

# The Florida Cancer Data System's Memo



**HAPPY NEW YEAR!**

**JANUARY 13**

## **WHAT'S NEW:**

*The following information is currently available on the FCDS website.*

**FLORIDA ANNUAL  
CANCER REPORT:  
INCIDENCE AND  
MORTALITY - 2008**

**FCDS/NAACCR  
EDITS Metafile - 12.2C**  
Metafile, posted 09/6/2012  
1:25pm, 12.2B Metafile  
changes, minor changes to  
Reason. No Radiation edits.

**FCDS/NAACCR  
WEBINAR SERIES:**

NAACCR 2012-2013  
CANCER REGISTRY  
AND SURVEILLANCE  
WEBINAR SERIES -  
CENTRAL NERVOUS SYSTEM  
2/7/13, BEING HELD AT  
7 FLORIDA FACILITIES  
AND [requires registration.](#)

**FCDS  
EDUCATIONAL  
WEBCAST SERIES**  
2012-2013- 2/21/2013  
GENITOURINARY  
NEOPLASMS

**FCDS** Florida Cancer Data System

A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

**The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981.**

## **NEW AND RENEWAL FCDS ABST CODE - 2013 FCDS POLICY/PROCEDURE CHANGE**

### **2013 FCDS ABTRACTOR CODE: POLICY**

The FCDS Abstractor Code Requirement has been FCDS Policy for many years and applies to every cancer registrar working in the state of Florida (CTR or non-CTR, Florida resident or out-of-state contractor, regardless of years as an abstractor). FCDS will not accept cases from individuals without an Active/Current FCDS Abstractor Code.

### **2013 FCDS ABSTRACTOR CODE: PROCEDURE**

While the FCDS Abstractor Code Requirement Policy remains unchanged, the 2013 FCDS Abstractor Code Exam is a new tool and procedure that will help FCDS expedite FCDS Abstractor Code approvals, renewals, and monitoring. As of January 8<sup>th</sup> 2013, any individual planning to acquire a New FCDS Abstractor Code or planning to Renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Exam. Exams will be short (15-20 multiple choice or T/F questions) with a variable mix of content questions weighted differently depending on whether this is an exam for a New FCDS Abstractor Code or Renewal of an existing Abstractor Code.

*Note: This procedure replaces all previous FCDS Procedure (i.e. Submission of 10 case abstracts on paper for QC Visual Review to obtain an initial "New" FCDS Abstractor Code).*

### **2013 FCDS ABSTRACTOR CODE EXAM: CONTENT**

Questions will be electronically selected at random from a pool of nearly 500 questions covering 6 major topic areas. No two exams will be alike.

The 6 topic areas include;

- General Abstracting Knowledge
- General Abstracting Rules and Florida-Specific Rules
- Primary Site/Histology/Grade
- Stage at Diagnosis (Collaborative Stage Data Collection System and Site Specific Factors)
- Latest Rule Changes
- Treatment and Survival

*(Continued on page 3)*



"to educate,"

(Continued from page 2)

### **WHO NEEDS TO TAKE THE FCDS ABTRACTOR CODE EXAM?**

- ⇒ Individuals hoping to acquire a NEW FCDS Abtractor Code will need to take the New FCDS Abtractor Code Exam.
- ⇒ If an individual's FCDS Abtractor Code has been expired for greater than 2 years, the individual must re-apply and take and pass the New FCDS Abtractor Code Exam.

### **WHO NEEDS TO TAKE THE FCDS ABTRACTOR CODE RENEWAL EXAM?**

- ⇒ Individuals with an ACTIVE (not yet expired) FCDS Abtractor Code will be required to take and pass the FCDS Abtractor Code Renewal Exam once their code has expired.
- ⇒ Individuals with an EXPIRED FCDS Abtractor Code will be required to take the FCDS Abtractor Code Renewal Exam each year in order to keep their FCDS Abtractor Code current and to renew their individual FCDS Abtractor Code, annually.

### **FCDS LEARNING MANAGEMENT SYSTEM WEBCAST:**

FCDS hosted a 1 ½ hour webcast on January 8, 2013. The webcast has been recorded and is available on the FCDS Website under Education and Training – Webcasts/Teleconferences page at <http://fcds.med.miami.edu/inc/teleconferences.shtml>. This webcast is a **MUST SEE** for every registrar working or planning to work in the state of Florida as well as any registry and/or HIM Manager responsible for cancer reporting to FCDS.

The webcast outlines the on-line FCDS User Account, Facility Account, and FCDS Abtractor Code registration process and what is required by each registrar to obtain an initial and/or renewal FCDS Abtractor Code, how to manage facility and user accounts, and how FCDS plans to use the new Learning Management System to enhance web-based education and training programs now and in the future.

The new tools, policy and procedures will also be used to manage facility and personal FCDS User Account information, individual FCDS Abtractor Codes, and to monitor the attendance and progress of participants enrolled in the newly updated greatly enhanced FCDS On-Line Abtractor Course and FCDS-hosted webcast attendance. The enhanced and newly updated FCDS On-Line Abtractor Course consists of more than 1000 slides with voice-over, notes, exercises, quizzes, and more with over 40 hours of self-instruction web-based training provided free of charge.



# Florida Cancer Data System Deadlines, Updates, & Reminders

**Let the NAACCR CTR Exam Preparation and Review Webinar Series help you prepare as you race to the March 2013 CTR exam finish line.**



The NAACCR CTR Exam Preparation & Review Webinar Series is an online course with nine 2-hour sessions presented live once a week on Tuesdays from 1 to 3 pm ET January 8 through March 5, 2013. The course is designed to prepare for the March 2013 CTR exam. The course includes “live” lectures presented by experienced instructors, Q&A sessions, study materials, take home quizzes, and a timed practice test. If a participant is unable to attend one of the live sessions, she/he may stream a recording of the live session and watch the session whenever time allows.

[Click here](#) for more information or to link to registration.

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## **FCDS TEXT DOCUMENTATION REQUIREMENTS**

FCDS would like to remind all Florida Registrars (CTR, non-CTR, contractor, in-house staff, or abstractor, NOS) -- **TEXT IS REQUIRED** for ALL Cases Submitted to FCDS. Insufficient or Incomplete Text (e.g. text not sufficient to justify coded data items) is counted as an abstracting and coding ERROR by FCDS and by the CDC NPCR Data Quality Team when they conduct data quality studies on our state-wide database.

FCDS and the human-intervention component of our rules-based automated procedures rely heavily on the text you provide to validate coded data and to conduct data quality evaluations on individual abstracts and when consolidating multi-record cases. Text is also required to set FCDS EDIT Overrides (FORCES) sufficient to clarify the unique situation encountered that requires the case to be “FORCED”. Finally, FCDS uses text to reconcile discrepancies identified as part of our routine and ad hoc data quality activities and special studies such as Audits, QC Review, and more.

*(Continued on page 5)*



# Florida Cancer Data System Deadlines, Updates, & Reminders

## FCDS TEXT DOCUMENTATION REQUIREMENTS

*(Continued from page 4)*

Please take care to thoroughly document in text what you code in all data items – there is plenty of room in the standard text fields to record anything you might need to justify the coded values. Appendix L of the FCDS Data Acquisition Manual (FCDS DAM) is your primary reference for FCDS Text Requirements. So, please refer to Appendix L when you have questions about what should and should not be included in text fields. Thank you. FCDS Field Coordinators and FCDS Quality Control Staff.

Text documentation is an essential component of a complete electronic abstract and is heavily utilized in quality control, to validate data at time of FCDS and NPCR Audits, and for special studies. Text documentation is required to justify coded values and to supplement information not transmitted with coded values. FCDS recommends that abstractors print and post this document for easy reference. Adequate text is a data quality indicator and will be major part of QC.

Text documentation should always include the following components:

- Date(s) – include date(s) references – this allows the reviewer to determine event chronology
- Date(s) – note when date(s) are estimated [i.e. Date of DX 3/15/2011 (est.)]
- Location – include facility/physician/other location where the event occurred (test/study/treatment/other)
- Description – include description of the event (test/study/treatment/other) – include positive/negative results
- Details – include as much detail as possible – document treatment plan even if treatment is initiated as planned
- Include “relevant-to-this-person/cancer” information only – edit your text documentation
- DO NOT REPEAT INFORMATION from section to section
- DO USE Standard Abbreviations (Appendix B)
- DO NOT USE non-standard or stylistic shorthand
- Enter “N/A” or “not available” when no information is available related to any specific text area.



# Florida Cancer Data System

## Deadlines, Updates, & Reminders

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation</i>  <b>Example:</b>
<b>Text - Physical Exam H&amp;P</b>  NAACCR Item #2520 Field Length = 1000	Enter text information from history and physical exams. <i>History and physical examination findings that relate to family history or personal history of cancer diagnosis, physical findings on examination, type and duration of symptoms, reason for admission.</i>  <b>Example: Hx RCC Rt Kidney – Dx 9/2007 in Georgia. Adm c/o fever and night sweats. Adm for w/u.</b>
<b>Text - X-rays/Scans</b>  NAACCR Item #2530 Field Length = 1000	Enter text information from diagnostic imaging reports, including x-rays, CT, MRI, and PET scans, ultrasound and other imaging studies. <i>Date, facility where procedure was performed, type of procedure, detailed findings (primary site, size of tumor, location of tumor, nodes, metastatic sites), clinical assessment, positive/negative results</i>  <b>Example: 4/12/11 (Breast Center xyz) Mammo - Rt Breast w/1.5cm mass at 12:00 o'clock</b>
<b>Text - Scopes</b>  NAACCR Item #2540 Field Length = 1000	Enter text information from diagnostic endoscopic examinations. <i>Date of Procedure, facility where procedure was performed, type of procedure, detailed findings (primary site, extent of tumor spread, satellite lesions), clinical assessment, positive/negative results</i>  <b>Example: 4/12/11 (Endoscopy Ctr xyz) EGD: gastric mucosa w/ evidence of large tumor occupying half of the stomach. Numerous satellite tumors seen on opposite wall of the stomach</b>
<b>Text - Lab Tests</b>  NAACCR Item #2550 Field Length = 1000	Enter text information from diagnostic/prognostic laboratory tests (not cytology or histopathology). <b>Text for SSF documentation.</b> <i>Date(s) of Test(s), facility where test was performed, type of test(s), test results (value and assessment)</i>  <b>Example: 4/12/11 (Hosp xyz) ER +, PR -, HER2 neg by IHC method, PSA 5.3 (elevated)</b>
<b>RX Text - BRM</b>  NAACCR Item #2660 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with biological response modifiers or immunotherapy. <i>date treatment initiated, facility/physician office where administered/prescribed, name of BRM or immunotherapy agent or procedure, dose (if known), Treatment Plan,</i>  <b>Example: 2/15/11(Hosp xyz) - interferon or BCG (dose/duration not stated)</b>
<b>RX Text - Other</b>  NAACCR Item #2670 Field Length = 1000	Enter information regarding treatment that cannot be defined as surgery, radiation, or systemic therapy. <i>Date treatment planned/initiated, name of other therapy, agent or procedure, dose (if known), facility where performed</i>  <b>Example: 2/15/11 (Hosp xyz) - blinded clinical trial or hyperthermia</b>
<b>Text - Remarks</b>  NAACCR Item #2680 Field Length = 1000	Document information not provided in any other text field or overflow from text fields. Document personal history of carcinogenic exposure (arsenic, drinking water, uranium, asbestos), other  <b>Example: 40 year h/o of working in ship building and construction w/ lots of asbestos exposure</b>
<b>RX Text - Surgery</b>  NAACCR Item #2610 Field Length = 1000	Enter text describing the surgical procedure(s) performed as part of 1 <sup>st</sup> course treatment. <i>Treatment plan, date surgery performed, type of procedure, facility where surgery was performed</i>  <b>Example: 2/15/11 (Hosp xyz) - rt breast mrm w/ax ln dissection</b>



# Florida Cancer Data System

## Deadlines, Updates, & Reminders

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation</i>  <b>Example:</b>
<b>Text - Operative Report</b>  NAACCR Item #2560 Field Length = 1000	Enter text information from surgical operative reports (not diagnostic needle, incisional biopsy). Include observations at surgery, tumor size, and extent of involvement of primary or metastatic sites. <i>Date of procedure, facility where procedure was performed, type of surgical procedure, detailed surgical findings, documentation of residual tumor, evidence of invasion of surrounding areas</i>  <b>Example: 4/12/11 (Hosp xyz) right colon resection - Pt was found to have extensive disease in the pelvis (carcinomatosis) and resection was aborted</b>
<b>DX Text - Pathology</b>  NAACCR Item #2570 Field Length = 1000	Enter text information from cytology and histopathology reports. <i>Date of specimen/resection, facility where specimen examined, pathology accession #, type of specimen, final diagnosis, comments, addenda, supplemental information, histology, behavior, size of tumor, tumor extension, lymph nodes (removed/biopsied), margins, some special histo studies</i>  <b>Example: 2/5/11 (Hosp xyz) – Path Acc # - Rectum: Final Dx: adenoca, 2.5cm, ext. to pericolic fat. 1/22 lymph nodes + , margins neg, S100 stain is positive (melanoma, sarcoma)</b>
<b>DX Text - Staging</b>  NAACCR Item #2600 Field Length = 1000	Enter <b>Details of Collaborative Stage</b> and other stage information not already entered in other text areas. Include specific information on Tumor Size, Extension of Primary Tumor, Metastatic Sites, etc. <i>Organs involved by direct extension, size of tumor, status of margins, sites of distant metastasis, special consideration for staging, overall stage, etc. Text for SSF documentation if not under Labs.</i>  <b>Example: 2/15/11 - T2aN1a per path, distant mets in lungs, ER/PR neg, HER2 neg by IHC method</b>
<b>RX Text Radiation (Beam)</b>  NAACCR Item #2620 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with radiation. <i>Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment administered, type of radiation, dose (if known)</i>  <b>Example: 2/15/11-3/15/11 (Hosp xyz) – 4500 rads orthovoltage with 2000 rads boost to tumor bed</b>
<b>RX Text Radiation (Other)</b>  NAACCR Item #2630 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with radiation. <i>Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment was administered, type of radiation, dose (if known),</i>  <b>Example: 2/15/11 (Hosp xyz) - seed implant, radioisotopes (I-131)</b>
<b>RX Text - Chemo</b>  NAACCR Item #2640 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with chemotherapy. <i>Date treatment initiated, facility/physician office where administered/prescribed, name of agent(s)/protocol, dose/cycle (if known), treatment plan( if known)</i>  <b>Example: 2/15/11 (Dr Smith) – Start 6 cycles R-CHOP14 – standard dose at 2-week intervals</b>
<b>RX Text - Hormone</b>  NAACCR Item #2650 Field Length = 1000	Enter information regarding the treatment of the tumor being reported with hormone. <i>date treatment initiated, facility/physician office where administered/prescribed, name of hormone/anti-hormone agent or procedure, dose (if known), Treatment Plan</i>  <b>Example: 2/15/11 (Dr Jones) - tamoxifen (dose/duration not stated) or bilateral orchiectomy</b>



# Florida Cancer Data System Deadlines, Updates, & Reminders

## **RELEASE OF UPDATED REGISTRY PLUS ONLINE HELP VERSION 12.2 FOR 2012**



An updated version of Registry Plus Online Help (RPOH) for 2012 has been released by the Centers for Disease Control and Prevention (CDC) Division of Cancer Prevention and Control, Cancer Surveillance Branch. The SEER manual component has been updated to the 2012 SEER manual, and the Edits component has been updated to the NAACCR metafile version 12.2C.

This new version is available at [www.cdc.gov/cancer/npcr/tools/registryplus/rpoh\\_tech\\_info.htm](http://www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm).

RPOH provides online versions of FORDS, the SEER coding manual, Collaborative Stage manual, and other resources in a free, easy-to-use package.

RPOH is an integrated, user-friendly help system for cancer registrars and others who work with cancer data. Developed in support of CDC's National Program of Cancer Registries (NPCR), RPOH facilitates the abstraction of cancer cases by centralizing standard abstracting and coding manuals into one accessible, easy-to-use resource. The manuals within RPOH are cross-referenced, indexed, and context-linked, making the information readily available to the user, so RPOH can eliminate the need for printed manuals.

The following manuals are included in this release:

- NAACCR *Data Standards and Data Dictionary* for record layout version 12.2
- Online help for the NAACCR Edits Metafile V12.2C
- FORDS (*Facility Oncology Registry Data Standards*) 2012
- *Collaborative Stage Data Collection System [CS]: User Documentation and Coding Instructions, Version 02.04 (including both Parts I and II)*
- *SEER Program Coding and Staging Manual 2012*
- ICD-O-3, Introductory Material and Morphology Numerical Lists

Multiple Primary and Histology Coding Rules (updated through 9/27/11)

Registry Plus Online Help is part of the Registry Plus software suite for cancer registries.

# ELECTRONIC CIGARETTES

## ELECTRONIC CIGARETTES - ARE THEY TOBACCO CONSUMPTION OR NOT?

### HOW DO YOU CODE THIS?



An electronic cigarette, also known as an e-cigarette, vapor cigarette or an e-cig, is an electrical inhaler that vaporizes a propylene glycol- or glycerin- or polyethylene glycol-based liquid solution into an aerosol mist, simulating the act of tobacco smoking. It is often marketed as a smoking cessation aid or tobacco replacement. The similarities between conventional and electronic cigarettes is in the physical design and the nicotine release, which matches around the same amount of nicotine as a conventional cigarette.

The benefits or risks of electronic cigarette use are a subject of uncertainty among health organizations and researchers. Limited controlled studies are available due to their relatively recent invention. Laws governing the use and sale of electronic cigarettes, as well as the accompanying liquid solutions, vary widely, with pending legislation and ongoing debate in many regions.

#### Health Concerns

Proponents of electronic cigarettes often claim that electronic cigarettes deliver the experience of smoking and greatly minimize the smells and health risks associated with tobacco smoke. The base liquids including propylene glycol, vegetable glycerin, and polyethylene

glycol 400 have been widely used as a food additive, as a base solution for personal care products such as toothpaste, and in medical devices such as asthma inhalers. However, the health effects of inhaling nicotine vapor into lungs have been a subject of uncertainty. While e-cigarettes give nicotine addicts more or less the same amount of nicotine of a conventional cigarette, they do not produce the same toxic smoke that can cause lung diseases and cancer when inhaled over time; there are no products of combustion to be inhaled, so no tobacco toxins are inhaled.

#### Food and Drug Administration

In May 2009 the US Food and Drug Administration Division of Pharmaceutical Analysis tested 19 varieties of electronic cigarette cartridges. Tobacco-specific nitrosamines, known cancer-causing agents, were detected in all of the cartridges from one brand and two of the cartridges from the other brand. Nicotine can also be traced in some claimed nicotine-free cartridge. Some cartridges were found to contain "tobacco-specific impurities suspected of being harmful to humans (anabasine, myosmine), and  $\beta$ -nicotyrine was detected in a majority of the samples tested."

In July 2009, the FDA publicly discouraged the use of electronic cigarettes and raised concerns that electronic cigarettes may be marketed to young people and lack appropriate health warnings.

**Source: Wikipedia, the Free Encyclopedia**

*(Continued on page 10)*

# ELECTRONIC CIGARETTES

(Continued from page 9)

## CODING TOBACCO USE FOR E-CIGARETTE CONSUMPTION

- 1) Document consumption of e-cigarettes in text.
- 2) The collection of Tobacco Use will be divided into three types of tobacco products and when tobacco use is indicated, but type is not specified
- 3) Code e-cigarette use under Tobacco USE NOS



- ⇒ **TobaccoUseCigarette** -Cigarette smoking
- ⇒ **TobaccoUseOtherSmoke**- Smoking tobacco products other than cigarettes (e.g., pipes, cigars, kreteks)
- ⇒ **TobaccoUseSmokeless** - Smokeless tobacco products (e.g, chewing tobacco, snuff, etc.)
- ⇒ **TobaccoUseNOS** - Tobacco, NOS

Codes	Description
0	Never used
1	Current user
2	Former user, quit within one year of the date of diagnosis
3	<u>Former user, quit more than one year prior to the date of diagnosis</u>
4	Former user, unknown when quit
9	Unknown/not stated/no smoking specifics provided



# QUESTIONS? ANSWERS. and CLARIFICATION

**QUESTION:**

Is the HIPEC procedure considered a chemotherapy treatment?

**ANSWER:**

HIPEC or Heated Inter-peritoneal Chemotherapy is intra-peritoneal chemotherapy with a twist. They heat the solution of chemo to a temperature of up to 107.6 degrees before they administer it and keep it heated and circulating in the peritoneal cavity for at least two hours. The circulation is back to the heating chamber and then back into peritoneum as well as circulating the solution throughout the peritoneal cavity. This is all done post-cytoreduction. (To improve outcomes in patients with in inter-peritoneal metastasis from ovarian, colon and other cancers)

**QUESTION:**

Are Benign/Borderline Tumors of Brain and CNS reportable?

**ANSWER:**

Benign/Borderline Tumors of Brain and CNS are reportable since 2004. This includes three intracranial endocrine glands (pineal gland C75.3, pituitary gland C75.1, and craniopharyngeal duct C75.2). Glomus jugulare tumors and carotid body tumors are head and neck cancers (tumors of the blood vessels of the neck) not intracranial and are not reportable.

**QUESTION:**

The NCDB edit states vulvar 8077/2 should not be an analytic case. But from our records it is an analytic case. This case was reported to FCDS back in 2011 and it went through as an analytic case. Are these cases reportable?

**ANSWER:**

These are not CIN III – they just use the same code 8077/2 which is universal for SQUAMOUS intraepithelial neoplasia, Grade III. There will be new codes added in 2014 for the glandular intraepithelial neoplasia tumors which must be reported for GE junction and possibly for other GI sites – even polyps...but clarification for these will be forthcoming from the ICD-O-3 Updates Committee. These are not CIN III – they just use the same code 8077/2 which is universal for SQUAMOUS intraepithelial neoplasia, Grade III. There will be new codes added in 2014 for the glandular intraepithelial neoplasia tumors which must be reported for GE junction and possibly for other GI sites – even polyps...but clarification for these will be forthcoming from the ICD-O-3 Updates Committee. There are actually two Class of Case Codes that can be used for VIN III, VAIN III and AIN III that are reportable to FCDS but not to NCDB so they don't get selected for NCDB submission. Codes are 34 or 36 depending on the situation.

# 2012-2013 FCDS Educational Webcast Series

FCDS is pleased to see the great interest and attendance in reference to our 6-part educational series. The webcasts have been tailored to the Florida cancer registrar and cancer case abstractor with emphasis on the 2012 Florida Cancer Reporting Requirements.

Webcasts are held on Thursdays from 1pm-3pm. Please review the dates below.

EVENT #	DATE/TIME	TOPIC	CE HOURS
2012-157	*10/18/2012	GYN Neoplasms - Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx	2
2012-158	*11/15/2012	“Improving Data Quality Using FCDS EDITS and Data Quality Re-	2
2012-157	*1/8/2013	NEW PROCEDURES - FCDS Automated User Account and Using the FCDS On-Line Learning Management System	2
2012-159	*1/17/2013	Pediatric Neoplasms - Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site-Specific Factors and Treatment	2
2012-160	2/21/2013	Genitourinary Neoplasms (Kidney, Renal Pelvis, Urinary Bladder, Prostate) - Background/Anatomy/Risk Factors/MPH Rules/CS02.04/SSF/Tx	2

\* Webcasts available on the FCDS website, on the Downloads page: <http://fcds.med.miami.edu/inc/teleconferences.shtml>

Each webcast will provide background and instruction sufficient for registrars to understand the anatomy and surrounding structures for each cancer site/site group, risk factors associated with cancers of each site/site group, CSv02.04 coding for each site/site group, and ASCO/NCCN Clinical Practice Guidelines for Treatment of each site/site group. This series builds upon information presented at the 2012 FCDS Annual Meeting in St. Petersburg, Florida in July. There is no fee and each 2-hour webcast will be recorded and available on the FCDS website, <http://fcds.med.miami.edu/inc/teleconferences.shtml>.

FCDS has applied for CEU credits (2 hours for each webcast) through NCRA. NCRA CEU numbers and credit hours will be published in a future monthly memo.



# NAACCR 2012-2013 Webinar Series

The Florida Cancer Data System is happy to announce that for another year we will be presenting the NAACCR Cancer Registry and Surveillance Webinar, 2012-2013 series at seven locations throughout Florida:

- **Boca Raton Regional Hospital (Boca Raton)**
- **Moffitt Cancer Center (Tampa)**
- **M.D. Anderson Cancer Center Orlando (Orlando)**
- **Shands University of Florida (Gainesville)**
- **Gulf Coast Medical Center (Panama City)**
- **Baptist Regional Cancer Center (Jacksonville)**
- **Florida Cancer Data System (Miami)**

Special thanks to the hosting facilities for their participation and support. For a complete description of the webinars, click here: [https://fcds.med.miami.edu/scripts/naacccr\\_webinar.pl](https://fcds.med.miami.edu/scripts/naacccr_webinar.pl)

Please go to the FCDS website to register online for your location of choice. Registration link is: [https://fcds.med.miami.edu/scripts/naacccr\\_webinar.pl](https://fcds.med.miami.edu/scripts/naacccr_webinar.pl). A separate registration will be required for each webinar. The number of participants allowed to be registered for each webinar will be dependent on space availability. For more information, please contact Steve Peace at 305-243-4601 or [speace@med.miami.edu](mailto:speace@med.miami.edu).

DATE/TIME	TOPIC
*9/06/2012	Coding Pitfalls
*10/4/2012	Stomach and Esophagus
*11/1/12	Uterus
*12/6/12	Pharynx
*1/10/13	Bone and Soft Tissue
2/7/13	Central Nervous System
3/7/13	Abstracting and Coding Boot Camp: Cancer Case Scenarios
4/4/13	Breast
5/2/13	Bladder and Renal Pelvis
6/6/13	Kidney
7/11/13	Topics in Geographic Information Systems
8/1/13	Cancer Registry Quality Control

\*All NAACCR 2012-2013 Webinars presented in series are available on the FCDS website, on the Downloads page: <http://fcds.med.miami.edu/inc/teleconferences.shtml>

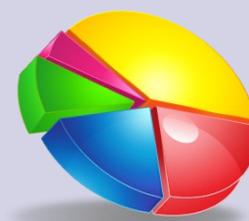
NAACCR  
CANCER REGISTRY  
AND SURVEILLANCE  
WEBINAR SERIES

Seven Florida facilities will host the 2012-2013 webinar series, registration is required



REGISTER FOR THE  
NEXT WEBINAR

FCDS is the host site for Miami, FL with space for 25-30 participants.



# Florida Cancer Data System

## Cancer Reporting Completeness Report



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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**TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF DECEMBER 31, 2012**

Total number of *New Cases* added to the FCDS Master file in December, 2012: **16,044**

*The figures shown below reflect initial patient encounters (admissions) for cancer by year.*

ADMISSION YEAR	HOSPITAL	RADIATION	AMBI/SURG	PHYSICIAN OFFICE	DERM PATH	DCO	TOTAL CASES	NEW CASES
2012	52,908	859	40	5,466	0	Pending	59,273	13,544
2011	159,203	9,872	117	6,840	0	Pending	176,032	2,186
2010	169,080	10,246	2,482	2,445	57	2,025	186,335	314

% Complete for:	Year	Actual	Expected
	2012	36%	50%
	2011	100%	100%
	2010	100%	100%

*\*Expected % based on 165,000 reported cases/year*

# CONGRATULATIONS

## NEW FLORIDA CTRs



Calypso Dogbe  
Lorraine Flowers  
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