

## FCDS MONTHLY MEMO

### AUGUST 2001

FCDS would like to thank all of the health professionals and guests who attended the 2001 FCRA/FCDS Annual Conference, "Partners in Education." The conference was held at the Sheraton Suites in Plantation, Florida, August 1-3, 2001.

Conference objectives included: providing information on recent clinical research strategies concerning the detection and treatment of cancer and quality of care and quality of life for cancer patients; providing information on cancer control and prevention strategies and initiatives in the state of Florida; reviewing recent epidemiological research that uses population-based cancer surveillance data; providing information regarding the 2001 reporting requirements for the United States and Florida; and enhancing the technical skills of cancer registrars and abstractors relating to the process of cancer data collection.

Clinical physician presentations were made by Dr. Mitchell K. Rauch on the "Classification, Diagnosis and Treatment of Bladder Cancer," Dr. Parvin Ganjei-Azar on the "Pathology of Neuroendocrine Neoplasia," Dr. Pasquale W. Benedette on a "Clinical Perspective of Carcinoid Tumors" and Dr. Alan Pierce on "Myelodysplasia and Myeloproliferative Disorders and Diseases." These presentations were all extremely well received by those in attendance.

Epidemiologic and public health-related physician presentations by Dr. Edward Trapido speaking about "Disparities in Cancer Among Floridians," Dr. Lora Fleming and Dr. Jay Wilkinson each presenting a variety of study reports addressing how researchers are "Using FCDS Data in Research Applications" were also well received. Jill MacKinnon provide conference attendees with a glimpse into the "Effects of Out-of-State Reporting and Death Certificate Only Cases on Florida Cancer Incidence Rates."

FCDS Staff presented issues & updates sessions which included reviews of:

- ◆ NAACCR, COC, NPCR, and FCDS Standards
- ◆ 2001 Jean Byers Award
- ◆ Year 2000 Admissions & Late Cancer Case Reporting
- ◆ DOH Involvement with FCDS and Late Reporting Facilities
- ◆ New FCDS Education & Training Plans and Programs

FCDS Staff also presented FCDS Policies & Procedures 2001 sessions, which included:

- ◆ Quality Control
- ◆ Data Processing, 2001 FCDS Edits and FCDS Reports
- ◆ FCDS New Reporting Programs
- ◆ Update on Non-hospital Reporting Sources
- ◆ Pathology Lab and Physician Office Reporting
- ◆ Interstate Data Exchange: Continued Challenges.
- ◆ FCDS New Technologies: Internet Abstracting & Reporting (FCDS IDEA)

**Certificates of Attendance** will be mailed only to attendees who have completed the CE Credit Information Form. The FCRA/FCDS Conference received approval for **20.25 CE** credits from NCRA. If you have not completed the CE Credit Information Form, please complete it and fax it to (305) 243-4871 or return completed forms to: FCDS, P.O. Box 016960 (D4-11), Miami, FL 33101, Attn: Betty Fernandez/Bleu Herard

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**ERRATA GALORE !! !! !!**

**The FCDS Errata for the 2001 FCDS Data Acquisition Manual will be mailed out in mid-September. These errata and the corresponding replacement pages must be incorporated into your 2001 FCDS DAM, immediately.**

**Also, PLEASE make sure that you have downloaded and made ALL errata corrections for BOTH the ICD-O-3 AND the SEER Summary Stage 2000 Manual.**

**Due to all of the changes and clarifications by the World Health Organization, NCI/SEER, COC/ACOS and FCDS...it is imperative that your manuals be up-to-date. Again, please be sure to make all changes.**

**ALL OF THE ERRATA ARE EXTREMELY IMPORTANT**  
**PLEASE MAKE SURE THAT YOU HAVE MADE ALL CHANGES**

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**QUESTION & ANSWERS**

- Q.** What is the correct primary site code for myeloid sarcoma/chloroma (M9930/3)?
- A.** According to April Fritz, NCI/SEER, Rule E in ICD-O-3 lists myeloid sarcoma as the single exception to coding Leukemias to C42.1. Yes, myeloid sarcoma is a manifestation of leukemia. If the leukemia is diagnosed first, the myeloid sarcoma is progression of disease and is not coded separately. If **ONLY** myeloid sarcoma is diagnosed (i.e., for some reason no leukemia is detected in marrow or blood), it is coded to the primary site/site of biopsy.

## **QUESTION & ANSWERS**

- Q.** A patient with primary liver (adeno)carcinoma has malignant ascites. Is this considered stage Regional or Distant in SEER Summary Stage 1977 and/or SEER Summary Stage 2000?
- A.** According to April Fritz, NCI/SEER, This should be staged distant using either staging system. You may reference this using the SEER Summary Staging Manual 2000 on page 8. The route of travel is listed under #4 on that page, namely "Spread through fluids in a body cavity". These metastases end up on the peritoneum because gravity pulls the heavy tumor-laced fluid down into the peritoneum and then there is an implantation or seeding of metastatic deposits throughout the peritoneum that then begin to grow.
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## **MYELODYSPLASTIC SYNDROME (MDS)**

- Q.** In the alphabetic section of the ICD-O-3 book, **Myelodysplastic Syndrome, NOS**, is coded 9989/1, which is non-malignant. I have two patients so far this year that fall into this category, and I want to make double sure that I do NOT have to capture these cases. The path reports do not have any of the qualifying statements of the malignancies. (My question comes from my recollection that myelodysplastic syndrome was going to be considered a malignant condition beginning in 2001.) Can you clarify this for me? I don't want to miss any cases.
- A.** You have not made the errata changes to your ICD-O-3 manual. All myelodysplastic syndromes are considered malignant and must be reported for any case diagnosed on or after January 1, 2001. The ICD-O-3 alphabetical section contains a misprint on pages 178 and 205 in the alphabetical section. PLEASE download and make all of the ICD-O-3 errata changes to you manual. These are extremely important at this time as the ICD-O-3 book contains numerous errors.
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- Q.** When do I report the myelodysplastic syndrome diagnosis (MDS)?
- A.** If the MDS was diagnosed on or after January 1, 2001 you must report the case. If the MDS was diagnosed before January 1, 2001 you do not report or accession the case.
- ALL MDS cases DIAGNOSED on or after 01/01/2001 are reportable.
  - Disregard any MDS with a diagnosis prior to 01/01/2001, whether they are undergoing active treatment or not.
  - A single primary (C42.1) of MDS is sequenced 00.
  - Any subsequent reportable primary of MDS dx'd on or after 01/01/2001 adds to sequence.
  - Be sure to check for transition to another Hematopoietic disease
  - Most treatment for MDS will be recorded in the "other therapy" field with code=1

## MYELODYSPLASTIC SYNDROME (MDS), continued

- Q.** How do you code treatment for MDS and what is considered treatment for MDS?
- A.** For MDS cases, record the following as ‘**OTHER THERAPY**’: Transfusion, phlebotomy/blood removal, supportive care, aspirin, and observation. Please be sure to describe the treatment in the Text Remarks field. These therapies should not be coded for any other cancer site or any other malignancy!!!
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## FCDS 2001 EDUCATIONAL TELEPHONE CONFERENCE SERIES

Response to the fourth FCDS Education Teleconference in our 2001 series was enthusiastic with a total of 66 callers. This following the exact same presentation in Plantation at the FCRA/FCDS Annual Conference. The fourth teleconference was entitled “FCDS Internet Data Entry & Abstracting (FCDS IDEA) – Policies and Procedures.” At the conclusion of the PowerPoint presentation, the following additional questions were addressed:

- Q.** What documentation do you need to send for the test cases?
- A.** Your vendor software will have a print version and that needs to be sent with the 10 test cases. Send in your full printed case.
- Do you mean an abstract form? Yes, we want you to send a copy of the abstract form generated by your vendor software. If you are using **the FCDS Single Entry Module** it is **not required** that you send documentation for any test cases.
- Q.** Will the Single Abstract entry module have edits in the screen, and are the full edits being run by FCDS and sent back to the abstractor? Once the abstractor has submitted a case, the abstractor no longer has the capability of viewing the case. What happens when corrections come back and we cannot view our case?
- A.** If the case has failed an edit, when you get an edit report we will also send you a copy of the printed copy of the abstract form that you had sent us. We expect in the next month or so to have full online edits so corrections will be done on line before sending the case via the Internet to FCDS.
- Q.** What happens if I lose my Internet connection and lose the abstracted case?
- A.** When you lose Internet access it all depends how you are connected. The case might have gone through. Once you have completely entered and saved a case you can view what FCDS has received by using the “generate listing” option on your menu. If the case is not on the list then the abstract needs to be re-entered. We suggest generating a listing at the end of each day of work for verification of cases submitted.
- Q.** I was logged on and I received a session time-out error message. What happened to my abstract?
- A.** For added security, the FCDS IDEA system will time you out of the system due to inactivity after approximately 30 minutes and forces you to re-login. This is to lessen the chance of someone else accessing the FCDS IDEA page if you leave it open on your browser at the end of the day. You should select the logout menu choice as soon as you have completed an upload or finished entering in data.
- Q.** I received a message in the computer stating that secure Http is needed.
- A.** Your computer’s browser must have 128-bit encryption capabilities. You can quickly check the cipher-strength through your browser’s *Help->About* menu. The cipher-strength should be 128-bit. If your browser does not have 128-bit capabilities, contact **your facility technical staff**.

## **FCDS 2001 EDUCATIONAL TELEPHONE CONFERENCE SERIES**

- Q.** Does the FCDS IDEA program assign an accession number to an abstracted case?
- A.** No, everyone must keep a list of assigned Accession numbers. You can use the “generate listing” option and then copy the results and paste into Excel or word processing and add columns to create your own accession number listing. Data can also be printed until it has been batched.
- Q.** I started one test case, I hit save and it went back to the log in screen. What happened to the case?
- A.** Go to the menu page, and print a listing to see if the case did was saved. If it does not appear on your listing, you must re-enter the case.
- Q.** I have Multi-service vendor software, which has 4 small facilities. Do I have to send 10 test cases for each facility?
- A.** No, from a multi-service vendor software that is connected to 4 other facilities you only have to submit 10 test cases since the vendor is from one location.
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### **REMINDER:**

**Please remember to view the FCDS IDEA - Frequently Asked Questions for many of the answers to questions regarding FCDS Internet Data Entry, Abstracting and Procedures for Uploading Data to FCDS using the FCDS IDEA. The FAQ's are updated regularly.**

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### **1999 AHCA AMBULATORY CARE CENTERS CASE I.D. & REPORTING (ACCRP)**

FCDS mailed 1999 Case Identification Listings of unmatched cases in May 2001. The deadline to return the forms and abstracts for the facilities submitting copies of medical records was August 31, 2001. The deadline for submitting cases electronically was extended to September 30, 2001. A special article will appear in the upcoming FCDS Register with focus on providing some answers to recently asked questions from some of the ambulatory care centers and from the Florida Society of Ambulatory Surgical Centers.

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### **QUALITY CONTROL - Every 25<sup>th</sup> Record Sampling Report**

The QC staff has been reviewing the **Every 25<sup>th</sup> Record Sampling Report** from the latest reporting quarter. This report provides you with a visual review of at least every 25<sup>th</sup> record that FCDS receives from every facility. The report contains all the data downloaded to FCDS by your facility. A copy of the cases will be mailed to you and FCDS will ask that you please review the reports and provide us with feedback on any comments or questions noted on each case report.

FCDS will be performing **On-Site Quality Control Audits** in randomly selected Florida hospitals during the next few months. The on-site QC Audits will include Pathology Casefinding and Reabstracting Audits of 1999 and 2000 data. The audits should be completed by January 1, 2002.

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## JEAN BYERS MEMORIAL AWARD RECIPIENTS



The Fifth annual **Jean Byers Memorial Award for Excellence in Cancer Registration** will be awarded and mailed to those facilities that qualified for the Jean Byers Memorial Award for Excellence in late September. FCDS and DOH SALUTE each of the facilities receiving the 2001 Jean Byers Memorial Award for Excellence. 75 Florida facilities will receive the Jean Byers Award this year. The complete list of 2001 award recipients will appear in the upcoming issue of the FCDS Register. Thank you all for a job well done !!!

## CONGRATULATIONS!!!

### 2001 FCDS DAM CLARIFICATIONS

- Q. How are the new surgery fields supposed to be coded for lymphoma cases?  
A. As in any case...you must refer to Appendix H to find the answer to this question. Unfortunately, the way the original Surgical Codes Appendix were set up by both SEER and COC, the codes for the Lymphoma Surgery fields appear on page H61 – SPLEEN AND LYMPH NODES. In the soon to be mailed out FCDS Errata there has been a page inserted as page H103 for codes C77.0-C77.9 to make sure that everyone knows where to look when coding Lymphoma Surgery fields. This should make the correct codes much easier to find.
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- Q. Is '99' an acceptable code for FCDS-ADDR DX COUNTY, NAACCR Data Item 2220?  
A. Yes, this is an error in the DAM, Section II-16. The code **99 is acceptable** for the Address County of DX.
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- Q. How is lymphoma coded for scope of regional lymph node surgery H-62?  
A. The Scope of Regional lymph nodes Surgery need clarification and the COC has a surgery code clarification table. The following changes need to be made to H-62 (these changes have been made in the 2001 FCDS DAM Errata):  
**SPLEEN AND LYMPH NODES H-62**  
**ADD TO Scope of Regional Lymph Node Surgery:**  
0 No Regional lymph nodes removed (**spleen only**)  
1 Regional lymph nodes(s) removed, NOS (**spleen Only**)  
9 Unknown; not stated; death certificate; (**lymphoma primary ONLY**)
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- Q. Are there new reportable codes that changed behavior to malignant but are not in Section I-8 and they can be found in page 239 of the ICD-O-3?  
A. Yes, a revised ICD-9 code listing is being mailed out with the 2001 FCDS DAM Errata

### EDUCATION

In September 2000, SEER introduced a training and education module that is still under development. When the SEER website is completed it will contain 12 training modules, each covering a particular area of cancer registration. If you have any questions or comments about this site, please direct them to Steven Roffers, PA, CTR at Emory University at [sroffer@sph.emory.edu](mailto:sroffer@sph.emory.edu).

At this time visit the SEER training module by going to [SEER.cancer.gov](http://SEER.cancer.gov), and clicking the training icon. The following is available:

## **TRAINING MODULE**

- ◆ ICD-0-3
- ◆ SEER SUMMARY STAGE 2000
- ◆ CANCER REGISTRATION

## **INFORMATIONAL MODULES**

- ◆ ICD-0-3 Satellite Training Video
- ◆ Summary Stage 2000 Manual

## **NAACCR- North American Association of Central Cancer Registries**

Under NAACCR website, click Education & Training to find a list of links available. There is a new Mentor Fellowship Program that will provide one-on-one, hands-on training in a registry operation to central registry staff (or other comparable work sites) with another central registrar acting as the mentor.

### **Requirements of Program**

1. Candidate must identify a mentor (the NAACCR Executive Office can help, if necessary).
2. Candidate must complete the two-page application, including the travel estimate form.
3. After the visit, the candidate must submit a brief trip report (using the form provided) before travel reimbursement requests will be processed.
4. Fellowship application reviews will occur quarterly; awards will be announced within 30 days of the quarterly deadlines.
5. Travel must occur within 90 days of notification of a successful fellowship award.

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## **AJCC Cancer Staging Manual, Sixth Edition**

The *AJCC Cancer Staging Manual*, Sixth Edition, is expected to be published by Springer-Verlag, Inc. The anticipated publication date is May 2002. The new edition will be introduced at the annual meeting of the American Society of Clinical Oncology. The Sixth Edition will be required for use with cases diagnosed and treated beginning in 2003. Some highlights of the Sixth Edition manual include:

- Additional coverage of survival tables and illustrations
- A new user-friendly, easy-to-remove data form for cancer staging
- Side-tabs to make finding a chapter easier
- An index for quick reference

In addition they are planning to have: Teaching slides that include site-specific TNM classifications, stage groupings, and survival data, site-specific staging forms, sample chapters, staging e-cards for major sites, and a comparison guide for the Fifth and Sixth editions. For more information on the Sixth Edition, contact Susan Burkhardt, AJCC Administrator, at sburkhardt@facs.org or at 312/202-5313.

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## **DRUG UPDATE**

Xeloda (capecitabine) was recently approved by the FDA for treatment of metastatic colorectal cancer. This is an oral chemotherapy with superior tumor response rate compared to intravenous bolus fluorouracil (5-FU)/leucovorin. Xeloda is only the second treatment for colorectal cancer approved in the United States in the past 40 years and is indicated as first-line treatment in patients with metastatic colorectal cancer when treatment with fluoropyrimidine therapy alone is preferred. Combination chemotherapy has shown a survival benefit compared to 5-FU/leucovorin alone. A survival benefit has not been demonstrated with Xeloda monotherapy as with the combination chemotherapy. Use of Xeloda instead of 5-FU/leucovorin has not been adequately studied to assure safety or preservation of the survival advantage. Medicare covers Xeloda. Xeloda works through enzymatic activation to the cancer-fighting substance 5-FU. The human body produces the enzyme thymidine phosphorylase (TP), which converts Xeloda into 5-FU. Source - Hoffmann-La Roche Inc.

## **EDUCATION & TRAINING**

### **NAACCR Workshop,**

**San Antonio, Texas, October 9, 10, and 11, 2001,**<http://www.naacr.org/News/index.html>  
Select Your Own Toolkit by learning about SEER\*Stat, SEER\*Prep as epidemiologic tools for your registry. Topics: The changes for this year's Call for Data 2002, NAACCR criteria for high quality data, the revised NAACCR method to estimate completeness.

Discuss ICD-O-3: Implementation and EDITS questions, Joinpoint analysis for analyzing long-term trend data.

Required Materials: Lap top computer with CD ROM drive (for each day)

**Registration Fee:** TBA For more information **Contact:** Joellyn Hotes at (217) 698-0800 Ext 3 or [jhotes@naaccr.org](mailto:jhotes@naaccr.org).

**Day One, October 9<sup>th</sup> (Tues. 8:00 AM- 5:00 PM):** Basic SEER\*Stat

**Day Two, October 10<sup>th</sup> (Wed. 8:00 AM- Noon:** *Call for Data 2001* changes, NAACCR Method to Estimate Completeness, ICD-O-3: Implementation and EDITS Issues

**Day Two, October 10<sup>th</sup> (Wed. 1:00 PM - 5:00 PM):** SEER\*Prep

**Day Three, October 11<sup>th</sup> (Thurs. 8:00 AM-3:00 PM):** Joinpoint Analysis\*

\*NOTE BENE: Basic SEER\*Stat is a prerequisite for Day Three.

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### **Commission on Cancer/American College of Surgeons**

**Basic Registry Data Collection Workshop, Chicago, October 22 - 26, 2001,**  
<http://www.facs.org/dept/cancer/coc/regtrain.html>

The Commission on Cancer/American College of Surgeons will conduct a 5-day **BASIC CANCER REGISTRY TRAINING** in Chicago October 22-26, 2001. Registration for the program began August 1, 2001. The fee for the five-day course is \$500. For more information and details, contact Pat Tary at [tary@facs.org](mailto:tary@facs.org). Headquarters of the American College of Surgeons, 633 N. Saint Clair Street, 28th floor, Chicago, Illinois 60611, 312/202-5085

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**EDUCATION & TRAINING**

**FCDS Incidence Training Workshop, Coconut Grove, FL, October 24-26, 2001**

FCDS conducts semi-annual training workshops for cancer case reporting. The three-day intensive course covers only the basics of cancer reporting for Florida. The October 24-26, 2001 workshop will cover the 2001 reporting requirements. The cost of this workshop is \$100.00. Please contact Bleu Herard or Betty Fernandez at FCDS for further information at (305) 243-2635.

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**DEADLINES**

**HOSPITALS**

Hospitals should now be reporting February 2001 cases.

**AMBULATORY CANCER CARE REPORTING PROGRAM (ACCRP)**

**1999 Patient Admission Information/Cases are Due**

Deadline for facilities submitting of copies of medical records was August 31, 2001

Deadline for facilities submitting cases electronically is September 30, 2001.

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