

The Florida Cancer Data System MonthlyMemo

Monthly Journal of Updates and Information

WHAT'S NEW:

*The following information
is currently available on
the FCDS website.*

SEPTEMBER 11

2011 FCDS Educational Webcast Series

FCDS is hosting a series of educational webcasts for Florida cancer registrars and cancer case abstractors between 6/15/11 and 1/19/12. There are eight (8) different webcasts in the series. Please join us for this informative and timely educational series.

We encourage all Florida registrars and abstractors to mark their calendars for this entire series of events and plan to participate in all 8 sessions.

WEBCAST SCHEDULE:

Each webcast will be held on a Thursday from 9am-11am on dates noted below.



2011 FCDS TEXT DOCUMENTATION REQUIREMENTS

FCDS/NAACCR EDITs Metafile
- compatible with NAACCR
12.1A version - 8/30/2011,
12.1 Metafile changes.

FCDS/NAACCR WEBINAR SERIES:

**COLLECTING CANCER DATA:
LARYNX INCLUDING MUCOSAL
MELANOMA OF LARYNX,
10/06/2011, BEING HELD
AT 7 FLORIDA FACILITIES AND
requires registration.**



The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981.

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Job Opportunities with the Florida Cancer Data System



- Florida Central Cancer Registry Specialists
- Senior Regulatory Analyst/ Quality Control Coordinator

FLORIDA CENTRAL CANCER REGISTRY SPECIALIST

The University of Miami, Miller School of Medicine has two opportunities available for a Central Cancer Registry Specialist located on our Medical Campus in Miami, Florida. This individual will be responsible to be the primary point of contact between the Florida Cancer Data System (FCDS), Florida's statewide population based cancer registry, and our reporting sources (hospitals, physician offices, radiation treatment centers and surgery centers). Primary duties include the processing, review and correction of submitted cancer abstracts by the reporting sources, developing relationships with each assigned facility and being the primary contact for questions and issues.

Position requirements are:

1. A minimum of two years experience in a cancer registry;
2. NCRA certification as a Certified Tumor Registrar (CTR) or CTR eligible with cancer abstracting.

Send resumes to mthiry@med.miami.edu or call 305-243-2639 for more information.

SR. REGULATORY ANALYST/QUALITY CONTROL COORDINATOR

FCDS, Florida's population-based state-wide cancer registry, has an exciting job opportunity for an experienced CTR as a Senior Regulatory Analyst/Quality Control Coordinator. The QC Coordinator will work directly with the Manager of Data Quality and Education and Training and the FCDS Data Quality Team. The FCDS Data Quality Team is involved in the overall planning and delivery of various data quality studies across the state of Florida (reporting completeness, abstracting completeness, and coding accuracy) as well as ad hoc data quality and quality improvement activities that combine to make-up the FCDS

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Quality Control Plan. The FCDS Data Quality Team is also actively involved in the development and delivery of high quality education and training programs geared toward both new and experience cancer registrars. This is a challenging and rewarding position for a highly motivated CTR. FCDS is a busy hub of activity that includes cancer reporting from many types of report sources.

Routine responsibilities include: the Quality Control of abstracted/coded data to ensure that all cases received by FCDS are accurate and reliable and that data meet or exceed national data quality standards; re-casefinding and re-abstracting field audits and audit reconciliation activities; response to technical inquiries from in-the-field registrars, and serving as a subject matter expert to both hospital registry staff and the staff at the central registry. Experience with electronic data capture, e-path, and other electronic health records including EMRs is also highly desirable.

Qualified individuals should have a bachelor's degree and at least three years relevant work experience in a cancer registry as a CTR. Applicants must demonstrate a working knowledge of ICD-O-3, ICD-9-CM, ICD-10 including ICD-10-CM/PCS, and HCPCS/CPT coding. Understanding of national cancer case abstraction and cancer registry coding standards and related best practices is a requirement. Experience in epidemiological and/or clinical research studies is a plus.

The University of Miami, Miller School of Medicine is proud to offer those who lead with us competitive salaries, medical; and dental benefits, tuition remission, vacation, university paid holidays and much, much more. The University of Miami is an Equal Opportunity/Affirmative Action Employer. Please send cover letter and resume/CV to Steven Peace at speace@med.miami.edu.



Calling All Florida CTRs Interested in Collaborative Stage Data Collection and Quality Control Activities at FCDS:

FCDS recognizes the added value when using Florida peer-to-peer CTRs to conduct re-abstracting field audits and other FCDS QC activities. CTRs who abstract on a daily basis are our best resource for providing peer-to-peer feedback on data quality and recommendations to improve our data statewide. At this time FCDS is in need of several highly skilled abstractors willing to participate in the next FCDS Re-Abstracting Field Audit. This audit will take place in mid-winter (December-February), will include 80 or more facilities, and will focus on Collaborative Stage Core Data Elements and Site Specific Factor Coding for Cases Diagnosed in 2010. The actual data collection will take place during a 6-week window as yet defined but at some time during the in-the-field study window of December-February. FCDS needs registrars from across the state to visit hospitals either in person or via remote access to “re-abstract” key data elements: *patient demographics, primary site, histology and collaborative stage data items*. No treatment data will be collected. Thank you for your support and interest. Please contact Steven Peace, CTR directly with your resume and letter of interest.

You may contact Steven Peace via email at speace@med.miami.edu.

Florida Cancer Data System Welcomes Staff

We are pleased to welcome five new staff members to the FCDS family.

Judy Bonner – Judy comes to FCDS with an extensive background as a Certified Tumor Registrar and cancer registry manager. Her most recent work experience has been as the Cancer Registry Manager for Florida Hospital in Orlando, Florida. Judy also has a Bachelor of Science degree from the University of Maine and Master of Science degree in nursing from the University of Rochester, New York. Judy will be serving as a Senior Regulatory Analyst for the CDC funded CER project.

Lynne Pearson – Lynne comes to FCDS as a seasoned Certified Tumor Registrar with extensive experience working at Florida-based medical facilities such as Wellington Regional Medical Center, St. Mary's Medical Center, and North Florida Regional Medical Center. She has a bachelor's degree in Health Services from Florida Atlantic University. Lynn will be serving as a Senior Regulatory Analyst for the CDC funded CER project.

Patricia Anderson – Patricia Anderson comes to FCDS with a background in computer programming and computer applications development. Her most recent work experience has been in the area of higher education institutional research. She has over twenty years of experience in computer programming, computer applications design and development, project management and analysis. Patricia received her Bachelor of Science and Master of Science degrees from the New Jersey Institute of Technology. Patricia will be serving as a Research Associate for the CDC funded CER project.

Loretta Young – Loretta comes to FCDS with a background in customer communications and customer services from Carnival Cruises and Nordstrom's Department Store. She also served as a Business Service Coordinator in the congregate care department of The Visiting Nurse Service of New York. Loretta is a graduate of the Executive Secretary Program of New York. Loretta will be serving as Administrative Assistant on the Agency for Healthcare and Research Quality project at FCDS.

Aja Scott – Aja comes to FCDS with experience in customer services and office management from the University of Miami, Applebaum MRI Center where she has helped with patient navigation, registration, and services. She is a graduate of Miami Carol City Senior High School and will be serving as the Head Receptionist at FCDS.



Deadlines, Updates, & Reminders



The deadline for the FCDS Death Clearance Follow Back processing is October 24, 2011.
Please remember to clear all of your cases by the deadline.

A separate option in the FCDS Menu will guide you to the V12.1 Single Entry and Batch Upload options which are also now available.

Updates Summary:

1. V12.1 Uploads and Single Entry are now open and will edit any submissions .
2. Please remember that the V12.1 conversion for BOTH hospitals and FCDS includes required manual reviews of cases; this may be time consuming for both small and large registries and includes nearly 5000 cases to be reviewed by FCDS at the central registry level.
3. 2011 FCDS DAM is now on the FCDS website.

FCDS 2011 Annual Meeting NCRA Recognized CE Hours

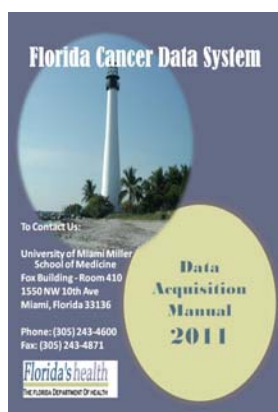
Please fill-in the following continuing education hours on your
Certificate of Attendance for the FCDS Annual Meeting held in Tampa, FL on July 28th – 29th, 2011.

CE Hours: 9.25

5.75 CE Hours - *If you only attended day 1 of the meeting*

3.5 CE Hours - *If you only attended day 2 of the meeting*

NCRA Program Recognition Number: 2011-143



THE 2011 FCDS DAM IS AVAILABLE ON THE FCDS WEBSITE.

FCDS is pleased to announce the availability of the 2011 FCDS Data Acquisition Manual (FCDS DAM). The manual includes important information about Florida cancer reporting requirements for 2011, 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 Downloads.

**Please be sure you have the September 2011 version as it contains important updates not included in the July 2011 version.*



Make a note...

CLARIFICATION FROM THE COLON/RECTUM WEBCAST (KRAS CLARIFICATION)

KRAS mutation is predictive of a very poor response to panitumumab (Vectibix) and cetuximab (Erbix) therapy in colorectal cancer. Therefore, when the KRAS is of wild type the drugs panitumumab and cetuximab have higher probability of being effective against the tumor and mets. Therefore, patients with KRAS wild will receive these new drugs...KRAS Mutant will not as the drugs will have little to no effect on the tumor.

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DATE	DAIL-IN NUMBER	PARTICIPANT CODE	HOST CODE	TITLE
*6/15/11	877-322-9652	358762	687543	2011 FCDS Reporting Requirements - Vendors
*8/18/11	888-296-1938	619968	749704	Text Documentation/Visual Editing and Introduction to CSv02.03.02
*9/15/11	888-296-1938	619968	749704	Colon/Rectum Cancer - 2011 MPH Rules/CSv02.03/Site
9/29/11	888-296-1938	619968	749704	Breast Cancer - 2011 MPH Rules/CSv02.03/Site Specific
10/20/11	888-296-1938	619968	749704	Myeloid Neoplasms (CML/AML/MDS) - 2011 MPH
11/17/11	888-296-1938	619968	749704	Lung Cancer - 2011 MPH Rules/CSv02.03/Site Specific
12/15/11	888-296-1938	619968	749704	Genitourinary (Kidney, Bladder, Prostate) - 2011 MPH
1/19/12	888-296-1938	619968	749704	Brain and CNS Tumors - 2012 MPH Rules/CSv02.03/Site

* Webcasts available on the FCDS website, on the Downloads page:

<http://fcds.med.miami.edu/inc/teleconferences.shtml>

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5.75 CE Hours - *If you only attended day one (1) of the meeting*

3.5 CE Hours - *If you only attended day two (2) of the meeting*

NCRA Program Recognition Number:

2011-143

NAACCR 2011-2012 Webinar Series

The Florida Cancer Data System is happy to announce that for another year we will be presenting the NAACCR Cancer Registry and Surveillance Webinar, 2011-2012 series at seven locations throughout Florida:

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

DATE/TIME	TOPIC
10/06/2011	Collecting Cancer Data: Larynx Including Mucosal Melanoma of Larynx
11/03/2011	Collecting Cancer Data: Ovary
12/01/2011	Collecting Cancer Data: Thyroid and Adrenal Gland
01/05/2012	Collecting Cancer Data: Pancreas
02/02/2012	Collecting Cancer Data: Lung
03/01/2012	Abstracting and Coding Boot Camp: Cancer Case Scenarios
04/05/2012	Collecting Cancer Data: Lower Digestive System
05/03/2012	Collecting Cancer Data: Hematopoietic
06/14/2012	Using and Interpreting Data Quality Indicators
07/12/2012	ICD-10-CM and Cancer Surveillance
08/02/2012	Collecting Cancer Data: Melanoma of Skin
09/06/2012	Coding Pitfalls

Special thanks to the hosting facilities for their participation and support. For a complete description of the webinars, click here: https://fcds.med.miami.edu/scripts/naacccr_webinar.pl

Please go to the FCDS website to register online for your location of choice. Registration link is: https://fcds.med.miami.edu/scripts/naacccr_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 Steve Peace at 305-243-4601 or speace@med.miami.edu.

NAACCR CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES

Seven Florida facilities will host the 2011-2012 webinar series, registration is required



REGISTER FOR THE
NEXT WEBINAR

FCDS is now the host site for Miami, FL with space for 25-30 participants.

Links to each of the webinars within the 2010-2011 NAACCR Webinar series is now available on the FCDS website. You may access the recording, copy of the slides, Q&A, and CE Certificate for each webinar from the series. A CE Certificate has been provided for those viewing the recording of the webinars.



Clarification of FCDS Policy Regarding New to Florida Abstractors and Initial 10 Cases Submitted to FCDS

Every registrar/abstractor planning to work in the State of Florida is required to submit to FCDS ten paper abstracts (or printed copies of the vendor abstracts) for review and approval before starting any hospital or contract work in the State of Florida, regardless of CTR credentials or years of service in the registry field. This is the initial step in a registrar seeking to obtain a Florida Cancer Data System Cancer Abstractor Code and prior to any cases being submitted electronically by this individual. FCDS believes this is a critical first QC.

This procedure will eventually become fully electronic. Until then, the 10 abstracts must be on paper and from a variety of primary sites. All must be analytical cases. All cases must be submitted in strict accordance with preparation and mailing requirements noted below.

Registrars' adherence to submission instructions, FCDS DAM Instructions, and Florida state and national standard coding guidelines will be used to assess the overall quality of each registrar's work and their familiarity with the reporting rules and regulations for cancer case reporting in the state of Florida.

Please read the FCDS DAM closely, as there are a few nuances that many out-of-state registrars miss – most notably reporting of non-analytic cases and all historical cancers if any cancer is active. Corrections will be made on the actual paper abstracts giving specific information and feedback as to what any errors might have been and how they can be avoided in the future. Suggestions may also be made offering information regarding educational resources available to assist new or inexperienced abstractors with developing their skills and enhancing their abilities.

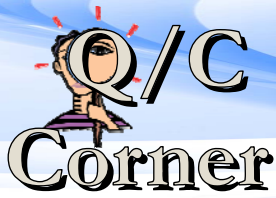
This cycle will be repeated only twice. If the registrar sends a paper envelope with PHI included – it will go directly into the locked bin for secure destruction. None of the cases will be reviewed. Also, if the FCDS QC staff deems that the abstractor is not competent to abstract in the State of Florida after the second attempt, the abstractor must wait a minimum of three months before submitting another ten paper abstracts for review.

Approved abstractors will be eligible to obtain a Florida Cancer Data System Cancer Abstractor Code following separate procedures outlined in the FCDS DAM. Abstractor Codes are only provided to approved abstractors and must be renewed annually according to FCDS requirements and guidelines.

NEVER share your abstractor code...or your code will be revoked. Codes are renewed annually.

NOTE ONE: All Cases Submitted for First 10 Abstract Review on or after 7/1/2011 must meet all FCDS requirements including all FCDS required data items, CSv02.03.02 staging including all FCDS SSF Requirements. A copy of the 2011 abstract form is available in the 2011 FCDS DAM if cases must be recorded onto paper pending v12.1 software upgrades.

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Clarification of FCDS Policy Regarding New to Florida Abstractors and Initial 10 Cases Submitted to FCDS

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NOTE TWO: Cases must NOT include any visible Patient Health Information (patient name, date of birth, SSN, patient address, medical record number). Patient Health Information may be “redacted” with permanent marker (black) – but no patient information should be readable. You may need to copy the redacted copy to get a truly PHI-free abstract. Sending PHI through the mail is strictly forbidden. Records can include all information not shaded/faded out on the sample abstract form found in the FCDS Data Acquisition Manual.

NOTE THREE: Cases MUST be mailed via courier mail (FedEx, etc.). Do not use regular U.S. Mail, U.S.P.S. Certified Mail, or U.S.P.S. Priority Mail. Ensure sturdy packaging. And, do not mail to the FCDS PO Box address. These packages may get lost in the University mail.

Mail all courier packages with appropriate tracking to:

FCDS

University of Miami School of Medicine

Attn: Quality Control/S. Peace - Mgr

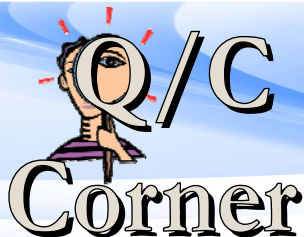
1550 NW 10 AVE

Fox Bldg, Room 410

Miami, FL 33136

Phone (305)243-4600

Thank you. FCDS and the Florida Department of Health

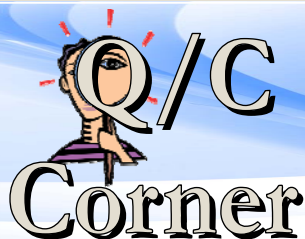


Appendix G: FCDS 2011 Record Layout (NAACCR Version 12.1)



Schema Number	Schema Name	TNM/SS Required	FCDS Required
116	AdnexaUterineOther	None	None
147	AdrenalGland	None	None
66	AmpullaVater	None	None
59	Anus	None	None
50	Appendix	2,11	2,7,10,11
65	BileDuctsDistal	25	25
61	BileDuctsIntraHepat	10	10
63	BileDuctsPerihilar	25	25
68	BiliaryOther	None	None
128	Bladder	2	2
95	Bone	None	None
143	Brain	None	1
106	Breast	3,4,5	1,2,3,4,5,8,9,10,11,12,13,14,15,16,21,22,23
25	BuccalMucosa	1	1
51	CarcinoidAppendix	2	2
110	Cervix	None	None
144	CNSOther	None	1
53	Colon	2	2,7,9,10
131	Conjunctiva	1	1
112	CorpusAdenosarcoma	2	2
111	CorpusCarcinoma	2	2
113	CorpusSarcoma	2	2
64	CysticDuct	25	25
72	DigestiveOther	None	None
148	EndocrineOther	None	None
32	EpiglottisAnterior	1	1
41	Esophagus	1	1
43	EsophagusGEJunction	1,25	1,25
133	EyeOther	None	None
115	FallopianTube	None	None
17	FloorMouth	1	1
62	Gallbladder	None	None
117	GenitalFemaleOther	None	None
123	GenitalMaleOther	None	None

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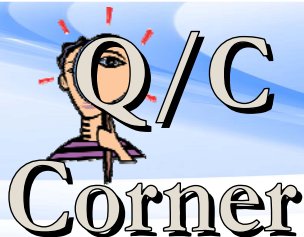
Appendix G: FCDS 2011 Record Layout (NAACCR Version 12.1)



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Schema Number	Schema Name	TNM/SS Required	FCDS Required
52	GISTAppendix	11	11
54	GISTColon	11	11
42	GISTEsophagus	6	6
104	GISTPeritoneum	5,10	5,10
57	GISTRectum	11	11
48	GISTSmallIntestine	6	6
45	GISTStomach	6	6
13	GumLower	1	1
15	GumOther	1	1
11	GumUpper	1	1
92	HeartMediastinum	1	1
151	HemeRetic	None	1
37	Hypopharynx	1	1
153	IllDefinedOther	None	None
145	IntracranialGland	None	1
149	KaposiSarcoma	None	None
126	KidneyParenchyma	None	None
127	KidneyRenalPelvis	None	None
138	LacrimalGland	25	25
139	LacrimalSac	25	25
82	LarynxGlottic	1	1
88	LarynxOther	1	1
86	LarynxSubglottic	1	1
84	LarynxSupraglottic	1	1
3	LipLower	1	1
5	LipOther	1	1
1	LipUpper	1	1
60	Liver	None	None
91	Lung	1	1
150	Lymphoma	2	2
26	MelanomaBuccalMucosa	None	None
136	MelanomaChoroid	2,3,4	2,3,4
135	MelanomaCiliaryBody	2,3,4,25	2,3,4,25
132	MelanomaConjunctiva	1,2	1,2

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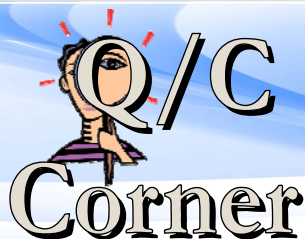
Appendix G: FCDS 2011 Record Layout (NAACCR Version 12.1)



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Schema Number	Schema Name	TNM/SS Required	FCDS Required
33	MelanomaEpiglottisAnterior	None	None
137	MelanomaEyeOther	None	None
18	MelanomaFloorMouth	None	None
14	MelanomaGumLower	None	None
16	MelanomaGumOther	None	None
12	MelanomaGumUpper	None	None
38	MelanomaHypopharynx	None	None
134	MelanomaIris	4,25	4,25
83	MelanomaLarynxGlottic	None	None
89	MelanomaLarynxOther	None	None
87	MelanomaLarynxSubglottic	None	None
85	MelanomaLarynxSupraglottic	None	None
4	MelanomaLipLower	None	None
6	MelanomaLipOther	None	None
2	MelanomaLipUpper	None	None
24	MelanomaMouthOther	None	None
74	MelanomaNasalCavity	None	None
35	MelanomaNasopharynx	None	None
31	MelanomaOropharynx	None	None
20	MelanomaPalateHard	None	None
22	MelanomaPalateSoft	None	None
40	MelanomaPharynxOther	None	None
79	MelanomaSinusEthmoid	None	None
77	MelanomaSinusMaxillary	None	None
81	MelanomaSinusOther	None	None
99	MelanomaSkin	1,2,3,4,7	1,2,3,4,7
10	MelanomaTongueAnterior	None	None
8	MelanomaTongueBase	None	None
120	MerkelCellPenis	3	3
125	MerkelCellScrotum	3	3
98	MerkelCellSkin	3	3
108	MerkelCellVulva	3,11	3,11
75	MiddleEar	None	None
23	MouthOther	1	1

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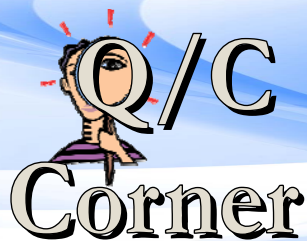
Appendix G: FCDS 2011 Record Layout (NAACCR Version 12.1)



Continued from page 12

Schema Number	Schema Name	TNM/SS Required	FCDS Required
100	MycosisFungoides	1	1
152	MyelomaPlasmaCellDisorder	None	None
73	NasalCavity	1	1
34	Nasopharynx	1,25	1,25
67	NETAmpulla	None	None
55	NETColon	2	2
58	NETRectum	2	2
49	NETSmallIntestine	None	None
46	NETStomach	1	1
140	Orbit	None	None
30	Oropharynx	1	1
114	Ovary	None	None
19	PalateHard	1	1
21	PalateSoft	1	1
70	PancreasBodyTail	None	None
69	PancreasHead	None	None
71	PancreasOther	None	None
27	ParotidGland	1	1
119	Penis	17	17
102	Peritoneum	1,25	1,25
105	PeritoneumFemaleGen	25	25
36	PharyngealTonsil	1,25	1,25
39	PharynxOther	None	None
118	Placenta	1	1
93	Pleura	1	1
121	Prostate	1,3,8,10	1,3,8,10
56	Rectum	2	2,5,7,9,10
94	RespiratoryOther	None	None
141	Retinoblastoma	1	1
103	Retroperitoneum	1	1
29	SalivaryGlandOther	1	1
124	Scrotum	12,16	12,16
78	SinusEthmoid	1	1
76	SinusMaxillary	1	1

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QUESTIONS? AND ANSWERS.

QUESTION:

I have a pathology report that reads: “Pre B Acute Lymphoblastic Leukemia” is this reportable? She was transferred to another hospital for the work-up. She returned to our facility for only an ED visit 3 months later and was receiving chemo at that time.

ANSWER:

This is a malignancy of the precursor B-cells (not a precursor to leukemia or lymphoma – it already is leukemia/lymphoma).

If the cell line (lineage) of B-cell or T-cell **is not** provided you code this to 9835/3.

If the cell lineage **is** provided you code either to T or B cell (9670/3 or 9836/3, respectively).

Module 3: Lymphoma/Leukemia (Specific neoplasms that can manifest as either leukemia or lymphoma) PH9-PH12

Blastic plasmacytoid dendritic cell neoplasm, NOS 9727/3

Burkitt cell leukemia 9826/3

Burkitt lymphoma, NOS 9687/3

Precursor B-cell lymphoblastic leukemia/lymphoma 9836/3

Precursor B-cell lymphoblastic lymphoma, NOS 9728/3

Precursor T-cell lymphoblastic lymphoma, NOS 9729/3

Small B lymphocytic lymphoma 9670/3

T lymphoblastic leukemia/lymphoma 9670/3

Note 1: ICD-9-CM and ICD-10 have separate codes for leukemia and lymphoma

Note 2: Commonly lymphoma originates in lymph node region(s), tissue, or organ(s) although it will metastasize to the bone marrow when the disease is stage IV or disseminated

Note 3: Commonly leukemia originates in the bone marrow

Rule PH11 Code the primary site bone marrow (C421) and the respective histology from the list below when the diagnosis is Burkitt lymphoma/leukemia, precursor cell lymphoblastic lymphoma/leukemia, precursor B-cell lymphoblastic leukemia/lymphoma, or precursor T-cell lymphoblastic leukemia/lymphoma AND the only involvement is bone marrow.

- Burkitt cell leukemia (9826/3)
- Precursor cell lymphoblastic leukemia, NOS (9835/3)
- Precursor B-cell lymphoblastic leukemia/lymphoma (9836/3)
- T lymphoblastic leukemia/lymphoma (9837/3)

Note 1: Leukemia most commonly originates in the bone marrow. When only the bone marrow is involved, code as leukemia.

Note 2: Do not change primary site code because the spleen is involved with infiltrate. The infiltrate refers to deposits of leukemia in the spleen as a result of the spleen filtering the blood.

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QUESTIONS? AND ANSWERS.

(Continued from page 14)

QUESTION:

What is POEMS syndrome?

ANSWER:

POEMS syndrome is a rare multi-systemic disease that occurs in the setting of a plasma cell dyscrasia. The syndrome may also be referred to as Crow-Fukase syndrome (by which it is known in Japan). POEMS stands for Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal Gammopathy, and Skin changes. Plasma cell dyscrasia by itself is not reportable – it is often associated as precursor to plasmacytoma or multiple myeloma as it often progresses from MGUS (monoclonal gammopathy of unknown significance) to solitary plasmacytoma to MM over its course.

Criteria for DX - the presence of 2 major criteria, including a monoclonal plasma-proliferative disorder and polyneuropathy, in addition to the existence of 1 minor criterion, is sufficient for diagnosis. The suggested minor criteria include sclerotic bone lesions, organomegaly, edema, endocrinopathy, papilledema, and skin change.

Therefore, this may or may not also include plasma cell neoplasm (solitary plasmacytoma or multiple myeloma). It is a B-cell neoplasm and unless there is evidence of reportable disease – it is not yet reportable. Once there is dx of plasmacytoma or MM it must be reported. We do not yet report MGUS.

QUESTION:

I have a case that was DX with a Myelodysplastic Syndrome back in August of 2008. Pt. completed his chemo August 2009 and his MEDIPORT was removed and case reported to FCDS in 2008.

On 6/10/11 Pt returns to our facility with what is being referred to as “RELAPSE” and now is DX with AML on 6/10/11. Is this a 2nd primary? I am aware that (MDS) is considered a premalignant condition in a subgroup of patients that often progresses to acute myeloid leukemia (AML) when additional genetic abnormalities are acquired.

ANSWER:

Yes this is a new primary AML according to the new Heme/Lymph MPH Rules and Database. Two primary neoplasms (MDS and AML).



Florida Cancer Data System Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF AUGUST 31, 2011

Total number of *New Cases* added to the FCDS Master file in August, 2011: **10,967**

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
2011	1,037	1	0	1,906	0	Pending	2,944	1,549
2010	145,375	2,687	103	2,091	57	Pending	150,313	8,306
2009	171,814	8,321	3,335	4,289	73	Pending	187,832	1,112

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2011	2%	17%
	2010	91%	100%
	2009	100%	100%

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

Continued from page 12

Appendix G: FCDS 2011 Record Layout (NAACCR Version 12.1)

Schema Number	Schema Name	TNM/SS Required	FCDS Required
80	SinusOther	None	None
96	Skin	12,16	12,16
97	SkinEyelid	6	6
47	SmallIntestine	2	2
101	SoftTissue	1	1
44	Stomach	1,25	1,25
28	SubmandibularGland	1	1
122	Testis	4,5,13,15,16	4,5,13,15,16
146	Thyroid	None	None
9	TongueAnterior	1	1
7	TongueBase	1	1
90	Trachea	None	None
129	Urethra	None	None
130	UrinaryOther	None	None
109	Vagina	None	None
107	Vulva	11	11

The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981 when it was contracted by the State of Florida Department of Health in 1978 to design and implement the registry. The University of Miami Miller School of Medicine has been maintaining FCDS (<http://fcds.med.miami.edu>) since that time.

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PROJECT DIRECTOR:

Jill A. Mackinnon, PhD, CTR

ADMINISTRATIVE

DIRECTOR:

Gary M. Levin, BA, CTR

EDITORS:

Gary M. Levin, BA, CTR

Steven M. Peace, BS, CTR

EDITOR ASSISTANT/ GRAPHICS DESIGNER:

Melissa K. Williams

CONTRIBUTORS:

Alicia Abraham

Bessie L. Brokenburr Henderson, CTR

Monique Hernandez, PhD

Penny A. Jones

Steven M. Peace, BS, CTR

Mike Thiry, PMP

FCDS

PO Box 016960 (D4-11)
Miami, FL 33101

Phone: 305-243-4600
800-906-3034

Fax: 305-243-4871

<http://fcds.med.miami.edu>