

The Florida Cancer Data System Monthly Memo

Monthly Journal of Updates and Information

SEPTEMBER/OCTOBER 12

Congratulations!



Jill MacKinnon, Ph.D., CTR, epidemiologist and project director of the Florida Cancer Data System, was recently elected President of the North American Association of Central Cancer Registries (NAACCR), which is a four-year commitment.

MacKinnon, who has headed Florida's legislatively mandated and funded cancer registry since its 1980 inception, will sit on the NAACCR Board of Directors as president-elect for one year, then as president for two years, then as past-president for the final year. Housed within the Sylvester Comprehensive Cancer Center, the state registry is one of the largest in the nation and is nationally certified at the highest level for data quality.

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 - 12.2C Metafile, posted 09/6/2012 1:25pm, 12.2B Metafile changes, minor changes to Reason No Radiation edits.

FCDS/NAACCR WEBINAR SERIES: NAACCR 2012-2013 CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES - STOMACH AND ESOPHAGUS, 10/04/12, BEING HELD AT 7 FLORIDA FACILITIES AND requires registration.

FCDS Florida Cancer Data System
A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

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



Florida Cancer Data System

Deadlines, Updates, & Reminders

CONSOLIDATED FOLLOW BACK REMINDER

The deadline for completion of your Consolidated Follow Back is fast approaching. Consolidated Follow Back is a combination of AHCA, Ambulatory Surgery Center (AMBI) and the Death Clearance follow back process into a single follow back queue.

The deadline to complete the review and submission of any missed cases is October 15, 2012.

A brief training module has been created to walk through the new Consolidated Follow Back process and can be accessed through our web site at:

<http://fcds.med.miami.edu/downloads/Teleconferences/2012/ConsolidatedFollowBack.wmv>

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

DOWNLOAD THE MULTIPLE PRIMARY AND HISTOLOGY CODING RULES MANUAL

Revised August 24, 2012

The Multiple Primary and Histology Coding Rules are available in three formats: flowchart, matrix and text. The different formats were developed to meet the needs of different learning styles. The rules are identical in each of the three formats. Using all three formats is not recommended. It is best to choose one format. Do not combine old rules with the new.

The MP/H Rules manual is available in PDF format and may be downloaded below as a single file or by section. Hard copy of the manual is available for purchase from the National Cancer Registrars Association (NCRA). If you purchased the manual from NCRA, download the replacement pages for the Data Items section below.

Release Notes: The Manual Sections and Complete Manual in a single PDF incorporate all the revisions through 08/24/2012.

http://seer.cancer.gov/tools/mphrules/2007_mphrules_manual_08242012.pdf

MP/H Rules Manual with Replacement Pages: Data Items - released 08/24/2012 (155 KB) - effective for cases diagnosed 1/1/2012

http://www.seer.cancer.gov/tools/mphrules/mphrules_data_items_08242012.pdf



Florida Cancer Data System

Deadlines, Updates, & Reminders

RELEASE OF REGISTRY PLUS ONLINE HELP VERSION 12.2 FOR 2012

A new version of Registry Plus Online Help (RPOH) has been released by the Centers for Disease Control and Prevention (CDC) Division of Cancer Prevention and Control, Cancer Surveillance Branch.

This new version is available at www.cdc.gov/cancer/npcr/toolsregistryplusrpoh_tech_info.htm.

RPOH provides online versions of FORDS, the SEER coding manual, Collaborative Stage manual, and other resources in a free, easy-to-use package.

RPOH is an integrated, user-friendly help system for cancer registrars and others who work with cancer data. Developed in support of CDC's National Program of Cancer Registries (NPCR), RPOH facilitates the abstraction of cancer cases by centralizing standard abstracting and coding manuals into one accessible, easy-to-use resource. The manuals within RPOH are cross-referenced, indexed, and context-linked, making the information readily available to the user, so RPOH can eliminate the need for printed manuals.

The following manuals are included in this release:

- NAACCR *Data Standards and Data Dictionary* for record layout version 12.2
- Online help for the NAACCR Edits Metafile V12.2B
- FORDS (*Facility Oncology Registry Data Standards*) 2012
- *Collaborative Stage Data Collection System [CS]: User Documentation and Coding Instructions, Version 02.04 (including both Parts I and II)*
- *SEER Program Coding and Staging Manual 2011*
- ICD-O-3, Introductory Material and Morphology Numerical Lists

Multiple Primary and Histology Coding Rules (updated through 9/27/11)

Registry Plus Online Help is part of the Registry Plus software suite for cancer registries.

Capturing HIGH RISK GIST cases

It is necessary to abstract and report the “high risk” GIST because “high risk” refers to the patient being at high risk of recurrence based upon multiple factors including size, location, and mitotic rate or index. The NIH Guideline that characterizes GIST at “high risk for relapse” using the statement “features of high-risk for relapse according to National Institute of Health (NIH) consensus guideline (Tumor size > 5 cm and mitotic rate > 5/50HPF, or tumor size > 10 cm irrespective of mitotic rate, or mitotic rate > 10/50 HPF irrespective of tumor size). Patients at high risk are recommended to receive at least 36 months imatinib (Gleevec) as “adjuvant” therapy. They are being treated for diagnosis of “high risk for relapse/recurrent” (malignant) GIST.

Below is a table from <http://cancer.gov> that shows risk stratification by the factors mentioned above. This may be confusing for registrars because they should not “call” something malignant. Only pathologists and clinicians should use this terminology.

Risk Stratification of Primary GIST by Mitotic Index, Tumor Size, and Tumor Location^a

Mitotic Index, hpf	Size, cm	Site and Risk of Progressive Disease (%)			
		Gastric	Duodenum	Jejunum/Ileum	Rectum
≤5 per 50	≤2	None (0)	None (0)	None (0)	None (0)
	>2 ≤5	Very low (1.9)	Low (4.3)	Low (8.3)	Low (8.5)
	>5 ≤10	Low (3.6)	Moderate (24)	(Insufficient data)	(Insufficient data)
	>10	Moderate (10)	High (52)	High (34)	High (57)
>5 per 50	≤2	None	High ^b	(Insufficient data)	High (54)
	>2 ≤5	Moderate (16)	High (73)	High (50)	High (52)
	>5 ≤10	High (55)	High (85)	(Insufficient data)	(Insufficient data)
	>10	High (86)	High (90)	High (86)	High (7)

GIST = gastrointestinal stromal tumors; hpf = high-power field, assessed from an area that on initial screen appears to have the highest mitotic activity.

^aAnnual review of pathology by ANNUAL REVIEWS, INC. Reproduced with permission of ANNUAL REVIEWS, INC., in the format Internet posting via Copyright Clearance Center.[2]

^bSmall numbers of cases.



EDUCATION AND TRAINING

EDUCATIONAL RESOURCES FOR REGISTRARS – UPDATED SEPT 2012

Reference Book/Manual for Abstracting Web Address For Source Notes		
2012 FCDS (Florida Cancer Data System) Data Acquisition Manual	http://www.fcds.med.miami.edu/inc/DAM.shtml	Details cancer data reporting guidelines and casefinding mechanisms for identifying reportable cancers.
2012 CoC FORDS Manual (Facility Oncology Data Standards)	http://www.facs.org/cancer/coc/standards.html	FORDS errata is issued quarterly and posted on the website.
SEER Program Coding and Staging Manual 2012	http://seer.cancer.gov/tools/codingmanuals/	The 2012 (SEER) Program Coding and Staging Manual is effective for cases diagnosed 1/1/12, and forward. Previous editions of this manual are available on the SEER website.
2007 MPH Rules - Solid Tumors, rev Aug 24, 2012	http://www.seer.cancer.gov/tools/mphrules/index.html	On the home page click on "Information for Cancer Registrars", MP/H Rules
2012 MPH Rules - Heme/Lymph Neoplasms and Interactive Heme/Lymph Database	http://seer.cancer.gov/seertools/hemelymph/	On the home page click on "Information for Cancer Registrars", Hematopoietic & Lymphoid Neoplasm Project
ICD-O-3 Coding Materials	http://www.seer.cancer.gov/icd-o-3/index.html	On the home page click "Data Collection Tools", Errata and Clarifications".
Collaborative Stage Data Collection System	http://www.cancerstaging.org/cstage	On the home page click the link "news" to see if there are updates.
SEER *Rx - Interactive Drug Database	http://seer.cancer.gov/seertools/seerrx/	A one-step lookup for coding oncology drug and regimen treatment categories in cancer registries
AJCC Staging Manual 7 th Edition (plus errata)	http://www.springer.com/medicine	Springer (publisher) ISBN: 978-0-387-88440-0
Education and Training Materials Web Address For Training Materials Notes		
FCDS Education & Training On-Line Abstractor Training Course and Recorded Webcasts/Teleconferences and Registration for FCDS-sponsored Educational Events	http://www.fcds.med.miami.edu/inc/training.shtml and http://www.fcds.med.miami.edu/inc/teleconferences.shtml	On-Line Abstractor Training Course, Recorded FCDS Educational Webcasts, Annual Meeting Presentations, Special Announcements, and more
SEER Cancer Registrar Training Modules	http://www.seer.cancer.gov/training/index.html	Self Instruction Modules on many abstracting topics including Collaborative Staging and Multiple Primary and Histology Coding Rules .
CoC/AJCC Online Education	http://www.eo2.commpartners.com/users/acs	On-Demand Webinars, CLP Education
NAACCR Webinars	http://www.naacrcinc.webex.com/mw0306lb/mywebex/	FCDS sponsors 6 host locations across Florida for the monthly educational webinars
Brain Tumor Registry Reporting Training Materials	http://www.cdc.gov/cancer/npcr/training	This includes a Power Point presentation on Benign Brain and CNS Tumors along with speaker notes. It also has exercises with answers provided.



EDUCATION AND TRAINING

Newsletters Web Address Notes		
FCDS Monthly Memo	http://www.fcds.med.miami.edu/inc/newsletters.shtml	Florida Cancer Data System's monthly memo written especially for registrars. (used as a source for updates/replacement pages to manuals)
FCDS Register (Quarterly Newsletter)	http://www.fcds.med.miami.edu/inc/	Florida Cancer Data System's newsletter
COC Flash	http://www.facs.org/cancer/cocflash.html	Commission on Cancer's newsletter.
Online Help For Abstracting Questions		
Ask a SEER Registrar/SEER Inquiry System	http://www.seer.cancer.gov/seer inquiry/index.php	Type in a topic, search, and it will show you similar questions that other registrars have submitted along with the answers.
CAnswer Forum (Inquiry and Response System)	http://cancerbulletin.facs.org/forums/	Type in a topic, search, and it will show you similar questions that other registrars have submitted along with the answers.
2012 Resources and References for Registrars		
2012 Casefinding/Reportable List	2012 FCDS Data Acquisition Manual (FCDS DAM)	
2012 Coding Manual and Instructions	2012 FCDS Data Acquisition Manual (FCDS DAM) 2012 CoC Facility Oncology Data Standards (CoC FORDS)	
2007 MPH Rules - Solid Tumors	2007 MPH Rules – Solid Tumors	
2012 MPH Rules - Heme/Lymph Neoplasms	2012 MPH Rules and Database – Heme/Lymph Neoplasms	
ICD-O-3 Primary Site/Histology Codes	ICD-O-3 (except for Heme/Lymph Neoplasms – codes 9590-9989) 2012 MPH Rules - Heme/Lymph Neoplasms for all codes 9590-9992	
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	
Free-Standing Software Applications	2012 Heme/Lymph Rules and Database SEER*Rx	
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://www.naaccr.org http://who.int/classifications/icd/adaptations/oncology/en	



QUESTIONS? ANSWERS. and CLARIFICATION

QUESTION:

If a patient comes in for a port placement only (Dx done elsewhere, no chemo at our facility), Is this patient reportable.

ANSWER:

1. Reportable Patients

All patients first seen at the reporting facility on or after January 1, 1981 (July 1, 1997 for freestanding/ambulatory surgery centers and freestanding radiation therapy centers), whether as an inpatient, outpatient or in an ambulatory care setting, who meet one or more of the following criteria must be reported:

- a) All patients with an active, malignant neoplasm (in-situ or invasive), whether being treated or not.

Exception 2:

Patients seen in an ambulatory care setting for “port-a-cath” placement where no chemotherapeutic or anti-neoplastic agent(s) is injected into the port do not need to be reported. Please note that many types of drugs may be administered through a “port-a-cath” delivery system. The medical record and medication flow sheets MUST be reviewed and cannot include administration of any anti-neoplastic agent(s) through the port-a-cath for the case to meet this exclusion criterion. If any anti-neoplastic agent is administered at the reporting facility, either as an outpatient or inpatient, the case must be reported.

Note:

Facilities may opt to abstract and report “port-a-cath” placement cases at their discretion.

The FCDS DAM indicates that each facility can decide based upon their own rationale and criteria if and how they want these cases to be abstracted and/or reported to FCDS.

This does not mean the case will not appear on the AHCA List – but does give the individual registry the option to report or not to. If you are resolving an AHCA list and have Cancer Committee approval not to abstract and report these cases they can be entered as Not Reportable – Other using Disposition Code = 10 or Not Reportable – Consult Only using Disposition Code = 5.

When CoC introduced the “new” and “improved” Class of Case Codes they left us in a pickle and this was a compromise for registrars.

These cases became Class of Case = 31 (non-analytic) when the patient was SEEN IN AMBULATORY SETTING FOR port-a-cath placement only with no chemo instilled into the port, no additional diagnostic testing performed (imaging, biopsy, etc.) and the patient was never seen again. CoC said these cases were not to be abstracted unless required by Cancer Committee, state or regional registry, or other entity.

Because this was such a big issue for many of the Florida registrars given they have no information on the patient, cancer, or tx plan – FCDS decided to compromise and give each Facility or Network Registry the option to either abstract and report or not abstract/report these cases based upon a decision their Facility and/or Cancer Committee should make and document in Cancer Committee minutes.

We have learned that MANY of our Florida CoC-Approved Programs and even some non-approved programs want these cases in their database and want them as Analytic cases with Class of Case NOT = 31 but rather Class of Case = 20, 21, or 22. This is a facility decision.

(Continued on page 8)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 7)

Because the Class of Case Codes do not “belong” to FCDS but rather the CoC – we have to follow their rules for assigning Class of Case and determination of what is “analytic” or “non-analytic” for a CoC-approved cancer program. FCDS cannot force a registry to report these cases using a different Class of Case than the CoC has written – but the Cancer Committee can override the CoC as long as they document.

QUESTION:

When are Neuroendocrine/Endocrine Neoplasms Reportable to FCDS? What are the criteria for clinical diagnosis and pathological diagnosis for reportable neuroendocrine tumors? I am specifically interested in Pancreatic Neuroendocrine Tumors and PanNET Type I.

ANSWER:

The answer is in the FCDS DAM Section 1, Item 3 – Reportable Cancers. Below are excerpts.

FCDS includes primary malignancies which are in situ or invasive. Therefore, any cancer with an ICD-O behavior code of /2 (in situ) or /3 (invasive/malignant) is reportable to FCDS (except carcinoma in situ of the cervix and prostate). Benign and borderline primary intracranial and central nervous system (CNS) tumors with a behavior code of /0 or /1 in ICD-O-3 are reportable as of 01/01/2004.

New terminology may be used by your local pathologist to describe malignant or in-situ neoplasms (i.e., well differentiated neuroendocrine neoplasm) with an assigned T value greater than Tis (in situ). When a T-value is stated by the clinician and/or pathologist or the tumor exhibits malignant spread (metastasis to nodes or more) the neoplasm should be abstracted and

coded as malignant and is reportable.

PanNET Type I are well differentiated neoplasms thought to be nonfunctioning pancreatic tumors but because they have a small, but real risk of developing lymph node metastasis they are aggressively managed depending on size and location. WHO Grading of PanNET tumors is similar to the WHO Grading used for Brain Tumors and indicates benign/malignant and with Grade 1 usually associated with benign disease and Grade 2-4 indicating increasingly worse prognosis. It is because these particular neuroendocrine tumors are at risk of developing metastasis and the fact that they are now being treated as malignant disease with aggressive surgical resection that the rationale to report these cases. It is the potential to spread that forms the foundation of the rationale that these are to be abstracted and reported as malignant (/3) and not the WHO Grade or the term “benign” even if stated in path report.



2012-2013 FCDS Educational Webcast Series

FCDS is pleased to see the great interest and attendance in reference to our 6-part educational series. The webcasts have been tailored to the Florida cancer registrar and cancer case abstractor with emphasis on the 2012 Florida Cancer Reporting Requirements.

Webcasts are held on Thursdays from 1pm-3pm. Please review the dates below.

DATE/TIME	TOPIC
*8/16/2012	FCDS Annual Meeting Review and What's New for 2012
*9/20/2012	RE-SCHEDULED - FCDS Learning Management System 2012 New / Annual Testing for FCDS Abstractor Code, Testing / Maintenance Requirements and Using the FCDS On-Line Learning Management System
10/18/2012	GYN Neoplasms - Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx
11/15/2012	Improving Data Quality Using FCDS Data Quality Reports
1/17/2013	Pediatric Neoplasms - Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx and introduction of Plans for New Mini-Series for Pediatric Neoplasms (Brain, Sarcoma, Heme/Lymph)
2/21/2013	Genitourinary Neoplasms (Kidney, Renal Pelvis, Urinary Bladder, Prostate) - Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx

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

Each webcast will provide background and instruction sufficient for registrars to understand the anatomy and surrounding structures for each cancer site/site group, risk factors associated with cancers of each site/site group, CSv02.04 coding for each site/site group, and ASCO/NCCN Clinical Practice Guidelines for Treatment of each site/site group. This series builds upon information presented at the 2012 FCDS Annual Meeting in St. Petersburg, Florida in July. There is no fee and each 2-hour webcast will be recorded and available on the FCDS website, <http://fcds.med.miami.edu/inc/teleconferences.shtml>.

FCDS has applied for CEU credits (2 hours for each webcast) through NCRA. NCRA CEU numbers and credit hours will be published in a future monthly memo.

NAACCR 2012-2013 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, 2012-2013 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)

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.

DATE/TIME	TOPIC
*9/06/2012	Coding Pitfalls
10/4/2012	Stomach and Esophagus
11/1/12	Uterus
12/6/12	Pharynx
1/10/13	Bone and Soft Tissue
2/7/13	Central Nervous System
3/7/13	Abstracting and Coding Boot Camp: Cancer Case Scenarios
4/4/13	Breast
5/2/13	Bladder and Renal Pelvis
6/6/13	Kidney
7/11/13	Topics in Geographic Information Systems
8/1/13	Cancer Registry Quality Control

*All NAACCR 2012-2013 Webinars presented in series are available on the FCDS website, on the Downloads page: <http://fcds.med.miami.edu/inc/teleconferences.shtml>

NAACCR CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES

Seven Florida facilities
will host the 2012-2013
webinar series,
registration is required



REGISTER FOR THE
NEXT WEBINAR

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

Links to each of the
webinars within the
2012-2013 NAACCR
Webinar series is
available on the
FCDS website. You
may access the re-
cording, copy of the
slides, Q&A, and CE
Certificate for each
webinar from the
series. A CE Certifi-
cate has been pro-
vided for those view-
ing the recording of
the webinars.

Florida Cancer Data System

Cancer Reporting Completeness Report



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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TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF AUGUST 31, 2012

Total number of *New Cases* added to the FCDS Master file in August, 2012: **20,171**

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
2012	8,012	52	0	3,278	0	Pending	11,342	7,555
2011	152,574	4,694	107	6,724	0	Pending	164,099	9,135
2010	166,289	9,982	365	2,277	57	Pending	178,970	3,481

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2012	7%	17%
	2011	99%	100%
	2010	100%	100%

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

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF SEPTEMBER 30, 2012

Total number of *New Cases* added to the FCDS Master file in September, 2012: **13,966**

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
2012	16,832	358	29	3,804	0	Pending	21,023	9,631
2011	154,721	5,009	113	6,734	0	Pending	166,577	2,474
2010	167,193	10,078	1,141	2,367	57	Pending	180,836	1,861

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2012	13%	25%
	2011	100%	100%
	2010	100%	100%

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