2026 FCDS Lung Audit

Cancer Registry Data Validation
Summary Report

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PRESENTATION OUTLINE

What this presentation will cover

From audit background and methodology through the discrepancy findings and where accuracy gains are concentrated.

01	**Background, Purpose & Process**	What the audit is, why it is conducted, and how Florida runs it
02	**Scope & Overall Findings**	Cases and facilities audited, with total discrepancies by category
03	**Findings by Category**	Tumor/Case, Stage, and Treatment discrepancy findings in detail
04	**Key Problem Areas & Interpretation**	Where accuracy gains are concentrated, and what the results mean

BACKGROUND

Comparing reabstracted data against the original reported source record

A re-abstracting (data validation) audit compares the original source documents and re-abstracted coded data to assess the accuracy and validity of reported cancer data.

Completeness

Case identification (casefinding), case reporting, and complete text and data in every record.

Accuracy

How closely the coded and abstracted data reflect the source documentation.

The abstract is an original source document submitted by hospitals to FCDS, used for case matching, de-duplication, and **patient and tumor consolidation**.

PURPOSE

What the reabstracting audit sets out to do

1

Identify discrepancies

Surface differences in how abstracting and coding rules, tools, and record information are interpreted.

2

Find missing information

Determine whether data were overlooked (truly missed) or genuinely unavailable in the record.

3

Estimate concurrence rates

Measure agreement between the original abstractor and the auditor selecting the same code.

4

Guide education and training

Reveal trends and patterns that inform training to improve record interpretation and abstracting.

AUDIT PROCESS

How Florida conducts the re-abstracting audit

01	**Biennial data-quality audit**	Each hospital-based reporting facility audited every two years
02	**Re-abstracting for validation**	Re-abstracted data compared with selected source documents (abstracts)— no travel or EMR access required
03	**Focused visual editing**	Concentrated review of analytic cancer cases
04	**Reconciliation and feedback**	Mismatches resolved with medical-record documentation; results shared with each source

ELIGIBILITY & CASE SELECTION

Which facilities and cases were selected

Facilities were stratified by lung caseload, and eligible cases were defined by the diagnosis-year and primary site criteria.

Facility selection

- Stratified by 2023 lung cancer caseload
- 92 of 183 eligible facilities selected this cycle
- Remaining facilities scheduled for 2026–2027
- Hospital (Option 2–5) analytic reporting facilities

Case selection criteria

- Diagnosis year 2023
- Lung primary site (C34.0–C34.9)
- Behavior 2 or 3; sequence 00
- Excludes histology 9590–9992; hospital analytic class

Applying these criteria yielded **466 analytic lung cancer cases** for re-abstracting across the 92 participating facilities.

AUDIT OVERVIEW

Scope of the 2023 diagnosis year audit

466

Cases reabstracted

92

Audited facilities

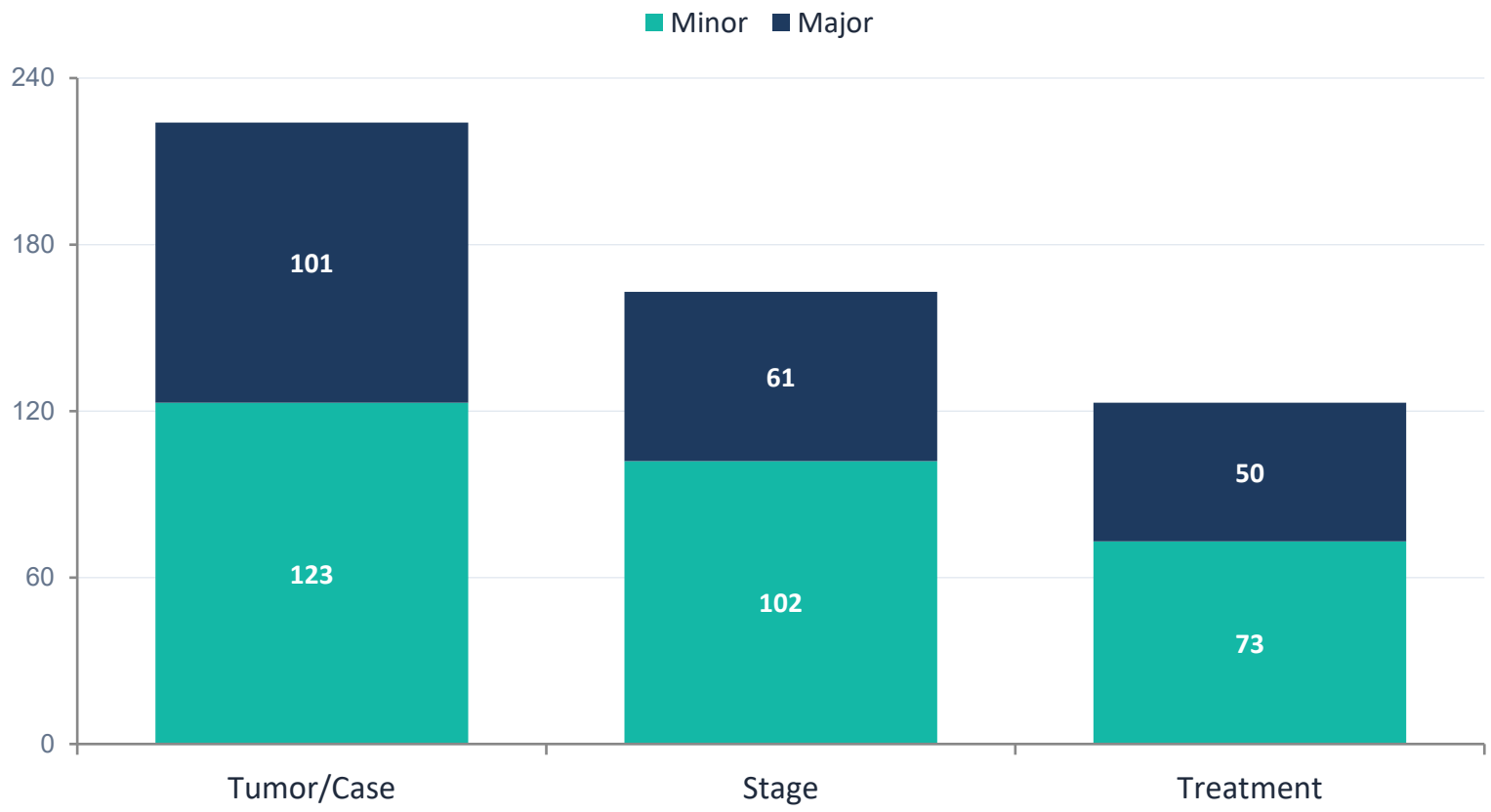
3

Discrepancy categories

Findings were grouped into **Tumor/Case, Stage, and Treatment** categories, with each data item classified as **minor, major, or total** discrepancies.

OVERALL DISCREPANCY TOTALS

Tumor/Case carried the highest discrepancy volume



224

Tumor/Case total discrepancies

163

Stage total discrepancies

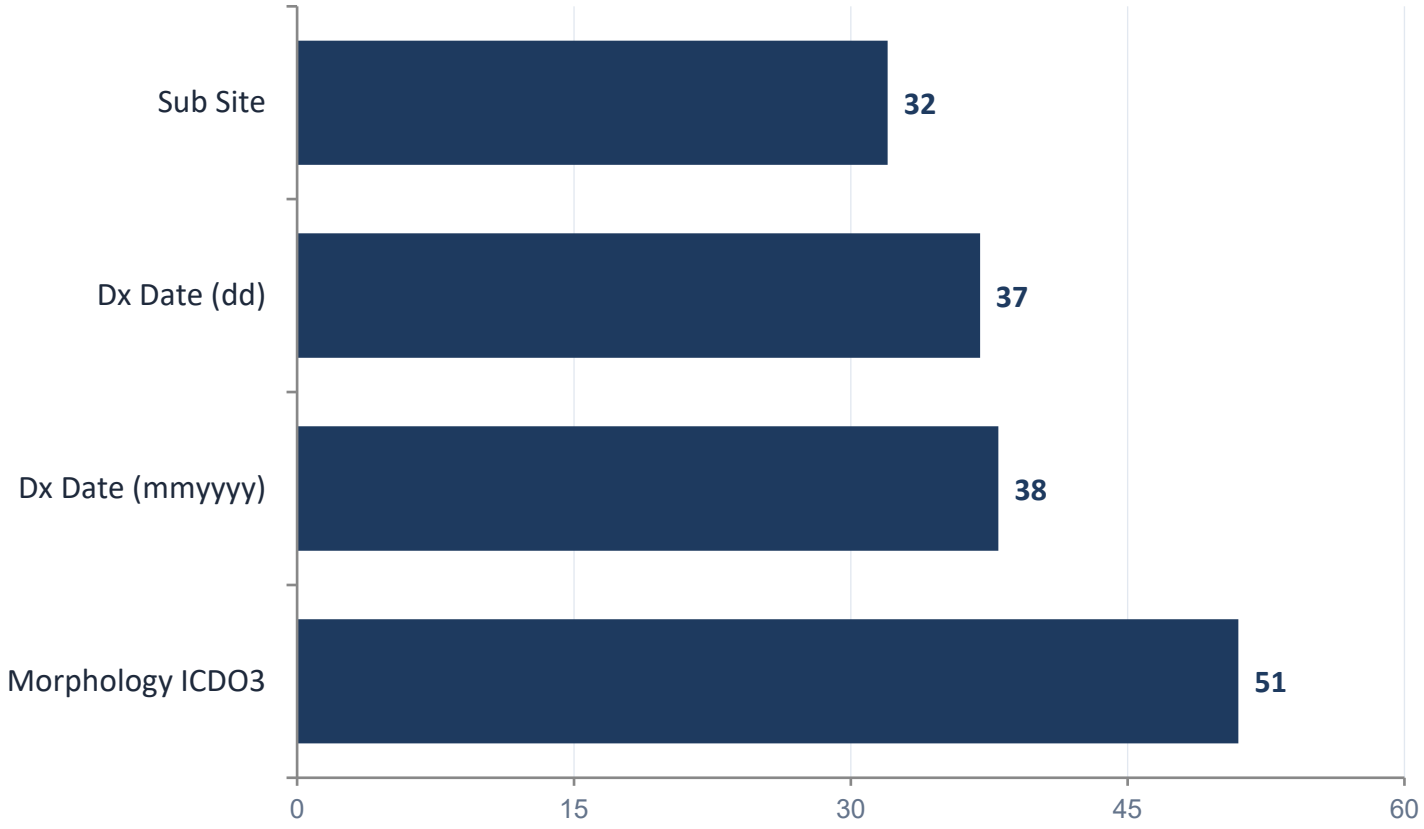
123

Treatment total discrepancies

TUMOR/CASE FINDINGS

Foundational abstracting and coding fields

224 total discrepancies



HIGHEST DISCREPANCY

Morphology ICDO3

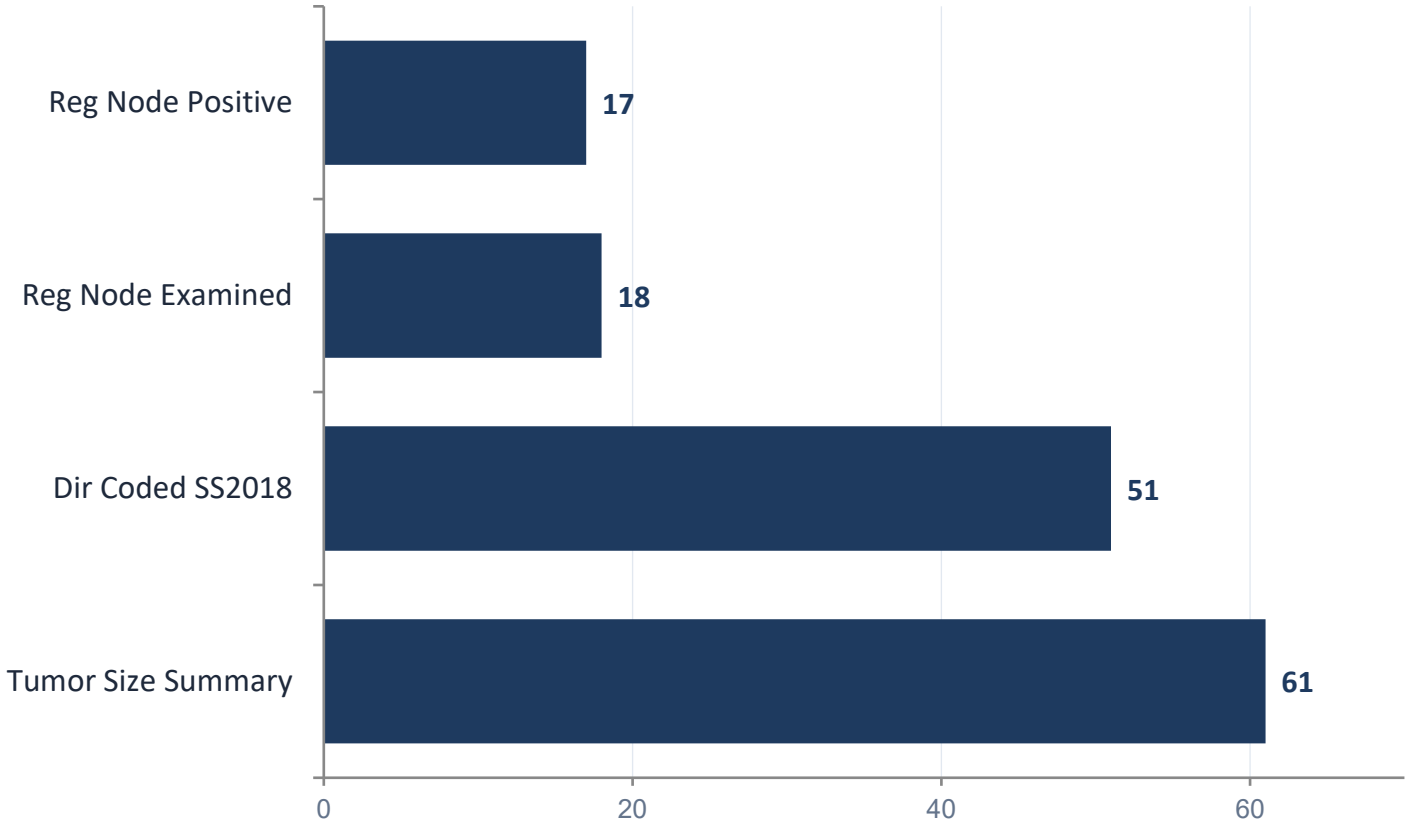
51 · 10.94%

- Diagnosis date fields showed high discrepancy counts.
- Subsite discrepancies indicate continued need for focused abstracting review.
- These fields are foundational and affect staging, treatment interpretation, and overall data quality.

STAGE FINDINGS

Tumor size and summary stage drove errors

163 total discrepancies



HIGHEST DISCREPANCY

Tumor Size Summary

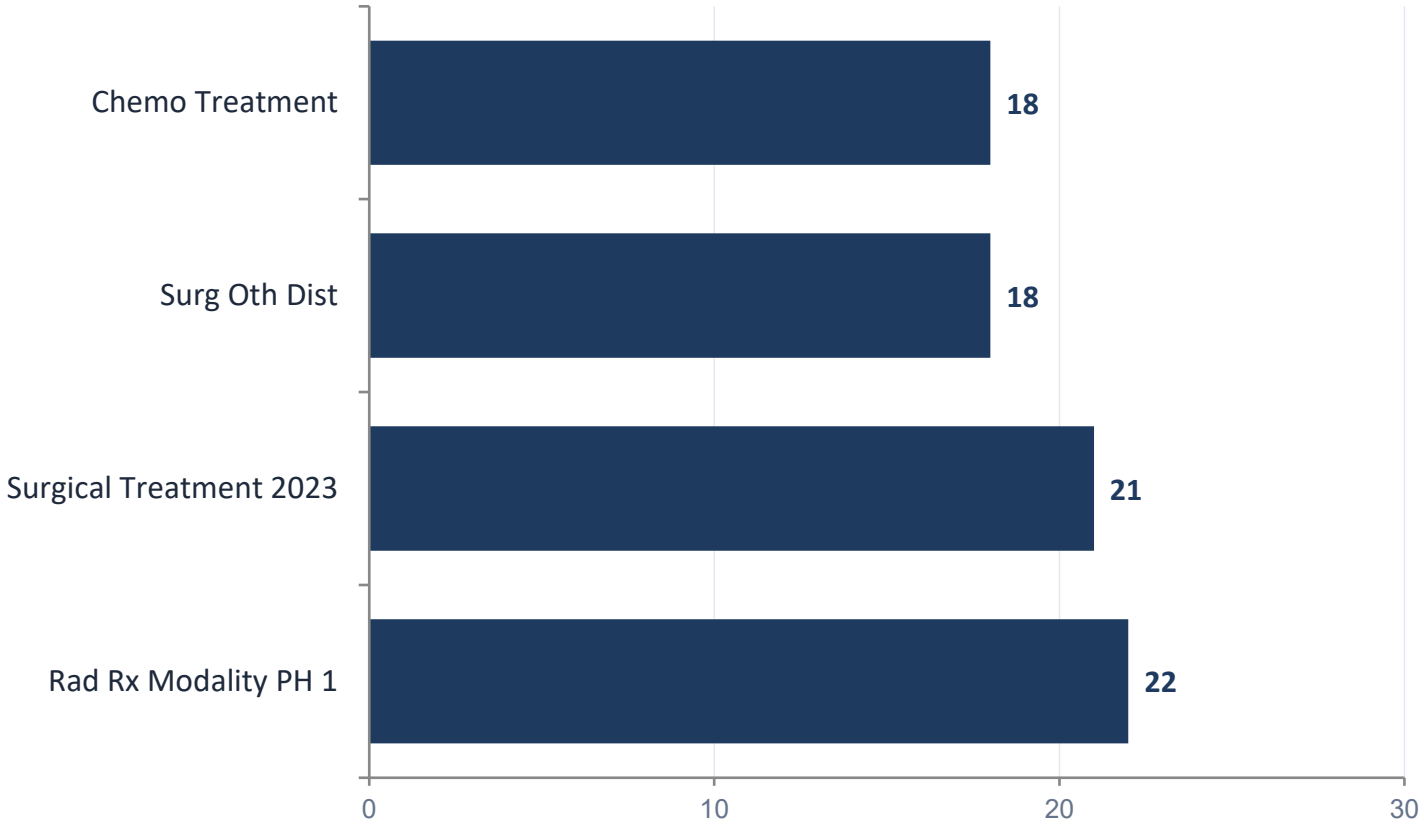
61 · 13.09%

- Directly coded Summary Stage 2018 had 51 discrepancies (10.94%).
- Regional nodes examined and positive showed recurring discrepancies.
- Findings point to strengthening staging-rule interpretation and documentation review.

TREATMENT FINDINGS

Radiation, surgery, and chemotherapy coding

123 total discrepancies



HIGHEST DISCREPANCY

Rad Rx Modality PH 1

22 · 4.72%

- Surgical Treatment 2023 had 21 discrepancies (4.51%).
- Surgery of other distant sites and chemotherapy each had 18 (3.86%).
- Less frequent overall, but important for accurate interpretation of care.

KEY PROBLEM AREAS

Where accuracy gains are concentrated

01	**Tumor Size Summary**	Highest single discrepancy — 61 cases (13.09%)
02	**Morphology ICDO3**	Top Tumor/Case data item — 51 cases (10.94%)
03	**Directly Coded Summary Stage 2018**	51 cases (10.94%)
04	**Diagnosis Date**	Combined month, day, and year errors
05	**Selected treatment coding data items**	Radiation, surgery, and chemotherapy

OVERALL INTERPRETATION

Improvement is concentrated in core coding data items

Tumor/Case	Stage	Treatment
Most frequent discrepancies — the primary quality-improvement focus.	Apply staging rules consistently and reinforce careful documentation review.	Continue education on radiation, surgery, and chemotherapy coding rules.

Bottom line: The highest-impact opportunities sit in core abstracting and coding data items — targeting a small group of high-frequency data items can improve accuracy and consistency across facilities.

EDUCATION & TRAINING ACTIONS

Focus

1 Prioritize high-volume fields

Concentrate education on tumor size summary, morphology (ICDO3), summary stage, and diagnosis date.

2 Strengthen targeted training

Deepen abstractor training on complex coding and staging rules.

3 Use real audit examples

Include practical examples from audit findings during the annual conference.

4 Reinforce consistency

Emphasize consistent documentation review and rule application across facilities.

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Thank you!