

# The Florida Cancer Data System's Memo

APRIL 2018



## 2018 National Standards Updates and v18 Implementation Schedule

**IMPORTANT:** FCDS will not accept any 2018 cases until ALL FCDS programs are 2018 compliant. We are working to determine the best way to manage testing v18 record layout requirements for 2018 submissions by using file structure checks and v18 EDITS rather than requiring each facility submit a “test file” with an approvals process to submit cases. FCDS hopes to reduce the burden and stress of your first 2018 submission so you can focus on new data items and new edits rather than whether or not your software vendor has set up your file transmission correctly. FCDS will work with vendors and registries to ensure your initial submissions are transmitted and received according to 2018 requirements.

NAACCR has designated a specific area on their website that includes all **2018 Implementation Information**. This central location for all things related to 2018 changes should be everybody’s primary ‘go to’ website for all things 2018 related. Some items are still in draft formats – do not use them as primary references until they are finalized and posted as final.

The NAACCR 2018 Implementation Information Site includes separate sections for 2018 Updates including sections for; Staging (TNM, EOD, SS2018), SSDIs and Grade, ICD-O-3 Histology Revisions, 2018 Solid Tumor Rules (Formerly MP/H Rules), 2018 EDITS, Education and Training Plans and Calendar, National Implementation Guidelines, Implementation Timeline, Concurrent Abstracting Statement, a section for Software Vendors, a Change Log and multiple recordings of several 2018 Implementation Webinars including webinars geared to cancer registry software vendors. Again, this website is everybody’s “go to” site for all things 2018. <https://www.naaccr.org/2018-implementation/>

### WHAT’S NEW:

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

**FLORIDA ANNUAL  
CANCER REPORT:  
INCIDENCE AND  
MORTALITY - 2014**

**FCDS/NAACCR  
EDITs Metafile**  
16E Metafile,  
posted on  
8/22/2017.

**FCDS/NAACCR  
WEBINAR SERIES:**  
NAACCR 2017-2018  
Cancer Registry and  
Surveillance Webinar  
series - Directly Coded  
Stage on 5/3/18,  
being held at 7 Florida  
facilities and  
[requires registration.](#)



Florida Statewide

Cancer Registry

(Continued on page 3)

# Save the Date

## 2018 FCDS ANNUAL CONFERENCE JULY 18TH – 19TH, 2017

### RENAISSANCE TAMPA INTERNATIONAL PLAZA HOTEL



**Room Rates:**  
**\$139.00 Single/Double**

[Click for  
Reservations](#)

**Conference Registration  
Fee: \$100.00**

[Click for  
Registration](#)

### Topics:

- 2018 FCDS Updates and Announcements
- 2018 FCDS Cancer Reporting Requirements
- 2018 FCDS DAM & Abstracting Requirements
- 2018 ICD-O-3 Updates & How to Use Them
- 2018 Multiple Primary & Histology Code Rules
- 2018 Cancer Staging Requirements & Manuals
- 2018 SSDI Manual - Required for Staging & Prognostic Items

(Continued from page 1)

“Effective with 2018, there are numerous changes to cancer surveillance standards, involving multiple aspects of reporting in North America. The 8<sup>th</sup> edition AJCC staging standards, which triggered many of the additional and modified data elements, are far from the only differences. The SEER program has updated both the Summary Stage and the Extent of Disease (EOD) manuals. 2018 also sees the adoption by the NAACCR community of revisions in and additions to selected histology and behavior codes and terms that have been implemented in the WHO blue books but had not been formally implemented for case abstraction by certified tumor registrars (CTRs) until now. There are revised rules for determining multiple primaries and histologies for solid tumors; and there are revisions to the tables of valid site/histology combinations that take the new histology codes into account. Tumor Grade had been redefined, to take advantage of diagnosis-specific grading systems where they exist, and to redefine the classifications for the collection of grade. The CoC has made a paradigm shift in the way radiation is coded and reported by accredited hospital programs, allowing for granularity in volumes, types and dosages administered for up to three separate phases of radiation treatment. These and other changes are fully described in the CoC’s updated reporting manual, STandards for Oncology Registry Entry, referred to as STORE. Data Transmission standards should be used consistently by all registries and standard setting agencies and should be implemented in a planned and timely manner. Changes to the set of standards have potential consequences, and implementation must be evaluated by each program, central cancer registry, software vendor, and reporting facility during the planning process. Delays in implementation may result in inconsistent data collection.”<sup>1</sup>

Below is a Summary of 2018 Changes to Standards, Software Implementation Plan, and Education/Training Plan. The changes are significant. And, training is required to understand new abstracting/coding instructions, use of reference manuals, and how to apply the many changes required to abstract, code, document, and stage 2018 cases.

### **Summary of 2018 Changes to Standards for Cancer Reporting**

- 223 New Data Items
  - 137 NEW Site-Specific Data Items
  - 24 NEW Radiation Treatment Data Items
  - 18 NEW AJCC TNM 8<sup>th</sup> Edition Data Items
  - 16 NEW Geocoding Data Items
  - 3 NEW Grade Data Items and New Grade Assignment Methodology
  - CoC Accredited Flag
  - Medicare Beneficiary Identifier
- 2018 SEER Summary Stage (SS2018) – added in 2016 but changed for 2018
- 2018 SEER EOD Data Items – added in 2016 but changed for 2018 – NOT REQUIRED FOR FLORIDA
- Changes to Existing Data Items
  - Field Name Changes - many
  - Field Length Changes – many
  - Code Set and/or Coding Instruction Changes – many
- NAACCR Record Layout Changes
  - Field Location in Transfer Record Layout (Start/Stop Position) – ALL Data Items Effected
- NEW Cancer Staging Requirements – directly coded stage and/or derived stage from standardized API/DLL
  - 2018 SEER Summary Stage (SS2018) – FCDS Required
  - 2018 SEER Extent of Disease (2018 EOD) – NOT REQUIRED FOR FLORIDA
  - 2018 Site-Specific Data Items Manual – FCDS Required – 58 Items Required for Staging/Significance
  - 2018 Grade Coding Manual, Instructions and TablesAJCC Cancer Staging Manual, 8<sup>th</sup> edition – FCDS Required

(Continued on page 4)

1. North American Association of Central Cancer Registries, Inc. (NAACCR) 2018 Implementation Guidelines and Recommendations (NAACCR Standards Volume II, Data Standards and Data Dictionary, Version 18, effective with cases diagnosed on or after January 1, 2018); March 2018

- NEW 2018 ICD-O-3 Histology Code and Behavior Code Updates
  - New Instructions and Guidelines for Coding Histology and Behavior
  - New Codes & Updates Based on the latest 4<sup>th</sup> edition WHO Classification of Tumors or “Blue Books”
    - WHO Classification of Tumors of the Breast (2012)
    - WHO Classification of Tumors of the Female Reproductive Organs (2013)
    - WHO Classification of Tumors of Soft Tissue and Bone (2013)
    - WHO Classification of Tumors of the Lung, Pleura, Thymus, and Heart (2015)
    - WHO Classification of Tumors of the Urinary System and Male Genital Organs (2016)
    - WHO Classification of Tumors of the Central Nervous System, Revised 4<sup>th</sup> Edition (2016)
    - WHO Classification of Tumors of the Head and Neck, Revised 4<sup>th</sup> Edition (2017)
    - WHO Classification of Tumors of Endocrine Organs, Revised 4<sup>th</sup> Edition (2017)
  - 31 New ICD-O-3 Histology Codes Added
  - 19 Behavior Codes Changed – some new reportable and some no longer reportable histology/behavior
  - 114 New Histology Terms Added (Preferred Term and/or Synonyms)
  - 2018 SEER Site/Histology Validation List (used in EDITS to validate primary site and histologic type)
- NEW 2018 Solid Tumor Coding Rules (formerly Multiple Primary and Histology Rules – MPH Rules)
- NEW 2018 SEER Hematopoietic and Lymphoid Neoplasm Database – Updated
- NEW FCDSv18 EDITS Metafile – based on the NAACCRv18 EDITS Metafile with added Florida-only Edits

### **2018 Required Manuals, Guidelines, Tools, and Instructions**

Numerous Standard References (manuals, instructions, guidelines, and online tools) have been updated for 2018. Registrars are required to obtain and use all of the new standards for cases diagnosed/treated 1/1/2018 and after. You cannot simply rely on your software to provide you code lists - you need to attend training and use the new tools. 2018 is a big year with significant changes - you need to be able to use all of the below new/updated references.

- 2018 FCDS Data Acquisition Manual (2018 FCDS DAM) – includes References and Links to Required Manuals
- 2018 Cancer Reporting Requirements for Florida
  - Casefinding ICD-10-CM Code List Changes
  - ICD-O-3 New Histology Codes
  - ICD-O-3 Histology/Behavior Code Changes
- FCDS 2018 Implementation Guidelines and Recommendations
- NAACCR 2018 Implementation Guidelines and Recommendations
- ICD-O-3 Coding for Primary Site and Histology
  - 2018 Guidelines for ICD-O-3 Histology Code and Behavior Update Implementation
  - 2018 Hematopoietic Database & MPH Rules – Use for ALL Histology Codes for Heme/Lymph Cases
  - ICD-O-3 Third Edition – purple book
- 2018 SEER Summary Stage Manual
- AJCC Cancer Staging Manual, 8<sup>th</sup> edition – must include published errata and chapter replacements
- 2018 Site-Specific Data Items Manual (SSDI Manual)
- 2018 Grade Coding Manual, Instructions and Tables
- 2018 Solid Tumor Coding Rules (formerly MPH Rules for Solid Tumors)
- CoC STORE Manual - SStandards for Oncology Registry Entry
- SEER Hematopoietic Data Base – current web version or desktop version

(Continued on page 5)



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- SEER\*Rx – current web version or desktop version
- FCDS v.18 EDITS Metafile – current version
- NAACCR Standards for Cancer Registries Volume II, Data Standards and Data Dictionary, V18, 2018, 21st ed.

### **Software Implementation Plan**

Commercial software vendors will be responsible for identifying required software changes, accommodating new and changed data items; providing support for the implementation of revised and new staging systems; performing data conversions, and providing access to updating supplementary coding resources such as updated and new manuals. Vendors will also need to address testing and implementation issues, as well as technical support and training.

FCDS will provide a 2018-compliant secure web portal where registrars can enter individual abstracts or can upload FCDSv18 compliant cases in batched mode. All cases must pass FCDSv18 EDITS as per FCDS Policy and Procedures.

“Central cancer registries that receive submissions from facilities using commercial software to generate their files should pay close attention to the new releases of these products and coordinate their own Data Standards and Data Dictionary.”<sup>1</sup>

FCDS will publish a 2018 FCDS DAM as the Florida Data Standards and Data Dictionary Reference Resource for 2018.

The NAACCR Implementation Guide states, “a reporting facility’s first Version 18 transmission file should be tested as thoroughly as possible to identify layout and/or code problems before v18 records are accepted from that facility. Some central registries require a “test file” from each software vendor or reporting facility.”<sup>1</sup>

FCDS *may* require “test file” submission(s) from each cancer registry software vendor and/or from each reporting facility until such time as FCDS might be able to approve all facilities using a single vendor. However, we are trying to ease this burden of test file submission and a formal approvals process by using v18 file structure edits and standard data edits to ensure your cases are in the proper record layout and have been transmitted successfully to FCDS using valid codes, etc.

### **Education and Training Plan**

FCDS will be working with NAACCR, NCRA, SEER, NPCR, AJCC and the Commission on Cancer to provide sufficient instruction to teach for all levels of cancer registry professionals and ensure a smooth transition to the 2018 standards. Each of these programs will be offering training on 2018 Topics. Each program will provide education and training geared toward the more experienced abstractor and will focus on specific topics for which each program specializes.

FCDS will provide 8 hours of training on 2018 Topics during the 2018 FCDS Annual Conference on 7/18/2018-7/19/2018. A schedule for the 2018 FCDS Webcast Series will be announced during the 2018 FCDS Annual Conference.

FCDS will also be updating the FCDS Abstracting Basics Course to the 2018 Standards. The revised course will include approximately 20 modules of training with more than 1000 slides for reference, recorded sessions, practice exercises and quizzes geared toward educating new registrars. The self-paced and free-of-charge course will be housed on the Florida pages of the Fundamental Learning Collaborative for the Cancer Surveillance Community or FLccSC.

Several additional training tools are offered in FLccSC including the FCDS Abstractor Code Test (updated to the 2018 Standards) as well as recordings of FCDS Webcasts. The recorded sessions are available to earn CEUs or for refreshing knowledge and skills for specific topics.

(Continued on page 6)

1. North American Association of Central Cancer Registries, Inc. (NAACCR) 2018 Implementation Guidelines and Recommendations (NAACCR Standards Volume II, Data Standards and Data Dictionary, Version 18, effective with cases diagnosed on or after January 1, 2018); March 2018

Finally, the 2017-2018 and 2018-2019 FCDS Webinar Series and the associated FCDS Webinar CEU Quizzes will also be housed within FLccSC as will any ancillary recordings that may benefit registrars during this period of significant change. We are expecting significant growth in the content and use of FLccSC during 2018-2019. Please stay tuned to this site.

FCDS will be relying primarily on our cancer surveillance program partners (NAACCR, SEER, NCRA, AJCC, NPCR, and the Commission on Cancer) for all of the initial and primary education/training on the various 2018 cancer reporting topics.

FCDS will ‘fill in the blanks’ after the initial education and training has been completed by our national program partners.

Please be sure to register for and attend as many training events as possible to ensure you are prepared for the many 2018 changes when they go into effect the middle of this year.

It is your responsibility to register for, attend and learn from training provided by outside sources to make sure you are individually prepared for 2018 changes when they go into effect mid-year.

NAACCR is hosting a dynamic centralized Education & Training Calendar @ <https://www.naaccr.org/education-training-calendar/>

### **Recommended Educational Resources for 2018 Topics**

- NCRA Annual Conference (Recorded Sessions)
- FCDS Annual Conference (Recorded Sessions)
- NAACCR Education & Training Calendar - <https://www.naaccr.org/education-training-calendar/>
- FCDS Education and Training - <https://fcds.med.miami.edu/inc/educationtraining.shtml>
- Fundamental Learning Collaborative for the Cancer Surveillance Community – FLccSC  
<https://fcds.med.miami.edu/inc/flccsc.shtml>
- AJCC Training Website - <https://cancerstaging.org/CSE/Registrar/Pages/default.aspx>
- SEER Announcements for Registrars - <https://seer.cancer.gov/registrars/>
- SEER Training Website - <https://training.seer.cancer.gov/>
- SEER\*Educate - <https://educate.fredhutch.org/LandingPage.aspx>



## Surveillance, Epidemiology, and End Results Program

Turning Cancer Data Into Discovery

The NAACCR Site-Specific Data Items Task Force (SSDI TF) is posting draft versions of the SSDI and Grade manuals for review and comment. In addition to helping to refine the materials before they are posted in final form, the draft manuals may be helpful to registrars and others who are seeking information about how the SSDI's and grade will be collected for cases diagnosed 1/1/2018 and later. <https://www.naaccr.org/2018-implementation/#SSDIGRADE>

Please use this link to the CAnswer Forum to post questions and provide comments on the manuals (<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018>).

We plan to release the final version of the Manuals in May 2018.

*NAACCR Site-Specific Data Item Taskforce*



# 2017 Jean Byers Memorial Award for Excellence in Cancer Registration

Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.

The criteria to win the award are:

All deadlines met with respect to cancer case admissions and all cases reported to FCDS:

- Annual Caseload Submission Deadline – June 30
- Consolidated Follow Back Deadline – October 15
  - AHCA, AMBI, Death Certificate Notification
- No more that 5% (or 35 cases, whichever number is greater) of cancer case admissions reported to FCDS within 2 months (60 days) following the June 30 deadline
- No more that 10% of cancer case admission reported to FCDS within 12 months following the June 30 reporting deadline

Here are the winners for 2017 (data submission year 2015):

1100-SHANDS UNIVERSITY OF FLORIDA  
1300-GULF COAST MEDICAL CENTER  
1306-BAY MEDICAL CENTER  
1505-CAPE CANAVERAL HOSPITAL  
1508-PALM BAY HOSPITAL  
1510-VIERA HOSPITAL  
1546-HOLMES REGIONAL MEDICAL CENTER  
1547-WUESTHOFF MEDICAL CTR- ROCKLEDGE  
1548-WUESTHOFF MEDICAL CTR MELBOURNE  
1601-WESTSIDE REGIONAL MED CTR  
1609-IMPERIAL POINT MEDICAL CENTER  
1645-CORAL SPRINGS MEDICAL CENTER  
1676-PLANTATION GENERAL HOSP  
1681-NORTHWEST MEDICAL CENTER  
1686-FLORIDA MEDICAL CENTER  
1687-UNIVERSITY MEDICAL CENTER  
1730-ADVANCE DERMATOLOGY  
1800-FAWCETT MEMORIAL HOSPITAL  
1836-PEACE RIVER REGIONAL MEDICAL CENTER  
1846-CHARLOTTE REGIONAL MEDICAL CENTER  
1905-CITRUS MEMORIAL HOSPITAL  
2246-LAKE CITY MEDICAL CENTER  
2302-JACKSON SOUTH COMMUNITY CENTER  
2305-JAMES M JACKSON MEMORIAL HOSPITAL  
2338-MERCY HOSPITAL  
2346-KINDRED HOSP S FL CORAL GABLES  
2353-NORTH SHORE MEDICAL CENTER

2358-KENDALL MEDICAL CENTER  
2377-WESTCHESTER GENERAL HOSPITAL  
2383-PALMETTO GENERAL HOSPITAL  
2405-DESOTO MEMORIAL HOSPITAL  
2605-BAPTIST MEDICAL CENTER BEACHES  
2606-SHANDS JACKSONVILLE MEDICAL CENTER  
2636-BAPTIST REGIONAL CANCER CENTER-JAX  
2638-ST VINCENTS MEDICAL CENTER  
2640-BAPTIST MEDICAL CENTER SOUTH  
2647-NEMOURS CHILDRENS HOSPITAL  
2648-MEMORIAL HOSPITAL JACKSONVILLE  
2660-ST. LUKE-ST VINCENT'S HEALTHCARE  
2672-WOLFSON CHILDRENS HOSP NCC  
2700-WEST FLORIDA HOSPITAL  
2736-BAPTIST HOSPITAL OF PENSACOLA  
2738-SACRED HEART CANCER CENTER  
3701-OAK HILL HOSPITAL  
3705-BAYFRONT HEALTH BROOKSVILLE  
3715-SPRING HILL REGIONAL HOSPITAL  
3903-BRANDON REGIONAL HOSPITAL  
3906-TAMPA GENERAL HOSPITAL  
3932-H LEE MOFFITT CANCER CENTER  
3973-FLORIDA HOSPITAL CARROLLWOOD  
3977-MEMORIAL HOSPITAL OF TAMPA  
3978-TAMPA COMMUNITY HOSPITAL  
3988-SOUTH BAY HOSPITAL

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4516-LEESBURG REGIONAL MEDICAL CENTER  
4601-CAPE CORAL HOSPITAL  
4605-LEE MEMORIAL HEALTH SYSTEM  
4645-REG CANCER CTR GULF COAST HOSPITAL  
4690-LEE MEMORIAL HOSPITAL HEALTHPARK  
4770-CAPITAL REGIONAL MEDICAL CENTER  
5100-BLAKE MEDICAL CENTER  
5105-MANATEE MEMORIAL HOSP  
5200-OCALA REGIONAL MEDICAL CENTER  
5202-WEST MARION COMMUNITY HOSPITAL  
5203-ST VINCENTS MED CTR CLAY COUNTY  
5205-MUNROE REGIONAL MEDICAL CENTER  
5346-MARTIN MEMORIAL MEDICAL CENTER  
5505-BAPTIST MEDICAL CENTER NASSAU  
5606-TWIN CITIES HOSPITAL  
5607-NORTH OKALOOSA MEDICAL CENTER  
5610-SACRED HEART HOSP EMERALD COAST  
5670-FORT WALTON BEACH MED CTR  
5705-RAULERSON HOSPITAL  
5805-FLORIDA HOSPITAL APOPKA  
5849-FLORIDA HOSPITAL EAST ORLANDO  
5850-WINTER PARK MEMORIAL HOSPITAL  
5936-ST CLOUD REGIONAL MEDICAL CENTER  
5967-OSCEOLA REGIONAL MEDICAL CENTER  
5969-CELEBRATION HEALTH FL HOSPITAL  
5970-FLORIDA HOSPITAL KISSIMMEE  
6003-DELRAY MEDICAL CENTER

6007-LAKESIDE MEDICAL CENTER  
6068-WELLINGTON REGIONAL MEDICAL CENTER  
6105-FLORIDA HOSPITAL ZEPHYRHILLS  
6106-NORTH BAY HOSPITAL  
6170-MEDICAL CENTER OF TRINITY  
6172-REGIONAL MED CENTER BAYONET POINT  
6201-NORTHSIDE HOSP HEART INSTITUTE  
6205-FLORIDA HOSPITAL NORTH PINELLAS  
6206-LARGO MEDICAL CENTER  
6246-ALL CHILDRENS HOSPITAL  
6249-MEASE DUNEDIN HOSPITAL  
6250-MORTON PLANT HOSPITAL  
6251-ST ANTHONY HOSPITAL  
6273-PALMS OF PASADENA HOSPITAL  
6274-ST PETERSBURG GENERAL HOSPITAL  
6278-MEASE COUNTRYSIDE HOSPITAL  
6305-LAKELAND REGIONAL MEDICAL CENTER  
6346-BARTOW REGIONAL MEDICAL CENTER  
6349-WINTER HAVEN HOSPITAL  
6570-FLAGLER HOSPITAL  
6704-GULF BREEZE HOSPITAL  
6707-SANTA ROSA MEDICAL CENTER  
6810-ENGLEWOOD COMMUNITY HOSPITAL  
6846-VENICE REGIONAL MEDICAL CENTER  
6870-DOCTORS HOSPITAL  
6905-CENTRAL FLORIDA REGIONAL HOSPITAL  
6936-FLORIDA HOSPITAL ALTAMONTE



## 2016 Pat Strait Award for Excellence in Cancer Abstracting

Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.

We recognize that the facilities that achieve this quality standard are staffed by outstanding professionals that made it possible for the facility to be recognized with this award.

The Pat Strait Award for Excellence in Cancer Abstracting recognizes those individuals that contributed to a facility winning the award by presenting a certificate to all abstractors that submitted cases for the winning facilities.

This certificate is a way for FCDS to show our gratitude and appreciation to those individuals that were responsible for helping a facility reach this exceptional quality standard.

Thank you for your continued support and dedication.

(Continued on page 9)



*(Continued from page 8)*

Eileen Abate

Joyce Allan

Lori Allison

Allissa Anderson

Barbara Anderson

Elizabeth Andrade

Victor Angles

Stacey Applegate

Prudence Ashley

Marichu Auffenberg

Joan Baucom

Heather Benson

Leigh Bishop

Melissa Blakley

Lisa Borodemos

Bessie Brokenburr Henderson

Holly Brown

Jennifer Brown

Penelope Brown

Kathleen Bryant

Paula Buck

Tammy Bunze

Nicole Burmeister Kintz

Heather Burner

Debra Caldwell

Rocio Calvillo

Sandra Carlson

Charla Carter

Magda Castro

Cynthia Caswell

Kali Cerdan

Curry Chapman

Suzan Chastain

Kathie Churchill

Judith Clark

Sharon Clevenger

Denise Colburn

Michelle Coleman

Tina Coleman

Colleen Condron

Karen Conway

Katherine Cook

Jennette Cox

Charisse Creech

Juan Cruz

Jimmie Cummins

Maureen Curcio

Gina Damm

Margaret Daniel

Jael Davis

Janice Davis

Jeanne Davis

Sally Davis

Barbara Dearmon

Anna Deluague

Patricia Downey Johnston

Claudia Downs

Charlene Duelge

Heather Duque

Martina Duran

Linda Eastridge

Donna Edwards

Elizabeth Elrod

Elizabeth Exilus

John Fairfield

Susan Finn

Stephanie Fox

India Freeman

Frederick Furner

Joan Galbicsek

Gerardo Gallardo

Pamela Gantt

Kellie Garland

Lucretia Garman

Alicia Gassert

Lana Geoghagan

Tammy Goas

Jan Goettsche

Monica Gomez

Beatriz Hallo

Johanna Haneline

Janice Hargrove

Annette Harnage

Vicki Hawhee

Maggie Herrera

Sharry Herring

Donna Herrington

Marcia Hodge

Megan Hoffmann

Angela Innello

Sharon Isaacs

Loretha James

John Jarrett

Constance Johns

Brigitte Johnson

Joshua Johnson

Jennie Jones

Patricia Jones

Joyce Jones Pic

Deborah Jordan-Reith

Jennifer Kassan

Rebecca Kellner

Heather Kelly

Jacqueline Kenney

Laura Kindergan

Lisa Kofron

Tamara Lehman

Shannon Leighton

*(Continued on page 10)*

(Continued from page 9)

Michelle Lester

Yolanda Levy

Debbie Logue

Daiana Lopez

Barbara Lorentson

Maria Loyola

Delma Mariscal

Dawn Mason

Lindsey Mason

Celia Mathews

Nancy Maul

Penny May

Stella Mccown

Krishna Mcdonald

Elizabeth Melendez

Pamela Melton

Dinah Merrill

Julie Mierzejewski-Yousif

Zoritsa Mojica-Robayo

Zeida Molina

Katherine Montezon

Carol Muir

Deborah Mulini

Kathryn Murphy

Leslie Nevius

Joyce Newhouser

Jennifer Nolte

Ignacia Nunez

Susan Ohlin

Kari Oliger

Tanna Oliver

Laura Ortega

Luz Ortiz-Romero

Janice Pagano

Cicely Parrish

Grace Patrick

Lynne Pearson

Ambar Perez Pena

Sandra Pham

Peter Pierce

Carol Palmer

Sade Ray

Albert Reyes

Paula Riccio

Jenny Rios

Zadie Rivard

Ellen Robinson

Nelson Rojas

Marie Romulus

Laura Salsbury

Marie Sanders

Nicole Sanford

Antonio Santana

Jesmarie Santiago

Erica Santos

Kathleen Saslow

Deborah Schulte

Melissa Schuster

Ileeta Sclaro

Adela Seidman

Deylis Sequeira

Christy Sienny

Randy Slavens

Darleen Small

Dolly Smith

Shauntel Smith

Tracy Smith

Rassy Sprouse

Patricia Spry

April Stebbins

Angie Straughn

Tammy Strickland

Myra Sullivan

Angela Swilley

Tina Swinney

Wedly Sylvain

Rosemarie Taylor

Paulette Thomas

Sharon Thomas

Ann Thompson

Lisset Todd

Trisha Troiano

Karen Truelove

Nancy Tucker

Calypso Ullery

Gloria Underhill

Lucas Wassira

Judy Webber

Patricia West

Patricia Weston

Melissa White

Vickie Wickman

Janette Wienecke

Jennifer Wiggs

Jacqueline Williams

Sandra Williams

Wendy Williams

Jaimee Woods

Janet Wyrick

Victoria Young

Jennifer Yurges

Celia Zapata

Jessica Zilke





# Florida Cancer Data System Deadlines, Updates, & Reminders

## NEW SOC CODE FOR MEDICAL REGISTRARS

The U.S. Bureau of Labor Statistics established a new “Health Information Technologist and Medical Registrars” SOC Classification and Code for Cancer Registrars on December 7, 2017. The new code will appear in the 2018 Standard Occupational Classification System (2018 SOC).

The new SOC Classification and Code more accurately describes the work registrars do and separates professional “medical registrars” from the more generic SOC Classification of “Medical Records and Health Information Technicians” where registrars have erroneously been grouped in the past.

The new labor code is 29-9021 and is defined as follows: “Apply knowledge of healthcare and information systems to assist in the design, development, and continued modification and analysis of computerized healthcare systems. Abstract, collect, and analyze treatment and follow-up information of patients. May educate staff and assist in problem solving to promote the implementation of the healthcare information system. May design, develop, test, and implement databases with complete history, diagnosis, treatment, and health status to help monitor diseases.”

Examples of persons fitting into the new SOC Classification include; Cancer Registrar, Health Informatics Specialist, and Health Information Analyst.

This is actually a big deal for our profession. Finally, we have enough medical registrars working in the United States to warrant our own SOC Code. This exemplifies the increased need for and numbers of medical registrars and helps to standardize feedback on workforce needs and salary data available at the state and national level. Congratulations to all of the dedicated and talented “Health Information Technologists and Medical Registrars” otherwise known to us as “Cancer Registrars” for their continued efforts to have this new classification created to further our profession. And, thanks to NCRA for leading these efforts and sticking with it for the past several years until they got the job done!! Thank you, FCDS.

## *Congratulations to Florida's Newest CTRs*



- ◆ **Sharon Clevenger** -Largo
- ◆ **Janae Lott** -Newberry
- ◆ **Anthony Pineda** -Royal Palm Beach
- ◆ **Maritza Polania** -Miami
- ◆ **Nicole Sanford** - Jacksonville
- ◆ **Lisset Todd** - High Springs
- ◆ **DeAnda Wilson** -Winter Haven



## BLADDER CASES REQUIRE CYSTECTOMY FOR PATHOLOGICAL STAGING

FCDS wants to make sure everybody is aware of specific AJCC Cancer Staging Criteria for bladder cancers. This is not a new rule by any means...it has actually been around for decades - at least since the 2<sup>nd</sup> edition of the AJCC Cancer Staging Manual which was published in 1983. But, we see this error made almost every single day. I don't have a first edition in my possession or I would have checked it, too. It probably states the same.

AJCC TNM pathological staging for bladder cancer requires that a total cystectomy PLUS a node dissection be performed or you cannot assign a pathological stage to the case. A TURBT or transurethral resection of bladder tumor is not even close to a cystectomy procedure. A cystectomy removes the entire bladder - not just the tumor. And in no instances can a TURBT substitute for a cystectomy for pathological staging. Hence, many of the urothelial bladder cancers diagnosed/treated in the United States cannot be staged pathologically. TNM blank/Pathological Stage Group = 99.

The bladder is a 'hollow organ' with multilayered walls like the stomach, bowel, esophagus and gallbladder. Primary Tumor evaluation for cancers that arise in hollow organs is qualified by tumor extension into and/or through each layer of the hollow organ wall [i.e. Tis (mucosa), T1 (submucosa), T2 (muscularis), T3, (serosa), and T4 (perforates thru wall of primary organ and extends into a different organ adjacent to the primary site)]. Most other solid organ tumors are evaluated initially based on tumor size then on invasion. Hollow organs use only extension into and through the organ wall.

A TURBT cannot distinguish the various layers of the bladder wall...it is essentially a 'scrape off' procedure and not a complete 'resection of the primary site'...only the tumor is resected, not the organ. This is one reason these tumors recur over and over until/unless they become invasive beyond the muscle layer (muscularis) and they receive more aggressive treatment with surgery a chemo. Extension into/thru the multiple layers of the bladder wall must be assessed in order to pathologically stage these cases.

Evaluation of extension thru the bladder wall is impossible with only a TURBT. The patient must have a total cystectomy plus node dissection.

A cystectomy, usually a radical cystectomy, is the surgical treatment of choice for invasive cancers T2 and greater in extension. So, the entire bladder must be removed and pathologically assessed in order to assign the T-component of pathological stage for an invasive bladder cancer. A partial cystectomy is not enough of a procedure in most cases, either - total cystectomy is required.

TURBT-only cases cannot be assigned a pathological stage. The only exception is when staging is based on metastatic disease with pathologically-proven regional/distant metastasis. Otherwise, a total cystectomy AND lymph node dissection must be performed to pathologically stage the case.

There are edits in place to keep registrars from staging bladder cancers without a total cystectomy. But, it seems this edit confuses many registrars as they believe the TURBT should be sufficient because the procedure is called a resection...WRONG. T2 and greater tumors require total cystectomy.





## QUESTIONS? ANSWERS. and CLARIFICATION

### **Question:**

Abstracting cases and have encountered patients diagnosed with ocular surface squamous cell neoplasia clinically and has been treated with topical chemo such as 5FU. Some doctors refer to this as cancer of the surface of the eye, other physicians do not consider them malignant. Could you please let me know if these cases are reportable? If they are reportable, what histological code would I assign?

### **Answer:**

Due to rarity of this diagnosis and registrars misunderstanding of these neoplasms - registrars think these tumors are skin cancers - they are not.

The conjunctiva (C69.0) and corneal surface (C69.1) of the eye are not categorized as skin anatomy. They are not skin - instead both C69.0 and C69.1 are classified with anatomy of the eye. Ocular sites can share many features with normal skin anatomy; cellular origin, exposures to environmental risk factors, types of cancers, and such. But, the skin cancer reporting rules are not an issue here...it comes down to histology and behavior of tumor.

The term OSSN covers a wide range of tumor behaviors from a dysplastic neoplasm to invasive cancer. However, OSSN (ocular surface squamous neoplasia) is not usually a malignancy - it is more often high grade dysplasia of the conjunctiva or corneal surface of eye and is not reportable. OSSN with dysplastic neoplasm will often recur even with treatment and can progress locally to eventually become dysplastic or neoplastic in behavior.

All grade III or higher intraepithelial neoplasia of the conjunctive or cornea (CIN III) is reportable - like VIN III or VAIN III - as the diagnosis covers not only high grade dysplasia but also squamous cell carci-

noma in-situ in its definition. Per SEER SINQ Question 20160047: Conjunctival intraepithelial neoplasia grade III (CIN III) is reportable. Intraepithelial neoplasia, grade III, is listed in ICD-O-3 as /2. It is reportable for sites other than skin.

The diagnosis (OSSN) may also include invasive squamous cell carcinoma or invasive mucoepidermoid carcinoma (an aggressive form of squamous cell carcinoma) of the conjunctiva or cornea. These neoplasms are also reportable.

Environmental risk factors contributing to OSSN and squamous cell cancer risk of both the cornea and conjunctive include; HIV, HPV, p53 mutation, or exposure to UV light. They are generally considered localized neoplasms with limited chance of metastasizing (like squamous cell carcinoma of skin). But, the mucoepidermoid form may behave aggressively requiring more aggressive therapies.

Topical chemo like 5FU, Mitomycin-C and alpha interferon are often used as standard treatment even for early dysplastic tumors.

Please report these neoplasms using the proper topography code (C69.0 or C69.1). And, be sure to document environmental factors contributing to the patient's increased risk for developing these neoplasm...and stage accordingly.

Please reference a special edition of the Bascom Palmer Eye Institute "Images Magazine" - 2014 Issue 1 that is devoted to Cancers of the Eye.

The Images Magazine can be downloaded at [http://bascompalmer.org/documents/Images\\_Magazine\\_2014\\_Issue\\_1.pdf](http://bascompalmer.org/documents/Images_Magazine_2014_Issue_1.pdf)

*(Continued on page 14)*



# QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 13)

## **Question:**

Is the following case reportable:

**Diagnosis:** A right kidney mass fine needle aspiration: Oncocytic Renal Neoplasm

**Comment:** The differential diagnosis includes cheomphobe renal cell carcinoma and oncocytoma. This is one of the most problematic distinctions between renal neoplasms and may frequently be impossible. Clinical correlation is recommended.

## **Answer:**

Based only on the FNA this is not reportable because malignancy was not proven. **BUT**, I can't give you the complete answer based only on the FNA information - which is not conclusive for malignancy. You have to look further in the medical record to determine if physician(s) believe the neoplasm has metastasized or there is other evidence of malignant behavior - CT Imaging of the kidney may or may not help to determine if benign or malignant neoplasm - and they based this on imaging looking at tumor size, location, multiplicity and other primary tumor features plus the evaluation for mets.

FNA of kidney mass often results in an inconclusive diagnosis which then raises many questions about optimal treatment plan...is the tumor benign oncocytoma or malignant renal cell carcinoma? This is especially true of small early stage tumors and well differentiated tumors.

Small tumors (less than 4cm in size ) should be evaluated with contrast-enhanced CT scan with or without FNA or core biopsy to differentiate between benign and malignant disease. This diagnosis is based on a combination of imaging features on bi-

phasic CT, including tumor CT attenuation values and tumor texture (heterogeneity and skewness), and these can help differentiate benign oncocytoma from malignant renal cell carcinoma.

A biphasic or sometimes triphasic CT scan is a method of performing a contrast-enhanced CT scan that includes examining the kidney at 2 or 3 times while injecting the contrast - once before the contrast is injected - unenhanced, once when the contrast is in the corticomedullary anatomy of the kidney, and one when the contrast is gathering and emptying from the renal pelvis for excretion (excretory phase)...each can show different features.

And, this method of CT assessment is also used when differentiating oncocytoma from clear cell and other subtype RCCs, oncocytoma from papillary RCCs, clear cell and other subtype RCCs from papillary RCCs, and oncocytoma from any RCC (clear cell and other subtypes and papillary).

So, you have to look at the whole picture and not just the results of the FNA to determine if benign or malignant based on imaging not tissue.

## **Question:**

For 2018, will LCIS still be reportable?

## **Answer:**

**LCIS is Still a Reportable Neoplasm to FCDS.**

There has been no change to LCIS on the 2018 reportable cancers list at FCDS. LCIS is still reportable to ALL central registries...it is only the CoC that may not want them... just like VIN III, VAIN III, etc... Nobody else has changed their reportable list to exclude them...and, there are no plans to do so.

(Continued on page 15)



## QUESTIONS? ANSWERS. and CLARIFICATION

*(Continued from page 14)*

The CoC has not actually stated that they do not want them reported - they just cannot be staged in the AJCC 8<sup>th</sup> edition. They can still be staged in SS2018. And, if you go to CAnswer - it is clear that LCIS is in fact still reportable despite what Donna Gress incorrectly announced at NCRA last year.

In fact, the Comparison of Reportable Cancers Table from Volume II does not have anything in it about not reporting LCIS...CoC, SEER, NPCR, FCDS will all be requiring that these tumors be reported - even though the AJCC calls them benign...the WHO does not...they still classify LCIS as in-situ disease.

The statement on page 604 of AJCC 8th edition reads, "LCIS, included in prior editions of the AJCC

Cancer Staging Manual, is removed from the 8th edition. LCIS is a benign condition and is not treated as carcinoma...therefore, is no longer included in this cancer staging system."

Some pathologists now use the WHO classification "lobular neoplasia grade III" rather than LCIS. If your pathologist considers this term equivalent to 8520/2, please report it. The line of transition between dysplasia and neoplasia continues to blur. While the STORE Manual may restrict reporting of LCIS in the future - we have not seen it - and it would not be consistent with the Comparison of Reportable Cancers Table from Volume II they signed off on, already. So, it appears they will continue to be reported at least for some time to come.



## 35th Anniversary of the CTR!

by National Cancer Registrars Association

The Certified Tumor Registrar (CTR®) credential marks a milestone in 2018 - its 35th anniversary. This nationally recognized credential sets the standard for professional excellence in the cancer registry field, and it's widely used in the recruitment and retention of registry personnel. In the past 35 years, more than 7,000 individuals have attained the CTR credential, and more than 5,200 are currently maintaining it.

The importance of the CTR credential has grown over the years. This is most evident in Standard 5.1 of the Commission on Cancer (CoC) Accreditation Program. Additionally, human resource departments regularly seek employees to be CTR-certified and to properly maintain their professional credential. NCRA's Council on Certification is responsible for updating the CTR examination on a regular basis so it reflects current practices.

NCRA applauds all CTRs on their achievement in attaining this important credential. NCRA will commemorate the CTR credential's 35<sup>th</sup> anniversary at its 2018 Annual Educational Conference in New Orleans.





# Training Topics

By: Steven Peace

I wanted to let everybody know that the first 5 AJCC/NPCR Eighth Edition Webinars will be finished on 5/15. These 5 webinars are the most general and basic and critical to attend. Next will come the site-specific webinars to help drive home the concepts from the first 5 critical basic webinars. If you missed any of the first 5...please go the site and download the handout then listen to the recorded presentation - this is a critical set of webinars.

<https://cancerstaging.org/CSE/Registrar/Pages/Eight-Edition-Webinars.aspx>

NAACCR working with SEER and others has also started pushing out a critical set of webinars on Grade, SSDIs, Coding Radiation Fields...and NAACCR has plans to hold webinars on ICD-O

-3, Solid Tumors MPH, Heme MPH, SS2018 starting in June. These are also critical webinars for 2018 changes.

Most of the 2018 Topics will have had some form of introductory presentation provided before the FCDS Annual Conference. FCDS will build on these and we may repeat some of the information provided during each at the FCDS Annual Conference. However, our FCDS Webinar Series will not cover any of these topics. Our Webinar Series will be site-specific and will include examples for all of the new information in the context of each cancer site.

Below is a tentative schedule of webinars that FCDS will expect all registrars to attend.

DATE	TOPIC	SPONSOR
11/10/2016	Eighth Edition Overview	AJCC/NPCR
5/31/2017	Introduction & Descriptors	AJCC/NPCR
TBD - reschedule	Minor Rule Changes	AJCC/NPCR
3/20/2018	Major Rule Changes	AJCC/NPCR
4/17/2018	CAnswer Forum & Staging Questions	AJCC/NPCR
5/1/2018	Grade	NAACCR
5/16/2018	Radiation Treatment	NAACCR
5/20/2018 - 5/23/2018	NCRA Annual Conference  2018 Staging Focus on AJCC 8th ed, SS2018, 2018 EOD, SSDIs, Grade - General Info and Site-Specific for Breast, Prostate, Colon, Lung, Oropharynx, HPV-Mediated (p16+), and Nasopharynx - only 1 hr for each site	NCRA
5/24/2018-5/25/2018	SEER Advanced Topics Workshop - MPH Rules, ICD-O-3, 2018 EOD, SSDIs, Grade	SEER
6/9/2018 - 6/14/2018	NAACCR Annual Conference	NAACCR
6/18/2018 (tentative)	2018 Solid Tumor MPH Manual	NAACCR
6/25/2018 (tentative)	2018 Heme Database	NAACCR
7/9/2018 (tentative)	2018 ICD-O-3	NAACCR
7/16/2018 (tentative)	SEER Summary Stage 2018	NAACCR
7/16/2018 - 7/17/2018	FCRA Annual Conference ICD-O-3, AJCC 8th ed, SSDIs, Grade, SS2018 and maybe more	FCRA
7/18/2018 - 7/19/2018	FCDS Annual Conference ICD-O-3, MPH Rules, AJCC 8 <sup>th</sup> ed, SSDIs, Grade, SS2018, New Req'd	FCDS
8/2/2018	MPH Rules	NAACCR
8/6/2018	EDITSv18 Metafile Overview	NAACCR
8/13/2018	SSDIs In-Depth	NAACCR
9/11/2018	Breast Staging	AJCC/NPCR



# NAACCR 2017-2018 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. Seven Florida facilities will host the 2017-2018 webinar series. 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/naacccr\\_webinar.pl](https://fcds.med.miami.edu/scripts/naacccr_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/naacccr\\_webinar.pl](https://fcds.med.miami.edu/scripts/naacccr_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](mailto:speace@med.miami.edu).

DATE	TOPIC
*10/5/17	Collecting Cancer Data: Prostate
*11/2/17	Collecting Cancer Data: Larynx
*12/7/17	Collecting Cancer Data: Uterus
*1/4/18	Collecting Cancer Data: GIST and Soft Tissue Sarcomas
*2/1/18	Collecting Cancer Data: Stomach and Esophagus
*3/1/18	Abstracting and Coding Boot Camp: Cancer Case Scenarios
*4/5/18	Collecting Cancer Data: Pancreas
5/3/18	Directly Coded Stage
6/7/18	Collecting Cancer Data: Thyroid and Adrenal Gland
7/12/18	Hospital Cancer Registry Operations - Topic TBD
8/2/18	Multiple Primary and Histology Rules
9/6/18	Coding Pitfalls

\*All NAACCR Webinars presented 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 2017-2018  
webinar series,

*registration is required*



**REGISTER FOR THE  
NEXT WEBINAR**

**FCDS** is the host site for  
Miami, FL with space for  
10 participants.

## CEU information for the 2017 FCDS Annual Conference:

*CE Hours: 9.5  
3.75 Hrs Category A)*

*NCRA Recognition  
Number: 2017-088*

## CEU information for the 2016 FCDS Annual Conference:

*CE Hours: 8.25*

*NCRA Recognition  
Number: 2016-056*

# Florida Cancer Data System

## Cancer Reporting Completeness Report



### TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF APRIL 30, 2018

Total number of *New Cases* added to the FCDS Master file in April, 2018: **14,267**

*The figures shown below reflect initial patient encounters (admissions) for cancer by year.*

ADMISSION YEAR	HOSPITAL	RADIATION	AMBI/ SURG	DERMATOLOGY	PHYSICIANS CLAIMS	DCO	TOTAL CASES	NEW CASES
<b>2017</b>	125,051	523	86	10,982	449	<b>Pending</b>	137,091	<b>12,259</b>
<b>2016</b>	196,740	6,300	183	11,752	11,134	<b>Pending</b>	226,109	<b>1,870</b>
<b>2015</b>	198,658	9,133	2,123	12,352	14,805	<b>2,022</b>	239,093	<b>138</b>
							<u>Actual</u>	<u>Expected</u>
% Complete for:			<b>2017</b>	<b>72%</b>		<b>83%</b>		
			2016	100%		100%		
			2015	100%		100%		

*\*Expected % based on 190,000 reported cases per year*



### *Missed an FCDS or NAACCR Webinar?*

Did you know that FCDS Webcasts and NAACCR Webinars can be viewed after-the-fact? FCDS Webcasts and NAACCR Webinars are recorded and posted on the FCDS Website (Education Tab).

The FCDS Webcast recordings are available free of charge and can be viewed anytime/anywhere by anybody. However, starting in October 2017 the CEU award mechanism is restricted to approved FLccSC Users. Access to the NAACCR recordings is still password protected.

Recordings of FCDS Webcasts held 2014-2017 can be accessed from the FCDS Website. There are no CEU Quizzes for sessions held 10/2014-9/2017. However, your attendance must be manually logged into the FCDS CEU Tracking System for you to get credit for attending these recorded sessions.

Recordings of FCDS Webcasts held 10/2017 or later can be viewed either from the FCDS Website or in FLccSC, Florida's new Learning Management System. However, Registrars must have an active FLccSC Account and must take and pass the CEU Quiz to get any CEUs and to obtain a certificate of attendance.

NAACCR Webinars have their own CEU award mechanism whether viewed live or via a recorded session. Again, access to the NAACCR recordings is password protected. Only Florida registrars with Active/Current FCDS Abstractor Codes can access NAACCR Webinars per FCDS/NAACCR agreement.

Please contact FCDS for more information on viewing recorded webinars, or to obtain the password to view individual NAACCR Webcast Recordings.

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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