What's New:

The following information is currently available on the FCDS website.

- NAACCR Webinar:
 Change Management in the Cancer Registry on 1/7/2010. Session #4 of 12 is being held at 6 Florida facilities and requires registration
- FCDS Register Vol. 45



FCDS POLICY UPDATE EFFECTIVE JANUARY 7TH, 2010 CASES REQUIRING AN EDIT OVER-RIDE (FORCE)

FCDS is currently evaluating all processes and are finding ways to streamline some of our operations. In keeping up with our efforts to protect patient confidential information, FCDS is revising the overall process of how abstracts that require an edit over-ride or "force" are handled.

Effective January 7, 2010, reporting facilities will not have to submit to FCDS hard copy supporting documentation for cases that require an edit over-ride or "force." An in-depth visual review will be performed on all cases that require a force, and if there is supporting documentation in the required text fields to justify the codes, FCDS will set the appropriate over-ride flag(s). In the event that the codes are not justified in the text fields, the reporting facilities will need to substantiate the codes by providing supplementary text. This process will be completed online via the FCDS web site. Go to this link for a complete listing of FCDS edits that require an edit over-ride, http://fcds.med.miami.edu/downloads/dam2009/FCDS%20edits%20that%20require%20an%20edit%20over.pdf.

All reporting facility personnel and contractors with the appropriate data level access will be notified on Mondays via email when abstracts are ready for review. Following are the specific instructions on how to access abstracts to review and add supporting text:

- 1. Go to the FCDS web site http://fcds.med.miami.edu.log on FCDS IDEA
- 2. Select the FORCES REVIEW (you will see this menu choice under "Facility Abstractor" only if you have the proper data level access).
- 3. Select the facility.
- 4. Select the record to review.

FCDS will host a webinar/teleconference to give a demonstration of the new module.

Date of teleconference: January 7, 2010

Time: 2:00 PM -4:00 PM EST Toll-Free Number: (888) 622-5357

Participant Code: 613286

Webinar Link: https://webmeeting.med.miami.edu/forces

If you have any questions, please contact your Field Coordinator at 305-243-4600.

Revised Policy Regarding FCDS Case Finding and Abstracting

TO: Facility Administrator

Hospitals, Physician Offices, Ambulatory Surgical and Radiation Therapy Facility

FROM: Jill A. MacKinnon, PhD, CTR

Florida Cancer Data System

RE: Cancer Reporting Policy

Change

As you know the Florida Cancer Data System (FCDS) is Florida's statewide, population-based, cancer surveillance system. Reporting cancer cases seen at your facility or office is legislatively mandated under Section 385.202 Florida Statutes and Rule 64D-3.034 Florida Administrative Code. Since inception, the FCDS data collection procedures have evolved in order to address the changing demands of the cancer control community, health care providers and facilities.

Effective January 1, 2010, the FCDS will no longer accept copies of medical records and will no longer perform the case finding or abstracting for any facility or office. Protection of patient confidentiality has driven this policy change. Sending patient identifiers through the mail or via courier exposes the patient information to unnecessary risks.

The reporting deadline for submission of your 2009 cases is June 30, 2010. Therefore, in order to assist you with your abstracting, the FCDS has compiled a list of abstractors you may wish to contact. The list is available on the FCDS web site (address and instructions below). The FCDS does not endorse or vouch for any of the abstractors on the list. The list was compiled simply to help facilities such as yours identify a pool of potential contractors.

Should you have any questions please call Meg Herna, the FCDS Manager for Data Acquisition at (305) 243-4600.

Thank you.

FCDS Web Site: http://fcds.med.miami.edu

Click "Downloads" → "Data Files and Programs" → "Independent Contractor List".

New Abstractor Case Review FCDS Policy Update December 1, 2009

All new abstractors in the State of Florida, regardless of their CTR credentials, are required to submit to FCDS twenty-five paper abstracts (or printed copies of the vendor abstracts) for review and approval to obtain a Florida Cancer Data System Cancer Abstractor Code.

In order to protect patient health information, all patient identifiers must be removed from the abstracts prior to submitting them to FCDS. The patient identifiers include the following data items: name, social security number, date of birth, current address and address at diagnosis, zip code, and telephone number. The abstracts may be faxed to 305-243-4871, attention Megsys Herna. FCDS recommends using UPS or Federal Express when mailing the abstracts to the FCDS office.

The twenty-five records must be from a variety of primary sites. The FCDS QC staff will perform visual review on the abstracts and will make suggestions offering information regarding educational resources available to assist the abstractors with developing their skills and enhancing their abilities. This cycle will be allowed to be repeated only twice in a row. If the FCDS QC staff deems that the abstractor is not competent to abstract in the State of Florida after the second attempt, the abstractor must wait three months before submitting another twenty-five paper abstracts for review. Approved abstractors will be eligible to obtain a Florida Cancer Data System Cancer Abstractor Code.

The FCDS QC staff will review each new abstractor's performance for the first six months of electronic reporting to FCDS. Every 25th record electronically submitted by the new abstractor will be reviewed for accuracy. This will provide both the Quality Control staff and the abstractor sufficient data to evaluate whether or not the abstractor understands the basic concepts of cancer case reporting. If an abstractor does not appear to have grasped the basic concepts of cancer case reporting, the abstractor and his/her immediate supervisor will be notified with a request to formulate a plan to address the areas of concern.

In the near future, FCDS will make the New Abstractor Case Review a web-based process. The 25 abstracts will be required to be submitted via the FCDS Web Site through upload or single entry.

If you have any questions, please contact Meg Herna at 305-243-4600.

NOTE: Abstractors whose Florida Cancer Data System Cancer Abstractor Code is inactive for a period of two years will be required to resubmit twenty-five paper abstracts (or printed copies of the vendor abstracts) for review and approval to renew their Florida Cancer Data System Cancer Abstractor Code. This is done to confirm the abstractor has knowledge of the current reporting requirements.

FCDS 2009 Quality Assurance Audit

FCDS conducted the 2009 Quality Assurance Audit in the fall of 2009, which consisted of re-abstracting the 2007 analytical cases. A total of 384 cases were re-abstracted. Thirty-nine facilities were randomly selected to participate in the audit. FCDS wants to thank all of the facilities below for their cooperation.

ALL CHILDRENS HOSPITAL

ANNE BATES LEACH EYE HOSPITAL

BAPTIST MEDICAL CENTER BEACHES

BROOKSVILLE REGIONAL HOSPITAL

CLEVELAND CLINIC HOSPITAL

FAWCETT MEMORIAL HOSPITAL

FISHERMENS HOSPITAL

FLORIDA HOSPITAL CANCER INST SOUTH

FLORIDA HOSPITAL DELAND

FLORIDA HOSPITAL FISH MEMORIAL

FLORIDA MEDICAL CENTER

H LEE MOFFITT CANCER CENTER

HEART OF FLORIDA HOSPITAL

HELEN ELLIS MEMORIAL HOSPITAL

HIGHLANDS REGIONAL MEDICAL CENTER

HOLY CROSS HOSPITAL

JACKSON SOUTH COMMUNITY CENTER

LAKE CITY MEDICAL CENTER

LAKE WALES HOSPITAL

MARINERS HOSPITAL

MARTIN MEMORIAL HOSPITAL SOUTH

MD ANDERSON CANCER CENTER ORLANDO

MORTON PLANT HOSPITAL

MOUNT SINAI MEDICAL CENTER

N FLORIDA REGIONAL MEDICAL CENTER

NORTH OKALOOSA MEDICAL CENTER

NORTHWEST MEDICAL CENTER

ORANGE PARK MEDICAL CENTER

OSCEOLA REGIONAL MEDICAL CENTER

PEACE RIVER REGIONAL MEDICAL CENTER

REGIONAL MED CENTER BAYONET POINT

SACRED HEART HOSP EMERALD COAST

SACRED HEART HOSPITAL

SARASOTA MEMORIAL HOSPITAL

SOUTH FLORIDA BAPTIST HOSPITAL

ST CLOUD REGIONAL MEDICAL CENTER

TOWN AND COUNTRY HOSPITAL

WEST FLORIDA HOSPITAL

WUESTHOFF MEDICAL CTR MELBOURNE

FCDS will begin the Audit Reconciliation process in January 2010. The process will be webbased. The facilities that participated in the audit will receive an email from the FCDS with instructions on how to access the audited records on the FCDS Web Site. The online records will summarize the comparison of data items coded by the auditor during the re-abstracting portion of the audit to the data originally submitted to the FCDS by the audited facility through the regular cancer reporting process. The records will need to be reviewed and submitted to FCDS using FCDS IDEA no later than February 19, 2010. These reviews are important to FCDS because they 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 and training.

If you have any questions, please contact Meg Herna at 305-243-4600.



SEER I&R http://seer.cancer.gov/seerinquiry/

How do you code Duct carcinoma, mucinous type (8480/3 or 8523/3)? Note the rule change.

Histology (Pre-2007)--Breast: Are diagnoses of "infiltrating duct and mucinous carcinoma" and "duct carcinoma, mucinous type" both coded to the histology code of 8523/3?

For tumors diagnosed prior to 2007:

Code "Infiltrating duct and mucinous carcinoma" to 8523/3 [Infiltrating duct mixed with other types of carcinoma] according to the instructions for coding a single tumor with complex histology in Appendix C of the 2004 SEER manual. Assign code 8523/3 when the diagnosis is duct carcinoma mixed with another type of carcinoma. Look for "and" or "mixed" in the diagnosis. Code the Histology field for a "ductal carcinoma, mucinous type" to 8480/3 [Mucinous carcinoma]. The instructions for coding a single tumor with complex histology are to code the specific type if the diagnosis is "Duct carcinoma, _____ type."

For tumors diagnosed 2007 or later, refer to the MP/H rules. If there are still questions about how this type of tumor should be coded, submit a new question to SINQ and include the difficulties you are encountering in applying the MP/H rules.

SEER Multiple Primary & Histology

For the webinar seminar on breast cancer MP/H rules, for a diagnosis of invasive ductal carcinoma mucinous, to use table 3 do we need to have two or more types or one or more to use the combination code?

Use MP/H rule H17, code 8523 duct mixed with other types of carcinoma.

(I & R Team)

SEER Multiple Primary & Histology

How is an invasive ductal, mucinous type coded? MP/H rule H12 has examples of more specific duct carcinomas, but they do not include mucinous carcinoma 8480. Do I move to H17 and use 8523 for this histology?

Mucinous is not a specific type of duct carcinoma. To code this tumor, start with the single tumor module, invasive H10 and stop at H17 code duct mixed with other types of carcinoma 8523. Curator (I & R Team)

Clicks @ FCDS

FCDS webinars and teleconferences are available on the FCDS website. Click link below.

http://fcds.med.miami.edu/inc/downloads.shtml#tele



Hematopoietic DB and Additional Hematopoietic Educational Presentations on SEER Website

The Hematopoietic Database (DB) is now available on the SEER website. The Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual is embedded in the Hematopoietic DB. The Manual can be accessed from the first screen of the Hematopoietic DB by clicking on the Hemato Manual button located on the lower-right of the screen.

A total of thirteen hematopoietic educational presentations will be available on the SEER website, http://seer.cancer.gov/tools/heme/training/index.html. There is no charge for the Hematopoietic DB, the manual, or any of the presentations.

Presentations 1-5 are still available and include introductory materials and background for using the rules.

Presentations 6-11 are now available and provide guidance on using the Reportability Instructions, Multiple Primary Rules, Primary Site and Histology Rules, and Grade Rules.

Presentations 12 and 13, Using the Hematopoietic DB and Navigating the Electronic Manual will be posted later this month.

For the best educational experience, view the presentations in the order they are listed.

CEU certificates are available upon successful completion of the quiz associated with each presentation.

Download the Hematopoietic DB with the embedded Manual by going to the following URL: http://seer.cancer.gov/tools/heme/index.html

Questions about the database, the manual, or the presentations may be sent to NCISEERQI@mail.nih.gov



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

Total number of New Cases added to the FCDS Master file in October 2009: 13,663

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
2009	38,882	918	0	313	0	Pending	40,113	11,141
2008	163,992	3,884	13	2,931	3	Pending	170,823	1,344
2007	166,790	8,025	2,880	4,077	0	Pending	181,772	1,178

		<u>Actual</u>	Expected
% Complete for:	2009	24%	33%
	2008	100%	100%
	2007	100%	100%

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



PROJECT DIRECTOR:

Jill A. Mackinnon, PhD, CTR

ADMINISTRATIVE DIRECTOR:

Gary M. Levin, BA, CTR

EDITORIAL STAFF:

Melissa K. Williams

CONTRIBUTORS:

Mayra B. Alvarez, RHIT, CTR Megsys C. Herna, BA, CTR





TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF NOVEMBER 30, 2009

Total number of New Cases added to the FCDS Master file in November 2009: 13,350

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	48,198	968	0	395	0	Pending	49,561	9,437
2008	164,939	3,886	34	2,945	3	Pending	171,807	974
2007	166,993	8,070	2,899	4,230	0	2,612	184,804	2,939

		<u>Actual</u>	Expected
% Complete for:	2009	30%	41%
	2008	100%	100%
	2007	100%	100%