

REGISTER



NPCR Requirements For 2001

FCDS has completed plans for changes in cancer case reporting that will be implemented with January 1, 2001 diagnoses and admissions. The forthcoming changes are based on the release of the International Classification of Diseases for Oncology, Third Edition (ICD-O-3), the new SEER Summary Staging Manual 2000 and the new CDC National Program of Cancer Registries (CDC/NPCR) requirements for all state cancer registries.

This issue of the FCDS Register focuses on these changes and their impact on registrars and cancer case abstractors. It doesn't matter in what capacity you provide data to FCDS these changes will affect how your cancer cases are reported

to FCDS. Please feel free to contact us at any time with questions or for clarification on any of the new reporting requirements.

Our lead article will focus on the new CDC/NPCR data item requirements. Another article will focus on case identification (casefinding) and how the new ICD-O-3 will change case identification and abstracting requirements in terms of what types of cancers will need to be reported to FCDS. A modified FYI article on SEER Summary Stage 2000 by Steven Roffers is included to let you know about the 2001 requirements for using this updated staging system and the changes that are incorporated into the new SEER Summary Stage 2000 Manual.



All of these changes will be integrated into the existing Florida cancer reporting procedures before March 31, 2001 to allow for timely reporting using the new cancer reporting requirements and new cancer registry standards. Furthermore, FCDS continues to move towards full Internet case abstracting and data submission. We plan to have the new Internet

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reporting options available before March 31, 2001.

Information on training and education programs appear throughout the FCDS Register and the FCDS Monthly Memo. You may also visit the FCDS website for additional information, <http://fcds.med.miami.edu>.

Note: CDC/NPCR has just informed us that they will be distributing interim softcover copies of ICD-O-3 to state cancer registries. FCDS will forward a single copy of the interim softcover ICD-O-3 to each reporting facility as well as to contractors. Per CDC, the purpose of this distribution is "to meet the needs of United States cancer registries until the World Health Organization's ICD-O-3 hardcopy books are published and available. Also per CDC, "registries are still expected to order hardcover copies of ICD-O-3" from the WHO Publication Center USA, the College of American Pathologists or FCDS. An order form for ICD-O-3 manuals is included in this newsletter.

NEW DATA REQUIREMENTS

The CDC National Program of Cancer Registries has expanded the data item reporting requirements for all states beginning with January 1, 2001 cases.

It is not anticipated that collection of the new data items will have a significant impact on the time factor for case abstracting. However, it will take a bit more time until you learn the new field and codes and become familiar with using them. You will still review the same record and process the same information while you abstract cases. You will, however,

be required to code some additional data and document more information than you have in the past.

FCDS is in the process of updating the FCDS Data Acquisition Manual in order to provide enhanced instruction for coding existing data items as well as to provide an introduction and instruction to coding new data items.

Additionally, FCDS plans to host a series of teleconferences to provide training in the coding of new data items. The teleconferences will take place early in 2001.



January 1, 2001 cases must be submitted using NAACCR Record Layout Version 9 and all data must be recorded in the appropriate field. Your vendors will

be working with both you and FCDS to assist with the transition to NAACCR Version 9.

Below is a summary of the new data items followed by a table of "FCDS Required Data Items" for January 1, 2001 cancer case reporting.

NEW DATA ITEMS

All new data items are based on the most current standards and requirements for cancer registration for 2001 cases as established by the North American Association of Central Cancer Registries (NAACCR) and the CDC's National Program of Cancer Registries (NPCR).

FCDS will require both the

patient's current address and the patient's address at diagnosis.

Often these will be the same. However, for historical cases the address at diagnosis may be different than the current address and may even be unknown.

The Federal Office of Management and Budget has established a directive that all federal programs begin collecting **five race fields** beginning January 1, 2001. This means that there will be five fields in which to code persons with more than one race. Instruction for coding this series of data items will be forthcoming from SEER.

Coding histologic type and behavior will change with January 1, 2001 cases. All cases diagnosed prior to January 1, 2001 will be coded using ICD-O-2 and the data will be stored in one location in the cancer abstract. Cases diagnosed January 1, 2001 and after will be coded using **ICD-O-3** and stored in a different location in the abstract. Edits will be created to assure that the correct reference manual is used for coding and the correct location is used to store these data items.

SEER Summary Stage 2000 will be treated in a similar manner to histology and behavior. All cases diagnosed prior to January 1, 2001 will be staged using SEER Summary Stage (1977) and stored in a different location in the cancer abstract than SEER Summary Stage 2000. Cases diagnosed January 1, 2001 and after will be staged using SEER Summary Stage 2000. Edits will be created to assure that the correct reference manual is used for coding and the correct location is used to store these data items as well.

Beginning January 1, 2001 FCDS

will require that a minimum of **five surgery fields be documented and coded in the cancer abstract.**

These are the 'new' surgery fields that many programs implemented in 1998 when the Commission on Cancer (CoC) introduced the new coding system. The five fields include; Surgery of Primary Site, Scope of Regional Lymph Node Surgery, Surgery of Other Regional or Distant Sites, Regional Lymph Nodes Examined and Reason for No Surgery. Instruction for coding the surgery fields will be covered during one or more of the

teleconferences to be held in early 2001.

Finally, in accordance with CDC/NPCR requirements FCDS will begin requiring **additional text documentation on all cases.** New text documentation must include explanations regarding diagnostic procedures (including physical exam and scopes), surgeries performed (text, not just codes), surgical findings and place of diagnosis.

Again, new data items, new codes and enhanced documentation requirements will mean that case

abstracting will take a little more time. However, the information that is currently reviewed and processed remains the same.

These changes have been introduced by the Centers for Disease Control's National Program of Cancer Registries. They will be required for all diagnoses and admissions beginning January 1, 2001.

Please contact FCDS for additional information.

Item #	Item Name	FCDS	NPCR	COC	Source of Std
50	NAACCR Record Version	R	S	S	NAACCR
70	Addr at DX—City	R	R	R	COC
80	Addr at DX—State	R	R	R	NAACCR
90	County at DX	R	R	R	FIPS/SEER
100	Addr at DX—Postal Code	R	R	R	NAACCR
150	Marital Status	R	S	O	SEER/COC
160	Race 1	R	R	R	SEER/COC
161	Race 2	R	R	R	SEER/COC
162	Race 3	R	R	R	SEER/COC
163	Race 4	R	R	R	SEER/COC
164	Race 5	R	R	R	SEER/COC
190	Spanish/Hispanic Origin	R	R	R	SEER/COC
220	Sex	R	R	R	SEER/COC
230	Age at Diagnosis	R	R	S	SEER/COC
240	Birth Date	R	R	R	SEER/COC
250	Birthplace	R	R*	O	SEER/COC
310	Text—Usual Occupation	R	R*	O	NPCR
320	Text—Usual Industry	R	R*	O	NPCR
390	Date of Diagnosis	R	R	R	SEER/COC
400	Primary Site	R	R	R	SEER/COC
410	Laterality	R	R	R	SEER/COC
420	Histology (92-00) ICD-O-2	R	R+	R	SEER/COC
430	Behavior (92-00) ICD-O-2	R	R+	R	SEER/COC
440	Grade	R	R	R	SEER/COC
490	Diagnostic Confirmation	R	R	R	SEER/COC
500	Type of Reporting Source	R	R	O	SEER
522	Histologic Type ICD-O-3	R	R+	R	SEER/COC
523	Behavior Code ICD-O-3	R	R+	R	SEER/COC
550	Accession Number—Hosp	R	S	R	COC
560	Sequence Number—Hospital	R	S	R	COC
570	Abstracted By	R	.	R	COC
580	Date of Adm/1st Contact	R	R	.	NAACCR
610	Class of Case	R	S	R	COC
759	SEER Summary Stage 2000	R	R+	R	SEER

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ICD-O-3 SATELLITE TRAINING



The Florida Cancer Data System will host the live two hour ICD-O-3 satellite training program on January 9, 2001 (2:00 p.m.-4:00 p.m. ET).

The site to view the broadcast is located at the **University of Miami Medical**

Campus on the 8th Floor Auditorium of the Mailman Center for Child Development Building (MCCD) 1601 N.W. 12 Avenue.

The Satellite broadcast will cover what is new and what has changed in ICD-O-3. Lecture notes will be available for downloading from the SEER training web site at <http://www.training.seer.cancer.gov> beginning approximately two weeks prior to the broadcast. This session will be videotaped for use in educational sessions and individual trainings.

If you would like to participate at our location please feel free to contact Betty Fernandez at (305) 243-4600 for additional information. There is no cost associated with participating.

If your facility is interested in hosting a location, the following is the Satellite Information and Coordinates needed:

- **Satellite Information – Date: Tuesday, January 9, 2001; Test: 1:30p.m.-2:30p.m.;**
Time Broadcast Starts: 2:00p.m. Eastern;
Length: 2 hours
- **Coordinates: KU Band; Galaxy 11 Transponder 13; Downlink Frequency: 11960; Audio: 6.2 and 6.8; Polarity: Horizontal; 91 West Degrees West**

For technical information please call: Jonathan Bennett, NIH Television Operation Center at (301) 435-8278

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Item #	Item Name	FCDS	NPCR	COC	Source of Std
760	SEER Summary Stage 1977	R	R+	R	SEER
780	EOD—Tumor Size	R	S	R	SEER/COC
820	Regional Nodes Positive	R	S	R	SEER/COC
830	Regional Nodes Examined	R	S	R	SEER/COC
1290	RX Summ—Surg Prim Site	R	R	R	SEER/COC
1292	RX Summ—Scope Reg LN Sur	R	R	R	SEER/COC
1294	RX Summ—Surg Oth Reg/Dis	R	R	R	SEER/COC
1296	RX Summ—Reg LN Examined	R	R	R	SEER/COC
1360	RX Summ—Radiation	R	S	R	SEER/COC
1390	RX Summ—Chemo	R	S	R	SEER/COC
1400	RX Summ—Hormone	R	S	R	SEER/COC
1410	RX Summ—BRM	R	S	R	SEER/COC
1420	RX Summ—Other	R	S	R	SEER/COC
1750	Date of Last Contact	R	R	R	SEER/COC
1760	Vital Status	R	R	R	SEER/COC
1770	Cancer Status	R	.	R	COC
1810	Addr Current—City	R	.	R	COC
1820	Addr Current—State	R	.	R	NAACCR
1830	Addr Current—Postal Code	R	.	R	NAACCR
2220	Florida State Fields - (see below)				
	FCDS Residence County-Current	R	.	.	FCDS
	FCDS State Geocode-Current	R	.	.	FCDS
	FCDS County of Dx	R	.	.	FCDS
	FCDS Stage at First Contact	R	.	.	FCDS
	FCDS Tobacco Use	R	.	.	FCDS
	FCDS Facility Number	R	.	.	FCDS
	FCDS Primary Payor-Current	R	.	.	FCDS
	FCDS Residence County-Dx	R	.	.	FCDS
	FCDS State Geocode-Dx	R	.	.	FCDS
2230	Name—Last	R	R	R	NAACCR
2240	Name—First	R	R	R	NAACCR
2250	Name—Middle	R	R	R	COC
2300	Medical Record Number	R	S	R	NAACCR
2320	Social Security Number	R	R	R	COC
2330	Addr at DX—No & Street	R	S	R	COC
2350	Addr Current—No & Street	R	.	R	COC
2390	Name—Maiden	R	S	S	NAACCR
2520	Text—DX Proc—PE	R	R^	.	NAACCR
2530	Text—DX Proc—X-ray/scan	R	R^	.	NAACCR
2540	Text—DX Proc—Scopes	R	R^	.	NAACCR
2550	Text—DX Proc—Lab Tests	R	R^	.	NAACCR
2560	Text—DX Proc—Op	R	R^	.	NAACCR
2570	Text—DX Proc—Path	R	R^	.	NAACCR
2600	Text—Staging	R	R^	.	NAACCR
2610	Text—Surgery	R	R^	.	NAACCR
2680	Text—Remarks	R	S	.	NAACCR
2690	Text—Place of Diagnosis	R	S	.	NAACCR

Codes for Recommendations: R= required; S= supplementary/recommended; . = not in data set but available; O = optional; * = when available; + = See Chapter XI Data Dictionary for details related to required status for these data items.; ^ = these text requirements may be met with one or several text block fields.Ⓒ

The North American Association of Central Cancer Registries (NAACCR) and the Florida Cancer Data System (FCDS) are please to invite you to attend the NAACCR 2001 Annual Conference



WHEN: JUNE 5 -7, 2001

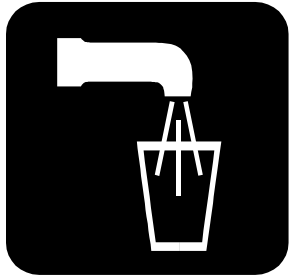
WHERE: SHERATON BAL HARBOUR BEACH RESORT MIAMI BEACH, FLORIDA

CONTACT: MEGSYS C. CUADRA AT 305-243-2625

FOR FURTHER INFORMATION, VISIT THE NAACCR WEBSITE AT HTTP://WWW.NAACCR.ORG

BLUE GREEN ALGAE STUDY RESULTS

We are pleased to present the results from the "Blue Green Algae" study



presented by Dr. Lora Fleming at the FCDS Annual Meeting this year in Melbourne, Florida. This study is a great example of how the data you generate is used for research, and of how important your efforts are in reporting timely data which is essential to conduct these studies. FCDS thanks you for your contribution in making this possible!

Congratulations to Dr. Fleming and all who took part in this study!

Blue Green Algal Exposure, Drinking Water and Primary Liver Cancer

Lora E Fleming MD PhD MPH (Principal Investigator), Carlos Rivero BS (GIS Investigator), John Burns MS (Consultant SJRWMD)

ABSTRACT

The blue green algae or cyanobacteria represent a diverse group of organisms that produce potent natural toxins. There have been case reports of severe morbidity and mortality in domestic animals through drinking contaminated water. Although there has been little epidemiologic research on toxin effects in humans, a study by Yu et al (1995) found an increased association between primary liver cancer in humans and the use of surface drinking water sources. Surface drinking water supplies are particularly vulnerable to the growth of these organisms; in general, current US drinking water treatment practices do not monitor or treat for the blue green algal toxins.

This pilot study was an ecological study using a Geographic Information System (GIS) evaluation of the risk of primary liver cancer and proximity to a surface water

treatment plant at the time of cancer diagnosis. The study linked all primary liver cancers diagnosed in Florida from 1981-1998 from the Florida Cancer Data System (FCDS) with environmental databases on sampling, drinking water sources and treatment plants. A significantly increased risk (SRR=1.39) for primary liver cancer with residence at diagnosis within the distribution area of a surface water treatment plant was found compared to persons living in areas contiguous to the surface water treatment plants. However this increased risk was not seen in comparison to persons living in randomly selected ground water treatment areas or compared to the Florida cumulative incidence rate for the study period, using various comparison and GIS methodologies.

Therefore persons who live in areas supplied by surface drinking water in Florida may be at increased risk for hepatocellular carcinoma. These findings must be interpreted in light of significant issues of latency, high population mobility, and the lack of individual exposure information. Nevertheless, the issue of human health effects associated with the consumption of surface waters possibly contaminated by blue green algal toxins merits further investigation. ☺

FCDS Completeness Report

December 1, 2000

Calendar Year 2000 Admissions

27% complete --- 42% expected

(Reminder: all 2000 cases are due June 30, 2001)

CALENDAR OF EVENTS

FCRA CTR Review Workshop

Date: February 5-6, 2001
Place: Mayo Clinic, Jacksonville, FL
Registration Fee: \$100.00
Contact: Mary O'Leary, RHIT, CTR
305-243-4961
E-mail: moleary@med.miami.edu



CTR EXAM

Application Deadline: February 1, 2001
Examination Date: March 10, 2001

Application Deadline: August 1, 2001
Examination Date: September 15, 2001
For additional information visit:
<http://www.ncra-usa.org/training.html>



ADVANCE CANCER REGISTRY TRAINING PROGRAM

Date: February 12-14, 2001
Place: Emory University, Atlanta, GA
Contact: Steven Roffers, PA, CTR
404-727-4535
Website: <http://cancer.sph.emory.edu>



2001 BASIC CANCER REGISTRY TRAINING

Date: March 5-9, 2001
Place: Chicago, Illinois
Contact: Pat Tary at ptary@facs.org.
Registration Fee: \$500.00
(Five-day course)
Registration will begin January 2, 2001



FCDS INCIDENCE TRAINING WORKSHOP

Date: March 28-30, 2001
Place: Holiday Inn - Coral Gables
Miami, Florida
Registration Fee: \$100.00
Technical Information - Mayra Alvarez
Registration Information - Betty
Fernandez or Bleu Herard
Phone: 800-906-3034 / 305-243-4600



IMPORTANT - CHANGES IN CASEFINDING REQUIREMENTS - January 2001

There are numerous changes to the national and Florida cancer case identification requirements for **patient encounters beginning January 1, 2001**. Registrars, contractors and medical records/health information management representatives in both hospitals and ambulatory patient care centers MUST assure that ALL ICD-9 Diagnosis Codes for Primary and Secondary Diagnoses are included in cancer case identification (casefinding) reports. This means that every facility will need to use the following ICD-9 code list to update computer-generated reports used to identify medical records to be reviewed for abstracting.

The new cancer case identification requirement is based on changes that will take place with the implementation of ICD-O-3. **The new *International Classification of Diseases for Oncology, third edition (ICD-O-3)* takes effect with ALL cases diagnosed January 1, 2001.** Some cancers that were classified as borderline malignancies under ICD-O-2 will now be classified and reportable as malignancies. Conversely, some cancers that were classified as malignant under ICD-O-2 will now be classified as borderline and will no longer be reportable.

ICD-O-3 contains a number of other changes including the addition of hundreds of terms for new classifications of lymphoma and leukemia as well as many other tumors. The ICD-O-3 books will be available in the near future (see order form). If you would like to read more about these changes (and you should) you can access the National Cancer Institute's Surveillance Epidemiology and End Results Program (SEER) WebSite at www.training.seer.cancer.gov/implementation.html. Access to this WebSite is free of charge. The WebSite contains a wide range of information on the SEER Program, free publications, and an ICD-O-3 training module. The ICD-O-3 training module introduces new terms, changes to existing terms and describes other features of ICD-O-3. It also includes exercises to illustrate some of the changes. FCDS encourages each of you to visit the WebSite and thoroughly review the training materials.

Additionally, The SEER program will sponsor a satellite video conference on ICD-O-3 that is scheduled for January 9, 2001 and will be broadcast through the hospital satellite network. This broadcast will also be videotaped for future use in training data collectors.

Y2001 Casefinding List

Cancer registries and cancer surveillance programs typically describe reportable neoplasms as "any neoplasm with a behavior code of '/2' (in situ) or '/3' (invasive)." Some registries also collect and report neoplasms with a behavior code of '/0' (benign) and '/1' (borderline). The following list is intended to assist in reportable neoplasm casefinding activities in facilities using ICD-9-CM* codes to codify diagnoses. Codes and/or terms that have new malignant behavior codes in ICD-O-3 (are newly reportable beginning with January 1, 2001 diagnoses) are underlined and the ICD-O-3 code is placed in parentheses following the terms.

ICD-9-CM Codes	Diagnosis (in preferred ICD-O-3 terminology)
* 042	AIDS (review cases for AIDS-related malignancies)
* 140.0 - 208.9	Malignant neoplasms (1°, primary, and 2°, secondary)
* 203.1	Plasma cell leukemia (9733/3)
* 230.0 - 234.9	Carcinoma in situ – all sites (except cervix – 233.1)
+ 235.0 - 238.9	Neoplasms of uncertain behavior
* 238.4	Polycythemia vera (9950/3)
* 238.6	Solitary plasmacytoma (9731/3)
* 238.6	Extramedullary plasmacytoma (9734/3)
* 238.7	Chronic myeloproliferative disease (9960/3)
* 238.7	Myelosclerosis with myeloid metaplasia (9961/3)
* 238.7	Essential thrombocythemia (9962/3)
* 238.7	<u>Refractory cytopenia with multilineage dysplasia (9985/3)</u>
* 238.7	<u>Myelodysplastic syndrome with 5q- syndrome (9986/3)</u>
* 238.7	<u>Therapy related myelodysplastic syndrome (9987/3)</u>
+ 239.0 - 239.9	Neoplasms of unspecified behavior
* 273.2	Gamma heavy chain disease; Franklin's disease
* 273.3	Waldenstrom's macroglobulinemia (9761/3)
+ 273.9	Unspecified disorder of immune mechanism (screen for potential 273.3 miscodes)
* 284.9	Refractory anemia (9980/3)
* 285.0	Refractory anemia with ringed sideroblasts (9982/3)
* 285.0	Refractory anemia with excess blasts (9983/3)
* 285.0	Refractory anemia with excess blasts in transformation (9984/3)
* 289.8	Acute myelofibrosis
* V07.3	Other prophylactic chemotherapy (screen carefully for miscoded malignancies)
+ V07.8	Other specified prophylactic measure
+ V10.0 - V10.9	Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment)
* V58.0	Admission for radiotherapy
* V58.1	Admission for chemotherapy
+ V66.1	Convalescence following radiotherapy
+ V66.2	Convalescence following chemotherapy
+ V67.1	Radiation therapy follow-up
+ V67.2	Chemotherapy follow-up
+ V71.1	Observation for suspected malignant neoplasm
+ V76.0 - V76.9	Special screening for malignant neoplasm

* Required

+ Optional (review recommended for end-results registries)

^ *International Classification of Diseases, Ninth Revision, Clinical Modification*. U.S. Dept. of Health and Human Services, Public Health Service - Health Care Finance Administration; DHHS Publication No. (PHS) 80-1260

TRAINING

The NCI SEER program staff has developed training materials in a variety of formats, including a web based training module at <http://www-seer.ims.nci.nih.gov>.

The fall issue (November) of the *Journal for Registry Management* will list details on the new ICD-O-3. The NAACCR Narrative fall issue will also have a brief overview of the new ICD-O-3.

The SEER program is sponsoring a satellite teleconference on ICD-O-3 that is scheduled for January 9, 2001 and will broadcast through the hospital satellite network. Registrars may need to meet at a host location to view the teleconference to minimize downlink expense. The broadcast will be videotaped for future use in training data abstractors.

National Program of Cancer Registries-Cancer Surveillance System (NPCR)

A new policy resource document, National Program of Cancer Registries Cancer Registries-Cancer Surveillance System (NPCR-CSS) Rationale and approach (July 1999), presents the Centers for Disease Control and Prevention's (CDC) plan for receiving,

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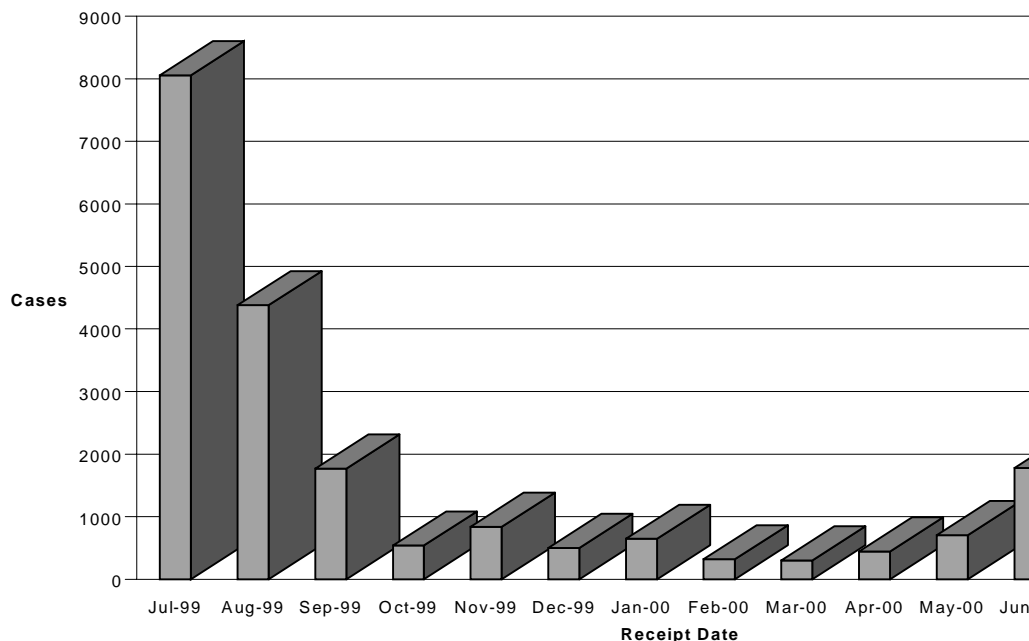
assessing, enhancing, aggregating, and disseminating cancer data from states funded by NPCR. The NPCR-CSS was designed to provide cancer incidence data that meet CDC's responsibilities for public health surveillance. Additionally, the NPCR-CSS will enhance the quality, completeness, timeliness, and content of state cancer registry data and help monitor progress toward NPCR

program objectives. By having the database and infrastructure provided by such a system it should be very helpful to partners and researchers conducting regional and national analyses. In addition, the NPCR-CSS can assist in the coordination of cancer surveillance activities across various public health agencies and organizations.

CDC designed a Cancer Cluster

Web page that addresses public concern over suspected increases in cancer incidence in specific geographic localities. Visit their WebSite at <http://www.cdc.gov/cancer/npcr/clusters.htm>. The National Cancer Institute also provides a definition for cancer cluster available at WebSite: http://cancernet.nci.nih.gov/clinpdq/risk/Cancer_Clusters.html ☞

1998 Hospital Cases Reported After Deadline (n=21,649)
Annual Total Number of Cases = 135,008
16% received after deadline



The above graphic illustrates the timeliness of cancer case data submission to FCDS. 1998 was used to illustrate timeliness as it is the most recent year for which we have a full picture of case reporting a year after the annual deadline. This graphic represents 1998 admissions only.

A total of 135,008 cancer cases were received for the 1998 reporting year which ended June 30, 1999. Over 16% of these cases were received after the June 30th deadline. This is a pattern that has improved, yet is still repeated year after year. Fortunately, 95% of the cases are received by FCDS before September 30th, the date FCDS unofficially closes the yearly file and calculates statewide cancer incidence rates.

FCDS continues to work with individual facilities having difficulties with reporting cancer cases in a timely fashion. If your facility is having difficulty in meeting FCDS deadlines, please contact FCDS as soon as you are aware you are having problems.

FCDS looks forward to continued improvements in the timely reporting of cases. Thanks to each of you for your efforts.☞



Coming soon...

SEER Summary Staging Manual 2000

By Steven Roffers, PA, CTR

Whether you refer to it as SS2000, SS2K, SSSM2K, or any other combination, the **SEER Summary Staging Manual 2000** (SSSM2K) is currently in the final stages of being edited and published.

The Uniform Data Standards (UDS) committee of NAACCR has approved the use of SSSM2K starting with January 1, 2001 diagnoses and forward. The NAACCR Record Layout version 9 is ready to accommodate the SSSM2K code. The NAACCR Record Layout version 9 does contain an erroneous definition of the "time rule" for SSSM2K. The CORRECT "time rule" for SSSM2K is as follows:

Summary stage should include all information available through completion of surgery(ies) in the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is longer.

A major change from the Summary Staging Guide 1977 (SSG77) to the SEER Summary Staging Manual 2000 is the change in the "time rule" from the "two month rule" used in conjunction with SSG77 to the above "time rule" in SSSM2K.

The following is a list of changes and noteworthy items regarding the SSSM2K:

1. EVERY anatomic site now has a staging scheme;
2. It's now a MANUAL with rules, definitions, and standardized codes;
3. The colon subsite schemes in SSG77 are now lumped into one colon scheme in SSSM2K;
4. Pleural effusion is now specifically stated under Distant for lung;
5. For the lymphomas, the code choices are 1 for Stage I, 5 for Stage II and 7 for Stage III and Stage IV. The use of code 5 for Stage II lymphomas alleviates the confusion of using code 2 (Reg DE), code 3 (Reg LN), or code 4 (Reg DE and LN)
6. For breast cases, some cases will shift from Localized to Regional Direct Extension

In SSG77, a note reads as follows:

Skin changes such as dimpling, tethering, attachment, fixation, induration and thickening or Paget's disease of the nipple do not alter the classification.

Due to the fact that dimpling, tethering and nipple retraction are caused by tension on Cooper's ligament(s), and not by actual skin involvement, the new note in SSSM2K reads as follows:

Adherence, attachment, fixation, induration, and thickening are clinical evidence of extension to skin or subcutaneous tissue and are to be coded Regional Direct Extension.

7. There are marks denoting those things that are now different than the Historical Stage (#) and those things that are now different from the SSG77 (*)

Two examples illustrate this:

Mandible is marked with a # notation in the soft palate (C05.1) scheme because extension to the mandible is now staged "Distant" in SSSM2K, whereas it was considered regional in the Historical Stage.

Diaphragm is marked with a * notation in the lung (C34.9) scheme because extension to the diaphragm is now staged "Regional by Direct Extension" in SSSM2K, whereas it was considered "Distant" in the SSG77.

It is planned that a PDF ("Portable Document Format" – see inset article on PDF) file of the SSSM2K will be available on SEER's web site mid-December, 2000. The published hard-copy version of SSSM2K, complete with anatomical drawing and illustrations, will be available by March 1, 2001.

Printed copies of the SSSM2K will be free of charge and will be able to be ordered from SEER in the usual manner.

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2001 Abstracting Software & Data Submission

The many changes in cancer reporting procedures will have an impact on computer software currently in use. Upgrades to cancer abstracting and reporting software will be necessary in order to meet the new reporting requirements effective in January 2001.

Commercial cancer registry software vendors are working on upgrades to their products to meet the new requirements; the upgrades should be available in early 2001. FCDS will not accept any 2001 admissions reported in NAACCR Record Layout Version 8 or earlier. This is the only method of ensuring that the new abstracting and reporting requirements are followed by all individuals that submit cancer data to FCDS.

If you are currently using the FCDS Incidence Abstracting Software, please be aware that Version 3.A will not be upgraded and will not be an option for abstracting 2001 cancer cases. Any 2001 admissions abstracted using this software will be rejected.

The 2001 changes have provided FCDS with opportunities to update reporting procedures and to utilize current Internet technologies to develop on-line abstracting and data submission capabilities. FCDS plans to make an Internet abstracting website available before March 31, 2001 in

order to meet the abstracting needs of contractors and reporting facilities currently using the FCDS software. In order to use this abstracting option you **MUST HAVE INTERNET ACCESS** on or before March 31, 2001. If you do not plan to use this abstracting option, you must purchase or lease commercial cancer registry software to abstract 2001 cases.

FCDS will also begin accepting facility downloaded data across the Internet on or before March 31, 2001. Data currently submitted on diskette will be uploaded across the Internet, then processed and edited on-line. This will begin phase-out of cancer case submission on diskette. Internet abstracting and data submission will provide reporting facilities with improved processing time and on-line editing and correction capabilities.

FCDS staff is confident that reporting entities as well as the data center will benefit from the new reporting requirements and the Internet reporting capability. We are pleased to implement these improvements to our system and look forward to continued advancements for cancer case reporting and analysis in Florida. As more information on new FCDS Internet access and reporting options becomes available, we will keep you informed. ☺



Congratulations to the following individuals who passed the CTR Exam in Florida!

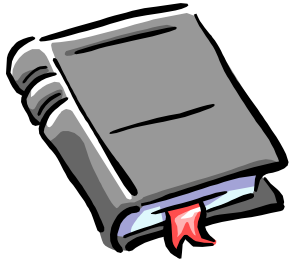
March, 2000

Jacqueline Beltran, Miami, FL
Lisa A. Borodemos, Port St. Lucie, FL
Maureen M. Curcio, Cape Coral, FL
Bonnie S. Gralnik, Plantation, FL
Pam Helbein, Winter Park, FL
Mary Anne Kwon, Boca Raton, FL
Tina Lott, Palm Springs, FL
Lynn McGill, Rockledge, FL
Sandy Stewart, St. Petersburg, FL

September, 2000

Randy Slavens, Riverview, FL





ICD-O-3 Manual Orders

FCDS will be receiving a substantial discount on the ICD-O-3 manuals by ordering in bulk. The price for a single manual order through the World Health Organization or College of American Pathologist will be \$54.00 plus shipping and handling (around \$65.00 total). FCDS will charge you the discounted price (\$37.80) plus shipping and handling (\$7.20) for a total of \$45.00. We encourage you to take advantage of this discount as the use of these manuals will be required for cancer cases reporting beginning with January 1, 2001 patient case encounters. The Manuals should be available for shipping February, 2001. If you have any questions, please feel free to call us at 305-243-4600 or 800-906-3034.

Communication to Central Registries from CDC:

The National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program and the Centers for Disease Control and Prevention's National Program of Cancer Registries (NPCR) will be distributing interim softcover copies of the International Classification of Diseases for Oncology, Third Edition (ICD-O-3) to SEER and NPCR registry programs. The purpose of this distribution is to meet the needs of United States cancer registries until the World Health Organization's (WHO) ICD-O-3 hardcopy books are published and available. Registries are still expected to order any additional hard cover copies of ICD-O-3 from the WHO Publication Centers USA or the College of American Pathologists. One interim softcover copy will be distributed to each facility free of charge.

If you would like to take advantage of this offer through FCDS, please fill out the form below.

Name: _____

Facility: _____

Address: _____

No. of manuals Requested: _____ x \$45.00 = _____

Please make check payable to: Florida Cancer Data System. Return completed order form with check to:

Betty Fernandez/Bleu Herard
Florida Cancer Data System
P.O. Box 016960 (D4-11)
Miami, FL 33101

Other News:

FCDS Staff Update:

Please join us in welcoming Silvana Cobian to our staff. Silvana is a Research Associate and will be working with Lydia Voti in the Quality Control Area. For statistical information you can reach her at (305) 243-3179.

Many of you already know that Raidel Oviedo has accepted a position at Jackson Memorial Hospital, we wish him the best in his new position.

CoC Website News:

CoC website has two new sections: *CTR Corner* (www.facs.org/about_college/acsdept/cancer_dept/ctrcorner.html), which provides CTR and registrar-specific information and the CoC flash Archives, where you can find past issues of their e-mail newsletters.

Continued from Page 9: SEER Summary Staging Manual 2000

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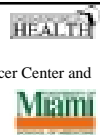
PDF = Portable Document Format

A "PDF" is a file format of documents viewed and created by the Adobe Acrobat Reader, Acrobat Capture, Adobe Distiller, Adobe Exchange, and the Adobe Acrobat Amber Plug-in for Netscape Navigator. This file format was developed in hopes to standardize formatting of documents that are used on the Internet. One of the benefits of using Acrobat and PDFs is that whether you're an executive using Microsoft Office products, an engineer using an architecture program, or an art director using desktop publishing software, you can quickly deliver business documents to a colleague or to the entire company, without reauthoring or learning new applications. ☺



REGISTER

A joint project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health



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Happy Holidays



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