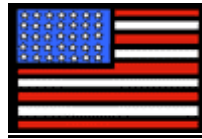




FCDS MONTHLY MEMO SEPTEMBER/OCTOBER 2001

FCDS joins the rest of the nation in mourning the loss of the victims of the devastating attacks on the World Trade Centers, the Pentagon, & United Airlines Flight 93 on Tuesday, September 11, 2001. Our spirit remains strong to support and praise our many heroes. As the entire country joins as one, we will rise above.



FCDS IDEA

ANNOUNCING - Effective 10/30/2001 FCDS Edits are now a part of the FCDS IDEA Single Case Entry Program

What this means to you:

When you enter a single case using FCDS IDEA (single case entry program)...after completing the case entry...

First: The program will check for blank fields. These will appear hi-lighted in red on your entry screen.

Next: Once all of the fields have been entered...the FCDS Edits will run against the case. If any of the standard FCDS Edits fail, a pop-up screen will appear and will outline each of the edits and the data contained in the edit(s) that failed. You should print the edit messages using the Print Icon at the top of the pop-up window.

Then: You will need to correct the data before the case will be saved.

IMPORTANT: If the edit that failed is a 'FORCE-able' edit (site/morphology, first course therapy or other standard force-able edits)...the edit will appear on the screen and you can keep the data as it is in the case and the case will be accepted.

Later...at the FCDS OFFICE: The edits will be re-run at the FCDS office during the weekly batching of the single-entry cases and certain edits that cannot be run on the case on-line while you enter it will be run by your Field Coordinator (checking for duplicates, etc.). If your cases fail any of these edits, you will receive the usual edit discrepancy journal as you always have in the mail for correction.

**If you have any problems with this procedure, if something doesn't work right or if you are confused....
PLEASE CALL US!!!**

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. Thank You.

TELECONFERENCE

FCDS WILL BE HOSTING A PHONE-IN TELECONFERENCE ON THURSDAY, NOVEMBER 14, 2001 FROM 2-3PM. The teleconference will cover the new FCDS Edits and will review difficult to understand data items. There will be plenty of time for questions...so be sure to call in to this important and timely conference.

Objective: The telephone conference will provide registrars, abstractors and contractors with a review of difficult to understand data items and all of the new FCDS Edits. This conference builds from the previous teleconference. Part I focused on cancer registry references with particular emphasis on the 2001 FCDS Data Acquisition Manual. Part II will focus on individual data items and data item edits.

A Power-point slide presentation will be available on the FCDS Website on November 9, 2001 as an adjunct to the conference (<http://www/fcds/med/miami.edu>). We suggest that you download the presentation and follow the slideshow from your computer during the call. You may also print the slideshow for future reference. If for some reason you don not have access to the FCDS website, you may contact FCDS and we will mail or fax you a copy of the slide show. Please do not wait until the last minute to request mailed or faxed copies of the slides

CALL INFORMATION

Date of Conference: November 14, 2001

Time of Conference: 2pm – 3pm EST

Name of Conference: Cancer Registry References Review – Part II of II

Telephone Number: (888) 232-0361 (note: This is a Toll-Free Number)

Call –in Code: 746717

QUALITY CONTROL - Every 25th Record Sampling Report

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

Annual FCDS QC Site Visits

FCDS will be performing **On-Site Quality Control Audits** in 56 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 April 2002.

JEAN BYERS MEMORIAL AWARD RECIPIENTS



75 Florida Hospitals qualified for and received the Fifth Annual **Jean Byers Memorial Award for Excellence in Cancer Registration** this year. Please join FCDS and the Florida Department of Health in saluting each of the outstanding facilities receiving the 2001 Jean Byers Memorial Award for Excellence. 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

The 2001 FCDS Data Acquisition Manual errata were distributed to everyone in September 2001. Please take the time to review each change carefully. Please also let us know if there are any further corrections or clarifications needed. We found additional minor errors that will be corrected and distributed in November, 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.

CODING GRADE SEER ICD-O-3 Clarifications, continued Hematopoietic Diseases Clarifications May 22, 2001 SEER Program, NCI http://seer.cancer.gov/Admin/ICDO3/hematopoietic_clarifications.d05222001.pdf

6. Using a grade designation to assign 6th digit differentiation In some instances, the term “grade” does not imply differentiation and should not be used to code the 6th digit of the morphology code. For example, in describing some diseases, pathologists use the term “grade” as a synonym for “type” or “category.” Registrars, on the other hand, recognize the term “grade” as an indicator of cell differentiation that is coded in the 6th digit of the ICD-O morphology code. It is important to recognize when the term “grade” refers to category and when it refers to biologic activity. (For example, the grades of nodular sclerosing Hodgkin lymphoma and follicular lymphoma are actually types or categories of these diseases. The 6th digit should NOT be coded as grade 1, 2 or 3 for these cases). However, a poorly-differentiated lymphocytic lymphoma or a B-cell or T-cell lymphoma should be coded in the 6th digit of the morphology code. Other terms described as high grade or low grade as part of the diagnostic term may be used to code the 6th digit of the morphology code.

7. Assigning 6th digit immunophenotype Sixth digit codes for T-cell, B-cell, and NK-cell phenotyping of lymphomas and leukemias should be based on the diagnosis as specifically stated in the pathology report. Sixth digit phenotype codes should not be used when T- or B- cell is implied from the boldface header in the morphology numeric list. In other words, if no T- or B-cell designation is provided in the pathology or laboratory report, do NOT code the T- or B- cell designation based on the boldface header in ICD-O-3. For example, a diffuse large B-cell lymphoma would be coded to 9680/36; a diffuse centroblastic lymphoma would be coded to 9680/39. When cases are analyzed, they can be grouped by cell line as stated in the category headings in the lymphoma and leukemia sections of the morphology numeric list.

FCDS Clarification Table
Dx Date, Date 1st Contact, ICD-O Edition, Staging Manuals

Diagnosis Date	Date of 1st Contact	NAACCR Version	ICD-O Edition	Summary Staging Manual for Stage at 1st Contact	Summary Staging Manual for Stage at Diagnosis
Dec 2000	Dec 2000	V9	ICD-O-2	1977	1977
Dec 2000	Jan 2001	V9	ICD-O-2	1977	1977
Jan 2001	Jan 2001	V9	ICD-O-3	2000	2000
Unknown	Jan 2001	V9	ICD-O-3	2000	2000
Unknown	Dec 2000	V9	ICD-O-2	1977	1977

SURGERY CODING FOR PROSTATE

Q. Once in a while we see a prostate case where all tumor is removed by the needle biopsy and there is no residual tumor in the prostatectomy specimen. Ordinarily, a needle biopsy is a diagnostic procedure coded as non-cancer directed surgery, code 02 but FCDS doesn't collect non-cancer directed surgery anymore. How do I code a biopsy that removes all tumor? How do I code this case if the patient had a needle biopsy that removed all tumor then had a radical prostatectomy with no residual tumor tissue in the prostatectomy specimen?

A. If the biopsy removes the entire tumor, then it is considered treatment. You should use code 17 in a case like this, as it is more specific for local resection, as 10 is less specific. The second scenario which included a prostatectomy should be coded with the appropriate prostatectomy code (30, 40, 50, 70 or 80). The intent of the prostatectomy was treatment, whether there is residual tumor or not.

Q. Prostate: Needle bx done in office. Lymph node dissection (10 removed, all negative). How do you code this in the surgery area?

A. Surgery of Primary Site = 00; Scope of Regional Lymph nodes = 1; Number of Regional Lymph Nodes Removed = 10; Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s) = 0; Reason for Surgery = 0.

Q. How should we code TUNA surgery for prostate ca?

A. Trans Urethral Needle Ablation (TUNA) of the prostate is primarily used to treat BPH, not cancer of the prostate. It would not normally be considered "cancer-directed" surgery. This procedure simply shrinks the enlarged gland to relieve urinary symptoms associated with BPH.

Q. Can you please clarify the following: If a patient has a prostate biopsy and then a lymph node dissection (6 nodes), how should the following fields be coded? Reason for No Surgery

A. If only a needle biopsy was done, Reason for No Surgery = 0

SURGERY CODING FOR PROSTATE

Q. I would like to give you this scenario and ask you what accession year it is: Patient goes to see a Urologist on the medical staff for a difficulty urinating. The Urologist FNA the prostate in calendar year 1998. The initial pathology is done at an outside laboratory. Patient comes into the reporting hospital in 1999 for surgery. What accession year is this case?

A. This would be a class of case 2 and the accession year would be 1999.

Q. Lymph node dissection: A patient comes to our facility for treatment of a prostate malignancy with a recent positive prostate biopsy. A pelvic lymph node dissection (PLND) is performed first to check for lymph node metastasis before the determination to perform a radical prostatectomy. The lymph nodes are found to be positive and the procedure is terminated at that point. What code should be used in the surgery field for the PLND?

A. Surgery to Primary Site = 00, Scope of Regional Lymph Node Surgery = 1; Reason for No Surgery = 0.

Q. I have a case where the patient came in with an elevated PSA, enlarged firm prostate and positive bone scan. Patient had a TURP, which was positive. Patient then had a bilateral orchiectomy three days later. Surprisingly, the left testicle contained metastasis but the right testicle was negative. No explanation was given on the abstract, unknown if this surgery was done as hormonal manipulation or if a mass was detected in the testicle prior to surgery. How/where should the bilateral orchiectomy be coded? Should it only be coded under hormones or should it be coded under distant site or both?

A. For this case, the bilateral orchiectomy would be coded in both places, Surgery of Other Regional, Distant Sites and as Hormonal Treatment.

Q. When a cystoprostatectomy is done for a known bladder cancer (male) invading the base of the prostate (TCC cell type) and there is an incidental finding of a localized prostate cancer (Adenoca) and it is confirmed that the base of prostate tissue is Bladder TCC, how is the prostate surgery coded: Prostatectomy (60)?

A. Bladder primary is coded 60. Prostate primary is coded 70, prostatectomy with en bloc resection of other organs.

Q. Please explain the differences between the two surgery codes for prostate, "30 Subtotal or simple prostatectomy, NOS, a segmental resection or enucleation leaving the capsule intact" and "40 Less than total prostatectomy, NOS, an enucleation using an instrument such as a Vaprotrode which may leave all or part of the capsule intact."

A. A simple prostatectomy means removing the obstructing, simple adenoma that grows inside the central part of the prostate and obstructs urinary flow. It is generally referred to in an operative note or coded as a "simple retropubic, simple suprapubic, or simple perineal prostatectomy." It can also be coded as a "suprapubic prostatectomy." An enucleation of the prostate is the same thing as a simple prostatectomy. Both of these operations are done for non-cancer (BPH) indications. A "subtotal" prostatectomy probably means the same as the former two but technically it means that you don't remove the entire prostate. There could be a circumstance under which an attempted radical prostatectomy (done for cancer) is aborted, as the entire prostate could not be removed. Under these circumstances, a "subtotal" prostatectomy was technically performed. An enucleation using an instrument is the same thing as a transurethral resection of the prostate. A Vaprotrode uses a very high current electrocautery that vaporizes the prostate tissue. It's just a forme-fruste of a TURP. (answered by I. Thompson, MD, FACS).

EDUCATION

In September 2000, SEER introduced a new training and education component that is currently being developed within the existing SEER website. When the component is completed it will contain 12 individual 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. At this time visit the SEER training module by going to SEER.cancer.gov, and clicking the training icon. The following is available:

SEER TRAINING MODULES

- ◆ ICD-O-3 Satellite Training Video
- ◆ SEER Summary Stage 2000
- ◆ ICD-O-3 Training module
- ◆ Cancer Registration

INFORMATIONAL MODULES

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

CANCER PRACTICE GUIDELINES

Organizations affiliated with the Commission on Cancer have published numerous cancer practice guidelines, many of which are available on the COC website. Guidelines currently available include:

The ACCC offers guidelines for the following:

- early-stage and advanced breast cancer
- small cell and non-small cell lung cancers
- colon cancer
- rectal cancer
- the use of erythropoietin and colony-stimulating factors

College of American Pathologists

CAP offers protocols for the following cancer sites:

• breast	• kidney	• vagina
• ampulla of vater	• prostate	• vulva
• anus	• testis	• thyroid glands
• colon and rectum	• urinary bladder	• upper aerodigestive tract
• esophagus	• ureter	• gastrointestinal lymphoma
• extrahepatic bile ducts	• renal pelvis	• Hodgkin's disease
• gallbladder	• endometrium	• non-Hodgkin's lymphoma
• liver	• fallopian tube	• heart
• pancreas (endocrine & exocrine)	• ovary	• lung
• small intestine	• trophoblast	• pleura
• stomach	• uterine cervix	• adrenal gland

HIPAA and the Cancer Registry

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) became law April 14, 2001. Questions regarding how this new HIPAA law impacts cancer reporting have arisen with regard to cancer registry compliance. The North American Association of Central Cancer Registries (NAACCR) has developed materials to assist us and cancer reporting facilities in assuring compliance with HIPAA regulations. For further information please visit the NAACCR website at <http://www.naacr.org/Training/index.html>

Implication of HIPAA for Cancer Registries

[All Documents \(Zip File\)](#)

[NAACCR Letter to Central Cancer Registries, PDF](#)

[Academic Letter Interpreting HIPAA, PDF](#)

[Legal Letter Interpreting HIPAA, PDF](#)

[Model Letter for Central Cancer Registries to send to Reporting Facilities, PDF](#)

[FAQs Regarding HIPAA and Cancer Registries, PDF](#)

EDUCATION & TRAINING

Commission on Cancer/American College of Surgeons, Chicago, March 8-9, 2002

The Commission on Cancer/American College of Surgeons will conduct a 2-day workshop in the Wyndham Hotel Chicago that will focus on: Survey Savvy, **NCDB Benchmark Reports**, ROADS 2003; Changes in TNM. For more information and details, contact Pat Tary at tary@facs.org. Headquarters of the American College of Surgeons, 633 N. Saint Clair Street, 28th floor, Chicago, Illinois 60611, 312/273-0300 Place: The Wyndham Hotel Chicago, 633 N. Saint Clair Street, Chicago, IL 60611. Registration Fee: \$350

Advanced Cancer Registry Training Program, August 5-7, 2002, Emory University in Atlanta, Georgia, <http://www.ncra-usa.org/training.html#advanced>

A staff of recognized experts in cancer registration, surveillance, and control teaches this intensive and comprehensive training program. This Advanced Cancer Registry Training Program will specifically address: abstracting, staging, and coding really difficult cancer cases; bizarre, rare, and unusual cancer cases; calculating incidence, prevalence, age-adjusted, survival, and other rates; using registry data (preparation, analysis, annual reports, etc.); and using the Internet to locate comparable data and useful cancer information and resources. Participants must have attended the Principles Practice training program prior to registering for this advanced training (or have at least one year of experience working in a cancer registry). Complete details are available on the training program web site at <http://cancer.sph.emory.edu> or contact Steven Roffers, PA, CTR at (404) 727-4535.

Principles and Practice of Cancer Registration, Surveillance, and Control, March 11-15, 2002, November 4-8, 2002

A staff of recognized experts in cancer registration, surveillance, and control teaches this intensive and comprehensive training program. The instructors are accomplished adult trainers and are internationally recognized as leaders in their fields. The following is a brief outline of the program content: Cancer Burdens in Defined Populations, What Data Are We Trying to Collect? And How?, Neoplasms and Cancer, Reportable Lists and Casefinding, Abstracting Pertinent Cancer Information, Medical Record Information and Data Collection, ICD-O-2 Coding Exercises and Case Scenarios, Cancer Staging: Summary Stage; TNM Stage; SEER EOD and Others, Cancer Registry Operations and Procedures, Data Item Definitions and Codes, Cancer Registry Follow-Up, American College of Surgeons

Principles and Practice of Cancer Registration, Surveillance, and Control, March 11-15, 2002, November 4-8, 2002, continued

Commission on Cancer Operations and Standards and Commission on Cancer Approvals Program, Cancer Abstracting and Coding; Using Case Scenarios and Actual Medical Records, Central Registry Operations; Visual Editing; Death Certificate Clearance; and Case Consolidation, Basic Statistics, Data Analysis, Data Presentation, Report Writing and Essential Quality Control Techniques, Resources Available to the Cancer Registrar. Location: Emory University in Atlanta, Georgia. Complete details are available on the training program web site at <http://cancer.sph.emory.edu> or contact Steven Roffers, PA, CTR at (404) 727-4535.

Principles of Oncology for Cancer Registry Professionals, December 3-7, 2001

Presented by The SEER Program of the National Cancer Institute. Bolger Center for Leadership Development Potomac, Maryland. Registration fee: \$650.00 and the registration fee are reduced for participants who stay at the conference center.

Principles of Oncology is an intensive 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 registrars may face. The National Cancer Registrars Association (NCRA) and the North American Association of Central Cancer Registries (NAACCR) endorse this program. NAACCR also serves as the fiscal agent for this program.

The program provides approximately 35 hours of classroom and individualized instruction on basic registry concepts, such as abstracting, staging (summary, TNM and EOD), and ICD-O coding, as well as use of resources available to registrars. Attendees will have the benefit of lectures as well as a variety of practical exercises. Three volumes of training materials prepared especially for this program will be provided to registrants, as well as NCRA's Workbook for Staging of Cancer, second edition.

Download the **Principles of Oncology** announcement and registration information by clicking on the following links for the [Adobe Acrobat .pdf](#), [Word](#) or [WordPerfect](#) version.

University of Southern California Cancer Surveillance Program

Cosponsored 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. For more information contact: Donna Morrell, CTR, Director Phone: 323/442-2334. E-mail: dmorrell@hsc.usc.edu

THE FOLLOWING COLLEGES AND UNIVERSITIES OFFER CERTIFICATE COURSES IN CANCER REGISTRY

Burlington County College

Van Nguyen, RHIA, Academic Program Director Health Information Technology
Cancer Registry Program, County Route 530, Pemberton, NJ 08068, (609)894-9311, Ext.
7339 vnguyen@bcc.edu College web site: www.bcc.edu

College Ahuntsic

Manuela Das Neves, CHRA(c), CTR, Royal Victoria Hospital, 687 Pine Ave. W., Rm. E3 40, Montreal, Quebec,
Canada H3A 1A1, 514/842-1231 Ext. 4230 mdneves@is.muhc.mcgill.ca

Lehman College

Miriam Cooney, MPS, RRA, Director Cancer Registry Program, Office of Continuing Education 250 Bedford Park
Boulevard West, Bronx, NY 10468-1589, (718)960-8825, FAX: 516/593-7266

Molloy College

Cheryl M. Frank, CTR, Program Coordinator, Division of Continuing Education, 1000 Hempstead Ave. P. O. Box
5002, Rockville, Centre, NY 11571-5002, (516)678-5000 Ext. 6206, Molloy College Web Site www.molloy.edu

Northeastern University

Annalee Collins, RRA, Director of HIA, 360 Huntington Ave., 266 Ryder Hall, Boston, MA 02115. (617)373-2525,
a.collins@nunet.neu.edu

Orange County Community College, Institute for Business, Industry and Government (IBIG)

Joan Howard, IBIG Coordinator, 115 South Street, Middletown, NY, 10940, 845/341-4380, Fax 845/341-4921,
email: ibig@sunyorange.edu

St. Petersburg Junior College

Valerie Polansky, M.Ed., Interim Program Director, Health Information Management Program P.O. Box 13489, St.
Petersburg, FL 33733, email: picarda@spjc.edu website: www.spjc.edu

Santa Barbara City College

Cancer Information Management (CIM) Online Program, Sue Watkins, RHIA, CTR, Program Coordinator, 721
Cliff Drive, Santa Barbara, California 93109-2394, Information: watkins@sbcc.net, CIM Program Information:
<http://www.sbcc.net/academic/hit/index.html> Santa Barbara City College (SBCC) Online Web
Site: <http://online.sbcc.net>

THE FOLLOWING UNIVERSITY OFFERS AN INTEGRATED HEALTH INFORMATION MANAGEMENT AND CANCER REGISTRY PROGRAM

University of Pittsburgh

Pat Grofic, School of Health and Rehabilitation Sciences, Department of Health Information Management, 6051
Forbes Tower, Pittsburgh, PA 15260, 412/647-1190, FAX: 412/647-1199, University of Pittsburgh Web Site,
www.him.upmc.edu/

Western Suffolk BOCES

Debra Tenenbaum, Principal of Career and Technical, Education, 17 Westminster Ave., Dix Hills, NY 11746,
631/667-6000 ext. 320, FAX: 631/667-1519, email: dtenenba@wsboces.org, Register
Online: <http://wilsontech.org/reg/fregister.htm>



DEADLINES

HOSPITALS

Hospitals should now be reporting April 2001 cases.

AMBULATORY CANCER CARE REPORTING PROGRAM (ACCRP)

1999 Patient Admission Information/Cases are Due
Deadline for facilities submitting cases electronically is
November 15, 2001.



Thanksgiving Holiday is around the corner
From the Staff at FCDS have a blessed Thanksgiving

