

# Register

**UMSylvester**  
Comprehensive Cancer Center

A joint project of the  
**Sylvester Comprehensive Cancer Center**  
and the **Florida Department of Health**

UNIVERSITY OF  
**Miami**  
SCHOOL OF MEDICINE

Division of Cancer Prevention and Control

Volume XIV, 2002

## Visual Review of Every 25th Case: The QC Sample Report

Most of you are already familiar with the FCDS procedure of visually reviewing at least one of every twenty-five cases submitted by each facility. This procedure has been in place at FCDS for over five years and has been very helpful in pointing out numerous problems with data received by FCDS. We thought that you might like an inside look at our internal procedure and how it affects you, both directly and indirectly.

FCDS is responsible for maintaining a huge database, over 2 million cancer records! We receive over 135,000 cancer records each year. In order for our data to be useable, they must be complete, reliable, accurate and timely. Ensuring quality data is no simple task with such a huge volume of new records. Furthermore, FCDS is at least partly responsible for teaching both new and experienced registrars not only the mechanics of coding, but also the art of abstracting.

The QC Sample Report is one of the tools FCDS uses to reinforce good abstracting skills and to help identify abstracting deficiencies.

They are used as individual training tools as well as collectively to help FCDS identify where we need to direct education and training efforts. They are helpful to you in that they can show you areas where you may need a clearer understanding of coding rules, disease processes and numerous other abstract-related topics.

In visually reviewing every twenty-fifth case you submit, we attempt to accomplish a number of educational activities. We try to inform you about particular diseases and disease processes (some not even cancer). We try to teach you what is included in many standard diagnostic workups for cancer staging. We try to direct you to information about standards for treatment for any given cancer and

stage of disease. We also try to direct and correct when we find errors in coding. All of these areas contribute to the art of abstracting. Let's take a closer look at how the QC Staff reviews your abstracts.



When FCDS visually reviews an abstract, we are not looking at single data items or simple relationships between data items. We are generally looking at interrelationships between several data items. We have

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identified 5 major areas where we try to look for problems.

Area One: The first area is an examination of the following data items in relation to each other, and collectively; Place of Diagnosis (text), FCDS County of Diagnosis, Class of Case, Address at Diagnosis and Address Current. What we are looking for here is whether or not the person was living in the same area at the time of diagnosis as they are when they first are seen at the facility. We check to see if the text matches the coded state and zip code for residence as well as the FCDS County of Diagnosis. The FCDS County of Diagnosis is not the same as the residence at diagnosis. It is the county where the medical facility is located where the patient was diagnosed. These data items are occasionally confused, particularly for non-analytic or Class of Case = 3 or 4 cases.

Area Two: This area is pretty straight forward. We are looking at the Primary Site, Histology, Behavior and Grade and verifying what is coded with what is documented in the text. We often find discrepancies between what people type in the text and what they code in the data item. Sometimes the codes are correct, sometimes the text is correct ...and sometimes we find out that neither is correct by reviewing the pathology report. (I've been asked to point out here that this is Required Text.) One thing that I want to particularly emphasize is that you should never type in text just to match your code. Your text should not be an analysis of what is documented on a pathology report or other original report. Re-wording terminology to fit the code that you select is a big No-No.

Area Three: Tumor Size, Nodes Positive and Nodes Examined are three data items where we find numerous discrepancies. Yes, the rules for assigning these data items are a bit cumbersome. (For example; if no nodes

were examined then nodes positive must be coded 98, and, all lymphomas must be coded 99 for nodes examined and 99 for nodes positive.) But, rules are rules and we need to try our best to abide by them. The QC Staff looks at these three data items in relation to SEER Summary Stage at Diagnosis and FCDS Stage at First Contact. We also look at the surgery data items to see if you coded nodal surgery. We even look at the text and treatment to see if they support what was coded in tumor size and nodes positive.

Area Four: This area is a bit more tricky than the first three we mentioned. This area checks the text fields for the Required Text to support the coding of the SEER Summary Stage at Diagnosis and FCDS Stage at First Contact, Class of Case and Date of Diagnosis. These are fields where the required text is critical. Just typing 'localized' or 'confined to organ of origin' is not sufficient text to substantiate why you coded the cancer stage as local. You must document how you arrived at the stage of disease. If a physician stated that the disease was staged local...then state "per physician - local disease". If you deduced that the stage was local because the chest x-ray was negative and all of the other metastatic workup was negative...then document what workup was done, which studies were negative and which were positive. Both are equally important. We also check the stage of disease at diagnosis versus the stage of disease current for the non-analytic cases. This is an area where we continue to educate both the new and the experienced registrar.

Florida is one of the only states that collects both stage of disease at diagnosis and stage of disease current. Other states collect almost the same data, but in a different manner by means of the Recurrence data items. FCDS has found that because we require the collection of non-analytic cases and historical cases, that coding and documenting stage of disease both at the time of diagnosis and at the time the patient is first seen at the reporting

facility is very important. By collecting both, we can examine the disease process much more closely and clearly. Because FCDS does not collect follow-up information, we can use these data items to look at when patients seek medical care after their initial diagnosis and at what stage of disease they re-enter the medical system for treatment.

One thing that would really help our QC Staff in reviewing these cases visually is to distinguish between studies, stages, treatments, etc. at the time of diagnosis and studies, stages, treatments, etc. at the present time for historical and non-analytic cases. You can either distinguish between them by documenting dates (even if they are estimated) or you can simply state 'at the time of diagnosis.....', and 'at the present time.....' This will help the reviewer immensely when trying to determine if the data you coded match the text for each time period in question.

Area Five: Area Five is actually difficult to describe. It is really an overall abstract summary that examines whether or not the treatment coded as first course of therapy corresponds with the stage of disease and the standard medical care practices for this particular cancer site, tumor type and stage of disease. It takes into account all of the tumor data item codes as well as all of the treatment codes. This is where we determine whether or not the case 'makes sense' as coded. For example: if chemotherapy is coded for an in situ staged colon cancer...the case would not make sense as coded. We would question stage of disease and/or treatment and ask you to explain what you coded and why.

FYI Data Items: We decided to group additional notes or suggestions under FYI Data Items. These additional notes are suggestions to help your abstracts read more clearly or for minor clarifications noted during the review. Suggestions might include data items such as cancer status following definitive therapy or suggestions for making text read more clearly or

completely. We might also high-light minor date discrepancies that were noted during the case review.

**QC Recommendations:** The QC Staff write numerous notes on the Every 25<sup>th</sup> Record Reports. Some of these notes are recommendations for making text more clear. Some are suggestions for where to find additional information in medical records. Some are suggestions for references for you to learn more about a particular cancer or diagnostic exam or treatment type. Still others are references to the FCDS Data Acquisition Manual or other reference manuals to specify coding rules or guidelines. Usually these references include a page number so you can go directly to the explanation relating to your abstract. One additional

recommendation that is generally unspoken is that you should make any changes to your case not only on the paper form to FCDS, but also in your own database.

**Questions – Reply Requested:** Finally, the QC Staff may ask for a written reply to one or more of the questions raised during the review of your cases. These cases are stamped "Reply Requested". These cases usually involve major discrepancies with regard to Primary Site, Behavior, Grade, SEER Summary Stage at Diagnosis, FCDS Stage at First Contact and Text. Sometimes we will even ask for documentation and request that you supply us with a copy of a report in order to help answer the question.

**Summary:** Visual review of cases is an essential component of the FCDS QC Program. Without visually reviewing at least a sample of the cases submitted to FCDS, we would not know how well registrars and abstractors understand the rules and guidelines that govern how we abstract. Computerized edit checks can only go so far in assuring quality data. Many states visually review 100% of the cases received in the state registry. Unfortunately, FCDS does not have the man-power (wo-man power) to perform 100% visual review. We hope that you take the time to look at each of the cases reviewed visually by the FCDS QC Staff and hope that these reports help you in your pursuit of the art of abstracting.

## Coming Soon.... to a Computer Near You:



## On-Line Edits and Corrections for Hospital Uploads

# Save the Date!



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



at the  
*Sarasota Hyatt On Sarasota Bay*

1000 Boulevard of the Arts  
Sarasota, Florida 34236  
(941) 953-1234

Conference Registration Fee: \$75.00  
Room Reservations Cut-off date is July 9th, 2002  
\$99.00 (Single/Double)



Below you will find some helpful information on video training modules along with the sources you may contact to purchase/order.

**NAME**

**SOURCE**

Data Quality Special Project on the Reliability and Validity of Staging Part I-III (6/3-10/99 & 6/17/99)  
Website: <http://www.alapubhealth.org>

AL Dept of Public Health

ICD-O-3 (January 9, 2001)  
Website: <http://www.training.seer.cancer.gov/>

SEER

Diagnosis & Classification of the Hematopoietic Malignancies (Tim Cote)

NCI/SEER

Comparisons of Staging Systems  
Website: <http://www.chas.uchicago.edu/data/illinois/dphcancer>

IL Dept of Public Health

Cancers of the Brain, Upper Gastrointestinal Tract and Biliary System

W Virginia Cancer Registry

Challenges to Confidentiality from Rumor to Court Order  
Website: <http://www.naacr.org/training/confidentiality.html>

NAACCR

For additional videos please visit the NAACCR website at:  
[www.naacr.org/education/index.htm#8%20video](http://www.naacr.org/education/index.htm#8%20video)

## CALENDAR OF EVENTS

### FCDS TELECONFERENCE SERIES (#7) TECHNICAL EXPERTISE - JUST A CLICK AWAY!

February 21, 2002  
Time: 2:00 p.m. - 3:00 p.m.  
Dial-in Number: 888-830-6260  
Call-in Code: 808984



### FCDS INCIDENCE ABSTRACTING WORKSHOP

April 17 - 19, 2002  
Double Tree Hotel - Coconut Grove  
Miami, Florida  
Registration Fee: \$100.00  
305-243-4600  
15 CEU's awarded from AHIMA



### NCRA ANNUAL EDUCATIONAL CONFERENCE

May 21 - 24, 2002  
Opryland Hotel  
Nashville, Tennessee  
Website: [www.ncra-usa.org](http://www.ncra-usa.org)



### NAACCR ANNUAL CONFERENCE

June 11 - 13, 2002  
Westin Harbour Castle Hotel  
Toronto, Ontario, Canada  
Darlene Dale at 416-217-1228  
Website: <http://www.naacr.org>



### FCRA/FCDS COMBINED CONFERENCE

July 31 - August 2, 2002  
Hyatt Sarasota on Sarasota Bay  
Sarasota, Florida  
Registration Fee: \$75.00  
Jamie Suarez, FCRA at 941-745-7539  
Bleu Herard, FCDS at 305-243-4600



### Completeness Report

As of January 7, 2002  
Calendar Year 2001 Admissions

27% Complete  
50% Expected

Congratulations to the  
following individuals for  
successfully writing the  
September, 2001 CTR Exam:



**Sally Davis -**  
Jacksonville, FL  
**Jean Harberts -**  
Hudson, FL  
**Sharon Labbate -**  
Melbourne, FL  
**Lynne Pearson -**  
Pompano Beach, FL



FCDS has moved to the 4th floor of the Fox Cancer Research Building. The only change is room number. **Please only use the courier address when sending packages via courier services, such as Federal Express, UPS and Airborne Express.**

**Regular Mailing Address (US Mail):**

University of Miami School of Medicine  
Florida Cancer Data System  
P.O. Box 016960 (D4-11)  
Miami, FL 33101

**Courier Address (FedEx, UPS and Airborne):**

University of Miami School of Medicine  
Florida Cancer Data System  
Fox Cancer Research Building  
1550 N.W. 10th Avenue, Suite 410  
Miami, FL 33136



## FCDS Staff Update:

Please join us in welcoming James Carreira, Research Associate to the FCDS staff. James transferred to FCDS from the Florida Tobacco Project in November 2001. He will be working in the Statistical section within FCDS along with Silvana Cobian and Jackie Button

A sad farewell to our Statistical Manager, Lydia Voti. Lydia resigned from FCDS to make a cross continental move to her home town of Athens, Greece.

**FCDS 2002 Educational Telephone Conference Series:  
Technical Expertise - Just a Click Away!**

**-Web Tools & Resources  
for Everyday Abstracting--  
February 21, 2002  
2:00pm - 3:00pm EST  
Dial-in Number: 888-830-6260  
Call-in Code: 808984**



**OBJECTIVE:** This highly interactive one-hour presentation will provide participants with an overview of the latest and coolest web-based and other electronic tools and resources readily available to the registrar to help with day-to-day case abstracting and registry operations.

The presentation will include both on-line demonstrations and how-to sessions to help each participant gain confidence in using several exciting new computer-based tools.

Participants should have a computer with Internet access available to them during the call.

*Websites to be accessed during the call will include: SEER, COC/ACOS, Registry Plus On Line Help, NCRA, FCRA, NBCR, NAACCR, NPCR, FCDS, and others.*

FCDS  
Florida Cancer Data System

HEALTH

REGISTER

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UMSylvester

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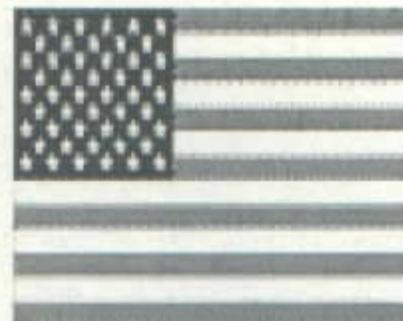
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**UNITED WE STAND**

**FCDS** Florida Cancer Data System

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