Annual Report to the Nation: Rapid decrease in lung cancer and melanoma deaths lead overall continued decline in cancer death rate

Overall incidence rates continue to increase in women, children and adolescents and young adults.

Overall cancer death rates continue to decline in men and women for all racial and ethnic groups in the United States, according to the latest Annual Report to the Nation on the Status of Cancer. During 2001 to 2018, declines in lung cancer death rates accelerated, and death rates for melanoma declined considerably in more recent years, reflecting a substantial increase in survival for metastatic melanoma. However, the report finds that for several other major cancers, including prostate, colorectal and female breast cancers, previous declining trends in death rates slowed or disappeared.

The report, appearing in JNCI: The Journal of the National Cancer Institute, also finds that overall cancer incidence rates continue to increase among females, children, and adolescents and young adults (AYAs). All trends in this report cover the period before the COVID-19 pandemic.

The annual report is a collaborative effort among the American Cancer Society (ACS); the Centers for Disease Control and Prevention (CDC); the National Cancer Institute (NCI), part of the National Institutes of Health; and the North American Association of Central Cancer Registries (NAACCR).

“The declines in lung cancer and melanoma death rates are the result of progress across the entire cancer continuum — from reduced smoking rates to prevent cancer to discoveries such as targeted drug therapies and immune checkpoint inhibitors,” said Karen E. Knudsen, M.B.A., Ph.D., chief executive officer, American Cancer Society. “While we celebrate the progress, we must remain committed to research, patient support, and advocacy to make even greater progress to improve the lives of cancer patients and their families.”

(Continued on page 2)
“It is encouraging to see a continued decline in death rates for many of the common cancers,” said Karen Hacker, M.D., M.P.H., director of CDC’s National Center for Chronic Disease Prevention and Health Promotion. “To dismantle existing health disparities and give everyone the opportunity to be as healthy as possible, we must continue to find innovative ways to reach people across the cancer care continuum — from screening and early detection to treatment and support for survivors.”

However, increases in cancer incidence and death rates or deceleration of previous declining trends for some other cancers such as colorectal and female breast cancers are likely due to risk factors such as obesity.

The authors report that cancer death rates continued to decrease among children (aged <15 years) and AYAs (aged 15-39 years) despite an increase in incidence rates from 2001 to 2017. Overall cancer incidence rates in children and AYAs increased in all racial/ethnic groups except American Indian/Alaska Native children where rates remained stable. The most common cancer among AYAs was female breast cancer.

“When evaluating health disparities, it is critical to acknowledge the social factors that influence the health of the communities and access to health care,” said Betsy A. Kohler, M.P.H., NAACCR executive director. “Social and economic indicators, particularly based on small area assessments, are increasingly important to understanding the burden of cancer.”

Other key findings include:

- Overall cancer incidence rates were higher among men than women in every racial and ethnic group, except Asian/Pacific Islander population, where the rates were similar.

- Overall cancer incidence rates were slightly lower among Black people than White people.

- In contrast, overall cancer death rates were higher among Black people than White people.

- Incidence rates of liver cancer were previously increasing, but data show rates have stabilized among both men and women.

- Two-year relative survival for advanced-stage melanoma cases diagnosed during 2001-2009 was stable, but it increased 3.1% per year for those diagnosed during 2009-2014.

- Two-year relative survival only slightly increased for early- and intermediate-stage melanoma cases diagnosed during 2001-2014 (0.03% and 0.4% per year, respectively).

The authors indicate these findings can help inform health care providers about the need to increase efforts related to cancer prevention, early detection, and treatment, and for the need for equitable implementation of effective interventions, especially among under-resourced populations.

For more about the report, see: https://seer.cancer.gov/report_to_nation.
NCRA Releases 4th Edition of Cancer Registry Management Principles and Practice for Hospitals and Central Registries

NCRA’s Cancer Registry Management Principles and Practice for Hospitals and Central Registries is the premier textbook and desk reference for the cancer registry profession. The fourth edition has been updated and provides a history of cancer registration, defines the roles of key organizations, outlines the cancer data collection process at the facility level, highlights the purpose and responsibilities of central cancer registries, and details the flow of the data to federal agencies and national organizations. Order your copy today: NCRA member price: $179; non-member price: $199.

As in earlier editions, this fourth edition provides a history of cancer registration, defines the roles of key organizations, outlines the cancer data collection process at the facility level, highlights the purpose and responsibilities of central cancer registries, and details the flow of the data to federal agencies and national organizations. Since the 2011 release of the third edition, there have been significant advancements in cancer care and treatment and important technological innovations that have impacted the cancer registry. To address these developments, the textbook has been organized into four sections: Introduction to the Cancer Registry, Data Collection and Abstraction, Data Aggregation and Quality, and Uses of Cancer Registry Data. The full manuscript has been updated, chapters on quality have been expanded, and new chapters have been developed to showcase the uses and importance of cancer registry data. A focus on the patient’s journey has been added to provide context and to illustrate how a cancer patient’s experience is connected to the collection and flow of the data. The expanded and updated appendices, glossary, and index are important reference tools for both faculty and students.
Our very own David J. Lee, Ph.D., has been named chair of the Department of Public Health Sciences at the University of Miami Miller School of Medicine.

Dr. Lee, who has served as acting chair of the department throughout the devastating COVID-19 public health crisis, brings 30 years of experience on the UM faculty as a public health leader in research, education, and vital service to our surrounding communities, and the world.

His work as a chronic disease and occupational health epidemiologist is part of a body of research that places the department among the top in NIH funding. Dr. Lee and the department are pursuing their overarching vision of “a world with healthy people living in healthy communities.” Under his leadership, connections to our immediate region and to countless international sites have grown exponentially, improving quality of life and providing unmatched training opportunities for students.

That training has accelerated as the pandemic has educated the public at large about the importance of public health and highlighted the need for more experts in areas including epidemiology, prevention science, infectious disease, community health, environmental health, biostatistics, and public policy.

Meeting that need is a top priority for Dr. Lee. The department has seen a dramatic increase in applications to our master’s and doctoral programs, and online programs and other innovations will help us reach an even larger and more diverse pool of students in the coming years. A highlight of our growing programs is the exceptional M.D./M.P.H. program, the largest in the country.

Dr. Lee’s vision also includes “planetary resiliency,” an emerging priority for our public health teams that addresses the concerns of climate change and its impact on people and environments. The department will collaborate with other disciplines within the University and beyond to develop what Dr. Lee calls “a central role in working toward healthier people, healthier communities, and a healthier planet.”

In addition to his research, his community focus, and his “real joy and passion” for training the next generation of scientists, Dr. Lee is principal investigator for the Florida Cancer Data System, which is based at Sylvester Comprehensive Cancer Center. For more than a decade he has been involved in the state cancer registry, one of the most widely respected in the U.S. for its leadership and innovation.

We are grateful to Dr. Lee for his inspired leadership and service, and we look forward to the continued acceleration of the critical work of the Miller School of Medicine Department of Public Health Sciences.

Sincerely,

Henri R. Ford, M.D., M.H.A.
Dean and Chief Academic Officer
FCDS has been getting complaints about QC Reviews and Field Coordinator Corrections and Inquiries asking registrars to follow-back to medical records and answer inquiries or to make corrections on cases that were abstracted and reported in the FCDS IDEA Abstract Entry Program.

Field Coordinator and Quality Control Reviewers have no idea what software you used to enter your case.

Suggestions to the reviewer ‘just make the change and don’t tell me because I cannot make any changes to update my case in FCDS IDEA’ is not helpful to the Final Reviewers or the QC Process. The First Reviewer does not usually even know you abstracted your case in FCDS IDEA Entry…so, they don’t know to ‘just make changes’ as some may suggest.

Additionally, registrars should use the feedback not as a tool to criticize their work – but rather to learn from their mistakes or to make some items more clear in text…it is about quality improvement, not grading papers.

Please be patient with your Field Coordinator or QC Reviewer and remember that we do not know what software you are using, and the QC Review does not know who the abstractor is when they do first review of QC cases.

Sasha Raju, Tampa FL
Reginald Abadsantos, Fort Myers
Carrie Antonelli, Vero Beach
Brianne Arent, North Port
Kathleen Hammel, St. Augustine
Emily Hays, Palm Coast
Jessica Perry, New Port Richey

Frank Horvath, Cape Coral
Leticia Montalvan, Deltona
Lucrecia Peters, Miami FL
Joan Rezzolla, Boca Raton
Yvette Squire, Port Saint Lucie
Lisa Pennington, Saint Petersburg
Lyubov Vaimer, Palm Coast

Congratulations!
The Pat Strait Memorial Award for Excellence in Cancer Registration recognizes those individuals that contributed to a facility winning the Jean Byers Award by presenting a certificate to all its abstractors. The certificate is a way for FCDS to show our appreciation to those individuals that were responsible for helping a facility reach this exceptional national quality standard.

We recognize that the facilities that achieve this high-quality standard are staffed by remarkable professionals that made it possible for the facility to be awarded the Jean Byers Award.

Thank you for your continued support.

The 2020 Pat Strait Memorial Award winners are:

Reginald Abadsantos  Dalphia Bankhead  Athena Bullard
Janice Alexander  Casey Bartlett  Curtis Burner
Joyce Allan  Leigh Bishop  Heather Burner
Sarah Almodovar  Melissa Blakley  Sadie Camel
Prudence Ashley  Lisa Borodemos  Julianne Campbell
Stacey Applegate  Krist Bowman  Angela Campos
Patricia Atchley  Brandie Brown  Sandra Carlson
Marichu Auffenberg  Chad Brown  Charla Carter
Hector Aviles  Holly Brown  Kimberly Castaneda
Sonia Ayala  Jennifer Brown  Magda Castro
Janice Bachman  Penelope Brown  Kali Cerdan
Laurie Baker  Kathleen Bryant  Curry Chapman
Deborah Bambrick  Rhonda Buchenhain

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Jennifer Christian  Claudia Downs  Heather Geiger  Joyce Jonespic
Kathie Churchill  Kelly Drury  Lana Geoghagan  Deborah Jordanreith
Judith Clark  Deana Duarte  Tammy Goas  Jennifer Kassan
Megan Clement  Nicholas Dudas  Jan Goettsche  Laura Kindergan
Sharon Clevenger  Charlene Duelge  Monica Gomez  Lisa Kofron
Denise Colburn  Neil Dungca  Evelyn Gorman  Vicky Lam
Michelle Coleman  Heather Duque  Heather Graham  Vernika Lawrence
Tina Coleman  Julie Dunleavy  Matthew Griese  Tamara Lehman
Adela Colon  Martin Duran  Beatriz Hallo  Jessica Leopold
Colleen Condron  Sara Durante  Kathleen Hammel  Michelle Lester
Katherine Cook  Molly Dyer  Carol Hammond  Jennifer Lewis
Linda Corrigan  Elizabeth Elrod  Johanna Haneline  Daiana Lopez
Leticia Costa  Tiffany Ervin  Vicki Hawhee  Sade Lora
Charisse Creech  Mayra Espino  Emilly Hays  Kimberly Lowery
Edna Cruet  Elizabeth Exilus  Sherita Hearn  Rosalba Marte
Juan Cruz  John Fairfield  Stuart Herna  Jessica Martin
Maureen Curcio  Susan Finn  Pedro Hernandez  Keir Martin
Schunnary Davidson  Diane Forsythlarsen  Maggie Herrera  Elizabeth Martinez
Jeanne Davis  Stephanie Fox  Dana Hess  Jenny Martinez
Barbara Dearmon  Barbara Frazier  Marcia Hodge  Lindsey Mason
Tracy Deck  India Freeman  Jennifer Huffman  Mary Mason
Abelardo Delarua  Frederick Furner  Armand Ignacio  Nicola Mattis
Aymara Delarua Fernandez  Joan Galbicsek  Karrie Ihrie  Penny May
Anna Deluague  Gerardo Gallardo  Angela Innello  Angela Mccauley
Wanda Diaz  Jesmarie Garcia  John Jarrett  Krisha Mcdonald
Pedro Diaz Powsang  Kellie Garland  Brigitte Johnson  Melissa Megowanlyons
Ismael Diaz Rodriguez  Lucretia Garman  Joshua Johnson  Lyssa Mclaine
Patricia Downey Johnston  Alicia Gassert  Patricia Jones  Penny Jones

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Sharon Thomas
Ann Thompson
Latoya Thompson
Windy Thompson
Cindy Tillman
Lisset Todd
Loretta Travers
Gloria Underhill
Roberto Urruchi
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Monica Vasquez Olivas
Ava Vaughn
Jennifer Vazquez
Brandice Vickers
Joyce Wallace
Judy Webber
Patricia West
Patricia Weston
Vickie Wickman
Janette Wienecke
Jennifer Wiggs
Chad Williams
Jacqueline Williams
Sandra Williams
Wendy Williams
Nancy Wilson
Sharon Wilson
Coyle Wood
Jaimee Woods
Janet Wyrick
Victoria Young
Celia Zapata
Jessica Zilke
Joelle Zukosky
FCDS is happy to present the Jean Byers Award for Excellence in Cancer Registration each year to those facilities that meet or exceed the national quality standards for timeliness and completeness in cancer reporting.

The Jean Byers Award is presented to any facility that meets the following criteria:

- All Deadlines met with respect to cancer case admissions and all cases reported to FCDS:
  - Annual Caseload Submission Deadline – March 31, 2020
  - Consolidated Follow Back Deadline - October 15, 2020
    - AHCA In Patient
    - AHCA AMBI
  - Death Certificate Notification

- No more than 5% (or 35 cases, whichever number is greater) of cancer case admissions reported to FCDS within 2 months (60 days) following the March 31, 2020 deadline

- No more than 10% of cancer case admission reported to FCDS within 12 months following the March 31, 2020 reporting deadline

The winners of the 2020 Jean Byers Award for the data admission year 2018 are:

1100-SHANDS UNIVERSITY OF FLORIDA
1170-N FLORIDA REGIONAL MEDICAL CENTER
1300-GULF COAST REGIONAL MEDICAL CENTER
1306-BAY MEDICAL CENTER
1609-IMPERIAL POINT MEDICAL CENTER
1645-CORAL SPRINGS MEDICAL CENTER
1681-NORTHWEST MEDICAL CENTER
1686-FLORIDA MEDICAL CENTER
1687-UNIVERSITY MEDICAL CENTER
1800-FAWCETT MEMORIAL HOSPITAL
1836-BAYFRONT HEALTH PORT CHARLOTTE
1846-BAYFRONT HEALTH PUNTA GORDA
1905-CITRUS MEMORIAL HOSPITAL
1946-NCH HEALTHCARE SYSTEM
2246-LAKE CITY MEDICAL CENTER
2302-JACKSON SOUTH COMMUNITY CENTER
2304-AVENTURA HOSP AND COMP CANCER CTR
2338-MERCY HOSPITAL - MIAMI
2349-HIALEAH HOSPITAL
2351-MOUNT SINAI MEDICAL CENTER
2353-NORTH SHORE MEDICAL CENTER
2356-LARKIN HOSPITAL PALM SPRINGS CAMPUS
2358-KENDALL REGIONAL MEDICAL CENTER

(Continued on page 11)
2359-NICKLAUS CHILDREN'S HOSPITAL
2372-U OF MIAMI HOSPITAL CLINICS
2378-CORAL GABLES HOSPITAL
2383-PALMETTO GENERAL HOSPITAL
2405-DESO TO MEMORIAL HOSPITAL
2605-BAPTIST MEDICAL CENTER BEACHES
2606-SHANDS JACKSONVILLE MEDICAL CENTER
2636-BAPTIST REGIONAL CANCER CENTER-JAX
2640-BAPTIST MEDICAL CENTER SOUTH
2647-NEMOURS CHILDREN'S HOSPITAL
2648-MEMORIAL HOSPITAL JACKSONVILLE
2672-WOLFSON CHILDRENS HOSP NCC
2700-WEST FLORIDA HOSPITAL
2736-BAPTIST HOSPITAL OF PENSACOLA
2738-ASCENSION SACRED HEART
2870-ADVENTHEALTH PALM COAST
3300-ASCENSION SACRED HEART ON THE GULF
3701-OAK HILL HOSPITAL
3805-HIGHLANDS REGIONAL MEDICAL CENTER
3903-BRANDON REGIONAL HOSPITAL
3906-TAMPA GENERAL HOSPITAL
3932-H LEE MOFFITT CANCER CENTER
3936-ST JOSEPHS HOSPITAL NORTH
3938-SOUTH FLORIDA BAPTIST HOSPITAL
3977-MEMORIAL HOSPITAL OF TAMPA
3978-TAMPA COMMUNITY HOSPITAL
3988-SOUTH BAY HOSPITAL
4105-CLEVELAND CLINIC INDIAN RIVER HOSP
4516-LEESBURG REGIONAL MEDICAL CENTER
4546-SOUTH LAKE HOSPITAL

4690-LEE MEMORIAL HOSPITAL HEALTHPARK
4770-CAPITAL REGIONAL MEDICAL CENTER
5100-BLAKE MEDICAL CENTER
5200-OCALA REGIONAL MEDICAL CENTER
5202-WEST MARION COMMUNITY HOSPITAL
5205-ADVENTHEALTH OCALA
5446-FISHERMENS HOSPITAL
5505-BAPTIST MEDICAL CENTER NASSAU
5606-TWIN CITIES HOSPITAL
5610-ASCENSION SACRED HEART EMERALD COAS
5670-FORT WALTON BEACH MED CTR
5705-RAULERSON HOSPITAL
5850-ADVENTHEALTH WINTER PARK MEM HOSP
5900-POINCIANA MEDICAL CENTER
5936-ST CLOUD REGIONAL MEDICAL CENTER
5969-ADVENTHEALTH CELEBRATION
6003-DELRAY MEDICAL CENTER
6007-LAKESIDE MEDICAL CENTER
6036-ST MARYS MEDICAL CENTER
6045-WEST BOCA MEDICAL CENTER
6046-BOCA RATON REGIONAL HOSPITAL
6048-JFK MEDICAL CENTER
6069-PALMS WEST HOSPITAL
6070-PALM BEACH GARDENS MEDICAL CENTER
6106-MORTON PLANT NORTH BAY HOSPITAL
6170-MEDICAL CENTER OF TRINITY
6172-REGIONAL MED CENTER BAYONET POINT

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FCDS completed the matching of the 2019 In-Patient and Out-Patient Discharges reported by Florida reporting hospitals’ and ambulatory surgery centers’ Finance-Billing/Medical Records Department to the Agency for Health Care Administration (AHCA). All records with principal or secondary diagnosis of cancer were linked to the FCDS database. A match was also completed of the Florida Vital Statistics Death Certificate files for 2019. All non-matching records have been placed in IDEA for review.

Each case on the queue must be reviewed online. If the case is found to not be reportable, assign the appropriate disposition code; if the record was previously reported to FCDS assign disposition code 07, accession number, and sequence number, then press the Submit button. In addition, any case found to meet the FCDS Cancer Case Reporting Requirements outlined in Section I of the FCDS DAM and found to not have been previously reported must be reported to FCDS using IDEA. These are considered missed cases. Assign a disposition code of 01, accession number, and sequence number to the reportable cases and press the Submit button. These disposition code 01 records (missed cases) must be electronically reported to FCDS within 30 days of assigning the disposition code, otherwise, after the 30 days, the record(s) will be placed back in the queue and marked as incomplete.

The deadline to complete the review and submission of any missed cases is October 15, 2021.

Please keep in mind that all audits conducted by FCDS are dictated and closely monitored by the Florida Department of Health. Facilities failing to meet the reporting requirements will be reported to DOH for non-compliance. Should you have any questions, please contact your Field Coordinator at (305) 243-4600.
CAROTID BODY

Question:
Carotid body tumors are reportable, does this apply to paragangliomas with borderline behavior code?

Answer:
After many, many years SEER and CoC have decided that these non-CNS tumors of the autonomic nervous system which includes both parasympathetic and sympathetic nerves (not brain, cranial nerve, meninges or spinal cord). Many of these tumors now must be reported...after decades of not reporting them.

Carotid Body Tumors were not reportable unless stated or proven to be malignant for decades. However, according to the December 2020 Solid Tumor Rules Update for any case diagnosed 1/1/2021 and forward – the term ‘malignant’ is no longer required to assign malignant (/3) behavior.

So, paraganglioma diagnosed 1/1/2021 or after are now to be treated and abstracted as malignant tumors with site C47.9 – unless otherwise stated by the pathologist – a total reversal of rules for neoplasms of the autonomic nervous system that had been the standard for many, many years. They often cannot be staged in AJCC TNM – but, they can be summary staged of course. And, some of the C47.9 edits are still ‘goofy’.

Add to the paraganglioma of the carotid body we also now need to have folks report; paraganglioma of larynx, middle ear, or vagal nerve – and please don’t forget that Glomus Jugulare Paraganglioma is now reportable as well. We have taught folks for decades not to report these tumors...now we want them.

GYN MIXED TUMORS OF MULLERIAN ORIGIN

Question:
What is the Primary site for Mullerian origin neoplasms that don’t show up in the usual locations?

Answer:
This can be a bit confusing with Mullerian origin neoplasms that don’t show up in the usual locations.

I think because you don’t have much to go on (but, I don’t have imaging that might give a primary) – I would abstract this as a carcinosarcoma/mixed mullerian tumor of the peritoneum....see below. But, they are usually primary in the endometrium/uterus. Without further information – I would abstract as peritoneum.

Carcinosarcoma is basically any malignant GYN tumor that has a mixture of epithelial cancer (some type or subtype of adenocarcinoma) and sarcoma (most often leiomyosarcoma but can be any sarcoma). So, it is a mixed sarcoma/adenocarcinoma of various subtypes on either side.

These have been called malignant mixed mullerian tumors or MMMT or malignant mixed mesodermal tumors for many years. More recently these tumors are called uterine carcinosarcoma. It is usually older pathologists who still use the older terminology. They are fairly rare – but, not super rare. And, like I said they are usually associated with female genital tract...and they are usually poor outcome cancers – either the adenocarcinoma component or the sarcoma component or both are aggressive in nature and kill.

So, this is just a carcinosarcoma – they defined the adenocarcinoma component more clearly as endometrioid adenocarcinoma with squamous differentiation. But, they didn’t say what type of sarcoma.

These cancers get staged along with the adenocarcinoma’s in AJCC under endometrium.

Only pure sarcoma of endometrium is staged in the uterine sarcoma chapter.

MMMTs can arise in the ovaries, fallopian tubes, and cervix – the entire GYN Tract...but, you see them most often in the endometrium/uterus. Occasionally they can be peritoneal primary – but that is rare.
Announcement and Registration

2021 FCDS Annual Conference Sessions:
8/12/2021 thru 9/2/2021

FCDS and FCRA have been working together to bring you a series of ‘essential topic’ webinars starting in August 2021 and concluding in early September 2021. Both the FCRA and FCDS 2021 Virtual Annual Conference Sessions will be similar to those hosted last year with the exception that FCRA plans to host their portion of the joint conference over 2 full days while FCDS will host 4 two-hour sessions over a 4 week period.

FCDS plans to continue working with FCRA and all Florida registrars throughout 2021 and 2022 to keep you connected and informed of the many changes in cancer registration during these still challenging times.

This announcement and the webinar registration links are for the FCDS Thursday Sessions, only; 8/12/2021-9/2/2021.

FCRA plans to host 2 all-day sessions in early August. FCRA Conference Agenda and Registration will sent under a separate announcement.

FCDS will host 4 sessions beginning August 12. The FCDS sessions will include 1 webinar each week every Thursday from August 12 – September 2 from 1pm-3pm.

Participants must register for each of the sessions you plan to attend rather than one single registration for the entire 4-part series.

FCDS encourages ALL Florida Registrars including Florida Interim Staffing Companies and Individual Contractors to attend ALL 4 Sessions.

Each session will provide an entirely different set of information. All sessions are equally relevant and timely. Each webinar will be FREE of Charge.

CEUs: FCDS will offer 4 webinars for up to 8 FREE CEU Hours. Each webinar will be awarded CEUs separately by NCRA. The entire conference series will be recorded.

Additionally, we will begin the 2021-2022 FCDS Educational Webinar Series in mid-September. This additional 6-webinar series will build on the topics outlined during the annual conference. The 6-part series will focus primarily on 2021 requirements, manuals, instructions, and reporting expectations and will include 3 sessions used as examples for using all new materials together for individual cases. 12 FREE CEU Hours will be available from this series.

2021 FCRA and FCDS Virtual Educational Conferences:
- FCRA Virtual Annual Conference – early August 2021 – 2 dates and agenda TBA
- FCDS Virtual Annual Conference – August 12, 2021 – September 2, 2021
- FCDS Annual Educational Webinar Series – 9/16/2021 – 2/17/2022 – 3rd Thursday from 1pm-3pm

(Continued on page 16)
Announcement and Registration

2021 FCDS Annual Conference Sessions: 8/12/2021 thru 9/2/2021

**2022 Conferences:** FCRA/FCDS plan in-person conferences in Autumn 2022 at the Grand Hyatt Tampa Bay.

Topics, Schedules, Materials, Handouts, and copies of Presentations will all be forthcoming as we get closer to the conference dates. Materials will be posted to both the FCDS and FCRA Websites.

<table>
<thead>
<tr>
<th>Session</th>
<th>Date/Time</th>
<th>Topic / Speaker – 1 or More Topic/Speaker in each 2-hour block</th>
<th>Registration Link for Each Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCDS</td>
<td>8/12/2021</td>
<td>Introduction to the 2021 Virtual Webinar Series by FCDS&lt;br&gt;Explain CEUs for this year – blank certificate that you fill in yourself&lt;br&gt;DOH and FCDS Updates – State of the State&lt;br&gt;Resumption of Cancer Screenings&lt;br&gt;Florida Breast and Cervical Cancer Screening Pilot Project: Update&lt;br&gt;FCDS Data Visualization Dashboards&lt;br&gt;FCDS DREAMS and Planning Special Data Requests</td>
<td>Session 1 - Registration</td>
</tr>
<tr>
<td>Session 1</td>
<td>1pm-3pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCDS</td>
<td>8/19/2021</td>
<td>2019-2020 Data Acquisition Summary&lt;br&gt;2020 FCDS QC Activities&lt;br&gt;2021 CDC/NPCR Data Quality Evaluation of FCDS &amp; Florida - Summary&lt;br&gt;That Thing You Do (or Don’t Do) – Florida Visual Editing by NPCR &amp; FCDS&lt;br&gt;2021-2022 FCDS Education and Training Plan&lt;br&gt;2021 FCDS Cancer Reporting Requirements&lt;br&gt;FCRA/FCDS Task Force Update&lt;br&gt;Annual FCDS Jean Byers and Pat Strait Awards</td>
<td>Session 2 - Registration</td>
</tr>
<tr>
<td>Session 2</td>
<td>1pm-3pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCDS</td>
<td>8/26/2021</td>
<td>2021 FCDS DAM – A Grand Tour – Where to Find What You Need&lt;br&gt;Using the SEER*RSA for Staging/SSDIs and Other SEER Website Features</td>
<td>Session 3 - Registration</td>
</tr>
<tr>
<td>Session 3</td>
<td>1pm-3pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCDS</td>
<td>9/2/2021</td>
<td>Manual Updates - ICD-O / Solid Tumor Rules / Grade / SS2018 / etc.&lt;br&gt;MORE Resources for Registrars – Dynamic Changes by AJCC/CoC/SEER</td>
<td>Session 4 - Registration</td>
</tr>
<tr>
<td>Session 4</td>
<td>1pm-3pm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NAACCR Cancer Registry and Surveillance Webinar Series Registration

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 2019-2021 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)

*** In person attendance cancelled until further notice. Please Login to FCDS IDEA->Education->FLccSC Learning Management 2 weeks after webinar to watch recordings and get CEUs ***

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.
For the Dx Year 2021 changes to EOD, Summary Stage, Grade, and SSDI, we created a “mash-up” coding form to cover those coding systems. (For Dx Year 2018, we had separate forms for each of those coding systems.)

There is a case scenario (the Click here link) and we provide the read-only coding for site, histology, and behavior to ensure that the correct data items and drop-downs are retrieved from the SEER*RSA. These are the same drop-downs vendor software will display to registrars. However, the page that displays before the coding form provides links to the various relevant manuals which you should also have open and available to complete these exercises.

After you complete the coding form, click the Score Now button to compare your coding to the preferred answers and detailed rationales for each data item.
Florida Cancer Data System
Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF JULY 31, 2021

<table>
<thead>
<tr>
<th>ADMISSION YEAR</th>
<th>HOSPITAL</th>
<th>RADIATION</th>
<th>AMB/SURG</th>
<th>DERMATOLOGY</th>
<th>PHYSICIANS CLAIMS</th>
<th>DCO</th>
<th>TOTAL CASES</th>
<th>NEW CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>1,902</td>
<td>0</td>
<td>24</td>
<td>4,429</td>
<td>1</td>
<td></td>
<td>Pending</td>
<td>6,356</td>
</tr>
<tr>
<td>2020</td>
<td>133,853</td>
<td>667</td>
<td>104</td>
<td>11,431</td>
<td>2,455</td>
<td></td>
<td>Pending</td>
<td>148,510</td>
</tr>
<tr>
<td>2019</td>
<td>222,803</td>
<td>4,643</td>
<td>210</td>
<td>12,195</td>
<td>24,798</td>
<td></td>
<td>Pending</td>
<td>264,649</td>
</tr>
</tbody>
</table>

% Complete for:

- **2021**: 3%
- **2020**: 59%
- **2019**: 100%

*Expected % based on 250,000 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.