

SEPTEMBER  
2008

MONTHLY  
JOURNAL OF  
UPDATES AND  
INFORMATION

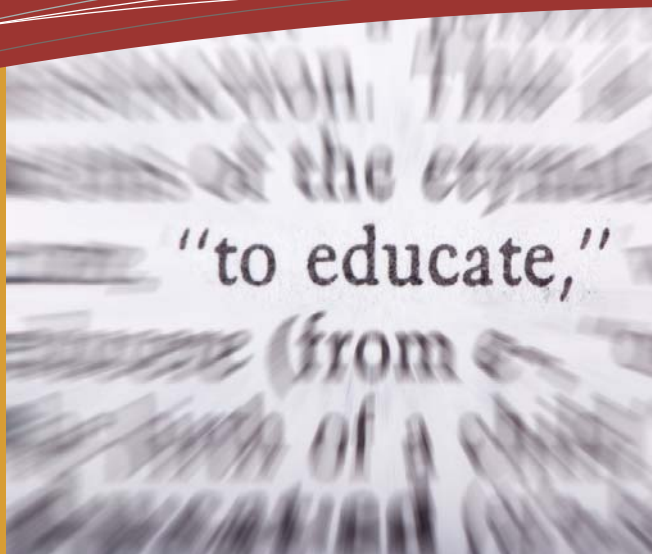
Florida Cancer Data System

# Monthly Memo

## What's New:

The following information is currently available on the FCDS website.

- Death Clearance Online Follow-Back, Recording of Teleconference (27 minutes), with Slides and Handouts
- NAACCR Webinar: Coding Pitfalls on 11/06/2008 Session #2 of 12 is being held at 3 Florida facilities and requires registration
- FCDS Register Vol. 40



## Florida Cancer Data System Presents the NAACCR 2008-2009 Webinar Series

The Florida Cancer Data System is happy to announce that for another year we will be presenting the NAACCR 2008-2009 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 for their participation. The series began October 2, 2008 and will continue through September 3, 2009. The webinar series includes twelve webinars. For a complete description of the webinars, click here <http://www.naacr.org/filesystem/pdf/2008-2009%20Webinar%20Schedule.pdf>.

The webinars scheduled include:

- 11/6/2008** Coding Pitfalls
- 12/4/2008** Collecting Cancer Data: Leukemia, Lymphoma, and Other Hematopoietic Malignancies
- 1/8/2009** Measuring and Minimizing the Disclosure Risk of a Cancer Data Public Use File
- 2/5/2009** Collecting Cancer Data: Pharynx
- 3/5/2009** Cancer Staging In-depth
- 4/2/2009** Collecting Cancer Data: Central Nervous System
- 5/7/2009** Using the National Death Index in Registry Mortality Ascertainment Activities
- 6/4/2009** Collecting Cancer Data: Prostate
- 7/9/2009** Advanced Coding & Abstracting
- 8/6/2009** Collecting Cancer Data: Breast
- 9/3/2009** Assessing and Using Cancer Data

Please go to the FCDS website 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 or if you wish to cancel your registration, please contact Meg Herna at 305-243-2625 or [mherna@med.miami.edu](mailto:mhern@med.miami.edu).



# 2008 Quality Control Assurance Audit

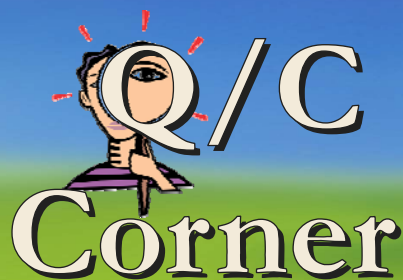
The Florida Cancer Data System (FCDS) is responsible for maintaining a high quality large-scale research database. Case finding and Reabstracting Audits are a standard part of the FCDS quality control objective as outlined in the 2008 FCDS Data Acquisition Manual. Site visits are one of the methods used to assure that these audits are performed throughout the state of Florida.

Forty-one facilities have been selected at random to participate in the 2008 Quality Control Assurance Audit. The re-abstracting of the 2006 cases will be its component. A total of 322 cases will be re-abstracted. The audit will be performed in order to assess data quality. Comparison will be made between the audited data and the data originally submitted by the facility. These audits allow assessment with regard to standardized interpretation of data definitions, coding rules and guidelines, policies and procedures and serve to identify areas that may require further education. The selected facilities will receive a packet in the mail from FCDS with the audit date and specific instructions.

What the facility needs to do prior to the audit date:

- Coordinate with the Health Information Management/Medical Records Department to make the medical records available for review.
- Arrange a workspace large enough to accommodate one person with enough desk space to spread out reference manuals, medical records, etc.

All audits performed by FCDS are mandated by CDC/NPCR and by the Florida Department of Health (DOH). Please contact your Field Coordinator if you have any questions at 305-243-4600.



# Q/C Corner



## QUESTION:

MP/H Rules/Histology--Breast: Please see case description below under "Discussion."  
How many primaries? What is (are) histology (ies)?

## Discussion:

Bi-lumpectomy left breast: Tumor #1 is microscopic focus of invasive mucinous adenocarcinoma and extensive ductal carcinoma in situ. Tumor #2 is 0.9 cm invasive mucinous adenocarcinoma and extensive ductal carcinoma in situ.

Subsequent left mastectomy: Foci of residual ductal carcinoma in situ and Paget's disease of nipple.

## ANSWER:

MP/H Rules-  
There are two primaries.

Primary 1: The two tumors described on the pathology report from the lumpectomy are a single primary using rule M13.

Primary 2: Disregard the foci of residual DCIS. Paget disease of the nipple is a separate primary using rule M12.

Histology-  
Primary 1, invasive mucinous adenocarcinoma and extensive ductal carcinoma in situ: Code the histology as 8480/3 [mucinous adenocarcinoma] using rule H27.

Primary 2, Paget disease of nipple: Code the histology as 8540/3 [Paget disease] using rule H14.

## REFERENCES:

2007 SEER Manual;pgs C-691 to C-698 (Appendix C)

*(Continued on page 4)*



*(Continued from page 3)*

**QUESTION:**

Histology/Primary site: What is the correct histology code for sarcomatoid carcinoma of the mandible diagnosed in 2007? Please see discussion.

Discussion:

Left mandible resection: Malignant tumor, favor high grade sarcomatoid carcinoma. Please see comment.

Comment: Considering the focal stain with P63 and the consult from Mayo Clinic done on the previous biopsy, the diagnosis of sarcomatoid carcinoma is more likely.

Gross: left mandible resection...sectioning reveals a...mass that has replaced the majority of the mandibular bone and is at the medial, anterior lateral and posterior soft tissue margins and comes to within 2.4 cm of the anterior boney resection margin and 1.9 cm of the smooth articular temporal mandibular joint surface.


The combination of C41.1 and 8033/3 is considered impossible (with no override available).

**ANSWER:**

Code the primary site C031 [Mandibular gingiva]. Code the histology 8033 [sarcomatoid carcinoma]. This tumor originated in the mandibular soft tissue and invaded the bone (mandible) - It did not originate in the bone. This type of tumor does not originate in bone.

**REFERENCES:**

ICD-O-3



# Surgery of Primary Site for Lymph Nodes Code 25

**Surgery of Primary Site [1290] for Lymph Nodes C770–C779 (Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989): Code 25**

Use code 25 in RX SUMM—SURG PRIM SITE [1290] when only one lymph node is involved and the single involved lymph node is removed by an excisional biopsy.

CDC-NPCR, CoC, and SEER are in agreement on the wording of code 25:

Local tumor excision, NOS

Less than a full chain, includes an excisional biopsy of a single lymph node.

**Action:** The wording in the SEER Coding Manual will be changed to match the FORDS 2007.

**Rationale:** A surgical procedure to a single lymph node when the single lymph node is the primary is usually done for diagnostic purposes. CoC collects this information as code '02' in the field RX HOSP—DX/STG PROC [740] and/or RX SUMM—DX/STG PROC [1350] when the biopsy is an incisional or needle biopsy, or aspiration. Any central registry that wants to continue to collect information on incisional and needle biopsies or aspiration of a single lymph node should collect the information in the field RX SUMM—DX/STG PROC [1350] which is NOT required by either SEER or NPCR.

**Timing for change:** This is not a change for COC. For NPCR and SEER, this change will take effect for cases diagnosed 2008+.

*Source:* The American College of Surgeons (ACoS) Commission on Cancer (CoC), the Centers for Disease Control and Prevention, National Program of Cancer Registries (CDC-NPCR), and the National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results (SEER) Program



## Deadlines/Updates/Reminders

### RACE CODING INSTRUCTIONS:

When coding the Race 1-5 fields, please refer to the Race Coding Instructions Supplement and to Appendix D (Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics) for guidance. <http://fcds.med.miami.edu/downloads/dam2008/25%20Appendix%20D%20Race%20and%20Nationality%20Descriptions.pdf>.

### USER ACCOUNT AND ABTRACTOR CODE REQUESTS

FCDS will fax user account and abstractor code renewal confirmations to the fax number indicated on the request form. If a fax number is not provided, user information will be placed in the mail to the address on submission.

FCDS will not provide user information via email or telephone.

The processing time for user account requests and abstractor codes is 24-48 hours. Please contact Melissa Williams at 305-243-2641 or [Melissa\\_williams@miami.edu](mailto:Melissa_williams@miami.edu), if you have not received your account information within this time period..

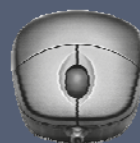
**NOTE:** You can **renew** both the user account and abstractor code on one form, the FCDS IDEA User Account Request form.

## Clicks @ FCDS

The FCDS webinar, **Death Clearance Online Follow-Back**, is now available on the FCDS website. Webinar is 27 minutes in length.

Click link below.

<http://fcds.med.miami.edu/downloads/teleconferences/DeathClearance.html>



# Death Clearance Follow-Back

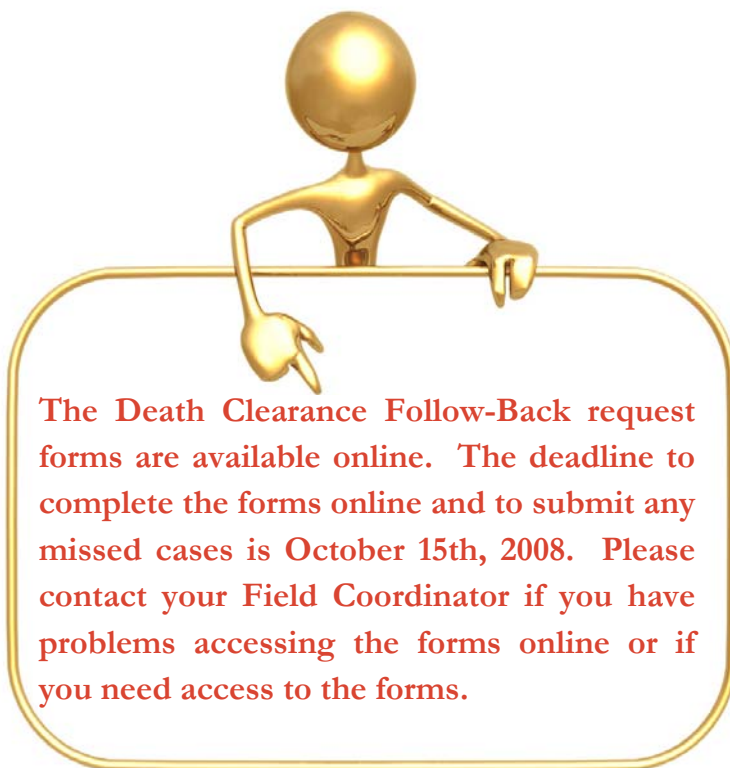


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## Florida Cancer Data System Cancer Reporting Completeness Report

### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF OCTOBER 02, 2008

Total number of *New Cases* added to the FCDS Master file in September 2008: **14,663**

*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
2008	18,727	235	0	0	191	Pending	19,153	11,798
2007	154,249	4,591	217	0	2,220	Pending	161,437	1,822
2006	163,841	8,735	1,813	197	1,222	Pending	176,531	716

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2008	12%	25%
	2007	98%	100%
	2006	100%	100%

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