

The Florida Cancer Data System's Memo

OCTOBER 2018



2018 Implementation Update

The nationwide implementation of 2018 Cancer Registration Standards and NAACCRv18 Record Layout has been challenging for registrars, vendors, educators, managers, and central cancer registry staff. FCDS was pleased to announce that we were finally prepared to receive 2018 cases in FCDSv18 format either via FCDS IDEA Single Entry or FCDS IDEA Batch Upload starting Monday 9/25/2018. Your vendor should not be far behind in providing you with v18 compliant software.

FCDS also retained an operational version of FCDSv16 that can be used to report 2017 and earlier cases in NAACCRv16 layout – shutdown date TBA.

Please note that any 2018 cases must be in FCDSv18 format and meet all 2018 Requirements or they will be rejected.

And, please remember to use all 2018 references, manuals, resources, websites, and instructions for 2018 cases.

WHAT'S NEW:

The following information is currently available on the FCDS website.

**WEIGHT-RELATED
CANCERS IN FLORIDA
1992-2013 MONOGRAPHS**

**FLORIDA ANNUAL
CANCER REPORT:
INCIDENCE AND
MORTALITY - 2015**

SURVIVAL MONOGRAPHS

**FCDS/NAACCR
EDITs Metafile**
V18 Metafile,
posted on 10/16/2018.

**FCDS/NAACCR
WEBINAR SERIES:**
NAACCR 2017-2018
Cancer Registry and
Surveillance Webinar
series - Collecting Cancer Data:
Pharynx on 11/01/18, being
held at 7 Florida facilities and
[requires registration.](#)



Florida Statewide

Cancer Registry



Florida Cancer Data System Deadlines, Updates, & Reminders

ICD-O-3 Additional Updates: 8/22/2018

7/20/18 Summary of Changes

- 8071/2-Differentiated penile intraepithelial neoplasia (C60. _) was **incorrectly flagged as not reportable. The reportability flag was changed from Y to N** and the comment was removed.
- 8071/2-Differentiated vulvar intraepithelial neoplasia (C60. _) was **incorrectly flagged as not reportable. The reportability flag was changed from Y to N** and the comment was removed.
- 8380/3-Atypical hyperplasia/Endometrioid intraepithelial neoplasm (C54. _) was **incorrectly flagged as not reportable. The reportability flag was changed from Y to N** and the comment was removed.

8/22/18 Summary of Changes

- 8085/3- Squamous cell carcinoma, HPV-positive (C01.9, **09.9**, C10.2, C10.3, C10.8, C10.9, C31.0–C31.3, C31.9). 09.9 added to the topography codes eligible for this histology.
- 8086/3- Squamous cell carcinoma, HPV-negative (C01.9, **09.9**, C10.2, C10.3, C10.8, C10.9, C31.0–C31.3, C31.9). 09.9 added to the topography codes eligible for this histology.

ICD-O-3 IMPLEMENTATION GUIDELINES

2018

Previous Guidelines

These documents address the implementation of ICD-O-3 for cases diagnosed on or after January 1, 2018.



[2018 ICD O 3 Coding Guidelines](#) – 1/10/18



[2018 ICD O 3 Coding Table .pdf](#) – 8/22/18 (sorted by numeric order)



[2018 ICD O 3 Coding Table .pdf](#) – 8/22/18 (sorted by alpha order)



[2018 ICD O 3 Coding Table Excel](#) – 8/22/18



[Errata](#) – 8/22/18

*The tables were originally posted on 12/20/17.



Florida Cancer Data System Deadlines, Updates, & Reminders



Announcement from the IARC/WHO ICD-O Committee

Dear Colleagues,

The IARC/WHO ICD-O Committee has updated the currently recommended ICD-O-3.1 classification. The new version, ICD-O-3.2, will be recommended for use from 2019. These documents are available and will remain open for feedback until 1 November 2018. Please visit the IACR website (newsflash) for more details:

http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80:newsflashes&Itemid=545

After the consultation period, the final version will be locked and ICD-O-3.2 pdf generated.

Reminder: Registrations are still open for IACR 2018 Arequipa, Peru this 12-15 November 2018. Details here: www.iacr2018.org

With thanks and best regards,

The IACR Secretariat

www.iacr.com.fr

www.iacr2018.org

iacr@iarc.fr



QUESTIONS? ANSWERS. and CLARIFICATION

Question:

The pt underwent upper GI endoscopy.

Patient has received chemotherapy and upon restaging with EUS, she is noted to have carcinoma localized to the mucosal layer only prompting consideration of endoscopic therapy. She is not felt to be a surgical candidate for esophagectomy.

Unsuccessful endoscopic resection of squamous cell carcinoma of the mid esophagus. Successful argon plasma coagulation (APC) ablation of tumor

How would I code the argon plasma coagulation ablation of tumor? Would this be considered surgery?

Answer:

Ablation is the treatment of biological tissue (usually the primary tumor) using a wide variety of techniques, the newest of which is to use a catheter and laser to target the tumor for ablation or tumor destruction – either with or without surgical removal of the primary site. These are usually endoscopic procedures and the primary site is not removed but rather destroyed using heat or cold or light. It is minimally invasive and used to treat minimally invasive tumors. The procedure destroys the primary tumor and also reduces bleeding and other effects on surrounding tissues.

Electrocautery was the first type of ablation used to vaporize tumors in the bladder for example when TURBT was performed – it is still used today. But, today they call it radiofrequency ablation rather than electrocautery when it is the technique used to destroy tumor. Most ablative techniques use heat as the source for destroying tumor.

Thermal techniques are generally classified as “ablative” and include radiofrequency, laser, microwave, cryotherapy, and high intensity focused ultrasound.

Argon Plasma Coagulation Ablation is yet another type of heat ablation where argon gas is used as the heat energy source. The argon gas is lit or ‘sparked’ using a

probe. The ignited gas creates a heated plasma which is then ‘sprayed’ onto the primary tumor which ablates or destroys the primary tumor and nearby tissues.

It is referenced as a “non-contact” thermal method similar to laser ablation - as compared to a contact thermal coagulation using a heating probe and bipolar cautery that actually comes into contact with the primary tumor tissue. The argon gas similar to a laser does not actually touch the tissue – so it is ‘non-contact’ heat. APC sounds like a laser but it isn’t.

Embolization may follow tumor ablation using RFA or other techniques to further treat the tumor or metastases – code both if this is the case.

Typical tumors where ablation is a viable option include lung, esophagus, bladder, kidney, liver, and skin cancers.

- Surface ablation of the skin (dermabrasion or resurfacing because it induces regeneration) often uses chemicals (which cause peeling) or is done by lasers.
- Cryoablation uses extreme cold to freeze then thaw then repeat to destroy tumor because the repeated freezing and thawing produces tumor necrosis or kills the tumor...and a new technique, the ice ball is being used for cryoablation – the frozen tumor falls off like a frozen wart when it is treated with extreme cold.
- Laser ablation uses either high or low frequency laser light to destroy tumor and can be very exact in treating small tumors or hard to reach tumors.
- Microwave and Radiofrequency Ablation use thermal techniques to heat the tumor similar to electrocautery but using microwave and radiofrequency waves.
- PDT – photodynamic therapy is a type of laser ablation

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QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 4)

- High-intensity Focused Ultrasound – Uses Sound Waves to create heat

While we do not have a specific code for APC (argon plasma coagulation) – we do have a laser ablation code which is the best code available to use for this primary treatment for esophageal cancer. I would recommend coding this under Surgery of Primary Site using Code 14 – laser ablation to primary tumor. Do not use the 20-29 codes as they indicate tumor was surgically resected with an excision – that is not the case here.

The other option is to code this under Other Therapy – but, I think the ablation treatment would get lost using Other Treatment.

So, I recommend using the laser ablation code – at least it is close and uses the same concept for treatment.

The key factor for coding this type of therapy is that it should be within the 10-19 codes to indicate “local tumor destruction” and not to use the 20 or greater surgery codes.

ESOPHAGUS C15.0-15.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes

00 **None;** no surgery of primary site; **autopsy ONLY**

10 **Local tumor destruction, NOS**

- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10-14.

20 **Local tumor excision, NOS**

- 26 Polypectomy
- 27 Excisional biopsy

Any combination of 20 or 26.27 WITH

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[**NOTE:** Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]

- 25 Laser excision

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QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 5)

Question:

Received an (FCDS) edit saying if the patient's SS# is not allowed, if birth date is less than June 25 2011. The patient's DOB is 09-22-1921. If I take the SS# out then the case passes edit check. Why is this happening?

Answer:

It means that the SSN you entered does not meet the standardized way SSNs were assigned by the Social Security Administration up until June 25, 2011.

Until June 25, 2011, a valid SSN could not have an area number (first 3 numbers) between 734 and 749, or above 772, the highest area number the Social Security Administration had allocated.

There is a table down below that shows you what area numbers go with which state or territory and which were not used at all. The area number was the state where you filed for your SSN.

Effective June 25, 2011, the SSA assigns SSNs randomly and allows for the assignment of area numbers between 734 and 749 and above 772 through the 800s.

Some special numbers are never allocated:

- Numbers with all zeros in any digit group (000-##-####, ###-00-####, ###-##-0000).
- Numbers with 666 or 900-999 (Individual Taxpayer Identification Number) in the first digit group.

So, with these criteria – we have an edit that checks for these conditions and can tell when a SSN is not really a SSN (assigned by local computer for a billing number)

You just need to enter 999999999 into the SSN field and document the other number in your text.

This lady was born in 1921 – so, I would think her SSN was assigned before 2011 and would meet the old criteria. We do occasionally write over a good SSN using this edit – but, not very often. We use this edit to keep out bad

SSNs – and if we sacrifice a small few – we improve our patient-level matching of records from all over the state by not clogging the system with 'bad' SSNs. And, we can still match up the 999 SSNs based on other demographic information.

SSN Area Number Location^[44]

001–003	New Hampshire
004–007	Maine
008–009	Vermont
010–034	Massachusetts
035–039	Rhode Island
040–049	Connecticut
050–134	New York
135–158	New Jersey
159–211	Pennsylvania
212–220	Maryland
221–222	Delaware
223–231	Virginia
232–236	West Virginia
232	North Carolina
237–246	North Carolina
247–251	South Carolina
252–260	Georgia
261–267	Florida
268–302	Ohio
303–317	Indiana
318–361	Illinois

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QUESTIONS? ANSWERS. and CLARIFICATION

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362–386	Michigan
387–399	Wisconsin
400–407	Kentucky
408–415	Tennessee
416–424	Alabama
425–428	Mississippi
429–432	Arkansas
433–439	Louisiana
440–448	Oklahoma
449–467	Texas
468–477	Minnesota
478–485	Iowa
486–500	Missouri
501–502	North Dakota
503–504	South Dakota
505–508	Nebraska
509–515	Kansas
516–517	Montana
518–519	Idaho
520	Wyoming
521–524	Colorado
525,585	New Mexico
526–527	Arizona
528–529	Utah
530,680	Nevada

531–539	Washington
540–544	Oregon
545–573	California
574	Alaska
575–576	Hawaii
577–579	District of Columbia
580	Virgin Islands
580–584	Puerto Rico
586	Pacific Islands <ul style="list-style-type: none">▪ Guam▪ American Samoa▪ Philippine Islands▪ Northern Mariana Islands
587–665	<i>California</i> <i>(Southern California, presumably)'</i>
667–679	<i>Not Issued</i>
681–699	<i>Not Issued</i>
700–728	Railroad Board (discontinued July 1, 1963)
729–730	<i>Enumeration at Entry</i>
750–772	<i>Not Issued</i>

Question:

Is there an online link to print out the updated ICD-0-3 or book to purchase?

Answer:

NO. There currently is not a single location or manual or

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QUESTIONS? ANSWERS. and CLARIFICATION

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FCDS Lung Webcast 9/20/2018 - QUESTIONS

website that contains all of the ICD-O-3 Updates made between 2000 (the original publish date) thru 2018 (the last of the WHO Series; Classification of Neoplasms, 4th edition – the origin of ICD-O-3 histology codes). Do not use the IARC webpages to find histology codes, either. There have been multiple published ICD-O-3 errata and updates since 2000 – the updates became so extensive in 2007 without any plans to publish a new book that the United States created the 2007 MP/H Rules, then later the 2010 Hematopoietic and Lymphoid Neoplasm Rules and now the 2018 ICD-O-3 Updates that were just released.

WHO is now working on the 5th ed. Updates and ICD-O-5. There will not be a published ICD-O-4. There are some national standard pick lists for vendors – just codes without rules, though.

WHO plans to release an ICD-O-3.2 in the future. Until then, we have multiple locations and resources that must be used to determine the best/correct histology including;

- ICD-O-3 Manual – use your current printed manual
- ICD-O-3 Errata & 2011 Updates
 - <http://www.who.int/classifications/icd/updates/icd03updates/en/>
- ICD-O-3 Updates for 2018
 - <https://seer.cancer.gov/icd-o-3/>
- 2018 Solid Tumor MP/H Rules
 - <https://seer.cancer.gov/tools/solidtumor>
- Hematopoietic Database On Line
 - <https://seer.cancer.gov/seertools/hemelymph/>
- 2018 Site-Specific Grade Instructions
 - <https://www.naaccr.org/SSDI/Grade-Manual.pdf>
- 2018 SEER Site/Type Validation List
 - <https://seer.cancer.gov/icd-o-3/>

Question:

A biopsy states adenocarcinoma of the lung with acinar pattern, is the morphology 8551/3 or 8140/3?

Answer:

8140/3 is correct according to p30 of 2018 Lung MP/H Rules

– Coding Multiple Histologies at bottom of page #2 – Do Not Code the Histology When...and Pattern is on the list.

Pattern, architecture, papillary, cribriform are all descriptions of anatomical structures that are apparent under the microscope and are used to describe the physical characteristics of a tumor. They do not describe a histologic type in most cases. And, in most cases the anatomical structure descriptors are for in-situ cancers. They are not a specific type/subtype or histology. Some of the histologic descriptions do have codes like papillary – but, the WHO and CAP have asked us in cancer registry data collection to minimize the use of these codes with structure embedded in them for the most part....and describe the primary/predominant patterns of the tumor and not to worry about subtype based on architectural descriptions or patterns...they don't add anything.

Question:

Where do you locate Table Site/Hist AJCC Stage on page 79?

Answer:

This table is called the AJCC Histology and Topography Code Supplement. It can be found on the AJCC Webpage <https://cancerstaging.org> under 8th edition Updates and Corrections. It is an Excel File and is quite large – please check for updates on semi-regular basis as these tables continue to be 'adjusted' by AJCC to 'fit' the correct histology codes to the correct chapter.

Question:

Where can I find the Targeted Therapies Table?

Answer:

NOWHERE. There is no master 'targeted therapies' table in existence. Each Targeted Therapy is further classified by SEER within SEER*Rx (updated monthly now) to correctly classify the agent as immunotherapy, biological therapy, hormonal or chemo therapy. **You must check SEER*Rx to correctly code these new agents** – they are not always what they seem to be. We also do not yet capture the genetic mutation that would direct the oncologist to a target drug – so, we are missing both the actual drug and the mutation – we have pretty basic treatment codes. I did try to provide lung target therapy agents and mutations – but, a table for all cancers would be problematic – particularly with the pace of development – we would have to update every two weeks.

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QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 8)

FCDS Lung Webcast 9/20/2018 - QUESTIONS

Question:

Are Targeted Therapies considered First Course of Therapy?

Answer:

It Depends on how FDA has approved the drug AND whether or not the patient has been treated by any other drug, device, radiation, etc.

First Course Therapy definitions have nothing to do with the type of treatment – only the timing, the treatment plan, and the response to treatment.

Question:

Where do we find all of the new 2018 Manuals – Are they expensive? How much?

Answer:

Reference Manual /Abstracting Resource	Link to Resource
2018 State Data Acquisition Manual (2018 FCDS DAM for Florida)	https://fcds.med.miami.edu/inc/downloads.shtml
2018 Cancer Reporting Requirements for Your State (FCDS DAM)	https://fcds.med.miami.edu/inc/downloads.shtml
2018 Case Finding ICD-10-CM Code List Changes (FCDS DAM)	https://fcds.med.miami.edu/inc/downloads.shtml
ICD-O-3 Third Edition – purple book	https://seer.cancer.gov/icd-o-3/
ICD-O-3 Third Edition - published errata (two)	https://seer.cancer.gov/icd-o-3/
ICD-O-3 Third Edition - 2007 Updates for Selected Solid Tumors	https://seer.cancer.gov/icd-o-3/
ICD-O-3 Third Edition - 2010 Updates for Hematopoietic and Lymphoid Neoplasms	https://seer.cancer.gov/icd-o-3/
2018 Guidelines for ICD-O-3 Histology Code and Behavior Update	https://seer.cancer.gov/icd-o-3/
2018 Solid Tumor MP/H Coding Rules	https://seer.cancer.gov/tools/solidtumor/
2018 Hematopoietic Database & MPH Rules – web-based version only	http://seer.cancer.gov/seertools/hemelymph/

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QUESTIONS? ANSWERS. and CLARIFICATION

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FCDS Lung Webcast 9/20/2018 - QUESTIONS

Reference Manual /Abstracting Resource	Link to Resource
2018 SEER*Rx – current web version	http://seer.cancer.gov/seertools/seerrx/
2018 Grade Coding Manual, Instructions and Tables	https://apps.naaccr.org/ssdi/list/
2018 Summary Stage Manual	http://seer.cancer.gov/tools/ssm/
AJCC Cancer Staging Manual, 8th ed.	http://www.springer.com/medicine
AJCC Cancer Staging Manual, 8th ed. – errata & breast chapter replacement	https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx#Histology/Topography
AJCC Histology and Topography Code Supplement	https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx#Histology/Topography
2018 Site-Specific Data Items Manual	https://apps.naaccr.org/ssdi/list/
2018 Site/Type Validation Table from SEER	https://seer.cancer.gov/icd-o-3/
CoC STORE Manual - Standards for Oncology Registry Entry	https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals
SEER*SINQ - Inquiry System	https://seer.cancer.gov/seer inquiry/index.php
Coc Canswer - Inquiry System	http://cancerbulletin.facs.org/forums/
Your State EDITS Metafile – current version	https://fcds.med.miami.edu/inc/downloads.shtml

Question:

Can you publish the quiz for non-Florida Registrars?

Answer:

You cannot earn CEUs unless you take the CEU Quiz. **The CEU Quiz is only available to FLccSC Users.** We could publish the quiz – but, you still would not earn any CEUs.

NAACCR 2018-2019 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 2018-2019 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. 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. 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
*10/4/18	Collecting Cancer Data: Lung
11/1/18	Collecting Cancer Data: Pharynx
12/6/18	Collecting Cancer Data: Breast
1/10/19	Collecting Cancer Data: Testis
2/7/19	Solid Tumor Rules
3/7/19	Abstracting and Coding Boot Camp: Cancer Case Scenarios
4/4/19	Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms
5/2/19	Collecting Cancer Data: Neuroendocrine Tumors
6/6/19	Collecting Cancer Data: Ovary
7/11/19	Hospital Cancer Registry Operations - Topic TBD
8/1/19	Collecting Cancer Data: Colon
9/5/19	Coding Pitfalls

*All NAACCR Webinars presented are available on the FCDS website, on the Downloads page:
<http://fcds.med.miami.edu/inc/educationtraining.shtml>

Seven Florida facilities will host the 2018-2019 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 2018
FCDS Annual
Conference:**

CE Hours: 8.25
5.5 Hrs Category A

NCRA Recognition
Number: 2018-143

**CEU information
for the 2017
FCDS Annual
Conference:**

CE Hours: 9.5
3.75 Hrs Category A

NCRA Recognition
Number: 2017-088



Heme 2018 Coding Exercises Now Available in SEER*Educate



Learn by Doing: Improve Your Understanding of Heme Primaries

Hospital registries and central registries are required to use the Hematopoietic and Lymphoid Neoplasm Database and Coding Manual, published May 2018. SEER*Educate has made 30 practice cases available in groups of five cases. This new content is available from the Training Menu in the Practical Application section.

These coding exercises contain a realistic fictionalized case scenario designed to test the application of the Heme DB and Manual in declaring number of primaries and coding diagnosis date, primary site histology, behavior, diagnostic confirmation number, and the M and PH Rules used. The rationales provide detailed step-by-step instructions on how to use the DB and Manual to arrive at the preferred answer.

— Coding Form

Click [here](#) to open the case scenario required for the test in a new window.

Instructions ⓘ

Number of Primaries

M Rule

Diagnosis Date 1

Primary Site 1

Histology 1

Behavior 1

Diagnostic Confirmation 1

Sequence Number 1

PH Rule 1

Diagnosis Date 2

Primary Site 2

Histology 2

Behavior 2

Diagnostic Confirmation 2

Sequence Number 2

PH Rule 2

SERIES	NCRA PROGRAM NUMBER	CEs	CATEGORY
SEER*Educate Heme 2018 Series 1	2018-0123	2.5	Yes
SEER*Educate Heme 2018 Series 2	2018-0124	2.5	Yes
SEER*Educate Heme 2018 Series 3	2018-0125	2.5	Yes
SEER*Educate Heme 2018 Series 4	2018-0126	2.5	Yes
SEER*Educate Heme 2018 Series 5	2018-0127	2.5	Yes
SEER*Educate Heme 2018 Series 6	2018-0128	2.5	Yes

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

SEER*Educate is funded by Surveillance, Epidemiology and End Results (SEER) of the National Cancer Institute (NCI) and the Fred Hutchinson Cancer Research Center. (NCI Contract Number HHSN261201800004I)

Florida Cancer Data System

Cancer Reporting Completeness Report



TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF OCTOBER 31, 2018

Total number of *New Cases* added to the FCDS Master file in October 2018: **6,864**

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
2018	893	7	9	7,568	1	Pending	8,478	1,726
2017	190,080	1,526	186	11,498	3,375	Pending	206,665	3,473
2016	205,207	7,507	1,491	12,639	21,494	Pending	248,338	1,665
				<u>Actual</u>	<u>Expected</u>			
% Complete for:				2018	4%			
				2017	100%			
				2016	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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