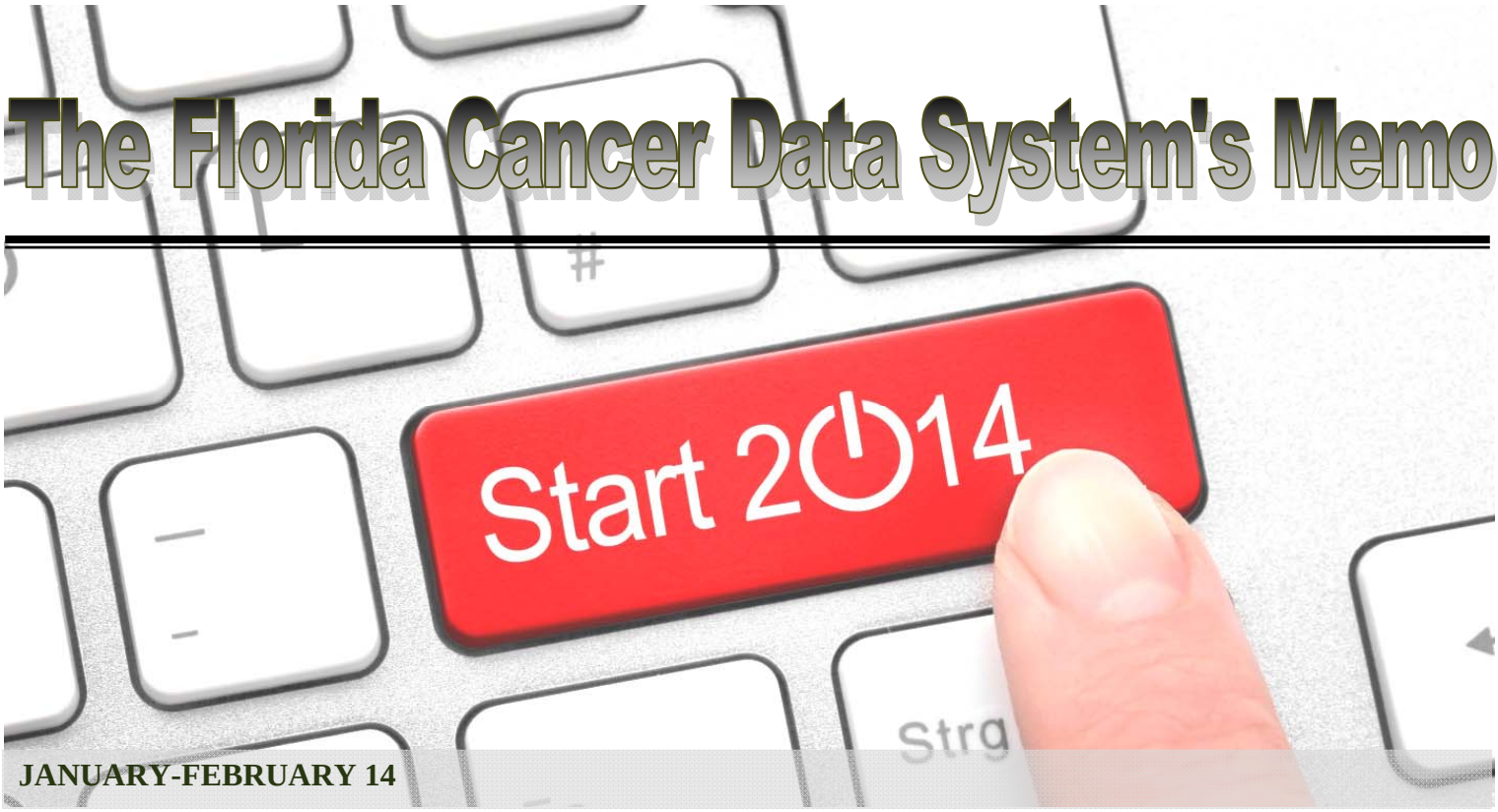
The Florida Cancer Data System's Memo



JANUARY-FEBRUARY 14

2014 Grade Coding Instructions

FROM THE COC-SEER-NPCR TECHNICAL WORKING GROUP

The coding of grade (GRADE, DIFFERENTIATION OR CELL INDICATOR [NAACCR Item #: 440]) has become complicated over time by the introduction of specialized site-specific grading systems. In addition, the coding instructions listed in CoC's FORDS Manual and SEER's Coding Manual differed. Therefore, a small group has been meeting to see if a consensus on grade could be reached among CoC, SEER, and NPCR. The consensus decision was to draft a set of instructions that were simpler, the same among all 3 groups, and in the end, were different from CoC's or SEER's previous instructions. Separate documentation will be produced later to outline these differences.

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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 -Treatment Data 2/6/14, being held at 7 Florida facilities and requires registration.

FCDS EDUCATIONAL WEBCAST SERIES
2013-2014 – 2/20/2014
Lymphoid Neoplasms

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

Grade coding instructions

(Continued from page 1)

The 'Instructions for Coding Grade' can be found at http://seer.cancer.gov/tools/grade/ and are to be implemented for cases diagnosed 1 January 2014 and forward for CoC, SEER, and NPCR. CoC and SEER will incorporate these instructions into their respective coding manuals for 2014. CoC, SEER, and NPCR will notify their respective constituents of their general coding instructions for 2014 including grade.

No codes have been added or deleted. Vendors will not be required to make any changes to software. However, vendors may be able to implement some of the grading instructions electronically to aid cancer registrars in coding the grade field.

Educational materials/presentations will be developed. Short articles/announcements are being developed to highlight some of the changes.

The impact of these new instructions on the analyses of grade trends over time may be substantial for some sites especially prostate. It was difficult to balance changing rules with a desire to keep grade trends intact. For prostate, however, earlier changes based on 'current at the time' AJCC/UICC rules had already wreaked havoc on trying to analyze prostate grade trends.

Many thanks to those who reviewed the instructions. Your comments and questions were very helpful.

The members of the CoC-SEER-NPCR Technical Working Group who drafted this document were Margaret Adamo (NCI-SEER), Mary Lewis (CDC-NPCR), Jerri Linn Phillips (CoC), Joan Phillips (CDC-NPCR), Lynn Ries (NCI contractor), Jennifer Ruhl (NCI-SEER), and Shannon Vann (NAACCR).

Instructions for Coding Grade for 2014+

GRADE, DIFFERENTIATION OR CELL INDICATOR
Item Length: 1
NAACCR Item #: 440
NAACCR Name: Grade
Grade, Differentiation for solid tumors (Codes 1, 2, 3, 4, 9) and Cell Indicator for Lymphoid Neoplasms (Codes 5, 6, 7, 8, 9)
Note: These instructions pertain to the data item Grade, Differentiation or Cell Indicator.

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Grade coding instructions

(Continued from page 2)

These are coding instructions for **cases diagnosed 1/1/2014** and forward.

Hematopoietic and Lymphoid Neoplasms

Cell Indicator (Codes 5, 6, 7, 8, 9)

Cell Indicator (Codes 5, 6, 7, 8) describes the lineage or phenotype of the cell. Codes 5, 6, 7, and 8 are used only for hematopoietic and lymphoid neoplasms. Code 9 indicates cell type not determined, not stated, or not applicable.

Coding Grade for Hematopoietic and Lymphoid Neoplasms

1. Determine the histology based on the current Hematopoietic and Lymphoid Neoplasm Manual http://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules/

2. Determine the Cell Indicator by applying the "Grade of Tumor Rules" within the current Hematopoietic and Lymphoid Neoplasm Manual http://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules/ to code the grade.

Grade codes for hematopoietic and lymphoid neoplasms

Terminology	Grade Code
T-cell; T-precursor	5
B-Cell; Pre-B; B-precursor	6
Null cell; Non T-non B	7
NK cell (natural killer cell)	8
Grade unknown, not stated, or not applicable	9

Solid tumors

Grade, Differentiation (Codes 1, 2, 3, 4, 9)

Pathologic examination determines the grade, or degree of differentiation, of the tumor. For these cancers, the grade is a measurement of how closely the tumor cells resemble the parent tissue (organ of origin). Well-differentiated tumor cells closely resemble the tissue from the organ of origin. Poorly differentiated and undifferentiated tumor cells are disorganized and abnormal looking; they bear little (poorly differentiated) or no (undifferentiated) resemblance to the tissue from the organ of origin. These similarities/differences may be based on pattern (architecture), cytology, nuclear (or nucleolar) features, or a combination of these elements, depending upon the grading system that is used. Some grading systems use only pattern, for example Gleason grading in prostate. Others use only a nuclear grade (usually size, amount of chromatin, degree of irregularity, and mitotic activity). Fuhrman's grade for kidney is based only on nuclear features. Most systems use a combi-

(Continued on page 4)

Grade coding instructions

(Continued from page 3)

nation of pattern and cytologic and nuclear features; for example Nottingham's for breast combines numbers for pattern, nuclear size and shape, and mitotic activity. The information from this data item is useful for determining prognosis and treatment.

Pathologists describe the tumor grade using three systems or formats:

1. Two levels of similarity; also called a two-grade system
2. Three levels of similarity; also called a three-grade system (code according to "Coding for solid tumors."
    a. Grade I, well
    b. Grade II, moderately
    c. Grade III, poorly (undifferentiated carcinoma is usually separated from this system, since "poorly" bears some, albeit little, similarity to the host tissue, while "undifferentiated" has none, e.g. Undifferentiated carcinoma).
3. Four levels of similarity; also called a four-grade system. The four-grade system describes the tumor as
    a. Grade I; also called well-differentiated
    b. Grade II; also called moderately differentiated
    c. Grade III; also called poorly differentiated
    d. Grade IV; also called undifferentiated or anaplastic

Breast and prostate grades may convert differently than other sites. These exceptions are noted in "Coding for Solid Tumors", #7-8 below.

Coding for Solid Tumors

1. Systemic treatment and radiation can alter a tumor's grade. Therefore, it is important to code grade based on information prior to neoadjuvant therapy even if grade is unknown.
2. Code the grade from the primary tumor only.
    a. Do NOT code grade based on metastatic tumor or recurrence. In the rare instance that tumor tissue extends contiguously to an adjacent site and tissue from the primary site is not available, code grade from the contiguous site.
    b. If primary site is unknown, code grade to 9.
3. Code the grade shown below (6th digit) for specific histologic terms that imply a grade.
    Carcinoma, undifferentiated (8020/34)

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Grade coding instructions

(Continued from page 4)

Carcinoma, anaplastic (8021/34)
Follicular adenocarcinoma, well differentiated (8331/31)
Thymic carcinoma, well differentiated (8585/31)
Sertoli-Leydig cell tumor, poorly differentiated (8631/33)
Sertoli-Leydig cell tumor, poorly differentiated with heterologous elements (8634/33)
Undifferentiated sarcoma (8805/34)
Liposarcoma, well differentiated (8851/31)
Seminoma, anaplastic (9062/34)
Malignant teratoma, undifferentiated (9082/34)
Malignant teratoma, intermediate type (9083/32)
Intraosseous osteosarcoma, well differentiated (9187/31)
Astrocytoma, anaplastic (9401/34)
Oligodendroglioma, anaplastic (9451/34)
Retinoblastoma, differentiated (9511/31)
Retinoblastoma, undifferentiated (9512/34)

4. In situ and/or combined in situ/invasive components:

a. If a grade is given for an in situ tumor, code it. Do NOT code grade for dysplasia such as high grade dysplasia.

b. If there are both in situ and invasive components, code only the grade for the invasive portion even if its grade is unknown.

5. If there is more than one grade, code the highest grade within the applicable system. Code the highest grade even if it is only a focus. Code grade in the following priority order using the first applicable system:

a. special grade systems for the sites listed in Coding for Solid Tumors #6

b. differentiation: use Coding for Solid Tumors #7: 2-, 3-, or 4- grade system

c. nuclear grade: use Coding for Solid Tumors #7: 2-, 3-, or 4- grade system

d. If it isn't clear whether it is a differentiation or nuclear grade and a 2-, 3-, or 4- grade system was used, code it.

e. Terminology (use Coding for Solid Tumors #8)

6. Use the information from the special grade systems first. If no special grade can be coded, continue with Coding for Solid Tumors #7-9.

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Grade coding instructions

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Special grade systems for solid tumors

Grade information based on CS Site-specific factors for breast, prostate, heart, mediastinum, peritoneum, retro-peritoneum, soft tissue, and kidney parenchyma is used to code grade. See Special Grade System Rules section below for details on how to use this information to code grade.

CS Schema	Special grade system
Breast	Nottingham or Bloom-Richardson (BR) Score/Grade (SSF7)
Prostate	Gleason's Score on Needle Core Biopsy/Transurethral Resection of Prostate (TURP)
Prostate	Gleason's Score on Prostatectomy/Autopsy (SSF 10)
Heart, Mediastinum	Grade for Sarcomas (SSF 1)
Peritoneum	Grade for Sarcomas (SSF 1)
Retroperitoneum	Grade for Sarcomas (SSF 1)
Soft Tissue	Grade for Sarcomas (SSF 1)
Kidney Parenchyma	Fuhrman Nuclear Grade (SSF 6)

Do not use these tables to code grade for any other groups including WHO (CNS tumors), WHO/ISUP (bladder, renal pelvis), or FIGO (female gynecologic sites) grades.

7. Use the Two, Three or Four grade system information

a. Two-grade system

Term	Description	Grade Code	Exception for Breast and Prostate Grade Code
1/2, I/II	Low grade	2	1
2/2, II/II	High grade	4	3

b. Three-grade system

Term	Description	Grade Code	Exception for Breast and Prostate Grade Code
1/3	Low grade	2	1
2/3	Intermediate grade	3	2
3/3	High grade	4	3

(Continued on page 7)

Grade coding instructions

(Continued from page 6)

c. Four grade system: Any four grade system including Edmondson and Steiner grade for liver.

Term	Description	Grade Code
1/4	Grade I; Well differentiated	1
2/4	Grade II; Moderately differentiated	2
3/4	Grade III; Poorly differentiated	3
4/4	Grade IV; Undifferentiated	4

8. Terminology: use the 'Description' column or the 'Grade' column to code grade. Breast & Prostate use the same grade code with a few noted exceptions.

Description	Grade	Assign Grade Code	Exception for Breast & Prostate Grade Code
Differentiated, NOS	I	1	
Well differentiated	I	1	
Only stated as 'Grade I'	I	1	
Fairly well differentiated	II	2	
Intermediate differentiation	II	2	
Low grade	I-II	2	1
Mid differentiated	II	2	
Moderately differentiated	II	2	
Moderately well differentiated	II	2	
Partially differentiated	II	2	
Partially well differentiated	I-II	2	1
Relatively or generally well differ-entiated	II	2	
Only stated as 'Grade II'	II	2	
Medium grade, intermediate grade	II-III	3	2
Moderately poorly differentiated	III	3	
Moderately undifferentiated	III	3	
Poorly differentiated	III	3	
Relatively poorly differentiated	III	3	
Relatively undifferentiated	III	3	
Slightly differentiated	III	3	
Dedifferentiated	III	3	
Only stated as 'Grade III'	III	3	
High grade	III-IV	4	3
Undifferentiated, anaplastic, not differentiated	IV	4	
Only stated as 'Grade IV'	IV	4	
Non-high grade		9	

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Grade coding instructions

(Continued from page 7)

9. If no description fits or grade is unknown prior to neoadjuvant therapy, code as a 9 (unknown).

SPECIAL GRADE SYSTEMS RULES

Breast (site: breast excluding lymphomas; CS schema: breast)
Use Bloom Richardson (BR) or Nottingham score/grade to code grade based on CSv2 site-specific factor 7 (SSF) as stated below. If your registry does not collect this SSF, use the description in the table below to determine grade. If you collect this SSF, codes 030-130 could be automatically converted into the grade field.

BR could also be referred to as: Bloom-Richardson, modified Bloom-Richardson, BR, BR grading, Scarff-Bloom-Richardson, SBR grading, Elston-Ellis modification of Bloom-Richardson score, Nottingham modification of Bloom-Richardson score, Nottingham modification of Scarff-Bloom-Richardson, Nottingham-Tenovus grade, or Nottingham grade.

Code the tumor grade using the following priority order

a. BR scores 3-9
b. BR grade (low, intermediate, high)

BR score may be expressed as a range, 3-9. The score is based on three morphologic features: degree of tubule formation/histologic grade, mitotic activity, nuclear pleomorphism/nuclear grade of tumor cells. If a report uses words such as low, intermediate, or high rather than numbers, use the table below to code grade.

If only a grade of 1 through 4 is given with no information on the score and it is unclear if it is a Nottingham or BR Grade, do not use the table below. Continue with the next priority according to "Coding for Solid Tumors" #7 above.

Code the highest score if multiple scores are reported (exclude scores from tests after neoadjuvant therapy began). Examples: different scores may be reported on multiple pathology reports for the same primary cancer; different scores may be reported for multiple tumors assigned to the same primary cancer.

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Grade coding instructions

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CS Site-Specific Factor 7
Nottingham or Bloom-Richardson (BR) Score/Grade

Description	CS Code	Grade Code
Score of 3	030	1
Score of 4	040	1
Score of 5	050	1
Score of 6	060	2
Score of 7	070	2
Score of 8	080	3
Score of 9	090	3
Low Grade, Bloom-Richardson (BR) grade 1, score not given	110	1
Medium (Intermediate) Grade, BR grade 2, score not given	120	2
High Grade, BR grade 3, score not given	130	3

Kidney Parenchyma (Site: kidney parenchyma excluding lymphomas; CS schema: KidneyParenchyma): Fuhrman Nuclear Grade

The Fuhrman Nuclear Grade should be used to code grade for kidney parenchyma only based on CSv2 SSF 6 as stated below. Do not use for kidney renal pelvis. If your registry does not collect this SSF, use the description in the table to determine grade. If you collect this SSF, the information could be automatically converted into the grade field if it is coded 010-040. Fuhrman nuclear grade is a four-grade system based on nuclear diameter and shape, the prominence of nucleoli, and the presence of chromatin clumping in the highest grade.

Description	CS Code	Grade Code
Grade 1	010	1
Grade 2	020	2
Grade 3	030	3
Grade 4	040	4

SoftTissue (sites excluding lymphomas: soft tissue, heart, mediastinum, peritoneum, and retroperitoneum; for CS users: SoftTissue, HeartMediastinum, Peritoneum, Retroperitoneum schemas): Grade for Sarcomas

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Grade coding instructions

(Continued from page 9)

The Grade for Sarcomas should be used to code grade based on CSv2 SSF 1 as stated below. If your registry does not collect this SSF, use the description in the table to determine grade. If you collect this SSF, the information could be automatically converted into the grade field if it is coded 010-200. The grading system of the French Federation of Cancer Centers Sarcoma Group (FNCLCC) is the preferred system.

Record the grade from any three-grade sarcoma grading system the pathologist uses. For terms such as "well differentiated" or "poorly differentiated," go to Coding for Solid Tumors #8.

In some cases, especially for needle biopsies, grade may be specified only as "low grade" or "high grade." The numeric grade takes precedence over “low grade” or “high grade.”

Description	CS Code	Grade Code
Specified as Grade 1 [of 3]	010	2
Specified as Grade 2 [of 3]	020	3
Specified as Grade 3 [of 3]	030	4
Grade stated as low grade, NOS	100	2
Grade stated as high grade, NOS	200	4

Prostate (site: prostate excluding lymphomas; CS schema: prostate)

Use the highest Gleason score from the biopsy/TURP or prostatectomy/autopsy. Use a known value over an unknown value. Exclude results from tests performed after neoadjuvant therapy began.

This information is collected in CSv2 SSF 8 (Gleason score from biopsy/TURP) and SSF 10 (Gleason score from prostatectomy/autopsy) as stated below. Use the table below to determine grade even if your registry does not collect these SSFs. If you collect these SSFs, the information could be converted into the grade field automatically.

Usually prostate cancers are graded using Gleason score or pattern. Gleason grading for prostate primaries is based on a 5-component system (5 histologic patterns). Prostatic cancer generally shows two main histologic patterns. The primary pattern, the pattern occupying greater than 50% of the cancer, is usually indicated by the first number of the Gleason grade, and the secondary pattern is usually indicated by the second number. These

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Grade coding instructions

(Continued from page 10)

two numbers are added together to create a pattern score, ranging from 2 to 10. If there are two numbers, assume that they refer to two patterns (the first number being the primary pattern and the second number the secondary pattern), and sum them to obtain the score. If only one number is given on a particular test and it is less than or equal to 5 and not specified as a score, do not use the information because it could refer to either a score or a grade. If only one number is given and it is greater than 5, assume that it is a score and use it. If the pathology report specifies a specific number out of a total of 10, the first number given is the score. Example: The pathology report says Gleason 3/10. The Gleason score would be 3.

Historic Perspective

Gleason score	**CS Code**	**Grade Code**	**AJCC 7th**	**SEER 2003-2013**	**AJCC 6th**	**SEER prior 2003**
2	002	1	G1	G1	G1	G1
3	003	1	G1	G1	G1	G1
4	004	1	G1	G1	G1	G1
5	005	1	G1	G2	G2	G2
6	006	1	G1	G2	G2	G2
7	007	2	G2	G3	G3	G2
8	008	3	G3	G3	G3	G3
9	009	3	G3	G3	G3	G3
10	010	3	G3	G3	G3	G3

Historical perspective on long term trends in prostate grade: The relationship of Gleason score to grade changed for 1/1/2014+ diagnoses in order to have the grade field in sync with AJCC 7th ed. Analysis of prostate grade before 2014 based solely on the grade field is not recommended. In Collaborative Stage (CS), Gleason score was originally coded in CSv1 in one field (SSF 6) and then it was split into two fields in CSv2 based on the tissue used for the test: needle biopsy/TURP (SSF 8) and prostatectomy/autopsy (SSF 10). For trends using data back to 2004, if one collected the various CS Gleason scores, one could design a recode to have the same criteria as the data collected 2014+. The original grade field would NOT be changed, but for analyses this recode could be based on the CS SSFs and the original grade code.

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Grade coding instructions

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Computer algorithm to derive grade for prostate based on SSF 8 and SSF 10: if SSF 8 or SSF 10 has known values for Gleason's, the information could be used to automatically derive the grade field.

SSF 8	SSF 10 Grade Code											
Code	002	003	004	005	006	007	008	009	010	988	998	999
002	1	1	1	1	1	2	3	3	3	*	1	1
003	1	1	1	1	1	2	3	3	3	*	1	1
004	1	1	1	1	1	2	3	3	3	*	1	1
005	1	1	1	1	1	2	3	3	3	*	1	1
006	1	1	1	1	1	2	3	3	3	*	1	1
007	2	2	2	2	2	2	3	3	3	*	2	2
008	3	3	3	3	3	3	3	3	3	*	3	3
009	3	3	3	3	3	3	3	3	3	*	3	3
010	3	3	3	3	3	3	3	3	3	*	3	3
988	*	*	*	*	*	*	*	*	*	*	*	*
998	1	1	1	1	1	2	3	3	3	*	*	*
999	1	1	1	1	1	2	3	3	3	*	*	*

Florida Cancer Control & Research Advisory Council

Agency for Health Care Administration
All Children's Hospital
American Cancer Society
American College of Surgeons
Association of Community Cancer Centers
Department of Family & Children's Services
Florida Osteopathic Medical Association
Florida Agriculture & Mechanical University, Institute of Public Health
Florida Association of Pediatric Tumor Programs
Florida Cancer Registrars Association
Florida Dental Association
Florida Department of Corrections
Florida Department of Education
Florida Department of Health
Florida Hospital Association
Florida House of Representatives
Florida Medical Association
Florida Nurses Association
Florida Pediatric Society
Florida Senate
Florida Society of Clinical Oncology
Florida Society of Oncology Social Workers
FOCAS (Florida Ovarian Cancer Alliance Speaks)
H. Lee Moffitt Cancer Center and Research Institute
Nova Southeastern University, College of Osteopathic Medicine
Office of Open Government - Governor's Office
School of Medicine of the University of Miami
Sylvester Comprehensive Cancer Center
University of Florida, College of Medicine
University of Florida, Shands Cancer Center
University of South Florida, College of Public Health
University of South Florida, College of Medicine

December 6, 2013

To All Florida Licensed Health Care Practitioners

Dear Colleagues:

Your role is critical in state and local efforts to monitor disease occurrence, treatment, morbidity, and mortality. The state public health surveillance system depends upon your reports of disease and treatment to monitor the health of the community and to allocate resources where needed.

As management for many cancer patients shifts from the hospital to the private practitioner's office, Florida's cancer surveillance system must adapt and expand to capture all accounts of cancer occurrence and treatment.

As a reportable disease per Section 381.0031 Florida Statutes, cancers diagnosed and treated in the state of Florida are to be reported to the Florida Cancer Data System (FCDS), Florida's legislatively-mandated statewide cancer registry. The FCDS data are used to aid practitioners, researchers, policymakers, and others to develop interventions and policies to reduce the morbidity and mortality due to cancer.

The FCDS has developed a physician reporting mechanism that minimizes the burden of reporting through multiple reporting options that include the following:

1. Option 1: Submitting electronically the physician medical claims, void of any billing information, in file format ANSI 837 5010a or an alternative file layout accepted by the FCDS
2. Option 2: Single-entry web-based data entry module through FCDS IDEA (Incidence Data Entry Abstract), a free software application, for those physicians with relatively few cases

More information on physician registration and reporting can be found on the FCDS physician webpage at http://fcds.med.miami.edu/inc/physicians.shtml. In addition, the FCDS will be ready to receive Meaningful Use Stage 2 (MU2) reports from certified electronic health record technology (CEHRT) beginning January 1, 2014. For those physicians interested in meeting MU2 requirements through cancer reporting, the FCDS can assist eligible professionals.

CCRAB recognizes the importance of private physicians actively reporting cancer to the FCDS and strongly encourages your cooperation in this statewide initiative.

If you should have any questions regarding cancer reporting in the state of Florida, please feel free to contact the state director of cancer registry operations, Dr. Youjie Huang at (850) 245-4407 or by email at Youjie.Huang@flhealth.gov, or Dr. Jill MacKinnon, the FCDS project director, at (305) 243-3426 or by email at JMacKin@med.miami.edu.

Sincerely,

Thomas J. George, Jr., MD, FACP
CCRAB Chair

CCRAB, c/o Moffitt Cancer Center, UTC-GR, 12902 Magnolia Drive, Tampa, FL 33612 · Phone: 813-745-1522
www.ccrab.org

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 DECEMBER 31, 2013

Total number of *New Cases* added to the FCDS Master file in December, 2013: **15,034**

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	59,186	1,768	60	5,630	0	**Pending**	66,644	**12,939**
2012	167,690	9,117	127	8,156	0	**Pending**	185,127	**1,620**
2011	173,290	10,689	1,971	17,999	0	**2,127**	206,193	**475**

		Actual	Expected
% Complete for:	**2013**	**35%**	**50%**
	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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