In December of 2010 Florida was selected to participate in a Centers for Disease Control-sponsored National Program of Cancer Registries (NPCR) project entitled; “Enhancing Cancer Registry Data for Comparative Effectiveness Research (CER).” Since then we have come a long way in collecting the data for the project. In fact, the FCDS CER team has completed data collection for over 90% of the 2011 diagnosed cases identified for the study. This effort involved navigational assistance from our hospital registrars, access to electronic medical record (EMR) systems, both remote and on-site, and access to medical oncology practice records. Through the CER Data Collection Incentive Program the FCDS recruited registry staff from six large hospital facilities. These participants assisted with collecting the additional treatment data needed for the project for records that came from their individual facilities. Sincere thanks to all of those who helped!

The FCDS had a team of five CER Outreach Coordinators and Data Collectors for the five county catchment areas (Miami-Dade, Broward, Palm Beach, Orange, and Hillsborough). The primary data collectors for south Florida were Sasha Raju, Gema Midence and Mayra Espino. Susan Smith-Beirce primarily collected cases from the Hillsborough area, and Judy Bonner managed data collection for Orange County. In addition to these responsibilities, Judy and Susan helped with our CER Data Collection Incentive Program by training participants and providing assistance when needed.

While data collection for additional treatment elements continues at the private practice-level through mid-April, the FCDS has defined the total data set to include 10,214 patient tumors. These include cancers of the colon, rectum, breast, and chronic myeloid leukemia diagnosed in 2011. Figures 1 and 2 show
the percent distribution by site for the CER project as well as by stage for all sites combined. A majority of the cases include cancers of the breast at 64% of all cancers in the study. Cases were then followed back for treatment information if they fell within the recommended treatment guidelines issues by the National Comprehensive Cancer Network.

The FCDS encountered many challenges in collecting the data, some of which included limited data in EMRs, a combination of paper-based and electronic-based record systems, accessing records stored in off-site centralized storing facilities, and communicating with medical oncology practices. Despite these challenges a majority of the treatment information was captured and loss to follow-up minimized to the extent possible.

As the final data submission deadline approaches (June 10th) the FCDS CER team will target the remaining oncology practices for treatment, review the dataset for quality control, and process external linkages. Once the dataset has been submitted to the Centers for Disease Control, the CER team will refocus activities from data collection to data analysis. The FCDS has recently received acceptance for an oral presentation at the North American Association of Central Cancer Registries meeting in Austin, Texas for a talk entitled: Unlocking the Power of Qualitative Data Analysis for CER in Florida. This analysis captures our experience in the field and provides insight into the patterns of information available in medical charts, the trends in types of biomarkers tested, and differences between hospital-based and physician-based treatment decisions. It is our hope to report these findings to the Florida cancer registry community at the Florida Cancer Data System Annual Meeting in July. At a national level, the combined dataset will represent data from 10 states and will be stored at the National Center for Health Statistics’ Research Data Center by September 2013.

For more information on the Florida CER project, participating NPCR registries, and CER targeted questions please visit our CER website: http://fcds.med.miami.edu/welcome.html. For specific questions and additional information please contact the FCDS CER Project Manager, Monique Hernandez, at mhernandez5@med.miami.edu.
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 8th 2013, any individuals 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 5 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

WHO NEEDS TO TAKE THE FCDS ABSTRACTOR CODE EXAM?

Individuals hoping to acquire a NEW FCDS Abstractor Code will need to take the New FCDS Abstractor Code Exam.

If an individual’s FCDS Abstractor Code has been expired for greater than 2 years, the individual must re-apply and take and pass the New FCDS Abstractor Code Exam.

WHO NEEDS TO TAKE THE FCDS ABSTRACTOR CODE RENEWAL EXAM?

Individuals with an ACTIVE (not yet expired) FCDS Abstractor Code will be required to take and pass the FCDS Abstractor Code Renewal Exam once their code has expired.

Individuals with an EXPIRED FCDS Abstractor Code will be required to take the FCDS Abstractor Code Renewal Exam each year in order to keep their FCDS Abstractor Code current and to renew their individual FCDS Abstractor 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 Abstractor Code registration process and what is required by each registrar to obtain an initial and/or renewal FCDS Abstractor 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 Abstractor Codes, and to monitor the attendance and progress of participants enrolled in the newly updated greatly enhanced FCDS On-Line Abstractor Course and FCDS-hosted webcast attendance. The enhanced and newly updated FCDS On-Line Abstractor 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.
FCDS is proud to announce the recipients of the 2012 Jean Byers Award for Excellence in Cancer Registration to seventy nine (79) Florida hospitals for the 2010 data in accordance with national standards for timeliness and completion. Below is the criteria met to receive this award for the 2010 Cancer Case admissions:

1. Timeliness – All deadlines met with respect to the 2010 cancer case admissions
   b. 2010 Consolidated Follow Back Deadline – October 15, 2012
   c. No more than 5% (or 35 cases, whichever number is greater) of the 2010 cancer case admissions reported to FCDS within 2 months (60 days) following the June 30, 2011 deadline.

2. Completeness – All cases reported to FCDS
   a. No more than 10% of the 2010 cancer case admissions reported to FCDS within 12 months following the June 30, 2011 reporting deadline.

On behalf of the Florida Department of Health and the Florida Cancer Data System, thank you for your continued dedication and for a job well done.

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**REMINDER!**

**ALL 2012 CASES ARE DUE JUNE 30TH, 2013.**

**PLEASE CONTACT YOUR FIELD COORDINATOR IF YOU HAVE ANY CONCERNS.**
Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.

We recognize that the facilities that achieve this quality standard are staffed by outstanding professionals that made it possible for the facility to be recognized with this award.

This year we are recognizing those individuals that contributed to a facility winning this award by presenting a certificate for Excellence in Cancer Reporting to all abstractors that submitted cases for the winning facilities.

This certificate is a way for FCDS to show our gratitude and appreciation to those individuals that were responsible for helping a facility reach this exceptional quality standard.

Thank you for your continued support and dedication.

Abelardo De La Rua
Adele Nissen
Alan Fish
Ana Walton
Angela Dixon
Angie Droz
Ann Thompson
Anna Deluague
Anna Muschler
Annette Harnage
April Stebbins
Barbara Dearmon
Barbara Hardy
Barbara Lorentson
Barbara Ohara
Berna Glassman
Bessie Brokenburr Henderson
Bethaney Dupuis
Brigitte Johnson

Carol Muir
Cecilia Annis
Celia Mathews
Celia Zapata
Chanda Williams
Charisse Creech
Charla Carter
Cindy Julius
Cindy Tillman
Claudia Downs
Dana Diluccio
Deborah Schulte
Denise Colburn
Dinah Merrill
Dorsi Rovin
Elizabeth Exilus
Elizabeth Martinez
Ellen Robinson
Faith Whitwam

(Continued on page 7)
Fred Wacker | Kioka Walcott  
Geraldo Gallardo | Lana Benedict  
Gladys Mejia | Lana Geoghagan  
Ignacia Nunez | Laura Kindergan  
India Freeman | Laura Salsbury  
Jacqueline Kenney | Lauren Jones  
Jan Goettsche | Leah Gnauck  
Janet Wyrick | Leslie Nevius  
Janice Cox | Lisa Berry  
Janice Hargrove | Lisa Kofron  
Jennette Cox | Lisa Taylor  
Jennifer Attwood | Loretha James  
Jennifer Sanky | Loretta Leal  
Jimmie Cummins | Lucille Weems  
Joan Clark | Lynne Pearson  
Joan Sterling | Maggie Herrera  
Johanna Haneline | Maria Arreola  
Jorge Migoya | Maria Delgado  
Joyce Allan | Mariana Shahidpour  
Joyce Calvert | Marsha McDaniel  
Joyce Newhouser | Mary Hopmann  
Judy Gureckis | Maureen Curcio  
Karen Truelove | Melinda Scott  
Katherine Cook | Melissa McCarthan  
Kathie Churchill | Melissa Schmidt  
Kathleen Gould Mitchell | Melissa Schuster  
Kathleen Saslow | Michelle Troja  
Kathryn Bauman | Nancy Maul  
Kellie Garland | Nikki Seco  
Kelly Bartlett | Patricia Gomez  
Kelly Large | Patricia Jones  
Kendra Garvin | Patricia Walsack  
Kimberly Gavin | Patricia Weston  
Kimberly Perdue | Paula Buck
### Jean Byers Abstractor Award Recognition

- Paula Riccio
- Pedro Diaz Pow Sang
- Penelope Feldpausch
- Penny Jones
- Penny May
- Peter Pierce
- Randie Davis
- Randy Slavens
- Rassy Sprouse
- Rebecca Kellner
- Rita Chmela
- Sally Davis
- Sophia Ebner
- Stacey Applegate
- Stacey Mathis
- Stephanie Fox
- Susan Huffstutlar
- Susan Ohlin
- Susan Smith Pierce
- Suzan Chastain
- Suzanne Jackson
- Tamara Lehman
- Tiffany Johnson
- Tracy Smith
- Trisha Troiano
- Walter Sanford
- Wendy Williams
- Zadie Rivard

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### Florida Cancer Data System

**2013 Annual Conference**

**July 25-26, 2013**

**DoubleTree by Hilton**

**Hotel Sunrise—Sawgrass Mills in Sunrise, FL**

Register Online at

[http://fcds.med.miami.edu/](http://fcds.med.miami.edu/)
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 to Florida CTR Candidates planning to sit for the CTR Exam in September 2013.

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 September 2013. Thank you.

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.

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 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.

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<td>9/24/13</td>
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The American Cancer Society has published new guidelines that recommend doctors discuss lung cancer screening with people who meet certain criteria that put them at high risk for developing the disease. These high risk patients must be aged 55 to 74 years and in fairly good health, have a smoking history equivalent to a pack a day for 30 years, and currently smoke or have quit within the past 15 years. If people decide to be screened, the recommendation specifies that testing should be done with a low dose computed tomography (CT) scan and take place at a facility with experience in lung cancer screening. And it emphasizes that screening is not a substitute for quitting smoking. The most effective way to lower lung cancer risk is to stay away from tobacco.

The guidelines were published early online January 11, 2013 in CA: A Cancer Journal for Clinicians.

Evidence backs guidelines

The recommendations are based on a careful review of several studies that looked at low-dose CT screening. The most significant was the National Lung Screening Trial (NLST). This study included more than 50,000 people aged 55 to 74 who were current or former smokers with at least a 30 pack-year history of smoking (equal to smoking a pack a day for 30 years, or 2 packs a day for 15 years). The NLST found that people who got low-dose CT had a 20% lower chance of dying from lung cancer than those who got chest x-rays. However, other trials found no benefit from screening.

The screening in the NLST was done at large teaching hospitals with access to a lot of medical specialists and comprehensive follow-up care. Most were National Cancer Institute cancer centers. None of the studies included people who never smoked. Although non-smokers can develop lung cancer, there is not enough evidence to know whether screening them would be helpful or harmful. Likewise, it is not known if screening would help people who were lighter smokers than those in the studies, or those of different ages. That’s why the guideline doesn’t recommend screening for these groups.

Weighing risks and benefits

The idea of screening for lung cancer is appealing, because it has the potential of finding the cancer earlier, when it’s easier to treat. Screening is done in people who do not have any symptoms of cancer. Lung cancer symptoms don’t usually appear until the cancer is already advanced and not able to be cured. But screening carries risks that may outweigh the benefits for everyone except those at higher than average risk for lung cancer, often heavy smokers. Age is also a risk factor.

One drawback of a low-dose CT scan is that it finds a lot of abnormalities that turn out not to be cancer but that still need to be assessed to be sure. (About 1 out of 4 people in the NLST had such a finding.) This may lead to additional scans or even more-invasive tests such as needle biopsies or even surgery to remove a portion of lung in some people. A small number of people who do not have cancer or have very early stage cancer have died from these tests. There is also a risk that comes with increased exposure to radiation.

Because of these risks, CT scanning is not recommended for people who are less heavy smokers, or who are younger than 55 or older than 74. It is not recommended for people who have other serious diseases that limit their life expectancy. The guidelines say doctors need to discuss all the potential risks, benefits, and limitations of screening with patients who meet the criteria and help them make an informed decision about whether they should get screened. If people do decide to get screened, they should get screened every year through age 74, as long as they are still healthy.

Quitting is still best

The recommendations emphasize that screening for lung cancer is not a substitute for quitting smoking. The most important thing anyone can do to reduce their risk of lung cancer is not smoke or use any form of tobacco. Most lung cancer cases occur in people who smoke or used to smoke. Besides lung cancer, tobacco use also increases the risk for cancers of the mouth, lips, nose and sinuses, voice box, throat, esophagus, stomach, pancreas, kidney, bladder, uterus, cervix, colon/rectum, ovary, and acute myeloid leukemia. In the US, tobacco use is responsible for nearly 1 in 5 deaths; this equals about 443,000 early deaths each year. If you smoke and want help quitting, see the American Cancer Society Guide to Quitting Smoking or call us at 1-800-227-2345.

Citation: American Cancer Society Lung Cancer Screening Guidelines. Published early online January 11, 2013 in CA: A Cancer Journal for Clinicians. First author: Richard Wender, MD, Thomas Jefferson University Medical College, Philadelphia.

**NAACCR CANCER REGISTRY & SURVEILLANCE WEBINAR SERIES 2012-2013**

**Time:** 9:00 am—12:00 pm  
**Locations:** Boca Raton Community Hospital (Boca Raton, FL)  
Baptist Regional Cancer Center (Jacksonville, FL) • H. Lee Moffitt Cancer Center (Tampa, FL)  
M.D. Anderson Cancer Center (Orlando, FL) • Shands University of Florida (Gainesville, FL)  
Gulf Coast Medical Center (Panama City, FL) • Florida Cancer Data System (Miami, FL)  
**Contact:** Steve Peace at 305-243-4600 or speace@med.miami.edu  
**To Register:** [http://fcds.med.miami.edu](http://fcds.med.miami.edu)

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>6/06/13</td>
<td>Collecting Cancer Data: Kidney</td>
</tr>
<tr>
<td>7/11/13</td>
<td>Topic in Geographic Information Systems</td>
</tr>
<tr>
<td>8/01/13</td>
<td>Cancer Registry Quality Control</td>
</tr>
<tr>
<td>9/5/13</td>
<td>Coding Pitfalls</td>
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**NCRA ANNUAL CONFERENCE**

**Date:** May 30—June 2, 2013  
**Location:** San Francisco, CA  
**Website:** [http://www.ncra-usa.org](http://www.ncra-usa.org)

**NAACCR ANNUAL CONFERENCE**

**Date:** June 8—14, 2013  
**Location:** Austin, TX  
**Website:** [http://www.naaccr.org](http://www.naaccr.org)

**ADVANCED CONCEPTS FOR ABSTRACTING AND CODING**

**Dates:** July 22—23, 2013  
**Location:** Reno, NV  
**Website:** [http://www.afritz.org/adv.htm](http://www.afritz.org/adv.htm)

**FCRA ANNUAL CONFERENCE**

**Date:** July 23—24, 2013  
**Location:** Sunrise, FL  
**Website:** [http://www.fcra.org](http://www.fcra.org)

**FCDS ANNUAL MEETING**

**Date:** July 25—26, 2013  
**Location:** Sunrise, FL  
**Website:** [http://fcds.med.miami.edu](http://fcds.med.miami.edu)
NAACCR CTR EXAM PREPARATION & REVIEW WEBINAR SERIES

Time: 1:00 pm—3:00 pm
Dates: July 9—September 3, 2013
Contact: Steve Peace at 305-243-4601 or speace@med.miami.edu
To Register: https://fcds.med.miami.edu/scripts/register_naaccr_ctr_readiness.pl

CTR EXAM PREPARATION WORKSHOP

Dates: July 25—27, 2013
Location: Reno, NV
Website: http://www.afritz.org/CTRws.htm

2013 CTR EXAM

Application Due: July 31, 2013
Testing Window: September 7-21, 2013
Website: http://www.ctrexam.org/

FCDS 2013 EDUCATIONAL WEBCAST SERIES

Time: 1:00 pm—3:00 pm
Dial-in Number: 1-888-285-4585
Participant Code: 259887
To Register: http://fcds.med.miami.edu

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<th>Topic</th>
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<tr>
<td>8/22/13</td>
<td>What’s New for 2013 and More—Annual Meeting Review</td>
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<td>9/19/13</td>
<td>Lung Neoplasms—Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment</td>
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<td>10/24/13</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>11/21/13</td>
<td>Breast Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment</td>
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<td>12/12/13</td>
<td>Colon/Rectum Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment</td>
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<td>01/23/14</td>
<td>FCDS Learning Management System—What’s New for 2014</td>
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<td>02/20/14</td>
<td>Lymphoid Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment</td>
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PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS

Dates: November 11—15, 2013
Location: Reno, NV
Website: http://www.afritz.org/pocr.htm
Thank each and every one of you for your contribution to the NAACCR certification process for 2013. This award recognizes the population-based cancer registries that have achieved excellence in the areas of completeness of case ascertainment, quality of the data and timeliness. It is a real testament to our staff and partnership with Florida’s abstracting professionals.

Jacqueline Brice
Tina Coleman
Joan Galbicsek
Edith Knapp
Barbara Lorentson
Todd Soplinski
Bryan Stevens
Ann Thompson

The FCRA/FCDS Task Force is actively working on many issues that all registrars are facing. If you have any questions, issues or suggestions that you would like the task force to review, please email them to taskforce@fcra.org. The task force meets the first Thursday of every month. We will respond back to your inquiries as quickly as possible.

Cancer Awareness

June 2013
Cancer Survivors Day—June 2nd
Sarcoma Awareness Week—June 12th—18th

September 2013
Childhood Cancer Awareness
Gynecologic & Ovarian Cancer Awareness
Leukemia & Lymphoma Awareness
Prostate Cancer Awareness
Thyroid Cancer Awareness

October 2013
Breast Cancer Awareness
National Mammography Day—Oct 18th

November 2013
Lung & Pancreatic Cancer Awareness

“Source: 2013 National Health Observances, National Health Information Center, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Washington, DC.”

Completeness Report
2012 Cases Reporting

<table>
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<th>Month</th>
<th>Complete</th>
<th>Expected</th>
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<td>8%</td>
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<tr>
<td>Aug 2012</td>
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<td>17%</td>
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<td>Sep 2012</td>
<td>13%</td>
<td>25%</td>
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<tr>
<td>Oct 2012</td>
<td>20%</td>
<td>33%</td>
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<tr>
<td>Nov 2012</td>
<td>24%</td>
<td>41%</td>
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<tr>
<td>Dec 2012</td>
<td>31%</td>
<td>50%</td>
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<tr>
<td>Jan 2013</td>
<td>38%</td>
<td>58%</td>
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<tr>
<td>Feb 2013</td>
<td>46%</td>
<td>66%</td>
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<tr>
<td>Mar 2013</td>
<td>54%</td>
<td>75%</td>
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<tr>
<td>Apr 2013</td>
<td>62%</td>
<td>83%</td>
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