The Florida Cancer Data System's Memo

Cancer Awareness

Source: [www.crochetforcancer.org](http://www.crochetforcancer.org)

Full list of Cancer Awareness Months and days on page 7

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 - 13A Metafile, posted 08/8/2013 10:50am

FCDS/NAACCR WEBINAR SERIES:
NAACCR 2013-2014 Cancer Registry and Surveillance Webinar series - Prostate 11/7/13, being held at 7 Florida facilities and [requires registration](#).

FCDS EDUCATIONAL WEBCAST SERIES
2013-2014 – 11/21/2013 Breast Neoplasms

The Florida Cancer Data System (FCDS) is Florida’s statewide, population-based cancer registry and has been collecting incidence data since 1981.
It is with great sadness I write this. We lost Pat Strait on September 23rd after a long fought battle with cancer. Several years ago she had moved from St. Pete back to her hometown, Pewee Valley, KY, where she was surrounded by her family.

For those of you that didn’t have the pleasure of knowing Pat, I am sorry to say you missed out on knowing a wonderful person. For those of you that did know Pat, I know you join me in grieving our loss.

Pat was the FCDS technical backbone for almost 16 years until her retirement in 1997. I have had the pleasure of knowing Pat Strait since 1981 when she first came to Florida as the Field Coordinator for the West Coast region. In fact I can take all the credit for bringing Pat to Florida the first time, and after leaving us for a short stint to go to the American College of Surgeons in Chicago, bringing her back again.

Pat was a born educator and communicator. Actually, she was an educator by education and training as evidenced by the skill with which she taught us all about cancer registration. She was always a team player, molding FCDS into what it has become today. She taught so many of us about cancer registration. I would venture to say that there is not a single county in Florida that does not have one of Pat’s pupils working in the field.

In return for her teaching us about cancer registration and its techniques, we taught her about the wonderful world of computerized data base management. I have to say that in the early years it was tough going. She never trusted the computer. She would gingerly press the keys and call the machine ugly names if it didn’t work the way she wanted it to. After entering the data, she would pull up the case three of four times to insure it was there and correct. Once she gained confidence in the computer’s ability to recall data, she quickly became a pro and we could not keep her down. Pat designed our first interactive edit checking software and quality control software. She was the liaison between the programmers and the administrators on all technical aspects related to FCDS.

Hardly a week goes by here at FCDS that we don’t work with something Pat designed or was instrumental in developing.

In keeping with FCDS’ long-standing commitment to provide Florida registrars with opportunity for early and continuing education and our collaboration with FCRA to “Grow CTRs in Florida”, FCDS is pleased to announce the availability of a special NAACCR Webinar Series to be offered a second time free of charge to Florida CTR Candidates planning to sit for the CTR Exam in March 2014.

The NAACCR CTR Exam Preparation and Review Webinar Series will include nine 2-hour live webinar sessions that follow the CTR exam content outline. A syllabus is provided below. This is a dedicated CTR Prep Course. Sessions are presented by experienced instructors and include lectures, Q&A sessions, study materials, on-line discussions, interactive quizzes, and a timed CTR Exam practice test.

**NOTE:** This is not a beginning abstractor course. It is a CTR Exam Prep Course. Please do not register for this “course” if you do not plan to sit for the CTR Examination in March 2014. FCDS hopes to offer the course for those sitting for the September 2014 CTR Exam, also. So, please allow those planning for March to attend.

This series has strict registration and attendance requirements, and is being offered free of charge to Florida CTR Candidates. Potential “course” candidates will be pre-screened prior to official registration with NAACCR. FCDS hopes to be able to provide this course to Florida CTR Candidates on an on-going twice-a-year basis depending on level of interest and participation.

A special registration portal will be posted on the FCDS NAACCR Webinar Registration Site. Once approved, students will be provided instruction for creating a MyNAACCR account. Once you are registered, NAACCR will communicate directly with you via e-mail and MyNAACCR with student syllabus, schedule, assignments, etc.

*Continued on page 4*
Should a participant miss a session or want to review again prior to sitting for the CTR Exam, recordings of each session will be made available to registered participants. Again, live participation is encouraged to provide the best learning experience and for the participant to actively join in on-line discussion groups with fellow classmates.

Please contact Steven Peace, CTR at FCDS for more information on the course or to pre-register. Steve’s direct phone is (305) 243-4601 or e-mail speace@med.miami.edu. Do not contact NAACCR directly to register.
FCDS IDEA USER ACCOUNTS AND FCDS ABSTRACTOR CODES

The procedures for the processing of FCDS IDEA User Accounts and FCDS Abstractor Codes has been revised as of 1/8/2013.

Please review the following links and information for detailed instructions regarding the renewal of your FCDS Abstractor Code, managing of FCDS IDEA user accounts and the links for accessing FCDS IDEA and the FCDS Learning Management System (LMS).

Please review the recording of the 1/8/2013 teleconference: *FCDS Automated User Account and Using the FCDS On-Line Learning Management System* and download the slides for quick reference. Both are available on our website at: [http://fcds.med.miami.edu/inc/teleconferences.shtml](http://fcds.med.miami.edu/inc/teleconferences.shtml)

QUICK REFERENCE - FCDS IDEA USER ACCOUNTS


⇒ Create new FCDS IDEA account: [https://fcds.med.miami.edu/scripts/fcdswebapp/UserSetup.html](https://fcds.med.miami.edu/scripts/fcdswebapp/UserSetup.html)

RENEWING YOUR FCDS USER ACCOUNT:

You must renew your FCDS User account annually.

Please log into IDEA as usual to review and update your IDEA profile as necessary.

As part of this process you must update your password to renew your account.

To do this:


2. Go to the IDEA User menu
3. Select Account Manager

*(Continued on page 6)*
(Continued from page 5)

4. Double click in the box titled ‘PASSWORD’ hit backspace and change password.

   a) **Your new password must meet the following password requirements:**
      - Must be at least eight characters in length.
      - Lowercase alphabet characters (a through z)
      - Numeric characters (0-9)
      - Cannot contain Non alphanumeric characters (for example, !,$,#,%)
      - Cannot be identical to your previous passwords.

5. Repeat in the box titled ‘VERIFY PASSWORD’

Then click ‘SUBMIT’

Your renewal will be complete.

**FCDS Abstractor Codes**


You can renew your FCDS Abstractor Code by logging onto the FCDS Learning Management System (LMS).

*If you do not already have an LMS account, you must create an account in order to enter the system.*

Select the ‘Create New Account’ link located directly under the login button

USE YOUR FCDS IDEA LOGIN INFORMATION TO CREATE YOUR LMS ACCOUNT.
[http://moodle.med.miami.edu/server/moodle/](http://moodle.med.miami.edu/server/moodle/)

**Facility Access Administrator**

**EVERY HOSPITAL, AMBULATORY CARE FACILITY AND RADIATION THERAPY FACILITY MUST HAVE A FACILITY ACCESS ADMINISTRATOR (FAA).**

As of January 2013 FCDS has implemented a new web-based facility access system. Under the new system, each facility designates one individual to be the Facility Access Administrator (FAA). The FAA will assign facility personnel responsible for the cancer reporting (employees or contractors). The FAA will have complete oversight regarding assigning and/or un-assigning reporting personnel from the respective facility. The assigned reporting personnel will have limited or full

(Continued on page 11)
## Cancer Awareness Months/Days

Source: [www.crochetforcancer.org](http://www.crochetforcancer.org)

<table>
<thead>
<tr>
<th>MONTH</th>
<th>CANCER AWARENESS - MONTH/DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Cervical Cancer Awareness Month</td>
</tr>
<tr>
<td>February</td>
<td>Gallbladder and Bile Duct Cancer Awareness Month</td>
</tr>
<tr>
<td>February</td>
<td>Cancer Prevention Awareness Month</td>
</tr>
<tr>
<td>February</td>
<td>World Cancer Day (February 4)</td>
</tr>
<tr>
<td>March</td>
<td>Colorectal Cancer Awareness Month</td>
</tr>
<tr>
<td>March</td>
<td>Kidney Cancer Awareness Month</td>
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<tr>
<td>April</td>
<td>Oral Cancer and Head and Neck Cancer Awareness Month</td>
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<tr>
<td>April</td>
<td>Testicular Cancer Awareness Month</td>
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<tr>
<td>April</td>
<td>Esophageal Cancer Awareness Month</td>
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<tr>
<td>April</td>
<td>Cancer Control Month</td>
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<tr>
<td>May</td>
<td>Melanoma and Skin Cancer Awareness Month</td>
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<tr>
<td>May</td>
<td>Brain Tumor Awareness Month</td>
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<tr>
<td>June</td>
<td>National Cancer Survivors Day (June 2)</td>
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<tr>
<td>June</td>
<td>Men’s Health/Cancer Awareness Month</td>
</tr>
<tr>
<td>July</td>
<td>Bladder Cancer Awareness Month</td>
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<tr>
<td>August</td>
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<tr>
<td>September</td>
<td>Prostate Cancer Awareness Month</td>
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<tr>
<td>September</td>
<td>Childhood Cancer Awareness Month</td>
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<td>September</td>
<td>Ovarian Cancer Awareness Month</td>
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<tr>
<td>September</td>
<td>GYN Cancer Awareness Month</td>
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<tr>
<td>September</td>
<td>Leukemia and Lymphoma Awareness Month</td>
</tr>
<tr>
<td>September</td>
<td>Multiple Myeloma Awareness Month</td>
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<tr>
<td>September</td>
<td>Thyroid Cancer Awareness Month</td>
</tr>
<tr>
<td>October</td>
<td>Breast Cancer Awareness Month</td>
</tr>
<tr>
<td>October</td>
<td>Liver Cancer Awareness Month</td>
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<tr>
<td>November</td>
<td>Lung Cancer Awareness Month</td>
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<tr>
<td>November</td>
<td>Pancreatic Cancer Awareness Month</td>
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<tr>
<td>November</td>
<td>Stomach Cancer Awareness Month</td>
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<tr>
<td>November</td>
<td>Carcinoid Cancer Awareness Month</td>
</tr>
<tr>
<td>December</td>
<td>NONE</td>
</tr>
</tbody>
</table>
Cancer prevention program planners and researchers rely on cancer registrars to record the best information possible on potential cancer risk factors, including potentially hazardous jobs held by cancer patients during their working life. The usual (longest-held) occupation and industry of workers can reveal the national cancer burden by industry and occupation. Such information can also be used to help discover jobs that may have a high risk for cancer or other diseases and for which prevention efforts can be targeted.

Public Law 102-515, the “Cancer Registries Amendment Act”, dated 10/24/1992 included phrasing such that cancer registry data collection would include, “information on the industrial or occupational history of the individuals with the cancers, to the extent such information is available.”

Currently, cancer registrars are only asked to record in text the patient’s usual occupation and the industry in which this occupation is a part. FCDS has recently begun assigning codes from the text submitted and has identified some common problems, errors, and lack of understanding of what these data items represent.

We understand that registrars are often limited by the amount and specificity of information recorded in the patient’s medical record, but we hope that the reference, “A Cancer Registrar’s Guide to Collecting Industry and Occupation” which includes tips on where to find and how to document these items, will help you to locate and document the best information available.

We also recognize that most of the cancer patients we see are retired, unemployed, or otherwise not actively working. Sometimes, information on lifetime careers is available in the record. More often it is not. There are specific documentation guidelines for recording occupation and industry for these cases.


NIOSH, The national Institute for Occupational Safety and Health, is charged with conducting occupational hazard and health surveillance to identify trends and assist in setting priorities for research and prevention activities. Since the late 1970s, NIOSH has collaborated with the National Center for Health Statis-

(Continued on page 9)
tics (NCHS), the U.S. Census Bureau, other federal agencies, and state health departments to capture and code industry and occupation (I&O) on data records for surveillance of occupationally related diseases, injuries, and exposures. In 1992 the National Program of Cancer Registries was added to the long list of NIOSH collaborators in the health surveillance community, adding occupation and industry to U.S. cancer surveillance programs.

**Definitions**

**Patient’s Usual Occupation:** Type of job the patient was engaged in for the longest time. It is not necessarily the highest paid job nor is it the job considered the most prestigious, but the one that accounted for the greatest number of working years. Example: Registered nurse

**Patient’s Usual Industry:** Type of business or industry where the patient worked in his or her usual occupation. Example: Healthcare

**TIPS**

- Try to be as descriptive as possible. Rather than document “teacher” – if you know that the patient was a “high school teacher” you should document “high school teacher” for Occupation.

- Try to be as specific as possible. Rather than document “laborer” – if you know that the patient was a specific type of laborer such as “residential bricklayer” you should document “residential bricklayer”.

- When documenting Industry try to record the primary activity carried on by the industry at the location where the patient was employed. For example; document “automobile manufacturing” rather than “automobile industry” if the information is available at this level of detail.

- Do not include specific information about the actual place of business (e.g. name of company).

- Refer to the guide for specific instructions on special circumstances such as documenting occupation and/or industry for children, students, government workers, military personnel, unknown and retired.
**QUESTION:**
Is a pineal cyst is reportable?

**ANSWER:**
Pineal cysts are fairly common with estimates as high as 2% of all adults expected to develop a pineal cyst in their lifetime. Rarely do these cysts cause symptoms or require treatment. However, some cysts may grow quite large causing symptoms that require treatment of some kind, usually surgery. This does not mean that they are malignant or reportable.

Cysts and tumor-like lesions are reportable only if they are listed in the ICD-O. The WHO lists several cysts and tumor-like conditions, but only three of these conditions are reportable: Dermoid cysts, granular cell tumors, and Rathke Pouch Tumors (aka: craniopharyngioma).

Pineal cysts are not reportable – there is no histology code listed in the ICD-O for this condition.

**QUESTION:**
Should state = US and country = USA be acceptable values for place of birth?

**ANSWER:**
US with USA does pass the FCDS edit just fine. If your vendor is recoding US to ZZ that would be a problem.

- Many Registrars have a tendency to assume their patients are born in the USA without reference to birthplace in the medical record.
- Birthplace State/Birthplace Country are often no longer available from patient registration information.
- You may find place of birth documented in patient H&P, Consultation, or treatment records.
- Don’t assume the patient was born in the USA.
- if you do not know which STATE they were born in…how do you know they were born in the USA?
- When the patient was not born in the USA, use Appendix B ISO Country Codes or Special NOS codes found in the FCDS DAM.
- If you do not know where the patient was born, the correct state and country codes are ZZ and ZZU.
- When using NOS and unknown country codes such as South America, NOS or North America, NOS… use caution!!
- The FCDS and national standard EDITS are working correctly. Some registrars are battling with XX, YY, ZZ and unknown or NOS values. Take time to figure out the correct combination – they actually do make sense if you think through them.

**QUESTION:**
If patient has a disease progression or recurrence and receives chemotherapy, radiation, or other therapy for cure or palliation, should the treatment be coded under chemotherapy, radiation, etc.? Should the treatment be coded under the Palliative Care data items that are only required for CoC-approved cancer programs? Does FCDS get these data from our abstract?

**ANSWER:**
Any treatment given following disease progression or recurrence, regardless of intent, should be documented in the text field(s) but not coded in any of the treatment fields unless your software provider includes specific fields for “subsequent treatment”.

Treatment is coded only when it is part of planned First Course of Therapy. Once the patient has disease progression or recurrence (even after a period of watch and wait), the first course of treatment has failed. Subsequent treatment is not coded in the abstract.

(Continued on page 11)
The two data items Palliative Care and Palliative Care at this Facility are not required by FCDS. But, CoC-approved Cancer Programs are required by the CoC to code these data items. These data are not sent to FCDS. These two CoC data items are to be used only to code palliative care given to the patient as part of first course of therapy – not subsequent therapy given for disease progression/recurrence.

Summary:
- Only code First Course of Treatment for all cases.
- Document Subsequent Treatment in Text fields, but do not code in the treatment fields.
- Data Items Palliative Care and Palliative Care at This Facility are for coding palliative therapy given as part of first course of therapy.
- Palliative Care and Palliative Care at This Facility are NOT required by FCDS or submitted to FCDS during upload.
- Do not use the Palliative Care fields to code subsequent therapy.

access to the reporting facility’s Protected Health Information (PHI) as determined by the FAA.

Who is typically the Facility Access Administrator (FAA)?
- Administrator/supervisor of the registry activities
- Managing abstracting personnel for the facility

Role of the Facility Access Administrator (FAA)
- Manages abstractor access to the facility’s data
- Has complete control of the abstracting activities at their respective facility

PLEASE NOTE:
- Contractors CANNOT be the FAA.
- The FAA must be an employee of the facility.

Visit the FCDS website at http://fcds.med.miami.edu/inc/idea.shtml# for more further details regarding establishing the Facility Access Administrator (FAA).

If you have questions please contact Melissa Williams at 305-243-2641 or melissa.williams@miami.edu
2013-2014 FCDS Educational Webcast Series

<table>
<thead>
<tr>
<th>CE HOURS</th>
<th>Date</th>
<th>Time Schedule</th>
<th>Presentation Title</th>
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<tbody>
<tr>
<td>2.0</td>
<td>*8/22/2013</td>
<td>1:00pm – 3:00pm</td>
<td>What's New for 2013 and More - Annual Meeting Review</td>
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<td>Lung Neoplasms – Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment</td>
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<td>2.0</td>
<td>*10/24/2013</td>
<td>1:00pm – 3:00pm</td>
<td>New Developments in FCDS Quality Improvement – FCDS Abstractor Code, NPCR Audit Outcome, FCDS Validation Studies, New QC Reports</td>
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<td>2.0</td>
<td>11/21/2013</td>
<td>1:00pm – 3:00pm</td>
<td>Breast Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment</td>
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<tr>
<td>2.0</td>
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<td>Colon/Rectum Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment</td>
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<td>2.0</td>
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<td>1:00pm – 3:00pm</td>
<td>Lymphoid Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment</td>
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</table>

* Webcasts available on the FCDS website, on the Downloads page: [http://fcds.med.miami.edu/inc/teleconferences.shtml](http://fcds.med.miami.edu/inc/teleconferences.shtml)

FCDS is pleased to announce the 7-part series of educational webcasts for 2013-2014.

MATERIALS ARE AVAILABLE ON FCDS WEBSITE: A copy of the presentation (s) slides are posted on the FCDS website for you to download and save or download and print. Two versions of the webcast presentation are available. One for note-taking with 3 slides per printed page. The other with full page slide prints.

The series builds upon information presented at the FCDS Annual Meeting in Sunrise/Sawgrass Mills 7/25-7/26. 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.

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](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 2013-2014 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, 2013-2014 series at seven locations throughout Florida. Be sure to mark your calendars for each of these timely and informative NAACCR webinars.

- 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/naaccr_webinar.pl](https://fcds.med.miami.edu/scripts/naaccr_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/naaccr_webinar.pl](https://fcds.med.miami.edu/scripts/naaccr_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.

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>*9/5/13</td>
<td>Coding Pitfalls</td>
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<tr>
<td>*10/3/13</td>
<td>Lip and Oral Cavity</td>
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<td>11/7/13</td>
<td>Prostate</td>
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<td>12/5/13</td>
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<td>1/9/13</td>
<td>Gastrointestinal Stromal Tumors (GIST)</td>
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<td>2/6/13</td>
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<td>3/6/14</td>
<td>Abstracting and Coding Boot Camp: Cancer Case Scenarios</td>
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<td>4/3/14</td>
<td>Melanoma</td>
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<td>5/1/14</td>
<td>Colon and Rectum</td>
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<td>6/5/14</td>
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<td>8/7/14</td>
<td>Lung</td>
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<tr>
<td>9/11/14</td>
<td>Coding Pitfalls</td>
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*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](http://fcds.med.miami.edu/inc/teleconferences.shtml)
Florida Cancer Data System
Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF SEPTEMBER 30, 2013

Total number of New Cases added to the FCDS Master file in September, 2013: 18,094

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

<table>
<thead>
<tr>
<th>ADMISSION YEAR</th>
<th>HOSPITAL</th>
<th>RADIATION</th>
<th>AMB/SURG</th>
<th>PHYSICIAN OFFICE</th>
<th>DERM PATH</th>
<th>DCO</th>
<th>TOTAL CASES</th>
<th>NEW CASES</th>
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<tr>
<td>2013</td>
<td>20,493</td>
<td>1,051</td>
<td>55</td>
<td>3,666</td>
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<td>Pending</td>
<td>25,265</td>
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<td>2012</td>
<td>162,603</td>
<td>7,714</td>
<td>125</td>
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<td>Pending</td>
<td>177,799</td>
<td>4,308</td>
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<td>2011</td>
<td>171,476</td>
<td>10,423</td>
<td>1,162</td>
<td>8,010</td>
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<td>Pending</td>
<td>191,188</td>
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% Complete for:

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>2013</td>
<td>13%</td>
<td>25%</td>
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<tr>
<td>2012</td>
<td>94%</td>
<td>100%</td>
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<tr>
<td>2011</td>
<td>100%</td>
<td>100%</td>
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</tbody>
</table>

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

Missed an FCDS or NAACCR Webinar?

Did you know that both FCDS and NAACCR Webinars can be viewed after-the-fact. And, Continuing Education Hours are available to registrars that view recorded webinars? All FCDS Webcasts are recorded and posted on the FCDS Website (Education Tab). FCDS Webcast Recordings are available free of charge and can be viewed anytime/anywhere by anybody. Access to NAACCR Webinar Recordings is available only to registrars with Active/Current FCDS Abstractor Codes. Access to NAACCR Recordings is password protected. Contact FCDS for more information on viewing recorded webinars, or to obtain the password to view individual NAACCR Webcast Recordings.