

The Florida Cancer Data System's Memo

OCTOBER 2020



2020 FCRA/FCDS Joint Virtual Annual Meetings

The FCRA and FCDS Task Force and both Annual Conference Planning Teams worked together during July and August to bring our registrars a complete set of two annual meetings to your personal desktop over 2 sets of Sessions that include 4 webinars - 2 hours each - for a total CEU Count of 6.5 CEUs for FCRA Sessions (2.75 of which meet Category A Requirements – NCRA Program Recognition # 2020-093); and 7.25 CEUs for FCDS Sessions (1.5 of which meet Category A Requirements – NCRA Program Recognition # 2020-090).

Some of the FCRA Sessions and all of the FCDS Sessions are available to view as recordings on the FCDS Education Webpage (NOT FLccSC – FCDS Education). You can still earn some CEUs if you missed the conferences. Most of the FCRA Sessions are not available as the speakers would not provide permissions to reproduce their materials or their recordings – so, we only have 3 sessions from FCRA available.

CEU Certificates for BOTH conferences are available on the FCDS Education:
<https://fcds.med.miami.edu/inc/educationtraining.shtml>

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 10/1/2020.

FCDS/NAACCR
WEBINAR SERIES:
NAACCR 2020-2021
Cancer Registry and Surveillance Webinar Series - Lung 2020 11/5/2020 . ***
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

(Continued on page 2)



Florida Cancer Data System Deadlines, Updates, & Reminders

(Continued from page 1)

We are grateful to all of the work that went into these virtual conferences...they are nearly as much work as in-person annual conferences. But, these definitely paid off with attendance...and the 'free' price was right.

NCRA Log #	Date	Name of Event	Sponsor	Type	Participants	CEUs	Cat A CEUs
2020-093	7/9/2020	FCRA Annual Conference - Session 1	FCRA	webinar	170	1.75	0
2020-093	7/16/2020	FCRA Annual Conference - Session 2	FCRA	webinar	195	2	0
2020-093	7/23/2020	FCRA Annual Conference - Session 3	FCRA	webinar	201	2	2
2020-093	7/30/2020	FCRA Annual Conference - Session 4	FCRA	webinar	168	0.75	0.75
2020-090	8/18/2020	FCDS Annual Conference - Session 1	FCDS	webinar	213	1.75	
2020-090	8/20/2020	FCDS Annual Conference - Session 2	FCDS	webinar	230	1.5	0.5
2020-090	8/27/2020	FCDS Annual Conference - Session 3	FCDS	webinar	238	2	
2020-090	9/3/2020	FCDS Annual Conference - Session 4	FCDS	webinar	228	2	1



REVISED 2020-2021 FCDS Webcast Series Schedule

Date	Topic	Comments	Registration link	Webinar ID
10/29/2020 1-3PM	Sarcoma	Pediatric and adult bone and soft tissue, GYN, Ewing sarcoma/PNET, other sites	https://miami.zoom.us/webinar/register/WN_7Dwoo0SL52u4reuRTwih6g	984 0550 0782
11/19/2020 1-3PM	Skin Cancers	Melanoma, Merkel cell, GYN sites, T-cell and B-cell lymphoma, Kaposi sarcoma, sebaceous gland carcinoma, dermatofibrosarcoma protuberans	https://miami.zoom.us/webinar/register/WN_2lg94er8RummmmsOUBzsnbA	931 8429 6658
12/17/2020 1-3PM	Oral Cavity, Oropharynx, Salivary Gland	P-16, HPV+, HPV-, Anatomy, Types of Cancers, Methods of Spread, Use and Misuse of C76.0	https://miami.zoom.us/webinar/register/WN_w0EIPYjpTSy4Usspk_byTw	933 4418 7798
1/21/2021 1-3PM	Pediatric Cancers	ALL, CML, Brain/CNS Tumors, Ewing Sarcoma, Osteosarcoma, Rhabdomyosarcoma, Neuroblastoma, Langerhans Cell Histiocytosis, Wilms' Tumor	https://miami.zoom.us/webinar/register/WN_CNP7JuCcRLmzqVhTIYvnjw	991 3951 3218
2/18/2021 1-3PM	Upper GI Tract	Esophagus, stomach, small intestine, pancreas, liver and biliary tract	https://miami.zoom.us/webinar/register/WN_U2BG_33OR3O6ZlaHceXT2g	924 1666 8653



Florida Cancer Data System Deadlines, Updates, & Reminders



2020 Cancer Reporting Deadline

The Deadline for reporting all 2020 cases is **June 30, 2021**.

FCDS will allow the reporting of **2020** cases beginning **October 1, 2020**. There have been no changes to the **2020** reporting requirements.

Thank you for your continued support. If you have any questions, please do not hesitate to contact your FCDS Field Coordinator.



New CTRs Florida



Laurie Baker, Melbourne Beach

Curtis Burner, Port Orange

Molly Dyer, Tampa





Florida Cancer Data System Deadlines, Updates, & Reminders



FCDS Idea

The New FCDS IDEA Application Coming Soon!

The FCDS will be transitioning the FCDS IDEA to a new loadable application on November 2, 2020 .

This transition is necessary to keep IDEA running properly. The current FCDS IDEA browser version will not work after December 6, 2020. Please take the month of November to install the new application. If you have not installed the new application by December 6 , 2020, the current browser FCDS IDEA will direct you to download the new FCDS IDEA application.

The FCDS will be providing specific instructions on the process and installation.

The process is expected to be simple where you will be able to download the application and automatically install it. An icon will be placed on your desktop for you to access FCDS IDEA. The new application will need to be installed on every computer you use FCDS IDEA.

Should you encounter any problems during installation, please contact Mark Rudolph at mrudolph@med.miami.edu



ICD-O-3.2 Clarifications

ICD-O-3.2 is the national standard starting 1/1/2021. ICD-O-3.2 has been the FCDS Standard since 2018.

FCDS made the decision back in 2019 and sent out a blast email and an entry in the FCDS Memo that Florida would be upgrading to complete ICD-O-3.2. FCDS even had a webinar on 9/19/2019 as an ICD-O-3 Coding Intensive to stress the change to the complete ICD-O-3.2 despite the standard setters waiting until 2021 to do this. The webcast is still available in FLccSC in case you missed it. Use the ICD-O-3.2 Excel File, please.

Florida was 2 years ahead of the game because we did not want to ask or require registrars to look in 7 places to arrive at a valid ICD-O histology code. Once we heard Jim Hofferkamp trying to explain looking in 7 different places to find the correct code; we just knew we couldn't ask our Florida Registrars to follow this.

FCDS decided we had to simplify the instructions to one lookup location...the single location is the ICD-O-3.2 Histology Table available on the WHO Website. You still have to also use the Solid Tumor Rules and Hematopoietic Rules and Database which are being updated for 2021 to allow a few newly added codes that we already have in our ICD-O-3.2 spreadsheet. But, we just could not require registrars to look in 7 places.

SEER and CoC/AJCC posted a 'joint' resolution blast email back in June 29, 2020. But, these emails provided guidance and instruction 3 years after registrars started using different coding rules for histology based either on the Solid Tumor Rules or the AJCC Staging Manual, 8th ed.

BUT, the instructions were all out of synch and causing problems for central registries and hospital registries since SEER/NPCR and CoC/NCDB had different instructions for coding common histologies to meet staging criteria. It was a huge mess and still is. So, they sent yet another 'clarification' email with recode instructions.

SEER and AJCC have published a recode listing for anybody ambitious enough to recode some of these changes in ICD-O-3 codes...but, most folks won't waste the time to do this...the changes are only for AJCC TNM inclusion criteria. FCDS still has edits to keep some of the new codes/old codes valid until 2020.

(Continued on page 6)

(Continued from page 5)

There are also still some edits that will not allow you to use a few codes in the ICD-O-3.2...or they have to be FORCED like the new 8046 (NSCLC-lung) edit that is ridiculous and AJCC wants all cases recoded to 8010.

There will be valid edits until 2021 cases because the codes are not yet 'valid'. Starting in 2021 they will be valid and will still be used with the Solid Tumor Rules and/or the Hematopoietic Database for coding every histology on every case.

FCDS will allow either old or new codes to be used until everybody is back on the same page in 2021. FCDS may have to FORCE some of your histology codes for this reason...don't be surprised with goofy histo edits.



June 29, 2020

The American Joint Committee on Cancer (AJCC) and the Surveillance, Epidemiology, and End Results program of the National Cancer Institute (NCI SEER) are dedicated to the collection of meaningful cancer data for patients, medical providers, and researchers. On occasion, data collection requirements of AJCC and NCI SEER have resulted in conflicting cancer coding instructions for cancer registrars. The purpose of this message is to assure you that the two organizations, along with other standard setters and stakeholders (CoC, NPCR, NCRA, NAACCR, CAP), are working together to minimize discrepancies.

The World Health Organization (WHO) series, Classification of Tumours (aka "Blue Books") is the principal resource for tumor histologic types in the development of the NCI SEER Solid Tumor Rules, the AJCC Cancer Staging System, and the College of American Pathologists (CAP) Cancer Protocols. The International Classification of Diseases, Third Edition, for Oncology (ICD-O-3) has been used for cancer surveillance since 2001 and it remains in use for current cases; however, ICD-O-3 is not aligned with the more recent WHO Classification of Tumours publications. ICD-O-3 is the current NAACCR standard for classifying primary site, histology, and behavior for cancer registries in North America. ICDO-3.2 will be implemented in the United States in 2021 and will align the cancer surveillance community with the current WHO Classification of Tumours used by physicians. AJCC and NCI SEER will work closely together to implement ICD-O-3.2 to minimize issues affecting cancer registrars.

Pathologists using current terminology from the WHO Classification of Tumours, in some instances, have a different histologic code associated with the term. In these scenarios, the current code may differ from than what registrars continue to use from the ICD-O-3 reference. These new histologic codes have been incorporated into the AJCC Staging System and the electronic CAP Protocols. When a histologic code is removed from the WHO Classification of Tumours, it means that the code should no longer be used by pathologists. The registry community is continuing to use ICD-O-3 codes for consistency rather than adopt the codes from the WHO Classification of Tumours.

(Continued on page 7)

(Continued from page 6)



The registry community's adoption of new histologic codes often takes a period of time. Registrars must continue to code the histology based on the wording stated in the medical documentation.

The 8th Edition AJCC Cancer Staging System is in alignment with the WHO Classification of Tumours, in determining which histologies are eligible for AJCC staging.

All cancer registrars in the United States must follow the instructions found in the SEER Solid Tumor Rules manual to ensure that data collected across the nation are consistent and valid when combined for national reporting.


Instructions for Cancer Registrars regarding Histology Terminology and Coding

Cancer registrars should always code the histology strictly based on the terms used by the pathologist (or managing physician if a pathology report is not available), not based on whether a case is eligible for AJCC staging.

Cancer registrars should assign the histology code independent of and before assessing eligibility to stage the case.

Do not assess eligibility for AJCC staging until you have assigned the histology code. AJCC and NCI SEER ask cancer registrars to disregard web postings or any other instructions contrary to the above-mentioned principles.

See the case review instructions below for specific instructions about reviewing cases already coded.

In the coming weeks, AJCC and NCI SEER will work to ensure [CAnswer Forum](#)  answers direct registrars to use the SEER Solid Tumor Manual rules. [Ask A SEER Registrar](#) is the website to ask questions and research clarifications regarding histology coding rules. AJCC and NCI SEER will continue our important collaboration and involve other national standard setters and cancer registry stakeholders. Ultimately, we are all striving for the same goal: reliable, accurate cancer data.

Case Review Instructions

Date of Diagnosis: 1/1/2018 to current date

Query database using site codes (if applicable) and ICD-O code listed in column 2 in the table

Review pathology for each case identified to determine if the histology code should be changed per the instructions in column 3

Update the case as needed.

We recommend documenting in the text field changes were per NCI/AJCC review instructions dated ___/___/2020

Note: The core histology coding issues are listed in the table. If you are aware of other cases in your registry, where histology was coded in order to assign TNM, we ask that you correct them as well.

(Continued on page 8)



Site(s)	ICD-O	Instructions code
C34.0 – C34.3, C34.8 – C34.9	8010/3	Review lung cases coded 8010/3 to determine if the pathology diagnosis is non-small cell lung carcinoma (NSCLC) . If this is the only available diagnosis and the case does not meet any criteria in Solid Tumor Lung Rules H3 or H12, change histology to 8046/3. Changes to other data fields may be required based on the updated ICD-O code .
C25.0 – C25.4; C25.7 – C25.9	8500/3	Review cases coded 8500/3 to see if pathology diagnosis is adenocarcinoma, NOS . If yes, change histology to 8140/3. Changes to other data fields may be required based on the updated ICD-O code.
C22.1	8160/3	Review cases coded 8160/3 to see if pathology diagnosis is adenocarcinoma, NOS . If yes, then change histology to 8140/3. Changes to other data fields may be required based on the updated ICD-O code.
All sites	9364/3	Review cases coded 9364/3 to see if pathology diagnosis is Ewing's Sarcoma . If yes, change histology to 9260/3. Changes to other data fields may be required based on the updated ICD-O code.
C10.1; C32.0 – C32.2; C32.8- C32.9; C30.0; C31.0 -C31.3; C31.8 – C31.9; C11.0 – C11.3; C11.8 – C11.9; C12.9; C13.0; C13.1; C13.2; C13.8; C13.9; C01.9; C02.4; C05.1; C05.2; C09.0; C09.1, C09.8; C09.9; C10.0; C10.2; C10.3; C10.8; C10.9;	8070/3	Review cases coded 8070/3 to if the pathology diagnosis was either Squamous cell carcinoma, keratinizing (8071/3) or squamous cell carcinoma, non-keratinizing (8072/3) . If yes, change to the applicable ICD-O code. Changes to other data fields may be required based on the updated ID-O code.



Coding Primary Site for Uterine Sarcoma

FCDS has noted over the years that registrars tend to code 'uterine sarcoma' to C55.9 (uterus, NOS) as the primary site, regardless of the type of sarcoma or the actual location of the primary tumor. These neoplasms are actually endometrial sarcomas. They arise from the myometrium which is where you find the muscle cells of the uterus, not the lining of the endometrium which is where you find endometrial ducts and glandular or secretory cells, adenocarcinoma, mucinous adenocarcinoma, or other subtypes of adenocarcinoma.

The endometrial wall consists of an inner layer or lining called the endometrium and an outer layer of tissue called the serosa that encases the uterus from the outside. The middle layer is a thick layer of muscle called the myometrium. This thick muscle layer is used to push a baby out during childbirth. Different tumors arise from each of these different layers...they are not all endometrium, NOS primary and NONE are uterus, NOS primary.

Adenocarcinoma of the endometrium is the most common endometrial cancer. Adenocarcinoma arises from the glandular layer of the endometrium. The endometrial glands form enzymes, growth factors, hormones and other substances as part of the functional endometrium. Glandular tumors are always adenocarcinoma.

Adenosarcoma or carcinosarcoma is the second most common neoplasm of the endometrium. It is a mixed tumor that has both adenocarcinoma and sarcomatous elements. It may also be referred to as a mixed mesodermal tumor or a malignant mixed müllerian tumor. Adenosarcoma also arises from the endometrium. However, adenosarcoma often involves both the endometrial layer and myometrial layer of the endometrial wall. This is also why mixed adenosarcoma is included with adenocarcinoma for staging of these cancers in AJCC TNM. These neoplasms should have a primary site code of endometrium (C54.1)

Pure sarcoma of the uterus is a much more rare neoplasm that arises in the muscular layer of the uterine wall which is called the myometrium (C54.2). Leiomyosarcoma of the uterus arises from the myometrium, always. These tumors tend to be very aggressive and spread quickly. It is the most common endometrial sarcoma.

Endometrial stromal sarcoma actually arises from the endometrial stroma or connective tissue that supports the endometrium. The primary site is endometrial stroma which has the same code as endometrium, C54.1. These cancers are rare and usually low grade. However, they can be high grade and hard to treat or control.

Finally, undifferentiated sarcoma is another sarcoma of the uterus. These tumors can arise either from the endometrium or myometrium. So, it is important to identify the layer from which the tumor is growing. These tumors are also aggressive and have a poor outcome.

Please be aware that uterus/endometrium/myometrium/

SEER*Educate Announcements

For July 2020

Mary Potts, RHIA, CPA, CTR

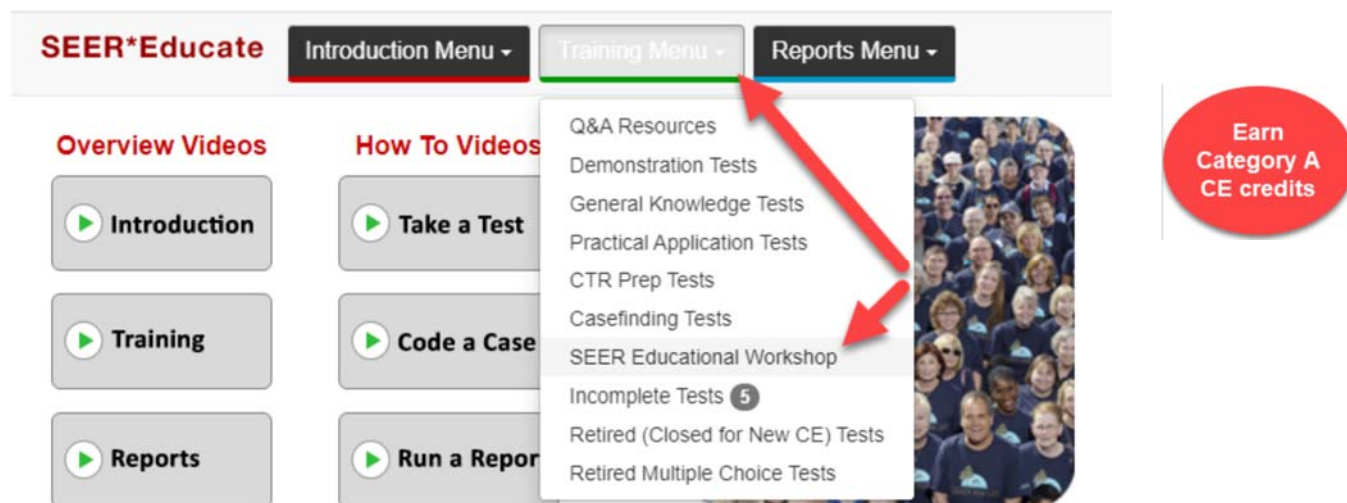
Director, SEER*Educate

Fred Hutchinson Cancer Research Center, Cancer Surveillance System

Learn by Doing: SEER Workshop and Casefinding (path and scan sources)

SEER Workshop

The SEER Workshop will be held virtually this fall. (SEER to provide more details later this summer.) For those planning to attend, please complete the associated exercises by August 31, 2020. The responses to these exercises will be used to determine which cases should be discussed in greater detail during the workshop.



CEs for completion of these coding exercises have been awarded by NCRA. CEs for completing the exercises are separate from the CEs awarded by attending the workshop.

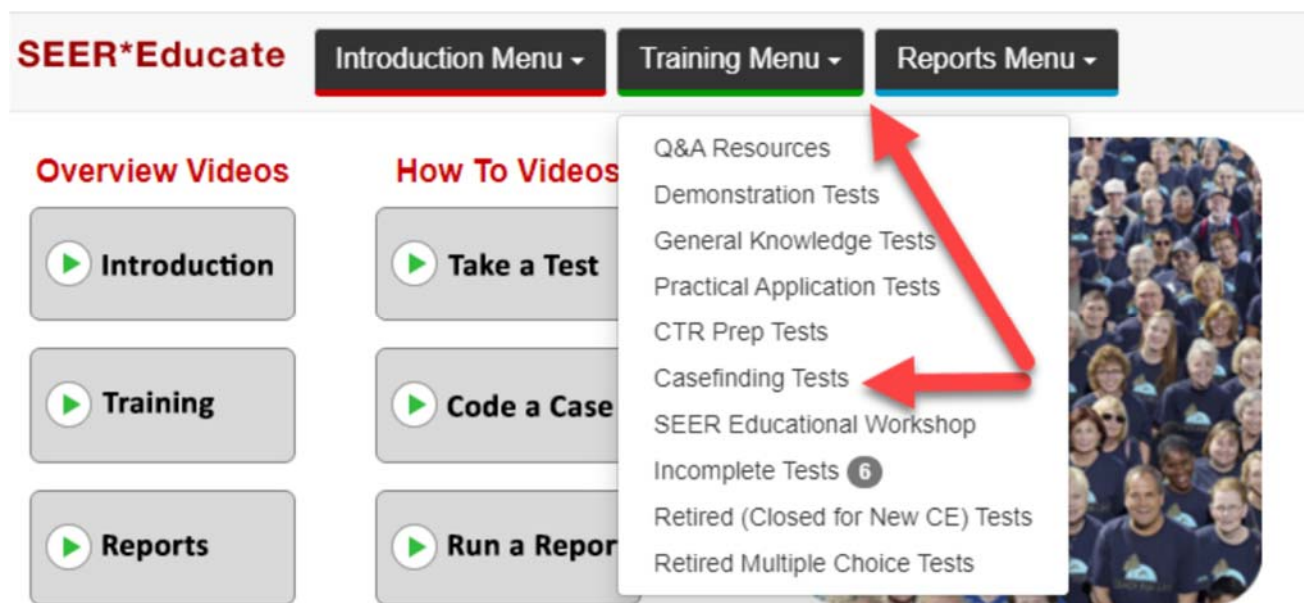
- NCRA-037, 20 exercises, 3.0 CEs, Dx 2018 Histologies - Solid Tumors
- NCRA-036, 10 exercises, 1.5 CEs, Dx 2018 Histologies - Heme

For each of those two series, all the exercises for the series must be completed for the CE award. (Partial credit on the case coding will not be awarded.) In addition, a minimum score of 70% is required on each exercise for the CE award. You may retake exercises as necessary.

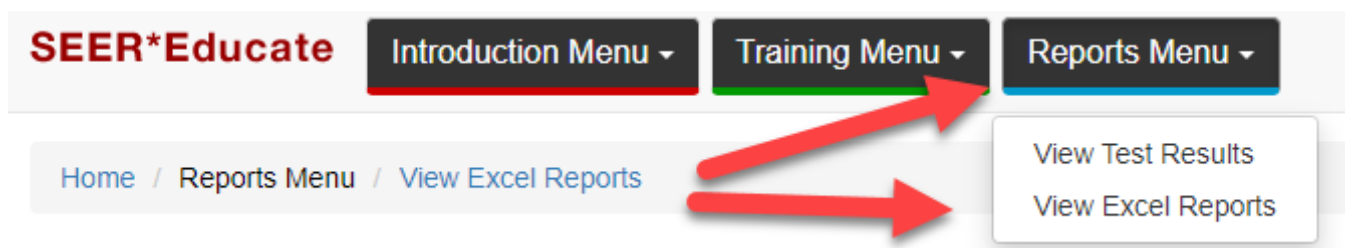
These are difficult cases selected for advanced training for registrars, but also selected to challenge the coding guidelines – looking for errors, omissions, and ambiguities. Please read the general guidelines of the appropriate manual before you begin working on these exercises.

We do not intend for workshop participants who are experienced registrars to spend more than 8 to 10 minutes per exercise, completing the coding and then reading through the rationale. Newer registrars may find completing an exercise takes a bit longer.

Where do I find them? Under Training Menu, Casefinding Tests



Is there a report? Under Reports, View Excel Reports



Are there CEs? No

No CEs are available for the path practicum exercises; however, going through one set of 100 path reports can be beneficial even for experienced registrars if your schedules permit.

Casefinding – Scan sources

Users requested casefinding exercises be developed with non-path sources. The scan casefinding modules will be released in October, November and December 2020. There will be 50 cases in each monthly module release.

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

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

Casefinding – Path sources



How many batches of path exercises are we doing?

Your path practicum tour concludes with Practicums 09-12 released in July 2020.

Under the Training Menu in SEER*Educate is a Casefinding Page with pathology reports to train staff in the application of SEER's reportability rules that also requires a working knowledge of the Solid Tumor Rules, Heme Rules, and ICD-O-3 coding.

During 2019, the first six practicums (600 exercises) were released. During 2020, we released an additional six practicums for a total of 1,200 path casefinding exercises.

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


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

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

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

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

Example Answer/Rationale for a Pathology Report

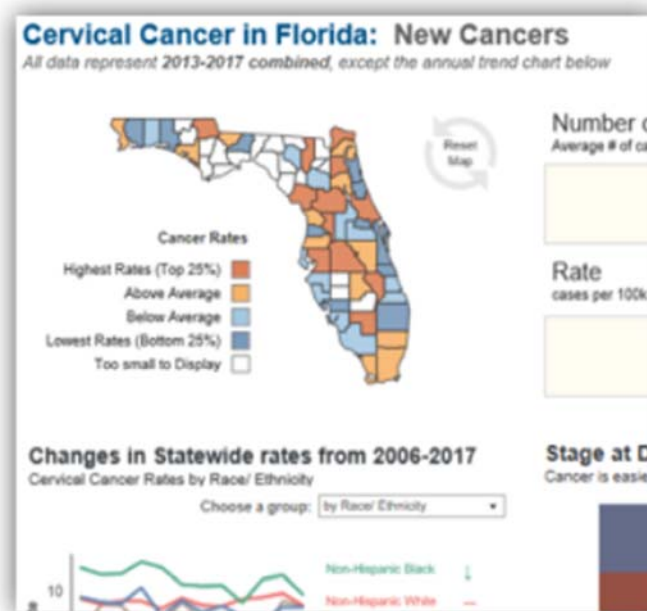
CORRECT		CRITICAL (2.00/2.00)
Data Item:	Potentially Reportable	
Response:	<input type="text" value="2"/> 	
Correct Answer:	2	
Rationale:		
<p>This case is potentially reportable for two primaries per the Final Diagnosis and the Clinical Data section of the pathology report. The Final Diagnosis of the current urethra biopsy was positive for high grade squamous intraepithelial neoplasia/carcinoma in situ. The patient's high grade squamous intraepithelial neoplasia is conclusively stated to be equivalent to in situ disease, so it is synonymous with carcinoma in situ. Carcinoma in situ is a reportable disease process per the ICD-O-3.</p> <p>The Clinical Data section of the pathology report states the patient has a history of erythroplasia of Queyrat that was previously treated. Queyrat erythroplasia (erythroplasia of Queyrat) is a subtype of squamous cell carcinoma in situ that arises on the penis. Queyrat erythroplasia is a reportable in situ disease process per the ICD-O-3.</p> <p>The 2018 Solid Tumor Rules, Urinary Multiple Tumors Rules, Note 2 under the Multiple Tumors header, confirms separate, non-contiguous tumors are always multiple primaries when they are in the urinary system AND in a site other than the urinary system. That is, both malignancies arise from distinct primary sites in different schemas. Therefore, a Queyrat erythroplasia of the penis (C60_) is not the same as a urinary primary (C659, C669, C67_, C680-C689). This is also confirmed by Urinary Rule M14 (Abstract multiple primaries when the ICD-O site code differs at the second (CXXx) and/or third (CXXx) character).</p> <p>This case needs to be investigated further to confirm that the patient's erythroplasia of Queyrat has been included in the cancer registry if appropriate. The newly-diagnosed intraepithelial squamous cell carcinoma of the urethra must also be investigated further since it is a reportable in situ disease process.</p> <p>Note: Central registries are required to follow back to facilities or physicians for any pathology report that mentions a reportable disease currently exists or that indicates the patient had a reportable disease diagnosed in the past if the case is not reflected in the central registry database.</p>		

CORRECT		(1.00/1.00)
Data Item:	Primary Site(s)	
Response:	<input type="button" value="C680"/> <input type="button" value="C609"/>	
Correct Answer:	<input type="button" value="C680"/> <input type="button" value="C609"/>	
Rationale:		
<p>C680 (Urethra). The urethra was specified as the primary site of the patient's current high grade squamous intraepithelial neoplasia/carcinoma in situ per the Final Diagnosis and Clinical Data section of the pathology report. Code the primary site documented in the pathology report. Code the primary site to C680 (Urethra).</p> <p>C609 (Penis, NOS). Queyrat erythroplasia has a site-associated code listed in the ICD-O-3. The site-associated code for Queyrat erythroplasia is the penis (C60_). The Summary of Principal Rules for Using ICD-O-3, Rule H (Site-Associated Morphology Terms) instructs one to use the suggested code if no site is indicated in the diagnosis. The specific penis subsite from which the Queyrat erythroplasia arose is unknown, so the primary site is coded as C609 (Penis, NOS).</p>		

DATA VISUALIZATION DASHBOARD UPDATES!

CERVICAL CANCER STATS POSTED

Check out the latest addition to the dashboard which now includes cervical cancer incidence and mortality



https://fcds.med.miami.edu/inc/statistics_data_viz.shtml



QUESTIONS? ANSWERS. and CLARIFICATION

MIBG Therapy

Question:

Can you direct me where to find information on coding MIBG therapy? I looked in the STORE manual, FORDS manual, and on the NAACCR website but can't find out how to code it.

Answer:

MIBG therapy (also called I-131 MIBG) is for high risk neuroblastoma – Dana Farber/ Memorial Sloan Kettering and about 8 others in the US.

MIBG is combined with I-131 to deliver targeted radiation therapy to the neuroblastoma.

Roughly 80-85% of neuroblastomas will absorb MIBG. There are really 2 ways in which MIBG treatment is used. In both methods, the MIBG chemical is attached to an iodine molecule that has been made radioactive. The radioactivity can be either a low-dose or a high-dose.

The low-dose radioactive form of MIBG (called I-123 MIBG) is used for x-rays that pinpoint the location of the main neuroblastoma tumor as well as to see if it has spread to other areas of the body like the bones, bone marrow, liver, lymph nodes, lungs, or brain.

The high-dose radioactive form of MIBG (called I-131 MIBG) is used for treatment.

I-131 MIBG is a very effective medication when used to treat neuroblastoma that has responded well to traditional treatments.

Once the radioactive MIBG molecule has been picked up by the neuroblastoma cell the radiation will typically kill the cancerous cell in much the same way that radiation beams are used to kill breast, lung or brain tumors.

(Continued on page 16)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 15)

The advantage to MIBG is that the radiation does not affect normal tissues to a great degree as it does given in the more traditional “external beam” method. Basically, it’s a way of targeting radiation therapy specifically to tumor cells by taking advantage of the fact that MIBG is not absorbed or used by any other cells in the body.

Source: <https://www.nationwidechildrens.org/specialties/mibg-program/mibg-treatment>
<http://www.danafarberbostonchildrens.org/innovative-approaches/mibg-therapy.aspx>

Question

When I have no information whether treatment was recommended – i.e. patient lost, no information available - I’ve used the NCCN Guidelines for what treatment would have been anticipated and coded the corresponding fields as 9, unknown. Should I be coding treatment fields as 9 or 0 when I have no information? Do I follow the NCCN Guidelines for what is standard treatment and code the treatment as unknown if given 99 or 00 not given when I don’t know if the treatment was done or not?’

Answer

Regarding the use of 9’s over 0’s for treatment...the history for registries has always had two tracks with regard to 0 or 9 (or blank) when it comes to missing information – was it not done, not available, unknown completely if done or not, or did the registrar just default to 9 and not even bother to look. So, we have fought this battle for decades. A few years back the CoC decided for RQRS that they wanted NCCN Guideline Recommended Treatments to be referenced and if the guideline recommended a specific treatment, then registrars were asked to code as 9 or unknown or recommended when unknown if given – which created even more confusion.

The problem with using 9s in treatment is that in most instances the code 9 definition has multiple meanings – not applicable, unknown if done, done but unknown type, etc. So, we are left with the question as to whether it was really unknown if given or unknown type and was given...very different answers for same code.

(Continued on page 17)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 16)

FCDS recognized that no registrars accessed or used the NCCN Guidelines to follow the CoC expectation. And we recognized there was much confusion over 9 versus 0. So, we decided that we would prefer in all cases that if you don't know if the treatment was given and you don't know it was recommended – then as far as you per your medical record – the treatment was not given – and we ask that you use code 0 – not done to avoid confusion. FCDS will usually get the information as to whether the treatment was given or not from another one of our report sources; another hospital, a specialty treatment center, or a physician office...and FCDS will supplement the abstract with the actual treatment given and confirmed from another source.

FCDS is able to do this because our reporting system is pretty robust and has been around since 1981 – and the fact that we have over 6000 reporting sources at this time from every type of cancer care affiliate you might imagine - we will usually pick up the missing treatment from whomever gave it – even if you don't have the information. It may take a year or two to get all the info – but, we get pretty complete coverage for tx.

This has improved greatly with our electronic physician case and treatment reporting system, CAPIS, which is an electronic combined e-path, mortality, physician dx and procedure claims/billing reports, etc. So, our central registry gets data on every patient encounter, every patient admission, every e-path report, etc. We don't worry about missed treatment anymore. So, the 9's are completely useless to us and are very confusing to researchers not familiar with treatment guidelines.

So, we ask that if you do not know a procedure or treatment was actually performed or administered – nobody has reported treatment given – and there is no recommendation documented to administer treatment – then do not code any treatment of any type, specific or not. The comorbidities will give indication why a treatment may not have been given – or the treatment may have been given outside of Florida.

We made the choice a long time ago not to 'clog up' our treatment with unknown values and to try to limit the NOS treatments as well such as surgery of primary site code 80 or 90 – it is better to evaluate the case in total, code the best of your ability by looking at physical exam for scars, physician reports and consults for past history or future planning and for referrals. We eventually get nearly all treatment these days.

(Continued on page 18)



QUESTIONS? ANSWERS. and CLARIFICATION

MSI

Question:

Can you please let me know if I'm coding the MSI field correctly?

LYNCH SYNDROME

MUTATION OF BRAF IS INDICATED

MLH1 & PMS2 BOTH WITH LOSS OF NUCLEAR EXPRESSION

MSH2 & MSH6 BOTH WITH INTACT NUCLEAR EXPRESSION.

SIGMOID – SIGNET RING CELL ADENOCARCINOMA

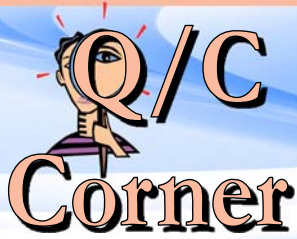
Answer:

Up to 15% of all colorectal carcinomas demonstrate MSI, more frequently secondary to acquired methylation of MLH1 (sporadic cases) than caused by a germline mutation (Lynch syndrome) When a MLH1 function is lost, immunoreactivity for PMS2 disappears. The same happens with MSH6; when the MSH2 function is lost.

The role of MLH1, MSH2 and MSH6 in the development of multiple colorectal cancers.

There is increased incidence of microsatellite instability (MSI) in patients who develop multiple primary colorectal cancers (CRC), although the association with hereditary nonpolyposis colon cancer (HNPCC) is unclear. This study aims to evaluate the underlying genetic cause of MSI in these patients.

(Continued on page 19)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 18)

Colorectal cancer (CRC) develops via two distinct genetic pathways. The 'suppressor' pathway involves loss of function of the tumour suppressor genes APC, DCC and p53, and the activation of the proto-oncogene k-ras. This accounts for 85% of sporadic CRC (Ilyas et al, 1999) and for cancers associated with familial adenomatous polyposis (FAP), that constitute 1% of all CRC (Vasen, 2000).

In the 'mutator' pathway, mutations in mismatch repair (MMR) genes such as MLH1, MSH2, MSH6, PMS1 and PMS2 lead to microsatellite instability (MSI) in genes such as TGF β RII, ILGF, E2F-4 and BAX, whose coding regions are closely associated with microsatellite DNA (Markowitz et al, 1995; Souza et al, 1996, 1997; Rampino et al, 1997).

Microsatellite instability is detected in 15% of sporadic CRC and 90% of cancers from patients with hereditary nonpolyposis colon cancer (HNPCC), which accounts for 1–2% of all CRC

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2361590/>



Florida Statewide Cancer Registry

Florida Cancer Data System



NAACCR Webinars

*The 7/9/2020 NAACCR webinar **Navigating the 2020 Survey Application Record (SAR)** recording and CEU quiz are available on the FCDS FLccSC website. See below on how to login.*

*The 8/6/2020 NAACCR webinar **Corpus Uteri 2020** recording will be available 2 weeks after.*

More details below:

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.

(Continued on page 21)



(Continued from page 20)

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.

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.
 - a. 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.

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 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
*10/3/19	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 2020-2021 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: 2019-100

CEU information for the 2020 FCDS Annual Conference:

CE Hours: 7.25
1.5 Hrs Category A

NCRA Recognition
Number: 2020-090

Florida Cancer Data System

Cancer Reporting Completeness Report



TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF SEPTEMBER 30, 2020

Total number of *New Cases* added to the FCDS Master file in September 2020: **23,971**

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
2020	3,873	0	0	5,201	0	Pending	9,074	3,917
2019	165,004	1,183	152	11,168	5,535	Pending	183,042	17,816
2018	216,348	7,073	939	13,328	23,446	Pending	261,134	2,238
				<u>Actual</u>			<u>Expected</u>	
% Complete for:				2020	4%		25%	
				2019	73%		100%	
				2018	100%		100%	

**Expected % based on 250,000 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.

PROJECT DIRECTOR:

David Lee, PhD

DEPUTY PROJECT DIRECTOR:

Gary M. Levin, BA, CTR

EDITORS:

Gary M. Levin, BA, CTR

Steven Peace, BS, CTR

Melissa K. Williams

EDITOR ASSISTANT/ GRAPHICS DESIGNER:

Melissa K. Williams

Danielle Simmons

CONTRIBUTORS:

Steven Peace, BS, CTR

Megsys C. Herna, BA, CTR

FCDS

PO Box 016960 (D4-11)
Miami, FL 33101

Phone: 305-243-4600

800-906-3034

Fax: 305-243-4871

<http://fcds.med.miami.edu>