

# **FCDS MONTHLY MEMO MAY 2000**

**REMINDER                      REMINDER                      REMINDER**

**HOSPITALS - ALL 1999 CASES ARE DUE BY JUNE 30, 2000**  
**AMBULATORY CARE CENTERS – ALL 1997 & 1998 CASES ARE DUE BY JUNE 30, 2000**

## **FCDS POLICY – ANNUAL REPORTING DEADLINE**

FCDS expects to close out each reporting year (January-December) within six months (by June 30th) of the following year. This means that ALL of the 1999 cases need to be reported to FCDS by June 30, 2000. This has been both an NPCR policy and Florida statutory requirement for the last four years. FCDS would like to thank all Florida Registrars and all reporting facilities for all of your hard work in helping us to meet this reporting deadline.

The June 30 deadline includes completed casefinding, abstracting, downloading of cases, corrections and review of every pathology report for all reporting hospitals to assure casefinding is complete. Quality Control Audits have proven time and again that end-of year pathology review will identify an average of 10% missed cases per hospital per year.

We know that numerous demands are placed on registrars, abstractors and facilities and that sometimes these deadlines are difficult to meet. The deadlines are necessary to assure timely response to requests and timely completion of case reporting. FCDS continues to be supportive with time allotted for responses to requests and strives to work with individual facilities under extenuating circumstances. Please remember to use all case-identification sources and make every attempt to meet all reporting deadlines.

THANKS.

## **FAXING EDIT CORRECTIONS TO FCDS**

During last year's deadline crunch Florida registrars faxed hundreds of edit corrections and documentation for 'forces' the week before the deadline in a last minute attempt to meet their reporting obligation. Our fax machine was running 10 hours a day. This created an incredible backlog and workload for the FCDS Staff and for the Field Coordinators in particular.

This year, in an attempt to reduce the backlog during the June "rush to completion", we will not accept any faxed edit corrections or documentation for forces during the last week of June.

FCDS processes nearly 30,000 new cases during the month of June. FCDS also enters over 6,000 corrections and forces during the month of June. This volume of work during a single month is tremendous and places an incredible demand on the FCDS staff.

Please plan your case reporting and submission of edit corrections with sufficient lead-time to accommodate this new policy.

THANK YOU.

## **CONFIDENTIALITY**

Working in the healthcare system registrars and abstractors are exposed to confidential information every day. Sometimes we all forget that patient information from any source and in any form is strictly confidential. Whether you are working with paper or electronic records, speaking on the phone or sending a fax or e-mail...PLEASE REMEMBER TO TAKE MEASURES TO ASSURE THAT PATIENT INFORMATION REMAINS CONFIDENTIAL. The widespread dissemination of personal medical histories and health information can raise many legal questions and ethical dilemmas. BE AWARE AND BE CAREFUL.

Medical care providers and others are legally obligated to preserve patient records and other sensitive health information in confidence. Computerized healthcare systems have placed additional increased demands on healthcare professionals requiring additional measures be taken to maintain the integrity and security of the medical record (including abstracted information).

Individuals responsible for cancer case reporting need to remember that just because cancer is reportable they do not have blanket approval to access and share patient information. Independent facilities not affiliated by agreement (contract) or ownership should not be contacted in order to gain access to patient information from another facility unless that facility has given explicit approval to release that information or falls under a corporate umbrella which allows for the sharing of confidential patient information.

All healthcare workers (including independent contractors) are obligated to adhere to and maintain the confidentiality of patient health information. Registrars and abstractors should be familiar with individual facility confidentiality policies in order to assure that there is never a breach of medical and patient confidentiality.

According to Florida Statue 381, Public Health: General Provisions, “Information submitted in reports required by this section is confidential, exempt from the provisions of s.119.07 (1), and is to be made public only when necessary to pubic health. A report so submitted is not a violation of the confidential relationship between practitioner and patient”.

FCDS continues to make every attempt to assure adherence to all Florida statutes and Department of Health guidelines regarding patient and institutional confidentiality.

### **FREESTANDING AMBULATORY SURGICAL CENTERS AND RADIATION FACILITIES**

After reviewing our correspondence regarding the AHCA Ambi Unmatched Cancer Record List we noted that the FCDS Policy regarding documenting non-reportable cases needed further clarification. We realize that this clarification is being made too late for any freestanding ambulatory center that has already returned their AHCA Ambi Unmatched Cancer Record List. However, please keep this in mind for next year.

Policy: All facilities must first review the AHCA Ambi Unmatched Cancer Records Request List to determine if each case is reportable to FCDS or not reportable to FCDS based on the criteria outlined in Section I of the FCDS *Data Acquisition Manual*.

- ◆ If a case is reportable, a full abstract for each case must be electronically submitted to FCDS before June 30, 2000.
- ◆ If the case is not reportable, the following medical source documents must be copied and sent to FCDS along with your submission to justify why the case is not reportable before June 30, 2000:  
    Facesheet, Pathology Report, History & Physical or Progress Note
- ◆ If after reviewing the AHCA Unmatched Cancer Record List, your facility has less than 35 reportable cases, you only need to copy the medical record for the reportable cases and the Facesheet, Pathology Report, H&P or Progress Note for the non-reportable cases on the list and submit the copies to FCDS before June 30, 2000. FCDS staff will do the abstracting for you.

Please accept our apology if this issue has caused confusion. If you have any questions please contact your field coordinator Megsys Cuadra at 305-243-2625.

<b>Florida Cancer Data System (FCDS) Requirements Compared to Commission on Cancer (COC) American College of Surgeons (ACoS) Requirements</b>						
TYPE OF CASES	COC					FCDS
	Accession	Patient Index	Abstract	Follow-Up		Abstract
Analytic (Class of case 0, 1, 2, 6)	X	X	X	X		X
Non-analytic (Class of case 3, 4, 5, 8, 9)						X
Intraepithelial neoplasia (CIN III, VAIN III, VIN III, PIN III) <i>note: after 1/1/96 dx for CIN III after 1/1/97 dx for all others</i>						
Carcinoma <i>in-situ</i> of the cervix <i>note: after 1/1/96 diagnosis</i>						
Carcinoma <i>in-situ</i> of the vagina, vulva, prostate	X	X	X	X		X
Carcinoma <i>in-situ</i> of other sites (except skin) <sup>3</sup>	X	X	X	X		X
Basal & Squamous cell carcinoma of the skin <sup>1</sup>	X	X	X	X		
Basal & Squamous cell carcinoma of mucoepidermoid sites	X	X	X	X		X
Basal & Squamous cell carcinoma of genital sites	X	X	X	X		X
Other Skin Cancers <sup>2</sup>	X	X	X	X		X
Foreign residents	X	X	X			X
<sup>1</sup> Patients diagnosed with skin cancer (C44.*) must be included if the histology is 8000 - 8110 and at the time of diagnosis the AJCC stage group is II, III or IV.						
<sup>2</sup> Some of the more commonly seen reportable skin cancer histologies are list below: <ul style="list-style-type: none"> <li style="display: inline-block; width: 30%;">• Dermatofibrosarcoma protuberans</li> <li style="display: inline-block; width: 30%;">• Merkel Cell Carcinoma</li> <li style="display: inline-block; width: 30%;">• Sweat Gland Adenocarcinoma</li> <li style="display: inline-block; width: 30%;">• Kaposi Sarcoma's</li> <li style="display: inline-block; width: 30%;">• Mycosis Fungoides</li> <li style="display: inline-block; width: 30%;">• Sebaceous Adenocarcinoma</li> <li style="display: inline-block; width: 30%;">• Malignant Melanoma</li> </ul>						
<sup>3</sup> <i>in-situ</i> Basal cell carcinoma and/or <i>in-situ</i> Squamous cell carcinoma of the <b>skin</b> is <b>NEVER</b> required by either COC or FCDS.						

**X Indicates required**

## **QUALITY CONTROL**

### **1998 AHCA Hospital In-Patient Unmatched Cases Report.**

In early April, FCDS mailed the 1998 hospital AHCA In-Patient Unmatched Cases Report to Florida in-patient facilities. This report lists any 1998 in-patient record with a cancer diagnosis that was not reported by a hospital. FCDS requires that you document the reason that each case was not reported to FCDS. If any of these unmatched cases meet the Florida Cancer Data System reporting requirements, the registrar MUST abstract them. For those hospitals that have not submitted the AHCA Inpatient Unmatched Cases Report, the Abstracting and Submitting is a reporting priority since they are potentially missed cases that should have been submitted with the hospital 1998 cases.

## **VITAL STATISTIC RECORDS**

FCDS completed matching Florida deaths from 1998 to the FCDS Masterfile. Death Certificate Notification Forms for cases documented as cancer related hospital deaths, by the Vital Statistics Department, were mailed to all facilities this month. The Death Certificate Notification Forms (DCN) are part of each facility's accounting for case completeness and must be returned to FCDS on the abstract form and within the timeframe allotted. The deadline for the Death Certificate Notification should be completed and returned to FCDS no later than July 15, 2000. If the patient was not seen at your facility or had no evidence of cancer when they expired, please make a note of the reason the case will not be submitted.

## **NEW DRUG APPROVAL**

On May 19, 2000, the American Home Products Corporation received approval from the US Food and Drug Administration (FDA) for its chemotherapy agent Mylotarg (gemtuzumab ozogamicin injection) which is based on monoclonal antibody technology for Leukemia. In the phase II clinical trial, the drug Mylotarg was tested on a total of 142 patients who were in first relapse age 60 and older with CD33-positive Acute Myeloid Leukemia (AML). Overall, twenty-six percent (26%) patient went in remission with a median survival of 5.9 months. The adverse side effects of the drug were: forty-seven (47%) experienced anemia, ninety-eight percent (98%) experienced severe neutropenia and ninety-nine percent (99%) experienced severe thrombocytopenia. The other side effects were myelosuppression and the possibility of fetal harm when administered to pregnant women. website: [oncology.medscape.com](http://oncology.medscape.com)

## **FCDS SOFTWARE**

In October 1999, the FCDS Monthly Memo gave notice that the users of the FCDS software may continue to use this software but if any changes are implemented as a result of DOH or CDC requirements, FCDS will not update the software. The current FCDS V3.0 software will not be sufficient as an abstract transmission vehicle after year 2000 reporting. Additionally, there has been a minor bug identified for year 2000 accessions. The accession number is not being stored for accession numbers beginning with 00. So for any Y2k admissions the abstractor must keep track of their accession numbers and manually enter each one.

(Note: FCDS will begin phasing out support of the FCDS software in the near future. However, FCDS Staff are in the process of developing a web-based data transmission application to meet future reporting needs. The web-based data entry system is planned to allow abstractors to enter cases and report data directly to FCDS. Facilities and abstractors will need to have Internet access to use it. Specific information will be coming to you in the near future.)

## **EDUCATION UPDATE**

### **NCRA - National Cancer Registrar's Association Update**

website: [www.ncra-usa.org](http://www.ncra-usa.org)

On May 8-12, 2000, the NCRA 26<sup>th</sup> annual conference was held in Albuquerque, New Mexico. The theme for the 2000 conference was, "*Preparing for the 21<sup>st</sup> Century: Education is Knowledge*". Ina Ervin, CTR, was the Program Chair. She and her committee planned an outstanding education forum.

### **SEER - National Cancer Institute - Surveillance, Epidemiology, and End Results Registry Update**

On May 9, 2000 in conjunction with the NCRA meeting at the Albuquerque, New Mexico and in keeping with the theme for NCRA was "Preparing for the 21<sup>st</sup> Century: Education is Knowledge". The SEER Program had a workshop introducing ICD-O-3. Constance Percy and April Fritz, CTR from the SEER Program, National Cancer Institute gave a very informative one day workshop on ICD-0-3 entitled "Why and What's New".

The following are some of the changes expected with the implementation of the ICD-0-3. The new ICD-0-3 will have more of the acronyms such as DCIS, PNET. There was a major overhaul of lymphomas and leukemias with over 200 new morphology terms. The terms in the World Health Organization (WHO) Blue books have been included in ICD-0-3. The designation of Not Otherwise Specified (NOS terms) and /0, /1, or /3 will be more specific. The ICD-O-3 will have helpful terms such as non-small cell carcinoma, NOS. The adenocarcinomas have been combined with other types of carcinoma. And, the instructions have been rewritten in a more user-friendly way. In addition to all of these changes there are 550 new morphology terms and synonyms added to the M8000-M9580 histologies; and a total of 84 existing codes have been moved and combined with other codes. As one is to expect since there has not been any changes in our body parts, the topography section will remain the same. There is some good news that the borderline tumors of ovary (cystadenomas) will revert to /1 and will not be reportable. And now for the not so good news; the following conditions will become reportable with the use of the ICD-O-3 book:

ICD-0-3		ICD-9
9950/3	Polycythemia vera	238.4
9960/3	Chronic myeloproliferative disease	238.7
9961/3	Myelosclerosis with myeloid metaplasia	238.7
9962/3	Essential thrombocytopenia	238.7
9980/3	Refractory anemias	284.9/285.0
9989/3	Myelodysplastic syndrome	238.7

The planned implementation for the new ICD-0-3 started with a field trial in June 1999. The committee finalized the terms in October 1999. The NAACCR Uniform Data Standards Committee approved the changes early this year. Current plans are for the ICD-0-3 book to go to the WHO press sometime in May 2000. In the fall 2000 there is a plan to have training available through the use of a web module, a satellite broadcast, and at state association meetings. On August 17, 2000, April Fritz, CTR will be updating Florida with the latest information at the annual FCRA Conference during her presentation "Getting ready for ICD-0-3". For more information on the FCRA meeting please contact Lynn McGuill, CTR at (321) 799-7125.

## **EDUCATION**

**University of Southern California Cancer Surveillance Program** This program is co-sponsored by Southern California Cancer Registrars Association. The objective of the USC Cancer Registrar Training Program, established in 1976, is to prepare individuals to be employed as cancer registrars with the basic skills necessary to initiate and operate a cancer registry as part of a hospital cancer program. The 24-day program is presented each Spring, with classes held two days per week for 12 consecutive weeks. The subject matter is presented in six modules: Introduction to Cancer, Abstracting, Biostatistics & Epidemiology, Follow-Up, Computerization, and Cancer Program Management. Contact: Donna Morrell, CTR, Director at (323) 442-2334. E-mail: dmorrell@hsc.usc.edu

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**June 19-21, 2000 - Emory University in Atlanta, Georgia - Advanced Cancer Registry Training Program**. A staff of recognized experts in cancer registration, surveillance, and control teaches this intensive and comprehensive training program. This Advanced Cancer Registry Training Program will focus on abstracting, staging, and coding really difficult; bizarre, rare, and unusual cancer cases; calculating incidence, prevalence, age-adjusted survival, and other rates; using registry data (preparation, analysis, annual reports, etc.); and using the Internet to locate comparable data and useful cancer information and resources. Participants must have attended the Principles Practice training program prior to registering for this advanced training (or have at least one year of experience working in a cancer registry). For complete details search the training program WebSite at cancer.sph.emory.edu or contact Steven Roffers, PA, CTR at (404) 727-4535.

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**July 17-21, 2000** – The Commission on Cancer will conduct a Cancer Data Collection Basic Registry workshop at the Holiday Inn Airport, Asheville, NC. Registration Fee is \$200. If you have any questions about the class, please contact Linda Mulvihill at 828/251-6788, x 216 or email at Linda.Mulvihill@ncmail.net.

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**July 24-28, 2000 & December 4-8, 2000** - The National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program, Principles of Oncology for Cancer Registry Professionals presented by Bolger Center for Leadership Development Potomac, Maryland. Registration fee: \$595.00. Principles of Oncology is a five-day training program in cancer registry operations and procedures emphasizing accurate data collection. The training program includes extensive site-specific, hands-on case abstracting and coding sessions using both full medical records and abstracts that demonstrate the many situations that registrars may face. Faculty includes April Fritz, BA, ART, CTR, Manager of Data Quality at the National Cancer Institute's SEER Program, april.friz@nih.gov. For more information, contact the National Cancer Institute at (301) 496-8510 or contact April Fritz, ART, CTR, 6130 Executive Blvd, Room EPN343J, Rockville, MD 20852, phone: 301 402-1625, fax: 301 496-9949.

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**August 14-15, 2000** - The Florida Cancer Data System (FCDS) Annual Conference once again will be held in conjunction with Florida Cancer Registrar Association (FCRA) Annual Conference at the Melbourne Beach Hilton Oceanfront, Melbourne, FL. The Hilton is located just 10 minutes from Melbourne's International Airport at 3003 North Highway A1A, Indialantic, Florida 32903-2133. Tel: (407) 777-5000, Fax: (407) 777-3713. Registration fee is the same as last year, \$25.00. For registration information please contact Betty Fernandez or Bleu Herard at (305) 243-4600.

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**August 16-18, 2000** - FCRA Annual Conference will be at the Melbourne Beach Hilton, Oceanfront, Melbourne, FL, 3003 North Highway A1A, Indialantic, Florida 32903-2133 Tel: 1/407/777-5000, Fax: 1/407/777-3713. The cost of the conference is \$150 for FCRA Members registering before August 5, 2000 and \$175 for FCRA Members registering after August 5, 2000. Non-members registration is \$175 before August 5, 2000 and \$200 after August 5, 2000. For more information please, contact Lynn McGuill, at (321) 799-7125.

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**August 14-18, 2000**, Emory University in Atlanta, Georgia will conduct a training course entitled Principles and Practice of Cancer Registration, Surveillance, and Control. A staff of recognized experts in cancer registration, surveillance, and control teaches this intensive and comprehensive training program. The instructors are internationally recognized as leaders in their fields. Complete details are available on the training program web site at [cancer.sph.emory.edu](http://cancer.sph.emory.edu) or contact Steven Roffers, PA, CTR at (404) 727-4535.

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**September 18-22, 2000** – The Commission on Cancer will conduct a Basic Cancer Registry Data Collection workshop at the Headquarters of the American College of Surgeons, 633 N. Saint Clair Street, 28<sup>th</sup> Floor, Chicago, Illinois, 60611, (312) 202-5085. Registration Fee is \$400 that includes the course materials only . If you have any questions about the class, please contact Pat Tary at 312/202-5410 or [ptary@facs.org](mailto:ptary@facs.org)

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**May 22-25, 2001** - National Cancer Registrar Association -NCRA Annual Conference will be held at the Hilton in the Walt Disney World Village, Orlando, Florida. Carol Johnson, president-elect is now looking for Florida Registrars and Central Registry volunteers to help staff the hospitality & registration booths as well as the cocktail reception. Any suggestions for local speakers, and volunteers are welcomed. Contact Carol Johnson, 301-402-6226, [carol.johnson@NIH.gov](mailto:carol.johnson@NIH.gov) or contact Edie Kutlus (302) 798-3978, [Ekutlus@cppsinc.com](mailto:Ekutlus@cppsinc.com) NCRA (913) 438-6272 or email NCRA at: [ncra-info@applmeapro.com](mailto:ncra-info@applmeapro.com)

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## **DEADLINES**

### **HOSPITALS**

**ALL 1999 cases are DUE by the end of JUNE 2000**

### **AMBULATORY PATIENT CARE CENTERS**

**ALL 1997 & 1998 AHCA Unmatched Cancer Records Listings and Abstracting Must be Completed by JUNE 30, 2000**

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### **REMINDER**

**FCDS requires that all facilities submit cases at least quarterly.**

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