

FCDS MONTHLY MEMO

JUNE 2000

FCDS would like to thank all of the dedicated cancer registry professionals in the state of Florida for all of your efforts in helping FCDS meet our annual year-end reporting deadline. It is no simple task casefinding, abstracting, downloading, processing and editing over 130,000 cancer case records each year. It takes the combined and coordinated efforts of 250+ individuals, 250 hospitals, 257 ambulatory surgery centers and 100 ambulatory radiation therapy centers to accomplish this effort and each of you should be congratulated on a job well done! **FCDS estimates that 95% of the 1999 cancer cases were reported by the June 30, 2000 deadline.** **THANK YOU ALL...**

FCDS welcomes **Anne Mulbach** to the DOH Bureau of Epidemiology. Anne is FCDS's **new DOH Project Officer**. Anne replaces Steve Schmidt who has taken a new position in another DOH healthcare program. We wish Steve all the best in his new position. In July Anne will be conducting personal phone calls to Florida healthcare facilities identified by FCDS as having not met FCDS cancer reporting deadlines, including but not limited to the FCDS end of year deadline. If your facility was delinquent with 1999 case reporting (hospitals) or 1997 & 1998 case reporting (ambulatory care facilities), your facility administrator should be expecting a call from Anne. She will request a written workplan from each delinquent facility with a timeline that assures reporting will be completed in the next month or so, depending on individual facility circumstances. Facilities found to be noncompliant beyond the DOH deadline will be forwarded to AHCA for initiation of licensure suspension and/or revocation.

(Please note that DOH has asked us to notify and remind all reporting facilities that any facility that received a 'delinquent' notification from Dr Richard Hopkins of the Florida Department of Health during September 1998 AND does not have ALL of the 1999 cancer cases reported to FCDS by June 30, 2000 will automatically be turned over to the AHCA Division of Licensure for possible registration or operating license revocation.)

FCDS is strongly advising any facility with any questions or concerns regarding their ability to provide complete 1999 case reporting by June 30, 2000 to contact Anne Mulbach at DOH, (850) 245-4444 ext 2423 and to submit a formal workplan and timeline for attaining complete reporting to both DOH and FCDS.

1999 Affidavits of Completeness will be mailed to all reporting facilities the first week of July 2000. Please note that the person responsible for supervising the cancer registry must sign this form AND verify that all cancer cases have been reported to FCDS. This form MUST be signed and returned to FCDS on or before July 31, 2000.

The Criteria and application Forms for the **2000 Jean Byers Award for Excellence in Cancer Registration** (1999 reporting year) are available on the FCDS WebSite (<http://www.fcds.med.miami.edu/>). Criteria and Forms were also included in the most recent FCDS Register (FCDS Quarterly Newsletter). If you have any questions regarding the Jean Byers Award, please contact Steven Peace at FCDS. Awards will be presented at the upcoming FCDS Annual Conference in Indialantic, Florida (Melbourne).

NAACCR ANNUAL CONFERENCE – April 2000, New Orleans

Once again FCDS was well represented at the North American Association of Central Cancer Registries (NAACCR) **Annual Conference** this April in New Orleans. FCDS Staff involvement included seven presentations, two representatives on the Board of Directors, three committee chairs and involvement with numerous committees. Abstracts of the presentations and posters were included in Vol. VII of the FCDS Register. We are proud of our representation and involvement with this organization and will continue to represent Florida as a leader in the field. Many **thanks** to all of our Florida Registrars for helping to make us all look so good. Information from some of the NAACCR presentations will be shared with Florida Registrars at the FCDS Annual Conference in August 12-14, 2000 in Indialantic, Florida (Melbourne). Please be sure to attend.

FCDS POLICY REMINDER & CLARIFICATION – FORCES

REMINDER NUMBER ONE

Please abstract cases so that ALL data presents an accurate reflection of what is documented in the medical record. Some records may fail FCDS edits but still give a true representation of the patient's condition, treatment course, age, stage, etc. These cases will have to be "forced" into the FCDS database by overriding the FCDS edit. **DO NOT CHANGE YOUR DATA JUST SO IT WILL PASS FCDS EDITS.**

REMINDER NUMBER TWO

When a case fails an FCDS edit you need to verify that the data you submitted is correct. This does not mean that you just look in your computer and verify that the codes we received are the codes that you sent. You need to actually verify that the data you coded reflect the information gleaned from the case medical record. Again, you should never change your data just so it will pass FCDS edits.

FCDS POLICY REMINDER & CLARIFICATION – FORCES, continued

REMINDER NUMBER TWO, continued

Upon receipt of the FCDS Edit Check Discrepancy Journal you should: 1) review the edit that failed, 2) review the medical record again in order to confirm that the case was abstracted accurately and 3) review the abstracted data in order to verify that the data was coded correctly and that it accurately reflects the information in the medical record.

Following verification of record and abstract, you then can make changes to the abstracted case if necessary or you can make copies of medical record reports or other health record documents that support the data as originally submitted, so that they can be reviewed for edit override (force).

REMINDER NUMBER THREE

Documentation is required for any and every case needing to be ‘forced’ into the FCDS masterfile. Documentation **MUST** be copy(s) of medical record report(s) or other health record document(s) that confirm the coding of the data submitted as it relates to the edit that must be overridden (forced). Text documentation in the cancer abstract is not sufficient for any edit override (force).

The **ONLY** exception to the above policy involves cases requiring edit override for edit 0106 – Probable duplicate detected in master file – when the case involves bilateral organs (i.e., right and left breast cancers). Text documentation in the cancer abstract is sufficient for overriding edit 0106, only.

FCDS POLICY REMINDER - NEW ABTRACTOR REQUIRED CASE REVIEW

All new abstractors operating in the state of Florida **MUST** submit twenty-five (25) paper copies of cancer cases for visual review by the FCDS Quality Control staff before **ANY** electronic reporting will be accepted from the facility. This applies to any new abstractor in the state of Florida, regardless of experience or certification. Copies may be either handwritten or printed copies from vendor software. FCDS policy allows 4 weeks for our QC section to review new abstractor cases. The 25 cases will be closely reviewed with comments and suggestions forwarded from the FCDS Quality Control staff to the abstractor. Particular attention will be given to the use of standard reporting guidelines set forth in the *FCDS DAM*, interpretation of data items and data definitions, coding and documentation.

EMAIL ADDRESS ADDITION TO FCDS MAILFILE

As an additional communication tool we are now adding e-mail address to our existing mail file. Please provide this information if available and either fax to: (305) 243-4871 or mail to: Florida Cancer Data System; P.O. Box 016960 (D4-11); Miami, Florida 33101. Thank you.

FACILITY NAME: _____ **FACILITY #:** _____

FACILITY ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE #: _____

FAX #: _____

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REGISTRAR: _____

TITLE: _____

E-MAIL ADDRESS: _____

MEDICAL REC. DIR: _____

TITLE: _____

E-MAIL ADDRESS: _____

ADMINISTRATOR: _____

TITLE: _____

E-MAIL ADDRESS: _____

CLASS OF CASE Question & Answers from the Commission on Cancer

- Q. What Class of Case should be used when a patient is diagnosed at another hospital, is getting chemotherapy from my staff physician and comes into my facility for a port-a-catheter placement? Some would say a Class "3" - others argue to say it is a class "2" due to the staff physician giving the chemotherapy.
- A. CoC (the standard source for this data item) replied that this case would be collected as Class of case 6, if this were first course of treatment. It should be documented that a staff physician was administering the chemotherapy. Class of Case 6 is no longer analytic and may or may not be collected by the hospital (facility). (*NOTE: FCDS does require that these cases be reported*)
ROADS Standards, Volume II page(s) Page 91 was used as the resolution source.
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- Q. How should Class of Case be coded in the following scenario: Patient was diagnosed with an adenocarcinoma of the prostate in 1993 by biopsy done in a staff physician's office. The pathology was sent to our institution to be read but the patient was never admitted to our institution at that time. He was treated with hormones in the staff physician's office. Three years later the patient is admitted for treatment of his prostate carcinoma. What would the Class of Case code be when the patient was admitted to our facility for treatment? Upon diagnosis we would have reported it to the State Cancer Registry only but not accessioned into our database.
- A. The CoC response is that since this patient was admitted 3 years after the date of diagnosis in the physician's office, the class of case would be a "3". This patient's first course of treatment was done in the physician's office. After 3 years, he may be coming in for progression of disease or subsequent treatment. It does not matter where the pathology was read due to the length of time before the actual hospital admission.
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- Q. Since the CoC has eliminated the standard for approved hospitals to collect physician office cases, is Class of Case 6 now considered a non-analytic case? Can I use this Class of Case 6 when I am reporting just to my state registry?
- A. The CoC decision does not affect your state registry's requirements. If your state registry currently collects Class of Case 6 cases, you may continue to report them. These cases should be considered non-analytic and should not be included in your statistics or follow-up.
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- Q. If a diagnosis is made on mammography at one hospital (facility) and the patient is sent to another hospital (facility) for biopsy, what is the class of case for the hospital (facility) which performed the biopsy?
- A. If the hospital (facility) performing the biopsy did not provide any treatment and then this would be a class of case 0. If the hospital performing the biopsy provided part of the first course of treatment, then this would be a class of case 1
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- Q. If a patient has a mammogram at a private radiology center that reads "highly suspicious for malignant neoplasm" then comes to our facility for biopsy and treatment, what is the class of case?
- A. This is a class of case 1, diagnosed and receiving first course treatment at your facility. In the instructions about class of case the ROADS refers to when/where the patient was diagnosed, not to the data item "Date of Diagnosis."
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CLASS OF CASE Question & Answers from the Commission on Cancer

- Q. How should Class of Case be coded in the following scenario: A patient came to our hospital for a bronchoscopy, biopsies and washings because a CT scan of the chest showed a mass encasing the LLL bronchus. Bronchial washings read suspicious but not conclusive for malignancy. The biopsies were negative. Discharge diagnosis was chronic cough most likely due to bronchogenic carcinoma. The patient went to another facility where he had another biopsy that read neuroendocrine carcinoma. He was treated at that facility with RT and chemotherapy.
- A. "Most likely" is one of the ambiguous terms, which constitute a diagnosis of cancer. Because the discharge diagnosis was "most likely due to bronchogenic carcinoma", this would be a class of case 0 for this facility (which did the biopsy) which established the clinical diagnosis. The second facility confirmed the histologic type and provided treatment. This case would be class of case 2 for this facility
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NEWS FROM THE COMMISSION ON CANCER

Dr. Frederick L. Moffat, Jr. MD. FACS is the new state chair of the Commission on Cancer, liaison program in Florida. He has been an active Cancer liaison physician since 1995 and is an active staff physician at the University of Miami Hospital and Clinics.

FCDS DATA ACQUISITION MANUAL REVISION

Preparations are underway for the 2001 revisions of the FCDS DAM. We hope to have this project completed by the end of January 2001. The CDC's National Program of Cancer Registries (NPCR) has mandated the addition of a number of new data items that all NPCR states must begin collecting with 2001 diagnoses. In addition to the new NPCR requirements, FCDS has submitted a proposal to SEER to add two Florida population areas to the SEER Program. If this proposal is funded, FCDS will also be adding a number of SEER data items to Florida reporting requirements. The Florida Department of Health fully supports both the NPCR and SEER efforts.

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

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.

EDUCATION (continued)

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.

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.

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.

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 Website at cancer.sph.emory.edu or contact Steven Roffers, PA, CTR at (404) 727-4535.

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, 28th 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

September 19, 2000, The Jackson Memorial Hospital in Miami, FL at the Town Hall Meeting will address Colorectal Cancer Awareness and prevention from 11am to 2pm. For more information please, contact Maribel Fuentes at (305)585-5074 or (305)585-6142, email at mfuentes@med.miami.edu

EDUCATION (continued)

February 6-7, 2001, The Florida Cancer Registrar Association will be having a CTR Exam Review Workshop at the at Mayo Clinic Jacksonville, FL. The cost is \$100. Please contact FCRA Education Chairman, Steve Peace, CTR at 305-243-4602 or email at Speace@miami.edu for information and registration.

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 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 or contact Edie Kutlus (302) 798-3978, email at Ekutlus@cppsinc.com. NCRA (913) 438-6272 or email NCRA at: ncra-info@goamp.com. Website: www.ncra-usa.org



DEADLINES

HOSPITALS

ALL 1999 cases were DUE June 30, 2000
Hospitals should now be reporting January 2000 cases.

AMBULATORY CANCER CARE REPORTING PROGRAM (AACRP)

**ALL 1997 & 1998 AHCA Unmatched Cancer Records Listings and Abstracting were due
JUNE 30, 2000**

And

ALL Death Certificate Notification (DCN) cases must be completed by July 15, 2000

REMINDER

FCDS requires that all facilities submit cases at least quarterly unless it is an ACCRP.

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