



What's New:

The following information is currently available on the FCDS website.

- Casefinding List (Revised November 2008)
- Death Clearance Online Follow-Back, Recording of Teleconference (27 minutes), with Slides and Handouts
- NAACCR Webinar: Collecting Cancer Data: Leukemia, Lymphoma, and Other Hematopoietic Malignancies on 12/4/2008. Session #3 of 12 is being held at 3 Florida facilities and requires registration
- FCDS Register Vol. 40

FCDS CASEFINDING LIST FOR REPORTABLE TUMORS

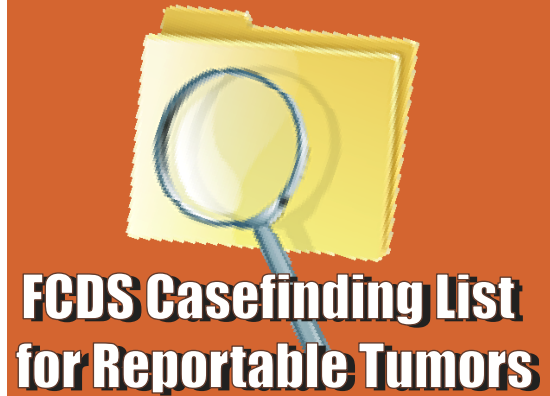
Revised November 2008

(Additions and revisions appear in bold)

The following ICD-9-CM list is to be used to identify potentially reportable tumors. Some ICD-9-CM codes contain conditions that are not considered reportable. These records will need to be reviewed and assessed individually to verify whether or not they are reportable to FCDS. Casefinding must include both primary diagnoses and any subsequent or secondary diagnoses.

- * 042 AIDS (review cases for AIDS-related malignancies)
- * 140.0-208.9 Malignant neoplasms (excluding skin 173.0-173.9 with morphology codes 8000–8110)
- * **209.0-209.2 Malignant carcinoid tumors of the small and large intestines, rectum, and of other and unspecified sites**
- * **209.30 Malignant poorly differentiated neuroendocrine tumors, any site**
- * 225.0-225.9 Benign neoplasm of brain and spinal cord neoplasm
- * 227.3-227.4 Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures
- * 230.0-234.9 Carcinoma in situ (excluding cervix – 233.1)
- * 235.0-238.9 Neoplasms of uncertain behavior
- * 236.0 Endometrial stroma, low grade (8931/3)
- * 237.5 Ependymoma (epithelial) (malignant) (9391/3)
- * 237.6 Papillary Meningioma (9538/3)
- * 238.4 Polycythemia vera (9950/3)
- * 238.6 Solitary plasmacytoma (9731/3), Extramedullary plasmacytoma (9734/3)
- * 238.71 Essential thrombocythemia (9962/3)
- * 238.72 Low grade myelodysplastic syndrome lesions (9980/3, 9982/3), 9985/3)
- * 238.73 High grade myelodysplastic syndrome lesions (9983/3)
- * 238.74 Myelodysplastic syndrome with 5q deletion (9986/3)
- * 238.75 Myelodysplastic syndrome, unspecified (9985/3)
- * 238.76 Myelofibrosis with myeloid metaplasia (9961/3)
- * 238.79 Other lymphatic and hematopoietic tissues (includes 9931/3, 9960/3, 9961/3)
- + 239.0-239.9 Neoplasms of unspecified behavior
- * 259.2 Carcinoid Syndrome
- * 273.2 Gamma heavy chain disease (9762/3); Franklin's disease (9762/3)
- * 273.3 Waldenstrom's macroglobulinemia (9761/3)
- + 273.9 Unspecified disorder of immune mechanism (screen for potential 273.3 miscodes)
- * 288.3 Hypereosinophilic syndrome (9964/3)

* = Required for review + = Optional for review



(Continued on page 7)



Q/C
Corner

QUESTION:

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

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

QUESTION:

Reason no surgery of primary site/First course treatment: If Reason no Surgery of Primary Site is coded as 7 must the other treatment options (radiation, chemo, hormone) also be coded as 7 or would that be considered overcoding? Please see discussion.

ANSWER:

Refused [code 7] means this modality is exactly what was recommended by the physician and the patient refused. If two treatment alternatives were offered and surgery was refused, code Reason no surgery of primary site 1 [Surgery of the primary site was not performed because it was not part of the planned first-course treatment].

Refusal of surgery does not necessarily mean that all treatment was refused. Coding Surgery of Primary Site as "refused" does not affect the coding of Radiation, Chemotherapy, Hormone Therapy, etc.

References:

2007 SEER Manual ;pgs 181-182

(Continued on page 3)



(Continued from page 2)

QUESTION :

Collaborative Stage Extension--Lung: How is subpleural extension coded?

ANSWER:

Subpleural extension means that the tumor extends to the subpleural space, but the pleura itself is not involved. Assign the appropriate extension code based on the other facts for the case. Do not code pleural involvement.

References:

2007 SEER Manual ;pgs C-534 (Appendix C)

QUESTION:

Patient had RARS, sideroblastic anemia, and was treated with Dextran. If treatment, what is the treatment code?

ANSWER:

Dextran is an anticoagulant for blood transfusions and is coded as other therapy 1, record in remarks. Other page(s) p. 39 Hematopoietic Diseases was used as the resolution source.

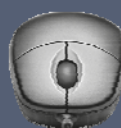
Source:

I & R System American College of Surgeons

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>





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.

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 next webinar in the series is **12/4/2008: Collecting Cancer Data: Leukemia, Lymphoma, and Other Hematopoietic Malignancies**.

The series continues through September 3, 2009. For a complete description of the webinars, click here <http://www.naacr.org/filesystem/pdf/2008-2009%20Webinar%20Schedule.pdf>.

The webinars scheduled include:

- 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. Registration link: https://fcds.med.miami.edu/scripts/naacr_webinar.pl. 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 mherna@med.miami.edu.

Education and Training



WORKSHOPS CTR EXAM PREP WORKSHOP

February 7-8, 2009

Baltimore, Maryland

Register Online for NCRA's CTR Exam Prep Workshop on the NCRA website at

<http://www.ncra-usa.org/i4a/pages/Index.cfm?pageID=3495>.

This special two-day workshop by instructors Donna Gress, RHIT, CTR and Louise Schuman, MA, CTR is designed to prepare candidates for the Certified Tumor Registrars Exam (CTR Exam). Our panel of knowledgeable and experienced instructors has developed an agenda that provides comprehensive and thorough review of all exam topics, including the new multiple primary and histology rules, as well as designated time throughout the program to address attendees' questions and concerns.

The Workshop will cover topics of:

- Registry Organization and Operation
- Concepts of Abstracting Coding and Follow Up
- Data Analysis and Interpretation
- Application of Coding and Staging Principles

NCRA LIVE WEBINARS

Advanced Quality Abstracting 5 part Webinar Series: Earn up to 7.5 CE's!

This is a brand new cutting edge program developed by NCRA's Advanced Education Committee led by Herman Menck and taught by some of the industry's leading trainers! This series is aimed at understanding and addressing complex coding issues to reduce discrepancies in collaborative and TN&M staging and multiple primary and histology coding. This webinar series will cover the breast, brain, lymphomas & hematopoietics, oral cavity and lung. This is an advanced series based on data compiled from IACoS/COC I&R, SINQ, NPCR Train the Trainer seminars, and state inquiry systems that goes well beyond the basics. This is a quality education program that you can access from the convenience of your own desktop, LIVE! Each webinar will last 90 minutes and end with a live Q&A session.

Register for the entire 5 part series and receive an instant 20% Discount!
(individual webinars are \$50 Member rate /\$75 Regular rate)

(Continued on page 7)

Education and Training



(Continued from page 6)

LEARNING OBJECTIVES

Participants of this series will:

- Understand how to abstract and code difficult data items.
- Develop a higher competence for quality control/review of other abstractors
- Develop greater confidence with MPH (multiple primary/histology)

Schedule @ 2pm ET

| | |
|--------------------------|---|
| October 22, 2008 | -Advanced Quality Abstracting of Breast |
| December 18, 2008 | -Advanced Quality Abstracting of Brain |
| January 22, 2009 | -Advanced Quality Abstracting of Lymphomas & Hematopoietics |
| March 19, 2009 | -Advanced Quality Abstracting for Oral Cavity |
| May 14, 2009 | -Advanced Quality Abstracting for Lung |

(Continued from page 1)

FCDS CASEFINDING LIST FOR REPORTABLE TUMORS (CONTINUED)

| | |
|----------------|--|
| * 289.83 | Myelofibrosis NOS (9961/3) |
| * V07.3 | Other prophylactic chemotherapy (screen carefully for miscoded malignancies) |
| + V07.8 | Other specified prophylactic measure |
| + V10.0-V10.9 | Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment) |
| * V58.0 | Encounter for radiotherapy |
| * V58.1 | Encounter for chemotherapy and immunotherapy |
| + V66.1 | Convalescence following radiotherapy |
| + V66.2 | Convalescence following chemotherapy |
| + V67.1 | Radiation therapy follow-up |
| + V67.2 | Chemotherapy follow-up |
| + V71.1 | Observation for suspected malignant neoplasm |
| + V76.0-V76.9 | Special screening for malignant neoplasm |

* = Required for review + = Optional for review



Deadlines/Updates/Reminders

POLICIES AND PROCEDURES

Please do not email confidential information. E-mail is not confidential and carries with it security risks, including inadvertent misaddressing and interception. It is like sending a post-card through the mail. For this reason we request that no confidential information is sent via email. This includes all information pertaining to facility cases, as well as your FCDS IDEA user information and abstractor code.

USER ACCOUNT AND ABSTRACTOR 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, 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.



Happy Veterans Day



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Florida Cancer Data System Cancer Reporting Completeness Report

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

Total number of *New Cases* added to the FCDS Master file in October 2008: 18,723

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 | 2,149 |
| 2006 | 163,841 | 8,735 | 1,813 | 197 | 1,222 | Pending | 176,531 | 716 |

| % Complete for: | Actual | | Expected | |
|-----------------|--------|------------|----------|------------|
| | Year | Percentage | Year | Percentage |
| 2008 | 12% | 2008 | 25% | |
| 2007 | 98% | 2007 | 100% | |
| 2006 | 100% | 2006 | 100% | |

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