	Path	Abshist	Path					
1306-BAY MEDICAL CENTER	Print	9		0	0	0	0	0	0	0	Print	0
1505-CAPE CANAVERAL HOSPITAL	Print	9	7	0	0	0	0	0	0	0	Print	0
1548-WUESTHOFF MEDICAL CENTER MELBOURNE	Print	9	1	0	0	0	0	0	0	0	Print	0
1602-MEMORIAL REGIONAL HOSPITAL SOUTH	Print	6	5	0	0	0	0	0	0	0	Print	0
1605-BROWARD HEALTH	Print	9	8	0	0	0	0	0	0	0	Print	0
		12	7	0	0	0	0	0	0	0	Print	0
		9	9	0	0	0	0	0	0	0	Print	0
1645-CORAL SPRINGS MEDICAL CENTER	Print	9	9	0	0	0	0	0	0	0	Print	0
1900-SEVEN RIVERS REGIONAL MEDICAL CTR	Print	9		0	0	0	0	0	0	0	Print	0
2304-AVENTURA HOSPR AND COMP CANCER CTR	Print	9	8	0	0	0	0	0	0	0	Print	0
		1		0	0	0	0	0	0	0	Print	0
		9	9	0	0	0	0	0	0	0	Print	0
2348-DOCTORS HOSPITAL	Print	8	4	0	0	0	0	0	0	0	Print	0
2358-KENDALL MEDICAL CENTER	Print	9	5	0	0	0	0	0	0	0	Print	0
2376-SOUTH MIAMI HOSPITAL	Print	9	8	0	0	0	0	0	0	0	Print	0
2377-WESTCHESTER GENERAL HOSPITAL	Print	1		0	0	0	0	0	0	0	Print	0
2640-BAPTIST MEDICAL CENTER SOUTH	Print	9	7	0	0	0	0	0	0	0	Print	0
2648-MEMORIAL HOSPITAL JACKSONVILLE	Print	10	10	0	0	0	0	0	0	0	Print	0
Facility Count: 64		597	359									

Check Year

Some abstracts will have path

Not all abstracts will have path

FCDS Main Dashboard

Re-Abstract Audit Status ReabsStatus

Year: **2015** Total: 935
UnMatched: 935

Beginning Facility: 1100-SHANDS UNIVERSITY OF FLORIDA [Export to Excel](#)
[Complete Facilities](#)

Ending Facility: 7448-FLORIDA HOSPITAL MEMORIAL MED CTR

Contractor: Both

Facility	List	- Master Records		----- Re-Abstract -----				--- Facility ---				FCDS
		Abshist	Path	Abshist	Path	Abshist	Path	To Do	Compl	Reco	Recon	
1100-SHANDS UNIVERSITY OF FLORIDA	Print	22	11	0	0	0	0	0	0	0	Print	0
1508-PALM BAY HOSPITAL	Print	9	1	0	0	0	0	0	0	0	Print	0
1546-HOLMES REGIONAL MEDICAL CENTER	Print	13	3	0	0	0	0	0	0	0	Print	0
1607-NORTH BROWARD MEDICAL CENTER	Print	9	9	0	0	0	0	0	0	0	Print	0
1647-CLEVELAND CLINIC HOSPITAL	Print	10	5	0	0	0	0	0	0	0	Print	0
1682-NORTHWEST MEDICAL CENTER	Print	9	1	0	0	0	0	0	0	0	Print	0
1686-FLORIDA MEDICAL CENTER	Print	9	2	0	0	0	0	0	0	0	Print	0
1687-UNIVERSITY MEDICAL CENTER	Print	9	3	0	0	0	0	0	0	0	Print	0
1800-SAWCETT MEMORIAL HOSPITAL	Print	9	6	0	0	0	0	0	0	0	Print	0
1903-CITRUS MEMORIAL HOSPITAL	Print	9	5	0	0	0	0	0	0	0	Print	0
2000-ORANGE PARK MEDICAL CENTER	Print	9	3	0	0	0	0	0	0	0	Print	0
2146-NCH HEALTHCARE SYSTEM	Print	9	0	0	0	0	0	0	0	0	Print	0
2205-SHANDS LAKE SHORE REGIONAL MED CTR	Print	8	5	0	0	0	0	0	0	0	Print	0
2246-LAKE CITY MEDICAL CENTER	Print	9	8	0	0	0	0	0	0	0	Print	0
2306-HOMESTEAD HOSPITAL	Print	6	5	0	0	0	0	0	0	0	Print	0
2307-WEST KENDALL BAPTIST HOSPITAL	Print	6	5	0	0	0	0	0	0	0	Print	0
Facility Count: 68		627	308									

Check Year

Some abstracts will have path

Not all abstracts will have path

Data Items for Text-To-Code Audit

21

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

22

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

Auditor Instructions

23

- **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

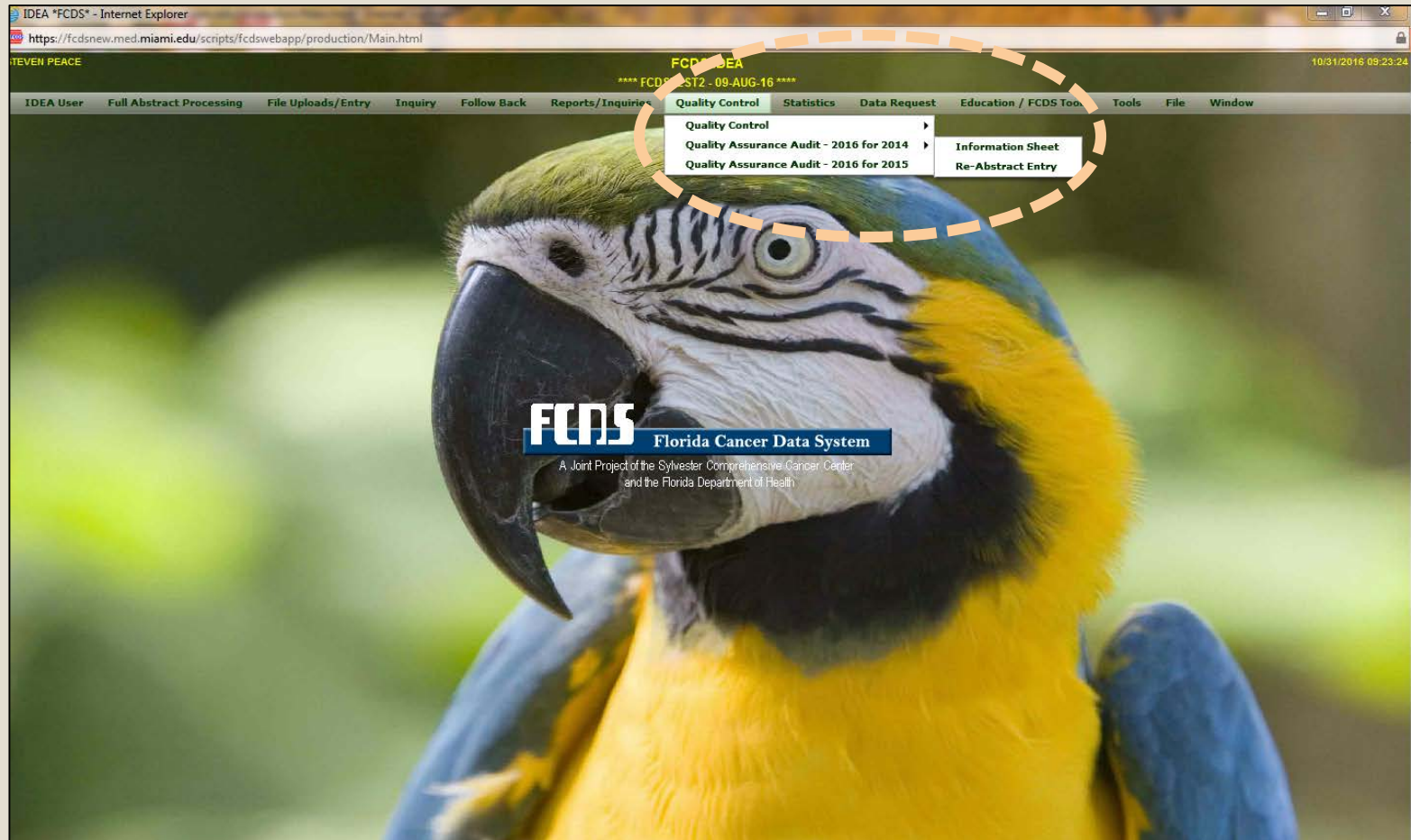


- **E-Path Re-Code Verification**

- 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

24



The screenshot displays the IDEA web application interface. The browser address bar shows the URL: <https://fcdsnew.med.miami.edu/scripts/fcdswebapp/production/Main.html>. The page header includes the user name "STEVEN PEACE", the application title "FCDS IDEA", and the date "10/31/2016 09:23:24". The main navigation menu includes: "IDEA User", "Full Abstract Processing", "File Uploads/Entry", "Inquiry", "Follow Back", "Reports/Inquiries", "Quality Control", "Statistics", "Data Request", "Education / FCDS Tools", "Tools", "File", and "Window". The "Quality Control" menu is expanded, showing options: "Quality Assurance Audit - 2016 for 2014", "Quality Assurance Audit - 2016 for 2015", "Information Sheet", and "Re-Abstract Entry". A dashed orange circle highlights the "Quality Assurance Audit" options. The background of the page features a close-up image of a blue and yellow macaw parrot. The FCDS logo and text "Florida Cancer Data System" are visible in the lower center, along with the text "A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health".

Auditor Re-Abstract Entry Main Page

25

Re-Abstract Audit 2016 ReAbs2016_2014

Selection **Abstract** Pathology

Contractor: **Both** Audit Year: **2014**

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

Type	Identifier	Status	Primary Site	Hist IDC03	Beh ICD03	Last Changed
Abstract	13275449	New				
Abstract	13275451	New				
Abstract	13276697	New				
Abstract	13286437	New				
Abstract	13290028	New				
Abstract	13291470	New				
Abstract	13291925	New				
Abstract	13295450	New				
Abstract	13295690	New				
Abstract	13295712	New				
Abstract	13297367	New				
Abstract	13298955	New				
Abstract	13301289	New				
Abstract	13307694	New				
Abstract	13314064	New				
Abstract	13321042	New				
Abstract	13321462	New				
Abstract	13323631	New				
Abstract	13324302	New				
Abstract	13324788	New				
Abstract	13337860	New				
Abstract	13345270	New				
Abstract	13345605	New				
Abstract	13345610	New				
Abstract	13345626	New				
Record Cnt:	956					

Summary List Selection Save / Complete Save/Incomplete

Abstract

Auditor Re-Abstract Entry Main Page

Re-Abstract Audit 2016 ReAbs2016_2014

Selection **Abstract** Pathology

Contractor: Both Audit Year: 2014

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

Type	Identifier	Status	Primary Site	Hist IDC03	Beh ICD03	Last Changed
Path	13231832	Completed	C749	8180	2	10/07/2016 04:06PM
Path	13253883	New				
Path	13259081	New				
Path	13259237	New				
Path	13272737	New				
Path	13274598	New				
Path	13276697	New				
Path	13290028	New				
Path	13291925	New				
Path	13295450	New				
Path	13295690	New				
Path	13295712	New				
Path	13298955	New				
Path	13307694	New				
Path	13314064	New				
Path	13321462	New				
Path	13323631	New				
Path	13324302	New				
Path	13324788	New				
Path	13345605	New				
Path	13345610	New				
Path	13345626	New				
Path	13345929	New				
Path	13347468	New				
Path	13347471	New				
Record Cnt:	359					

Summary List Selection Save / Complete Save/Incomplete



Auditor Re-Abstract Entry Main Page

27

Re-Abstract Audit 2016

ReAbs2016_2014

Selection Abstract Pathology

Contractor Both

Type: Both Abstract Path Status: All New

*** Double Click the record you wish to R...

Type	Identifier	Status	Site	Hist IDC03	Beh ICD03	Last Changed
Abstract	13353722	Completed	C341	8140	3	10/11/2016 08:34AM
Path	13231832	Completed	C749	8180	2	10/07/2016 04:06PM
Abstract	13261704	Incomplete	C349	8180	3	10/07/2016 04:03PM
Abstract	13231832	New				
Abstract	13253883	New				
Abstract	13253975	New				
Abstract	13261694	New				
Abstract	13259081	New				
Abstract	13263961	New				
Abstract	13259237	New				
Abstract	13272737	New				
Abstract	13274598	New				
Abstract	13275449	New				
Abstract	13275451	New				
Abstract	13276697	New				
Abstract	13286437	New				
Abstract	13290028	New				
Abstract	13291470	New				
Abstract	13272841	New				
Abstract	13295450	New				
Abstract	13291925	New				
Abstract	13295712	New				
Abstract	13297367	New				
Abstract	13298955	New				
Abstract	13301289	New				

Record Cnt: 956

Summary List Selection Save / Complete Save/Incomplete

Text-To-Code Validation Example

28

All Text

Re-Abstract Audit 2016 Identifier: 13626321 ReAbs2016_2014

Selection **Abstract** Pathology

Text-Primary Site LUNG LLL
Text-Histology ADENOCARCINOMA

Physical Exam - PE
52 YO OLD GENTLEMAN W A LARGE LLL MASS PET SCAN POS NO EVIDENCE METS GIVEN ITS LOCATION IT WAS NOT FAVORABLE FOR TRANSBRONCHOSCOPIC BX HERE

X-ray/Scans
4/22/14 PET SCAN 3.2CM LLL MASS COMPRESSION ATELECTASIS LLL BASE 3/31/14 CT CHEST 3CM LLL MASS NO LAD

Scopes
4/14/14 BRONCHOSCOPY HILAR LAD LEFT SIDE BX DONE NO CA;

Lab Tests
NO

Operative Report
6/3/14 ATTEMPTED ROBOTICALLY ASSISTED LLL WEDGE RESECTION CONVERSION TO THE LEFT THORACOTOMY WEDGE RESECTION LLL ; LOBECTOMY ADN MEDIASTINAL

Pathology Report
6/3/14 LLL WEDGE RESECTION NSCC FAVOR SUQAMOUS CELL CA; LLL LOBECTOMY INV MD ADENOCARCINOMA 3.5CM MASS GRADE MD UNIFOCAL NO VISCERAL PLEURAL

Staging
T2A NO 3.5CM TUMOR AND 0/5 LNS POS

Remarks

Surgery 6/3/14 LLL LOBECTOMY AND MEDIASTINAL LN DISSECTION ROBOTIC ASSISTED TO LEFT THORACTOMY WEDGE RESECTION

RX Summ-Radiation	UNK
Rad - Reg RX Modality	NA
Chemotherapy	UNK
Hormone	NA
BRM/Immuno	NA
Other	NA

Re-Abstract Fields

Date of DX (YYYYMMDD) -- --

Primary Site C

Histology

Behavior

Grade

Laterality

Tumor Size

Extension

Regional Nodes Positive

Regional Nodes Examined

Lymph Nodes

Mets at DX

Site Specific Factor: 1:

RX Summ - Surg Primary Site List

RX Summ - Scope Reg LN Surgery

Select Scope Surgery

RX Summ-Radiation

Rad - Reg RX Modality

Chemotherapy

Hormone

BRM/Immuno

Other

Comments (2,000 characters):

Summary List Selection Save / Complete Save/Incomplete

Enter Codes

Dropdowns Available

Enter Comments/Text

SAVE !!

Text-To-Code Validation Example

29

The screenshot displays the 'Re-Abstract Audit 2016' software interface. The main window is titled 'Re-Abstract Audit 2016' and 'Identifier: 13626321'. It features several tabs: 'Selection', 'Abstract', and 'Pathology'. The 'Abstract' tab is active, showing a patient's medical history and various reports. A 'Pathology Report' pop-up window is open, displaying the following text: '6/3/14 LLL WEDGE RESECTION NSCC FAVOR SQUAMOUS CELL CA; LLL LOBECTOMY INV MD ADENOCARCINOMA 3.5CM MASS GRADE MD UNIFOCAL NO VISCERAL PLEURAL INVASION NO LVI 0/5 LMS POS 1 PA LN 1 INTRLOBULAR, 3 HILAR LNS EXAMINED'. A blue arrow points from the text 'View full text – double click' to the pop-up window. The main window also includes a 'Re-Abstract Fields' section with dropdown menus for 'Date of DX (YYYYMMDD)', 'Primary Site', 'Histology', 'Behavior', and 'Grade'. At the bottom, there are buttons for 'Summary List', 'Selection', 'Save / Complete', and 'Save / Incomplete'.

Re-Abstract Audit 2016 Identifier: 13626321 ReAbs2016_2014

Selection Abstract Pathology

Text-Primary Site LUNG LLL
Text-Histology ADENOCARCINOMA

Physical Exam - PE
52 YO OLD GENTLEMAN W A LARGE LLL MASS PET SCAN POS NO EVIDENCE METS GIVEN ITS LOCATION IT WAS NOT FAVORABLE FOR TRANSBRONCHOSCOPIC BX HERE

X-ray/Scans
4/22/14 PET SCAN 3.2CM LLL MASS - CONFIRMATION ATELECTASIS LLL BASE 3/31/14 CT CHEST 3CM LLL MASS NO LA

Scopes
4/14/14 BRONCHOSCOPY HI

Lab Tests
NO

Operative Report
6/3/14 ATTEMPTED ROBOTICAL LEFT THORACTOMY WEDGE RESECTION

Pathology Report
6/3/14 LLL WEDGE RESECTION INV MD ADENOCARCINOMA 3.5

Staging
T2A NO 3.5CM TUMOR AND 0/5

Remarks

Surgery 6/3/14 LLL LOBECTOMY AND MEDIASTINAL LN DISSECTION ROBOTIC ASSISTED TO LEFT THORACTOMY WEDGE RESECTION

RX Summ-Radiation UNK
Rad - Reg RX Modality NA
Chemotherapy UNK
Hormone NA
BRM/Immuno NA
Other NA

Re-Abstract Fields
Date of DX (YYYYMMDD) - -
Primary Site C
Histology
Behavior Select
Grade Select

Pathology Report
6/3/14 LLL WEDGE RESECTION NSCC FAVOR SQUAMOUS CELL CA; LLL LOBECTOMY INV MD ADENOCARCINOMA 3.5CM MASS GRADE MD UNIFOCAL NO VISCERAL PLEURAL INVASION NO LVI 0/5 LMS POS 1 PA LN 1 INTRLOBULAR, 3 HILAR LNS EXAMINED

Exit

Chemotherapy Other

Comments (2,000 characters):

Summary List Selection Save / Complete Save / Incomplete

View full text – double click

Text-To-Code Validation Example

30

Re-Abstract Audit 2016 Identifier: 13626321 ReAbs2016_2014

Selection **Abstract** Pathology

Text-Primary Site LUNG LLL
Text-Histology ADENOCARCINOMA

Physical Exam - PE
52 YO OLD GENTLEMAN W A LARGE LLL MASS PET SCAN POS NO EVIDENCE METS GIVEN ITS LOCATION IT WAS NOT FAVORABLE FOR TRANSBRONCHOSCOPIC BX HERE

X-ray/Scans
4/22/14 PET SCAN 3.2CM LLL MASS COMPRESSION ATELECTASIS LLL BASE 3/31/14 CT CHEST 3CM LLL MASS NO LAD

Scopes
4/14/14 BRONCHOSCOPY HILAR LAD LEFT SIDE BX DONE NO CA;

Lab Tests
NO

Operative Report
6/3/14 ATTEMPTED ROBOTICALLY ASSISTED LLL WEDGE RESECTION CONVERSION TO THE LEFT THORACOTOMY WEDGE RESECTION LLL ; LOBECTOMY ADN MEDIASTINAL

Pathology Report
6/3/14 LLL WEDGE RESECTION NSCC FAVOR SUQAMOUS CELL CA; LLL LOBECTOMY INV MD ADENOCARCINOMA 3.5CM MASS GRADE MD UNIFOCAL NO VISCERAL PLEURAL

Staging
T2A NO 3.5CM TUMOR AND 0/5 LNS POS

Remarks

Surgery 6/3/14 LLL LOBECTOMY AND MEDIASTINAL LN DISSECTION ROBOTIC ASSISTED TO LEFT THORACTOMY WEDGE RESECTION

RX Summ-Radiation UNK
Rad - Reg RX Modality NA
Chemotherapy UNK
Hormone NA
BRM/Immuno NA
Other NA

Re-Abstract Fields

Date of DX (YYYYMMDD) -- --
Primary Site C
Histology
Behavior Select
Grade Select
Laterality Select

Regional Treatment Modality GeneralLOV X

Code	Description
00	No radiation treatment
20	External beam, NOS
21	Orthovoltage
22	Cobolt-60, Cesium-137
23	Photons (2-5 MV)
24	Photons (6-10 MV)
25	Photons (11-19 MV)
26	Photons (> 19 MV)
27	Photons (mixed energies)
28	Electrons

Rad - Reg RX Modality BKM/Immuno
Chemotherapy Other

Comments (2,000 characters):

Summary List Selection Save / Complete Save / Incomplete

Popups/Dropdowns Available

Text-To-Code Validation Example

31

Re-Abstract Audit 2016 for 2014 Identifier: 14061747 ReAbs2016_2014

Selection **Abstract** Pathology

Text-Primary Site RIGHT LUNG NOS
Text-Histology ADENOCA NOS

Physical Exam - PE
83 YO WF WITH REMOTE TOB HX ADMIT THRU ER WITH SOB AND CXR NOTED LARGE R PLEURAL EFFUSION

X-ray/Scans
CT CHETS + LARGE R PLEURAL EFFUSION WITH MULTIPLE PULMONARY NODULES CONCERNING FOR MET, MULTIPLE LIVER METS & ADRENAL METS, COMPRESSIVE

Scopes
NONE

Lab Tests
NONE

Operative Report
NONE

Pathology Report
4/18/14 R PLEURAL FLUID + ADENOCA WITH IHC STAINS + LUNG PRIMARY

Staging
DISTANT METS AT DX

Remarks

Surgery PALL THORACENTESIS ONLY

RX Summ-Radiation
Rad - Reg RX Modality
Chemotherapy
Hormone
BRM/Immuno
Other

Re-Abstract Fields

Date of DX (YYYYMMDD) 2014-04-18
Primary Site C 349
Histology 8140
Behavior 3 - Malignant
Grade 9 - Unknown
Laterality 3 - Unilat
Tumor Size 000
Extension 950
Regional Nodes Positive 98
Regional Nodes Examined 00
Lymph Nodes 000
Mets at DX 42
Site Specific Factor: 1: 040
RX Summ - Surg Primary Site 00 List
RX Summ - Scope Reg LN Surgery
0-None
RX Summ-Radiation 0 Hormone 00
Rad - Reg RX Modality 00 BRM/Immuno 00
Chemotherapy 00 Other 0

Comments (2,000 characters):
Registrar should have documented date of dx better
Registrar should have documented pulmonary nodules better

Summary List Selection Save / Complete Save/Incomplete

Don't Forget to Code
Scope Reg LN Surg

Enter Comments

SAVE !!

E-Path Re-Code Validation Example

32

Multiple Reports

Re-Abstract Audit 2016 for 2014 Identifier: 13570598 ReAbs2016_2014

Selection Abstract **Pathology**

Pathology Review - View Record 1 of 4

CLIA Number: [REDACTED] Specimen Date: 2014-02-04 Raw Data

Pathology Text - Coded

Diagnosis:
PART A. LEFT LUNG MASS BIOPSY POORLY DIFFERENTIATED HIGH GRADE MALIGNANT NEOPLASM WITH MARKEDLY PLEOMORPHIC NUCLEI SCATTERED MITOSES AND EXTENSIVE NECROSIS. PLEASE SEE COMMENT. PART B. LEFT LUNG MASS BIOPSY POORLY DIFFERENTIATED HIGH GRADE MALIGNANT NEOPLASM WITH MARKEDLY PLEOMORPHIC NUCLEI SCATTERED MITOSES AND EXTENSIVE NECROSIS. PLEASE SEE COMMENT.

Clinical History:

Nature of Specimen:

Gross Pathology:
PART A. THE SPECIMEN IS LABELED LEFT LUNG MASS . RECEIVED FRESH ARE MULTIPLE TAN WHITE SOFT TISSUE NEEDLE CORES AVERAGING 1 CM IN LENGTH BY 0.1 CM IN DIAMETER. THE CORES ARE SUBMITTED ENTIRELY IN CASSETTE A. PART B. THE SPECIMEN IS LABELED LEFT LUNG MASS . RECEIVED FRESH ARE MULTIPLE TAN WHITE SOFT TISSUE NEEDLE CORES AVERAGING 1 CM IN LENGTH BY 0.1 CM IN DIAMETER. TOUCH PREPARATIONS ARE MADE. THE CORES ARE SUBMITTED ENTIRELY IN ONE CASSETTE. PART C. THE SPECIMEN IS LABELED LUNG MASS LEFT . RECEIVED FRESH FOR FLOW CYTOMETRY ARE TAN PINK SOFT TISSUE NEEDLE CORES AVERAGING 0.7 CM IN LENGTH BY 0.1 CM IN AGGREGATE. THE CORES ARE SENT FOR FLOW CYTOMETRY STUDIES. A SEPARATE REPORT WILL FOLLOW.

Microscopic Pathology:
PART A. LEFT LUNG MASS BIOPSY POORLY DIFFERENTIATED HIGH GRADE MALIGNANT NEOPLASM WITH MARKEDLY PLEOMORPHIC NUCLEI SCATTERED MITOSES AND EXTENSIVE NECROSIS. PLEASE SEE COMMENT. PART B. LEFT LUNG MASS BIOPSY POORLY DIFFERENTIATED HIGH GRADE MALIGNANT NEOPLASM WITH MARKEDLY PLEOMORPHIC NUCLEI SCATTERED MITOSES AND EXTENSIVE NECROSIS. PLEASE SEE COMMENT.

Final Diagnosis:
PART A. LEFT LUNG MASS BIOPSY POORLY DIFFERENTIATED HIGH GRADE MALIGNANT NEOPLASM WITH MARKEDLY PLEOMORPHIC NUCLEI SCATTERED MITOSES AND EXTENSIVE NECROSIS. PLEASE SEE COMMENT. PART B. LEFT LUNG MASS BIOPSY POORLY DIFFERENTIATED HIGH GRADE MALIGNANT NEOPLASM WITH MARKEDLY PLEOMORPHIC NUCLEI SCATTERED

Re-Abstract Fields

No Path for this Cancer

Date of DX: -- (YYYYMMDD)

Primary Site: C

Histology:

Behavior: Select

Grade: Select

Laterality: Select

Tumor Size:

Extension:

Reg Nodes Positive:

Reg Nodes Examined:

Lymph Nodes:

Mets at DX: 0

Site Specific Factor: 1: 0

Comments (2,000 characters):

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

Summary List Selection Save / Complete Save / Incomplete

Enter Codes

Dropdowns Available

Enter Comments/Text

SAVE !!

E-Path Re-Code Validation Example

33

Multiple Reports

Re-Abstract Audit 2016 for 2014 Identifier: 13570598 ReAbs2016_2014

Selection Abstract **Pathology**

Pathology Review - View Record 2 of 4

CLIA Number: [REDACTED] Specimen Date: 2014-02-23 Raw Data

Pathology Text - Coded

Diagnosis:

Clinical History:
PNEUMONIA

Nature of Specimen:
FEB 23 2014 1 BRONCHIAL WASHING

Gross Pathology:
THE SPECIMEN CONSISTS OF 10.0 ML OF RED FLUID FOR CELLULAR ENHANCEMENT TECHNIQUE BY THIN LAYER PREPARATION AND CELL BLOCK SUBMITTED FOR STUDY.

Microscopic Pathology:
THE WASHING CONTAINS NUMEROUS NEUTROPHILS. CONTAMINATING OROPHARYNGEAL SQUAMOUS CELLS ARE PRESENT. IN THE CELL BLOCK THERE ARE FRAGMENTS OF ULCERATED BRONCHIAL MUCOSA WITH SQUAMOUS METAPLASIA. NUMEROUS NEUTROPHILS AND BACTERIAL COLONIES ARE NOTED. GMS STAIN FOR PNEUMOCYSTIS CARINII IS NEGATIVE.

Final Diagnosis:
BRONCHIAL WASHING FRAGMENTS OF ULCERATED BRONCHIAL MUCOSA WITH SQUAMOUS METAPLASIA AND NUMEROUS NEUTROPHILS. NO CYTOLOGICALLY MALIGNANT CELLS SEEN.

Comments:
GMS STAIN FOR PNEUMOCYSTIS CARINII IS NEGATIVE.

Re-Abstract Fields

No Path for this Cancer

Date of DX 2014-02-04 (YYYYMMDD)

Primary Site C 349

Histology 8001

Behavior 3 - Malignant

Grade 4 - Undifferentiated, Anaplastic

Laterality 2 - Left

Tumor Size 999

Extension 999

Reg Nodes Positive 98

Reg Nodes Examined 00

Lymph Nodes 999

Mets at DX 0

Site Specific Factor: 1: 009

Comments (2,000 characters):

Admit for pneumonia.
Limited information available
2 are core biopsy of primary
1 is bronchial washings
1 is esophageal biopsy

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

Summary List Selection Save / Complete Save/Incomplete

Enter Comments/Text

SAVE !!

Accessing Data Quality Audit through IDEA

34

IDEA *FCDS* - Internet Explorer
https://fcdsnew.med.miami.edu/scripts/fcdswebapp/production/Main.html

IDEA *FCDS*
**** FCDS *ST2 - 09-AUG-16 ****
10/31/2016 09:23:24

IDEA User Full Abstract Processing File Uploads/Entry Inquiry Follow Back Reports/Inquiries Quality Control Statistics Data Request Education / FCDS Too... Tools File Window

Quality Control
Quality Assurance Audit - 2016 for 2014 Information Sheet
Quality Assurance Audit - 2016 for 2015 Re-Abstract Entry

FCDS Florida Cancer Data System
A Joint Project of the Sylvester Comprehensive Cancer Center
and the Florida Department of Health

Facility Information Sheet

35



FCDS Florida Cancer Data System

Florida Statewide Cancer Registry

2016 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 forums 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 2014 or 2015 reporting year caseload for primary lung cancer from calendar year 2014 or 2015 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.

AUDIT PROCEDURES and INSTRUCTIONS

- To obtain a PDF copy or to reprint this Information Sheet, please go to the FCDS website <http://fcds.mdc.miami.edu> and log in to FCDS IDEA. If you have Admin or QC User Role - go to the Quality Control Menu. Select FCDS 2016 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.
- Each Case will undergo **Two Distinct Audit Evaluations** with distinct code comparisons and "best value" resolution required.
 - 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.
 - 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.
- Coding Inconsistencies will be discussed 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.
- 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.**
- 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/coded data. The facility must select a "best value" for any data items 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".
- Final Reviews** will be conducted by the FCDS Senior Manager for Data Quality/Quality Control and Education.
- 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.
- 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.
- State Audit Summary Report:** All Facility Audit Summary Reports will be aggregated into a State Audit Summary Report.
- 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@miami.edu.

Facility Information Sheet

36

2016 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 2014 or 2015 reporting year caseload for primary lung cancer from calendar year 2014 or 2015 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

37

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 2016 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.

FCDS IDEA - Dashboard Notification

38

STEVEN PEACE

FCDS IDEA

Florida Cancer Data System - INQ 05/11/2014

05/13/2014 15:42:03

IDEA User Full Abstract Processing File Uploads/Entry Inquiry Follow Back Reports/Inquiries Physician Quality Control Statistics Education / FCDS Tools IDEA Admin Non-Hosp Follow Back Tools Fil

Welcome - Dashboard StatusModule

Your password will expire in 661 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 15:42:03	0:Login: speace
05/13/2014 14:48:58	952:Reconciliation of Audit menu item chosen.
05/13/2014 14:48:38	0:Login: speace
05/13/2014 14:45:08	952:Reconciliation of Audit menu item chosen.
05/13/2014 14:43:34	952:Reconciliation of Audit menu item chosen.
05/13/2014 14:43:00	0:Login: speace
Record Count:	8

Items Needing Attention

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

Florida Cancer Data System

Department of the Sylvester Comprehensive Cancer Center
and the Florida Department of Health

Go to Quality Control – 2014 QA Audit

39

The screenshot displays the FCDS IDEA web application interface. The browser title is "IDEA *FCDS* - Internet Explorer" and the address bar shows "https://fcds.med.miami.edu/scripts/fcdswebapp/production/Main.html?nocache=true". The user is identified as "GARY LEVIN". The page title is "FCDS IDEA" and the subtitle is "Florida Cancer Data System - INQ 05/11/2014". The date and time in the top right corner are "05/12/2014 10:35".

The navigation menu includes the following items: IDEA User, Full Abstract Processing, File Uploads/Entry, Inquiry, Follow Back, Reports/Inquiries, Physician, Quality Control, Statistics, Education / FCDS Tools, IDEA Admin, Non-Hosp Follow Back, Tools, and FI. The "Quality Control" menu is expanded, showing the following options: Quality Control, FCDS 2011 Quality Assurance Audit, FCDS 2014 Quality Assurance Audit, CER Facility Overview, PACS - Claims Comparison, and CER Facility Listing. A sub-menu for "FCDS 2014 Quality Assurance Audit" is also visible, containing: Information Sheet, Re-Abstract Entry, and Reconciliation of Audit.

The main content area features a large image of a blue and yellow macaw parrot. Overlaid on the image is the "FCDS Florida Cancer Data System" logo and the text: "A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health".

Go to Quality Control – 2014 QA Audit

Re-Abstract Reconciliation Version 13.0 ReAbstractRecon_2014

Select a Facility

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

Audit Year: 2012

Click the Record you wish to review

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

Record Cnt: 20

Summary List Print Detail Finish Case Return to Selection Tab

Select

Select

NOTE:
You can only see Your Facility Records

Status

Discrepancies

Print Option

Facility Reconciliation - Navigation

41

Use Abstract Section Tabs

Use Abstract Section Tabs

Pathology Tab

The screenshot displays the 'Re-Abstract Reconciliation' interface. At the top, there is a header bar with the title 'Re-Abstract Reconciliation Version 1' and a window title 'ReAbstractRecon_2014'. Below the header is a navigation bar with several tabs: 'Selection', 'Reconciliation', 'Demographic', 'Case Dx', 'CS', 'Text', 'Text 2', 'Treatment', 'Follow-Up', and 'Pathology'. The 'Pathology' tab is highlighted with a red circle and a blue arrow pointing to it from the right. Two orange arrows point to the 'Reconciliation' and 'Demographic' tabs, both labeled 'Use Abstract Section Tabs'. Below the navigation bar is a section titled 'Tumor Information'. It contains several input fields: 'Date of DX (YYYYMMDD)' with the value '2012-01-12', a 'Flag' checkbox, 'Primary Site C' with the value '180', 'Histology' with the value '8140', 'Discriminator' with the value '988', and '053 Colon'. Below these fields is a 'Description' field containing a list of site codes: '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', and 'C18.8 Overlapping lesion of colon'. Below the description field are three dropdown menus: 'Behavior' set to '3 - Malignant', 'Grade' set to '2 - Moderately Differentiated', and 'Laterality' set to '0 - None'. At the bottom of the form are two text input fields: 'Text-Primary Site' with the value 'CECUM' and 'Text-Histology' with the value 'MD ADENOCARCINOMA'. At the very bottom of the interface are four buttons: 'Summary List', 'Print Detail', 'Finish Case', and 'Return to Selection Tab'.

NOTE:
You can
only see
Your
Facility
Records

Facility Reconciliation - Navigation

42

The screenshot displays the 'Re-Abstract Reconciliation Version 13.0' application. The top navigation bar includes tabs for Selection, Reconciliation, Demographic, Address DX, Case Dx, CS, Text, Text 2, Treatment, Follow-Up, and Pathology. The 'Pathology' tab is selected and circled in red. Below the tabs, the 'Pathology Review - View Record 1 of 3' section is visible. It contains a toolbar with icons for search, refresh, and other functions. The 'CLIA Number' and 'Specimen Date' (2012-01-16) are displayed. The main content area is titled 'Pathology Text' and contains a 'Diagnosis' section with the following text: 'HEMATOCHEZIA 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 SIXIRREGULAR FRAGMENTS OF TAN TISSUE MEASURING FROM 1 UP TO 4 MM IN GREATEST DIMENSIONS THE SPECIMEN IS MARKED AND ENTIRELY SUBMITTED IN ONE CASSETTECECAL MASS BIOPSY ADENOCARCINOMA MODERATELY TO POORLY DIFFERENTIATED DR ROBERT E BARNES ALSO REVIEWED THE CASE AND CONCURS WITH DIAGNOSTIC INTERPRETATION'. Below the diagnosis are sections for 'Clinical History:', 'Nature of Specimen:', 'Gross Pathology:', 'Microscopic Pathology:', 'Final Diagnosis:', and 'Comments:'. A legend on the right side of the interface defines color-coded terms: Reportable Term (red), NonReportable Term (blue), Skin Term (green), Negation Term (purple), Site Term (magenta), and Skin Site Term (dark green). At the bottom, there are buttons for 'Summary List', 'Print Detail', 'Finish Case', and 'Return to Selection Tab'.

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

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

Facility Reconciliation - Navigation

43

Multiple Reports

The screenshot displays the 'Re-Abstract Reconciliation Version 13.0' interface. At the top, there is a 'Select a Facility' dropdown menu. Below it, a series of tabs are visible: Selection, Reconciliation, Demographic, Case Dx, CS, Text, Text 2, Treatment, Follow-Up, and Pathology. The 'Pathology' tab is selected and circled in red. The main content area is titled 'Pathology Review - View Record 2 of 3'. It includes fields for 'CLIA Number' and 'Specimen Date: 2012-01-20'. A large text area titled 'Pathology Text' contains a detailed diagnosis. Within this text, several terms are highlighted in different colors: 'CECUM' in red, 'COLON' in blue, 'ILEUM' in green, 'APPENDIX' in yellow, 'LYMPH NODE' in purple, and 'ADENOCARCINOMA' in pink. A legend on the right side of the text area defines these colors: Reportable Term (red), NonReportable Term (blue), Skin Term (green), Negation Term (yellow), Site Term (purple), and Skin Site Term (pink). At the bottom of the interface, there are buttons for 'Summary List', 'Print Detail', 'Finish Case', and 'Return to Selection Tab'.

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

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

Facility Reconciliation Example

44

Re-Abstract Reconciliation Version 13.0 Current Facility/Accession/Seq: [REDACTED] ReAbstractRecon_2014

Select a Facility: [REDACTED]

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

Discrepant Count: Items needing reconciliation: Items to Review:

Field	Original Abstract	Re-Abstract	Path Re-Abs	Agree	New Value
Dx Date	20120112	20120116	20120116	<input checked="" type="checkbox"/>	
Grade	2	2	3	<input checked="" type="checkbox"/>	
CS Extension	200	200	400	<input checked="" type="checkbox"/>	

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

Reabstracted Dx Date value:

Justification (10 character Minimum, 1000 character Maximum)

Save Item Finish Case Selection Tab

Summary List Print Detail

NOTE:
You can only see Your Facility Records

Items to check

Navigate Using Tabs to Review Documentation from Abstract & Path Reports

Select Best Value

Check Value

You Must Justify Each Value

Save Each Item/Best Value

Finish Case After All Items Reconciled

Facility Reconciliation Example

45

The screenshot shows the 'Re-Abstract Reconciliation Version 13.0' interface. The main window displays a table of discrepancies between the 'Original Abstract' and 'Re-Abstract' for various fields. A large orange arrow points to the 'Reconciliation' tab, with the text 'Navigate Using Tabs to Review Documentation from Abstract & Path Reports'. Another orange arrow points to a 'Pop-Up Auditor's Notes' window, which is open on the right side of the screen. This window has two tabs: 'Abstract' and 'Path'. The 'Abstract' tab is selected and circled in green, showing a text entry: 'Tumor noted in date documentation, T3N0MX per path, TUMOR INVADES THROUGH MUSCULARIS PROPRIA INTO PERICOLIC SOFT TISSUE, tumor size 1cm on resection. 13 nodes negative.' The 'Path' tab is circled in red and shows a text entry: 'Tumor adenocarcinoma of cecum, gastric antrum bx neg on same date, resection path shows 1cm tumor size with tumor invading into pericolic soft tissue. 0/13 nodes +, T3N0'. A third orange arrow points to the 'Path' tab with the text 'Pop-Up Auditor's Notes'. The interface also includes a 'Discrepant Counts' section showing 10 items needing attention, and a 'Justification' field at the bottom.

Field	Original Abstract	Re-Abstract	Agree	New Value	Comment
Grade	2	5	<input checked="" type="checkbox"/>		
Laterality	0		<input type="checkbox"/>		
Tumor Size	010		<input type="checkbox"/>		
Extension	400		<input type="checkbox"/>		
Mets at DX	00		<input type="checkbox"/>		
SSF1	999		<input type="checkbox"/>		
SSF2	000		<input type="checkbox"/>		
SSF15	988		<input type="checkbox"/>		
SSF16	988		<input type="checkbox"/>		

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

Justification (10 character Minimum, 1000 character Maximum)

Buttons: Save Item, Reset, Summary List, Print Detail, Finish Case, Return to Selection Tab

Facility Reconciliation Example

46

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]

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

Discrepant Count: Items needing reconciliation. Remaining to Review:

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

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

New CS Extension value.

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 →

documentation ←

Facility Reconciliation Example

47

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]

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

Discrepant Count: Items needing reconciliation. Remaining to Review:

Field	Original Abstract		Re-Abstract		Path Re-Abs	Agree	New Value	Comment
Dx Date	20120112	<input type="checkbox"/>	20120112	<input checked="" type="checkbox"/>	20120116	O	20120112	First Dx on 1/12/12 with + biopsy
Grade	2	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	O	2	Path and Abstract Agree Mod Diff
CS Extension	200	<input type="checkbox"/>	200	<input checked="" type="checkbox"/>	400	N	300	Original, Re-Abstract, and Path R

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

Original Dx Date value.

Justification (10 character Minimum, 1000 character Maximum)
First Dx on 1/12/12 with + biopsy.

Finish Case After All Items Reconciled

Reconciliation Request - Sample Report

48

FLDS **Reconciliation Request** 6/2/2014 8:36:27 AM
 Top Line=Master/Second Line=Reabstract/Thrd Line=Path Abstract Page: 3 of 64
 (Shaded Areas not Compared)

Seq#: 00

Patient Demographics (Not Compared)

Address at DX (Not Compared)

Case Dx: Date of Initial DX: 20120123
 20120123
 20120123

Tumor Info: * Site: C502 * Hist: 8500 * Disc: 988 Behavior: 3 * Grade: 3 * Laterality: 1
 C501 8523 3 9 2
 C509 8522 3 1 1

Collaborative Staging: * CS Tumor Size: 017 * CS Extension: 100
 018 180
 017 100

RegNode+: 00 * RegNodeExam: 01 Lymph Nodes: 000
 00 16 00
 00 01 000

Mets at DX: 00 Reg Nodes Eval: 03 TS/Ext - Eval 03 Mets at Eval: 00

Site Specific Factor: * 1: 010 * 2: 010 3: 000 4: 000 5: 000 6: 987
 (Compared only if Breast) 996 996
 7: 999 8: 000 9: 020 10: 999 11: 999 12: 999
 13: 999 14: 999 15: 020 20 * 16: 110 17: 988 18: 988
 20
 19: 988 20: 988 21: 999 22: 999 23: 999 24: 988

Treatment: Prime Site: 22 Scope LN Surg: 2 Other Reg/Distant: 00
 22 02 Date of Surgery: 20120203
 Reason for No Surgery: 0

Radiation: * 1 Date: 20120205 Chemotherapy: 03 Date: 20120215
 2
 Rad-Reg RX Modality: 50 BRM/Immunotherapy: 00 Date:
 00 00
 Hormone: 00 Date: Other: 0 Date:
 0 0

Surg/Rad Seq: 3 Systemic Surg Seq: 3

Follow-Up: Vital Status: 1 Cancer Status: 1 Discrepancy Count: 11

FLDS **Reconciliation Request** 6/2/2014 8:36:27 AM
 Top Line=Master/Second Line=Reabstract/Thrd Line=Path Abstract Page: 4 of 64
 (Shaded Areas not Compared)

Total Discrepancies: 11

Case Dx (Section Discrepancies = 10)

Primary Site: Original: C502
 Re-Abstract: C501
 Path-Abs: C509
 Agree: Reason:
 FCDS-Agree: New Value:
 Final Value:

Morphology Icd9: Original: 8500
 Re-Abstract: 8523
 Path-Abs: 8522
 Agree: Reason:
 FCDS-Agree: New Value:
 Final Value:

Grade: Original: 3
 Re-Abstract: 9
 Path-Abs: 1
 Agree: Reason:
 FCDS-Agree: New Value:
 Final Value:

Laterality: Original: 1
 Re-Abstract: 2
 Path-Abs: 1
 Agree: Reason:
 FCDS-Agree: New Value:
 Final Value:

Tumor Size: Original: 017
 Re-Abstract: 018
 Path-Abs: 017
 Agree: Reason:
 FCDS-Agree: New Value:
 Final Value:

Extension: Original: 100
 Re-Abstract: 180
 Path-Abs: 100
 Agree: Reason:
 FCDS-Agree: New Value:
 Final Value:

Reg Nodes Examined: Original: 01
 Re-Abstract: 16
 Path-Abs: 01
 Agree: Reason:
 FCDS-Agree: New Value:
 Final Value:

88F1-Original: 010
 Re-Abstract: 996
 Path-Abs:
 Agree: Reason:
 FCDS-Agree: New Value:
 Final Value:

88F2-Original: 010
 Re-Abstract: 996
 Path-Abs:
 Agree: Reason:
 FCDS-Agree: New Value:
 Final Value:

Reconciliation - Sample Notes

49



Reconciliation Request

6/2/2014 8:36:27 AM

Top Line=Master/Second Line=Reabstract/Third Line=Path Abstract
(Shaded Areas not Compared)

Page: 27 of 64

Auditor's Comments:

[REDACTED]

Abstract:

no dates appear until wide resection on 5/22/12. when was original bx of rt breast before wide resection? primary site not documented - ooded breast, NOS.
path-microscopic focus well diff invasive ductal carcinoma - T1micN0Mx. balloon placed for brachytherapy - unk if done.

Path:

4/27/12 - initial bx rt breast - negative for neoplasm. 5/25/12 - microscopic foci of invasive ductal ca tubular pattern - wide resection, .78cm size, nottingham score 5, well diff. no LCIS, microinvasive ductal carcinoma tubular carcinoma, no lymph nodes examined, T1micN0Mx

Reconciliation - Sample Saved Responses

50

FCDS **Reconciliation Request** 5/15/2014 3:28:06 PM
 Top Line=Master/Second Line=Reabstract/Third Line=Path Abstract Page: 1 of 46
 (Shaded Areas not Compared)

Seq#: 00

Patient Demographics (Not Compared)

Address at DX (Not Compared)

Case Dx: P Date of Initial DX: 20120112
 20120112
 20120116

Tumor Info: Site: C180 Hist: 8140 Disc: 988 Behavior: 3 P Grade: 2 Laterality: 0
 C180 8140 3 2 0
 C180 8140 3 3 0

Collaborative Staging: CS TumorSize: 045 P CS Extension: 200
 045 200
 045 400

RegNode+: 00 RegNodeExam: 15 Lymph Nodes: 000
 00 15 00
 00 15 000

Mets at DX: 00 Reg Nodes Eval: 03 TS/Ext - Eval: 03 Mets at Eval: 00

Site Specific Factor: 1: 2: 3: 988 4: 988 5: 988 6: 988
 (Compared only if Breast)

7: 988 8: 988 9: 988 10: 988 11: 988 12: 988
 13: 988 14: 988 15: 16: 17: 988 18: 988
 19: 988 20: 988 21: 988 22: 988 23: 988 24: 988

Treatment: Prime Site: 30 Scope LN Surg: 5 Other Reg/Distant: 00
 30 05 Date of Surgery: 20120123
 Reason for No Surgery: 0

Radiation: 0 Date: Chemotherapy: 00 Date:
 0 00

Rad-Reg RX Modality: 0 BRM/Immunotherapy: 00 Date:
 00

Hormone: 00 Date: Other: 0 Date:
 00 0

Surg/Rad Seq: 0 Systemic Surg Seq: 0

Follow-Up: Vital Status: 0 Cancer Status: 1 Discrepancy Count: 3

FCDS **Reconciliation Request** 5/15/2014 3:28:06 PM
 Top Line=Master/Second Line=Reabstract/Third Line=Path Abstract Page: 2 of 46
 (Shaded Areas not Compared)

Total Discrepancies: 3

Case Dx (Section Discrepancies =)

Dx Date: Original: 20120112
 Re-Abstract: 20120112
 Path-Abs: 20120116
 Agree: O Reason: First Dx on 1/12/12 with + biopsy. New Value: 20120112
 FCDS: Agree: Final Value:

Grade: Original: 2
 Re-Abstract: 2
 Path-Abs: 3
 Agree: O Reason: Path and Abstract Agree Mod Diff - no mention of poorly differentiated. New Value: 2
 FCDS: Agree: Final Value:

CS Extension: Original: 200
 Re-Abstract: 200
 Path-Abs: 400
 Agree: N Reason: Original, Re-Abstract, and Path Re-Abstract all incorrect on final review - code 300 based on path final dx extension...details.... New Value: 300
 FCDS: Agree: Final Value:

FAQs

51

- **How Many Cases Will I Have to Reconcile?**
 - Up to 25 Lung Cases
 - How Many Data Items Will I Have to Reconcile?
 - Depends on # Discrepant Data Item Values for Each Case
 - ✦ Up to 21 Items for Re-Abstract LungCases
 - ✦ 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

52

- **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

53

01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	7/2014	8/2014	9/2014	10/2014
Protocol Development	Protocol Development	Final Protocol							
		Software Development	Software Development	Software Development					
			Identify Audit Team	Train Audit Team	Follow-Up Audit Team				
				Audit	Audit	Audit			
					Reconciliation	Reconciliation	Reconciliation		
							Final Review	Final Review	
									Update FCDS Record
								Preliminary Audit Report	Final Audit Report

Questions

54

