The Florida Cancer Data System
MonthlyMemo
Monthly Journal of Updates and Information

MARCH 12

SAVE THE DATE!

The 2012 Florida Cancer Data System Annual Conference is being held July 25th-27th, 2012 at the TradeWinds Island Resorts in St Pete Beach. The FCRA Annual conference is at the same hotel and precedes the FCDS conference.

TOPICS:

- NPCR CER & AHRQ Projects
- Quality Control - Reviews & Exercises
- Web-based Education & User Controlled Facility Profiles
- Tumor Consolidation
- Cancer Patient Portal
- Unified Case Finding Follow Back

Slides/Handouts will be available for printing prior to conference as nothing will be distributed at the meeting.

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

You may visit the hotel reservation link available on the FCDS registration page (click or copy and paste link listed) or call 1-800-360-4016 and reference the group code "FCDS" to get the group rate of $139.00.

****Deadline for group rate reservations is 7/9/2012.****

Hotel requires a one-night deposit at reservation time. 48 hours notice for cancellation to return your deposit.

For more information contact:

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WHAT'S NEW:

The following information is currently available on the FCDS website.

FLORIDA ANNUAL CANCER REPORT: INCIDENCE AND MORTALITY - 2007

FCDS/NAACCR EDITs Metafile - 12.1B Metafile, posted 02/06/2012 8:15am, 12.1B Metafile changes, minor changes to Reason No Radiation edits.

FCDS/NAACCR WEBINAR SERIES: NAACCR 2011-2012 CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES - COLLECTING CANCER DATA: LOWER DIGESTIVE SYSTEM, 04/05/2012, 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.

AHCA/AMBI/Death Clearance Follow Back Change

Each year FCDS sends hospitals and surgery centers follow back records to work from both the Agency for Healthcare Administration (AHCA) and Florida Vital Statistics (Death Clearance or Mortality Follow Back). Historically, these follow back items are processed twice annually with AHCA/AMBI being processed in the first quarter of the year and Death Clearance/ Mortality in the third quarter each year.

Starting this year, FCDS will be making a change to this schedule that we hope will provide more time for facilities to get 2011cases completed by the June 30 deadline and also provides a single, annual follow back for AHCA, AMBI and Death Clearance/Mortality.

This year FCDS will postpone the AHCA/AMBI follow back first quarter process until after the June 30 deadline. We are hopeful that this helps the hospitals focus on the June 30 end of year deadline and not be distracted by AHCA/AMBI case finding.

We will also be working to combine the AHCA/AMBI follow back queues with the Death Clearance/Mortality follow back queue to make a single follow back queue to be worked annually.

The plan would be to process these together and send them to facilities right after the June 30 deadline (approx. date July 15) with a due date of October 15 to complete. Our goal is to provide a consistent, single, once a year follow back process for all facilities.

We recognize how busy everyone is and we hope that this change helps, even in a small way, to make things a little easier.

If you have questions, please contact your field coordinator or Mike Thiry at 305-243-2639.

SEASONAL RESIDENTS AND RESIDENCE AT DIAGNOSIS

Florida has a huge partial year residency population. These individuals are not permanent residents of Florida and should have their usual non-Florida residence coded when abstracting these cases. Sometimes registrars do not learn of the "seasonal" nature of residency until later in the patient course of treatment – "patient returned to Michigan to complete chemo and radiation."

The Census Bureau definition of residence is "the place where he or she lives and sleeps most of the time or the place the person considers to be his or her usual home."

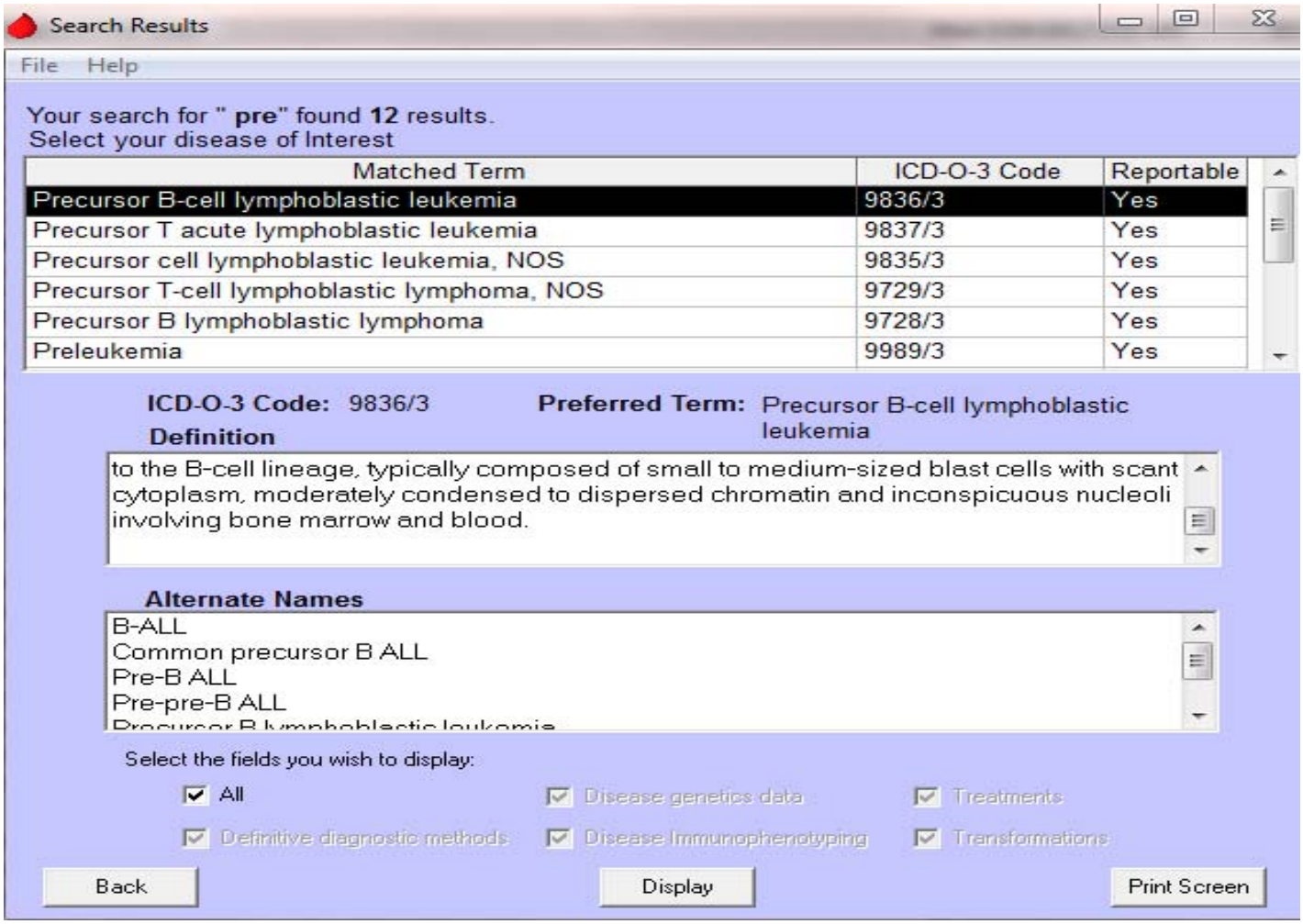
The FCDS DAM for 2012 will include additional clarification on seasonal and part-year residence, usual residence, and abstracting and coding instructions will be enhanced.

FCDS participates formally in annual inter-state data exchange of non-Florida residence to other states to ensure completeness of each state's incidence cancer files. We appreciate your attention to discerning the differences between partial and permanent residents. If you have any questions, please contact us at FCDS.

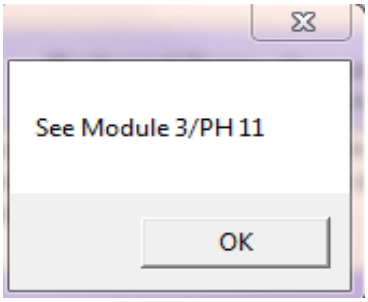
How To Use The Hematopoietic Database: Coding 9836/3 For Diagnosis Date On Or After 2010

When the rules tell you to go to the database (DB) to determine the histology and primary site, you use the database information. Reminder: Don't forget the "Abstract Notes"

Once in the Hematopoietic Database (DB) type 9836/3 double click on the code 9836/3, see below.



It will bring you to "See module 3/PH11"



(Continued on page 4)

How To Use The Hematopoietic Database: Coding 9836/3 For Diagnosis Date On Or After 2010

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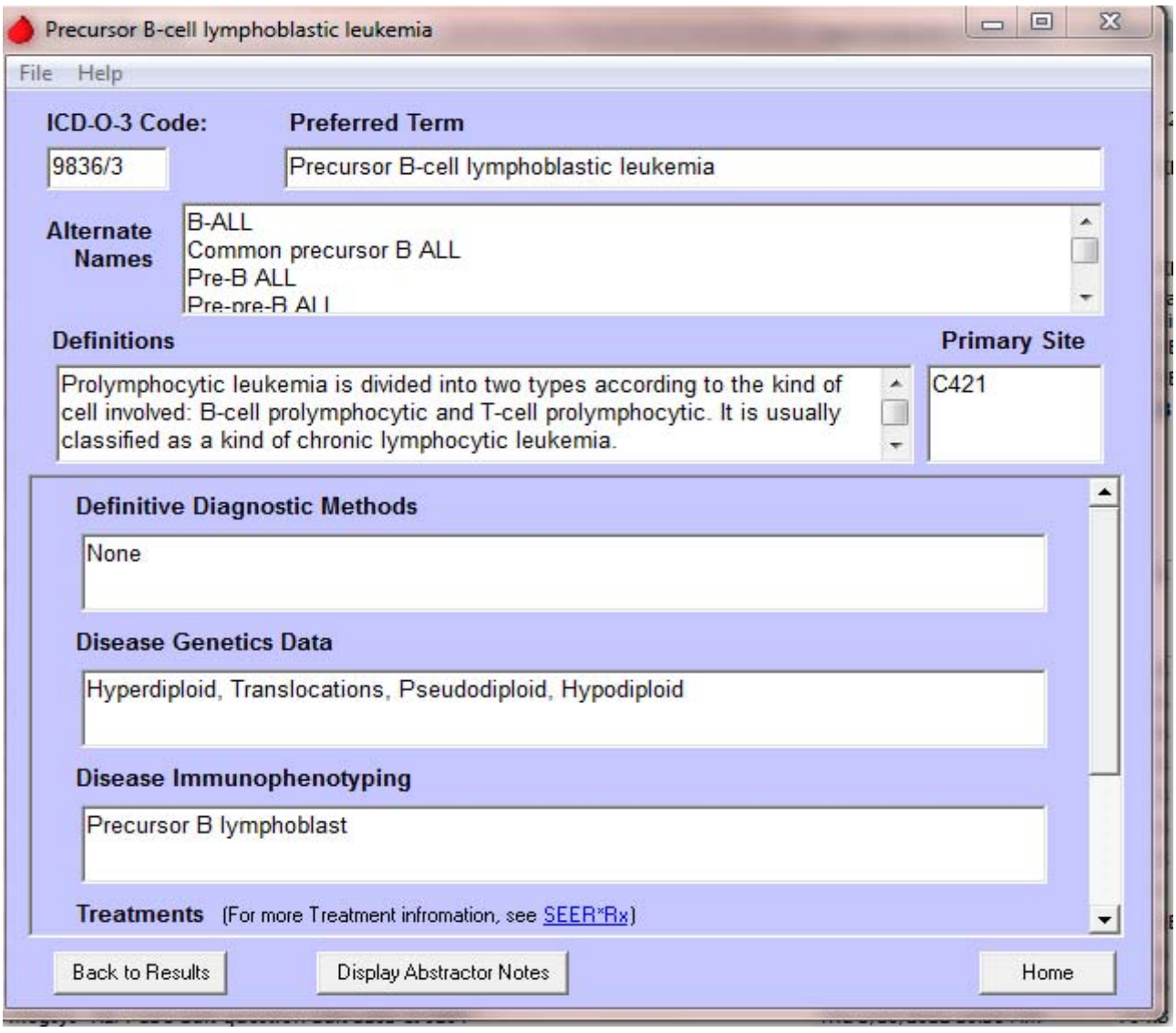
Select OK.

Now on the bottom of this screen look at the button called “Display Abstractor Notes” Select this button.



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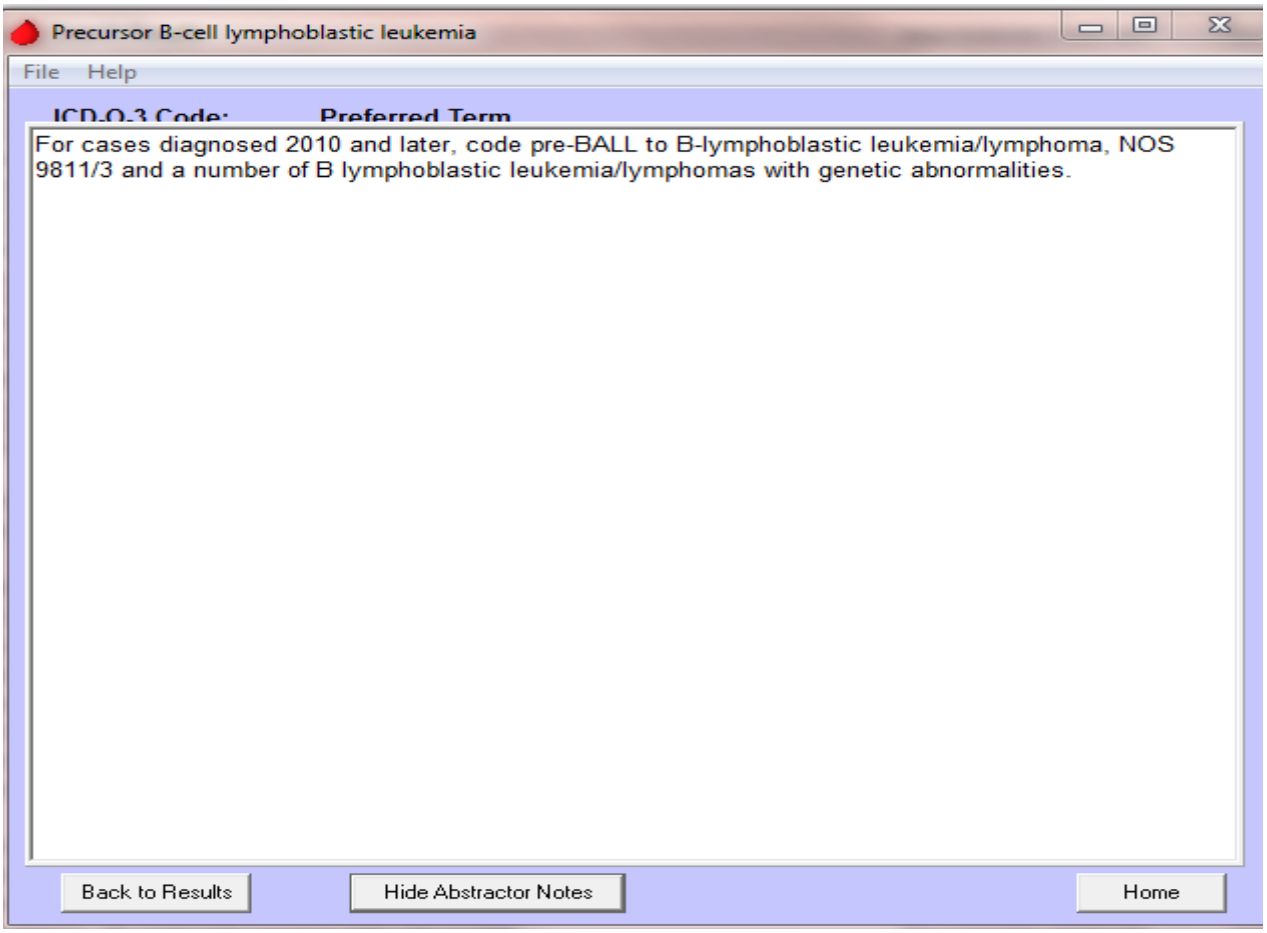
How To Use The Hematopoietic Database: Coding 9836/3 For Diagnosis Date On Or After 2010

(Continued from page 4)

Remember to READ the hidden Abstractor Notes.

Also use the abstractor notes to confirm an unusual site/histology combination.

Read the following note as displayed:



Reminder:

Go to the website http://seer.cancer.gov/tools/heme/index.html to sign up for e-mail updates on the implementation of Ask a SEER Registrar, new releases of the Hematopoietic Manual and Database, Multiple Primary Rules and SEER*Rx - Interactive Drug Database.

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

* Webcasts available on the FCDS website, on the Downloads page: http://fcds.med.miami.edu/inc/teleconferences.shtml

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/naaccr_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/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 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.

QUESTIONS? ANSWERS.

Source: http://cancerbulletin.facs.org/forums/

QUESTION:

Concerning melanoma, are shave biopsies and punch biopsies considered diagnostic staging procedures or surgical procedures? Which treatment code do we select when a shave biopsy or punch biopsy is done and the pathology report does not mention the completeness of margins? Do we assume the biopsy done was an incisional biopsy because margins are not mentioned? If a shave/punch biopsy is done and is then followed by a re-excision or wide excision, how do we code the procedures?

ANSWER:

The skin biopsy of any technique (shave, punch, incisional, etc), which shows gross residual margins visible by eye is coded in Surgical Diagnostic and Staging Procedure, (code 02 for diagnostic biopsy of primary site). The biopsy with positive margins invisible by eye, but visible as involved by the tumor under microscope is coded as a surgical procedure-excisional biopsy, codes 20 or 27. If margins are positive macro-or microscopically, the re-excision is required for treatment. The re-excision is coded as 30-33 (depends on technique of previous biopsy) if the margins are clean microscopically, and the distance from the tumor to the margins is less than or equal to 1 cm or unknown. If the margins are clean microscopically, and the distance from the tumor to the margins is greater than 1 cm, code the re-excision to 45-47. (Inquiry # 45521; Revised by AD 01/27/2010; Fords Appendix B page 268)

QUESTION:

A malignant melanoma was removed with close or transected margins on a punch or shave biopsy. It was followed by a re-excision that showed no residual. Is the punch or shave biopsy coded as a diagnostic procedure and the re-excision coded as the only treatment or is the shave/punch biopsy coded as part of the surgical treatment?

ANSWER:

If the shave/punch biopsy removed all gross tumor (only microscopic margins), then it would be coded as a surgery (code 20 or 27) and the re-excision will be coded 30-32 or 45-47 depending on size of margins. (Inquiry # 21668; Fords page 135, Revised 2009)

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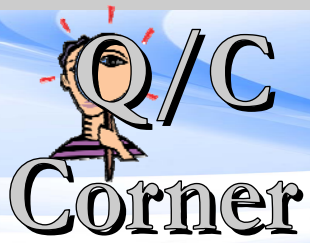

QUESTIONS? ANSWERS.

(Continued from page 7)

Source: FCDS Q/C and Education Division

QUESTION:

Is the term "likely" considered an ambiguous term when not prefaced by the word "most"?

ANSWER:

You may or may not be aware that this question has more than one answer for more reasons than you have noted. THERE IS NO SINGLE LIST OF AMBIGUOUS TERMS and how they translate for use in cancer registration. But, to answer the most basic form of your question the term "likely" used alone is not a "YES" word under most circumstances in the cancer registry world. The term must be prefaced by a more descriptive adjective "most", "highly", etc. to be a positive or "YES" word that crosses over into reportability, type of histology, treatment option, survival, etc. Furthermore, the historical interpretation and use of ambiguous terms by cancer registrars, central cancer registries, and national cancer programs has not been consistent or compatible with physician or subspecialty physician use of these terms. For example; a radiologist use of likely or possible may have an entirely different connotation than that of a surgeon or even that of a pathologist. Therefore, there is a lot of "wiggle room" when these terms are used. That is why registries have tried to develop these Lists that are far from perfect but at least allow our interpretations to be consistent.

Florida Cancer Data System
Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF FEBRUARY 29, 2012

Total number of *New Cases* added to the FCDS Master file in February, 2012: **20,061**

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	67,578	1,154	79	5,715	0	**Pending**	74,526	**17,022**
2010	160,317	7,287	103	1,378	57	**Pending**	169,142	**2,925**
2009	172,305	10,302	3,402	3,149	73	**2,187**	191,418	**114**

		Actual	**Expected**
% Complete for:	**2011**	**45%**	**66%**
	2010	100%	100%
	2009	100%	100%

Expected % based on 165,000 reported cases/year

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.

The FCDS is wholly supported by the State of Florida Department of Health, the National Program of Cancer Registries (NPCR) of the Centers for Disease Control and Prevention (CDC) and the Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine.

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