

MAY/JUNE
2009

MONTHLY
JOURNAL OF
UPDATES AND
INFORMATION

Florida Cancer Data System

Monthly Memo

FCDS Tentative V11.2 to V11.3 Implementation Schedule

What's New:

The following information is currently available on the FCDS website.

- FCDS Implementation Guideline NAACCR Version 11.3 Data Standard Recommendations (revised 6/15/2009)
- FCDS Tentative V11.2 to V11.3 Implementation Schedule
- NAACCR Webinar: Advanced Coding & Abstracting on 7/9/2009. Session #10 of 12 is being held at 3 Florida facilities and requires registration
- FCDS Register Vol. 43

FCDS Tentative V11.2 to V11.3 Implementation Schedule

PROCESS OBJECTIVES:	TIMELINE:
Review and design changes to the database and software required to move from NAACCR V11.2 to V11.3. This includes the new edit checks.	Completion scheduled for June 15th, 2009
Release the FCDS 2009 Implementation Guideline for NAACCR V11.3.	June 15, 2009
Release tentative implementation schedule for NAACCR V11.3.	June 15, 2009
Teleconference with vendors and registrars to discuss 2009 Implementation Guidelines.	Scheduled for June 24, 2009 Time: 10:00 AM – 12:00 PM Toll Free Number: 877-807-5706 Passcode: 203852 Link to webinar: https://webmeeting.med.miami.edu/v113/
Alter database, modify and test all central registry software for required modifications.	Scheduled completion June 19 , 2009
Revise and make available to all reporting facilities and cancer registry software vendors the FCDS 2009 Data Acquisition Manual.	Scheduled completion July 15, 2009
Require all reporting facilities to meet new NAACCR V11.3 reporting requirements. Cease collection of NAACCR V11.2.	Scheduled implementation on July 1st, 2009.
Finish all V11.2 processing by FCDS Staff, but allow reporting facilities to upload V11.3 data during this timeframe. Once V11.2 processing is complete, implement updated modules.	Scheduled for July 1st through July 12th, 2009.
Begin processing NAACCR V11.3.	Scheduled to begin collecting on July 13th, 2009 all records regardless of diagnosis date in Version 11.3 format.



Happy Memorial Day

NEW EDITS: EFFECTIVE JULY 1ST, 2009

Edit 488: If Class of case = 5 and site = C751, C752, C753 then Summ- Scope Reg LN Surg can also = 0 or 9.

Edit 489: If Primary Site = C589 and CS Extension = 00, then CS Mets at DX must = 00.

Edit 490: If Primary Site = C711-C715, then CS Extension must not = 11, 12, 20, or 51.

Edit 491: If Primary Site = C716-C717, then CS Extension must not = 10 or 50.

The purpose of edits 490 and 491 is to verify the following:

1. CS Extension codes indicating infratentorial tumors are not coded to supratentorial sites of the brain; and
2. CS Extension codes indicating supratentorial tumors are not coded to infratentorial site of the brain.

Edit 492: If Primary Site = C440-C448 and Histology = 9700-9701, then CS Extension must not = 30.

The purpose of edit 492 is to verify that CS Extension is coded properly for the Mycosis Fungoides and Sezary Disease schema per Note 2 for CS Extension: Use code 25 when skin involvement is present but only a general location/site is mentioned (i.e., face, legs, torso, arms). Use code 30 when there is skin involvement but there is no mention of location/site.

Edit 493: If Primary Site = C619 and CS Extension = 13 or 14, then RX Summ--Surg Prim Site must not = 00 or 99.

Edit 493 verifies that for cases using the CS Prostate schema, if CS Extension is coded 13 or 14, a TURP at least must be performed.

Edit 494: If Primary Site = C619 and CS Extension = 13 or 14, then CS Tumor Size/Ext Eval must NOT = 0.

Edit 495: If Primary Site = C619 and CS Tumor Size/Ext Eval = 2, then CS Extension

must = 41-70.

Edits 494 and 495 verify that for cases coded using the CS Prostate schema, CS Extension and CS Tumor Size/Ext Eval are consistent

Edit 496: If Primary Site = C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632, Histology = 8720-8790 and if CS Lymph Nodes = 00, 13, 14, 15, then CS Site-Specific Factor 3 must = 000.

Edit 497: If Primary Site = C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632, Histology = 8720-8790 and if CS Lymph Nodes = 10, 12, 17, 18, 20, 22, 80 and CS Site-Specific Factor 3 = 001, then CS Reg Nodes Eval must not = 0.

Edit 498: If Primary Site = C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632, Histology = 8720-8790 and if CS Lymph Nodes = 10, 12, 17, 18, 20, 22, 80 and CS Site-Specific Factor 3 = 002, then CS Nodes Eval must not = 8.

Edit 499: If Primary Site = C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632, Histology = 8720-8790 and if CS Lymph Nodes = 99, then CS Site-Specific Factor 3 must = 999.

Edits 496-499 compare the CS Lymph Nodes, CS Site-Specific 3, and CS Reg Nodes Eval codes for cases using the Melanoma of Skin Schema.

Edit 500: If Primary Site = C340-C349 and Laterality = 4, then CS Mets at DX must = 39, 40, or 50.

Edit 500 verifies that for lung cases, if bilateral involvement, then CS Mets at DX is coded to bilateral as well.

Edit 501: If Primary Site = C500-C509 and CS Reg Nodes Eval = 0, 1, 5, or 9, then CS Lymph Nodes must = 00, 26, 29, 51, 60, 74, 75, 76, 77, 78, 79, 80, 99.

(Continued on page 3)

(Continued from page 2)

Edit 502: If Primary Site = C500-C509 and CS Reg Nodes Eval = 2, 3, 6, or 8, then CS Lymph Nodes must not = 29 or 51.

The purpose of edits 501 and 502 is to verify that for cases coded using the Breast Schema, that CS Lymph Nodes and CS Reg Nodes Eval are coded consistently per Note 3 under CS Lymph Nodes.

Edit 503: If CS Reg Nodes Eval = 3, 5, or 6, then RX Summ--Scope Reg LN Sur must not = 0.

The purpose of edit 503 is to verify that the codes for CS Reg Nodes Eval and RX Summ--Scope Reg LN Sur are consistent.

Edit 503 is skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial endocrine). This edit is also skipped for the following histologies: Kaposi Sarcoma (Histologic Type ICD-O-3 = 9140)

Lymphoma and Hematopoietic (Histologic Type ICD-O-3 = 9590-9699, 9702-9729, 9731-9989). This edit is also skipped for the following CS schema: Malignant melanoma (Histologic Type ICD-O-3 = 8720-8790) of skin, vulva, penis, scrotum (Primary Site = C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632)

CS Reg Nodes Eval code 3 = Regional lymph nodes removed for examination (removal of at least 1 lymph node) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes removed for examination, unknown if pre-surgical systemic treatment or radiation performed.

CS Reg Nodes Eval code 5 = Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node evaluation based on clinical evidence.

CS Reg Nodes Eval code 6 = Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node evaluation based on pathologic evidence.

Edit 504: If Primary Site = C500-C509 and if Histology ICD-O-3 is coded as inflammatory carcinoma (8530), then CS Extension must = 71 or 73.

Edit 504 verifies that CS Extension is coded correctly for inflammatory carcinoma of breast.

Edit 505: If Primary Site = C619 and if CS Site-Specific Factor 1 = 000, then CS Site-Specific Factor 2 must = 000; If CS Site-Specific Factor 2 = 000, then CS Site-Specific Factor 1 must = 000.

Edit 505 verifies that for cases coded using the CS Prostate schema, CS Site-Specific Factor 1 and CS Site-Specific Factor 2 are consistent.

Edit 506: If Primary Site = C619 and CS Site-Specific Factor 3 = 096, 097 or 098, then CS Site-Specific Factor 4 must = 150, 250, 350, 450, or 550.

Edit 506 verifies that for cases coded using the Prostate Schema, if a prostatectomy is not performed or unknown if performed (CS Site-Specific Factor 3 coded 096, 097, or 098), the middle digit of CS Site Specific Factor 4 (involvement of prostatic apex at prostatectomy) must be coded 5, indicating unknown apex involvement at prostatectomy.

Edit 507: If Primary Site = C619 and CS Tumor Size/Ext Eval = 4, 5, or 6, then CS Site-Specific Factor 3 must not = 096, 097 or 098.

Edit 508: If Primary Site = C619 and CS Tumor Size/Ext Eval = 0, 1, 2, 3, or 9, then CS Site-Specific Factor 3 must not = 000-095.

Edits 507 and 508 verify that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates surgery performed, CS Site-Specific Factor 3 must not indicate no surgery performed. Likewise, if CS Tumor Size/Ext Eval indicates no surgery performed, then CS Site-Specific Factor 3 must not indicate surgery performed.

Edit 509: If Primary Site = C000-C148 and CS Lymph Nodes = 00, then CS Site-Specific Factor 2 must = 888; If CS Lymph Nodes is not equal 00, then CS Site-Specific Factor 2 must not = 888.

(Continued on page 4)

NEW EDITS: EFFECTIVE JULY 1ST, 2009

(Continued from page 3)

Edit 510: If Primary Site = C000-C148 and CS Lymph Nodes is not equal 99, then SSF1-6 must not all = 999.

Edit 511: If Primary Site = C300-C329 and CS Lymph Nodes = 00, then CS Site-Specific Factor 2 must = 888; If CS Lymph Nodes is not equal 00, then CS Site-Specific Factor 2 must not = 888.

Edit 512: If Primary Site = C300-C329 and CS Lymph Nodes is not equal 99, then SSF1-6 must not all = 999.

Edits 509-512 validate the CS Site-Specific Factors for Head and Neck sites by the CS Lymph Nodes coding.

Edit 513: If Primary Site = C500-C509 and CS Site-Specific Factor 6 = 020, 030, 040, or 050, then CS Tumor Size must not = 999.

Edit 514: If Primary Site = C500-C509 and CS Site-Specific Factor 6 = 060, then CS Tumor Size must = 999.

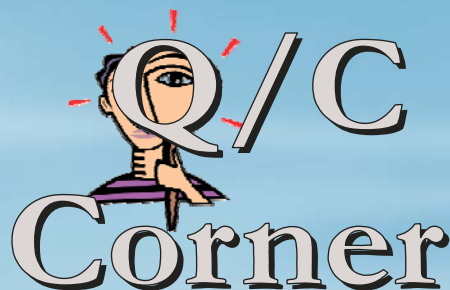
Edits 513 and 514 verify that for cases coded using the Breast Schema the Site-Specific Factor 6 and CS Tumor Size are coded consistently.

Edit 515: If Primary Site = C670-C679 and RX Summ--Surg Prim Site = 10-27, then the CS Tumor Size/Ext Eval must not = 3, 5, 6, or 8.

Edit 516: Birth Date cannot be more than 7 months after Date of Diagnosis (case was diagnosed in utero).

Edit 516 verifies that Birth Date is not later than Date of Diagnosis unless the case was diagnosed in utero. If the difference is more than 7 full months, the abstract will fail the edit check.

Edit 517: If CS Mets Eval = 2, 3 or 6, then CS Mets at DX cannot = 00.



Modified FCDS Edits

Edit 87: Patient under the age 40 cannot have Site C61.9 with Morphology 8140 based on ICD-O-2.

Edit 228: Patient under the age 40 cannot have Site C61.9 with Morphology 8140 based on ICD-O-3.

Changed edit logic for edits 87 and 228 to require review if age of diagnosis is less than 40 instead than less than 45 and the primary site is prostate (C619) and the histology is Adenocarcinoma, NOS (8140).

Edit 285: If Reg Nodes Exam=00, Reg Nodes Pos must=98; If Reg Nodes Exam=01-90, Reg Nodes Pos must=97 or 99 or be less than or = Reg Nodes Exam; If Reg Nodes Exam=96-98, Reg Nodes Pos must=00-90, 95, 97, or 99; If Reg Nodes Exam=99, then Reg Node Pos must=99.

Changed edit logic to allow Regional Nodes Positive of 95 with Regional Nodes Examined of 98.

Edit 443: If Primary Site = C61.9 and Surgery of Primary Site = 19-26, then CS TS/Ext-Eval must = 1 or 2.

-Changed the range of surgery codes for "only TURP is performed" from 19-30 to 19-26.

- Deleted logic that requires CS Tumor Size/Ext Eval of 0 or 1 for surgery code of 18.

- Added 2 to CS Tumor Size/Ext Eval codes allowed if RX Summ--Surg Prim Site = 19-26.



SEER*Rx- Interactive Drug Database Version 1.3.0 released May 1, 2009

The SEER*Rx Interactive Drug Database was updated on May 1, 2009. SEER*Rx was developed as a comprehensive resource for coding oncology and drug regimen treatment categories in cancer registries. Version 1.3.0 includes five new drugs and 23 new regimens. No drugs have changed categories as a result of this update.

There is no charge for the SEER*Rx program. Go to the following website to download SEER*Rx Version 1.3.0: <http://seer.cancer.gov/tools/seerrx/>

*Note: SEER*RX Version 1.3.0 replaces previous versions. You will need to delete the old version prior to downloading version 1.3.0

In the future, the SEER*Rx database will be updated semi-annually.

Edit 457: If CS Tumor Size/Ext Eval = 2 or 8 (3 or 8 if the Primary Site is Prostate C619), CS Reg Nodes Eval = 2 or 8, or CS Mets Eval = 2 or 8, then Vital Status must = 0.

Logic was added to verify that if the Vital Status is 0 the CS Reg Nodes Eval, CS Mets Eval, and CS CS Tumor Size/Ext Eval must be coded to a 2 or 8 for all schemas, unless the primary site is prostate C619 then the CS Tumor Size/Ext Eval must be 3 or 8.

Edit 475: If CS Extension = 11, then Primary Site must NOT equal to C770-C775, or C779.

Removed C024 (lingual tonsil), C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer's ring), C172 (ileum), and C181 (appendix) from list of primary sites NOT allowed for CS Extension 11.



FCDS NAACCR V11.3 Implementation Guidelines

FCDS hosted a phone conference on Wednesday, June 24, 2009 to provide an overview of the FCDS NAACCR V11.3 Implementation Guidelines. The FCDS dial-in educational telephone conferences are aimed at providing up-to-date information and training to Florida cancer registrars and abstractors. A PowerPoint slide presentation is available on the FCDS Website: <http://fcds.med.miami.edu> under What's New. The presentation and slideshow from the teleconference are available for download.

Summary of Changes Effective 7/1/2009

Below is a summary of the changes to the FCDS reporting requirement.

SUMMARY OF CHANGES EFFECTIVE 7/1/2009

- 1. No new data items are required to be reported to FCDS.**
FCDS data requirements are aligned with the reporting requirements from the National Program of Cancer Registries (NPCR) at the Center for Disease Control. For diagnosis year 2009, NPCR has not added any new required fields to be collected.
- 2. New edits based on the NAACCR V11.3 and V11.3A Metafile.**
FCDS has reviewed the NAACCR V11.3 and V11.3A Metafile and has listed new edits in this document.

**If you have any questions please feel free to contact FCDS at
305-243-4600.**



AHCA 2007 FOLLOW-BACK RECORDS FOR THE AMBULATORY SURGERY CENTERS

The AHCA 2007 follow-back records for the Ambulatory Surgery Centers are now available online for review. The deadline is June 30, 2009.

FCDS completed the matching of the 2007 Ambulatory Discharges reported by the facilities' Finance-Billing/Medical Records Department to the Agency for Health Care Administration (AHCA). All records with principal or secondary diagnosis of cancer were linked to the FCDS database.

There are FCDS AHCA follow-back records for year 2007 available online for review. FCDS is now sending email notifications of records to review instead of mailing paper. If you do not have the FCDS IDEA AHCA Follow-back menu, you may request it or delegate it to another person (if you are a facility administrator/cancer registry manager).

Reporting Options:

1) If there are 35 or less records identified, you need to submit 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) to FCDS for each of the records. Please mail a printed copy of the list along with the copies of the medical records. In order to protect and properly handle all packages, particularly those containing confidential patient information, we ask that US Postal Service mail including Express mail, Priority mail, and Certified mail be sent to FCDS via the PO Box address below. FCDS street address should only be used for Courier packages (Federal Express, UPS, Airborne Express). Please review FCDS General Mailing Recommendations at the FCDS website: <http://fcds.med.miami.edu/inc/contactus.shtml>.

2) If there are more than 35 records identified, you must review each case to decide if the case is reportable or non-reportable according to the FCDS Cancer Case Reporting Requirements outlined in Section I of the FCDS DAM. If the case is found to be non-reportable, assign the appropriate disposition code and press the submit button. If the record was previously reported to FCDS, assign disposition code 07, accession number, and sequence number and press the submit button. In addition, upon review, any case found to meet the FCDS Cancer Reporting Requirements and found not to have been previously reported must be reported to FCDS using IDEA. Assign a disposition code of 01, accession number, and sequence number to the reportable cases and press the Submit button.

The deadline to complete the review and submission of any missed cases, including paper copies of medical records, is June 30, 2009.

Please keep in mind that the AHCA Follow-back process conducted by FCDS is dictated and closely monitored by the Florida Department of Health. Should you have any questions, please contact your Field Coordinator, Anne Auguste at (305) 243-2633.

NAACCR 2008-2009 Cancer Registry and Surveillance Webinar Series

The next webinar in the series is Advanced Coding & Abstracting on 7/09/2009.

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

- 07/9/2009 Advanced Coding & Abstracting
- 08/6/2009 Collecting Cancer Data: Breast
- 09/3/2009 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/naaccr_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.



Georgia Center for Cancer Statistics

THE NATIONAL CANCER INSTITUTE'S ATLANTA SEER CANCER REGISTRY
IN CONJUNCTION WITH
THE ROLLINS SCHOOL OF PUBLIC HEALTH,
THE GEORGIA CENTER FOR CANCER STATISTICS,
AND THE WINSHIP CANCER INSTITUTE

July 20-24, 2009

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.

Principles of Oncology Training Program



April's flagship training course, Principles of Oncology for Cancer Registry Professionals will be offered twice during 2009. This is a concentrated five-day training program in cancer registry operations and procedures emphasizing accurate data collection methods. The training program includes extensive site-specific, hands-on case coding, abstracting and staging sessions using practice cases that are representative of the many situations registrars may face. April has been teaching this course for more than 15 years, during which the material has been continually improved and updated.

The course is best suited for registrars with less than three years experience. Although there are no prerequisites for attendance, April recommends that new registrars should work in the registry for 3 to 6 months before attending so that they have a basic knowledge of how a registry operates or, alternatively, have some experience in other medical areas (e.g., nursing, medical records, etc.)

Register now for the classes scheduled for November 16-20, 2009 in Reno, NV.

For more information on the Principles of Oncology program, go to

afritz.org/index.html.

2009 CTR Examination Preparation Workshops



This course is a concentrated 3-day review of all the areas that may be tested on the CTR exam. The workshop covers the 2009 content of the exam, emphasizing areas that are not usually covered in state meetings or in other short CTR exam prep classes. If you are planning on taking the CTR Examination in 2009, you should consider attending this workshop.

For more information on this workshop go to www.afritz.org/CTRws.htm.

The workshop will be August 13-15, in Reno, NV,
prior to the September 12-26, 2009 examination period.

Register now .

NAACCR CTR Exam Readiness Webinar Series



THE WEBINAR SERIES INCLUDES:

- Online interactive 'live' instruction with experienced instructors
- Eight 2-hour sessions carefully prepared to reflect the changes to the 2009 CTR exam
- Q&A sessions, study materials, take home tests
- A timed practice test

The webinar series will be presented once a week Tuesdays July 21 through September 8, 2009 from 1-3 p.m. Eastern Time (ET). The testing window for the CTR exam is September 12-26, 2009. The webinar series includes a one-hour follow-up session on Tuesday, September 29, 2009 from 1-2 p.m. ET

Online registration and a course syllabus can be accessed from the NAACCR website, www.naaccr.org. Contact Shannon Vann (svann@naaccr.org; 217-698-0800 ext. 9) or Jim Hofferkamp (jhofferkamp@naaccr.org; 217-698-0800 ext. 5) for more information.



The Florida Cancer Data System invites you to participate in the Annual Meeting of the Florida Statewide Registry. The annual meeting will be held July 23rd-24th, 2009, at the Hyatt Regency Jacksonville Riverfront Hotel following the Florida Cancer Registrar's Association Annual Meeting on July 21st-22nd, 2009.

REGISTRATION FEE: \$50.00/person

****ONLINE REGISTRATION:** <https://fcds.med.miami.edu/scripts/register.pl> ******

Please complete online registration form and mail the registration confirmation along with \$50.00 check or money order payable to Florida Cancer Data System by July 10th, 2009 to:

Florida Cancer Data System
PO. Box 016960 (D4-11)
Miami, FL 33101,
ATTENTION: Bleu Thompson

CONFERENCE SCHEDULE:	
Wednesday, July 22nd , 2009 - Early Registration, 6:00pm – 8:00pm	
<p>DAY 1</p> <p>Thursday, July 23rd, 2009</p> <p>SESSION</p> <p>8:30am – 5:00pm</p>	<p>DAY 2</p> <p>Friday, July 24th, 2009</p> <p>WORKSHOPS</p> <ul style="list-style-type: none"> • #1 Abstracting for Beginners • #2 Advanced Training

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Florida Cancer Data System Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JUNE 26, 2009

Total number of *New Cases* added to the FCDS Master file through June 26, 2009: 23,495

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	144,898	3,334	2	2,526	3	Pending	150,764	21,489
2007	163,614	8,750	1,538	2,628	0	Pending	176,560	1,892
2006	165,276	8,760	2,991	1,738	0	2,684	181,449	114

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2008	91%	99%
	2007	100%	100%
	2006	100%	100%

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