

The Florida Cancer Data System's Memo

Summer

MAY-JUNE 14

Reminder!



For more information contact:

Bleu Thompson
Florida Cancer Data System
PO Box 016960 (D4-11)
Miami, Florida 33101
bthompson@med.miami.edu
305-243-2635
305-243-4871 (Fax)

The 2014 Florida Cancer Data System Annual Conference is being held July 24-25 at the Caribe Royale All-Suite Hotel & Convention Center, Orlando

The [FCRA Annual conference](#) is at the same hotel and precedes the FCDS conference.

Click here to register!

<https://fcds.med.miami.edu/scripts/register.pl>

Fill out your registration information, press the submit button, print the resulting page, and submit it along with your \$75.00 registration check payable to "Florida Cancer Data System".

Our Tax-ID # is 59-0624458.

The registration fee is non-refundable.

(Continued on page 3)

WHAT'S NEW:

The following information is currently available on the FCDS website.

FLORIDA ANNUAL CANCER REPORT: INCIDENCE AND MORTALITY - 2008

FCDS/NAACCR EDIT's Metafile - 13A Metafile, posted 08/8/2013 10:50am

FCDS/NAACCR WEBINAR SERIES:
NAACCR 2013-2014 Cancer Registry and Surveillance Webinar series - Liver 6/5/14, being held at 7 Florida facilities and [requires registration.](#)



Florida Statewide Cancer Registry

Happy Retirement !



Youjie Huang, MD, DrPH recently retired from the Florida Department of Health after serving the state of Florida for many years. FCDS and the cancer surveillance community in Florida would like to extend our fondest well-wishes to Youjie in his retirement, offer him a personal and huge “thank you” for his tireless contributions to FCDS and other cancer surveillance and cancer control efforts across the state of Florida. We are thrilled for him that he has taken advantage of an opportunity for retirement allowing him to relocate to Georgia and move closer to his grandchildren. Please join us in offering our best wishes and continued success in retirement to Dr. Huang.

Dr. Huang had become a fixture in all things cancer-related in the state of Florida and the Florida DOH. He served the State of Florida as an epidemiologist with the department since 2002 and had worked extensively with the Florida Cancer Data System as the State of Florida Program Director and was the primary FCDS program representative with the CDC NPCR Program. Dr. Huang was also responsible for continued support, planning, implementation, oversight and other interactions with various cancer epidemiology and cancer control programs throughout the state.

Again, please join us in offering special thanks to Dr. Huang for all he has done to promote and move forward cancer surveillance and cancer control programs across the state of Florida, including FCDS.

We will miss him very much.

Best Wishes for a Happy Retirement. FCDS





Florida Cancer Data System

Deadlines, Updates, & Reminders

(Continued from page 1)

Below is a **draft agenda** of topics that will be discussed during the conference.

Florida Cancer Data System Annual Meeting Day 1 - Thursday, July 24, 2014	
Welcome and Introduction	
<ul style="list-style-type: none">• Florida Department of Health• University of Miami Miller School of Medicine	
DOH Update	
FCDS Updates – State of the State	
TBA (Cancer Control and Epidemiology)	
Individual and Neighborhood-Level Predictors of Mortality in Florida Colorectal Cancer Patients	
Patterns of Care – Initial Assessment of Adherence to Evidence-Based Cancer Treatment Guidelines – Colon	
SART Data Linkage	
Highlights from the NAACCR 2014 Annual Conference	
Update on Meaningful Use Stage II and CDA Validation	
Data Acquisition Update	
Transition from CSV2 to Direct-Coded TNM & Summary Stage	
2014 Reporting Requirements - 2014 FCDS DAM Highlights	
2014-2015 FCDS Education and Training Plan	
Physician Claims and Treatment Data Validation Study	
Introducing the FCDS IDEA Follow-Up System	
2014 FCDS Data Validation Audit (2012 Dx)	
Jean Byers Award Presentation	
The FCDS Annual Meeting of the Future	
Round Table Discussion	

(Continued on page 4)



Florida Cancer Data System

Deadlines, Updates, & Reminders

(Continued from page 3)

Florida Cancer Data System Annual Meeting Day 2 – Friday, July 25, 2014

2013 FCDS QC Activities Summary

2014 Grade Coding Instructions

2014 Hematopoietic Rules and Data Base Updates

Coding Instructions for Surgery Fields Including Scope Reg LN

Recurring Issues and Problem Areas for Florida Registrars**

Recent Developments in Cancer Diagnosis and Treatment

**Recurring Issues and Problem Areas - Discussion Topics	◇	Consult-Only Cases
◇ Date of DX and DX Confirmation Rules	◇	Unknown Primary
◇ RQRS and Rapid Reporting to FCDS	◇	Historical Cases
◇ FCDS Casefinding Requirement	◇	Watch & Wait
◇ Port-a-Cath Placement Only	◇	Timeliness
◇ Lymph Vascular Invasion	◇	EDITS
◇ Long-Term Hormone Tx	◇	SSDI
◇ Coding Palliative Care	◇	SSN
	◇	Sex



FCDS IDEA User Accounts: ACCESS SUMMARY REPORT

All users can review their facility access with the Access Summary Report by logging into their FCDS IDEA User Account, selecting the 'Tools' menu, and the 'Your Access Summary' option.

Users can review the following within the Access Summary Report:

- **Facility Access Status (Per Facility, with Role and Expiration Date)**
- **Assigned Roles**
- **User Id**
- **User Account Expiration Date**

If you should have any questions, please contact Melissa Williams at 305-243-2641 or via email at melissa_williams@miami.edu.



Florida Cancer Data System

Deadlines, Updates, & Reminders

FCDS ANNUAL JUNE 30TH REPORTING DEADLINE – ALL 2013 CASES ARE NOW DUE AT FCDS

1. **All 2013 cases from All Florida Hospitals should be reported in NAACCRv13 to FCDS on or before 11:59pm on June 30th.**
2. **There are no exceptions to the FCDS Annual Reporting Deadline of June 30th.**
 - a. Any case(s) submitted after June 30th will be a “late report(s).”
 - b. The AJCC/CoC Rapid Quality Reporting System (RQRS) Standard has no bearing on the FCDS Reporting Deadline.
 - c. Compliance with timeliness (6-month reporting rule) and other state reporting requirements is critical to our mission.
 - d. Late reporting of cancer cases affects data quality reports that go to your facility administrator, the FCDS/DOH Annual Report to our legislators, and our NAACCR and CDC NPCR Calls for Data in addition to limiting FCDS’ ability to respond to important data requests.
3. **No NAACCRv13 formatted records will be accepted after June 30, 2013.**
4. **Only NAACCRv14 formatted records will be accepted July 1, 2014-June 30, 2015**
5. **All vendors have been notified of the FCDSv14 implementation timeline.**
6. **FCDS IDEA will be shut down July 1 @ 12:01am for any v13case entry or uploads.**
7. **FCDS IDEA will be on-line again after the July 4th Holiday Weekend for v14 single entry and NAACCRv14 batch uploads, only.**
8. **Cases entered or uploaded in v14 during the first two weeks of July will not be fully edited until FCDS is on-line with all v14 programs.**
9. **FCDS IDEA will be shut down for up to two weeks (7/1-7/14) to allow time to install the new FCDSv14 software and to run routine testing on our FCDSv14 programs. This is all in order to keep FCDS files current with national requirements for record layout and required data items.**
10. **The FCDS Annual Conference** will be held 7/24-7/25 immediately following the FCRA Annual Conference. The 2014 Florida Cancer Reporting Requirements will be covered during this conference. If you have not already registered for the meeting, please join us in Orlando.

Finally, FCDS would like to thank each and every registrar in the state of Florida for taking the time and effort required to meet all of the FCDS reporting requirements (timeliness, completeness, and data of high quality). FCDS continues to meet the Gold Standard amongst our peers.

Thank you. FCDS

Lymph Vascular Invasion

LYMPH VASCULAR INVASION (LVI = 8 OR LVI = 9)?

Lymph-Vascular Invasion or LVI refers to the presence or absence of tumor cells found inside in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist (the primary tumor invades into tissue that has lymph and blood vessels and the tumor has invaded into at least one lymph or blood vessel, channel, or capillary. Tumors cannot be in situ and have LVI.

“Lymph” refers to invasion of lymphatic channels or lymphatic capillaries. “Vascular” refers to invasion of the wall of the blood vessel. Each can be an indicator of prognosis for a primary solid tumor because once the primary tumor has invaded into the wall(s) of at least 1 small vein, capillary or lymphatic channel the tumor gains access to circulating lymph and/or blood and a means to spread or metastasize.

LVI is required for staging some cancers, is important to document for others, and appears to have limited impact in some cancers.

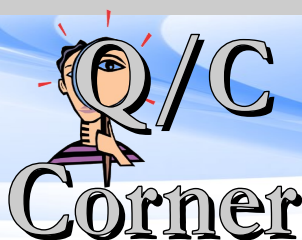
LVI = 0 when no lymph-vascular invasion noted on pathology report.

LVI = 0 when the tumor is not invasive (stage and behavior = in situ) because by definition these tumors do not have access and have not invaded into lymph channels or vascular channels. Always code non-invasive tumors with LVI = 0.

LVI = 1 when lymph-vascular invasion (or one of its synonyms) is present in the specimen.

LVI = 8 (not applicable) ONLY WHEN HISTOLOGY = 9590/3 or higher.

LVI = 9 (unknown) when no information is available on the pathology report about LVI, the histology is NOT 9590/3 or higher and for unknown primaries (C809).



QUESTIONS? ANSWERS. and CLARIFICATION

QUESTION:

Should Synthroid/Levothyroxine Sodium be coded as Hormonal Treatment for Thyroid Cancers?

ANSWER:

Yes, while synthroid and other thyroid replacement drugs are meant to stabilize the person's thyroid function – they also suppress TSH (thyroid stimulating hormone) that when left untreated promotes growth of thyroid tissue and increases the potential for recurrence and/or new primary of the thyroid. Since this is more than just thyroid replacement and actually suppresses hormone production – it is treatment. Please see the SEER*Rx screenshot included below – and always refer to SEER*Rx when you have questions about specific anti-neoplastic agents.

Generic Name
Levothyroxine Sodium
Brand Name
Alti-Thyroxine
Eltroxin
Euthroid
Euthyrox
L-Thyroxine
L-Tyrosine
Levo-T
Levotabs
Levothroid
Levothyroxine
Levoxine
Levoxyl
Proloid
Sodium Levothyroxine
Synthroid
Synthrox
Thyroid USP
Thyrolar
Thyroxine
Thysin
Tirosint
Category
Hormones and hormonal mechanisms
Subcategory
Thyroid hormone--suppresses TSH
Abbreviation
T4
Primary Site
Thyroid
Remarks
Synthroid should be coded as hormonal treatment for thyroid cancer. After thyroid surgery, the thyroid hormone medication levothyroxine (Levothroid, synthroid, etc) is prescribed often for life. This drug has two benefits: it supplies the missing hormone the thyroid would normally produce, and it suppresses the production of thyroid-stimulating hormone (TSH) from the pituitary gland. High TSH levels could conceivably stimulate any remaining cancer cells to grow.

(Continued on page 8)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 7)

QUESTION:

Do we abstract port-a-cath placement only charts?

ANSWER:

Port-a-cath – you can either do them or not, they are optional to report. Most facilities that see sufficient numbers of these patients want to include them in their reporting and in their own database because it tells the story of referrals and chemo recommended if not delivered. Please refer to the FCDS DAM section I, page 1 for additional clarification.

**FOLLOW– UP QUESTIONS FROM NAACCR
WEBINAR : COLLECTING TREATMENT DATA**

QUESTION:

Should Radiation using I-131 be coded to volume Whole Body (code 33)?

ANSWER:

Yes, I-131 is a radioactive isotope that is mixed with liquid and consumed by drinking the mixture of I-131 and liquid flavor of your choice. The radiation disperses via digestive system and blood throughout the whole body with most of uptake going directly to the thyroid.

QUESTION:

Should Intraoperative Radiation Therapy (IORT), Image Guided Radiation Therapy (IGRT) and Brainlab have a special code – code based on the modality used?

ANSWER:

No, these are Radiation delivery techniques not specific modalities or types radiation.

QUESTION:

Should Radioembolization (Sir-Spheres, TheraSphere, SIRT, or TARE [trans-arterial radioembolization]) be

coded as brachytherapy – code 53?

ANSWER:

Yes, each of these are delivery devices for radioembolization. Often you need to double-code embolization, whether it is chemo-embolization or radioembolization. Code as chemo or radiation therapy as well as Code Other Therapy = 1. Instructions are in the FCDS DAM.

QUESTION:

Should Brachytherapy end date will be the same as the start date with the exception of Mammosite – code start and end date?

ANSWER:

Yes, because this product allows a 5-day delivery of radiation to breast – But, do not limit exception to MammoSite as this is a product not a modality and is similar to the SAVI device.

QUESTION:

What code should be used to document the regional dose for brachytherapy or radioisotopes?

ANSWER:

88888 (not “99999”)

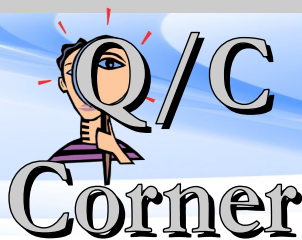
QUESTION:

How should you code HDR brachytherapy when the physician indicates total fraction=10?

ANSWER:

Code 10 fractions given (vs. coding as 1). This is similar to using MammoSite or SAVI where a catheter stays in breast for several days and radiation is placed into the catheter and then removed each day of treatment – in this case 10 days – but more often it is 5 days.

(Continued on page 9)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 8)

QUESTION:

Is Lumpectomy with placement of SAVVY spacer followed by radiation is a type of brachytherapy?

ANSWER:

Yes, the SAVI spacer is a balloon catheter device very similar to the MammoSite device that is inserted in breast tissue so radiation can be delivered via the catheter right to the tumor bed - we used to call these interstitial implants and SAVI is a product not a technique or modality.

QUESTION:

Is Blood transfusion coded as other treatment for Leukemia for cases diagnosed 1/1/2010 and after?

ANSWER:

No, DO NOT CODE BLOOD TRANSFUSION AS TREATMENT FOR ANY NEOPLASM.

QUESTION:

Is Phlebotomy a treatment modality only for Polycythemia Vera?

ANSWER:

Yes, code Phlebotomy as treatment for Polycythemia Vera Only.

QUESTION:

Are Blood thinners (e.g. aspirin) considered treatment (code 1 Other Treatment) for certain Hematopoietic diseases? (these are identified in SEER Rx database)

ANSWER:

Yes, aspirin should be coded as Other Treatment but ONLY FOR Essential Thrombocythemia.

QUESTION:

If patient makes a blanket refusal of all treatment, is it record refusal in ALL treatment fields?

ANSWER:

No, only code refusal for treatment that would be part of the standard of care.

QUESTION:

Are palliative procedures double coded?

ANSWER:

Yes, FCDS does not require registrars to code this data item, but FCDS does require cancer-directed palliative procedures be coded as treatment when they are part of planned first course of therapy - even if just for symptom or pain control. If there is a standard treatment category and it is first course therapy – code it as treatment and code the therapy as palliative. I have this on list to discuss and clarify for our annual meeting, too.

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
*10/3/13	Lip and Oral Cavity
*11/7/13	Prostate
*12/5/13	Ovary
*1/9/14	Gastrointestinal Stromal Tumors (GIST)
*2/6/14	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/educationtraining.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.

Here is the CEU information for the 2013 FCDS Annual Conference:

CE Hours: 8.25

NCRA Recognition Number: 2013-114

The 2012 FCDS Annual Conference:

CE Hours: 9.0

NCRA Program Number: 2012-065

Florida Cancer Data System

Cancer Reporting Completeness Report



TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF MAY 31, 2014

Total number of *New Cases* added to the FCDS Master file in May, 2014:

18,479

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	134,791	2,375	132	7,800	0	Pending	145,098	17,897
2012	171,078	10,277	182	8,235	0	Pending	189,809	421
2011	172,939	11,906	2,243	18,024	0	2,097	207,326	161

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2013	76%	91%
	2012	100%	100%
	2011	100%	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.

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:

Aja M. Scott

Melissa K. Williams

CONTRIBUTORS:

Steven M. Peace, BS, CTR

Melissa K. Williams

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>