

AUGUST/
SEPTEMBER
2009

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.

- NAACCR Webinar:
2010 Cancer Data Collection Updates: Standards Volume II, Version 12 on 10/01/2009.
Session #1 of 12 is being held at 6 Florida facilities and requires registration
- Florida Annual Cancer Report 2005: Incidence and Mortality (Statistics)
- FCDS Register Vol. 43 (Newsletters)
- FCDS 2009 DAM (Downloads)
- Independent Contractor List (Downloads/ Data files & programs)



September 7th

FCDS Hosts the NAACCR 2009-2010 Webinar Series

The Florida Cancer Data System is happy to announce that for another year we will be presenting the NAACCR 2009-2010 Webinar Series at not only three but six locations throughout Florida:

- Boca Raton Community Hospital (Boca Raton, FL)
- Moffitt Cancer Center (Tampa, FL)
- M.D. Anderson Cancer Center Orlando (Orlando, FL)
- Shands University of Florida (Gainesville, FL)
- Gulf Coast Medical Center (Panama City, FL)
- Baptist Regional Cancer Center (Jacksonville, FL)

Special thanks to the hosting facilities for their participation and support. The webinar series will include twelve webinars with the first one scheduled for October 1st, 2009. For a complete description of the webinars, click here <http://www.regonline.com/builder/site/tab1.aspx?EventID=679618&printable=1>

10/1/2009	2010 Cancer Data Collection Updates: Standards Volume II, Version 12
11/5/09	Collecting Cancer Data: Colon/Rectum/Appendix
12/3/09	Collecting Cancer Data: Lung
1/7/10	Change Management in the Cancer Registry
2/4/10	Collecting Cancer Data: Soft Tissue Sarcoma and Gastrointestinal Stromal Sarcoma (GIST)
3/4/10	Collecting Cancer Data: Kidney
4/1/10	Collecting Cancer Data: Skin Malignancies
5/6/10	Using Geographic Information Systems (GIS) for Mapping and Spatial Analysis
6/3/10	Collecting Cancer Data: Esophagus and Stomach
7/1/10	Using CINA Data in Cancer Surveillance Activities
8/5/10	Collecting Cancer Data: Lip and Oral Cavity
9/2/10	Coding Pitfalls

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 mhera@med.miami.edu.

FCDS CASEFINDING LIST FOR REPORTABLE TUMORS**REVISED SEPTEMBER 2009 - EFFECTIVE WITH 2009 CASES (REVISIONS ARE 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
*227.9	Benign neoplasm; endocrine gland, site unspecified
*228.02	Hemangioma; of intracranial 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)
* 238.77	Post transplant lymphoproliferative disorder (9987/3)
* 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)
* 288.3	Hypereosinophilic syndrome (9964/3)
* 289.83	Myelofibrosis NOS (9961/3)
*511.81	Malignant pleural effusion (code first malignant neoplasm if known)
*789.51	Malignant ascites (code the first malignant neoplasm if known)
*795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
*795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
*796.76	Papanicolaou smear of anus with cytologic evidence of malignancy
+ 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**

2007 DEATH CLEARANCE- DEADLINE IS SEPTEMBER 30, 2009

The FCDS 2007 Death Clearance Follow Back records are available for online review. FCDS is now sending email notifications of follow back records to review instead of mailing paper. If you do not have the FCDS IDEA Death Clearance menu, you may request it or delegate it to another person (if you are a facility administrator/cancer registry manager). See the FCDS IDEA User Account Request Form: <http://fcds.med.miami.edu/downloads/FCDSLginRequestForm.pdf>

The deadline to complete the online review and submission of any missed cases is September 30, 2009.

The Florida Department of Health (DOH) in an effort to decrease the number of reporting facilities that do not meet the required data submission deadlines, is monitoring the Death Clearance process. Facilities failing to meet the reporting requirements will be reported to DOH for non-compliance. Should you have any questions, please contact your Field Coordinator at (305) 243-4600.

REMINDER:

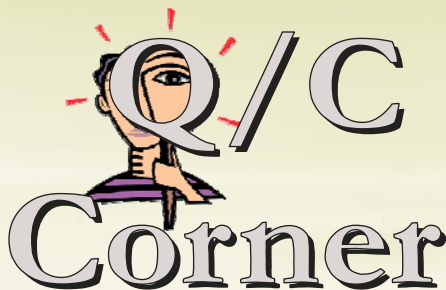
FCDS IDEA passwords and the Facility Level access memos are still an annual process and there are no plans to change these - minimal - security procedures.

These once a year forms are to make sure that people keep their contact information updated with us, to lessen the impact of password sharing and enhance FCDS IDEA security, and to lessen the impact of abstractors moving or leaving from one facility and not informing us of the change of access.

Contact Melissa Williams, melissa_williams@miami.edu, 305-243-2641, if you have questions about your FCDS IDEA account or Facility Level access.

NOTE:

Edith Alvin retired as of August 31, 2009. Meg Herna, will be the interim Field Coordinator for Edith Alvin's facilities. Contact information for Meg Herna is [mherna@med.miami.edu](mailto:mhern@med.miami.edu), or 305-243-2625. If you have any questions regarding your hospital, please contact Meg Herna.



Q3 is a clarification

SEER I&R Topic Leukemia
<http://seer.cancer.gov/seerinqury/>

1) Question: (20091090)

First course treatment--Leukemia: Should an allogeneic stem cell transplant for acute myeloid leukemia be coded to 20 in the Hematologic Transplant and Endocrine Procedures? There is debate as to whether this procedure should be coded as a 12 in order to capture the allogeneic part of the procedure.

Answer:

Assign code 20 [Stem cell harvest (stem cell transplant) and infusion as first course therapy] for stem cell procedures, even allogeneic procedures.

References:

Source 1: 2007 SEER Manual pgs: 198

Last Updated

08/10/09

2) Question: (20091089)

Histology--Hematopoietic: The final diagnosis on a bone marrow biopsy was "chronic lymphocytic leukemia with plasmacytic differentiation." Is this coded 9823/3, CLL/SLL or 9733/3, plasma cell leukemia?

Answer:

Assign histology code 9823/3 [Chronic lymphocytic leukemia]. Plasmacytic differentiation does not indicate a plasma cell or plasmacytic leukemia.

References:

Source 1: ICD-O-3

Last Updated

08/10/09

(Continued on page 5)

(Continued from page 4)

3) Question: (20091083)

Grade/Cell indicator--Lymphoma: For pathology that states "anaplastic large cell lymphoma", is the grade code 4? The SPCM states cell indicator codes take precedence over grade/differentiation codes for lymphoma and leukemia cases.

Answer:

For this case, since there is no cell indicator information, code 9 [cell type not determined] in the grade/cell indicator field. Do not code grade for lymphoma. For lymphoma and leukemia this field is the cell indicator.

References:

Source 1: 2007 SEER Manual

pgs: 87

Notes:

Source 2: 2007 SEER Manual

pgs: C-992

Notes: Appendix C

Last Updated

08/10/09

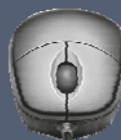
Clicks @ FCDS

The **DATA ACQUISITION MANUAL** is now available on the Florida Cancer Data System website.

Link: <http://fcds.med.miami.edu/inc/downloads.shtml#dam>

TIP: You can right-click and Save-As the large .pdf file onto your desktop.

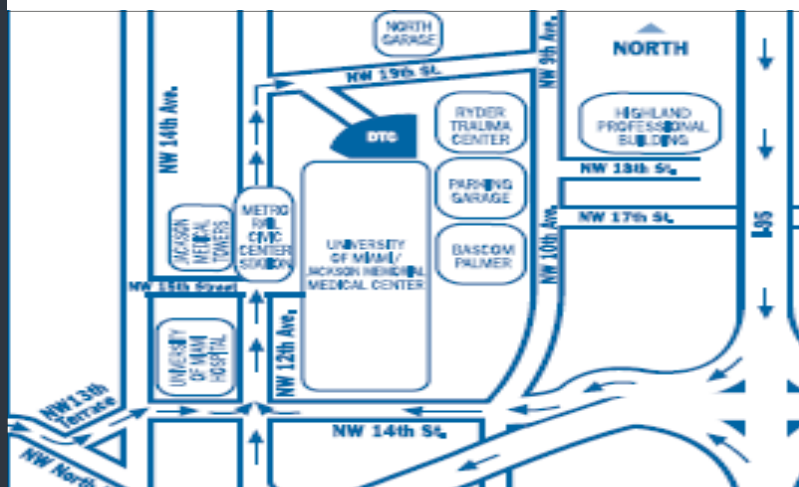
Double-click on your desktop .pdf file for faster/easier searching





The UM/JMH Network Cancer Committee invites you to a
TOWN HALL MEETING ON LUNG CANCER

Friday, October 23, 2009



Jackson Memorial Hospital,
 1080 NW 19th St

DTC (Diagnostic Treatment
 Center) Room 259

For more information please
 contact Tumor Registry
 Stuart Herna at 305-243-4196

Guest Speakers



M.S. Webb, PhD



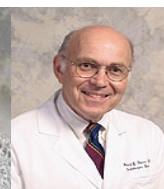
J. Wright, MD



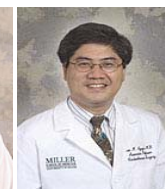
L. E. Raez, MD



A. Aftab, MD,



R. J. Thurmer, MD



D. Nguyen, MD



M. Jorda, MD PhD



E. Donna, MD



Continuing Education Credits will be provided by

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essentials Areas and Policies of the Accreditation Council for Continuing Medical Education through the Florida AHEC Network and the University of Miami. The Florida AHEC Network designates this educational activity for a maximum of **3.5 AMA PRA Category 1 Credit(s)**.™ Physicians should only

Miami-Dade AHEC is an approved provider for the following professions:

Certified Health Education Specialists (CHES) Miami-Dade AHEC has been accepted by the [National Commission for Health Education Credentialing, Inc.](#) to provide 3.50 Category I continuing education contact hours (CECH) in health education. NCHC #—MEP2904

Dietitians & Nutritionists (NC, LD & RD) Miami-Dade AHEC has been accepted by the [Florida Council of Dietetics and Nutrition](#) to provide 3.50 continuing education credits to Dietitians and Nutritionists.

Nursing (RN, LPN & ARNP) Miami-Dade AHEC has been accepted by the [Florida Board of Nursing](#) to provide 3.50 continuing education credits for nurses. Provider #—50-1349 (Exp. 10/09)

Social Workers (LCSW); Marriage & Family Therapists (LMFT); Mental Health Professionals (LMHC) Miami-Dade AHEC has been accepted by the [Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling](#) to provide 3.50 continuing education credits to Social Workers, Marriage & Family Therapists, and Mental Health Counselors. Pro-



Town Hall Meeting on Lung Cancer
Friday October 23rd, 2009
Jackson Memorial Hospital, DTC 259
8:00 am - 1:00 pm



- | | |
|---|--|
| 8:00 - 8:15 am | Registration |
| 8:15 - 8:30 am | Welcome / Introduction
Aaron Wolfson, MD
Professor and Vice Chair, Radiation Oncology |
|  8:30 - 9:00 am | Pathology of Lung Cancer. An Overview
Merce Jorda, MD PhD
Associate Professor of Clinical Pathology, Medical Director, Clinical Laboratory Services |
|  9:00 - 9:30 am | Bronchoscope for Early Diagnosis and Interventions of Lung Cancer
Elio Donna, MD
Associate Professor of Medicine, Pulmonary Medicine |
|  9:30 - 10:00 am | The Role of Surgeons in the Treatment of Locally Advance Non-Small cell Lung Cancer
Dao Nguyen, MD
Associate Professor and Chief, Thoracic Surgery Section, Division of Cardiothoracic Surgery, Department of Surgery |
|  10:00 - 10:30 am | Detection and Treatment of Early Stage Lung Cancer
Richard J. Thurer, MD
Professor of Surgery |
|  10:30 - 11:00 am | Addressing Lung Cancer Disparities Using Evidence-based Smoking Cessation Methods
Monica Webb, PhD
Assistant Professor, Department of Psychology |
|  11:00 - 11:30 am | The Role of Radiation Therapy in the Treatment of Lung Cancer
Jean Wright, MD
Assistant Professor, Radiation Oncology |
|  11:30 - 12:00 noon | Lung Cancer in the 21st Century: New Challenges and Therapies
Luis E. Raez, MD, FACP, FCCP, FACSG
Associate Professor of Clinical Medicine, Co-Leader, Thoracic Oncology Group |
|  12:00 - 12:30 pm | UM Area Health Education Center: Tobacco Cessation and Training Group Programs
Asma Aftab, MD, MPH
Research Assistant Professor, Department of Family Medicine & Community Health |

NPCR Cyber Cancer Registry

The Centers for Disease Control and Prevention's National Program of Cancer Registries (NPCR) has designed and developed a Web-based learning tool. The application, appropriately named the Cyber Cancer Registry, is an interactive virtual registry system for developing and assessing the skills of cancer registry personnel and will allow those new to cancer registration an opportunity to gain hands-on practice in core areas of cancer registry operations.

The Cyber Cancer Registry fulfills NPCR's core education values:

- Education and training are essential elements in cancer data quality, completeness and timeliness.
- Educational content must respond to issues identified through data quality assurance activities.
- Education and training must be offered continuously in diverse formats and methods of access.

The Cyber Cancer Registry will be completed in phases and will consist of modules pertaining to the core functions of cancer registration in the hospital and central cancer registry settings. The first module, Casefinding (cancer case identification), is now available at <http://apps.nccd.cdc.gov/dcpcccr>. This is a virtual hospital setting with casefinding sources that include pathology reports, medical record disease indices, medical discharge logs, radiation oncology logs, and medical oncology logs.

The Cyber Cancer Registry mimics the medical database structure and recreates database activities. The framework for the system allows for the addition of other functions (i.e., abstracting cancer cases) in future releases. Actual de-identified medical record source documents submitted by cancer registrars working in the field provide users a simulated registry experience. The medical record documents present varying degrees of difficulty and challenging situations in which coding rules and instructions must be applied. Each module will give immediate feedback to the user through practical exercises and assessments to evaluate the level of competency, track training scores and provide a certificate of completion for each assessment.

In practice, these modules can be used to enhance the education of cancer registrars and can potentially serve to satisfy part of the clinical practicum for NCRA-approved formal education programs.

The National Cancer Registrars Association (NCRA) is providing subject matter expertise in formal education, hospital and central cancer registry operations and management through the creation and maintenance of detailed module content, exercises, assessments and feedback responses.

The Cyber Registry can be accessed through NPCR's Web site (<http://www.cdc.gov/cancer/npcr/>) and via a link from NCRA's Web site (<http://www.ncra-usa.org>).

*Please join us in wishing a fond farewell to Edith Alvin,
as she retires after almost 30 years of service here at FCDS.*

*Edith Alvin has been wonderful part of all of our lives and we know
that there will never be anyone to take her place.*

*We are sad to see her leave,
and wish her all the best in her retirement.*



**Congratulations
on your retirement!**



PROJECT DIRECTOR:
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**ADMINISTRATIVE
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Melissa K. Williams

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Megsys C. Herna, BA, CTR



Florida Cancer Data System Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF AUGUST 31, 2009

Total number of *New Cases* added to the FCDS Master file in August 2009: **10,893**

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
2009	14,091	404	0	269	0	Pending	14,764	8,364
2008	160,757	3,783	5	2,873	3	Pending	167,421	1,903
2007	165,195	7,905	2,882	3,602	0	Pending	179,584	626

	<u>Actual</u>		<u>Expected</u>	
% Complete for:	2009	9%	2009	17%
	2008	100%	2008	100%
	2007	100%	2007	100%

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