



# Florida Cancer Data System

## October 2006 Monthly Memo

### News & Information

#### WHAT'S NEW :

The following information is currently available on the FCDS website.

⇒ **COLLABORATIVE STAGING - NEW VERSION (1.03) RELEASED 09-08-06**

⇒ **FCDS REGISTER VOL. 32**

#### FCDS MAILING INFORMATION

US Postal Service mail including Express mail, Priority mail and Certified mail should be sent to the following PO Box address:

FCDS/University of Miami  
Miller School of Medicine  
P. O. Box 016960 (D4-11)  
Miami, FL 33101

**FCDS STREET ADDRESS SHOULD ONLY BE USED FOR COURIER PACKAGES (Federal Express, UPS, Airborne Express)**

FCDS/University of Miami  
Miller School of Medicine  
1550 NW 10th Ave, Fox Bldg,  
Room 410  
Miami, FL 33136



## FCDS Implementation of the Collaborative Staging Version 01.03

In response to questions and concerns raised by registrars about the FCDS implementation schedule of the recently released Collaborative Staging Version 01.03, we wanted to take a moment to clarify the FCDS implementation process. The changes to Collaborative Stage version 01.03 include the following:

1. Clarification of existing notes and definitions.
2. Addition of new codes to the following two schemas
  - a. Liver and Intrahepatic Bile Ducts (C220-C221) - added Code 62 ((63)+(65)) to CS Extension
  - b. Ethmoid Sinus (C311) - added Code 62 (Base of skull, NOS), 63 (Cribriform plate) and 64 (Medial wall or floor of orbit; orbital plate)
3. Required review of:
  - a. Ethmoid Sinus (C311) - due to additional codes added.
  - b. Other Lip (C002, C005, C008-C009) – due to a mapping change in SS1977 and SS2000 comparing previously code CS Lymph Nodes 12 that should be coded to 10 when involvement of the parotid lymph node is noted. When these nodes are involved it will be mapped to RN instead of D.

Effective October 2nd, 2006, FCDS will be accepting both Version 01.02 and 01.03. We recommend that all cases that include the Liver/Intrahepatic Bile Ducts and Ethmoid Sinus be set aside until your updated software has been installed. At that time please code the appropriate fields and submit the abstracts to FCDS. All other abstracts can be submitted as usual.



# News & Information



## Version 1.1.0 of SEER\*Rx is Now Available On-line



## News & Information

Version 1.1.0 of SEER\*Rx is now available on-line. The September 1, 2006 update to SEER\*Rx includes more than two dozen new drugs and updates, such as brand names, FDA approvals, or new indications to nearly 100 other drugs. The regimen file has been updated with a half-dozen regimens reported by cancer registrars. The search features have been enhanced, the help screens have been expanded, and you can now customize the screen colors.

To download the installation file, please go to [www.seer.cancer.gov/tools/seerrx](http://www.seer.cancer.gov/tools/seerrx).

The installation program is password protected, to download the program you will need to fill out the password request form and click the 'Request Password' button. You should receive an e-mail with the username and password within a few minutes. If you do not receive the username and password notification within 24 hours, please let SEER Technical Support know.

Once the file has been saved to your computer, browse to the location where you saved the file, and double-click on the icon for "srx\_setup\_1\_1\_0.exe" to begin the installation program. Follow the steps in the installation program to install SEER\*Rx on your computer.

**This installation program will overwrite previous versions of SEER\*Rx.**

If you would like to change the directory where the application is installed, you should uninstall the previous version of SEER\*Rx before installing Version 1.1.0.

Please inform SEER\*Rx Technical Support if you have any problems with the download or if you have any additional questions via email at [seerrx@imsweb.com](mailto:seerrx@imsweb.com).



# News & Information

## 2006 RX -Listing of Approved Oncology Drugs with Approved Indications

DRUG	DRUG TRADE NAME	APPROVED USE	MANUFACTURER DISTRIBUTOR	APPROVAL DATE
sunitinib maleate	Sutent	treatment of gastrointestinal stromal tumor after disease progression on or intolerance to imatinib mesylate	Pfizer	Jan 26 2006
sunitinib maleate	Sutent	Accel. Approv. (clinical benefit not established) for the treatment of advanced renal cell carcinoma. Approval for advanced renal cell carcinoma is based on partial response rates and duration of responses. There are no randomized trials of SUTENT demonstrating clinical benefit such as increased survival or improvement in disease-related symptoms in renal cell carcinoma.	Pfizer	Jan 26 2006
Rituximab	Rituxan	non-Hodgkin's lymphoma	Genentech, Inc	Feb 10 2006
cetuximab	Erbitux	For use in combination with radiation therapy (RT) for the treatment of locally or regionally advanced squamous cell carcinoma of the head and neck (SCCHN) or as a single agent for the treatment of patients with recurrent or metastatic SCCHN for whom prior platinum-based	Imclone	Mar 01 2006
decitabine	Dacogen	for the treatment of patients with myelodysplastic syndromes (MDS) including previously treated and untreated, de novo and secondary MDS of all French-American-British subtypes (refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, and chronic myelomonocytic leukemia) and intermediate-1, intermediate-2, and high-risk International Prognostic Scoring System groups.	MGI PHARMA INC	May 05 2006
thalidomide	Thalomid	Multiple myeloma	Celgene	May 26 2006
topotecan hcl	Hycamtin	Cervical carcinoma	GlaxoSmithKline	Jun 14 2006
bevacizumab	Avastin	Metastatic colon carcinoma	Genentech	Jun 20 2006
dasatinib	Sprycel	Chronic myelogenous leukemia	Bristol Myers Squibb	Jun 28 2006
lenalidomide	Revlimid	Multiple myeloma	Celgene	Jun 29 2006
gemcitabine hcl	Gemzar	Ovarian cancer	Lilly	Jul 14 2006
pegaspargase	Oncaspar	Acute lymphoblastic leukemia	Enzon	Jul 24 2006

Source: <http://www.fda.gov/cder/cancer/druglistframe.htm>





# Q/C Corner

By: Mayra Alvarez, RHIT, CTR

## Brain Tumors

### ASTROCYTIC

**Pilocytic (juvenile) astrocytoma**
**M-9421/3**

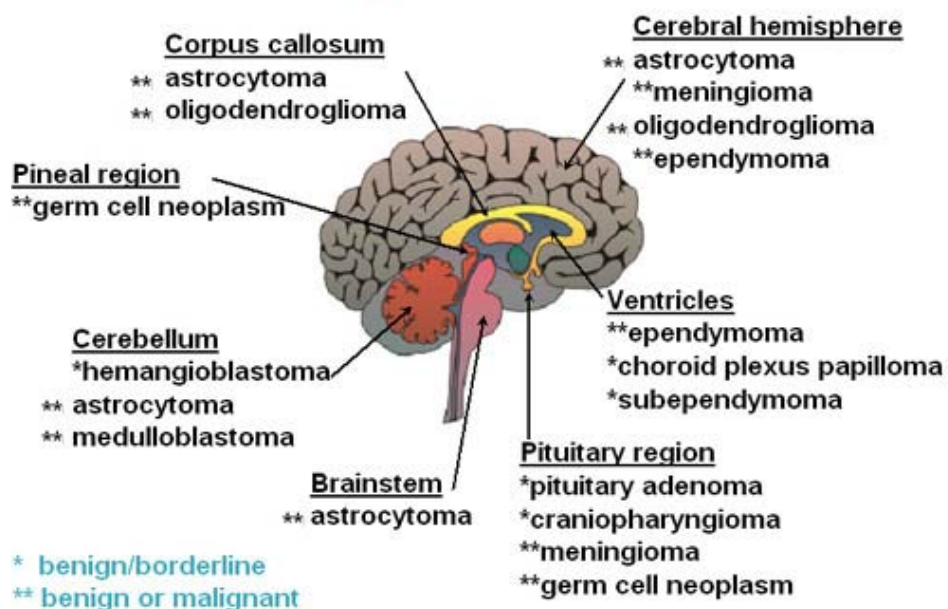
Remember when abstracting a Juvenile Pilocytic Astrocytoma that on page 113 of the ICD-O-3, it was listed as 9421/1. In the errata however, by agreement of all cancer registration standard setters in North America & Canada isolated it should be coded to behavior code 3. Please do not sequence the Juvenile Pilocytic Brain Astrocytoma with a sequence 60 (Non-malignant tumors with a 9421/1).

- Juvenile Pilocytic Astrocytoma, listed as 9421/1 in ICD-O-3, has changed to /3
- EDIT 438 will generate the message: “ If Morphology = 9421 (Pilocytic/Juvenile astrocytoma), then Behavior must = 3 “
- Code as: 9421/3



# Brain Tumors

## Histology and Location



Source: [http://training.seer.cancer.gov/ss\\_module00\\_bbt/unit02\\_sec05\\_c\\_histology.html](http://training.seer.cancer.gov/ss_module00_bbt/unit02_sec05_c_histology.html)

# **Q/C Corner**

By: Sarah J. Manson, BS, RHIT, CTR

## QUESTION:

Histology--Kidney: What is the appropriate histology code for a mucinous tubular and spindle cell carcinoma of the kidney? Please see discussion.

## DISCUSSION:

Literature search results: "The new WHO-classification of renal tumors includes new subtypes, one of which is the mucinous, tubular, and spindle cell carcinoma. Many of these tumors had been previously diagnosed as sarcomatoid carcinoma. There are areas of cord-like growth and spindle cell configuration, sometimes with a clear cell appearance."

## ANSWER:

Code 8255 [Adenocarcinoma with mixed subtypes]. ICD-O-3 does not have a code specific to this combination histology. 8255 is the best code available.

## REFERENCE:

1. ICD-O-3
2. WHO Class of Urinary Tumors ; pgs 40 (2004)

## QUESTION:

What is the histology code for adenocarcinoma, diffuse type, with signet ring features?

## ANSWER:

Code 8490 [Signet ring cell carcinoma]. Histology coding Rule 7 is the only rule that applies to this diagnosis. Assign the numerically higher ICD-O-3 code.

## REFERENCE:

1. 2004 SEER Manual ; pgs 87 (Rule 7)
2. ICD-O-3 ; pgs 34 (Rule K)



## Q & A Section

*\*Questions taken  
from SEER Inquiry  
system (SINQ)*

## **Q/C Update!**

### ADDR AT DX – SUPPLEMENTAL

Remember to only enter the **name** of the place where the patient lived at the time of diagnosis, such as, a nursing home, or the **name** of an apartment complex.

For example: **ADDR AT DX – SUPPLEMENTAL: Biscayne Nursing Home**

Please do not enter the Apartment number (APT) in this field. The apartment number should be part of the patient's address.





## Education & Training

### NAACCR CENTRAL REGISTRY WEBINARS Abstracting Cancer Incidence and Treatment Data Hospital Tumor Reporting Webinar Series

#### COURSE DESCRIPTION

The North American Association of Central Cancer Registries (NAACCR) is presenting a series of web seminars (webinars) for cancer data collectors. A webinar includes a presentation by an instructor with an audio portion (telephone) and a visual portion (computer through the Internet). Each webinar will address cancer data collection for a specific site. Didactic exercises will be completed and answers with rationale will be presented. There will also be a question and answer session.

#### DATE

October 12, 2006  
December 14, 2006  
  
January 11, 2007  
February 8, 2007  
March 8, 2007

#### TITLE

Abstracting Head and Neck Cancer Incidence and Treatment Data  
Abstracting Central Nervous System Tumor Incidence and Treatment Data  
  
Abstracting Urinary System Cancer Incidence and Treatment Data  
Abstracting Lymphoma Cancer Incidence and Treatment Data  
Abstracting Colon and Rectum Cancer Incidence and Treatment Data

**TIME:** Each webinar will be presented twice on the scheduled date to reach all North American time zones. You will be asked to choose between the two presentation times listed below by time zone. Please remember that the times may be different if your region does not change to daylight savings time.

#### Time Zone

Hawaii  
Alaska  
Pacific  
Mountain  
Central  
Eastern  
Atlantic

#### First Presentation

4:00 a.m. – 8:00 a.m.  
5:00 a.m. – 9:00 a.m.  
6:00 a.m. – 10:00 a.m.  
7:00 a.m. – 11:00 a.m.  
8:00 a.m. – 12:00 p.m.  
9:00 a.m. – 1:00 p.m.  
10:00 a.m. – 2:00 p.m.

#### Second Presentation

9:00 a.m. – 1:00 p.m.  
10:00 a.m. – 2:00 p.m.  
11:00 a.m. – 3:00 p.m.  
12:00 p.m. – 4:00 p.m.  
1:00 p.m. – 5:00 p.m.  
2:00 p.m. – 6:00 p.m.  
3:00 p.m. – 7:00 p.m.

**SUBSCRIPTIONS:** The subscription period is closed. There is limited availability in each of the webinars for a cost of \$175 per session.

**CONTINUING EDUCATION (CE) HOURS:** We have applied for NCRA CE hours.

Contact the NAACCR program manager of education and training, Shannon Vann, CTR, at [svann@naacccr.org](mailto:svann@naacccr.org) or 315/682-6543 for answers to your questions about the webinar series.

### MULTIPLE PRIMARY AND HISTOLOGY CODING RULES EDUCATION AND TRAINING

FCDS is planning a series of teleconferences beginning in December 2006 to cover the new Multiple Primary and Histology Coding Rules to become effective with cases diagnosed on or after January 1, 2007. The teleconferences will cover general rules as well as site-specific rules. Slide presentations along with exercises will be available prior to each teleconference. The exact dates of the teleconferences will be posted in the very near future on the FCDS website and the FCRA website, through blast emails, and through this publication. If you have any questions, please feel free to contact Megsys Herna at 305-243-2625 or [mherna@med.miami.edu](mailto:mherna@med.miami.edu).



# Deadlines & Reminders



## Deadlines & Reminders



### **QUARTERLY CANCER CASE REPORTING STATUS REPORTS FOR JUNE THROUGH SEPTEMBER 2006**

FCDS will be generating the Quarterly Cancer Case Reporting Status Reports for the second quarter of 2006, June through September. The reports will be mailed the first week of October. All reporting facilities are expected to be 25% complete reporting their 2006 cancer cases. If you have any questions about your report, please contact your FCDS Field Coordinator at (305) 243-4600.

### **2006 FCDS ANNUAL FACILITY EVALUATIONS**

The intent of the 2006 Annual Facility Evaluation is to provide the facility with a summary of the timeliness and quality of their data for the last three complete reporting years (2002 – 2004), highlighting the completeness of the 2004 reporting year. The evaluations will be mailed in September 2006 to the registrar and/or medical record director and to the facility administrator. If you have any questions about the report, please feel free to call Megsys Herna at 305-243-2625 or [mhera@med.miami.edu](mailto:mhera@med.miami.edu).

### **ACCESSION NUMBER GAP CHECK REPORT FOR THE 2005 CANCER CASE ADMISSIONS**

The Accession Number Gap Check Report for the 2005 Cancer Case Admissions is being mailed to all facilities in September 2006. This report identifies gaps in the accession numbering sequence greater than 5 cases for cases submitted by each reporting hospital facility for the 2005 reporting year. The report gives the starting number (Previous Acc. #) and the ending number (Accession #) of the gap and the number of cases missed (Difference from Previous). FCDS asks that you review the report and submit any missing cases or explain any gap greater than 5 cases. Should you have any questions about the report, please feel free to call your Field Coordinator at (305) 243-4600.

# Welcome, Welcome, Welcome!



Please join us in welcoming Jessica Osorio and Paulo Pinheiro to the FCDS Staff. Jessica joined our staff in August, and is part of the Administrative Staff. Paulo joined our staff in September, and is part of the Statistical Staff.



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For any questions or suggestions, please contact the taskforce at [taskforce@fcra.org](mailto:taskforce@fcra.org).

## Florida Cancer Data System

# Cancer Reporting Completeness Report

**TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF AUGUST 31, 2006**

Total number of New Cases added to the FCDS Master file in August 2006: **11,736**

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

ADMISSION YEAR	HOSPITAL	RADIATION	AMBI/SURG	PHYSICIAN OFFICE	DERM PATH	DCO	TOTAL CASES	NEW CASES
2006	9,315	421	91	0	1	Pending	9,828	7,320
2005	147,838	4,195	554	0	701	Pending	153,310	3,580
2004	151,637	6,929	3,091	173	745	Pending	162,584	836

		Actual	Expected
% Complete for:	2006	6%	31%
	2005	100%	100%
	2004	100%	100%

\*Expected % based on 152,000 reported cases/year

