



# The Florida Cancer Data System's Memo

APRIL 2020

## **CLARIFICATION for Using C76.0 or C80.9 for Cases of Unknown Primary Involving Cervical Lymph Nodes**

The AJCC introduced a new chapter, Chapter 6 – Cervical Lymph Nodes and unknown Primary Tumors of the Head and Neck, in the AJCC Cancer Staging Manual, 8<sup>th</sup> edition. Apparently, registrars are not sure how to use this chapter or which histologic types or subtypes are to be or not to be used with this primary site code or to TNM Stage using Chapter 6. Just because a person has a positive cervical lymph node biopsy does not mean that you can or should use Chapter 6 to stage the case or more importantly that you can assign the NOS H&N primary site code of C76.0 to the case.

Many if not most histologic types and subtypes do not fall into the criteria to allow use of C76.0 or AJCC Chapter 6 – and it is up to the registrar to know which do and which do not, so we can code site/histology/stage correctly for these special unknown primary tumors of the Head and Neck.

This chapter was designed to identify specific types of common Head and Neck cancers, not just any type of cancer, that is found in one or more cervical lymph nodes in the neck, but for which no primary site can be found – that is no primary site in the Head and Neck for Head and Neck cancers. Most cancers found in the head and neck that may metastasize to cervical lymph nodes are squamous cell carcinoma or salivary gland (adeno)carcinoma. There is actually a list of allowable histology codes in a table in Chapter 6 entitled; “Histology Codes” for reference.

## **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  
EDITs Metafile  
V18 Metafile,  
posted on 10/25/2019.

FCDS/NAACCR  
WEBINAR SERIES:  
NAACCR 2019-2020  
Cancer Registry and Surveillance Webinar Series - Melanoma 2020 with guest speaker Denise Hanson, RHIT, CTR, 4/2/2020 . \*\*\* In person attendance cancelled until further notice. Please Login to FCDS IDEA->Education->FLccSC Learning Management 2 weeks after webinar to watch recordings and get CEUs \*\*\*

[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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We are finding registrars coding C76.0 for all kinds of cancers that are metastatic to cervical lymph nodes but are most likely cancers of the lung, breast, thyroid or colon that are metastatic to the neck or metastatic cancers from other (definitely not Head and Neck) anatomic site locations.

If a patient comes to your facility and only has an FNA or core or excisional biopsy of a cervical neck node but no other workup or scans or physical examination to try to identify the primary site – you do not automatically have a C76.0 primary...most of these neoplasms should be C80.9 – unknown. You should only be coding C76.0 as the primary site when it is highly likely that the patient has a head and neck cancer, not just a positive lymph node. Many of these cases will still be C80.9 unknown primary and not C76.0 unknown primary of the head and neck which indicates the tumor started in the head and neck and metastasized to the cervical node(s). Many other cancers can metastasize to cervical nodes than H&N cancers. The most likely candidates are breast and lung and thyroid. So, you have to look at all the information in the medical record to decide.

Small cell carcinoma, neuroendocrine carcinoma (low or high grade), malignant melanoma, Merkel cell carcinoma, lymphoma, sarcoma, clear cell carcinoma, signet ring cell carcinoma, germ cell tumors, GYN, and most mucinous neoplasms are not of head and neck origin – they start elsewhere and spread to the neck. And, special care should also be taken to ensure the metastatic squamous cell carcinoma is not of skin origin – because skin squamous cell carcinoma is not reportable – even when the neoplasm metastasizes to the cervical or other lymph nodes...it is still a skin cancer.

Please take care when assigning code C76.0 versus C80.9. These are different codes for specific reasons – and these neoplasms should not be mixed together. C76.0 should be reserved only for cancers that have nodal metastasis in the neck, biopsy proven, of usual head and neck histology. C80.9 should be used in all other cases when there is no primary tumor, but there are positive cervical lymph nodes. If all you have is a biopsy – use C80.9.



# Florida Cancer Data System Deadlines, Updates, & Reminders

## Leukemia & Lymphoma Society of Florida Blood Conference



The FCDS attended the Leukemia & Lymphoma Society Florida Blood Conference organized by the Leukemia and Lymphoma Society (LLS) in Fort Lauderdale at the Marriott Harbor Beach Resort & Spa on February 29th, 2020.

The Blood Conference is one of several conferences the FCDS attends annually as part of our Outreach Program. The FCDS reaches out to Florida communities, physicians and researchers to raise awareness of the state cancer registry, what its function is and how the data collected is used.

The Leukemia & Lymphoma Society® is a global leader in the fight against cancer. The LLS mission: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. LLS funds lifesaving blood cancer research around the world, provides free information and support services, and is the voice for all blood cancer patients seeking access to quality, affordable, coordinated care.

The Florida Chapters of The Leukemia & Lymphoma Society hosted the event for blood cancer patients, survivors, family members, caregivers and healthcare professionals. Experts in the areas of blood cancer research, treatment and survivorship presented information on each of these topics including emerging therapies, treatment options and management of survivorship issues.



# Florida Cancer Data System Deadlines, Updates, & Reminders



## Reminder about Demographic Fields and Data

FCDS has noted a big increase in registrars making errors and omissions in the Patient Demographic Fields and Data. These fields and the data contained within these fields are critical to patient matching programs that FCDS uses every single day. As Social Security Numbers become less and less available, FCDS must rely more heavily on data contained in the 5 ‘name’ fields we collect, the date of birth, sex, race, Hispanic origin, and address fields. Additionally, the fields for height, weight and smoking history are heavily utilized by researchers and really need your attention.

Please make sure that you place the correct name in the correct field, Last Name, First Name, Middle Name/Initial, Alias and Maiden Name. We are seeing far too many multiple last names in the last name field, multiple names in the first name field, middle initials in the first name field, etc. When this happens, patients don’t match up and we over-count cancers and persons with cancer in our state.

Please provide a ‘real’ Social Security Number when available. We know this is becoming more difficult in many registries.

Patient address fields are also a part of patient matching – but, play a lesser role than other patient identifiers.

Finally, the race, ethnicity, height, weight, and smoking fields are very important for reports and for researchers – they are used and we do pay attention to them when they are submitted as 999.

You will see these fields and unknown data displayed on the 2014-2018 Data Quality Indicator Report when you receive these in March 2020.

NONE of the FCDS-Required Fields are frivolous or ‘optional’. They are required for a reason...each and every one. Please adhere to the reporting requirements and provide FCDS with COMPLETE Abstracts – analytic or non-analytic – doesn’t matter.



# Florida Cancer Data System Deadlines, Updates, & Reminders

*Reminder!*

## Unknown Primary in Historical Grid

**REMINDER:** DO NOT ENTER Unknown Primary in the Historical Grid

Registrars should not be submitting unknown primary (C809) of any histology as a Historical NED Case in the Historical Grid, except in very rare instances. The FCDS DAM states; “Historical Cases should not include Unknown Primary Cancers (C80.9 or C76.\*).” The only new and still rare exception is C76.0 unknown primary of Head and Neck with ONLY positive cervical lymph nodes. And, even these cases are questionable as to whether they are skin cancer metastasis which would not be reportable or mucosal head and neck cancers with no evidence of a primary tumor.

FCDS does not edit these cases out because occasionally they are valid. However, there is a very real and valid reason for not including Unknown Primary in the Historical Grid. Unknown Primary Cancer indicates the patient has metastatic disease and no primary can be found. So, it is very rare that the Unknown Primary is ever truly free of disease. We do occasionally identify valid unknown primary cases with no evidence – rarely.

**Historical Grid cases MUST be cancers with NO EVIDENCE OF DISEASE.** They are historical in nature and are not active cancers.

An unknown primary implies the disease is continuously active and cannot be cured due to lack of evidence of where it even started.

How can you state with any confidence that an unknown primary is ever free of cancer when you don’t know where the cancer started or how widespread the disease actually is? It is contrary to what an unknown primary cancer with metastatic disease but no primary represents.

Again, Historical Grid case reports **MUST** be **FREE OF ALL EVIDENCE OF CANCER** to be reported in the Historical Grid...it is not a shortcut report.

This should be a very rare event...not to be used just when a registrar/abstractor has no information...the cancer must be NED...and it is contrary to rationale for unknown primary that it can be treated and the patient becomes evidence free if you don’t treat the primary tumor plus the metastasis. These cases should be few and far between...and not reported just because you lack the detailed information about cancer history.

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# Florida Cancer Data System Deadlines, Updates, & Reminders

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**ADDITIONALLY:** Some histology(s) imply a primary site ‘default’ that should be used instead of C80.9 based on the histology. This is covered in the 2018 FCDS DAM under the Data Item, Primary Site on pages 95-96...and there is a table that should be used to identify a primary site with specific histology that should never be coded as C80.9 even when you don’t know where within that primary site rubric the cancer should be assigned.

**2018 FCDS DAM - Section II - Page 95-96 is where this important reference can be found.**

**NOTE: THIS IS NOT A NEW CONCEPT OR RULE**

Use the table below to assign primary site when the only information available is the histologic type of tumor and the patient has metastatic disease without an identifiable primary site. The primary site is presumed to be the NOS or “not otherwise specified” primary site code when the

histology is known but for which no primary can be found. Do not code these cases to C80.9.

Histologic Type Codes	Histologic Types	Preferred Site Codes for Ill-Defined Primary Sites
8720-8790	Melanoma	C44. _, Skin
8800-8811, 8813-8830, 8840-8921, 9040-9044	Sarcoma except periosteal fibrosarcoma and dermatofibrosarcoma	C49. _, Connective, Subcutaneous and Other Soft Tissues
8990-8991	Mesenchymoma	C49. _, Connective Subcutaneous and Other Soft Tissues
8940-8941	Mixed tumor, salivary gland type	C07. _, for Parotid Gland; C08. _, for Other and Unspecified Major Salivary glands
9120-9170	Blood vessels tumors, Lymphatic vessel tumors	C49. _, Connective Subcutaneous and other Soft tissues
9240-9252	Mesenchymal chondrosarcoma and giant cell tumors	C40. _, C41. _ for bone and cartilage C49. _, Connective, Subcutaneous, and Other Soft tissues
9580-9582	Granular cell tumor and alveolar soft part sarcoma	C49. _, Connective, Subcutaneous and Other Soft Tissues



# 2019 Pat Strait Award Winners

The Pat Strait Award for Excellence in Cancer Abstracting recognizes those individuals that contributed to a facility winning the Jean Byers Award by presenting a certificate to all its abstractors. The certificate is a way for FCDS to show our appreciation to those individuals that were responsible for helping a facility reach this exceptional quality standard.

We recognize that the facilities that achieve this high quality standard are staffed by exceptional professionals that made it possible for the facility to be awarded the Jean Byers Award.

The 2019 Pat Strait Award Winners are:

Joyce Allan	Heather Burner
Lori Allison	Julianne Campbell
Allissa Anderson	Sandra Carlson
Barbara Anderson	Kimberly Castaneda
Victor Angles	Magda Castro
Stacey Applegate	Kali Cerdan
Prudence Ashley	Curry Chapman
Marichu Auffenberg	Kathie Churchill
Hector Aviles	Judith Clark
Karishma Banda	Sharon Clevenger
Leigh Bishop	Denise Colburn
Melissa Blakley	Colleen Condron
Lisa Borodemos	Katherine Cook
Krist Bowman	Nurgul Cooper
Bessie Brokenburr Henderson	Jennette Cox
Holly Brown	Charisse Creech
Jennifer Brown	Edna Cruet

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Maureen Curcio  
Gina Damm  
Barbara Dearmon  
Abelardo Delarua  
Aymara Delarua Fernandez  
Anna Deluague  
Ismael Diazrodriguez  
Claudia Downs  
Deana Duarte  
Neil Dungca  
Heather Duque  
Elizabeth Elrod  
Mayra Espino  
Elizabeth Exilus  
John Fairfield  
Susan Finn  
Diane Forsythlarsen  
Stephanie Fox  
Frederick Furner  
Joan Galbicsek  
Gerardo Gallardo  
Jesmarie Garcia  
Tammy Gardner  
Kellie Garland

Alicia Gassert  
Ashley Giesecke  
Tammy Goas  
Carol Hammond  
Johanna Haneline  
Annette Harnage  
Vicki Hawhee  
Stuart Herna  
Maggie Herrera  
Megan Hoffmann  
Carol Hutchison  
Armand Ignacio  
Brigitte Johnson  
Joshua Johnson  
Jennie Jones  
Patricia Jones  
Joyce Jones Pic  
Deborah Jordanreith  
Jennifer Kassan  
Jacqueline Kenney  
Katherine Khin  
Laura Kindergan  
Lisa Kofron  
Tamara Lehman  
Jennifer Lewis

Barbara Lorentson  
Janae Lott  
Rosalba Marte  
Jessica Martin  
Keir Martin  
Elizabeth Martinez  
Dawn Mason  
Mary Mason  
Celia Mathews  
Nicola Mattis  
Penny May  
Krisha Mcdonald  
Gladys Mejia  
Elizabeth Melendez  
Pamela Melton  
Dinah Merrill  
Julie Mierzejewski Yousif  
Jorge Migoya  
Clarissa Moholick  
Maeisidrisis Monte  
Susana Morales  
Karen Moulds  
Carol Muir  
Deborah Mulini  
Sue Neufeld

Joyce Newhouser  
Dawn Nguyen  
Carmen Nieves  
Heidi Noell  
Jennifer Nolte  
Leslie Nye  
Mary Oleary  
Kari Oliger  
Laura Ortega  
Luz Ortizromero  
Janice Pagano  
Grace Patrick  
Sandra Pham  
Peter Pierce  
Maritza Polania  
Martina Price-Austin  
Albert Reyes  
Paula Riccio  
Marie Romulus  
Erica Santos  
Kathleen Saslow  
Deborah Schulte  
Melissa Schuster  
Ileeta Scolaro  
Adela Seidman  
Deylis Sequeira

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Bubblela Simmons

Darleen Small

Shauntel Smith

Tracy Smith

Susan Smith-pierce

Angie Straughn

Tammy Strickland

Francis Suarez Penas

Tina Swinney

Susan Smith-Pierce

Leann Tanaskovic

Paulette Thomas

Sharon Thomas

Ann Thompson

Lisset Todd

Nancy Tucker

Roberto Urruchi

Monica Vasquez Olivas

Jennifer Vazquez

Joyce Wallace

Lucas Wassira

Judy Webber

Janette Wienecke

Jennifer Wiggs

Jacqueline Williams

Wendy Williams

Nancy Wilson

Janet Wyrick

Celia Zapata

Jessica Zilke

Thank You



## Data Visualization Dashboard

The FCDS has updated the Data Visualization Dashboard to include 2017 data. The dashboard has interactive incidence and mortality rates for the top cancers in Florida. Statistics are also available by state and county. Check it out at [https://fcds.med.miami.edu/inc/statistics\\_data\\_viz.shtml](https://fcds.med.miami.edu/inc/statistics_data_viz.shtml)



# 2019 Jean Byers Award Winners

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

**The Jean Byers Award** is presented to any facility that meets the following criteria:

- All Deadlines met with respect to cancer case admissions and all cases reported to FCDS:
  - o Annual Caseload Submission Deadline - June 30
  - o Consolidated Follow Back Deadline - October 15
    - AHCA In Patient
    - 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

The winners for 2019 (data admission year 2017) are:

1100-SHANDS UNIVERSITY OF FLORIDA	1900-SEVEN RIVERS REGIONAL MEDICAL CTR
1170-N FLORIDA REGIONAL MEDICAL CENTER	1905-CITRUS MEMORIAL HOSPITAL
1300-GULF COAST MEDICAL CENTER	2246-LAKE CITY MEDICAL CENTER
1306-BAY MEDICAL CENTER	2304-AVENTURA HOSP AND COMP CANCER CTR
1505-CAPE CANAVERAL HOSPITAL	2310-ANNE BATES LEACH EYE HOSPITAL
1508-PALM BAY HOSPITAL	2347-UNIVERSITY OF MIAMI HOSPITAL
1601-WESTSIDE REGIONAL MED CTR	2353-NORTH SHORE MEDICAL CENTER
1609-IMPERIAL POINT MEDICAL CENTER	2359-MIAMI CHILDRENS HOSPITAL
1645-CORAL SPRINGS MEDICAL CENTER	2372-U OF MIAMI HOSPITAL CLINICS
1676-PLANTATION GENERAL HOSP	2638-ASCENSION ST. VINCENT'S RIVERSIDE
1686-FLORIDA MEDICAL CENTER	2647-NEMOURS CHILDRENS HOSPITAL
1687-UNIVERSITY MEDICAL CENTER	2660-ASCENSION ST. VINCENT'S SOUTHSIDE
1800-FAWCETT MEMORIAL HOSPITAL	2672-WOLFSON CHILDRENS HOSP NCC
	2738-ASCENSION SACRED HEART

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3300-ASCENSION SACRED HEART ON THE GULF

3701-OAK HILL HOSPITAL

3705-BAYFRONT HEALTH BROOKSVILLE

3906-TAMPA GENERAL HOSPITAL

3932-H LEE MOFFITT CANCER CENTER

4516-LEESBURG REGIONAL MEDICAL CENTER

4601-CAPE CORAL HOSPITAL

4605-LEE MEMORIAL HEALTH SYSTEM

4645-REG CANCER CTR GULF COAST HOSPITAL

4647-LEHIGH REGIONAL MEDICAL CENTER

4690-LEE MEMORIAL HOSPITAL HEALTHPARK

4770-CAPITAL REGIONAL MEDICAL CENTER

5100-BLAKE MEDICAL CENTER

5110-LAKEWOOD RANCH MEDICAL CENTER

5200-OCALA REGIONAL MEDICAL CENTER

5202-WEST MARION COMMUNITY HOSPITAL

5203-ASCENSION ST. VINCENT'S CLAY COUNTY

5205-ADVENTHEALTH OCALA

5607-NORTH OKALOOSA MEDICAL CENTER

5610-ASCENSION SACRED HEART EMERALD COAST

5705-RAULERSON HOSPITAL

5900-POINCIANA MEDICAL CENTER

5936-ST CLOUD REGIONAL MEDICAL CENTER

6003-DELRAY MEDICAL CENTER

6106-MORTON PLANT NORTH BAY HOSPITAL

6170-MEDICAL CENTER OF TRINITY

6201-NORTHSIDE HOSP HEART INSTITUTE

6249-MEASE DUNEDIN HOSPITAL

6251-ST ANTHONY HOSPITAL

6273-PALMS OF PASADENA HOSPITAL

6274-ST PETERSBURG GENERAL HOSPITAL

6278-MEASE COUNTRYSIDE HOSPITAL

6305-LAKELAND REGIONAL MEDICAL CENTER

6346-BARTOW REGIONAL MEDICAL CENTER

6348-LAKE WALES HOSPITAL

6570-FLAGLER HOSPITAL

6707-SANTA ROSA MEDICAL CENTER

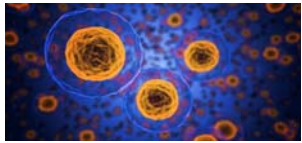
6810-ENGLEWOOD COMMUNITY HOSPITAL

6846-VENICE REGIONAL BAYFRONT HEALTH

7005-VILLAGES REGIONAL HOSPITAL

7446-ADVENTHEALTH FISH MEMORIAL





# Squamous Cell Carcinoma

8085 and 8086 can **ONLY** be used for Squamous Cell Carcinoma in a few H&N sites or they fail edits

## **Oral Cavity**

C01.9 - Base of Tongue  
C09.0 - Tonsillar Fossa  
C09.1 - Tonsillar Pillar  
C09.8 - Overlapping Lesion of Tonsil  
C09.9 - Tonsil, NOS

## **Oropharynx (C10)**

C10.0 – Vallecule  
C10.1 – Anterior Surface of Epiglottis  
C10.2 – Lateral Wall of Epiglottis  
C10.3 – Posterior Wall of Oropharynx  
C10.4 – Branchial Cleft  
C10.8 – Overlapping Lesion of Oropharynx  
C10.9 – Oropharynx, NOS

## **Accessory Sinuses (C31)**

C31.0 – Maxillary Sinus  
C31.1 – Ethmoid Sinus  
C31.2 – Frontal Sinus  
C31.3 – Sphenoid Sinus  
C31.8 – Overlapping Lesion of Accessory Sinuses  
C31.9 – Accessory Sinus, NOS

Site remote	Site Description	Histology/Behavior	Histology/Behavior Description
C019	BASE OF TONGUE	8085/3	Squamous cell carcinoma, HPV– positive
C019	BASE OF TONGUE	8086/3	Squamous cell carcinoma, HPV– positive
C090-C091,C098-C104,C108-C109	OROPHARYNX	8085/3	Squamous cell carcinoma, HPV– positive
C090-C091,C098-C104,C108-C109	OROPHARYNX	8086/3	Squamous cell carcinoma, HPV– positive
C111	POSTERIOR WALL OF NASOPH	8085/3	Squamous cell carcinoma, HPV– positive
C111	POSTERIOR WALL OF NASOPH	8086/3	Squamous cell carcinoma, HPV– positive
C310-C313,C318	SINUSES	8085/3	Squamous cell carcinoma, HPV– positive
C310-C313,C318	SINUSES	8086/3	Squamous cell carcinoma, HPV– positive
C319	ACCESSORY SINUS,NOS	8085/3	Squamous cell carcinoma, HPV– positive
C319	ACCESSORY SINUS,NOS	8086/3	Squamous cell carcinoma, HPV– positive



Florida Statewide Cancer Registry

Florida Cancer Data System



## Florida Registrars:

FCDS, like the rest of the country including the Florida Department of Health and the CDC, is closely monitoring daily updates on the COVID-19 (SARS-CoV-2) worldwide pandemic. The FCDS Annual Conference is not scheduled until late July. However, we feel it is important to initiate a conversation with the Florida Cancer Registry Community about pandemic response regarding the FCDS Annual Conference and other activities.

At this time, FCDS has no plans to cancel or reschedule the FCDS Annual Conference. However, FCDS will not make a final decision on whether or not we will move forward with our annual in-person meeting no later than June 30. FCDS is also looking into the possibility of providing alternate communications for important conference information and presentations via multiple 2- hour webcasts that you can view from home or office.

FCDS understands that some registrars have already completed conference registration including payment and hotel reservations. Should you change your mind about attendance or should FCDS cancel the entire conference – All FCDS Conference Registration Fees will be refunded.

Please do not schedule any non-refundable travel or accommodations for this conference until you receive final word from FCDS in blast email.

FCDS will be in regular communications with the registry community as FCDS, the Florida DOH, and the CDC monitor the pandemic situation.

We understand the next several weeks will be challenging for all and apologize for any inconvenience regarding finalizing plans for our conference.

The health and safety of our staff and all meeting attendees is of the utmost importance. FCDS working with DOH and the CDC will be doing our part to keep individuals within our community informed and in focus to help limit virus transmission or acquisition of this virus. FCDS and Florida DOH will not be ignoring public health warnings about the disease. We will keep our community as informed as possible regarding FCDS activities.

Thank you for your support...exercise precautions when meeting with other persons...and be safe and healthy.



## QUESTIONS? ANSWERS. and CLARIFICATION

### **Reportability**

#### **Question:**

Patient had appendectomy in 2016 with low grade mucinous neoplasm, placed on observation after appendectomy.

Now comes to our facility with 'pseudomyxoma peritonei' arising from the previous low grade mucinous neoplasm of the appendix.

Is this recurrence reportable since it is stated to be arising from the previous appendix primary?

#### **Answer:**

We have consulted with SEER Staff to provide you with this answer. When a low grade mucinous neoplasm stated to be low grade pseudomyxoma peritonei behaves in malignant fashion with primary tumor T3 or higher and/or nodal metastasis and/or liver or other distant metastasis – the case is reportable as malignant mucinous adenocarcinoma of appendix. When the neoplasm recurs and is widespread, then this is a new primary – not the original not reportable low grade mucinous neoplasm of the appendix. The neoplasm has progressed to invasive cancer.

The low grade mucinous neoplasm of the appendix is a carcinoid...go ahead and report it...reason...because it is the carcinoid of the appendix that is the primary for the pseudomyxoma peritonei. Below is from: <https://rarediseases.org/rare-diseases/pseudomyxoma-peritonei/>

Pseudomyxoma peritonei is a rare malignant growth characterized by the progressive accumulation of mucus-secreting (mucinous) tumor cells within the abdomen and pelvis. The disorder develops after a small growth (polyp) located within the appendix bursts through the wall of the appendix, and spreads mucus-producing tumor cells throughout the surrounding surfaces (e.g., the membrane that lines the abdominal cavity [peritoneum]). As mucinous tumor cells accumulate, the abdominal area becomes swollen and digestive (gastrointestinal) function becomes impaired. Pseudomyxoma peritonei develops at a variable rate, but may grow at a slower rate (indolent) than other malignancies within the abdomen.

Frequently, the primary tumor that ruptured the appendix may be small in comparison to the extensive mucinous tumor that develops within the abdomen and pelvis.

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## QUESTIONS? ANSWERS. and CLARIFICATION

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The most common symptoms in individuals with pseudomyxoma peritonei occur due to progressively increasing mucinous tumor within the abdomen and pelvis. Usually, the most common symptom is increasing abdominal size (so called “jelly belly”) and abdominal discomfort from pressure. Although the abdomen may be swollen, it is generally not painful to touch (palpation).

An ovarian malignancy known as low malignant potential ovarian tumor may look similar to pseudomyxoma peritonei. However, this tumor remains as a solitary, expanding ovarian mass. It does not distribute itself around the abdomen, and should be distinguishable from pseudomyxoma peritonei. Symptoms may include abdominal or lower back pain. The exact cause of low malignant potential ovarian tumor is not known.

Mucinous cancers of the ovary, colon, stomach, and gallbladder may produce an excess of mucous in the abdominal cavity. These cancers are usually much more aggressive than the mucinous tumor from the appendix. They result in rapidly progressing accumulation of mucous in the abdominal region and intestinal obstruction. The exact cause of these tumors is not known.

Adenocarcinoid (goblet cell carcinoid) of the appendix is similar to pseudomyxoma peritonei. The mucinous tumor from the adenocarcinoid distributes itself around the abdomen in a very similar fashion to pseudomyxoma peritonei. However, this tumor is much more aggressive than the tumor in pseudomyxoma peritonei. Symptoms of this type of cancer often resemble those of acute appendicitis. The exact cause of adenocarcinoid of the appendix is not known.

The diagnosis of pseudomyxoma peritonei may be confirmed by radiologic technologies such as abdominal CT scan or abdominal MRI (magnetic resonance imaging). These imaging tests may reveal the characteristic distribution of large amounts of mucus to particular locations within the abdomen and pelvis. They may also localize a primary tumor in the area of the appendix referred to as a mucocele.

The goal of the treatment of pseudomyxoma peritonei is cure. This is achieved in approximately 65% of patients. The treatments are cytoreductive surgery with peritonectomy in an attempt to remove all visible evidence of the-

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## QUESTIONS? ANSWERS. and CLARIFICATION

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disease from the abdomen and pelvis. Because the mucinous tumor is so widely distributed throughout the abdomen and pelvis, the surgery may take up to 12 hours. Then, to prevent reimplantation of cancer cells,

the abdomen is washed with a warm chemotherapy solution. This is commonly referred to hyperthermic intraperitoneal chemotherapy or HIPEC. Sometimes the surgeon must search carefully for the primary appendiceal tumor for it may be very small in comparison to the mucinous tumor and mucinous ascites that can accumulate in kilogram quantities within the abdomen and pelvis. The hyperthermic intraperitoneal drugs which are commonly used to treat this disease include mitomycin C and oxaliplatin. The chemotherapy is heated to 42 degrees in the abdominal cavity to increase penetration of the drugs into the mucinous tumor and to increase the local cytotoxicity.

### Appendix Cancer/Pseudomyxoma Peritonei Research Foundation (ACPMP)

Email: [info@acpmp.org](mailto:info@acpmp.org)

Website: <http://acpmp.org/>

### NORD's Rare Cancer Coalition (RCC)

Email: [Membership@RareDiseases.org](mailto:Membership@RareDiseases.org)

Website: <https://rarediseases.org/get-involved/rare-cancer-coalition/>

### **Insular Thyroid Carcinoma**

#### **Question:**

A patient was diagnosed with poorly differentiated thyroid carcinoma; following our and Solid Tumor Rules ICD-O-3 as is our process we would code this to 8010/3 (carcinoma).

*(Continued on page 17)*



## QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 16)

Chapter 73 of AJCC 8<sup>th</sup> edition lists poorly differentiated thyroid carcinoma as 8337/3 (insular carcinoma).

There is a question about grade that states poorly differentiated thyroid carcinoma is 8337, and I know also that the forum does not determine histology.

<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/91415-thyroid-grade-poorly-differentiated-thyroid-carcinoma-anaplastic-thyroid-carcinoma>

### **Answer:**

It is one of the topic areas that I have requested clarification from the NAACCR ICD-O Work Group (see entire list below where clarification for coding thyroid neoplasms is listed). We need to better understand thyroid reclassifications in the areas of the changes being made to tumor behavior, grade of tumor, nomenclature/terminology used to describe these tumors and more. Most of the changes are in the papillary and follicular thyroid carcinomas...but, some are in other thyroid carcinoma 'types' such as the one you describe here. The ICD-O-3.2 tables do have code 8337/3 as preferred code for the preferred term 'poorly differentiated thyroid carcinoma (insular carcinoma). But, there are no Solid Tumor Rules to guide us to use this code and there has been no education/training on when to use or not use this code. I would say in this instance that code 8337/3 is correct (see excerpt from ICD-O-3.2 Table below)

ICDO3.2	Histology	Behavior	Level	Term	Code reference
8337/3	8337	3	Preferred	Poorly Differentiated thyroid carcinoma	(C73.9)
8337/3	8337	3	Synonym	Insular carcinoma	(C73.9)

The list of issues continues to grow – need rules, clarifications, neoplasm by histology reportable by program, AND staging rules for ALL - in writing;

- pNET/Ewings – 9364/9260 - Kidney, H&N, Malignant Brain/CNS Chapters.
- keratinizing SCCa/SCCa NOS – keratinizing SCCa – 8071/8070 – H&N Chapters - Keratinization in H&N Tumors is a prognostic indicator...those with keratinization (8071/3) have better prognosis and are less likely to have basaloid features and less likely to be HPV/P16 positive tumors...all leading to improved survival... but, we need to be sure keratinizing squamous cell is coded.

(Continued on page 18)



## QUESTIONS? ANSWERS. and CLARIFICATION

*(Continued from page 17)*

- NSCLC/Carcinoma, NOS – 8046/8010 – we still see in Florida about 1000 cases of NSCLC on path without further designation or testing – but, we cannot track the NSCLC anymore now that registrars are coding to 8010 to be able to TNM these cases.
- Coding Neuroendocrine Tumors and Neuroendocrine Carcinoma and Specified Subtypes – 8240/8246/all subtypes Coding Cholangiocarcinoma/Adenocarcinoma, NOS for hepatopancreatobiliary tumors.
- Coding Ductal adenocarcinoma/adenocarcinoma NOS for pancreatobiliary tumors
- 8504/2 intracystic (papillary) carcinoma – will this be site-restricted or site-associated or for both pancreas and breast?
- Invasive versus Noninvasive/In-situ versus benign and not reportable – thyroid and EUS diagnosed pancreatobiliary tumors without biopsy
- Need addition guidance on the Thyroid and Pancreas histology/behavior and reporting changes
- P16/HPV mediated – what a mess – and which sites can you use 8085/8086 and which cannot – and rules are different for coding histology than using chapters for P16 versus HPV-mediated.
- Clarify Classification and Reporting of CIN II becoming /2 – when and why? This has also come up with recent requests for our central registry to re-start capturing CIN II and CIN III and CIS of cervix which has been N/R since 1996. Confused and Concerned.
- Need to remind and promote changes in reporting Glomus Jugulare Tumors and Paraganglioma.
- Changes to Langerhans back to /1 (again) after changing to /3.
- Some of the lymphoproliferative disorders changing from /1 to /3 since we did it then pulled back and now we will change to /3 again. This will be confusing since only a few LPD will be reportable and most will not be reportable.
- Codes 8020/8021 of thyroid - allow both since registrars will continue to code both or restrict to 8020 or 8021 – and which one.
- Clarify use of code 8337/3 for thyroid carcinoma, poorly differentiated as identified in the ICD-O-3.2 tables – no STM instructions available.
- Use of 8148/2 and high grade glandular intraepithelial neoplasia of colon and the other 8148/2 conditions like esophageal, prostatic, biliary, esophageal or other glandular intraepithelial neoplasia grade III's.



## QUESTIONS? ANSWERS. and CLARIFICATION

### Site Help

#### Question:

Pathology states: left neck excision: mets carcinoma to a lymph node ... adenoid cystic carcinoma, 0.6cm, focally infiltrates a peripheral nerve

I originally used C05.0 - per the ICD book, it said with that histology use that site - CRStar won't take it

I asked my mentor for help I also used C11.1 and C06.9 and didn't work.

#### Answer:

This case would qualify as C76.0 unknown head and neck primary because of the histology (adenoid cystic carcinoma) and the fact that there is a positive neck node and no evidence of a primary tumor with 8200/3 histology per the AJCC Cancer Staging Chapter 6 Histology Inclusion Table

It is probably a primary of the salivary glands or lacrimal gland or skin of the head and neck region – but, we cannot presume this with the limited information available on this case.

Adenoid cystic carcinoma is a cancer of secretory glands...but, you have secretory glands all over the place – glands that secrete something. So, a positive neck node hints at a salivary gland or lacrimal gland primary or even a skin of head and neck primary. But, we cannot make an assumption based only on this limited amount of information. But, we now allow for C76.0 for specific histologies that meet specific criteria – and this case does qualify based on positive neck node and the histologic type identified.



## **NAACCR SURVEY COURSE: UNDERSTANDING POPULATION-BASED CANCER REGISTRIES COURSE**

<https://education.naaccr.org/products/survey-course-understanding-population-based-cancer-registries-course>

The NAACCR Survey Course is a self-paced web-based learning series aimed at broadening the student's understanding of Population-Based Cancer Registries (aka; Central Cancer Registries). The series consists of four (4) topic areas with multiple modules under each topic. Each module was developed by NAACCR members who are recognized experts on the topic they present. Each module consists of a short recording and slides associated with the recording. Topics are periodically updated as necessary. We recently added the seven (7) modules under Data Management modules 1-7.

This self-paced series is about Central Cancer Registry Practices in general and are not specific to Florida or any hospital specific requirements.

The modules are free and are available to anyone with a MyNAACCR account! Just click on the link above and login.

The course does help fill in some of the blanks where hospital and central registries diverge and helps the student to better understand 'why' central cancer registries operate the way they do in conjunction with hospitals and health departments – and to help the abstractor/registrar/manager see the bigger picture.

If you have any questions or comments, you can leave them in the discussion tab.

### **Introduction to Cancer Registries and Cancer Surveillance**

1. Public Health Surveillance Introduction & Fundamentals
2. Establishing an Effective Population-based Cancer Registry System

*(Continued on page 21)*



*(Continued from page 20)*

### **Registry Operations**

1. Casefinding
2. Follow-up
3. Data Editing
4. Record consolidation
5. Death clearance

### **Registry Management**

1. Registry Development
2. Data Quality and Completeness
3. Ethics & confidentiality
4. Data Management – IT resources
  - Module 1 – Course Introduction
  - Module 2 – Managing Central Registry's Data
  - Module 3 – Infrastructure
  - Module 4 – Security
  - Module 5 – Electronic Documents and Standards
  - Module 6 – Interoperability
  - Module 7 – Registry of the Future
  - Module 8 – Course Summary

### **Uses of Population-Based Registry Data**

1. Calculation and Assessment of Survival Rates
2. Calculation and Assessment of Cancer Incidence
3. Using Central Cancer Registry Data for Cancer Control and Cancer Research

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Florida Statewide Cancer Registry

Florida Cancer Data System



To Our Florida Cancer Registrars:

NAACCR has always encouraged participants to view their live webinars in a group setting.

However, due to the current situation with COVID-19 viewing the webinars as a group is not recommended.

FCDS recommends that ALL 7 Florida Host Facilities and ALL Individual Florida Cancer Registrars who attend NAACCR Webinars occasionally or routinely view the recorded sessions via FLccSC rather than attending in small or large groups, individually registering for each webinar, or overwhelming NAACCR with Florida Registrations. FCDS does not want to confuse or complicate how FCDS pays for your attendance at one or more NAACCR Webinars in group settings. Individual registrations will be confusing, cumbersome, and you may be charged for attendance.

You will not be able to register for upcoming NAACCR Webinars on the FCDS website until further notice... we have removed all registrations.

FCDS will continue to provide the webinar series – but, only in recorded sessions. You MUST be registered in both IDEA and FLccSC to view the recordings. You may view recorded NAACCR Webinars via FLccSC 24 hours a day, 7 days a week – from your desktop at home or in your office.

It may take up to 2 weeks following the ‘live’ NAACCR Webinar for FCDS to obtain the recording links and all webinar materials and to get them posted on FLccSC. So, please be patient...the recordings and materials will be posted in FLccSC as soon as NAACCR makes them available to FCDS.

If you are not already a registered FLccSC User – please follow the instructions below to get signed up. You must have an FCDS IDEA Account, first.

FCDS encourages ALL Florida Registrars access FLccSC via your personal FCDS IDEA Account and use the Education/Training Tab to automatically redirect your access to the FLccSC Learning Management System. This way our two systems (IDEA and FLccSC) can communicate with one another.

*(Continued on page 23)*

FCDS will continue to provide education and training during these difficult times. However, how we will be providing information, education and training using electronic communications until the COVID-19 crisis has passed or until further notice. So, please read ALL emails that come from FCDS regularly – or you will be out of touch with important FCDS Information, Conferences, Webinars, Updates, etc. Email is very important today

1. **Create an FCDS IDEA User Account** by clicking on the FCDS IDEA icon from the main FCDS webpage. Follow the onscreen instructions to Create New User.
  - a. Your new FCDS IDEA Account will give you minimal privileges in the FCDS IDEA secure data sharing portal – and is your direct access into FLccSC, Florida’s online learning management system. It is also where you can be granted access permission to work on hospital-specific data or cases – or to upload batches of cases.
  - b. FCDS IDEA is also where you can directly access FLccSC, Florida’s learning management system – which houses the NAACCR Webinar Recording Links and CEU Quiz Links, FCDS Abstractor Code Test, FCDS Webcast Recordings and CEU Quizzes, and other cancer registry training ‘courses’.
  - c. Remember the email address you are using to create your FCDS IDEA User Account – you will need the same email address to create a FLccSC User Account.
2. **To get into FLccSC from FCDS IDEA** - you first login to FCDS IDEA, then go to the Education/FCDS Tools menu in IDEA and click on the FLccSC – Learning Management System menu selection.

FLccSC is a separate software that is linked to FCDS IDEA and is where you will find the NAACCR Webinar Recording Links and CEU Quiz Links, FCDS Abstractor Code Test, FCDS Webcast Recordings and CEU Quizzes, and several other cancer registry training ‘courses’. The ‘courses’ are grouped by Category to help you locate specific ‘courses’. Once you are in the FLccSC System – you can view courses, enroll in courses, take courses, take quizzes, and get CEU Certificates.
3. **Once you are in the FLccSC system – you will need to create a FLccSC Account. You MUST use the same email address to register in FLccSC that you used for your FCDS IDEA registration.**
  - a. If you do not use the same email address – the two systems get confused and cannot track you.
  - b. Once you are registered, it is easy to go back and forth between FCDS IDEA and FLccSC using the FCDS IDEA Menu selection under Education / FCDS Tools.
4. Following approval of new user accounts – you should now be able to see and access “Available Courses”
5. Click on the ‘course’ or ‘webinar’ you wish to take and ‘enroll’ in the ‘course’ to get started.
6. Follow the Instructions all the way until you take & pass the test – and can print a Certificate of Completion as available.

If you have any questions, please contact Steven Peace @ FCDS – 305-243-4601 or [speace@med.miami.edu](mailto:speace@med.miami.edu)



## EDUCATION AND TRAINING

# NAACCR Cancer Registry and Surveillance Webinar Series Registration



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 2019-2020 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)

\*\*\* In person attendance cancelled until further notice. Please Login to FCDS IDEA->Education->FLccSC Learning Management 2 weeks after webinar to watch recordings and get CEUs \*\*\*

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

DATE	TOPIC
*10/3/19	Breast 2019
*11/7/19	Bladder and Kidney 2019
*12/5/19	Base of Tongue 2019
*1/09/20	Prostate 2020
* 2/6/20	SSDIs an In-Depth Look
*3/5/20	Abstracting and Coding Boot Camp 2020
4/2/20	Melanoma 2020
5/7/20	Central Nervous System 2020
6/11/20	Esophagus 2020
7/9/20	Navigating the 2020 Survey Application Record (SAR)
8/6/20	Corpus Uteri 2020
9/3/20	Coding Pitsfalls 2020

### NAACCR CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES

Seven Florida facilities will host the 2019-2020 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 2019 FCDS Annual Conference:

CE Hours: 9.5  
4.75 Hrs Category A

NCRA Recognition  
Number: Pending

### CEU information for the 2018 FCDS Annual Conference:

CE Hours: 8.25  
5.5 Hrs Category A

NCRA Recognition  
Number: 2018-143

# Florida Cancer Data System

## Cancer Reporting Completeness Report



### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF MARCH 31, 2020

Total number of *New Cases* added to the FCDS Master file in March 2020: **47,608**

*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
2019	40,370	372	51	10,302	98	Pending	58,193	<b>11,331</b>
2018	197,975	4,870	169	12,722	13,563	Pending	229,299	<b>32,937</b>
2017	216,473	9,287	2,050	13,293	25,335	<b>2,021</b>	268,459	<b>3,340</b>
						<u>Actual</u>	<u>Expected</u>	
% Complete for:			2019	23%	75%			
			2018	92%	100%			
			2017	100%	100%			

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



## 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.

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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