

FCDS MONTHLY MEMO DECEMBER 2001

FCDS would like to offer our best wishes and a fond farewell to Lydia Voti, FCDS Manager for Statistical Analysis. We will miss her! After six years in South Florida with FCDS, Lydia is moving back to Greece. Most recently Lydia had been in charge of the FCDS Statistical Analysis unit and had collaborated on many of the quality control activities including the FCDS re-abstracting and casefinding audits. Please join us in wishing Lydia a bright and fulfilling future.

Speaking of moving, FCDS moved to the 4th floor of the same building we currently occupy at the University of Miami School of Medicine. Our Mailing Address did not change. Our physical address for mailing Fed Ex and other non-U.S. Postal Service packages is now 1550 NW 10th Avenue, Room 410, Miami, FL 33136.



The year in brief review: FCDS has certainly had its hands full this year. We have initiated numerous changes in how we do things around here, including the introduction of several new data items, a completely new 2001 FCDS Data Acquisition Manual and the new FCDS IDEA Internet Module for abstracting and data submission (complete with online edits). We have revamped our Incidence Abstracting Workshop. We have completed conversion of our database and upgraded our character-based Oracle system to a Windows-based platform. FCDS also introduced a new method for sharing information with each of you through the very successful phone-in Teleconferences. And we are finishing up the year with a physical move to another floor in our building. Whew! This has been a very busy year and we want to thank all those registrars and vendors for their continued support. FCDS hopes the holiday season and the year 2002 will be happy and prosperous for each of you and will bring peace to all.



HAPPY HOLIDAYS FROM FCDS



COLLABORATIVE STAGE DATA ITEMS APPROVED BY UDS

The Collaborative Stage Task Force, which is made up of representatives from the AJCC, COC, NAACCR, NCI-SEER, and CDC NPCR, announced that the NAACCR Uniform Data Standards Committee has approved all of the new Collaborative Stage data items it developed for required use beginning on January 1, 2003. These data items will be required for staging all cancers beginning January 1, 2003. Education and training programs are currently being developed to teach all of us how to code these new data items. Stay tuned for more breaking news on this important change in how we stage cancers.

CODING PLACE OF BIRTH

When coding place of birth...

Code 000 should be used to indicate that a patient was born in the United States. If you do not know where the patient was actually born you should not use code 000. You should in fact use code 999 - Unknown.

It is incorrect to assume that a patient was born in the United States just because they happen to be living here now, especially with Florida's international population make-up and given the fact that many of our cancer patients are elderly, you cannot assume that any patient was born in the United States. Please be careful when coding place of birth. If it is not available in the Medical Record, please use code 999 to indicate Unknown.

UPDATE ON ROADS

The ROADS is being updated for 2003. Many of the changes are currently in the NAACCR Uniform Data Standards Committee under review. The Commission on Cancer has proposed numerous changes to the required COC dataset, including reducing the number of required data items, increasing the total number of supplemental and optional data items, clarification of numerous data items and changing definitions and updating code sets for still other data items. Revisions to "Standards of the Commission on Cancer Volume II: Registry Operations and Data Standards" are nearing completion. The final draft of the manual is expected to be completed by the end of January 2002, and publication is planned for July 2002. Please visit the COC website for a summary and for specific details regarding the 2003 ROADS.

Below is the implementation timeline for ROADS 2003.

Timeline for ROADS 2003

02/2001	ROADS Work Group Approved Data items
04/2001	CoC Committee on Standards approved recommendations
10/2001	ROADS 2003 Workgroup resolves issues with NAACCR UDS
12/2001	Develop educational program for registrars and physicians; Begin development of electronic program conversions
03/2002	Approval by NAACCR Board
06/2002	Educational programs at NCRA and NAACCR
07/2002	Release of ROADS 2003 and electronic conversion programs
01/2003	ROADS 2003 implemented

CoC Flash A Monthly News Update from the Commission on Cancer of the American College of Surgeons

TUMOR SIZE TO BE RECORDED IN MILLIMETERS, DX 1/1/2002

Because tumor size documentation has been an unresolved issue for approved cancer programs reporting to state registries, we hope the following change will resolve the issue. Beginning with cases **diagnosed 1/1/2002**, the size of the primary tumor, except melanomas of the skin, vulva, penis, scrotum and conjunctiva, will be recorded in millimeters. For example, a 4 cm tumor will be reported as 40 mm, and recorded as 040 in the tumor size field, and a 0.8 cm tumor will be reported as 8 mm and recorded as 008. Tenths and hundredths of millimeters will be rounded to the nearest whole millimeter. This change in recording the greatest diameter of the tumor is equivalent to dropping the implied decimal point between the second and third digits in the current tumor size field.

For melanomas of the skin, vulva, penis, scrotum and conjunctiva, the depth of invasion will be coded in HUNDRETHS of millimeters. For example, a melanoma of 0.84 millimeters in depth will be recorded as 084, and a melanoma of 1.51 mm in depth will be recorded as 151. Any melanoma over 1cm in depth is to be recorded as 990 in the tumor size field, and, if possible, the actual depth of invasion recorded in a text field. The tumor size for Unknown will continue to be 999. A "ROADS" replacement page will soon be available on COC Web site.

HIPAA DELAY PROPOSAL

AHIMA ADVANTAGE E-ALERT, Volume 3, Issue 23

On November 27, the Senate passed by unanimous consent S. 1684, a bill to provide for a one-year delay in the compliance date for the Transaction Standards and Code Sets rule, to October 16, 2003. The legislation does not include any interim planning, testing, or other responsibilities for covered entities. Holding fast to its anti-delay sentiment, the House has not yet taken up its leading bill H.R. 3323, which encourages compliance with the transaction standards rule by October 2002, and requires any covered entity that wants a one-year extension of that date to submit a plan for compliance. To get copies of the legislation go to: <http://thomas.loc.gov>.

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 admissions data. The audits will be completed by April 2002.

QUALITY CONTROL - Every 25th Record Sampling Report

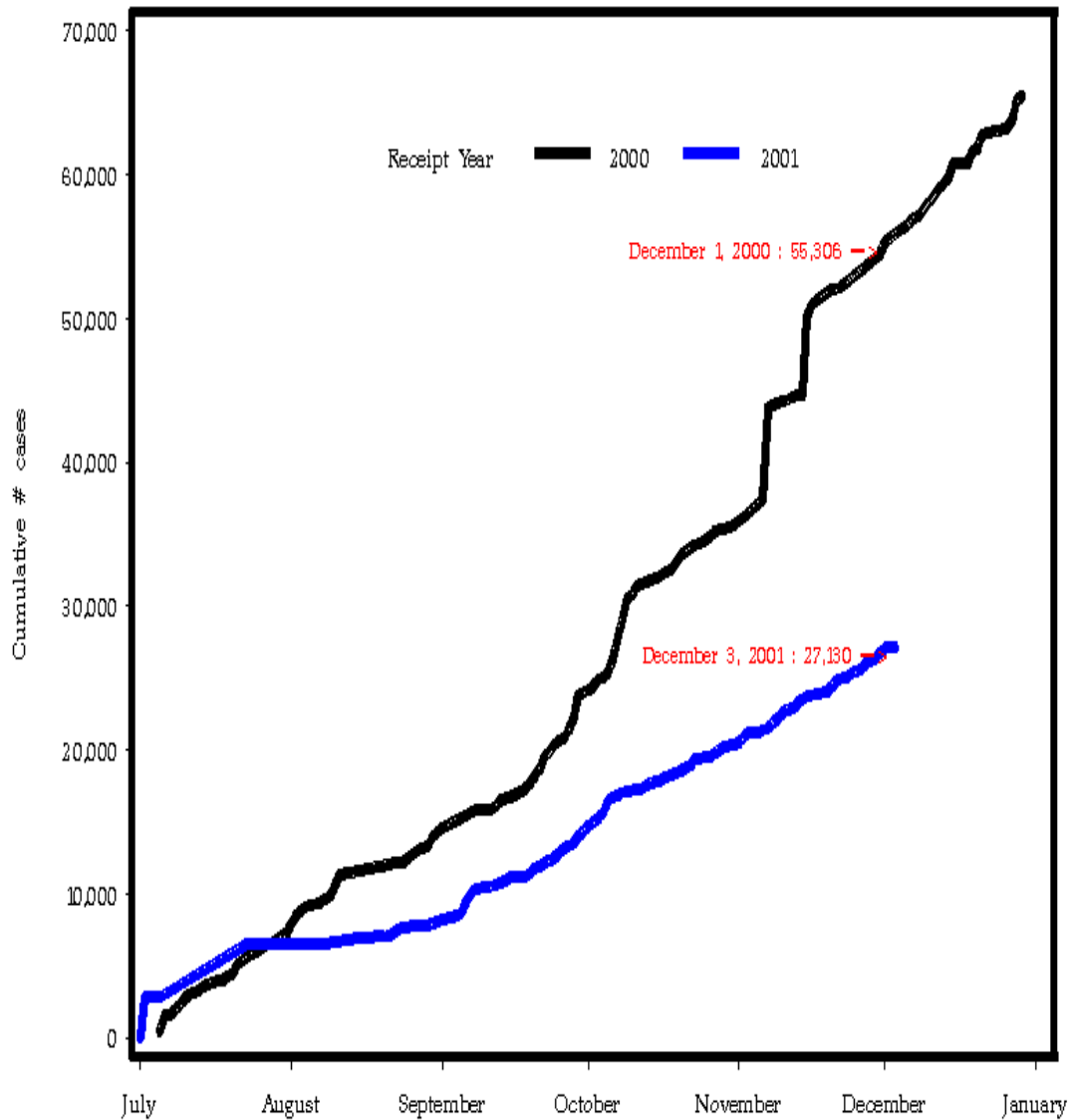
The QC staff will be mailing the **Every 25th Record Sampling Report** from the latest reporting quarter during the next month or so. This report provides you with a visual review of at least every 25th record that FCDS receives from every facility. The report contains all the data items and the data reviewed and stored by FCDS. 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. The next issue of the FCDS REGISTER included a detailed explanation of how FCDS examines each case during the quarterly review of every 25th case. Look for the QC Corner in the next FCDS Register.

The chart below shows the current number of hospital records that FCDS has received, processed and accepted as compared to last year.

We are growing somewhat concerned with regard to the low numbers of cases reported as compared to last year and other previous years. We currently stand at less than half the cases reported for the same period last year.

Reminder: Quarterly reports will be mailed to both administrators and registry staff during the first week of January 2002. All Hospitals should be at least 50% complete with the reporting of 2001 cancer case admissions by the December 31, 2001 deadline.

THANK YOU!!!!!!



NEW GUIDELINES FOR PHYSICIAN REPORTING USING ICD-9-CM CODING <http://www.flrad.org/newweb/pdf/CR-B-01-61.pdf>

The effective date for this PM is January 1, 2002.

As required by the Health Insurance Portability and Accountability Act (HIPAA), the Secretary published a rule designating the ICD-9-CM and its *Official ICD-9-CM Guidelines for Coding and Reporting* as one of the approved code sets for use in reporting diagnoses and inpatient procedures.

This final rule requires the use of ICD-9-CM and its official coding and reporting guidelines by most health plans (including Medicare) by October 16, 2002. The *Official ICD-9-CM Guidelines for Coding and Reporting* provides guidance on coding. The ICD-9-CM Coding Guidelines for Outpatient Services, which is part of the *Official ICD-9-CM Guidelines for Coding and Reporting*, provides guidance on diagnoses coding specifically for outpatient facilities and physician offices. Some of the new rules for the ICD-9-CM Coding Guidelines for Outpatient Services (hospital-based and physician office) will educate physicians to report diagnoses based on test results.

The final diagnosis should be based on the physician interpreting the test by using the appropriate ICD-9-CM code to assign the diagnosis. Additional diagnoses can be coded if they are not fully explained or related to the confirmed diagnosis but there are signs and/or symptoms that prompted ordering the test. For example is a surgical specimen is sent to a pathologist with a diagnosis of "mole". The pathologist reviews the surgical specimen and makes a diagnosis of "malignant melanoma". The pathologist should report a diagnosis of "malignant melanoma" as the primary diagnosis.

For the latest ICD-9-CM coding guidelines, please refer to the following website:

<http://www.cdc.gov/nchs/dataawh/ftpserv/ftp/cd9/ftp/cd9.htm#guide>.

NAACCR WebPages–Questions & Answers on GRADE <http://www.naacr.org/techhelp/faq.html>

Question What grade should be recorded for an anaplastic astrocytoma (9401/3)? The pathology report says grade III, but that grade-histology combination fails NAACCR edits. If we assign a grade IV, the case passes NAACCR edits, but the grade is not accurate.

Answer The edits interpret "anaplastic" as grade 4. Pathologists frequently report brain tumors using a 3-grade system (1/3, 2/3, 3/3), and a grade III/III tumor converts to a grade 4. To pass edits, grade must be 4 or histology changed to astrocytoma, NOS

Question Should grade of tumor be automatically coded using the histologic type as a guide? For example, should glioblastoma multiforme always be coded grade 4 (anaplastic)?

Answer No, there is no histologic-grade conversion accepted by the standard setting agencies. When the grade is not specified on the pathology report, code unknown (9).

Question Should a glioblastoma multiforme always be coded as grade 4?

Answer No, assign the grade listed in the pathology report. If no grade is listed in the pathology report, assign an unknown grade (9).

Question I use the Working Formulation (low grade, intermediate grade, high grade) to assign a grade for lymphomas. Is this correct?

Answer No, the Working Formulation is not used to assign grade. Code cell type (T cell, B cell) as instructed in the SEER Program Code Manual, p. 96 and ROADS p. 111. If cell type is not listed, code grade from pathology, not the Working Formulation.

Question Can a grade 4 be assigned to a glioblastoma multiforme when the pathology report does not specify a grade?

Answer No, if the pathology report does not specify the grade of a brain tumor, assign an unknown grade (9).

Question AJCC Staging Manual, Ed 4, p. 8 says to assign grade 4 for undifferentiated CA, small and large cell CA of lung, Ewing's sarcoma and rhabdomyosarcoma, SEER and NAACCR only assign grade 4 for undifferentiated CA. What is COC's position?

Answer Carol Johnson, COC, replied, "The instructions in the staging manual do not apply to the data item 'grade,' they should be used for staging purposes only. The data item 'grade' is completed using ROADS rules, which are identical to SEER and NAACCR rule."

EDUCATION & TRAINING

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. The following three modules are currently available:

SEER TRAINING MODULES

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

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 is 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.

FCRA CTR Exam Review & Basic Skills Workshops, January 31-February 1, 2002

The Florida Cancer Registrars Association will conduct a two-day CTR Exam Review Workshop and a concurrent Basic Skills Workshop at the H. Lee Moffitt Cancer Center, Tampa, Florida, January 31-February 1, 2002. The CTR Exam Review is an informative workshop that will review all of the major components included in the CTR Exam. The Basic Skills Workshop is directed at registrars with less than two years experience who are not yet eligible to take the CTR exam. This workshop will provide an introduction to the basic knowledge and skills required by cancer registry functions. The cost for either of the workshops is \$100. Please contact Helen Lewis, BS, CTR, FCRA Education Chairman, for further information and/or registration. Phone (813) 632-1305, fax (813) 632-1435 or e-mail: lewishl@moffitt.usf.edu.

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 and ROADS 2003 which will also provide a discussion of Collaborative Stage. Online registration is available through COC Web site.

For details and information, visit <http://www.facs.org/dept/cancer/coc/march02.html>. Or contact Pat Tary at . 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

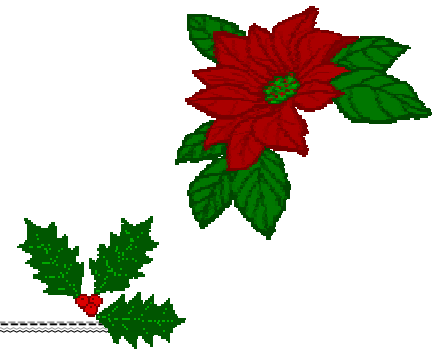
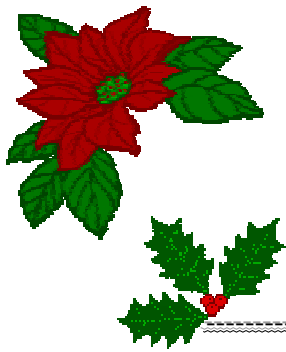
Principles and Practice of Cancer Registration, Surveillance, and Control, March 11-15, 2002, November 4-8, 2002

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 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 or contact Steven Roffers, PA, CTR at (404) 727-4535.



DEADLINES

HOSPITALS

Hospitals should now be reporting June 2001 cases
Reminder: All Hospitals should be 50% complete for 2001 Reporting
by December 31, 2001

AMBULATORY CANCER CARE REPORTING PROGRAM (ACCRP)
The Deadline for All 1999 Patient Encounters was September 30, 2001



Season's Greetings from everyone at FCDS



May the light of the holiday fill your heart always.
Joyous Kwanzaa.



**HAPPY
CHANUKAH!**

