

WHAT'S NEW :

The following information is currently available on the FCDS website.

- NAACCR WEBINAR: ABSTRACTING THYROID/LARYNX CANCER INCIDENCE AND TREATMENT DATA ON 3/6/2008. SESSION #5 OF 8 IS BEING HELD AT BOCA RATON COMMUNITY HOSPITAL, MOFFITT CANCER CENTER, AND SHANDS UNIVERSITY OF FLORIDA
- PEDIATRIC CANCER IN FLORIDA 1981-2000
- FCDS MONOGRAPH OF CANCER IN FLORIDA: ADMISSIONS (TOTAL), ANALYTIC CASES ONLY
- FCDS REGISTER VOL. 38



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

Monthly Memo



Happy Valentines Day

January/February 2008



FCDS IS MOVING FORWARD ON BECOMING PAPERLESS

As promised, FCDS is working diligently on making most of its operations web-based. This means that FCDS will no longer mail the Quality Control Abstract Review, the annual AHCA and Death Clearance audits, etc. to the reporting facilities. Via e-mail, FCDS will communicate to the facilities that these reports and requests have been posted on the FCDS web site for download and review. The facilities will respond to the records in question via the web as well. The first system that FCDS will make web-based is the QC Abstract Review. The March 20th webinar will be aimed at explaining the procedure. FCDS has tentatively scheduled the online process to become effective on April 1, 2008 with the cases received by FCDS in March 2008.

QUALITY CONTROL ABSTRACT REVIEW - IT IS NOW EVERY 35TH RECORD



Up to the middle of January 2008, FCDS was visually reviewing every 50th record submitted and processed. For facilities reporting fewer than 50 cases, at least one case was being selected at random. The FCDS Edits are designed to detect invalid codes, blank fields and perform cross-validation between interrelated fields. The QC Abstract Review allows a trained eye to detect errors, deficiencies and inconsistent coding that the FCDS electronic edits cannot identify. It is also used to identify deficiencies in abstractors' understanding of abstracting concepts, data definitions and coding selections that may require additional training. The review process is one of the Quality Control component of the CDC contract with FCDS.

FCDS has now increased the visual review to every 35th record submitted and processed. The Collaborative Staging data items, treatment types and treatment dates, diagnosis information, and Text-Required fields are all reviewed as a whole to verify that there is sufficient documentation to support the coded data items. The Text-Required fields continue to be of utmost importance.

News & Information

Update! Update! Update!

A correction has been issued for Rule M4 in the Benign Brain & CNS Multiple Primary rules on the SEER website http://www.seer.cancer.gov/tools/mphrules/benign_brain.html.

Rule M4 currently reads:

Tumors with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third characters (Cxxx) are multiple primaries.

The corrected wording is:

Tumors with ICD-O-3 **topography** codes that are **different** at the second (Cxxx), third (Cxxx), or fourth (Cxxx) characters are multiple primaries.

FCDS WILL IMPLEMENT COLLABORATIVE STAGING 01.04 AND NAACCR VERSION 11.2 IN JULY 2008



FCDS will be implementing the Collaborative Staging 01.04.00 version and the NAACCR 11.2 version on July 1, 2008. Cases using the Collaborative Staging version 01.03 will not be accepted after July 1, 2008. All cases, regardless of their admission or diagnosis date, including historical cases, will need to be reported to FCDS using the Collaborative Staging 01.04.00 version. In addition, FCDS will not accept any 2008 diagnosis year cases until July 1st, 2008. During the upcoming months, we will be reviewing new edits checks, recoding specific cases according to the new schemas, and replacing the algorithm. FCDS will present a teleconference in the near future to address the implementation process.

Education and Training

Upcoming FCDS Teleconferences in March 2008



FCDS will host two phone conferences: March 10th and March 20th. The FCDS dial-in educational telephone conferences are aimed at providing up-to-date information and training to Florida cancer registrars and abstractors. Both teleconferences are free of charge. PowerPoint slide presentations will be available on the FCDS Website, <http://www.fcds.med.miami.edu>, as an adjunct to the conferences, as well as the instructions to access the system for the Question and Answer session at the end of the presentation. We recommend that the participants download the presentations and follow the slideshows from a computer during the call. For those participants that do not have access to the FCDS Website, please contact FCDS for a copy of the presentations. Please note that the teleconference on March 20th will be an interactive webinar. Participants must go to the link below to be able to view the webinar.

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QUALITY CONTROL ABSTRACT RECORD REVIEW FINDINGS

Date:

March 10, 2008

Time:

10:00 AM – 12:00 PM EST

Toll Free Dial In Number:

(877) 322-9654

PARTICIPANT CODE:

630201

QUALITY CONTROL ONLINE ABSTRACT REVIEW PROCESS

Date:

March 20, 2008

Time:

10:00 AM - 12:00 PM EST

To join the session go to:

<https://webmeeting.med.miami.edu/fcdsqc/>

Toll Free Dial In Number:

(888)285-4585

PARTICIPANT CODE:

309523

Questions taken from SEER I&R, ID: #20071087, #20071099

**QUESTION:**

MP/H Rules--Breast: MD states this is a bilateral breast cancer - one primary. Registrar feels this is two primaries. How many abstracts (primaries) does SEER require for this case? Please see discussion.

DISCUSSION:

Patient has microcalcifications both breasts. Has bilateral mastectomy. Path report states Left breast multifocal DCIS predominantly micropapillary. Right breast two foci of DCIS micropapillary.

ANSWER:

There are two primaries in this case. Using the 2007 MP/H rules for breast, go to the multiple tumors module and start with Rule M4. Stop at rule M7. Tumors on both sides (right and left) are multiple primaries. Always use the 2007 Multiple Primary rules to determine the number of primaries. Do not use the physician statement.

Reference:

2007 SEER Manual;pgs C-691 - C-692

QUESTION:

Histology--Lung: How is histology to be coded for a tumor that is best categorized as pleomorphic carcinoma, but the tumor shows multiple histologic components? Please see discussion.

DISCUSSION:

Path diagnosis of lung tumor is pleomorphic carcinoma, with adenocarcinoma, squamous, clear cell, and spindle cell components. Path comment states: "While the majority of tumor displays usual adenocarcinoma-type features, elsewhere the tumor shows varying differentiation, including squamous, clear cell and spindle cell differentiation. Therefore the tumor is best categorized as pleomorphic carcinoma." This tumor is best described by a non-specific histology. However, the MP/H rules guide the abstractor to identify a more specific histology. If we work through the lung rules, would we end up using rule H7 and code the histology with the numerically highest ICD-O-3 code?

ANSWER:

Assign histology code 8022 [pleomorphic carcinoma] based on the pathologist's assessment and rule H3. He/she considered all of the histologic components and rendered a final diagnosis of pleomorphic carcinoma. "Components" is not a term indicative of a more specific histology. See note under rule H5.

Reference:

2007 SEER Manual; pgs C-529, C-530, C-502 (Appendix C)



Education and Training

Principles and Practice of Cancer Registration, Surveillance, and Control



March 10-14, 2008

INTERMEDIATE COURSE

CANCER CASE ABSTRACTING, STAGING AND CODING

Cancer Case Abstracting, Staging and Coding is an intensive 5-day workshop. Participants will receive training on site-specific cancer anatomy, physiology, histology, staging, treatment, coding and multiple primary classification. In class exercises utilizing medical records will then allow participants to practice what they have learned through the process of abstracting actual cancer patient records.

May 5-7, 2008

ADVANCED COURSE

CANCER SURVEILLANCE: EPIDEMIOLOGY AND DATA UTILIZATION

Cancer Surveillance: Epidemiology and Data Utilization is designed to help participants learn the basics of cancer epidemiology and more effective ways to utilize cancer data. Topics will included descriptive epidemiology, analytic epidemiology, survival analysis, administrative/clinical uses of registry data, data presentation, advanced data editing, data analysis and cancer abstracting.

July 21-25, 2008 and Oct 13-17, 2008

BASIC COURSE

PRINCIPLES AND PRACTICES OF CANCER REGISTRATION, SURVEILLANCE AND CONTROL

- 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.....



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.

Deadlines & Reminders

2006 CANCER CASE REPORTING BY THE RADIATION THERAPY CENTERS

FCDS matched the 2006 cancer records identified by the radiation therapy facilities with the FCDS database in November 2007. The lists of records that did not match with a FCDS case have been mailed 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 must be abstracted and 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 form and returned to FCDS. If after reviewing all the cases on the RT Unmatched Cancer Records Request 2006 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 March 31, 2008.

If submitting copies of patient medical records, the deadline is January 31, 2008.

For questions about the process, please call Betty Hallo, CTR, Field Coordinator, at 305-243-2627.



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Florida Cancer Data System

Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JANUARY 31, 2008

Total number of *New Cases* added to the FCDS Master file in January 2008: 12,744

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	62,353	2,457	197	0	229	Pending	65,236	10,823
2006	158,977	5,970	557	0	784	Pending	166,288	1,742
2005	159,715	8,857	2,844	385	919	2,697	175,417	179

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2007	40%	58%
	2006	100%	100%
	2005	100%	100%

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

JANUARY / FEBRUARY 2008 MONTHLY MEMO