

The Florida Cancer Data System's Memo

OCTOBER 2014

Congratulations! New Florida CTRs

Monica Arvizu, CTR

Angela L. Filmore-Swilley, CTR

Monica Marie Gomez, CTR

Susana Morales, CTR

Mirian Lopez Plotkin, CTR

Antonio Santana, CTR

WHAT'S NEW:

*The following information
is currently available on the
FCDS website.*

**FLORIDA ANNUAL CANCER
REPORT: INCIDENCE AND
MORTALITY - 2011**

**FCDS/NAACCR EDIT's
Metafile** - 14.0A Metafile,
posted 08/4/2014 12:26pm

**FCDS/NAACCR
WEBINAR SERIES:**
NAACCR 2014-2015
Cancer Registry and
Surveillance Webinar series -
Collecting Cancer Data:
Hematopoietic and Lymphoid
Neoplasms 11/6/14,
being held at 7
Florida facilities and
[requires registration.](#)

**FCDS EDUCATIONAL
WEBCAST SERIES**
2014-2015 – 10/16/2014
Neuroendocrine Tumors (NET)
and GI Stromal Tumors (GIST):
Background, Anatomy, Risk
Factors, Signs and Symptoms,
MPH Rules, Staging (CSv02.05,
SSFs, TNM, SS) and TX

FCDS Florida Cancer Data System

Florida Statewide

Dear Florida Friends and Colleagues:

It is with mixed emotions that I inform you that I will be stepping down as Principal Investigator and Program Director of the Florida Cancer Data System (FCDS) effective November 1, 2014. After 37 years as the Director of the FCDS, I will still be part of the FCDS family, but in a different capacity. I will be concentrating on the development of several FCDS initiatives for Florida and nationally. So happily, I will still be very much involved with the Florida and National surveillance/registry community. Dr. David Lee will be the FCDS PI/PD. Dr. Lee has been an integral part of the FCDS of over 15 years as our Epidemiologist and Research Director. Mr. Gary Levin, whom most of you know and had the pleasure to work with, will be the Deputy Project Director.

Collectively we established Florida's legislatively mandated population-based, statewide cancer surveillance system/registry from nothing in 1981 and developed it into one of the premier cancer surveillance systems in the nation. I am proud of the work we have done. I am honored to have had the opportunity to work with such talented professionals at the University of Miami; the Florida Department of Health; the amazing facility based cancer registries in the state; and the prestigious organizations throughout the United States. I look forward to the work we will continue to do in the future.

This was not an easy decision but to quote Dr. Donna Shalala the University of Miami President, "always leave a job when you still love it".

Thank you for your support of me and the FCDS now and over the years. Together we have built a legacy that I know will live on well into the future.

Best Wishes to my entire surveillance/registry family,

Jill


Jill A. MacKinnon, PhD
Epidemiologist and Project Director
Florida Cancer Data System
University of Miami Miller School of Medicine
President,
North American Association of Central Cancer Registries



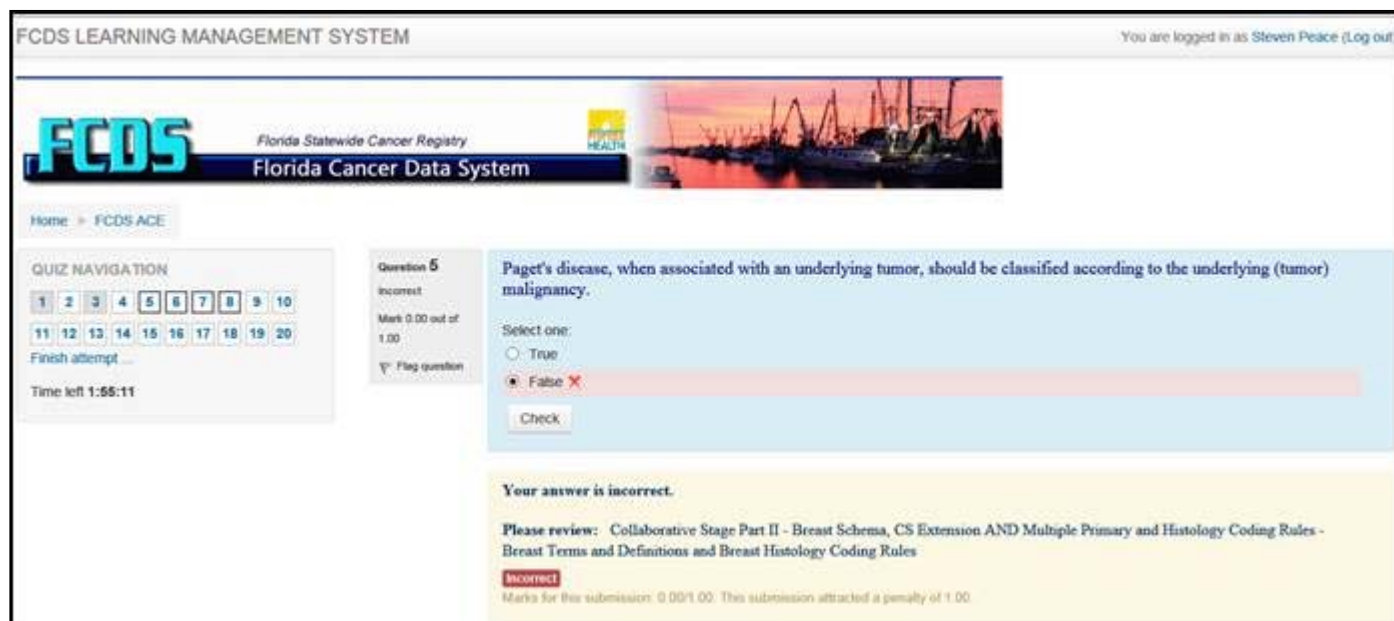
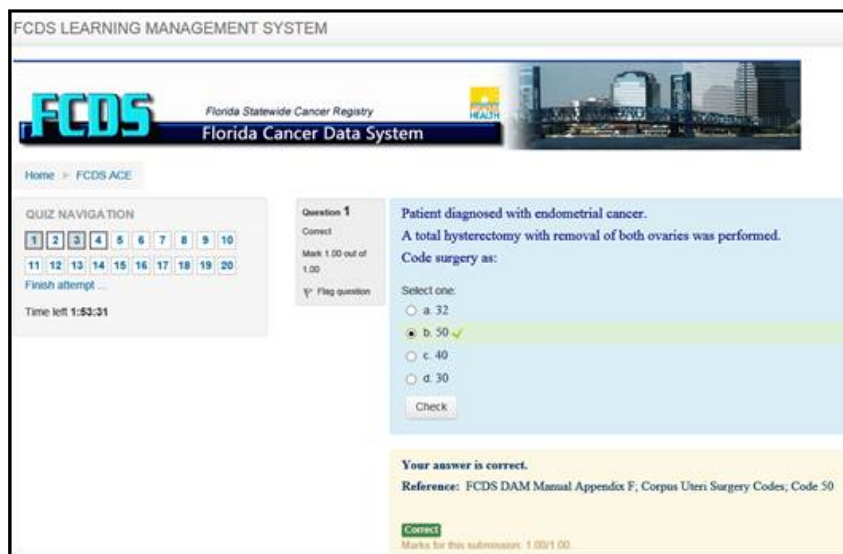
Florida Cancer Data System Deadlines, Updates, & Reminders

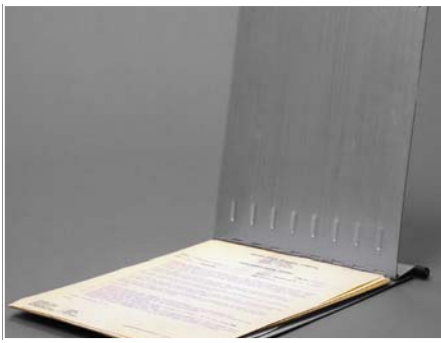
FCDS Learning Management System Upgrade

FCDS is pleased to announce major user interface upgrades and 2014 FCDS Abstractor Code Test updates

with a new look and feel to the FCDS  site known as the “FCDS Learning Management System.” The updated site is publicly available via the FCDS website under Education and Training page (Web Training Tab) at <http://fcds.med.miami.edu/inc/educationtraining.shtml>.

- Upgrades Include
- New Look and Feel
- Improved User Interface
- Improved Navigation and Speed
- Improved Feedback on FCDS Abstractor Code Exam Q&A
- Immediate Confirmation of Correct/Incorrect Answers for Exams
- More than 350 Q&A Now Available for FCDS Abstractor Code Exam
- 25 NEW Q&A Added to Exam Q&A Pool for What’s New in 2014
- More to Come





Florida Cancer Data System

Deadlines, Updates, & Reminders



FCDS Annual Meeting

Slides/Handouts/Recordings for meeting presentations are available on the FCDS website under the [Education and Training](#) tab.

Day 1

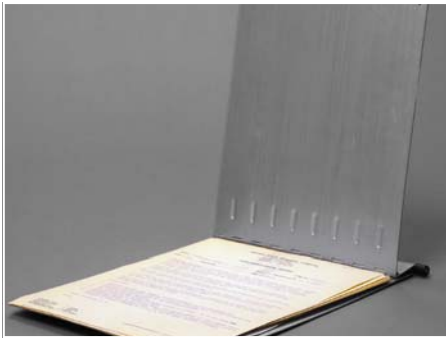
- Welcome to the FCDS Annual Meeting
- FCDS Updates - State of the State, Dr. Jill MacKinnon
- Cancer Data Uses and Dissemination, Joseph Lowry, MPH,
- Individual and Neighborhood-Level Predictors of Mortality in Florida Colorectal Cancer Patients, Dr. David Lee
- Patterns of Care - Initial Assessment of Adherence to Evidence-Based Cancer Treatment Guidelines - Colon, Dr. Monique Hernandez and Judy Bonner, MSN, CTR, Slides, Recording
- SART Data Linkage, Brad Wohler, Slides
- Highlights from the NAACCR 2014 Annual Conference, Dr. Jill MacKinnon
- Update on Meaningful Use Stage II and CDA Validation, Dr. Monique Hernandez
- Data Acquisition Update, Mike Thiry
- Transition from CSv2 to Direct-Coded TNM and Summary Stage, Dr. Jill MacKinnon
- 2014 Reporting Requirements - 2014 FCDS DAM Highlights
- 2014-2015 FCDS Education and Training Plan, Steve Peace,
- Physician Claims and Treatment Data Validation Study, Dr. Monique Hernandez
- Introducing the FCDS IDEA Follow-Up System, Gary Levin, Kelly King, CTR, Cleveland Clinic, Sara Holton, CTR, Mayo Clinic
- 2014 FCDS Data Validation Audit - 2012 Dx, Steve Peace,
- Jean Byers Award Presentation, Mike Thiry
- The FCDS Annual Meeting of the Future and Round Table Discussion, Dr. Jill MacKinnon

Day 2

- 2013 FCDS QC Activities Summary, Steve Peace
- 2014 Grade Coding Instructions and ICD-O-3 Updates, Steve Peace
- 2014 Hematopoietic Rules and Data Base Updates, Steve Peace
- Coding Instructions for Surgery Fields Including Scope Reg LN, Steve Peace
- Recurring Issues and Problem Areas for Florida Registrars, Steve Peace
- Recent Developments in Cancer Diagnosis and Treatment, Steve Peace

Handouts

- Cancer Surveillance Community TimelineAs of June 9, 2014
- Collaborative Stage Data Collection System Coding instructions
- Installation Instructions Collaborative Stage Coding Instructions v02.05
- Free TNM 7th Edition Webinar Series Recordings and Other Resources
- FCDS Data Quality Indicator Report
- Guidelines for ICD-O-3 update implementation Effective January 1, 2014
- Users Guide for NCI's Online Hematopoietic and Lymphoid Database
- Instructions for Coding Grade for 2014+
- FCDS DAM LVI Errata
- Scope of Regional Lymph Node Surgery: A review of Data Validity, Revised Coding Directives, and Agency Transition Plans



Florida Cancer Data System

Deadlines, Updates, & Reminders

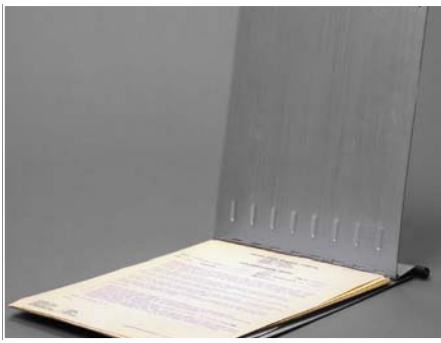
FCDS WEBCAST CEUs

Log Your FCDS Webcast CEUs for personal tracking. You may go back up to 2 years. Any later than 2 years and the information may no longer be relevant or timely. (Note: NAACCR logs their own attendance/CEUs.)

The screenshot shows the FCDS Florida Cancer Data System website. The header includes the FCDS logo, the text "Florida Statewide Cancer Registry" and "Florida Cancer Data System", and a "POWER HEALTH" logo. The navigation bar has links for Home, Education and Training, Statistics, Laws and Rules, and Staff Contacts. The left sidebar contains a "HOME" link and a list of resources: What's New, Publications, Path Labs, Radiation Therapy, Downloads, Links, Data Requests, F.A.Q., Awards, Technical Resources, and IDEA Requirements. Below this is a NAACCR 2011 Gold Certification logo and a "2015 REGISTRY OF EXCELLENCE" seal. The main content area is titled "Education & Training" and features a "Log CEUs with FCDS" section. It includes a list of webcasts from 2010 to 2015, with 2015 selected. A note states: "Log CEUs with FCDS - starting with the FCDS Educational webcast series on 8/21/2014, you can use this page to log FCDS webinars you have viewed live or later via recordings on this page. Only certain webinars are logged. NAACCR webinars have their own CEU recording mechanism." Below this, a list of 2015 webcasts is shown, with the first one selected: "1/15/2015, FCDS 2014-2015 Educational Webcast Series - Genitourinary Neoplasms (Kidney, Bladder, Prostate): Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Staging (CSv02.05, SSFs, TNM, SS) and TX, Register, NCRA CEU: 2014-116".

This screen will record your attendance information with FCDS. Should your facility be audited, FCDS can examine this attendance information and provide you with a summary.

The screenshot shows the "Log CEUs with FCDS" page. The header is identical to the previous screenshot. The main content area is titled "Log CEUs with FCDS" and includes a paragraph: "FCDS offers many webinars throughout the year. These webinars are recorded and can be used to earn NCRA CEUs. This screen will record your attendance information with FCDS. Should your facility be audited, FCDS can examine this attendance information and provide you with a summary." Below this is a form with the following fields: First Name, Middle, Last Name, Credentials, Title, Organization, Address, City, State, Zip, Phone, Fax, Email (required), and When did you attend/view the webinar recording (MM/DD/YYYY). To the right of the form is a list of webinars with radio buttons next to them: "08/21/2014, 2014 Reporting Requirements: FCDS Annual Meeting Highlights, 2 CEUs", "09/18/2014, GYN Neoplasms, 2 CEUs", "10/16/2014, Neuroendocrine Tumors (NET) and GI Stromal Tumors (GIST), 2 CEUs", "11/20/2014, Reportable Skin Cancers, 2 CEUs", "01/15/2015, Genitourinary Neoplasms (Kidney, Bladder, Prostate), 2 CEUs", and "02/19/2015, Lower GI Tract Neoplasms, 2 CEUs". The "09/18/2014, GYN Neoplasms, 2 CEUs" option is selected. At the bottom of the form is a button that says "Press to submit this information to FCDS".



Florida Cancer Data System

Deadlines, Updates, & Reminders

2014 FCDS DAM ERRATA FOR LVI CODING INSTRUCTIONS

UPDATE

FCDS has been working with the CoC and AJCC to more clearly define the instructions for coding lymph-vascular invasion or LVI. Coding instructions are now more specific and edits will follow for the conditions that apply. Please excerpt below.

LYMPH-VASCULAR INVASION

NAACCR ITEM #1182

Lymph-vascular invasion or LVI indicates the presence or absence of tumor cells in small lymphatic channels (not lymph nodes) or small blood vessels within the primary tumor or in the surrounding tissues of the primary site as noted microscopically by the pathologist. When a neoplasm shows the presence of lymph-vascular invasion, tumor cells have broken free of the primary tumor and now have the ability to float throughout the body. Therefore, lymph-vascular invasion may be used as an indicator of prognosis.

Benign, borderline and in-situ neoplasms cannot have lymphatic or vascular invasion by definition. When any invasion is present, the neoplasm is classified as malignant with behavior = 3.

Lymphoid and myeloid neoplasms (neoplasms that originate in the lymphatic system, bone marrow, or in circulating blood) cannot have lymphatic or vascular invasion. Only solid tumors may have LVI.

Lymphatic invasion is not the same as involvement of regional lymph nodes.

Lymph-vascular invasion does not include perineural invasion.

Coding Instructions

1. The primary source of this information is the pathology report or a physician's statement.
2. **Use code 0 when behavior = 0, 1, or 2 (ALL benign, borderline, and in-situ neoplasms)**
3. Use code 0 when the pathology report states that no lymph-vascular invasion was identified.
4. Use code 1 when lymph-vascular is identified anywhere in a primary tumor specimen.
5. **Use code 8 when histology = 9590-9992 (ALL lymphoid and myeloid neoplasms).**
6. Use code 9 if the pathology report indicates that the presence of lymph-vascular invasion could not be determined or when no information is available in the pathology report or medical record.
7. **Use code 9 when no tissue from the primary site was examined (invasive solid tumors only).**

Code	Description
0	Behavior = 0, 1, or 2 (benign, borderline or in-situ neoplasm)
0	Lymph-vascular invasion not present (absent)/not identified
1	LVI Present/Identified
8	Histology = 9590-9992 (lymphoid or myeloid neoplasm)
9	LVI Unknown, Indeterminate, Not Stated, or no tissue from primary site was examined

New FCDS Follow-Up System Now Available in FCDS IDEA



On 9/11/2014 FCDS announced the availability of a new FCDS Follow-Up System module in FCDS IDEA. This module was designed specifically for CoC-Accredited Cancer Programs and other end-results registries serving

the state of Florida to assist in completion of first course of treatment data items and to improve annual follow-up on your patients by using linkages and updates from all cancer data reporting sources.

FCDS receives cancer data from hundreds of reporting sources each year. These data are summarized and merged into a single "best record" or "consolidated record" that is housed at the Florida state cancer registry, FCDS. Select and important data can now be shared back to registries with patients in common so long as each registry has already submitted a complete abstract to FCDS.

We anticipate that the FCDS Follow-Up System will help registrars in their follow-up efforts as well as assisting registrars by saving time contacting physicians and treatment centers in the attempt to identify adjuvant therapies and follow-up contacts which help facilities to complete core data to meet CoC-Accreditation Standards. We anticipate this resource will only grow in value as we incorporate medical oncology practices and other private physician cancer reports into the "consolidated record" at FCDS.

Following the initial launch of the FCDS Follow-Up System, we received inquiries about the availability of Underlying Cause of Death codes for patients who died in the state of Florida that also have a matching FCDS cancer report. Following in-depth review of the most recent MOU (memorandum of understanding) and DUA (data use agreement) between FCDS and the

Florida Department of Health (DOH) and FCDS and the Florida Department of Vital Statistics about re-release (third party release) of Underlying Cause of Death codes to Florida registries/registrars, FCDS has received approval from the Florida Department of Vital Statistics and DOH to share the Florida Underlying Cause of Death codes back to reporting facilities once again.

There is one caveat, however. Any data from linkages that FCDS made with the National Death Index or NDI cannot be shared back with any facility per national policy and per our signed agreement with NDI regarding these linkages. We have been explicitly informed by NDI that any linkage data from NDI cannot be disseminated and IDEA will display "NDI" instead of the Underlying Cause of Death code for these cases. You will still be able to get the date of death...just not the cause of death code.

Therefore, we are happy to announce that the Florida Vital Statistics "derived" Underlying Cause of Death code has been added back to the Follow Up Inquiry System as well as the Monthly and Annual FCDS Death Clearance Listings available in FCDS IDEA.

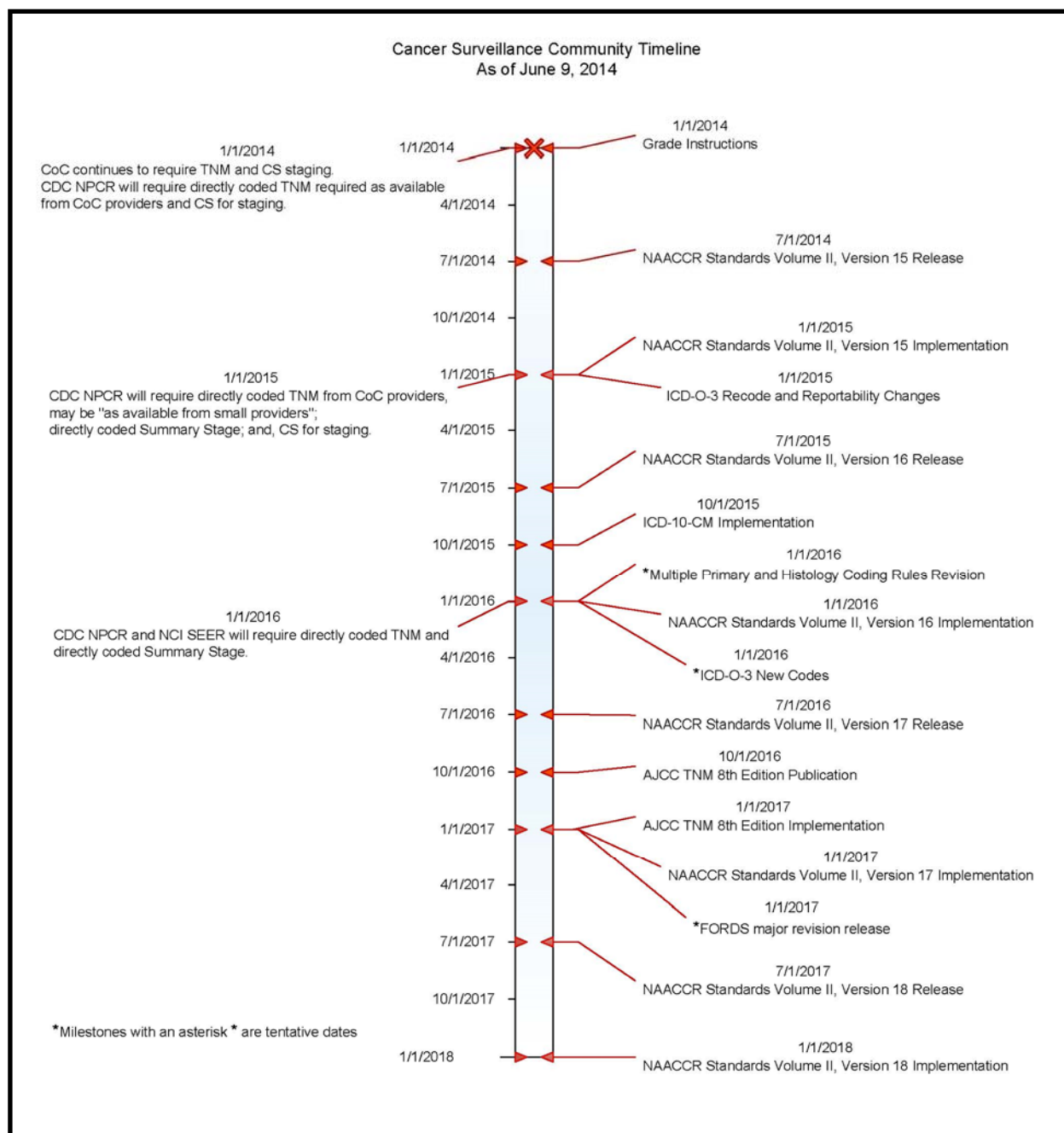
Please take a few moments to view the 30-minute instructional video and slides on the new FCDS Follow-Up System and join us in celebrating a new milestone in statewide collaboration and sharing back data to providers to improve cancer care in Florida.

Thank you. Steve

Steven Peace, CTR
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Florida Cancer Data System
University of Miami Miller School of Medicine
P.O. Box 016960 (D4-11)
Miami, FL 33101
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Cancer Surveillance Community Timeline 2014 - 2018

The Change Management Board (CMB) developed the Cancer Surveillance Community Timeline 2014 – 2018 (January 2014 to January 2018). The left side indicates the CS transition timeline for CoC, NPCR, and SEER. The Canadian Council of Cancer Registries continues to work together with stakeholders in Canada to develop a Canadian timeline. The right side of the timeline includes milestones for Standards Volume II, Multiple Primary and Histology Coding Rules Revisions, AJCC 8th Edition, etc. Please note that milestones with an asterisk * are tentative dates.





QUESTIONS? ANSWERS. and CLARIFICATION

QUESTION:

What is Leptomeningeal dissemination?

ANSWER:

Leptomeningeal dissemination is when tumor cells spread through the cerebrospinal fluid and implant themselves somewhere in the brain or central nervous system. The cerebrospinal fluid is free-flowing in the brain and CNS leaving any sites in the CNS vulnerable for implantation. But once malignant cells have broken off the primary tumor and begin floating around in the cerebrospinal fluid, they are also free to implant somewhere in the brain or spinal canal and begin to grow into new (metastatic) tumors.

Leptomeningeal metastasis float around freely via the cerebrospinal fluid in the subarachnoid space between the pia mater and arachnoid layers of the meninges – also called the “leptomeninges”. They can even coat cranial nerves. It is due to circulating cells in the fluid that can cause meningitis and other clinical problems. The cause of the meningitis is not viral or bacterial but rather due to cancer spread (metastasis).

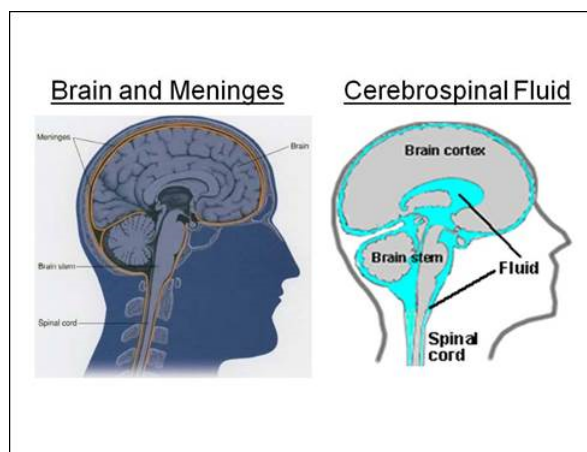
Leptomeningeal dissemination of tumor cells usually occurs in patients with primary brain tumors. The most common histologies for primary brain tumors with leptomeningeal dissemination include; astrocytoma, glioblastoma, PNET (neuroectodermal tumor), ependymoma, and neurofibroma of the brain/CNS. The primary tumor can be of any histology and any grade at the time of presentation.

Solid tumors like breast, melanoma, and lung cancers may also exhibit this type of cancer spread. This usually occurs late in the disease process indicating poor prognosis and usually widely systemic disease.

Treatment is usually intracranial chemotherapy plus or minus chemotherapy. Intracranial chemotherapy is also intrathecal administration of chemotherapy. Common agents for intrathecal administration include; thiotepea,

methotrexate or MTX, and liposomal Cytarabine.

The goals of treatment are not to cure the patient of disease, but rather to stabilize the patient’s neurologic function, palliate symptoms and prolong survival.



QUESTION:

If there is documentation by physician or coding that the patient is in remission for chronic leukemia, should we abstract the case?

ANSWER:

Patients never achieve a “complete remission” with chronic leukemia, regardless of treatment – even bone marrow transplant has not proven to be successful to achieve a “complete remission”. Patients may achieve “clinical remission” where symptoms subside, but disease is still present. Therefore, when you see the phrase “chronic leukemia in remission”, this is a clinical remission and does not mean that the patient is or will ever be completely disease free. Patients get treated on-and-off for years to achieve clinical remissions but, you should still report the case.

(Continued on page 10)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 9)

QUESTION:

Are explanatory notes for LVI optional?

ANSWER:

This has to do with clarification of LVI = 0 for all in-situ cancers. The remainder of the cases follow the FCDS clarification. LVI = 0 when behavior = 0, 1, or 2. LVI = 0, 1 or 9 when behavior = 3 except for histology 9590> where LVI = 8. And, there is one additional clarification about LVI that states in CS that if LVI is not mentioned – it is not there and should be coded = 0 (not present).

If there really is LVI, then this tumor isn't a truly in-situ tumor. It is a sampling issue, or possibly the lymphatic invasion could be coming from an invasive carcinoma in the contralateral breast. In this situation, I would diagnose invasive carcinoma, present in lymphatic spaces (no stromal invasion), associated with DCIS. This is an unusual situation that is rarely seen in breast specimens; extremely unlikely to occur in other organs.

AJCC Expert Panel Member and CAP Cancer Committee Member

QUESTION:

Where can I find information related to social security numbers?

ANSWER:

Social Security Numbers: There are two references in the Florida Statutes 64D that specify that a SSN is required data for cancer incident reports to the state registry with reference to the current Florida Cancer Data System Data Acquisition Manual (FCDS DAM) for complete reporting requirements, coding instructions, etc. (including specifications that restrict the entry of incomplete or manufactured or proxy SSN numbers) is found in the 2014 FCDS DAM on page 69-70 of Section II. See excerpt below.

SOCIAL SECURITY NUMBER

NAACCR ITEM #2320

Enter the patient's complete nine-digit Social Security Number. Partial Social Security Numbers (last 4-digits or last 6-digits) and billing-system-generated proxy Social Security Numbers are not allowed. If you are unable to access the patient social security number through your electronic medical record (EMR) you must work with your in-house IT security and records access contacts to ensure you can see this item.

The Social Security Number is entered without dashes and without a letter suffix.

If the patient's Social Security Number is unknown, not applicable or incomplete, enter 999999999.

Social Security Numbers can be obtained from the patient's Medicare information. The Medicare number and Social Security Number are often the same.

Medicare numbers with an "A" suffix indicate the Social Security Number is the patient's number.

(Continued on page 11)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 10)

QUESTION:

Ambiguous terminology: How is “likely” interpreted?

ANSWER:

Follow the ambiguous terminology list strictly as written. “Likely” is not on the list so the case is not reportable.

QUESTION:

Are schwannomas reportable?

ANSWER:

Reportability depends on the primary site: When they originate in the intracranial (intradural) or intraspinal space they are reportable.

QUESTION:

What is the Difference Between Epidermoid Cyst and Dermoid Cyst of Brain/CNS?

ANSWER:

A dermoid cyst is a benign cystic teratoma that may contain mature and/or immature germ cell elements that get trapped in the brain during fetal development. Dermoid cysts in the brain or spinal cord are rare. Both benign and malignant dermoid cysts of the brain or central nervous system (including spinal cord) are reportable cancers. Dermoid cysts have an ICD-O-3 histology code 9084/* (* - may be benign or malignant).

Dermoid cysts may also occur in the nasal sinuses, testis or in the ovaries but are not reportable unless they are histologically or clinically malignant.

Epidermoid cysts are dermoid cysts of the skin that most often occur on the face, neck or trunk. Epidermoid cysts of the skin are not reportable. These tumors develop under the surface of the skin. They may also be present from birth as a result of fetal remnants trapped between layers of the skin. Or, cysts may develop following trauma, body piercing or surgery when cells from the epidermis somehow get pushed into and implant in the dermis. Epidermoid cysts are often mistaken as sebaceous cysts – neither of which are cancerous.

Epidermoid cysts of the skin without metastasis are not reportable cancers. These are benign tumors of the skin.

Both benign and malignant dermoid cysts of the brain or central nervous system (including spinal cord) are reportable.

Malignant dermoid cysts of the ovary are often called teratoma with malignant transformation and are reportable rare tumors of the ovary.

Only malignant dermoid cysts of other sites are reportable and should be evaluated on a case-by-case basis.



2014-2015 FCDS Educational Webcast Series

DATE	TIME	PRESENTATION TITLE	CEU's	CEU#
8/21/2014	1:00pm – 3:00pm	2014 Reporting Requirements: FCDS Annual Meeting Highlights	2	2014-114
9/18/2014	1:00pm – 3:00pm	GYN Neoplasms: Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Staging (CSv02.05, SSFs, TNM, SS) and TX	2	2014-119
10/16/2014	1:00pm – 3:00pm	Neuroendocrine Tumors (NET) and GI Stromal Tumors (GIST): Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Staging (CSv02.05, SSFs, TNM, SS) and TX	2	2014-118
11/20/2014	1:00pm – 3:00pm	Reportable Skin Cancers: Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Staging (CSv02.05, SSFs, TNM, SS) and TX	2	2014-117
1/15/2015	1:00pm – 3:00pm	Genitourinary Neoplasms (Kidney, Bladder, Prostate): Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Staging (CSv02.05, SSFs, TNM, SS) and TX	2	2014-116
2/19/2015	1:00pm – 3:00pm	Lower GI Tract Neoplasms: Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Staging (CSv02.05, SSFs, TNM, SS) and TX	2	2014-115

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

FCDS is pleased to announce the 6-part series of educational webcasts for 2014-2015.

Each Cancer Site Educational 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, signs and symptoms of disease, how to use and apply the Multiple Primary and Histology Coding Rules for each site/site group, cancer staging including CSv02.05 and SSF coding for each site/site group, TNM, and Summary Stage, and ASCO/NCCN or other published clinical practice guidelines for establishing a diagnosis, staging, marker studies and other tests used for treatment planning for each site/site group. In addition to addressing abstracting, coding, staging, and treatment for each cancer site, FCDS QC Staff will interweave state and national data quality audits/evaluations and findings from routine processing of EDITS plus Visual Editing into each cancer site webcast to target specific problem areas for Florida registrars.

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>. Webcast materials are also available on the FCDS website.

NAACCR 2014-2015 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, 2014-2015 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 All webinars start at 9am.

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	TOPIC
10/2/14	Directly Coded Stage Data: Using the AJCC Cancer Staging Manual 7th Ed. and
11/6/14	Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms
12/4/14	Using the Multiple Primary and Histology (MP/H) Coding Rules
1/8/15	Collecting Cancer Data: Testis
2/5/15	Collecting Cancer Data: Uterus
3/5/15	Abstracting and Coding Boot Camp: Cancer Case Scenarios
4/2/15	Collecting Cancer Data: Stomach & Esophagus
5/7/15	Collecting Cancer Data: Larynx and Thyroid
6/4/15	Collecting Cancer Data: Pancreas
7/9/15	Survivorship Care Plans
8/6/15	Collecting Cancer Data: Central Nervous System
9/3/15	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/educationtraining.shtml>

Seven Florida facilities will host the 2014-2015 webinar series, registration is required



**REGISTER FOR THE
NEXT WEBINAR**

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

**CEU information
for the 2014
FCDS Annual
Conference:**

CE Hours: 8.25

*NCRA Recognition
Number: 2014-113*

Florida Cancer Data System

Cancer Reporting Completeness Report



TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF SEPTEMBER 30, 2014

Total number of *New Cases* added to the FCDS Master file in September, 2014: **16,022**

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
2014	22,879	108	17	4,453	0	Pending	27,457	11,370
2013	168,051	3,346	143	8,337	0	Pending	179,877	1,853
2012	173,673	10,345	549	9,039	0	Pending	193,643	2,799

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2014	14%	25%
	2013	95%	100%
	2012	100%	100%

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

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.

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