

AUGUST  
2010

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.*

**FCDS  
DATA ACQUISITION  
MANUAL  
2010**

**CS SSF BY SCHEMA.**  
*Updated 8/6/2010*

**AUGUST 5, 2010  
NOTIFICATION:**  
*FCDS IDEA V12 Abstract  
Processing Released*

**FCDS/NAACCR EDITS  
METAFILE -**  
*Updated 8/5/2010*

**FCDS 2010 EDUCATIONAL  
WEBCAST SERIES,**  
CSv2 Breast,  
8/12/2010,  
1pm-3pm EDT

**FCDS/NAACCR  
WEBINAR SERIES:**  
Coding Pitfalls, 9/2/2010,  
being held at 6 Florida  
facilities and  
requires registration

**FCDS REGISTER,**  
VOL. 48



## FCDS IDEA V12 Abstract Processing Released

FCDS is proud to announce the release FCDS IDEA V12 abstract processing. This version of IDEA has taken into account all the changes required for NAACCR V12 abstracting and has incorporated the new information needed to derive stage using the Collaborative Stage Data Collection System which is better known as CSV2. For details on the new FCDS requirements, please visit our web site and review the 2010 FCDS DAM and Implementation Guide.

Though the look is new, the functionality remains essentially the same. We have gone to great lengths to ensure that the methods used to enter abstracts are the same as in our previous version. We just updated the look and feel of the application. We will be updating all of our IDEA modules to the new look over the next several months. We will make announcements as these modules are added to the IDEA menu.

Two major changes to make note of are that for the first time the NPCR EDITS metafile and the AJCC CSV2 algorithm have been directly integrated into the application. This is a significant change from the past and has allowed us to become more closely aligned with national standards and allows us the ability to add more features to the abstract processing modules.

FCDS has made the FCDS EDITS metafile available on our web page. Please keep in mind that this metafile reflects the Florida required edits and does not encompass all the COC and SEER edits. Please note that CoC-approved programs and registries using vendor-provided software should routinely run CoC edits on cases as you abstract them to ensure the case will pass the standard CoC edits.

The FCDS web page will be updated as modifications and enhancements are made to our metafile. Please bookmark this section of our web site and frequent it regularly so that you can keep up to date with the latest version. We hope by making this available, each submitter of abstracts will run their cases through the metafile prior to transmitting them to FCDS. This will reduce the number of times cases need to be corrected and retransmitted.

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The FCDS IDEA V12 Abstract Processing consists of two major modules. These modules include:

## I. Upload/Edit V12 Abstracts

This module allows for the uploading of batches of abstracts. During our V12 transition, this process includes the following:

- a. **File Structure Check** – As your abstracts are uploaded we check to make sure that each field has the proper length and data type. For example, if we find letters or spaces included in the histology field, it would fail file structure check. If your abstracts fail file structure, please contact your vendor or IT Department in order to resolve these discrepancies.
- b. **Pre-Approval of Abstracts** – It is important to ensure that the data that is submitted is what you expect us to receive. To accommodate this, we select 10 random abstracts from your initial submission and ask you to verify each field of each abstract to ensure the data is in fact in the proper field locations you coded it for. Once all 10 abstracts are reviewed and approved, the batch will be subjected to edits and you will be able to use the normal batch upload processing going forward. If any of the 10 abstracts cannot be verified, this abstract sample will be removed from our system and you will need to fix the problem and submit your batch again for review.
- c. **Upload/Edit Abstracts** – The process remains the same as the previous version. You will be able to upload a batch of abstracts. The FCDS edits metafile will be processed against your batch. If all edits are passed, the cases will be accepted into our system for further processing by your field coordinator. If these edits fail, the batch will be rejected and you will be asked to correct the abstracts with discrepancies and resubmit the batch.

## II. Add/Delete/Correct Single Abstracts

This module allows users who do not have vendor software the ability to enter and submit a full abstract to FCDS. This is done one abstract at a time. The single entry module has been updated to fully comply with new and modified V12 data items and is compliant with the new CSV2 coding schemes. Though the look and feel of this module is new, the functionality remains essentially the same. Due to the integration CSV2 and the EDITS metafile, we have added some new features.

1. The single entry module now has the ability to provide you notes at the schema and schema field level for all CSV2 data items. These notes are the same as those published in the AJCC provided PDF and web pages. This should reduce the amount of time you will need to reference these resources. **We encourage you to read these notes carefully since they are an integral part of the coding of the CS required information.**
2. Single Entry abstracts go through the same edit processing as batch upload. As stated previously, we have integrated the NPCR Edits Metafile into our single entry process. This metafile has been modified to add Florida specific logic that will handle the state specific

*(Continued on page 3)*

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requirements. In addition, we have improved our Discrepancy Journal in two ways:

- i. The report is now generated as a PDF which has better formatting and printing options.
- ii. We have improved our discrepant data section to provide more information as to why an edit failed. This will allow you to make the appropriate corrections to the case before submitting it again.

In addition we have added a security feature to the V12 Abstract Processing system. We have instituted a 10 minute time out. After 10 minutes the screen will become fuzzy and unreadable. This is done to protect the confidentiality of patient information. If this happens to you **DO NOT PANIC**. All that is required is for you to enter your password, as requested, and you will be put back to the screen exactly where you left it. As new modules are added to FCDS IDEA, this feature will be included with them as well.

One thing to remember is that this system and edits metafile are brand new. Though we have done extensive testing, due to the magnitude of combinations of codes in an abstract, we certainly will have missed some issues in our process. For this reason we want to give you some tips on how to report any issue you may run into.

#### **Tips on Reporting Problems to FCDS:**

1. If you receive a program error message please put your mouse inside the error message box and hold Ctrl down and press A. This will highlight the message. Once highlighted, hold Ctrl down again and press C. This will copy the text into the paste buffer. Continue on to #3.
2. Once you submit your case to be edited, a discrepancy journal will be displayed in a PDF format. If you feel one of the edits is not properly executing, highlight the message in the supporting fields which are located under discrepant data. This is accomplished by placing your cursor at the beginning of the message, hold your mouse button down and drag until you have highlighted the edit in question. Once highlighted hold the Ctrl button down and press C. This will copy the message into the paste buffer. Continue to #3.

Here is an example of how a message looks within the Discrepancy Journal.

E:0506: Prostate schema: If CS Site-Specific Factor 3=960, CS  
Site-Specific Factor 4 must = 150, 250, 350, 450, or 550  
Primary Site (540) [C619]  
Histologic Type ICD-O-3 (550) [8140]  
Behavior Code ICD-O-3 (554) [3]  
CS Site-Specific Factor 3 (1009) [960]  
CS Site-Specific Factor 4 (1012) [988]  
CS Version Input Original (1167) [020200]  
CS Site-Specific Factor25 (1075) [988]  
Date of Diagnosis (530) [Y:2006 M:01 D:01]

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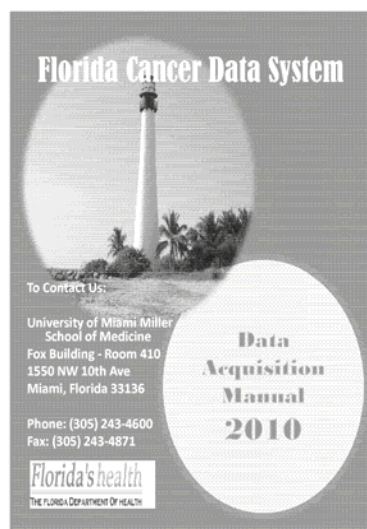
(Continued from page 3)

3. Once you have copied the message into the paste buffer from #1 or #2, please open your e-mail and give a brief description of what steps were taken during the entry process that caused the error in #1 or an explanation as to why you feel the edit that failed may have a problem in #2. Once you have described the issue, including the facility, accession, and sequence, open a new line and hold Ctrl button down and press V. This will paste the message describing the problem you have encountered. Please review your message and make sure that **NO PROTECTED HEALTH OR CONFIDENTIAL INFORMATION** is included in the e-mail. If there is, please replace confidential information values with XXX in your e-mail. We must protect the confidentiality of our patients at all times. Please e-mail the problem to your field coordinator who will route it to the appropriate person to handle the problem.
4. If you experience a situation where your mouse cursor appears to be a running clock and it continues to run for one minute or longer, please send an e-mail to your field coordinator explaining that you have a running clock and what steps you did leading up to the clock running. This condition rarely occurs. However if it does occur, you have two options to clear this condition.
  - a. Under the File tab of the menu, select the option to "Close All". This is the equivalent of logging in again.
  - b. If "Close All" does not work. Close the session and go back to the FCDS IDEA web site and login again.

We are very excited about the new IDEA system and realize it will take several months to work out all of the kinks. We appreciate your patience while we go through this transition.

We are also very interested in any ideas that you may have to improve the efficiency of IDEA. Please forward any improvement concepts to your field coordinator. We will evaluate each one and hopefully you will find them in a future release.

Thank you for all the hard work you do. This is going to be a very taxing year given all the change. Working together we will get through this period.



## 2010 FCDS Data Acquisition Manual (FCDS DAM)

FCDS is pleased to announce the availability of the 2010 FCDS Data Acquisition Manual (FCDS DAM). The manual includes important information about Florida cancer reporting requirements for 2010, instructions for coding new and changed data items, and has links to references and resources used daily when abstracting cancer cases.

Download a copy to your computer desktop for easy reference or for printing at <http://fcds.med.miami.edu> under What's New.



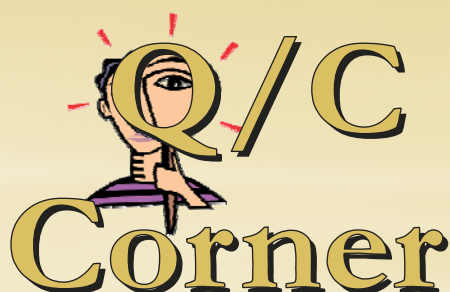
## FCDS Casefinding List for Reportable Tumors - JULY 2010

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 reportable. These records still need to be reviewed and assessed individually to verify whether or not they are reportable to FCDS.

\* = Required for review

+ = Optional for review

+ 042	AIDS (review cases for AIDS-related malignancies)
* 140.0-209.36	Malignant neoplasms (excluding skin 173.0-173.9 with morphology codes 8000–8110)
* 209.70-209.79	Secondary neuroendocrine tumors
* 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)
+ 235.0-239.9	Neoplasms of uncertain behavior
* 236.0	Endometrial stroma, low grade (8931/3)
* 237.0-237.9	Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system
* 238.4	Polycythemia vera (9950/3)
* 238.6-238.79	Other lymphatic and hematopoietic tissues
* 239.6-239.89	Neoplasms of unspecified nature
+ 258.02-258.03	Multiple endocrine neoplasia (MEN) type IIA and IIB
* 273.2	Other paraproteinemias
* 273.3	Waldenstrom's macroglobulinemia (9761/3)
+ 285.22	Anemia in neoplastic disease
* 288.3	Hypereosinophilic syndrome (9964/3)
* 288.4	Hemophagocytic syndromes (9751/3, 9754/3)
* 289.83	Myelofibrosis NOS (9961/3)
+ 338.3	Neoplasm related pain (acute, chronic); Cancer associated pain
* 511.81	Malignant pleural effusion (code first malignant neoplasm if known)
* 692.7	Malignancy due to solar radiation (9725/3 hydroa vacciniforme-like lymphoma)
* 758.0	Myeloid leukemia associated with Down Syndrome
* 789.51	Malignant ascites (code the first malignant neoplasm if known)
+ 795.81-795.89	Abnormal tumor marker
* 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
+ 999.81	Extravasation of vesicant chemotherapy
+ V07.31-V07.39	Other prophylactic chemotherapy
+ V07.8	Other specified prophylactic measure
+ V10.0-V10.9	Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment)
+ V42.81-V42.82	Organ or tissue replaced by transplant, Bone marrow transplant
* 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
+ V87.41	Personal history of antineoplastic chemotherapy



## 8/15/2010 Version of FCDS EDITS Metafile (corrects earlier edit problems)

### FCDS EDITS METAFILE:

FCDS has posted a revised FCDS EDITS Metafile, version dated 8/15/2010 to the FCDS website. This latest version corrects all problems we have identified to date and should be used prior to uploading data to FCDS. The metafile can be found under What's New at <http://fcds.med.miami.edu>. Please check our website routinely for updates.

### FCDS IDEA Single Entry Users:

FCDS has implemented the latest version of the metafile into the Single Entry application. Any previously entered cases that were saved as Incomplete due to edit failure should now pass all of the FCDS edits.

### Registry Software Vendors:

DO NOT USE THE SYSTEM EDITS SET. Vendors should apply the Incoming Records Edits Set when calling the FCDS Edits for client applications. There are minor differences between the two FCDS EDITS Sets (system edits and incoming records edits). Using the System Edits will result in some cases not passing edits and your clients left with what appears to be an edit error that they cannot fix. We apologize for providing incorrect information in our initial metafile release. Also, please remember to check our website routinely for updates to the FCDS EDITS Metafile.

Please contact either Steven Peace or Gary Levin at FCDS if you have any questions or concerns over using the FCDS EDITS Metafile.

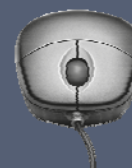
## Clicks @ FCDS

### FCDS REQUIRED SSFs BY SCHEMA (Updated 8/6/2010)

Additional FCDS Required SSFs by Schema include:

- Brain - SSF1,
- CNSOther - SSF1,
- IntracranialGland - SSF1,
- Retroperitoneum - SSF1,
- Scrotum - SSF12,
- Scrotum - SSF 16

LINK: [http://fcds.med.miami.edu/downloads/dam2010/CS\\_SSF\\_by\\_Schema.pdf](http://fcds.med.miami.edu/downloads/dam2010/CS_SSF_by_Schema.pdf)





## Florida Cancer Data System Cancer Reporting Completeness Report

### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JUNE 30, 2010

Total number of *New Cases* added to the FCDS Master file in June 2010: 38,208

*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	159,363	3,343	9	2,772	19	Pending	165,506	33,217
2008	171,404	8,216	2,266	4,659	42	Pending	186,587	4,553
2007	167,948	8,501	2,814	4,397	7	2,579	186,246	438

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

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

### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JULY 31, 2010

Total number of *New Cases* added to the FCDS Master file in July 2010: 4,730

*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
2010	0	0	0	0	0	Pending	0	0
2009	162,634	3,442	53	3,148	19	Pending	169,296	3,790
2008	171,587	8,618	2,534	4,746	42	2,579	187,527	940

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2010	0%	8%
	2009	100%	100%
	2008	100%	100%

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



The Florida Cancer Data System is happy to announce that for another year we will be presenting the NAACCR 2010-2011 Webinar Series at 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.

#### **2010-2011 NAACCR WEBINAR SERIES SCHEDULE AND COURSE DESCRIPTION**

##### **Collecting Cancer Data: Endometrium**

**10/7/10**

This 3-hour class will present the following information for endometrium: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the CSv2 data items; and the treatments and how to code them.

##### **Collecting Cancer Data: Hematopoietic Disease**

**11/4/10**

This 3-hour class will present the following information for hematopoietic: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the CSv2 data items; and the treatments and how to code them.

*(Continued on page 9)*



*(Continued from page 8)*

### **Collecting Cancer Data: Liver and Biliary Tract**

**12/2/10**

This 3-hour class will present the following information for liver and biliary tract: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the CSv2 data items; and the treatments and how to code them.

### **Collecting Tumor Data: Brain and Central Nervous System**

**1/6/11**

This 3-hour class will present the following information for liver brain and central nervous system: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the CSv2 data items; and the treatments and how to code them.

### **Collecting Cancer Data: Testis**

**2/3/11**

This 3-hour class will present the following information for testis: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the CSv2 data items; and the treatments and how to code them.

### **Collecting Cancer Data: Bladder**

**3/3/11**

This 3-hour class will present the following information for bladder: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the CSv2 data items; and the treatments and how to code them.

### **Collecting Cancer Data: Breast**

**4/7/11**

This 3-hour class will present the following information for breast: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the CSv2 data items; and the treatments and how to code them.

### **Collecting Cancer Data: Prostate**

**5/5/11**

This 3-hour class will present the following information for prostate: anatomical information needed to abstract and code the cases; how to determine the number of primary tumors; how to code topography and histology; how to code the CSv2 data items; and the treatments and how to code them.

### **Best Practices for Developing and Working with Survival Data**

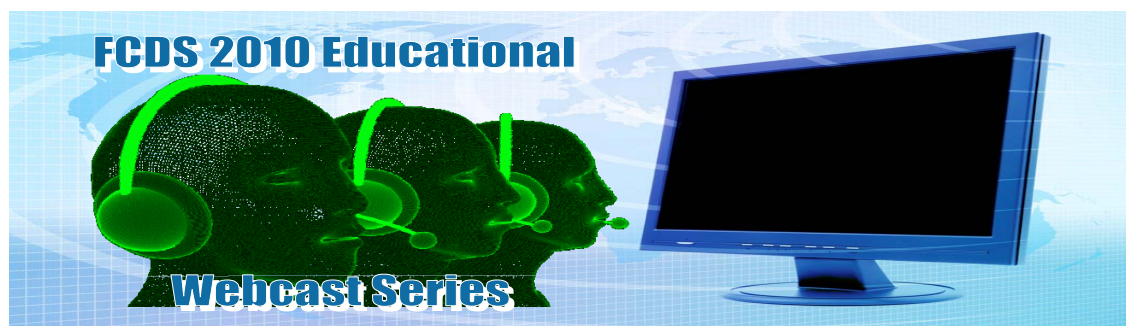
**6/2/11**

This 3-hour class will address the work of the NAACCR Survival Analysis Work Group with population-based survival data.

*(Continued on page 12)*

# 2010 Resources and References for Registrars

1. 2010 Casefinding/Reportable List
2. ICD-O-3 (use for all except Heme/Lymph)
3. Heme/Lymph Histology Code Master List
4. 2010 Coding Manual and Instructions
  - 2010 FCDS Data Acquisition Manual (FCDS DAM)
  - 2010 CoC Facility Oncology Data Standards (CoC FORDS) – Optional for Incidence
5. 2007 MPH Rules - Solid Tumors
6. 2010 MPH Rules - Heme/Lymph Neoplasms
7. Collaborative Stage Data Collection System, v2
  - Part I – Section 1 – General Instructions
  - Part I – Section 2 – Lab Tests, Tumor Markers, and SSF Notes
  - Part II – Site Specific Coding Schema
    - Natural Order
    - Alphabetical Order
    - Schema Groups
8. Free-Standing Software Applications
  - 2010 Heme/Lymph Database
  - SEER\*Rx
9. Internet Access to Online Resources
  - <http://fcds.med.miami.edu/inc/whatsnew>
  - <http://www.facs.org/cancer>
  - <http://www.cancerstaging.org/cstage>
  - <http://seer.cancer.gov/tools/mphrules>
  - <http://seer.cancer.gov/tools/seerrx>
  - <http://seer.cancer.gov/tools/heme>
  - <http://www.ncra-usa.org>
  - <http://new.naaccr.org>
  - <http://www.who.int/classifications/icd/adaptations/oncology/en>



FCDS is hosting a series of educational webcasts for Florida cancer registrars and cancer case abstractors between 7/29/10 and 9/30/10. There are six (6) different webcasts in the initial series offering. Please join us for this informative and timely educational series. Learn how to use and apply the Collaborative Stage Data Collection System (CSv2) rules and instructions and the Hematopoietic and Lymphoid Neoplasm Rules and Database to your 2010 cases and increase your understanding of the 2010 data collection requirements. The series builds upon information presented during the 2010 FCDS Annual Meeting, July 22-23, 2010.

We encourage all Florida registrars and abstractors to mark their calendars for this entire series of events and plan to participate in all 6 sessions.

#### **PURPOSE:**

The webcasts will provide a foundation and minimum training for Florida registrars and cancer case abstractors providing essential background and directed instruction on 2010 data collection requirements for FCDS with specific coding instruction in the use of the new Collaborative Stage Data Collection System (CSv2) for Lung, Breast, Prostate, and Colon cancers as well as 2 webcasts devoted to the 2010 Hematopoietic and Lymphoid Neoplasm Rules, Manual, and Database.

#### **WEBCAST SCHEDULE:**

Each webcast will be held on a Thursday from 1pm-3pm on dates noted below.

- \*07/29/2010 - Collaborative Stage : Lung
- \*08/12/2010 - Collaborative Stage : Breast
- 08/26/2010 - Collaborative Stage : Prostate
- 09/09/2010 - Collaborative Stage : Colon
- 09/23/2010 - Heme/Lymph Part I
- 09/30/2010 - Heme/Lymph Part II

#### **HOW TO JOIN THE WEBCAST:**

The same dial-in number, access code, and web link will be used for all 6 webcasts.

#### **Meeting Name:**

FCDS 2010 Educational Webcast Series

#### **Date (s):**

**THURSDAYS**

7/29, 8/12, 8/26, 9/9, 9/23 and 9/30

#### **Time:**

1pm-3pm EDT

#### **Dial-in Number:**

877-807-5706

#### **Participant Code:**

261452

#### **Link to web session:**

<https://webmeeting.med.miami.edu/fcds2010educationseries/>

#### **ALL WEBCASTS WILL BE RECORDED:**

Each webcast will be recorded electronically and posted to the FCDS website.

NCRA LOG #	2010-105	NAME OF EVENT	APPROVED
2010-105A	7/29/2010	Collaborative Stage Lung	2
2010-105B	8/12/2010	Collaborative Stage Breast	2
2010-105C	8/26/2010	Collaborative Stage Prostate	2
2010-105D	9/9/2010	Collaborative Stage Colon	2
2010-105E	9/23/2010	Heme/Lymph Part I	2
2010-105F	9/30/2010	Heme/Lymph Part II	2

# ***Congratulations! To Florida's Newest Certified Tumor Registrars***

**Stacey Applegate**

**Elizabeth Melendez**

**Joyce Newhouser**

**Kathleen Saslow**

*(Continued from page 9)*

## **Complete Case Identification and Ascertainment**

**7/7/11**

This 3-hour class will present current reportability requirements; developing case identification and assessment procedures; assessing completeness of case ascertainment; concurrent abstracting – pro's & con's.

## **NAACCR Interoperability Activities and the Electronic Health Record**

**8/4/11**

This 3-hour class will present national initiatives and cancer specific activities in reference to the electronic health record and activities of the NAACCR Pathology Data Work Group

## **Coding Pitfalls**

**9/1/11**

This 3-hour class will address coding dilemmas identified through quality control of registry data and present solutions with rationale for determining the number of primary tumors using the MP/H rules revised for 2011, assigning ICD-O-3 topography and histology codes using the ICD-O-3 Manual, completing the appropriate data items using CSv2, and completing treatment data items as required by all standard setters.

Please go to the FCDS website to register online for your location of choice. Registration link is: [https://fcds.med.miami.edu/scripts/naaccr\\_webinar.pl](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 Melissa Williams at 305-243-2641 or [melissa\\_williams@miami.edu](mailto:melissa_williams@miami.edu).

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## Florida Cancer Data System Cancer Reporting Completeness Report

### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF AUGUST 17, 2010

Total number of *New Cases* added to the FCDS Master file in July 2010: 196

*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
2010	0	0	0	0	0	Pending	0	0
2009	162,819	3,442	53	3,148	19	Pending	169,481	185
2008	171,587	8,629	2,534	4,746	42	Pending	187,538	11

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2010	0%	17%
	2009	100%	100%
	2008	100%	100%

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