

Register

A joint project of the Sylvester Comprehensive Cancer Ctr
and the Florida Department of Health

Division of Cancer Prevention and Control

Volume 57 – June 2013

FLORIDA'S PARTICIPATION IN ENHANCING CANCER REGISTRY DATA FOR COMPARATIVE EFFECTIVENESS RESEARCH: AN UPDATE

By Monique Hernandez, PhD

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-Peirce 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



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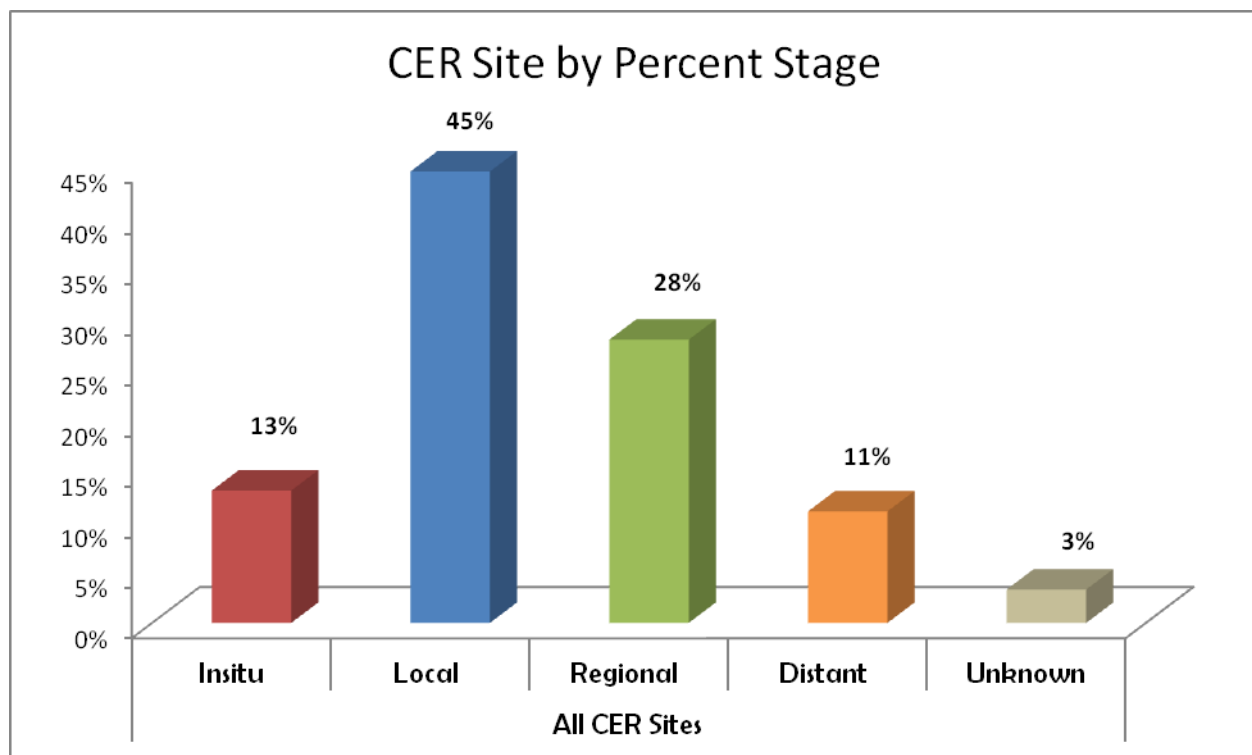
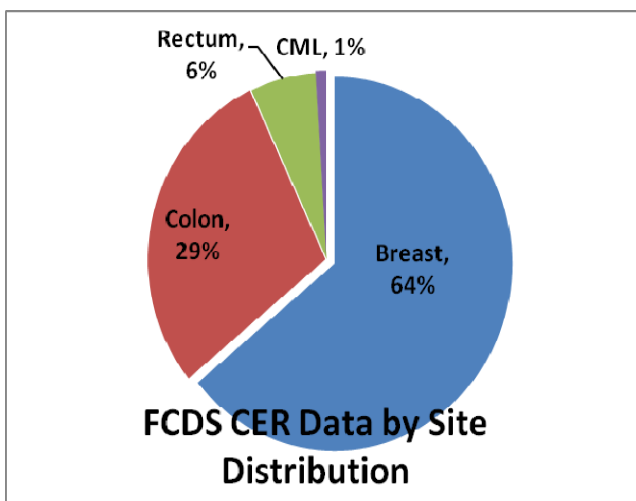
the percent distribution by site for the CER project as well as by stage for all sites combined. A majority of the cases include cancers of the breast at 64% of all cancers in the study. Cases were then followed back for treatment information if they fell within the recommended treatment guidelines issues 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. ☒



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 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. ☐

Congratulations!

2012 Jean Byers Award Recipients



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
 - a. 2010 Annual Caseload Submission Deadline – June 30, 2011
 - 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.

<u>FAC#</u>	<u>FACILITY NAME</u>	<u>FAC#</u>	<u>FACILITY NAME</u>
1300	GULF COAST MEDICAL CENTER	2377	WESTCHESTER GENERAL HOSPITAL
1306	BAY MEDICAL CENTER	2378	CORAL GABLES HOSPITAL
1505	CAPE CANAVERAL HOSPITAL	2383	PALMETTO GENERAL HOSPITAL
1508	PALM BAY COMMUNITY HOSPITAL	2405	DESOTO MEMORIAL HOSPITAL
1647	CLEVELAND CLINIC HOSPITAL	2606	SHANDS JACKSONVILLE MEDICAL CTR
1676	PLANTATION GENERAL HOSP	2636	BAPTIST REGIONAL CANCER CENTER-JAX
1681	NORTHWEST MEDICAL CENTER	2648	MEMORIAL HOSPITAL JACKSONVILLE
1686	FLORIDA MEDICAL CENTER	2672	WOLFSON CHILDRENS HOSP NCC
1800	FAWCETT MEMORIAL HOSPITAL	2736	BAPTIST HOSPITAL OF PENSACOLA
1836	PEACE RIVER REGIONAL MEDICAL CTR	2738	SACRED HEART HOSPITAL
1846	CHARLOTTE REGIONAL MEDICAL CTR	3505	FLORIDA HOSPITAL WAUCHULA
2146	NCH HEALTHCARE SYSTEM	3701	OAK HILL HOSPITAL
2246	LAKE CITY MEDICAL CENTER	3903	BRANDON REGIONAL HOSPITAL
2310	ANNE BATES LEACH EYE HOSPITAL	3906	TAMPA GENERAL HOSPITAL
2353	NORTH SHORE MEDICAL CENTER	3907	UNIVERSITY COMMUNITY HOSP-TAMPA

(Continued on page 5)

(Continued from page 4: Jean Byers Award)

<u>FAC#</u>	<u>FACILITY NAME</u>
3947	KINDRED HOSPITAL CENTRAL TAMPA
3973	UNIVERSITY COMMUNITY OF CARROLLWOOD
3974	KINDRED HOSPITAL BAY AREA TAMPA
3988	SOUTH BAY HOSPITAL
4105	INDIAN RIVER MEMORIAL HOSPITAL
4516	LEESBURG REGIONAL MEDICAL CENTER
4546	SOUTH LAKE HOSPITAL
4547	FLORIDA HOSPITAL WATERMAN
4601	CAPE CORAL HOSPITAL
4605	LEE MEMORIAL HEALTH SYSTEM
4770	CAPITAL REGIONAL MEDICAL CENTER
5105	MANATEE MEMORIAL HOSPITAL
5205	MUNROE REGIONAL MEDICAL CENTER
5346	MARTIN MEMORIAL MEDICAL CENTER
5390	MARTIN MEMORIAL HOSPITAL SOUTH
5670	FORT WALTON BEACH MED CTR
5705	RAULERSON HOSPITAL
5848	MD ANDERSON CANCER CTR ORLANDO
5936	ST CLOUD REGIONAL MEDICAL CENTER
5967	OSCEOLA REGIONAL MEDICAL CENTER
6003	DELRAY MEDICAL CENTER
6036	ST MARYS MEDICAL CENTER
6068	WELLINGTON REGIONAL MEDICAL CTR
6069	PALMS WEST HOSPITAL
6074	JUPITER MEDICAL CENTER
6170	COMMUNITY HOSP OF NEW PORT RICHEY

<u>FAC#</u>	<u>FACILITY NAME</u>
6171	PASCO REG MED HOSPITAL
6201	NORTHSIDE HOSP HEART INSTITUTE
6203	EDWARD WHITE HOSPITAL
6246	ALL CHILDRENS HOSPITAL
6250	MORTON PLANT HOSPITAL
6251	ST ANTHONY HOSPITAL
6252	SUN COAST HOSPITAL
6274	ST PETERSBURG GENERAL HOSPITAL
6290	KINDRED HOSP BAY AREA ST PETERSBURG
6305	LAKELAND REGIONAL MEDICAL CENTER
6346	BARTOW MEMORIAL HOSPITAL
6347	HEART OF FLORIDA HOSPITAL
6390	WINTER HAVEN HOSPITAL REGENCY
6570	FLAGLER HOSPITAL
6600	COLUMBIA LAWNWOOD REGIONAL MEDICAL CENTER
6704	GULF BREEZE HOSPITAL
6805	SARASOTA MEMORIAL HOSPITAL
6810	ENGLEWOOD COMMUNITY HOSPITAL
6846	VENICE REGIONAL MEDICAL CENTER
6910	ORLANDO REGIONAL SOUTH SEMINOLE HOSPITAL
7005	VILLAGES REGIONAL HOSPITAL
7405	BERT FISH MEDICAL CENTER
7406	HALIFAX HOSPITAL MEDICAL CENTER



REMINDER!
ALL 2012 CASES ARE DUE JUNE 30TH, 2013.
PLEASE CONTACT YOUR FIELD COORDINATOR
IF YOU HAVE ANY CONCERNS.

Jean Byers Abstractor Award Recognition



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.

Jean Byers Abstractor Award Recognition

Abelardo De La Rua	Carol Muir
Adele Nissen	Cecilia Annis
Alan Fish	Celia Mathews
Ana Walton	Celia Zapata
Angela Dixon	Chanda Williams
Angie Droz	Charisse Creech
Ann Thompson	Charla Carter
Anna Deluague	Cindy Julius
Anna Muschler	Cindy Tillman
Annette Harnage	Claudia Downs
April Stebbins	Dana Diluccio
Barbara Dearmon	Deborah Schulte
Barbara Hardy	Denise Colburn
Barbara Lorentson	Dinah Merrill
Barbara Ohara	Dorsi Rovin
Berna Glassman	Elizabeth Exilus
Bessie Brokenburr Henderson	Elizabeth Martinez
Bethaney Dupuis	Ellen Robinson
Brigitte Johnson	Faith Whitwam

(Continued on page 7)

Jean Byers Abstractor Award Recognition

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

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/>**

NAACCR CTR Exam Preparation and Review Webinar Series (7/9/13-9/24/13)

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 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.

<u>Date</u>	<u>Time</u>	<u>Topic</u>
7/9/13	1 pm – 3 pm	Introduction to the exam format Registry organization and operations
7/16/13	1 pm – 3 pm	Registry organization and operations
7/23/13	1 pm – 3 pm	Data analysis and interpretation
7/30/13	1 pm – 3 pm	Concepts of abstracting, coding, & follow-up Anatomy and physiology
8/6/13	1 pm – 3 pm	Concepts of abstracting, coding, & follow-up Case finding and ascertainment, abstracting & coding principles
8/13/13	1pm-3pm	ICD-O-3 Coding
8/20/13	1 pm – 3 pm	Multiple primary and histology coding rules Hematopoietic and lymphoid neoplasm coding AJCC Staging
8/27/13	1 pm – 3 pm	Collaborative Stage coding principles
9/3/13	1 pm – 3 pm	Timed test; Overview; Test taking tips; Q & A
9/7/13 – 9/21/13		CTR Exam Testing Window
9/24/13	1 pm – 2 pm	Feedback from students



New Lung Cancer Screening Guidelines for Heavy Smokers

Article date: January 11, 2013

By Stacy Simon

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.

For More Information go to: <http://www.cancer.org/cancer/news/news/new-lung-cancer-screening-guidelines-for-heavy-smokers> ☞

CALENDAR OF EVENTS

CALENDAR OF EVENTS

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>

Date	Topic
6/06/13	Collecting Cancer Data: Kidney
7/11/13	Topic in Geographic Information Systems
8/01/13	Cancer Registry Quality Control
9/5/13	Coding Pitfalls

NCRA ANNUAL CONFERENCE

Date: May 30—June 2, 2013

Location: San Francisco, CA

Website: <http://www.ncra-usa.org>

NAACCR ANNUAL CONFERENCE

Date: June 8—14, 2013

Location: Austin, TX

Website: <http://www.naacr.org>

ADVANCED CONCEPTS FOR ABSTRACTING AND CODING

Dates: July 22—23, 2013

Location: Reno, NV

Website: <http://www.afritz.org/adv.htm>

FCRA ANNUAL CONFERENCE

Date: July 23—24, 2013

Location: Sunrise, FL

Website: <http://www.fcra.org>

FCDS ANNUAL MEETING

Date: July 25—26, 2013

Location: Sunrise, FL

Website: <http://fcds.med.miami.edu>

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CALENDAR OF EVENTS

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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>

Date	Topic
8/22/13	What's New for 2013 and More—Annual Meeting Review
9/19/13	Lung Neoplasms—Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment
10/24/13	New Developments in FCDS Quality Improvement—FCDS Abstractor Code, NPCR Audit Outcome, FCDS Validation Studies, New QC Reports
11/21/13	Breast Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment
12/12/13	Colon/Rectum Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment
01/23/14	FCDS Learning Management System—What's New for 2014
02/20/14	Lymphoid Neoplasms: Background/Anatomy/Risk Factors/MPH Rules/CSv02.04/Site Specific Factors and Treatment

PRINCIPLES OF ONCOLOGY FOR CANCER REGISTRY PROFESSIONALS

Dates: November 11—15, 2013
Location: Reno, NV
Website: <http://www.afritz.org/pocr.htm>



FCDS is GOLD for 2010 Data!

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.



Newly Certified Tumor Registrars in the state of Florida

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



Register

A joint project of the Sylvester Comprehensive Cancer Center
and the Florida Department of Health

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Monique Hernandez, PhD

Graphics Designer
Bleu 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

Month	Complete	Expected
Jul 2012	2%	8%
Aug 2012	7%	17%
Sep 2012	13%	25%
Oct 2012	20%	33%
Nov 2012	24%	41%
Dec 2012	31%	50%
Jan 2013	38%	58%
Feb 2013	46%	66%
Mar 2013	54%	75%
Apr 2013	62%	83%



FLORIDA CANCER DATA SYSTEM
SYLVESTER COMPREHENSIVE CANCER CTR AT THE
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
PO Box 016960 (D4-11) • MIAMI, FL 33101

