

The Florida Cancer Data System's Memo

JANUARY 2019

Save the Date

**2019 FCDS ANNUAL MEETING
JULY 31ST – AUGUST 1ST, 2019**



ROSEN CENTRE HOTEL, ORLANDO, FL

**Registration Information will be available soon on the
FCDS Website:**

fcds.med.miami.edu

Hotel:

[Rosen Hotel Reservation page for FCRA/FCDS Group](#)

WHAT'S NEW:

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

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

**FCDS RESEARCH JOURNAL
PUBLICATIONS REPORT**

**FCDS/NAACCR
EDIT's Metafile**
V18 Metafile,
posted on 12/10/2018.

**FCDS EDUCATIONAL
WEBINAR SERIES –
BRAIN & CNS NEOPLASMS**
2/21/19

**FCDS/NAACCR
WEBINAR SERIES:**
NAACCR 2018-2019
Cancer Registry and
Surveillance Webinar
series - Solid Tumor Rules
on 02/07/19, being held
at 7 Florida facilities and
[requires registration.](#)



Florida Statewide

Cancer Registry



Florida Cancer Data System Deadlines, Updates, & Reminders

2018 Cancer Reporting Requirements

DELAYS IN THE AVAILABILITY OF 2018-COMPLIANT CANCER REGISTRY SOFTWARE AND AMOUNT OF TIME REQUIRED TO ABSTRACT CANCER CASES TO THE 2018 NATIONAL STANDARDS

The Florida Department of Health (DOH) and Florida Cancer Data System (FCDS) have recognized the need to inform all Florida hospital administrators, cancer registry managers and cancer registrars on the status of 2018 cancer data collection standards, cancer registrar productivity, and state reporting expectations for 2018.

During a normal year of cancer reporting, FCDS would expect all cancer cases from the previous year to be reported to the state registry on or before June 30th of the following year. This annual deadline will be impossible to meet for nearly all 2018 case reporting. This is due to a late release of all 2018 national standards and cancer program requirements. The late release of instructional and coding manuals, training programs and more has caused serious reporting delays across the country. These delays are beyond the control of FCDS or your local hospital registry. The late release of national standards has been compounded by the magnitude of these changes across all cancer data collection standards and the lack of availability of 2018-compliant software.

FCDS and the Florida Department of Health are working closely with our national colleagues to release 2018-compliant software to allow registrars to continue their important work in data collection for our state program. However, we still do not know when software will become available, as it is dependent upon whether or not standards continue to evolve and change for 2018 or if they stabilize, (NCI SEER just released a major revision to a previous 2018 revision on 1/22/2019). Once registrars have 2018-compliant software they face continued delays

in abstracting and reporting as they learn to apply the major numerous changes to national standards.

FCDS estimates that once 2018-compliant software becomes available; it may take 2-3 hours or more to abstract a single case of cancer to meet the extensive ACOS/COC Requirements as they learn how to use new manuals, new software and new edits on data collected for 2018 cases. We will all see a huge reduction in productivity.

FCDS is very sensitive to these delays and to the complexities involved in collecting 2018 data according to new standards. The FCDS Annual Reporting Deadline of June 30th will for the first time in our history need to be extended for 2018 reporting as registrars, managers and the FCDS continue to oversee and manage these major changes. To date, neither the ACOS/COC, CDC/NPCR nor NCI/SEER has announced anything in regards to their reporting expectations for 2018 or 2019 reporting. We recommend ACOS/COC facilities contact their facility representative to learn what the COC is expecting for 2018 and 2019 National Cancer Data Base reporting.

FCDS will continue to monitor reporting across the state and will adjust timelines as necessary. We hope to provide a more positive outlook in the coming weeks. We will continue to be in touch as our timeline is adjusted and updated and our registrars get back to the important work of abstracting/reporting cancers.

Thank you to all of our registrars for your continued support and patience, and all of the hard work and personal attention to this matter. We will get through this all together. But, we must all recognize it will be challenging for years 2019 and 2020 as we try to catch up to a normal reporting calendar while ensuring quality data are abstracted and reported at your facility and to our state cancer registry, the FCDS.



Florida Cancer Data System Deadlines, Updates, & Reminders

Vendor Updates on 2018 Compliant Software

As of 1/29/2018 FCDS is not aware of any fully compliant 2018 Vendor Software for hospital-based cancer registrars that has been released and is fully functional. There are numerous beta versions circulating from a variety of vendors. However, none of the beta versions provide for Florida-Specific Data Items such as “Historical Grid” cancers, none provide a state-upload module as yet, and many are not yet compliant with applying the FCDS EDITS Metafile (current version) to edit cases.

Many registrars are abstracting “skeleton” cases that will need to be completed for new data items, edited, and uploaded to FCDS once a fully 2018 compliant version becomes available. Most vendors have indicated they expect to have product available that is fully compliant by the end of February. But, registrars will still have to make time to complete these “skeleton” cases and ensure all staging is 2018 compliant and all 2018 Site Specific Data Items have been coded with codes other than ‘999’ unknown/unavailable.

FLccSC Updates

FCDS continues to work to update the FCDS Abstractor Code Test Question Bank to bring the 300+ questions up to date to the 2018 National Standards. We expect to begin using 2018 as the standard for testing before the end of February 2019 as registrars gain more confidence applying the many changes to our national standards required for cases diagnosed 1/1/2018 and forward. FCDS will send out a blast e-mail once these updates are complete and once we begin testing on the 2018 standards.

FCDS also continues to work to update the FCDS Abstractor Basics Course (ABC Course) to bring it up to the 2018 National Standards. This is a much larger project than updating the question bank for the abstractor code test. The content of more than 22 basic learning modules with more than 1000 slides and voice-over recordings must be updated to the new standards. And, nearly every module has

been affected by the 2018 changes. All of the slides, the presentation script, practice exercises, quizzes and more need to be revised.

FCDS has decommissioned the previous version of the FCDS Abstractor Basics Course because it has become so outdated and because teaching on old standards will not help a new abstractor/registrar to understand the current requirements for completing a simple incident abstract that is compliant with all 2018 standards and meets all Florida requirements. Please stay tuned for updates.

In the meantime, FCDS is providing the following list of educational resources that should be helpful for any new registrar.

(Continued on page 4)



Florida Cancer Data System Deadlines, Updates, & Reminders

(Continued from page 3)

Interim Resources for New Abstractor Training:

- NCRA Recognized/Accredited Cancer Certificate and/or Degree Programs
- Everybody must have access to ALL 2018 Manuals, Tools and Guidelines/Instructions
- NCRA offers basic courses, webinars, and CTR Exam Prep – <http://www.ncra-usa.org>
- NCRA also hosts ways to become a cancer registrar and becoming a CTR – <http://www.cancerregistryeducation.org/become-a-cancer-registrar/>
- 2018 SEER Self-Instructional Training and Cancer Site-Specific Modules - <https://seer.cancer.gov/training/>
- 2018 SEER Tools – SEER*Rx, SEER*Heme Rules and Database, SEER*RSA, SEER Solid Tumor Rules, Casefinding Lists
- SEER*Educate - <https://educate.fredhutch.org/LandingPage.aspx>
- 2018 FCDS Data Acquisition Manual - <https://fcds.med.miami.edu/inc/downloads.shtml>
- 2018 FCDS Webcast Series - <https://fcds.med.miami.edu/inc/educationtraining.shtml>
- National Cancer Institute has a TON of information – start here with the About Cancer Series – then go to specific cancer types to reinforce topics and concepts - <https://www.cancer.gov/about-cancer>
- American Cancer Society has cancer-specific educational materials in their Cancer A-Z Series - <https://www.cancer.org/cancer.html>
- 2018 NAACCR Webinar Series - https://fcds.med.miami.edu/scripts/naacccr_webinar.pl
- 2019 NAACCR CTR Exam Prep and Review Webinar Series
- ACOS/CoC has Limited Training for New Registrars - <https://www.facs.org/quality-programs/cancer>
- AJCC has basic AJCC TNM Training – FCDS will not be teaching AJCC TNM – <https://cancerstaging.org/>
- Registry Software Vendors also provide training on their products and sometimes on cancer registration
- Finding a Mentor thru NCRA or FCRA may be another avenue – but, all of the above are useful resources for education/training



Florida Cancer Data System Deadlines, Updates, & Reminders

AJCC Cancer Staging Manual, Eighth Edition

Kindle Version Available Now **AJCC** American Joint Committee on Cancer

The AJCC Cancer Staging Manual, Eighth Edition is the first edition to have the electronic book (eBook) version. It is available for purchase now on Amazon and is the most current version of the manual (September 2018).

Since 1977, the American Joint Committee on Cancer (AJCC) has published eight editions of cancer staging manuals using contemporary evidenced-based literature to build a common language of cancer for the care of cancer patients by clinicians and for the cancer surveillance community. The print version of the 8th Edition was first published in October 2016. The Eighth Edition went into effect for all cancer cases diagnosed on or after January 1, 2018. The Eighth Edition presents evidence-based revisions for the staging of cancer for a number of organ sites. The chapters include the rationale and rules for staging; the definitions of tumor, lymph node involvement, and metastasis; stage groupings; and histologic grade.

There have been updates since the first printing of the 8th edition, all of which are incorporated in this eBook version available through Amazon's Kindle. The Kindle version can be used across any device (PC, MAC, iPhone, iPad, Android) with the free Kindle App. The electronic version allows for highlighting, adding notes, bookmarks and creating flashcards.

The AJCC has a curated FAQ document to address common questions that can be accessed on www.cancerstaging.org. All other questions related to the eighth edition can be sent to ajcc@facs.org.

Copyright © 2018 AJCC, All rights reserved.





QUESTIONS? ANSWERS. and CLARIFICATION

PANCREATIC AND BILIARY SYSTEM CANCERS

Question:

I have been finding pancreatic cancers coded by our medical records and billing department as benign cysts. I think these are reportable cancers according to the January 2016 FCDS Memo and the 2018 FCDS DAM. Are these tumors reportable? How do I code histology and how do I stage the case if it is reportable. The histologies are described from visual confirmation of these cancers and include the following abbreviations; diagnoses of IPMN, ICPN, IPBN, CPEN, IOPN, ITPN, and the mucinous cystic neoplasms of all parts of the biliary system.

Answer:

The advent of improved techniques in biliary system endoscopic ultrasound (EUS) has led to improved identification of numerous newly described entities in the pancreas, intra and extra hepatic bile ducts, common bile duct and gallbladder. Most of the cases described are pancreatic primaries. However, we anticipate a growing number of diagnoses of IPMN, ICPN, IPBN, CPEN, IOPN, ITPN, and the mucinous cystic neoplasms of all parts of the biliary system to increase – not just primary non-invasive tumors of the pancreas. All of these neoplasms are reportable with behavior /2 (in-situ) or /3 (malignant).

Unfortunately, ICD-10-CM medical and billing codes for these non-invasive often visually confirmed neoplasms have lagged and many if not most of these cases will be coded as benign cysts or benign neoplasms in the ICD-10-CM 'D' series or in the K or Z code series.

FCDS recommends that registrars add the ICD-10-CM codes of D13.6 (benign neoplasms of the pancreas) and K86.9 (disease of the pancreas, unspecified) to routine casefinding to ensure these cases are identified – or the registrar can copy the EUS logs to identify patients undergoing EUS of the biliary system and to identify potential cases that should be abstracted and reported to FCDS.

These patients often go on to receive treatment with surgery and/or chemotherapy. This is a definite clue that the case is reportable as a primary pancreatic tumor or bile duct tumor. Another clue when reviewing medical records for these cases is to look for patients with long history of pancreatitis and/or gallstones and/or liver problems - medical problems typically associated with these tumors.

ICD-10-CM will eventually catch up to coding these not as cysts or benign tumors but as cancers – but, it will take some time.

There is further description of these neoplasms including ICD-O-3 histology codes needed to code cases in the FCDS DAM in Section I on pages 5 and 6. They have also been added to the casefinding list as well as having been described in the January 2016 FCDS Memo.

(Continued on page 7)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 6)

| Reportable | ICD-O-3 | Description |
|--|---------|--|
| Yes | ****/2 | All Histologies with Behavior Code of /2 (in-situ) |
| Yes | ****/3 | All Histologies with Behavior Code of /3 (invasive) |
| Yes | 8440/3 | Cystadenocarcinoma of the pancreas |
| Yes | 8150/3 | Cystic Pancreatic Endocrine Neoplasm (CPEN) |
| Yes | 8500/3 | Infiltrating Duct Carcinoma of the pancreas |
| Yes | 8503/2 | Intraductal Oncocytic Papillary Neoplasm (IOPN) of the pancreas |
| Yes | 8453/2 | Intraductal Papillary Mucinous Neoplasms (IPMN) of the pancreas |
| Yes | 8453/3 | Intraductal Papillary Mucinous Neoplasm (IPMN) with invasive carcinoma |
| Yes | 8503/2 | Intraductal Tubule-Papillary Neoplasm (ITPN) of the pancreas |
| Yes | 8503/3 | Intraductal Tubule-Papillary Neoplasm (ITPN) with invasive carcinoma |
| Yes | 8470/2 | Mucinous Cystic Neoplasm (MCN) of the pancreas with high-grade dysplasia |
| Yes | 8470/2 | Non-invasive Mucinous Cystic Neoplasm (MCN) of the pancreas with high-grade dysplasia |
| Yes | 8470/2 | Mucinous Cystadenocarcinoma, non-invasive (MCN) |
| Yes | 8470/3 | Mucinous Cystadenocarcinoma of the pancreas |
| Yes | 8470/3 | Mucinous Cystic Neoplasm (MCN) of the pancreas with invasive carcinoma |
| Yes | 8246/3 | Neuroendocrine Carcinoma of the pancreas |
| Yes | 8240/3 | Neuroendocrine Tumor, Grade 1 (NET GR1) of the pancreas |
| Yes | 8249/3 | Neuroendocrine Tumor, Grade 2 (NET GR2) of the pancreas |
| Yes | 8471/3 | Papillary Mucinous Cystadenocarcinoma of the pancreas |
| Yes | 8452/3 | Solid Pseudo-Papillary Neoplasm (SPN) of the pancreas |
| Yes | 8552/3* | Mixed acinar-ductal carcinoma |
| Yes | 8163/2* | Papillary neoplasm, pancreatobiliary-type, with high grade intraepithelial neoplasia |
| Yes | 8163/3* | Pancreatobiliary-type carcinoma |
| No | n/a | Histologies with Behavior Code of /0 (benign) |
| No | n/a | Histologies with Behavior Code of /1 (borderline) |
| No | n/a | Serous cystadenomas, solid and cystic papillary (Hamoudi) tumors, lympho-epithelial cysts and simple cysts are all benign and not reportable |
| * New histology codes not yet implemented in the U.S. are still reportable – use histology 8500 or 8140 | | |
| References: 2010 WHO Classification of Tumours of the Pancreas; Pathologie. 2011 Nov;32 Suppl 2:332-6. doi: 10.1007/s00292-011-1515-2; Ann Surg. 2004 May; 239(5): 651–659), 2011 ICD-O-3 Updates, 2015 SEER Program Coding and Staging Manual, and NCI SEER Ask A SEER Registrar. | | |

(Continued on page 8)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 7)

UNDERSTANDING KAPOSI SARCOMA

Question:

When a patient has Kaposi Sarcoma (KS) in the lung, do I code primary site as skin, NOS or lung or unknown primary?

Answer:

The short answer is that if lung is the only documented site of involvement - this would be a lung primary KS. If the patient also has skin lesions or other organ involvement then the primary site is skin and lung nodules are coded as metastasis. If no skin involvement at all but multiple visceral areas of involvement – then we code primary site to skin, NOS and include the other sites as all metastasis. We encounter various types of KS in Florida due to the diversity of our population with people from all over the world. Now for the details and explanation... Understanding Kaposi Sarcoma.

Most Kaposi Sarcoma arises in the skin as primary site. However, when the HIV/AIDS epidemic and epidemic KS began to show up in the 1980's and 1990's, patients started to present with mucocutaneous and visceral disease, usually in the GI Tract (mouth to anus) – mucocutaneous sites (includes skin and oropharynx all the way down to anus. And, most often the patient had multiple areas of involvement; skin, mucocutaneous and visceral – not always well-documented in medical records because it was presumed skin with visceral mets. Lung was a more common “metastatic site” – skin + lung = mets.

So, when the cancer surveillance world started looking at what used to be the more typical Mediterranean KS (older men of Mediterranean origin with lower leg lesions and rare metastasis or non-skin primaries) as compared to the new emerging epidemic HIV-related KS (plaque lesions on skin and visceral and mucocutaneous primary tumors) we had to recognize this could represent a new type of KS or perhaps even a different form of cancer that just looks like KS and we had to make some changes in our coding instructions for this type of hemangio-epithelial malignancy.

There is even a new type of presentation in HIV+ individuals who are otherwise HIV healthy with high CD4 counts and negative viral load...totally based on the activity of HHV8 and not HIV. HIV weakens the immune system so the HHV8 can become active and develop into KS. This is why you also find HHV8 in primary effusion lymphoma and Castleman disease. So, we eventually have figured out the relationship between HHV8 and HIV.

We used to think that HIV was the actual cause of Kaposi Sarcoma. Now we know that ALL Kaposi Sarcoma is actually caused by HHV8 (human herpes virus type 8) – regardless if it is of any distinguished type of KS including; classic, endemic, epidemic, transplant-related and AIDS-related.

This discovery now made more sense that we were finding KS all over the body. We also know now that the neoplasm develops out of the cells that line the blood vessels and lymph vessels which are present nearly everywhere in the body. This further supports what we were seeing in the 1980s.

We now recognize FOUR types of Kaposi Sarcoma (below). They are defined by different populations in which they develop but they tend to follow similar disease patterns. Some are more aggressive than others – but, all appear in immune-compromised populations – compromised for different reasons (malaria, HIV, infections, malnutrition, organ transplant anti-rejection drugs, even the general aging process as in Classic Mediterranean KS).

Epidemic (AIDS-associated) Kaposi sarcoma
Classic (Mediterranean) Kaposi sarcoma
Endemic (African) Kaposi sarcoma
Iatrogenic (transplant-related) Kaposi sarcoma

So, what happened was a process for classifying what used to be a rare skin sarcoma while the epidemic was blooming and recognition of the virus that actually causes AIDS (HIV) was different than the virus that causes Kaposi Sar-

(Continued on page 9)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 8)

coma (HHV8) and that they were related but very different as they presented with different symptoms and disease course depending upon where in the world the patient acquired HHV8 and what type of immune system compromise they were facing.

Epidemic KS is treated with anti-retrovirals or HAART therapy in the United States. Classic (Mediterranean) Kaposi Sarcoma may not be treated at all because it is slow to develop in elderly patients and spreads very slowly. Endemic (African) Kaposi sarcoma is actually more common and tends to occur in younger individuals and usually fairly indolent...as HIV bloomed in Africa – the epidemic type has become more common in Africa. Finally, for the Iatrogenic or transplant-related Kaposi Sarcoma, the choice is between stopping the drugs that are keeping the transplanted organ from being rejected or possibly lowering the dose of this drug.

Herpes and Papilloma Virus' cause lots of diseases that may eventually lead to cancer when not treated. While these viruses are quite prevalent; the process of development from virus to cancer is very slow and inefficient with only a minority of infected individuals actually developing virus-related cancers. 6 specific viruses are fairly well known to cause illness that may lead to carcinogenesis. Epstein-Barr Virus, Human Papilloma Virus, Hepatitis B Virus, Human Herpes Virus-8, human T-lymphotrophic virus type 1 and hepatitis C all contribute to various different cancers. These are all acquired diseases that are common worldwide. It is expected viral-caused cancers makeup nearly 20% of all cancers according to the most current estimates. And, it was not until the 1980s that researchers discovered HPV caused cervical cancer – so, we have more research to do.

Patients in immunocompromised status are always at higher risk of development of any disease, cancer is high on that list. With a multifaceted approach to treating viruses, we can hopefully prevent disease in the future as is currently being undertaken with HPV vaccination in the US.

Question:

I know that GIST is reportable now but, I have a case that was actually diagnosed in 2014. I just found it. Is it reportable?

Answer:

It depends...all GISTs are potentially malignant – so, you have to check out the Risk Stratification for treatment to determine if the cancer is reportable. NIH began using a system where they used the term 'very low risk' instead of benign for these tumors to indicate a mostly benign disease course...but the 'fuzzy' definition and terminology of 'very low risk' still could reflect the uncertainty that a specific tumor may not be definitely benign or malignant – only at high, medium, low risk of malignancy. That didn't help us registrars out at all...only confused us.

So, we have to assess all of the reportable criteria to see if the GIST is not low risk – then it becomes reportable as malignant. The criteria are Mitotic Index, Size and Site rather than looking for 'malignant' in pathology report. Also, if they received treatment then they are reportable.

Only those GIST classified as "very low risk" are not reportable GIST.

(Continued on page 10)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 9)

Table 1
Commonly used criteria for assessing risk of GIST

| NIH criteria¹⁴ | |
|--|---|
| Very low | < 2 cm and < 5 mitotic index |
| Low | 2-5 cm and < 5 mitotic index |
| Intermediate | 5-10 cm and < 5 mitotic index |
| | > 5 cm and 6-10 mitotic index or |
| High | > 5 cm and > 5 mitotic index or |
| | > 10 cm and any mitotic index or |
| | Any size and > 10 mitotic index |
| AFIP criteria ^{16, 17} | |
| Unknown * | Expect from following criteria |
| Very low | ≤ 5 cm and ≤ 5 mitotic index |
| Low | Gastric: > 5 cm and ≤ 10 cm and ≤ 5 mitotic index |
| | Others: > 2 cm and ≤ 5 cm, and ≤ 5 mitotic index |
| Moderate | Gastric: > 10 cm and ≤ 5 mitotic index or |
| | > 2 cm and ≤ 5 cm, and > 5 mitotic index |
| | Others: > 5 cm and ≤ 10 cm, and ≤ 5 mitotic index |
| High | Gastric: > 5 cm and > 5 mitotic index |
| | Others: > 10 cm or > 5 mitotic index |

NAACCR CTR Prep and Review Series

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 March 1-23, 2019 testing window. Please note that the 2019 CTR Examination will be based on the 2018 U.S. Standards for cancer registries.

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 2019 CTR Exam content described in the 2019 CTR Examination Candidate Handbook – as yet unpublished on the NCRA Website – stay tuned. The course includes a practice test and a post-test follow-up session to discuss how well you tested. The complete syllabus is below.

A special registration portal is available on the FCDS NAACCR Webinar Registration Site. All FCDS-sponsored participants must register on the FCDS website - first. Following registration with FCDS you will need to set up a MyNAACCR Account on the NAACCR website. This and email will be the mechanism for webinar communications.

If you try to register for this course directly through NAACCR you will be required to pay the \$400/subscription fee for the "live" course. FCDS-sponsored participants must register directly through FCDS using the FCDS registration portal and the link provided below. Again, FCDS will cover the cost for the course using the recorded sessions.

NOTE ONE: This is a CTR Exam Preparation Course. It is not an Introduction to Cancer Registry. Sessions are presented by experienced CTR instructors and include lectures, Q&A sessions, study materials, on-line discussions, interactive quizzes, and a timed CTR Exam practice test.

NOTE TWO: This is not a starter or basics abstractor course. It is a review course for registrars who plan to write the CTR Examination. Please do not register for this series if you do not plan to sit for the CTR Examination. This frees up registration for actual candidate CTRs. Please contact Steven Peace, CTR at FCDS for more information on the course.

| <u>DATE</u> | <u>TIME</u> | <u>TOPIC</u> |
|-------------|-------------|--|
| | | Introduction to the Exam Format; |
| 01/08/2019 | 1pm-3pm | Registry Operations and Management; |
| | | Central Registry Activities |
| 01/15/2019 | 1pm-3pm | Data Collection: Casefinding, Abstracting, Coding; |
| | | Data Collection: ICD-O-3 Coding; |
| | 1pm-3pm | Multiple Primary and Histology Coding Rules |
| 01/22/2019 | | Hematopoietic and Lymphoid Neoplasm Coding |
| 01/29/2019 | 1pm-3pm | Data Collection: Coding Surgery Data Items; Anatomy & Physiology |
| 02/05/2019 | 1pm-3pm | Data Quality Assurance; Cancer Committee and Cancer Conference |
| | | Analysis and Data Usage |
| 02/12/2019 | 1pm-3pm | Follow Up, Survivorship & Outcomes |
| 02/19/2019 | 1pm-3pm | Data Collection: Staging Systems |
| 02/26/2019 | 1pm-3pm | Timed Test; Overview; Test Taking Tips; Q&A |

03/01/2019-03/23/2019 is the CTR Exam Testing Window



Solid Tumor Rules: January 2019 Update

The 2018 Solid Tumor Rules were published June 2018 without prior beta testing. As a result, registrars using the rules identified issues. Based on questions and suggestions received since release of the 2018 rules, we have added clarifications, additional notes and examples, and in a few sites, rules. A comprehensive change log has also been posted for reference. These revisions do **not** require you to review and or re-abstract 2018 cases.

IMPORTANT: We have added clarifications and specific criteria that must be met to code a histology identified only by ambiguous terminology. This information is in the Histology rules section of each revised site.

The updated rules published January 2019 apply to the following sites only:

- Breast
- Colon/Rectum
- Head & Neck
- Lung
- Kidney
- Malignant CNS
- Non-malignant CNS
- Urinary

The 2018 Solid Tumor are now available in a consolidated PDF file and can be accessed at the following site: <https://seer.cancer.gov/tools/solidtumor/>

Revision status for remaining 2007 Multiple Primary and Histology site rules:

We are currently working on revisions to the remaining two MP/H site groups. Release date of the final sites has not yet been determined. Based on the recent WHO 4th Ed Tumors of Skin, we do not expect major changes to the cutaneous melanoma rules.

Other sites:

We have identified the need to separate select sites into individual modules. These site-specific rules may be individual sections within the Other sites rules, or free-standing module. Revisions will be based on the following 4th Ed WHO Blue Books:

Tumors of Endocrine Organs

Female Reproductive Organs

Tumors of Soft Tissue & Bone

Tumors of Male Genital Organs (included in the Tumors of Urinary System BB)

Education

The Solid Tumor module will be added to SEER*Educate soon. We will notify the registrar community when the module is available. Additional educational modules will be developed and available through NCRA free of charge.



CTR Exam References Required for 2019 Testing - 2018 References Required



REFERENCES REQUIRED FOR OPEN BOOK PORTION OF EXAMINATION

- AJCC Cancer Staging Manual 8th edition (3rd printing).
➤ **UPDATED FROM 7th Edition**
- Appendix B: Site Specific Surgery Codes of 2018 Standards for Oncology Registry Entry (STORE) Manual (Pages 439-489). American College of Surgeons, Commission on Cancer
➤ **UPDATED FROM FORDS 2016**
- 2018 Solid Tumor Rules. National Cancer Institute/SEER, 2018.
➤ **UPDATED FROM MPH 2012**
- Summary Stage 2018: Codes and Coding Instructions. National Cancer Institute/SEER, 2018.
➤ **UPDATED FROM 2000 version**
- International Classification of Diseases for Oncology, 3rd Edition (ICD-O-3). World Health Organization. WHO, 2000. ISBN: 92 4 154534 8

PRIMARY REFERENCES (Not allowed in the open-book section)

- Cancer Program Standards: Ensuring Patient-Centered Care 2016 Edition. American College of Surgeons, Commission on Cancer; Chicago, IL.
- Cancer Registry Management Principles & Practice for Hospitals and Central Registries, 3rd Edition. NCRA; Kendall/Hunt Publishing Co., 2011. ISBN: 978-0-7575-6900-5.
- SEER*Rx-Interactive Antineoplastic Drugs Database. National Cancer Institute.
- Self-Instructional Manuals for Tumor Registrars, Book 7. National Cancer Institute.
- CoC 2018 Standards for Oncology Registry Entry (STORE) Manual. American College of Surgeons, Commission on Cancer
➤ **UPDATED FROM FORDS 2016**

ADDITIONAL REFERENCES (may be used to further candidate's understanding of subject matter, not directly used in exam item development)

- Basic textbooks in human anatomy and physiology, oncology, biostatistics, and epidemiology.
- Hematopoietic and Lymphoid Neoplasm Manual and Database. National Cancer Institute.
- SEER Program Coding and Staging Manual 2018. National Cancer Institute, Bethesda, MD; 2018.
➤ **UPDATED FROM 2016 version**

The dates for the 2019 CTR Exam have been finalized. Questions? E-mail ctrexam@ncra-usa.org.

March 1 - March 23, 2019

June 21 - July 13, 2019

October 11 - November 2, 2019



Casefinding Exercises Now Available in SEER*Educate

Mary Potts, RHIA, CPA, CTR
Director, Information Services

Fred Hutchinson Cancer Research Center, Cancer Surveillance System

Learn by Doing: Casefinding



**When it comes to
casefinding, we could all
use a good map.**

**A guided tour would be
even better.**

Under the Training Menu in SEER*Educate is a new Casefinding Page with 300 pathology reports for training in the application of SEER's reportability rules using additional references of Solid Tumor Rules, Heme Rules, and ICD-O-3 codes.

This selection of pathology reports is based on the **types of actual reports** that both trainees and sometimes experienced staff at our registry misclassified as to the potential number of primaries (0 for not reportable and then 1, 2, or 3 for reportable primaries).

These pathology reports are not intended to be trick questions, but are intended to challenge people. After you declare the number of potentially reportable primaries, you are prompted to code the primary site(s), if any. These exercises provide many opportunities for students and registry staff to practice primary site coding in addition to learning casefinding and how to apply the Solid Tumor Rules and Heme Rules.

Casefinding is always done in context of a facility's reporting requirements for State reporting, CoC reporting (if the facility is ACoS-approved), and per the facility's own Cancer Committee requests. For this purpose, we created SEER*Educate Memorial Hospital. This hospital registry uses a Casefinding Overview document, General Guidelines document, and then a Facility-Specific Path Casefinding Rules document, and these documents are available on the Casefinding Page. Each user needs to read these documents before starting these exercises and then reference the documents as needed throughout the exercises.

The National Cancer Registrars Association (NCRA) recognizes 9 practicum hours for the casefinding requirement for students who complete a set of 100 path reports achieving 85% accuracy across the cases. Although users can immediately repeat a test to improve one's score, we recommend cycling through all 100 in a set before repeating any tests to improve your actual understanding of the casefinding guidelines, reportability rules and resources, and primary site coding.

(Continued on page 15)



Casefinding Exercises Now Available in SEER*Educate



(Continued from page 14)

We will be adding 100 path reports per month to the Casefinding Page for February, March, and April for a total of 600 reports to practice on.

An example of the detail provided in the rationales is shown below. Reading the rationales and learning the concepts that are repeated throughout these exercises is the transferable skill students and registrars need to acquire to perform highly accurate casefinding.

Example Answer/Rationale for a Pathology Report

| CORRECT | | CRITICAL (2.00/2.00) |
|--|--|----------------------|
| Data Item: | Potentially Reportable | |
| Response: | <input checked="" type="radio"/> 1 <input type="radio"/> 2 | |
| Correct Answer: | 1 | |
| Rationale: | | |
| <p>This case is potentially reportable for one primary per the Final Diagnosis, Diagnosis Comment, and the information in the Clinical Data section of the pathology report.</p> <p>The Final Diagnosis of the right oophorectomy was positive for adenocarcinoma with mucinous and goblet cell features consistent with metastatic appendiceal adenocarcinoma. The Clinical Data section of the pathology report states the patient has a history of metastatic appendiceal carcinoma involving the left ovary. The Diagnosis Comment specifies, "The morphologic features are consistent with metastatic adenocarcinoma from patient's known appendiceal primary."</p> <p>The metastatic adenocarcinoma ex goblet cell carcinoid seen within the right ovary would not be a separate reportable primary. The 2018 Solid Tumor Rules do not apply to metastatic disease; therefore, the patient has only one reportable appendiceal primary.</p> <p>This case needs to be investigated further to confirm that the patient's appendiceal adenocarcinoma ex goblet cell carcinoid has been included in the cancer registry if appropriate.</p> <p>Note: Central registries are required to follow back to facilities or physicians for any pathology report that mentions a reportable disease currently exists or that indicates the patient had a reportable disease diagnosed in the past if the case is not reflected in the central registry database.</p> | | |

| CORRECT | | (1.00/1.00) |
|--|--|-------------|
| Data Item: | Primary Site(s) | |
| Response: | <input checked="" type="text" value="C181"/> | |
| Correct Answer: | <input checked="" type="text" value="C181"/> | |
| Rationale: | | |
| <p>C181 (Appendix). The appendix was specified as the primary site of the patient's adenocarcinoma ex goblet cell carcinoid per the Final Diagnosis, Diagnosis Comment, and the Clinical Data section of the pathology report. Primary site is assigned based on the site of tumor origin, not the site of metastatic deposits. Code the primary site to C181 (Appendix).</p> | | |

Log in or sign up at **SEER*Educate** today by visiting <https://educate.fredhutch.org/> and **Learn by Doing!**

SEER*Educate is funded by Surveillance, Epidemiology and End Results (SEER) of the National Cancer Institute (NCI) and the Fred Hutchinson Cancer Research Center. (NCI Contract Number HHSN261201800004I)

NAACCR 2018-2019 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 2018-2019 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 |
|----------|--|
| *10/4/18 | Collecting Cancer Data: Lung |
| *11/1/18 | Collecting Cancer Data: Pharynx |
| *12/6/18 | Collecting Cancer Data: Breast |
| *1/10/19 | Collecting Cancer Data: Testis |
| 2/7/19 | Solid Tumor Rules |
| 3/7/19 | Abstracting and Coding Boot Camp: Cancer Case Scenarios |
| 4/4/19 | Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms |
| 5/2/19 | Collecting Cancer Data: Neuroendocrine Tumors |
| 6/6/19 | Collecting Cancer Data: Ovary |
| 7/11/19 | Hospital Cancer Registry Operations - Topic TBD |
| 8/1/19 | Collecting Cancer Data: Colon |
| 9/5/19 | Coding Pitfalls |

*All NAACCR Webinars presented are available on the FCDS website, on the Downloads page:
<http://fcds.med.miami.edu/inc/educationtraining.shtml>

Seven Florida facilities will host the 2018-2019 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

Florida Cancer Data System

Cancer Reporting Completeness Report



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

Total number of *New Cases* added to the FCDS Master file in December 2018: **10,891**

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 | 2,176 | 71 | 71 | 9,775 | 3 | Pending | 12,096 | 2,008 |
| 2017 | 200,582 | 3,464 | 186 | 12,181 | 3,927 | Pending | 220,340 | 8,090 |
| 2016 | 205,982 | 7,805 | 1,644 | 12,753 | 21,818 | 2,041 | 252,043 | 793 |
| | | | | | | <u>Actual</u> | <u>Expected</u> | |
| % Complete for: | | | 2018 | 6% | 50% | | | |
| | | | 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.

PROJECT DIRECTOR:

David Lee, PhD

DEPUTY PROJECT

DIRECTOR:

Gary M. Levin, BA, CTR

EDITORS:

Gary M. Levin, BA, CTR

Steven Peace, BS, CTR

Melissa K. Williams

EDITOR ASSISTANT/

GRAPHICS DESIGNER:

Melissa K. Williams

CONTRIBUTORS:

Steven Peace, BS, CTR



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.

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>