

The Florida Cancer Data System's Memo

APRIL 2019

Florida Cancer Data System and the Florida Department of Health 2018 Cancer Reporting Deadline Announcement

The Florida Department of Health's Florida Cancer Data System (FCDS) has established a new deadline for reporting all reportable cancers diagnosed and/or treated in Florida during calendar year 2018. **The new deadline for reporting 2018 cancer cases is March 31, 2020.**

Reporting for 2018 cases is over 9 months behind schedule. The reasons for these delays are attributed to finalizing national data standards, multiple revisions to data layouts due to issues discovered, and making 2018-compliant vendor software available to registrars that will meet all of the new standards.

The FCDS has started to receive cases from a few facilities as they receive 2018 compliant software. Some vendors still do not have working field versions that are 2018 compliant as the national standards have changed as recently as this month.

The FCDS has been in regular contact with all cancer registry software vendors and has been informed that the remaining vendor updates are imminent. Some will still have minor issues – but, for the most part all vendors should have 2018-compliant software before the end of April.

In addition to the 9+ month abstracting delay, we recognize that there are impacts to each facility(s) productivity as abstractors learn how to apply new rules, adapt to new software, and learn to deal with the new abstracting complexities required at the national level and by the Commission on Cancer and the National Cancer Database.

It is vitally important that each abstractor take the necessary time to learn the new rules and to submit quality abstracts to the FCDS. We cannot afford to rush through the abstracting process and create a less than quality product. We do not want to fill the FCDS database with 'unknown' values or 'not available' information, when it is really a time-availability and data quality issue.

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 03/14/2019.

**FCDS/NAACCR
WEBINAR SERIES:**
NAACCR 2018-2019
Cancer Registry and
Surveillance Webinar
Series - Collecting Cancer
Data: Neuroendocrine
Tumors, on 05/02/19,
being held at 7 Florida
facilities and
[requires registration.](#)

FCDS Florida Cancer Data System
**Florida Statewide
Cancer Registry**

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Florida Cancer Data System Deadlines, Updates, & Reminders

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Additionally, as cases are abstracted it's important to report early and often in order to make sure the V18 format is meeting all requirements so as not to overwhelm yours' or the FCDS' staff with edits and quality assurance reviews. **In other words, please submit smaller batches more often.**

With this in mind, the FCDS is factoring this need for additional time to account for these delays, at least for this reporting year, to our deadline timeline in order to provide the necessary time for facilities to produce a quality product.

The FCDS deadline for abstracting and reporting all 2018 cases (ANY Class of Case and including all inpatient and ambulatory patient encounters 1/1/2018-12/31/2018) will be March 31, 2020.

The FCDS will be monitoring facility's submissions and will make a decision about future extensions to the deadline once we get a better understanding for how facilities are dealing with all of the new complexities. If it is deter-

mined this deadline cannot be met, please submit or e-mail a written plan to your field coordinator regarding when 2018 cases will be completed.

The FCDS has been notified that there will be no changes to reporting for the 2019 reporting year which will allow everyone to flow right into 2019 reporting once 2018 reporting is complete. We are hopeful that this will help facilities catch up.

If you have any questions, please do not hesitate to contact us. As stated earlier, it is vitally important for everyone to take the necessary time to learn the new requirements and to provide quality abstracts to the state.

These delays and changes in rules and standards has caused significant operations issues both for you and the FCDS. Remember we are all in this boat together and together we will work to navigate these uncharted waters. Together we will get through this.

Thank you for your support and patience, and continuing to submit complete, accurate, and timely data to the FCDS. It is greatly appreciated.



Cancer Surveillance Standard Setters Agree to No Changes for 2020

NAACCR

The Cancer Surveillance Community has been trying to deal with massive changes in data collection and processing of 2018 data. Results of the NAACCR 2018 Central Registry Readiness survey completed in early March, showed over 50% of central registries in the US and Canada are still unable to receive and process 2018 data and only 5% of the anticipated number of 2018 cases have been reported to central registries.

On April 4, 2019 cancer surveillance leadership from the ACoS Cancer Programs, the Canadian Council of Cancer Registries, NAACCR, NCRA, NPCR and SEER met to discuss potential changes in cancer surveillance data collection for the calendar year 2020. This High Level Strategic Group (HLSG) considered modifications to the Site Specific Data Items, Radiation Therapy codes, the addition of neo-adjuvant staging data items, and implementation of the NAACCR

XML format.

Considering the significant delays in the capacity of registries to process 2018 data, the burden that these changes has placed on central and hospital cancer registries, and other factors, the HLSG voted not to implement any changes to data collection requirements or the data exchange layout in 2020. This means that NAACCR Data Standards and Data Dictionary, Volume II, Version 18 will remain in effect through December 31, 2020.

It is our hope that the decision to postpone any further changes until 2021 or later will allow the registry community to focus on the ongoing implementation challenges and the urgent backlog in collection and processing of 2018 cases.



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 2018 (data submission year 2016):

1100-SHANDS UNIVERSITY OF FLORIDA

1170-N FLORIDA REG. MED. CTR.

1300-GULF COAST MED. CTR.

1306-BAY MED. CTR.

1505-CAPE CANAVERAL HOSPITAL

1508-PALM BAY HOSPITAL

1510-VIERA HOSPITAL

1546-HOLMES REG. MED. CTR.

1601-WESTSIDE REG. MED CTR

1609-IMPERIAL POINT MED. CTR.

1645-CORAL SPRINGS MED. CTR.

1676-PLANTATION GENERAL HOSP

1681-NORTHWEST MED. CTR.

1686-FLORIDA MED. CTR.

1687-UNIVERSITY MED. CTR.

1800-FAWCETT MEMORIAL HOSPITAL

1836-PEACE RIVER REG. MED. CTR.

1846-BAYFRONT CHARLOTTE REG. MED. CTR.

1900-SEVEN RIVERS REG. MED. CTR

2000-ORANGE PARK MED. CTR.

2246-LAKE CITY MED. CTR.

2302-JACKSON SOUTH COMM. CTR.

2305-JAMES M JACKSON MEMORIAL HOSP.

2353-NORTH SHORE MED. CTR.

2358-KENDALL MED. CTR.

2359-MIAMI CHILDRENS HOSPITAL

2372-U OF MIAMI HOSPITAL CLINICS

2374-JACKSON NORTH MED. CTR.

2405-DESOTO MEMORIAL HOSPITAL

2606-SHANDS JACKSONVILLE MED. CTR.

2638-ST VINCENTS MED. CTR.

2648-MEMORIAL HOSPITAL JACKSONVILLE

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2660-ST. LUKE-ST VINCENT'S HLTHCARE	5900-POINCIANA MED. CTR.	6349-WINTER HAVEN HOSP.
2672-WOLFSON CHILDRENS HOSP NCC	5936-ST CLOUD REG. MED. CTR.	6570-FLAGLER HOSP.
2738-SACRED HEART CANCER CTR.	5967-OSCEOLA REG. MED. CTR.	6600-LAWNWOOD REG. MED CTR
2870-ADVENTHEALTH PALM COAST	5969-ADVENTHEALTH FL HOSP.	6707-SANTA ROSA MED. CTR.
3701-OAK HILL HOSP.	5970-ADVENTHEALTH KISSIMMEE	6810-ENGLEWOOD COMM. HOSP.
3705-BAYFRONT HEALTH BROOKSVILLE	6003-DELRAY MED. CTR.	6846-VENICE REG. MED. CTR.
3715-SPRING HILL REG. HOSP.	6007-LAKESIDE MED. CTR.	6870-DOCTORS HOSP.
3903-BRANDON REG. HOSP.	6036-ST MARYS MED. CTR.	6905-CENTRAL FLORIDA REG. HOSP.
3906-TAMPA GENERAL HOSP.	6045-WEST BOCA MED. CTR.	7005-VILLAGES REG. HOSP.
3932-H LEE MOFFITT CANCER CTR.	6048-JFK MED. CTR.	7407-ADVENTHEALTH DELAND
3977-MEM. HOSP. OF TAMPA	6068-WELLINGTON REG. MED. CTR.	7446-ADVENTHEALTH FISH MEM.
3978-TAMPA COMM. HOSP.	6070-PALM BEACH GARDENS MED. CTR.	7448-ADVENTHEALTH DAYTONA BCH
3988-SOUTH BAY HOSP.	6105-FLORIDA HOSP. ZEPHYRHILLS	
4516-LEESBURG REG. MED. CTR.	6106-NORTH BAY HOSP.	
4601-CAPE CORAL HOSP.	6170-MED. CTR. OF TRINITY	
4605-LEE MEM. HEALTH SYSTEM	6171-FLORIDA HOSPITAL DADE CITY	
4645-REG CANC. CTR GULF COAST HOSP.	6172-REG. MED CTR. BAYONET POINT	
4690-LEE MEM. HOSP. HEALTHPARK	6205-FLORIDA HOSP. NORTH PINELAS	
5100-BLAKE MED. CTR.	6206-LARGO MED. CTR.	
5105-MANATEE MEM. HOSP	6246-JOHN HOPKINS ALL CHILDRENS HOSP.	
5110-LAKEWOOD RANCH MED. CTR.	6249-MEASE DUNEDIN HOSP.	
5200-OCALA REG. MED. CTR.	6250-MORTON PLANT HOSP.	
5203-ST VINCENTS MED CTR CLAY CTY.	6251-ST ANTHONY HOSP.	
5205-ADVENTHEALTH OCALA	6273-PALMS OF PASADENA HOSP.	
5346-MARTIN MEM. MED. CTR.	6274-ST PETERSBURG GENERAL HOSP.	
5607-NORTH OKALOOSA MED. CTR.	6278-MEASE COUNTRYSIDE HOSP.	
5610-SACRED HEART HOSP EMERALD COAST	6305-LAKELAND REG. MED. CTR.	
5705-RAULERSON HOSP.	6346-BARTOW REG. MED. CTR.	

*Thank
You*

2018 SEER SOLID TUMOR RULES COMPLIMENTARY ONLINE TRAINING

NCRA and NCI-SEER are working together to produce free online training on the 2018 Solid Tumor Rules. Two modules—General Instructions and Colon—are available. The remaining site-specific modules will be posted soon and include:

- Breast
- Head & Neck
- Kidney, Malignant CNS
- Melanoma
- Non-Malignant CNS
- Urinary

View the complimentary training at:
www.CancerRegistryEducation.org/SEER



2018 Pat Strait Award Winners

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.

Joyce Allan	Magda Castro	Barbara Dearmon	Pamela Gantt
Lori Allison	Kali Cerdan	Tracy Deck	Tammy Gardner
Allissa Anderson	Curry Chapman	Abelardo Delarua	Kellie Garland
Barbara Anderson	Suzan Chastain	Aymara Delaruafernandez	Alicia Gassert
Victor Angles	Kathie Churchill	Anna Deluague	Lana Geoghagan
Stacey Applegate	Corrinne Clark	Ismael Diazrodriguez	Tammy Goas
Prudence Ashley	Judith Clark	Patricia Downeyjohnston	Beatriz Hallo
Marichu Auffenberg	Sharon Clevenger	Claudia Downs	Johanna Haneline
Leigh Bishop	Denise Colburn	Deana Duarte	Annette Harnage
Melissa Blakley	Michelle Coleman	Charlene Duelge	Vicki Hawhee
Lisa Borodemos	Tina Coleman	Neil Dungca	Mary Healy
Bessie Brokenburr-Henderson	Colleen Condron	Heather Duque	Stuart Herna
Holly Brown	Katherine Cook	Martina Duran	Maggie Herrera
Jennifer Brown	Nurgul Cooper	Linda Eastridge	Sharry Herring
Penelope Brown	Crystal Cornett	Elizabeth Elrod	Megan Hoffmann
Kathleen Bryant	Charisse Creech	Elizabeth Exilus	Carol Hutchison
Paula Buck	Edna Cruet	John Fairfield	Armand Ignacio
Tammy Bunze	Juan Cruz	Susan Finn	Angela Innello
Heather Burner	Jimmie Cummins	Stephanie Fox	Loretha James
Debra Caldwell	Gina Damm	Frederick Furner	John Jarrett
Rocio Calvillo	Margaret Daniel	Judith Futerfasmsctr	Constance Johns
Sandra Carlson	Janice Davis	Joan Galbicsek	Brigitte Johnson
Charla Carter	Sally Davis	Gerardo Gallardo	Joshua Johnson

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Jennie Jones	Zoritsa Mojicarobayo	Paula Riccio	Rosemarie Taylor
Patricia Jones	Katherine Montezon	Jenny Rios	Paulette Thomas
Joyce Jones Pic	Sharlene Moore	Ellen Robinson	Sharon Thomas
Deborah Jordanreith	Susana Morales	Nelson Rojas	Ann Thompson
Jennifer Kassan	Adrienne Morith	Marie Romulus	Lisset Todd
Heather Kelly	Carol Muir	Laura Salsbury	Trisha Troiano
Jacqueline Kenney	Deborah Mulini	Marie Sanders	Nancy Tucker
Laura Kindergan	Andrea Murrell	Nicole Sanford	Calypso Ullery
Lisa Kofron	Blanche Myers	Carelli Santaella-Del Valle	Gloria Underhill
Tamara Lehman	Suzanne Neve	Jesmarie Santiago	Roberto Urruchi
Jessica Leopold	Leslie Nevius	Erica Santos	Monica Vasquez Olivas
Michelle Lester	Joyce Newhouser	Kathleen Saslow	Jennifer Vazquez
Yolanda Levy	Awilda Nieves	Deborah Schulte	Joyce Wallace
Daiana Lopez	Carmen Nieves	Melissa Schuster	Lucas Wassira
Barbara Lorentson	Heidi Noell	Ileeta Scolaro	Judy Webber
Maria Loyola	Jennifer Nolte	Adela Seidman	Patricia West
Delma Mariscal	Leslie Nye	Susan Seminazzi	Patricia Weston
Rosalba Marte	Kari Oliger	Deylis Sequeira	Melissa White
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Keir Martin	Laura Ortega	Darleen Small	Janette Wienecke
Elizabeth Martinez	Luz Ortizromero	Dolly Smith	Jennifer Wiggs
Dawn Mason	Janice Pagano	Shauntel Smith	Jacqueline Williams
Lindsey Mason	Nektarios Pappas	Tracy Smith	Wendy Williams
Celia Mathews	Cicely Parrish	Susan Smithpierce	Sharon Wilson
Nancy Maul	Grace Patrick	Patricia Spry	Jaimee Woods
Penny May	Lynne Pearson	Jennifer Staggemeyer	Janet Wyrick
Krishna Mcdonald	Ambar Perez Pena	Sandra Stewart	Victoria Young
Gladys Mejia	Sandra Pham	Angie Straughn	Celia Zapata
Elizabeth Melendez	Peter Pierce	Tammy Strickland	Jessica Zilke
Pamela Melton	Maritza Polania	Francis Suarez Penas	
Dinah Merrill	Martina Price-Austin	Angela Swilley	
Julie Mierzejewskiyousif	Sade Ray	Tina Swinney	
Clarissa Moholick	Albert Reyes	Susan Smith-Pierce	





Florida Cancer Data System Deadlines, Updates, & Reminders

The American Cancer Society's Principles of Oncology: Prevention to Survivorship

The ACS used to publish this book in soft cover and gave it away free to registrars for a couple of decades, even new editions. It was a rich resource on all things cancer when I was a young registrar trying to understand the many components of oncology basics, cancer surveillance and control, cancer risk, cancer screening, and how all of these important components all fit together to provide a well-rounded introduction to the “principles of oncology”.

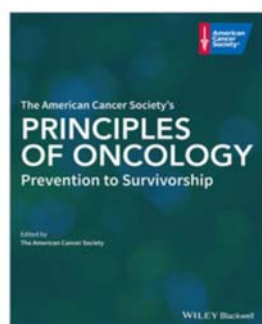
The new Principles of Oncology textbook from the American Cancer Society was published in December 2017 and is being called a ‘new textbook’

It appears they have resurrected this old informative and valuable resource from their library, dusted it off, and it is now available for purchase as a textbook for teaching Principles of Oncology (\$160 e-book and \$200 hardcover).

If you have new registrars coming on board – I highly recommend you purchase a copy to share with them. I also recommend you keep a copy on hand for your office as a resource for your office staff. It is textbook reading and textbook quality – a valuable reference especially for new registrars as it covers all types of cancers starting with the basics. As a resource for the seasoned registrar; it includes the latest information on cancers and treatments by cancer type.

Below is a link to purchase or request an ‘evaluation copy’ for educators. This link will also take you to the Table of Contents where you can see the extended nature of the content and assess for yourself the value for you, your staff, and your registry.

<https://www.wiley.com/en-us/The+American+Cancer+Society%27s+Principles+of+Oncology%3A+Prevention+to+Survivorship-p-9781119468844>



[READ AN EXCERPT](#) ▾

The American Cancer Society's Principles of Oncology: Prevention to Survivorship

The American Cancer Society (Editor)

ISBN: 978-1-119-46884-4 | March 2018 | Wiley-Blackwell | 472 Pages

E-BOOK ⓘ
\$159.99

HARDCOVER
\$199.00

O-BOOK ⓘ

DESCRIPTION

Developed by the American Cancer Society this new textbook designed for a wide range of learners and practitioners is a comprehensive reference covering the diagnosis of cancer, and a range of related issues that are key to a multidisciplinary approach to cancer and critical to cancer control and may be used in conjunction with the book, *The American Cancer Society's Oncology in Practice: Clinical Management*.

Edited by leading clinicians in the field and a stellar contributor list from the US and Europe, this book is written in an easy to understand style by multidisciplinary teams of medical oncologists, radiation oncologists and other specialists, reflecting day-to-day decision-making and clinical practice. Input from pathologists, surgeons, radiologists, and other specialists is included wherever relevant and comprehensive treatment guidelines are provided by expert contributors where there is no standard recognized treatment. This book is an ideal resource for anyone seeking a deeper understanding of cancer prevention, screening, and follow-up, which are central to the ACS's worldwide mission on cancer control.

• [Description](#)

[Evaluation Copy](#)

[About The Author](#)

[Permissions](#)

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Save the Date

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



ROSEN CENTRE HOTEL, ORLANDO, FL

**Room Rates:
\$125.00 Single/Double**

**Click for
Reservations**

**Conference Registration
Fee: \$100.00**

**Click for
Registration**

**FCDS Annual Meeting and Registration Information is now
available on the FCDS Website:**

fcds.med.miami.edu

Hotel:

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



Florida Cancer Data System Deadlines, Updates, & Reminders



www.cancer.gov

SEER Releases New Cancer Statistics Review (CSR) and Latest SEER Data

The SEER Cancer Statistics Review (CSR), 1975-2016, published by NCI's Surveillance Research Program, was released on April 15, 2019. The updated Cancer Statistics Review presents the most recent cancer incidence, mortality, survival, and prevalence statistics.

New materials posted include:

- [Cancer Statistics Review 1975-2016](#)
- [Cancer Stat Fact Sheets](#) (now including [female breast cancer subtypes](#)!)
- [SEER*Explorer](#) (now with stats by subtype for breast, esophagus, lung, and thyroid!)
- [The Cancer Query Systems](#)
- [Cancer Statistics Animator](#)
- [SEER Incidence Data, 1973-2016](#)
- [Specialized Databases](#)

The Surveillance Research Program website has also been updated to reflect the new statistics, including a new version of DevCan software.

All material in the SEER CSR report is in the public domain and may be reproduced or copied without permission; however, citation of this source is appreciated.

Since the early 1970s, the Surveillance, Epidemiology, and End Results ([SEER](#)) Program has been an invaluable resource for statistics on cancer in the United States, tracking and reporting trends in incidence, mortality, survival, and prevalence. Researchers at NCI and around the country continue to rely on SEER for the most accurate cancer statistics.

2018 SEER Program Manual - *Final version posted*

The Draft version of the 2018 SEER Program Manual has been replaced with the Final version. There are two change logs available: one for the changes between the 2016 manual and the draft 2018 manual, and another for the changes between the draft 2018 manual and the final 2018 manual.

Please visit the SEER Program Manual page of the SEER website, <https://seer.cancer.gov/tools/codingmanuals/index.html>

If you need to refer to the draft version, it is located under Historical Coding and Staging Manuals, <https://seer.cancer.gov/tools/codingmanuals/historical.html>



Florida Cancer Data System Deadlines, Updates, & Reminders

CTR Guide to Coding Radiation Therapy

The Commission on Cancer Radiation Oncology Working Group is pleased to announce the distribution of the [*CTR Guide to Coding Radiation Therapy Treatment in the STORE*](#) version 1.0 to aid registrars in the coding of the 31 radiation data items defined in STORE. This document may also be found in the Resources section of the [National Cancer Database web page](#).

CoC Outstanding Achievement Award 2018

Congratulations to the 2 Florida Commission on Cancer (CoC)-accredited cancer programs Outstanding Achievement Award (OAA) recipients. (This includes cancer programs that were surveyed from January 1 through December 31, 2018). The two Florida Cancer Programs awarded are from Lakeland Regional Health in Lakeland Florida and Martin Health System in Stuart, Florida. Congratulations on your Outstanding Achievements.





QUESTIONS? ANSWERS. and CLARIFICATION

CHOLANGIOCARCINOMA

Question:

Path report states cholangiocarcinoma involving the rt and lt hepatic ducts – C24.0 – cholangiocarcinoma 8160/3.

AJCC Chapter 24 for Perihilar Bile Ducts pg 311 states ‘Cancers Staged Using this Staging System: Perihilar cholangiocarcinoma or bile duct cancer, hilar cholangiocarcinoma, Klatskin tumor’. Under Introduction, Anatomy, Clinical Classification, Pathological Classification there are references to perihilar cholangiocarcinoma BUT 8160/3 cholangiocarcinoma is NOT included in the histology list on pg 312 and if this histology is assigned in the abstract AJCC staging cannot be assigned!

I found this thread in the forum... <http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/hepatobiliary-system-chapters-22-28/perihilar-bile-ducts-chapter-25/85060-cholangiocarcinoma>

If ‘cholangiocarcinoma’ isn’t a current term [if it obsolete] why does the AJCC manual refer to it throughout the chapter?

Answer:

The neoplasms of the pancreatoduodenal and hepatobiliary system are getting more confusing as the imaging and ultrasound with EUS improves the ability to see these neoplasms in this overlapping set of systems. As a result, we are seeing more of these tumors and the terminology “drifts”. But, cholangiocarcinoma refers to neoplasm of the bile duct system – they are ductal adenocarcinomas (excluding the gallbladder because it is a distinct separate ‘organ’). The bile ducts are what connect your liver to your gallbladder AND to your small intestine – both. So describing the different branches can also be confusing as these are small structures and near to one another...if you have a larger tumor – anatomic lines blur.

When we as registrars are taught about cholangiocarcinoma we are often told these are intrahepatic duct cancers – and we think that is exclusive. We have to remember that there are other ducts inside and outside the liver that can become neoplastic and need separate designation.

- Intrahepatic cholangiocarcinoma occurs in the parts of the bile ducts within the liver and is sometimes classified as a type of liver cancer.
- Hilar cholangiocarcinoma occurs in the bile ducts just outside of the liver. This type is also called perihilar cholangiocarcinoma.
- Distal cholangiocarcinoma occurs in the portion of the bile duct nearest the small intestine.

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Your case describes involvement of right and left hepatic ducts – these are intrahepatic ducts (C22.1)...not perihepatic ducts. Chapter 23.

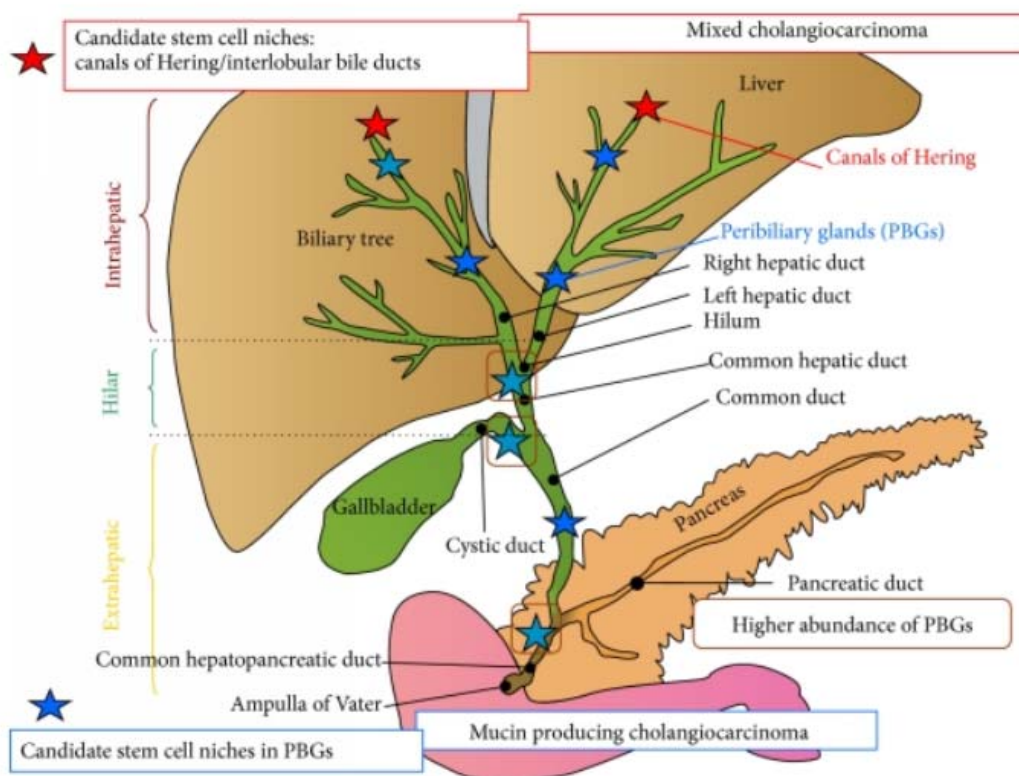
AJCC Chapter Calculation

Collapsed Table

Full Table

Histology	AJCC ID	Description
8013, 8041, 8148, 8160-8161, 8180, 8246, 8470, 8503, 8980	23	Intrahepatic Bile Ducts
8000-8012, 8014-8040, 8042-8147, 8149-8158, 8162-8175, 8190-8245, 8247-8463, 8471-8502, 8504-8700, 8720-8790, 9700-9701	XX	Other Intrahepatic Bile Ducts

I always think a drawing of the hepatobiliary and pancreatobiliary systems and how close in proximity organs are and where they overlap is the easiest way to explain these neoplasms. The green represents the biliary system (intrahepatic ducts (C22.1) that are primarily described as right or left but are inside the liver, several named extrahepatic ducts (C24.0) which includes the common hepatic duct, cystic duct, and the common bile duct, and of course the gallbladder (C23.9) for bile storage).



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QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 12)

PSA RESULTS AND BIOCHEMICAL FAILURE OR RECURRENCE

Question:

Are we now allowed to use PSA results as an indication of the patient having evidence of disease or not?

Answer:

We have lots of men who are being monitored with serial PSA every year to see if it changes. However, a rising PSA by itself cannot be used by a registrar to make the diagnosis of recurrent/progressive disease. You must have a physician statement that the patient has active disease and/or the patient starts treatment which would confirm the patient has evidence of active disease. These are referred to as (bio)chemical recurrence or persistent disease (depending on if they had any first course tx). And, a registrar should not be making the call on whether or not the patient has active cancer...up to the physician and/or start of new therapy.

More Info:

NCI Definition of PSA Failure: “A rise in the blood level of PSA (prostate-specific antigen) in prostate cancer patients after treatment with surgery or radiation. PSA failure may occur in patients who do not have symptoms. It may mean that the cancer has come back. Also called biochemical recurrence and biochemical relapse. “

PSA Failure or Biochemical Failure in Prostate Cancer Follows Initial Therapy with hormones, radical prostatectomy or radiation. A clinically meaningful failure is defined as local recurrence, distant metastases, initiation of unplanned hormonal therapy, unplanned radical prostatectomy, or a PSA > 25 later than 6 months after initial therapy.

PSA failure may occur in patients who do not have any symptoms. It could mean that cancer has recurred or there is disease progression based on a rising PSA. But, it is not a definitive diagnosis of active or recurrent/progressive disease all by itself.

Recurrent or progressive disease must be documented as such by the physician or indicated by start of treatment based on rising PSA.

Do not code recurrence/progression without physician statement of active disease or start (re-start) of treatment based on PSA.

A rising PSA in a patient who has never been treated is not a recurrence but rather progression of disease that may now require treatment after a period of active surveillance.

So, you need to know if the patient had initial therapy or not when considering changes in PSA levels.

UPPER GI TRACT NEUROENDOCRINE SPECTRUM OF TUMORS

Questions:

- i. What is the primary site and what is the histologic type for this diagnosis?
- ii. Does this patient have neuroendocrine tumor or gastrinoma or carcinoid tumor or all three?
- iii. What about the IPMN of pancreas that was found late in the game?
- iv. Is this one primary or more than one primary? And, if so – what is each primary and histology?

Description:

- i. 2017 - EUS with FNA of peripancreatic mass – multifocal pancreatic neuroendocrine tumor. Pt was started

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QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 13)

- on sandostatin
- ii. 2018 - emergent exploratory laparotomy for perforated duodenal ulcer with no evidence of tumor found during surgery. Patient's gastrin level was elevated at 732 and patient diagnosed with Zollinger Ellison Syndrome. Started 40mg omeprazole, a proton pump inhibitor, given to reduce stomach acid. Another physician refers to this as malignant carcinoid tumor of small intestine.
 - iii. 2018 - distal pancreatectomy with uncinate pancreatic resection and lymphadenectomy. Pathology showed metastatic gastrinoma with incidental IPMN with high grade dysplasia. Pt started on lanreotide.

Answers:

The multiple histologic terms represent neoplasms that are similar but not the same. And, it is confusing to have the diagnostic discussions so spread out over time when you would have liked to have had the final information at diagnosis rather than all of the mix of working diagnoses.

Both the gastrinoma and carcinoid tumors are subtypes of the GI Tract Neuroendocrine Spectrum of Neoplasms found in the GI Tract. Retrospectively, the 2017 FNA was actually the first diagnosis of gastrinoma. However, the pathologist in 2017 used the generic term of 'neuroendocrine tumor' and did not specify gastrinoma as the type of neuroendocrine tumor. They probably had not done any hormone tests yet to identify the elevated gastrin levels to identify the subtype of neuroendocrine tumor. And, the FNA may not have enough tumor cells to further classify the neoplasm.

The working diagnosis over time included primary pancreatic neuroendocrine tumor on FNA of pancreas (a generic diagnosis of neuroendocrine tumor), malignant carcinoid tumor of small intestine (a type of neuroendocrine tumor), IPMN of pancreas which is not a neuroendocrine tumor but rather an intraductal papillary mucinous neoplasm, and then the metastatic gastrinoma which is yet another type of neuroendocrine tumor.

The gastrinoma was actually diagnosed when they identified the highly elevated gastrin levels before the resection and stated the patient had Zollinger Ellison Syndrome. Zollinger-Ellison syndrome is a rare disorder characterized by the development of a tumor called a Gastrinoma found in the pancreas and/or duodenum. Gastrinoma's secrete excessive levels of gastrin, a hormone that stimulates production of acid by the stomach. Normally, the body releases small amounts of gastrin after eating, which triggers the stomach to make gastric acid that helps break down food and liquid in the stomach. The extra acid causes peptic ulcers to form in the duodenum and elsewhere in the upper intestine.

According to SEER the treatment with sandostatin or somatostatin and lanreotide or octreotide are usually for treating symptoms and have little effect on managing the tumor – so, you do not always code them as treatment. Per SEER*RX "This drug is considered ancillary for neuroendocrine tumors as it relieves symptoms of neuroendocrine tumors but does not kill the tumor cells." However, you can code them as treatment when a physician states the agent is being prescribed to shrink the tumor and not just treat symptoms...but a physician statement is often absent. This makes it very difficult for us to know when to code treatment and when not to. So, use caution and look for physician statement regarding intent of treatment with these agents. And, when you do code these agents as treatment they are classified as hormone.

Continued on page 15)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 14)

I would abstract two primaries – gastrinoma of duodenum since this is the type of neuroendocrine tumor making up the final diagnosis at time of resection and to keep it separate from the pancreatic neoplasm; and, an IPMN of pancreas based on the surgical resection specimen interpretation. There never was a carcinoid tumor subtype of neuroendocrine tumor – this was an incorrect physician statement per history. The gastrinoma is the final typing for this neoplasm – ignore what appears to have been a disease free time period as this neoplasm was clinically active during the entire 2 years in question. And, it appears the treatment did have an effect on shrinking tumor from the time of original diagnosis. So, I would code the sandostatin/somatostatin as part of first course of treatment in this case.

References for these tumors include, <https://pancreasfoundation.org/gastrinoma/> and the NCI @ <https://www.cancer.gov> use the search feature to find specific tumor type.

Why Are Registrars Choosing Class of Case = 99, so often?

FCDS has noted an increasing trend for registrars and/or contractors in Florida hospitals assigning Class of Case = 99.

Please STOP using 99 for this field and other required data items, immediately.

ALL FCDS Required Data Items should be 'valued' and you should identify the proper code - never use automatic default codes - please.

FCDS uses your assigned Class of Case and other Critical Fields in MANY programs and we need actual data in these fields to operate properly.

Class of Case is a required data item and should never be coded or defaulted to Class of Case = 99. NONE of your fields should be defaulted.

You are working at the facility and know whether the cancer you are abstracting is 'analytic' or 'non-analytic' for that facility. Therefore, you should never be using Class of

Case = 99. You should be assigning proper Class of Case codes and should know how to do this in every case.

Only FCDS uses Class of Case = 99 internally for partial abstract case building.

FCDS will write an EDIT to prevent the use 'unknown' in critical variables – but, these would just be additional edits for you to correct when you should be assigning the correct 'valued' code initially and properly. We will continue to monitor this troubling trend for this and other fields.

Only FCDS should be assigning Class of Case = 99. If you have trouble determining a Class of Case, please phone FCDS for help.

Please STOP using Class of Case = 99, immediately! And, please remind your contractors to do the same.

NEVER Assign Class of Case = 40, 41, 42, 43, 49 or 99. These are for use by FCDS Only.

The FCDS Abstractor Code Test Question Bank has been updated to the 2018 National Standards

The FCDS Abstractor Code Test Question Bank was updated on 3/1/2019 to reflect the 2018 National Standards for Casefinding, Abstracting, and Reporting Cancers to FCDS. All references previously used for Q&A have been removed from the question bank or updated for 2018. Thank you.

Description: The FCDS Abstractor Code Test is a requirement for every abstractor who submits cases to FCDS. DO NOT SHARE YOUR CODE. Abstractors with a valid/current FCDS Abstractor Code must retake this test annually to maintain their FCDS Abstractor Code. The Test Question Bank (Q&A) was updated on 3/1/2019 to accommodate the 2018 National Standards. Any abstractor new to the State of Florida (including out-of-state contractors) must successfully complete the test in order to obtain a unique FCDS Abstractor Code, regardless of CTR credentials. The FCDS Abstractor Code is included on every one of your abstracts in the Abstractor Initials Field and FCDS Edits validate the current status of your code and use your code to assess abstractor data quality. The test is comprised of 20 questions drawn randomly from a bank of approximately 300 test questions. New questions are added as standards change and new requirements are reinforced via testing. The questions on your personal test are assigned randomly from the pool, therefore no two tests are identical. Should you fail the test on any attempt (score less than 80%), you may retake the test – but, you may be required to wait to retake the test depending on the number of times you failed. This time should be spent updating your references and/or learning how to use them properly to arrive at the correct answers and successfully pass the test. There are no “trick” questions.

Content: This is a skills and knowledge assessment. It is not a memory test. Please use your reference manuals, rules and tools. The best preparation for writing this test is in-the-field case abstracting because you must use and apply all of the references and resources during the abstracting process. The test Q&A tests basic knowledge and to see if you understand and know how to use current references and resources. The test is focused in the following 7 topic areas:

- Florida Reporting Requirements
- General Abstracting Knowledge
- Anatomy and Physiology Related to Cancer
- Determining and Coding Primary Site/Histology/Behavior/Grade

- Staging Cancer including the Site-Specific Data Items
- Treatment and Survival
- Latest Rule Changes

The test uses the following references and resources as the source for questions:

- FCDS Data Acquisition Manual (current version)
- 2018 Casefinding List (ICD-10-CM)
- 2018 Florida Reportable Cancers (what cancers must be reported to FCDS)
- 2018-2019 FCDS Webinar Series - CEU Quizzes
- ICD-O-3 Book (including any errata and the 2010 and 2018 Updates)
- 2018 Solid Tumor Rules (MPH Rules) – current version
- 2018 Updates to MPH Rules for Hematopoietic and Lymphoid Neoplasms
- 2018 Updates to the SEER Hematopoietic Database (web version)
- 2018 Summary Stage Manual
- 2018 Grade Manual
- 2018 SSDI Manual
- SEER*Rx (web version)
- SEER Self-Instruction Manuals (Basics and Anatomy)
 - Book 2 – Cancer Characteristics
 - Book 3 – Tumor Registrar Vocabulary: Composition of Medical Terms
 - Book 4 – Human Anatomy as Related to Tumor Formation

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>

NAACCR CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES

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 APRIL 10, 2019

Total number of *New Cases* added to the FCDS Master file in March 2019: **7,792**

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	11,169	156	132	11,727	30	Pending	23,214	6,022
2017	203,092	6,200	202	12,352	11,193	Pending	233,039	1,479
2016	206,625	8,121	1,785	12,911	28,507	2,024	259,973	291
						<u>Actual</u>	<u>Expected</u>	
% Complete for:			2018	12%		75%		
			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.

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