

The Florida Cancer Data System's Memo



JANUARY 2015



2015 CTR Exam Dates

2015 CTR EXAM DATES ANNOUNCED BY NCRA

FEBRUARY 28 - MARCH 21, 2015

APPLICATION DEADLINE: JANUARY 31, 2015

JUNE 20 - JULY 11, 2015

APPLICATION DEADLINE: MAY 29, 2015

OCTOBER 17 - NOVEMBER 7, 2015

APPLICATION DEADLINE: SEPTEMBER 18, 2015

VISIT WWW.CTREXAM.ORG FOR MORE INFORMATION AND TO OBTAIN YOUR COPY OF THE NCRA 2015 CTR EXAM HANDBOOK & APPLICATION.

WHAT'S NEW:

The following information is currently available on the FCDS website.

FLORIDA ANNUAL CANCER REPORT: INCIDENCE AND MORTALITY - 2011

FCDS/NAACCR EDITs 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: Uterus 2/5/15, being held at 7 Florida facilities and [requires registration.](#)

FCDS EDUCATIONAL WEBCAST SERIES 2014-2015 - 1/15/2015 Genitourinary Neoplasms (Kidney, Bladder, Prostate)

FCDS Florida Cancer Data System

Florida Statewide

SAVE THE DATE!
2015 FCDS ANNUAL CONFERENCE
JULY 29TH - 30TH



Tradewinds

ISLAND RESORTS ON ST. PETE BEACH
5600 GULF BLVD. | ST. PETE BEACH, FL

Registration Fee: \$ 100.00



Data Security and Release

FCDS would like to take a moment to remind each and every one of our cancer registrars working in the state of Florida that it is up to each of us to stay alert to the security of our data, both the data we process and the data we release. This includes on-site access to your data and database as well as remote access if you work off-location and internet access when uploading to FCDS IDEA.

The Florida Cancer Data System has very strict, prescribed policy and procedures that each of our employees must review and attest to upon hire and then on an annual basis. Many of you have similar requirements at your home institution. Please be mindful anytime you are discussing or sharing personal, patient or facility information as essentially all healthcare data are to be treated as confidential and should be managed with special care to ensure the highest level of protection and unintended access by any outside source.

We can mitigate the occurrences of accidents by being mindful that our data represent people and we have been entrusted to protect their data. And, the strict policies we have in place for the safe use and release of the data (your protection as well as the patient's) are only words on paper if we don't practice them each and every day.

We would like to offer a special "Thank You" to each of you for your care and attention to detail in keeping all of our data safe.

Should an unintentional release of information and/or data occur you **MUST** notify FCDS and your supervisor, **IMMEDIATELY**.

Excerpts from our FCDS DAM:

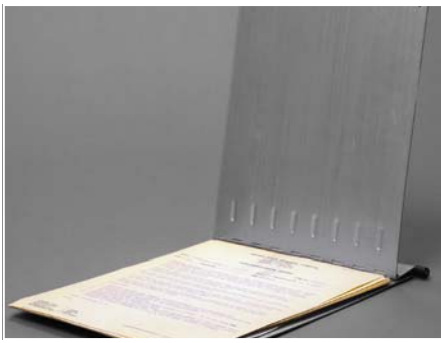
CONFIDENTIALITY - Patient information, personal health information, medical records and healthcare facility data are all confidential and continue to be a concern with regard to cancer and other disease reporting. Please do not fax or email patient information to FCDS. Also, please take care when discussing cases over the phone with FCDS staff.

DO NOT E-MAIL, FAX OR MAIL PATIENT INFORMATION (PHI) TO FCDS UNDER ANY CIRCUMSTANCES unless you are provided specific instructions for using our Secure Fax Service.

CONFIDENTIAL INFORMATION includes any HIPAA-defined Protected Health Information (PHI).

HIPAA-defined Protected Health Information (PHI) includes:

- Patient name, address including street, city, county, zip code and equivalent geo codes,
- Name of relatives,
- Name of employers,
- All elements of date pertaining to patient (ex-admission, discharge and birthdate)
- Telephone numbers
- Fax numbers
- Electronic email addresses
- Social Security number, medical record number,
- Health plan beneficiary number,
- Account number
- Certificate and license number,
- Any vehicle or other device serial number
- Web Universal Resource Locator (URL)
- Internet Protocol (IP) address number
- Finger or voice print
- Photographic images



Florida Cancer Data System Deadlines, Updates, & Reminders



SEER*Educate and SEER*Rx Updates

SEER is pleased to announce an expansion of the free training and continuing education series in SEER*Educate.

Sign up at **SEER*Educate** today by visiting <https://educate.fhcrc.org/> and **Learn by Doing!**

Anatomy and Physiology

Anatomy and Physiology has been released as a new module in General Knowledge. Within the Introduction and Twelve Systems are 4 to 9 tests, each with 20 questions. This is a self-study course equivalent to a college-level class. Although no college credit is offered by SEER*Educate, some organizations may accept the SEER*Educate course as fulfilling an anatomy and physiology requirement. This module can be used alone or it can be used to assess one's progress through classes, textbooks, or lectures.

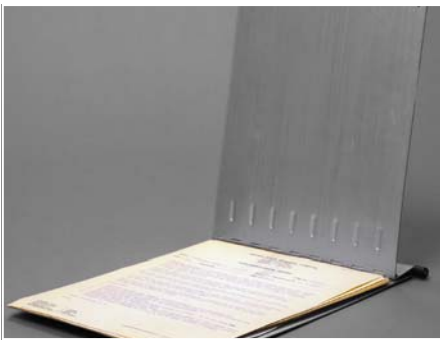
Multiple Primary and Histology (MP/H) Practical Application

The 2007 MP/H Rules (Revised August 24, 2012) contains site-specific rules for consistent and standardized coding of the number of primaries and histology. Each of the following site-specific modules include 5 case scenarios with answers and rationales to help registrars learn how to use the 2007 MP/H Rules.

SEER*Rx- Interactive Antineoplastic Drugs Database Released September 30, 2014

SEER*Rx has a new look! SEER*Rx now has a new and improved search engine that does faster and more intelligent full text searching of all fields, with a sortable results table and a new relevance column so you can tell how relevant each search result is to your entered search string. Additionally, each agent and regimen is now displayed in its own page so that you can bookmark specific entries.

For more information or to download a desktop copy for daily use go to, <http://seer.cancer.gov/tools/seerrx>.



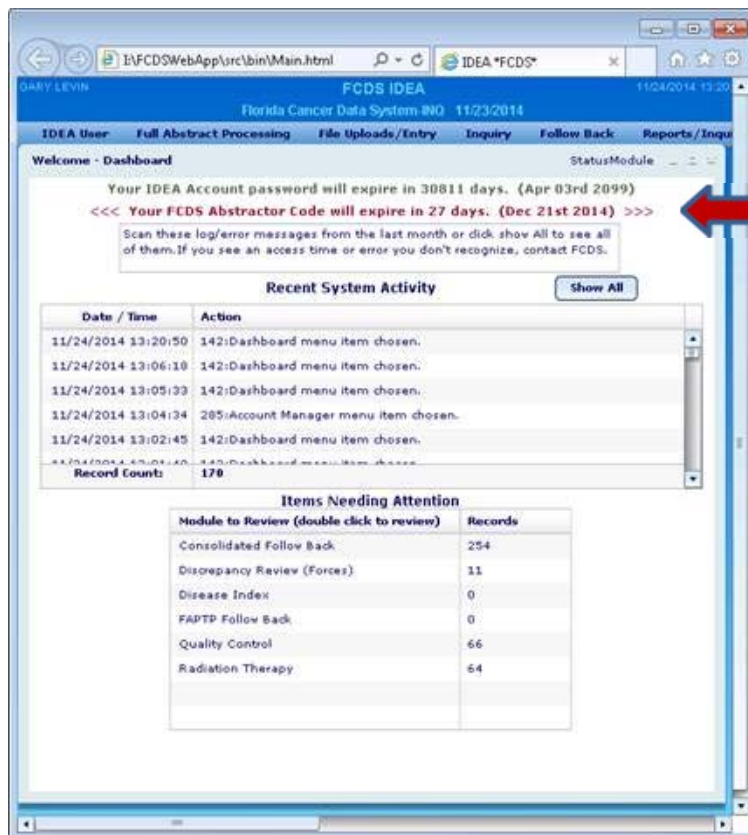
Florida Cancer Data System Deadlines, Updates, & Reminders

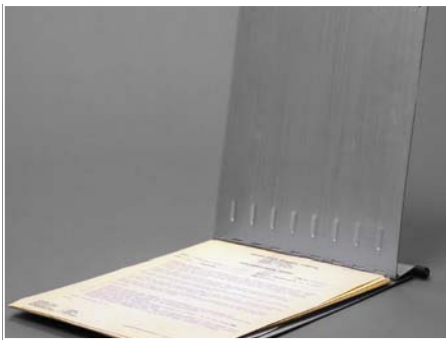


FCDS ABTRACTOR CODE NOTIFICATION

FCDS has implemented a new FCDS IDEA Dashboard notification (reminder) in addition to repeat email notifications when you are approaching the date of an FCDS IDEA User Password that will soon expire (always listed) and now you will also see a notification in red on your dashboard when you are approaching the date of FCDS Abstractor Code expiration (30 days prior to expiration). FCDS recognizes that some registrars have problems with facility or corporate spam and junk email filters that pre-filter FCDS email notifications designed to serve as a reminder that your password or abstractor code are about to expire but get sent to junk mail. FCDS will continue to send email reminders, but now we will also post your approaching expiration dates on your dashboard in addition to the 1 month, weekly and up to deadline or expiration date notifications. We hope this helps registrars stay alert to approaching personal account/code expiration dates.

(Continued on page 6)





Florida Cancer Data System Deadlines, Updates, & Reminders



FCDS ABTRACTOR CODE NOTIFICATION

(Continued from page 5)

The IDEA Account Manager panel has also been modified.

Users with an FCDS Abstractor Code can view their FCDS Abstractor Code status within the IDEA account manager.

To access the account manager, go to the 'IDEA User' menu, select Account Manager, and your abstractor code information will be listed with expiration date directly below you User type to the right of the Account Manager dialog box. (See image below)

The screenshot shows the 'Edit your IDEA profile' form with the following details:

- Username:** develop
- Password:** [Redacted] (8 chars min.)
- Verify Password:** [Redacted]
- Email:** glevin@med.miami.edu
- Verify Email:** glevin@med.miami.edu
- Password Expiration:** 04/03/2099
- Security Questions:** Who is your favorite author? Answer: [Redacted]
- User Type:** Abstractor
- Abstractor Code:** KG7
- Expires:** 12/21/2014
- Personal Information:**
 - First Name: GARY, Middle Name: M, Last Name: LEVIN
 - Company: FCDS
 - Title: DEPUTY DIRECTOR
 - Mailing Address: POST OFFICE BOX 016960 (D4-11)
 - City: MIAMI, State: Florida
 - Phone: (305)243-4073, Fax: (305)623-4588

Buttons at the bottom: Submit, Close, Abstractor Info

NCRA Announces New Webinar Series



NCRA Announces New TNM and Summary Stage Webinar Series

NCRA has designed its second webinar series on AJCC TNM Stage and NCI Summary Stage to help registrars get ready for the transition that is scheduled to take place January 2016.

The seven-part series is on specific sites. Earn one CE for each webinar.

All webinars are at 2:00 p.m. ET. [Learn more and register online.](#) [Download Registration Form.](#)

NCI Summary Stage: Lung Cancer (Feb.11)
Presenter: Jennifer Ruhl, MS, RHIT, CCS, CTR

NCI Summary Stage: Melanoma (Feb.25)
Presenter: Louise Schuman, MA, CTR

NCI Summary Stage: Endometrial Cancer
(March 4)

Presenter: Andrea Spaulding, BSN, CTR

AJCC TNM Stage: Lung Cancer (March 18)
Presenter: Carole Eberle, CTR

AJCC TNM Stage: Prostate Cancer (April 1)
Presenter: Melissa Riddle, CTR

AJCC TNM Stage: Thyroid Cancer (April 15)
Presenter: Paulette Zinkann, CTR

AJCC TNM Stage: Lymphoma (April 29)
Presenter: Carolyn Ingram, CTR

Discounted pricing is available for groups of six (6) or more. [Get the details.](#)

CONGRATULATIONS NEW CTR'S



Heather N. Kelly

Brenda Lopez

Melissa McGowan-Lyons

Shantal S. Jolly



CASEFINDING LIST FOR REPORTABLE TUMORS

ICD-10-CM AND ICD-10-PCS IMPLEMENTATION - 10/1/2015?

The Health Information Management Profession and Medical Records Discharge Data is expected to change format on October 1, 2015 to ICD-10-CM and ICD-10-PCS to record the diagnosis hospital patient encounters (in-patient care) and hospital ambulatory care procedures.

This means that YOU must inform YOUR Information Technology and/or Health Information Management Department of the changes that you will need for running reports for case identification of cancer cases using the new diagnosis and procedure coding version (ICD-10). The ICD-9-CM list will only be valid until 11:59pm on 9/30/2015. ICD-10-CM goes into effect at midnight on 10/1/2015 across the country.

Please use the ICD-9-CM diagnosis list for patient encounters 1/1/2015-9/30/2015.

Please use the ICD-10-CM diagnosis list for patient encounters 10/1/2015-forward.

ICD-9-CM Casefinding List for Reportable Tumors – Jan-Sept 2015

The following ICD-9-CM list is to be used to identify potentially reportable tumors. Some ICD-9-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether or not they are reportable to FCDS.

ICD-9-CM	Description
140.00-209.36	Malignant neoplasms (excluding skin 173.0-173.9)
209.70-209.79	Secondary neuroendocrine tumors
225.0-225.9	Benign neoplasm of brain and spinal cord neoplasm
227.3-227.4	Benign neoplasm of pituitary gland, pineal body, and intracranial endocrine-related structures
228.02	Hemangioma; of intracranial structures
228.1	Lymphangioma, any site brain, other parts of CNS
230.0-234.9	Carcinoma in situ (exclude: skin, cervix and prostate– 232.0-232.9, 233.1, 233.4)
237.0-237.1, 237.5, 237.6, 237.9	Neoplasm of uncertain behavior (borderline) of intracranial endocrine glands, brain and CNS
238.4	Polycythemia vera (9950/3)
239.6-239.7	Neoplasms of unspecified nature Brain and CNS
273.3	Waldenstrom macroglobulinemia (9761/3)
511.81	Malignant pleural effusion (code first malignant neoplasm if known)
789.51	Malignant ascites (code the first malignant neoplasm if known)
V58.0	Encounter for radiotherapy
V58.1	Encounter for chemotherapy and immunotherapy
V58.11	Antineoplastic Chemotherapy
V58.12	Antineoplastic Immunotherapy

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).

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CASEFINDING LIST FOR REPORTABLE TUMORS

(Continued from page 8)

ICD-10-CM Casefinding List for Reportable Tumors – Oct-Dec 2015

The following ICD-10-CM list is to be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether or not they are reportable to FCDS. ICD-10-CM implementation is expected nationwide October 1, 2015 for all hospitals.

ICD-10-CM	Description
C00._ - C43._	Malignant neoplasms
C45._ - C96._	Malignant neoplasms
D00._ - D09._	Carcinoma in situ (exclude: skin, cervix and prostate– D04._, D06._ and D07.5)
D18.02	Hemangioma; of intracranial structures
D18.1	Lymphangioma, any site brain, other parts of CNS
D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33._	Benign neoplasm of brain and other parts of central nervous system
D35.2, D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42._, D43._	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3-D44.5	Neoplasm of uncertain behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3)
D46._	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1	Chronic myeloproliferative disease (9960, 9963)
D47.3	Essential (hemorrhagic) thrombocythemia (9962)
D47.4	Osteomyelofibrosis (9961)
D47.7	Other specified neoplasm of uncertain/unknown behavior of lymphoid, hematopoietic (9965, 9966, 9967, 9971, 9975, 9987)
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960, 9970, 9931)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
J91.0	Malignant Pleural Effusion
R18.0	Malignant ascites
Z51.0	Encounter for antineoplastic radiation therapy
Z51.1	Encounter for antineoplastic chemotherapy and immunotherapy
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).



QUESTIONS? ANSWERS. and CLARIFICATION

SOURCE: CONSENSUS TECHNICAL WORK GRROP

QUESTION:

Patient had a lumpectomy w/Sentinel Lymph Node Biopsy (SLNBx) in which a single SLN and a single non-SLN were removed in the procedure. What is the correct Scope of Regional Lymph Node Surgery Code when this happens?

ANSWER:

Per the Revised Coding Directives for Scope of Regional Lymph Node Surgery that were published by the CoC to be used for cases abstracted 1/1/2012 forward, and also specifically referenced in the FCDS DAM: Code = 2.

Rationale: When a SLNBx is performed, additional non-sentinel nodes can be taken during the same operative procedure. These additional non-sentinel nodes may be discovered by the pathologist or selectively removed (or harvested) as part of the SLNBx procedure by the surgeon. Code this as a SLNBx (code 2). Note: If review of the operative report confirms that a regional lymph node dissection followed the SLNBx, code these cases as 6.

QUESTION:

Is VIN (Vaginal Intraepithelial Neoplasia)IIIs reportable?

ANSWER:

Yes for Florida SEER and NPCR. No for CoC.

QUESTION:

Are bladder papillary urothelial neoplasms of low malignant potential (PUNLMPs) reportable?

ANSWER:

No. These are not reportable. PUNLMPs are pre-malignant growths in the upper urinary tract (renal pelvis, ureters, urinary bladder, part of the urethra).

QUESTION:

Are stage 1 GIST tumors reportable? In the past, tumor size and mitotic rate were used to determine if malignant, not stage.

ANSWER:

GISTs are to be reported based on the pathologist's designation of tumor behavior, just as with all sites.

QUESTION:

What site code should be used for angiosarcoma of breast?

ANSWER:

Code the primary site to breast (C50_). Although angiosarcoma actually originates in the lining of the blood vessels, an angiosarcoma originating in the breast has a poorer prognosis than many other breast tumors.

QUESTION:

Do we use the date of a suspicious cytology as the date of diagnosis?

ANSWER:

No, do not use the date of suspicious cytology as the date of diagnosis.

QUESTION:

How are dates recorded when cancer is diagnosed in utero, or prior to birth?

ANSWER:

Instructions were changed for cases diagnosed 2009 and forward. Record the actual diagnosis and treatment dates even when the dates are prior to date of birth.

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QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 10)

QUESTION:

What is the rule of “pleural effusion” for lung cancer?

ANSWER:

UNINTENTIONALLY “HIDDEN” INSTRUCTION for DETERMINING WHEN PLEURAL EFFUSION IS POSITIVE OR NEGATIVE:

- ⇒ **CS Mets at DX Note 1 states, “Most pleural and pericardial effusions with lung cancer are due to tumor. In a few patients, however, (when) multiple cytopathologic examinations of pleural and/or pericardial fluid are negative for tumor, and the fluid is non-bloody and (the fluid) is not an exudate. Where these elements and clinical judgment dictate that the effusion is NOT related to the tumor, the effusion should be excluded as a staging element and the tumor should be classified as M0.”**
- ⇒ **The CS Note for CS Mets at DX was taken directly from the AJCC TNM Manual footnote for coding “M1a” - and the notes are identical.**
- ⇒ **The Note/Footnote includes unintentionally “concealed” but decisive criteria for evaluating pleural effusion in lung cancer pts.**

BREAKDOWN AND RE-STATED CRITERIA FOR EVALUATING PLEURAL EFFUSION PER CS Mets at DX and AJCC TNM Manual:

1. **MOST pleural effusions with lung cancers are due to tumor** – whether they are examined microscopically or not.

2. **You can code pleural effusion as “negative” BUT - ONLY WHEN multiple cytopathologic examinations of fluid are ALL negative for tumor.**
3. **IMPORTANT - if the fluid is bloody – it is classified as malignant** whether malignant cells are identified in the fluid or not – this is clinically positive pleural fluid. *Side Note: The only other way to get blood into the pleural space is trauma, embolism or serious infection.*
4. **Explanation of “exudate”** – Exudate is essentially “drainage” of fluid that oozes out of small blood vessels in response to tissue damage. In patients with lung cancer – the tissue damage is always presumed to be from the lung cancer and not due to an immune system healing response to trauma or injury/wound or from an inflammatory response to infection (bacterial or viral). Healing response that presents as pleural effusion is reactive like pus formation in response to infection or lymph fluid collection in the pleural space – and the infection would be seen on cytologic evaluation of the fluid – pleural effusion due to bacterial infection or something along these lines.
5. **Summary:** Most pleural effusion in lung cancer patients is classified and staged as “malignant”, whether it is cytologically proven to be positive or not – UNLESS ALL of the negative criteria are met. Evidence of pleural effusion can be clinical and/or pathologic (cytologic) and any pleural effusion in lung cancer patients is routinely classified, staged and treated as “malignant”.



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>

NAACCR
CANCER REGISTRY
AND SURVEILLANCE
WEBINAR SERIES

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 DECEMBER 31, 2014

Total number of *New Cases* added to the FCDS Master file in December, 2014: **13,065**

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	54,426	791	19	6,608	0	Pending	61,844	11,763
2013	172,232	3,439	201	8,427	0	Pending	184,299	906
2012	176,099	10,405	1,991	9,139	0	2,157	199,828	396

% Complete for:	Year	Actual	Expected
	2014	33%	50%
	2013	97%	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.

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.

PROJECT DIRECTOR:

David Lee, PhD

DEPUTY PROJECT

DIRECTOR:

Gary M. Levin, BA, CTR

EDITORS:

Gary M. Levin, BA, CTR
Steven M. Peace, BS, CTR
Melissa K. Williams

**EDITOR ASSISTANT/
GRAPHICS DESIGNER:**

Aja M. Scott

CONTRIBUTORS:

Steven M. Peace, BS, CTR

FCDS

PO Box 016960 (D4-11)
Miami, FL 33101

Phone: 305-243-4600
800-906-3034
Fax: 305-243-4871

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

Missed an FCDS or NAACCR Webinar?



Did you know that both FCDS and NAACCR Webinars can be viewed after-the-fact. And, Continuing Education Hours are available to registrars that view recorded webinars? All FCDS Webcasts are recorded and posted on

the FCDS Website (Education Tab). FCDS Webcast Recordings are available free of charge and can be viewed anytime/anywhere by anybody. Access to NAACCR Webinar Recordings is available only to registrars with Active/Current FCDS Abstractor Codes. Access to NAACCR Recordings is password protected. Contact FCDS for more information on viewing recorded webinars, or to obtain the password to view individual NAACCR Webcast Recordings.