The Florida Cancer Data System's Memo

July 2023

2023 FCDS Virtual Annual Meeting Registration Announcement Thursdays @ 1pm-3pm from 8/10/2023 - 8/31/2023

Dear Cancer Registrar:

The Florida Cancer Data System is happy to announce the FCDS 2023 Virtual Annual Conference.

Beginning August 10, 2023 FCDS will host four sessions. There will be one session each week on Thursdays from 1:00pm – 3:00pm.

August 10, 2023	**Session 1 Registration**
August 17, 2023	**Session 2 Registration**
August 24, 2023	**Session 3 Registration**
August 31, 2023	**Session 4 Registration**

Participants must register for each of the sessions separately using the registration links. Handouts of the presentations will be available at a later date closer to the start of the conference and they will be posted on the FCDS website.

(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
v23B Metafile,
dated 7/10/2023

FCDS/NAACCR WEBINAR SERIES:
NAACCR 2022-2023
Cancer Registry and Surveillance Webinar Series 8/3/2023–Melanoma***
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)

FCDS encourages all Florida Cancer Registrars, interim staffing companies, and individual contractors to attend all four sessions as each session will provide completely different and equally relevant information in cancer registration. All sessions will be free of charge and recorded.

In addition, FCDS will offer up to 8 Continuing Education hours awarded by NCRA.

FCDS wants to thank you for your continued support and we look forward to your participation.

FCDS 2023 Virtual Annual Conference Agenda – Sessions 1 - 4

Session	Date/Time	Estimated Time	Topic	Speaker
FCDS Session 1	8/10/2023 1pm-3pm	1:00pm-1:10pm	Welcome to the 2023 FCDS Virtual Annual Meeting Webinar Series	Gary Levin, BA, CTR- FCDS Meg Herna, BA CTR - FCDS
		1:10pm-1:20pm	DOH and FCDS Updates – State of the State	Heather Lake-Burger, MS, MPH, CHES – DOH Gary Levin, BA CTR - FCDS
		1:20pm-1:35pm	Florida Cancer Control & Research Advisory Council (CCRAB) Updates	Clement K. Gwede, PhD, MPH, RN, FAAN, FAACE, FSBM - CCRAB
		1:35pm-2:05pm	Florida Cancer Plan: Cancer Biology, Social Determinants of Health, Screening and Data Dissemination Activities	Gary Levin, BA CTR – FCDS David Lee, PhD- FCDS Monique Hernandez, PhD - FCDS
		2:05pm-2:20pm	The Florida Cancer Connect Collaborative	Robert Brooks, PhD- DOH
		2:20pm-3:00pm	The Florida Cancer Connect Collaborative	Megan MacDonald - DOH

Florida Cancer Data System Deadlines, Updates, & Reminders

(Continued from page 2)

FCDS Session 2	8/17/2023 1pm-3pm	1:00pm-1:20pm	2022-2023 Data Acquisition Summary	Meg Herna, BA CTR - FCDS
		1:20pm-1:30pm	FCDS Jean Byers and Pat Strait Awards	Meg Herna, CTR - FCDS
		1:30pm-2:00pm	2022 QC Activities Summary & Visual Editing Findings	Meg Herna, BA CTR - FCDS
		2:00pm-2:30pm	2023 FCDS Cancer Reporting Requirements- DAM Updates	Meg Herna, BA CTR - FCDS
		2:30pm-2:45pm	FCDS/FCRA Updates	Meg Herna, CTR – FCDS/Jennie Jones, MSHI-HA CHDA CTR - FCRA
		2:45pm-3:00pm	The Data Visualization Platforms	Monique Hernandez, PhD - FCDS
FCDS Session 3	8/24/2023 1pm-3pm	1:00pm-1:30pm	Skull, Brain and CNS Pathologies	Betty Ariza, Malanowski. BS, IMG, CTR- FCDS
		1:30pm-2:15pm	NAACCR Certification and the CINA Data Submission	Recinda Sherman, PhD, CTR- NAACCR
		2:15pm-3:00pm	NPCR NLP Efforts and Potential Usages	Kasey Diebold, MS – CDC/Division of Cancer Prevention and Control
FCDS Session 4	8/31/2023 1pm-3pm	1:00pm-2:00pm	Cancer Risk and Mortality among Firefighters: A Meta-Analytic Review	David Lee, PhD – FCDS, University of Miami
		2:00pm-2:30pm	Scan 360 Overview	Till Krenz - University of Miami
		2:30pm-3:00pm	Scan 360: Cancer Incidence and Social Determinants of Health	Ming Lee, MD – University of Miami

FCDS 2021 Consolidated Follow Back Records Available for Review

FCDS completed the matching of the 2021 In-Patient and Out-Patient Discharges reported by Florida reporting hospitals' and ambulatory surgery centers' Finance-Billing/Medical Records Department to the Agency for Health Care Administration (AHCA). All records with principal or secondary diagnosis of cancer were linked to the FCDS database. A match was also completed of the Florida Vital Statistics Death Certificates for 2021. All non-matching records have been placed in IDEA for review.

Each case on the queue must be reviewed online. If the case is found to not be reportable, assign the appropriate disposition code; if the record was previously reported to FCDS assign disposition code 07, accession number, and sequence number, then press the Submit button. In addition, any case found to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the FCDS DAM and found to not have been previously reported must be reported to FCDS using IDEA.

(Continued on page 4)

Florida Cancer Data System Deadlines, Updates, & Reminders

(Continued from page 3)

These are considered missed cases. Assign a disposition code of 01, accession number, and sequence number to the reportable cases and press the Submit button. **These disposition code 01 records (missed cases) must be electronically reported to FCDS within 30 days of assigning the disposition code, otherwise, after the 30 days, the record(s) will be placed back in the queue and marked as incomplete.**

The deadline to complete the review and submission of any missed cases is September 1, 2023.

Please keep in mind that all audits conducted by FCDS are dictated and closely monitored by the Florida Department of Health. Facilities failing to meet the reporting requirements will be reported to DOH for non-compliance. Should you have any questions, please contact your Field Coordinator at (305) 243-4600.

Clarification on how to code Race/Ethnicity

FCDS has noticed a HUGE uptick in Race = 99 and Ethnicity = 9…what gives? We have been able to identify that this is occurring in some facilities and not others. And many of the facilities coding 'unknown' are using contractors to abstract cases or to catch up backlogs. But not all of the facilities are using contractors…some are regular abstractors (even CTRs) who seem to have forgotten instructions.

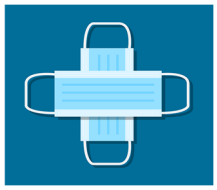
REMINDER: There are instructions for coding Race and Ethnicity in the FCDS DAM – every version, every edition. Please follow them. And please use Appendix C to look up Hispanic Surnames (see below).

FCDS is evaluated on how many 'unknown' Race and 'unknown' Ethnicity are delivered to NAACCR and CDC/NPCR for each and every Call for Data every single year. It is included as one of the criteria for central cancer registry certification every year. Certification dictates whether Florida data are of sufficient quality AND completeness to be included in National Data for the Annual Report to the Nation on the Status of Cancer that goes to Congress each year. A 'blank' Florida is a big black eye on all of us.

Please keep unknowns and NOS codes to a minimum). If the data really are not included in the medical record, then code 99 is okay – but you have to look for it – don't just code 99 and think you've done a good job. Every 'unknown' or 'NOS' code you send to FCDS is a strike against our data completeness.

Please be aware of this for ALL data items you code. And be sure to document whether data are in the record or not in the record, regardless of the code.

Also be sure to use Appendix C to determine if the patient has a Hispanic Surname. If their last name is on the list and you have no indication in the medical record the patient is Hispanic – use code 7. This code represents a patient whose last name is on the US Census Hispanic Surname List – but it does not necessarily indicate the patient is known to be Hispanic. Do not use code 6 in these cases – use 7.



FEEDBACK ON SURGICAL TEXT versus OPERATIVE FINDINGS
RX Text-Surgery versus Text-DX Proc-OP

FCDS gets a lot of negative feedback on our request/requirements for Operative Findings and Surgical TX Text. Many registrars think they are the same thing – they are not. Below are the National Uniform Data Standards Data Dictionary descriptions of these required text data items. Please follow them.

If you would like to read the entire Data Dictionary description for the 2 data items, please go to the NAACCR Website, lookup Volume II Data Dictionary and then find **Data Items 2560 and 2610**.

While some of the 'suggestions for text' may overlap between the 2 fields, and they also overlap to some degree with pathology text and staging text – each is important to include in the proper section.

Furthermore, **regional node dissection, sampling, or sentinel node removal is never to be implied** – it is to be documented in your text in all 4 areas; staging text, pathology text, surgical treatment text for scope of regional lymph node surgery and operative text. Yes, there is repetition here – but if you follow the instructions, you don't overlap the text much. Registrars complain that they documented xyz under operative text – usually lymph node removal – **but it must also be documented under treatment text**. Yes, some node dissections are implied for some primary site removal procedures such as colectomy or mastectomy. But node dissections are not always performed in these procedures. Furthermore, rectal tumor resections often do not have regional node removal. And in some instances distant nodes are removed not regional nodes. This is why it is so important to document when, where and if node dissections or other node removal procedures are performed – in the Surgical Treatment Text field.

Operative Findings should be described in the **Text-DX Proc-OP** field which is 4000 characters long.

Operative Findings is the "Text area for manual documentation of all surgical procedures that provide information for staging." If information is missing form the record, state that it is missing. Many registrars simply document the name of the procedure here and copy the same information into the treatment text field RX Text-Surgery. That is incorrect. There is a specific reason for documenting operative findings as sometimes a physician dictates what they 'see' or 'observe' during surgery but they may not remove one or more of the abnormalities they observe while they may still be malignant.

Suggestions for text:

- Dates and descriptions of biopsies and all other surgical procedures from which staging information was derived
- Number of lymph nodes removed
- Size of tumor removed
- Documentation of residual tumor
- Evidence of invasion of surrounding areas
- Reason primary site surgery could not be completed

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Data Item(s) to be verified/validated using the text entered in this field
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

Item name	Item number
Date of Diagnosis	390
RX Summ--Dx/Stg Proc	1350
Diagnostic Confirmation	490
Primary Site	400
RX Hosp--Dx/Stg Proc	740
RX Summ--Surg Prim Site	1290
Collaborative Stage variables	2800-2930
SEER Summary Stage 1977	760
SEER Summary Stage 2000	759
Reason for No Surgery	1340
Summary Stage 2018	764
AJCC TNM Data Items	1001-1036
EOD Data Items	772-776
Site-specific SSDI Data Items	3801-3937

Surgical Text describes the actual procedure(s) performed in chronological order in RX Text-Surgery.
This data item is used to document surgical treatment – it is a treatment text field, not a work-up and staging text field. It is important to know the difference and document appropriately in each field.

Surgical Treatment Text is the "Text area for information describing all surgical procedures performed as part of treatment." This is the text field (also 4000 characters) where registrars are supposed to document treatment procedures – treatment of the primary site, removal of regional lymph nodes and/or removal of other regional or distant sites of metastasis. It is important to document the removal of lymph nodes and the resection of other regional or distant sites of tumor – but not incidental removal of organs or organs removed but included in another code such as 'debulking' or 'whipple procedure' under Surgery of Primary Site…do not double-code the surgical treatment – code it only once.

(Continued on page 7)

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Suggestions for text:

- Date of each procedure.
- Type(s) of surgical procedure(s), including excisional biopsies and surgery to other and distant sites.
- Lymph nodes removed.
- Regional tissues removed.
- Metastatic sites.
- Facility where each procedure was performed.
- Record positive and negative findings. Record positive findings first.
- Other treatment information, e.g., planned procedure aborted; unknown if surgery performed.

Data Item(s) to be verified/validated using the text entered in this field After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

Item name	Item number
Date Initial RX SEER	1260
Date 1st Crs RX CoC	1270
RX Date Surgery	1200
RX Summ--Surg Prim Site	1290
RX Hosp--Surg Prim Site	670
RX Summ--Scope Reg LN Sur	1292
RX Hosp--Scope Reg LN Sur	672
RX Summ--Surg Oth Reg/Dis	1294
RX Hosp--Surg Oth Reg/Dis	674
Reason for No Surgery	1340
RX Summ--Surgical Margins	1320
RX Hosp--Palliative Proc	3280
RX Summ--Palliative Proc	3270
Text--Place of Diagnosis	2690
RX Summ--Surg/Rad Seq	1380
RX Summ--Systemic/Sur Seq	1639

FCDS achieves NAACCR Gold

FCDS is incredibly proud and very happy to announce that the Florida Cancer Data System has been recognized nationally by North American Association of Central Cancer Registries (NAACCR) at the highest level of certification, NAACCR GOLD once again with the November 2022 Call for Data.

Gold certification is only awarded to state and central cancer registries that meet the highest levels of completeness, data quality and timeliness in cancer registry surveillance. Additionally, our data will be included in the Cancer in North America (CINA), the United States Cancer Statistics (USCS) and the *Annual Report to the Nation on the Status of Cancer* datasets, publications and research projects.

2020-2021 data collection took place during the peak of the pandemic. Many state and central cancer registries struggled with their data collection during this time causing national completeness estimates to be adjusted downward. Even with this constraint, the FCDS was able to ascertain 114% completeness relative to the rest of the nation. This is an incredible accomplishment given the challenges of the time.

Outstanding accomplishments like this do not happen by accident or in a vacuum. This is a statewide team effort among the FCDS, the University of Miami, the Florida Department of Health, and all of our cancer registrars and cancer case reporters around the state.

FCDS would like to thank each of you for all your hard work and dedication to what we do. Through all your efforts, you have made and continue to make Florida one of the top registries in the country.

Introduction of the Florida Cancer Connect Collaborative

The Florida Cancer Connect Collaborative is an expansion of Florida Cancer Connect initiative created by First Lady Casey DeSantis in partnership with the Florida Department of Health and Florida Agency for Health Care Administration. The Collaborative members are made up of medical leaders and representatives throughout the state.

Florida Cancer Connect is a centralized resource hub for cancer patients, caregivers, and loved ones of those involved. Use this tool to access a centralized resource of trusted information from local medical practitioners to help you and your family make informed decisions when it matters most.

In May 2022, Governor Ron DeSantis and First Lady Casey DeSantis announced the approval of $100 million for cancer research and care in the state budget for Fiscal Year 2022-2023, a $37 million increase over the previous budget.

The Department of Health and Agency for Health Care Administration created Florida Cancer Connect to help Floridians:

- Understand cancer research and prevention programs.
- Locate a health care provider specializing in cancer care.
- Navigate the complexities of cancer related insurance coverage.
- Obtain caregiver resources.

Hear from brave Floridians who have fought this disease.

The link to the Florida Cancer Connect Collaborative website is https://flcancerconnect.com/

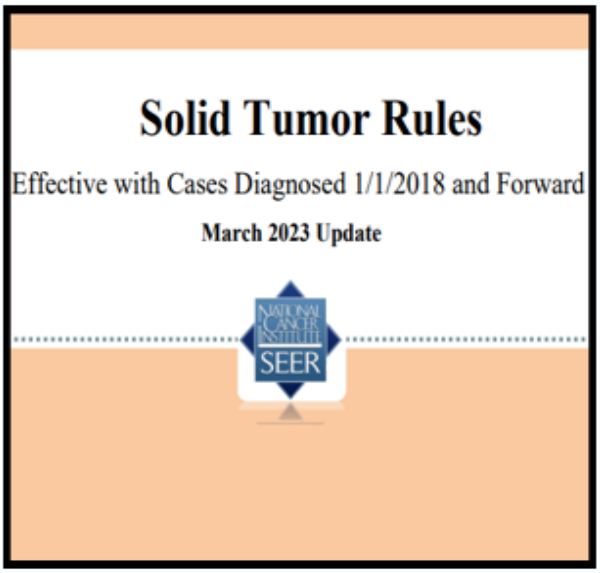
SEER*Educate Training Module Releases

Spring 2023 Update

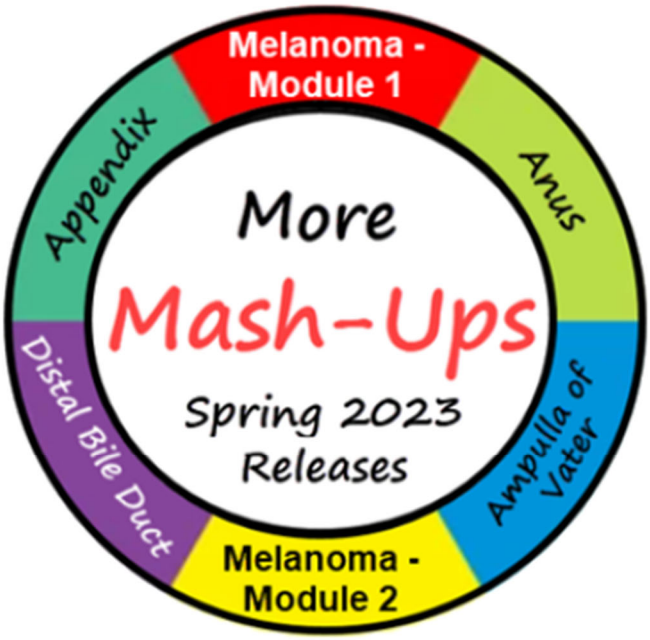
New Coding Practice Modules Diagnosis Years 2021-2023
(for Category A CEs)

Are you aware of the changes made in the Solid Tumor Rules' ***Other Sites*** category for cases diagnosed in 2023? A new training module was created for SEER*Educate to help everyone to assess one's understanding of the new guidelines and our ability to apply them accurately and consistently among our registry staff. There are 2.5 Category A CEs available to those who complete this training. These CEs are available free of charge.

The Program Recognition number and other details needed to prepare the biannual CE submission is also provided below to facilitate completing the NCRA documentation required to maintain our CTR credential.



NCRA Program Recognition #	Program Title - Dx Year 2023 Solid Tumor Rules	Number of Cases	CE Ending Date	Category A CEs Approved	Date Released on SEER Educate
2023-072	Other Sites	5	12/31/2026	2.5	23-May



We created additional site-specific "Mash-Up" coding modules to assess the coding accuracy for the Dx Year 2021-2023 changes to EOD, Summary Stage, Grade, and SSDI. Five new sites (Ampulla of Vater, Anus, Appendix, Distal Bile Duct and Melanoma has two modules - - Cases 1-5 and Cases 6-10) are included in the Spring Release. All training modules for these cases also qualify for Category A continuing education (CE) credits approved by NCRA. The number of CEs awarded is based on the average time it takes to code the cases and review the answers and the included rationales.

The number of free **Category A** CEs awarded for each training module completed is indicated in the table on the next page. There is a total of 14.25 Category A CEs available in this release. The Program Recognition number to use when preparing your biannual CE submission is also provided to facilitate completing the NCRA documentation required to maintain your CTR credential.

(Continued on page 10)

(Continued from page 9)

NCRA Program Recognition #	Program Title - Dx 2022-2023 EOD, Summary Stage, Grade, SSDI	Number of Cases	CE Ending Date	Category A CEs Approved	Date Released on SEER*Educate
2023-048	Anus	5	12/31/2026	2.25	23-Mar
2023-049	Melanoma 01-05	5	12/31/2026	2.75	23-Mar
2023-050	Melanoma 06-10	5	12/31/2026	2.75	23-Apr
2023-041	Ampulla of Vater	5	12/31/2026	2.0	23-Apr
2023-042	Appendix	5	12/31/2026	2.5	23-May
2022-043	Distal Bile Duct	5	12/31/2026	2.0	23-May

SEER*Educate Maintenance Completed

SEER*Educate training module answers and rationales are updated annually to reflect the most recent changes to coding and reportability guidelines. This is done to help those preparing to sit for the upcoming CTR exam and to offer training opportunities for all new and experienced registry staff. The following table lists the current coding-related content available on SEER*Educate. ***CTR Prep Only*** content is not available for CEs per NCRA guidelines.

Content	Number of Practice Cases
Coding - free CEs offered	
Dx 2021-2022 EOD, Summary Stage, SSDI, and Grade	295
Dx 2018-2022 Solid Tumor Rules	40
Dx 2018-2024 MPH Other Sites	5
Dx 2018-2024 Heme	30
Dx 2021-2022 Histology for CEs	100
CTR Prep - No CEs	
Coding Drill – Dx 2018-2022 Histology (Solid Tumors)	400
Coding Drill – Dx 2018-2022 Histology (Heme)	120
Casefinding – Path	1200
Casefinding - Scans	150

There are two primary advantages for using the prepared cases in SEER*Educate to train staff on the coding guidelines required by the standard setters:

• The ease in comparing each abstractor's performance against the latest standards because everyone is considering the same case scenarios, expected codes, and rationales supporting the required coding

• The ability to collect summary information on coding results and identify in-person training needs for an individual staff member or for the entire registry staff

Ongoing training is crucial to manage the continuous change in coding and casefinding requirements mandated by the standard setters and to achieve the goal of maintaining high quality of registry data.

(Continued on page 11)

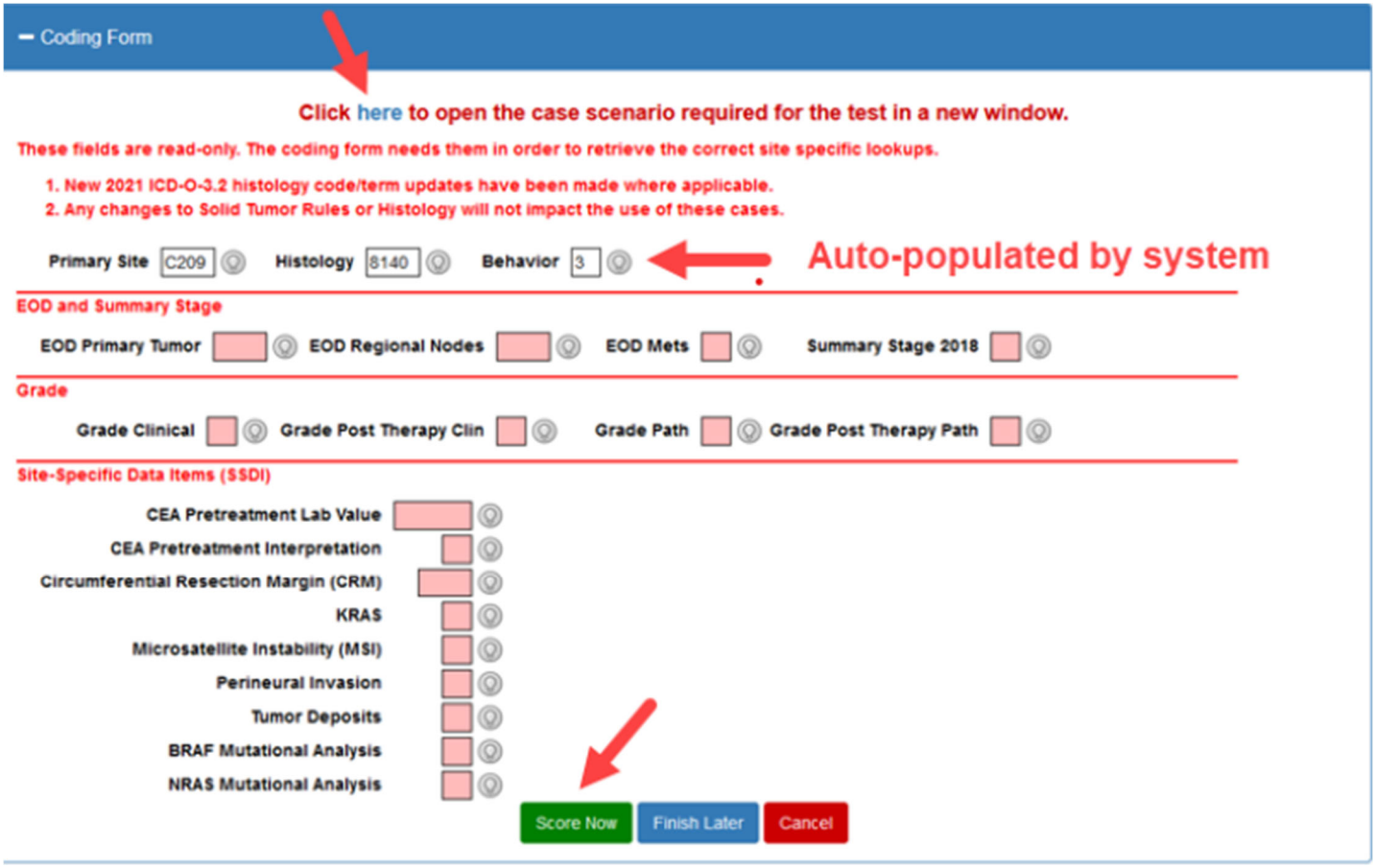
(Continued from page 10)

Two-page instructions for those who need help accessing the coding training modules available in SEER*Educate:

More about the Mash-Ups

We created a site-specific "mash-up" coding form to facilitate assessing coding accuracy for the Dx Year 2021-2023 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 relAfter 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.



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 12)

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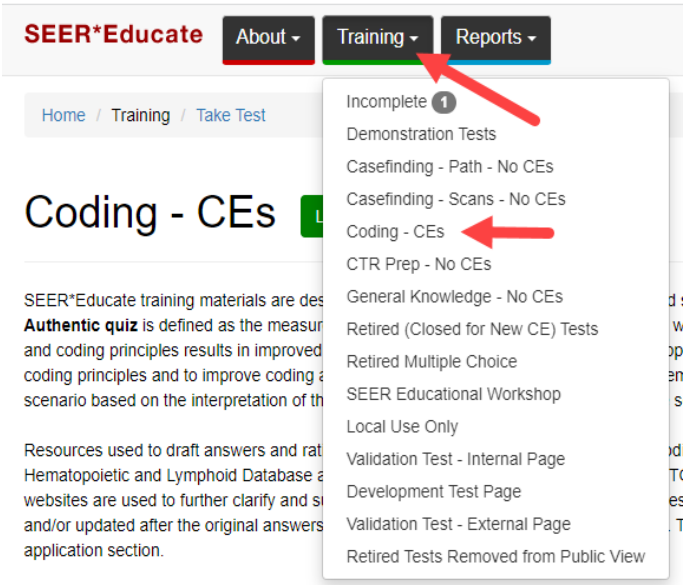
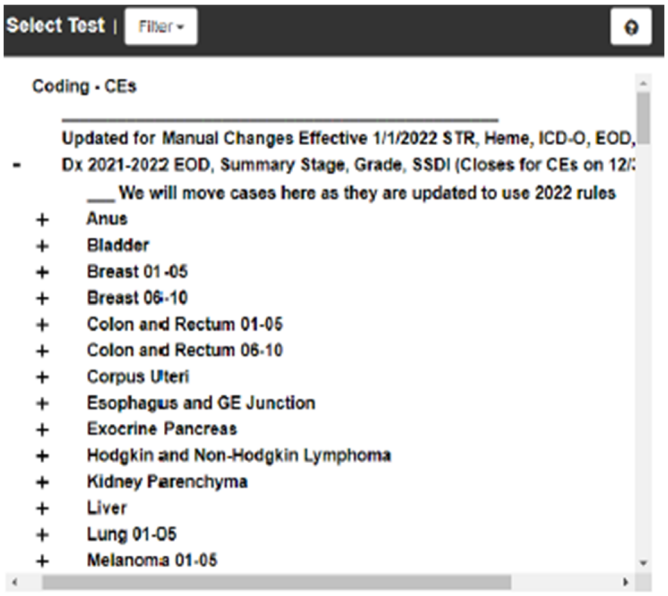
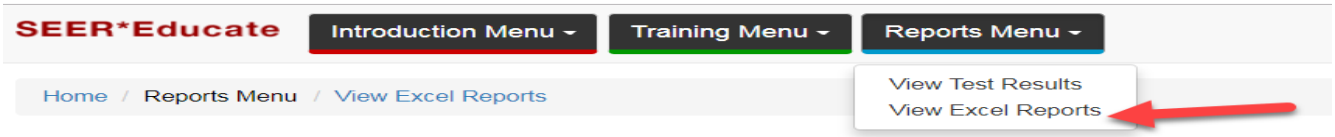
Quick reference on how to access new Dx Year 2021-2023 exercises and the CE report

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 2021-2023 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 2021-2023 EOD, Summary Stage, Grade, SSDI** row. Change the start date to a date prior to when you began this material, such as 12/1/2022 and change the end date to today's date.

If no results are returned, you may need to retake a specific exercise if you originally scored less than 70%, which is the NCRA requirement to earn CEs for all SEER*Educate Category A training modules. 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.

NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

Cancer PathCHART

Cancer Pathology **C**oding **H**istology **A**nd **R**egistration **T**erminology

The Future of Cancer Surveillance Data Quality

What: The Cancer PathCHART initiative is a ground-breaking collaboration that aims to improve cancer surveillance data quality by updating standards for tumor site and histology combinations and associated terminology and coding. Also planned is a webtool that will feature search capability for all valid histologies at a given tumor site, vice versa, and all related terminology.

Why: The foundational data items of site, histology, and behavior are the basis for all subsequent data abstraction for a tumor (e.g., stage, treatment, outcomes). Accurate data are essential for the evaluation, management, research, and surveillance of cancer patients.

How: This initiative involves a multilevel review process, including pathologists and tumor registrars, of standards for tumor site-histology combinations, terminology, and coding. These standards will be the source of information for the SEER Site/Histology Validation List, SEER Impossible List, and the NAACCR site/type edits, which will be freely available to cancer registration software vendors and any other end users in easily consumed, computer-readable formats (e.g., Excel, CSV, XML, JSON).

When: These standards will be updated annually, with the first updates implemented for cases diagnosed January 1, 2024 and later. The webtool will be available concurrent with a future update of the standards.

Impact: This vital online resource will help cancer registrars, clinicians, pathologists, researchers, and developers use the same terms and coding standards, making cancer surveillance more accurately reflect medical practice without altering cancer registration workflows.

Key Collaborators

The following organizations in this collaborative initiative are making Cancer PathCHART *the* authority on tumor site-histology combinations and terminology for accurate coding.

- National Cancer Institute - Surveillance, Epidemiology, and End Results Program (NCI – SEER)
- National Cancer Registrars Association (NCRA)
- North American Association of Central Cancer Registries (NAACCR)
- Centers for Disease Control and Prevention National Program of Cancer Registries (CDC – NPCR)
- International Association of Cancer Registries (IACR)
- Statistics Canada | Statisique Canada
- World Health Organization - International Agency for Research on Cancer (WHO – IARC)
- College of American Pathologists (CAP)
- American Joint Committee on Cancer (AJCC)
- American College of Surgeons - Commission on Cancer (ACS – CoC)
- International Collaboration on Cancer Reporting (ICCR)

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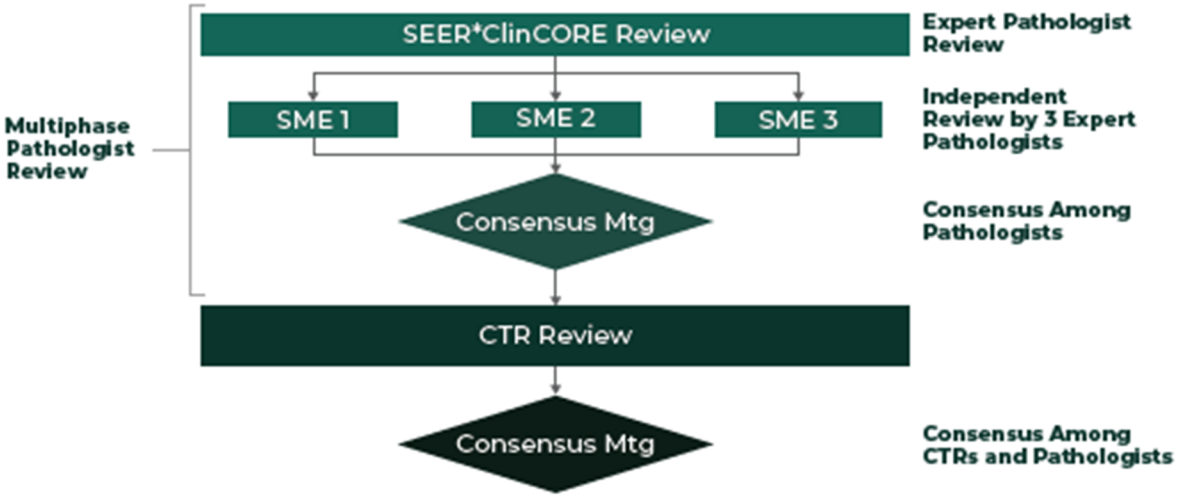
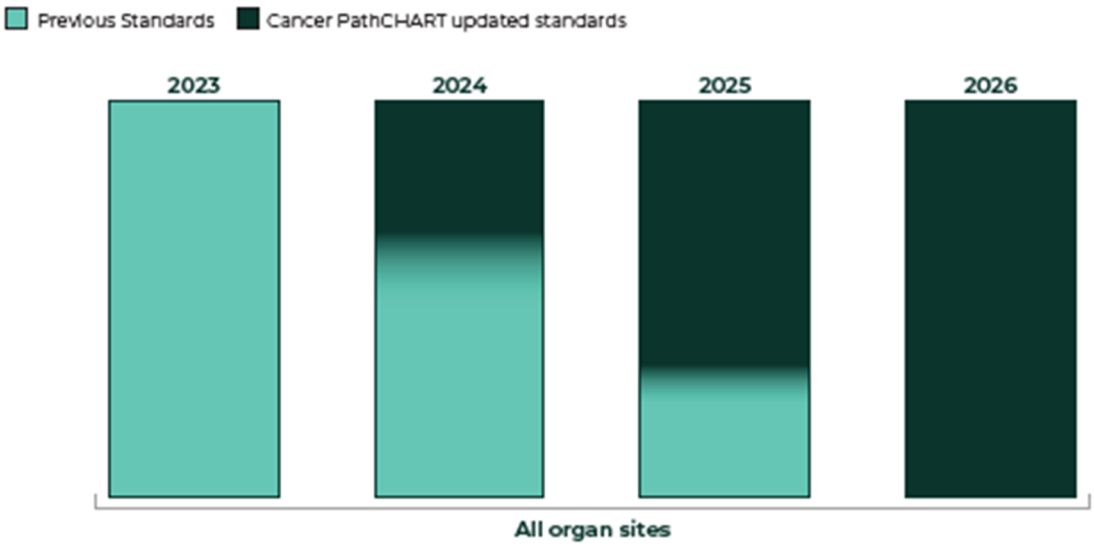
Review Process



Implementation Timeline



For More Information

Contact the Cancer PathCHART team today at NCICancerPathCHART@mail.nih.gov with any questions.

Updated: April 25, 2023

Coding Radiation Treatment Modality – 1st Course Therapy

FCDS has been working diligently to remind registrars to document the Phase I Treatment Modality (source of radiation) in the Treatment Text for Radiation for a number of years – even before the new radiation modality codes were introduced along with coding of 3 phases of radiation therapy at CoC Accredited Cancer Programs.

The new radiation modality codes 'fixed' some of the previous misclassification. The biggest problem with the old codes is that they mixed radiation techniques (how radiation is delivered) with the modality (the source of the radiation). Since the new modality codes were introduced there has also been a lot of confusion over presumptive modalities (source of radiation) based only on the Megavoltage rate (MV). This presumptive radiation source is not 100% accurate. And, registrars mix MV with MeV which are abbreviate different things.

The energy of diagnostic and therapeutic gamma- and X-rays is expressed in kilovolts or megavolts (kV or MV), while the energy of therapeutic electrons is expressed in terms of mega-electron volts (MeV). The current convention is to use MV for photons and MeV for electrons. Orthovoltage is usually expressed in kV or kVp.

External beam radiation therapy usually is classified as orthovoltage or megavoltage radiotherapy, based on the energy of the photon. Orthovoltage machines produce x-rays with an energy of 150 to 500 kVp; megavoltage radiation emits photons with an average energy greater than 1 million electron volts (1 MeV).

Radiation may come from a unit (external radiation, teletherapy, beam radiation), may be placed inside or next to the tumor site (internal radiation, brachytherapy), or may use unsealed radioactive materials that go throughout the body (systemic radiation therapy). These are techniques that use various modalities (sources).

X-rays are created by units called linear accelerators. Electrons are produced by linear accelerators, without the x-ray target in place. Electron beams are commonly used to treat superficial tumors and special skin cancers.

Megavoltage Radiation Therapy (MRT) is a modality in which radiation is delivered by an MRT unit. An MRT unit can be a linear accelerator, cobalt unit, particle accelerator or other piece of medical equipment operating at an energy level equal to or greater than 1.0 million electron volts (megavolts or MeV). Some MRT units are multi-purpose and can deliver radiation in multiple techniques such as IORT, Stereotactic Radiosurgery or standard linear accelerator. Some units are designed to emit only electrons – use in operating rooms (IORT) for example.

Megavoltage x-rays have lower biological effectiveness than Orthovoltage x-rays. And Photons are attenuated higher than Megavoltage x-rays. So, Megavoltage x-rays are preferred for treatment of deep tumors than lower energy photons. The Megavoltage penetrates further with a lower skin dosage. This keeps surrounding tissue from being damaged while delivering the highest possible dose to the target tumor, tumor bed or metastasis.

(Continued on page 16)

(Continued from page 15)

Lower levels of MV or Megavoltage in the ranges noted for presumed Photon source therapies particularly in the 2MV-10MV range can be reached without the use of photons. These ranges can be reached using conventional electrons depending on the make and model of linear accelerator and its calibration.

Adding to the frustration is that it is often impossible to find the radiation source in the radiation summary report and records – was the source of radiation electrons, photons, protons, orthovoltage or some mixed modality? And what is the difference between modality and technique?

High-Energy Photon Beam is the most common method for delivery of radiation to treat cancer – primary tumor or metastatic site(s). But External Beam Radiation can come from several different sources; Cobalt, Cesium, Orthovoltage, Electrons, Photons, Neutrons, and Gamma Knife or Stereotactic Radiotherapy. Sometimes there is even a mix of electrons and photons.

There is even a new 'technique' not a new modality but a new technique, called FLASH-RT that delivers ultra-high dose radiation to a target with a single ultra-high dose of radiation therapy in one visit.

The dose-rate of deliver of radiation is 400-times more rapid than conventional radiation therapy. Delivery is measured in microseconds not minutes or seconds. This new technique is expected to revolutionize radiation therapy.

All said and done, FCDS has decided that it is best for all of us to just go along with the guidelines the CoC has promoted for presumptive photon modality based on range of MV rather than trying to get registrars to document the radiation source (modality) more clearly in text – especially when it is often not available.

Therefore, FCDS would like registrars to use the below table to determine modality using photons and MV so we are in synch with the CoC and because this is a CoC data item. Further clarifications may come at a later date. Text documentation using the specified MV rate in the below table is sufficient. When other sources are used, please be sure to apply the correct Radiation Modality Code in accordance with the Radiation Regional Radiation Modality Codes published in the **FCDS DAM** and in **Appendix R of the 2023 STORE Manual**.

Code	Description
0	No radiation treatment
20	External beam, NOS
21	Orthovoltage
22	Cobalt-60, Cesium-137
23	Photons (2-5 MV)
24	Photons (6-10 MV)
25	Photons (11-19 MV)
26	Photons (> 19 MV)
27	Photons (mixed energies)
28	Electrons
29	Photons and electrons mixed
30	Neutrons, with or without photons/electrons
31	IMRT
32	Conformal or 3-D therapy
40	Protons
41	Stereotactic radiosurgery, NOS
42	Linac radiosurgery
43	Gamma Knife
50	Brachytherapy, NOS
51	Brachytherapy, Intracavitary, Low Dose Rate (LDR)
52	Brachytherapy, Intracavitary, High Dose Rate (HDR)
53	Brachytherapy, Interstitial, Low Dose Rate (LDR)
54	Brachytherapy, Interstitial, High Dose Rate (HDR)

(Continued on page 17)

(Continued from page 16)

55	Radium
60	Radio-isotopes, NOS
61	Strontium - 89
62	Strontium - 90
80	Combination modality, specified
85	Combination modality, NOS
98	Other, NOS

Here is another table that may be of some help for folks who have annotation of devices, machines, products or techniques that are not modality. Here is the conversion to modality for some common devices, techniques.

Product	Modality
Varian TrueBeam, Halcyon or Ethos	02
ViewRay MRIdian MR-Linac	02
Elekta Unity MR-Linac	02
Elekta VersaHD, Infinity, Synergy	02
GammaKnife	02
GammaPod	02
Cyberknife	02
Tomotherapy	02
VMAT, RapidArc, Hyperarc	02
Zeiss, Xoft, Esteya	02
Accuboost	02
LIAC, NOVAC	04
MammoSite, SAVI, Contura	09

FCRA/FCDS TASK FORCE

The FCRA/FCDS Task Force meets monthly to discuss issues related to Florida Cancer Registrars, Cancer Registry Standards and FCDS Operations relevant to registrars and registries across the state of Florida.

The Task Force includes representatives from large, small and corporate cancer registries, NCI designated cancer centers, software providers, interim service providers, registry contractors, radiation oncology centers, ambulatory surgery centers, FCDS and the FCRA Board of Directors. Most members wear multiple 'hats'.

The main purpose of the Task Force is to provide Florida registrars a means for communicating various issues for Cancer Registrars and the State Central Registry and to represent Florida Cancer Registrars relevant to FCDS Operations. The Task Force tackles problems such as issue resolution, improvement of reporting procedures with the hope of increasing efficiencies, software updates, problems with edits, FCDS Audits, FCSD and NAACCR Webinar Series', and to assist in identifying new areas of educational needs for our Florida Cancer Registry Community and areas worthy of revisiting. We work together to resolve problems statewide.

The Task Force's focus is currently working on the FCRA In-Person Annual Conference, the FCDS Virtual Annual Meeting and preparations for Florida's transition to NAACCRv23 Standards, 2023 Manuals and FCDS EDITSv23. Communication is a growing theme again to ensure consistency in interpreting manuals and instructions. We also spend time discussing FCDS Deadlines and FCDS' progress toward meeting national requirements to ensure Florida's cancer data is included in national statistics and national publications.

Future projects include developing a 'Florida Internship Sharing Program', and 'FCRA/FCDS Guide Hiring Contractors for Cancer Reporting in Florida', and continuation of problem solving as registries transition to the XML data transmission protocols and working through FCDS EDITS.

Questions and concerns can be submitted directly to the Task Force co-chairs; Marcia Hodge, FCRA President, and Meg Herna, FCDS Manager, at the click of a button on either the FCRA or FCDS Main Webpages.

Please submit questions and concerns to the Task Force co-chairs; Marcia Hodge, FCRA President, and Meg Herna, FCDS Manager, and we will add your topic to our monthly agenda for discussion.

Co-Chairs: Marcia Hodge (hodgem@shands.ufl.edu) and Megsys Herna(mherna@med.miami.edu)

Members: Cheryl Taft, Barbara Dearmon, Jennie Jones, Joyce Allan, Mayra Espino, Yolanda Topin, Lindsey Mason, Jesmarie Garcia, Gary Levin

2022-2023 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.

DATE	TOPIC
*10/6/22	**Breast 2022 Part 1** Co-host: Wilson Apollo Part 1 of the Breast webinar will focus on treatment of breast cancer. We will discuss the new breast surgery codes, reconstruction, lymph node related data items, systemic treatment, and radiation.
* 11/3/22	**Breast 2022 Part 2** Co-host: Denise Harrison Part 2 of the Breast webinar will focus on SSDIs and staging. Examples, quizzes, and case scenarios included.
* 12/1/22	**Esophagus 2022** Co-host: Wilson Apollo This webinar will focus on anatomy, SSDIs, staging, and treatment with an emphasis on radiation. Examples, quizzes, and case scenarios included
*1/12/23	**Head and Neck 2023** Co-host: Vicki Hawhee This webinar will cover the anatomy, solid tumor rules, staging and treatment of Head & Neck cancers. Examples, quizzes, and case scenarios included.
* 2/2/23	**Data Item Relationships** Co-host: Jennifer Ruhl and Angela Costantini We will take an in-depth look at how codes for one data item impact codes for other data items. Examples, quizzes, and case scenarios included.
*3/2/23	**Boot Camp 2023** Guest Hosts: Nancy Etzold and Elaine Bomberger-Schmotzer This Boot Camp webinar will involve completing multiple quizzes with minimal lecture.
* 4/6/23	**Prostate 2023** Co-host: Gillain Howell and Amy Bramburg This webinar will focus on the anatomy, SSDIs, staging, and treatment of prostate cancer. Examples, quizzes, and case scenarios included.
* 5/4/23	**Lower GI 2023 Part 1** Co-host: Denise Harrison Part 1 of the Lower GI webinar will focus on colon, appendix, and anus. We will look at anatomy, solid tumor rules, and SSDIs for these sites. Examples, quizzes, and case scenarios included.
* 6/1/23	**Lower GI 2023 Part 2** Co-host: Denise Harrison Part 2 of the Lower GI webinar we will discuss stage and treatment for colon, appendix, and anus. Examples, quizzes, and case scenarios included.
* 7/13/23	**IT Worked for Me: In"FUN"matics in the Cancer Registry** Co-host: Ronda Broome, Lisa Landvogt, Kelli Merriman This webinar features a variety of professional perspectives on how best to mix technology with data and utilizing the outcome to share relevant and valuable data analysis (informatics). This is THE next level for CTR's on the career ladder. We have spent decades on mastering the input of data, NOW is the time to take "IT" to the next level. Join us on our journey, "IT" is truly the fruit of our labor, from beginning to end.
8/3/23	**Melanoma 2023** Co-host: Janine Smith We will look at solid tumor rules, staging, SSDIs, and new skin surgery codes for Melanoma. Examples, quizzes, and case scenarios included
9/7/23	**Coding Pitfalls 2023** Co-host: Janet Vogel During this webinar we will review problematic coding issues identified through quality control of registry data

FCDS 2023 Annual Meeting CEU Application in Progress:

Florida Cancer Data System
Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTER FILE AS OF JUNE 30,2023

Total number of *New Cases* added to the FCDS Master file in June,, 2023 **2,645**

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	Tumors
2023	7	0	0	4,326	0	**Pending**	4,333	**204**	**3,570**
2022	183,313	3,405	573	13,187	1,125	**Pending**	201,603	**1,328**	**105,807**
2021	234,251	6,760	621	12,443	30,832	**Pending**	284,907	**1,113**	**158,536**

% Complete for:	Actual	Expected
2023	**2%**	**8%**
2022	81%	100%
2021	100%	100%

**Expected % based on 250,000 reported cases per year*

Expected	
2023	**3%**
2022	**81%**
2021	**100%**

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.

FCDS 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.

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