CRStar Insights

FCDS Requirements for Coding Treatment Recommended/Refused

This CRStar Insight acknowledges Florida Cancer Data System's intent to reduce the number of unknown values in the treatment data. FCDS treatment edit FL3038 will no longer allow the 99 codes in treatment fields. This edit is effective for cases diagnosed in 2018 and later. For more information, please visit the FCDS website.

The FCDS memo released April 2022 and the 2022 DAM manual reports several ways to determine if treatment was recommended, refused, performed, or not performed.

Treatment is either:

1. Given (with or without details available to you)
2. Not given and not recommended / refused (is not part of any treatment plan or stated in the medical record)
3. Recommended (and stated to be recommended in the medical record by a physician)
4. Refused (recorded in the medical record in nurses' notes, physician notes, or elsewhere)

Treatment Given

- Please document all treatment given throughout the patient's course of disease. Only code the First Course of Treatment.
- **Subsequent Treatment must be documented**. Include place treatment was done if known.
- Treatment performed, recommended, or refused must be documented in the medical record by a physician or by evidence of treatment in the record.
- If a treatment was performed – per history at another facility or at your facility – you code it – even if you must code xyz treatment, NOS.
- When determining the reason the patient did not receive any treatment, it is important to consider neoadjuvant therapies given as well as assessing standard therapy for cancer.

Treatment Not Given

- No treatment is not treatment recommended / refused.
- Active surveillance is not treatment recommended / refused.
- Watchful waiting is not treatment recommended / refused.
- Treatment '99' is not a placeholder for treatment that might have been done, recommended, or refused.
- Do not guess if treatment was done, recommended, or refused.
- Do not code treatment recommended based on registrar's interpretation of treatment guidelines. **Registrars do not recommend treatment.**

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Coding Treatment Recommended, and Refused

- The treatment status field equals zero when treatment(s) is recommended, refused, or not given.
- A recommended treatment does not need or require a treatment date – and should not have one as there was no treatment.
- A recommended treatment does not count as a "treatment given" and treatment status should not = 9 when only recommended.
- When the patient refuses treatment, the first course of therapy is no treatment. Code the treatment fields to refused. If the patient later changes his/her mind and decides to have the prescribed treatment code, the treatment as first course of therapy if it has been less than one year since the cancer was diagnosed and there has been no documented disease progression.
- Code 6 to show radiation therapy was not administered - it was recommended by the patient's physician but was not administered as part of first course treatment. No reason was noted in the patient record.
- Code 8 if it is known that a physician recommended radiation treatment, but no further documentation is available yet to confirm its administration.
- Code 8 to indicate referral to a radiation oncologist was made and the registry should follow to determine whether radiation was administered. If follow-up to the specialist or facility determines the patient was never there and no other documentation can be found, code 1.
- Cases coded 8 should be followed and updated to a more definitive code as appropriate.

Complete these fields when coding treatment that is given, recommended, or refused

- Reason for No Surgery
- RX Summary – Chemotherapy
- RX Summary – BRM / Immunotherapy
- Reason for No Radiation
- RX Summary – Hormone Therapy
- RX Summary – Transplant / Endocrine

For additional information, visit the FCDS website here.

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