



Updating the 2026 Data Acquisition Manual

Michele Ledbetter, MPH
One Health Insights

What we did

1. Determine improvements that could be made to the DAM
2. Work with FCDS to implement changes

58 survey responses

- Access and format
- Content and clarity
- Other feedback

5 follow-up interviews

- Add context to surveys
- Demonstrate use of DAM

Takeaway 1 | **A lot is working well**

What we heard:

- FCDS is a leader
- DAM is comprehensive and kept up to date
- Satisfied with access – focus on usability

Takeaway 1 | A lot is working well

“

I don't think that the information is unclear. I just feel that it **needs to be easier to find the information.**

”

Takeaway 2 | It's hard to find what you need

What we heard

- Users spend a lot of time scrolling
- Limited functionality of the table of contents and search options



Introduction:	
Acknowledgements	i
Preface, Confidentiality	ii - iii
Florida State Law	iv - xx
Section I: Guidelines for Cancer Data Reporting	
A. Case Eligibility	1 - 20
1. Reportable Patients	
2. Not Reportable Patients	
3. Reportable Neoplasms	
4. Not Reportable Neoplasms	
5. Reporting Multiple Primary Tumors	
6. Clarification of Reporting Requirements	
B. Casefinding	21-23
1. Pathology Reports	
2. HIM/Medical Record Disease Index/Unified Billing System Report	
3. Radiation Therapy Department	
4. Outpatient Departments	
5. Diagnostic Imaging (Radiology) Department	
6. ICD-10-CM Casefinding List	
C. Abstracting	24-33
1. Personnel Requirements – Abstractor Training/FCDS Abstractor Code	
2. Case Abstracting Requirements – Timeliness	
3. Not Reportable List	
4. Abstracting Non-Analytic and Historical Cases	
5. Abstracting Historical Cases Optional Minimal Dataset	
6. Reporting Historical Cases in the State Specific fields	
7. Annual Reporting Deadline – June 30 th	
8. Making Changes to Existing Abstracts	
9. Required and Recommended Desk References	
D. Data Transmission	32-33
1. Quarterly Reporting	
2. Electronic Submissions	
3. Receipt on Upload – Confirmation Report	
4. Data Acceptance Policy – FCDS EDITS	
E. Psychiatric, Military and Veterans Administration Facilities	34
F. Ambulatory Surgery Centers	34
G. Freestanding Radiation Therapy Centers	35
H. Private Practice Physician Offices (CAPIS)	35
I. Clinical Laboratory Cancer Identification Program (CLIP)	35
J. FCDS Responsibilities	36-48
1. Data Acquisition	
2. Training and Education	
3. Quality Control	
4. FCDS Data Quality/Quality Control Program Components	
5. Data Requests	
K. FCDS Management Reports	48
L. Awards (Jean Byers Award and Pat Strait Award)	49
M. FCDS Correspondence	49
N. Calendar/Forms/Templates/Sample Reports	50-55
FCDS Annual Reporting Calendar	
FCDS Profile Modification Form - Sample	
FCDS Discrepancy Journal - Sample	
Not Reportable List Template – Sample	
FCDS Quarterly Cancer Case Reporting Status Report – Sample	
FCDS Data Quality Indicator Report - Sample	

Takeaway 2 | It's hard to find what you need

What we did

- Multiple tables of contents
- More hyperlinks throughout
- Sidebar “tabs”
- Bookmarks

The screenshot displays a document's Table of Contents. On the right side, there is a vertical sidebar with four tabs: 'Table of Contents' (highlighted in orange), 'Introduction', 'Section I', and 'Section II'. The main content area is titled 'Table of Contents' and lists various sections and appendices, each with a hyperlink. An arrow points from the left towards the 'Section I' tab in the sidebar, and another arrow points from the right towards the 'Section I' tab. The document content includes:

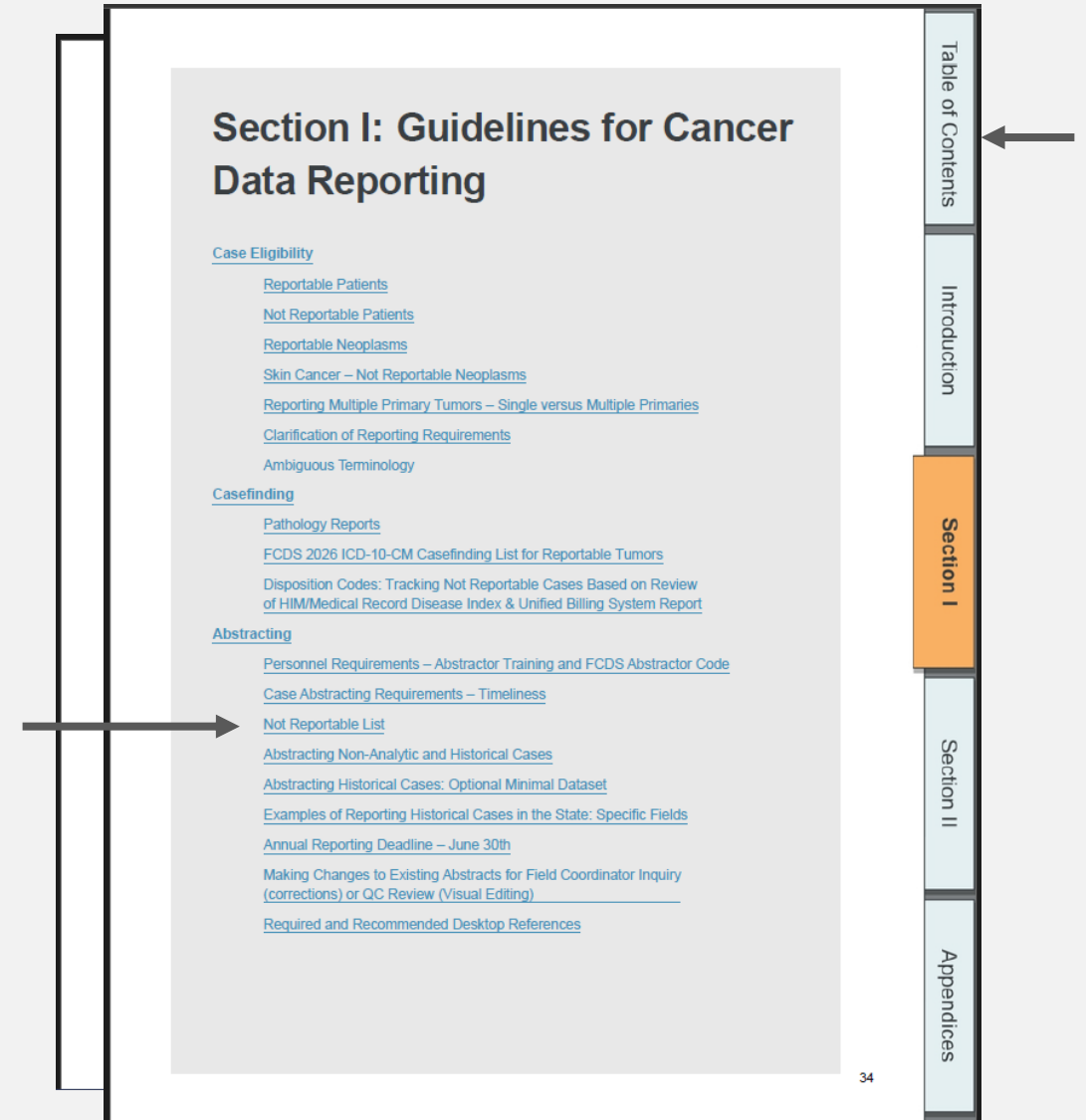
- [Introduction](#)
- [Acknowledgments](#)
- [Preface](#)
- [Confidentiality](#)
- [Florida State Law](#)
- [Summary of Changes](#)
- [Section I: Guidelines for Cancer Data Reporting](#)
- [Case Eligibility](#)
- [Casefinding](#)
- [Abstracting](#)
- [Data Transmission](#)
- [Alternative Facilities](#)
- [FCDS Responsibilities](#)
- [FCDS Management Reports](#)
- [Awards](#)
- [FCDS Correspondence](#)
- [Calendar, Forms, and Sample Reports](#)
- [Section II: General Abstracting](#)
- [Registry Information](#)
- [Patient Demographics](#)
- [Tumor Information](#)
- [Treatment Information](#)
- [Text - Required](#)
- [Follow Up](#)
- [Appendices](#)
- [Appendix A: Florida Healthcare Facilities Currently Reporting to FCDS](#)
- [Appendix B: Florida FIPS, USPS State Abbreviations and ISO Country Codes](#)

1

Takeaway 2 | It's hard to find what you need

What we did

- Multiple tables of contents
- More hyperlinks throughout
- Sidebar “tabs”
- Bookmarks



Takeaway 2 | It's hard to find what you need

What we heard

- Users may be looking for different levels of information
- DAM is hard to skim

Cancer PathCHART Site-Morphology Combination Standards

Source: SEER Program Coding and Staging Manual 2024

About Cancer PathCHART: The Cancer Pathology Coding Histology and Registration Terminology (Cancer PathCHART) initiative is a ground-breaking collaboration of North American and global registrars, registry, pathology, and clinical organizations. The main goal of Cancer PathCHART is to improve cancer surveillance data quality by updating standards for tumor site, histology, and behavior code combinations and associated terminology. This initiative involves a substantial, multifaceted review process of histology and behavior codes (and associated terminology) by tumor site that includes expert pathologists and tumor registrars. The results of these in-depth reviews are incorporated into the Cancer PathCHART database, which serves as the single source of truth standards for tumor site, histology, and behavior coding across all standard settings. See the Cancer PathCHART website for further information:
<https://seer.cancer.gov/cancerpathchart/>

Cancer PathCHART Standards for cases diagnosed January 1, 2024 and forward: Tumor site-morphology combinations are designated as valid, unlikely, or impossible. Valid tumor entities can be abstracted without any issues. For cases diagnosed as of January 1, 2024 and forward, impossible tumor entities will trigger an error on the Primary Site, Morphology-Type, Beh ICDO3 2024 (N7040) edit and cannot be abstracted. An alternative site, histology, and behavior combination will need to be coded for the tumor. Unlikely entities will also trigger an error on the N7040 edit. For these combinations, confirm the primary site, histology and behavior code by thoroughly reviewing the medical record. If the information is determined to be correct as coded, the Site/Type Interfield Review override flag will need to be set for the abstract. The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List: The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List (CPC SMVL), output directly from the Cancer PathCHART database, is a comprehensive table that replaces both the ICD-O-3 SEER Site/Histology Validation List and the list of impossible site and histology combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) edit. The 2024 CPC SMVL is freely available to cancer registration software vendors and any other end users in easily consumed, computer-readable formats (CSV, XLSX, XML, and JSON). The downloadable list can be found at <https://seer.cancer.gov/cancerpathchart/products.html>.

Cancer PathCHART SVML Search Tool: a web tool is available on the Cancer PathCHART website that will allow searches for tumor topography, histology, and behavior codes and terms and whether the site-morphology combinations are biologically valid, impossible, or unlikely.

TEXT-PRIMARY SITE TITLE

NAACCR ITEM #2580

Enter the location of the primary site of the tumor being reported. Include available information on tumor laterality. Do not use vendor-driven auto-coding of primary site title in this field. Enter free text.

LATERALITY

NAACCR ITEM #410

Laterality identifies the side of a paired organ or the side of the body in which the reportable tumor originated. This applies to the primary site only. It must be recorded for the following paired organs as 1-5 or 9. Organs that are not paired, for which you have not recorded right or left laterality, are coded 0. Midline organs are coded 5. "Midline" in this context refers to the point where the "right" and "left" sides of paired organs come into direct contact and a tumor forms at that point. Most paired sites cannot develop midline tumors. For example, skin of the trunk can have a midline tumor, but the breasts cannot.

FDCS Data Acquisition Manual 2025

Revised -2025

FDCS Data Acquisition Manual 2025

Revised -2025

Takeaway 2 | It's hard to find what you need

What we did

- Standardized page layout to meet needs of new and experienced users

Table of Contents

Introduction

Section I

Section II

Appendices

Code

Description

0

Organ is not a pair

1

Origin of primary is

2

Origin of primary is

3

Only one side invol

unknown use '3'

4

Bilateral involve

both ovaries invol

Wilms tumor. Both

diagnosis or diffus

A bilateral laterali

5

Paired site: midline

(effective with 01/0

9

Paired site, but no

ICD-O-3

Sites

C07.9

Parotid G

C08.0

Subman

C08.1

Sublingu

C09.8

Overlap

C09.9

Tonsil, N

C30.1

Middle e

C31.0

Maxillar

C31.2

Frontal s

C34.1 – C34.9

Lung

C38.4

Pleura

C40.0

Long bo

C40.1

Short bo

C40.2

Long bo

C40.3

Short bo

C44.1

Skin of e

C44.2

Skin of e

C44.3

Skin of o

C44.4

Skin of S

C44.5

Skin of t

Laterality

NAACCR ITEM #410

Purpose

- Laterality identifies the side of a paired organ or the side of the body in which the reportable tumor originated. Determine whether laterality should be coded for each primary
- This applies to the primary site only. It must be recorded for the following paired organs as 1-5 or 9. Organs that are not paired, for which you have not recorded right or left laterality, are coded 0. Midline origins are coded 5. "Midline" in this context refers to the point where the "right" and "left" sides of paired organs come into direct contact and a tumor forms at that point. Most paired sites cannot develop midline tumors. For example, skin of the trunk can have a midline tumor, but the breasts cannot.

Coding Instructions

- Code laterality for all paired sites. (See Section One for additional information.)
- For the sites C300, C340, C413, C414, the laterality can be coded 4, or 9.
- Do not code metastatic sites as bilateral involvement.
- Assign code 5 when the tumor originates only in the midline of a site listed below. "Midline" in this context refers to the point where the "right" and "left" sides of paired organs come into direct contact and a tumor forms at that point.
 - C700, C710-C714, C722-C725, C443, C444, C445
- Organs not paired, unless they are recorded "right" or "left" laterality, are coded 0.
- When the primary site is unknown (C80.9) assign code 0.

253

254

Takeaway 3 | Annual changes matter

What we heard

- Year-to-year changes are important for everyday use
- The previous Summary of Changes section was on **page 712** of the document

Appendix S- Summary of Changes 2025

Appendix S
FCDS DAM 2025
Summary of Changes

Various sections of the DAM 2025 have been reorganized and updated for better usability. FCDS advises Registrars and Abstractors to review the entire document carefully. For any inquiries, please contact FCDS directly.

The table below lists changes to the FCDS DAM 2025 by page number.

Section	Changes/Clarifications	DAM 2025 Page Number
Acknowledgments	Updated FCDS and Florida Department of Health Staff	1
Section I – Guidelines for Cancer Data Reporting	Removed reference to the 2024 New Reportable Neoplasms/Reclassified Tumors section	1
	Clarified the reportability guidelines for port-a-cath placement only patients	2
	Updated the FCDS rule on BI-RADS, LI-RADS, Lung RADS, PI, RADS, and when to use the imaging reports to code the Date of Diagnosis when followed or not with a biopsy to align with COC	2
	Updated the FCDS rule regarding certain chronic neoplasms, such as chronic leukemia, myelodysplastic syndromes, and myeloproliferative diseases, or other lymphoid/myeloid neoplasms that achieve remission	3
	Added breast C500-C509 to Lobular Intraepithelial Neoplasia Grade III	4
	Added xii. Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 as of 01/01/2025	4
	Removed section on patients with chronic neoplastic conditions	5
	Removed section on new 2021 requirements for benign/borderline brain and CNS tumors	7
	Clarified section on reporting specific	7

Takeaway 3 | Annual changes matter

What we did

- Moved summary of changes to the beginning of the DAM
- Added hyperlinks directly to the change

Table of Contents

Introduction

Section I

Section II

Appendices

FCDS DAM 2026 – Summary of Changes

Various sections of the DAM 2026 have been reorganized and updated for better usability. FCDS advises Registrars and Abstractors to review the entire document carefully. For any inquiries, please contact FCDS directly. The table below lists changes to the FCDS DAM 2026 by page number.

The table below lists changes to the FCDS DAM 2026. Links to the relevant section are included.

Section	Changes/Clarifications
Acknowledgements	Updated FCDS and DOH staff members
FCDS Reporting Calendar	Updated to include current reporting year
Section I – Case Eligibility	Revised. This FCDS rule was updated with cases diagnosed January 1, 2025, and forward to align with CoC. Revised the list of reportable neoplasms for in situ and invasive cancers, added histology codes Added information on LAMN Low Grade Appendiceal Mucinous Neoplasm Updated link to the Primary Central Nervous System Tumors manual for data collection. https://stacks.cdc.gov/view/cdc/11345 Added Table 2 for 2026 ICD-O-3.2 Updates (Alpha) Added to Skin Cancers Not Reportable Bowen's Disease (squamous cell carcinoma in-situ of skin) is not reportable (C44.0-C44.9) Added table to Ambiguous Terms that Constitute a Diagnosis Added Equivalent to "Diagnostic for" malignancy or reportable diagnosis. These phrases are reportable when no other information is available or when there is no information to the contrary. • Considered to be [malignancy or reportable diagnosis] • Characteristic of [malignancy or reportable diagnosis] • Appears to be a [malignancy or reportable diagnosis] • Most compatible with [malignancy or reportable diagnosis] • Most certainly [malignancy or reportable diagnosis] • In keeping with [malignancy or reportable diagnosis] • Equivalent to "Not diagnostic for" malignancy or reportable diagnosis. These phrases are NOT reportable when no other information is available. • Highly suspicious for, but not diagnostic of [malignancy or reportable diagnosis] • Most compatible with a [non-reportable diagnosis] such as a [reportable diagnosis] • High probability for [malignancy or reportable diagnosis] Equivalent to "Differential diagnoses"

31

Other navigation tips

- Use the bookmarks, and add your own
- Download PDF instead of viewing in browser
- Use ctrl-F for NAACCR items