


	<h2>Implementing Facility Oncology Registry Data Standards (FORDS) Changes for 2007</h2>
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	<h2>Overview</h2>
	<ul style="list-style-type: none"> ■ FORDS background ■ FORDS updates ■ 2007 Multiple Primary & Histology Rules ■ New Ambiguous Terminology Items ■ National Provider Identifier Codes ■ Appendix C ■ Questions

	<h2>FORDS: Purpose</h2>
	<ul style="list-style-type: none"> ■ Provides definitions and detailed instructions for coding patient diagnosis, treatment, and outcomes ■ Describes the types of cases that must be abstracted and followed ■ Explains the relationships among data items

	FORDS: Background
	<ul style="list-style-type: none"> ■ Initial release 2002 <ul style="list-style-type: none"> – Effective for cases diagnosed on or after January 1, 2003 ■ Revised 2004 included <ul style="list-style-type: none"> – Collaborative Stage – Benign Brain & CNS tumors – Comorbidity and Complications data

	FORDS: Revised for 2007
	<ul style="list-style-type: none"> ■ Required for all CoC-Approved programs ■ Start with cases diagnosed on or after January 1, 2007 ■ 2007 Multiple Primary and Histology Rules ■ New Ambiguous Terminology Items ■ National Provider Identifier Codes ■ Latest Revision download at: http://www.facs.org/cancer/coc/fordsmanual.html

	2007 Multiple Primary & Histology Rules
	<ul style="list-style-type: none"> ■ Simplify and modernize the rules for assigning histology where more than one histology appears in the patient record ■ Determining whether one or multiple case reports apply ■ Download at: http://www.seer.cancer.gov/tools/mphrules/download.html

	Date of Multiple Tumors
	<ul style="list-style-type: none"> ■ Identifies diagnosis date ■ Multiple tumors <ul style="list-style-type: none"> – Same histologic group as the original tumor – Located in the same organ or primary site as the original tumor – Use the primary site and histology coding rules. (FORDS page 99E)

	Date of Multiple Tumors
	<ul style="list-style-type: none"> ■ Separation of cases <ul style="list-style-type: none"> – Multiple recordable tumors – Present at the time of initial diagnosis – Subsequent reportable tumors ■ Date allows for tracking time interval <ul style="list-style-type: none"> – Date of the original diagnosis – First date of subsequent tumor(s)

	Multiple Tumors Reported As One Primary
	<ul style="list-style-type: none"> ■ Identify multiple tumors abstracted as single primary <ul style="list-style-type: none"> – In situ – Invasive – Combination of in situ & invasive ■ Multiple intracranial & CNS <ul style="list-style-type: none"> – Benign – Borderline – Malignant – Combination of all these behaviors (FORDS page 99G)

	Multiple Tumors Reported As One Primary
	<ul style="list-style-type: none"> ■ Multiple tumors as single primary may have worse prognosis or more extensive treatment ■ Identify important information ■ Assess the number, type and anatomic location of multiple tumors ■ Impact cancer case counts & incidence rates

	Multiplicity Counter
	<ul style="list-style-type: none"> ■ Records the number of tumors reported as single tumor ■ Multiple tumors as single primary may have worse prognosis or more extensive treatment ■ Identify important information (FORDS page 99H)

	Ambiguous Terminology Items
	<p>All case-finding sources should be reviewed to confirm whether a case is collected. If the terminology is ambiguous, use the following guidelines to determine whether a particular case should be included. (FORDS page 3)</p>

	Ambiguous Terminology
	<ul style="list-style-type: none"> ■ Apparently ■ Appears ■ Comparable with ■ Compatible with ■ Consistent with ■ Favors ■ Malignant appearing ■ Most likely ■ Neoplasm* ■ Probable ■ Suspect (ed) ■ Suspicious (for) ■ Tumor** ■ Typical of

	Ambiguous Terminology Diagnosis
	<ul style="list-style-type: none"> ■ Identifies case for which an ambiguous term is the most definitive word or phrase used to establish cancer diagnosis ■ Identifies case within an analysis file ■ Allows cases to be identified and excluded from patient contact (FORDS page 99A)

	Date of Conclusive Diagnosis
	<ul style="list-style-type: none"> ■ Records the date of conclusive diagnosis made following ambiguous terminology diagnosis ■ Must be two months following initial ambiguous terminology diagnosis ■ If within two months, does not meet "ambiguous terminology only" criteria ■ Allows for analysis of time interval between diagnosis based on ambiguous terminology and confirmation of diagnosis by conclusive means. (FORDS page 99C)

	<h2>National Provider Identifier (NPI)</h2>
	<ul style="list-style-type: none"> ■ Unique identification number for health care providers ■ Centers for Medicare and Medicaid Services (CMS) ■ Large practices required to use by May 2007 ■ Small health plans required to use by May 2008 ■ CoC-Approved programs required for cases diagnosed on or after January 1, 2008 ■ Further information at: http://www.cms.hhs.gov/EmployerIdentifierStand/

	<h2>NPI Managing Physician</h2>
	<ul style="list-style-type: none"> ■ Identifies physician responsible for overall management of patient ■ Managing physician is responsible for patient's work-up, treatment plan, and directs delivery of care (FORDS page 75E)

	<h2>NPI Following Physician</h2>
	<ul style="list-style-type: none"> ■ Records the physician currently responsible for patient's medical care ■ This physician is first contact for obtaining patient information ■ Information may be used for outcome studies (FORDS page 76A)

	NPI Primary Surgeon
	<ul style="list-style-type: none"> ■ Identifies the physician who performed the most definitive surgical procedure ■ Administrative, physician and service reports are based on this item (FORDS page 77A)

	NPI Physician #3
	<ul style="list-style-type: none"> ■ Physician involved in patient care ■ CoC recommends this be designated as physician who performed radiation therapy ■ Administrative, physician and service referral reports based on this item (FORDS page 78A)

	NPI Physician #4
	<ul style="list-style-type: none"> ■ Physician involved with patient care ■ CoC recommends this be designated as physician who performed medical oncology ■ Administrative, physician and service referral reports based on this item (FORDS page 79A)

	<p>NPI Institution Referred From</p>
	<ul style="list-style-type: none"> ■ Identifies the facility that referred the patient to the reporting facility ■ Each facility's NPI is unique ■ Number is used to document and monitor referral patterns (FORDS page 85A)


	<p>NPI Institution Referred To</p>
	<ul style="list-style-type: none"> ■ Identifies the facility to which the patient was referred for further care after discharge from the reporting facility ■ Each facility's NPI is unique ■ Number used to document and monitor referral patterns (FORDS page 86A)

	<p>NPI Following Registry</p>
	<ul style="list-style-type: none"> ■ Records the registry responsible for following the patient ■ Data item useful when the same patient is recorded in multiple registries (FORDS page 202A)

	NPI Reporting Facility
	<ul style="list-style-type: none"> ■ Identifies the facility submitting the data in the record ■ Each facility's NPI is unique ■ Number is essential to the NCDB <ul style="list-style-type: none"> – Monitoring data submissions – Ensuring data accuracy – Identifying areas for special studies (FORDS page 208A)

	NPI Archive FIN
	<ul style="list-style-type: none"> ■ Identifies the NPI of the facility at the time the case was initially accessioned ■ Essential for hospital registrars to be able to distinguish cases originally accessioned by each registry of the merged unit ■ Enables CoC to manage receipt of historical data (FORDS page 209A)

	Appendix C
	<ul style="list-style-type: none"> ■ Provides specific descriptions for <u>all</u> the revisions made to FORDS since its original publication in July 2002. ■ Reorganized to reflect changes according to the year in which they occurred. ■ Revisions listed in order in which they appear in the manual.

	<h2 style="text-align: center;">Questions?</h2>
	<p>The Inquiry and Response System http://web.facs.org/coc/default.htm</p> <p>Nancy Etzold, CTR netzold@facs.org (312) 202-5339</p> <p>NCDB NCDB@facs.org (312) 202-5085</p> 

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