Jean Byers Memorial Award

2016 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
  - 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 2016 (data submission year 2014):

(Continued on page 4)
Register Now

FCDS Annual Meeting
July 26 – 27, 2017

Wyndham Grand Orlando Resort Bonnet Creek

Room Rates: $129.00 - Single/Double

Conference Registration Fee: $100.00

To Register CLICK HERE!

To make Hotel Reservations CLICK HERE!

Topics:
- Firefighter Cancer Linkage Project Update
- Cancer Risk Among Children with Birth Defects
- A Fundamental Learning Collaborative for the Cancer Surveillance Community
- ICD-O-3, 2018 MPH, AJCC 8th ed., SS2018 and Other Updates
- New Site-Specific Factors “Required for Staging” AJCC 8th ed.
- Recent Developments in Cancer Diagnosis and Treatment
- 2016 NPCR Data Quality Evaluation
- 2016 FCDS Data Quality Audits

Hotel link: wyndhamgrandorlando.com  More information coming soon.
CONGRATULATIONS!

New CTR’s

Edna Cruet, Tampa
Kerry-Ann Dockery, Lauderhill
Evelyn Gorman, Lakeland
Dawn Mason, Vero Beach
Albert Reyes, Pinellas Park

2017 CTR Exam Dates

The 2017 CTR Exam dates and application deadlines are noted below.

To request the 2017 CTR Exam Candidates Handbook & Application, e-mail ctrexam@ncra-usa.org.

- February 11-March 1, 2017
  Application deadline: January 31

- June 17-July 8, 2017
  Application deadline: May 19

- October 14-November 4, 2017
  Application deadline: September 15
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<td>6170-MEDICAL CENTER OF TRINITY</td>
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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.
(Continued from page 5)

Eileen Abate
Joyce Allan
Allissa Anderson
Barbara Anderson
Elizabeth Andrade
Victor Angles
Stacey Applegate
Olga Archila
Prudence Ashley
Marichu Auffenberg
Leigh Bishop
Melissa Blakley
Lisa Borodemos
Bessie Brokenburr Henderson
Jennifer Brown
Penelope Brown
Tammy Bunze
Heather Burner
Sandra Carlson
Charla Carter
Suzan Chastain
Kathie Churchill
Judith Clark
Denise Colburn
Michelle Coleman
Tina Coleman

Katherine Cook
Anna Coratello
Jennette Cox
Charissee Creech
Juan Cruz
Tina Cullors
Maureen Curcio
Lisa Cyphers
Margaret Daniel
Janice Davis
Sally Davis
Barbara Dearmon
Anna Deluague
Pedro Diaz Pow Sang
Calypso Dogbe
Patricia Downey Johnston
Claudia Downs
Charlene Duelge
Heather Duque
Martin Duran
Martina Duran
Donna Edwards
Elizabeth Elrod
Tiffany Ervin
Mayra Espino
Elizabeth Exilus
John Fairfield
Ofelia Fernandez
Susan Finn

Stephanie Fox
Barbara Frazier
India Freeman
Frederick Furner
Debra Gardemann
Kellie Garland
Lucretia Garman
Alicia Gassert
Lana Geoghan
Katherine Gilbertson
Faith Gist
Tammy Goas
Jan Goettsche
Monica Gomez
Bonnie Gralnik
Beatriz Hallo
Jackie Halsey
Janice Hargrove
Annette Harnage
Vicki Hawhee
Maggie Herrera
Sharry Herring
Caron Hulsey
Angela Innello
Sharon Isaacs
Loretha James
John Jarrett
Brigitte Johnson
Jennie Jones

Patricia Jones
Deborah Jordan-Reith
Jennifer Kassan
Rebecca Kellner
Heather Kelly
Jacqueline Kenney
Stephanie Khawly
Laura Kindergan
James King Jr
Lisa Kofron
Tamara Lehman
Michelle Lester
Yolanda Levy
Debbie Logue
Brenda Lopez
Daiana Lopez
Barbara Lorentson
Carmen Luckett
Julie Manna
Delma Mariscal
Manuel Marte
Jenny Martinez
Lindsey Mason
Celia Mathews
Nancy Maul
Penny May
Melissa Mccarthan
Stella Mccown

(Continued on page 7)
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<td>Deylis Sequeira</td>
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<td>Christy Sienny</td>
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<td>Bubblela Simmons</td>
<td>Sheila Walsh</td>
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<td>Sade Ray</td>
<td>Darleen Small</td>
<td>Lucas Wassira</td>
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<td>Albert Reyes</td>
<td>Lisa Smith</td>
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<td>lleeta Scolaro</td>
<td>Ann Thompson</td>
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<tr>
<td>Carrie Scott</td>
<td>Lisset Todd</td>
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</table>

(Continued from page 6)
Changing Date of Diagnosis - Restrictions and Requirements

FCDS has received a number of inquiries regarding the latest FCDS Requirements and Restrictions on Changing the Date of Diagnosis for cases already submitted to FCDS. This involves abstracts that have been found to have the wrong Date of Diagnosis where the date should be a 2016 or later diagnosis versus a 2015 or earlier date. Cases may be identified as a result of QC or during any step of the Visual Editing Process (i.e. during Correct/Force/Delete or as a result of data use).

Beginning with 2016 cases and revolving around the pivotal change for abstracts with a 2016 diagnosis year; anytime you are asked to change a Date of Diagnosis either from 2016 to an earlier year…or from an earlier year to a 2016 year or later diagnosis; FCDS now requires that the facility correct the abstract at your end and then you must re-submit the entire abstract to FCDS rather than just tell FCDS that the Date of Diagnosis needs to be changed or that you agree with the change.

The reason for this new Requirement/Restriction is that the staging requirement for 2016 and later cases is AJCC TNM Cancer Staging (including SSFs) plus Summary Stage 2000; but, the staging requirement for cases diagnosed prior to 2016 is still the Collaborative Stage Data Collection System (including SSFs) with electronic derivation of AJCC TNM and Summary Stage 2000.

Note: Cases with an unknown date of diagnosis must meet the 2016 requirements for staging. FCDS recommends you estimate Date of Diagnosis when unknown.

FCDS restricts our own staff from changing the Date of Diagnosis when it crosses the 2016 Dx Year threshold (before/after). We found this necessary to minimize the impact on the FCDS Field Coordinators and/or QC Staff to completely restage the case (including SSFs) when the Date of Diagnosis changes and requires a completely different staging system. Registrars do not always qualify every component of the staging information (including SSFs) in their text. We have found that we often had to return the case back to the facility to restage, anyway because the text documentation was incomplete. We also recognize that some registrars assign Collaborative Stage, TNM, SS1977 and SS2000 to ALL cases regardless of Dx Year. This is not consistent with national staging requirements.

FCDS does recognize this new requirement creates a whole new set of issues with tracking cases that are pending resubmission with the new Date of Diagnosis and the correct staging items to ensure the facility does resubmit the abstract with new data. But, FCDS has put in place mechanisms to track when abstracts are pending deletion based on a major change of Diagnosis Date pivoting on the 2016 Diagnosis Year (before/after). Thank you for your cooperation in this matter - this is a new part of FCDS data quality that ensures both your facility and FCDS have the appropriate required staging system used for every abstract reported.
Question: How Do You Code Optune for Treatment of Glioblastoma?

Answer:
Optune is a treatment for adult patients with histologically-confirmed glioblastoma multiforme (GBM). Optune is a noninvasive, portable device that is classified as durable medical equipment. It works by delivering alternating electric current called “Tumor Treating Fields” to the primary GMB tumor or to the tumor bed following surgical debulking. The alternating electric current action selectively to disrupt mitosis in dividing cancer cells. The device is made up of an electric field generator, a connection cable and box, 4 transducer arrays, and a power supply. The transducer arrays are applied directly to the shaved scalp.

Optune plus temozolomide is used in the treatment of adult patients with newly diagnosed, supratentorial glioblastoma following maximal debulking surgery, and completion of radiation therapy together with concomitant standard of care chemotherapy. It can also be used in the treatment of recurrent GBM, after the patient has confirmed recurrence and has received chemotherapy. The device may also be used as a single therapy (monotherapy) after surgical and radiation options have been exhausted. (http://www.optune.com)

Optune is coded under Other Therapy. Temozolomide is coded under Chemotherapy. And surgical debulking and radiation therapy are coded in the usual fields.

Please be sure to check for all potential treatment modalities as each may be used in conjunction with the Optune electric current device for first course therapy.

Question: When Do You Code “Surgery of Other Regional or Distant Sites”?

Answer:
The Data Item “Surgery of Other Regional or Distant Sites” serves a special purpose in the Treatment Dataset. This data item is often coded when no additional surgery was performed. This field was designed to capture “surgical treatment” of a metastasis or in rare instances “surgical staging” beyond the primary site - not just “other surgery” -- strong emphasis on the word “treatment”. FCDS continues to see an increase in the number of cases abstracted with “Surgery of Other Regional or Distant Sites” coded when the surgical procedure performed has absolutely nothing to do with surgical treatment to remove/resect a regional or distant metastasis or does not provide distant disease staging information gleaned from removal of a distant metastasis making it relevant to the case.

This data item “records the surgical removal of distant lymph nodes or other tissue(s) or organ(s) removed beyond the primary site” to “document the extent of surgical treatment used in evaluating the extent of metastatic involvement.” This means that the resection must have been performed to evaluate extent of disease (stage) from the primary site and based on suspected metastatic involvement of a non-nodal regional site or a distant metastatic site; and that the surgery performed was not limited to surgery of the primary site or surgical evaluation of regional lymph nodes but instead removal of a distant metastasis.

Procedures such as incidental removal of uninvolved

(Continued on page 10)
Regional tissue or organs or debulking procedures to reduce tumor burden are not a “surgical procedure of other regional or distant site”. Do not just code procedures that do not “fit” into Surgery of Primary Site or Scope of Regional Lymph Node Surgery in this item.

The following are NOT to be Coded as “Surgery of Other Regional or Distant Sites”:

- Debulking procedures
- Diverting procedures
- Exploratory surgery
- Surgery for reconstruction
- Other Surgery not related to the patient’s cancer diagnosis
- En bloc resection that includes the primary site plus adjacent tissue and/or organ(s)

- Nephrectomy that includes adrenal gland - the adrenal gland is removed as part of the Surgery of Primary Site procedure - even if positive for involvement
- Head and Neck surgery with unknown Head and Neck primary - do not code primary site to C80.9.
- Incidental removal of non-primary organ(s)/tissue during a surgical procedure to remove the primary tumor and/or regional nodes
- Below are some instances when you DO Code Surgery of Other Regional or Distant Sites.
  - When surgery is performed TO TREAT tumors of unknown or ill-defined primary sites or TO TREAT hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease. (Note: it is uncommon to surgically treat an unknown primary or the lymphoid/myeloid neoplasms.)
  - Surgical removal of metastasis (removal of brain, liver, lung metastasis) - not just a biopsy but a resection
  - Surgical removal of metastasis with unknown primary (removal of brain, liver, lung metastasis) - not just a biopsy but a resection

FCDS will not allow any 2017 cases to be submitted until after the June 30th Deadline. You will get an edit failure if you try. FCDS realizes there are no transmission or data record layout changes for the 2017 reporting year.

However, in keeping with FCDS’ longstanding Annual Reporting Deadline we felt it better to maintain our annual procedures and not allow any 2017 cases into FCDS until 2016 is “complete.”
NAACCR 2016-2017 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, 2016-2017 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. 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. 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.

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<td>Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasm</td>
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<td>*12/1/16</td>
<td>Collecting Cancer Data: Lung</td>
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<td>*3/2/17</td>
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<td>Multiple Primary and Histology Rules</td>
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*All NAACCR Webinars presented are available on the FCDS website, on the Downloads page: http://fcds.med.miami.edu/inc/educationtraining.shtml

CEU information for the 2016 FCDS Annual Conference:
CE Hours: 8.25
NCRA Recognition Number: 2016-056

CEU information for the 2015 FCDS Annual Conference:
CE Hours: 8.75
NCRA Recognition Number: 2015-077
## Florida Cancer Data System

### Cancer Reporting Completeness Report

#### Total Number of Cases in the FCDS Masterfile as of March 31, 2017

Total number of New Cases added to the FCDS Master file in March, 2017: **20,370**

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

<table>
<thead>
<tr>
<th>Admission Year</th>
<th>Hospital Admissions</th>
<th>Radiation Treatments</th>
<th>Ambulatory Care</th>
<th>Dermatologists</th>
<th>Physicians Claims</th>
<th>DCO Requests</th>
<th>Total Cases</th>
<th>New Cases</th>
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<td>2016</td>
<td>97,379</td>
<td>1,243</td>
<td>97</td>
<td>10,273</td>
<td>231</td>
<td>Pending</td>
<td>109,223</td>
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<td>2015</td>
<td>188,974</td>
<td>8,325</td>
<td>175</td>
<td>11,245</td>
<td>10,524</td>
<td>Pending</td>
<td>219,243</td>
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<tr>
<td>2014</td>
<td>187,266</td>
<td>9,177</td>
<td>1,987</td>
<td>11,040</td>
<td>15,642</td>
<td>2,153</td>
<td>227,265</td>
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% Complete for:

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<th>Year</th>
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<tr>
<td>2016</td>
<td>57%</td>
<td>75%</td>
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<td>2015</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>2014</td>
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*Expected % based on 190,000 reported cases per year

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### 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.

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### Missed an FCDS or NAACCR Webinar?

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