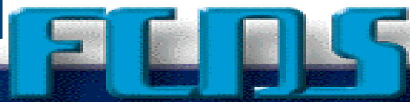


Florida Cancer Data System

A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

FCDS APRIL 2002 MONTHLY MEMO

National Cancer Registrars Week: April 8 - 12, 2002

On behalf of the Florida Cancer Data System (FCDS), we would like to take this opportunity to sincerely thank all of the registrars for their participation and support of Florida's statewide cancer registry. Your dedication and support has made FCDS one of the best state/central cancer registries in the nation.

Cancer registrars provide information to FCDS by collecting data from the facilities' medical records, pathology labs, physicians, and death certificates. These data are used by a variety of medical researchers and other professionals about cancer.

Congratulations during the National Cancer Registrar Week, we salute you in your special week of recognition. It is a time to reflect and thank all FL registrars for their hard work and dedication to the field of cancer research.

JUNE 30, 2002 Deadline

FCDS has received several inquiries regarding an extension to the June 30, 2002 reporting deadline. Unfortunately, no extensions can be granted. Registrars have suggested that delays in reporting cancer cases are a result of not being able to submit data to FCDS following the 2001 changes in FCDS reporting requirements and the changes to Internet data submission which went into effect July 1, 2001.

FCDS was fully operational and able to receive data from all vendors, including individual case abstracts submitted via the FCDS IDEA, by the second week of July 2001. Our system was 'under construction' for only two weeks in early July. During the first two weeks of July 2001 FCDS converted our entire 2 million record database and implemented all of our new reporting programs. We began to receive live data from reporting facilities using vendor software on August 8, 2001. Our first live data came one week following the FCRA/FCDS Annual Conference where we demonstrated the new Internet reporting system. Most registrars waited until then to even try out the new system.

While we do realize that there were some minor delays in cancer reporting that can be attributed to these changes, registrars were instructed by both FCDS and their vendors to continue abstracting cases at a normal pace to avoid falling behind in abstracting and case reporting.

In order to keep case abstracting up-to-date and to allow for ease in resolving any system problems resulting from data submissions, the vendors and FCDS would take care of conversion and data submission issues and reporting problems with minimal effort on the part of registrars and abstractors.

We also realize that registrars have had to take some additional time to resolve new edit discrepancies and to adjust to new reporting policies and procedures. However, these changes do not warrant an extension of the annual reporting deadline beyond the usual June 30th deadline date.

FCDS has never been in the position to grant extensions. Once the June 30th deadline has passed, FCDS forwards a list of facilities found to be delinquent in reporting to the Florida Department of Health. The DOH then assumes the role of bringing delinquent reporting facilities into the 6 month reporting timeline by working with facility administrators to develop action plans to meet the statutory requirement as outlined in the Florida Statutes and Administrative Rules.

FCDS and the Florida Department of Health will continue to monitor and address delays in reporting on an individual reporting facility basis. We will work closely with any facility experiencing delays in reporting and make every attempt to support and promote timely reporting by all reporting facilities in the state of Florida.

If you feel that your facility will be late in reporting cancer cases to FCDS, please take time to carefully assess the reporting needs of your facility. Then contact FCDS in writing and suggest an action plan that can be used to bring your facility into the reporting timeline. FCDS will forward your action plan to the DOH should your facility be found to be delinquent on June 30, 2002.

Both FCDS and the Florida Department of Health would like to thank all registrars, abstractors and reporting facilities for supporting FCDS and helping to ensure that cancer case reporting in Florida continues to be complete, timely and of high quality. Please also remember that if FCDS or DOH can ever be of assistance to help explain or support your registry, please do not hesitate to contact us. We are always happy to help facility administrators and managers understand the importance of cancer reporting and we can be of help in providing justification and support for financial and administrative support for your registry.

Thank you for your continued support.

Summary of 2001 FCDS DAM errata

Note: FCDS is in the process of mailing out replacement pages for your 2001 FCDS DAM

Page I-2, typo **Vagina C52.9**

Page I-5
MODIFY (Old)
g) Responsibility for Reporting
Shared resources present new challenges to cancer reporting.
The responsibilities of cancer case reporting lie with the 'owner' of the medical record and the facility that is licensed to administer the patient care that is given

CHANGE TO (NEW)
g) Responsibility for Reporting
FCDS reviews Agency for Health Care Administration (AHCA) cancer patient data annually as a retrospective quality control completeness tool. The AHCA database provides an after-the-fact case finding mechanism, insuring cancer cases reported to AHCA are also in the FCDS database.

For facility identification purposes, AHCA uses a facility identification number that is uniquely assigned to each facility. This number is not the same as the facility's license number and does not have any thing to do with the ownership of the facility.

In order for FCDS to match data with AHCA, each facility in the FCDS database must have a unique number that corresponds to the AHCA facility number. Therefore, each facility must report cancer cases to FCDS using the proper FCDS-assigned facility identification number. Whenever AHCA assigns a unique AHCA facility number, then each facility must report to FCDS similarly, using a unique FCDS facility number.

Page II-46, TUMOR SIZE MODIFY (Old)
1. Enter the exact size of the primary tumor for all sites except where stated to be 'not applicable'. Record in millimeters (tenths of centimeters as XXXmm. To convert centimeters to millimeters, multiply the dimension by 10.

Code '999' is reserved for unknown size or not applicable

CHANGE TO (NEW)

1. Enter the exact size of the primary tumor for all sites except where stated to be 'not applicable'. Record tumor size in whole millimeters (tenths of centimeters as XXXmm) except for melanomas of the skin, vulva, penis, scrotum and conjunctiva To convert centimeters to millimeters, multiply the dimension by 10.

Code '999' is reserved for Unknown size, Not applicable, or Not stated in patient record.

The depth of invasion for melanoma of the skin, vulva, penis, scrotum and conjunctiva is recorded in HUNDREDTHS of a millimeter. A melanoma with a depth of 0.5mm is recorded 050, and a 1mm depth is recorded 100.

2. Always code the size of the tumor, not the size of the polyp, ulcer, cyst or metastasis.

6. ADD: **If a tumor is found but the size rounds to less than 001, record 001.**

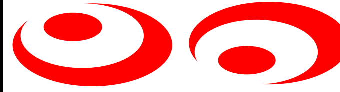
ADD: **7. For purely in situ lesions, code the size as stated.**

8. Enter size of tumor prior to radiation therapy for surgical patients who received preoperative radiation therapy **(use clinical size or 999, as applicable).**

9. Enter size of tumor prior to chemotherapy for surgical patients who receive preoperative chemotherapy **(use clinical size or 999, as applicable).**

11. Enter the size of the **invasive component only** when a tumor has both in situ and invasive **components present, and each**

12. If an excisional biopsy is performed and residual tumor at time of resection of the primary is found to be larger than the excisional biopsy, then code the size of the residual tumor. Do not record tumor size for a needle biopsy specimen; code this as '999'.



Page II-47 SPECIAL TUMOR SIZE CODES—GENERAL GUIDELINES,

ADD: **001-988 Exact size in millimeters.**

001 Enter 001 ONLY when a microscopic focus of tumor, foci of the tumor only or a 1mm-tumor size is noted on a pathology report. **If a tumor is found but the size rounds to less than 001, record 001**.

ADD: **989 Millimeters or Larger**

ADD: **990 Microscopic focus or foci only; no size is given.**

999 Enter tumor size 999 ONLY when: **Tumor size is not recorded, not available, unknown size, not applicable, or not documented in patient record**. **If only one size as given for a mixed in situ and invasive tumor, then code size as Unknown (999).**

Do NOT add pieces or chips together to create a whole when prostatic chips or bladder chips are the only measurement; **they may not be from the same location, or they may represent only a very small portion of a large tumor**

If only one size as given for a mixed in situ and invasive tumor, then code size as Unknown (999).

A needle biopsy specimen is coded as Unknown (999).

Page II-48
ADD to the List for Tumor Size Must Equal 999:
Myeloproliferative disease

Page II-68 RX SUMM-SCOPE REG LN SURG, New
INSTRUCTIONS FOR CODING RX SUMM - SCOPE REG LN SURG
ADD:
FCDS will prescript coding Scope Regional Lymph Node Surgery = 9 for all leukemia, lymphoma, brain, multiple myeloma, myelodysplastic syndrome, etc. that meet the 2003 criteria as set forth by the COC in order to ensure these data are coded correctly, regardless of date of diagnosis or date of first contact.

Page II-68 RX SUMM-REG LN EXAMINED / REMOVED
Remove paragraph
If no regional lymph nodes are identified in the pathology report, code 00 even if the surgical procedure includes a lymph node dissection (i.e., modified radical mastectomy) or if the operative report documents removal of nodes.

Page II 67-69 RX SUMM-SCOPE REG LN SURG NEW
Instructions for coding RX SUMM- SCOPE REG LN SURG

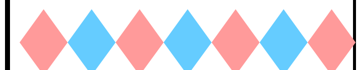
Appendix B
SEER GEOCODES FOR CODING PLACE OF BIRTH AND RESIDENCE

CHANGE TO PAGE B-3
380 South American Islands
Change to 310

381 Falkland Islands
Change to 311

REMOVE FROM PAGE B-6
580 St Helena

CHANGE PAGE B-9 ALPHABETIC LISTING
381 Falkland Islands
Change to 311



2001 FCDS DAM ERRATA, continued
Appendix B-15
SEER GEOCODES FOR CODING PLACE OF BIRTH AND RESIDENCE,

MODIFY PAGE B-15

GEO	POSSESSION	ABV	ZIPCODES
101	PUERTO RICO	PR	00601-00795, 00901-00988
102	U.S. VIRGIN ISLANDS (St. CROIX, St. JOHN, St. THOMAS) FREDERIKSTED, KINGSHILL	VI	00800-00851 00830-00831 00801-00805 00840-00841 00850-00851
121	AMERICAN SAMOA	AS	996799
129	MARIANA ISLANDS (TRUST TERRITORY OF PACIFIC ISLANDS	MP	96950 - 96959
131	MARSHALL ISLANDS (TRUST TERRITORY OF PACIFIC ISLANDS)	MH	96960 & 96970
132	MIDWAY ISLANDS (Hawaii	UM	96820
137	WAKE ISLANDS (Honolulu)	UM	96898
139	PALAU	PW	96940

ADD TO PAGE B-15

GEO	POSSESSION	ABV	ZIPCODES
123	MICRONESIA [FEDERATED STATES OF] (CAROLINE ISLANDS, TRUST TERRITORY OF PACIFIC ISLANDS)	FM	96941-96944

DELETE FROM PAGE B-15
THESE ARE NO LONGER CONSIDERED US POSSESSIONS

GEO	POSSESION	ABV	ZIPCODES
110	CANAL ZONE		
120	PACIFIC AREA		
122	KIRIBATI (CANTON & ENDERBURY ISLANDS, GILBERT ISLAND, SOUTHERN LINE ISLANDS, PHOENIX ISLANDS	TT	96900 – 96999
124	COOK ISLANDS (NEW ZEALAND)	TT	96900 - 96999
125	TUVALU (ELLICE ISLAND)	TT	96900 - 96999
127	JOHNSTON ATOLL	TT	96900 - 96999
133	NAMPO-SHOTE, SOUTHERN	TT	96900 – 96999
134	RYUKYU ISLANDS (JAPAN)	TT	96900 – 96999
135	SWAN ISLANDS	TT	96900 – 96999

Appendix B17-B20, alphabetical order of the 2002 FL State List of Post office and county, new pages, add

Appendix B20-A & B20-B, Numerical order of the 2002 FL State List of Post

Appendix H-59, SURGERY OF PRIMARY SITE, Revised
ADD
SURGERY OF PRIMARY SITE Codes

00 None; no cancer-directed surgery of primary site

Appendix B-13, ADD, continued

W, Cont.

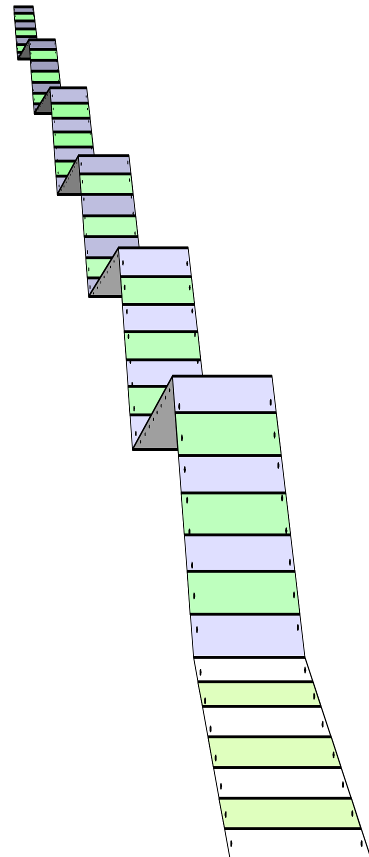
024 WEST VIRGINIA
499 WESTERN EUROPE, NOS
520 WESTERN SAHARA
725 WESTERN SAMOA
457 WHITE RUSSIA
245 WINDWARD ISLANDS
051 WISCONSIN
082 WYOMING

Y

629 YEMEN
629 YEMEN, PEOPLE'S DEMOCRATIC REPUBLIC OF
453 YUGOSLAVIA (FORMER YUGOSLA VIA REGION)
225 YUKON TERRITORY

Z

541 ZAIRE
549 ZAMBIA
571 ZANIZIBAR



Q. A patient was diagnosed with Non-Hodgkin's Lymphoma of the "inframammary lymph node." There seems to be a third digit designation of the lymph node site for every node in the body except for that one. Are these nodes grouped with the axillary nodes C77.3 or should the code C77.9 be used?

A. The correct code for this is actually C77.1 Intrathoracic Lymph Nodes. Inframammary nodes are underneath the breast and thus could be considered parasternal or diaphragmatic...they are not grouped with the axillary nodes.

Q. What is the topography code for myelodysplastic syndrome?

A. The topography code for myelodysplastic syndrome is C42.1 and histology is 9989/39

Q. Can you help me with coding advice for Body Cavity Lymphoma and Primary Effusion Lymphoma (the same disease I think)?

Coding to lymph nodes NOS or to unknown primary doesn't really seem right. I think that the true primary site is "lymphatic system" and I believe that
is C49.9.

In the particular case I have right now, the only involvement in the medical record is pericardial fluid. Negative bone marrow biopsy, no mention of lymph node involvement, and the physician actually states "body cavity lymphoma." The registrar coded C38.0, pericardium.

A. April Fritz: We've had this question before re: primary effusion lymphoma. I asked Elaine Jaffe who wrote the new WHO classification how to code the primary site and she said that the closest we could get is pleura, NOS since there isn't a code for pleural fluid. For the pericardial "body cavity lymphoma," the same principle would apply. I agree with the registrar's coding of pericardium, NOS.

SERIOUSLY DELINQUENT LETTERS

Seriously Delinquent letters will be mailed May 1, 2001 informing facility administrators where any facility is deemed severely delinquent in reporting their 2001 cancer cases. A copy of the letter will be mailed to the registrar and/or the director of Medical Records. A courtesy copy will also be mailed to any contractor responsible for abstracting and reporting the cases for a facility. Facilities identified as having reported 55% or less of the estimated annual caseload, based on the average of the last two complete year's reporting, will receive a letter. Facilities receiving the Seriously Delinquent letter have 60 days in which to complete the reporting of all cancer cases diagnosed and/or treated at the facility between January 1, 2001 and December 31, 2001 in order to meet the June 30 reporting deadline.

QUARTERLY ACTIVITY REPORT

The first Quarterly Activity Report for 2002 was mailed to facility administrators and registrars on April 3, 2002. The report consists of two sections. The Quarterly Activity Summary reflects the FCDS file activity and data submissions for each facility on a quarterly basis. It highlights information about the total number of cases submitted and the quality of the data (good and failed cases). FCDS requires that inpatient facilities submit data at least every quarter; monthly data submission is recommended for any facility with an annual caseload greater than 500. Thus, all facilities should show some file activity every quarter. The Annual Case Summary reflects all cases submitted to FCDS by the facility during the past four reporting years. Please contact Meg Cuadra at (305) 243-2625 should you have any questions about the report.

Q. I am having a problem w/ determining whether a leukemia is active or not while reviewing charts. Usually, the physicians will state Hx of CLL or AML, but won't mention if the pt is stable or active w/dx. I am looking at one now that states "The Dr is following pt for his CLL." The pt came in for PVD. Can you give me some type of guideline to use in cases like this. The pt had labs done, but I'm not sure what I should be focusing on.

A. Any time that a leukemia is stated to be chronic...you need to report it as active, even if they say that it is stable or in remission. The term chronic indicates that disease is continually present. Acute leukemias do have actual disease free periods following chemotherapy.

Education & Training

SEER Update — http://seer.cancer.gov

SEER WEBSITE HAS A NEW LOOK!!

SEER recently introduced several new web-based training modules on their website with additional modules under development. When the site is completed it will contain 12 individual training modules, each covering a particular area of cancer registration.

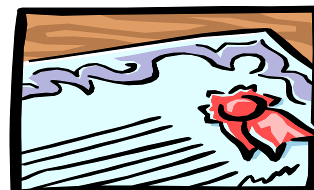
The following SEER training modules are currently available:

SEER TRAINING MODULES

- SEER Summary Stage 2000
- ICD-O-3 Training module
- Cancer Registration
- Cancer Treatment
- Cancer as a Disease
- Casefinding
- Anatomy & Physiology NEW
- Diagnostic Test- Coming soon!
- Coding of primary site & Tumor Morphology Coming soon!
- Abstracting a cancer case Coming soon!

INFORMATIONAL MODULES

- ICD-O-3 Satellite Training Video
- Summary Staging 2000 Manual



Future CTR Exam Dates

Application Deadline	Exam Date
August 1, 2002	Sept. 14 2002

Visit the NBCR Website for Testing Informa-

Education & Training

NCRA Annual Educational Conference, May 21 - 24 2002

The National Cancer Registrars Association will host the **Annual NCRA Educational Conference** at the Opryland Hotel in Nashville, TN on May 21-24, 2002. The theme is "Data Driven, Knowledge Bound, Destiny: The Cure" Visit the NCRA website: www.ncra-usa.org for more information and a PowerPoint presentation on the internet. Email may be sent as follows: info@ncra-usa.org. NCRA telephone numbers are 703-299-6640 (phone); 703-299-6620 (fax).

We're on the Web! FCDS.med.miami.

FCDS Teleconferences on the web:

February 21, 2002 Technical Expertise - Just a Click Away! - Web Tools and Resources for Everyday Abstracting. Slides as PowerPoint 2000 file on the web.

November 14, 2001 Cancer Registry References Review - Part II of II. : FCDS Error Messages, FCDS Error Messages by Category, Slides, PowerPoint 2000 Slides on the web.

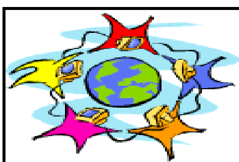
October 17, 2001 Cancer Registry References Review - Part I of II. Slides as PowerPoint 2000 file on the web.

August 8, 2001 FCDS Internet Data Entry, Abstracting and Data Submission Policies and Procedures. Slides as PowerPoint file on the web

July 25, 2001 Administrative Issues in Florida Cancer Case Reporting. Slides as PowerPoint file

June 20, 2001 Surgery Coding, New Surgical Fields and SEER Summary Stage 2000. Selected pages from SEER manual, Surgery and Staging Notes. Slides as Power-point file on the web.

May 9, 2001 Florida Cancer Reporting and Implementation Strategies. Files used during the conference call: Staging Changes Summary, PowerPoint file on the web.



NAACCR Annual Conference, June 11 - 13, 2002

The 2002 meeting of the North American Association of Central Cancer Registries will be held at the Westin Harbour Castle Hotel in Toronto, Ontario, Canada from June 11-13, 2002. The theme is "Achieving Equity in Cancer Control." In addition to the main conference, there will be some pre- and post-workshops on registries operations, research and medical informatics. Watch the News & Events section of NAACCR web site for more details as they become available, http://www.naaccr.org, or you can contact Darlene Dale at Cancer Care Ontario, (416) 217-1228, or email Dale@cancercare.on.ca.

FCRA/FCDS Combined Annual Conference, July 31 - August 2, 2002

The Florida Cancer Registrars Association (FCRA) and the Florida Cancer Data System (FCDS) will co-host a combined Annual Educational Conference at the Hyatt Sarasota on Sarasota Bay from July 31, 2002 to August 2, 2002. The cost of the conference is $75. For more information, please contact Jamie Suarez, CTR, FCRA Program Chair at Jsuarez@uhs.com or Bleu Herard, FCDS at 305-243-4600. Program registration and flyers will be mailed to all FCRA members as well as all FCDS-identified facilities, contractors and courtesy mail recipients in May 2002.

Advanced Cancer Registry Training Program, August 5 - 7, 2002

The **Advanced Cancer Registry Training Program** specifically covers: 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 website www.sph.emory.edu/GCCS/training/practice/index.prior to registering for this advanced training (or have at least one year of experience working in a cancer registry). Registration Fee: $500. The course will be held on the campus of Emory University in the Rita Anne Rollins Conference Room located on the 8th Floor of the Rollins School of Public Health, 1518 Clifton Road, NE, Atlanta, GA 30322. For further information about the training program, accommodations or travel arrangements, contact: Steven Roffers, PA, CTR, Phone: 404-727-4535, Fax: 404-727-7261, E-mail: sroffer@sph.emory.edu

Principles of Oncology for Cancer Registry Professionals, July 22-26, 2002 & December 2-6, 2002

Principles of Oncology is an intensive five-day training program in cancer registry operations and procedures emphasizing accurate data collections, basic registry concepts, abstracting, staging, and ICD-O coding. Three volumes of training materials and the NCRA's Workbook for Staging of Cancer, 2nd edition will be provided to registrants.

The program is suitable for oncology program employees (hospital-based and central registry) with minimal knowledge of cancer, anatomy, physiology, and medical terminology. Cancer registrars with less the one year of experience would benefit most from this program, however registrars with up to three years experience and registrars preparing for the CTR exam are welcomed to attend.

For further info., please contact: April Fritz, ART, CTR, Training Program Coordinator, Data Quality Manager , SEER Program, 6116 Executive Blvd, Suite 504, National Cancer Institute, MS 8316, Rockville, MD 20852. Email: april.frtiz@nih.gov. Phone 301-402-1625, fax: 305-496-9949

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

Principles and Practice of Cancer Registrations, Surveillance, and Cancer Control will be held at the Emory University in Atlanta, Georgia November 4-8, 2002.

A staff of recognized experts in cancer registration, surveillance, and cancer control teaches this intensive and comprehensive training program.

The instructors are accomplished adult trainers and are internationally recognized as leaders in their fields.

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.

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669401

The QC staff is also currently performing on-site re-abstracting audits in randomly selected facilities.

You will be contacted if your facility has been selected for an audit.

DEADLINES

HOSPITALS

Hospitals should now be reporting September 2001 cancer case

Reminder: All Hospitals should be at least for 80 % complete for the 2001 Reporting Year by the end of **April, 2002**

AMBULATORY CENTERS CANCER REPORTING PROGRAM (ACCRP)

Ambulatory Centers can expect AHCA 2000 patient encounters sometime in May.

Hospital submissions for 2000 and 2001 cancer cases