WHAT'S NEW :

The following information is currently available on the FCDS website.

- **REGISTER FOR THE** NAACCR HOSPITAL REGISTRAR **WEBINAR SERIES -**FIRST SESSION **OCTOBER 4, 2007!**
- **FCDS 2007** • **IMPLEMENTATION GUIDE FOR** NAACCR VERSION 11.1 (LAST REVISED 7/17/2007)
- 2007 FCDS DATA **ACQUISITION** MANUAL
- **JULY 9, 2007 FCDS BREEZE SESSION: IDEA** SINGLE ABSTRACT **ENTRY MODULE**
- **FCDS REGISTER VOL. 36**

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 July/August 2007 Monthly Memo

FCDS Quality Assurance Audit- 2005



FCDS will conduct its annual Quality Assurance Audit during the month of October 2007, which will consist of a re-abstracting audit of selected 2005 analytical cases. Regular Quality Assurance Audits are a standard component of the FCDS Quality Control objective as outlined in the 2007 FCDS Data Acquisition Manual and mandated by the Florida Department of Health and CDC/

NPCR to insure quality data. Twenty-eight hospitals were selected at random to participate in the audit. Medical records will be audited by a FCDS auditor. Comparison will be made between the audited data and the data originally submitted by the hospital. These audits allow assessment of standardized interpretation of data definitions, coding rules and guidelines, policies and procedures, and serve to identify areas that may require further education and training. Arrangements will need to be made with the Health Information Management/Medical Records Department to make ALL the medical records identified on the list available for review as well as arrangements for a workspace large enough to accommodate one or two auditors. FCDS will present a teleconference to all participating hospitals on Wednesday, September 12, 2007. If you have any questions about the audit process, please contact Meg Herna at (305) 243-2625 or mherna@med.miami.edu.

5610 - Sacred Heart Hosp. Emerald Coast	1300 - Gulf Coast Medical Center
6704 - Gulf Breeze Hospital	2000 - Orange Park Medical Center
2738 - Sacred Heart Hospital	7447 - Florida Hospital Oceanside
7448 - Florida Hospital Ormond Memorial	3890 - Florida Hospital Lake Placid
5936 - St. Cloud Regional Medical Center	4547 - Florida Hospital Waterman
6036 - St. Mary's Medical Center	5205 - Munroe Regional Medical Center
6647 - St. Lucie Medical Center	6905 - Central Florida Regional Hospital
5967 - Osceola Regional Medical Center	3705 - Brooksville Regional Hospital
6249 - Mease Dunedin Hospital	6206 - Largo Medical Center
6870 - Doctor's Hospital	4605 - Lee Memorial Health System
4690 - Lee Memorial Hospital Health Park	6170 - Community Hosp. of New Port Riche
6846 - Venice Regional Medical Center	2310 - Anne Bates Leach Eye Hospital
1602 - Hollywood Medical Center	1681 - Northwest Medical Center
2146 - NCH Healthcare System	

Page 2

News



Information



Updated FCDS Policies (Effective September 15, 2007)

1. New Abstractor Case Review Policy Update - Effective September 15, 2007

Effective September 15th, 2007, all new abstractors in the State of Florida, regardless of their CTR credentials, will be required to submit to FCDS twenty-five paper abstracts (or printed copies of the vendor abstracts) for review and approval to obtain a Florida Cancer Data System Cancer Abstractor Code. The twenty-five records must be from a variety of primary sites. Corrections will be made on the abstracts themselves giving specific information as to what the errors are and how they can be avoided. Suggestions will be made offering information regarding educational resources available to assist the abstractors with developing their skills and enhancing their abilities. This cycle will not be allowed to be repeated more than twice. If the FCDS QC staff deems that the abstractor is not competent to abstract in the State of Florida after the second attempt, the abstractor must wait three months before submitting another twenty-five paper abstracts for review. Approved abstractors will be eligible to obtain a Florida Cancer Data System Cancer Abstractor Code.

The FCDS QC staff will review each new abstractor's performance for the first six months of electronic reporting to FCDS. Every 25th record electronically submitted by the new abstractor will be reviewed for accuracy. This will provide both the Quality Control staff and the abstractor sufficient data to evaluate whether or not the abstractor understands the basic concepts of cancer case reporting. If an abstractor does not appear to have grasped the basic concepts of cancer case reporting, the abstractor and his/her immediate supervisor will be notified with a request to formulate a plan to address the areas of concern.

2. Data Processing Policy Update - Effective September 15, 2007

Effective September 15th, 2007, it will be at the discretion of the Field Coordinators to accept new incoming data from those facilities failing to adhere to deadlines of special requests, such as, submitting supporting documentation for 'forcible' edits, Death Clearance/AHCA/FAPTP audit deadlines, QC Sample Records Review deadlines, etc. For those facilities that use a software vendor to submit data to FCDS, the rejection to the data will take place at upload. The registrar will receive an automatic message stating that "FCDS has temporarily blocked this facility from uploading new cases due to the facility being delinquent in reporting required information to FCDS." Facilities that use the FCDS IDEA single entry program will not be able to add new records and they will also receive the same automatic message from FCDS stating that their facility is "...blocked from uploading new cases." If you have any past deadlines that you wish to address at this time, please contact your Field Coordinator at 305-243-4600.



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Page 3
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2007 MP/H RULES-BREAST

QUESTION: An excisional biopsy, on a 2007 case, removes the majority of a breast tumor and has a final diagnosis of "carcinoma". A subsequent lumpectomy diagnosis indicates "microscopic residual consistent with infiltrating duct carcinoma". Which diagnosis should be used to code the histology?

ANSWER: Code the histology from the path report with the most representative specimen even when the most representative specimen is less specific c. The "most representative specimen" is a pathologic specimen from the surgical procedure that removed the most tumor tissue. In the case above, the excisional biopsy is the most representative specimen. The histology code should be 8010, carcinoma.

Source: 2007 MP/H Rules, pg 13; SEER Inquiry & Response System (I & R) Question ID No.20071027; http://training.seer.cancer.gov/module_mph_cr/unit05_sec06.html

2007 MP/H RULES-COLON

QUESTION: The microscopic description states a tumor in the sigmoid colon is "tubulovillous", but the final diagnosis indicates "adenocarcinoma". According to the 2007 MP/H Rules, the histology should be taken from the Final Diagnosis. Can I code the histology as "adenocarcinoma in a tubulovillous adenoma?"

ANSWER: Yes. This is an example of a site-specific exception to the general rule which states the histology should be coded from the final diagnosis and associated addenda and comments. The Colon Histology Rules referencing a single tumor under rule H4 specifically states to code the polyp when a polyp is referenced in other parts of the pathology report.

SOURCE: 2007 MP/H Rules, Rule H4; SEER Inquiry & Response System (I & R), Question ID No. 20071026





Education and Training

Education and Training

Registrations for the 2007-2008 NAACCR Hospital Registrar Webinar Series are now being accepted!

The Florida Cancer Data System (FCDS) and the Florida Cancer Registrars Association (FCRA), in an effort to promote education, will be presenting the NAACCR Hospital Registrar Webinar Series at three separate locations throughout Florida: **Boca Raton Community Hospital (Boca Raton), Moffitt Cancer Center (Tampa), and Shands University of Florida (Gainesville)**. Special thanks to the hosting facilities. The series will begin October 4, 2007 and will go through September 2008. For a complete description of the webinars, click here http://www.naaccr.org/filesystem/word/hospital course decription.doc. Each webinar will address a specific site/ histology or hospital registry operations issue. Site-specific webinars will include information on anatomy, multiple primary and histology coding rules, collaborative staging, and treatment data items as required by the American College of Surgeons (ACoS) Commission on Cancer (CoC). Didactic exercises will be completed and answers with rationale will be presented. There will also be a question and answer session. NAACCR anticipates receiving 4 CE hours for each session for a total of 32 CE hours for the series. The topics to be presented include:

- Melanoma
- GYN
- Registry Operations
- Treatment (Surgery, Radiation, Systemic)
- Thyroid (Thyroid and Larynx will be presented the same day)
- Larynx (Thyroid and Larynx will be presented the same day)
- Data Quality and Data Use
- Upper GI Tract
- Other GI

Please go to the FCDS website <u>http://fcds.med.miami.edu/</u> to register online for your location of choice. A separate registration will be required for each webinar. The

number of participants allowed to be registered for each webinar will be dependent on space availability. For more information, please contact Meg Herna at 305-243-2625 or <u>mherna@med.miami.edu</u>.





Page 5

Deadlines & Reminders

DEATH CLEARANCE 2005

FCDS completed the matching of the 2005 death records from the Florida Vital Statistics with the FCDS database. All of the records with a cancer related death were linked to the FCDS database. The records that were not linked to a record in the FCDS master file are listed on the Mortality Follow Back Request Form 2005.



The hospitals receiving the lists must review the medical record for each of the patient(s) identified. Any case found to meet the FCDS

Cancer Case Reporting Requirements outlined in Section I of the FCDS DAM and was not previously reported will need to be reported to FCDS by submitting a full cancer case abstract by September 21, 2007. The accession and sequence number for the cases being submitted online will need to be noted on the Mortality Follow Back Request Form. For the cases identified as non-reportable, the appropriate disposition code must be assigned on the Mortality Follow Back Request Form. All forms must be returned to FCDS by September 21, 2007. If you have any questions, please contact your FCDS Field Coordinator at (305) 243-4600.

Deadlines &

Reminders

DISPOSITION CODES

CODE	DESCRIPTION
001	Reportable missed case-Case must be reported to FCDS- must provide Accession #
002	N/R - Tumor was not malignant - Behavior = 0 or 1
003	N/R – Skin Cancer - Site=C44.* and Morph = 8000 to 8110
004	N/R - No evidence of cancer at this time - NED
005	N/R - Consultation only
006	N/R - Cancer not proven - Equivocal
007	N/R - Case previously reported to FCDS by this facility- must provide Accession #
008	N/R - Outpatient record with no active cancer documented in record
009	N/R – In situ cancer of cervix or CIN III
010	N/R - Other
012	N/R - No cancer mentioned in Medical Record
0014	N/R - Hematopoietic Diseases Dx Prior to 2001
015	N/R - Case DX prior to FCDS reference date - Same Cancer/Same Facility
016	N/R - Benign or Borderline Brain/CNS Tumor Dx Prior to 2004
020	Unknown if reportable - No record of this patient at this facility
021	Unknown if reportable - Lost Medical Record
040	N/R - Special case - Other
050	Hospice Case - Not a hospital







(Continued from page 5)

2007 FCDS DATA ACQUISITION MANUAL

The 2007 FCDS Data Acquisition Manual is now available on the FCDS website <u>http://</u><u>fcds.med.miami.edu</u> under Downloads. FCDS will not be distributing hard copies of this manual. Should you have any questions, please contact Meg Herna at 305-243-2625 or <u>mherna@med.miami.edu</u>.

PATH LABORATORY REPORTING

Deadlines & Reminders All laboratories licensed under Chapter 483, F.S., are required to electronically submit to FCDS every biopsy and surgical resection specimens of malignant cancer and benign and borderline tumors of the brain and central nervous system (CNS) from all patient encounters within the state of Florida. Each pathology laboratory has two submission options: 1) generating a tab delimited file from their existing database or 2) using the web-based software provided by FCDS. The complete FCDS Clinical Laboratory Cancer Identification Program (CLIP) information, reporting specifications, and pathology lab case report record layout can be found on the FCDS website at http://fcds.med.miami.edu.

The deadline for submitting pathology records for reporting year 2006 was June 30th, 2007. If your facility has cancer records still pending to submit to the FCDS, please do so at your earliest convenience. Please contact your FCDS Field Coordinator, Carlos Alvarez immediately at (305) 243-2638 or <u>CAlvarez2@med.miami.edu</u>

RADIATION THERAPY CENTERS CANCER CASE IDENTIFICATION PROGRAM



Radiation Therapy Centers should have identified and reported all of their cancer cases to the Florida Cancer Data System using the FCDS-IDEA Single Entry or the File Upload modules. The deadline was June 30, 2007. Please contact Betty Hallo at (305) 243-2627 or e-mail her at <u>beatriz hallo@miami.edu</u> for additional information.



Florida Cancer Data System Cancer Reporting Completeness Report

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

Total number of New Cases added to the FCDS Master file in July 2007: 4,504

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
2007	1,536	0	0	0	0	Pending	1,536	1,536
2006	148,724	4,735	449	0	658	Pending	154,566	2,667
2005	158,024	8,586	2,326	4	937	Pending	169,899	301

		Actual	Expected
% Complete for:	2007	1%	8%
	2006	94%	100%
	2005	100%	100%

*Expected % based on 165,000 reported cases/year