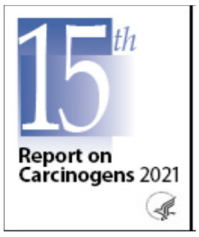
The Florida Cancer Data System's Memo

JANUARY 2022



15th Report on Carcinogens 2021 - Eight Substances Added to 15th Report on Carcinogens

News Release – **FOR IMMEDIATE RELEASE -** Thursday 23, 2021

Contact: Christine Bruske Flowers, NIEHS - 919-260-9651

DOWNLOAD A FREE COPY OF THE COMPLETE REPORT @ https://ntp.niehs.nih.gov/go/roc15

A chronic bacterial infection, a flame retardant, and six water disinfection byproducts are listed in a new HHS cancer report.

The U.S. Department of Health and Human Services (HHS) released the 15th Report on Carcinogens on December 21, 2021. The Report on Carcinogens is a congressionally mandated, science-based public health document that NTP prepares for the HHS Secretary. This cumulative report now includes 256 listings of substances

— chemical, physical, and biological agents; mixtures; and exposure circumstances

— that are known or reasonably anticipated to cause cancer in humans.

Eight substances have been added to the Report on Carcinogens, bringing the total list to 256 substances that are known, or reasonably anticipated, to cause cancer in humans. This is the 15th Report on Carcinogens, which is a cumulative report, mandated by Congress and prepared by the National Toxicology Program (NTP) for the Secretary of the U.S. Department of Health and Human Services.

(Continued on page 2)

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
V21 Metafile,
posted on 11/10/2021

FCDS/NAACCR WEBINAR SERIES:
NAACCR 2021-2022 Cancer Registry and Surveillance Webinar Series - Lung Cancer, 2022. ***** 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 *****

FCDS Florida Cancer Data System

Florida Statewide Cancer Registry

Florida Cancer Data System
Deadlines, Updates, & Reminders

(Continued from page 1)

The release of this report coincides with the 50th Anniversary of the National Cancer Act of 1971, which initiated the nation's war on cancer. In the new report, chronic infection with the bacterium *Helicobacter pylori* (*H. pylori*) is listed as known to be a human carcinogen. The flame-retardant chemical antimony trioxide, and six haloacetic acids (HAAs) found as water disinfection byproducts are listed as reasonably anticipated to be a human carcinogen.

"Cancer affects almost everyone's life, either directly or indirectly," said Rick Woychik, Ph.D., director of the National Institute of Environmental Health Sciences and NTP. "As the identification of carcinogens is a key step in cancer prevention, publication of the report represents an important government activity towards improving public health."

The Report on Carcinogens identifies many different environmental factors, collectively called substances, including chemicals; infectious agents, such as viruses; physical agents, such as X-rays and ultraviolet radiation; and exposure scenarios. A substance is listed as either known to be a human carcinogen or reasonably anticipated to be a human carcinogen, to indicate the potential hazard.

The report does not include estimates of cancer risk because many factors affect whether a person will or will not develop cancer. Those include the carcinogenic potency of the substance, the level and duration of exposure, and an individual's susceptibility to the carcinogenic action of the substance.

Chronic Infection With *H. pylori*

H. pylori is a bacterium that colonizes in the stomach and can cause gastritis and peptic ulcers. Most people do not show symptoms. Chronic infection may lead to stomach cancer and a rare type of stomach lymphoma. Infection primarily occurs from person-to-person contact, especially in crowded housing conditions, and may occur by drinking well water contaminated with *H. pylori*.

People living in poverty and certain racial, ethnic, and immigrant groups are disproportionately affected by *H. pylori* infection. Treatment of infected people who have stomach ulcers or signs of stomach infection can decrease their risk of cancer.

Antimony Trioxide

Antimony trioxide is primarily used as a component of flame-retardants in plastics, textiles, and other consumer products. Highest exposure occurs among workers who produce the substance or use it to make flame retardants.

Other people are potentially exposed to low levels of antimony trioxide from breathing contaminated outdoor air or dust from the wear and tear of flame-retardant-treated consumer products, such as carpets and furniture. State and federal agencies limit exposure to the substance in the workplace and the environment through regulation.

(Continued on page 3)

Florida Cancer Data System Deadlines, Updates, & Reminders

(Continued from page 2)

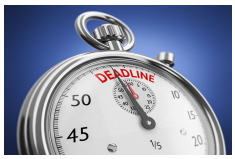
Six Haloacetic Acids (HAAs) Found As Water Disinfection Byproducts
Water treatment removes contaminants and disease-causing agents from drinking water. HAAs are formed during the disinfection of water from a reaction between the chlorine-based disinfection agents and organic matter in the source water.

Approximately 250 million U.S. residents use community water systems and are potentially exposed to HAAs in disinfected water. Municipal water systems monitor for some HAAs. Improvements in disinfection technology, such as filtration methods, can reduce the levels of HAAs in drinking water.

The following six HAAs are included in the report:

- Bromochloroacetic acid (BCA)
- Bromodichloroacetic acid (BDCA)
- Chlorodibromoacetic acid (CDBA)
- Dibromoacetic acid (DBA)
- Dichloroacetic acid (DCA)
- Tribromoacetic acid (TBA)

Official Citation: NTP (National Toxicology Program). 2021. Report on Carcinogens, Fifteenth Edition.; Research Triangle Park, NC: U.S. Department of Health and Human Services, Public Health Service. https://ntp.niehs.nih.gov/go/roc15 (EndNote XML). DOI: https://doi.org/10.22427/NTP-OTHER-1003



THE FCDS RT FOLLOW BACK AUDIT FOR 2020 IS AVAILABLE FOR REVIEW THE DEADLINE IS MARCH 31, 2022

FCDS completed the matching of the 2020 cancer cases identified by the Radiation Treatment facilities with the FCDS database. Please check the FCDS IDEA website to find the list of records needing review. Please note that the queue may also include 2017-2019 cases found through the 2017-2019 Follow Back audit process that were not previously completed. These cases are considered late and must be reported immediately to FCDS.

The deadline for the Radiation Therapy Treatment facilities to report the 2020 cancer cases identified through the Follow Back audit process to FCDS is March 31, 2022. In addition, if you find that your facility has zero records noted for 2020 in the summary table, it indicates that your cancer identification records were never reported to FCDS. The deadline was 6/31/21. Please identify and report the 2020 cancer cases ASAP.

The RT Follow Back process is an audit that is dictated and closely monitored by the Florida Department of Health (DOH). Facilities that fail to meet state-mandated cancer incidence data reporting requirement to the FCDS by the deadline are referred to the Florida Department of Health (DOH) for non-compliance.

Thank you for your attention to this important audit. If you have any questions, please contact FCDS Field Coordinator, Angel (Sam) Saskia at sangel@med.miami.edu, 305-243-2638.

Florida Cancer Data System Deadlines, Updates, & Reminders

DEADLINES, UPDATES & REMINDERS

* **FCDS DEADLINE for 2020 Case Reporting was June 30, 2021**

- **100% of All 2020 Cases (Admissions/Diagnosis) should be completed at this time.**
- **FCDS recognizes some facilities are still catching up on 2020 Case Reporting.**
- **But FCDS currently stands at greater than 80% complete for the 2020 Case Reporting Year.**
- **Be sure to submit your Attestation of Completeness once you have finished all 2020 cases.**
- **2020 Case Reporting is a reporting priority ahead of abstracting 2021 Admissions.**

* **FCDS DEADLINE for 2021 Case Reporting is June 30, 2022**

- **Registrars should be abstracting July 2021 Admissions at this time if you are 'up-to-date'.**
- **Please complete your 2020 Case Reporting before you start submitting 2021 Cases to FCDS.**
- **2021 Case Reporting should be 50% or greater by the end of January 2022.**

Thank you for all of your hard work in getting annual case reporting back on track. Great Job !!

FCDS Audits in 2022

FCDS will be sponsoring TWO FCDS Data Quality Audits during Calendar Year 2022.

- **The first audit will take place January – June 2022 – 2019 Diagnosed NET/NEC Cancers – 50% of Facilities**
- **The second audit will take place July 2022 – December 2022 – 2020 Diagnosed Myeloid/Lymphoid Neoplasms – 100% of Facilities**

FCDS will also be finalized the CDC NPCR Data Quality Evaluation of Unknown Values with Follow-Back to Hospitals in early 2022.

Thank you for your assistance and cooperation in all of the various activities sponsored by FCDS during calendar year 2022.

(Continued on page 5)

Florida Cancer Data System Deadlines, Updates, & Reminders

(Continued from page 4)

2022 FCDS Annual Meeting – Virtual-Only Event

Both FCRA and FCDS recently made the difficult decision to host Virtual-Only Annual Conferences for our respective 2022 annual meetings again this year. The conferences will be held virtually due to the ongoing Covid-19 Pandemic and the uncertainties that go with hosting an in-person multi-day series of events that would place nearly 200 registrars in an enclosed space for such a long period of time without being able to ensure every individuals health and safety.

Conference Dates and Agendas will be forthcoming as both planning committees continue their work to gather topics and speakers. Should you have any topics of interest you might like to recommend for either conference, please let either FCRA or FCDS know and we will try to accommodate your topic requests.

FCRA will most likely host two half-day webinars in early August as the '2022 Virtual Annual FCRA Conference'.

FCDS will most likely host four 2-hour webinars throughout the month of August as the '2022 Virtual Annual FCDS Meeting'.

We could not do what we do without all of your efforts to keep our statewide cancer surveillance program on track.

And, 'Thank You' for your continued support during these challenging times.

SEER*Educate Fall 2021 Release

New Coding Practice Modules
Dx Year 2021

Three additional sites (bladder, lung, and melanoma) have been released in the "Mash-Up" series which provides EOD, Summary Stage, Grade and SSDI coding practice exercises for both new and experienced CTRs. All primary sites in this series qualify for Category A CEs approved by NCRA.


SEER Program
Coding and Staging Manual 2021

Effective with Cases Diagnosed January 1, 2021 and Forward

Published September 2020

SEER

Data Quality, Analysis, and Interpretation Branch
Surveillance Research Program
Division of Cancer Control and Population Sciences
National Institutes of Health
Public Health Service
U.S. Department of Health and Human Services

Suggested citation: Adamo M, Groves C, Dickie L, Ruhl J. (September 2020). *SEER Program Coding and Staging Manual 2021.* National Cancer Institute, Bethesda, MD 20892.
U.S. Department of Health and Human Services National Institutes of Health National Cancer Institute

CTR Prep – New Material
2021 SEER Program Coding and Staging Manual
(multiple choice questions)

The ***2021 SEER Program Coding and Staging Manual*** includes data item descriptions, codes, and coding instructions for cases diagnosed January 1, 2021 through December 31, 2021 as reported by SEER registries, including hospitals reporting to SEER registries. The purpose of these multiple-choice test questions is to help you assess what you have retained from reading the *2021 SEER Program Coding and Staging Manual*. This series will be updated every February to reflect changes in the most recently released manual.

While the SEER Program Coding and Staging Manual is not on the CTR Exam reference list, this manual does cover many data item definitions, concepts and coding applications presented in the STORE manual. The SEER Manual questions in SEER*Educate will help assess your understanding of the many data items that are shared between the two manuals.

October Release: Topics covered include Reportability, Demographics, Follow-up, Administration discussed on pages 5-77, 237-264, Appendix A, B, C, D, E of the manual, and referenced links. **Available under CTR Prep.**

(Continued on page 5)

(Continued from page 6)

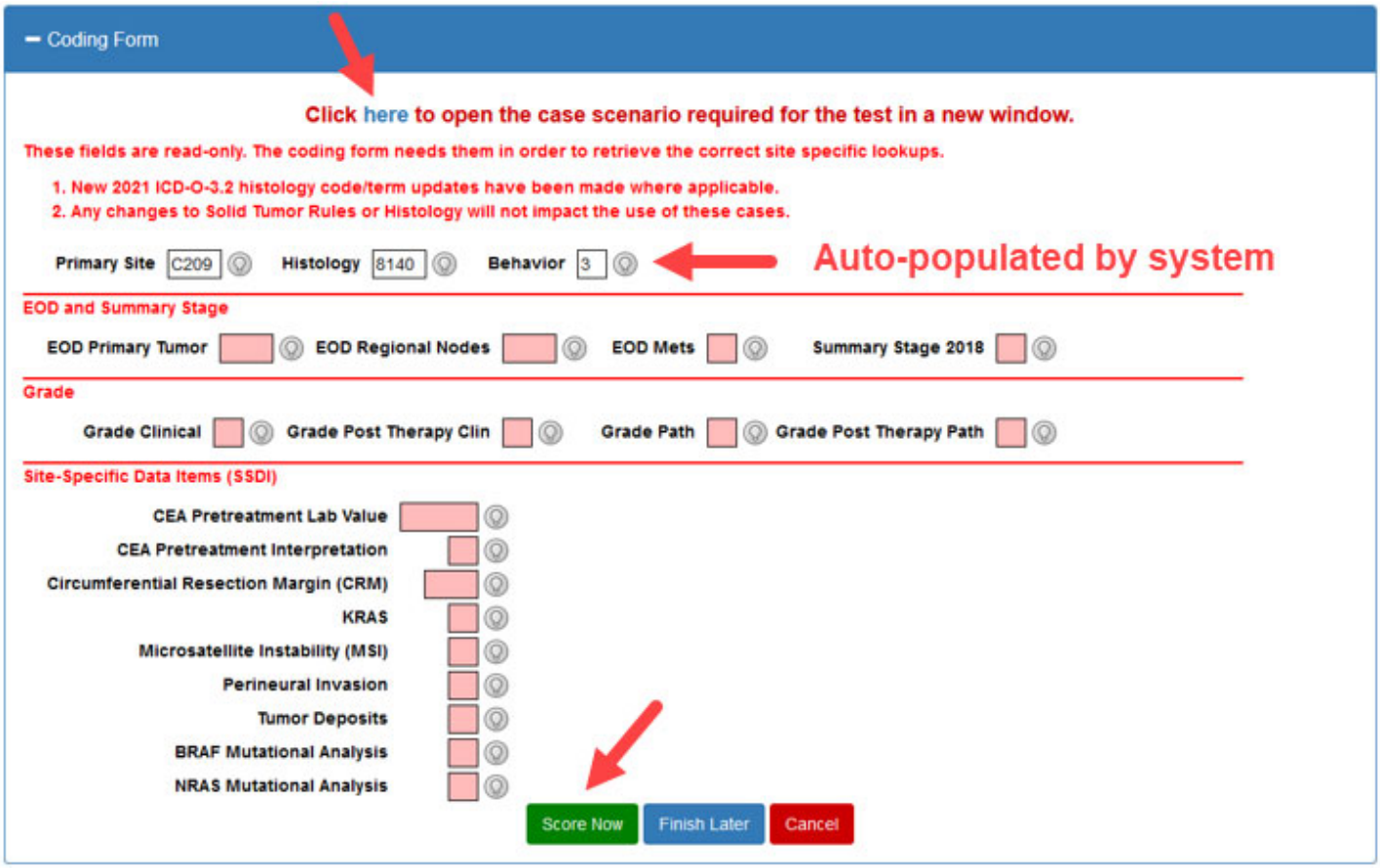
Planned November Release: Topic covered include Tumor Description and Stage discussed on pages 78-149, Appendix C of the manual, and referenced links.

Planned December Release: Topic covered is Treatment discussed on pages 150-236, Appendix C, and referenced links.

More about the Mash-Ups

We created a site-specific "mash-up" coding form to facilitate assessing coding accuracy for the Dx Year 2021 changes to EOD, Summary Stage, Grade, and SSDI.

There is a case scenario (the "Click here" link) and we provide the read-only coding for site, histology, and behavior to ensure that the correct data items and drop-downs are retrieved from the SEER*RSA. These are the same drop-downs vendor software will display to registrars. However, the page that displays before the coding form provides links to the various relevant manuals which you should also have open and available to complete these exercises.



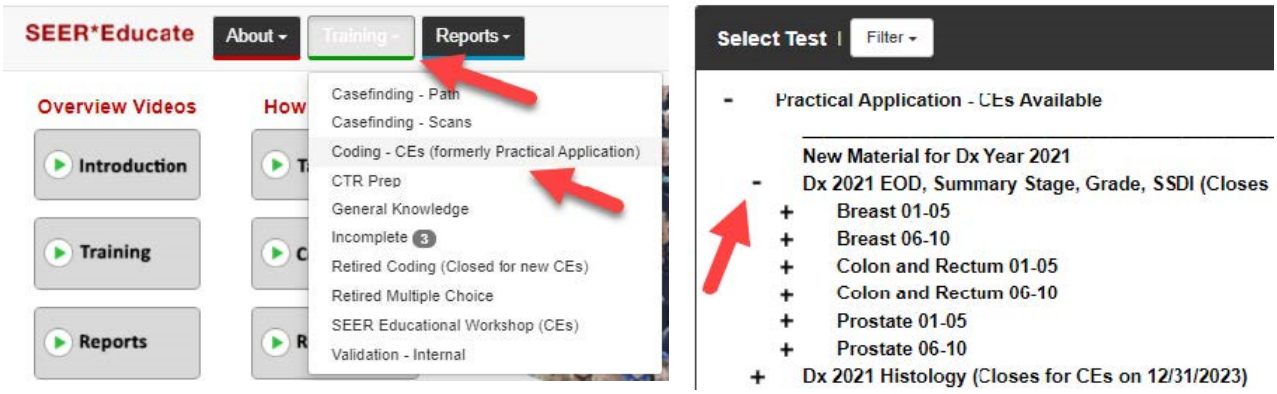
After you complete the coding form, click the Score Now button to compare your coding to the preferred answers and detailed rationales for each data item.

(Continued on page 8)

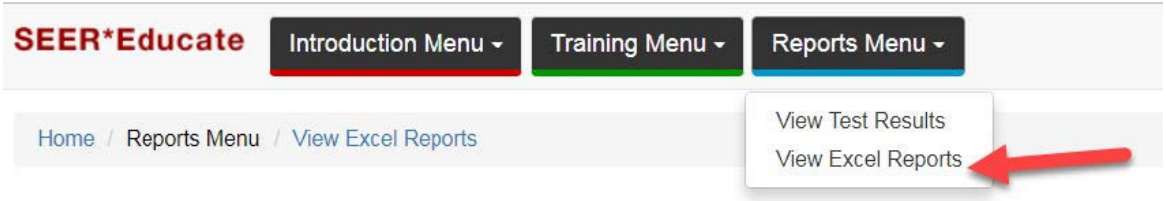
(Continued from page 7)

Quick reference on how to access new Dx Year 2021 exercises and the CE report

To access the exercises, click on Training and then Coding – CEs to display the page with the test menu. Click on the + sign to expand the Dx 2021 EOD line to display the sites



To print a report demonstrating completion of the CEs, click on Reports Menu and then View Excel Reports.



Click on the + sign to expand **CE Reports** section and click on **Dx Year 2021 EOD, Summary Stage, Grade, SSDI** row. Change the start date to a date prior to when you began this material, such as 3/1/2021 and change the end date to today's date.

(Continued on page 9)

(Continued from page 8)

If no results are returned, you may need to retake a specific exercise where you originally scored less than 70%. We recommend waiting at least two days before retaking an exercise so that you know you are testing your knowledge of what you learned from your first attempt versus your immediate short-term recall of reading the rationale.

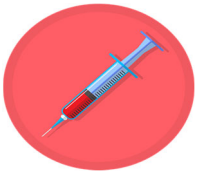
We will continue to release additional sites quarterly

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

If you have questions about accessing the exercises or printing the CE listing, please Contact Us.

NCRA Log #	Program Title SEER*Educate-Dx 2021 EOD Summary Stage,Grade,SSDI:	# Cases	CE End Date	CE Requested	Category A CE	Released on SEER*ED
2021-098	Bladder 01-05	5	12/31/2024	2	2	Fall 2021
2021-105	Lung 01-05	5	12/31/2024	2.5	2.5	Fall 2021
2021-107	Melanoma 01-05	5	12/31/2024	2.75	2.75	Fall 2021

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)



Documentation and Coding the Complete First Course of Treatment

The first course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence. The entire first course of treatment must be fully documented whether given at your facility or any other facility or per history.

First course of treatment may include; surgery, tumor or metastatic site chemo or radio embolization, tumor ablation, cryotherapy, hyperthermia, laser therapy, radiation therapy, chemotherapy, immunotherapy, targeted therapy, experimental therapy, bone marrow or peripheral stem cell transplant and other therapies, induction therapy, intensification or consolidation therapy, maintenance therapy. **Also included in first course of therapy** would be neoadjuvant therapy (treatment before surgery), adjuvant therapy (treatment after surgery), palliative therapy (treatment to alleviate symptoms beyond just pain medication and comfort measures), active surveillance, watchful waiting.

The first course of treatment for most cancers will occur with 4-6 months following the date of initial diagnosis. However, some cancer treatment protocols and guidelines do extend beyond this interval. Some may even extend beyond a 12-month interval. These cases will fail an FCDS Edit that checks the more common treatment interval of 240 days or 365 days is not exceeded without explanation in text. Cancers treated beyond 240/365 days that are being treated within an established treatment protocol and/or guideline are still valid 'first course treatment' cases and can be 'forced' into the FCDS database.

When this occurs, it is up to the registrar abstracting the case to completely document the entire first course of therapy and to hold the case until all first course therapy has been completed. The only **exception to this instruction** is when the case needs to be submitted to FCDS to meet a reporting deadline (June 30th of the following year). In these cases that extend beyond 240/365 days and treatment has not been completed by June 30th of the following year…please document and code the planned first course of treatment as 'treatment recommended' if you do not at least have a start date.

Documentation of the entire first course of treatment provides FCDS with a complete picture of the patient's entire cancer treatment experience from the time of first diagnosis through the time of first recurrence or cancer progression until death. **Treatment Recommended** must be included as part of treatment text documentation of the first course of treatment should any physician recommend a specific therapy, whether the patient refuses, family refuses, patient is unable to tolerate therapy, or there is some other impact on receipt of that therapy – as long as the patient's cancer has not had a recurrence or has not progressed during the interval.

Once a recurrence has occurred or disease progression is documented – the first course of therapy is over. Any and all additional treatment(s) are 'subsequent therapy' – even if they were planned earlier.

Please include only treatment that the physician recommends. Do not include your personal comments that you think treatment should be recommended based on the stage of disease or other site-specific factors that would lead you to think more treatment should be pursued. And, do not code treatment recommended based on your interpretation of any published treatment guidelines. And, **do not code treatment that you believe should have been recommended as 'unknown' if given.** Only document and code treatment recommended by the physician as part of an established treatment plan.

(Continued on page 11)

(Continued from page 10)

Additionally, there are specific codes available under each type of therapy to code when a treatment was recommended. And, there are also codes available to identify why a patient may not receive a recommended treatment whether it is due to patient refusal, patient unable to tolerate treatment, etc.

Please be cautious when coding **'Active Surveillance'** as treatment. Do not assume patient has been referred or recommended to undergo 'active surveillance'. Active surveillance is an actual treatment plan with scheduled visits and diagnostic testing to be performed at regular intervals to ensure treatment can continue to be 'active surveillance' or if the patient needs to begin 'active treatment' based on the most resent scheduled visit and/or recent diagnostic testing kthat identifies progression of cancer to a point where 'active treatment' is required to manage the patient and their cancer.

'No Treatment' is different than 'Active Surveillance'. No treatment is a treatment option that occurs when a patient refuses treatment, the family or guardian refuses treatment, the patient dies before treatment starts, or the physician recommends no treatment be given. 'No Treatment' may be the best option for very advanced and rapidly progressive neoplasms or patients with untreatable cancer. These patients are often referred directly to Hospice with no anti-neoplastic therapy recommended.

If the patient refuses all treatment, code **"patient refused"** (Code 7 or 87) for that treatment modality.

Maintenance therapy given as part of the first course of planned therapy (example: maintenance chemo for leukemia) is part of the planned first course treatment. Patients receiving maintenance therapy are analytic cases for the state and for facility and are reportable.

If there is no treatment plan available and no mention of a recommended treatment protocol or treatment management referral, and a consultation with a physician advisor is not possible, use the principle: "initial treatment must begin within four months of the date of initial diagnosis."

Finally, **'Palliative Treatment' can be 'First Course of Treatment'** for patients that are diagnosed with end stage disease or may receive treatment with chemotherapy, immunotherapy, radiation therapy, surgery or other treatment modality that is designed to reduce symptoms but not cure the cancer. Palliative Therapy is a valid option for coding first course of therapy when this is the situation at the time of diagnosis. We have found a number of registrars who do not code palliative treatments as first course of therapy because they are not meant to cure the patient…these are still valid first course of treatment when this is the first treatment the patient may receive following the initial diagnosis of end-stage or unresectable cancer. So, please remember that some patients first present at end-stage…their treatments still count as first course of treatment. Evaluate these cases on an individual basis.

2021 FCDS Data Quality Audit
NEC/NET Cancers DX in 2019

FCDS conducts annual re-abstracting (data validation) audits from a sample of hospitals using all available source documents. The abstract itself is a source document for the central cancer registry in that it is a primary source document for both patient and tumor consolidation, both critical program components. Hence, inclusion of source documents for the hospital and the central registry may reveal data quality issues or unusual abstracting circumstance(s) for the healthcare reporting facility and the state central registry. Each may identify issues in need of attention at either or both the facility-level or the central registry level in one or more key areas (i.e. data acquisition, data reliability, interpretation of rules/coding systems , staging, patient/tumor consolidation, and overall data quality.

This audit is designed to manually and visually review electronically matched e-pathology reports, another source document, to facility-submitted registry abstracts in combination with concentrated visual editing of analytic (diagnosed/treated at the audit facility) neuroendocrine system cancers that were diagnosed/treated at the facility to be audited. Text Documentation of specific data items has been an ongoing cancer reporting requirement for more than a decade with both requirements and expectations reinforced back to Florida registrars on a regular basis.

This is actually Part II of the FCDS NEC/NET Cancers Audit Series. Part I was conducted on cases Diagnosed in Calendar Year 2018. Part II will be assessing the same cancers but different facilities and based on cases Diagnosed in Calendar Year 2019. Facilities audited for the 2018 Diagnosis Year will not be included in the 2019 Diagnosis Year Audit.

All cases to be audited are neuroendocrine system neoplasms of any type and from any primary site. All neoplasms are classified as 'malignant' and all are sequence 00 cancers. All cases are 'analytic' for the facility that originally submitted the case. Case selection is stratified by 2019 reporting year caseload.

A pathology review will also be included in this audit. This will include any specimen with a Date of Specimen within 30 days of the original Date of Diagnosis (plus or minus 30 days).

A first review of each case will be performed by a qualified CTR and will include recoding of 25 variables plus text fields from the original abstract PLUS 13 variables captured from available e-pathology reports.

Data not documented in text will be coded as 'unknown'. Text must always support key variables. Key variables include such items that describe the diagnosis, primary site, histologic type and stage of cancer at first diagnosis (sex, race, Hispanic origin, date of diagnosis, diagnostic confirmation, primary site, laterality, histology, behavior, grade, stage at diagnosis, and the first course of cancer-directed treatment (surgery, radiation therapy, chemotherapy, etc.).

The audit will begin with first reviews in February 2022. Participating facilities will be required to Reconcile any and all differences during May 2022. A Final Reconciliation by FCDS will be conducted in June 2022. And, a final report will be issued to each participating facility with confidential findings available on the secure FCDS IDEA portal under the Quality Control Audit Menu.

2022 FCDS Data Quality Audit
Lymphoid & Myeloid Neoplasms DX in 2020

FCDS conducts annual re-abstracting (data validation) audits from a sample of hospitals using all available source documents. The abstract itself is a source document for the central cancer registry in that it is a primary source document for both patient and tumor consolidation, both critical program components. Hence, inclusion of source documents for the hospital and the central registry may reveal data quality issues or unusual abstracting circumstance(s) for the healthcare reporting facility and the state central registry.

(Continued on page 13)

(Continued from page 12)

Each may identify issues in need of attention at either or both the facility-level or the central registry level in one or more key areas (i.e. data acquisition, data reliability, interpretation of rules/coding systems , staging, patient/tumor consolidation, and overall data quality.

This audit is designed to manually andvisually review electronically matched e-pathology reports, another source document, to facility-submitted registry abstracts in combination with concentrated visual editing of analytic (diagnosed/treated at the audit facility) hematopoietic and lymphoid neoplasms that were diagnosed/treated at the facility to be audited. Text Documentation is a critical component.

All reporting facilities will participate in this statewide audit for cases diagnosed in calendar year 2020.

All cases to be audited are lymphoid or myeloid neoplasms of any type and from any primary site. All neoplasms are classified as 'malignant' and all are sequence 00 cancers. All cases are 'analytic' for the facility that originally submitted the case. Case selection is stratified by 2020 reporting year caseload.

Cases will include selection of any primary site with histology code 9590-9992 diagnosed in 2020.

This selection includes; Any Lymphoma (Nodal/Extra-Nodal), Any Plasma Cell Neoplasm, Myelodysplastic Syndrome (MDS), Myeloproliferative Neoplasm (MPN), Acute Leukemia (myeloid/lymphoid), and Chronic Leukemia (myeloid/lymphoid). Emphasis will be placed on accuracy of coding diagnostic confirmation, histologic type, staging and treatment. Abstract text documentation for each neoplasm will be compared to e-path reports to ensure specific subtypes were not overlooked, genetic markers were not missed, the hematopoietic database was used for coding histology and not the ICD-O-3 book.

A pathology review will also be included in this audit. This will include any specimen with a Date of Specimen within 30 days of the original Date of Diagnosis (plus or minus 30 days).

A first review of each case will be performed by a qualified CTR and will include recoding of 16 variables plus text fields from the original abstract PLUS 5 variables captured from available e-pathology reports.

Data not documented in text will be coded as 'unknown'. Text must always support key variables. Key variables include such items that describe the diagnosis, primary site, histologic type and stage of cancer at first diagnosis (sex, race, Hispanic origin, date of diagnosis, diagnostic confirmation, primary site, histology, stage at diagnosis, and the first course of cancer-directed treatment (surgery, radiation therapy, chemotherapy, etc.).

The SEER Hematopoietic and Lymphoid Neoplasm Database, the Hematopoietic Coding Manual, and the Hematopoietic Diagnostic Confirmation Instructions will be of primary importance and a key national reference for this audit.

The audit will begin with first reviews in August 2022. Participating facilities will be required to Reconcile any and all differences during October 2022. A Final Reconciliation by FCDS will be conducted in November 2022. And, a final report will be issued to each participating facility with confidential findings available on the secure FCDS IDEA portal under the Quality Control Audit Menu.

2020-2021 NPCR Data Quality Evaluation –Part II Completeness Follow-Back

The Centers for Disease Control and Prevention, National Program of Cancer Registries (CDC NPCR) conducts annual data quality audits to assess the completeness and accuracy of selected state and regional registries participating in the NPCR. Data Quality Evaluation Audits are conducted at each participating registry once every five years as a necessary component of every registry's participation.

(Continued on page 14)

(Continued from page 13)

NPCR split the 2020 Data Quality Evaluation of participating central cancer registries into two parts. The first part was an evaluation that included Validation of Data Sources, Visual Editing, Reconsolidation and Reconciliation of Source-Level to Master-Level Consolidated Abstracts within each central registry. The evaluation includes an assessment of operations as well as data quality, visual editing and consolidation.

The purpose of the second part and 2020-2021 NPCR Data Quality Evaluation is to assess the completeness of select staging, biomarker, treatment, and treatment-related data for selected primary sites.The current audit will include assessment of all source record data plus a follow-back component in attempt to complete data items submitted to NPCR with 'unknown' values. The goal is to assess the ability to obtain improved complete data using an additional follow-back component based on records already submitted to the central registry with 'unknown' values. Do these data eventually become available in the patient record, were they available at the time an abstract was originally abstracted, are the data available from alternate data sources, and whether or not abstractors made coding errors or omissions when they abstracted the original case to the central registry. Cases with specific primary sites for evaluation include; melanoma of the skin, urinary bladder, pancreas, kidney and renal pelvis, and ovary. All cases were diagnosed in calendar year 2018.

FCDS will be conducting an internal review of all sources of data in a first attempt to identify 'known' values for data items to replace the 'unknown' value originally submitted in January 2022. The second attempt at identifying 'unknown' to 'known' data will be conducted during February and March 2022 as 'follow-back' to the original reporting source (hospital, radiation center, surgery center, pathology lab) to see if the original source for the data can find the missing data submitted as 'unknown' and replace 'unknown' values with 'known' values. This will be conducted via telephone contact and/or IDEA entry.

A summary of underlying causes of 'unknown' values as well as a summary of data 'found' and updated to a 'known' value and tracking where the data were 'found' will also be part of this assessment. FCDS anticipates this will also include some education and training for when submission of 'unknown' values is appropriate and when it is inappropriate or should be documented as 'not available' in the abstract.

NCRA CE Opportunities and Other Educational Offerings
Free for BOTH NCRA Members and Non-Members

Go To NCRA Cancer Registry Education Online Resources
http://www.cancerregistryeducation.org/

NCRA has developed resources to help members with remote working, including the series of complimentary archived webinars listed below. The topics were identified by surveying members on issues they are addressing as they work from home. A list of Online Cancer Registry Resources was noted in the survey and is available below. If you have questions or suggestions, please email info@ncra-usa.org.

- Remote Working: Security and Technology
- Remote Working: Virtual Cancer Conferences
- Remote Working Productivity Standards
- Remote Working the New Normal
- Other Education (No CE Credits)

NCRA's Online Case Studies Activity has 15 case studies (bladder, breast, colon/rectum, kidney, lung, prostate, and renal pelvis) and provides more opportunities to practice assigning stages using the AJCC eighth edition manual. http://www.cancerregistryeducation.org/other-education-no-ce-credit

- 2021 Registry Resource Guide
- Beyond the Cancer Registry: The Value of CTR Skills
- What You Need to Know About Genetics and Cancer
- Geek Hide and Go Seek (Where Do I Find This?)
- Understanding Your Registry Database
- Health Information and NLP: The Heart of the Matter
- Mentoring in the CTR Profession: Four Areas You Should Know

Introduction to the Cancer Registry updated July 2018
The NCRA Education Foundation developed the *Introduction to the Cancer Registry* video presentations to help increase the number of students entering the cancer registry profession. The 12 presentations, *Instructor's Guide,* and other fact sheets are posted below. All materials provide a glimpse into the roles and responsibilities of a cancer registrar, with the goal of inspiring them to take courses that will lead to a career as a cancer registrar and eventually to earn the CTR credential. http://www.cancerregistryeducation.org/introduction-to-the-cancer-registry

(Continued on page 16)

(Continued from page 15)

PowerPoint Slides

- Cancer Registries
- Abstracting
- Coding
- Cancer Staging
- Case Finding
- Patient Follow Up
- Data Submission
- Confidentiality and Release of Information
- Cancer Committee
- Cancer Conferences (Tumor Boards
- Quality
- Become a Certified Tumor Registrar

Additional NCRA Resources

Registry Best Practices (Podcasts) - NCRA's Mini-Learning shorts updated free @ http://www.cancerregistryeducation.org/best-practices

The NCRA Education Committee has created a selection of short, 10-minutes or less, presentations to address important points in each of the topics. The presentations are intended for new registrars to help clarify procedure and duties in the registries, and for seasoned registrars, who may need a refresher.

- Using the Manuals: Grade Coding
- Using the Manuals: Breast, Part 1 & Part II
- Class of Case: Analytic or Non-Analytic
- Casefinding
- Follow Up

Registry Resources Site Specific Informational Abstracts 11.2019

The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient's disease from diagnosis to treatment. To assist registrars in preparing abstracts, NCRA's Education Committee has created a series of informational abstracts and a presentation titled *Using the Informational Abstracts in Your Registry* that shows registrars how to use these important resources. The site-specific abstracts provide an outline to follow when determining text to included. http://www.cancerregistryeducation.org/rr

Visit NCRA's Center for Cancer Registry Education - Online Resources

NCRA Online Resources are FREE for both NCRA members and for non-members.

http://www.cancerregistryeducation.org/

Introduction to the Cancer Registry – Free 12-Part Series

http://www.cancerregistryeducation.org/introduction-to-the-cancer-registry

The NCRA Education Foundation developed the *Introduction to the Cancer Registry* video presentations to help increase the number of students entering the cancer registry profession. The 12 presentations, *Instructor's Guide,* and other fact sheets are posted below. All materials provide a glimpse into the roles and responsibilities of a cancer registrar, with the goal of inspiring them to take courses that will lead to a career as a cancer registrar and eventually to earn the CTR credential.

PowerPoint Slides

- Cancer registries
- Abstracting
- Coding
- Cancer Staging
- Case Finding
- Patient Follow Up
- Data Submission
- Confidentiality and Release of Information
- Cancer Committee

(Continued from page 17)

- Cancer Conferences (Tumor Boards)
- Quality
- Become a Certified Tumor Registrar

Registry Best Practices: Free NCRA's Mini-Learning Shorts
http://www.cancerregistryeducation.org/best-practices

The NCRA Education Committee has created a selection of short, 10-minutes or less, presentations to address important points in each of the topics. The presentations are intended for new registrars to help clarify procedure and duties in the registries, and for seasoned registrars, who may need a refresher.

- Using the Manuals: Grade Coding
- Using the Manuals: Breast, Part 1 & Part II
- Class of Case: Analytic or Non-Analytic
- Casefinding
- Follow Up

Registry Resources: Free Site-Specific Informational Abstracts
http://www.cancerregistryeducation.org/rr

The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient's disease from diagnosis to treatment. To assist registrars in preparing abstracts, NCRA's Education Committee has created a series of informational abstracts and a presentation titled *Using the Informational Abstracts in Your Registry* that shows registrars how to use these important resources. These site-specific abstracts provide an outline to follow when determining what text to include.

Opportunities for Other Education
http://www.cancerregistryeducation.org/other-education-no-ce-credit

Remote Working

NCRA has developed resources to help members with remote working, including the series of complimentary archived webinars listed below. The topics were identified by surveying members on issues they are addressing as they work from home. A list of Online Cancer Registry Resources was noted in the survey and is available below. If you have questions or suggestions, please e-mail info@ncra-usa.org.

(Continued on page 19)

(Continued from page 18)

NEW COMPLIMENTARY MINI-LEARNING MODULES AVAILABLE

Developed and presented by members of the NCRA Education Committee, the ***Registry Best Practice Mini-Learning Series*** of narrated presentations are intended to help the abstracting process become more efficient and accurate. The NCRA Education Committee presents three new mini-learning modules that address coding grade and abstracting breast cases. These presentations are short, direct, and easy to understand, as well as being complimentary!

Using the Manuals: Grade Coding
The module will discuss general grade coding instructions and focus on grade time frames, grade clinical and pathological and the post therapy grading rules.

Using the Manuals: Breast, Part I
The module will review resources for abstracting breast cases such as: STORE Manual, Solid Tumor Rules Manual, and the Multiple Primary & Histology Coding Rules.

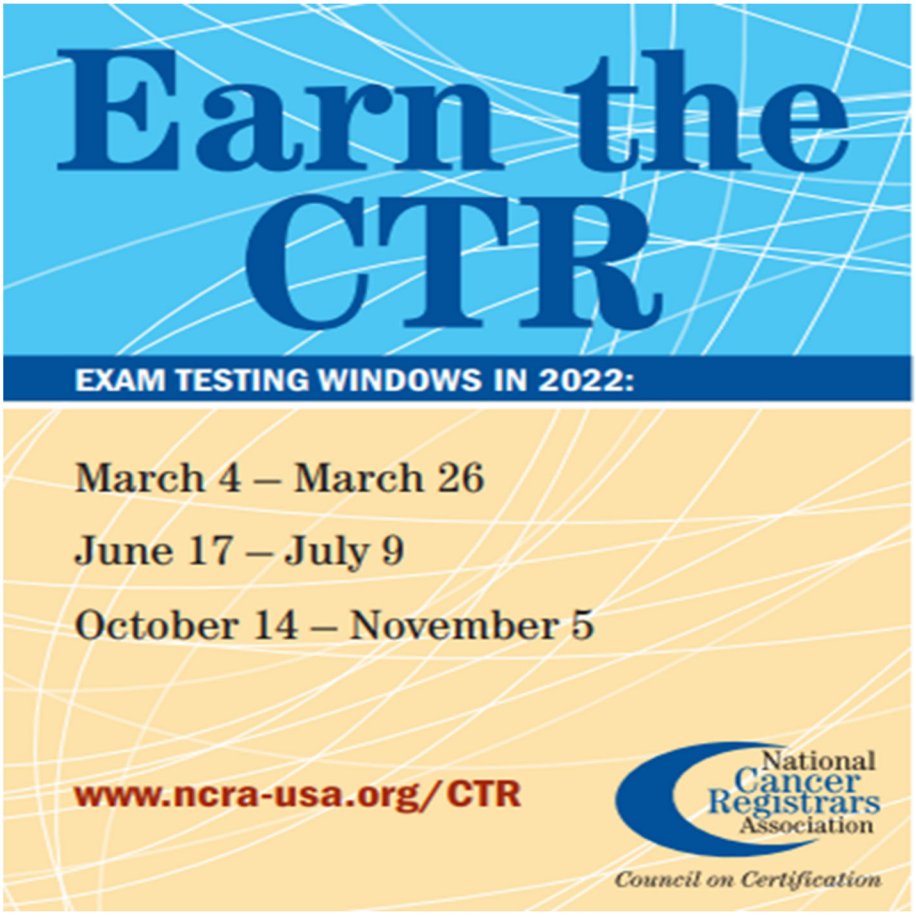
Using the Manuals: Breast, Part II
The module will review resources for abstracting breast cases such as: Site-Specific Data Items, the Grade Coding Manual, and the AJCC Cancer Staging Manual.

- Remote Working: Security and Technology
- Remote Working: Virtual Cancer Conferences
- Remote Working Productivity Standards
- Remote Working the New Normal

Miscellaneous Other Education

- 2021 Registry Resource Guide
- Beyond the Cancer Registry: The Value of CTR Skills
- What You Need to Know About Genetics and Cancer
- Geek Hide and Go Seek (Where Do I Find This?)
- Understanding Your Registry Database
- Health Information and NLP: The Heart of the Matter
- Mentoring in the CTR Profession: Four Areas You Should Know

2022 CTR Exam Testing Windows



New Florida CTRs

Angela Campos, Bonita Springs

Michelle Foster, Fort Pierce

Lindsey Herman, Haines City

Sheila Johnson, Naples

New Terminology Used to Describe VIN III

Question:

We have recently noticed our pathologist using new terminology when describing VIN III (vulvar intraepithelial neoplasia, grade 3). The new terminology is uVIN III or 'high grade usual type intraepithelial neoplasia). Is uVIN III (high grade usual intraepithelial neoplasia) reportable 8077/2?

Answer:

Yes, this is reportable. And yes, this is a fairly new variation on terminology that is now being used to differentiate uVIN from dVIN.

- uVIN is the 'usual' type of VIN.
- dVIN is the 'differentiated' type of VIN.
- When either uVIN or dVIN is 'high grade' – it is a Grade 3 (VIN III) and is Reportable to FCDS.
- It can affect the vulva and other female genital skin sites (cervix, vagina, anus, perianal skin).
- It can be found in younger men with common sites of penis, scrotum, anus, and perianal skin.

uVIN - The newer terminology for uVIN is being used for the more common HPV-associated VIN neoplasia in younger women and it is often a multicentric disease.

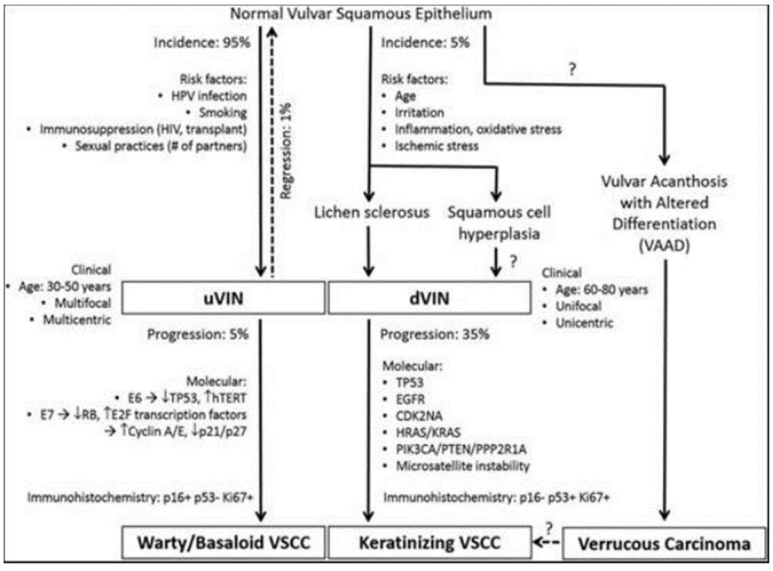
'Usual' intraepithelial neoplasia is also described by the Type of HPV Infection and ranked as 'high risk' or 'low risk' depending on which HPV Types are present.

The high-risk types are most often the same for genital sites as for high-risk types in the oral cavity and oropharynx – all associated with HPV infection…HPV Types 16 and 18. There are other high-risk types.

dVIN - dVIN is much less common the uVIN. And, dVIN is at higher risk for malignant transformation.

The differentiated type of intraepithelial neoplasia (dVIN) is more common in post-menopausal women and not directly associated with HPV infection. However, it may still be due to long-term HPV infection.

dVIN is generally thought to develop independent of HPV infection and due to other chronic skin problems such as lichen sclerosis or chronic inflammatory dermatosis.



Reference: Squamous precursor lesions of the vulva: current classification and diagnostic challenges
Lien N. Hoang,1 Kay J. Park,1 Robert A. Soslow,1 and Rajmohan Murali
Pathology. 2016 Jun; 48(4): 291–302. Published online 2016 Apr 23. doi: 10.1016/j.pathol.2016.02.015

2021-2022 Monthly NAACCR Cancer Surveillance Webinar Series

FCDS is pleased to offer another year of the Monthly NAACCR Cancer Registry and Surveillance Webinar Series - Free of Charge to Florida Registrars in Recorded Sessions.

This year in response to the Covid Pandemic, NAACCR provided FCDS with 42 'live attendance portals' for 42 lucky Florida Registrars to attend the 2021-2022 Webinar Series 'live'.

FCDS worked with our traditional 7 host sites to identify 6 registrars from each site-region who attended the NAACCR webinars routinely at their host site. These registrars were offered the 'live' attendance seats for Florida. Unfortunately, FCDS was unable to purchase 200-250 'live' attendee spots…but, we are fortunate to have acquired 42 slots for the 2021-2022 NAACCR Webinar Series.

For registrars who do not make the short list for the 'live' spots, FCDS offers every NAACCR Webinar as a 'recorded session' in FLccSC.

You can still earn 3 CEUs per webinar in FLccSC...just like we have for many years. Recordings appear in FLccSC within a week or two following the 'live' session.

And, old webinars can still be viewed – up to 2 years in arears. So, registrars can still gain 3 CEU credits for attendance at any NAACCR Webinar that is up to 2 years old.

The 2021-2022 NAACCR Webinar Series begins on October 7, 2021 and continues through September 1, 2022. The 2021-2022 Webinar Series Schedule is provided below.

Please visit FLccSC to view recordings and earn your CEUs.

DATE	TOPIC
*10/7/21	Uterus
* 11/4/21	Bladder
* 12/2/21	Treatment
* 1/6/22	Lung
2/3/22	Data Item Relationships
3/3/22	Boot Camp
4/4/22	Hematopoietic and Lymphocytic Neoplasms
5/5/22	Colon
6/2/22	CNS
7/7/22	Back to the Future: What year is it and what did I miss?
8/4/22	Solid Tumor Rules
9/1/22	Coding Pitfalls

CEU information for the 2020 FCDS Annual Conference:

CE Hours: 7.25
1.5 Hrs Category A

NCRA Recognition Number: 2020-090

CEU information for the 2021 FCDS Annual Conference:

CE Hours: 7.5
4 Hrs Category A

NCRA Recognition Number: 2021-124

Florida Cancer Data System

Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JANUARY 31,2022

Total number of *New Cases* added to the FCDS Master file in January, 2022 **3,635**

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
2021	36,360	24	142	9,771	42	**Pending**	46,339	**1,706**
2020	181,672	1,508	118	11,681	12,096	**Pending**	207,075	**1,808**
2019	231,891	5,520	1,856	12,423	25,114	**2,516**	279,320	**121**

		Actual	Expected
% Complete for:	**2021**	**19%**	**58%**
	2020	83%	100%
	2019	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 FLccSC LMS Site.

The FCDS Webcast recordings are available free of charge and can be viewed anytime/anywhere by anybody. NAACCR Webinars are restricted approved Florida FLccSC Users per FCDS/NAACCR agreement.

FCDS holds all FCDS/NAACCR recordings for 2 years before 'retiring' them due to outdated information.

Registrars must have an active Florida FLccSC Account and must take and pass the CEU Quiz as required to obtain some of the CEUs for certain FCDS Webcasts... always to obtain a Certificate of Attendance.

NAACCR Webinars have their own CEU award mechanism whether viewed live or via a recorded session.

Only Florida registrars with Active/Current FCDS Abstractor Codes can access the NAACCR Webinars.

Please contact FCDS for more information on viewing recorded webinars.

Florida Cancer Data System

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.

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