

The Florida Cancer Data System's Memo

DECEMBER 13

2014 CTR Exam Dates

The National Cancer Registrars Association's Council on Certification published the 2014 CTR Exam Dates, recently. 2014 will be the first year that NCRA has offered three CTR Exam periods (testing windows) in a single year. Dates and more information are below.

DATES:

- March 8 - 29 (Deadline: January 31);
- June 21 - July 12 (Deadline: May 2);
- October 18 - Nov. 8 (Deadline: September 19)

Each of the 3 testing windows will be 3-weeks long.

[2014 CTR Exam Candidate's Handbook \(PDF\)](#) will be available in December 2013.

For more information – please go to <http://www.ctrexam.org/>



WHAT'S NEW:

The following information is currently available on the FCDS website.

FLORIDA ANNUAL CANCER REPORT: INCIDENCE AND MORTALITY - 2008

FCDS/NAACCR EDIT's Metafile - 13A Metafile, posted 08/8/2013 10:50am

FCDS/NAACCR WEBINAR SERIES:
NAACCR 2013-2014
Cancer Registry and Surveillance Webinar series - Gastrointestinal Stromal Tumors (GIST) 1/9/14, being held at 7 Florida facilities and [requires registration](#).

FCDS EDUCATIONAL WEBCAST SERIES
2013-2014 – 1/23/2014
FCDS Learning Management System – What's New for 2014

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

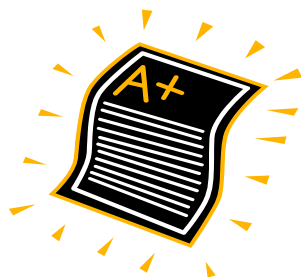
The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981.



Florida Cancer Data System

Deadlines, Updates, & Reminders

NAACCR CTR EXAM PREPARATION AND REVIEW WEBINAR SERIES (1/7/2014 - 3/4/2014)



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 3)



Florida Cancer Data System

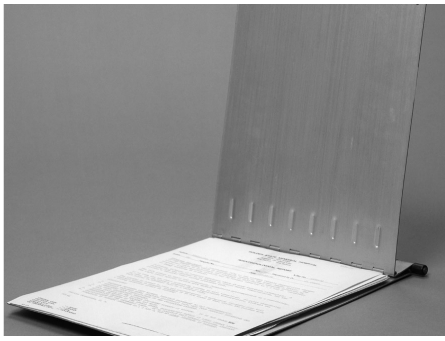
Deadlines, Updates, & Reminders

(Continued from page 2)

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.

| DATE | TIME | TOPIC |
|------------------|-----------------|---|
| 1/7/14 | 1pm—3pm | Introduction to the Exam Format Registry Operations & Management Data Quality Assurance |
| 1/14/14 | 1pm—3pm | Cancer Committee & Cancer Conference Central Registry Activities |
| 1/21/14 | 1pm—3pm | Analysis & Data Usage |
| 1/28/14 | No Class | N/A |
| 2/4/14 | 1pm—3pm | Data Collection: Case finding, Abstracting, Coding, Follow-up, Survivorship, and Outcomes |
| 2/11/14 | 1pm—3pm | Data Collection: Anatomy & Physiology ICD-O-3 Coding |
| 2/18/14 | 1pm—3pm | Data Collection: Multiple Primary & Histology Coding Rules Hematopoietic and Lymphoid Neoplasm Coding |
| 2/25/14 | 1pm—3pm | Data Collection: Staging Systems |
| 3/4/14 | 1pm—3pm | Timed Test; Overview; Test taking Tips; Q & A |
| 3/8-29/14 | 1pm—3pm | CTR Exam Testing Window |
| 4/1/14 | 1pm—2pm | Feedback from students |



Florida Cancer Data System

Deadlines, Updates, & Reminders

FLORIDA'S 6-MONTH REPORTING REQUIREMENT, DEADLINES, AND COC STANDARD 5.2



FCDS has learned that the ACoS CoC will change CoC Cancer Program Standard 5.2 (abstracting timeliness) on 1/1/2014. This is a change for CoC Cancer Program Accreditation and will not change the Florida 6-month reporting requirement or the FCDS June 30th Deadline.

CoC Cancer Program Standard 5.2 was the 6-month abstracting timeline requirement. The standard used to read, "Each year, 90% of cases are abstracted within 6 months of the date of first contact with the program." The rationale was that, "Ongoing, timely abstracting is essential for accurate data collection, evaluation, and reporting of outcomes." And, "Abstracting timeliness is maintained throughout the survey cycle."

The changed standard is for CoC-Approved Cancer Programs to participate in the CoC/NCDB Rapid Quality Reporting System (RQRS) for commendation and that all cases should be completed and that cases are completed and reported on-time for the NCDB Call for Data in January the following year (CoC Program Standard 5.5 – Data Submission to NCDB).

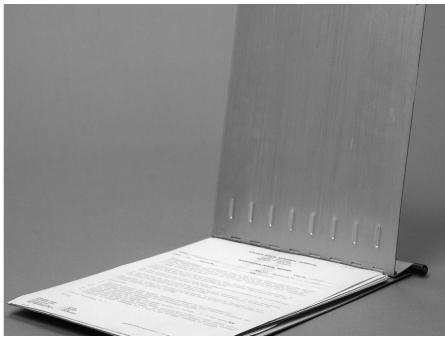
This change-in-standard for CoC is not a change in requirements for FCDS reporting or for completeness of cases submitted to FCDS.

FCDS will continue to require cases be completely abstracted (all information must be included regarding the diagnosis, staging, first course of treatment, or cancer progression/recurrence reporting) within 6-months of first patient encounter for cancer at your facility.

Do not send FCDS a partial abstract as part of your RQRS Reporting. FCDS still expects a full and complete abstract be submitted in accordance with our state mandated 6-month reporting requirement and in accordance with national standards for complete case abstracting. All abstracts are required to pass the FCDS EDITS metafile.

The FCDS Annual June 30th Reporting Deadline will NOT be changed and there will be no exceptions made for late reporting. No Change.

All late cases (cases received after June 30th) will be deemed "delinquent."



Florida Cancer Data System

Deadlines, Updates, & Reminders

FCDS ABTRACTOR CODE TEST - VERSION 2 RELEASE



FCDS is pleased to announce the release of Version 2 of the FCDS Abstractor Code Test Questions and Answers. FCDS reviewed and revised nearly every question in the original Version 1 Question and Answer database. Questions were reviewed for relevance, clarity, stability, use of standard references, possible exceptions to answers, question category, and more. Many of the questions were completely rewritten and some were even removed if the question was about uncommon circumstances or references used primarily for CoC-approved cancer registries.

Version 2 includes 300 questions in 6 categories. It has been designed to ask relevant questions about abstracting, coding, and staging of cancer cases, some basic anatomy and medical terminology, and a few questions about the specifics of reporting cancer cases to the state of Florida.

Questions have been rewritten for beginner to intermediate abstractors using the following references: FCDS DAM, ICD-O-3, MPH Rules for Solid Tumors, Hematopoietic and Lymphoid Neoplasm MPH Rules and Database, SEER*Rx, Collaborative Stage Data Collection, and some basic medical terminology questions from Books 2 and 4 of the SEER Self Instruction Manuals. All references to the CoC FORDS, SEER Manual, AJCC TNM, NCCN Guidelines, and other non-standard state registry references have been removed or the questions rewritten to meet current standards.

Thank you to all of the registrars who provided FCDS with constructive criticism and feedback on Version 1 questions. We listened to you and think everybody will be pleased with the result. Version 2 will serve as the foundation for FCDS Abstractor Code Testing. Questions will be reviewed annually with new questions added, some questions updated as we introduce SEER Summary Stage and AJCC TNM Staging, and as our national standards evolve and change to keep up with the latest developments in cancer surveillance, diagnosis and staging of cancer, and treatments available to patients.

Please let us know how you like the new Q&A by contacting Steve Peace @speace@med.miami.edu.

Announcing SEER*Educate

FREE TRAINING PRODUCT FOR HIM STUDENTS AND CANCER REGISTRY PROFESSIONALS



SEER is pleased to announce the release of SEER*Educate, an online training platform for people in the cancer registry profession or interested in working at a registry. As registry trainers know, there have never been enough practical application exercises available for people to learn how to do this job or to stay current with the changing guidelines. A primary goal of SEER*Educate is to fill this need.

You learn cancer registry work by doing cancer registry work. Currently available on SEER*Educate are 295 practice cases across the twelve largest primary site groups available for coding using Collaborative Stage version 02.04 and the 2013 SEER Program Coding and Staging Manual. Not only are you presented with the correct values for each of the 60+ data items, you also are presented with rationales explaining how to arrive at the correct code. It's exactly like having a registry trainer reviewing 100% of your work.

No matter where you are on the registrar career path, experienced or inexperienced, certified or not certified, hospital-based or population-based, this tool offers the training you need to:

- *Prepare for the CTR exam*
- *Earn Continuing Education credits for free*
- *Train on real-life case scenarios when learning new coding schemes and guidelines*

SEER*Educate helps improve individual performance and provides standard setters an opportunity to use evidence-based summary data to improve coding consistency using the current coding manuals and to prepare new coding manuals addressing issues found in the existing manuals. All of us want to achieve high quality cancer data collection nationally and internationally so that researchers can trust that our de-identified, pooled data has been coded consistently. Ours is a unique profession in that cancer registrars are highly driven towards the greater goals for the entire cancer registry community.

Practice exercises currently available:

- *Medical terminology*
- *Statistics*
- *Computer principles*
- *Commission on Cancer standards*
- *Real-life case scenarios using CSv02.04 (295 cases)*

New content will be made available quarterly.

The near-term scheduled releases include:

- *Practice cases for the 2014 Hematopoietic & Lymphoid Database and Manual (January 2014)*
- *Practice cases for CSv02.05 (January 2014)*
- *Cancer Program Management Principles and Practices textbook (April 2014)*
- *Anatomy (July 2014)*

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Announcing SEER*Educate

FREE TRAINING PRODUCT FOR HIM STUDENTS AND CANCER REGISTRY PROFESSIONALS

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What do you need to get started? A computer using the web browser Mozilla Firefox® and a desire to learn from mistakes! SEER*Educate is freely available to everyone.

Everyone who signs up will be notified quarterly about the release of new content. Sign up at SEER*Educate today by visiting <https://educate.fhcrc.org/>. Learn by doing. Get started now with a demonstration exercise.

We need your help in spreading this news throughout the cancer registrar community. We are sending this announcement to presidents of state associations, registry managers, staff at the standard-setter organizations, and our beta testers. Please forward this SEER*Educate is funded by Surveillance, Epidemiology and End Results (SEER) of the National Cancer Institute (NCI) and the Fred Hutchinson Cancer Research Center.

Helpful Hints for SEER*Educate

1. Firefox is required. No other web browser is supported at this time.
2. To ensure you have the latest version, follow the instructions on the Home page to clear your browser cache. Do this weekly. We are working on a solution to eliminate the need to clear your browser cache.
3. Taking the practice tests:
4. You will have the best user experience using a dual-monitor workstation so you can display the case scenario on one screen and the coding form on another.
5. The practice cases can be displayed on a 22" widescreen monitor, sizing the case scenario and coding form so that both may be seen.
6. Laptop users will need extremely good vision to size and display the case scenario and coding form on the screen.
7. Read the Answers and Rationales page under the Introduction Menu. It describes how the preferred answers were determined and what to do if you believe a preferred answer is in error.
8. Hospital registrars: On the Practical Application page, click the link to display a page listing the differences between SEER and hospital coding guidelines. The preferred answers are based on SEER coding guidelines.
9. You can pause any test or coding exercise by clicking the Finish Later button. To resume, go to the Training Menu and click on Incomplete Tests. We understand that a registrar has to deal with interruptions.
10. Embrace making mistakes. Focus on understanding the rationales. Scores will improve as your understanding improves.
11. To earn the Continuing Educate credits, you must score a minimum of 70% on all the case coding exercises in a site group. You can retake coding exercises as many times as necessary.

We hope you discover that SEER*Educate's "Learn by Doing" training platform is an effective tool to help you and your staff improve the technical skills necessary to succeed in our dynamic and challenging profession.

HIPAA Privacy and Security

Cancer Registries are part of state and national cancer surveillance and cancer control programs (public health activities) that are required by law (Florida Statute(s) and the Public Law 102-515 - the “Cancer Registries Amendment Act of 1992”) and used in Research. Cancer Registry data collection and data transmission to state and federal cancer surveillance programs are all “permitted” disclosures also referred to as “exempt” programs. Below are excerpts from the HHS OCR Privacy Brief entitled “Summary of the HIPAA Privacy Rules.

Please refer to <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html> for additional information and/or clarification.

The HIPAA Privacy Rule permits use and disclosure of protected health information, without an individual’s authorization or permission, for 12 national priority purposes. These disclosures are permitted by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

Below are three of the 12 national priority purposes that cover cancer registry data collection, transmission, and dissemination.

Required by Law. Covered entities may use and disclose protected health information without individual authorization as required by law (including by statute, regulation, or court orders).

Public Health Activities. Covered entities may disclose protected health information to: (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance; (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or similar state law.³⁰

See additional guidance on [Public Health Activities](#) and [CDC's web pages on Public Health and HIPAA Guidance](#).

Research. “Research” is any systematic investigation designed to develop or contribute to generalizable knowledge.³⁷ The Privacy Rule permits a covered entity to use and disclose protected health information for research purposes, without an individual’s authorization, provided the covered entity obtains either: (1) documentation that an alteration or waiver of individuals’ authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the protected

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HIPAA Privacy and Security

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health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought.³⁸ A covered entity also may use or disclose, without an individuals' authorization, a limited data set of protected health information for research purposes (see discussion below).³⁹ See additional guidance on [Research](#) and [NIH's publication of "Protecting Personal Health Information in Research: Understanding the HIPAA Privacy Rule."](#)

CONGRATULATIONS NEW FLORIDA CTRs

DEBORAH LYNN ALICEA*

LISA K. KLEMPNAUER *

CASEY BARTLETT

TAMARA DEE LEHMAN*

SHONNETTE L. BENNETT*

JENNIFER LEWIS*

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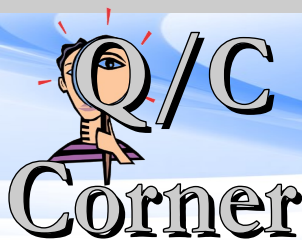
SHAUNTEL RENE SMITH*

TIFFANY ERVIN

NANCY C. WILKINSON*

MARY T. HEALY*

*12 new Florida CTRs' participated in the FCDS sponsored NAACCR CTR
Prep & Review Webinar Series



QUESTIONS? ANSWERS. and CLARIFICATION

QUESTION:

Does the pathology report have to specifically state the status of lymph-vascular invasion to code this field other than “unknown”?

ANSWER:

Lymph-vascular Invasion records pathologic evidence of the presence or absence of cancer cells in the lymphatic ducts or blood vessels of the primary tumor. In situ or noninvasive) neoplasms are tumors that do not invade into any surrounding structures or tissue (including no invasion of lymphatic channels, ducts, or blood vessels). They sit on the surface epithelium of an organ and do not penetrate into or beyond the basement membrane. These are technically pre-cancerous lesions despite the use of the term “carcinoma” in the histologic description.

The basement membrane is a thin layer of connective tissue that separates the outermost layer of epithelium from the underlying lamina. Within the lamina and in layers below the lamina, the neoplasm may encounter both lymphatic and vascular channels or other lymph-vascular structures (once the tumor penetrates beyond the basement membrane). Once any invasion occurs – the tumor is reclassified as an invasive cancer.

In situ (noninvasive) tumors have no access to lymphatic or vascular structures unless they are left alone untreated and later progress to invasive cancer. There is still controversy over whether and under what circumstances an untreated in situ or non-invasive neoplasm will or will not progress to invasive cancer. But, once a tumor has invaded beyond the basement membrane the tumor then gains access to lymphatic and vascular structures. And, if the tumor invades into one or more of these channels, it has the means to spread to lymph nodes and/or distant sites.

Again, if any invasion is present – the neoplasm is not an in situ tumor. The tumor may have in situ elements alongside invasive tumor which the pathologist may

describe. However, when the pathologist encounters a non-invasive tumor, s/he has already checked and ruled out lymphatic and vascular invasion to determine the tumor is not invasive. This is why the pathology report may not specifically state LVI is or is not present.

Lymph-vascular Invasion or LVI = 0 (LVI not present/not identified) for in situ (noninvasive) neoplasms.

Lymph-Vascular Invasion= 8 for histology 9590-9992

Lymph-Vascular Invasion=9 when unknown

(Reference: CS Instructions Part 1, Section LVI Coding Instructions)

QUESTION:

Can I use a 'suspicious-BI-RADS 4 or suspicious-BI-RADS 5' mammogram as the diagnosis date?

ANSWER:

You can use the words “suspicious” or any other “ambiguous term” as long as the accompanying description of the “tumor” states it is malignant or carcinoma or something like that...the word “tumor” is not enough because it could be anything; a cyst, fibrocystic disease, etc. Only about 20% of BI-RADS 4 cases turn out to be malignant per the American College of Radiology.

The confusing part involves use of the term neoplasm, mass, abnormality, tumor or other word used to describe what may or may not be malignancy...and the ambiguous terms that are to be used to support a “positive” diagnosis, or lack thereof...and whether or not a diagnosis of cancer was established clinically, on imaging, or by biopsy - first. Not the best dx confirmation – the 1st.

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QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 10)

The Date of Initial Diagnosis is where we are to record the first date that a physician states the patient has cancer, whether clinically or histologically proven at that time. The Date of Initial Diagnosis does not necessarily correspond to the date of best Diagnostic Confirmation or date of 1st biopsy or tumor resection.

We often see cases that are initially diagnosed on imaging (CT Scan, Mammography, Ultrasound, etc.) because there is a statement on the imaging report that we are to interpret as “positive” for cancer. The diagnosis on imaging does not need to specify the type of cancer, only that there is cancer present. It can later be confirmed by biopsy and usually is...to then be followed by resection and/or other treatment.

Where this becomes most confusing for registrars is when the imaging report only states “possible” or “suggestive” or “worrisome” for cancer...or, a term such as “tumor” or “lesion” is used that does not confirm the presence of cancer – only that the person has an abnormality that might be cancer...and the imaging is not sufficient to establish the diagnosis. So, you have to look at both the ambiguous term and the term used to describe the abnormality – was it tumor, mass, malignancy, etc. – and the location of the primary tumor (brain/CNS, other).

Always refer to the list of “Ambiguous Terms” in Section I of the FCDS DAM (this is the same list as is in the FORDS Manual) for language that represents a diagnosis of cancer. This list should be used for both clinical and pathological FIRST confirmation of cancer (not necessarily “best”).

“Ambiguous Terms” that represent positive diagnosis of cancer, whether on physical exam, imaging, biopsy or other means include:

The following modifying terms, when applied to a neoplasm, should be interpreted as diagnostic of cancer:

| | | | |
|-----------------|---------------------|--------------|------------------|
| Apparent (lee) | Consistent with | Neoplasm | Suspicious (for) |
| Appears | Favor (s) | Presumed | Tumor* |
| Comparable with | Malignant appearing | Probable | Typical of |
| Compatible with | Most likely | Suspect (ed) | |

* use of the terms “neoplasm” and “tumor” begin with cases diagnosed 1/1/2004 and later and are to be used in conjunction with nonmalignant primary intracranial and central nervous systems, only (C70.0-C72.9, C75.1-C75.3).

“While “consistent with” can indicate involvement, “neoplasm” without specification of malignancy is not diagnostic except for non-malignant primary intracranial and central nervous system tumors.”

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QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 11)

Exception: If cytology is reported as "suspicious," abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

QUESTION:

Do we only report high grade dysplasia of the esophagus as CIS from 2010 cases and forward?

ANSWER:

High grade dysplasia of the esophagus is now reportable as carcinoma in situ. Soon all GI high grade dysplasia will be reportable as such. The pathology community is doing away with the terminology carcinoma in situ in the GI tract but so far just esophagus.

QUESTION:

Is 8010/2 the proper histology code to use for high grade dysplasia/CIS?

ANSWER:

The correct ICD-O histology code at this time is 8010/2. In 2015 we will see the introduction of ICD-O-3 updates that will include a new code for "glandular intraepithelial neoplasia, high grade". Until these updates are introduced in the US, registrars should only report other GI Tract Neoplasms described by pathologists as "high grade" or "severe" dysplasia originating in the GI Tract when the pathologist also states the neoplasm is carcinoma in situ.

QUESTION: Does "small cell carcinoma" of the lung carry an implied grade of '4' – undifferentiated/anaplastic?

ANSWER: NO. Small cell carcinoma is a type of neuroendocrine carcinoma that is often associated with a poor prognosis, regardless of primary site. However, the histology "small cell carcinoma" does not have any implied grade associated with it. If the pathologist does not provide a grade from examination of tissue from the primary site, assign Grade = 9.

NOTE: SEER, NPCR, and CoC has just published a "white paper" entitled "Instructions for Coding Grade-2014. More updates will be forthcoming, including clarifications and updated conversion tables. These will be incorporated into the 2014 FCDS DAM. Stay tuned.

Updated FCDS DAM Errata 8/15/2013

| Code | Gleason's score | Terminology | Histologic Grade |
|------|-----------------|---------------------------|------------------|
| 1 | 2, 3, 4 | Well Differentiated | I |
| 2 | 5, 6 | Moderately Differentiated | II |
| 3 | 7, 8, 9, 10 | Poorly Differentiated | III |

2013-2014 FCDS Educational Webcast Series

| CE HOURS | Date | Time Schedule | Presentation Title |
|----------|-------------|-----------------|--|
| 2.0 | *8/22/2013 | 1:00pm – 3:00pm | What's New for 2013 and More - Annual Meeting Review |
| 2.0 | *9/19/2013 | 1:00pm – 3:00pm | Lung Neoplasms – Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment |
| 2.0 | *10/24/2013 | 1:00pm – 3:00pm | New Developments in FCDS Quality Improvement – FCDS Abstractor Code, NPCR Audit Outcome, FCDS Validation Studies, New QC Reports |
| 2.0 | *11/21/2013 | 1:00pm – 3:00pm | Breast Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment |
| 2.0 | *12/12/2013 | 1:00pm – 3:00pm | Colon/Rectum Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment |
| 2.0 | 1/23/2014 | 1:00pm – 3:00pm | FCDS Learning Management System – What's New for 2014 |
| 2.0 | 2/20/2014 | 1:00pm – 3:00pm | Lymphoid Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment |

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

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>.

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

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. 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.

| DATE/TIME | TOPIC |
|-----------|---|
| *10/3/13 | Lip and Oral Cavity |
| *11/7/13 | Prostate |
| *12/5/13 | Ovary |
| 1/9/14 | Gastrointestinal Stromal Tumors (GIST) |
| 2/6/14 | Treatment Data |
| 3/6/14 | Abstracting and Coding Boot Camp: Cancer Case Scenarios |
| 4/3/14 | Melanoma |
| 5/1/14 | Colon and Rectum |
| 6/5/14 | Liver |
| 7/10/14 | Topics in Survival Data |
| 8/7/14 | Lung |
| 9/11/14 | Coding Pitfalls |

*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 2013-2014 webinar series, registration is required



REGISTER FOR THE
NEXT WEBINAR

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

Here is the CEU information for the 2013 FCDS Annual Conference:

CE Hours: 8.25

NCRA Recognition Number: 2013-114

The 2012 FCDS Annual Conference:

CE Hours: 9.0

NCRA Program Number: 2012-065

Florida Cancer Data System

Cancer Reporting Completeness Report



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

Total number of *New Cases* added to the FCDS Master file in November, 2013: **30,655**

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 |
|-------------------|----------|-----------|-----------|---------------------|--------------|--------------|----------------|---------------|
| 2013 | 46,743 | 1,658 | 58 | 5,120 | 0 | Pending | 53,579 | 15,459 |
| 2012 | 166,171 | 8,987 | 127 | 8,146 | 0 | Pending | 183,468 | 2,257 |
| 2011 | 172,988 | 10,684 | 1,810 | 17,992 | 0 | 2,133 | 205,724 | 12,939 |

| | | <u>Actual</u> | <u>Expected</u> |
|-----------------|------|---------------|-----------------|
| % Complete for: | 2013 | 28% | 41% |
| | 2012 | 97% | 100% |
| | 2011 | 100% | 100% |

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

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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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