

The Florida Cancer Data System's Memo

January 2023

FCDS 2023 Updates Coming to You Soon

2023 will be another year of changes for Florida and the Cancer Registry Community at large. FCDS has already made available to all vendors a copy of the FCDS XML Record Layout and Florida Required Data Items, the initial FCDS EDITSv23 Metafile, and soon FCDS will post the 2023 FCDS DAM.

Below is a Summary of where you will see changes in the 2023 FCDS DAM. Details will be shared later. Please note there will be numerous data item changes with ALL of the Date Flags being retired, some Dates being slightly modified in terms of definitions and instructions, 2 additional SSDIs (p16 for Anus and Histologic Subtype for Appendix), and an entirely restructured Site-Specific Surgery Code Section.

The CoC is in the process of completely revising the entire Site-Specific Surgery Codes, and the restructuring of the codes is the first step in this process to redefine surgery codes for 2023 and later.

We will send a blast email when the 2023 FCDS DAM is available for download on our website. Below is the Overview Summary of Changes and a Table of Data Item changes and additions and retiring items.

- Section I – Case Eligibility Updates - 2023 Reportable Cancers Updates, Updated Details for the IACR/WHO Classification of Neoplasms, 5th edition to Section I discussion of ICD-O-3.2 Updates, Guidelines and Instructions for assigning Histology and Behavior to tumors, Added Clarifications for 2021, 2022 and 2023 New Reportable Neoplasms/Reclassified Tumors including 3 pages of details that we hope will make lookups a little easier for registrars, Updated Casefinding List, Clarification that Anatomic Surgical Pathology Reports and all associated special tests including tumor markers and molecular pathology testing is now used to determine ‘histology’ not just path microscopy, And that all of these tests are part of your documentation under labs and/or pathology for abstracts. Updated Required Desk Reference List and Updated Recommended Desk Reference list.
- Section I – FCDS DOEA NOT ACCEPT NAACCR UPDATE, CORRECTION OR MODIFY RECORDS.

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WHAT'S NEW:

The following information is currently available on the FCDS website.

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

**FCDS RESEARCH
JOURNAL PUBLICATIONS
REPORT**

**FCDS/NAACCR
EDITs Metafile
V22b Metafile,
posted on 8/2/2022**

**FCDS/NAACCR
WEBINAR SERIES:
NAACCR 2022-2023
Cancer Registry and Surveillance
Webinar Series 1/12/2023–
Head and Neck***
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 *****

FCDS Florida Cancer Data System

**Florida Statewide Cancer
Registry**



Florida Cancer Data System Deadlines, Updates, & Reminders

(Continued from page 1)

FCDS receives only 1 abstract, one time, from each facility involved in a patient's care.

Do not submit case corrections, new historical grid cases or additional treatment as new abstracts.

- Section II – Remove All Date Flag Definitions and Fields from Record Layout
- Section II – Change Surgery of Primary Site definitions and references for new codes and structure
- Appendix A – Revise Listings for All Florida Healthcare Facilities
- Appendix C – Write-up on “Active Surveillance” versus “Watchful Waiting”
- Appendix F – Major Revision with 2 sets of Site-Specific Surgery Codes – Surg Prim Site. One set for years 1981-2022 (2-digits) and the second set (4-character field) to be used on 2023 and later cases.
- Appendix G - Revised FCDS Record Layout Excel File, v23
- Appendix H – Add Anus Schema now required for SSDI p16 and Add New SSDI Histologic Subtype
- Appendix O – Update Casefinding Lists – General and Detailed for 2023
- Appendix P – Revised Resources for Registrars – Updated Resources for 2023
- Appendix R – 2023 ICD-O-3 Updates - New Introduction & New 2023 Histology Codes and Terms
- Appendix S – Summary of Changes

Item #	Item Name	NPCR v23	Note
241	Date of Birth Flag	.	Retired v23
351	<u>GeoLocationID</u> - 1970/80/90	.	Changed
352	<u>GeoLocationID</u> - 2000	.	Changed
353	<u>GeoLocationID</u> - 2010	.	Changed
354	<u>GeoLocationID</u> - 2020	.	Changed
391	Date of Diagnosis Flag	.	Retired v23
580	Date of 1st Contact	R*	Changed
581	Date of 1st Contact Flag	.	Retired v23
1200	RX Date Surgery	R*	Changed
1201	RX Date Surgery Flag	.	Retired v23
1210	RX Date Radiation	R*	Changed
1211	RX Date Radiation Flag	.	Retired v23
1220	RX Date Chemo	R*	Changed
1221	RX Date Chemo Flag	.	Retired v23
1230	RX Date Hormone	R*	Changed
1231	RX Date Hormone Flag	.	Retired v23
1240	RX Date BRM	R*	Changed
1241	RX Date BRM Flag	.	Retired v23
1250	RX Date Other	R*	Changed
1251	RX Date Other Flag	.	Retired v23
1260	Date Initial RX SEER	R*	Changed
1261	Date Initial RX SEER Flag	.	Retired v23
1270	Date 1st <u>Crs</u> RX CoC	R*	Changed
1271	Date 1st <u>Crs</u> RX CoC Flag	.	Retired v23
1751	Date of Last Contact Flag	.	Retired v23
3170	RX Date <u>Mst Defn Srg</u>	R*	Changed
3171	RX Date <u>Mst Defn Srg</u> Flag	.	Retired v23
3956	p16	RS	Anus schema added
3960	Histologic Subtype	RS*	New SSDI
1291	RX <u>Summ</u> —Surg Prim Site 2023	RS	New – replaces #1290 dx 2023+



Florida Cancer Data System Deadlines, Updates, & Reminders



DO NOT SEND 'UPDATE' OR 'MODIFY' RECORDS IN BATCH SUBMISSIONS
DO NOT RESEND DUPLICATE ABSTRACTS YOU CORRECTED
REPLY TO FIELD COORDINATOR AND QC INQUIRIES IN MESSAGING

FCDS has never accepted 'update' or 'modify' records...period. FCDS only accepts one-time abstracts.

FCDS tracks all changes to your original abstract over time, including Field Coordinator Corrections, Inquiries for Additional Text Documentation, QC Review Comments and Inquiries and Corrections, and other changes – directly to the original abstract you send to FCDS. Do not just resend these cases. When you do FCDS loses track of changes, data quality issues, missing text and other communications.

DO NOT SEND CASE UPDATES OR CHANGES TO ABSTRACTS IN SUBSEQUENT BATCH SUBMISSIONS.

Some state registries do allow registrars to send 'update' or 'modify' records when they make changes to abstracts or update text or add treatment. FCDS does not. All Registrars MUST take this into account.

Florida and FCDS do not have the capability to accept 'update' or 'modify' records. So, when you update your abstract – FCDS never gets a copy of whatever you update. This is a big issue when FCDS sends case inquiries or feedback on data quality or changes to poor coding or requests more documentation.



NEW FLORIDA CTRs

Crystal Blanks, *Winter Springs*
Kiera Crawford, *Ormond Beach*
Abby Garcia, *Cape Coral*
Amber Johnson, *Largo*
Kerene Kerr, *Sorrento*
Robyn Leynes, *Fort White*

Clarrissa Norton, *Pace*
Stacey Prince, *Jacksonville*
Erin Ruska, *Tampa*
Windy Thompson, *Seminole*
LaMisha Walker, *Lakeland*
April Westley, *Lauderhill*



ALL Pheochromocytoma ARE Reportable

Pheochromocytoma are rare tumors that usually arise in one of the adrenal glands. Tumors are usually small and vascular arising in the adrenal medulla. 15-20% of cases arise outside the adrenals in areas such as in the chest, heart, abdomen, pelvis, bladder, and/or neck or base of the skull. When present they cause irregular secretion of epinephrine and norepinephrine (adrenalin hormones) which raise blood pressure and cause headaches and heart palpitations. These are the ‘fight or flight’ hormones.

About 20% of pheochromocytoma cases are diagnosed in children. Nearly all pheochromocytoma are diagnosed in individuals under age 50. Fewer than 2000 cases occur each year. So, they are quite rare. About 35% of cases may be inherited in patients with multiple endocrine neoplasia (MEN) Types 2a and 2b, von Hippel-Lindau syndrome, neurofibromatosis type 1 (NFT1) or hereditary paraganglioma-pheochromocytoma syndromes. A paraganglioma is the same as a pheochromocytoma with exception of the tumor location. They are nerve bundle tumors like glomus jugulare tumors in the head/neck.

The majority of pheochromocytoma have been classified as benign tumors for decades, unless there was clear evidence of tumor spread to the lung, liver, bone or regional lymph nodes. Direct extension into the kidney or into the retroperitoneum does occur on occasion. And, surgery is the treatment of choice to remove the tumor. This also treats the symptoms caused by overproduction of hormones.

The adrenal glands make the hormones cortisol, aldosterone, adrenaline, and noradrenaline. They also make hormones that your body uses to produce sex hormones (estrogen and testosterone). But, the presence of pheochromocytoma causes patients all kinds of uncomfortable hormone imbalance symptoms due to the overproduction of catecholamines (epinephrine, norepinephrine, and dopamine). Cortisol and Aldosterone are hormones that keep the body’s sugar and salt balances in check. So, imbalances in these key hormones can really cause a lot of symptoms in an individual with this tumor.

All Cases of Pheochromocytoma diagnosed 1/1/2021 and later are reportable as malignant tumors per the 2021 ICD-O Update. The histology code is 8700/3. The term "malignant" is not required – 8700/3.

Also note that Glomus Jugular Tumors are reportable as of 1/1/2021 as well. In fact, all paraganglioma/pheochromocytoma/glomus tumors are reportable beginning with 1/1/2021 diagnoses. They are all now classified as ‘malignant tumors’ regardless of whether pathology uses ‘malignant’ terminology.





2022 FCDS Data Quality Audit: Lymphoid and Myeloid Neoplasms (diagnosed in 2020)

The Florida Cancer Data System (FCDS) is charged with providing the highest quality data possible for annual cancer case reporting to the Florida Department of Health and the CDC National Program of Cancer Registries (NPCR). Reporting to the 'new' NCI National Childhood Cancer Registry is an important end user for this audit as well since specific types of leukemia and lymphoma are important and common cancers in these age groups. Data must meet rigorous standards to be included in local, regional, state, and national cancer rates, reports to Congress, and various cancer surveillance-related publications. FCDS conducts numerous data processing and data quality checks including on-site and remote record audits in various formats to ensure the data quality standards continue to be met and to identify areas that may require further education and training.

176 hospitals were chosen for the 2022 FCDS Audit of Lymphoid and Myeloid Neoplasms (histology 9590-9993 - any site - analytic). Nearly every hospital in the state is participating in this audit. Most hospitals have 5 or fewer cases. Selection does not matter if your facility participated in the audit last year or in any previous years. The audit will take place 1/1/2023-6/30/2023 with a final report on 6/30/2023.

The early audit period will not be of much interest to registrars. The first phase is the First QC Review of cases by our experienced Florida CTR Audit Team. This will take a couple of months to complete as they will be reviewing your abstracts as well as any electronic pathology report that may be associated with your abstracted case. The focus will be on Diagnostic Confirmation, Histology Code, Molecular Genetics & Text.

This audit will place a great deal of emphasis on the Diagnostic Confirmation Method Coded and Supported by Your Abstract Text, the Histologic Type and Subtype (and documentation), Biomolecular Studies and Genetic Molecular Pathology Studies associated with these neoplasms (extra emphasis on these studies and text)...and the Use of the SEER Hematopoietic Database and the Hematopoietic Manual to abstract these cases.

Documentation for these types of neoplasms should always include specific diagnostic testing when performed (one or more) including: microscopic anatomic pathology from biopsy, blood, bone marrow, lymph or tissue biopsy/resection (histology), immunophenotype, immunohistochemical (IHC), CD test (cluster of differentiation) by IHC, PCR, flow cytometry, biomolecular markers, or genetic molecular tumor marker testing such as: single gene test, multiple-gene panel test, DNA Microarray.

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FISH panel, next generation sequencing gene panel, immunofluorescence or any other DNA/RNA/gene/chromosome testing. Testing is used to: confirm malignancy, classify the malignancy, specify targeted treatment, or assess response to treatment. And, the importance of these tests has grown enormously since introducing them in 2010.

This information has become an essential and critical abstracting component required for the confirmation of lymphoid and myeloid neoplasms with references available in the SEER Hematopoietic Database and Hematopoietic Manual – BOTH of these resources have been required for use to abstract and to code Hematopoietic Cases & Histology & Special Testing for Myeloid and Lymphoid Neoplasms since 2010.

Once the First QC Reviews have been completed, a blast email will be sent out to notify all participating registries that you have Audit Cases to Reconcile available in your FCDS IDEA Dashboard – under the QC Tab.

You MUST have HOSPADMIN User Permission to see this Dashboard entry and to Access Audit Cases for Reconciliation.

FCDS will host a Facility Audit Reconciliation Webinar (March 2023) to demonstrate the Reconciliation Process in FCDS IDEA.

When cases become available in your FCDS IDEA Dashboard (March), you will have 4-5 weeks to Reconcile All Cases.

More information will be forthcoming on the Audit Reconciliation Webinar and when reconciliation records become available in IDEA. FCDS just wanted everybody to know that this audit has begun and that you will be getting more information in the next few weeks with a webinar to instruction you how to reconcile cases. A Facility Information Sheet is now available in your FCDS IDEA Account for HOSPADMIN Users.

SEER*Educate Training Module Releases

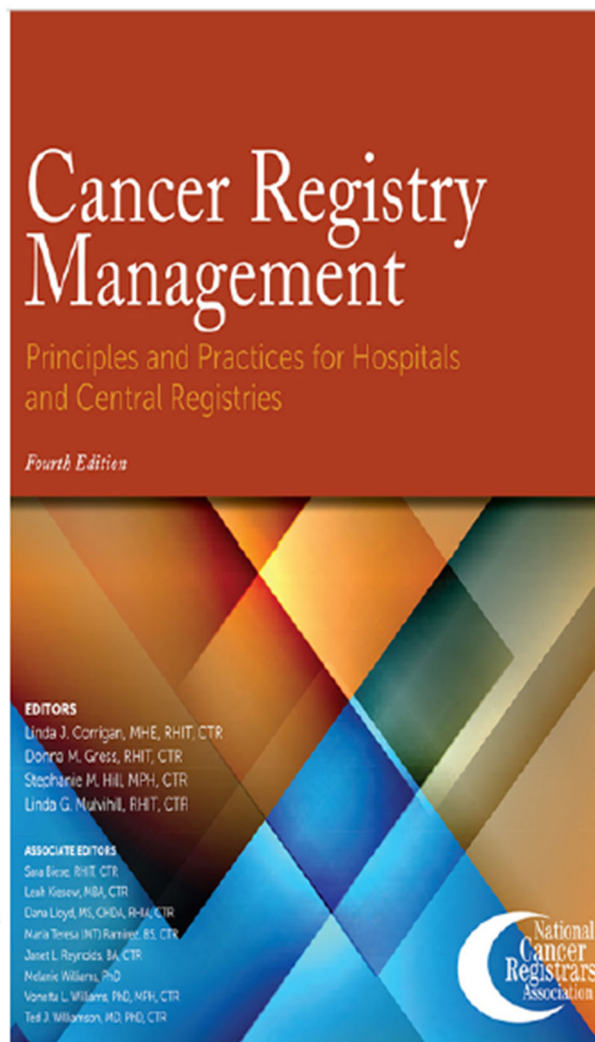
Fall 2022 Update

Cancer Registry Management – 4th Edition Multiple-Choice Questions

Newly released: 1000 questions on the Cancer Registry Management: Principles and Practices (4th Edition) textbook. The updated 4th Edition of this publication, released in June 2021, is currently used by many of the college programs preparing students for the registry profession. In addition, it is a desk reference for those already in the cancer registry profession. The 3rd Edition is still a resource listed for the 2022 CTR Exam and 3rd Edition questions will continue to be available under the CTR Prep section on SEER*Educate through November 5th.

As in the third edition, the fourth edition provides a history of cancer registration, describes the roles and responsibilities of key organizations, provides an overview of the cancer data collection process at the facility level, explains the purpose and responsibilities of central cancer registries, and explains the flow of the collected data to federal agencies and national organizations. In the 4th edition, expanded chapters on both quality and data usage combine to highlight the importance of cancer registry data in real-world scenarios.

Over the last decade, there have been significant advancements in cancer care and treatment as well as important technological innovations that have impacted the cancer registry data collection methods. To address these developments, the textbook has been organized into the following four sections: Introduction to the Cancer Registry, Data Collection and Abstraction, Data Aggregation and Quality, and Uses of Cancer Registry Data. The expanded and updated appendices, glossary, and index are important reference tools for both faculty, students, and registrars currently working in the profession.



New Coding Practice Modules Diagnosis Year 2022 (for Category A CEs)

Four new sites (soft tissue sarcoma, lymphoma, oropharynx HPV-mediated (p16+) and mesothelioma) are included in the Fall release. Release dates are indicated in the table below. This fall release includes more lung and NET scenarios for additional practice to assess whether there is improved accuracy and consistency in coding these tumors discussed during the annual *SEER Advanced Workshop* held in September. All training modules for these cases qualify for Category A continuing education (CE) credits approved by NCRA. The number of CEs awarded is based on the average time it takes to code the cases and review the answers and the included rationales.



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The number of free **Category A** CEs awarded for each training module completed is indicated in the table below. The Program Recognition number to use when preparing your biannual CE submission is also provided to facilitate completing the NCRA documentation required to maintain your CTR credential.

NCRA Program Recognition #	Program Title Dx 2021-2022 EOD, Summary Stage, Grade, SSDI	Number of cases	CE Ending Date	Category A CEs Approved	Date Released (or to be released) on SEER*Educate
2022-043	Lymphoma	5	12/31/2025	3.00	Sep-22
2022-046	Soft tissue sarcoma	5	12/31/2025	2.25	Sep-22
2021-106	Lung 06-10	5	12/31/2024	2.50	Oct-22
2021-229	NET 06-10	5	12/31/2024	2.25	Oct-22
2022-044	Oropharynx HPV-Mediated (p16+)	5	12/31/2025	2.50	Nov-22
2022-045	Mesothelioma	5	12/31/2025	2.25	Nov-22

Log in or sign up at **SEER*Educate** today by visiting <https://educate.fredhutch.org/> and **Learn by Doing!** These training modules are found in the following locations on this website:

- **Mash-Up** coding practice modules are under the **Training** tab, in **Coding-for CEs**
- **Cancer Registry Management** (4th Edition) multiple-choice Tests are under the **Training** tab, in **CTR Prep-no CEs**

If you need help finding the exercises mentioned in this announcement, see the next few pages. If you have questions about accessing the exercises or printing the CE listing, please [Contact Us](#).

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

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More about the Mash-Ups

We created a site-specific “mash-up” coding form to facilitate assessing coding accuracy for the Dx Year 2022 changes to EOD, Summary Stage, Grade, and SSDI.

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.

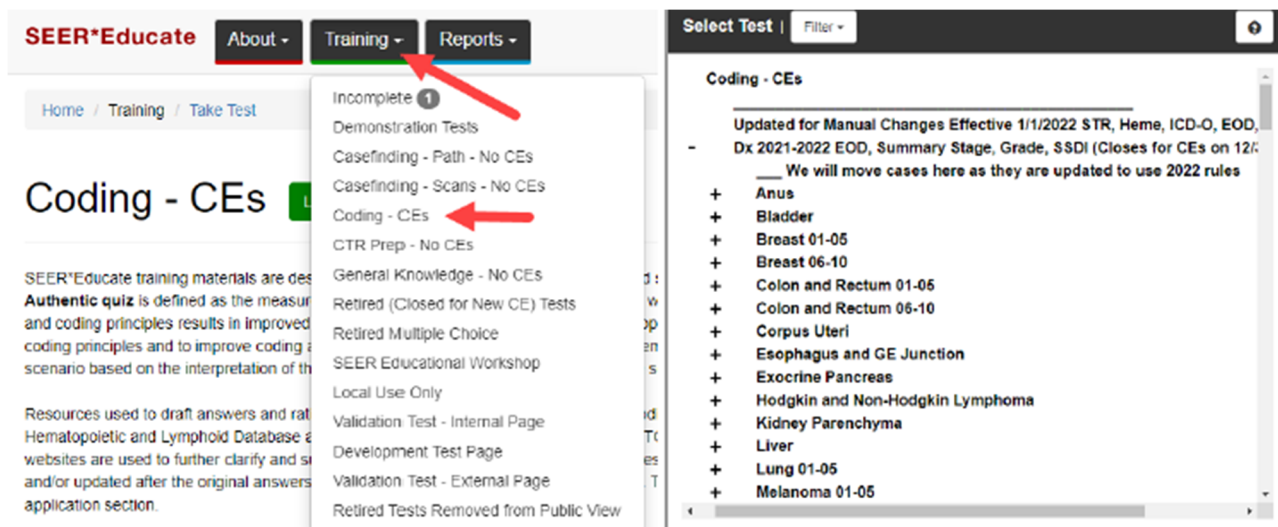
The screenshot shows a web-based coding form titled "Coding Form". At the top, a blue header bar contains the title. Below the header, a red arrow points to a link that says "Click here to open the case scenario required for the test in a new window." Below this, a red text block states: "These fields are read-only. The coding form needs them in order to retrieve the correct site specific lookups." followed by two numbered points: "1. New 2021 ICD-O-3.2 histology code/term updates have been made where applicable." and "2. Any changes to Solid Tumor Rules or Histology will not impact the use of these cases." The form contains several sections with dropdown menus: "Primary Site" (C209), "Histology" (8140), and "Behavior" (3). A red arrow points to these fields with the text "Auto-populated by system". Below these are sections for "EOD and Summary Stage" (EOD Primary Tumor, EOD Regional Nodes, EOD Mets, Summary Stage 2018), "Grade" (Grade Clinical, Grade Post Therapy Clin, Grade Path, Grade Post Therapy Path), and "Site-Specific Data Items (SSDI)" (CEA Pretreatment Lab Value, CEA Pretreatment Interpretation, Circumferential Resection Margin (CRM), KRAS, Microsatellite Instability (MSI), Perineural Invasion, Tumor Deposits, BRAF Mutational Analysis, NRAS Mutational Analysis). At the bottom, there are three buttons: "Score Now" (green), "Finish Later" (blue), and "Cancel" (red). A red arrow points to the "Score Now" button.

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.

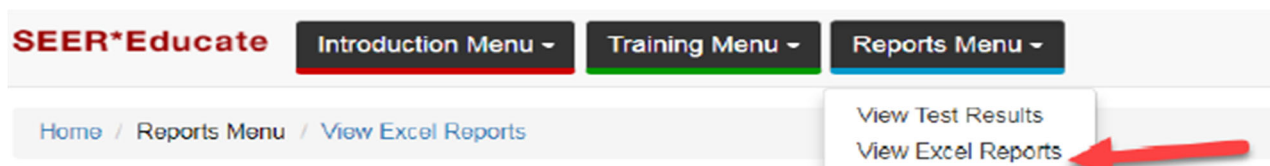
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Quick reference on how to access new Dx Year 2022 exercises and the CE report

To access the exercises, click on Training and then Coding – CEs to display the page with the test menu. Click on the + sign to expand the Dx 2021-2022 EOD line to display the sites.



To print a report demonstrating completion of the CEs, click on Reports Menu and then View Excel Reports.



Click on the + sign to expand **CE Reports** section and click on **Dx Year 2021-2022 EOD, Summary Stage, Grade, SSDI** row. Change the start date to a date prior to when you began this material, such as 4/1/2022 and change the end date to today's date.



If no results are returned, you may need to retake a specific exercise where you originally scored less than 70%. We recommend waiting at least two days before retaking an exercise so that you know you are testing your knowledge of what you learned from your first attempt versus your immediate short-term recall of reading the rationale.

FCRA/FCDS TASK FORCE



The FCRA/FCDS Task Force meets monthly to discuss issues related to Florida Cancer Registrars, Cancer Registry Standards and FCDS Operations relevant to registrars and registries across the state of Florida.

The Task Force includes representatives from large, small and corporate cancer registries, NCI designated cancer centers, software providers, interim service providers, registry contractors, radiation oncology centers, ambulatory surgery centers, FCDS and the FCRA Board of Directors. Most members wear multiple ‘hats’.

The main purpose of the Task Force is to provide Florida registrars a means for communicating various issues for Cancer Registrars and the State Central Registry and to represent Florida Cancer Registrars relevant to FCDS Operations. The Task Force tackles problems such as issue resolution, improvement of reporting procedures with the hope of increasing efficiencies, software updates, problems with edits, and to assist in identifying areas of educational needs for our Florida Cancer Registry Community. We work together to resolve problems statewide.

The Task Force’s focus this year has primarily been on the FCRA Virtual Annual Conference, the FCDS Virtual Annual Meeting and preparations for Florida’s transition to NAACCRv22 Standards and 2022 Manuals. We also spend time discussing FCDS Deadlines and FCDS’ progress toward meeting national requirements to ensure Florida’s cancer data is included in national statistics and national publications.

Future projects include developing a ‘Florida Internship Sharing Program’, and ‘FCRA/FCDS Guide Hiring Contractors for Cancer Reporting in Florida’, and continuation of problem solving as registries transition to the XML data transmission protocols and working through FCDS EDITS.

Questions and concerns can be submitted directly to the Task Force co-chairs; Marcia Hodge, FCRA President, and Steven Peace, FCDS Manager, at the click of a button on either the FCRA or FCDS Main Webpages.



Please submit questions and concerns to the Task Force co-chairs; Marcia Hodge, FCRA President, and Steven Peace, FCDS Manager, and we will add your topic to our monthly agenda for discussion.

Co-Chairs: Marcia Hodge (hodgem@shands.ufl.edu) and Steven Peace (speace@med.miami.edu)

Members: Cheryl Taft, Barbara Dearmon, Jennie Jones, Joyce Allan, Mayra Espino, Yolanda Topin, Lindsey Mason, Jesmarie Garcia, Gary Levin

2022-2023 Monthly NAACCR Cancer Surveillance Webinar Series

FCDS is pleased to offer another year of the Monthly NAACCR Cancer Registry and Surveillance Webinar Series - Free of Charge to Florida Registrars in Recorded Sessions.

This year in response to the Covid Pandemic, NAACCR provided FCDS with 42 'live attendance portals' for 42 lucky Florida Registrars to attend the 2021-2022 Webinar Series 'live'.

FCDS worked with our traditional 7 host sites to identify 6 registrars from each site-region who attended the NAACCR webinars routinely at their host site. These registrars were offered the 'live' attendance seats for Florida. Unfortunately, FCDS was unable to purchase 200-250 'live' attendee spots...but, we are fortunate to have acquired 42 slots for the 2021-2022 NAACCR Webinar Series.

For registrars who do not make the short list for the 'live' spots, FCDS offers every NAACCR Webinar as a 'recorded session' in FLccSC.

You can still earn 3 CEUs per webinar in FLccSC...just like we have for many years. Recordings appear in FLccSC within a week or two following the 'live' session.

And, old webinars can still be viewed – up to 2 years in arears. So, registrars can still gain 3 CEU credits for attendance at any NAACCR Webinar that is up to 2 years old.

The 2021-2022 NAACCR Webinar Series begins on October 7, 2021 and continues through September 1, 2022. The 2021-2022 Webinar Series Schedule is provided below.

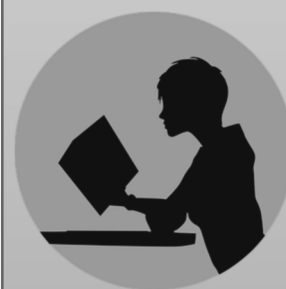
DATE	TOPIC
*10/6/21	Breast 2022 Part 1 Co-host: Wilson Apollo Part 1 of the Breast webinar will focus on treatment of breast cancer. We will discuss the new breast surgery codes, reconstruction, lymph node related data items, systemic treatment, and radiation.
* 11/3/21	Breast 2022 Part 2 Co-host: Denise Harrison Part 2 of the Breast webinar will focus on SSDIs and staging. Examples, quizzes, and case scenarios included.
* 12/1/21	Esophagus 2022 Co-host: Wilson Apollo This webinar will focus on anatomy, SSDIs, staging, and treatment with an emphasis on radiation. Examples, quizzes, and case scenarios included
*1/12/23	Head and Neck 2023 Co-host: Vicki Hawhee This webinar will cover the anatomy, solid tumor rules, staging and treatment of Head & Neck cancers. Examples, quizzes, and case scenarios included.
2/2/23	Data Item Relationships Co-host: Jennifer Ruhl and Angela Costantini We will take an in-depth look at how codes for one data item impact codes for other data items. Examples, quizzes, and case scenarios included.
3/2/23	Boot Camp 2023 Guest Hosts: Nancy Etzold and Elaine Bomberger-Schmotzer This Boot Camp webinar will involve completing multiple quizzes with minimal lecture.
4/6/23	Prostate 2023 Co-host: Gillain Howell and Amy Bramburg This webinar will focus on the anatomy, SSDIs, staging, and treatment of prostate cancer. Examples, quizzes, and case scenarios included.
5/4/23	Lower GI 2023 Part 1 Co-host: Denise Harrison Part 1 of the Lower GI webinar will focus on colon, appendix, and anus. We will look at anatomy, solid tumor rules, and SSDIs for these sites. Examples, quizzes, and case scenarios included.
6/1/23	Lower GI 2023 Part 2 Co-host: Denise Harrison Part 2 of the Lower GI webinar we will discuss stage and treatment for colon, appendix, and anus. Examples, quizzes, and case scenarios included.
7/13/23	IT Worked for Me: In "FUN" matics in the Cancer Registry Co-host: Ronda Broome, Lisa Landvogt, Kelli Merriman This webinar features a variety of professional perspectives on how best to mix technology with data and utilizing the outcome to share relevant and valuable data analysis (informatics). This is THE next level for CTR's on the career ladder. We have spent decades on mastering the input of data, NOW is the time to take "IT" to the next level. Join us on our journey, "IT" is truly the fruit of our labor, from beginning to end.
8/3/23	Melanoma 2023 Co-host: Janine Smith We will look at solid tumor rules, staging, SSDIs, and new skin surgery codes for Melanoma. Examples, quizzes, and case scenarios included
9/7/23	Coding Pitfalls 2023 Co-host: Janet Vogel During this webinar we will review problematic coding issues identified through quality control of registry data

**CEU information
for the 2022 FCDS
Annual
Conference:**

CE Hours: 7.5

4 Hrs Category A

*NCRA Recognition
Number: 2022-127*



Florida Cancer Data System

Cancer Reporting Completeness Report



TOTAL NUMBER OF CASES IN THE FCDS MASTER FILE AS OF JANUARY 31, 2023

Total number of *New Cases* added to the FCDS Master file in January, 2023 **1,297**

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
2022	59,572	1,306	160	10,138	96	Pending	71,272	496
2021	209,699	5,295	457	12,225	13,588	Pending	241,264	711
2020	221,950	7,480	1,918	12,447	25,631	2,389	271,815	90
				<u>Actual</u>	<u>Expected</u>			
% Complete for:				2022	29%	58%		
				2021	97%	100%		
				2020	100%	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 FLccSC LMS Site.

The FCDS Webcast recordings are available free of charge and can be viewed any-time/anywhere by anybody. NAACCR Webinars are restricted approved Florida FLccSC Users per FCDS/NAACCR agreement.

FCDS holds all FCDS/NAACCR recordings for 2 years before 'retiring' them due to outdated information.

Registrars must have an active Florida FLccSC Account and must take and pass the CEU Quiz as required to obtain some of the CEUs for certain FCDS Webcasts... always to obtain a Certificate of Attendance.

NAACCR Webinars have their own CEU award mechanism whether viewed live or via a recorded session.

Only Florida registrars with Active/Current FCDS Abstractor Codes can access the NAACCR Webinars.

Please contact FCDS for more information on viewing recorded webinars.

The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981 when it was contracted by the State of Florida Department of Health in 1978 to design and implement the registry. The University of Miami Miller School of Medicine has been maintaining FCDS (<http://fcds.med.miami.edu>) since that time.

The FCDS is wholly supported by the State of Florida Department of Health, the National Program of Cancer Registries (NPCR) of the Centers for Disease Control and Prevention (CDC) and the Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine.

PROJECT DIRECTOR:

David Lee, PhD

DEPUTY PROJECT DIRECTOR:

Gary M. Levin, BA, CTR

EDITORS:

Gary M. Levin, BA, CTR

Steven Peace, BS, CTR

Melissa K. Williams

EDITOR ASSISTANT/ GRAPHICS DESIGNER:

Melissa K. Williams

Danielle Simmons

CONTRIBUTORS:

Steven Peace, BS, CTR

Megsys C. Herna, BA, CTR

FCDS

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

Phone: 305-243-4600

800-906-3034

Fax: 305-243-4871

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