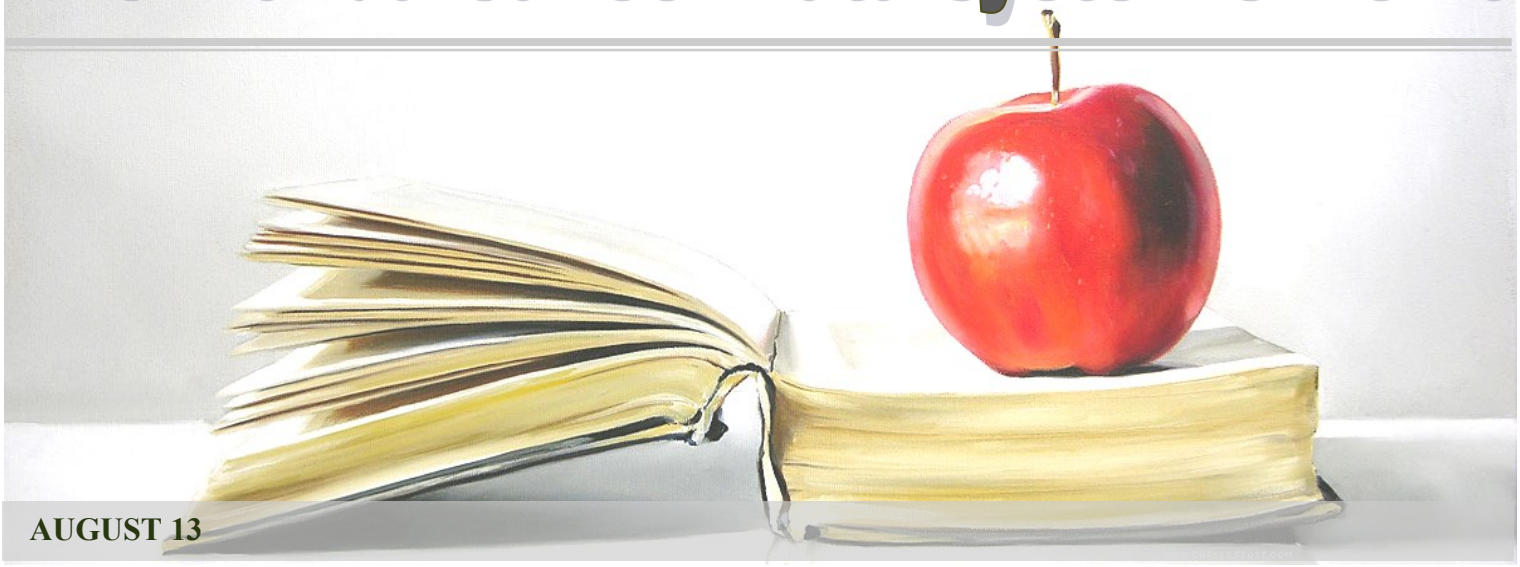
The Florida Cancer Data System's Memo



AUGUST 13

2013-2014 FCDS Educational Webcast Series

FCDS is pleased to announce the 7-part series of educational webcasts for 2013-2014.

The kick-off webcast for our annual series included a recap of the FCDS Annual Meeting, 2013 FCDS Reporting Requirements (What's New), instructions on how to use the latest version of the SEER*Rx Database and the 2012 Hematopoietic Database, a review of the NPCR Data Quality Evaluation conducted in 2013, and various FCDS data acquisition, data quality, and related topics.

MATERIALS ARE AVAILABLE ON FCDS WEBSITE: A copy of the presentation (s) slides are posted on the FCDS website for you to download and save or download and print. Two versions of the webcast presentation are available. One for note-taking with 3 slides per printed page. The other with full page slide prints.

(Continued on page 12)

WHAT'S NEW:

The following information is currently available on the FCDS website.

FLORIDA ANNUAL CANCER REPORT: INCIDENCE AND MORTALITY - 2008

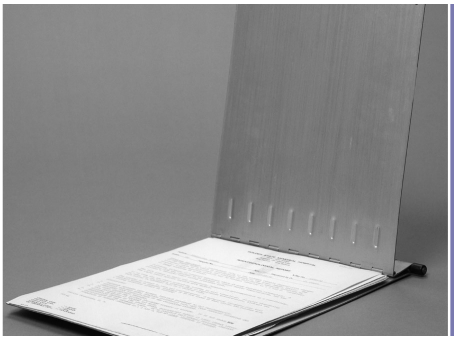
FCDS/NAACCR EDITs Metafile - 13.0A Metafile, posted 07/15/2013 10:51am, 12.2B Metafile changes, minor changes to Reason.
No Radiation edits.

FCDS/NAACCR WEBINAR SERIES:
NAACCR 2012-2013 Cancer Registry and Surveillance Webinar series - Coding Pitfalls 9/5/13, being held at 7 Florida facilities and requires registration.

FCDS EDUCATIONAL WEBCAST SERIES
2013-2014 – 9/19/2013
Lung Neoplasms

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

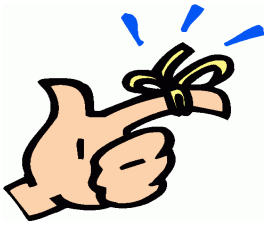
The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981.



Florida Cancer Data System

Deadlines, Updates, & Reminders

FCDS 2011 Consolidated Follow Back Items Available for Review



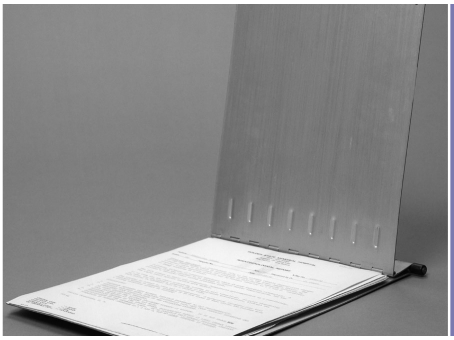
This is a reminder. The 2011 Consolidated Follow Back records are available for review. Consolidated Follow Back is a combination of AHCA, Ambulatory Surgery Center (AMBI) and the Death Clearance follow back process into a single follow back queue.

FCDS completed the matching of the 2011 In-Patient and Out Patient Discharges reported by facilities Finance-Billing/Medical Records Department to the Agency for Health Care Administration (AHCA). All records with principal or secondary diagnosis of cancer were linked to the FCDS database. A match was also completed of the Florida Vital Statistics Death Certificate files for 2011. All non-matching records have been placed on in queue for review.

Please review each case online. If the case is found not to be reportable, assign the appropriate disposition code; assign disposition code 07, accession number, and sequence number if the record was previously reported to FCDS, then press the Submit button. In addition, upon review, any case found to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the FCDS DAM and found not to have been previously reported must be reported to FCDS using IDEA. Assign a disposition code of 01, accession number, and sequence number to the reportable cases and press the Submit button. If your facility has prior year records pending, they will show in the system as well.

The deadline to complete the review and submission of any missed cases is October 15, 2013.

(Continued on page 3)



Florida Cancer Data System

Deadlines, Updates, & Reminders

(Continued from page 2)

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

Please keep in mind that all audits conducted by FCDS are dictated and closely monitored by the Florida Department of Health. Facilities failing to meet the reporting requirements will be reported to DOH for non-compliance. Should you have any questions, please contact your Field Coordinator at (305) 243-4600.

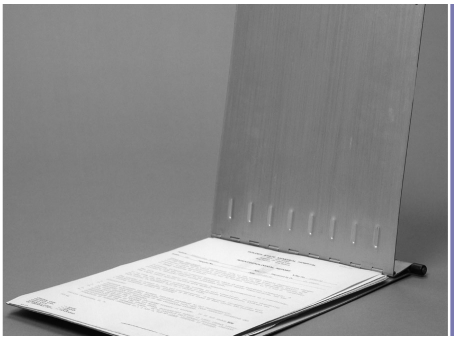
Mike Thiry,
Manager of Data Acquisition
305.243.2639

30TH ANNIVERSARY CTR 1983-2013 Certified Tumor Registrar

2013 CTR Certification Exam

Fall Testing	September 7-21
Application Deadline	July 31
Download the CTR Exam Handbook and Application at: http://www.ctrexam.org	

Achieve the only credential that demonstrates proficiency and expertise as a cancer registry professional.



Florida Cancer Data System

Deadlines, Updates, & Reminders

UPDATE

FCDS IDEA USER ACCOUNTS AND FCDS ABSTRACTOR CODES

The procedures for the processing of FCDS IDEA User Accounts and FCDS Abstractor Codes has been revised as of 1/8/2013.

Please review the following links and information for detailed instructions regarding the renewal of your FCDS Abstractor Code, managing of FCDS IDEA user accounts and the links for accessing FCDS IDEA and the FCDS Learning Management System (LMS).

Please review the recording of the 1/8/2013 teleconference: *FCDS Automated User Account and Using the FCDS On-Line Learning Management System* and download the slides for quick reference. Both are available on our website at:
http://fcds.med.miami.edu/inc/teleconferences.shtml

QUICK REFERENCE - FCDS IDEA USER ACCOUNTS

- **Existing User Account Instructions:** http://fcds.med.miami.edu/downloads/Teleconferences/2013/User%20Account%20Instructions%20EXISTING%20USER%20_%20ABSTRACTOR.pdf

⇒ *Access the FCDS IDEA :* http://fcds.med.miami.edu/inc/idea.shtml#

- **New User Account Instructions:** http://fcds.med.miami.edu/downloads/Teleconferences/2013/User%20Account%20Instructions%20NEW%20USER%20_%20ABSTRACTOR.pdf

⇒ Create new FCDS IDEA account: https://fcds.med.miami.edu/scripts/fcdswebapp/UserSetup.html

RENEWING YOUR FCDS USER ACCOUNT:

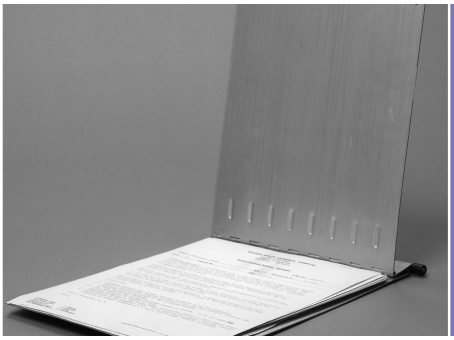
You must renew your FCDS User account annually.

Please log into IDEA as usual to review and update your IDEA profile if necessary.

As part of this process you must update your password to renew your account. To do this:

1. Log into IDEA as usual.
2. Go to the IDEA User menu
3. Select Account Manager
4. Double click in the box titled 'PASSWORD' hit backspace and change password.
5. Repeat in the box titled '**VERIFY PASSWORD'**

(Continued on page 5)



Florida Cancer Data System

Deadlines, Updates, & Reminders

(Continued from page 4)

Then click '**SUBMIT**'

Your renewal will be complete.

ABSTRACTOR CODE RENEWAL

Overview of the FCDS Learning Management System (LMS) :
http://fcds.med.miami.edu/downloads/Teleconferences/2013/LMS%20overview%20FCDS.pdf

FCDS: Learning Management System: http://moodle.med.miami.edu

FACILITY ACCESS ADMINISTRATOR

EVERY HOSPITAL, AMBULATORY CARE AND RADIATION THERAPY FACILITY MUST HAVE AN FAA.
FCDS has implemented a new web-based facility access system as of 1/8/2013. This system designates one individual at each reporting facility to be the Facility Access Administration (FAA). The FAA will have complete oversight regarding assigning and/or un-assigning reporting personnel from the respective facility. The assigned reporting personnel will have limited or full access to the reporting facility(s) Protected Health Information (PHI) as determined by the FAA.

Who is typically the Facility Access Administrator (FAA)?

- Administrator/supervisor of the registry activities who's duties include
- Assigning and managing abstracting personnel for the facility

Role of the Facility Access Administrator (FAA) for FCDS

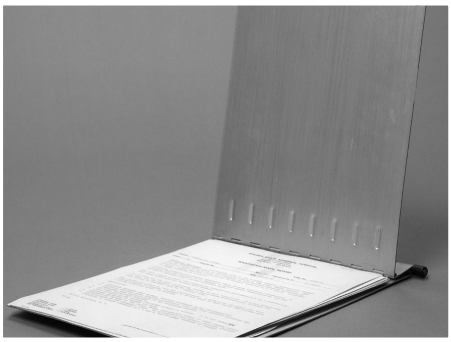
- Adds/deletes/modifies abstractor access to the data
- Has complete control of the abstracting activities at their respective facility(s)

Please note: Contract abstractors **can not** be FAA's. The FAA must be an employee of the facility.

REMINDER!

FCDS is now accepting 2013 cases.

(Admission or diagnosis)



Florida Cancer Data System

Deadlines, Updates, & Reminders

ANOTHER SEER*RX-INTERACTIVE DRUG DATABASE / VERSION 2.2.0 RELEASED AUGUST 6, 2013

The SEER*RX Interactive Drug Database was updated on August 6, 2013. This version includes nine (9) new drugs recently approved by the FDA and 21 new regimens. Modifications were made to 20 drugs currently found in the database. The modifications include spelling and grammar corrections and updated remarks. No drugs have changed categories as a result of this update. A summary of changes is available and the link can be found on the SEER*RX web page. http://seer.cancer.gov/tools/seerrx/

SEER*RX is available in two formats: a web-based tool and as stand-alone software.

SEER*Rx Summary of Changes
A comprehensive review of the Federal Drug Administration (FDA) database for newly approved Hematology/Oncology drugs has been completed. Reviews of drugs approved January 1, 2012 to June 13, 2013 have been completed. Additional resources have been reviewed which resulted in the August 2013 update. No drugs have changed categories as a result of this update.

Summary Report

- Total number of drugs listed in SEER*RX: 1834
- Total number of Regimens listed in SEER*RX: 874
- Number of drugs added: 9
- Number of drugs modified: 20 (includes spelling and grammar corrects, updated remarks)
- Number of regimens added: 21

New Drugs

Drug Name	Category
Ado-trastuzumab emtansine	BRM/Immunotherapy
Dabrafenib	Chemotherapy
Gilotrif	Chemotherapy
Ibrutinib	Chemotherapy
Palbociclib	Chemotherapy
Pomalidomide	BRM/Immunotherapy
TACE procedure	Definition/coding instructions
Trametinib	Chemotherapy
Xofigo	Radiation/radio-therapeutic drug

New Regimens

7+3	CLAG-M
CB	COI
CBI	FLO
CEPP	FLOFIRI
CFAR	FOLFOX
CIM	GEMOX-B
HDAC	R-MPV
IVE-V	TPC
LV5FU-P	VMPT
MPV	OFF
PAD	

How to properly code papillary/follicular carcinoma

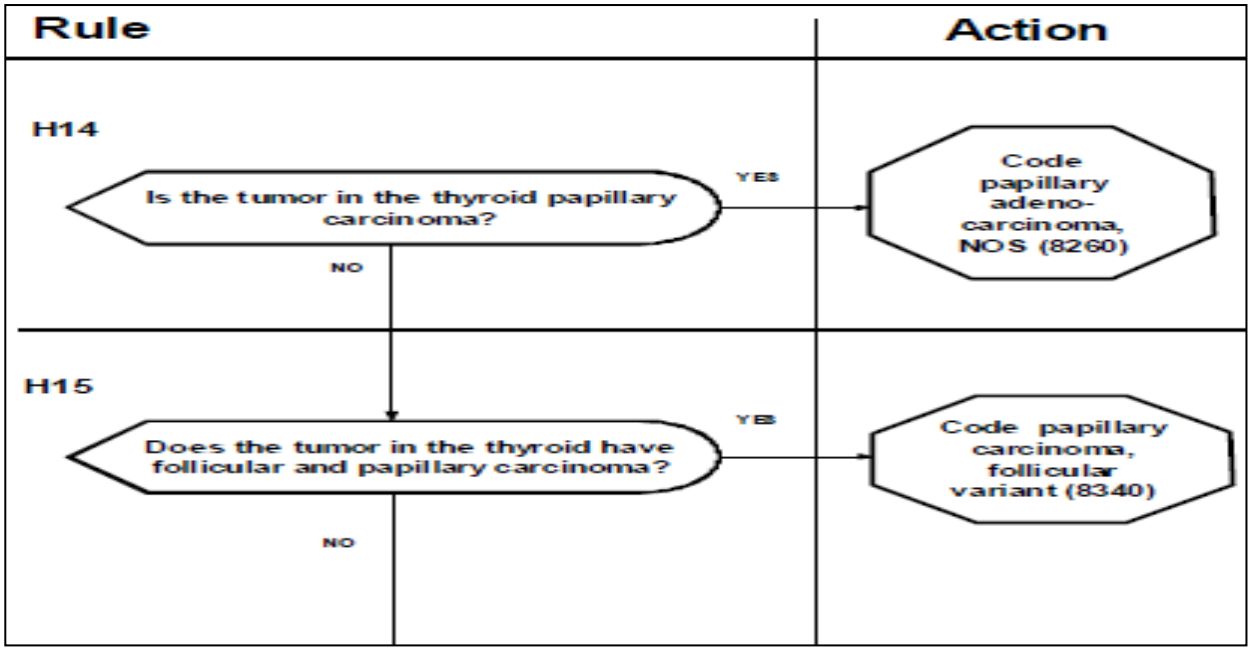
FCDS has noted that some abstractors are incorrectly coding papillary/follicular or papillary and follicular carcinoma of the thyroid gland. The code 8260/3 for papillary adenocarcinoma does not include the follicular variant or component.

Code 8340/3 Papillary carcinoma, follicular variant is the correct code per MPH other sites Histology codes rules H15. Please note these two codes in your ICD-O-3 and try to avoid selecting histology only from pull-down menu in your software. This leads to incorrect histology coding for many site/histology combinations.

Please refer to current resources, references, tools, and rules when you are abstracting. Do not rely on drop-down menu selections as they do not include rules for use.

Other Sites Histology Coding Rules- Flow chart

Single Tumor: INVASION ONLY



LYMPH-VASCULAR INVASION !

Definition:

Lymph-vascular invasion is defined as the presence of tumor cells found inside small blood vessels or lymphatic channels within the tumor and surrounding tissues in the primary site. The tumor cells have broken free of the primary tumor and now have the capability to float throughout the body. Other names for lymph– vascular invasion are LVI, lymphovascular invasion, vascular invasion, blood vessel invasion, and lymphatic invasion. Vascular invasion is not the same as direct tumor extension from the primary tumor into adjacent blood vessels; LVI cells are not attached to or growing into the walls of the blood vessel. Lymphatic invasion is not the same as involvement of regional lymph nodes. Lymph-vascular invasion does not include perineural invasion.

Data Item Description:

Lymph-Vascular Invasion indicates the presence or absence of tumor cells in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist. Lymph– Vascular invasion (LVI) is useful to identify tumor spread for solid tumors only. Lymph– Vascular invasion is an indicator of prognosis. This field is used by the CS algorithm to map AJCC T for some primary sites. Lymph-Vascular Invasion records pathologic evidence of the presence or absence of cancer cells in the lymphatic ducts or blood vessels of the primary tumor (FORDS 2011).

Note: *This field is required for mapping of T in some sites, such as testis and penis*

Instructions for Coding:

1. Code from pathology report (s). Code the absence or presence of lymph-vascular invasion as described in the medical record.

   a. The primary sources of information about lymph-vascular invasion are the pathology check lists (synoptic reports) developed by the College of American Pathologists. If the case does not have a checklist or synoptic report, code from the pathology report or a physician's statement, the that order.

   b. Do not code perineural invasion in this field.

   c. Information to code this field can be taken from any specimen from the primary tumor.

   d. If lymph-vascular invasion is identified anywhere in the resected specimen, it should be cooled as present/identified.

Clarification for the use of codes 8 and 9

⇒ Only use code 8 for Hodgkin and Non-Hodgkin Lymphoma, Leukemia, Hematopoietic and reticuloendothelial disorders, Myelodysplastic syndromes in clung refractory anemia's and refractory cytopenia's, and myeloproliferative disorders.

⇒ Use code 9 for cases not described under code 8 instruction or when information/documentation from the pathology report or other source is not available or not stated

IS THIS TUMOR REPORTABLE ?

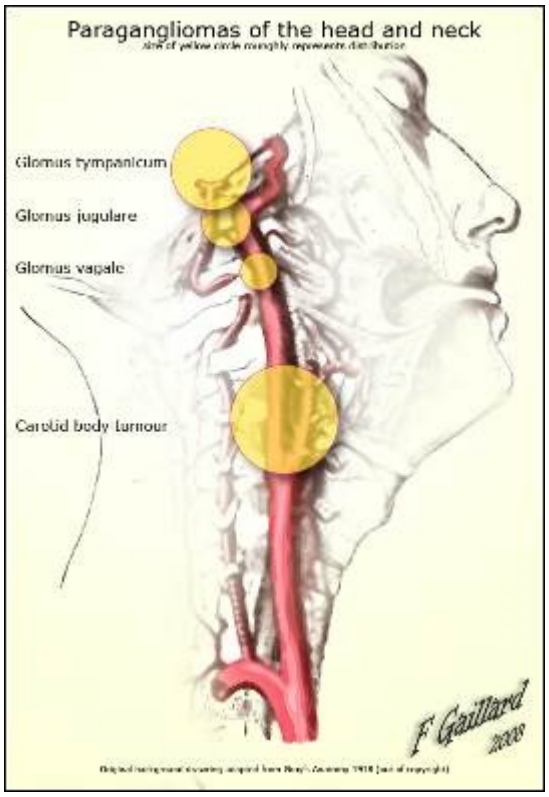
Glomus Jugulare Tumor, also called paraganglioma is not reportable unless the tumor is behaving in malignant fashion. These tumors are usually benign and arise from sympathetic nerve cells (glomus cells) of the temporal bone at the base of the skull (C75.5). They present as slow-growing tumors with symptoms involving hearing loss and tinnitus. They are not primary CNS tumors and are not intracranial endocrine gland tumors.

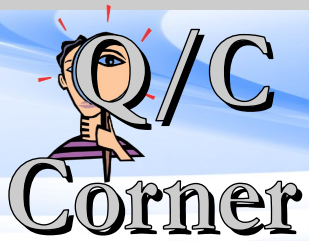
They get their name from their location and are known to be of neuroendocrine origin. The jugular foramen of the temporal bone of the skull is the primary site. Aggressive (reportable as malignant) glomus jugulare tumors are usually referred to as Class D tumors.

The reason these tumors are treated aggressively is usually due to their location, not their behavior. Occasionally, tumors are malignant.

The jugular foramen is where the jugular vein and several important cranial nerves exit the skull – at the base. Because these key blood vessels and nerves may be compromised – these tumors are treated with surgery, radiation, embolization or stereotactic radiosurgery like gamma knife.

Related tumors include Glomus Tympanicum Tumor, Carotid Body Tumor (Carotid Paraganglioma), Pulmonary Paraganglioma, and Vagal Paraganglioma – none of which are reportable unless the tumor is deemed "malignant" by histological examination or clinical behavior.





QUESTIONS? ANSWERS. and CLARIFICATION

QUESTION:

A patient had a RT Lung wedge biopsy and the diagnosis was pulmonary Langerhan's Cell Histiocytosis (RUL & RML by wedge bx) in a background of desquamative interstitial pneumonia. CD immunostains demonstrates multiple Langerhan's cell collections supporting the diagnosis. The case was reviewed by Mayo Clinic in Rochester confirming the above diagnosis. To what site should this Langerhan's Cell Histiocytosis be coded?

ANSWER:

Langerhans cell histiocytosis (LCH) can be localized to a single site, multiple sites within a single system, usually bone, or more disseminated and multisystem. The dominant sites of involvement in the SOLITARY FORM are bone and adjacent soft tissue (skull, femur, vertebra, pelvic bones, and ribs) and less commonly lymph nodes, skin, and lung. The case illustrated here is a primary lung or pulmonary Langerhans cell histiocytosis. Code primary site to C34.9.

QUESTION:

MRI BRAIN:

Focal enhancing extra-axial lesions arising from the dura are consistent with meningiomas and there is associated slight dural thickening and enhancement suggesting en-plaque meningiomas. These involve the high right frontal convexity 6 x 8 mm; left frontal convexity 17 x 9 mm; right anterior falx cerebri 8 mm. These are seen on the previous studies without significant change or progression. These presumably reflect meningiomas in light of history and stability.

Is this two cases? Or should this be reported as multiple tumors reported as a single primary?

ANSWER:

Meningioma is the most common benign brain tumor in adults. These tumors most often present as a single discrete mass (tumor) arising from the dura mater, one of the layers of the meninges. Multiple meningiomas can occur simultaneously and may be referred to as meningioma associated with a specific anatomic location or landmark in the brain (i.e. frontal lobe meningioma). This does not mean that the meningioma arose from frontal lobe brain tissue, only that the meningioma is located in the meninges above the frontal lobe. All meningiomas arise from the meninges. When multiple concurrent meningiomas occur simultaneously as discrete masses; each meningioma must be reported separately. Multiple discrete meningiomas, whether diagnosed simultaneously or years apart, should not be coded as meningiomatosis. Meningiomatosis is a completely different manifestation

(Continued on page 11)

(Continued from page 10)

of meningioma neoplasia.

Rarely, meningioma presents as "meningioma-en-plaque." Meningioma-en-plaque has a distinct flattened appearance that conforms to the curves of the brain and the inside of the skull. Meningioma-en-plaque represents a distinct morphological subgroup of meningioma defined by the carpet or sheet-like lesion that infiltrates the dura and often invades bone. This condition may also be referred to as "meningiomatosis" with associated ICD-O-3 code 9530/1. Meningiomatosis is a condition whereby a patient was diffuse involvement of the dura without the presence of a defined or dominant mass.

According to the MPH Rules for Benign/Borderline Brain Tumors Rule M5 this case should be abstracted as multiple primaries because there are multiple discrete masses. There is at least one on left and one on right with possibly one in the midline. Abstract and Report these cases as multiple primaries with C700 as primary site, 9530/0 as histology and sequence 61, 62, 63 – abstract sequence 63 if a midline tumor exists.

Note1: Do not use the code 9530/1 multiple meningioma's borderline malignance in this situation because these tumors are all noted to be benign on imaging.

Note2: Do not use histology code 9530/1 meningiomas unless there are no discrete masses.

2013-2014 FCDS Educational Webcast Series

Date	Time Schedule	Presentation Title
*8/22/2013	1:00pm – 3:00pm	What's New for 2013 and More - Annual Meeting Review
9/19/2013	1:00pm – 3:00pm	Lung Neoplasms – Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment
10/24/2013	1:00pm – 3:00pm	New Developments in FCDS Quality Improvement – FCDS Abstractor Code, NPCR Audit Outcome, FCDS Validation Studies, New QC Reports
11/21/2013	1:00pm – 3:00pm	Breast Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment
12/12/2013	1:00pm – 3:00pm	Colon/Rectum Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment
1/23/2014	1:00pm – 3:00pm	FCDS Learning Management System – What's New for 2014
2/20/2014	1:00pm – 3:00pm	Lymphoid Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment

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

(Continued from page 1)

The series builds upon information presented at the FCDS Annual Meeting in Sunrise/Sawgrass Mills 7/25-7/26. 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.

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 ne published in a future monthly memo.

NAACCR 2013-2014 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, 2013-2014 series at seven locations throughout Florida. Be sure to mark your calendars for each of these timely and informative NAACCR webinars.

- **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/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.

DATE/TIME	TOPIC
9/5/13	Coding Pitfalls
10/3/13	Lip and Oral Cavity
11/7/13	Prostate
12/5/13	Ovary
1/9/13	Gastrointestinal Stromal Tumors (GIST)
2/6/13	Treatment Data
3/6/14	Abstracting and Coding Boot Camp: Cancer Case Scenarios
4/3/14	Melanoma
5/1/14	Colon and Rectum
6/5/14	Liver
7/10/14	Topics in Survival Data
8/7/14	Lung
9/11/14	Coding Pitfalls

*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 2013-2014 webinar series, *registration is required*

REGISTER FOR THE NEXT WEBINAR

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

Florida Cancer Data System
Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JULY 31, 2013

Total number of *New Cases* added to the FCDS Master file in July, 2013: **4,301**

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
2013	1,440	38	2	2,609	0	**Pending**	4,089	**1,959**
2012	156,048	4,563	109	7,253	0	**Pending**	168,010	**2,062**
2011	167,333	11,503	126	7,181	0	**Pending**	186,260	**280**

		Actual	Expected
% Complete for:	**2013**	**2%**	**8%**
	2012	88%	100%
	2011	98%	100%

Expected % based on 165,000 reported cases/year

Missed an FCDS or NAACCR Webinar?

Did you know that both FCDS and NAACCR Webinars can be viewed after-the-fact. And, Continuing Education Hours are available to registrars that view recorded webinars? All FCDS Webcasts are recorded and posted on the FCDS Website (Education Tab). FCDS Webcast Recordings are available free of charge and can be viewed anytime/anywhere by anybody. Access to NAACCR Webinar Recordings is available only to registrars with Active/Current FCDS Abstractor Codes. Access to NAACCR Recordings is password protected. Contact FCDS for more information on viewing recorded webinars, or to obtain the password to view individual NAACCR Webcast Recordings.

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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