

*Happy*



*Valentines Day*

### **WHAT'S NEW :**

The following information is currently available on the FCDS website.

- DATA COLLECTION OF PRIMARY CENTRAL NERVOUS SYSTEM TUMORS: (DOWNLOADS)  
CDC WEBSITE:  
<http://www.cdc.gov/cancer/npcr/training/pdfs/braintumorguide.pdf>
- 2005 CANCER ADMISSIONS BY FACILITY AND PRIMARY SITE, ADMISSIONS (TOTAL), ANALYTIC CASES ONLY
- CANCER TRAINING: PRINCIPLES AND PRACTICE OF CANCER REGISTRATION, SURVEILLANCE AND CONTROL, MARCH 12-16, JULY 23-27, OCTOBER 15-19, 2007 IN ATLANTA, GEORGIA
- FCDS REGISTER VOL. 34

### **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

# Florida Cancer Data System January/February Monthly Memo

## *News & Information*

### FCDS Educational Teleconferences Series:

### 2007 Multiple Primary and Histology Coding Rules

FCDS is currently hosting a series of teleconferences addressing the 2007 Multiple Primary and Histology Coding Rules. The series began in December 2006, followed with two scheduled presentations every month concluding on April 12, 2007. The schedule for the remaining teleconferences are listed below with the dial-in number and participant code. Please note that the dial in information is the same for all the teleconferences. The teleconferences are free of charge.

A PowerPoint slide presentation along with exercises will be available on the FCDS Website, <http://www.fcds.med.miami.edu>, as an adjunct to each of the teleconferences, as well as the instructions to access the system for the Question and Answer session at the end of each presentation. If you have any questions, please feel free to contact Megsys Herna at 305-243-2625 or [mhera@med.miami.edu](mailto:mhera@med.miami.edu).

#### DIAL-IN INFORMATION FOR ALL THE TELECONFERENCES:

Dial In Number: 888-296-1938

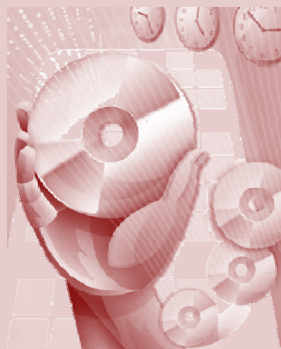
Participant Code: 471495



DATE	TITLE
Tuesday, February 20, 2007	Head & Neck Coding Rules
Tuesday, March 6, 2007	Brain Coding Rules
Tuesday, March 20, 2007	Melanoma Coding Rules
Tuesday, April 3, 2007	Urinary System Coding Rules
Thursday, April 12, 2007	Other Sites Coding Rules
*Each teleconference will be presented on the scheduled date from 10:00 am—12:00 pm.* One NCRA CE credit will be offered per hour of presentation.	



# News & Information



## News & Information

### FCDS Modified Edits

1. **EDIT 252 (If Surg Prim Site equal 00 or 98, then Reason No Surgery must equal 1-8. If Surg Prim Site equal 99, then Reason No Surgery must equal 9)**  
This edit will skip if the Class of Case is a 5 (Autopsy). The coding rules behind it say that if you have a Class of Case 5, then the Reason No Surgery must be coded to a 9 and the surgery a 00. Edit 150 takes care of the treatment fields.
2. **EDIT 28 (Dx Confirmation not equal to 1 when ICD-O-2 Morphology between 9590 and 9714, 9800 and 9941, or 9723)**  
Changed the logic and description to:  
Dx Confirmation must equal 1-5 (microscopic confirmation) when the ICD-O-2 Morphology is between 9590-9717. Dx Confirmation must equal 1-5 (microscopic confirmation) or 8 (clinical diagnosis) when the ICD-O-2 Morphology is between 9720-9941.
3. **EDIT 192 (Dx Confirm not equal to 1 when ICD-O-3 Morphology between 9590 and 9989)**  
Changed the logic and description to:  
Dx Confirmation must equal 1-5 (microscopic confirmation) when the ICD-O-3 Morphology is between 9590-9729. Dx Confirmation must equal 1-5 (microscopic confirmation) or 8 (clinical diagnosis) when the ICD-O-3 Morphology is between 9731-9989.

## Chapter 64D-3

The Florida Department of Health announced the completion of the rewrite of Chapter 64D-3, Florida Administrative Code, which governs disease reporting. The updated version of Chapter 64D-3 became effective November 20, 2006. Florida's specific rule for cancer case reporting to FCDS is Rule 64D-3.034. The updated version of Chapter 64D-3 is available on the Bureau of Epidemiology website [http://www.doh.state.fl.us/disease\\_ctrl/epi/topics/surv.htm](http://www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm) or you may log onto the FCDS website <http://fcds.med.miami.edu/> under Law and Rules for the complete document.





# Q/C Corner

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



## Q&A

## Section

*\* Questions taken from  
SEER Inquiry System*



### QUESTION #1

CS Lymph Nodes--Breast:

For surgically removed lymph nodes,

1. If the LNs are known to be axillary LNS, note 2 seems to imply the size can assumed to be greater than 0.2mm, would you code 25 or 60?
2. Both codes 25 and 60 map to N1, node involvement, do they each mean something else in the evaluation process?
3. What would constitute absence of other information?
4. Is the use of 60 over 25 specific to SEER registries or all users?
5. Abstractors are trained to assume LNs are mobile if there is no contrary information, is this appropriate?

### ANSWER:

Assign CS Lymph Nodes code 25 for breast when there are positive axillary nodes without internal mammary nodes. Code 25 is used in a couple of situations: a. when you know the lymph nodes are clinically movable and only the axillary nodes are involved; b. when you know the size of the metastasis in an axillary lymph node is more than a micro-metastasis (i.e., > 2 mm). Code 60 can be used for any regional lymph node (internal mammary, infra- or supraclavicular, as well as axillary. So you can code to 25 if you have "regular" metastases in axillary lymph nodes only. If you don't know whether the mets are micro or regular, use code 60. Assign code 60 when there are positive regional nodes not further described.

1. Assign code 25 for positive axillary lymph nodes.
2. Codes 25 and 60 may map to N1, N1a, N2a or N3a depend on the coding of SSF3.
3. Assign code 60 when there is not enough information to assign a code from 13 to 50.
4. CS instructions are the same for all users. There are no CS instructions specific to SEER registries.
5. Yes, assume lymph nodes are moveable (not matted, not fixed) when there is no information to the contrary.

### REFERENCE:

2004 SEER Manual ;pgs C-478 (Appendix C)

### QUESTION #2

Histology--Pancreas: What histology code is used for a pancreatic Ca that is composite mucinous adenocarcinoma and squamous cell carcinoma? Do we code as adenosquamous or do we use the higher code and code as mucinous?

### ANSWER:

Assign code 8560 [adenosquamous carcinoma]. According to our pathologist consultant, the mix of adenocarcinoma and squamous carcinoma is adenosquamous carcinoma. Adenosquamous tumors are rare, but known, representing 3-4% of pancreatic carcinomas.

### SOURCE:

ICD-O-3



# Education and Training



# Education and Training

## Principles and Practice of Cancer Registration, Surveillance, and Control

Where: Atlanta, Georgia

When : March 12-16, 2007

July 23-27, 2007

October 15-19, 2007

### 5-day intensive course in cancer abstracting, staging & coding. Includes:

- Intensive review of ICD-O coding and Collaborative Staging
- Basic review of multiple primary rules & other staging schemes
- Anatomy, physiology & medical terminology of cancer sites
- Extensive hands-on abstracting using mock medical records
- And much, much, more.....

**Target Audiences:** Registrars new to the field of cancer registration and analysts interested in exploring the details of the data

**Course Fee:** \$1,000 for a 5 day training course and comprehensive instructional manual

**Special Discount:** 10% discount for early registration and payment  
(Registration and payment received 1 month prior to course)

**Course led by:** Dr. John L. Young, Jr., DrPH, CTR

- Over 40 years of experience in cancer registration
- Former NCI SEER Program Director
- Director of Georgia Center for Cancer Statistics

Register online and obtain more information at:

<http://www.sph.emory.edu/GCCS/training/practice/index.html>

or GOOGLE : Georgia Center for Cancer Statistics

*Courses fill up quickly! Payment must be received to guarantee space.*



# Education and Training



# Education and Training

## Principles of Oncology for Cancer Registry Professionals

May 7-11, 2007 in Reno, NV

July, 2007 in Baltimore, MD (tentative)

December 10-14, 2007 in Reno, NV

Registration fee: \$949.00

Principles of Oncology is a concentrated five-day training program in cancer registry operations and procedures emphasizing accurate data collection methods. The training program includes extensive site-specific, hands-on case coding, abstracting and staging sessions using practice cases that are representative of the many situations registrars may face.

This program is endorsed by the National Cancer Registrars Association (NCRA) and the North American Association of Central Cancer Registries (NAACCR) and recommended by the SEER Program of the National Cancer Institute.

The program provides approximately 35 hours of classroom and individualized instruction on basic registry concepts, such as abstracting, staging (Collaborative Staging, summary staging and TNM), ICD-O coding, the 2007 Multiple Primaries and Histology Coding Rules, and using other resources available to registrars. Attendees will have the benefit of lectures as well as a variety of practical exercises. Extensive training materials prepared especially for this program will be provided to registrants, as well as publications from other registry sources.

Class size will be limited to 20 registrants.

**Participants are responsible for their own travel, hotel, meals, and incidental expenses.**

### Faculty:

April Fritz, BA, RHIT, CTR - April developed the first version of the Principles of Oncology training program in 1992 and is lead instructor for all courses.

Louanne Currence, RHIT, CTR - Louanne joins A.Fritz and Associates as a co-instructor for the Principles of Oncology program, having nearly a decade of experience teaching basic courses in health information management programs

**\*Faculty may be added or substituted without prior notice.**

For more information please visit April Fritz and Associates website at <http://afritz.org/pocr.htm>.







# Deadlines & Reminders

To Do:

## Deadlines & Reminders



### RADIATION THERAPY CENTERS CANCER CASE REPORTING FOR 2005

FCDS recently matched the 2005 cancer records identified by the radiation therapy facilities with the FCDS database. The lists of records that did not match with a FCDS case were sent back to the facilities for review. The radiation therapy facilities only receive notification for cases that have never been reported to FCDS.

The list of unmatched cancer records must be reviewed to determine whether or not each of the cases on the listing must be abstracted and submitted to the 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 form and returned to FCDS. If after reviewing all the cases on the RT Unmatched Cancer Records Request 2005 list, the facility has fewer than 35 reportable cases, only copies of patient records (Face sheet, Summary, History & Physical, Operative Reports, Consultation Reports, Pathology Reports, Radiology Reports, Laboratory Reports and all other pertinent reports, if available) must be mailed to FCDS for each of the cases on the list.

**If submitting full cancer abstracts, the deadline is February 28, 2007.**

**The copies of patient medical records, were due on January 31, 2007.**

If you have any questions about the process, please call Betty Hallo, CTR, Field Coordinator, at 305-243-2627.

### FAPTP AUDIT- 2004 DATA

In an effort to ascertain the completeness and the quality of the pediatric cancer data collected by FCDS, the FCDS database was matched with the data from FAPTP (Florida Association of Pediatric Tumor Program, Inc.) for diagnosis year 2004. Records were linked at the patient and at the tumor level. At the patient level, the records were matched by first name, last name, sex, date of birth, and county of residence. At the tumor level, the

primary site, the morphology, and the date of diagnosis were used to determine the common tumors. Copies of abstracts that may have primary site and/or morphology discrepancies were mailed to the hospitals for resolution. The abstracts must be reviewed to confirm the accuracy of the data. Also, listings of possible missed cases were mailed to the hospitals. The hospitals have to provide FCDS with an explanation as to why the case was not reported. Any case found to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the 2006 FCDS DAM and found not to have been previously reported must be reported to FCDS.

### FCDS 2006 QUALITY ASSURANCE AUDIT-RECONCILIATION PROCESS

All the facilities that were audited this past October should have received a packet containing the Reconciliation Request forms as part of the Quality Assurance Audit Reconciliation Process. The Reconciliation Request forms summarize the comparison of data items coded by the auditor(s) during the re-abstracting portion of the audit to the data originally submitted to FCDS by the audited facility through the regular cancer reporting process. If any discrepancies were found, the field on the report containing the discrepant data item will be preceded with one asterisk (\*) indicating the discrepancy. The facilities must review all forms and reply in the following way:

- 1) If the original submission to FCDS was in error, you would write AGREE on the Reconciliation Request form OR
- 2) If you disagree with the auditors, perhaps because your source documents may have been more complete than the ones reviewed by the auditors, write DISAGREE on the Reconciliation Request form and provide a brief explanation indicating the source of any supporting information, such as, pathology reports, Op reports, etc.



F.Y.I.

A quick way to find the zipcode or county of residence corresponding for the patient address is to visit the United States Postal Service Zip Code Lookup page at, <http://zip4.usps.com/zip4/welcome.htm>.

Just click on this link and then save it to your Favorites or your Desktop.

This can be cross-referenced with the list of county codes available on the FCDS link page under Data files and program link <http://fcds.med.miami.edu/inc/downloads.shtml#progswebsite>. and either select The FCDS County/Zip file or The USPS Zip/County/Address Lookup Page that has the very latest zipcodes.

If after you verified the patient address with zipcode you run into an Edit discrepancy please contact your field coordinator at FCDS. Sometimes a specific zipcode has changed or been added to a specific geographic area so it may not be in the FCDS tables causing a zipcode discrepancy.

<b>FCDS</b> FLORIDA CANCER DATA SYSTEM	
<b>PROJECT DIRECTOR:</b>	Lora E. Fleming, MD, PhD
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## Florida Cancer Data System

# Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JANUARY 31, 2007

Total number of New Cases added to the FCDS Master file in January 2007: 12,476

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	64,351	1,946	231	0	258	Pending	66,966	10,591
2005	153,949	5,661	588	0	885	Pending	161,105	1,684
2004	152,973	8,151	3,321	516	722	2,756	168,448	201

		Actual	Expected
% Complete for:	2006	44%	58%
	2005	100%	100%
	2004	100%	100%

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

