

The Florida Cancer Data System's Memo

OCTOBER 2015

Congratulations New Florida CTRs

Spring 2015 CTR Exam



Kathryn Murphy -
Tampa

Jennifer Vazquez -
Orlando

Paula Ward - Tampa

Lucas Wassira - Jacksonville



WHAT'S NEW:

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

**FLORIDA ANNUAL
CANCER REPORT:
INCIDENCE AND
MORTALITY - 2012**

**FCDS/NAACCR EDIT's
Metafile** - 15.0 Metafile,
posted 7/2/2015
at 2:26 PM

**FCDS/NAACCR
WEBINAR SERIES:**
NAACCR 2015-2016
Cancer Registry and
Surveillance Webinar series -
Collecting Cancer Data: Pharynx
11/5/15, being held at
7 Florida facilities and
[requires registration.](#)

**FCDS EDUCATIONAL
WEBCAST SERIES:**
2014-2015 - 10/15/2015
Brain and CNS Tumors: Back-
ground, Anatomy, Risk Factors,
Signs and Symptoms, MPH
Rules, Anatomic Staging (TNM,
SS2000, SSFs) and TX



Florida Statewide
Cancer Registry



It is with great sadness we inform you that we lost a valued member of the FCDS family, Leslie Beaubrun, on Sep 3rd. She lost a very hard fought battle with breast cancer. In her final hours, she was accompanied by family and friends as she had been throughout her life.

Leslie was a very special woman and will be greatly missed by her FCDS Family. To quote Gary "It is sad that such an intelligent and vibrant woman dies so young. I am sure God has a plan for her and her family and friends".

The farewell celebration for our beloved LESLIE was held on Saturday, September 12th, 2015 at 11:00 AM at Grace Evangelical church located at 1700 N.W. 97th Ave, Pembroke Pines, FL 33024 (Corner of Taft & 97th Avenue).

Her family has requested that in lieu of flowers, a donation be made in her name to Grace Evangelical Church or Making Strides (team Leslie Beaubrun).

The links are below.

Grace Evangelical Church: GraceEvangelicalChurch.NET
American Cancer Society: Makingstrideswalk.org/miamifl (Team Leslie Beaubrun)

SAVE THE DATE



Boca Raton Marriott
5150 Town Center
Circle
Boca Raton, FL
33486
Hotel Rate: \$109.00

JULY 25TH—26TH

FCRA 38TH ANNUAL CONFERENCE

“THE REGISTRY & CANCER DATA CONTAINMENT”

FCRA REGISTRATION FEE: \$225.00

Additional Information will be provided in the
SunTimes & the FCRA Website: <http://www.fcra.org>

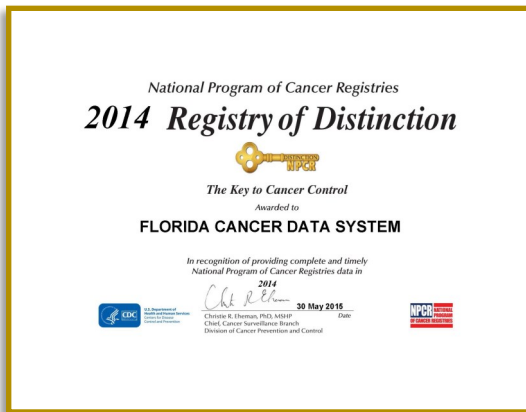
JULY 27TH—28TH

FCDS ANNUAL MEETING

FCDS REGISTRATION FEE: \$100.00

Registration Information will be available soon on the
FCDS Website: fcds.med.miami.edu

FCDS Recognized by CDC and NAACCR



FCDS is proud to announce that the Florida Cancer Data System has once again been recognized by the CDC’s National Program of Cancer Registries (NPCR) as a “2014 Registry of Distinction” and a “U.S. Cancer Statistics Registry for Surveillance.” This is the 2nd year that CDC has recognized outstanding state cancer registries with these awards. And, not coincidentally, it is the 2nd year in a row that FCDS has been recognized with both awards. The two awards indicate that FCDS has met or exceeded all of the CDC NPCR Data Completeness, Timeliness, and Quality Standards as set forth in the NPCR Program Standards, 2012-2017.

The award places FCDS in the highest category which includes other state registries providing the highest quality of data to the NPCR; and, that our cumulative state data can and will be used in the United States Cancer Statistics Report (USCS) and the Annual Report to the Nation on the Status of Cancer. The USCS is produced annually by the U.S. Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) and is used as the primary source for U.S. cancer statistics as well as to inform national cancer prevention and control activities, research and monitoring of cancer trends, and in nationwide epidemiologic research requiring the highest quality data captured from the source (local/state/national).

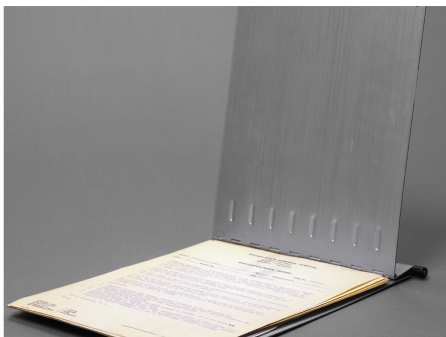
In addition to the NPCR awards, FCDS also received a North American Association of Cancer Registries (NAACCR) award placing FCDS in the category of NAACCR Gold Certification for the 13th consecutive year. Gold Certification for FCDS allows FCDS cumulative data from 1981-2015 be included in the Cancer in North America (CINA) publication for the 13th consecutive year.

Both awards are significant and represent continued achievement in cancer reporting across the state of Florida.

FCDS wants to thank all our Florida cancer registrars, abstractors, and other case reporters for their tireless efforts, hard work and dedication to continue providing FCDS with the highest quality data on-time for all of our Florida cancer patients. Your hard work combined with the continued dedication by our FCDS staff make FCDS one of the best registries in the country.



Thank you for your individual and collective contributions. Keep up the good work!!



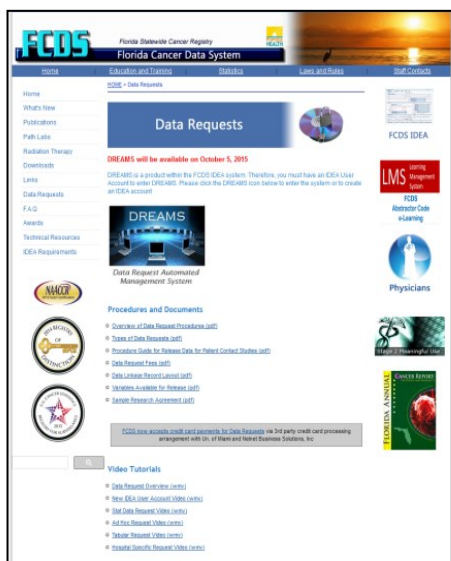
Florida Cancer Data System Deadlines, Updates, & Reminders



The Florida Cancer Data System (FCDS) announced the new, web-based, ***Data Request Automated Management System (DREAMS)***. All requests for FCDS data will be initiated and managed through the new automated system. The data release requirements are virtually the same, however the process is more streamlined and efficient.

The ***DREAMS*** module has been designed to be interactive and to minimize the time required to obtain data from the FCDS by reducing time between steps. The requestor will move through the system in a stepwise fashion. Specific forms, information and approval notifications are built into the system and the researcher, DOH and FCDS are prompted via email when necessary action is required of them.

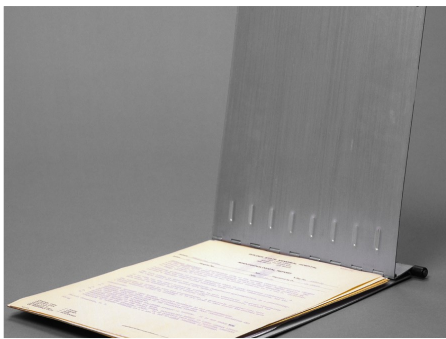
In order to access ***DREAMS***, the user must have an FCDS IDEA account. If you currently have an FCDS IDEA account there is no need for a new account. If you do not already have an IDEA account, you will be required to obtain one. Information and specific tutorials (establishing an FCDS IDEA user account, data request procedures, and navigating the new system) are on the Data Request page of the [FCDS web-site](#) as seen below.



DREAMS has been available for use since Monday, October 5, 2015. All new requests for data will be via the automated system. The FCDS will no longer accept requests using the paper application. ***Any request that is currently in the old system will be processed under the old procedures.***

Please review the brief tutorials prior to initiating a data request. They are designed to introduce you to the system and answer any questions you have.

(Continued on page 6)



Florida Cancer Data System Deadlines, Updates, & Reminders

(Continued from page 5)

FCDS hosted two live webinars with a Question & Answer session on Tuesday, September 22, 2015 at 11:00 a.m. and Tuesday, September 29, 2015 at 2:00 p.m. [Webinar details](#) and login information is available on the Data Request page of the FCDS Web site and below. Should you have issues using the system, please email the FCDS Data Request Help desk: jill_mackinnon@miami.edu or cc.pats@compuace.com subject: FCDS DREAMS-Help

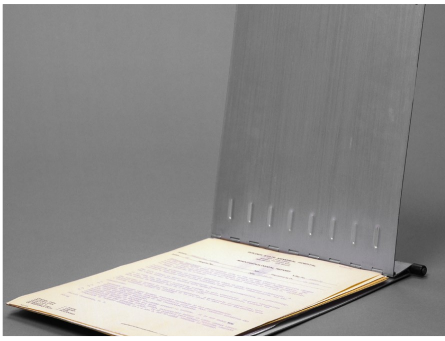
Webinar: Introduction and Overview of the FCDS Data Request Automated Management System - *DREAMS*

<http://fcds.med.miami.edu/inc/datarequest.shtml>

Procedures and Documents

- **Overview of Data Request Procedures (pdf)**
- **Types of Data Requests (pdf)**
- **Procedure Guide for Release Data for Patient Contact Studies (pdf)**
- **Data Request Fees (pdf)**
- **Data Linkage Record Layout (pdf)**
- **Variables Available for Release (pdf)**
- **Sample Research Agreement (pdf)**



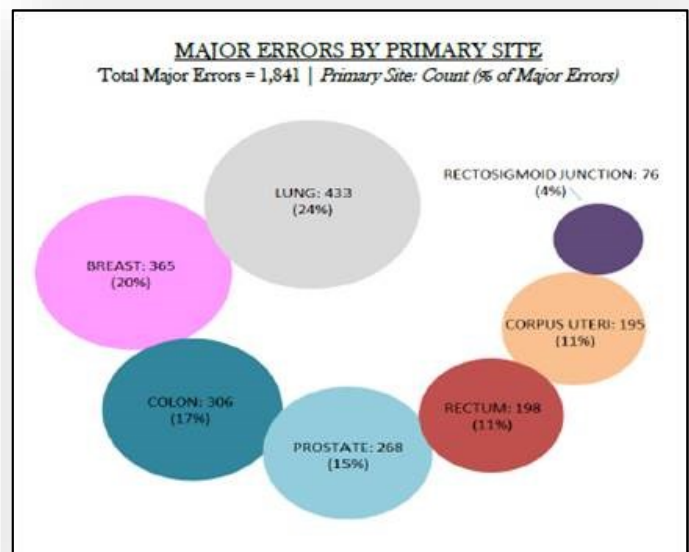
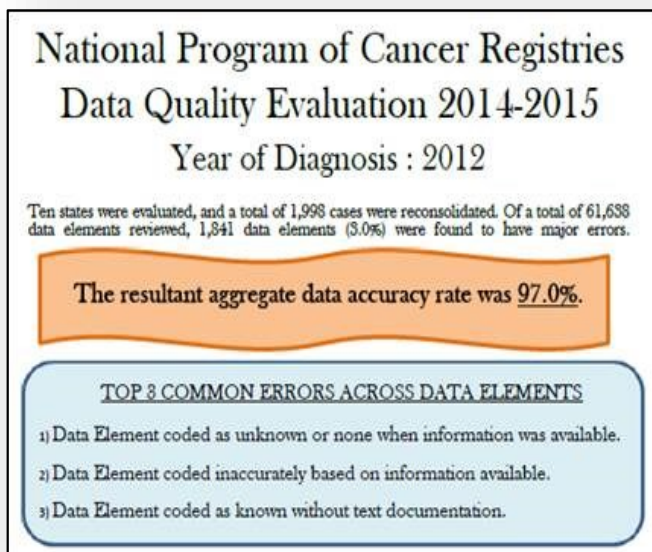


Florida Cancer Data System Deadlines, Updates, & Reminders

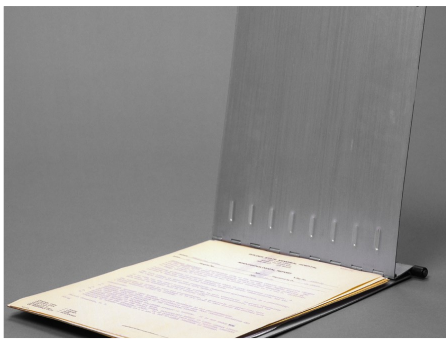
NPCR DATA QUALITY EVALUATION

CDC conducts recurring annual independent data quality audits (recasefinding, reabstracting, tumor consolidation) at state and central cancer registries participating in the National Program of Cancer Registries (NPCR). This is an NPCR Requirement for each central cancer registry participating in the NPCR. Each state is audited on a rotating 5-year schedule. Below is a summary of the major findings from the most recent audit cycle. Please note that this accounting reiterates the importance of complete text documentation sufficient to support critical fields and assigned coded values for all abstracts as noted in the TOP 3 COMMON ERRORS. A more detailed analysis of common errors by cancer site is also available from NPCR.

Thank you for including complete and accurate text in all your abstracts sent to FCDS. We continue to see improvements in documentation year-to-year. Please keep up the good work.



Source: Used with permission by NPCR – Please note the TOP 3 ERRORS above.



Florida Cancer Data System

Deadlines, Updates, & Reminders

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – *Oct-Dec 2015*



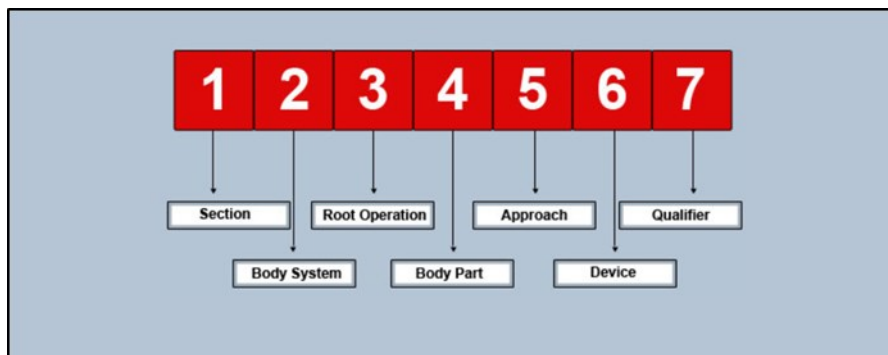
The following ICD-10-CM list is to be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether or not they are reportable to FCDS. ICD-10-CM implementation is expected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

All healthcare services claims with dates of service of October 1, 2015 or later must be submitted with a valid ICD-10 code; ICD-9 codes will no longer be accepted for these dates of service. ICD-10-CM is composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth, fifth, sixth or seventh characters to provide greater specificity. A three-character code is to be used only if it is not further subdivided. This means that your IT Department or Health Information/Medical Records Department will need an updated set of codes for you to do Casefinding. Please be sure to use the ICD-10-CM Casefinding List for all casefinding 10/1/2015 and later.

SOURCE: www.ahima.org/icd10/resources.aspx

ICD-10-CM Code Structure

ICD-10-CM codes contain 3-7 characters (alpha/numeric)



ICD-10-CM will be used by all providers in every healthcare setting.

ICD-10-CM has about 70,000 codes. ICD-9-CM has only about 16,000 codes.

ICD-10-CM codes are alphanumeric. ICD-10-CM codes contain three, four, five, six, or seven characters. The seventh character can be alpha or numeric and can denote if it is the initial encounter, subsequent encounter, or a sequelae.

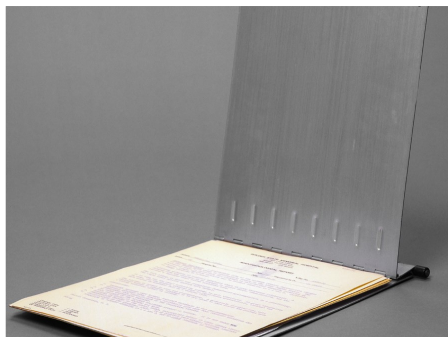
ICD-10-CM codes always start with an alpha character and use all alpha characters **except U**.

CAUTION: ICD-10-CM codes use the letter O and the letter I, which can be confused with a zero (0) and a one (1).

ICD-10-CM incorporates the concept of X as a placeholder character. X placeholder can be used for future expansion.

If the code has less than six characters, a placeholder(s) is used so that the seventh character is in the correct position. Example: S82.91, Unspecified fracture of right lower leg, must have a seventh character, the complete code is S82.91xA.

(Continued on page 9)



Florida Cancer Data System

Deadlines, Updates, & Reminders

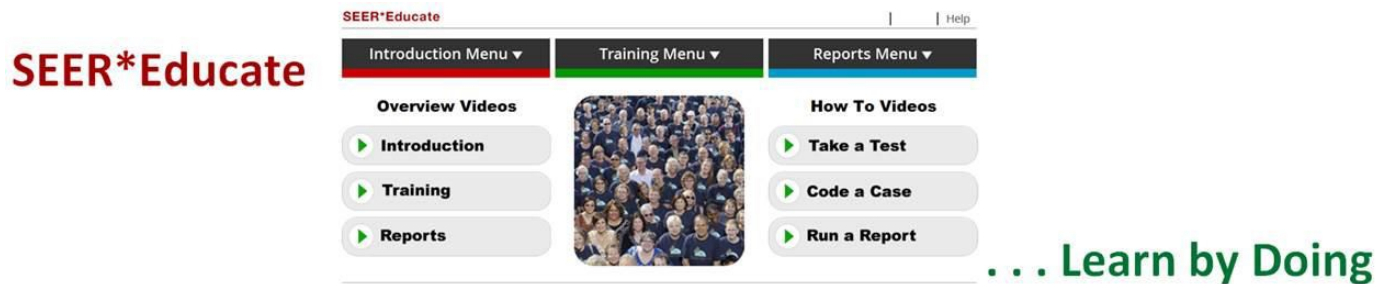
ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – *Oct-Dec 2015*

(Continued from page 8)

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).

Disease Information Series Released



We are pleased to announce an expansion of the free training in SEER*Educate. Disease information has been released as a new series in CTR Prep. Cancer is not one disease but many disease processes. The cancer registrar must have both breadth and depth of knowledge about anatomy and these disease processes to facilitate efficient and accurate abstracting and coding of cases. This series covers the following:

- ❑ Signs and symptoms (disease presentation and progression)
- ❑ Procedures used to diagnose and work-up the cancer
- ❑ Determination of stage at diagnosis
- ❑ First course of treatment options
- ❑ Prognostic indicators

By increasing one's knowledge, a cancer registrar has the ability to better anticipate what to look for in the medical record for a patient during the initial abstracting as well as when looking for updates to treatment information.

People preparing for the CTR exam may want to focus on the specific sites listed in the CTR Exam Handbook. Students and new hires should work through every site and the General section. Experienced registrars might also find this new series of interest. More sites will be added in Spring and Summer of 2016.

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

Contact us

Email: Educate@fhcrc.org

or use

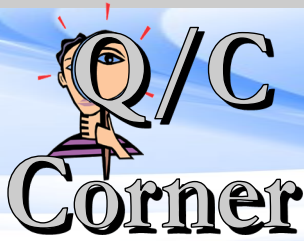
[https://educate.fhcrc.org/
ContactUs.aspx](https://educate.fhcrc.org/ContactUs.aspx)



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Fred Hutchinson
Cancer Research Center

NCI Contract Number
HHSN261201000029C



QUESTIONS? ANSWERS. and CLARIFICATION

QUESTION:

Is the following DX reportable:

RIGHT KIDNEY, TUMOR, ROBOTIC-ASST LAPAROSCOPIC PARTIAL NEPHRECTOMY:
ONCOCYTIC TUMOR (2.0 CM), FAVOR RENAL ONCOCYTOMA (SEE COMMENT).
THE TUMOR IS FOCALLY PRESENT (0.4 CM) AT AN EXCISION MARGIN.

COMMENT: Histologic sections demonstrate a well-circumscribed tumor with a central area of scarring. The tumor is composed of uniform, oncocytic cells arranged in nests. No cellular atypical, clear cell changes, solid growth, mitotic activity or necrosis identified. The tumor cells are mostly negative for both CK7 and CD15, with adequate controls. Based on the morphologic features, an oncocytoma is favored. Follow up is suggested.

ANSWER:

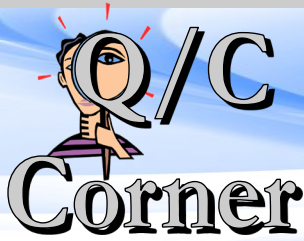
This is from the US National Library of Medicine - J Clin Pathol. 2007 Jun; 60(6): 585–586.

doi: [10.1136/jcp.2006.044438](https://doi.org/10.1136/jcp.2006.044438)

Since its original description in 1942 and its establishment as a distinct entity in 1976, the metastatic potential of renal oncocytoma has been the subject of considerable controversy. Throughout the years, several reports have claimed a low metastatic potential for these tumours, yet the debate remains. The 2004 World Health Organization¹ classification of renal tumours categorizes renal oncocytomas as benign neoplasms. One of the reasons for this debate is that renal oncocytomas may be confused with clear cell renal carcinomas with a dominant eosinophilic component and—a more difficult differential diagnosis—with the eosinophilic variant of chromophobe renal cell carcinoma, a tumour with recognized low metastatic potential. The latter entity was first described by Thoenes *et al*² in 1985, although general recognition of this lesion had to wait for another 5 years. This may have delayed the awareness of potential confusion between chromophobe renal cell carcinoma and renal oncocytoma.

Summary: Renal Oncocytoma is a most often a benign tumor of kidney. Sometimes these are treated as borderline (pre-malignant)...but, there has to be some mitotic activity on microscopic review. It is postulated that oncocytoma left untreated may progress to chromophobe renal cell carcinoma. When these tu-

(Continued on page 12)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 11)

mors are malignant, there will be active mitoses in the pathology report, metastasis to other organs, and pathologist will not use the term oncocytoma but renal cell carcinoma.

You cannot tell if these neoplasms are benign/borderline or malignant unless they are resected and microscopy determines if malignant or not. So, we do get some of these benign kidney tumors reported as renal cell carcinoma when dx confirmation is only diagnostic imaging...but, not that many. Registrars should be aware of nuances of kidney neoplasms along the spectrum of disease from benign to malignant and consider this when determining the reportability of oncocytoma/RCC.

QUESTION:

What is needed to accurately and completely document stage?

ANSWER:

Documenting Stage @ Dx has never been more important than during transition from CS to TNM and SS2000. But, registrars are still confused as to what they need to include in their text to completely document stage at dx for both analytic and non-analytic cases and depending upon what information is available in the medical record(s). Over the past couple of years FCDS has increased review of stage documentation and has been more direct in requesting additional information used to assess stage of disease at diagnosis. Originally, the enhanced focus was needed to reduce the number of cases coded to “staged as” in the CS Data Collection System when there was clearly better or more clear information available in the record. Today, this is even more important as FCDS uses all of this information when making decisions using data and documentation of stage from multiple sources and consolidates cTNM, pTNM, Stage/Prognostic Group, and SS2000 from more than 1 facility to get the most accurate and complete stage available and each component has hierarchy and weighting of “correctness” from each source and based upon completeness of text documentation and correctness of staging based on that documentation.

NAACCR 2015-2016 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, 2015-2016 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
*10/1/15	Collecting Cancer Data: Unusual Sites and Histologies
11/5/15	Collecting Cancer Data: Pharynx
12/3/15	Directly Coded Cancer Stage (AJCC and Summary Stage)
1/7/16	Collecting Cancer Data: Bone and Soft Tissue
2/4/16	Collecting Cancer Data: Breast
3/3/16	Abstracting and Coding Boot Camp
4/7/16	Collecting Cancer Data: Ovary
5/5/16	Collecting Cancer Data: Kidney
6/2/16	Collecting Cancer Data: Prostate
7/7/16	Patient Outcomes
8/4/16	Collecting Cancer Data: Bladder
9/1/16	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 2015-2016
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 2015 FCDS Annual Conference:

CE Hours: 8.75

*NCRA Recognition
Number: 2015-077*

CEU information for the 2014 FCDS Annual Conference:

CE Hours: 8.25

*NCRA Recognition
Number: 2014-113*

2015-2016 FCDS Educational Webcast Series

FCDS is pleased to announce the 2015-2016 FCDS Webcast Series schedule and topics. This year FCDS will be concentrating on preparing registrars and abstractors for direct-assignment of SEER Summary Stage 2000 (SS2000) and AJCC TNM, 7th edition. The SS2000 entry is a requirement for all 2015> cases. The AJCC TNM entry will be a requirement for all 2016> cases. FCDS does not plan to cover the basics of SS2000 or AJCC TNM staging as there are resources for self-instruction currently available. FCDS strongly recommends that registrars and abstractors attend ALL of the AJCC Self-Instruction Modules I-IV as well as work practice cases until they are comfortable assigning AJCC TNM for general use cases. FCDS will be covering site-specific stage.

NCRA CEU#	Date	Time Schedule 3 rd Thursday	Presentation Title	CEU Hours
2015-115	*8/20/2015	1:00pm – 3:00pm	2015 Reporting Requirements: FCDS Annual Meeting Highlights	2
2015-114	*9/17/2015	1:00pm – 3:00pm	Lung and Pleural Neoplasms: Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Anatomic Staging (TNM, SS2000, SSFs) and TX	2
2015-113	10/15/2015	1:00pm – 3:00pm	Brain and CNS Tumors: Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Anatomic Staging (TNM, SS2000, SSFs) and TX	2
2015-117	11/19/2015	1:00pm – 3:00pm	Prostate and Bladder Neoplasms: Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Anatomic Staging (TNM, SS2000, SSFs) and TX	2
-	December	N/A	No Webcast Scheduled	-
2015-116	1/21/2016	1:00pm – 3:00pm	Breast Neoplasms: Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Anatomic Staging (TNM, SS2000, SSFs) and TX	2
2015-112	2/18/2016	1:00pm – 3:00pm	Colon (incl. Appendix) and Rectum Neoplasms: Background, Anatomy, Risk Factors, Signs and Symptoms, MPH Rules, Anatomic Staging (TNM, SS2000, SSFs) and TX	2

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

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.

Florida Cancer Data System

Cancer Reporting Completeness Report



TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF SEPTEMBER 30, 2015

Total number of *New Cases* added to the FCDS Master file in SEPTEMBER, 2015: **16,454**

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
2015	24,344	132	22	4,911	0	Pending	29,409	11,101
2014	172,830	1,637	47	9,786	0	Pending	184,300	3,279
2013	181,515	8,147	1,228	9,458	0	Pending	200,348	2,074

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2015	15%	25%
	2014	97%	100%
	2013	100%	100%

**Expected % based on 190,000 reported cases per 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.

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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.