

# The Florida Cancer Data System's Memo

APRIL 2016

## **REGISTER NOW!**

### **FCDS Annual Meeting**

#### **July 27 – 28, 2016**



### **Topics:**

2016 Reporting Requirements  
Cancer Risk Among Fire-Rescue Personnel, Breast Cancer Genetics Testing  
FCDS Abstractor Code Update, Translating Medical Claims into Meaningful Cancer Data  
AJCC TNM Staging and Self-Instruction Updates  
Neuroendocrine Tumors (NETs) – Classification and Staging  
Developments in Cancer Diagnosis and Treatment

### **WHAT'S NEW:**

*The following information  
is currently available on the  
FCDS website.*

**FLORIDA ANNUAL  
CANCER REPORT:  
INCIDENCE AND  
MORTALITY - 2012**

**FCDS/NAACCR  
EDITs Metafile**  
- 15A Metafile,  
posted 1/6/2016  
at 8:00 AM

**FCDS/NAACCR  
WEBINAR SERIES:**  
NAACCR 2015-2016  
Cancer Registry and  
Surveillance Webinar  
series - Collecting  
Cancer Data: Kidney  
5/5/16, being held at  
7 Florida facilities and  
[requires registration.](#)



Florida Cancer Data System

**Florida Statewide**

**Cancer Registry**

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# Florida Cancer Data System Deadlines, Updates, & Reminders

(Continued from page 1)

## DRAFT Agenda

2016 Reporting Requirements  
More items coming soon

## The Boca Raton Marriott at Boca Center



The **FCRA Annual conference** is at the same hotel and precedes the FCDS conference.

## Hotel Map

Please call the hotel at 888-888-3780 to get the group rate of \$109 per night.

[Reservation page for FCDS](#)

## DRAFT Agenda

[Slides/Handouts are on our Education/Training page under Annual Conferences](#)

For more information contact:

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305-243-4871 (Fax)

## **Register online!**

Click the link and fill out your registration information, press the submit button, print the resulting page, and submit it along with your \$100.00 registration check payable to "Florida Cancer Data System".  
Our Tax-ID # is 59-0624458.

The registration fee is non-refundable.

NEW: We now accept credit card payments through a third party credit card processing site used by University of Miami.

Complete and submit your information below, then go to the **FCDS payment page** to read about this new option and to submit your payment.

July 27-28, 2016		
Tuesday July 26 <sup>th</sup>	Early Registration	4:00 PM - 6:00 PM
Day 1		
Wednesday July 27 <sup>th</sup>	Registration & Continental Breakfast	7:30 AM
	Conference	8:30 AM - 5:00 PM
Day 2		
Thursday July 28 <sup>th</sup>	Registration & Continental Breakfast	7:30 AM
	Conference	8:30 AM - 12:00 PM



# Jean Byers Memorial Award



## 2015 Jean Byers Memorial Award for Excellence in Cancer Registration

Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.

The criteria to win the award are:

All deadlines met with respect to cancer case admissions and all cases reported to FCDS:

- Annual Caseload Submission Deadline – June 30
- Consolidated Follow Back Deadline – October 15
  - o AHCA, AMBI, Death Certificate Notification
- No more that 5% (or 35 cases, whichever number is greater) of cancer case admissions reported to FCDS within 2 months (60 days) following the June 30 deadline
- No more that 10% of cancer case admission reported to FCDS within 12 months following the June 30 reporting deadline

Here are the winners for 2015 (data submission year 2013):

1170-N FLORIDA REGIONAL MEDICAL CENTER  
1300-GULF COAST MEDICAL CENTER  
1306-BAY MEDICAL CENTER  
1405-SHANDS STARKE REGIONAL MEDICAL CTR  
1505-CAPE CANAVERAL HOSPITAL  
1510-VIERA HOSPITAL  
1547-WUESTHOFF MEDICAL CENTER- ROCKLEDGE  
1548-WUESTHOFF MEDICAL CENTER MELBOURNE  
1601-WESTSIDE REGIONAL MED CTR  
1602-MEMORIAL REGIONAL HOSPITAL SOUTH  
1606-MEMORIAL REGIONAL CANCER CENTER

1610-MEMORIAL HOSPITAL PEMBROKE  
1647-CLEVELAND CLINIC HOSPITAL  
1649-MEMORIAL HOSPITAL MIRAMAR  
1676-PLANTATION GENERAL HOSP  
1681-NORTHWEST MEDICAL CENTER  
1687-UNIVERSITY MEDICAL CENTER  
1688-MEMORIAL HOSPITAL WEST  
1800-FAWCETT MEMORIAL HOSPITAL  
1836-PEACE RIVER REGIONAL MEDICAL CENTER  
1846-CHARLOTTE REGIONAL MEDICAL CENTER

*(Continued on page 4)*





# Jean Byers Memorial Award



(Continued from page 3)

2146-NCH HEALTHCARE SYSTEM	2660-ST. LUKE-ST VINCENT'S HEALTHCARE	3974-KINDRED HOSPITAL BAY AREA TAMPA
2246-LAKE CITY MEDICAL CENTER	2672-WOLFSON CHILDRENS HOSP NCC	3977-MEMORIAL HOSPITAL OF TAMPA
2305-JAMES M JACKSON MEMORIAL HOSPITAL	2700-WEST FLORIDA HOSPITAL	3988-SOUTH BAY HOSPITAL
2307-WEST KENDALL BAPTIST HOSPITAL	2736-BAPTIST HOSPITAL OF PENSACOLA	4516-LEESBURG REGIONAL MEDICAL CENTER
2336-BAPTIST HOSPITAL OF MIAMI	2738-SACRED HEART CANCER CENTER	4546-SOUTH LAKE HOSPITAL
2338-MERCY HOSPITAL	3505-FLORIDA HOSPITAL WAUCHULA	4547-FLORIDA HOSPITAL WATERMAN
2353-NORTH SHORE MEDICAL CENTER	3701-OAK HILL HOSPITAL	4601-CAPE CORAL HOSPITAL
2358-KENDALL MEDICAL CENTER	3705-BAYFRONT HEALTH BROOKSVILLE	4605-LEE MEMORIAL HEALTH SYSTEM
2359-MIAMI CHILDRENS HOSPITAL	3715-SPRING HILL REGIONAL HOSPITAL	4645-REG CANCER CTR GULF COAST HOSPITAL
2374-JACKSON NORTH MEDICAL CENTER	3805-HIGHLANDS REGIONAL MEDICAL CENTER	4647-LEHIGH REGIONAL MEDICAL CENTER
2376-SOUTH MIAMI HOSPITAL	3890-FLORIDA HOSPITAL LAKE PLACID	4690-LEE MEMORIAL HOSPITAL HEALTHPARK
2377-WESTCHESTER GENERAL HOSPITAL	3903-BRANDON REGIONAL HOSPITAL	4705-TALLAHASSEE MEMORIAL HEALTHCARE
2383-PALMETTO GENERAL HOSPITAL	3906-TAMPA GENERAL HOSPITAL	4770-CAPITAL REGIONAL MEDICAL CENTER
2405-DESOTO MEMORIAL HOSPITAL	3932-H LEE MOFFITT CANCER CENTER	5100-BLAKE MEDICAL CENTER
2606-SHANDS JACKSONVILLE MEDICAL CENTER	3936-ST JOSEPHS HOSPITAL NORTH	5110-LAKEWOOD RANCH MEDICAL CENTER
2636-BAPTIST REGIONAL CANCER CENTER-JAX	3937-ST JOSEPH HOSPITAL	5202-WEST MARION COMMUNITY HOSPITAL
2638-ST VINCENTS MEDICAL CENTER	3947-KINDRED HOSPITAL CENTRAL TAMPA	
2648-MEMORIAL HOSPITAL JACKSONVILLE	3973-FLORIDA HOSPITAL CARROLLWOOD	

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# Jean Byers Memorial Award



*(Continued from page 4)*

5203-ST VINCENTS MED CTR CLAY COUNTY	6203-EDWARD WHITE HOSPITAL
5205-MUNROE REGIONAL PATH	6205-FLORIDA HOSPITAL NORTH PINELLAS
5346-MARTIN MEMORIAL MEDICAL CENTER	6206-LARGO MEDICAL CENTER
5471-MARINERS HOSPITAL	6246-ALL CHILDRENS HOSPITAL
5505-BAPTIST MEDICAL CENTER NASSAU	6249-MEASE DUNEDIN HOSPITAL
5606-TWIN CITIES HOSPITAL	6250-MORTON PLANT HOSPITAL
5607-NORTH OKALOOSA MEDICAL CENTER	6251-ST ANTHONY HOSPITAL
5610-SACRED HEART HOSP EMERALD COAST	6274-ST PETERSBURG GENERAL HOSPITAL
5705-RAULERSON HOSPITAL	6278-MEASE COUNTRYSIDE HOSPITAL
5806-HEALTH CENTRAL	6290-KINDRED HOSP BAY AREA ST PETERSBURG
5848-UF HEALTH CANCER CENTER AT ORLANDO	6305-LAKELAND REGIONAL MEDICAL CENTER
5967-OSCEOLA REGIONAL MEDICAL CENTER	6348-LAKE WALES HOSPITAL
6003-DELRAY MEDICAL CENTER	6446-PUTNAM COMMUNITY MEDICAL CTR
6005-BETHESDA MEMORIAL HOSPITAL	6570-FLAGLER HOSPITAL
6036-ST MARYS MEDICAL CENTER	6600-COLUMBIA LAWNWOOD REGIONAL MED CTR
6046-BOCA RATON REGIONAL HOSPITAL	6704-GULF BREEZE HOSPITAL
6068-WELLINGTON REGIONAL MEDICAL CENTER	6705-JAY HOSPITAL
6104-FLORIDA HOSPITAL WESLEY CHAPEL	6810-ENGLEWOOD COMMUNITY HOSPITAL
6106-NORTH BAY HOSPITAL	6815-COMPLEXCARE AT RIDGELAKE
6170-MEDICAL CENTER OF TRINITY	6846-VENICE REGIONAL MEDICAL CENTER
6172-REGIONAL MED CENTER BAYONET POINT	6870-DOCTORS HOSPITAL
6201-NORTHSIDE HOSP HEART INSTITUTE	6905-CENTRAL FLORIDA REGIONAL HOSPITAL
	6910-ORLANDO REGIONAL SOUTH SEMINOLE HOS
	7005-VILLAGES REGIONAL HOSPITAL



## PAT STRAIT AWARD



### 2015 Pat Strait Award for Excellence in Cancer Abstracting

Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.

We recognize that the facilities that achieve this quality standard are staffed by outstanding professionals that made it possible for the facility to be recognized with this award.

The Pat Strait Award for Excellence in Cancer Abstracting recognizes those individuals that contributed to a facility winning the award by presenting a certificate to all abstractors that submitted cases for the winning facilities.

This certificate is a way for FCDS to show our gratitude and appreciation to those individuals that were responsible for helping a facility reach this exceptional quality standard.

Thank you for your continued support and dedication.

ALICIA ABRAHAM	LANA BENEDICT	NICOLE BURMEISTER KINTZ	CHARISSE CREECH
JANICE ALEXANDER	HEATHER BENSON	JULIE CAMPBELL	JUAN CRUZ
DEBORAH ALICEA	KATHY BESS	STEPHANIE CAMPBELL	TINA CULLORS
JOYCE ALLAN	MELISSA BLAKLEY	SANDRA CARLSON	JIMMIE CUMMINS
BARBARA ANDERSON	LISA BORODEMOS	CHARLA CARTER	MAUREEN CURCIO
ELIZABETH ANDRADE	JACQUELINE BRICE	MAGDA CASTRO	JANICE DAVIS
VICTOR ANGLES	WANDA BROADWAY	SUZAN CHASTAIN	SALLY DAVIS
STACEY APPELEGATE	BESSIE BROKENBURR HENDERSON	KATHIE CHURCHILL	BARBARA DEARMON
PATRICIA ATCHLEY	JENNIFER BROWN	CORRINNE CLARK	ANNA DELUAGUE
JENNIFER ATTWOOD	PENELOPE BROWN	DENISE COLBURN	ANGELA DELUCA
CASEY BARTLETT	TAMMY BUNZE	KATHERINE COOK	WANDA DIAZ
KELLY BARTLETT		JENNETTE COX	(Continued on page 7)



## PAT STRAIT AWARD



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CALYPSO DOGBE  
CLAUDIA DOWNS  
ANGIE DROZ  
CHARLENE DUELGE  
BETHANEY DUPUIS  
MARTINA DURAN  
LINDA EASTRIDGE  
SOPHIA EBNER  
DONNA EDWARDS  
CATHERINE ELLIS  
ELIZABETH ELROD  
TIFFANY ERVIN  
ELIZABETH EXILUS  
OFELIA FERNANDEZ  
SUSAN FINN  
STEPHANIE FOX  
BARBARA FRAZIER  
INDIA FREEMAN  
FREDERICK FURNER  
GERARDO GALLARDO  
PAMELA GANTT  
KELLIE GARLAND  
LUCRETIA GARMAN  
BETTY GENTRY

LANA GEOGHAGAN  
FAITH GIST  
BERNA GLASSMAN  
LEAH GNAUCK  
JAN GOETTSCHKE  
BONNIE GRALNIK  
BEATRIZ HALLO  
JOHANNA HANELINE  
JANICE HARGROVE  
ANNETTE HARNAGE  
VICKI HAWHEE  
MAGGIE HERRERA  
MARY ANN HOPMANN  
CARON HULSEY  
JUDYTH HULSKUDER  
IRIS IRIZARRY  
SHARON ISAACS  
LORETHA JAMES  
BRIGITTE JOHNSON  
TIFFANY JOHNSON  
SHANTAL JOLLY  
JENNIE JONES  
PATRICIA JONES  
PENNY JONES  
CRYSTAL JORDAN  
DEBORAH JORDAN-REITH

MARCIA KAPPEL  
JENNIFER KASSAN  
REBECCA KELLNER  
HEATHER KELLY  
STEPHANIE KHAWLY  
LAURA KINDERGAN  
KELLY KING  
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JUDY MAHONEY-MILES  
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ROSALBA MARTE  
JENNY MARTINEZ  
CELIA MATHEWS  
STACYE MATHIS  
NANCY MAUL  
PENNY MAY  
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STELLA MCCOWN  
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ELIZABETH MELENDEZ  
MARGARITA MENA  
MERCEDES MENA ALLAUCA  
DINAH MERRILL  
GEMA MIDENCE  
JULIE MIERZEJEWSKI  
JORGE MIGOYA  
ZORITSA MOJICA-ROBAYO  
ZEIDA MOLINA  
SHARLENE MOORE  
ADRIENNE MORITH  
CAROL MUIR  
DEBORAH MULINI  
KATHRYN MURPHY  
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BLANCHE MYERS  
LESLIE NEVIUS  
JOYCE NEWHOUSER  
DAWN NGUYEN  
JENNIFER NOLTE  
BARBARA OHARA  
SUSAN OHLIN  
MARY OLEARY  
LUZ ORTIZ-ROMERO

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## PAT STRAIT AWARD



(Continued from page 7)

LYNNE PEARSON

KIMBERLY PERDUE

PETER PIERCE

CAROL PALMER

TINA POLSON

MARY KAY RAMOS

LINDA REMILLARD

PAULA RICCIO

ZADIE RIVARD

ELLEN ROBINSON

NELSON ROJAS

MARIE ROMULUS

DORSI ROVIN

JAIMIE ROVINELLI

LAURA SALSBUURY

JENNIFER SANKY

ANTONIO SANTANA

GEORGETTE SANTILLI

KATHLEEN SASLOW

MELISSA SCHMIDT

MELISSA SCHUSTER

ILEETA SCOLARO

ADELA SEIDMAN

SUSAN SEMINAZZI

DEYLIS SEQUEIRA

MARIANA SHAHIDPOUR

EILEEN SHARKEY

CHRISTY SIENNY

ANGELA SIMMONS

RANDY SLAVENS

DARLEEN SMALL

DOLLY SMITH

SHAUNTEL SMITH

TRACY SMITH

SUSAN SMITH PIERCE

RASSY SPROUSE

APRIL STEBBINS

BRYAN STEVENS

SANDRA STEWART

ANGELA SWILLEY

TINA SWINNEY

WEDLY SYLVAIN

ANN THOMPSON

MICHELLE TOURIZ

TRISHA TROIANO

UMA VEMPATI

FRED WACKER

ANA WALTON

LUCAS WASSIRA

JUDY WEBBER

PATRICIA WESTON

MELISSA WHITE

FAITH WHITWAM

JANETTE WIENECKE

JENNIFER WIGGS

AMY WILKES

NANCY WILKINSON

JACQUELINE WILLIAMS

SANDRA WILLIAMS

WENDY WILLIAMS

NANCY WILSON

JANET WYRICK

VICTORIA YOUNG

WILLIAM YUEN

KATHY ZAMORA

CELIA ZAPATA

JESSICA ZILKE



# Coding Tips

## TIPS FOR CODING SCOPE OF REGIONAL LYMPH NODE SURGERY

1. FCDS is seeing an increase in incorrectly coded Scope of Regional Lymph Node Surgery – again.
2. Text does not always clearly indicate procedure – when it does not – FCDS will ask for more text
3. Must document ALL surgical procedures completely and include ALL procedure dates
4. Breast and Melanoma are most common Primary Site where SLNBx is used
5. SLNBx documentation– Op Rpt States SLNBx was performed and describes injection of dye tracer
6. SLNBx MUST have used injected dye or other tracer to identify the lymph nodes
7. SLNBx is always removal of LN (not just FNA) identified using injected dye (usually 3 lymph nodes or less)
8. LN Sampling is NOT SLNBx even though only 1-3 nodes typically removed
9. LN Sampling does not include injected dye to identify the lymph nodes
10. LN Sampling with 1-3 nodes should not be used often – especially breast/melanoma
11. Core Bx or FNA of Node indicates Clinically + Lymph Node(s) – This is NOT A Sentinel Lymph Node Bx
12. When additional non-SLN are also removed (usually when SLNBx +) then Scope = 6
13. When more than 3 nodes are removed need to verify Scope NOT = 5 or 6 or 7
14. Don't Mix SLNBx with LN Dissection when pt has neoadjuvant tx before LN Dissection
15. Please refer to FCDS DAM Section on Scope of Regional Lymph Nodes for details





Association of NC Cancer Registrars

**SAVE THE DATE**

# Carolinas Regional Registrars Conference

The South Carolina Cancer Registrars Association (SCCRA) and The Association of North Carolina Cancer Registrars (ANCCR) are pleased to announce that we will be hosting a regional educational conference in Concord, North Carolina, September 21 - 23, 2016.

There are 250+ participants expected to attend this regional meeting from neighboring states. The conference will showcase great presentations and speakers alike.

Here is the information:

What: Carolinas Regional Registrars Conference  
Where: Embassy Suites, 5400 John Q. Hammons Dr NW, Concord, NC  
When: Wednesday, September 21, 2016, 9:00am - Friday, September 23, 2016, 5:00pm  
Hotel: (per night) \$169.00 plus tax <http://www.embassysuitesconcord.com>  
Cost: Full three-day registration: \$150.00 members (NC & SC) \$175.00 non-members  
On-line registration: <http://ncregistrars.com>

## Congratulations to Florida CTRs

JACQUELINE WILLIAMS, SEMINOLE

KALI CERDAN, ST. PETERSBURG

MARISSA RANGEL, FELLSMERE

MARTIN DURAN, ST. PETERSBURG

MONIQUE GORDON, LAUDERHILL

ZORITSA MOJICA-ROBAYO, ORANGE PARK



## QUESTIONS? ANSWERS. and CLARIFICATION

### **QUESTION:**

Can I use mammography date with Impression of BIRADS 4 and/or BIRADS 5 as the Date of Diagnosis for cancer?

### **ANSWER:**

The short answer is 'yes'. HOWEVER, you cannot use a BIRADS 4 or BIRADS 5 "diagnosis" from the mammogram without a biopsy confirmation as a cancer diagnosis – the patient must have cancer proven on biopsy or resection. The mammography date CAN be used as the Date of Initial Diagnosis for a biopsy-confirmed cancer.

The reference to use of BIRADS 4 and BIRADS 5 is in Section I, page 6 of the FCDS DAM and reads as follows: "BIRADS 4 or BIRADS 5 on Mammography without biopsy to confirm cancer is not reportable to FCDS."

BIRADS 4 and BIRADS 5 are diagnostic imaging designations for highly suspicious for malignancy and malignancy on imaging. If only the mammography report is available stating BIRADS 4 or BIRADS 5, this is not enough information to abstract and report the case to FCDS."

Registrars get confused over this a lot because they want the answer to be one way or the other and not "it depends". Well, it depends.

If there is no biopsy or resection to confirm the malignancy then the date of the BIRADS 4 or BIRADS 5 (the mammography date) should not be taken as the Date of Diagnosis without further evidence (clinical or by imaging).

If there is a biopsy that confirms cancer – then registrars really get confused as to what the dx date should be. But, if you think about this... this is the same as diagnostic imaging prior to biopsy confirmation for other tumors...why is breast different??

This is an old instruction that probably does not even hold water anymore as breast imaging has come a long way since these were written. Just like everything else we do...things change as technology improves...and our instructions and clarifications are often last to change.

But, for now BIRADS 4 or BIRADS 5 by itself without further confirmation of breast cancer diagnosis is not reportable.

While I agree with April Fritz assessment of the BIRADS 5 case – this is a rare occurrence as are all of these except BIRADS with BX, but our instruction still says we cannot use this as diagnostic alone.

UPDATE Regarding cN0 for pathologic staging – I heard today that AJCC plans to further restrict cN0 in pathologic staging N Category to in-situ only...but I do not have any confirmation on this if/when it will be clarified in print...but, none of this is in printed instructions yet...and we really need it to be.

### **QUESTION:**

Why Have Registrars Stopped Entering Subsite?

### **ANSWER:**

FCDS has noticed a growing problem that we need to bring to everybody's attention. For some reason many of the registrars abstracting in our state seem to not bother looking for, documenting, or coding cancer subsite, anymore. Why not? We don't know. Sometimes, the registrar will document a subsite but still assign the NOS code for the primary site. And, we are seeing this occur when abstracting both analytic and non-analytic cases. It is more than an oversight and has been seen as a pattern for some registrars. This is happening for breast, lung, colon and other cancer sites where subsite is a key factor in the description of the cancer. Please remember to look for, document, and code the correct cancer subsite. Please do not default to Primary Site, NOS when abstracting any of your cases.

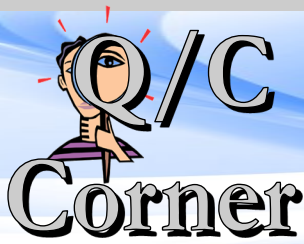
### **QUESTION:**

To code a nipple/skin sparing mastectomy to code 30. However, this code doesn't allow us the option to select they are having the mastectomy with reconstruction. Which a code 40 does allow.....how would you handle this?

### **ANSWER:**

We have included a note in the FCDS DAM alongside Code 30 for nipple sparing mastectomy. The note states that "cases coded 30 may be considered to have undergone breast reconstruction" as part of the definition of nipple sparing mastectomy – it is already understood that patients who undergo a nipple-sparing mastectomy procedure also undergo recon-

*(Continued on page 12)*



## QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 11)

struction and there is no need or option for coding reconstruction separately.

### 30 Subcutaneous mastectomy

**A subcutaneous mastectomy is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction.**

#### QUESTION:

When reporting a Cystic Pancreatic Endocrine Neoplasm (CPEN) which is listed as 8150/3 in the Memo but in the ICD-O coding book it shows that as Islet Cell Carcinoma, versus Islet Cell tumor which is coded as 8150/1. Since there is no mention of Carcinoma in the description, do in fact use 8150/3 instead of 8150/1?

#### ANSWER:

The short answer is; the WHO has published updates which currently include a change in terminology and behavior classification for what is now called Cystic Pancreatic Endocrine Neoplasm (CPEN) and coded as a malignancy (8150/3). These used to be called Islet Cell Tumor and were behavior /1. Now these are termed “cystic pancreatic endocrine neoplasia or CPEN and are classified as malignant. These changes have been clarified by the NCI SEER Program and are also included in the ICD-O-3 Updates that were published in 2011 and implemented in the United States a few years later 2014-2016 (not all at once). FCDS has provided this list of clarifications so that we remain current with the nation the WHO.

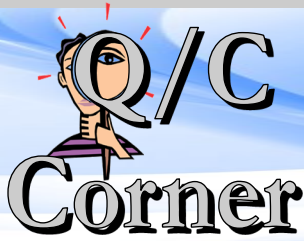
ICD-O-3 was published in 2000 and was based on the 2nd edition and (at that time) provisional 3rd edition of the World Health Organization International Classification of Tumours series. The WHO “Blue Books” as the series is often called were first published back in the 1960’s-1970’s under The WHO Blue Book Project. These 1st edition WHO “Blue Books” were used to create the original ICD-O histology/behavior/grade codes back in 1976 – red book). The WHO “Blue Books” have always been the primary source for ICD-O “current” terminology for histologic type and for the actual codes assigned to each term including all of the histology/behavior/grade codes. What we refer to as ICD-O codes are actually taken directly from the WHO “Blue Books”. Unfortunately, ICD-O publication dates are not totally in synch with the publication of the WHO “Blue Books” series. This is why NCI SEER created the MPH Rules and WHO published the ICD-O-3 Update.

The 3rd edition series of ten volumes was published between 2000-2005. And, the ICD-O-3 was published in 2000. Today, the 4th edition series is nearly complete. Both the 3rd edition and the 4th edition contained new terminology and new ICD-O histology codes and reclassification of some behavior codes for some tumors. The new terminology and reclassification of some pancreatic neoplasms to malignant behavior was included in the 2010 publication of the WHO Classification of Tumours of the Digestive System. The new ICD-O histology codes and behavior were published in the 2011 ICD-O-3 Updates recently implemented in the U.S. There have been additional “classification” volumes published since the 2011 ICD-O-3 Updates with more new histology terms, codes and some reclassification. The volumes published since 2011 are under review by the ICD-O-3 Updates Work Group and another ICD-O-3 Update is pending...so, stay tuned.

Given all of the advancements in understanding of tumor pathology, molecular genetics, and much more since the publication

(Continued on page 13)





## QUESTIONS? ANSWERS. and CLARIFICATION

*(Continued from page 12)*

of ICD-O-3; the ICD-O-3 book has becoming increasingly out-of-date as the World Health Organization continues to publish 4th edition Classification of Tumours Volumes for specific cancers and cancer sites. Much has been learned about the histologic classification of neoplasms since then...and the 4th edition volumes contain the updated information. This is why we are seeing new histology terms, codes and changes to classification and behavior of neoplasms that do not appear in the ICD-O-3 book. FCDS working with NCI SEER and NAACCR will continue to provide updates to registrars...and until an ICD-O-4 book is published, we have to rely on alternate means to communicate these changes. Take home message...things have changed since ICD-O-3 was published. And, we are doing our best to relay this information back to registrars as this impacts how pathologists discuss histology terminology amongst themselves, establish a final diagnosis with new terminology, and how we then translate the terms into the most current ICD-O codes available...even when not published in an ICD-O-4 edition of the classification and coding system.

### **QUESTION:**

For a breast case called a pure Squamous type metaplastic carcinoma measuring 3.1cm, Do I use 8070/3?

### **ANSWER:**

Metaplastic breast cancer (MBC) is a rare and histologically diverse subtype of breast carcinoma. It accounts for less than 1% of all breast cancers. Histologically, it is a poorly differentiated heterogeneous tumor containing ductal carcinoma cells admixed with areas of spindle, squamous, chondroid, or osseous elements. MBC was not officially recognized as a distinct histologic entity until 2000, and research on this disease process has been limited due to its rarity and the variety of tumor types included in this diagnosis. This category of breast malignancies encompasses tumors in which adenocarcinoma is found to co-exist with an admixture of spindle cell, squamous, chondroid or bone-forming neoplastic cells. Most metaplastic cancers are estrogen receptor (ER), progesterone receptor (PR) and Her2-neu negative and tend to have a worse prognosis than other triple negative breast cancers with fewer therapeutic options.

Several subtypes of MBC have been described. The spindle cell subtype, which is the most common, demonstrates cells forming poorly cohesive sheets of predominant spindle cell morphology. The spindle cell component often resembles a low-grade sarcoma or reactive process such as granulation tissue, which can be challenging to differentiate. The squamous cell carcinoma subtype demonstrates infiltrating squamous carcinoma with polygonal cells, eosinophilic cytoplasm, and possible keratin pearl formation. The carcinosarcoma contains both malignant epithelium and malignant stroma. The matrix-producing subtype contains overt carcinoma with a transition to cartilaginous and/or osseous stromal matrix without a spindle component. MBC with osteoclastic giant cells subtype shows intraductal or infiltrating carcinoma contiguous or mixed with spindle cell or sarcomatous stroma plus osteoclastic cells.

The current ICD-O-3 and the current MPH Rules do not distinguish MBC or its subtypes. These will likely be clarified in the 2017 MPH Rules Update.

Until the next round of ICD-O-3 Updates have been approved and implemented...all MBC without a clear histologic subtype should be coded 8575/3.

When a clear subtype has been described, tumors can be assigned more specific histology code as noted below:

*(Continued on page 14)*





## QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 13)

8575/3	<b>Metaplastic carcinoma of no special type</b>
8570/3	Low-grade adenosquamous carcinoma
8572/3	Fibromatosis-like metaplastic carcinoma
8070/3	Squamous cell carcinoma
8032/3	Spindle cell carcinoma
8571/3	Metaplastic carcinoma with chondroid or osseous differentiation
8575/3	Metaplastic carcinoma with other types of mesenchymal differentiated
8575/3	Mixed metaplastic carcinoma
8982/3	Myoepithelial carcinoma

SOURCES: WHO Classification of Tumors of the Breast and Female Genital Organs, 4th edition and Exp Hematol Oncol. 2013; 2: 31.

### QUESTION:

Is a LAMN (low-grade) appendiceal mucinous neoplasm) type II with changes in appendix for 2015 reportable or not?

### ANSWER:

LAMN, (low-grade) appendiceal mucinous neoplasm, is felt to be a precursor to pseudomyxoma peritonei. Individuals with this condition are at increased risk for dissemination into peritoneal space similar to ovarian cancer spread and/or intra-abdominal metastatic colon cancer. These used to be classified as “adenoma.” However, in the 4th edition of the WHO Classification – WHO officially dropped the use of the term “adenoma” for this type of neoplasm and introduced the term “low-grade appendiceal mucinous neoplasm” or “LAMN” with ICD-O code 8480/1. Because of the increased risk for tumor spread – even though it is considered a borderline malignancy, patients with this condition should be considered for risk-reducing cyto-reductive surgery. Also, LAMN may coexist and has a high association with other cancers (colon and ovarian malignancies). We are seeing this terminology used more and more and then patients come back with mets and the histology is still called LAMN or with ovarian cancers still called “borderline” but with widespread mets...not sure what SEER is going to instruct us to do with these, yet, since most state reporting legislation does not allow for reporting borderline malignancy except of brain or CNS. Stay tuned, but still Not Reportable.



# NAACCR 2015-2016 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, 2015-2016 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](https://fcds.med.miami.edu/scripts/naaccr_webinar.pl). All webinars start at 9am.

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](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](mailto:speace@med.miami.edu).

DATE	TOPIC
*10/1/15	Collecting Cancer Data: Unusual Sites and Histologies
*11/5/15	Collecting Cancer Data: Pharynx
*12/3/15	Directly Coded Cancer Stage (AJCC and Summary Stage)
*1/7/16	Collecting Cancer Data: Bone and Soft Tissue
*2/4/16	Collecting Cancer Data: Breast
*3/3/16	Abstracting and Coding Boot Camp
*4/7/16	Collecting Cancer Data: Ovary
5/5/16	Collecting Cancer Data: Kidney
6/2/16	Collecting Cancer Data: Prostate
7/7/16	Patient Outcomes
8/4/16	Collecting Cancer Data: Bladder
9/1/16	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 2015-2016  
webinar series,  
*registration is required*



**REGISTER FOR THE  
NEXT WEBINAR**

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

## CEU information for the 2015 FCDS Annual Conference:

*CE Hours: 8.75*

*NCRA Recognition  
Number: 2015-077*

## CEU information for the 2014 FCDS Annual Conference:

*CE Hours: 8.25*

*NCRA Recognition  
Number: 2014-113*

# Florida Cancer Data System

## Cancer Reporting Completeness Report



### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF MARCH 31, 2016

Total number of *New Cases* added to the FCDS Master file in MARCH, 2016: **18,190**

*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
2015	101,420	713	91	9,265	0	Pending	111,489	<b>16,107</b>
2014	179,726	7,440	94	9,919	0	Pending	197,179	<b>1,708</b>
2013	183,669	8,641	2,309	9,452	0	<b>2,069</b>	206,140	<b>375</b>

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2015	<b>59%</b>	<b>75%</b>
	2014	100%	100%
	2013	100%	100%

*\*Expected % based on 190,000 reported cases per year*

### Reminder:

*The facility Quarterly Reporting Status is always available in IDEA under the Reports/Inquiries tab. Please remember to look at your current reporting status at least quarterly. Also, prior reporting quarters are available.*

### *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 Record-

ings 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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