

Register

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

Division of Cancer Prevention and Control

Volume 37 – October, 2007

MP/H Rules and their Impact on the Statewide Cancer Registry - the Florida Experience

By Brad Wohler, MS



The first time I heard about MPH rules I remember thinking that they must be talking about the rules associated with taking the Masters of Public Health classes or perhaps they were talking about how to drive in miles per hour to get a little better gas mileage. Little did I know that they were talking about the new Multiple Primary and Histology rules. And in fact the first time I saw the rules I thought to myself you would need a Masters degree to understand these rules!

In any case over time the multiple primary and histology rules had become very confusing, difficult to understand, less consistent and in fact

were becoming more and more obsolete with advancements in technology. In early 2003, a diverse group of national and international entities formed a task force to address the difficulties in coding multiple primaries and complex histologies. The entities involved in forming the task force included SEER, Commission on Cancer, American Joint Committee on Cancer, National Program of Cancer Registries, National Cancer Registrars Association, North American Association of Central Cancer Registries, several central cancer registries, and Statistics Canada. Input was also sought from pathologists, clinicians, and the editors of the ICDO-3. This task force took on the challenge of developing rules and standardizing the process for determining the number of primaries and revamping the histology coding rules. Their work resulted in the 2007 Multiple Primary and Histology Coding Rules implemented for all solid tumors diagnosed in 2007. The rules are meant to standardize the coding of both multiple primaries and morphologies and improve the quality of the data, while maintaining the consistency of incidence rates and trends.

After a great deal of testing and review the 2007 MP/H rules contain site specific rules for: Brain, Breast, Colon, Head & Neck, Kidney, Lung, Melanoma, Renal Pelvis, Ureter and Bladder. Breast, colon and lung were chosen as they are the most common sites. The other sites - Brain, Head & Neck, Kidney, Lung, Melanoma, Renal Pelvis, Ureter and Bladder - were chosen as these sites have a greater propensity for errors. For all other sites, there is a separate set of standards which provides general and specific rules. Of note is that prostate was left out of the site specific

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section; this omission isn't by accident. Prostate was left out as coding rules are fairly simple, only one primary per lifetime permitted and nearly all prostate cancers are diagnosed with a histology of Adenocarcinoma NOS. The rule concerning prostate is actually the first rule in the other sites category. For additional information regarding specifics and implementing the rules please visit the SEER website at <http://seer.cancer.gov/tools/mphrules/>.

After the new rules had been developed, they were then beta tested and then finally field tested in 2006. After the field testing, the MP/H rules were revised and published. Then the real work began: understanding and learning the new rules. The new rules affected both the local registrars as well as the central cancer registry. Both had to learn the new rules and implement them. On the positive side all rules could be found in one place and it was now easier to follow the logic. On the negative side everyone had to unlearn the previous rules and at FCDS an even larger challenge was the implementation of the new rules. *This article addresses the effect of the MP/H rules at the central cancer registry level only. Facility registrars should follow the SEER rules as is, or as directed by their facility administrators.*

In 2007, FCDS began in earnest to implement the new rules and consequently examine the impact the new MP/H rules would have on counts in Florida. The main concern at FCDS was the influence of the new timing rules on our counts. With the release of the new MP/H rules, timing rules were added, so if the tumors were diagnosed within a certain specified time range (site specific) they would be considered the same

primary; else they would be considered separate primaries. At the same time, we as many of you all know that for many of the non-analytic cases information can sometimes be sketchy at best, particularly the diagnosis dates. So it was proposed that the Non-analytic cases be exempt from the timing rules; i.e. that if the primary was considered a duplicate without regard to time then it would be considered a duplicate. Analytic cases would be processed via the new MP/H rules using the timing rules. After a great deal of analysis on the effect of the new MP/H rules on counts in Florida, FCDS will implement the rules as is for all analytic cases; however, for non-analytic cases the timing rules will not be part of the algorithm. In addition, these rules will be applied uniformly over all reporting years. The net result of applying timing rules is a decrease of 15,038 cases over years 1981 – 2005.

Table one (1) on pages 3-4 lists the sites and the counts pre MP/H rules and post MP/H rules. Keep in mind that these counts are for all years 1981 through 2005 these counts for all cases in the Florida Cancer Data System. The new MP/H rules will change the counts to some degree for all 83 FCDS sites, some more than others. The median of counts lost per site was only 5 looking across all 83 sites. Forty-five sites will have their counts reduced with the implementation of the MP/H rules, the difference ranging anywhere from -2 to -6,693. The other 39 sites will have an increase in counts ranging from +3 to +1,139. The sites that will gain the most counts with the implementation of the new MP/H rules are sites Brain (+1,139), Large Intestine NOS (+906), Tongue (+869), Non-Hodgkin-Nodal (+401) and Trachea, Mediastinum and Other Respiratory Organs (+186). On the other hand there are several sites that

will have counts reduced, those losing the most are Breast (-6,693), Lung & Bronchus (-4,848), Ureter (-1,208), Thyroid (-1,026), Melanoma (-822). Many times if there was a large increase or decrease in a particular subsite there was the opposite effect in a related site. For example Large Intestine had a gain of +906 cases, however colon overall had a net loss of -796 cases. Another example is Non-Hodgkins Nodal subsite gained 401 cases; however Non-Hodgkins Extra Nodal had lost 442 counts, thus Non-Hodgkin had a net loss of only 41 cases over all 25 years. In addition, it is interesting to note that there was essentially no change in the ranking of the cancer sites in descending order pre and post MP/H rules. So all in all the counts didn't change that much especially considering that the counts in table 1 are summed over 25 years. To put the change in perspective, the total counts changed by 0.6% for all years.

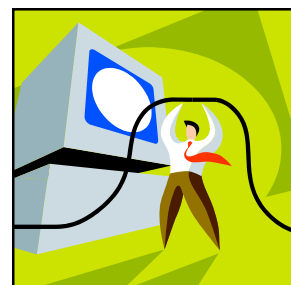
All in all the new MP/H rules is a much improved and comprehensive method for determining multiple primaries and coding complex histologies. Of course as with any "new" thing the most challenging part is unlearning the old and learning the new. Unlearning doesn't mean throwing away all of your knowledge, it just means being open minded to a new way of accomplishing the task at hand.

The new rules will affect cancer counts but overall it is felt that the new rules are an improvement. Of course only time will tell, and hopefully they won't change the rules again for another 25 years and we will all be retired by then ☺

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COMPLETENESS REPORT—2007 CASE REPORTING

Month	Complete	Expected
July 2007	1%	8%
August 2007	6%	17%
September 2007	12%	25%



(Continued from page 2: MP/H Rules and their Impact on the Statewide Cancer Registry—the Florida Experience)

Table 1: Site	After MP/H 2007	Before MP/H 2007		Difference After-Before	Percent
Lip	3789	3796		-7	-0.2%
Tongue	15760	14891		869	5.8%
Salivary Gland	6347	6300		47	0.7%
Floor of Mouth	5725	5745		-20	-0.3%
Gum and Other Mouth	10352	10355		-3	0.0%
Nasopharynx	3176	3178		-2	-0.1%
Tonsil	7818	7905		-87	-1.1%
Oropharynx	2687	2579		108	4.2%
Hypopharynx	5614	5465		149	2.7%
Other Oral Cavity and Pharynx	4040	4034		6	0.1%
Esophagus	23571	23584		-13	-0.1%
Stomach	38078	38032		46	0.1%
Small Intestine	6966	6981		-15	-0.2%
Cecum	42175	42461		-286	-0.7%
Appendix	1849	1837		12	0.7%
Ascending Colon	37051	37354		-303	-0.8%
Hepatic Flexure	10107	10177		-70	-0.7%
Transverse Colon	18285	18464		-179	-1.0%
Splenic Flexure	7647	7729		-82	-1.1%
Descending Colon	15124	15299		-175	-1.1%
Sigmoid Colon	64385	65004		-619	-1.0%
Large Intestine, NOS	30910	30004		906	3.0%
Rectosigmoid Junction	26194	26429		-235	-0.9%
Rectum	48471	48679		-208	-0.4%
Anus, Anal Canal and Anorectum	7470	7366		104	1.4%
Liver	16657	16635		22	0.1%
Intrahepatic Bile Duct	3076	3040		36	1.2%
Gallbladder	5329	5312		17	0.3%
Other Biliary	6994	6963		31	0.4%
Pancreas	52728	52653		75	0.1%
Retroperitoneum	2037	1993		44	2.2%
Peritoneum, Omentum and Mesentery	1202	1272		-70	-5.5%
Other Digestive Organs	1357	1347		10	0.7%
Nose, Nasal Cavity and Middle Ear	4101	4084		17	0.4%
Larynx	32286	32369		-83	-0.3%
Lung and Bronchus	363805	368653		-4848	-1.3%
Pleura	223	251		-28	-11.2%
Trachea, Mediastinum and Other Respiratory Organs	1475	1289		186	14.4%
Bones and Joints	5156	5075		81	1.6%
Soft Tissue including Heart	13475	13561		-86	-0.6%
Melanoma of the Skin	82628	83450		-822	-1.0%
Other Non-Epithelial Skin	5075	5177		-102	-2.0%
Breast	357113	363806		-6693	-1.8%

(Continued on page 4)

Table 1 continued:

Site	After MP/H 2007	Before MP/H 2007		Difference After-Before	Percent
Cervix Uteri	55182	55376		-194	-0.4%
Corpus Uteri	55273	55243		30	0.1%
Uterus, NOS	5495	5508		-13	-0.2%
Ovary	42082	41907		175	0.4%
Vagina	3114	3034		80	2.6%
Vulva	11584	11461		123	1.1%
Other Female Genital Organs	1994	1943		51	2.6%
Prostate	336514	336539		-25	0.0%
Testis	9294	9219		75	0.8%
Penis	2540	2522		18	0.7%
Other Male Genital Organs	495	509		-14	-2.8%
Urinary Bladder	122214	122797		-583	-0.5%
Kidney and Renal Pelvis	55568	56381		-813	-1.4%
Ureter	3202	4410		-1208	-27.4%
Other Urinary Organs	1305	1533		-228	-14.9%
Eye and Orbit	5205	5212		-7	-0.1%
Brain	29733	28594		1139	4.0%
Cranial Nerves Other Nervous System	1855	1814		41	2.3%
Thyroid	23946	24972		-1026	-4.1%
Other Endocrine including Thymus	2935	2928		7	0.2%
Hodgkin - Nodal	11699	11674		25	0.2%
Hodgkin - Extranodal	428	466		-38	-8.2%
Non-Hodgkin Lymphoma - Nodal	61530	61129		401	0.7%
Non-Hodgkin Lymphoma - Extranodal	22681	23123		-442	-1.9%
Myeloma	27300	27311		-11	0.0%
Acute Lymphocytic Leukemia	5801	5794		7	0.1%
Chronic Lymphocytic Leukemia	25854	25818		36	0.1%
Other Lymphocytic Leukemia	2313	2321		-8	-0.3%
Acute Myeloid Leukemia	15747	15719		28	0.2%
Chronic Myeloid Leukemia	7603	7615		-12	-0.2%
Other Myeloid/Monocytic Leukemia	1248	1242		6	0.5%
Acute Monocytic Leukemia	761	795		-34	-4.3%
Other Acute Leukemia	2671	2700		-29	-1.1%
Aleukemic, subleukemic and NOS	3051	3013		38	1.3%
Mesothelioma	4993	5153		-160	-3.1%
Kaposi Sarcoma	6692	7011		-319	-4.5%
Miscellaneous	79156	79039		117	0.1%
Brain(Benign/Borderline)	699	702		-3	-0.4%
Cranial Nerves Other Nervous System(Benign/Border)	6010	6007		3	0.0%
Other Endocrine including Thymus(Benign/Border)	1832	1839		-7	-0.4%
	2455955	2470993		-15038	-0.6%

CALENDAR OF EVENTS

CALENDAR OF EVENTS

HOSPITAL WEBINAR SERIES NOVEMBER 2007—MARCH 2008 9:00AM—1:00PM

Dates

November 8, 2007

Abstracting Gynecologic Cancer Incidence & Treatment Data

January 10, 2008

Hospital Cancer registry Operations

February 14, 2008

*Cancer Treatment and How to Code It:
Surgery, Radiation, Systemic and Other*

March 6, 2008

Abstracting Thyroid Cancer Incidence and Treatment Data

Locations

Boca Raton Community Hospital (Boca Raton, FL)

Moffitt Cancer Center (Tampa, FL)

Shands University of Florida (Gainesville, FL)

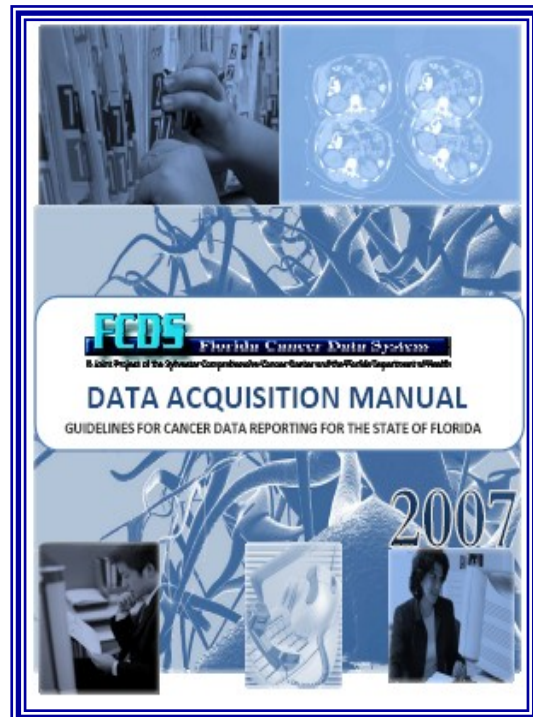
Website

<http://fcds.med.miami.edu>

2007

FCDS DATA ACQUISITION MANUAL

Now available on-line at:
<http://fcds.med.miami.edu>
under "Downloads"



NBCAM

NATIONAL BREAST CANCER
AWARENESS MONTH

NATIONAL MAMMOGRAPHY DAY

OCTOBER 19TH, 2007

OCTOBER IS NATIONAL BREAST CANCER AWARENESS MONTH

The third Friday in October each year is National Mammography Day. On this day, or throughout the month, we encourage women to make a mammography appointment.

For more information about mammography screening, please refer to American Cancer Society's Website at

<http://www.cancer.org>. For screening locations, visit the American College of Radiology at <http://www.acr.org>

Source: <http://www.nbcam.org>



FCDS 2007 Annual Conference in Tampa, Florida

The Quorum Hotel-Tampa was the host facility this year for the 2007 FCDS Annual Conference on July 26 - 27th. The Quorum is conveniently located two miles from Tampa International Airport and walking distance to the Westshore Plaza and International Mall. The hotel provided many amenities, including complimentary seated massages. All were welcomed after a full day of meetings!

We're happy to say, our attendance keeps increasing each year with 132 for this year's conference!

This year's FCDS conference provided the attendees with versatile, interesting and a hands-on program, all of interest to the audience. After the initial welcome and introduction from Dr. MacKinnon and Dr. Huang, the meeting was underway with: program updates and information from: "FCDS"; the "Florida Department of Health (DOH)", "Centers for Disease Control (CDC), and the National Program of Cancer Registries (NPCR)" these updates and information were presented by Dr. Jill MacKinnon, Dr. Youjie Huang, Dr. Julia Gill and Ms. Tara Hylton. In addition to the updates Dr. MacKinnon handed out a "Mini Abstracting Exercise" for all to participate. Following the updates, Mr. Barry Fisher from DOH, provided information on the "Department of Health Cancer Programs". The morning session continued with informative and interesting presentations on: "Cancer Cluster Detection in Florida" (Dr. David Lee), "Registry Partners Showcase" (Joyce Allan and Dr. Dana Rollison); "Using AHCA Data To Enhance FCDS data" (Dr. MacKinnon, Sarah Mason) and Dr. Karla Schmitt's interesting presentation on the very current issue of "HPV".

After the lunch break, the next presentations on: "Epidemiology 101" (Dr. Lora Fleming), "QC Audits" (Mayra Alvarez, Sarah Manson), "IDEA Updates", (Mark Rudolph), "Second Pediatric Primaries" (Dr. Paulo Pinheiro) and "EDITS" (Mayra Alvarez) provided the group with valuable information on data use; presented feedback and findings of the audit reconciliation for the 2004 cases and conveyed pertinent information on FCDS' Single Abstract Entry (IDEA).

Other presentations that followed included: Dr. Anna Giuliano's informative presentation on: "HPV in Men", "FCDS/FCRA Task Force and Class 3 Historical Reporting: A New Option", (Gary Levin), "NCRA Update from the President",

(Sally Kruse) and last but not least the "Results of the Mini Abstracting Exercise" provided by Dr. MacKinnon.

The day's function concluded with an invitation by Dr. MacKinnon to the FCDS reception from 6:00 p.m. – 8:00 p.m. It was a relaxing and enjoyable evening among friends and colleagues. To enhance the atmosphere, this year's entertainment included a DJ for all to show-off their dancing skills! All thanks to our sponsors: Sylvester Comprehensive Cancer Center and University of Miami Miller School of Medicine

The following day of our conference was all hands-on with the "2007 Multiple Primaries & Histology Coding Rules – Beyond the Basics", presented by Mr. Steven Peace. This ½ day session provided a mini-course on the new rules, complete with sample cases to abstract. Providing a valuable tool for the participants to take back and apply to their 2007 cases.

We would like to express our thanks and appreciation to all of the presenters at this year's conference and a special thanks to our guest speakers: Dr. Julia Gill, Mr. Barry Fisher and Dr. Karla Schmitt of the Florida Department of Health; Dr. Dana Rollison and Dr. Anna Giuliano of Moffitt Cancer Center, Ms. Joyce Allan, FCRA Task Force, Ms. Sally Kruse, NCRA President and Mr. Steven Peace of Westat for taking the time from their busy schedules to be a part of our conference this year. You were all a part of making our conference a great success!

For your convenience, some of the topics of the annual conference can be downloaded from our website: www.fcds.med.miami.edu (click on the "downloads" button on the left-hand side.)

NCRA approved this program for 9.5 CE hours (Day 1—6.25 hrs and Day 2—3.25 hrs). The Event # is 2007-093. Please fill in this information in the certificates of attendance provided in your portfolios.

Betty Fernandez, Administrative Manager



Clips from the FCDS 2007 Annual Meeting...



Thanks to all the participants, we hope to see you again next year!

NEW ABSTRACTORS & DATA PROCESSING UPDATES

NEW ABTRACTOR CASE REVIEW UPDATE

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 be allowed to be repeated only twice in a row. If the FCDS QC staff deem 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.

DATA PROCESSING UPDATE

Effective September 15th, 2007, new incoming data will not be accepted 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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The FCRA/FCDS Task Force is actively working on many issues that all registrars are facing. If you have any questions, issues or suggestions that you would like the task force to review, please email them to taskforce@fcra.org.

The task force meets the first Thursday of every month. We will respond back to your inquiries as quickly as possible.

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