

Recognized CE Hours

8/16/12	FCDS Webcast Series: "What's New for 2012 and More - Annual Meeting Review"	2	2012-155
10/18/12	FCDS Webcast Series: "GYN Neoplasms-Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx"	2	2012-157
11/15/12	FCDS Webcast Series: "Improving Data Quality Using FCDS EDITS and Data Quality Reports"	2	2012-158
1/8/13	FCDS Webcast Series: "FCDS Learning Management System - 2012 New"	2	2012-156
1/17/13	FCDS Webcast Series: "Pediatric Neoplasms Intro - Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/SSF/Tx"	2	2012-159
2/21/13	FCDS Webcast Series: "Genitourinary Neoplasms - Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/SSF/Tx"	2	2012-160

WHAT'S NEW:

The following information is currently available on the FCDS website.

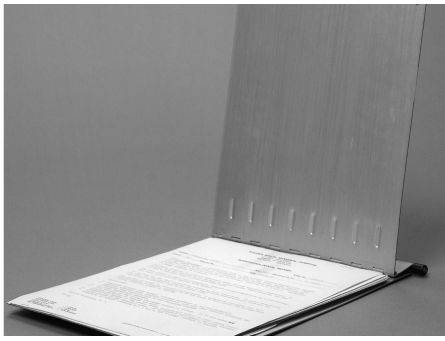
Florida Annual Cancer Report: Incidence and Mortality - 2007

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 - BONE AND SOFT TISSUE 1/10/13, 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 to complete the review and submission of any missed cases was October 15, 2012.

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.

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.

STROMAL ENDOMETRIOSIS 8931/3 IS A REPORTABLE MALIGNANT CONDITION

Stromal endometriosis, first described by Casler' in 1920, is a rare uterine neoplasm characterized by overgrowth of stromal endometrial cells accompanied by endometrial gland structures. Basically, what this means is that the endometrial lining is released via the blood stream and it implants itself anywhere outside of the uterus.

Historically, this condition was felt to be benign characterized by an orderly cell and mitotic pattern, non-infiltration of muscle and connective tissue and clinical behavior. This condition carried a borderline malignancy behavior (/1) in ICD-O-2. However, in ICD-O-3 (yes that is beginning in the year 2000) this condition is to be abstracted and coded as malignancy (8931/3) of the endometrium.

These neoplasms do have a tendency to recur locally and even rarely in distant organs such as bowel, lung and brain at unpredictable intervals of time. Stromal Endometriosis can even cause death secondary to convulsions caused by spread of endometriosis to the brain. The ICD-9-CM code for this condition is 236.0 and although the code falls within the uncertain behavior neoplasms of GYN Tract...should be reviewed and abstracted as malignant beginning with 2000 diagnosis. The ICD-9-CM code has appeared on the FCDS Annual Casefinding List since the year 2000. Please be sure you are looking at these cases and do abstract them appropriately.



Florida Cancer Data System

Deadlines, Updates, & Reminders

DO YOU KNOW WHERE YOUR IMPLIED DECIMAL POINT IS?

Implied Decimal Points can be a nemesis for cancer registrars. The implied decimal point is never in the same place and it is hard to remember if we are measuring in mm, cm, or some other lab unit measure. The QC Review Process has helped FCDS identify that this is an area where we can improve our data when coding various lab and other values like tumor size or Breslow Depth of Invasion where a decimal point is implied within the numeric code. Registrars do not always pay attention to where the decimal point is within the code or even what the metric is and if it needs to be recoded or calculated to agree with the data item metric. Some examples and recommendations follow. Please refer to the FCDS DAM and/or CS Core Item or SSF coding guideline for measured value data. This is not a one-size-fits-all answer...the answer is, “it depends”.

Data Items with Implied Decimal Points			
Data Item	Measure	Description	Implied Decimal
Tumor Size	mm	Size in Millimeters	n.nn
Measured Thickness/ Depth	mm	Depth in Hundredths of a Millimeter	nn.n
HER2 by FISH	Ratio	Ratio of # copies of HER2 receptors compared to control	Ratio – not numeric value
CA 19-9	U/ml	Units per milliliter	nn.n
Mitotic Count	Mitosis/ HPF	Mitosis per High Power Field	nn.n
PSA Value	Ng/ml	Nannograms per millimeter	nn.n

ATTENDANCE CERTIFICATES NO LONGER DISTRIBUTED

ATTENDANCE CERTIFICATES NO LONGER DISTRIBUTED FOR WEBINARS/WEBCASTS Steven Peace, BS, CTR



NAACCR No longer distributes Webinar Attendance Certificates to prove you participated in any of their webcasts. **INSTEAD -- NOW** you must complete an on-line quiz that is linked from the NAACCR/FCDS Webinar Registration Page. This change in policy was introduced during the first NAACCR Webinar of the 2012-2013 Schedule (Stomach and Esophagus Cancers). Once the quiz has been completed you will receive a Direct Link to the quiz and subsequent certificate unless you failed the quiz.

FCDS in similar fashion **STOPPED** distributing Attendance Certificates to FCDS Webcast participants a couple of years ago. However, you should be getting a confirmation of attendance in your regular e-mail (also check SPAM Filter) from GO TO Meeting if you both registered and attended.

FCDS Tracks all Registrants/All Attendees AND All Phone-Only Participants. We soon will also be tracking who views a recorded webcast sometime after the live meeting was originally recorded. We expect by the end of the year to track registrar participation in any and all FCDS-sponsored activities including our extensive education and training outreach programs.

Finally, if you ever have an issue from NCRA that while you were being audited they did not see any FCDS Certificates of Attendance - Please instruct NCRA to contact me directly and I will provide that confirmation.

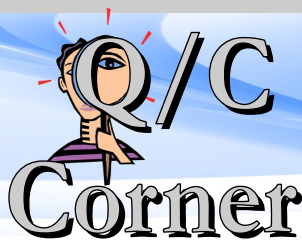
EDUCATIONAL RESOURCES FOR REGISTRARS – UPDATED SEPT 2012

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/newsletters.shtml	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:

12/2009 Patient admitted with probable molar pregnancy. Diagnosis of hydatidiform mole following a D&C.

1/25/10 TAH/BSO path shows focal gestational trophoblastic disease with a molar villus and extensive trophoblastic cell proliferation.

1/28/10 The patient's HCG continued to rise and she was started on single agent chemotherapy. Her metastatic workup was negative and medical oncology notes both non-metastatic choriocarcinoma and non-metastatic gestational trophoblastic disease; on the same progress note and also on separate progress notes. It seems to be used interchangeably.

Is this a reportable case based on the rising HCG, the chemo and statement of non-metastatic choriocarcinoma? If so would it be a 2009 or a 2010 diagnosis and accession year? Or would it be coded to placenta, C58.9 with histology of 9104/1; trophoblastic tumor of placental site as a non-reportable case?

ANSWER:

These are not reportable germ cell neoplasms of the GYN Site Placenta. ALL Hydatidiform moles even if deemed "malignant" by terminology or classification are NOT REPORTABLE per ICD-O-3.

9100/O Hydatidiform moles, NOS

9100/I Hydatidiform moles, malignant

QUESTION:

If there is no biopsy, FNA or nodes removed for a pathological evidence of node involvement; then for the pathological stage for N-it should be coded NX instead of N0 for all sites?

The collaborative stage will indicate that it is cN0 if clinically nodes are negative.

ANSWER:

The CS Rules for coding LN involvement (clinical or pathological) are different than the rules for coding TNM directly from the AJCC Staging Manual.

When assigning TNM directly and not using the CS algorithm to derive TNM – pathological assessment of lymph nodes is required to meet various criteria of size, number, location, etc. depending on the primary site...but some histological assessment must be performed to assign pN. That is why there is a clinical TNM and a pathological TNM coded separately.

CS combines clinical and pathological information to derive a 'best stage' and different rules apply. It is recommended that regional lymph nodes be assessed based upon not only clinical versus pathological but also by determining if the nodes are accessible or inaccessible – See CS Manual, Part I Section I – INACCESSIBLE LYMPH NODES RULE.

With the combined clin/path stage it is acceptable to code LN Status without removal of LN, depending on primary site location.

So, if you are assigning TNM – the path N would be NX if no nodes examined microscopically.

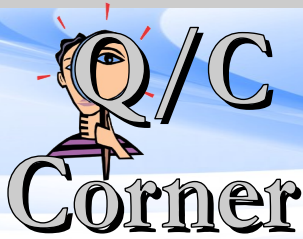
QUESTION:

Is the ICD-9 code for casefinding 236.0?

ANSWER:

Yes, Stromal Endometriosis is ICD-9-CM Code 236.0. This is a code that designates neoplasm of uncertain behavior. However, it is on our FCDS Casefinding List as Required Review and Report.

(Continued on page 8)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 7)

QUESTION:

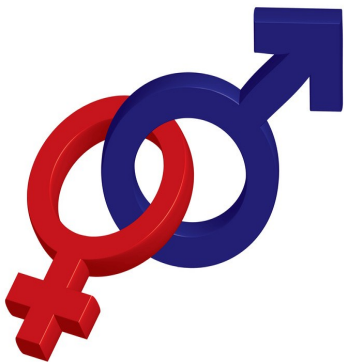
At what point do we report a recurrent prostate cancer? Here is an example:
2003 patient has PSA of 6 and dx of prostate cancer treated w/seed implants.
9 years w/o signs or symptoms
9/2011 pt has biochemical recurrence w/PSA 1.7, no signs or symptoms
12/11 Pt has PSA 2.4 w/no metastatic disease based on ICT scan and Bone Scan.
7/12 PSA was 7.4 patient is still asymptomatic.

Should you pick it up as reportable when the Doc calls it recurrent? And when would you pick it up w/o the Doc's statement of recurrence and just the f/u information?

ANSWER:

When a recognized medical practitioner says "the patient has a cancer or carcinoma" this then can be used as a clinical diagnosis (original dx or recurrence/progression)...OR...when the patient begins to receive treatment for the cancer, despite negative biopsy or other confirmation of disease.

INCORRECTLY CODING THE SEX OF THE PATIENT



FCDS would like to bring an important and growing issue to your attention. FCDS has noted an increased number of errors across the state with registrars incorrectly coding the sex of the patient being reported. PLEASE pay attention when coding the sex of the patient in your abstracts. Please double-check the sex codes assigned whether the cancer being reported is cancer of a reproductive site where sex errors should be caught by EDITS, or more importantly for cancers that occur in non-reproductive sites where sex coding errors are only incidentally found during QC Review and other Visual Editing operations. Thank You.

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
*10/18/2012	GYN Neoplasms - Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx
*11/15/2012	"Improving Data Quality Using FCDS EDITS and Data Quality Reports"
1/8/2013	NEW PROCEDURES - FCDS Automated User Account and Using the FCDS On-Line Learning Management System
1/17/2013	Pediatric Neoplasms Intro - Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/SSF/Tx"
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>.

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 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.

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 OCTOBER 31, 2012

Total number of *New Cases* added to the FCDS Master file in October, 2012: **19,972**

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	27,428	609	29	4,288	0	Pending	32,354	11,168
2011	157,464	6,448	117	6,758	0	Pending	170,787	4,194
2010	168,699	10,118	2,107	2,433	57	2,038	185,452	4,641

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2012	20%	33%
	2011	100%	100%
	2010	100%	100%

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

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

Total number of *New Cases* added to the FCDS Master file in November, 2012: **16,572**

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	39,966	791	29	4,784	0	Pending	45,570	13,008
2011	158,461	8,465	117	6,792	0	Pending	173,835	3,010
2010	168,938	10,181	2,360	2,445	57	2,026	186,007	554

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2012	28%	41%
	2011	100%	100%
	2010	100%	100%

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