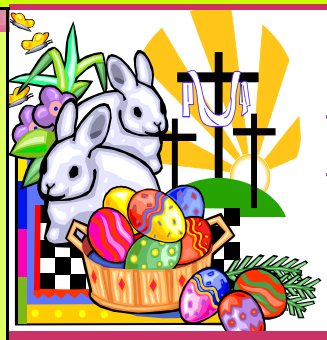
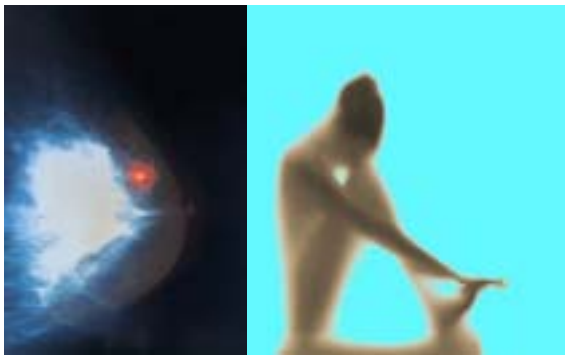
FLORIDA CANCER DATA SYSTEM

April 2003 Monthly Memo



HAPPY EASTER



ALL YOU EVER WANTED TO KNOW ABOUT BREAST CANCER BUT DIDN'T KNOW WHO TO ASK!

SEER's Training Web Site: http://training.seer.cancer.gov/ss_module01_breast/00_bc_home.html

INTRODUCTION

Breast cancer is a malignant cell growth in the breast. If left untreated the cancer spreads to other areas of the body. Excluding cancers of the skin, breast cancer is the most common type of cancer in women in the United States, accounting for one of every three cancer diagnoses.

An estimated 203,500 new invasive cases of breast cancer were expected to occur among women in the United States during 2002.

About 1,500 new male cases of breast cancer were expected in 2002.
The incidence of breast cancer rises after age 40. The highest incidence (approximately 80% of invasive cases) occurs in women over age 50.

In addition to invasive breast cancer, 54,300 new cases of in situ breast cancer are expected to occur among women during 2002. Of these, approximately 88% will be classified as ductal carcinoma in situ (DCIS). The detection of DCIS cases is a direct result of the increased use of mammography screening. This screening method is also responsible for detection of invasive cancers, at a less advanced stage than might have occurred otherwise.
An estimated 40,000 deaths (39,600 women, 400 men) were anticipated from breast cancer in 2002. Breast cancer ranks second among cancer deaths in women. According to the most recent data, mortality rates declined significantly during 1992-1998, with the largest decreases in

younger women, both white and black.

ANATOMY

The breasts of an adult woman are milk-producing, tear-shaped glands. They are supported by and attached to the front of the

(Continued on page 3)

FCDS Q & A

First Course of Treatment

SEER Inquiry System
http://seer.cancer.gov/seerinquiry/

References
1. SEER Coding Manual ;pg. 119 Rule 4 (old sinq #0038)

2. SEER Coding Manual ;pg. 119 (cat 60, 61; sr 37000; & UCSF)

Question
If the patient receives no treatment at the time of diagnosis (either because it is not recommended or because the patient refused treatment at that time) but treatment is later instituted after the disease has progressed, is this still the first course of treatment, or should we show the patient's first course of treatment as no treatment?

Answer
For cases diagnosed on or after 1/1/98: First course of treatment will be no treatment. Documented disease progression would stop the timeframe for first course.

Question
Should topical Retin-A be coded as treatment for Kaposi's Sarcoma?

Answer
Retin-A is not coded as treatment unless the medical chart specifically states that it is being administered as treatment (SEER Book 8, 2nd edition). In this example code as other cancer-directed treatment since the physician stated it to be treatment.

Question
Is consolidation radiation therapy coded as part of first course therapy when there is no documentation of "planned treatment" and it is past 4 months?

Answer
Yes, consolidation is part of a planned treatment regimen that may consist of 4 phases:

1) Induction (remission induction)
2) CNS preventive therapy
3) Consolidation/intensification
4) Maintenance

References
SEER Program Code Manual ;pg. 119

Question
Is a bone marrow transplant considered first course of therapy for breast cancer? If yes, are time guidelines relating to the first "remission" the same as for Leukemias?

Answer
For cases diagnosed on or after 1/1/98: Bone marrow transplant can be considered first course of therapy in cases where there has been no progression of disease between the initial therapy (e.g.- surgery, radiation, chemotherapy) and the bone marrow transplant.

Question
How would surgery be coded for this case: cervix bx and pelvic lymph node dissection done 11/00 followed by radiation and chemo, then a hysterectomy 2/01. The hysterectomy was planned. What is the date of first treatment?

Answer
Surgery would be coded as :

Surgery of Primary Site: 60
Hysterectomy, NOS with or without removal of tubes and ovaries.

Scope of Regional LN Surgery: 1
Regional LN removed, NOS

Date of first treatment: 112000 (The date of the LN dissection).

(Continued from page 1)

chest wall on either side of the breast bone or sternum by ligaments. They rest on the major chest muscle, the pectoralis major.

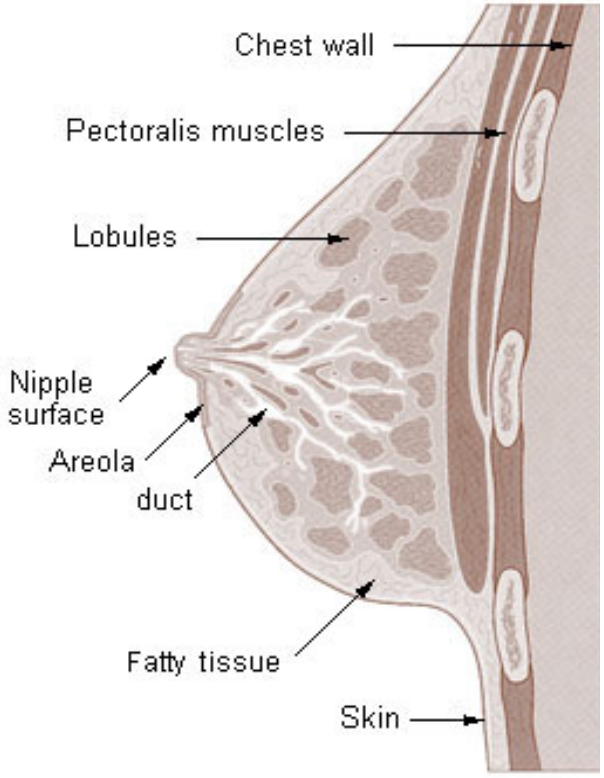
The breast has no muscle tissue. A layer of fat surrounds the glands and extends throughout the breast.

The breast is responsive to a complex interplay of hormones that cause the tissue to develop, enlarge and produce milk. The three major hormones affecting the breast are estrogen, progesterone and prolactin, which cause glandular tissue in the breast and the uterus to change during the menstrual cycle.

More information about breast anatomy is provided in the following three graphic figures:

- Figure 1: Anatomy of the Breast
- Figure 2: Quadrants of the Breast
- Figure 3: Regional Lymph Nodes of the Breast

Figure 1: Anatomy of the Breast



Each breast contains 15 to 20 lobes arranged in a circular fashion. The fat (subcutaneous adipose tissue) that covers the lobes gives the breast its size and shape. Each lobe is comprised of many lobules, at the end of which are tiny bulb like glands, or sacs, where milk is produced in response to hormonal signals.

Ducts connect the lobes, lobules, and glands in nursing mothers. These ducts deliver milk to openings in the nipple. The areola is the darker-pigmented area around the nipple.

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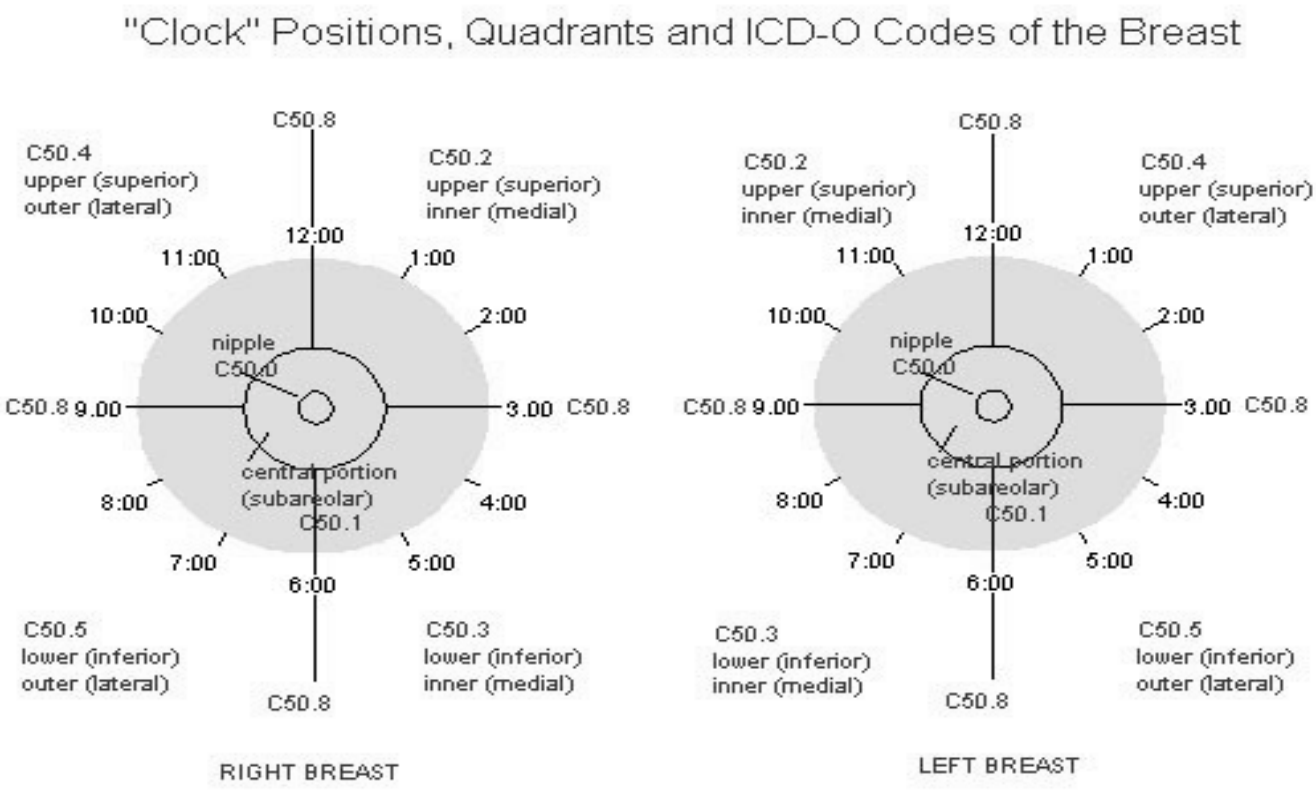
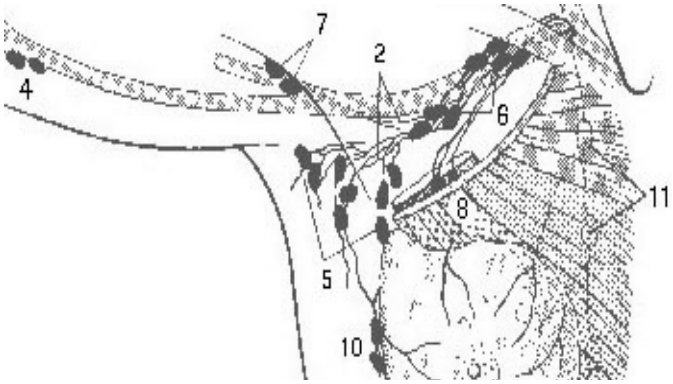
Figure 2: Quadrants of the Breast



Note: C50.6 is the code for axillary tail or tail of breast.

Figure 3: Regional Lymph Nodes of the Breast

Blood and lymph vessels form a network throughout each breast. Breast tissue is drained by lymphatic vessels that lead to axillary nodes (which lie in the axilla) and internal mammary nodes (which lie along each side of the breast bone). When breast cancer spreads, it is frequently to these nodes.



2. **Axillary lymphatic plexus**
4. **Cubital lymph nodes**
5. **Superficial axillary (low axillary)**
6. **Deep axillary lymph nodes**
7. **Brachial axillary lymph nodes**
8. **Interpectoral axillary lymph nodes (Rotter nodes)**
10. **Paramammary or intramammary lymph nodes**
11. **Parasternal lymph nodes (internal mammary nodes**

CoC ROADS TO FORDS CONVERSION RULES/ALGORITHM- STATUS UPDATE

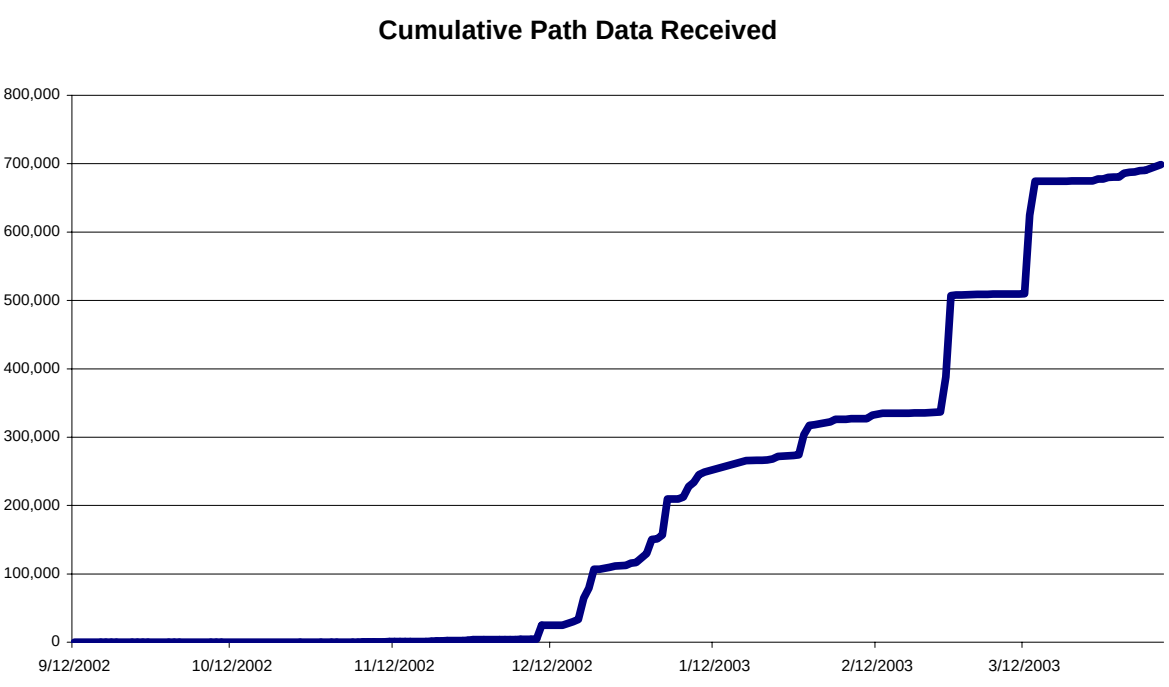
The CoC has completed an extensive review and validation of the ROADS to FORDS conversion algorithm. A revised set of conversion tables, with all changes highlighted to facilitate review, have been posted on the American College of Surgeons web site at http://www.facs.org/dept/cancer/ncdb/roadstofords.html. The associated revisions to the computer conversion algorithm have also been completed. An executable copy of this algorithm is available on the same web page. Individuals or organizations that would benefit from access to the source code are invited to contact Florin Petrescu at fpetrescu@facs.org to request a copy.

The CoC requests users to adopt this revised set of conversion rules as their conversion plans move forward.

The CoC appreciates the patience and understanding of the cancer registry community as we have worked to address issues brought to our attention by early users of these tools. Questions or comments can be directed to Andrew K. Stewart at astewart@facs.org.

Source: http://www.facs.org/dept/cancer/ncdb/roadstofords.html

Path Reporting



EDUCATION AND TRAINING

NAACCR 2003 ANNUAL MEETING

"HARMONY AND DIVERSITY IN CANCER REGISTRATION AND SURVEILLANCE: MEETING COMMUNITY HEALTH NEEDS"

The NAACCR Annual Meeting will be held at the Renaissance Ilikai Waikiki Hotel in Honolulu, Hawaii, June 10-12, 2003.

http://www.ilikaihotel.com

Register before May 1, 2003 for the Early Bird discounted registration fee.

Visit the NAACCR website at http://www.naaccr.org/News/ameeting.html, for further information.

FCDS 2003 ANNUAL MEETING

The Florida Cancer Data System 2003 Annual Meeting will be held at the Belleview Biltmore Resort & Spa in Clearwater, Florida on July 30, 2003.

http://www.belleviewbiltmore.com

Registration fee: $25.00

For more information please contact Betty Fernandez and Bleu Herard at 305-243-4600.

FCRA 2003 ANNUAL MEETING

Celebrating its twenty-fifth anniversary, the Florida Cancer Registrars Association Annual Meeting will be held at the Bellview Biltmore Resort & Spa in Clearwater, Florida July 31- August 1, 2003.

For more information please contact Denise Colburn at 727-518-2522.

Registration fee :
$100.00 for members
$125.00 for non-members

2003 EMORY UNIVERSITY SESSIONS

ADVANCE CANCER REGISTRATION TRAINING PROGRAM

The Advanced Cancer Registry Training Program will focus on 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.

This intensive and comprehensive training program will be held at the Holiday Inn Express Hotel and Suites, 2183 North Decatur Road, Decatur, Georgia 30033, located in the Atlanta-Emory University area on July 9-11, 2003.

Participants **must** have attended the Principles and Practice training program prior to registering for this advanced training or have at least one year of experience working in a cancer registry.

Registraion fee: $500 for the full 3 day training

Approved by NCRA for 20.5 CE hours

Complete details on the Emory courses are available on the training web site at http://cancer.sph.emory.edu or contact Steven Roffers, PA., CTR at (404)-727-4535.

ON-LINE CANCER REGISTRY PROGRAM

Program is approved by NCRA

Orange County Community College, Institute for Business, Industry and Government is now offering an on-line Cancer Registry Management Program.

Visit their website for additional information at *www.sunyorangecape.org*.

SERIOUSLY DELINQUENT LETTER

Facilities that have fewer than 55% of their 2002 total annual caseload reported to FCDS by the end of April will receive a Seriously Delinquent letter. The letter will be mailed the first week of May 2003 to the facility Administrator with a copy to the Tumor Registrar or Health Information Management Director. The intent of the letter is to inform the facility that state mandated reporting of cancer cases to the Florida Cancer Data System (FCDS) is seriously delinquent and that the facility has 60 days in which to complete the reporting.

Facilities failing to meet state cancer reporting requirements by June 30, 2003 will be referred to the Florida Agency for Health Care Administration (AHCA), Healthcare Facilities Licensing and, in accordance with Florida Statute 385.202, are subject to "registration or licensure suspension or revocation."

FCDS continues to work with individual facilities under extenuating circumstances.

This deadline does not apply to non-hospital facilities.

2001 AHCA IN-PATIENT AUDIT

On April 22, 2003, FCDS completed the matching of the **2001** In-Patient Discharges reported by all Florida hospital's Finance-Billing/Medical Records Department to the Agency for Health Care Administration (AHCA). All records with principal or secondary diagnoses of cancer were linked to the FCDS database. Each AHCA record that did not match with a case in the FCDS Masterfile is identified on the *AHCA Unmatched Cancer Records Request* listing. Any case found on the report to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the *FCDS DAM* and found not to have been previously reported must be reported to FCDS. Please check your 'Cases Reviewed But Not Reported To FCDS' listing to determine why the case was not reported.

All Forms and Abstracts must be completed and submitted to FCDS according to the current reporting guidelines and record layout no later than May 30, 2003.

All audits conducted by FCDS are dictated and closely monitored by the Department of Health. Should you have any questions, please contact your Field Coordinator at (305) 243-4600.

AMBULATORY CARE CENTERS CANCER REPORTING PROGRAM - 2001 AHCA AUDIT

The matching of the 2001 outpatient discharges reported by Florida Ambulatory Patient Care Centers' Finance-Billing/Medical Records Department to the Agency for Health Care Administration (AHCA) was also completed on April 22, 2003. All records with principal or secondary diagnoses of cancer were linked to the FCDS database. Only records reported to AHCA but not matched to an FCDS record will appear on the lists titled "AHCA Ambi Unmatched Cancer Records Request." The centers will only receive notification for cases that have never been reported from any other source to FCDS.

Facilities With Fewer Than 35 Cancer Cases Identified On The "AHCA Ambi Unmatched Cancer Records Request" List - Copies Of Records Only

Any facility with fewer than 35 cancer cases identified on the "AHCA Ambi Unmatched Cancer Records Request" list need only submit copies of patient records to FCDS for each of the cases on the list. A Batch Transmittal Form must be included with any chart copies submitted.

The following reports (if available) from each patient record must be submitted before August 15, 2003: Face sheet, Summary, History & Physical, Operative Reports, Consultation Reports, Pathology Reports, Radiology Reports, Laboratory Reports and all other pertinent reports.

Facilities With Greater Than 35 Cancer Cases On The "AHCA Ambi Unmatched Cancer Records Request" List - Full Case Reporting Required

The facility must determine whether or not each of the identified case records must be reported to the FCDS by referring to the FCDS reporting criteria outlined in Section I of the *FCDS Data Acquisition Manual*. If the case

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Deadlines & Reminders

Deadlines & Reminders

(Continued from page 7)

meets the FCDS reporting criteria, a full case abstract must be submitted to FCDS. All data submitted to FCDS must be via the encrypted Internet transmission, FCDS IDEA. For further information, visit the FCDS website at **http://fcds.med.miami.edu.** If the case does not meet the FCDS reporting criteria, the appropriate Disposition Code must be documented on the "AHCA Ambi Unmatched Cancer Records Request" list and returned to FCDS.

Due to the fact that FCDS expects to convert the state registry database to the NAACCR version 10 record layout the first week of July 2003, we feel that by providing you with *two data submission deadlines* for completing the AHCA request forms and submitting any missed cases that we would be able to accommodate everyone.

If your cases are received by FCDS on or before June 30, 2003- All abstracts must be submitted according to the current reporting guidelines and record layout.

If your cases are received by FCDS from July 1, 2003 through August 15, 2003- All abstracts must be submitted according to the new reporting guidelines and new NAACCR version 10 record layout.

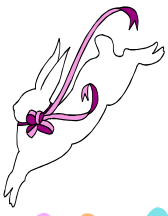
If after reviewing the "AHCA Unmatched Cancer Records Request" list, the facility has fewer than 35 reportable cases, you need only submit copies of patient records to FCDS for each of the cases on the list. A Batch Transmittal Form must be included with any chart copies submitted. The following reports (if available) must be submitted from each patient record: Face sheet, Summary, History & Physical, Operative Reports, Consultation Reports, Pathology Reports, Radiology Reports, Laboratory Reports and all other pertinent reports.

August 15, 2003 is the final deadline for completing all forms and abstracts, or for submitting copies of patient records.

All audits conducted by FCDS are dictated and closely monitored by the Department of Health. If you have any questions, please contact Megsys Casuso at (305) 243-2625 or Megsys_Casuso@miami.edu.

PATH LABS

Every anatomic pathology laboratory that reads biopsy and surgical resection specimens collected from patient encounters within the state of Florida MUST electronically submit the specified data for every malignant cancer case. **Specimens read between July 1, 2002 and December 31, 2002 must be submitted to FCDS on or before June 30, 2003.**



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