

FCDS MONTHLY MEMO

JUNE 2001

FCDS HOSTS THE NAACCR 2001 ANNUAL MEETING IN BAL HARBOUR, FL

FCDS and the Florida Department of Health hosted the NAACCR 2001 Annual Meeting at the Sheraton Bal Harbour Beach Resort, June 3-9, 2001. The meeting featured speakers from around the globe including strong representation from our Canadian colleagues. The conference was opened with a warm welcome to Florida and a reminder to use sunscreen when out by the pool or walking on the beach. During the opening ceremonies FCDS presented a special award to Dr. Richard Hopkins, Florida's outgoing state epidemiologist, for all of the years of dedication and support he has shown to FCDS. We will miss him.

Plenary conference sessions included topics addressing numerous new issues varying from the impact of HIPAA on cancer registries to legal ethics to collaborative staging and the new NAACCR guidelines for implementation of the Version 9 metafile, which covers ICD-O-3 and SEER Summary Stage 2000.

Florida was well represented with 6 presentations. Our speakers from Florida were Dr. Edward Trapido, Dr. Lora Fleming, Josefa Schlottman, Brad Wohler-Torres, Dr. Jay Wilkinson, and Steven Peace. The abstracts from the Florida presentations will be made available in the FCDS Newsletter.

We also had some non-FCDS Florida registrars attending the NAACCR meeting who told us that the conference was very interesting and the presentations were very relevant to the work they do. It also gave them a clearer picture of how and why central registries operate the way they do and helped put their jobs as facility-based registrars into a better perspective with their central registry colleagues.

FCDS was recognized with a Silver Certification Award by NAACCR during the Business Meeting. This certification indicates that FCDS and the Florida registrars who contribute all of the data to FCDS continue to meet high standards for completeness in case identification and data quality.

On the topic of awards, the NAACCR Board of Directors on behalf of the North America Association of Central Cancer Registries (NAACCR) presented Steven Peace, CTR with the *Distinguished Service Award*, "for his thoughtful efforts to obtain consensus on data standards and his past leadership as chair of the NAACCR Uniform Data Standards Committee". Congratulations!

The North American Association of Central Cancer Registries also presented Megsys Cuadra, CTR from FCDS the *NAACCR 2001 Program Chair Award* for hosting and planning this year's 2001 NAACCR meeting in Florida. Congratulations on doing a great job!

FCDS presented two awards, one to Megsys Cuadra, CTR as the Co-Chair of the Planning Committee for her outstanding leadership and commitment to 2001 NAACCR meeting hosted by FCDS. Congratulations!

The second FCDS award was presented to Betty Fernandez for her outstanding contribution as Co-Chair of the Planning Committee for the 2001 NAACCR meeting. Congratulations!

FCDS 2001 EDUCATIONAL TELEPHONE CONFERENCE SERIES

The Florida Cancer Data System and the Florida Department of Health are pleased to announce a new series of interactive educational telephone conferences that will take place this year. Two telephone conferences have already taken place. The first conference call entitled "2001 Florida Cancer Reporting & Implementation Strategies" took place on May 9, 2001. The second conference entitled "Coding Surgery in 2001 and SEER Summary Stage 2000" took place June 20, 2001.

The third teleconference, entitled "Administrative Issues in Florida Cancer Case Reporting" will be held on July 25, 2001 from 12:00pm - 12:30pm. This 30-minute teleconference is aimed at providing up-to-date information specifically for Florida Health Care Facility Administrators. Conference announcements were mailed out to both Administrators and Registrars in each of the designated hospital and ambulatory patient care facilities currently reporting cancer cases to FCDS. There will be an additional 30 minute question and answer period following the 30 minute presentation.

The objective of the teleconference is to provide healthcare administrators with information essential to making informed decisions in situations involving Florida Cancer Reporting Statutes, cancer information management resource allocation, and related issues.

A PowerPoint slide presentation designed to accompany this conference call will be available on July 15, 2001 on the FCDS WebSite (<http://www.fcds.med.miami.edu>). You may download and print the slideshow or you may watch it on your computer screen as the teleconference takes place. If you do not have access to the FCDS WebSite, you may contact FCDS and we will mail or fax you a copy of the slideshow. Please do not wait until the last minute to request printed copies of the slides.

TELECONFERENCE CALL IN INFORMATION

Date of Conference:	July 25, 2001
Time of Conference:	12:00pm-12:30pm EDT
Name of Conference:	Administrative Issues in Florida Cancer Case Reporting
Telephone Number:	(877) 232-4392 (Note: this is a Toll-Free Number)
Call-in Code:	550933
Participants Limit:	200 persons

The format will be a presentation followed by a Question & Answer Session. This means you will only be able to hear but not respond, until the host (FCDS) starts the Question & Answer session. Below there are a few instructions on how to access the system for the Q & A session.

The host/speaker is in complete control of the Q & A session. Once the host initiates the Q & A session, the participants will hear "This conference is now in Q&A mode".

Participant: To alert the speaker/host that you have a question, Press 10. Each question will be answered in the order it was received. You will hear "You will be notified when the speaker/host is ready for your question". After you enter 10, if you decide to withdraw your question, press 10 again. Only one participant can ask a question at a time. The participant asking the question remains on talk mode until the host releases this function.

The participant whose turn it is to ask a question will hear: "Please ask your question after the tone", then the participant will be on talk mode. Once the question has been asked and answered the participant that asked the last question is switched back to listen only mode. After all questions have been answered, the host will terminate the Q & A session.

FCDS is pleased to provide this type of phone-in educational format as a standard method for delivering new information and providing hands-on training to registrars and other parties interested in cancer information management issues throughout the state of Florida. Suggestions for future topics are encouraged. Please submit suggestions to FCDS by telephone at 1-800-906-3034 or by e-mail to Steven_Peace@miami.edu

UPDATE - 2001 FCDS DATA ACQUISITION MANUAL

The 2001 FCDS Data Acquisition Manual, April 2001 revision was distributed to everyone. Please take the time to review it carefully and please let us know if there are any questions, clarifications or corrections needed. We have already found a few minor errors/omissions that will be corrected but we want people to review the manual carefully to help us identify additional errors or additions so we can send them all out at once. Thanks.

ERRATA - ICD-O-3

An update and errata for the ICD-O-3 have been made available on the SEER WebSite. It very important that everyone download these pages and make the appropriate changes in their ICD-O-3 book. This download contains 8 pages of information and errata for insertion into the ICD-O-3. FCDS will not distribute the ERRATA for ICD-O-3 so please print your copy of the updates. You will find them on the SEER WebSite. From the SEER home page, select the link "ICD-O-3 Updates and Clarifications" at <http://www.training.seer.cancer.gov>

ERRATA for SEER SUMMARY STAGING MANUAL 2000

For those who had already printed the SEER Summary Staging Manual 2000 version March 26, 2001 the errata are available and you can print these pages or simply write them into the manual. The version posted on June 14, 2001 is the most current and correct version, which has been sent to the printer by SEER. See SEER WebSite home page and select the link "Updated SEER Summary Stage Manual" at <http://www.training.seer.cancer.gov>

This version differs from the version previously posted on March 26, 2001 as follows:

Cosmetic changes such as adding parentheses, colons, correcting spellings, etc. were made on the following pages: 30, 55, 60, 76, 81, 95, 96, 105, 106, 108, 112, 124, 132, 136, 138, 150, 154, 176, 182, 187, 198, 207, 217, 242, 246, 258, 259, 267, 268, and 271.

Changes that will alter the staging category were made on the following pages:

- ◆ Pages 74 and 75: The terms "perimuscular tissue invaded" and "Invasion through muscularis propria or muscularis, NOS" were moved from code 2 to code 1.
- ◆ Page 80: The term "Invasion through muscularis propria or muscularis, NOS" was added to code 1.
- ◆ Page 128: The term "More than one accessory sinus involved" was added to code 2.
- ◆ Pages 210 and 211: The terms "Extension to: Cul de sac (rectouterine pouch), Omentum, Ovary, contralateral, Rectosigmoid, Sigmoid, Small intestine" were moved from code 7 to code 2. The term "Pelvic extension with malignant cells in ascites or peritoneal washings " was added to code 7.

A new illustration was also added to the bottom of page 4 and the last paragraph was deleted. Visit SEER WebSite to print the pages at <http://www.training.seer.cancer.gov>

SEER and NPCR are planning to send printed manuals to FCDS within the next month. FCDS will distribute these to reporting facilities as soon as they arrive. Only one manual per facility and one manual per contractor will be distributed. Additional copies must be obtained through SEER.

REPORTABLE to FCDS BY NPCR REQUIREMENT

Juvenile Astrocytoma (in ICD-O-2, 9421/3) was changed from a malignant (reportable) to a borderline (non-reportable) behavior code (9421/1) in ICD-O-3. Also, included in this code are: Pilocytic astrocytoma (C71._), Piloid astrocytoma (C71._). This histology is one of the dominant childhood brain tumors and, as such, is an important disease to monitor regarding childhood cancers. By consensus of the NAACCR Uniform Data Standards Committee, UDSC, therefore, this diagnosis will remain reportable and, as such, should be collected and abstracted. When these cancers are abstracted the behavior code should be changed to a 3 and sequenced as if the diagnosis were malignant. This important change is not indicated in the ICD-O-3 nor in the ICD-O-3 errata.

Is This Case Reportable??? Changes in ICD-O-3 effect whether or not cases are reportable (Behaviors changed from Malignant to Borderline and from Borderline to Malignant)

Malignant to Borderline Changes:

These changes apply to cancers diagnosed on or after January 1, 2001. Approximately 17 morphologic terms have changed behavior codes from 3 (malignant) to 1 (borderline) or in other words from reportable cancers to non-reportable cancers. Cases diagnosed before 2001 should be sequenced numerically as malignant cancers based on ICD-O-2. Cases diagnosed on or after January 1, 2001 should not be abstracted or reported to FCDS as they are now designated borderline tumors in ICD-O-3.

Borderline Ovarian Tumors (8442/1, 8462/1, 8473/1) add a little confusion to this topic for the following reason. In the original ICD-O-1 borderline ovarian tumors were classified as just that, borderline malignancies with behavior = 1. In the ICD-O-2 they were re-classified as malignant cancers with behavior = 3. Now in ICD-O-3, they have once again been re-classified as borderline malignancies with behavior = 1 and as such are no longer reportable to FCDS.

You must refer to the date of diagnosis to determine whether or not a case is reportable to FCDS.

Borderline to Malignant Changes:

Conversely and again for cancers diagnosed on or after January 1, 2001, there are approximately 24 morphology terms that have changed behavior code from 1 (borderline) to 3 (malignant) or from non-reportable cancers to reportable cancers. If these cases were diagnosed before 2001 (when the behavior code was 1) they should not be reported to FCDS. If these newly designated malignant cancers are diagnosed on or after January 1, 2001, they should be sequenced numerically as malignant cancers. The following terms from Appendix 6 of the ICD-O-3 changed from a borderline to malignant code.

TERMS THAT CHANGED BEHAVIOR FROM BORDERLINE TO MALIGNANT

ICD-O, 2nd Edition	Terms as it appears in ICD-O, 3rd edition	ICD-O, 3rd Edition
8931/1	Endometrial stromal sarcoma, low grade (C54.1)	8931/3
8931/1	Endolymphatic stromal myosis (C54.1)	8931/3
8931/1	Endometrial stromatosis (C54.1)	8931/3
8931/1	Stromal endometriosis (C54.1)	8931/3
8931/1	Stromal myosis, NOS (C54.1)	8931/3
9393/1	Papillary ependymoma (C71. _)	9393/3
9538/1	Papillary meningioma	9538/3
9950/1	Polycythemia vera, Polycythemia rubra vera	9950/3
9960/1	Chronic myeloproliferative disease, NOS, disorder	9960/3
9961/1	Myelosclerosis with myeloid metaplasia	9961/3
9961/1	Megakaryocytic myelosclerosis	9961/3
9961/1	Myelofibrosis with myeloid metaplasia	9961/3
9962/1	Idiopathic thrombocytopenia	9962/3
9962/1	Essential thrombocytopenia	9962/3
9962/1	Essential hemorrhagic thrombocytopenia	9962/3
9962/1	Idiopathic hemorrhagic thrombocytopenia	9962/3
9980/1	Refractory anemia, NOS	9980/3
9981/1	Refractory anemia without sideroblasts	9981/3
9982/1	Refractory anemia with sideroblasts	9982/3
9982/1	Refractory anemia with ringed sideroblasts	9982/3
9983/1	Refractory anemia with excess blasts	9983/3
9984/1	Refractory anemia with excess blasts in transformation	9984/3
9989/1	Myelodysplastic syndrome, NOS	9989/3
	Preleukemia	9989/3
	Preleukemic syndrome	9989/3

SEER SUMMARY STAGE 2000 WEB-BASED INSTRUCTIONAL MODULE

The SEER Summary Staging Manual 2000 web-based instructional module is complete and is now *live*. This module is accessible on SEER's Training Web Site located at <http://www.training.seer.cancer.gov>. This staging module contains material on cancer staging and summary staging in general, and also contains detailed instructional material regarding the new SEER Summary Staging Manual 2000, including hands-on exercises.

As mentioned in prior memos, the SEER Summary Staging Manual 2000 is available on SEER's web site at <http://seer.cancer.gov/Publications/SummaryStage>. The printed version of the SEER Summary Staging Manual 2000 will be available after July 1, 2001. The NPCR in collaboration with the SEER Program Office, will distribute free manuals in the same manner as the Interim ICD-O-3 manuals were distributed last March. A limited number of free manuals will be available. FCDS will send each facility and each contractor one manual and one manual only. In the future, online ordering of the hard-copy manuals along with the other SEER publications will be available through the SEER WebSite.

NEW DATA TRANSMISSION PROCEDURES

As of July 2, 2001, FCDS will not accept diskettes for data submission. If you send us a diskette, we will return it to you, unprocessed...we won't even look at it. You must now submit all data over the Internet by accessing the FCDS WebSite (except path case identification reports...but only until we have the path case entry module up and running).

Additionally, abstractors will no longer be able to use the free FCDS PC-based abstracting software. It is officially obsolete (except for the path case identification module that will be phased out over the next 3 months). FCDS has replaced the PC-based software with a web-based case entry module. You do not actually download software from FCDS. You just enter cases directly across the Internet. You sign onto our WebSite onto a secure server which means that nobody can get into your data. Then the data are encrypted before they are sent across the secure server...just to add another layer of security. Finally, there are firewalls between the server and the FCDS computer...to keep outsiders from getting in to the main FCDS database.

Every single person who will be submitting data to FCDS must complete an FCDS Data Entry Access Form in order to receive access permission, user ID and a password from FCDS before you will be able to send a single case to us. The form must be completely filled out and anyone who plans to use the FCDS Data Entry Internet Module MUST also submit an e-mail address.

The FCDS Data Entry Access Form will be made available on the FCDS WebSite click on "What's New" or "Download" to access the form.

In addition, FCDS now introduces **IDEA** - the new Internet Data Entry Abstracting (and data submission) tool available through the FCDS WebSite at fcds.med.miami.edu and click on **FCDS IDEA** to enter cases or upload data.

FCDS plans to hold a complete demonstration of this new technology and a review of the protocol policies and procedures during the FCRA/FCDS Combined Annual Conference in Plantation on August 2, 2001. We will also be hosting another phone-in teleconference to review the same basic information.

If you have any questions please email Mark Rudolph at mr@miami.edu or call at 305-243-2626.

REMINDER - NEW FCDS ABSTRACTING and SUBMISSION REQUIREMENT

As of July 2, 2001, FCDS will not accept any data unless it is in accordance with the new FCDS reporting requirements to include all new FCDS/NPCR required data items in NAACCR Version 9 record layout and uploaded via the Internet. No more diskette submissions will be allowed (except for the path lab case identification, which will be phased out over the next 3 months).

We apologize for any inconvenience this may cause but FCDS has repeatedly announced this upcoming change in FCDS policy and procedures for the past twelve months.

Any data received in the old format after the extended deadline of July 2, 2001 will be rejected. Thank you for the timely submission. If you have any questions please contact Steven Peace at 305-243-4602.

Questions and Answers - June 20, 2001- Coding Surgery in 2001 and SEER Summary Stage 2000 FCDS Telephone Conference

During the presentation the material covered the 2001 FCDS Data Acquisition Manual - Surgical Coding Data Items and Appendix H and the SEER Summary Staging Manual 2000 Codes and Coding Instructions. All handouts were made available on the FCDS WebSite in either Word or .pdf format. There were 68 callers telephoning into the teleconference.

Some of the questions asked during and after the teleconference include:

Q. If a patient is diagnosed in December 2000 do I use the old (1997) or new (2001) Appendix H, Surgery codes?

A. The Surgery Codes in the 2001 FCDS Data Acquisition Manual, April 2001 - Appendix H are to be used for All cases reported on or after July 1, 2001 regardless of admission or diagnosis date.

Q. Where are the "Reason for No Cancer Directed Surgery" codes found in the 2001 FCDS DAM?

A. The "Reason for No Cancer Directed Surgery" codes can be found in Section II-70 of the 2001 FCDS Data Acquisition Manual. These codes are not site-specific. Therefore, they are not included in the Appendix H - Site-Specific Surgery Codes section of the manual.

Q. I am confused by the new fields dealing with lymph node surgery. It looks like with the rules as they are that you can have a greater number of lymph node positive than lymph nodes examined. How do I code these fields?

A. First of all you MUST remember to keep the information used to code the staging lymph node data items (lymph nodes examined, lymph nodes positive) separate from the information used to code the treatment/surgery lymph node data item (lymph nodes examined/removed). One data item is used to code the treatment data item "Lymph Nodes Examined/Removed". Two separate data items are used to code the staging data items "Regional Lymph Nodes Examined" and "Regional Lymph Nodes Removed".

The data items "Lymph Nodes Examined/Removed" and "Regional Lymph Nodes Examined" may contain the same value, but the definition of each is somewhat different.

Some helpful hints:

There is no comparison of nodes examined to nodes positive for the treatment (surgery) lymph node information. It is simply the number of lymph nodes removed during the single-most definitive surgery.

There is a comparison of nodes examined to nodes positive for the staging lymph node information. These data items can include lymph nodes from more than one surgical procedure, so long as they have been removed and examined by the pathologist.

The rule to which you are referring for lymph nodes positive cannot exceed lymph nodes examined refers to the staging lymph node information and not the surgical lymph node information.

Q. If a patient has a biopsy of the Larynx with a neck dissection and radiation what is the Diagnostic and Staging Procedures code?

A. FCDS does not collect the Diagnostic and Staging Procedures data item (also known as non-cancer directed surgery or biopsy only information) any longer but ACoS does. The coding schema for assigning the surgical codes for Larynx begin on page H-51 in the 2001 FCDS DAM. There is no surgery of the primary site so the data item Surgery of Primary Site should be coded '00'. The data item Scope of Regional Lymph Node Surgery should be coded '2'. The data item Number of Regional Lymph Nodes Removed should be coded '98'. The data item Surgery of Other Regional Sites, Distant Sites or Distant Lymph Nodes should be coded '0'. The data item Reason for No Surgery should be coded '0'.

Questions and Answers - June 20, 2001- Coding Surgery in 2001 and SEER Summary Stage 2000 FCDS Telephone Conference, continued

Q. Can you go over using the earliest surgery date with the higher surgery code?

A. If an excisional biopsy is followed by more definitive surgery use the date of the excisional bx but the code of the more definitive surgery. Please do not confuse with the date of the first incisional biopsy. This is a rule that has been around for a long time and has always been a bit confusing. Many of the vendor software packages you use allow you to enter multiple surgeries. When your software creates a download for FCDS, it applies this rule and sends FCDS the earliest surgical date (not including incisional or needle biopsy dates) with the most definitive surgical code. This is invisible to you. However, when we need to explain this concept to abstractors and registrars who only have one place to code one surgery and one place to code one surgery date...we need to explain that the earliest date and the most definitive surgery should be coded. Please refer to the 2001 FCDS DAM, page II-67 for a more complete explanation.

EDUCATION

FCDS 2001 Educational Telephone Conference Series - Number 3 - July 25, 2001

The next FCDS teleconference is scheduled for July 25, 2001 from 12:00pm-12:30pm EDT. It will cover Administrative Issues in Florida Cancer Case Reporting. Please phone (877) 232-4392 (Note: this is a Toll-Free Number). The Call-in Code: 550933. You should download the accompanying PowerPoint Presentation from the FCDS WebSite prior to the teleconference in order to follow the slides along with the presentation. FCDS WebSite: <http://www.fcds.med.miami.edu>.

FCRA/FCDS Combined Annual Conference, August 1-3, 2001 – Plantation, Florida

The Florida Cancer Registrars Association (FCRA) and the Florida Cancer Data System (FCDS) will co-host a combined Annual Educational Conference at the Sheraton Suites, Plantation, Florida August 1-3, 2001. The cost of the conference is \$75. For more information, please contact Donna Acosta, CTR, FCRA Program Chair at (561) 362-5156 or Mary O'Leary, RHIT, CTR, FCDS at 305-243-2640. Program registration and flyers have been mailed to all FCRA members as well as all FCDS-identified facilities, contractors and courtesy mailing parties.

CTR Exam review workshop August 10, 2001- Charleston, South Carolina

The South Carolina Cancer Registrars Association is sponsoring a CTR examination workshop on August 10-11, 2001 at Trident Medical Center, Charleston, South Carolina. Registration fee is \$70.00 and deadline for registration is July 27, 2001. For registration information contact Linda Cope, CTR at 843-792-6672.

Problems with Faxed Copies of Corrections & Other Forms

We have been having numerous problems reading faxed copies of corrections, particularly when they have been faxed back and forth from FCDS to a facility, then from a facility to a contractor, and then from the contractor back to FCDS.

If FCDS cannot read a faxed copy of any form, you will be asked to mail them to us.

DEADLINES

HOSPITALS

JUNE 30, 2001 – Deadline for ALL 2000 Cases
The deadline for the 1999 AHCA In-Patient Cases is August 1, 2001

AMBULATORY CANCER CARE REPORTING PROGRAM (ACCRP)

The deadline for reporting the 1999 AHCA ACCRP cases is August 31, 2001
Deadline for return of both forms & abstracts is August 31, 2001
