OCCR QUARTERLY

Welcome to Our Two New OCCR Consultants!

We have two new faces here at the Central Cancer Registry! We are thrilled to have Alex Cousins and Randi Spicer join our team as Registry Consultants over the last couple of weeks. Alex will be working with our dermatology clinics and ambulatory surgery centers and Randi will be supporting our physician offices and treatment center reporters. If you fall into one of these groups, please reach out and introduce yourselves to your new consultant. –Meagan Carter, OCCR Program Manager

My name is Alex Cousins and I am a new Cancer Registry Consultant at the Oklahoma State Department of Health. My position involves helping the registry team collect and maintain cancer data from Oklahoma health facilities as well as provide support and education to data reporters.

My background includes over 10 years of medical assisting and office management for a variety of healthcare and non-profit organizations, including Planned Parenthood and most recently dermatology. In addition to a Bachelor's Degree from the University of Southern Maine, I recently completed a Cancer Registry Degree from the University of Cincinnati. With many personal connections to cancer, I am passionate about data driven clinical and health policy decision-making to improve cancer prevention, diagnosis, and treatment. I live in Santa Fe, New Mexico with my two dogs Frida and T-Bone. In my spare time, I love cooking, gardening, hiking, paddle boarding (with both dogs), snowboarding and yoga. I'm excited to be a part of the Oklahoma Central Cancer Registry and I look forward to working with you.

My name is Randi Spicer and I live in Charleston, Arkansas. I am excited to be one of the new Cancer Registry Consultants at the Oklahoma State Department of Health. After high school I started my career as a cosmetologist. When I decided to make a career change, I decided to go into the medical field as a Cancer Registrar because I am passionate about helping others and feel that I could make a difference in this field. I graduated in December 2021 from Rochester Technical and Community College in Rochester Minnesota, and I have been working in the cancer registry since February 2022. I previously worked at LifeBridge Health in Maryland, and at Unity Point Health in Illinois.

I am married to my husband of 19 years and have four beautiful children. One of my favorite things to do is spending quality time with my family. My hobbies are playing cornhole and taking weekend trips with my family.

Save the date

OKLAHOMA CENTRAL CANCER REGISTRY 2023 VIRTUAL ANNUAL EDUCATIONAL TRAINING

Featuring renowned cancer registry speaker and educator, Denise Harrison, BS, CTR.

The OCCR is pleased to announce that we are once again offering our annual educational training. This year's training will be offered virtually only, to allow as many Oklahoma cancer registrars to attend as possible. The OCCR is providing this training at no cost to you. Handouts will be provided closer to the training date. Six continuing education hours will be provided.

Make plans now to join us virtually in May

OKLAHOMA
State Department of Health

6 CATEGORY A CE HOURS APPROVED

Wednesday May 17, 2023

9:00-10:30 AM
WHAT'S NEW TO THE ZOO FOR 2023?

10:40 AM-12:10PM
THE WATERY ORGAN (BLADDER)

12:40-2:10 PM
SUMMARY OF THE SEER ADVANCED TOPICS WORKSHOP

2:20-4:10 PM
SLICING OUT THE RIGHT SURGERY CODE

OKLAHOMA CENTRAL CANCER REGISTRY

Registration Fee: $0

Register Here

Training Date: Wednesday May 17, 2023

Rocky Mountain Cancer Data System (RMCDS) Corner
By Christy Dabbs, AA, CTR

RMCDS is still in the testing phase for the upgrade to NAACCR v23. We anticipate a release in the next few weeks. The OCCR will test the hospital conversion before rolling it out to all Oklahoma users. Specific instructions will be provided by the OCCR to complete your upgrade. If you have not yet converted to NAACCR v22 you should do so immediately so that you are ready to upgrade to v23 when it is released.

This is a friendly reminder to please keep your software updated to stay current. RMCDS pushes out updates almost daily. The OCCR recommends updating RMCDS at least monthly to stay current with minor bug fixes throughout each month. Keep an eye on the version date and confirm that it advances forward when an update is complete.

It's also a good idea to rebuild the master indexes after an update. This keeps things in order and prevents issues like accession numbers being out of sequence. See the winter article for specific instructions.

Web Plus Abstractors

The OCCR is not yet ready to accept 2023 cases. An email was sent to all Web Plus abstractors on January 17th describing what to do with 2023 cases. Please refer to the email for a sneak peak of changes coming for 2023 and other detailed information related to 2023.

What Do Reporters need to do with 2023 cases?
You have two choices, 1) you may abstract 2023 cases in Web Plus however you will not be able to release them and will be required to update each case when 2023 cases are accepted or 2) you may wait to abstract 2023 cases when the OCCR can accept them. *The OCCR highly recommends option 2 to avoid confusion.*

- *If you choose to abstract 2023 cases now*
    - The OCCR recommends that you enter a partial abstract and leave the surgery code and the date flag data items blank. When the OCCR is able to accept 2023 cases, you will be required to go back to each case and update it based on the updated abstract display which will have the 2023 changes and updates. The cases will be required to pass the new 2023 edits.
- *If you choose to wait to abstract 2023 cases*
    - You will have a backlog of cases to enter however, you will not need to go back and review any partial cases for 2023 entered earlier in the year. You will still be ahead in case reporting according to the submission schedule.

NAACCR V23 Upgrade
The central registry will be upgrading Web Plus in the coming weeks. Please monitor your emails for notifications of when Web Plus will be down, when you must not use Web Plus and finally when Web Plus is available for 2023 case submission.

Web Plus Uploaders
The OCCR is not yet accepting 2023 abstracts in NAACCR v23 XML files. Software vendors usually release their upgrades somewhere between March and May of each year. The OCCR anticipates upgrading to NAACCR v23 in the coming weeks. Please monitor your email for announcements regarding the central registry's readiness to accept 2023 cases.

As a reminder each Web Plus user should have their own account. If you need a Web Plus account or if someone with a Web Plus account is no longer at your facility, please contact your facility consultant or Christy Dabbs at christyd@health.ok.gov.

The Central Registry Needs Your Help

By Lisa Fulkerson, MA

We know that your jobs are not easy and there is a lot of data moving across your desk all the time. However, even the smallest coding issues really add up when submitted to the Central Registry. Below we have provided some friendly everyday tips and reminders that you may find helpful in your daily work.

Some coding issues that we frequently find include: **1.) SSDI coding, 2.) Grade, 3.) County Codes both in state and out of state, 4.) Place of Birth and 5.)Text Documentation**

1) **SSDI coding:** SSDI's should be entered with known values. We are seeing a lot of ER/PR status entered as 001, representing 1%, when there is a higher known value. If the known value is 95% it should be entered as 095. If a range is given, the appropriate stated as range should be selected, R10-R70. Per the NAACCR SSDI Manual, an actual ER percent (1-100%) takes priority over the range codes (Site-Specific Data Item (SSDI) Manual (naaccr.org). Another helpful tip from the coding manual is an ER/PR with a decimal will need to be rounded per the rounding rules in the general instructions.

2) **Grade:** Grade pathological entered as a known value when there has been no surgical resection of the primary site. Grade 9 unknown, should be entered if surgical resection of the primary site has not been performed. Please refer to the grade manual for instructions on coding grade.

3) **County codes:** The OCCR is required to geocode all cases prior to data submission to the CDC. Accurate county codes are very important for geocoding and should be entered correctly. There are a few ways you can look up a county code if you do not know the code. FFIEC Census Geocoder is a tool I use daily to verify discrepancies in address and county codes. Another tool that can be helpful with out-of-state county codes is NAACCR FIPS Codes for Counties and Equivalent Entities. If you do not know the county name, you can look it up here https://www.getzips.com/zip.htm. Every effort should be made to look up county codes. Code 998 for out-of-state addresses should be used as a last resort.

4) **Place of birth State and Country:** Most medical records do not provide place of birth state or country. If the information is not provided, it should be coded ZZ and ZZU for unknown birthplace state and unknown birthplace country. You may code US and USA if that is the only information available. To use these codes, it must be documented in the medical record that the patient was born in the United States.

5) **Text documentation:** Text is very important and provides valuable information to the central registry when records are consolidated. There should be text entered in each text box even if it is N/A, none or unknown. Dates should be documented for all procedures and treatments. Text should be concise and not repetitive. It should also be entered into the appropriate text box. For example: Op report text should contain biopsy date and type of biopsy as well as surgical procedure dates and type of procedure along with any abnormal findings from operative report. Surgery text should contain surgery date(s) and name(s) of procedures only. Additionally, a fine needle aspiration (FNA) biopsy should only be documented in scope text if the FNA is performed during a scope procedure. FNAs not performed during a scope procedure, e.g., FNA of the breast, should be documented in the op report text box. If the patient receives subsequent treatment, the OCCR prefers that it be documented in the remarks text and clearly labeled as subsequent treatment. Text should be free from typing errors. Only NAACCR approved abbreviations should be used.

These are just a few of the most common coding issues that we see daily at the Central Registry. We know that you take pride in your work and strive to provide a complete and accurate abstract. It may sound minor, but these coding issues add up quickly and take a lot of time to correct. The SSDI Manual and The NAACCR Data Dictionary can be invaluable tools for daily abstracting. Your help with these coding issues is greatly appreciated.

Again, thank you for the great work that you do. The OCCR appreciates the effort that you put into reporting complete and accurate cancer abstracts.

Each quarter, OCCR provides a sampling of the most current published research articles that we feel may be of interest to the registrars in our community. Education and knowledge are what make it possible for us as registrars to maintain the quality and commitment to continue to document the course of cancer for disease and development. Registrars are often expected to provide a high level of accuracy and completeness with little time and short staffing. This expectation leaves little time for educational opportunities. Please contact Judy Hanna, HT (ASCP), CTR, JudyH@health.ok.gov for any additional information.

Time of day matters when it comes to cancer diagnosis and treatment

Date: March 24, 2023

Source: Cell Press

Your circadian rhythm doesn't just govern your sleeping schedule; it can also impact cancer development, diagnosis, and treatment. Researchers discuss the role of circadian rhythms in tumor progression and spread and describe how we could better time when patients are tested for cancer and when they receive therapies to improve diagnostic accuracy and improve treatment success.
"The circadian rhythm governs most of the cellular functions implicated in cancer progression, and therefore its exploitation opens new promising directions in the fight against metastasis," write the authors, molecular oncologists Zoi Diamantopoulou, Ana Gvozdenovic, and Nicola Aceto from the ETH Zurich in Switzerland.

Our circadian rhythms help our bodies synchronize different tasks throughout the day, including gene expression, immune function, and cell repair. We've long known that chronically disrupted circadian rhythms -- as a result of erratic sleep patterns, jet lag, or shift work, for example -- can predispose us to a number of health issues, including cancer. More recent work has shown that circadian rhythms are not only involved in tumor onset, but also govern cancer progression and metastasis, the colonization of secondary sites within the body.

Metastasis is the main cause of death in cancer patients. For metastasis to occur, cells need to break away from the primary tumor, enter the bloodstream, and then travel to and infiltrate a new organ. Studies have shown that the rate at which cancer cells break away from the primary tumor and enter into the bloodstream oscillates rhythmically throughout the day, but the timing of this rhythm differs between cancer types. For example, breast cancer is more likely to metastasize at nighttime, while we're asleep, whereas prostate cancer and multiple myeloma peak at other points during the day.

The authors argue that we could leverage this information when administering chemo- and immunotherapies to target tumor cells at the optimal time. The practice of delivering medication and immune therapies at specific times of day is known as chronotherapy.

"Circadian rhythm-based metastasis formation should be seen as an opportunity to intervene in the most timely and effective way," the authors write. "Chronotherapy holds promise to be a valuable alternative treatment option in the fight against cancer."

Clinical studies have shown that chronotherapy can reduce the severity of side effects experienced by patients and can also impact treatment effectiveness. For example, the authors describe a recent study in which melanoma patients who received immunotherapeutic drugs before 4:30 pm were nearly twice as likely to survive as patients who received the treatment later in the day. The optimal timing varies for different cancer types and therapeutics, and the authors also note that the clinical benefits of chronotherapy might be affected by factors such as the patient's sex and genetic background.

Knowledge of the circadian rhythms of cancer cells could also aid cancer diagnosis. Cancer cells produce proteins at different rates throughout the day, and some of these proteins are used as diagnostic molecular markers. We could decrease the chances of misdiagnosing a patient by collecting and testing biopsies at the time of the day when the concentration of these proteins is highest.

The Buzz Among Researchers, continued

"More mechanistic understanding of these processes will be required to fully unleash its potential on the clinical side," the authors write. "Defining the circadian-rhythm-controlled timing of proliferation and release of circulating tumor cells into the bloodstream in additional cancer types may help to identify the optimal time window for therapy administration."

Journal Reference:

Zoi Diamantopoulou, Ana Gvozdenovic, Nicola Aceto. **A new time dimension in the fight against metastasis**. *Trends in Cell Biology*, 2023; DOI: 10.1016/j.tcb.2023.02.002

Cell Press. "Time of day matters when it comes to cancer diagnosis and treatment." ScienceDaily. ScienceDaily, 24 March 2023. <www.sciencedaily.com/releases/2023/03/230324135223.htm>.

DISCLAIMER Oklahoma State Department of Health did not participate in or provide support for the research published within this article. The article is being provided for informational purposes only. The original content of the article has not been altered by the Oklahoma State Department of Health.

The NCRA 49th Annual Educational Conference will be held in sunny San Diego, CA next month. This year attendees have the option of attending in person or virtually viewing select sessions via live streaming. To learn detailed conference information visit www.ncra-usa.org/conference.

2023 New Data Items and Changes
Oklahoma Central Cancer Registry

Applicable for cases diagnosed January 1, 2023 and forward, NAACCR version 23

New Data Items

Site Specific Data Items

NAACCR Item #	SSDI Name	Schema
3960	Histologic Subtype	Appendix V9

This SSDI is effective for diagnosis years 2023+
For cases diagnosed 2018-2022, leave this SSDI blank
Histology code for appendiceal tumors (8480) is defined as "Mucinous Adenocarcinoma (in situ or invasive)." In addition there are also low-grade appendiceal mucinous neoplasm (LAMN) and high-grade appendiceal mucinous neoplasm (HAMN) diagnoses that are assigned the same histology. Due to the different natures of these histologies, there is interest in tracking these different types of tumors. With the current histology codes, a distinction cannot be made. A histology subtype data item is
needed.

3961	Clinical Margin Width	Melanoma Skin

This SSDI is effective for diagnosis years 2023+
For cases diagnosed 2018-2022, leave this SSDI blank
In order to code this item correctly, you must refer to the SSDI Manual for description, rationale, defini-

NPCR Data Items

NAACCR Item #	Item Name
1291	RX Summ--Surg Prim Site 2023

This four-digit alphanumeric data item will replace RX Summ--Surg Prim Site [1290] for cases diagnosed January 1, 2023, and forward. For cases diagnosed prior to January 1, 2023, RX Summ--Surg Prim Site 2023 [1291] data item must be left blank.
Codes starting with A indicate no significant change to the surgery code validation list. Codes starting with B indicates changes to the surgery code(s).
The existing data item, RX Summ--Surg Prim Site [1290], should be left blank for cases diagnosed January 1, 2023, and forward.

Changed Data Items

RX Summ--Surg Prim Site	
The data item name changed to avoid confusion with the new data item [1291]. RX Summ--Surg Prim Site [1290] to RX Summ--Surg Prim Site 03-2022 [1290]	
Race 1-5	

Race Code Label Changes		
Code	Current Label	New Label
02	Black	Black or African American
03	American Indian, Aleutian, or Alaska Native (includes all indigenous populations of the Western hemisphere)	American Indian or Alaska Native
07	Hawaiian	Native Hawaiian
13	Kampuchean (Cambodian)	Cambodian
15	Asian Indian or Pakistani, NOS	Asian Indian, NOS or Pakistani, NOS
21	Chamorro/Chamoru	Chamorro

32	New Guinean	Papua New Guinean
96	Other Asian, including Asian, NOS and Oriental, NOS	Other Asian, including Asian, NOS
98	Other	Some other race

Tobacco Use Smoking Status

For Tobacco Use Smoking Status [344], the code label "1 Current Some Day Smoker" changed to "1 Current Smoker".

Text Data Items

The following text field lengths changed from 1,000 to 4,000 characters.

Data Items with Text Field Length Changes

Item #	Item Name
2520	Text--Dx Proc--PE
2530	Text--Dx Proc--X-ray/Scan
2540	Text--Dx Proc--Scopes
2550	Text--Dx Proc--Lab Tests
2560	Text--Dx Proc--Op
2570	Text--Dx Proc--Path
2600	Text--Staging
2610	RX Text--Surgery
2620	RX Text--Radiation (Beam)
2630	RX Text--Radiation Other
2640	RX Text--Chemo
2650	RX Text--Hormone
2660	RX Text--BRM
2670	RX Text--Other
2680	Text--Remarks

Site Specific Data Items

Some SSDI codes and code descriptions are changed to reflect changes in clinical management and/ or staging and to improve clarity or to address questions that were raised in the various forums. Code changes for SSDIs are applicable to cases diagnosed January 1, 2018, and forward, but registrars will not be required to update previously coded information.

p16 added to Anus V9 schema
p16 [3956], which is an existing SSDI for the cervix V9 schema (09520), is added to the Anus V9 schema (09210). For cases diagnosed prior to January 1, 2023, p16 should be left blank for Anus V9.

Retired Data Items

	Item #	Item Name	Source of Standard
Date Flags	241	Date of Birth Flag	NAACCR
	391	Date of Diagnosis Flag	NAACCR
	581	Date of 1st Contact Flag	NAACCR
	1201	RX Date Surgery Flag	NAACCR
	1211	RX Date Radiation Flag	NAACCR
	1221	RX Date Chemo Flag	NAACCR
	1231	RX Date Hormone Flag	NAACCR

1241	RX Date BRM Flag	NAACCR
1251	RX Date Other Flag	NAACCR
1261	Date Initial RX SEER Flag	NAACCR
1271	Date 1st Crs RX CoC Flag	NAACCR
1751	Date of Last Contact Flag	NAACCR
3171	RX Date Mst Defn Srg Flag	NAACCR

ICD-O-3

Beginning with cases diagnosed January 1, 2021, ICD-O-3.2 is the preferred morphology coding reference manual. This manual should be used jointly with the 2023 ICD-O Histology and Behavior Code Update tables, Hematopoietic and Lymphoid Neoplasm Database, and Solid Tumor rules. Edits will enforce the new codes/behaviors

There has been no new ICD-O-3 manual published to date. Please use the coding table below
https://www.naaccr.org/wp-content/uploads/2020/10/Copy-of-ICD-O-3.2_MFin_17042019_web.xls

Coding Guidelines, tables 1-2 and the annotated list are located here https://www.naaccr.org/icdo3/

Note: Use of these guidelines is required for determining reportability and accurate coding.

For 2023, the major changes apply to behavior code changes to a CNS neoplasm and reportable terminology. The 2023 update includes: 5 new ICD-O codes/terms, one histology changed behavior and is reportable, and 41 new preferred or related terms.

IMPORTANT FOR CASES Diagnosed 2023 FORWARD: Beginning 1/1/2023, all cases diagnosed with pilocytic astrocytoma/juvenile pilocytic astrocytoma and related terminology are to be reported with behavior /1. They will no longer be collected with malignant behavior (/3). ICD-O code 9421/3 will be valid for the diagnosis of high-grade astrocytoma with piloid features or HGAP only. Coding instructions are included in the remarks section for 9421/1 and 9421/3 in the 2023 ICD-O Update Tables 1 and 2.

The following histologies are approved by the Mid-Level Tactical Group for use with primaries of the cervix (C53.X) for diagnosis year 2021. Previously, registrars had been instructed to use these histologies for cervical primaries for cases diagnosed January 1, 2022, and forward.

    8085 Squamous cell carcinoma, HPV-associated C51.9; C52.9; C53.X_
    8086 Squamous cell carcinoma, HPV-independent C51.9; C52.9; C53.X_
    8483 Adenocarcinoma, HPV-associated
    8484 Adenocarcinoma, HPV-independent, NOS
    8482 Adenocarcinoma, HPV-independent, gastric type
    8310 Adenocarcinoma, HPV-independent, clear cell type
    9110 Adenocarcinoma, HPV-independent, mesonephric type C53.X; C56.9

Site/Histology Validation List
The SEER Site/Histology Validation List has been updated to include the new ICD-O-3.2 histology codes and behaviors identified in the 2023 ICD-O-3 Update guidelines and is posted on the SEER website https://seer.cancer.gov/icd-o-3/

Solid Tumor Rules

General
The addition of new terminology, clarifications to equal/equivalent terms, and clarifications to terms that are not equal/equivalent comprise most of the changes for 2023.

CNS
Both the malignant and non-malignant CNS rules include new instructions for Pilocytic Astrocytoma.

Breast
There are clarifications to Breast rule M10 and the applicable H rules for coding lobular/ductal tumors.

Head and Neck
Table 9 in the H&N module has been redesigned for easier use.

Other Sites
The Other Sites rules are completely revised and now follow the same format, histology coding requirements, and timing instructions as the current site-specific solid tumor rules. Site-specific histology tables have been added to Other Sites to assist with accurate histology coding, similar to the H&N tables.

Melanoma
Rule H9 added for when two or more melanoma subtype/variants are present in a single tumor and are not listed in the previous rule, submit a question to Ask A SEER Registrar for coding instructions.

Reportability

Reportability for cases diagnosed in 2023 is based on the ICD-O Third Edition, Second Revision Morphology (ICD-O-3.2) plus the ICD-O-3.2 updates posted on the NAACCR website.
The 2023 ICD-O update tables have columns for each standard setter (SEER, NPCR, CoC, and Canada) to indicate reportability for each of the new codes, terms, etc.

Surgery Codes

For cases diagnosed January 1, 2003 – December 31, 2022, use RX Summ--Surg Prim Site 03-2022 [1290].
For cases diagnosed January 1, 2023, and forward RX Summ--Surg Prim Site 2023 [1291].

Skin C44
The Site-Specific Surgery Codes for Skin C44 are updated to align with the Synoptic Operative Report and revised to a four-digit, alphanumeric code for cases diagnosed January 1, 2023, and forward.
These surgery codes are in Appendix A of the STORE Manual and Appendix C of the SEER Manual.

Summary Stage 2018

OCCR continues to require directly assigned Summary Stage 2018 for cases diagnosed on or after January 1, 2018. https://seer.cancer.gov/tools/ssm/
Older cases still require Summary Stage 1977, Summary Stage 2000 or CS Derived Summary Stage 2000 depending on the diagnosis year.

Medulloblastoma
A new Summary Stage 2018 chapter for Medulloblastoma is added which will apply to cases diagnosed from January 1, 2023, and forward.

Prostate
Modifications to Prostate Summary Stage were made (mostly to the notes).

Pleural Mesothelioma
Code 0 is added to Pleural Mesothelioma for in situ cases.

Also, the Summary Stage 2018 [764] notes and code descriptions for some schemas are updated to improve clarity. Registrars are not required to update previously coded information.

Hematopoietic and Lymphoid Neoplasm Manual and Database

The Hematopoietic and Lymphoid Neoplasms Manual and Database (Heme manual) is effective for cases diagnosed 2010+.

There are some minor changes to the Heme manual, for example some notes are modified; however, there are no changes to histologies or rules. There is no change log for these minor changes.

v23 Edits
Changes to edits for cases diagnosed 2018 through 2022 address fixes to edit logic as well as updates necessary to accommodate changes to existing data items for 2023. You may view the changes in the NAACCR v23 Change Spreadsheet Not sure how to correct an edit error? Use the Edit Detail Report to find the edit error and its details.

2023 NAACCR Implementation
Webinar The NAACCR January 11, 2023, webinar "2023 Updates: ICD O, Solid Tumor Rules, SSDIs" can be viewed here https://education.naaccr.org/updates-implementation **Summary for Hospital Registrars and Reporting Facilities** https://www.naaccr.org/implementation-guidelines/ page 29

Information listed in this document pertains exclusively to OCCR reporting requirements from the CDC NPCR. ACoS CoC accredited hospitals have additional updates and changes beyond the scope of this document. Please refer to the NAACCR implementation guidelines for updates and changes from all standard setters or contact the

2022-2023 NAACCR Webinars at a Glance

The OCCR) has purchased the annual NAACCR webinar series and is offering them free of charge to anyone involved in the cancer registry field throughout the state, as well as persons outside of Oklahoma who report cancer incidence for Oklahoma facilities.

The webinars are available in recorded format through the OCCR's learning management system FLccSC (flossee). You will earn CE's for each webinar attendance by listening to the recordings and completing the CE survey quiz.
If you are not currently receiving monthly emails regarding NAACCR webinars, contact occr@health.ok.gov to be added to the email distribution list. The monthly emails contain a link for FLccSC. If you do not currently have a FLccSC account, you may register for an account using the link in the email. NAACCR webinars are posted to FLccSC approximately two weeks following the live presentation.

Breast 2022 Part 1………………10/06/2022

Breast 2022 Part 2………………11/10/2022

Esophagus 2022…………………12/01/2022

Head and Neck 2023……………...1/12/2023

Data Item Relationships…………...2/02/2023

Boot Camp 2023……………………3/02/2023

Prostate 2023………………………4/06/2023

Lower GI 2023 Part 1………………5/04/2023

Lower GI 2023 Part 2………………6/01/2023

IT Worked for Me: In"FUN"matics in the Cancer Registry………………….7/13/2023

Melanoma 2023…………………….8/03/2023

Coding Pitfalls 2023………………..9/07/2023

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