

The Florida Cancer Data System's Memo

JULY 2018



CHANGE TO 2018 FCDS REPORTING REQUIREMENTS

CDC/NPCR sent out the below announcement on 8/2/2018 describing MAJOR CHANGES to the 2018 and 2019 Reporting Requirements for All CDC/NPCR Program Registries. FCDS has been an NPCR Program Registry since 1995. The changes impact all 2018 and 2019 cases. Due to the extremely late availability of finalized abstracting tools, rules and training – NPCR has decreased the reporting requirements for 2018 and 2019 reporting. As a result, FCDS will not require or accept any AJCC TNM Staging data for 2018 or for 2019 cancers – No TNM Required by FCDS – at all – for 2018 or 2019 cases. FCDS will also limit the state-required SSDIs to 15 SSDIs for 2018 and 2019 reporting. The Commission on Cancer has not changed any of the reporting requirements for NCDB.

While changes limit the NPCR and FCDS staging requirement to directly-coded Summary Stage 2018 and 15 Site-Specific Data Items; CoC-accredited cancer programs and cancer programs that report cases to NCDB are expected to submit cases to NCDB with staging including AJCC Stage, 8th edition TNM and Stage Group plus all 162 SSDIs. Cancer Registry software vendors are quickly responding to these late changes. However, due to the late date on these changes – you can expect more delays in getting 2018 software.

WHAT'S NEW:

The following information is currently available on the FCDS website.

**WEIGHT-RELATED
CANCERS IN FLORIDA
1992-2013 MONOGRAPHS**

**FLORIDA ANNUAL
CANCER REPORT:
INCIDENCE AND
MORTALITY - 2015**

SURVIVAL MONOGRAPHS

**FCDS/NAACCR
EDITs Metafile**
16E Metafile,
posted on
8/22/2017.

**FCDS/NAACCR
WEBINAR SERIES:**
NAACCR 2017-2018
Cancer Registry and
Surveillance Webinar
series - Coding Pitfalls on
9/6/18, being held at
7 Florida facilities and
[requires registration.](#)



Florida Statewide

Cancer Registry

(Continued on page 2)



Florida Cancer Data System Deadlines, Updates, & Reminders

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FCDS will open 2018-compliant FCDS IDEA Single Entry software in the near future – we are just waiting on FCDS EDITS and the final set of MP/H Rules for Head and Neck. Late changes may also be required once the CoC STORE Manual is published.

FCDS will begin accepting 2018 cases as soon as all of the 2018 reporting elements are in place and we can provide reliable software to our users whether single entry or batch uploaded cases.

The 2018 FCDS DAM will be updated and re-posted with the latest requirements in mid-August.

Please stay tuned for any additional late changes to reporting requirements. And, please be patient with FCDS and with your registry software vendor while all of us make the necessary adjustments to these last minute changes.

Important Update from CDC-NPCR on 2018 Changes

Vicki Benard, PhD, Chief, Cancer Surveillance Branch, Division of Cancer Prevention and Control, sent an important announcement on CDC-NPCR 2018 changes. Her correspondence is below, along with important links.

This year has been an ongoing, all-consuming race to develop the software and references needed to implement 2018 NPCR staging requirements. We understand not having the tools and training to abstract cases is a cause of major frustration and anxiety for the NPCR surveillance community. In May, when I spoke at NCRA, we were confident to have all of the outstanding pieces in place by June. In June, at NAACCR when we met with the standard setters to assess readiness, the timeline moved to July. Unfortunately, we are now in August. Given the current situation and the major disruptions that delays in developing certain v18 data items imposed on cancer registry operations both at the hospital and central registry level, we have been exploring options to decrease the workload required for this year's Call for Data and requirements for 2018 cases.

To that end, we will once again be modifying the specifications for this year's Call for Data and the requirements for cases diagnosed in 2018 as follows:

[Modifying the Specifications for this Year's Call for Data and Requirements for Cases Diagnosed in 2018 \(PDF\)](#)

[Updated REQ Data Item List For Summ Stage Only \(EXCEL\)](#)

Questions can be directed to cancerstaging@cdc.gov.

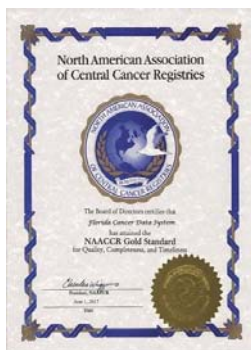


Florida Cancer Data System Deadlines, Updates, & Reminders



FCDS Receives 3 Honorary Awards

FCDS is Thrilled to Announce 3 Honorary Awards recognizing your registry as one of the best in the United States.



- NAACCR Honors FCDS with their highest award – NAACCR Gold Certification – 16 Years in a Row
- NPCR Honors FCDS with 2017 Registry of Excellence Award – one of only 17 awards in the United States
- NPCR Honors FCDS as U.S. Cancer Statistics Registry for Surveillance

Your Hard Work and Dedication Make This Possible .

Thank you



Florida Cancer Data System Deadlines, Updates, & Reminders

FCDS ANNUAL MEETING RECORDINGS

Due to Technical Difficulties FCDS was unable to record any of the sessions from the 2018 FCDS Annual Meeting. FCDS is hosting a 2-hour webcast on Thursday, August 16, 2018 @ 1pm-3pm EDT to review Major Changes for 2018 Abstracting and Reporting. Registration for the August 16, 2018 FCDS Webcast entitled; Convention Brief: 2018 FCDS Annual Meeting Highlights will be forthcoming. We apologize for any inconvenience. The presentations are still available below - just no recordings of any of the sessions. No CEUs are available for reviewing the presentations, alone. Please join us for the conference review webcast.



NEW MANUALS REQUIRED FOR 2018 CASE ABSTRACTING

- 2018 FCDS Data Acquisition Manual (2018 FCDS DAM)
- 2018 Cancer Reporting Requirements for Florida
- 2018 Case Finding ICD-10-CM Code List Changes
- ICD-O-3 Third Edition – purple book still is used
- 2018 Guidelines for ICD-O-3 Histology Code and Behavior Update
 - ICD-O-3 New Histology Codes
 - ICD-O-3 Histology/Behavior Code Changes
 - ICD-O-3 Coding for Primary Site and Histology
- 2018 Solid Tumor Coding Rules (formerly MPH Rules for Solid Tumors)
- 2018 Hematopoietic Database & MPH Rules – web-based version only
- 2018 Grade Coding Manual, Instructions and Tables (Grade Manual and Appendices)
- 2018 Summary Stage Manual
- 2018 Site-Specific Data Items Manual (SSDI Manual)
- CoC STORE Manual - Standards for Oncology Registry Entry
- SEER*Rx – current web version
- FCDS v.18 EDITS Metafile – current version
- Reference: NAACCR 2018 Implementation Guidelines and Recommendations
- Reference: NAACCR Standards for Cancer Registries Volume II, Data Standards and Data Dictionary, V18, 2018, 21st ed.



Florida Cancer Data System Deadlines, Updates, & Reminders

FCDS ABTRACTOR CODE TEST AND 2018 STANDARDS

FCDS is currently reviewing the entire pool of FCDS Abtractor Code Test Questions, Answers and Rationale as we update the test Q&A to the 2018 National Standards. FCDS will not be instituting testing on any of the 2018 National Standards until October 2018. This will give Florida Registrars time to learn how to use the 2018 revisions to abstracting and coding manuals, rules, instructions, and coding guidelines. FCDS continues to push forward to adopt, implement and train on all of the 2018 standards in a timely and efficient manner. One component of implementation is our annual testing of Florida Registrars on the most current standards to ensure everybody working in Florida is up-to-date with understanding and applying new rules, instructions, and coding guidelines. FCDS will also be expanding the time for testing to 2 hours when we update to 2018 in October 2018 to allow testers more time to work through new questions on new standards and revised coding manuals. Thank you for your continued support for our statewide education and training programs and annual FCDS Abtractor Code Testing as we update cancer registry abstracting and coding standards nationwide

Congratulations to Florida's Newest CTRs



- ♦ **Sharon Clevenger** -Largo
- ♦ **Janae Lott** -Newberry
- ♦ **Anthony Pineda** -Royal Palm Beach
- ♦ **Maritza Polania** -Miami
- ♦ **Nicole Sanford** - Jacksonville
- ♦ **Lisset Todd** - High Springs
- ♦ **DeAnda Wilson** -Winter Haven



QUESTIONS? ANSWERS. and CLARIFICATION

CHOLANGIOCARCINOMA OR HEPATOCELLULAR CARCINOMA?

Distinguishing biliary system cholangiocarcinoma (common bile duct, intrahepatic bile duct and extrahepatic bile duct) from primary liver tumor (hepatocellular carcinoma) or metastatic adenocarcinoma can be difficult. Differentiating primary cholangiocarcinoma from metastases (lung, esophagus, stomach, pancreas), often cannot be made histologically. Imaging is the main diagnostic modality for cholangiocarcinoma - not biopsy.

Unfortunately, we are seeing physicians using these terms interchangeably more and more often - and they are definitely not the same. One is a bile duct tumor (90% adenocarcinoma with mucin production) and the other a liver parenchyma cancer. The bile ducts connect the liver to the gallbladder and small intestine - so, location is key to identifying a primary cholangiocarcinoma. They also have different causes and different treatment options.

Primary sclerosing cholangitis associated with ulcerative colitis or inflammatory bowel disease is the most common risk factor for cholangiocarcinoma. Cholangiocarcinoma is less likely to be caused by or associated with Hepatitis B/C or cirrhosis. Hepatocellular carcinoma is nearly always associated with chronic liver disease caused by Hep B or C and/or cirrhosis. Combined hepatocellular and cholangiocarcinoma is rare - separate primary cancers.

Cholangiocarcinoma almost always presents with bile duct obstruction (biliary obstruction) because the tumor originates in the bile duct and as it grows the tumor blocks the flow of bile which causes symptoms such as jaundice, itching, dark urine, white stools, weight loss, nausea and vomiting.

Imaging is the main diagnostic tool for cholangiocarcinoma. When cholangiocarcinoma is suspected, the radiologist will usually look for a single intrahepatic mass lesion with characteristics of a metastasis, a hilar stricture or distal bile duct obstruction, with or without a discernible mass. Abdominal ultrasound may show biliary ductal dilation related to the primary tumor and there is often biliary obstruction causing clinical symptoms.

Contract MRI is the optimal imaging study for suspected cholangiocarcinoma because it more clearly delineates hepatobiliary anatomy, extent of duct involvement, presence of liver mets, etc. However, MRI is not as effective in detecting distant mets to lungs and/or bone.

Cholangiography is essential for assessing the extent of bile duct involvement and to determine whether or not the tumor is resectable.

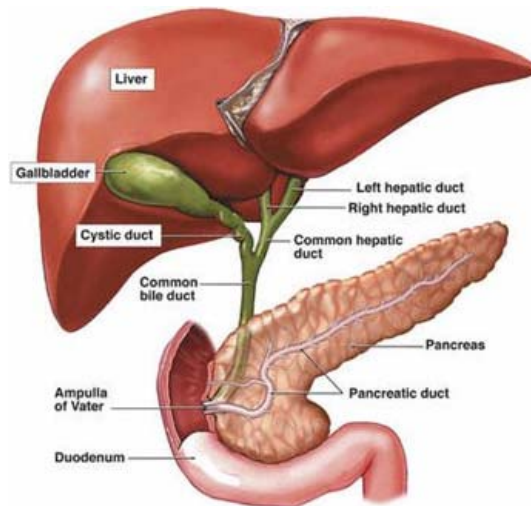
Immunohistochemistry panels including CK7, CK19, CK20, CDX-2, TTF-1, estrogen/progesterone receptors and PSA, can be helpful depending on clinical presentation. Cholangiocarcinoma is usually CK7 positive and CK20 negative.

Other characteristics that may distinguish hepatocellular carcinoma from cholangiocarcinoma include presence or absence of mucin production (more likely cholangiocarcinoma when mucin production present) and expression of HepPar-1, CD10 and glypican-3 by HCC are useful.

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Genetics: Inactivation of tumour suppressor genes; p53, Smad-4, bcl-2 and p16. Mutations in oncogenes including K-ras, p53, c-erbB-2 and c-neu.



Below are a few questions you should ask yourself when trying to determine the correct primary site and/or histology for these cancers.

1. Do you have an abdominal CT that shows either a single liver mass or multiple liver masses or nodules?
 2. Does the CT give any indication of tumor location?
 3. Is it somewhere in the parenchyma of the liver or is it more closely associated with the bile duct system and hepatic artery?
- If there are multiple tumors - then I would think about a liver primary or mets from another site - especially if patient has history of alcoholic liver.
 - The liver mass bx doesn't help us much since it just states - poorly diff carcinoma - stains ruled out GI Tract, lung, breast - then states "possible cholangiocarcinoma" - so, it is really not helpful at all.
 - TACE or Trans Arterial Chemotherapeutic Embolization for unresectable intrahepatic cholangiocarcinoma versus hepatocellular carcinoma can be used to treat a single large tumor or single lobe of the liver with only one source of blood that can be blocked by TACE. TACE is more often used for hepatocellular carcinoma than for cholangiocarcinoma due to anatomical considerations. Location of this tumor and the artery that was embolized may also give a clue as to whether this is primary liver neoplasm or primary bile duct neoplasm.

I hope this is of some help in deciding how to assign primary site and histology - these can be tricky to find all of the information - and abstract.



QUESTIONS? ANSWERS. and CLARIFICATION

Question:

I was looking through FCDS resources from your meeting in July and I saw in the Summary of 2018 Changes file it says “DO NOT USE C76.* Primary site codes-EVER”. The AJCC webinar on Head and Neck staging said and the SSDI manual page 39 states that unknown primaries of the head and neck should now be coded to C76.0 in order to get the appropriate schema discriminator.

Unless I misunderstood, in the AJCC webinar, Donna Gress also said that for unknown primaries of the head and neck (diagnosed based on positive cervical lymph nodes) we are no longer supposed to code primary site based on physician suspicion without histologic confirmation. They removed T0 from most of the head and neck chapters for this reason.

Answer:

The AJCC Cancer Staging Manual until the 8th edition has NEVER been the source for instructions on coding primary site. Chapter 6 is new. So, this is a new exception to the C76.* ‘rule’ that will start with 2018 diagnosed cases. It is contrary to – but will now replace the previous 2007-2017 H&N MP/H Rules to assign these cancers a primary site code of C02.8, C08.8 or C14.8.

Again, we will begin to use the new requirement to use C76.0 for unknown H&N cancers meeting Chapter 6 criteria for staging beginning with 2018 and forward diagnosed cases with positive cervical lymph nodes and unknown primary presumed to be H&N – these must NOT be EBV or HPV related and must have positive cervical nodes.

This change was also a surprise to the Solid Tumors MP/H Work Group who at a very late stage of pre-production had to re-address the primary site coding instructions to allow and instruct registrars to assign C76.0 for cases that meet criteria for staging using the new chapter in the AJCC Cancer Staging Manual. This is why the H&N Rules are still DRAFT. But, this is being addressed in the H&N Solid Tumor Rules, also. They should all be in synch within the next few weeks if everybody completes the final versions for 2018 standards.

The C76.* series is a useless anatomic topography code – it has no meaning other than ‘unknown primary’ and is actually misleading for unknown primary to be coded to primary site C76.*...these would only be sites of mets not of primary tumor. This is why FCDS strongly discourages use of C76.* in any site except the new exception for C76.0. We will be publishing an update to this instruction



EDUCATION AND TRAINING

NAACCR 2017-2018 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. Seven Florida facilities will host the 2017-2018 webinar series. 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/naacccr_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/naacccr_webinar.pl. A separate registration will be required for each webinar. The number of participants allowed to be registered for each webinar will be dependent on space availability. For more information, please contact Steve Peace at 305-243-4601 or speace@med.miami.edu.

DATE	TOPIC
*10/5/17	Collecting Cancer Data: Prostate
*11/2/17	Collecting Cancer Data: Larynx
*12/7/17	Collecting Cancer Data: Uterus
*1/4/18	Collecting Cancer Data: GIST and Soft Tissue Sarcomas
*2/1/18	Collecting Cancer Data: Stomach and Esophagus
*3/1/18	Abstracting and Coding Boot Camp: Cancer Case Scenarios
*4/5/18	Collecting Cancer Data: Pancreas
*5/3/18	Directly Coded Stage
*6/7/18	Collecting Cancer Data: Thyroid and Adrenal Gland
*7/12/18	Hospital Cancer Registry Operations - Topic TBD
*8/2/18	Multiple Primary and Histology Rules
9/6/18	Coding Pitfalls

*All NAACCR Webinars presented 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 2017-2018
webinar series,

registration is required



**REGISTER FOR THE
NEXT WEBINAR**

FCDS is the host site for
Miami, FL with space for
10 participants.

CEU information for the 2018 FCDS Annual Conference:

*CE Hours: 8.25
5.5 Hrs Category A*

*NCRA Recognition
Number: 2018-143*

CEU information for the 2017 FCDS Annual Conference:

*CE Hours: 9.5
3.75 Hrs Category A*

*NCRA Recognition
Number: 2017-088*



NAACCR CTR Exam Preparation and Review Webinar Series (8/21/2018-10/9/2018)



In keeping with FCDS' long-standing commitment to provide Florida registrars with opportunity for early and continuing education and our collaboration with FCRA to "Grow CTRs in Florida", FCDS is pleased to announce a special NAACCR Webinar Series offered to Florida Candidate CTRs who plan to sit for the CTR Exam during the October/November 2018 testing window.

The NAACCR CTR Exam Preparation and Review Webinar Series is being offered free of charge to Florida Candidate CTRs via special arrangement with NAACCR. Florida registrants may not be able to attend the "live" sessions - depending upon total number of registrations. You will have full access to next-day recordings of all eight 2-hour webinar sessions to view at your leisure. You will also have full access to all course materials including presentations, handouts, quizzes, practice exercises, and more. Moreover, you will have full access to the course instructors for Q&A.

The series was updated to follow the 2018 CTR Exam content described in the 2018 CTR Examination Candidate Handbook. The course includes a practice test and a post-test follow-up session to discuss how well you tested.

Note: This is not a basic abstractor course. It is a review course for registrars who plan to write the CTR Examination.

Register at: https://fcds.med.miami.edu/scripts/register_naacccr_ctr_readiness.pl

Webinar Sessions: Dates Provided are "Live" Webinar Dates – Recordings will be available the following day.

DATE	TIME	TOPIC
08/21/2018	1pm-3pm	Introduction to the Exam Format; Registry Operations and Management; Central Registry Activities
08/28/2018	1pm-3pm	Data Collection: Casefinding, Abstracting, Coding; Data Collection: ICD-O-3 Coding;
09/04/2018	1pm-3pm	Multiple Primary and Histology Coding Rules Hematopoietic and Lymphoid Neoplasm Coding
09/11/2018	1pm-3pm	Data Collection: Coding Surgery Data Items; Anatomy & Physiology
09/18/2018	1pm-3pm	Data Quality Assurance; Cancer Committee and Cancer Conference
09/25/2018	1pm-3pm	Analysis and Data Usage Follow Up, Survivorship & Outcomes
10/02/2018	1pm-3pm	Data Collection: Staging Systems
10/09/2018	1pm-3pm	Timed Test; Overview; Test Taking Tips; Q&A

10/15/2018 – 11/03/2018 CTR Exam Testing Window

Florida Cancer Data System

Cancer Reporting Completeness Report



TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JULY 31, 2018

Total number of *New Cases* added to the FCDS Master file in April, 2018: **2,404**

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

ADMISSION YEAR	HOSPITAL	RADIATION	AMBI/ SURG	DERMATOLOGY	PHYSICIANS CLAIMS	DCO	TOTAL CASES	NEW CASES
2018	5	0	0	5,175	0	Pending	5,180	203
2017	173,433	876	160	11,384	1,316	Pending	192,169	1,921
2016	200,564	7,410	1,057	12,525	20,223	Pending	241,779	280
				<u>Actual</u>			<u>Expected</u>	
% Complete for:				2018	3%		17%	
				2017	100%		100%	
				2016	100%		100%	

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

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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Missed an FCDS or NAACCR Webinar?

Did you know that FCDS Webcasts and NAACCR Webinars can be viewed after-the-fact? FCDS Webcasts and NAACCR Webinars are recorded and posted on the FCDS Website (Education Tab).

The FCDS Webcast recordings are available free of charge and can be viewed anytime/anywhere by anybody. However, starting in October 2017 the CEU award mechanism is restricted to approved FLccSC Users. Access to the NAACCR recordings is still password protected.

Recordings of FCDS Webcasts held 2014-2017 can be accessed from the FCDS Website. There are no CEU Quizzes for sessions held 10/2014-9/2017. However, your attendance must be manually logged into the FCDS CEU Tracking System for you to get credit for attending these recorded sessions.

Recordings of FCDS Webcasts held 10/2017 or later can be viewed either from the FCDS Website or in FLccSC, Florida's new Learning Management System. However, Registrars must have an active FLccSC Account and must take and pass the CEU Quiz to get any CEUs and to obtain a certificate of attendance.

NAACCR Webinars have their own CEU award mechanism whether viewed live or via a recorded session. Again, access to the NAACCR recordings is password protected. Only Florida registrars with Active/Current FCDS Abstractor Codes can access NAACCR Webinars per FCDS/NAACCR agreement.

Please contact FCDS for more information on viewing recorded webinars, or to obtain the password to view individual NAACCR Webcast Recordings.